

Monroe County Health Profile

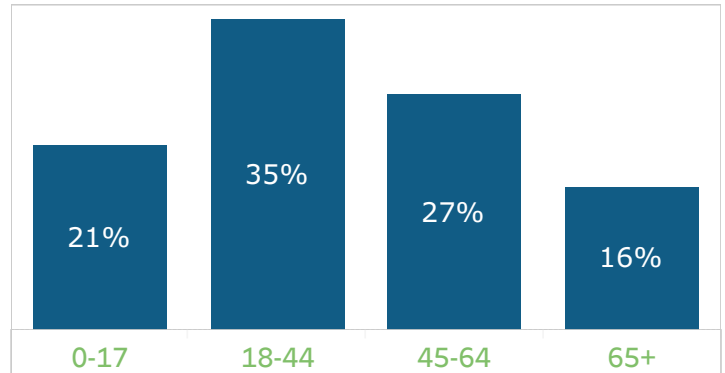


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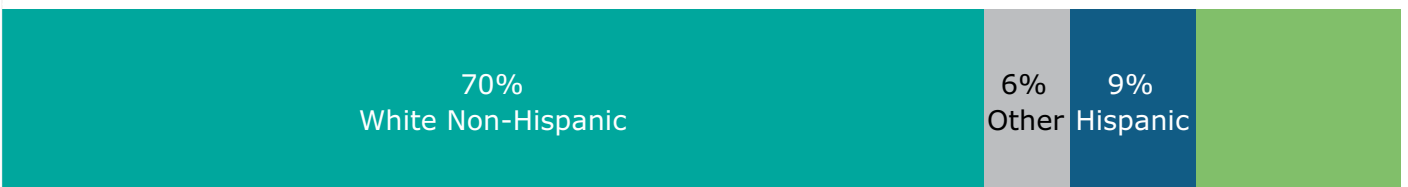


742,474 residents live in Monroe County
521,782 are white-non-hispanic.

Population by Age Group



Population by Race/Ethnicity



77.1 is the average life expectancy at birth

20.2% of the population is living with a disability

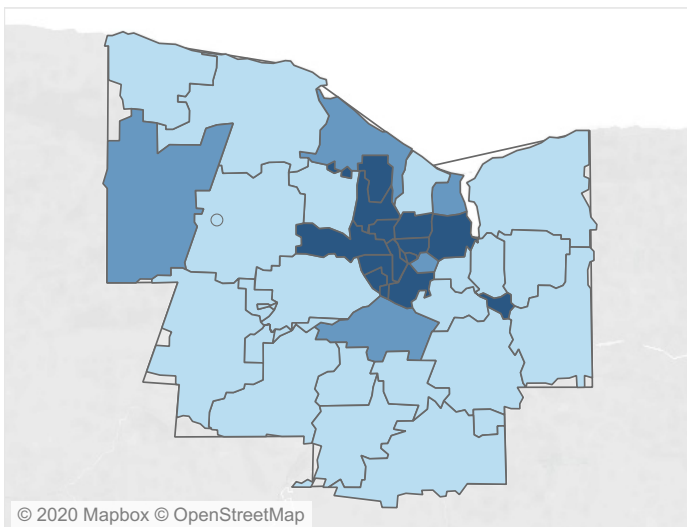
27.2% of adults reported housing insecurity in the past month

4.3% of the labor force is unemployed

*All sources, including year(s) of data, are listed at the end of the report. Report was last updated September 2020.

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Socioeconomic Status by ZIP Code



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Socioeconomic Status (1= low, 3=high)



In Monroe County, 14.7 percent of residents (N= 106,115) are living in poverty. Research shows that lower socioeconomic status (SES) is linked to a higher incidence of chronic disease, short life expectancy and lower rates of good social, emotional and physical health.

Methodology note: The SES index ranking was developed by Common Ground Health and calculated using a variety of socioeconomic indicators from the American Community Survey including average income, poverty rates, education levels, housing value, and homeownership. Each ZIP code is assigned a socioeconomic (SES) index ranking from 1 to 5. The lower SES ZIP codes tend to have lower average income, higher poverty rates, lower prevalence of college degrees, etc. Low socioeconomic status includes SES rank 1 and 2, medium includes SES rank 3, and high includes ranks 4 and 5.

Educational Attainment



Education levels can also predict life expectancy. The Centers for Disease Control and Prevention reports that adults aged 25 without a high school diploma "can expect to die nine years sooner than college graduates." Approximately 66.3 percent of Monroe County residents have at least some form of college experience.

38%

Bachelor's degree or higher

29%

College experience

34%

High school graduate or less

Built Environment

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




Low income living in a food desert	5.8%
Reported food insecurity in past month	20.5%
Percent of adults who feel unsafe in their home	0.0%
Percent of adults who feel unsafe in their neighborhood	0.1%



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Lifestyle Factors

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

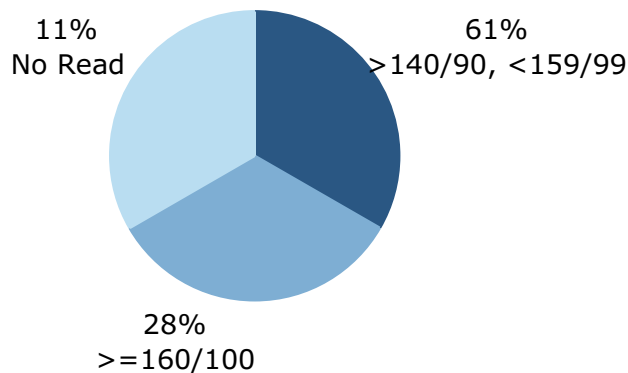
	Consumed one or more sugary drinks daily in past 30 days	25.1%
	Participated in leisure time physical activity in the past 30 days	78.7%
	Current cigarette smoker	15.8%

Chronic Disease

Inactive lifestyles and poor diets may lead to obesity, a risk factor for developing diabetes, hypertension and other chronic illnesses. Rates of several chronic conditions are listed below:

	Obese or overweight adults	66.0%
	Physician-diagnosed diabetes	8.5%
 High Blood Pressure	Physician-diagnosed hypertension	36.0%

High Blood Pressure



For individuals with hypertension, controlling high blood pressure with medication and lifestyle change is critical to avoiding complications such as heart attack, stroke and kidney failure. The individuals who are most at risk for these life threatening events are those who have extremely high blood pressure (readings $\geq 160/100$). As of December 2019, the region's high blood pressure registry showed that 79% percent of Monroe County adults with hypertension had their condition under control. For residents whose blood pressure was uncontrolled, 28% percent had readings $\geq 160/100$.

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Casues of Stress

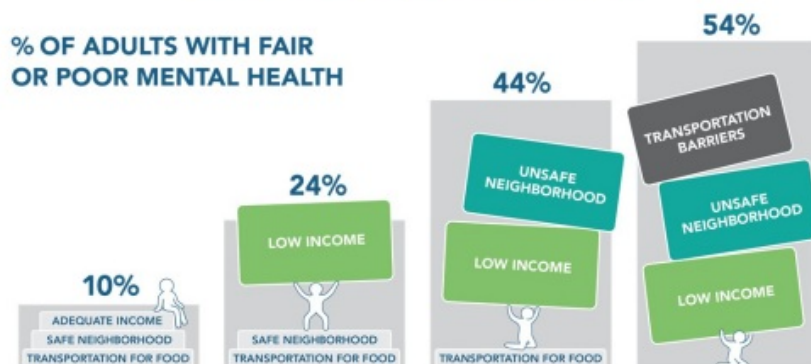
Financial stress can undermine many of the physical and mental health challenges that have previously been discussed. Whether a resident is living in poverty, or near poverty, there is a significant impact on life expectancy.

According to a community health survey conducted in the summer of 2018, 17% of Monroe County residents reported that their life was very stressful. Many residents report feelings of stress for affording basic needs such as medical care, food, housing, and more. Responses to the 2018 My Health Story survey are shown below for Monroe County:

Percent of adults who are always stressed about money for healthy food	12.4%
Percent of adults who are always stressed about money for medical care	17.2%
Percent of adults who are always stressed about money for mental health care	13.3%
Percent of adults who are always stressed about money for prescriptions	12.3%
Percent of adults who are always stressed about money for rent/mortgage	14.0%

The figure below helps to visualize the paradigm between socioeconomic burdens and their implications on reporting of poor mental health. Data are representative of the 9 counties in the Finger Lakes Region (Chemung, Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Wayne an..

Mental health deteriorates under socioeconomic burdens



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Mental Emotional Health

Persons who experience the persistent toxic stress of poverty also experience physical, cognitive and social emotional impacts on their health and well-being. Those experiencing toxic stress are more likely to have feelings of depression, anxiety, hopelessness and apathy. In conjunction with the wear and tear on the body and brain the cognitive capacity leads to unhealthy behaviors (due to limited resources, options and inability to focus on long-term health needs). As a result, a person in poverty is more apt to experience poor mental and physical health outcomes than a more affluent counterpart.

Approximately 11.9% of Monroe County residents report experiencing 14 or more poor mental health days in the past month. According to a health survey conducted in the Finger Lakes Region in 2018, 55% reported they have personally dealt with mental or emotional health issues including the following:

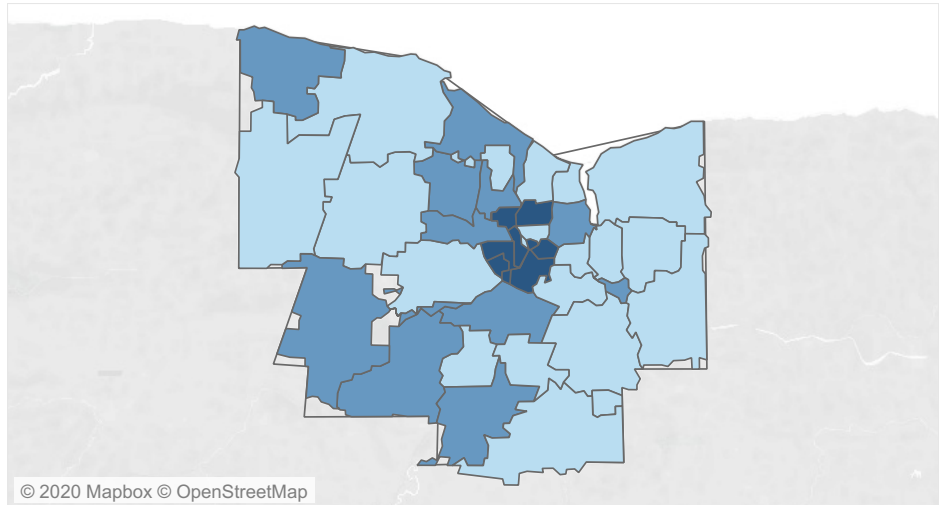
Personally Dealt With Anxiety	45.9%
Personally Dealt With Grief	22.8%
Personally Dealt With Helplessness	21.7%
Personally Dealt with Depression	51.3%
Personally Dealt with Drug Addiction	7.5%
Personally Dealt with Alcohol Addiction	10.1%



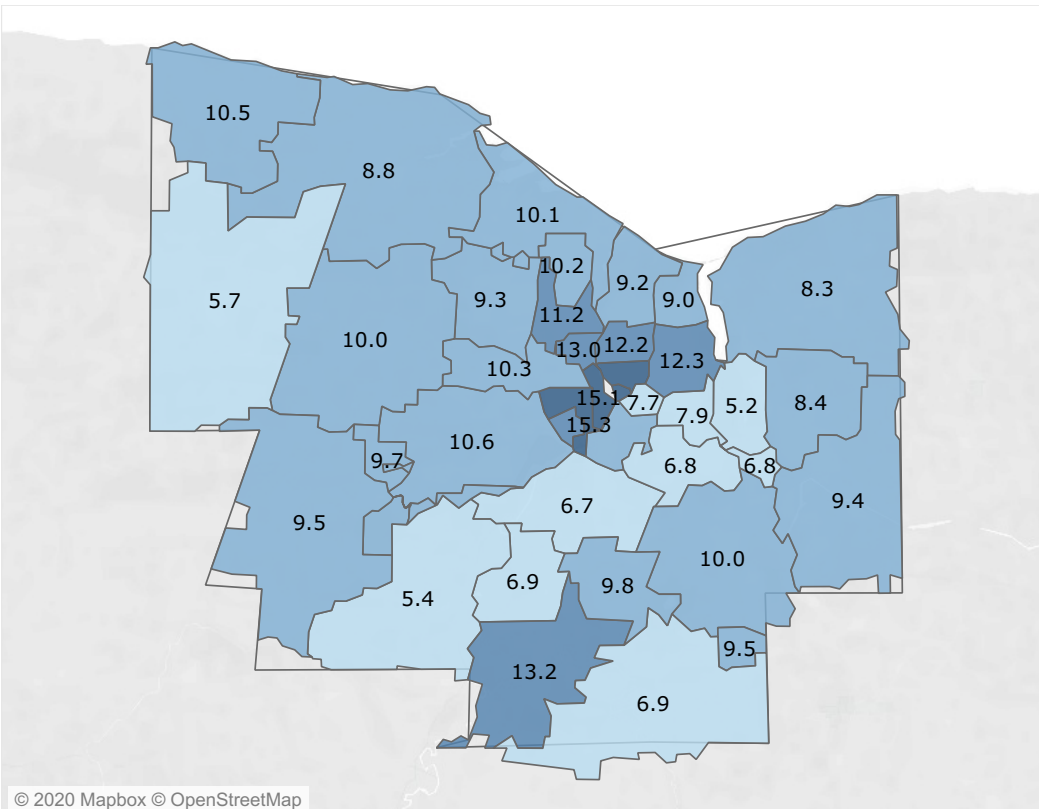
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Life Expectancy by Zip Code

In Monroe County, there is a difference of 8.6 years between the highest ZIP code's life expectancy (14534, 80 years) and lowest ZIP code's life expectancy (14611, 71.4 years). Research has shown that poverty is associated with shorter life expectancy. Residents with lower socioeconomic status are less likely to seek preventative care and to monitor/maintain good health behaviors for a variety of reasons.



Select a Measure
Percent of births that were premature

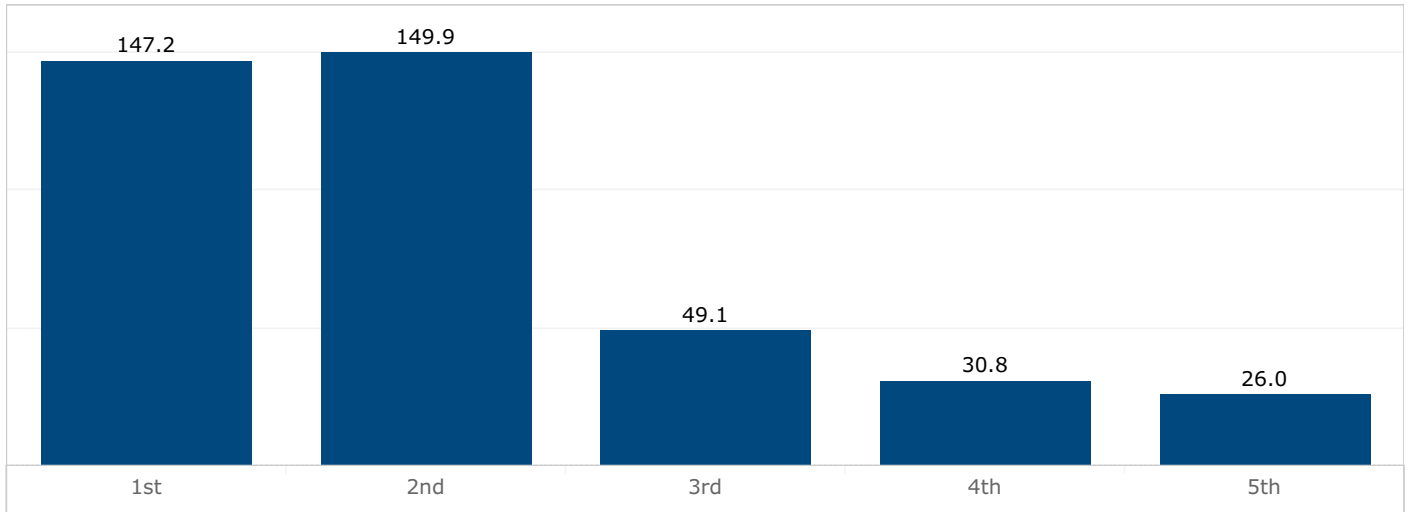


Within the county, there are disparities in health outcomes, including in rates of infant health and hospital admissions. The measure selector above highlights differences in outcomes based on ZIP code. Ultimately, these factors contribute to a person's life expectancy estimate.

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Leading Causes of Death

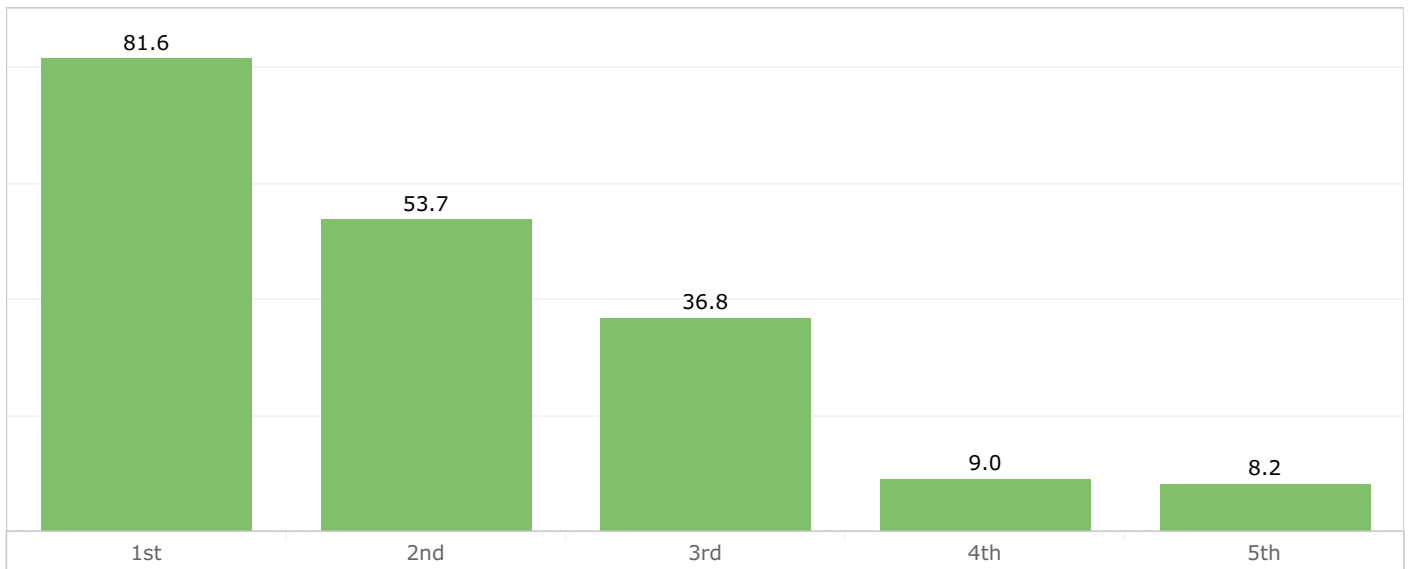
In Monroe County, the top two leading causes of death are Heart Disease (147.2 per 100,000) and Cancer (149.9 per 100,000).



1: Heart Disease; **2 :**Cancer; **3:** Unintentional injury; **4:** Stroke; **5:** Chronic Lower Respiratory Disease

Leading Causes of Premature Death

In Monroe County, the top two leading causes of premature death (death before age 75) are Cancer (81.6 per 100,000) and Heart Disease (53.7 per 100,000).



1: Cancer; **2:** Heart Disease; **3:** Unintentional injury; **4:** Stroke; **5:** Chronic Lower Respiratory Disease

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Data Sources

U.S. Census Bureau/American Community Survey: Although the American Community Survey (ACS) produces population, demographic and housing unit estimates, it is the Census Bureau's Population Estimates Program that produces and disseminates the official estimates of the population for the nation, states, counties, cities and towns and estimates of housing units for states and counties. Data are based on a sample and are subject to sampling variability. The value shown here is the 90 percent margin of error. Estimates of urban and rural population, housing units, and characteristics reflect boundaries of urban areas defined based on Census 2010 data. As a result, data for urban and rural areas from the ACS do not necessarily reflect the results of ongoing urbanization. Data are from 2014-2018 5-year estimates.

New York State Department of Labor: Civilian Unemployment includes those individuals who were not working but were able, available and actively looking for work during the week including the 12th of the month. Individuals who were waiting to be recalled from a layoff, and individuals waiting to report to a new job within 30 days were also considered to be unemployed. Unemployment Rate is the number of unemployed as a percentage of the labor force. Data are from December 2019.

Expanded Behavioral Risk Factor Surveillance System/Sub-County Health Data Report: Data was collected for ExpBRFSS over the course of 12 monthly waves. The goal of each wave was to obtain roughly 8.3 percent of the required completes in each county for the landline survey and each region for the cell phone survey. Experienced interviewers conducted telephone interviews using computer-assisted telephone interviewing (CATI) software. Data are from 2016.

Common Ground Health High Blood Pressure Registry: The Common Ground Health hypertension registry collects data from medical practices and systems on hypertensive patients. Data provided are reflective of the patients involved in the registry. The Healthcare Effectiveness Data and Information Set (HEDIS) is the tool used to measure hypertension control. Controlled hypertension are those who have a reading in the past year <140/90. Those who have not had a reading in the past 12 months are considered uncontrolled. Data are from December 2019.

New York State Department of Health Vital Statistics: The cause of death reported in this publication is the underlying cause classified according to the tenth revision of the International Classification of Diseases (ICD, 10th revision) adopted by New York state in 1999. Historically, several revisions of the ICD have been used, therefore, it is necessary to employ a comparability ratio when comparing cause of death statistics across revisions. Comparability ratios have been published by the National Center for Health Statistics (NCHS). Data are from 2016.

New York State Perinatal Data Profile: Premature births are those which occurred prior to 37 weeks gestation. The teenage pregnancy rate looks at pregnancies (births + abortions + spontaneous fetal deaths) to females ages 15-19 per 1,000 female population ages 15-19. Rates are computed using the three-year average number of teen pregnancies and the population for the middle year of the three-year time period. Low birthweight indicates babies weighing between 100-2499 grams at birth. Births with late or no prenatal care are those who started care in the third trimester or not at all. Data are from 2014-2016.

Statewide Planning and Research Cooperative System: SPARCS is a comprehensive all payer data reporting system established in 1979 as a result of cooperation between the healthcare industry and government. The system was initially created to collect information on discharges from hospitals. SPARCS currently collects patient level detail on patient characteristics, diagnoses and treatments, services, and charges for each hospital inpatient stay and outpatient (ambulatory surgery, emergency department and outpatient services) visit; and each ambulatory surgery and outpatient services visit to a hospital extension clinic and diagnostic and treatment center licensed to provide ambulatory surgery services. All calculations were performed by Common Ground Health and are age/sex adjusted rates. Data shown are from 2014-2016.

My Health Story 2018: Data were collected via a community health survey conducted in the summer of 2018 in partnership with several community agencies and local public health offices in the 9-county Finger Lakes Region. All data were analyzed by Common Ground Health and are weighted to reflect the county's population.