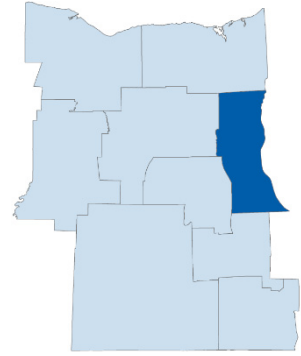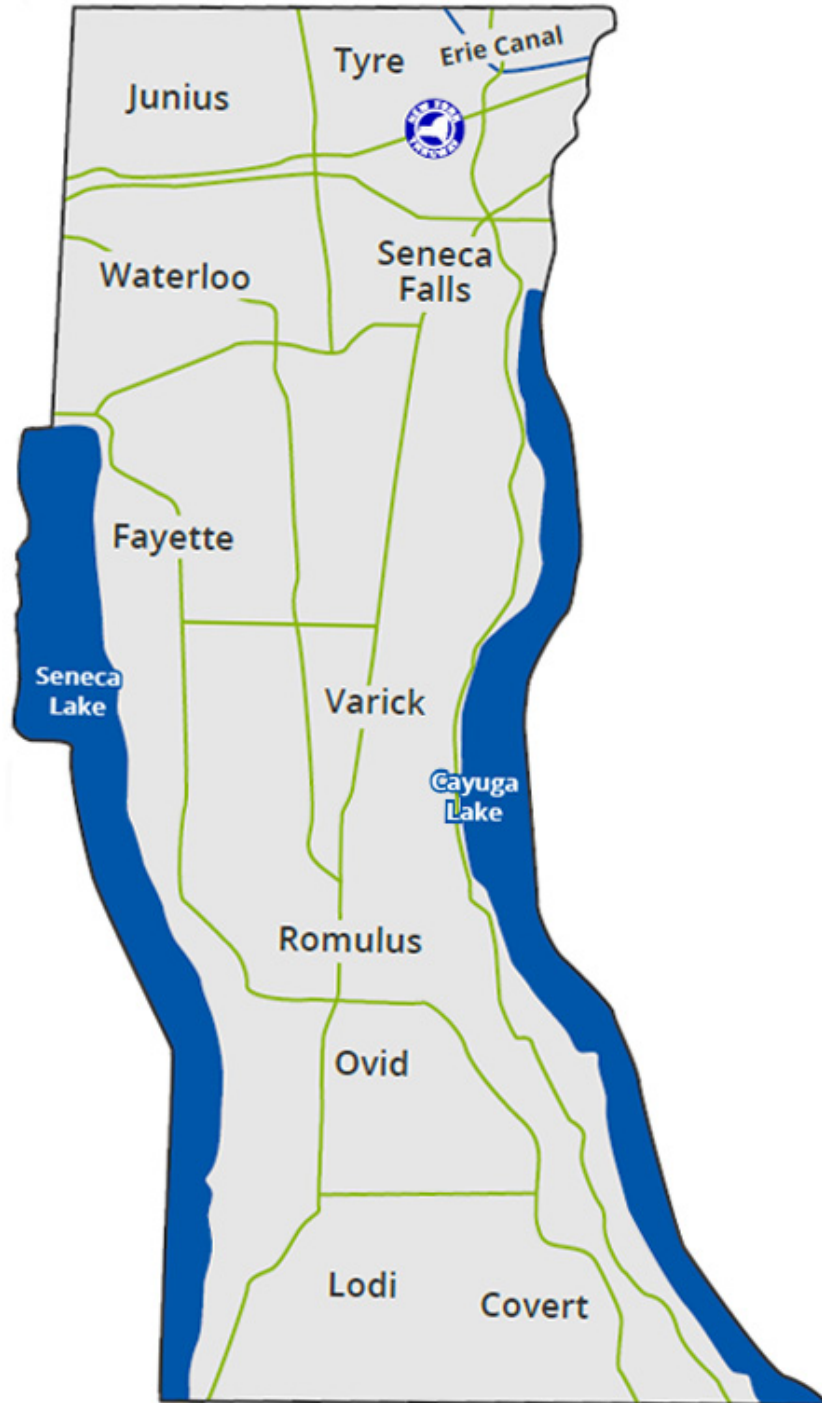# SENECA COUNTY HEALTH PROFILE

FLHSA

Finger Lakes Health Systems Agency, 2017

About the Report

The purpose of this report is to provide a summary of health data specific to **Seneca County**. Where possible, benchmarks have been given to compare county rates to Upstate New York.

Where comparisons between regions are made throughout the report, the following color code will be used:

Seneca County	Upstate New York

About Seneca County

35,232 residents live in Seneca County.

31,692 are White Non-Hispanic.

White Non-Hispanic, 90%

Black Non-Hispanic, 5%

Hispanic, 3%

Other, 2%

Population by Age Group

Age Group	Percentage
0-17	20%
18-44	34%
45-64	30%
65+	17%
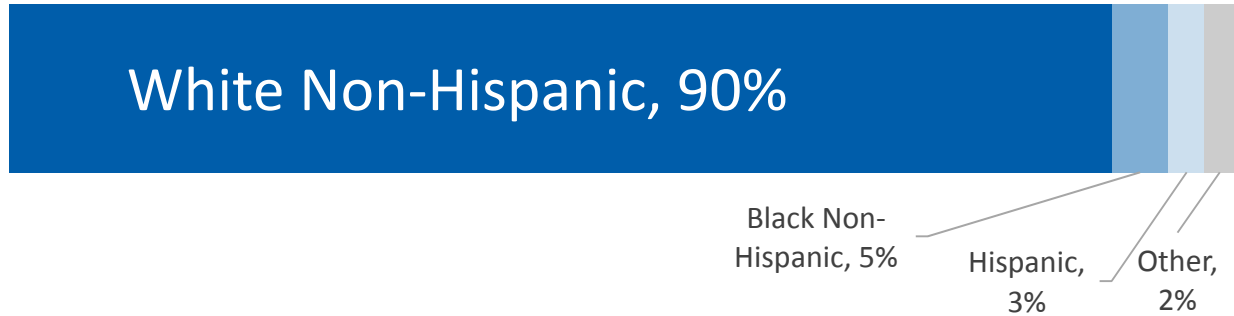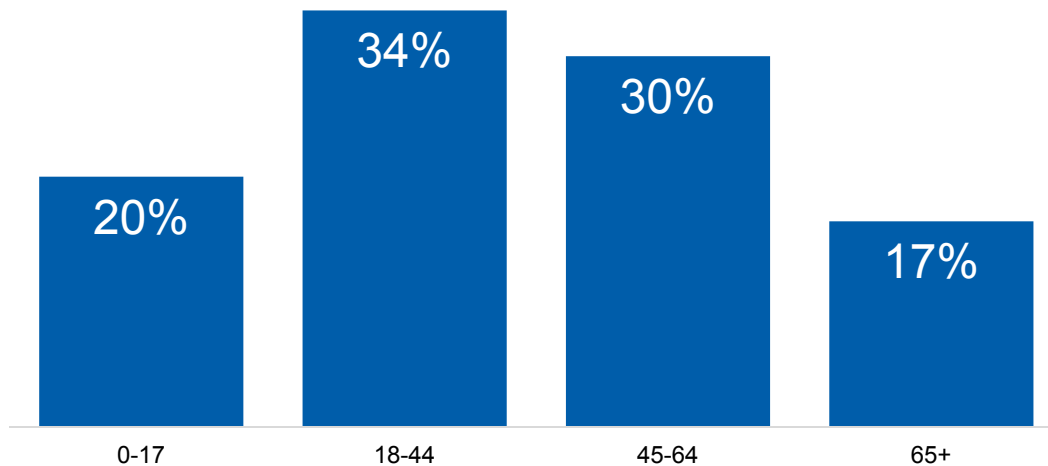
7%

of households speak a language other than English. More than 70 of those households have Limited English Proficiency (LEP).

15.1%

of the population is living with a disability.

4.0%

of the labor force is unemployed.

76.8 years

is the average life expectancy at birth.

About Seneca County

More than 4,900 residents – 14.2 percent of **Seneca County's** population –live below the federal poverty level according to U.S. Census statistics. As the map illustrates, poverty is found in areas throughout the entire county. Research shows that lower socioeconomic status (SES) is linked to higher incidence of chronic disease, shorter life expectancy and lower rates of good social, emotional and physical health.[1]

SES by ZIP Code
Seneca County

Legend
- Medium SES
- Low SES

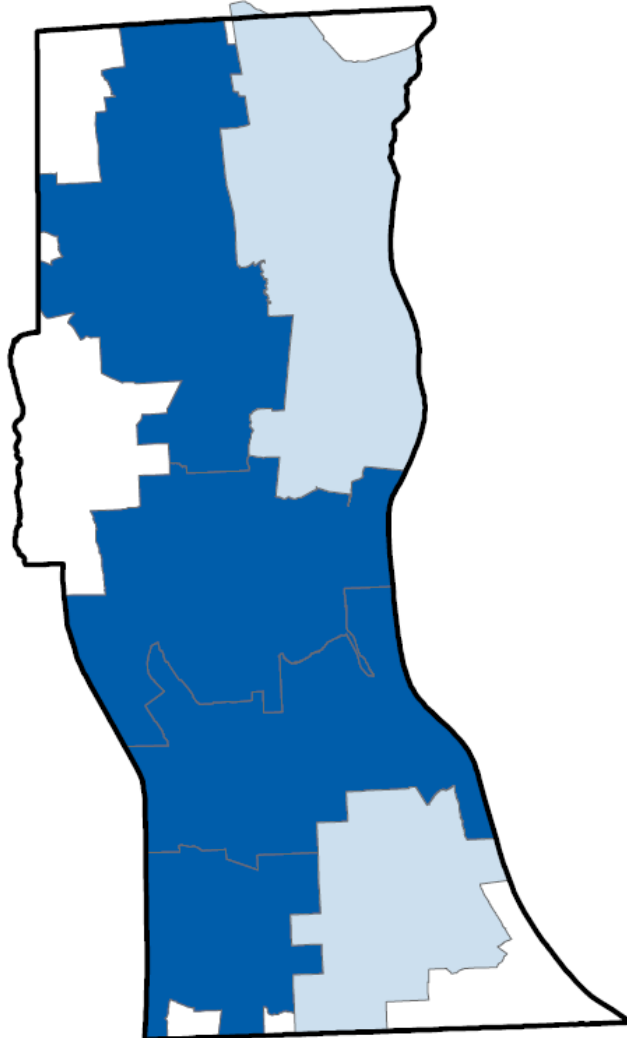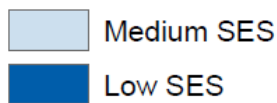Education levels can also predict life expectancy. The Centers for Disease Control and Prevention reports that adults aged 25 without a high school diploma "can expect to die nine years sooner than college graduates."[2] Approximately 52 percent of **Seneca County** residents have at least some form of college experience, compared to 59 percent of New York state residents.

Seneca County	High school graduate or less, 48%	College experience, 32%	Bachelors degree or higher, 20%
NYS	High school graduate or less, 42%	College experience, 25%	Bachelors degree or higher, 34%
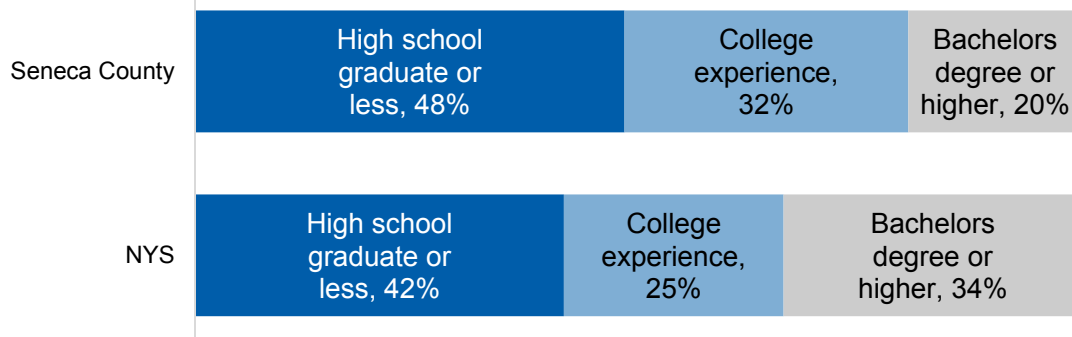
Health Behaviors

Behavioral and personal lifestyles are important determinants of health. Smoking, poor nutrition and other unhealthy behaviors are linked to adverse health outcomes.

As the data demonstrates, there are higher rates of healthy behaviors in **Seneca County** compared to Upstate New York. For example, there is a lower percentage of fast food and sugary beverage consumption in **Seneca County**, coupled with higher rates of leisure time physical activity.

	Seneca County	Upstate New York
Consumes fast food three or more times per week	4.5%	6.3%
Consumes one or more sugary drinks daily	16.5%	23.3%
Participated in leisure time physical activity in the past 30 days	77.0%	73.7%

In addition, the adult smoking rates are lower in **Seneca County** (13.7 percent) compared to Upstate New York (17.3 percent). However, there are still more than 3,700 adults who currently smoke in **Seneca County**.

	Seneca County	Upstate New York
Current cigarette smoker	13.7%	17.3%

Health Behaviors

Inactive lifestyles and poor diets may lead to obesity, a risk factor for developing diabetes, hypertension and other chronic illnesses. Estimated rates of obese or overweight adults, diabetes and hypertension in **Seneca County** are similar to Upstate New York.

	Seneca County	Upstate New York
Obese or overweight adults	58.9%*	62.2%
Physician-diagnosed diabetes	10.3%	9.2%
Physician-diagnosed hypertension	29.9%	30.2%

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, known as stage 2 hypertension. As of June 2016, the region's high blood pressure registry showed that more than 63 percent of **Seneca County** adults with hypertension had their condition under control. For residents whose blood pressure was uncontrolled, 21 percent had stage 2 hypertension.

Uncontrolled Hypertension by Status - June 2016

26%
No read in past 12 months

52%
Stage 1: 140/90-159/99

21%
Stage 2: 160/100+
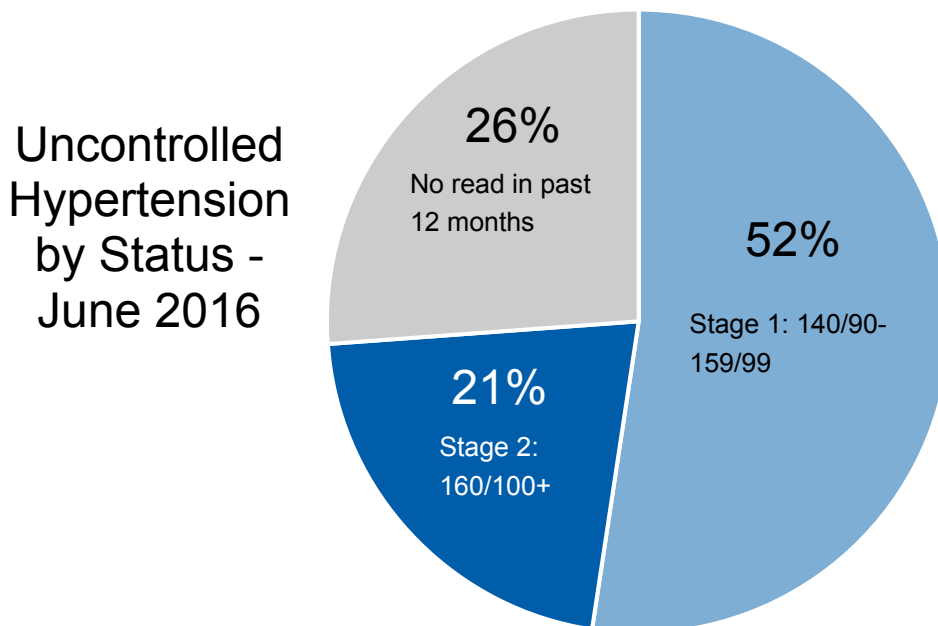
Sources: ExpBRFSS 2013-2014, Finger Lakes Health Systems Agency (FLHSA) Hypertension Registry, June 2016
*Unreliable due to large standard error. Standard error between 48.3 percent and 68.7 percent.

Social Determinants of Health

The physical environment plays an important role in residents' ability to engage in physical activity and access nutritious food. Many residents in **Seneca County** experience indicators of poor environmental health, including at risk populations (i.e. low income) living in a food desert, or experiencing food insecurity. Of note, **Seneca County** has a lower rate of its low income population living in a food desert (18.4 percent) compared to Upstate New York (22.4 percent).

		Seneca County	**Upstate New York**
	Consider neighborhood suitable for walking and physical activity	88.7%*	92.3%
	Low income living in a food desert	18.4%	22.4%
	Reported food insecurity in the past 12 months	20.3%	22.7%

Approximately one in eight (12.4 percent) **Seneca County** residents report experiencing 14 or more poor physical health days in the past month. This is compared to 12.3 percent of Upstate New York residents.

Life Expectancy

Although average life expectancy in **Seneca County** is 76.8 years, how long residents live on average varies by almost 5 years depending on their ZIP code.

For example, ZIP code area **14521**, **Ovid**, has an estimated life expectancy of only 74.3 years at birth. By contrast, the county's highest estimated life expectancy, 79.1 years, is found in **Interlaken's 14847** ZIP code area.

Life Expectancy
by ZIP Code
Seneca County

Legend

76+

<76

14521

14847
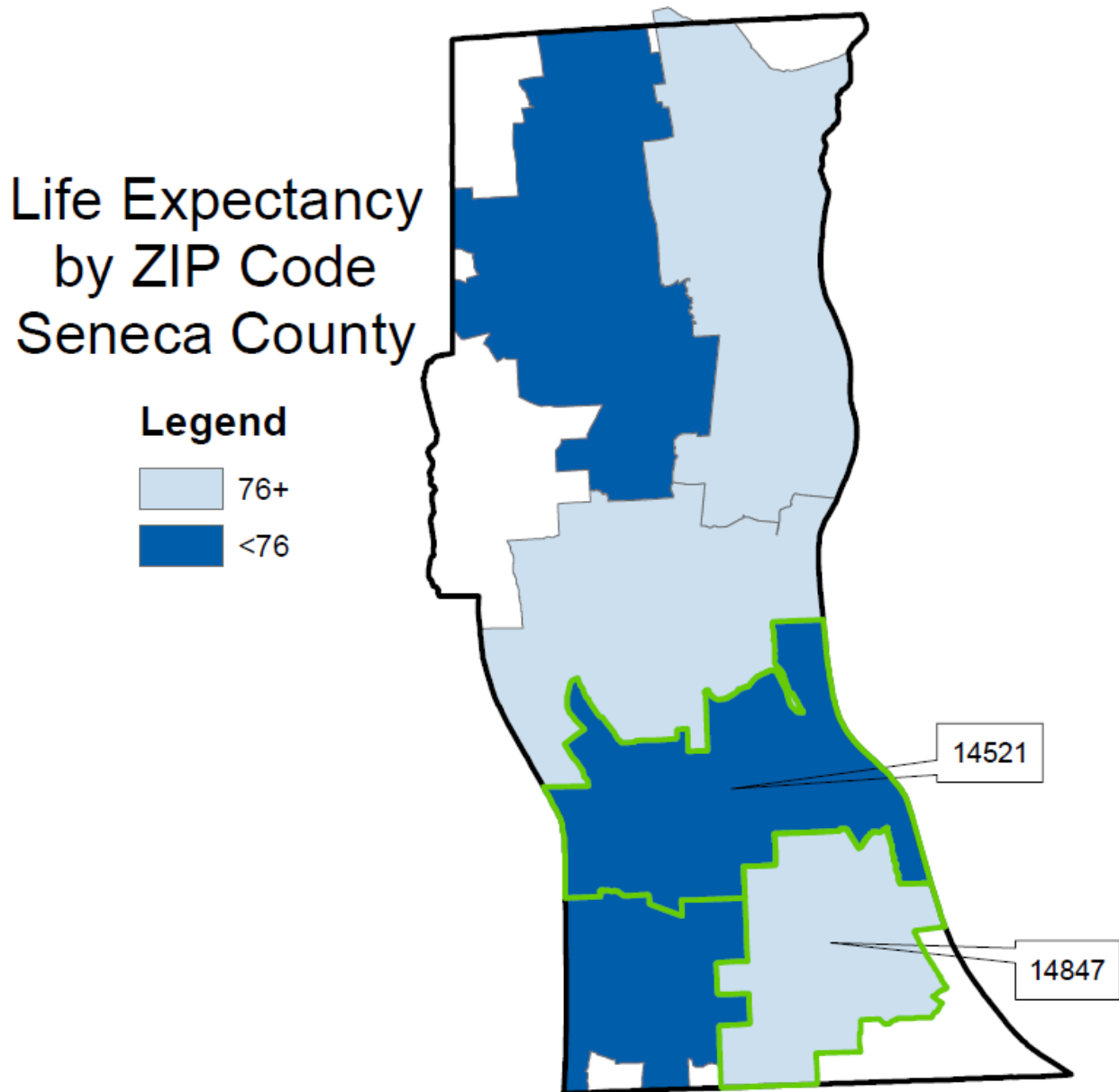
Research has shown that poverty is associated with shorter life expectancy. Residents with lower socioeconomic status are less likely to seek preventative care and to monitor/maintain good health behaviors for a variety of reasons.

Disparity

A comparison of ZIP codes shows that rates for negative health indicators are generally higher in the ZIP code **14521**, **Ovid**, area. These adverse health outcomes may help explain the reduced life expectancy for **Ovid** residents.

	14521 - Ovid			14847 - Interlaken
Prevention Quality Indicators (Adult)*	776 per 100,000 adults			462 per 100,000 adults
Premature Death (before age 75)	8,816 per 100,000 population			2,052 per 100,000 population
Premature Births	8.3% of births			11.3% of births
Low Birth Weight Babies	6.6% of births			5.0% of births
Teenage Pregnancy Rate	26.7 per 1,000 population			5.2 per 1,000 population
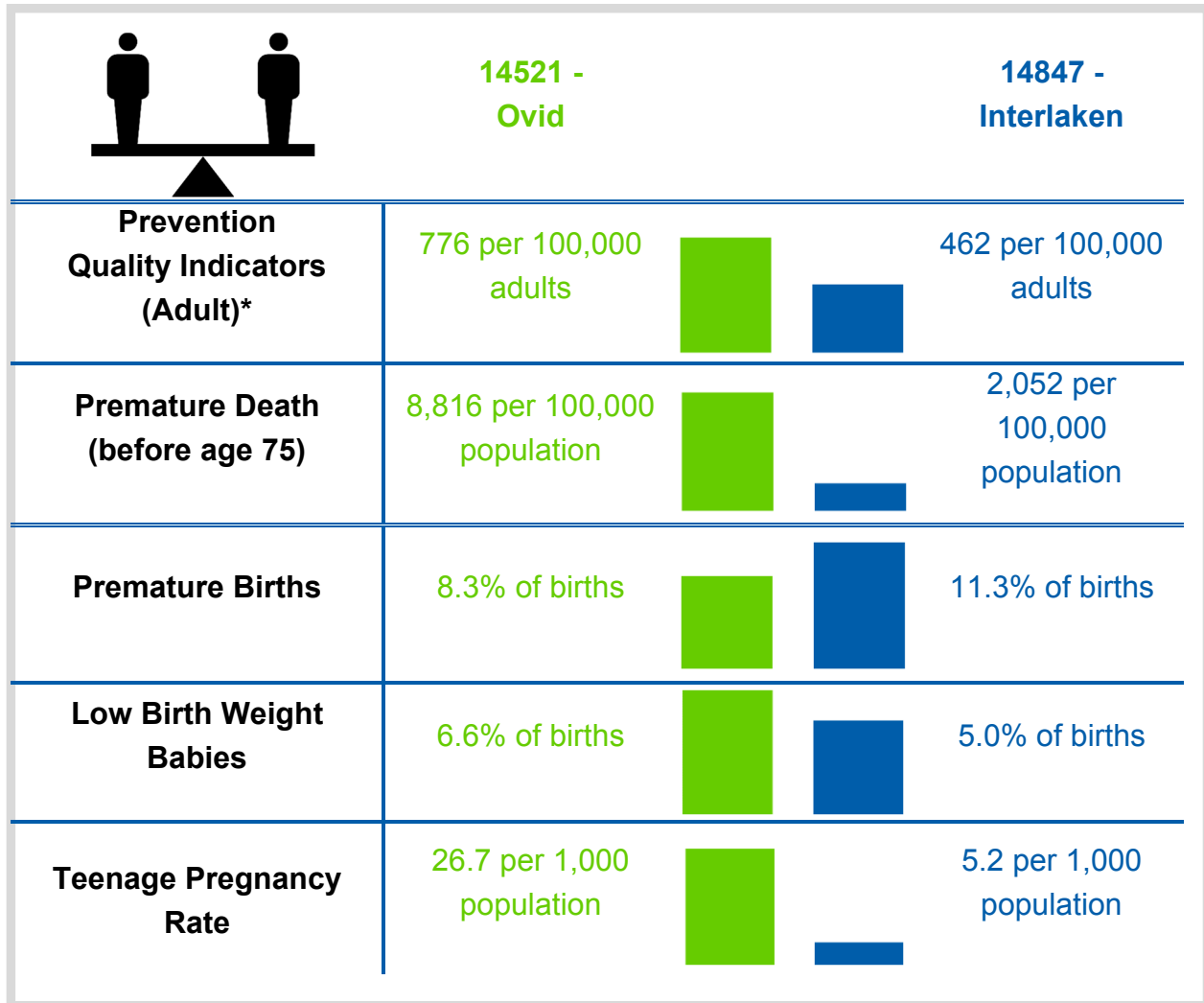
Prevention Quality Indicators (PQI) were developed by the Agency for Healthcare Research and Quality, are based on ICD-9 coding. PQIs classify conditions that are seen as potentially preventable/avoidable had sufficient care been given in the primary care setting prior to the presentation. This value is a composite of all of the PQIs.

Leading Causes of Death

Leading causes of death in **Seneca County** are similar those of Upstate New York. The graph below demonstrates the five leading causes of death. The larger the bubble, the larger the problem in the geographic area.
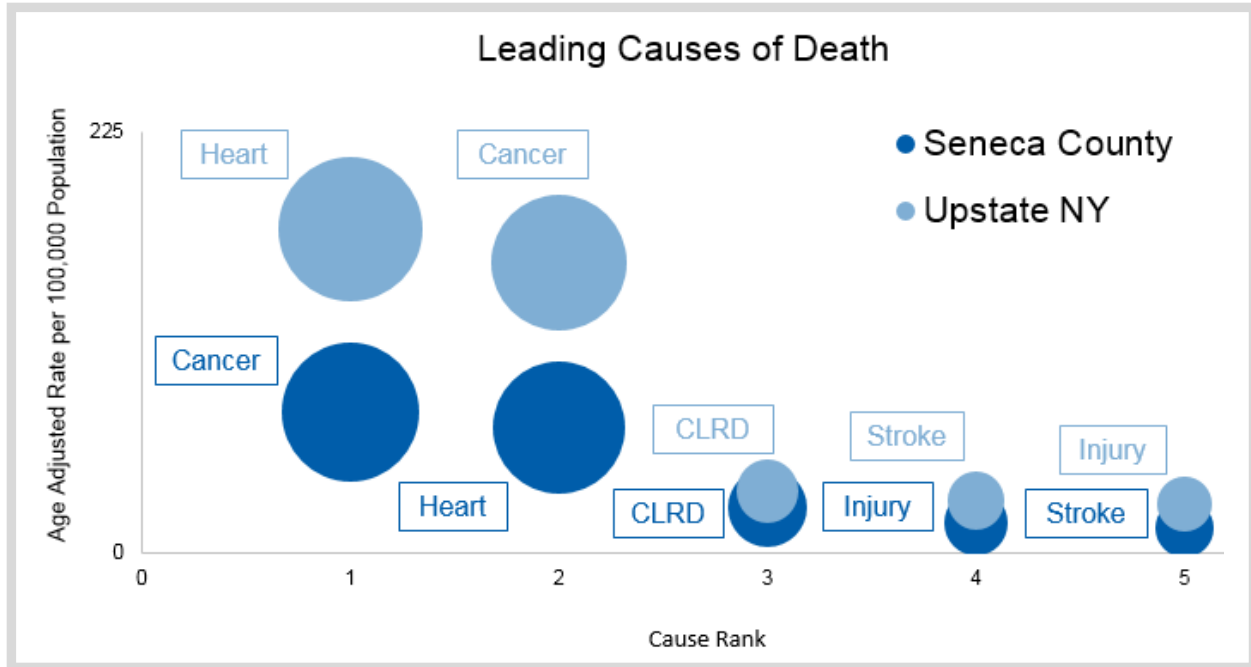
Many of the leading causes of death shown in the figure above can be attributed to chronic diseases such as hypertension and obesity. However, the data below tell a slightly different story for premature death before age 75. Unintentional injury, liver disease and suicide rank among the top five causes of premature death in **Seneca County**.
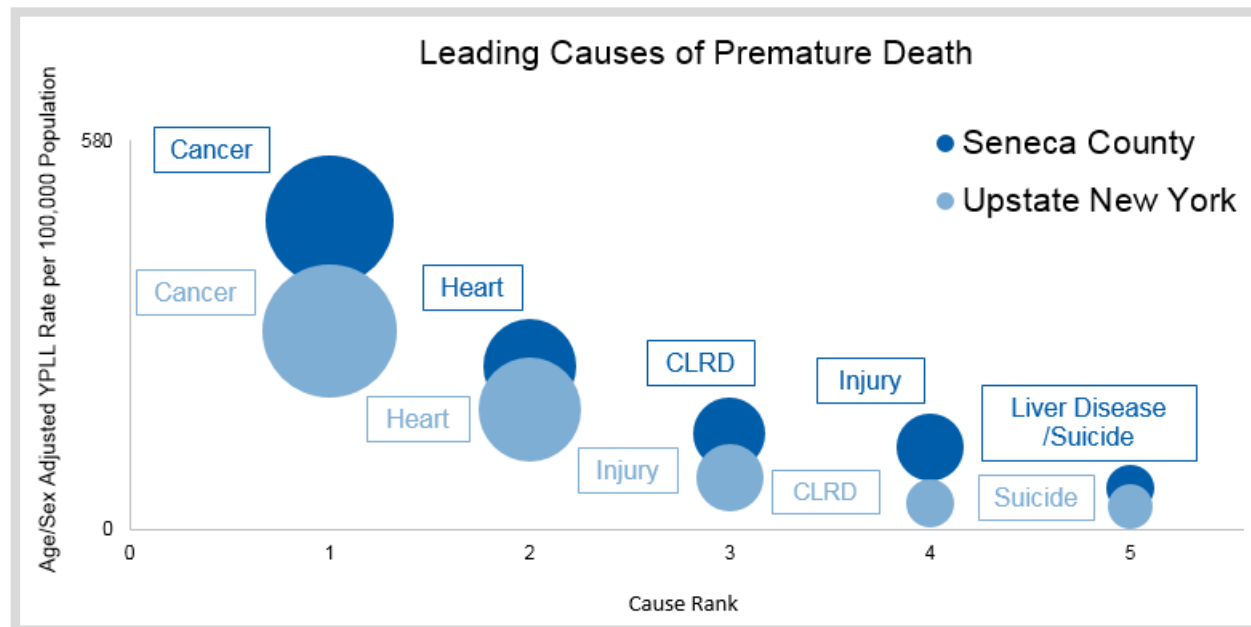
Population Health Measures

In 2013, FLHSA convened the Regional Commission on Community Health Improvement. Over 18 months, the Commission engaged leaders from across the region to study and develop ideas for improving the integration of care and addressing the complex medical, behavioral and social needs of vulnerable community residents.

The Commission adopted a set of communitywide measures to gauge the region's collective progress toward improved community health. Below are the population health measures selected by the Commission specific to **Seneca County**. The icons indicate whether the Finger Lakes region is getting better, has remained flat or is getting worse for each measure.

Regional Trend Indicator

Better	Flat	Worse
🟢	🟠	🔴

Community Measures	Seneca County	Finger Lakes Region	
Childhood Immunization *Percentage of children receiving recommended immunizations by 36 months*	59.4%	64.5%	🟢
Childhood Obesity *Percentage of school children whose weight is at the 95th percentile or greater*	21.4%	16.1%	🟢
Adult Obesity *Percentage of adults 18 years or older with a BMI of 30 or greater*	26.9%	27.0%	🟢
Adult Smoking *Percentage of adults who are current smokers*	13.7%	17.4%	🟢
High Blood Pressure Control *Percentage of adults with high blood pressure who had their condition under control*	63.0%	68.0%	🟠
Type II Diabetes Control *Under development*	N/A	N/A	
High School Graduation *Percentage of students graduating in four years*	81.0%	81.2%	🟢

Sources listed on page 13.

Population Health Measures

✚ Clinical Measures

	Seneca County	Finger Lakes Region	
Preventable Hospital Stays (rate per 100,000 population) *Number of hospital stays for PQIs*	1,078	1,074	🟢
Depression Screening *Under development*	N/A	N/A	
ED Visits with Behavioral Health Diagnosis *Percentage of all ED patients with a behavioral health diagnosis*	12.1%	8.6%	🔴
ED Visits Among those 65+ (rate per 1,000 population) *Number of ED visits that involve adults 65+*	282	303	🔴
30 Day Readmissions with Behavioral Health Diagnoses *30-day hospital behavioral health related readmission rates*	13.9%	13.4%	🟠
Nursing Home Use *Number of nursing home days per 1,000 individuals 85+*	109,934	96,053	

🗂 Health Outcomes

	Seneca County	Finger Lakes Region	
Premature Death (rate per 100,000 population) *Years of potential life lost before age 65*	2,180	3,496	🟠
Low Birth Weight *Percentage of births with birthweight less than 2500 g/ 5.5 lbs*	8.3%	7.8%	🟠
Good Health Self-Report *Percentage of adults reporting excellent, very good or good general health status*	76.0%	83.7%	🟠

Sources listed on page 13.

End Notes

References

1. The Future of Children: A collaboration of the Woodrow Wilson School of Public and International Affairs at Princeton University and The Brookings Institution. "The Health-Related Effects of Socioeconomic Status," February 2013.

2. Health, United States, 2011: with special feature on socioeconomic status and health. Hyattsville, MD: National Center for Health Statistics; 2012.

Sources for Population Health Measures

<u>Community Measures</u>

Childhood Immunization – New York State Immunization Information System, 2013
Childhood Obesity – Student Weight Status Category Reporting System, 2012-2014
Adult Obesity – Expanded Behavioral Risk Factor Surveillance System (ExpBRFSS) 2013-2014
Adult Smoking – ExpBRFSS 2013-2014
High Blood Pressure Control – FLHSA Hypertension Registry, June 2016
Type II Diabetes Control – Under Development
High School Graduation – NYS Department of Education, 2015

<u>Clinical Measures</u>

Preventable Hospital Stays – NY Statewide Planning and Research Cooperative System (SPARCS), 2014-2015
Depression Screening – Under Development
ED Visits with a Behavioral Health Diagnosis – SPARCS, 2014
ED Visits among those 65+ - SPARCS, 2014
30 Day Readmissions with Behavioral Health Diagnoses – SPARCS, 2014
Nursing Home Use among 85+ - Centers for Medicare and Medicaid Skilled Nursing Facility Cost Reports, 2013

<u>Health Outcomes</u>

Premature Death – NYS Vital Statistics, 2014
Low Birthweight – NYS Perinatal Data Profile, 2015
Good Health Self-Report –ExpBRFSS, 2013-2014

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.

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.

Expanded Behavioral Risk Factor Surveillance System/Sub-County Health Data Report: Data was collected for ExpBRFSS over the course of 12 monthly waves, starting April 15, 2013 and ending May 10, 2014. 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.

Finger Lakes Health Systems Agency (FLHSA) High Blood Pressure Registry: The FLHSA hypertension registry collects data from local medical practices 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; Stage 1 are those with a reading between 141/90—159/99; Stage 2 are those with a reading >160/100. Those who have not had a reading in the past 12 months are considered uncontrolled.

United States Department of Agriculture Economic Research Service: Low access to healthy food is defined as being far from a supermarket, supercenter or large grocery store ("supermarket" for short). Food desert status is defined as a low income census tract with a supermarket more than a half of a mile away for urban tracts, and more than 10 miles away for rural tracts. Population size is according to the 2010 Census estimates. A census tract is considered to have low access if a significant number or share of individuals in the tract is far from a supermarket. A significant number of the population includes at least 500 people or 33 percent of the tract's population.

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).

New York State Perinatal Data Profile: Premature births are those which occurred prior to 37 weeks gestation. Low birthweight babies are births weighing between 100-2499 grams. 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 3-year average number of teen pregnancies and the population for the middle year of the three- year time period.

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 FLHSA and are age/sex adjusted rates.

New York State Immunization Information System (NYSIIS): NYSIIS is a statewide immunization information system or registry which maintains immunization data of persons of all ages. The recommended vaccinations by 36 months of age include the 4:3:1:3:3:1:4 immunization series: 4DTaP, 3 polio, 1 MMR, 3 hep B, 3 Hib, 1 varicella, and 4 PCV13.

Student Weight Status Category Reporting System (SWSCR): The SWSCR collects data on weight status category, including underweight, healthy weight, overweight or obese based on BMI-for-age percentile on children and adolescents attending public schools in New York State.

NYS Department of Education: Data are submitted to the New York State Department of Education (NYSED) by school districts, charter schools, Boards of Cooperative Education Services (BOCES), institutions of Higher Education and NYSED program offices.

Centers for Medicare and Medicaid Skilled Nursing Facility Cost Reports: Data are collected on nursing home days from 2013 residential health care facility cost reports. Population estimates are collected from the U.S. Census Bureau, June 2015.

For reports on the remaining 8 counties in the Finger Lakes Region,
and additional data reports for **Seneca County**,
please visit our website at:
www.flhsa.org/data/counties

For questions regarding this report, please contact Catie Kunecki at:
CatieKunecki@flhsa.org,
(585) 224-3157
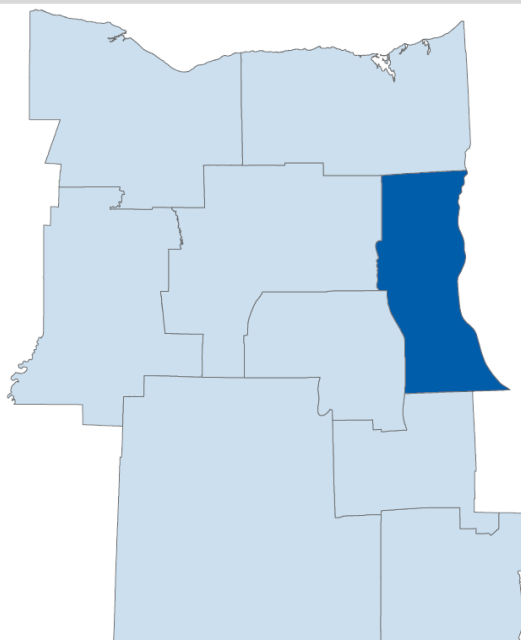
About FLHSA

Founded in 1974, Finger Lakes Health Systems Agency is one of the nation's oldest and most effective regional health planning organizations. Located in Rochester's Neighborhood of the Arts, the agency serves the nine-county Finger Lakes region. We bring together health care providers, insurers, consumers and other partners to find common ground on our most pressing health challenges. Using the region's most comprehensive health data, together we hammer out strategies for better care, smarter spending and healthier people. Learn more about our community tables, our data resources and our work improving population health at www.flhsa.org.