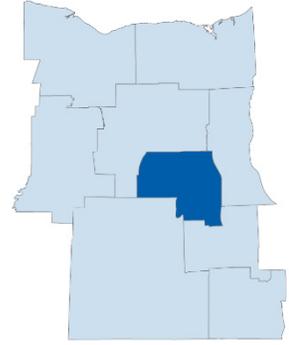
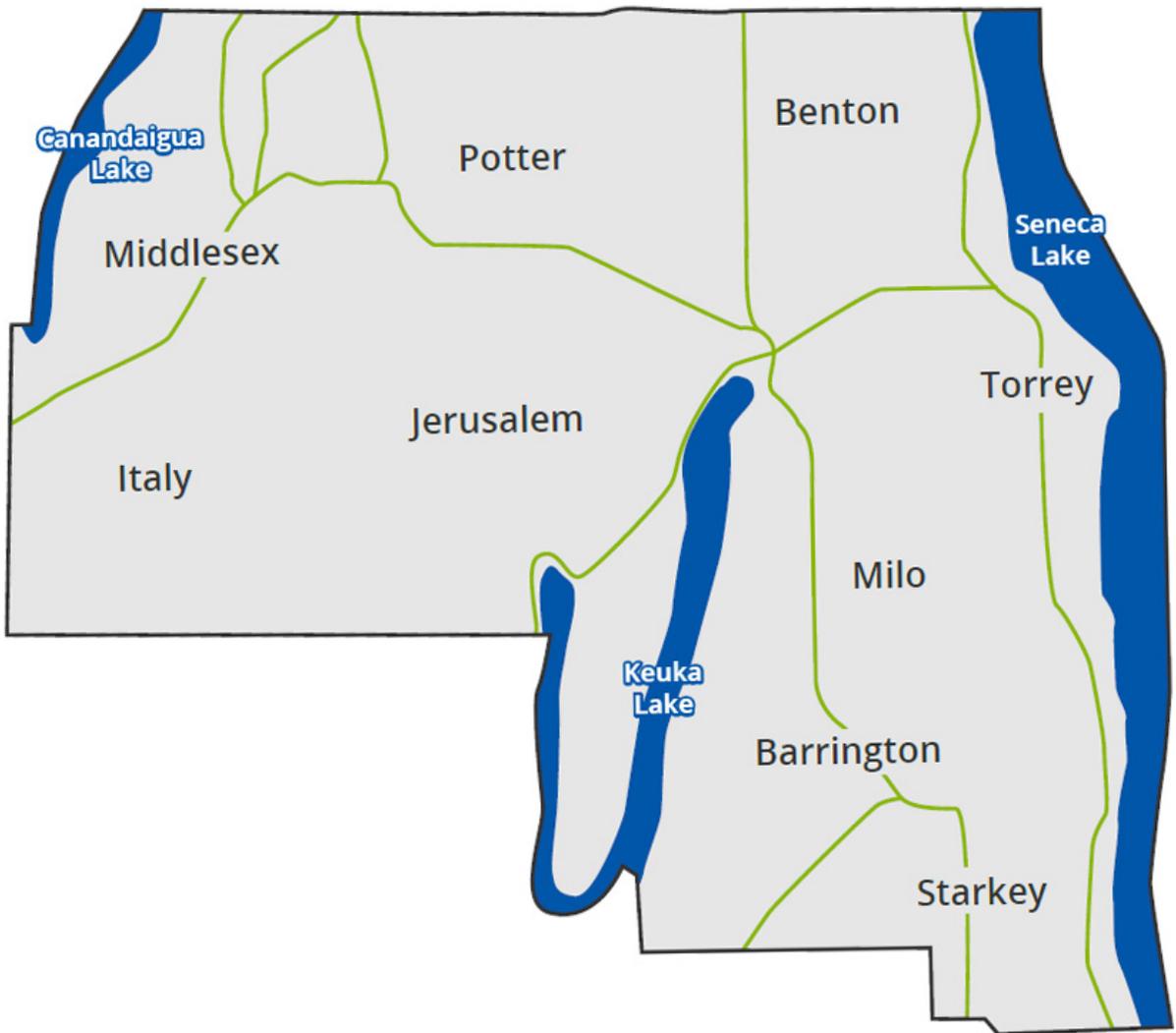




# YATES COUNTY HEALTH PROFILE



Finger Lakes Health Systems Agency, 2017



# About the Report

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

Topic	Page Number
<b>About Yates County</b> <i>Population size, demographics, life expectancy, socioeconomic status and more</i>	<b>3-4</b>
<b>Health Behaviors</b> <i>Smoking status, diet, physical activity and chronic disease diagnoses</i>	<b>5-6</b>
<b>Social Determinants of Health</b> <i>Neighborhood accessibility, reported self-health and food insecurity</i>	<b>7</b>
<b>Life Expectancy</b> <i>Life expectancy at birth by ZIP code</i>	<b>8</b>
<b>Disparity</b> <i>A comparison of the highest and lowest estimated life expectancy ZIP codes by a number of health outcomes</i>	<b>9</b>
<b>Leading Causes of Death</b> <i>The five leading causes of death and premature death in <b>Yates County</b></i>	<b>10</b>
<b>Population Health Measures</b> <i>Sixteen health metrics selected to measure community impact on population health for <b>Yates County</b></i>	<b>11-12</b>
<b>End Notes</b> <i>Information on data sources used throughout the report</i>	<b>13-15</b>
<b>About FLHSA</b> <i>Who we are</i>	<b>16</b>

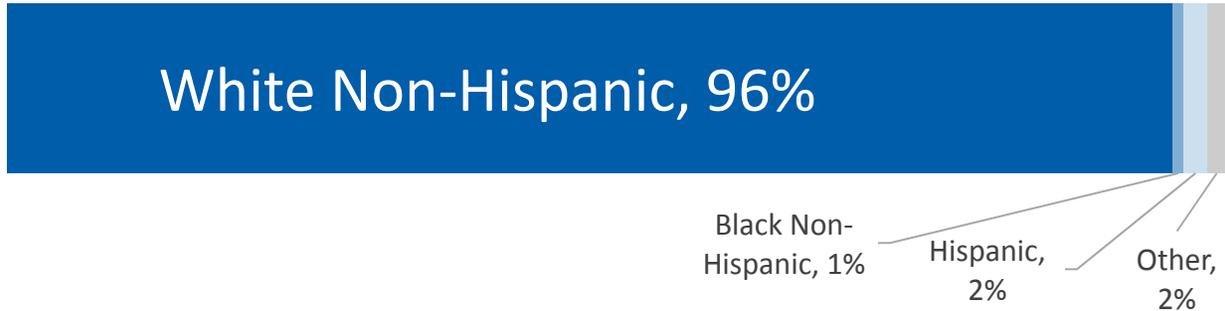
Where comparisons between regions are made throughout the report, the following color code will be used:

<b>Yates County</b>	<b>Upstate New York</b>
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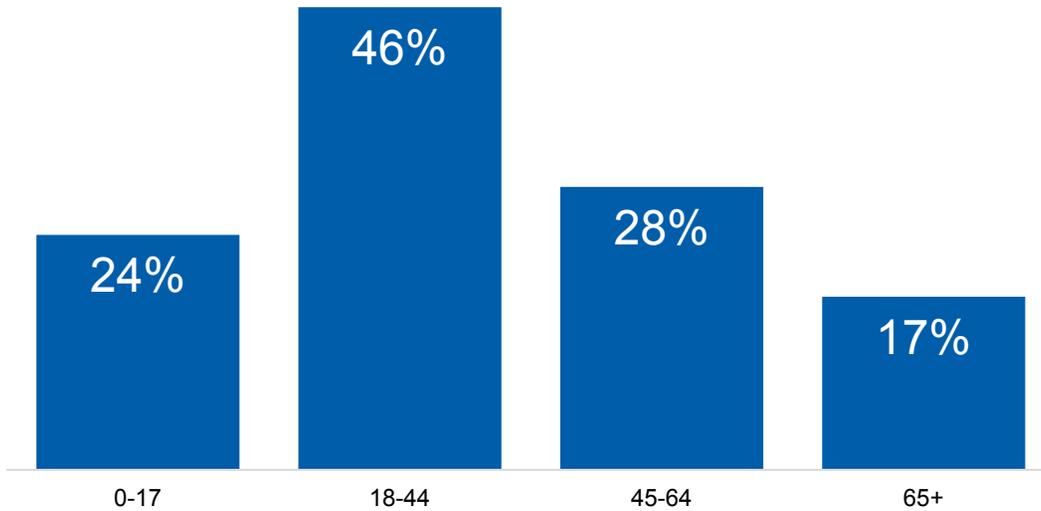
# About Yates County

**25,281 residents live in Yates County.**

*24,181 are White Non-Hispanic.*



## Population by Age Group



**10%**

of households speak a language other than English. More than 120 of those households have Limited English Proficiency (LEP).

**12.5%**

of the population is living with a disability.

**3.9%**

of the labor force is unemployed.

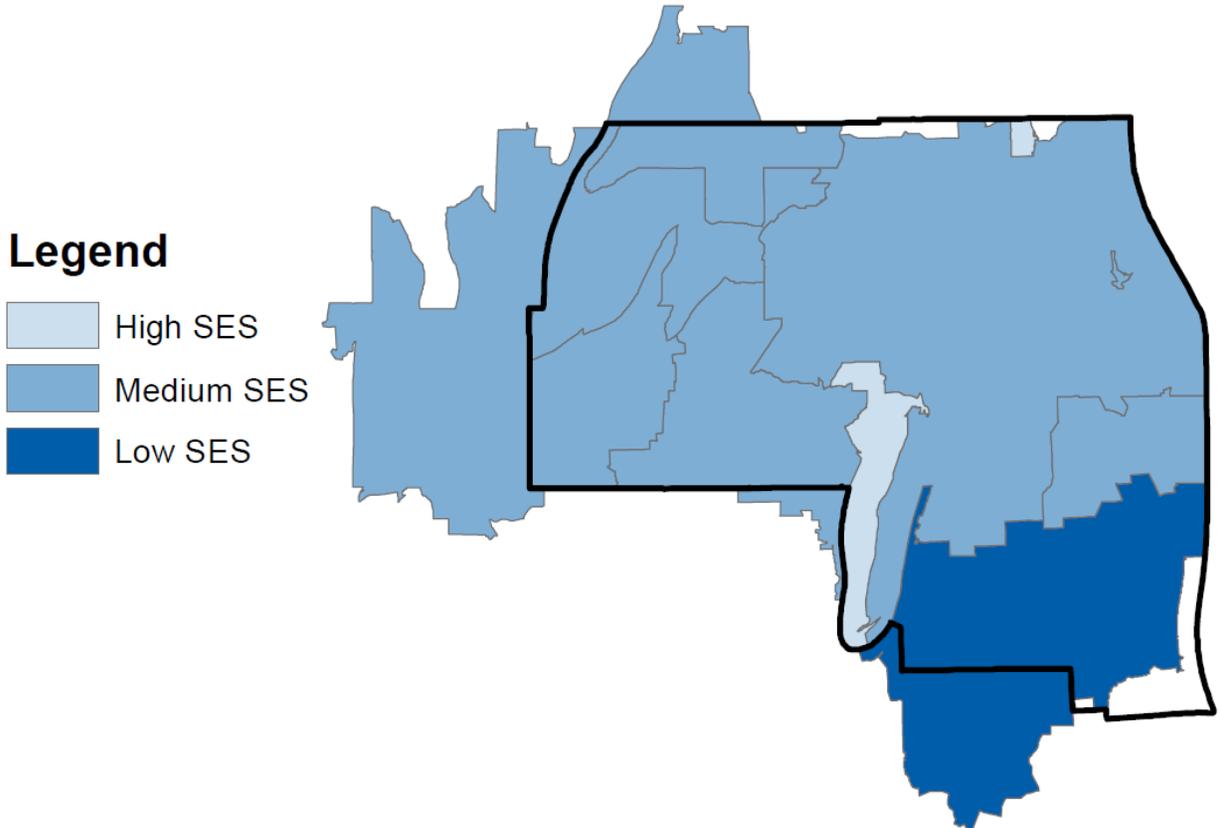
**77.0 years**

is the average life expectancy at birth.

# About Yates County

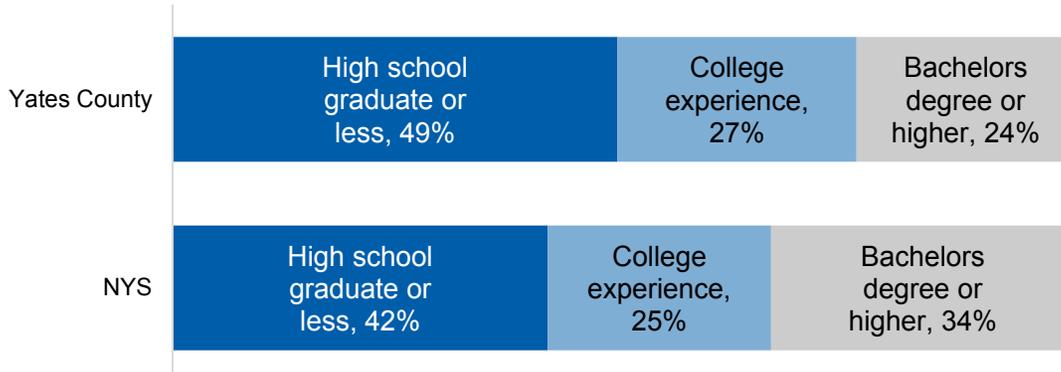
More than 3,400 residents – 14.5 percent of **Yates County's** population – live below the federal poverty level according to U.S. Census statistics. As the map illustrates, poverty is found in areas throughout the entire county. Research shows that lower socioeconomic status (SES) is linked to higher incidence of chronic disease, shorter life expectancy and lower rates of good social, emotional and physical health.<sup>1</sup>

## SES by ZIP Code - Yates County



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.”<sup>2</sup> Approximately 51 percent of **Yates County** residents have at least some form of college experience, compared to 59 percent of New

York state residents.



# Health Behaviors

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

Each of the indicators for behavioral lifestyles shown below for **Yates County** are lower than Upstate New York Rates. Notably, there is a lower rate of leisure time physical activity in **Yates County** (63.8 percent).

	Yates County	Upstate New York
<b>Consumes fast food three or more times per week</b> 	4.9%	6.3%
<b>Consumes one or more sugary drinks daily</b> 	15.2%	23.3%
<b>Participated in leisure time physical activity in the past 30 days</b> 	63.8%	73.7%

Adult smoking rates are lower in **Yates County** (13.8 percent) compared to Upstate New York (17.3 percent). It is estimated that there are more than 2,600 adults who currently smoke in **Yates County**.

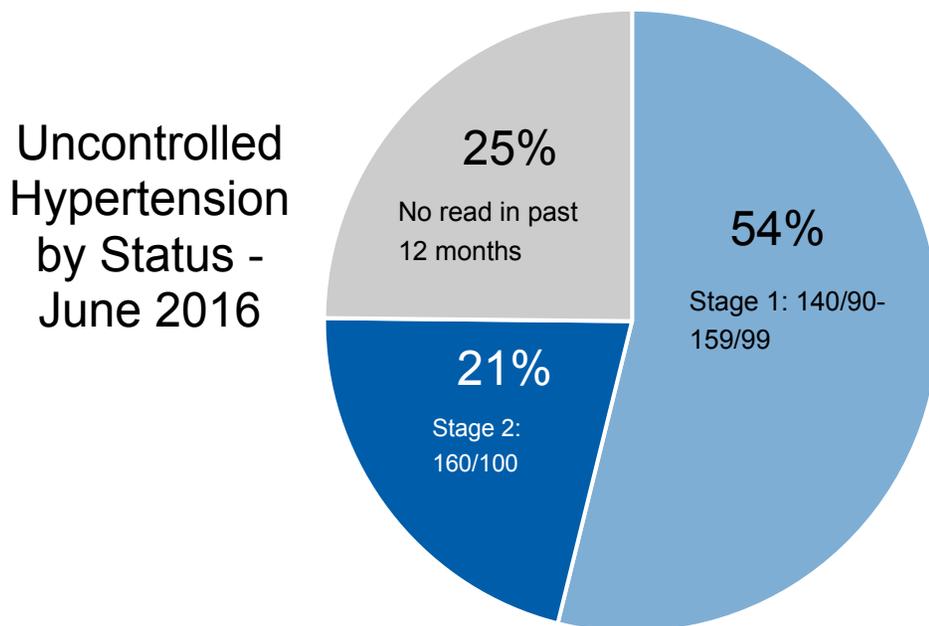
	Yates County	Upstate New York
<b>Current cigarette smoker</b> 	13.8%	17.3%

# Health Behaviors

Inactive lifestyles and poor diets may lead to obesity, a risk factor for developing diabetes, hypertension and other chronic illnesses. Rates of adults with physician-diagnosed diabetes are higher in **Yates County** (13.2 percent) compared to Upstate New York (9.2 percent).

	Yates County	Upstate New York
Obese or overweight adults	61.3%	62.2%
Physician diagnosed diabetes	13.2%	9.2%
Physician diagnosed hypertension	28.6%	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 66 percent of **Yates County** adults with hypertension had their condition under control. For residents whose blood pressure was uncontrolled, 21 percent had stage 2 hypertension.



# Social Determinants of Health

The physical environment plays an important role in residents' ability to engage in physical activity and access nutritious food. In **Yates County**, residents are more likely to report their neighborhood is suitable for walking and physical activity (96.9 percent) compared to Upstate New York (92.3 percent). In addition, there is a significantly lower rate of **Yates County** residents experiencing food insecurity (14.1 percent) compared to Upstate New York (22.7 percent).

	Yates County	Upstate New York
 Consider neighborhood suitable for walking and physical activity	96.9%	92.3%
 Reported food insecurity in the past 12 months	14.1%	22.7%

Approximately one in ten (9.2 percent) **Yates County** residents report experiencing 14 or more poor mental health days in the past month. This is compared to 11.5 percent of Upstate New York residents.

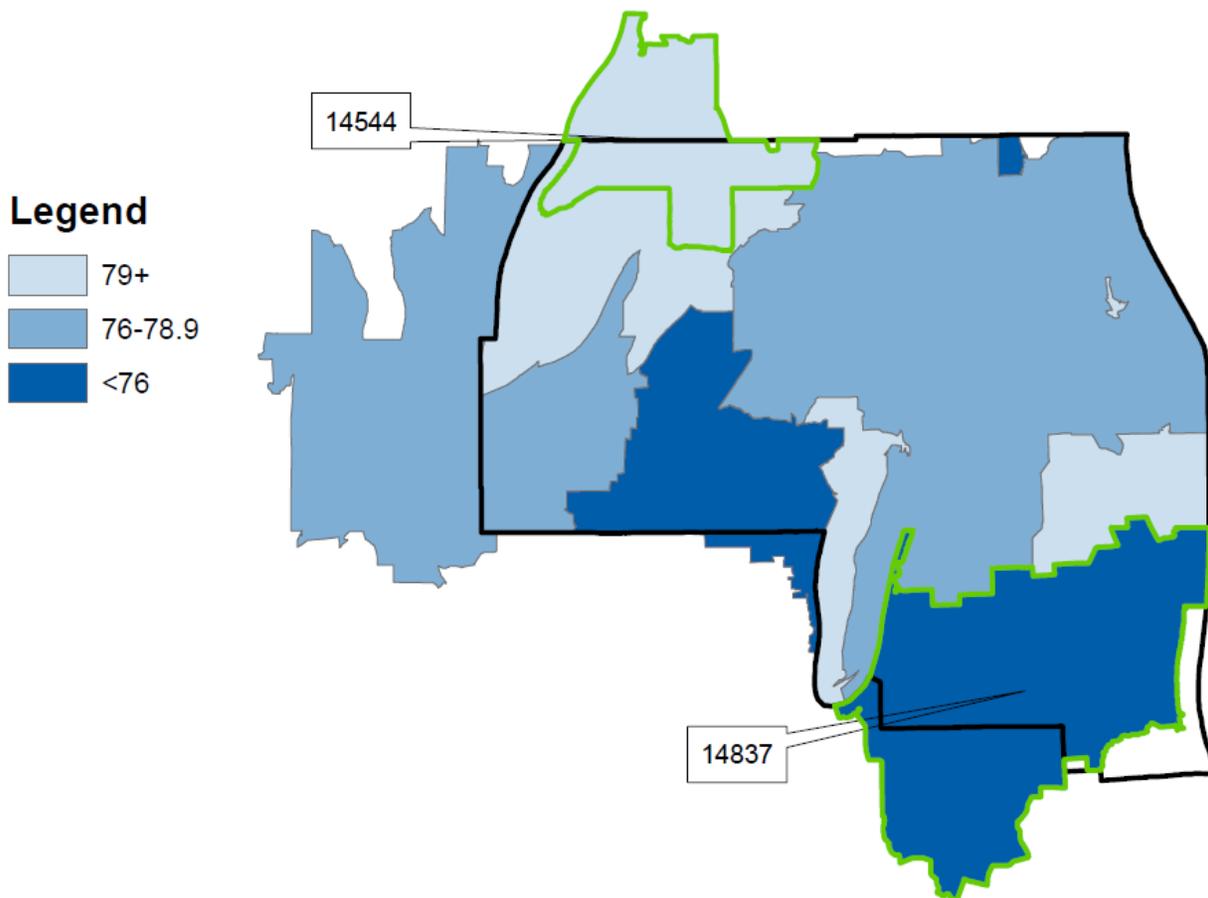


# Life Expectancy

Although average life expectancy in **Yates County** is 77.0 years, how long residents live on average varies by almost 4 years depending on their ZIP code.

For example, ZIP code area **14837, Dundee**, has an estimated life expectancy of only 75.9 years at birth. By contrast, the county's highest estimated life expectancy, 79.6 years, is found in **Rushville's 14544** ZIP code area.

## Life Expectancy by ZIP Code - Yates County

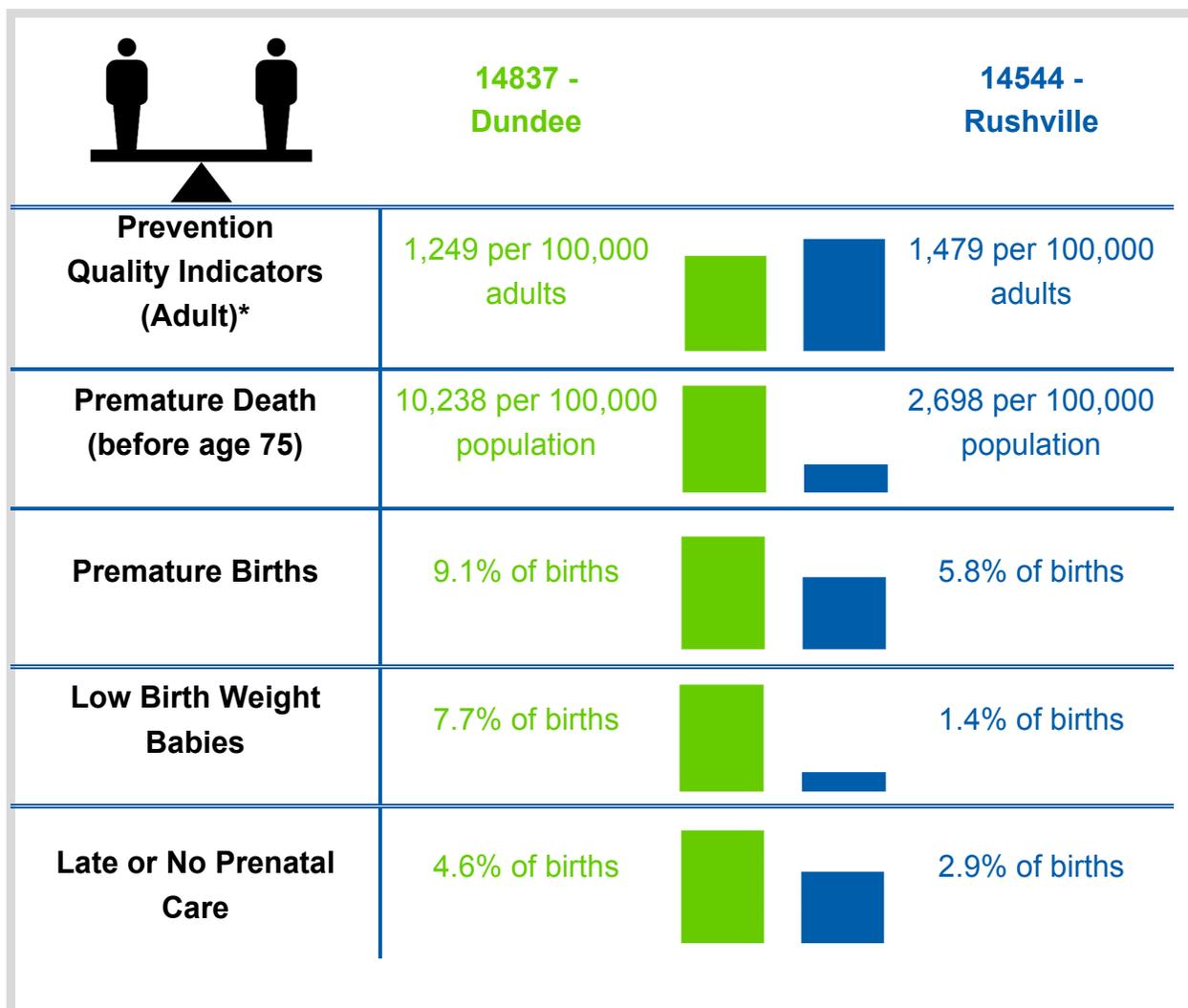


Research has shown that poverty is associated with shorter life expectancy. Residents with lower socioeconomic status are less likely to seek preventative care and to monitor/maintain good health behaviors for a variety of different reasons.

# Disparity

A comparison of ZIP codes shows that rates for maternal and child health indicators are higher in the ZIP code **14837, Dundee**, area. In addition, there is a significantly higher rate of premature death in the **Dundee** area compared to **Rushville**.

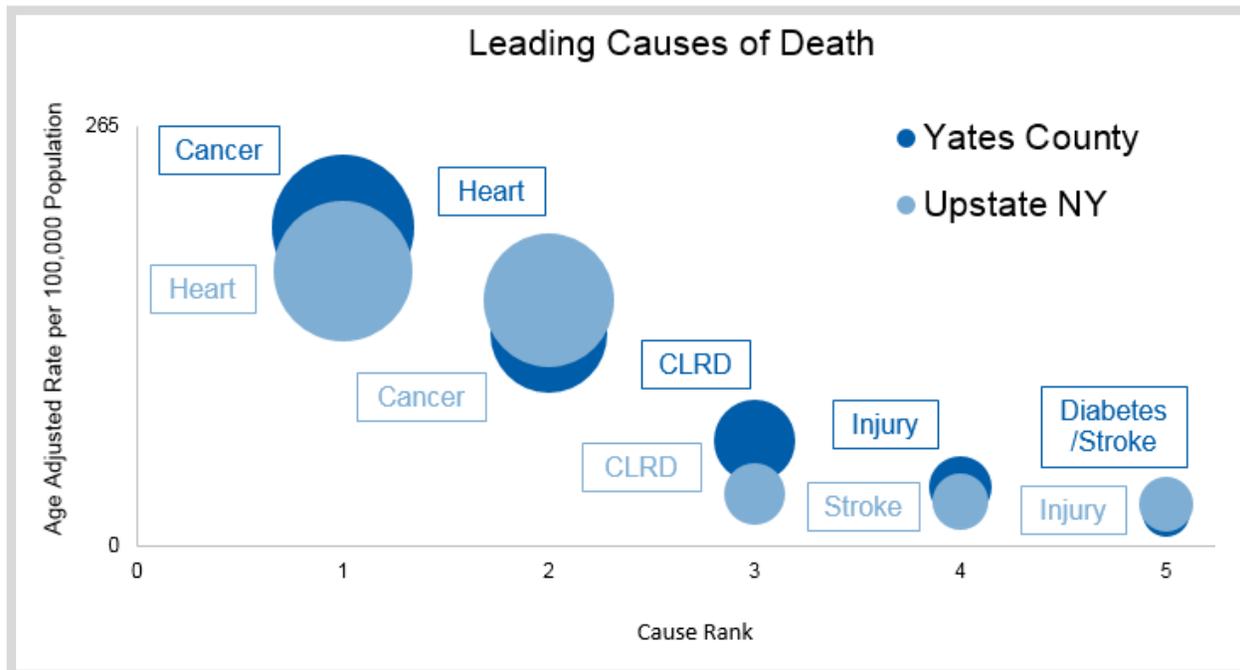
However, there are higher rates of Prevention Quality Indicators (PQIs)\* in **Rushville's 14544** ZIP code area.



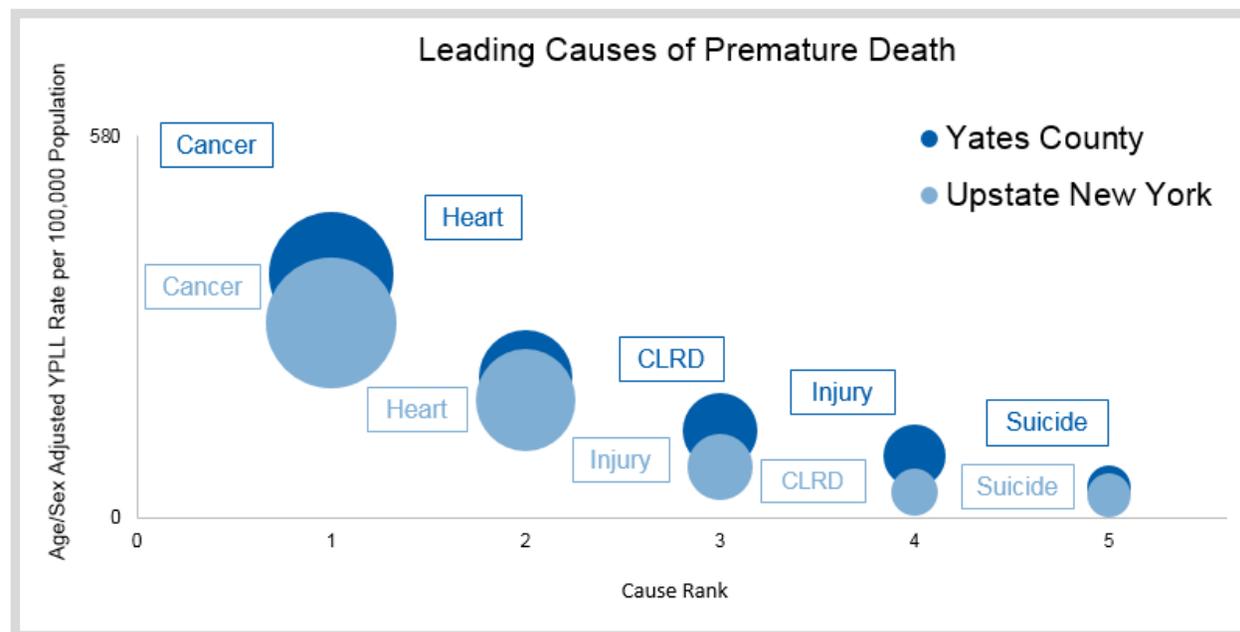
*\*Prevention Quality Indicators (PQI) were developed by the Agency for Healthcare Research and Quality, are based on ICD-9 coding. PQIs classify conditions that are seen as potentially preventable/avoidable had sufficient care been given in the primary care setting prior to the presentation. This value is a composite of all of the PQIs.*

# Leading Causes of Death

Leading causes of death in **Yates County** are similar to 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 and suicide rank among the top five causes of premature death in **Yates County**.



Sources: Vital Statistics 2014. Premature mortality graph are 2012-2014 averages with deaths before age 75. Rankings exclude perinatal deaths. CLRD = Chronic Lower Respiratory Disease. All rates are age/sex adjusted.

# 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 **Yates 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

Yates County

Finger Lakes Region

	Yates County	Finger Lakes Region	
<b>Childhood Immunization</b> <i>Percentage of children receiving recommended immunizations by 36 months</i>	55.7%	64.5%	
<b>Childhood Obesity</b> <i>Percentage of school children whose weight is at the 95<sup>th</sup> percentile or greater</i>	22.9%	16.1%	
<b>Adult Obesity</b> <i>Percentage of adults 18 years or older with a BMI of 30 or greater</i>	30.2%	27.0%	
<b>Adult Smoking</b> <i>Percentage of adults who are current smokers</i>	13.8%	17.4%	
<b>High Blood Pressure Control</b> <i>Percentage of adults with high blood pressure who had their condition under control</i>	66.0%	68.0%	
<b>Type II Diabetes Control</b> <i>Under development</i>	N/A	N/A	
<b>High School Graduation</b> <i>Percentage of students graduating in four years</i>	82.0%	81.2%	

# Population Health Measures



## Clinical Measures

Yates County

Finger Lakes Region

Preventable Hospital Stays (rate per 100,000 population)

942

1,074



*Number of hospital stays for PQIs*

Depression Screening

N/A

N/A

*Under development*

ED Visits with Behavioral Health

Diagnosis

11.0%

8.6%



*Percentage of all ED patients with a behavioral health diagnosis*

ED Visits Among those 65+ (rate per 1,000 population)

377

303



*Number of ED visits that involve adults 65+*

30 Day Readmissions with Behavioral Health Diagnoses

10.4%

13.4%



*30-day hospital behavioral health related readmission rates*

Nursing Home Use

116,216

96,053

*Number of nursing home days per 1,000 individuals 85+*



## Health Outcomes

Yates County

Finger Lakes Region

Premature Death (rate per 100,000 population)

4,130

3,496



*Years of potential life lost before age 65*

Low Birth Weight

8.2%

7.8%



*Percentage of births with birthweight less than 2500 g/ 5.5 lbs*

Good Health Self-Report

86.0%

83.7%



*Percentage of adults reporting excellent, very good or good general health status*

# 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

### Community Measures

**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

### Clinical Measures

**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

### Health Outcomes

**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. Late or no prenatal care is defined as those who had prenatal care initiated during the third trimester of pregnancy or not at all. .

**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.

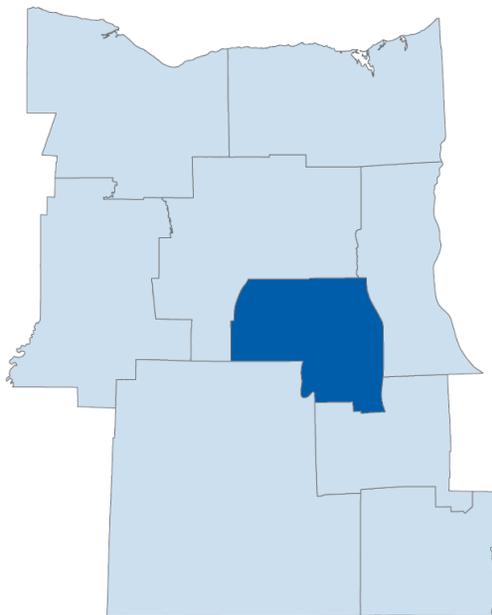
**Student Weight Status Category Reporting System (SWSCR):** The SWSCR collects data on weight status category, including underweight, healthy weight, overweight or obese based on BMI-for-age percentile on children and adolescents attending public schools in New York State.

**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 **Yates County**,  
please visit our website at:  
[www.flhsa.org/data/counties](http://www.flhsa.org/data/counties)

For questions regarding this report, please contact Catie Kunecki at:  
[CatieKunecki@flhsa.org](mailto: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](http://www.flhsa.org).

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