Leading Health Indicators
Monroe County
2002

FINGER LAKES
HEALTH SYSTEMS AGENCY

MONROE COUNTY
DEPARTMENT OF HEALTH

September 2002
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INTRODUCTION

The U.S. Department of Health and Human Services (DHHS), in its publication *Healthy People 2010*, has proposed a set of Leading Health Indicators to reflect the major public health concerns in our nation today. These indicators encompass individual behaviors, physical and social environmental factors, and health system issues that affect the health of individuals and communities. For each Leading Indicator, specific objectives were chosen by DHHS to track progress and provide a link to the 467 objectives in *Healthy People 2010*.

**HEALTH ACTION, Priorities for Monroe County**, established a process to improve the health of the community. Goals for health improvement focusing on children, adolescents, adults, older adults and the environment are in place. For each focus area, priorities for action have been established. These priorities, although based on local data, are remarkably aligned with the *Healthy People 2010* Leading Indicators.

Each year, **HEALTH ACTION** releases a report card or report card update for one of the focus areas with special emphasis on the priorities for action. These report cards provide an in-depth analysis for the focus area. Charting progress toward the Leading Health Indicators, however, because they are so closely aligned with **HEALTH ACTION** priorities for action, can provide the community with a global review of our progress toward improving the health of the community.

The Leading Health Indicators include measures in the following areas:

- Physical Activity
- Overweight and Obesity
- Tobacco Use
- Substance Abuse
- Responsible Sexual Behavior
- Mental Health
- Injury and Violence
- Environmental Quality
- Immunization
- Access to Health Care

Data are not available on a County level for some of the measures of the Leading Indicators. However, for most of these, there are alternate measures available locally. These are noted in the data tables and detailed in the table labeled *Alternate and Additional Measures*. Additional measures that reflect local concerns for mental health, injury control and environmental health are also displayed in this table.

It should be noted that an overarching goal of *Healthy People 2010* is to eliminate health disparities. Local data in the tables that follow are County level information and do not detail disparities by gender, residence, race or ethnicity. At the end of each table, a paragraph highlighting some local disparities is included. Details about disparities are included in **HEALTH ACTION** report cards. Additional information is available from the Monroe County Health Department’s Community Health Improvement Unit at (585) 274-6075.

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1 *Healthy People 2010* provides a comprehensive set of 10-year health objectives for the Nation, including 467 objectives in 28 focus areas, in a compilation of health improvement opportunities for the next decade.
<table>
<thead>
<tr>
<th>Leading Health Indicator</th>
<th>Healthy People 2010 Goal</th>
<th>2010 Target</th>
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</thead>
<tbody>
<tr>
<td>Physical Activity</td>
<td>Increase the proportion of <strong>adolescents</strong> who engage in vigorous physical activity that promotes cardio-respiratory fitness 3 or more days per week for 20 or more minutes per occasion.</td>
<td>85%</td>
<td>65%</td>
<td>67%</td>
<td>Building youth competencies to promote healthy lives.</td>
</tr>
<tr>
<td></td>
<td>Increase the proportion of <strong>adults</strong> who engage regularly, preferably daily, in moderate physical activity for at least 30 minutes per day.</td>
<td>30%</td>
<td>15%</td>
<td>29%</td>
<td>Promote healthy behaviors that reduce the risk of chronic disease.</td>
</tr>
<tr>
<td>Overweight and Obesity</td>
<td>Reduce the proportion of <strong>children and adolescents</strong> who are overweight or obese.</td>
<td>5%</td>
<td>11%</td>
<td>N/A</td>
<td>Building youth competencies to promote healthy lives.</td>
</tr>
<tr>
<td></td>
<td>Reduce the proportion of <strong>adults</strong> who are obese (BMI ≥ 30).</td>
<td>15%</td>
<td>23%</td>
<td>22%¹</td>
<td>Promote healthy behaviors that reduce the risk of chronic disease.</td>
</tr>
<tr>
<td>Tobacco Use</td>
<td>Reduce the proportion of <strong>adolescents</strong> who smoked one or more cigarettes in the past 30 days.</td>
<td>16%</td>
<td>35%</td>
<td>26%²</td>
<td>Reduce use of tobacco.</td>
</tr>
<tr>
<td></td>
<td>Reduce the proportion of <strong>adults</strong> who smoked on one or more days in the past 30 days.</td>
<td>12%</td>
<td>24%</td>
<td>24%³</td>
<td>Promote healthy behaviors that reduce the risk of chronic disease.</td>
</tr>
<tr>
<td>Substance Abuse</td>
<td>Increase the proportion of <strong>adolescents</strong> not using alcohol or any illicit drugs during the past 30 days.</td>
<td>89%</td>
<td>79%</td>
<td>N/A</td>
<td>Building youth competencies to promote healthy lives.</td>
</tr>
<tr>
<td></td>
<td>Reduce the proportion of <strong>adults</strong> using any illicit drug during the past 30 days.</td>
<td>2%</td>
<td>6%</td>
<td>N/A</td>
<td>Promote use of preventive health services, including screening for depression and substance abuse.</td>
</tr>
<tr>
<td></td>
<td>Reduce the proportion of <strong>adults</strong> engaging in binge drinking of alcoholic beverages in the past month.</td>
<td>6%</td>
<td>17%</td>
<td>17%⁴</td>
<td>Promote use of preventive health services, including screening for depression and substance abuse.</td>
</tr>
</tbody>
</table>

Disparities in achievement for measures on this page:

- Rates of obesity are highest among African Americans (34%) compared to Whites (21%) and among City residents (25%) compared to Suburban residents (19%).
- African American adolescents (15%) are less likely to smoke cigarettes, compared to all other races (28%).
- City adults (27%) are more likely to smoke compared to suburban adults (20%).
- Males (25%) are more likely than females (10%) to engage in binge drinking. Binge drinking also is more prevalent among younger adults.
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<tr>
<td>Responsible Sexual Behavior</td>
<td>Increase the proportion of <strong>adolescents</strong> who abstain from sexual intercourse or use condoms if currently sexually active.</td>
<td>95%</td>
<td>85%</td>
<td>89%²</td>
<td>Building youth competencies to promote healthy lives.</td>
</tr>
<tr>
<td></td>
<td>Increase the proportion of sexually active persons who use condoms.</td>
<td>50%</td>
<td>23%</td>
<td>N/A</td>
<td>See pg. 6</td>
</tr>
<tr>
<td>Mental Health</td>
<td>Increase the proportion of <strong>adults</strong> with recognized depression who receive treatment.</td>
<td>50%</td>
<td>23%</td>
<td>N/A</td>
<td>Promote use of preventive health services, including screening for depression and substance abuse.</td>
</tr>
<tr>
<td>Injury and Violence</td>
<td>Reduce deaths caused by motor vehicle crashes (Deaths per 100,000 population).</td>
<td>9.2</td>
<td>16</td>
<td>8⁵</td>
<td>Building youth competencies to promote healthy lives.</td>
</tr>
<tr>
<td></td>
<td>Reduce homicides (Deaths per 100,000 population).</td>
<td>3</td>
<td>7</td>
<td>5⁵</td>
<td></td>
</tr>
<tr>
<td>Environmental Quality</td>
<td>Reduce the proportion of persons exposed to air that does not meet the U.S. E.P.A.'s health-based standards for ozone.</td>
<td>0%</td>
<td>43%</td>
<td>0% (all levels below .08ppm)⁶</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Reduce the proportion of nonsmokers exposed to environmental tobacco smoke.</td>
<td>45%</td>
<td>65%</td>
<td>N/A</td>
<td>See pg. 6</td>
</tr>
<tr>
<td>Immunization</td>
<td>Increase the proportion of <strong>children</strong> aged 19 to 35 months who receive all vaccines that have been recommended for universal administration for at least 5 years.</td>
<td>80%</td>
<td>73%</td>
<td>88%⁷</td>
<td>Improve access to preventive services</td>
</tr>
</tbody>
</table>

Disparities in achievement for measures on this page:

- African American adolescents are less likely to abstain from sexual intercourse and/or use a condom if currently sexually active (81%), compared to all other races (90%).
- Rates of homicide are highest among males aged 18-34. Within this age group, rates are higher among African Americans (157/100,000) and Hispanics (70/100,000) compared to Whites (10/100,000).
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<tr>
<td>Immunization (continued)</td>
<td>Increase the proportion of noninstitutionalized adults aged 65+ who are ever vaccinated against pneumococcal disease.</td>
<td>90%</td>
<td>46%</td>
<td>75%</td>
<td>Promote use of preventive health services, including screening for depression and substance abuse.</td>
</tr>
<tr>
<td></td>
<td>Increase the proportion of noninstitutionalized adults aged 65+ who are vaccinated annually against influenza.</td>
<td>90%</td>
<td>64%</td>
<td>69%</td>
<td>Promote use of preventive health services, including screening for depression and substance abuse.</td>
</tr>
<tr>
<td>Access to Health Care</td>
<td>Increase the proportion of persons with health insurance (under age 65).</td>
<td>100%</td>
<td>83%</td>
<td>90%</td>
<td>Promote use of preventive health services, including screening for depression and substance abuse.</td>
</tr>
<tr>
<td></td>
<td>Increase the proportion of persons who have a specific source of ongoing care.</td>
<td>96%</td>
<td>85% (adults)</td>
<td>94% (adults)</td>
<td>Promote use of preventive health services, including screening for depression and substance abuse.</td>
</tr>
<tr>
<td></td>
<td>Increase the proportion of pregnant women who begin prenatal care in the first trimester of pregnancy.</td>
<td>90%</td>
<td>83%</td>
<td>78%</td>
<td>Improve birth outcomes.</td>
</tr>
</tbody>
</table>

Disparities in achievement for measures on this page:

- Rates of flu and pneumonia immunization are lower among African Americans (38% and 43% respectively) compared to Whites (71% and 78%).
- African American (26%) and Hispanic (34%) residents are more likely to be uninsured or not continuously insured, compared to White (16%) residents.
- Rates of early prenatal care are lower among African Americans (57%) and Hispanics (69%), compared to Whites (84%), and among City residents (65%) compared to Suburban residents (86%).
### ALTERNATE AND ADDITIONAL MEASURES

<table>
<thead>
<tr>
<th>Leading Health Indicator</th>
<th>Alternate Indicator</th>
<th>U. S. Status</th>
<th>Monroe County Status</th>
<th>HEALTH ACTION Priority for Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Substance Abuse</td>
<td>Public high school students who reported they did not use alcohol in the past month.</td>
<td>53%</td>
<td>56%</td>
<td>Building youth competencies to promote healthy lives.</td>
</tr>
<tr>
<td></td>
<td>Public high school students who reported they did not use marijuana in the past month.</td>
<td>76%</td>
<td>75%</td>
<td>Building youth competencies to promote healthy lives.</td>
</tr>
<tr>
<td>Responsible Sexual Behavior</td>
<td>Adult respondents who indicated having more than one sexual partner in the last year, reporting rarely or never using a condom.</td>
<td>N/A</td>
<td>17%</td>
<td></td>
</tr>
<tr>
<td>Mental Health</td>
<td>Adult respondents who reported having frequent mental distress, which is defined by 14 or more of the preceding 30 days of poor mental health due to stress, depression, and/or problems with emotions.</td>
<td>9%</td>
<td>10%</td>
<td>Promote use of preventive health services, including screening for depression and substance abuse.</td>
</tr>
<tr>
<td></td>
<td>Public high school students who seriously considered attempting suicide in the past 12 months.</td>
<td>19%</td>
<td>17%</td>
<td>Building youth competencies to promote healthy lives.</td>
</tr>
<tr>
<td></td>
<td>Public high school students who reported that they felt so sad or helpless almost every day for 2 or more weeks in a row that they stopped doing their usual activities.</td>
<td>28%</td>
<td>27%</td>
<td>Building youth competencies to promote healthy lives.</td>
</tr>
<tr>
<td>Injury and Violence</td>
<td>Public high school students who reported carrying a weapon in the last month.</td>
<td>17%</td>
<td>16%</td>
<td>Building youth competencies to promote healthy lives.</td>
</tr>
<tr>
<td></td>
<td>Public high school students who engaged in a physical fight in the last year.</td>
<td>33%</td>
<td>34%</td>
<td>Building youth competencies to promote healthy lives.</td>
</tr>
<tr>
<td>Environmental Quality</td>
<td>Adult respondents aged 18 and older who do not smoke every day, who were exposed to tobacco smoke inside their workplace, restaurant and other public place in the past two weeks.</td>
<td>N/A</td>
<td>46%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Proportion of children tested who had a confirmed elevated blood lead level of $\geq 10 , \mu g/dl$ (includes both newly diagnosed and those currently undergoing treatment).</td>
<td>6%</td>
<td>12%</td>
<td>Reduce hazards in the home.</td>
</tr>
</tbody>
</table>

Disparities in achievement for measures on this page:
- African American adolescents (65%) are more likely to abstain from alcohol compared to all other races (54%).
- Adults ages 18-64 are more likely to experience Frequent Mental Distress (11%) than adults over the age of 65 (5%).
- City residents (50%), who do not smoke daily, are more likely to be exposed to cigarette smoke in public places and workplaces, compared to Suburban residents (42%).
- Children who live in the City are more likely to have elevated blood lead levels.
DISCUSSION

Data Summary

For some measures, Monroe County, on the whole, has met or exceeded the Year 2010 goal. These include deaths from motor vehicle crashes, persons exposed to ozone levels in excess of EPA standards and childhood immunization rates.

In the area of moderate physical activity, Monroe County is close to the 2010 goal and so has set a more ambitious local goal of 35%.

For the rest of the measures, however, especially when considering disparities in achievement, Monroe County needs to improve significantly. This is the basis for these areas being chosen as priorities for action for health improvement by HEALTH ACTION.

Plans for Updates

Much of the information used for the Leading Health Indicators and HEALTH ACTION report cards is from periodic health surveys. Updates of this report will likely be available every three to five years.

The development of an index of leading health indicators, similar to that used for economic forecasting, will be explored to determine if such an index can be both meaningful and technically accurate.

Interventions

Partners in HEALTH ACTION are implementing several strategies to address the priorities for action in Monroe County. In-depth discussion of these strategies and progress reports are contained in HEALTH ACTION report cards and also in HEALTH ACTION newsletters. These can be viewed at www.healthaction.org.
Footnotes:

   a. Local data are for adults ages 18+
7. Monroe County Health Department, Monroe County Immunization Survey, 1999 (note: local data measured at 24 mo. of age).
Summary of Priorities for Action

Maternal Child Health
• Improve Access to Preventive Services
• Improve Birth Outcomes

Adolescent Health
• Reduce Use of Tobacco
• Build Youth Competencies to Promote Healthy Lives

Adult Health
• Promote Health Behaviors that Reduce the Risk of Chronic Disease
• Promote Use of Preventive Services (including screening for depression and substance abuse)

Older Adult Health
• Promote Use of Preventive Health Services (including screening for depression and substance abuse)
• Promote Behaviors that Prevent or Delay Complications and Disability from Chronic Disease

Environmental Health
• Improve Water Quality
• Reduce Industrial Pollution
• Reduce Pollution from Small Businesses
• Reduce Hazards in the Home

HEALTH ACTION STEERING COMMITTEE
Association of Independent Health Centers
Center for Governmental Research
BlueCross BlueShield of the Rochester Area
Finger Lakes Health Systems Agency
Greater Rochester Metro Chamber of Commerce
Industrial Management Council
Lakeside Health System
Monroe County Health Department
Preferred Care
Rochester Area Physicians’ Council
Rochester Health Commission
Strong Health
Unity Health Systems
University of Rochester
Finger Lakes Health Systems Agency (FLHSA) is a health planning organization whose mission is to promote the delivery of accessible, affordable health care services to the population of the region. From its origins in the 1950s, health planning has been an integral part of this community's health care system and has been supported by community leaders, health care providers, insurers, and county governments.

As health care in the region becomes increasingly competitive, FLHSA assesses the effects of that change on the community. It does this by:

- tracking shifts in access to health services and insurance
- monitoring changes in health status of the population
- assessing health needs in the community
- providing community-wide health data.

Other Titles Available in the FLHSA Health Matters Series include:

- The Evolving Integration of Health Care Systems in the Rochester Area
- Insurance Terms: A Health Insurance Primer
- Breast Cancer in the Finger Lakes Region
- Flu & Pneumonia in the Finger Lakes Region
- HIV/AIDS in the Finger Lakes Region
- Medicaid Managed Care in the Six County Finger Lakes Region
- Mortality in the Finger Lakes Region: Men vs. Women
- Options for Long Term Care: A Patient and Family Guide
- Medicare+Choice: A Consumer Guide
- Why Should the Rochester Area Be Concerned About the Uninsured?
- ¡Nuestra Salud!: The Health of the Hispanic Community In the Rochester Area
- Maternal and Infant Health in the Finger Lakes Region
- Capacity Matters
- Long Term Care: Its Not Just Nursing Homes Anymore

Additional copies of this, and other FLHSA publications, may be obtained by calling or writing:

Finger Lakes Health Systems Agency
1150 University Avenue
Rochester New York 14607
Phone: 585-461-3520  * * *  Fax: 585-461-0997  * * *  TTY: 585-461-4075
E-Mail: FLHSA@FLHSA.ORG
********

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