

APPENDIX C

Community Health Improvement Plan (CHIP)



Public Health
Prevent. Promote. Protect.



Erie County Department of Health Community Health Improvement Plan 2014 - 2017

Community Health Improvement Plan for *Erie County* for Collaborative Priority 1

1.) Promoting Healthy Women, Infants and Children: Focus Area 1-Maternal & Infant Health:

Goal #2: Increase the proportion of NYS babies who are breastfed

The Erie County Department of Health convened a series of meetings and community conversations with stakeholders to solicit community input.

Hospital system representatives, members of academia from multiple higher education organizations, the United Way of Buffalo and Erie County, P2 Collaborative and Erie County health department representatives met monthly to assess federal, state and local data as well as to do a community scan to identify currently ongoing activities.

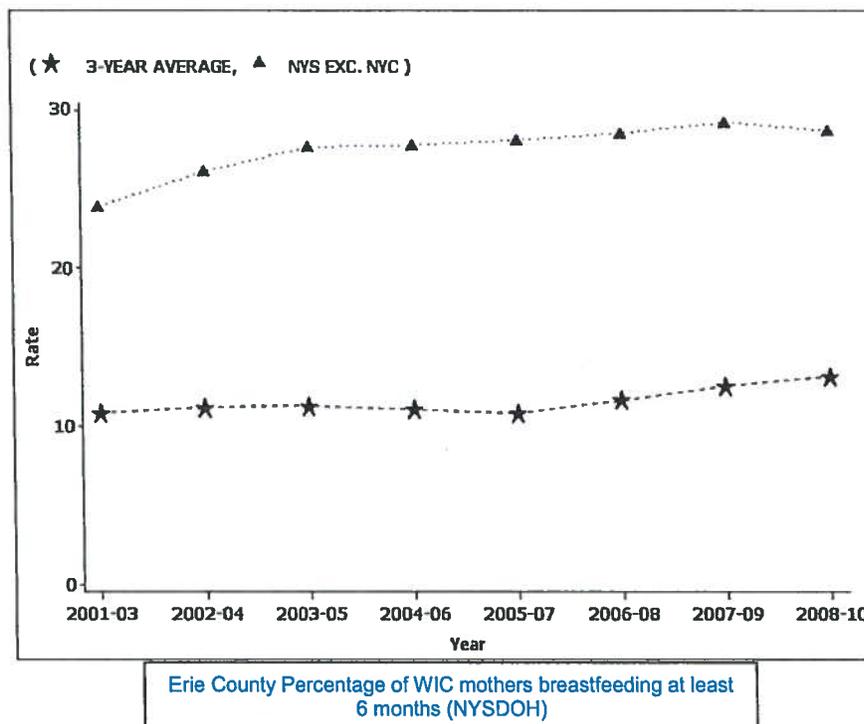
Some of the data the group looked at include local consumer surveys, town meeting minutes with CBOs, census data, WIC data, BRFSS, local hospital data and that of pediatric practices interested in increasing these rates in response to the overwhelming obesity problems in the community.

Communities of color, teen moms, and those in the lowest socioeconomic spheres have the lowest rates of breastfeeding initiation according to WIC and so have been an intensive focus of ongoing activities. Breast feeding rates in Erie County are currently at rate of 12.6 of participants compared to 40.6 for all of New York State. All providers working together on these issues in Erie County have as a community determined this to be a good fit to look to the root causes of childhood obesity and all of the ongoing activities in the area to address the issue.

The United Way and UBMD have been collaboratively leading a community coalition entitled Healthy Start Healthy Futures For All for the past 2 years that is looking at Obesity from pregnancy through early childhood that was initiated to try to increase breastfeeding rates in the community. Many of the activities that they identified as

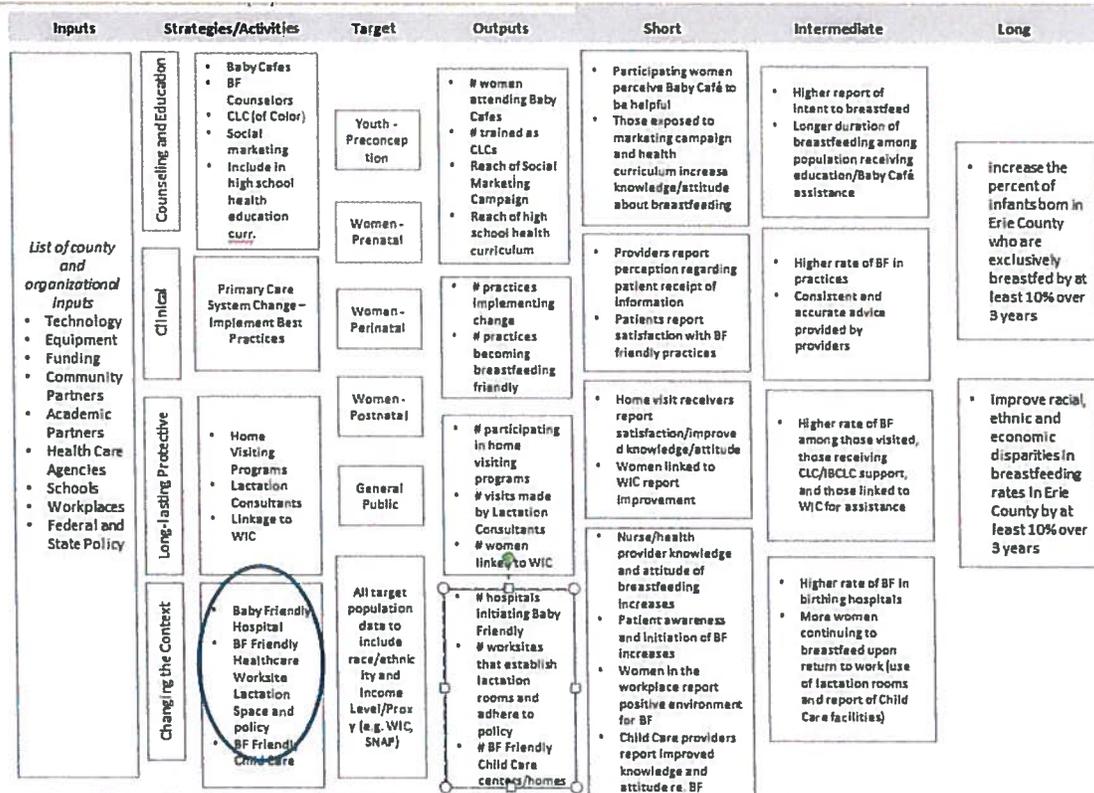
needed are in process of being implemented through a CDC Breastfeeding grant but this group has identified the continuum of additional supports to increase the rates that the hospitals and health department specifically can assist with through policy change and education at the administrative level. (See series of consumer survey results, meeting agendas and minutes attached to Community Health Assessment as Appendix A to track the process in detail.)

The following graph identifies slight but steady progress in increasing the breastfeeding rates in our most vulnerable population since 2005. To increase this rate in this most disparate population in our community, comprehensive supports need to be in place from Community Health Worker support in both the prenatal and perinatal stages, regular access to primary care, supportive education from all sources, Baby Friendly hospitals to deliver in, Baby Friendly practices to seek and receive healthcare in, lactation rooms at work, Baby Cafes in the community and policies that support all of the aforementioned.



Diverse groups have been meeting for the past year in various geographic settings throughout the county with a core group of individuals from the Catholic Health System, Kaleida Health System, SUNY@UB, Buffalo State College, D'Youville College, the United Way of Buffalo, P2 Collaborative and Erie County and the Health Department (ECDOH) leading the process. ECDOH has facilitated the communication, meetings and decision process acting as the neutral leader of the group.

The results of these meetings and the logic model designed by Renee Cadzow, PhD, D'Youville College, for the next four years with the collaborative group's area of strength to move the indicators circled follows.



Outcome and process measures identified to assist the planning group monitor progress over the short term, and over the three and five year time frames.

Process measures to assess quarterly

- # hospitals initiating Baby Friendly designation process
- # worksites that establish lactation rooms – year one is assessment of baseline number in county

Outcome measures to assess at year 3 and 5

- # of Hospitals who have attained Baby Friendly designation
- # of worksite lactation rooms established and maintained increased by 10% per year in county
- Percent of infants born in Erie County who are exclusively breastfed in hospitals increased by 10% to 55% over three years
- WIC breast feeding rate increased by 10% over 5 years

The baseline for Baby Friendly hospital designation in Erie County is zero.

The baseline for exclusive breastfeeding at hospitals is approximately 45% as noted below:

2011	Total Births	Any Breast Milk	Breast Milk Exclusively	Supplemented with Formula
Mercy Hospital	2367	1446	1188	258
Womens and Childrens Hospital	3048	1568	947	621
Sisters Hospital	2950	1792	1397	395
Millard Fillmore Suburban Hospital	2558	2035	1431	604
TOTALS	10923	6841	4963	1878

[A brief description of strategies and best practice or evidence-based practices being implemented including how the community health improvement plan for 2013-2017 integrated lessons learned from past implemented and adapted the interventions.](#)

The Erie County collaborative will continue with the work of the Healthy Start, Healthy Futures for Coalition to implement best practice strategies to increase rates of breastfeeding in the community.

Historically the group has done an assessment of need in the community in this area, developed a process map and have hosted a profession education event, has provided lactation counselor certification trainings, has implemented the first Baby Cafes in the state, has started to work toward Baby Friendly Hospital designation and has provided a place for the CDC to provide a Breastfeeding Friendly Erie County grant.

With the conclusion of this grant funding fast approaching, our goal is to continue with exciting momentum in the community and not let all the good work already done lapse. Working with hospital system leadership the county health department will continue to forge forward with development on Baby Friendly Hospital designation through change and adoption of policies, comprehensive staff training and ongoing assessment and modification to plans as needed.

Funding will be applied for to support a staff person to be housed at United Way of Buffalo and Erie County to move this indicator. They will be responsible to the coalition to move the indicators selected through facilitation of trainings, development of policies and procedures and communication with hospital system leadership as well as practice leadership. Our local hospital systems generally do not directly employ their own physicians but contract with services that employ them. Contractual language will be assessed and modified to support the Baby Friendly Hospital implementation plan. Within the next 3 years we expect to attain designation for one hospital and have the other 3 birthing hospitals in Erie County at different stages working towards this designation.

A brief description of the process that will be used to maintain engagement with local partners over the four years of the Community Health Improvement Plan, and the process that will be used to track progress and make mid-course corrections.

The Erie County Plan will be posted on the website of the local health department and will be available to all in the community. The members of the group have worked together on various projects throughout the years and currently very enthusiastic to move forward. By having a tangible plan and continuing to look for resources we hope to sustain member engagement.

One of the first undertakings of the group is to seek funding for an interactive data dashboard to be developed by one of our academic partners (SUNY @ Buffalo State College) and posted on the ECDOH web site.

The dashboard is proposed to allow multiple levels of access to data for both posting and utilization purposes around health data the community is working collaboratively on. The dashboard format would also allow community members a very visual/pictorial description of health indicators in the community understandable by all. The collaborative group will identify a timeframe of update and a subcommittee to be responsible for maintenance of updates.

The collaborative group will meet monthly alternating monthly face to face or teleconference to keep on track and to continue to move chosen objective. Data will be continuously reviewed; plans will be modified as needed. Meeting minutes will be posted on ECDOH website. Once funding is identified to build dashboard for community to monitor progress, CHIP will be revised to integrate within ongoing plan.

References

1. 2011 SPARCS,
2. 2011 BRFSS
3. Erie County Consumer surveys
4. NYSDOH Prevention Agenda
5. NYSDOH, Erie County WIC Data

Healthy Start Healthy Future for All Coalition • CHIP/CHA

Breastfeeding Friendly Erie County

Breastfeeding Friendly Designation for OB/GYN, Pediatric and Family Medical Practices

Breastfeeding Friendly Erie County started through a NYS Department of Health grant to assist the Healthy Start, Healthy Future for All Coalition to promote breastfeeding in Erie County. Thirteen local agencies, all members of the coalition, received funding totaling \$500,000 to implement a comprehensive series of breastfeeding friendly strategies. These strategies support an ecological model, improving practices in medical care, child care, and home visitation, as well as creating community and faith-based supports.

The Erie County Department of Health conducted a Health Assessment that served to inform the Community Health Improvement Plan for Erie County. Working collaboratively with health centers, hospitals, and academia, a joint plan to move indicators within chronic disease and child maternal health – specifically improving breastfeeding rates and decreasing cardiovascular disease.

These initiatives work together to lay the foundation for New York State's Great Beginnings and Baby Friendly Hospital programs slated for implementation beginning in 2015.

National, State, Local Data

Promoting breastfeeding is a high priority strategy adopted by the CDC to improve maternal and child health. While 77% of women in the U.S initiate breastfeeding, by 6 months following birth, 49% of infants are receiving any breast milk and only 16% are exclusively breastfeeding. In NYS, 83% initiate while 53% are breastfeeding at 6 months with only 16.5% exclusive. Most concerning is that our vulnerable populations, namely families served through the WIC program, have the lowest rates with only 13% of Erie County WIC families exclusive at 6 months.

Breastfeeding Benefits

According to the American Academy of Pediatrics, breastfeeding provides infants a protective effect against respiratory illnesses, ear infections, gastrointestinal diseases, and allergies including asthma, eczema and atopic dermatitis. The rate of sudden infant death syndrome (SIDS) is reduced by over a third in breastfed babies, and there is a 15 percent to 30 percent reduction in adolescent and adult obesity in breastfed vs. non-breastfed infants.

Evidence from other sources have shown that breastfed babies are less likely to become victims of child abuse and neglect. Breastfeeding has also been shown to boost a child's IQ.

For breastfeeding mothers, the release of hormones such as prolactin, which produces a peaceful, calming sensation, and oxytocin, which helps prevent uterine hemorrhage and promotes a strong sense of attachment, promotes a quicker recovery from childbirth and aids in the mother-child bonding process.

Studies show that women who have breastfed experience reduced rates of breast and ovarian cancer later in life. Some studies have found that breastfeeding may reduce the risk of developing type 2 diabetes, rheumatoid arthritis, osteoporosis, and cardiovascular disease, including high blood pressure and high cholesterol.

It is estimated that the sub optimal breastfeeding rates in the United States annually account for more than \$14 billion in unnecessary pediatric costs. While the causal relationships continue to be studied, a recently released study puts the cost of low breastfeeding rates on maternal health at over \$17 billion annually.

Breastfeeding Friendly Erie County

There are five strategies supported by NYS Department of Health, Erie County Department of Health, United Way of Buffalo & Erie County, P² Collaborative of WNY, UBMD, Catholic Health and Kaleida Health:

1. Expand, diversify and strengthen coalition efforts to improve breastfeeding rates among Medicaid-eligible women in communities of color,
2. Improve breastfeeding supports in medical practices,
3. Improve breastfeeding supports in home visiting programs,
4. Improve breastfeeding supports in child care and day care settings,
5. Improve community supports for breastfeeding.

Breastfeeding Friendly Practices Designation Implementation Strategies

In Erie County, increasing breastfeeding supports in medical practices is a priority. Through the NYS grant, the objective is to increase the proportion of OB-GYN, Pediatric and Family Medical practices that serve Medicaid-eligible women and their children who achieve DOH Breastfeeding Friendly Designation. Currently, 18 local practices are enrolled in the pilot initiative. As participants in the pilot, practices are encouraged to achieve the designation by March 31, 2014. For those practices with high Medicaid populations, a stipend is available provided the practice meets tight timeframes for completing the implementation strategies.

There are 10 steps to Breastfeeding Friendly Designation by New York State Department of Health. Within these steps are required and voluntary Implementation strategies. For the purposes of this document, all implementation strategies that align with EMR opportunities, whether required or voluntary, are listed.

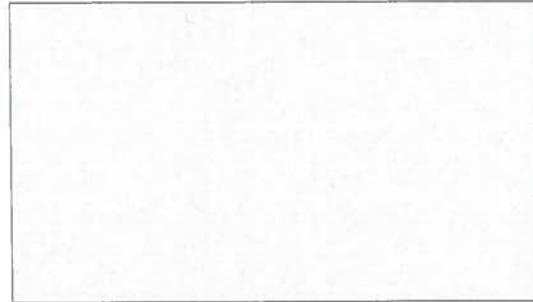
	OB/GYN	Pediatric	Family Medicine
Initiation, exclusivity, duration of Breastfeeding	√	√	√
Breastfeeding Counseling – multiple strategies	√	√	√
Infant Feeding Plans/Birth Plans	√		√
Breastfeeding Assessment (e.g. LATCH Score)		√	√
Automate Vitamin D Prescription		√	√
Referral to NYS Nursing Mothers in the Workplace	√	√	√
Referral of income eligible women to WIC program	√	√	√

Incorporation of the implementation steps is encouraged in order to evaluate the effectiveness of breastfeeding friendly strategies. This is especially important to practices engaged in Meaningful Use and/or Patient Centered Medical Homes, as many of the Breastfeeding Friendly strategies align with these programs.

Completed Community Health Improvement Plan for Erie County for:

Focus Area 3: Increase Access to High Quality Chronic Disease Preventive Care and Management in Both Clinical and Community Settings Goal #3.2: Promote use of evidence-based care to manage chronic diseases

1. The Erie County Department of Health convened a series of meetings and community conversations with stakeholders to solicit community input. Hospital system representatives, members of academia from multiple higher education organizations and health department representatives met monthly to assess federal, state and local data as well as to do a community scan to identify currently ongoing activities. Some of the data the group looked at include local consumer surveys, town meeting minutes with CBOs, census data, WIC data, BRFSS, local hospital. (See series of consumer survey results, meeting agendas and minutes attached to Community Health Assessment as Appendix A to track the process in detail.)



Diverse groups have been meeting for the past year in various geographic settings throughout the county with a core group of individuals from the Catholic Health System, Kaleida Health System, SUNY@UB, Buffalo State College, D'Youville College, the United Way of Buffalo, P2 Collaborative and Erie County and the Health Department (ECDOH) leading the process. ECDOH has facilitated the communication, meetings and decision process acting as the neutral leader of the group.

Public Health Department - Health and Safety - Stroke - Access to High Quality Stroke Preventive Care and Management in Home and Community Settings - Goal 4.3 - Promote Use of Evidence-Based Care to Manage Stroke Disease

Inputs	Strategies/Activities	Target	Outputs	Outcomes		
				Short	Intermediate	Long
List of county and organizational inputs • Technology • Equipment • Funding • Community Partners • Academic Partners • Health Care Agencies • Schools • Workplaces • Federal and State Policy	Awareness and Education • FAST PSAs • FAST Community Awareness Campaign • FAST PSA marketing • FAST Literacy Education Curriculum	All Residents All Ages Stroke Age Children	• # Women attending Baby Cafes • # trained as CHAs • # of FAST Marketing Campaign • # of high school health curriculum	• Erie County residents exposed to stroke awareness campaign • # people exposed to marketing campaign and health curriculum increase knowledge/stature about stroke and recognition	• Quicker recognition and response to stroke symptoms • Seek medical attention faster	• Increase percent of individuals presenting for stroke care within the golden hour by 25% over 5 years
	Clinical • Primary Care System Change - Implement Best Practices	Adult Patients				
	Long-Running/Proactive • Home Visiting Programs • Liaison Consultants • Outreach to WIC	Women - Postnatal General Public				• Improve racial, ethnic and economic disparities in stroke care and presentation for care (need numbers)
	Changing the Context • Create community awareness of stroke care available at home and accessible care using social media to disseminate information	Population based care			• Earlier presentation at medical facilities for stroke care (how to get this data?) • Increased positive care outcomes in inpatient setting (whatever the hospital is choose)	

2. Outcome and process measures to assist the planning group monitor progress over the short term, and over the three and five year time frames.

Process measures to assess yearly

- # FAST PSAs distributed
- # FAST PSAs aired
- # of FAST literature pieces distributed
- # FAST educational sessions
- # Children educated

Outcome measures to assess at year 3 and 5

- Percent change of stroke presentation within the golden hour for treatment at medical care facilities
-

3. A brief description of strategies and best practice or evidence-based practices being implemented including how the community health improvement plan for 2013-2017 integrated lessons learned from past implemented and adapted the interventions.

A brief description of the process that will be used to maintain engagement with local partners over the four years of the Community Health Improvement Plan, and the process that will be used to track progress and make mid-course corrections.

The Plan will be posted on the website of the local health department, hospital partners, and that of coalition members. The coalition is new, and currently very enthusiastic. By having a tangible plan and continuing to look for resources we hope to sustain member engagement.

References for Example 1

1. 2012 County YRBS
2. 2011 SPARCS,
3. 2011 BRFSS

Objective 3.2.4:

By December 31, 2017, increase the percentage of health plan members, ages 18-85 years, with hypertension who have controlled their blood pressure (below 140/90):

- By 10% from 63% (2011) to 69.3% for residents enrolled in commercial managed care health insurance.
- B 7% from 67% (2011) to 72% for residents enrolled in Medicaid Managed CareB.
- By 15% among black adults enrolled in Medicaid Managed Care from 58% (2011) to 66.7%.

(Data Source: NYS QARR) (PA Tracking Indicator; Health Disparities Indicator)

Objective 3.2.5:

By December 31, 2017, reduce the age-adjusted hospitalization rate for heart attack by 10% from 15.5 per 10,000 residents (2010) to 14.0 per 10,000 residents of all ages.

(Data Source: SPARCS) (PA Tracking Indicator)

Interventions for Consideration

- a. Support the adoption and use of electronic health records. (Community Guide)
- b. Promote the inclusion of decision support tools/reminder system modules in the basic electronic medical record packages offered by vendors. (Community Guide)
- c. Adopt medical home or team-based care models, especially in practices that serve disparate communities. (Community Guide)
- d. Provide technical assistance and quality improvement training to health care organizations and providers, especially those serving disparate communities. (NYSDOH Chronic Disease Program Goal)



Becoming a Million Hearts® Partner: Local Municipalities and Counties Application

Million Hearts® (MH) Application Submission Summary

Name of organization:

- Erie County Department of Health

Organization's mission and guiding principles:

- The mission of the Erie County Department of Health (ECDOH) is to promote and protect the health, safety, and well-being of Erie County residents through active prevention, education, enforcement, advocacy and partnerships.

Please identify which of the following areas your organization will support (please select two or more):

- ✓ Focusing on the ABCS (please identify two or more)
 - ✓ Aspirin when appropriate
 - ✓ Blood Pressure Management/Control
 - ✓ Cholesterol Management/Control
 - ✓ Smoking Cessation
- ✓ Sodium Reduction
- ✓ Trans fat Reduction
- ✓ Improving the effective delivery and use of clinical preventative services
- ✓ Improving access to effective care by re-orienting health services (eg. building public health/community and clinical practices linkages)

Briefly describe how the proposed activities support MH and will contribute to the goal of preventing one million heart attacks and strokes by 2017?

- Focusing on the above activities within the scope of CVD prevention/smoking cessation while working with key community partners, we will promote greater awareness of the benefits of improving one's cardiovascular health, and of taking greater responsibility for prevention, self-monitoring and management of associated conditions. Encouraging people to take responsibility for their own health deepens their understanding and increases their personal investment in health, creating improved outcomes, and a reduction in the number of people needing medications or other treatment. We will continue to promote available resources and provide relevant health education in appropriate community settings.

We support and promote the NYS DOH core messages about what builds strong and healthy hearts that have reached into every New York county:

- be tobacco-free
- eat more fruits and vegetables and low-fat dairy products
- be moderately active for at least 150 minutes or vigorously active for 75 minutes per week
- get your blood pressure and blood cholesterol under control.

What approach(es) will your activities address? Please check all that apply.

- ✓ Developing Personal Skills/Behavior Change (eg. blood pressure monitoring)
- ✓ Policy Development (eg. sodium reduction policies)
 - * **Please note:** No appropriated Federal funds can be used by CDC or CDC grantees for grassroots lobbying activity directed at inducing members of the public to contact their elected representatives to urge support of, or opposition to, proposed or pending legislation or appropriations or any regulation, administrative action, or order issued by the executive branch of any Federal, state or local government.
- ✓ Reorienting Health Services/System Change (eg. building public health/community and clinical practices linkages)
- ✓ Create Supportive Environments
- ✓ Strengthening Community Action

Briefly describe how are these activities are new and/or different from your organization's previous activities/efforts (eg. working with a new partner, focus on community-clinical linkages etc.)?

- Emphasizing and increasing the number of local restaurants which utilize the "Healthy Choices" program will help residents/consumers keep nutritional factors in mind, and create more system-wide changes in the way nutritional choices are presented and understood. Increase emphasis and education on Sodium, Sugar, Cholesterol, Trans fats to empower people to make healthier choices. Make it a policy for WNY Restaurant Association members to utilize the Healthy choices labeling program.
- F.A.S.T. stroke awareness campaign (via libraries, community events) on recognition and response to strokes will help improve reaction time to signs and increase survival rates. Also offers an opportunity to educate on stroke prevention by maintaining safe blood pressure.
- Increased support and promotion of walking on an individual or group basis in order to increase weight and blood pressure control, with new emphasis.
- Improved care via new engagement with PAWNY, our local Pharmacists Association. This will provide the necessary clinical framework for promoting the daily aspirin regimen as appropriate, as well as opportunities to increase health messaging around cholesterol, sodium and high blood pressure.
- Smaller local food markets may present opportunities to share ads which include important cardio-health and nutrition messages. May also help to promote community walks.
- Our local Tobacco Free Coalition is a strong partner with whom we can work to increase health messages in more disparate communities, where community residents have been either more resistant to change, or have received less attention. We have a new focus on campuses at Synagogues, community centers and local EMS (Emergency Services Training & Operations) Centers to be designated as a smoke, tobacco **and electronic/vapor** cigarette free. Additionally, Erie County employees can now attend a week long smoking cessation program, provided by insurance. 10 people participated last year, and to date none have

returned to smoking. We are promoting it again this year.

Briefly describe your target audience and anticipated reach (eg. demographics, age group, targeted approach reaching vulnerable or at-risk populations or population health strategy etc.)

- Target audiences are Erie County residents (including Erie County Employees), primarily median age and older (but not ignoring youth). We plan to increase (as much as possible) our wellness education in senior centers and refugee centers, especially located in less affluent or underserved neighborhoods, by working with the Near East/West Side (NEWS) Task force or other organizations to identify appropriate locations. We also plan to work with Healthy Community Alliance in Southernmost Erie County to promote these health messages. Some marketing opportunities may help us reach additional demographics.

Please describe your rationale for the activities/strategies selected?

- Activities were selected because they fit well with current available resources, locations already identified for other interventions or activities (based on need and relevance), current partners and viable opportunities to engage new partners. Additionally, these activities will help make system-wide changes, while offering opportunities for individual/group education.

Where and how can your services be accessed (if applicable)?

- Service information is posted on the ECDOH website, and staff are available by phone or email to arrange activities, but most of our community services are delivered via community events and specific outreach.

Are you partnering with other organization on this activity/initiative?

- Buffalo and Erie County Public Library
- Catholic Health System
- Erie County Parks Dept.; Erie County Dept. of Environment and Planning; Erie County Senior Services
- Erie Niagara Tobacco-Free Coalition
- Healthy Community Alliance
- Kaleida Health System
- Near East West Side Task Force
- NYS Department of Health
- PAWNY, our local Pharmacists Association.
- Wellness Institute of Greater Buffalo
- WNY Restaurant Association
- The University at Buffalo Department of Family Medicine
- Buffalo State College Center for Health And Research
- D'Youville College Center for Research

What is your delivery timeframe? Are your activities time limited or ongoing?

- Activities will gear up beginning in May 2014 and proceed through 2017. Progress and

outcomes will be periodically evaluated, and at the end of the campaign.

- Some activities are currently in process and will be ongoing.

What is your evaluation plan? What are your anticipated outcomes? How will these be monitored and/or measured?

- We have already established a CHIP (Community Health Improvement Plan) workgroup, which includes our academic partners, who will develop a comprehensive evaluation plan. The plan will include Erie County-specific baseline information, outcomes and relevant databases, as well as quarterly monitoring, with data updated and revised as needed.
- In order to show that change has occurred locally (reduction in the number of heart attacks/strokes), we will compare recent baseline data with current/future mortality rates. We will separate heart attacks and strokes, and consider age of mortality (whether death is considered premature – age 35-64).
- 2009-2011 NYS data http://www.health.ny.gov/statistics/chac/chai/docs/chr_14.htm provides a complete breakdown for 2009-2011, including 3 yr. totals and county rate. We could compare 2012-2014 data as it becomes available.
- We will also refer to the NYSDOH Prevention Agenda Dashboard.
- Reduction of local cardiovascular events by 3% . Baseline data will be obtained from the NYSDOH Prevention Agenda Dashboard.
- Successful completion of planned activities which will contribute to national statistics, indicating overall improvement toward the following **the national *Million Hearts* goals:**
 - 47% to 70% increase in aspirin use for secondary prevention
 - 46% to 70% increase in blood pressure control
 - 33% to 70% increase in cholesterol management
 - 23% to 70% increase in help for those who want to quit smoking
 - 20% reduction in sodium consumption
 - 50% reduction in trans-fat consumption
- Strategies and activities were chosen to meet the Million Hearts campaign suggestions for doing “**what we know works**”.

Additional submission requirements include:

- Letter of endorsement of the MH initiative from your organization.
- How you would like the name of your organization to appear on the CDC website and the URL address for your organization’s website.

Questions and Comments

For questions or assistance in completing your submission application please contact:

Laura King Hahn, BScN, Program Initiatives Manager
The Collaboration for Heart Disease and Stroke Prevention (Supporting the Million Hearts® Initiative)
American Heart Association/ American Stroke Association
7272 Greenville Ave. Dallas, TX 75231
Phone: 408.412.8825
Mobile: 650.646.1899
laura.king.hahn@heart.org

Million Hearts Cardiovascular Community Health Improvement Plan

Action Items

Convene Erie County Million Hearts working group including:

Catholic Health System

Bonnie Polokaf
Maria Foti
their designees

Kaleida Health

Melissa Golen
Designees

UB Family Medicine

Laurene Tumiel Berhalter

D'Youville College

Tony Billittier
Renee Cadzow

Buffalo State College/West Side Youth Development Coalition

William Wieczorek
Jon Linderman
Al Delmerico
Karl Wende
Designees as needed

DSRIP representation from ECMC group, CHS group – cardiac is an indicator chosen by both as of now, must implement a plan to decrease rehospitalizations from cardiac events by 25% in 3 years.

QARR Representatives – P2?

MAP – Diane Picard and youth reps

CCE of Erie County

Cheryl Thayer
Eat Smart NY Representative
Others

Buffalo Niagara Medical Campus – Healthy Kids Healthy Communities

Johnathan – Coordinator

Local American Heart Association representation
Local Pharmacy Association
Pharma as identified
Community Representation – church, youth groups
Business – groceries, banks, foundations, etc
Others

Prevent Chronic Disease: Focus Area 3-Increase Access to high quality chronic disease preventive care and management in clinical and community settings. Goal #3.2: Promote use of evidence-based care to manage chronic diseases

		Outcomes				
		Intermediate	Short	Long		
Inputs List of county and organizational inputs • Technology • Equipment • Funding • Community Partners • Academic Partners • Health Care Agencies • Schools • Workplaces • Federal and State Policy	Strategies/Activities • FAST PSAs • FAST Community Awareness campaign • FAST Social marketing • FAST Elementary Education Curriculum	Target All Residents All Ages School Age Children	Outputs • Reach of Social Marketing Campaign • Reach of high school health curriculum	Short • Erie County residents exposed to stroke awareness campaign • Those exposed to marketing campaign and health curriculum increase knowledge/attitude about stroke and recognition	Intermediate • Quicker recognition and response to stroke symptoms • Seek medical attention faster	Long • Increase percent of individuals presenting for stroke care within the golden hour by 3% over 3 years
	Strategies/Activities • Primary Care System Change – Implement Best Practices • Home Visiting Programs	Target Adult Patients Elderly Low SES				
	Strategies/Activities • General community awareness of stroke, cardiovascular disease and appropriate care seeking behaviors • Hospital Clinical indicators improve, patient outcomes improve	Target Ethnic Minorities			Intermediate • Earlier presentation at medical facilities for stroke care (how to get this data?) • Increased positive cardio outcomes in inpatient setting (whatever the hospitals choose)	
	Strategies/Activities • Changing the Context					

**Expanded BRFSS Report: July 2008 - June 2009
New York State by Region**

Table 44c. Cardiovascular disease among adults¹ among New York State Counties

County	n ²	Est. # of Adults ³	Percent	(C.I.) ⁴
Albany	656	20,100	8.5	(6.4 - 10.7)
Allegany	651	3,500	8.8	(6.2 - 11.5)
Broome	638	11,700	7.5	(5.2 - 9.8)
Cattaraugus	636	7,600	12.4	(9.3 - 15.6)
Cayuga	659	5,000	8.0	(5.6 - 10.5)
Chautauqua	633	11,000	10.6	(8.1 - 13.0)
Chemung	670	8,200	11.9	(8.1 - 15.8)
Chenango	656	4,100	10.3	(8.0 - 12.7)
Clinton	641	7,300	11.1	(7.6 - 14.6)
Columbia	642	3,400	6.9	(4.8 - 9.0)
Cortland	635	3,300	8.7	(5.7 - 11.8)
Delaware	661	3,800	10.3	(8.0 - 12.7)
Dutchess	671	15,200	6.8	(4.7 - 8.8)
Erie	655	57,900	8.2	(6.0 - 10.3)
Essex	649	2,700	8.9	(6.7 - 11.1)
Franklin	651	3,800	9.4	(6.6 - 12.2)
Fulton	661	4,200	9.9	(7.6 - 12.1)
Genesee	658	4,400	9.8	(7.6 - 12.0)
Greene	650	2,900	7.5	(5.5 - 9.4)
Hamilton	661	300	7.1	(5.3 - 9.0)
Herkimer	644	3,900	8.0	(5.9 - 10.2)
Jefferson	655	5,200	6.0	(4.2 - 7.7)
Lewis	658	2,000	9.8	(7.5 - 12.1)
Livingston	652	3,800	7.5	(5.5 - 9.4)
Madison	649	5,100	9.4	(7.0 - 11.7)
Monroe	661	32,900	5.9	(4.0 - 7.7)
Montgomery	638	3,500	9.4	(7.3 - 11.6)
Nassau	643	70,000	7.0	(3.9 - 10.1)
Niagara	650	19,400	11.6	(8.7 - 14.5)
Oneida	645	11,700	6.5	(4.6 - 8.4)
Onondaga	664	26,000	7.5	(5.4 - 9.6)

¹ Defined as having ever been told by a health professional that respondent had a heart attack or angina or a stroke

² Sample size from survey

³ Estimated number of adults with cardiovascular disease (rounded to the nearest hundred)

⁴ 95% confidence interval

* Data do not meet reporting criteria (confidence interval with a half-width greater than 10, denominator less than 50 and/or a numerator less than 10)

**Expanded BRFSS Report: July 2008 - June 2009
New York State by Region**

Table 44d. Cardiovascular disease among adults¹ among New York State Counties - Age-Adjusted²

County	n ³	Percent	(C.I.) ⁴
Albany	656	8.0	(6.0 - 10.1)
Allegany	651	8.5	(5.9 - 11.0)
Broome	638	7.0	(4.7 - 9.4)
Cattaraugus	636	11.6	(8.3 - 15.0)
Cayuga	659	7.6	(5.1 - 10.1)
Chautauqua	633	9.1	(6.9 - 11.4)
Chemung	670	11.2	(7.2 - 15.2)
Chenango	656	9.3	(7.0 - 11.6)
Clinton	641	11.2	(7.8 - 14.6)
Columbia	642	5.9	(3.7 - 8.0)
Cortland	635	8.6	(5.8 - 11.4)
Delaware	661	8.3	(6.2 - 10.4)
Dutchess	671	6.8	(4.7 - 9.0)
Erie	655	7.1	(5.1 - 9.0)
Essex	649	7.9	(5.8 - 10.0)
Franklin	651	9.6	(6.7 - 12.6)
Fulton	661	8.6	(6.6 - 10.6)
Genesee	658	8.4	(6.5 - 10.4)
Greene	650	6.8	(5.0 - 8.6)
Hamilton	661	5.0	(3.6 - 6.5)
Herkimer	644	6.8	(4.9 - 8.8)
Jefferson	655	7.0	(5.0 - 9.1)
Lewis	658	8.8	(6.6 - 10.9)
Livingston	652	7.7	(5.6 - 9.8)
Madison	649	9.1	(6.8 - 11.4)
Monroe	661	5.9	(4.0 - 7.7)
Montgomery	638	7.7	(5.8 - 9.6)
Nassau	643	6.4	(3.2 - 9.7)
Niagara	650	10.7	(7.7 - 13.6)
Oneida	645	5.7	(4.0 - 7.4)
Onondaga	664	7.0	(5.0 - 9.0)

¹ Defined as having ever been told by a health professional that respondent had a heart attack or angina or a stroke

² Prevalence estimates are age-adjusted to the 2000 US Standard population

³ Sample size from survey

⁴ 95% confidence interval

* Data do not meet reporting criteria (confidence interval with a half-width greater than 10, denominator less than 50 and/or a numerator less than 10)

Cardiovascular Disease Indicators - Erie County

2009-2011

Indicator	Data Links	3 Year Total	County Rate	NYS Rate	Sig.Dif.	NYS Rate exc NYC	Sig.Dif.	County Ranking Group
Cardiovascular disease mortality rate per 100,000								
Crude	(Table) (Trend) (Map)	9,641	351.1	281.2	Yes	299.6	Yes	4th
Age-adjusted	(Table) (Trend) (Map)	9,641	255.1	242.3	Yes	237.9	Yes	3rd
Premature death (aged 35-64 years)	(Table) (Trend) (Map)	1,436	129.4	100.0	Yes	94.7	Yes	4th
Pretransport mortality	(Table) (Trend) (Map)	5,287	192.5	144.2	Yes	157.1	Yes	4th
Cardiovascular disease hospitalization rate per 10,000								
Crude	(Table) (Trend) (Map)	51,022	185.8	178.2	Yes	179.3	Yes	3rd
Age-adjusted	(Table) (Trend) (Map)	51,022	147.5	159.9	Yes	150.9	Yes	3rd
Disease of the heart mortality rate per 100,000								
Crude	(Table) (Trend) (Map)	7,239	263.6	230.9	Yes	240.2	Yes	3rd
Age-adjusted	(Table) (Trend) (Map)	7,239	192.0	198.6	Yes	190.4	Yes	2nd
Premature death (aged 35-64 years)	(Table) (Trend) (Map)	1,142	102.9	81.2	Yes	77.3	Yes	4th
Pretransport mortality	(Table) (Trend) (Map)	4,131	150.4	124.7	Yes	130.2	Yes	3rd
Disease of the heart hospitalization rate per 10,000								
Crude	(Table) (Trend) (Map)	34,029	123.9	120.6	Yes	123.1	No	3rd
Age-adjusted	(Table) (Trend) (Map)	34,029	98.0	107.9	Yes	103.3	Yes	2nd
Coronary heart disease mortality rate per 100,000								
Crude	(Table) (Trend) (Map)	4,950	180.2	186.5	Yes	176.5	No	3rd
Age-adjusted		4,950	131.7	160.4	Yes	139.8	Yes	2nd

	(Table) (Trend) (Map)							
Premature death (aged 35-64 years)	(Table) (Trend) (Map)	852	76.8	66.5	Yes	58.9	Yes	4th
Pretransport mortality	(Table) (Trend) (Map)	2,894	105.4	104.0	No	98.7	Yes	3rd
Coronary heart disease hospitalization rate per 10,000								
Crude	(Table) (Trend) (Map)	12,381	45.1	48.3	Yes	47.4	Yes	2nd
Age-adjusted	(Table) (Trend) (Map)	12,381	36.0	43.0	Yes	39.7	Yes	2nd
Congestive heart failure mortality rate per 100,000								
Crude	(Table) (Trend) (Map)	776	28.3	13.3	Yes	19.8	Yes	4th
Age-adjusted	(Table) (Trend) (Map)	776	19.5	11.2	Yes	15.3	Yes	4th
Premature death (aged 35-64 years)	(Table) (Trend) (Map)	49	4.4	1.5	Yes	2.0	Yes	4th
Pretransport mortality	(Table) (Trend) (Map)	481	17.5	7.2	Yes	11.0	Yes	4th
Congestive heart failure hospitalization rate per 10,000								
Crude	(Table) (Trend) (Map)	9,449	34.4	31.2	Yes	31.3	Yes	3rd
Age-adjusted	(Table) (Trend) (Map)	9,449	26.2	27.6	Yes	25.7	No	3rd
Cerebrovascular disease (stroke) mortality rate per 100,000								
Crude	(Table) (Trend) (Map)	1,595	58.1	31.0	Yes	39.4	Yes	4th
Age-adjusted	(Table) (Trend) (Map)	1,595	41.6	26.9	Yes	31.4	Yes	4th
Premature death (aged 35-64 years)	(Table) (Trend) (Map)	165	14.9	10.7	Yes	10.5	Yes	4th
Pretransport mortality	(Table) (Trend) (Map)	697	25.4	11.3	Yes	16.8	Yes	4th
Cerebrovascular disease (stroke) hospitalization rate per 10,000								
Crude	(Table) (Trend) (Map)	9,390	34.2	27.9	Yes	29.8	Yes	4th
Age-adjusted		9,390	27.0	24.9	Yes	25.0	Yes	4th

	(Table) (Trend) (Map)							
Hypertension hospitalization rate per 10,000 (aged 18 years and older)	(Table) (Trend) (Map)	794	3.7	7.9	Yes	5.4	Yes	2nd
Age-adjusted % of adults with physician diagnosed angina, heart attack or stroke # (2008-2009)	(Table) (Map)	N/A	7.1	7.6	No	7.2	No	2nd
Age-adjusted % of adults with cholesterol checked in the last 5 years # (2008-2009)	(Table) (Map)	N/A	77.9	77.3	No	79.3	No	2nd
Age-adjusted % of adults ever told they have high blood pressure (2008-2009)	(Table) (Map)	N/A	28.8	25.7	No	27.1	No	3rd

N/A: Data not available

#: Data not available for NYC counties

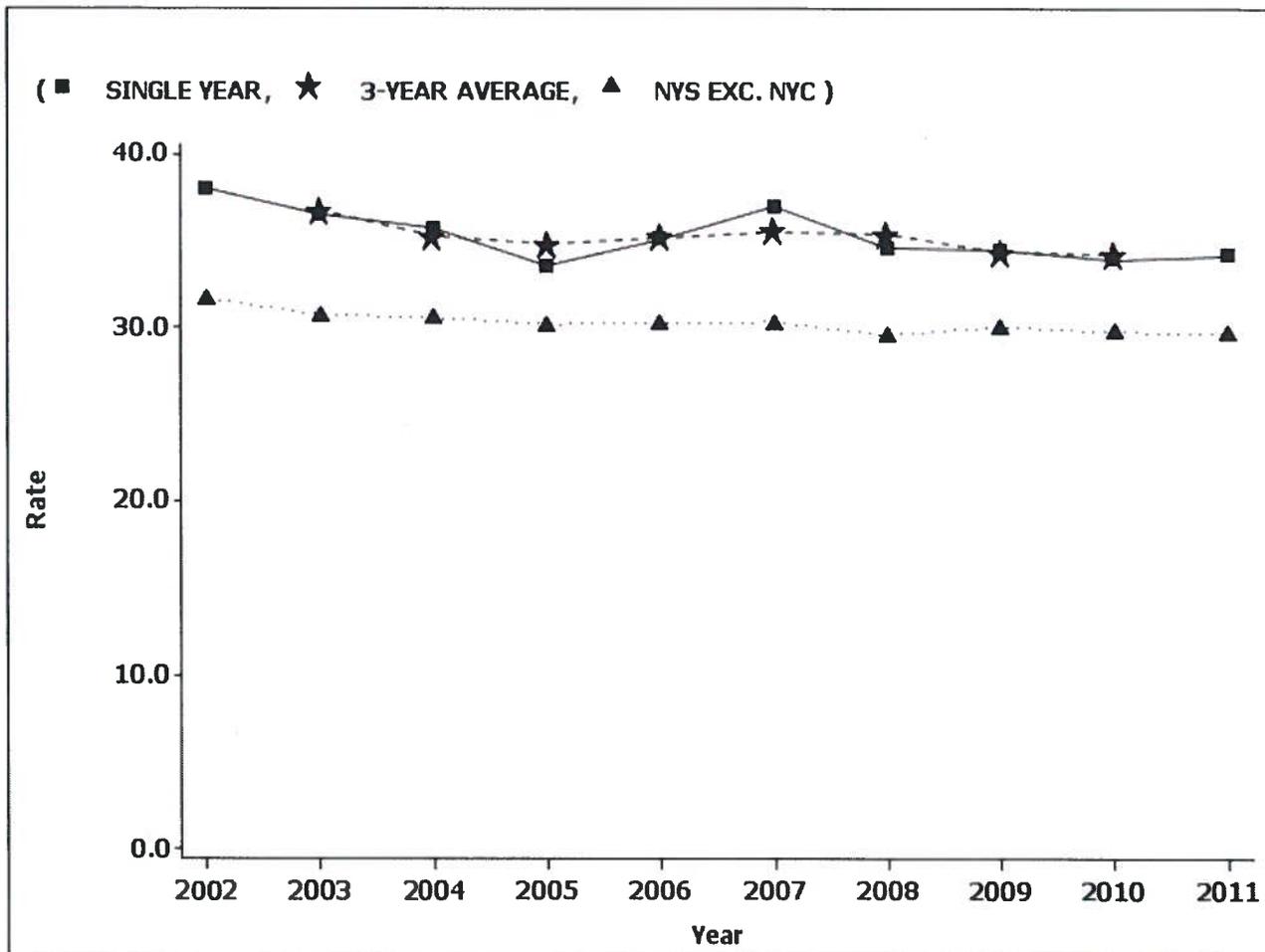
Please Note

Some documents on this page are saved in the Portable Document Format (PDF). If it's not already on your computer, you'll need to [download the latest free version of Adobe Reader](#).

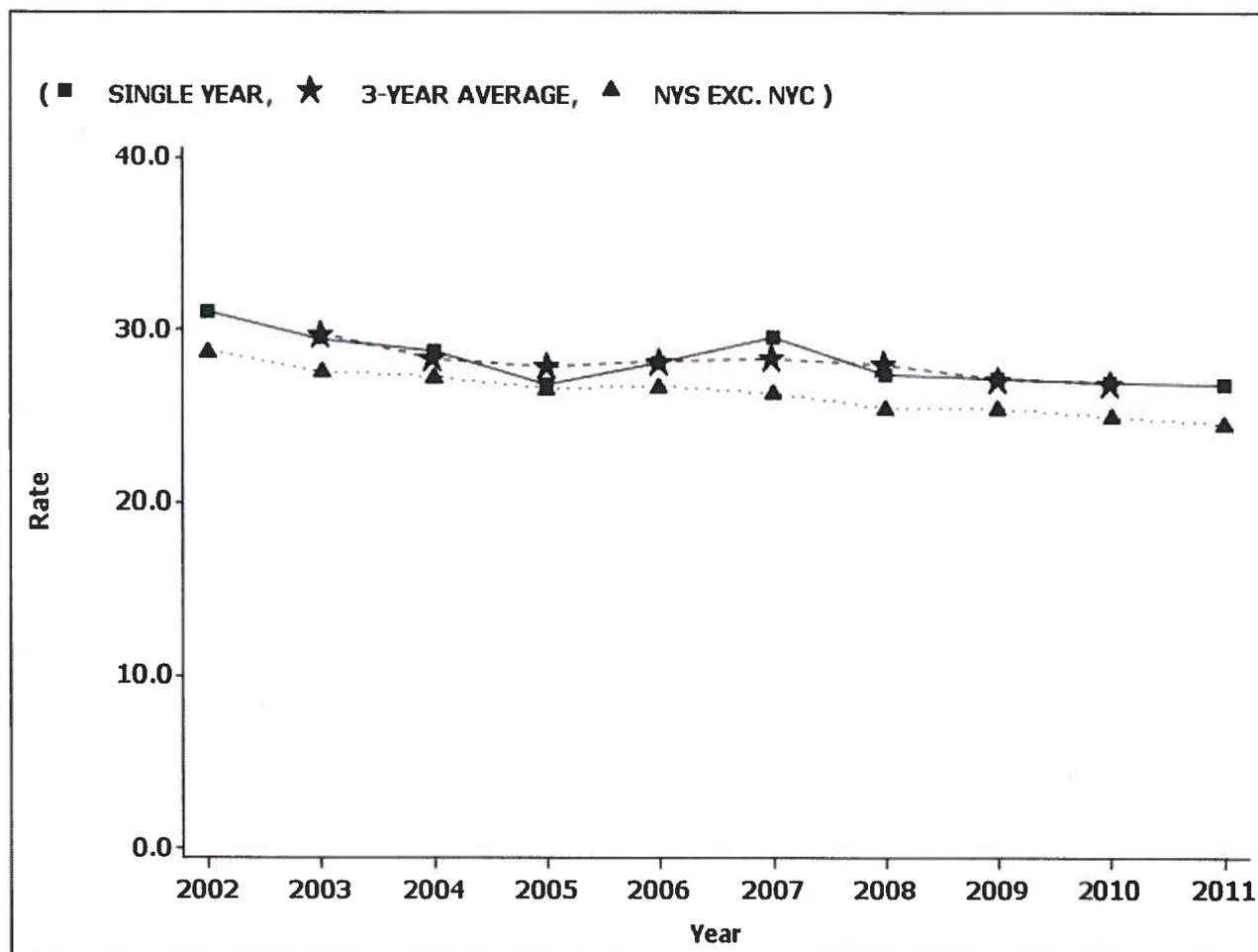
Questions or comments: phiginfo@health.state.ny.us

Revised: October, 2013

Erie County Cerebrovascular disease (stroke) hospitalization rate per 10,000



Cerebrovascular disease (stroke) hospitalization age-adjusted rate per 10,000

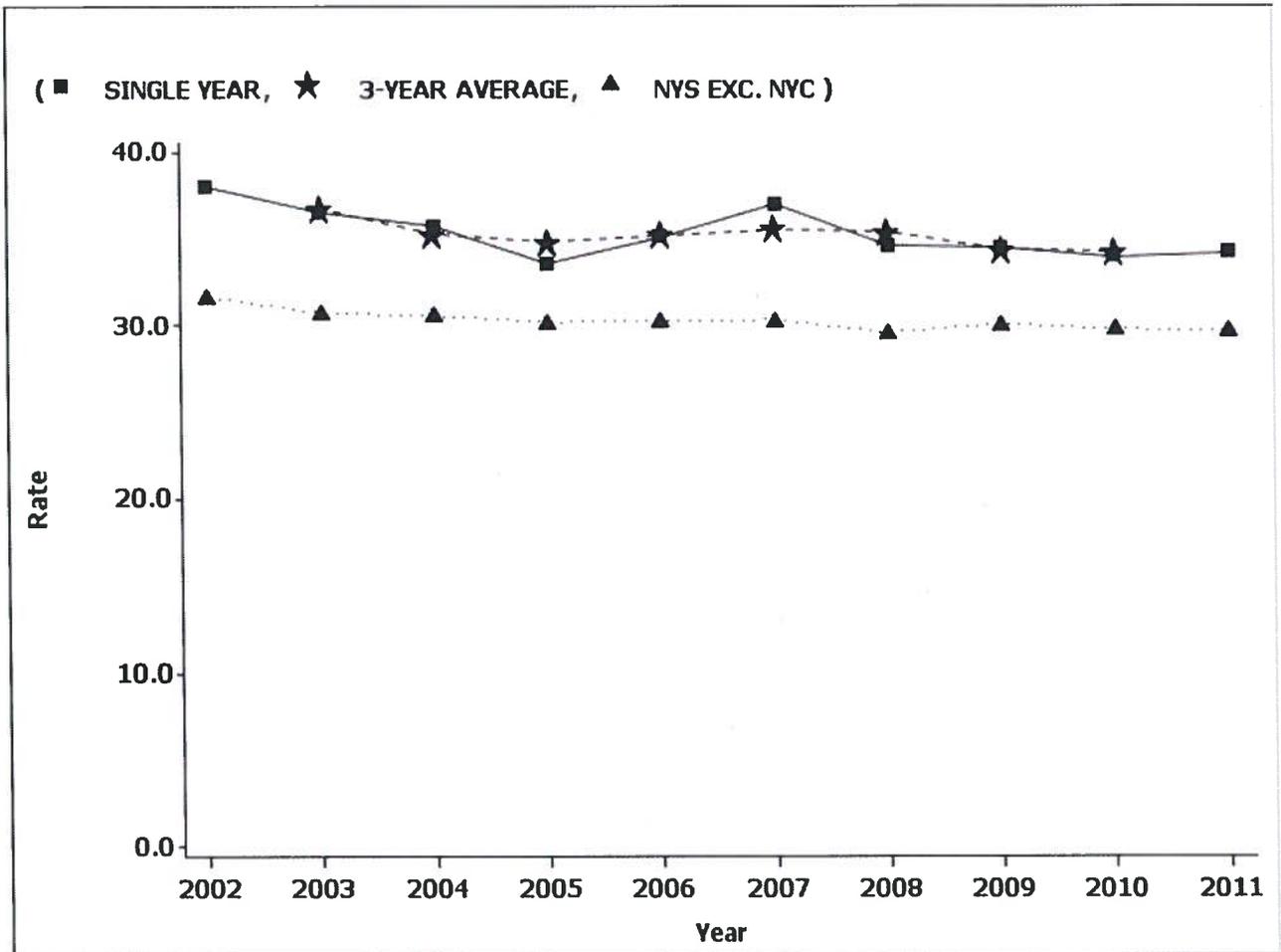


Cerebrovascular disease (stroke) hospitalization rate per 10,000

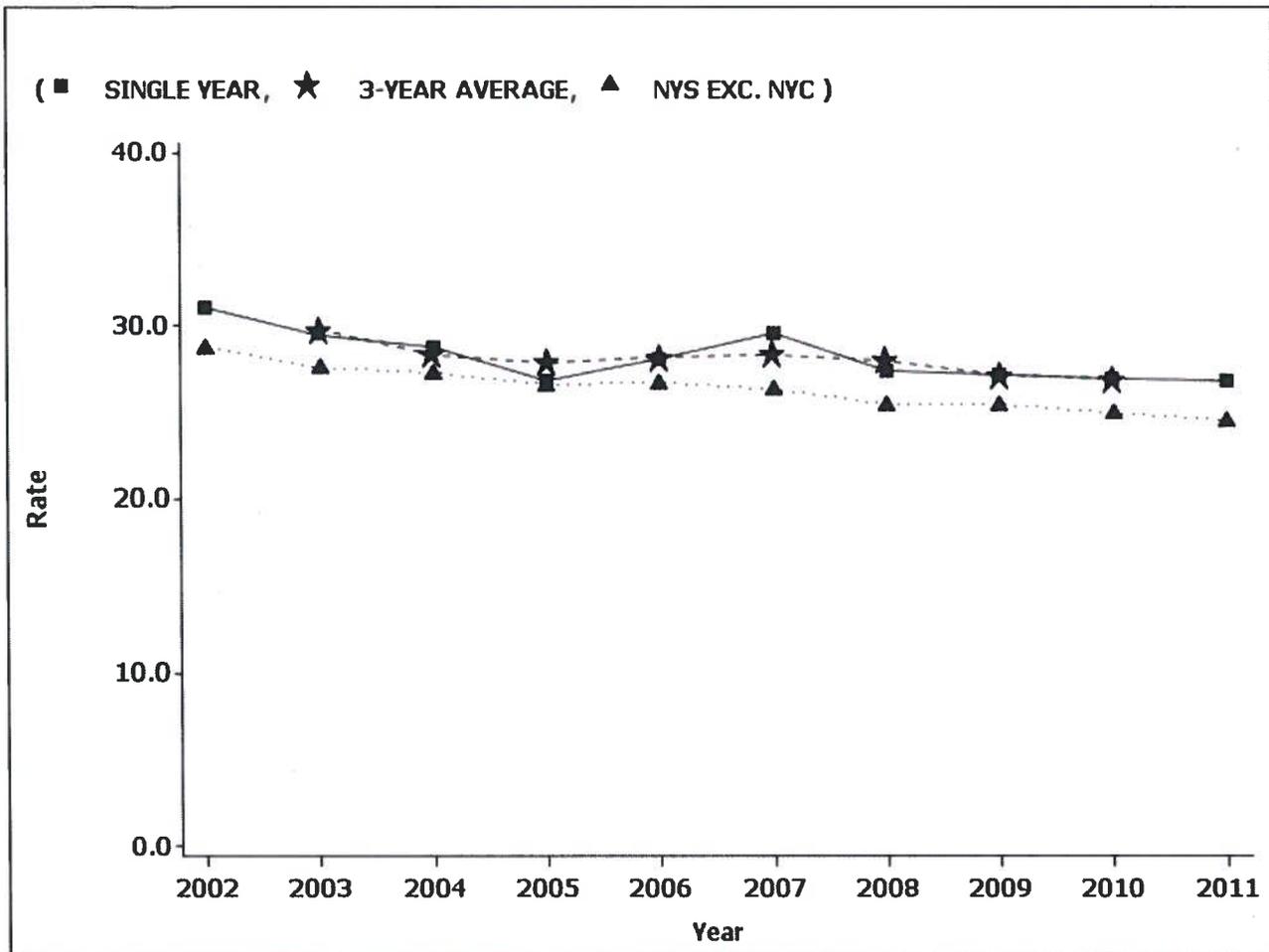
Year	Crude Rate			Age Adjusted Rate		
	Single Year	3-Year Average	NYS exc. NYC	Single Year	3-Year Average	NYS exc. NYC
2002	38.0		31.7	31.0		28.7
2003	36.5	36.8	30.7	29.5	29.8	27.6
2004	35.7	35.3	30.6	28.8	28.4	27.3
2005	33.6	34.8	30.2	26.8	27.9	26.6
2006	35.1	35.2	30.3	28.1	28.2	26.7
2007	37.0	35.6	30.3	29.6	28.3	26.4
2008	34.6	35.3	29.6	27.4	28.0	25.5
2009	34.4	34.3	30.1	27.1	27.1	25.5
2010	34.0	34.2	29.8	26.9	27.0	25.0
2011	34.2		29.6	26.8		24.5

Questions or comments: phiginfo@health.state.ny.us
 Revised: October, 2013

Erie County Cerebrovascular disease (stroke) hospitalization rate per 10,000



Cerebrovascular disease (stroke) hospitalization age-adjusted rate per 10,000



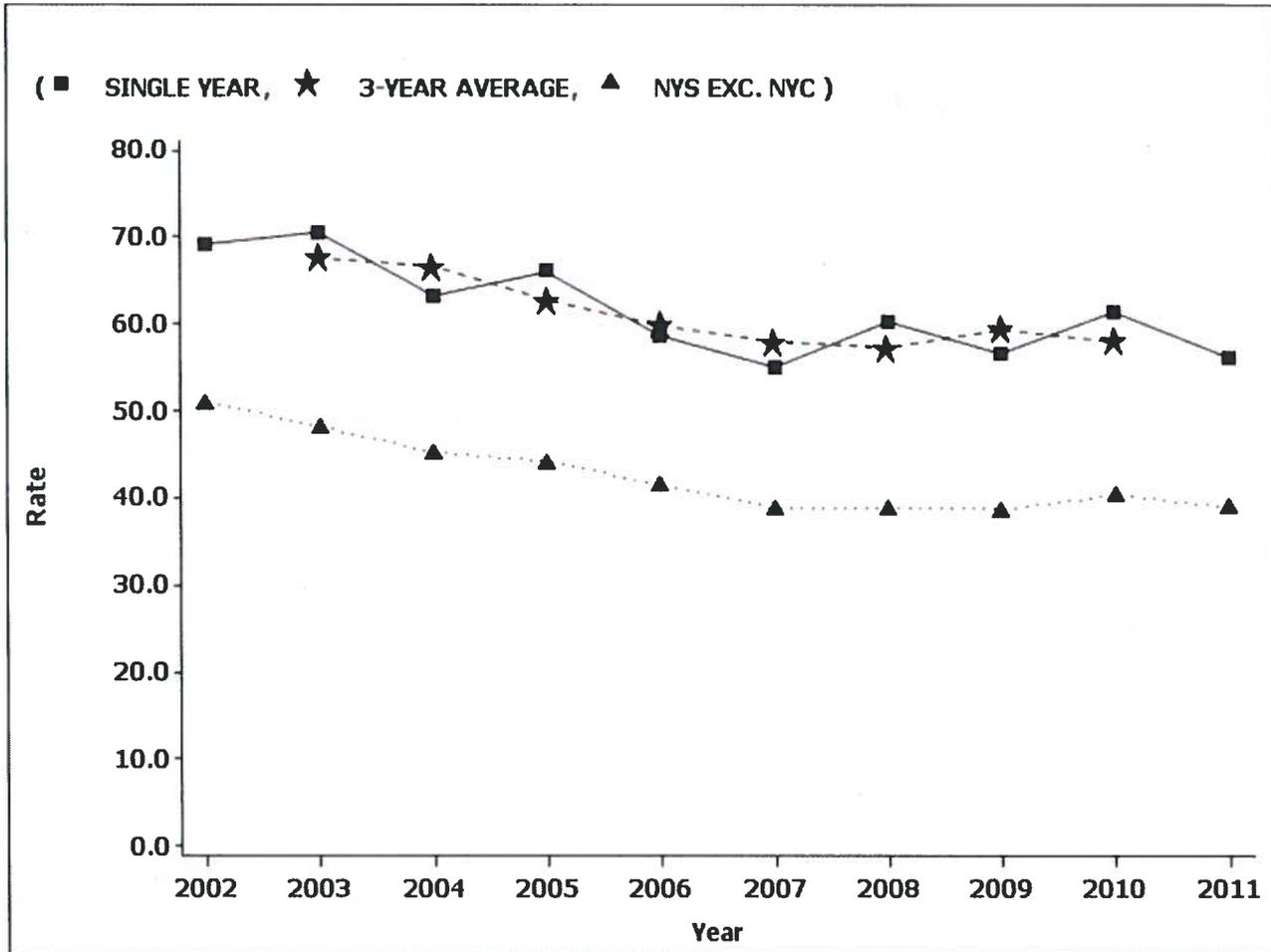
Cerebrovascular disease (stroke) hospitalization rate per 10,000

Year	Crude Rate			Age Adjusted Rate		
	Single Year	3-Year Average	NYS exc. NYC	Single Year	3-Year Average	NYS exc. NYC
2002	38.0		31.7	31.0		28.7
2003	36.5	36.8	30.7	29.5	29.8	27.6
2004	35.7	35.3	30.6	28.8	28.4	27.3
2005	33.6	34.8	30.2	26.8	27.9	26.6
2006	35.1	35.2	30.3	28.1	28.2	26.7
2007	37.0	35.6	30.3	29.6	28.3	26.4
2008	34.6	35.3	29.6	27.4	28.0	25.5
2009	34.4	34.3	30.1	27.1	27.1	25.5
2010	34.0	34.2	29.8	26.9	27.0	25.0
2011	34.2		29.6	26.8		24.5

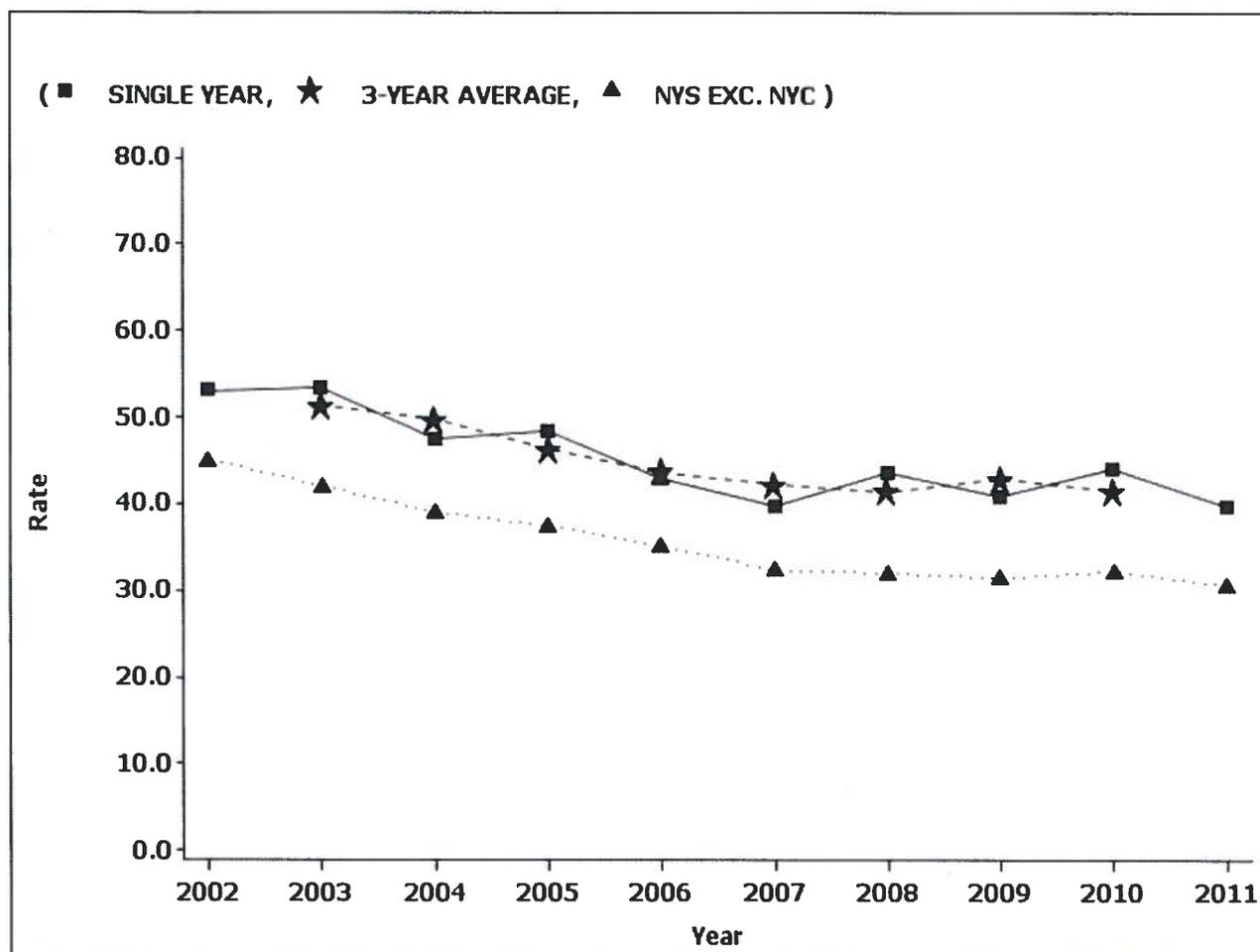
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Revised: October, 2013

Erie County Cerebrovascular disease (stroke) mortality rate per 100,000



Cerebrovascular disease (stroke) mortality age-adjusted rate per 100,000



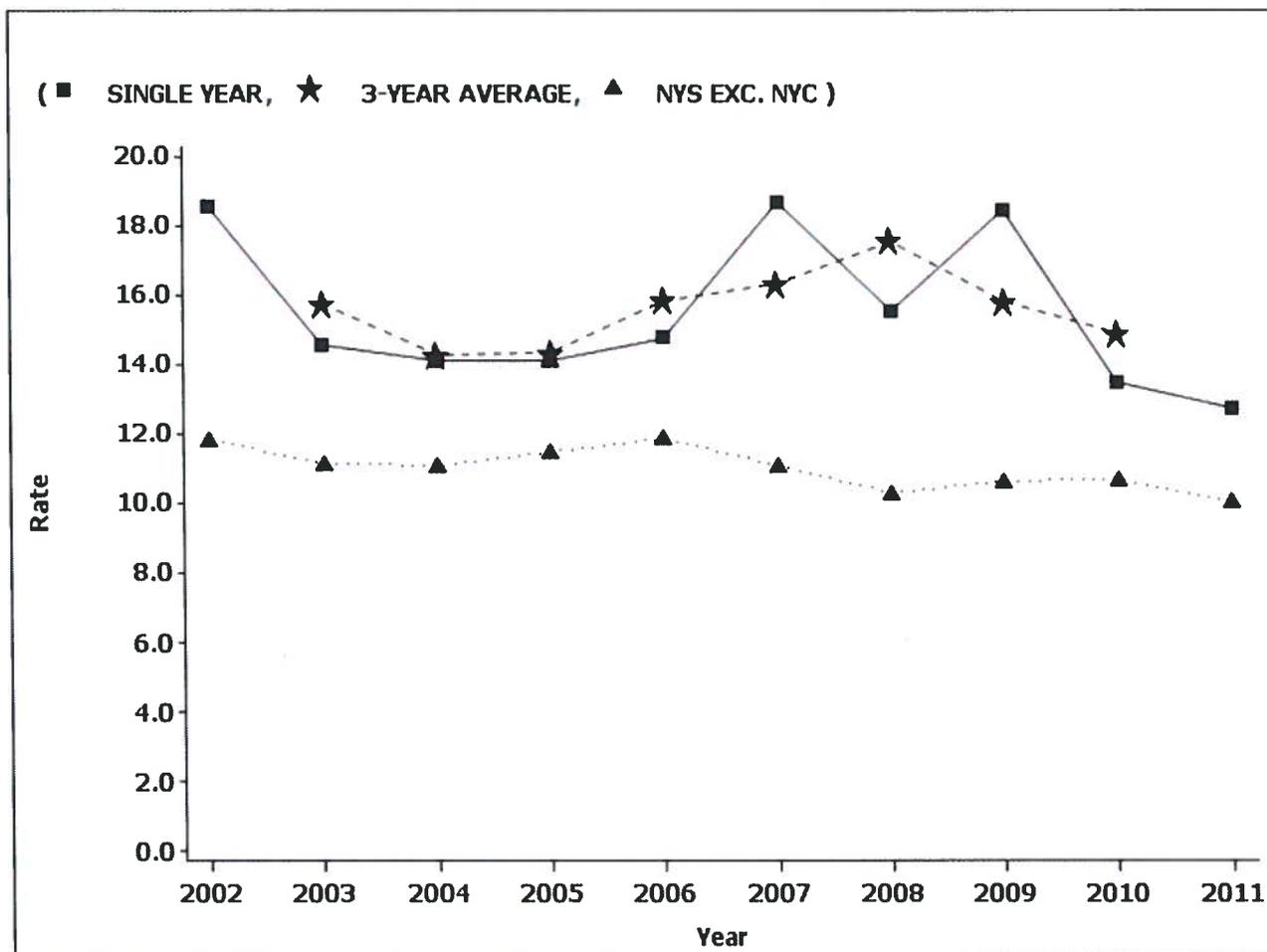
Cerebrovascular disease (stroke) mortality rate per 100,000

Year	Crude Rate			Age Adjusted Rate		
	Single Year	3-Year Average	NYS exc. NYC	Single Year	3-Year Average	NYS exc. NYC
2002	69.1		51.1	53.1		45.1
2003	70.4	67.6	48.2	53.3	51.3	42.1
2004	63.3	66.6	45.3	47.5	49.7	39.1
2005	66.1	62.7	44.2	48.4	46.3	37.5
2006	58.6	59.9	41.5	43.0	43.7	35.2
2007	55.0	58.0	38.8	39.8	42.2	32.4
2008	60.3	57.3	38.8	43.7	41.4	32.0
2009	56.5	59.5	38.7	40.8	42.8	31.5
2010	61.5	58.1	40.4	44.0	41.6	32.2
2011	56.2		39.0	39.8		30.6

Questions or comments: phiginfo@health.state.ny.us

Revised: July, 2013

Erie County Cerebrovascular disease (stroke) premature death (aged 35-64 years) rate per 100,000

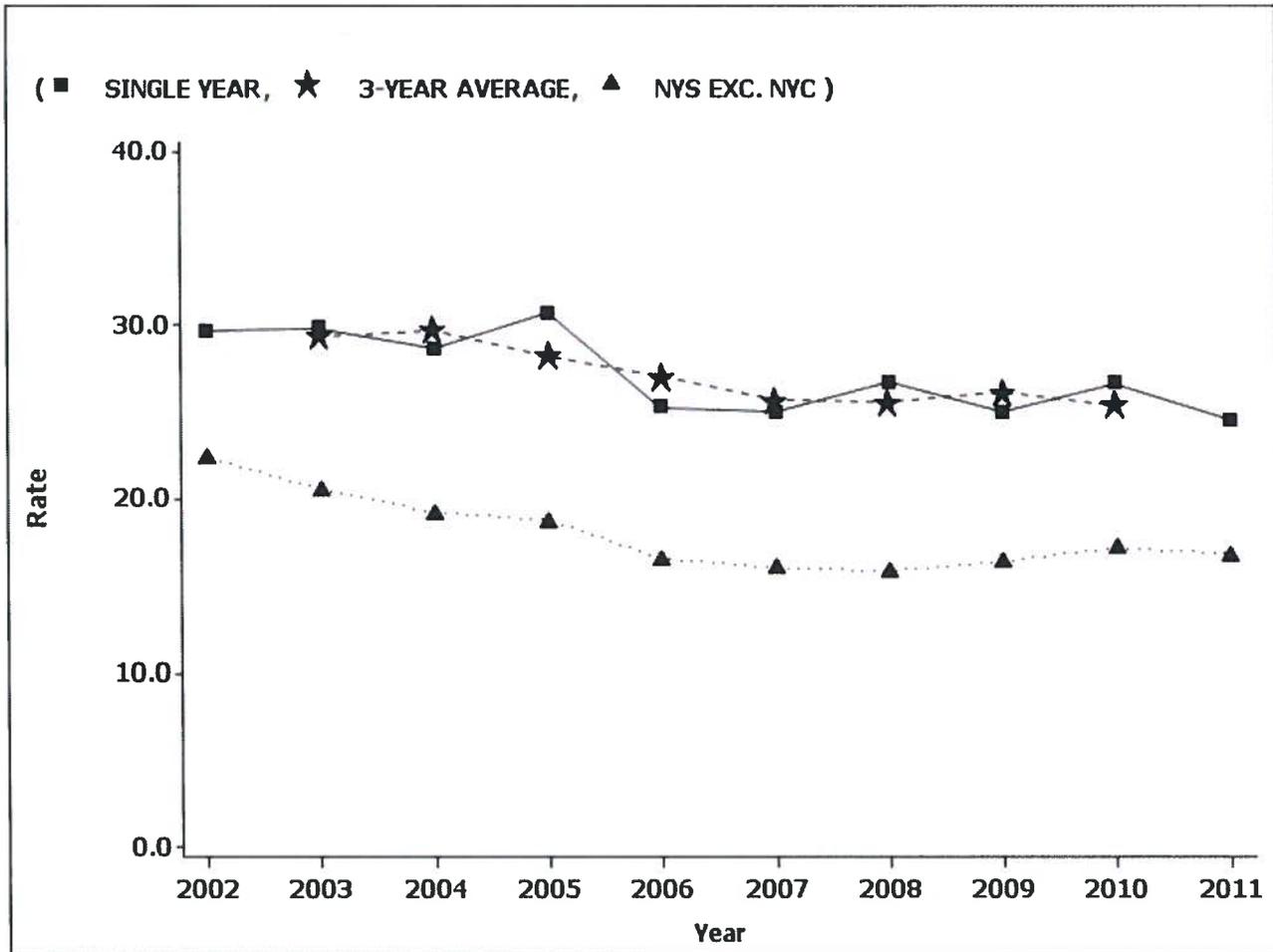


Cerebrovascular disease (stroke) premature death (aged 35-64 years) rate per 100,000

Year	Crude Rate		
	Single Year	3-Year Average	NYS exc. NYC
2002	18.6		11.8
2003	14.6	15.7	11.2
2004	14.1	14.3	11.1
2005	14.1	14.3	11.5
2006	14.8	15.8	11.9
2007	18.6	16.3	11.1
2008	15.5	17.5	10.3
2009	18.4	15.8	10.6
2010	13.5	14.9	10.7
2011	12.7		10.0

Questions or comments: phinfo@health.state.ny.us
 Revised: July, 2013

Erie County Cerebrovascular disease (stroke) pretransport mortality rate per 100,000



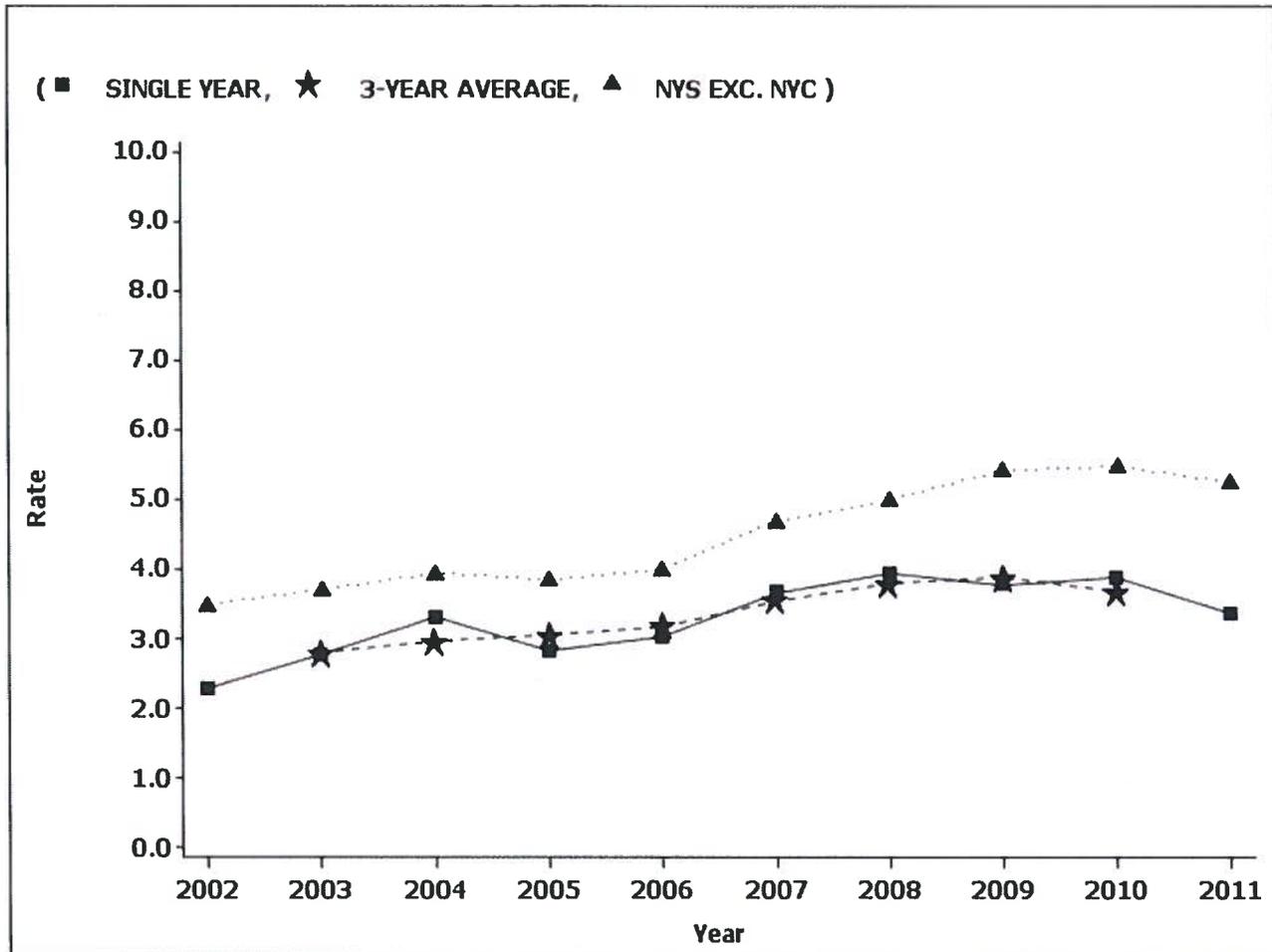
Cerebrovascular disease (stroke) pretransport mortality rate per 100,000

Year	Crude Rate		
	Single Year	3-Year Average	NYS exc. NYC
2002	29.6		22.4
2003	29.9	29.4	20.6
2004	28.6	29.7	19.2
2005	30.7	28.2	18.8
2006	25.3	27.0	16.6
2007	25.0	25.7	16.1
2008	26.7	25.5	15.9
2009	25.0	26.1	16.4
2010	26.7	25.4	17.2
2011	24.5		16.9

Questions or comments: phiginfo@health.state.ny.us

Revised: July, 2013

Erie County Hypertension hospitalization rate per 10,000 - Aged 18 years and older



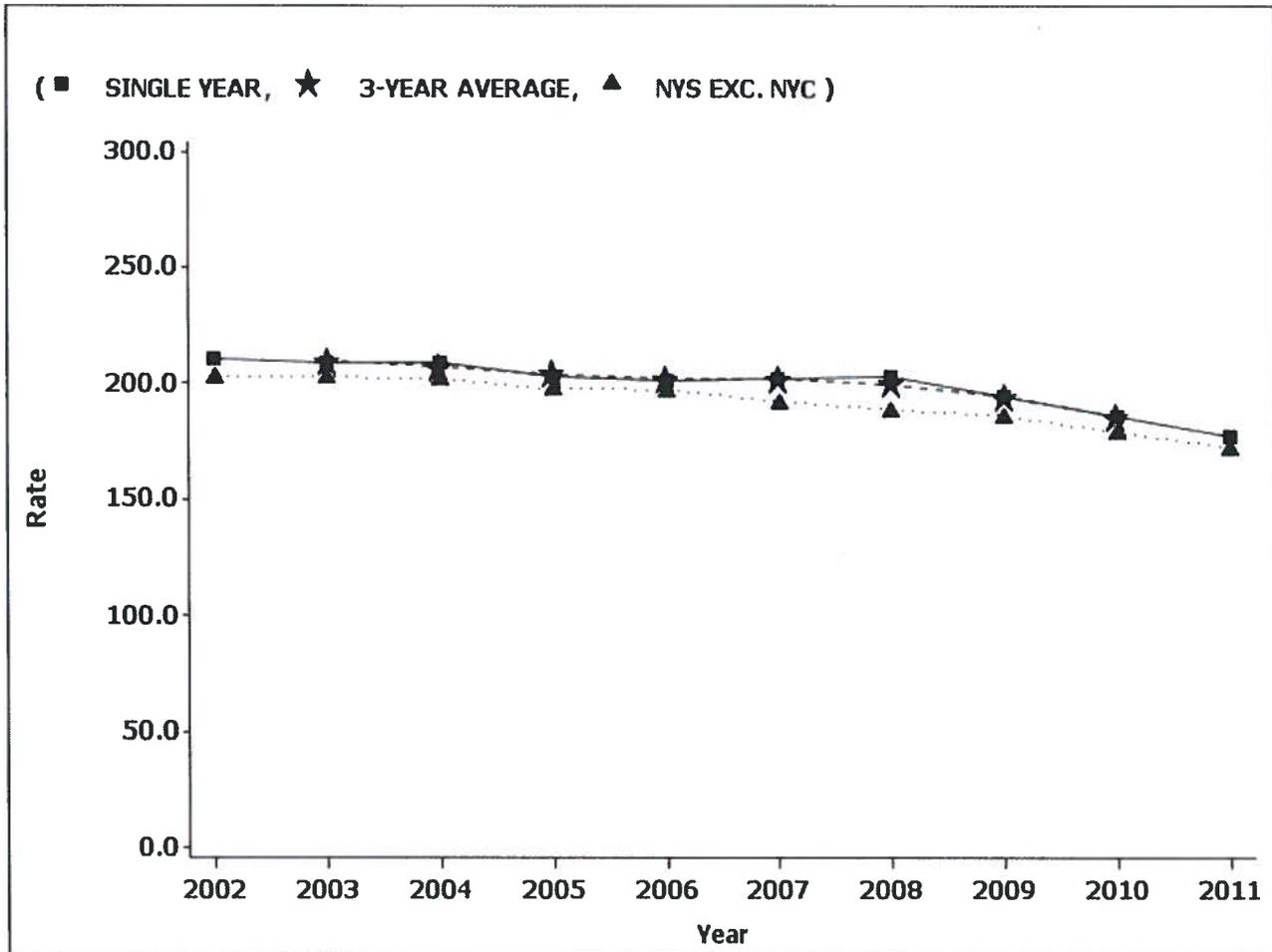
Hypertension hospitalization rate per 10,000 - Aged 18 years and older

Year	Crude Rate		
	Single Year	3-Year Average	NYS exc. NYC
2002	2.3		3.5
2003	2.8	2.8	3.7
2004	3.3	3.0	3.9
2005	2.8	3.1	3.9
2006	3.0	3.2	4.0
2007	3.7	3.6	4.7
2008	3.9	3.8	5.0
2009	3.8	3.9	5.4
2010	3.9	3.7	5.5
2011	3.4		5.3

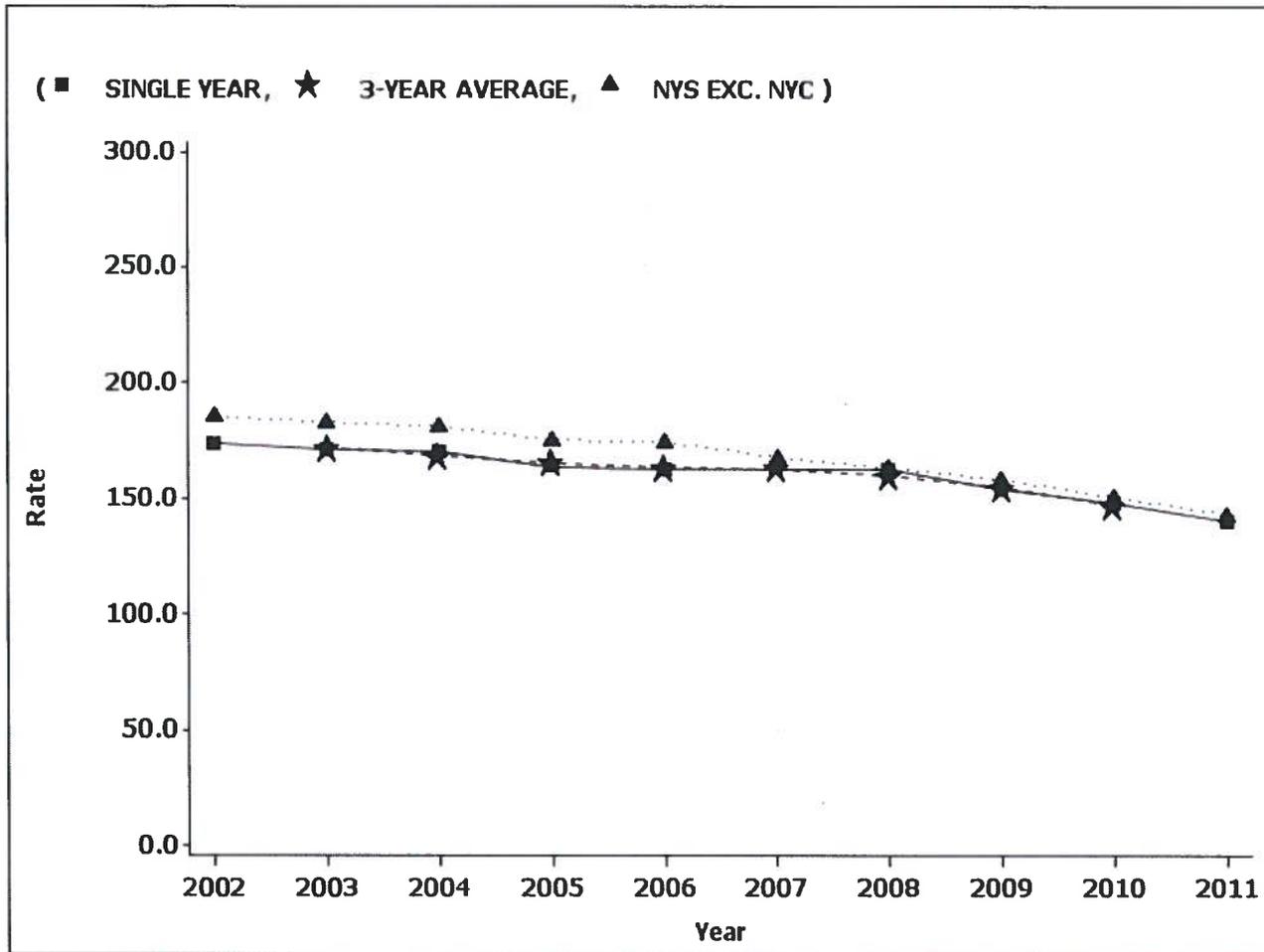
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Revised: October, 2013

Erie County Cardiovascular disease hospitalization rate per 10,000



Cardiovascular disease hospitalization age-adjusted rate per 10,000



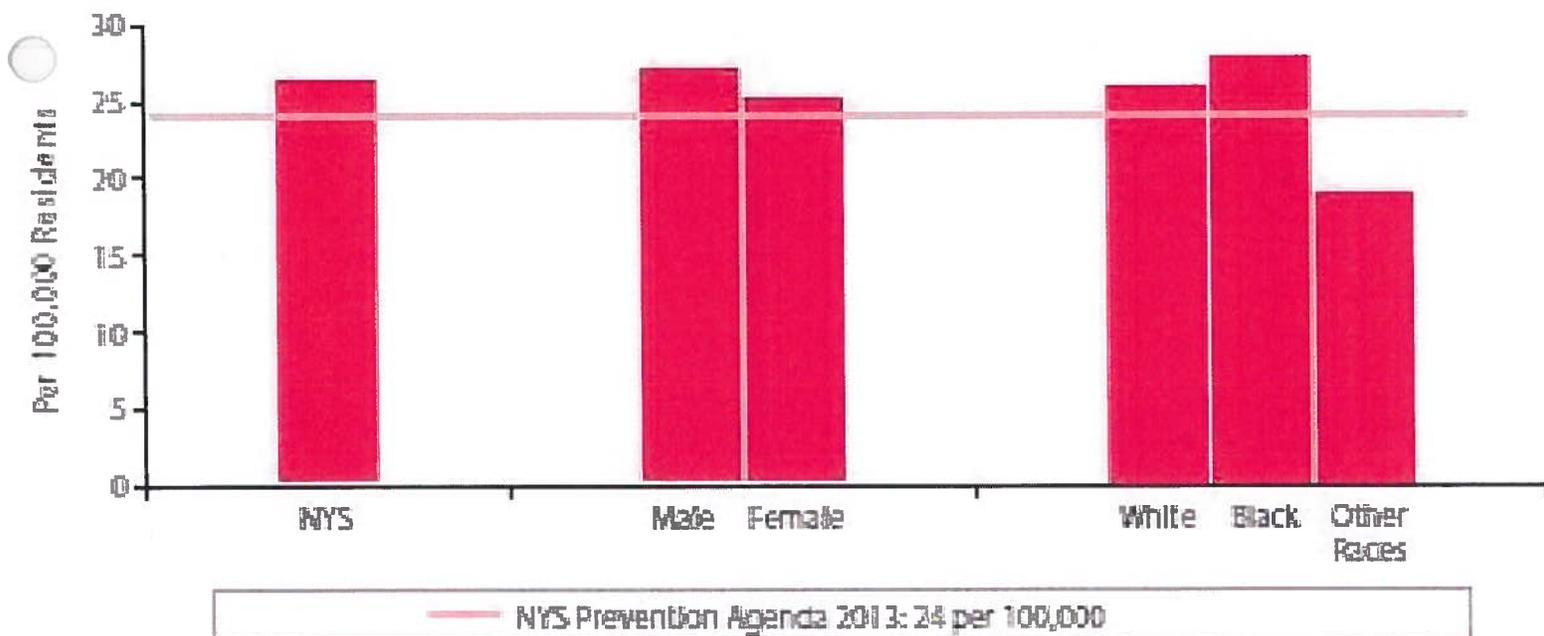
Cardiovascular disease hospitalization rate per 10,000

Year	Crude Rate			Age Adjusted Rate		
	Single Year	3-Year Average	NYS exc. NYC	Single Year	3-Year Average	NYS exc. NYC
2002	210.6		203.2	174.1		185.5
2003	209.0	209.4	202.7	171.3	171.9	183.0
2004	208.8	206.8	202.0	170.4	168.5	181.3
2005	202.7	204.2	197.7	164.0	165.7	175.3
2006	201.1	201.9	197.3	162.9	163.3	174.7
2007	201.8	202.0	192.3	163.2	163.0	168.0
2008	203.2	199.8	188.7	162.9	160.1	163.3
2009	194.4	194.5	186.2	154.4	155.0	158.5
2010	185.9	185.8	179.0	147.9	147.5	151.0
2011	177.1		172.6	140.2		143.6

Questions or comments: phiginfo@health.state.ny.us

Revised: October, 2013

Figure 10 NYS Prevention Agenda 2013 target for stroke mortality and age-adjusted stroke mortality rates in NYS by gender and race, 2008



Population Segment	Age-adjusted Rate (per 100,000)
NYS Prevention Agenda 2013	24
NYS	26.4
Male	27.3
Female	25.2
White	26.0
Black	28.0
Other Races ^a	19.1

^a Cases missing race data are not included in the Other Races category.

In 2008, the NYS age-adjusted mortality rate for stroke of 26.4 per 100,000 residents remained above the goal established by the Prevention Agenda (24 per 100,000).

Age-adjusted mortality rates for stroke in 2008 exceeded the Prevention Agenda goal (24 per 100,000) for both men and women (27.3 and 25.2 per 100,000 residents, respectively).

For more information regarding the NYS Prevention Agenda:

http://www.nyhealth.gov/prevention/prevention_agenda/chronic_disease/index.htm

Adults Diagnosed with Diabetes in Erie County, NYS, and United States - 2011

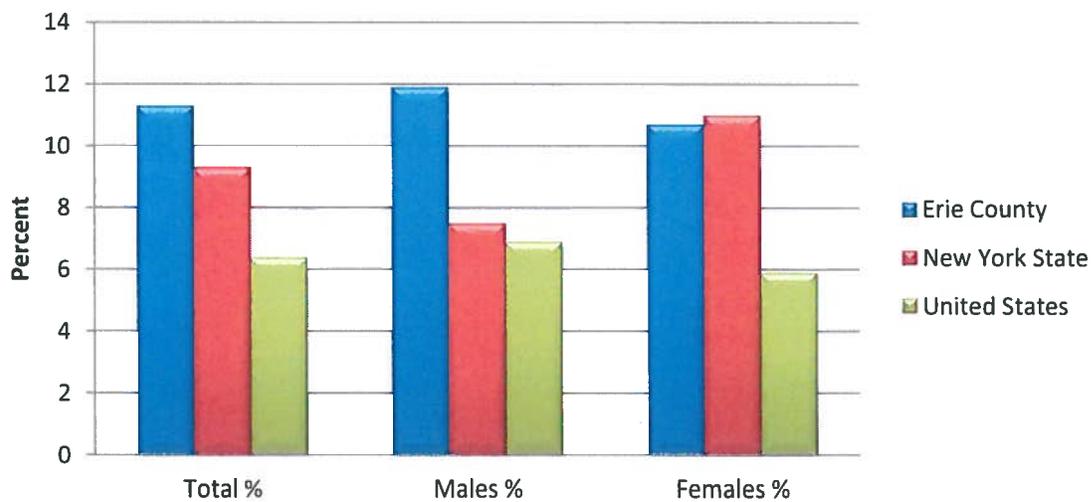


Figure 1

	Erie County	New York State	United States
Total %	11.3	9.3	6.4
Males %	11.9	7.5	6.9
Females %	10.7	11	5.9

Overweight Among Adults, Age-Adjusted

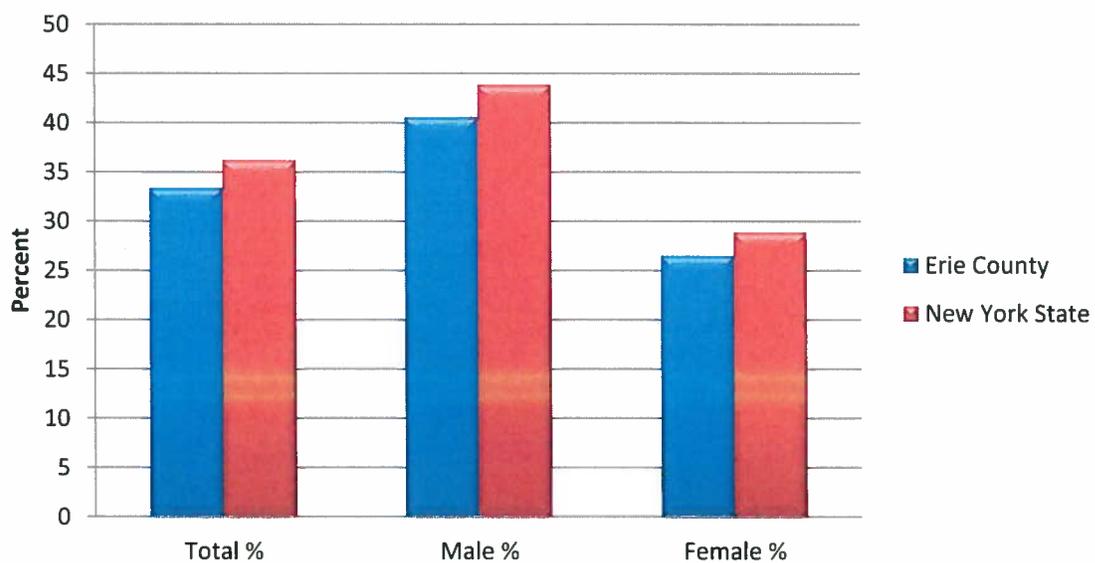


Figure 2

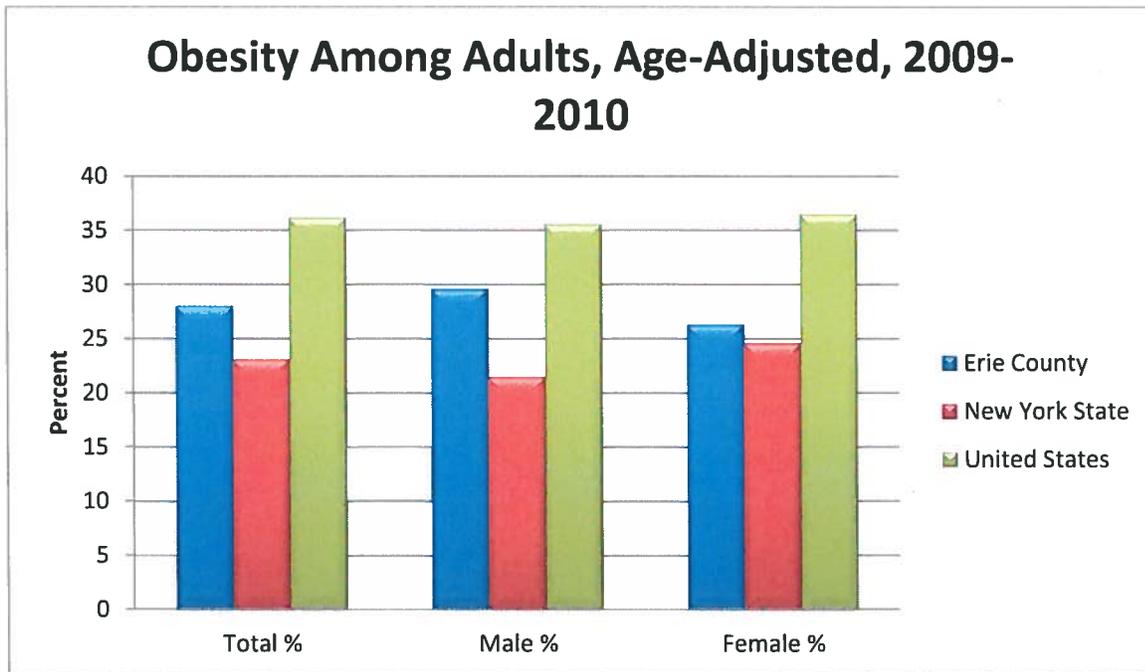


Figure 3

Data provided by: <http://www.health.ny.gov/statistics/brfss/expanded/2009/county/docs/erie.pdf>

Expanded BRFSS Report: July2008--June2009

Erie County

Data Source: Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Health Interview Statistics, data from the National Health Interview Survey. Statistical analysis by the Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Diabetes Translation.

<http://www.cdc.gov/diabetes/statistics/prev/national/figbysex.htm>

National Obesity statistic provided by: <http://www.cdc.gov/nchs/data/databriefs/db82.pdf>

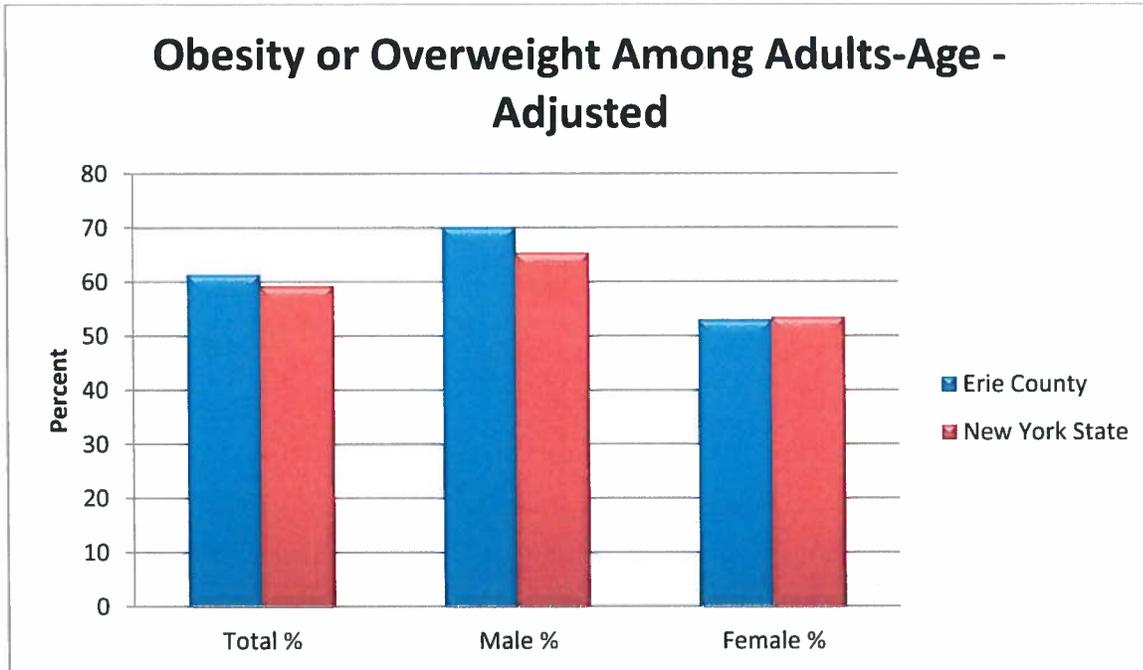


Figure 4

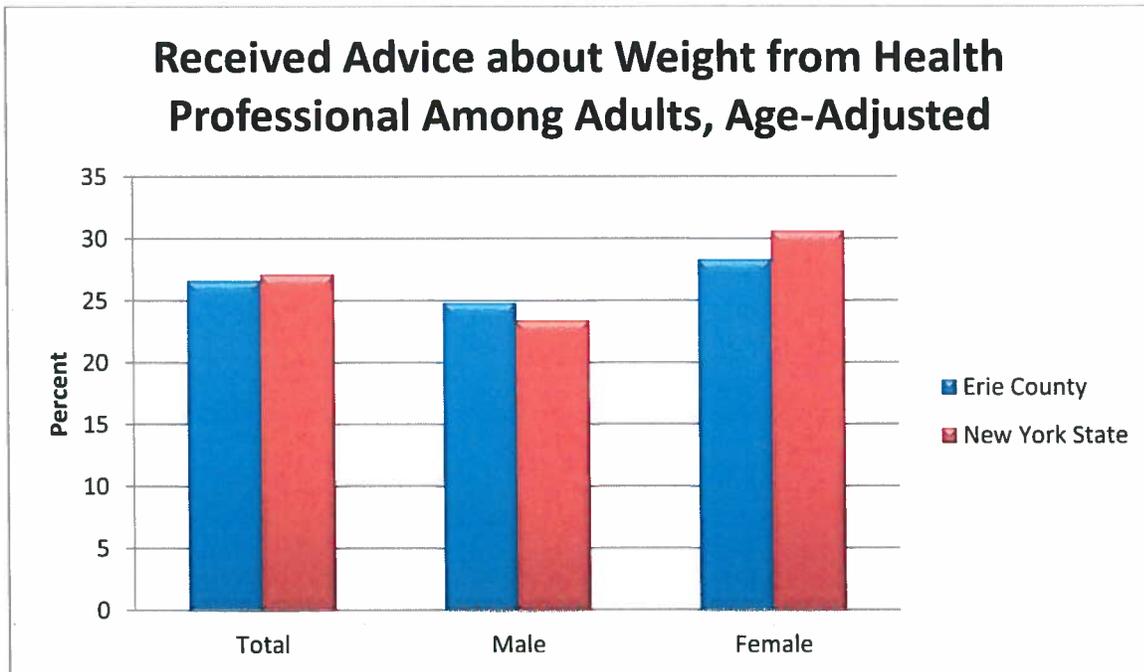


Figure 5

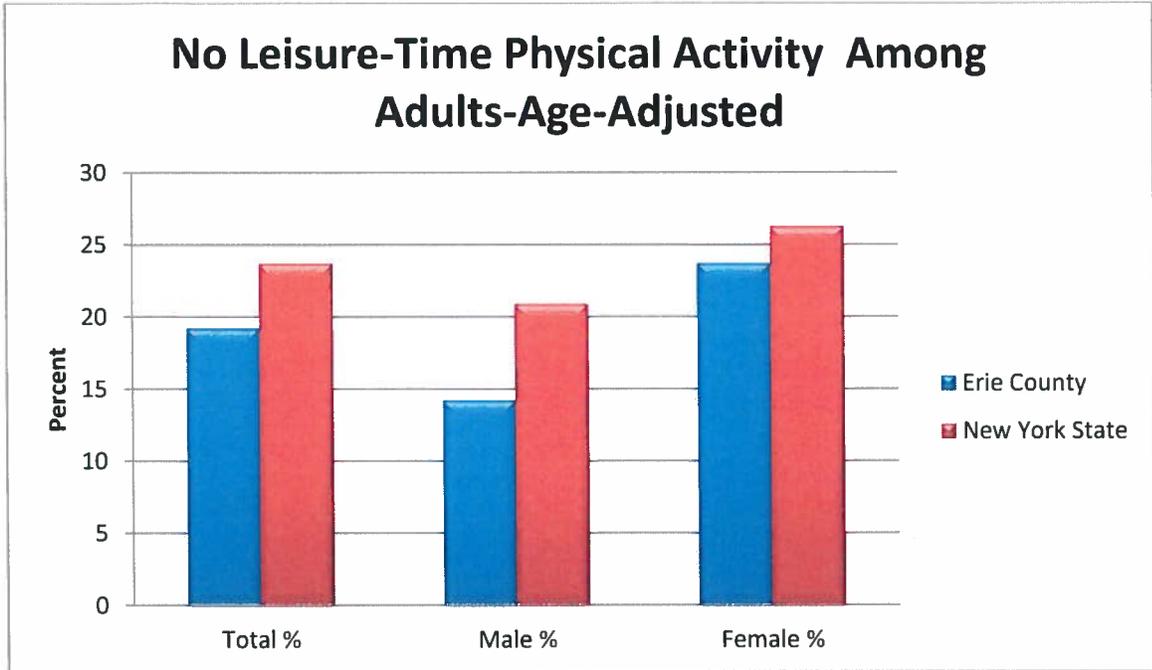
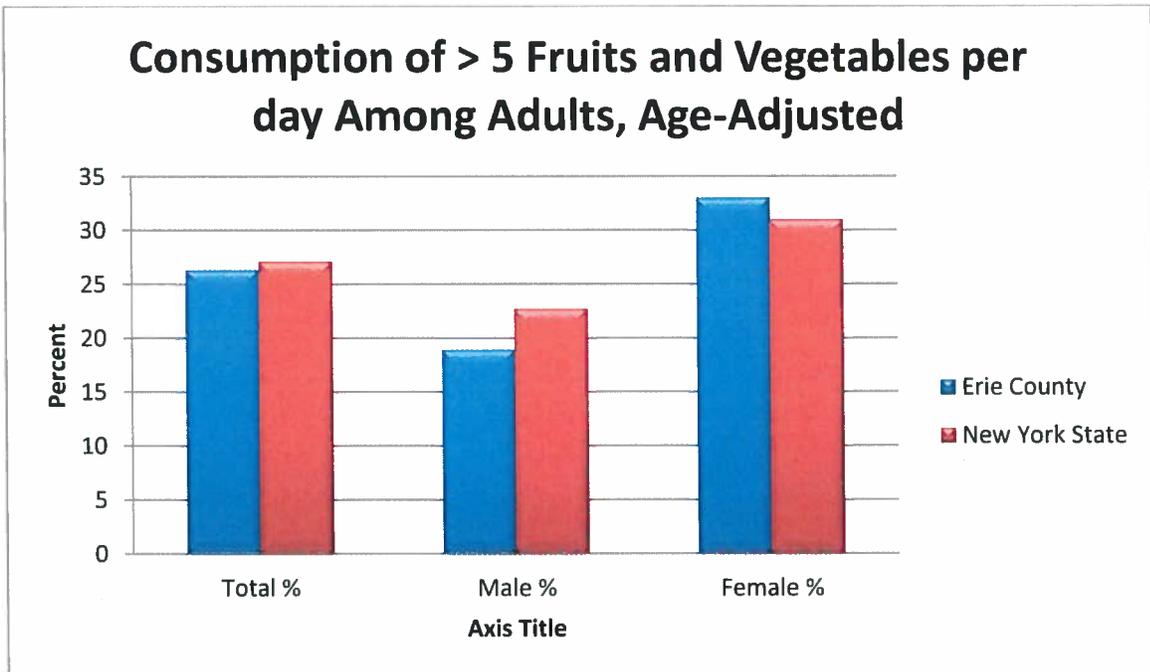


Figure 6



Focus Area #1: Reduce Obesity in Children and Adults

New York State Community Health Indicator Reports - Obesity and Related Indicators

All students (elementary - PreK, K, 2nd and 4th grades, middle - 7th grade and high school - 10th grade) for Erie County, New York.

Source: 2008-2010 Student Weight Status Category Reporting System Data as of July, 2012

- ❖ Percentage overweight but not obese (85th-<95th percentile)
 - Erie County
 - 12.3 %
- ❖ Percentage obese (95th percentile or higher)
 - Erie County
 - 15.4 %
 - NYS 2017, public school children statewide
 - **Overarching Objective 1.0.1:** 16.7 % (pg. 4, NYS Prevention Agenda)
- ❖ Percentage overweight or obese (85th percentile or higher)
 - Erie County
 - 27.7 %

- ❖ Age-adjusted Percentage of adults obese (BMI 30 or higher) (2008-2009)
 - Erie County
 - 28 %
 - NYS 2017, adults ages 18 and older who are obese
 - **Overarching Objective 1.0.2:** 23.2 % (pg. 4, NYS Prevention Agenda)

Source: 2008-2009 NYS Expanded Behavioral Risk Factor Surveillance System Data as of 2010

	Percentage
Region/County	(CI)
Region- 1 Western New York	
Erie	28.0 (22.9-33.1)

<http://www.health.ny.gov/statistics/chac/general/g75.htm>

Age-adjusted percentage of adults eating 5 or more fruits or vegetables per day

Source: 2008-2009 NYS Expanded Behavioral Risk Factor Surveillance System Data as of 2010

	Percentage
Region/County	(CI)
Region- 1 Western New York	
Erie	26.3 (21.3-31.3)

<http://www.health.ny.gov/statistics/chac/general/g77.htm>

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

Table 39: Death Rates* For Selected Causes of Death by Resident County New York State – 2011

County	Total	Cause of Death										
		Diseases of the Heart	Malignant Neoplasms	Cerebrovascular Disease			CLR D ¹	Total Accidents	Diabetes Mellitus	Homicide/Legal Intervention	Cirrhosis of the Liver	Suicide
New York State												
New York State	755.7	225.9	180.0	31.6	4.6	24.7	35.5	27.0	20.1	4.2	7.6	8.3
Erie	1043.1	277.7	229.8	56.2	2.0	21.1	52.2	32.4	31.7	4.8	11.4	11.8

* Rate per 100,000 population.

http://www.health.ny.gov/statistics/vital_statistics/2011/table39.htm

Table 40: Age-Sex Adjusted Death Rates* For Selected Causes of Death by Resident County New York State – 2011

County	Total	Cause of Death										
		Diseases of the Heart	Malignant Neoplasms	Cerebrovascular Disease	AIDS	Pneumonia	CLR D ¹	Total Accidents	Diabetes Mellitus	Homicide/Legal Intervention	Cirrhosis of the Liver	Suicide
New York State												
New York State	643.7	187.1	155.5	26.6	4.2	20.3	30.5	24.9	17.4	4.2	6.7	8.0
Erie	767.2	195.8	174.4	39.0	1.6	15.0	38.5	28.1	24.2	5.1	9.2	11.6

* Rate per 100,000 population.

Prevention Quality Indicators in New York State

The PQIs are rates of admission to the hospital for conditions for which good outpatient care can potentially prevent the need for hospitalization, or for which early intervention can prevent complications or more severe disease. These indicators serve as a screening tool rather than as definitive measures of quality problems. They can provide initial information about potential problems in a community that may require further, more in-depth analysis.

Prevent Chronic Diseases						
Indicator		Data Years	Erie County	New York State	Data Links	NYS 2017 Objective
21.	Percentage of adults who are obese	2008-2009	28.5 (23.7-33.3)	23.2 (21.2-25.3)	(Table)(Map)	23.2
22.	Percentage of children and adolescents who are obese	2010-2012	16.4	17.6	(Table)(Map)	NYC: 19.7 ROS: 16.7
23.	Percentage of cigarette smoking among adults	2008-2009	25.5 (20.3-30.8)	16.8 (15.1-18.6)	(Table)(Map)	15.0
24.	Percentage of adults who receive a colorectal cancer screening based on the most recent guidelines - Ages 50-75 years	2008-2009	67.0 (60.5-72.9)	66.3 (63.5-69.1)	(Table)(Map)	71.4
25.	Asthma emergency department visit rate per 10,000	2008-2010	56.5	83.7	(Table)(Map)	75.1
26.	Asthma emergency department visit rate per 10,000 - Ages 0-4 years	2008-2010	142.4	221.4	(Table)(Map)	196.5
27.	Age-adjusted heart attack hospitalization rate per 10,000	2010	17.6	15.5	(Table)(Map)	14.0
28.	Rate of hospitalizations for short-term complications of diabetes per 10,000 - Ages 6-17 years	2008-2010	4.0	3.2	(Table)(Map)	3.06
29.	Rate of hospitalizations for short-term complications of diabetes per 10,000 - Ages 18+ years	2008-2010	6.6	5.6	(Table)(Map)	4.86

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

+ Fewer than 10 events in one or both rate numerators, therefore the ratio is unstable

s Data do not meet reporting criteria

1- Alternate modes of transportation include public transportation, carpool, bike, walk, and telecommute

2- Low access is defined as greater than one mile from a supermarket or grocery store in urban areas or greater than ten miles from a supermarket or grocery store in rural areas

3- The 4:3:1:3:3:1:4 immunization series includes: 4 DTaP, 3 polio, 1 MMR, 3 hep B, 3 Hib, 1 varicella, 4 PCV13

4- Government sponsored insurance programs include Medicaid and Child Health Plus

http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/erie.htm

CVD-Prevention

- ❖ Age-adjusted percentage of adults with cholesterol checked in the last 5 years 2008-2009.
 - 76.1+ % Adults checked Cholesterol in last 5 yrs.

Link to comparative map by County in NYS:

<http://www.health.ny.gov/statistics/chac/general/pdf/g23.pdf>

- ❖ Cardiovascular disease premature death (ages 35-64 years). Rate per 100,000, 2008-2010.

Region/County	Deaths				Average population	Crude
	2008	2009	2010	Total	2008-2010	Rate
Region- 1 Western New York						
Erie	476	483	464	1,423	369,017	128.5

Link to CVD premature death rate map by County in NYS:

<http://www.health.ny.gov/statistics/chac/mortality/pdf/d2.pdf>

- ❖ Disease of the Heart-Premature death (ages 35-64 years) rate per 100,000.

Source: 2008-2010 Vital Statistics Data as of February, 2012

Region/County	Deaths				Average population	Crude
	2008	2009	2010	Total	2008-2010	Rate
Region- 1 Western New York						
Erie	375	373	371	1,119	369,017	101.1

Link to disease of the heart map by County in NYS:

<http://www.health.ny.gov/statistics/chac/mortality/pdf/d5.pdf>

- ❖ Coronary Heart Disease-Premature death (ages 35-64 years) rate per 100,000.

Source: 2008-2010 Vital Statistics Data as of February, 2012

Region/County	Deaths				Average population	Crude
	2008	2009	2010	Total	2008-2010	Rate
Region- 1 Western New York						
Erie	274	272	281	827	369,017	74.7

Link to CHD map by County in NYS:

<http://www.health.ny.gov/statistics/chac/mortality/pdf/d8.pdf>

❖ Congestive Heart Failure-Premature death (ages 35-64 years) rate per 100,000.

Source: 2008-2010 Vital Statistics Data as of February, 2012

Region/County	Deaths				Average population	Crude
	2008	2009	2010	Total	2008-2010	Rate
Region- 1 Western New York						
Erie	10	16	12	38	369,017	3.4

Link to CHF map by County in NYS:

<http://www.health.ny.gov/statistics/chac/mortality/pdf/d11.pdf>

NYS Prevention Agenda

Preventing Chronic Disease Action Plan

Chronic diseases are among the most preventable diseases and are affected most by three modifiable risk behaviors: lack of physical activity, unhealthy nutrition and tobacco use. “The World Health Organization” (WHO) has estimated that if the major risk factors for chronic disease were eliminated, at least 80 percent of all heart disease, stroke and type-2 diabetes would be prevented, and more than 40 percent of cancer cases would be avoided (1).”

Focus Area 1: Reduce obesity in children and adults

*Obesity is second to tobacco use as the leading cause of preventable death, and may soon surpass it.

*Obesity disproportionately impacts low-income and minority communities.

*Focus Area 3: Increase access to high-quality chronic disease preventative care and management in clinical and community settings. This focus area plays a critical role in reducing the impact of chronic disease.

Region	Obese Children (ages 2-19)	Overweight or Obese Children	Obese Adults	Overweight or Obese Adults
Erie County	15.4 %	27.7 %	28 %	61.4%
NYS	17.6 %	---	24.6 %	59.3 %
National US	17 %	---	35 %	---
(NYS 2017)- Objective	16.7 %	---	23.2 %	---

--- No Data Found

Obesity is a significant risk factor for type-2 diabetes, asthma, high blood pressure and high cholesterol. These conditions are beginning to present in children and adolescents at increasing rates (1).

Obesity-related conditions include heart disease, stroke, type 2 diabetes and certain types of cancer, some of the leading causes of preventable death (2).

- NYS ranks second highest among the states for expenditures attributed to obesity.
- Expenditures totaled \$11.1 billion (in 2009 dollars) (1).

Breastfeeding and Obesity Prevention

Breastfeeding has long been recognized as the gold standard for infant nutrition. Research has demonstrated that breast milk protects the infant against a growing list of chronic diseases, including cardiovascular disease, cancer, and diabetes. Evidence is accumulating that breastfeeding also reduces the infant's risk of childhood and adult obesity.

Exclusive breastfeeding during the first 4 to 6 months was most consistently associated with reduced risk of being overweight, while most studies found that increased duration of any breastfeeding (up to 12 months) was associated with decreasing risk of overweight as a child. Exclusive breastfeeding refers to nourishing a child only with human milk through nursing (3).

*** Goal (#1.3) – **Objective 1.3.2:** By 2017, increase the percentage of infants born in NYS hospitals who are exclusively breastfed during the birth hospitalization by 10% from 43.7% (2010) to 48.1%.

***Goal (#1.4) – **Objective 1.4.2:** By December 31, 2017, increase the percentage of employers with supports for breastfeeding at the worksite by 10%.

The IOM Obesity Prevention interventions include breastfeeding counseling and support systems in the workplace, and strengthening support of breastfeeding in the workplace (1).

Breastfeeding Data

Percentage of WIC mothers breastfeeding at least 6 months

Source: 2008-2010 NYS Pediatric Nutrition Surveillance System Data as of July, 2012

	Women breastfed 6 months +	Average WIC births	Percentage
Region/County	Total	2008-2010	%
Region- 1 Western New York			
Erie	1,181	2,983	13.2
NYS	104,459	87,707	39.7
National US	818,127	3,146,642	26.0

<http://www.health.ny.gov/statistics/chac/general/g62.htm>

http://www.cdc.gov/pednss/pednss_tables/pdf/national_table2.pdf

Percentage of WIC mothers breastfeeding at least 6 months

Year	Crude Rate	
	3-Year Average	Upstate New York
2001-03	10.9	23.9
2002-04	11.2	26.1
2003-05	11.3	27.7
2004-06	11.1	27.8
2005-07	10.9	28.1
2006-08	11.7	28.5
2007-09	12.6	29.2
2008-10	13.2	28.7

http://www.health.ny.gov/statistics/chac/general/g62_14.htm

*Since 2001-2003, the 3-year Average % for Erie County WIC mothers who breastfed at least 6 months increased from 10.9% to 13.2%.

Objective 1.0.1: Reduce the percentage of WIC children (ages 2 through 4) who are obese from 13.1% (2010) by 5% to 12.4% (2017).

Buffalo Public Schools Youth Risk Behavior Survey 2011

Dietary Behaviors:

Students describing themselves as slightly or very overweight

Middle School	High School
23%	27%

Physical Activity:

Students who report not engaging in any vigorous physical activity during the 7 days prior to taking the survey

Middle School (BPS)	High School (BPS)	NYS 2009	US 2009
20%	17.3%	17%	23%

Students who report watch ≥ 3 hours of television on average school day

Middle School (BPS)	High School (BPS)	NYS 2009	US 2009
50%	43%	33%	33%

Adult Overweight and Obese Data (2008-2009):

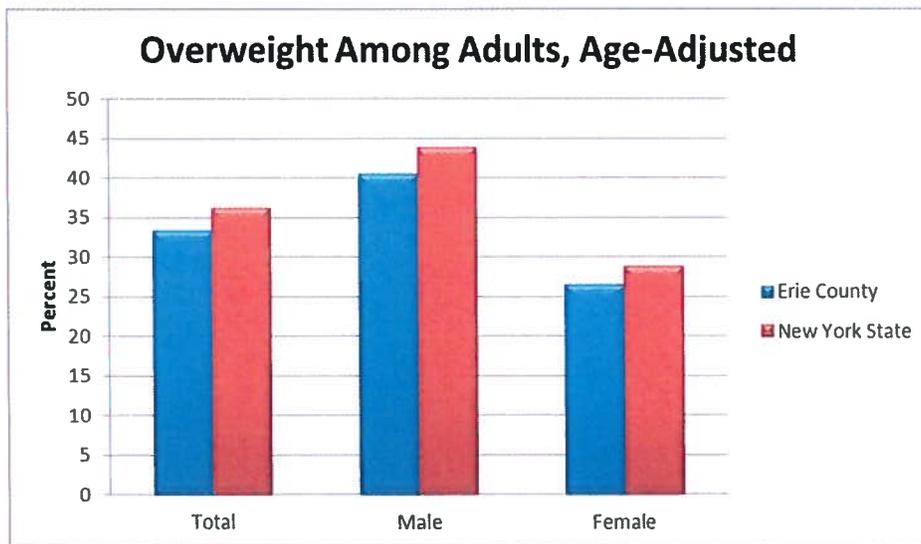


Figure 1

	Erie County	New York State
Total %	33.4	36.2
Male %	40.6	43.9
Female %	26.5	28.9

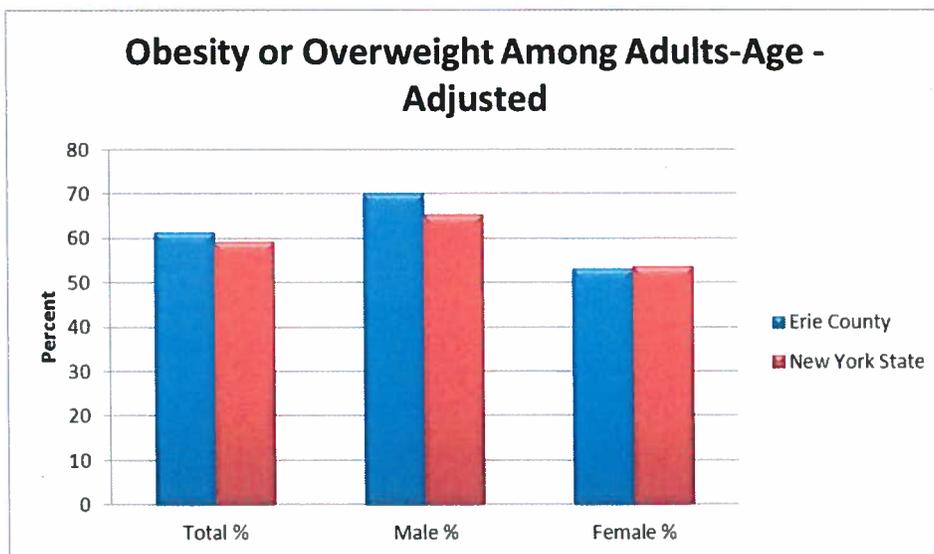


Figure 3

	Erie County	New York State
Total %	61.4	59.3
Male %	70.2	65.4
Female %	53	53.5

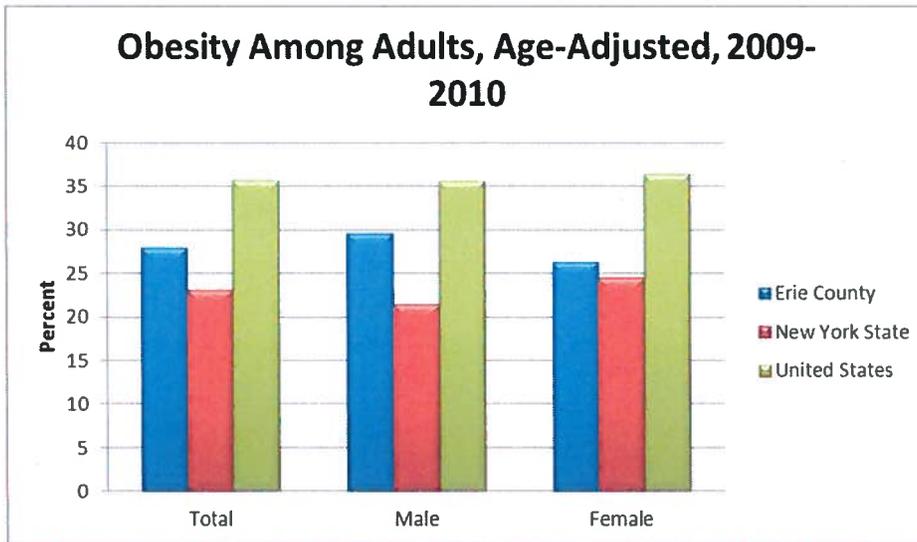


Figure 4

	Erie County	New York State	United States
Total %	28	23.1	36.2
Male %	29.6	21.5	35.6
Female %	26.3	24.6	36.5

County and State Data provided by:

<http://www.health.ny.gov/statistics/brfss/expanded/2009/county/docs/erie.pdf>

Expanded BRFSS Report: July2008--June2009

Erie County

U.S.-National Data provided by:

<http://www.cdc.gov/nchs/data/databriefs/db82.pdf>

NCHS Data Brief: No. 82. January 2012. Prevalence of Obesity in the United States, 2009–2010

Dietary Behavior Data:

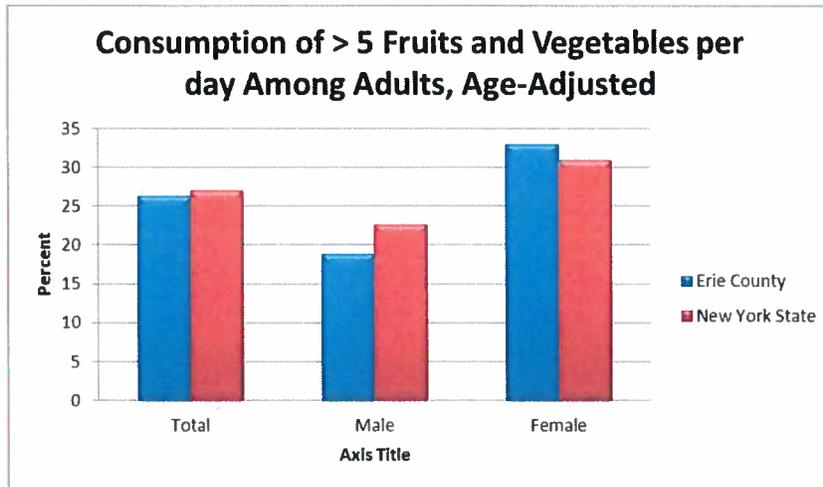


Figure 6

	Erie County	New York State
Total %	26.3	27.1
Male %	18.9	22.7
Female %	33	31

Physical Activity Data:

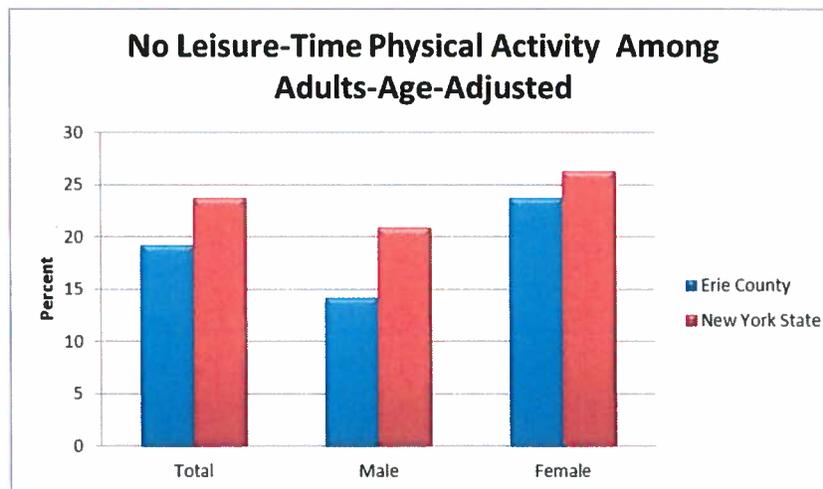


Figure 7

	Erie County	New York State
Total %	19.2	23.7
Male %	14.2	20.9
Female %	23.7	26.3

Focus Area 3: Increase access to high-quality chronic disease preventative care and management in clinical and community settings

Providing preventative care and management services has the ability to prevent much of the burden of chronic disease or avoid many of the related complications. Many New Yorkers do not receive the services recommended to help prevent disease (1).

*Prevention, screening, early detection, treatment, and self-management support will promote achieving equitable outcomes and will enhance the well-being of vulnerable communities.

Diabetes Data:

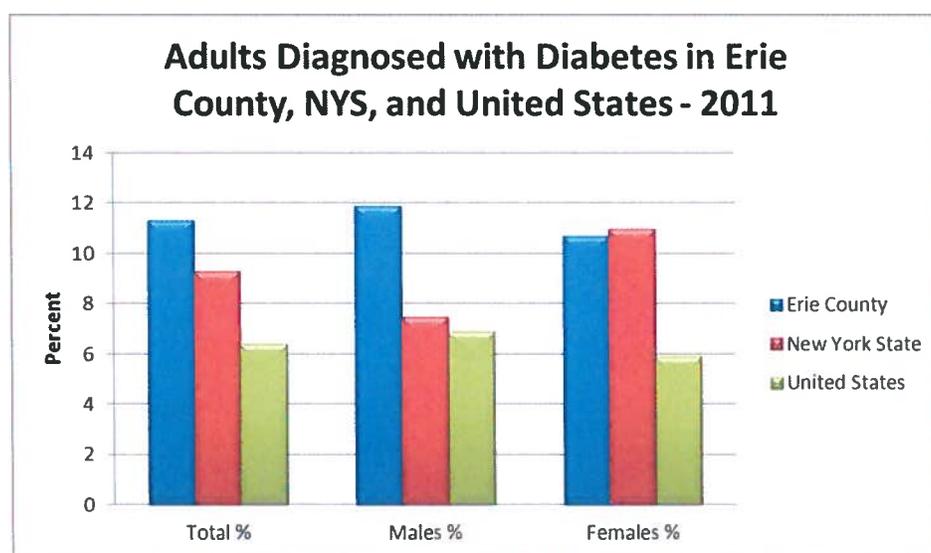


Figure 5

	Erie County	New York State	United States
Total %	11.3	9.3	6.4
Males %	11.9	7.5	6.9
Females %	10.7	11	5.9

In 2007 only half of Medicaid managed care enrollees with DM (49%) received all four recommended clinical preventative care services (H_gA_{1c}, lipid profile, nephropathy screening and eye exam) based on national guidelines for diabetes management (1).

Data provided by: <http://www.health.ny.gov/statistics/brfss/expanded/2009/county/docs/erie.pdf>

Expanded BRFSS Report: July 2008—June 2009. Erie County

Data Source: Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Health Interview Statistics, data from the National Health Interview Survey. Statistical analysis by the Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Diabetes Translation.

<http://www.cdc.gov/diabetes/statistics/prev/national/figbysex.htm>

Age-Sex Adjusted Death Rates* For Selected Causes of Death by Resident County New York State – 2011

	Total	Malignant Neoplasms	Diseases of the Heart	Cerebrovascular Disease	Diabetes Mellitus	Cirrhosis of the liver
Erie County	767.2	174.4	195.8	39.0	24.2	9.2
NYS	643.7	155.5	187.1	26.6	17.4	6.7

* Rate per 100,000 population.

http://www.health.ny.gov/statistics/vital_statistics/2011/table39.htm

Cardiovascular Disease-Prevention

- ❖ Age-adjusted percentage of adults with cholesterol checked in the last 5 years 2008-2009.
 - 76.1+ % Adults checked Cholesterol in last 5 yrs.

Link to comparative map by County in NYS:

<http://www.health.ny.gov/statistics/chac/general/pdf/g23.pdf>

- ❖ Cardiovascular disease premature death (ages 35-64 years). Rate per 100,000, 2008-2010.

Region/County	Deaths				Average population	Crude
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Link to CVD premature death rate map by County in NYS:

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Link to disease of the heart map by County in NYS:

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Erie	10	16	12	38	369,017	3.4

Link to CHF map by County in NYS:

<http://www.health.ny.gov/statistics/chac/mortality/pdf/d11.pdf>

Prevention Quality Indicators in New York State

The PQIs are rates of admission to the hospital for conditions for which good outpatient care can potentially prevent the need for hospitalization, or for which early intervention can prevent complications or more severe disease. These indicators serve as a screening tool rather than as definitive measures of quality problems. They can provide initial information about potential problems in a community that may require further, more in-depth analysis.

Prevent Chronic Diseases						
Indicator		Data Years	Erie County	New York State	Data Links	NYS 2017 Objective
21.	Percentage of adults who are obese	2008-2009	28.5 (23.7-33.3)	23.2 (21.2-25.3)	(Table)(Map)	23.2
22.	Percentage of children and adolescents who are obese	2010-2012	16.4	17.6	(Table)(Map)	NYC: 19.7 ROS: 16.7
23.	Percentage of cigarette smoking among adults	2008-2009	25.5 (20.3-30.8)	16.8 (15.1-18.6)	(Table)(Map)	15.0
24.	Percentage of adults who receive a colorectal cancer screening based on the most recent guidelines - Ages 50-75 years	2008-2009	67.0 (60.5-72.9)	66.3 (63.5-69.1)	(Table)(Map)	71.4
25.	Asthma emergency department visit rate per 10,000	2008-2010	56.5	83.7	(Table)(Map)	75.1
26.	Asthma emergency department visit rate per 10,000 - Ages 0-4 years	2008-2010	142.4	221.4	(Table)(Map)	196.5
27.	Age-adjusted heart attack hospitalization rate per 10,000	2010	17.6	15.5	(Table)(Map)	14.0
28.	Rate of hospitalizations for short-term complications of diabetes per 10,000 - Ages 6-17 years	2008-2010	4.0	3.2	(Table)(Map)	3.06
29.	Rate of hospitalizations for short-term complications of diabetes per 10,000 - Ages 18+ years	2008-2010	6.6	5.6	(Table)(Map)	4.86

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

+ Fewer than 10 events in one or both rate numerators, therefore the ratio is unstable

s Data do not meet reporting criteria

1- Alternate modes of transportation include public transportation, carpool, bike, walk, and telecommute

2- Low access is defined as greater than one mile from a supermarket or grocery store in urban areas or greater than ten miles from a supermarket or grocery store in rural areas

3- The 4:3:1:3:3:1:4 immunization series includes: 4 DTaP, 3 polio, 1 MMR, 3 hep B, 3 Hib, 1 varicella, 4 PCV13

4- Government sponsored insurance programs include Medicaid and Child Health Plus

http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/erie.htm

Summary of Nutrition-related data collected from the Erie County

CHA Consumer Survey 2012-2013

(1198 Response)

Prevention of chronic disease begins with changes in lifestyle factors such as changes in diet, physical activity, and smoking cessation. This summary describes consumer responses to various health related questions regarding Nutrition specific lifestyle factors.

Nutrition and Chronic Disease Prevention:

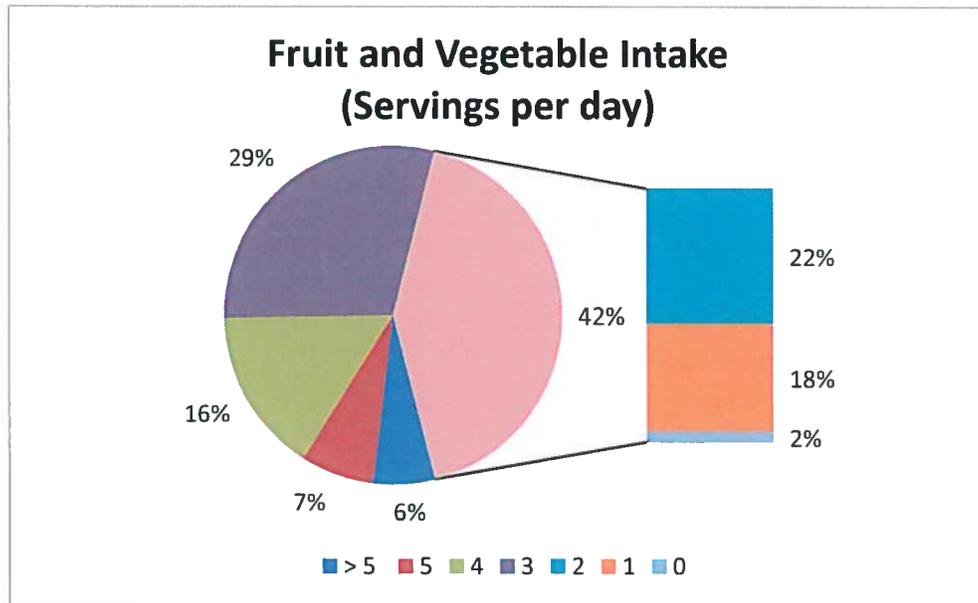
When consumers were asked to select health topics that they were interested in learning more about, the most popular (601 responses) topic selected was Nutrition, followed by Physical Activity and Fitness (584), Stress (541), and Overweight or Obesity (442).

Increased consumption of fruits and vegetables is paramount in chronic disease prevention. The current recommendation 2010 Dietary Guidelines for Americans for fruits and vegetables is 5 servings per day. Increased consumption of fruits and vegetables in the diet promotes healthy weight, heart health, and is associated with reduced risk of many chronic diseases. Moderate evidence indicates that an intake of at least 2 1/2 cups of fruits and vegetables per day is associated with a reduced risk of cardiovascular disease, including heart attack and stroke. It is also suggested that some fruits and vegetables may be protective against certain types of cancer (4).

Consumers demonstrated awareness of the 5 servings a day message when they were asked "How many servings of fruits and vegetables combined do you think you should eat every day?"

The majority (66%) selected either the 5 or >5 fruits and vegetables a day as the amount that should be consumed in a day, yet only (13%) selected eating 5 or >5 fruits and vegetables a day. This demonstrates that the consumers are educated on the 5 a day serving message, but it is not translating to their everyday consumption of fruits and vegetables.

When consumers were asked "How many servings of fruits and vegetables combined do you eat every day on average," 58% (652 responses) selected ≥ 3 servings per day. The breakdown of responses by category are as follows; 6% (66) selected >5 servings, 7% (79) selected 5, 16% (178) selected 4 servings, 29% (329) selected 3 servings, 22% (253) selected 2 servings, 18% (201) selected 1 servings, and 2% (20) selected 0 servings.



*Overall, 58% of consumers report that their daily intake of fruit and vegetable is ≥ 3 servings per day.

The two main reasons for reported as keeping consumers from eating more fruits and vegetables per day were:

1. 45% (535)= Cost
2. 37% (444)= Time it takes to prepare

Beverage consumption contributes to nutritional intake throughout the day, depending on the macronutrient content (protein, carbohydrates and fat). Water consumption is important for good health and chronic disease prevention by replacing other sugary beverages. Consumers were asked, "How many cups of water do you drink each day?"

1. 30% (365) = <4 cups
2. 31% (375) = 4-6 cups
3. 21% (257) = 6-8 cups

***The majority (61%) drink < 6 cups of water a day.**

When consumers were asked “If you were to eat healthier and exercise more, do you think that it would make a difference in how you feel?”- 92% (1100) said “Yes, it would make me feel better.”

The following survey questions describe where consumers like to eat when they eat out and how they make their food choices.

B15. When away from home where do you normally eat?

1. 52% (623) =sit down restaurants
2. 21% (247) =Fast food
3. 16% (193) = at friends or family’s house

B16. When eating out, do you order based on taste or health?

1. 65% (780) =combination of both taste and health
2. 28% (335) =taste
3. 6% (68) =health

***Taste plays a major role in consumer choice. Only 6% focused solely on health as the determinant for choice during ordering away from home.**

Overall, consumers demonstrate that they have the knowledge of healthy lifestyle factors such as nutrition and physical activity. Modifying diet and lifestyle behaviors such as increasing fruit and vegetable consumption, increased water consumption, and increasing physical activity are all preventative measures. These changes will contribute to prevention of future chronic disease(s), as well as the decrease progression of those with current chronic disease(s).

References

1. New York State Prevention Agenda: *Preventing Chronic Diseases Action Plan*. December 2012.
2. <http://www.cdc.gov/obesity/data/adult.html>
3. http://www.health.ny.gov/prevention/obesity/strategic_plan/breastfeeding.htm
4. Dietary Guidelines for Americans, 2010. 7th Edition, Washington, DC: U.S. Government Printing Office, December 2010. Accessed on July 18, 2013.
<http://www.health.gov/dietaryguidelines/dga2010/DietaryGuidelines2010.pdf>

Erie County CHA Consumer Survey 2012-2013

1198 Response

A1. What health topics are you interested in learning more about?

***More than one topic is able to be selected, % may add up to more than 100%**

Consumers answered:

1. 50% (601) =Nutrition
2. 49% (584) =Physical Activity and Fitness
3. 45% (541) =Stress
4. 37% (442) =Overweight or Obesity

B1. How often do you participate in physical activity or exercise for \geq 30 minutes?

1. 25% (295) =5-7 times/week
2. 24% (288) =1-3 times/week
3. 17% (201) =try to add it in where possible (taking stairs, etc.)

B4. How many servings of fruits and vegetables combined do you eat every day on average?

1. 27% (329) =3
 2. 21% (253) =2
 3. 17% (201) =1
- *Only 7% (79) selected 5 a day, 6% (66) selected >5

B5. How many cups of fruits and vegetables combined do you think you should eat every day?

1. 51% (606) =5
2. 15% (180) =3
3. 15% (174) = >5

*****The majority (66%) selected either the 5 or >5 fruits and vegetables a day as the amount that should be consumed in a day, yet only (13%) selected eating 5 or >5 fruits and vegetables a day. (27%) selected eating 3 servings and a combined (40%) selected 2 or <2 servings per day. This demonstrates that the consumers are educated on the 5 a day serving message, but it is not translating to their everyday consumption of fruits and vegetables.**

B6. When consumers were asked what keeps them from eating more fruits and vegetables every day, they answered:

1. 45% (535) =Cost
2. 37% (444) =Time it takes to prepare
3. 23% (276) =Other
4. 19% (232) =Lack of Access to fresh fruits and vegetables

B12. When consumers were asked "If you were to eat healthier and exercise more, do you think that it would make a difference in how you feel?" - 92% (1100) said "Yes, it would make me feel better."

B14. How many cups of water do you drink each day?

1. 30% (365) = <4 cups
2. 31% (375) = 4-6 cups
3. 21% (257) = 6-8 cups

***The majority (61%) drink \leq 6 cups of water a day.**

B15. When away from home where do you normally eat?

1. 52% (623) =sit down restaurants
2. 21% (247) =Fast food
3. 16% (193) = at friends or family's house

B16. When eating out, do you order based on taste or health?

1. 65% (780) =combination of both taste and health
2. 28% (335) =taste
3. 6% (68) =health

***Taste plays a major role in consumer choice. Only 6% focused solely on health as the determinant for choice during ordering away from home.**

When consumers chose the top 3 topics that they felt were the most important health issues, Physical Activity, Nutrition, and Overweight or Obesity were voted as the top 3.

1. 40% (474) = Physical Activity
2. 38% (459) = Nutrition
3. 37% (442) = Obesity or Overweight

Survey Demographics were as follows:

1. 33% (394) = 18-29
2. 21% (250) = 60 or over
3. 18% (217) = 50-59
4. 14% (164) = 30-39
5. 14% (163) = 40-49

Gender:

1. Female = 72% (864)
2. Male = 25% (300)

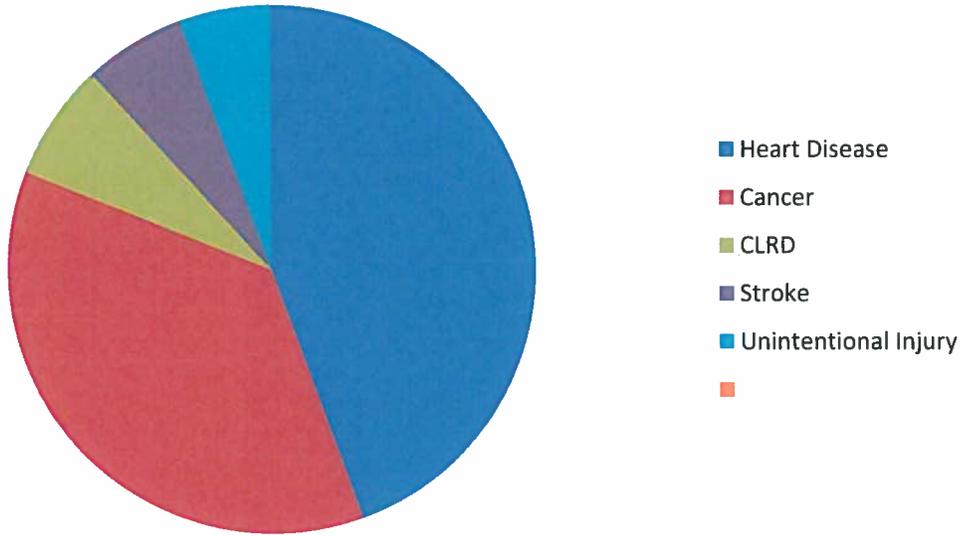
Race/Ethnicity:

1. White/Caucasian = 83% (975)
2. African-American = 10% (121)
3. Hispanic/Latino = 4% (50)

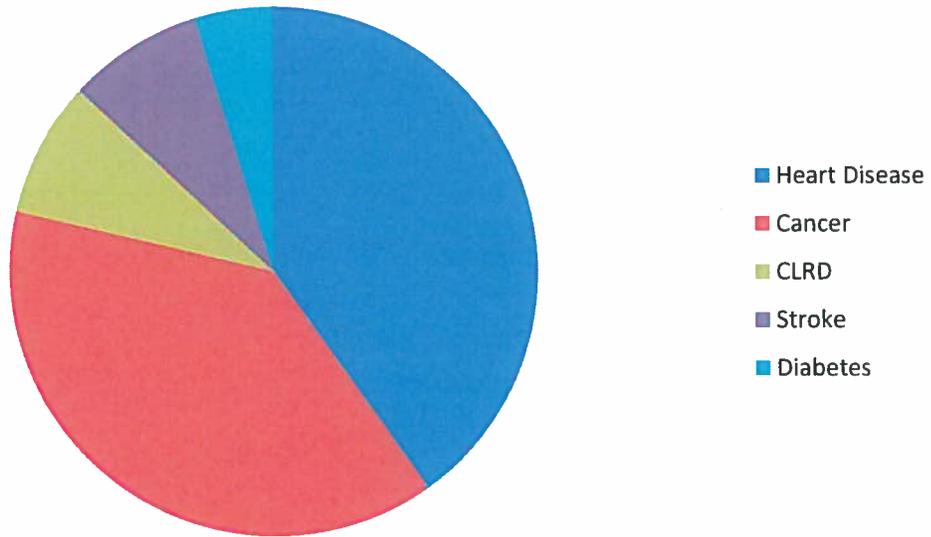
Income:

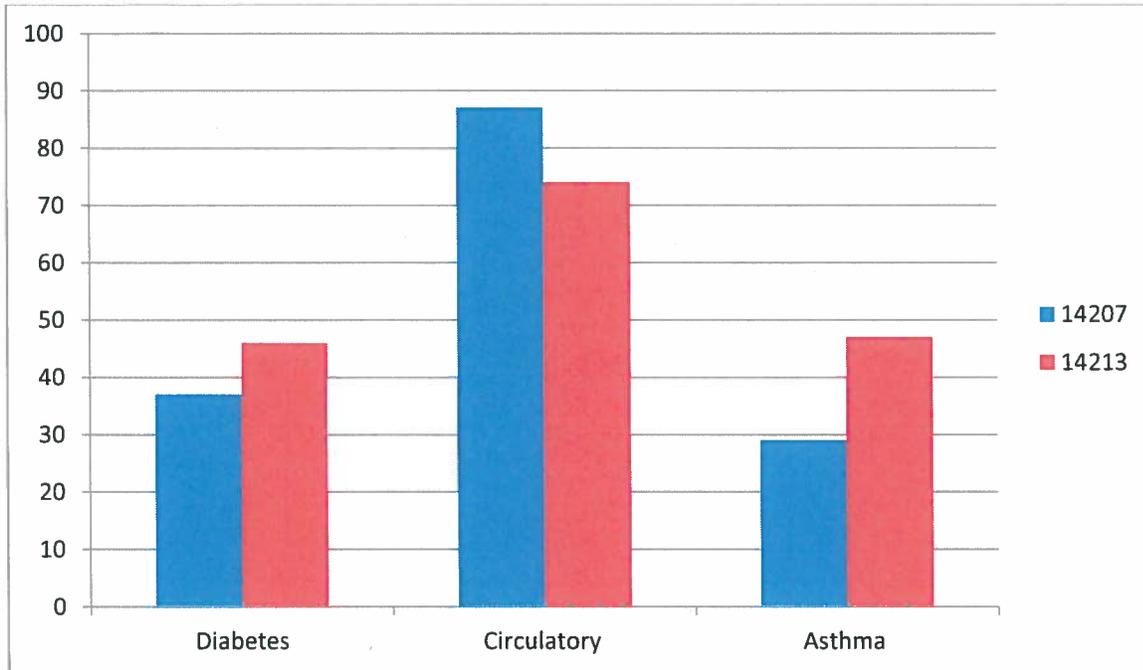
1. 20% (239) = < \$15,000
2. 19% (224) = > \$85,000
3. 10% (117) = \$25,000-\$34,999
4. 9% (104) = \$55,000-\$64,999

Leading causes of death NYS

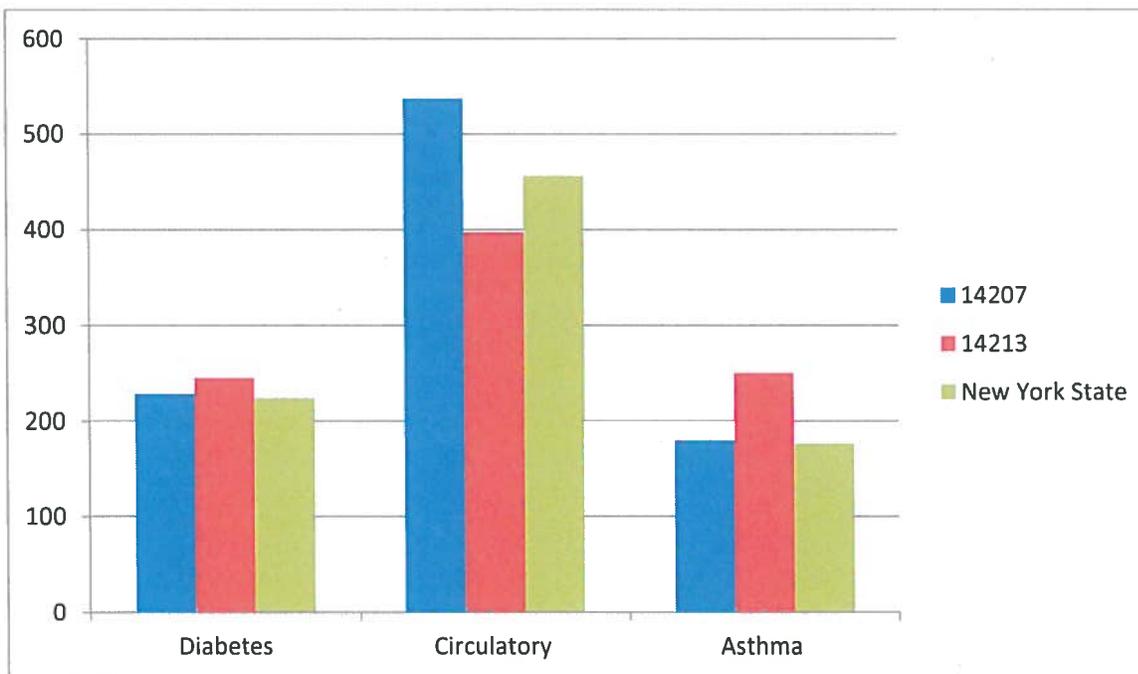


Leading causes of death in Erie County

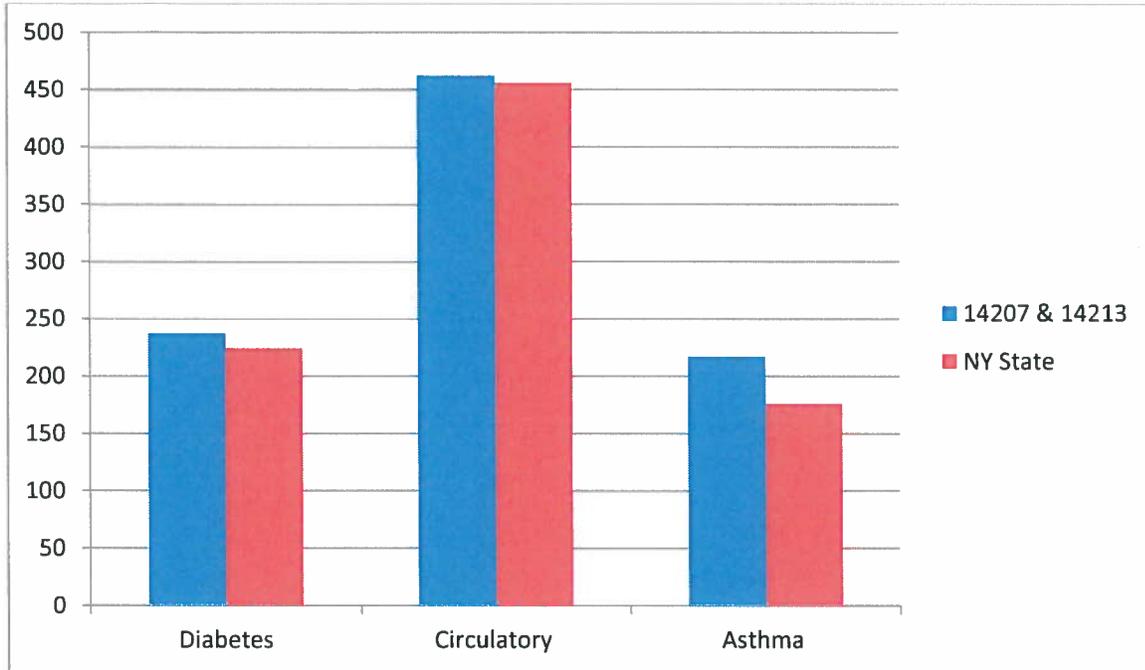




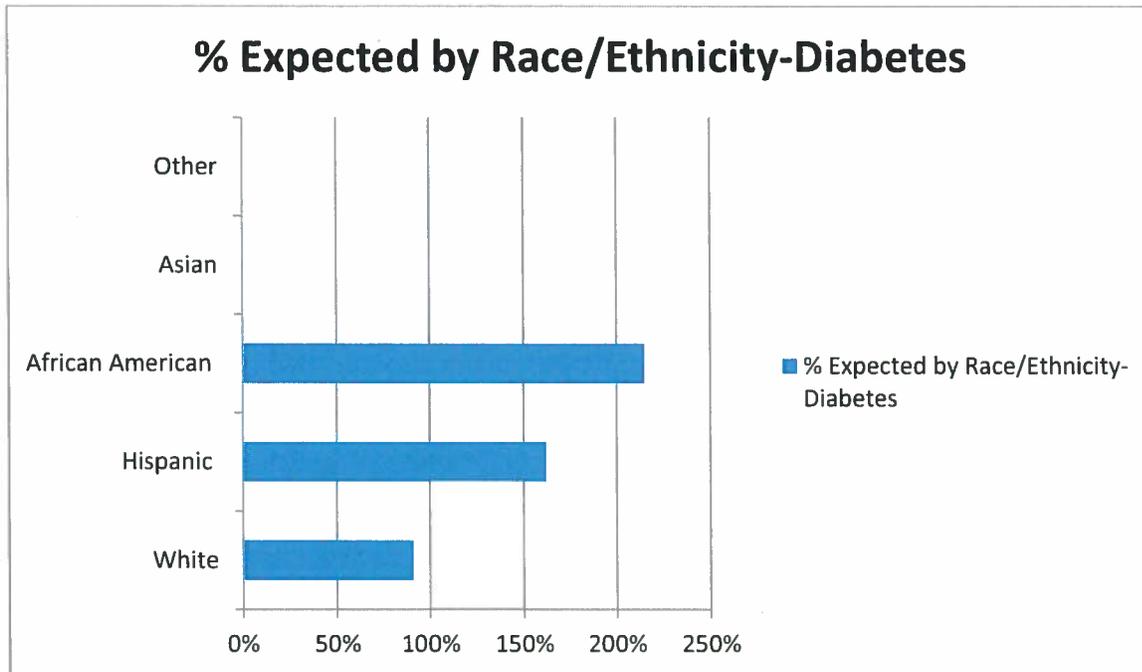
Hospital Admissions for Condition Based on Zip Code



Hospital Admission Area Rate vs. State Rate

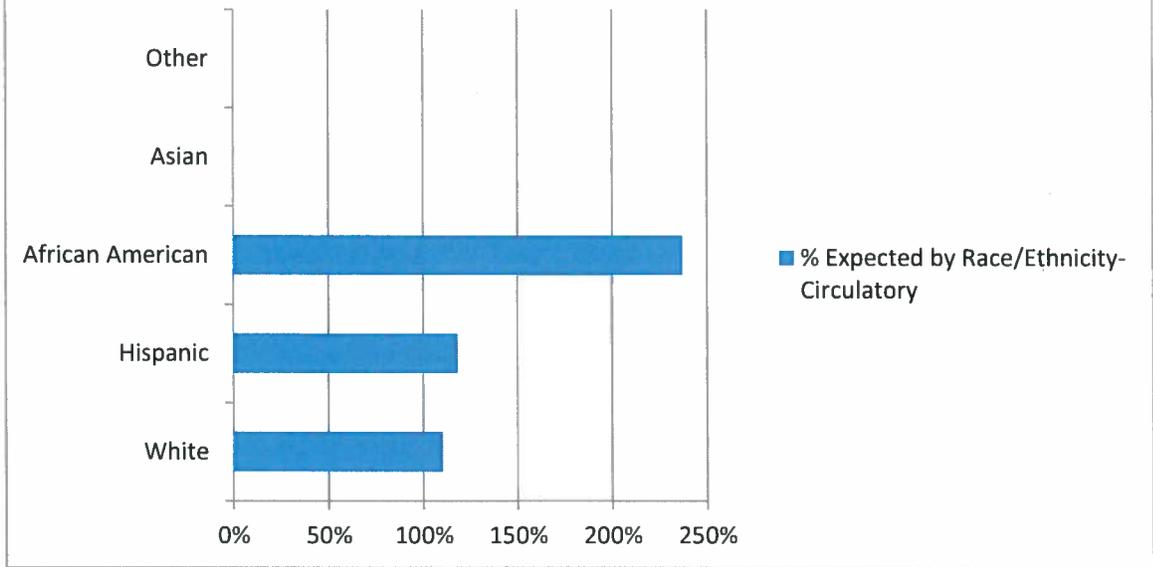


Hospital Admission Rate for Both Zip Codes vs. NY State



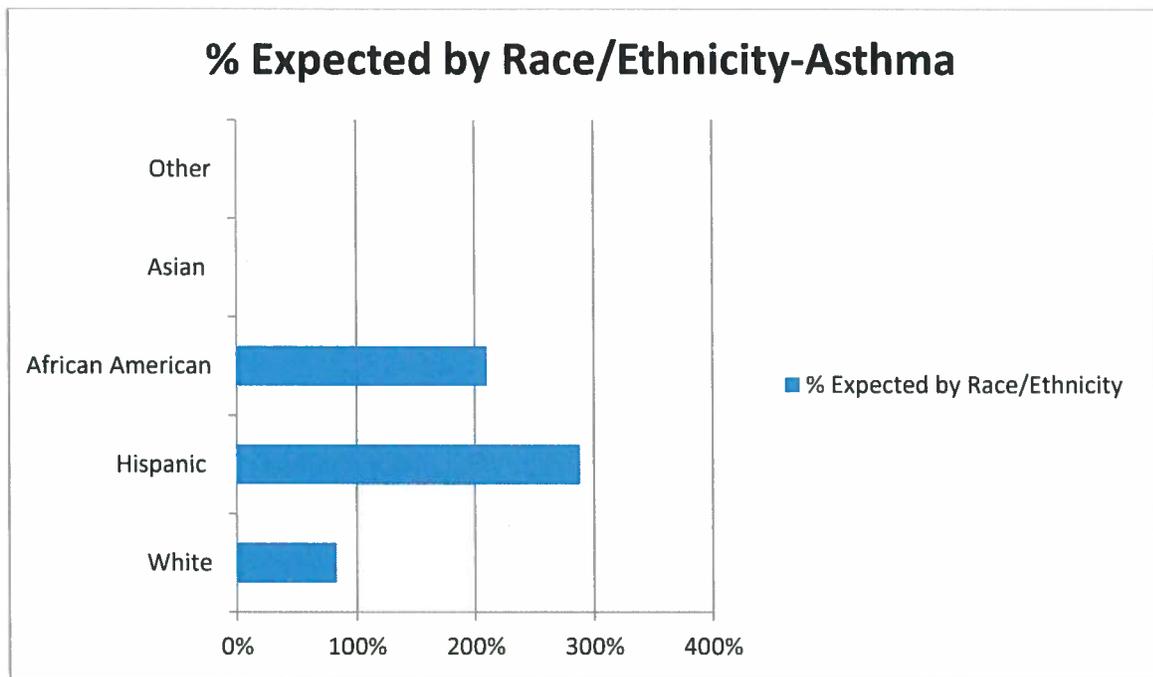
Admission % expected by race/ethnicity for both zip codes

% Expected by Race/Ethnicity-Circulatory



Admission % expected by race/ethnicity for both zip codes

% Expected by Race/Ethnicity-Asthma



Admission % expected by race/ethnicity for both zip codes