Chronic Disease

Monroe County, NY
(May 2017)

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Population

The US Census Bureau estimates the population of Monroe County in 2014 at 749,857. This represents a 0.7% increase from the 2010 figure of 744,344. The estimate for the City of Rochester in 2014 is 209,983, which is a 0.3% decrease since 2010 when it was an estimated 210,565.

The table below shows that a higher proportion of the population in the City of Rochester is under age 40 compared to Monroe County as a whole.
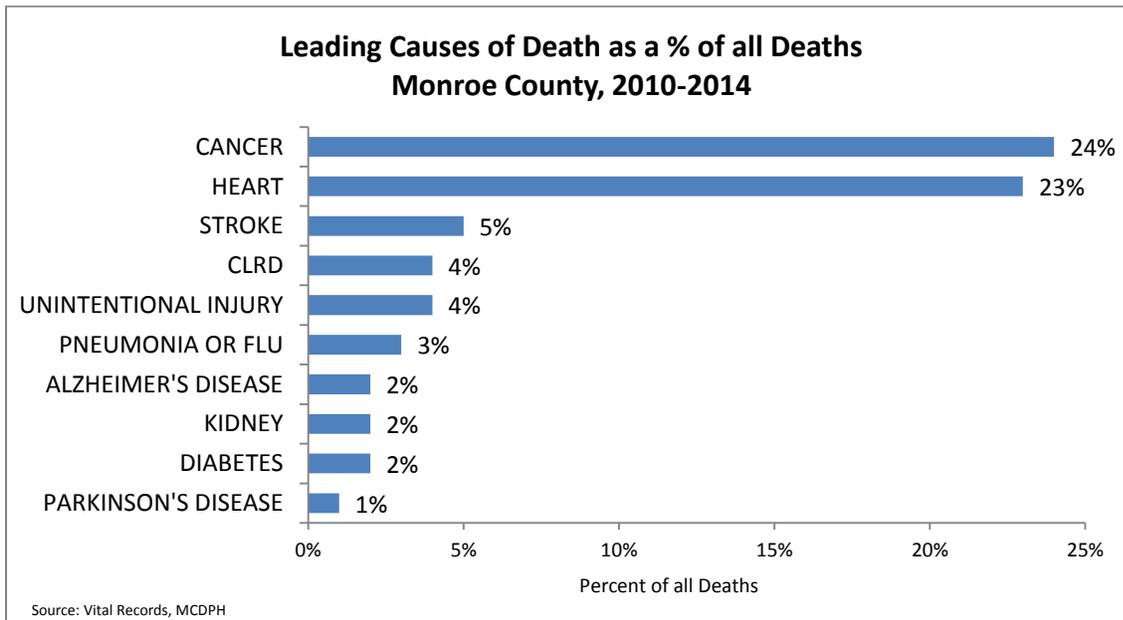
Monroe County % of Population by Age Group	Monroe County	City of Rochester
under age 10	11.5%	13.7%
age 10-19	13.8%	14.2%
age 20-29	14.8%	19.9%
age 30-39	11.6%	13.7%
age 40-49	13.3%	11.9%
age 50-59	14.4%	12.0%
age 60-69	10.4%	8.1%
age 70-79	5.8%	3.9%
age 80+	4.5%	2.5%
Source: 2010-2014 American Community Survey 5-year estimates., US Census Bureau		

In Monroe County, 72% of the population is White. Thirty-seven percent (37%) of the population in the City of Rochester is White, 39% is African American and 17% is Latino.

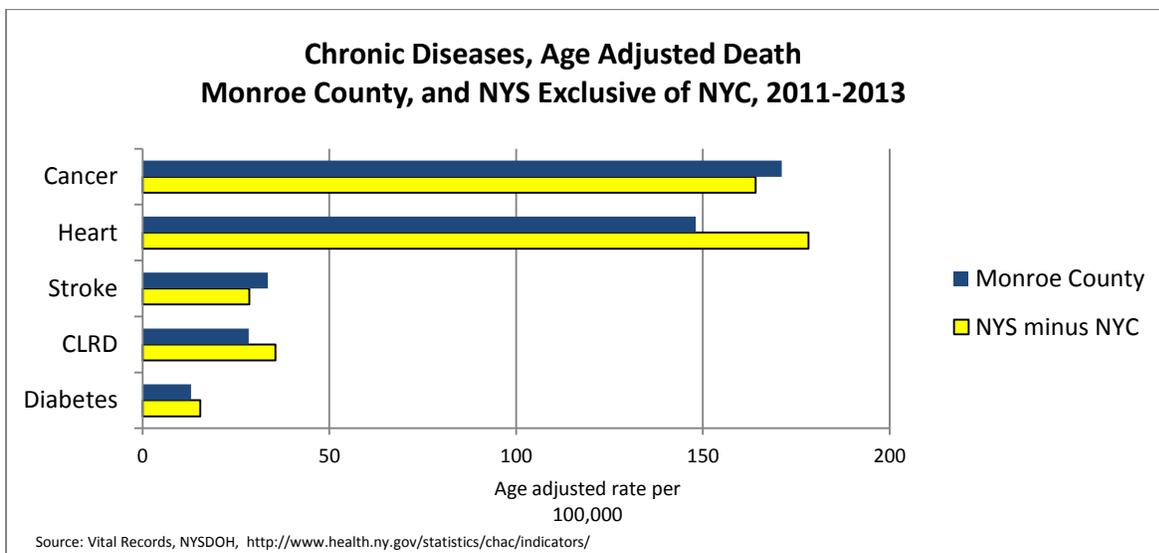| Monroe County % of Population by Race Alone and Latino Origin	Monroe County	City of Rochester
White, Not Latino	72%	37%
African American, Not Latino	15%	39%
Other Races, Not Latino	4%	4%
More than one Race, Not Latino	2%	3%
Latino	8%	17%
Source: 2010-2014 American Community Survey 5-year estimates., US Census Bureau		

Leading Causes of Death

Cancer, heart disease and stroke are the top three leading causes of death in Monroe County. As shown in the graphic below, chronic diseases including cancer, heart disease, stroke, chronic lung diseases (CLRD), kidney disease, and diabetes account for 60% of all deaths.

Leading Causes of Death as a % of all Deaths
Monroe County, 2010-2014

Cause	Percent
CANCER	24%
HEART	23%
STROKE	5%
CLRD	4%
UNINTENTIONAL INJURY	4%
PNEUMONIA OR FLU	3%
ALZHEIMER'S DISEASE	2%
KIDNEY	2%
DIABETES	2%
PARKINSON'S DISEASE	1%

Percent of all Deaths

Source: Vital Records, MCDPH

Age Adjusted Death Rates, Chronic Diseases

Death rates due to cancer and stroke are higher in Monroe County compared to NYS exclusive of NYC; however, rates for heart disease, chronic lower respiratory disease, and diabetes are lower.

Chronic Diseases, Age Adjusted Death
Monroe County, and NYS Exclusive of NYC, 2011-2013

■ Monroe County
☐ NYS minus NYC

Age adjusted rate per 100,000

Source: Vital Records, NYSDOH, http://www.health.ny.gov/statistics/chac/indicators/

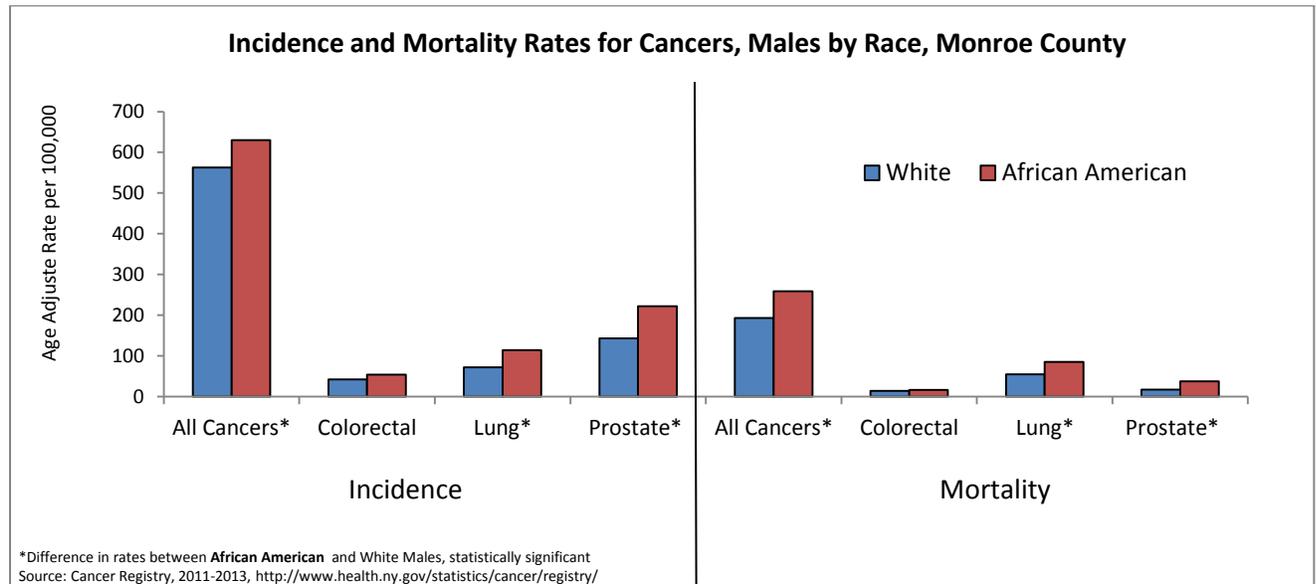# Cancer

Incidence and Mortality

Cancer is the leading cause of death in Monroe County. Each year there are over 4,000 new cases of cancer diagnosed and 1,500 deaths. The most common forms of cancers are: prostate, breast, lung/bronchus, and colorectal. These account for more than half of new cancer cases and cancer deaths.

Lung cancer is the leading cause of cancer deaths among both males and females. Colorectal cancer is the fourth most common form of cancer among men and women combined but the second leading cause of cancer deaths.

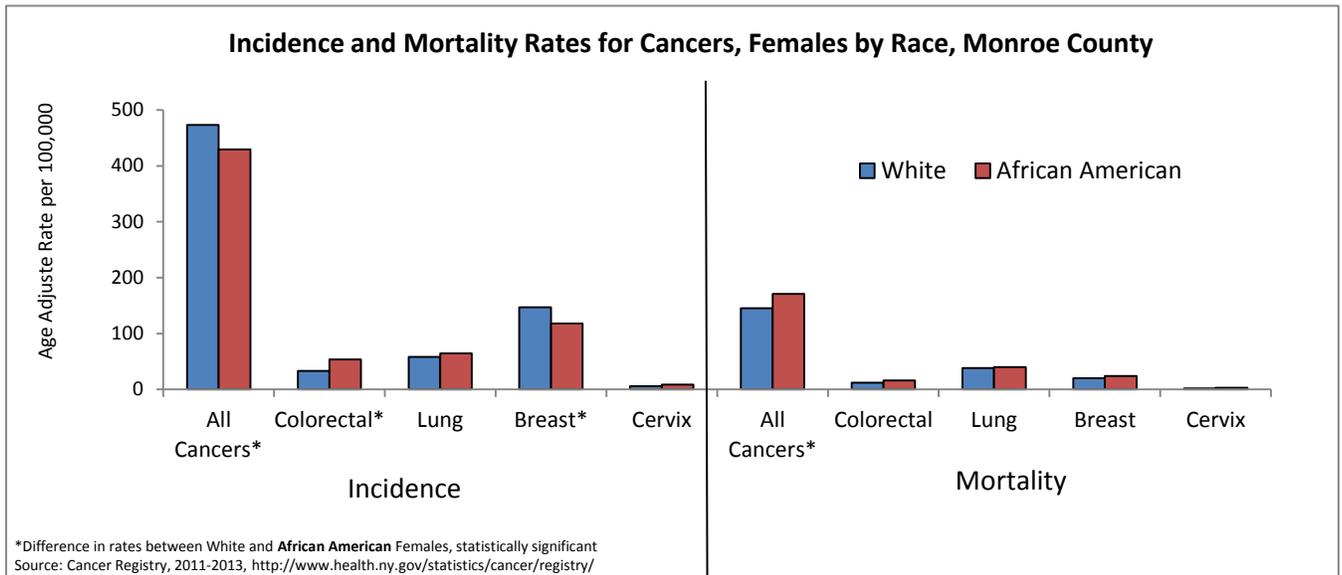| Average Annual Numbers of Newly Diagnosed Cases and Deaths By Cancer Type and Gender, Monroe County					
Males		Females		Both Genders Combined	
New Cases	Deaths	New Cases	Deaths	New Cases	Deaths
Prostate (595) Lung/Bronchus (283) Colorectal (165)	Lung/Bronchus (213) Prostate (65) Colorectal (55)	Breast (656) Lung/Bronchus (286) Colorectal (175)	Lung/Bronchus (191) Breast (107) Colorectal (67)	Breast (656) Prostate (595) Lung/Bronchus (569) Colorectal (340)	Lung/Bronchus (404) Colorectal (122) Breast (107) Prostate(65)
Source: Cancer Registry,2009-2013, NYSDOH, , http://www.health.ny.gov/statistics/cancer/registry					

Incidence and Mortality by Race

Incidence and mortality rates for all cancers combined, lung cancer, and prostate cancer are higher among African American males compared to White males. Colorectal cancer incidence and mortality rates among African American males are slightly higher than among White males, but the differences are not statistically significant.

Incidence and Mortality Rates for Cancers, Males by Race, Monroe County

*Difference in rates between **African American** and White Males, statistically significant
Source: Cancer Registry, 2011-2013, http://www.health.ny.gov/statistics/cancer/registry/

Among females, incidence rates for all cancers combined are higher among Whites, compared to African Americans, while mortality rates are higher among African Americans. For colorectal cancer, the incidence and mortality rates are higher among African American women compared to White women, although the difference in the mortality rates is not statistically significant. Lung cancer rates and cervical cancer rates are slightly higher among African American women compared to White women, but the differences are not statistically significant.

Breast cancer incidence is higher among White females compared to African American females. While death rates are slightly higher among African Americans, the difference is not statistically significant. Nationally, the lower incidence and higher mortality rates for breast cancer among African American women has been attributed to a combination of factors, including differences in stage at diagnosis, obesity and comorbidities, tumor characteristics, access to care, and response to high-quality cancer treatment.[1]

Incidence and Mortality Rates for Cancers, Females by Race, Monroe County

*Difference in rates between White and **African American** Females, statistically significant
Source: Cancer Registry, 2011-2013, http://www.health.ny.gov/statistics/cancer/registry/

The NYS Cancer Registry does not publish cancer rates for Latinos in Monroe County because of the small number of cases and the resulting variability in rates. Incidence and mortality rates for cancer among Latinos in NYS excluding NYC tend to be lower than rates among Whites and African Americans. The exception is for cervical cancers, where rates are higher among Latinos compared to Whites.[2]

Cancer Screening

The table on the next page, shows the United States Preventive Services Task Force[3] (USPSTF) recommendations for cancer screenings to detect cancer early, before it has a chance to grow and spread. Detecting cancer at an early stage increases chances of survival.

[1] American Cancer Society. Cancer Facts & Figures for African Americans 2016-2018. Atlanta: American Cancer Society, 2016. http://www.cancer.org/acs/groups/content/ @editorial/documents/document/acspc-047403.pdfhttp://www.cancer.org/acs/groups/content/@editorial/documents/document/acspc-047403.pdf
[2] http://www.health.ny.gov/statistics/cancer/registry/table5.htm
[3] https://www.uspreventiveservicestaskforce.org/

Type of Cancer	Screening Recommendation
Colorectal	Screening starting at age 50 years and continuing until age 75 years.
Breast	Women who are 50 to 74 years old and are at average risk for breast cancer get a mammogram every two years. Women who are 40 to 49 years old should talk to their doctor or other health care professional about when to start and how often to get a mammogram. Women should weigh the benefits and risks of screening tests when deciding whether to begin getting mammograms at age 40.
Cervical	Women age 21-29 get cervical cytology (Pap smear) every 3 years. Women age 30-65 have the option of Pap smears every 3 years or combined Pap smear/HPV testing every 5 years, with more frequent follow up if HPV testing is positive.
Lung	Annual screening with low-dose computed tomography (LDCT) in adults aged 55 to 80 years who have a 30 pack-year smoking history and currently smoke or have quit within the past 15 years. Screening should be discontinued once a person has not smoked for 15 years or develops a health problem that substantially limits life expectancy or the ability or willingness to have curative lung surgery.

The table below shows the percentage of Monroe County residents reporting they received the recommended USPTF cancer screenings. It should be noted that limitations to self- report screening data include some respondents "over-reporting" cancer screening, and/or being unable to accurately remember when their screening occurred. Screening rates for lung cancer are not available because screening recommendations were just released in the past few years.

% of Monroe County Adults Reporting Cancer Screening	
Screening	%(Confidence Interval)
Received colorectal cancer screening based on recent guidelines- age 50-75yrs	69%(62.0-74.8)
Received breast cancer screening based on recent guidelines-women age 50-74yrs	84%(76.4-89.2)
Received cervical cancer screening based on recent guidelines-women aged 21-65yrs	87%(81.5-90.5)

Source: Expanded Behavioral Risk Factor Survey, 2013-2014, NYSDOH

NYSDOH publishes colorectal and cervical cancer screening rates for those enrolled in Medicaid as shown in the table below.

% Medicaid Enrollees Who Received Cancer Screening , Monroe County Residents	
Screening	%
Received colorectal cancer screening based on recent guidelines- age 50-75yrs	43%
Received cervical cancer screening based on recent guidelines-women aged 21-65yrs	66%

Source: NYSDOH, 2013

Early Detection of Cancer

The table below shows the percentage of cancers that are diagnosed in the early stage in Monroe County.

% of Cancers Diagnosed Early, Monroe County			
Males		**Female**	
Lung	18%	**Lung**	24%
Colorectal	45%	**Colorectal**	43%
Prostate	74%	**Breast**	70%
		Cervical	34%
Source: Cancer Registry,2009-2013, NYSDOH , http://www.health.ny.gov/statistics/cancer/registry/			

Because of the variability with small numbers, the NYS Cancer registry does not publish early stage of diagnosis by race and Latino origin for counties. Early diagnosis rates by race are available for NYS excluding NYC as shown in the table below.

% of Cancers Diagnosed Early, by Race and Gender NYS Excluding NYC				
	Males		**Females**	
	White	**African American**	**White**	**African American**
Lung	21%	15%	24%	19%
Colorectal	42%	42%	40%	44%
Prostate	79%	81%	-	-
Breast	-	-	70%	59%
Cervical	-	-	44%	37%
Source: Cancer Registry,2009-2013, NYSDOH, , http://www.health.ny.gov/statistics/cancer/registry/				

Prevention of Cervical Cancer

Each year in Monroe County an average of 27 women are diagnosed with cervical cancer and 9 die of the disease.[4]

Human papillomavirus (HPV) infection is responsible for >99% of cervical cancers, 70% of vaginal cancers, 88% of anal cancers, and 50% of penile cancers.[5] HPV vaccine can prevent most cases of cervical cancer in females if it is given before exposure to the virus. In addition, it can prevent vaginal and vulvar cancer in females, and genital warts and anal cancer in both males and females. The HPV vaccine is recommended for preteen boys and girls at age 11 or 12 so they are protected before ever being exposed to the virus.[6]

According to the NYS Immunization Registry only 41.8% of adolescent females aged 13-17 in Monroe County had the recommended doses of HPV immunization in 2014.[7]

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[4] Source: Cancer Registry,2009-2013, NYSDOH, , http://www.health.ny.gov/statistics/cancer/registry
[5] Forman D, et al. 2012.*Global burden of human papillomavirus and related diseases.* Vaccine, suppl. 5, F12-23.)
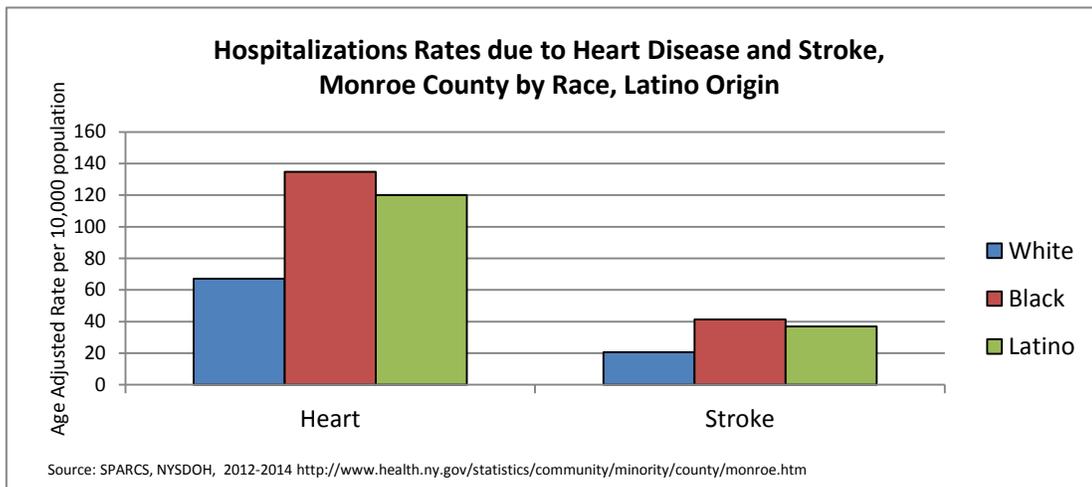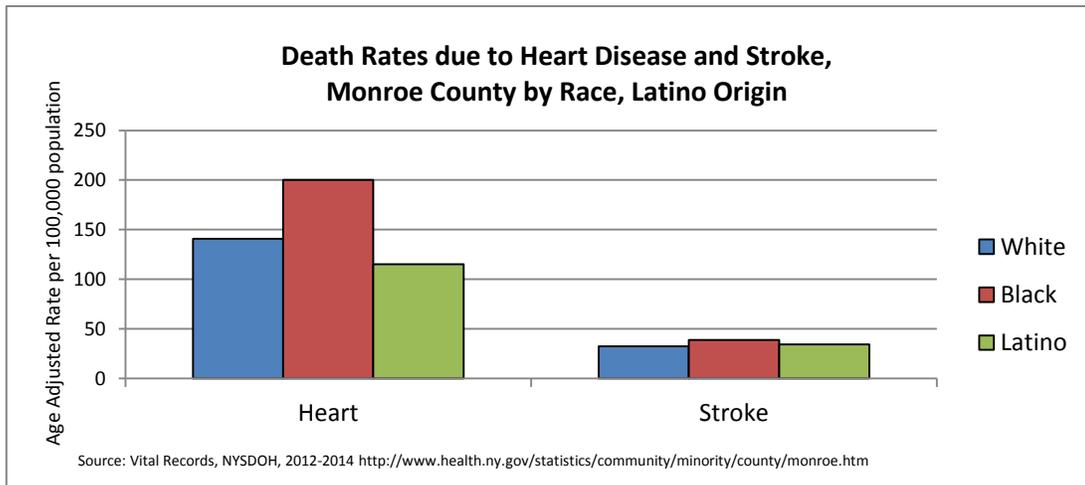[6]Markowitz LE, Dunne EF, Saraiya M, Chesson HW, Curtis CR, Gee J, Bocchini JA, Unger ER. 2014. *Human papillomavirus vaccination: recommendations of the Advisory Committee on Immunization Practices*. MMWR Recommendation Report, 63(RR-05):1.
[7] New York State Immunization Information System (NYSIIS), 2014

Cardiovascular Diseases (Heart Disease and Stroke)

Heart disease and stroke are the second and third leading causes of death in Monroe County. Each year, there are more than 1,400 deaths due to heart disease and 300 deaths due to stroke.
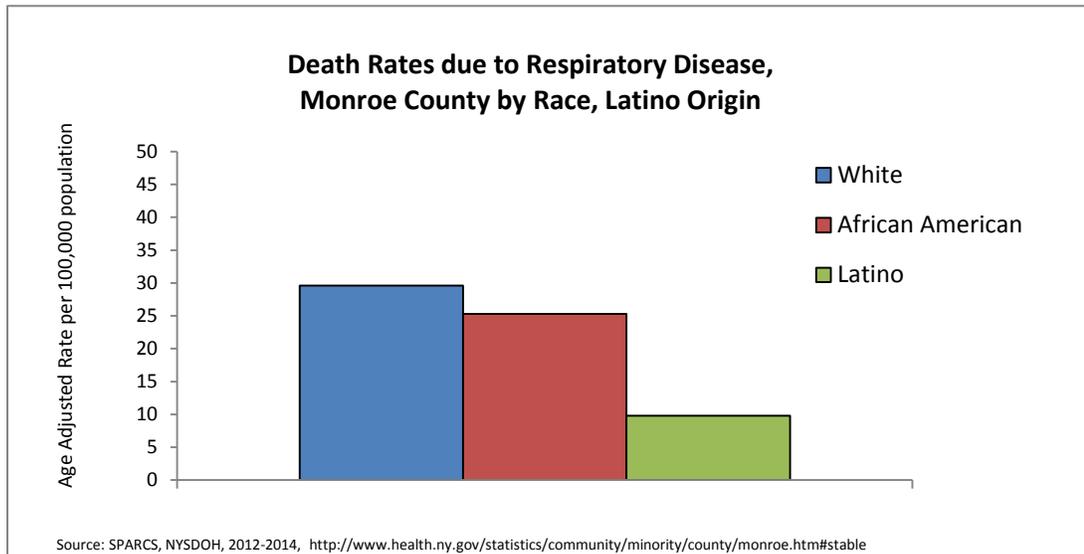
Rates of deaths and hospitalizations for cardiovascular diseases are higher among African Americans compared to Whites. Among Latinos, death rates are lower, but hospitalization rates are higher compared to Whites.

Death Rates due to Heart Disease and Stroke, Monroe County by Race, Latino Origin

(Age Adjusted Rate per 100,000 population)

Heart: White ~140, Black ~200, Latino ~115
Stroke: White ~33, Black ~40, Latino ~35

Legend: White, Black, Latino

Source: Vital Records, NYSDOH, 2012-2014 http://www.health.ny.gov/statistics/community/minority/county/monroe.htm

Hospitalizations Rates due to Heart Disease and Stroke, Monroe County by Race, Latino Origin

(Age Adjusted Rate per 10,000 population)

Heart: White ~67, Black ~135, Latino ~120
Stroke: White ~21, Black ~42, Latino ~37

Legend: White, Black, Latino

Source: SPARCS, NYSDOH, 2012-2014 http://www.health.ny.gov/statistics/community/minority/county/monroe.htm
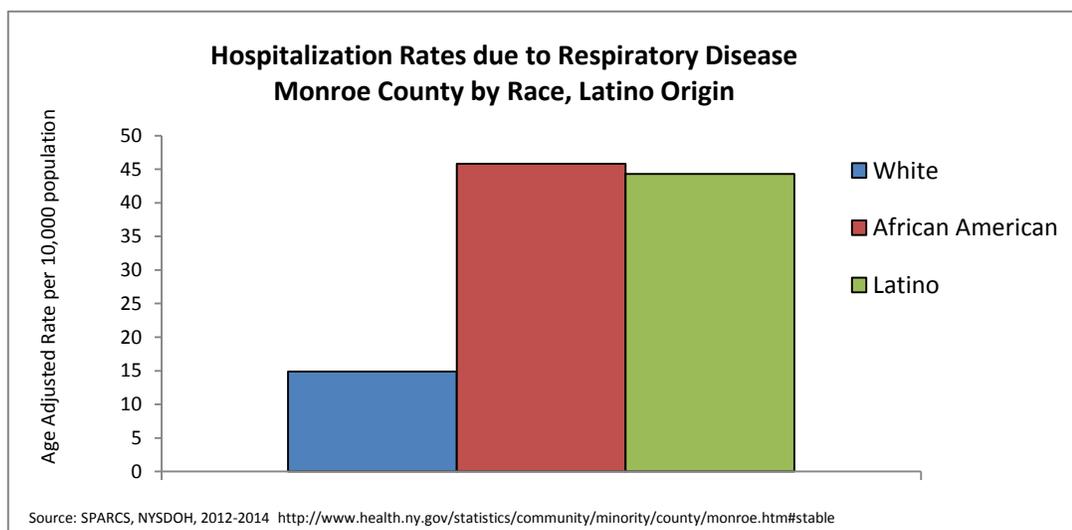
Respiratory Diseases

Respiratory diseases are the fourth leading cause of death in Monroe County resulting in more than 250 deaths per year.

Death rates due to respiratory disease are slightly higher among Whites, compared to African Americans. The rate among Latinos is based on less than 10 cases, so it is considered unreliable to determine if there is a disparity.

Death Rates due to Respiratory Disease, Monroe County by Race, Latino Origin

Source: SPARCS, NYSDOH, 2012-2014, http://www.health.ny.gov/statistics/community/minority/county/monroe.htm#stable

Hospitalization rates are higher among African Americans and Latinos compared to Whites.

Hospitalization Rates due to Respiratory Disease Monroe County by Race, Latino Origin

Source: SPARCS, NYSDOH, 2012-2014 http://www.health.ny.gov/statistics/community/minority/county/monroe.htm#stable

High Blood Pressure and Diabetes

Two risk factors for heart disease include high blood pressure and diabetes. Thirty - percent (30%) of Monroe County adults ages 18 and older have high blood pressure, and 10% have diabetes.

There are disparities by race and Latino origin.

Ever Told by a Doctor or Health Professional that they have Diabetes or High Blood Pressure Adults Ages 18+, 2013-2014 (% of population)	African American	Latino	White
High Blood Pressure	43	20	31
Diabetes	26*	15	7*
*Difference between White and Black Statistically Significant Source: Expanded Behavioral Risk Factor Survey, NYSDOH, 2013-2014			

Controlling diabetes and high blood pressure is important to prevent complications, including heart disease and stroke.

Approximately 70% of those with high blood pressure in Monroe County have blood pressure readings below 140/90, which is considered under control. Control rates are lower among African Americans (59%) and Latinos (61%) compared to Whites (73%). Rates are lower among those who live in low SES zip codes[8] (62%), which are mostly city zip codes, compared to those who reside in the remaining zip codes in Monroe County (74%). [9]

Hospitalization rates due to short-term complications from diabetes provide an indication of poor diabetes control. The graphic below shows that African Americans are five times more likely and Latinos are two times more likely than Whites to be hospitalized due to short-term complications from diabetes.
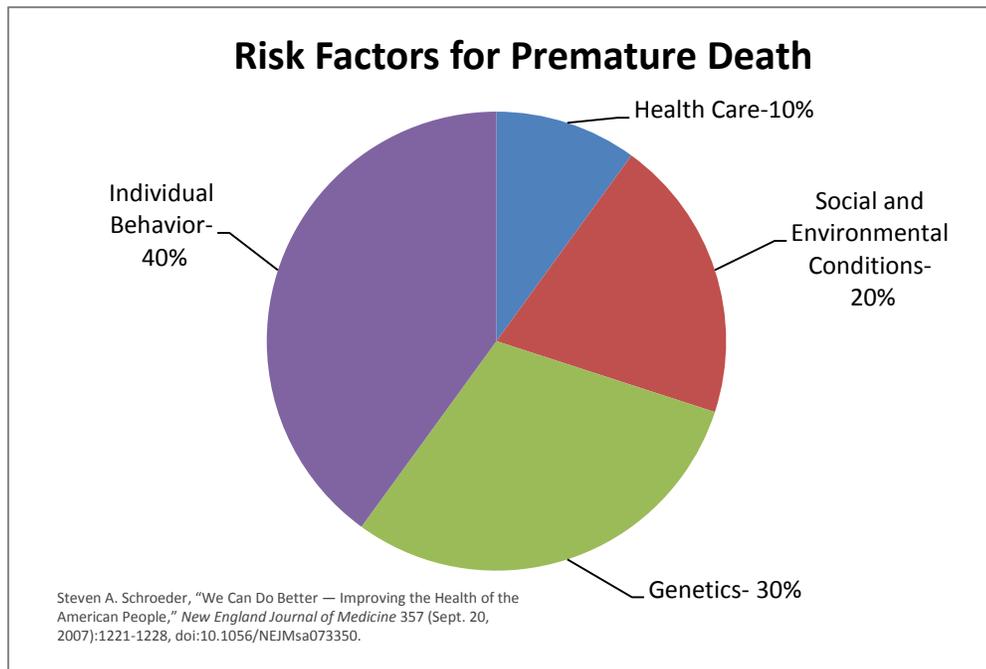
Hospitalization Rates due to Short-term Complications from Diabetes Monroe County by Race, Latino Origin

Source: SPARCS, NYSDOH, 2012-2014, http://www.health.ny.gov/statistics/community/minority/county/monroe.htm

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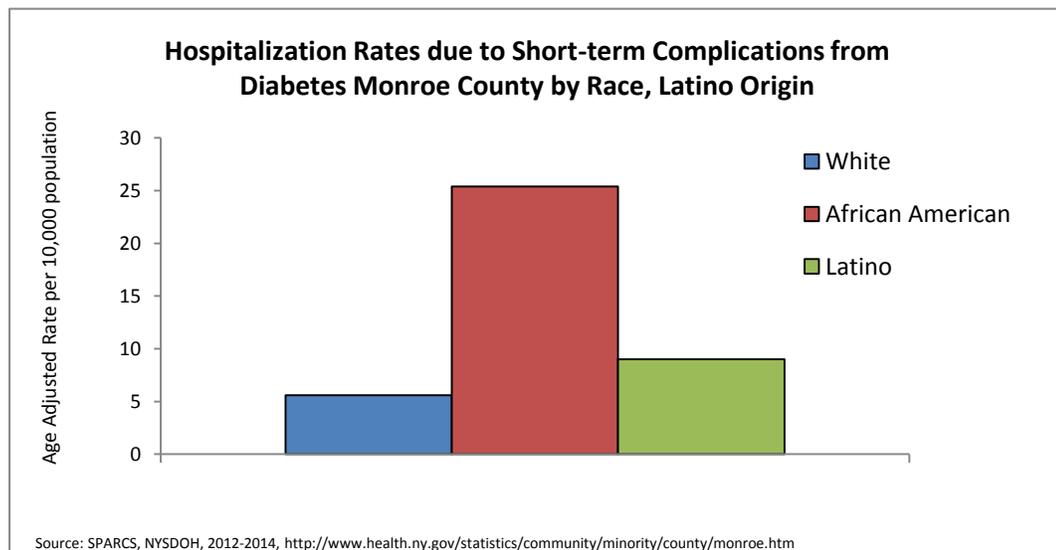
[8] Low SES=Low socio-economic status, Include many zip codes in the City of Rochester with high rates of poverty and low educational status: 14604, 14605, 14606, 14608, 14609, 14611, 14613, 14619, 14621
[9] Finger Lakes Health Systems Agency High Blood Pressure Registry, June 2016

Health Disparities

One of the most significant health challenges in our community is health disparities by race and residence.

Significant research shows that while medical care is important, it only plays a small role in preventing premature death.[10] Behaviors like smoking, healthy eating, and physical activity also play an important role.[11] Further, economic, social and environmental factors impact health care and shape an individual's opportunity to engage in healthy behaviors.

Risk Factors for Premature Death

- Health Care-10%
- Social and Environmental Conditions- 20%
- Genetics- 30%
- Individual Behavior- 40%

Steven A. Schroeder, "We Can Do Better — Improving the Health of the American People," *New England Journal of Medicine* 357 (Sept. 20, 2007):1221-1228, doi:10.1056/NEJMsa073350.

On the following pages are indicators and maps of economic, social, and environmental risks in the City of Rochester. Additionally there are estimates of health behaviors, and disease prevalence produced by the 500 Cities Project of the CDC. More information on these data can be found in the appendix on page 27.

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[10] J. Michael McGinnis and William H. Foege, "Actual Causes of Death in the United States," *The Journal of the American Medical Association* 270, no. 18 (Nov. 10, 1993):2207-2212, doi:10.1001/jama.1993.03510180077038 and Ali H. Mokdad et al., "Actual Causes of Death in the United States," *The Journal of the American Medical Association* 291, no. 10 (March 10, 2004):1238-1245, doi:10.1001/jama.291.10.1238.
[11] Steven A. Schroeder, "We Can Do Better — Improving the Health of the American People," *New England Journal of Medicine* 357 (Sept. 20, 2007):1221-1228, doi:10.1056/NEJMsa073350.

Having limited financial resources impacts access to health care as well as the ability to pay for medication and purchase healthy food. An estimated 15% of Monroe County residents and 34% of City residents live in households with incomes below the poverty level. Rates are highest among African Americans and Latinos and there is a concentration of poverty in the northeast, northwest, and southwest areas of the City of Rochester.

% of the Population Living in Poverty	Monroe County	City of Rochester
Total population	15%	34%
By Race/Latino Origin		
White, Not Latino	9%	20%
African American	36%	42%
Latino (of any race)	35%	44%
Source: 2010-2014 American Community Survey 5-year estimates., US Census Bureau		
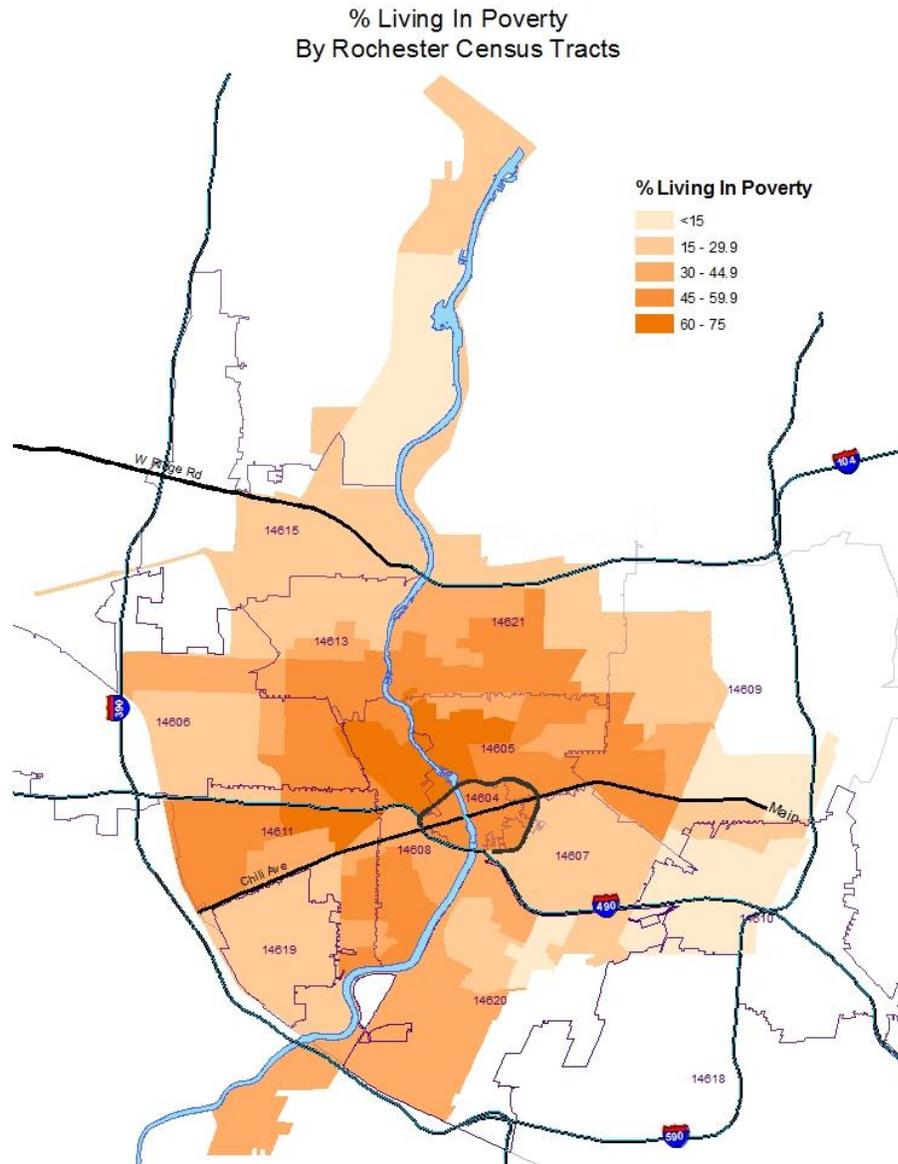
% Living In Poverty
By Rochester Census Tracts

Map produced by Monroe County Department of Public Health
Source: American Community Survey, 2010-2014 US Census

Low educational status and literacy levels make it challenging to understand and manage chronic diseases. A low graduation rate in the City of Rochester is a major issue for the community, with only about half of students entering ninth grade and graduating four years later. The high school graduation rate county-wide in 2014 was 82%. (Source: NYS Education Department)

Ten percent of Monroe County adults aged 25 years and older do not have a high school diploma. The percentages are highest in the northeast, northwest, and southwest areas of the City of Rochester.

% of Adults >=25 Years Old, By Educational Status	Monroe County	City of Rochester
less than HS	10%	20%
HS grad/GED	25%	28%
Some College or Associates Degree	29%	28%
Bachelor's Degree or Higher	36%	24%
Source: 2010-2014 American Community Survey 5-year estimates., US Census Bureau		

Educational Attainment,
% of Aduts age 25 Years and Older
With Less than a High School Diploma
By Rochester Census Tracts
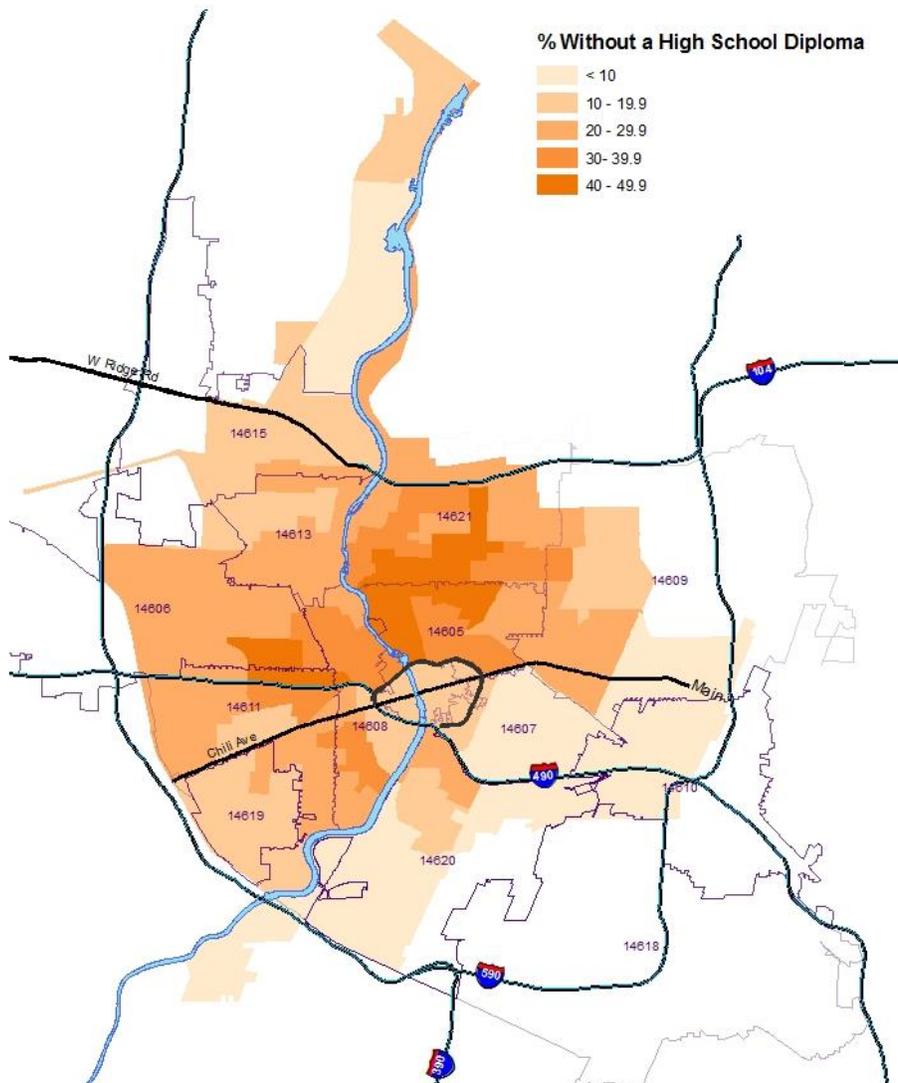
% Without a High School Diploma
- < 10
- 10 - 19.9
- 20 - 29.9
- 30- 39.9
- 40 - 49.9

Map produced by Monroe County Department of Public Health
Source: American Community Survey, 2010-2014 US Census

Environmental conditions including poor housing can negatively affect heath. For example, mold in a house due to leaking roof, can impact asthma. One indicator of poor housing quality is (number or percent) vacant housing structures. There is growing evidence that the presence of vacant buildings and lots have negative impacts on community health and safety.[12] In addition, vacant housing affects property values which impacts overall housing quality in a community. The map below illustrates that vacant structures are more common in the northeast, northwest and southwest areas of the City of Rochester.

% Vacant Structures
By Rochester Census Tracts
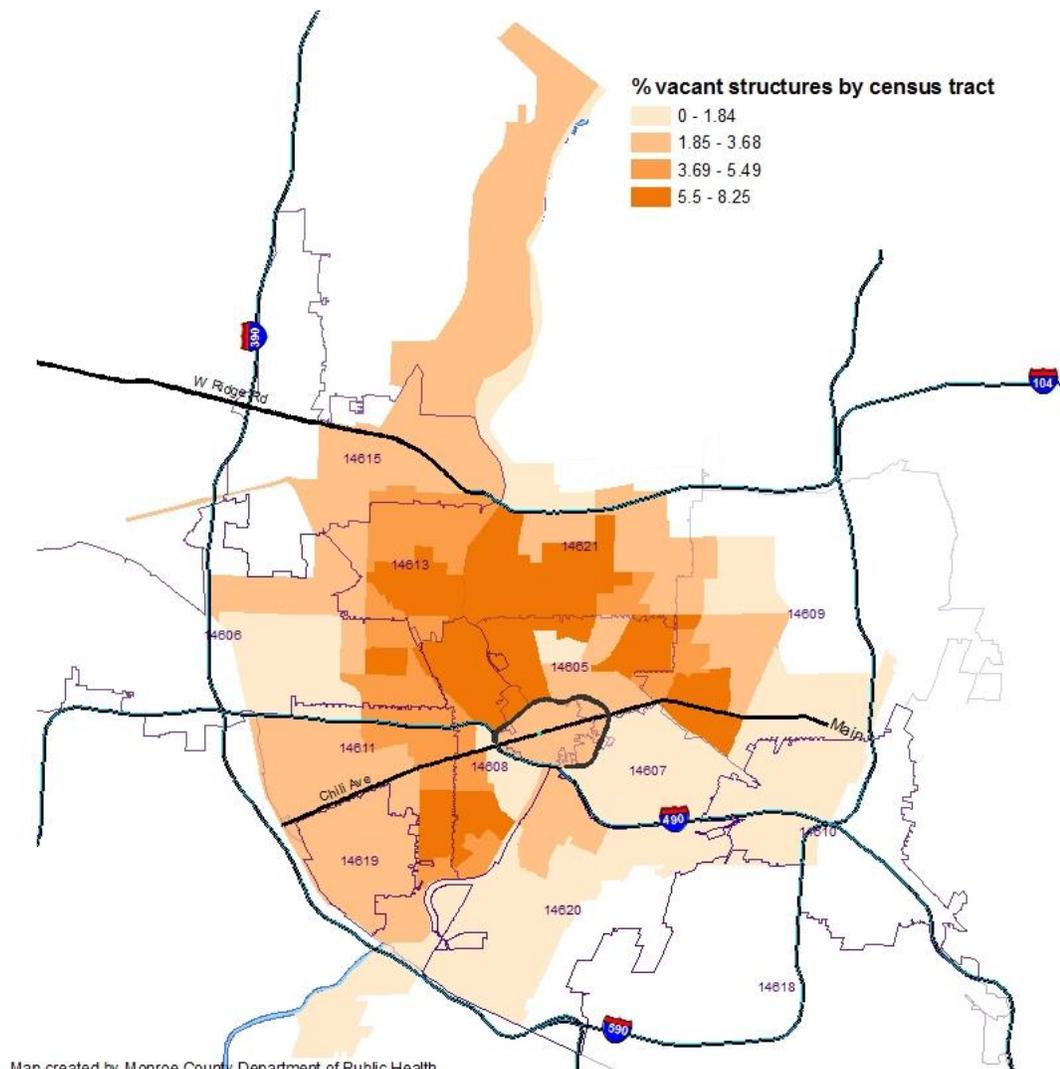
Map created by Monroe County Department of Public Health

Data from City of Rochester.
Vacant structures are classified in BIS by one of several
indicating violation edit codes,
PC890, PC760 & GT890 indicate a
privately owned vacant structure,
BC010 indicates a privately owned fire damaged
 vacant structure and CO890 indicates
a City owned vacant structure. As of December 15, 2014

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[12] Cohen DA, Mason K, Bedimo A, et al. (2003) Neighborhood physical conditions and health. American Journal of Public Health 93(3): 467–471.

High crime rates and fear of crime often prevent people from engaging in healthy behaviors. According to informal interviews with Rochester parents, crime is a barrier to children walking to school. [13]

The violent crime rate per Monroe County as a whole is 3.19 crimes per 1000 residents. [14] More than 70% of violent crimes in Monroe County occur in the City of Rochester, with certain neighborhoods disproportionately affected.

Violent Crime Rate per 1,000 Population
By Rochester Census Tracts

Violent Crime Rate
- < 5
- 5 - 9.9
- 10 - 14.9
- 15 - 19.9
- 20 - 25

Map Created by Monroe County Department of Public Health Source: Rochester Police Department
2014 crime data, violent crime includes
homicides, rapes, robberies, and aggravated assaults   http://www.cityofrochester.gov/neighborhooddatamap
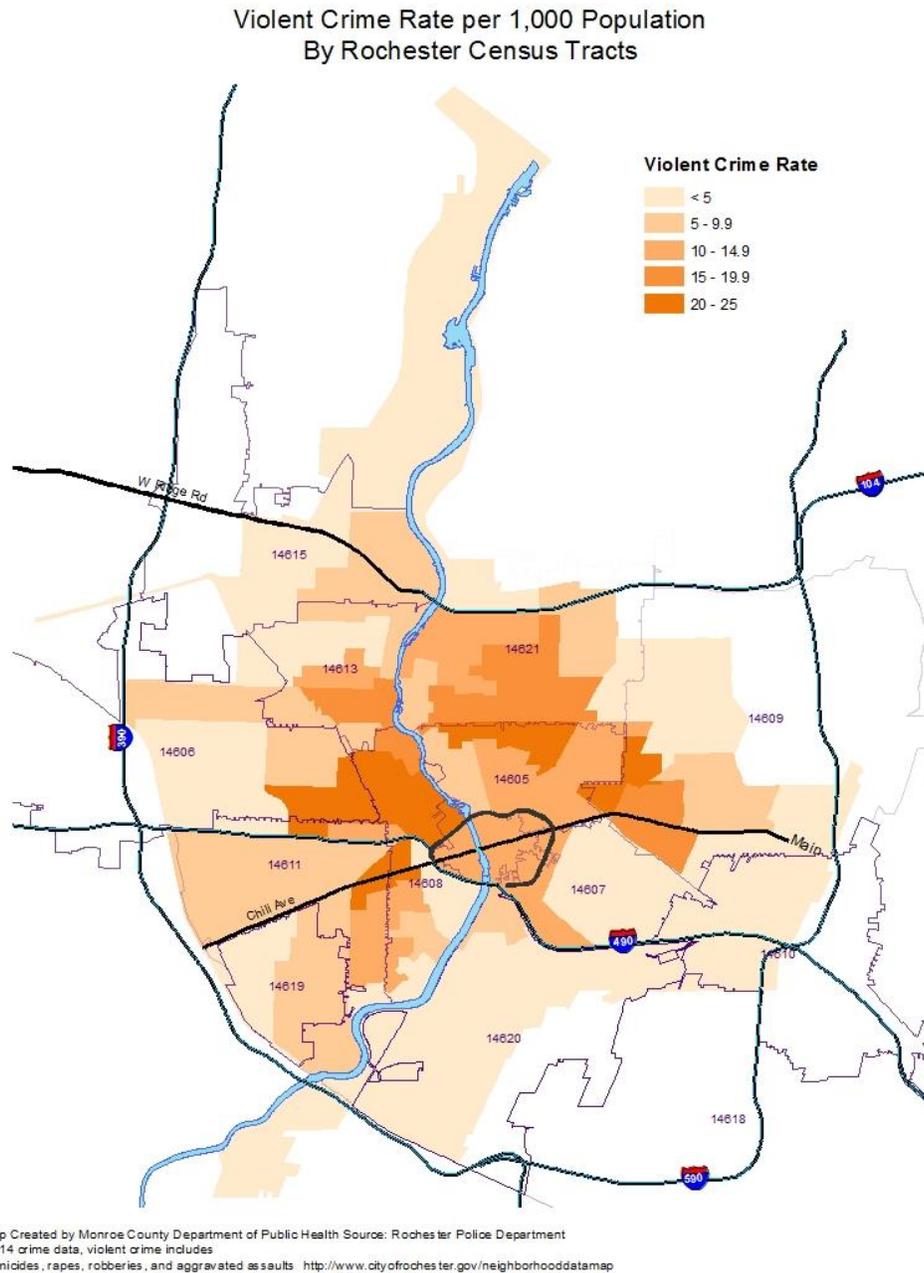
[13] "Improving Walkability Around Rochester's Schools. Healthi Kids Report, August, 2015.
https://www.commongroundhealth.org/Media/Default/Publications/Healthi%20Kids%20Report%20-%20Walkability%20in%20Rochester's%20Southwest%20Neighborhood-20151104095537.pdf
[14] Source: 2014-2015, DCJS, Uniform Crime Reporting system (as of 9/6/2016). Rate based on 2010 Census population

Environmental factors like stores that market and sell tobacco and unhealthy food options can deter individuals from practicing healthy behaviors. In Monroe County, there are 624 tobacco retailers, with more than half located in the City of Rochester.   Nationally, 95% of the tobacco industry's nine billion dollar marketing budget is spent on in store marketing.[15] Exposure to tobacco advertising can lead to an increase in initiation of smoking among youth.[16]

Location of Tobacco Retailers
Monroe County, NY
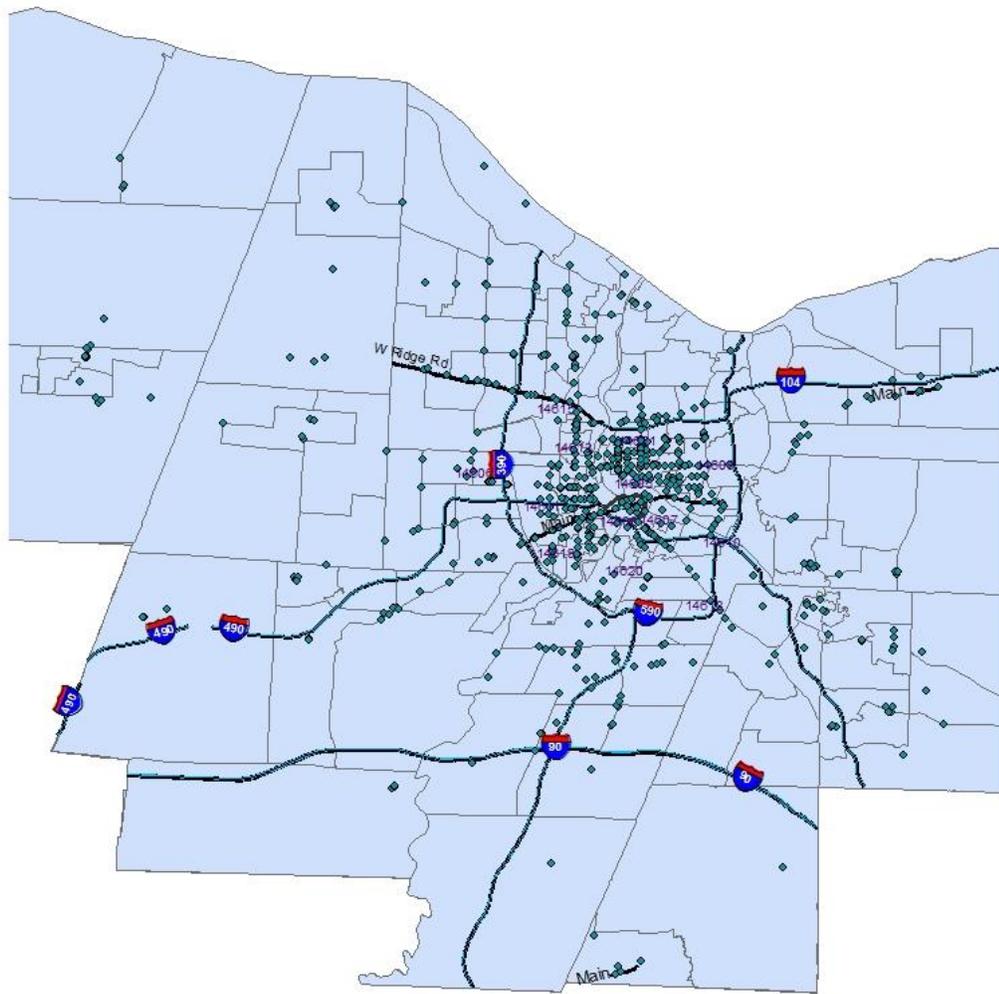
Created by Monroe County Department of Public Health.
NYS DEPARTMENT OF TAXATION
https://data.ny.gov/browse?q=tobacco%20&sortBy=relevance&utf8=%E2%9C%93

[15]http://www.tobaccopolicycenter.org/documents/2014%20Marketing%20Expenditures%20Fact%20Sheet%2012-16%20(2).pdf
[16] http://www.tobaccopolicycenter.org/documents/Number%20Density%20Location_Oct%202013%20-%202016-02-25.pdf

An estimated 15% of Monroe County residents smoke cigarettes. Smoking rates are significantly higher in city neighborhoods with the highest concentration of tobacco retailers.

Estimated % of Adults Who Smoke
By Rochester Census Tracts and
Location of Tobacco Retailers
Rochester, NY
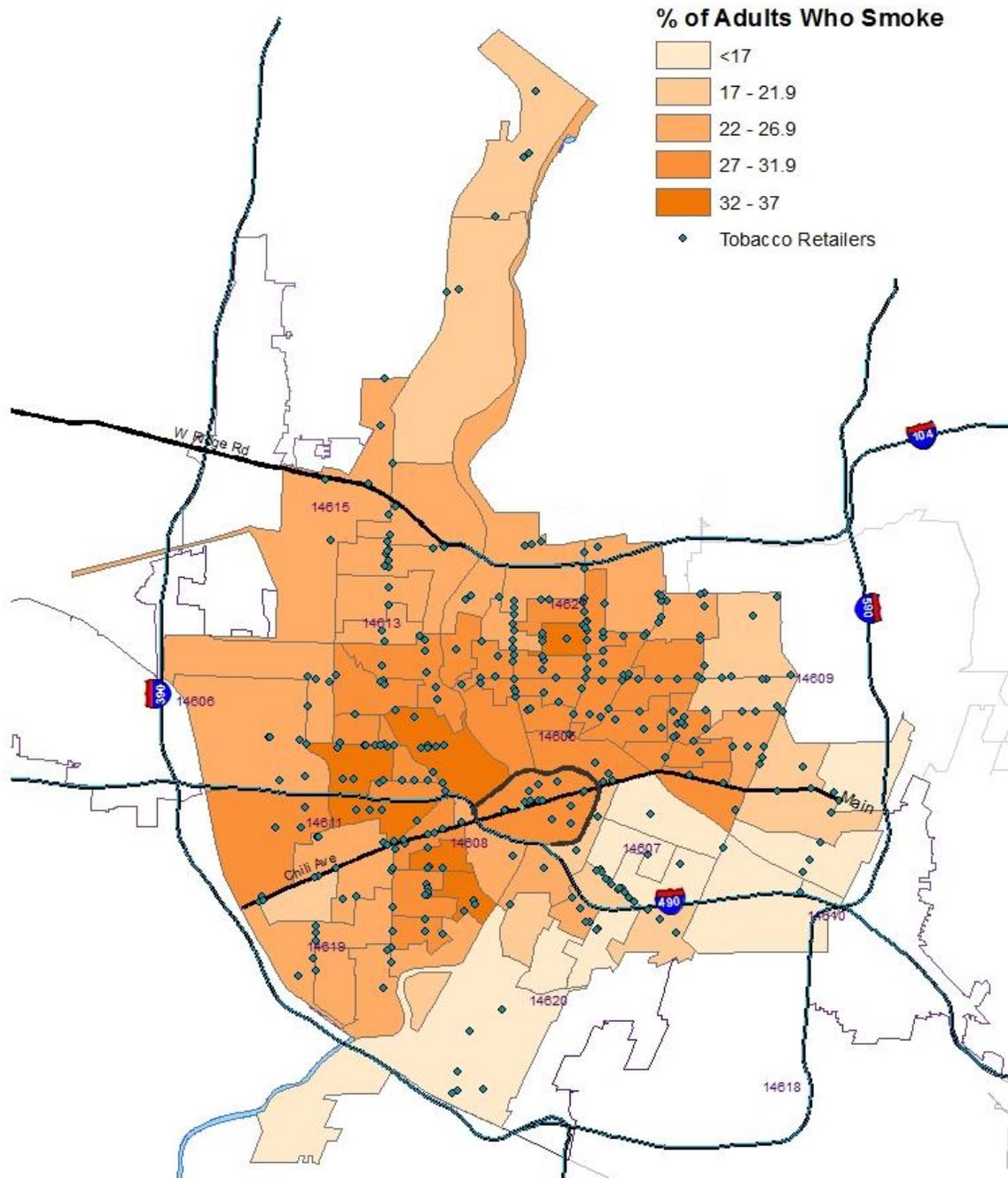
% of Adults Who Smoke
- <17
- 17 - 21.9
- 22 - 26.9
- 27 - 31.9
- 32 - 37
- ◆ Tobacco Retailers

Map created by Monroe County Department of Public Health.
Source: 500 Cities Project, CDC, 2013-2014 <http:cdc.gov/500cities/> and NYS Department of Taxation

In Monroe County, it is estimated that 27% of adults did not participate in leisure time physical activity in the past month, with significantly higher rates in the City.

Estimated % of Adults Who
Did Not Engage in Leisure-Time Physical Activity
In the Past Month
By Rochester Census Tracts
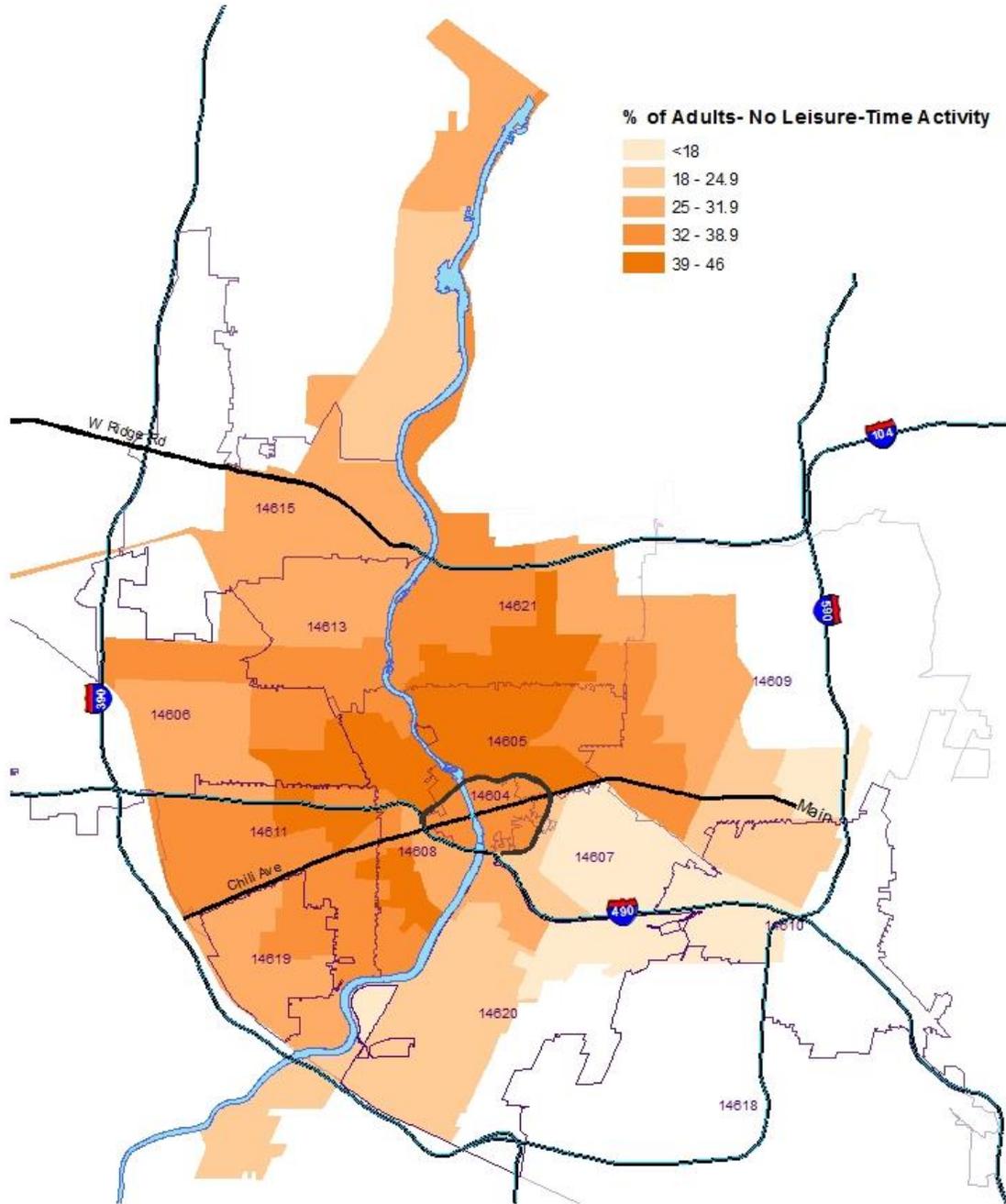
% of Adults- No Leisure-Time Activity

- <18
- 18 - 24.9
- 25 - 31.9
- 32 - 38.9
- 39 - 46

Map Created by Monroe County Department of Public Health
Source: 500 Cities Project, CDC. 2013-2014. <http://www.cdc.gov/500cities/.>

An estimated 24% of Monroe County adults are in the obese weight category range. The prevalence is significantly higher in the City of Rochester.

Estimated % of Adults In the Obese Weight Category
By Rochester Census Tracts
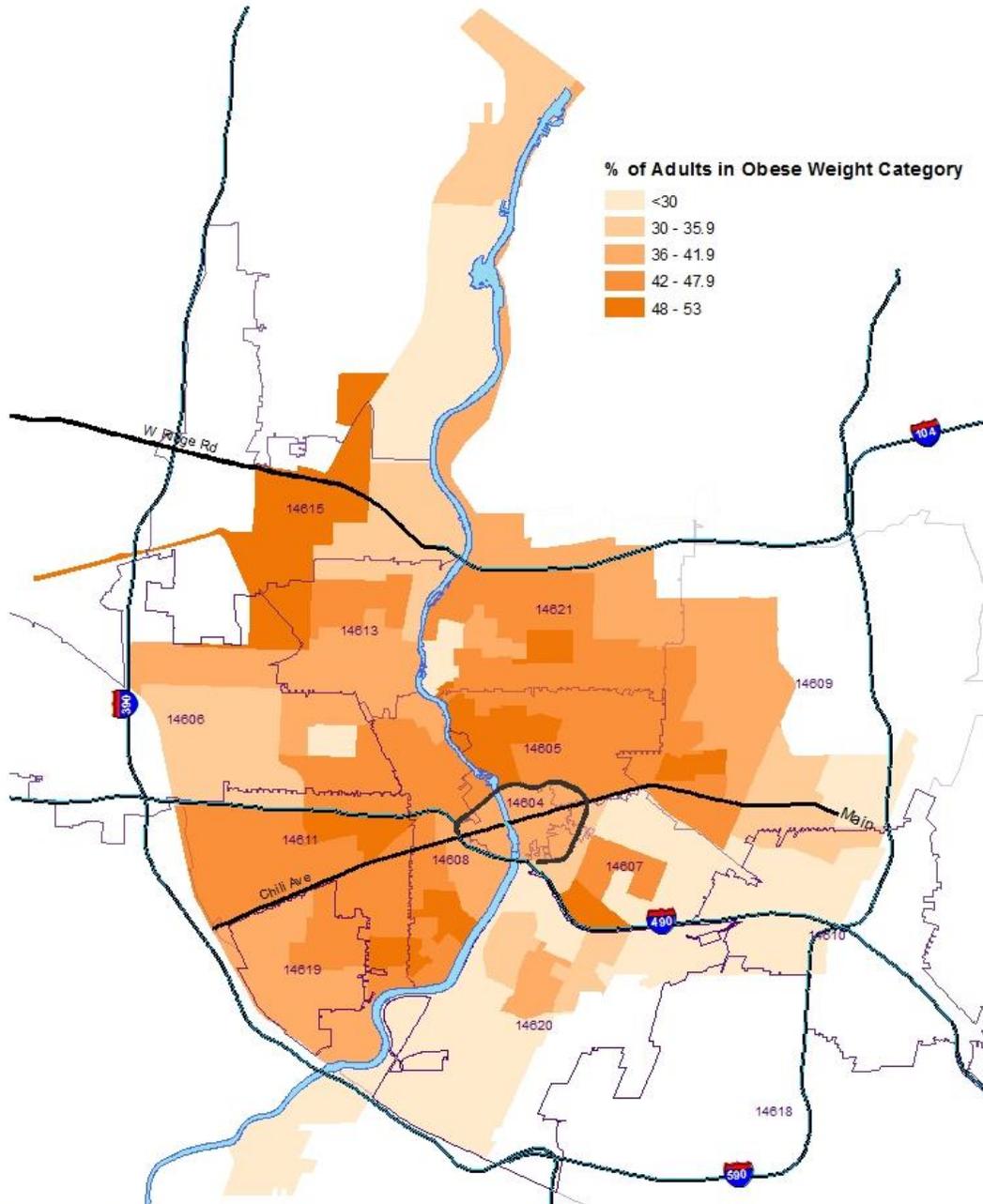
% of Adults in Obese Weight Category

- <30
- 30 - 35.9
- 36 - 41.9
- 42 - 47.9
- 48 - 53

Map Created by Monroe County Department of Public Health
Source: 500 Cities Project, CDC. 2013-2014. <http://www.cdc.gov/500cities/.>

An estimated 30% percent of adults in Monroe County have been diagnosed with high blood pressure by a physician. In some neighborhoods within the City of Rochester, the rate is estimated to be higher than 45%.

Estimated % of Adults with Physician Diagnosed
High Blood Pressure
By Rochester Census Tracts
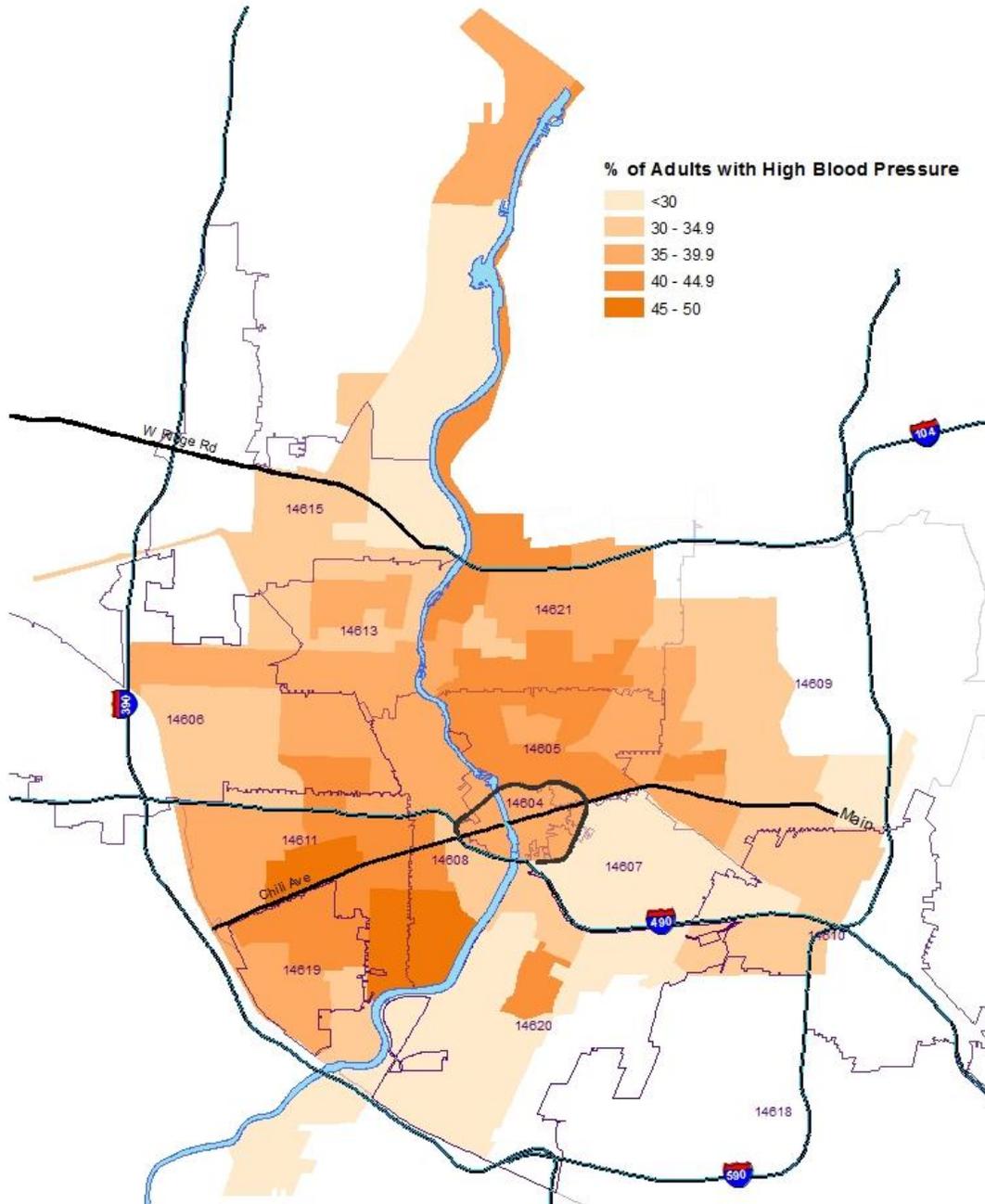
% of Adults with High Blood Pressure

- <30
- 30 - 34.9
- 35 - 39.9
- 40 - 44.9
- 45 - 50

Map Created by Monroe County Department of Public Health
Source: 500 Cities Project, CDC. 2013-2014. <http://www.cdc.gov/500cities/.>

The estimated prevalence of diabetes among adults in Monroe County is 10%. In certain City neighborhoods the rate is as high as 20%.
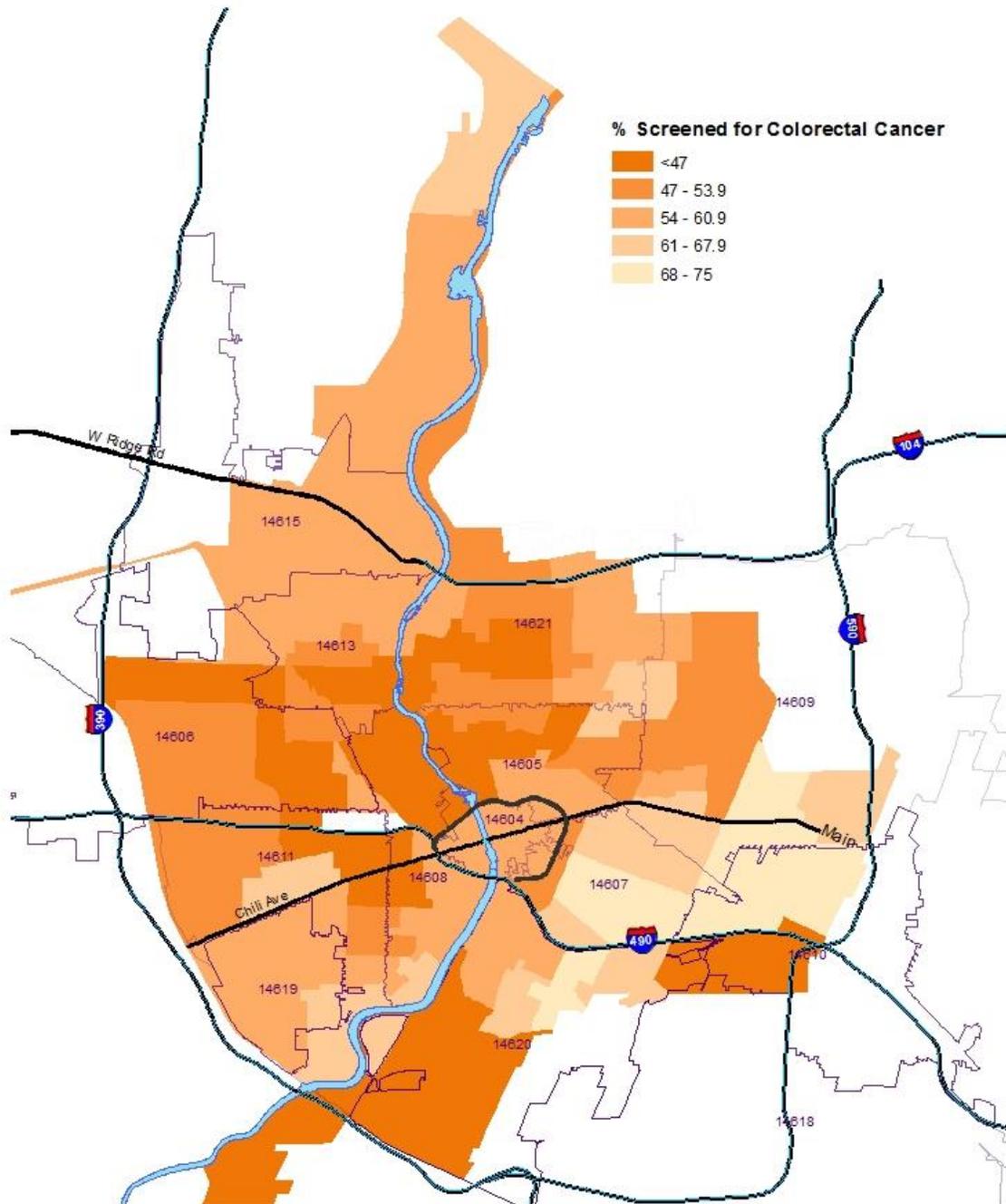
Estimated % of Adults with Physician Diagnosed Diabetes
By Rochester Census Tracts
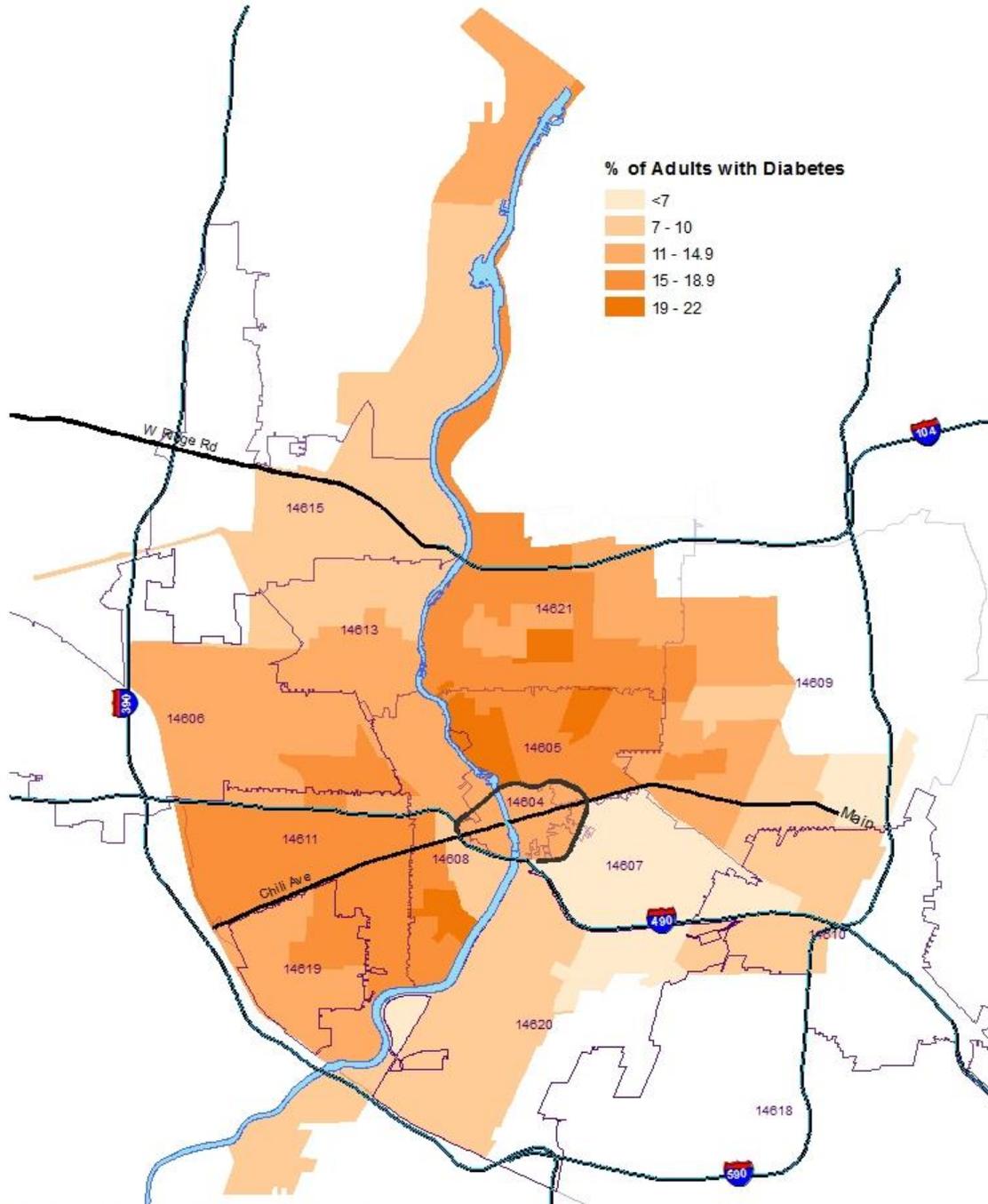
Map Created by Monroe County Department of Public Health
Source: 500 Cities Project, CDC. 2013-2014. <http://www.cdc.gov/500cities/.>

The estimated prevalence of asthma among adults in Monroe County is 10%. Poor housing quality can impact respiratory health . Asthma rates are highest in the southwest, northeast, and northwest neighborhoods . These neighborhoods also have high rates of vacant housing as shown previously on page 13.

Estimated % of Adults with Physician Diagnosed Asthma By Rochester Census Tracts
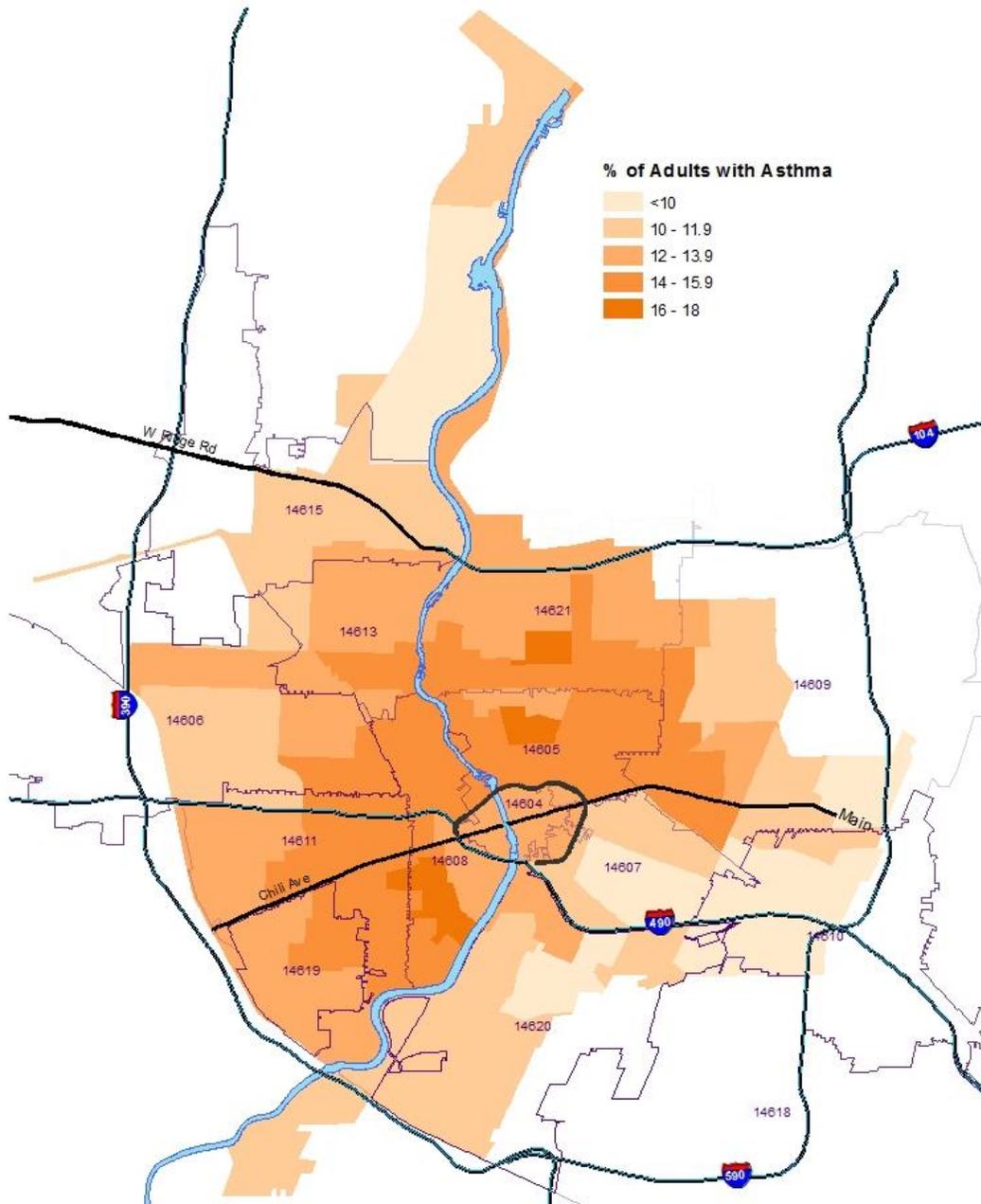
% of Adults with Asthma

- <10
- 10 - 11.9
- 12 - 13.9
- 14 - 15.9
- 16 - 18

Map Created by Monroe County Department of Public Health
Source: 500 Cities Project, CDC. 2013-2014. <http://www.cdc.gov/500cities/.>

An estimated 69% of Monroe County residents received recommended colorectal cancer screening, with lower rates in the City of Rochester.

Estimated % of Adults Ages 50-75
Screened for Colorectal Cancer (CRC)
By Rochester Census Tracts

% Screened for Colorectal Cancer
- <47
- 47 - 53.9
- 54 - 60.9
- 61 - 67.9
- 68 - 75

An estimated 84% of Monroe County women ages 50-74 received a mammogram in the past two years. Rates are lower within the City of Rochester.

Estimated % of Women Ages 50-74
Received a Mammogram According to Guidelines
By Rochester Census Tracts
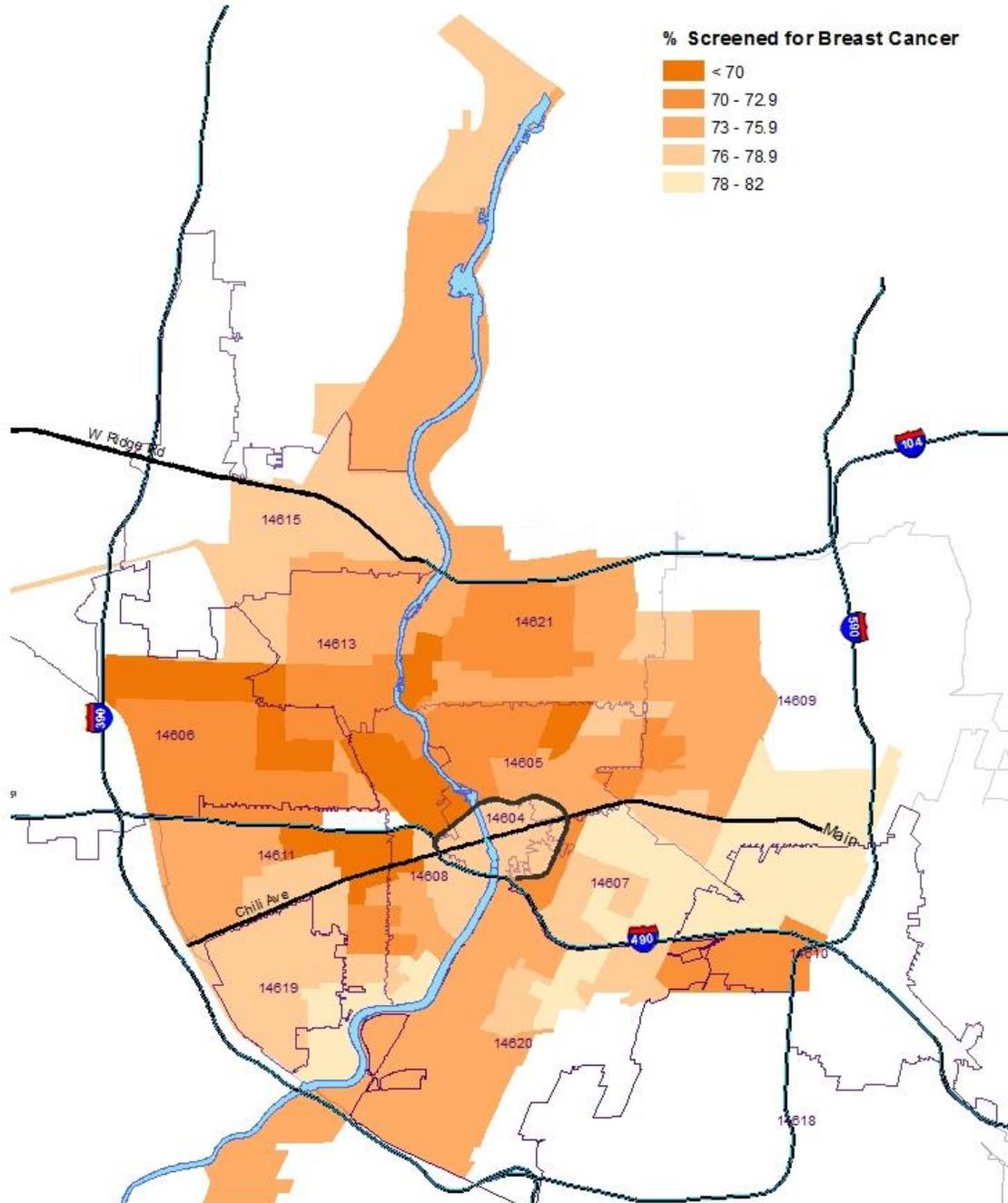
Map Created by Monroe County Department of Public Health
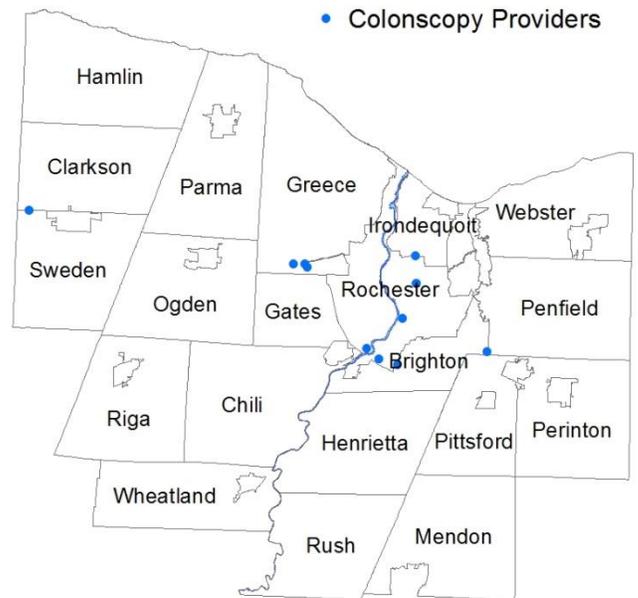Source: 500 Cities Project, CDC. 2013-2014. <http://www.cdc.gov/500cities/.>

For those with limited transportation options, access to cancer screening sites may be a barrier. The maps below show the location of mammography and colonoscopy provider sites in Monroe County in 2017.

Location of Mammography Providers in Monroe County
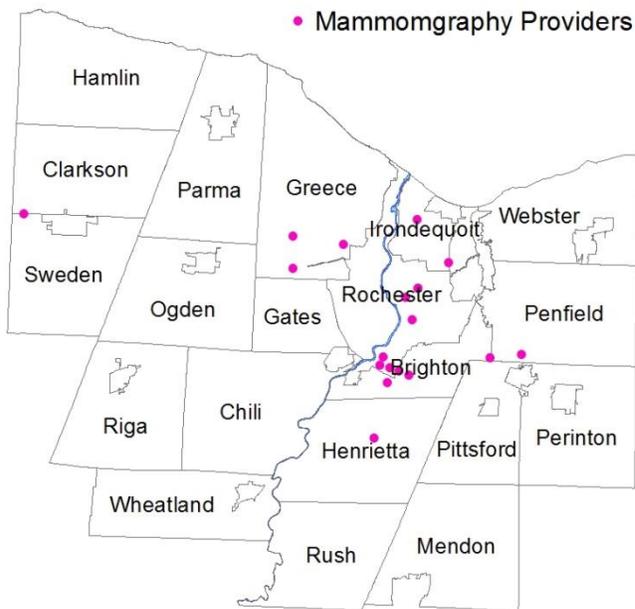
Location of Colonoscopy Providers in Monroe County

Discussion

Chronic diseases are the leading causes of death in Monroe County. There are significant racial/ethnic and geographic disparities in mortality, prevalence and risks. Addressing health literacy, cultural sensitivity, and social, economic and environmental contributors are imperative to reducing these disparities.

There are many efforts underway in Monroe County and the region focusing on these issues.   While none of these are led by the Monroe County Department of Public Health (MCDPH), staff members are involved in supportive roles by serving on coalitions, providing data for prioritizing, targeting and evaluation, and working to improving linkages among community programs and between programs and health care providers. MCDPH will continue to identify opportunities to partners with these organizations to reduce disparities in chronic disease.

Below are some of these interventions, along with web site links to access additional information. It should be noted that this is not an exhaustive list of all programs.

The African American and Latino Health Coalitions convened by the Common Ground Health(formerly FLHSA) - set priorities and develop strategies for addressing health disparities including chronic diseases. https://www.flhsa.org/initiatives/convening

Finger Lakes Performance Provider System (FLPPS)- is regional partnership of hospitals, health care providers and community based organization developing an integrated health care system to improve population health and clinical outcomes while lowering systems costs for patients enrolled in Medicaid. A cultural competence and health literacy strategy has been development and will be implemented. https://flpps.org/Workstreams/Cultural-Competency-Health-Literacy

FOODLINK – programs to improve access to healthy foods in inner city neighborhoods and nutrition education programs. http://foodlinkny.org/fight_hunger/programs-initiatives/#tab-3

Smoking and Health Action Coalition of the American Lung Association – priorities include promoting policies to reduce tobacco marketing, promoting smoke free outdoors and promoting smoke free housing. http://www.smokefreemonroe.com/#

Health Systems for a Tobacco Free Finger Lakes, UR Medicine-provides training and technical assistance to healthcare providers to implement systems to identify and effectively treat individuals with tobacco dependence.

University of Rochester Center for Community Health – programs include : Family, Food and Fun - offering programming in housing facilities to help families stay physically active and live healthy lifestyles together; Healthy Living Program/Vida en Salud - community-based fitness and health education programs aimed at helping African Americans and Latinos adopt healthy lifestyles. https://www.urmc.rochester.edu/community-health/programs-services.aspx

Healthi Kids- Common Ground Health (Formerly FLHSA) – works to promote policy changes to improve access to healthy foods, and safe places to play and be active. http://www.healthikids.org/

City of Rochester Active Transportation Planning and Implementation – Since the summer of 2011, the City of Rochester has installed 64 lane miles of on-street bicycle facilities, with 30 more miles to be installed in 2016-17. http://www.cityofrochester.gov/bikerochester/

The Traffic Safety Public Education Campaign Working Group is focused on safety education around the city's new bike lanes and the rules of the road. The group includes representatives from transit and pedestrian organizations, Rochester and Monroe County government, the Rochester Police Department and the Injury Free Coalition for Kids.

Cancer Services Program of Monroe County, University of Rochester Center for Community Health - offers free cancer screenings for men and women, ages 40-64, with little or no insurance. https://www.urmc.rochester.edu/community-health/programs-services/cancer-services-program.aspx

Additionally, volunteer health organizations including the American Diabetes Association, the American Heart Association, the American Lung Association and the American Cancer Society all have programs to address issues around chronic diseases.

Appendix

500 Cities Estimates
These estimates were produced by the CDC using small area estimation (SAE) methodology called multilevel regression and post stratification (MRP) that links geocoded health surveys and high spatial resolution population demographic and socioeconomic data to produce local level health related estimates. This approach also accounts for the associations between individual health outcomes, individual characteristics, and spatial contexts and factors at multiple levels (e.g., state, county). The approach also predicts individual disease risk and health behaviors in a multilevel modeling framework and estimates the geographic distributions of population disease burden and health behaviors at city and census tract level. All data presented are model-based estimates that reflect the statistically expected prevalence of each measure. These small area estimates tend to have narrow confidence ranges and may underestimate some areas with high prevalence or overestimate some areas with low prevalence. Because the small area model cannot detect effects of local interventions, users are cautioned against using these estimates for program or policy evaluations.

Data was obtained from the CDC Behavioral Risk Factor Surveillance System (BRFSS) 2013, 2014, the Census Bureau 2010 census population data, American Community Survey 2009-2013 and 2010-2014 estimates, and Esri ArcGIS Online base maps.