

Tonawanda Area Health Statistics Review

Proposed Study Area

James Bowers, MPH
NYS Department of Health
Bureau of Environmental
& Occupational Epidemiology



Take Home Message

NYS DOH is looking for comments from community members on the proposed boundaries and years for the health statistics review.

Where We Left Off

- Proposal to conduct a health statistics review
- Public availability sessions
- Commitment to work with DEC on study area

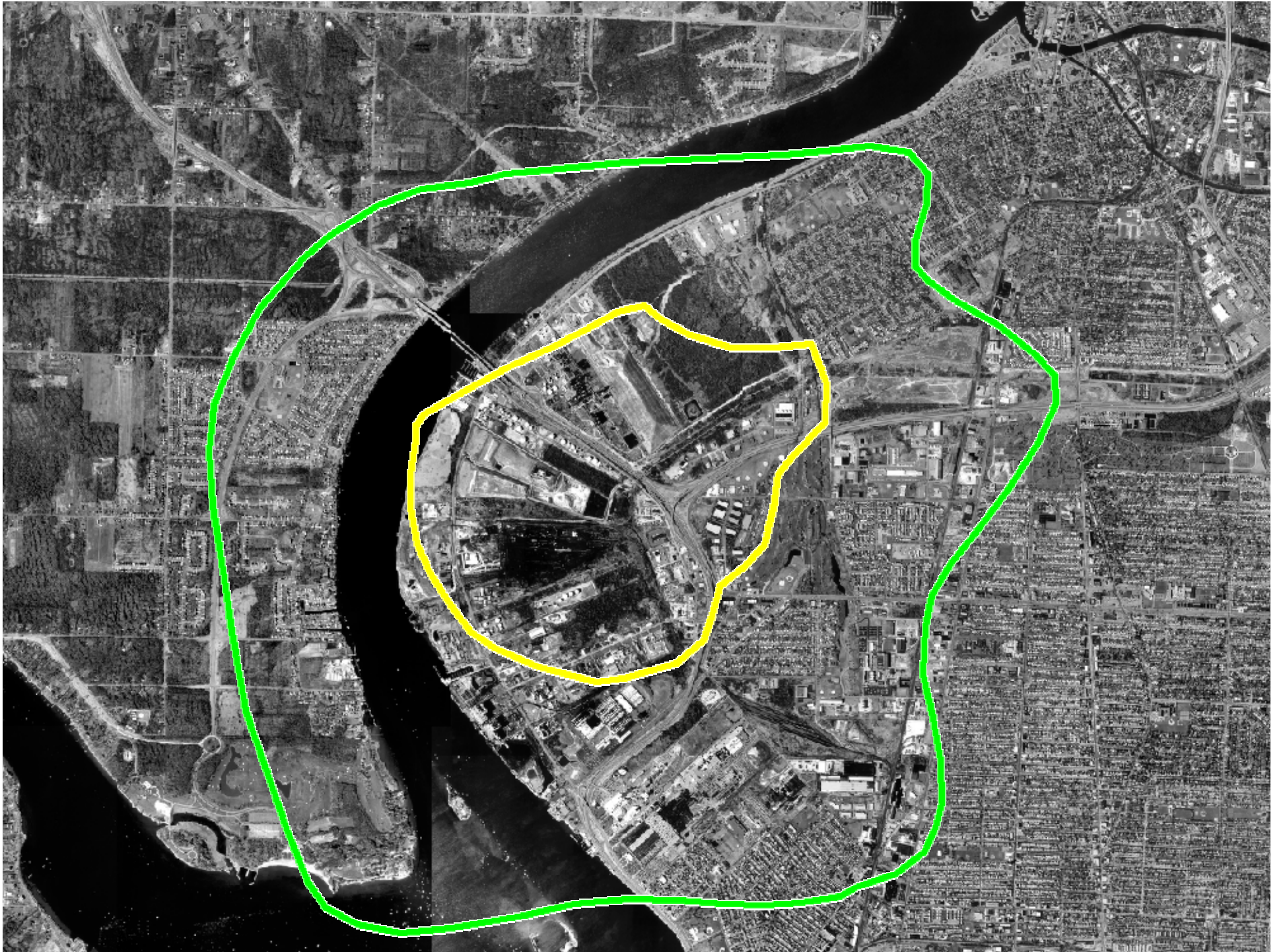
Study Boundary Development

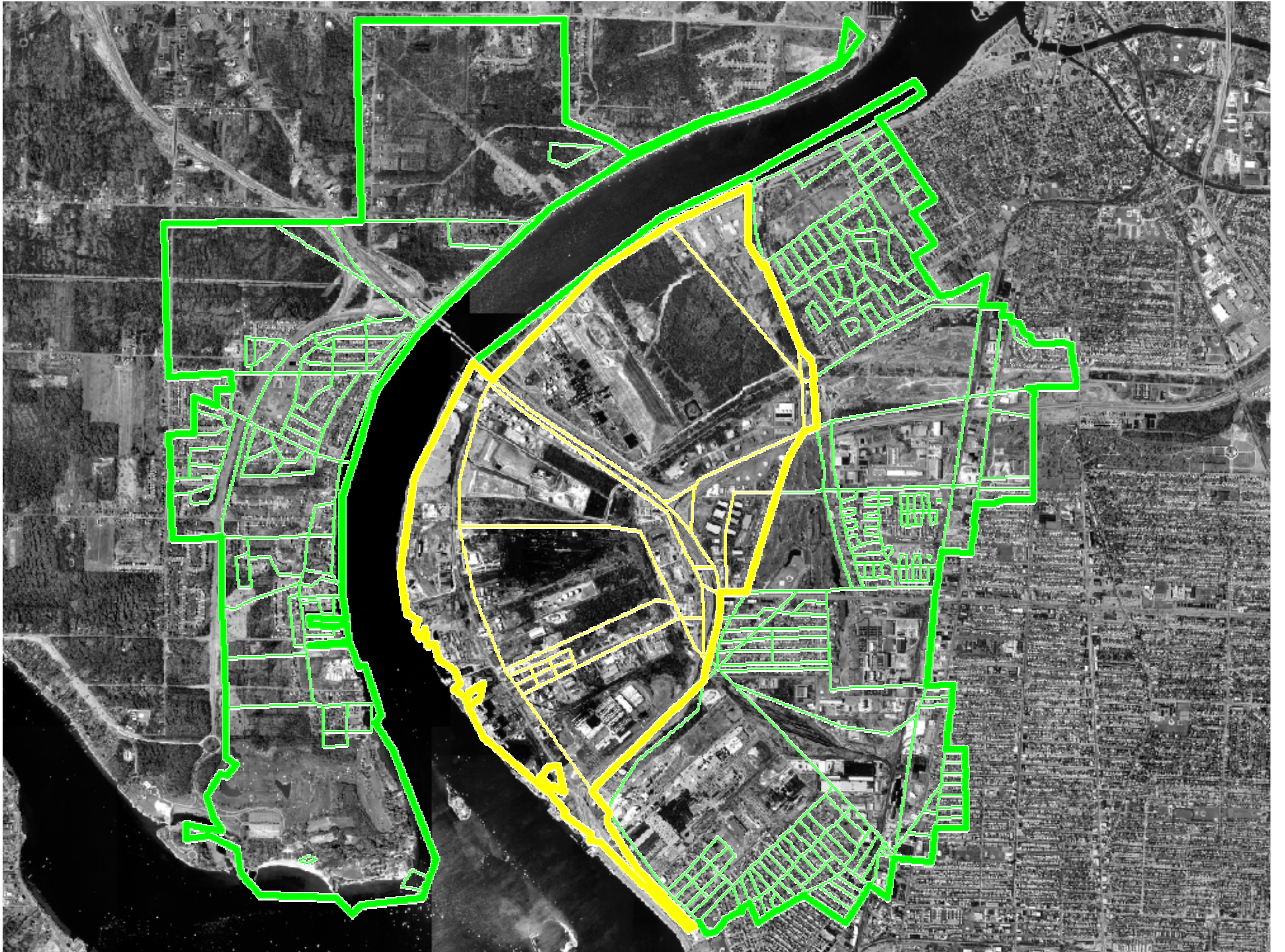
- Multiple modeling efforts
 - Various types of emissions sources
 - Various air modeling techniques

Selection of Appropriate Study Boundary

- Meets DOH needs for scientific validity
- Representative of community concerns
- Uses data from DEC Tonawanda Air Study







Population Size (2000 Census)

Inner Study Area	283
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Outer Study Area	18,755
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Overall Study Area	19,038
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Selection of Appropriate Study Timeframe

Birth Outcomes 1978-latest available data

Birth Defects 1983-latest available data

Cancer 1980-latest available data

Public Comment Period

Comments on proposed study boundary and timeframe are due September 15, 2010

Email: beoe@health.state.ny.us

Mail: Tonawanda HSR
547 River St, Room 200
Troy, NY 12180

Questions?

Health Statistics Review

Objective of the Review

Answer the question...

“Are select health outcomes occurring at different rates among residents of the study area compared to upstate New York?”

How Is That Question Answered?

Compare the number of people
diagnosed with a health outcome
while living in the study area
with the number we would
expect in upstate NY.

Steps of a Health Statistics Review

1. Select the study area
2. Select time frame & outcomes to study
3. Determine number of **Observed** health outcomes
4. Determine number of **Expected** health outcomes
5. Compare the **Observed** and **Expected**

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Data Sources

Vital Records (Birth Certificates)

Congenital Malformations Registry

Cancer Registry

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2000 Demographics

	Inner Study Area	Outer Study Area	Upstate NY
Race/Ethnicity			
% White	94%	95%	85%
% Minority	7%	6%	18%
Income			
Median	\$32,656	\$36,758	\$47,517
% below poverty	13%	12%	10%

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Limitations

- No way of knowing if persons who develop disease were the ones exposed
- Limited availability of information on individual risk factors
- Cannot account for geographic mobility
- Cannot link health outcomes with specific causes

Questions?

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New York State Department of Health

(518) 402-7950

jab25@health.state.ny.us

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