

Healthy Steuben 2006!

Summary

The results of the Steuben County's "Healthy Steuben 2006!" survey demonstrate that most health and "social" problems do not exist in isolation, but are linked with other problems and can only be successfully addressed through long term, comprehensive interventions.

The relative health of any community is a function of multiple variables. Although it can not quite be expressed as a mathematical formula, some of these variables have a positive impact on health, some have a negative impact. The impact of some variables seems clear to us because of the amount of research that has been done on that variable. (For example, extensive research has shown that smoking tobacco is clearly linked to a variety of negative health consequences.) Conclusive research has not yet been completed on all variables that positively or negatively impact the health of community residents, and the full impact of many of these variables is not yet known. Variables may also behave differently depending on the presence of and interaction with other variables, making it even more complicated to determine what actions to take to most effectively improve the health of community residents.

Despite the complexity of how various human behaviors and environmental factors combine to positively or negatively impact health, research has proven one simple statement to be true, upon which a clear plan of action can be based:

Over one half of all community health outcomes can be improved by helping community members change personal habits in just four areas:

- Tobacco use
- Level of physical activity
- Nutrition
- Alcohol use

Lifelong habits, both healthy and unhealthy, are developed at an early age (for example, on a nationwide basis 89% of smokers begin using tobacco before age 18). The most direct and least costly intervention is therefore preventive. The provision of programs designed to encourage the development of habits that lead to improved health outcomes (proper diet and exercise) and to prevent the development of habits that lead to poor health outcomes (alcohol and tobacco use) should be continued and intensified, particularly in child care and school settings. Education and support needs to begin early, and be reinforced on an on-going basis in order to be effective.

After behaviors become established, it becomes more difficult, and more costly, to change them. Effective solutions require that all segments of the community lend their expertise and assistance to help residents accomplish such changes. A comprehensive approach to solving community problems is needed since all health problems are interrelated. Successful intervention efforts must include, but not be limited to, coordinated efforts in four areas:

- Education and access to care
- Environmental changes
- Changes in policies and procedures
- Enlisting the assistance and expertise of the media to define and address community issues

The media plays a critical role in educating various segments of the public regarding all types of health problems and should be engaged as a partner in all efforts. Research should be done to determine the best media vehicle to most effectively reach the intended target audience for each type of problem being addressed.

Recommendations:

To address identified issues, objectives in five general areas should be considered:

- 1. Chose some less complex problems identified in the survey and establish a timeframe to address one or more of these in the next few months.** For example, 13% of survey respondents indicate that they need help filling out medical payment forms. Expansion and additional marketing of the Senior Health Insurance Counseling program could be accomplished in a relatively short timeframe at minimal expense.
- 2. Expand existing efforts by engaging other sectors of the community** to cooperatively address some of the more complex and interrelated problems that are already being worked on through existing initiatives.
- 3. Focus efforts only on strategies that have proven to be effective by independent evaluations.** While it is easy to get sidetracked by programs that sound good or have popular leadership, efficiency and effectiveness are both enhanced when communities adopt and build upon strategies that have already proven to be successful. Efforts that focus on root causes, rather than manifestations, will be most effective. (Treat the disease, not the symptom.)
- 4. In general, longitudinal (not “one shot”) interventions** are the ones that have lasting effects and **should be chosen and planned for.**
- 5. Develop new initiatives** for problems where the community is not yet undertaken a comprehensive approach to addressing any identified problems.

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Background

The Steuben County Public Health and Nursing Service worked in conjunction with the Solutions Coalition of the Institute for Human Services to complete a comprehensive health survey of Steuben County residents to:

- Determine perceptions regarding community health care problems
- Obtain data on health-related behaviors of survey respondents
- Prioritize health needs based on analysis of survey data and vital statistics of the area
- Develop a plan of action designed to address prioritized needs while maximizing existing community efforts

Approximately 7,750 surveys were distributed between August and November of 1997, with over 1,000 completed surveys returned. Surveys were distributed through a random mail survey as well as through employers, health, educational and human services agencies, at child care centers, at the County Fair and through other community groups. The survey was designed to obtain data in twelve areas that the New York State Department of Health has identified as high priority issues on a statewide basis. These include:

1. Access to and Delivery of Health Care
2. Education
3. Healthy Births
4. Mental Health
5. Nutrition
6. Physical Activity
7. Safe and Healthy Work Environment
8. Sexual Activity
9. Substance Abuse: Alcohol and Other Drugs
10. Tobacco Use

11. Unintentional Injuries

12. Violent and Abusive Behavior

Survey responses were entered into a database using Foxpro software, and the raw data is available to anyone seeking to conduct more detailed or specific analysis than is reflected in this report. After preliminary analysis of the survey responses was completed, data was analyzed among a variety of variables such as income, self-reported health status, age, educational level, and zip code locations. Survey results were also compared with available primary data to analyze variances between community perception, self-reported health behaviors, self-reported health status and validated health statistics.

The Steuben County Solutions Coalition (a broad based coalition of providers, funders and planners in the fields of health, education and human services) discussed the results, requested specific data analysis and established a sub-committee that assisted in summarizing key survey results.

Surveys were returned from all areas of the County, although there was an over-representation of respondents with higher educational levels than the percentage of these populations in the County as a whole. In some cases, this skew indicates that the problems noted would be somewhat more severe if a more representative sample of the county's population could be obtained. (For example, those with higher levels of education may be more aware of how various behaviors affect their health, and be more likely to reduce their intake of fatty foods.) As the survey analysis indicated however, for many issues, survey results are similar when adjusted and compared across all income, age and educational levels.

The Institute for Human Services agreed to call together the leaders of all appropriate existing committees and task forces in the County to determine how survey results and recommendations dovetail with current efforts, and what additional objectives should be added to improve health outcomes for area residents. This will help to ensure that all prioritized health concerns are addressed in a comprehensive fashion, while streamlining the coordination of efforts to maximize efficiency in addressing identified problems.

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Survey Highlights

Community Health:

Issues considered to be major problems by more than half of survey respondents include:

<u>Health Issue</u>	<u>Percent of Respondents Who Consider This a Major Problem</u>
• Alcohol/drug abuse	71%
• Teen pregnancy	69%
• Smoking/tobacco use	63%
• Cancer	56%
• Heart disease	55%
• Diseases of the elderly	54%
● Child abuse and neglect	54%
• Unplanned pregnancy	52%

While percentage differences of less than 3% should be considered insignificant, there is some variability in perceptions of problems among the various areas of the County.

<u>Major Problem</u>	<u>Area 1</u>	<u>Area 2</u>	<u>Area 3</u>	<u>Area 4</u>
• Alcohol/drug abuse	77%	68%	72%	68%
• Unplanned pregnancy	56%	47%	52%	54%
• Teen pregnancy	69%	67%	72%	68%
• Smoking/tobacco use	65%	56%	63%	67%
• Cancer	60%	52%	54%	57%
• Heart disease	58%	53%	54%	53%
• Diseases of the elderly	59%	50%	60%	52%
● Child abuse and neglect	55%	57%	54%	52%

Area 1: Corning area (Corning, Painted Post)

Area 2: Bath, Savona

Area 3: Hornell, Arkport, Canisteo

Area 4: Remainder of county

Access to Quality Health Care:

- 85% of respondents said they visited their doctor in the last year, with the average respondent visiting their doctor 5 times in the last year
- In the last 12 months, 18% of respondents had to wait more than 3 days for primary care
- 94% of respondents feel their medical care has been kept confidential
- 78% of respondents feel it is important to maintain three hospitals in the county
- 81% of survey respondents prefer Steuben County nursing homes to out-of-county facilities
- 16% of respondents indicated they needed to see a doctor in the last 12 months but could not because of the cost
- 14% had to go without something else (such as utilities or food) because of the cost of health care
- 20% of respondents visited or called a health care professional because of injury or accident in the last 6 months
- 32% of respondents believed the cost of in-patient care was not reasonable and 33% of respondents feel the cost of dental care is not reasonable
- 10% of those requiring accommodation due to disability did not receive them
- Only 18% of survey respondents have dental insurance
- 48% of respondents feel the cost of alcohol and drug treatment is not reasonable
- 90% of all female respondents have had a pap smear
- In general, respondents feel that the quality of health care services are satisfactory, ranging from a high of 96% for pharmacies to a low of 66% for farm safety education

Health Behaviors:

- 16% of respondents are smokers
- 53% of survey respondents are exposed to second hand smoke
- 83% of survey respondents support smoke-free dining in Steuben County
- 52% of survey respondents were trying to lose weight
- 22% of survey respondents need help managing stress/depression, and 26% indicated they would use a program aimed at stress management/reduction
- 76% of survey respondents support fluoridation of the water supply
- 76% of respondents said they participated in the month preceding the survey in physical activities or exercise such as running, calisthenics, golf, gardening, or walking
- 77% of survey respondents indicate they limit their intake of fatty foods

Health Status:

- In the last six months, physical health was not good for an average of 12 days for survey respondents
- In the last six months, mental health was not good for an average of 9 days for survey respondents
- Approximately 8% of men and 17% of women indicate a weight for their height that would classify them as obese
- 15% of respondents missed more than a half a day from school, work or usual activities because of an injury or accident
- 5% of respondents indicate they care for an ill, frail or elderly person in their home, and 41% of these indicated they needed a break but had no one to relieve them
- Only 3% of respondents said they consume more than two drinks of alcohol (beer, wine or mixed drink) per day, although 71% considered alcohol/drug abuse to be a major problem
- 27% indicated they have a disability that limits daily activities or requires special accommodations

Major Problems Analysis

Issue: **Substance Abuse: Alcohol and Other Drugs**

Survey Results: 71% of survey respondents indicate that they consider alcohol and drug abuse to be a major problem in Steuben County, although only 3% of survey respondents indicate they have 2 or more drinks per day. Although only 4% of respondents indicated that they have used alcohol/drug treatment services in the county, 51% of these were dissatisfied with the quality of service, 43% of respondents felt the distance they had to travel was unreasonable, and 45% felt the cost of service was not reasonable.

State and Local Statistics: The 1993 Behavior Risk Factor Surveillance Survey found that 15% of adults over age 18 were binge drinkers (5 or more drinks on one or more occasion in the last month). The 1993 Youth Risk Behavior Survey found that 53% of high school students in upstate NY reported using alcohol and 32% reported binge drinking. State statistics indicate that approximately 11% of the adult population have an alcohol or drug problem. The largest contributing risk factors often include school separation, interpersonal problems, academic failure and poverty. Statewide, more than 33% of high school students reported being in an automobile with a driver who had been drinking. 35% of students grades 7-12 reported using marijuana at least once, and 12% reported using marijuana four or more days during the past month.

School district surveys tend to confirm significant problem with alcohol and drug abuse among high school students. Despite increased use of other types of drugs, alcohol is still the primary drug of choice.

Implications: The abuse of alcohol and drugs leads to multiple acute and chronic adverse health outcomes, as well as a variety of negative consequences in family relations, performance at school or in work. Alcohol abuse leads to decreased inhibitions and impaired judgments that contribute to reckless and sometimes violent behavior. On a chronic basis, it can lead to anemia, hepatitis and cirrhosis, pancreatitis, cognitive effects due to brain damage and, in the newborn, fetal alcohol syndrome, low birthweight and other poor health outcomes.

Abuse of other drugs also contributes to decreased inhibitions and impaired judgments, and can cause seizures, depression and other emotional problems, impaired memory and learning from brain damage, and disruption of hormone balance. Alcohol and drug abuse promotes the spread of communicable disease, contributes significantly to teen pregnancy and unplanned pregnancy, accounts for 44% of traffic fatalities in New York State for 18-20 year olds in 1994, contributes to as many as two thirds of assaults, and results in increased domestic violence and child abuse and neglect.

Interventions and Strategies: Since very few people begin to abuse drugs or alcohol after age 25, prevention efforts should be targeted most heavily toward young people who are pre-disposed to abuse by five factors: (1) Family Factors (including family history of abuse and antisocial behavior), (2) Peer Factors, (3) Psychological Factors (including low interest in school and achievement, early antisocial behavior), (4) Biological Factors (genetic predisposition) and (5) Community Factors (including high poverty rates). Treatment programs should also be considered, especially treatment programs for students who have recently begun abusing alcohol and other drugs.

Effective community strategies must be comprehensive in nature, recognizing that substance and alcohol abuse is interrelated with a variety of health and social problems and cannot be addressed in isolation. To ensure that maximum use is made of each public dollar spent, it is critical to evaluate results of any programs on an on-going basis. (A good example of this is the popular DARE program, which research has demonstrated to have little if any long term effect on drug use, although it has been successful at reducing crime, an unintended result.) Additionally, attention needs to be devoted to the fact that “one shot” programs generally do not have lasting effects (rallies, T-shirts, etc.). While these programs are popular because they are generally low cost and provide high visibility for project sponsors, research has shown that most have no lasting effect. Strategies should include efforts by businesses, Corning Community College, community-based organizations, government, health care providers, the media and schools. Cooperative efforts that have included representation from the schools are critical, and every effort needs to continue to be made to engage school districts as partners. There is both a coordinating and educational

role for Public Health to play in addressing alcohol and drug abuse. Providers of treatment services should also be included in all efforts.

In addition to enlisting the aid of the media to assist in addressing this problem, strategies should be focused in three areas:

- **Education:** targeted and general education regarding the effects of the abuse of alcohol and other substances, particularly emphasizing how abuse can negatively impact something that is truly important to the targeted group. This can be difficult with a certain segment of the population that do not envision a positive future for themselves, and therefore fail to see how substance abuse can negatively influence their future. Before education efforts can be successful, this population requires intensive intervention in order to help them envision and believe in a more positive future, and develop the confidence and the “roadmaps” needed to obtain a brighter future.
- **Environmental changes:** including efforts designed to limit access to alcohol and other drugs. (For example, surveys have shown that most students who drink indicate that they obtained alcohol from their parents house or friend’s house. A program designed to get parents to agree to either keep any alcohol locked up, or not to have alcohol in the house, would be an example of an environmental change, as would limiting access to typical “party spots.”) A "parents' pledge" to not abuse alcohol or to keep their homes alcohol and drug free would also be an example to this type of intervention. Increased access to treatment programs, in both schools and the workplace, conveys a message that a problem exists but that help is available.
- **Policies and Procedures:** Tougher laws and penalties related to alcohol and substance abuse can be used to deter abuse. An example of this includes stiffer penalties for all infractions including the sale of alcohol to minors. Employment policies such as pre-employment drug screening and random drug testing are examples of workplace policies and procedures that can be used to drive home the message that alcohol and drug abuse is not acceptable and will not be tolerated.

Aspects of an effective intervention program include:

- Preventing people from first abusing alcohol or drugs
- Treating those who have developed abusive/addictive behaviors
- Supporting law enforcement efforts.

Strategies should include efforts by businesses, the College, community based organizations, government, health care providers, the media and schools.

Major Problem Analysis

Issue: **Sexual Activity: Unintended Pregnancy and Teen Pregnancy**

Survey Results: 69% of respondents believe teen pregnancy is a major problem in Steuben County, and 52% believe unplanned pregnancy is a major problem.

Local, State Statistics and National Statistics: Unplanned pregnancy is widespread throughout the United States. Nationwide, it is estimated that approximately 50% of all pregnancies are either unintended (either timing of the pregnancy or an unwanted pregnancy), and 90% of teen pregnancies are unintended. Historically, between 275 and 300 girls under 19 years of age have become pregnant in Steuben County each year. In 1995, the total number of pregnancies for females age 19 or under was 214, and the total number of live births to teen mothers was 164. Local statistics indicate that approximately 55-60% of the fathers of the babies born to teen mothers are at least five years older than the mother. Additionally, some estimates indicate that on a nationwide basis, up to 67% of all teenagers who become pregnant have been sexually molested or abused.

Implications: Teen pregnancy is a complex and multi-dimensional health-related, social and economic problem that severely limits the potential of teen parents, their children and the local economy. Steuben County has consistently had a high rate of teen pregnancy. In 1989, Steuben County ranked first in New York State among rural counties for the number of pregnancies to unmarried females aged 15-19. In 1990, the teen pregnancy rate was 86 for the County compared with 71 for upstate New York. In 1992, Steuben County's rate was 81 per 1,000, compared with an upstate rate of 67 per 1000. The implications for both the teens who become parents and the community in general are enormous. Few teen mothers are emotionally prepared to meet the intense demands of parenting a new baby, which results in a higher rate of child abuse and neglect for the children of teen parents. At least 85% of teenagers are not economically prepared to support a baby without supplemental assistance. In 1992, families started by women when they were teens comprised 52% of families on Aid to Families with Dependent Children (AFDC). Since a high percentage of pregnant teens do not complete high school, their future employment opportunities are

reduced. Increased poverty and poor health outcomes for both the mother and child are the frequent consequences.

Both teens and older women who have unintended pregnancies are less likely to seek early prenatal care, and are also more likely to expose the fetus to harmful substances such as alcohol and tobacco. Both groups are sexually active but since they fail to use appropriate contraception to prevent pregnancy, they expose themselves to a variety of sexually transmitted diseases including HIV/AIDS. Teens also have a higher than average risk of complications, their infants are more likely to be premature and are three times more likely to die within the first 28 days of life. National research indicates that teens most likely to have a child are those:

- from economically disadvantaged families
- who are not doing well in school and have low aspirations for their own education
- from dysfunctional families
- who have substance abuse and behavioral problems

Interventions and Strategies:

- **Education and Access to Services:** Studies show that the rate of sexual activity among teens in Europe and Canada is virtually the same as in the United States. But the rate of teen pregnancy is up to five times higher in the United States. The difference is that sexuality education and access to comprehensive family planning services is more controversial, and therefore minimal, in the United States. Effective programs combine abstinence messages with contraceptive education and access, focus on both males and females, and assist teens in widening their life options through career exploration and education. The implementation of programs that have proven to be effective at reducing the rate of teen pregnancy, such as “Postponing Sexual Involvement” or “Reducing the Risk” should be actively pursued if the community wishes to reduce the rate of teen pregnancies.

Knowledge of and access to high quality family planning services is necessary for both adults and teens to reduce unintended pregnancies as well as the transmission of sexually transmitted diseases. The link between teen sexuality, risk behaviors, and substance abuse also needs to be considered.

The Institute for Human Services provides an ideal vehicle for bringing together schools in partnership with all other segments of the community to address interrelated problems, and provides a coordinating function that can continue to assist in developing cooperative approaches to related problems.

Additionally, interventions for at-risk teens need to start early and be longitudinal. Due to the intergenerational nature of teen pregnancy, parent education, as well as parent involvement and support is critical. Other proven methods such as mentoring programs, training in emotional intelligence, decision-making and conflict resolution should also be implemented.

Effective treatment of both sexual offenders and victims is also a consideration since a high percentage of pregnant teens have been sexually abused. It is also important to note that there are two distinct and different target groups that must be considered when addressing teen pregnancy and unintended pregnancy: the adult male and the teenage boy. Each requires a different type of intervention if efforts to lower the rates of teen pregnancy and unintended pregnancy are to be successful.

- **Policies and Procedures:** Mandatory prosecution of statutory rape, and a media campaign to publicize such policy change and prosecution, is an example of a policy change in this area. Mandatory treatment of sexual offenders in proven treatment programs is also an example of a policy change in this area. An additional example of this type of intervention would be to mandate family life education programs in schools, including comprehensive sexuality education. New York State is currently one of the few states in the nation that does not mandate comprehensive sexuality education.
- **Environment:** **If the community truly values its children, it needs to send out a clear message that both teen pregnancy and unintended pregnancy frequently result in poor outcomes for both the mother and the baby, and should be avoided. This can be done by maximizing opportunities to access affordable, comprehensive family planning services, and providing comprehensive family life education to students before they become sexually active. Promotion of responsible sexual behavior should be encouraged and promoted as a community value and standard.**

Programs that have proven effective at preventing teen pregnancy (such as Postponing Sexual Involvement) should be implemented throughout the County.

Broad-based community strategies regarding teen pregnancy should include efforts by businesses, the College, community based organizations, the judicial and law enforcement system, health care providers, the media and schools.

Major Problem Analysis

Issue: Tobacco Use: Smoking

Survey Results: 63% of respondents feel that smoking/tobacco use is a major problem. 19% of respondents indicate they smoke an average of 15 cigarettes per day, Approximately, 1% indicated they use smokeless tobacco products, and 56% of respondents reported that they are exposed to second-hand smoke. Only about 17% of all survey respondents who smoke have four or more years of college. Since survey respondents overall were more likely to be more highly educated than the population at large, the percentage of smokers in the county is most likely significantly higher than the 19% of respondents who indicate that they smoke.

53% of survey respondents indicate they are exposed to second-hand smoke, and 83% of survey respondents support smoke-free dining in Steuben County.

Local, State Statistics and National Statistics: Statewide, the prevalence of cigarette smoking among adults was 21% and data from the Healthcare Association of New York State ranks Steuben County as second in the State for deaths attributable to cigarette smoking as a percentage of total mortality for 1987-89. A survey by the Office of Alcoholism and Substance Abuse (OASAS) shows that tobacco use is increasing among teenagers, reflecting a national trend. Among 7th to 12th graders, smoking at least once increased from 46% in 1990 to 55% in 1994. The prevalence of daily smoking increased from 14% to 17%, with most of the increase occurring in younger age groups. 89% of adult smokers begin using cigarettes before age 18. Based on historical experience, half of those who are age 35 and smoking will die of tobacco-related causes, losing an average of 15 years of life expectancy.

Implications: In 1993, smoking accounted for 19% of all deaths in New York State, with direct medical costs exceeding \$3 billion annually. It is estimated that tobacco causes 30% of all cancer deaths, 82% of deaths from pulmonary disease, 21 % of deaths from chronic heart disease, and is one of the most important preventable causes of perinatal morbidity and mortality. In 1992 alone in New York State, cigarettes

caused 33% of fatal fires, taking 733 lives. The use of smokeless tobacco products substantially increases the risk for a number of oral diseases and conditions, ranging from oral cancer to dental decay and early tooth loss. In 1993, the US Environmental Protection Agency officially declared environmental tobacco smoke (ETS) as a human carcinogen, classifying it as an environmental toxin equivalent to asbestos. Exposure to ETS causes 10 times as many deaths from heart and blood vessel disease as from cancer. Children of smokers have more respiratory disease and reduced lung function than children of nonsmoking parents.

Interventions and Strategies:

- **Education and Access:** Persistent public education and mass media campaigns should be intensified to reverse the image appeal of smoking, especially to children who are heavily targeted by manufacturers and marketers of tobacco products. Schools should:
 - continue health education use-prevention programs
 - develop peer approaches to reduce tobacco use
 - support cessation/treatment programs
 - develop programs that help youth deal with personal issues that result in use of tobacco products
- **Policies and Procedures:** Laws and regulations should be developed to support tobacco-free policies in all public locations, including restaurants, particularly since 83% of survey respondents support such a policy. Policies that prohibit exposure to ETS should be expanded. Policies that support reducing youth access to tobacco products should be intensified. In Steuben County, compliance checks regarding the sale of tobacco products to minors has helped to ensure that fewer establishments sell such products to minors. Raising taxes on cigarettes and tobacco products is also an example of an effective policy in reducing use of these products.

Health care providers should provide standardized cessation and education programs. Businesses should provide on-going cessation assistance, as well as economic incentives to employees for quitting

(such as lower premiums for non-smoking employees, made possible by health insurance companies providing discounts to these companies). Although cessation programs should not be abandoned, the education and support provided by these programs themselves is usually not enough to assist high percentages of people using tobacco products to quit. These programs must be coupled with environmental changes, other policies, procedures, media and educational efforts in order to be effective.

- **Environmental Changes:** Retailers should be encouraged to reduce self-service displays, which are particularly attractive to children, and to comply with the Adolescent Tobacco Use Prevention Act which prohibits the sale of all tobacco products to anyone under the age of 18. Retailers can also voluntarily reduce the amount of advertising displayed regarding tobacco products, or can make a conscious decision to forgo the profit from the sale of tobacco products by refusing to sell them in the interest of the community's health. Implementation of policies such as smoke-free dining also provides an example of an environmental change that should be pursued.

Major Problem Analysis

Issue: Access to and Delivery of Health Care

Survey Results: In general, respondents feel that the quality of health care services is satisfactory, ranging from a high of 96% for pharmacies to a low of 6% for farm safety education. The average respondent has seen a doctor 5 times in the last year, with 85% of all respondents indicating that they visited their doctor in the last year. In the last 12 months, 18% of respondents had to wait more than 3 days for primary care and 60% of respondents had to wait more than 15 minutes in the doctor's waiting room for primary care. Approximately 16% of respondents indicated they needed to access health care services and were not able to due to the cost. see a doctor in the last 12 months but could not because of the cost. Over 14% of respondents indicated they went without something else (such as food or utilities) of the cost of health care. Over 78% of respondents feel that it is important to maintain three hospitals in the county. Approximately 94% of respondents feel their medical care has been kept confidential.

Respondents reported that, on average, their physical health was not good for 12 days in the last six months, and their mental health was not good for 9 days in the last six months. Approximately 7% of survey respondents indicated they had no health insurance, although the actual percentage in the County without health insurance appears to be significantly higher. Over 32% of respondents believe the cost of in-patient care is not reasonable, and 33% believe that the cost of dental care is not reasonable. Very few dentists accept Medicaid reimbursement, particularly for adult patients. Only 18% of all survey respondents indicate that they have dental insurance, and this percentage is probably lower in the population as a whole. Over 76% of respondents county-wide supported fluoridation of the water supply.

Local, State Statistics and National Statistics:

- In 1996, 18% of people nationwide did not have health insurance. This number has increased 19.6% over the last decade. In New York State, 14.3% of the population was uninsured in 1995, with an additional 6.1% considered to be underinsured. Studies have shown that most people who are uninsured or under-insured **are** employed.

Implications: Lack of access to primary care results in poor health outcomes since prevention, early detection, early treatment and referral to other needed services eases the effects of long-term chronic conditions. Barriers can be grouped into three categories: financial, structural and personal. One financial and structural barrier in Steuben County involves extremely limited access to primary health care services for new Medicaid patients.

Improving access to high-quality, continuous primary care and treatment services is critical in eliminating disparities in health outcomes. Unlike other medical services, the primary payment source for dental services is out-of-pocket, with access to services for persons on Medicaid particularly limited. Lack of transportation in rural areas, feeling intimidated by the health care system, lack of insurance and perceived confidentiality issues are some of the factors that may keep people from appropriately accessing care. Women in abusive relationships may be so controlled by their abuser that they are not allowed to get medical or dental care. Visibly poor dental health also makes it difficult for people to obtain jobs.

Interventions and Strategies: The provision of comprehensive, continuing and individualized care is an essential element in preventing health problems and obtaining improved health outcomes. Some interventions (such as increased publicity regarding respite programs and increased marketing of stress reduction and supportive programs for caregivers), are relatively easy and straight forward to implement and can be done in a relatively short period of time. Others, such as increasing access to low-income persons, are more complicated and requires interventions on several levels. Dental health also remains an issue that require intervention, including consideration of low rates for dental care reimbursements to dentists, coverage of dental care under managed care, access to dental care for low-income persons (particularly low-income adults) and education regarding the linkage between good dental health and physical health.

- **Education and Access:** Education regarding the linkage between good dental health and physical health should be intensified, particularly for adults. Education and marketing efforts regarding all

available low- and no-cost health services should be increased, particularly targeting low-income and elderly persons. Alternative methods of increasing access to health care by these groups, including new Medicaid patients, should be evaluated and implemented. Enrollment of children in the Child Health Plus program should be actively encouraged.

While there are a small number of respondents who indicated they cared for elderly persons in their own home, 41% of those who do indicated they needed a break from caregiving but had no one to relieve them. The feasibility of increased marketing for adult day care programs or start-up of respite programs should also be considered.

- **Policies and Procedures:** Continued emphasis on the national level is needed to create a health care system that provides access to medical care for all who need it. A positive step in this direction has been made with the expansion in the Child Health Plus program, which is helping to ensure that every child has access to primary care. State and national programs that assist employers in providing adequate insurance for their employees should also be encouraged.

Emphasis should also be placed on State and National consideration of improving rates for dental care reimbursements to dentists, coverage of dental care under managed care, and on developing local programs that provide access to dental care for low-income persons (particularly low-income adults) and those on fixed incomes.

Equity in prescription coverage is also an issue that falls into this category. For example, most insurance prescription plans do not provide coverage for contraceptives (although Medicaid does provide this coverage). This is also true for some other categories of prescription drugs, such as certain anti-depressants.

- **Environmental Changes:** Provision of information regarding health care access in locations frequented by target populations is an example of an environmental change in this area. Acceptance of

the notion that high quality health care should be available to all members of the community without regard to ability to pay is another example of an environmental change. If people believe that they are entitled to use an available program, they are more likely to take advantage of it.

While access to health care overall is fairly good in Steuben County, survey results point to the need for better access to affordable dental care, as well as affordable and accessible primary care for low-income persons and the elderly.

Major Problem Analysis

Issue: **Health Behaviors, Health Status, Chronic Disease and Disease Prevention**

Survey Results:

Health Behaviors:

Since such a high percentage of chronic health conditions can be positively influenced by changing a small number of health behaviors, strong continued emphasis needs to be put on good nutrition, physical activity, smoking cessation and use of alcohol.

Note: Survey results regarding the extent of physical activity for respondents are not discussed and have been deliberately discounted. The wording of the survey questions regarding physical activity was not specific enough to obtain the type of health-behavior information that was desired.

Health Status:

Survey results indicated that the older the respondent, the more likely they considered themselves to be in poor health. Only 23% of all survey respondents considered their health to be fair or poor, but a higher percentage of those who considered their health to be fair or poor could not see a doctor due to cost. Since this population is primarily elderly, increased efforts to assist the elderly to gain access to low- or no-cost health care appear to be indicated. Survey results show that by self-reported weights (probably understated), approximately 22% of the population is overweight, with 16% severely overweight.

Chronic Disease and Disease Prevention:

56% of respondents indicated that cancer was a major problem, followed by 55% for heart disease and 54% for diseases of the elderly.

Local, State Statistics and National Statistics: Steuben County exceeds both state and national averages for deaths due to both all cancers and lung cancers, as well as due to stroke and heart disease. Deaths due to Chronic Obstructive Pulmonary Disease is almost double the rate in the State. Death due to Pneumonia has also been significantly higher than the state average in the last few years. Steuben County has a relatively

high percentage of elderly residents, which tends to make actual death rates appear higher than areas that have more typical age distribution. When data is age and gender adjusted, rates do not appear to be quite so high. Rates below are not adjusted:

Causes of Death – Rates are not age and gender adjusted.	County			New York State
	Yates	Schuyler	Steuben	
Total deaths Rates per 1,000 residents '93-'95	10.3	9.4	10.4	9.2
Malignant Neoplasm deaths Rates per 100,000 residents '93-'95	241.7	215.3	253.1	210.6
Lung Cancer deaths Rates per 100,000 residents '93-'95	70.8	70.1	77.6	54.2
Acute Myocardial Infarction deaths Rates per 100,000 residents '93-'95	134.7	66.7	103.3	90.3
Pneumonia deaths Rates per 100,000 residents '93-'95	80.6	30.8	49.5	36.1
Chronic Obstructive Pulmonary Disease deaths Rates per 100,000 residents '93-'95	55.6	44.4	65.7	33.2
Cerebrovascular Disease Rates per 100,000 residents '93-'95	66.7	76.9	67.3	44.7
Total accidents deaths Rate per 100,000 residents '93-'95	38.9	35.9	32.2	23.7
Motor vehicle deaths Rate per 100,000 residents '93-'95	18.1	15.4	12.2	10.1

The numbers of communicable diseases for Steuben County are relatively small, and for the most part rates are lower than average rates for the State. In 1995, the only communicable disease that had a rate that was statistically significant and higher than upstate New York was for Salmonellosis at a rate of 22.9 per 100,000 (representing 23 cases), compared with a rate of 17.6 for upstate New York.

Implications: Since tobacco, diet, activity level and the use of alcohol are the primary contributors to the major causes of death, and since all these contributors are influenced by choice, attention should be devoted to changing health behaviors related to these areas for targeted populations. Further investigation is needed to ascertain why certain chronic disease rates are so high for Steuben County. Successful intervention strategies must include support from the federal government and New York State, and include the cooperation of both public and private sectors at the local level.

Interventions and Strategies:

The provision of comprehensive, continuing and individualized care must be combined with effective education programs as essential elements in controlling chronic diseases and in developing key self-care skills. Education alone is not enough to change lifelong behaviors that contribute to chronic disease, such as smoking, lack of proper nutrition and physical exercise and alcohol abuse. Effective interventions must include education along with changes in the environment, assistance by the media and implementation of policies and procedures.

- **Education:** Continued targeted education should be done regarding the value of sound nutrition, detriments of tobacco and alcohol/drug use, and benefits of regular and sustained physical activity. This should be particularly targeted toward younger age populations.

Since it appears that one is more likely to be aware of and act on the knowledge of the impact of good nutrition on health as they get older, increased emphasis on nutrition education should be especially targeted toward younger segments of the population.

Those who consider themselves to be in poor mental health are not as likely to consume appropriate amounts of fruits and vegetables or to limit their intake of fatty foods. It would appear that increased emphasis on educating those who are in poor mental health regarding the importance of good nutrition should be a targeted activity.

The relationship between poor mental health, poverty and access to medical care and prescriptions should be further explored.

- **Policies and Procedures:** Development of employment policies that provide encouragement and/or incentives for healthy lifestyle choices should be considered. A small bonus for non-smoking employees or increased health insurance premiums for smokers are examples of this type of intervention. Provision of access to EAP or counseling programs for employees to deal with alcohol or drug problems should also be encouraged. Policies and procedures related to tobacco use, physical

activity, nutrition and alcohol should all be considered.

The introduction of Pneumonia shots by the Public Health Department is an example of a new procedure introduced to address increased number of deaths from this illness.

- **Environment:** Additional opportunities for physical activity for specific target groups (elderly and persons in poor mental health) should be explored. Provision of programs such as school and work-based “Healthy Heart” programs should be encouraged. In the nutritional area, this can include such simple interventions as:
 - Making skim or 2% milk easier to reach than whole milk in cafeteria lines
 - Improving menu selection in cafeteria lines by increasing the number of low fat and vegetable selections
 - Adding healthy choices such as juices to vending machines
 - Increasing the number of servings of fruits and vegetable in child care centers and school meals.

In the area of physical activity:

- Creation of walking programs that offer indoor and outdoor routes, including opening up schools for walking routes for senior citizens and other community members.
- Employers installing bike racks
- Provide curb cuts and bike paths

As previously mentioned, eliminating environmental tobacco smoke by adopting no smoking policies helps to limit this risk. Controlling all types of environmental toxins (such as pesticides) is another example of an environmental change in this area.

Major Problem Analysis

Issue: **Violent and Abusive Behavior: Child Abuse**

Survey Results: 54% of respondents indicate that child abuse is a major problem.

Local, State Statistics and National Statistics: Steuben County has historically had a very high rate of child abuse and neglect, with the highest rate of indicated cases (found to be true and requiring remediation) in New York State in 1991. Recent rates of reports and indicated cases include:

	<u>Reported Cases</u>	<u>Reports Indicated</u>
1992	1,155	386
1993	1,316	295
1994	1,074	260
1995	1,105	242
1996	1,465	315
1997	1,365	Not Available

The extreme poverty in some sections of the county, coupled with the low levels of education and social isolation factors all contribute to these high rates.

Implications: Child abuse and maltreatment contributes significantly to the problems of mortality in children, particularly in infancy and early childhood. Child abuse and maltreatment have been linked to poor physical development, neurological problems, language and cognitive deficits, subnormal intelligence, high levels of aggressive behaviors, failure to thrive, poor self-concept, unwanted pregnancies, STD's and emotional problems. Although the physical, intellectual, cognitive, social and emotional deficits, and behavioral (aggressive and negativistic) behaviors exhibited by abused and neglected child are similar, neglected children suffer the greatest deficits and demonstrate the most negative behaviors. Long term financial and social consequences are high, with the costs of providing services to maltreated children estimated at over \$9 billion annually. This does not consider the related costs of juvenile delinquency,

adolescent runaways, and violent behaviors in youth. The intergenerational patterns of incompetence in social relationships and in childrearing are well substantiated - the problems persists on an intergenerational basis unless effective intervention is provided. Establishing a community standard of zero tolerance of abuse and maltreatment would demonstrate to the community's children that they are among the most highly-valued members of our community.

Interventions and Strategies: Research has shown that home-visiting programs are an effective strategy to prevent child abuse and neglect, combined with a broader array of community services. Steuben County should continue to support the Healthy Families Steuben program to reduce child abuse and neglect (as well as increased use of primary and preventive care and enhance school readiness). Comprehensive efforts should include involvement of the College, community-based organizations, government, health care providers, the media and schools.

- **Education and Access to Services:** Opportunities to work with school districts should be seized as an approach to be used to address all youth problems, including child abuse and neglect. This comprehensive model in which the school works in partnership with all other segments of the community to address interrelated problems holds the most promise as an effective approach to address health and social issues. Successful educational efforts, such as mandated sexual abuse education, should be continued.

Much abuse and neglect can be attributed to the intergenerational nature of the problem, since parents tend to use the behaviors they learned from their own parents to raise their children. Effective parenting education and support programs can go a long way toward assisting parents to develop different methods of parenting and breaking the cycle of abuse and neglect. Community education programs that help the community to understand that child abuse and neglect crosses all socio-economic levels and can be directly influenced by increased stress (such as lack of jobs and over-stretched financial resources, overcrowded living conditions, too many demands on the primary caregiver) should be continued. While it is easier to document and address overt actions of abuse,

neglect has been shown to be far more damaging than actual abuse. Increased emphasis should be placed on identifying neglected children and providing supportive programs for both them and their parents.

- **Environmental changes:** In rural communities, people are more likely to assume that parents have the right to raise their children however they choose. This may lend a perception of tolerance of abuse and neglect. Some families that live with abuse and neglect may accept this behavior as normal, or be in a state of denial that certain behaviors actually constitute abuse or neglect. **If the community truly values its children, it needs to send out a clear message that both child abuse and neglect have long lasting and detrimental effects to the child, to society and to future generations, and will not be tolerated.**
- **Policies and procedures:** The requirement for mandated reporting of child abuse and neglect has made the public more aware of the issue, as has increased media attention on the problem. In the past, most policies have been punitive rather than preventive in nature. Increased emphasis should be placed on preventive efforts, especially for at-risk children themselves. Since most children will themselves become parents, parenting education programs for high school students should be considered.

SURVEY RESULTS

<u>DESCRIPTION</u>	<u>No Problem</u>	<u>Minor Problem</u>	<u>Major Know</u>	<u>Don't</u>
Underweight or premature babies	14%	26%	13%	47%
Birth defects	14%	25%	15%	46%
Pregnancy care for low-income women	17%	20%	32%	31%
Unplanned pregnancy	9%	13%	52%	26%
Teen pregnancy	8%	9%	69%	14%
Sexually Transmitted Diseases	9%	17%	42%	32%
Alcohol abuse or drug abuse	7%	11%	71%	11%
Smoking/tobacco use	9%	19%	63%	9%
Nutrition	13%	39%	32%	16%
Lack of physical activity and fitness	11%	35%	41%	13%
Problems with teeth or gums	11%	35%	22%	32%
Cancer	8%	17%	56%	19%
Heart disease	7%	18%	55%	20%
Diabetes	8%	26%	43%	23%
Diseases of the elderly	6%	21%	54%	19%
Depression/suicide/other mental illness	9%	29%	38%	24%
Allergies	9%	40%	30%	21%
Access to home care	18%	29%	26%	27%
Access to specialty health care	19%	27%	28%	26%
Adequate housing	19%	33%	27%	21%
Access to ambulance services	50%	27%	10%	13%
Transportation to health care	27%	33%	21%	19%
Access to accommodations for disabilities	23%	35%	18%	24%
Access to Primary Health Care				
For low-income children	18%	24%	29%	29%
For the elderly	22%	31%	28%	19%
For all in community	20%	37%	16%	27%
For persons with disabilities	18%	29%	24%	29%
For persons new to the area	18%	31%	20%	31%
Murder	24%	38%	19%	19%
Sexual Assault	14%	30%	37%	19%
Child abuse/neglect	10%	21%	54%	15%
Elder abuse/neglect	13%	31%	30%	26%
Violence among young adults	11%	27%	44%	18%
Spouse/partner abuse	12%	25%	42%	21%
Motor vehicle	13%	34%	36%	17%
Farm	13%	45%	18%	24%
Work-related	14%	45%	13%	28%

No Minor Major Don't

DESCRIPTION

Problem Problem Problem Know

Burns	17%	41%	8%	34%
Drowning	20%	42%	10%	28%
Home	13%	44%	19%	24%
Sports	16%	46%	12%	26%
Firearms	17%	36%	22%	25%
Poisoning	19%	34%	11%	36%
Air pollution	23%	37%	25%	15%
Water pollution	23%	34%	26%	17%
Radon	19%	32%	11%	38%
Toxic exposures at work	20%	30%	14%	36%
Toxic exposures at home	26%	31%	10%	33%

Services	<i>A</i> <i>Used in</i> <i>county</i>	<i>B</i> <i>Used out</i> <i>of county</i>	<i>C</i> <i>Quality ok</i>	<i>D</i> <i>Distance</i> <i>ok</i>	<i>E</i> <i>Cost</i> <i>ok</i>
Doctor’s office	71%	20%	94% y 6% n	94% y 6% n	76% y 24% n
Public Health Programs	17%	3%	80% y 20% n	89% y 11% n	81% y 19% n
Hospital (in-patient)	26%	10%	87% y 13% n	90% y 10% n	68% y 32% n
(out-patient)	36%	10%	90% y 10% n	91% y 9% n	70% y 30% n
Dentists	50%	13%	92% y 8% n	92% y 8% n	67% y 33% n
Eye care	54%	12%	94% y 6% n	93% y 7% n	78% y 22% n
Audiology	10%	7%	77% y 23% n	77% y 23% n	62% y 38% n
Hospice	4%	2%	47% y 53% n	63% y 37% n	55% y 45% n
Testing, Diagnosis, Counseling & Treatment of Sexually Transmitted Diseases including HIV/AIDS	4%	2%	54% y 46% n	63% y 37% n	54% y 46% n
Alcohol/ drug treatment	4%	2%	49% y 51% n	57% y 43% n	52% y 48% n
Mammograms	29%	13%	94% y 6% n	92% y 8% n	83% y 17% n
Physical therapy services	11%	4%	72% y 28% n	83% y 17% n	68% y 32% n

Services	<i>A</i> <i>Used in</i> <i>county</i>	<i>B</i> <i>Used out</i> <i>of county</i>	<i>C</i> <i>Quality ok</i>	<i>D</i> <i>Distance</i> <i>ok</i>	<i>E</i> <i>Cost</i> <i>ok</i>
Prenatal Care	8%	2%	69% y	80% y	68% y

			31% n	20% n	32% n
Immunizations	26%	4%	93% y 7% n	96% y 4% n	91% y 9% n
Family Planning Services	6%	2%	65% y 35% n	73% y 27% n	67% y 33% n
Pharmacies	61%	8%	96% y 4% n	97% y 3% n	78% y 22% n
Senior Meal Sites	12%	2%	79% y 21% n	88% y 12% n	84% y 16% n
Meals on Wheels	8%	1%	67% y 33% n	81% y 19% n	80% y 20% n
Homemaker services	5%	1%	57% y 43% n	67% y 33% n	55% y 45% n
Home health nursing	8%	1%	70% y 30% n	81% y 19% n	73% y 27% n
Link to Life/Lifeline/ Alertlink	5%	2%	63% y 37% n	70% y 30% n	64% y 36% n
Support Groups	5%	2%	58% y 42% n	66% y 34% n	60% y 40% n
Transportation	7%	2%	64% y 36% n	66% y 34% n	63% y 37% n
Ambulance services	13%	2%	83% y 17% n	88% y 12% n	68% y 32% n
Farm Safety Education	2%	1%	34% y 66% n	46% y 54% n	32% y 68% n
Counseling/Mental Health	7%	2%	65% y 35% n	79% y 21% n	67% y 33% n

Part II : Health Care Services:

2. Did you receive necessary accommodations (i.e. wheelchair accessibility, interpreters, etc.) to fully benefit from services? *Circle one.*
a. Yes 21% b. No 10% c. Does not apply 69%
3. In the last 12 months, when you wanted to be seen as soon as possible, did you have to wait more than 3 days for an appointment to see a doctor for primary (not specialty) health care? *Circle one.*
a. Yes 18% b. No 72% c. Does not apply 10%
4. In the last 12 months, did you have to wait more than 15 minutes in the doctor's waiting room for primary (not specialty) health care? *Circle one.*
a. Yes 60% b. No 35% c. Does not apply 5%
5. Has your medical care been kept private (confidential)? *Circle one.*
a. Yes 94% b. No 6%
- 5a. Who do you feel is responsible for the lack of confidentiality? *Circle one.*
a. Physician 23%
b. Office staff 37% c. Hospital staff 9%
d. Ambulance staff 7% e. Other 27%
6. Is it important to you to maintain three hospitals in the County? *Circle one.*
a. Yes 78% b. No 22%
7. If you or a family member needed to enter a nursing home, which one would you prefer to enter? *Circle one and/or fill in the blank.*
- | | |
|---|-----|
| a. The Infirmary | 15% |
| b. Founders Pavilion | 18% |
| c. Fred & Harriett Taylor Health Center | 17% |
| d. Three Rivers | 11% |
| e. MercyCare | 13% |
| f. Hornell Gardens | 7% |
| g. Out of County: _____ | 19% |
8. How many times have you seen a physician during the past 12 months?
Average = 4.91
9. How much do you estimate your household paid for all medical expenses in the last calendar year ("out of pocket expenses:" prescriptions, dental care, health insurance premiums, medical care, hospitalization, co-payments)? *Circle one.*
- | | |
|----------------------|-----|
| a. \$0 - \$500 | 37% |
| b. \$501 - \$1000 | 25% |
| c. \$1,001 - \$2,000 | 17% |
| d. \$2,000 + | 21% |

If you do have health coverage:

10. What kind of health care coverage do you have? *Circle all that apply.*
 a. Individual/family/group insurance 67 %

Of those, payor = 41% self
 27% employer 32% shared

- b. Medicare (Social Security) 48%
 c. Medicaid 15%
 d. VA 6%
 e. Dental Insurance 18%
 f. Other 12%
 g. No insurance. 7%

Of those with no insurance:

1. Can't afford it 97%
 2. Prefer to pay my own expenses 3%

11. Have you been unable to access any type of health care service due to inability to pay?
Circle one.
 a. Yes 16% b. No 84%

If yes:

- 11a. Check all that apply.
 67% Dentist
 16% Podiatrist
 47% Doctor
 47% Prescriptions
 21% Other:

12. Have you ever had to go without something else (i.e. food, utilities) because of the cost of health care? *Circle one.*
 a. Yes 14% b. No 86%

13. Do you need assistance filling out insurance applications or forms for Medicaid or other medical payments? *Circle one.*
 a. Yes 13% b. No 87%

Part III. Health Behavior

1. Do you use seat belts when you travel? *Circle one.*
 a. Never 2% b. Sometimes 10% c. Always 88%
2. Do your children use seat belts/restraints? *Circle one.*
 a. Never 1% b. Sometimes 3% c. Always 51%
 d. Does not apply 45%
3. Do your children wear protective helmets when riding bicycles? *Circle one.*
 a. Never 2% b. Sometimes 7% c. Always 28%
 d. Does not apply 63%
4. During the past month, did you participate (on or off your job) in any physical activities

or exercise such as running, calisthenics, golf, gardening, or walking? *Circle one.*
a. Yes 73% b. No 27%

If yes:

4a. How many times per week did you take part in this activity? *Please fill in blank.*
men = 3.81 & women = 2.82

a. Times per week 2.93 average

4b. When you took part in this activity, how many minutes or hours did you usually keep at it? *Please fill in blanks.*

a. Hours/minutes .98 hours average

5. How much alcohol do you drink? *Circle one.*

a. None 60%

b. One or less each week (bottle/can of beer, glass of wine or mixed drink)
22%

c. Less than one each day 8%

d. One or two each day 7%

e. More than two each day 3%

6. What is your daily average number of servings fruits and vegetables? *Circle one.*

a. 5 or more 17% b. 3-4 38%

c. 1-2 41%

7. Do you limit your intake of fatty foods? *Circle one.*

a. Yes 77% b. No 23%

8. Do you smoke cigarettes now? *Circle one/ fill in blank.*

a. No 84%

b. Yes. If yes, on the average, about how many cigarettes a day do you smoke?
(1 pack = 20 cigarettes) 16%

Number of cigarettes Average 15 for smokers

9. Do you currently use any smokeless tobacco products such as chewing tobacco or snuff?
Circle one.

a. Yes, chewing tobacco 2% b. Yes, snuff 1%

c. Yes, both <1% d. No, neither 97%

9a. Are you exposed to secondhand smoke? *Circle one.*

1. No 47% 2. Yes, at home 15% 3. Yes, at work 4%

4. Yes, at home and work 6% 5. Yes, public facilities 29%

9b. Do you support smoke-free dining in Steuben County?

Circle one. 1. Yes 83% 2. No 17%

10. Have the children in your house received immunizations (shots) against childhood

- diseases? *Circle one.*
- | | |
|---------------------------|-----|
| a. No | 2% |
| b. Yes, all immunizations | 39% |
| c. Some, not all | 2% |
| d. Not sure | 1% |
| e. Does not apply | 56% |
11. Has violence or abuse been a problem for any member of your household (including children)? *Circle one.*
a. Yes 12% b. No 88%
12. About how much do you weigh? *Please fill in blank.*
a. ____ (pounds) 161 average female
185 average male
13. About how tall are you? *Please fill in blank.*
a. ____feet ____inches 5'5" female
5'8 1/2" male
14. Are you now trying to lose weight? *Circle one.*
a. Yes 52% b. No 48%
15. Do you need help with managing stress/depression?
Circle one. a. Yes 21% b. No 79%
16. Do you feel you would use some kind of program aimed at stress management/reduction?
Circle one.
a. Yes 26% b. No 74%
17. Do you use any form of complementary health care? *Check all that apply.* 26%
Of those:
52% Chiropractor 2% Acupuncture 20% Massage Therapy
25% Herbal medicine 13%_Other
18. Do you feel you have access to information regarding the following services?
Check yes for all that you have information for.
28% Food stamps 20% WIC 27% HEAP 30% Medicaid
19. Do you support putting fluoride in the water supply to improve dental health in the community? *Circle one.*
a. Yes 76% b. No 24%
20. Do you need help with choosing in-home care or nursing home placement options?
Circle one.
a. Yes 10% b. No 90%

Part IV. Questions Pertaining To Your Health

1. Would you say that in general your health is: *Circle one.*
a. Excellent 10% b. Very good 29% c. Good 38%
d. Fair 19% e. Poor 4%

2. On about how many days during the past 6 months was your physical health not good?
Circle one/ fill in blank.
a. ____ days b. None 12.20 average all (1044 records)
24.18 average for greater than 0 (527 records)
1.85 average for <12 days (849 records)
59.98 average for >12 days (184 records)

3. On about how many days during the last 6 months was your mental health (includes depression, excessive stress and _____ problems with emotions) not good?
Circle one/ fill in blank.
a. ____ days b. None
9.10 average all (1044 records)
29.96 average for >0 (317 records)
.98 average for <12 (900 records)
63.39 days average >12 (134 records)

4. About how long has it been since you last visited a doctor for a routine checkup?
Circle one.
a. 1 to 12 months ago 85% b. 1 to 2 years ago 9%
c. 2 to 5 years ago 4% d. Never 2%

5. During the last 6 months, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? *Circle one/ fill in blank.*
Average 8.22 all 306 >0 = 28.03 days
<12 = .95 (937 records) >12 = 73.56 days (104 records)

6. During the last 6 months, did you visit or call a health care professional because of any kind of injury or accident? *Circle one.*
a. Yes 20% b. No 80%

7. During the last 6 months, did you miss more than half a day from school, work, household or usual activities because of an injury or accident? *Circle one.*
a. Yes 15% b. No 85%

8. Do you request samples from your doctor if you can't afford a prescription? *Circle one.*
a. Yes 37% b. No 63%

Women's Health (Questions 9 & 10 to be filled out by women only)

9. A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram? *Circle all that apply.*
- a. Yes. 410 out of 635 women 65%
- How long has it been?
1. 1 to 12 months ago 63%
 2. 1 to 2 years ago 18%
 3. 2 to 3 years ago 8%
 4. 3 to 5 years ago 4%
 5. 5 or more years ago 7%
- b. No 35%
-
10. A Pap smear and pelvic exam is used to check for uterine and cervical cancer. Have you ever had this exam? *Circle all that apply.*
- a. Yes. 575 out of 635 women 90%
- How long has it been?
1. 1 to 12 months ago 62%
 2. 1 to 2 years ago 16%
 3. 2 to 3 years ago 6%
 4. 3 to 5 years ago 4%
 5. 5 or more years ago 12%
- b. No 10%

Men's Health (Question 11 to be filled out by men only)

11. Do you routinely have a prostate examination? *Circle one.*
- a. Yes 64% b. No 36%

Part V. Demographic Information

1. What is your race? *Circle one.*
- a. White 98%
 - b. Black 1%
 - c. American Indian, Alaska Native <1%
 - d. Asian, Pacific Islander <1%
 - e. Spanish, Hispanic <1%
 - f. Other 1%
-
2. What is your current marital status? *Circle one.*
- a. Married 52%
 - b. Divorced 10%
 - c. Widowed 23%
 - d. Separated 4%
 - e. Never been married 9%
 - f. Member of an unmarried couple 2%
-
3. How long have you lived in Steuben County? *Circle one.*

- a. Less than a year 2% b. 1-4 years 5%
 c. 5-9 years 9% d. 10-19 years 16%
 e. 20 years plus 68%
4. What is the highest grade or year of school you completed? *Circle one.*
 8th grade or less 5%
 9 2% 13 7% 16& 17%
 10 4% 14 9%
 11 2% 15 3%
 12 30% 16 21%
5. Are you currently employed for wages? *Circle one.*
 a. Yes, full-time 30% b. Yes, part-time 11%
 c. No. 59% If no, *please circle one.*
 1. homemaker 14% 2. student 4%
 3. retired 63% 4. out of work 5%
 5. unable to work 10% 6. volunteer 4%
6. If you are currently employed, what is your current occupation? *Circle one.*
 a. Farm work 2%
 b. Mining 0%
 c. Construction 2%
 d. Manufacturing 9%
 e. Transportation, public utilities 4%
 f. Wholesale trade 1%
 g. Retail trade 6%
 h. Finance, insurance, real estate 2%
 i. Services 21%
 j. Government 7%
 k. Education 12%
 l. Health services 21%
 o. Other (please specify _____) 21%
7. Do you have any type of disability that limits your daily activities or requires special accommodations? *Circle one. Fill in blank.* a. Yes 27% b. No 73%
 Type of disability _____
8. What is your zipcode? *Fill in blank.* _____
 a. 14810 21%
 b. 14830 18%
 c. 14843 14%
 d. 14870 7%
 e. 14801 5%
 f. 14527 & 14821 & 14823 & 14840 & 14873 3%
 g. 14809 2%
 h. 14807 & 14814 & 14819 % 14820 & 14826 &
 14839 & 14855 & 14858 & 14879 & 14885 1%
 i. Other areas with less than 1% 7%
9. Who has lived in your home (at least 50% of the time) in the last 12 months?

Fill in appropriate blanks.

29% male

71% female

50.09 average age female respondent

58.17 average age male respondent

45.65 average age-all respondents

(many did not indicate gender at all, but indicated age)

10. What is your annual household income? *Circle one.*
- | | |
|-----------------------------------|-----|
| a. Less than \$10,000 | 24% |
| b. \$10,000 to less than \$15,000 | 16% |
| c. \$15,000 to less than \$20,000 | 12% |
| d. \$20,000 to less than \$25,000 | 9% |
| e. \$25,000 to less than \$35,000 | 11% |
| f. \$35,000 to less than \$50,000 | 12% |
| g. \$50,000 to less than \$75,000 | 10% |
| h. Over \$75,000 | 6% |