2012 PRC
Community Health Needs Assessment Report

St. Mary’s Healthcare Service Area
Fulton & Montgomery Counties, New York

Sponsored by
St. Mary’s Healthcare
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INTRODUCTION
Project Overview

Project Goals

This Community Health Needs Assessment is a systematic, data-driven approach to determining the health status, behaviors and needs of residents in the service area of St. Mary’s Healthcare. Subsequently, this information may be used to inform decisions and guide efforts to improve community health and wellness.

A Community Health Needs Assessment provides information so that communities may identify issues of greatest concern and decide to commit resources to those areas, thereby making the greatest possible impact on community health status. This Community Health Needs Assessment will serve as a tool toward reaching three basic goals:

- **To improve residents’ health status, increase their life spans, and elevate their overall quality of life.** A healthy community is not only one where its residents suffer little from physical and mental illness, but also one where its residents enjoy a high quality of life.

- **To reduce the health disparities among residents.** By gathering demographic information along with health status and behavior data, it will be possible to identify population segments that are most at-risk for various diseases and injuries. Intervention plans aimed at targeting these individuals may then be developed to combat some of the socio-economic factors which have historically had a negative impact on residents’ health.

- **To increase accessibility to preventive services for all community residents.** More accessible preventive services will prove beneficial in accomplishing the first goal (improving health status, increasing life spans, and elevating the quality of life), as well as lowering the costs associated with caring for late-stage diseases resulting from a lack of preventive care.

This assessment was conducted on behalf of St. Mary’s Healthcare by Professional Research Consultants, Inc. (PRC). PRC is a nationally-recognized healthcare consulting firm with extensive experience conducting Community Health Needs Assessments such as this in hundreds of communities across the United States since 1994.

Methodology

This assessment incorporates data from both quantitative and qualitative sources. Quantitative data input includes primary research (the PRC Community Health Survey) and secondary research (vital statistics and other existing health-related data); these quantitative components allow for trending and comparison to benchmark data at the state and national levels. Qualitative data input includes primary research gathered through a series of Key Informant Focus Groups.
Survey Instrument

The survey instrument used for this study is based largely on the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS), as well as various other public health surveys and customized questions addressing gaps in indicator data relative to health promotion and disease prevention objectives and other recognized health issues. The final survey instrument was developed by St. Mary’s Healthcare and PRC.

Community Defined for This Assessment

The study area for the survey effort (referred to as “St. Mary’s Healthcare Service Area” in this report) includes each of the residential ZIP Codes comprising Fulton and Montgomery counties. A geographic description is illustrated in the following map.

Sample Approach & Design

A precise and carefully executed methodology is critical in asserting the validity of the results gathered in the PRC Community Health Survey. Thus, to ensure the best representation of the population surveyed, a telephone interview methodology — one that incorporates both landline and cell phone interviews — was employed. The primary advantages of telephone interviewing are timeliness, efficiency and random-selection capabilities.

The sample design used for this effort consisted of a stratified random sample of 750 individuals age 18 and older in the St. Mary’s Healthcare Service Area, including 355 in Fulton County and 395 in Montgomery County. Once the interviews were completed, these were weighted in proportion to the actual population distribution so as to appropriately represent St. Mary’s Healthcare Service Area as a whole. All administration
Sampling Error

For statistical purposes, the maximum rate of error associated with a sample size of 750 respondents is ±3.5% at the 95 percent level of confidence.

![Expected Error Ranges for a Sample of 750 Respondents at the 95 Percent Level of Confidence](chart)

Note: ● The “response rate” (the percentage of a population giving a particular response) determines the error rate associated with that response.

Examples:
- A 95 percent level of confidence indicates that responses would fall within the expected error range on 95 out of 100 trials.
- If 10% of the sample of 750 respondents answered a certain question with a “yes,” it can be asserted that between 7.9% and 12.1% of the total population would offer this response.
- If 95% of respondents said “yes,” one could be certain with a 95 percent level of confidence that between 46.5% and 53.5% of the total population would respond “yes” if asked this question.

Sample Characteristics

To accurately represent the population studied, PRC strives to minimize bias through application of a proven telephone methodology and random-selection techniques. And, while this random sampling of the population produces a highly representative sample, it is a common and preferred practice to “weight” the raw data to improve this representativeness even further. This is accomplished by adjusting the results of a random sample to match the geographic distribution and demographic characteristics of the population surveyed (poststratification), so as to eliminate any naturally occurring bias. Specifically, once the raw data are gathered, respondents are examined by key demographic characteristics (namely gender, age, race, ethnicity, and poverty status) and a statistical application package applies weighting variables that produce a sample which more closely matches the population for these characteristics. Thus, while the integrity of each individual’s responses is maintained, one respondent’s responses may contribute to the whole the same weight as, for example, 1.1 respondents. Another respondent, whose demographic characteristics may have been slightly oversampled, may contribute the same weight as 0.9 respondents.

The following chart outlines the characteristics of the St. Mary’s Healthcare Service Area sample for key demographic variables, compared to actual population characteristics revealed in census data. [Note that the sample consisted solely of area residents age 18 and older; data on children were given by proxy by the person most responsible for that child’s healthcare needs, and these children are not represented demographically in this chart.]
Further note that the poverty descriptions and segmentation used in this report are based on administrative poverty thresholds determined by the US Department of Health & Human Services. These guidelines define poverty status by household income level and number of persons in the household (e.g., the 2012 guidelines place the poverty threshold for a family of four at $23,050 annual household income or lower). In sample segmentation: “low income” refers to community members living in a household with defined poverty status or living just above the poverty level, earning up to twice the poverty threshold; “mid/high income” refers to those households living on incomes which are twice or more the federal poverty level.

The sample design and the quality control procedures used in the data collection ensure that the sample is representative. Thus, the findings may be generalized to the total population of community members in the defined area with a high degree of confidence.

Key Informant Focus Groups

As part of the community health assessment, three focus groups were held in Amsterdam on November 8, 2012. The focus group participants included 38 key informants, including: representatives from public health; physicians; other health professionals; social service providers; and other community leaders (see Appendix).

A list of recommended participants for the focus groups was provided by St. Mary’s Healthcare. Potential participants were chosen because of their ability to identify primary concerns of the populations with whom they work, as well as of the community overall. Participants included a representative of public health, as well as several individuals who work with low-income, minority or other medically-underserved populations, and those who work with persons with chronic disease conditions.

Focus group candidates were first contacted by letter to request their participation. Follow-up phone calls were then made to ascertain whether or not they would be able to attend. Confirmation calls were placed the day before the groups were scheduled to insure a reasonable turnout.
Audio from the focus groups sessions was recorded, from which verbatim comments in this report are taken. There are no names connected with the comments, as participants were asked to speak candidly and assured of confidentiality.

NOTE: These findings represent qualitative rather than quantitative data. The groups were designed to gather input from participants regarding their opinions and perceptions of the health of the residents in the area. Thus, these findings are based on perceptions, not facts.

Public Health, Vital Statistics & Other Data

A variety of existing (secondary) data sources was consulted to complement the research quality of this Community Health Needs Assessment. Data for the St. Mary’s Healthcare Service Area were obtained from the following sources (specific citations are included with the graphs throughout this report):

- Centers for Disease Control & Prevention
- National Center for Health Statistics
- New York State Department of Health
- New York State Division of Criminal Justice Services
- US Census Bureau
- US Department of Health and Human Services
- US Department of Justice, Federal Bureau of Investigation

Note that secondary data reflect county-level data.

Benchmark Data

New York Risk Factor Data

Statewide risk factor data are provided where available as an additional benchmark against which to compare local survey findings; these data are reported in the most recent BRFSS (Behavioral Risk Factor Surveillance System) Prevalence and Trend Data published by the Centers for Disease Control and Prevention and the US Department of Health & Human Services. State-level vital statistics are also provided for comparison of secondary data indicators.

Nationwide Risk Factor Data

Nationwide risk factor data, which are also provided in comparison charts, are taken from the 2011 PRC National Health Survey; the methodological approach for the national study is identical to that employed in this assessment, and these data may be generalized to the US population with a high degree of confidence. National-level vital statistics are also provided for comparison of secondary data indicators.

Healthy People 2020

Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. The Healthy People initiative is grounded in the principle that setting national objectives and monitoring progress can motivate action. For three decades, Healthy People has
established benchmarks and monitored progress over time in order to:

- Encourage collaborations across sectors.
- Guide individuals toward making informed health decisions.
- Measure the impact of prevention activities.

Healthy People 2020 is the product of an extensive stakeholder feedback process that is unparalleled in government and health. It integrates input from public health and prevention experts, a wide range of federal, state and local government officials, a consortium of more than 2,000 organizations, and perhaps most importantly, the public. More than 8,000 comments were considered in drafting a comprehensive set of Healthy People 2020 objectives.

Information Gaps

While this assessment is quite comprehensive, it cannot measure all possible aspects of health in the community, nor can it adequately represent all possible populations of interest. It must be recognized that these information gaps might in some ways limit the ability to assess all of the community’s health needs.

For example, certain population groups — such as the homeless, institutionalized persons, or those who only speak a language other than English or Spanish — are not represented in the survey data. Other population groups — for example, pregnant women, lesbian/gay/bisexual/transgender residents, undocumented residents, and members of certain racial/ethnic or immigrant groups — might not be identifiable or might not be represented in numbers sufficient for independent analyses.

In terms of content, this assessment was designed to provide a comprehensive and broad picture of the health of the overall community. However, there are certainly a great number of medical conditions that are not specifically addressed.
Summary of Findings

Areas of Opportunity for Community Health Improvement

The following “health priorities” represent recommended areas of intervention, based on the information gathered through this Community Health Needs Assessment and the guidelines set forth in *Healthy People 2020*. From these data, opportunities for health improvement exist in the region with regard to the following health areas (see also the summary tables presented in the following section). These areas of concern are subject to the discretion of area providers, the steering committee, or other local organizations and community leaders as to actionability and priority.

### Areas of Opportunity Identified Through This Assessment

<table>
<thead>
<tr>
<th>Area</th>
<th>Health Priorities</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Access to Health Services</strong></td>
<td>• Insurance Instability&lt;br&gt;• Emergency Room Utilization&lt;br&gt;• Attendance at Health Promotion Events&lt;br&gt;• Barriers to Access (focus group concerns)&lt;br&gt;  o Difficulty Accessing Specialty care&lt;br&gt;  o Low Health Literacy&lt;br&gt;  o Insurance Status &amp; Cost&lt;br&gt;  o Medicaid Reimbursement&lt;br&gt;  o Lack Transportation&lt;br&gt;  o Interpretive Services&lt;br&gt;  o Office Hours/Need for a Weekend Clinic</td>
</tr>
<tr>
<td><strong>Arthritis, Osteoporosis &amp; Chronic Back Conditions</strong></td>
<td>• Arthritis/Rheumatism (50+)&lt;br&gt;• Sciatica/Chronic Back Pain&lt;br&gt;• Chronic Neck Pain&lt;br&gt;• Activity Limitations</td>
</tr>
<tr>
<td><strong>Chronic Kidney Disease</strong></td>
<td>• Kidney Disease Deaths</td>
</tr>
<tr>
<td><strong>Dementias, Including Alzheimer’s Disease</strong></td>
<td>• Alzheimer’s Disease Deaths</td>
</tr>
<tr>
<td><strong>Family Planning &amp; Infant Health</strong></td>
<td>• Lack of Prenatal Care&lt;br&gt;• Births to Unwed Mothers&lt;br&gt;• Births to Teens</td>
</tr>
<tr>
<td><strong>Heart Disease &amp; Stroke</strong></td>
<td>• Heart Disease Deaths&lt;br&gt;• Heart Disease Prevalence&lt;br&gt;• Hypertension</td>
</tr>
<tr>
<td><strong>Immunization &amp; Infectious Diseases</strong></td>
<td>• Flu Shots (Seniors and High-Risk Adults 18-64)</td>
</tr>
<tr>
<td><strong>Nutrition &amp; Weight Status</strong></td>
<td>• Overweight &amp; Obesity Prevalence&lt;br&gt;• Fruit/Vegetable Consumption&lt;br&gt;  o Poor Eating Habits (focus group concern)&lt;br&gt;  o Cost of Nutritious Food (focus group concern)&lt;br&gt;  o Transportation to Grocery Stores (focus group concern)&lt;br&gt;  o Nutritional Education (focus group concern)</td>
</tr>
<tr>
<td><strong>Oral Health</strong></td>
<td>• Routine Dental Care (Adults)&lt;br&gt;• Medicaid Reimbursement (focus group concern)</td>
</tr>
</tbody>
</table>

— continued on next page —
Areas of Opportunity (continued)

| Respiratory Diseases | • Chronic Lower Respiratory Disease Deaths  
|                      | • Chronic Lung Disease Prevalence  
|                      | • Asthma Prevalence (Adults & Children)  
| Substance Abuse      | • Prevalence of Substance Abuse (focus group concern)  
|                      | • Difficultly Accessing Treatment (focus group concern)  
|                      | • Early Prevention & Education (focus group concern)  
| Tobacco Use          | • Current Smokers  
|                      | • Exposure to Tobacco Smoke at Home (Including Homes With Children)  
|                      | • Resources for Cessation (focus group concern)  

Top Community Health Concerns Among Community Key Informants

At the conclusion of each key informant focus group, participants were asked to write down what they individually perceive as the top five health priorities for the community, based on the group discussion as well as on their own experiences and perceptions. Their responses were collected, categorized and tallied to produce the top-ranked priorities as identified among key informants. These should be used to complement and corroborate findings that emerge from the quantitative dataset.

1. Access to Healthcare Services, including Transportation
   
   Mentioned resources available to address this issue: St. Mary’s Healthcare; Schenectady Advocacy Resources; Choices (ARC); Lexington Fulton County ARC; Liberty ARC; Local Government; Business Community; Local Bus Companies; Fulton County Office For Aging; Montgomery County Office For Aging; Access Transportation; Local Physicians; New Dimensions in Health Care; Department of Social Services.

2. Substance Abuse
   
   Mentioned resources available to address this issue: School Districts; St. Mary’s Healthcare; Centro Civico; Employers; Local Government; Community-Based Agencies; Court Appointed Special Advocates (CASA); Mental Health Association; YMCA; Suboxone/Methadone Clinics.

3. Education & Prevention
   
   Mentioned resources available to address this issue: School Districts; St. Mary’s Healthcare; Employers; Local Government; Long Term Care Council; 2-11; Community Educators; Public Health; Fulton County Office for Aging; Montgomery County Office For Aging; Catholic Charities.

4. Obesity & Nutrition
   
   Mentioned resources available to address this issue: Public Health; School Districts; St. Mary’s Healthcare; Community Based Agencies; YMCA; Centro Civico; Senior Centers; Women, Infant and Children (WIC); Project Action.

5. Mental Health
   
   Mentioned resources available to address this issue: Mental Health Association; St. Mary’s Healthcare; Family Counseling Center; Local Mental Health Providers.
Summary Tables: Comparisons With Benchmark Data

The following tables provide an overview of indicators in the St. Mary’s Healthcare Service Area, including comparisons between the two counties. These data are grouped to correspond with the Focus Areas presented in Healthy People 2020.

Reading the Summary Tables

- In the following charts, St. Mary’s Healthcare Service Area results are shown in the larger, blue column.
- The green columns [to the left of the St. Mary’s Healthcare Service Area column] provide comparisons between the two counties, identifying differences for each as “better than” (☑), “worse than” (☒), or “similar to” (☐) the opposing county.
- The columns to the right of the St. Mary’s Healthcare Service Area column provide comparisons between the Service Area and any available state and national findings, and Healthy People 2020 targets. Symbols indicate whether the St. Mary’s Healthcare Service Area compares favorably (☑), unfavorably (☒), or comparably (☐) to these external data.

Note that blank table cells signify that data are not available or are not reliable for that area and/or for that indicator.
<table>
<thead>
<tr>
<th>Access to Health Services</th>
<th>Each Sub-Area vs. Others</th>
<th>St. Mary's Healthcare Svc Area</th>
<th>St. Mary's Svc Area vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>% [Age 18-64] Lack Health Insurance</td>
<td>Fulton County 9.9</td>
<td>Montgomery County 11.0</td>
<td>10.5 vs. NY 17.3</td>
</tr>
<tr>
<td>% [65+] With Medicare Supplement Insurance</td>
<td>Fulton County 77.4</td>
<td>Montgomery County 77.0</td>
<td>77.2 vs. US 75.5</td>
</tr>
<tr>
<td>% [Insured] Insurance Covers Prescriptions</td>
<td>Fulton County 95.2</td>
<td>Montgomery County 93.4</td>
<td>94.2</td>
</tr>
<tr>
<td>% [Insured] Went Without Coverage in Past Year</td>
<td>Fulton County 8.9</td>
<td>Montgomery County 6.4</td>
<td>7.6 vs. HP2020 4.8</td>
</tr>
<tr>
<td>% Difficulty Accessing Healthcare in Past Year (Composite)</td>
<td>Fulton County 35.2</td>
<td>Montgomery County 40.5</td>
<td>38.0</td>
</tr>
<tr>
<td>% Inconvenient Hrs Prevented Dr Visit in Past Year</td>
<td>Fulton County 15.4</td>
<td>Montgomery County 16.6</td>
<td>16.0</td>
</tr>
<tr>
<td>% Cost Prevented Getting Prescription in Past Year</td>
<td>Fulton County 14.0</td>
<td>Montgomery County 16.3</td>
<td>15.2</td>
</tr>
<tr>
<td>% Cost Prevented Physician Visit in Past Year</td>
<td>Fulton County 12.6</td>
<td>Montgomery County 14.1</td>
<td>13.4</td>
</tr>
<tr>
<td>% Difficulty Getting Appointment in Past Year</td>
<td>Fulton County 11.8</td>
<td>Montgomery County 15.0</td>
<td>13.5</td>
</tr>
<tr>
<td>% Difficulty Finding Physician in Past Year</td>
<td>Fulton County 7.1</td>
<td>Montgomery County 8.5</td>
<td>7.8 vs. NY 10.7</td>
</tr>
<tr>
<td>% Transportation Hindered Dr Visit in Past Year</td>
<td>Fulton County 4.7</td>
<td>Montgomery County 8.8</td>
<td>6.9 vs. US 7.7</td>
</tr>
<tr>
<td>% Skipped Prescription Doses to Save Costs</td>
<td>Fulton County 15.2</td>
<td>Montgomery County 16.3</td>
<td>15.8</td>
</tr>
<tr>
<td>% Difficulty Getting Child's Healthcare in Past Year</td>
<td>Fulton County 1.7</td>
<td>Montgomery County 6.1</td>
<td>4.2</td>
</tr>
<tr>
<td>% [Age 18+] Have a Specific Source of Ongoing Care</td>
<td>Fulton County 80.4</td>
<td>Montgomery County 78.3</td>
<td>79.3 vs. HP2020 95.0</td>
</tr>
<tr>
<td>% [Age 18-64] Have a Specific Source of Ongoing Care</td>
<td>Fulton County 80.5</td>
<td>Montgomery County 78.5</td>
<td>79.4</td>
</tr>
<tr>
<td>% [Age 65+] Have a Specific Source of Ongoing Care</td>
<td>Fulton County 78.3</td>
<td>Montgomery County 76.8</td>
<td>77.5</td>
</tr>
<tr>
<td>% Have Had Routine Checkup in Past Year</td>
<td>Fulton County 78.1</td>
<td>Montgomery County 73.3</td>
<td>75.6</td>
</tr>
</tbody>
</table>
### Access to Health Services (continued)

<table>
<thead>
<tr>
<th></th>
<th>Fulton County</th>
<th>Montgomery County</th>
<th>Each Sub-Area vs. Others</th>
<th>St. Mary's Svc Area vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Child Has Had Checkup in Past Year</td>
<td>95.3</td>
<td>92.4</td>
<td>93.7</td>
<td><a href="#">HP2020</a></td>
</tr>
<tr>
<td>% Two or More ER Visits in Past Year</td>
<td>10.5</td>
<td>12.4</td>
<td>11.6</td>
<td></td>
</tr>
<tr>
<td>% Rate Local Healthcare “Fair/Poor”</td>
<td>19.9</td>
<td>18.3</td>
<td>19.1</td>
<td></td>
</tr>
</tbody>
</table>

**Note:** In the green section, each county is compared against the other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

### Arthritis, Osteoporosis & Chronic Back Conditions

<table>
<thead>
<tr>
<th></th>
<th>Fulton County</th>
<th>Montgomery County</th>
<th>Each Sub-Area vs. Others</th>
<th>St. Mary's Svc Area vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>% [50+] Arthritis/Rheumatism</td>
<td>47.0</td>
<td>39.6</td>
<td>43.1</td>
<td><a href="#">HP2020</a></td>
</tr>
<tr>
<td>% [50+] Osteoporosis</td>
<td>13.1</td>
<td>13.8</td>
<td>13.5</td>
<td></td>
</tr>
<tr>
<td>% Sciatica/Chronic Back Pain</td>
<td>28.5</td>
<td>25.0</td>
<td>26.6</td>
<td></td>
</tr>
<tr>
<td>% Migraine/Severe Headaches</td>
<td>17.0</td>
<td>19.4</td>
<td>18.3</td>
<td></td>
</tr>
<tr>
<td>% Chronic Neck Pain</td>
<td>14.8</td>
<td>15.5</td>
<td>15.2</td>
<td></td>
</tr>
</tbody>
</table>

**Note:** In the green section, each county is compared against the other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

### Cancer

<table>
<thead>
<tr>
<th></th>
<th>Fulton County</th>
<th>Montgomery County</th>
<th>Each Sub-Area vs. Others</th>
<th>St. Mary's Svc Area vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer (Age-Adjusted Death Rate)</td>
<td>177.7</td>
<td>168.4</td>
<td>173.0</td>
<td><a href="#">HP2020</a></td>
</tr>
<tr>
<td>% Skin Cancer</td>
<td>3.7</td>
<td>2.8</td>
<td>3.2</td>
<td></td>
</tr>
<tr>
<td>% Cancer (Other Than Skin)</td>
<td>6.5</td>
<td>6.0</td>
<td>6.2</td>
<td></td>
</tr>
<tr>
<td>% [Men 50+] Prostate Exam in Past 2 Years</td>
<td>80.2</td>
<td>77.1</td>
<td>78.6</td>
<td><a href="#">HP2020</a></td>
</tr>
</tbody>
</table>
### Cancer (continued)

<table>
<thead>
<tr>
<th>Cancer Indicator</th>
<th>Fulton County</th>
<th>Montgomery County</th>
<th>Fulton County</th>
<th>Montgomery County</th>
<th>Fulton County</th>
<th>Montgomery County</th>
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<th>Montgomery County</th>
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<th>Montgomery County</th>
<th>Fulton County</th>
<th>Montgomery County</th>
<th>Fulton County</th>
<th>Montgomery County</th>
</tr>
</thead>
<tbody>
<tr>
<td>% [Women 50-74] Mammogram in Past 2 Years</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>87.5</td>
<td>75.9</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>81.9</td>
<td>80.6</td>
</tr>
<tr>
<td>% [Women 21-65] Pap Smear in Past 3 Years</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>87.1</td>
<td>82.7</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>84.8</td>
<td>83.6</td>
</tr>
<tr>
<td>% [Age 50+] Sigmoid/Colonoscopy Ever</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>71.7</td>
<td>68.0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>69.8</td>
<td>71.2</td>
</tr>
<tr>
<td>% [Age 50+] Blood Stool Test in Past 2 Years</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>42.2</td>
<td>29.7</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>35.7</td>
<td>16.0</td>
</tr>
<tr>
<td>% [Age 50-75] Colorectal Cancer Screening</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>77.7</td>
<td>68.9</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>73.2</td>
<td>70.5</td>
</tr>
</tbody>
</table>

Note: In the green section, each county is compared against the other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

### Chronic Kidney Disease

<table>
<thead>
<tr>
<th>Chronic Kidney Disease</th>
<th>Fulton County</th>
<th>Montgomery County</th>
<th>Fulton County</th>
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<th>Montgomery County</th>
<th>Fulton County</th>
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<th>Montgomery County</th>
<th>Fulton County</th>
<th>Montgomery County</th>
<th>Fulton County</th>
<th>Montgomery County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kidney Disease (Age-Adjusted Death Rate)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>20.8</td>
<td>19.1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>19.8</td>
<td>11.0</td>
</tr>
</tbody>
</table>

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### Diabetes

<table>
<thead>
<tr>
<th>Diabetes</th>
<th>Fulton County</th>
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<th>Fulton County</th>
<th>Montgomery County</th>
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<th>Montgomery County</th>
<th>Fulton County</th>
<th>Montgomery County</th>
<th>Fulton County</th>
<th>Montgomery County</th>
<th>Fulton County</th>
<th>Montgomery County</th>
<th>Fulton County</th>
<th>Montgomery County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes Mellitus (Age-Adjusted Death Rate)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>11.1</td>
<td>23.2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>17.1</td>
<td>17.0</td>
</tr>
<tr>
<td>% Diabetes/High Blood Sugar</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>11.8</td>
<td>9.2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>10.5</td>
<td>10.5</td>
</tr>
</tbody>
</table>

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### Dementias, Including Alzheimer’s Disease

**Alzheimer’s Disease (Age-Adjusted Death Rate)**

<table>
<thead>
<tr>
<th></th>
<th>Fulton County</th>
<th>Montgomery County</th>
<th>vs. NY</th>
<th>vs. US</th>
<th>vs. HP2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>St. Mary’s Svc Area vs. Others</td>
<td>22.1</td>
<td>40.8</td>
<td></td>
<td>31.8</td>
<td></td>
</tr>
<tr>
<td>St. Mary's Healthcare Svc Area</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>vs. NY</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>vs. US</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>vs. HP2020</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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### Educational & Community-Based Programs

**% Attended Health Event in Past Year**

<table>
<thead>
<tr>
<th></th>
<th>Fulton County</th>
<th>Montgomery County</th>
<th>vs. NY</th>
<th>vs. US</th>
</tr>
</thead>
<tbody>
<tr>
<td>St. Mary’s Svc Area vs. Others</td>
<td>14.7</td>
<td>15.9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>St. Mary's Healthcare Svc Area</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>vs. NY</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>vs. US</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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### Family Planning

**% of Births to Unwed Mothers**

<table>
<thead>
<tr>
<th></th>
<th>Fulton County</th>
<th>Montgomery County</th>
<th>vs. NY</th>
<th>vs. US</th>
</tr>
</thead>
<tbody>
<tr>
<td>St. Mary’s Svc Area vs. Others</td>
<td>51.9</td>
<td>46.4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>St. Mary's Healthcare Svc Area</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>vs. NY</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>vs. US</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

**% Births to Teenagers**

<table>
<thead>
<tr>
<th></th>
<th>Fulton County</th>
<th>Montgomery County</th>
<th>vs. NY</th>
<th>vs. US</th>
</tr>
</thead>
<tbody>
<tr>
<td>St. Mary’s Svc Area vs. Others</td>
<td>14.6</td>
<td>14.2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>St. Mary's Healthcare Svc Area</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>vs. NY</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>vs. US</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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### General Health Status

**% “Fair/Poor” Physical Health**

<table>
<thead>
<tr>
<th></th>
<th>Fulton County</th>
<th>Montgomery County</th>
<th>vs. NY</th>
<th>vs. US</th>
<th>vs. HP2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>St. Mary’s Svc Area vs. Others</td>
<td>16.8</td>
<td>17.4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>St. Mary's Healthcare Svc Area</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>vs. NY</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>vs. US</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>vs. HP2020</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

**% Activity Limitations**

<table>
<thead>
<tr>
<th></th>
<th>Fulton County</th>
<th>Montgomery County</th>
<th>vs. NY</th>
<th>vs. US</th>
<th>vs. HP2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>St. Mary’s Svc Area vs. Others</td>
<td>25.2</td>
<td>21.8</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>St. Mary's Healthcare Svc Area</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>vs. NY</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>vs. US</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>vs. HP2020</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

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### Hearing & Other Sensory or Communication Disorders

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Fulton County</th>
<th>Montgomery County</th>
<th>St. Mary’s Svc Area</th>
<th>vs. NY</th>
<th>vs. US</th>
<th>vs. HP2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Deafness/Trouble Hearing</td>
<td></td>
<td></td>
<td>11.5</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: In the green section, each county is compared against the other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

### Heart Disease & Stroke

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Fulton County</th>
<th>Montgomery County</th>
<th>St. Mary’s Svc Area</th>
<th>vs. NY</th>
<th>vs. US</th>
<th>vs. HP2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diseases of the Heart (Age-Adjusted Death Rate)</td>
<td>230.5</td>
<td>257.3</td>
<td>244.1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stroke (Age-Adjusted Death Rate)</td>
<td>36.8</td>
<td>34.2</td>
<td>35.2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Heart Disease (Heart Attack, Angina, Coronary Disease)</td>
<td>9.6</td>
<td>8.6</td>
<td>9.1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Stroke</td>
<td>3.3</td>
<td>3.3</td>
<td>3.3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Blood Pressure Checked in Past 2 Years</td>
<td>94.4</td>
<td>95.6</td>
<td>95.1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Told Have High Blood Pressure (Ever)</td>
<td>38.5</td>
<td>40.1</td>
<td>39.3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% [HBP] Taking Action to Control High Blood Pressure</td>
<td>91.0</td>
<td>89.5</td>
<td>90.2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Cholesterol Checked in Past 5 Years</td>
<td>91.0</td>
<td>90.1</td>
<td>90.6</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Told Have High Cholesterol (Ever)</td>
<td>37.8</td>
<td>31.0</td>
<td>34.2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% [HBC] Taking Action to Control High Blood Cholesterol</td>
<td>88.7</td>
<td>93.2</td>
<td>90.8</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% 1+ Cardiovascular Risk Factor</td>
<td>89.1</td>
<td>89.3</td>
<td>89.2</td>
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<td></td>
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</tbody>
</table>
### HIV

<table>
<thead>
<tr>
<th>Each Sub-Area vs. Others</th>
<th>Fulton County</th>
<th>Montgomery County</th>
<th>St. Mary's Svc Area vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>% [Age 18-44] HIV Test in the Past Year</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>15.9</td>
<td>17.7</td>
<td>16.9</td>
</tr>
</tbody>
</table>

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### Injury & Violence Prevention (continued)

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Fulton County</th>
<th>Montgomery County</th>
<th>St. Mary's Svc Area vs. Others</th>
<th>St. Mary's Svc Area vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Child [Age 5-17] &quot;Always&quot; Wears Bicycle Helmet</td>
<td>☁️</td>
<td>☁️</td>
<td>58.8</td>
<td>🌅 35.3</td>
</tr>
<tr>
<td></td>
<td>60.2</td>
<td>57.9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Firearm-Related Deaths (Age-Adjusted Death Rate)</td>
<td>☀️</td>
<td>☁️</td>
<td>4.8</td>
<td>🌅 5.1</td>
</tr>
<tr>
<td></td>
<td>4.4</td>
<td>5.2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Firearm in Home</td>
<td>☁️</td>
<td>☀️</td>
<td>40.5</td>
<td>🌅 37.9</td>
</tr>
<tr>
<td></td>
<td>44.5</td>
<td>36.8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% [Homes With Children] Firearm in Home</td>
<td>☁️</td>
<td>☁️</td>
<td>39.6</td>
<td>🌅 34.4</td>
</tr>
<tr>
<td></td>
<td>41.2</td>
<td>38.3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% [Homes With Firearms] Weapon(s) Unlocked &amp; Loaded</td>
<td>☁️</td>
<td>☁️</td>
<td>9.3</td>
<td>🌅 16.9</td>
</tr>
<tr>
<td></td>
<td>10.8</td>
<td>7.8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Violent Crime per 100,000</td>
<td>☀️</td>
<td>☁️</td>
<td>205.6</td>
<td>🌅 407.5</td>
</tr>
<tr>
<td></td>
<td>178.1</td>
<td>249.1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Victim of Violent Crime in Past 5 Years</td>
<td>☁️</td>
<td>☁️</td>
<td>2.9</td>
<td>🌅 1.6</td>
</tr>
<tr>
<td></td>
<td>3.2</td>
<td>2.5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Ever Threatened With Violence by Intimate Partner</td>
<td>☁️</td>
<td>☁️</td>
<td>16.0</td>
<td>🌅 11.7</td>
</tr>
<tr>
<td></td>
<td>16.1</td>
<td>16.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Victim of Domestic Violence (Ever)</td>
<td>☁️</td>
<td>☁️</td>
<td>15.9</td>
<td>🌅 13.5</td>
</tr>
<tr>
<td></td>
<td>15.5</td>
<td>16.2</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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### Maternal, Infant & Child Health

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Fulton County</th>
<th>Montgomery County</th>
<th>St. Mary's Svc Area vs. Others</th>
<th>St. Mary's Svc Area vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>% No Prenatal Care in First Trimester</td>
<td>☀️</td>
<td>☁️</td>
<td>37.0</td>
<td>🌅 13.2</td>
</tr>
<tr>
<td></td>
<td>31.8</td>
<td>42.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% of Low Birthweight Births</td>
<td>☁️</td>
<td>☀️</td>
<td>6.6</td>
<td>🌅 10.5</td>
</tr>
<tr>
<td></td>
<td>7.1</td>
<td>6.3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Infant Death Rate</td>
<td>☀️</td>
<td>☁️</td>
<td>5.2</td>
<td>🌅 5.9</td>
</tr>
<tr>
<td></td>
<td>4.5</td>
<td>5.9</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Mental Health &amp; Mental Disorders</th>
<th>Each Sub-Area vs. Others</th>
<th>St. Mary's Svc Area vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Fulton County</td>
<td>Montgomery County</td>
</tr>
<tr>
<td>% &quot;Fair/Poor&quot; Mental Health</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Major Depression</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Symptoms of Chronic Depression (2+ Years)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Suicide (Age-Adjusted Death Rate)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% [Those With Major Depression] Seeking Help</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Typical Day Is &quot; Extremely/Very &quot; Stressful</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Child [Age 5-17] Takes Prescription for ADD/ADHD</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: In the green section, each county is compared against the other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

<table>
<thead>
<tr>
<th>Nutrition &amp; Weight Status</th>
<th>Each Sub-Area vs. Others</th>
<th>St. Mary's Svc Area vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Fulton County</td>
<td>Montgomery County</td>
</tr>
<tr>
<td>% Eat 5+ Servings of Fruit or Vegetables per Day</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Medical Advice on Nutrition in Past Year</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Healthy Weight (BMI 18.5-24.9)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Overweight</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Obese</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Medical Advice on Weight in Past Year</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% [Overweights] Counseled About Weight in Past Year</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% [Obese Adults] Counseled About Weight in Past Year</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Nutrition & Weight Status (continued)

<table>
<thead>
<tr>
<th></th>
<th>Each Sub-Area vs. Others</th>
<th>St. Mary's Healthcare Svc Area</th>
<th>St. Mary's Svc Area vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Fulton County</td>
<td>Montgomery County</td>
<td>vs. NY</td>
</tr>
<tr>
<td>% [Overweights] Trying to Lose Weight Both Diet/Exercise</td>
<td>38.6</td>
<td>40.4</td>
<td></td>
</tr>
<tr>
<td>% Children [Age 5-17] Overweight</td>
<td>44.6</td>
<td>33.5</td>
<td></td>
</tr>
<tr>
<td>% Children [Age 5-17] Obese</td>
<td>36.0</td>
<td>22.1</td>
<td></td>
</tr>
</tbody>
</table>

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### Oral Health

<table>
<thead>
<tr>
<th></th>
<th>Each Sub-Area vs. Others</th>
<th>St. Mary's Healthcare Svc Area</th>
<th>St. Mary's Svc Area vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Fulton County</td>
<td>Montgomery County</td>
<td>vs. NY</td>
</tr>
<tr>
<td>% [Age 18+] Dental Visit in Past Year</td>
<td>64.6</td>
<td>61.0</td>
<td>62.7</td>
</tr>
<tr>
<td>% Child [Age 2-17] Dental Visit in Past Year</td>
<td>82.6</td>
<td>83.8</td>
<td>83.3</td>
</tr>
<tr>
<td>% Have Dental Insurance</td>
<td>64.8</td>
<td>59.2</td>
<td>61.9</td>
</tr>
</tbody>
</table>

### Physical Activity

<table>
<thead>
<tr>
<th></th>
<th>Each Sub-Area vs. Others</th>
<th>St. Mary's Healthcare Svc Area</th>
<th>St. Mary's Svc Area vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Fulton County</td>
<td>Montgomery County</td>
<td>vs. NY</td>
</tr>
<tr>
<td>% [Employed] Job Entails Mostly Sitting/Standing</td>
<td>48.9</td>
<td>57.6</td>
<td>53.6</td>
</tr>
<tr>
<td>% No Leisure-Time Physical Activity</td>
<td>24.3</td>
<td>27.0</td>
<td>25.7</td>
</tr>
<tr>
<td>% Meeting Physical Activity Guidelines</td>
<td>47.2</td>
<td>45.3</td>
<td>46.2</td>
</tr>
<tr>
<td>% Moderate Physical Activity</td>
<td>31.9</td>
<td>33.0</td>
<td>32.5</td>
</tr>
<tr>
<td>% Vigorous Physical Activity</td>
<td>35.0</td>
<td>29.2</td>
<td>31.9</td>
</tr>
<tr>
<td>% Medical Advice on Physical Activity in Past Year</td>
<td>46.0</td>
<td>48.3</td>
<td>47.2</td>
</tr>
</tbody>
</table>

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### Physical Activity (continued)

<table>
<thead>
<tr>
<th>Physical Activity</th>
<th>Fulton County</th>
<th>Montgomery County</th>
<th>St. Mary's Svc Area vs. Others</th>
<th>St. Mary's Svc Area vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Child [Age 5-17] Watches TV 3+ Hours per Day</td>
<td>🌟 16.3</td>
<td>🌟 7.0</td>
<td>10.6</td>
<td>🌟 19.7</td>
</tr>
<tr>
<td>% Child [Age 5-17] Uses Computer 3+ Hours per Day</td>
<td>🌟 6.2</td>
<td>🌟 12.4</td>
<td>10.0</td>
<td>🌟 9.9</td>
</tr>
<tr>
<td>% Child [Age 5-17] 3+ Hours per Day of Total Screen Time</td>
<td>🌟 41.0</td>
<td>🌟 32.1</td>
<td>35.7</td>
<td>🌟 43.4</td>
</tr>
</tbody>
</table>

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### Respiratory Diseases

<table>
<thead>
<tr>
<th>Disease</th>
<th>Fulton County</th>
<th>Montgomery County</th>
<th>St. Mary's Svc Area vs. Others</th>
<th>St. Mary's Svc Area vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>CLRD (Age-Adjusted Death Rate)</td>
<td>🌟 64.4</td>
<td>🌟 38.6</td>
<td>51.1</td>
<td>🌟 31.8</td>
</tr>
<tr>
<td>Pneumonia/Influenza (Age-Adjusted Death Rate)</td>
<td>🌟 9.4</td>
<td>🌟 11.7</td>
<td>10.5</td>
<td>🌟 20.7</td>
</tr>
<tr>
<td>% Nasal/Hay Fever Allergies</td>
<td>🌟 29.9</td>
<td>🌟 28.1</td>
<td>29.0</td>
<td>🌟 27.3</td>
</tr>
<tr>
<td>% Sinusitis</td>
<td>🌟 20.1</td>
<td>🌟 17.3</td>
<td>18.6</td>
<td>🌟 19.4</td>
</tr>
<tr>
<td>% Chronic Lung Disease</td>
<td>🌟 11.7</td>
<td>🌟 14.3</td>
<td>13.1</td>
<td>🌟 8.4</td>
</tr>
<tr>
<td>% [Adult] Currently Has Asthma</td>
<td>🌟 10.6</td>
<td>🌟 10.2</td>
<td>10.4</td>
<td>🌟 9.7</td>
</tr>
<tr>
<td>% [Child 0-17] Currently Has Asthma</td>
<td>🌟 15.1</td>
<td>🌟 10.3</td>
<td>12.4</td>
<td>🌟 6.8</td>
</tr>
</tbody>
</table>

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### Sexually Transmitted Diseases

<table>
<thead>
<tr>
<th></th>
<th>Each Sub-Area vs. Others</th>
<th>St. Mary's Svc Area vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Fulton County</td>
<td>Montgomery County</td>
</tr>
<tr>
<td><strong>Gonorrhea Incidence per 100,000</strong></td>
<td>27.1</td>
<td>25.7</td>
</tr>
<tr>
<td><strong>Chlamydia Incidence per 100,000</strong></td>
<td>237.7</td>
<td>310.9</td>
</tr>
<tr>
<td><strong>Hepatitis B Incidence per 100,000</strong></td>
<td>0.6</td>
<td>1.9</td>
</tr>
</tbody>
</table>

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### Substance Abuse

<table>
<thead>
<tr>
<th></th>
<th>Each Sub-Area vs. Others</th>
<th>St. Mary's Svc Area vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Fulton County</td>
<td>Montgomery County</td>
</tr>
<tr>
<td><strong>Cirrhosis/Liver Disease (Age-Adjusted Death Rate)</strong></td>
<td>7.2</td>
<td>9.0</td>
</tr>
<tr>
<td>% Current Drinker</td>
<td>57.1</td>
<td>57.4</td>
</tr>
<tr>
<td>% Chronic Drinker (Average 2+ Drinks/Day)</td>
<td>5.7</td>
<td>4.6</td>
</tr>
<tr>
<td>% Binge Drinker (Single Occasion - 5+ Drinks Men, 4+ Women)</td>
<td>18.9</td>
<td>16.3</td>
</tr>
<tr>
<td>% Drinking &amp; Driving in Past Month</td>
<td>2.5</td>
<td>0.6</td>
</tr>
<tr>
<td>% Driving Drunk or Riding with Drunk Driver</td>
<td>3.9</td>
<td>2.0</td>
</tr>
<tr>
<td><strong>Drug-Induced Deaths (Age-Adjusted Death Rate)</strong></td>
<td>3.2</td>
<td>7.7</td>
</tr>
<tr>
<td>% Illicit Drug Use in Past Month</td>
<td>2.5</td>
<td>3.7</td>
</tr>
<tr>
<td>% Ever Sought Help for Alcohol or Drug Problem</td>
<td>4.1</td>
<td>4.9</td>
</tr>
</tbody>
</table>

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### Tobacco Use

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Fulton County</th>
<th>Montgomery County</th>
<th>St. Mary’s Svc Area vs. NY</th>
<th>St. Mary’s Svc Area vs. US</th>
<th>St. Mary’s Svc Area vs. HP2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Current Smoker</td>
<td>d</td>
<td>d</td>
<td>22.7</td>
<td>18.1</td>
<td>12.0</td>
</tr>
<tr>
<td>% Someone Smokes at Home</td>
<td>d</td>
<td>d</td>
<td>19.6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% [Non-Smokers] Someone Smokes in the Home</td>
<td>d</td>
<td>d</td>
<td>6.6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% [Household With Children] Someone Smokes in the Home</td>
<td>d</td>
<td>d</td>
<td>21.4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% [Smokers] Received Advice to Quit Smoking</td>
<td>d</td>
<td>d</td>
<td>71.7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% [Smokers] Have Quit Smoking 1+ Days in Past Year</td>
<td>d</td>
<td>d</td>
<td>50.6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Smoke Cigars</td>
<td>d</td>
<td>d</td>
<td>3.5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Use Smokeless Tobacco</td>
<td>d</td>
<td>d</td>
<td>4.2</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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### Vision

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Fulton County</th>
<th>Montgomery County</th>
<th>St. Mary’s Svc Area vs. NY</th>
<th>St. Mary’s Svc Area vs. US</th>
<th>St. Mary’s Svc Area vs. HP2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Blindness/Trouble Seeing</td>
<td>d</td>
<td>d</td>
<td>8.9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Eye Exam in Past 2 Years</td>
<td>d</td>
<td>d</td>
<td>57.0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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GENERAL HEALTH STATUS
Overall Health Status

Self-Reported Health Status

Just over one-half (51.9%) of St. Mary’s Healthcare Service Area adults rate their overall health as “excellent” or “very good.”

- Another 31.0% gave “good” ratings of their overall health.

**Self-Reported Health Status**
(St. Mary’s Healthcare Service Area, 2012)

<table>
<thead>
<tr>
<th>Health Status</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellent</td>
<td>16.8%</td>
</tr>
<tr>
<td>Very Good</td>
<td>35.1%</td>
</tr>
<tr>
<td>Good</td>
<td>31.0%</td>
</tr>
<tr>
<td>Fair</td>
<td>11.7%</td>
</tr>
<tr>
<td>Poor</td>
<td>5.4%</td>
</tr>
</tbody>
</table>

However, 17.1% of St. Mary’s Healthcare Service Area adults believe that their overall health is “fair” or “poor.”

- Similar to statewide findings.
- Similar to the national percentage.
- No significant difference when viewed by county.

**Experience “Fair” or “Poor” Overall Health**

<table>
<thead>
<tr>
<th>Location</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fulton County</td>
<td>16.8%</td>
</tr>
<tr>
<td>Montgomery County</td>
<td>17.4%</td>
</tr>
<tr>
<td>St. Mary’s HC Svc Area</td>
<td>17.1%</td>
</tr>
<tr>
<td>NY</td>
<td>16.9%</td>
</tr>
<tr>
<td>US</td>
<td>16.8%</td>
</tr>
</tbody>
</table>

Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

NOTE:
- Differences noted in the text represent significant differences determined through statistical testing.
- Where sample sizes permit, county-level data are provided.
Adults more likely to report experiencing “fair” or “poor” overall health include:

- Residents in households with lower incomes.
- Other differences within demographic groups, as illustrated in the following chart, are not statistically significant.

**Experience “Fair” or “Poor” Overall Health**
(St. Mary’s Healthcare Service Area, 2012)

Charts throughout this report (such as that here) detail survey findings among key demographic groups – namely by gender, age groupings, income (based on poverty status), and race.

Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level. “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.
Activity Limitations

An individual can get a disabling impairment or chronic condition at any point in life. Compared with people without disabilities, people with disabilities are more likely to:

- Experience difficulties or delays in getting the health care they need.
- Not have had an annual dental visit.
- Not have had a mammogram in past 2 years.
- Not have had a Pap test within the past 3 years.
- Not engage in fitness activities.
- Use tobacco.
- Be overweight or obese.
- Have high blood pressure.
- Experience symptoms of psychological distress.
- Receive less social-emotional support.
- Have lower employment rates.

There are many social and physical factors that influence the health of people with disabilities. The following three areas for public health action have been identified, using the International Classification of Functioning, Disability, and Health (ICF) and the three World Health Organization (WHO) principles of action for addressing health determinants.

- **Improve the conditions of daily life** by: encouraging communities to be accessible so all can live in, move through, and interact with their environment; encouraging community living; and removing barriers in the environment using both physical universal design concepts and operational policy shifts.

- **Address the inequitable distribution of resources among people with disabilities and those without disabilities** by increasing: appropriate health care for people with disabilities; education and work opportunities; social participation; and access to needed technologies and assistive supports.

- **Expand the knowledge base and raise awareness about determinants of health for people with disabilities** by increasing: the inclusion of people with disabilities in public health data collection efforts across the lifespan; the inclusion of people with disabilities in health promotion activities; and the expansion of disability and health training opportunities for public health and health care professionals.

  – Healthy People 2020 (www.healthypeople.gov)

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A total of 23.4% of St. Mary’s Healthcare Service Area adults are limited in some way in some activities due to a physical, mental or emotional problem.

- Comparable to the prevalence statewide.
- Less favorable than the national prevalence.
- Comparable findings by county.
Limited in Activities in Some Way Due to a Physical, Mental or Emotional Problem

In looking at responses by key demographic characteristics, note the following:

- Adults age 40 and older are much more often limited in activities.
- Lower-income residents are more likely to report some type of activity limitation.

Limited in Activities in Some Way Due to a Physical, Mental or Emotional Problem
(St. Mary's Healthcare Service Area, 2012)
Among persons reporting activity limitations, these are most often attributed to musculoskeletal issues, such as back/neck problems, arthritis/rheumatism, fractures or bone/joint injuries, or difficulty walking. A considerable percentage, however, reports some type of depression or mental health problem which limits their activities.

**Type of Problem That Limits Activities**
(Among Those Reporting Activity Limitations; St. Mary’s Healthcare Service Area, 2012)

<table>
<thead>
<tr>
<th>Problem</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Back/Neck Problem</td>
<td>21.2%</td>
</tr>
<tr>
<td>Depression/Anxiety/Mental</td>
<td>11.9%</td>
</tr>
<tr>
<td>Arthritis/Rheumatism</td>
<td>11.5%</td>
</tr>
<tr>
<td>Fracture/Bone/Joint Injury</td>
<td>7.6%</td>
</tr>
<tr>
<td>Walking Problem</td>
<td>5.0%</td>
</tr>
<tr>
<td>Lung/Breathing Problem</td>
<td>3.4%</td>
</tr>
<tr>
<td>Eye/Vision Problem</td>
<td>3.0%</td>
</tr>
<tr>
<td>Various Other (&lt;3% Each)</td>
<td>36.4%</td>
</tr>
</tbody>
</table>

Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 115]
Notes: ● Asked of those respondents reporting activity limitations.
Mental Health & Mental Disorders

Mental health is a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with challenges. Mental health is essential to personal well-being, family and interpersonal relationships, and the ability to contribute to community or society. Mental disorders are health conditions that are characterized by alterations in thinking, mood, and/or behavior that are associated with distress and/or impaired functioning. Mental disorders contribute to a host of problems that may include disability, pain, or death. Mental illness is the term that refers collectively to all diagnosable mental disorders.

Mental disorders are among the most common causes of disability. The resulting disease burden of mental illness is among the highest of all diseases. According to the national Institute of Mental Health (NIMH), in any given year, an estimated 13 million American adults (approximately 1 in 17) have a seriously debilitating mental illness. Mental health disorders are the leading cause of disability in the United States and Canada, accounting for 25% of all years of life lost to disability and premature mortality. Moreover, suicide is the 11th leading cause of death in the United States, accounting for the deaths of approximately 30,000 Americans each year.

Mental health and physical health are closely connected. Mental health plays a major role in people's ability to maintain good physical health. Mental illnesses, such as depression and anxiety, affect people's ability to participate in health-promoting behaviors. In turn, problems with physical health, such as chronic diseases, can have a serious impact on mental health and decrease a person's ability to participate in treatment and recovery.

The existing model for understanding mental health and mental disorders emphasizes the interaction of social, environmental, and genetic factors throughout the lifespan. In behavioral health, researchers identify: risk factors, which predispose individuals to mental illness; and protective factors, which protect them from developing mental disorders. Researchers now know that the prevention of mental, emotional, and behavioral (MEB) disorders is inherently interdisciplinary and draws on a variety of different strategies. Over the past 20 years, research on the prevention of mental disorders has progressed. The understanding of how the brain functions under normal conditions and in response to stressors, combined with knowledge of how the brain develops over time, has been essential to that progress. The major areas of progress include evidence that:

- MEB disorders are common and begin early in life.
- The greatest opportunity for prevention is among young people.
- There are multiyear effects of multiple preventive interventions on reducing substance abuse, conduct disorder, antisocial behavior, aggression, and child maltreatment.
- The incidence of depression among pregnant women and adolescents can be reduced.
- School-based violence prevention can reduce the base rate of aggressive problems in an average school by 25 to 33%.
- There are potential indicated preventive interventions for schizophrenia.
- Improving family functioning and positive parenting can have positive outcomes on mental health and can reduce poverty-related risk.
- School-based preventive interventions aimed at improving social and emotional outcomes can also improve academic outcomes.
- Interventions targeting families dealing with adversities, such as parental depression or divorce, can be effective in reducing risk for depression among children and increasing effective parenting.
- Some preventive interventions have benefits that exceed costs, with the available evidence strongest for early childhood interventions.
- Implementation is complex, and it is important that interventions be relevant to the target audiences.

In addition to advancements in the prevention of mental disorders, there continues to be steady progress in treating mental disorders as new drugs and stronger evidence-based outcomes become available.

– Healthy People 2020 (www.healthypeople.gov)
Mental Health Status

Self-Reported Mental Health Status

A total of 61.4% of St. Mary’s Healthcare Service Area adults rate their overall mental health as “excellent” or “very good.”

- Another 25.7% gave “good” ratings of their own mental health status.

Self-Reported Mental Health Status
(St. Mary’s Healthcare Service Area, 2012)

Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 110]
Notes: ● Asked of all respondents.

A total of 12.9% of St. Mary’s Healthcare Service Area adults, however, believe that their overall mental health is “fair” or “poor.”

- Similar to the “fair/poor” response reported nationally.
- Similar by county.

Experience “Fair” or “Poor” Mental Health

Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 110]
● 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.
The following population segments are more likely to report experiencing “fair/poor” mental health:

- Women.
- Adults under 65.
- Residents in low-income households.
- Non-Whites.

**Experience “Fair” or “Poor” Mental Health**  
(St. Mary's Healthcare Service Area, 2012)

**Depression**

**Major Depression**

A total of 13.1% of St. Mary’s Healthcare Service Area adults have been diagnosed with major depression by a physician.

- Similar to the national finding.
- Similar by county.

**Have Been Diagnosed With Major Depression**
The prevalence of major depression is notably higher among:

- Women.
- Adults under 65.
- Residents in low-income households.
- Non-Whites.

### Have Been Diagnosed With Major Depression

(St. Mary’s Healthcare Service Area, 2012)

<table>
<thead>
<tr>
<th></th>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>White</th>
<th>Other</th>
<th>St. Mary’s HC Svc Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>8.6%</td>
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<td>17.5%</td>
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<td>18.7%</td>
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<tr>
<td>12.1%</td>
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<tr>
<td>25.7%</td>
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<td>13.1%</td>
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</tr>
</tbody>
</table>

**Sources:**
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. (Item 33)
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

**Notes:**
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic white respondents).
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

### Symptoms of Chronic Depression

A total of 29.2% of St. Mary’s Healthcare Service Area adults have had two or more years in their lives when they felt depressed or sad on most days, although they may have felt okay sometimes (chronic depression).

- Comparable to national findings.
- Comparable by county.

### Have Experienced Symptoms of Chronic Depression

<table>
<thead>
<tr>
<th></th>
<th>Fulton County</th>
<th>Montgomery County</th>
<th>St. Mary’s HC Svc Area</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>29.5%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>28.9%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>29.2%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>26.5%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Sources:**
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. (Item 111)
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

**Notes:**
- Asked of all respondents.
Note that the prevalence of chronic depression is higher among:

- Women.
- Adults age 40 to 64.
- Residents in low-income households.
- Non-Whites.

**Have Experienced Symptoms of Chronic Depression**

(St. Mary’s Healthcare Service Area, 2012)

Stress

Nearly 4 in 10 St. Mary’s Healthcare Service Area adults consider their typical day to be “not very stressful” (27.0%) or “not at all stressful” (12.4%).

- Another 47.6% of survey respondents characterize their typical day as “moderately stressful.”

**Perceived Level of Stress On a Typical Day**

(St. Mary’s Healthcare Service Area, 2012)
In contrast, 13.0% of St. Mary’s Healthcare Service Area adults experience “very” or “extremely” stressful days on a regular basis.

- Similar to the national proportion.
- Similar by county.

**Perceive Most Days As “Extremely” or “Very” Stressful**

Note the negative correlation between age and high stress levels in the St. Mary’s Healthcare Service Area.

**Perceive Most Days as “Extremely” or “Very” Stressful**

(St. Mary's Healthcare Service Area, 2012)
Suicide

Between 2001 and 2010, there was an annual average age-adjusted suicide rate of 7.7 deaths per 100,000 population in the St. Mary’s Healthcare Service Area.

- Higher than the statewide rate.
- Lower than the national rate.
- Satisfies the Healthy People 2020 target of 10.2 or lower.
- Similar rates by county.

Suicide: Age-Adjusted Mortality
(2001-2010 Annual Average Deaths per 100,000 Population)

Mental Health Treatment

Among adults with diagnosed depression, 86.1% acknowledge that they have sought professional help for a mental or emotional problem.

- Similar to national findings.
- Satisfies the Healthy People 2020 target of 75.1% or higher.

Have Sought Professional Help for a Mental or Emotional Problem
(Among Those With Major Depression)

"Diagnosed depression" includes respondents reporting a past diagnosis of major depression by a physician.

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted December 2012.
- Data on deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.

Notes:
- Asked of those respondents with major depression diagnosed by a physician.
Children & ADD/ADHD

Among St. Mary’s Healthcare Service Area adults with children age 5 to 17, 8.6% report that their child takes medication for ADD/ADHD.

- Statistically similar to the national prevalence.
- The difference by county is not statistical.

The proportion of children on medication for ADD/ADHD is higher among boys and teens.

**Child Takes Medication for ADD/ADHD**

(Among Parents of Children 5-17)

<table>
<thead>
<tr>
<th></th>
<th>Fulton County</th>
<th>Montgomery County</th>
<th>St. Mary’s HC Svc Area</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boys 5-17</td>
<td>11.8%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Girls 5-17</td>
<td>5.3%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age 5-12</td>
<td>5.3%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age 13-17</td>
<td>13.1%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age 13-17</td>
<td>13.1%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. (Item 129)
● 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: ● Asked of all respondents with children age 5 to 17.

Related Focus Group Findings: Mental Health

Many focus group participants discussed mental health in the community. The main issues discussed include:

- Need surpasses available resources
- Cost
- Children and adolescents
- Residents want “quick fix”

During the focus groups, issues surrounding mental healthcare coverage came up several times. Many participants feel the community has many behavioral health resources for its size, but the **need still surpasses available options**, as many residents must remain on waiting lists. Participants believe the Western side of the county lacks any resources. Insurance coverage for mental health is also not sufficient, so **cost** can become a barrier to treatment. An attendee explains:

“The economic expectation of the family to access the mental health; for their children who are experiencing some kind of stress, anxiety, whatever the case may be to see a counselor on multiple occasions before actually getting a pass to go see a psychiatrist to discuss those issues is high. So if you’re talking families with a socioeconomic impact that can’t afford that level of care they’re paying out of pocket or very high co-pay to three or four visits and then they have a problem going to a psychiatrist after that. So kind of almost like a ladder effect that really is overwhelming.”

— Business Leader
Attendees describe several options for mental health treatment in the community. These include St. Mary’s Healthcare, the Family Counseling Center, Catholic Charities, Fulton House and Four Winds in Saratoga. St. Mary’s Healthcare is the only local hospital that provides adult inpatient psychiatric services.

Participants worry about the lack of local behavioral health services accessible to children and adolescents. Currently, children have to travel to another county to receive inpatient behavioral health services. An attendee describes the situation:

“I think actually it snowballs for adolescents; that’s where they really fall through the cracks, and they end up all over the place and they get shoved from one place to another, again, not because what we have in place isn’t good it’s just that they’re overwhelmed. And I have had patients bounced back and forth between Four Winds here in Saratoga and Glens Falls. It’s not good.” — Healthcare Professional

Only one child psychiatrist works within the St. Mary’s Healthcare system. The Family Counseling Center will see children and adolescents, but when the families miss appointments pressure is placed on pediatricians to serve those patients. A physician describes the challenge:

“The interminable wait to get in, and one of the things that Family Counseling Center does when -- you know, many of these people with the mental health issues of course are not tremendously reliable. They don’t show up with their children and they’re cut lose, and they’re told to call your doctor to refill your medicine. I don’t write for Abilify. I’m sorry. I don’t write for antipsychotics. That’s not what I was trained for and it’s not what I’m comfortable with. It puts us in a very bad situation. The answer, as far as pediatric mental health services are severely wanting.” — Healthcare Professional

Respondents also describe the community as wanting a “quick fix” and not eager to participate in long-term treatment plans, like counseling.
DEATH, DISEASE & CHRONIC CONDITIONS
Leading Causes of Death

Distribution of Deaths by Cause

Together, cardiovascular disease (heart disease and stroke) and cancers accounted for 7 in 10 deaths in the St. Mary’s Healthcare Service Area during the 2008-2010 reporting period.

![Leading Causes of Death](chart)

**Leading Causes of Death**

(St. Mary's Healthcare Service Area, 2008-2010)

- Heart Disease 45.1%
- Cancer 20.9%
- CLRD 6.5%
- Alzheimer’s Disease 4.8%
- Stroke 4.6%
- Other 18.1%

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted December 2012.

Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● CLRD is chronic lower respiratory disease.

Age-Adjusted Death Rates for Selected Causes

In order to compare mortality in the region with other localities (in this case, New York and the United States), it is necessary to look at rates of death — these are figures which represent the number of deaths in relation to the population size (such as deaths per 100,000 population, as is used here).

Furthermore, in order to compare localities without undue bias toward younger or older populations, the common convention is to adjust the data to some common baseline age distribution. Use of these “age-adjusted” rates provides the most valuable means of gauging mortality against benchmark data, as well as Healthy People 2020 targets.

The following chart outlines 2008-2010 annual average age-adjusted death rates per 100,000 population for selected causes of death in the St. Mary’s Healthcare Service Area.
Age-adjusted mortality rates in the St. Mary’s Healthcare Service Area are worse than national rates for heart disease, CLRD (chronic lower respiratory disease), Alzheimer’s disease and kidney disease.

Of the causes outlined in the following chart for which Healthy People 2020 objectives have been established, St. Mary’s Healthcare Service Area rates fail to satisfy the related goals for heart disease and cancer.

### Age-Adjusted Death Rates for Selected Causes
(2008-2010 Deaths per 100,000)

<table>
<thead>
<tr>
<th>Cause</th>
<th>St. Mary’s Healthcare Service Area</th>
<th>New York</th>
<th>United States</th>
<th>Healthy People 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diseases of the Heart</td>
<td>244.1</td>
<td>212.9</td>
<td>184.6</td>
<td>152.7*</td>
</tr>
<tr>
<td>Malignant Neoplasms (Cancers)</td>
<td>173.0</td>
<td>164.7</td>
<td>174.2</td>
<td>160.6</td>
</tr>
<tr>
<td>Chronic Lower Respiratory Disease (CLRD)</td>
<td>51.1</td>
<td>31.8</td>
<td>43.2</td>
<td>n/a</td>
</tr>
<tr>
<td>Cerebrovascular Disease (Stroke)</td>
<td>35.2</td>
<td>27.7</td>
<td>40.2</td>
<td>33.8</td>
</tr>
<tr>
<td>Alzheimer’s Disease</td>
<td>31.8</td>
<td>10.7</td>
<td>25.0</td>
<td>n/a</td>
</tr>
<tr>
<td>Unintentional Injuries</td>
<td>26.2</td>
<td>24.3</td>
<td>38.2</td>
<td>36</td>
</tr>
<tr>
<td>Kidney Diseases</td>
<td>19.8</td>
<td>11.0</td>
<td>15.2</td>
<td>n/a</td>
</tr>
<tr>
<td>Diabetes Mellitus</td>
<td>17.1</td>
<td>17.0</td>
<td>21.3</td>
<td>19.6*</td>
</tr>
<tr>
<td>Motor Vehicle Deaths **</td>
<td>12.9</td>
<td>7.6</td>
<td>14.2</td>
<td>12.4</td>
</tr>
<tr>
<td>Pneumonia/Influenza</td>
<td>10.5</td>
<td>20.7</td>
<td>16.4</td>
<td>n/a</td>
</tr>
<tr>
<td>Cirrhosis/Liver Disease **</td>
<td>8.0</td>
<td>6.5</td>
<td>9.2</td>
<td>8.2</td>
</tr>
<tr>
<td>Intentional Self-Harm (Suicide) **</td>
<td>7.7</td>
<td>6.1</td>
<td>11.2</td>
<td>10.2</td>
</tr>
<tr>
<td>Firearm-Related **</td>
<td>4.8</td>
<td>5.1</td>
<td>10.2</td>
<td>9.2</td>
</tr>
<tr>
<td>Drug-Induced **</td>
<td>2.2</td>
<td>7.7</td>
<td>11.3</td>
<td>11.3</td>
</tr>
</tbody>
</table>

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted December 2012.

Note:
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population and coded using ICD-10 codes.
- *The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart; the Diabetes target is adjusted to reflect only diabetes mellitus-coded deaths.
- **Local, state and national data are simple three-year averages.
- **Rate reflects 2001-2010 data.

### Related Focus Group Findings: Chronic Disease

Focus group participants mentioned several chronic health conditions that persist in the community, including cancer, heart disease, diabetes, respiratory diseases, hypertension, asthma, obesity, renal failure and pulmonary diseases.
Cardiovascular Disease

Heart disease is the leading cause of death in the United States, with stroke following as the third leading cause. Together, heart disease and stroke are among the most widespread and costly health problems facing the nation today, accounting for more than $500 billion in healthcare expenditures and related expenses in 2010 alone. Fortunately, they are also among the most preventable.

The leading modifiable (controllable) risk factors for heart disease and stroke are:

- High blood pressure
- High cholesterol
- Cigarette smoking
- Diabetes
- Poor diet and physical inactivity
- Overweight and obesity

The risk of Americans developing and dying from cardiovascular disease would be substantially reduced if major improvements were made across the US population in diet and physical activity, control of high blood pressure and cholesterol, smoking cessation, and appropriate aspirin use.

The burden of cardiovascular disease is disproportionately distributed across the population. There are significant disparities in the following based on gender, age, race/ethnicity, geographic area, and socioeconomic status:

- Prevalence of risk factors
- Access to treatment
- Appropriate and timely treatment
- Treatment outcomes
- Mortality

Disease does not occur in isolation, and cardiovascular disease is no exception. Cardiovascular health is significantly influenced by the physical, social, and political environment, including: maternal and child health; access to educational opportunities; availability of healthy foods, physical education, and extracurricular activities in schools; opportunities for physical activity, including access to safe and walkable communities; access to healthy foods; quality of working conditions and worksite health; availability of community support and resources; and access to affordable, quality healthcare.

– Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Heart Disease & Stroke Deaths

Heart Disease Deaths

Between 2008 and 2010 there was an annual average age-adjusted heart disease mortality rate of 244.1 deaths per 100,000 population in the St. Mary’s Healthcare Service Area.

- Less favorable than the statewide rate.
- Less favorable than the national rate.
- Far from satisfying the Healthy People 2020 target (as adjusted to account for all diseases of the heart).
- Highest in Montgomery County.
Heart Disease: Age-Adjusted Mortality
(2008-2010 Annual Average Deaths per 100,000 Population)

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted December 2012.

Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
● Local, state and national data are simple three-year averages.
● The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart.

Stroke Deaths
Between 2008 and 2010, there was an annual average age-adjusted stroke mortality rate of 35.2 deaths per 100,000 population in the St. Mary’s Healthcare Service Area.

- Less favorable than the New York rate.
- More favorable than the national rate.
- Similar to the Healthy People 2020 target of 33.8 or lower.
- No significant difference by county.

Stroke: Age-Adjusted Mortality
(2008-2010 Annual Average Deaths per 100,000 Population)

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted December 2012.

Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
● Local, state and national data are simple three-year averages.
Prevalence of Heart Disease & Stroke

Prevalence of Heart Disease

A total of 9.1% of surveyed adults report that they suffer from or have been diagnosed with heart disease, such as coronary heart disease, angina or heart attack.

- Less favorable than the national prevalence.
- Similar by county.

 adultos more likely to have been diagnosed with chronic heart disease include:

- Men.
- Seniors (age 65+); note the positive correlation with age.
A total of 3.3% of surveyed adults report that they suffer from or have been diagnosed with cerebrovascular disease (a stroke).

- Similar to statewide findings.
- Similar to national findings.
- No difference by county.

Adults more likely to have been diagnosed with stroke include:

- Seniors.
- Residents of lower-income households.

Sources:

- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 40]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:

- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level. “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.
Cardiovascular Risk Factors

Hypertension (High Blood Pressure)

Controlling risk factors for heart disease and stroke remains a challenge. High blood pressure and cholesterol are still major contributors to the national epidemic of cardiovascular disease. High blood pressure affects approximately 1 in 3 adults in the United States, and more than half of Americans with high blood pressure do not have it under control. High sodium intake is a known risk factor for high blood pressure and heart disease, yet about 90% of American adults exceed their recommendation for sodium intake.

– Healthy People 2020 (www.healthypeople.gov)

High Blood Pressure Testing

A total of 95.1% of St. Mary’s Healthcare Service Area adults have had their blood pressure tested within the past two years.

- Similar to national findings.
- Similar to the Healthy People 2020 target (94.9% or higher).
- Similar by county.

Have Had Blood Pressure Checked in the Past Two Years

Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. (Item 49)
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Prevalence of Hypertension

A total of 39.3#% of adults have been told at some point that their blood pressure was high.

- Less favorable than the New York prevalence.
- Less favorable than the national prevalence.
- Fails to satisfy the Healthy People 2020 target (26.9% or lower).
- Comparable by county.

Among hypertensive adults, 76.4% have been diagnosed with high blood pressure more than once.
Prevalence of High Blood Pressure

Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. (Items 47, 140)
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

Note the positive correlation between hypertension diagnoses and age.
Respondents reporting high blood pressure were further asked: “Are you currently taking any action to help control your high blood pressure, such as taking medication, changing your diet, or exercising?”

**Hypertension Management**

Among respondents who have been told that their blood pressure was high, 90.2% report that they are currently taking actions to control their condition.

- Similar to national findings.
- Similar by county.

**Taking Action to Control Hypertension**
(Among Adults With High Blood Pressure)

<table>
<thead>
<tr>
<th>Fulton County</th>
<th>Montgomery County</th>
<th>St. Mary’s Healthcare Svc Area</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>91.0%</td>
<td>89.5%</td>
<td>90.2%</td>
<td>89.1%</td>
</tr>
</tbody>
</table>

Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 48]
● 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: ● Asked of all respondents who have been diagnosed with high blood pressure.
● In this case, the term “Action” refers to medication, change in diet, and/or exercise.

**High Blood Cholesterol**

**Blood Cholesterol Testing**

A total of 90.6% of St. Mary’s Healthcare Service Area adults have had their blood cholesterol checked within the past five years.

- More favorable than New York findings.
- Nearly identical to the national findings.
- Satisfies the Healthy People 2020 target (82.1% or higher).
- Similar by county.

**Have Had Blood Cholesterol Levels Checked in the Past Five Years**

Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 52]
● 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: ● Asked of all respondents.
The following demographic segments report lower screening levels:

- Men.
- Young adults (those under 40).
- Residents with lower incomes.

**Have Had Blood Cholesterol Levels Checked in the Past Five Years**
(St. Mary's Healthcare Service Area, 2012)

<table>
<thead>
<tr>
<th></th>
<th>Healthy People 2020 Target = 82.1% or Higher</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>87.2%</td>
</tr>
<tr>
<td>Women</td>
<td>94.0%</td>
</tr>
<tr>
<td>18 to 39</td>
<td>80.6%</td>
</tr>
<tr>
<td>40 to 64</td>
<td>94.3%</td>
</tr>
<tr>
<td>65+</td>
<td>97.0%</td>
</tr>
<tr>
<td>Low Income</td>
<td>86.5%</td>
</tr>
<tr>
<td>Mid/High Income</td>
<td>92.7%</td>
</tr>
<tr>
<td>White</td>
<td>90.3%</td>
</tr>
<tr>
<td>Other</td>
<td>94.5%</td>
</tr>
<tr>
<td>St. Mary’s HC Svc Area</td>
<td>90.6%</td>
</tr>
</tbody>
</table>

**Self-Reported High Blood Cholesterol**

A total of 34.2% of adults have been told by a health professional that their cholesterol level was high.

- More favorable than the New York findings.
- Similar to the national prevalence.
- More than twice the Healthy People 2020 target (13.5% or lower).
- The difference by county is not statistically significant.

**Prevalence of High Blood Cholesterol**

<table>
<thead>
<tr>
<th></th>
<th>Healthy People 2020 Target = 13.5% or Lower</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fulton County</td>
<td>37.8%</td>
</tr>
<tr>
<td>Montgomery County</td>
<td>31.0%</td>
</tr>
<tr>
<td>St. Mary’s HC Svc Area</td>
<td>34.2%</td>
</tr>
<tr>
<td>NY</td>
<td>38.8%</td>
</tr>
<tr>
<td>US</td>
<td>31.4%</td>
</tr>
</tbody>
</table>
Note that 13.6% of St. Mary’s Healthcare Service Area adults report not having high blood cholesterol, but: 1) have never had their blood cholesterol levels tested; 2) have not been screened in the past 5 years; or 3) do not recall when their last screening was. For these individuals, current prevalence is unknown.

- Note the positive correlation between age and high blood cholesterol.
- Keep in mind that “unknowns” are relatively high in young adults and residents in lower-income households.

Prevalence of High Blood Cholesterol
(St. Mary’s Healthcare Service Area, 2012)

<table>
<thead>
<tr>
<th></th>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>White</th>
<th>Other</th>
<th>St. Mary’s HC Svc Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012 PRC</td>
<td>34.7%</td>
<td>33.7%</td>
<td>15.7%</td>
<td>39.9%</td>
<td>52.0%</td>
<td>33.6%</td>
<td>35.7%</td>
<td>35.0%</td>
<td>26.5%</td>
<td>34.2%</td>
</tr>
<tr>
<td>Healthy People 2020 Target = 13.5% or Lower</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. (Item 141)

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

High Cholesterol Management

Among adults who have been told that their blood cholesterol was high, 90.8% report that they are currently taking actions to control their cholesterol levels.

- Similar to the national proportion.
- Similar by county.

Taking Action to Control High Blood Cholesterol Levels
(Among Adults with High Cholesterol)

<table>
<thead>
<tr>
<th></th>
<th>Fulton County</th>
<th>Montgomery County</th>
<th>St. Mary’s Healthcare Svc Area</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012 PRC</td>
<td>88.7%</td>
<td>93.2%</td>
<td>90.8%</td>
<td>89.1%</td>
</tr>
<tr>
<td>2011 PRC National Health Survey, Professional Research Consultants, Inc.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Notes:
- Asked of all respondents who have been diagnosed with high blood cholesterol levels.
- In this case, the term “action” refers to medication, change in diet, and/or exercise.
Individual level risk factors which put people at increased risk for cardiovascular diseases include:
- High Blood Pressure
- High Blood Cholesterol
- Tobacco Use
- Physical Inactivity
- Poor Nutrition
- Overweight/Obesity
- Diabetes

Three health-related behaviors contribute markedly to cardiovascular disease:

**Poor nutrition.** People who are overweight have a higher risk for cardiovascular disease. Almost 60% of adults are overweight or obese. To maintain a proper body weight, experts recommend a well-balanced diet which is low in fat and high in fiber, accompanied by regular exercise.

**Lack of physical activity.** People who are not physically active have twice the risk for heart disease of those who are active. More than half of adults do not achieve recommended levels of physical activity.

**Tobacco use.** Smokers have twice the risk for heart attack of nonsmokers. Nearly one-fifth of all deaths from cardiovascular disease, or about 190,000 deaths a year nationally, are smoking-related. Every day, more than 3,000 young people become daily smokers in the US.

Modifying these behaviors is critical both for preventing and for controlling cardiovascular disease. Other steps that adults who have cardiovascular disease should take to reduce their risk of death and disability include adhering to treatment for high blood pressure and cholesterol, using aspirin as appropriate, and learning the symptoms of heart attack and stroke.

A total of 89.2% of St. Mary’s Healthcare Service Area adults report one or more cardiovascular risk factors, such as being overweight, smoking cigarettes, being physically inactive, or having high blood pressure or cholesterol.

- Comparable to national findings.
- Comparable by county.

**Present One or More Cardiovascular Risks or Behaviors**

![Graph showing percentages of cardiovascular risks by county and US.](image-url)
Adults more likely to exhibit cardiovascular risk factors include:

- Men.
- Adults age 40 and older, and especially seniors.
- Lower-income residents.

Present One or More Cardiovascular Risks or Behaviors
(St. Mary's Healthcare Service Area, 2012)

Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 142]

Notes:
- Asked of all respondents.
- Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) hypertension; 4) high blood cholesterol; and/or 5) being overweight/obese.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.
Cancer

Continued advances in cancer research, detection, and treatment have resulted in a decline in both incidence and death rates for all cancers. Among people who develop cancer, more than half will be alive in five years. Yet, cancer remains a leading cause of death in the United States, second only to heart disease.

Many cancers are preventable by reducing risk factors such as: use of tobacco products; physical inactivity and poor nutrition; obesity; and ultraviolet light exposure. Other cancers can be prevented by getting vaccinated against human papillomavirus and hepatitis B virus. In the past decade, overweight and obesity have emerged as new risk factors for developing certain cancers, including colorectal, breast, uterine corpus (endometrial), and kidney cancers. The impact of the current weight trends on cancer incidence will not be fully known for several decades. Continued focus on preventing weight gain will lead to lower rates of cancer and many chronic diseases.

Screening is effective in identifying some types of cancers (see US Preventive Services Task Force [USPSTF] recommendations), including:

- Breast cancer (using mammography)
- Cervical cancer (using Pap tests)
- Colorectal cancer (using fecal occult blood testing, sigmoidoscopy, or colonoscopy)

Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Cancer Deaths

All Cancer Deaths

Between 2008 and 2010, there was an annual average age-adjusted cancer mortality rate of 173.0 deaths per 100,000 population in the Service Area.

- Comparable to the statewide rate.
- Comparable to the national rate.
- Fails to satisfy the Healthy People 2020 target of 160.6 or lower.
- Similar rates by county.

Cancer: Age-Adjusted Mortality
(2008-2010 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 160.6 or Lower

Fulton County: 177.7
Montgomery County: 168.4
St. Mary’s HC Svc Area: 173.0
NY: 164.7
US: 174.2

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics.
Data extracted December 2012.
Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
● Local, state and national data are simple three-year averages.
Prevalence of Cancer

Skin Cancer

A total of 3.2% of surveyed St. Mary’s Healthcare Service Area adults report having been diagnosed with skin cancer.

- Similar to the state average.
- More favorable than the national average.
- Similar findings by county.

![Prevalence of Skin Cancer](image)

Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 31]
● 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: ● Asked of all respondents.

Other Cancer

A total of 6.2% of adults have been diagnosed with some type of (non-skin) cancer.

- Similar to the state prevalence.
- Better than the national prevalence.
- Similar by county.

![Prevalence of Cancer (Other Than Skin Cancer)](image)

Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 30]
● 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: ● Asked of all respondents.
Cancer Risk

Reducing the nation’s cancer burden requires reducing the prevalence of behavioral and environmental factors that increase cancer risk.

- All cancers caused by cigarette smoking could be prevented. At least one-third of cancer deaths that occur in the United States are due to cigarette smoking.
- According to the American Cancer Society, about one-third of cancer deaths that occur in the United States each year are due to nutrition and physical activity factors, including obesity.

– National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

Cancer Screenings

The American Cancer Society recommends that both men and women get a cancer-related checkup during a regular doctor’s checkup. It should include examination for cancers of the thyroid, testicles, ovaries, lymph nodes, oral cavity, and skin, as well as health counseling about tobacco, sun exposure, diet and nutrition, risk factors, sexual practices, and environmental and occupational exposures.

Screening levels in the community were measured in the PRC Community Health Survey relative to four cancer sites: prostate cancer (prostate-specific antigen testing and digital rectal examination); female breast cancer (mammography); cervical cancer (Pap smear testing); and colorectal cancer (sigmoidoscopy and fecal occult blood testing).
Prostate Cancer Screenings

The US Preventive Services Task Force (USPSTF) concludes that the current evidence is insufficient to assess the balance of benefits and harms of prostate cancer screening in men younger than age 75 years.

Rationale: Prostate cancer is the most common nonskin cancer and the second-leading cause of cancer death in men in the United States. The USPSTF found convincing evidence that prostate-specific antigen (PSA) screening can detect some cases of prostate cancer.

In men younger than age 75 years, the USPSTF found inadequate evidence to determine whether treatment for prostate cancer detected by screening improves health outcomes compared with treatment after clinical detection.

The USPSTF found convincing evidence that treatment for prostate cancer detected by screening causes moderate-to-substantial harms, such as erectile dysfunction, urinary incontinence, bowel dysfunction, and death. These harms are especially important because some men with prostate cancer who are treated would never have developed symptoms related to cancer during their lifetime.

There is also adequate evidence that the screening process produces at least small harms, including pain and discomfort associated with prostate biopsy and psychological effects of false-positive test results.

The USPSTF recommends against screening for prostate cancer in men age 75 years or older.

Rationale: In men age 75 years or older, the USPSTF found adequate evidence that the incremental benefits of treatment for prostate cancer detected by screening are small to none.

Given the uncertainties and controversy surrounding prostate cancer screening in men younger than age 75 years, a clinician should not order the PSA test without first discussing with the patient the potential but uncertain benefits and the known harms of prostate cancer screening and treatment. Men should be informed of the gaps in the evidence and should be assisted in considering their personal preferences before deciding whether to be tested.


Note that other organizations (e.g., American Cancer Society, American Academy of Family Physicians, American College of Physicians, National Cancer Institute) may have slightly different screening guidelines.

PSA Testing and/or Digital Rectal Examination

Among men age 50 and older, more than three-fourths (78.6%) have had a PSA (prostate-specific antigen) test and/or a digital rectal examination for prostate problems within the past two years.

- Higher than the national figure.
- Statistically similar by county.

### Have Had a Prostate Screening in the Past Two Years
(Among Men 50+)

![Bar Chart]

<table>
<thead>
<tr>
<th>Location</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fulton County</td>
<td>80.2%</td>
</tr>
<tr>
<td>Montgomery County</td>
<td>77.1%</td>
</tr>
<tr>
<td>St. Mary’s Healthcare Svc Area</td>
<td>78.6%</td>
</tr>
<tr>
<td>United States</td>
<td>70.5%</td>
</tr>
</tbody>
</table>

Sources:
- 2012 PRC Community Health Survey. Professional Research Consultants, Inc. [Item 146]
- 2012 PRC National Health Survey. Professional Research Consultants, Inc.

Notes:
- Asked of all male respondents 50 and older.
Female Breast Cancer Screening

The US Preventive Services Task Force (USPSTF) recommends screening mammography, with or without clinical breast examination (CBE), every 1-2 years for women age 40 and older.

**Rationale:** The USPSTF found fair evidence that mammography screening every 12-33 months significantly reduces mortality from breast cancer. Evidence is strongest for women age 50-69, the age group generally included in screening trials. For women age 40-49, the evidence that screening mammography reduces mortality from breast cancer is weaker, and the absolute benefit of mammography is smaller, than it is for older women. Most, but not all, studies indicate a mortality benefit for women undergoing mammography at ages 40-49, but the delay in observed benefit in women younger than 50 makes it difficult to determine the incremental benefit of beginning screening at age 40 rather than at age 50.

The absolute benefit is smaller because the incidence of breast cancer is lower among women in their 40s than it is among older women. The USPSTF concluded that the evidence is also generalizable to women age 70 and older (who face a higher absolute risk for breast cancer) if their life expectancy is not compromised by comorbid disease. The absolute probability of benefits of regular mammography increase along a continuum with age, whereas the likelihood of harms from screening (false-positive results and unnecessary anxiety, biopsies, and cost) diminish from ages 40-70. The balance of benefits and potential harms, therefore, grows more favorable as women age. The precise age at which the potential benefits of mammography justify the possible harms is a subjective choice. The USPSTF did not find sufficient evidence to specify the optimal screening interval for women age 40-49.


Note that other organizations (e.g., American Cancer Society, American Academy of Family Physicians, American College of Physicians, National Cancer Institute) may have slightly different screening guidelines.

**Mammography**

**Among women age 50-74, 81.9% had a mammogram within the past two years.**

- Similar to statewide findings (which represent all women 50+).
- Similar to national findings.
- Similar to the Healthy People 2020 target (81.1% or higher).
- Relatively low in Montgomery County.

Among women 40+, 77.8% had a mammogram in the past two years.

**Have Had a Mammogram in the Past Two Years**

(Among Women 50-74)

<table>
<thead>
<tr>
<th></th>
<th>Healthy People 2020 Target = 81.1% or Higher</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fulton County</td>
<td>87.5%</td>
</tr>
<tr>
<td>Montgomery County</td>
<td>75.9%</td>
</tr>
<tr>
<td>St. Mary’s HC Svc Area</td>
<td>81.9%</td>
</tr>
<tr>
<td>NY *</td>
<td>80.6%</td>
</tr>
<tr>
<td>US</td>
<td>79.9%</td>
</tr>
</tbody>
</table>

**Sources:**
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. (Items 143-144)
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

**Notes:**
- Reflects female respondents 50 to 74.
- *Note that state data reflects all women 50 and older (vs. women 50-74 in local, US and Healthy People data).
Cervical Cancer Screenings

The US Preventive Services Task Force (USPSTF) strongly recommends screening for cervical cancer in women who have been sexually active and have a cervix.

Rationale: The USPSTF found good evidence from multiple observational studies that screening with cervical cytology (Pap smears) reduces incidence of and mortality from cervical cancer. Direct evidence to determine the optimal starting and stopping age and interval for screening is limited. Indirect evidence suggests most of the benefit can be obtained by beginning screening within 3 years of onset of sexual activity or age 21 (whichever comes first) and screening at least every 3 years. The USPSTF concludes that the benefits of screening substantially outweigh potential harms.

The USPSTF recommends against routinely screening women older than age 65 for cervical cancer if they have had adequate recent screening with normal Pap smears and are not otherwise at high risk for cervical cancer.

Rationale: The USPSTF found limited evidence to determine the benefits of continued screening in women older than 65. The yield of screening is low in previously screened women older than 65 due to the declining incidence of high-grade cervical lesions after middle age. There is fair evidence that screening women older than 65 is associated with an increased risk for potential harms, including false-positive results and invasive procedures. The USPSTF concludes that the potential harms of screening are likely to exceed benefits among older women who have had normal results previously and who are not otherwise at high risk for cervical cancer.

The USPSTF recommends against routine Pap smear screening in women who have had a total hysterectomy for benign disease.

Rationale: The USPSTF found fair evidence that the yield of cytologic screening is very low in women after hysterectomy and poor evidence that screening to detect vaginal cancer improves health outcomes. The USPSTF concludes that potential harms of continued screening after hysterectomy are likely to exceed benefits.

Source:

Note that other organizations (e.g., American Cancer Society, American Academy of Family Physicians, American College of Physicians, National Cancer Institute) may have slightly different screening guidelines.

Pap Smear Testing

Among women age 21 to 65, 84.8% had a Pap smear within the past three years.

- Comparable to New York findings (which represents all women 18+).
- Comparable to national findings.
- Fails to satisfy the Healthy People 2020 target (93% or higher).
- No difference by county.

Have Had a Pap Smear in the Past Three Years

(Among Women 21-65)

<table>
<thead>
<tr>
<th>Healthy People 2020 Target = 93.0% or Higher</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fulton County: 87.1%</td>
</tr>
<tr>
<td>Montgomery County: 82.7%</td>
</tr>
<tr>
<td>St. Mary’s HC Svc Area: 84.8%</td>
</tr>
<tr>
<td>NY*: 83.6%</td>
</tr>
<tr>
<td>US: 84.7%</td>
</tr>
</tbody>
</table>

Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 145]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Reflects female respondents age 21-65
- *Note that the NY percentage represents all women 18 and older.
Colorectal Cancer Screenings

The USPSTF recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults, beginning at age 50 years and continuing until age 75 years.

The evidence is convincing that screening for colorectal cancer with fecal occult blood testing, sigmoidoscopy, or colonoscopy detects early-stage cancer and adenomatous polyps. There is convincing evidence that screening with any of the three recommended tests (FOBT, sigmoidoscopy, colonoscopy) reduces colorectal cancer mortality in adults age 50 to 75 years. Follow-up of positive screening test results requires colonoscopy regardless of the screening test used.


Note that other organizations (e.g., American Cancer Society, American Academy of Family Physicians, American College of Physicians, National Cancer Institute) may have slightly different screening guidelines.

Colorectal Cancer Screening

Among adults age 50-75, 73.2% have had an appropriate colorectal cancer screening (fecal occult blood testing within the past year and/or sigmoidoscopy/colonoscopy [lower endoscopy] within the past 10 years).

- Similar to the Healthy People 2020 target (70.5% or higher).
- No statistical difference by county (not shown).

Have Had a Colorectal Cancer Screening

(Among St. Mary’s Healthcare Service Area Adults 50-75, 2011)

Lower Endoscopy

Among adults age 50 and older, 7 in 10 (69.8%) have had a lower endoscopy (sigmoidoscopy or colonoscopy) at some point in their lives.

- Comparable to New York findings.
- Comparable to national findings.
- Comparable findings by county.
Have Ever Had a Lower Endoscopy Exam
(Among Adults 50+)

Source:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. (Item 147)

Notes:
- Asked of all respondents 50+
- Lower endoscopy includes either sigmoidoscopy or colonoscopy.

Blood Stool Testing

Among adults age 50 and older, 35.7% have had a blood stool test (aka “fecal occult blood test”) within the past two years.

- Better than New York findings.
- Better than national findings.
- Much higher in Fulton County.

Have Had a Blood Stool Test in the Past Two Years
(Among Adults 50+)

Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. (Item 148)
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents 50+.
Respiratory Disease

Asthma and chronic obstructive pulmonary disease (COPD) are significant public health burdens. Specific methods of detection, intervention, and treatment exist that may reduce this burden and promote health.

Asthma is a chronic inflammatory disorder of the airways characterized by episodes of reversible breathing problems due to airway narrowing and obstruction. These episodes can range in severity from mild to life threatening. Symptoms of asthma include wheezing, coughing, chest tightness, and shortness of breath. Daily preventive treatment can prevent symptoms and attacks and enable individuals who have asthma to lead active lives.

COPD is a preventable and treatable disease characterized by airflow limitation that is not fully reversible. The airflow limitation is usually progressive and associated with an abnormal inflammatory response of the lung to noxious particles or gases (typically from exposure to cigarette smoke). Treatment can lessen symptoms and improve quality of life for those with COPD.

Several additional respiratory conditions and respiratory hazards, including infectious agents and occupational and environmental exposures, are covered in other areas of Healthy People 2020. Examples include tuberculosis, lung cancer, acquired immunodeficiency syndrome (AIDS), pneumonia, occupational lung disease, and smoking. Sleep Health is now a separate topic area of Healthy People 2020.

Currently in the United States, more than 23 million people have asthma. Approximately 13.6 million adults have been diagnosed with COPD, and an approximately equal number have not yet been diagnosed. The burden of respiratory diseases affects individuals and their families, schools, workplaces, neighborhoods, cities, and states. Because of the cost to the healthcare system, the burden of respiratory diseases also falls on society; it is paid for with higher health insurance rates, lost productivity, and tax dollars. Annual healthcare expenditures for asthma alone are estimated at $20.7 billion.

Asthma. The prevalence of asthma has increased since 1980. However, deaths from asthma have decreased since the mid-1990s. The causes of asthma are an active area of research and involve both genetic and environmental factors.

Risk factors for asthma currently being investigated include:

- Having a parent with asthma
- Sensitization to irritants and allergens
- Respiratory infections in childhood
- Overweight

Asthma affects people of every race, sex, and age. However, significant disparities in asthma morbidity and mortality exist, in particular for low-income and minority populations. Populations with higher rates of asthma include: children; women (among adults) and boys (among children); African Americans; Puerto Ricans; people living in the Northeast United States; people living below the Federal poverty level; and employees with certain exposures in the workplace.

While there is not a cure for asthma yet, there are diagnoses and treatment guidelines that are aimed at ensuring that all people with asthma live full and active lives.

- Healthy People 2020 (www.healthypeople.gov)

[NOTE: COPD was changed to chronic lower respiratory disease (CLRD) with the introduction of ICD-10 codes. CLRD is used in vital statistics reporting, but COPD is still widely used and commonly found in surveillance reports.]
Age-Adjusted Respiratory Disease Deaths

Chronic Lower Respiratory Disease Deaths (CLRD)

Between 2008 and 2010, there was an annual average age-adjusted CLRD mortality rate of 51.1 deaths per 100,000 population in the St. Mary’s Healthcare Service Area.

- Higher than found statewide.
- Higher than the national rate.
- CLRD mortality is considerably higher in Fulton County than in Montgomery County.

![CLRD Age-Adjusted Mortality Chart]

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted December 2012.
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
- Local, state and national data are simple three-year averages.
- CLRD is chronic lower respiratory disease.

Pneumonia/Influenza Deaths

Between 2008 and 2010, there was an annual average age-adjusted pneumonia influenza mortality rate of 10.5 deaths per 100,000 population in the St. Mary’s Healthcare Service Area.

- Lower than found statewide.
- Lower than the national rate.
- Higher in Montgomery County.

Note: COPD was changed to chronic lower respiratory disease (CLRD) in 1999 with the introduction of ICD-10 codes. CLRD is used in vital statistics reporting, but COPD is still widely used and commonly found in surveillance reports.

For prevalence of vaccinations for pneumonia and influenza, see also “Immunization & Infectious Disease.”
Prevalence of Respiratory Conditions

Nasal/Hay Fever Allergies

Nearly 3 in 10 (29.0%) Service Area adults currently suffer from or have been diagnosed with nasal/hay fever allergies.

- Similar to the national prevalence.
- Similar by county.

Survey respondents were next asked to indicate whether they suffer from or have been diagnosed with various respiratory conditions, including asthma, nasal/hay fever allergies, sinusitis, and/or chronic lung disease.
Sinusitis

A total of 18.6% of St. Mary’s Healthcare Service Area adults suffer from sinusitis.

- Comparable to the national prevalence.
- Comparable by county.

Prevalence of Sinusitis

Chronic Lung Disease

A total of 13.1% of St. Mary’s Healthcare Service Area adults suffer from chronic lung disease.

- Less favorable than the national prevalence.
- No statistical difference by county.

Prevalence of Chronic Lung Disease
Asthma

Adults

A total of 10.4% of St. Mary’s Healthcare Service Area adults currently suffer from asthma.

- Similar to the statewide prevalence.
- Higher than the national prevalence.
- Statistically similar by county.

The following adults are more likely to suffer from asthma:

- Women.
- Adults under 65.
- Low-income residents.

Currently Have Asthma
(St. Mary’s Healthcare Service Area, 2012)
A total of 21.6% of respondents with asthma report four or more days in the past year on which they were unable to work or carry out their usual activities because of their asthma.

**Number of Days in Past Year on Which Asthma Interfered With Work or Usual Activities**

(Among St. Mary's Healthcare Service Area Adults w/Asthma, 2012)

<table>
<thead>
<tr>
<th>Days of Interference</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>73.8%</td>
</tr>
<tr>
<td>Two Days</td>
<td>3.8%</td>
</tr>
<tr>
<td>Three Days</td>
<td>0.8%</td>
</tr>
<tr>
<td>Four/More Days</td>
<td>21.6%</td>
</tr>
</tbody>
</table>

Median: 0 Days

Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 43]
Notes: ● Asked of all respondents with asthma.

**Children**

Among St. Mary’s Healthcare Service Area children under age 18, 12.4% currently have asthma.

- Much higher than national findings.
- Similar by county.
- Viewed by demographics, higher in boys and children aged 5 to 12.

**Child Currently Has Asthma**

(Among Parents of Children Age 0-17)

<table>
<thead>
<tr>
<th>Gender</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boys</td>
<td>15.5%</td>
</tr>
<tr>
<td>Girls</td>
<td>9.6%</td>
</tr>
<tr>
<td>Age 0-4</td>
<td>7.1%</td>
</tr>
<tr>
<td>Age 5-12</td>
<td>20.7%</td>
</tr>
<tr>
<td>Age 13-17</td>
<td>7.5%</td>
</tr>
</tbody>
</table>

Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 151]
Notes: ● Asked of all respondents with children 0 to 17 in the household.
Injury & Violence

Injuries and violence are widespread in society. Both unintentional injuries and those caused by acts of violence are among the top 15 killers for Americans of all ages. Many people accept them as “accidents,” “acts of fate,” or as “part of life.” However, most events resulting in injury, disability, or death are predictable and preventable.

Injuries are the leading cause of death for Americans ages 1 to 44, and a leading cause of disability for all ages, regardless of sex, race/ethnicity, or socioeconomic status. More than 180,000 people die from injuries each year, and approximately 1 in 10 sustains a nonfatal injury serious enough to be treated in a hospital emergency department.

Beyond their immediate health consequences, injuries and violence have a significant impact on the well-being of Americans by contributing to:

- Premature death
- Disability
- Poor mental health
- High medical costs
- Lost productivity

The effects of injuries and violence extend beyond the injured person or victim of violence to family members, friends, coworkers, employers, and communities.

Numerous factors can affect the risk of unintentional injury and violence, including individual behaviors, physical environment, access to health services (ranging from pre-hospital and acute care to rehabilitation), and social environment (from parental monitoring and supervision of youth to peer group associations, neighborhoods, and communities).

Interventions addressing these social and physical factors have the potential to prevent unintentional injuries and violence. Efforts to prevent unintentional injury may focus on:

- Modifications of the environment
- Improvements in product safety
- Legislation and enforcement
- Education and behavior change
- Technology and engineering

Efforts to prevent violence may focus on:

- Changing social norms about the acceptability of violence
- Improving problem-solving skills (for example, parenting, conflict resolution, coping)
- Changing policies to address the social and economic conditions that often give rise to violence

Leading Causes of Accidental Death

Motor vehicle accidents and falls accounted for half of all accidental deaths in the St. Mary’s Healthcare Service Area between 2008 and 2010.

Healthy People 2020 (www.healthypeople.gov)
**Unintentional Injury**

**Age-Adjusted Unintentional Injury Deaths**

Between 2008 and 2010, there was an annual average age-adjusted unintentional injury mortality rate of 26.2 deaths per 100,000 population in the St. Mary’s Healthcare Service Area.

- Less favorable than the New York rate.
- More favorable than the national rate.
- Satisfies the Healthy People 2020 target (36.0 or lower).
- Higher in Montgomery County.

**Unintentional Injuries: Age-Adjusted Mortality**

(2008-2010 Annual Average Deaths per 100,000 Population)

<table>
<thead>
<tr>
<th>Location</th>
<th>Rate per 100,000 Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fulton County</td>
<td>24.5</td>
</tr>
<tr>
<td>Montgomery County</td>
<td>27.9</td>
</tr>
<tr>
<td>St. Mary’s HC Svc Area</td>
<td>26.2</td>
</tr>
<tr>
<td>NY</td>
<td>24.3</td>
</tr>
<tr>
<td>US</td>
<td>38.2</td>
</tr>
</tbody>
</table>

Sources: 

Notes: 
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
- Local, state and national data are simple three-year averages.
Motor Vehicle Safety

Age-Adjusted Motor-Vehicle Related Deaths

Between 2001 and 2010, there was an annual average age-adjusted motor vehicle crash mortality rate of 12.9 deaths per 100,000 population in the St. Mary’s Healthcare Service Area.

- Higher than found statewide.
- Lower than found nationally.
- Comparable to the Healthy People 2020 target (12.4 or lower).
- Comparable rates when viewed by county.

Motor Vehicle Crashes: Age-Adjusted Mortality
(2001-2010 Annual Average Deaths per 100,000 Population)

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted December 2012.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.

Seat Belt Usage - Adults

Most St. Mary’s Healthcare Service Area adults (89.0%) report “always” wearing a seat belt when driving or riding in a vehicle.

- Less favorable than the New York prevalence.
- More favorable than the percentage found nationally.
- Fails to satisfy the Healthy People 2020 target of 92.4% or higher.
- Similar by county.
“Always” Wear a Seat Belt
When Driving or Riding in a Vehicle

Healthy People 2020 Target = 92.4% or Higher

Fulton County: 90.0%
Montgomery County: 88.1%
St. Mary’s HC Svc Area: 89.0%
NY: 93.1%
US: 85.3%

Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 53]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Service Area men are statistically less likely to report consistent seat belt usage.

“Always” Wear a Seat Belt
When Driving or Riding in a Vehicle
(St. Mary’s Healthcare Service Area, 2012)

Healthy People 2020 Target = 92.4% or Higher

Men: 84.5%
Women: 93.4%
18 to 39: 88.3%
40 to 64: 89.5%
65+: 88.9%
Low Income: 87.4%
Mid/High Income: 89.0%
White: 88.9%
Other: 91.3%
St. Mary’s HC Svc Area: 89.0%

Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 53]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.
Seat Belt Usage - Children

A full 93.7% of St. Mary’s Healthcare Service Area parents report that their child (age 0 to 17) “always” wears a seat belt (or appropriate car seat for younger children) when riding in a vehicle.

- Statistically similar to what is found nationally.
- Similar by county.

**Child “Always” Wears a Seat Belt or Appropriate Restraint When Riding in a Vehicle**

(Among Parents of Children Age 0-17)

<table>
<thead>
<tr>
<th></th>
<th>Fulton County</th>
<th>Montgomery County</th>
<th>St. Mary’s HC Svc Area</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Seat Belt Usage</td>
<td>93.9%</td>
<td>93.5%</td>
<td>93.7%</td>
<td>91.6%</td>
</tr>
</tbody>
</table>

**Bicycle Safety**

Nearly 6 in 10 (58.8%) St. Mary’s Healthcare Service Area children age 5 to 17 are reported to “always” wear a helmet when riding a bicycle.

- Much higher than the national prevalence.
- County findings are similar.

**Child “Always” Wears a Helmet When Riding a Bicycle**

(Among Parents of Children Age 5-17)

<table>
<thead>
<tr>
<th></th>
<th>Fulton County</th>
<th>Montgomery County</th>
<th>St. Mary’s HC Svc Area</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Helmet Usage</td>
<td>60.2%</td>
<td>57.9%</td>
<td>58.8%</td>
<td>35.3%</td>
</tr>
</tbody>
</table>
Firearm Safety

Age-Adjusted Firearm-Related Deaths

Between 2001 and 2010, there was an annual average age-adjusted rate of 4.8 deaths per 100,000 population due to firearms in the St. Mary’s Healthcare Service Area.

- Lower than found statewide.
- Less than half that found nationally.
- Satisfies the Healthy People 2020 objective (9.2 or lower).
- Higher in Montgomery County.

Firearms-Related Deaths: Age-Adjusted Mortality
(2001-2010 Annual Average Deaths per 100,000 Population)

<table>
<thead>
<tr>
<th></th>
<th>Healthy People 2020 Target &gt; 9.2 or Lower</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fulton County</td>
<td>4.4</td>
</tr>
<tr>
<td>Montgomery County</td>
<td>5.2</td>
</tr>
<tr>
<td>St. Mary’s HC Svc Area</td>
<td>4.8</td>
</tr>
<tr>
<td>NY</td>
<td>5.1</td>
</tr>
<tr>
<td>US</td>
<td>10.2</td>
</tr>
</tbody>
</table>

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted December 2012.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Presence of Firearms in Homes

Overall, 4 in 10 area adults (40.5%) have a firearm kept in or around their home.

- Similar to the national prevalence.
- Somewhat higher in Fulton County.

Among St. Mary’s Healthcare Service Area households with children, 39.6% have a firearm kept in or around the house (similar to that reported nationally).
Reports of firearms in or around the home are more prevalent among the following respondent groups:

- **Men.**
- **Adults age 40 to 64.**
- **Higher-income households.**
- **White respondents.**
Among St. Mary’s Healthcare Service Area households with firearms, 9.3% report that there is at least one weapon that is kept unlocked and loaded.

- Lower than that found nationally.
- Statistically similar by county (not shown).

### Household Has An Unlocked, Loaded Firearm

(Among Respondents Reporting a Firearm in or Around the Home)

- **Yes**: 9.3%
- **No**: 90.7%

**St. Mary’s Healthcare Svc Area**

**United States**

**Yes**: 16.9%

**No**: 83.1%

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### Intentional Injury (Violence)

**Violent Crime**

**Violent Crime Rates**

Between 2009 and 2011, there was an annual average violent crime rate of 205.6 offenses per 100,000 population in the St. Mary’s Healthcare Service Area.

- Better than the New York rate for the same period.
- Better than the national rate.
- Higher in Montgomery County than in Fulton County.

### Violent Crime Rates

(2008-2010 Annual Average Offenses per 100,000 Population)

- **Fulton County**: 178.1
- **Montgomery County**: 249.1
- **St. Mary’s HC Svc Area**: 205.6
- **NY**: 391.8
- **US**: 407.5

**Sources:**
- New York State Division of Criminal Justice
- US Department of Justice, Federal Bureau of Investigation

**Notes:**
- Rates are offenses per 100,000 population among agencies reporting.

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Violent crime is composed of four offenses (FBI Index offenses): murder and non-negligent manslaughter; forcible rape; robbery; and aggravated assault.

Note that the quality of crime data can vary widely from location to location, depending on the consistency and completeness of reporting among various jurisdictions.
Self-Reported Violence

A total of 2.9% of St. Mary’s Healthcare Service Area adults acknowledge being the victim of a violent crime in the past five years.

- Statistically similar to national findings.
- Similar by county.

Victim of a Violent Crime in the Past Five Years

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Reports of violence are notably higher among young adults, residents living in the lower income category, and Non-Whites.

Victim of a Violent Crime in the Past Five Years

(St. Mary’s Healthcare Service Area, 2012)

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Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 54]
Notes: ● Asked of all respondents.

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Source: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 54]
Notes: ● As of [insert date if available] for each statistic.

For all categories:
- Men
- Women
- 18 to 39
- 40 to 64
- 65+
- Low Income
- Mid/High Income
- White
- Other
- St. Mary’s HC Svc Area

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Professionally Printed for:
Professional Research Consultants, Inc.
Self-Reported Family Violence

A total of 16.0% of St. Mary’s Healthcare Service Area adults report that they have ever been threatened with physical violence by an intimate partner.

- Less favorable than that reported nationally.
- No difference by county (not shown).

A total of 15.9% of respondents acknowledge that they have ever been hit, slapped, pushed, kicked, or otherwise hurt by an intimate partner.

- Similar to national findings.
- Statistically similar by county.

Reports of domestic violence are also notably higher among:

- Women, adults under 65 (note the negative correlation), and those with lower incomes.

Have Ever Been Hit, Slapped, Pushed, Kicked, or Hurt in Any Way by an Intimate Partner
(St. Mary’s Healthcare Service Area, 2012)
Diabetes

Diabetes mellitus occurs when the body cannot produce or respond appropriately to insulin. Insulin is a hormone that the body needs to absorb and use glucose (sugar) as fuel for the body’s cells. Without a properly functioning insulin signaling system, blood glucose levels become elevated and other metabolic abnormalities occur, leading to the development of serious, disabling complications. Many forms of diabetes exist; the three common types are Type 1, Type 2, and gestational diabetes.

Effective therapy can prevent or delay diabetic complications. However, almost 25% of Americans with diabetes mellitus are undiagnosed, and another 57 million Americans have blood glucose levels that greatly increase their risk of developing diabetes mellitus in the next several years. Few people receive effective preventative care, which makes diabetes mellitus an immense and complex public health challenge.

Diabetes mellitus affects an estimated 23.6 million people in the United States and is the 7th leading cause of death. Diabetes mellitus:

- Lowers life expectancy by up to 15 years.
- Increases the risk of heart disease by 2 to 4 times.
- Is the leading cause of kidney failure, lower limb amputations, and adult-onset blindness.

In addition to these human costs, the estimated total financial cost of diabetes mellitus in the US in 2007 was $174 billion, which includes the costs of medical care, disability, and premature death.

The rate of diabetes mellitus continues to increase both in the United States and throughout the world. Due to the steady rise in the number of persons with diabetes mellitus, and possibly earlier onset of type 2 diabetes mellitus, there is growing concern about the possibility that the increase in the number of persons with diabetes mellitus and the complexity of their care might overwhelm existing healthcare systems.

People from minority populations are more frequently affected by type 2 diabetes. Minority groups constitute 25% of all adult patients with diabetes in the US and represent the majority of children and adolescents with type 2 diabetes.

Lifestyle change has been proven effective in preventing or delaying the onset of type 2 diabetes in high-risk individuals.

- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Diabetes Deaths

Between 2008 and 2010, there was an annual average age-adjusted diabetes mortality rate of 17.1 deaths per 100,000 population in the St. Mary’s Healthcare Service Area.

- Nearly identical to that found statewide.
- More favorable than the national rate.
- Satisfies the Healthy People 2020 target (19.6 or lower).
- Somewhat higher in Montgomery County.
Diabetes: Age-Adjusted Mortality
(2008-2010 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 19.6 or Lower (Adjusted)

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention. Epidemiology Program Office, Division of Public Health Surveillance and Informatics.
- Data extracted December 2012.
- Objective D-3

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
- Local, state and national data are simple three-year averages.
- The Healthy People 2020 target for Diabetes is adjusted to account for only diabetes mellitus coded deaths.

Prevalence of Diabetes

A total of 10.5% of St. Mary’s Healthcare Service Area adults report having been diagnosed with diabetes.
- Identical to the proportion statewide.
- Similar to the national proportion.
- Statistically similar by county.

Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 44]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- Local and national data exclude gestation diabetes (occurring only during pregnancy).
Note the positive correlation between diabetes and age (with one in five seniors with diabetes).

Prevalence of Diabetes
(St. Mary's Healthcare Service Area, 2012)

Diabetes Treatment
Among adults with diabetes, most (76.0%) are currently taking insulin or some type of medication to manage their condition.

Taking Insulin or Other Medication for Diabetes
(Among St. Mary’s Healthcare Service Area Diabetics)
Alzheimer’s Disease

Dementia is the loss of cognitive functioning—thinking, remembering, and reasoning—to such an extent that it interferes with a person’s daily life. Dementia is not a disease itself, but rather a set of symptoms. Memory loss is a common symptom of dementia, although memory loss by itself does not mean a person has dementia. Alzheimer’s disease is the most common cause of dementia, accounting for the majority of all diagnosed cases.

Alzheimer’s disease is the 6th leading cause of death among adults age 18 years and older. Estimates vary, but experts suggest that up to 5.1 million Americans age 65 years and older have Alzheimer’s disease. These numbers are predicted to more than double by 2050 unless more effective ways to treat and prevent Alzheimer’s disease are found.

– Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Alzheimer’s Disease Deaths

Between 2008 and 2010, there was an annual average age-adjusted Alzheimer’s disease mortality rate of 31.8 deaths per 100,000 population in the St. Mary’s Healthcare Service Area.

- Three times the statewide rate.
- Less favorable than the national rate.
- Higher in Montgomery County.

Alzheimer’s Disease: Age-Adjusted Mortality

(2008-2010 Annual Average Deaths per 100,000 Population)

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted December 2012.

Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
● Local, state and national data are simple three-year averages.
Kidney Disease

Chronic kidney disease and end-stage renal disease are significant public health problems in the United States and a major source of suffering and poor quality of life for those afflicted. They are responsible for premature death and exact a high economic price from both the private and public sectors. Nearly 25% of the Medicare budget is used to treat people with chronic kidney disease and end-stage renal disease.

Genetic determinants have a large influence on the development and progression of chronic kidney disease. It is not possible to alter a person’s biology and genetic determinants; however, environmental influences and individual behaviors also have a significant influence on the development and progression of chronic kidney disease. As a result, some populations are disproportionately affected. Successful behavior modification is expected to have a positive influence on the disease.

Diabetes is the most common cause of kidney failure. The results of the Diabetes Prevention Program (DPP) funded by the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) show that moderate exercise, a healthier diet, and weight reduction can prevent development of type 2 diabetes in persons at risk.

– Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Kidney Disease Deaths

Between 2008 and 2010 there was an annual average age-adjusted kidney disease mortality rate of 19.8 deaths per 100,000 population in the St. Mary’s Healthcare Service Area.

- Higher than the rate found statewide.
- Higher than the national rate.
- Similar rates by county.

Kidney Disease: Age-Adjusted Mortality
(2008–2010 Annual Average Deaths per 100,000 Population)

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics.
Data extracted December 2012.

Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population; age-adjusted to the 2000 U.S. Standard Population.
● Local, state and national data are simple three-year averages.
There are more than 100 types of arthritis. Arthritis commonly occurs with other chronic conditions, such as diabetes, heart disease, and obesity. Interventions to treat the pain and reduce the functional limitations from arthritis are important, and may also enable people with these other chronic conditions to be more physically active. Arthritis affects 1 in 5 adults and continues to be the most common cause of disability. It costs more than $128 billion per year. All of the human and economic costs are projected to increase over time as the population ages. There are interventions that can reduce arthritis pain and functional limitations, but they remain underused. These include: increased physical activity; self-management education; and weight loss among overweight/obese adults.

Osteoporosis is a disease marked by reduced bone strength leading to an increased risk of fractures (broken bones). In the United States, an estimated 5.3 million people age 50 years and older have osteoporosis. Most of these people are women, but about 0.8 million are men. Just over 34 million more people, including 12 million men, have low bone mass, which puts them at increased risk for developing osteoporosis. Half of all women and as many as 1 in 4 men age 50 years and older will have an osteoporosis-related fracture in their lifetime.

Chronic back pain is common, costly, and potentially disabling. About 80% of Americans experience low back pain in their lifetime. It is estimated that each year:

- 15%-20% of the population develop protracted back pain.
- 2-8% have chronic back pain (pain that lasts more than 3 months).
- 3-4% of the population is temporarily disabled due to back pain.
- 1% of the working-age population is disabled completely and permanently as a result of low back pain.

Americans spend at least $50 billion each year on low back pain. Low back pain is the:

- 2nd leading cause of lost work time (after the common cold).
- 3rd most common reason to undergo a surgical procedure.
- 5th most frequent cause of hospitalization.

Arthritis, osteoporosis, and chronic back conditions all have major effects on quality of life, the ability to work, and basic activities of daily living.

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**Related Issue:**
See also Activity Limitations in the General Health Status section of this report.

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**Arthritis, Osteoporosis, & Chronic Pain**

**Prevalence of Arthritis/Rheumatism**

* A total of 43.1% of St. Mary’s Healthcare Service Area adults age 50 and older report suffering from arthritis or rheumatism.
  - Less favorable than that found nationwide.
  - Statistically similar by county.
Prevalence of Arthritis/Rheumatism
(Among Adults 50+)

**Sources:**
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 156]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

**Notes:**
- Reflects respondents 50 and older.

<table>
<thead>
<tr>
<th>County</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fulton County</td>
<td>47.0%</td>
</tr>
<tr>
<td>Montgomery County</td>
<td>39.6%</td>
</tr>
<tr>
<td>St. Mary’s HC Svc Area</td>
<td>43.1%</td>
</tr>
<tr>
<td>US</td>
<td>35.4%</td>
</tr>
</tbody>
</table>

Prevalence of Osteoporosis

**A total of 13.5% of survey respondents age 50 and older have osteoporosis.**

- Similar to that found nationwide.
- Fails to satisfy the Healthy People 2020 target of 5.3% or lower.
- No significant difference by county.

**Prevalence of Osteoporosis**
(Among Adults 50+)

**Healthy People 2020 Target = 5.3% or Lower**

<table>
<thead>
<tr>
<th>County</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fulton County</td>
<td>13.1%</td>
</tr>
<tr>
<td>Montgomery County</td>
<td>13.8%</td>
</tr>
<tr>
<td>St. Mary’s HC Svc Area</td>
<td>13.5%</td>
</tr>
<tr>
<td>US</td>
<td>11.4%</td>
</tr>
</tbody>
</table>
Prevalence of Sciatica/Chronic Back Pain

A total of 26.6\% of survey respondents suffer from chronic back pain or sciatica.

- Less favorable than that found nationwide.
- Similar by county.

Prevalence of Migraines/Severe Headaches

A total of 18.3\% of survey respondents report suffering from migraines or severe headaches.

- Similar to that found nationwide.
- Similar by county.

Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 29]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
A total of 15.2% of survey respondents currently suffer from chronic neck pain.

- Much higher than that found nationwide.
- Statistically similar by county.

Prevalence of Chronic Neck Pain

Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 37]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
Vision & Hearing Impairment

Vision is an essential part of everyday life, influencing how Americans of all ages learn, communicate, work, play, and interact with the world. Yet millions of Americans live with visual impairment, and many more remain at risk for eye disease and preventable eye injury.

The eyes are an important, but often overlooked, part of overall health. Despite the preventable nature of some vision impairments, many people do not receive recommended screenings and exams. A visit to an eye care professional for a comprehensive dilated eye exam can help to detect common vision problems and eye diseases, including diabetic retinopathy, glaucoma, cataract, and age-related macular degeneration.

These common vision problems often have no early warning signs. If a problem is detected, an eye care professional can prescribe corrective eyewear, medicine, or surgery to minimize vision loss and help a person see his or her best.

Healthy vision can help to ensure a healthy and active lifestyle well into a person’s later years. Educating and engaging families, communities, and the nation is critical to ensuring that people have the information, resources, and tools needed for good eye health.

– Healthy People 2020 (www.healthypeople.gov)

Vision Trouble

A total of 8.9% of St. Mary’s Healthcare Service Area adults are blind, or have trouble seeing even when wearing corrective lenses.

- Similar to that found nationwide.
- Similar by county.
- Among St. Mary’s Healthcare Service Area adults age 65 and older, 12.5% have vision trouble.

Prevalence of Blindness/Trouble Seeing

![Bar graph showing prevalence of blindness/trouble seeing](image)

Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 26]  ● 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: ● Asked of all respondents.
Hearing Trouble

An impaired ability to communicate with others or maintain good balance can lead many people to feel socially isolated, have unmet health needs, have limited success in school or on the job. Communication and other sensory processes contribute to our overall health and well-being. Protecting these processes is critical, particularly for people whose age, race, ethnicity, gender, occupation, genetic background, or health status places them at increased risk.

Many factors influence the numbers of Americans who are diagnosed and treated for hearing and other sensory or communication disorders, such as social determinants (social and economic standings, age of diagnosis, cost and stigma of wearing a hearing aid, and unhealthy lifestyle choices). In addition, biological causes of hearing loss and other sensory or communication disorders include: genetics; viral or bacterial infections; sensitivity to certain drugs or medications; injury; and aging.

As the nation’s population ages and survival rates for medically fragile infants and for people with severe injuries and acquired diseases improve, the prevalence of sensory and communication disorders is expected to rise.

– Healthy People 2020 (www.healthypeople.gov)

In all, 11.5% of St. Mary’s Healthcare Service Area adults report being deaf or having difficulty hearing.

- Similar to that found nationwide.
- Similar by county.

Among St. Mary’s Healthcare Service Area adults age 65 and older, 26.7% have partial or complete hearing loss.

Prevalence of Deafness/Trouble Hearing

<table>
<thead>
<tr>
<th>Fulton County</th>
<th>Montgomery County</th>
<th>St. Mary’s HC Svc Area</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>12.2%</td>
<td>10.8%</td>
<td>11.5%</td>
<td>9.6%</td>
</tr>
</tbody>
</table>

Among 65+: 26.7%

Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. (Item 27)
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
Vaccine-Preventable Conditions

The increase in life expectancy during the 20th century is largely due to improvements in child survival; this increase is associated with reductions in infectious disease mortality, due largely to immunization. However, infectious diseases remain a major cause of illness, disability, and death. Immunization recommendations in the United States currently target 17 vaccine-preventable diseases across the lifespan.

People in the US continue to get diseases that are vaccine-preventable. Viral hepatitis, influenza, and tuberculosis (TB) remain among the leading causes of illness and death across the nation and account for substantial spending on the related consequences of infection.

The infectious disease public health infrastructure, which carries out disease surveillance at the national, state, and local levels, is an essential tool in the fight against newly emerging and re-emerging infectious diseases. Other important defenses against infectious diseases include:

- Proper use of vaccines
- Antibiotics
- Screening and testing guidelines
- Scientific improvements in the diagnosis of infectious disease-related health concerns

Vaccines are among the most cost-effective clinical preventive services and are a core component of any preventive services package. Childhood immunization programs provide a very high return on investment. For example, for each birth cohort vaccinated with the routine immunization schedule, society:

- Saves 33,000 lives.
- Prevents 14 million cases of disease.
- Reduces direct healthcare costs by $9.9 billion.
- Saves $33.4 billion in indirect costs.

“Incidence rate” or “case rate” is the number of new cases of a disease occurring during a given period of time.

It is usually expressed as cases per 100,000 population per year.

Measles, Mumps, Rubella

St. Mary’s Healthcare Service Area reported no cases of measles, mumps or rubella between 2009 and 2011.

Pertussis

Between 2008 and 2010, the annual average pertussis incidence rate (new cases per year) was 1.5 cases per 100,000 population in the St. Mary’s Healthcare Service Area.

- Below the New York incidence rate.
- Below the national incidence rate for the 2006-2008 reporting period.
- Slightly higher in Fulton County.
Acute Hepatitis C

The St. Mary’s Healthcare Service Area reported only one case of acute hepatitis C between 2009 and 2011.
Influenza & Pneumonia Vaccination

Acute respiratory infections, including pneumonia and influenza, are the 8th leading cause of death in the nation, accounting for 56,000 deaths annually. Pneumonia mortality in children fell by 97% in the last century, but respiratory infectious diseases continue to be leading causes of pediatric hospitalization and outpatient visits in the US. On average, influenza leads to more than 200,000 hospitalizations and 36,000 deaths each year. The 2009 H1N1 influenza pandemic caused an estimated 270,000 hospitalizations and 12,270 deaths (1,270 of which were of people younger than age 18) between April 2009 and March 2010.

– Healthy People 2020 (www.healthypeople.gov)

Flu Vaccinations

Among St. Mary’s Healthcare Service Area seniors, 61.0% received a flu shot (or FluMist®) within the past year.

- Comparable to the New York finding.
- Lower than the national finding.
- Fails to satisfy the Healthy People 2020 target (90% or higher).
- Statistically comparable by county.

![Graph showing flu vaccination rates among seniors](image)

FluMist® is a vaccine that is sprayed into the nose to help protect against influenza; it is an alternative to traditional flu shots.

High-Risk Adults

A total of 38.9% of high-risk adults age 18 to 64 received a flu vaccination (flu shot or FluMist®) within the past year.

- Less favorable than national findings.
- Fails to satisfy the Healthy People 2020 target (90% or higher).
- Statistically comparable by county.

“High-risk” includes adults who report having been diagnosed with heart disease, diabetes or respiratory disease.
Have Had a Flu Vaccination in the Past Year
(Among High-Risk Adults 18-64)

Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 159]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Reflects high-risk respondents age 18-64.
- Includes FluMist as a form of vaccination.

Pneumonia Vaccination

Among adults age 65 and older, 59.8% have received a pneumonia vaccination at some point in their lives.

- Similar to the New York finding.
- Similar to the national finding.
- Fails to satisfy the Healthy People 2020 target of 90% or higher.
- Similar by county.

Have Ever Had a Pneumonia Vaccine
(Among Adults 65+)

Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 160]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Reflects respondents 65 and older.
A total of 30.5% of high-risk adults age 18 to 64 have ever received a pneumonia vaccination.

- Similar to national findings.
- Fails to satisfy the Healthy People 2020 target (60% or higher).
- Similar by county.

### Have Ever Had a Pneumonia Vaccine
(Among High-Risk Adults 18-64)

<table>
<thead>
<tr>
<th></th>
<th>Fulton County</th>
<th>Montgomery County</th>
<th>St. Mary’s HC Svc Area</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy People 2020 Target = 60% or Higher</td>
<td>33.3%</td>
<td>28.1%</td>
<td>30.5%</td>
<td>32.0%</td>
</tr>
</tbody>
</table>

**Sources:**
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 161]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

**Notes:**
- Asked of all high-risk respondents under 65.
- “High-risk” includes adults age 18 to 64 who have been diagnosed with heart disease, diabetes or respiratory disease.
Tuberculosis

Viral hepatitis and tuberculosis (TB) can be prevented, yet healthcare systems often do not make the best use of their available resources to support prevention efforts. Because the US healthcare system focuses on treatment of illnesses, rather than health promotion, patients do not always receive information about prevention and healthy lifestyles. This includes advancing effective and evidence-based viral hepatitis and TB prevention priorities and interventions.

– Healthy People 2020 (www.healthypeople.gov)

Between 2009 and 2011, the annual average tuberculosis incidence rate (new cases per year) was 0.7 cases per 100,000 population in the St. Mary’s Healthcare Service Area.

- Well below the New York incidence rate.
- Below the national incidence rate.
- Satisfies the Healthy People 2020 target (1.0 or lower).
- No cases were reported in Fulton County.

**Tuberculosis Incidence**

(2009-2011 Annual Average Cases per 100,000 Population)

<table>
<thead>
<tr>
<th>County</th>
<th>Incidence Rate (2009-2011)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fulton County</td>
<td>0.0</td>
</tr>
<tr>
<td>Montgomery County</td>
<td>1.9</td>
</tr>
<tr>
<td>St. Mary’s Healthcare Service Area</td>
<td>0.7</td>
</tr>
<tr>
<td>New York</td>
<td>4.9</td>
</tr>
<tr>
<td>United States</td>
<td>3.6</td>
</tr>
</tbody>
</table>

Sources:
- New York State Department of Health.
- Centers for Disease Control and Prevention, Division of Public Health Surveillance and Informatics. Epidemiology Program Office.

Notes:
- Rates are annual average new cases per 100,000 population.
HIV

The HIV epidemic in the United States continues to be a major public health crisis. An estimated 1.1 million Americans are living with HIV, and 1 in 5 people with HIV do not know they have it. HIV continues to spread, leading to about 56,000 new HIV infections each year.

HIV is a preventable disease, and effective HIV prevention interventions have been proven to reduce HIV transmission. People who get tested for HIV and learn that they are infected can make significant behavior changes to improve their health and reduce the risk of transmitting HIV to their sex or drug-using partners. More than 50% of new HIV infections occur as a result of the 21% of people who have HIV but do not know it.

In the era of increasingly effective treatments for HIV, people with HIV are living longer, healthier, and more productive lives. Deaths from HIV infection have greatly declined in the United States since the 1990s. As the number of people living with HIV grows, it will be more important than ever to increase national HIV prevention and healthcare programs.

There are gender, race, and ethnicity disparities in new HIV infections:
- Nearly 75% of new HIV infections occur in men.
- More than half occur in gay and bisexual men, regardless of race or ethnicity.
- 45% of new HIV infections occur in African Americans, 35% in whites, and 17% in Hispanics.

Improving access to quality healthcare for populations disproportionately affected by HIV, such as persons of color and gay and bisexual men, is a fundamental public health strategy for HIV prevention. People getting care for HIV can receive:
- Antiretroviral therapy
- Screening and treatment for other diseases (such as sexually transmitted infections)
- HIV prevention interventions
- Mental health services
- Other health services

As the number of people living with HIV increases and more people become aware of their HIV status, prevention strategies that are targeted specifically for HIV-infected people are becoming more important. Prevention work with people living with HIV focuses on:
- Linking to and staying in treatment.
- Increasing the availability of ongoing HIV prevention interventions.
- Providing prevention services for their partners.

Public perception in the US about the seriousness of the HIV epidemic has declined in recent years. There is evidence that risky behaviors may be increasing among uninfected people, especially gay and bisexual men. Ongoing media and social campaigns for the general public and HIV prevention interventions for uninfected persons who engage in risky behaviors are critical.

– Healthy People 2020 (www.healthypeople.gov)
HIV Testing

Among St. Mary’s Healthcare Service Area adults age 18-44, 16.9% report that they have been tested for human immunodeficiency virus (HIV) in the past year.

- Comparable to the proportion found nationwide.
- Identical to the Healthy People 2020 target of 16.9% or higher.
- Comparable by county.

Tested for HIV in the Past Year
(Among Respondents 18-44)

By demographic characteristics:

Women and young adults are more likely to have been tested for HIV.

Tested for HIV in the Past Year
(Among Respondents 18-44)

Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 164]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Reflects respondents age 18 to 44.
- Note that the Healthy People 2020 objective is for ages 15-44.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.
STDs refer to more than 25 infectious organisms that are transmitted primarily through sexual activity. Despite their burdens, costs, and complications, and the fact that they are largely preventable, STDs remain a significant public health problem in the United States. This problem is largely unrecognized by the public, policymakers, and health care professionals. STDs cause many harmful, often irreversible, and costly clinical complications, such as: reproductive health problems; fetal and perinatal health problems; cancer; and facilitation of the sexual transmission of HIV infection.

The Centers for Disease Control and Prevention (CDC) estimates that there are approximately 19 million new STD infections each year—almost half of them among young people ages 15 to 24. Because many cases of STDs go undiagnosed—and some common viral infections, such as human papillomavirus (HPV) and genital herpes, are not reported to CDC at all—the reported cases of chlamydia, gonorrhea, and syphilis represent only a fraction of the true burden of STDs in the US. Untreated STDs can lead to serious long-term health consequences, especially for adolescent girls and young women. CDC estimates that undiagnosed and untreated STDs cause at least 24,000 women in the United States each year to become infertile. Several factors contribute to the spread of STDs.

**Biological Factors.** STDs are acquired during unprotected sex with an infected partner. Biological factors that affect the spread of STDs include:

- **Asymptomatic nature of STDs.** The majority of STDs either do not produce any symptoms or signs, or they produce symptoms so mild that they are unnoticed; consequently, many infected persons do not know that they need medical care.

- **Gender disparities.** Women suffer more frequent and more serious STD complications than men do. Among the most serious STD complications are pelvic inflammatory disease, ectopic pregnancy (pregnancy outside of the uterus), infertility, and chronic pelvic pain.

- **Age disparities.** Compared to older adults, sexually active adolescents ages 15 to 19 and young adults ages 20 to 24 are at higher risk for getting STDs.

- **Lag time between infection and complications.** Often, a long interval, sometimes years, occurs between acquiring an STD and recognizing a clinically significant health problem.

**Social, Economic and Behavioral Factors.** The spread of STDs is directly affected by social, economic, and behavioral factors. Such factors may cause serious obstacles to STD prevention due to their influence on social and sexual networks, access to and provision of care, willingness to seek care, and social norms regarding sex and sexuality. Among certain vulnerable populations, historical experience with segregation and discrimination exacerbates the influence of these factors. Social, economic, and behavioral factors that affect the spread of STDs include:

- **Racial and ethnic disparities.** Certain racial and ethnic groups (mainly African American, Hispanic, and American Indian/Alaska Native populations) have high rates of STDs, compared with rates for whites.

- **Poverty and marginalization.** STDs disproportionately affect disenfranchised people and people in social networks where high-risk sexual behavior is common, and either access to care or health-seeking behavior is compromised.

- **Access to health care.** Access to high-quality health care is essential for early detection, treatment, and behavior-change counseling for STDs. Groups with the highest rates of STDs are often the same groups for whom access to or use of health services is most limited.

- **Substance abuse.** Many studies document the association of substance abuse with STDs. The introduction of new illicit substances into communities often can alter sexual behavior drastically in high-risk sexual networks, leading to the epidemic spread of STDs.

- **Sexuality and secrecy.** Perhaps the most important social factors contributing to the spread of STDs in the United States are the stigma associated with STDs and the general discomfort of discussing intimate aspects of life, especially those related to sex. These social factors separate the United States from industrialized countries with low rates of STDs.

- **Sexual networks.** Sexual networks refer to groups of people who can be considered “linked” by sequential or concurrent sexual partners. A person may have only 1 sex partner, but if that partner is a member of a risky sexual network, then the person is at higher risk for STDs than a similar individual from a nonrisky network.

– *Healthy People 2020 (www.healthypeople.gov)*
Gonorrhea

Between 2009 and 2011, the annual average gonorrhea incidence rate was 26.5 cases per 100,000 population in the St. Mary’s Healthcare Service Area.

- Notably lower than the New York incidence rate.
- Notably lower than the national incidence rate.
- Similar rates between counties.

Chlamydia

Between 2009 and 2011, the annual average chlamydia incidence rate was 266.0 cases per 100,000 population in the St. Mary’s Healthcare Service Area.

- More favorable than the New York incidence rate.
- More favorable than the national incidence rate.
- Higher in Montgomery County.
Acute Hepatitis B

Hepatitis B Incidence

Between 2009 and 2011, the Service Area reported an acute hepatitis B incidence rate of 1.1 per 100,000 population.

- Less favorable than the statewide rate.
- Identical to the national rate.
- Higher in Montgomery County.

**Hepatitis B (Acute) Incidence**
(2009-2011 Annual Average Cases per 100,000 Population)

![Graph showing hepatitis B incidence rates]

<table>
<thead>
<tr>
<th>Source</th>
<th>Fulton County</th>
<th>Montgomery County</th>
<th>St. Mary’s HC Svc Area</th>
<th>NY</th>
<th>US*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rate</td>
<td>0.6</td>
<td>1.9</td>
<td>1.1</td>
<td>0.7</td>
<td>1.1</td>
</tr>
</tbody>
</table>

**Notes:**
- Rates are annual average new cases per 100,000 population.
- *US rate reflects 2008-2010 data.

Hepatitis B Vaccination

Based on survey data, more than one-third (36.9%) of residents report having received the hepatitis B vaccine.

- Similar to what is reported nationwide.
- Similar by county.

**Have Ever Received the Hepatitis B Vaccination**

![Graph showing hepatitis B vaccination rates]

<table>
<thead>
<tr>
<th>Source</th>
<th>Fulton County</th>
<th>Montgomery County</th>
<th>St. Mary’s HC Svc Area</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rate</td>
<td>39.7%</td>
<td>34.3%</td>
<td>36.9%</td>
<td>38.4%</td>
</tr>
</tbody>
</table>

**Notes:**
- Asked of all respondents.
Note the negative correlation between age and hepatitis B vaccination.

### Have Ever Received the Hepatitis B Vaccination
(St. Mary's Healthcare Service Area, 2012)

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>White</th>
<th>Other</th>
<th>St. Mary's HC Svc Area</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>35.3%</td>
<td>38.4%</td>
<td>63.3%</td>
<td>29.9%</td>
<td>14.0%</td>
<td>37.2%</td>
<td>39.1%</td>
<td>37.0%</td>
<td>38.2%</td>
<td>36.9%</td>
</tr>
</tbody>
</table>

**Sources:**
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 77]

**Notes:**
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level. “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

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**Related Focus Group Findings: Sexually Transmitted Infections**

Many focus group participants discussed sexually transmitted infections and teenage pregnancy. The main issues include:

- Sexually transmitted infections (STIs)
- Teen pregnancy

Focus group participants worry about the number of **sexually transmitted infections (STIs) and teen pregnancies** which occur in the community. Teen pregnancy has become an accepted-reality and the prevalence worries attendees.

“There's truly an epidemic in Fulton County, and I'll speak to Fulton County now: the conversation, the awareness, the statement of, 'There's babies pushing babies on Main Street and Fulton Street,' and when it’s nice weather they just come out -- you’d think it was a Veterans Day parade of how many of them come out with a six-pack in the stroller. And that is the absolute truth: with a six-pack in the stroller.” — Business Leader

Focus group members feel youth begin participation in sexual activity at a young age. Many youth are unsupervised and experimenting. Several focus group participants also worry that adolescents do not recognize the choices they make effect their health, as one respondent describes:

“There seems to be a big disconnect about what happens to them health-wise and what is connected, what’s going on in their own body. I see it with pregnancy; I see it with STD screening. These kids come in and they’re like, ‘What? That’s going on? Wow that happened.’ Kids that are texting while we’re checking their baby’s heart rate and they’re on the table. There’s a complete disconnect between -- it’s like something extraneous is happening to their bodies.” — Business Leader
BIRTHS
Between 2008 and 2010, 37.0% of all St. Mary’s Healthcare Service Area births did not receive prenatal care in the first trimester of pregnancy.

- Much higher than the New York proportion.
- Fails to satisfy the Healthy People 2020 target (22.1% or lower).
- Higher in Montgomery County.

**Lack of Prenatal Care in the First Trimester**

(Percentage of Live Births, 2008-2010)

<table>
<thead>
<tr>
<th>County</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fulton County</td>
<td>31.8%</td>
</tr>
<tr>
<td>Montgomery County</td>
<td>42.0%</td>
</tr>
<tr>
<td>St. Mary’s HC Svc Area</td>
<td>37.0%</td>
</tr>
<tr>
<td>New York</td>
<td>13.2%</td>
</tr>
</tbody>
</table>

Sources: ● New York State Department of Health.  

Note: ● Numbers are a percentage of all live births within each population.

Early and continuous prenatal care is the best assurance of infant health.
Birth Outcomes & Risks

Low-Weight Births

A total of 6.6% of 2008-2010 St. Mary’s Healthcare Service Area births were low-weight.

- Better than the New York proportion.
- Better than the national proportion.
- Satisfies the Healthy People 2020 target (7.8% or lower).
- Higher in Fulton County.

Low-Weight Births
(Percentage of Live Births, 2008-2010)

Infant Mortality

Between 2001 and 2010, there was an annual average of 5.2 infant deaths per 1,000 live births.

- More favorable than the New York rate.
- More favorable than the national rate.
- Satisfies the Healthy People 2020 target of 6.0 per 1,000 live births.
- Higher in Montgomery County.
Infant Mortality Rate
(2001-2010 Annual Average Infant Deaths per 1,000 Live Births)

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted December 2012.
- Centers for Disease Control and Prevention, National Center for Health Statistics.

Notes:
- Rates are ten-year averages of deaths of children under 1 year old per 1,000 live births.

Healthy People 2020 Target = 6.0 or Lower

- Fulton County: 4.5
- Montgomery County: 5.9
- St. Mary’s HC Svc Area: 5.2
- NY: 5.9
- US: 6.9
Family Planning

Family planning is one of the 10 great public health achievements of the 20th century. The availability of family planning services allows individuals to achieve desired birth spacing and family size and contributes to improved health outcomes for infants, children, and women. Family planning services include contraceptive and broader reproductive health services (patient education and counseling), breast and pelvic examinations, breast and cervical cancer screening, sexually transmitted infection (STI) and HIV prevention education/counseling/testing/referral, and pregnancy diagnosis and counseling. For many women, a family planning clinic is their entry point into the healthcare system and is considered to be their usual source of care. This is especially true for women with incomes below the poverty level, women who are uninsured, Hispanic women, and Black women.

Unintended pregnancies (those reported by women as being mistimed or unwanted) are associated with many negative health and economic outcomes. In 2001, almost one-half of all pregnancies in the US were unintended. For women, negative outcomes associated with unintended pregnancy include:

- Delays in initiating prenatal care
- Reduced likelihood of breastfeeding
- Poor maternal mental health
- Lower mother-child relationship quality
- Increased risk of physical violence during pregnancy

Children born as a result of an unintended pregnancy are more likely to experience poor mental and physical health during childhood and poor educational and behavioral outcomes.

- Healthy People 2020 (www.healthypeople.gov)

Births to Unwed Mothers

According to the CDC, an unintended pregnancy is a pregnancy that is either mistimed or unwanted at the time of conception. It is a core concept in understanding the fertility of populations and the unmet need for contraception. Unintended pregnancy is associated with an increased risk of morbidity for women, and with health behaviors during pregnancy that are associated with adverse effects. For example, women with an unintended pregnancy may delay prenatal care, which may affect the health of the infant. Women of all ages may have unintended pregnancies, but some groups, such as teens, are at a higher risk.

Because it is impossible to measure the true incidence of unintended pregnancy in the US, the following indicator looks at births occurring among unmarried mothers as a proxy measure for pregnancies that are not intended (knowing that this is not always the case).

Nearly half (49.1%) of 2008-2010 births were to unwed mothers.

- Lower than the percentage reported statewide.
- Higher than that found nationally.
- Higher in Fulton County.
Births to Unwed Mothers
(Percentage of Live Births, 2008-2010)

<table>
<thead>
<tr>
<th>County</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fulton County</td>
<td>51.9%</td>
</tr>
<tr>
<td>Montgomery County</td>
<td>46.4%</td>
</tr>
<tr>
<td>St. Mary's HC Svc Area</td>
<td>49.1%</td>
</tr>
<tr>
<td>NY</td>
<td>53.0%</td>
</tr>
<tr>
<td>US</td>
<td>40.8%</td>
</tr>
</tbody>
</table>

Sources: ● New York State Department of Health.
● Centers for Disease Control and Prevention, National Vital Statistics System.
Note: ● Numbers are a percentage of all live births within each population.

Births to Teen Mothers
The negative outcomes associated with unintended pregnancies are compounded for adolescents. Teen mothers:

- Are less likely to graduate from high school or attain a GED by the time they reach age 30.
- Earn an average of approximately $3,500 less per year, when compared with those who delay childbearing.
- Receive nearly twice as much Federal aid for nearly twice as long.

Similarly, early fatherhood is associated with lower educational attainment and lower income. Children of teen parents are more likely to have lower cognitive attainment and exhibit more behavior problems. Sons of teen mothers are more likely to be incarcerated, and daughters are more likely to become adolescent mothers.

– Healthy People 2020 (www.healthypeople.gov)

A total of 14.4% of 2008-2010 St. Mary’s Healthcare Service Area births were to teenage mothers.

- Lower than the New York proportion.
- Higher than the national proportion.
- Similar by county.
Births to Teen Mothers (Under 20)
(Percentage of Live Births, 2008-2010)

Sources: ● New York State Department of Health.
● Centers for Disease Control and Prevention, National Vital Statistics System.

Note: ● Numbers are a percentage of all live births within each population, births to females under the age of 20.
MODIFIABLE
HEALTH RISKS
A 1999 study (an update to a landmark 1993 study), estimated that as many as 40% of premature deaths in the United States are attributed to behavioral factors. This study found that behavior patterns represent the single-most prominent domain of influence over health prospects in the United States. The daily choices we make with respect to diet, physical activity, and sex; the substance abuse and addictions to which we fall prey; our approach to safety; and our coping strategies in confronting stress are all important determinants of health.

The most prominent contributors to mortality in the United States in 2000 were tobacco (an estimated 435,000 deaths), diet and activity patterns (400,000), alcohol (85,000), microbial agents (75,000), toxic agents (55,000), motor vehicles (43,000), firearms (29,000), sexual behavior (20,000), and illicit use of drugs (17,000). Socioeconomic status and access to medical care are also important contributors, but difficult to quantify independent of the other factors cited. Because the studies reviewed used different approaches to derive estimates, the stated numbers should be viewed as first approximations.

These analyses show that smoking remains the leading cause of mortality. However, poor diet and physical inactivity may soon overtake tobacco as the leading cause of death. These findings, along with escalating healthcare costs and aging population, argue persuasively that the need to establish a more preventive orientation in the US healthcare and public health systems has become more urgent.


### Leading Causes of Death

<table>
<thead>
<tr>
<th>Leading Causes of Death</th>
<th>Underlying Risk Factors</th>
<th>Actual Causes of Death</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiovascular disease</td>
<td>Tobacco use</td>
<td>Obesity</td>
</tr>
<tr>
<td></td>
<td>Elevated serum cholesterol</td>
<td>Diabetes</td>
</tr>
<tr>
<td></td>
<td>High blood pressure</td>
<td>Sedentary lifestyle</td>
</tr>
<tr>
<td>Cancer</td>
<td>Tobacco use</td>
<td>Alcohol</td>
</tr>
<tr>
<td></td>
<td>Improper diet</td>
<td>Occupational/environmental exposures</td>
</tr>
<tr>
<td>Cerebrovascular disease</td>
<td>High blood pressure</td>
<td>Elevated serum cholesterol</td>
</tr>
<tr>
<td></td>
<td>Tobacco use</td>
<td></td>
</tr>
<tr>
<td>Accidental injuries</td>
<td>Safety belt noncompliance</td>
<td>Occupational hazards</td>
</tr>
<tr>
<td></td>
<td>Alcohol/substance abuse</td>
<td>Stress/fatigue</td>
</tr>
<tr>
<td></td>
<td>Reckless driving</td>
<td></td>
</tr>
<tr>
<td>Chronic lung disease</td>
<td>Tobacco use</td>
<td>Occupational/environmental exposures</td>
</tr>
</tbody>
</table>


### Factors Contributing to Premature Deaths in the United States

- **Lifestyle/Behaviors**: 40%
  - Tobacco: 18%
  - Diet/Inactivity: 17%
  - Alcohol: 4%
  - Infectious Disease: 3%
  - Toxic Agents: 2%
  - Motor Vehicle: 2%
  - Firearms: 1%
  - Sexual Behavior: 1%
  - Illicit Drugs: 1%
  - Other: 52%

Nutrition

Strong science exists supporting the health benefits of eating a healthful diet and maintaining a healthy body weight. Efforts to change diet and weight should address individual behaviors, as well as the policies and environments that support these behaviors in settings such as schools, worksites, healthcare organizations, and communities.

The goal of promoting healthful diets and healthy weight encompasses increasing household food security and eliminating hunger.

Americans with a healthful diet:

- Consume a variety of nutrient-dense foods within and across the food groups, especially whole grains, fruits, vegetables, low-fat or fat-free milk or milk products, and lean meats and other protein sources.
- Limit the intake of saturated and trans fats, cholesterol, added sugars, sodium (salt), and alcohol.
- Limit caloric intake to meet caloric needs.

Diet and body weight are related to health status. Good nutrition is important to the growth and development of children. A healthful diet also helps Americans reduce their risks for many health conditions, including: overweight and obesity; malnutrition; iron-deficiency anemia; heart disease; high blood pressure; dyslipidemia (poor lipid profiles); type 2 diabetes; osteoporosis; oral disease; constipation; diverticular disease; and some cancers.

Diet reflects the variety of foods and beverages consumed over time and in settings such as worksites, schools, restaurants, and the home. Interventions to support a healthier diet can help ensure that:

- Individuals have the knowledge and skills to make healthier choices.
- Healthier options are available and affordable.

**Social Determinants of Diet.** Demographic characteristics of those with a more healthful diet vary with the nutrient or food studied. However, most Americans need to improve some aspect of their diet.

Social factors thought to influence diet include:

- Knowledge and attitudes
- Skills
- Social support
- Societal and cultural norms
- Food and agricultural policies
- Food assistance programs
- Economic price systems

**Physical Determinants of Diet.** Access to and availability of healthier foods can help people follow healthful diets. For example, better access to retail venues that sell healthier options may have a positive impact on a person’s diet; these venues may be less available in low-income or rural neighborhoods.

The places where people eat appear to influence their diet. For example, foods eaten away from home often have more calories and are of lower nutritional quality than foods prepared at home.

Marketing also influences people’s—particularly children’s—food choices.

– Healthy People 2020 (www.healthypeople.gov)
Daily Recommendation of Fruits/Vegetables

A total of 40.6% of St. Mary’s Healthcare Service Area adults report eating five or more servings of fruits and/or vegetables per day.

- Less favorable than national findings.
- No difference by county.

**Consume Five or More Servings of Fruits/Vegetables Per Day**

![Chart showing fruit and vegetable consumption by county and comparison to the US average.]

Sources:● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 166]
● 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:● Asked of all respondents.
● For this issue, respondents were asked to recall their food intake on the previous day.

Area men are less likely to get the recommended servings of daily fruits/vegetables, as are adults age 40-64 and low-income residents.

**Consume Five or More Servings of Fruits/Vegetables Per Day**
(St. Mary’s Healthcare Service Area, 2012)

![Chart showing fruit and vegetable consumption by sex, age, income, and race.]

Sources:● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 166]

Notes:● Asked of all respondents.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
● Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.
● For this issue, respondents were asked to recall their food intake on the previous day.
Health Advice About Diet & Nutrition

A total of 40.1% of survey respondents acknowledge that a physician counseled them about diet and nutrition in the past year.

- Similar to national findings.
- No difference by county (not shown).

Note: Among obese respondents, 53.9% report receiving diet/nutrition advice (meaning that over 4 in 10 did not).

Have Received Advice About Diet and Nutrition in the Past Year From a Physician, Nurse, or Other Health Professional (By Weight Classification)

Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 18]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
Physical Activity

Regular physical activity can improve the health and quality of life of Americans of all ages, regardless of the presence of a chronic disease or disability. Among adults and older adults, physical activity can lower the risk of: early death; coronary heart disease; stroke; high blood pressure; type 2 diabetes; breast and colon cancer; falls; and depression. Among children and adolescents, physical activity can: improve bone health; improve cardiorespiratory and muscular fitness; decrease levels of body fat; and reduce symptoms of depression. For people who are inactive, even small increases in physical activity are associated with health benefits.

Personal, social, economic, and environmental factors all play a role in physical activity levels among youth, adults, and older adults. Understanding the barriers to and facilitators of physical activity is important to ensure the effectiveness of interventions and other actions to improve levels of physical activity.

Factors positively associated with adult physical activity include: postsecondary education; higher income; enjoyment of exercise; expectation of benefits; belief in ability to exercise (self-efficacy); history of activity in adulthood; social support from peers, family, or spouse; access to and satisfaction with facilities; enjoyable scenery; and safe neighborhoods.

Factors negatively associated with adult physical activity include: advancing age; low income; lack of time; low motivation; rural residency; perception of great effort needed for exercise; overweight or obesity; perception of poor health; and being disabled. Older adults may have additional factors that keep them from being physically active, including lack of social support, lack of transportation to facilities, fear of injury, and cost of programs.

Among children ages 4 to 12, the following factors have a positive association with physical activity:
- Gender (boys)
- Belief in ability to be active (self-efficacy)
- Parental support

Among adolescents ages 13 to 18, the following factors have a positive association with physical activity:
- Parental education
- Gender (boys)
- Personal goals
- Physical education/school sports
- Belief in ability to be active (self-efficacy)
- Support of friends and family

Environmental influences positively associated with physical activity among children and adolescents include:
- Presence of sidewalks
- Having a destination/walking to a particular place
- Access to public transportation
- Low traffic density
- Access to neighborhood or school play area and/or recreational equipment

People with disabilities may be less likely to participate in physical activity due to physical, emotional, and psychological barriers. Barriers may include the inaccessibility of facilities and the lack of staff trained in working with people with disabilities.

– Healthy People 2020 (www.healthypeople.gov)
Level of Activity at Work

Most employed respondents report low levels of physical activity at work.

- More than one-half (53.6%) of employed respondents report that their job entails mostly sitting or standing; this is more favorable than the US figure.
- 24.1% report that their job entails mostly walking (similar to that reported nationally).
- 22.2% report that their work is physically demanding (higher than reported nationally).
- None of the differences by county is statistically significant.

![Primary Level of Physical Activity At Work](chart)

Leisure-Time Physical Activity

A total of 25.7% of St. Mary’s Healthcare Service Area adults report no leisure-time physical activity in the past month.

- Comparable to statewide findings.
- Comparable to national findings.
- Satisfies the Healthy People 2020 target (32.6% or lower).
- Comparable by county.

Leisure-time physical activity includes any physical activities or exercises (such as running, calisthenics, golf, gardening, walking, etc.) which take place outside of one’s line of work.
Lack of leisure-time physical activity in the area is statistically high among residents in low-income households.

No Leisure-Time Physical Activity in the Past Month
(St. Mary’s Healthcare Service Area, 2012)

Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 102]

Notes: ● Asked of all respondents.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
● Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.
Activity Levels

Adults (age 18–64) should do 2 hours and 30 minutes a week of moderate-intensity, or 1 hour and 15 minutes (75 minutes) a week of vigorous-intensity aerobic physical activity, or an equivalent combination of moderate- and vigorous-intensity aerobic physical activity. Aerobic activity should be performed in episodes of at least 10 minutes, preferably spread throughout the week.

Additional health benefits are provided by increasing to 5 hours (300 minutes) a week of moderate-intensity aerobic physical activity, or 2 hours and 30 minutes a week of vigorous-intensity physical activity, or an equivalent combination of both.

Older adults (age 65 and older) should follow the adult guidelines. If this is not possible due to limiting chronic conditions, older adults should be as physically active as their abilities allow. They should avoid inactivity. Older adults should do exercises that maintain or improve balance if they are at risk of falling.

For all individuals, some activity is better than none. Physical activity is safe for almost everyone, and the health benefits of physical activity far outweigh the risks.


Recommended Levels of Physical Activity

A total of 46.2% of St. Mary’s Healthcare Service Area adults participate in regular, sustained moderate or vigorous physical activity (meeting physical activity recommendations).

- Comparable to national findings.
- No difference by county.

Meets Physical Activity Recommendations

<table>
<thead>
<tr>
<th>Source</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fulton County</td>
<td>47.2%</td>
</tr>
<tr>
<td>Montgomery County</td>
<td>45.3%</td>
</tr>
<tr>
<td>St. Mary’s HC Svc Area</td>
<td>46.2%</td>
</tr>
<tr>
<td>US</td>
<td>42.7%</td>
</tr>
</tbody>
</table>

Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 169]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- In this case the term “meets physical activity recommendations” refers to participation in moderate physical activity (exercise that produces only light sweating or a slight to moderate increase in breathing or heart rate) at least 5 times a week for 30 minutes at a time, and/or vigorous physical activity (activities that cause heavy sweating or large increases in breathing or heart rate) at least 3 times a week for 20 minutes at a time.

Those less likely to meet physical activity requirements include:

- Residents age 40 and older.
- Those in lower-income households.
- Whites.
Meets Physical Activity Recommendations
(St. Mary's Healthcare Service Area, 2012)

Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 169]
Notes: ● Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.
- In this case the term “meets physical activity recommendations” refers to participation in moderate physical activity (exercise that produces only light sweating or a slight to moderate increase in breathing or heart rate) at least 5 times a week for 30 minutes at a time, and/or vigorous physical activity (activities that cause heavy sweating or large increases in breathing or heart rate) at least 3 times a week for 20 minutes at a time.

Moderate & Vigorous Physical Activity

In the past month:
A total of 32.5% of adults participated in moderate physical activity (5 times a week, 30 minutes at a time).
- More favorable than the national level.
- Similar by county.

A total of 31.9% participated in vigorous physical activity (3 times a week, 20 minutes at a time).
- Less favorable than statewide figure (not shown).
- Similar to the nationwide figure.
- Statistically similar by county (not shown).

Moderate & Vigorous Physical Activity
(St. Mary's Healthcare Service Area, 2012)
Health Advice About Physical Activity & Exercise

A total of 47.2% of St. Mary’s Healthcare Service Area adults report that their physician has asked about or given advice to them about physical activity in the past year.

- Almost identical to the national average.
- Note: 57.5% of obese St. Mary’s Healthcare Service Area respondents say that they have talked with their doctor about physical activity/exercise in the past year.

Have Received Advice About Exercise in the Past Year From a Physician, Nurse, or Other Health Professional (By Weight Classification)

![Graph showing the percentage of individuals receiving advice about exercise by weight classification.]

Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 19]
● 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Children’s Screen Time

Television Watching & Other Screen Time

Among children aged 5 through 17, 10.6% are reported to watch three or more hours of television per day; 10.0% are reported to spend three or more hours on other types of screen time for entertainment (video games, Internet, etc.).

- The prevalence of TV screen time is more favorable than found nationally, while the prevalence of non-TV screen time is nearly identical to the US norm.
Children’s Screen Time
(Among Parents of Children Ages 5-17; St. Mary’s Healthcare Service Area, 2012)

<table>
<thead>
<tr>
<th>Hours per Day of Television</th>
<th>Hours per Day of Other Screen Time (i.e., video games, computer/Internet entertainment)</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>1 Hour</td>
<td>1 Hour</td>
</tr>
<tr>
<td>2 Hours</td>
<td>2 Hours</td>
</tr>
<tr>
<td>3+ Hours</td>
<td>3+ Hours</td>
</tr>
</tbody>
</table>

Total Screen Time

When combined, 35.7% of St. Mary’s Healthcare Service Area children aged 5 to 17 spend three or more hours on screen time (whether television or computer, Internet, video games, etc.) per day.

- Comparable to that found nationally.
- Statistically comparable by county.
- Statistically higher in boys and teens.

Children With Three or More Hours per School Day of Total Screen Time [TV, Computer, Video Games, Etc. for Entertainment]
(Among Parents of Children 5-17)

<table>
<thead>
<tr>
<th>Boys 5-17: 39.0%</th>
<th>Girls 5-17: 32.3%</th>
<th>Children 5-12: 32.2%</th>
<th>Children 13-17: 40.5%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fulton County: 41.0%</td>
<td>Montgomery County: 32.1%</td>
<td>St. Mary’s HC Svc Area: 35.7%</td>
<td>US: 43.4%</td>
</tr>
</tbody>
</table>

Sources: 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 136-137, 173-174]
Notes: Asked of respondents with a child aged 5 to 17 in the household.

Notes:
- Asked of respondents with a child aged 5 to 17 in the household.
- Comparable to that found nationally.
- Statistically comparable by county.
- Statistically higher in boys and teens.

For this issue, respondents with children who are not in school were asked about “weekdays,” while parents of children in school were asked about typical “school days.”

*Three or more hours” includes reported screen time of 180 minutes or more per day.
Weight Status

Because weight is influenced by energy (calories) consumed and expended, interventions to improve weight can support changes in diet or physical activity. They can help change individuals’ knowledge and skills, reduce exposure to foods low in nutritional value and high in calories, or increase opportunities for physical activity. Interventions can help prevent unhealthy weight gain or facilitate weight loss among obese people. They can be delivered in multiple settings, including healthcare settings, worksites, or schools.

The social and physical factors affecting diet and physical activity (see Physical Activity topic area) may also have an impact on weight. Obesity is a problem throughout the population. However, among adults, the prevalence is highest for middle-aged people and for non-Hispanic black and Mexican American women. Among children and adolescents, the prevalence of obesity is highest among older and Mexican American children and non-Hispanic black girls. The association of income with obesity varies by age, gender, and race/ethnicity.

- Healthy People 2020 (www.healthypeople.gov)

Body Mass Index (BMI), which describes relative weight for height, is significantly correlated with total body fat content. The BMI should be used to assess overweight and obesity and to monitor changes in body weight. In addition, measurements of body weight alone can be used to determine efficacy of weight loss therapy. BMI is calculated as weight (kg)/height squared (m²). To estimate BMI using pounds and inches, use: \[ \text{BMI} = \frac{\text{weight (pounds)}}{\text{height (inches)}} \times 703. \]

In this report, overweight is defined as a BMI of 25.0 to 29.9 kg/m² and obesity as a BMI ≥ 30 kg/m². The rationale behind these definitions is based on epidemiological data that show increases in mortality with BMIs above 25 kg/m². The increase in mortality, however, tends to be modest until a BMI of 30 kg/m² is reached. For persons with a BMI ≥ 30 kg/m², mortality rates from all causes, and especially from cardiovascular disease, are generally increased by 50 to 100 percent above that of persons with BMIs in the range of 20 to 25 kg/m².


<table>
<thead>
<tr>
<th>Classification of Overweight and Obesity by BMI</th>
<th>BMI (kg/m²)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Underweight</td>
<td>&lt;18.5</td>
</tr>
<tr>
<td>Normal</td>
<td>18.5 – 24.9</td>
</tr>
<tr>
<td>Overweight</td>
<td>25.0 – 29.9</td>
</tr>
<tr>
<td>Obese</td>
<td>≥30.0</td>
</tr>
</tbody>
</table>


Adult Weight Status

Healthy Weight

Based on self-reported heights and weights, 28.8% of St. Mary’s Healthcare Service Area adults are at a healthy weight.

- Similar to national findings.
- Fails to satisfy the Healthy People 2020 target (33.9% or higher).
- Less favorable in Montgomery County.
Healthy Weight
(Percent of Adults With a Body Mass Index Between 18.5 and 24.9)

Healthy People 2020 Target = 33.9% or Higher

<table>
<thead>
<tr>
<th></th>
<th>Fulton County</th>
<th>Montgomery County</th>
<th>St. Mary's HC Svc Area</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy Weight</td>
<td>32.7%</td>
<td>25.3%</td>
<td>28.8%</td>
<td>31.7%</td>
</tr>
</tbody>
</table>

Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. (Item 177)
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Based on reported heights and weights, asked of all respondents.
- The definition of healthy weight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), between 18.5 and 24.9.

Overweight Status

A total of 7 in 10 St. Mary’s Healthcare Service Area adults (70.3%) are overweight.
- Less favorable than the New York prevalence.
- Similar to the US overweight prevalence.
- Statistically similar by county.

Prevalence of Total Overweight
(Percent of Overweight or/Obese Adults; Body Mass Index of 25.0 or Higher)

<table>
<thead>
<tr>
<th></th>
<th>Fulton County</th>
<th>Montgomery County</th>
<th>St. Mary’s HC Svc Area</th>
<th>NY</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overweight</td>
<td>67.0%</td>
<td>73.0%</td>
<td>70.3%</td>
<td>60.3%</td>
<td>66.9%</td>
</tr>
</tbody>
</table>

Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. (Item 177)
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Based on reported heights and weights, asked of all respondents.
- The definition of overweight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 25.0, regardless of gender. The definition for obesity is a BMI greater than or equal to 30.0.

Here, “overweight” includes those respondents with a BMI value ≥25.
Further, 33.0% of St. Mary’s Healthcare Service Area adults are obese.

- Less favorable than New York findings.
- Less favorable than US findings.
- Similar the Healthy People 2020 target (30.6% or lower).
- Unfavorably high in Montgomery County.

**Prevalence of Obesity**

(Percent of Obese Adults; Body Mass Index of 30.0 or Higher)

<table>
<thead>
<tr>
<th></th>
<th>Fulton County</th>
<th>Montgomery County</th>
<th>St. Mary’s HC Svc Area</th>
<th>NY</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy People 2020 Target = 30.6% or Lower</td>
<td>27.7%</td>
<td>37.6%</td>
<td>33.0%</td>
<td>24.5%</td>
<td>28.5%</td>
</tr>
</tbody>
</table>

Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 177]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Based on reported heights and weights, asked of all respondents.
- The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.

Obesity is notably more prevalent among respondents with lower incomes.

**Prevalence of Obesity**

(Percent of Obese Adults; BMI of 30.0 or Higher; St. Mary’s Healthcare Service Area, 2012)

<table>
<thead>
<tr>
<th></th>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>White</th>
<th>Other</th>
<th>St. Mary’s HC Svc Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy People 2020 Target = 30.6% or Lower</td>
<td>32.2%</td>
<td>33.8%</td>
<td>33.3%</td>
<td>35.1%</td>
<td>27.9%</td>
<td>39.5%</td>
<td>30.0%</td>
<td>33.4%</td>
<td>27.9%</td>
<td>33.0%</td>
</tr>
</tbody>
</table>

Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 177]

Notes:
- Based on reported heights and weights, asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level. “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.
- The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.
Actual vs. Perceived Body Weight

A total of 3.1% of obese adults and 38.3% of overweight (but not obese) adults feel that their current weight is “about right.”

- 58.9% of overweight (but not obese) adults see themselves as “somewhat overweight.”
- 37.6% of obese adults see themselves as “very overweight.”

**Actual vs. Perceived Weight Status**
(By Weight Status; St. Mary’s Healthcare Service Area, 2012)

<table>
<thead>
<tr>
<th>Perceive Self as</th>
<th>Among Adults Overweight But Not Obese (BMI 25.0-29.9)</th>
<th>Among Obese Adults (BMI 30+)</th>
</tr>
</thead>
<tbody>
<tr>
<td>“Very/Somewhat Underweight”</td>
<td>0.9%</td>
<td>38.3%</td>
</tr>
<tr>
<td>“About the Right Weight”</td>
<td>3.1%</td>
<td>58.9%</td>
</tr>
<tr>
<td>“Somewhat Overweight”</td>
<td>0.0%</td>
<td>59.2%</td>
</tr>
<tr>
<td>“Very Overweight”</td>
<td>2.0%</td>
<td>37.6%</td>
</tr>
</tbody>
</table>

**Sources:**
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 109]

**Notes:**
- BMI is based on reported heights and weights, asked of all respondents.
- The definition of overweight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 25.0, regardless of gender. The definition for obesity is a BMI greater than or equal to 30.0.

Relationship of Overweight With Other Health Issues

Obese (and often overweight) adults are more likely to report a number of adverse health conditions.

Among these are:

- Hypertension (high blood pressure).
- Chronic depression.
- Arthritis/rheumatism.
- “Fair” or “poor” physical health.
- Diabetes.
- Cancer.
Relationship of Overweight With Other Health Issues
(By Weight Classification; St. Mary’s Healthcare Service Area, 2012)

<table>
<thead>
<tr>
<th>Health Issue</th>
<th>Healthy Weight</th>
<th>Overweight/Not Obese</th>
<th>Obese</th>
</tr>
</thead>
<tbody>
<tr>
<td>High Blood Pressure</td>
<td>28.6%</td>
<td>26.3%</td>
<td>26.6%</td>
</tr>
<tr>
<td>Chronic Depression</td>
<td>20.4%</td>
<td>19.3%</td>
<td>20.2%</td>
</tr>
<tr>
<td>Arthritis/Rheumatism</td>
<td>40.4%</td>
<td>39.5%</td>
<td>41.4%</td>
</tr>
<tr>
<td>“Fair/Poor” Health</td>
<td>11.7%</td>
<td>11.6%</td>
<td>10.2%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>28.4%</td>
<td>28.1%</td>
<td>27.3%</td>
</tr>
<tr>
<td>Cancer</td>
<td>3.7%</td>
<td>3.7%</td>
<td>3.7%</td>
</tr>
</tbody>
</table>

Sources: 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 5, 28, 30, 44, 111, 140]
Notes: Based on reported heights and weights, asked of all respondents.

Weight Management

Health Advice

A total of 29.8% of adults have been given advice about their weight by a doctor, nurse or other health professional in the past year.

- Statistically similar to the national findings.
- Similar by county (not shown).
- Note that 49.5% of obese adults have been given advice about their weight by a health professional in the past year (while one-half have not).
  - This satisfies the Healthy People 2020 target of 31.8% or higher.

Have Received Advice About Weight in the Past Year From a Physician, Nurse, or Other Health Professional
(By Weight Classification)

Sources: 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 108, 179-180]
2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: Asked of all respondents.
Weight Control

Individuals who are at a healthy weight are less likely to:

- Develop chronic disease risk factors, such as high blood pressure and dyslipidemia.
- Develop chronic diseases, such as type 2 diabetes, heart disease, osteoarthritis, and some cancers.
- Experience complications during pregnancy.
- Die at an earlier age.

All Americans should avoid unhealthy weight gain, and those whose weight is too high may also need to lose weight.

– Healthy People 2020 (www.healthypeople.gov)

A total of 39.6% of St. Mary’s Healthcare Service Area adults who are overweight say that they are both modifying their diet and increasing their physical activity to try to lose weight.

- Similar to national findings.
- Similar by county (not shown).

Note: 43.3% of obese St. Mary’s Healthcare Service Area adults report that they are trying to lose weight through a combination of diet and exercise, similar to what is found nationally.

Trying to Lose Weight by Both Modifying Diet and Increasing Physical Activity
(By Weight Classification)

<table>
<thead>
<tr>
<th></th>
<th>St. Mary’s HC Svc Area</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overweight/Obese</td>
<td>39.6%</td>
<td>38.6%</td>
</tr>
<tr>
<td>Obese</td>
<td>43.3%</td>
<td>41.1%</td>
</tr>
</tbody>
</table>

Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc.  [Item 178]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Based on reported heights and weights, asked of all respondents.
Childhood Overweight & Obesity

In children and teens, body mass index (BMI) is used to assess weight status – underweight, healthy weight, overweight, or obese. After BMI is calculated for children and teens, the BMI number is plotted on the CDC BMI-for-age growth charts (for either girls or boys) to obtain a percentile ranking. Percentiles are the most commonly used indicator to assess the size and growth patterns of individual children in the United States. The percentile indicates the relative position of the child’s BMI number among children of the same sex and age.

BMI-for-age weight status categories and the corresponding percentiles are shown below:

- Underweight: ≤ 5th percentile
- Healthy Weight: ≥ 5th and < 85th percentile
- Overweight: ≥ 85th and < 95th percentile
- Obese: ≥ 95th percentile

Based on the heights/weights reported by surveyed parents, 37.7% of St. Mary’s Healthcare Service Area children age 5 to 17 are overweight or obese (≥85th percentile).

- Comparable to the national proportion of overweight children.
- Statistically comparable by county.
- Higher in boys (5-17) and children aged 5 to 12.

Child Total Overweight Prevalence
(Percent of Children 5-17 Who Are Overweight/Obese; BMI in the 85th Percentile or Higher)

Further, 27.4% of St. Mary’s Healthcare Service Area children age 5 to 17 are obese (≥95th percentile).

- Similar to the national percentage.
- Fails to satisfy the Healthy People 2020 target (14.6% or lower for children age 2-19).
- Statistically similar by county.
- Higher in boys (5-17) and children aged 5 to 12.
Child Obesity Prevalence
(Percent of Children 5-17 Who Are Obese; BMI in the 95th Percentile or Higher)

Sources:
● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 181]
● 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
● Asked of all respondents with children age 5-17 at home.
● Obesity among children is determined by children's Body Mass Index status equal to or above the 95th percentile of US growth charts by gender and age.

Related Focus Group Findings: Obesity

Many focus group participants discussed the related issues of obesity, nutrition and physical activity, with emphasis on the following:

- Nutrition
  - Poor eating habits
  - Cost
  - Transportation
  - Need for nutrition education

- Physical activity
  - Sedentary lifestyle
  - Technology

Participants say obesity is a major concern for the community, both poor nutrition and limited physical activity impacts the level of obesity. Many residents have poor eating habits, which include over-eating, excess portion sizes and consuming mostly processed foods. Attendees believe healthy foods cost more, so residents cannot afford to purchase fresh foods.

“Unfortunately we have predominance in our community of cheaper alternatives to obtain food but it’s not necessarily the healthiest. And if you have six children at home to put something on the table to drink for them and a gallon of milk is $4 and you can go to the dollar store and that 2 liter bottle of soda is a dollar the kids are going to get the soda.” — Business Leader

Other residents many not have the personal transportation to access grocery stores, so convenient stores become their point of access.
“A lot of people you know where they do their food shopping? Rite-Aid. You can’t get the best choices in Rite-Aid. You don’t get fresh produce in Rite-Aid. But we spent $4 million there a year. We spend another $14 million between Price Chopper, Hannaford and Wal-Mart.” — Social Service Agency Representative

In addition, many children grow up in families where parents eat poorly, so the children do too. Focus group attendees believe nutrition and grocery shopping education does not occur regularly in the community, but this education could begin to combat the obesity epidemic. The YMCA offers a meal program through the federal government, but the agency struggles because of administrative roadblocks:

“At the Y we participate in a government-funded healthy food and snack meal program. So we’re trying to educate them young. Our challenging point is the paperwork and the amount of time my staff takes to record every single thing. It makes it really frustrating. We’ve actually considered stopping doing that program because it’s actually costing us money to do it. I know some Y’s have stopped doing the program now, just serve their own meals and it’s cheaper.” — Social Service Agency Representative

Focus group attendees believe many community members live a sedentary lifestyle. The participants express much concern about residents’ inactivity. Participants note the public health department developed bike paths and walking trail maps, but most remain unused. Focus group members feel very strongly that inactivity has a harmful effect on children. A child’s day no longer includes regular physical activity; instead children spend hours using new technology. Children watch more television and play more video games than ever before. Parents may also not feel safe letting children play outside if they are not home to supervise. An attendee explains how he knows children remain indoors:

“I always judge it by snowmen in the wintertime, and when you don’t see any snowmen the way I used to, nobody’s out in the snow making snowmen.” — Business Leader
In 2005, an estimated 22 million Americans struggled with a drug or alcohol problem. Almost 95% of people with substance use problems are considered unaware of their problem. Of those who recognize their problem, 273,000 have made an unsuccessful effort to obtain treatment. These estimates highlight the importance of increasing prevention efforts and improving access to treatment for substance abuse and co-occurring disorders.

Substance abuse has a major impact on individuals, families, and communities. The effects of substance abuse are cumulative, significantly contributing to costly social, physical, mental, and public health problems. These problems include:

- Teenage pregnancy
- Human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS)
- Other sexually transmitted diseases (STDs)
- Domestic violence
- Child abuse
- Motor vehicle crashes
- Physical fights
- Crime
- Homicide
- Suicide

The field has made progress in addressing substance abuse, particularly among youth. According to data from the national Institute of Drug Abuse (NIDA) Monitoring the Future (MTF) survey, which is an ongoing study of the behaviors and values of America’s youth between 2004 and 2009, a drop in drug use (including amphetamines, methamphetamine, cocaine, hallucinogens, and LSD) was reported among students in 8th, 10th, and 12th grades. Note that, despite a decreasing trend in marijuana use which began in the mid-1990s, the trend has stalled in recent years among these youth. Use of alcohol among students in these three grades also decreased during this time.

Substance abuse refers to a set of related conditions associated with the consumption of mind- and behavior-altering substances that have negative behavioral and health outcomes. Social attitudes and political and legal responses to the consumption of alcohol and illicit drugs make substance abuse one of the most complex public health issues. In addition to the considerable health implications, substance abuse has been a flash-point in the criminal justice system and a major focal point in discussions about social values: people argue over whether substance abuse is a disease with genetic and biological foundations or a matter of personal choice.

Advances in research have led to the development of evidence-based strategies to effectively address substance abuse. Improvements in brain-imaging technologies and the development of medications that assist in treatment have gradually shifted the research community’s perspective on substance abuse. There is now a deeper understanding of substance abuse as a disorder that develops in adolescence and, for some individuals, will develop into a chronic illness that will require lifelong monitoring and care.

Improved evaluation of community-level prevention has enhanced researchers’ understanding of environmental and social factors that contribute to the initiation and abuse of alcohol and illicit drugs, leading to a more sophisticated understanding of how to implement evidence-based strategies in specific social and cultural settings.

A stronger emphasis on evaluation has expanded evidence-based practices for drug and alcohol treatment. Improvements have focused on the development of better clinical interventions through research and increasing the skills and qualifications of treatment providers.

– Healthy People 2020 (www.healthypeople.gov)
**Age-Adjusted Cirrhosis/Liver Disease Deaths**

Between 2001 and 2010, there was an annual average age-adjusted cirrhosis/liver disease mortality rate of 8.0 deaths per 100,000 population in the St. Mary’s Healthcare Service Area.

- Less favorable than the statewide rate.
- More favorable than the national rate.
- Similar to the Healthy People 2020 target (8.2 or lower).
- Higher in Montgomery County.

**Cirrhosis/Liver Disease: Age-Adjusted Mortality**

(2001-2010 Annual Average Deaths per 100,000 Population)

[Bar chart showing the annual average age-adjusted cirrhosis/liver disease mortality rates for Fulton County, Montgomery County, St. Mary’s Healthcare Service Area, NY, and US, with Healthy People 2020 Target = 8.2 or Lower.]

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics.
Data extracted December 2012.

Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
High-Risk Alcohol Use

Current Drinking

A total of 57.2% of area adults had at least one drink of alcohol in the past month (current drinkers).

- Similar to the statewide proportion.
- Similar to the national proportion.
- No difference by county of residence.

Current Drinkers

(St. Mary's Healthcare Service Area, 2012)

Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. (Item 186)
● 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
● Asked of all respondents.
● Current drinkers had at least one alcoholic drink in the past month.

Current drinking is more prevalent among men, adults under the age of 65 (note the negative correlation with age), and upper-income respondents.

Current Drinkers

(St. Mary's Healthcare Service Area, 2012)

Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. (Item 186)

Notes:
● Asked of all respondents.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
● Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.
● Current drinkers had at least one alcoholic drink in the past month.
A total of 5.1% of area adults averaged two or more drinks of alcohol per day in the past month (chronic drinkers).

- Similar to the statewide proportion.
- Similar to the national proportion.
- Similar by county.

**Chronic Drinkers**

![Bar chart showing chronic drinking rates by county and region.]

**Sources:**
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 187]
- Behavioral Risk Factor Surveillance System Survey Data, Atlanta, Georgia, United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC), 2011 NY data.
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

**Notes:**
- Asked of all respondents.
- Chronic drinkers are defined as having 60+ alcoholic drinks in the past month.
- *The state definition for chronic drinkers is males consuming 2+ drinks per day and females consuming 1+ drink per day.

**Chronic drinking is statistically high among Service Area men.**

**Chronic Drinkers**

(St. Mary’s Healthcare Service Area, 2012)

![Bar chart showing chronic drinking rates among different groups.]

**Sources:**
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 187]

**Notes:**
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.
- Chronic drinkers are defined as those having 60+ alcoholic drinks in the past month.

**RELATED ISSUE:**
See also Stress in the Mental Health & Mental Disorders section of this report.
Binge Drinking

A total of 17.5% of St. Mary’s Healthcare Service Area adults are binge drinkers.

- Similar to New York findings.
- Similar to national findings.
- Satisfies the Healthy People 2020 target (24.3% or lower).
- Statistically similar by county.

Binge Drinkers

Healthy People 2020 Target = 24.3% or Lower

<table>
<thead>
<tr>
<th></th>
<th>Fulton County</th>
<th>Montgomery County</th>
<th>St. Mary’s HC Svc Area</th>
<th>NY</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>18.9%</td>
<td>16.3%</td>
<td>17.5%</td>
<td>19.6%</td>
<td>16.7%</td>
<td></td>
</tr>
</tbody>
</table>

Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 188]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- Binge drinkers are defined as men having 5+ alcoholic drinks on any one occasion or women consuming 4+ drinks on any one occasion.

Binge drinking is more prevalent among:

- **Men** (especially those under age 40).
- **Adults** under age 40.
- **Respondents** in upper-income households.

Binge Drinkers

(St. Mary’s Healthcare Service Area, 2012)

Healthy People 2020 Target = 24.3% or Lower

<table>
<thead>
<tr>
<th></th>
<th>Men 18-39: 39.3%</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>White</th>
<th>Other</th>
<th>St. Mary’s HC Svc Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>23.9%</td>
<td></td>
<td>11.3%</td>
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<td>29.6%</td>
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<td>20.7%</td>
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<td>19.4%</td>
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</tbody>
</table>

Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 188]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categories (e.g., “White” reflects non-Hispanic White respondents).
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level. “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.
- Binge drinkers are defined as men having 5+ alcoholic drinks on any one occasion or women consuming 4+ drinks on any one occasion.
Drinking & Driving

A total of 1.5% of St. Mary’s Healthcare Service Area adults acknowledge having driven a vehicle in the past month after they had perhaps too much to drink.

- Better than the national findings.
- Higher in Fulton County.

Have Driven in the Past Month
After Perhaps Having Too Much to Drink

![Graph showing the percentage of adults who have driven in the past month after perhaps having too much to drink, broken down by county and for the US.](image)

Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc.  [Item 70]
● 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

A total of 2.9% of St. Mary’s Healthcare Service Area adults acknowledge either drinking and driving or riding with a drunk driver in the past month.

- More favorable than the national findings.
- Similar by county.

Have Driven Drunk OR Ridden With a Driver
in the Past Month Who Had Too Much to Drink

![Graph showing the percentage of adults who have driven drunk or ridden with a drunk driver in the past month, broken down by county and for the US.](image)

Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc.  [Item 189]
● 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Note: As a self-reported measure – and because this indicator reflects potentially illegal behavior – it is reasonable to expect that it might be underreported, and that the actual incidence of drinking and driving in the community is likely higher.
Age-Adjusted Drug-Induced Deaths

Between 2001 and 2010, there was an annual average age-adjusted drug-induced mortality rate of 3.2 deaths per 100,000 population in the Service Area.

- Lower than the statewide rate.
- Much lower than the national rate.
- Satisfies the Healthy People 2020 target (11.3 or lower).
- No rate available for Montgomery County.

### Drug-Induced Deaths: Age-Adjusted Mortality

(2001-2010 Annual Average Deaths per 100,000 Population)

<table>
<thead>
<tr>
<th></th>
<th>Fulton County</th>
<th>Montgomery County</th>
<th>St. Mary's HC Svc Area</th>
<th>NY</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy People 2020 Target = 11.3 or Lower</td>
<td>3.8</td>
<td>N/A</td>
<td>3.2</td>
<td>7.7</td>
<td>11.3</td>
</tr>
</tbody>
</table>

For the purposes of this survey, “illicit drug use” includes use of illegal substances or of prescription drugs taken without a physician’s order.

### Illicit Drug Use

A total of 3.1% of area adults acknowledge using an illicit drug in the past month.

- Similar to the proportion found nationally.
- Satisfies the Healthy People 2020 target of 7.1% or lower.
- Similar by county.

**Illicit Drug Use in the Past Month**

<table>
<thead>
<tr>
<th></th>
<th>Fulton County</th>
<th>Montgomery County</th>
<th>St. Mary’s HC Svc Area</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy People 2020 Target = 7.1% or Lower</td>
<td>2.5%</td>
<td>3.7%</td>
<td>3.1%</td>
<td>1.7%</td>
</tr>
</tbody>
</table>

Note: As a self-reported measure – and because this indicator reflects potentially illegal behavior – it is reasonable to expect that it might be underreported, and that actual illicit drug use in the community is likely higher.
Alcohol & Drug Treatment

A total of 4.5% of St. Mary’s Healthcare Service Area adults report that they have sought professional help for an alcohol or drug problem at some point in their lives.

- Similar to national findings.
- Similar by county.

Have Ever Sought Professional Help for an Alcohol/Drug-Related Problem

- Fulton County: 4.1%
- Montgomery County: 4.9%
- St. Mary’s HC Svc Area: 4.5%
- US: 3.9%

Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. (Item 73)
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Related Focus Group Findings: Substance Abuse

The focus group participants are concerned with substance abuse in the community. The main issues discussed surrounding substance abuse includes:

- Prevalence of drug use
- Substance abuse treatment options
- Early prevention and education needed

A number of focus group participants express concern with the prevalence of substance abuse in the community and believe the use of illegal drugs continue to increase. Respondents cite specific worry about alcohol, prescription drugs, marijuana, heroin, designer drugs and methamphetamines. Respondents believe drug abuse has risen among pregnant women and physicians see high levels of drug-seeking behavior.

Attendees feel substance use begins early in adolescence due to the easy access, peer pressure and the high number of unsupervised youth. Over time substance abuse increases risky behaviors and drives violence. Participants worry that many children and adolescents use drugs and alcohol to self-medicate. One participant explains:

“There are a significant number of young people who are abused and neglected. And again, I think a lot of times what we see is that people are using drugs and alcohol as a way to cope, as a way to kind of deal with whatever they’ve been through. And so I think we need to do more on the front end for our young folks that have been abused and neglected, you know, what are we doing? I think we need to have more therapists that are trained in trauma recovery. We don’t
have that in either county; we don’t have the number of skilled clinicians that we need.” — Social Service Agency Representative

Currently, St. Mary’s has an inpatient **substance abuse treatment** center and outpatient counseling, but accessing treatment remains difficult due to the high demand and cost. A participant describes:

“Many of the folks that are having the drug issues don’t have the luxury of having someone else at home to take care of the six kids that are still home if they do seek treatment so they won’t go. They’re darned if they do and darned if they don’t. Even if they do recognize they have a problem it’s just half the battle; they may not be able to access it even if it’s right there because it’s just something that’s a luxury. Who will keep the house? Who will pay the bills? Who will watch the kids? There is no one else, so they just won’t go.” — Business Leader

There is one suboxone clinic and one methadone clinic and both have wait lists. Participants feel **early prevention and education is needed**, in addition to the clinics, in order to intervene before addiction occurs. One example of prevention involves education targeting parents about how to talk to their children about drugs and alcohol. Parents must also act as good role models because many children imitate what goes on in the home. Physicians also need to receive education on how help parents talk with their children about drug and alcohol use, so providers can have frank, honest conversations with their patients.

“I firmly believe it takes a village to raise a child, but the healthcare provider a lot of times parents look to them and they want to what’s my next step? What do I do? What do I do for my child? He or she is engaging in smoking marijuana behind my back; what do I do? So really be able to equip our medical providers to have those conversations.” — Social Service Agency Representative
Tobacco use is the single most preventable cause of death and disease in the United States. Each year, approximately 443,000 Americans die from tobacco-related illnesses. For every person who dies from tobacco use, 20 more people suffer with at least one serious tobacco-related illness. In addition, tobacco use costs the US $193 billion annually in direct medical expenses and lost productivity.

Scientific knowledge about the health effects of tobacco use has increased greatly since the first Surgeon General’s report on tobacco was released in 1964.

Tobacco use causes:
- Cancer
- Heart disease
- Lung diseases (including emphysema, bronchitis, and chronic airway obstruction)
- Premature birth, low birth weight, stillbirth, and infant death

There is no risk-free level of exposure to secondhand smoke. Secondhand smoke causes heart disease and lung cancer in adults and a number of health problems in infants and children, including: severe asthma attacks; respiratory infections; ear infections; and sudden infant death syndrome (SIDS).

Smokeless tobacco causes a number of serious oral health problems, including cancer of the mouth and gums, periodontitis, and tooth loss. Cigar use causes cancer of the larynx, mouth, esophagus, and lung.

– Healthy People 2020 (www.healthypeople.gov)

Cigarette Smoking

Cigarette Smoking Prevalence

A total of 22.7% of St. Mary’s Healthcare Service Area adults currently smoke cigarettes, either regularly (17.9% every day) or occasionally (4.8% on some days).

Cigarette Smoking Prevalence
(St. Mary’s Healthcare Service Area, 2012)

- Regular Smoker 17.9%
- Occasional Smoker 4.8%
- Former Smoker 27.4%
- Never Smoked 49.9%

Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. (Item 182)
Notes: ● Asked of all respondents.
Cigarette smoking is more prevalent among:

- Adults under 65 (note the negative correlation with age).
- Lower-income residents.

Note also:

- 26.8% of women of child-bearing age (ages 18 to 44) currently smoke. This is notable given that tobacco use increases the risk of infertility, as well as the risks for miscarriage, stillbirth and low birthweight for women who smoke during pregnancy.

Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 182-183]
Environmental Tobacco Smoke

A total of 19.6% of St. Mary’s Healthcare Service Area adults (including smokers and non-smokers) report that a member of their household has smoked cigarettes in the home an average of 4+ times per week over the past month.

- Less favorable than national findings.
- No difference by county.

Note that 6.6% of St. Mary’s Healthcare Service Area non-smokers are exposed to cigarette smoke at home.

Member of Household Smokes at Home

Non-smokers exposed to smoke in the home: 6.6%

Notably higher among residents under 65 and those with lower incomes.

Member of Household Smokes At Home
(St. Mary's Healthcare Service Area, 2012)
Among households with children, 21.4% have someone who smokes cigarettes in the home.

- Less favorable than national findings.
- Similar by county.

**Percentage of Households With Children In Which Someone Smokes in the Home**

<table>
<thead>
<tr>
<th>Location</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fulton County</td>
<td>25.1%</td>
</tr>
<tr>
<td>Montgomery County</td>
<td>18.5%</td>
</tr>
<tr>
<td>St. Mary’s Healthcare Svc Area</td>
<td>21.4%</td>
</tr>
<tr>
<td>United States</td>
<td>12.1%</td>
</tr>
</tbody>
</table>

Sources:  
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. (Item 185)  
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked among parents of children age 0-17.
- "Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.

**Smoking Cessation**

Preventing tobacco use and helping tobacco users quit can improve the health and quality of life for Americans of all ages. People who stop smoking greatly reduce their risk of disease and premature death. Benefits are greater for people who stop at earlier ages, but quitting tobacco use is beneficial at any age.

Many factors influence tobacco use, disease, and mortality. Risk factors include race/ethnicity, age, education, and socioeconomic status. Significant disparities in tobacco use exist geographically; such disparities typically result from differences among states in smoke-free protections, tobacco prices, and program funding for tobacco prevention.

- Healthy People 2020 (www.healthypeople.gov)

**Health Advice About Smoking Cessation**

A total of 71.7% of smokers say that a doctor, nurse or other health professional has recommended in the past year that they quit smoking.

- Comparable to the national percentage.
- Comparable by county.
Advised by a Healthcare Professional in the Past Year to Quit Smoking
(Among Current Smokers)

Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 63]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all current smokers.

Smoking Cessation Attempts

One-half (50.6%) of regular smokers went without smoking for one day or longer in the past year because they were trying to quit smoking.

- Similar to the national percentage.
- Fails to satisfy the Healthy People 2020 target (80% or higher).
- Similar by county.

Have Stopped Smoking for One Day or Longer In the Past Year in an Attempt to Quit Smoking
(Among Everyday Smokers)

Healthy People 2020 Target = 80% or Higher

Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 62]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of respondents who smoke cigarettes every day.
Other Tobacco Use

Cigars

A total of 3.5% of St. Mary’s Healthcare Service Area adults use cigars every day or on some days.
- Similar to the national percentage.
- Fails to satisfy the Healthy People 2020 target (0.2% or lower).
- No statistical difference by county.

Smokeless Tobacco

A total of 4.2% of St. Mary’s Healthcare Service Area adults use some type of smokeless tobacco every day or on some days.
- Comparable to the national percentage.
- Fails to satisfy the Healthy People 2020 target (0.3% or lower).
- Comparable by county.
Related Focus Group Findings: Tobacco

Many focus group participants are concerned with tobacco use in the community, with discussion centered around:

- Prevalence across the community
- Smoking cessation resources

Focus group participants feel *cigarette smoking is very prevalent* and represents a major concern for the community. Attendees believe residents of any education and income level continue to use tobacco products. Participants do not believe the increase in cigarette tax has impacted the number of smokers. There is frustration because community members know the health consequences of tobacco use, yet lack insight and motivation to quit. In addition, many attendees worry about the long-term health consequences and effects of second-hand smoke on children and adolescents.

Participants know there are many *smoking cessation resources* available to residents, including the NY State Quit Line and Project Action. St. Mary's Healthcare System coordinates Project Action, which provides information to residents about available smoking cessation programs.
ACCESS TO HEALTH SERVICES
Health Insurance Coverage

Type of Healthcare Coverage

A total of 61.8% of area adults age 18 to 64 report having healthcare coverage through private insurance. Another 27.8% report coverage through a government-sponsored program (e.g., Medicaid, Medicare, military benefits).

Healthcare Insurance Coverage
(Among Adults 18-64; St. Mary’s Healthcare Service Area, 2012)

Prescription Drug Coverage

Among insured adults, 94.2% report having prescription coverage as part of their insurance plan.

- Comparable to the national prevalence.
- Comparable findings by county.
Among Medicare recipients, 77.2% have additional, supplemental healthcare coverage.

- Comparable to that reported among Medicare recipients nationwide.
- No difference by county.

**Have Supplemental Coverage in Addition to Medicare**

(Among Adults 65+)

<table>
<thead>
<tr>
<th>County</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fulton County</td>
<td>77.4%</td>
</tr>
<tr>
<td>Montgomery County</td>
<td>77.0%</td>
</tr>
<tr>
<td>St. Mary’s HC Svc Area</td>
<td>77.2%</td>
</tr>
<tr>
<td>US</td>
<td>75.5%</td>
</tr>
</tbody>
</table>

Sources:  
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 86]  
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:  
- Asked of respondents age 65+.

### Lack of Health Insurance Coverage

Among adults age 18 to 64, 10.5% report having no insurance coverage for healthcare expenses.

- Better than the state finding.
- Better than the national finding.
- The Healthy People 2020 target is universal coverage (0% uninsured).
- No difference by county.

**Lack of Healthcare Insurance Coverage**

(Among Adults 18-64)

<table>
<thead>
<tr>
<th>Region</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fulton County</td>
<td>9.9%</td>
</tr>
<tr>
<td>Montgomery County</td>
<td>11.0%</td>
</tr>
<tr>
<td>St. Mary’s HC Svc Area</td>
<td>10.5%</td>
</tr>
<tr>
<td>NY</td>
<td>17.3%</td>
</tr>
<tr>
<td>US</td>
<td>14.9%</td>
</tr>
</tbody>
</table>

Sources:  
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 190]  
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:  
- Asked of all respondents under the age of 65.

Here, lack of health insurance coverage reflects respondents age 18 to 64 (thus, excluding the Medicare population) who have no type of insurance coverage for healthcare services – neither private insurance nor government-sponsored plans (e.g., Medicaid).
The following population segments are more likely to be without healthcare insurance coverage:

- Men.
- Residents living in households with lower incomes.

**Lack of Healthcare Insurance Coverage**
(Among Adults 18-64; St. Mary’s Healthcare Service Area, 2012)

Healthy People 2020 Target = 0.0% (Universal Coverage)

As might be expected, uninsured adults in the St. Mary’s Healthcare Service Area are less likely to receive routine care and preventive health screenings, and are more likely to have experienced difficulties accessing healthcare.

**Preventive Healthcare**
(By Insured Status; St. Mary’s Healthcare Service Area, 2012)
Among currently insured adults in the St. Mary’s Healthcare Service Area, 7.6% report that they were without healthcare coverage at some point in the past year.

- Less favorable than US findings.
- No difference by county.

**Went Without Healthcare Insurance Coverage At Some Point in the Past Year**
(Among Insured Adults)

<table>
<thead>
<tr>
<th></th>
<th>Fulton County</th>
<th>Montgomery County</th>
<th>St. Mary’s HC Svc Area</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage</td>
<td>8.9%</td>
<td>6.4%</td>
<td>7.6%</td>
<td>4.8%</td>
</tr>
</tbody>
</table>

Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 88]

Notes: ● Asked of all insured respondents.

Among insured adults, the following segments are more likely to have gone without healthcare insurance coverage at some point in the past year:

- Adults under age 65 (note the negative correlation with age).
- Lower-income residents.

**Went Without Healthcare Insurance Coverage At Some Point in the Past Year**
(Among Insured Adults; St. Mary’s Healthcare Service Area, 2012)

<table>
<thead>
<tr>
<th>Segment</th>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>White</th>
<th>Other</th>
<th>St. Mary’s HC Svc Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage</td>
<td>6.6%</td>
<td>8.5%</td>
<td>12.3%</td>
<td>7.9%</td>
<td>1.1%</td>
<td>16.2%</td>
<td>3.5%</td>
<td>7.2%</td>
<td>12.7%</td>
<td>7.6%</td>
</tr>
</tbody>
</table>

Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 88]

Notes: ● Asked of all insured respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.
**Difficulties Accessing Healthcare**

Access to comprehensive, quality health care services is important for the achievement of health equity and for increasing the quality of a healthy life for everyone. It impacts: overall physical, social, and mental health status; prevention of disease and disability; detection and treatment of health conditions; quality of life; preventable death; and life expectancy.

Access to health services means the timely use of personal health services to achieve the best health outcomes. It requires three distinct steps: 1) Gaining entry into the health care system; 2) Accessing a health care location where needed services are provided; and 3) Finding a health care provider with whom the patient can communicate and trust.

– Healthy People 2020 (www.healthypeople.gov)

**Difficulties Accessing Services**

A total of 38.0% of St. Mary’s Healthcare Service Area adults report some type of difficulty or delay in obtaining healthcare services in the past year.

- Similar to the national figure.
- Similar findings by county.

**Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year**

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Fulton County</th>
<th>Montgomery County</th>
<th>St. Mary’s HC Svc Area</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>35.2%</td>
<td>40.5%</td>
<td>38.0%</td>
<td>37.3%</td>
<td></td>
</tr>
</tbody>
</table>

Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 194]
● 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: ● Asked of all respondents.
- Represents the percentage of respondents experiencing one or more barriers to accessing healthcare in the past 12 months.

Note that the following demographic groups more often report difficulties accessing healthcare services:

- Adults under the age of 65.
- Lower-income residents.
- Non-Whites.
Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year  
(St. Mary’s Healthcare Service Area, 2012)

Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 194]

Notes: ● Asked of all respondents.
   ● Represents the percentage of respondents experiencing one or more barriers to accessing healthcare in the past 12 months.
   ● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
   ● Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

Barriers to Healthcare Access

Of the tested barriers, inconvenient office hours impacted the greatest share of St. Mary’s Healthcare Service Area adults (16.0% say that inconvenient hours prevented them from obtaining a visit to a physician in the past year).

- The proportion of St. Mary’s Healthcare Service Area adults impacted was statistically comparable to or better than that found nationwide for each of the tested barriers.

- The only statistical difference by county was reported for the barrier of transportation (the prevalence is much higher in Montgomery County than in Fulton County).

To better understand healthcare access barriers, survey participants were asked whether any of six types of barriers to access prevented them from seeing a physician or obtaining a needed prescription in the past year.

Again, these percentages reflect the total population, regardless of whether medical care was needed or sought.
As might be expected, St. Mary’s Healthcare Service Area adults without health insurance are much more likely to report access barriers when compared to the insured population, especially those related to cost.

### Barriers to Healthcare Access

(By Insured Status, Adults 18+; St. Mary’s Healthcare Service Area, 2012)

<table>
<thead>
<tr>
<th>Barrier</th>
<th>Uninsured</th>
<th>Insured</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cost (Doctor Visit)</td>
<td>46.0%</td>
<td>10.4%</td>
</tr>
<tr>
<td>Cost (Prescriptions)</td>
<td>43.4%</td>
<td>12.4%</td>
</tr>
<tr>
<td>Getting a Dr Appointment</td>
<td>35.0%</td>
<td>11.6%</td>
</tr>
<tr>
<td>Finding a Doctor</td>
<td>27.1%</td>
<td>6.0%</td>
</tr>
<tr>
<td>Inconvenient Office Hours</td>
<td>17.8%</td>
<td>16.0%</td>
</tr>
<tr>
<td>Lack of Transportation</td>
<td>9.8%</td>
<td>6.7%</td>
</tr>
</tbody>
</table>

Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 7-12]
Notes: ● Asked of all respondents.

### Prescriptions

**Among all St. Mary’s Healthcare Service Area adults, 15.8% skipped or reduced medication doses in the past year in order to stretch a prescription and save money.**

- Similar to national findings.
- Similar by county.

### Skipped or Reduced Prescription Doses in Order to Stretch Prescriptions and Save Money

<table>
<thead>
<tr>
<th>Location</th>
<th>Skip Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fulton County</td>
<td>15.2%</td>
</tr>
<tr>
<td>Montgomery County</td>
<td>16.3%</td>
</tr>
<tr>
<td>St. Mary’s HC Svc Area</td>
<td>15.8%</td>
</tr>
<tr>
<td>US</td>
<td>14.8%</td>
</tr>
</tbody>
</table>

Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 13]
Notes: ● 2011 PRC National Health Survey, Professional Research Consultants, Inc.

- Adults under the age of 65.
- Respondents in households with lower incomes.
- Uninsured adults.
Skipped or Reduced Prescription Doses in Order to Stretch Prescriptions and Save Money
(St. Mary’s Healthcare Service Area, 2012)

Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. (Item 13)

Notes: ● Asked of all respondents.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
● Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

Accessing Healthcare for Children

A total of 4.2% of parents say there was a time in the past year when they needed medical care for their child, but were unable to get it.

- Statistically similar to what is reported nationwide.
- Similar findings by county.
- Lowest (0.7%) among parents of teens.

Had Trouble Obtaining Medical Care for Child in the Past Year
(Among Parents of Children 0-17)

Parents with trouble obtaining medical care for their child mainly reported barriers due to cost or lack of insurance coverage. Issues with insurance and lack of accessibility for people with disabilities were also mentioned.

Among the parents experiencing difficulties, the majority cited cost or a lack of insurance as the primary reason; others cited issues with insurance and lack of accessibility for people with disabilities.
Many focus group participants are concerned with access to healthcare. The main issues discussed include:

- **Barriers to healthcare**
  - Specialty care
  - Health literacy
  - Poverty
  - Insurance Status
  - Medicaid
  - Transportation
  - Interpretive Services

- ER overutilization
- Free weekend healthcare clinic

Focus group participants believe residents encounter several barriers when trying to access healthcare services in the community. Several attendees believe residents struggle with where to access healthcare services or are unaware of services which exist in their community, as a participant explains:

“There is a perception that healthcare isn't available. If I don't have health insurance the perception is there's no place for me to go. I know that on campus we have several students who are not covered by a health insurance policy and they don’t think they can go anywhere to get healthcare.” — Business Leader

Attendees stress the difficulty in obtaining specialty care in their community. Many times residents must travel to another city to obtain orthopedic, podiatry, neurology, dermatology and psychiatric services.

Other residents struggle to navigate the complex healthcare system. Overall, health literacy levels remain low and urgently need to increase. Higher health literacy would help residents realize the importance of preventative healthcare, medication management and healthy living. A respondent describes one example of how low health literacy affects residents and their ability to understand the new Medicaid managed care programs:

“So people are being auto enrolled, clients are being auto enrolled in care systems they don’t understand. They get papers in the mail saying you’re in this program; doesn’t mean anything to them. They want to know, ‘How do I go see the doctor? Where’s my primary care physician?’ They don’t even really know what they (managed care programs) mean. A lot of education needs to be done.” — Social Service Agency Representative

The high level of poverty in the community also affects a family’s ability to obtain healthcare. Many low income residents do not have the economic means to purchase health insurance. Attendees worry some families choose not to obtain insurance
because they do not understand the importance of preventative care. These “unworried well” residents do not see the value in obtaining regular healthcare.

Focus group members also have concern for those families who are under-insured or uninsured in the community. The underinsured population includes the working poor, those residents who may qualify for employer insurance but the deductibles are too high or the monthly employee cost is too great, so they elect to go without. Several healthcare professionals describe their concerns:

“If they’re a working family and they are just getting by on what they’re making and they go to apply for health insurance they may not qualify for anything like Medicaid and that stuff. And you go to Healthy New York -- my daughter tried; I’ll give her as an example -- it’s $240 a month. She was $200 over what Medicaid would allow, but she had to pay $240 a month for health insurance. So if you’re only making $1200 a month you don’t qualify for certain things.” — Healthcare Professional

“The biggest growing population of patients in my office is the underinsured: they have insurance but now their deductibles are becoming so out of hand that they’re canceling all their preventive services. Case in point: twice this week someone’s canceled a colonoscopy because their deductible is $500 and they said, ‘I don’t have any symptoms; I’m not going. I don’t have $500.” — Healthcare Professional

Some low income families may qualify for Medicaid, but finding a provider who accepts that insurance can prove difficult. Respondents feel the number of physicians who accept Medicaid has decreased in recent years, due to the low reimbursement rate.

Participants also view transportation as an obstacle to accessing healthcare and other services. St. Mary’s Healthcare is located in the eastern part of Montgomery County, so those individuals who live across the county or in Fulton County do not have easy access if they do not have a personal vehicle. Public transportation stops at the county line. Medicaid recipients have transportation options, but residents must provide notice and service is contingent upon availability.

An additional barrier to healthcare services for certain ethnicities includes interpretive services. Respondents believe that since the size of the Hispanic community continues to grow, healthcare facilities should reflect the population to enhance the health of the residents. Having someone who can interpret for a non-English speaker is critical both for the physician and the office staff. Participants believe staff needs to remain up-to-date on trainings regarding language services, so the patients always receive the highest level of care. Central Civico provides interpreting services and hospital staff can also utilize the AT&T language line. A participant explains her frustrations with the language line:

“It’s difficult to access and if it is there do people know how to use it? I have colleagues that work in different areas of the state and one of the hospitals one works in there’s 73 different languages on their translation line. But they have to educate their staff on how to use it. And can they get to it quick enough? Is the patient still standing there when you actually get it working? I would say it’s much more limited in both of these counties. Most nurses I ask don’t know how to use it and I know in my facility it’s really not a need necessarily but I did some asking around in this most recently and they didn’t seem to even know where to find the purple phone to do the translation.” — Business Leader
Respondents agree that both insured and uninsured residents over-utilize the emergency room. For many individuals without insurance, the emergency room becomes their primary care provider. For those with Medicaid, the emergency room may be the less expensive alternative. Other working residents may utilize the emergency room because primary care physicians have limited office hours. Participants worry because of the extensive wait times in the emergency room and the impact it may have on some elderly residents’ willingness to return:

“But if they fall or they have some type of issue that needs emergency care you go to the emergency room, plan on spending about six hours... Here’s how it impacts the healthcare of a person: if my parent now has another injury or another bang, ‘Well come on Mom, we’d better’-- ‘No, I don’t want to go there. I’ll be there six hours.’ So what happens is they refuse to then go and get the proper care because of the bad experience they’ve had previously.” — Social Service Agency Representative

Currently, New Dimensions in Healthcare is the only sliding fee schedule clinic in both Montgomery and Fulton counties; therefore, patients may have long wait times before appointments become available. Several focus group attendees would like St. Mary’s Healthcare to offer a free weekend healthcare clinic to serve the uninsured population, and many agencies are willing to offer support and provide transportation. Attendees recognize there must be options for follow up care for the community members who attend the clinic. A respondent describes how the clinic could function:

“It's this event where you can have a bunch of doctors, nurses and dentists and rent some kind of venue like a basketball coliseum or something like that. And on that weekend you can come in and you get free healthcare. And they check your teeth and they check your blood pressure. People stand in line for blocks and blocks waiting to get into this. They do it once or twice a year and these are for people that have no access to healthcare. I think it helps a lot. It gets free healthcare to these people who really need it and maybe somehow interfaced with this there could be some of the education components that we're talking about.” — Social Service Agency Representative
Primary Care Services

Improving health care services depends in part on ensuring that people have a usual and ongoing source of care. People with a usual source of care have better health outcomes and fewer disparities and costs. Having a primary care provider (PCP) as the usual source of care is especially important. PCPs can develop meaningful and sustained relationships with patients and provide integrated services while practicing in the context of family and community. Having a usual PCP is associated with:

- Greater patient trust in the provider
- Good patient-provider communication
- Increased likelihood that patients will receive appropriate care

Improving health care services includes increasing access to and use of evidence-based preventive services. Clinical preventive services are services that: prevent illness by detecting early warning signs or symptoms before they develop into a disease (primary prevention); or detect a disease at an earlier, and often more treatable, stage (secondary prevention).

- Healthy People 2020 (www.healthypeople.gov)

Specific Source of Ongoing Care

A total of 79.3% of St. Mary’s Healthcare Service Area adults were determined to have a specific source of ongoing medical care (a “medical home”).

- Similar to national findings.
- Fails to satisfy the Healthy People 2010 objective (95% or higher).
- Similar findings by county.

Have a Specific Source of Ongoing Medical Care

![Graph showing have a specific source of ongoing medical care](chart)

Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. (Item 191)
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

When viewed by demographic characteristics, the following population segments are less likely to have a specific source of care:

- Men.
- Lower-income adults.
Among adults age 18-64, 79.4% have a specific source for ongoing medical care, comparable to national findings.

- Fails to satisfy the Healthy People 2020 target for this age group (89.4% or higher).

Among adults 65+, 77.5% have a specific source for care, comparable to the percentage reported among seniors nationally.

- Fails to satisfy the Healthy People 2020 target of 100% for seniors.

### Have a Specific Source of Ongoing Medical Care
(St. Mary’s Healthcare Service Area, 2012)

[All Ages] Healthy People 2020 Target = 95.0% or Higher
[18-64] Healthy People 2020 Target = 89.4% or Higher
[65+] Healthy People 2020 Target = 100%

<table>
<thead>
<tr>
<th>Type of Place</th>
<th>18-64 (%)</th>
<th>65+ (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr’s Office</td>
<td>75.2%</td>
<td>77.5%</td>
</tr>
<tr>
<td>Clinic</td>
<td>83.3%</td>
<td>79.5%</td>
</tr>
<tr>
<td>None</td>
<td>80.1%</td>
<td>77.1%</td>
</tr>
<tr>
<td>Hospital ER</td>
<td>73.8%</td>
<td>79.7%</td>
</tr>
<tr>
<td>Other</td>
<td>79.3%</td>
<td>76.3%</td>
</tr>
<tr>
<td>St. Mary’s HC Svc Area</td>
<td>79.3%</td>
<td>79.3%</td>
</tr>
</tbody>
</table>

Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 191-193]

Notes: ● Asked of all respondents.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
● Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level. “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

### Type of Place Used for Medical Care

When asked where they usually go if they are sick or need advice about their health, the greatest share of respondents (50.0%) identified a particular doctor’s office. A total of 26.7% say they usually go to some type of clinic, while 6.2% rely on a hospital emergency room.

### Particular Place Utilized for Medical Care
(St. Mary’s Healthcare Service Area, 2012)

- Dr’s Office 50.0%
- Clinic 26.7%
- Hospital ER 6.2%
- Other 5.7%
- None 11.4%

Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 15-16]
Notes: ● Asked of all respondents.
Utilization of Primary Care Services

Adults

Three in four (75.6%) adults visited a physician for a routine checkup in the past year.

- Better than national findings.
- Comparable by county.

Have Visited a Physician for a Checkup in the Past Year

Adults under age 40 are less likely to have received routine care in the past year (note the positive correlation with age).

Have Visited a Physician for a Checkup in the Past Year
(St. Mary's Healthcare Service Area, 2012)
Among surveyed parents, 93.7% report that their child has had a routine checkup in the past year.

- Better than national findings.
- No statistical difference by county.
- Note that routine checkups are lowest in the St. Mary's Healthcare Service Area among children aged 5 to 12.

**Child Has Visited a Physician for a Routine Checkup in the Past Year**

(Among Parents of Children 0-17)

<table>
<thead>
<tr>
<th>Location</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fulton County</td>
<td>95.3%</td>
</tr>
<tr>
<td>Montgomery County</td>
<td>92.4%</td>
</tr>
<tr>
<td>St. Mary's HC Svc Area</td>
<td>93.7%</td>
</tr>
<tr>
<td>US</td>
<td>87.0%</td>
</tr>
</tbody>
</table>

**Age Breakdown:**
- Age 0-4: 97.2%
- Age 5-12: 98.6%
- Age 13-17: 96.3%

Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. (Item 125)
● 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: ● Asked of all respondents with children 0 to 17 in the household.
Emergency Room Utilization

A total of 11.6% of St. Mary’s Healthcare Service Area adults have gone to a hospital emergency room more than once in the past year about their own health.

- Higher than national findings.
- No difference by county.

Have Used a Hospital Emergency Room More Than Once in the Past Year

Of those using a hospital ER, 54.3% say this was due to an emergency or life-threatening situation, while 31.3% indicated that the visit was during after-hours or on the weekend. A total of 4.7% cited difficulties accessing primary care for various reasons.

ER use is statistically high among young adults and those living in lower-income households.

Have Used a Hospital Emergency Room More Than Once in the Past Year
(St. Mary’s Healthcare Service Area, 2012)
Oral Health

The health of the mouth and surrounding craniofacial (skull and face) structures is central to a person’s overall health and well-being. Oral and craniofacial diseases and conditions include: dental caries (tooth decay); periodontal (gum) diseases; cleft lip and palate; oral and facial pain; and oral and pharyngeal (mouth and throat) cancers.

The significant improvement in the oral health of Americans over the past 50 years is a public health success story. Most of the gains are a result of effective prevention and treatment efforts. One major success is community water fluoridation, which now benefits about 7 out of 10 Americans who get water through public water systems. However, some Americans do not have access to preventive programs. People who have the least access to preventive services and dental treatment have greater rates of oral diseases. A person’s ability to access oral healthcare is associated with factors such as education level, income, race, and ethnicity.

Oral health is essential to overall health. Good oral health improves a person’s ability to speak, smile, smell, taste, touch, chew, swallow, and make facial expressions to show feelings and emotions. However, oral diseases, from cavities to oral cancer, cause pain and disability for many Americans. Good self-care, such as brushing with fluoride toothpaste, daily flossing, and professional treatment, is key to good oral health. Health behaviors that can lead to poor oral health include:

- Tobacco use
- Excessive alcohol use
- Poor dietary choices

Barriers that can limit a person’s use of preventive interventions and treatments include:

- Limited access to and availability of dental services
- Lack of awareness of the need for care
- Cost
- Fear of dental procedures

There are also social determinants that affect oral health. In general, people with lower levels of education and income, and people from specific racial/ethnic groups, have higher rates of disease. People with disabilities and other health conditions, like diabetes, are more likely to have poor oral health.

Community water fluoridation and school-based dental sealant programs are 2 leading evidence-based interventions to prevent tooth decay.

Major improvements have occurred in the nation’s oral health, but some challenges remain and new concerns have emerged. One important emerging oral health issue is the increase of tooth decay in preschool children. A recent CDC publication reported that, over the past decade, dental caries (tooth decay) in children ages 2 to 5 have increased.

Lack of access to dental care for all ages remains a public health challenge. This issue was highlighted in a 2008 Government Accountability Office (GAO) report that described difficulties in accessing dental care for low-income children. In addition, the Institute of Medicine (IOM) has convened an expert panel to evaluate factors that influence access to dental care.

Potential strategies to address these issues include:

- Implementing and evaluating activities that have an impact on health behavior.
- Promoting interventions to reduce tooth decay, such as dental sealants and fluoride use.
- Evaluating and improving methods of monitoring oral diseases and conditions.
- Increasing the capacity of State dental health programs to provide preventive oral health services.
- Increasing the number of community health centers with an oral health component.

– Healthy People 2020 (www.healthypeople.gov)
Dental Care

Adults

Just over 6 in 10 St. Mary’s Healthcare Service Area adults (62.7%) have visited a dentist or dental clinic (for any reason) in the past year.

- Lower than to statewide findings.
- Similar to the national findings.
- Satisfies the Healthy People 2020 target (49% or higher).
- Similar by county.

Have Visited a Dentist or Dental Clinic Within the Past Year

![Bar Chart]

Healthy People 2020 Target = 49.0% or Higher

64.6% 61.0% 62.7% 72.5% 66.9%

Fulton County Montgomery County St. Mary’s HC Svc Area NY US

Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 21]
● 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
● Asked of all respondents.

Note the following:

- Persons living in the higher income categories report much higher utilization of oral health services (low-income adults fail to satisfy the Healthy People 2020 target).

- As might be expected, persons without dental insurance report much lower utilization of oral health services than those with dental coverage.
Children

A total of 83.3% of parents report that their child (age 2 to 17) has been to a dentist or dental clinic within the past year.

- Similar to national findings.
- Satisfies the Healthy People 2020 target (49% or higher).
- Similar by county.
- As may be expected, regular dental care is notably lower among children age 2 to 4.

**Child Has Visited a Dentist or Dental Clinic Within the Past Year**

(Among Parents of Children 2-17)

Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 126]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents with children age 2 through 17.
- Age 0-4: 56.4%
- Age 5-12: 91.6%
- Age 13-17: 94.3%
Dental Insurance

Over 6 in 10 Service Area adults (61.9%) have dental insurance that covers all or part of their dental care costs.

- Comparable to the national finding.
- Comparable findings by county.

Have Insurance Coverage That Pays All or Part of Dental Care Costs

Related Focus Group Findings: Oral Health

Many focus group participants discussed oral health in the community. The main issues discussed include:

- Importance of preventative dental care
- Medicaid reimbursement
- New Dimensions in Health Care and Montgomery County Health Department

Attendees recognize the importance of regular preventative dental care; however, many residents face barriers in accessing dental treatment. Attendees feel dentistry represents a major service gap, especially for those without private dental insurance. There are few, if any, dental care options for Medicaid recipients or uninsured residents. Many dentists will not accept Medicaid because of the low reimbursement.

New Dimensions in Health Care and the Montgomery County Health Department represent two agencies that provide oral health services to the uninsured and Medicaid populations. Both organizations operate at-capacity and have wait lists for their services.

Focus group participants agree that neglect of oral health can result in a significant decrease in a person’s overall health. An attendee explains:

“You start with poor teeth, poor mouth care. You have poor nutrition after that. You can’t chew; you can’t eat the right foods. Also there’s a direct link between tooth decay and cardiac disease. So a dentist is such an important piece of the healthcare continuum.” — Social Service Agency Representative
The school district has begun to require students to receive oral health exams, but many parents do not realize the value in maintaining good oral health and basic oral hygiene. Local organizations must provide oral health education to families to increase oral health knowledge. A physician describes his fear for the future generations:

“You feel very frequently like you’re fighting a losing battle. If the parent walks in with a mouthful of rotten teeth you’re not going to get anywhere. I hope to and I hammer it home and I try to get them in to get some dental care, but I’m looking through a time machine and what they’re going to look like in 20 years.” — Healthcare Professional
A total of 57.0% of residents had an eye exam in the past two years during which their pupils were dilated.

- Statistically comparable to national findings.
- Statistically comparable by county.

Recent vision care in the St. Mary’s Healthcare Service Area is less often reported among:

- Men.
- Young adults.

**Had an Eye Exam in the Past Two Years During Which the Pupils Were Dilated**

(St. Mary’s Healthcare Service Area, 2012)
HEALTH EDUCATION & OUTREACH
Family physicians and the Internet are residents’ primary sources of healthcare information.

- 56.2% of St. Mary’s Healthcare Service Area adults cited their family physician as their primary source of healthcare information.
- The Internet received the second-highest response, with 14.5%.
  - Other sources mentioned include work (3.6%), books and magazines (3.5%) and friends/relatives (3.2%).
- A total of 3.0% of survey respondents say that they do not receive any healthcare information.

**Primary Source of Healthcare Information**  
(St. Mary’s Healthcare Service Area, 2012)

![Pie chart showing the distribution of primary healthcare information sources]

**Sources:**  
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc.  
**Notes:**  
- As of all respondents.
Participation in Health Promotion Events

A total of 15.3% of St. Mary’s Healthcare Service Area adults participated in some type of organized health promotion activity in the past year, such as health fairs, health screenings, or seminars.

- Lower than the national prevalence.
- Similar by county.
- Note that 52.8% of adults who participated in a health promotion activity in the past year indicate that it was sponsored by their employer.

Participated in a Health Promotion Activity in the Past Year

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Fulton County</th>
<th>Montgomery County</th>
<th>St. Mary’s HC Svc Area</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>14.7%</td>
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<td></td>
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<tr>
<td>15.9%</td>
<td></td>
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<tr>
<td>15.3%</td>
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</tr>
<tr>
<td>22.2%</td>
<td></td>
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</tbody>
</table>

Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 117-118]
● 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.
The following chart outlines participation by various demographic characteristics.

Note that residents with lower incomes less often report participation in health promotion activities.

**Participated in a Health Promotion Activity in the Past Year**  
(St. Mary's Healthcare Service Area, 2012)

Sources:  
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 117]

Notes:  
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).  
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level. “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.
LOCAL HEALTHCARE
Perceptions of Local Healthcare Services

One-half of St. Mary’s Healthcare Service Area adults (50.2%) rate the overall healthcare services available in their community as “excellent” or “very good.”

- Another 30.8% gave “good” ratings.

Rating of Overall Healthcare Services Available in the Community
(St. Mary’s Healthcare Service Area, 2012)

Excellent 18.7%
Very Good 31.5%
Good 30.8%
Fair 11.6%
Poor 7.5%

However, 19.1% of residents characterize local healthcare services as “fair” or “poor.”

- Less favorable than reported nationally.
- Similar ratings by county.

Perceive Local Healthcare Services as “Fair/Poor”

Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. (Item 6)
Notes: ● Asked of all respondents.

Sources: ● 2012 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.
The following residents are more critical of local healthcare services:

- Men.
- Adults under age 65.
- Residents with lower incomes.
- Non-Whites.
- Uninsured adults.

**Perceive Local Healthcare Services as “Fair/Poor”**
(St. Mary's Healthcare Service Area, 2012)

<table>
<thead>
<tr>
<th>Category</th>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>White</th>
<th>Other</th>
<th>Insured</th>
<th>Uninsured</th>
<th>St. Mary's HCSA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Perceived Fair/Poor</td>
<td>22.5%</td>
<td>15.8%</td>
<td>22.3%</td>
<td>21.6%</td>
<td>8.9%</td>
<td>26.6%</td>
<td>15.6%</td>
<td>17.7%</td>
<td>33.3%</td>
<td>16.0%</td>
<td>55.6%</td>
<td>19.1%</td>
</tr>
</tbody>
</table>

Sources: 2012 PRC Community Health Survey, Professional Research Consultants, Inc. (Item 6)

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.
Related Focus Group Findings: Collaboration

Participants spent time discussing the varying levels of collaboration occurring in the community between non-profit organizations, schools, healthcare providers and hospitals. The issues surrounding collaboration were:

- Varying opinions about collaboration
- Duplication of services
- Funding streams

Focus group respondents had varying opinions about the level of collaboration occurring in the community. Several attendees believe collaborative efforts exist and mentioned 2-11 and the Long Term Care Council as two examples. In addition, the participants describe St. Mary’s Healthcare as an integrated system:

> “Each hospital has a health and wellness division that usually is in contact with every one of us probably around this table to collaborate or coordinate a program which could be a child, old person, any of us kind of a program. So we do collaborate -- I think we do that pretty good around here.” — Social Service Agency Representative

Many respondents believe the healthcare system must continue to foster and increase collaboration in order to achieve the best possible patient outcomes:

> “We have patients that are on different parts of the continuum: nursing home assisted living home, home care services. Very often they’re co-morbid conditions and best managed effectively upfront. We need to manage the co-morbid conditions and the risk factors and the risk behaviors in each of those environments... I think the wave of the future in our community is to coalesce all those services to provide more efficient management in the assisted living, the nursing home and the home care services.” — Healthcare Professional

However, several participants believe that while a willingness to cooperate exists, many organizations have not reached a level of collaboration. A participant explains:

> “I think we have a community that cooperates. I don’t know that we have a community that collaborates. And let me tell you what I think the difference is. If I called the hospital and said, ‘Would you come up and do a seminar on teen pregnancy for our students?’ They would absolutely say yes. What we have trouble doing is systemizing that so that we’re really collaborative and moving forward each year so that I don’t have to remember every year to call and come up and do it.” — Business Leader

Respondents feel the infrastructure for collaboration is present, but several roadblocks to collaboration exist. These barriers include duplication of services and limited funding streams. Due to a low number of funding opportunities, many agencies compete for the
same dollars. Other times, strict grant regulations restrict local organizations’ ability to work together. A respondent describes his frustrations:

“I do think funding stream requirements limit cooperation and/or collaboration. They exist; they don’t exist. And there’s no sustainability. Or however the funding stream’s work you have to follow whatever those rules are and there’s no opportunity to break out of the rules or recreate the rules in a different way. So to some degree I think that those constraints make it difficult for cooperation or collaboration.” — Business Leader

Health Needs of the Elderly

Related Focus Group Findings: Elderly Residents

Many focus group participants discussed the health of elderly citizens, with primary emphasis on:

- Aging community
- Transportation

Participants believe the Fulton and Montgomery counties represent an **aging community** and have concern about the health of elderly residents. The community does have a Long Term Care Council, which is made up of a variety of agencies, including the hospital. This collaboration exists to better understand the needs of the elderly population.

Attendees believe **limited transportation** represent the greatest area of need for seniors. The Office of Aging in Fulton County provides transportation, but Montgomery County does not have a similar program. Several participants believe transportation issues could be relieved if more physicians conducted home visits. There are three senior centers in the area; however, many seniors may be unable to access them due to limited personal transportation.

In addition, participants believe more assisted living and nursing home facilities who accept Medicaid are needed. Respondents would also like more orthopedic coverage for the community on the weekends.
Focus groups held as part of this Community Health Needs Assessment incorporated input from 38 key informants (or community stakeholders) in the area, with special emphasis on persons who work with or have special knowledge about vulnerable populations in the four counties, including low-income individuals, minority populations, those with chronic conditions, and other medically underserved residents.

A list of these participants is provided in the following pages. Note that two of these individuals (in the healthcare professionals focus group) represent the two local county public health departments.

**St. Mary’s Healthcare - Business Leaders**  
Thursday, November 8th - 7:30 to 9:30 AM

<table>
<thead>
<tr>
<th>Focus Group Participant</th>
<th>Organization</th>
<th>Populations Served</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pat Beck</td>
<td>The Leader Herald</td>
<td>X      X      X      X</td>
</tr>
</tbody>
</table>
| Mike Decker             | Liberty Enterprises               | X      X
| Ann Hanson              | Lexington Center                  | X      X      X      X |
| Deborah Grimshaw        | Canajoharie Central Schools       | X      X
| Marty Hughes            | Betz, Rossi, Bellinger & Stewart  | X      X      X      X |
| Scott Rice              | Fonda-Fultonville CSD             | X      X
| John Tesier             | Cranesville Block                 | X      X      X      X |
| Dan Russom              | Oppenheim-Ephratah School District| X      X
| Dusty Swanger           | FMCC                              | X      X

**St. Mary’s Healthcare – Social Service Agencies**  
Thursday, November 8th - Noon to 2:00 PM

<table>
<thead>
<tr>
<th>Focus Group Participant</th>
<th>Organization</th>
<th>Populations Served</th>
</tr>
</thead>
</table>
| Linda Burns             | CASA                              | X      X
| Lourdes Torres          | Centro Civico                     | X      X
| Sheryda Cooper          | Fulton County DSS                  | X      X      X      X |
| Janine Dykman           | Mental Health Association          | X      X      X
| Andrea Fettinger        | FC Office For Aging                | X      X      X      X |
| Michael McMahon         | Montgomery County DSS              | X      X      X      X |
| Nancy Carr              | Amsterdam Family YMCA              | X      X
| Steven Serge            | YMCA of Fulton County              | X      X
| Jeanne So               | Sarah Jane Sanford Home            | X      X      X      X |
| Jeanette Stevens-Daury  | Horace J. Inman Senior Center      | X      X
| Denis Wilson            | Fulmont Community Action Agency    | X      X
**St. Mary’s Healthcare – Healthcare Professionals**

**Thursday, November 8th - 5:30 to 7:30 PM**

<table>
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<tr>
<th>Focus Group Participant</th>
<th>Organization</th>
<th>Populations Served</th>
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</thead>
<tbody>
<tr>
<td>Russell Cecil, MD</td>
<td>St. Mary’s Healthcare MEC</td>
<td>X</td>
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<tr>
<td>Cindy Christman</td>
<td>Montgomery County Public Health</td>
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<tr>
<td>Emily Etzkorn, MD</td>
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<tr>
<td>Christina Akey</td>
<td>Fulton County Public Health</td>
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<tr>
<td>Mohammad Ghazi, MD</td>
<td>St. Mary’s Healthcare</td>
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<tr>
<td>Michael Hardies, MD</td>
<td>St. Mary’s Healthcare</td>
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<tr>
<td>Judy Kelly, NP</td>
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<tr>
<td>Jackie Pasco, MD</td>
<td>SMH MEC Behavioral Health</td>
<td>X</td>
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<tr>
<td>Julia Shafer, RN</td>
<td>St. Mary’s Healthcare Maternity</td>
<td>X</td>
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<tr>
<td>Chris Ward</td>
<td>New Dimensions in Health Care</td>
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<td>Jeremiah Benoit, MD</td>
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<td>Thomas Reed, NP</td>
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<td>Jeff Gardner, MD</td>
<td>Johnstown Family Health Center</td>
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<td>John Fedullo, DO</td>
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<td>David Lehr, MD</td>
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<td>John Ruiz, MD</td>
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<tr>
<td>Philip Fear, MD</td>
<td></td>
<td>X</td>
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<tr>
<td>Michael Sheridan</td>
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