Executive Report

2015 Community Health Needs Assessment

Fulton & Montgomery Counties, New York

Prepared for:
St. Mary’s Hospital
St. Mary’s Healthcare Amsterdam

By:
Professional Research Consultants, Inc.
11326 P Street Omaha, NE 68136-2316
www.PRCCustomResearch.com

2015-0425-02
© January 2016
Table of Contents

Introduction 6
  Project Overview 7
  Project Goals 7
  Methodology 8
IRS Form 990, Schedule H Compliance 16
Summary of Findings 17
  Significant Health Needs of the Community 17
  Summary Tables: Comparisons With Benchmark Data 20

Community Description 35
  Population Characteristics 36
    Total Population 36
    Urban/Rural Population 38
    Age 39
    Race & Ethnicity 41
    Linguistic Isolation 44
  Social Determinants of Health 46
    Poverty 46
    Education 49
    Employment 50

General Health Status 52
  Overall Health Status 53
    Self-Reported Health Status 53
    Activity Limitations 55
  Mental Health 58
    Self-Reported Mental Health Status 59
    Depression 60
    Stress 63
    Suicide 65
    Mental Health Treatment 66
    Key Informant Input: Mental Health 66

Death, Disease & Chronic Conditions 71
  Leading Causes of Death 72
    Distribution of Deaths by Cause 72
<table>
<thead>
<tr>
<th>Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age-Adjusted Death Rates for Selected Causes</td>
<td>72</td>
</tr>
<tr>
<td><strong>Cardiovascular Disease</strong></td>
<td>74</td>
</tr>
<tr>
<td>Age-Adjusted Heart Disease &amp; Stroke Deaths</td>
<td>74</td>
</tr>
<tr>
<td>Prevalence of Heart Disease &amp; Stroke</td>
<td>77</td>
</tr>
<tr>
<td>Cardiovascular Risk Factors</td>
<td>80</td>
</tr>
<tr>
<td><em>Key Informant Input: Heart Disease &amp; Stroke</em></td>
<td>88</td>
</tr>
<tr>
<td><strong>Cancer</strong></td>
<td>90</td>
</tr>
<tr>
<td>Age-Adjusted Cancer Deaths</td>
<td>90</td>
</tr>
<tr>
<td>Cancer Incidence</td>
<td>92</td>
</tr>
<tr>
<td>Prevalence of Cancer</td>
<td>94</td>
</tr>
<tr>
<td>Cancer Screenings</td>
<td>95</td>
</tr>
<tr>
<td><em>Key Informant Input: Cancer</em></td>
<td>101</td>
</tr>
<tr>
<td><strong>Respiratory Disease</strong></td>
<td>104</td>
</tr>
<tr>
<td>Age-Adjusted Respiratory Disease Deaths</td>
<td>105</td>
</tr>
<tr>
<td><em>Key Informant Input: Respiratory Disease</em></td>
<td>110</td>
</tr>
<tr>
<td><strong>Injury &amp; Violence</strong></td>
<td>112</td>
</tr>
<tr>
<td>Leading Causes of Accidental Death</td>
<td>112</td>
</tr>
<tr>
<td>Unintentional Injury</td>
<td>113</td>
</tr>
<tr>
<td>Intentional Injury (Violence)</td>
<td>121</td>
</tr>
<tr>
<td><em>Key Informant Input: Injury &amp; Violence</em></td>
<td>124</td>
</tr>
<tr>
<td><strong>Diabetes</strong></td>
<td>126</td>
</tr>
<tr>
<td>Age-Adjusted Diabetes Deaths</td>
<td>126</td>
</tr>
<tr>
<td>Prevalence of Diabetes</td>
<td>128</td>
</tr>
<tr>
<td><em>Key Informant Input: Diabetes</em></td>
<td>130</td>
</tr>
<tr>
<td><strong>Alzheimer’s Disease</strong></td>
<td>133</td>
</tr>
<tr>
<td><em>Key Informant Input: Dementias, Including Alzheimer’s Disease</em></td>
<td>133</td>
</tr>
<tr>
<td><strong>Kidney Disease</strong></td>
<td>136</td>
</tr>
<tr>
<td>Age-Adjusted Kidney Disease Deaths</td>
<td>136</td>
</tr>
<tr>
<td>Prevalence of Kidney Disease</td>
<td>137</td>
</tr>
<tr>
<td><em>Key Informant Input: Chronic Kidney Disease</em></td>
<td>138</td>
</tr>
<tr>
<td><strong>Potentially Disabling Conditions</strong></td>
<td>140</td>
</tr>
<tr>
<td>Arthritis, Osteoporosis, &amp; Chronic Back Conditions</td>
<td>140</td>
</tr>
<tr>
<td><em>Key Informant Input: Arthritis, Osteoporosis &amp; Chronic Back Conditions</em></td>
<td>142</td>
</tr>
<tr>
<td>Vision &amp; Hearing Impairment</td>
<td>144</td>
</tr>
<tr>
<td><em>Key Informant Input: Vision &amp; Hearing</em></td>
<td>146</td>
</tr>
<tr>
<td><strong>Infectious Disease</strong></td>
<td>147</td>
</tr>
<tr>
<td>Influenza &amp; Pneumonia Vaccination</td>
<td>148</td>
</tr>
<tr>
<td>Flu Vaccinations</td>
<td>148</td>
</tr>
<tr>
<td>Pneumonia Vaccination</td>
<td>149</td>
</tr>
</tbody>
</table>
COMMUNITY HEALTH NEEDS ASSESSMENT

HIV

- HIV Prevalence
- HIV Testing
  
  *Key Informant Input: HIV/AIDS*

Sexually Transmitted Diseases

- Chlamydia & Gonorrhea
- Hepatitis B Vaccination
- Safe Sexual Practices
  
  *Key Informant Input: Sexually Transmitted Diseases*

Immunization & Infectious Diseases

  *Key Informant Input: Immunization & Infectious Diseases*

Births

- Birth Outcomes & Risks
  
  - Low-Weight Births
  - Infant Mortality
  
  *Key Informant Input: Infant & Child Health*

- Births to Teen Mothers
  
  *Key Informant Input: Family Planning*

Modifiable Health Risks

- Actual Causes Of Death

  *Nutrition*

  - Daily Recommendation of Fruits/Vegetables
  - Access to Fresh Produce
  - Health Advice About Diet & Nutrition

  *Physical Activity*

  - Leisure-Time Physical Activity
  - Activity Levels
  - Access to Physical Activity
  - Health Advice About Physical Activity & Exercise

  *Children’s Physical Activity*

  *Weight Status*

  - Adult Weight Status
  - Weight Management
  - Childhood Overweight & Obesity

  *Key Informant Input: Nutrition, Physical Activity & Weight*

  *Substance Abuse*

  - Age-Adjusted Cirrhosis/Liver Disease Deaths
  - High-Risk Alcohol Use
  - Drinking & Driving
<table>
<thead>
<tr>
<th>Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age-Adjusted Drug-Induced Deaths</td>
<td>203</td>
</tr>
<tr>
<td>Illicit Drug Use</td>
<td>204</td>
</tr>
<tr>
<td>Alcohol &amp; Drug Treatment</td>
<td>204</td>
</tr>
<tr>
<td><em>Key Informant Input: Substance Abuse</em></td>
<td>205</td>
</tr>
<tr>
<td><strong>Tobacco Use</strong></td>
<td>209</td>
</tr>
<tr>
<td>Cigarette Smoking</td>
<td>209</td>
</tr>
<tr>
<td>Other Tobacco Use</td>
<td>214</td>
</tr>
<tr>
<td><em>Key Informant Input: Tobacco Use</em></td>
<td>215</td>
</tr>
<tr>
<td><strong>Access to Health Services</strong></td>
<td>218</td>
</tr>
<tr>
<td><strong>Health Insurance Coverage</strong></td>
<td>219</td>
</tr>
<tr>
<td>Type of Healthcare Coverage</td>
<td>219</td>
</tr>
<tr>
<td>Lack of Health Insurance Coverage</td>
<td>219</td>
</tr>
<tr>
<td><strong>Difficulties Accessing Healthcare</strong></td>
<td>223</td>
</tr>
<tr>
<td>Difficulties Accessing Services</td>
<td>223</td>
</tr>
<tr>
<td>Barriers to Healthcare Access</td>
<td>224</td>
</tr>
<tr>
<td>Accessing Healthcare for Children</td>
<td>227</td>
</tr>
<tr>
<td><em>Key Informant Input: Access to Healthcare Services</em></td>
<td>227</td>
</tr>
<tr>
<td><strong>Primary Care Services</strong></td>
<td>230</td>
</tr>
<tr>
<td>Access to Primary Care</td>
<td>230</td>
</tr>
<tr>
<td>Specific Source of Ongoing Care</td>
<td>231</td>
</tr>
<tr>
<td>Utilization of Primary Care Services</td>
<td>233</td>
</tr>
<tr>
<td><strong>Emergency Room Utilization</strong></td>
<td>235</td>
</tr>
<tr>
<td><strong>Oral Health</strong></td>
<td>237</td>
</tr>
<tr>
<td>Dental Care</td>
<td>237</td>
</tr>
<tr>
<td>Dental Insurance</td>
<td>239</td>
</tr>
<tr>
<td><em>Key Informant Input: Oral Health</em></td>
<td>240</td>
</tr>
<tr>
<td><strong>Vision Care</strong></td>
<td>242</td>
</tr>
<tr>
<td><strong>Local Resources</strong></td>
<td>243</td>
</tr>
<tr>
<td>Perceptions of Local Healthcare Services</td>
<td>244</td>
</tr>
<tr>
<td>Healthcare Resources &amp; Facilities</td>
<td>246</td>
</tr>
<tr>
<td>Hospitals &amp; Federally Qualified Health Centers (FQHCs)</td>
<td>246</td>
</tr>
<tr>
<td>Health Professional Shortage Areas (HPSAs)</td>
<td>247</td>
</tr>
<tr>
<td><strong>Resources Available to Address the Significant Health Needs</strong></td>
<td>248</td>
</tr>
</tbody>
</table>
Introduction
Project Overview

Project Goals
This Community Health Needs Assessment, a follow-up to a similar study conducted in 2012, 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 an Online Key Informant Survey.

**PRC Community Health Survey**

**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 the St. Mary’s Healthcare and PRC, and is similar to the previous survey used in the region, allowing for data trending.

**Community Defined for This Assessment**

The study area for the survey effort (referred to as “St. Mary’s Healthcare Service Area” in this report) is defined by ZIP Code and roughly equates to the counties of Fulton and Montgomery in New York (also referred to as such in this report). This community definition, determined based on the ZIP Codes of residence of recent patients of St. Mary’s Healthcare, 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 of the surveys, data collection and data analysis was conducted by Professional Research Consultants, Inc. (PRC).

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

Note: The “response rate” (the percentage of a population giving a particular response) determines the error rate associated with that response. A “95 percent level of confidence” indicates that responses would fall within the expected error range on 95 out of 100 trials.

Examples:
- If 10% of the sample of 400 respondents answered a certain question with a “yes,” it can be asserted that between 7.9% and 12.1% (10% ± 2.1%) of the total population would offer this response.
- If 50% of respondents said “yes,” one could be certain with a 95 percent level of confidence that between 46.5% and 53.5% (50% ± 3.5%) 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 2014 guidelines place the poverty threshold for a family of four at $23,850 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.
**Online Key Informant Survey**

To solicit input from key informants, those individuals who have a broad interest in the health of the community, an Online Key Informant Survey was also implemented as part of this process. A list of recommended participants was provided by St. Mary’s Healthcare; this list included names and contact information for physicians, public health representatives, other health professionals, social service providers, and a variety of other community leaders. 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.

Key informants were contacted by email, introducing the purpose of the survey and providing a link to take the survey online; reminder emails were sent as needed to increase participation. In all, 148 community stakeholders took part in the Online Key Informant Survey, as outlined below:

<table>
<thead>
<tr>
<th>Key Informant Type</th>
<th>Number Invited</th>
<th>Number Participating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community/Business Leader</td>
<td>93</td>
<td>60</td>
</tr>
<tr>
<td>Other Health Provider</td>
<td>69</td>
<td>45</td>
</tr>
<tr>
<td>Physician</td>
<td>28</td>
<td>6</td>
</tr>
<tr>
<td>Public Health Representative</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Social Services Provider</td>
<td>58</td>
<td>35</td>
</tr>
</tbody>
</table>

Final participation included representatives of the organizations outlined below.

- Advancing Tobacco Free Communities of Hamilton, Fulton
- Alpin Haus Fitness Center
- Alzheimer's Association
- Amsterdam Community Garden
- Amsterdam Family YMCA
- Amsterdam Free Library
- Arkell Center
- Canajoharie Schools
- Carmel's Free Diner
- Catholic Charities of Fulton and Montgomery Counties
- City of Amsterdam
- Community Health Center of St. Mary’s
- Department of Social Services
- Experience Works
- FCPH
- Fort Plain Central School District
- Fulmont Community Action Agency, Inc.
Through this process, input was gathered from several individuals whose organizations work with low-income, minority populations (including addiction population, African American, Amish, Asian, at-risk youth, Central American, children, Chinese, crime victims, disabled, elderly, Guyanese, Hispanic/Latino, homeless, immigrants, learning-disabled, LGBT, low-income, Medicaid, medically underserved, mentally ill, Middle Eastern, migrant workers, managed long-term care (MLTC) clients, Native American, non-English speaking, rural, single parents, students, underinsured/uninsured, undocumented immigrants, unemployed, vulnerable, young adults), or other medically underserved populations (including addiction population, adolescent and young adults, Amish, bariatric patients, caregivers of elders, children, disabled, elderly, Hispanic/Latino, homebound elderly, homeless, intellectual disability/developmental disability (ID/DD), immigrants, learning-disabled, LGBT, low-income, Medicaid/Medicare, mentally ill, migrant workers, non-English speaking, receiving social...
services, rural, single parents, teen parents, transit workers, underinsured/uninsured, undocumented immigrants, uneducated, veterans).

In the online survey, key informants were asked to rate the degree to which various health issues are a problem in their own community. Follow-up questions asked them to describe why they identify problem areas as such, and how these might be better addressed. Results of their ratings, as well as their verbatim comments, are included throughout this report as they relate to the various other data presented.

NOTE: These findings represent qualitative rather than quantitative data. The Online Key Informant Survey was 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):

- Center for Applied Research and Environmental Systems (CARES)
- Centers for Disease Control & Prevention, Office of Infectious Disease, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
- Centers for Disease Control & Prevention, Office of Public Health Science Services, Center for Surveillance, Epidemiology and Laboratory Services, Division of Health Informatics and Surveillance (DHIS)
- Centers for Disease Control & Prevention, Office of Public Health Science Services, National Center for Health Statistics
- Community Commons
- ESRI ArcGIS Map Gallery
- National Cancer Institute, State Cancer Profiles
- OpenStreetMap (OSM)
- US Census Bureau, American Community Survey
- US Census Bureau, County Business Patterns
- US Census Bureau, Decennial Census
- US Department of Agriculture, Economic Research Service
- US Department of Health & Human Services
- US Department of Health & Human Services, Health Resources and Services Administration (HRSA)
- US Department of Justice, Federal Bureau of Investigation
- US Department of Labor, Bureau of Labor Statistics
Note that secondary data reflect county-level data (Fulton and Montgomery counties).

**Benchmark Data**

*Trending*

A similar survey was administered in the St. Mary’s Healthcare Service Area in 2012 by PRC on behalf of St. Mary’s Healthcare. Trending data, as revealed by comparison to prior survey results, are provided throughout this report whenever available. Historical data for secondary data indicators are also included for the purposes of trending.

**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 *2013 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.
Determining Significance

Differences noted in this report represent those determined to be significant. For survey-derived indicators (which are subject to sampling error), statistical significance is determined based on confidence intervals (at the 95 percent confidence level) using question-specific samples and response rates. For secondary data indicators (which do not carry sampling error, but might be subject to reporting error), “significance,” for the purpose of this report, is determined by a 5% variation from the comparative measure.

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.
IRS Form 990, Schedule H Compliance

For non-profit hospitals, a Community Health Needs Assessment (CHNA) also serves to satisfy certain requirements of tax reporting, pursuant to provisions of the Patient Protection & Affordable Care Act of 2010. To understand which elements of this report relate to those requested as part of hospitals’ reporting on IRS Form 990 Schedule H, the following table cross-references related sections.

<table>
<thead>
<tr>
<th>IRS Form 990, Schedule H</th>
<th>See Report Page(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Part V Section B Line 1a</td>
<td>A definition of the community served by the hospital facility</td>
</tr>
<tr>
<td>Part V Section B Line 1b</td>
<td>Demographics of the community</td>
</tr>
<tr>
<td>Part V Section B Line 1c</td>
<td>Existing health care facilities and resources within the community that are available to respond to the health needs of the community</td>
</tr>
<tr>
<td>Part V Section B Line 1d</td>
<td>How data was obtained</td>
</tr>
<tr>
<td>Part V Section B Line 1f</td>
<td>Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups</td>
</tr>
<tr>
<td>Part V Section B Line 1g</td>
<td>The process for identifying and prioritizing community health needs and services to meet the community health needs</td>
</tr>
<tr>
<td>Part V Section B Line 1h</td>
<td>The process for consulting with persons representing the community’s interests</td>
</tr>
<tr>
<td>Part V Section B Line 1i</td>
<td>Information gaps that limit the hospital facility’s ability to assess the community’s health needs</td>
</tr>
</tbody>
</table>
Summary of Findings

Significant Health Needs of the Community

The following “areas of opportunity” represent the significant health needs of the community, 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 area with regard to the following health issues (see also the summary tables presented in the following section).

<table>
<thead>
<tr>
<th>Areas of Opportunity Identified Through This Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Access to Healthcare</strong></td>
</tr>
<tr>
<td>● Primary Care Physician Ratio</td>
</tr>
<tr>
<td><strong>Cancer</strong></td>
</tr>
<tr>
<td>● Cancer Deaths</td>
</tr>
<tr>
<td>○ Including Lung Cancer, Prostate Cancer, Colorectal Cancer Deaths</td>
</tr>
<tr>
<td>● Cancer Incidence</td>
</tr>
<tr>
<td>○ Including Lung and Colorectal Cancer Incidence</td>
</tr>
<tr>
<td>● Skin Cancer Prevalence</td>
</tr>
<tr>
<td><strong>Diabetes</strong></td>
</tr>
<tr>
<td>● Diabetes ranked as a top concern in the Online Key Informant Survey.</td>
</tr>
<tr>
<td><strong>Heart Disease &amp; Stroke</strong></td>
</tr>
<tr>
<td>● Heart Disease Deaths</td>
</tr>
<tr>
<td>● High Blood Pressure Prevalence</td>
</tr>
<tr>
<td>● Overall Cardiovascular Risk</td>
</tr>
<tr>
<td><strong>Injury &amp; Violence</strong></td>
</tr>
<tr>
<td>● Unintentional Injury Deaths</td>
</tr>
<tr>
<td>○ Including Motor Vehicle Crash Deaths</td>
</tr>
<tr>
<td>● Firearm Prevalence</td>
</tr>
<tr>
<td>○ Including in Homes With Children</td>
</tr>
<tr>
<td><strong>Mental Health</strong></td>
</tr>
<tr>
<td>● Suicide Deaths</td>
</tr>
<tr>
<td>● Mental Health ranked as a top concern in the Online Key Informant Survey.</td>
</tr>
<tr>
<td><strong>Nutrition, Physical Activity &amp; Weight</strong></td>
</tr>
<tr>
<td>● Low Food Access</td>
</tr>
<tr>
<td>● Healthy Weight, Overweight &amp; Obesity [Adults]</td>
</tr>
<tr>
<td>● Trying to Lose Weight [Overweight Adults]</td>
</tr>
<tr>
<td>● Access to Recreation/Fitness Facilities</td>
</tr>
<tr>
<td>● Nutrition, Physical Activity &amp; Weight ranked as a top concern in the Online Key Informant Survey.</td>
</tr>
<tr>
<td><strong>Potentially Disabling Conditions</strong></td>
</tr>
<tr>
<td>● Activity Limitations</td>
</tr>
<tr>
<td>● Arthritis Prevalence (50+)</td>
</tr>
<tr>
<td>● Sciatica/Back Pain Prevalence</td>
</tr>
<tr>
<td><strong>Respiratory Diseases</strong></td>
</tr>
<tr>
<td>● Chronic Lower Respiratory Disease (CLRD) Deaths</td>
</tr>
<tr>
<td>● Chronic Obstructive Pulmonary Disease (COPD) Prevalence</td>
</tr>
<tr>
<td>● Asthma Prevalence [Children]</td>
</tr>
<tr>
<td>● Pneumonia/Influenza Deaths</td>
</tr>
<tr>
<td><strong>Substance Abuse</strong></td>
</tr>
<tr>
<td>● Cirrhosis/Liver Disease Deaths</td>
</tr>
<tr>
<td>● Overall Alcohol</td>
</tr>
<tr>
<td>● Substance Abuse ranked as a top concern in the Online Key Informant Survey.</td>
</tr>
</tbody>
</table>
Prioritization of Health Needs

On January 7, 2016, approximately 40 community stakeholders met to evaluate, discuss and prioritize health issues for the community, based on findings of the 2015 PRC Community Health Needs Assessment (CHNA). Professional Research Consultants, Inc. (PRC) began the meeting with a presentation of key findings from the CHNA, highlighting the significant health issues identified from the research (see Areas of Opportunity above).

Following the data review, PRC answered any questions and facilitated a group dialogue. Participants were then provided an overview of the prioritization exercise that followed.

In order to assign priority to the identified health needs (i.e., Areas of Opportunity), a wireless audience response system was used in which each participant was able to register his/her ratings using a small remote keypad. The participants were asked to evaluate each health issue along two criteria:

- **Scope & Severity** — The first rating was to gauge the magnitude of the problem in consideration of the following:
  - How many people are affected?
  - How does the local community data compare to state or national levels, or Healthy People 2020 targets?
  - To what degree does each health issue lead to death or disability, impair quality of life, or impact other health issues?

  Ratings were entered on a scale of 1 (not very prevalent at all, with only minimal health consequences) to 10 (extremely prevalent, with very serious health consequences).

- **Ability to Impact** — A second rating was designed to measure the perceived likelihood of the hospital having a positive impact on each health issue, given available resources, competencies, spheres of influence, etc. Ratings were entered on a scale of 1 (no ability to impact) to 10 (great ability to impact).

Individuals’ ratings for each criteria were averaged for each tested health issue, and then these composite criteria scores were averaged to produce an overall score. This process yielded the following prioritized list of community health needs:

1. Substance Abuse
2. Mental Health
3. Nutrition, Physical Activity & Weight
4. Cancer
5. Heart Disease & Stroke
6. Diabetes
7. Access to Healthcare Services
8. Respiratory Diseases
9. Injury & Violence
10. Potentially Disabling Conditions
Plotting these overall scores in a matrix illustrates the intersection of the Scope & Severity and the Ability to Impact scores. Below, those issues placing in the upper right (shaded) quadrant represent health needs rated as most severe, with the greatest ability to impact.

While the hospital will likely not implement strategies for all of these health issues, the results of this prioritization exercise will be used to inform the development of St. Mary’s Healthcare’s Implementation Strategy to address the top health needs of the community in the coming years.
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, as well as trend data. 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 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 trending, as well as comparisons between local data and any available state and national findings, and Healthy People 2020 targets. Again, symbols indicate whether the 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.
### Social Determinants

<table>
<thead>
<tr>
<th>Social Determinants</th>
<th>Fulton County</th>
<th>Montgomery County</th>
<th>St. Mary’s Healthcare vs. Benchmarks</th>
<th>TREND</th>
</tr>
</thead>
<tbody>
<tr>
<td>Linguistically Isolated Population (Percent)</td>
<td>0.4</td>
<td>3.5</td>
<td>1.9</td>
<td></td>
</tr>
<tr>
<td>Population in Poverty (Percent)</td>
<td>16.1</td>
<td>18.7</td>
<td>17.4</td>
<td></td>
</tr>
<tr>
<td>Population Below 200% FPL (Percent)</td>
<td>37.6</td>
<td>38.7</td>
<td>38.2</td>
<td></td>
</tr>
<tr>
<td>Children Below 200% FPL (Percent)</td>
<td>51.3</td>
<td>53.0</td>
<td>52.2</td>
<td></td>
</tr>
<tr>
<td>No High School Diploma (Age 25+, Percent)</td>
<td>14.6</td>
<td>16.8</td>
<td>15.6</td>
<td></td>
</tr>
<tr>
<td>Unemployment Rate (Age 16+, Percent)</td>
<td>6.4</td>
<td>6.8</td>
<td>6.6</td>
<td></td>
</tr>
</tbody>
</table>

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

### Overall Health

<table>
<thead>
<tr>
<th>Overall Health</th>
<th>Fulton County</th>
<th>Montgomery County</th>
<th>St. Mary’s Healthcare vs. Benchmarks</th>
<th>TREND</th>
</tr>
</thead>
<tbody>
<tr>
<td>% &quot;Fair/Poor&quot; Physical Health</td>
<td>19.9</td>
<td>14.3</td>
<td>16.9</td>
<td></td>
</tr>
<tr>
<td>% Activity Limitations</td>
<td>27.6</td>
<td>25.6</td>
<td>26.5</td>
<td></td>
</tr>
</tbody>
</table>

Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for the indicator or that sample sizes are too small to provide meaningful results.
<table>
<thead>
<tr>
<th>Access to Health Services</th>
<th>Fulton County</th>
<th>Montgomery County</th>
<th>St. Mary’s Healthcare vs. Other</th>
<th>St. Mary’s Healthcare vs. Benchmarks</th>
<th>TREND</th>
</tr>
</thead>
<tbody>
<tr>
<td>% [Age 18-64] Lack Health Insurance</td>
<td>5.3</td>
<td>4.8</td>
<td>5.0</td>
<td>17.0</td>
<td>10.5</td>
</tr>
<tr>
<td>% [Insured] Went Without Coverage in Past Year</td>
<td>4.4</td>
<td>8.8</td>
<td>6.7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Difficulty Accessing Healthcare in Past Year (Composite)</td>
<td>30.3</td>
<td>31.4</td>
<td>30.9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Inconvenient Hrs Prevented Dr Visit in Past Year</td>
<td>10.9</td>
<td>12.2</td>
<td>11.6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Cost Prevented Getting Prescription in Past Year</td>
<td>11.6</td>
<td>7.7</td>
<td>9.6</td>
<td></td>
<td>15.2</td>
</tr>
<tr>
<td>% Cost Prevented Physician Visit in Past Year</td>
<td>10.6</td>
<td>6.3</td>
<td>8.4</td>
<td></td>
<td>13.4</td>
</tr>
<tr>
<td>% Difficulty Getting Appointment in Past Year</td>
<td>15.9</td>
<td>14.4</td>
<td>15.1</td>
<td></td>
<td>13.5</td>
</tr>
<tr>
<td>% Difficulty Finding Physician in Past Year</td>
<td>9.3</td>
<td>9.9</td>
<td>9.6</td>
<td></td>
<td>7.8</td>
</tr>
<tr>
<td>% Transportation Hindered Dr Visit in Past Year</td>
<td>2.7</td>
<td>5.0</td>
<td>3.9</td>
<td></td>
<td>6.9</td>
</tr>
<tr>
<td>% Skipped Prescription Doses to Save Costs</td>
<td>11.7</td>
<td>12.7</td>
<td>12.3</td>
<td></td>
<td>15.8</td>
</tr>
<tr>
<td>% Difficulty Getting Child’s Healthcare in Past Year</td>
<td>0.0</td>
<td>0.6</td>
<td>0.3</td>
<td></td>
<td>4.2</td>
</tr>
<tr>
<td>Primary Care Doctors per 100,000</td>
<td>49.2</td>
<td>62.1</td>
<td>55.3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% [Age 18+] Have a Specific Source of Ongoing Care</td>
<td>75.0</td>
<td>76.3</td>
<td>75.7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% [Age 18-64] Have a Specific Source of Ongoing Care</td>
<td>72.4</td>
<td>76.8</td>
<td>74.7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% [Age 65+] Have a Specific Source of Ongoing Care</td>
<td>83.7</td>
<td>71.9</td>
<td>77.6</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Access to Health Services (continued)

<table>
<thead>
<tr>
<th></th>
<th>Fulton County</th>
<th>Montgomery County</th>
<th>St. Mary's Healthcare vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Have Had Routine Checkup in Past Year</td>
<td>72.9</td>
<td>76.9</td>
<td>75.0</td>
</tr>
<tr>
<td>% Child Has Had Checkup in Past Year</td>
<td>87.8</td>
<td>94.4</td>
<td>91.0</td>
</tr>
<tr>
<td>% Two or More ER Visits in Past Year</td>
<td>12.4</td>
<td>5.2</td>
<td>8.7</td>
</tr>
<tr>
<td>% Rate Local Healthcare “Fair/Poor”</td>
<td>6.2</td>
<td>12.2</td>
<td>9.3</td>
</tr>
</tbody>
</table>

Note: In the green section, each subarea is compared against all other areas combined. 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>St. Mary's Healthcare vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>% [50+] Arthritis/Rheumatism</td>
<td>47.2</td>
<td>44.9</td>
<td>46.0</td>
</tr>
<tr>
<td>% [50+] Osteoporosis</td>
<td>11.9</td>
<td>15.8</td>
<td>13.9</td>
</tr>
<tr>
<td>% Sciatica/Chronic Back Pain</td>
<td>31.3</td>
<td>32.5</td>
<td>31.9</td>
</tr>
</tbody>
</table>

Note: In the green section, each subarea is compared against all other areas combined. 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.
### Community Health Needs Assessment

#### Each County vs. Other

<table>
<thead>
<tr>
<th>Cancer</th>
<th>Fulton County</th>
<th>Montgomery County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer (Age-Adjusted Death Rate)</td>
<td>171.2</td>
<td>185.5</td>
</tr>
<tr>
<td>Lung Cancer (Age-Adjusted Death Rate)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prostate Cancer (Age-Adjusted Death Rate)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female Breast Cancer (Age-Adjusted Death Rate)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Colorectal Cancer (Age-Adjusted Death Rate)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prostate Cancer Incidence per 100,000</td>
<td>151.8</td>
<td>127.9</td>
</tr>
<tr>
<td>Female Breast Cancer Incidence per 100,000</td>
<td>123.3</td>
<td>106.4</td>
</tr>
<tr>
<td>Lung Cancer Incidence per 100,000</td>
<td>79.1</td>
<td>78.1</td>
</tr>
<tr>
<td>Colorectal Cancer Incidence per 100,000</td>
<td>52.1</td>
<td>54.2</td>
</tr>
<tr>
<td>% Skin Cancer</td>
<td>6.7</td>
<td>4.3</td>
</tr>
<tr>
<td>% Cancer (Other Than Skin)</td>
<td>9.1</td>
<td>7.1</td>
</tr>
<tr>
<td>% [Women 50-74] Mammogram in Past 2 Years</td>
<td>81.4</td>
<td>83.0</td>
</tr>
<tr>
<td>% [Women 21-65] Pap Smear in Past 3 Years</td>
<td>81.9</td>
<td>81.4</td>
</tr>
<tr>
<td>% [Age 50-75] Colorectal Cancer Screening</td>
<td>78.4</td>
<td>75.4</td>
</tr>
</tbody>
</table>

#### St. Mary’s Healthcare vs. Benchmarks

<table>
<thead>
<tr>
<th>Cancer</th>
<th>St. Mary’s Healthcare</th>
<th>vs. NY</th>
<th>vs. US</th>
<th>vs. HP2020</th>
<th>TREND</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer (Age-Adjusted Death Rate)</td>
<td>177.6</td>
<td>156.6</td>
<td>166.2</td>
<td>161.4</td>
<td>189.2</td>
</tr>
<tr>
<td>Lung Cancer (Age-Adjusted Death Rate)</td>
<td>51.1</td>
<td>40.6</td>
<td>44.7</td>
<td>45.5</td>
<td></td>
</tr>
<tr>
<td>Prostate Cancer (Age-Adjusted Death Rate)</td>
<td>24.6</td>
<td>19.0</td>
<td>19.8</td>
<td>21.8</td>
<td></td>
</tr>
<tr>
<td>Female Breast Cancer (Age-Adjusted Death Rate)</td>
<td>15.4</td>
<td>21.0</td>
<td>21.3</td>
<td>20.7</td>
<td></td>
</tr>
<tr>
<td>Colorectal Cancer (Age-Adjusted Death Rate)</td>
<td>18.7</td>
<td>14.4</td>
<td>14.9</td>
<td>14.5</td>
<td></td>
</tr>
<tr>
<td>Prostate Cancer Incidence per 100,000</td>
<td>140.6</td>
<td>163.3</td>
<td>142.3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female Breast Cancer Incidence per 100,000</td>
<td>115.2</td>
<td>128.5</td>
<td>122.7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lung Cancer Incidence per 100,000</td>
<td>78.6</td>
<td>63.7</td>
<td>64.9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Colorectal Cancer Incidence per 100,000</td>
<td>53.1</td>
<td>44.9</td>
<td>43.3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Skin Cancer</td>
<td>5.4</td>
<td>4.2</td>
<td>6.7</td>
<td>3.2</td>
<td></td>
</tr>
<tr>
<td>% Cancer (Other Than Skin)</td>
<td>8.0</td>
<td>6.3</td>
<td>6.1</td>
<td>6.2</td>
<td></td>
</tr>
<tr>
<td>% [Women 50-74] Mammogram in Past 2 Years</td>
<td>82.3</td>
<td>79.7</td>
<td>83.6</td>
<td>81.1</td>
<td>81.9</td>
</tr>
<tr>
<td>% [Women 21-65] Pap Smear in Past 3 Years</td>
<td>81.6</td>
<td>77.9</td>
<td>83.9</td>
<td>93.0</td>
<td>84.8</td>
</tr>
<tr>
<td>% [Age 50-75] Colorectal Cancer Screening</td>
<td>76.8</td>
<td>75.1</td>
<td>70.5</td>
<td>73.2</td>
<td></td>
</tr>
</tbody>
</table>

Note: In the green section, each subarea is compared against all other areas combined. 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>Each County vs. Other</th>
<th>Fulton County</th>
<th>Montgomery County</th>
<th>St. Mary's Healthcare vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kidney Disease (Age-Adjusted Death Rate)</td>
<td>13.6</td>
<td>13.6</td>
<td>13.5</td>
</tr>
<tr>
<td>% Kidney Disease</td>
<td>2.3</td>
<td>3.6</td>
<td>3.0</td>
</tr>
</tbody>
</table>

Note: In the green section, each subarea is compared against all other areas combined. 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.

### Diabetes

<table>
<thead>
<tr>
<th>Each County vs. Other</th>
<th>Fulton County</th>
<th>Montgomery County</th>
<th>St. Mary's Healthcare vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes Mellitus (Age-Adjusted Death Rate)</td>
<td>19.3</td>
<td>20.2</td>
<td>19.8</td>
</tr>
<tr>
<td>% Diabetes/High Blood Sugar</td>
<td>11.0</td>
<td>10.6</td>
<td>10.8</td>
</tr>
<tr>
<td>% Borderline/Pre-Diabetes</td>
<td>7.9</td>
<td>5.4</td>
<td>6.6</td>
</tr>
<tr>
<td>% [Non-Diabetes] Blood Sugar Tested in Past 3 Years</td>
<td>54.3</td>
<td>59.4</td>
<td>57.0</td>
</tr>
</tbody>
</table>

Note: In the green section, each subarea is compared against all other areas combined. 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.

### Family Planning

<table>
<thead>
<tr>
<th>Each County vs. Other</th>
<th>Fulton County</th>
<th>Montgomery County</th>
<th>St. Mary's Healthcare vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teen Births per 1,000 (Age 15-19)</td>
<td>31.0</td>
<td>38.8</td>
<td>34.7</td>
</tr>
</tbody>
</table>

Note: In the green section, each subarea is compared against all other areas combined. 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>Hearing &amp; Other Sensory or Communication Disorders</th>
<th>Each County vs. Other</th>
<th>St. Mary's Healthcare vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Deafness/Trouble Hearing</td>
<td>Fulton County</td>
<td>Montgomery County</td>
</tr>
<tr>
<td></td>
<td>16.7</td>
<td>10.1</td>
</tr>
</tbody>
</table>

Note: In the green section, each subarea is compared against all other areas combined. 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>Heart Disease &amp; Stroke</th>
<th>Each County vs. Other</th>
<th>St. Mary's Healthcare vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diseases of the Heart (Age-Adjusted Death Rate)</td>
<td>Fulton County</td>
<td>Montgomery County</td>
</tr>
<tr>
<td></td>
<td>239.6</td>
<td>208.6</td>
</tr>
<tr>
<td>Stroke (Age-Adjusted Death Rate)</td>
<td>27.1</td>
<td>35.1</td>
</tr>
<tr>
<td>% Heart Disease (Heart Attack, Angina, Coronary Disease)</td>
<td>7.8</td>
<td>6.6</td>
</tr>
<tr>
<td>% Stroke</td>
<td>5.6</td>
<td>3.2</td>
</tr>
<tr>
<td>% Blood Pressure Checked in Past 2 Years</td>
<td>97.5</td>
<td>95.5</td>
</tr>
<tr>
<td>% Told Have High Blood Pressure (Ever)</td>
<td>44.6</td>
<td>38.0</td>
</tr>
<tr>
<td>% [HBP] Taking Action to Control High Blood Pressure</td>
<td>91.0</td>
<td>94.2</td>
</tr>
<tr>
<td>% Cholesterol Checked in Past 5 Years</td>
<td>94.6</td>
<td>92.4</td>
</tr>
<tr>
<td>% Told Have High Cholesterol (Ever)</td>
<td>36.8</td>
<td>31.5</td>
</tr>
<tr>
<td>% [HBC] Taking Action to Control High Blood Cholesterol</td>
<td>91.8</td>
<td>88.7</td>
</tr>
<tr>
<td>% 1+ Cardiovascular Risk Factor</td>
<td>88.8</td>
<td>87.5</td>
</tr>
</tbody>
</table>
### HIV

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Fulton County</th>
<th>Montgomery County</th>
<th>152.7</th>
<th>810.0</th>
<th>340.4</th>
<th>16.9</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV Prevalence per 100,000</td>
<td>142.7</td>
<td>164.1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% [Age 18-44] HIV Test in the Past Year</td>
<td></td>
<td></td>
<td>8.1</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Immunization & Infectious Diseases

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Fulton County</th>
<th>Montgomery County</th>
<th>55.3</th>
<th>62.2</th>
<th>57.5</th>
<th>70.0</th>
<th>61.0</th>
</tr>
</thead>
<tbody>
<tr>
<td>% [Age 65+] Flu Vaccine in Past Year</td>
<td>57.4</td>
<td>53.4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% [High-Risk 18-64] Flu Vaccine in Past Year</td>
<td></td>
<td></td>
<td>44.8</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% [Age 65+] Pneumonia Vaccine Ever</td>
<td>80.8</td>
<td>70.9</td>
<td>75.6</td>
<td>65.1</td>
<td>68.4</td>
<td>90.0</td>
<td>59.8</td>
</tr>
<tr>
<td>% [High-Risk 18-64] Pneumonia Vaccine Ever</td>
<td></td>
<td></td>
<td>34.1</td>
<td>41.9</td>
<td>60.0</td>
<td></td>
<td>30.5</td>
</tr>
<tr>
<td>% Have Completed Hepatitis B Vaccination Series</td>
<td>39.5</td>
<td>36.8</td>
<td>38.1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

Note: In the green section, each subarea is compared against all other areas combined. 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.

*Better*, *Similar*, *Worse*
<table>
<thead>
<tr>
<th>Injury &amp; Violence Prevention</th>
<th>Each County vs. Other</th>
<th>St. Mary's Healthcare vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unintentional Injury (Age-Adjusted Death Rate)</td>
<td>🌼 39.2</td>
<td>🌼 32.5</td>
</tr>
<tr>
<td>Motor Vehicle Crashes (Age-Adjusted Death Rate)</td>
<td>🅿️</td>
<td>🅿️</td>
</tr>
<tr>
<td>% &quot;Always&quot; Wear Seat Belt</td>
<td>🅿️ 92.9</td>
<td>🅿️ 93.1</td>
</tr>
<tr>
<td>% Child [Age 0-17] &quot;Always&quot; Uses Seat Belt/Car Seat</td>
<td>🅿️</td>
<td>🅿️</td>
</tr>
<tr>
<td>% Child [Age 5-17] &quot;Always&quot; Wears Bicycle Helmet</td>
<td>🅿️</td>
<td>🅿️</td>
</tr>
<tr>
<td>Firearm-Related Deaths (Age-Adjusted Death Rate)</td>
<td>🅿️</td>
<td>🅿️</td>
</tr>
<tr>
<td>% Firearm in Home</td>
<td>🅿️ 49.8</td>
<td>🅿️ 34.7</td>
</tr>
<tr>
<td>% [Homes With Children] Firearm in Home</td>
<td>🅿️ 52.9</td>
<td>🅿️ 49.0</td>
</tr>
<tr>
<td>% [Homes With Firearms] Weapon(s) Unlocked &amp; Loaded</td>
<td>🅿️ 6.5</td>
<td>🅿️ 5.0</td>
</tr>
<tr>
<td>Violent Crime per 100,000</td>
<td>🅿️ 142.1</td>
<td>🅿️ 129.9</td>
</tr>
<tr>
<td>% Victim of Violent Crime in Past 5 Years</td>
<td>🅿️ 3.0</td>
<td>🅿️ 1.3</td>
</tr>
<tr>
<td>% Victim of Domestic Violence (Ever)</td>
<td>🅿️ 12.9</td>
<td>🅿️ 11.2</td>
</tr>
</tbody>
</table>

Note: In the green section, each subarea is compared against all other areas combined. 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.
## Community Health Needs Assessment

### Maternal, Infant & Child Health

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Fulton County</th>
<th>Montgomery County</th>
<th>St. Mary's Healthcare vs. Benchmarks</th>
<th>Trend</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low Birthweight Births (Percent)</td>
<td>7.4</td>
<td>6.9</td>
<td>8.2 vs. NY 8.2 vs. US 7.8 vs. HP2020</td>
<td>similar</td>
</tr>
<tr>
<td>Infant Death Rate</td>
<td>4.9</td>
<td>5.7</td>
<td>5.4 vs. NY 6.5 vs. US 6.0 vs. HP2020</td>
<td>better</td>
</tr>
</tbody>
</table>

Note: In the green section, each subarea is compared against all other areas combined. 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.

### Mental Health & Mental Disorders

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Fulton County</th>
<th>Montgomery County</th>
<th>St. Mary's Healthcare vs. Benchmarks</th>
<th>Trend</th>
</tr>
</thead>
<tbody>
<tr>
<td>% &quot;Fair/Poor&quot; Mental Health</td>
<td>11.0</td>
<td>10.7</td>
<td>11.9 vs. NY 12.9 vs. US 12.9 vs. HP2020</td>
<td>similar</td>
</tr>
<tr>
<td>% Diagnosed Depression</td>
<td>18.2</td>
<td>16.9</td>
<td>20.4 vs. NY 20.4 vs. US 20.4 vs. HP2020</td>
<td>better</td>
</tr>
<tr>
<td>% Symptoms of Chronic Depression (2+ Years)</td>
<td>26.6</td>
<td>20.7</td>
<td>30.4 vs. NY 30.4 vs. US 30.4 vs. HP2020</td>
<td>worse</td>
</tr>
<tr>
<td>Suicide (Age-Adjusted Death Rate)</td>
<td>8.2</td>
<td>12.5</td>
<td>8.2 vs. NY 12.5 vs. US 12.5 vs. HP2020</td>
<td>worse</td>
</tr>
<tr>
<td>% [Those With Diagnosed Depression] Seeking Help</td>
<td>84.1</td>
<td>78.6</td>
<td>10.2 vs. NY 10.2 vs. US 10.2 vs. HP2020</td>
<td>worse</td>
</tr>
<tr>
<td>% Typical Day Is &quot;Extremely/Very&quot; Stressful</td>
<td>13.7</td>
<td>7.6</td>
<td>11.9 vs. NY 11.9 vs. US 11.9 vs. HP2020</td>
<td>better</td>
</tr>
</tbody>
</table>

Note: In the green section, each subarea is compared against all other areas combined. 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, Physical Activity &amp; Weight</th>
<th>Each County vs. Other</th>
<th>St. Mary's Healthcare vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Eat 5+ Servings of Fruit or Vegetables per Day</td>
<td>Fulton County: 45.2</td>
<td>Montgomery County: 38.8</td>
</tr>
<tr>
<td>% &quot;Very/Somewhat&quot; Difficult to Buy Fresh Produce</td>
<td>Fulton County: 20.9</td>
<td>Montgomery County: 20.2</td>
</tr>
<tr>
<td>Population With Low Food Access (Percent)</td>
<td>Fulton County: 18.2</td>
<td>Montgomery County: 42.1</td>
</tr>
<tr>
<td>% Medical Advice on Nutrition in Past Year</td>
<td>Fulton County: 44.5</td>
<td>Montgomery County: 35.6</td>
</tr>
<tr>
<td>% Healthy Weight (BMI 18.5-24.9)</td>
<td>Fulton County: 26.4</td>
<td>Montgomery County: 24.8</td>
</tr>
<tr>
<td>% Overweight (BMI 25+)</td>
<td>Fulton County: 68.2</td>
<td>Montgomery County: 74.7</td>
</tr>
<tr>
<td>% Obese (BMI 30+)</td>
<td>Fulton County: 35.2</td>
<td>Montgomery County: 34.2</td>
</tr>
<tr>
<td>% Medical Advice on Weight in Past Year</td>
<td>Fulton County: 26.3</td>
<td>Montgomery County: 24.9</td>
</tr>
<tr>
<td>% [Overweights] Counseled About Weight in Past Year</td>
<td>Fulton County: 29.3</td>
<td>Montgomery County: 28.9</td>
</tr>
<tr>
<td>% [Obese Adults] Counseled About Weight in Past Year</td>
<td>Fulton County: 38.3</td>
<td>Montgomery County: 46.0</td>
</tr>
<tr>
<td>% [Overweights] Trying to Lose Weight Both Diet/Exercise</td>
<td>Fulton County: 36.1</td>
<td>Montgomery County: 28.1</td>
</tr>
<tr>
<td>% Child [Age 5-17] Healthy Weight</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Children [Age 5-17] Overweight (85th Percentile)</td>
<td>Fulton County: 34.2</td>
<td>Montgomery County: 31.5</td>
</tr>
<tr>
<td>% Children [Age 5-17] Obese (95th Percentile)</td>
<td>Fulton County: 17.4</td>
<td>Montgomery County: 14.8</td>
</tr>
<tr>
<td>% No Leisure-Time Physical Activity</td>
<td>Fulton County: 23.9</td>
<td>Montgomery County: 24.3</td>
</tr>
<tr>
<td></td>
<td>Fulton County: 41.9</td>
<td>Montgomery County: 39.5</td>
</tr>
<tr>
<td></td>
<td>Fulton County: 20.6</td>
<td>Montgomery County: 24.4</td>
</tr>
<tr>
<td></td>
<td>Fulton County: 29.5</td>
<td>Montgomery County: 13.0</td>
</tr>
<tr>
<td></td>
<td>Fulton County: 39.8</td>
<td>Montgomery County: 39.2</td>
</tr>
<tr>
<td></td>
<td>Fulton County: 25.6</td>
<td>Montgomery County: 36.3</td>
</tr>
<tr>
<td></td>
<td>Fulton County: 71.5</td>
<td>Montgomery County: 61.3</td>
</tr>
<tr>
<td></td>
<td>Fulton County: 34.6</td>
<td>Montgomery County: 25.4</td>
</tr>
<tr>
<td></td>
<td>Fulton County: 25.5</td>
<td>Montgomery County: 23.7</td>
</tr>
<tr>
<td></td>
<td>Fulton County: 29.1</td>
<td>Montgomery County: 31.8</td>
</tr>
<tr>
<td></td>
<td>Fulton County: 42.2</td>
<td>Montgomery County: 48.3</td>
</tr>
<tr>
<td></td>
<td>Fulton County: 31.8</td>
<td>Montgomery County: 39.5</td>
</tr>
<tr>
<td></td>
<td>Fulton County: 56.2</td>
<td>Montgomery County: 56.7</td>
</tr>
<tr>
<td></td>
<td>Fulton County: 34.2</td>
<td>Montgomery County: 31.5</td>
</tr>
<tr>
<td></td>
<td>Fulton County: 17.4</td>
<td>Montgomery County: 14.8</td>
</tr>
<tr>
<td></td>
<td>Fulton County: 24.1</td>
<td>Montgomery County: 26.7</td>
</tr>
</tbody>
</table>
### Nutrition, Physical Activity & Weight (continued)

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Fulton County</th>
<th>Montgomery County</th>
<th>St. Mary's Healthcare vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Meeting Physical Activity Guidelines</td>
<td>🌧️ 44.8</td>
<td>🌧️ 49.2</td>
<td>🌧️ 47.1 🌧️ 50.3 🌧️ 46.2</td>
</tr>
<tr>
<td>% Moderate Physical Activity</td>
<td>🌧️ 31.0</td>
<td>🌧️ 33.6</td>
<td>🌧️ 32.4 🌧️ 30.6 🌧️ 32.5</td>
</tr>
<tr>
<td>% Vigorous Physical Activity</td>
<td>🌧️ 33.8</td>
<td>🌧️ 37.7</td>
<td>🌧️ 35.9 🌧️ 38.0 🌧️ 31.9</td>
</tr>
<tr>
<td>Recreation/Fitness Facilities per 100,000</td>
<td>🌞 10.8</td>
<td>🌧️ 4.0</td>
<td>🌞 7.6 🌧️ 11.5 🌧️ 9.7</td>
</tr>
<tr>
<td>% Medical Advice on Physical Activity in Past Year</td>
<td>🌧️ 45.4</td>
<td>🌧️ 39.5</td>
<td>🌧️ 42.3 🌧️ 44.0 🌧️ 47.2</td>
</tr>
<tr>
<td>% Child [Age 2-17] Physically Active 1+ Hours per Day</td>
<td>🌧️ 66.3</td>
<td>🌧️ 55.4</td>
<td>🌧️ 60.7 🌧️ 48.6</td>
</tr>
</tbody>
</table>

Note: In the green section, each subarea is compared against all other areas combined. 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.

### Oral Health

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Fulton County</th>
<th>Montgomery County</th>
<th>St. Mary's Healthcare vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>% [Age 18+] Dental Visit in Past Year</td>
<td>🌧️ 68.2</td>
<td>🌧️ 68.0</td>
<td>🌧️ 68.1 🌧️ 67.5 🌧️ 65.9 🌧️ 49.0   🌞 62.7</td>
</tr>
<tr>
<td>% Child [Age 2-17] Dental Visit in Past Year</td>
<td>🌧️ 89.0</td>
<td>🌧️ 88.8</td>
<td>🌞 88.9 🌞 81.5 🌞 49.0 ⚠️ 83.3</td>
</tr>
<tr>
<td>% Have Dental Insurance</td>
<td>🌧️ 67.8</td>
<td>🌧️ 67.8</td>
<td>🌞 67.8 🌞 65.6 ⚠️ 61.9</td>
</tr>
</tbody>
</table>

Note: In the green section, each subarea is compared against all other areas combined. 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.
### Respiratory Diseases

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Fulton County</th>
<th>Montgomery County</th>
<th>St. Mary's Healthcare vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>CLRD (Age-Adjusted Death Rate)</td>
<td>46.7</td>
<td>69.6</td>
<td>vs. NY: 58.7, vs. US: 31.1, vs. HP2020: 53.0</td>
</tr>
<tr>
<td>Pneumonia/Influenza (Age-Adjusted Death Rate)</td>
<td>15.6</td>
<td>17.0</td>
<td>vs. NY: 16.7, vs. US: 20.2, vs. HP2020: 15.6</td>
</tr>
<tr>
<td>% COPD (Lung Disease)</td>
<td>13.6</td>
<td>11.4</td>
<td>vs. NY: 12.5, vs. US: 5.7, vs. HP2020: 13.1</td>
</tr>
<tr>
<td>% [Adult] Currently Has Asthma</td>
<td>14.4</td>
<td>9.6</td>
<td>vs. NY: 11.9, vs. US: 9.7, vs. HP2020: 10.4</td>
</tr>
<tr>
<td>% [Child 0-17] Currently Has Asthma</td>
<td>9.9</td>
<td>23.7</td>
<td>vs. NY: 16.5, vs. US: 7.1, vs. HP2020: 12.4</td>
</tr>
</tbody>
</table>

Note: In the green section, each subarea is compared against all other areas combined. 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.

### Sexually Transmitted Diseases

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Fulton County</th>
<th>Montgomery County</th>
<th>St. Mary's Healthcare vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gonorrhea Incidence per 100,000</td>
<td>34.4</td>
<td>24.0</td>
<td>vs. NY: 29.5, vs. US: 116.0, vs. HP2020: 107.5</td>
</tr>
<tr>
<td>Chlamydia Incidence per 100,000</td>
<td>284.5</td>
<td>262.4</td>
<td>vs. NY: 274.0, vs. US: 516.5, vs. HP2020: 456.7</td>
</tr>
<tr>
<td>% [Unmarried 18-64] 3+ Sexual Partners in Past Year</td>
<td>4.2</td>
<td>4.1</td>
<td>vs. NY: 4.1, vs. US: 11.7</td>
</tr>
<tr>
<td>% [Unmarried 18-64] Using Condoms</td>
<td>23.8</td>
<td>30.3</td>
<td>vs. NY: 27.3, vs. US: 33.6</td>
</tr>
</tbody>
</table>

Note: In the green section, each subarea is compared against all other areas combined. 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.
## Substance Abuse

### Cirrhosis/Liver Disease (Age-Adjusted Death Rate)

<table>
<thead>
<tr>
<th></th>
<th>Fulton County</th>
<th>Montgomery County</th>
</tr>
</thead>
<tbody>
<tr>
<td>%</td>
<td>10.1</td>
<td>6.8</td>
</tr>
<tr>
<td>vs. NY</td>
<td>9.9</td>
<td>6.8</td>
</tr>
<tr>
<td>vs. US</td>
<td>8.2</td>
<td>7.7</td>
</tr>
<tr>
<td>vs. HP2020</td>
<td>7.7</td>
<td>7.7</td>
</tr>
<tr>
<td>TREND</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### % Current Drinker

<table>
<thead>
<tr>
<th></th>
<th>Fulton County</th>
<th>Montgomery County</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>62.3</td>
<td>67.2</td>
</tr>
<tr>
<td>vs. NY</td>
<td>55.4</td>
<td>56.5</td>
</tr>
<tr>
<td>vs. US</td>
<td>23.2</td>
<td>25.4</td>
</tr>
<tr>
<td>vs. HP2020</td>
<td>21.2</td>
<td>21.2</td>
</tr>
<tr>
<td>TREND</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### % Excessive Drinker

<table>
<thead>
<tr>
<th></th>
<th>Fulton County</th>
<th>Montgomery County</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>26.5</td>
<td>23.2</td>
</tr>
<tr>
<td>vs. NY</td>
<td>12.8</td>
<td>11.3</td>
</tr>
<tr>
<td>vs. US</td>
<td>25.4</td>
<td>21.2</td>
</tr>
<tr>
<td>vs. HP2020</td>
<td>21.2</td>
<td>21.2</td>
</tr>
<tr>
<td>TREND</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### % Drinking & Driving in Past Month

<table>
<thead>
<tr>
<th></th>
<th>Fulton County</th>
<th>Montgomery County</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1.7</td>
<td>5.0</td>
</tr>
<tr>
<td>vs. NY</td>
<td>1.5</td>
<td>1.5</td>
</tr>
<tr>
<td>vs. US</td>
<td>1.5</td>
<td>1.5</td>
</tr>
<tr>
<td>vs. HP2020</td>
<td>1.5</td>
<td>1.5</td>
</tr>
<tr>
<td>TREND</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Drug-Induced Deaths (Age-Adjusted Death Rate)

<table>
<thead>
<tr>
<th></th>
<th>Fulton County</th>
<th>Montgomery County</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>5.7</td>
<td>9.2</td>
</tr>
<tr>
<td>vs. NY</td>
<td>12.8</td>
<td>11.3</td>
</tr>
<tr>
<td>vs. US</td>
<td>7.1</td>
<td>6.6</td>
</tr>
<tr>
<td>vs. HP2020</td>
<td>6.6</td>
<td>6.6</td>
</tr>
<tr>
<td>TREND</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### % Illicit Drug Use in Past Month

<table>
<thead>
<tr>
<th></th>
<th>Fulton County</th>
<th>Montgomery County</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2.6</td>
<td>4.0</td>
</tr>
<tr>
<td>vs. NY</td>
<td>3.1</td>
<td>3.1</td>
</tr>
<tr>
<td>vs. US</td>
<td>3.1</td>
<td>3.1</td>
</tr>
<tr>
<td>vs. HP2020</td>
<td>3.1</td>
<td>3.1</td>
</tr>
<tr>
<td>TREND</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### % Ever Sought Help for Alcohol or Drug Problem

<table>
<thead>
<tr>
<th></th>
<th>Fulton County</th>
<th>Montgomery County</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>4.9</td>
<td>4.9</td>
</tr>
<tr>
<td>vs. NY</td>
<td>4.9</td>
<td>4.9</td>
</tr>
<tr>
<td>vs. US</td>
<td>4.9</td>
<td>4.9</td>
</tr>
<tr>
<td>vs. HP2020</td>
<td>4.9</td>
<td>4.9</td>
</tr>
<tr>
<td>TREND</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Note: In the green section, each subarea is compared against all other areas combined. 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.
### Tobacco Use (continued)

<table>
<thead>
<tr>
<th></th>
<th>Fulton County</th>
<th>Montgomery County</th>
<th>St. Mary's Healthcare vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>% [Smokers] Have Quit Smoking 1+ Days in Past Year</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Smoke Cigars</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>3.0</td>
<td>2.5</td>
<td></td>
</tr>
<tr>
<td>% Use Smokeless Tobacco</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1.9</td>
<td>2.3</td>
<td></td>
</tr>
</tbody>
</table>

Note: In the green section, each subarea is compared against all other areas combined. 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.

### Vision

<table>
<thead>
<tr>
<th></th>
<th>Fulton County</th>
<th>Montgomery County</th>
<th>St. Mary's Healthcare vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Blindness/Trouble Seeing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Eye Exam in Past 2 Years</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>63.8</td>
<td>59.8</td>
<td></td>
</tr>
</tbody>
</table>

Note: In the green section, each subarea is compared against all other areas combined. 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.
Community Description
Population Characteristics

Total Population

Fulton and Montgomery counties (which approximate the St. Mary’s Healthcare Service Area, the focus of this Community Health Needs Assessment) encompass nearly 900 square miles and house a total population of 105,184 residents, according to latest census estimates.

<table>
<thead>
<tr>
<th>Total Population</th>
<th>Total Land Area (Square Miles)</th>
<th>Population Density (Per Square Mile)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fulton County</td>
<td>55,165</td>
<td>495.34</td>
</tr>
<tr>
<td>Montgomery County</td>
<td>50,019</td>
<td>402.94</td>
</tr>
<tr>
<td>St. Mary’s Healthcare Service Area</td>
<td>105,184</td>
<td>898.27</td>
</tr>
<tr>
<td>New York</td>
<td>19,487,052</td>
<td>47,113.98</td>
</tr>
<tr>
<td>United States</td>
<td>311,536,591</td>
<td>3,530,997.6</td>
</tr>
</tbody>
</table>

Sources:  

Population Change 2000-2010

A significant positive or negative shift in total population over time impacts healthcare providers and the utilization of community resources.

Between the 2000 and 2010 US Censuses, the population of St. Mary’s Healthcare Service Area increased by just 969 persons, or 0.9%.

- A lesser proportional increase than seen across the state.  
- A fraction of the increase seen nationwide.  
- Similar proportion increases by county.
Change in Total Population
(Percentage Change Between 2000 and 2010)

The following map provides a visual illustration of the area’s population change between 2000 and 2010.

Population Change, Percent by Tract, US Census 2000-2010

Sources: Retrived October 2015 from Community Commons at http://www.chna.org.

Notes: A significant positive or negative shift in total population over time impacts healthcare providers and the utilization of community resources.
Urban/Rural Population

Urban areas are identified using population density, count, and size thresholds. Urban areas also include territory with a high degree of impervious surface (development). Rural areas are all areas that are not urban.

The service area is largely split between urban and rural populations, with 54.1% of the population living in areas designated as urban.

- Note that a much higher proportion of the state and national populations live in urban areas.
- Montgomery County houses a larger urban population (59.1%) than does Fulton County, which is equally divided between urban and rural living.

Urban and Rural Population
(2010)

<table>
<thead>
<tr>
<th></th>
<th>% Urban</th>
<th>% Rural</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fulton County</td>
<td>49.6%</td>
<td>50.4%</td>
</tr>
<tr>
<td>Montgomery County</td>
<td>59.1%</td>
<td>40.9%</td>
</tr>
<tr>
<td>St. Mary's HC Service Area</td>
<td>54.1%</td>
<td>45.9%</td>
</tr>
<tr>
<td>NY</td>
<td>87.9%</td>
<td>12.1%</td>
</tr>
<tr>
<td>US</td>
<td>80.9%</td>
<td>19.1%</td>
</tr>
</tbody>
</table>


Notes: This indicator reports the percentage of population living in urban and rural areas. Urban areas are identified using population density, count, and size thresholds. Urban areas also include territory with a high degree of impervious surface (development). Rural areas are all areas that are not urban.

- Note the following map outlining the urban population in St. Mary's Healthcare Service Area census tracts as of 2010.
Age

It is important to understand the age distribution of the population as different age groups have unique health needs which should be considered separately from others along the age spectrum.

In St. Mary’s Healthcare Service Area, 22.4% of the population are infants, children or adolescents (age 0-17); another 61.1% are age 18 to 64, while 16.6% are age 65 and older.

- The percentage of older adults (65+) is higher than that found statewide.
- The percentage of older adults (65+) is higher than the US figure.
- The distribution of age groupings is similar by county.
**Total Population by Age Groups, Percent**
*(2009-2013)*

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Fulton County</th>
<th>Montgomery County</th>
<th>St. Mary’s Healthcare Service Area</th>
<th>NY</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age 0-17</td>
<td>21.6%</td>
<td>16.4%</td>
<td>23.2%</td>
<td>60.1%</td>
<td>62.9%</td>
</tr>
<tr>
<td>Age 18-64</td>
<td>62.0%</td>
<td>60.1%</td>
<td>61.1%</td>
<td>61.6%</td>
<td>62.0%</td>
</tr>
<tr>
<td>Age 65+</td>
<td>16.4%</td>
<td>16.8%</td>
<td>22.4%</td>
<td>22.0%</td>
<td>16.1%</td>
</tr>
</tbody>
</table>

**Source:**

**Median Age**
Fulton and Montgomery counties are “older” than the state and the nation in that their median ages are higher.

**Median Age**
*(2009-2013)*

<table>
<thead>
<tr>
<th>Location</th>
<th>Median Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fulton County</td>
<td>42.1</td>
</tr>
<tr>
<td>Montgomery County</td>
<td>41.0</td>
</tr>
<tr>
<td>NY</td>
<td>38.1</td>
</tr>
<tr>
<td>US</td>
<td>37.3</td>
</tr>
</tbody>
</table>

**Source:**
The following map provides an illustration of the median age in the service area, segmented by census tract.

### Median Age, by Tract, ACS 2009-2013

**Race & Ethnicity**

**Race**

In looking at race independent of ethnicity (Hispanic or Latino origin), 92.8% of service area residents are White and 1.7% are Black.

- The service area population is much less diverse than seen across New York and the US overall.
- Fulton County is nearly all White, while Montgomery County houses larger populations of “other” races and residents of multiple races.
Ethnicity

A total of 6.8% of St. Mary’s Healthcare Service Area residents are Hispanic or Latino.

- Much lower than found statewide.
- Much lower than found nationally.
- The proportion of Hispanics/Latinos is much larger in Montgomery County than in Fulton County.

Percent Population Hispanic or Latino

(2009-2013)
The following map shows the concentration of Hispanic/Latino residents within the service area, by census tract.

Population Hispanic or Latino, Percent by Tract, ACS 2009-2013

Between 2000 and 2010, the Hispanic population in the St. Mary’s Healthcare Service Area increased by 2,600, or 60.2%.

- Three times as high (in terms of percentage growth) as found statewide.
- Much higher (in terms of percentage growth) than found nationally.
- The proportion increase was much larger in Montgomery County than in Fulton County.
Hispanic Population Change
(Percentage Change in Hispanic Population Between 2000 and 2010)

<table>
<thead>
<tr>
<th></th>
<th>Fulton County</th>
<th>Montgomery County</th>
<th>St. Mary's HC Service Area</th>
<th>NY</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000-2010</td>
<td>42.9%</td>
<td>64.7%</td>
<td>60.2%</td>
<td>19.2%</td>
<td>42.7%</td>
</tr>
</tbody>
</table>

Net increase of 2,600 Hispanic residents 2000-2010


Linguistic Isolation

A total of 1.9% of the St. Mary’s Healthcare Service Area population age 5 and older live in a home in which no persons age 14 or older is proficient in English (speaking only English, or speaking English “very well”).

- Much lower than found statewide.
- Lower than found nationally.
- The prevalence is much higher in Montgomery County.

Linguistically Isolated Population
(2009-2013)

<table>
<thead>
<tr>
<th></th>
<th>Fulton County</th>
<th>Montgomery County</th>
<th>St. Mary’s HC Service Area</th>
<th>NY</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009-2013</td>
<td>0.4%</td>
<td>3.5%</td>
<td>1.9%</td>
<td>7.8%</td>
<td>4.8%</td>
</tr>
</tbody>
</table>


Notes: This indicator reports the percentage of the population aged 5 and older who live in a home in which no person 14 years old and over speaks only English, or in which no person 14 years old and over speak a non-English language and speak English “very well.”
Note the following map illustrating linguistic isolation in the St. Mary’s Healthcare Service Area.

Population in Linguistically Isolated Households, Percent by Tract, ACS 2007-2011
Social Determinants of Health

About Social Determinants

Health starts in our homes, schools, workplaces, neighborhoods, and communities. We know that taking care of ourselves by eating well and staying active, not smoking, getting the recommended immunizations and screening tests, and seeing a doctor when we are sick all influence our health. Our health is also determined in part by access to social and economic opportunities; the resources and supports available in our homes, neighborhoods, and communities; the quality of our schooling; the safety of our workplaces; the cleanliness of our water, food, and air; and the nature of our social interactions and relationships. The conditions in which we live explain in part why some Americans are healthier than others and why Americans more generally are not as healthy as they could be.

- Healthy People 2020 (www.healthypeople.gov)

Poverty

The latest census estimate shows 17.4% of the St. Mary’s Healthcare Service Area population living below the federal poverty level.

In all, 38.2% of service area residents (an estimated 39,184 individuals) live below 200% of the federal poverty level.

- Higher than the proportion reported statewide.
- Higher than found nationally.
- Comparable by county.

Population in Poverty

(Populations Living Below 100% and Below 200% of the Poverty Level; 2009-2013)

![Graph showing population in poverty for different areas.]

Sources:  US Census Bureau American Community Survey 5-year estimates (2009-2013).

Notes:  • Poverty is considered a key driver of health status. This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

- The following maps illustrate the various pockets of poverty found throughout the service area, by census tract.
Population Below the Poverty Level, Percent by Tract, ACS 2009-2013

Map Legend
Population Below the Poverty Level, Percent by Tract, ACS 2009-13
- Over 20.0%
- 15.1 - 20.0%
- 10.1 - 15.0%
- Under 10.1%
- No Data or Data Suppressed

Community Concerns, 15-9-2012

Population Below 200% of Poverty, Percent by Tract, ACS 2009-2013

Map Legend
Population Below 200% Poverty Level, Percent by Tract, ACS 2009-13
- Over 50.0%
- 36.1 - 50.0%
- 26.1 - 30.0%
- Under 26.1%
- No Data or Data Suppressed

Community Concerns, 26-8-2013
Children in Low-Income Households

Additionally, 52.2% of St. Mary’s Healthcare Service Area children age 0-17 (representing nearly 12,000 children) live below the 200% poverty threshold.

- Above the proportion found statewide.
- Above the proportion found nationally.
- Comparable by county.

Percent of Children in Low-Income Households
(Children 0-17 Living Below 200% of the Poverty Level, 2009-2013)

Sources: 

Notes: 
- This indicator reports the percentage of children aged 0-17 living in households with income below 200% of the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

- Note the higher concentrations of children in lower-income households in the following map by census tract.
Children (0-17) Living Below 200% of Poverty, Percent by Tract, ACS 2009-2013

Education
Among the St. Mary’s Healthcare Service Area population age 25 and older, an estimated 15.6% (over 11,000 people) do not have a high school education.

- Similar to that found statewide.
- Less favorable than found nationally.
- Less favorable in Montgomery County.

Population With No High School Diploma
(Population Age 25+ Without a High School Diploma or Equivalent, 2009-2013)

Notes:
- This indicator is relevant because educational attainment is linked to positive health outcomes.
• Geographically, this indicator is more concentrated in western Montgomery County, and in the communities of Amsterdam and Gloversville.

Population With No High School Diploma, Percent by Tract, ACS 2009-2013

Employment

According to data derived from the US Department of Labor, the unemployment rate in the St. Mary’s Healthcare Service Area as of July 2015 was 6.6%.

• Less favorable than the statewide unemployment rate.
• Less favorable than the national unemployment rate.
• TREND: Unemployment for the service area has trended downward since 2012, closely echoing the state trend.
Unemployment Rate
(Percent of Non-Institutionalized Population Age 16+ Unemployed, Not Seasonally-Adjusted)

Notes: This indicator is relevant because unemployment creates financial instability and barriers to access including insurance coverage, health services, healthy food, and other necessities that contribute to poor health status.
General Health Status
Overall Health Status

Self-Reported Health Status

One-half of St. Mary’s Healthcare Service Area adults (50.2%) rates their overall health as “excellent” or “very good.”

- Another 32.9% gave “good” ratings of their overall health.

However, 16.9% of St. Mary’s Healthcare Service Area adults believe that their overall health is “fair” or “poor.”

- Comparable to statewide findings.
- Comparable to the national percentage.
- Favorably lower in Montgomery County.
- TREND: No statistically significant change has occurred when comparing “fair/poor” overall health reports to previous survey results.

Sources: 2015 PRC Community 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.

Trends are measured against baseline data – i.e., the earliest year that data are available or that is presented in this report.
Residents living at lower incomes are more likely to report experiencing “fair” or “poor” overall health.

Other differences within demographic groups, as illustrated in the following chart, are not statistically significant.

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

### About Disability & Health

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.

### A total of 26.5% of St. Mary’s Healthcare Service Area adults are limited in some way in some activities due to a physical, mental or emotional problem.

- Less favorable than the prevalence statewide.
- Less favorable than the national prevalence.
- Similar findings by county.
- TREND: Statistically unchanged over time.
In looking at responses by key demographic characteristics, note the following:

- Women are more likely than men to report some type of activity limitation.
- Adults age 40 and older are much more often limited in activities (note the positive correlation with age).
- Respondents living in households at the lower income level are much more likely than those with higher incomes to report an activity limitation.
Among persons reporting activity limitations, these are most often attributed to musculoskeletal issues, such as back/neck problems, difficulty walking, arthritis/rheumatism, or fractures or bone/joint injuries.

Other limitations noted with some frequency included cancer, lung/breathing problems, and heart conditions.

**Type of Problem That Limits Activities**
(Among Those Reporting Activity Limitations; SMHC Service Area, 2015)

<table>
<thead>
<tr>
<th>Problem</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Back/Neck Problem</td>
<td>21.9%</td>
</tr>
<tr>
<td>Walking Problem</td>
<td>11.8%</td>
</tr>
<tr>
<td>Arthritis/Rheumatism</td>
<td>10.3%</td>
</tr>
<tr>
<td>Fracture/Bone/Joint Injury</td>
<td>9.6%</td>
</tr>
<tr>
<td>Cancer</td>
<td>5.7%</td>
</tr>
<tr>
<td>Lung/Breathing Problem</td>
<td>3.8%</td>
</tr>
<tr>
<td>Heart Condition</td>
<td>3.5%</td>
</tr>
<tr>
<td>Various Other (&lt;3% Each)</td>
<td>33.4%</td>
</tr>
</tbody>
</table>

Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 106]
Notes: Asked of those respondents reporting activity limitations.
Mental Health

About 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.

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 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 in 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, 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)
Self-Reported Mental Health Status

A total of 63.4% 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, 2015)

A total of 10.8% 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.
- TREND: Statistically unchanged since 2012.

Experience “Fair” or “Poor” Mental Health

Sources:  2015 PRC Community Health Survey, Professional Research Consultants, Inc.  [Item 100]
Notes:  Asked of all respondents.

Sources:  2013 PRC National Health Survey, Professional Research Consultants, Inc.  [Item 100]
Notes:  Asked of all respondents.
Women, adults under 65, and especially those with lower incomes are **significantly more likely** to report experiencing “fair/poor” mental health than their demographic counterparts.

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

(St. Mary’s Healthcare Service Area, 2015)

<table>
<thead>
<tr>
<th>Category</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>St. Mary's HC Service Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>8.5%</td>
<td>13.1%</td>
<td></td>
<td>11.4%</td>
<td>12.9%</td>
<td>6.2%</td>
</tr>
<tr>
<td>Women</td>
<td></td>
<td></td>
<td></td>
<td>23.8%</td>
<td>4.5%</td>
<td>10.8%</td>
</tr>
</tbody>
</table>

**Depression**

**Diagnosed Depression**

A total of 17.5% of St. Mary’s Healthcare Service Area adults have been diagnosed by a physician as having a depressive disorder (such as depression, major depression, dysthymia, or minor depression).

- Similar to the national finding.
- Statistically similar by county.
The prevalence of diagnosed depression is notably higher among:

- Women.
- Adults between the ages of 40 and 64.
- Community members living at lower incomes.

### Have Been Diagnosed With a Depressive Disorder

(St. Mary’s Healthcare Service Area, 2015)

Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 103]
Notes: Asked of all respondents. Depressive disorders include depression, major depression, dysthymia, or minor depression.
Symptoms of Chronic Depression
A total of 23.5% of 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 (symptoms of chronic depression).

- More favorable than national findings.
- Comparable findings by county.
- TREND: Denotes a statistically significant improvement over time.

Have Experienced Symptoms of Chronic Depression

<table>
<thead>
<tr>
<th>Fulton County</th>
<th>Montgomery County</th>
<th>St. Mary’s HC Service Area</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>26.6%</td>
<td>29.7%</td>
<td>23.5%</td>
<td>30.4%</td>
</tr>
</tbody>
</table>

St. Mary’s Healthcare Service Area

- 2012: 29.2%
- 2015: 23.5%

Sources:  PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 101]
2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- Chronic depression includes periods of two or more years during which the respondent felt depressed or sad on most days, even if (s)he felt okay sometimes.

Note that the prevalence of chronic depression is notably higher among:

- Women.
- Adults with lower incomes.
**Have Experienced Symptoms of Chronic Depression**
(St. Mary's Healthcare Service Area, 2015)

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>17.0%</td>
</tr>
<tr>
<td>Women</td>
<td>29.5%</td>
</tr>
<tr>
<td>18 to 39</td>
<td>19.3%</td>
</tr>
<tr>
<td>40 to 64</td>
<td>26.9%</td>
</tr>
<tr>
<td>65+</td>
<td>23.3%</td>
</tr>
<tr>
<td>Low Income</td>
<td>35.9%</td>
</tr>
<tr>
<td>Mid/High Income</td>
<td>16.8%</td>
</tr>
<tr>
<td>St. Mary's HC Service Area</td>
<td>23.5%</td>
</tr>
</tbody>
</table>

Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 101]

Notes: Asked of all respondents.

Chronic depression includes periods of two or more years during which the respondent felt depressed or sad on most days, even if (s)he felt okay sometimes.

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.

---

**Stress**

More than 4 in 10 St. Mary’s Healthcare Service Area adults consider their typical day to be “not very stressful” (29.3%) or “not at all stressful” (15.2%).

- Another 45.0% of survey respondents characterize their typical day as “moderately stressful.”

**Perceived Level of Stress On a Typical Day**
(St. Mary's Healthcare Service Area, 2015)

- Not Very Stressful: 29.3%
- Not At All Stressful: 15.2%
- Extremely Stressful: 1.9%
- Very Stressful: 8.6%
- Moderately Stressful: 45.0%

Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 102]

Notes: Asked of all respondents.

---

**RELATED ISSUE:**
See also Substance Abuse in the Modifiable Health Risks section of this report.
In contrast, 10.5% of St. Mary’s Healthcare Service Area adults experience “very” or “extremely” stressful days on a regular basis.

- Similar to the national proportion.
- Unfavorably high in Fulton County.
- TREND: Statistically similar to the 2012 findings.

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

<table>
<thead>
<tr>
<th>Source</th>
<th>2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 102]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Notes</td>
<td>Asked of all respondents.</td>
</tr>
</tbody>
</table>

- Note that high stress levels are more prevalent among women, adults under 65 (negative correlation with age), and residents in the lower income breakout.

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

(St. Mary's Healthcare Service Area, 2015)

<table>
<thead>
<tr>
<th>Source</th>
<th>2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 102]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Notes</td>
<td>Asked of all respondents.</td>
</tr>
</tbody>
</table>

- 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.
Suicide

Between 2011 and 2013, there was an annual average age-adjusted suicide rate of 12.4 deaths per 100,000 population in the St. Mary’s Healthcare Service Area.

- Higher than the statewide rate.
- Close to the national rate.
- Fails to satisfy the Healthy People 2020 target of 10.2 or lower.

Suicide: Age-Adjusted Mortality
(2011-2013 Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 10.2 or Lower

TREND: Despite fluctuations, the area suicide rate has overall trended upward.

Suicide: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 10.2 or Lower
Mental Health Treatment

Among adults with a diagnosed depressive disorder, 81.3% acknowledge that they have sought professional help for a mental or emotional problem.

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

Adults With Diagnosed Depression Who Have Ever Sought Professional Help for a Mental or Emotional Problem

(Among Adults With Diagnosed Depressive Disorder)

<table>
<thead>
<tr>
<th>Service Area</th>
<th>Fulton County</th>
<th>Montgomery County</th>
<th>St. Mary’s Healthcare Service Area</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage</td>
<td>84.1%</td>
<td>78.6%</td>
<td>81.3%</td>
<td>76.6%</td>
</tr>
</tbody>
</table>

Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 123]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Reflects those respondents with a depressive disorder diagnosed by a physician (such as depression, major depression, dysthymia, or minor depression).

Key Informant Input: Mental Health

A majority of key informants taking part in an online survey characterized Mental Health as a “major problem” in the community.

Perceptions of Mental Health as a Problem in the Community

(Key Informants, 2015)

<table>
<thead>
<tr>
<th>Problem Level</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major Problem</td>
<td>56.9%</td>
</tr>
<tr>
<td>Moderate Problem</td>
<td>27.1%</td>
</tr>
<tr>
<td>Minor Problem</td>
<td>9.0%</td>
</tr>
<tr>
<td>No Problem At All</td>
<td>6.9%</td>
</tr>
</tbody>
</table>

Sources:
- PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
**CHALLENGES**

Among those rating this issue as a “major problem,” the following represent what key informants see as the main challenges for persons with mental illness:

**Lack of Providers/Services**

- *The need exceeds the number of resources available.* – Community/Business Leader
- *Need more services, easier access, less waiting for appointments.* – Social Services Provider
- *Lack of knowledge of mental health in general and of programs available for MH services. Wait time to get an appointment.* – Other Health Provider
- *Lack of available services.* – Community/Business Leader
- *Lack of resources, long wait to be seen and stigma attached to seeking help.* – Other Health Provider
- *Lack of resources in the community.* – Other Health Provider
- *Resources and providers.* – Other Health Provider
- *Availability of resources, support groups, navigators, knowing where to seek help, goes undetected, embarrassment to seek help, suicide rate is high, social media and bullying are igniters. Need community people trained to identify red flags in people.* – Community/Business Leader
- *Access, not enough providers. We have to go out to them rather than the patients coming to us, so many rules regarding appointments and if a referral is made by a primary provider and the MH Clinic calls the patient twice and if they can’t get a hold of them, the referral is trashed. Poor medication control because the patients cannot get in to see a doctor. Primary provider are not well equipped to manage BH and medical. Poor management all the way around.* – Other Health Provider
- *Appropriate, timely, quality care. Identifying, negotiating and paying for care. Stigma.* – Community/Business Leader
- *Many mental health issues and few treatment providers.* – Social Services Provider
- *Many of those with these issues are not getting proper and effective treatment.* – Other Health Provider
- *Lack of appropriate psychiatric care. There aren’t enough services to provide for the amount of patients. Non-compliance, uneducated in regards to treatment and medication regime.* – Social Services Provider
- *No access to inpatient mental health services for children. Limited access for adults.* – Community/Business Leader
- *Biggest problem continues to be treatment options for the child and adolescent patient in need of inpatient care.* – Community/Business Leader
- *Counseling is a challenge. I do not believe there are enough of them.* – Social Services Provider
- *Lack of providers, particularly for children. Lack of inpatient environments for children. Lack of true respite services that include therapeutic element, there is a current respite provider although the caregivers are not proficient in behavioral health. Lack of education nationwide on mental health and social stigma prevents people from reaching out when they need it. Put it where the people go, county is huge, access is limited.* – Other Health Provider
- *Not enough providers, services or funding. Long wait times for an appointment.* – Social Services Provider
- *Lack of providers, no support network, issues with access to care.* – Community/Business Leader
- *A very large population with mental health illness with limited resources and services.* – Other Health Provider
- *The services for Mental Health are so limited, not as diverse as say, OPWDD services.* – Other Health Provider
- *Many community members with mental health and substance abuse issues, but limited resources to help.* – Physician
Access to Providers/Services

Access to services. Difficulty by community and caregivers in recognizing issues. Stigma associated with mental health issues. Cost of services. Distance to inpatient programs. Difficulty in staffing for direct or high-intensity care. – Community/Business Leader

Not enough funding to receive the proper care they need and deserve, people out in the community don’t treat them with respect or dignity. – Social Services Provider

Access to care, limited resources, cumbersome referral system. – Social Services Provider

Getting people in to a program for mental illness. – Other Health Provider

The biggest challenges are accessibility and appropriate services, as well as follow up. The same mental health practitioners provide services to this community and individual are not always comfortable seeing a community member for services. Which then returns to the accessibility issues as well as transportation. – Social Services Provider

There is limited access to these services. We have children that require significant counseling and support and the only location for this seems to be St. Mary’s which is overwhelmed by the need. – Community/Business Leader

Timely accessibility to providers, transportation to appointments and compliance with the treatment regimen. – Other Health Provider

People do not access services promptly; they self-medicate with non-prescribed prescription drugs, illegal drugs. There is still stigma and misinformation out in the community. Suicide is a major problem in our area. – Other Health Provider

Getting an appointment within a reasonable amount of time. – Other Health Provider

Long waiting for services. Perhaps there is inadequate monitoring of MH patients due to some cases of erratic behavior by some of the consumers that interact with our agency staff. – Community/Business Leader

Nobody knows where to get services or how to obtain them. It can be difficult navigating the health care system. There’s also a stigma against anyone with a mental health disorder, so that keeps them from seeking the help they need. – Public Health Representative

Knowing where to go for different illnesses. – Other Health Provider

Consistent follow-up. – Other Health Provider

Medications, support system, guidance. – Community/Business Leader

Stigma

The biggest challenge with MH is the stigma and limited amount of education that is available for others. There are programs that work to address these concerns yet there are still individuals that are not able to be reached. Studies have shown that the earliest interventions and support received the more likely that individual will not experiences lasting effects. As someone that works in this field I know that counselors, case managers, and others work on to have clients receive support, however there are many that aren’t reached due to funding, time, or even qualifications. For instance, someone that would benefit greatly from the support of a residential program may not meet the criteria due to not having enough inpatient/ER visits. In a way we are stacking the deck so they have to jump through many hoops before wrap around care can occur. I have seen the MH care become more personalized but there is still more that can be done. – Social Services Provider

Misperceptions, fears of social consequences, discomfort associated with talking about mental health issues with others and discrimination all tend to be challenges. – Other Health Provider

Stigma, access to immediate crisis help other than coming to the Emergency Department. – Other Health Provider

Significant stigma attached to seeking treatment and recovery. Minimal professionals to assist individuals to address issues. Too many silos and not enough collaboration. – Community/Business Leader

Mental Health is seen as incurable. – Other Health Provider

Isolation, misunderstanding and lack of public education concerning mental health issues. – Other Health Provider

Education and lack of acceptance and knowledge about the disease. Negative stereotype. – Other Health Provider
**Socioeconomic Status**

**Jobs and housing.** – Community/Business Leader

The poor don’t seem to access it at all. For middle class, mental health parity is lacking. – Social Services Provider

Finding adequate housing and assisting non-compliant people with taking medications and accessing services. – Social Services Provider

Larger percentage of people with mental health issues in our region due to poverty and substance abuse. – Community/Business Leader

Mental Health disease prevents a large community of patients without employment, unwelcome in the community, homeless. Extreme levels, highly psychotic and persistent mentally ill, when in acute stages, have difficulty returning to the community due to lack of safe housing to discharge them to. Some of the acutely ill and psychotic patients require longer term care. Insurance companies do not support long term placement in acute settings. Patients are discharged and return quickly to the inpatient settings due to the difficulty maintaining them in the community. ARC clients are now being sent due to dual diagnoses and behavioral activity appears to be the main cause. The community does not support respite housing or homes which can work with clients for their behaviors. Consumers from Outpatient, when in crisis, appear in the Emergency Room. There should be some consideration to have an Urgent Mental Health Care site. Even when attempting to make an appointment, patients wait. – Other Health Provider

**Diagnosis**

Adolescents and younger children in the school system with various mental health issues, which are not able to be addressed due to the lack of available counselors or counseling facilities. – Community/Business Leader

Managing mental health issues while also managing other health issues. Finding good treatment programs that work. Finding and keeping meaningful work. Difficulty getting appointments in a timely manner. – Community/Business Leader

Dual diagnosis and chemical dependency. – Physician

Mental health issues seem to be affecting younger people, 18-25, than I believe it ever did. – Community/Business Leader

Going undiagnosed, unable to afford medications, lower income. – Community/Business Leader

Underdiagnosed in our area. – Other Health Provider

**Compliance With Care**

Compliance, lack of medical response to their mental health needs and challenges. – Social Services Provider

Compliance with care due to diagnosis, lack of transportation, transient lifestyle. Trouble getting and holding a job due to diagnosis or need for frequent appointments interfering with work and school schedules. – Social Services Provider

Compliance with care. We have expanded our services to other counties due to the great need for services in our area. There is not enough crisis services available for patients in need. Law enforcement could benefit from some training in managing these patients as well. – Other Health Provider

Following through with treatment recommendations while in the community. – Social Services Provider

**Prevalence/Incidence**

High percentage of mental illness. Not enough employers for limited workers. – Community/Business Leader

Number of persons in the community with MH issues. – Other Health Provider

They are not alone. There is a tremendous number of individuals identified with mental health issues within our community. – Public Health Representative

**Insurance Issues**

There are only two programs in Montgomery County that offer mental health counseling for those with Medicaid and cannot afford private practices. These programs that do exist are
significantly behind, and new clients who really need these services are on waiting lists up to three months long. – Social Services Provider

Health insurance payers offering only limited coverage for mental health and substance use treatment. – Social Services Provider

Lack of Placement and Short Term Solutions

Lack of placement and short term solutions. – Community/Business Leader
Death, Disease & Chronic Conditions
Leading Causes of Death

Distribution of Deaths by Cause
Together, cardiovascular disease (heart disease and stroke) and cancers accounted for more than one-half of all deaths in the St. Mary’s Healthcare Service Area in 2013.

Leading Causes of Death
(St. Mary's Healthcare Service Area, 2013)

Heart Disease 29.2%
Cancer 22.4%
CLRD 7.5%
Stroke 4.7%
Unintentional Injuries 4.0%
Other 32.1%

Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2015.
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 2011-2013 annual average age-adjusted death rates per 100,000 population for selected causes of death in the St. Mary’s Healthcare Service Area.

Note that service area age-adjusted mortality rates are worse than national rates for heart disease, cancer, chronic lower pulmonary disease (CLRD), pneumonia/influenza, and motor vehicle accidents.

Of the causes outlined in the following chart for which Healthy People 2020 objectives have
been established, area rates fail to satisfy the related goals for heart disease, cancer, suicide, and cirrhosis/liver disease.

## Age-Adjusted Death Rates for Selected Causes
(2011-2013 Deaths per 100,000 Population)

<table>
<thead>
<tr>
<th>Source of Data</th>
<th>St. Mary's Healthcare Service Area</th>
<th>New York</th>
<th>US</th>
<th>HP2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diseases of the Heart</td>
<td>223.6</td>
<td>188.4</td>
<td>171.3</td>
<td>156.9*</td>
</tr>
<tr>
<td>Malignant Neoplasms (Cancers)</td>
<td>177.6</td>
<td>158.6</td>
<td>166.2</td>
<td>161.4</td>
</tr>
<tr>
<td>Chronic Lower Respiratory Disease (CLRD)</td>
<td>58.7</td>
<td>31.1</td>
<td>42.0</td>
<td>n/a</td>
</tr>
<tr>
<td>Unintentional Injuries</td>
<td>35.8</td>
<td>27.2</td>
<td>39.2</td>
<td>36.4</td>
</tr>
<tr>
<td>Cerebrovascular Disease (Stroke)</td>
<td>31.2</td>
<td>26.8</td>
<td>37.0</td>
<td>34.8</td>
</tr>
<tr>
<td>Diabetes Mellitus</td>
<td>19.8</td>
<td>17.8</td>
<td>21.3</td>
<td>20.5*</td>
</tr>
<tr>
<td>Pneumonia/Influenza</td>
<td>16.7</td>
<td>20.2</td>
<td>15.3</td>
<td>n/a</td>
</tr>
<tr>
<td>Kidney Diseases</td>
<td>13.5</td>
<td>9.7</td>
<td>13.2</td>
<td>n/a</td>
</tr>
<tr>
<td>Intentional Self-Harm (Suicide)</td>
<td>12.4</td>
<td>8.2</td>
<td>12.5</td>
<td>10.2</td>
</tr>
<tr>
<td>Motor Vehicle Deaths</td>
<td>11.5</td>
<td>6.3</td>
<td>10.7</td>
<td>12.4</td>
</tr>
<tr>
<td>Cirrhosis/Liver Disease</td>
<td>10.1</td>
<td>6.8</td>
<td>9.9</td>
<td>8.2</td>
</tr>
<tr>
<td>Firearm-Related</td>
<td>7.7</td>
<td>4.9</td>
<td>10.2</td>
<td>9.3</td>
</tr>
<tr>
<td>Drug-Induced</td>
<td>5.7</td>
<td>9.2</td>
<td>12.8</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 October 2015.

**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.
Cardiovascular Disease

About Heart Disease & Stroke

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 2011 and 2013, the service area reported an annual average age-adjusted heart disease mortality rate of 223.6 deaths per 100,000 population.

- Worse than the statewide rate.
- Worse than the national rate.
- Fails to satisfy the Healthy People 2020 target of 156.9 or lower (as adjusted to account for all diseases of the heart).
- Higher in Fulton County.
Heart Disease: Age-Adjusted Mortality
(2011-2013 Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 156.9 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 October 2015.

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.
- The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart.

- TREND: The heart disease mortality rate has decreased in the St. Mary’s Healthcare Service Area, echoing the decreasing trends across New York and the US overall.

Heart Disease: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 156.9 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 October 2015.

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.
- The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart.
**Stroke Deaths**

The service area reported an annual average age-adjusted stroke mortality rate of 31.2 deaths per 100,000 population between 2011 and 2013.

- Less favorable than the New York rate.
- More favorable than the national rate.
- Satisfies the Healthy People 2020 target of 34.8 or lower.
- Higher in Montgomery County than in Fulton County.

**Stroke: Age-Adjusted Mortality**

(2011-2013 Annual Average Deaths per 100,000 Population)

*Healthy People 2020 Target = 34.8 or Lower*

- **Fulton County**: 27.1
- **Montgomery County**: 35.1
- **St. Mary's HC Service Area**: 31.2
- **NY**: 26.8
- **US**: 37.0

**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 US Standard Population.

- **TREND:** Despite an uptick in the late 2000s, the stroke rate has declined in recent years, echoing the trends reported across New York and the US overall.
Prevalence of Heart Disease & Stroke

Prevalence of Heart Disease

A total of 7.2% of surveyed adults report that they suffer from or have been diagnosed with heart disease, such as coronary heart disease, angina or heart attack.

- Similar to the national prevalence.
- Similar by county.
- TREND: Statistically unchanged since 2012.

Prevalence of Heart Disease

<table>
<thead>
<tr>
<th>Year</th>
<th>Fulton County</th>
<th>Montgomery County</th>
<th>St. Mary’s HC Service Area</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>7.8%</td>
<td>6.6%</td>
<td>7.2%</td>
<td>6.1%</td>
</tr>
<tr>
<td>2015</td>
<td>9.1%</td>
<td>7.2%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 124]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- Includes diagnoses of heart attack, angina or coronary heart disease.
Adults more likely to have been diagnosed with chronic heart disease include:

- Seniors (age 65+): note the positive correlation with age.
- Low-income residents.

**Prevalence of Heart Disease**
(St. Mary’s Healthcare Service Area, 2015)

<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>St. Mary’s HC Service Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>65%</td>
<td>6.6%</td>
<td>7.7%</td>
<td>0.0%</td>
<td>7.5%</td>
<td>16.2%</td>
<td>11.8%</td>
<td>4.7%</td>
<td>7.2%</td>
</tr>
</tbody>
</table>

Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 124]
Notes:
- Asked of all respondents.
- Includes diagnoses of heart attack, angina or coronary heart disease.
- 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.

**Prevalence of Stroke**
A total of 4.4% of surveyed adults report that they suffer from or have been diagnosed with cerebrovascular disease (a stroke).

- Worse than statewide findings.
- Similar to national findings.
- Similar by county.
- TREND: Statistically unchanged over time.
Service area residents living in households with lower incomes are much more likely to report experiencing a stroke when compared with higher-income residents.

Prevalence of Stroke
(St. Mary’s Healthcare Service Area, 2015)
Cardiovascular Risk Factors

About Cardiovascular Risk

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)

Hypertension (High Blood Pressure)

High Blood Pressure Testing

A total of 96.4% of St. Mary’s Healthcare Service Area adults have had their blood pressure tested within the past two years.

- Better than national findings.
- Satisfies the Healthy People 2020 target (92.6% or higher).
- Similar by county.
- TREND: Statistically unchanged since 2012.

Have Had Blood Pressure Checked in the Past Two Years

Healthy People 2020 Target = 92.6% or Higher

<table>
<thead>
<tr>
<th>Service Area</th>
<th>2012</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fulton County</td>
<td>97.5%</td>
<td></td>
</tr>
<tr>
<td>Montgomery County</td>
<td>95.5%</td>
<td></td>
</tr>
<tr>
<td>St. Mary’s HC</td>
<td>96.4%</td>
<td></td>
</tr>
<tr>
<td>Service Area</td>
<td></td>
<td>91.0%</td>
</tr>
<tr>
<td>US</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

St. Mary’s Healthcare Service Area

Prevalence of Hypertension

More than 4 in 10 service area adults (41.1%) have been told at some point that their blood pressure was high.

- Well above the New York prevalence.
- Well above the national prevalence.

Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 45]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
Far from satisfying the Healthy People 2020 target (26.9% or lower).
Statistically comparable by county.
TREND: Statistically unchanged since 2012.
Among hypertensive adults, 72.1% have been diagnosed with high blood pressure more than once.

Prevalence of High Blood Pressure
Healthy People 2020 Target = 26.9% or Lower

Note the positive correlation between age and hypertension in the service area.

Prevalence of High Blood Pressure
(St. Mary’s Healthcare Service Area, 2015)
Healthy People 2020 Target = 26.9% or Lower

Sources:
• PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 43, 125]
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
• Asked of all 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.
Hypertension Management

Among respondents who have been told that their blood pressure was high, 92.6% report that they are currently taking actions to control their condition.

- Similar to national findings.
- Similar by county.
- TREND: Statistically unchanged since 2012.

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

<table>
<thead>
<tr>
<th>Source</th>
<th>Fulton County</th>
<th>Montgomery County</th>
<th>St. Mary's HC Service Area</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013 PRC National Health Survey</td>
<td>91.0%</td>
<td>94.2%</td>
<td>92.6%</td>
<td>89.2%</td>
</tr>
</tbody>
</table>

St. Mary's Healthcare Service Area

2012: 90.2%
2015: 92.6%

Sources:  PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 44]
2013 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, or exercise.

High Blood Cholesterol

Blood Cholesterol Testing

A total of 93.5% 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.
- More favorable than the national findings.
- Satisfies the Healthy People 2020 target (82.1% or higher).
- Comparable by county.
- TREND: Denotes a statistically significant increase since 2012.
Have Had Blood Cholesterol Levels Checked in the Past Five Years
Healthy People 2020 Target = 82.1% or Higher

No statistically significant differences by demographic characteristics.
Self-Reported High Blood Cholesterol

A total of 34.0% of adults have been told by a health professional that their cholesterol level was high.

- Statistically similar to the national prevalence.
- More than twice the Healthy People 2020 target (13.5% or lower).
- Similar by county.
- TREND: Statistically unchanged over time.

**Prevalence of High Blood Cholesterol**

**Healthy People 2020 Target = 13.5% or Lower**

<table>
<thead>
<tr>
<th></th>
<th>Fulton County</th>
<th>Montgomery County</th>
<th>St. Mary's HC Service Area</th>
<th>US</th>
<th>2012</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevalence</td>
<td>36.8%</td>
<td>31.5%</td>
<td>34.0%</td>
<td>29.9%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Sources:  
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 126]  
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.  

Notes:  
- Asked of all respondents.

Note that 11.0% 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.

Further note the following:

- Women are more likely than men in the service area to have high blood cholesterol.
- Adults age 40+ are much more likely than younger adults to have been diagnosed with high blood cholesterol levels.
- Keep in mind that “unknowns” are relatively high in men, young adults, and lower-income residents.
Prevalence of High Blood Cholesterol
(St. Mary’s Healthcare Service Area, 2015)
Healthy People 2020 Target = 13.5% or Lower

<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>St. Mary’s HC Service Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevalence</td>
<td>29.2%</td>
<td>38.6%</td>
<td>7.9%</td>
<td>45.7%</td>
<td>48.6%</td>
<td>33.9%</td>
<td>31.9%</td>
<td>34.0%</td>
</tr>
</tbody>
</table>

Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 126]

Notes:
- Asked of all 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, 9 in 10 (90.3%) report that they are currently taking actions to control their cholesterol levels.

- More favorable than found nationwide.
- Similar by county.
- TREND: Statistically unchanged over time.

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 HC Service Area</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevalence</td>
<td>91.8%</td>
<td>88.7%</td>
<td>90.3%</td>
<td>81.4%</td>
</tr>
</tbody>
</table>

Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 47]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.

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.
About Cardiovascular Risk

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

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

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.

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

Total Cardiovascular Risk

A total of 88.1% 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.

- Higher than national findings.
- Similar by county.
- TREND: Statistically similar to the 2012 findings.

RELATED ISSUE:
See also Nutrition & Overweight, Physical Activity & Fitness and Tobacco Use in the Modifiable Health Risk section of this report.
Adults more likely to exhibit cardiovascular risk factors include:

- Men.
- Upper-income residents.

**Present One or More Cardiovascular Risks or Behaviors**
(St. Mary's Healthcare Service Area, 2015)

<table>
<thead>
<tr>
<th>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>St. Mary's HC Service Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>90.7%</td>
<td>85.7%</td>
<td>84.7%</td>
<td>88.3%</td>
<td>91.9%</td>
<td>83.3%</td>
<td>89.7%</td>
<td>88.1%</td>
</tr>
</tbody>
</table>

**Sources:**
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 127]

**Notes:**
- 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.
- 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.
Key Informant Input: Heart Disease & Stroke

The greatest share of key informants taking part in an online survey characterized Heart Disease & Stroke as a “moderate problem” in the community.

Perceptions of Heart Disease and Stroke as a Problem in the Community
(Key Informants, 2015)

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major Problem</td>
<td>28.2%</td>
</tr>
<tr>
<td>Moderate Problem</td>
<td>51.1%</td>
</tr>
<tr>
<td>Minor Problem</td>
<td>13.0%</td>
</tr>
<tr>
<td>No Problem At All</td>
<td>7.6%</td>
</tr>
</tbody>
</table>

Sources: PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: Asked of all respondents.

TOP CONCERNS

Among those rating this issue as a “major problem,” reasons frequently related to the following:

Co-Occurrences

Many people are overweight, poor diet and lack of exercise. – Community/Business Leader
Obesity. – Community/Business Leader
Obesity, lack of culture of exercise and healthy living. High percentage of smokers. – Community/Business Leader
We have a large population who is overweight or obese, which is a major contributing factor to heart disease and stroke. – Community/Business Leader
Smoking, obesity and poor health habits. – Other Health Provider
Tobacco abuse, obesity, uncontrolled hypertension and diabetes lead to this. Non-compliance with medication regime as well as uneducated. – Social Services Provider
High rate of diabetes, obesity, smoking rates, lack of proper nutrition, elderly community and transportation to supermarkets. – Community/Business Leader
High incidence of smoking and hypertension. – Other Health Provider
Risk factors are very significant: older population, poor nutritional status, smoking, obesity, diabetes, lack of appropriate exercise activity. – Community/Business Leader
Lifestyle and environment are big risks, care is expensive. – Community/Business Leader

Poor Nutrition

Most of this problem stems from those who do not understand what it means to eat healthy and live an active lifestyle. I think education on signs of stroke would also be a good idea. Women, particularly, experience heart attacks differently than men, and need to understand that feelings of indigestion and general discomfort in the chest area could be a sign of a heart attack.
Education, education, education!! And it all has to be on the signs and symptoms and how to take care of your general well-being. – Public Health Representative
High incidence of unhealthy habits in this area. Smoking, obesity, substance abuse. – Other Health Provider
Diet, lack of exercise, family history, life style habits, resulting in heart disease. More and more people are suffering from this issue and the ages are younger and younger. – Community/Business Leader
Aging Population
Aging population, poor health choices with smoking and obesity. – Social Services Provider
Large percentage of the population is aging, as well as a large portion of the population with increased risk factors such as smoking and obesity. – Community/Business Leader
Elderly population, diabetes, obesity, HTN, dyslipidemia and poor wellness. – Physician
Aging population, high incidence of obesity, lower income. – Community/Business Leader

Leading Cause of Death
Heart disease is the number one leading cause of death. – Other Health Provider
I believe it is the highest cause of death in our community. – Community/Business Leader
Heart disease is a leading cause of death in the world. Within this area I am only aware of limited services being provided for these concerns. We do not have many doctors that specialize in these fields so there are long waits for individuals to see the doctors. – Social Services Provider

Prevalence/Incidence
In the nursing home that I work, I will guesstimate that four out of five patients/residents have a cardiac related diagnosis. I believe that is alarming. – Other Health Provider
Top problem throughout the United States. – Community/Business Leader
We frequently treat patients in the Emergency Department that have these conditions. – Other Health Provider

Diagnosis/Compliance
It seems that many people in our community under the age of 50 are dying from some sort of heart condition, many undetected. – Community/Business Leader
Uncontrolled HTN and lack of people accessing healthcare. – Other Health Provider
Non-compliance with doctor's orders, smoking and obesity. – Community/Business Leader

Data
Based on statistical analysis of available data. – Public Health Representative
High-risk population. – Other Health Provider
Cancer

About 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)

Age-Adjusted Cancer Deaths

All Cancer Deaths

Between 2011 and 2013, there was an annual average age-adjusted cancer mortality rate of 177.6 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.
- Fails to satisfy the Healthy People 2020 target of 161.4 or lower.
- The death rate is higher in Montgomery County.
Cancer: Age-Adjusted Mortality
(2011-2013 Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 161.4 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 October 2015.

**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.

- **TRENDS:** Cancer mortality has generally **decreased** over the past decade in the St. Mary’s Healthcare Service Area; the same trend is apparent both statewide and nationwide.

Cancer: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 161.4 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 October 2015.

**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.
Cancer Deaths by Site

Lung cancer is by far the leading cause of cancer deaths in the St. Mary’s Healthcare Service Area.

Other leading sites include prostate cancer among men, breast cancer among women, and colorectal cancer (both genders).

As can be seen in the following chart (referencing 2011-2013 annual average age-adjusted death rates):

- The St. Mary’s Healthcare Service Area lung, prostate, and colorectal cancer death rates are each worse than the state and national rates.
- In contrast, the area’s female breast cancer death rate is better than both the New York and US rates.

Note that the service area’s lung, prostate, and colorectal cancer death rates detailed below fail to satisfy the related Healthy People 2020 targets (the female breast cancer rate, on the other hand, satisfies the 2020 goal).

### Age-Adjusted Cancer Death Rates by Site
(2011-2013 Annual Average Deaths per 100,000 Population)

<table>
<thead>
<tr>
<th></th>
<th>St. Mary’s HC Service Area</th>
<th>NY</th>
<th>US</th>
<th>HP2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lung Cancer</td>
<td>51.1</td>
<td>40.6</td>
<td>44.7</td>
<td>45.5</td>
</tr>
<tr>
<td>Prostate Cancer</td>
<td>24.6</td>
<td>19.0</td>
<td>19.8</td>
<td>21.8</td>
</tr>
<tr>
<td>Colorectal Cancer</td>
<td>18.7</td>
<td>14.4</td>
<td>14.9</td>
<td>14.5</td>
</tr>
<tr>
<td>Female Breast Cancer</td>
<td>15.4</td>
<td>21.0</td>
<td>21.3</td>
<td>20.7</td>
</tr>
</tbody>
</table>

Sources:  

Cancer Incidence

Incidence rates reflect the number of newly diagnosed cases in a given population in a given year, regardless of outcome. Here, these rates are also age-adjusted.

Between 2007 and 2011, the service area reported an annual average age-adjusted prostate cancer incidence rate of 140.6 cases per 100,000 population.

- Better than the statewide incidence rate.
- Similar to the national incidence rate.
- Higher in Fulton County.
There was an annual average age-adjusted incidence rate of 115.2 female breast cancer cases per 100,000 in the St. Mary’s Healthcare Service Area.

- Better than the statewide incidence rate.
- Better than the national incidence rate.
- Higher in Fulton County.

The service area experienced an age-adjusted incidence rate of 78.6 lung cancer cases per 100,000.

- Worse than the statewide incidence rate.
- Worse than the national incidence rate.
- Comparable by county.

The area reported an age-adjusted colorectal cancer incidence rate of 53.1 cases per 100,000 population.

- Worse than the statewide incidence rate.
- Worse than the national incidence rate.
- Similar rates by county.

Cancer Incidence Rates by Site
(Annual Average Age-Adjusted Incidence per 100,000 Population, 2007-2011)

Sources: State Cancer Profiles: 2007-11

Notes:
- This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of cancers, adjusted to 2000 U.S. standard population age groups (under age 1, 1-4, 5-9, ..., 80-84, 85 and older). This indicator is relevant because cancer is a leading cause of death and it is important to identify cancers separately to better target interventions.
Prevalence of Cancer

Skin Cancer

A total of 5.4% of surveyed adults report having been diagnosed with skin cancer.

- Similar to what is found statewide.
- Similar to the national average.
- Similar by county.
- TREND: The prevalence marks a statistically significant increase over time.

### Prevalence of Skin Cancer

<table>
<thead>
<tr>
<th>County</th>
<th>2012</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fulton County</td>
<td>6.7%</td>
<td>5.4%</td>
</tr>
<tr>
<td>Montgomery County</td>
<td>4.3%</td>
<td>6.7%</td>
</tr>
<tr>
<td>St. Mary’s HC Service Area</td>
<td>4.2%</td>
<td>5.4%</td>
</tr>
<tr>
<td>NY</td>
<td>6.7%</td>
<td>6.7%</td>
</tr>
<tr>
<td>US</td>
<td>3.2%</td>
<td>5.4%</td>
</tr>
</tbody>
</table>

Sources:  
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 31]  
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:  
- Asked of all respondents.

Other Cancer

A total of 8.0% of respondents have been diagnosed with some type of (non-skin) cancer.

- Similar to the statewide prevalence.
- Similar to the national prevalence.
- Similar by county.
- TREND: The prevalence of cancer is similar to that found in 2012.
Prevalence of Cancer (Other Than Skin Cancer)

Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 30]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Cancer Risk

About 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 three cancer sites: female breast cancer (mammography); cervical cancer (Pap smear testing); and colorectal cancer (sigmoidoscopy and fecal occult blood testing).
Female Breast Cancer Screening

About Screening for Breast Cancer

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, 82.3% have 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).
- Similar by county.
- Among women 40+, 78.1% have had a mammogram in the past two years.
- TREND: Statistically unchanged since 2012.
Have Had a Mammogram in the Past Two Years
(Among Women Age 50-74)
Healthy People 2020 Target = 81.1% or Higher

<table>
<thead>
<tr>
<th>Location</th>
<th>2012 (%</th>
<th>2015 (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fulton County</td>
<td>81.4%</td>
<td>81.9%</td>
</tr>
<tr>
<td>Montgomery County</td>
<td>83.0%</td>
<td>82.3%</td>
</tr>
<tr>
<td>St. Mary's HC Service Area</td>
<td>82.3%</td>
<td>79.7%</td>
</tr>
<tr>
<td>NY</td>
<td>83.6%</td>
<td>83.6%</td>
</tr>
<tr>
<td>US</td>
<td>81.9%</td>
<td>82.3%</td>
</tr>
</tbody>
</table>

Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 128-129]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

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

**About Screening for Cervical Cancer**

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.


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, 81.6% have 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).
- Comparable by county.
- TREND: Statistically unchanged since 2012.
### Have Had a Pap Smear in the Past Three Years
(Among Women Age 21-65)

**Healthy People 2020 Target = 93.0% or Higher**

<table>
<thead>
<tr>
<th>Area</th>
<th>2012</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fulton County</td>
<td>81.9%</td>
<td>84.8%</td>
</tr>
<tr>
<td>Montgomery County</td>
<td>81.4%</td>
<td>81.6%</td>
</tr>
<tr>
<td>St. Mary’s HC Service Area</td>
<td>81.6%</td>
<td>81.6%</td>
</tr>
<tr>
<td>NY</td>
<td>77.9%</td>
<td></td>
</tr>
<tr>
<td>US</td>
<td>83.9%</td>
<td></td>
</tr>
</tbody>
</table>

**Notes:**
- Reflects female respondents age 21 to 65.
- *Note that the New York percentage represents all women age 18 and older.*

### Colorectal Cancer Screenings

**About Screening for Colorectal Cancer**

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, 76.8% 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 national findings.
- Satisfies the Healthy People 2020 target (70.5% or higher).
- Similar by county.
- TREND: Statistically unchanged over time.
Have Had a Colorectal Cancer Screening
(Among Adults Age 50-75)
Healthy People 2020 Target = 70.5% or Higher

Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 133]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents age 50 through 75.
- In this case, the term “colorectal screening” refers to adults age 50-75 receiving a FOBT (fecal occult blood test) in the past year and/or a lower endoscopy (sigmoidoscopy/colonoscopy) in the past 10 years.

Lower Endoscopy
Among adults age 50 and older, nearly 8 in 10 (79.2%) have had a lower endoscopy (sigmoidoscopy or colonoscopy) at some point in their lives.
- More favorable than New York findings.
- Similar to national findings.

Blood Stool Testing
Among adults age 50 and older, 32.9% have had a blood stool test (aka “fecal occult blood test”) within the past two years.
- Better than New York findings.
- Similar to national findings.
**Colorectal Cancer Screenings**
(Among St. Mary's Healthcare Service Area Adults Age 50 and Older, 2015)

- **Yes** 79.2%
  - NY = 71.7%
  - US = 75.2%
  - No 20.8%

- **Yes** 32.9%
  - NY = 13.2%
  - US = 36.9%
  - No 67.1%

**Ever Had Lower Endoscopy**

**Blood Stool Test in Past 2 Years**

Notes:
- Asked of respondents age 50 and older.
- Lower endoscopy includes either sigmoidoscopy or colonoscopy.

**Key Informant Input: Cancer**

Most key informants taking part in an online survey characterized Cancer as a “moderate problem” in the community.

**Perceptions of Cancer as a Problem in the Community**
(Key Informants, 2015)

- **Major Problem** 34.6%
- **Moderate Problem** 43.4%
- **Minor Problem** 13.2%
- **No Problem At All** 8.8%

Notes:
- Asked of all respondents.

**TOP CONCERNS**

Among those rating this issue as a “major problem,” reasons frequently related to the following:

**Prevalence/Incidence**

- The number of people who have cancer in the area. – Community/Business Leader
- It is a matter of statistical record that incidences of cancer per capita in the FM Region are higher than most other geographic areas of NY State. – Community/Business Leader
- Most, if not all, of the people in my community either have or had cancer or know someone who does. – Other Health Provider
The number of people who have been diagnosed with cancer in the county. – Community/Business Leader

The number of individuals you hear of with the disease. – Community/Business Leader

There seems to be a prevalence of cancer in this area. It appears that almost every family is affected by it, either directly or indirectly. – Social Services Provider

Number of people diagnosed with cancer. – Other Health Provider

Increasing diagnosis of cancer with very limited wrap-around and holistic support for patients and families. – Other Health Provider

Due to the large population with this diagnosis. – Other Health Provider

High number of cases. – Community/Business Leader

Studies show that there is a very high rate of certain cancers in our area throughout the Mohawk Valley. – Community/Business Leader

A lot of people in this area have cancer. – Other Health Provider

Statistically our area has higher than average cancer rates for some types of cancer. – Other Health Provider

Seems to be more prevalent than any other disease. – Community/Business Leader

High incidence in Fulton and Montgomery Counties. – Physician

Everyone knows at least one person who has cancer right now. – Other Health Provider

Every person that I know is related, or knows someone with that. Four out of ten that I personally know has been diagnosed with some type of cancer. – Other Health Provider

I happen to know many people with cancer and many survivors. The location of a cancer treatment center in Amsterdam seems to substantiate. My knowledge of people with cancer has increased in recent years. – Community/Business Leader

I personally know several people who have been diagnosed with cancer in this community. The number of people with cancer seems disproportionately high compared to the overall population. – Community/Business Leader

A lot of patients come to Saint Mary’s for cancer treatment. – Community/Business Leader

Lack of Early Detection/Screenings

Not having screening early enough to detect the cancer. – Other Health Provider

Lack of education on screening services. – Other Health Provider

I believe that cancer is a major problem in this community due to the lack of preventative care and lack of affordable insurance. Community members do not seek medical help when ill or participate in annual screenings and exams. For some, seeking out medical help is taboo. This type of attitude tends to be multi-generational and common among our elderly. – Social Services Provider

Prevention education at SMH supports early detection. Low or no-cost screenings makes detection possible. Smoking prevalence remains high. Exposure of carcinogens in the past has contributed. – Other Health Provider

The ability for everyone to afford the exploratory or routine screenings for cancer and if identified, the treatment of cancer makes this a major problem in our area. – Community/Business Leader

Too often we are hearing of community members being diagnosed at younger ages with more aggressive forms of cancer. Additionally, services for cancer patients are limited in this area, and it’s financially, physically and emotionally difficult to travel to the places where services are provided, usually Albany, NYC, Buffalo, or Boston. Transportation is a real problem for people. Cancer seems to be on an uptick. Tobacco use is a serious factor in this area and we are well aware of the connection from tobacco to cancer. Many people from disparaged populations are using tobacco still, even though there is so much work being done around tobacco use. Spit tobacco is also a wildly popular nicotine device amongst young men locally. – Social Services Provider

Co-Occurrences

I believe this is due to the factory work many people have done as well as working in the leather mills. I sometimes question the air quality and water. – Other Health Provider

I believe the mills for leather and rugs left behind carcinogens that have affected the water and ground. This fact added to a great outsourcing of intellectual resources and consequent lower
Paying jobs left a low-grade depression to the area in material, emotional and visionary outlook. – Other Health Provider

Risk factors that include an older community, smoking, lack of understanding or access to solid nutrition, other environmental causes. – Community/Business Leader

Because of the high incidence of smoking and tobacco use. – Other Health Provider

Risk factor prevalence. – Community/Business Leader

**Aging Population**

Age of population, past employment in industries that did not protect workers. Potential that younger individuals not using preventive measures and some people don’t think cancer will happen to them. – Social Services Provider

We have an aging population and with this comes many major illnesses. Our cancer rate continues to grow. – Community/Business Leader

Not enough access to medical needs for the elderly. Can’t get the medical attention they need. People aren’t taking the health risks seriously and getting the proper screenings done. – Social Services Provider

**Lifestyle**

Lifestyle choices, lack of medical care through patient decision. Lack of care due to access issues. Lack of insurance coverage, out of pocket medical cost. – Other Health Provider

Poor nutrition, a lot of smokers, people are not getting recommended screenings. – Other Health Provider

**Data**

Based on statistical analysis. – Public Health Representative

Documented as a major issue. – Community/Business Leader
Respiratory Disease

About Asthma & COPD

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.

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 2011 and 2013, the service area reported an annual average age-adjusted CLRD mortality rate of 58.7 deaths per 100,000 population.

- Much higher than found statewide.
- Much higher than the national rate.
- Particularly high in Montgomery County.

CLRD: Age-Adjusted Mortality
(2011-2013 Annual Average Deaths per 100,000 Population)

TREND: CLRD mortality in the St. Mary’s Healthcare Service Area has increased over time, while state and national rates have been stable.

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.
### Community Health Needs Assessment

#### CLRD: Age-Adjusted Mortality Trends

(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 October 2015.

**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.
- CLRD is chronic lower respiratory disease.

<table>
<thead>
<tr>
<th>Year</th>
<th>St. Mary’s HC</th>
<th>NY</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>2004-2006</td>
<td>53.0</td>
<td>32.4</td>
<td>42.2</td>
</tr>
<tr>
<td>2005-2007</td>
<td>55.7</td>
<td>31.7</td>
<td>42.1</td>
</tr>
<tr>
<td>2006-2008</td>
<td>51.5</td>
<td>31.5</td>
<td>42.4</td>
</tr>
<tr>
<td>2007-2009</td>
<td>52.2</td>
<td>31.8</td>
<td>42.4</td>
</tr>
<tr>
<td>2008-2010</td>
<td>51.0</td>
<td>31.8</td>
<td>42.9</td>
</tr>
<tr>
<td>2009-2011</td>
<td>54.8</td>
<td>31.4</td>
<td>43.2</td>
</tr>
<tr>
<td>2010-2012</td>
<td>57.3</td>
<td>31.3</td>
<td>42.5</td>
</tr>
<tr>
<td>2011-2013</td>
<td>58.7</td>
<td>31.1</td>
<td>42.0</td>
</tr>
</tbody>
</table>

#### Pneumonia/Influenza Deaths

Between 2011 and 2013, there was an annual average age-adjusted pneumonia influenza mortality rate of 16.7 deaths per 100,000 population in the area.

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

**Sources:** CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2015.

**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.

---

**For prevalence of vaccinations for pneumonia and influenza, see also Immunization & Infectious Disease.**
• TREND: Pneumonia/influenza mortality has fluctuated considerably in the service area, but has increased in the most recent reporting years. Statewide and nationally, pneumonia/influenza death rates have decreased.

![Pneumonia/Influenza: Age-Adjusted Mortality Trends](chart.png)

**Pneumonia/Influenza: Age-Adjusted Mortality Trends**
(Annual Average Deaths per 100,000 Population)

<table>
<thead>
<tr>
<th>Year</th>
<th>St. Mary's HC</th>
<th>NY</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>2004-2006</td>
<td>15.6</td>
<td>25.3</td>
<td>19.9</td>
</tr>
<tr>
<td>2005-2007</td>
<td>15.5</td>
<td>23.3</td>
<td>18.7</td>
</tr>
<tr>
<td>2006-2008</td>
<td>11.5</td>
<td>21.5</td>
<td>17.6</td>
</tr>
<tr>
<td>2007-2009</td>
<td>10.5</td>
<td>20.7</td>
<td>17.0</td>
</tr>
<tr>
<td>2008-2010</td>
<td>10.3</td>
<td>20.7</td>
<td>16.4</td>
</tr>
<tr>
<td>2009-2011</td>
<td>13.0</td>
<td>20.8</td>
<td>15.8</td>
</tr>
<tr>
<td>2010-2012</td>
<td>16.5</td>
<td>20.3</td>
<td>15.1</td>
</tr>
<tr>
<td>2011-2013</td>
<td>16.7</td>
<td>20.2</td>
<td>15.3</td>
</tr>
</tbody>
</table>

**Chronic Obstructive Pulmonary Disease (COPD)**

A total of 12.5% of St. Mary’s Healthcare Service Area adults suffer from chronic obstructive pulmonary disease (COPD, including emphysema and bronchitis).

- More than twice the state prevalence.
- Higher than the national prevalence.
- Similar findings by county.
- **NOTE**: in prior data, this question was asked slightly differently; respondents in 2012 were asked if they had ever been diagnosed with “chronic lung disease, including bronchitis or emphysema,” rather than “COPD or chronic obstructive pulmonary disease, including bronchitis or emphysema” as is asked currently.

**TREND**: In comparing to 2012 data, the change in prevalence is **not** statistically significant.
Prevalence of Chronic Obstructive Pulmonary Disease (COPD)

Sources:  
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 25]  
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.  
- Asked of all respondents.  
- Includes those having ever suffered from or been diagnosed with COPD or chronic obstructive pulmonary disease, including bronchitis or emphysema.  
- *In prior data, the term “chronic lung disease” was used, which also included bronchitis or emphysema.

<table>
<thead>
<tr>
<th>County</th>
<th>2012*</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fulton County</td>
<td>13.6%</td>
<td>11.4%</td>
</tr>
<tr>
<td>Montgomery</td>
<td>12.5%</td>
<td></td>
</tr>
<tr>
<td>St. Mary's HC</td>
<td>5.7%</td>
<td>8.6%</td>
</tr>
<tr>
<td>Service Area</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>US</td>
<td>13.1%</td>
<td>12.5%</td>
</tr>
</tbody>
</table>

Asthma

Adults

A total of 11.9% of service area adults currently suffer from asthma.

- Similar to the statewide prevalence.
- Similar to the national prevalence.
- Much higher in Fulton County.
- TREND: Statistically unchanged over time.

Adult Asthma: Current Prevalence

Sources:  
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 134]  
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.  
- Asked of all respondents.  
- Includes those who have ever been diagnosed with asthma, and who report that they still have asthma.

<table>
<thead>
<tr>
<th>County</th>
<th>2012</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fulton County</td>
<td>14.4%</td>
<td>11.9%</td>
</tr>
<tr>
<td>Montgomery</td>
<td>9.6%</td>
<td></td>
</tr>
<tr>
<td>St. Mary's HC</td>
<td>11.9%</td>
<td>9.7%</td>
</tr>
<tr>
<td>Service Area</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NY</td>
<td>9.4%</td>
<td></td>
</tr>
<tr>
<td>US</td>
<td>10.4%</td>
<td>11.9%</td>
</tr>
</tbody>
</table>
• Service area women are statistically more likely to suffer from asthma.

Currently Have Asthma
(St. Mary’s Healthcare Service Area, 2015)

Children
Among service area children under age 18, 16.5% currently have asthma.

• More than twice the national findings.
• More than twice as high in Montgomery County as in Fulton County.
• TREND: Statistically similar to 2012 findings.
Key Informant Input: Respiratory Disease

Nearly half of key informants taking part in an online survey characterized Respiratory Disease as a “moderate problem” in the community.

Perceptions of Respiratory Diseases as a Problem in the Community
(Key Informants, 2015)

<table>
<thead>
<tr>
<th>Major Problem</th>
<th>Moderate Problem</th>
<th>Minor Problem</th>
<th>No Problem At All</th>
</tr>
</thead>
<tbody>
<tr>
<td>19.7%</td>
<td>49.2%</td>
<td>25.8%</td>
<td>5.3%</td>
</tr>
</tbody>
</table>

Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

TOP CONCERNS

Among those rating this issue as a “major problem,” reasons frequently related to the following:

Smoking

Huge number of smokers and children who are forced to inhale second-hand smoke. – Community/Business Leader
Smoking rates, older housing stock. Environmental household issues. – Community/Business Leader
I think smokers that are reformed or those who continue to smoke suffering from various illness. I also think the environment adds to other respiratory issues, such as asthma. – Community/Business Leader
Large percentage of cigarette smokers. – Other Health Provider
Considerable smoking in this area. – Other Health Provider
Smoking. – Other Health Provider
Too many people smoke. Tobacco use is correlated to our low SES and people not wanting to believe it is as harmful as it is and that they can do something about it. Again, lack of motivation, victim mindset. – Other Health Provider
High incidence of smoking. – Other Health Provider

Prevalence/Incidence

Number of persons diagnosed. – Other Health Provider
Again, many with this diagnosis. – Other Health Provider
It seems that Mohawk Valley has a very high count of breathing issues. – Community/Business Leader
High incidence of COPD, asthma, above average smoking rates. – Community/Business Leader
We frequently treat patients in the Emergency Room with respiratory problems. – Other Health Provider
Significant number of COPD patients admitted to the hospital every year. Historic concerns related to environmental contaminants, smoking are significant risk factors. – Community/Business Leader
Business Leader
A lot of patients come to Saint Mary’s with respiratory problems which can often lead to death.
– Community/Business Leader

Co-Occurrences
Quality of air in the Mohawk Valley, seasonal changes, weather. – Community/Business Leader
Family history, history of smoking, residual from past employment, generational, high asthma rates and possibly related to other health issues such as obesity, weakness, inactivity. – Social Services Provider

Lack of Providers
People who have asthma and allergy-related diseases must travel to physicians outside of this area. – Community/Business Leader
Injury & Violence

About 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

Healthy People 2020 (www.healthypeople.gov)

Leading Causes of Accidental Death

Motor vehicle accidents, poisoning (including accidental drug overdose), and falls accounted for over 7 in 10 accidental deaths in the area between 2011 and 2013.
Unintentional Injury

Age-Adjusted Unintentional Injury Deaths

Between 2011 and 2013, the area reported an annual average age-adjusted unintentional injury mortality rate of 35.8 deaths per 100,000 population.

- Much higher than the New York rate.
- Lower than the national rate.
- Similar to the Healthy People 2020 target (36.4 or lower).
- Higher in Fulton County.

Unintentional Injuries: Age-Adjusted Mortality
(2011-2013 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 36.4 or Lower

<table>
<thead>
<tr>
<th>Fulton County</th>
<th>Montgomery County</th>
<th>St. Mary's HC Service Area</th>
<th>NY</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>39.2</td>
<td>32.5</td>
<td>35.8</td>
<td>27.2</td>
<td>39.2</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 October 2015.

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.
TREND: Despite fluctuations, there is a recent upward trend in the unintentional injury mortality rate in the St. Mary’s Healthcare Service Area.

Unintentional Injuries: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 36.4 or Lower

Motor Vehicle Safety

Age-Adjusted Motor-Vehicle Related Deaths

Between 2011 and 2013, there was an annual average age-adjusted motor vehicle crash mortality rate of 11.5 deaths per 100,000 population in the St. Mary’s Healthcare Service Area.

Well above that found statewide.

Higher than found nationally.

Satisfies the Healthy People 2020 target (12.4 or lower).
Motor Vehicle Crashes: Age-Adjusted Mortality
(2011-2013 Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 12.4 or Lower

<table>
<thead>
<tr>
<th>St. Mary's HC Service Area</th>
<th>New York</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>11.5</td>
<td>6.3</td>
<td>10.7</td>
</tr>
</tbody>
</table>

TREND: The area’s mortality rate decreased over much of the past decade, despite some increases in recent years.

Motor Vehicle Crashes: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 12.4 or Lower

<table>
<thead>
<tr>
<th>Year</th>
<th>St. Mary’s HC</th>
<th>NY</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>2004-2006</td>
<td>15.7</td>
<td>7.8</td>
<td>14.6</td>
</tr>
<tr>
<td>2005-2007</td>
<td>16.3</td>
<td>7.6</td>
<td>14.3</td>
</tr>
<tr>
<td>2006-2008</td>
<td>11.4</td>
<td>7.2</td>
<td>13.5</td>
</tr>
<tr>
<td>2007-2009</td>
<td>9.2</td>
<td>6.5</td>
<td>12.4</td>
</tr>
<tr>
<td>2008-2010</td>
<td>8.2</td>
<td>6.2</td>
<td>11.4</td>
</tr>
<tr>
<td>2009-2011</td>
<td>9.4</td>
<td>6.3</td>
<td>10.8</td>
</tr>
<tr>
<td>2010-2012</td>
<td>9.0</td>
<td>6.4</td>
<td>10.7</td>
</tr>
<tr>
<td>2011-2013</td>
<td>11.5</td>
<td>6.3</td>
<td>10.7</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 October 2015.

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.
Seat Belt Usage - Adults

Most service area adults (93.0%) report “always” wearing a seat belt when driving or riding in a vehicle.

- More favorable than New York findings.
- More favorable than the percentage found nationally.
- Similar to the Healthy People 2020 target of 92.0% or higher.
- Similar by county.
- TREND: Marks a statistically significant increase over time.

“Always” Wear a Seat Belt
When Driving or Riding in a Vehicle
Healthy People 2020 Target = 92.0% or Higher

No significant disparities by demographic characteristics.

Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 49]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
"Always" Wear a Seat Belt When Driving or Riding in a Vehicle
(St. Mary's Healthcare Service Area, 2015)
Healthy People 2020 Target = 92.0% or Higher

Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 49]

Notes:
- Asked of all 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 98.6% of 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.

- Better than what is found nationally.
- TREND: Marks a statistically significant increase over time.

Child “Always” Wears a Seat Belt or Appropriate Restraint When Riding in a Vehicle
(Among Parents of Children Age 0-17)

Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 122]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents with children 0 to 17 in the household.
**Bicycle Safety**

Nearly two-thirds of service area children age 5 to 17 (63.3%) are reported to “always” wear a helmet when riding a bicycle.

- Much higher than the national prevalence.
- TREND: Statistically unchanged over time.

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

(Among Parents of Children Age 5-17)

- 63.3% of children in St. Mary's Healthcare Service Area report always wearing a helmet.
- 48.7% of children in the US report always wearing a helmet.
- 58.8% in 2012 and 63.3% in 2015 in St. Mary's Healthcare Service Area.

**Firearm Safety**

**Age-Adjusted Firearm-Related Deaths**

Between 2011 and 2013, the area reported an annual average age-adjusted rate of 7.7 deaths per 100,000 population due to firearms.

- Higher than found statewide.
- Lower than found nationally.
- Satisfies the Healthy People 2020 objective (9.3 or lower).
Firearms-Related Deaths: Age-Adjusted Mortality
(2011-2013 Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 9.3 or Lower

<table>
<thead>
<tr>
<th>Service Area</th>
<th>Mortality Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>St. Mary's HC Service Area</td>
<td>7.7</td>
</tr>
<tr>
<td>New York</td>
<td>4.9</td>
</tr>
<tr>
<td>United States</td>
<td>10.2</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 US Standard Population.

Presence of Firearms in Homes
Overall, more than 4 in 10 service area adults (42.0%) have a firearm kept in or around their home.

- Higher than the national prevalence.
- Highest in Fulton County (half of respondents report keeping firearms).
- TREND: Similar to that reported in 2012.
- Among St. Mary’s Healthcare Service Area households with children, 51.1% have a firearm kept in or around the house (higher than reported nationally).
- TREND: The prevalence of firearms in households with children has increased significantly over time (not shown).
Have a Firearm Kept in or Around the Home

**Households With Children:** 51.1% (vs. 37.4% nationwide)

Reports of firearms in or around the home are more prevalent among the following respondent groups:

- Men.
- Higher-income households.
- (The differences by age are not statistically significant.)

Have a Firearm Kept in or Around the House
(St. Mary's Healthcare Service Area, 2015)

Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 52]
Notes:
- Asked of all respondents.
- In this case, firearms include pistols, shotguns, rifles, and other types of guns; this does not include starter pistols, BB guns, or guns that cannot fire.
Among St. Mary’s Healthcare Service Area households with firearms, 5.8% report that there is at least one weapon that is kept unlocked and loaded.

- Well below that found nationally.
- Similar findings by county (not shown).
- TREND: Marks a statistically significant improvement over time.

### Household Has An Unlocked, Loaded Firearm

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

- **9.3%** in 2012
- **9.3%** in US

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.8%</td>
<td>94.2%</td>
</tr>
</tbody>
</table>

**St. Mary’s Healthcare Service Area**

**US**

*Sources:* PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 138]

*2013 PRC National Health Survey, Professional Research Consultants, Inc.*

*Notes:*  
- Asked of all respondents with a firearm in or around the home.
- In this case, firearms include pistols, shotguns, rifles, and other types of guns; this does not include starter pistols, BB guns, or guns that cannot fire.

### Intentional Injury (Violence)

#### Violent Crime

**Violent Crime Rates**

Between 2010 and 2012, there were a reported 136.3 violent crimes per 100,000 population in the St. Mary’s Healthcare Service Area.

- Dramatically lower than the New York rate for the same period.
- Dramatically lower than the national rate.
- Higher in Fulton County than in Montgomery County.
Violent Crime
(Rate per 100,000 Population, 2010-2012)

Self-Reported Violence
A total of 2.1% of service area adults acknowledge being the victim of a violent crime in the past five years.

- Statistically similar to national findings.
- Similar findings by county.
- TREND: Statistically unchanged over time.

Victim of a Violent Crime in the Past Five Years

Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 50]
2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: Asked of all respondents.
• Reports of violence are notably higher among young adults and residents living in the lower income category.

**Victim of a Violent Crime in the Past Five Years**
(St. Mary’s Healthcare Service Area, 2015)

![Chart showing the percentage of men and women who were victims of a violent crime in the past five years by income category.]

**Self-Reported Family Violence**
A total of 12.0% of respondents acknowledge that they have ever been hit, slapped, pushed, kicked, or otherwise hurt by an intimate partner.

- Statistically similar to national findings.
- Statistically similar by county.
- TREND: Denotes a statistically significant decrease since 2012.

**Have Ever Been Hit, Slapped, Pushed, Kicked, or Hurt in Any Way by an Intimate Partner**

![Chart showing the percentage of respondents who have ever been hit, slapped, pushed, kicked, or hurt in any way by an intimate partner by county and year.]

Respondents were told:
“By an intimate partner, I mean any current or former spouse, boyfriend, or girlfriend. Someone you were dating, or romantically or sexually intimate with would also be considered an intimate partner.”
Reports of domestic violence are also notably higher among:

- Women.
- 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, 2015)

<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>St. Mary’s HC Service Area</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>4.2%</td>
<td>19.2%</td>
<td>15.0%</td>
<td>12.0%</td>
<td>7.6%</td>
<td>22.2%</td>
<td>7.9%</td>
<td>12.0%</td>
</tr>
</tbody>
</table>

**Key Informant Input: Injury & Violence**

Half of key informants taking part in an online survey characterized *Injury & Violence* as a “moderate problem” in the community.

### Perceptions of Injury and Violence as a Problem in the Community

(Key Informants, 2015)

<table>
<thead>
<tr>
<th>Category</th>
<th>12.6%</th>
<th>50.4%</th>
<th>28.9%</th>
<th>8.1%</th>
</tr>
</thead>
</table>

**Sources:**
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 51]
- Asked of all respondents.

**Notes:**
- 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.
TOP CONCERNS

Among those rating this issue as a “major problem,” reasons frequently related to the following:

Prevalence/Incidence

- Child abuse, domestic violence and injuries at the workplace are issues for us. – Social Services Provider
- Domestic violence is a huge issue, also youth violence. – Social Services Provider
- Domestic violence seems to be a problem in our community based on some of the information we see through the Child Advocacy Center. – Other Health Provider
- A growing concern in all communities. – Other Health Provider
- Both counties are increasing in violence and drug use. – Other Health Provider
- There appears to be a number of violent acts being committed on our streets in the community, which leads me to believe there is a lot of drug abuse, alcohol abuse and mental illness. – Social Services Provider
- Per media and news, violence seems to be on the rise. More incarcerations. – Social Services Provider
- Because I have seen it. – Social Services Provider
- News, substance abuse, workplace violence. – Other Health Provider

Co-Occurrences

- Alcohol and substance abuse problems, DWI. – Community/Business Leader
- Injury: Large sports culture in Amsterdam, so many concussions happen in student athletes every year. Violence: We have a high rate of substance abuse in both counties, which historically lead to domestic violence outbreaks. It also goes back to the “broken windows theory”: If nobody takes the initiative to fix anything, then it will remain broken, and people will continue to live in deplorable conditions. – Public Health Representative

Contributing Factors

- Domestic violence, created by poor socio-economic conditions, growth of gangs, drug use. – Community/Business Leader
- Social norms, lack of education, family history, lack of referral to services, no offender accountability, lack of funding for services. – Social Services Provider
- Gang activity, poverty. – Other Health Provider

Community Awareness

- My concern for injury and violence is a lack of programming for awareness. These incidents are under reported and cannot be tracked, however violence is very much a part of the community. – Social Services Provider
Diabetes

About 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.

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.

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 2011 and 2013, there was an annual average age-adjusted diabetes mortality rate of 19.8 deaths per 100,000 population in the St. Mary’s Healthcare Service Area.

- Less favorable than that found statewide.
- More favorable than the national rate.
- Close to the Healthy People 2020 target (20.5 or lower, adjusted to account for diabetes mellitus-coded deaths).
- Similar rates by county.
Diabetes: Age-Adjusted Mortality
(2011-2013 Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 20.5 or Lower (Adjusted)

- TREND: Although fluctuating, diabetes mortality in the St. Mary’s Healthcare Service Area has generally tracked with state and national trends.

Diabetes: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 20.5 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 October 2015.

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.
- The Healthy People 2020 target for Diabetes is adjusted to account for only diabetes mellitus coded deaths.
Prevalence of Diabetes

A total of 10.8% of service area adults report having been diagnosed with diabetes.

- Similar to the statewide proportion.
- Similar to the national proportion.
- Statistically similar by county.
- TREND: Statistically unchanged since 2012.

In addition to the prevalence of diagnosed diabetes referenced above, another 6.6% of service area adults report that they have “pre-diabetes” or “borderline diabetes.”

- Comparable to the US prevalence.
- Similar findings by county (not shown).

Prevalence of Diabetes

Sources:  PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 136]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2013 New York data.

Notes:  Asked of all respondents.
- Local and national data exclude gestation diabetes (occurring only during pregnancy).
Note the strong positive correlation between diabetes and age, with 1 in 5 service area seniors with diabetes.

**Prevalence of Diabetes**
*(St. Mary's Healthcare Service Area, 2015)*

Diabetes Testing
Of survey respondents who have not been diagnosed with diabetes, 57.0% report having had their blood sugar level tested within the past three years.

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

Have Had Blood Sugar Tested in the Past Three Years
*(Among Non-Diabetics)*

Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 136]

Notes: Asked of respondents who have not been diagnosed with diabetes.

Excludes gestation diabetes (occurring only during pregnancy).
Key Informant Input: Diabetes
The greatest share of key informants taking part in an online survey characterized Diabetes as a “major problem” in the community.

Perceptions of Diabetes as a Problem in the Community (Key Informants, 2015)

<table>
<thead>
<tr>
<th>Perception</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major Problem</td>
<td>48.1%</td>
</tr>
<tr>
<td>Moderate Problem</td>
<td>29.8%</td>
</tr>
<tr>
<td>Minor Problem</td>
<td>16.8%</td>
</tr>
<tr>
<td>No Problem At All</td>
<td>5.3%</td>
</tr>
</tbody>
</table>

Sources: PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: Asked of all respondents.

TOP CONCERNS
Among those rating this issue as a “major problem,” reasons frequently related to the following:

Compliance
- Controlling diabetes is the biggest challenge day-to-day. Lifestyle and survival day-to-day decrease the needed time to plan and commit to blood sugar control. – Other Health Provider
- Overall knowledge, lack of motivation to eat right and exercise. – Community/Business Leader
- Non-compliance with doctor’s orders. Lack of education and understanding. The patients don’t understand the severity of their diabetes until it’s too late. – Social Services Provider
- Compliance with recommendations from doctors. Lack of knowledge about the disease due to lack of interest in education. – Social Services Provider
- Non-compliance. – Other Health Provider
- Non-compliance and poor support. No groups that I know of. – Community/Business Leader
- Self-management. I believe a lot of people either don’t know how to manage their diabetes properly or are unwilling to commit to doing so. – Community/Business Leader
- Controlling their diabetes. – Public Health Representative
- Compliance in medical management. They frequently have other medical conditions that go along with diabetes and they struggle to manage them all together. – Other Health Provider
- Non-compliance with doctor’s orders. – Community/Business Leader
- One’s ability to understand diabetes self-management and how to control their weight, shop for healthy foods and learn how to avoid complications. – Public Health Representative

Poor Nutrition
- Poor diets and difficulty following healthy meal plan and medical regimen. – Social Services Provider
- Poor diet, lack of exercise. – Physician
- Unhealthy diets, overweight issues. – Community/Business Leader
- Proper diet. – Other Health Provider
- Risk factors are significant. Poor nutritional status of so many in the community, obesity, lack of exercise, older population. – Community/Business Leader
Access to quick serve healthy food options and markets, such as SaladWorks. Access to diabetes navigators and information and programs locally. – Community/Business Leader

Poor nutrition, possibly lack of education, poverty, lack of motivation to exercise. – Community/Business Leader

Making appropriate food choices. People view healthy eating as too expensive and therefore not an option for them. – Other Health Provider

Lack of good nutritional care. – Community/Business Leader

Lack of Education

Education and cultural challenges. – Other Health Provider

Lack of knowledge, financial resources and motivation to eat better and exercise more. – Other Health Provider

Lack of education concerning their disease. – Other Health Provider

Education, access to Endocrinology. – Physician

Education and commitment to treatment plan. – Other Health Provider

We have limited DM education and support. Teaching for DM is horrible. No specialist and primary care providers do not know the specific details for DM patients. Poor control because there is a lack of expertise and follow up. – Other Health Provider

Prevalence/Incidence

The number of people that have it and the lack of information for the youth to avoid it. – Community/Business Leader

A great many patients come to St. Mary's for medical conditions that are complications of diabetes. – Community/Business Leader

Large population of patients with diabetes and obesity. They are not provided with the adequate information and supports in the community. – Other Health Provider

Large percentage of the population currently living with and diagnosed with diabetes. – Community/Business Leader

High risk population and the number of persons diagnosed with diabetes. – Other Health Provider

Access to Care

Not having access to the right medical supplies, cost of medical supplies is too high, people aren't getting the proper treatment they need. – Social Services Provider

Cannot afford all that it takes to stay healthy whether it is medical or purchasing food. – Community/Business Leader

Cost of healthcare with diabetes, supplies, obesity. – Other Health Provider

Getting the supplies needed without a huge cost to consumers. – Community/Business Leader

That we lack a fair amount of local places for people to go that are affordable or free, to participate in activities. Again, we must travel out of our area for much of our entertainment and activity. We are also limited, specifically in Fulton County, by the number of places one can go for health and fitness. We do not have good choices for fit-friendly foods, as we are surrounded by lots of fast food outlets. Our farmers markets are limited by times, locations and days. Not always conducive to the working man. Finally, we don't do enough education on diabetes, as many people see it as a problem only heavy people have. – Social Services Provider

Access to support and services, education, lack of Endocrinology. – Community/Business Leader

Access to care, limited health education, limited healthy food choices. – Social Services Provider

Contributing Factors

Taking care of themselves properly. – Community/Business Leader
**Lifestyle choices.** – Other Health Provider

People with it still not living healthy besides medication, soda, junk food, lack of exercise. – Community/Business Leader

Poverty, access to supermarkets to purchase fresh fruits and vegetables. – Community/Business Leader

Socio-economic environment is not conducive to diabetic care. Complex health problem. – Community/Business Leader

We have an elderly population with an increased obesity problem. Diabetes education is available but commitment varies due to financial, transportation and time constraints. Endocrinology services are limited and frequently require transportation. – Other Health Provider

**Obesity**

Obesity, difficulty in accessing a healthy diet. Lack of education. – Community/Business Leader

Obesity, lack of healthy food, lack of transportation to healthy food. – Community/Business Leader

Maintaining a healthy weight, diet and exercise. Becoming educated about how uncontrolled diabetes can negatively impact other systems in the body. – Social Services Provider

Obesity and lack of exercise and lower income leading to poor food choices. – Community/Business Leader

**Preventive Care**

Preventative treatment seems to be an issue. – Other Health Provider
Alzheimer’s Disease

**About Dementia**

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)

**Key Informant Input: Dementias, Including Alzheimer’s Disease**

Half of key informants taking part in an online survey consider Dementias, Including Alzheimer’s Disease to be a “moderate problem” in the community.

**Perceptions of Dementia/Alzheimer’s Disease as a Problem in the Community**

* (Key Informants, 2015)

- Major Problem 31.3%
- Moderate Problem 50.4%
- Minor Problem 16.8%
- No Problem At All

Sources:  
- PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes:  
- Asked of all respondents.

**TOP CONCERNS**

Among those rating this issue as a “major problem,” reasons frequently related to the following:

**Aging Population**

- Large percentage of the population is of advanced age. – Community/Business Leader
- Age of population, possibly past employment of individuals. – Social Services Provider
- Fulton and Montgomery Counties have some of the highest population of elderly persons in NYS. One out of every three seniors will die of some form of dementia, and one out of every seven live alone. There are resources, such as Fulton and Montgomery County Offices for the Aging, that will provide Meals on Wheels, meal site opportunities, and other social senior activities, but since our elderly population is growing, the Alzheimer’s disease epidemic is, as well. – Public Health Representative
- We have a high population of elderly in the community, and the risk of developing Alzheimer’s increases with age. Many of the elderly patients who are hospitalized, seen in the ER
frequently, or are institutionalized in a long term care facility have some degree of dementia. – Social Services Provider

The aging senior population in the area. – Community/Business Leader

Elderly population in both counties is high, incidence of dementia is high. – Physician

Elderly population and lower income may not seek regular medical care and go undiagnosed. – Community/Business Leader

Aging population. – Community/Business Leader

One of the oldest populations in NYS. – Community/Business Leader

Once again as an aging community we could be at high risk. – Community/Business Leader

High percentage of elderly. Poor availability of respite for caregivers. Need more support groups and volunteers. – Community/Business Leader

Prevalence/Incidence

Increasing prevalence. Cost and lack of quality care. – Community/Business Leader

Incidence is growing at a significant rate regionally and nationally. – Community/Business Leader

This disease is on the rise and with no cure or truly viable way to slow it's progression it will become an epidemic very soon. It not only affects the patient but the caregivers as well, which usually are the spouse and children. This is a multi-generational issue. – Community/Business Leader

Number of individuals diagnosed locally. – Community/Business Leader

Many patients coming to Saint Mary's have dementia or Alzheimer's disease. – Community/Business Leader

I feel it a major health concern in this area. I see many cases in our client population with caregivers struggling to care for them. – Other Health Provider

Have had family members and acquaintances diagnosed with dementia and Alzheimer's, as the population continues to age, it seems reasonable that these diagnoses will increase. – Community/Business Leader

Lack of Resources

Do not know of any specific doctors or services in the county. – Community/Business Leader

Difficult to find services. Physicians with knowledge deficit regarding the disease and treatment options. Distance from expert physicians. – Community/Business Leader

We have no resources to treat dementia and Alzheimer's disease. – Community/Business Leader

Not enough resources for families who are dealing with Alzheimer's and dementia. – Other Health Provider

Many of our clients have dementia. There are many people in the community who have dementia or are caring for someone with dementia. If you do not have private resources, there is not a lot of funding available for help for you and your family. – Other Health Provider

Not enough housing or day services for patients and their families. Limited home meal service, no respite for caregivers. – Social Services Provider

No short or long term care options in our community. – Other Health Provider

Need for increased daycare in rural areas. – Other Health Provider

Lack of Education

People are dealing with a lack of knowledge on the medical level in directing Alzheimer related issues to the right sources. Lack of communication is the biggest issue. – Community/Business Leader

People aren't being treated for the disease, don't know they have it, or don't know enough information about the disease. – Social Services Provider

Increasing societal understanding of dementia and Alzheimer's is leading to a greater need for services to address the issue. Efforts to maintain quality of life for those suffering as well as ensure access to self-care and education for caregivers is limited. Palliative Care and Hospice Care are needed but access is often limited. Better education for caregivers including professionals is needed to help understand disease progression and alternative methods of treatment for cognitive decline and behavior changes. – Other Health Provider
Diagnosis

The disease of dementia and Alzheimer’s is becoming more evident in the younger population. We are starting to see the Alzheimer’s type behaviors in the baby boomer’s group. – Other Health Provider

It appears there is an earlier onset of the disease than previously thought. Real and meaningful support to families coping with this disease is difficult. – Community/Business Leader
Kidney Disease

About Chronic 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 2011 and 2013 there was an annual average age-adjusted kidney disease mortality rate of 13.5 deaths per 100,000 population in the service area.

- Higher than the rate found statewide.
- Close to the national rate.
- Identical by county.

Kidney Disease: Age-Adjusted Mortality
(2011-2013 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 October 2015.

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.
TREND: The service area death rate has decreased in recent years. New York and US rates decreased as well during this time.

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

Prevalence of Kidney Disease
A total of 3.0% of area adults report having been diagnosed with kidney disease.

Prevalence of Kidney Disease

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2015.
- 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.

Prevalence of Kidney Disease

Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 33]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
-Asked of all respondents.
Note the positive correlation between age and kidney disease in the service area.

### Prevalence of Kidney Disease
(St. Mary’s Healthcare Service Area, 2015)

<table>
<thead>
<tr>
<th>Income Category</th>
<th>Men 2.0%</th>
<th>Women 3.8%</th>
<th>18 to 39 0.0%</th>
<th>40 to 64 2.7%</th>
<th>65+ 7.5%</th>
<th>Low Income 3.1%</th>
<th>Mid/High Income 1.8%</th>
<th>St. Mary’s HC Service Area 3.0%</th>
</tr>
</thead>
</table>

**Sources:**
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 33]

**Notes:**
- Asked of all 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.

### Key Informant Input: Chronic Kidney Disease

Key informants taking part in an online survey generally characterized Chronic Kidney Disease as a “moderate problem” in the community.

### Perceptions of Chronic Kidney Disease as a Problem in the Community
(Key Informants, 2015)

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major Problem</td>
<td>13.2%</td>
</tr>
<tr>
<td>Moderate Problem</td>
<td>48.8%</td>
</tr>
<tr>
<td>Minor Problem</td>
<td>29.8%</td>
</tr>
<tr>
<td>No Problem At All</td>
<td>8.3%</td>
</tr>
</tbody>
</table>

**Sources:**
- PRC Online Key Informant Survey, Professional Research Consultants, Inc.

**Notes:**
- Asked of all respondents.

### TOP CONCERNS

Among those rating this issue as a “major problem,” reasons frequently related to the following:

**Prevalence/Incidence**
- Number of patients. – Other Health Provider
  - We have a lot of patients with CKD and very minimal services. None in Fulton County. I do not
believe we do enough preventative testing to warn patients about CKD. Usually find out and
the kidney damage has already occurred. – Other Health Provider

Many patients come in to the hospital with renal failure. – Community/Business Leader

Increased hemodialysis patients. – Other Health Provider

More and more people on dialysis. I believe this could be due to uncontrolled HTN and
diabetes. – Other Health Provider

Due in part to the high population of diabetics in our area. – Community/Business Leader

**Contributing Factors**

- Risk factors including aging community, poor nutritional habits, diabetes. – Community/
  Business Leader

  I believe there are environmental and cultural aspects to this disease process.
  Expectations in these two counties is that disease is a consequence of aging. The prevention
  of disease is poorly understood and undervalued. The poverty mentality lends itself to survival
  focus. – Other Health Provider

  We live in an area where many people are not healthy. – Other Health Provider

**Access to Care**

- We have two hemodialysis centers in a small city and both are busy. – Social Services Provider
Potentially Disabling Conditions

About Arthritis, Osteoporosis & Chronic Back Conditions

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.

- Healthy People 2020 (www.healthypeople.gov)

Arthritis, Osteoporosis, & Chronic Back Conditions

Prevalence of Arthritis/Rheumatism

More than 4 in 10 service area adults age 50 and older (46.0%) report suffering from arthritis or rheumatism.

- Less favorable than that found nationwide.
- Similar findings by county.
- TREND: The prevalence of arthritis/rheumatism is similar to that reported in 2012.
Prevalence of Arthritis/Rheumatism
(Among Adults Age 50 and Older)

Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 139]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Reflects respondents age 50 and older.

---

Prevalence of Osteoporosis

A total of 13.9% 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 differences by county.
- TREND: Statistically unchanged over time.

---

Prevalence of Osteoporosis
(Among Adults Age 50 and Older)

Healthy People 2020 Target = 5.3% or Lower

Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 140]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Reflects respondents age 50 and older.
Prevalence of Sciatica/Chronic Back Pain

A total of 31.9% of survey respondents suffer from chronic back pain or sciatica.

- Much higher than that found nationwide.
- Similar findings by county.
- TREND: Denotes a statistically significant increase since 2012.

Key Informant Input: Arthritis, Osteoporosis & Chronic Back Conditions

Most key informants taking part in an online survey characterized Arthritis, Osteoporosis & Chronic Back Conditions as a “moderate problem” in the community.
TOP CONCERNS

Among those rating this issue as a "major problem," reasons frequently related to the following:

Aging Population

Aging population, also a lack of physical exercise, weight. – Community/Business Leader

Large elderly population. This community was a former mill town, resulting in a large amount of seniors that worked in factories, causing back issues and knee problems. We are also an obese community adding to this issue in a younger population. – Community/Business Leader

In many respects it ties back to the underlying problems associated with various factors, including that we serve an older community. Obesity, nutrition, lack of appropriate physical activity. – Community/Business Leader

Aging population. – Other Health Provider

We have a high elderly population and a high rate of those suffering from arthritis in our area. – Community/Business Leader

We have a very high elderly population in the community and the majority of them suffer from some degree of arthritis and osteoporosis. Many times this relates to falls and injury such as hip fractures or compression fractures of the spine that we see in the hospital and rehab facility. – Social Services Provider

Contributing Factors

I believe arthritis, osteoporosis and back issues are a major problem in our community because of posture, daily exercise, water intake and thought discipline are not part of daily life. – Other Health Provider

We see this in our work in home care. – Other Health Provider

Many jobs involve manual labor and lots of people come in with back complaints with limited community resources to help. – Physician

Lack of Providers/Services

We do not have a good selection of highly qualified doctors that specialize in this area. – Community/Business Leader

I believe they are chronic and by having Dr. Shen locally, it helps to address back issues. Unfortunately I do not think there is adequate care offerings for arthritis. – Community/Business Leader
Vision & Hearing Impairment

About Vision

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 6.0% of St. Mary’s Healthcare Service Area adults are blind or have trouble seeing even when wearing corrective lenses.

- Comparable to the statewide prevalence.
- More favorable than found nationwide.
- Comparable findings by county.
- TREND: Denotes a statistically significant decrease (improvement) over time.
- Among area adults age 65 and older, 10.8% have vision trouble.

Prevalence of Blindness/Trouble Seeing

Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 26]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
Hearing Trouble

About Hearing & Other Sensory or Communication Disorders

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, 13.2% of St. Mary’s Healthcare Service Area adults report being deaf or having difficulty hearing.

- Similar to that found nationwide.
- Unfavorably high in Fulton County.
- TREND: Statistically unchanged since 2012.
- Among area adults age 65 and older, 21.7% have partial or complete hearing loss.

Prevalence of Deafness/Trouble Hearing

Sources:  
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 27]  
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:  
- Asked of all respondents.
**Key Informant Input: Vision & Hearing**

The largest share of key informants taking part in an online survey characterized *Vision & Hearing* as a “minor problem” in the community.

---

**Perceptions of Hearing and Vision as a Problem in the Community**

*(Key Informants, 2015)*

<table>
<thead>
<tr>
<th>Perception</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major Problem</td>
<td>38.0%</td>
</tr>
<tr>
<td>Moderate Problem</td>
<td>47.3%</td>
</tr>
<tr>
<td>Minor Problem</td>
<td>10.9%</td>
</tr>
<tr>
<td>No Problem At All</td>
<td>10.9%</td>
</tr>
</tbody>
</table>

Sources: PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: Asked of all respondents.

---

**TOP CONCERNS**

Among those rating this issue as a “major problem,” reasons related to the following:

**Lack of Providers**

- No known doctors. – Community/Business Leader
- We do not have high quality physicians in this area. I have to travel to Albany or Saratoga to see specialists. – Community/Business Leader

**Insurance Issues**

- Insurance does not cover many of the providers in this field and individuals refuse to pay or cannot afford to pay for these services. – Social Services Provider
Infectious Disease
Influenza & Pneumonia Vaccination

About Influenza & Pneumonia

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, 55.3% received a flu shot (or FluMist®) within the past year.

- Well below the New York finding.
- Comparable to the national finding.
- Fails to satisfy the Healthy People 2020 target (70% or higher).
- Statistically comparable by county.
- TREND: Statistically unchanged since 2012.

Older Adults: Have Had a Flu Vaccination in the Past Year

(Among Adults Age 65+)

Healthy People 2020 Target = 70.0% or Higher

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

Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 141]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Reflects respondents 65 and older.
- Includes Flumist as a form of vaccination.
High-Risk Adults

A total of 44.8% of high-risk adults age 18 to 64 received a flu vaccination (flu shot or FluMist®) within the past year.

- Similar to national findings.
- Fails to satisfy the Healthy People 2020 target (70% or higher).
- Favorably high in Fulton County.
- TREND: Statistically unchanged over time.

High-Risk Adults: Have Had a Flu Vaccination in the Past Year
(Among High-Risk Adults Age 18-64)
Healthy People 2020 Target = 70.0% or Higher

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fulton County</td>
<td>53.2%</td>
<td>44.8%</td>
</tr>
<tr>
<td>Montgomery County</td>
<td>36.7%</td>
<td></td>
</tr>
<tr>
<td>St. Mary’s HC Service Area</td>
<td>44.8%</td>
<td></td>
</tr>
<tr>
<td>US</td>
<td>45.9%</td>
<td></td>
</tr>
</tbody>
</table>

St. Mary’s Healthcare Service Area

Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 142]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Reflects high-risk respondents age 18-64.
- “High-Risk” includes adults age 18 to 64 who have been diagnosed with heart disease, diabetes or respiratory disease.
- Includes FluMist as a form of vaccination.

Pneumonia Vaccination

Among adults age 65 and older, 75.6% have received a pneumonia vaccination at some point in their lives.

- Better than the New York finding.
- Statistically similar to the national finding.
- Fails to satisfy the Healthy People 2020 target of 90% or higher.
- Much higher in Fulton County.
- TREND: Denotes a statistically significant increase over time.
Older Adults: Have Ever Had a Pneumonia Vaccine  
(Among Adults Age 65+)  
Healthy People 2020 Target = 90.0% or Higher

<table>
<thead>
<tr>
<th>Fulton County</th>
<th>Montgomery County</th>
<th>St. Mary's HC Service Area</th>
<th>NY</th>
<th>US</th>
<th>2012</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>80.8%</td>
<td>70.9%</td>
<td>75.6%</td>
<td>65.1%</td>
<td>68.4%</td>
<td>59.8%</td>
<td>75.6%</td>
</tr>
</tbody>
</table>

Sources:  
* PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 143]  
  * 2013 PRC National Health Survey, Professional Research Consultants, Inc.  

Notes:  
* Reflects respondents 65 and older.

High-Risk Adults

A total of 34.1% of high-risk adults age 18 to 64 have ever received a pneumonia vaccination.

- Statistically similar to national findings.
- Fails to satisfy the Healthy People 2020 target (60% or higher).
- Statistically comparable by county.
- TREND: Statistically unchanged since 2012.

High-Risk Adults: Have Ever Had a Pneumonia Vaccine  
(Among High-Risk Adults Age 18-64)  
Healthy People 2020 Target = 60.0% or Higher

<table>
<thead>
<tr>
<th>Fulton County</th>
<th>Montgomery County</th>
<th>St. Mary's HC Service Area</th>
<th>US</th>
<th>2012</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>41.0%</td>
<td>26.6%</td>
<td>34.1%</td>
<td>41.9%</td>
<td>30.5%</td>
<td>34.1%</td>
</tr>
</tbody>
</table>

Sources:  
* PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 144]  
  * 2013 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.
About 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 Prevalence

In 2010, the St. Mary’s Healthcare Service Area reported a prevalence of 152.7 HIV cases per 100,000 population.

- Much more favorable than the statewide prevalence.
- More favorable than the national prevalence.
- Higher in Montgomery County than in Fulton County.

HIV Prevalence
(Prevalence Rate of HIV per 100,000 Population, 2010)

Sources: Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention: 2010.

Notes: This indicator is relevant because HIV is a life-threatening communicable disease that disproportionately affects minority populations and may also indicate the prevalence of unsafe sex practices.

HIV Testing

Among St. Mary’s Healthcare Service Area adults age 18-44, 8.1% report that they have been tested for human immunodeficiency virus (HIV) in the past year.

- Well below the proportion found nationwide.
- TREND: Marks a statistically significant decrease since 2012.
Tested for HIV in the Past Year
(Among Adults Age 18-44)

By demographic characteristics:

- Men and persons living in the higher income breakout more often report having been tested for HIV.

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

Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 145]

Notes: Reflects respondents age 18 to 44.
**Key Informant Input: HIV/AIDS**

A large share of key informants taking part in an online survey characterized HIV/AIDS as a “minor problem” in the community.

---

**Perceptions of HIV/AIDS as a Problem in the Community**

(Key Informants, 2015)

<table>
<thead>
<tr>
<th></th>
<th>Major Problem</th>
<th>Moderate Problem</th>
<th>Minor Problem</th>
<th>No Problem At All</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respondents (%)</td>
<td>7.6%</td>
<td>39.7%</td>
<td>44.3%</td>
<td>8.4%</td>
</tr>
</tbody>
</table>

Sources:  
- PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes:  
- Asked of all respondents.

---

**Top Concerns**

Among those rating this issue as a “major problem,” reasons related to the following:

**Lack of Providers/Services**

- Not aware of specific help. – Community/Business Leader
- To my knowledge, there are no resources for treatment of this disease in our area. – Community/Business Leader
- I do not believe there is in the community a provider that can treat and follow HIV/AIDS patients. – Other Health Provider

**Education**

- We do have safe needle projects in both our counties. Students in schools need to understand how it is transmitted and where to get themselves protection if needed. – Public Health Representative
Sexually Transmitted Diseases

About Sexually Transmitted Diseases

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.

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. 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 these factors. Social, economic, and behavioral factors that affect the spread of STDs include: racial and ethnic disparities; poverty and marginalization; access to healthcare; substance abuse; sexuality and secrecy (stigma and discomfort discussing sex); and sexual networks (persons "linked" by sequential or concurrent sexual partners).

- Healthy People 2020 (www.healthypeople.gov)

Chlamydia & Gonorrhea

In 2012, the chlamydia incidence rate in the St. Mary’s Healthcare Service Area was 274.0 cases per 100,000 population.

- Notably lower than the New York incidence rate.
- Notably lower than the national incidence rate.
- Higher in Fulton County than in Montgomery County.

The gonorrhea incidence rate in the St. Mary’s Healthcare Service Area was 29.5 cases per 100,000 population in 2012.

- Notably lower than the New York incidence rate.
Notably lower than the national incidence rate.

Higher in Fulton County than in Montgomery County.

**Chlamydia & Gonorrhea Incidence**

(Incidence Rate per 100,000 Population, 2012)

<table>
<thead>
<tr>
<th>Incidence Rate</th>
<th>Fulton County</th>
<th>Montgomery County</th>
<th>St. Mary's HC</th>
<th>NY</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chlamydia</td>
<td>284.5</td>
<td>262.4</td>
<td>516.5</td>
<td>466.7</td>
<td></td>
</tr>
<tr>
<td>Gonorrhea</td>
<td>274.0</td>
<td>24.0</td>
<td>29.5</td>
<td>116.0</td>
<td>107.5</td>
</tr>
</tbody>
</table>

**Hepatitis B Vaccination**

A total of 38.1% of surveyed adults report having received the hepatitis B vaccination series.

- Below what is reported nationwide.
- Similar findings by county.
- TREND: Statistically unchanged over time.

**Have Completed the Hepatitis B Vaccination Series**

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Fulton County</th>
<th>Montgomery County</th>
<th>St. Mary's HC</th>
<th>US</th>
<th>2012</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>39.5%</td>
<td>36.8%</td>
<td>38.1%</td>
<td>44.7%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Sources:**

**Notes:**
- This indicator is relevant because it is a measure of poor health status and indicates the prevalence of unsafe sex practices.
- Note the negative correlation between age and hepatitis B vaccination.
- In addition, residents living at higher incomes are much more likely than those with lower incomes to have received the hepatitis B vaccine.

**Have Completed the Hepatitis B Vaccination Series**
(St. Mary’s Healthcare Service Area, 2015)

<table>
<thead>
<tr>
<th>Gender</th>
<th>Income</th>
<th>St. Mary’s HC Service Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>Low</td>
<td>38.4%</td>
</tr>
<tr>
<td></td>
<td>Mid/High</td>
<td>37.9%</td>
</tr>
<tr>
<td></td>
<td>18 to 39</td>
<td>60.4%</td>
</tr>
<tr>
<td></td>
<td>40 to 64</td>
<td>35.1%</td>
</tr>
<tr>
<td></td>
<td>65+</td>
<td>14.4%</td>
</tr>
<tr>
<td>Women</td>
<td>Low</td>
<td>34.1%</td>
</tr>
<tr>
<td></td>
<td>Mid/High</td>
<td>43.7%</td>
</tr>
<tr>
<td></td>
<td>18 to 39</td>
<td>38.1%</td>
</tr>
</tbody>
</table>

Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 70]

Notes: Asked of all 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.

**Safe Sexual Practices**

**Sexual Partners**

Among unmarried service area adults under age 65, the majority cites having one (50.7%) or no (35.8%) sexual partners in the past 12 months.

**Number of Sexual Partners in Past 12 Months**
(Among Unmarried Adults Age 18-64; St. Mary’s Healthcare Service Area, 2015)

- One 50.7%
- None 35.8%
- Two 9.4%
- Three/More 4.1%

Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 86]
Notes: Asked of all unmarried respondents under the age of 65.
However, 4.1% report three or more sexual partners in the past year.

- More favorable than that reported nationally.
- Similar findings by county.

**Had Three or More Sexual Partners in the Past Year**
*(Among Unmarried Adults Age 18-64)*

Unmarried respondents (age 18 to 64) more likely to report three or more sexual partners in the past year include:

- Residents age 40 to 64.
- Higher-income residents.

**Had Three or More Sexual Partners in the Past Year**
*(Among Unmarried Adults Age 18-64; St. Mary’s Healthcare Service Area, 2015)*

Sources:  
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 86]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:  
- Asked of all unmarried respondents under the age of 65.
- 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.
Condom Use
Among adults who are under age 65 and unmarried, 27.3% report that a condom was used during their last sexual intercourse.

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

Condom Was Used During Last Sexual Intercourse
(Among Unmarried Adults Age 18-64)

Those less likely to report that a condom was used during their last sexual intercourse include:

- Women.
- Residents age 40 through 64.
- Respondents with lower incomes.

Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 87]
2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: Asked of all unmarried respondents under the age of 65.
Condom Was Used During Last Sexual Intercourse
(Among Unmarried Adults Age 18-64; St. Mary’s Healthcare Service Area, 2015)

Key Informant Input: Sexually Transmitted Diseases
Half of key informants taking part in an online survey characterized Sexually Transmitted Diseases as a “moderate problem” in the community.

Perceptions of Sexually Transmitted Diseases as a Problem in the Community
(Key Informants, 2015)

TOP CONCERNS
Among those rating this issue as a “major problem,” reasons frequently related to the following:

Lack of Education
Not enough education about STDs. – Other Health Provider
Sexual education in schools often occur after youth are sexually active. Older adults who are re-entering the dating world are not aware of STI risks and do not use condoms because they are not worried about pregnancy. Mental health, poverty, and drug addiction are closely
associated with STI's and unintended pregnancy. – Other Health Provider

**Diagnosis**

Again, the facts here are under reported. As a social worker I am aware of individuals who are sexually active, have been affected and have not sought medical attention. STI's are widely spread across this county and there are no free clinics that individuals under the age of 18 can access for service in the local community. – Social Services Provider

** Contributing Factors **

Teenagers are sexually active at a very early age. Overall decline in the nation's sense of morality. Adultery and sexual promiscuity have increased. – Other Health Provider
Immunization & Infectious Diseases

Key Informant Input: Immunization & Infectious Diseases
The largest share of key informants taking part in an online survey characterized Immunization & Infectious Diseases as a “minor problem” in the community.

Perceptions of Immunization and Infectious Diseases as a Problem in the Community
(Key Informants, 2015)

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major Problem</td>
<td>39.5%</td>
</tr>
<tr>
<td>Moderate Problem</td>
<td>44.2%</td>
</tr>
<tr>
<td>Minor Problem</td>
<td>12.4%</td>
</tr>
<tr>
<td>No Problem At All</td>
<td></td>
</tr>
</tbody>
</table>

Sources:  ● PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes:  ● Asked of all respondents.

TOP CONCERNS
Among those rating this issue as a “major problem,” reasons related to the following:

Mass Media
Mass media is creating two ends of the spectrum on this issue. Some families are huge supporters of immunizations and others because of certain doctors or influential outspoken people are strictly against it. This could cause problems with certain diseases coming back in the picture. – Community/Business Leader

Lack of Providers
Lack of Infectious Disease providers. – Community/Business Leader
Births
Low birthweight babies, those who weigh less than 2,500 grams (5 pounds, 8 ounces) at birth, are much more prone to illness and neonatal death than are babies of normal birthweight.

Largely a result of receiving poor or inadequate prenatal care, many low-weight births and the consequent health problems are preventable.

Low-weight Births
(Percents of Live Births, 2006-2012)
Healthy People 2020 Target = 7.8% or Lower

<table>
<thead>
<tr>
<th></th>
<th>Fulton County</th>
<th>Montgomery County</th>
<th>St. Mary's HC Service Area</th>
<th>NY</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low-weight</td>
<td>7.4%</td>
<td>6.9%</td>
<td>7.1%</td>
<td>8.2%</td>
<td>8.2%</td>
</tr>
</tbody>
</table>

Sources:

Note:
- This indicator reports the percentage of total births that are low birth weight (Under 2500g). This indicator is relevant because low birth weight infants are at high risk for health problems. This indicator can also highlight the existence of health disparities.

Infant Mortality
Between 2011 and 2013, there was an annual average of 5.3 infant deaths per 1,000 live births.

- Close to 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**

(Annual Average Infant Deaths per 1,000 Live Births, 2006-2010)

**Healthy People 2020 Target = 6.0 or Lower**

<table>
<thead>
<tr>
<th>Fulton County</th>
<th>Montgomery County</th>
<th>St. Mary's HC Service Area</th>
<th>NY</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.9</td>
<td>5.7</td>
<td>5.3</td>
<td>5.4</td>
<td>6.5</td>
</tr>
</tbody>
</table>

**Sources:**
- Infant deaths include deaths of children under 1 year old.
- This indicator is relevant because high rates of infant mortality indicate the existence of broader issues pertaining to access to care and maternal and child health.

**Key Informant Input: Infant & Child Health**

Key informants taking part in an online survey generally characterized *Infant & Child Health* as a “moderate problem” or a “minor problem” in the community.

**Perceptions of Infant and Child Health as a Problem in the Community**

*(Key Informants, 2015)*

<table>
<thead>
<tr>
<th>Major Problem</th>
<th>Moderate Problem</th>
<th>Minor Problem</th>
<th>No Problem At All</th>
</tr>
</thead>
<tbody>
<tr>
<td>14.4%</td>
<td>39.4%</td>
<td>35.6%</td>
<td>10.6%</td>
</tr>
</tbody>
</table>

**Sources:**
- PRC Online Key Informant Survey, Professional Research Consultants, Inc.

**Notes:**
- Asked of all respondents.

**TOP CONCERNS**

Among those rating this issue as a “major problem,” reasons related to the following:

**Contributing Factors**

- Poverty, *education.* – Community/Business Leader
- Poverty and lack of proper education and training for the parents, possible with a very young parent. – Community/Business Leader
Poor families with children and inadequate insurance. – Community/Business Leader
Rural areas. – Other Health Provider
Some families do not have transportation to access regular health care. Economically disadvantaged families struggle to pay for health care and the transportation to get there. In addition, things like glasses, braces, and prescriptions often can’t be purchased due to costs. – Community/Business Leader
I think many parents are not informed regarding the best health paths for their children. People smoke, drink and engage in other unhealthy behaviors in the presence of their children. – Social Services Provider

Co-Occurrences
Lead. – Community/Business Leader
This starts a lifetime of healthy choices. – Community/Business Leader
Having a daycare, we have seen young children not be screened promptly for autism and other behavioral health problems. – Other Health Provider
Dirty and unsafe living conditions. Poor nutrition. Obesity rate is high. Physical activity is low. Now with Obama Care, it's not just low income families that have financial reasons for not seeking health care for their child. Middle class families’ health insurance premiums have skyrocketed causing them to reduce doctor visits because of increase in co-pays and premiums. – Community/Business Leader
High risk population, drug use, obesity. – Other Health Provider

Lack of Care
It seems a large portion of our children do not see a doctor unless it recommended by the school or CPS for a safe and appropriate return to school. The local community has suffered multiple infant and child deaths due to lack of appropriate parenting skills and knowledge, mental health involvement, CPS involvement after reports made, as well as lack of police involvement. Resources are scarce for parent skill building. – Social Services Provider
Lack of good prenatal care or education combined with younger, less educated parents leads to increasing issues with infant and child health. – Other Health Provider

Unplanned Pregnancies
We have a high rate of teenage pregnancy in Montgomery and Fulton Counties, and I can’t imagine these girls know much about taking care of infants and children. Many of them especially don’t know how to properly take care of their child’s nutritional needs, which leads to highest rates of infection and health issues down the line. – Public Health Representative
With all of the unintended pregnancies, there are many mothers and parents without adequate education on how to raise and take care of a child. – Other Health Provider
Births to Teen Mothers

About Teen Births

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)

Between 2006 and 2012, there was an annual average of 34.7 births to women age 15-19 per 1,000 population in that age group.

- Worse than the New York rate.
- Just below the national rate.
- Higher in Montgomery County.

Teen Birth Rate
(Births to Women Age 15-19 Per 1,000 Female Population Age 15-19, 2006-2012)

Sources:

Notes:
- This indicator reports the rate of total births to women under the age of 15-19 per 1,000 female population age 15-19. This indicator is relevant because in many cases, teen parents have unique social, economic, and health support services. Additionally, high rates of teen pregnancy may indicate the prevalence of unsafe sex practices.
Key Informant Input: Family Planning

The greatest share of key informants taking part in an online survey characterized Family Planning as a “moderate problem” in the community.

Perceptions of Family Planning as a Problem in the Community
(Key Informants, 2015)

<table>
<thead>
<tr>
<th>Major Problem</th>
<th>Moderate Problem</th>
<th>Minor Problem</th>
<th>No Problem At All</th>
</tr>
</thead>
<tbody>
<tr>
<td>20.7%</td>
<td>48.9%</td>
<td>21.5%</td>
<td>8.9%</td>
</tr>
</tbody>
</table>

Sources: PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: Asked of all respondents.

TOP CONCERNS

Among those rating this issue as a “major problem,” reasons related to the following:

Contributing Factors

More for the poor than the middle classes, sometimes pregnancy is seen as a way to get out of a bad home situation or keep an apartment. – Social Services Provider

Due to the socio-economic nature of our area large families that cannot sustain themselves are very much a common occurrence. – Community/Business Leader

It seems to me those who cannot afford to have children are having them, while those who can afford them are not. – Other Health Provider

Not enough education. – Social Services Provider

It is not talked about within the schools, homes and at the doctor’s office. People are naive about information and need to have more. – Other Health Provider

There are very limited resources in Montgomery County that allow for family planning, both for teens that are new parents, or families that are struggling to remain together. – Social Services Provider

Most of the problems come from transportation issues. If they do not have access to transportation, they cannot get to the appropriate place to purchase contraceptives. Also, I think there’s a lack of education in this community about safe sex and relationships. – Public Health Representative

Lack of transportation to family planning clinics, providers who are more accessible by public transportation do not offer most effective methods of birth control or are booked out for a very long period of time. – Other Health Provider

The OB/GYN selection in this area is very limited. The closest Planned Parenthood is at least 20 miles from our local community. There are no OB/GYN offices within 20-30 miles. – Social Services Provider

Teen Pregnancies

It appears as though there are many young people having children, multiple sometimes, without regard to making a plan, but just rolling with whatever happens. – Social Services Provider

There is a high rate of teen pregnancy in our community. – Other Health Provider

Young, unmarried adults having children and requesting social services assistance. – Community/Business Leader
We see an influx of young parents that continue to have children that they need help supporting because they are unable to do so on their own. – Social Services Provider

High teen pregnancy rate exceeds NYS average. – Community/Business Leader

Too many young girls having babies, too many single mothers. – Community/Business Leader

Many teenagers and young adults having children and are not prepared for it. – Other Health Provider

Continued growing number of teen pregnancies. – Community/Business Leader

There are many teenage pregnancies and many unintentional pregnancies in the community. – Other Health Provider

Many young, single mothers. – Community/Business Leader

Increasing numbers of births to younger, unprepared mothers and fathers. Lack of true follow up care for new parents, particularly those who fall into the 21-25 range. – Other Health Provider
Modifiable Health Risks
Actual Causes Of Death

About Contributors to Mortality

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.


Factors Contributing to Premature Deaths in the United States

While causes of death are typically described as the diseases or injuries immediately precipitating the end of life, a few important studies have shown that the actual causes of premature death (reflecting underlying risk factors) are often preventable.
### Leading Causes of Death

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

Nutrition

About Healthful Diet & Healthy Weight

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 41.9% of St. Mary’s Healthcare Service Area adults report eating five or more servings of fruits and/or vegetables per day.

- Similar to national findings.
• Similar findings by county.
• TREND: Fruit/vegetable consumption has not changed significantly since 2012.

Consume Five or More Servings of Fruits/Vegetables Per Day

Sources:  PRC Community Health Surveys, Professional Research Consultants, Inc.  [Item 146]
2013 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.

MODIFIED

Low-income adults are less likely to get the recommended servings of daily fruits/vegetables, as are older residents (negative correlation with age).

Consume Five or More Servings of Fruits/Vegetables Per Day
(St. Mary’s Healthcare Service Area, 2015)

Sources:  2015 PRC Community Health Survey, Professional Research Consultants, Inc.  [Item 146]
Notes:  Asked of all 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.
Access to Fresh Produce

**Difficulty Accessing Fresh Produce**

While most report little or no difficulty, 20.6% of St. Mary’s Healthcare Service Area adults report that it is “very” or “somewhat” difficult for them to access affordable, fresh fruits and vegetables.

**Level of Difficulty Finding Fresh Produce at an Affordable Price**

(St. Mary’s Healthcare Service Area, 2015)

- Not At All Difficult: 55.1%
- Not Too Difficult: 24.4%
- Somewhat Difficult: 16.1%
- Very Difficult: 4.5%

Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 91]
Notes: Asked of all respondents.

- More favorable than national findings.
- Similar by county.

**Find It “Very” or “Somewhat” Difficult to Buy Affordable Fresh Produce**

<table>
<thead>
<tr>
<th></th>
<th>Fulton County</th>
<th>Montgomery County</th>
<th>St. Mary’s HC Service Area</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>20.9%</td>
<td>20.2%</td>
<td>20.6%</td>
<td>24.4%</td>
</tr>
</tbody>
</table>

Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 91]
Notes: Asked of all respondents.
Those more likely to report difficulty getting fresh fruits and vegetables include:

- Women.
- Lower-income residents.

**Find It “Very” or “Somewhat” Difficult to Buy Affordable Fresh Produce**
(St. Mary’s Healthcare Service Area, 2015)

![Bar chart showing the percentage of different groups finding it difficult to buy fresh produce.]

**Low Food Access (Food Deserts)**

US Department of Agriculture data show that 29.5% of the St. Mary’s Healthcare Service Area population (representing over 31,000 residents) have low food access or live in a “food desert,” meaning that they do not live near a supermarket or large grocery store.

- Less favorable than statewide findings.
- Less favorable than national findings.
- Unfavorably high in Montgomery County.
Population With Low Food Access
(Population That Is Far From a Supermarket or Large Grocery Store, 2010)

The following map provides an illustration of food deserts by census tract. Note the large share of residents with limited food access in the central and eastern portions of the service area.

Population With Limited Food Access, Percent by Tract, FARA 2010

Sources:

Notes:
- This indicator reports the percentage of the population living in census tracts designated as food deserts. A food desert is defined as low-income areas where a significant number or share of residents is far from a supermarket, where "far" is more than 1 mile in urban areas and more than 10 miles in rural areas. This indicator is relevant because it highlights populations and geographies facing food insecurity.

- The following map provides an illustration of food deserts by census tract. Note the large share of residents with limited food access in the central and eastern portions of the service area.
Health Advice About Diet & Nutrition

A total of 39.8% of survey respondents acknowledge that a physician counseled them about diet and nutrition in the past year.

- Nearly identical to national findings.
- Lower in Montgomery County (not shown).
- TREND: Statistically unchanged since 2012.
- Note: Among overweight/obese respondents, 41.1% report receiving diet/nutrition advice (meaning that nearly 6 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)

<table>
<thead>
<tr>
<th>Weight Classification</th>
<th>St. Mary’s Healthcare Service Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>St. Mary’s HC: Healthy Weight</td>
<td>33.2%</td>
</tr>
<tr>
<td>St. Mary’s HC: Overweight or Obese</td>
<td>41.1%</td>
</tr>
<tr>
<td>St. Mary’s HC: All Adults</td>
<td>39.8%</td>
</tr>
<tr>
<td>US: All Adults</td>
<td>39.2%</td>
</tr>
<tr>
<td>2012</td>
<td>40.1%</td>
</tr>
<tr>
<td>2015</td>
<td>39.8%</td>
</tr>
</tbody>
</table>

Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 18]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
Physical Activity

About 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); and 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); and 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.

Leisure-Time Physical Activity

A total of 24.1% of St. Mary’s Healthcare Service Area adults report no leisure-time physical activity in the past month.

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

Similar by county.

TREND: Statistically unchanged since 2012.

No Leisure-Time Physical Activity in the Past Month
Healthy People 2020 Target = 32.6% or Lower

Lack of leisure-time physical activity in the area is higher among:

- Women.
- Seniors.
- Lower-income residents.

Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 92]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all 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

**Recommended Levels of Physical Activity**

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 47.1% 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.
- Comparable by county.
- TREND: Statistically unchanged since 2012.

**Meets Physical Activity Recommendations**

<table>
<thead>
<tr>
<th>County</th>
<th>2012</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fulton County</td>
<td>44.8%</td>
<td></td>
</tr>
<tr>
<td>Montgomery County</td>
<td>49.2%</td>
<td></td>
</tr>
<tr>
<td>St. Mary's HC</td>
<td>47.1%</td>
<td></td>
</tr>
<tr>
<td>Service Area</td>
<td></td>
<td>50.3%</td>
</tr>
<tr>
<td>US</td>
<td></td>
<td>46.2%</td>
</tr>
</tbody>
</table>

Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 147]
- 2013 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:

- Women.
- Seniors (negative correlation with age).
- Adults in households with lower incomes.

**Meets Physical Activity Recommendations**
(St. Mary’s Healthcare Service Area, 2015)

The individual indicators of moderate and vigorous physical activity are shown here.

**Moderate & Vigorous Physical Activity**

In the past month:

A total of 32.4% of adults participated in moderate physical activity (5 times a week, 30 minutes at a time).

- Similar to the national level.

A total of 35.9% participated in vigorous physical activity (3 times a week, 20 minutes at a time).

- Similar to the nationwide figure.
**Moderate & Vigorous Physical Activity**
(St. Mary’s Healthcare Service Area, 2015)

- **Moderate Physical Activity**
  - Yes: 32.4% US=30.6%
  - No: 67.6%

- **Vigorous Physical Activity**
  - Yes: 35.9% US=38.0%
  - No: 64.1%

**Sources:**
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 148-149]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

**Notes:**
- Asked of all respondents.
- Moderate Physical Activity: Takes part in exercise that produces only light sweating or a slight to moderate increase in breathing or heart rate at least 5 times per week for at least 30 minutes per time.
- Vigorous Physical Activity: Takes part in activities that cause heavy sweating or large increases in breathing or heart rate at least 3 times per week for at least 20 minutes per time.

**Access to Physical Activity**

**Access to Recreation & Fitness Facilities**

In 2013, there were 7.6 recreation/fitness facilities for every 100,000 population in the St. Mary’s Healthcare Service Area.

- Below what is found statewide.
- Below what is found nationally.
- Much higher in Fulton County.

**Population With Recreation & Fitness Facility Access**
(Number of Recreation & Fitness Facilities per 100,000 Population, 2013)

<table>
<thead>
<tr>
<th></th>
<th>Fulton County</th>
<th>Montgomery County</th>
<th>St. Mary’s HC Service Area</th>
<th>NY</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facilities</td>
<td>10.8</td>
<td>4.0</td>
<td>7.6</td>
<td>11.5</td>
<td>9.7</td>
</tr>
</tbody>
</table>

**Sources:**
- US Census Bureau, County Business Patterns: 2013. Additional data analysis by CARES.
- Retrieved October 2015 from Community Commons at http://www.chna.org

**Notes:**
- Recreation and fitness facilities are defined by North American Industry Classification System (NAICS) Code 713940, which include Establishments engaged in operating facilities which offer “exercise and other active physical fitness conditioning or recreational sports activities.” Examples include athletic clubs, gymnasiums, dance centers, tennis clubs, and swimming pools. This indicator is relevant because access to recreation and fitness facilities encourages physical activity and other healthy behaviors.
Health Advice About Physical Activity & Exercise

A total of 42.3% 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.

- Similar to the national average.
- TREND: Similar to 2012 survey findings.
- Note: 45.5% of overweight/obese 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)

<table>
<thead>
<tr>
<th>Weight Classification</th>
<th>St. Mary’s Healthcare Service Area</th>
<th>US: All Adults</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy Weight</td>
<td>36.6%</td>
<td>47.2%</td>
</tr>
<tr>
<td>Overweight or Obese</td>
<td>45.5%</td>
<td>42.3%</td>
</tr>
<tr>
<td>All Adults</td>
<td>42.3%</td>
<td>44.0%</td>
</tr>
</tbody>
</table>

Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 19]

Notes: PRC National Health Survey, Professional Research Consultants, Inc.

### Children’s Physical Activity

Among St. Mary’s Healthcare Service Area children age 2 to 17, 60.7% are reported to have had 60 minutes of physical activity on each of the seven days preceding the interview (1+ hours per day).

- More favorable than found nationally.
- Similar findings by county (not shown).
- The difference by child’s gender is not statistically significant.
Child Is Physically Active for One or More Hours per Day
(Among Children Age 2-17)

Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 117]
2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents with children age 2-17 at home.
- Includes children reported to have one or more hours of physical activity on each of the seven days preceding the survey.

<table>
<thead>
<tr>
<th>SMHC Service Area: Boys</th>
<th>SMHC Service Area: Girls</th>
<th>St. Mary's Healthcare Service Area</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>54.7%</td>
<td>65.9%</td>
<td>60.7%</td>
<td>48.6%</td>
</tr>
</tbody>
</table>

Professional Research Consultants, Inc.
Weight Status

About Overweight & Obesity

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: [weight (pounds)/height squared (inches²)] x 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, only 25.6% of service area adults are at a healthy weight.
Less favorable than the New York prevalence.
Less favorable than national findings.
Fails to satisfy the Healthy People 2020 target (33.9% or higher).
Similar findings by county.
TREND: Statistically unchanged since 2012.

**Healthy Weight**
(Percent of Adults With a Body Mass Index Between 18.5 and 24.9)

<table>
<thead>
<tr>
<th></th>
<th>Fulton County</th>
<th>Montgomery County</th>
<th>St. Mary’s HC Service Area</th>
<th>NY</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>26.4%</td>
<td>24.8%</td>
<td>25.6%</td>
<td>36.3%</td>
<td>34.4%</td>
</tr>
<tr>
<td>2015</td>
<td>26.4%</td>
<td>24.8%</td>
<td>25.6%</td>
<td>36.3%</td>
<td>34.4%</td>
</tr>
</tbody>
</table>

Healthy People 2020 Target = 33.9% or Higher

Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 151]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- 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**
More than 7 in 10 service area adults (71.5%) are overweight.

- Higher than the New York prevalence.
- Higher than the US overweight prevalence.
- Unfavorably high in Montgomery County.
- TREND: Statistically unchanged since 2012.

Here, "overweight" includes those respondents with a BMI value ≥25.
Prevalence of Total Overweight
(Percent of Adults With a Body Mass Index of 25.0 or Higher)

Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 151]
- 2013 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.

Further, 34.6% of St. Mary’s Healthcare Service Area adults are obese.

- Less favorable than New York findings.
- Less favorable than US findings.
- Fails to satisfy the Healthy People 2020 target (30.5% or lower).
- Similar by county.
- TREND: Statistically unchanged over time.

Prevalence of Obesity
(Percent of Adults With a Body Mass Index of 30.0 or Higher)

Healthy People 2020 Target = 30.5% or Lower

Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 151]
- 2013 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.

"Obese" (also included in overweight prevalence discussed previously) includes respondents with a BMI value ≥30.
Obesity is notably more prevalent among:

- Those between the ages of 40 and 64.
- Respondents with higher incomes.

### Prevalence of Obesity

(Adults With a BMI of 30.0 or Higher; St. Mary’s Healthcare Service Area, 2015)

**Healthy People 2020 Target = 30.5% or Lower**

<table>
<thead>
<tr>
<th>Gender</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>St. Mary’s HC Service Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>37.0%</td>
<td>32.3%</td>
<td>31.2%</td>
<td>39.5%</td>
<td>31.9%</td>
<td>34.6%</td>
</tr>
<tr>
<td>Women</td>
<td>39.5%</td>
<td>31.2%</td>
<td>31.9%</td>
<td>28.7%</td>
<td>39.8%</td>
<td></td>
</tr>
</tbody>
</table>

**Notes:**
- Based on reported heights and weights, asked of all 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 7.0% of obese adults and 46.2% of overweight (but not obese) adults feel that their current weight is “about right.”

- 50.3% of overweight (but not obese) adults see themselves as “somewhat overweight.”
- 34.7% of obese adults see themselves as “very overweight.”
Actual vs. Perceived Weight Status
(Overweight/Obese Adults Based on BMI; St. Mary’s Healthcare Service Area, 2015)

Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 99]
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
Overweight and obese adults are more likely to report a number of adverse health conditions. Among these are:

- Hypertension (high blood pressure).
- High cholesterol.
- Arthritis/rheumatism.
- Activity limitations.
- Diabetes.
- Asthma.
- Overweight/obese adults are also more likely to have overweight children.

Relationship of Overweight With Other Health Issues
(By Weight Classification; St. Mary’s Healthcare Service Area, 2015)

Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 28, 39, 105, 125, 126, 134, 155]
Notes: Based on reported heights and weights, asked of all respondents.
**Weight Management**

**Health Advice**

A total of 25.5% 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.
- TREND: Statistically unchanged from that reported in 2012.
- Note that 29.1% of overweight/obese adults have been given advice about their weight by a health professional in the past year (while 7 in 10 have not).

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

<table>
<thead>
<tr>
<th>Weight Classification</th>
<th>St. Mary's HC</th>
<th>US: All Adults</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy Weight</td>
<td>9.7%</td>
<td>29.8%</td>
</tr>
<tr>
<td>Overweight or Obese</td>
<td>29.1%</td>
<td></td>
</tr>
<tr>
<td>All Adults</td>
<td>25.5%</td>
<td></td>
</tr>
<tr>
<td>All Adults</td>
<td>23.7%</td>
<td></td>
</tr>
</tbody>
</table>

**St. Mary's Healthcare Service Area**

*2012 vs 2015: Decrease of 4.3%*

![Bar Chart]

**Sources:**
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 98]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

**Notes:**
- Asked of all respondents.

### Weight Control

**About Maintaining a Healthy Weight**

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 31.8% 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.

- Less favorable than national findings.
- TREND: Marks a statistically significant decrease over time.

**Trying to Lose Weight by Both Modifying Diet and Increasing Physical Activity**

(Among Overweight or Obese Respondents)

![Pie charts showing weight loss attempts in 2012 and 2015 for St. Mary’s HC Service Area.]

**St. Mary’s HC Service Area 2012**

- Yes: 39.6%
- No: 60.4%

**St. Mary’s HC Service Area 2015**

- Yes: 31.8%
- No: 68.2%

US=39.5%

**Notes:**
- Reflects respondents who are overweight or obese based on reported heights and weights.
Childhood Overweight & Obesity

**About Weight Status in Children & Teens**

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, 34.2% of St. Mary’s Healthcare Service Area children age 5 to 17 are overweight or obese (≥85th percentile).

- Comparable to that found nationally.
- TREND: Statistically unchanged since 2012.

**Child Total Overweight Prevalence**

(Percent of Children Age 5-17 Who Are Overweight/Obese; Body Mass Index in the 85th Percentile or Higher)

<table>
<thead>
<tr>
<th></th>
<th>St. Mary's Healthcare Service Area</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>34.2%</td>
<td>31.5%</td>
</tr>
<tr>
<td>2015</td>
<td>34.2%</td>
<td>37.7%</td>
</tr>
</tbody>
</table>

Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 155]

Notes:

- Asked of all respondents with children age 5-17 at home.
- Overweight among children is determined by children’s Body Mass Index status at or above the 85th percentile of US growth charts by gender and age.
Further, 17.4% of service area children age 5 to 17 are obese (≥95th percentile).

- Comparable to the national percentage.
- Comparable to the Healthy People 2020 target (14.5% or lower for children age 2-19).
- TREND: Marks a statistically significant decrease since 2012.
- Statistically similar by child’s gender; higher among children age 5 to 12.

**Child Obesity Prevalence**

(Children Age 5-17 Who Are Obese; BMI in the 95th Percentile or Higher)

**Healthy People 2020 Target = 14.5% or Lower**

<table>
<thead>
<tr>
<th>SMHC: Boys</th>
<th>SMHC: Girls</th>
<th>SMHC: Age 5-12</th>
<th>SMHC: Age 13-17</th>
<th>St. Mary’s HC</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>14.1%</td>
<td>20.1%</td>
<td>25.6%</td>
<td>5.9%</td>
<td>17.4%</td>
<td>14.8%</td>
</tr>
</tbody>
</table>

Sources:  
- PRC Community Health Surveys. Professional Research Consultants, Inc. [Item 155]  
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.  

Notes:  
- Asked of all respondents.
- 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.

**Key Informant Input: Nutrition, Physical Activity & Weight**

The greatest share of key informants taking part in an online survey characterized Nutrition, Physical Activity & Weight as a “major problem” in the community.

**Perceptions of Nutrition, Physical Activity, and Weight as a Problem in the Community**

(Key Informants, 2015)

<table>
<thead>
<tr>
<th>Major Problem</th>
<th>Moderate Problem</th>
<th>Minor Problem</th>
<th>No Problem At All</th>
</tr>
</thead>
<tbody>
<tr>
<td>48.9%</td>
<td>36.5%</td>
<td>11.7%</td>
<td></td>
</tr>
</tbody>
</table>

Sources:  
- PRC Online Key Informant Survey. Professional Research Consultants, Inc.

Notes:  
- Asked of all respondents.
TOP CONCERNS

Among those rating this issue as a “major problem,” reasons frequently related to the following:

Lifestyle/Lack of Education

- Lifestyle choices, lack of education around nutrition. – Other Health Provider
- People are not educated on this nor have the discipline to lead a healthy lifestyle. – Community/Business Leader
- Education, lack of time and attitude toward nutritional facts in some cases related to cultures in general. – Other Health Provider
- Lack of education and the perceived lack of access to healthy, affordable food. – Other Health Provider
- Many un- or poorly-informed people, parents of young children and teens, regarding proper diet and nutrition, recommended amount of exercise per day/week and how to properly lose weight or diet. – Social Services Provider
- Lack of education on appropriate nutrition, good eating habits. Lack of exercise. – Social Services Provider
- Lack of education, not using food stamps for healthy foods. – Social Services Provider
- Education, family and cultural values, affordable health and exercise centers, availability of healthier foods via local neighborhood grocers, transportation. – Other Health Provider
- Lack of knowledge, lack of access to recreational facilities and organizations, lack of resources for the Hispanic population. – Community/Business Leader
- Education, motivation. – Other Health Provider
- Education for the poor on how to shop and prepare nutritional food is completely lacking. – Social Services Provider
- Limited health promotion and education and related activities. – Social Services Provider

Prevalence of Obesity

- Obesity is a significant issue in our community. This problem created by all factors previously mentioned: diet, lack of physical activity, lack of proper nutrition. – Community/Business Leader
- Youth obesity, poor nutrition in low income families. – Social Services Provider
- The two county region we serve have obesity rates that are in the top 10% in the state. The last D.O.H numbers showed that 64% of Fulton County residents were considered obese, and 50+% of Montgomery County residents were considered obese. – Community/Business Leader
- Community data, obesity, low income, lack of safe bike lanes, trails. – Other Health Provider
- The numbers in the obesity category seem to be increasing. It crosses all age groups. I know there are programs, but do not think they are being used. – Community/Business Leader
- Occurrence of obesity is at all-time high levels, access and affordability to proper food choices. – Community/Business Leader
- Overweight people in our region, poor eating habits, dependence on fast food options. – Community/Business Leader
- Obesity, poor nutrition, Pediatric obesity. – Community/Business Leader
- Weight concerns are one of the most common side effects of medication or medical problems. Between that and not gaining education and support it has a drastic impact on our community. There are not many healthy alternatives to food in the area but there are many fast food places. We have the rail trail and parks in the community but these are not always deemed as safe places to go alone. I don’t see our counties as active ones and it would take changing mind sets for that to happen. – Social Services Provider
- High rate of obesity. Cost and availability of nutritious foods. Support for those trying to change their eating habits and lose weight. – Community/Business Leader
Poor Nutrition/Lack of Physical Activity

The biggest challenges pertaining to nutrition, physical activity and weight are complex and interrelated. In low-income neighborhoods within the city of Amsterdam, and to a lesser extent throughout Fulton and Montgomery Counties, diets high in low-nutrient processed foods as well as increasingly sedentary lifestyles combine to negatively impact the nutritional and general health and weight of individuals of all age demographics. The causes of such poor nutritional health are several, including a lack of access to fresh fruits and vegetables, a culture which promotes convenience and fast foods, and a broader long-term trend of decreasing physical activity which, although being reversed among more affluent demographics, still trends negatively among low-income individuals. Prospective solutions include making a nutrient-rich, plant-based diet more readily available to all as well as educating on the benefits of such a diet and the importance of regular exercise in maintaining health. – Community/Business Leader

Poor diet in part due to socio-economic issues, but also some cultural issues. Lack of exercise for the same reasons. – Physician

Increasing people's activity levels and changing the way people eat. – Other Health Provider

Individual preference, for some, limited access to information about improving nutrition and related health issues. – Social Services Provider

Poor nutrition at home. Schools are making great efforts in changing menus. Too much easy access to unhealthy fast food. Healthy foods are more expensive. Education of nutrition, label reading, healthy cooking, needs to be with children and adults. Need healthier food options at entertainment venues. Community is consuming too much sugar and sugary drinks. Businesses need to adopt healthy meeting and events, menus and guidelines. YMCA has shared a multi-page guideline with the public health department for distribution. Children need to be taught how to live healthy lifestyles. Reduce screen time. – Community/Business Leader

Most of our clients walk everywhere, which is a good thing for their health. However their eating habits are poor. Individuals buy fast foods that are pre-made. Typical foods are higher in sodium and fat and because most live on food stamps, cheap food is what people buy. – Social Services Provider

Fast food habits. Electronic games and dependence. Lack of children playing outdoors and getting off their rear ends. – Community/Business Leader

Lack of healthy food, transportation, and local exercise gyms for the poor. – Community/Business Leader

People don't eat right, and they are too inactive. – Other Health Provider

Poor nutrition, increase risk of poor healing after surgery, increase in disease processes such as diabetes, stroke and Cardiac disease. – Other Health Provider

Affordable Healthful Food

There is a great deal of poverty in this community. Good, nutritious food can be more expensive than food that is not particularly nutritious. Obesity and lack of physical activity can lead to serious health issues. – Community/Business Leader

Families in poverty often can't afford to purchase healthy food. Children are often unable to participate in youth sports programs due to the costs and transportation. – Community/Business Leader

Due to the level of poverty in our community, many people have poor eating habits, do not get enough fresh fruits and vegetables, and the level of exercise for many is poor. – Other Health Provider

Low socio-economic status. – Social Services Provider

Poverty, family history or traditions, physical limitations, guidance. – Community/Business Leader

Lower income, childhood obesity due to poor nutritional options mostly provided in the home setting. – Community/Business Leader

At risk and poverty communities who, mostly, cannot afford to eat healthy. Existing facilities not utilized by poverty population. Programming for exercise is very limited. – Social Services Provider

Being able to afford buying nutritious foods. – Other Health Provider

Not enough affordable, healthy nutrition options for people with low incomes. Lack of easily accessible options for physical activity. – Social Services Provider
People cannot afford to eat a healthy diet. – Other Health Provider

Contributing Factors

Non-compliance with doctor's orders. Financial cost of healthy foods. – Community/Business Leader

Cultural, need to make a living that does not have the activity level inherit good health, too much food available, lifestyle of food and family and love. – Other Health Provider

Changing the community's mind set enough that would actually influence a change. There have been so many initiatives on this subject and not one of them has come forward as a front runner. – Community/Business Leader

Very difficult environment as it relates to social determinants of health. – Community/Business Leader

We do not have people training in alternative, holistic nutrition. – Community/Business Leader

Patient's interest in improving health, access to low cost healthy foods, long winters prohibit outdoor activities. – Social Services Provider

Lack of resources to some extent and more importantly, lack of motivation or belief that your choices can and do make a difference. It's not someone else's responsibility, it's yours. You make yourself a victim of your own inaction. – Other Health Provider

There are many public areas where children can get exercise, but typically not in safe neighborhoods. Also, eating healthy can be expensive and most people in our poverty-stricken area cannot afford to eat this way. – Public Health Representative

Affordable Activities

That we lack a fair amount of local places for people to go that are affordable or free, to participate in activities. Again, we must travel out of our area for much of our entertainment and activity. We are also limited, by the number of places one can go for health and fitness. Money plays a big part of participation and we are also limited by what they offer for people. We do not have good choices for fit-friendly foods, as we are surrounded by lots of fast food outlets. Our farmers markets are wonderful but are limited by times, locations and days. They are not always conducive to the working man’s schedule. Finally, we don't do enough education on diabetes, as many people see it as a problem only heavy people have. We lack resources to deal with the problem. – Social Services Provider

Not enough opportunity for low cost or free exercise programs in up county areas. – Other Health Provider

Access Issues

Access during non-working hours to nutritional and exercise programs. – Community/Business Leader

Access to supermarkets, all of the major supermarkets are located outside the city limits. Those without access to transportation can't shop in those markets, depending on convenient shops to purchase there food, resulting in the purchase of process foods. The largest area of low income residents do not have a playground for children to play or access to large green spaces. – Community/Business Leader
Substance Abuse

About Substance Abuse

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

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 2011 and 2013, there was an annual average age-adjusted cirrhosis/liver disease mortality rate of 10.1 deaths per 100,000 population in the St. Mary’s Healthcare Service Area.

- Much higher than the statewide rate.
- Similar to the national rate.
- Fails to satisfy the Healthy People 2020 target (8.2 or lower).
Cirrhosis/Liver Disease: Age-Adjusted Mortality
(2011-2013 Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 8.2 or Lower

TREND: The mortality rate has trended upward over the past several years.
High-Risk Alcohol Use

Current Drinking

A total of 64.8% of area adults had at least one drink of alcohol in the past month (current drinkers).

- Higher than the statewide proportion.
- Higher than the national proportion.
- Similar by county.
- TREND: Marks a statistically significant increase over time.

**Current Drinkers**

![Bar chart showing current drinkers comparison]

**Sources:**
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 160]
- 2013 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, younger adults (negative correlation with age), and upper-income residents.
**Current Drinkers**  
(St. Mary’s Healthcare Service Area, 2015)

<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>St. Mary’s HC Service Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage</td>
<td>70.3%</td>
<td>59.8%</td>
<td>78.9%</td>
<td>63.2%</td>
<td>48.7%</td>
<td>50.0%</td>
<td>76.2%</td>
<td>64.8%</td>
</tr>
</tbody>
</table>

**Sources:**  
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 160]
- Notes: Asked of all 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.

**Excessive Drinking**

A total of 26.5% of area adults are excessive drinkers (heavy and/or binge drinkers).

- Similar to the national proportion.
- Similar by county.
- Similar to the Healthy People 2020 target (25.4% or lower).
- TREND: Statistically similar to 2012 findings.

**Excessive Drinkers**  
Healthy People 2020 Target = 25.4% or Lower

- Source: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 164]

**Notes:**  
- Excessive drinking includes heavy and/or binge drinkers:
  - Heavy drinkers include men reporting 2+ alcoholic drinks per day or women reporting 1+ alcoholic drink per day in the month preceding the interview; and
  - Binge drinkers include men reporting 5+ alcoholic drinks or women reporting 4+ alcoholic drinks on any single occasion during the past month.
  - Related issue: See also Stress in the Mental Health & Mental Disorders section of this report.

- Excessive drinking reflects the number of persons aged 18 years and over who drank more than two drinks per day on average (for men) or more than one drink per day on average (for women) OR who drank 5 or more drinks during a single occasion (for men) or 4 or more drinks during a single occasion (for women) during the past 30 days.
Excessive drinking is more prevalent among men and younger adults (negative correlation with age).

Excessive Drinkers
(Total Area, 2015)
Healthy People 2020 Target = 25.4% or Lower

Drinking & Driving
A total of 1.7% 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 than in Montgomery County.
- TREND: The drinking and driving prevalence has not changed significantly since 2012.
Have Driven in the Past Month After Perhaps Having Too Much to Drink

Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 65]
2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: Asked of all respondents.

Age-Adjusted Drug-Induced Deaths
Between 2011 and 2013, the service area reported an annual average age-adjusted drug-induced mortality rate of 5.7 deaths per 100,000 population.

- Lower than the statewide rate.
- Lower than the national rate.
- Satisfies the Healthy People 2020 target (11.3 or lower).
- Higher in Montgomery County than in Fulton County.

Drug-Induced Deaths: Age-Adjusted Mortality (2011-2013 Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 11.3 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 October 2015.

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.
Illicit Drug Use
A total of 2.6% of St. Mary’s Healthcare Service 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 findings by county.
- TREND: Statistically unchanged over time.

Illicit Drug Use in the Past Month
Healthy People 2020 Target = 7.1% or Lower

Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 66]
       2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: 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 4.9% of service area adults report that they have sought professional help for an alcohol or drug problem at some point in their lives.

- Identical to national findings.
- Higher in Fulton County.
- TREND: Statistically unchanged over time.
Key Informant Input: Substance Abuse

Nearly 6 in 10 key informants taking part in an online survey characterized Substance Abuse as a “major problem” in the community.

Perceptions of Substance Abuse as a Problem in the Community
(Key Informants, 2015)

Sources: PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: Asked of all respondents.

BARRIERS TO TREATMENT

Among those rating this issue as a “major problem,” the greatest barriers to accessing substance abuse treatment are viewed as:

Lack of Providers/Services

Services are not available locally for drug abuse. We have a limited service for alcohol use but the need is greater for substance abuse. – Other Health Provider

Lack of capacity and resources in our community to help those with addiction. A 30 day treatment program is not the answer to help those battle addiction. There has to be long-term treatment and they have to be given life skills to function in society. – Other Health Provider
Lack of substance abuse treatments centers, lack of knowledge about existing services, and lack of transportation to those services. Wait times to access services. – Other Health Provider

There is only one program in Montgomery County that addresses substance abuse, and that program is also on a waiting list, and has too many clients and not enough staff. – Social Services Provider

We do not have many addiction treatment centers in the area so the ones that we have tend to be booked and packed. – Social Services Provider

Lack of services in the community. – Community/Business Leader

Not enough treatment providers. – Community/Business Leader

Lack of doctors who want to deal with substance abuse and addiction as a disease instead of a social problem. Doctors who do the suboxone program are only allowed to take on a limited number of patients. – Other Health Provider

Lack of availability for inpatient visits and outpatient care. Lack of education, non-compliance with medication and physician’s orders. – Social Services Provider

Availability of treatment services. – Social Services Provider

Lack of programming and access to programming in the immediate local community. – Social Services Provider

Not enough services available and no support system. – Social Services Provider

Resources. – Other Health Provider

There are no many resources locally that assist with this. – Other Health Provider

**Denial, Fear, Stigma**

Willingness to admit need. Possible fear of criminal prosecution. Fear of being stigmatized. – Community/Business Leader

Failure to admit disease, family denial, ease of obtaining, environment of no work and low expectation. Ease in obtaining welfare and SSI. – Community/Business Leader

Denial, fear. – Community/Business Leader

Denial of it as a problem. Once accepted as a problem, worried that admitting it could jeopardize their job, education or relations with loved ones. – Social Services Provider

They do not feel they have a problem. – Other Health Provider

Embarassment and shame, don’t believe there is a problem. Getting the amount of services needed to support recovery. Many times people are being released from services too soon. – Other Health Provider

Stigma, access for some populations, such as Spanish speaking persons, youth with addictions, AA for teens, limited access locally and difficulty accessing when meetings are out of town, especially for youth. – Social Services Provider

Stigma, the addiction itself, the ease of availability of the drugs. – Social Services Provider

Knowledge of where to get help and the stigma that goes along with asking for help. – Community/Business Leader

Willingness and acceptance of a problem, finances and insurance, bed and program availability, certified practitioners. – Physician

Fear, stereotype and psycho/social problems and pressures. – Other Health Provider

Fear, withdrawal, additional anxiety, increased depression, they don’t know where to go, who to talk to, or how to handle their addiction. – Other Health Provider

Fear of criminal sanctions. – Community/Business Leader

**Lack of Motivation to Change**

Lack of will to get treatment. Cultural acceptance by peers for drug abuse. Difficulty in the process of getting treatment. Counseling first, then Psychiatrist for medicines, insurance company push-back. Knowledge by family physicians and general community as to where to get help. Distance to rehab inpatient facilities. – Community/Business Leader

Those individuals not wanting help will not seek it out no matter what is available. – Community/Business Leader

They don't want to access healthcare or treatment. – Other Health Provider

People are not interested in quitting use. Don’t believe they are addicted, knowledge about
community programs. No insurance coverage. – Social Services Provider

The greatest barrier is self-motivation. – Other Health Provider

People do not seem to want treatment. They continue the substance abuse. It becomes a very bad habit. – Other Health Provider

The ability to feel good momentarily and ease of being able to obtain the substance. – Other Health Provider

They don’t want to seek it. – Community/Business Leader

Lack of motivation to get treatment. Providers seem to ignore drug abuse as a problem. – Social Services Provider

Personal choice. – Social Services Provider

Their desire to change. – Community/Business Leader

Ignorance and not wanting help. – Community/Business Leader

Prevalence/Incidence

Already a major problem that continues to grow in adverse impact on our community. – Community/Business Leader

Large population with the need for treatment of substance abuse. – Other Health Provider

Growing problem in the region, not enough care, very difficult in terms of social determinants in the environment. – Community/Business Leader

News, number of persons seeking treatment, deaths related to substance abuse. – Other Health Provider

Prescription drug abuse is on the rise because it so easily accessible. Many doctors will prescribe pain medication, and then you get someone who is addicted to pain pills and go from there to other narcotics. I think there’s a misconception that since it was prescribed by a doctor, that it must be safe to use, and they may not be aware themselves that they are genetically predisposed to an addiction disorder. It’s the same stigma that goes along with mental illness. They won’t seek help because they are afraid people will judge them. – Public Health Representative

Many hospital admissions are from drug use and the level of comfort of students speak of illegal drugs is alarming. – Other Health Provider

Growing concern for heroin use and having people that are trained with kits to save people who overdose on heroin. – Other Health Provider

Access to Providers/Services

Long wait times for appointments. – Community/Business Leader

Long waits to get into Suboxone program. – Social Services Provider

Distance, transportation needs. – Social Services Provider

Transportation and distance, lack of support network, lack of resources. – Community/Business Leader

People need prevention of substance abuse. – Public Health Representative

Lack of access, need programs in primary care, need community education, need to reinforce to prescribing physicians that they are part of the problem. – Other Health Provider

Limited availability for older adults, treatment is generally voluntary, so people who have addictions probably won’t choose independently. Quality new options for treatment are not available. – Social Services Provider

Insurance Issues & Cost of Services

Poor insurance coverage. – Social Services Provider

Lack of insurance coverage for inpatient treatment which allows people to stay in their own environment with continued access to controlled substances and the social networks which promote such behavior. – Other Health Provider

Insurance coverage for long term treatment modalities. Often substance abuse presents with mental health issues. Difficulty getting appointments in a timely manner. – Community/Business Leader

No insurance, stigma associated with receiving substance abuse treatment, limits on who can be served by treatment providers, meaning certain populations, such as convicted sex
offenders, are not accepted in most substance abuse treatment programs. – Social Services Provider
Payment is often a barrier and the guidelines that insurance companies adhere to. Perhaps the programs aren’t long enough as well. – Other Health Provider
Financial barriers, many make too much money to qualify for Medicaid and do not make enough money to afford insurance. – Community/Business Leader
Cost, transportation, access to long-term rehab facilities. – Community/Business Leader

Contributing Factors

Addiction, cost, transportation, support. – Other Health Provider
The idea that it isn’t a problem. Individuals do not see the correlation between starting substances at a younger age and how it can turn into a larger problem down the road. We also do not have a lot of services. People do not want to pay. – Other Health Provider
Poverty and the need to sell drugs to supplement income. – Social Services Provider
Poverty keeps people in substance abuse, not interested in services, unemployment gives people too much time. – Community/Business Leader
Problems are multi-faceted: mental health, poverty, family systems. – Other Health Provider
Easy access to cheap drugs. – Social Services Provider

Most Problematic Substances

Key informants (who rated this as a “major problem”) most often identified alcohol, heroin/other opioids, and prescription medications as the most problematic substances abused in the community.

<table>
<thead>
<tr>
<th>Most Problematic Substances Abused in the Community</th>
<th>Most Problematic</th>
<th>Second-Most Problematic</th>
<th>Third-Most Problematic</th>
<th>Total Mentions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td>48.6%</td>
<td>25.3%</td>
<td>16.0%</td>
<td>67</td>
</tr>
<tr>
<td>Heroin or Other Opioids</td>
<td>29.7%</td>
<td>32.0%</td>
<td>22.7%</td>
<td>63</td>
</tr>
<tr>
<td>Prescription Medications</td>
<td>13.5%</td>
<td>18.7%</td>
<td>24.0%</td>
<td>42</td>
</tr>
<tr>
<td>Marijuana</td>
<td>4.1%</td>
<td>10.7%</td>
<td>19.7%</td>
<td>19</td>
</tr>
<tr>
<td>Cocaine or Crack</td>
<td>4.1%</td>
<td>6.7%</td>
<td>14.7%</td>
<td>19</td>
</tr>
<tr>
<td>Over-The-Counter Medications</td>
<td>0.0%</td>
<td>4.0%</td>
<td>5.3%</td>
<td>7</td>
</tr>
<tr>
<td>Club Drugs (e.g. MDMA, GHB, Ecstasy, Molly)</td>
<td>0.0%</td>
<td>2.7%</td>
<td>2.7%</td>
<td>4</td>
</tr>
<tr>
<td>Hallucinogens or Dissociative Drugs (e.g. Ketamine, PCP, LSD, DXM)</td>
<td>0.0%</td>
<td>0.0%</td>
<td>1.3%</td>
<td>1</td>
</tr>
<tr>
<td>Inhalants</td>
<td>0.0%</td>
<td>0.0%</td>
<td>1.3%</td>
<td>1</td>
</tr>
<tr>
<td>Methamphetamines or Other Amphetamines</td>
<td>0.0%</td>
<td>0.0%</td>
<td>1.3%</td>
<td>1</td>
</tr>
</tbody>
</table>
Tobacco Use

About Tobacco Use

Tobacco use is the single most preventable cause of death and disease in the United States. 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.

Cigarette Smoking

Cigarette Smoking Prevalence

A total of 16.5% of St. Mary’s Healthcare Service Area adults currently smoke cigarettes, either regularly (13.9% every day) or occasionally (2.6% on some days).

Cigarette Smoking Prevalence
(St. Mary’s Healthcare Service Area, 2015)

- Regular Smoker 13.9%
- Occasional Smoker 2.6%
- Former Smoker 31.9%
- Never Smoked 51.7%

Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 156]

Notes:
- Asked of all respondents.

- Similar to statewide findings.
- Similar to national findings.
- Fails to satisfy the Healthy People 2020 target (12% or lower).
• Similar findings by county.
• **TREND:** The current smoking percentage has **decreased** significantly since 2012.

### Current Smokers

**Healthy People 2020 Target = 12.0% or Lower**

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fulton County</td>
<td>17.3%</td>
<td>15.6%</td>
</tr>
<tr>
<td>Montgomery County</td>
<td>16.5%</td>
<td>16.6%</td>
</tr>
<tr>
<td>St. Mary’s HC Service Area</td>
<td>14.9%</td>
<td>14.9%</td>
</tr>
<tr>
<td>NY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>US</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**St. Mary’s Healthcare Service Area**

Cigarette smoking is more prevalent among:

• **Adults under 65** (negative correlation with age).
• **Lower-income residents.**

### Current Smokers

**(St. Mary’s Healthcare Service Area, 2015)**

**Healthy People 2020 Target = 12.0% or Lower**

<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>St. Mary’s HC Service Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015 PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 156]</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Notes:</td>
<td>Asked of all respondents.</td>
<td>Includes regular and occasional smokers (those who smoke cigarettes everyday or on some days).</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Environmental Tobacco Smoke

A total of 14.2% 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.

- Similar to national findings.
- Similar by county.
- TREND: Marks a statistically significant decrease over time.
- Note that 8.2% of St. Mary’s Healthcare Service Area non-smokers are exposed to cigarette smoke at home, similar to what is found nationally.

Member of Household Smokes at Home

Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 59, 158]
2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- “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.

- Notably higher among residents under age 65.
Among households with children, 14.0% have someone who smokes cigarettes in the home.

- Comparable to national findings.
- Comparable by county.
- TREND: No statistically significant change since 2012.
Smoking Cessation

About Reducing Tobacco Use
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 73.7% 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.
- TREND: No statistically significant change since 2012.

Advised by a Healthcare Professional in the Past Year to Quit Smoking
(Among Current Smokers)

Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 58]
2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: Asked of all current smokers.

Smoking Cessation Attempts
More than half of regular smokers (56.6%) 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).
- TREND: No statistically significant change since 2012.
### 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 = 80.0% or Higher**

#### Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 57]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

#### Notes:
- Asked of respondents who smoke cigarettes every day.

<table>
<thead>
<tr>
<th>Year</th>
<th>St. Mary’s HC Service Area</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>56.6%</td>
<td>55.9%</td>
</tr>
<tr>
<td>2015</td>
<td>50.6%</td>
<td>56.6%</td>
</tr>
</tbody>
</table>

#### Other Tobacco Use

### Cigars

A total of 2.8% of 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).
- Similar by county.
- TREND: No statistically significant change since 2012.

#### Use of Cigars

**Healthy People 2020 Target = 0.2% or Lower**

<table>
<thead>
<tr>
<th>County</th>
<th>2012</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fulton County</td>
<td>3.0%</td>
<td></td>
</tr>
<tr>
<td>Montgomery County</td>
<td>2.5%</td>
<td>2.8%</td>
</tr>
<tr>
<td>St. Mary’s HC Service Area</td>
<td>2.8%</td>
<td>4.1%</td>
</tr>
<tr>
<td>US</td>
<td></td>
<td>3.5%</td>
</tr>
</tbody>
</table>

#### Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 61]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

#### Notes:
- Asked of all respondents.
Smokeless Tobacco
A total of 2.2% of St. Mary’s Healthcare Service Area adults use some type of smokeless tobacco every day or on some days.

- Identical to the state percentage.
- Lower than the national percentage.
- Fails to satisfy the Healthy People 2020 target (0.3% or lower).
- Similar by county.
- TREND: Denotes a statistically significant decrease over time.

Use of Smokeless Tobacco
Healthy People 2020 Target = 0.3% or Lower

Key Informant Input: Tobacco Use
Nearly equal shares of key informants taking part in an online survey characterized Tobacco Use as a “major problem” and as a “moderate problem” in the community.

Perceptions of Tobacco Use as a Problem in the Community (Key Informants, 2015)

<table>
<thead>
<tr>
<th></th>
<th>Major Problem</th>
<th>Moderate Problem</th>
<th>Minor Problem</th>
<th>No Problem At All</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>41.8%</td>
<td>43.3%</td>
<td>11.3%</td>
<td></td>
</tr>
</tbody>
</table>

Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 60]
PRC Community Health Needs Assessment, St. Mary’s Healthcare Service Area, New York

Notes:
- Asked of all respondents.
- Smokeless tobacco includes chewing tobacco or snuff.
TOP CONCERNS

Among those rating this issue as a “major problem,” reasons related to the following:

Prevalence/Incidence

- High incidence and contributing to multiple issues. – Other Health Provider
- We find a great deal of patients that we screen in the Emergency Room that use tobacco. – Other Health Provider
- People of all ages continue to smoke, even youth. – Other Health Provider
- Still have a large amount of the community who smokes. Second hand smoke remains an issue. Increase in COPD and lung cancer. – Other Health Provider
- Tobacco use is prevalent in this area and leads to numerous medical conditions and problems. – Other Health Provider
- High use of tobacco in our region, uneducated and poor tend to smoke more. – Community/Business Leader
- High tobacco use, growing teen smoking. – Community/Business Leader
- Many people are still choosing tobacco. – Other Health Provider
- People smoke too much. – Other Health Provider
- Smoking continues as a significant risk factor in our community. – Community/Business Leader
- Smoking continues to be a consistent health concern within the community. – Social Services Provider
- I work at St. Mary's and constantly see people smoking near the "no smoking" signs and have to tell them to put out their cigarettes. It's an addiction like anything else. – Public Health Representative
- Smoking rates are high. – Community/Business Leader
- Chewing tobacco is very high in the area. Younger children are using more and more. – Other Health Provider
- Lots of smokers. – Physician

Youth

- Kids start smoking at an early age because a large segment of the adult population smokes so it's a learned behavior. – Other Health Provider
- I do not have stats on this, however many of the students I work with use tobacco and alcohol to decrease stress, anxiety and trauma effects. – Social Services Provider
- Younger and younger kids are using. – Community/Business Leader
- Large number of young people smoking, I see where they congregate. Smoking allowed around Nathan Lautauer Hospital until recently. – Social Services Provider
- Teenage use, parental use around their kids. – Social Services Provider
- I hear many student discuss smoking outside of school and also see them smoking as they are walking to and from school. – Social Services Provider
- Youth exposure to tobacco marketing in retail stores play a role in youth initiation. It is imperative to protect our kids from big tobacco while they are young so they never have to worry about quitting years down the road. Unfortunately, tobacco products are more heavily marketed in lower SES communities and they target youth with the design and color of their products. It's difficult for people to quit smoking if they have a lot of stressors because the nicotine is what relaxes them. Tobacco use is also used more with those that have mental health conditions - Other Health Provider
- We see the effects in our patient population, kids in school and the community. – Physician
- There is a lack of other outlets, specifically for youth, which then leads them to use tobacco. – Other Health Provider

Contributing Factors

- Lack of urge to quit smoking, nicotine is very addictive and easy to access. – Social Services Provider
A powerful addiction. I observe parents smoking with the children present. – Community/Business Leader

Cessation difficulty. – Social Services Provider

Lack of education, high numbers of people on public assistance, so the cost of tobacco is not as big of a deterrent due to all other expenses being paid for by assistance. Cultural acceptance among socio-economic peers, lack of strong laws prohibiting smoking. It should be banned, it's highly addictive, worse than many drugs. – Community/Business Leader

Non-compliance with physician’s orders. – Social Services Provider

Non-compliance with doctor’s orders and ease of availability of the product. – Community/Business Leader

There is a cyclical effect. Children of smokers also tend to smoke. – Other Health Provider

Generational, addiction to nicotine, despite awesome efforts by many agencies in our area to combat availability of tobacco products, people can and will get cigarettes and other products if they want to or need to. – Social Services Provider

We have a large number of our poor who are tobacco users along with our mental health community members. – Other Health Provider

Continues to be a problem with lower socio-economic class. – Community/Business Leader

Poor people who have addiction issues seem more attracted to tobacco and do not feel stigmatized as middle class people do. Also, it is relatively cheap and easy to obtain recreational options for the poor. – Social Services Provider

Co-morbidities

Smoking is the root cause of many of the chronic conditions such as cancer, heart disease, and respiratory illness in our region. Selling real estate 22 years in the region I see the effects on families and children in our region and just from general daily observations, I see many young people smoking cigarettes. – Community/Business Leader

Major cause of Cardiac and respiratory disability. – Physician

Lack of Services

St. Mary’s no longer offers smoking cessation. – Other Health Provider

Limited access to smoking cessation programs and not enough being done for anti-tobacco campaigns. – Social Services Provider
Access to Health Services
Health Insurance Coverage

Type of Healthcare Coverage
A total of 69.7% of St. Mary’s Healthcare Service Area adults age 18 to 64 report having healthcare coverage through private insurance. Another 25.3% report coverage through a government-sponsored program (e.g., Medicaid, Medicare, military benefits).

Healthcare Insurance Coverage
(Among Adults Age 18-64; St. Mary’s Healthcare Service Area, 2015)

Sources:  2015 PRC Community Health Survey, Professional Research Consultants, Inc.  [Item 165]
Notes:  • Reflects respondents age 18 to 64.

Lack of Health Insurance Coverage
Among adults age 18 to 64, 5.0% report having no insurance coverage for healthcare expenses.

• Far below the latest state and national benchmarks; note, however, that state and national data predate the implementation of the Health Insurance Marketplace under the Affordable Care Act.
• The Healthy People 2020 target is universal coverage (0% uninsured).
• Similar by county.
• TREND: Marks a statistically significant decrease over time.
Lack of Healthcare Insurance Coverage
(Among Adults Age 18-64)
Healthy People 2020 Target = 0.0% (Universal Coverage)

The following population segments are more likely to be without healthcare insurance coverage:

- Men.
- Young adults.
Recent Lack of Coverage
Among currently insured adults in the St. Mary’s Healthcare Service Area, 6.7% report that they were without healthcare coverage at some point in the past year.

- Similar to US findings.
- Higher in Montgomery County.
- TREND: Statistically unchanged over time.

Went Without Healthcare Insurance Coverage At Some Point in the Past Year
(Among Insured Adults)

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fulton County</td>
<td>4.4%</td>
<td></td>
</tr>
<tr>
<td>Montgomery County</td>
<td>8.8%</td>
<td></td>
</tr>
<tr>
<td>St. Mary’s HC Service Area</td>
<td>6.7%</td>
<td></td>
</tr>
<tr>
<td>US</td>
<td>8.1%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>7.6%</td>
<td>6.7%</td>
</tr>
</tbody>
</table>

Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 79]
2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: As 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:

- Men.
- Adults under 65 (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, 2015)

<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>St. Mary’s HC Service Area</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.0%</td>
<td></td>
<td></td>
<td>4.8%</td>
<td>13.0%</td>
<td>5.0%</td>
<td>1.0%</td>
<td>15.0%</td>
<td>2.6%</td>
</tr>
<tr>
<td>4.8%</td>
<td></td>
<td></td>
<td>13.0%</td>
<td>5.0%</td>
<td>1.0%</td>
<td>15.0%</td>
<td>2.6%</td>
<td>6.7%</td>
</tr>
</tbody>
</table>

Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 79]
- Asked of all insured 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

About Access to 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 30.9% of St. Mary’s Healthcare Service Area adults report some type of difficulty or delay in obtaining healthcare services in the past year.

- More favorable than national findings.
- Statistically similar by county.
- TREND: Marks a statistically significant improvement over time.

Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year

<table>
<thead>
<tr>
<th>Fulton County</th>
<th>Montgomery County</th>
<th>St. Mary's HC Service Area</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>30.3%</td>
<td>31.4%</td>
<td>30.9%</td>
<td>39.9%</td>
</tr>
</tbody>
</table>

St. Mary’s Healthcare Service Area

2012 2015

38.0% 30.9%

Sources: 
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 169]
- 2013 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.

### Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year

(St. Mary’s Healthcare Service Area, 2015)

<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>St. Mary’s HC Service Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>Experiences</td>
<td>27.4%</td>
<td>34.2%</td>
<td>31.9%</td>
<td>34.8%</td>
<td>21.2%</td>
<td>39.6%</td>
<td>27.3%</td>
<td>30.9%</td>
</tr>
</tbody>
</table>

**Sources:**
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 169]

**Notes:**
- Asked of all respondents.
- Represents the percentage of respondents experiencing one or more barriers to accessing healthcare in the past 12 months.
- 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, difficulty obtaining an appointment impacted the greatest share of service area adults (15.1% say that difficulty getting a doctor’s appointment 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.
- Viewed by county, note the significant difference in cost as a barrier to a physician visit.
Barriers to Access Have Prevented Medical Care in the Past Year

- Getting a Dr Appointment
- Inconvenient Office Hours
- Cost (Prescriptions)
- Finding a Doctor
- Cost (Doctor Visit)
- Lack of Transportation

TREND: Compared to baseline 2012 data, the St. Mary’s Healthcare Service Area has seen significant improvements with regard to the barriers of inconvenient office hours, lack of transportation, and cost (of both physician visits and prescription medications).

Prescriptions

Among all St. Mary’s Healthcare Service Area adults, 12.3% skipped or reduced medication doses in the past year in order to stretch a prescription and save money.

- Comparable to national findings.
• Comparable by county.
• TREND: Statistically comparable to 2012 findings.

Skipped or Reduced Prescription Doses in Order to Stretch Prescriptions and Save Money

Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 13]
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Adults more likely to have skipped or reduced their prescription doses include:

• Adults under 65 (negative correlation with age).
• Respondents with lower incomes.

Skipped or Reduced Prescription Doses in Order to Stretch Prescriptions and Save Money
(St. Mary’s Healthcare Service Area, 2015)
Accessing Healthcare for Children

Just 0.3% 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.

- Well below what is reported nationwide.
- Similar percentages by county.
- TREND: Marks a statistically significant decrease over time.

Had Trouble Obtaining Medical Care for Child in the Past Year
(Among Parents of Children 0-17)

The parent with trouble obtaining medical care for their child reported a lack of available quality care.

The respondent who experienced difficulties cited a lack of quality care as the primary reason.

Key Informant Input: Access to Healthcare Services

Key informants taking part in an online survey most often characterized Access to Healthcare Services as a “moderate problem” in the community.
TOP CONCERNS

Among those rating this issue as a “major problem,” reasons related to the following:

Transportation Issues

Transportation, many patients do not drive or own a car and public transportation in our area is very poor. Many patients depend on friends/family for rides or take taxi cabs. Medicaid cab is available but they usually require a few days’ notice, which is not useful for urgent issues. – Other Health Provider

Public transportation is very limited and their hours of operation is very limited. Other transportation that is from agencies are very costly and people can’t afford this type of transportation and they too have limited hours. – Other Health Provider

Rural community and transportation to services continues to be an issue. – Other Health Provider

Our lack of transportation services, specifically in Amsterdam. We have taxis, but that can be expensive for most people who do not own vehicles. We have a bus system that only runs Monday thru Friday until about 5pm, so it is inaccessible for those who work during the day and on the weekends. Also, most do not understand how to navigate the health care system and where and how to obtain insurance. – Public Health Representative

Transportation, access to quality doctors, access to timely appointments. – Community/Business Leader

Transportation, hours of primary care being open. Need longer hours and on weekends, co-pays and high deductible plans. Some specialties not available in our community, primary care appointment availability. – Other Health Provider

Permanent and consistent transportation and translation. – Other Health Provider

Our communities have limited public transportation and due to the significant level of poverty in our communities, many times it can be very difficult for individuals to make and/or keep appointments with their health care providers. – Other Health Provider

Appointment Availability

Obtaining appointments in a timely fashion is difficult. I believe because there are not enough doctors in this area. Individuals want immediate attention and that is why they make visits to the Emergency Room even though they don’t have an emergency. Getting a mental health appointment is nearly impossible. Also substance abuse appointments are very difficult to get. If you can get an individual to agree and then the appointment is weeks away most often the individual will not keep the appointment. – Social Services Provider

Being able to follow up with a HCP in a reasonable time. Calling for an appointment and having to wait 3-4 weeks or longer to get in to the health care provider. – Other Health Provider

Many of our clients with serious health concerns wait months to see a primary care physician, even longer for a referral to a specialist. A Dermatologist for skin cancer removal, breast with lump and nipple discharge, painful unidentified mass in stomach. These clients have Medicaid and Fidelis insurances, shortage of physicians that accept these insurances. – Social Services Provider

Lack of Providers

Scarc medical doctors. Too many PAs and NPs in practices. Poor diagnoses. – Community/Business Leader

Rural area, provider network overloaded, lack of primary providers and specialists, reluctance to seek preventative and routine medical and healthcare services. Transportation, distance to provider pose another obstacle. – Community/Business Leader

Lack of providers. – Community/Business Leader

Members of the community often report feeling restricted on who they are able choose for health care, mental health and other health services due to lack of public transportation. More often than not, members of this community would choose specialists and providers outside the local community but cannot due to lack of accessibility. – Social Services Provider
Insurance Issues

Insurance issues, consumer barriers, socioeconomic and education, healthcare. – Community/Business Leader

Age/Language

The biggest challenges related to accessing health care services for people in our community are age and language barriers. – Other Health Provider

Type of Care Most Difficult to Access

Key informants (who rated this as a “major problem”) most often identified primary care, specialty care, substance abuse treatment, and dental care as the most difficult to access in the community.

<table>
<thead>
<tr>
<th>Type of Care</th>
<th>Most Difficult to Access</th>
<th>Second-Most Difficult to Access</th>
<th>Third-Most Difficult to Access</th>
<th>Total Mentions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Care</td>
<td>10.5%</td>
<td>29.4%</td>
<td>5.9%</td>
<td>8</td>
</tr>
<tr>
<td>Specialty Care</td>
<td>21.1%</td>
<td>5.9%</td>
<td>11.8%</td>
<td>7</td>
</tr>
<tr>
<td>Substance Abuse Treatment</td>
<td>5.3%</td>
<td>17.6%</td>
<td>11.8%</td>
<td>6</td>
</tr>
<tr>
<td>Dental Care</td>
<td>5.3%</td>
<td>11.8%</td>
<td>17.6%</td>
<td>6</td>
</tr>
<tr>
<td>Mental Health Care</td>
<td>21.1%</td>
<td>5.9%</td>
<td>0.0%</td>
<td>5</td>
</tr>
<tr>
<td>Pain Management</td>
<td>5.3%</td>
<td>5.9%</td>
<td>17.6%</td>
<td>5</td>
</tr>
<tr>
<td>Chronic Disease Care</td>
<td>15.8%</td>
<td>5.9%</td>
<td>0.0%</td>
<td>4</td>
</tr>
<tr>
<td>Palliative Care</td>
<td>5.3%</td>
<td>0.0%</td>
<td>11.8%</td>
<td>3</td>
</tr>
<tr>
<td>Elder Care</td>
<td>0.0%</td>
<td>5.9%</td>
<td>5.9%</td>
<td>2</td>
</tr>
<tr>
<td>Prenatal Care</td>
<td>0.0%</td>
<td>5.9%</td>
<td>5.9%</td>
<td>2</td>
</tr>
<tr>
<td>Urgent Care</td>
<td>0.0%</td>
<td>0.0%</td>
<td>11.8%</td>
<td>2</td>
</tr>
<tr>
<td>Geriatric Mental Health</td>
<td>5.3%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>1</td>
</tr>
<tr>
<td>Dermatology</td>
<td>0.0%</td>
<td>5.9%</td>
<td>0.0%</td>
<td>1</td>
</tr>
</tbody>
</table>
Primary Care Services

About Primary Care

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)

Access to Primary Care

In the St. Mary's Healthcare Service Area in 2012, there were 58 primary care physicians, translating to a rate of 55.3 primary care physicians per 100,000 population.

- Well below the primary care physician-to-population ratio found statewide.
- Well below the ratio found nationally.
- The ratio is higher in Montgomery County than in Fulton County.

Access to Primary Care
(Number of Primary Care Physicians per 100,000 Population, 2012)

Sources:  

Notes:  
- This indicator is relevant because a shortage of health professionals contributes to access and health status issues.
• TREND: Access to primary care (in terms of the ratio of primary care physicians to population) has increased over the past decade in the service area.

Trends in Access to Primary Care
(Number of Primary Care Physicians per 100,000 Population)

<table>
<thead>
<tr>
<th>Year</th>
<th>St. Mary’s HC</th>
<th>NY</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>2002</td>
<td>44.1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2003</td>
<td>44.9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2004</td>
<td>47.7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2005</td>
<td>52.6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2006</td>
<td>53.6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2007</td>
<td>53.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2008</td>
<td>51.1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2009</td>
<td>56.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2010</td>
<td>57.7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2011</td>
<td>56.1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2012</td>
<td>60.1</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Sources: • US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File: 2012. • Retrieved October 2015 from Community Commons at http://www.chna.org. Notes: • This indicator is relevant because a shortage of health professionals contributes to access and health status issues. • These figures represent all primary care physicians practicing patient care, including hospital residents. In counties with teaching hospitals, this figure may differ from the rate reported in the previous chart.

Specific Source of Ongoing Care
A total of 75.7% of area adults have a specific source of ongoing medical care.

• Similar to national findings.
• Fails to satisfy the Healthy People 2020 objective (95% or higher).
• Similar by county.
• TREND: Statistically unchanged since 2012.

Have a Specific Source of Ongoing Medical Care
Healthy People 2020 Target = 95.0% or Higher [All Ages]

<table>
<thead>
<tr>
<th>Location</th>
<th>2012</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fulton County</td>
<td>75.0%</td>
<td></td>
</tr>
<tr>
<td>Montgomery County</td>
<td>76.3%</td>
<td></td>
</tr>
<tr>
<td>St. Mary’s HC</td>
<td>75.7%</td>
<td></td>
</tr>
<tr>
<td>Service Area</td>
<td>76.3%</td>
<td></td>
</tr>
<tr>
<td>US</td>
<td></td>
<td>79.3%</td>
</tr>
<tr>
<td>St. Mary’s Healthcare Service Area</td>
<td></td>
<td>75.7%</td>
</tr>
</tbody>
</table>

Notes: • Asked of all respondents.
Men are less likely to have a specific source of care.

Among adults age 18-64, 74.7% have a specific source for ongoing medical care, similar to national findings.
  - Fails to satisfy the Healthy People 2020 target for this age group (89.4% or higher).

Among adults 65+, 77.6% have a specific source for care, similar 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, 2015)

Healthy People 2020 Target = 95.0% or Higher [All Ages]; ≥89.4% [18-64]; 100% [65+]

<table>
<thead>
<tr>
<th>Type of Place Used for Medical Care</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>St. Mary’s HC Service Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-64 = 74.7%</td>
<td>69.7%</td>
<td>81.3%</td>
<td>68.5%</td>
<td>79.2%</td>
<td>77.6%</td>
<td>71.5%</td>
<td>78.9%</td>
<td>75.7%</td>
</tr>
</tbody>
</table>

### 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 (63.6%) identified a particular doctor’s office, followed by 6.7% of respondents who rely on a hospital emergency room for their care.

A total of 5.9% gave references to public or community health centers, followed by urgent-care centers (5.7%). Note that just 0.5% use some type of military/VA facility.
Utilization of Primary Care Services

Adults

Three in four adults (75.0%) visited a physician for a routine checkup in the past year.

- Comparable to state findings.
- Higher than national findings.
- Comparable by county.
- TREND: Statistically similar to 2012 findings.

Sources:
- 2013 PRC National Health Survey, Professional Research Consultants, Inc. [Item 17]
- Behavioral Risk Factor Surveillance System Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2013 New York data.
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
Younger adults are less likely to have received routine care in the past year (note the positive correlation with age), as are lower-income residents.

### Have Visited a Physician for a Checkup in the Past Year
(St. Mary's Healthcare Service Area, 2015)

- **Men**
  - 72.6%
- **Women**
  - 77.1%
- **18 to 39**
  - 56.9%
- **40 to 64**
  - 79.1%
- **65+**
  - 92.8%
- **Low Income**
  - 67.0%
- **Mid/High Income**
  - 79.0%
- **St. Mary’s HC Service Area**
  - 75.9%

**Sources:** 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 17]

**Notes:**
- Asked of all 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.

### Children

Among surveyed parents, 91.0% report that their child has had a routine checkup in the past year.

- Higher than national findings.
- Similar by county.
- **TREND:** Statistically similar to 2012 findings.

### Child Has Visited a Physician for a Routine Checkup in the Past Year
(Among Parents of Children 0-17)

- **Fulton County**
  - 87.8%
- **Montgomery County**
  - 94.4%
- **St. Mary’s HC Service Area**
  - 91.0%
- **US**
  - 84.1%
  
  **Sources:** PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 113]

  **2013 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 8.7% of service area adults have gone to a hospital emergency room more than once in the past year about their own health.

- Comparable to national findings.
- Higher in Fulton County.
- TREND: Statistically unchanged over time.

Have Used a Hospital
Emergency Room More Than Once in the Past Year

Of those using a hospital ER, 51.9% say this was due to an emergency or life-threatening situation, while 30.6% indicated that the visit was during after-hours or on the weekend. A total of 15.3% cited difficulties accessing primary care for various reasons.

- Use of the ER is higher among women and lower-income residents.
Have Used a Hospital Emergency Room More Than Once in the Past Year
(St. Mary’s Healthcare Service Area, 2015)

Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 23]
Notes: Asked of all 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.
Oral Health

About Oral Health

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; and poor dietary choices.

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.

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; and 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.

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.

Dental Care

Adults

A total of 68.1% of St. Mary’s Healthcare Service Area adults have visited a dentist or dental clinic (for any reason) in the past year.

- Similar to statewide findings.
- Similar to national findings.
- Satisfies the Healthy People 2020 target (49% or higher).
- Similar by county.
- TREND: Denotes a statistically significant increase over time.
These population samples are less likely to have received dental care in the past year:

- Young adults.
- Lower-income residents (failing 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.

Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 21]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all 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.
Children

A total of 88.9% of parents report that their child (age 2 to 17) has been to a dentist or dental clinic within the past year.

- More favorable than national findings.
- Satisfies the Healthy People 2020 target (49% or higher).
- No significant difference by county.
- TREND: Statistically similar to 2012 findings.

![Bar chart showing child visit rates](chart.png)

**Child Has Visited a Dentist or Dental Clinic Within the Past Year**
(Among Parents of Children Age 2-17)

**Healthy People 2020 Target = 49.0% or Higher**

Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 116]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents with children age 2 through 17.

Dental Insurance

Two-thirds (67.8%) of service area adults have dental insurance that covers all or part of their dental care costs.

- Comparable to the national finding.
- Comparable findings by county.
- TREND: Marks a statistically significant increase since 2012.
Key Informant Input: Oral Health

Key informants taking part in an online survey most often characterized Oral Health as a “moderate problem” in the community.

Perceptions of Oral Health as a Problem in the Community
(Key Informants, 2015)

<table>
<thead>
<tr>
<th>Perception</th>
<th>Fulton County</th>
<th>Montgomery County</th>
<th>St. Mary’s HC Service Area</th>
<th>US 2012</th>
<th>US 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major Problem</td>
<td>22.5%</td>
<td>39.9%</td>
<td>31.9%</td>
<td>61.9%</td>
<td>67.8%</td>
</tr>
<tr>
<td>Moderate Problem</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Minor Problem</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No Problem At All</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Sources:  PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes:  Asked of all respondents.

TOP CONCERNS

Among those rating this issue as a “major problem,” reasons related to the following:

Affordable Care

Availability of providers who accept Medicaid eligible patients. – Community/Business Leader

No providers accepting Medicaid and comparable insurance coverage. – Community/Business Leader

The cost of dental care is extremely expensive. – Other Health Provider

Limited amount of affordable dental care. Lack of transportation to get to dentists. Lack of dental insurance for individuals, money. – Social Services Provider
We do not have enough dentists that accept Medicaid in our community. – Other Health Provider

Finding a provider who accepts Medicaid. – Other Health Provider

Patient’s interest in obtaining care, lack of insurance coverage, cost. Few dental providers accept Medicaid. – Social Services Provider

Socio-economic issues, lack of insurance and some cultural issues. – Physician

Dental insurance does not cover what treatment is needed. A lot of out-of-pocket costs. – Other Health Provider

Lack of dental health insurance in the region. – Community/Business Leader

Dental insurance, family diet and lack of dental hygiene. – Other Health Provider

Access to Care

Lack of access to dental care. Inability for people to pay for care, poor attitudes toward oral health, lack of education regarding oral health, difficulty in getting people to deal with what can be a painful process. – Community/Business Leader

Need greater access to children’s dental care, maybe in the school. – Social Services Provider

Not enough MA providers in the counties. – Other Health Provider

It seems that families are not accessing services for themselves or their children. Issues reported are poor services in close proximity to where they live and no transportation. Some of the population that I work with still do not have insurance for their children and others do not value oral health. – Social Services Provider

I go to an excellent dentist in Schenectady. When I did try to go to a local dentist, he messed up the root canal he did for me so badly that the tooth needed to be extracted. – Community/Business Leader

High Prevalence

Large population of people missing teeth, dentures. – Other Health Provider

Many students have multiple problems with cavities, red gums, and rotting teeth that go untreated. – Social Services Provider

Poor dental hygiene due to economic depression. – Other Health Provider

This is a major need. Families in poverty and even working class families can’t afford dental work. Children are in pain, have rotting teeth and this affects their health and confidence. Many adults have poor dental health. – Community/Business Leader

It is apparent from the clients that we see daily. – Social Services Provider

Lack of Education

Lack of education. Anxiety towards dental care. – Social Services Provider

Underappreciated risks associated with poor oral health leading to long-term health problems. Not enough dentists, expensive, poor insurance coverage. – Community/Business Leader
Vision Care

A total of 61.7% of residents had an eye exam in the past two years during which their pupils were dilated.

- Higher than national findings.
- Similar findings by county.
- TREND: The increase over time is not statistically significant.

Had an Eye Exam in the Past Two Years During Which the Pupils Were Dilated

![Graph showing had an eye exam in the past two years during which the pupils were dilated](image)

Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 20]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

- Note the positive correlation between age and recent eye exams.

Had an Eye Exam in the Past Two Years During Which the Pupils Were Dilated
(St. Mary’s Healthcare Service Area, 2015)

![Graph showing had an eye exam in the past two years during which the pupils were dilated](image)

Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 20]

Notes:
- Asked of all 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 Resources
Perceptions of Local Healthcare Services

More than half of St. Mary’s Healthcare Service Area adults (54.9%) rate the overall healthcare services available in their community as “excellent” or “very good.”

- Another 35.8% gave “good” ratings.

### Rating of Overall Healthcare Services Available in the Community
(St. Mary's Healthcare Service Area, 2015)

- Excellent: 18.6%
- Very Good: 36.3%
- Good: 35.8%
- Fair: 6.3%
- Poor: 3.0%

However, 9.3% of residents characterize local healthcare services as “fair” or “poor.”

- More favorable than reported nationally.
- Unfavorably high in Montgomery County.
- TREND: Marks a statistically significant improvement in ratings.

### Perceive Local Healthcare Services as “Fair/Poor”

<table>
<thead>
<tr>
<th></th>
<th>Fulton County</th>
<th>Montgomery County</th>
<th>St. Mary's HC Service Area</th>
<th>US</th>
<th>St. Mary's Healthcare Service Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>6.2%</td>
<td>12.2%</td>
<td>9.3%</td>
<td>16.5%</td>
<td>19.1%</td>
</tr>
<tr>
<td>2015</td>
<td></td>
<td></td>
<td></td>
<td>9.3%</td>
<td>9.3%</td>
</tr>
</tbody>
</table>

Sources: Professional Research Consultants, Inc. (2015, 2013)
Notes: Asked of all respondents.
No statistically significant disparities when viewed by demographic characteristics.

**Perceive Local Healthcare Services as “Fair/Poor”**
(St. Mary’s Healthcare Service Area, 2015)

<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>St. Mary’s HC Service Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low Income</td>
<td>9.7%</td>
<td>9.0%</td>
<td>8.5%</td>
<td>9.9%</td>
<td>7.6%</td>
<td>11.0%</td>
<td>9.3%</td>
<td>9.3%</td>
</tr>
<tr>
<td>Mid/High Income</td>
<td>9.3%</td>
<td>9.3%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>St. Mary’s HC Service Area</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]

Notes:
- Asked of all 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.
Healthcare Resources & Facilities

Hospitals & Federally Qualified Health Centers (FQHCs)

The following map provides an illustration of the hospitals and Federally Qualified Health Centers (FQHCs) in and around the St. Mary’s Healthcare Service Area as of June 2014.

Hospitals & Federally Qualified Health Centers, POS June 2014
Health Professional Shortage Areas (HPSAs)

This last map illustrates the areas in the region that have been designated by the US Department of Health and Human Services as a health professional shortage area (HPSA).

A “health professional shortage area” (HPSA) is defined as having a shortage of primary medical care, dental or mental health professionals.
Resources Available to Address the Significant Health Needs

The following represent potential measures and resources (such as programs, organizations, and facilities in the community) available to address the significant health needs identified in this report. This list is not exhaustive, but rather outlines those resources identified in the course of conducting this Community Health Needs Assessment.

### Access to Healthcare Services
- Access Transportation
- Adirondack Transportation
- Catholic Charities
- City of Amsterdam Transportation System
- City Transportation
- Dial a Ride
- DSS Preventive Services
- Fulton County Office for the Aging
- Fulton County Public Health
- Gloversville Transit
- Kwiat Eye Center
- Maxx Transport
- Medicaid Transportation
- Mental Health Association
- Mohawk Valley Medical Arts
- Montgomery County Public Health
- Montgomery Mental Health Association
- Nathan Littauer Hospital
- Nonprofit Providers
- Office for Aging
- Personalized Recovery Oriented Services
- Pregnancy Care Center
- Private Providers
- St. Mary's Hospital
- Taxi
- We Care Transport

### Arthritis, Osteoporosis & Chronic Back Conditions
- Blooming Lotus
- Chiropractic Care
- Hospital(s)
- Massage Therapy
- Mohawk Valley Orthopedics
- Nathan Littauer Hospital (NLH) HealthLink
- Outpatient Facilities
- Physical Therapy
- Planet Fitness
- Primary Care Physicians
- Private Providers
- St. Mary's Hospital
- YMCA

### Cancer
- Advancing Tobacco Free Communities
- Albany Medical Center
- American Cancer Society
- Amsterdam Mall
- Bassett Health Care
- Bereavement and Grief Services
- Cancer Center
- Cancer Center in the Riverfront Center
- Cancer Screening Services
- Cancer Services Program
- Cancer Support Services
- Clinics
- Emergency Assistance Food
Utilities
- Fulton County Office for the Aging
- Fundraising Organizations/Events
- Hospital(s)
- Internet
- Mammogram Services for Uninsured
- Memorial Campus Cancer Center
- Nathan Littauer Hospital
- New York Oncology Hematology
- New York State Department of Health
- NYOH—New York Oncology Hematology
- Prevention Programs
- Primary Care Physicians
- Private Providers
- Project Action
- Public Health Departments
- Red Ribbon Partnership
- Riverfront Oncology Clinic
- Smoking Cessation Classes/Programs
- St. Mary's Cancer Program
- St. Mary's Hospital
- Support Groups
- Zonta

**Dementias, Including Alzheimer's Disease**
- Adult Day Care
- Albany Medical Center
- Alzheimer's Association
- Alzheimer’s Support Groups
- Arkell Center
- Bassett Health Care
- Capstone
- Community Health Center
- Fulton Center Gloversville
- Fulton County Office for the Aging
- Hillcrest Spring
- Home Health Care Partners
- Liberty
- Long-term Care Advisory Council
- Mobile Geriatrics
- Montgomery County Alzheimer’s Association
- New York State Office for Aging
- Nathan Littauer Hospital (NLH)
- HealthLink
- Nursing Home
- Office for Aging
- Pineview Commons
- Prevention Programs
- Primary Care Physicians
- Private Providers
- River Ridge Residential Center
- Sanford Home
- Senior Centers
- Skilled Nursing Facilities
- St. Johnsville Nursing Center
- St. Mary’s Hospital
- Support Groups

**Chronic Kidney Disease**
- Albany Medical Center
- American Renal Services
- Amsterdam Dialysis Center
- Ellis Hospital
- Hospital(s)
- Inpatient and Outpatient Dialysis Services
- Kidney Dialysis Outpatient Clinic
- Mohawk Valley Dialysis Center
- Nathan Littauer Hospital
- Outpatient Facilities
• Wells Nursing Home
• Wilkinson Residential Facility

**Diabetes**
• American Diabetes Association
• Bassett Health Care
• Catholic Charities
• Centro Civico
• Clinics
• Community Education Programs
• Community Health Agencies
• Community Health Center
• Cornell Cooperative Extension
• Diabetes Care Center
• Diabetic Educators
• Education Programs
• Ellis Hospital
• Fitness Center/Gyms
• Fulton County Office for the Aging
• Fulton County Public Health
• Home Health Aides
• Home Health Care Partners
• Hospital(s)
• Liberty
• Montgomery County Public Health
• Nathan Littauer Hospital
• New Dimensions in Health Care
• New York State Department of Health Program
• Nathan Littauer Hospital (NLH)
  HealthLink
• Office for Aging
• Pharmacy
• Primary Care Physicians
• Private Providers
• Public Awareness and Education
• Public Health Departments
• RHENSON (Rural Health Education Network of Schoharie,
  Otsego and Montgomery Counties)
• School Districts
• Senior Centers
• St. Mary's Cancer Program
• St. Mary's Diabetic Center
• St. Mary's Hospital
• Support Groups
• Urgent Care Centers
• Weight Watchers
• YMCA

**Family Planning**
• Alpha Pregnancy Center
• Catholic Charities
• Community Maternity Services
• Education Programs
• Family Planning
• Greater Amsterdam School District
• HFM Prevention Council
• Hometown Health-Amsterdam
  Hospital(s)
• Nathan Littauer Hospital
• Planned Parenthood
• Private Providers
• Public Health Departments
• RCIL (Resource Center for Independent Living)
• School Districts
• Social Services
• St. Mary's Hospital
• St. Mary's Mental Health Program/Services
• Women's Health Center
• YMCA

**Hearing & Vision**
• Bassett Health Care
• St. Mary's Hospital
**Heart Disease & Stroke**
- American Heart Association (AHA)
- Amsterdam Family Practice
- Bassett Health Care
- Community Health Center
- Cope and Mayer Family Practice
- Fitness Center/Gyms
- Health Fairs
- Hispanic Outreach Services
- Home Health Care Partners
- Hospital(s)
- Montgomery County Public Health
- Nathan Littauer Hospital
- Nathan Littauer Hospital (NLH) HealthLink
- Office for Aging
- Prevention Programs
- Primary Care Physicians
- Private Providers
- Public Awareness and Education
- Public Health Departments
- Rural Health Education Network of Schoharie
- Schenectady Cardiology
- St. Mary's Hospital
- Weight Watchers
- Women’s Heart Health Awareness
- YMCA

**Infant & Child Health**
- Bassett Health Care
- Catholic Charities
- Centro Civico
- Community Maternity Services
- Daycare Providers
- DSS Preventive Services
- Fulmont Head Start
- Hospital(s)
- Lion’s Eye
- Nathan Littauer Hospital
- Nathan Littauer Hospital (NLH) HealthLink
- Planned Parenthood
- Private Providers
- Public Health Departments
- School Districts
- St. Mary’s Hospital
- YMCA

**Injury & Violence**
- Catholic Charities
- D.A.R.E.
- Domestic Violence Agencies
- Family Counseling Center
- HFM Prevention Council
- Hospital(s)
- Law Enforcement Agencies
- Montgomery County Public Health
- Nathan Littauer Hospital (NLH) HealthLink
- Primary Care Physicians
- Private Providers
- Public Health Departments
- Sexual Assault Support Services

**HIV/AIDS**
- Alliance for Positive Health
- Centro Civico
- Nathan Littauer Hospital
- St. Mary’s Hospital

**Immunization & Infectious Diseases**
- Hometown Health
- Nathan Littauer Hospital
- Social Services
- St. Mary's Addiction Services
- St. Mary's Hospital
- St. Mary's Mental Health Program/Services

**Mental Health**
- Bassett Health Care
- BOCES
- Catholic Charities
- Centro Civico
- Clinics
- Club North
- Community Health Center
- Counseling Center
- DSS Preventive Services
- Ellis Hospital
- F & M Mental Health Associates
- Family Counseling Center
- Family Support Program
- Fulton and Montgomery County Transitional Services
- Fulton County Counseling Center
- Fulton County Public Health
- Fulton Friendship House
- Fulton/Montgomery City Drug Courts
- Fulton/Montgomery County Developmental Disabilities Services (DDS)
- Fulton/Montgomery Mental Health Association
- Halfway Houses
- Health Homes and Case Management
- HFM Prevention Council
- Home Health Program
- Hometown Health
- Inpatient Mental Health
- Lexington ARC
- Lexington Centers
- Liberty
- MCAP and HFM
- Mental Health Association
- Mobile Geriatrics
- Montgomery County Public Health
- Montgomery Mental Health Association
- MTS
- NAMI (National Alliance on Mental Illness)
- Nathan Littauer Hospital
- New Dimensions in Health Care
- Nathan Littauer Hospital (NLH) HealthLink
- NYSARC
- Outpatient Facilities
- Personalized Recovery Oriented Services
- Primary Care Physicians
- Private Providers
- PROS (Personalized Recovery Oriented Services) Program
- School Districts
- Social Services
- St. Mary's Behavioral Health
- St. Mary's Hospital
- St. Mary's Mental Health Program/Services
- Veterans Administration
- Whispering Pines
- YMCA

**Nutrition, Physical Activity & Weight**
- Alpin Haus Fitness
- Area Co-ops
- Bassett Health Care
- Canjo High School
- Catholic Charities
<table>
<thead>
<tr>
<th>Community Health Needs Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Centro Civico</td>
</tr>
<tr>
<td>• Churches</td>
</tr>
<tr>
<td>• City Recreation Programs</td>
</tr>
<tr>
<td>• Community Creative Arts Center</td>
</tr>
<tr>
<td>• Community Health Center</td>
</tr>
<tr>
<td>• Cornell Cooperative Extension</td>
</tr>
<tr>
<td>• Education Programs</td>
</tr>
<tr>
<td>• Farm Bureau</td>
</tr>
<tr>
<td>• Farmers Market</td>
</tr>
<tr>
<td>• Fitness Center/Gyms</td>
</tr>
<tr>
<td>• Food Pantry</td>
</tr>
<tr>
<td>• Fulton County Office for the Aging</td>
</tr>
<tr>
<td>• Fulton County Public Health</td>
</tr>
<tr>
<td>• Gloversville Meal Sites</td>
</tr>
<tr>
<td>• Health Fairs</td>
</tr>
<tr>
<td>• Hospital(s)</td>
</tr>
<tr>
<td>• Human Services</td>
</tr>
<tr>
<td>• Internet</td>
</tr>
<tr>
<td>• Legal Aid</td>
</tr>
<tr>
<td>• Montgomery County Public Health</td>
</tr>
<tr>
<td>• Nathan Littauer Hospital</td>
</tr>
<tr>
<td>• New York State Department of Health</td>
</tr>
<tr>
<td>• Nathan Littauer Hospital (NLH)</td>
</tr>
<tr>
<td>• HealthLink</td>
</tr>
<tr>
<td>• Office for Aging</td>
</tr>
<tr>
<td>• Parks and Recreation</td>
</tr>
<tr>
<td>• Planet Fitness</td>
</tr>
<tr>
<td>• Primary Care Physicians</td>
</tr>
<tr>
<td>• Private Providers</td>
</tr>
<tr>
<td>• PROS (Personalized Recovery Oriented Services) Program</td>
</tr>
<tr>
<td>• Public Health Departments</td>
</tr>
<tr>
<td>• Running and Biking Clubs</td>
</tr>
<tr>
<td>• Rural Health Education Network of Schoharie</td>
</tr>
<tr>
<td>• Salvation Army</td>
</tr>
<tr>
<td>• School Districts</td>
</tr>
<tr>
<td>• St. Mary's Diabetic Center</td>
</tr>
<tr>
<td>• St. Mary's Hospital</td>
</tr>
<tr>
<td>• TOPS</td>
</tr>
<tr>
<td>• Walking Trails</td>
</tr>
<tr>
<td>• Weekly Farmers Market</td>
</tr>
<tr>
<td>• Weight Watchers</td>
</tr>
<tr>
<td>• WIC</td>
</tr>
<tr>
<td>• Wishing Thinking</td>
</tr>
<tr>
<td>• YMCA</td>
</tr>
</tbody>
</table>

**Oral Health**

- Aspen Dental
- Community Health and Wellness Fairs
- Dentists, but none Take Medicaid
- Dentures
- DSS (Department of Social Services) Preventive Services
- Fulton County Public Health
- Medicaid
- New Dimensions in Health Care
- New York Oncology Hematology (NYOH)
- Private Providers
- Public Health Departments
- School Districts
- Social Services

**Respiratory Diseases**

- Advancing Tobacco Free Communities
- American Lung Association
- ASSAP Promise and Prevention Council
- Asthma Association
- Community Health Center
- Great American Smoke Out
- HFM Prevention Council
- Hospital(s)
- Nathan Littauer Hospital
- Nathan Littauer Hospital (NLH)
- HealthLink
• New York Quitline
• Nonsmoking Coalition
• Primary Care Physicians
• Private Providers
• Schenectady Pulmonology
• Smoking Cessation Classes/Programs
• St. Mary's Hospital

**Sexually Transmitted Diseases**
• Centro Civico
• Fulton County DOH STI Clinic
• Hometown Health-Amsterdam
• Montgomery County Public Health
• Planned Parenthood
• Primary Care Physicians
• Public Health Departments
• School Districts
• St. Mary's Hospital

**Substance Abuse**
• Addiction Services
• Alcoholics and Narcotics Anonymous
• Baldwin Research Institute
• Bassett Health Care
• Catholic Charities
• Churches
• Conifer Park
• Drug Court
• Drug Programs
• Department of Social Services (DSS) Preventive Services
• Ellis Hospital
• F & M Mental Health Associates
• Four Winds
• Fulmont Community Action
• Fulton County Addiction Services
• Fulton County Public Health
• Fulton County Rehab Detention
• Fulton/Montgomery/Hamilton County Prevention Council
• Half Way Houses
• HFM Prevention Council
• Hospital(s)
• Inpatient Rehab
• Law Enforcement Agencies
• Local Organizations
• MCAP and HFM
• Mental Health Association
• Mental Health Facilities
• Methadone Clinic
• Montgomery County Public Health
• Montgomery Transitional Services
• New York State Department of Health
• Nathan Littauer Hospital (NLH) HealthLink
• Out of County Options
• Outpatient Addiction Services
• Personalized Recovery Oriented Services
• Prevention Programs
• Primary Care Physicians
• Private Providers
• Public Health Departments
• School Districts
• Social Services
• St. Mary's Addiction Services
• St. Mary's Behavioral Health
• St. Mary's Hospital
• St. Mary's Mental Health Program/Services
• Suicide Prevention Task Force
• The Lighthouse
• Victorian Manor Rehab

**Tobacco Use**
• Addiction Services
- Advancing Tobacco Free Communities
- Amsterdam Family Practice
- ASSAP Promise and Prevention Council
- ATUPA (New York Adolescent Tobacco Use Prevention Act)
- Bassett Health Care
- Businesses with No-Smoking Policies
- Cancer Screening Services
- Catholic Charities
- D.A.R.E.
- Employee Health
- Fulmont Community Action
- Fulton County Public Health
- HFM Prevention Council
- Hospital(s)
- Montgomery County Public Health
- Nathan Littauer Hospital
- Nathan Littauer Hospital (NLH) HealthLink
- New Dimensions in Health Care
- New York Quitline
- New York State Department of Health
- Primary Care Physicians
- Private Providers
- Project Action
- Public Health Departments
- Reality Check
- School Districts
- Smoke Free Buildings and Grounds
- Smoking Cessation Classes/Programs
- St. Mary's Hospital
- Tobacco-Free Coalition
- Vapor Cigarettes
- Wishing Thinking