

# 2018 Community Health Needs Assessment Report

## Fulton & Montgomery Counties, New York

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*Prepared for:*  
St. Mary's Healthcare

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# Introduction



**Professional Research Consultants, Inc.**

## Project Overview

### Project Goals

This Community Health Needs Assessment, a follow-up to similar studies conducted in 2012 and 2015, 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 that historically have 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.

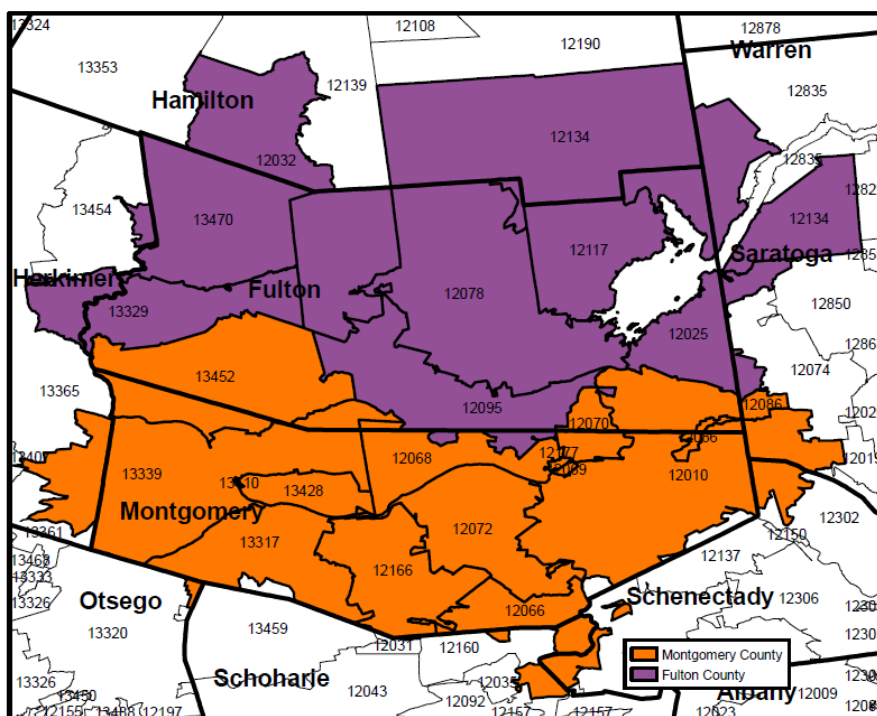
This assessment was conducted on behalf of St. Mary's Healthcare by Professional Research Consultants, Inc. (PRC). PRC is a nationally recognized healthcare consulting firm with extensive experience conducting Community Health Needs Assessments in hundreds of communities across the United States since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

This assessment incorporates data from both quantitative and qualitative sources.

## PRC Community Health Survey

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

The study area for the survey effort (referred to as the “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, based on the ZIP Codes of residence of recent patients of St. Mary’s Healthcare, is illustrated in the following map.





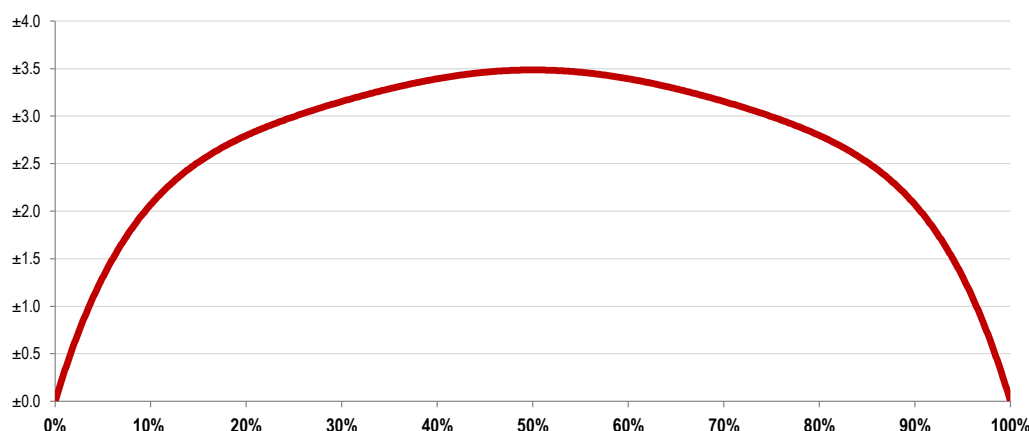
### *Sample Approach & Design*

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 St. Mary's Healthcare Service Area, including 363 in Fulton County and 387 in Montgomery County. Once the interviews were completed, these were weighted in proportion to the actual population distribution at the ZIP Code level so as to appropriately represent the St. Mary's Healthcare Service Area as a whole. All administration of the surveys, data collection and data analysis was conducted by PRC.

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

### **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 750 respondents answered a certain question with a "yes," it can be asserted that between 7.9% and 12.1% ( $10\% \pm 2.1\%$ ) 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% ( $50\% \pm 3.5\%$ ) of the total population would respond "yes" if asked this question.

### *Sample Characteristics*

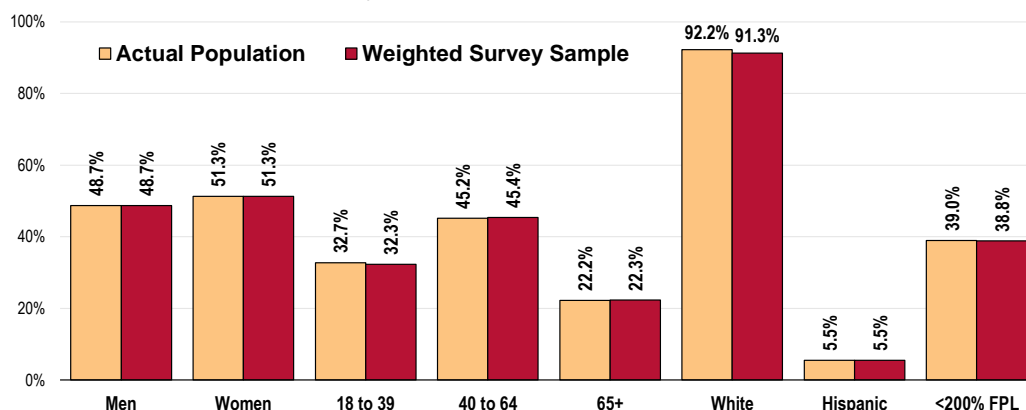
To accurately represent the population studied, PRC strives to minimize bias through application of a proven telephone methodology and random-selection techniques. While this random sampling of the population produces a highly representative sample, it is a common and preferred practice to "weight" the 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 sex, 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.]

### Population & Survey Sample Characteristics

(St. Mary's Healthcare Service Area, 2018)



Sources:

- Census 2010, Summary File 3 (SF 3). US Census Bureau.
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc.

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 2018 guidelines place the poverty threshold for a family of four at \$25,100 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 (<200% of) the poverty threshold; **“mid/high income”** refers to those households living on incomes which are twice or more (≥200% of) 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 also was 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, 118 community stakeholders took part in the Online Key Informant Survey, as outlined below:

Online Key Informant Survey Participation		
Key Informant Type	Number Invited	Number Participating
Physicians	19	7
Public Health Representatives	2	1
Other Health Providers	72	23
Social Services Providers	64	24
Other Community Leaders	136	63

Final participation included representatives of the organizations outlined below.

- Alpin Haus Fitness Center
- Alzheimer's Association
- Amsterdam Free Library
- Amsterdam Police Department
- Amsterdam School District
- Arkell Center
- Berkshire Farm Center and Services for Youth
- Brown's Ford of Amsterdam
- Cancer Services Program
- Community Health Center of St. Mary's Healthcare
- Creative Connections Clubhouse
- Department of Social Services (DSS)
- Fulmont Community Action Agency, Inc.
- Fulton County Community Services
- Fulton County Government
- Fulton County Office for Aging & Youth
- Fulton County Public Health Department
- Fulton County Sheriff's Department
- Fulton-Montgomery Community College (FMCC)
- Greater Amsterdam School District (GASD)

- Hamilton-Fulton-Montgomery BOCES
- Hamilton-Fulton-Montgomery (HFM) Prevention Council
- Haven of Hope Farm & Residence, Inc.
- Head Start
- Hometown Health Centers
- Interfaith Partnership for the Homeless (IPH)- Danielle's House
- Liberty ARC
- Mental Health Association in Fulton & Montgomery Counties
- Mohawk Valley Population Health Improvement Program
- Montgomery County
- Montgomery County Department of Youth and Veterans
- Montgomery County Department of Social Services (DSS)
- Montgomery County Emergency Services
- Montgomery County Office for Aging
- Montgomery County Public Health
- Morgan Stanley
- Nathan Littauer Hospital
- Planned Parenthood Mohawk Hudson
- Rob Constantine Recovery Community and Outreach Center
- Saint Thomas Health West Campus
- Sarah Jane Sanford Adult Home
- St. Mary's Healthcare (SMH)
- St. Mary's Hospital
- St. Mary's Institute
- The Walter Elwood Museum of the Mohawk Valley
- United Way of Montgomery County, Inc.
- WIC Weatherization Assistance Program (WAP)

Through this process, input was gathered from several individuals whose organizations work with low-income, minority, or other medically underserved populations.

**Minority/medically underserved populations represented:**

*African-American, Amish, Asian, behavioral health patients, dementia patients, disabled, elderly, foster children, Hispanic, homeless, immigrant/refugee, incarcerated/formerly incarcerated individuals, lack of stable housing, lack of transportation, language barrier, LGBTQ, low income, low literacy, MA recipients, Medicare/Medicaid, mentally ill, migrant workers, Native American, religious minority, rural, single parents, students, substance abusers, transit worker, undocumented, unemployed/underemployed, uninsured/underinsured, victims of domestic violence*

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 better be 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 regarding participants' opinions and perceptions of the health needs of the residents in the area. Thus, these findings are not necessarily based on fact.*

### 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 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 St. Mary's Healthcare Service Area in 2012 and 2015 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 represent the most recent *BRFSS (Behavioral Risk Factor Surveillance System) Prevalence and Trends Data* published online by the Centers for Disease Control and Prevention. 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 *2017 PRC National Health Survey*; the methodological approach for the national study is similar 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. For three decades, Healthy People has established benchmarks and monitored progress over time in order to:



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

Healthy People strives to:

- Identify nationwide health improvement priorities.
- Increase public awareness and understanding of the determinants of health, disease, and disability and the opportunities for progress.
- Provide measurable objectives and goals that are applicable at the national, State, and local levels.
- Engage multiple sectors to take actions to strengthen policies and improve practices that are driven by the best available evidence and knowledge.
- Identify critical research, evaluation, and data collection needs.

**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 the purpose of this report, “significance” of secondary data indicators (which do not carry sampling error but might be subject to reporting error) is determined by a 15% 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 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.

IRS Form 990, Schedule H (2017)		See Report Page
<b>Part V Section B Line 3a</b> <i>A definition of the community served by the hospital facility</i>		8
<b>Part V Section B Line 3b</b> <i>Demographics of the community</i>		41
<b>Part V Section B Line 3c</b> <i>Existing health care facilities and resources within the community that are available to respond to the health needs of the community</i>		244
<b>Part V Section B Line 3d</b> <i>How data was obtained</i>		8
<b>Part V Section B Line 3e</b> <i>The significant health needs of the community</i>		17
<b>Part V Section B Line 3f</b> <i>Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups</i>		Addressed Throughout
<b>Part V Section B Line 3g</b> <i>The process for identifying and prioritizing community health needs and services to meet the community health needs</i>		18
<b>Part V Section B Line 3h</b> <i>The process for consulting with persons representing the community's interests</i>		11
<b>Part V Section B Line 3i</b> <i>The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)</i>		251



## 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).

The Areas of Opportunity were determined after consideration of various criteria, including: standing in comparison with benchmark data (particularly national data); identified trends; the preponderance of significant findings within topic areas; the magnitude of the issue in terms of the number of persons affected; and the potential health impact of a given issue. These also take into account those issues of greatest concern to the community stakeholders (key informants) giving input to this process.

Areas of Opportunity Identified Through This Assessment	
<b>Access to Healthcare Services</b>	<ul style="list-style-type: none"> <li>• Barriers to Access               <ul style="list-style-type: none"> <li>◦ Inconvenient Office Hours</li> <li>◦ Appointment Availability</li> <li>◦ Finding a Physician</li> </ul> </li> <li>• Primary Care Physician Ratio</li> <li>• Routine Medical Care (Children)</li> <li>• Emergency Room Utilization</li> </ul>
<b>Cancer</b>	<ul style="list-style-type: none"> <li>• Cancer is a leading cause of death.</li> <li>• Lung Cancer Incidence</li> <li>• Skin Cancer Prevalence</li> </ul>
<b>Diabetes</b>	<ul style="list-style-type: none"> <li>• Diabetes Prevalence</li> <li>• <i>Diabetes ranked as a top concern in the Online Key Informant Survey.</i></li> </ul>
<b>Heart Disease &amp; Stroke</b>	<ul style="list-style-type: none"> <li>• Cardiovascular disease is a leading cause of death.</li> <li>• Heart Disease Deaths</li> <li>• Heart Disease Prevalence</li> <li>• High Blood Pressure Prevalence</li> <li>• High Blood Pressure Management</li> <li>• Blood Cholesterol Screening</li> </ul>
<b>Injury &amp; Violence</b>	<ul style="list-style-type: none"> <li>• Unintentional Injury Deaths</li> </ul>
<b>Mental Health</b>	<ul style="list-style-type: none"> <li>• “Fair/Poor” Mental Health</li> <li>• Diagnosed Depression</li> <li>• Receiving Treatment for Mental Health</li> <li>• Suicide Deaths</li> <li>• <i>Mental Health ranked as a top concern in the Online Key Informant Survey.</i></li> </ul>

—continued on next page—

Areas of Opportunity (continued)	
<b>Nutrition, Physical Activity, &amp; Weight</b>	<ul style="list-style-type: none"> <li>• Fruit/Vegetable Consumption</li> <li>• Obesity [Adults]</li> <li>• Medical Advice on Weight</li> <li>• Healthy Weight [Children]</li> <li>• Meeting Physical Activity Guidelines [Adults &amp; Children]</li> <li>• Access to Recreation/Fitness Facilities</li> <li>• <i>Nutrition, Physical Activity, &amp; Weight ranked as a top concern in the Online Key Informant Survey.</i></li> </ul>
<b>Potentially Disabling Conditions</b>	<ul style="list-style-type: none"> <li>• Activity Limitations</li> <li>• Sciatica/Chronic Back Pain Prevalence</li> <li>• Caregiver</li> <li>• Multiple Chronic Conditions</li> </ul>
<b>Respiratory Diseases</b>	<ul style="list-style-type: none"> <li>• Chronic Lower Respiratory Disease (CLRD) Deaths</li> <li>• Asthma Prevalence [Adults &amp; Children]</li> <li>• Chronic Obstructive Pulmonary Disease (COPD) Prevalence</li> <li>• Pneumonia/Influenza Deaths</li> </ul>
<b>Substance Abuse</b>	<ul style="list-style-type: none"> <li>• Cirrhosis/Liver Disease Deaths</li> <li>• Drinking &amp; Driving</li> <li>• Unintentional Drug-Related Deaths</li> <li>• Illicit Drug Use</li> <li>• <i>Substance Abuse ranked as a top concern in the Online Key Informant Survey.</i></li> </ul>
<b>Tobacco Use</b>	<ul style="list-style-type: none"> <li>• Cigarette Smoking Prevalence</li> <li>• Environmental Tobacco Smoke Exposure at Home <ul style="list-style-type: none"> <li>◦ Including Among Households With Children</li> </ul> </li> <li>• <i>Tobacco Use ranked as a top concern in the Online Key Informant Survey.</i></li> </ul>

### Community Feedback on Prioritization of Health Needs

On January 23, 2019, St. Mary's Healthcare convened a group of 35 community stakeholders (representing a cross-section of community-based agencies and organizations) to evaluate, discuss and prioritize health issues for community, based on findings of this 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; 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?

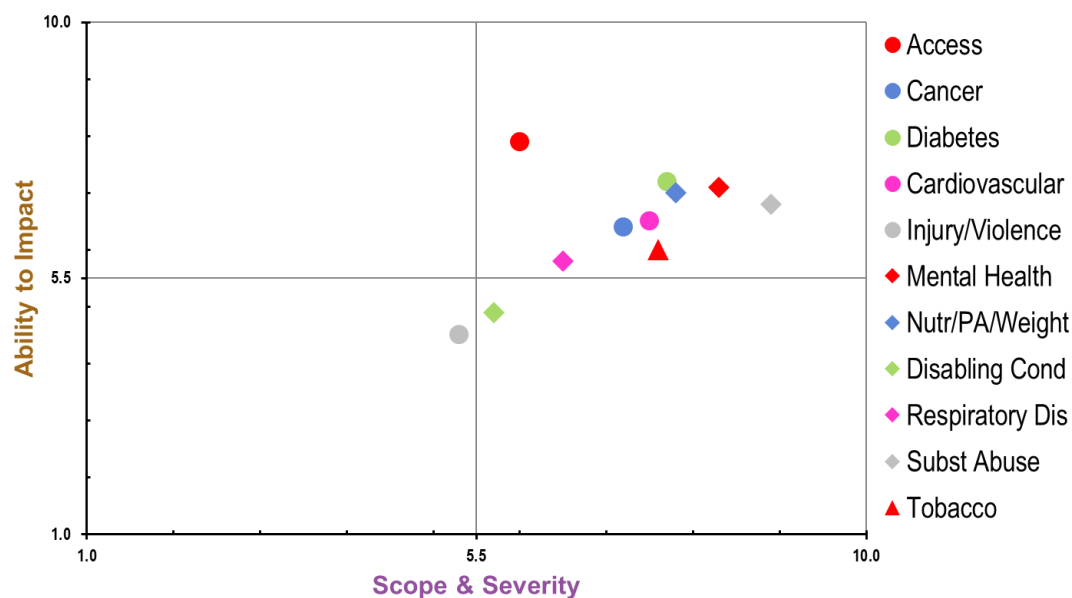
Ratings were entered on a scale of 1 (not very prevalent at all, with only minimal health consequences) to 10 (extremely prevalent, with very serious health consequences).

- **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. **Diabetes**
4. **Nutrition, Physical Activity & Weight**
5. **Heart Disease & Stroke**
6. **Access to Healthcare**
7. **Tobacco Use**
8. **Cancer**
9. **Respiratory Diseases**
10. **Potentially Disabling Conditions**
11. **Injury & Violence**

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 quadrant represent health needs rated as most severe, with the greatest ability to impact.



### Hospital Implementation Strategy

St. Mary's Healthcare will use the information from this Community Health Needs Assessment to develop an Implementation Strategy to address the significant health needs in the community. While the hospital will likely not implement strategies for all of the health issues listed above, the results of this prioritization exercise will be used to inform the development of the hospital's action plan to guide community health improvement efforts in the coming years.

*Note: An evaluation of the hospital's past activities to address the needs identified in prior CHNAs can be found as an appendix to this report.*

## 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. For survey-derived indicators, this column represents the ZIP Code–defined hospital service area; for data from secondary sources, this column represents findings for the county as a whole. *Tip: Indicator labels beginning with a “%” symbol are taken from the PRC Community Health Survey; the remaining indicators are taken from secondary data sources.*

■ 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 St. Mary's Healthcare Service Area compares favorably (☀), unfavorably (☹), or comparably (☺) to these external data.

*Note that blank table cells signify that data are not available or are not reliable for that area and/or for that indicator.*

#### TREND SUMMARY

(Current vs. Baseline Data)

















#### Survey Data Indicators:



















Trends for survey-derived indicators represent significant changes since 2012 (or 2015 for questions not asked in 2012). Note that survey data reflect the ZIP Code-defined St. Mary's Healthcare Service Area.







#### Other (Secondary) Data











**Indicators:** Trends for other indicators (e.g., public health data) represent point-to-point changes between the most current reporting period and the earliest presented in this report (typically representing the span of roughly a decade).











Note that secondary data reflect Fulton and Montgomery County data.














Social Determinants	Disparity Between Counties	
	Fulton County	Montgomery County
Linguistically Isolated Population (Percent)	 0.5	 2.7
Population in Poverty (Percent)	 16.7	 20.6
Population Below 200% FPL (Percent)	 37.3	 42.8
Children Below 200% FPL (Percent)	 47.4	 59.0
No High School Diploma (Age 25+, Percent)	 13.3	 15.5
Unemployment Rate (Age 16+, Percent)	 6.9	 7.0
% Worry/Stress Over Rent/Mortgage in Past Year	 33.3	 29.2
% Low Health Literacy	 20.3	 16.1
<small>Note: In the green section, each county is compared against the other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</small>		





















St. Mary's Healthcare	St. Mary's Healthcare vs. Benchmarks			TREND
	vs. NY	vs. US	vs. HP2020	
1.5	 7.6	 4.5		
18.6	 15.5	 15.1		
39.9	 32.0	 33.6		
53.3	 41.6	 43.3		
14.3	 14.1	 13.0		
6.9	 4.8	 4.1		 5.6
31.3		 30.8		
18.1		 23.3		
 better  similar  worse				























Overall Health	Disparity Between Counties	
	Fulton County	Montgomery County
% "Fair/Poor" Overall Health	 23.8	 16.7
% Activity Limitations	 28.7	 30.6
% Caregiver to a Friend/Family Member	 29.0	 28.2
<small>Note: In the green section, each county is compared against the other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</small>		

St. Mary's Healthcare	St. Mary's Healthcare vs. Benchmarks			TREND
	vs. NY	vs. US	vs. HP2020	
20.1	 16.9	 18.1		 17.1
29.7	 19.0	 25.0		 23.4
28.6		 20.8		
 better  similar  worse				





Access to Health Services	Disparity Between Counties	
	Fulton County	Montgomery County
% [Age 18-64] Lack Health Insurance	 4.8	 6.2
% Difficulty Accessing Healthcare in Past Year (Composite)	 42.5	 45.2
% Difficulty Finding Physician in Past Year	 12.6	 10.4
% Difficulty Getting Appointment in Past Year	 14.9	 20.5
% Cost Prevented Physician Visit in Past Year	 15.1	 9.8








St. Mary's Healthcare	St. Mary's Healthcare vs. Benchmarks			TREND
	vs. NY	vs. US	vs. HP2020	
5.5	 11.4	 13.7	 0.0	 10.5
43.9		 43.2		 38.0
11.5		 13.4		 7.8
17.8		 17.5		 13.5
12.3	 11.2	 15.4		 13.4





Access to Health Services (continued)	Disparity Between Counties	
	Fulton County	Montgomery County
% Transportation Hindered Dr Visit in Past Year	 9.1	 7.4
% Inconvenient Hrs Prevented Dr Visit in Past Year	 14.6	 17.6
% Language/Culture Prevented Care in Past Year	 2.5	 1.7
% Cost Prevented Getting Prescription in Past Year	 14.2	 12.7
% Skipped Prescription Doses to Save Costs	 16.1	 13.1
% Difficulty Getting Child's Healthcare in Past Year	 4.2	 9.9
Primary Care Doctors per 100,000	 48.1	 70.3
% Have a Specific Source of Ongoing Care	 79.1	 76.6
% Have Had Routine Checkup in Past Year	 79.3	 76.9
% Child Has Had Checkup in Past Year	 84.4	 88.3



















St. Mary's Healthcare	St. Mary's Healthcare vs. Benchmarks			TREND
	vs. NY	vs. US	vs. HP2020	
8.3		 8.3		 6.9
16.1		 12.5		 16.0
2.1		 1.2		
13.4		 14.9		 15.2
14.6		 15.3		 15.8
7.2		 5.6		 4.2
58.7	 112.0	 87.8		 47.7
77.8		 74.1	 95.0	 79.3
78.0	 74.9	 68.3		 75.6
86.4		 87.1		 93.7














































Access to Health Services (continued)	Disparity Between Counties	
	Fulton County	Montgomery County
% Two or More ER Visits in Past Year	 16.1	 20.6
% Rate Local Healthcare "Fair/Poor"	 13.1	 12.2
<small>Note: In the green section, each county is compared against the other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</small>		



St. Mary's Healthcare	St. Mary's Healthcare vs. Benchmarks			TREND
	vs. NY	vs. US	vs. HP2020	
18.4		 9.3		 11.6
12.7		 16.2		 19.1
	 better	 similar	 worse	







Cancer	Disparity Between Counties	
	Fulton County	Montgomery County
Cancer (Age-Adjusted Death Rate)	 168.8	 154.0
Lung Cancer (Age-Adjusted Death Rate)		
Prostate Cancer (Age-Adjusted Death Rate)		
Female Breast Cancer (Age-Adjusted Death Rate)		
Colorectal Cancer (Age-Adjusted Death Rate)		
Female Breast Cancer Incidence Rate	 128.2	 125.2









St. Mary's Healthcare	St. Mary's Healthcare vs. Benchmarks			TREND
	vs. NY	vs. US	vs. HP2020	
161.5	 149.2	 158.5	 161.4	 171.4
46.1	 35.5	 40.3	 45.5	
17.5	 18.1	 19.0	 21.8	
16.6	 19.4	 20.3	 20.7	
15.2	 13.2	 14.1	 14.5	
126.8	 129.0	 123.5		














Cancer (continued)	Disparity Between Counties	
	Fulton County	Montgomery County
Prostate Cancer Incidence Rate	 104.3	 72.8
Lung Cancer Incidence Rate	 84.1	 74.6
Colorectal Cancer Incidence Rate	 41.4	 48.2
% Cancer (Other Than Skin)	 8.2	 9.4
% Skin Cancer	 5.0	 7.0
% [Women 50-74] Mammogram in Past 2 Years	 88.1	 82.4
% [Women 21-65] Pap Smear in Past 3 Years	 78.9	 85.3
% [Age 50-75] Colorectal Cancer Screening	 80.4	 80.0
<small>Note: In the green section, each county is compared against the other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</small>		























St. Mary's Healthcare	St. Mary's Healthcare vs. Benchmarks			TREND
	vs. NY	vs. US	vs. HP2020	
89.5	 136.8	 114.8		
79.6	 60.6	 61.2		
44.6	 40.6	 39.8		
8.8	 6.0	 7.1		 6.2
6.1	 3.8	 8.5		 3.2
85.3	 79.7	 77.0	 81.1	 81.9
82.1	 80.7	 73.5	 93.0	 84.8
80.2	 68.5	 76.4	 70.5	 73.2
 better  similar  worse				


































	Disparity Between Counties	
	Fulton County	Montgomery County
<b>Dementias, Including Alzheimer's Disease</b>		
Alzheimer's Disease (Age-Adjusted Death Rate)	 19.5	 18.8
<small>Note: In the green section, each county is compared against the other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</small>		



St. Mary's Healthcare	St. Mary's Healthcare vs. Benchmarks			TREND
	vs. NY	vs. US	vs. HP2020	
19.0	 12.1	 28.4		 25.6
	 better	 similar	 worse	






	Disparity Between Counties	
	Fulton County	Montgomery County
<b>Diabetes</b>		
Diabetes (Age-Adjusted Death Rate)	 17.4	 27.2
% Diabetes/High Blood Sugar	 16.2	 17.5
% Borderline/Pre-Diabetes	 8.3	 3.8
% [Non-Diabetes] Blood Sugar Tested in Past 3 Years	 56.3	 50.3
<small>Note: In the green section, each county is compared against the other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</small>		









St. Mary's Healthcare	St. Mary's Healthcare vs. Benchmarks			TREND
	vs. NY	vs. US	vs. HP2020	
22.2	 17.1	 21.1	 20.5	 19.3
16.8	 10.4	 13.3		 10.5
6.0		 9.5		
53.2		 50.0		 57.0
	 better	 similar	 worse	


















Heart Disease & Stroke	Disparity Between Counties	
	Fulton County	Montgomery County
Diseases of the Heart (Age-Adjusted Death Rate)	 214.1	 228.2
Stroke (Age-Adjusted Death Rate)	 29.9	 26.9
% Heart Disease (Heart Attack, Angina, Coronary Disease)	 8.9	 13.5
% Stroke	 3.6	 4.8
% Blood Pressure Checked in Past 2 Years	 91.6	 94.3
% Told Have High Blood Pressure (Ever)	 46.0	 47.7
% [HBP] Taking Action to Control High Blood Pressure	 84.7	 92.7
% Cholesterol Checked in Past 5 Years	 87.4	 86.8
% Told Have High Cholesterol (Ever)	 35.4	 38.7
% [HBC] Taking Action to Control High Blood Cholesterol	 88.6	 88.1
% 1+ Cardiovascular Risk Factor	 90.7	 89.4







St. Mary's Healthcare	St. Mary's Healthcare vs. Benchmarks			TREND
	vs. NY	vs. US	vs. HP2020	
221.7	 179.2	 167.0	 156.9	 264.2
28.6	 25.9	 37.1	 34.8	 29.6
11.2		 8.0		 9.1
4.2	 2.6	 4.7		 3.3
93.0		 90.4	 92.6	 95.1
46.9	 29.2	 37.0	 26.9	 39.3
89.0		 93.8		 90.2
87.1	 80.0	 85.1	 82.1	 90.6
37.1		 36.2	 13.5	 34.2
88.4		 87.3		 90.8
90.0		 87.2		 89.2














HIV	Disparity Between Counties	
	Fulton County	Montgomery County
HIV Prevalence Rate	 156.4	 160.2
<small>Note: In the green section, each county is compared against the other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</small>		










St. Mary's Healthcare	St. Mary's Healthcare vs. Benchmarks			TREND
	vs. NY	vs. US	vs. HP2020	
158.2	 784.1	 353.2		
 better  similar  worse				















Immunization & Infectious Diseases	Disparity Between Counties	
	Fulton County	Montgomery County
% [Age 65+] Flu Vaccine in Past Year	 71.8	 72.3
% [High-Risk 18-64] Flu Vaccine in Past Year	 52.5	 54.2
% [Age 65+] Pneumonia Vaccine Ever	 80.7	 76.8
% [High-Risk 18-64] Pneumonia Vaccine Ever	 38.8	 50.2
<small>Note: In the green section, each county is compared against the other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</small>		







St. Mary's Healthcare	St. Mary's Healthcare vs. Benchmarks			TREND
	vs. NY	vs. US	vs. HP2020	
72.0	 59.5	 76.8	 70.0	 61.0
53.3		 55.7	 70.0	 38.9
78.7	 69.3	 82.7	 90.0	 59.8
44.5		 39.9	 60.0	 30.5
 better  similar  worse				










Infant Health & Family Planning	Disparity Between Counties	
	Fulton County	Montgomery County
Low Birthweight Births (Percent)	 7.4	 6.9
Infant Death Rate	 5.8	 5.2
Teen Births per 1,000 (Age 15-19)	 31.0	 38.8
<small>Note: In the green section, each county is compared against the other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</small>		





St. Mary's Healthcare	St. Mary's Healthcare vs. Benchmarks			TREND
	vs. NY	vs. US	vs. HP2020	
7.1	 8.2	 8.2	 7.8	 7.6
5.5	 5.1	 6.2	 6.0	
34.7	 23.7	 36.6		 36.7
 better  similar  worse				










Injury & Violence	Disparity Between Counties	
	Fulton County	Montgomery County
Unintentional Injury (Age-Adjusted Death Rate)	 32.3	 41.0
Motor Vehicle Crashes (Age-Adjusted Death Rate)	 10.9	
[65+] Falls (Age-Adjusted Death Rate)	 24.3	 29.6
% [Age 45+] Fell in the Past Year	 30.9	 32.4
Firearm-Related Deaths (Age-Adjusted Death Rate)	 6.2	 7.3


















St. Mary's Healthcare	St. Mary's Healthcare vs. Benchmarks			TREND
	vs. NY	vs. US	vs. HP2020	
36.6	 30.7	 43.7	 36.4	 27.5
9.6	 5.3	 11.0	 12.4	
27.0	 38.6	 55.2	 47.0	
31.6		 31.6		
6.7	 4.7	 10.5	 9.3	






















Injury & Violence (continued)	Disparity Between Counties	
	Fulton County	Montgomery County
Violent Crime Rate	 112.9	 108.7
% Victim of Violent Crime in Past 5 Years	 2.7	 4.4
% Victim of Domestic Violence (Ever)	 15.3	 12.7
Note: In the green section, each county is compared against the other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.		

St. Mary's Healthcare	St. Mary's Healthcare vs. Benchmarks			TREND
	vs. NY	vs. US	vs. HP2020	
110.9	 394.5	 379.7		
3.6		 3.7		 2.9
14.0		 14.2		 15.9
 better  similar  worse				























Kidney Disease	Disparity Between Counties	
	Fulton County	Montgomery County
Kidney Disease (Age-Adjusted Death Rate)	 13.4	 13.5
% Kidney Disease	 2.9	 5.0
Note: In the green section, each county is compared against the other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.		





























St. Mary's Healthcare	St. Mary's Healthcare vs. Benchmarks			TREND
	vs. NY	vs. US	vs. HP2020	
13.5	 9.5	 13.2		 18.5
4.0	 2.4	 3.8		 3.0
 better  similar  worse				













Mental Health	Disparity Between Counties	
	Fulton County	Montgomery County
% "Fair/Poor" Mental Health	 19.1	 14.4
% Diagnosed Depression	 24.9	 23.9
% Symptoms of Chronic Depression (2+ Years)	 31.9	 31.2
% Typical Day Is "Extremely/Very" Stressful	 13.1	 13.3
Suicide (Age-Adjusted Death Rate)	 14.2	
% Taking Rx/Receiving Mental Health Trtmt	 20.9	 16.5
% Have Ever Sought Help for Mental Health	 33.0	 30.5
% [Those With Diagnosed Depression] Seeking Help	 90.0	 84.2
% Unable to Get Mental Health Svcs in Past Yr	 6.0	 6.5
<small>Note: In the green section, each county is compared against the other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</small>		

















St. Mary's Healthcare	St. Mary's Healthcare vs. Benchmarks			TREND
	vs. NY	vs. US	vs. HP2020	
16.6		 13.0		 12.9
24.4	 11.7	 21.6		 17.5
31.5		 31.4		 29.2
13.1		 13.4		 13.0
11.6	 8.0	 13.0	 10.2	 9.2
18.6		 13.9		
31.7		 30.8		
87.0		 87.1		 81.3
6.3		 6.8		
 better  similar  worse				





















Nutrition, Physical Activity & Weight	Disparity Between Counties	
	Fulton County	Montgomery County
% Food Insecure	 22.4	 24.2
% Eat 5+ Servings of Fruit or Vegetables per Day	 29.5	 29.3
% "Very/Somewhat" Difficult to Buy Fresh Produce	 19.5	 22.7
Population With Low Food Access (Percent)	 17.6	 17.3
% No Leisure-Time Physical Activity	 27.2	 28.2
% Meeting Physical Activity Guidelines	 17.0	 18.3
Recreation/Fitness Facilities per 100,000	 10.8	 4.0
% Overweight (BMI 25+)	 73.8	 68.9
% Healthy Weight (BMI 18.5-24.9)	 25.5	 26.6
% [Overweights] Trying to Lose Weight	 64.1	 63.8
% Obese (BMI 30+)	 38.9	 38.2











St. Mary's Healthcare	St. Mary's Healthcare vs. Benchmarks			TREND
	vs. NY	vs. US	vs. HP2020	
23.3		 27.9		
29.4		 33.5		 40.6
21.1		 22.1		 20.6
17.4	 11.6	 22.4		
27.7	 26.3	 26.2	 32.6	 25.7
17.7	 20.0	 22.8	 20.1	
7.6	 12.4	 11.0		
71.3	 60.8	 67.8		 70.3
26.1	 37.0	 30.3	 33.9	 28.8
64.0		 61.3		
38.5	 25.5	 32.8	 30.5	 33.0











Nutrition, Physical Activity & Weight (continued)	Disparity Between Counties	
	Fulton County	Montgomery County
% Medical Advice on Weight in Past Year	 24.8	 27.3
% [Overweights] Couseled About Weight in Past Year	 31.6	 32.5
% Child [Age 5-17] Healthy Weight	 43.7	 45.9
% Children [Age 5-17] Overweight (85th Percentile)	 35.8	 38.6
% Children [Age 5-17] Obese (95th Percentile)	 23.0	 30.3
% Child [Age 2-17] Physically Active 1+ Hours per Day	 49.6	 47.7
Note: In the green section, each county is compared against the other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.		











St. Mary's Healthcare	St. Mary's Healthcare vs. Benchmarks			TREND
	vs. NY	vs. US	vs. HP2020	
26.1		 24.2		 29.8
32.0		 29.0		 42.2
44.8		 58.4		 56.2
37.2		 33.0		 37.7
26.5		 20.4	 14.5	 27.4
48.6		 50.5		 60.7
 better  similar  worse				





Oral Health	Disparity Between Counties	
	Fulton County	Montgomery County
% Have Dental Insurance	 68.0	 69.5
% [Age 18+] Dental Visit in Past Year	 64.7	 64.7
% Child [Age 2-17] Dental Visit in Past Year	 84.6	 74.5
<small>Note: In the green section, each county is compared against the other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</small>		


















St. Mary's Healthcare	St. Mary's Healthcare vs. Benchmarks			TREND
	vs. NY	vs. US	vs. HP2020	
68.8		 59.9		 61.9
64.7	 68.5	 59.7	 49.0	 62.7
79.4		 87.0	 49.0	 83.3
 better  similar  worse				








Potentially Disabling Conditions	Disparity Between Counties	
	Fulton County	Montgomery County
% [50+] Arthritis/Rheumatism	 39.3	 37.3
% [50+] Osteoporosis	 12.0	 9.2
% Sciatica/Chronic Back Pain	 28.9	 29.8
% Multiple Chronic Conditions	 70.7	 66.7
% Eye Exam in Past 2 Years	 59.2	 59.9
















St. Mary's Healthcare	St. Mary's Healthcare vs. Benchmarks			TREND
	vs. NY	vs. US	vs. HP2020	
38.2		 38.3		 43.1
10.6		 9.4	 5.3	 13.5
29.4		 22.9		 26.6
68.6		 56.8		
59.6		 55.3		 57.0



























Respiratory Diseases	Disparity Between Counties	
	Fulton County	Montgomery County
CLRD (Age-Adjusted Death Rate)	 58.3	 52.1
Pneumonia/Influenza (Age-Adjusted Death Rate)	 16.6	 22.0
% [Adult] Currently Has Asthma	 18.4	 11.8
% [Child 0-17] Currently Has Asthma	 16.1	 15.7
% COPD (Lung Disease)	 14.2	 12.2
<small>Note: In the green section, each county is compared against the other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</small>		













Sexually Transmitted Diseases	Disparity Between Counties	
	Fulton County	Montgomery County
Chlamydia Incidence Rate	 337.1	 286.6
Gonorrhea Incidence Rate	 20.2	 4.0
<small>Note: In the green section, each county is compared against the other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</small>		





















St. Mary's Healthcare	St. Mary's Healthcare vs. Benchmarks			TREND
	vs. NY	vs. US	vs. HP2020	
55.4	 29.1	 40.9		 52.2
19.3	 19.3	 14.6		 10.2
14.9	 9.5	 11.8		 10.4
15.9		 9.3		 12.4
13.2	 5.2	 8.6		 13.1
 better  similar  worse				

St. Mary's Healthcare	St. Mary's Healthcare vs. Benchmarks			TREND
	vs. NY	vs. US	vs. HP2020	
313.0	 502.5	 456.1		
12.4	 105.6	 110.7		
 better  similar  worse				

Substance Abuse	Disparity Between Counties	
	Fulton County	Montgomery County
Unintentional Drug-Related Deaths (Age-Adjusted Death Rate)		 15.1
Cirrhosis/Liver Disease (Age-Adjusted Death Rate)	 9.1	 12.4
% Current Drinker	 57.2	 55.5
% Excessive Drinker	 18.7	 18.5
% Drinking & Driving in Past Month	 2.0	 4.0
% Illicit Drug Use in Past Month	 6.5	 5.1
% Ever Sought Help for Alcohol or Drug Problem	 5.7	 5.0
% Life Negatively Affected by Substance Abuse	 40.6	 33.2
<small>Note: In the green section, each county is compared against the other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</small>		

St. Mary's Healthcare	St. Mary's Healthcare vs. Benchmarks			TREND
	vs. NY	vs. US	vs. HP2020	
9.6	 12.3	 14.3	 11.3	 7.2
10.7	 6.8	 10.6	 8.2	 8.5
56.3	 57.5	 55.0		 57.2
18.6		 22.5	 25.4	 21.2
3.0	 2.8	 5.2		 1.5
5.8		 2.5	 7.1	 3.1
5.3		 3.4		 4.5
36.8		 37.3		
 better  similar  worse				

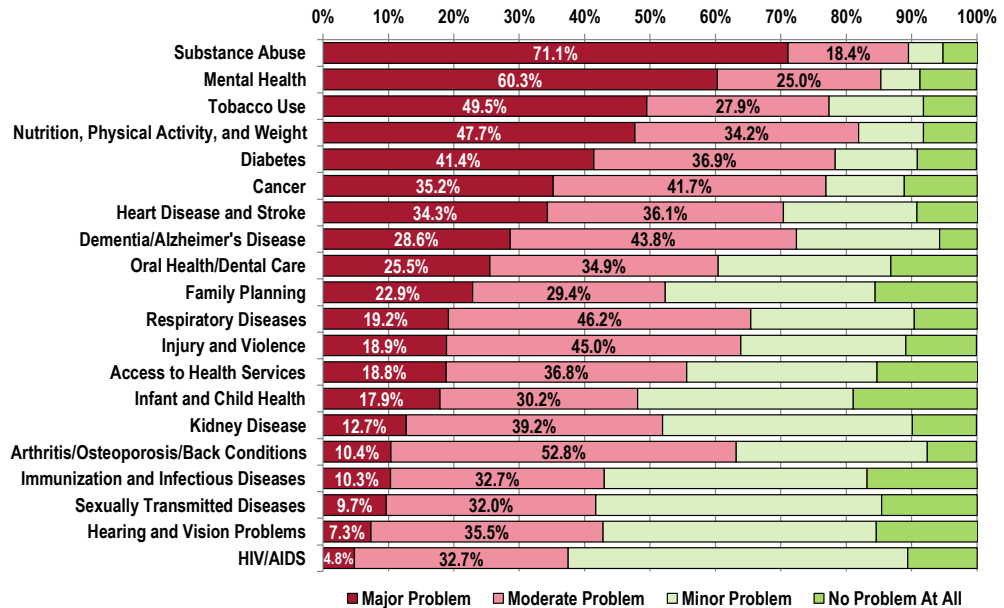
Tobacco Use	Disparity Between Counties	
	Fulton County	Montgomery County
% Current Smoker	 20.1	 22.5
% Someone Smokes at Home	 19.3	 21.5
% [Nonsmokers] Someone Smokes in the Home	 8.2	 12.7
% [Household With Children] Someone Smokes in the Home	 18.5	 30.4
% [Smokers] Have Quit Smoking 1+ Days in Past Year		
% [Smokers] Received Advice to Quit Smoking	 79.0	 76.7
% Currently Use Vaping Products	 2.6	 4.6
<small>Note: In the green section, each county is compared against the other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</small>		

St. Mary's Healthcare	St. Mary's Healthcare vs. Benchmarks			TREND
	vs. NY	vs. US	vs. HP2020	
21.4	 14.2	 16.3	 12.0	 22.7
20.4		 10.7		 19.6
10.5		 4.0		 6.6
24.7		 7.2		 21.4
42.4		 34.7	 80.0	 50.6
77.8		 58.0		 71.7
3.6	 4.1	 3.8		
 better  similar  worse				

## Summary of Key Informant Perceptions

In the Online Key Informant Survey, community stakeholders were asked to rate the degree to which each of 20 health issues is a problem in their own community, using a scale of “major problem,” “moderate problem,” “minor problem,” or “no problem at all.” The following chart summarizes their responses; these findings also are outlined throughout this report, along with the qualitative input describing reasons for their concerns. (Note that these ratings alone do not establish priorities for this assessment; rather, they are one of several data inputs considered for the prioritization process described earlier.)

### Key Informants: Relative Position of Health Topics as Problems in the Community



# Community Description



**Professional Research Consultants, Inc.**



## 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 houses a total population of 103,964 residents, according to latest census estimates.

**Total Population**  
(Estimated Population, 2012-2016)

	Total Population	Total Land Area (Square Miles)	Population Density (Per Square Mile)
Fulton County	54,297	495.46	109.59
Montgomery County	49,667	403.12	123.21
St. Mary's Healthcare Svc Area	103,964	898.58	115.7
New York	19,697,457	47,124.95	417.98
United States	318,558,162	3,532,068.58	90.19

Sources: 

- US Census Bureau American Community Survey 5-year estimates.
- Retrieved August 2018 from Community Commons at <http://www.chna.org>.

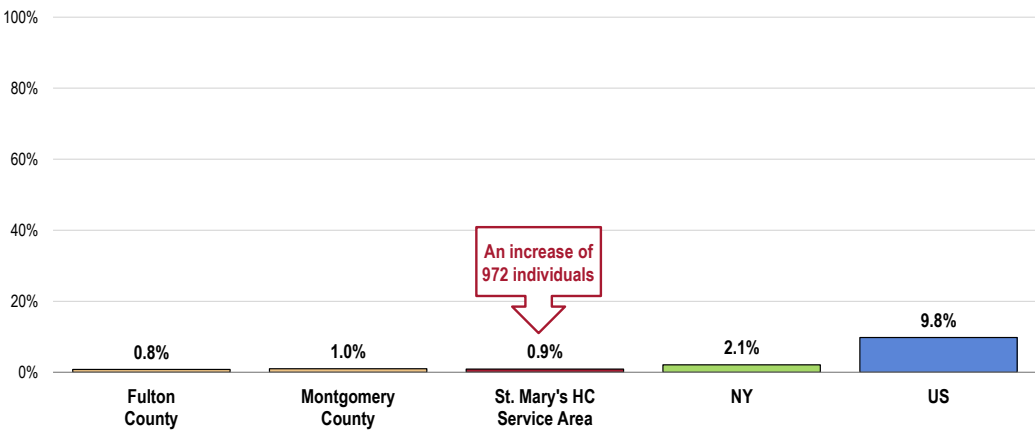
### Population Change 2000-2010

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 the St. Mary's Healthcare Service Area increased by just 972 persons, or 0.9%.**

- A lesser proportional increase than seen across the state and especially the nation.
- Similar proportional increases by county.

### Change in Total Population (Percentage Change Between 2000 and 2010)

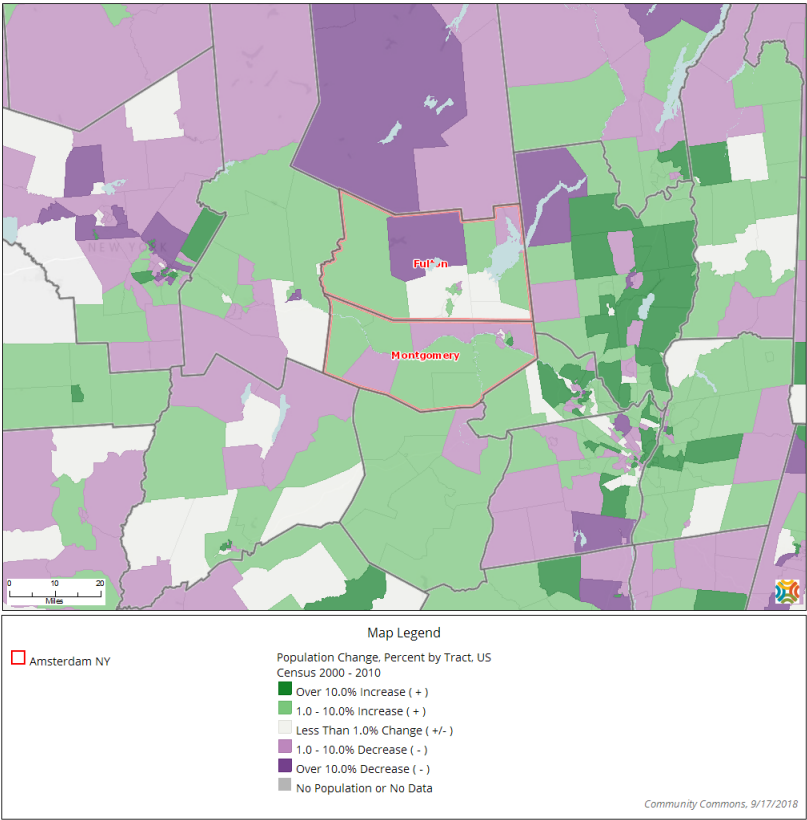


Sources:

- US Census Bureau Decennial Census (2000-2010).
- Retrieved August 2018 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.



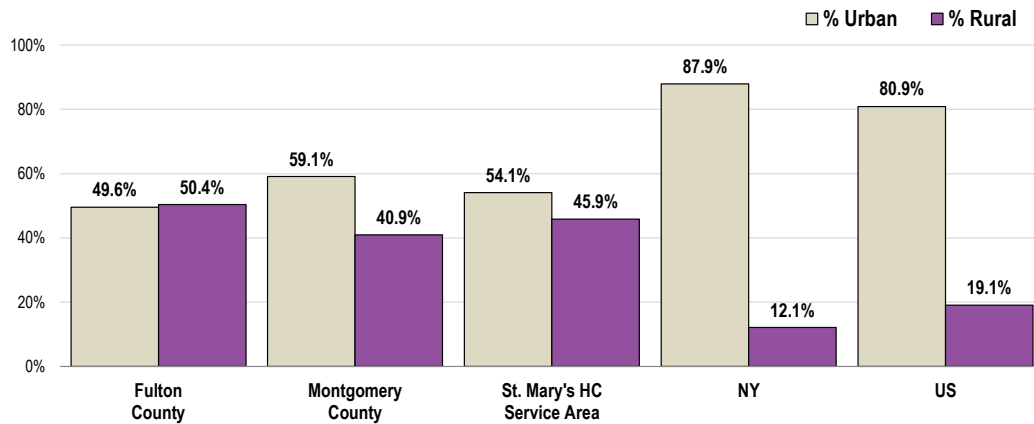
## Urban/Rural Population

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 much higher proportions of the state and US populations live in urban areas.
- Montgomery County houses a larger urban population than does Fulton County, which is equally divided between urban and rural living.

### Urban and Rural Population (2010)

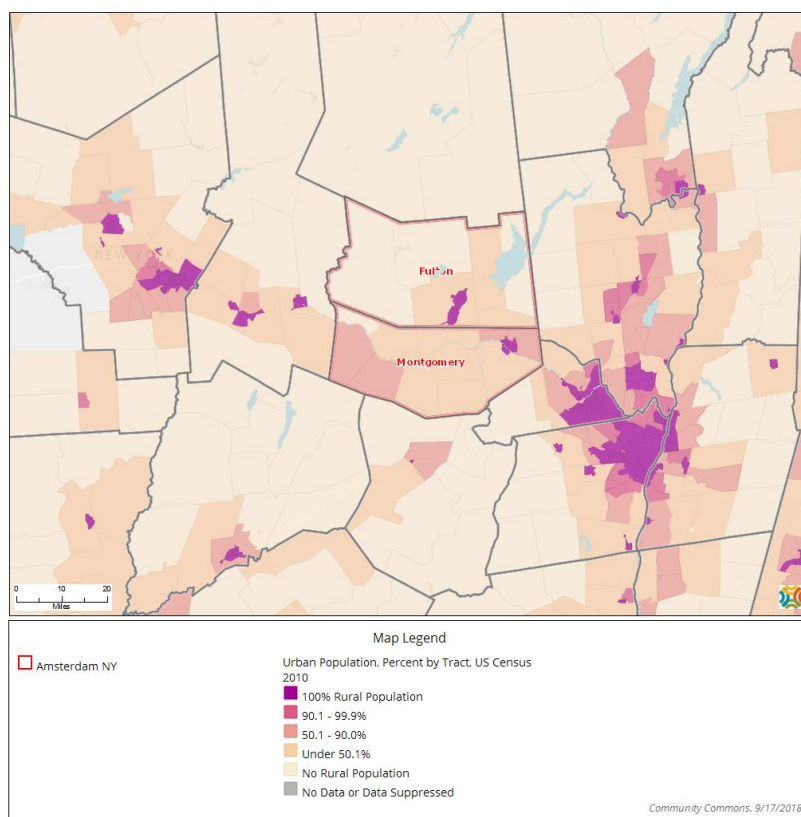


Sources:

- US Census Bureau Decennial Census (2010).
- Retrieved August 2018 from Community Commons at <http://www.chna.org>.

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.



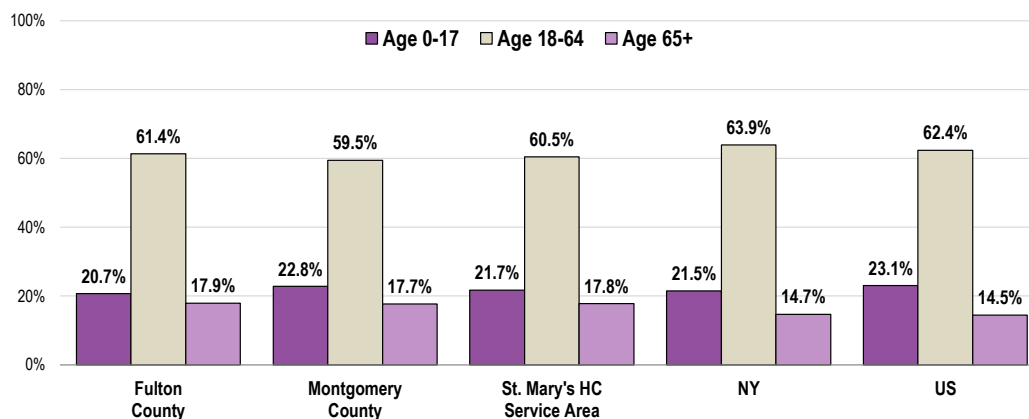
## Age

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

**In St. Mary's Healthcare Service Area, 21.7% of the population are infants, children, or adolescents (age 0-17); another 60.5% are age 18 to 64, while 17.8% are age 65 and older.**

- The percentage of older adults (65+) is higher than the state and US figures.
- The senior population is similar by county.

### Total Population by Age Groups, Percent (2012-2016)



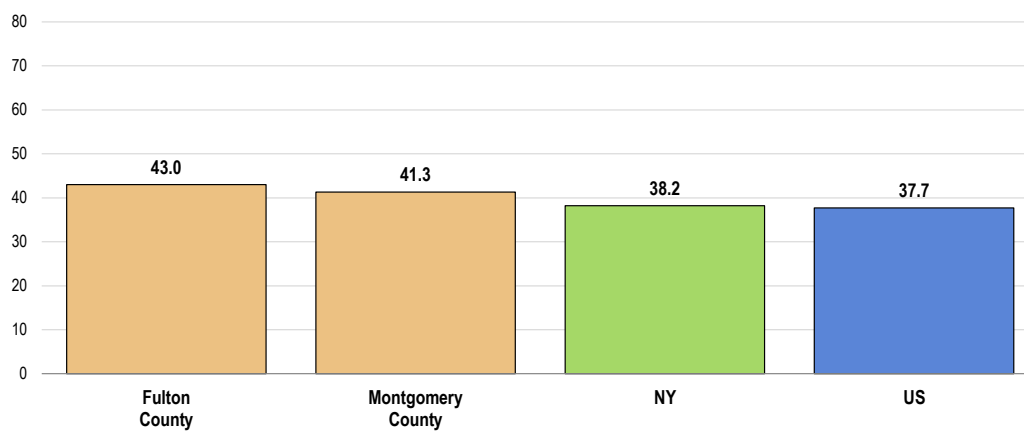
Sources:

- US Census Bureau American Community Survey 5-year estimates.
- Retrieved August 2018 from Community Commons at <http://www.chna.org>.

### Median Age

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

### Median Age (2012-2016)



Sources:

- US Census Bureau American Community Survey 5-year estimates.
- Retrieved August 2018 from Community Commons at <http://www.chna.org>.



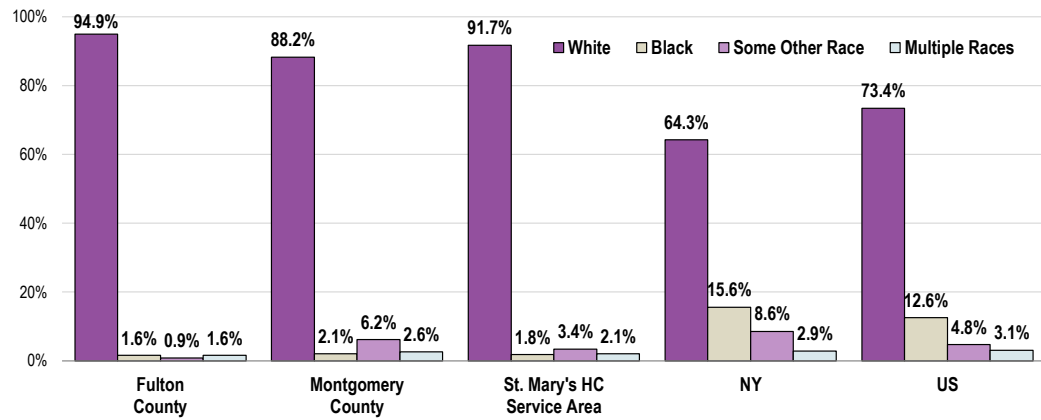
## Race & Ethnicity

### Race

In looking at race independent of ethnicity (Hispanic or Latino origin), 91.7% of residents of the service area are White and 1.8% are Black.

- The area's 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.

### Total Population by Race Alone, Percent (2012-2016)



Sources:

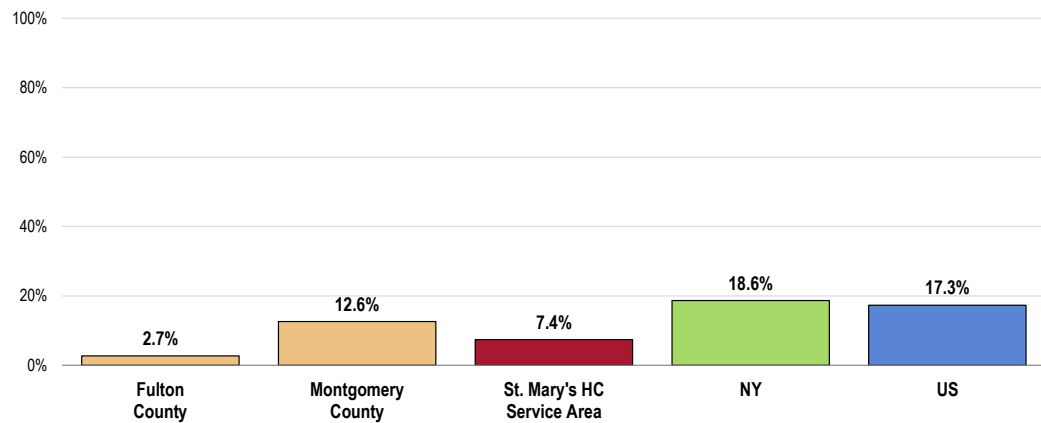
- US Census Bureau American Community Survey 5-year estimates.
- Retrieved August 2018 from Community Commons at <http://www.chna.org>.

### Ethnicity

**A total of 7.4% of St. Mary's Healthcare Service Area residents are Hispanic or Latino.**

- Well below the state and nationwide percentages.
- The Hispanic/Latino population is over four times as high in Montgomery County as in Fulton County.

### Hispanic Population (2012-2016)

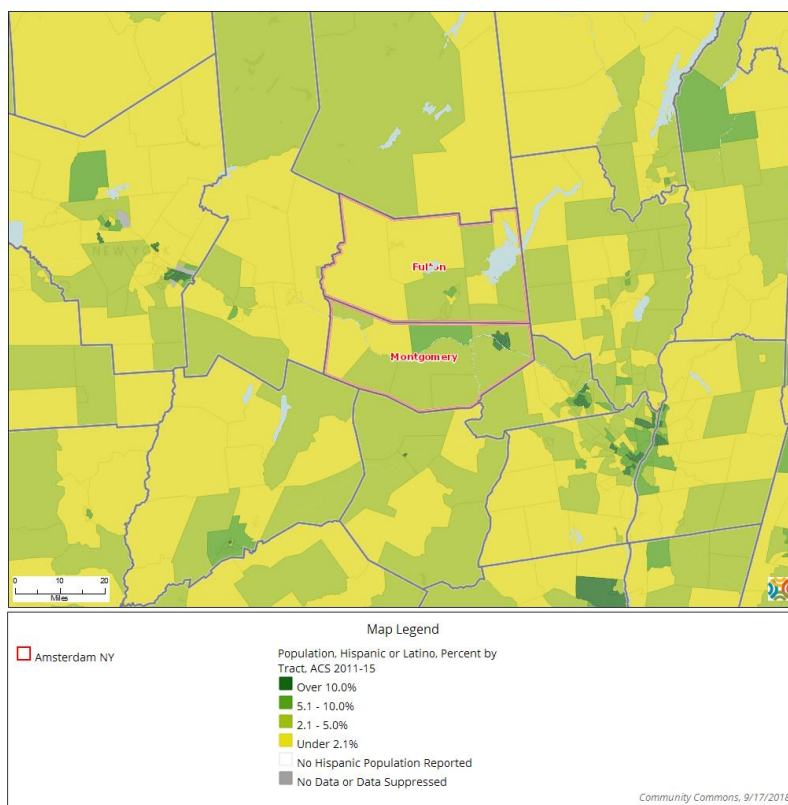


Sources:

- US Census Bureau American Community Survey 5-year estimates.
- Retrieved August 2018 from Community Commons at <http://www.chna.org>.

Notes:

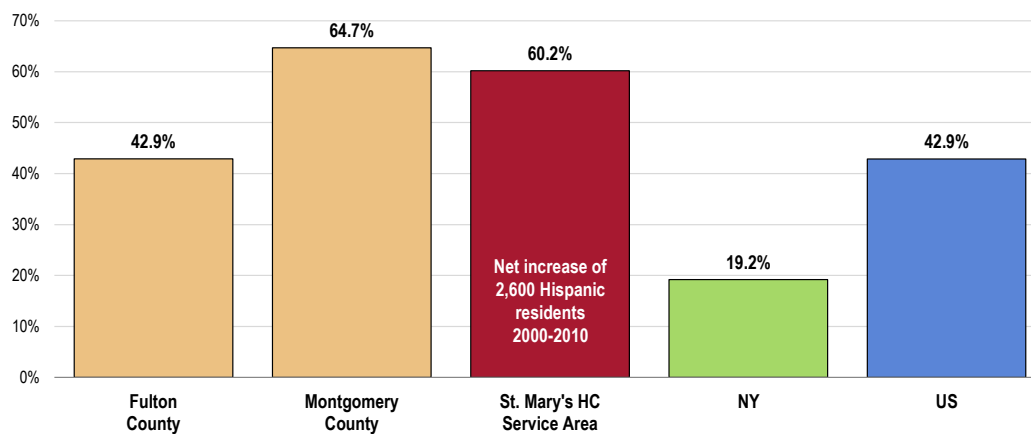
- Origin can be viewed as the heritage, nationality group, lineage, or country of birth of the person or the person's parents or ancestors before their arrival in the United States. People who identify their origin as Hispanic, Latino, or Spanish may be of any race.



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

- Higher (in terms of percentage growth) than found statewide (especially) and nationally.
- The percentage growth is much higher in Montgomery County than in Fulton County.

### Hispanic Population Change (Percentage Change in Hispanic Population Between 2000 and 2010)



Sources:

- US Census Bureau Decennial Census (2000-2010).
- Retrieved August 2018 from Community Commons at <http://www.chna.org>.

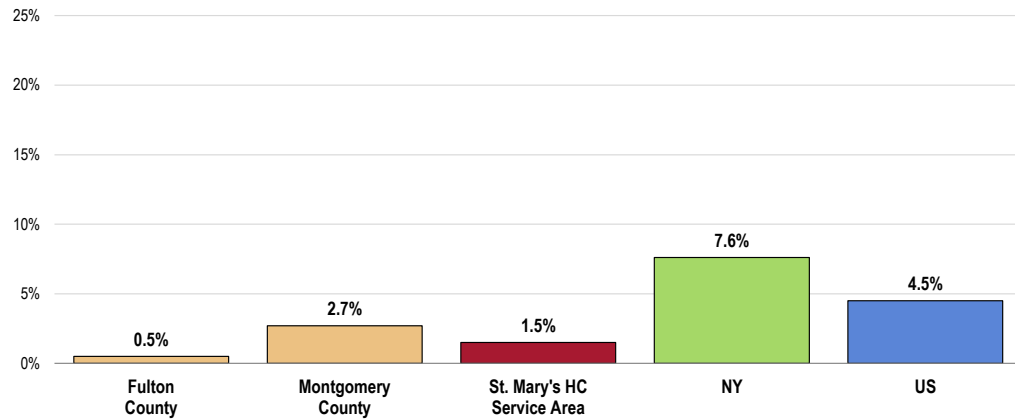


## Linguistic Isolation

A total of 1.5% of the 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 the state and US percentages.
- Higher in Montgomery County.

### Linguistically Isolated Population (2012-2016)

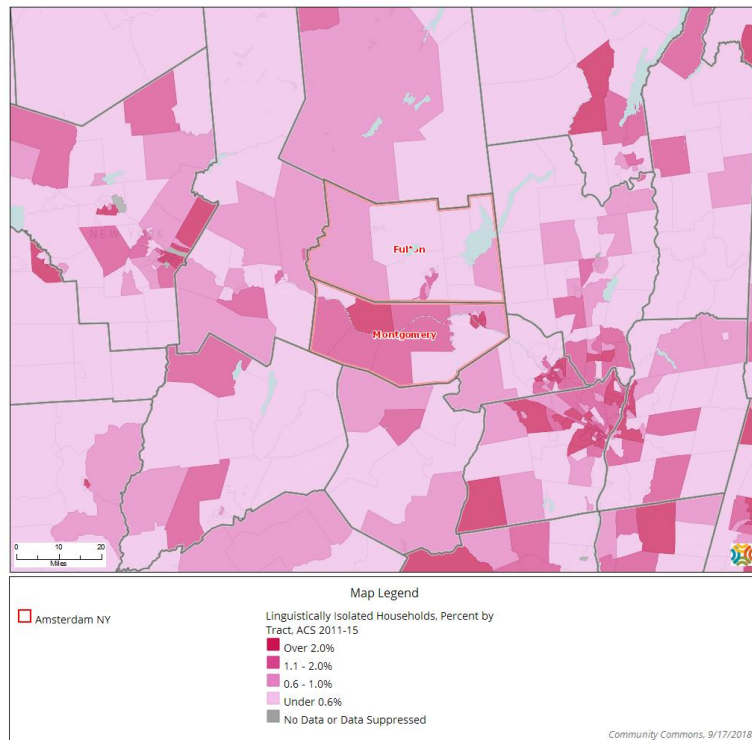


Sources:

- US Census Bureau American Community Survey 5-year estimates.
- Retrieved August 2018 from Community Commons at <http://www.chna.org>.

Notes:

- This indicator reports the percentage of the population age 5+ who live in a home in which no person age 14+ speaks only English, or in which no person age 14+ speak a non-English language and speak English “very well.”



## 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](http://www.healthypeople.gov))

### Poverty

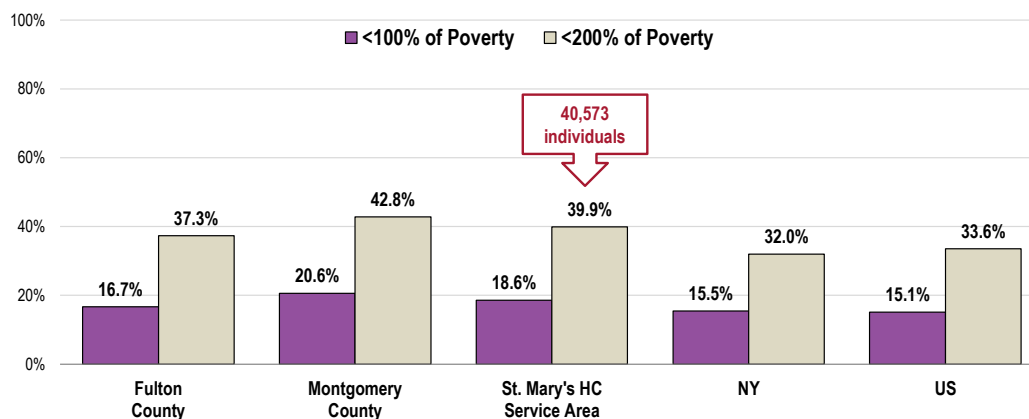
The latest census estimate shows **18.6% of the St. Mary's Healthcare Service Area population living below the federal poverty level.**

**In all, 39.9% of service area residents (an estimated 40,573 individuals) live below 200% of the federal poverty level.**

- Worse than the proportions statewide and nationally.
- Similar percentages when viewed by county.

### Population in Poverty

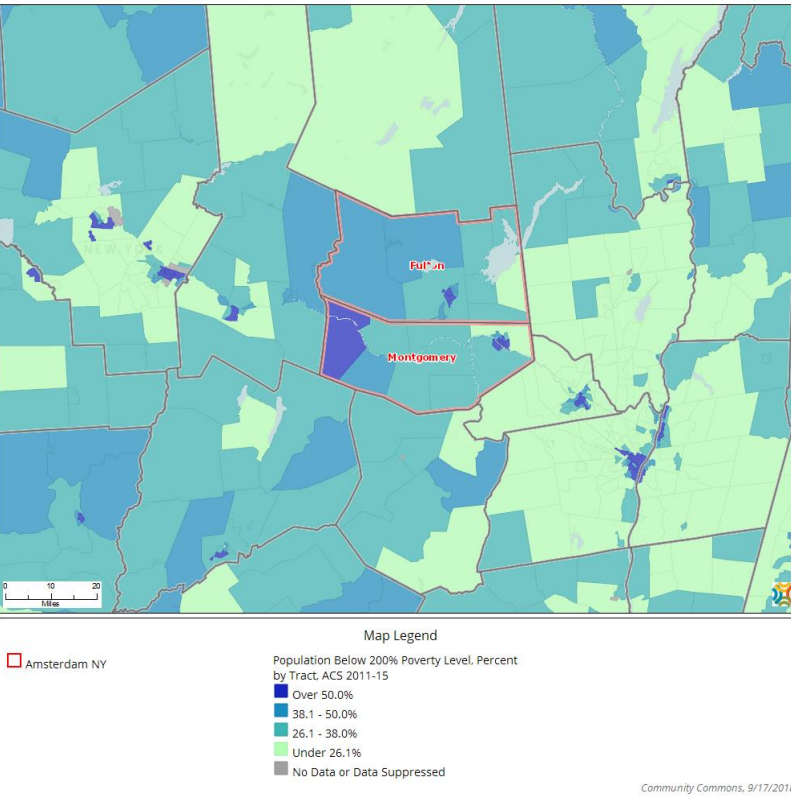
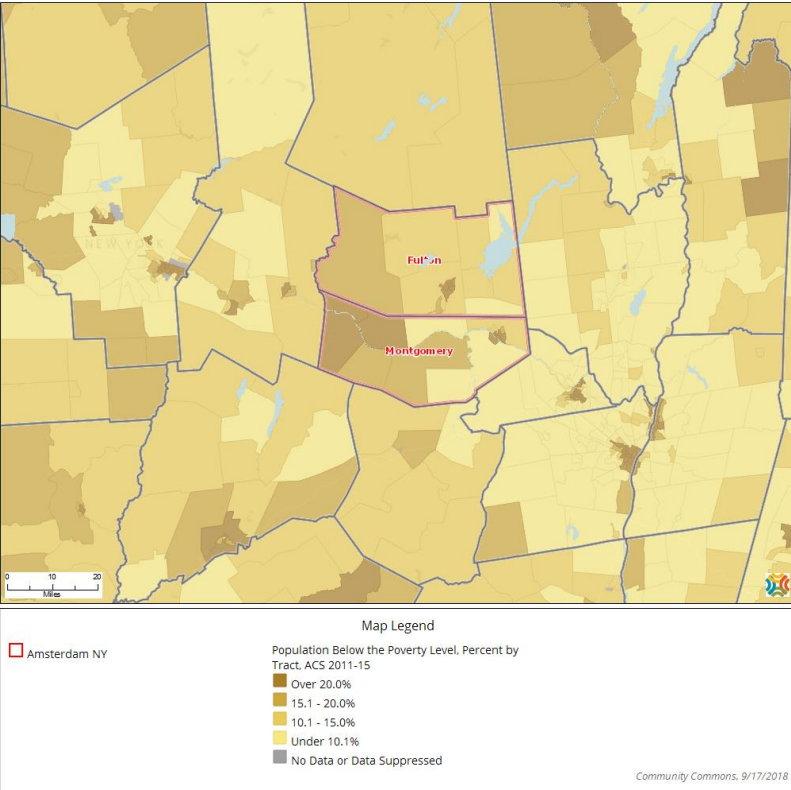
(Populations Living Below 100% and Below 200% of the Poverty Level; 2012-2016)



Sources: • US Census Bureau American Community Survey 5-year estimates.

• Retrieved August 2018 from Community Commons at <http://www.chna.org>.

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.

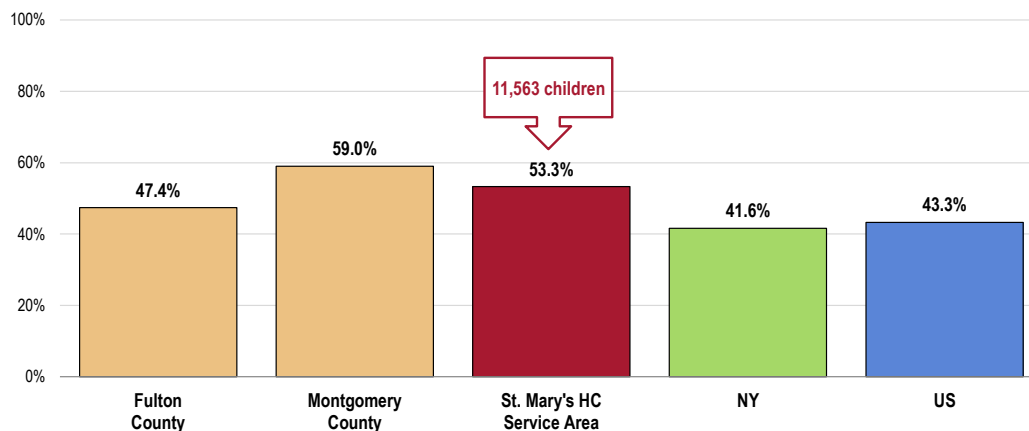


## Children in Low-Income Households

Additionally, over half (53.3%) of St. Mary's Healthcare Service Area children age 0-17 (representing an estimated 11,563 children) live below the 200% poverty threshold.

- Above the proportions found statewide and nationally.
- The difference by county is not statistically significant.

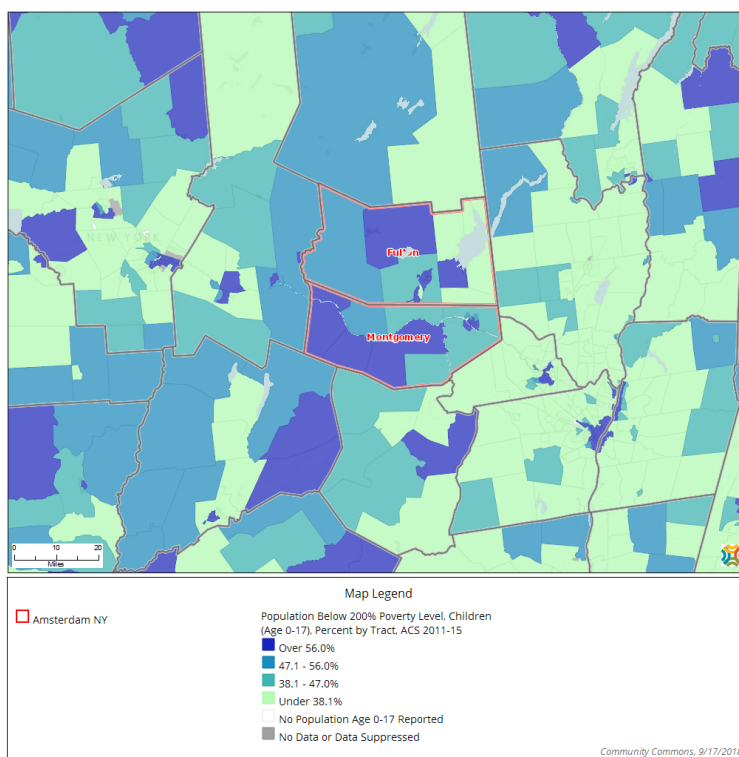
### Percent of Children in Low-Income Households (Children 0-17 Living Below 200% of the Poverty Level, 2012-2016)



Sources: • US Census Bureau American Community Survey 5-year estimates.

• Retrieved August 2018 from Community Commons at <http://www.chna.org>.

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.



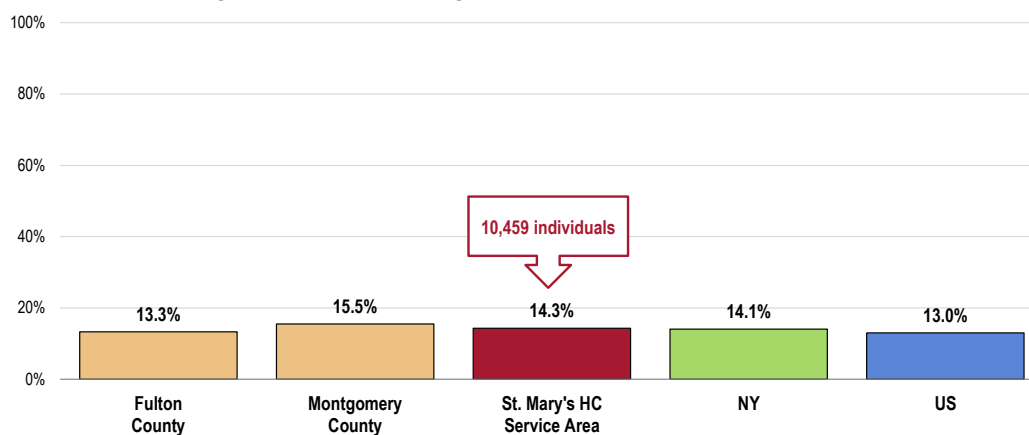
## Education

Among the St. Mary's Healthcare Service Area population age 25 and older, an estimated 14.3% (over 10,000 people) do not have a high school education.

- Comparable to state and US figures.
- Comparable findings by county.

### Population With No High School Diploma

(Population Age 25+ Without a High School Diploma or Equivalent, 2012-2016)

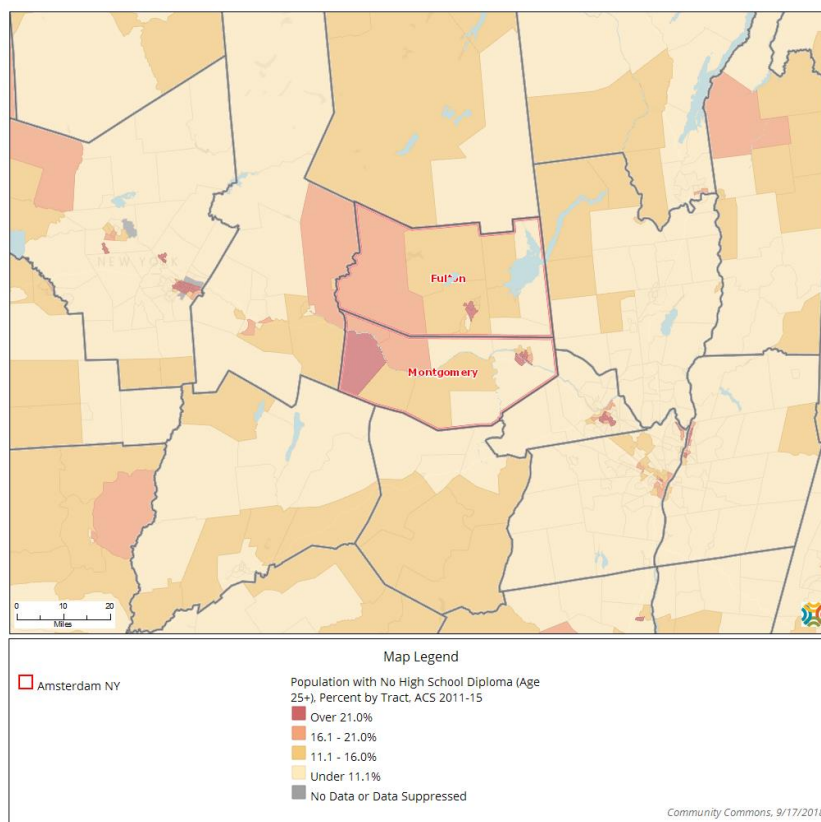


Sources:

- US Census Bureau American Community Survey 5-year estimates.
- Retrieved August 2018 from Community Commons at <http://www.chna.org>.

Notes:

- This indicator is relevant because educational attainment is linked to positive health outcomes.



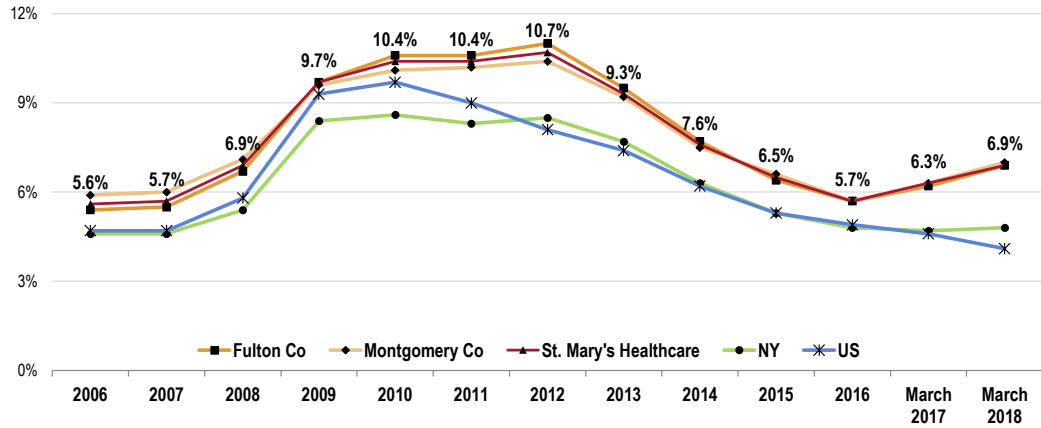
## Employment

According to data derived from the US Department of Labor, the unemployment rate in the St. Mary's Healthcare Service Area as of March 2018 was 6.9%.

- Higher than the statewide and national unemployment rates.
- Similar unemployment rates by county.
- TREND: Unemployment for the St. Mary's Healthcare Service Area has trended downward since 2012, echoing the state trend but realizing an improvement later than the US overall.

## Unemployment Rate

(Percent of Non-Institutionalized Population Age 16+ Unemployed, Not Seasonally-Adjusted)



Sources: 

- US Department of Labor, Bureau of Labor Statistics.
- Retrieved August 2018 from Community Commons at <http://www.chna.org>.

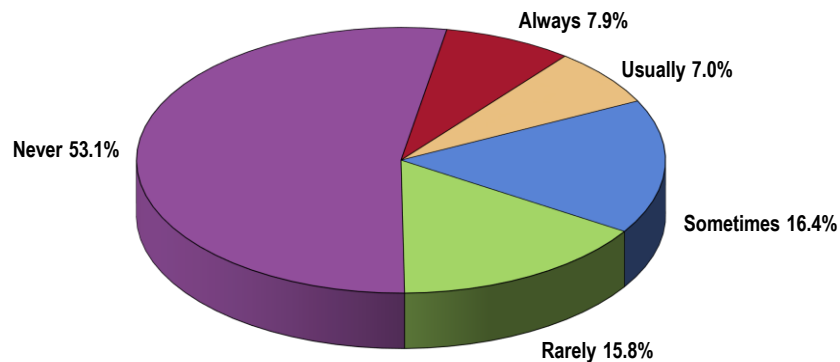
Notes: 

- 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.

## Housing Insecurity

While most surveyed adults rarely, if ever, worry about the cost of housing, a considerable share (31.3%) reported that they were “sometimes,” “usually,” or “always” worried or stressed about having enough money to pay their rent or mortgage in the past year.

## Frequency of Worry or Stress Over Paying Rent/Mortgage in the Past Year (St. Mary's Healthcare Service Area, 2018)



Sources: 

- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 71]

Notes: 

- Asked of all respondents.

- Compared to the US prevalence, the St. Mary's Healthcare Service Area proportion of adults who worried about paying for rent or mortgage in the past year is similar.
- Housing insecurity is similar by county.

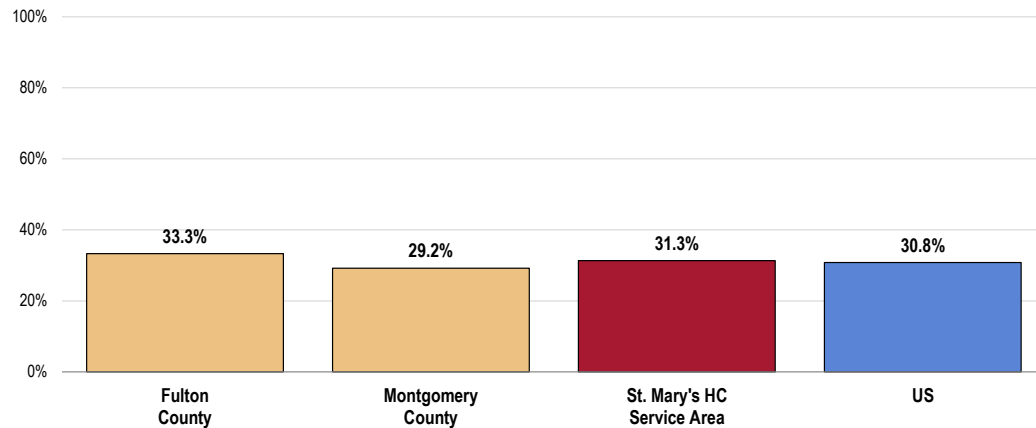
#### NOTE:

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.

### “Always/Usually/Sometimes” Worried About Paying Rent/Mortgage in the Past Year



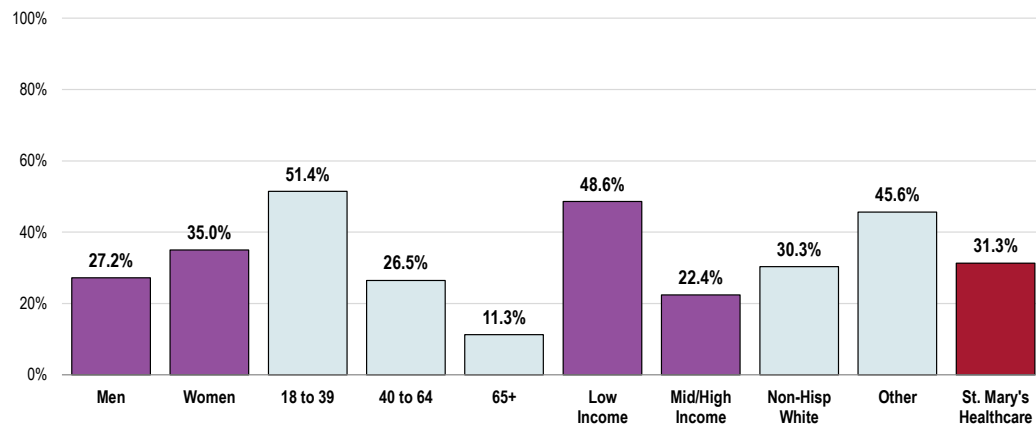
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 71]  
• 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

- Adults more likely to report housing insecurity include women, young adults (negative correlation with age), residents living at lower incomes, and adults other than Non-Hispanic Whites.

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

### “Always/Usually/Sometimes” Worried About Paying Rent/Mortgage in the Past Year (St. Mary's Healthcare Service Area, 2018)



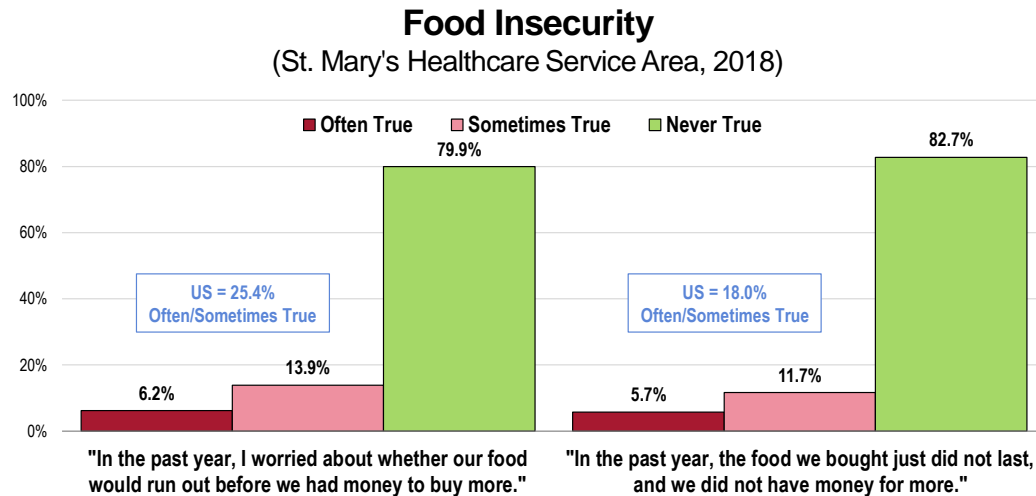
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 71]  
Notes: • Asked of all respondents.  
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).  
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.



## Food Insecurity

In the past year, 20.1% of St. Mary's Healthcare Service Area adults "often" or "sometimes" worried about whether their food would run out before they had money to buy more.

Another 17.4% report a time in the past year ("often" or "sometimes") when the food they bought just did not last, and they did not have money to get more.



Sources:

- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 87-88]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

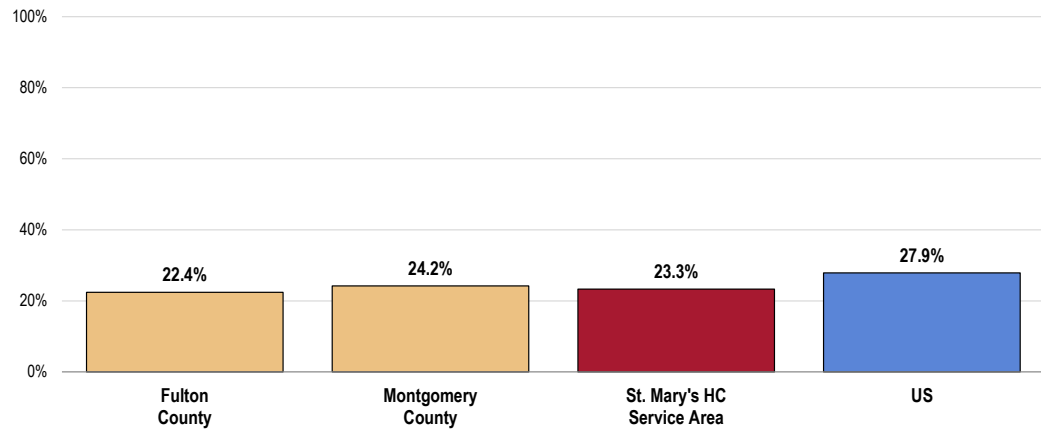
Notes:

- Reflects the total sample of respondents.

Overall, 23.3% of community residents are determined to be "food insecure," having run out of food in the past year and/or been worried about running out of food.

- Below the US prevalence.
- Similar percentages by county.

## Food Insecurity



Sources: 

- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 149]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

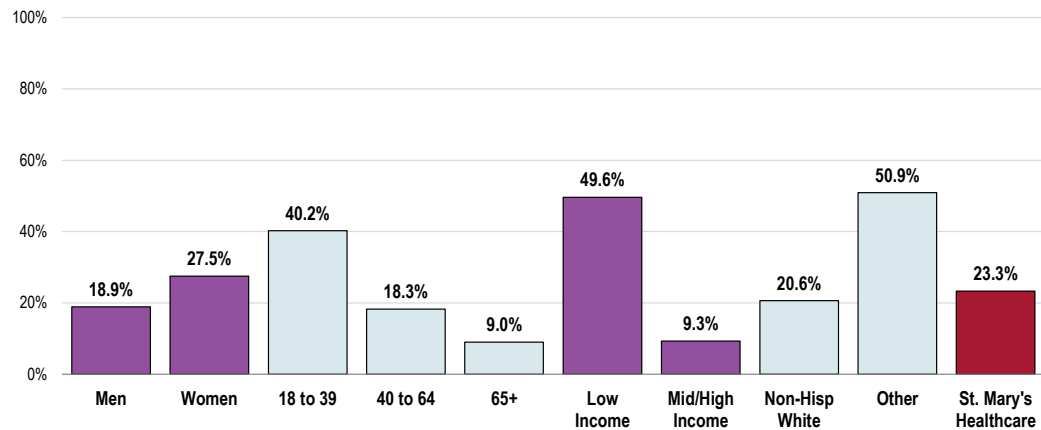
  
Notes: 

- Asked of all respondents.
- Includes adults who A) ran out of food at least once in the past year and/or B) worried about running out of food in the past year.

Adults more likely affected by food insecurity include:

- Women.
- Young adults (negative correlation with age).
- Residents living at lower incomes.
- Non-Whites.

## Food Insecurity (St. Mary's Healthcare Service Area, 2018)



Sources: 

- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 149]
- Asked of all respondents.

  
Notes: 

- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- Includes adults who A) ran out of food at least once in the past year and/or B) worried about running out of food in the past year.

## Health Literacy

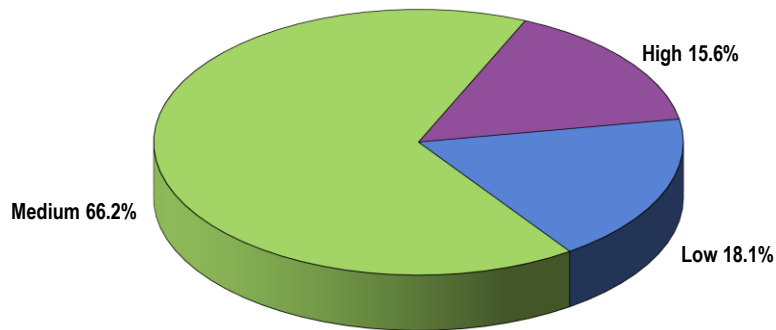
### Population With Low Health Literacy

A total of 18.1% of St. Mary's Healthcare Service Area adults are found to have low health literacy.

- Lower than national findings.
- Similar percentages by county.

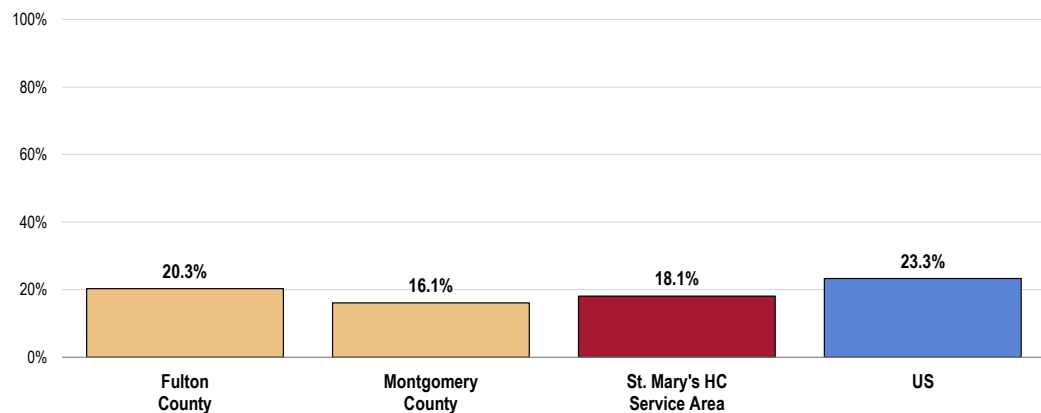
Low health literacy is defined as those respondents who "seldom/never" find written or spoken health information easy to understand, and/or who "always/nearly always" need help reading health information, and/or who are "not at all confident" in filling out health forms.

**Level of Health Literacy**  
(St. Mary's Healthcare Service Area, 2018)



- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 172]
- Notes:
- Asked of all respondents.
  - Respondents with low health literacy are those who "seldom/never" find written or spoken health information easy to understand, and/or who "always/nearly always" need help reading health information, and/or who are "not at all confident" in filling out health forms.

### Low Health Literacy

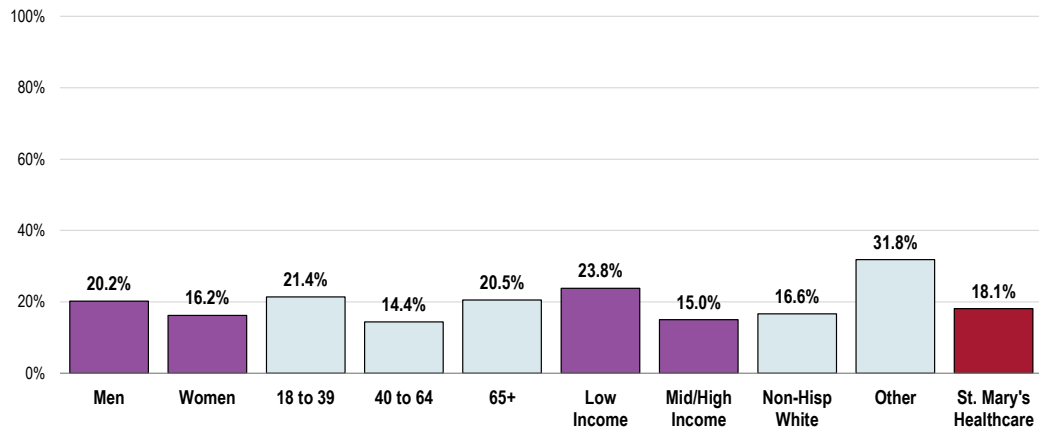


- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 172]
  - 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- Notes:
- Asked of all respondents.
  - Respondents with low health literacy are those who "seldom/never" find written or spoken health information easy to understand, and/or who "always/nearly always" need help reading health information, and/or who are "not at all confident" in filling out health forms.

These local adults are more likely to have low levels of health literacy:

- Low-income residents.
- Non-Whites.

### Low Health Literacy (St. Mary's Healthcare Service Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 172]

Notes: • Asked of all respondents.  
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).  
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.  
• Respondents with low health literacy are those who "seldom/never" find written or spoken health information easy to understand, and/or who "always/nearly always" need help reading health information, and/or who are "not at all confident" in filling out health forms.

## Understanding Health Information

The following individual measures are used to determine the health literacy levels described above.

### Written & Spoken Information

While a majority of St. Mary's Healthcare Service Area adults generally find health information to be easy to understand, 8.7% experience some difficulty with written health information and 7.7% experience some difficulty with spoken health information (responding "seldom" or "never" easy to understand).

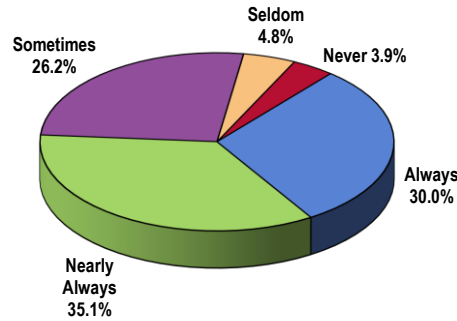
Respondents were read:

"You can find written health information on the internet, in newspapers and magazines, on medications, at the doctor's office, in clinics, and many other places.

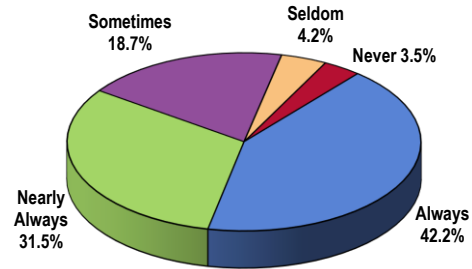
How often is health information written in a way that is easy for you to understand?

How often is health information spoken in a way that is easy for you to understand?"

## Frequency With Which Health Information Is \_\_\_\_\_ in a Way That is Easy to Understand (St. Mary's Healthcare Service Area, 2018)



Written



Spoken

Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 74, 76]  
Notes: • Asked of all respondents.

## Reading Health Information & Completing Health Forms

Respondents were read:

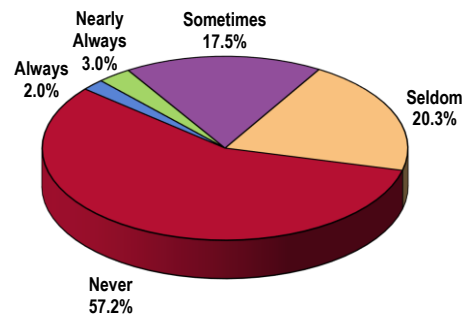
"People who might help you read health information include family members, friends, caregivers, doctors, nurses, or other health professionals. How often do you need to have someone help you read health information?"

A total of 5.0% of St. Mary's Healthcare Service Area adults "always" or "nearly always" need to have someone help them read health information.

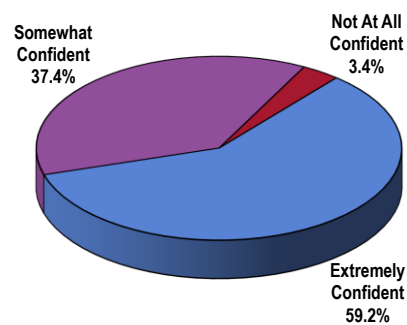
A total of 3.4% of adults are "not at all confident" in their ability to fill out health forms by themselves.

"Health forms include insurance forms, questionnaires, doctor's office forms, and other forms related to health and health care. In general, how confident are you in your ability to fill out health forms yourself?"

## Frequency of Needing Help Reading Health Information (St. Mary's Healthcare Service Area, 2018)



## Confidence in Ability to Fill Out Health Forms (St. Mary's Healthcare Service Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 75, 77]  
Notes: • Asked of all respondents.  
• In this case, health forms include insurance forms, questionnaires, doctor's office forms, and other forms related to health and healthcare.

## General Health Status



**Professional Research Consultants, Inc.**

## Overall Health Status

### Evaluation of Health Status

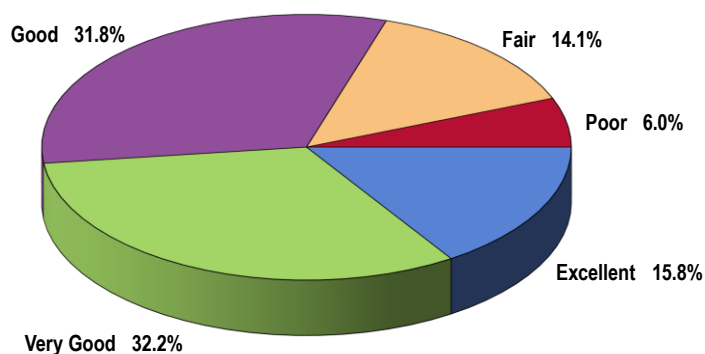
The initial inquiry of the PRC Community Health Survey asked respondents the following:

"Would you say that in general your health is: excellent, very good, good, fair, or poor?"

**A total of 48.0% of St. Mary's Healthcare Service Area adults rate their overall health as "excellent" or "very good."**

- Another 31.8% gave "good" ratings of their overall health.

**Self-Reported Health Status**  
(St. Mary's Healthcare Service Area, 2018)

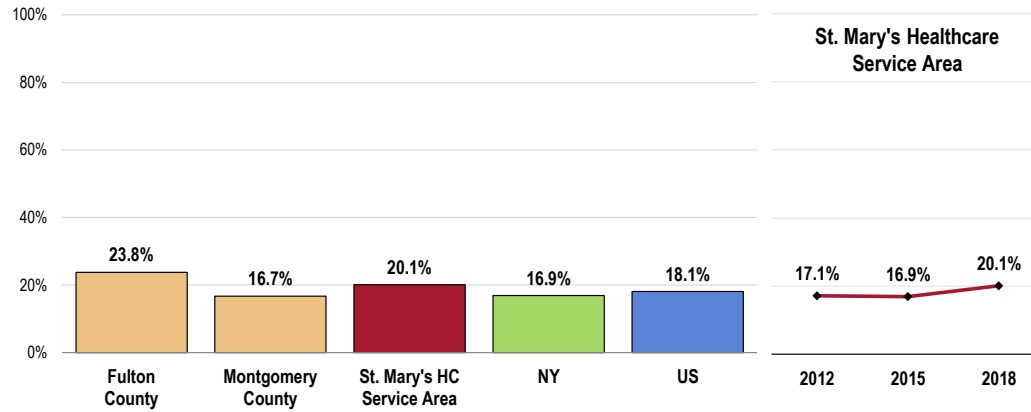


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]  
Notes: • Asked of all respondents.

**However, 20.1% of St. Mary's Healthcare Service Area adults believe that their overall health is "fair" or "poor."**

- Higher than the New York prevalence.
- Similar to the national findings.
- Unfavorably high among Fulton County respondents.
- TREND: No statistically significant change has occurred when comparing "fair/poor" overall health reports to previous survey results.

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

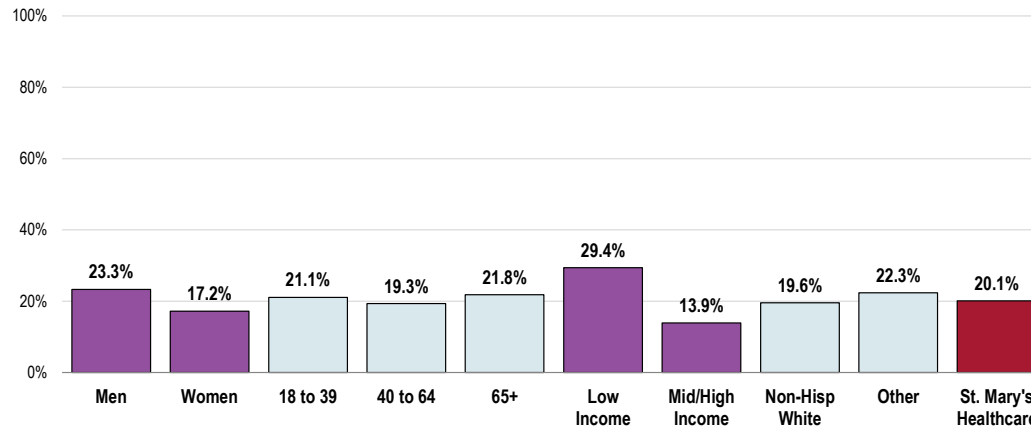


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]  
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2016 New York data.  
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

- Residents living at lower incomes are more likely to report experiencing “fair” or “poor” overall health.
- Other differences by demographic characteristic, as shown below, are not statistically significant.

## Experience “Fair” or “Poor” Overall Health (St. Mary's Healthcare Service Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]  
 Notes: • Asked of all respondents.  
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).  
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.



## Activity Limitations

### 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.

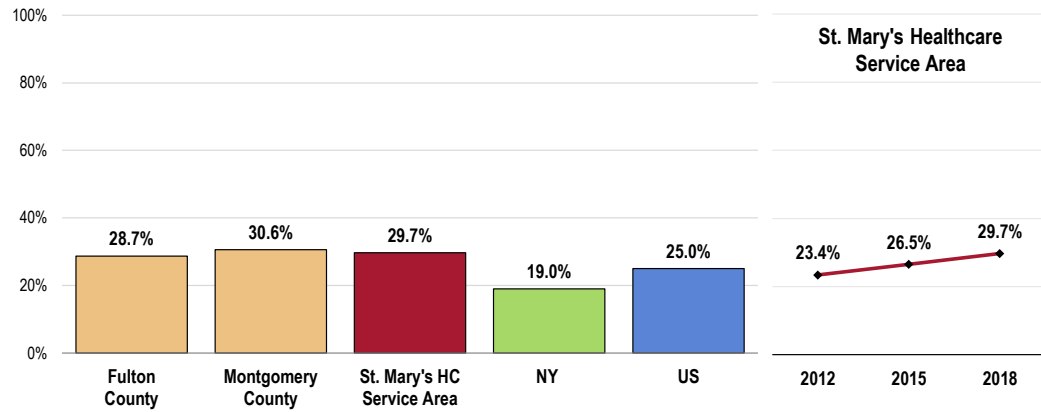
- Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

**A total of 29.7% 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 and nationally.
- Statistically similar findings by county.
- TREND: Marks a statistically significant increase in activity limitations since 2012.

RELATED ISSUE:  
See also *Potentially Disabling Conditions in the Death, Disease, & Chronic Conditions* section of this report.

## Limited in Activities in Some Way Due to a Physical, Mental or Emotional Problem



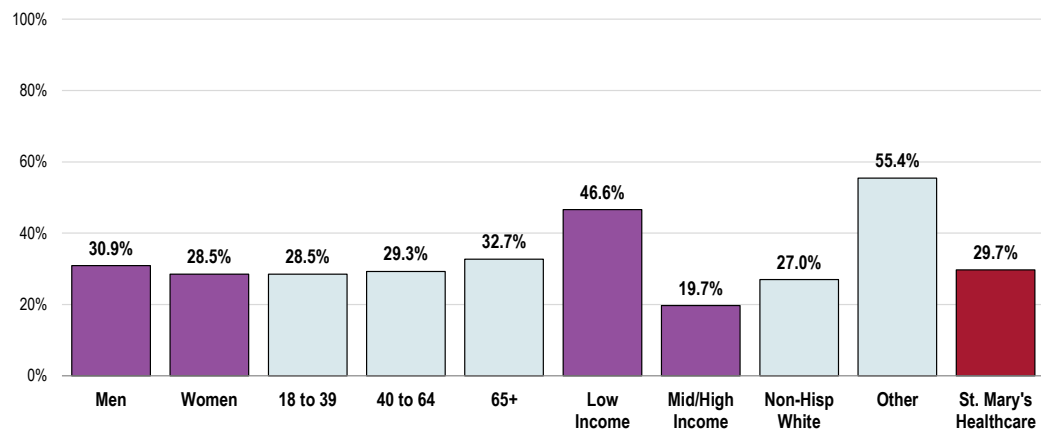
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 109]  
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2015 New York data.  
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

In looking at responses by key demographic characteristics, these adults are statistically more likely to report some type of activity limitation:

- Lower-income residents.
- Non-Whites.

## Limited in Activities in Some Way Due to a Physical, Mental or Emotional Problem (St. Mary's Healthcare Service Area, 2018)

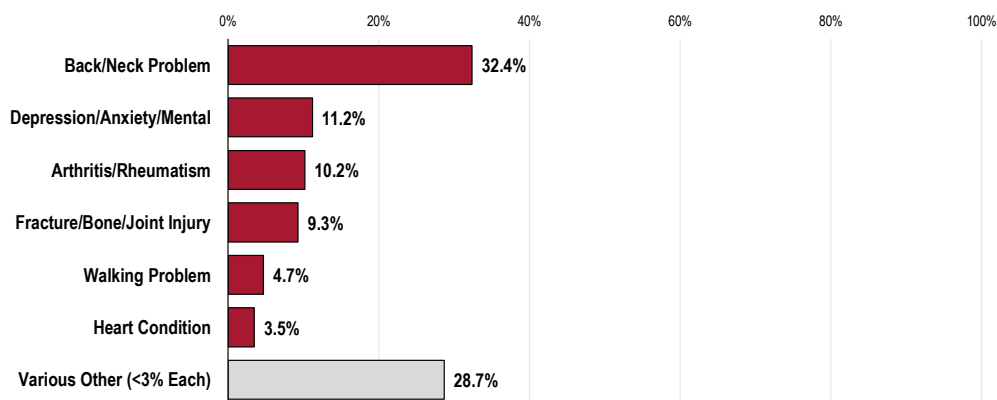


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 109]  
 Notes: • Asked of all respondents.  
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).  
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Among persons reporting activity limitations, these are most often attributed to musculo-skeletal issues, such as back/neck problems, arthritis/rheumatism, fractures or bone/joint injuries, or difficulty walking.

Other limitations noted with some frequency include those related to mental health (depression, anxiety) and heart conditions.

**Type of Problem That Limits Activities**  
(Among Those Reporting Activity Limitations; St. Mary's Healthcare Service Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 110]  
Notes: • Asked of those respondents reporting activity limitations.

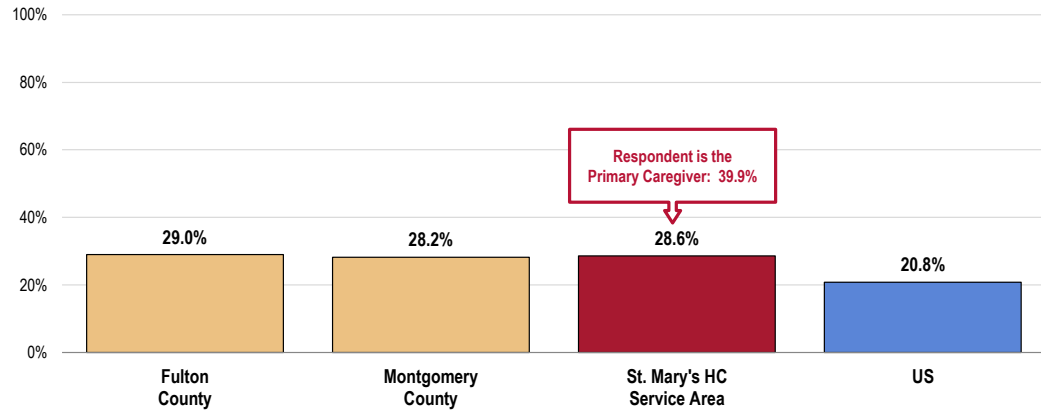
## Caregiving

**A total of 28.6% of service area adults currently provide care or assistance to a friend or family member who has a health problem, long-term illness, or disability.**

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

Of these adults, 39.9% are the **primary** caregiver for the individual receiving care.

### Act as Caregiver to a Friend or Relative with a Health Problem, Long-Term Illness, or Disability

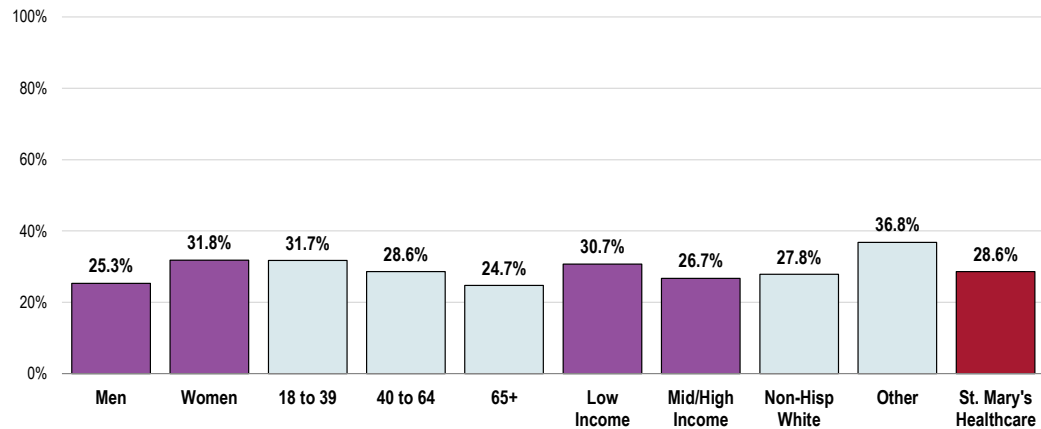


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 111, 113]  
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

- The prevalence of caregivers in the community does not vary significantly by demographic characteristics.

### Act as Caregiver to a Friend or Relative with a Health Problem, Long-Term Illness, or Disability (St. Mary's Healthcare Service Area, 2018)



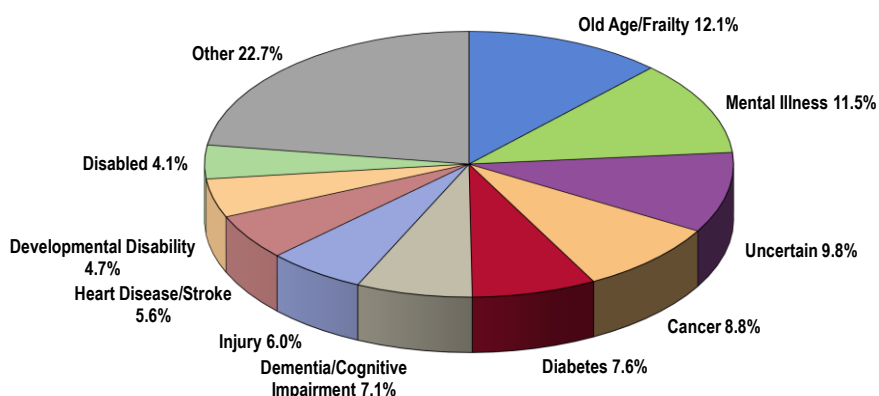
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 111]

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

For those who provide care or assistance, the top health issues affecting those receiving their care include **old age/frailty** (12.1%), **mental illness** (11.5%), **cancer** (8.8%), **diabetes** (7.6%), and **dementia/cognitive impairment** (7.1%).

Other health issues mentioned less often include injury, heart disease/stroke, developmental disability, and references to general disability.

### Primary Health Issue of Person Receiving Care or Assistance (Among Caregivers Providing Regular Care to a Friend/Family Member; St. Mary's Healthcare Service Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 112]  
Notes: • Asked of those respondents reporting providing regular care or assistance to a friend or family member with a health problem, long-term illness, or disability.

## 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, and it is important that interventions be relevant to the target audiences.
- In addition to advancements in the prevention of mental disorders, there continues to be steady progress in treating mental disorders as new drugs and stronger evidence-based outcomes become available.

• Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

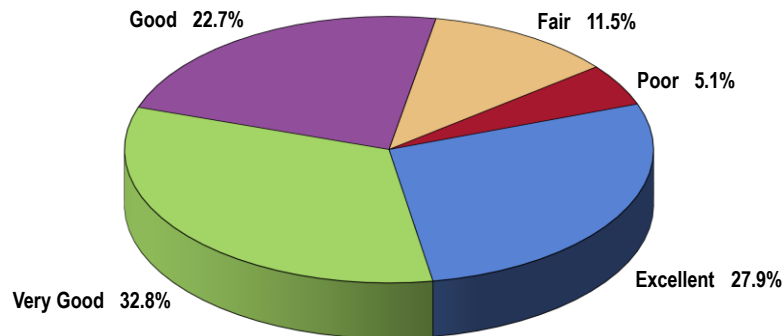
"Now thinking about your mental health, which includes stress, depression and problems with emotions, would you say that, in general, your mental health is: excellent, very good, good, fair or poor?"

## Evaluation of Mental Health Status

A total of 60.7% of St. Mary's Healthcare Service Area adults rate their overall mental health as "excellent" or "very good."

- Another 22.7% gave "good" ratings of their own mental health status.

### Self-Reported Mental Health Status (St. Mary's Healthcare Service Area, 2018)

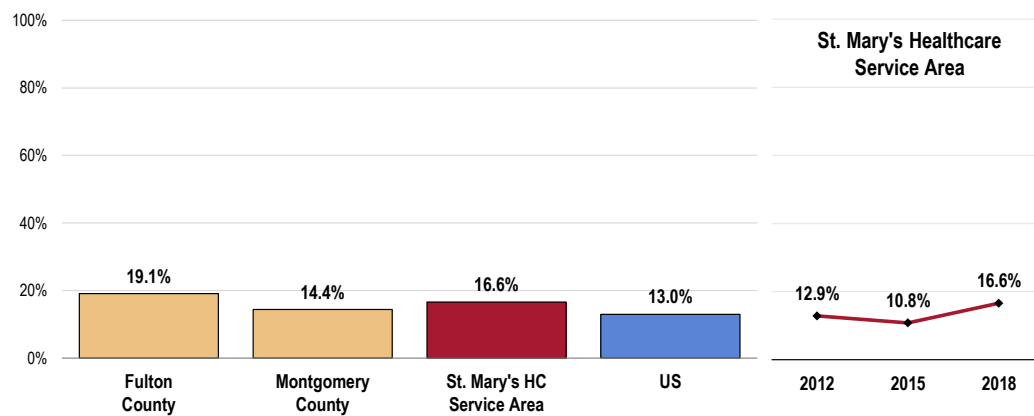


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 99]  
Notes: • Asked of all respondents.

A total of 16.6% of St. Mary's Healthcare Service Area adults, however, believe that their overall mental health is "fair" or "poor."

- Higher than the "fair/poor" response reported nationally.
- Statistically similar by county.
- TREND: Marks a statistically significant increase since 2012.

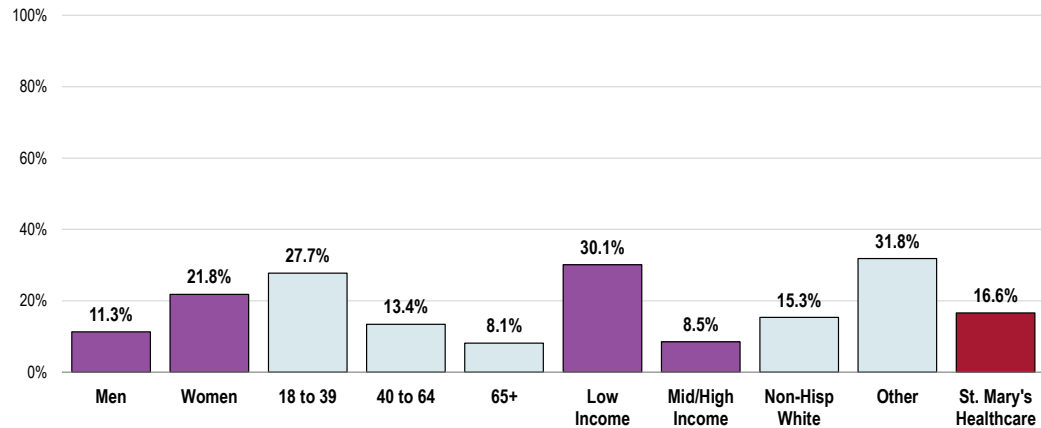
### Experience "Fair" or "Poor" Mental Health



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 99]  
• 2017 PRC National Health Survey, Professional Research Consultants, Inc.  
Notes: • Asked of all respondents.

- Women, adults under 65, low-income residents, and non-White respondents are much 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, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 99]

Notes: • Asked of all respondents.

• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).

• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

## Depression

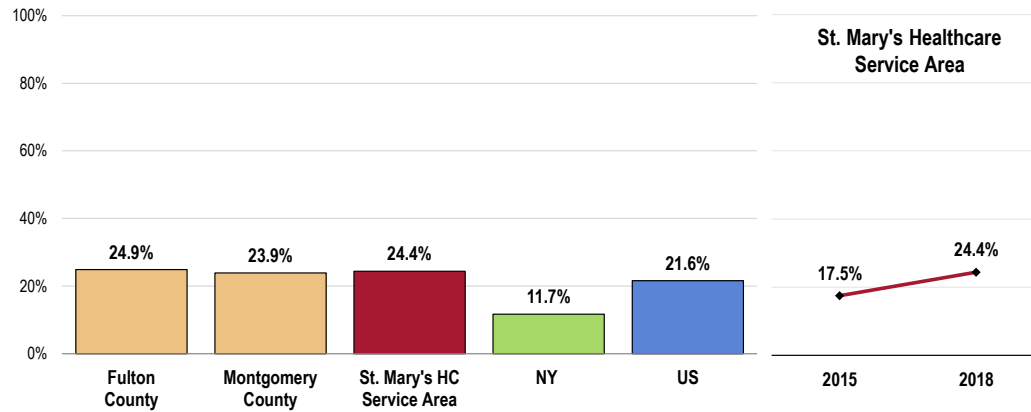
### Diagnosed Depression

A total of 24.4% 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).

- Well above the statewide prevalence.
- Similar to the US figure.
- Statistically similar by county.
- TREND: Denotes a statistically significant increase since 2015 (the indicator was not asked in 2012).



## Have Been Diagnosed With a Depressive Disorder



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 102]  
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 New York data.  
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.

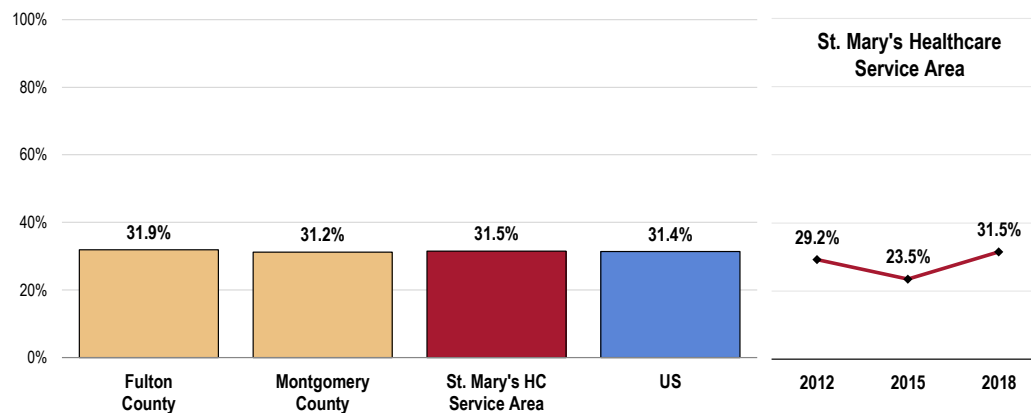
Notes: • Asked of all respondents.  
 • Depressive disorders include depression, major depression, dysthymia, or minor depression.

## Symptoms of Chronic Depression

A total of 31.5% of St. Mary's Healthcare Service Area adults have had two or more years in their lives when they felt depressed or sad on most days, although they may have felt okay sometimes (symptoms of chronic depression).

- Nearly identical to national findings.
- Similar findings by county.
- TREND: Similar to the prevalence in 2012 (but increasing since 2015).

## Have Experienced Symptoms of Chronic Depression



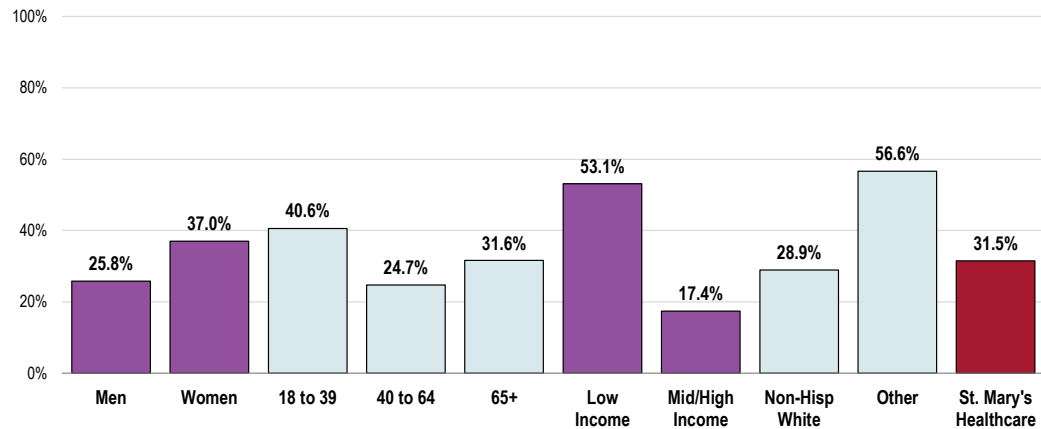
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 100]  
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.

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.
- Young adults.
- Adults with lower incomes.
- Non-Whites.

### Have Experienced Symptoms of Chronic Depression (St. Mary's Healthcare Service Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 100]

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

## Stress

More than one-half of St. Mary's Healthcare Service Area adults consider their typical day to be "not very stressful" (35.8%) or "not at all stressful" (16.0%).

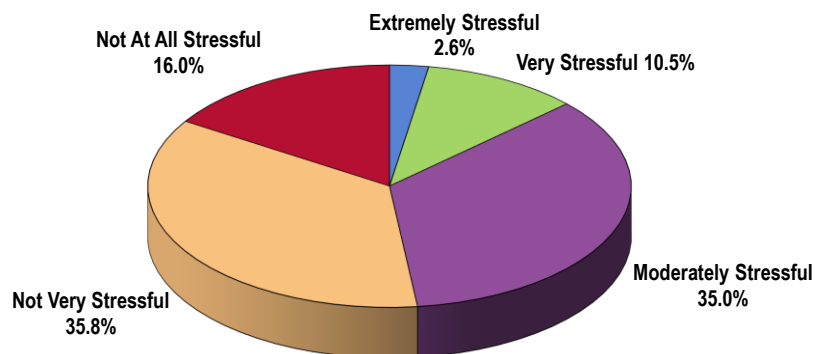
#### RELATED ISSUE:

See also *Substance Abuse* in the **Modifiable Health Risks** section of this report.

- Another 35.0% of survey respondents characterize their typical day as "moderately stressful."

## Perceived Level of Stress On a Typical Day

(St. Mary's Healthcare Service Area, 2018)



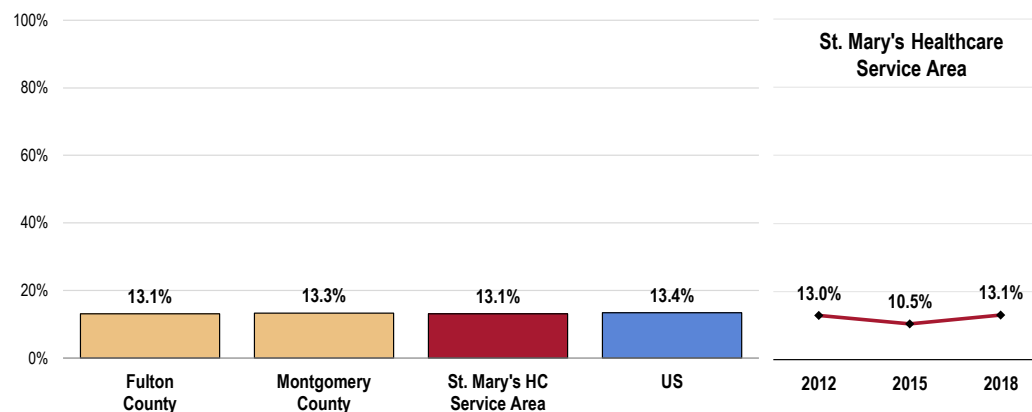
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 101]

Notes: • Asked of all respondents.

**In contrast, 13.1% of St. Mary's Healthcare Service Area adults experience "very" or "extremely" stressful days on a regular basis.**

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

## Perceive Most Days As "Extremely" or "Very" Stressful



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 101]

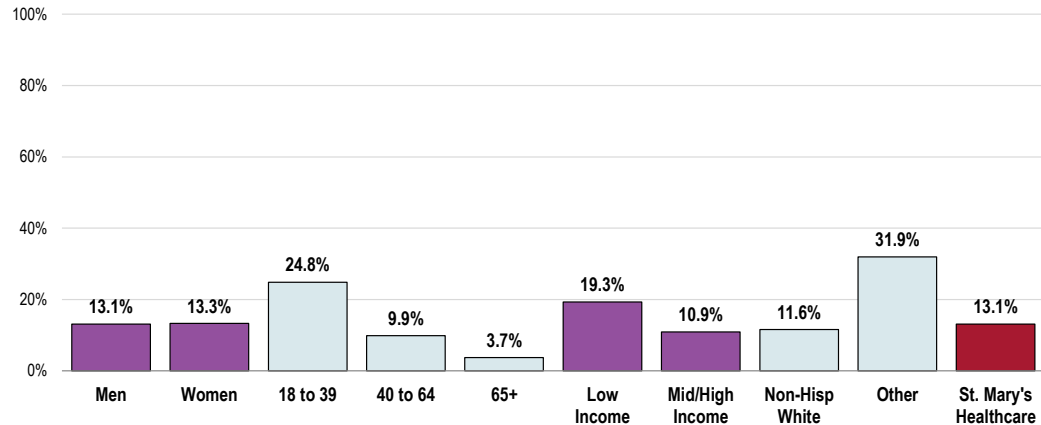
• 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

Note that high stress levels are more prevalent among:

- Young adults (negative correlation with age).
- Low-income residents.
- Non-Whites.

### Perceive Most Days as “Extremely” or “Very” Stressful (St. Mary's Healthcare Service Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 101]

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

## Suicide

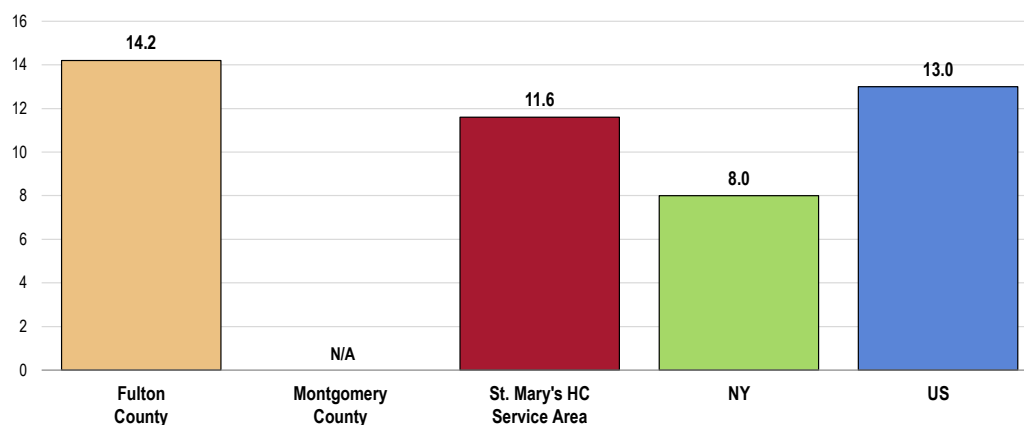
Between 2014 and 2016, there was an annual average age-adjusted suicide rate of 11.6 deaths per 100,000 population in the combined two-county service area.

- Higher than the statewide rate.
- Similar to the national rate.
- Similar to the Healthy People 2020 target of 10.2 or lower.
- The Fulton County suicide rate was 14.2 per 100,000 population (Montgomery County rate not available).

## Suicide: Age-Adjusted Mortality

(2014-2016 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 10.2 or Lower



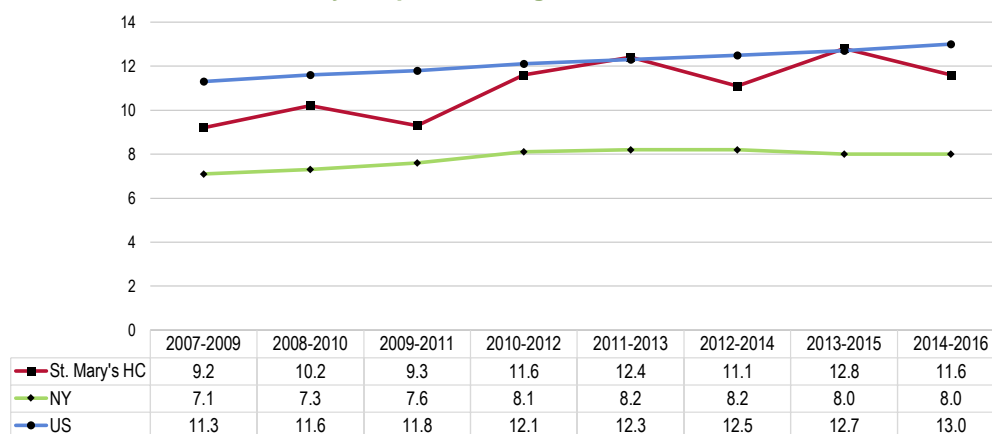
- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2018.
  - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MHMD-1]
- 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:** Though fluctuating, 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



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2018.
  - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MHMD-1]
- 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.

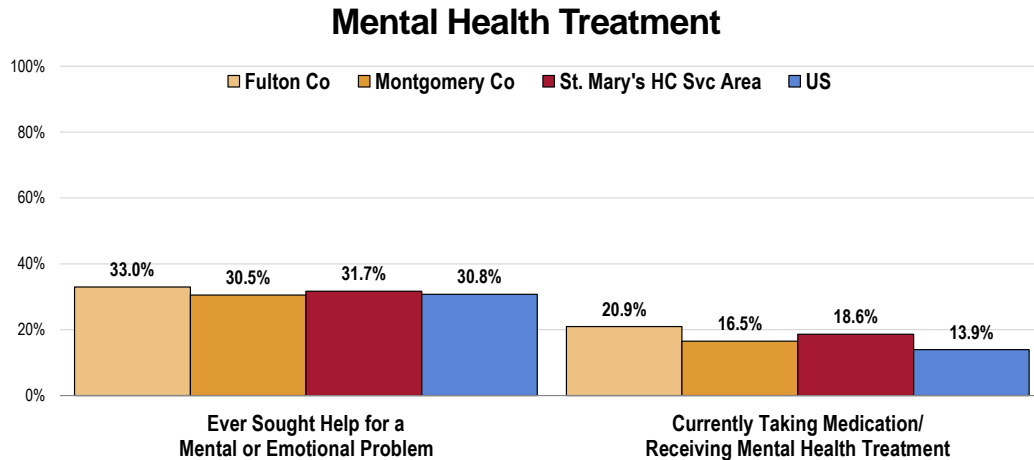
## Mental Health Treatment

A total of 31.7% of St. Mary's Healthcare Service Area adults acknowledge having ever sought professional help for a mental or emotional problem.

- Similar to the US figure.
- Similar findings by county.

A total of 18.6% are currently taking medication or receiving treatment from a doctor or other health professional for some type of mental health condition or emotional problem.

- Higher than the national prevalence.
- Similar findings by county.



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 103-104]  
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.

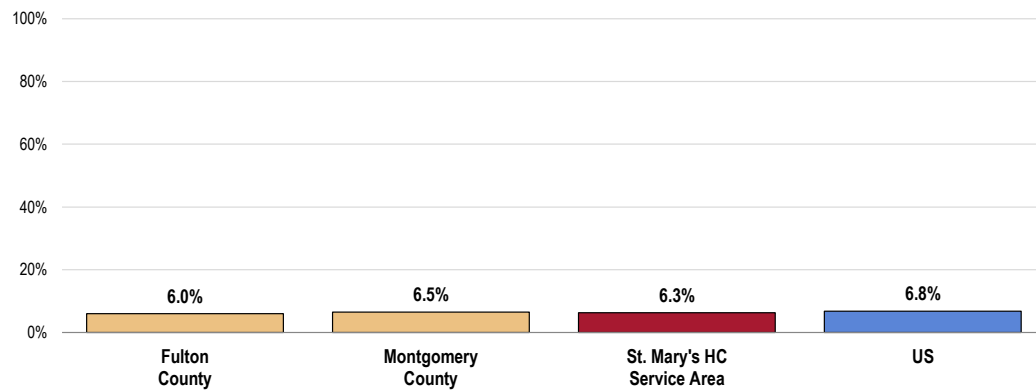
Notes: • Reflects the total sample of respondents.

## Difficulty Accessing Mental Health Services

A total of 6.3% of St. Mary's Healthcare Service Area adults report a time in the past year when they needed mental health services, but were not able to get them.

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

## Unable to Get Mental Health Services When Needed in the Past Year

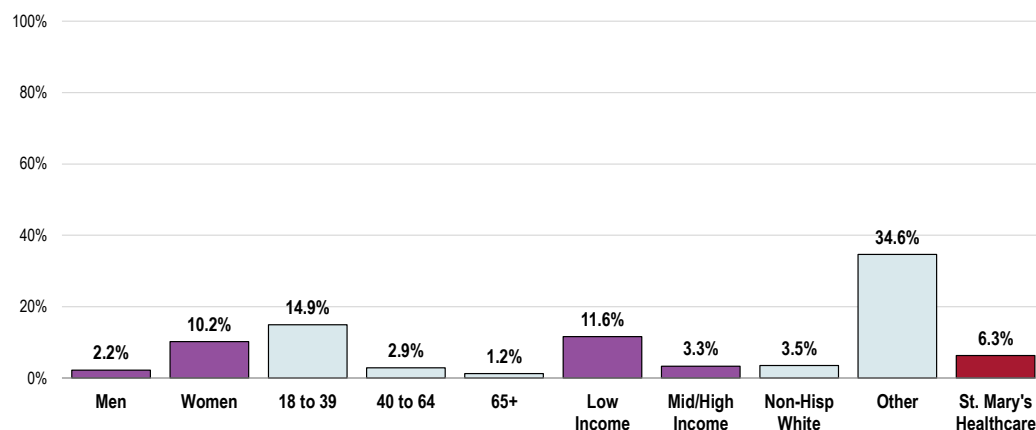


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 105]  
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.  
 Notes: • Asked of all respondents.

Note that access difficulty is notably more prevalent among:

- Women.
- Adults under age 40.
- Adults with lower incomes.
- Non-Whites.

## Unable to Get Mental Health Services When Needed in the Past Year (St. Mary's Healthcare Service Area, 2018)



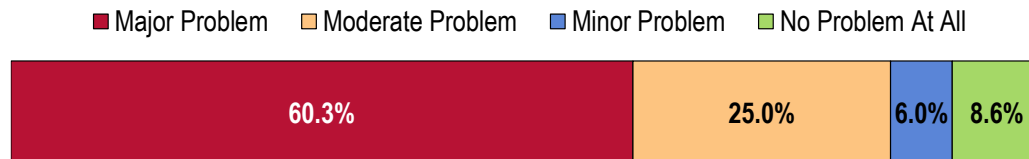
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 105]  
 Notes: • Asked of all respondents.  
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).  
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Among persons citing difficulties accessing mental health services in the past year, these are predominantly attributed to **long waiting lists, transportation, cost, and not knowing who to contact.**

## 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, 2018)



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:

### Access to Care/Services

*There don't seem to be enough facilities and counselors for those who have milder mental health issues. Though we have services here, they are not accessible to everyone in our area. – Other Health Provider*

*Access to adequate resources. – Community Leader*

*Access to mental health treatment on a timely basis is a definite problem in the area. Even when a patient goes to the ER with an acute episode, it is difficult to get admitted to the mental health ward in the hospital. This includes all mental health and behavioral health. Also need more bilingual clinicians. If a person calls to get an appointment for a mental health evaluation, they need to wait at least a month for the appointment. This is unacceptable. – Community Leader*

*Getting services. – Community Leader*

*Other than the hospital being able to find services. – Community Leader*

*Not getting an initial appointment in a timely manner. Not taking prescribed medication. Only access to few mental health facilities. – Community Leader*

*Not being able to access a mental health evaluation appointment in a timely manner. Too many caseloads for the caseworkers and not having efficient time to spend on one client. Individuals not taking their prescribed medications. – Community Leader*

*Access to health care, support for family members, understanding from community. – Community Leader*

*Acceptance and treatment. – Community Leader*

*Lack of inpatient facilities/treatment centers for people with severe mental health issues. – Community Leader*

*Access to mental health appointments. The need is much higher than the resources available to help. Compliance is also an issue, we need mobile mental health units. People can't always get to appointments, we need to get to them. – Other Health Provider*



*Finding help as the waiting lists are very long for appointments. – Community Leader*

*Access. – Other Health Provider*

*There is very limited options for mental health and even fewer options for adolescent mental health services. Especially for diagnostic evaluations and intense therapy. – Social Services Provider*

*You guessed it, transportation. There are so few providers to begin with, and even fewer ways to access them. – Other Health Provider*  
*No mental health care available except in Nashville. Ignorance about mental health, stigma, lack of funds to get proper care. – Physician*

*The agencies which provide counseling have long waiting lists. I tried to access mental health counseling for a child whose parent has a substance use disorder. I was told the wait would be 2 to 3 months and that the parent's health insurance would not be accepted. I don't know where to turn for help for this family. – Social Services Provider*

*Bilingual therapists/counselors. Treatment programs. – Community Leader*

*The biggest challenge for people with mental health is a safe place to drop in and seek help, avoiding imprisonment because unstable interactions with authority. Ability to have opportunity because of stigma associated with diagnoses. – Social Services Provider*

*Lack of resources for diagnosis and treatment, lack of transportation for patients. – Social Services Provider*

*Quality mental health programs are virtually non-existent in the county. – Social Services Provider*

*Lack of services. – Social Services Provider*

*Programs that assist them once they are diagnosed. – Social Services Provider*

*Isolation from general public. Lack of treatment locations (instead of hanging out on the main streets smoking/looting/relieving themselves programs needed to keep people engaged & busy). Family history of mental illness. Primary care doctors still not willing to take time and get specific patients connected to services before crises. Impression by legislators that mental health (and consequences related to mental health issues (i.e. unemployment homelessness) do not exist – Social Services Provider*

### **Education/Awareness and Stigma**

*Individual acknowledging that s/he has a condition requiring treatment. Individual's mental health interferes with getting treatment for his/her child/ren. Parent's mental health interferes with maintaining engagement with child's treatment providers. Family is overwhelmed with a multitude of concerns/problems (financial, DV, inadequate supports). Persons don't know where to go for help. Individuals can't admit s/he needs help. – Social Services Provider*

*Acknowledging that they have a problem. – Other Health Provider*

*Shame in the revelation it exists. Access without health insurance. Access at times that work for the. Denial that it is present in self. Lay people in schools and churches and businesses not knowing what to do when they encounter it. – Community Leader*

*There is still a stigma attached to mental health diagnoses so many people are afraid to seek treatment. There is not enough access or programs/facilities aimed at treating severely mentally ill with violent tendencies. – Community Leader*

*Lack of understanding, access to doctors and appropriate medications, misdiagnoses, stigmas. – Social Services Provider*

*Lack of education about mental health, stigma surrounding treatment. – Social Services Provider*

*There are multiple layers for this-stigma and discrimination is one. Having qualified therapists to works with adults, children, and families who have levels of expertise-trauma and recovery; gender identity disorders, are two areas that our community severely lacks in qualified practitioners. Also, transportation continues to be a barrier for families to get to services. Having safe and affordable housing continues to be a challenge for adults and families. – Other Health Provider*

*Stigma, cost of services, income, lack of education. – Community Leader*

*Getting them the help they need. We manage a lot in primary care, but many people do need to see psychiatrists / therapists and there is a huge shortage in our community. It takes months to do intake sometimes. Even those who are discharged from the hospital for mental health reasons (suicidal, etc.) will not be able to get in for f/u with psychiatry for weeks. – Physician*

*Resistance to treatment. – Community Leader*

### Lack of Providers

*A lack of qualified providers, most especially for the pediatric population. This is most severe in regards to psychiatrists. – Physician*

*We have a lack of therapists/practices who serve the mental health population. – Other Health Provider*

*There are not enough providers for adults or children in our community. When an appointment is needed, it takes several weeks. – Other Health Provider*

*The volume of folks that need mental health treatment far exceed the amount of providers we have locally, resulting in very long wait times for new clients. – Social Services Provider*

*Lack of clinical providers and time it takes to get an appointment. – Other Health Provider*

*Not enough providers. – Community Leader*

*Shortage of providers for medication therapy and counseling. Long waiting lists for appointments with existing providers. Lack of same day availability unless patient is in crisis. Gap between intake request and intake process. – Other Health Provider*

*There are not enough providers to care for people with a mental health diagnosis. Additionally, inpatient care is subpar. – Other Health Provider*

### Prevalence/Incidence

*There is a large percentage of people in the community that have a great need for mental health care. There are simply not enough facilities or programs for people to get the help they need. Often times, they are unaware of where to go to even begin the journey toward wellness. The resources needed for outside facilities to get them to the help is also lacking. – Community Leader*

*Greater than average amount of mentally ill in the community and at a younger age. – Community Leader*

*A huge issue judging by the 35 different programs provided by the SMH CMHC. – Community Leader*

*High number of cases, still not enough services. A lot of the patients with mental illness are also dealing with disease so we need more medical social workers to help them outside of the inpatient setting. – Other Health Provider*

*While we have an array of mental health and addiction services in Montgomery county, mental health is still a very prominent issue. The stigma surrounding mental health and even receiving help for it is still very much present. I think that's what deters people from seeking treatment; a fear of judgment. – Public Health Representative*

### Diagnosis/Treatment

*They do not get help to deal with their challenges. Or they are not getting the appropriate amount of support in order for them to be successful. – Social Services Provider*

*Mental health is a challenge in the community because of isolation and depression of seniors. Oftentimes seniors who are homebound, left alone suffer from depression or anxiety. – Social Services Provider*

*Undiagnosed or untreated mental health problems lead to self-medicating with alcohol and substance abuse. Underlying problem is then exacerbated by addiction problem. – Social Services Provider*

*Connectivity, transportation, lack of primary care, depression related to chronic disease that is not being recognized/diagnosed. – Other Health Provider*

### Contributing Factors

*Addiction, inability to participate in rehab services due to lack of insurance, finances, possible transportation. – Community Leader*

*The behavioral health element in many diagnoses entwined with medical reasons for hospital admission. The connection and many times, dual diagnosis of substance abuse, and mental illness. – Community Leader*

*Making healthful lifestyle choices when influenced by the side effects of essential medications.*

*Addictions, lack of education, lack of family support, financial issues. – Other Health Provider*

*Winters are long and dark lack of sunshine and people are stressed and do not see physicians for depression. There is a misconception about depression and mental health. – Community Leader*

***Disease Management***

*Initiating and maintaining their treatment. Many people are overwhelmed with so many life problems that mental health treatment isn't often seen as a primary concern. Have services available in the schools has been helpful; however, there are still many underserved students and families. – Social Services Provider*

*Client compliance, having enough counselors, stigma. – Social Services Provider*

# Death, Disease, & Chronic Conditions



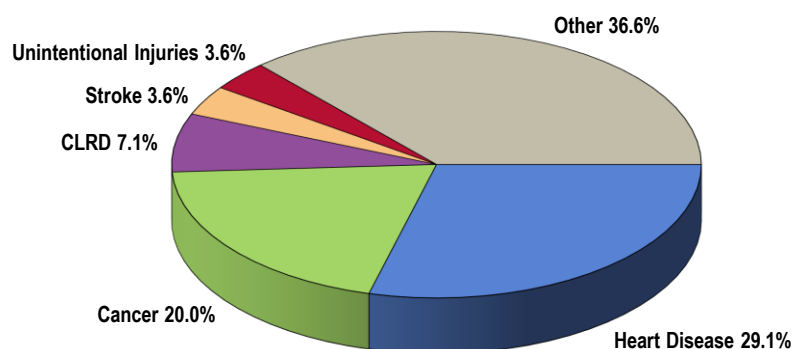
**Professional Research Consultants, Inc.**

## Leading Causes of Death

### Distribution of Deaths by Cause

Together, cardiovascular disease (heart disease and stroke) and cancers accounted for over half of all deaths in the St. Mary's Healthcare Service Area between 2014 and 2016.

**Leading Causes of Death**  
(St. Mary's Healthcare Service Area, 2014-2016)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2018.

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 2014-2016 annual average age-adjusted death rates per 100,000 population for selected causes of death in St. Mary's Healthcare Service Area.

Each of these is discussed in greater detail in subsequent sections of this report.

For infant mortality data, see *Birth Outcomes & Risks* in the **Births** section of this report.

## Age-Adjusted Death Rates for Selected Causes (2014-2016 Deaths per 100,000 Population)

	St. Mary's Healthcare Service Area	NY	US	HP2020
Diseases of the Heart	221.7	179.2	167.0	156.9*
Malignant Neoplasms (Cancers)	161.5	149.2	158.5	161.4
Chronic Lower Respiratory Disease (CLRD)	55.4	29.1	40.9	n/a
Unintentional Injuries	36.6	30.7	43.7	36.4
Cerebrovascular Disease (Stroke)	28.6	25.9	37.1	34.8
Diabetes	22.2	17.1	21.1	20.5*
Pneumonia/Influenza	19.3	19.3	14.6	n/a
Alzheimer's Disease	19.0	12.1	28.4	n/a
Kidney Disease	13.5	9.5	13.2	n/a
Intentional Self-Harm (Suicide)	11.6	8.0	13.0	10.2
Cirrhosis/Liver Disease	10.7	6.8	10.6	8.2
Unintentional Drug-Related Deaths	9.6	12.3	14.3	11.3
Motor Vehicle Deaths	9.6	5.3	11.0	12.4
Firearm-Related	6.7	4.7	10.5	9.3

- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2018.
  - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov>.
- 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](http://www.healthypeople.gov))

## Age-Adjusted Heart Disease & Stroke Deaths

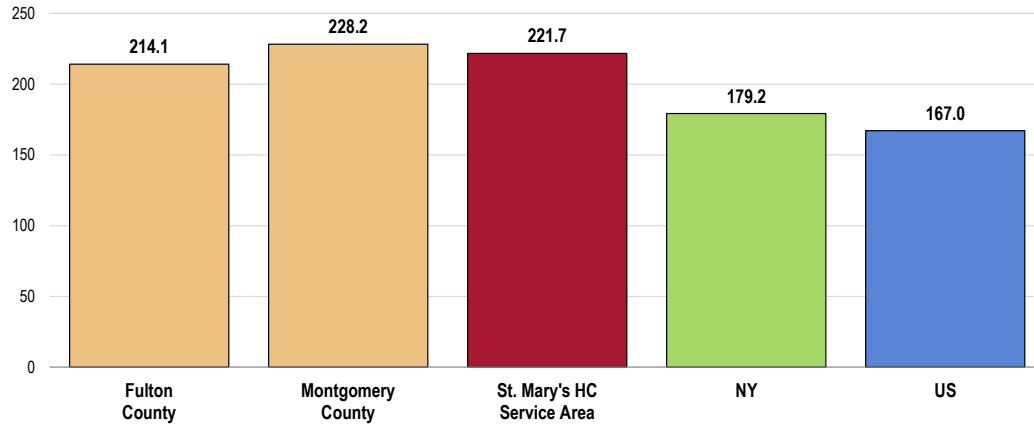
### Heart Disease Deaths

Between 2014 and 2016 the service area reported an annual average age-adjusted heart disease mortality rate of 221.7 deaths per 100,000 population.

- Worse than statewide and national rates.
- Fails to satisfy the Healthy People 2020 target of 156.9 or lower (as adjusted to account for all diseases of the heart).
- Similar county death rates.

The greatest share of cardiovascular deaths is attributed to heart disease.

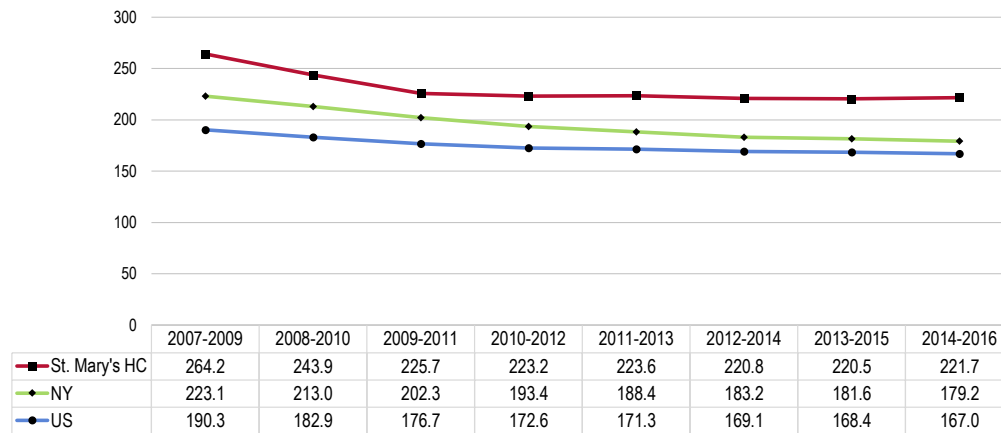
### Heart Disease: Age-Adjusted Mortality (2014-2016 Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 156.9 or Lower (Adjusted)



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2018.
  - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-2]
- 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 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 August 2018.
  - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-2]
- 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.

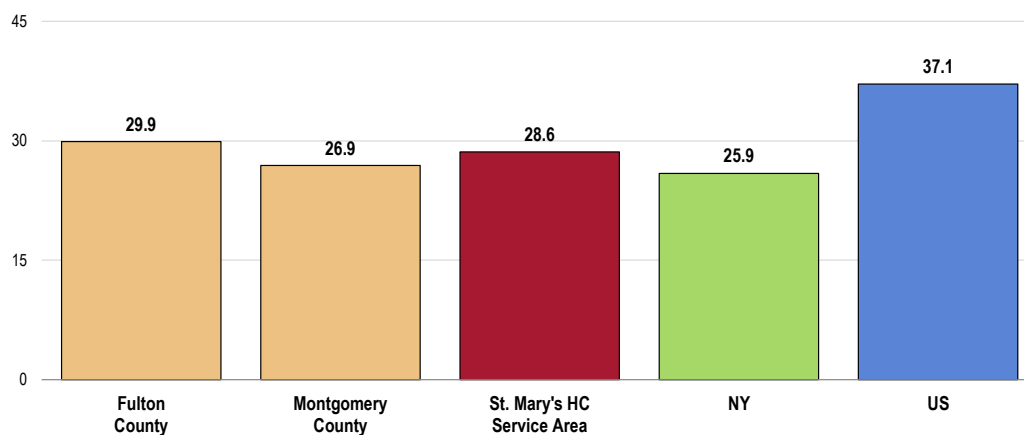


### Stroke Deaths

Between 2014 and 2016, there was an annual average age-adjusted stroke mortality rate of 28.6 deaths per 100,000 population in St. Mary's Healthcare Service Area.

- Similar to the New York rate.
- Below the US rate.
- Satisfies the Healthy People 2020 target of 34.8 or lower.
- Statistically similar county rates.

**Stroke: Age-Adjusted Mortality**  
(2014-2016 Annual Average Deaths per 100,000 Population)  
**Healthy People 2020 Target = 34.8 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 August 2018.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-3]

Notes:

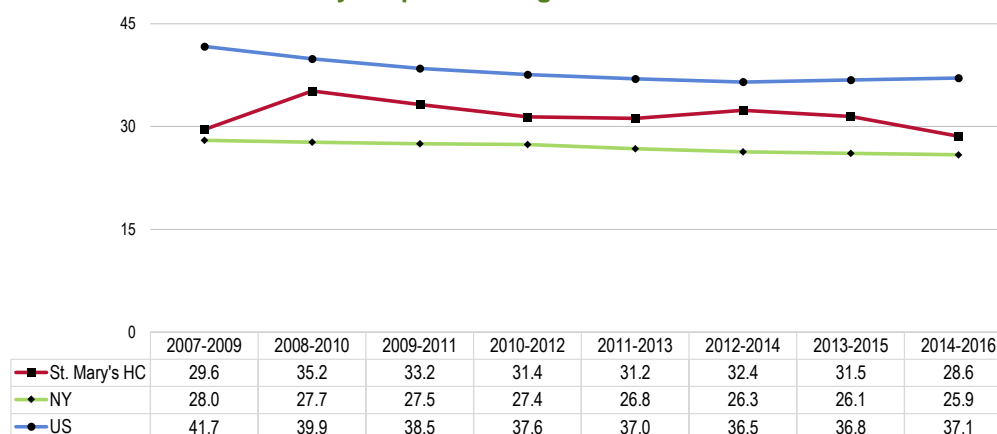
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- **TREND:** The stroke rate has fluctuated in recent years, showing no real trend.

## Stroke: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 34.8 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 August 2018.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-3]

Notes: 

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

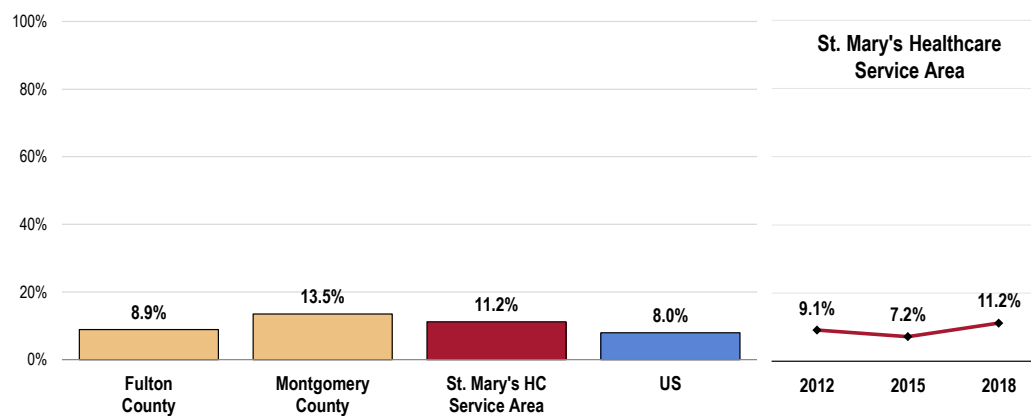
## Prevalence of Heart Disease & Stroke

### Prevalence of Heart Disease

A total of 11.2% of surveyed adults report that they suffer from or have been diagnosed with heart disease, such as coronary heart disease, angina, or heart attack.

- Higher than the national prevalence.
- Unfavorably high in Montgomery County.
- TREND: Statistically unchanged since 2012.

### Prevalence of Heart Disease



Sources: 

- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 128]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

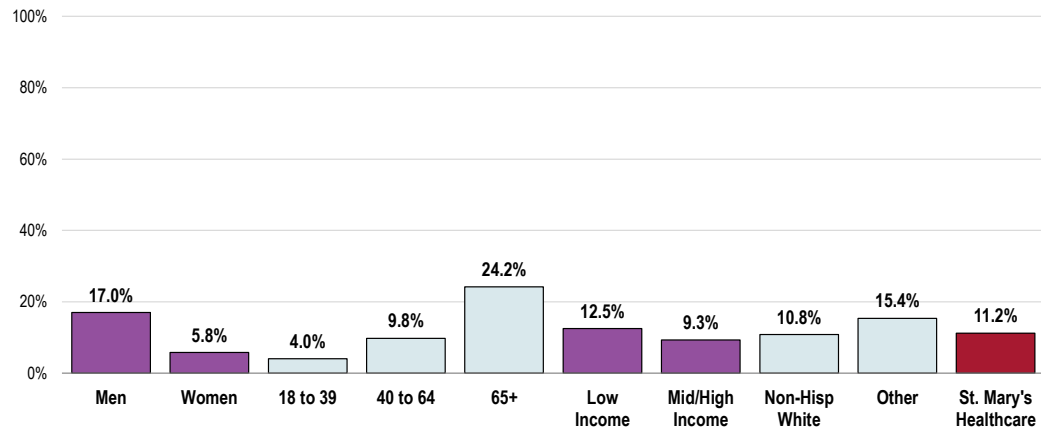
Notes: 

- 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:

- Men.
- Seniors (age 65+).

### Prevalence of Heart Disease (St. Mary's Healthcare Service Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 128]

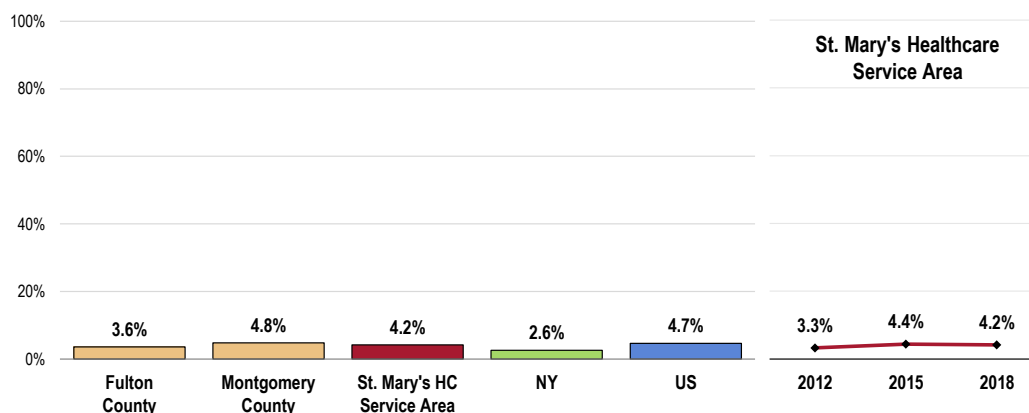
Notes: • Asked of all respondents.  
• Includes diagnoses of heart attack, angina, or coronary heart disease.  
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).  
• Income categories reflect respondent's household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

### Prevalence of Stroke

A total of 4.2% of surveyed adults report that they suffer from or have been diagnosed with cerebrovascular disease (a stroke).

- Worse than New York findings.
- Similar to national findings.
- Similar county percentages.
- TREND: Statistically unchanged over time.

## Prevalence of Stroke



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 33]  
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2016 New York data.  
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

## 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](http://www.healthypeople.gov))

### High Blood Pressure

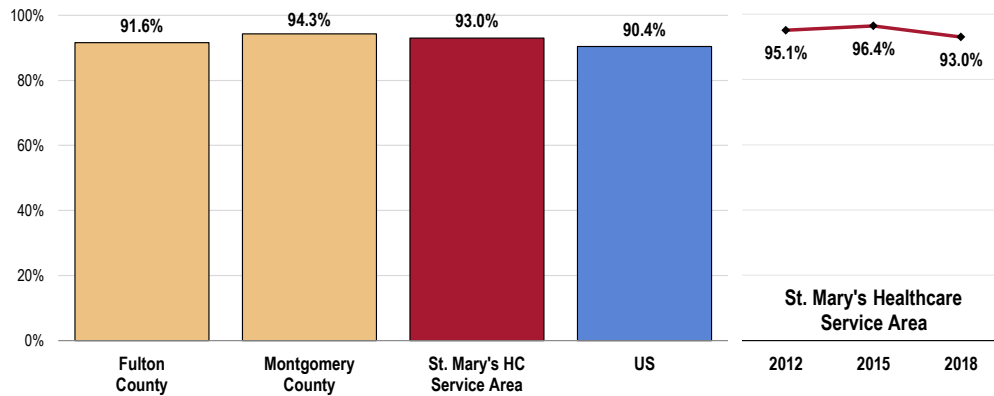
#### High Blood Pressure Testing

**A total of 93.0% of service area adults have had their blood pressure tested within the past two years.**

- Higher than national findings.
- Similar to the Healthy People 2020 target (92.6% or higher).
- Similar findings 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



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 42]  
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.  
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-4]  
 Notes: • Asked of all respondents.

### Prevalence of High Blood Pressure

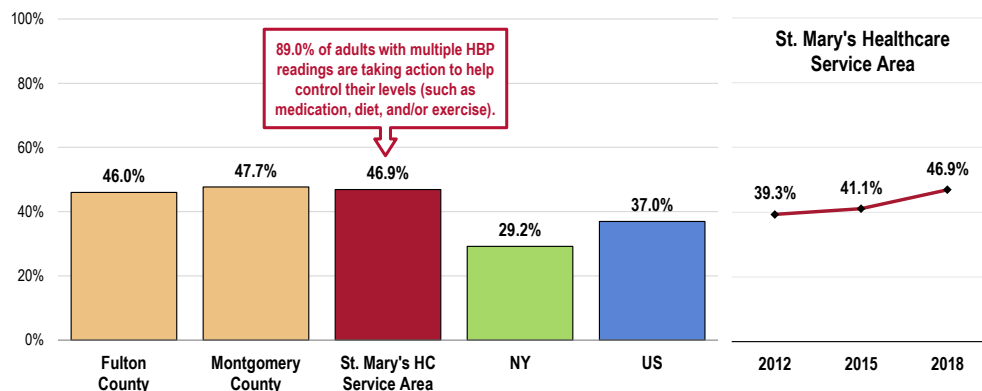
A total of 46.9% of St. Mary's Healthcare Service Area adults have been told at some point that their blood pressure was high.

- Well above state and national figures.
- Far from reaching the Healthy People 2020 target (26.9% or lower).
- Similar county percentages.
- TREND: Marks a statistically significant increase since 2012.

Among adults with multiple high blood pressure readings, 89.0% are taking action to lower their blood pressure (such as medication, change in diet, and/or exercise).

## Prevalence of High Blood Pressure

Healthy People 2020 Target = 26.9% or Lower



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 41, 129]  
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2015 New York data.  
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.  
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-5.1]  
 Notes: • Asked of all respondents.

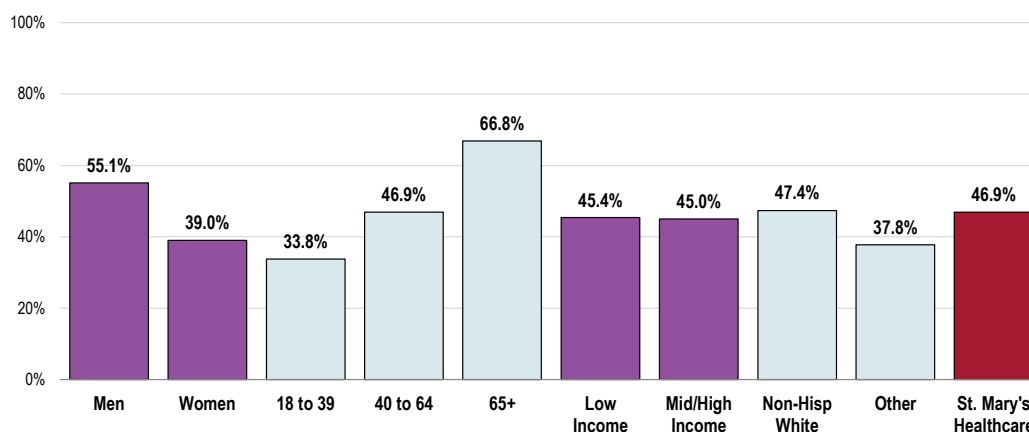
High blood pressure is more prevalent among:

- Men.
- Adults age 40 and older, and especially those age 65+.

## Prevalence of High Blood Pressure

(St. Mary's Healthcare Service Area, 2018)

Healthy People 2020 Target = 26.9% or Lower



Sources:

- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 129]
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-5.1]

Notes:

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

## High Blood Cholesterol

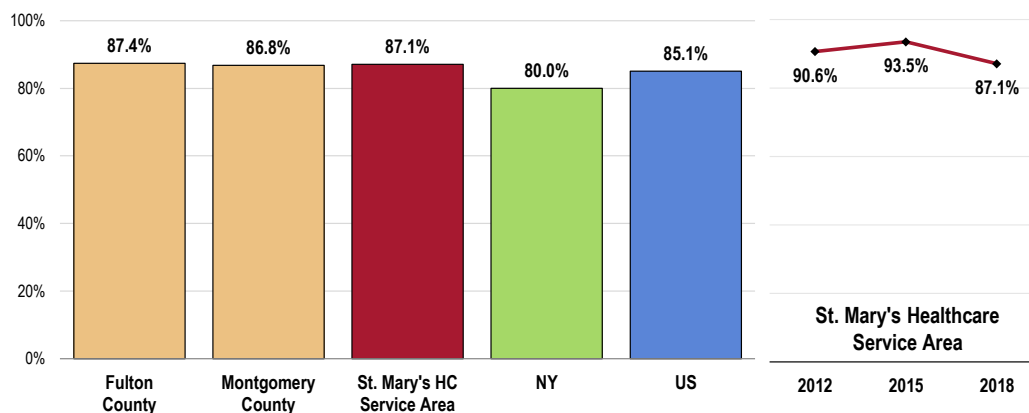
### Blood Cholesterol Testing

A total of 87.1% 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.
- Similar to the national findings.
- Satisfies the Healthy People 2020 target (82.1% or higher).
- Similar findings by county.
- TREND: Denotes a statistically significant decrease since 2012 (and especially from 2015).

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

Healthy People 2020 Target = 82.1% or Higher



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 45]  
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2015 New York data.  
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.  
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-6]

Notes: • Asked of all respondents.

### *Prevalence of High Blood Cholesterol*

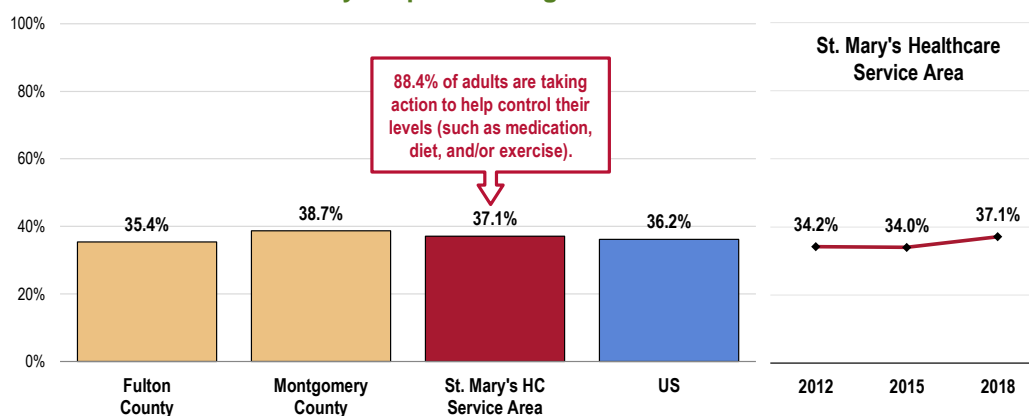
**A total of 37.1% of adults have been told by a health professional that their cholesterol level was high.**

- Similar to the national prevalence.
- Over twice the Healthy People 2020 target (13.5% or lower).
- Similar findings by county.
- TREND: Statistically unchanged since 2012.

Among adults with high blood cholesterol readings, 88.4% are taking action to lower their numbers (such as medication, change in diet, and/or exercise).

## Prevalence of High Blood Cholesterol

Healthy People 2020 Target = 13.5% or Lower



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 44, 130]  
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.  
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-7]  
 Notes: • Asked of all respondents.

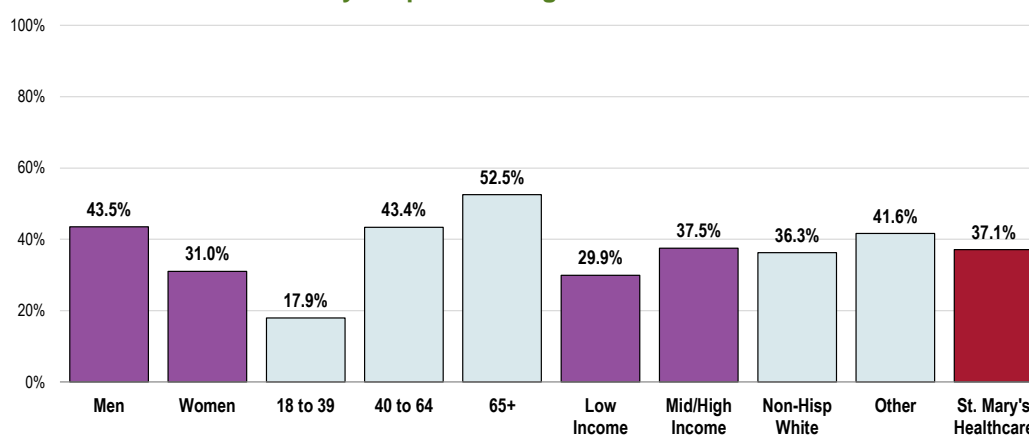
Further note the following:

- There is a positive correlation between age and high blood cholesterol.
- Men report a higher prevalence than women in the service area.

## Prevalence of High Blood Cholesterol

(St. Mary's Healthcare Service Area, 2018)

Healthy People 2020 Target = 13.5% or Lower



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 130]  
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-7]  
 Notes: • Asked of all respondents.  
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).  
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.



### 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

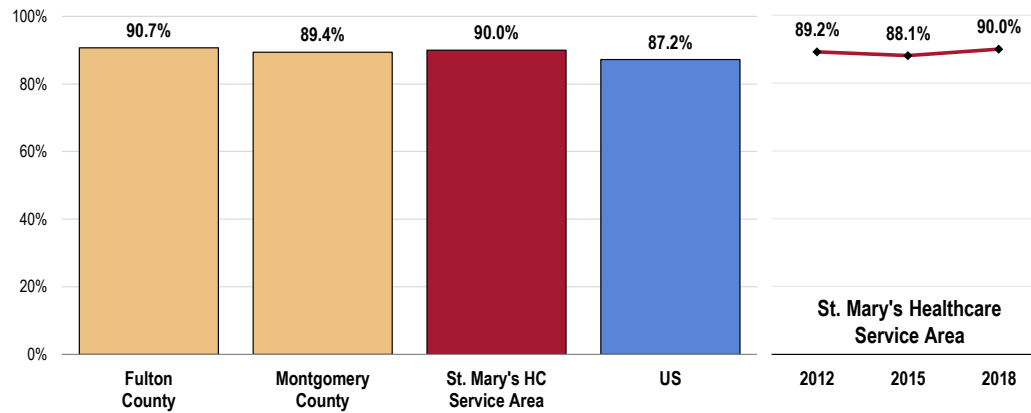
**A total of 90.0% of St. Mary's Healthcare Service Area adults report one or more cardiovascular risk factors, such as being overweight, smoking cigarettes, being physically inactive, or having high blood pressure or cholesterol.**

- Comparable to national findings.
- Comparable findings by county.
- TREND: Statistically similar to previous survey findings.

#### RELATED ISSUE:

See also *Nutrition, Physical Activity, Weight Status, and Tobacco Use* in the **Modifiable Health Risks** section of this report.

## Present One or More Cardiovascular Risks or Behaviors



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 131]

• 2017 PRC National Health Survey, Professional Research Consultants, Inc.

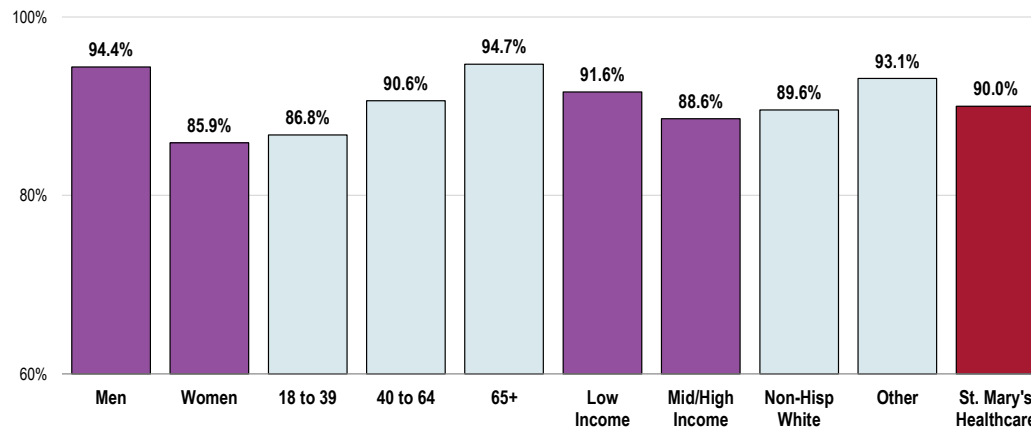
Notes: • Asked of all respondents.

• Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) hypertension; 4) high blood cholesterol; and/or 5) being overweight/obese.

Adults more likely to exhibit cardiovascular risk factors include:

- Men.
- Adults age 40 and older, especially seniors (age 65+).

## Present One or More Cardiovascular Risks or Behaviors (St. Mary's Healthcare Service Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 131]

Notes: • Asked of all respondents.

• Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) hypertension; 4) high blood cholesterol; and/or 5) being overweight/obese.

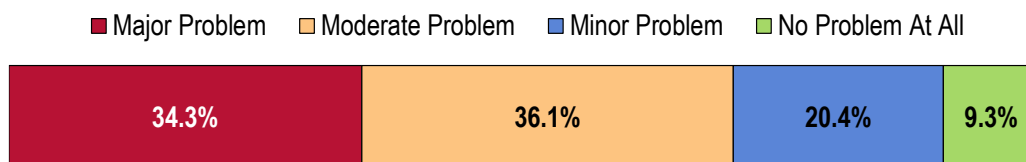
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).

• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

## 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, followed closely by “major problem” ratings.

### Perceptions of Heart Disease and Stroke as a Problem in the Community (Key Informants, 2018)



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:

### Prevalence/Incidence

*I would say more heart disease than stroke. So many of our employees and those I know in the community are affected by it. – Community Leader*

*Level of hospital admissions with CVA and cardiac issues as part of diagnosis. – Community Leader*

*Statistical information and personal knowledge of individuals stricken. – Community Leader*

*We have people we know that are dealing with heart disease and have had a stroke. – Community Leader*

*Heart disease/stroke are major problems throughout the country, and that is certainly true of those living here in our communities. Our cardiac rehabilitation center is always full of patients, and with the presence of other risk factors, (such as obesity, diabetes, etc.) the risk for heart disease/stroke is only bound to increase. – Public Health Representative*

*These issues affect so many individuals and are a leading cause of death, especially among women. – Physician*

*The high number of people who battle heart disease and stroke. – Community Leader*

*Increasing cases, low amount of wrap around available. – Other Health Provider*

### Aging Population

*We live in an aging community, and one that is also strongly affected by drug addiction. – Community Leader*

*Aging population in the area. – Community Leader*

*The large proportion of elderly and number at or below the poverty level. – Community Leader*

*Age of population couple with a multitude of other risk factors like obesity, lack of exercise, smoking. – Community Leader*

*Baby boomers are being admitted more and more with major strokes in to long term care facilities. – Other Health Provider*

*Aging population, poor health history, smoking, diabetes. – Other Health Provider*

*Plus, the area has a large number of baby boomers. – Social Services Provider*

**Access to Care/Services**

*Heart disease and stroke patients are sent to Ellis or the Albany area for their care. It can take up to three months to be seen by a local cardiologist after referral. – Community Leader*

*With the lack of resources and opportunities for a lifestyle change people are more apt to get prepared meals that are high in sodium especially because they are cheaper than fresh food. – Other Health Provider*

*You have to go to Albany for serious care. – Community Leader*

*Lack of cardiac care in the region. – Community Leader*

**Tobacco Use**

*Community has high numbers of smokers. Past employment at industry with dangerous chemicals results in respiratory and cardiovascular problems. Childhood obesity, lack of exercise, high incidence of asthma. – Social Services Provider*

*This will go hand-in-hand with smoking cessation programs. Not well attended. Thank goodness for Schenectady Cardiology. They are the heart of this for F/M and are just wonderful MDs. They need RN support – care coordinators to get out and see their patients to keep them engaged in their plan of care – Other Health Provider*

*Smoking and overweight. – Community Leader*

*Due to factors such as high rate of tobacco use and obesity. – Social Services Provider*

**Diet/Exercise**

*Our community has two fitness centers, both away from the city of Amsterdam community. Hard for poorer people to excess, which makes exercise harder. Also, there is no community center available to citizens for access. Liquor stores, fast food restaurants are in large quantity. – Social Services Provider*

*Poor diet in the community and not enough education and money to buy healthy food for the poor. – Physician*

*The overall health in our community seems to be poor, as many of the people that we encounter in our office are in very poor health. And many have a history of heart disease or stroke. – Social Services Provider*

**Leading Cause of Deaths**

*One of the highest cause of death. – Community Leader*

*Leading cause of death. – Community Leader*

*Number one killer of women. – Community Leader*

**Lifestyle**

*Poor eating habits. Lack of knowledge about heart problems and available help lack of exercise.*

*Unhealthy thinking about medications and their benefits. – Community Leader*

**Obesity**

*Obesity, smoking and unhealthy lifestyles are a major problem in our area. And, therefore, weight related diseases such as heart disease and stroke are a problem. – Community Leader*

**Poverty**

*Low income community. – Social Services 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)
- Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

## Age-Adjusted Cancer Deaths

### All Cancer Deaths

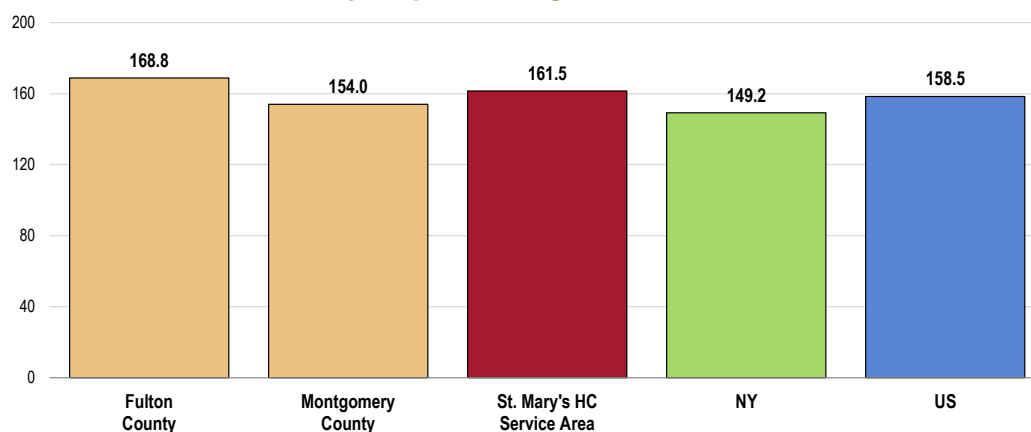
**Between 2014 and 2016, there was an annual average age-adjusted cancer mortality rate of 161.5 deaths per 100,000 population in St. Mary's Healthcare Service Area.**

- Similar to the statewide and national rates.
- Similar to the Healthy People 2020 target of 161.4 or lower.
- Similar county death rates.

## Cancer: Age-Adjusted Mortality

(2014-2016 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 161.4 or Lower



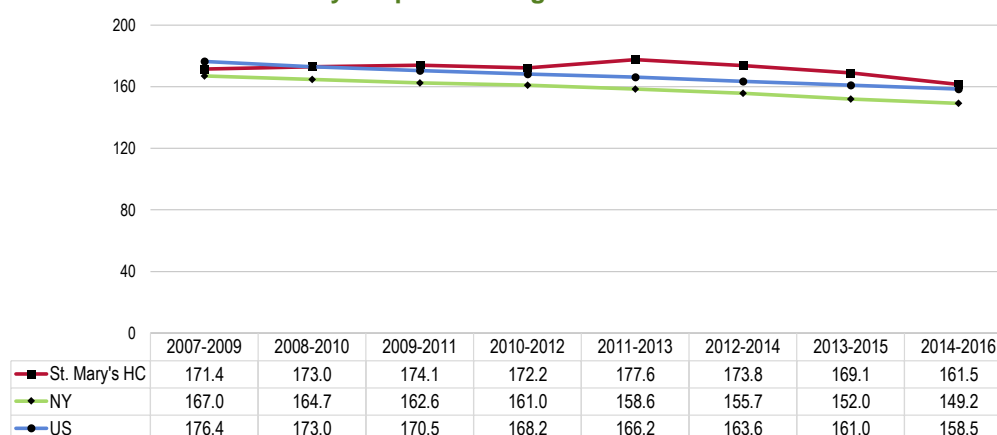
- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2018.
  - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective C-1]
- 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:** Cancer mortality in the St. Mary's Healthcare Service Area has not exhibited the clear decline seen both statewide and nationally.

## 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 August 2018.
  - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective C-1]
- 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 sexes).

As evident in the following chart (referencing 2014-2016 annual average age-adjusted death rates):

- The St. Mary's Healthcare Service Area **lung cancer** death rate is worse than the state rate but similar to the national rate.
- The St. Mary's Healthcare Service Area **prostate cancer** and **colorectal cancer** death rates are both similar to the state and national rates.
- The St. Mary's Healthcare Service Area **female breast cancer** death rate is lower than both the New York and US rates.
- Note that each of the St. Mary's Healthcare Service Area cancer death rates detailed below satisfies or is similar to the related Healthy People 2020 target.

**Age-Adjusted Cancer Death Rates by Site**  
(2014-2016 Annual Average Deaths per 100,000 Population)

	St. Mary's Healthcare Service Area	New York	US	HP2020
<b>ALL CANCERS</b>	<b>161.5</b>	<b>149.2</b>	<b>158.5</b>	<b>161.4</b>
<b>Lung Cancer</b>	<b>46.1</b>	<b>35.5</b>	<b>40.3</b>	<b>45.5</b>
<b>Prostate Cancer</b>	<b>17.5</b>	<b>18.1</b>	<b>19.0</b>	<b>21.8</b>
<b>Female Breast Cancer</b>	<b>16.6</b>	<b>19.4</b>	<b>20.3</b>	<b>20.7</b>
<b>Colorectal Cancer</b>	<b>15.2</b>	<b>13.2</b>	<b>14.1</b>	<b>14.5</b>

Sources:

- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2018.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov>

## Cancer Incidence

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

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

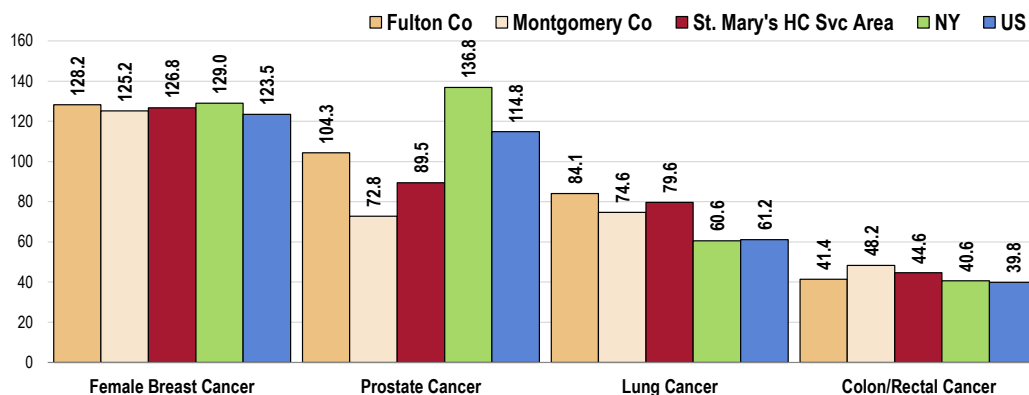
It is usually expressed as cases per 100,000 population per year.

**The 2009-2014 service area annual average age-adjusted lung cancer incidence rate is worse than the state and US rates.**

- Other rates shown are similar to or more favorable than the related US rate
- Note that **prostate cancer incidence** is much higher among men in Fulton County.

### Cancer Incidence Rates by Site

(Annual Average Age-Adjusted Incidence per 100,000 Population, 2009-2014)



Sources: • State Cancer Profiles.

• Retrieved August 2018 from Community Commons at <http://www.chna.org>.

Notes: • This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of cancers, adjusted to 2000 US 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

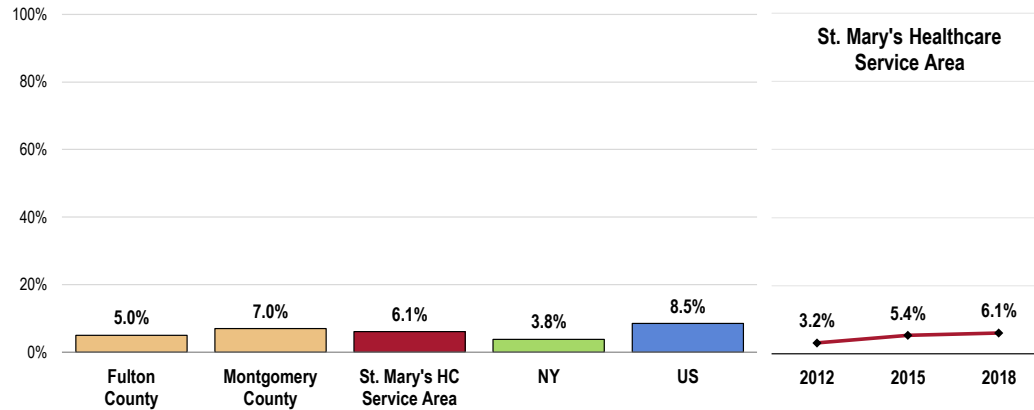
### Skin Cancer

**A total of 6.1% of surveyed St. Mary's Healthcare Service Area adults report having been diagnosed with skin cancer.**

- Higher than the New York percentage.
- Similar to the national average.
- Similar findings by county.
- TREND: The prevalence of skin cancer has increased significantly since 2012.



## Prevalence of Skin Cancer



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 28]  
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2016 New York data.  
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.

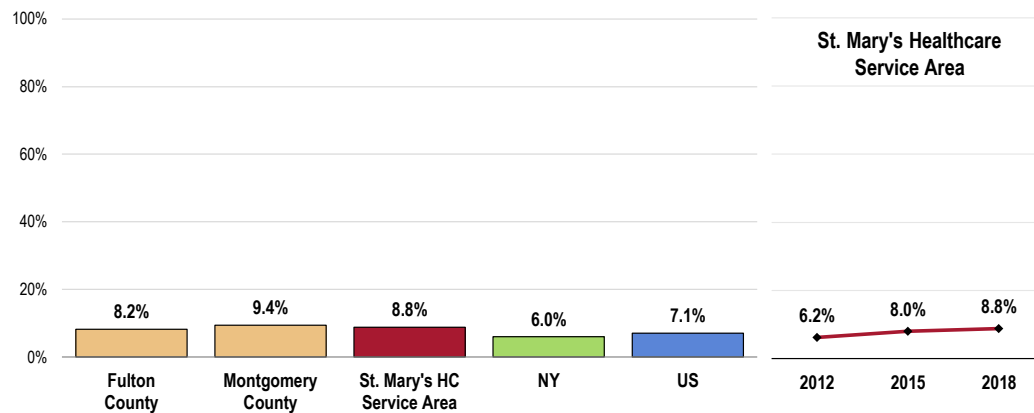
Notes: • Asked of all respondents.

## Other Cancer

**A total of 8.8% of survey respondents have been diagnosed with some type of (non-skin) cancer.**

- Higher than the statewide prevalence.
- Similar to the national percentage.
- Similar findings by county.
- TREND: The prevalence of cancer has remained statistically unchanged over time.

## Prevalence of Cancer (Other Than Skin Cancer)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 27]  
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2016 New York data.  
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

## RELATED ISSUE:

See also *Nutrition, Physical Activity, Weight Status, and Tobacco Use* in the **Modifiable Health Risks** section of this report.

## 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.

- US Preventive Services Task Force, Agency for Healthcare Research and Quality, US Department of Health & Human Services

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.

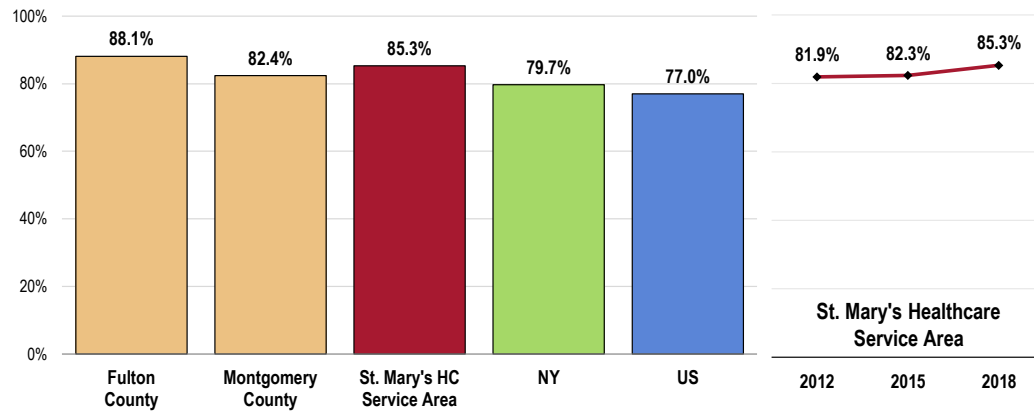
### *Mammography*

**Among women age 50-74, 85.3% have had a mammogram within the past 2 years.**

- Better than statewide and national findings.
- Similar to the Healthy People 2020 target (81.1% or higher).
- Similar findings by county.
- 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



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 133]  
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 New York data.  
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.  
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective C-17]

Notes: • Reflects female respondents 50-74.

## 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.

- US Preventive Services Task Force, Agency for Healthcare Research and Quality, US Department of Health & Human Services

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.

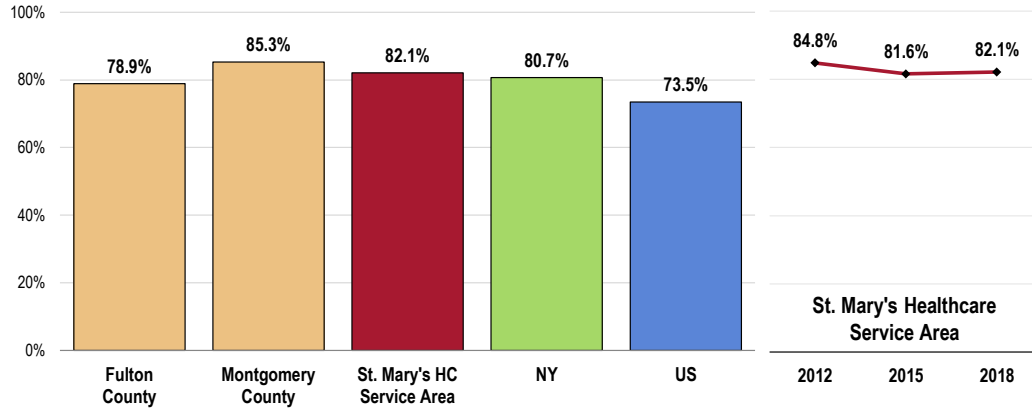
### *Pap Smear Testing*

**Among St. Mary's Healthcare Service Area women age 21 to 65, 82.1% have had a Pap smear within the past 3 years.**

- Comparable to New York findings.
- Higher than national findings.
- Fails to satisfy the Healthy People 2020 target (93% or higher).
- Statistically similar findings 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



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 134]  
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 New York data.  
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.  
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective C-15]

Notes: • Reflects female respondents age 21 to 65.

## 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 (fecal occult blood testing, 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.

- US Preventive Services Task Force, Agency for Healthcare Research and Quality, US Department of Health & Human Services

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

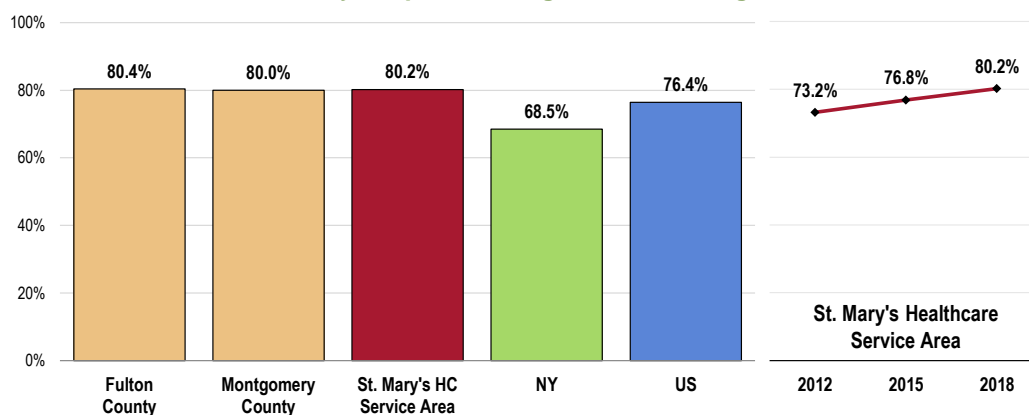
Among adults age 50-75, 80.2% have had an appropriate colorectal cancer screening.

- Higher than the New York prevalence.
- Similar to national findings.
- Satisfies the Healthy People 2020 target (70.5% or higher).
- Similar findings by county.
- TREND: Denotes a statistically significant increase since 2012.

"Appropriate colorectal cancer screening" includes a fecal occult blood test within the past year and/or a lower endoscopy (sigmoidoscopy or colonoscopy) within the past 10 years.

## Have Had a Colorectal Cancer Screening (Among Adults Age 50-75)

Healthy People 2020 Target = 70.5% or Higher

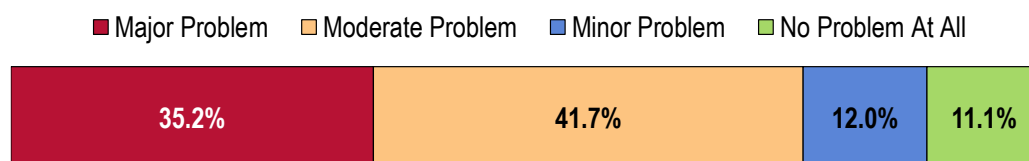


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 137]  
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 New York data.  
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.  
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective C-16]  
 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.

## Key Informant Input: Cancer

The greatest share of 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, 2018)



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:

### Prevalence/Incidence

*There has been a significant increase in the incidence involving cancer in my communities, including children and adults. This information is revealed through social media, prayer chains, and personal conversations. – Community Leader*

*Increasing number of patients with cancer, need more comprehensive care and access to supports like social work and palliative care. We only have a small team that comes up, and we could use them more often. – Other Health Provider*

*Everyone I know in the area has someone they love impacted/affected by cancer, even healthy people. Young people are being diagnosed. – Community Leader*

*Proliferates into almost everyone's lives. Seems like everyone has been affected by cancer, whether themselves or immediate family. – Community Leader*

*I am seeing more people with cancer more than I have ever seen. It seems to be present in the community, possibly from chemicals and air pollution. – Community Leader*

*It seems like more and more people are diagnosed with cancer every day. Many in advanced stages. It is much more common and prevalent than in the past. – Social Services Provider*

*Community experiences more than 300 new cancer cases each year. Given age of community and other demographics, it is not surprising. – Community Leader*

*I personally know of several people who have been diagnosed/treated or passed away with cancer. – Community Leader*

*A number of people who live here or come in for our programs are dealing with a loved one who has or had cancer. – Community Leader*

*It seems as though the amount of cancer patients continues to grow. No actual data to back this up. – Community Leader*

*Knowing family members, friends, and other community members who have been diagnosed with cancer. – Community Leader*

*We have a high level of people with cancer. People are exposed to many carcinogens through the environment, smoking, and factories they work in. – Other Health Provider*

*There just seems to be a growing number of people with some form of cancer. Could be from lifestyles one chooses, hazards of their job, or hereditary. – Other Health Provider*

*Cancer rates are increasing, and there is lack of knowledge in the community about resources available for screenings. – Other Health Provider*

*We have very high rates of cancer, compared to other counties. – Community Leader*

*Too many people have battled or battling this disease. – Community Leader*

*Many people are diagnosed with it, and treatment is provided. – Community Leader*

*Hospital admissions for many forms of cancer. – Community Leader*

*There is a high rate of cancer in both counties. – Community Leader*

*So many individuals with the disease in our communities. – Community Leader*

### **Leading Cause of Death**

*We also have many people who are uninsured or have Medicaid that won't cover the cost of cancer treatment, which raises our mortality rates. – Public Health Representative*

*Every week there are several deaths, and cancer is one of the most popular listed or mentioned causes cited in the obituaries. – Community Leader*

*I know many people young people that have died from cancer, or trying to live with cancer. – Physician*

*Of the leading diagnoses that cause death in our area. – Other Health Provider*

*It is a leading cause of death. – Community Leader*

### **Access to Care/Services**

*Accessing quality cancer programs in the community is difficult. Patients travel far and wide to receive quality care. – Social Services Provider*

*Lack of resources for dermatology. – Other Health Provider*

*We have two cancer centers in Amsterdam, of which both are very much utilized. We hear of cases with people- who are extremely young- being diagnosed. – Community Leader*

*Transportation to treatment, especially the ones that are out of the area. – Other Health Provider*

### **Aging Population**

*Aging population, history of poor health practices, including smoking and alcohol abuse. – Other Health Provider*

*Since our population is aging, skin cancer screenings are necessary and there are no local dermatologists. – Other Health Provider*

*Older population. – Community Leader*



*Cancer diagnoses rank high in the elder population and is evidenced at NYOH (New York Oncology Hematology). And by the numbers of patients served there, as well as through ancillary services provided by community agencies. – Social Services Provider*

### **Built Environment**

*I believe cancer is a major problem, due to the fact that we live in a region that was at one time heavily populated by factories. However, there is little to no access to specialty cancer centers. – Other Health Provider*

*Cancer is a major problem because of the aged infrastructure, contaminated land from past abuse of the lands, which came from mill disposal of waste into waterways. Failure to utilize or seek federal dollars to clean up brown fields around residential areas (i.e. Five Corner Plaza in Amsterdam city). – Social Services Provider*

### **Water Quality**

*People in the community seems to think that this is related to the water. Personally, a very close family member of mine—with no smoking history, no COPD, no CHF, but a history of asthma many years ago—developed a fungal-type nonmalignant tumor and was treated by St. Peter Hospital by a thoracic surgeon. Half of her right lung was removed, and the doctor commented at some point that in Amsterdam, there is something related to the Mohawk River, as well as in the ground (moisture) that is causing this condition, as she was their fifth patient with the same condition from Amsterdam; he indicated that there were some research being done for this mysterious condition. – Other Health Provider*

### **Affordable Care/Services**

*Most patients in our community do not have the financial resources for early detection, which is why the cancer screening and education programs are so essential to our counties. – Community Leader*

### **Education/Awareness**

*Lack of knowledge of screening guidelines and availability. – Other Health Provider*

## 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](http://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.]

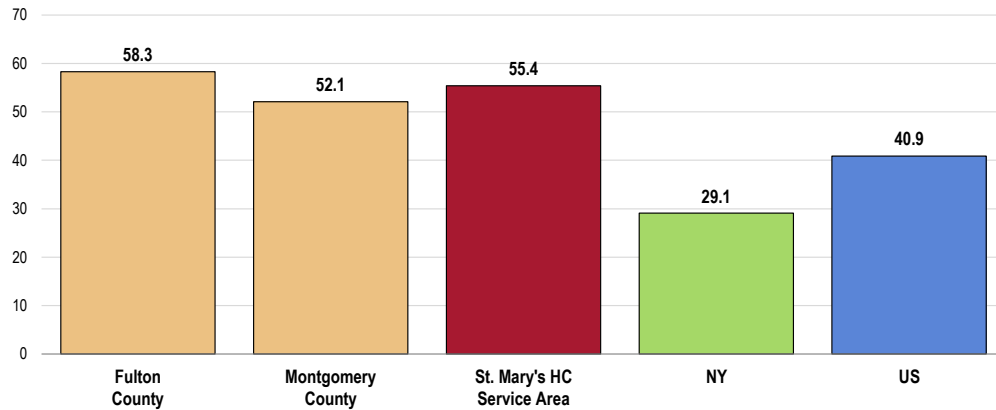
## Age-Adjusted Respiratory Disease Deaths

### Chronic Lower Respiratory Disease Deaths (CLRD)

Between 2014 and 2016, there was an annual average age-adjusted CLRD mortality rate of 55.4 deaths per 100,000 population in the St. Mary's Healthcare Service Area.

- Much worse than the state and national death rates.
- Similar county death rates.

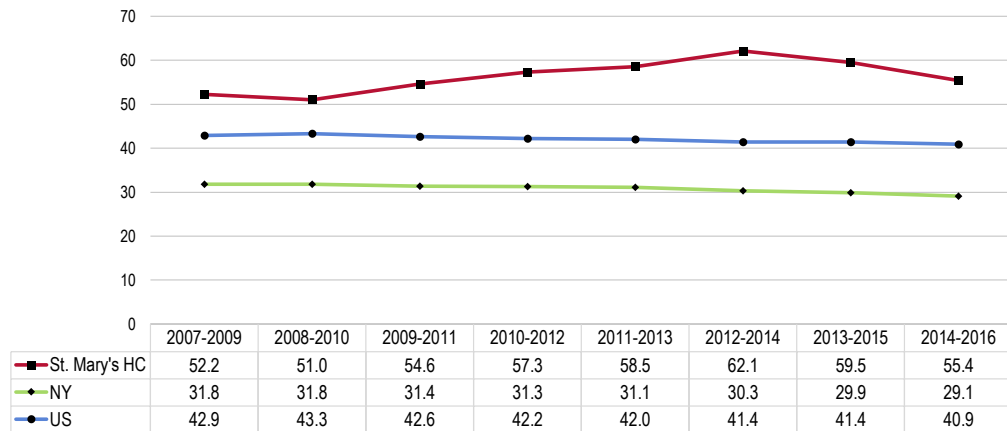
### CLRD: Age-Adjusted Mortality (2014-2016 Annual Average Deaths per 100,000 Population)



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2018.
- 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.

- **TREND:** Despite decreases in recent years, this rate has increased for much of the past decade.

### 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 August 2018.
- 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.

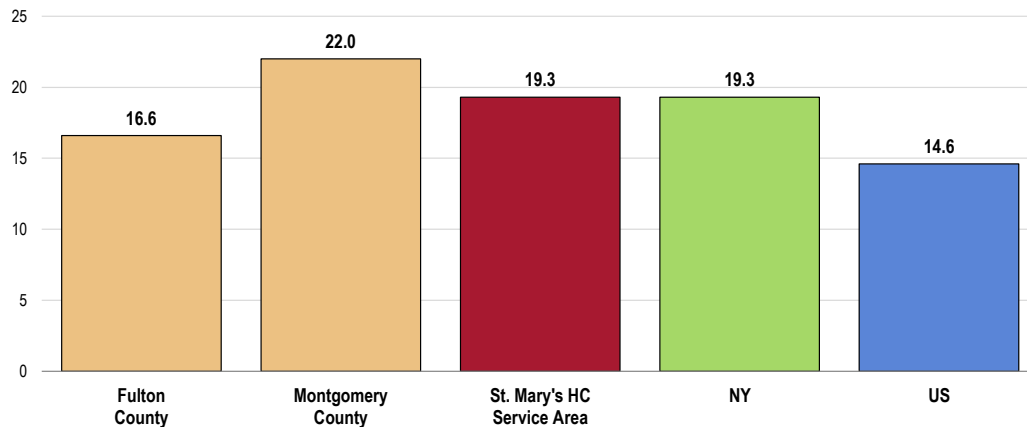
## Pneumonia/Influenza Deaths

Between 2014 and 2016, St. Mary's Healthcare Service Area reported an annual average age-adjusted pneumonia influenza mortality rate of 19.3 deaths per 100,000 population.

- Identical to the state death rate.
- Worse than the US rate.
- Lower in Fulton County.

For prevalence of vaccinations for pneumonia and influenza, see also *Immunization & Infectious Diseases* in the *Infectious Disease* section of this report.

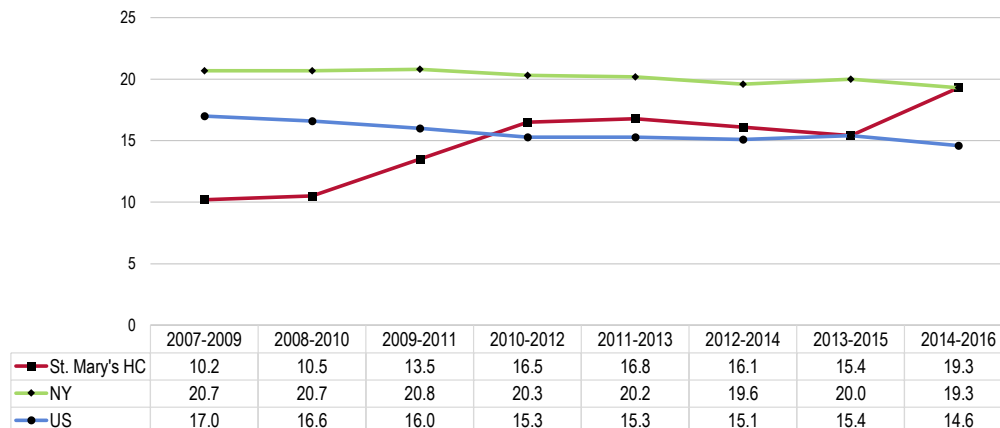
### Pneumonia/Influenza: Age-Adjusted Mortality (2014-2016 Annual Average Deaths per 100,000 Population)



- Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2018.
- 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 area's pneumonia/influenza mortality rate increased over the past decade, in contrast to the decreasing trends reported statewide and nationally.

### Pneumonia/Influenza: 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 August 2018.
- 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.

## Asthma

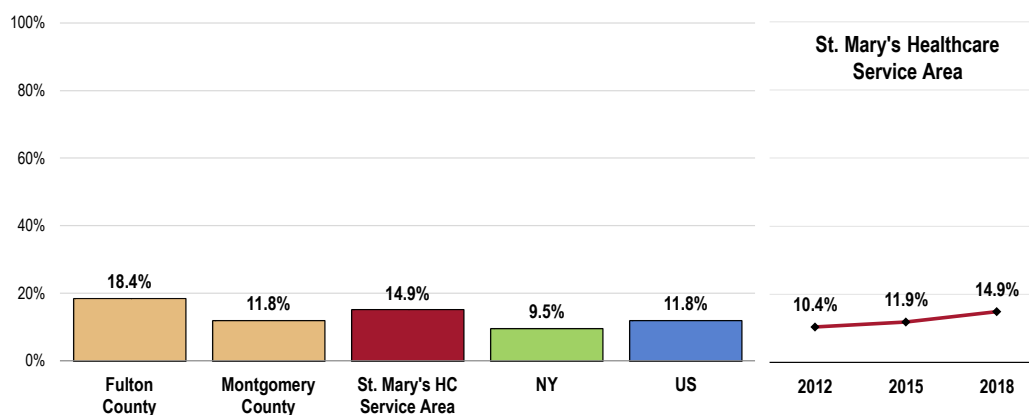
### Adults

Survey respondents were asked to indicate whether they suffer from or have been diagnosed with various respiratory conditions, including asthma and COPD.

**A total of 14.9% of St. Mary's Healthcare Service Area adults currently suffer from asthma.**

- Higher than the statewide prevalence.
- Similar to the national prevalence.
- Unfavorably high in Fulton County.
- TREND: The prevalence of adults with current asthma has increased significantly since 2012.

### Adult Asthma: Current Prevalence



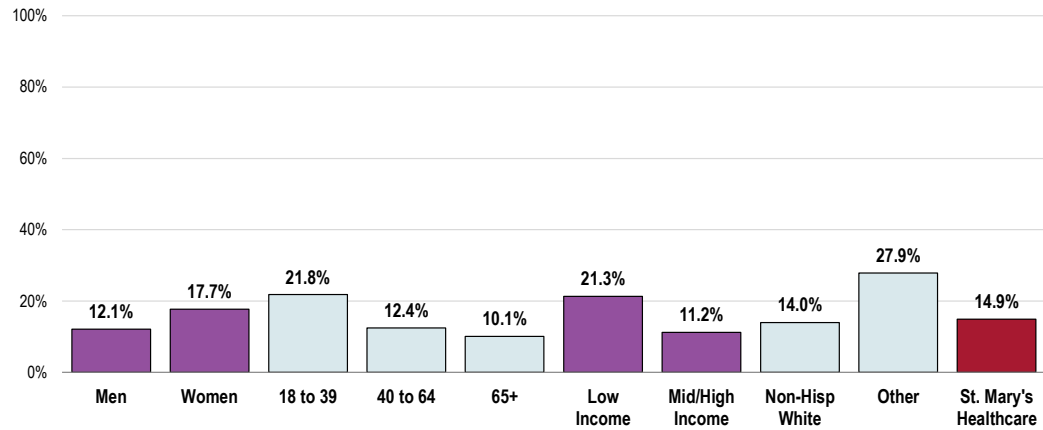
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 138]  
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 New York data.  
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.  
 • Includes those who have ever been diagnosed with asthma, and who report that they still have asthma.

The following adults are more likely to suffer from asthma:

- Women.
- Young adults (negative correlation with age).
- Low-income residents.
- Non-Whites.

## Currently Have Asthma (St. Mary's Healthcare Service Area, 2018)



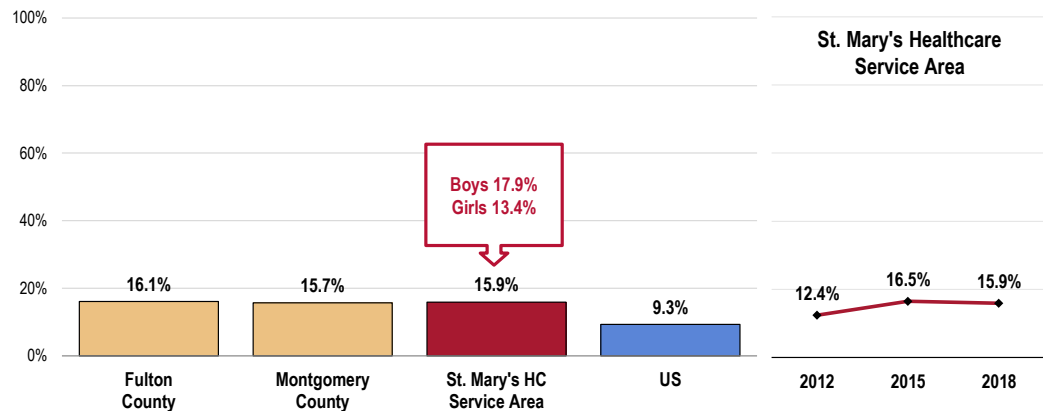
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 138]  
 Notes: • Asked of all respondents.  
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).  
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

### Children

**Among St. Mary's Healthcare Service Area children under age 18, 15.9% currently have asthma.**

- Well above the national figure.
- Similar county percentages.
- TREND: Statistically unchanged over time.
- Viewed by child's gender, the difference in asthma prevalence is not statistically significant.

## Childhood Asthma: Current Prevalence (Among Parents of Children Age 0-17)

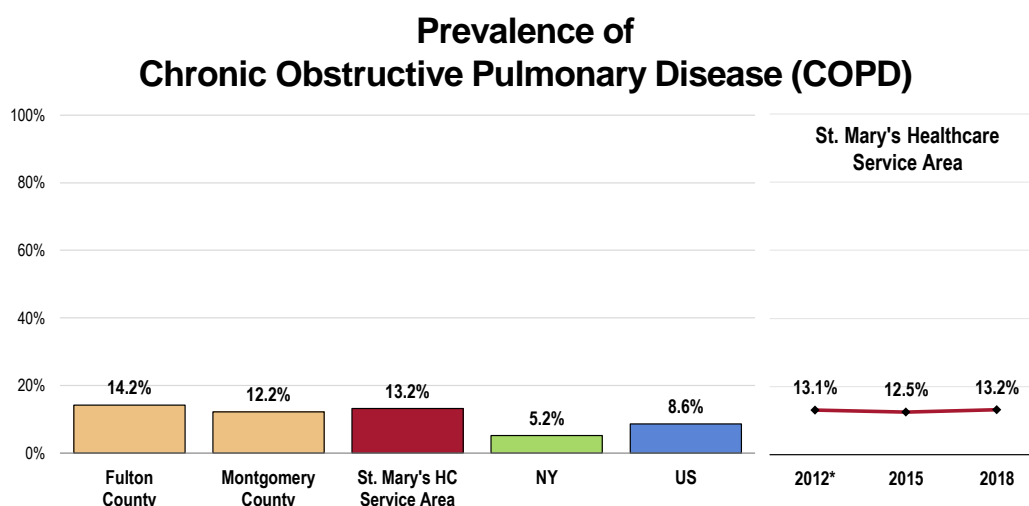


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 139]  
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.  
 Notes: • Asked of all respondents with children 0 to 17 in the household.  
 • Includes children who have ever been diagnosed with asthma, and whom are reported to still have asthma.

## Chronic Obstructive Pulmonary Disease (COPD)

A total of 13.2% of St. Mary's Healthcare Service Area adults suffer from chronic obstructive pulmonary disease (COPD, including emphysema and bronchitis).

- Worse than the state and national prevalence.
- Similar percentages by county.
- TREND: Statistically unchanged over time.
- NOTE: 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 and in 2015.



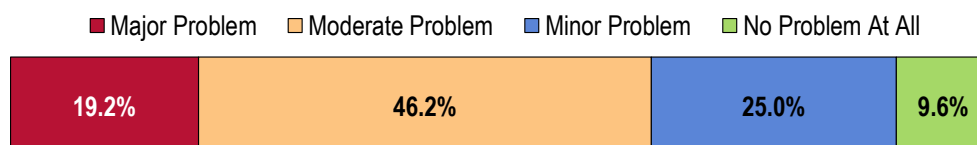
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 24]  
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 New York data.  
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • 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 2012 data, the term "chronic lung disease" was used, which also included bronchitis or emphysema.

## Key Informant Input: Respiratory Disease

The greatest share 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, 2018)



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:

### Tobacco Use

*There is a large percentage of the population that uses tobacco. Children are often exposed to second hand smoke. – Other Health Provider*

*There a lot of smokers in the area. There is also a high rate of asthma in the area. – Community Leader*

*Smoking is a very big and bad habit in our area. – Other Health Provider*

*There is not enough emphasis on getting patients to quit smoking before they develop a respiratory condition. – Other Health Provider*

*Due to the large number of persons who smoke cigarettes or are in the presence of those who smoke. – Social Services Provider*

*People with the lowest income seem to smoke the most and have respiratory diseases. And they have worked in factories that did not have good ventilation and now are having these issues. – Physician*

*High numbers of smokers. Easy and availability of cigarettes, vaping supplies tobacco products. Past work history in industries where inhaling chemicals was rampant. High incidence of emphysema, CHF, COPD. High incidence of asthma. – Social Services Provider*

*Tobacco use. – Social Services Provider*

### Prevalence/Incidence

*Childhood asthmatic incidences have increased significantly over the last five years. – Public Health Representative*

*Large number of people with asthma and COPD. – Physician*

*The multitude of hospital admissions for respiratory illness as primary diagnosis as contributing factors. – Community Leader*

*So many students and adults with asthma and allergies. Unbelievable how many students use/have inhalers and other medications to treat these symptoms. – Social Services Provider*

*Higher incidence of lung cancer and COPD when compared to NYS and US. – Community Leader*

*Several people are diagnosed. – Community Leader*

*Many people that we see at our office have difficulty breathing and utilize oxygen tanks or other assistance to help their breathing. – Social Services Provider*

### Co-Occurrences

*Asthma, smoking and disease management. – Community Leader*

*Dovetails to smoking cessation and heart disease. Limited pulmonologist. Appointment attainment is difficult, long process. This goes across from kids to elderly: asthma, COPD, PN. – Other Health Provider*



## 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](http://www.healthypeople.gov))

## Unintentional Injury

### Age-Adjusted Unintentional Injury Deaths

**Between 2014 and 2016, the service area reported an annual average age-adjusted unintentional injury mortality rate of 36.6 deaths per 100,000 population.**

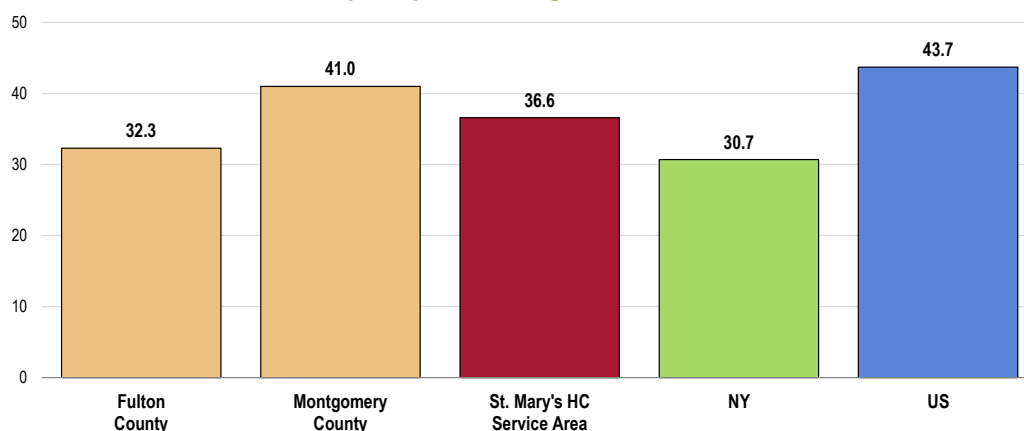
- Higher than the New York rate.
- Lower than the national rate.
- Similar to the Healthy People 2020 target (36.4 or lower).

- Higher in Montgomery County.

## Unintentional Injuries: Age-Adjusted Mortality

(2014-2016 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 36.4 or Lower



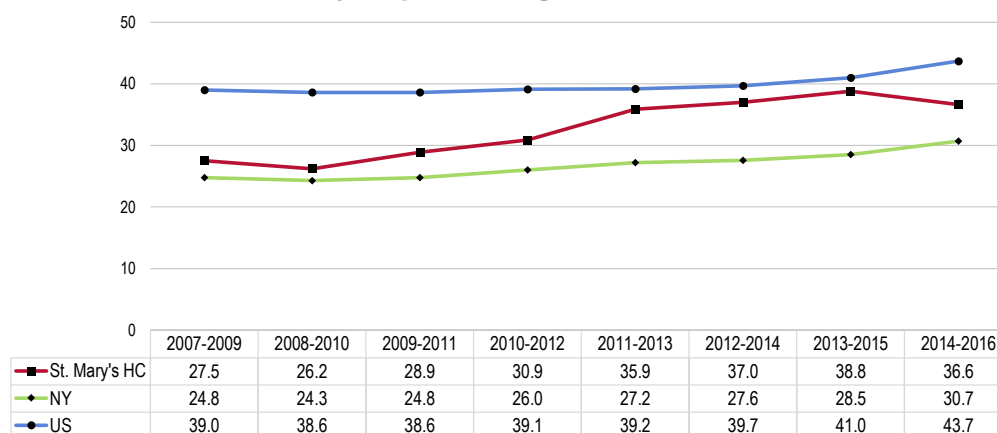
- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2018.
  - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-11]
- 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:** There is an overall upward trend in the unintentional injury mortality rate in St. Mary's Healthcare Service Area, echoing the slowly increasing trends reported in the New York and the US overall.

## Unintentional Injuries: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 36.4 or Lower

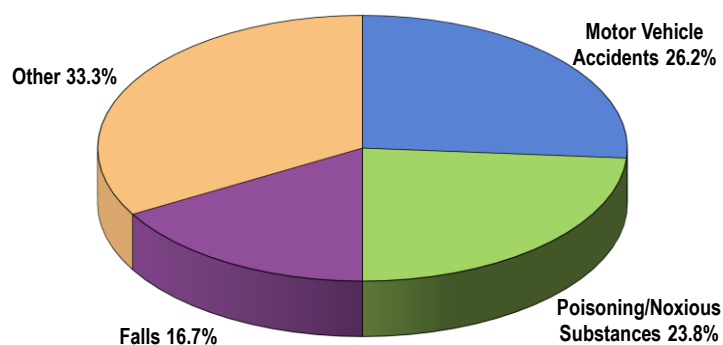


- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2018.
  - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-11]
- 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.

### Leading Causes of Accidental Death

Motor vehicle accidents, poisoning (including accidental drug overdose), and falls accounted for most accidental deaths in the St. Mary's Healthcare Service Area between 2014 and 2016.

**Leading Causes of Accidental Death**  
(St. Mary's Healthcare Service Area, 2014-2016)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2018.

Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).

### Selected Injury Deaths

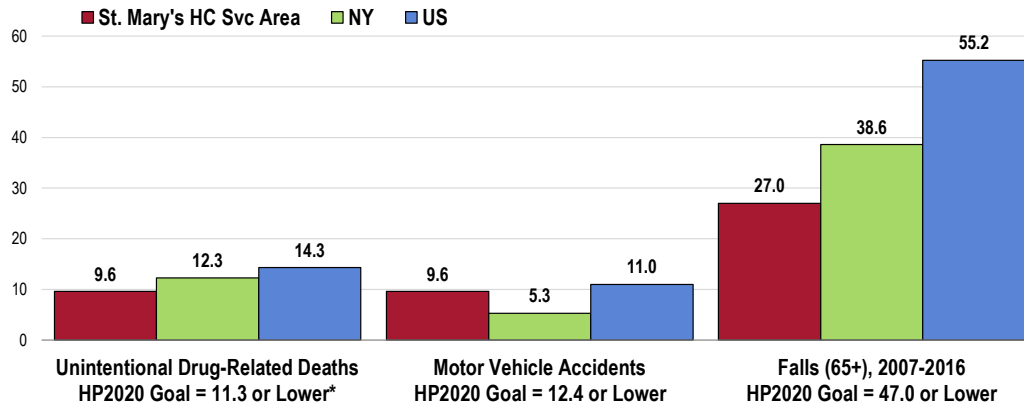
The following chart outlines annual age-adjusted mortality rates for unintentional drug-related deaths, motor vehicle crashes, and falls (among adults age 65 and older).

**The service area's death rates are better than New York and US rates for unintentional drug-related deaths and falls among seniors.**

- On the other hand, the service area's motor vehicle death rate is worse than the state rate and similar to the national rate.

## Select Injury Death Rates

(By Cause of Death; 2014-2016 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 August 2018.  
• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-13.1, IVP-23.2, SA-12]

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.  
• \*Healthy People 2020 goal reflects all drug-induced deaths, both intentional and unintentional.

## Falls

### Falls

Each year, an estimated one-third of older adults fall, and the likelihood of falling increases substantially with advancing age. In 2005, a total of 15,802 persons age  $\geq 65$  years died as a result of injuries from falls.

Falls are the leading cause of fatal and nonfatal injuries for persons aged  $\geq 65$  years ... In 2006, approximately 1.8 million persons aged  $\geq 65$  years (nearly 5% of all persons in that age group) sustained some type of recent fall-related injury. Even when those injuries are minor, they can seriously affect older adults' quality of life by inducing a fear of falling, which can lead to self-imposed activity restrictions, social isolation, and depression.

In addition, fall-related medical treatment places a burden on US healthcare services. In 2000, direct medical costs for fall-related injuries totaled approximately \$19 billion. A recent study determined that 31.8% of older adults who sustained a fall-related injury required help with activities of daily living as a result, and among them, 58.5% were expected to require help for at least 6 months.

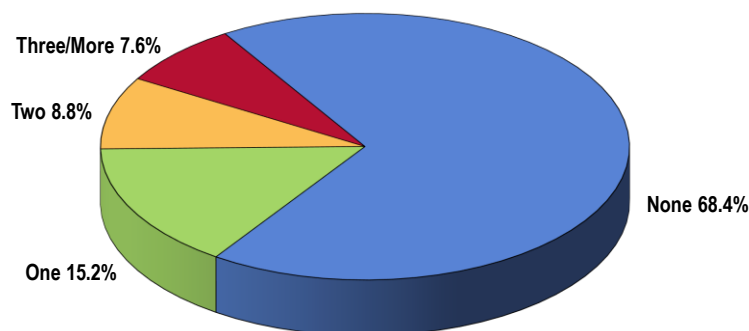
Modifiable fall risk factors include muscle weakness, gait and balance problems, poor vision, use of psychoactive medications, and home hazards. Falls among older adults can be reduced through evidence-based fall-prevention programs that address these modifiable risk factors. Most effective interventions focus on exercise, alone or as part of a multifaceted approach that includes medication management, vision correction, and home modifications.

- Division of Unintentional Injury Prevention, National Center for Injury Prevention and Control, CDC

**Among surveyed St. Mary's Healthcare Service Area adults age 45 and older, 31.6% fell at least once in the past year, including 7.6% who fell three or more times.**

### Number of Falls in Past 12 Months

(Among Adults Age 45 and Older; St. Mary's Healthcare Service Area, 2018)

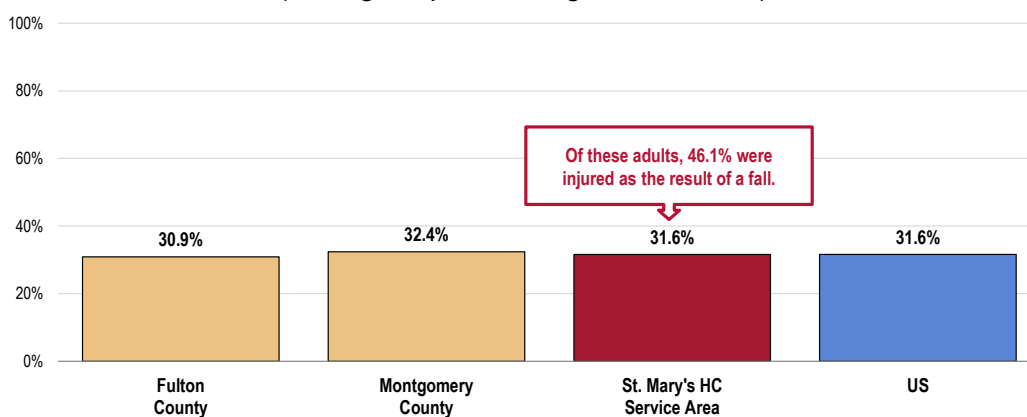


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 107]  
 Notes: • Asked of all respondents age 45+.

- The prevalence of adults age 45+ who fell at least once in the past year is identical to the national proportion.
- Similar county percentages.
- Among those who fell in the past year, 46.1% were injured as a result of the fall.

### Fell One or More Times in the Past Year

(Among Respondents Age 45 and Older)

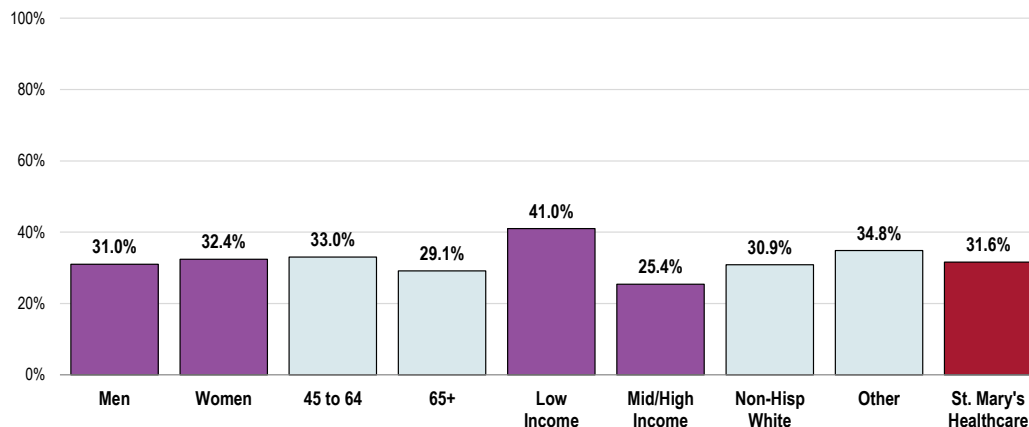


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 107-108]  
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.  
 Notes: • Asked of those respondents age 45 and older.

- Low-income residents age 45+ were more likely to have fallen in the past year.

### Fell One or More Times in the Past Year

(Among Respondents Age 45 and Older; St. Mary's Healthcare Service Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 107]

Notes: • Asked of those respondents age 45 and older.  
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).  
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

### Firearm Safety

#### Age-Adjusted Firearm-Related Deaths

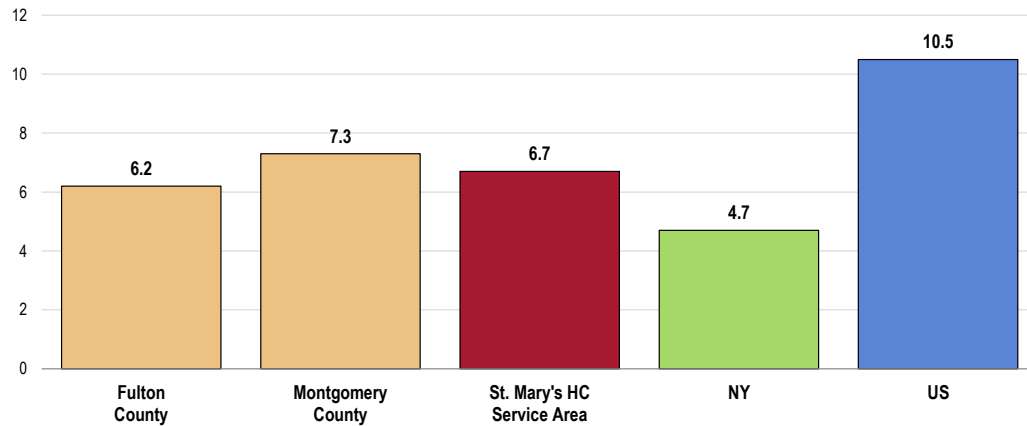
Between 2014 and 2016, firearms in St. Mary's Healthcare Service Area contributed to an annual average age-adjusted rate of 6.7 deaths per 100,000 population.

- Higher than found statewide.
- Lower than found nationally.
- Satisfies the Healthy People 2020 objective (9.3 or lower).
- Similar death rates by county.

## Firearms-Related Deaths: Age-Adjusted Mortality

(2007-2016 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 9.3 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 August 2018.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-30]

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.

## Intentional Injury (Violence)

### Violent Crime

#### Violent Crime Rates

Between 2012 and 2014, there were a reported 110.9 violent crimes per 100,000 population in the St. Mary's Healthcare Service Area.

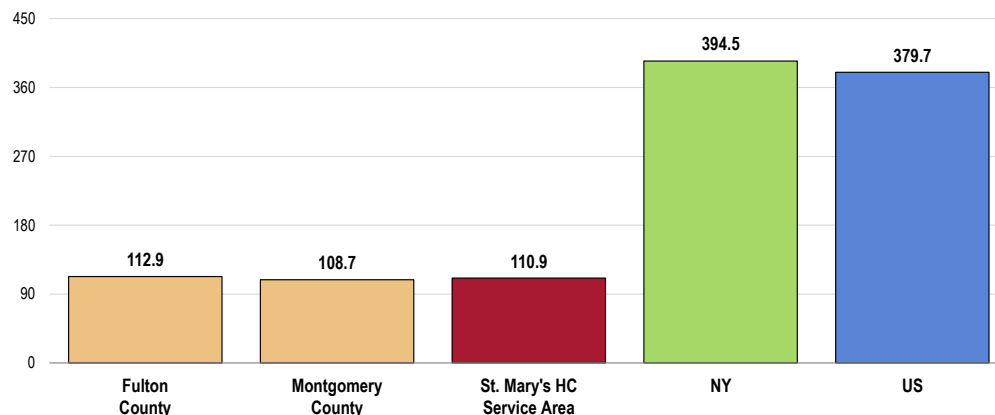
- Well below the state and national rates for the same time period.
- Similar crime rates by county.

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

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

### Violent Crime

(Rate per 100,000 Population, 2012-2014)



Sources:

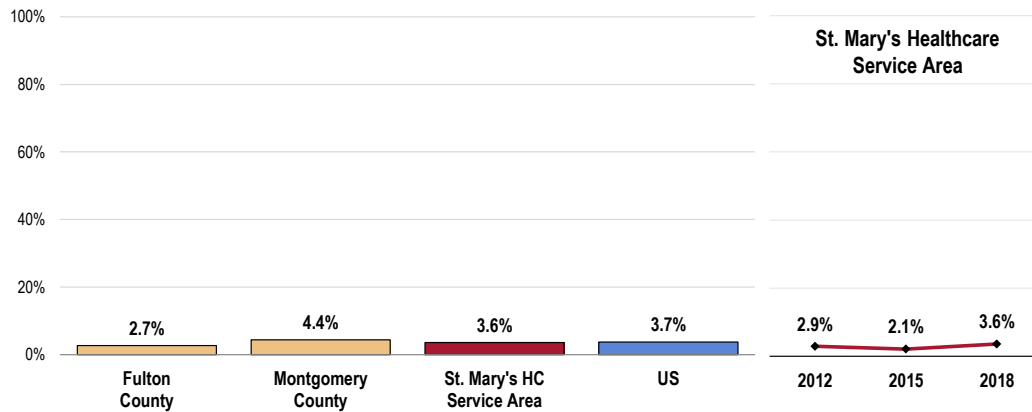
- Federal Bureau of Investigation, FBI Uniform Crime Reports.
- Retrieved August 2018 from Community Commons at <http://www.chna.org>.
- This indicator reports the rate of violent crime offenses reported by the sheriff's office or county police department per 100,000 residents. Violent crime includes homicide, rape, robbery, and aggravated assault. This indicator is relevant because it assesses community safety.
- Participation by law enforcement agencies in the UCR program is voluntary. Sub-state data do not necessarily represent an exhaustive list of crimes due to gaps in reporting. Also, some institutions of higher education have their own police departments, which handle offenses occurring within campus grounds; these offenses are not included in the violent crime statistics, but can be obtained from the Uniform Crime Reports Universities and College's data tables.

### Community Violence

A total of 3.6% of surveyed adults acknowledge being the victim of a violent crime in the area in the past five years.

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

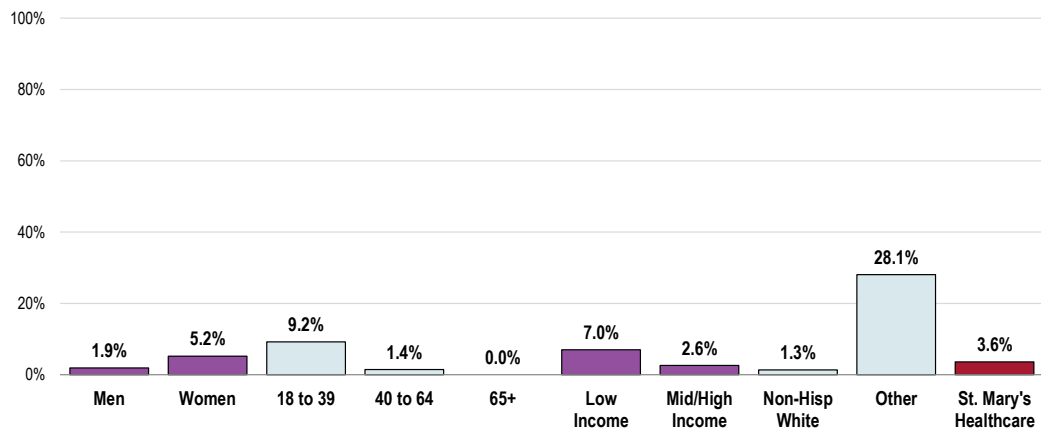
### Victim of a Violent Crime in the Past Five Years



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 46]  
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.  
 Notes: • Asked of all respondents.

- Reports of violence are notably higher among women, adults under 40, residents living in the lower income category, and (especially) non-Whites.

### Victim of a Violent Crime in the Past Five Years (St. Mary's Healthcare Service Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 46]  
 Notes: • Asked of all respondents.  
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).  
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.



### Family Violence

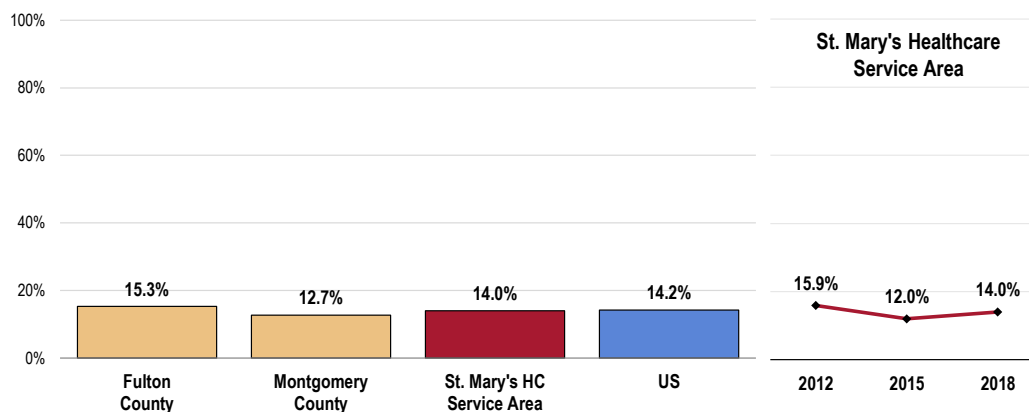
**A total of 14.0% of St. Mary's Healthcare Service Area adults acknowledge that they have ever been hit, slapped, pushed, kicked, or otherwise hurt by an intimate partner.**

Respondents were read:

"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."

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

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



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 47]

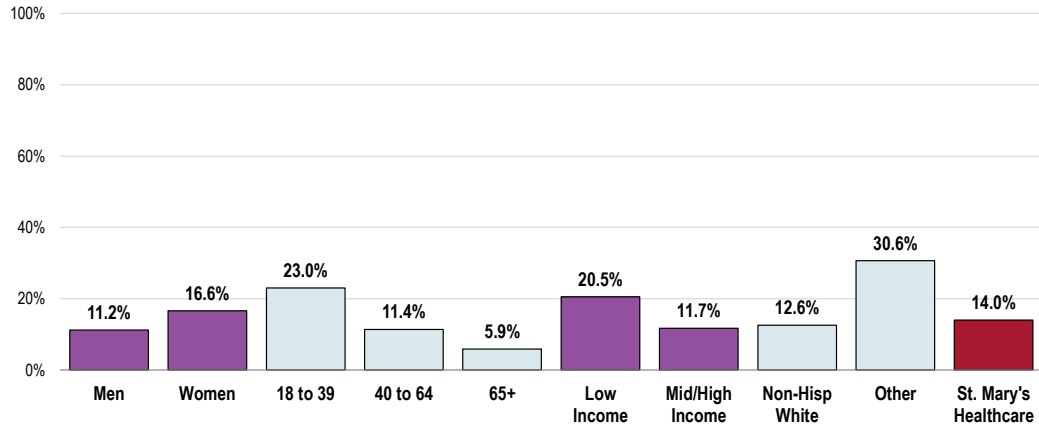
• 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

Reports of domestic violence are also notably higher among:

- Women.
- Young adults (negative correlation with age).
- Those with lower incomes.
- Non-Whites.

## Have Ever Been Hit, Slapped, Pushed, Kicked, or Hurt in Any Way by an Intimate Partner (St. Mary's Healthcare Service Area, 2018)

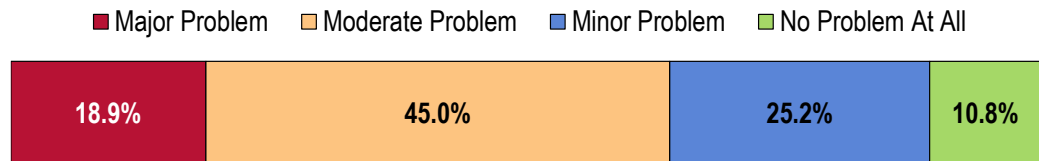


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 47]  
 Notes: • Asked of all respondents.  
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).  
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

## Key Informant Input: Injury & Violence

The largest share 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, 2018)



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:

### Domestic/Family Violence

*There is significant domestic violence that occurs in our communities. Children are witnessing this at home, and the trauma associated with it impacts their ability to learn, feel safe, etc. – Other Health Provider*

*Our work demonstrates that family violence is on a rise in the community. – Community Leader*

*The county jail sees many individuals with spouse abuse and anger issues. – Community Leader*

*A lot of our youth are living in violent homes or witness violence. Many calls placed to CPS. – Social Services Provider*

*Domestic violence. People not using available services or referring to services. Stigma. Lack of law enforcement intervention. – Social Services Provider*

*Lack of personal respect for others, abundance of non-marital couples. Poor area in terms of jobs to create stress. – Community Leader*

### **Prevalence/Incidence**

*Increased crime rate and prevalence of domestic violence impact patient's ability for engage in health care. – Other Health Provider*

*Crime rates. – Community Leader*

*People fighting with one another, arguing. Lack of respect for life. – Community Leader*

*Mostly see increase in violence in both counties. Increase in opioid use results in violent crime. Low paying jobs equals poverty equals anger equals violent acts, theft, illicit drug sales. – Social Services Provider*

### **Poverty**

*We live in a high poverty area where people act out their frustrations and anger on others. – Community Leader*

*Amsterdam is a low income, poverty infested community, where crime and violence are a way of life for many. – Community Leader*

*These are predominantly low-income communities. There is easy access to illegal drugs and serious lack of access to mental health services. – Other Health Provider*

### **Contributing Factors**

*Lack of treatment for other health conditions, lack of opportunity, substance abuse, untreated mental health issues, lack of education. – Social Services Provider*

*People within the community suffering from mental illness both drug and non-drug related. – Community Leader*

*Lack of education, drugs, loss of hope. – Physician*

### **Alcohol/Drug Use**

*There are often reports of violence due to drug and gang activity as well as domestic abuse. – Social Services Provider*

*With alcohol and substance abuse issues on the rise, the incidences of intimate partner violence will also most likely be on the rise. – Public Health Representative*

## 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.

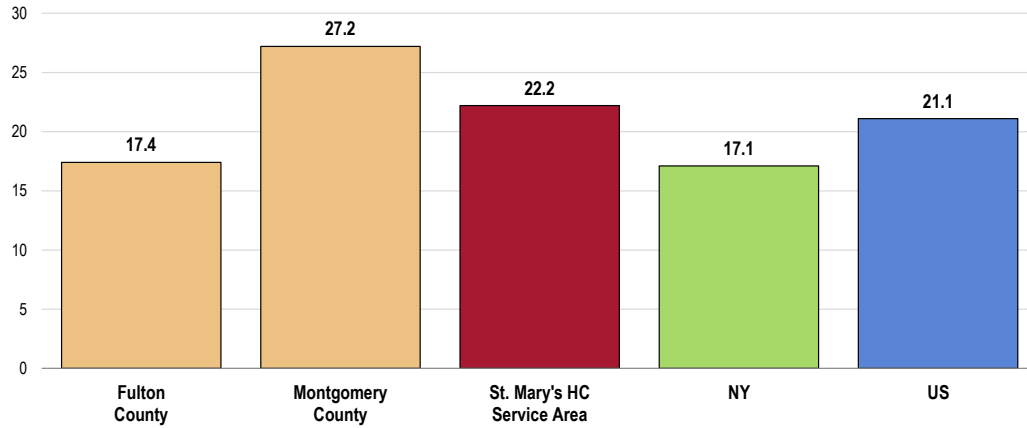
- Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

### Age-Adjusted Diabetes Deaths

**Between 2014 and 2016, there was an annual average age-adjusted diabetes mortality rate of 22.2 deaths per 100,000 population in St. Mary's Healthcare Service Area.**

- Higher than the statewide death rate.
- Similar to the US rate.
- Similar to the Healthy People 2020 target (20.5 or lower, adjusted to account for diabetes mellitus-coded deaths).
- Much higher among residents of Montgomery County.

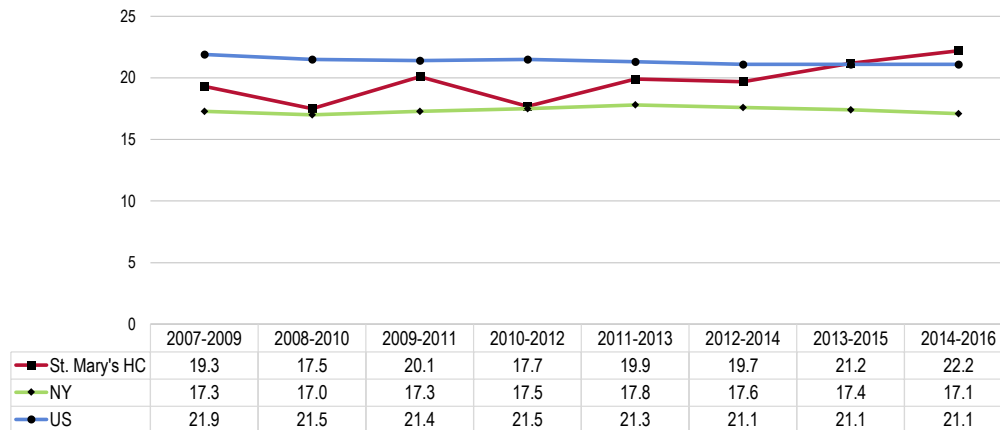
### Diabetes: Age-Adjusted Mortality (2014-2016 Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 20.5 or Lower (Adjusted)



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2018.
  - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective D-3]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
  - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
  - The Healthy People 2020 target for Diabetes is adjusted to account for only diabetes mellitus coded deaths.

- **TREND:** The area's death rate has fluctuated over time, showing no clear diabetes mortality trend. Statewide and nationally, rates appears to be stable.

### 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 August 2018.
  - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective D-3]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
  - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
  - The Healthy People 2020 target for Diabetes is adjusted to account for only diabetes mellitus coded deaths.

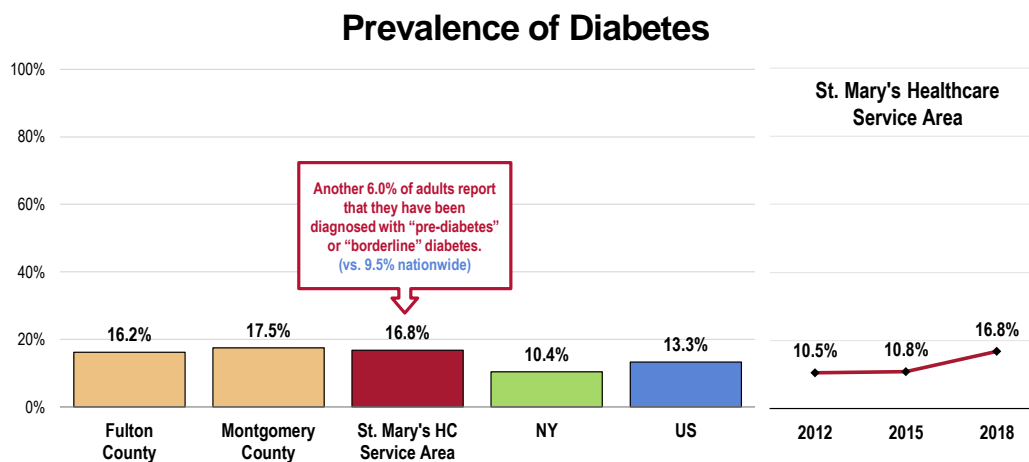
## Prevalence of Diabetes

A total of 16.8% of St. Mary's Healthcare Service Area adults report having been diagnosed with diabetes.

- Worse than the statewide and national proportions.
- Statistically similar by county.
- TREND: Marks a statistically significant increase from 2012 and 2015 findings.

In addition to the prevalence of diagnosed diabetes referenced above, another 6.0% of St. Mary's Healthcare Service Area adults report that they have "pre-diabetes" or "borderline diabetes."

- Below the US prevalence.
- Unfavorably high in Fulton County (not shown).



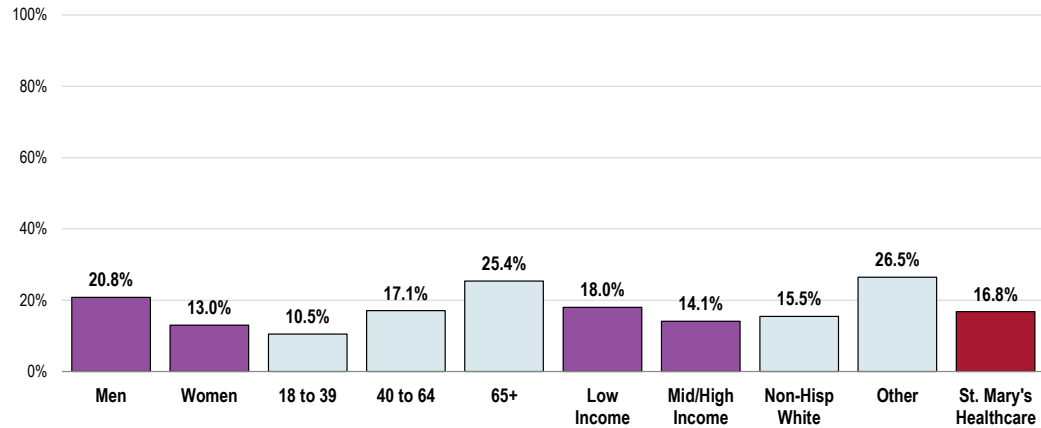
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 140]  
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2016 New York data.  
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

A higher prevalence of diagnosed diabetes (excluding pre-diabetes or borderline diabetes) is reported among:

- Men.
- Older adults (note the strong positive correlation between diabetes and age, with 25.4% of seniors diagnosed with diabetes).

## Prevalence of Diabetes (St. Mary's Healthcare Service Area, 2018)



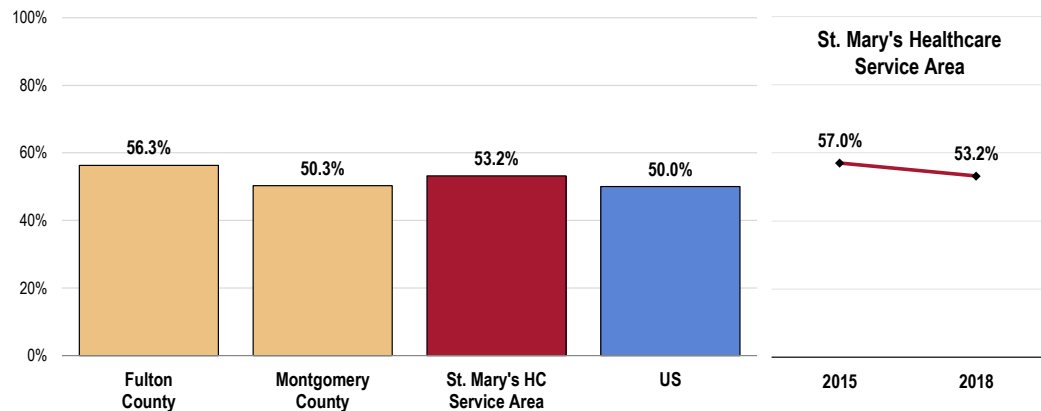
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 140]  
 Notes: • Asked of all respondents.  
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).  
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.  
 • Excludes gestational diabetes (occurring only during pregnancy).

## Diabetes Testing

Of area adults who have not been diagnosed with diabetes, 53.2% report having had their blood sugar level tested within the past three years.

- Similar to the national proportion.
- Statistically similar by county.
- TREND: Statistically unchanged since 2015.

## Have Had Blood Sugar Tested in the Past Three Years (Among Nondiabetics)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 37]  
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.  
 Notes: • Asked of respondents who have not been diagnosed with diabetes.

## Key Informant Input: Diabetes

A plurality 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, 2018)

■ Major Problem   ■ Moderate Problem   ■ Minor Problem   ■ 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 related to the following:

### Education/Awareness

*There is not enough education given to those who have lesser education on ways to properly care for diabetes. – Other Health Provider*

*I see the lack of understanding regarding the link between diet and other personal behaviors as a primary challenge. I think information on nutrition has to be more than the current 2 or 3 meetings with a nutritionist. I think people need easy access to information at a literacy level that is accessible. (We have a serious issue with literacy levels that is not recognized or acknowledged, and it influences all aspects of life.) I think info can be shared regarding options for people with limited incomes, as well as those who don't have lots of cooking experience. I think area restaurants could be encouraged to offer more options that are flavorful and healthy since we are increasingly eating out more as a nation. I also believe people don't realize the effects on the body -on the eyes, the kidneys, the heart, – Community Leader*

*Education, income, follow through and monitoring. – Community Leader*

*Following a plan of care, education, healthy foods. – Community Leader*

*Education regarding nutrition and access of the poor to healthy foods. – Community Leader*

*Lack of knowledge regarding the disease and lack of support maintaining healthy lifestyle choices. Large number of "fast food" restaurants in the area. – Community Leader*

*Access to information. – Community Leader*

*Diabetes management teaching, many do not go to their appointments. Need to be more mobile and get out to see patients/family to discuss diabetes management. Limited doctors equipped to manage this for their patients. – Other Health Provider*

*Access to information about good nutrition and physical fitness. – Community Leader*

*People not being educated on their condition and not understanding it fully. Compliance with medications and dietary/lifestyle changes. – Physician*

*We need an eating disorder specialist or at the very least, a support group, for people suffering from eating disorders. – Public Health Representative*

*More support groups. – Community Leader*

*The biggest challenge for people with diabetes in our community is understanding and being properly educated on the disease and its progression if not addressed. Also, emphasizing the importance of complying with the treatment plan and manage the disease day to day with proper nutrition, exercise, and medication. Need more education for the Hispanic community which has a very high incidence of diabetes. – Community Leader*



### Access to Healthy Food

*Hard to find fresh accommodating foods at times. Therefore, salty and sugary pre-packaged foods are the only choice available at gas stations and convenient stores. Ongoing education also needed for patients and families. Educational outpatient clinic with a transportation option would be very beneficial. Diabetes is one of the biggest comorbidities a patient has with another diagnosis – Other Health Provider*

*Access to health foods and education about healthy diets. – Other Health Provider*

*Making healthy food choices, portion control, food deserts, lack of nonmedical transportation services, obesity. – Other Health Provider*

*Access to affordable healthy food. – Community Leader*

*Access to healthy foods to support diabetes. – Social Services Provider*

*Access to healthy foods, again we come to transportation as a major barrier to health. – Other Health Provider*

*Fast food restaurants are too easily available. Winters are long, and people get bored and eat beyond capacity. Non-education of correct eating practices. – Community Leader*

*Diet/affordability of healthy foods. – Social Services Provider*

### Lack of Providers

*Saratoga & Albany are the closest endocrinologist option. In addition, our patients with the SMH SmartHealth insurance (SMH being one of the largest employers in Montgomery and Fulton counties) have no local endocrinologist option and must leave the community for care. Their healthcare charges are in a higher Tier. – Community Leader*

*There is no Endocrinology office in our two counties. – Community Leader*

*The Hispanic community need to have more doctor that are bilingual/bicultural. Diabetes and dementia/Alzheimer's are the issues I see for this community. – Community Leader*

*We do not have an endocrinologist and patients are managed by primary care physicians which is not always the best. We need a good endocrinologist and more solid education. – Other Health Provider*

*We do not have an endocrinologist in the area. The nearest endocrinologist is in Schenectady, NY. – Community Leader*

### Diet/Exercise

*Exercising and eating a healthy diet, together with effective weight loss. – Physician*

*Adhering to proper diet and exercise. – Community Leader*

*Healthy eating habits and costs related to testing. – Other Health Provider*

*Some do not keep to diet. – Community Leader*

*The biggest challenge is eating the proper diet and sticking to it. – Social Services Provider*

### Contributing Factors

*Many hospital admissions with diabetes as contributing factor for admission along with associated illnesses. – Community Leader*

*Denial of diabetes, inability or unwillingness to make appropriate life style modifications, lack of awareness of diabetes self-management education program at SMH Diabetes and Nutrition Education Center, and lack of understanding the impact that uncontrolled diabetes can have – Other Health Provider*

*I would say that prevention is the biggest issue in this area. – Social Services Provider*

### Affordable Medications/Supplies

*Affording supplies and properly controlling diabetes. – Community Leader*

*Patients cannot afford the necessary diabetes medications due to high deductibles or lack of insurance. – Community Leader*

*Cost of supplies. Education in how to use supplies. Nutrition education. High expense for fresh, not fast foods. – Social Services Provider*

### Prevalence/Incidence

*I see the increased number in our tenants and residents living in our facility and I have friends that deal with this. – Community Leader*

*I have it and many family members have it and I know many people that have it. – Physician*  
*Prevalence/incidence is extraordinarily high. – Community Leader*

## 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.

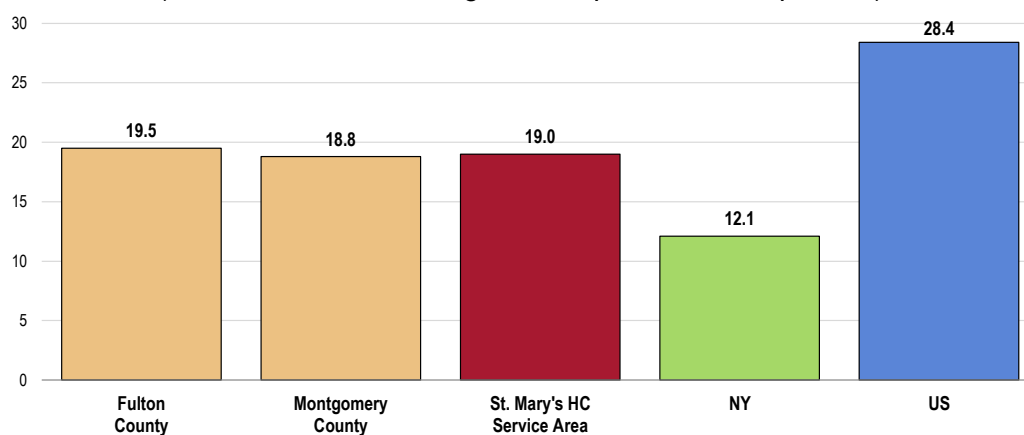
- Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

### Age-Adjusted Alzheimer's Disease Deaths

Between 2014 and 2016, there was an annual average age-adjusted Alzheimer's disease mortality rate of 19.0 deaths per 100,000 population in the St. Mary's Healthcare Service Area.

- Higher than the statewide rate.
- Lower than the national rate.
- Similar county rates.

### Alzheimer's Disease: Age-Adjusted Mortality (2014-2016 Annual Average Deaths per 100,000 Population)

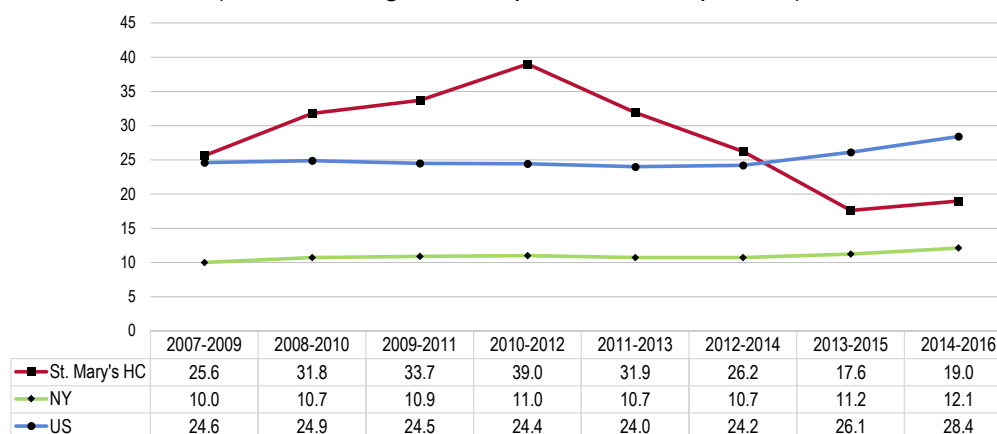


Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2018.

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:** After steadily increasing, the Alzheimer's disease mortality rate in St. Mary's Healthcare Service Area has decreased in recent years. Across New York and the US, rates have increased in recent years.

## Alzheimer's Disease: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population)



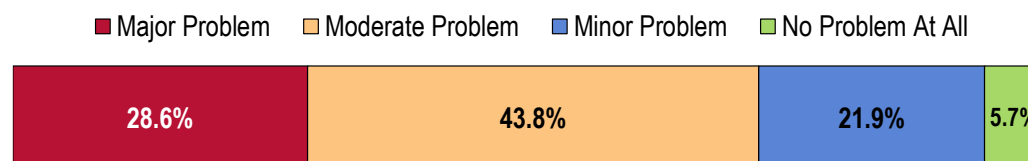
Sources: CDC WONDER Online Query System, Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2018.

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.

## Key Informant Input: Dementias, Including Alzheimer's Disease

Key informants taking part in an online survey are most likely to consider *Dementias, Including Alzheimer's Disease* as a "moderate problem" in the community.

### Perceptions of Dementia/Alzheimer's Disease as a Problem in the Community (Key Informants, 2018)



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:

### Aging Population

*We have an aging population in our churches, and we are seeing more members who are now exhibiting signs of various dementias. – Community Leader*

*The population in Fulton and Montgomery counties is aging and dementia and Alzheimer's disease increases with age. Resources are few and far between, especially support for family caregivers. Also, there is a need to educate the public, and provide services in Spanish as well. – Community Leader*

*The counties have an older population, and we are seeing more individuals with these issues. – Community Leader*

*The numbers and issues that we are seeing with our elderly population are growing. – Other Health Provider*

*As the community ages, more people will be diagnosed and need treatment. – Community Leader*

*Many older adults in the community with Alzheimer's. – Community Leader*

*There is a large elderly population. – Community Leader*

*Age of community is a major factor in incidence of disease. – Community Leader*

*Our population is aging. – Other Health Provider*

### **Prevalence/Incidence**

*Our agency sees a great number of clients and families that deal with this issue, and it appears that this issue is under-reported. The resources in the community are insufficient to deal with the scope of the actual problem. – Social Services Provider*

*I believe there a lot of people with dementia or Alzheimer's, whether diagnosed or not, but not a lot of healthcare options in the area specifically dedicated to this health need. – Community Leader*

*I worked at a nursing home, and we are starting to see more and more of the baby boomers with diagnosis of dementia. – Other Health Provider*

*I see many people- such as my mother- having Alzheimer's. More and more having this diagnosis. – Community Leader*

*Dementia is a contributing factor to inpatient admissions for associated illnesses. – Community Leader*

*I know of a number of people with this disease, and it is becoming more as time goes on. – Community Leader*

*Becoming widespread. No cure. Assistance available. – Community Leader*

### **Support/Impact on Families/Caregivers**

*We have individuals in the community who need help with everyday living- like bathing, dressing, feeding, supervision- who don't want to leave their home and shouldn't have to; yet there is a huge lack of support for caregivers and lack of help for individuals, themselves, if they don't have the funds to pay for this care. People should have the option to age at home, and there should be resources available to low-income individuals that doesn't take the little savings they have. – Social Services Provider*

*Support group through St. Mary's is offered for assistance. Again, so many diagnosed with this disease. – Community Leader*

*It affects the whole family, and there aren't a lot of in-home resources that are covered by insurance. – Community Leader*

*Increase in referrals for support to families caring for loved ones with dementia. Increased presence of Alzheimer's Association in both counties. Increased funding/grants to RCIL (Resource Center for Independent Living) and Alzheimer's Association. In-depth research being done nationally. – Social Services Provider*

### **Access to Care/Services**

*Again, lack of resources and supports outside of being admitted to a hospital. If families had more access to providers and palliative care, they may be able to manage them at home. – Other Health Provider*

*Limited places for patients to be placed or attend day programs. Most places are down the line and are private pay and very expensive. – Other Health Provider*

*Not enough people and places to deal with this. – Community Leader*

*There are very limited services for these conditions. – Community Leader*

### **Lack of Providers**

*We do not have a neurologist in the area. The nearest neurologist specializing in dementia/ Alzheimer's disease is located in Albany, NY. – Community Leader*

*The Hispanic community need to have more doctor that are bilingual/bicultural. Diabetes and dementia/Alzheimer's are the issues I see for this community. – Community Leader*

*Lack of caregivers and understanding. – Community Leader*

### **Leading Cause of Deaths**

*Alzheimer's and dementia deaths are more per year than cancer and heart disease deaths combined. Our counties have the third- and second-largest elderly population in New York State; therefore, we have a high number of people with some form of dementia. – Public Health Representative*

## Kidney Disease

### About 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.

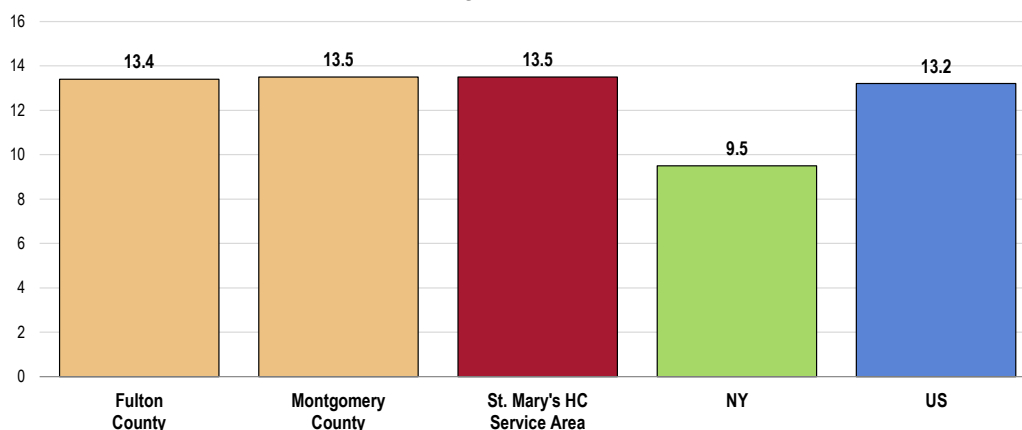
- Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

### Age-Adjusted Kidney Disease Deaths

Between 2014 and 2016, the service area reported an annual average age-adjusted kidney disease mortality rate of 13.5 deaths per 100,000 population.

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

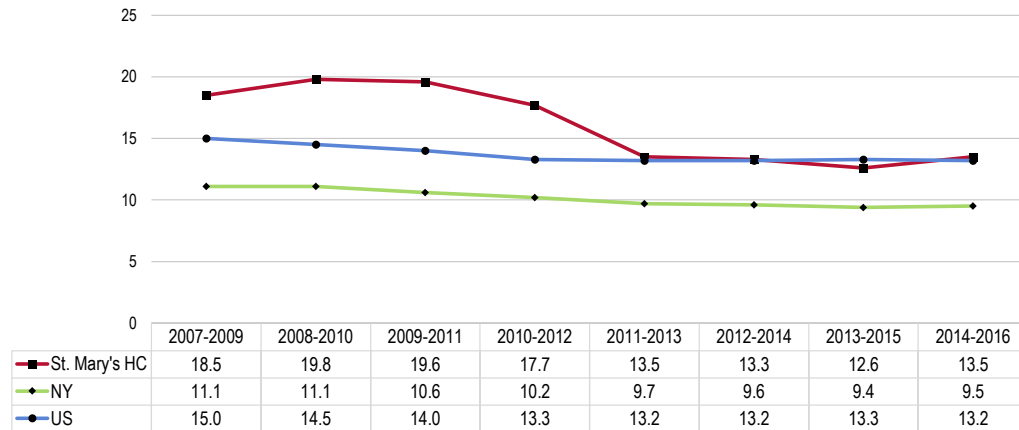
**Kidney Disease: Age-Adjusted Mortality**  
(2014-2016 Annual Average Deaths per 100,000 Population)



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2018.
- 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:** After decreasing considerably, the service area's death rate has leveled off in recent years. Statewide and nationally, rates have decreased over time.

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



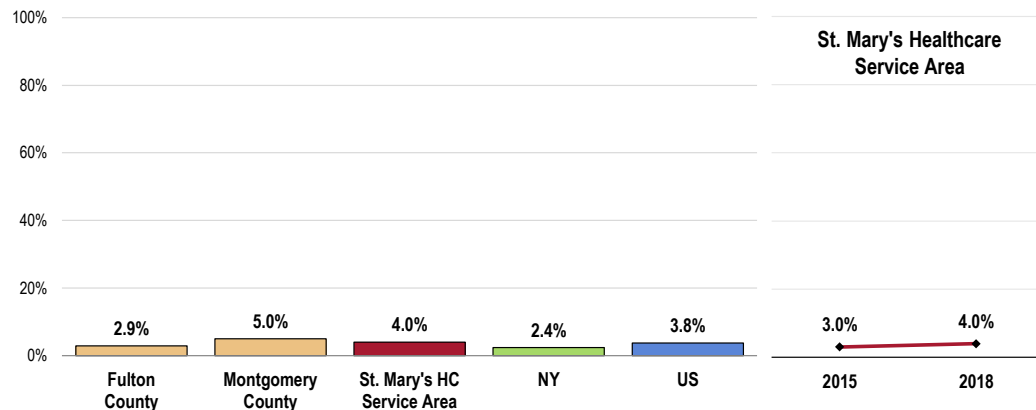
Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2018.  
Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).  
• Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

### Prevalence of Kidney Disease

A total of 4.0% of service area adults have been diagnosed with kidney disease.

- Worse than the state proportion.
- Similar to the US proportion.
- Statistically similar by county.
- **TREND:** Statistically unchanged since 2015.

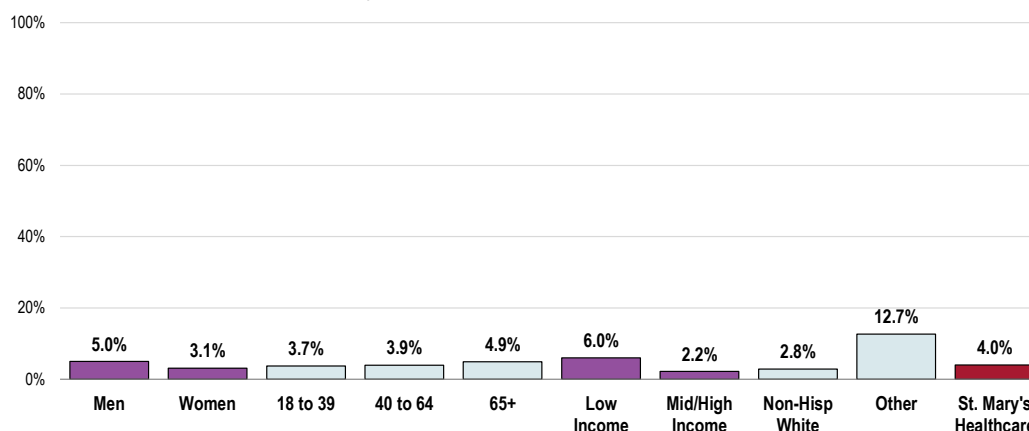
### Prevalence of Kidney Disease



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 30]  
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 New York data.  
• 2017 PRC National Health Survey, Professional Research Consultants, Inc.  
Notes: • Asked of all respondents.

- A higher prevalence of kidney disease is reported among low-income residents and non-Whites in the St. Mary's Healthcare Service Area.

### Prevalence of Kidney Disease (St. Mary's Healthcare Service Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 30]

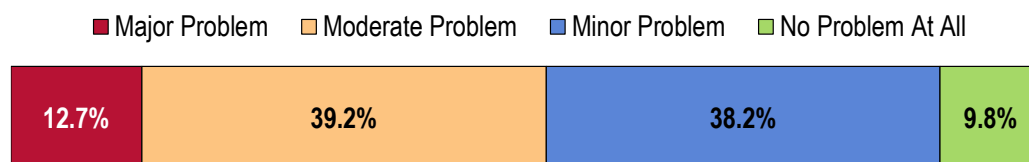
Notes: • Asked of all respondents.

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

### Key Informant Input: Kidney Disease

Key informants taking part in an online survey generally characterized *Kidney Disease* as a "moderate problem" in the community, followed closely by "minor problem" ratings.

### Perceptions of Kidney Disease as a Problem in the Community (Key Informants, 2018)



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:

#### Prevalence/Incidence

*ESRD (end-stage renal disease) is high; however, we do not provide patients and families enough wraparound services to help them make appropriate decisions. And they end up coming back and forth to the hospital. – Other Health Provider*



*Have personally known several people who have suffered and died of kidney disease. – Community Leader*

*Hospital admissions for kidney injury, chronic kidney disease or for dialysis. – Community Leader*

*I see many people with kidney disease. – Physician*

*Too many battling this disease. – Community Leader*

### **Access to Care/Services**

*New dialysis center at NLH (Nathan Littauer Hospital) and the two centers in Amsterdam, as well as an increase in requests for medical transport to dialysis, FCOFA (Fulton County Office For Aging). – Social Services Provider*

*We have two very busy dialysis centers in Amsterdam and a relatively new center in Gloversville. – Community Leader*

*We do not have a kidney specialist in the area. – Community Leader*

*Time slots. – Community Leader*

### **Comorbidities**

*I believe chronic kidney disease is a major problem, as it is related to unhealthy food choices, high sodium intake, diabetes, and smoking. – Other Health Provider*

*Chronis kidney disease is comorbid with a variety of other diseases, such as hypertension. – Other Health Provider*

### **Aging Population**

*Aging population, associated with diabetes. – Other Health Provider*

## Potentially Disabling Conditions

### Arthritis, Osteoporosis, & Chronic Back 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:

- 2<sup>nd</sup> leading cause of lost work time (after the common cold).
- 3<sup>rd</sup> most common reason to undergo a surgical procedure.
- 5<sup>th</sup> 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](http://www.healthypeople.gov))

**A total of 38.2% of service area adults age 50 and older report suffering from arthritis or rheumatism.**

- Nearly identical to that found nationwide.
- Similar findings by county.

**A total of 10.6% St. Mary's Healthcare Service Area adults age 50 and older have osteoporosis.**

- Similar to that found nationwide.
- Similar findings by county.
- Fails to satisfy the Healthy People 2020 target of 5.3% or lower.

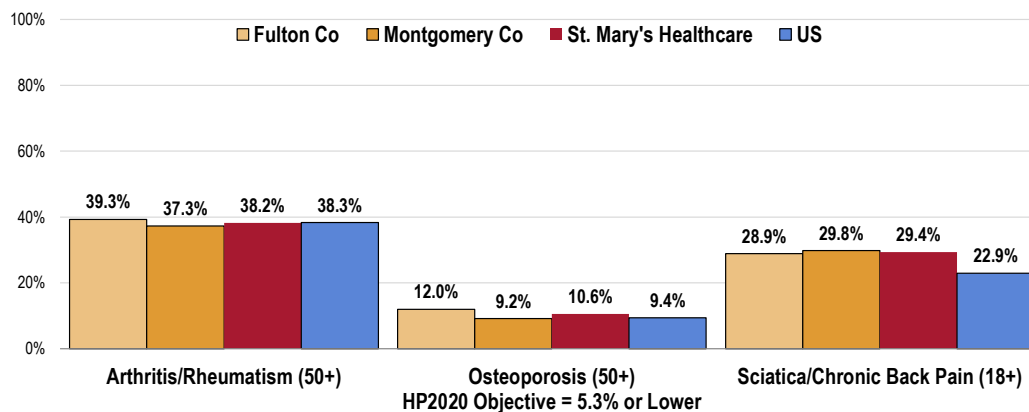
#### RELATED ISSUE:

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

A total of 29.4% of service area adults (18 and older) suffer from chronic back pain or sciatica.

- Worse than that found nationwide.
- Similar findings by county.

### Prevalence of Potentially Disabling Conditions



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 26, 141-142]  
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.  
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective AOCBC-10]

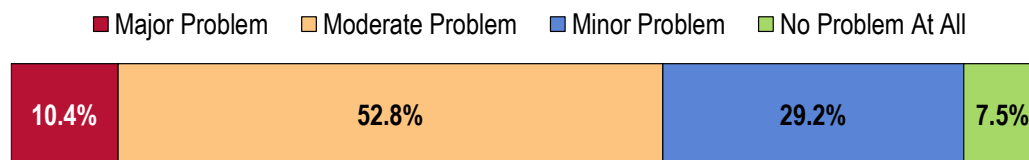
Notes: • The sciatica indicator reflects the total sample of respondents; the arthritis and osteoporosis columns reflect adults age 50+.

### Key Informant Input: Arthritis, Osteoporosis & Chronic Back Conditions

Over half of key informants taking part in an online survey characterized *Arthritis, Osteoporosis & Chronic Back Conditions* as a “moderate problem” in the community.

### Perceptions of Arthritis/Osteoporosis/Back Conditions as a Problem in the Community

(Key Informants, 2018)



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:

### Prevalence/Incidence

*This is a major cause of ER visits and, therefore, health care dollars. We need to identify these people and educate to bring this condition to primary care, rather than the ER. These are also conditions associated with drug seeking. – Physician*

*I see many people with back and spine issues, whether it be from accidents or weight issues. Not enough healthcare prevention and education. – Physician*

*This is not an exaggeration when I say that 8/10 people in just Amsterdam suffer from back conditions- males and females. This is not being made aware as much of other community areas. This is a very chronic condition. – Other Health Provider*

*It seems that everyone I know has some kind of back ailment. I know the physician has only been in our area for a short time but has a thriving practice. And I believe this to be because of his back/spine specialty. – Community Leader*

### Aging Population

*Large number of senior citizens in the communities. Lack of adequate nutrition. Large number of individuals who performed manual labor before retirement. – Social Services Provider*

*It is a reflection of the community we serve, among the oldest in New York State. And, with age, we see an increasing incidence of arthritis/osteo/back conditions. – Community Leader*

*I believe as the population of our community ages, these conditions will be more prevalent. – Community Leader*

*I work in a senior facility and see a number of arthritis and back conditions that need to be addressed. – Community Leader*

### Lifestyle

*The issues with these chronic diseases are lifestyle factors in the area. Large amount of individuals smoke and consume alcohol, along with lack of physical activity due to weather. Most individuals unable to afford a membership to fitness clubs (which are expensive for most), create bad habits that are more available (like cigarettes and alcohol) because they are convenient and accessible without traveling far, compared to fitness centers or other wellness programs because they're not centrally located. – Social Services Provider*

### Access to Care/Services

*Long wait for appointment, at times not available. – Physician*

## 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](http://www.healthypeople.gov))

### 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.

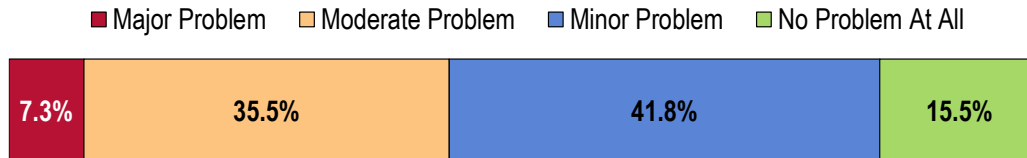
As the nation's population ages and survival rates for medically fragile infants and for people with severe injuries and acquired diseases improve, the prevalence of sensory and communication disorders is expected to rise.

- Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

## Key Informant Input: Vision & Hearing

Key informants taking part in an online survey most often characterized *Vision & Hearing* as a “minor problem” in the community.

### Perceptions of Vision and Hearing as a Problem in the Community (Key Informants, 2018)



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/Services

*People with hearing issues do not have insurance coverage for aids and cannot afford them on their fixed income. – Community Leader*

*Nobody takes Medicaid/managed care to address this sensitive problem. – Other Health Provider*

*Access to free vision and hearing care is not always an option for everyone. Often, they may have to pay a portion of the costs, and this can be a burden on a low-income family. – Social Services Provider*

#### Aging Population

*Age of population. One of the oldest in NYS is a major contributing factor for the incidence of these conditions. – Community Leader*

*I just think with an aging population that we have, that there is a lot of need for hearing and vision care. – Community Leader*

#### Children Lack Proper Examinations

*Children lack proper eyewear and examinations. – Community Leader*

#### Comorbidities

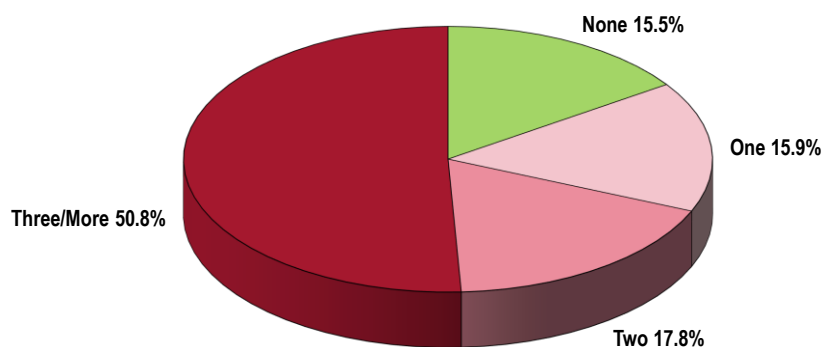
*Diabetes is a major reason and poor access to proper health care to get procedures done to help. – Physician*

## Multiple Chronic Conditions

Among survey respondents, most report currently having at least one chronic health condition, including 15.9% with one condition, 17.8% with two conditions, and half (50.8%) with three or more chronic conditions.

For the purposes of this assessment, chronic conditions include lung disease, arthritis, sciatica, cancer, osteoporosis, kidney disease, heart attack, angina, stroke, asthma, hypertension, high blood cholesterol, diabetes, obesity, and/or diagnosed depression. Multiple chronic conditions are concurrent conditions.

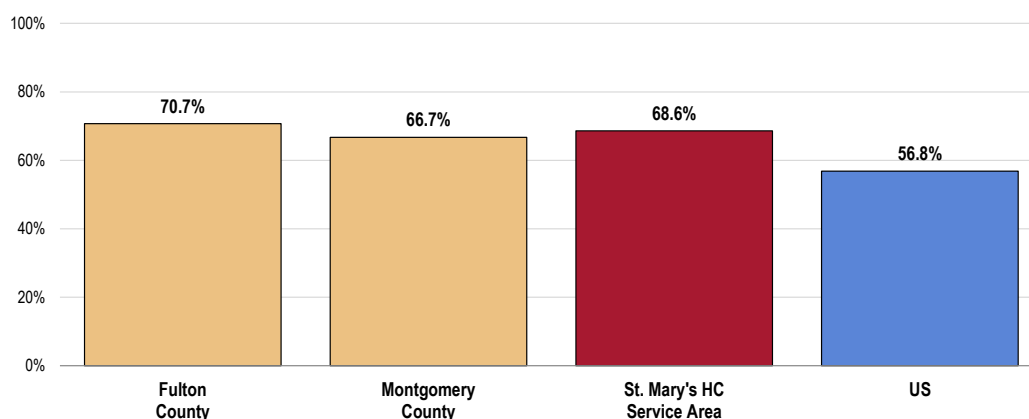
**Number of Current Chronic Conditions**  
(St. Mary's Healthcare Service Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 143]  
Notes: • Asked of all respondents.  
• In this case, chronic conditions include lung disease, arthritis, sciatica, cancer, osteoporosis, kidney disease, heart attack, angina, stroke, asthma, hypertension, high blood cholesterol, diabetes, obesity, and/or diagnosed depression.

- The prevalence of multiple chronic conditions among St. Mary's Healthcare Service Area residents (68.6%) is worse than the US prevalence.
- Similar county percentages.

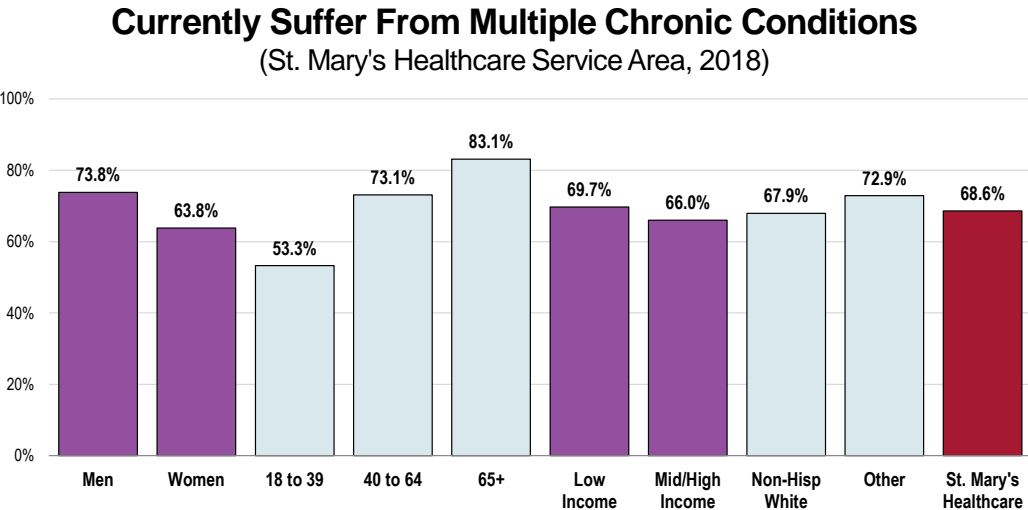
## Currently Suffer From Multiple Chronic Conditions



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 143]  
• 2017 PRC National Health Survey, Professional Research Consultants, Inc.  
Notes: • Asked of all respondents.  
• In this case, chronic conditions include lung disease, arthritis, sciatica, cancer, osteoporosis, kidney disease, heart attack, angina, stroke, asthma, hypertension, high blood cholesterol, diabetes, obesity, and/or diagnosed depression.

The following population segments are more likely to report suffering from multiple chronic conditions:

- Men.
- Older adults (note the positive correlation with age).



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 143]  
 Notes: • Asked of all respondents.  
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).  
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.  
 • In this case, chronic conditions include lung disease, arthritis, sciatica, cancer, osteoporosis, kidney disease, heart attack, angina, stroke, asthma, hypertension, high blood cholesterol, diabetes, obesity, and/or diagnosed depression.

### Chronic Conditions & Healthcare Access

Adults with chronic conditions often go without needed medical care or prescription drugs due to cost, and uninsured adults with common chronic conditions suffer serious, identifiable gaps in needed medical care.

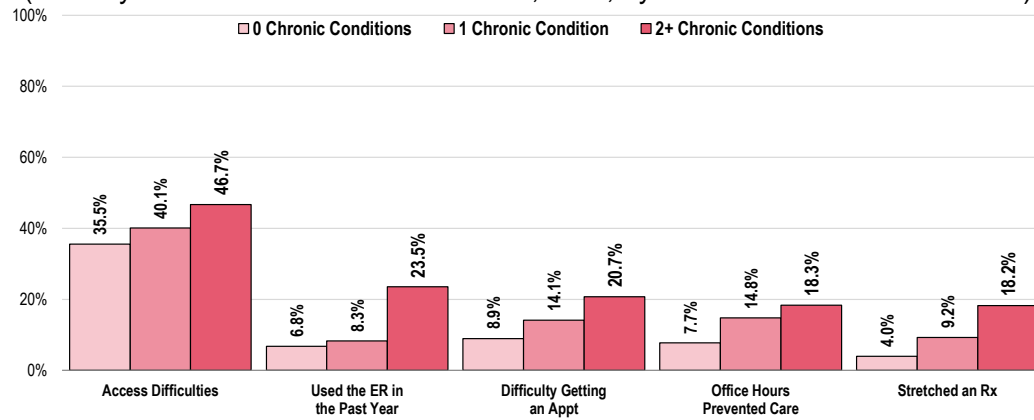
**Note these positive correlations between the number of chronic conditions among St. Mary's Healthcare Service Area adults and various barriers to healthcare access:**

- Access difficulties (composite total)
- Use of the ER for medical care
- Difficulty getting a medical appointment
- Inconvenient office hours
- Skipping or stretching a prescription medication



## Chronic Conditions and Healthcare Access

(St. Mary's Healthcare Service Area Adults, 2018; By Number of Chronic Conditions)



Sources:

- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 8, 11, 14, 22, 143, 171]
- In this case, chronic conditions include lung disease, arthritis, sciatica, cancer, osteoporosis, kidney disease, heart attack, angina, stroke, asthma, hypertension, high blood cholesterol, diabetes, obesity, and/or diagnosed depression.

# Infectious Disease



**Professional Research Consultants, Inc.**

## 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](http://www.healthypeople.gov))

### Flu Vaccination

Among St. Mary's Healthcare Service Area seniors, 72.0% received a flu shot within the past year.

- Higher than the New York figure.
- Similar to the national finding.
- Similar to the Healthy People 2020 target (70% or higher).
- Similar county percentages.
- TREND: Denotes a statistically significant increase from previous survey findings.

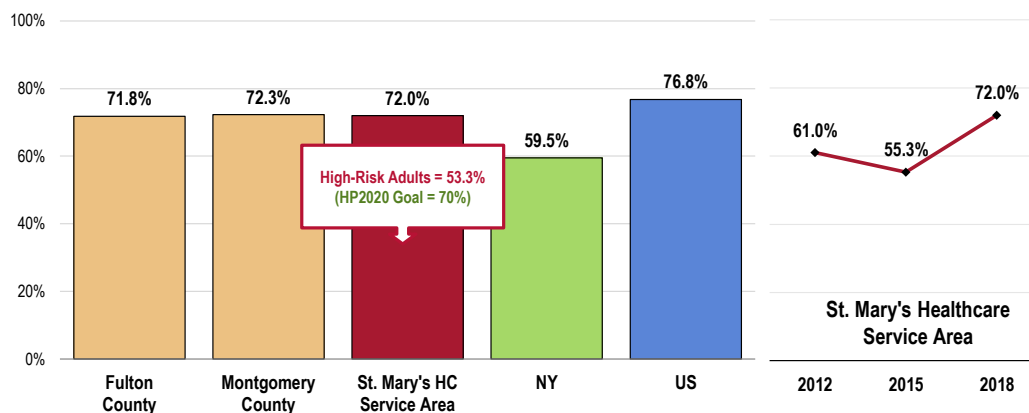
"High-risk" includes adults who report having been diagnosed with heart disease, diabetes, or respiratory disease.

A total of 53.3% of high-risk adults age 18 to 64 received a flu shot within the past year.

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

(Among Adults Age 65+)

Healthy People 2020 Target = 70.0% or Higher



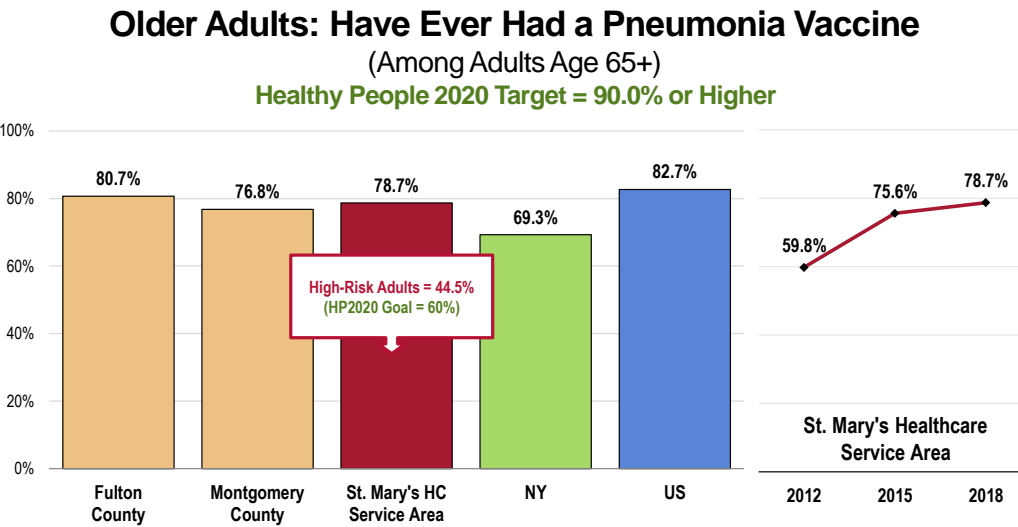
- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 144-145]
  - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 New York data.
  - 2017 PRC National Health Survey, Professional Research Consultants, Inc.
  - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IID-12.12]
- Notes:
- Reflects respondents 65 and older.
  - "High-Risk" includes adults age 18 to 64 who have been diagnosed with heart disease, diabetes, or respiratory disease.

## Pneumonia Vaccination

Among service area adults age 65 and older, 78.7% have received a pneumonia vaccination at some point in their lives.

- Higher than the New York finding.
- Comparable to the national finding.
- Fails to satisfy the Healthy People 2020 target of 90% or higher.
- Statistically comparable by county.
- TREND: Marks a statistically significant increase since 2012.

A total of 44.5% of high-risk adults age 18 to 64 have ever received a pneumonia vaccination.



- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 146-147]
  - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2016 New York data.
  - 2017 PRC National Health Survey, Professional Research Consultants, Inc.
  - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objectives IID-13.1, IID-13.2]
- Notes:
- Reflects respondents 65 and older.
  - "High-Risk" includes adults age 18 to 64 who have been diagnosed with heart disease, diabetes or respiratory disease.

## HIV

### About Human Immunodeficiency Virus (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.

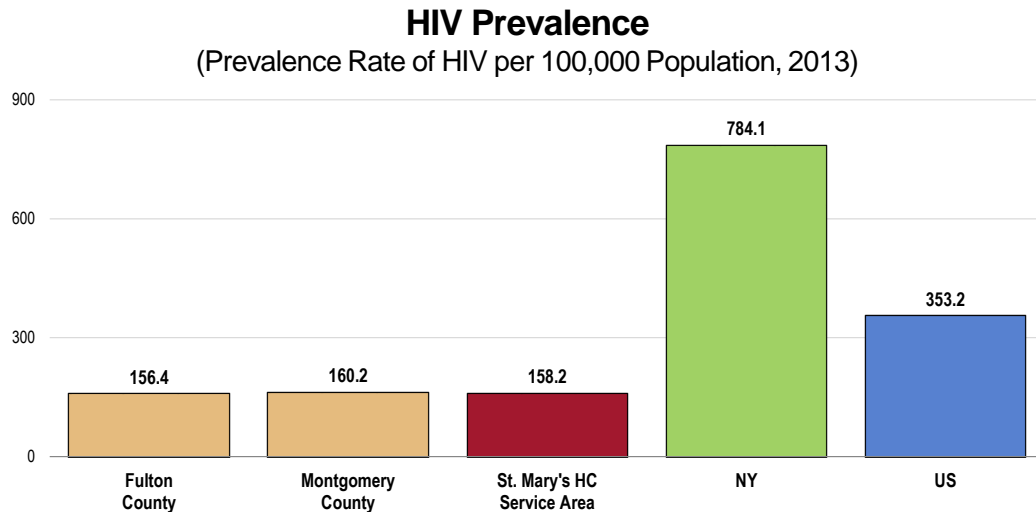
Public perception in the US about the seriousness of the HIV epidemic has declined in recent years. There is evidence that risky behaviors may be increasing among uninfected people, especially gay and bisexual men. Ongoing media and social campaigns for the general public and HIV prevention interventions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

- Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

## HIV Prevalence

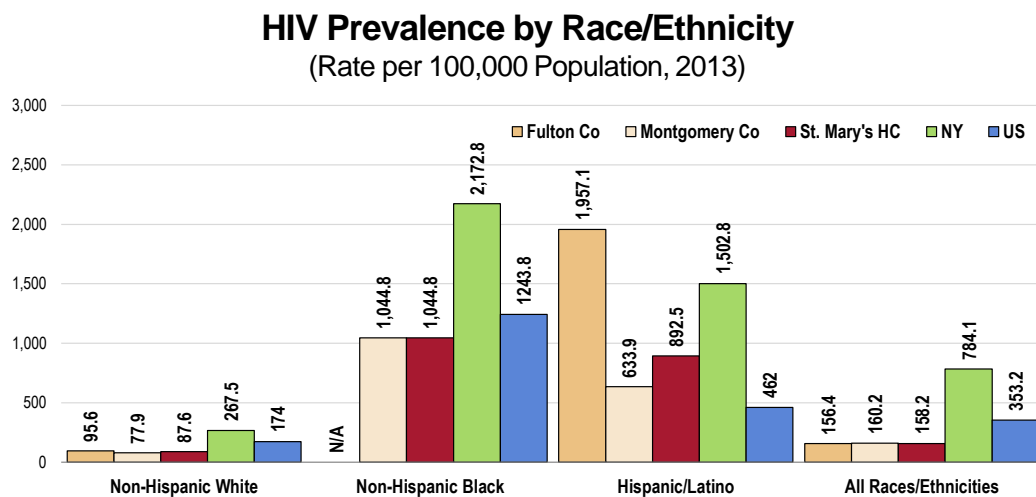
In 2013, there was a prevalence of 158.2 HIV cases per 100,000 population in St. Mary's Healthcare Service Area.

- Well below the state and US prevalence rates.
- Similar county rates.



Sources: • Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.  
 • Retrieved August 2018 from Community Commons at <http://www.chna.org>.  
 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.

- By race and ethnicity, HIV/AIDS prevalence in St. Mary's Healthcare Service Area is particularly high among non-Hispanic Blacks; note especially the prevalence rate among Hispanics/Latinos in Fulton County.

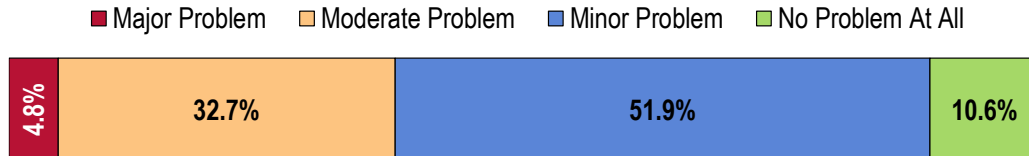


Sources: • Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.  
 • Retrieved August 2018 from Community Commons at <http://www.chna.org>.  
 Notes: • This indicator is relevant because HIV is a life-threatening communicable disease that disproportionately affects minority populations and may also indicate the prevalence of unsafe sex practices.

## Key Informant Input: HIV/AIDS

Just over half 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, 2018)



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:

### Access to Care/Services

*I don't really know if it does, but I don't think we have any treatment facilities in our counties. – Community Leader*

*I don't believe there are many services available. – Community Leader*

*Aside from primary care, there is little support for this patient population. – Community Leader*

### Lack of Providers

*We do not have a specialist working with communicable diseases in our area. – Community Leader*

## 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](http://www.healthypeople.gov))

### Chlamydia & Gonorrhea

In 2014, the service area chlamydia incidence rate was 313.0 cases per 100,000 population.

- Notably lower than the New York and US incidence rates.
- Statistically similar county rates.

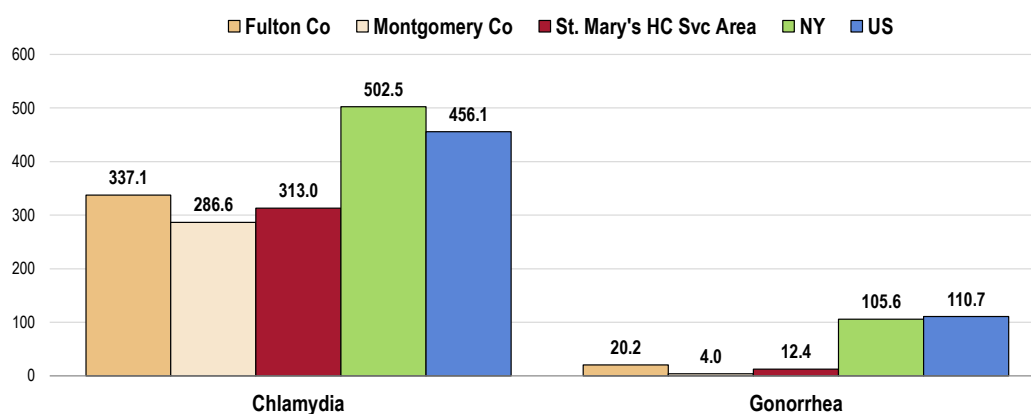
The St. Mary’s Healthcare Service Area gonorrhea incidence rate in 2014 was 12.4 cases per 100,000 population.

- Well below the state and national rates.
- Much higher in Fulton County.



## Chlamydia & Gonorrhea Incidence

(Incidence Rate per 100,000 Population, 2014)



Sources: 

- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
- Retrieved August 2018 from Community Commons at <http://www.chna.org>.

Notes: 

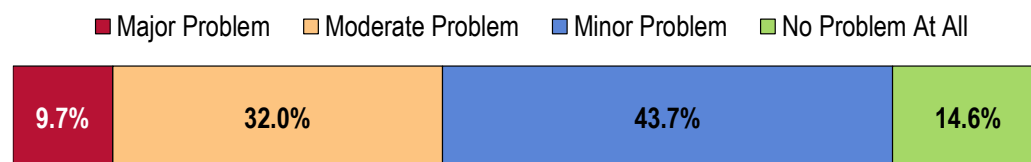
- This indicator is relevant because it is a measure of poor health status and indicates the prevalence of unsafe sex practices.

## Key Informant Input: Sexually Transmitted Diseases

A plurality of key informants taking part in an online survey characterized *Sexually Transmitted Diseases* as a “minor problem” in the community.

## Perceptions of Sexually Transmitted Diseases as a Problem in the Community

(Key Informants, 2018)



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:

### *Incidence/Prevalence*

*Sexually transmitted diseases are a problem because individuals in the 16–24 age group don't practice safe sex. The community is relatively small in comparison to other cities in the state. A lot of individuals have multiple partners in one area, creating a chain of partners exposed. – Social Services Provider*

*Feedback from students about the number of sexual partners they have and the apparent lack of protection. – Social Services Provider*

*The numbers are extremely high. – Other Health Provider*

*Many young people get involved. – Community Leader*

*Unprotected sexual experiences. Ignorance. Child abuse. High drug use. – Social Services Provider*

*People do not practice safe sex. – Other Health Provider*

### **Education/Awareness**

*County STI clinics are in urgent care facilities. Lack of knowledge/comfort of medical providers around STI diagnosis and treatment. – Other Health Provider*

*I don't think there are many educational opportunities out there about STI's. Schools will educate students, but what about adults. What if they don't realize how common they are, signs/symptoms, risks, etc. – Public Health Representative*

## Immunization & Infectious Diseases

### Key Informant Input: Immunization & Infectious Diseases

Key informants taking part in an online survey most often 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, 2018)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ 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 related to the following:

#### Education/Awareness

*Educational efforts regarding immunizations, especially for babies, is crucial in preventing communicable diseases. Social media/mass media can influence peoples' thoughts and actions on whether or not to immunize their children. – Public Health Representative*

*I believe there is lack of knowledge about other immune diseases and therefore lack of openness to accept healthcare, vaccines. – Other Health Provider*

#### Lack of Providers

*There are only a few infectious disease physicians in our region. Located at Ellis. With the rise in resistant treatment options. The need for infectious disease to help manage high risk diagnosis, like sepsis, is necessary. – Other Health Provider*

*Many do not have a primary care physician. – Community Leader*

#### Transportation

*Our community is largely rural and many persons lack transportation (some may want to be isolated/off the grid). Some persons may not believe in the need for immunizations. Some may find it difficult to take their children regularly to the doctor to receive immunizations on a timely basis. – Social Services Provider*

#### Affordable Care/Services

*Access to these preventative treatments are prevented for many low-income because of the perceived barrier of lack of insurance coverage. – Community Leader*

#### Access to Care/Services

*Serious issues you would have to go to Albany Med for. – Community Leader*

#### Prevalence/Incidence

*High incidence of influenza. Decrease in vaccinations. Ignorance. – Social Services Provider*

# Births



Professional Research Consultants, Inc.

## Birth Outcomes & Risks

### Low-Weight Births

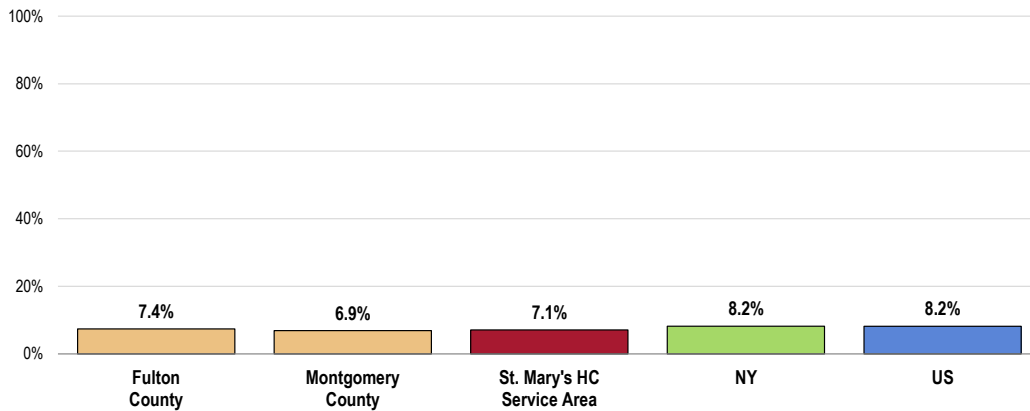
**A total of 7.1% of 2006-2012 service area births were low-weight.**

- Better than the New York and US proportions.
- Similar to the Healthy People 2020 target (7.8% or lower).
- Similar percentages by county.

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



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted August 2018.

• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MICH-8.1]

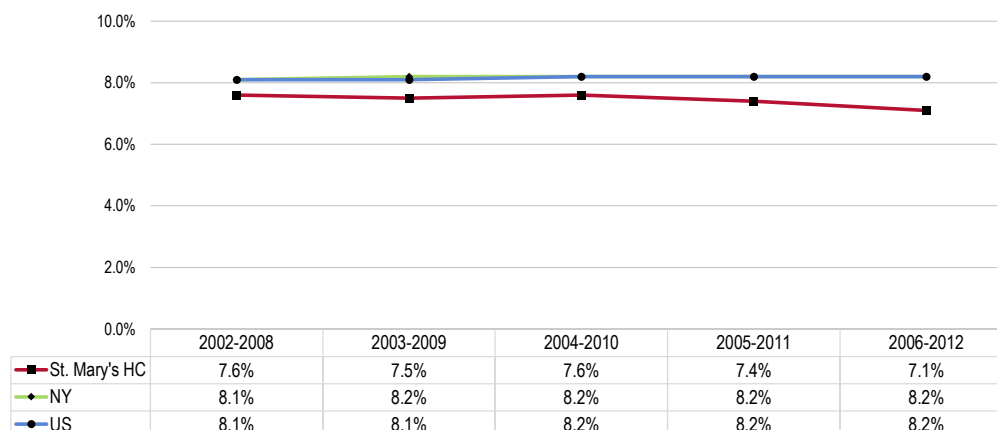
Note: • This indicator reports the percentage of total births that are low birth weight (Under 2500g). This indicator is relevant because low birth weight infants are at high risk for health problems. This indicator can also highlight the existence of health disparities.

- **TREND:** The area's percentage of low-weight births has not changed significantly over time, in keeping with state and national trends.

## Low-Weight Births

(Percent of Live Births)

Healthy People 2020 Target = 7.8% or Lower



Sources: 

- CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted August 2018.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MICH-8.1]

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 2007 and 2016, the area reported an annual average of 5.5 infant deaths per 1,000 live births.

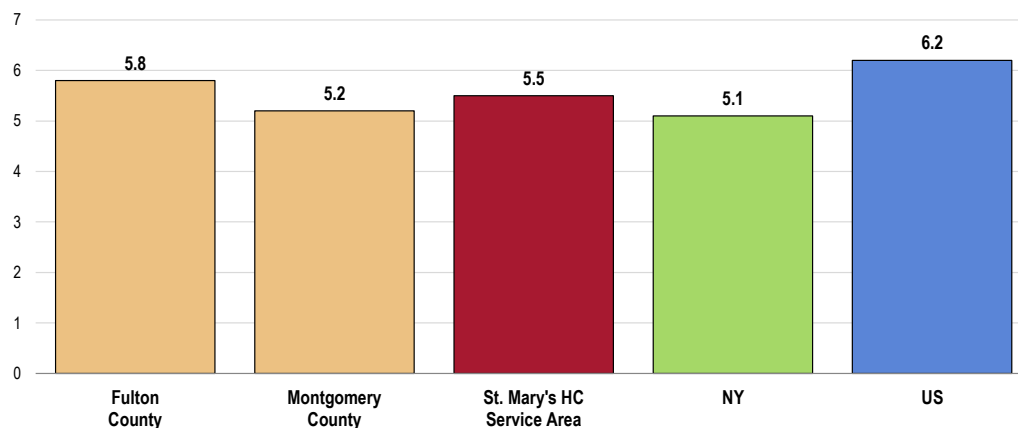
- Comparable to state and US rates.
- Comparable to the Healthy People 2020 target of 6.0 per 1,000 live births or lower.
- Comparable county mortality rates.

Infant mortality rates reflect deaths of children less than one year old per 1,000 live births.

## Infant Mortality Rate

(Annual Average Infant Deaths per 1,000 Live Births, 2007-2016)

Healthy People 2020 Target = 6.0 or Lower



Sources: 

- CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted September 2018.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MICH-1.3]

Notes: 

- 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 were equally likely to characterize *Infant & Child Health* as a “moderate problem” or as a “minor problem” in the community.

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

(Key Informants, 2018)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ 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 related to the following:

#### Poverty

*Poverty levels in both Montgomery and Fulton counties are very high, so education about both infant and child health is crucial. There are many co-occurring situations happening, too, such as poverty levels, obesity, poor living conditions, violence, etc., that can affect the overall health of a child. – Public Health Representative*

*Poor community with teenage pregnancies, and patients with addictions not receiving prenatal care. – Community Leader*

*There are many poor and/or rural families without access easy access to health care. – Community Leader*

#### Contributing Factors

*Regular doctor visits are not regular. Follow up doctor visits are often missed by the parents. Transportation to visits are a problem for the families. – Community Leader*

*Young mothers unable or unwilling to care for children. – Community Leader*

*Poor family dynamics, lack of education, low physical activity, poor nutrition habits. – Other Health Provider*

*Lack of education, lack of access to transportation. – Social Services Provider*

*Poor education, drug use, no access to good affordable healthcare. – Physician*

#### Access to Care/Services

*Access to services, education about holistic wellness for children and infants. – Social Services Provider*

*Lack of medical insurance coverage for many inhibits the easy access for many who have children and are living on the financial margins. They wait and see if a problem gets worse rather than seeking medical attention for issues when they arise. – Community Leader*

*There are limited services that offer convenience of urgent care appointments and take many health plans. – Social Services Provider*

*High numbers of Medicaid recipients. Some families do not take children to the doctor, results in high use of Emergency Departments. Increase in infant visits by public health. – Social Services Provider*

#### Adverse Childhood Experiences

*Adverse childhood experiences (ACEs) are a major predictor of future health problems, chronic disease, poor economic outcomes, lack of education, substance abuse and alcohol abuse to name a*

*few. We have the ability to change the future and so many groups spend too much time poo-pooing possible interventions in favor of old ways of thinking. Innovation is what is needed, not the same old interventions that clearly aren't working. – Other Health Provider*

#### **Education/Awareness**

*There is not enough education for parents on how to properly care for their child. – Other Health Provider*

*Our agency administers the WIC program and we see a lot of participants with the lack of nutrition education for the specific age group. Which results in future health problems i.e., allergies intestinal bleeding. – Community Leader*

#### **Prevalence/Incidence**

*High rates of lead poisoning. – Community Leader*

#### **School Days Missed**

*Number of days young students miss school due to 'illness.' – Social Services Provider*



## Family Planning

### 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.

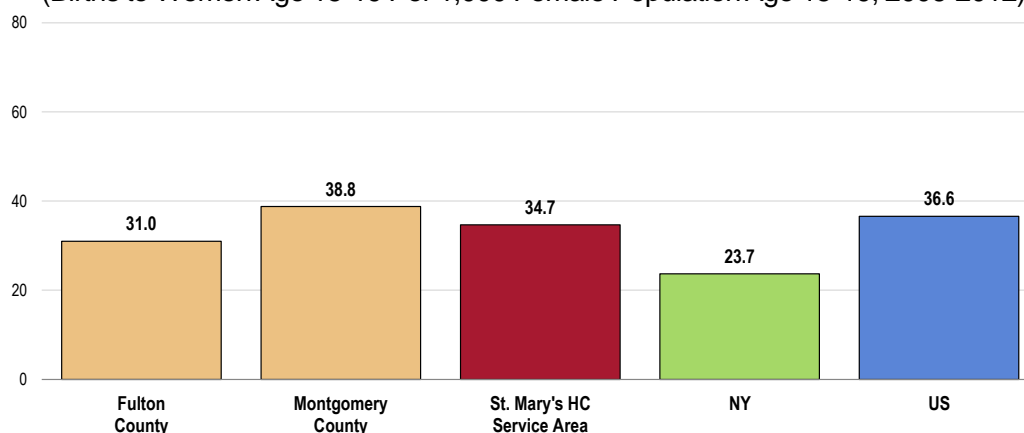
- Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

**Between 2006 and 2012, there were 34.7 births to women age 15 to 19 per 1,000 women age 15 to 19 in St. Mary's Healthcare Service Area.**

- Higher than the New York rate.
- Similar to the national rate.
- Statistically similar county rates.

#### Teen Birth Rate

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



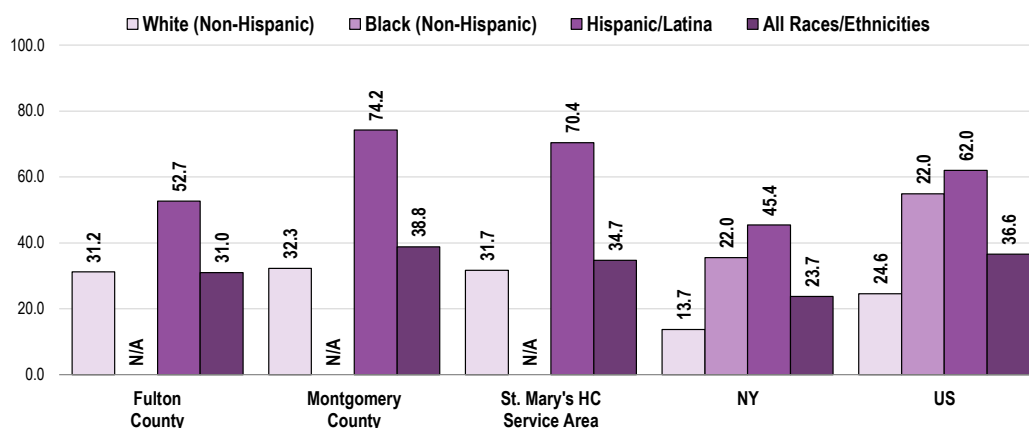
Sources: • Centers for Disease Control and Prevention, National Vital Statistics System. Accessed using CDC WONDER.  
 • Retrieved from Community Commons at <http://www.chna.org>.

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.

- By race and ethnicity, Hispanics/Latinas exhibit the highest rate of teen births in the service area (as is also found statewide and nationally).

## Teen Birth Rate

(Births to Women Age 15-19 Per 1,000 Female Population Age 15-19;  
St. Mary's Healthcare Service Area by Race/Ethnicity, 2006-2012)



Sources: • Centers for Disease Control and Prevention, National Vital Statistics System. Accessed using CDC WONDER.

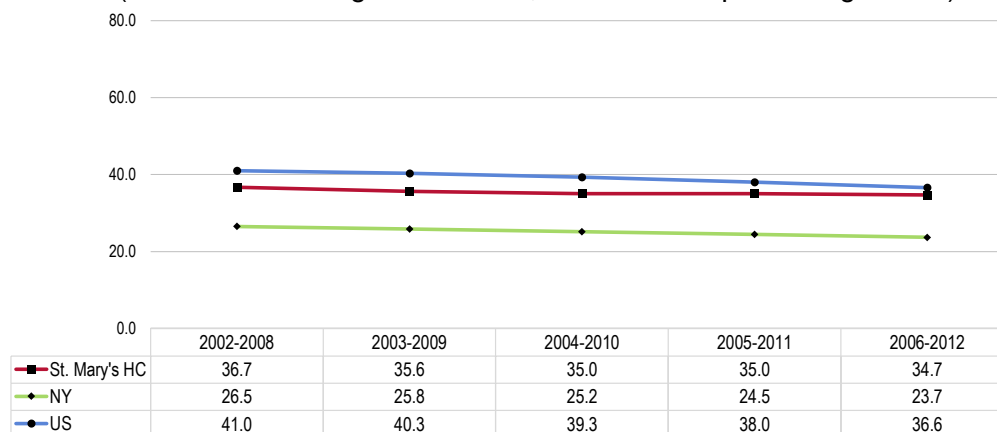
• Retrieved from Community Commons at <http://www.chna.org>.

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.

- **TREND:** The teen birth rate has been largely stable in the region, though a steadily decreasing trend is apparent across New York and the US overall.

## Teen Birth Rate

(Births to Women Age 15-19 Per 1,000 Female Population Age 15-19)



Sources: • Centers for Disease Control and Prevention, National Vital Statistics System. Accessed using CDC WONDER.

• Retrieved from Community Commons at <http://www.chna.org>.

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

Key informants taking part in an online survey most often characterized *Family Planning* as a “minor problem” in the community.

### Perceptions of Family Planning as a Problem in the Community (Key Informants, 2018)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ 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 related to the following:

#### Teen Pregnancies

*Children are having children ... These children need to be education on more than the technology that controls their life at this point ... family planning/home ec/finances/investments/etc. Real-life events that will impact their quality of life and society – Other Health Provider*

*High volume of young, single parent, mothers with no means to support children. – Social Services Provider*

*Teenage pregnancy. Multiple households in one living space. Lack of transportation to support family appointments/treatments. – Community Leader*

*There are many girls and boys becoming parents at a very young age. – Community Leader*

*Rate of teen pregnancy. Lack of education about sexually transmitted disease and the rise of sex with multiple partners, not to mention unprotected sex. – Social Services Provider*

*We still have a high incidence of underage pregnancy. – Community Leader*

*Increase in numbers of teen pregnancy. High numbers of child abuse of infants. Very young unmarried parents. – Social Services Provider*

*Many children born to very young women. – Physician*

*Family planning is a major health concern, especially since teen pregnancy rates in our area (Montgomery County is second in the state) are high. We need to provide more education to young people. Need more community resources that address this issue and get to the root of the teenage pregnancy problem. Dispensing birth control to teens is not the answer, as there has to be a holistic approach to addressing the problem. It is not easy to get birth control through the existing health facilities even for married adults in this area due to the "monopoly" of Catholic Health Care System. While I respect and understand the religious beliefs, I do believe that not everyone wants to go to Planned Parenthood for their birth control needs. There are people who object to going there because of their stand on abortion, but who feel that PP is their only option for birth control in the area. We need to explore other alternatives to providing family planning services. – Community Leader*

#### Education/Awareness

*Education needs to be available to young mothers regarding child/family planning. Many clients disregard basic medical care for their children, including but not limited to mental health, vaccines, regular doctor wellness visits, etc. – Community Leader*

*Teenagers are not given proper education on family planning because we refuse to educate them properly. This affects their future finances, education and careers when they have unplanned pregnancies. – Community Leader*

*Uneducated persons in community knowing of family planning clinics. Lack of birth control. – Community Leader*

*Family planning is an issue in the community because individuals are not educated on the ins and outs of the system, meaning Medicare, Medicaid, elder-law, etc., so when the time comes there is a huge gap of knowledge leading to miscommunication and poor planning – Social Services Provider*

*There is a significant need for more education and family planning services. – Other Health Provider*

*Lack of education, lack of opportunity, need to validate worth through childrearing. – Social Services Provider*

*Interaction with many younger people in community has led me to the conclusion that use of contraception, family planning wasn't a high priority. And that having a child at a very young age without being prepared is not seen as a negative in our area. – Social Services Provider*

### **Access to Care/Services**

*Albany IVF is the closest facility. – Community Leader*

*I don't think there is enough resources for people to take advantage of. – Community Leader*

*Access to reliable, unbiased women's care is essential. Too many providers have opinions. Opinions are fine at home but have no place in the clinic. – Other Health Provider*

### **Family Structure**

*I think we still have too many young people starting families when they are not yet ready. We talk about being pro-life – but we don't want to support unstable families. And we demonize the parents. I don't know the solution, but I see many young people who are not capable of providing basic care and the child suffers. – Community Leader*

*My experience to why family planning in the community is a problem contributed to a high number of single parent families. Majority are mothers raising multiple children without co-parenting partners as well as providing income through employment in the books or off the books. – Social Services Provider*

### **Affordable Medications/Supplies**

*Access to contraceptives, access to education about best practices in parenting, support to new parents. – Social Services Provider*

### **Lack of Abortion Clinics**

*No abortion clinics in facility. – Community Leader*

# Modifiable Health Risks



**Professional Research Consultants, Inc.**

## 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](http://www.healthypeople.gov))

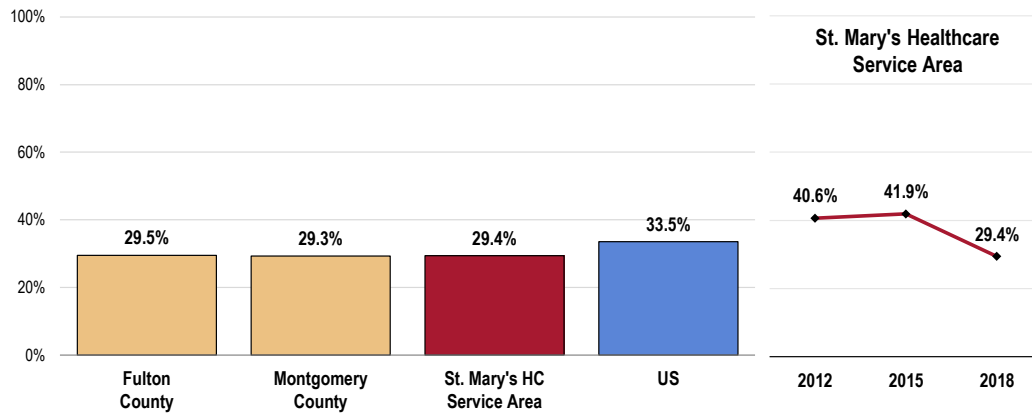
## Daily Recommendation of Fruits/Vegetables

A total of 29.4% of St. Mary's Healthcare Service Area adults report eating five or more servings of fruits and/or vegetables per day.

- Similar to the US percentage.
- Similar county percentages.
- TREND: Fruit/vegetable consumption has decreased significantly since 2012.

To measure fruit and vegetable consumption, survey respondents were asked multiple questions, specifically about the foods and drinks they consumed on the day prior to the interview.

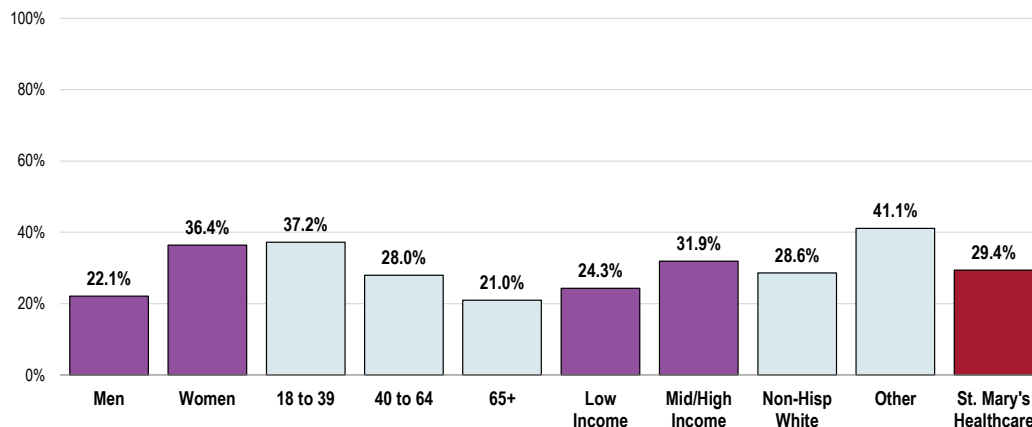
## Consume Five or More Servings of Fruits/Vegetables Per Day



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 148]  
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.  
 Notes: • Asked of all respondents.  
 • For this issue, respondents were asked to recall their food intake on the previous day.

- Area men are less likely to get the recommended servings of daily fruits/vegetables, as are seniors, low-income adults, and non-Whites.

## Consume Five or More Servings of Fruits/Vegetables Per Day (St. Mary's Healthcare Service Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 148]  
 Notes: • Asked of all respondents.  
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).  
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.  
 • For this issue, respondents were asked to recall their food intake on the previous day.

## Access to Fresh Produce

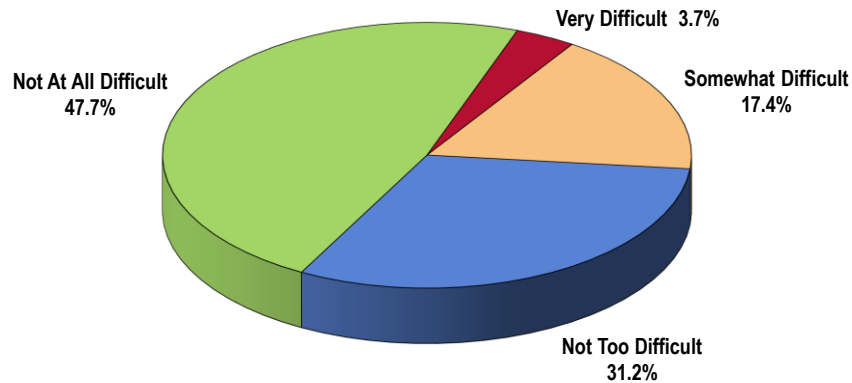
### Difficulty Accessing Fresh Produce

While most report little or no difficulty, 21.1% of St. Mary's Healthcare Service Area adults find it "very" or "somewhat" difficult to access affordable fresh fruits and vegetables.

Respondents were asked:

"How difficult is it for you to buy fresh produce like fruits and vegetables at a price you can afford? Would you say: Very Difficult, Somewhat Difficult, Not Too Difficult, or Not At All Difficult?"

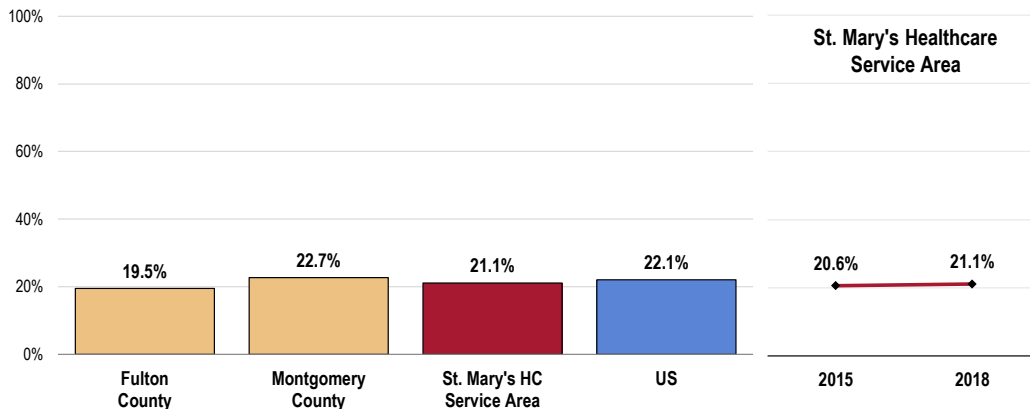
### Level of Difficulty Finding Fresh Produce at an Affordable Price (St. Mary's Healthcare Service Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 86]  
Notes: • Asked of all respondents.

- Similar to national findings.
- Similar county findings.
- TREND: Has not changed significantly since 2015.

### Find It "Very" or "Somewhat" Difficult to Buy Affordable Fresh Produce



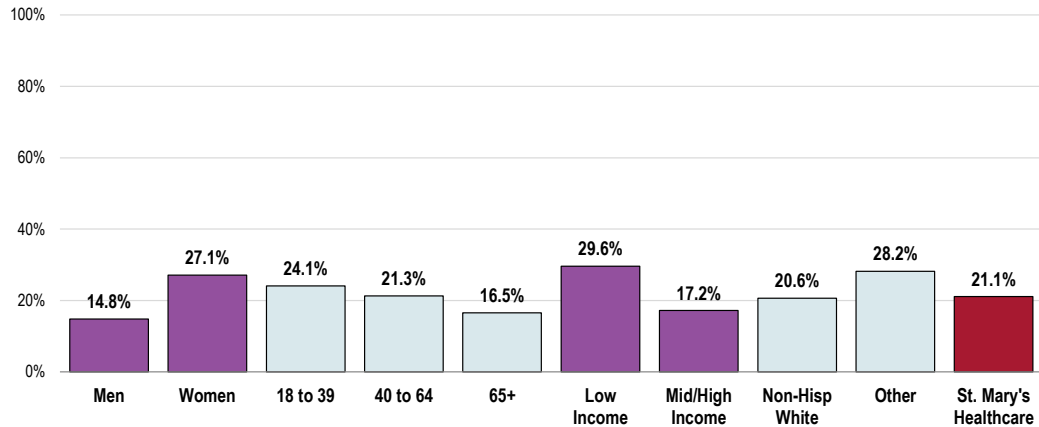
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 86]  
• 2017 PRC National Health Survey, Professional Research Consultants, Inc.  
Notes: • Asked of all respondents.



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, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 86]

Notes: • Asked of all respondents.

• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).

• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

A food desert is defined as a low-income area 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.

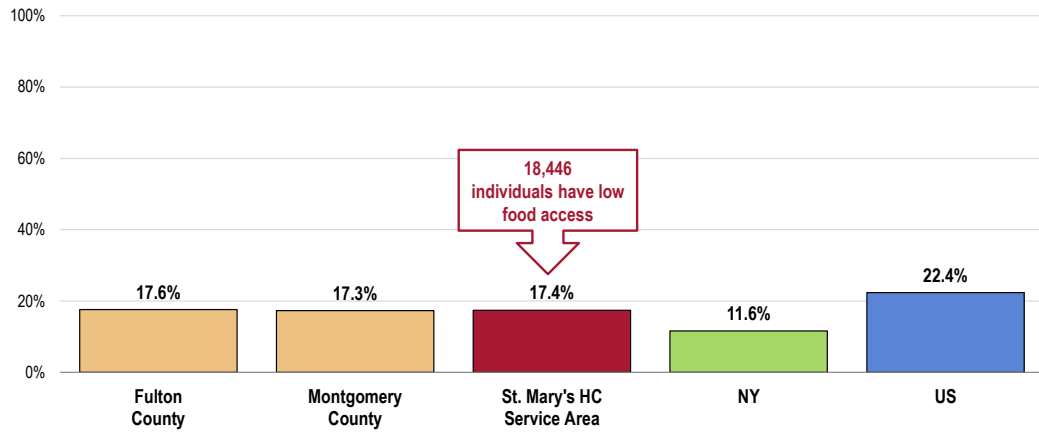
### Low Food Access (Food Deserts)

US Department of Agriculture data show that 17.4% of the St. Mary's Healthcare Service Area population (representing over 18,000 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.
- More favorable than national findings.
- Similar county percentages.

## Population With Low Food Access

(Percent of Population That Is Far From a Supermarket or Large Grocery Store, 2015)

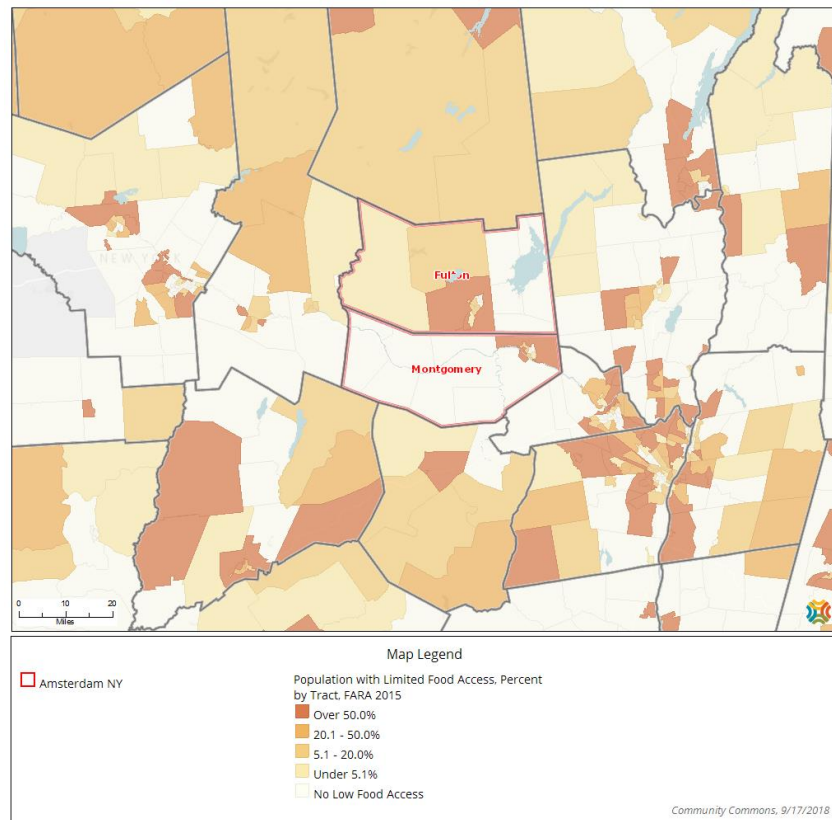


Sources:

- US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas (FARA).
- Retrieved August 2018 from Community Commons at <http://www.chna.org>.

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.



## 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, 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.

- Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

### Leisure-Time Physical Activity

**A total of 27.7% of service area adults report no leisure-time physical activity in the past month.**

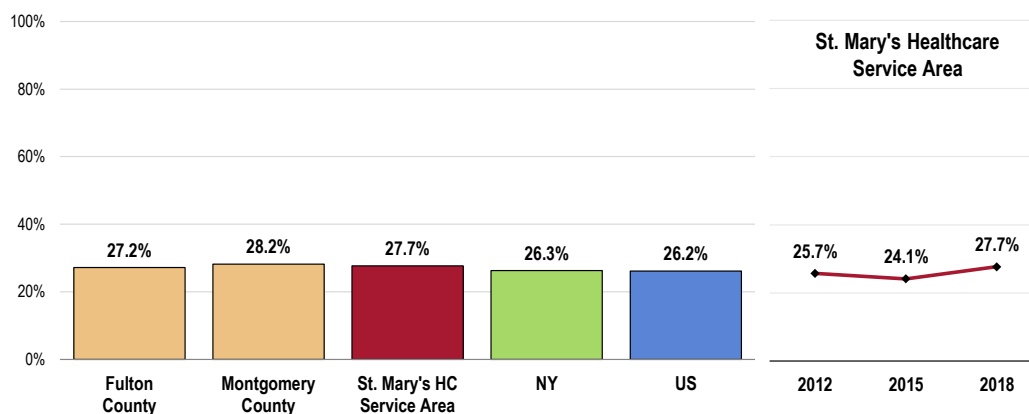
- Comparable to state and US proportions.
- Satisfies the Healthy People 2020 target (32.6% or lower).

Leisure-time physical activity includes any physical activities or exercises (such as running, calisthenics, golf, gardening, walking, etc.) which take place outside of one's line of work.

- Comparable county proportions.
- TREND: Statistically unchanged since 2012.

## No Leisure-Time Physical Activity in the Past Month

Healthy People 2020 Target = 32.6% or Lower



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 89]  
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2016 New York data.  
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.  
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective PA-1]  
 Notes: • Asked of all respondents.

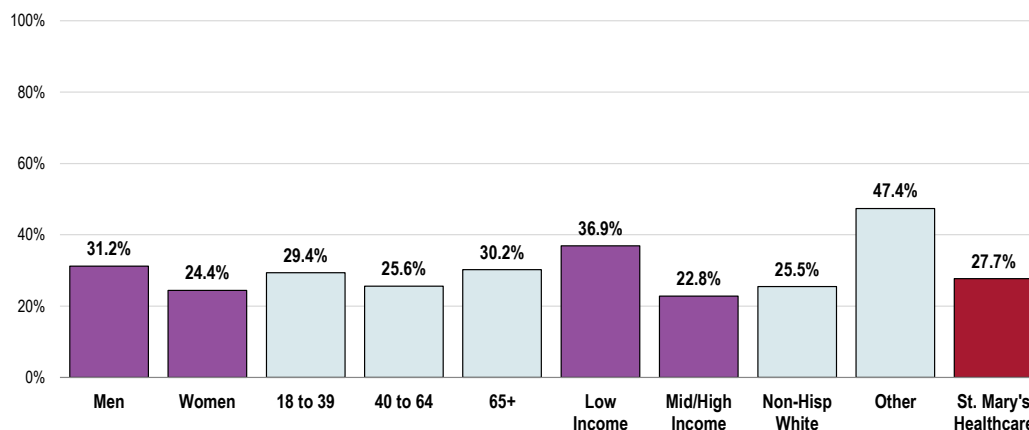
Lack of leisure-time physical activity in the area is higher among:

- Lower-income residents.
- Non-Whites.

## No Leisure-Time Physical Activity in the Past Month

(St. Mary's Healthcare Service Area, 2018)

Healthy People 2020 Target = 32.6% or Lower



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 89]  
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective PA-1]  
 Notes: • Asked of all respondents.  
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).  
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

## Activity Levels

### Adults

#### Recommended Levels of Physical Activity

Adults should do 2 hours and 30 minutes a week of moderate-intensity (such as walking), or 1 hour and 15 minutes (75 minutes) a week of vigorous-intensity **aerobic** physical activity (such as jogging), or an equivalent combination of moderate- and vigorous-intensity aerobic physical activity. The guidelines also recommend that adults do **muscle-strengthening** activities, such as push-ups, sit-ups, or activities using resistance bands or weights. These activities should involve all major muscle groups and be done on two or more days per week.

The report finds that nationwide nearly 50 percent of adults are getting the recommended amounts of aerobic activity and about 30 percent are engaging in the recommended muscle-strengthening activity.

- 2013 Physical Activity Guidelines for Americans, US Department of Health and Human Services. [www.cdc.gov/physicalactivity](http://www.cdc.gov/physicalactivity)
- Learn more about CDC's efforts to promote walking by visiting <http://www.cdc.gov/vitalsigns/walking>.

Survey respondents were asked about the types of physical activities they engaged in during the past month, as well as the frequency and duration of these activities.

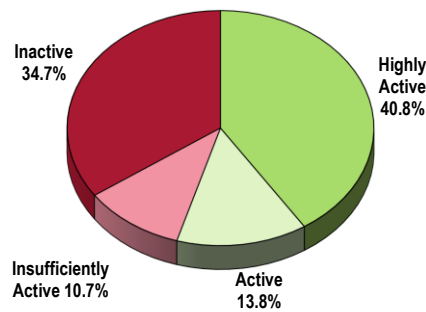
- "Inactive" includes those reporting no aerobic physical activity in the past month.
- "Insufficiently active" includes those with the equivalent of 1-150 minutes of aerobic physical activity per week.
- "Active" includes those with 150-300 minutes of weekly aerobic physical activity.
- "Highly active" includes those with >300 minutes of weekly aerobic physical activity.

#### Aerobic & Strengthening Physical Activity

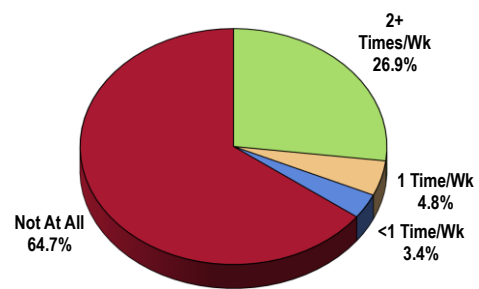
Based on reported physical activity intensity, frequency, and duration over the past month, **45.4% of St. Mary's Healthcare Service Area adults are found to be "insufficiently active" or "inactive."**

**A total of 64.7% of St. Mary's Healthcare Service Area adults do not participate in any types of physical activities or exercises to strengthen their muscles.**

#### Participation in Physical Activities (St. Mary's Healthcare Service Area, 2018)



#### Aerobic Activity



#### Strengthening Activity

Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 96, 150]

Notes: • Reflects the total sample of respondents.

- In this case, "inactive" aerobic activity represents those adults participating in no aerobic activity in the past week; "insufficiently active" reflects those respondents with 1-149 minutes of aerobic activity in the past week; "active" adults are those with 150-300 minutes of aerobic activity per week; and "highly active" adults participate in 301+ minutes of aerobic activity weekly.

"Meeting physical activity recommendations" includes adequate levels of both aerobic and strengthening activities:

**Aerobic** activity is one of the following: at least 150 minutes per week of light to moderate activity, 75 minutes per week of vigorous activity, or an equivalent combination of both.

**Strengthening** activity is at least 2 sessions per week of exercise designed to strengthen muscles.

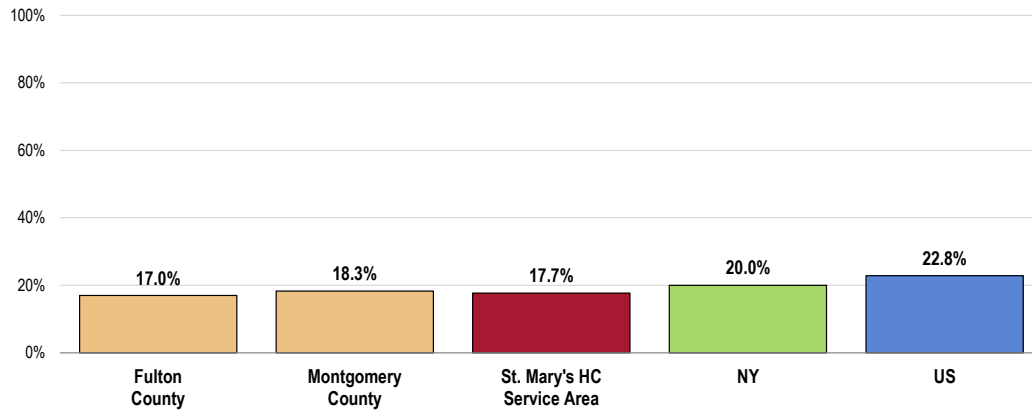
### Recommended Levels of Physical Activity

**A total of 17.7% of St. Mary's Healthcare Service Area adults regularly participate in adequate levels of both aerobic and strengthening activities (meeting physical activity recommendations).**

- Similar to the statewide prevalence.
- Less favorable than national findings.
- Similar to the Healthy People 2020 target (20.1% or higher)
- Similar county percentages.

### Meets Physical Activity Recommendations

Healthy People 2020 Target = 20.1% or Higher



- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 152]
  - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2015 New York data.
  - 2017 PRC National Health Survey, Professional Research Consultants, Inc.
  - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective PA-2.4]
- Notes:
- Asked of all respondents.
  - Meeting both guidelines is defined as the number of persons age 18+ who report light or moderate aerobic activity for at least 150 minutes per week or who report vigorous physical activity 75 minutes per week or an equivalent combination of moderate and vigorous-intensity activity and report doing physical activities specifically designed to strengthen muscles at least twice per week.

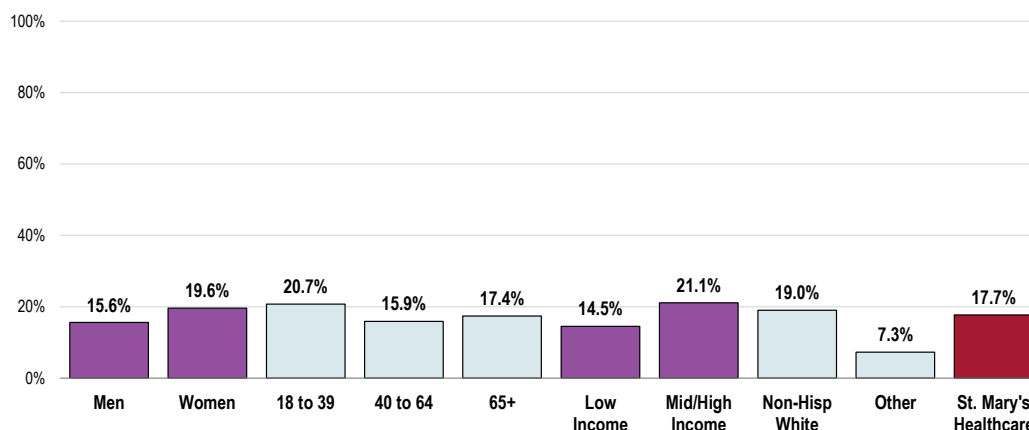
Those less likely to meet physical activity requirements include:

- Residents in low-income households.
- Non-Whites.

## Meets Physical Activity Recommendations

(St. Mary's Healthcare Service Area, 2018)

Healthy People 2020 Target = 20.1% or Higher



Sources:

- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 152]
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective PA-2.4]

Notes:

- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- Meeting both guidelines is defined as the number of persons age 18+ who report light or moderate aerobic activity for at least 150 minutes per week or who report vigorous physical activity 75 minutes per week or an equivalent combination of moderate and vigorous-intensity activity and report doing physical activities specifically designed to strengthen muscles at least twice per week.

## Children

### Recommended Levels of Physical Activity

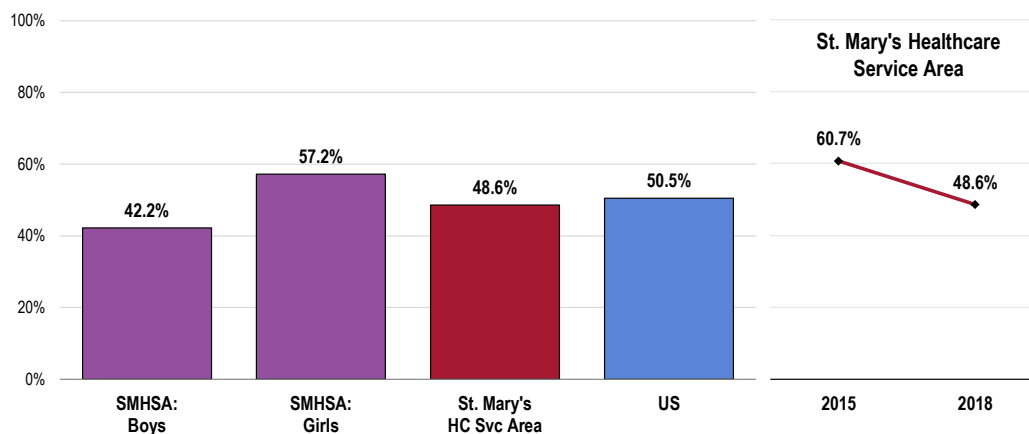
Children and adolescents should do 60 minutes (1 hour) or more of physical activity each day.

- 2013 Physical Activity Guidelines for Americans, US Department of Health and Human Services. [www.cdc.gov/physicalactivity](http://www.cdc.gov/physicalactivity)

**Among St. Mary's Healthcare Service Area children age 2 to 17, 48.6% are reported to have had 60 minutes of physical activity on each of the seven days preceding the interview (1+ hours per day).**

- Similar to that found nationally.
- Similar findings by county (not shown).
- The difference by gender is not statistically significant.
- TREND: Marks a statistically significant decrease from the 2015 survey findings.

## Child Is Physically Active for One or More Hours per Day (Among Children Age 2-17)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 124]  
• 2017 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.

## Access to Physical Activity

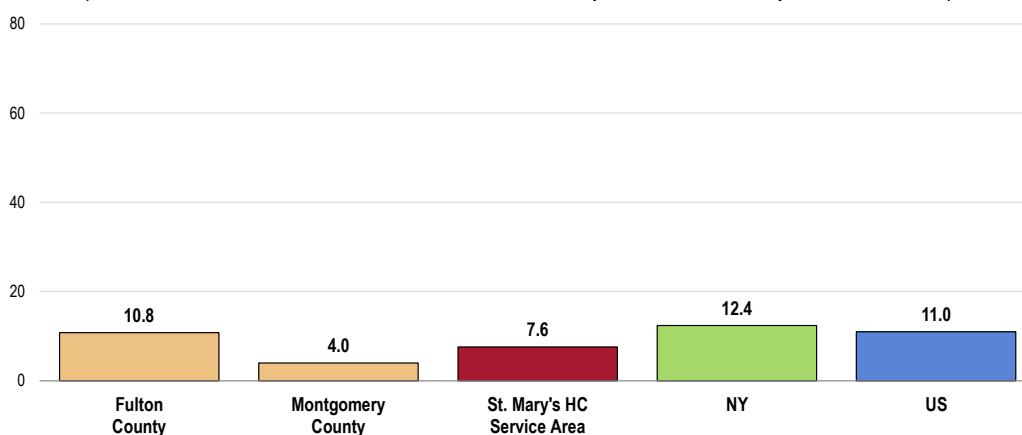
In 2016, there were 7.6 recreation/fitness facilities for every 100,000 population in St. Mary's Healthcare Service Area.

- Below what is found statewide and nationally.
- The rate is much higher in Fulton County.

Here, recreation/fitness facilities 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.

## Population With Recreation & Fitness Facility Access (Number of Recreation & Fitness Facilities per 100,000 Population, 2016)



Sources: • US Census Bureau, County Business Patterns. Additional data analysis by CARES.  
• Retrieved August 2018 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.



## 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](http://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 ( $m^2$ ). To estimate BMI using pounds and inches, use:  $[\text{weight (pounds)}/\text{height squared (inches}^2)] \times 703$ .

In this report, overweight is defined as a BMI of 25.0 to 29.9  $kg/m^2$  and obesity as a BMI  $\geq 30 kg/m^2$ . The rationale behind these definitions is based on epidemiological data that show increases in mortality with BMIs above 25  $kg/m^2$ . The increase in mortality, however, tends to be modest until a BMI of 30  $kg/m^2$  is reached. For persons with a BMI  $\geq 30 kg/m^2$ , 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  $kg/m^2$ .

- Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

### Adult Weight Status

Classification of Overweight and Obesity by BMI	BMI ( $kg/m^2$ )
Underweight	<18.5
Normal	18.5 – 24.9
Overweight	25.0 – 29.9
Obese	$\geq 30.0$

Source: Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

## Overweight Status

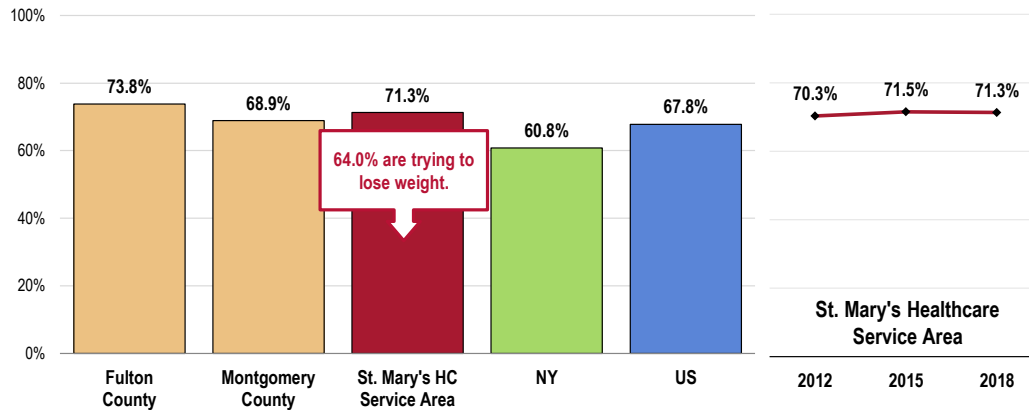
**A total of 71.3% of St. Mary's Healthcare Service Area adults are overweight.**

Here, "overweight" includes those respondents with a BMI value  $\geq 25$ .

- Worse than the New York prevalence.
- Similar to the US overweight prevalence.
- Similar county findings.
- TREND: Statistically unchanged over time.

Note that 64.0% of overweight adults are currently trying to lose weight.

## Prevalence of Total Overweight (Overweight or Obese) (Percent of Adults With a Body Mass Index of 25.0 or Higher)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 154-155]  
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 New York data.  
 • 2017 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, 38.5% of St. Mary's Healthcare Service Area adults are obese.**

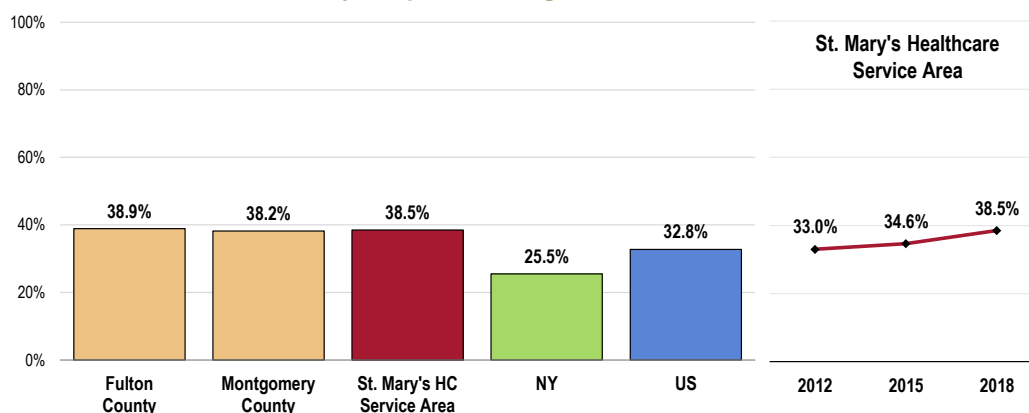
"Obese" (also included in overweight prevalence discussed previously) includes respondents with a BMI value  $\geq 30$ .

- Well above the state and national figures.
- Fails to satisfy the Healthy People 2020 target (30.5% or lower).
- Similar county findings.
- TREND: Denotes a statistically significant increase in obesity since 2012.

## Prevalence of Obesity

(Percent of Adults With a Body Mass Index of 30.0 or Higher)

Healthy People 2020 Target = 30.5% or Lower



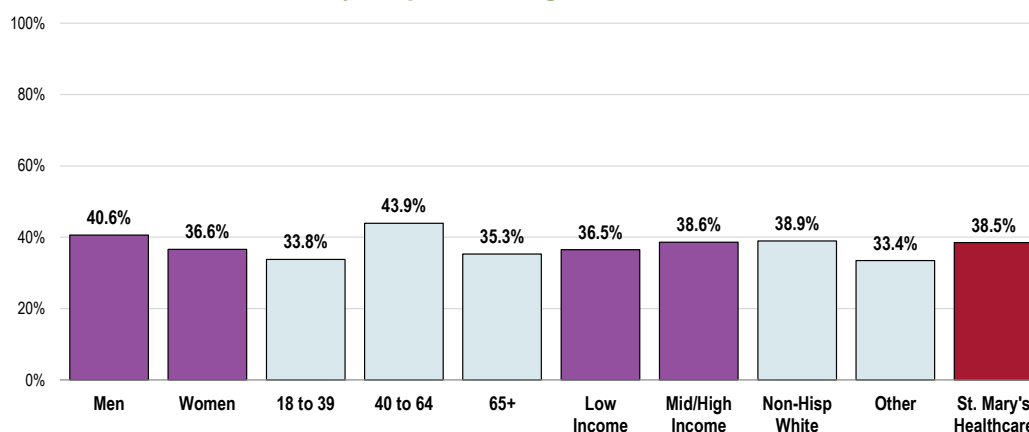
- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 154]
  - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2016 New York data.
  - 2017 PRC National Health Survey, Professional Research Consultants, Inc.
  - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective NWS-9]
- Notes:
- Based on reported heights and weights, asked of all respondents.
  - The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.

- Obesity is notably more prevalent among respondents age 40 to 64.

## Prevalence of Obesity

(BMI of 30.0 or Higher; St. Mary's Healthcare Service Area, 2018)

Healthy People 2020 Target = 30.5% or Lower



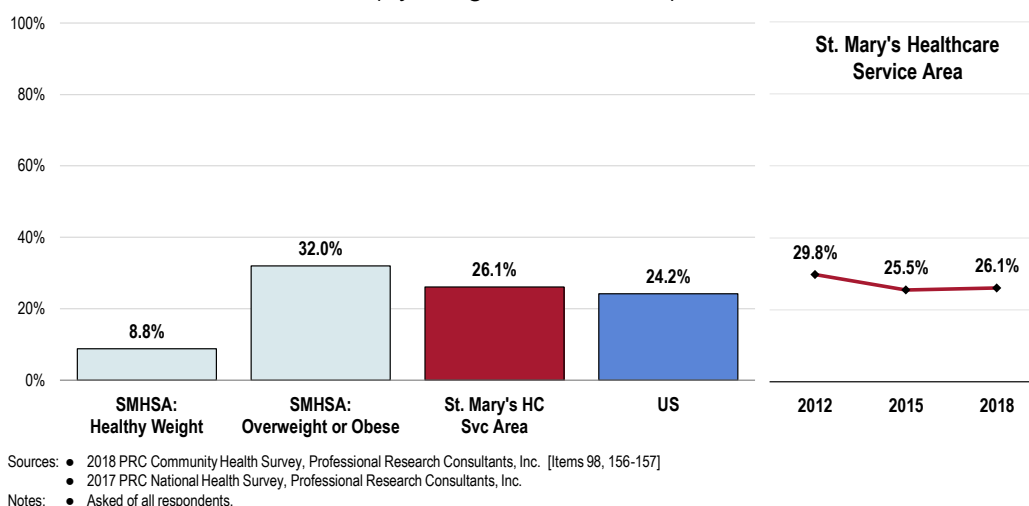
- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 154]
  - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective NWS-9]
- Notes:
- Based on reported heights and weights, asked of all respondents.
  - Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
  - Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
  - The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.

## Health Advice

A total of 26.1% 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 32.0% of overweight/obese adults have been given advice about their weight by a health professional in the past year (while most have not).

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



## 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:

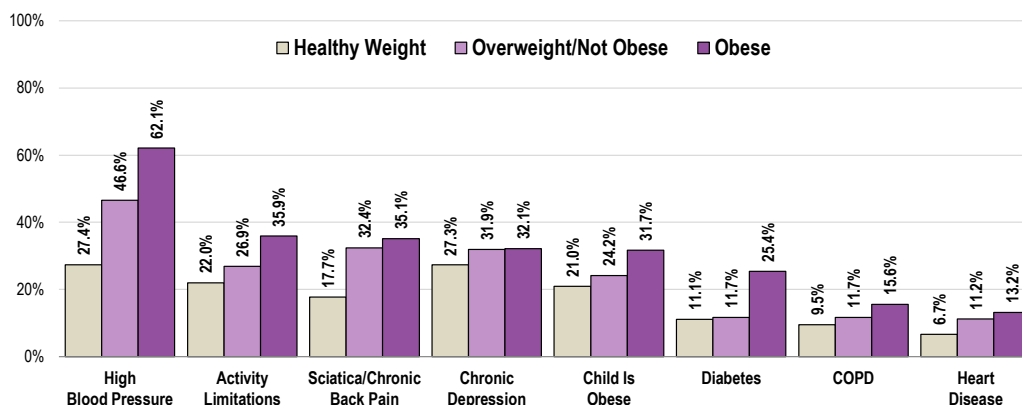
- High blood pressure.
- Activity limitations.
- Sciatica/chronic back pain.
- Chronic depression.
- Diabetes.
- COPD.
- Heart disease.

Overweight/obese residents are also more likely to have obese children.

The correlation between overweight and various health issues cannot be disputed.

## Relationship of Overweight With Other Health Issues

(By Weight Classification; St. Mary's Healthcare Service Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 24, 26, 100, 109, 128, 129, 140, 158]  
 Notes: • Based on reported heights and weights, asked of all respondents.

## Children's Weight Status

### 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 <5<sup>th</sup> percentile
- Healthy Weight ≥5<sup>th</sup> and <85<sup>th</sup> percentile
- Overweight ≥85<sup>th</sup> and <95<sup>th</sup> percentile
- Obese ≥95<sup>th</sup> percentile

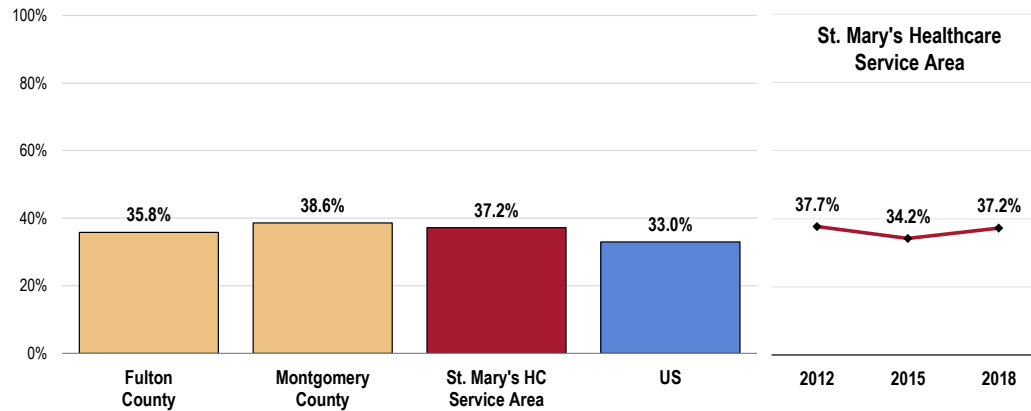
• Centers for Disease Control and Prevention

**Based on the heights/weights reported by surveyed parents, 37.2% of St. Mary's Healthcare Service Area children age 5 to 17 are overweight or obese (≥85<sup>th</sup> percentile).**

- Comparable to that found nationally.
- Comparable county percentages.
- TREND: Statistically unchanged since 2012.

## Child Total Overweight Prevalence

(Children Age 5-17 Who Are Overweight/Obese; BMI in the 85th Percentile or Higher)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 158]

• 2017 PRC National Health Survey, Professional Research Consultants, Inc.

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 85<sup>th</sup> percentile of US growth charts by gender and age.

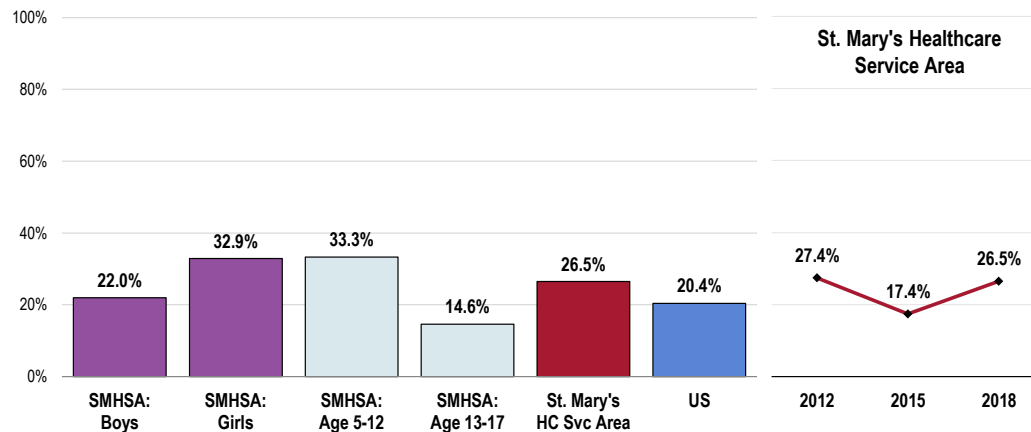
**Further, 26.5% of area children age 5 to 17 are obese (≥95th percentile).**

- Statistically similar to the national percentage.
- Fails to satisfy the Healthy People 2020 target (14.5% or lower for children age 2-19).
- Similar county percentages (not shown).
- TREND: Statistically unchanged since 2012 (but increasing since 2015).
- The difference by child's gender is not statistically significant, but note the significantly higher obesity prevalence among young children in the service area when compared with teens.

## Child Obesity Prevalence

(Children Age 5-17 Who Are Obese; BMI in the 95<sup>th</sup> Percentile or Higher)

**Healthy People 2020 Target = 14.5% or Lower**



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 158]

• 2017 PRC National Health Survey, Professional Research Consultants, Inc.

• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective NWS-10.4]

Notes: • Asked of all respondents with children age 5-17 at home.

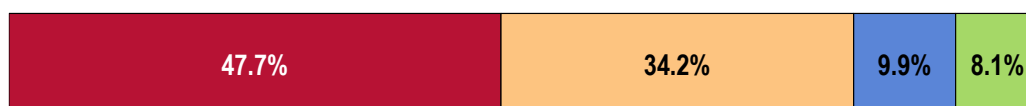
• Obesity among children is determined by children's Body Mass Index status equal to or above the 95<sup>th</sup> percentile of US growth charts by gender and age.

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

Key informants taking part in an online survey most often 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, 2018)

■ Major Problem   ■ Moderate Problem   ■ Minor Problem   ■ 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 related to the following:

#### Education/Awareness

*Patients do not receive enough education regarding how to make lifestyle changes to combat these issues. They are also not provided proper follow up to ensure they are making changes that can impact this problem. – Other Health Provider*

*General lack of understanding how foods and drinks translate into our physical wellbeing or fatigue, obesity, disease, etc. – Social Services Provider*

*I believe there is a lack of general knowledge and education for the greater community about the detrimental effects poor nutrition and exercise habits can have on overall health. I believe a lot of people would make lifestyle changes if they realized what impact it could have down the road, when it may be too late, and they become medication dependent. The increased availability of bariatric surgery may be viewed by some as a “quick fix” and a reason they may not have to strictly adhere to a healthy lifestyle. – Community Leader*

*Getting accurate, timely information. – Community Leader*

*This community has a very large rural base and many of the people are not well educated, very low incomes. Lot of drug use and just plain ignorance. Many families are overwhelmed with too many people to support on low paying jobs. Healthy food costs more than junk food so it's easier to feed their family junk – Physician*

*To get entire community involved with good nutrition and physical activity. To teach young children the importance of both and get access to them for both. – Community Leader*

*Making the behavioral change to lose weight and start exercising. – Physician*

*Our community has limited resources to gyms, and grocery stores as there are many people with limited income. Patients are used to a fast food pre-prepared food diet, and there is limited support and education support in the community to help with a life style change – Other Health Provider*

*Lack of education, personal habits, financial issues, preference for unhealthful foods and beverages, fad diets. Weather makes a difference for outdoor activity and exercise. Some have safety issues in their home environment, obesity not always seen as a health problem rather is seen as a sign of affluence or health – Other Health Provider*

*Support groups and access to information. – Community Leader*

*People not being educated on the impact this has on their health or not caring enough to implement the lifestyle changes they need to. – Physician*

### Insufficient Physical Activity

*Willingness to doing it. – Community Leader*

*Many people spend time at work in limited activity – then they go home and have those responsibilities to deal with. They don't want exercise to be more "work" – ie. Go work out! Let's find more ways to encourage people to get away from screens and get active – without gym memberships. Continue focus on health and longevity rather than appearance. Nutrition – I think many are intimidated by healthful food It's different from the comfort food they know & love, they think it will be difficult, or not taste good. And it's not easy in their thoughts. It uses foods they are not used to. – Community Leader*

*Parents spending time with children and being able to take kids outside or having kids have supervision to play. – Other Health Provider*

*There are not a lot of places to exercise without traffic. I feel that having a central location for walking, etc. would be beneficial. – Community Leader*

*There is lack of physical activity in many families which seems to be linked to cultural views. Many families are sedentary and pass along those views. – Other Health Provider*

*Lack of physical fitness. So many health problems could be alleviated by very simple and basic exercise such as walking every day, but many people do not pay attention to this at all. – Community Leader*

*What I see is that people are not taking care of their bodies like they should. They also do not want to pay money for things that will help this. They need to see more value in what having a healthy diet and physical activity can do for you when put together. – Other Health Provider*

*Motivation, knowledge and the actual long-term effects that these have on people's lives. – Social Services Provider*

*Video games. – Social Services Provider*

### Access to Nutritious Food

*Poor nutrition, fast food, lack of exercise. – Community Leader*

*Most single-family households do not provide meals at home resulting in eating out, long distance for poor families result in eating poor nutritional foods in local community that are high in fats and sugars preservatives. There is a obvious food desert in the city of Amsterdam for the poor communities. – Social Services Provider*

*An overabundance of fast food eating. Lack of exercise. Misconception and non-education of healthy eating. – Community Leader*

*Overall our community eats too much and eats the wrong food. Even those who would look at as healthy do not eat a proper diet. Also, if you look at our community you can see the huge problem with obesity and lack of activity. – Community Leader*

*Poor nutrition, as to kind of foods, not quantity. Lack of activity and obesity. – Physician*

*Individuals not having access to fresh fruit and veg markets Cost of healthy food more expensive than cheaper unhealthy foods. People not partaking in any physical activities Cost of physical activities for low income individuals Health conditions related to weight such as high blood pressure, diabetes, etc. – Community Leader*

*Access to nutritious food, food desert in city limits. No education, limit funds for food, cuts to SNAP benefits. – Community Leader*

*Food not available for all due to finances. Poor eating habits. – Community Leader*

*Food deserts, lack of transportation to nonmedical appointments, no public transportation in Montgomery County/rural areas in both counties. Poor food choices/lack of knowledge regarding healthy food choices. – Other Health Provider*

### Weight Status

*Many students and adults who are overweight or obese. Poor eating habits and limited access to healthy food options, costly compared to processed foods. Growing diabetic population. – Social Services Provider*

*Obesity continues to be an issue. – Community Leader*

*Obesity, sedentary lifestyles, poor eating, lack of affordable recreation. – Community Leader*

*The region has a higher percentage of obesity than NYS and US on average. Also, given age of population, physical activity becomes more challenging. Plus, lower socioeconomic status of area likely contributes to higher consumption of unhealthy diets. – Community Leader*



*Obesity. It leads to chronic diseases such as heart disease and diabetes. – Community Leader*

*This is just my guesstimate, 75% of the population is overweight. – Other Health Provider*

*There are too many overweight children. Adults with poor dentition. – Social Services Provider*

### **Contributing Factors**

*Lack of opportunity to make adequate income, unsafe walking areas, rural areas that aren't safe to walk. Lack of education about the importance of physical health. – Social Services Provider*

*High percentage living at or below poverty level. Poor diet. – Social Services Provider*

*Financial resources, smoking and willpower. – Community Leader*

*High incidence of asthma, childhood obesity, diabetes and other related illnesses. High numbers of smokers. High utilizes of technology, smart phones, gaming technology, artificial intelligence platforms. Apathy. – Social Services Provider*

*Often isolated seniors cannot provide themselves a well-balanced meal (affecting their health) and nutrition (often leading to malnutrition or often times leading to weight gain because of the lack of activity/immobility, along with eating easy food, rather than healthy food). – Social Services Provider*

*With a lack of public transportation, low food access is a major problem in our area. I think it is often difficult for people to get a gym for this reason, and if they live in an unsafe neighborhood, they are unable to go for a run or workout outside without fear. Most of the "At risk" populations cannot even afford to get healthy foods and beverages, so they resort to sugary-sweetened drinks and cheap, processed food high in sodium and calories. – Public Health Representative*

## 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](http://www.healthypeople.gov))

### Age-Adjusted Cirrhosis/Liver Disease Deaths

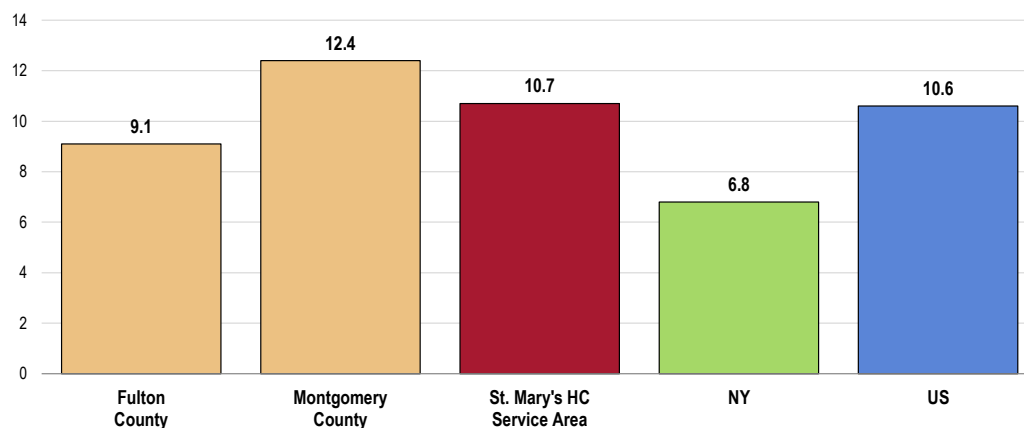
**Between 2014 and 2016, St. Mary's Healthcare Service Area reported an annual average age-adjusted cirrhosis/liver disease mortality rate of 10.7 deaths per 100,000 population.**

- Worse than the statewide rate.
- Nearly identical to the national rate.
- Fails to satisfy the Healthy People 2020 target (8.2 or lower).
- Lower in Fulton County.

## Cirrhosis/Liver Disease: Age-Adjusted Mortality

(2014-2016 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 8.2 or Lower



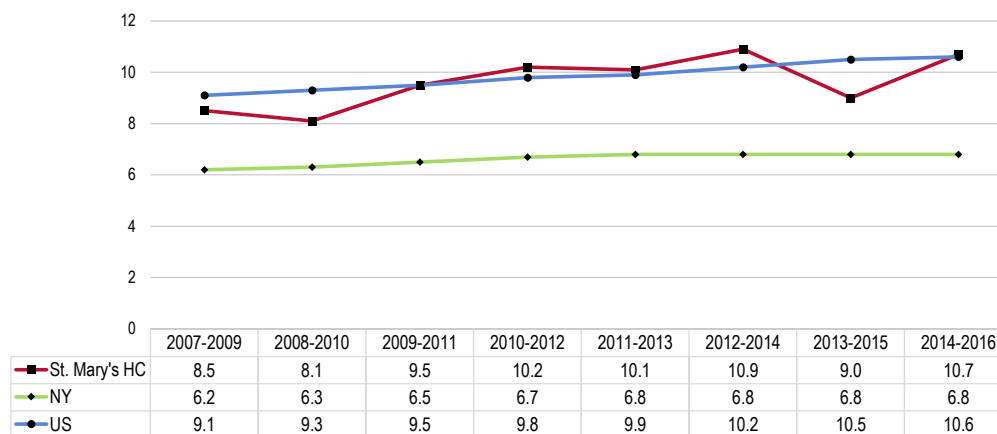
- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2018.
  - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-11]
- 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:** Though fluctuating, the area's mortality rate has increased overall. Statewide and nationwide, rates have trended upward.

## Cirrhosis/Liver Disease: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 8.2 or Lower



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2018.
  - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-11]
- 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.

## Alcohol Use

### Excessive Drinking

"Excessive drinking" includes heavy and/or binge drinkers:

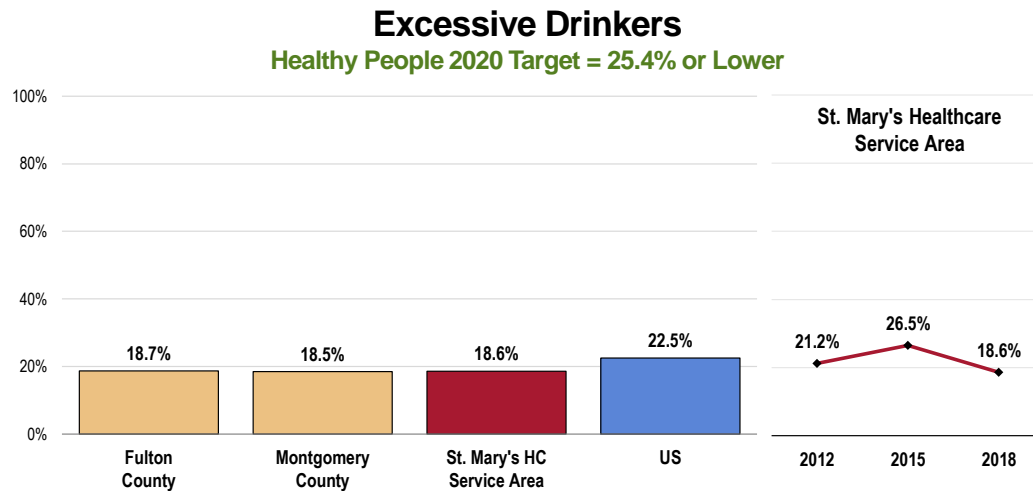
- **Heavy drinkers** include men reporting 2+ alcoholic drinks per day or women reporting 1+ alcoholic drink per day in the month preceding the interview.
- **Binge drinkers** include men reporting 5+ alcoholic drinks or women reporting 4+ alcoholic drinks on any single occasion during the past month.

#### RELATED ISSUE:

See also *Mental Health: Stress* in the **General Health Status** section of this report.

**A total of 18.6% of area adults are excessive drinkers (heavy and/or binge drinkers).**

- Lower than the national proportion.
- Satisfies the Healthy People 2020 target (25.4% or lower).
- Similar county percentages.
- TREND: Statistically unchanged since 2012 (but decreasing since 2015).



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 168]

• 2017 PRC National Health Survey, Professional Research Consultants, Inc.

• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-15]

#### Notes:

• Asked of all respondents.

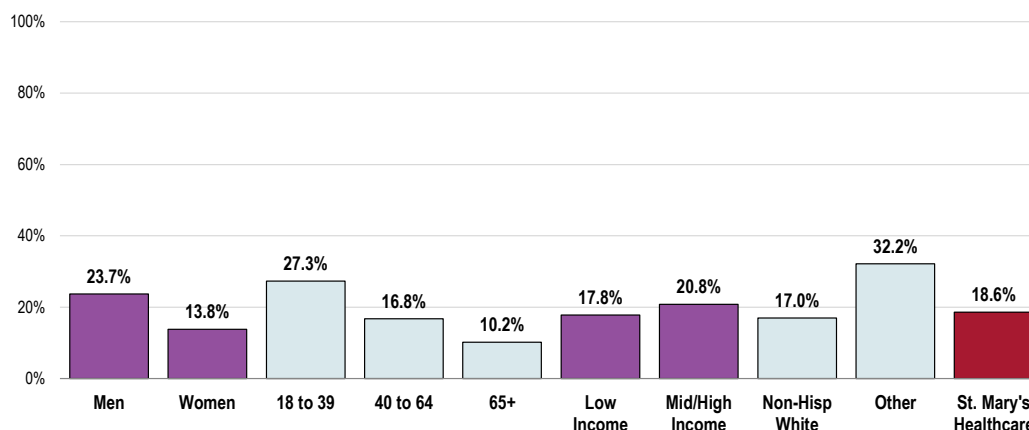
• Excessive drinking reflects the number of persons aged 18 years and over who drank more than two drinks per day on average (for men) or more than one drink per day on average (for women) OR who drank 5 or more drinks during a single occasion (for men) or 4 or more drinks during a single occasion (for women) during the past 30 days.

- Excessive drinking is more prevalent among men, young adults, and non-Whites.

## Excessive Drinkers

(St. Mary's Healthcare Service Area, 2018)

Healthy People 2020 Target = 25.4% or Lower



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 168]  
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-15]  
 Notes: • Asked of all respondents.  
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).  
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.  
 • 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.

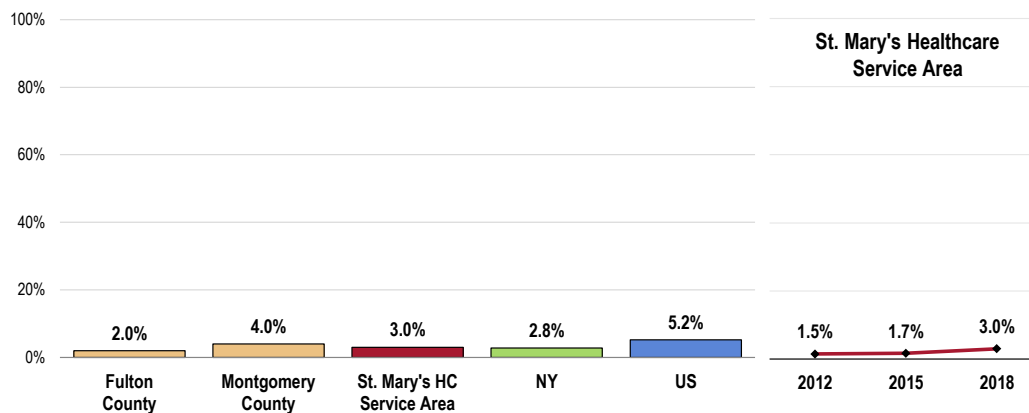
## Drinking & Driving

**A total of 3.0% 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.**

- Similar to the New York prevalence.
- Below the national findings.
- Similar county proportions.
- TREND: The drinking and driving prevalence has increased significantly since 2012.

Note: As a self-reported measure – and because this indicator reflects potentially illegal behavior – it is reasonable to expect that it might be underreported, and that the actual incidence of drinking and driving in the community is likely higher.

## Have Driven in the Past Month After Perhaps Having Too Much to Drink



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 58]  
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2016 New York data.  
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.  
 Notes: • Asked of all respondents.

## Age-Adjusted Unintentional Drug-Related Deaths

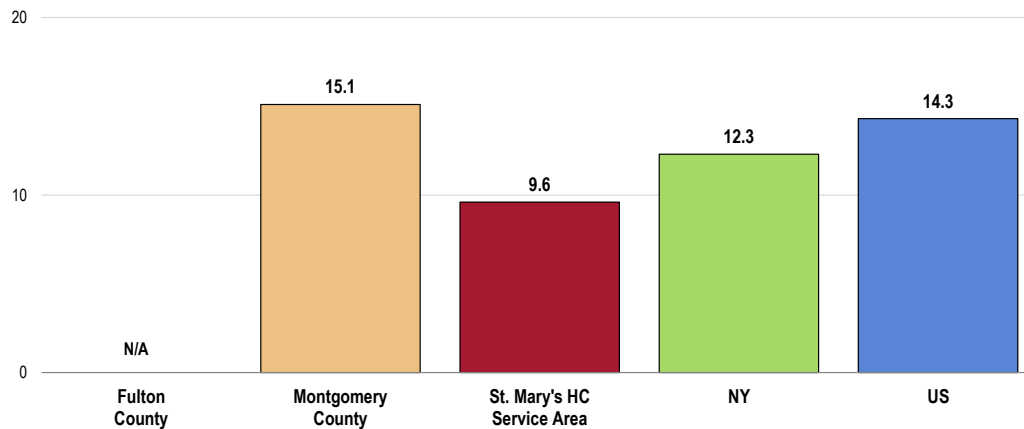
Between 2014 and 2016, there was an annual average age-adjusted unintentional drug-related mortality rate of 9.6 deaths per 100,000 population in the service area.

- Below the statewide and US rates.
- Satisfies the Healthy People 2020 target (11.3 or lower).
- The Montgomery County rate was 15.1 per 100,000 population (Fulton County data not available).

### Unintentional Drug-Related Deaths: Age-Adjusted Mortality

(2014-2016 Annual Average Deaths per 100,000 Population)

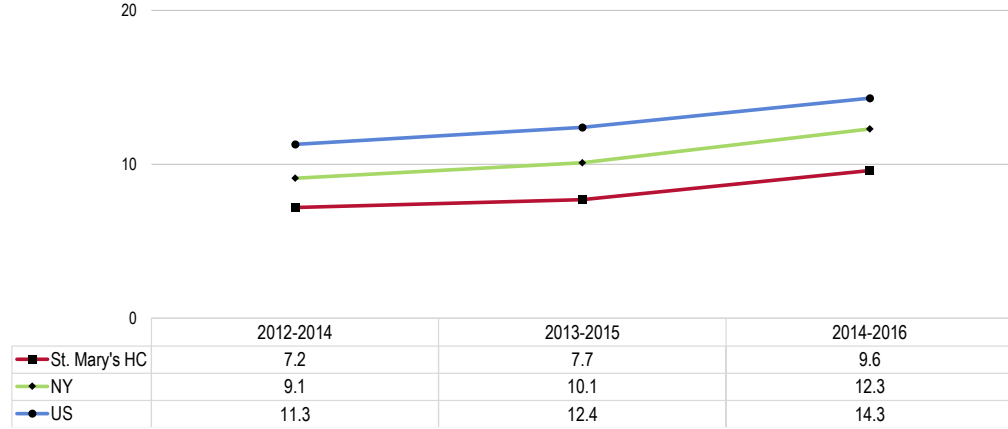
**Healthy People 2020 Target = 11.3 or Lower**



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2018.
  - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-12]
- 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 mortality rate has increased in the region, echoing the state and national trends.

## Unintentional Drug-Related Deaths: Age-Adjusted Mortality Trends (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 August 2018.
- UD Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-12].

Notes: 

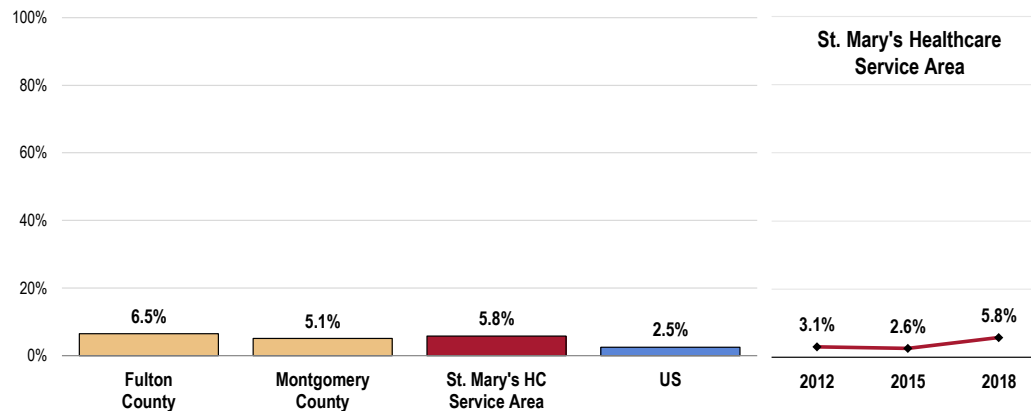
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

## Illicit Drug Use

**A total of 5.8% of area adults acknowledge using an illicit drug in the past month.**

- Over twice the proportion found nationally.
- Similar to the Healthy People 2020 target of 7.1% or lower.
- Similar county percentages.
- TREND: Marks a statistically significant increase over time.

## Illicit Drug Use in the Past Month Healthy People 2020 Target = 7.1% or Lower



Sources: 

- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 59]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-13.3]

Notes: 

- Asked of all respondents.

For the purposes of this survey, "illicit drug use" includes use of illegal substances or of prescription drugs taken without a physician's order.

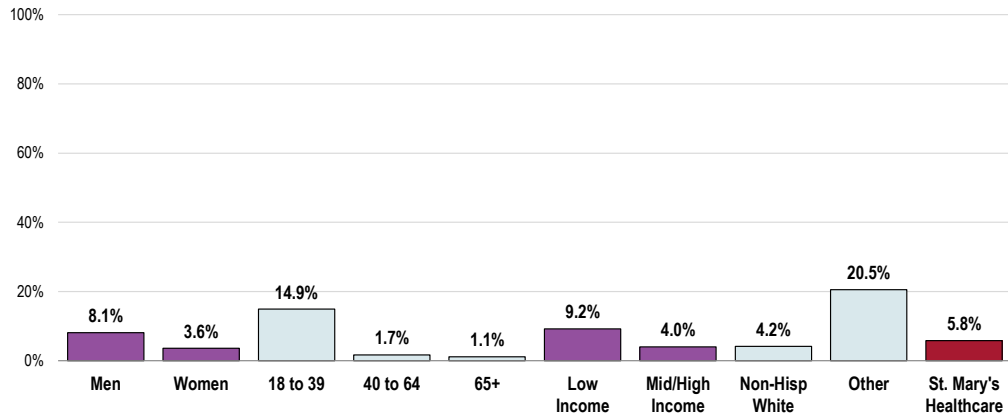
Note: As a self-reported measure – and because this indicator reflects potentially illegal behavior – it is reasonable to expect that it might be underreported, and that actual illicit drug use in the community is likely higher.

- Illicit drug use is more prevalent among men, adults under 40, those in low-income households, and non-Whites.

### Illicit Drug Use in the Past Month

(St. Mary's Healthcare Service Area, 2018)

Healthy People 2020 Target = 7.1% or Lower



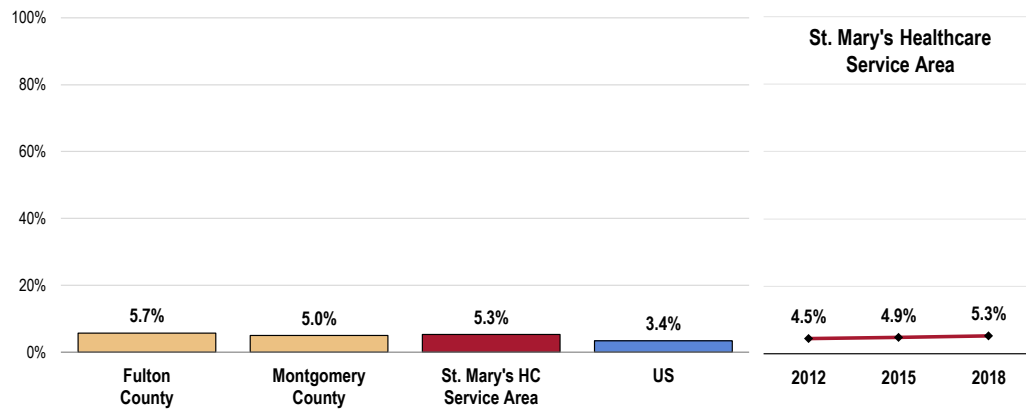
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 59]  
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-13.3]  
 Notes: • Asked of all respondents.  
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).  
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

### Alcohol & Drug Treatment

A total of 5.3% of St. Mary's Healthcare Service Area adults report that they have sought professional help for an alcohol or drug problem at some point in their lives.

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

### Have Ever Sought Professional Help for an Alcohol/Drug-Related Problem



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 60]  
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.  
 Notes: • Asked of all respondents.



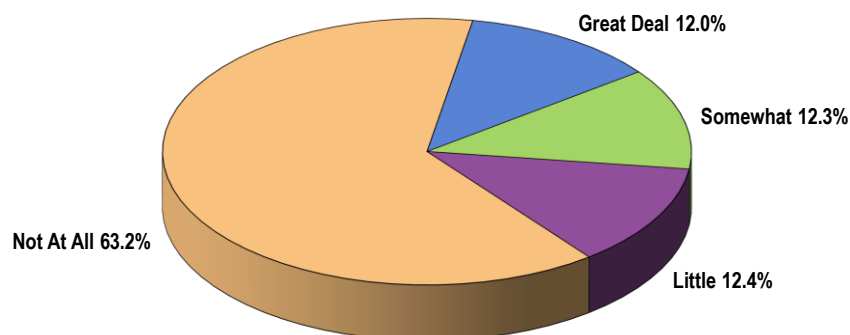
## Negative Effects of Substance Abuse

Area adults were also asked to what degree their lives have been negatively affected by substance abuse (whether their own abuse or that of another).

**In all, most adults have not been negatively affected (63.2% “not at all” responses).**

### Degree to Which Life Has Been Negatively Affected by Substance Abuse (Self or Other’s)

(St. Mary’s Healthcare Service Area, 2018)

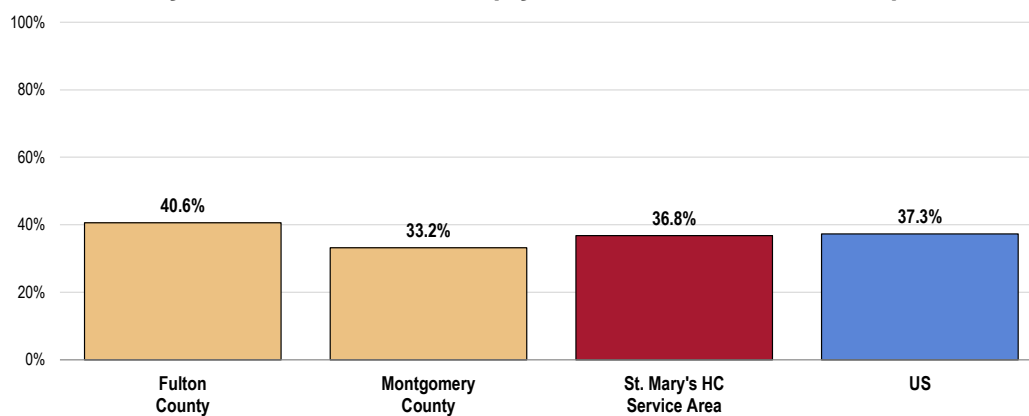


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 61]  
 Notes: • Asked of all respondents.

**In contrast, 36.8% of respondents indicate that their lives have been negatively affected by substance abuse, including 12.0% who report having been affected “a great deal.”**

- Similar to the US figure.
- Unfavorably high in Fulton County.

### Life Has Been Negatively Affected by Substance Abuse (by Self or Someone Else)



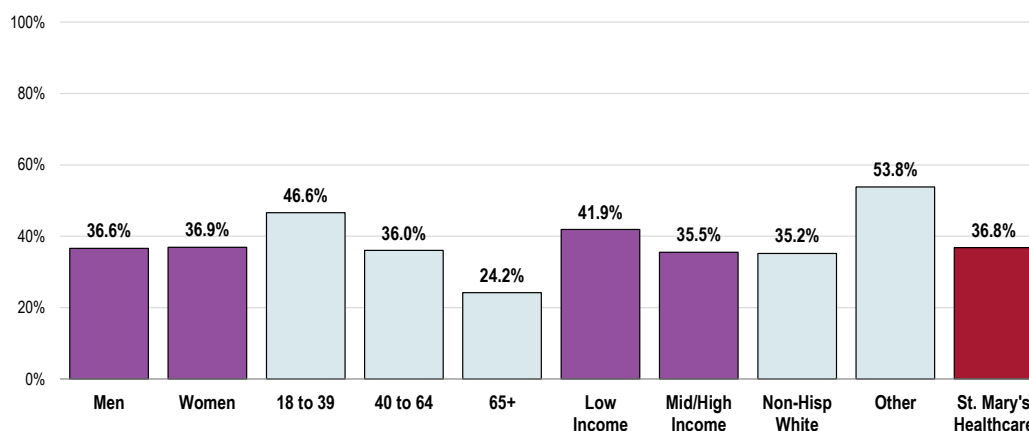
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 61]  
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.  
 Notes: • Asked of all respondents.  
 • Includes response of “a great deal,” “somewhat,” and “a little.”

The prevalence of survey respondents whose lives have been negatively impacted by substance abuse, whether their own abuse or that of another, is higher among the following:

- Young adults (correlates with age).
- Non-Whites.

### Life Has Been Negatively Affected by Substance Abuse (by Self or Someone Else)

(St. Mary's Healthcare Service Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 61]

Notes: • Asked of all respondents.

• Includes response of "a great deal," "somewhat," and "a little."

• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).

• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

### Key Informant Input: Substance Abuse

Most 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, 2018)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ 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 related to the following:

### Access to Care/Services

*Barriers-wait time for detox hospitalization. When someone says they are ready to go into the hospital to treat their addiction, having the hospital say that there is a two-week waiting period is unacceptable. Having only one provider in the community also poses a problem when individuals do not want to go to that provider for treatment. Ensuring the community knows about who, what, and where services are is also underdeveloped. – Other Health Provider*

*Lack of programs available especially for adolescents in our area. – Community Leader*

*The need for increased numbers of rehab beds for inpatient rehab unit as well as the dual diagnosis of the mentally ill. – Community Leader*

*Availability of resources and ability to change. – Community Leader*

*Most people who are substance abusers, may be hard to locate to access their needs. – Community Leader*

*Not many options. Long wait for treatment. Fear of using services and legal action taken on them or children getting taken away if receiving services. – Community Leader*

*Low socioeconomic status, for many of our patients. Lack of substance abuse treatment/rehab programs. – Physician*

*Resource availability when patient is ready, follow up treatment, alternatives for those that are substance free, support for family. – Community Leader*

*Capacity and housing. – Community Leader*

*Too much available. Addiction programs available for help. – Community Leader*

*Inpatient facilities for treatment/recovery. – Community Leader*

*Location of treatment centers and privacy. Community recognition of the problem. Education of the true abuse and denial of there is a problem by the abuser. Truth is hard to take. – Community Leader*

*Lack of services and certified staff to support programs. – Other Health Provider*

*Openings in programs and accessibility. – Social Services Provider*

*Difficulty getting into substance abuse treatment due to lack of appointments, transportation and support of family. – Other Health Provider*

*Long waiting periods for new patients trying to establish with a doctor that can diagnose and treat. – Social Services Provider*

*I believe there is a greater need within the community than just a few programs can handle. – Social Services Provider*

*There is not much in the way of outpatient and no inpatient opportunities for youth who are substance abusers or addicts. – Social Services Provider*

*Funding does not match the need. Treatment facilities unavailable in the area. Easy to get drugs. People do not want the help. – Social Services Provider*

*Lack of beds or services. Wait times for treatment. – Social Services Provider*

### Denial/Stigma

*Lack of interest in quitting. Availability of substances. Avoiding former associates if one does stop abusing substances, makes it easy to relapse. – Social Services Provider*

*Willingness to seek treatment, transportation. – Social Services Provider*

*Ignorance, addiction itself, addicts who do not want help. Families that are unaware of the problems, generational abuse. – Community Leader*

*People who are actively using need a lot of support simply to work into a clinic. These individuals will be hard to reach and noncompliant, and once they start missing appointments they may be barred from receiving the mat, the facility. – Social Services Provider*

*I think the greatest barrier is the recognition that the use of these substances is a problem in someone's life. Other's in their life often are aware but are unable or afraid to point this out to the person using the drugs. – Social Services Provider*

*Shame that it is needed. Lack of awareness that it is all around us. Ridicule from others that it represents weakness if addicted. Funds for services. – Community Leader*

*Stigmas associated with treatment, lack of education. – Social Services Provider*

*Willingness to seek help. – Community Leader*

*Shame and denial on part of addicted population. Difficulty “qualifying” for existing detox/inpatient programs. You’re not addicted enough, or you have to be clean to get in. Oxymoron. – Community Leader*

*Unwillingness of the abuser to seek out help. Stigma attached to admitting. Denial. – Community Leader*

*Reluctance of people to access treatment. – Social Services Provider*

*People’s desire to quit. – Physician*

*I think many don’t know it’s a problem in the area. – Community Leader*

*I am not sure people using and abusing substances want help, which is the problem. There needs to be more education on the dangers and impact of substance abuse in personal ways, though I am not sure how that would be achieved. – Community Leader*

*Stigma. – Community Leader*

### **Prevalence/Incidence**

*I don’t experience it first-hand, but I hear about the heroin epidemic, and drugs in schools. – Community Leader*

*This is a problem in our community that has only grown over the last 5 years. There is a large population of people who need treatment. Again, I think this goes back to the stigma surrounding seeking treatment and perhaps that is why many are not getting it. Narcan has become widely available, more so than it was 3 years ago, and for a reason. Some insurances may also not cover these issues and are often co-occurring with a mental health disorder. – Public Health Representative*

*Too many parents are doing drugs as well as their children. Drug use is at a high because of stress. Drugs to available to get on the streets. – Community Leader*

*Significantly higher incidence of substance abuse in the region based upon recent reports discussed at opioid program at FMCC. – Community Leader*

*Opioid epidemic and other substances widely used. – Community Leader*

*Increasing use, not enough resources. – Other Health Provider*

*I am unsure of the barriers, but substance abuse is something that is becoming more and more of an issue in our community. In my opinion there is not enough education in the community or school system on prevention or knowing the signs of when someone is using and how to help them. – Other Health Provider*

*I think it is an epidemic locally as well as nationwide. How I do not think there is enough arrests being made and education about substances locally. – Other Health Provider*

*Thinking it is an issue and can affect someone. – Other Health Provider*

*The huge magnitude of the problem. Patients Are often addicted and don’t really want to get treatment.*

### **Affordability/Insurance Issues**

*Insurance barriers. Not enough services. Long wait times for evaluations and beds. – Social Services Provider*

*Insurance that cover treatment, education early in schools, lack of options for individuals to do. High unemployment, multiple environmental stressors. – Social Services Provider*

*Insurance money for prescriptions. – Community Leader*

*Financial, unwillingness to seek help. – Other Health Provider*

*Paying for the necessary treatment. – Community Leader*

*Payment for rehab. Admission of problem if not on Medicaid transportation to treatment. Other barriers are individual desire for treatment not strong enough and ease of obtaining substances in our community. – Community Leader*

*Not adequately insured, the good ones are too expensive. Some of these people need to be in a facility that they can live in to get intense treatment for mental issues as well as physical addiction. They have been self-medicating with drugs for years and it’s a vicious cycle – Physician*

**Lack of Providers**

*There are also not enough providers trained in substance abuse to meet the growing need of the opioid epidemic. There are a few Suboxone providers in the area. Many people pay cash to see a provider in Albany because they cannot get in in this area, which leads to a greater chance of relapse if they can't get a ride or afford it. – Physician*

*Shortage of providers for medication therapy and counseling. Long waiting lists for appointments with existing providers. Lack of same day availability unless patient is in crisis. Gap between intake request and intake process. Education on resources, transportation. – Other Health Provider*

*Licensing caps for providers, social stigma, insurance coverage for inpatient rehabilitation. – Other Health Provider*

*Limited MD's to manage the high demands for substance abuse. Limited licenses to serve just a certain number of people. – Other Health Provider*

**Diagnosis/Treatment**

*Lack of diagnosis, treatment options. – Social Services Provider*

*Treatment. – Community Leader*

*We are not doing enough to identify drug users in our community and pushing them to seek out the help they need. – Other Health Provider*

**Transportation**

*Transportation, providers, funding. – Community Leader*

*Transportation. – Other Health Provider*

*Transportation. – Social Services Provider*

**Peer Pressure**

*Peer pressure to continue using. Children starting to use at a young age and having a full-on addiction to a number of substances Using being socially acceptable; even with some parents. Lack of education regarding issues related to using. Length of time to access a substance/ alcohol evaluation appointment is lengthy – Community Leader*

*Peer pressure and not getting support from friends and family. Those who have issue seem to be immersed with others in same situation. Willingness to want to get help and change. – Community Leader*

### Most Problematic Substances

Key informants (who rated this as a “major problem”) clearly identified **heroin or other opioids** as the most problematic substance abused in the community, followed closely by **alcohol**. Other substances mentioned frequently included **prescription medications**, **marijuana**, and **cocaine/crack**.

Problematic Substances as Identified by Key Informants				
	Most Problematic	Second-Most Problematic	Third-Most Problematic	Total Mentions
Heroin or Other Opioids	53.8%	38.5%	7.7%	39
Alcohol	54.3%	28.6%	17.1%	35
Prescription Medications	8.3%	29.2%	62.5%	24
Marijuana	7.1%	42.9%	50.0%	14
Cocaine or Crack	0.0%	30.0%	70.0%	10
Methamphetamines or Other Amphetamines	25.0%	25.0%	50.0%	4
Synthetic Drugs (e.g. Bath Salts, K2/Spice)	0.0%	50.0%	50.0%	2
Hallucinogens or Dissociative Drugs (e.g. Ketamine, PCP, LSD, DXM)	50.0%	0.0%	50.0%	2
Over-the-Counter Medications	0.0%	0.0%	100.0%	2
Club Drugs (e.g. MDMA, GHB, Ecstasy, Molly)	0.0%	100.0%	0.0%	1

## 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.

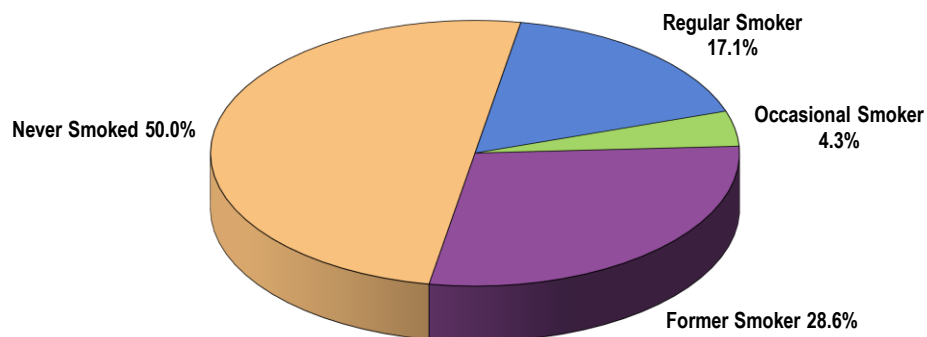
- Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

## Cigarette Smoking

### Cigarette Smoking Prevalence

A total of 21.4% of St. Mary's Healthcare Service Area adults currently smoke cigarettes, either regularly (17.1% every day) or occasionally (4.3% on some days).

**Cigarette Smoking Prevalence**  
(St. Mary's Healthcare Service Area, 2018)



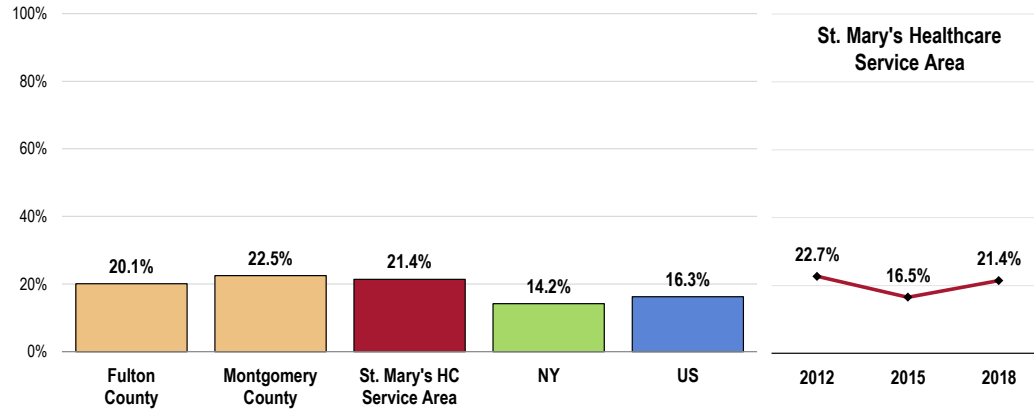
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 159]  
Notes: • Asked of all respondents.

- Worse than state and national findings.
- Fails to satisfy the Healthy People 2020 target (12% or lower).
- Similar findings by county.

- **TREND:** The percentage is statistically unchanged since 2012.

## Current Smokers

Healthy People 2020 Target = 12.0% or Lower



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 159]  
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2016 New York data.  
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.  
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective TU-1.1]

Notes: • Asked of all respondents.  
 • Includes regular and occasional smokers (those who smoke cigarettes every day or on some days).

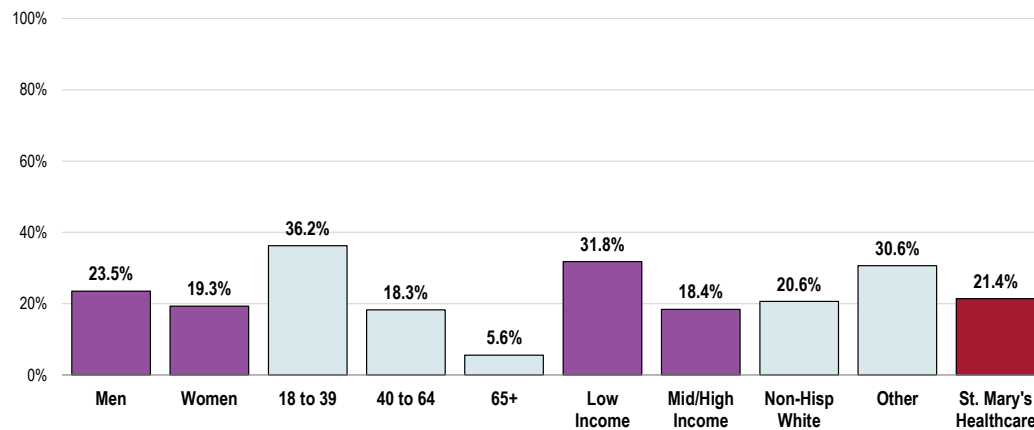
Cigarette smoking is more prevalent among:

- Adults under age 40.
- Lower-income residents.

## Current Smokers

(St. Mary's Healthcare Service Area, 2018)

Healthy People 2020 Target = 12.0% or Lower



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 159]  
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective TU-1.1]

Notes: • Asked of all respondents.  
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).  
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.  
 • Includes regular and occasional smokers (every day and some days).

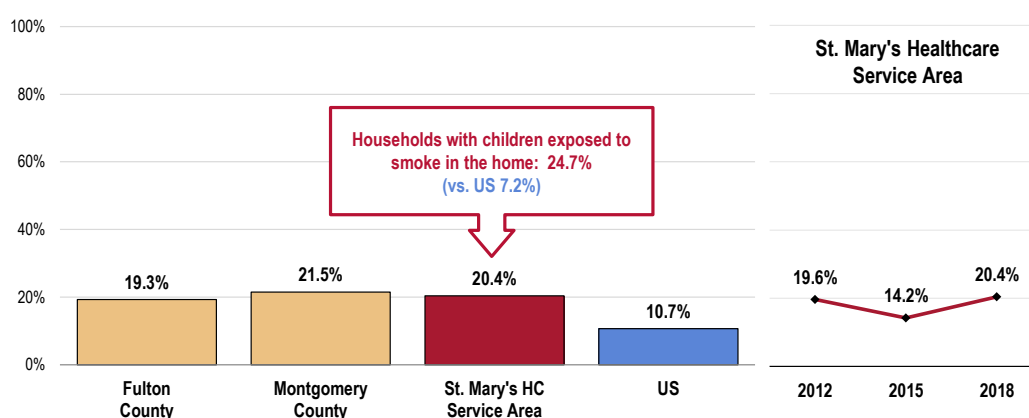


## Environmental Tobacco Smoke

A total of 20.4% of St. Mary's Healthcare Service Area adults (including smokers and nonsmokers) report that a member of their household has smoked cigarettes in the home an average of 4+ times per week over the past month.

- Twice the national figure.
- Similar county proportions.
- TREND: Statistically unchanged over time.
- Note that 24.7% of service area children are exposed to cigarette smoke at home, three times the national prevalence.

### Member of Household Smokes at Home



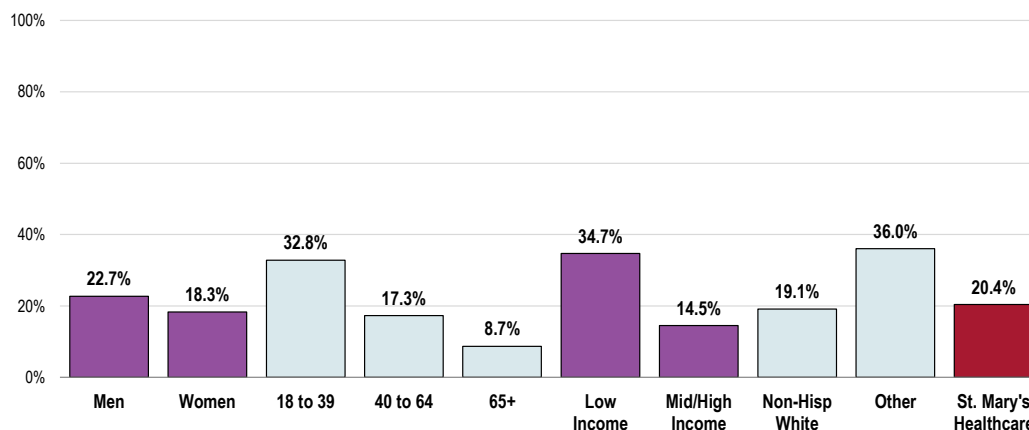
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 52, 162]  
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.

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 young adults, residents with lower incomes, and non-Whites.

## Member of Household Smokes At Home (St. Mary's Healthcare Service Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 52]

Notes: • Asked of all respondents.

- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- "Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.

## Smoking Cessation

### 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](http://www.healthypeople.gov))

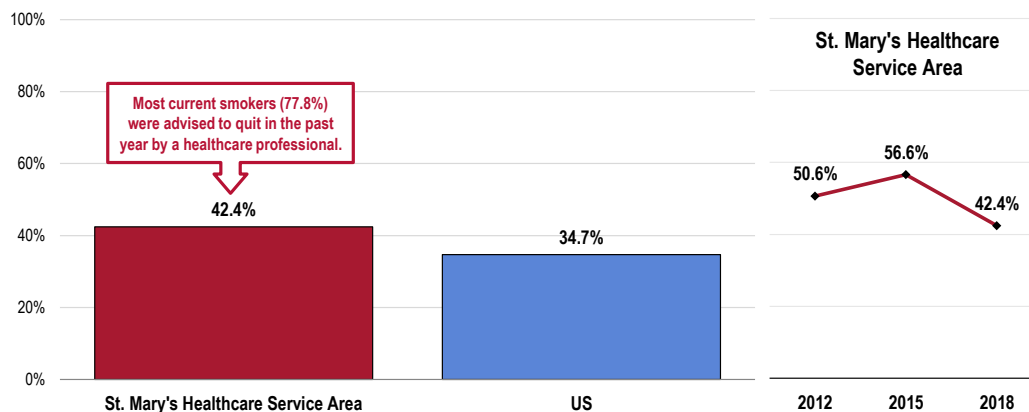
### Smoking Cessation Attempts

**A total of 42.4% of regular smokers went without smoking for one day or longer in the past year because they were trying to quit smoking.**

- Statistically similar to the national percentage.
- Fails to satisfy the Healthy People 2020 target (80% or higher).
- TREND: No statistically significant change since 2012.
- Most current smokers (77.8%) have been advised by a healthcare professional in the past year to quit smoking.

## 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



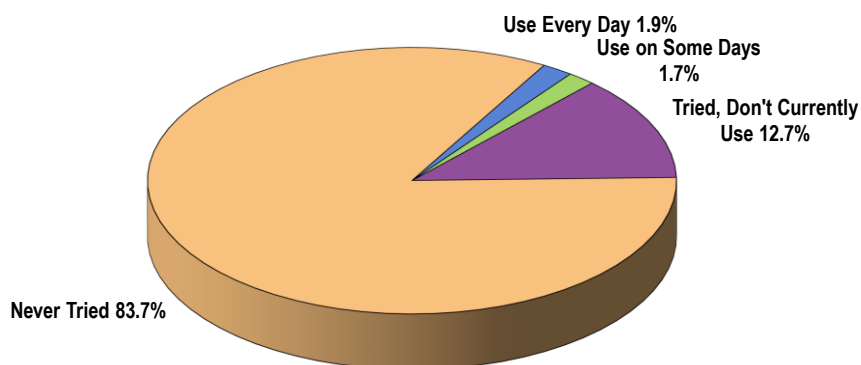
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 50-51]  
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.  
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective TU-4.1]  
 Notes: • Asked of respondents who smoke cigarettes every day.

## Other Tobacco Use

### Use of Vaping Products

A total of 3.6% of St. Mary's Healthcare Service Area adults currently use electronic cigarettes (e-cigarettes) or other electronic vaping products either regularly (1.9% every day) or occasionally (1.7% on some days) or occasionally (1.7% on some days).

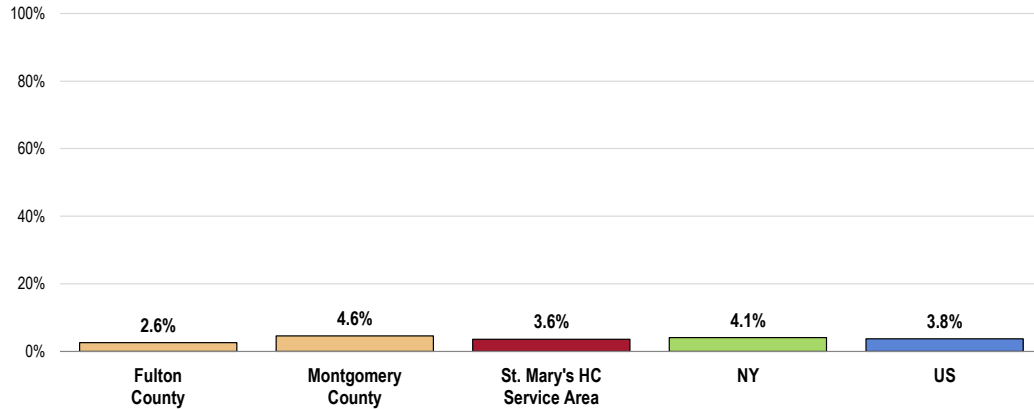
### Use of Vaping Products (St. Mary's Healthcare Service Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 163]  
 Notes: • Asked of all respondents.

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

### Currently Use Vaping Products (Every Day or on Some Days)

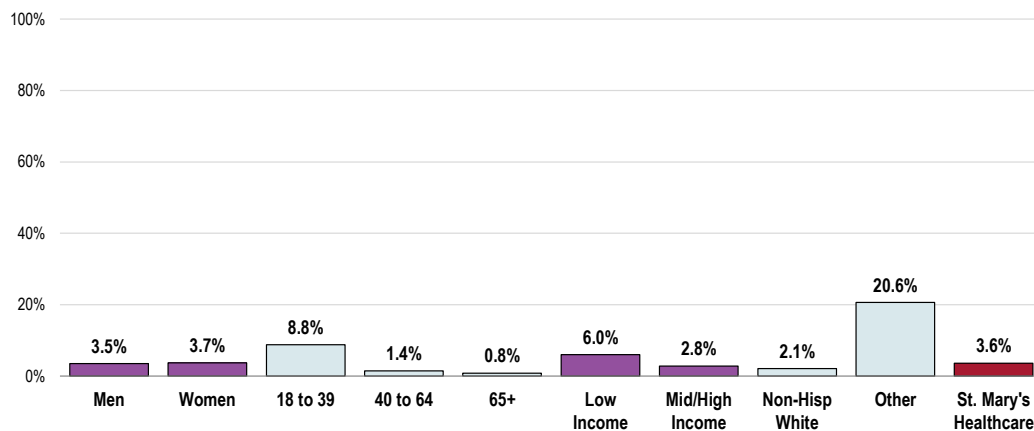


- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 163]
  - 2017 PRC National Health Survey, Professional Research Consultants, Inc.
  - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 New York data.
- Notes:
- Asked of all respondents.
  - Includes regular and occasional users (those who smoke e-cigarettes every day or on some days).

Electronic cigarette/other vaping product use is more prevalent among:

- Adults under age 40.
- Non-Whites.

### Currently Use Vaping Products (St. Mary's Healthcare Service Area, 2018)



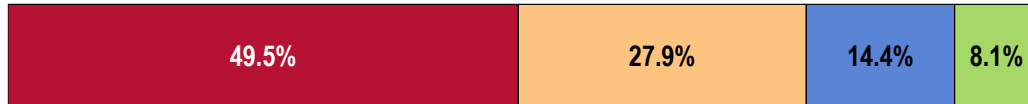
- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 163]
- Notes:
- Asked of all respondents.
  - Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
  - Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
  - Includes regular and occasional users (those who smoke e-cigarettes every day or on some days).

## Key Informant Input: Tobacco Use

Half of key informants taking part in an online survey characterized *Tobacco Use* as a “major problem” in the community.

### Perceptions of Tobacco Use as a Problem in the Community (Key Informants, 2018)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ 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 related to the following:

### Prevalence/Incidence

*Tobacco use is fairly common in the community and causes serious, detrimental effects on health. Asthma, lung cancer, heart disease, etc. – Physician*

*I see too many adults and young people smoking. – Community Leader*

*Fulton County has a high rate of smoking. I see younger and younger people smoking in the community. – Community Leader*

*I believe that tobacco use is a major problem in all communities. – Community Leader*

*As a more rural community, tobacco use is extremely high in comparison to neighboring counties.*

*Tobacco use among youth is also quite high, or at least that is my perception. – Community Leader*

*Very high adult and teen use. Limited smoking cessation opportunities. – Social Services Provider*

*Tobacco use in our communities continues to be a significant concern. Also, there is a very high correlation between smoking and mental illness. – Other Health Provider*

*Based on the number of people I see smoking on the sidewalks and purchasing tobacco at the store, I believe it is still a major problem. – Community Leader*

*High rates of use. – Community Leader*

*Rates are high. – Other Health Provider*

*Ignorance, ignoring, of the health impact of tobacco use, social pressure in the young, family history. – Other Health Provider*

*I think WAY too many people smoke in our communities. Most of the people I see on the streets are smoking. – Community Leader*

*Twenty nine percent of the population in Fulton and Montgomery Counties smoke. – Other Health Provider*

*Again, programs for smoking cessation is not attended well. Need to provide programs to support working group. Work with stores like CVS to minimize or remove products. – Other Health Provider*

*Still large number of smokers and it is causing health issues. – Physician*

*Many people smoke and leave their remnants wherever they like. – Community Leader*

*Large amount of smokers. – Community Leader*

*Much of the patient population admit to smoking and this contributes to increased mortality from heart disease, stroke, lung cancer, etc. – Physician*

*Too many people in our area smoke, particularly poor. – Community Leader*

*Our WIC program indicates that 12.5% of mothers smoke less than a pack a day. This is of special concern to us do to the exposure of the children to secondhand smoke. – Community Leader*

*The number of people, young and old, that smoke, buy, sell, share their cigarettes. – Social Services Provider*

*Overuse. Lack of quitting resources. – Social Services Provider*

*I see a high percentage of people in our region walking or driving with cigarettes hanging out of their mouths. – Community Leader*

*I see so many people buying cigarettes in every Stewarts I go into. Also, when you are out and about you see people everywhere smoking. Even in front of the hospital at all hours of the day. – Community Leader*

*There is a very large percentage of people who use tobacco/tobacco like products. – Other Health Provider*

### **Co-Morbidities**

*Tobacco use as an aggravating factor in many health issues. Respiratory issues, cardiac issues. – Community Leader*

*Use of tobacco contributes to a significant number of chronic diseases where the incidence is higher than that of NYS or US. – Community Leader*

*Contributes to heart disease, pulmonary issues, affects diabetes. – Social Services Provider*

*Continual use causing health issues. – Community Leader*

*Tobacco use seems to be co-occurring with other health issues, such as mental health and substance abuse. With those two issues on the rise, tobacco use seems to also be on the rise. – Public Health Representative*

### **Contributing Factors**

*Low income people seem to smoke a lot, it may be the lack of education or their parents do it. I'm not sure why, but I see mostly rural people that smoke the most. – Physician*

*Smoking and poverty go hand and hand. – Community Leader*

*Many children smoke. They see it at home and in the schools. – Other Health Provider*

*Kids starting smoking early in life. People using cigarettes as a "stress relief" or a method to relax rather than trying other methods. – Community Leader*

*People not willing to quit. Using tobacco as a means to quit or replace other drugs. Kids starting to smoke at young age and not caring and knowing of consequences. – Community Leader*

*Low socioeconomic status. Availability to younger population. – Social Services Provider*

### **Easy Access**

*Tobacco to ready available to underage and adults. Tobacco used as a stress reliever. Tobacco social status. – Community Leader*

*It's a major problem because it's accessible at many stores. Parents smoke in front of children and expose youth to the perception that smoking is acceptable behavior. – Social Services Provider*

*Easy to get tobacco products. Family history. Addiction to nicotine. High use of chewing tobacco. Ignorance. – Social Services Provider*

### **Education/Awareness**

*There are a large number of smokers who are not educated enough on the dangers of smoking and given proper education or treatment to quit. – Other Health Provider*

*The major users of tobacco users work in healthcare facilities, therefore, if any education is going to come from healthcare workers, the community will not take it seriously. – Other Health Provider*

# Access to Health Services



**Professional Research Consultants, Inc.**

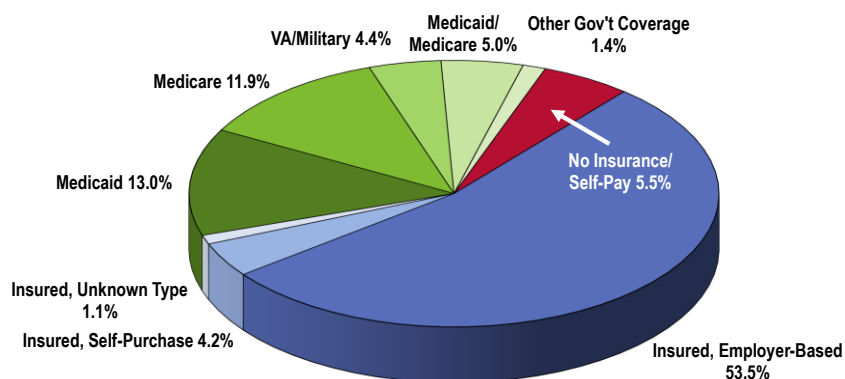
## Health Insurance Coverage

### Type of Healthcare Coverage

A total of 58.8% of St. Mary's Healthcare Service Area adults age 18 to 64 report having healthcare coverage through private insurance. Another 35.7% report coverage through a government-sponsored program (e.g., Medicaid, Medicare, military benefits).

Survey respondents were asked a series of questions to determine their healthcare insurance coverage, if any, from either private or government-sponsored sources.

**Healthcare Insurance Coverage**  
(Among Adults Age 18-64; St. Mary's Healthcare Service Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 169]  
Notes: • Reflects respondents age 18 to 64.

### Lack of Health Insurance Coverage

Among adults age 18 to 64, 5.5% report having no insurance coverage for healthcare expenses.

Here, lack of health insurance coverage reflects respondents age 18 to 64 (thus, excluding the Medicare population), who have no type of insurance coverage for healthcare services – neither private insurance nor government-sponsored plans (e.g., Medicaid).

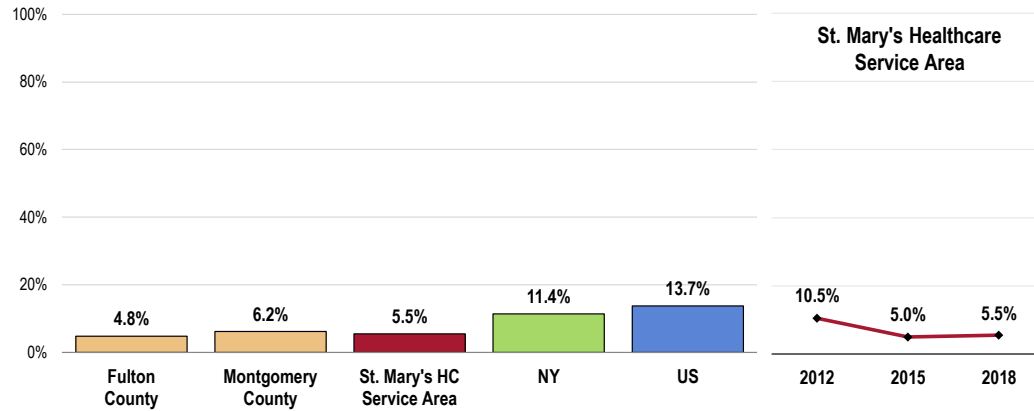
- Well below the state and US proportions.
- The Healthy People 2020 target is universal coverage (0% uninsured).
- Similar county percentages.
- TREND: Marks a statistically significant decrease since 2012.



## Lack of Healthcare Insurance Coverage

(Among Adults Age 18-64)

Healthy People 2020 Target = 0.0% (Universal Coverage)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 169]  
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2016 New York data.  
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.  
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective AHS-1]

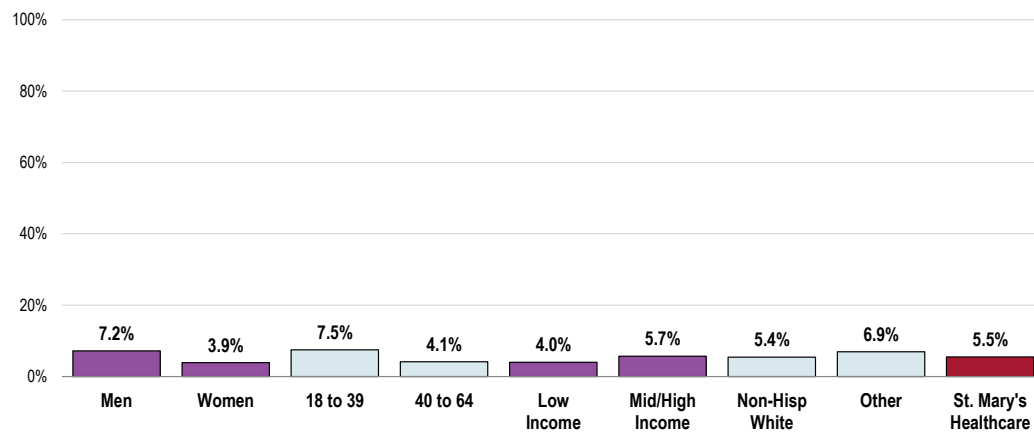
Notes: • Asked of all respondents under the age of 65.

- Lack of coverage in the service area does not vary significantly by demographic characteristics.

## Lack of Healthcare Insurance Coverage

(Among Adults Age 18-64; St. Mary's Healthcare Service Area, 2018)

Healthy People 2020 Target = 0.0% (Universal Coverage)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 169]  
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective AHS-1]

Notes: • Asked of all respondents under the age of 65.  
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).  
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

## Difficulties Accessing Healthcare

### 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](http://www.healthypeople.gov))

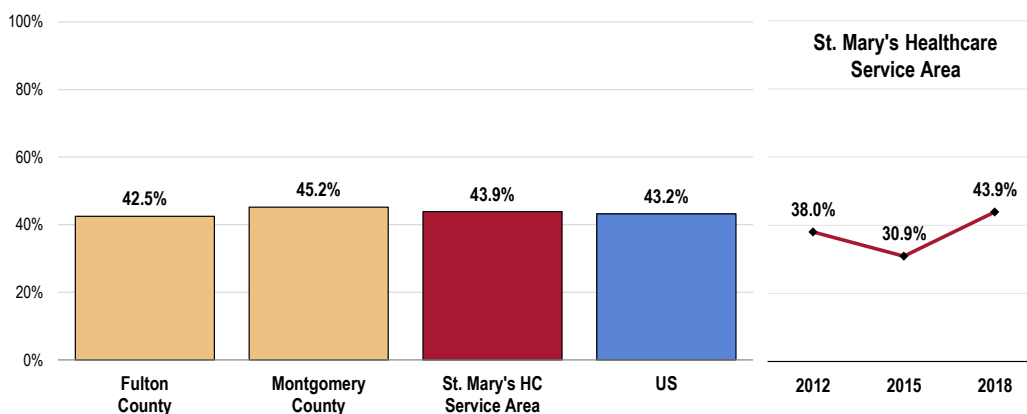
### Difficulties Accessing Services

A total of 43.9% of St. Mary's Healthcare Service Area adults report some type of difficulty or delay in obtaining healthcare services in the past year.

- Almost identical to national findings.
- Statistically similar by county.
- TREND: Marks a statistically significant increase since 2012 (as well as 2015).

This indicator reflects the percentage of the total population experiencing problems accessing healthcare in the past year, regardless of whether they needed or sought care.

### Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 171]

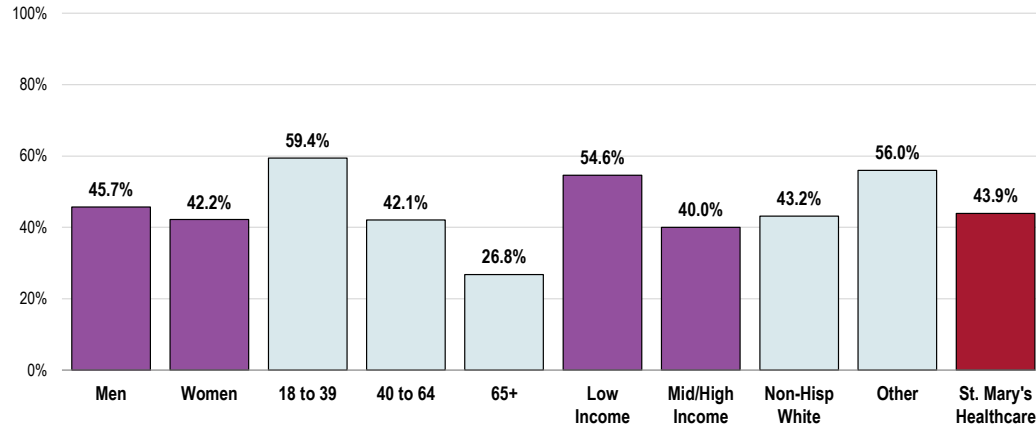
• 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

Note that the following demographic groups more often report difficulties accessing healthcare services:

- Adults under age 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, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 171]

Notes: • Asked of all respondents.  
• Represents the percentage of respondents experiencing one or more barriers to accessing healthcare in the past 12 months.  
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).  
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

## Barriers to Healthcare Access

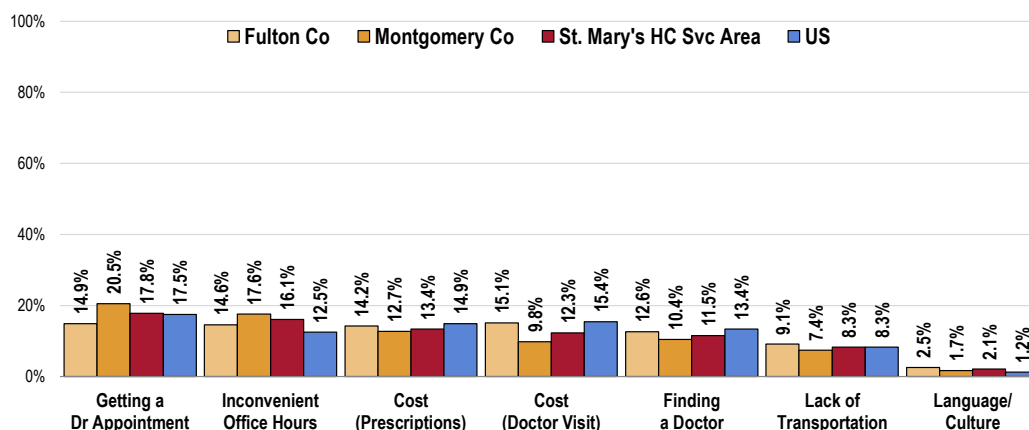
**Of the tested barriers, difficulty getting a doctor's appointment impacted the greatest share of St. Mary's Healthcare Service Area adults (17.8% experienced difficulty getting an appointment to visit a physician in the past year).**

- The proportion of impacted St. Mary's Healthcare Service Area adults is statistically comparable to that found nationwide for each of the tested barriers, with the exception of **inconvenient office hours** (the service area prevalence was worse).
- By county: Fulton County residents were more likely than Montgomery County residents to report that cost prevented a physician visit in the past year. On the other hand, respondents in Montgomery County were more likely to report that they experienced difficulty getting a medical appointment in the past year.

To better understand healthcare access barriers, survey participants were asked whether any of seven types of barriers to access prevented them from seeing a physician or obtaining a needed prescription in the past year.

Again, these percentages reflect the total population, regardless of whether medical care was needed or sought.

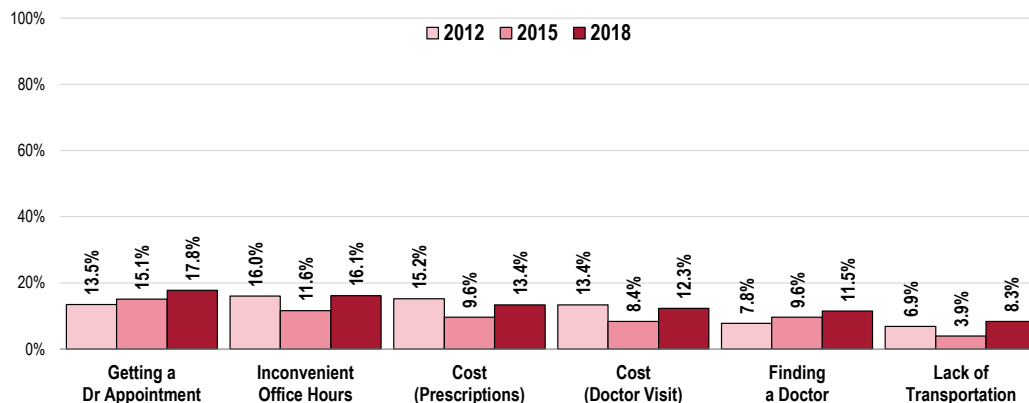
## Barriers to Access Have Prevented Medical Care in the Past Year



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 7-13]  
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.  
 Notes: • Asked of all respondents.

- **TREND:** Over time, the barriers of getting appointments to see physicians and finding local physicians have both increased significantly in the service area.

## Barriers to Access Have Prevented Medical Care in the Past Year



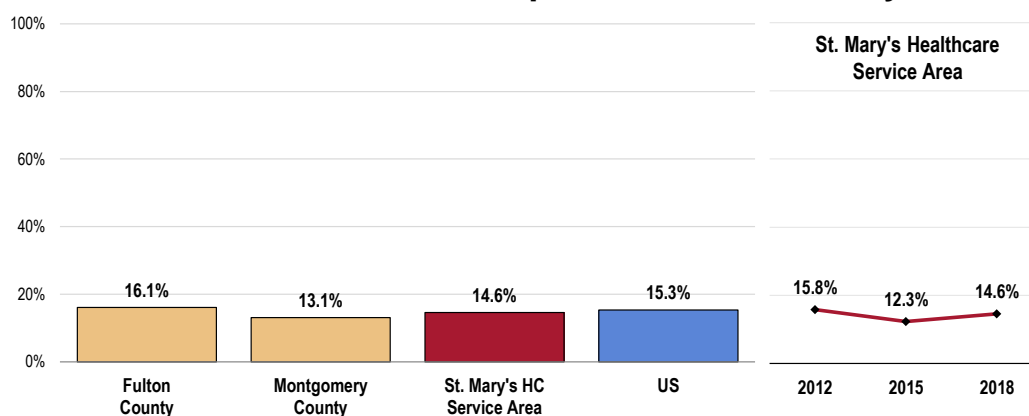
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 7-11, 13]  
 Notes: • Asked of all respondents.

### Prescriptions

Among all St. Mary's Healthcare Service Area adults, 14.6% skipped or reduced medication doses in the past year in order to stretch a prescription and save money.

- Similar to national findings.
- Similar findings by county.
- **TREND:** Statistically similar to 2012 findings.

## Skipped or Reduced Prescription Doses in Order to Stretch Prescriptions and Save Money

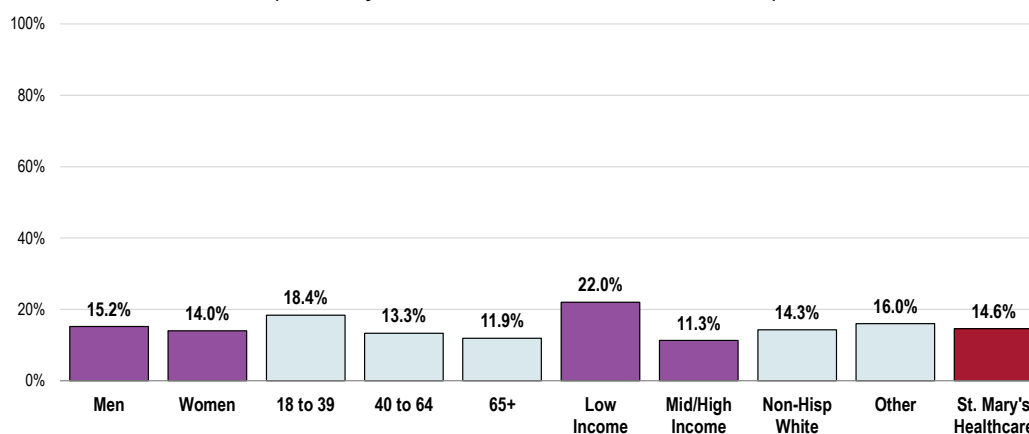


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 14]  
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

- Low-income residents are more likely to have skipped or reduced their prescription medications.

## Skipped or Reduced Prescription Doses in Order to Stretch Prescriptions and Save Money (St. Mary's Healthcare Service Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 14]  
 Notes: • Asked of all respondents.

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

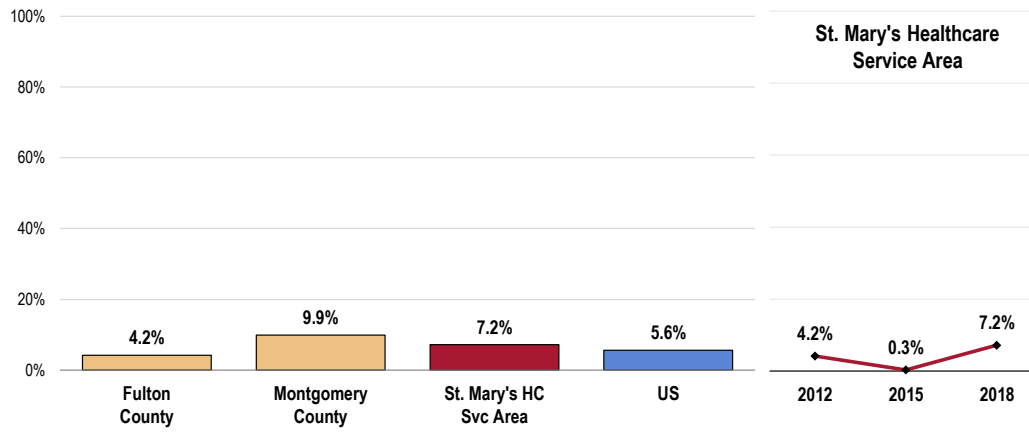
## Accessing Healthcare for Children

A total of 7.2% of parents say there was a time in the past year when they needed medical care for their child, but were unable to get it.

- Similar to what is reported nationwide.
- Statistically similar by county.
- TREND: Statistically unchanged since 2012 (but an increase since 2015).

Surveyed parents were also asked if, within the past year, they experienced any trouble receiving medical care for a randomly-selected child in their household.

### Had Trouble Obtaining Medical Care for Child in the Past Year (Among Parents of Children 0-17)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 118]  
• 2017 PRC National Health Survey, Professional Research Consultants, Inc.

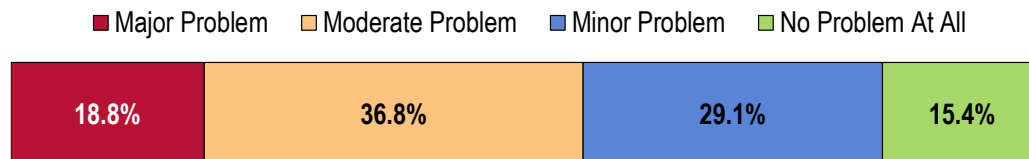
Notes: • Asked of all respondents with children 0 to 17 in the household.

Among the parents experiencing difficulties, the majority cited **cost or a lack of insurance** as the primary reason; others cited a **lack of available providers**.

## 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.

### Perceptions of Access to Healthcare Services as a Problem in the Community (Key Informants, 2018)



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:

### Transportation

*Transportation services are either nonexistent or closing down. Public transportation not only affects access to providers and clinics, but also to employment and other key services that improve the social determinants of health. – Other Health Provider*

*There are many individuals that have no way of getting themselves or their families to the health care provider they need. The recent cut of the Amsterdam Bus has made this an even larger issue. – Community Leader*

*Patients with limited transportation, limited funds for taxi service. Sometimes unable to get necessary tests done in one visit, due to no appointments, leaving them with need to come on separate days or go to separate buildings. – Other Health Provider*

*Low-income families do not have the transportation or funds to available to get to a place for health care. – Community Leader*

*Transportation to and from health care facilities in the region is lacking, especially in the more rural areas and for our seniors and elderly population. – Community Leader*

*Transportation. High co-pays due to insurance. Reactive behavior instead of proactive behavior. Food deserts not having access to healthy/fresh food. Not understanding their chronic disease and not educated on chronic care management. – Other Health Provider*

*Transportation, patients discharged from care due to high no shows, lack of non-traditional office hours. People not having sick time for work, multiple providers for a single diagnosis. – Other Health Provider*

*It seems there may not be enough transportation for those that cannot get themselves to appointments. – Other Health Provider*

*Many people live in rural areas with no access to public transportation. – Social Services Provider*

*Transportation and language barriers. – Other Health Provider*

### Access to Care/Services

*Primary care provider offices are not open enough. Lack varying hours to support the working class. If their hours were more staggered, there would be fewer ER and urgent care visits. Many are no longer seeing patients in the hospital because of the hospitalist services, so they could look at different hours of operation. – Other Health Provider*

*Affordability, transportation, and comfortability accessing health care. – Community Leader*

*The wait time in order to actually see a provider after referral and paperwork is completed. – Social Services Provider*

*Not enough Medicaid healthcare services. Not enough medical transportation for services. Time to wait for initial appointment. – Community Leader*

*Getting appointments for emergencies and discharges patients from the hospital to primary care physician within seven days. – Community Leader*

*Parents do not have access to services and do not keep appointments because of lack of transportation. Language barrier is also an issue for our parents. – Community Leader*

### Aging Population

*There is a large lack of transportation for seniors for all aspects of their health, including doctors' visits, accessing a ride to the pharmacy, access to the grocery store for nutrition, etc. There is also an enormous lack of funding for help aiding individuals that need home health aides, and caregivers who need respite. Individuals cannot afford to pay for home health aides, so their only option is to go into a nursing home, where they don't want to be. Training, higher wages for home health aides, and some thought into how to care for our aging community is a huge challenge. – Social Services Provider*

*Age and frailty of the population and access to transportation. – Community Leader*

### Quality of Care

*I feel it is more the quality of the health services; it may be less about the access than quality of services. – Social Services Provider*

**Lack of Providers**

*Lack of staff, CNA, LPN, PCA, or therapists for rural areas. – Other Health Provider*

**Type of Care Most Difficult to Access**

Key informants (who rated this as a “major problem”) most often identified **behavioral health**, **dental care**, **substance abuse treatment**, and **specialty care** as the most difficult to access in the community.

<b>Medical Care Difficult to Access as Identified by Key Informants</b>				
	Most Difficult	Second-Most Difficult	Third-Most Difficult	Total Mentions
Behavioral Health Services	64.3%	35.7%	0.0%	14
Dental Care	22.2%	33.3%	44.4%	9
Substance Abuse Treatment	12.5%	25.0%	62.5%	8
Specialty Care	25.0%	37.5%	37.5%	8
Elder Care	50.0%	16.7%	33.3%	6
Primary Care	25.0%	50.0%	25.0%	4
Pain Management	0.0%	50.0%	50.0%	2
Prenatal Care	0.0%	100%	0.0%	1
Chronic Disease Care	100%	0.0%	0.0%	1
Urgent Care	100%	0.0%	0.0%	1



## 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

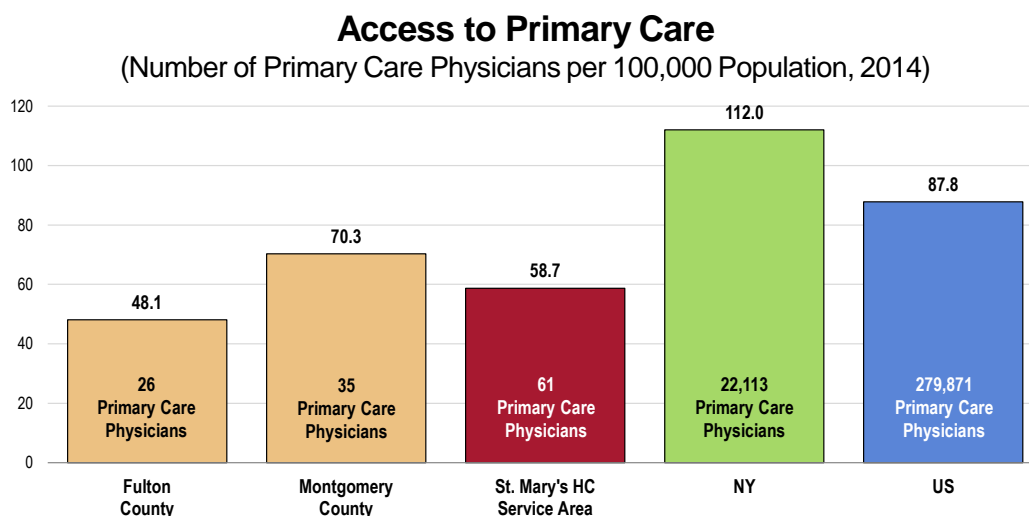
Improving health care services includes increasing access to and use of evidence-based preventive services. Clinical preventive services are services that: **prevent** illness by detecting early warning signs or symptoms before they develop into a disease (primary prevention); or **detect** a disease at an earlier, and often more treatable, stage (secondary prevention).

- Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

### Access to Primary Care

In St. Mary's Healthcare Service Area in 2014, there were 61 primary care physicians, translating to a rate of 58.7 primary care physicians per 100,000 population.

- Well below the ratios reported statewide (especially) and nationally.
- The ratio is unfavorably low in Fulton County.



Sources: 

- US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File.
- Retrieved August 2018 from Community Commons at <http://www.chna.org>.

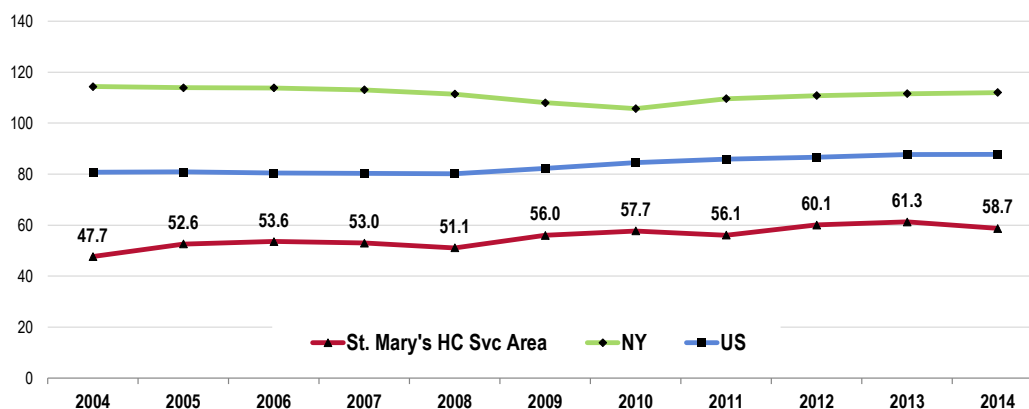
Notes: 

- This indicator is relevant because a shortage of health professionals contributes to access and health status issues.

- **TREND:** Access to primary care (in terms of the rate of primary care physicians to population) has improved over the past decade in the service area.

## Trends in Access to Primary Care

(Number of Primary Care Physicians per 100,000 Population)



Sources: • US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File.  
 • Retrieved August 2018 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.

Having a specific source of ongoing care includes having a doctor's office, clinic, urgent care center, walk-in clinic, health center facility, hospital outpatient clinic, HMO or prepaid group, military/VA clinic, or some other kind of place to go if one is sick or needs advice about his or her health. This resource is crucial to the concept of "patient-centered medical homes" (PCMH).

A hospital emergency room is not considered a specific source of ongoing care in this instance.

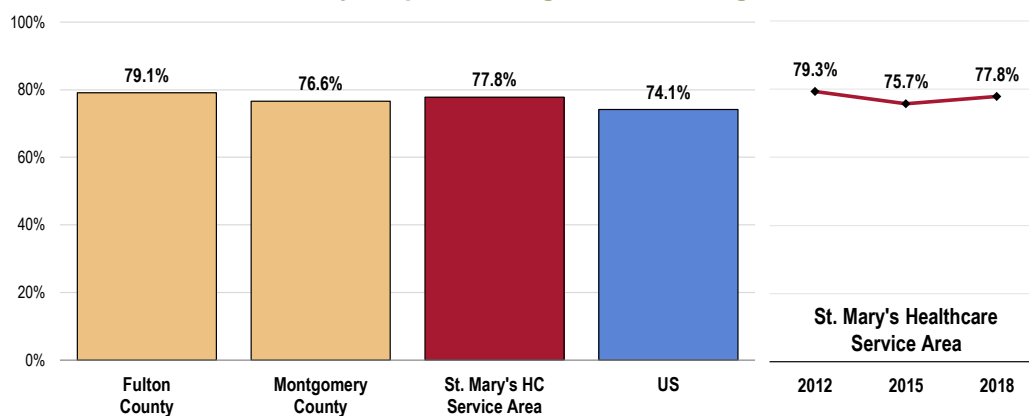
## Specific Source of Ongoing Care

**A total of 77.8% of St. Mary's Healthcare Service Area adults were determined to have a specific source of ongoing medical care.**

- Similar to national findings.
- Fails to satisfy the Healthy People 2020 objective (95% or higher).
- Similar county percentages.
- TREND: Statistically unchanged over time.

## Have a Specific Source of Ongoing Medical Care

Healthy People 2020 Target = 95.0% or Higher



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 170]  
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.  
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective AHS-5.1]  
 Notes: • Asked of all respondents.

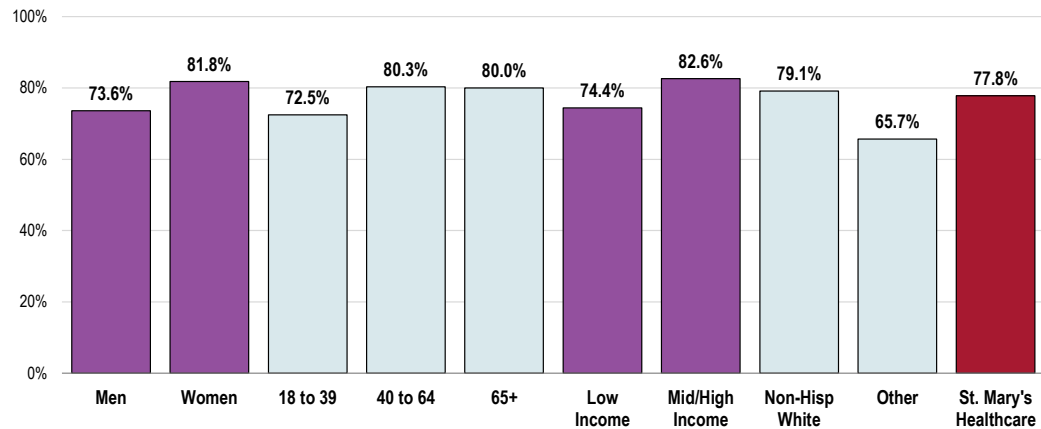
When viewed by demographic characteristics, the following population segments are less likely to have a specific source of care:

- Women.
- Lower-income adults.
- Non-Whites.

### Have a Specific Source of Ongoing Medical Care

(St. Mary's Healthcare Service Area, 2018)

Healthy People 2020 Target = 95.0% or Higher



Sources:

- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 170]
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective AHS-5.1]

Notes:

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

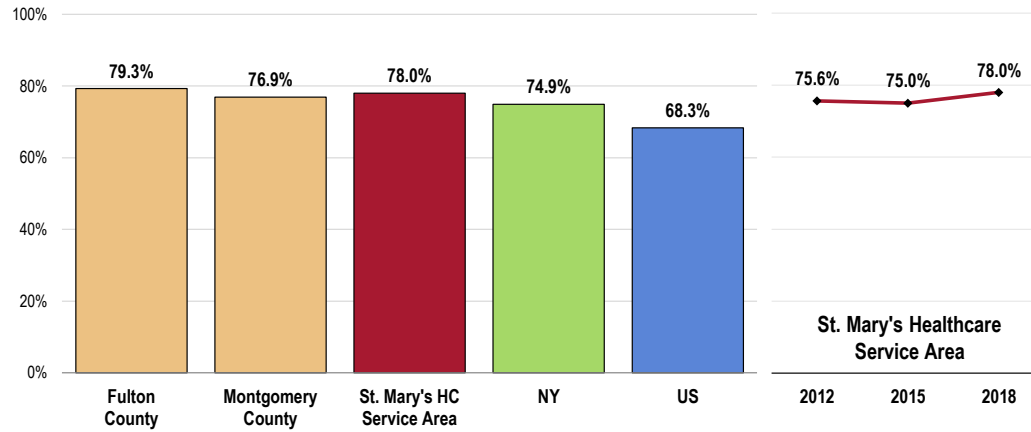
## Utilization of Primary Care Services

### Adults

Most area adults (78.0%) visited a physician for a routine checkup in the past year.

- Higher than the state and US percentages.
- Comparable by county.
- TREND: Statistically unchanged over time.

## Have Visited a Physician for a Checkup in the Past Year

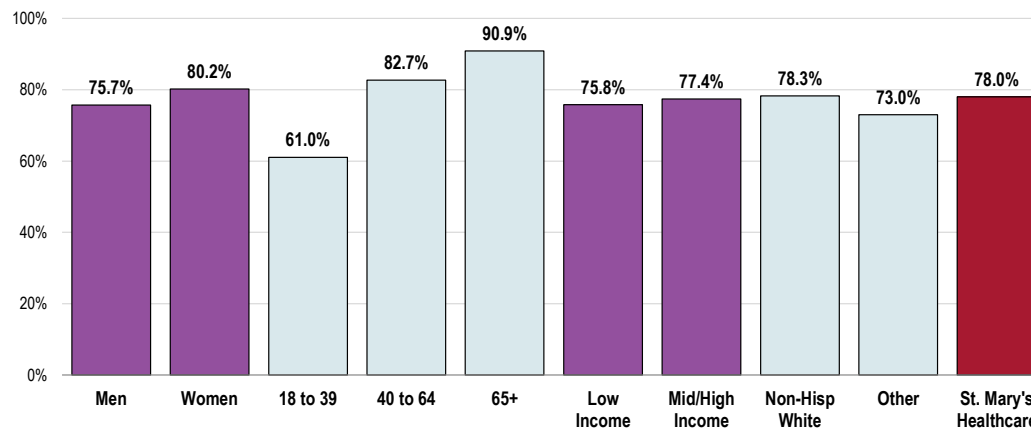


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 18]  
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2016 New York data.  
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

- Adults under age 40 are less likely to have received routine care in the past year (positive correlation with age).

## Have Visited a Physician for a Checkup in the Past Year (St. Mary's Healthcare Service Area, 2018)



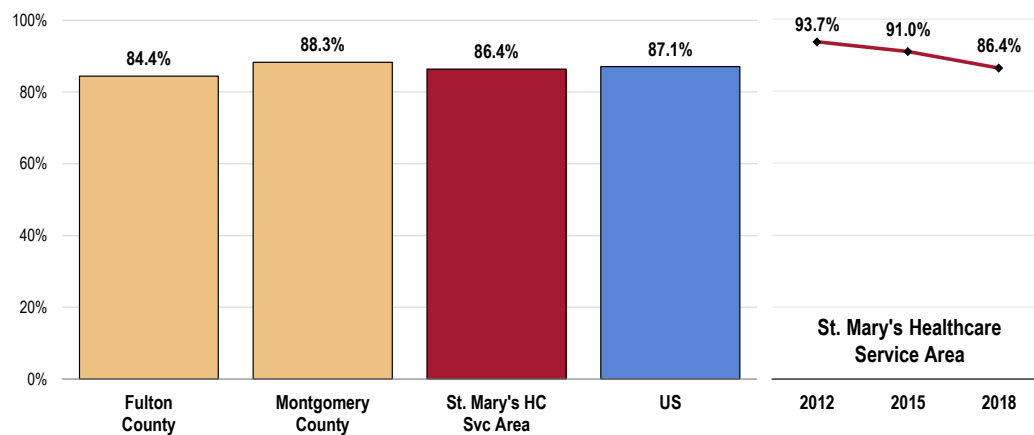
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 18]  
 Notes: • Asked of all respondents.  
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).  
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

## Children

Among surveyed parents, 86.4% report that their child has had a routine checkup in the past year.

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

### Child Has Visited a Physician for a Routine Checkup in the Past Year (Among Parents of Children 0-17)

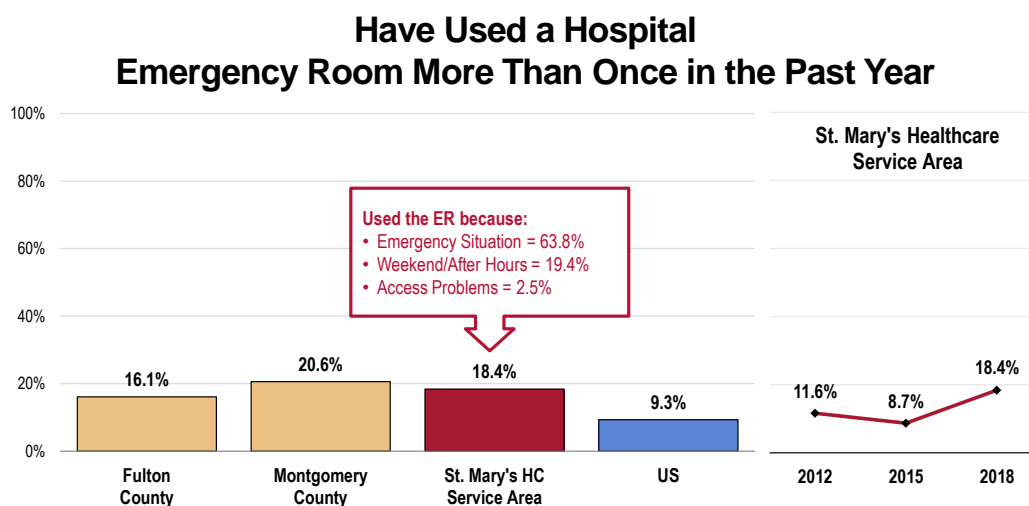


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 120]  
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.  
 Notes: • Asked of all respondents with children 0 to 17 in the household.

## Emergency Room Utilization

A total of 18.4% of St. Mary's Healthcare Service Area adults have gone to a hospital emergency room more than once in the past year about their own health.

- Nearly double the national figure.
- Statistically similar county percentages.
- TREND: Denotes a statistically significant increase from 2012 (and 2015) survey findings.



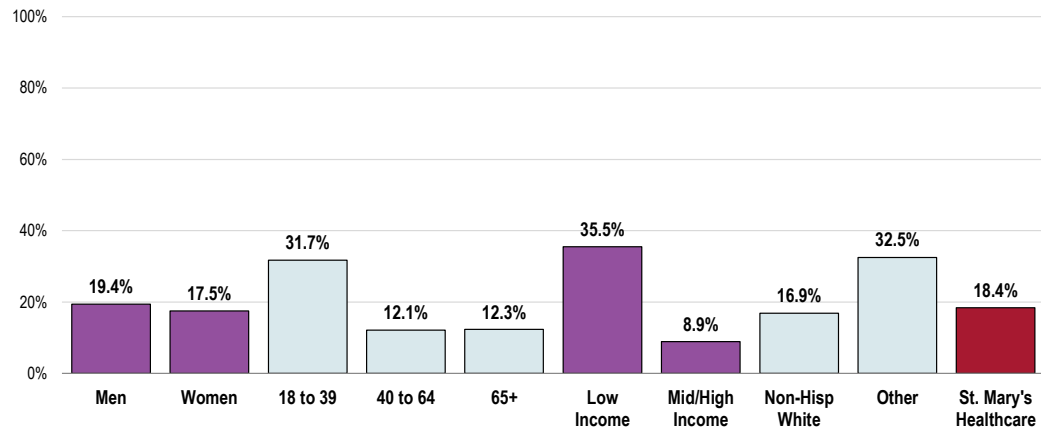
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 22-23]  
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.  
 Notes: • Asked of all respondents.

Of those using a hospital ER, 63.8% say this was due to an **emergency or life-threatening situation**, while 19.4% indicated that the visit was during **after-hours or on the weekend**. A total of 2.5% cited **difficulties accessing primary care** for various reasons.

These population segments are more likely to have used an ER for their medical care more than once in the past year:

- Young adults (under age 40).
- Residents in low-income households.
- Non-Whites.

## Have Used a Hospital Emergency Room More Than Once in the Past Year (St. Mary's Healthcare Service Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 22]

Notes: • Asked of all respondents.

• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).

• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

## 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.

• Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

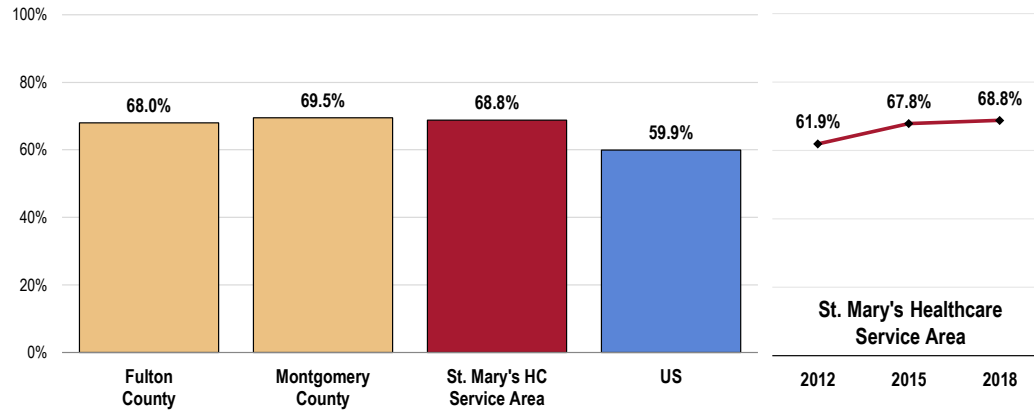
## Dental Insurance

**Over two-thirds (68.8%) of St. Mary's Healthcare Service Area adults have dental insurance that covers all or part of their dental care costs.**

- Higher than the national finding.
- Similar county percentages.
- TREND: Marks a statistically significant increase from 2012 survey findings.



## Have Insurance Coverage That Pays All or Part of Dental Care Costs



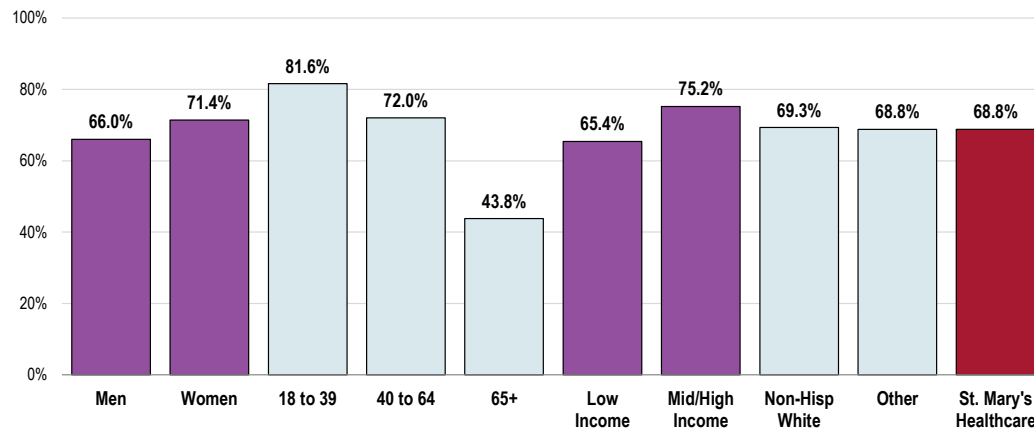
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 21]  
• 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

These adults are less likely to be covered by dental insurance:

- Seniors.
- Residents in low-income households.

## Have Insurance Coverage That Pays All or Part of Dental Care Costs (St. Mary's Healthcare Service Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 21]  
• Asked of all respondents.

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

## Dental Care

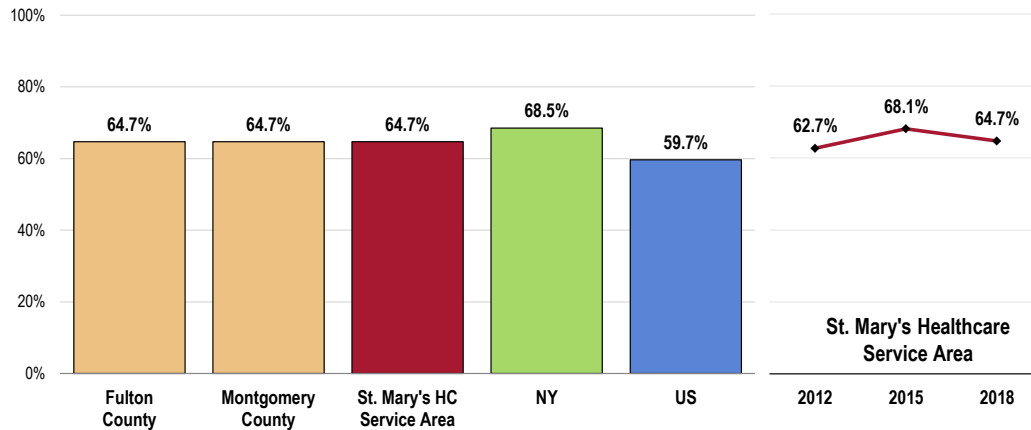
### Adults

A total of 64.7% of service area adults have visited a dentist or dental clinic (for any reason) in the past year.

- Lower than statewide findings.
- Higher than national findings.
- Satisfies the Healthy People 2020 target (49% or higher).
- No difference by county.
- TREND: Statistically unchanged from 2012 survey findings.

### Have Visited a Dentist or Dental Clinic Within the Past Year

Healthy People 2020 Target = 49.0% or Higher



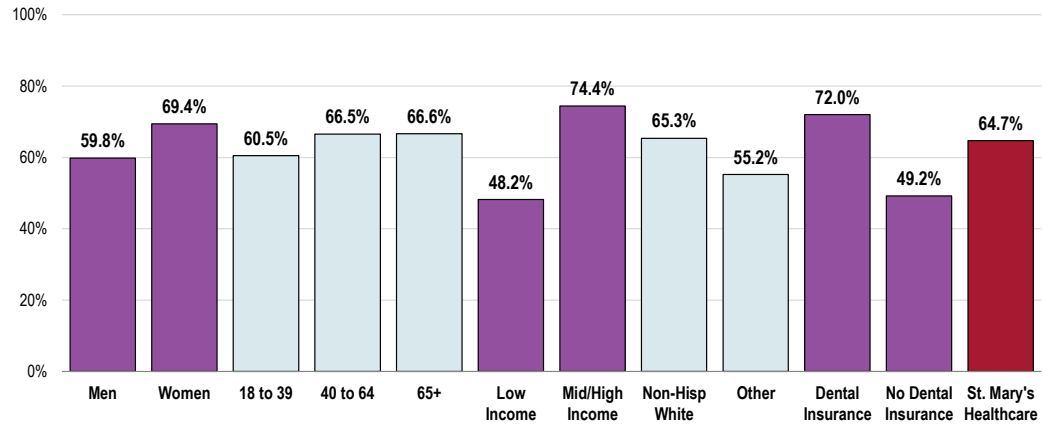
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 20]  
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2016 New York data.  
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.  
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective OH-7]

Notes: • Asked of all respondents.

These population segments are less likely to report recent dental care:

- Men.
- Low-income residents.
- Persons without dental insurance.

## Have Visited a Dentist or Dental Clinic Within the Past Year (St. Mary's Healthcare Service Area, 2018) Healthy People 2020 Target = 49.0% or Higher



Sources:

- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 20]
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective OH-7]

Notes:

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

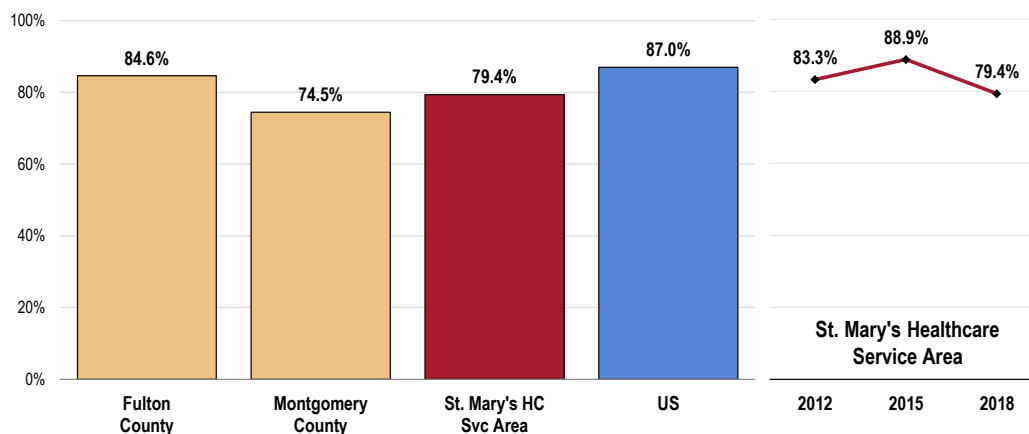
### Children

**A total of 79.4% of parents report that their child (age 2 to 17) has been to a dentist or dental clinic within the past year.**

- Comparable to national findings.
- Satisfies the Healthy People 2020 target (49% or higher).
- Statistically comparable by county.
- TREND: Similar to 2012 findings (but marks a statistically significant decrease in children's dental care since 2015).

## 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

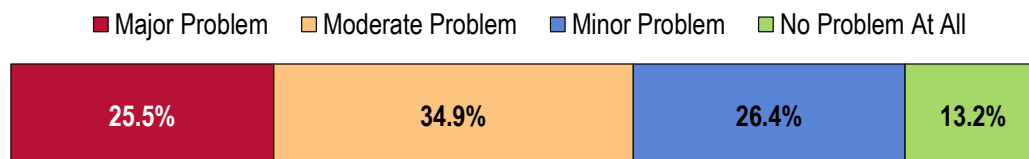


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 123]  
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.  
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective OH-7]  
 Notes: • Asked of all respondents with children age 2 through 17.

## 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, 2018)



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:

### Access to Care for Medicaid/Medicare Patients

*Lack of dentists who accept Medicaid. – Community Leader*

*Very few dental offices accept Medicaid. – Social Services Provider*

*Dental care is a major problem for seniors because often times Medicare plans do not cover dental procedures and seniors are left to pay for the dental work themselves. Often times not being able to afford it, they go untreated instead. – Social Services Provider*

*Limited dentists that accept Medicaid. – Other Health Provider*

*Access to care. – Other Health Provider*

*Not many providers take Medicaid. Appointments are hard to get. One of the major reasons people go to the Emergency Department. – Other Health Provider*

*There are not enough dental providers who take Medicaid. Many children do not have regular dental care, and public health no longer has a dental clinic. Also, it would be very helpful to have a dental van that could go to the schools for routine dental hygiene care. – Other Health Provider*

*There are not enough providers who accept Medicaid. – Other Health Provider*

*Many (if not most) of the practicing dentists do not take Medicaid. There is also a serious lack of oral surgery available. – Other Health Provider*

*Lack of providers who accept Medicaid and accepting new patients. – Other Health Provider*

### **Affordable Care/Services**

*Dental care is a luxury to most people and it's the last thing people with a low income will spend. Unless it hurts, then they will have it pulled. – Physician*

*I think the biggest barrier for dental care is inability to pay and a lack of insurance, so people are not seen for bi-annual dentist visits. – Public Health Representative*

*Lack of pediatric dentists, lack of insurance and resources, early dental hygiene and education. – Community Leader*

*Lack of fluoride in any of the water systems, except for Gloversville, NY. Scarcity of dentists. I have seen more tooth decay requiring major dental work, crowns, root canals in children here compared to anywhere else that I have ever worked. – Physician*

*The dentists are here for the money, not enough of them that take many of the working family insurance. Then there is not enough who take Medicaid. Money is always a problem, too expensive for most of the working class. – Community Leader*

### **Insurance Issues**

*I have Delta Dental and no local dentists accept it except Aspen. – Community Leader*

*Insurance doesn't cover costs and people cannot afford dental treatment. Not part of Medicare. – Community Leader*

*Lack of dental insurance that local providers will accept. Many substance abusers have major dental health issues that are a low priority compared to the many other issues they are facing. – Social Services Provider*

*Poverty. No health insurance that covers dental. High number of smokers. High use of chewing tobacco. – Social Services Provider*

*Lack of insurance benefits or funds to cover cost. – Social Services Provider*

### **Education/Awareness**

*Lack of education, resources. – Social Services Provider*

*Many children do that get fluoride and do not go regularly to dentist. Poor oral health as adults complicates many health issues. – Physician*

*Lack of education and emphasis on why oral care is important as well as the consequences of poor care down the road. – Social Services Provider*

## Vision Care

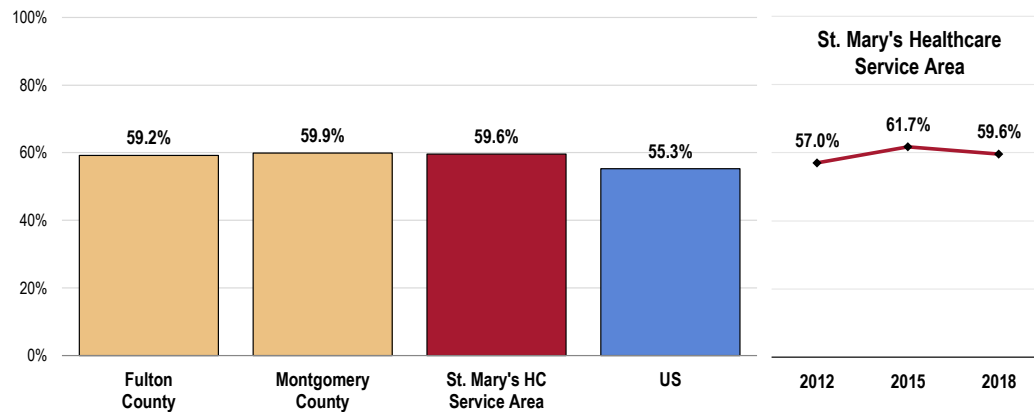
### RELATED ISSUE:

See also *Potentially Disabling Conditions: Vision & Hearing Impairment in the Death, Disease, & Chronic Conditions* section of this report.

**A total of 59.6% of St. Mary's Healthcare Service Area residents had an eye exam in the past two years during which their pupils were dilated.**

- Statistically comparable to national findings.
- Comparable county percentages.
- TREND: Statistically unchanged over time.

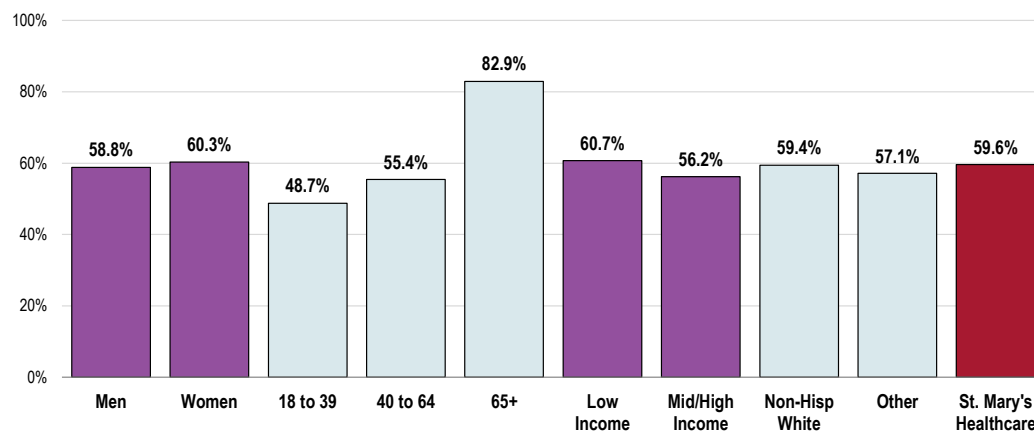
### Had an Eye Exam in the Past Two Years During Which the Pupils Were Dilated



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 19]  
 • 2017 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, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 19]  
 Notes: • Asked of all respondents.  
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).  
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## Local Resources



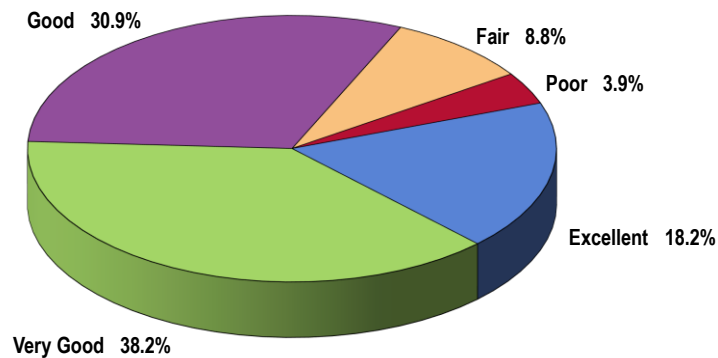
**Professional Research Consultants, Inc.**

## Perceptions of Local Healthcare Services

Over half of St. Mary's Healthcare Service Area adults (56.4%) rate the overall healthcare services available in their community as "excellent" or "very good."

- Another 30.9% gave "good" ratings.

### Rating of Overall Healthcare Services Available in the Community (St. Mary's Healthcare Service Area, 2018)

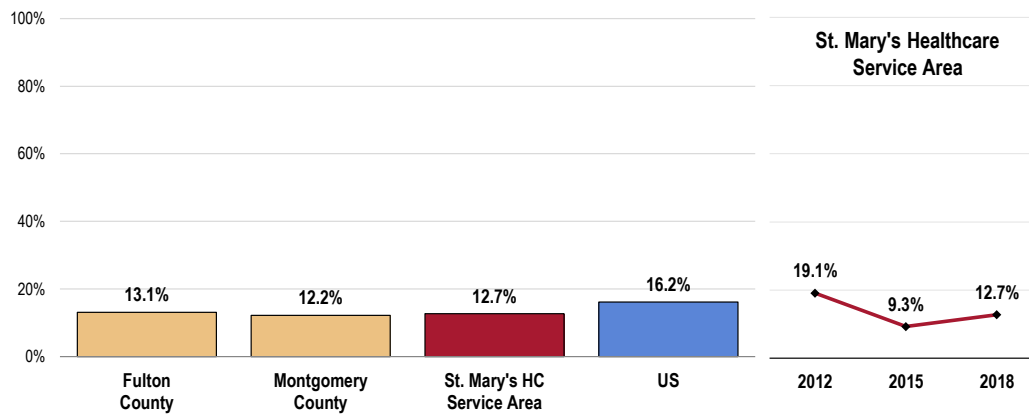


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]  
Notes: • Asked of all respondents.

However, 12.7% of residents characterize local healthcare services as "fair" or "poor."

- More favorable than reported nationally.
- Similar findings by county.
- TREND: Marks a statistically significant improvement in ratings.

### Perceive Local Healthcare Services as "Fair/Poor"



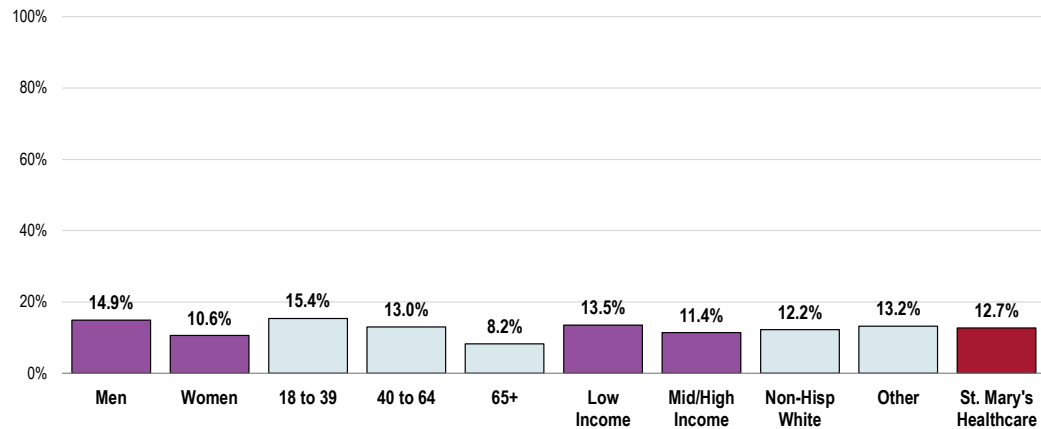
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]  
• 2017 PRC National Health Survey, Professional Research Consultants, Inc.  
Notes: • Asked of all respondents.



- The prevalence of “fair/poor” ratings of local healthcare among survey respondents does not vary significantly by demographic characteristic.

### Perceive Local Healthcare Services as “Fair/Poor”

(St. Mary's Healthcare Service Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]

Notes: • Asked of all respondents.

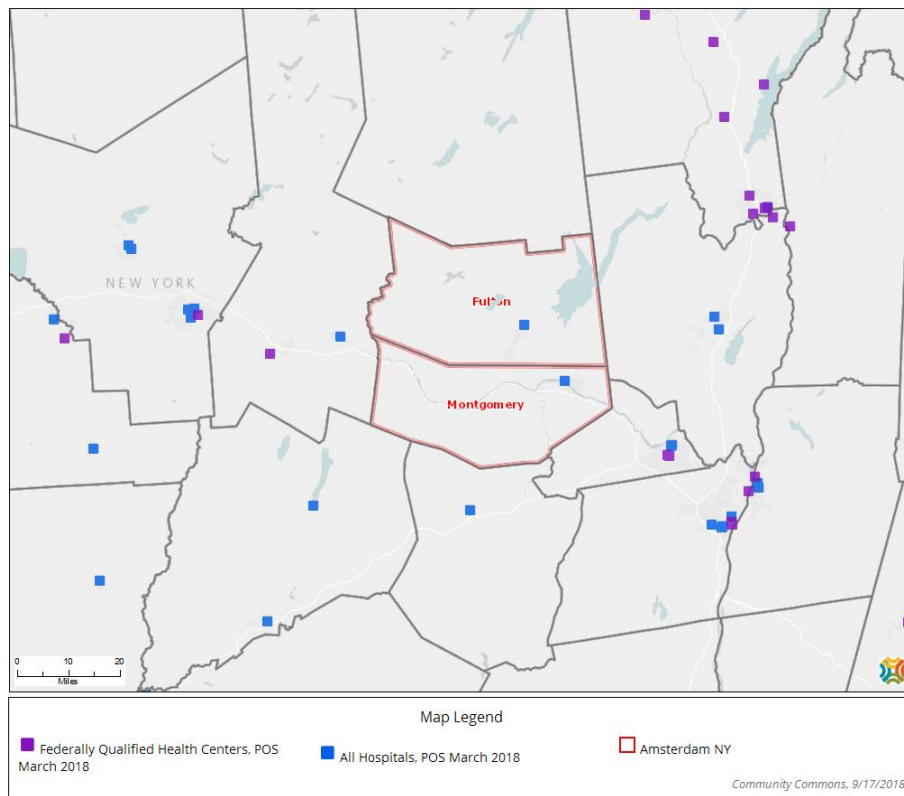
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).

• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

## Healthcare Resources & Facilities

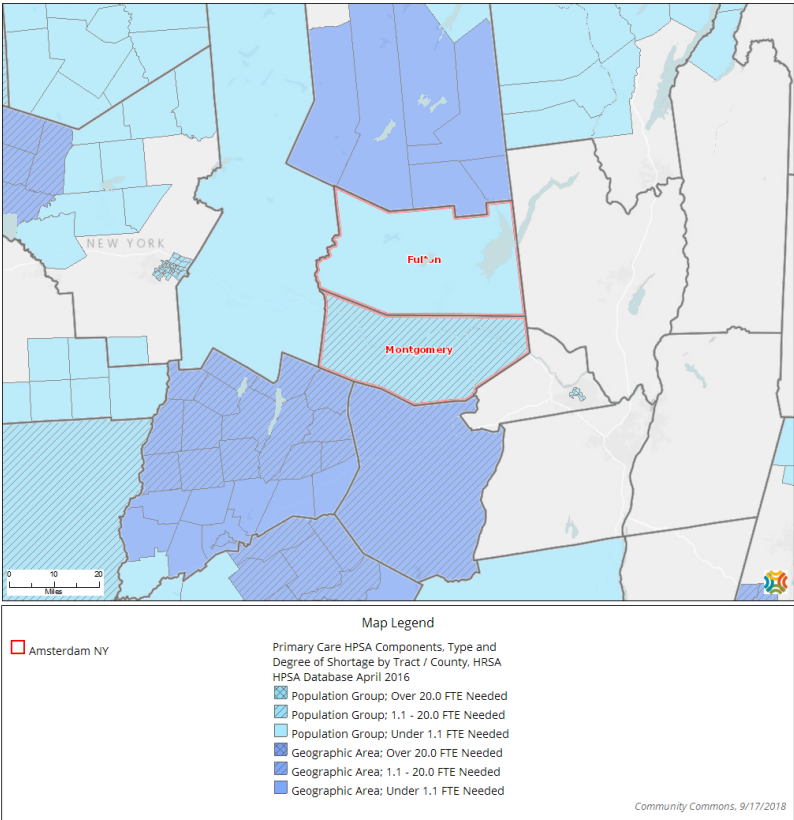
### Hospitals & Federally Qualified Health Centers (FQHCs)

The following map details the hospitals and Federally Qualified Health Centers (FQHCs) within St. Mary's Healthcare Service Area as of March 2018.



## Health Professional Shortage Areas (HPSAs)

The following map illustrates any health professional shortage areas within the service area as of April 2016.



## Resources Available to Address the Significant Health Needs

The following represent potential measures and resources (such as programs, organizations, and facilities in the community) identified by key informants as available to address the significant health needs identified in this report. This list only reflects input from participants in the Online Key Informant Survey and should not be considered to be exhaustive nor an all-inclusive list of available resources.

### Access to Healthcare Services

Access  
 Alliance for Positive Health  
 Catholic Charities  
 Centro Civico of Amsterdam  
 Community Health Centers (CHC)  
 Community Outreach Programs  
 Discounted Taxi Services  
 Doctor's Offices  
 Gloversville Public Transportation  
 Home Health Care Partners (HHCP)  
 Home Health Aides  
 Home Helpers  
 Hometown Health Care  
 Hospice  
 Hospitals  
 Medicaid Transportation  
 Montgomery County Office for Aging  
 NAMI  
 New Dimensions in Health Care  
 Office for Aging  
 Planned Parenthood  
 School System  
 St. Mary's Healthcare  
 St. Mary's Healthcare Primary Care Centers  
 The Mental Health Association in Fulton and Montgomery Counties  
 Transportation  
 Urgent Care

### Arthritis/Osteoporosis/Back Conditions

Alpin Haus Fitness Center  
 Doctor's Offices  
 Fitness Centers/Gyms  
 HealthLink  
 Mohawk Valley Orthopedics  
 Nathan Littauer Hospital

Nathan Littauer Primary Care Centers  
 OT Programs for Businesses  
 Pain Management  
 Physical Therapy  
 Riverfront Center  
 St. Mary's Healthcare  
 St. Mary's Healthcare Primary Care Centers  
 St. Mary's Healthcare Rehabilitation Services  
 Tai Chi

### Cancer

American Cancer Society  
 Breast Health Program - Rao Pavilion  
 Cancer Care  
 Cancer Medicine Center  
 Cancer Peer Education Program  
 Cancer Screening Program  
 Cancer Services of Montgomery County  
 Cancer Services Program (CSP)  
 Doctor's Offices  
 Gateway Hospital  
 HealthLink  
 Hospice  
 Hospitals  
 Medicaid  
 Mountain Valley Hospice  
 Nathan Littauer Hospital  
 New York Oncology Hematology  
 Office for Aging  
 Oncology Center  
 Peer to Peer Forum  
 Public Health Department  
 Relay for Life  
 Riverfront Center  
 St. Mary's Healthcare  
 St. Mary's Healthcare Cancer Services

St. Mary's Healthcare Rao Pavilion  
 St. Mary's Hospital  
 St. Peter's Hospital

### **Dementia/Alzheimer's Disease**

Alzheimer's Association  
 Alzheimer's Program  
 Alzheimers.org  
 Arkell Center  
 Caregiver Respite Programs  
 Caregiver Support Groups  
 Catholic Charities  
 Doctor's Offices  
 Fulton County Office for Aging  
 Home Health Care  
 Home Helpers  
 Inman Center  
 Montgomery County Office for Aging  
 Nathan Littauer Hospital  
 Nathan Littauer Primary Care Centers  
 Nursing Homes  
 Office for Aging  
 Public Health Department  
 Residential Health Care Facilities (RHCF)  
 Resource Center for Independent Living (RCIL)  
 Respite Care  
 St. Mary's Healthcare  
 St. Mary's Hospital  
 Support Groups  
 The Eddy  
 Wells House

### **Diabetes**

ADA  
 Adult Care Managers  
 Bassett Health Care  
 CDC Diabetes Prevention Program, Montgomery County  
 Cornell Cooperative Extension  
 Diabetes Association  
 Diabetes Educator  
 Diabetic Support Groups  
 Doctor's Offices  
 Fitness Centers/Gyms  
 Food Pantries  
 Gateway Hospital  
 HealthLink  
 Hospitals  
 Legal Aid Society

Meals on Wheels  
 Montgomery County Department of Health  
 Nathan Littauer HealthLink  
 Nathan Littauer Hospital  
 Nutrition Services  
 Nutritionists  
 Office for Aging  
 Parks and Recreation  
 Public Health Department  
 St. Mary's Healthcare  
 St. Mary's Healthcare Diabetes and Nutrition Ed Center  
 St. Mary's Healthcare Primary Care Centers  
 St. Mary's Hospital  
 Urgent Care

### **Family Planning**

Alpha Pregnancy Center  
 Catholic Charities  
 Centro Civico of Amsterdam  
 Community Maternity Services  
 Creative Connections Clubhouse  
 Doctor's Offices  
 Fulton and Montgomery Counties Public Health  
 Greater Amsterdam School District  
 Hospitals  
 Nathan Littauer Hospital  
 Office for Aging  
 Pharmacies  
 Planned Parenthood  
 St. Mary's Healthcare

### **Hearing and Vision Problems**

Caffrey and Associates Audiology  
 Doctor's Offices  
 Gateway Hospital  
 Hearing Diagnostic Businesses  
 Kwiatt Eye & Laser Surgery  
 Miracle Ear  
 Nathan Littauer Hospital  
 St. Mary's Healthcare

### **Heart Disease and Stroke**

Advancing Tobacco Free Communities  
 Alpin Haus Fitness Center  
 American Heart Association  
 Bassett Health Care  
 Cardiac Rehabilitation Centers

Catholic Charities  
 Doctor's Offices  
 Ellis Cardiac Care  
 Ellis Hospital  
 Ellis Hospital Stroke Center  
 Fitness Centers/Gyms  
 HealthLink  
 HFM Prevention Council  
 High Level Jiu Jitsu  
 Hospitals  
 Libraries  
 Montalvo Fitness  
 Nathan Littauer Hospital  
 Nathan Littauer Primary Care Centers  
 Nursing Homes  
 Personalized Recovery Oriented Services (PROS)  
 Planet Fitness  
 Public Health Department  
 Schenectady Cardiology Associates  
 Smoking Cessation Programs  
 St. Mary's Healthcare  
 St. Mary's Healthcare Addiction Services  
 St. Mary's Healthcare Cardiac Services  
 St. Mary's Healthcare Diabetes and Nutrition Ed Center  
 St. Mary's Healthcare Primary Care Centers  
 St. Mary's Healthcare Rehabilitation Services  
 St. Mary's Hospital  
 Veteran's Outpatient Clinic

#### **HIV/AIDS**

Doctor's Offices

#### **Immunization/Infectious Disease**

Child and Family Health Clinic  
 Doctor's Offices  
 Ellis Medicine  
 Fulton County Public Health  
 Hospitals  
 Medicaid  
 Montgomery County Public Health  
 Nathan Littauer Primary Care Centers  
 Pharmacies  
 Planned Parenthood  
 Public Health Department  
 St. Mary's Healthcare

#### **Infant and Child Health**

Cornell Cooperative Extension  
 Doctor's Offices  
 Food Pantries  
 Hospitals  
 Nathan Littauer Hospital  
 Nathan Littauer Primary Care Centers  
 Public Health Department  
 Salvation Army  
 School System  
 St. Mary's Healthcare Addiction Services  
 St. Mary's Healthcare Behavioral Health Services  
 St. Mary's Healthcare Children's Services  
 St. Mary's Healthcare Diabetes and Nutrition Ed Center  
 St. Mary's Healthcare Maternity Services  
 St. Mary's Hospital

#### **Injury and Violence**

Catholic Charities  
 Centro Civico of Amsterdam  
 Child Protective Services (CPS)  
 Community Connections Clubhouse  
 Community Maternity Services  
 District Attorney (DA)  
 Doctor's Offices  
 Domestic Violence Services  
 Family Counseling Center  
 Fulmont Community Action Agency  
 HFM Prevention Council  
 Hospitals  
 Law Enforcement  
 Mental Health Services  
 Personalized Recovery Oriented Services (PROS)  
 Police Department  
 Sexual Assault and Crime Victims Services  
 St. Mary's Healthcare  
 St. Mary's Healthcare Addiction Services  
 St. Mary's Healthcare Mental Health Services  
 St. Mary's Healthcare Rao Pavilion  
 St. Mary's Hospital

#### **Kidney Disease**

Amsterdam Dialysis Center  
 Dialysis Center  
 Doctor's Offices

Fresenius Kidney Care  
 Gloversville Dialysis Center  
 HealthLink  
 Mohawk Valley Dialysis Center  
 Nathan Littauer Hospital  
 New York Smokers Quitline  
 Public Health Department  
 Riverfront Center  
 St. Mary's Healthcare  
 St. Mary's Healthcare Diabetes and  
 Nutrition Ed Center  
 St. Mary's Hospital

### **Mental Health**

Capital Counseling  
 Captain Choices Program  
 Catholic Charities  
 Coordinated Children's Services Initiative  
 (CCSI) of Montgomery County  
 CDPC  
 Doctor's Offices  
 Family Counseling Center  
 Four Winds  
 Fulmont Community Action Agency  
 Fulton Friendship House  
 HFM Prevention Council  
 Hospitals  
 Liberty ARC  
 Medicaid Transportation  
 Mental Health Services  
 NAMI  
 Office for Aging  
 Office of Mental health  
 Personalized Recovery Oriented Services  
 (PROS)  
 Planned Parenthood  
 School System  
 St. Mary's Healthcare  
 St. Mary's Healthcare Addiction Services  
 St. Mary's Healthcare Behavioral Health  
 Services  
 St. Mary's Healthcare Children's Services  
 St. Mary's Healthcare Mental Health  
 Services  
 St. Mary's Healthcare Rehabilitation  
 Services  
 St. Mary's Hospital  
 The Mental Health Association in Fulton  
 and Montgomery Counties

### **Nutrition, Physical Activity, and Weight**

Albany Medical Center Bariatric Program  
 Alpin Haus Fitness Center  
 Amsterdam Parks and Recreation  
 Cancer Services Walking Group  
 Catholic Charities  
 Churches  
 Cornell Cooperative Extension  
 Diabetes Educator  
 Doctor's Offices  
 Farmer's Markets  
 Fitness Centers/Gyms  
 Food Pantries  
 Fulmont Community Action Agency  
 Grocery Stores  
 HealthLink  
 HFM Prevention Council  
 Hospitals  
 JFG Trail  
 Liberty Fresh Market  
 Local Markets  
 Montgomery County Department of  
 Social Services (MCDSS)  
 Montgomery County Office for Aging  
 Montgomery County Public Health  
 Nathan Littauer HealthLink  
 Nathan Littauer Hospital  
 Nutritionists  
 Office for Aging  
 Parks and Recreation  
 Planet Fitness  
 Public Health Department  
 School System  
 Senior Centers  
 St. Mary's Healthcare  
 St. Mary's Healthcare Cancer Services  
 St. Mary's Healthcare Diabetes and  
 Nutrition Ed Center  
 St. Mary's Healthcare Primary Care  
 Centers  
 St. Mary's Healthcare Rehabilitation  
 Services  
 St. Mary's Hospital  
 TOPS Club  
 Weight No More  
 Weight Watchers  
 WIC  
 Wishful Thinking Foundation  
 YMCA

### **Oral Health/Dental Care**

Amsterdam Family Dentistry  
 Amsterdam Pediatric Dentistry  
 Aspen Dental  
 Dentist's Offices  
 Doctor's Offices  
 Family and Friends  
 Health Educator  
 New Dimensions in Health Care  
 Public Health Department  
 Rural Health Education Network of  
 Schoharie, Otsego, & Montgomery  
 Counties (RHENSOM)  
 School System  
 Smile Lodge  
 St. Mary's Healthcare Primary Care  
 Centers

### Respiratory Diseases

Advancing Tobacco Free Communities  
 Asthma and Respiratory Support Groups  
 Community Health Center  
 Doctor's Offices  
 Fulton County Public Health  
 HFM Prevention Council  
 Hospitals  
 Lincare  
 Montgomery County Public Health  
 Nathan Littauer Hospital  
 Nutrition Services  
 New York Smokers Quitline  
 Public Health Department  
 Schenectady Pulmonology Group  
 St. Mary's Healthcare  
 St. Mary's Healthcare Primary Care  
 Centers  
 St. Mary's Hospital  
 Sunnyview Pulmonary Rehab  
 The Butt Stops Here

### Sexually Transmitted Diseases

Centro Civico of Amsterdam  
 County STI Clinics  
 Doctor's Offices  
 Fulton-Montgomery Community College  
 (FMCC)  
 Greater Amsterdam School District  
 Health Department  
 Hometown Health Care  
 In Our Own Voices  
 LGBTQ Organizations  
 Libraries

Nathan Littauer Hospital  
 Planned Parenthood  
 Public Health Department  
 School System  
 St. Mary's Healthcare

### Substance Abuse

AA/NA  
 Ambulatory Detox Program  
 Amsterdam Police Department  
 Baldwin Research  
 Catholic Charities  
 Center of Treatment Innovation (COTI)  
 Centro Civico of Amsterdam  
 Change of One Ministry  
 Clean Needle Exchanges  
 Conifer Park  
 Creative Connections Clubhouse  
 Doctor's Offices  
 F and M Substance Abuse Council  
 Family Counseling Center  
 Four Winds  
 Fulton County Addiction Services  
 Fulton-Montgomery Community College  
 (FMCC)  
 Fulton Friendship House  
 Health Department  
 Health Homes  
 HFM Prevention Council  
 Hospitals  
 Inpatient Rehab  
 Methadone Clinic  
 Metropolitan Center for Mental Health  
 (MCMH)  
 Montgomery County Sheriff's Department  
 Nathan Littauer Hospital  
 New Choices Recovery  
 Outpatient Addiction Clinic  
 Recovery Center  
 Rob Constantine Center  
 School System  
 St. Jude's Retreat  
 St. Mary's Healthcare  
 St. Mary's Healthcare Addiction Services  
 St. Mary's Healthcare Behavioral Health  
 Services  
 St. Mary's Healthcare Rehabilitation  
 Services  
 St. Mary's Hospital  
 The Amsterdam Club House



*The Lighthouse*  
*The Mental Health Association in Fulton*  
*and Montgomery Counties*

## **Tobacco Use**

*Advancing Tobacco Free Communities*  
*Advertisements*  
*American Cancer Society*  
*American Lung Association*  
*Cancer Services Program*  
*Catholic Charities*  
*Community Colleges*  
*Doctor's Offices*  
*Fulmont Community Action Agency*  
*General Health Care*  
*Glens Falls Hospital Tobacco Cessation*  
*Program*  
*Government Programs*  
*Health Department*  
*HFM Prevention Council*  
*Hospitals*  
*Insurance Companies*  
*Nathan Littauer HealthLink*  
*New York Smokers Quitline*  
*Planned Parenthood*  
*Prevention Council*  
*Project Action*  
*Public Health Department*  
*Reality Check*  
*Rural Health Education Network of*  
*Schoharie, Otsego, & Montgomery*  
*Counties (RHENSOM)*  
*School System*  
*Smoking Cessation Programs*  
*St. Mary's Healthcare*  
*St. Mary's Healthcare Rehabilitation*  
*Services*  
*St. Mary's Healthcare Smoking Cessation*  
*Program*  
*St. Mary's Hospital*  
*The Butt Stops Here*  
*Tobacco Action Coalition*

# Appendix



**Professional Research Consultants, Inc.**

## Evaluation of Past Activities

### Evaluation of Impact of Actions Taken to Address Needs Identified in Previous CHNA

SIGNIFICANT HEALTH NEED Identified in Prior CHNA and Addressed in Implementation Strategy	Substance Abuse/Mental Health	
ACTIONS PROPOSED to Address Significant Health Need	STATUS OF ACTIONS	RESULTS
St. Mary's Healthcare will have at least one behavioral health provider in four of SMH's primary care centers by December 2018 to increase mental health services access.	Partially Completed	As of December 2018, St. Mary's Healthcare has behavioral health providers in three locations; Dr. Sheridan's office, the Canajoharie Health Center, and the Johnstown Health Center.
By December 2016, the new ambulatory detox center (located on the St. Mary's Memorial Campus) will be taking patients in order to reduce the number of Emergency Department admissions and inpatient detox admissions by 10%.	Partially Completed	Although the new Ambulatory Detox Center was opened successfully, the result did not reduce ER admissions and inpatient detox admissions. While we have been successful in providing services to the outpatient detox population, individuals experiencing alcohol withdrawal are still seeking detoxification via the hospital services. The Ambulatory population is primarily opiate withdrawal persons.
St. Mary's Healthcare will have eight community programs about substance abuse and/or mental health and we will perform pre- and post-test surveys in order to increase knowledge of these areas, collectively, by 10%, by December 2018.	Completed	SMH hosted community education programs including suicide awareness (3), cyber bullying for teenagers (2), binge eating disorder, and overdoses prevention programs (2). Pre- and Post- surveys indicated over 80% of participants felt they had increased their knowledge after attending the programs.

<b>SIGNIFICANT HEALTH NEED</b> Identified in Prior CHNA and Addressed in Implementation Strategy	<b>Nutrition, Physical Activity &amp; Weight</b>	
<b>ACTIONS PROPOSED</b> to Address Significant Health Need	<b>STATUS OF ACTIONS</b>	<b>RESULTS</b>
Decrease the incidence of overweight/obese individuals in Fulton and Montgomery Counties from 34.6% to 31.6% (3%) by implementing the "5210" program in 4 locations (healthcare, workplace, schools, etc.) by December 2018.	Partially Completed	Although the incidence of overweight/obese individuals did not improve, the "5210" Program was implemented in 5 locations including FulMont Head Start, Dr. Emily Etzkorn's office, SMH Johnstown Pediatrics, SMH Memorial Family Health, and St. Mary's Institute.
Increase awareness and education regarding healthy food and beverage choices in targeted areas less likely affected by food insecurity by 5% by December 2018.	Completed	Education regarding healthy food and beverage choices was distributed at community events including Spring Fling, the Farmer's Market, and various health fairs in targeted areas.
Promote breastfeeding to improve maternal-child health and child nutrition. We will increase the percent of women who initiate and exclusively breastfeed without medical reason for formula feeding to 78% or greater by May 2019. (Baseline Rate for 2015-68%)	Completed	Baby Friendly Principles have been implemented and the Ten Steps to Successful Breastfeeding for Health Facilities to Ensure Successful Breastfeeding (World Health Organization) has been promoted. Progress was measured specifically among newborns. Baseline rate for FY16 was 47% and in Q4 of FY'18 the breastfeeding rate of newborns increased to 56%.

<b>SIGNIFICANT HEALTH NEED</b> Identified in Prior CHNA and Addressed in Implementation Strategy	<b>Chronic Disease</b> <b>(heart disease/stroke, cancer, diabetes)</b>	
<b>ACTIONS PROPOSED</b> to Address Significant Health Need	<b>STATUS OF ACTIONS</b>	<b>RESULTS</b>
By June 2017, St. Mary's will have a Medical Mission at Home that provides health access to the poor and vulnerable in our service area.	Completed	Medical Mission at Home was held on May 6, 2017. Services provided included primary care, vision screenings, hearing screenings, behavioral health screenings, and spiritual care. Community education was offered for cancer screenings and diabetes.
Adapt the CDC's National Colorectal Roundtable goal of screening 80% of recommended individuals for colorectal cancer by 2018 through implementation of a patient navigator program. We will increase our screening percentage from 63.5% to 80% by December 2018.	Completed	Through education and navigation, the percent of adults ages 50-75 who had a colorectal cancer screening increased from 63.5% to 80.2% in the St. Mary's Healthcare service area.