

Health Counts in Yates!

Summary

The results of the Yates County “Health Counts in Yates!” survey demonstrate that health problems and “social” problems are inextricably linked, and many of these problems can only be successfully addressed through long term, comprehensive interventions.

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

- Tobacco use
- Physical activity level
- Nutrition
- Alcohol use

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

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

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

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

Recommendations:

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

- 1. Chose some less complex problems identified in the survey and establish a timeframe to address one or more of these in the next few months.** For example, increased marketing regarding the availability of respite services for caregivers should help to address this need that was identified through the survey.
- 2. Expand existing efforts by engaging other sectors of the community** to cooperatively address some of the more complex and interrelated problems.
- 3. Focus efforts only on strategies that have proven to be effective by independent evaluations.** Efforts that focus on root causes, rather than manifestations, will be most effective. (Treat the disease, not the symptom.)
- 4. In general, longitudinal** (not “one shot”) **interventions** are the ones that have lasting effects and **should be chosen and planned for.**
- 5. Develop new initiatives** for problems where the community is not yet undertaken a comprehensive approach to addressing any identified problems.

Health Counts in Yates! Background

A subcommittee of the Yates Community Health System Coalition undertook a comprehensive health survey of residents of Yates County to:

- Determine perceptions regarding community health care problems
- Obtain data on health-related behaviors of survey respondents

Surveys were distributed through a random mail survey as well as through employers, health facilities and doctors offices, school faculties, parents in child care centers, senior housing complexes, at public libraries, the Department of Social Services and other local agencies.

Approximately 4,000 surveys were distributed, with over 600 completed surveys returned between August and October of 1997. The survey was designed to encompass questions in twelve areas that the New York State Department of Health has identified as high priority issues on a statewide basis. These include:

1. Access to and Delivery of Health Care
2. Education
3. Healthy Births

4. Mental Health
5. Nutrition
6. Physical Activity
7. Safe and Healthy Work Environment
8. Sexual Activity
9. Substance Abuse: Alcohol and Other Drugs
10. Tobacco Use
11. Unintentional Injuries
12. Violent and Abusive Behavior

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

A series of six focus group meetings were then held in three population centers in the County: Dundee, Penn Yan and Rushville. Two meetings in each location were held, with one meeting in each location targeted to community leaders, and the other open to the general public. While few people attended the open community focus groups, approximately thirty people attended the focus groups targeted to community leaders.

Survey results and comparisons with primary data were reviewed with attendees, and their input was solicited and incorporated into this report.

Surveys were returned from all areas of the County, but there was an over-representation of respondents with higher incomes and higher educational levels than the percentage of these populations in the County as a whole. In some cases, this skew indicates that the problems noted would be somewhat more severe if a more representative sample of the county's population could be obtained. (For example, the percentage of total survey respondents without health insurance would most likely have been significantly higher if lower income residents responded to the survey in proportion to their prevalence in the community.) As the attachments to this report indicate however, for many issues, survey results are similar when adjusted and compared across all income and educational levels. The results of this report will be used to begin to prioritize and implement action plans designed to remedy health-related concerns and problems as expressed thorough the Health Counts! survey and validated through primary data.

Health Counts in Yates!

Survey Highlights

Community Health:

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

- Alcohol/drug abuse (71%)
- Unplanned pregnancy (55%)
- Teen pregnancy (64%)
- Smoking/tobacco use (64%)
- Cancer (62%)
- Heart disease (57%)
- Diseases of the elderly (61%)
- Child abuse and neglect (53%)

Access to Quality Health Care:

- In the last 12 months, 16% of respondents had to wait more than 3 days for primary care
- 94% of respondents feel their medical care has been kept confidential
- 63% of respondents prefer to enter Soldiers and Sailors Hospital
- 78% of survey respondents prefer Yates County nursing homes over out-of-county facilities
- The average respondent has seen a doctor 4 times in the last year
- 80% of respondents said they visited their doctor in the last year
- 7% of respondents indicated they needed to see a doctor in the last 12 months but could not because of the cost

- 14% of respondents indicated there was a time in the last 12 months when they needed to get a prescription but could not because of the cost
- 21% of respondents visited or called a health care professional because of injury or accident in the last 6 months
- 30% of respondents believed the cost of in-patient care was not reasonable
- 40% of respondents feel the cost of dental care is not reasonable
- Only 22% of survey respondents have dental insurance
- 45% of respondents feel the cost of alcohol and drug treatment is not reasonable
- 97% of all female respondents have had a pap smear, and 90% of all women over age 40 have had a mammogram
- In general, respondents feel that the quality of health care services are satisfactory, ranging from a high of 98% for pharmacies to a low of 50% for alcohol/drug treatment

Health Behaviors:

- 19% of respondents are smokers
- 53% of survey respondents are exposed to second hand smoke
- 80% of survey respondents support smoke-free dining in Yates County
- 57% of survey respondents were trying to lose weight
- 22% of survey respondents need help managing stress/depression, and 28% indicated they would use a program aimed at stress management/reduction
- 84% of survey respondents support fluoridation of the water supply
- 86% of survey respondents are concerned about unsupervised youth in the community
- 81% of respondents said they exercised in the month preceding the survey an average of three times per week for about 1 hour
- 77% of survey respondents indicate they limit their intake of fatty foods

Health Status:

- In the last six months, physical health was not good for an average of 11 days for survey respondents
- In the last six months, mental health was not good for an average of 12 days for survey respondents
- 8% of men and 13% of women indicate a weight for their height that would classify them as obese
- 12% of respondents missed more than a half a day from school, work or usual activities because of an injury or accident
- 5% of respondents indicate they care for an ill, frail or elderly person in their home, and 41% of these indicated they needed a break but had no one to relieve them
- Only 2% of respondents said they consume more than two drinks of alcohol (beer, wine or mixed drink) per day, although 71% considered alcohol/drug abuse to be a major problem

Summary of Findings

Community Perceptions of Major Problems:

More than one half of all survey respondents considered the following health-related issues to be major problems in Yates County:

- Alcohol/drug abuse (71%)
- Teen pregnancy (64%)
- Smoking/tobacco use (64%)
- Cancer (62%)
- Diseases of the elderly (61%)
- Heart disease (57%)
- Unplanned pregnancy (55%)
- Child abuse and neglect (53%)

Major Problems Analysis

Issue: Substance Abuse: Alcohol and Other Drugs

Survey Results: 71% of survey respondents indicate that they consider alcohol and drug abuse to be a major problem in Yates County, although only 2% of survey respondents indicate they have 2 or more drinks per day. Although only 3% of respondents indicated that they have used alcohol/drug treatment services in the county, 50% of these were dissatisfied with the quality of service, 35% of respondents felt the distance they had to travel was unreasonable, and 45% felt the cost of service was not reasonable. During focus group meetings, it was questioned whether a recent change in service providers might have something to do with dissatisfaction with the quality of treatment services. This does not appear to be the case however, since the number of people seeking treatment tripled within three months of when the new service provider initiated services.

State and Local Statistics: The 1993 Behavior Risk Factor Surveillance Survey found that 15% of adults over age 18 were binge drinkers (5 or more drinks on one or more occasion in the last month). The 1993 Youth Risk Behavior Survey found that 53% of high school students in upstate NY reported using alcohol and 32% reported binge drinking. State statistics indicate that approximately 11% of the adult population have an alcohol or drug problem. In Yates County, statistics from the Council on Alcoholism and Other Chemical Dependencies of the Finger Lakes, Inc. indicate that 7.4% of the population are problem drinkers and 1.4% are regular/heavy drug users. The 1993-94 PRISMS indicators puts Yates County adolescents at high risk (38 out of 55 points) for

alcohol use and moderate risk (26 out of 55) for drug use. The largest contributing risk factors in Yates County include school separation, interpersonal problems, academic failure and poverty. Statewide, more than 33% of high school students reported being in an automobile with a driver who had been drinking. 35% of students grades 7-12 reported using marijuana at least once, and 12% reported using marijuana four or more days during the past month.

A recent survey in the Penn Yan School District indicates a significant problem with alcohol and drug abuse among high school students, and it is anticipated that similar surveys in the Dundee School District and at Marcus Whitman will yield similar results. Focus group comments indicated that alcohol abuse among youth has not changed much from the 70's, even though bringing drugs and alcohol to school in backpacks or pop cans may be new, and the sale of drugs in school, including prescription drugs, may be increasing. Alcohol is still the drug of choice.

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

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

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

Effective community strategies must be comprehensive in nature, recognizing that substance and alcohol abuse is interrelated with a variety of health and social problems and cannot be addressed in isolation. Comments from focus groups emphasized the need to evaluate results of any programs on an on-going basis, citing the funding spent on the DARE program as an example. Additionally, attention needs to be devoted to the fact that “one shot” programs generally do not have lasting effects (rallies, T-shirts, etc.). Strategies should include efforts by businesses, the College, community-based

organizations, government, health care providers, the media and schools. The town meeting regarding the school alcohol and drug abuse surveys will offer opportunity for involvement by all in addressing this problem. There is a role for the involvement of Public Health in addressing alcohol and drug abuse. Providers of treatment services should also be included.

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

- **Education:** targeted and general education regarding the effects of the abuse of alcohol and other substances, particularly emphasizing how abuse can negatively impact something that is truly important to the targeted group. This can be difficult with a certain segment of the population that do not envision a positive future for themselves, and therefore fail to see how substance abuse can negatively influence their future. Before education efforts can be successful, this population requires intensive intervention in order to help them envision and believe in a more positive future, and develop the confidence and the “roadmaps” needed to obtain a brighter future.
- **Environmental changes:** including efforts designed to limit access to alcohol and other drugs. (For example, most students responding to the above survey in the Penn Yan School District indicated that they obtained alcohol from their parents house or friend’s house. A program designed to get parents to agree to either keep any alcohol locked up, or not to have alcohol in the house, would be an example of an environmental change, as would limiting access to typical “party spots.”) A "parents'

pledge" to not abuse alcohol or to keep their homes alcohol and drug free would also be an example to this type of intervention. Increased access to treatment programs, in both schools and the workplace, conveys a message that a problem exists but that help is available.

- **Policies and Procedures:** Tougher laws and penalties related to alcohol and substance abuse can be used to deter abuse. An example of this includes stiffer penalties for all infractions including the sale of alcohol to minors. Employment policies such as pre-employment drug screening and random drug testing are examples of workplace policies and procedures that can be used to drive home the message that alcohol and drug abuse is not acceptable and will not be tolerated.

Aspects of an effective intervention program include:

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

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

Major Problem Analysis

Issue: Sexual Activity: Unintended Pregnancy and Teen Pregnancy

Survey Results: 64% of respondents believe teen pregnancy is a major problem in Yates County, and 55% believe unplanned pregnancy is a major problem

Local, State Statistics and National Statistics: Unplanned pregnancy is widespread throughout the United States. Nationwide, it is estimated that approximately 50% of all pregnancies are either unintended (either timing of the pregnancy or an unwanted pregnancy), and 90% of teen pregnancies are unintended. The pregnancy rate per 1000 females aged 10-17 throughout upstate New York State was approximately 61.5 in 1995, compared with 44.1 for Yates County. Between 30-40 girls under 19 years of age become pregnant in Yates County each year. Nationwide, over 50% of the fathers of the babies born to teen mothers are at least five years older than the mother. Additionally, some estimates indicate that up to 67% of all teenagers who become pregnant have been sexually molested or abused.

Implications: Teen pregnancy is a complex and multi-dimensional health-related, social and economic problem that severely limits the potential of teen parents, their children and the local economy. Although Yates County has a lower teen pregnancy rate than both the State and the Nation, the implications for both the teens who become parents and the community in general are enormous. Few teen mothers are emotionally prepared to meet the intense demands of parenting a new baby, which results in a higher rate of child abuse

and neglect for the children of teen parents. At least 85% of teenagers are not economically prepared to support a baby without supplemental assistance. In 1992, families started by women when they were teens comprised 52% of families on Aid to Families with Dependent Children (AFDC). Since a high percentage of pregnant teens do not complete high school, their future employment opportunities are reduced. Increased poverty and poor health outcomes for both the mother and child are the frequent consequences.

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

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

Interventions and Strategies:

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

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

The opportunity currently being provided by the Penn Yan School District to address the alcohol/drug use problem should be seized as an approach to address all youth problems, including teen pregnancy. This comprehensive model in which the school works in partnership with all other segments of the community to address interrelated problems holds the most promise as an effective approach to address health and social issues.

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

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

- **Policies and Procedures:** Mandatory prosecution of statutory rape, and a media campaign to publicize such policy change and prosecution, is an example of a policy change in this area. Mandatory treatment of sexual offenders in proven treatment programs is also an example of a policy change in this area. An additional example of this type of intervention would be to mandate family life education programs in schools, including comprehensive sexuality education. New York State is currently one of the few states in the nation that does not mandate comprehensive sexuality education.

- **Environment:** If the community truly values its children, it needs to send out a clear message that both teen pregnancy and unintended pregnancy frequently result in poor outcomes for both the mother and the baby, and should be avoided. This can be done by maximizing opportunities to access affordable, comprehensive family planning services. Promotion of responsible sexual behavior should be encouraged and promoted as a community value and standard.

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

Major Problem Analysis

Issue: Tobacco Use: Smoking

Survey Results: 64% of respondents feel that smoking/tobacco use is a major problem. 19% of respondents indicate they smoke an average of 17 cigarettes per day, 20% of female respondents indicate they smoke, compared with 13% of male respondents. Approximately, 3% indicated they use smokeless tobacco products, and 47% of respondents reported that they are exposed to second-hand smoke. Only 17% of all survey respondents who smoke have four or more years of college. Since survey respondents overall were more likely to be more highly educated than the population at large, the percentage of smokers in the county is most likely significantly higher than the 19% of respondents who indicate that they smoke. The average age of survey respondents who indicate that they smoke is 41.92, compared with an average age of 46.51 for non-smokers. This would seem to indicate that smokers are more likely to stop smoking as they get older and more directly see the negative effects of smoking on their health.

53% of survey respondents indicate they are exposed to second-hand smoke, and 80% of survey respondents support smoke-free dining in Yates County.

Local, State Statistics and National Statistics: Statewide, the prevalence of cigarette smoking among adults was 21% and 1989 estimates from the American Lung Association estimates that almost 24% of the Yates County residents aged 18 and older are smokers.

A survey by the Office of Alcoholism and Substance Abuse (OASAS) shows that tobacco

use is increasing among teenagers, reflecting a national trend. Among 7th to 12th graders, smoking at least once increased from 46% in 1990 to 55% in 1994. The prevalence of daily smoking increased from 14% to 17%, with most of the increase occurring in younger age groups. 89% of adult smokers begin using cigarettes before age 18. Based on historical experience, half of those who are age 35 and smoking will die of tobacco-related causes, losing an average of 15 years of life expectancy.

Implications: In 1993, smoking accounted for 19% of all deaths in New York State, with direct medical costs exceeding \$3 billion annually. For Yates County, the corresponding figure is approximately \$2 million, or over \$80 per resident per year. It is estimated that tobacco causes 30% of all cancer deaths, 82% of deaths from pulmonary disease, 21 % of deaths from chronic heart disease, and is one of the most important preventable causes of perinatal morbidity and mortality. In 1992 alone in New York State, cigarettes caused 33% of fatal fires, taking 733 lives. The use of smokeless tobacco products substantially increases the risk for a number of oral diseases and conditions, ranging from oral cancer to dental decay and early tooth loss. In 1993, the US Environmental Protection Agency officially declared environmental tobacco smoke (ETS) as a human carcinogen, classifying it as an environmental toxin equivalent to asbestos. Exposure to ETS causes 10 times as many deaths from heart and blood vessel disease as from cancer. Children of smokers have more respiratory disease and reduced lung function than children of nonsmoking parents.

Interventions and Strategies:

- **Education and Access:** Persistent public education and mass media campaigns should be intensified to reverse the image appeal of smoking, especially to children who are heavily targeted by manufacturers and marketers of tobacco products.

Schools should:

- continue health education use-prevention programs
 - develop peer approaches to reduce tobacco use
 - support cessation/treatment programs
 - develop programs that help youth deal with personal issues that result in use of tobacco products
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- **Policies and Procedures:** Laws and regulations should be developed to support tobacco-free policies in all public locations, including restaurants, particularly since 80% of survey respondents support such a policy. Policies that prohibit exposure to ETS should be expanded.

Policies that support reducing youth access to tobacco products should be intensified. In Yates County, enforcement of these policies and their success has been well documented. Starting in 1993, compliance checks regarding the sale of tobacco products to minors were conducted in 80% of the establishments that sell such products. In 1993, only 42% of establishments were in compliance with the law. By 1997, 95% of these establishments were in compliance.

Raising taxes on cigarettes and tobacco products is also an example of an effective policy in reducing use of these products.

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

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

Major Problem Analysis

Issue: Access to and Delivery of Health Care

Survey Results: In general, respondents feel that the quality of health care services is satisfactory, ranging from a high of 98% for pharmacies to a low of 50% for alcohol/drug treatment. The average respondent has seen a doctor 4 times in the last year, with 80% of all respondents indicating that they visited their doctor in the last year. In the last 12 months, 16% of respondents had to wait more than 3 days for primary care and 63% of respondents had to wait more than 15 minutes in the doctor's waiting room for primary care. Approximately 7% of respondents indicated they needed to see a doctor in the last 12 months but could not because of the cost. Over 14% of respondents indicated there was a time in the last 12 months when they needed to get a prescription but could not because of the cost. Over 63% of respondents would prefer to enter Soldiers and Sailors Hospital if they needed to be admitted to a hospital. Approximately 94% of respondents feel their medical care has been kept confidential.

Respondents reported that, on average, their physical health was not good for 11 days in the last six months, and their mental health was not good for 12 days in the last six months. Approximately 7% of survey respondents indicated they had no health insurance, although the actual percentage in the County without health insurance is significantly higher. (This is due to the fact that people from higher income levels, who are more likely to have insurance, responded to the survey.) Over 30% of respondents believe the cost of in-patient care is not reasonable, and 40% believe that the cost of dental care is not reasonable. (The Rushville Health Center is currently the only place in the County that accepts Medicaid reimbursement or provides a sliding fee scale for dental

care.) Only 22% of all survey respondents indicate that they have dental insurance. Since higher income individuals answered the survey more often than low income persons, the actual percentage of persons with dental insurance in Yates County is probably lower. Over 84% of respondents county-wide supported fluoridation of the water supply, with 85% of respondents in Dundee (which lacks fluoridation of the water supply) supporting this effort.

While the average number of days on which mental health was not good was 12 for all survey respondents, for those who indicated that they could not see a doctor some time in the past 12 months because of the cost, the average number of days of poor mental health was 43. For those who could not afford a prescription in the past 12 months, the average number of days of poor mental health was 49.

Approximately 5% of respondents indicate they care for an ill, frail or elderly person in their home, and 41% of these indicated they needed a break but had no one to relieve them. 50% of those who care for an ill, frail, or elderly person in their home indicated that they need help managing stress/depression.

Number of times an individual has been to a physician in the last year for:

Age	Average number of times
< 30	3.67

31-40	4.89
41-50	4.35
51-60	3.65
61-70	3.91
71-80	5.04
81 and up	5.89

As expected, number of visits rise with age.

Local, State Statistics and National Statistics:

- In the region, the number of both dentists and dental hygienists is low, with a rate of 26 dentists per 100,000 population compared with a regional average of 66.
- In 1996, 18% of people nationwide did not have health insurance. This number has increased 19.6% over the last decade. In New York State, 14.3% of the population was uninsured in 1995, with an additional 6.1% considered to be underinsured. Studies have shown that most people who are uninsured or under-insured **are** employed.

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

Improving access to high-quality, continuous primary care and treatment services is critical in eliminating disparities in health outcomes. Unlike other medical services, the

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

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

- **Education and Access:** Education regarding the linkage between good dental health and physical health should be intensified, particularly for adults. Education and marketing efforts regarding all available low- and no-cost health services should be increased, particularly targeting low-income and elderly persons. Alternative methods

of increasing access to health care by these groups, including new Medicaid patients, should be evaluated and implemented.

While there are a small number of respondents who indicated they cared for elderly persons in their own home, perhaps those who provide programs designed to help individuals manage stress/depression should be specifically targeted toward such persons. Respite programs should also be more heavily marketed.

- **Policies and Procedures:** Continued emphasis on the national level is needed to create a health care system that provides access to medical care for all who need it. A positive step in this direction has been made with the expansion in the Child Health Plus program, which is helping to ensure that every child has access to primary care. Access to Child Health Plus is limited in the southern part of the County however, due to the fact that Blue Cross administers the program, and there is a lack of providers enrolled with Blue Cross in this portion of the County. State and national programs that assist employers in providing adequate insurance for their employees should also be encouraged.

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

Equity in prescription coverage is also an issue that falls into this category. For example, most insurance prescription plans do not provide coverage for contraceptives

(although Medicaid does provide this coverage). This is also true for some other categories of prescription drugs, such as certain anti-depressants.

- **Environmental Changes:** Provision of information regarding health care access in locations frequented by target populations is an example of an environmental change in this area. Acceptance of the notion that high quality health care should be available to all members of the community without regard to ability to pay is another example of an environmental change. If people believe that they are entitled to use an available program, they are more likely to take advantage of it.

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

Major Problem Analysis

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

Survey Results:

Health Behaviors:

For those indicating their average daily serving of fruits and vegetables was:

5 or more

3-4

1-2

0

The average number of days on which their mental health was not good was:

6

11

14

24

For those indicating they limit their intake of fatty foods, the average number of days they reported themselves to have poor mental health was about 12.

For those indicating they do not limit their intake of fatty foods, the average number of days they reported themselves to have poor mental health was about 14.

In general, it appears that those individuals who consider themselves to be in poor mental health are less likely to have good nutritional habits than those who do not suffer from mental health problems.

Limit intake of fatty foods

Average age

Yes

47

No

41

Servings of fruits or vegetables	Average age
more than 5	49
3-4	48
1-2	43
none	33

It appears that one is more likely to be aware of and act on the knowledge of the impact of good nutrition on health as they get older.

Reported average daily consumption of 3-5 or more fruits and vegetables is higher for those with incomes of \$50,000 or above (65% of those with incomes over \$50,000 have 3-5 or more servings of fruits and vegetables per day, compared with an average of 53% for incomes below \$50,000).

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

Health Status:

For those who considered their health:	Their average age was:
Excellent	42
Very good	44
Good	46
Fair	52
Poor	71

As expected, in general, the majority of those in poor health were the elderly.

Only 16% of all survey respondents considered their health to be fair or poor, but a total of 27% of those who considered their health to be fair or poor could not see a doctor due to cost. Since this population is primarily elderly, increased efforts to assist the elderly to gain access to low- or no-cost health care appear to be indicated.

Survey results show that by self-reported weights (probably understated), approximately 19% of the population is overweight, with 13% severely overweight.

Chronic Disease and Disease Prevention:

62% of respondents indicated that cancer was a major problem, followed by 61% for diseases of the elderly and 57% for heart disease.

Local, State Statistics and National Statistics: Yates County exceeds both state and national averages for deaths due to both all cancers and lung cancers, as well as due to stroke. Heart disease has been below state and national averages, but has been increasing since 1990. Yates County has a relatively high percentage of elderly residents, which tends to make actual death rates appear higher than areas that have more typical age distribution. (Please see attached Statistical Comparison, in which rates are not age and gender adjusted.) When data is age and gender adjusted, rates do not appear to be quite so high (see chart below). Death due to Pneumonia has also been significantly higher than the state average in the last few years.

Cause of Mortality 1992-94, Age and Sex Adjusted Rates per 100,000 residents	Finger Lakes Region	Yates County
All Causes	747.8	743
Heart Disease	237.5	227
Cancer	187.7	178
Lung Cancer	53	53.7
Breast Cancer	30.5	31.8
Prostate Cancer	23.2	24.9
Stroke	47.8	54.5
Flu and pneumonia	30.9	56.6
Accidents	24.1	39.4

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

Interventions and Strategies:

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

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

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

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

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

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

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

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

In the area of physical activity:

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

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

Major Problem Analysis

Issue: Violent and Abusive Behavior: Child Abuse

Survey Results: 53% of respondents indicate that child abuse is a major problem.

Local, State Statistics and National Statistics: In 1993, Yates County had a reported rate of 52.9 cases of suspected child abuse per 1000. This is very close to the upstate New York State rate of 55.0. The rate of indicated (found to be true and requiring remediation) cases in Yates County in 1993 was 29.9 per 1000, higher than the rate of 27.4 per 1000 in comparable counties.

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

incompetence in social relationships and in childrearing are well substantiated - the problems persists on an intergenerational basis unless effective intervention is provided. Although Yates County has lower rates than other areas, establishing a community standard of zero tolerance of abuse and maltreatment would demonstrate to the community's children that they are among the most highly-valued members of our community.

Interventions and Strategies: Research has shown that home-visiting programs are an effective strategy to prevent child abuse and neglect, combined with a broader array of community services. Strategies should include efforts by the College, community based organizations, government, health care providers, the media and schools.

- **Education and Access to Services:** As noted above, the opportunity currently being provided by the Penn Yan School District to address the alcohol/drug use problem should be seized as an approach to address all youth problems, including child abuse and neglect. This comprehensive model in which the school works in partnership with all other segments of the community to address interrelated problems holds the most promise as an effective approach to address health and social issues. Successful educational efforts, such as mandated sexual abuse education, should be continued.

Much abuse and neglect can be attributed to the intergenerational nature of the problem, since parents tend to use the behaviors they learned from their own parents to raise their children. Effective parenting education and support programs can go a long way toward assisting parents to develop different methods of parenting and breaking the

cycle of abuse and neglect. Community education programs that help the community to understand that child abuse and neglect crosses all socio-economic levels and can be directly influenced by increased stress (such as lack of jobs and over-stretched financial resources, overcrowded living conditions, too many demands on the primary caregiver) should be continued. Yates County should also consider seeking financial support for an intensive home visiting program, such as Healthy Families, which has proven to be successful in reducing rates of child abuse and neglect (as well as increasing utilization of primary care and improving school readiness). While it is easier to document and address overt actions of abuse, neglect has been shown to be far more damaging than actual abuse. Increased emphasis should be placed on identifying neglected children and providing supportive programs for both them and their parents. Focus group comments also cited an increased need for foster care parents and programs.

- **Environmental changes:** In rural communities, people are more likely to assume that parents have the right to raise their children however they choose. This may lend a perception of tolerance of abuse and neglect. Some families that live with abuse and neglect may accept this behavior as normal, or be in a state of denial that certain behaviors actually constitute abuse or neglect. **If the community truly values its children, it needs to send out a clear message that both child abuse and neglect have long lasting and detrimental effects to the child, to society and to future generations, and will not be tolerated.**

- **Policies and procedures:** The requirement for mandated reporting of child abuse and neglect has made the public more aware of the issue, as has increased media attention on the problem. In the past, most policies have been punitive rather than preventive in nature. Increased emphasis should be placed on preventive efforts, especially for at-risk children themselves. Since most children will themselves become parents, parenting education programs for high school students should be considered.

SURVEY RESULTS

<u>DESCRIPTION</u>	<u>No Problem</u>	<u>Minor Problem</u>	<u>Major Problem</u>	<u>Don't Know</u>
Underweight or premature babies	9%	33%	12%	46%
Birth defects	5%	31%	19%	44%
Pregnancy care for low-income women	11%	23%	35%	31%
Unplanned pregnancy	2%	18%	55%	25%
Teen pregnancy	2%	14%	64%	20%
Sexually Transmitted Diseases	3%	28%	35%	34%
Alcohol abuse or drug abuse	3%	14%	71%	12%
Smoking/tobacco use	3%	23%	64%	10%
Nutrition	7%	40%	37%	16%
Lack of physical activity and fitness	5%	38%	43%	14%
Problems with teeth or gums	5%	36%	25%	34%
Cancer	3%	15%	62%	20%
Heart disease	3%	19%	57%	21%
Diabetes	3%	27%	43%	27%
Diseases of the elderly	3%	19%	61%	17%
Depression/suicide/other mental illness	4%	35%	34%	27%
Access to home care	19%	36%	19%	26%
Access to specialty health care	14%	30%	27%	29%
Adequate housing	15%	33%	26%	26%
Access to ambulance services	56%	25%	6%	13%
Transportation to health care	27%	34%	20%	19%
Access to Medical Adult Day Care	26%	28%	12%	34%
Access to Respite Services	21%	24%	14%	41%
Access to Primary Health Care				
For low-income children	14%	30%	26%	30%
For the elderly	19%	35%	22%	24%
For all in community	16%	43%	16%	25%
Murder	41%	26%	11%	22%
Sexual Assault	10%	30%	33%	27%
Child abuse/neglect	4%	29%	53%	14%
Elder abuse/neglect	7%	37%	26%	30%
Violence among young adults	4%	39%	38%	19%
Spouse/partner abuse	5%	34%	42%	19%
Motor vehicle	6%	47%	32%	15%
Farm	7%	55%	15%	23%

<u>DESCRIPTION</u>	<u>No Problem</u>	<u>Minor Problem</u>	<u>Major Problem</u>	<u>Don't Know</u>
Work-related	11%	51%	10%	28%
Burns	15%	44%	8%	33%
Drowning	9%	57%	15%	19%
Home	11%	30%	25%	34%
Sports	17%	36%	13%	34%
Firearms	15%	40%	17%	27%
Poisoning	15%	39%	8%	38%
Air pollution	25%	42%	15%	18%
Water pollution	18%	42%	22%	18%
Radon	17%	28%	7%	48%
Toxic exposures at work	18%	32%	10%	40%
Toxic exposures at home	22%	32%	8%	38%
Food poisoning	20%	40%	9%	31%
Agricultural chemicals	15%	31%	24%	30%

Services	<i>A used in county</i>	<i>B used out of county</i>	<i>C Quality ok</i>	<i>D distance ok</i>	<i>E cost ok</i>
Doctor's office	80%	26%	96% y 4% n	96% y 4% n	89% y 11% n
Public Health Clinics	14%	3%	89% y 11% n	87% y 13% n	84% y 16% n
Hospital (in-patient)	21%	11%	89% y 11% n	92% y 8% n	70% y 30% n
(out-patient)	40%	14%	91% y 9% n	96% y 4% n	74% y 16% n
Dentists	54%	22%	91% y 9% n	91% y 9% n	60% y 40% n
Eye care	28%	39%	96% y 4% n	88% y 12% n	86% y 14% n
Hospice	3%	1%	80% y 20% n	78% y 12% n	74% y 16% n
Testing, Diagnosis, Counseling & Treatment of STDs including HIV/AIDS	6%	2%	86% y 14% n	91% y 9% n	80% y 20% n
Alcohol/ drug treatment	3%	1%	50% y 50% n	65% y 35% n	55% y 45% n
Mammograms	30%	13%	97% y 3% n	95% y 5% n	92% y 8% n
Physical therapy services	14%	4%	84% y 16% n	92% y 8% n	84% y 16% n
Prenatal Care	3%	4%	74% y 16% n	83% y 17% n	74% y 16% n

Services	<i>A</i> used in county	<i>B</i> used out of county	<i>C</i> quality ok	<i>D</i> distance ok	<i>E</i> cost ok
Immunizations	25%	4%	96% y 4% n	94% y 6% n	93% y 7% n
Family Planning Services	12%	1%	88% y 12% n	95% y 5% n	91% y 9% n
Pharmacies	65%	12%	98% y 2% n	99% y 1% n	82% y 18% n
Senior Meals	7%	1%	71% y 29% n	94% y 6% n	75% y 25% n
Meals on Wheels	6%	1%	75% y 25% n	90% y 10% n	76% y 24% n
Homecare services	7%	1%	87% y 13% n	93% y 7% n	83% y 17% n
Link to Life/Lifeline	6%	<1%	87% y 13% n	93% y 7% n	81% y 19% n
Support Groups	3%	2%	75% y 25% n	91% y 9% n	90% y 10% n
Transportation	7%	1%	82% y 18% n	90% y 10% n	85% y 15% n
Ambulance services	13%	2%	90% y 10% n	95% y 5% n	81% y 19% n
Preventive Programs	3%	1%	67% y 33% n	71% y 29% n	85% y 15% n
Counseling/Mental Health	8%	3%	78% y 22% n	92% y 8% n	72% y 18% n

Part II : Health Care Services:

2. In the last 12 months, when you wanted to be seen as soon as possible, did you have to wait more than 3 days for an appointment to see a doctor for primary (not specialty) health care? *Circle one.*
- | | |
|--------|-----|
| a. Yes | 16% |
| b. No | 84% |
3. In the last 12 months, did you have to wait more than 15 minutes in the doctor's waiting room for primary (not specialty) health care? *Circle one.*
- | | |
|--------|-----|
| a. Yes | 63% |
| b. No | 37% |
4. Has your medical care been kept private (confidential)? *Circle one.*
- | | |
|-----------------------|-----|
| a. Yes | 94% |
| b. No (please see 4a) | 6% |
- 4a. Who do you feel is responsible for the lack of confidentiality? *Circle one.*
- | | |
|--------------------|-----|
| a. Physician | 19% |
| b. Office staff | 58% |
| c. Hospital staff | 14% |
| d. Ambulance staff | 1% |
| e. Other | 8% |
5. If you or a family member needed to enter a hospital, which one would you prefer to enter? *Circle one.*
- | | |
|-------------------------|-----|
| a. Soldiers and Sailors | 63% |
| b. Geneva | 18% |
| c. F.F. Thompson | 16% |
| d. Ira Davenport | <1% |
| e. Schuyler | 3% |
| f. Other | — |
6. If you or a family member needed to enter a nursing home, which one would you prefer to enter? *Circle one.*
- | | |
|---------------------------|-----|
| a. Penn Yan Manor | 40% |
| b. Homestead | 38% |
| c. Out-of County facility | 22% |
7. How many times have you seen a physician during the past 12 months? ____
- | | |
|-----------------------------|-------------|
| Average for all respondents | 4.31 |
| Average if greater than 0 | 5.05 (0=85) |

8. How much do you estimate your household income paid for all medical expenses in the last calendar year (“out of pocket expenses” such as prescriptions, dental care, health insurance premiums, medical care, hospitalization, co-payments)? *Circle one.*
- | | | |
|----|-------------------|-----|
| a. | \$0 - \$500 | 39% |
| b. | \$501 - \$1000 | 23% |
| c. | \$1,001 - \$2,000 | 20% |
| d. | \$2,000 + | 18% |

If you do have health coverage:

9. What kind of health care coverage do you have? *Circle all that apply.*
- | | | |
|----|---|-----|
| a. | Individual/family/group insurance (If so, who pays your premium?) Please check one. | 74% |
| | _____ self | 29% |
| | _____ employer | 20% |
| | _____ shared | 29% |
| b. | Medicare (Social Security) | 32% |
| c. | Medicaid | 10% |
| d. | VA | 3% |
| e. | Dental Insurance | 22% |
| f. | Other _____ | 10% |
| g. | No insurance. If so please <i>circle one</i> : | 7% |
| | 1. Can't afford it | 6% |
| | 2. Prefer to pay my own expenses | 1% |

Part III. Health Behavior

1. Do you use seat belts when you travel? *Circle one.*
- | | | |
|----|-----------|-----|
| a. | Never | 3% |
| b. | Sometimes | 15% |
| c. | Always | 82% |
2. Do your children use seat belts/restraints? *Circle one.*
- | | | |
|----|----------------|-----|
| a. | Never | 0% |
| b. | Sometimes | 6% |
| c. | Always | 53% |
| d. | Does not apply | 41% |
3. Do your children wear protective helmets when riding bicycles? *Circle one.*
- | | | |
|----|----------------|-----|
| a. | Never | 3% |
| b. | Sometimes | 11% |
| c. | Always | 28% |
| d. | Does not apply | 58% |

4. Are you concerned about unsupervised youth in your community? *Circle one*
- | | |
|--------|-----|
| a. Yes | 86% |
| b. No | 14% |
5. During the past month, did you participate (on or off your job) in any physical activities or exercise such as running, calisthenics, golf, gardening, or walking? *Circle one.*
- | | |
|--------|--------------|
| a. Yes | 81% Exercise |
| b. No | 19% Do Not |
- If yes:**
- 5a. How many times per week did you take part in this activity? *Please fill in blank.*
- a. Times per week _____
Average 2.98 times per week for all respondents
Average 3.93 times per week for all who said they exercise
- 5b. When you took part in this activity, how many minutes or hours did you usually keep at it? *Please fill in blanks.*
- a. Hours/minutes ____/____
Average .99 for all respondents
Average 1.35 (1 hour, 20 minutes) for those who exercised
6. How much alcohol do you drink? *Circle one.*
- | | |
|---|-----|
| a. None | 44% |
| b. One or less each week (bottle/can of beer, glass of wine or mixed drink) | 31% |
| c. Less than one each day | 14% |
| d. One or two each day | 9% |
| e. More than two each day | 2% |
7. What is your daily average number of servings fruits and vegetables? *Circle one.*
- | | |
|---|-----|
| a. 5 or more | 16% |
| b. 3-4 | 39% |
| c. 1-2 | 42% |
| d. 0 (I rarely eat fruits or vegetables) | 3% |
8. Do you limit your intake of fatty foods? *Circle one.*
- | | |
|--------|-----|
| a. Yes | 77% |
| b. No | 23% |

9. Do you smoke cigarettes now? *Circle one/fill in blank.*
- a. No 81%
 - b. Yes. If yes, on the average, about how many cigarettes a day do you smoke? (1 pack = 20 cigarettes) 19%
- Number of cigarettes _____
- Average for all 3.14
 Average for smokers 17.21
 Average for people who told us how many they smoke 18.05
 Average for >20 37.92 (12 records)
10. Do you currently use any smokeless tobacco products such as chewing tobacco or snuff?
Circle one.
- a. Yes, chewing tobacco
 - b. Yes, snuff 3% Respondents-Used other tobacco products
 - c. Yes, both
 - d. No, neither
- 11a. Are you exposed to secondhand smoke? *Circle one.*
- 1. No 47%
 - 2. Yes, at home 16%
 - 3. Yes, at work 6%
 - 4. Yes, at home and work 4%
 - 5. Yes, in public facilities 27%
- 11b. Do you support smoke-free dining in Yates County?
Circle one.
- 1. Yes 80%
 - 2. No 20%
12. Have the children in your house received immunizations (shots) against childhood diseases? *Circle one.*
- a. No 4%
 - b. Yes, all immunizations 94%
 - c. Some, not all 2%
 - d. Not sure
 - e. Does not apply
13. About how much do you weigh without shoes? *Please fill in blank.* a. ____ (pounds)
 (See printout)
 Average male when weight given (115 records) 180
 Average female when weight given (398 records) 152.0
14. About how tall are you without shoes? *Please fill in blank.*
- a. ____ feet ____ inches 5' 8" Male
 5' 5" Female
15. Are you now trying to lose weight? *Circle one.*
- a. Yes 57%
 - b. No 43%

16. Do you need help with managing stress/depression?
Circle one.
- | | |
|--------|-----|
| a. Yes | 22% |
| b. No | 78% |
17. Do you feel you would use some kind of program aimed at stress management/reduction? *Circle one.*
- | | |
|--------|-----|
| a. Yes | 28% |
| b. No | 72% |
18. Do you use any form of complementary health care? *Check all that apply.*
- | | |
|--------------------|-----|
| ___Chiropractor | 16% |
| ___Acupuncture | 2% |
| ___Massage Therapy | 5% |
| ___Herbal medicine | 8% |
| ___Other | <1% |
19. Do you feel you have access to information regarding the following services? *Check yes for all that you have information for.*
- | | |
|----------------|-----|
| ___Food stamps | 27% |
| ___WIC | 19% |
| ___HEAP | 23% |
| ___Medicaid | 28% |
20. Do you support putting fluoride in the water supply to improve dental health in the community? *Circle one.*
- | | |
|--------|-----|
| a. Yes | 84% |
| b. No | 16% |

Part IV. Questions Pertaining To Your Health

1. Would you say that in general your health is: *Circle one.*
- | | |
|--------------|-----|
| a. Excellent | 16% |
| b. Very good | 35% |
| c. Good | 33% |
| d. Fair | 14% |
| e. Poor | 2% |
2. On about how many days during the past 6 months was your physical health not good? *Circle one/ fill in blank.*
- | |
|---------------------------|
| a. ___ days (316 records) |
| b. None (96 records) |
- average 11.42 for all

Average for >0 21.26 (312 records)
Average for 12 days or less (503 records) 2.09
Average for >12 (76 records) 73.16

3. On about how many days during the last 6 months was your mental health (includes stress, depression, and problems with emotions) not good? *Circle one/ fill in blank.*
- a. _____ days (243 records)
Average 11.83 days overall
Average for >0=29.9 days (312 records)
Average for >12=74.6 days (82 records)
Average for < 12=1.48 days (497 records)
- b. None (281 records)
4. About how long has it been since you last visited a doctor for a routine checkup? *Circle one.*
- | | |
|-----------------------|-----|
| a. 1 to 12 months ago | 80% |
| b. 1 to 2 years ago | 14% |
| c. 2 to 5 years ago | 4% |
| d. Never | 2% |
5. During the last 6 months, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? *Circle one/ fill in blank.*
- a. _____ days Average for all 7.32
Average for >0 23.12
Average for <12 days (532 records) .91 days
Average for >0 and <12 (135 records) 3.57 days
- b. None _____
6. During the last 6 months, did you visit or call a health care professional because of any kind of injury or accident? *Circle one.*
- | | |
|--------|-----|
| a. Yes | 21% |
| b. No | 79% |
7. During the last 6 months, did you miss more than half a day from school, work, household or usual activities because of an injury or accident? *Circle one.*
- | | |
|--------|-----|
| a. Yes | 12% |
| b. No | 88% |
8. Was there a time during the last 12 months when you needed to see a doctor, but could not because of the cost? *Circle one.*
- | | |
|--------|-----|
| a. Yes | 7% |
| b. No | 93% |

9. Was there a time during the last 12 months when you needed to buy prescription drugs, but could not because of cost?

Circle one.

- a. Yes 14%
b. No 86%

10. Do you care for an ill, frail or elderly person in your home?

Circle one.

- a. Yes 5%
b. No

If yes:

10 a. Was there a time during the last 12 months when you needed a break from caring for them but had no one to relieve you? *Circle one.*

- a. Yes 41%
b. No 59%

Women's Health (Questions 11 & 12 to be filled out by women only)

11. A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram? *Circle all that apply.*

71% (283) of women have had mammograms.

29% (115) have not

67% (193) have had one in the past 1-12 months

23% (67) have had one in the past 1-2 years

4% (12) have had one in the past 2-3 years

3% (9) have had one in the past 3-5 years

3% (8) have had one more than 5 years ago

90% (228) of women *over 40* have had mammograms

10% (25) have not

72% (167) have had one in the past 1-12 months

22% (49) have had one in the past 1-2 years

4% (10) have had one in the past 3-5 years

1% (3) have had one more than 5 years ago

12. A Pap smear and pelvic exam is used to check for uterine and cervical cancer. Have you ever had this exam? *Circle all that apply.*

- a. Yes. 97% of females (383)

How long has it been?

1. 1 to 12 months ago 65% of females
2. 1 to 2 years ago 17%
3. 2 to 3 years ago 9%
4. 3 to 5 years ago 3%

- 5. 5 or more years ago 5%
- b. No 3% of females (12)

Part V. Demographic Information

1. What is your race? *Circle one.*
 - a. White 98%
 - b. Black 1
 - c. American Indian, Alaska Native 6
 - d. Asian, Pacific Islander 0
 - e. Spanish, Hispanic 2
 - f. Other 2

2. What is your current marital status? *Circle one.*
 - a. Married 62%
 - b. Divorced 9%
 - c. Widowed 14%
 - d. Separated 3%
 - e. Never been married 8%
 - f. Member of an unmarried couple 4%

3. How long have you lived in Yates County? *Circle one.*
 - a. Less than a year 3%
 - b. 1-4 years 12%
 - c. 5-9 years 13%
 - d. 10-19 years 17%
 - e. 20 years plus 55%

4. What is the highest grade or year of school you completed?

4			
5		8%	Respondents-did not complete high school
6	3%	30%	Respondents-high school graduates
7		26%	Respondents-some college
8		36%	Respondents-4 or more years of college
9	1%		
10	2%	14	15%
11	2%	15	5%
12	30%	16	33%
13	6%	16+	3%

5. Are you currently employed for wages? *Circle one.*
 - a. Yes 59%
 - b. No. *If no, please circle one.* 41%
 1. homemaker 19%
 2. student 4%
 3. retired 67%
 4. out of work 2%
 5. unable to work 8%

6. If you are currently employed, what is your current occupation? *Circle one.*
- a. Farm work 2%
 - b. Mining <1%
 - c. Construction 1%
 - d. Manufacturing 4%
 - e. Transportation, public utilities 2%
 - f. Wholesale trade <1%
 - g. Retail trade 5%
 - h. Finance, insurance, real estate 3%
 - i. Services 13%
 - j. Government 14%
 - k. Education 13%
 - l. Health services 45%
 - o. Other (please specify _____)

7. Where do you live? *Fill in appropriate blank(s)*

Village_____ Penn Yan 75%
 Dundee 12%
 Rushville 2%
 Branchport 2%
 Dresden 1%
 Keuka Park 2%
 Himrod 3%
 Bluff Point 2%
 Oaks Corner
 Keuka College } 1%
 Pittsford

Town_____ Milo 75%
 Jerusalem 12%
 Torrey 2%
 Benton 2%
 Starkey 1%
 Barrington 2%
 Potter 3%
 Middlesex 2%
 Italy
 Phelps } 1%
 Gotham

8. What is your zipcode? *Fill in blank.* _____

14418	4%	14544	3%
14441	1%	14837	10%
14478	6%	14842	3%
14507	1%		
14527	69%		

9. Who has lived in your home (at least 50% of the time) in the last 12 months? *Fill in appropriate blanks.*

	Male	Female
You	22%	78%

10. What is your annual household income? *Circle one.*

a. Less than \$10,000	14%
b. \$10,000 to less than \$15,000	13%
c. \$15,000 to less than \$20,000	8%
d. \$20,000 to less than \$25,000	7%
e. \$25,000 to less than \$35,000	15%
f. \$35,000 to less than \$50,000	19%
g. \$50,000 to less than \$75,000	17%
h. Over \$75,000	7%

Statistical Comparison

	<u>Yates County</u>	<u>Upstate New York</u>
1. Lack of access to physician due to cost	7% *	13.7%
2. Pregnancy rate per 1,000 females aged 10-17 (1995)	44	62
3. Prevalence of smoking in adults aged 18 and older	19% *	21%
4. Consumption of five or more servings of fruits and vegetables daily among adults	16% *	19.9%
5. Suspected child abuse (1993)	53/1,000	55/1,000

Causes of Death – Rates are not age and gender adjusted.	County			New York State
	Yates	Schuyler	Steuben	
Total deaths Rates per 1,000 residents '93-'95	10.3	9.4	10.4	9.2
Breast Cancer deaths Rates per 100,000 females '93-'95	40.6	40.9	29.3	37.5
Malignant Neoplasm deaths Rates per 100,000 residents '93-'95	241.7	215.3	253.1	210.6
Lung Cancer deaths Rates per 100,000 residents '93-'95	70.8	70.1	77.6	54.2
Acute Myocardial Infarction deaths Rates per 100,000 residents '93-'95	134.7	66.7	103.3	90.3
Pneumonia deaths Rates per 100,000 residents '93-'95	80.6	30.8	49.5	36.1
Chronic Obstructive Pulmonary Disease deaths Rates per 100,000 residents '93-'95	55.6	44.4	65.7	33.2
Diseases of the heart deaths Rates per 100,000 residents '93-'95	350.0	331.6	312.5	349.0
Cerebrovascular Disease Rates per 100,000 residents '93-'95	66.7	76.9	67.3	44.7
Total accidents deaths Rate per 100,000 residents '93-'95	38.9	35.9	32.2	23.7
Motor vehicle deaths Rate per 100,000 residents '93-'95	18.1	15.4	12.2	10.1