2010-2013

COMMUNITY HEALTH ASSESSMENT

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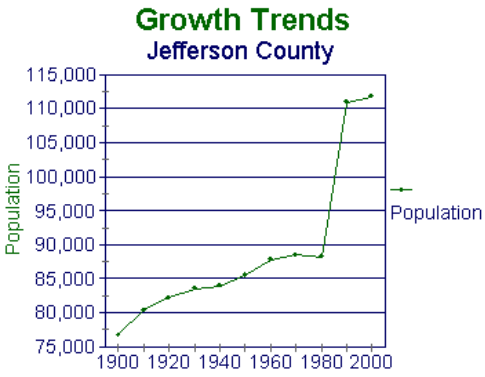


Jefferson County is located in the northwest corner of New York State, approximately 60 miles north of Syracuse. The County borders Lake Ontario to the west, the St. Lawrence River to the north, St. Lawrence County to the northeast, Lewis County to the east, and Oswego County to the south. Included within the Jefferson County borders are eight large islands, three of which are located in the St. Lawrence River and 5 in Lake Ontario. The entire Northwestern and western edges of the County are bordered by water. The County's population, according to the 2006 U.S. Census, is 117,162. The major population center within the County is the City of Watertown with a 2000 population of 26,705. Between 1980 and 1990, Jefferson County experienced a 26 percent increase in population and was the fastest growing county in New York State. The largest factor for this growth was the activation of the U.S. Army 10th Mountain Division (Light Infantry) at Fort Drum, which is located in the north eastern portion of the County and occupies 107,625 acres.

Jefferson County is geographically located in the northwest corner of New York State. The County covers approximately 1,300 square miles extending along the St. Lawrence River and the Canadian border in the north to the Tug Hill Plateau in the south, and from the western boundary of Lake Ontario to the Adirondack Preserve in the east. Elevations range from 250 feet above sea level along the St. Lawrence River to 1,900 feet in the Plateau and Adirondack areas. The Black River is a major river system of Lake Ontario which transverses the center of the County.

Jefferson is primarily a rural county with most of its land area devoted to agricultural use. The City of Watertown is the major population, commercial and industrial center, as well as the county seat. Smaller population centers are located in 15 of the 22 towns, which comprise the remainder of the county. Twelve of the county's 20 villages are distributed along the three major water areas of the County: Lake Ontario, the St. Lawrence River and the Black River. Seven of these villages and the City of Watertown are situated along the Black River.

Major transportation throughout the County is north-south via Interstate Route 81 and U.S. Highway 11. Route 81 is the major north-south road of Central New York and ends at the Thousand Islands International Bridge in Alexandria Bay. Route 11 parallels Interstate 81 north to Watertown, then branches in a northeasterly direction toward St. Lawrence County. State highways and secondary roads comprise the rest of the transportation network, which interconnects the populated areas of the county. The Watertown International Airport, located in the Town of Hounsfield, serves small private and commercial aircraft. A military airport is located within the Fort Drum military reserve. City of Watertown and regional bus transport is available. Passenger transportation by rail is unavailable.

Table 1: Demographic Statistics.

PEOPLE QUICK FACTS	JEFFERSON COUNTY	NEW YORK
Population, 2006 estimate (revised November, 2007)	117,162	19,254,630
Population, percent change, April 1, 2000 to July 1, 2006	4.9%	1.5%
Population, 2000	111,738	18,976,457
Population, percent change, 1990 to 2000	0.7%	5.5%
Persons under 5 years old, percent, 2004	7.1%	6.5%
Persons under 18 years old, percent, 2004	25.4%	23.8%
Persons 65 years old and over, percent, 2004	11.8%	13.0%
Female persons, percent, 2004	48.4%	51.6%
White persons, percent, 2004 (a)	91.7%	73.9%
Black persons, percent, 20004 (a)	5.2%	17.5%
American Indian and Alaska Native persons, percent, 2004 (a)	0.5%	0.5%
Asian persons, percent, 2004 (a)	1.0%	6.5%
Native Hawaiian and Other Pacific Islander, percent, 2004 (a)	0.2%	0.1%
Persons reporting two or more races, percent, 2004	1.3%	1.5%
Persons of Hispanic or Latino origin, percent, 2004 (b)	3.8%	16.0%
White persons, not of Hispanic/Latino origin, percent, 2004	88.5%	61.1%
Living in same house in 1995 and 2000', pct age 5+, 2000	51.6%	61.8%
Foreign born persons, percent, 2000	3.7%	20.4%
Language other than English spoken at home, pct age 5+, 2000	7.2%	28.0%
High school graduates, percent of persons age 25+, 2000	82.9%	79.1%
Bachelor's degree or higher, pct of persons age 25+, 2000	16.0%	27.4%
Persons with a disability, age 5+, 2000	17,257	3,606,147
Mean travel time to work (minutes), workers age 16+, 2000	18.4	31.7
Housing units, 2004	54,528	7,056,860
Homeownership rate, 2000	59.7%	53.0%
Housing units in multi-unit structures, percent, 2000	25.6%	50.6%
Median value of owner-occupied housing units, 2000	$68,200	$148,700
Households, 2000	40,068	7,056,860
Persons per household, 2000	2.58	2.61
Median household income, 2003	$34,396	$44,139
Per capita money income, 1999	$16,202	$23,389
Persons below poverty, percent, 2003	14.5%	14.3%

Source: U.S. Census.

Population Character

According to the Jefferson Community College Center for Community Studies Annual Survey, a typical adult resident has completed a high school education and perhaps some college studies. They tend to live in a household with no children under the age of 18 and have an annual income between $25,000 and $75,000. They hold mostly middle of the road political views. They most often identify their race as white (94%) and their religious affiliation as either Protestant (42%) or Catholic (34%). They feel that the overall quality of life is staying the same, but that the overall state of the economy is getting worse in Jefferson County. They overwhelmingly believe that downtown Watertown is "Getting Better" (63%). They believe that the largest issue facing the nation is jobs/economy. They have a personal cell phone and have made an online purchase in the past year. They believe that recent Fort Drum growth has

had a positive impact on the local quality of life. They have health insurance and have had a routine medical check-up in the past year. They support growth of renewable energy in the North Country and they prefer to support businesses using renewable energy sources. They definitely would like more locally-owned restaurants in the area.

Residents reported the **most satisfaction** with the following aspects of our community:

The Downtown of Watertown (63.3% indicated "getting better")
Internet Access (54.9% indicated "getting better")
Shopping Opportunities (50.1% indicated "getting better").

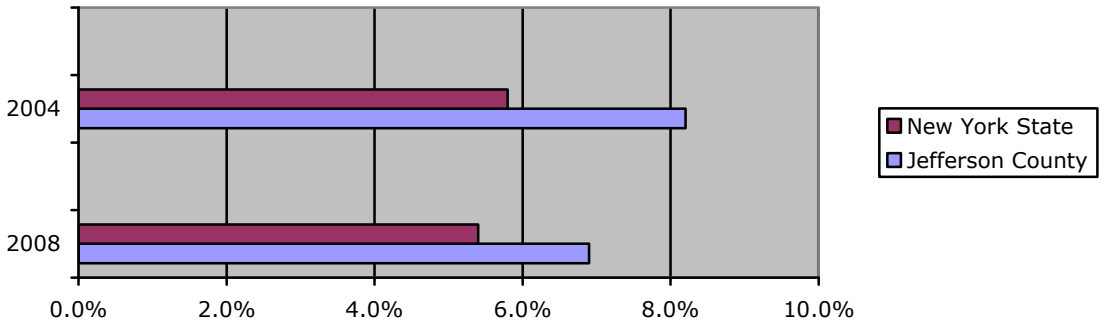
Residents reported the **most dissatisfaction** with the following aspects of our community:

Cost of Energy (72.3% indicated "getting worse")
The Overall State of the Local Economy (71.6% indicated "getting worse")
Availability of Good Jobs (70.3% indicated "getting worse")
Real-estate Taxes (61.3% indicated "getting worse").

Source: The Center for Community Studies at Jefferson Community College, 10th Annual Survey of the Community, 2009.

Unemployment changes from month to month depending on a multitude of factors, be it seasonal employment, an economic or industry up or downturn, or other factors that either expectedly or unexpectedly affect a county and/or state rate. Unemployment in Jefferson County fell 18.8% from 8.2 in 2004 to 6.9 in 2008. In 2009, monthly county rates have been challenged by economic impacts. New York State unemployment fell by approximately 7% for the same period from 5.8 in 2004 to 5.4 in 2008.

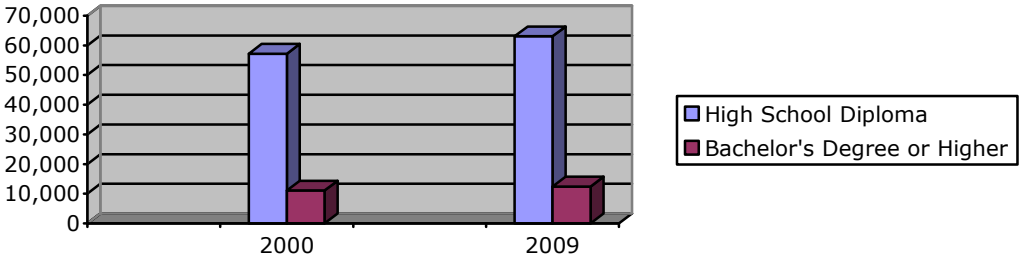
Chart 2: Unemployment Rates.



Source: Jefferson County Department of Planning and Econo*magic*.com.

Educational attainment levels increased over 10% since the 2000 census when 57,163 responded having only a high school diploma, compared to 63,028 in 2009. Those holding bachelor's or higher degrees increased by approximately 12% from 11,056 in 2000 to 12,386 in 2009.

Chart 3: Jefferson County Educational Attainment.



Source: U.S. Census Bureau – 2000 and Economic Development Intelligence System - 2009.

Health Status Information

Environmental Health

Jefferson County falls well below statewide rates (excluding New York City) for confirmed lead levels in children by age 6. Children screened by age 36 months are above statewide experience, but remain below the Prevention Agenda 2013 target. Jefferson County goals are to increase lead screening and decrease exposure in children. Asthma-related hospitalizations are also below statewide and U.S. comparisons, however, hospitalizations for children ages 0-17 are still approximately 9% above the Prevention Agenda 2013 target.

Table 2: Environmental Health Indicators.

Indicator	Prevention Agenda 2013 Objective	US	NYS	Jefferson County
Incidence of children <72 months with confirmed blood lead level >= 10 µg/dl (per 100 children tested).	0.0†	-	1.3 (2003-2005) Rate for NYS excluding NYC.	0.8 (2003-2005)
% of children with at least one lead screening by age 36 months.	96%	-	82.8% Rate for NYS excluding NYC. (2004 birth cohort)	90.8% (2004 birth cohort)
Asthma related hospitalizations (per 10,000)				
Total	16.7*	16.6*	21.0*	9.0 *
Ages 0-17 years	17.3†	22.6 (2003)	31.5 (2004-2006)	18.9 (2004-2006)
Work related hospitalizations (per 10,000 employed persons aged 16+ years).	11.5	-	16.0 (2004-2006)	17.6 (2005-2007)
Elevated blood lead levels (>25 µg/dl) per 100,000 employed persons age 16+ years.	0.0†	-	6.0 (2004-2006)	s (2005-2007)

Source: www.health.state.ny.us/prevention/prevention_agenda/indicators/county/jefferson.htm
† Healthy People 2010 Goal utilized
* Rate age-adjusted to the 2000 US population
~ Fewer than 20 events in the numerator; rate is unstable
s Suppressed (percent could not be calculated, fewer than 3 cases per year)

Communicable and Infectious Diseases

Jefferson County maintains lower than statewide communicable disease incidence across all disease morbidity categories. Of strong concern is year-to-year growth in early syphilis and Chlamydia incidence. The department is working with community-based agency partners to educate clients and the general public regarding prevention of these diseases. Lyme disease incidence has become more prevalent since 2006. Public education to prevent Lyme disease is an ongoing public health initiative.

Jefferson County exceeds New York State and U.S. rates of influenza and pneumonia immunizations in the 65+ (years) population. The Jefferson County Public Health Service will continue to aggressively promote influenza and pneumonia vaccinations to meet the Prevention Agenda 2013 target.

Table 3: Communicable Disease Indicators.

DISEASE MORBIDITY	Jefferson County								NYS 2007 Rate
	2004		2005		2006		2007		
	#	Rate	#	Rate	#	Rate	#	Rate	
AIDS Cases	1	0.9	3	2.6	4	3.5	3	2.6	20.9
Early Syphilis	0	0.0	1	0.9	3	2.6	2	1.7	11.5
Chlamydia Incidence	252	226.1	225	193.3	408	357.1	472	402.7	417.9
TB Incidence	0	0.0	0	0.0	1	0.9	0	0.0	6.1
E coli 0157 Incidence	1	0.9	1	0.9	1	0.9	0	0.0	0.8
Meningococcal Incidence	1	0.9	0	0.0	0	0.0	0	0.0	0.3
Pertussis Incidence	18	16.1	3	2.6	6	5.3	3	2.6	3.7
Lyme Disease Incidence	1	0.9	2	1.7	14	12.3	8	6.8	23.9

Source: www.health.state.ny.us/prevention/prevention_agenda/indicators/county/jefferson.htm

Table 4: Infectious Disease.

Indicator	Prevention Agenda 2013 Objective	US	NYS	Jefferson County
Newly diagnosed HIV case rate (per 100,000).	23.0	18.5 (2006)	24.0 (2004-2006)	2.6~ (2004-2006)
Gonorrhea case rate (per 100,000).	19.0†	120.9 (2006)	93.4 (2004-2006)	41.2 (2004-2006)
Tuberculosis case rate (per 100,000).	1.0†	4.4 (2007)	6.8 (2004-2006)	0.3~ (2004-2006)
% of adults 65+ years with immunizations.				
Flu shot past year.	90%†	69.6%	64.7%	74.4%
Ever pneumonia.	90%†	66.9% (2006)	61.0% (2006)	77.0% (2003)

Source: www.health.state.ny.us/prevention/prevention_agenda/indicators/county/jefferson.htm
† Healthy People 2010 Goal utilized
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Mortality

Leading indicators of mortality in Jefferson County mirror the state and nation, and remain cancer, heart, and cerebrovascular diseases. Cancer deaths have generally remained stable year to year in the County. Lung cancer rates have consistently exceeded state rates. Breast and cervical cancer mortality indices are below state rates. Cerebrovascular disease incidence is higher than state experience. Diseases of the heart are the most common cause of mortality in Jefferson County, and have

consistently trended below the state rate in recent years. Homicides have fluctuated but have generally been low. AIDS mortalities have consistently remained substantially lower than state rates. Though there are limited numbers of mortalities, cirrhosis rates continue to trend higher than the state rate. Goals are to reduce hospital admissions with a diagnosis of cirrhosis, as well as deaths attributed to cirrhosis. A Communities That Care process continues to be implemented countywide to address youth alcohol use and mobilize community-based actions to change behaviors and reduce youth consumption and addiction. Over time, these efforts should have a positive impact in reducing adverse adult-related alcohol incidences. Suicide incidence is trending upward in Jefferson County, exceeding the 2007 state rate. With the exception of pedestrian injury hospitalizations, unintentional injury rates exceed Prevention Agenda 2013 targets.

Table 5: Mortality Indicators.

DISEASE MORTALITY rates per 100,000 population	Jefferson County								NYS 2007 Rate
	2004		2005		2006		2007		
	#	Rate	#	Rate	#	Rate	#	Rate	
Total Deaths	928	832.5	828	711.4	843	737.8	860	733.8	757.9
Lung Cancer (Total)	74	66.4	57	49.0	69	60.4	74	63.1	48.3
Lung Cancer (Male)	34	59.1	33	54.9	39	67.0	37	62.0	52.2
Lung Cancer (Female)	40	74.2	24	42.7	30	53.5	37	64.3	44.6
Breast Cancer (Female)	15	27.8	8	14.2	16	28.5	10	17.4	27.3
Cervical Cancer	1	1.9	3	5.3	2	3.6	0	0.0	3.0
Cerebrovascular Disease	41	36.8	44	37.8	55	48.1	46	39.2	30.5
Diseases of the Heart	237	212.6	195	167.5	208	182.0	197	168.1	255.5
AIDS	2	1.8	2	1.7	1	0.9	2	1.7	6.9
Cirrhosis (Liver)	10	9.0	11	9.5	3	2.6	9	7.7	6.7
Homicides	3	2.7	4	3.4	1	0.9	0	0.0	4.3
Suicides	8	7.2	10	8.6	14	12.3	14	11.9	7.1
Unintentional Injury	44	39.5	36	30.9	36	31.5	31	26.5	25.5
- Motor Vehicle	14	12.6	18	15.5	14	12.3	9	7.7	7.3
- Non-Motor Vehicle	30	26.9	18	15.5	22	19.3	22	18.8	18.2

Source: www.health.state.ny.us/prevention/prevention_agenda/indicators/county/jefferson.htm

Table 6: Unintentional Injury.

Indicator	Prevention Agenda 2013 Objective	US	NYS	Jefferson County
Unintentional Injury mortality (per 100,000).	17.1†*	39.1* (2005)	21.0* (2004-2006)	33.9 * (2004-2006)
Unintentional Injury hospitalizations (per 10,000).	44.5*	-	64.7 * (2004-2006)	49.1 * (2004-2006)
Motor vehicle related mortality (per 100,000).	5.8*	15.2 * (2005)	7.7 * (2004-2006)	13.3 * (2004-2006)
Pedestrian injury hospitalizations (per 10,000).	1.5*	-	1.9* (2004-2006)	0.3~ * (2004-2006)
Fall related hospitalizations age 65+ years (per 10,000).	155.0	-	196.0 (2004-2006)	179.1 (2004-2006)

Source: www.health.state.ny.us/prevention/prevention_agenda/indicators/county/jefferson.htm
† Healthy People 2010 Goal utilized
* Rate age-adjusted to the 2000 US population
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Morbidity

Pediatric hospitalizations indicate wide fluctuation in year-to-year indexes for asthma; steady decline in gastroenteritis hospitalizations, and stable otitis media incidence. Asthma hospitalizations are below state rates, with gastroenteritis and otitis media above the state's 2007 rate.

Table 7: Hospitalizations.

HOSPITALIZATIONS rates per 10,000 population	Jefferson County								NYS 2007 Rate
	2004		2005		2006		2007		
	#	Rate	#	Rate	#	Rate	#	Rate	
Pediatric (Age 0-4)									
- Asthma	41	51.6	23	28.1	33	44.0	21	25.8	55.2
- Gastroenteritis	66	83.0	57	69.6	43	57.3	23	28.2	26.8
- Otitis Media	7	8.8	4	4.9	4	5.3	5	6.1	3.6
Drug Related	173	15.5	186	16.0	172	15.1	172	14.7	29.9
Head Injury	48	4.3	51	4.4	49	4.3	50	4.3	7.9

Source: www.health.state.ny.us/prevention/prevention_agenda/indicators/county/jefferson.htm

Chronic Disease

Chronic disease incidence is a leading priority for improvement in Jefferson County Chronic Disease indices are quite often tied to personal health behaviors. Cancer, cerebrovascular, respiratory, and heart disease morbidity and mortality are linked to use of tobacco products, poor nutrition, and lack of physical activity. Nutrition and physical activity measures are also a leading priority for improvement in Jefferson County. In recent years, diabetes morbidity has also been closely linked with poor health practices and behaviors. While much improvement has been demonstrated through particular behavior and lifestyle measures, all chronic disease indices in Jefferson County remain out-of-sync with Prevention Agenda 2013 targets. Additionally, lower hospitalization rates juxtaposed against higher mortality rates suggest individuals are accessing care too late.

Cancer - Cancer incidence remains a priority health status concern in Jefferson County. Goals are to reduce all cancer indices with particular focus on lung and bronchus, colon and rectum, and prostate cancers. Women receiving screenings demonstrate positive behaviors that exceed state rates, but those obtaining pap smears fall short of the Prevention Agenda 2013 desired target.

Heart/Cerebrovascular Disease - Heart and cerebrovascular disease incidence is a priority health status concern in the County. Goals are to reduce all heart and cerebrovascular disease morbidity and mortality indicators with diseases of the heart and coronary heart disease hospitalizations a priority focus. Behavior indicators call for improvement in both cessation of tobacco use, and increased obtainment of necessary health screens. Better prevention and disease management efforts will reduce incidence.

Diabetes - Diabetes morbidity and mortality is a priority health status concern in the County. Goals are to reduce all diabetes morbidity and mortality indicators. Multi-pronged approaches are currently in place that educate and screen adults, as well as highly encourage children of all ages to adopt health practices that lead to the prevention of diabetes.

Respiratory Disease - Respiratory disease morbidity and mortality is a priority health status concern in Jefferson County. Goals are to reduce all indicators, particularly

chronic obstructive pulmonary disease (COPD) hospitalizations and deaths. Smoking cessation and reducing exposure to secondhand smoke continues to be a high priority.

Table 8: Chronic Disease.

Indicator	Prevention Agenda 2013 Objective	US	NYS	Jefferson County
Diabetes prevalence in adults.	5.7%	7.5% (2006)	7.6% (2006)	10.2% (2003
Diabetes short-term complication hospitalization rate (per 10,000).				
Age 6-17 years	2.3	2.9	3.0	3.2~
Age 18+ years	3.9	5.5 (2004)	5.3 (2004-2006)	5.0 (2004-2006)
Coronary heart disease hospitalizations (per 10,000).	48.0	-	61.2 * (2004-2006)	73.4 * (2004-2006)
Congestive heart failure hospitalization rate per 10,000 (ages 18+ years).	33.0	48.9 (2004)	46.3 (2004-2006)	26.4 (2004-2006)
Cerebrovascular (Stroke) disease mortality (per 100,000).	24.0*	46.6 * (2005)	30.5 * (2004-2006)	40.5 * (2004-2006)
Reduce cancer mortality (per 100,000).				
Breast (female)	21.3* †	24.4*	25.5*	24.0 *
Cervical	2.0* †	2.4*	2.6*	2.2 *
Colorectal	13.7* †	18.0* (2004)	19.1* (2001-2005)	19.3 * (2001-2005)

Source: www.health.state.ny.us/prevention/prevention_agenda/indicators/county/jefferson.htm

† Healthy People 2010 Goal utilized
* Rate age-adjusted to the 2000 US population
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Table 9: Tobacco Use.

Indicator	Prevention Agenda 2013 Objective	US	NYS	Jefferson County
% cigarette smoking in adolescents (past month).	12%	23.0% (2005)	16.3% (2006)	NA
% cigarette smoking in adults.	12%†	20.1% (2006)	18.2% (2006)	22.2% (2003)
COPD hospitalizations among adults 18 + years (per 10,000).	31.0	23.0 (2004)	39.7 (2004-2006)	34.8 (2004-2006)
Lung cancer incidence (per 100,000).				
Male	62.0*	85.3*	80.8*	109.7 *
Female	41.0*	54.2* (2004)	53.8* (2001-2005)	70.9 * (2001-2005)

Source: www.health.state.ny.us/prevention/prevention_agenda/indicators/county/jefferson.htm

† Healthy People 2010 Goal utilized
* Rate age-adjusted to the 2000 US population
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Table 10: Physical Activity/Nutrition.

Indicator	Prevention Agenda 2013 Objective	US	NYS	Jefferson County
% of obese children by grade level: (BMI for age>95th percentile).				
2–4 Years (WIC) (pre-school)	11.6%	14.8% (2004)	15.2% (2004-2006)	9.0% (2004-2006)
K	5%†	-	-	NA
2	5%†	-	-	NA
4	5%†	-	-	NA
7	5%†	-	-	NA
10	5%†	-	-	NA
% of adults who are obese (BMI>30).	15%†	25.1% (2006)	22.9% (2006)	30.0% (2003)
% of adults engaged in some type of leisure time physical activity.	80%†	77.4% (2006)	74.0% (2006)	78.3% (2003)
% of adults eating 5 or more fruits or vegetables per day.	33%	23.2% (2005)	27.4% (2007)	30.3% (2003)
% of WIC mothers breastfeeding at 6 months.	50%†	24.3% (2005)	38.6% (2004-2006)	21.2% (2004-2006)

Source: www.health.state.ny.us/prevention/prevention_agenda/indicators/county/jefferson.htm
† Healthy People 2010 Goal utilized
* Rate age-adjusted to the 2000 US population
~ Fewer than 20 events in the numerator; rate is unstable
s Suppressed (percent could not be calculated, fewer than 3 cases per year)

Table 11: Jefferson County Behavioral Risk Factor Surveillance Survey (BRFSS) Findings.

BRFSS (STEPS Survey) Items:		May 2004-April 2005 (n_{Y1}=1592)	May 2005-April 2006 (n_{Y2}=1524)	May 2006-April 2007 (n_{Y3}=1517)	May 2007-April 2008 (n_{Y3}=1488)
Health Status					
1	How many days during the past 30 days was your physical health good?	*	*	26.85	23.35
2	How many days during the past 30 days was your mental health good?	*	*	27.15	26.95
3	Health Status (% Excellent or VG or Good)	87.7%	86.1%	87.1%	86.1%
Health Insurance					
4	Health Care Insurance Coverage (% Yes)	83.8%	86.3%	88.2%	88.5%
5	Type of HC Coverage: (n=only the covered)				
	My Employer	31.7%	33.5%	35.8%	32.3%
	Someone Else's Employer	16.5%	15.2%	17.0%	17.0%
	Purchase on Own	5.5%	4.1%	5.1%	3.9%
	Medicare	16.0%	15.6%	15.9%	16.6%
	Medicaid	7.0%	6.0%	4.8%	5.2%
	Family Health Plus	*	2.6%	1.8%	3.4%
	Military	18.6%	20.7%	17.2%	18.6%
Healthcare Access					
6	Have a personal doctor or healthcare provider, % 1 or more providers	*	76.2%	73.4%	72.0%
7	Could not see a doctor because of cost in past year	*	10.1%	8.9%	10.1%

BRFSS (STEPS Survey) Items:		May 2004-April 2005 (n_{Y1}=1592)	May 2005-April 2006 (n_{Y2}=1524)	May 2006-April 2007 (n_{Y3}=1517)	May 2007-April 2008 (n_{Y3}=1488)
8	Last time you had a routine checkup				
	Within the past year	*	73.7%	75.6%	67.1%
	5 or more years ago	*	7.3%	7.6%	12.7%
Exercise					
9	Yes, exercise in past month	76.1%	79.4%	77.8%	*
10	Hours per day watching TV				
	Less than 1 hour	*	7.1%	9.2%	8.3%
	1-2 hours	*	47.8%	49.2%	42.8%
	3+ hours	*	45.1%	41.6%	48.9%
11	Moderate Physical Activity (% 5+ days/week for 30 minutes)	*	48.6%	47.0%	49.1%
12	Vigorous Physical Activity (% 3+ days/week for 20 minutes)	*	38.2%	35.2%	37.3%
13	Meet both Moderate and Vigorous Physical Activities	*	25.8%	24.7%	26.4%
14	Meet at least One of Mod or Vigorous	*	*	58.1%	61.2%
Walking					
15	Walk for at least 30 minutes (% Yes)	65.0%	69.0%	*	*
16	Walk for at least 30 minutes, 5+ days per week (% Yes)	57.8%	64.6%	*	53.1%
17	"It is EASY to walk in local community." (% Agree +% Strongly Agree)	*	84.1%	*	*
18	"It is SAFE to walk in local community." (% Agree +% Strongly Agree)	*	91.2%	*	*
Tobacco					
19	Current Smokers	24.2%	22.4%	24.3%	22.6%
	Former Smokers	24.3%	25.4%	27.1%	27.3%
20	Quit at least 1 day (n=current smokers)	53.9%	55.0%	58.9%	51.5%
21	Smoking NOT Allowed in Home	68.7%	*	*	*
22	FAVOR CIAA	57.6%	*	*	*
	OPPOSE CIAA	25.6%	*	*	*
23	Doctor asked if smoke (n=only those who saw doctor)	75.3%	*	70.2%	71.9%
24	Doctor advised to quit smoking (n=only smokers who saw doctor)	75.8%	*	73.1%	76.6%
Asthma					
25	Current Asthma	12.6%	7.8%	7.4%	8.5%
26	Asthma Attack in Past Year (n=currently w/asthma)	45.2%	*	*	47.8%
27	Emergency or Urgent Visit Caused by Asthma? (n=currently w/asthma)	11.9%	24.7%	18.8%	14.9%
28	See Provider to treat Symptoms at least once? (n=currently w/asthma)	26.2%	26.7%	40.2%	40.0%
29	Days unable to do activities? (% at least 1) (n=currently w/asthma)	20.2%	*	*	*
30	Asthma Symptoms in past 30 days (% at least once) (n=currently w/asthma)	72.6%	*	*	*
31	Routine Check Ups for asthma in Past Year - % 2 or more (n=currently w/asthma)	*	*	34.1%	27.8%
32	Frequency of Asthma Symptoms in Past 30 Days (n=currently w/asthma)				

BRFSS (STEPS Survey) Items:		May 2004-April 2005 (n_{Y1}=1592)	May 2005-April 2006 (n_{Y2}=1524)	May 2006-April 2007 (n_{Y3}=1517)	May 2007-April 2008 (n_{Y3}=1488)
	Never	*	*	29.5%	32.6%
	Less than Once per Week	*	*	27.1%	28.2%
	1-2 times per Week	*	*	25.4%	20.6%
	More than twice per Week	*	*	7.2%	6.9%
	Every Day - but not all the time	*	*	5.9%	4.1%
	Every Day - All the Time	*	*	5.0%	7.6%
Diabetes					
33	Had test for diabetes in past 3 years (everyone asked)	*	*	*	59.4%
34	Current Diabetes (including Gest. Only)	7.6%	8.2%	9.8%	8.4%
36	How often check blood glucose? (n=currently w/diabetes)				
	Daily	62.2%	62.6%	67.5%	68.6%
	Weekly	18.0%	23.6%	14.6%	13.6%
37	How often check feet? (n=currently w/diabetes)				
	Daily	66.1%	89.1%	62.0%	59.2%
	Weekly	16.1%	5.9%	18.8%	19.3%
38	Checked A1C at least twice in past year? (% Yes) (n=currently w/diabetes)	67.7%	72.9%	77.3%	79.9%
39	Health Professional checked feet at least once in past year? (n=currently w/diabetes)	66.1%	80.1%	78.2%	72.2%
40	Dilated eye exam in past Year (% Yes)? (n=currently w/diabetes)	71.9%	66.1%	65.9%	73.3%
41	Seen Health Professional for Diabetes 5+ times in past year? (% Yes) (n=currently w/diabetes)	*	*	16.7%	14.7%
Disability					
43	Are you limited in any way? (% Yes)	18.8%	*	*	*
44	Do you require special equipment? (% Yes)	6.3%	*	*	*
Fruits and Vegetables					
45	F/V servings per day?				
	5+	27.5%	26.4%	25.1%	28.6%
Milk Consumption					
46	Type of Milk				
	Whole	20.4%	18.4%	17.4%	17.4%
	2%	38.5%	38.6%	37.8%	36.6%
	1%	12.7%	12.9%	16.4%	15.7%
	Skim	20.1%	22.5%	21.5%	21.0%
	None	8.2%	5.1%	4.5%	7.4%
	Soy milk or other substitute	*	2.5%	2.5%	2.0%
Weight Control					
47	Trying to lose weight (% Yes)	39.4%	*	38.7%	38.7%

BRFSS (STEPS Survey) Items:		May 2004-April 2005 (n_{Y1}=1592)	May 2005-April 2006 (n_{Y2}=1524)	May 2006-April 2007 (n_{Y3}=1517)	May 2007-April 2008 (n_{Y3}=1488)
48	Trying to maintain weight (% Yes, of the non-lose above)	**61.0%**	*	**37.2%**	**37.2%**
49	Eating less calories or fat to lose or maintain (n=only those losing or maintaining)				
	Less Calories	**19.1%**	*	**20.8%**	**20.8%**
	Less Fat	**19.9%**	*	**23.1%**	**23.1%**
	Less of Both	**28.7%**	*	**29.2%**	**29.2%**
50	Using Physical Activity to lose or maintain (% Yes) (n=only those losing or maintaining)	**73.4%**	*	**73.9%**	**73.9%**
51	Doctor advised to:				
	Lose weight	**10.4%**	*	**12.5%**	**22.7%**
	Gain weight	**1.1%**	*	**1.8%**	**2.4%**
	Maintain weight	**2.6%**	*	**1.3%**	**3.3%**
52	Weight change in past year:				
	Lost weight	*	*	*	**24.5%**
	Gained weight	*	*	*	**23.5%**
	Maintained weight	*	*	*	**52.0%**
53	Was weight change intentional? (% Yes)	*	*	*	**46.2%**
Obesity					
54	BMI Category:				
	Not Overweight	**35.4%**	**34.5%**	**34.4%**	**33.8%**
	Overweight	**38.8%**	**38.3%**	**39.0%**	**35.3%**
	Obese	**25.8%**	**27.2%**	**26.5%**	**31.0%**

Source: Steps to a HealthierNY BRFSS Data (2004-2008).

Mental Health

Mental health services in Jefferson County are coordinated by the Department of Community Services. However, key public health indices impact mental health. Suicides, binge drinking, drug-related hospitalizations, and self-reported poor mental health in Jefferson County all remain below their respective Prevention Agenda 2013 targets. Partnerships with the Department of Community Services, the Fort Drum Regional Health Planning Organization, local hospitals, and other agencies continue so that mental health prevention and treatment services can be coordinated and enhanced to improve adverse indices.

Table 12: Mental Health/Substance Abuse Indicators.

Indicator	Prevention Agenda 2013 Objective	US	NYS	Jefferson County
Suicide mortality rate (per 100,000).	4.8†*	10.9* (2005)	6.4 * (2004-2006)	9.5 * (2004-2006)
% adults reporting 14 or more days with poor mental health in last month.	7.8%	10.1% (2002-2006)	10.4% (2003-2005)	7.3% (2003)
% binge drinking past 30 days (5 + drinks in a row) in adults.	13.4%†	15.4% (2006)	15.8% (2006)	18.0% (2003)
Drug-related hospitalizations (per 10,000).	26.0	-	34.0 * (2004-2006)	14.4 * (2004-2006)

Source: www.health.state.ny.us/prevention/prevention_agenda/indicators/county/jefferson.htm
† Healthy People 2010 Goal utilized
* Rate age-adjusted to the 2000 US population
~ Fewer than 20 events in the numerator; rate is unstable
s Suppressed (percent could not be calculated, fewer than 3 cases per year

Perinatal Health and Healthy Children

Maternal/Child health is a priority health status concern in Jefferson County. A top priority is to improve access to prenatal care, which has constricted of late due to a lack of OB/GYN providers and coordination of care systems issues. The Jefferson County Public Health Service continues to work closely with the New York State Department of Health, the North Country Prenatal/Perinatal Council, area hospitals, providers, and other vital partners to address this critical access issue. Priority goals are to increase 1st trimester prenatal care; reduce unintended pregnancy; reduce births within 24 months of a previous pregnancy; increase the percent of births with adequate prenatal care, increase tobacco abstinence in pregnant mothers; and increase breastfeeding.

Child health indices require improvement to meet Prevention Agenda 2013 targets. Oral health is a priority health status concern in Jefferson County. The only concrete metric that exists right now is through assessment of 3rd grade children. Goals are to improve all measurable indicators, with particular emphasis on reducing child caries experience and untreated caries, and increasing dental sealants and use of fluoride tablets. Additional goals are to understand adult dental experiences and address problem areas, particularly access to dental health care. Reliance on the North Country Children's Clinic for innovative oral health program development for children and adults will continue. Through the efforts facilitated by the North Country Prenatal/Perinatal Council, Jefferson County has been successful in reducing adolescent pregnancies in females aged 15-17 years.

Table 13: Perinatal Health.

PERINATAL HEALTH	Jefferson County								NYS 2007 Rate
	2004		2005		2006		2007		
	#	Rate	#	Rate	#	Rate	#	Rate	
Pregnancies (All ages)	1,808	79.3	2,131	87.2	1,972	79.3	2,169	85.1	95.9
- Age 10-14	1	0.3	6	1.6	2	0.5	0	0.0	1.4
- Age 15-19	190	54.3	205	58.9	187	53.9	205	56.1	58.4
Births	1,511	13.6	1,808	15.5	1,675	14.7	1784	15.2	13.1
Low Birth weight (Less than 2500 grams)	115	7.6	110	6.1	117	7.0	123	6.9	8.1
Prenatal Care (1st Trimester)	1,158	78.8	1,379	78.8	1,312	79.5	1,241	72.5	73.8
Infant Deaths	16	10.6	6	3.3	10	6.0	15	8.4	5.5

PERINATAL HEALTH (continued)	Jefferson County								NYS 2007 Rate
	2004		2005		2006		2007		
	#	Rate	#	Rate	#	Rate	#	Rate	
Neonatal Deaths	15	9.9	4	2.2	8	4.8	8	4.5	3.6
Post neonatal Deaths	1	0.7	2	1.1	2	1.2	7	3.9	1.9
Spontaneous Fetal Deaths (20+ wks)	10	6.6	11	6.0	8	4.8	20	11.1	6.6

Source: www.health.state.ny.us/prevention/prevention_agenda/indicators/county/jefferson.htm

Table 14: Healthy Mothers/Healthy Babies/Healthy Children.

Indicator	Prevention Agenda 2013 Objective	US	NYS	Jefferson County
% early prenatal care (1st trimester).	90%†	83.9% (2005)	74.9% (2004-2006)	79.1% (2004-2006)
% low birth weight births (<2500 grams).	5%†	8.2% (2005)	8.3% (2004-2006)	6.8% (2004-2006)
Infant mortality (per 1,000 live births).	4.5†	6.9 (2005)	5.8 (2004-2006)	6.4 (2004-2006)
Increase % of 2 year old children who receive recommended vaccines (4 DTaP, 3 polio, 1 MMR, 3 Hib, 3 HepB).	90%	80.5% (2006)	82.4% (2006)	NA
% of children with at least one lead screening by age 36 months.	96%	-	82.8% (NYS excl. NYC) (2004 birth cohort)	90.8% (2004 birth cohort)
Prevalence of tooth decay in 3rd grade children.	42%†	53.0% (2004)	54.1% (2004)	66.1% (2004)
Pregnancy rate among females aged 15-17 years (per 1,000).	28.0	44.4 (2002)	36.7 (2004-2006)	15.5 (2004-2006)
% of WIC mothers breastfeeding at 6 months.	50%†	24.3% (2005)	38.6% (2004-2006)	21.2% (2004-2006)

Source: www.health.state.ny.us/prevention/prevention_agenda/indicators/county/jefferson.htm
† Healthy People 2010 Goal utilized
* Rate age-adjusted to the 2000 US population
~ Fewer than 20 events in the numerator; rate is unstable
s Suppressed (percent could not be calculated, fewer than 3 cases per year

Access to Care

Access to care is a leading priority for improvement in Jefferson County. Lower hospitalization rates juxtaposed against higher mortality rates suggests individuals are accessing care too late. Goals are to increase the numbers of adults covered by health insurance, increase the number of needed providers, and decrease the numbers of adults who deferred or declined medical care due to cost. Individuals in Jefferson County that present with cervical or colorectal cancers are in line with Prevention Agenda 2013 targets. Breast cancer diagnosis is not meeting the state's target, though is slightly better than current state or U.S. incidence. The number of children with health coverage has substantially improved with the Child Health Plus program and Medicaid coverage. Increasing numbers of families are accessing Family Health Plus for coverage in the County. U.S. Army soldiers and their dependents receive Tri-Care or Martin's Point coverage.

Through a key informant interview process, 7 businesses from Jefferson and Lewis Counties cited examples of what they have done in the past three years in response to rising health care costs. Leading responses included absorbing insurance increases and not passing them on to employees (12% in 2009); going back and forth every year between plans that offer the best rates, which becomes stressful for

employees having to regularly move to different plans; higher annual deductibles with higher employee contributions; and trying to get more employees to "opt in". These businesses find younger employees don't want to pay anything out of pocket. Yet when something happens to the employee, they earn too much to qualify for public options.

Table 15: Access to Care.

Indicator	Prevention Agenda 2013 Objective	US	NYS	Jefferson County
% of adults with health care coverage.	100%†	85.5% (2006)	86.5% (2006)	85.2% (2003)
% of adults with regular health care provider.	96%†	80% (2006)	85.0% (2006)	NA
% of adults who have seen a dentist in the past year.	83%†	70.3% (2006)	71.8% (2006)	71.4% (2003)
Early stage cancer diagnosis :				
Breast	80%	63%	63%	66%
Cervical	65%	53%	51%	65%~
Colorectal	50%	40% (1996-2003)	41% (2001-2005)	53% (2001-2005)

Source: www.health.state.ny.us/prevention/prevention_agenda/indicators/county/jefferson.htm
† Healthy People 2010 Goal utilized
* Rate age-adjusted to the 2000 US population
~ Fewer than 20 events in the numerator; rate is unstable
s Suppressed (percent could not be calculated, fewer than 3 cases per year

Dental Health Services

Access to quality dental care is another critical issue in Jefferson County. Poor dental health can lead to localized infections of the bone and surrounding tissue structures, and has been linked to obesity, cardiovascular disease, and diabetes. Oral health status indicators based on data from screenings performed on 3rd grade children are presented in the Dental Health Services section. The indicators support the ongoing need for dental education to preserve oral health. The Jefferson County Public Health Services relies upon the North Country Children's Clinic and Carthage Area Hospital to conduct clinics in schools and at their primary care office sites. Several School-Based Health Center dental programs in the county provide education on brushing, flossing, and nutrition to school children at every dental visit. In addition, the Self-Applied Fluoride and Education Rinsing Program (SAFER) is a preventive measure that has been successfully implemented in many Jefferson County schools for over 20 years. Children age 6 and over that participate rinse with 5ml or 10ml of 0.2% sodium fluoride solution for one minute in the classroom.

Access to dental providers for Medicaid participants in Jefferson County has improved over the last several years. Providers that accept Medicaid include Carthage Dental Care, Aqua Dental, the North Country Children's Clinic, and West Side Dental. Most dental practices, however, do not accept Medicaid. Private dental providers accept insurance or out-of-pocket payment only.

Table 16: Dental Health Indicators.

Indicator	Prevention Agenda 2013 Objective	US	NYS	Jefferson County
% of adults who have seen a dentist in the past year.	83%†	70.3% (2006)	71.8% (2006)	71.4% (2003)
Prevalence of tooth decay in 3rd grade children.	42%†	53.0% (2004)	54.1% (2004)	66.1% (2004)

Source: www.health.state.ny.us/prevention/prevention_agenda/indicators/county/jefferson.htm
† Healthy People 2010 Goal utilized

Community Preparedness

The Jefferson County Public Health Service maintains an active public health preparedness and response (PHP/R) program which encompasses assessment, planning, surveillance, epidemiological and laboratory capacities, emergency communications via the New York State Department of Health (NYSDOH) Health Alert Network (HAN), communicating health risks and dissemination of health information to the public, and coordination of education and training for biological, natural, and terrorist incidences. The department employs a PHP/R Coordinator, and work involves administration, nursing, health promotion, Emergency Medical Services (EMS), Medical Examiner (ME), and finance units within the department, as well as other county department and many community agency partners. Annual deliverables and plan documents required by the NYSDOH are fulfilled.

Table 17: Community Preparedness.

Indicator	Prevention Agenda 2013 Objective	US	NYS	Jefferson County
% population living within jurisdiction with state-approved emergency preparedness plans.	100%	-	100% (2007)	100% (2007)

Source: www.health.state.ny.us/prevention/prevention_agenda/indicators/county/jefferson.htm

LOCAL HEALTH UNIT PROGRAMS

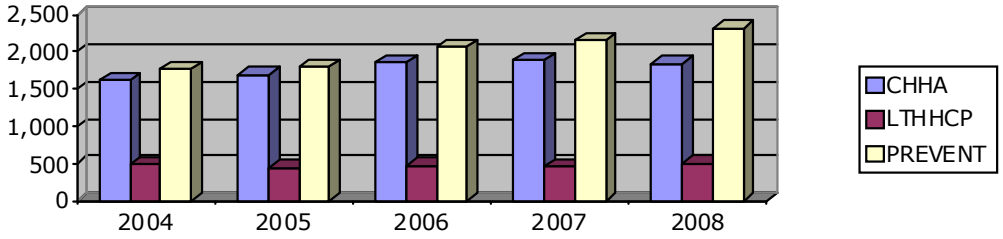
Public Health Nursing Service

The Jefferson County Public Health Service Certified Home Health Agency (CHHA) provides a wide range of professional and paraprofessional services to essentially homebound county residents. The program delivers 9 disciplines of care. Reimbursement is via Medicare (MC) and Medicaid (MA), other health insurances and private pay.

The Long Term Home Health Care Program (LTHHCP) provides medical and support services through a coordinated and comprehensive plan of care designed to maintain a patient at home. The LTHHCP program has approved capacity to serve 150 patients with 13 disciplines of care and 5 waivered services. LTHHCP clients must be eligible for placement in a Skilled Nursing Facility (SNF). Costs are primarily covered by MA, with MC, private pay and other health insurances covering some services. As the elderly population increases, the program continues to grow, and remains a cost effective alternative to nursing home placement.

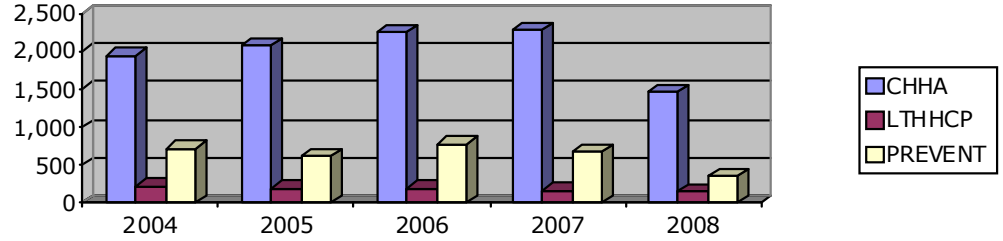
Preventive health programs provide a broad range of services for county residents which include: home visits for health assessment, dental health education, guidance, and supervision; communicable disease case investigation for reportable diseases; community screenings and education along with other services for health and human service agencies, schools, businesses and residents.

Chart 4: Public Health Nursing Referrals.



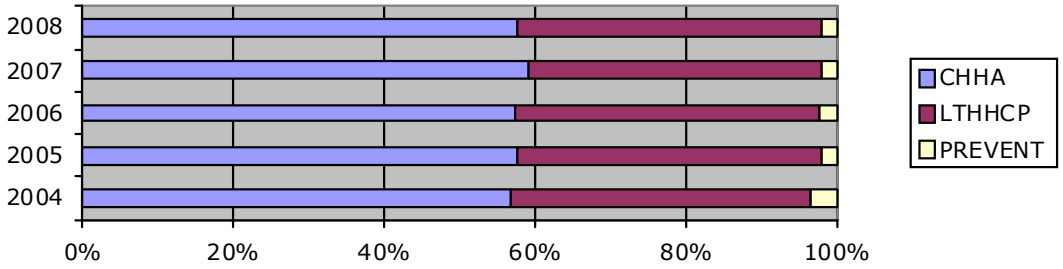
Source: Jefferson County Public Health Service 2004-2008 Annual Reports.

Chart 5: Public Health Nursing Cases.



Source: Jefferson County Public Health Service 2004-2008 Annual Reports.

Chart 6: Public Health Nursing Visits.



Source: Jefferson County Public Health Service 2004-2008 Annual Reports. Total Public Health Nursing program visits are as follows: 2004 – 98,794; 2005 – 111,503; 2006 – 115,466; 2007 – 110,252; and 2008 – 101,446.

The Medicare prospective payment system has dramatically impacted home health care visits, and has changed care structures to accommodate a new reimbursement model. Because of these changes, and since 2006, visits have gradually decreased. Capacities to measure, understand, and improve care outcome indicators continue to be greatly enhanced.

Diagnostic And Treatment Center (D&TC)

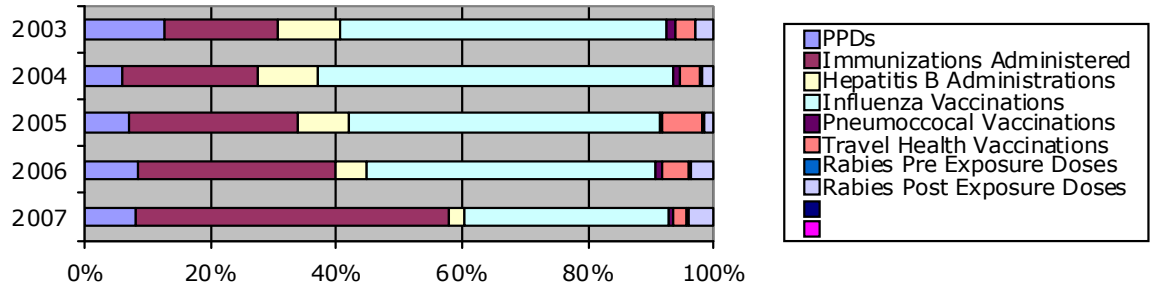
Numerous clinic services are provided to prevent and control the spread of communicable diseases. Some services are provided without charge. For others, donations or established fees are requested. Services are provided under Public Health's Medical Director.

Communicable disease control programs include tuberculosis, immunization, travel health services, rabies pre and post exposure, and STD/HIV counseling and testing. The Tuberculosis (TB) program provides physician consultation with a primary care provider, diagnosis, treatment, chest x-rays, medications, and home visits for directly observed medication management. TB case clinics are rarely needed. Skin tests (PPDs) are provided to contacts of a case or a converter.

The Immunization program offers 20 vaccines. Immune globulin supplies are also maintained. Influenza and pneumococcal vaccines are ordered yearly. The clinic is held every Wednesday and by scheduled appointment. Travel Health Services include the provision of health information and precautions, required and recommended immunizations, and necessary medication prescriptions for each country visited. A full range of travel health consultations and immunizations are tailored to an individual traveler's needs. Twenty-three (23) different vaccines and medications are available. Services are provided by appointment 7 days/week during office hours. Established fees are charged to cover costs.

Visits to the D&TC declined substantially from 2004 forward primarily due to a dramatic reduction in influenza immunizations given by the department. Private providers and pharmacy administration of influenza vaccines greatly impacted the public health program. Demand for childhood immunizations, pneumococcal vaccinations, and PPDs has increased.

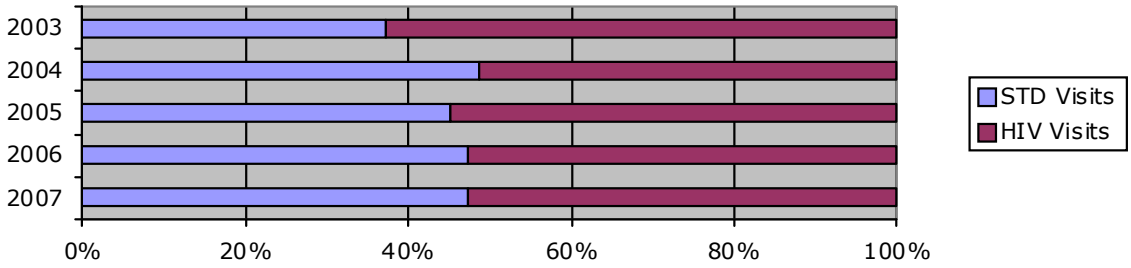
Chart 7: Diagnostic and Treatment Center Tests/Vaccines Administered.



Source: Jefferson County Public Health Service 2003-2007 Annual Reports. Total PPDs and vaccines administered are as follows: 2003 – 13,865; 2004 – 13,609; 2005 – 8,244; 2006 – 9,567; 2007 – 9,965.

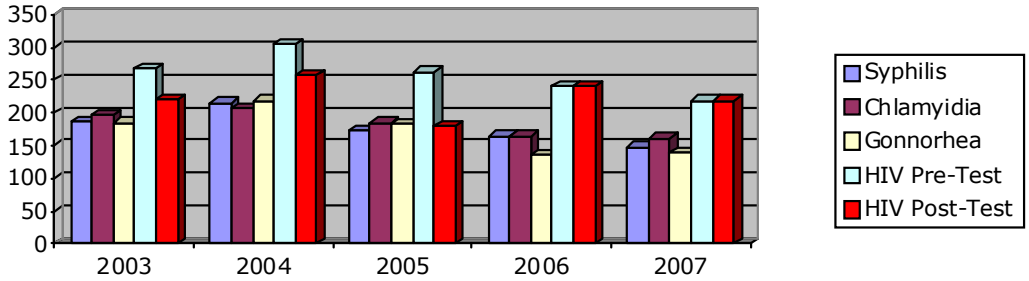
The STD program provides assessment and testing, diagnosis, counseling, and treatment. Patient counseling and community education control and prevent disease. For HIV, education, anonymous and confidential pre and post-test counseling, testing, follow-up and referral services are provided. HIV counseling and testing is integrated with the STD assessment to ensure the provision of comprehensive health care for all patients. Services are provided at scheduled clinics and by appointment. Annual aggregate visits rise and fall, often based on Fort Drum troop deployments and returns. Visit experience has been more unstable with the wars in Afghanistan and Iraq.

Chart 8: Diagnostic and Treatment Center STD/HIV Visits.



Source: Jefferson County Public Health Service 2003-2007 Annual Reports. Total combined STD/HIV visits are as follows: 2003 – 764; 2004 - 525; 2005 – 462; 2006 – 453; 2007 – 422.

Chart 9: Diagnostic and Treatment Center STD/HIV Tests.



Source: Jefferson County Public Health Service 2003-2007 Annual Reports. Total tests are as follows: 2003 – 1,055; 2004 – 1,201; 2005 – 982; 2006 – 944; 2007 - 883. STD tests became reportable in 2002.

The Medicaid Obstetrical and Maternal Services (MOMS) program is an entitlement program for pregnant women that provides a comprehensive package of nursing, medical social worker (MSW), nutrition, laboratory, financial, educational, and referral services. In 2007, 274 women were enrolled, generating 671 nursing, nutritionist, and MSW visits, as well as and 266 HIV tests.

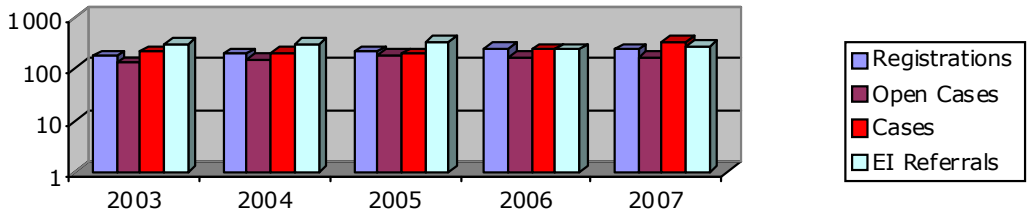
Prevent Services Grants

The Public Health Service continues to provide vital services throughout the County via grants initiated and/or mandated by the NYSDOH. Grants include Child Find, the Childhood Lead Poisoning Preventing Program (CLPPP), and the Immunization Action Plan (IAP).

Child Find, conducted by the Jefferson County Public Health Service, is a component of the Early Intervention (EI) program based with the Jefferson County Department of Community Services. Child Find identifies, refers and follows children birth through age two years who are at-risk of developmental delays and disabilities. A well child physical and Denver developmental assessment is accomplished at 6 months and yearly. Children who drop out of the medical care system receive follow-up contacts by telephone or PHN home visit until primary medical care is re-established. Service coordination is provided when necessary through the Department of Community Services. Children suspected of having a disability are referred to EI which completes a needs identification, professional assessment, and for eligible children with family input, develops an individualized family service plan to ensure cases are managed and appropriate services are delivered. Parents may

also refer their children to a school district's age 3-5 Program, as appropriate. Program statistics have remained stable since 2003.

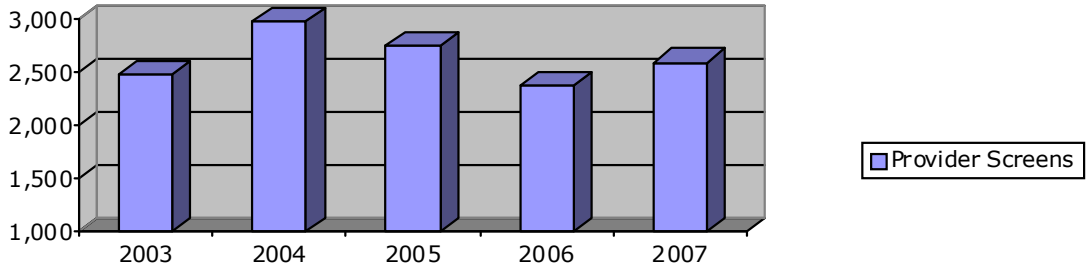
Chart 10: Child Find Data.



Source: Jefferson County Public Health Service 2003-2007 Annual Reports.

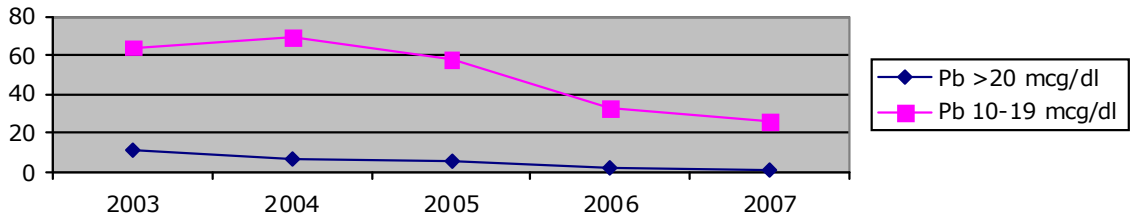
The CLPPP reviews and follows-up on all lead level results for children 6 months to 18 years of age. Primary care providers are responsible for lead screening of children at 1 and 2 years of age. Public Health completes screening for those at risk for lead exposure who are under or uninsured. Data entry into the Statewide Lead Registry is completed inclusive of children screened at Fort Drum. Blood lead testing results are reported by laboratories through the Electronic Clinical Laboratory Reporting System (ECLRS) with the exception of Fort Drum which provides weekly hard copy reports. Children found to have elevated lead levels receive medical care as needed; nutritional and risk assessment; developmental screening; education regarding sources of lead exposure and risk reduction measures; appropriate referrals, especially to the NYSDOH-Watertown District Office for environmental inspections; home visits; notification of follow-up testing; and case management. Since 2003, provider screens have remained essentially stable. Numbers of children with elevated lead levels have declined.

Chart 11: CLPPP Provider Screen Data.



Source: Jefferson County Public Health Service 2003-2007 Annual Reports.

Chart 12: CLPPP Numbers of Children with Reported Lead Levels.



Source: Jefferson County Public Health Service 2003-2007 Annual Reports.

Health Promotion

The Public Health Service is an aggressive receiver of grants to promote health and wellness for Jefferson County residents. Programs work collaboratively with community-based agencies to reduce obesity, heart disease, cancer, diabetes, asthma, and other problem indices.

Eat Well Play Hard: A Childhood Nutrition and Physical Activity Initiative serves as a NYSDOH Division of Nutrition community level Eat Well Play Hard demonstration project in Jefferson and Lewis Counties to assure that preschool and early elementary age children and families through targeted agencies and schools receive consistent and positive messages about nutrition and physical activity, and then develop permanent changes in behaviors. The recommendations are consistent with the Healthy People 2010 Objectives and the Public Health Prevention Agenda 2013 targets. An active Jefferson County community council plays an integral part in developing annual work plans, and in implementing strategies within organizations.

HEAL 9 NY – Through HEAL 9 awards, New York State seeks to promote the development of patient-centered, high-performing health care delivery systems that contribute to improving the health status of the entire population. Despite New York's wealth of health care resources, assets are disproportionately located throughout the state and citizens are not experiencing better health outcomes or better access to care than residents of other states. On 7/9/08 the New York State Department of Health released a HEAL NY Phase 9 request for grant applications (RGA) to support local health planning initiatives to equalize health care delivery system resources across the state and improve health indices. Local planning provides a vehicle for stakeholders in a community to examine the health status of its population and make recommendations to match health care resources to community needs. Statewide, $6 million was made available in funding to support both small and large-scale projects. The department won an award in the amount of $184,658 for the two-year period of 3/1/09-2/28/11.

Public Health is utilizing HEAL NY 9 funding to align the community health assessment (CHA) and hospital community service plan (CSP) processes in Jefferson and Lewis Counties. CHAs and CSPs are state required but have never been completed in unison. Further, the department is using the funding to ensure that gaps identified through joint public health and hospital planning become documented with plans and targets established to collaboratively address them. A joint effort by the Public Health departments and hospitals is positioning the local health system to more effectively craft solutions and to obtain additional strategic funding to address specific needs.

The Governor's Traffic Safety Committee Child Passenger Safety Program – This program supports pedestrian safety programming throughout Jefferson County. Every year, the NYS Governor's Traffic Safety Committee issues a series of RFAs to impact traffic, passenger, and pedestrian safety through a number of program funding streams. One category of funding is Highway Safety Programs for Local, State and Not-for-Profit Agencies. Agencies under this category can submit grant applications to address priority highway safety issues, including but not limited to community programs, bicycle safety, and pedestrian safety. In line with Steps to a HealthierNY advancements, Jefferson County residents are measurably walking and using bicycles more frequently. In 2006, 69% of Jefferson County residents reported walking 30 minutes or more at least once per week. Residents are being highly encouraged to increase activity, however such increases the likelihood of injuries. Safety is an issue that can always be improved upon. Injury and mortality data

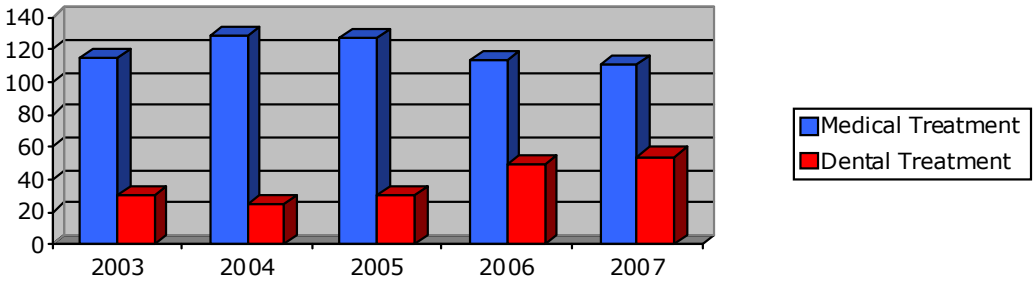
demonstrate the problem. In 2006, there were 15 bicycle accidents with 1 death in Jefferson County. Sixty-three percent (63%) of the bicyclists injured or killed were not wearing helmets. Additionally in 2006, there were 34 pedestrian accidents with 3 deaths in Jefferson County. Approximately 47% of pedestrian and bicycle accidents were the result of pedestrian and bicyclist error. The department implements evidence-based strategies to reduce pedestrian and bicyclist injuries by utilizing its well-established linkages with school districts and municipalities to implement programs. Programming assists schools and municipalities in developing policies that promote sustainable educational opportunities and environments related to bicycle and pedestrian safety.

Cancer Services Program – With NYSDOH funding, the Lewis County Public Health Agency serves as lead agency to coordinate breast, cervical, prostate, and colorectal cancer screening programming in Jefferson and Lewis counties for income qualifying individuals. Prostate and colorectal cancer screening were added to the program in 2004. Programs educate and promote early screening and detection for women and men who otherwise could not afford the costs. The Public Health Service coordinates partnerships for outreach efforts in Jefferson County.

Physically Handicapped Children's Program (PHCP)
Children with Special Health Care Needs (CSHCN)

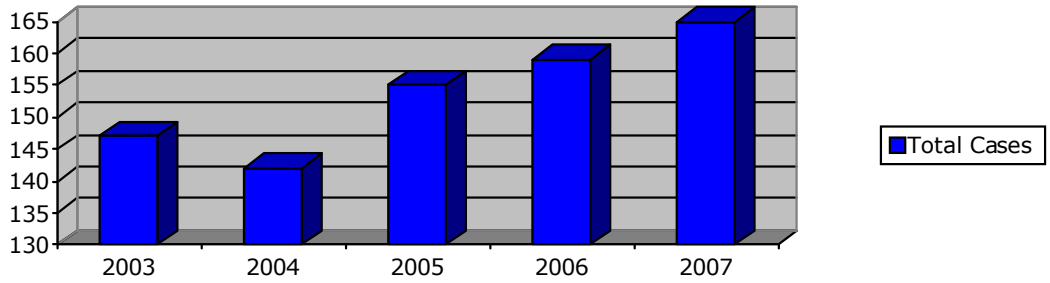
PHCP helps families pay for medical, dental and related diagnostic and treatment services for children up to age 21 with chronic or physical disabilities. CSHCN facilitates access to health care coverage and improves the health of children by providing information about Child Health Plus insurance and Medicaid to providers and families who contact PHCP. CSHCN also provides information and referral services concerning health and related issues to families of children with special health care needs from birth to 21 years of age. PHCP medical cases have remained stable since 2003, while dental cases have steadily increased. CSHCN cases have steadily increased since 2003.

Chart 13: PHCP Cases.



Source: Jefferson County Public Health Service 2003-2007 Annual Reports.

Chart 14: CSHCN Cases.

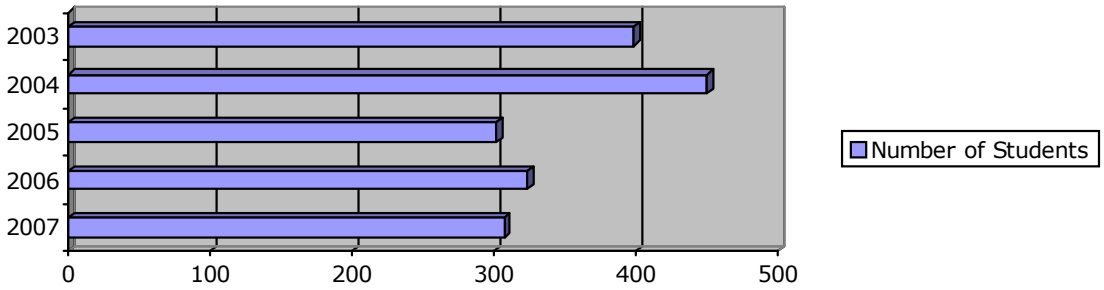


Source: Jefferson County Public Health Service 2003-2007 Annual Reports.

Emergency Medical Service

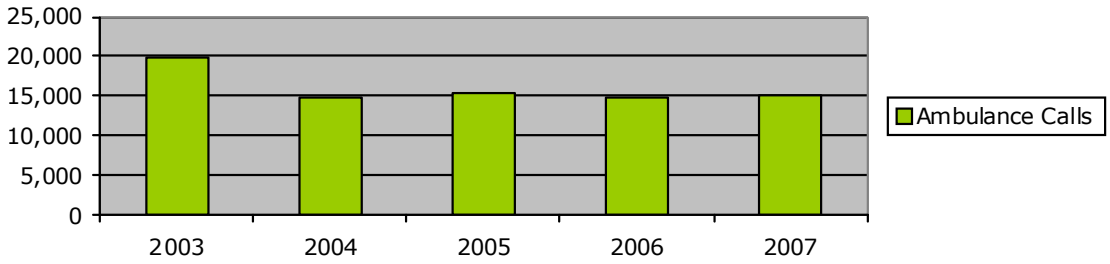
The EMS unit coordinates education programs, systems response planning, support services, quality improvement, and public health preparedness with other emergency and public safety providers, hospitals, agencies and committees. Lewis, St. Lawrence, Oswego, and Onondaga County interactions are maintained. The unit sponsors 25 courses annually. Numbers of students obtaining and maintaining needed certifications has declined with the challenges of recruiting and retaining volunteers. Ambulance calls have remained stable.

Chart 15: Number of Annual EMS Students.



Source: Jefferson County Public Health Service 2003-2007 Annual Reports.

Chart 16: Number of Ambulance Calls in Jefferson County.



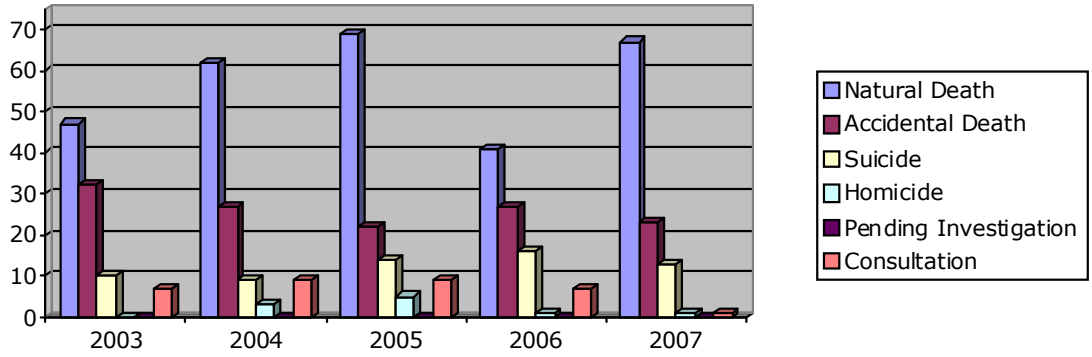
Source: Jefferson County Public Health Service 2003-2007 Annual Reports.

Medical Examiner

The M.E. Office investigates deaths that fall into categories as outlined in County Law Article 17A, namely instances where the public interest is served by explaining

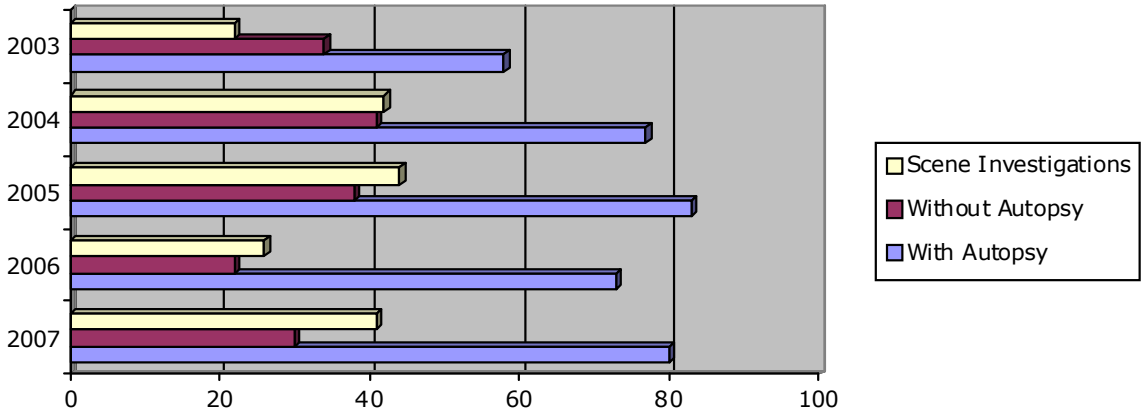
cause, manner and mechanism of death. Information is then provided, as appropriate, to individuals and other government agencies.

Chart 17: Causes of Death in Jefferson County.



Source: Jefferson County Public Health Service 2003-2007 Annual Reports.

Chart 18: Total Jefferson County Medical Examiner Cases.

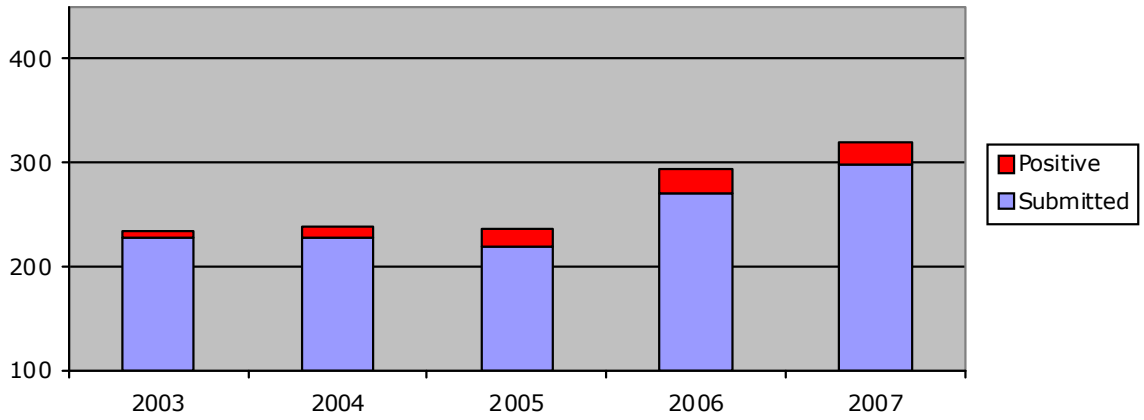


Source: Jefferson County Public Health Service 2003-2007 Annual Reports. Total cases are as follows: 2003 – 98; 2004 – 118; 2005 – 121; 2006 – 95; 2007 - 110.

Rabies Control

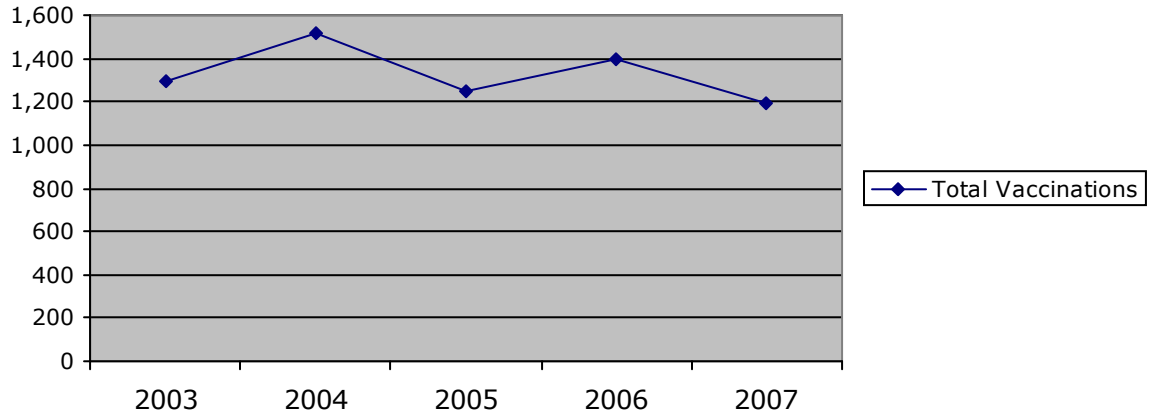
Rabies control encompasses exposures, contact investigations, pre and post-exposure treatments, animal confinements and quarantines, animal submissions, vaccinations, animal clinics, and community education. Animals submitted for rabies testing and resulting positives have increased since 2003. Domestic animals vaccinated at Dog Control and Public Health sponsored clinics have fluctuated year-to-year. Many animal owners are utilizing veterinary practices for needed vaccinations.

Chart 19: Submissions and Rabies Positive Animals from Jefferson County.



Source: Jefferson County Public Health Service 2003-2007 Annual Reports.

Chart 20: Animals Vaccinated at Dog Control and Public Health Clinics.

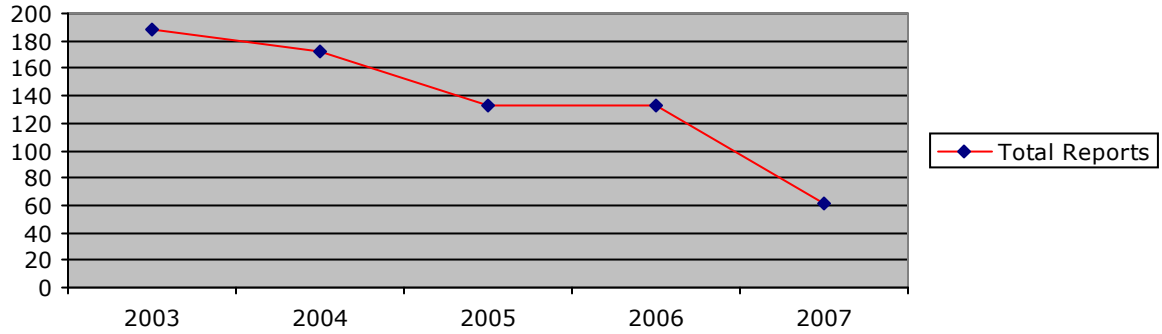


Source: Jefferson County Public Health Service 2003-2007 Annual Reports.

Vector Control

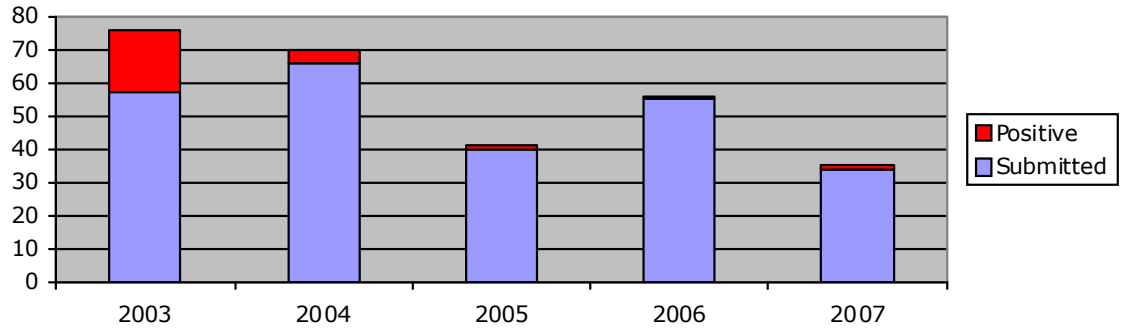
West Nile Virus (WNV) is transmitted by certain mosquito species and may cause illness and sometimes death. With a continuing Jefferson County WNV presence, a program functions to conduct appropriate education and surveillance. Ill/dead bird report volume and submissions have fluctuated annually, depending upon the variables of the season. Numbers of positives are very low and have remained stable.

Chart 21: Jefferson County Ill/Dead Bird Reports.



Source: Jefferson County Public Health Service 2003-2007 Annual Reports.

Chart 22: Submissions and WNV Positive Birds from Jefferson County.



Source: Jefferson County Public Health Service 2003-2007 Annual Reports.

LOCAL HEALTH UNIT CAPACITY PROFILE

The Jefferson County Public Health Service is a partial service health department in that it provides all core services with the exception of environmental. Environmental services are provided by the NYSDOH – Watertown District Office. Core services provided by the Public Health Service include Family Health, Disease Control, Vector Surveillance and Control (human, avian, mammal), Community Health Assessment, and Health Education. Optional services provided include Certified Home Health Agency (CHHA), Long Term Home Health Care Program (LTHHCP), and Emergency Medical Services. Additional and other services include the Physically Handicapped Children's Program/Children with Special Health Care Needs, Medical Examiner, and Vector Surveillance for mosquitoes, larval and adult.

A 7-member Health and Human Services Committee serves as the jurisdictional committee for the Public Health Service and provides oversight to the department in accomplishing day-to-day business. A 9-member (and additional 5 ex-officio) Health Services Advisory Board, separate from the Board of Legislators, functions to provide counsel to the Director of Public Health on priority health issues in the County. Approximately 231 permanent staff and contractuals drive the services of the Public Health Service. There are about 117 directly paid Jefferson County staff, plus 113 additional contractual employees of which the vast majority serve the home care programs, and one CPA consultant to complete required cost reports and provide

fiscal counsel to the department. The Jefferson County Board of Legislators serves as the Board of Health for Jefferson County.

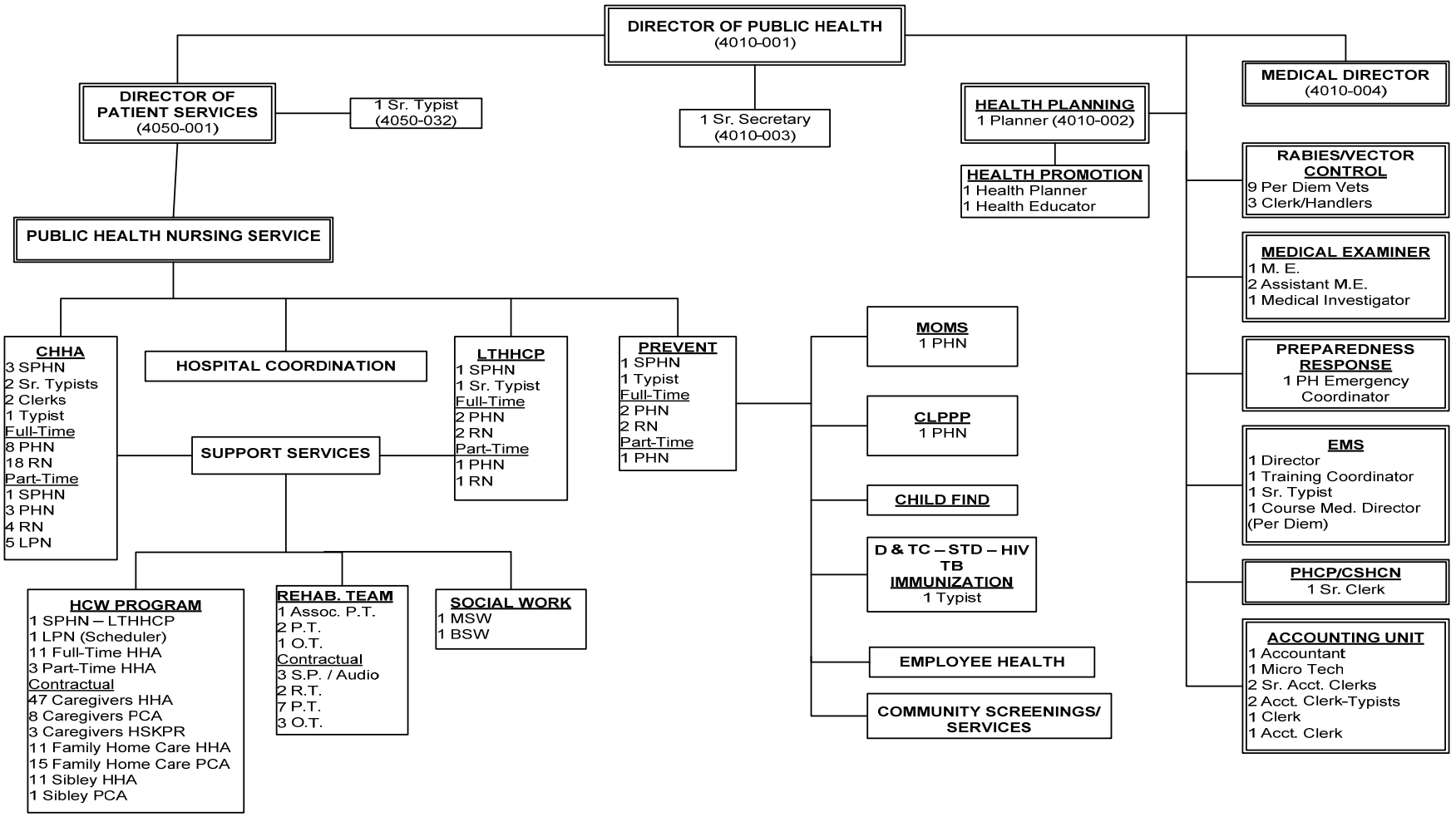
The department also maintains a number of grants across particular core and optional service areas, including Public Health Preparedness and Response; Department of State Local Government Efficiency Grant Program (EMS planning); Eat Well, Play Hard; HEAL 9 NY; Governor's Traffic Safety; Child Find; Childhood Lead Poisoning Prevention Program; Immunization Action Plan; and Central New York Regional Immunization System (CNYRIS).

Table 18: Jefferson County Public Health Service Workforce Capacity.

Title	Number of Positions
Direct Staff	
Director of Public Health	1
Director of Patient Services	1
Medical Director (part-time)	1
Supervising Public Health Nurse	5
Public Health Nurse	15
Registered Nurse	19
Licensed Practical Nurse	2
PHN, RN, LPN (part-time)	13
Physical Therapist	3
Occupational Therapist	1
Medical Social Worker	1
Social Work Assistant	1
Social Welfare Examiner	1
Senior Clerk – Home Health Aide Scheduler	1
Home Health Aide	11
Public Health Emergency Coordinator	1
Public Health Planner	2
Public Health Educator	1
Director of EMS	1
Training Coordinator	1
EMS Course Medical Director (part-time)	1
Medical Examiner	1
Medical Investigator	1
Deputy Medical Examiner	1
Veterinarians (per diem)	9
Animal Handlers (per diem)	3
Secretarial and Accounting Staff	19
TOTAL	**117**
Part-Time Contractual Staff	
Speech Pathologist	3
Physical Therapist	7
Occupational Therapist	3
Registered Dietician	2
Respiratory Therapist	2
Home Health Aide	69
Personal Care Aide	24
Housekeeper	3
TOTAL	**113**
Consultant	
Certified Public Accountant	1
GRAND TOTAL	**231**

Chart 23:

JEFFERSON COUNTY PUBLIC HEALTH SERVICE ORGANIZATIONAL CHART



Adminsec/budget2010/organizational chart 081409

Local Partners

Local planning participants in the Community Health Assessment process included the Lewis County Public Health Agency, Samaritan Medical Center, Carthage Area Hospital, River Hospital, and Lewis County General Hospital, the Fort Drum Regional Health Planning Organization (FDRHPO), the Northern New York Rural Health Care Alliance (NNYRHCA), and Excellus Blue Cross Blue Shield.

Samaritan Medical Center located in Watertown, New York is a 294-bed hospital providing acute renal dialysis, ambulatory surgery, audiology (outpatient (O/P)), burn care, cardiac catheterization (adult), coronary care, cystoscopy, dental O/P, emergency department, health fairs, intensive care, linear accelerator, lithotripter, magnetic resonance imaging, maternity, medical rehabilitation, medical/surgical, neonatal intensive care, neonatal intermediate care, nuclear medicine (diag. and ther.), pediatric, pediatric ICU, physical medicine & rehabilitation O/P, physical therapy O/P, primary medical care O/P, psychiatric, psychiatric O/P, respiratory care, social work service, speech-language pathology, and therapeutic radiology services. Additionally, SMC operates 5 extension clinics. This facility serves a primary care service area that includes Jefferson, Lewis, Oswego, and Saint Lawrence counties, and offers services and discounts to financially eligible residents of this area. SMC's mission is to "provide high quality, comprehensive, safe and compassionate health care services to meet the needs of our civilian and military community." SMC is very active in health planning, serves on both the FDRHPO and NNYRHCA Boards of Directors, and is committed to addressing disparities throughout the local health care system.

Carthage Area Hospital (CAH) located in Carthage, New York is a 48-bed hospital providing ambulatory surgery, CT scanner. emergency department, family planning O/P, maternity, medical rehabilitation, medical/surgical, occupational therapy O/P, pediatric, physical therapy O/P, prenatal O/P, primary medical care O/P, social work service, speech-language pathology, and swing bed program services. Additionally, CAH operates 13 extension clinics, including several school-based clinics. This facility serves a primary service area that includes Jefferson, Lewis, Oswego, and Saint Lawrence counties, and offers services and discounts to financially eligible residents of this area. CAH's mission is to "provide quality, comprehensive health care services in a community setting," and its vision is to "provide health care in partnership with our communities." CAH is very active in health planning, serves on both the FDRHPO and NNYRHCA Boards of Directors, and is committed to addressing disparities throughout the local health care system.

River Hospital (RH) located in Alexandria Bay, New York is a 15-bed critical access hospital providing ambulatory surgery, CT scanner, emergency department, primary medical care O/P, social work service, special use, and swing bed program services. It is the mission of RH "to provide compassionate, cost effective and accessible primary health care to the year round and seasonal residents, and visitors of the River Communities. The hospital prides itself on high quality outpatient, inpatient and long term care while meeting individual and community needs through partnerships with our patients and communities we serve." RH is very active in local planning, serving on the FDRHPO Board of Directors, and is committed to addressing health disparities throughout the local health system.

The Fort Drum Regional Health Planning Organization (FDRHPO) was created by Congress as a pilot project for the U.S. Department of Defense. The pilot was planned

as a way to test initiatives that build cooperative health care arrangements between military installations and local and regional health care systems. FDRHPO's mission is to "analyze the healthcare needs of the community surrounding and including the Fort Drum installation; to develop plans to address and support the healthcare needs of the community; and to promote health through coordinated area-wide health service programs utilizing available and developing necessary resources working jointly and cooperatively." The Jefferson County Public Health Service and all hospitals in Jefferson serve on the FDRHPO Board of Directors. Because the military personnel and their dependents stationed at Fort Drum utilize community-based resources for their health care, and because the U.S. Army is interested in potentially developing this model of care at other installations, the FDRHPO has become a catalyst for organizing hospitals, agencies, and their respective resources to address services gaps in Jefferson, Lewis, and southern St. Lawrence Counties.

The Northern New York Rural Health Care Alliance (NNYRHCA) is a New York State Department of Health (NYSDOH) funded rural health network that has operated for 16 years and covers Jefferson, Lewis, and northern Oswego Counties. It was one of the first rural health network pilots in New York State, and it is designed to address the needs of residents in the region through defined, cooperative efforts of local health providers. The NNYRHCA's mission is "to facilitate a healthy community in Jefferson, Lewis and Northern Oswego Counties," and works with hospitals, local health departments, community agencies, and consumers to address health service gaps and effectuate improvements. A few examples of work include support for SUNY Upstate's Rural Medicine program to place primary care physician residents in North Country facilities; support for implementation of a dental hygienist distance learning program; and support for various community health assessment processes throughout the region. The NNYRHCA has also made substantial investments in strengthening quality improvement processes for area hospitals, and is currently very active in addressing critical service shortages for the elderly and the need for greater assisted living capacities. The Jefferson County Public Health Service, FDRHPO, and all hospitals in Jefferson County serve on the NNYRHCA Board of Directors.

PROBLEMS AND ISSUES IN THE COMMUNITY

The Jefferson County Public Health Service utilized a multitude of strategies to discern problems and issues in the community, including a telephone survey to the general public facilitated by the Jefferson Community College Center for Community Studies, as well as key informant interviews with businesses, seniors (elders), and the underinsured and uninsured. The telephone survey and key informant interviews were accomplished in both Jefferson and Lewis Counties.

Refer to the Presentation of Results: HEAL NY 9 Jefferson County/Lewis County Community Health Assessment October 2009 for the telephone survey methodology and findings. The key informant interview business, underinsured/uninsured, and senior (elder) methodologies and findings are reported below.

Business Key Informant Interview Report
Heal NY 9 Planning Committee
October 2009

The Heal NY 9 Planning Committee determined a key informant interview about health insurance benefits with businesses of varying sizes and types would be needed to understand issues facing employers.

Methodology: The survey instrument was developed by the Heal 9 Planning Committee based on the Health Assessment results conducted in August 2009. The Committee developed a survey instrument and agreed that the most effective way to conduct this survey was in person via interview. Businesses were solicited for participation through calls and emails. All businesses that agreed and followed up were included in this sample. The survey was conducted face to face but in one case in Jefferson County it was conducted over the phone.

Business Interviewed	*Number of Employees*	*Years in business*
Current Applications	30	9
Bernier and Carr Associates	100	39
GYMO	30	17
Northern NY Planned Parenthood	48	42
Otis Technologies	146	25
Timeless Frames	200	10
Lewis County General Hospital	565	79

Results:

All businesses interviewed offer employees health insurance and the responses to each question are summarized below.

1. Should health care be a concern of a business owner? Why/Why not?

All surveyed felt that health insurance is a concern of the business owner. Attracting and retaining the best people was often cited. These local responses are consistent with business surveys across the United States.

2. What are the top two reasons you offer health insurance?
- Attract and retain the best candidate must be competitive
- Right thing to do
- Owners want insurance for themselves and their families
- Tax advantage
- It is what employees want

3. What do you see as the key benefits to a company providing health coverage to its employees?
- Higher attendance-employees not as sick as they might be using preventative medicine
- Better quality work from a healthy employee and an employee that knows if they get sick they are protected. They feel safe.
- Getting the best employees/easier to recruit/easier to retain

4. Is it difficult to offer health insurance to your employees? Probe: What makes it difficult to purchase health insurance?

- Not difficult as thought of as a cost of doing business
- Small businesses have higher costs.
- Too small a group of employees who opt in to family thus makes it very expensive.
- Costly.

5. What would make it easier for you to offer health insurance?
- Costs not rising every year and difficult to contain.

6. What have you done in the past three years in response to rising health care costs? Probe: Can you continue this approach into the future?
- Have absorbed the increases and not passed them on to employees (12% this year).
- Going back and forth every year between plans that offer the best rates. Stressful for employees having different plans all the time. Higher deductibles every year.
- Higher employee contribution
- Trying to get more employees to 'opt in'. Find younger employees don't want to pay anything out of their checks. When something happens to them, they make too much to qualify for public options.

7. Are you planning to make any changes in the next year?

- It is difficult to assess as the insurance companies give the new rates 1 month prior to renewal. Can't plan ahead.
- States don't allow enough competition. Only 3 companies will do business with us.
- Just started a new plan.
- Only two plans have participating providers in the area. Lack of choice.
- May have to cut other benefits like dental to continue to offer health.
- Have to shop around more to get best deal but lack options.
- Offering a waiver of co-pay if use in-house medical care.

Several businesses encourage employees that need family coverage to apply for Child Health Plus as it covers more and is less expensive than the insurance they offer.

RECOMMENDATIONS:

1. (This recommendation was suggested in three separate interviews) Develop an educational flyer for employers to give to employees that outlines the various government and agency programs available for health care. In rural areas it is difficult to get this information and then each group is discussing their program and there is no place to look at all the programs offered.

2. Assist employers with a campaign in June/July and November/December to educate employees about opting in to insurance plans offered by employers. This benefits both the employee and the employer by reducing illness in staff and also decreasing costs.

Uninsured/Underinsured Key Informant Interview Report
Heal NY 9 Planning Committee
October 2009

The Heal NY 9 Planning Committee selected the Uninsured or Underinsured as a specialized group to focus on for this project due to the high health care costs and the rates of chronic disease in this population. Underinsured was defined as anyone who didn't seek medical care at any time due to co-pays, insurance premiums, or costs associated with the care.

Methodology: A variety of sources were consulted in order to locate individuals who would fit the criteria. Food Sense, food pantries, Jefferson Community College (JCC) and Angel Ministries were identified. Food Sense and Angel Ministries provide a package of food for a discounted price which is available to all regardless of income. Staff spent one day in each of location: Lyons Falls, Beaver Falls, and Lowville. One afternoon was spent at the Watertown Urban Mission interviewing Food Sense shoppers, food pantry users, and visitors to the Impossible Dream thrift store. The total number of completed surveys was 8. It was also determined that many colleges require health insurance in order to attend and they often offer it at a low cost to attendees. JCC keeps no records of the uninsured nor do they have a policy that requires health insurance.

Results: A variety of circumstances about insurance were identified. Informants were: employed in industries where employers do not offer benefits; those beginning new jobs and having to wait for insurance benefits to begin but making too much for public options; those earning just enough to not qualify for public options; those with insurance but paying co-pays or deductibles is too much. None were identified for referral to a public option.

Senior Key Informant Interview Report
Heal NY 9 Planning Committee
September 2009

The Heal NY 9 Planning Committee selected seniors as a specialized group to focus on for this project due to the high health care costs and the rates of chronic disease in this population.

Methodology: The Committee developed a survey instrument designed to be read to the individual senior (defined as over 55). The instrument questions developed were not included in other data sources available. The location for the survey and date were decided based on upcoming events that would attract the targeted population. The location selected was the Senior Fair held at the Watertown Fairgrounds Arena on September 16, 2009. A Jefferson County Public Health Service staff person or intern approached seniors at the event with a clipboard and asked if they would complete the survey. Due to mobility problems of some participants the interviews were conducted seated. The interviewer read each question requesting clarification if needed and recorded the answers on the instrument itself. Identifying information was not collected. The Health Planner compiled and analyzed the data. Eighty-four surveys were collected.

Results: Overall the senior population at this event was positive about the area. The only negative perception was if they felt the area had inadequate economic opportunities available. Also, those employed were less likely to feel that this is a good place to grow old. There was a high rate (90.47%) of feeling safe in the community. 84% of those interviewed felt we have a good healthcare system. 32% of those surveyed indicated not having a carbon monoxide detector in their home with 89% of those being under the age of 74. This could be due to more people over the age of 74 living in senior housing where carbon monoxide detectors are required.

RECOMMENDATIONS: An educational campaign should be developed directed at 55-74 year olds about the need for Carbon Monoxide detectors. Emergency management in both counties will be notified of these findings.

Future surveys could concentrate on the working senior population's health status, behaviors, and opinions.

LOCAL HEALTH PRIORITIES & OPPORTUNITIES FOR ACTION

Prevention Agenda Toward the Healthiest State

"Too many New Yorkers experience poor health as a result of obesity, tobacco use, and lack of preventive health services. The Prevention Agenda is a call to action to local health departments, health care providers, health plans, schools, employers, and businesses to collaborate at the community level to improve the health status of New Yorkers through increased emphasis on prevention."

- Richard F. Daines, M.D., State Health Commissioner

Priorities
The Prevention Agenda identifies ten priorities for improving the health of all New Yorkers and asks communities to work together to address them.

- Access to Quality Health Care
- Chronic Disease
- Community Preparedness
- Healthy Environment
- Healthy Mothers, Healthy Babies, Healthy Children
- Infectious Disease
- Mental Health and Substance Abuse
- Physical Activity and Nutrition
- Tobacco Use
- Unintentional Injury

Prevention Works
A goal of the Prevention Agenda is to prevent health problems before they occur, or before they worsen. The things we do, the food we eat, the air, water around us, and the design of our communities contribute to the majority of deaths in New York and the nation.

And, believe it or not, that's good news, because health promotion and disease prevention can help us eat healthier foods, successfully quit smoking, and enjoy living in safe environments with clean air and water.

Health promotion and disease prevention activities might include investigating disease outbreaks, labeling foods that are high in fat, counseling and drug treatments to help people quit smoking, and testing water supplies to make sure they are free from chemicals or other pollution. Laws such as the Clean Indoor Air Act that bans smoking in public buildings, bars and restaurants protect people's health.

Keeping people healthy by preventing illness in the first place makes much more sense than having to treat them when sick. Community-based prevention can yield a return on investment through savings in health care and Medicaid budgets.

That's what New York's Prevention Agenda is all about.

Community Health Planning Approach
Another goal of the Prevention Agenda is to involve a wide range of organizations and community members in developing community health plans that identify and address problems that affect the health of New Yorkers.

The Prevention Agenda calls on local health departments and hospitals to identify two or three of the ten Prevention Agenda priorities and to work with community providers, insurers, community based organizations and others to address them. Statewide program and policy initiatives will complement local efforts.

Over the next year, local health departments and hospitals will join together in community health planning. Each local health department will describe community needs and program initiatives in their Community Health Assessments and Municipal Public Health Services Plans for the period 2010-2013. Each hospital will show how they will meet community needs in their Community Service Plan for 2010-2012.

The Department of Health will share information about programs and strategies that have been shown to promote health and prevent illness. Some of this comes from actions taken right here in New York's cities, towns and village, or in similar communities elsewhere. Recommendations from national public health groups will also be shared. The use of this information in planning and conducting effective programs is called evidence based public health.

Tracking Public Health Priorities
Selected Indicators for Tracking Public Health Priority Areas, along with measurable Prevention Agenda 2013 objectives, provide information to plan prevention programs, develop new policies, and measure our progress. Tables are available at the New York State and county level.

The Prevention Agenda aims to reduce or eliminate racial, ethnic and socioeconomic health disparities where they exist. Information about health disparities is included in the New York State table.

Jefferson County Priorities
Of the 10 Prevention Agenda 2013 priorities, the Jefferson County Public Health Service will work with its many partners to have impact on three selected priority targets for intervention as supported by morbidity and mortality data, as well as community experience as demonstrated through the survey and key informant interview process, to include chronic disease; physical activity and nutrition; and access to quality health care.

Chronic Disease

Chronic disease incidence is a leading priority for improvement in Jefferson County Chronic Disease indices are quite often tied to personal health behaviors. Cancer, cerebrovascular, respiratory, and heart disease morbidity and mortality are linked to use of tobacco products, poor nutrition, and lack of physical activity. Nutrition and physical activity measures are also a leading priority for improvement in Jefferson County. In recent years, diabetes morbidity has also been closely linked with poor health practices and behaviors. While much improvement has been demonstrated through particular behavior and lifestyle measures, all chronic disease indices in Jefferson County remain out-of-sync with Prevention Agenda 2013 targets. Additionally, lower hospitalization rates juxtaposed against higher mortality rates suggest individuals are accessing care too late.

Cancer - Cancer incidence remains a priority health status concern in Jefferson County. Goals are to reduce all cancer indices with particular focus on lung and bronchus, colon and rectum, and prostate cancers. Women receiving screenings demonstrate positive behaviors that exceed state rates, but those obtaining pap smears fall short of the Prevention Agenda 2013 desired target.

Heart/Cerebrovascular Disease - Heart and cerebrovascular disease incidence is a priority health status concern in the County. Goals are to reduce all heart and cerebrovascular disease morbidity and mortality indicators with diseases of the heart and coronary heart disease hospitalizations a priority focus. Behavior indicators call for improvement in both cessation of tobacco use, and increased obtainment of necessary health screens. Better prevention and disease management efforts will reduce incidence.

Diabetes - Diabetes morbidity and mortality is a priority health status concern in the County. Goals are to reduce all diabetes morbidity and mortality indicators. Multi-pronged approaches are currently in place that educate and screen adults, as well as highly encourage children of all ages to adopt health practices that lead to the prevention of diabetes.

Respiratory Disease - Respiratory disease morbidity and mortality is a priority health status concern in Jefferson County. Goals are to reduce all indicators, particularly chronic obstructive pulmonary disease (COPD) hospitalizations and deaths. Smoking cessation and reducing exposure to secondhand smoke continues to be a high priority.

Jefferson County Priority: Chronic Disease		
Population Focus: Entire Population		
Morbidity / Mortality Indicator	**Community Objectives**	**Impact Partners**
Cancer Metrics	Increase nutrition, physical activity, smoking/tobacco use prevention, obesity prevention, and breastfeeding opportunities. Increase breast, cervical, and colorectal screenings.	Public Health Service (lead), Lewis-Jefferson Cancer Services Program, Northern New York Rural Health Care Alliance, Cornell Cooperative Extension, Planned Parenthood of Northern New York, North Country Prenatal Perinatal Council, North Country Children's Clinic, YMCA, Mountain View Prevention Services, American Cancer Society, hospitals, physicians, schools, news media,

Jefferson County Priority: Chronic Disease (continued)		
Population Focus: Entire Population		
Morbidity / Mortality Indicator	**Community Objectives**	**Impact Partners**
		and other health/human service/community partners. Non-traditional partners including insurance companies, municipalities, businesses, worksites, faith-based organizations, and community development commissions.
Heart and Cerebrovascular Disease Metrics	Increase nutrition, physical activity, smoking/tobacco use prevention, obesity prevention, and breastfeeding opportunities. Increase blood pressure and cholesterol screenings, and referrals to appropriate providers.	Public Health Service (lead), Northern New York Rural Health Care Alliance, Cornell Cooperative Extension, North Country Prenatal Perinatal Council, North Country Children's Clinic, YMCA, Mountain View Prevention Services, American Heart Association, hospitals, physicians, schools, news media, and other health/human service/community partners. Non-traditional partners including insurance companies, municipalities, businesses, worksites, faith-based organizations, and community development commissions.
Diabetes Metrics	Increase nutrition, physical activity, smoking/tobacco use prevention, obesity prevention, and breastfeeding opportunities. Increase education and outreach to identify individuals with diabetes so that the disease can be managed.	Public Health Service (lead), Northern New York Rural Health Care Alliance, Cornell Cooperative Extension, North Country Prenatal Perinatal Council, North Country Children's Clinic, YMCA, American Heart Association, hospitals, physicians, schools, news media, and other health/human service/community partners. Non-traditional partners including insurance companies, municipalities, businesses, worksites, faith-based organizations, and community development commissions.
Respiratory Disease (COPD and Asthma) Metrics	Increase smoking/tobacco use prevention opportunities. Increase education and outreach to identify adult individuals with asthma so that the disease can be managed.	Public Health Service (lead), Northern New York Rural Health Care Alliance, Mountain View Prevention Services, American Lung Association, hospitals, physicians, schools, news media, and other health/human service/community partners. Non-traditional partners including insurance companies, municipalities, businesses, worksites, faith-based organizations, and community development commissions.

New York State Chronic Disease Targets and Resources

Chronic diseases such as asthma, cancer, diabetes, heart disease and stroke are the leading causes of disability and death in the United States. These diseases account for seven of every ten deaths and affect the quality of life of 90 million Americans. In 2001, over 70% of all deaths that occurred in New York State were due to chronic diseases. In addition to causing major limitations in daily living and leading to high costs of health care, chronic diseases are also among the most preventable. Factors such as reducing or preventing tobacco use, poor diet, and physical inactivity, are known to protect and reduce the incidence of chronic disease.

Chronic disease prevention is rooted in the modification of risk factors (primary prevention), the detection of chronic diseases in their earliest stages (secondary prevention) and the treatment of chronic disease and attention to disease management and self-management by diagnosed individuals in order to prevent debilitating and costly complications (tertiary prevention). This priority area section includes information about the major chronic diseases and conditions (heart disease, cancer, stroke and diabetes) affecting New Yorkers, as well as the associated risk factors. Asthma is also recognized as a chronic disease, and is addressed here and in the sections entitled, Healthy Environment, Access to Quality Health Care, and Healthy Mothers, Healthy Babies, Healthy Children.

Objectives

- By the year 2013, reduce the prevalence of adult diabetes and hospital complications of diabetes in New York so that:
    - The percent of adults with diabetes is no more than 5.7%. (Baseline 8.2%, BRFSS, 2007)
    - The rate of hospitalizations for short-term complications of diabetes are no more than:
        - 2.3 per 10,000 (ages 6-17). (Baseline: 3.1 per 10,000, SPARCS, 2005-2006)
        - 3.9 per 10,000 (ages 18+). (Baseline: 5.2 per 10,000, SPARCS, 2005-2006)
- By the year 2013, reduce the age-adjusted coronary heart disease hospitalization rate in New Yorkers to no more than 48 per 10,000. (Baseline: 63.7 per 10,000, SPARCS, 2003-2005)
- By the year 2013, reduce the congestive heart failure hospitalization rate among New York adults (ages 18+) to no more than 33 per 10,000 (ages 18+). (Baseline: 44.3 per 10,000 adults, SPARCS, 2005-2006)
- By the year 2013, reduce New York's age-adjusted cerebrovascular disease (stroke) mortality rate to no more than 24 per 100,000. (Baseline: 32.6 per 100,000, Vital Statistics, 2003-2005)
- By the year 2013, reduce the age-adjusted cancer mortality rate to no more than:
    - 21.3 per 100,000 females for breast cancer.* (Baseline: 26.1 per 100,000, NYS Cancer Registry, 2000-04)
    - 2.0 per 100,000 females for cervical cancer.* (Baseline: 2.6 per 100,000, NYS Cancer Registry, 2000-04)
    - 13.7 per 100,000 for colorectal cancer.* (Baseline: 20.1 per 100,000, NYS Cancer Registry, 2000-04)

* Healthy People 2010 Objective

Please note additional cancer-related objectives have been included in the priority area section entitled Access to Quality Health Care.

Indicators for Tracking Public Health Priority Areas
Each community's progress towards reaching these Prevention Agenda Objectives will be tracked so members can see how close each community is to meeting the objectives.

- State and County Indicators For Tracking Public Health Priority Areas

Chronic Diseases

- Asthma
- Cancer
- Diabetes
- Heart Disease and Stroke

Physical Activity and Nutrition

Obesity rates in Jefferson County are high and have trended upward since 2006 with 66.3% of adults in Jefferson County overweight or obese. The 2007 Steps Youth Risk Behavior Survey indicated 15% of children in grades 9-12 who reported their weight and height were overweight. Physical inactivity and poor nutrition are main causes of these rates. The impact of physical activity and nutrition on many other health outcomes makes this an essential area to focus efforts.

Jefferson County data links:

- Jefferson County BRFSS
- Jefferson County YRBS 2007

Jefferson County Priority: Physical Activity and Nutrition		
Population Focus: Entire Population		
Indicator	**Community Objectives**	**Impact Partners**
Physical Activity Metrics	Increase community-based, school-based, and individual physical activity opportunities, smoking/tobacco use prevention, and obesity prevention.	Public Health Service (lead), Northern New York Rural Health Care Alliance, Cornell Cooperative Extension, Planned Parenthood of Northern New York, North Country Prenatal Perinatal Council, North Country Children's Clinic, YMCA, Mountain View Prevention Services, American Cancer Society, hospitals, physicians, schools, news media, and other health/human service/community partners. Non-traditional partners including insurance companies, municipalities, businesses, worksites, faith-based organizations, and community development commissions.

Jefferson County Priority: Physical Activity and Nutrition (continued**)**		
Population Focus: Entire Population		
Indicator	**Community Objectives**	**Impact Partners**
Nutrition Metrics	Increase community-based, school-based, and individual healthy nutrition opportunities.	Public Health Service (lead), Northern New York Rural Health Care Alliance, Cornell Cooperative Extension, Planned Parenthood of Northern New York, North Country Prenatal Perinatal Council, North Country Children's Clinic, YMCA, Mountain View Prevention Services, American Cancer Society, hospitals, physicians, schools, news media, and other health/human service/community partners. Non-traditional partners including insurance companies, municipalities, businesses, worksites, faith-based organizations, and community development commissions.
Diabetes Morbidity/ Mortality Metrics	Increase nutrition, physical activity, smoking/tobacco use prevention, obesity prevention, and breastfeeding opportunities. Increase education and outreach to identify individuals with diabetes so that the disease can be managed.	Public Health Service (lead), Northern New York Rural Health Care Alliance, Cornell Cooperative Extension, North Country Prenatal Perinatal Council, North Country Children's Clinic, YMCA, American Heart Association, hospitals, physicians, schools, news media, and other health/human service/community partners. Non-traditional partners including insurance companies, municipalities, businesses, worksites, faith-based organizations, and community development commissions.
Breastfeeding Metrics	Increase the percentage of women that breastfeed from initiation and throughout the first year. Identify barriers to breastfeeding, and implement strategies to increase opportunities for all women. Increase awareness of breastfeeding benefits.	Public Health Service, Northern New York Rural Health Care Alliance, North Country Prenatal Perinatal Council (lead), Cornell Cooperative Extension, Planned Parenthood of Northern New York, March of Dimes, hospitals, physicians, schools, and other health, human service, community partners. Non-traditional partners including insurance companies, municipalities, businesses, worksites, faith-based organizations, and community development commissions.

New York State Physical Activity and Nutrition Targets and Resources

Major causes of morbidity and mortality in the United States are related to poor diet and physical inactivity. By maintaining a healthy diet and being physically active, individuals can achieve a healthy weight and reduce their risk of chronic diseases such as diabetes, heart disease and some forms of cancer; strengthen bones and reduce the risk of osteoporosis. Cardiovascular diseases are the leading causes of death in

New York State, killing almost 59,000 residents each year. Diabetes is the most rapidly growing chronic disease, affecting one out of every 12 adult New Yorkers.

Obesity, which may be addressed through proper nutrition and physical activity, is a major risk factor for many chronic diseases, and has reached epidemic proportions both in New York and across the nation. The percentage of obese adults in New York State more than doubled from 10% in 1997 to 25% in 2008 and, nationally, obesity among children and adolescents has tripled over the past three decades. In fact, obesity costs New York State more than $6 billion annually in direct medical expenditures for treatment of related diseases, as well as indirect costs such as lost productivity.[1] Physical inactivity, poor nutrition, consumption of sugar-sweetened beverages and television viewing can contribute to excess weight gain in children and adults.

References

1. Finkelstein EA, Fiebelkorn IC, Wang G. State-level estimates of annual medical expenditures attributable to obesity.*Obesity Research*. January 2004;12(1):18-24.

Objectives

- By the year 2013, reduce the percentage of New York children who are overweight or obese so that:
    - The percentage of children (ages 2-4 years) enrolled in the Supplemental Nutirion Program for Women, Infants and Children Program (WIC) who are obese is no more than 11.6%.* (Baseline: 15.5%, WIC Program data, 2005)
    - The percentage of children ages 6-11 years who are obese is no more than 5%.* (Baseline: unavailable)
    - The percentage of children ages 12-19 years who are obese is no more than 5%.* (Baseline: unavailable)
- By the year 2013, reduce the percentage of adult New Yorkers who are obese to no more than 15.0%.* (Baseline: 22.9%, BRFSS, 2006)
- By the year 2013, increase the percentage of adult New Yorkers who engage in some type of leisure time physical activity to at least 80%.* (Baseline: 74.0%, BRFSS, 2006)
- By the year 2013, increase the percentage of adult New Yorkers who consume fruits and vegetables five or more times per day to at least 33.0%.* (Baseline: 26.0%, BRFSS, 2005)
- By the year 2013, increase the proportion of New York mothers who breastfeed their babies at 6 months to at least 50%.* (Baseline: 39.5% of WIC mothers, WIC Program data, 2005)

* Healthy People 2010 Objective

Indicators for Tracking Public Health Priority Areas

Each community's progress towards reaching these Prevention Agenda Objectives is tracked so communities can see how close they are to meeting these objectives.

- Indicators For Tracking Public Health Priority Areas

Data and Statistics

- The New York State County Health Assessment Indicator (CHAI) Reports includes a series of tables presenting selected public health indicators by 14 health topic areas.

Within the topic area entitled Health Behaviors Data, the following physical activity and nutrition related indicators are reported:

  - The percentage of adults engaging in leisure time physical activity and the percentage of adults eating 5 or more servings of fruit and vegetables daily, by county of residence.
  - The prevalence of obesity, overweight and anemia among children in WIC, aged 0-4 years, by county of residence.

- The New York State Community Health Data Set consists of a series of tables, maps and graphs containing health statistics organized by county of residence. The data set includes physical activity, fitness and nutrition related indicators from various sources.
- The Pediatric Nutrition Surveillance System provides data on nutrition-related indicators for low-income children served by federally-funded maternal and child health and nutrition programs. In New York State, data on birth weight, short stature, underweight, overweight, anemia, breastfeeding, smoking in the household, and TV viewing are presented for infants and children (<5 years of age) participating in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC).
- The New York State Obesity Statistics and Prevention Activities website provides county level statistics related to obesity and a summary of New York State Department of Health program activities for the prevention of obesity.
- The Youth Risk Behavior Surveillance System (YRBSS) is an ongoing school-based health survey system that tracks health risk behaviors and the prevalence of obesity and asthma among high school students in the U.S. Prevalence and trend data are available for physical activity and nutrition-related indicators such as:
  - The percent of adolescents meeting recommended physical activity levels in New York State and the U.S.
  - TV viewing on school days among adolescents in New York State and the U.S.
  - Fruit and vegetable consumption among adolescents in New York State and the U.S.
- The New York City Health and Nutrition Examination Survey is a community-based health survey conducted by the New York City Department of Health and Mental Hygiene. The data collected provide information on the prevalence of a variety of health indicators among New York City adults aged 20 years and older.
- The New York City Community Health Survey (CHS) is a telephone survey conducted annually by the New York City Department of Health and Mental Hygiene. CHS provides robust data on the health of New Yorkers, including neighborhood, borough and citywide estimates on a broad range of chronic diseases and behavioral risk factors. CHS is based upon the national Behavioral Risk Factor Surveillance System (BRFSS), conducted by the Centers for Disease Control and Prevention (CDC).
- The New York City Youth Risk Behavior Survey (YRBS) is conducted through an ongoing collaboration between the New York City Department of Health and Mental Hygiene, the Department of Education, and the CDC. The New York City's survey is part of the CDC's Youth Risk Behavior Surveillance System (YRBSS).
- The Center for Disease Control and Prevention (CDC) Fruit and Vegetable website presents data from the Behavioral Risk Factor Surveillance System, a national telephone survey conducted by the CDC and state health departments. Available statistics include fruit and vegetable consumption among adults in New York State and the U.S.
- The Center for Disease Control and Prevention (CDC) Physical Activity Statistics website presents data from the BRFSS. Available statistics include adults meeting recommended physical activity levels in New York State and the U.S.
- NYSDOH has BRFSS reports on walking and other physical activities.

New York State Department of Health Programs

Healthy Heart Program

- The Healthy Heart Program addresses cardiovascular disease by reducing associated risk factors and improving detection and treatment, especially for hypertension, hyperlipidemia and stroke. It supports or collaborates with many partners to implement public health strategies in four sectors: worksites, schools, health care settings and the community-at-large.
- The environment in which people live, work, play and receive health care strongly influences physical activity, food habits and other health-related behaviors. Policy and environmental changes help people be physically active, eat healthy foods, and receive evidence-based health care. Sample interventions include making communities more walkable, opening schools after hours for community use, establishing community gardens, implementing health risk appraisals at worksites, making it safer for children to walk and bike to school, and improving care for people suffering from strokes.
- The Healthy Heart Program, with a panel of experts, developed Cardiovascular Health in New York State: A Plan for 2004 - 2010, which details 19 objectives to promote healthier behaviors, quality health care and reduction of risks for heart disease and stroke.

Overweight and Obesity Prevention Program

- The Overweight and Obesity Prevention Program aims to increase physical activity and improve nutrition among New York residents. The program's current primary focus is the prevention of childhood obesity.
- The New York State Strategic Plan for Overweight and Obesity Prevention identifies evidence-based strategies and promising approaches that can be replicated. Interventions that address the need for changing policies and environments to promote and provide options for healthy eating and more physical activity are highlighted.
- Priority areas of the strategic plan are based on their potential for:
    - Increasing the perception of overweight and obesity as major public health threats.
    - Increasing early recognition of healthy weight, overweight, and/or excessive weight gain.
    - Promoting, supporting, and maintaining systemic and sustainable changes needed to make healthy eating and physical activity easy for everyone.
    - Expanding and improving surveillance and program evaluation.
    - Increasing initiation, exclusivity and duration of breastfeeding during infancy.
    - Increasing lifelong physical activity.
    - Improving lifelong healthy eating.
    - Decreasing exposure to television and other recreational screen time.
- In addition to the tracking indicators, the Overweight and Obesity Prevention Program has established two indicators to monitor its impact on TV viewing:
    - Percentage of 9^{th} - 12^{th} grade students watching one hour or less per day of TV on an average school day (YRBSS 2007) for New York State and the U.S.

- Percentage of 9th - 12th grade students watching two hours or less per day of TV on an average school day (YRBSS 2007) for New York State and the U.S.

Student Weight Status Initiative

- A new approach to assess childhood obesity throughout the state is being implemented to:
  - Increase screening and early recognition of overweight and obesity by pediatric healthcare providers.
  - Collect, aggregate and report weight status data for public schools and school districts.
  - Provide local, county and statewide estimates of the prevalence of childhood obesity.
  - Target resources to populations most at risk for childhood obesity.
  - Identify what is working in schools and communities to help prevent and reduce childhood obesity.

Model Guidelines on Nutrition, Physical Activity and Media for After-School Settings

- New York is one of 10 states selected to receive a grant from the National Governors Association to develop and disseminate model guidelines on nutrition, physical activity and media use in after-school care settings. Recognition will be given to after-school programs that adopt and implement the model childhood obesity prevention guidelines.

Diabetes Prevention and Control Program

- The Diabetes Prevention and Control Program (DPCP) collaborates with local, state and national partners to reduce and eliminate the burden of diabetes in New York State. Since its inception, the DPCP has transitioned from a focus on the control of diabetes complications to a comprehensive public health approach including prevention of type 2 diabetes and the promotion of healthy lifestyles across the lifespan. The DPCP has identified three goals to align with CDC's and national diabetes program framework:
  - Prevent type 2 diabetes.
  - Prevent complications, disabilities and the disease burden associated with diabetes.
  - Eliminate diabetes-related health disparities.
- In order to achieve these goals, the DPCP implements strategies within the following priority areas:
  - Public awareness and education.
  - Children and diabetes in schools and childcare settings.
  - Healthcare practice.
  - Access to care.
  - Sustainability and policy, systems and environmental change.
  - Public health tracking and evaluation.

Eat Well Play Hard Program

- Eat Well Play Hard (EWPH) is a childhood obesity prevention initiative incorporated into large-scale public health food and nutrition programs that serve low-income preschool children and their families in targeted communities. EWPH strategies are integrated into each program's food policies, nutrition education efforts, staff training, and marketing and outreach efforts. The core strategies for the EWPH intervention aim to:
    - Increase developmentally appropriate physical activity.
    - Increase consumption of 1% or fat-free milk and low-fat dairy products.
    - Increase consumption of fruits and vegetables.
    - Decrease TV and screen time.
    - Increase the initiation and duration of breastfeeding.
- A total of 15 community projects cover 22 counties and involve a variety of settings including daycare centers, WIC clinics, schools, and after-school programs. The statewide goal for these projects is to establish sustainable, local collaborative partnerships that focus on creating environmental, policy and practice changes to increase healthy eating and physical activity at the community level.

Special Supplemental Nutrition Program for Women, Infants and Children (WIC)

- The Women, Infants and Children (WIC) Program supports the EWPH objectives through state policies and resources provided to WIC local agency staff and participants, such as encouraging low-fat dairy products for participants over age two and incorporating physical activity into clinic education.

Child and Adult Care Food Program

- Recognized as the gold standard for nutrition and food service in daycare centers, the Child and Adult Care Food Program currently serves more than half of all eligible daycare programs, including all Head Start centers in the state.

The Hunger Prevention and Nutrition Assistance Program

- Hunger Prevention and Nutrition Assistance Program (HPNAP) ensures that the state's emergency food system supports EWPH objectives by establishing policies and resources for emergency food relief organizations, such as food banks, food pantries, soup kitchens and shelters. Examples of these efforts include:
    - The HPNAP policies require that at least 10 percent of HPNAP food funds are spent on fresh produce and a minimum of two percent are spent on non-flavored low-fat or non-fat fluid milk.
    - Food recovery projects, food banks, and other contractors are increasing the availability of fresh produce, including locally grown produce, in food pantries, soup kitchens and emergency shelters by collecting leftover produce on farms, participating in Community Supported Agriculture, operating gardens and delivering fresh produce to low-income areas.
    - Just Say Yes to Fruits and Vegetables is a Food Stamp Nutrition Education Program designed to increase access to and consumption of fruits and vegetables by individuals and families receiving food stamps and WIC benefits.

Strategic Alliance for Health

- The Strategic Alliance for Health program is working to create healthier communities through sustainable, innovative, evidence-based and practice-based community health promotion and chronic disease prevention efforts that promote policy, system, and environmental change. Albany, Broome, Orange, and Schenectady Counties are funded to work with schools and communities to encourage physical activity, healthy eating, and tobacco-free choices in order to reduce the burden of diabetes, cardiovascular disease, and obesity. Beginning in September 2009, interventions will target populations most in need with a special emphasis on reaching specific racial and ethnic groups, those with limited income and insurance coverage, those with high chronic disease rates, and individuals with disabilities.

Strategies - The Evidence Base for Effective Interventions

- Guide to Community Preventive Services (The Community Guide) – Physical Activity

  A systematic review of the effectiveness of approaches to improve physical activity:
  1) informational, 2) behavioral, and 3) environmental and policy approaches.

- Guide to Community Preventive Services (The Community Guide) – Nutrition

  A systematic review of the effectiveness of school based nutrition programs.

- Guide to Community Preventive Services (The Community Guide) – Worksites

  Systematic reviews on various aspects of worksite health promotion give employers and organizations an evidence base to determine approaches effective in promoting healthy lifestyles, preventing disease, and increasing the number of people who receive appropriate preventive counseling and screening.

- CDC Guidance/Technical Assistance Manual

  A reference document including evidence-based nutrition and physical activity interventions to prevent and control obesity and other chronic diseases.

- CDC Guide to Breastfeeding Strategies

  Provides state and local community members with information to choose the breastfeeding intervention strategies that best meet their needs.

Reports
All Ages

- Physical Activity Guidelines for Americans

  The Federal Government has issued its first-ever physical activities guidelines. They describe the types and amounts of physical activities that offer substantial health benefits.

- U.S. Dietary Guidelines for Americans

The guidelines are jointly issued by the Departments of Agriculture and Health and Human Services. They provide authoritative advice for people two years and older about how good dietary habits can promote health and reduce risk for major chronic diseases.

- Rudd Center for Food Policy and Obesity - Yale University

  This report describes policy initiatives to increase the availability of healthy foods in low-income neighborhoods.

- Robert Wood Johnson Reports on Physical Activity

  The environment in which people live can make it easier, or more challenging, to be physically active. Physical changes to communities can create safe, healthy environments that encourage and promote active living.

- RWJF Toolkit Offers Resources to Prevent Childhood Obesity

  Leadership for Healthy Communities, a national program of the Robert Wood Johnson Foundation (RWJF), created an Action Strategies Toolkit, in close collaboration with 11 national policy-maker organizations. The toolkit offers practical examples of policy approaches and resources that can help state and local policy-makers prevent childhood obesity and improve children's health.

- The Keystone Forum on Away-From-Home Foods: Opportunities for Preventing Weight Gain and Obesity - Final Report, May 2006

  This report describes current patterns in eating away from home and potential strategies to reduce calorie consumption in these settings. The report examines: 1) Understanding and influencing consumer behavior with regard to away-from-home foods; (2) increasing the availability of lower-calorie products, menu items, and meals at establishments that provide away-from-home foods; and (3) providing consumers with nutrition information regarding away-from-home foods.

- Reversing Obesity in NYC

  This October 2008 report educates people about food policy choices for New York City. The target audience is health professionals, advocates, and policy makers.

Diabetes Prevention Program

The National Institutes of Health The Diabetes Prevention Program demonstrated that lifestyle change, such as weight loss and increased physical activity, among people with pre-diabetes reduces the risk of type 2 diabetes by 58 percent and may return blood glucose levels to normal. In adults over the age of 60, the risk was reduced by 71 percent.

Children

- Preventing Childhood Obesity: Health in the Balance

This report examines the nature, extent, and consequences of obesity in children and youth, including the social, environmental, and dietary factors responsible for its increased prevalence. It provides goals and recommendations for preventing obesity and promoting healthy weight in children.

- Progress in Preventing Childhood Obesity: How Do We Measure Up?

  This report describes progress made by obesity prevention initiatives in the U.S. over the past two years. The report emphasizes the importance of childhood obesity prevention policies and programs.

- Progress in Preventing Childhood Obesity: Focus on Communities

  An Institute of Medicine (IOM) symposium describes viable strategies and promising practices and approaches for obesity prevention.

- Progress in Preventing Childhood Obesity: Focus on Industry

  An IOM symposium summary highlights promising practices and approaches for addressing barriers to obesity prevention initiatives for schools, communities and industry.

- Progress in Preventing Childhood Obesity: Focus on Schools

  This brief summary addresses themes for moving forward with obesity prevention efforts including empowering local schools and communities, and developing long term strategic plans.

- Food Marketing to Children and Youth: Threat or Opportunity?

  The report provides a comprehensive review of the scientific evidence on the influence of food marketing on diets and diet-related health of children and youth. It provides recommendations for different segments of society to guide the development of effective marketing and advertising strategies that promote healthier foods, beverages, and meal options for children and youth.

- Nutrition Standards and Meal Requirements for National School Lunch and Breakfast Programs: Phase 1 Proposed Approach for Recommending Revisions.

  This report provides the IOM committee's approach for school lunch and breakfast programs prepared at the request of USDA.

- Nutrition Standards for Foods in Schools: Leading the Way toward Healthier Youth

  This report describes IOM's recommendations about appropriate nutritional standards for the availability, sale, content and consumption of foods in schools.

- Childhood Obesity, Volume 16, Number 1 Spring 2006

This volume reviews evidence on how the dramatic changes in ways Americans, work, live and eat may have caused obesity to increase and examines how best to address each of the possible causes.

- Reducing Children's TV Time to Reduce the Risk of Childhood Overweight: The Children's Media Use Study (March 2007).

  This study identifies many of the challenges in effectively communicating with families on limiting children's screen time and discusses the issues that must be addressed when developing messages.

- Safe Routes to School

  This document reports on the first three years of this program — what communities are accomplishing, where the program is today and where it can take this country in the future.

- Medicaid Managed Care Performance Improvement Projects. 2009-2010 Pediatric Obesity-Summary of Projects

  This summary describes 2009-2010 projects by managed care providers targeted at reducing childhood obesity.

Resources

CDC Division of Nutrition, Physical Activity and Obesity

CDC provides information about public health approaches to address the role of nutrition and physical activity in improving the public's health and preventing and controlling chronic disease. It includes epidemiological and behavioral research, surveillance, training and education, intervention development, health promotion and leadership, policy and environmental change, communication and social marketing, and partnership development.

The Center for Science in the Public Interest

This organization provides information on a variety of nutrition issues including trans fat, menu labeling, sugar-sweetened beverages, school nutrition policies and more.

CDC Weight Management Research to Practice Guides

An overview of the science on different nutrition topics is summarized for public health professionals, including implications for practice. Topics to date include away-from-home food consumption, fruit and vegetable consumption, portion sizes, decreasing sugar-sweetened beverages consumption, breastfeeding and pediatric overweight risk reduction, and low-energy-dense foods.

Return on Investment

Worksite Wellness

This website provides examples of companies saving money in a variety of areas due to wellness programs at the worksite.

Healthy Workforce 2010: An Essential Health Promotion Sourcebook for Employers, Large and Small

This resource is a guide for large and small employers to plan effective health promotion programs for their employees, providing a positive return on investment.

Community-Based Physical Activity Interventions

Seven physical activity interventions to reduce disease incidence are cost-effective and offer good value for money spent.

American Journal of Health Promotion: Economic Return on Investment of Worksite Wellness

Economic Return on Investment of Worksite Wellness is a formal meta-evaluation of 56 economic return studies of worksite health promotion programs.

Partners

- American Heart Association and American Cancer Society
- New York State Healthy Eating and Physical Activity Alliance
- American Dairy Association and Dairy Council and New York State Food Policy Council
- New York State Association of Health, Physical Education, Recreation and Dance

Access to Quality Health Care

Access to care is a leading priority for improvement in Jefferson County. Lower hospitalization rates juxtaposed against higher mortality rates suggests individuals are accessing care too late. Goals are to increase the numbers of adults covered by health insurance, increase the number of needed providers, and decrease the numbers of adults who deferred or declined medical care due to cost. Individuals in Jefferson County that present with cervical or colorectal cancers are in line with Prevention Agenda 2013 targets. Breast cancer diagnosis is not meeting the state's target, though is slightly better than current state or U.S. incidence. The number of children with health coverage has substantially improved with the Child Health Plus program and Medicaid coverage. Increasing numbers of families are accessing Family Health Plus for coverage in the County. U.S. Army soldiers and their dependents receive Tri-Care or Martin's Point coverage.

Access to quality dental care is another critical issue in Jefferson County. Poor dental health can lead to localized infections of the bone and surrounding tissue structures, and has been linked to obesity, cardiovascular disease, and diabetes. Oral health status indicators based on data from screenings performed on 3rd grade children are presented in the Dental Health Services section (pg. 18). The indicators support the ongoing need for dental education to preserve oral health. The Jefferson County Public Health Services relies upon the North Country Children's Clinic and Carthage Area Hospital to conduct clinics in schools and at their primary care office sites. Several School-Based Health Center dental programs in the county provide education on brushing, flossing, and nutrition to school children at every dental visit. In addition, the Self-Applied Fluoride and Education Rinsing Program (SAFER) is a preventive measure that has been successfully implemented in many Jefferson County schools for

over 20 years. Children age 6 and over that participate rinse with 5ml or 10ml of 0.2% sodium fluoride solution for one minute in the classroom.

Jefferson County Priority: Access to Quality Health Care		
Population Focus: Entire Population		
Indicator	**Community Objectives**	**Impact Partners**
Access to Medical Care Metrics	Improve access to public health insurance, private health insurance, and Medicaid programs.	Public Health Service, Lewis-Jefferson Cancer Services Program, Northern New York Rural Health Care Alliance, North Country Prenatal Perinatal Council, Planned Parenthood of Northern New York, North Country Children's Clinic, DSS, American Lung Association, American Cancer Society, American Heart Association, Mountain View Prevention Services, Alcohol and Substance Abuse Council, Jefferson-Lewis BOCES, dentists/hygienists, hospitals, physicians, schools, and other health/human service/community partners. Non-traditional partners including insurance companies, municipalities, businesses, worksites, faith-based organizations, and community development commissions.
Access to Medical Care Metrics	Increase the percentage of adults who have a regular health care provider.	Public Health Service, Lewis-Jefferson Cancer Services Program, Northern New York Rural Health Care Alliance, North Country Prenatal Perinatal Council, Planned Parenthood of Northern New York, North Country Children's Clinic, DSS, American Lung Association, American Cancer Society, American Heart Association, Mountain View Prevention Services, Alcohol and Substance Abuse Council, Jefferson-Lewis BOCES, dentists/hygienists, hospitals, physicians, schools, and other health/human service/community partners. Non-traditional partners including insurance companies, municipalities, businesses, worksites, faith-based organizations, and community development commissions.

Jefferson County Priority: Access to Quality Health Care (continued**)**		
Population Focus: Entire Population		
Indicator	**Community Objectives**	**Impact Partners**
Access to Medical Care Metrics	Increase the percentage of cancer cases diagnosed at an early stage of disease.	Public Health Service, Lewis-Jefferson Cancer Services Program, Northern New York Rural Health Care Alliance, North Country Prenatal Perinatal Council, Planned Parenthood of Northern New York, North Country Children's Clinic, DSS, American Lung Association, American Cancer Society, American Heart Association, Mountain View Prevention Services, Alcohol and Substance Abuse Council, Jefferson-Lewis BOCES, dentists/hygienists, hospitals, physicians, schools, and other health/human service/community partners. Non-traditional partners including insurance companies, municipalities, businesses, worksites, faith-based organizations, and community development commissions.
Access to Prenatal Care Metrics	Improve systems coordination and access to care/resources. Increase prenatal care beginning in the 1st trimester of pregnancy. Increase community outreach efforts and attendance at early pregnancy classes. Increase percentage of expectant mothers that abstain from tobacco use.	Public Health Service, Northern New York Rural Health Care Alliance, North Country Prenatal Perinatal Council (lead), Planned Parenthood of Northern New York, March of Dimes, hospitals, physicians, schools, and other health/human service/community partners.
Access to Dental Care Metrics	Increase the percentage of adults who have seen a dentist.	Public Health Service (lead), Northern New York Rural Health Care Alliance, North Country Children's Clinic, Jefferson-Lewis BOCES, school districts, dentists/ hygienists, and other health/human service/community partners. Non-traditional partners including insurance companies, municipalities, businesses, worksites, faith-based organizations, and community development commissions.
Access to Dental Care: Untreated Caries Metrics	Improve systems coordination and access to dental care/resources. Increase school-based and community outreach and education efforts.	Public Health Service (lead), Northern New York Rural Health Care Alliance, North Country Children's Clinic, Jefferson-Lewis BOCES, school districts, dentists/ hygienists, and other health/human service/community partners. Non-traditional partners including insurance companies, municipalities, businesses, worksites, faith-based organizations, and community development commissions.

Jefferson County Priority: Access to Quality Health Care (continued**)**		
Population Focus: Entire Population		
Indicator	**Community Objectives**	**Impact Partners**
Access to Dental Care: Dental Sealants Metrics	Improve systems coordination and access to dental care/resources. Increase school-based and community outreach and education efforts.	Public Health Service (lead), Northern New York Rural Health Care Alliance, North Country Children's Clinic, Jefferson-Lewis BOCES, school districts, dentists/ hygienists, and other health/human service/community partners. Non-traditional partners including insurance companies, municipalities, businesses, worksites, faith-based organizations, and community development commissions.

New York State Access to Quality Health Care Targets and Resources

In its 2001 report, Crossing the Quality Chasm: A New Health System for the 21st Century, the Institute of Medicine defined quality as "the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge." Access to quality care is important to eliminate health disparities and increase the quality and years of healthy life for all New Yorkers. Patients who are women, older, members of racial and ethnic minorities, poorer, less educated, or uninsured are less likely to receive needed care, primarily because they lack access to care. These disparities seem to be increasing. Although having insurance increases access to the health care system, it is not sufficient to ensure appropriate use of services or care that is of high quality. This priority area addresses two key components of a well functioning health care system that ensures access to quality health care for New Yorkers: enrollment in health insurance and access to and delivery of preventive health services and primary care that are shown to improve overall health.

Objectives

- By the year 2013, increase the percentage of adult New Yorkers with health care coverage to 100%.* [Baseline: 86.5%, BRFSS, 2006]
- By the year 2013, increase the percentage of adult New Yorkers who have a regular health care provider to 96%.* [Baseline: 85.0%, BRFSS, 2006]
- By the year 2013, increase the percentage of adult New Yorkers who have seen a dentist in the past year to 83%.* [Baseline: 71.8%, BRFSS, 2006]
- By the year 2013, increase the percentage of cancer cases diagnosed at an early stage of disease in New York residents to at least:
    - 80% for breast cancer. [Baseline: 64%, NYS Cancer Registry, 2000-2004]
    - 65% for cervical cancer. [Baseline: 52%, NYS Cancer Registry, 2000-2004]
    - 50% for colorectal cancer. [Baseline: 40%, NYS Cancer Registry, 2000-2004]

* Healthy People 2010 Objective

In addition to the Prevention Agenda objectives, the DOH's Office of Health Insurance Programs has established the following three objectives to increase access to quality health care:

- By year 2013, increase the percentage of managed care enrollees who have controlled their high blood pressure to:
  - 70% for commercial enrollees. [Baseline: 58 percent, 2007 Managed Care Plan Performance]
  - 70% for Medicaid enrollees. [Baseline: 60 percent, 2007 Managed Care Plan Performance]

- By year 2013, increase the percentage of diabetic managed care enrollees whose blood sugar levels are in good control to:
  - 50% for commercial enrollees. [Baseline: 44 percent, 2007 QARR data]
  - 45% for Medicaid enrollees. [Baseline: 38 percent, 2007 QARR data]

- By year 2013, increase the percentage of adult managed care enrollees who were not prescribed an inappropriate antibiotic for bronchitis to:
  - 30% for commercial enrollees. [Baseline: 24 percent, 2008 eQARR]
  - 35% for Medicaid enrollees. [Baseline: 28 percent, 2008 eQARR]

Indicators for Tracking Public Health Priority Areas

Each community's progress towards reaching these Prevention Agenda Objectives will be tracked so members can see how close each community is to meeting the objectives.

- State and County Indicators For Tracking Public Health Priority Areas

Data and Statistics

Access to Quality Health Care

- Quality Assurance Reporting Requirements (eQARR) is a reporting system developed by the NYSDOH to enable consumers, employers, insurers, and government officials to evaluate the quality of health care services provided by New York State's managed care plans. eQARR, an electronic version of the QARR report, shows how well a health plan performed in the areas such as provider network, child and adolescent health, women's health, adults living with illness, behavioral health, and satisfaction with care. The Access and Utilization Report contains information on utilization of services by health plan members.
- Prevention Quality Indicator (PQI) website is the first free, publicly accessible tool in NYS to identify hospitalization rates by ZIP code level for conditions generally considered preventable with access to good primary care. Information is also provided on health disparities by breaking data down according to patients' race and ethnicity. Indicators available in these data include circulatory, respiratory and acute conditions.
- Behavioral Risk Factor Surveillance System (BRFSS) is an ongoing telephone health survey system that has been tracking risk behaviors and health conditions and in the United States yearly since 1984. Prevalence and trend data are available for health care access indicators such as:
  - % of Adults in NYS with Health Care Coverage

    - % of Adults in NYS who have Visited a Dentist or Dental Clinic within the past year
- NYS Cancer Registry collects, processes and reports on information about every New Yorker diagnosed with cancer. Data from the registry include cancer incidence rates, as well as the percent of cancers diagnosed at an early stage.

Health Insurance

The number and percent of New York State residents without health insurance are presented in a DOH report, entitled, *Profile of the Uninsured in New York State in 2007* and highlighted below. This profile is based on data from the 2008 Annual Social and Economic Supplement to the Current Population Survey (CPS), released by the US Census Bureau on August 26, 2008 and analyzed by NYSDOH staff, except as noted in the final section.

Basic Rates and Counts

- In 2007, 13.2% of the state's population was uninsured, about 2,519,000 people.
- The rate for children under 19 was 9.2%, with 434,000 uninsured.
- The rate for adults 19 to 64 was 17.2%, with 2,030,000 uninsured.
- These rates are below the comparable values for the nation at large, which were 15.3% for all, 11.3% for children under 19, and 19.7% for adults 19-64.
- The 2007 estimate of uninsured NYS residents is about 143,000 lower than 2006.

New York City

- Most (54%) of the state's uninsured live in New York City, with 1,368,000 uninsured in 2007.
- The uninsured rate in NYC was 16.6%, compared to a rate of 10.6% for the rest of the state.
- The NYC rate for children was 10.1%, compared to 8.4% for the rest of the state, and the NYC rate for non-elderly adults was 21.7%, compared to 13.6% the rest of the state.
- The 2007 estimated uninsured population in NYC is about 58,000 less than 2006, accounting for about 40% of the 143,000 statewide decrease.
- The 2007 estimate for NYC was 4% lower than in 2006, compared to a 7% decrease in the rest of the state.

Demographics and Disparities

- Half of the uninsured are aged 19 to 39, with 31% in the 19 to 29 age group.
- The rest are roughly evenly divided among children (17%), those aged 40 to 49 (19%), and those aged 50 and older (19%).
- Racial/ethnic "minorities" are about 61% of uninsured, but only about 40% of population.
- The uninsured rate for the state's non-Hispanic Whites was 8.5%; for African-Americans, 20.7%; for persons of Hispanic origin, 22.0%; and 16.5% for others.
- About 23% of NYS uninsured are poor (using the Census Bureau's poverty definition).

- The 2007 uninsured rate for the poor (20.7%) was lower than 2006 (24.5%).
- About 26% of NYS uninsured are not U.S. citizens; 31.5% of noncitizens were uninsured.

Eligibility for Publicly Funded Coverage

- The NYSDOH estimates that 89% of the state's 434,000 uninsured children under 19 are eligible for publicly subsidized health insurance: 385,000 children
    - About two-thirds (62%) of those eligible children qualify for Medicaid and the remaining for Child Health Plus (CHPlus).
    - About 60,000 of those children are eligible because of the recent expansion of CHPlus eligibility to 400% of Federal Poverty Level (FPL).
    - The 2007 data show about a quarter (25%) of the state's uninsured children is above 250% of FPL, compared to an estimated one-third in the 2006 data.
- The NYSDOH estimates that 39% of the state's 2.0 million uninsured adults are eligible for public health insurance programs: 794,000 adults
    - About two-thirds of those eligible adults qualify for Medicaid and the rest for Family Health Plus.

Eligibility for Employment-Based Coverage

- The CPS does not provide data on the availability of private insurance, only on coverage. It shows that private insurance coverage in general and employment-based coverage specifically declined between 2006 and 2007. The CPS estimates that 58.6% of NYS residents were insured through employment-based programs in 2007, compared to 60.6% in 2006. Employment-based coverage of children and the elderly accounted for this decline.
- Another federal survey (MEPS-IC) estimates the availability of employment-based coverage in 2006. It shows that such employment-based coverage was available to 70% of the estimated 7.1 million private-sector workers in NYS in 2006.
- The remaining 30% worked in firms that have no health insurance program (12% of workers) or were not eligible for their company's program (18% of workers).
- More than three-fourths (78%) of workers in NYS who were offered employment-based health insurance enrolled in their company's program, according to the MEPS-IC.
- In smaller firms (under 60 employees), about 55% of workers had the opportunity to enroll and about 77% of those given the opportunity did enroll in the company's plan.

Allocation of Uninsured by County
Every summer, the Census Bureau estimates each state's uninsured population in the previous calendar year using the Current Population Survey (CPS). The CPS estimates are the most widely cited reference for healthcare policy analysis and program administration, in part because they provide a consistent basis for comparison across states or over time. However, because the CPS does not produce county-level estimates, the Census Bureau developed a statistical model to estimate the uninsured population of the nation's counties in 2000 and 2005.

The NYSDOH uses results from the Census Bureau's model to allocate each year's Census Bureau Current Population Survey - CPS estimate among the state's 62 counties. The following are tables for calendar year 2007 by age population grouping.

- Estimates of Uninsured in New York State by County for Children Under 19 Years of Age
- Estimates of Uninsured in New York State by County for Adults 19 to 64
- Estimates of Uninsured in New York State by County for Population Under 65 Years of Age

New York State Department of Health Programs
Enrollment in New York's Public Health Insurance Programs
New York State provides comprehensive health insurance coverage to more than 4.5 million children and adults through Child Health Plus, Medicaid and Family Health Plus. Nearly two million of those who New York covers are children and teens with approximately 1.6 million enrolled in Medicaid and nearly 400,000 in Child Health Plus.

Enrollment by program and county can be found at the links below.

- Child Health Plus
- Medicaid & Family Health Plus

New York's Public Health Insurance Programs
New York State provides free and low-cost health insurance for children and adults through Child Health Plus, Medicaid and Family Health Plus. These programs provide New Yorkers with coverage for a wide range of medical services, including regular check-ups, hospital care, outpatient care, prescription drugs, emergency care, lab tests, x-rays, mental health services and much more. For details on each of these health insurance programs and where to sign up, visit the links below.

- Child Health Plus
- Medicaid
- Family Health Plus

Enrollment

- Child Health Plus - Where do I go to apply?
- Family Health Plus - Application Assistance
- Medicaid - Local Departments of Social Services
- Participating Child Health Plus Insurers by County

Access to and receipt of clinical preventive services and primary care

Managed care plans that serve the publicly insured focus on arranging preventive health care for their members. They provide members with a medical home for themselves and their families. A new initiative in the Medicaid program will reward providers with increased reimbursement if they meet DOH medical home standards which are designed to build greater accountability into physician practices. Achieving medical home certification should also benefit other (non-Medicaid) patients in physician practices as it would allow for better tracking and follow-up.

To ensure the quality of care being provided throughout the state adheres to current clinical standards the Office of Health Insurance Programs measures and publishes information on health plan performance including rates for breast cancer, cervical cancer and colorectal cancer screening. In addition the DOH has new initiatives designed to have patients with certain conditions such as breast cancer or obesity receive surgical treatment at high volume providers who have better outcomes. The DOH also works with health plans that conduct annual Performance Improvement Projects (PIPs); many of which have focused on improving rates of preventive health screenings among their members. The PIPs are small scale research projects designed to test various system changes as a way of improving care.

Strategies - The Evidence Base for Effective Interventions
The Evidence Base for Effective Interventions

- Evidence-based and promising strategies to increase access to quality care are summarized in the following reports:
- Doroshow JH, Croyle RT, Niederhuber JE. Five strategies for accelerating the war on cancer in an era of budget deficits. *Oncologist* 2009 Jan 15:110-6
- Carcaise-Edinboro P, Bradley JJ. Influence of patient-provider communication on colorectal cancer screening. *Med Care* 2008 Jul; 46(7):738-45.
- Schoen C, Davis K, Collins SR. Building blocks for reform: achieving universal coverage with private and public group health insurance. *Health Affairs* (Millwood) 2008 May-June; 27(3):646-57.
- Sarpel U, Vladeck BC, Divino CM, Klotman PE. Fact and fiction: debunking myths in the US healthcare system. *Ann Surg* 2008 Apr; 247(4):563-9.
- Greene, SB; Reiter, KL.; Kilpatrick, KE.; Leatherman, Sheila; Somers, Stephen A.; Hamblin, Allison. Demonstrating the business case for quality in Medicaid: challenges and opportunities. *Health Care Management Review* October-December 2008:33(4);350-360.

Evidence Based Strategies for Helping People Get Enrolled

The organizations and websites listed below feature some of the most recent research and literature on the issue of the uninsured and health care coverage.

- Health Coverage & the Uninsured: Kaiser Family Foundation
- Center for Children and Families: Georgetown University Health Policy Institute
- Cover The Uninsured
- Robert Wood Johnson Foundation
- Center on Budget and Policy Priorities

Reports

- New York State 2008 - Managed Care Plan Performance
- 2008 Managed Care Plan Access and Utilization Report
- 2008 Managed Care Regional Consumer Guides (Helps families choose a managed care plan that meets their health care needs)
- Medicaid Managed Care Performance Improvement Projects. 2009-2010 Pediatric Obesity-Summary of Projects

  This summary describes 2009-2010 projects by managed care providers targeted at reducing childhood obesity.

The resources listed below are important sources of information about both health care coverage and access to care.

- Kaiser Commission on Medicaid and the Uninsured
- Health Insurance and Healthcare Access
- National Institute of Medicine of the National Academies

Return on Investment

Making the Case for the Importance of Health Insurance

Health insurance can make a difference for a lifetime. Health insurance affects how individuals receive necessary medical care, where they go for care, and their overall health. In addition, health insurance impacts a person's financial well-being. There are a number of resources documenting the impact of health insurance on access to care for children and adults as well as the financial implications of not having health insurance. Below are highlights from current research about the consequences of not having health insurance:

- More than 50% of uninsured adults have no regular source of care.
  - Uninsured are more likely to delay or forgo needed care, which can lead to more serious health problems and can result in hospitalizations for avoidable conditions.
  - With continuous health coverage, premature mortality rates can be decreased by up to 25% among uninsured adults.
- Uninsured children are less likely to get routine well-child care, have worse access to health care, and use medical and dental services less frequently than insured children.
- Uninsured women are more likely to have poor outcomes during pregnancy and delivery than are insured women.
  - Uninsured pregnant women have a greater likelihood of maternal complications.
- Uninsured individuals are four times more likely to delay or forgo needed care than the insured because they anticipate high medical costs for their care.
- The uninsured are twice as likely as the insured to be unable to pay for basic family needs, such as food and housing, due to medical bills.

Partners

- Community-based Facilitated Enrollment Programs
- New York State Health Plan Association represents managed care plans across the state.

- The Prepaid Health Services Plans Coalition is a statewide association of 15 health plans serving the majority of New York's 2.5 million Medicaid managed care, Child Health Plus and Family Health Plus enrollees.

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ANNEX:

HEAL NY 9
Jefferson County/Lewis County
Community Health Assessment

The Center for Community Studies
at
Jefferson Community College

Presentation of Results:

HEAL NY 9
Jefferson County/ Lewis County Community Health Assessment

October 2009

Mr. Richard R. LeClerc, Director
Mr. Joel LaLone, Research Coordinator

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Introduction – Purpose of the study.

The Center for Community Studies at Jefferson Community College, Watertown, New York, facilitated a community health assessment (CHA) research project in each of Jefferson County and Lewis County (New York) on behalf of the Jefferson and Lewis County Public Health Services in August of 2009.

This study was developed to examine health status of the bi-county population utilizing a collaborative systems approach, and then initiate organized actions to match health care resources to community needs. Through HEAL NY Phase 9 funding, hospitals, local health departments, and local health planning agencies will have financial and professional means to support implementation of immediately needed systemic solutions. The Jefferson and Lewis County health departments will describe community needs and programmatic initiatives in their community health assessments and Municipal Public Health Services Plans. Hospitals will use the assessment findings to describe their operational commitment to meeting system needs in their community service plans.

The end result of the Jefferson-Lewis Health Planning Initiative will be to unify the work of local health departments, hospitals, and community health planning agencies to realize greater gains in individual and population-wide health.

Specifically, this study addressed the following specific health-related components or goals:

1. Identify the primary perceived *community health problems* for Jefferson and Lewis Counties.
2. Identify the *health services that are perceived as under-available* in Jefferson and Lewis Counties.
3. Measure the prevalence of *chronic diseases* among adult residents of Jefferson and Lewis Counties.
4. Measure the prevalence of, and reasons for, *traveling outside of one's county of residence to seek health care* among adult residents of Jefferson and Lewis Counties.
5. Measuring levels of interest in utilizing *telemedicine* practices among adult residents of Jefferson and Lewis Counties.
6. Identify the current *frequency of use of health services* in Jefferson and Lewis Counties.
7. Investigate frequency of use, and inhibitors to correct use, *of prescription medication*.
8. Identify the primary perceived *concerns with emergency preparedness* among Jefferson and Lewis County adult residents.
9. Measure the prevalence of *risk factors* among adult residents of Jefferson and Lewis Counties.
10. Identify the best means to *empower the communities' residents to become involved in their health care*.
11. Measure the level of *access to the internet* among residents of Jefferson and Lewis Counties.
12. Measure the level of *access to health care* among residents of Jefferson and Lewis Counties – prevalence of uninsured and underinsured.

Methodology – How the data for this study was collected.

The survey instrument used in this study was developed by the Health care Efficiency and Affordability Law for New Yorkers (HEAL NY) 9 Planning Initiative work group. The survey was modeled after one completed by River Hospital (Alexandria Bay, New York) in 2007, with adaptations made by the HEAL NY 9 Planning Initiative work group. The work group consists of representatives from the Lewis County Public Health Agency, Jefferson County Public Health Service, Samaritan Medical Center, Carthage Area Hospital, River Hospital, Lewis County General Hospital, Fort Drum Regional Health Planning Organization (FDRHPO), Northern New York Rural Health Care Alliance (NNYRHCA), Fort Drum MEDDAC, Excellus, and the North Country Children's Clinic.

The survey included over 100 items (questions) regarding the twelve health-related issues identified above. The survey questions were developed and organized according to the following New York State Department of Health Prevention agenda priorities:

- Access to Quality Health Care
- Chronic Disease
- Community Preparedness
- Healthy Environment
- Healthy Mothers, Healthy Babies, Healthy Children
- Infectious Disease
- Mental Health and Substance Abuse
- Physical Activity and Nutrition
- Tobacco Use
- Unintentional Injury

A copy of the survey instrument is attached as Appendix I.

The study included completing random telephone interviews of adult residents of Jefferson and Lewis Counties. To be eligible to complete the survey, the contacted resident was required to be at least 18 years old. A stratified sampling design was employed in this study with goals of a minimum of 350 completed interviews in Jefferson County and 250 completed interviews in Lewis County. After three evenings of calling, interviews were successfully completed with a total of 615 adult residents – 357 residents of Jefferson County (adult population size in Jefferson County reported in the US Census 2007 is approximately 88,000) and 258 residents of Lewis County (adult population size in Lewis County reported in the US Census 2007 is approximately 20,000).

Three thousand five hundred (3,500) personal residence telephone numbers were randomly selected from the two-county region – 2,000 from Jefferson County and 1,500 from Lewis County. The telephone numbers were obtained from an unscrubbed list, ensuring

that individuals whose households are included in the "telemarketing do-not-call list" would be represented in this study. After selecting the 3,500 random telephone numbers, the lists were randomly sorted a second time. All telephone calls were made between 4:00 p.m. and 9:00 p.m. from a call center on the campus of SUNY-Jefferson in Watertown, New York, on the evenings of August 24th through August 26th, 2009. The research assistants (interviewers) at *The Center for Community Studies*, have extensive experience and training in human subject research methodology and effective interviewing techniques. The professional staff of *The Center for Community Studies* supervised the telephone interviewing at all times. From the 3,500 personal residence telephone numbers initially randomly generated for the two-county region, it was only necessary to attempt to contact 3,160 households before completing the 615 interviews. When each of the 3,160 telephone numbers was attempted, one of four results occurred: Completion of an interview; a Decline to be interviewed; No Answer/Busy; or an Invalid Number. As required within the typical research protocol of the New York State Department of Health, voluntary informed consent was obtained from each resident before the interview was completed. This protocol included informing each resident that it was his or her right to decline to answer any and all individual questions within the interview. To be categorized as a completed interview, at least half (50%) of the questions on the survey had to be completed. The resident's refusal to answer more than half of the questions was considered a decline to be interviewed. The typical length of a completed survey was approximately ten-to-fifteen minutes. Declines to be interviewed (refusals) were not called back in an attempt to convince the resident to reconsider the interview. If no contact was made at a telephone number (No Answer/Busy), callbacks were made to the number. Telephone numbers that were not successfully contacted and, as a result, were ultimately categorized as No Answer/Busy, were attempted a minimum of four times (three callbacks). No messages were left on answering machines at homes where no person answered the telephone. The response rate results for the study are summarized below.

Table 1 - Response Rates for the August 2009 Jefferson-Lewis County Community Health Assessment Study

Result:	Complete Interview	Decline to be Interviewed	Not Valid Telephone Number	No Answer/ Busy	TOTALS
Jefferson County					
Frequency	357	358	93	1,110	1,918
% of Numbers Attempted	18.6%	18.7%	4.8%	57.9%	100%
% of Valid Numbers	19.6%	19.6%		60.8%	100%
% of Contacted Residents	**49.9%**	**50.1%**			100%
Lewis County					
Frequency	258	209	55	720	1,242
% of Numbers Attempted	20.8%	16.8%	4.4%	58.0%	100%
% of Valid Numbers	21.7%	17.6%		60.7%	100%
% of Contacted Residents	**55.2%**	**44.8%**			100%
Two Counties Combined					
Frequency	615	567	148	1830	3160
% of Numbers Attempted	19.5%	17.9%	4.7%	57.9%	100.0%
% of Valid Numbers	20.4%	18.8%		60.8%	100.0%
% of Contacted Residents	**52.0%**	**48.0%**			100.0%

Within the fields of social science and public health research, when using telephone interview methodology, a response rate of over 50% among the successful contacts, where a person is actually talking on the phone, is considered very successful.

Demographics of the Sample – Who was interviewed?

This section of the report includes a description of the results for the demographic variables included in the survey sample. The demographic characteristics of the sampled adult residents can be used to attain three separate objectives. Initially, this information adds to the knowledge and awareness about the true characteristics of the population of adult residents in the sampled county (i.e. What is the current typical household size, educational profile, age distribution in Lewis County?). Secondly, this demographic information facilitates the ability for the data to be sorted or partitioned to investigate for significant relationships – relationships between demographic characteristics of people and their attitudes and behaviors regarding health care. Identification of significant relationships allows public health professionals to use the data more effectively to target specific subgroups of their county population for education, programming, and intervention. Finally, the demographic information also serves an important purpose when compared to established facts about Jefferson and Lewis Counties - to analyze the representativeness of the samples that were randomly selected in this study. The results for the demographic questions in the survey are summarized in Table 2. The demographic characteristics of the entire adult population residing in Jefferson and Lewis Counties that were reported by the US Census Bureau in 2007 are also provided for comparison (most current detailed results available for the counties).

Table 2 - Demographics of the Samples Compared to US Census Estimates for Jefferson and Lewis Counties

	Jefferson County		Lewis County	
	Heal 9 Study Sample (August 2009)	US Census (2007 update)	Heal 9 Study Sample (August 2009)	US Census (2007 update)
Gender (US Census %'s are among those age 18 or older) (sample unweighted)				
Male	31%	51%	27%	49%
Female	69%	49%	73%	51%
Age Group (US Census %'s are among those age 18 or older) (sample unweighted)				
18-29	8%	27%	7%	19%
30-39	14%	21%	14%	20%
40-49	16%	18%	17%	22%
50-59	22%	14%	17%	15%
60-69	17%	9%	19%	11%
70+	23%	11%	24%	13%
Education Level (sample unweighted)				
HS Graduate or less	35%	51%	47%	67%
Some College	38%	31%	33%	21%
College Graduate (4+years)	27%	18%	20%	12%
Annual Household Income (sample weighted for gender, age, and education)				
Less than $25,000	17%	30%	28%	36%
$25,000-$50,000	40%	29%	42%	35%
$50,000-$75,000	25%	21%	17%	19%
More than $75,000	18%	20%	14%	10%
Marital Status (sample weighted for gender, age, and education)				
Single	21%	27%	29%	24%
Married	69%	54%	61%	60%
Other	10%	19%	10%	16%

In general, the responses to the demographic questions included in the survey appear to accurately parallel that which is true for the entire adult populations of Jefferson and Lewis Counties. The only significant exceptions when comparing this sample to US Census estimates for the counties are that women are more likely than men to answer the telephone and/or agree to a survey (whereas the distribution of men and women in the county population is essentially equal), older residents are overrepresented, and residents with lower formal education levels are underrepresented. The information included in Table 2 clearly illustrates a type of sampling error that is inherent to telephone methodology: females, older persons, and those individuals with higher formal education levels are typically overrepresented – regardless of the subject of the survey. To compensate for this overrepresentation, post-stratification weightings by gender, age, and education level have been applied in any further analysis of the health-related issues included in this report. The targets that were used for these weighting algorithms are derived from the 2007 US Census updates for the Jefferson and Lewis County adult populations. When overall two-county regional estimates are generated, further post stratification weights for county population density have been applied in addition to the weights for gender, age, and education level.

The postal zip codes and towns/villages of residence were recorded for each surveyed individual. Table 3 summarizes the results for the sample collected in each of Jefferson and Lewis County. The geographic distribution of sampled adults appears to accurately reflect that which is true for each of the counties.

Table 3 - Geographic Distribution of the Samples (weighted by gender, age, education within county)

		County	
		Jefferson	Lewis
Town of Residence	Adams	6	0
	Adams Center	4	0
	Alexandria Bay	5	0
	Antwerp	6	0
	Black River	7	0
	Calcium	5	0
	Cape Vincent	7	0
	Carthage	35	0
	Chaumont	8	0
	Clayton	8	0
	Deferiet	1	0
	Dexter	10	0
	Ellisburg	0	0
	Evans Mills	21	0
	Fort Drum	29	0
	Henderson	6	0
	LaFargeville	14	0
	Lorraine	1	0
	Mannsville	2	0
	Natural Bridge	1	0
	Philadelphia	10	0
	Redwood	3	0
	Rodman	3	0
	Sackets Harbor	6	0
	Theresa	7	0
	Three Mile Bay	4	0
	Watertown	149	0
	Wellesley Island	0	0
	Castorland	0	26
	Constableville	0	3
	Copenhagen	0	18
	Croghan	0	13
	Glanfield	0	17
	Greig	0	5
	Harrisville	0	23
	Lowville	0	125
	Lyons Falls	0	8
	Port Leyden	0	15
	Turin	0	3
	West Turin	0	2
Sample Size		357	258

		County	
		Jefferson	Lewis
Zip Code	13325	0	3
	13327	0	13
	13343	0	17
	13345	0	5
	13367	0	125
	13368	0	8
	13404	0	1
	13433	0	15
	13473	0	3
	13489	0	2
	13601	149	0
	13603	29	0
	13605	6	0
	13606	4	0
	13607	5	0
	13608	6	0
	13612	7	0
	13616	5	0
	13618	7	0
	13619	35	0
	13620	0	26
	13622	8	0
	13624	8	0
	13626	0	18
	13628	1	0
	13634	10	0
	13636	0	0
	13637	21	0
	13640	0	0
	13648	0	23
	13650	6	0
	13656	14	0
	13659	1	0
	13661	2	0
	13665	1	0
	13673	10	0
	13679	3	0
	13682	3	0
	13685	6	0
	13691	7	0
	13693	4	0
Sample Size		357	258

Given the diligence placed on scientific sampling design and the high response rates, after application of post-stratification weightings by gender, age and education level, it is felt that this random sample of Jefferson and Lewis County adults does accurately represent the populations of all Jefferson and Lewis County adults. Therefore, the findings of this study may be generalized to the populations of all adults of at least 18 years of age living in the two-county region. The exact margin of error when estimating for an entire population is question-specific, depending upon the sample size for each question and sample statistics that resulted for each question. Sample sizes tend to vary for each question on the survey, since some questions are only appropriate for certain subgroups (i.e. only those who have prescribed medication are then further asked whether or not they take the medication as prescribed) and/or as a result of persons refusing to answer questions. In general, the results of this survey for any questions that were answered by the entire sample of 615 residents may be generalized to the population of all adults at least 18 years of age residing in the Jefferson-Lewis County region with a 95% confidence level to within a margin of error of approximately ±4 percentage points. For questions that were only posed to certain specific subgroups, such as only to those who take medication, or posed only to Lewis County residents, the resulting smaller sample sizes allow generalization to the specific subpopulation of all adults (i.e. generalization of some specific health-related result for the 258 sampled Lewis County residents to all residents of Lewis County) with a 95% confidence level to within a margin of error that will be larger than ±4 percentage points. Further technical details regarding the margin of error for this survey will be provided later in the "Presentation of Results" section of this report. All data compilation and statistical analyses within this study have been completed using *Minitab, Release 15* and *SPSS, Release 16.*

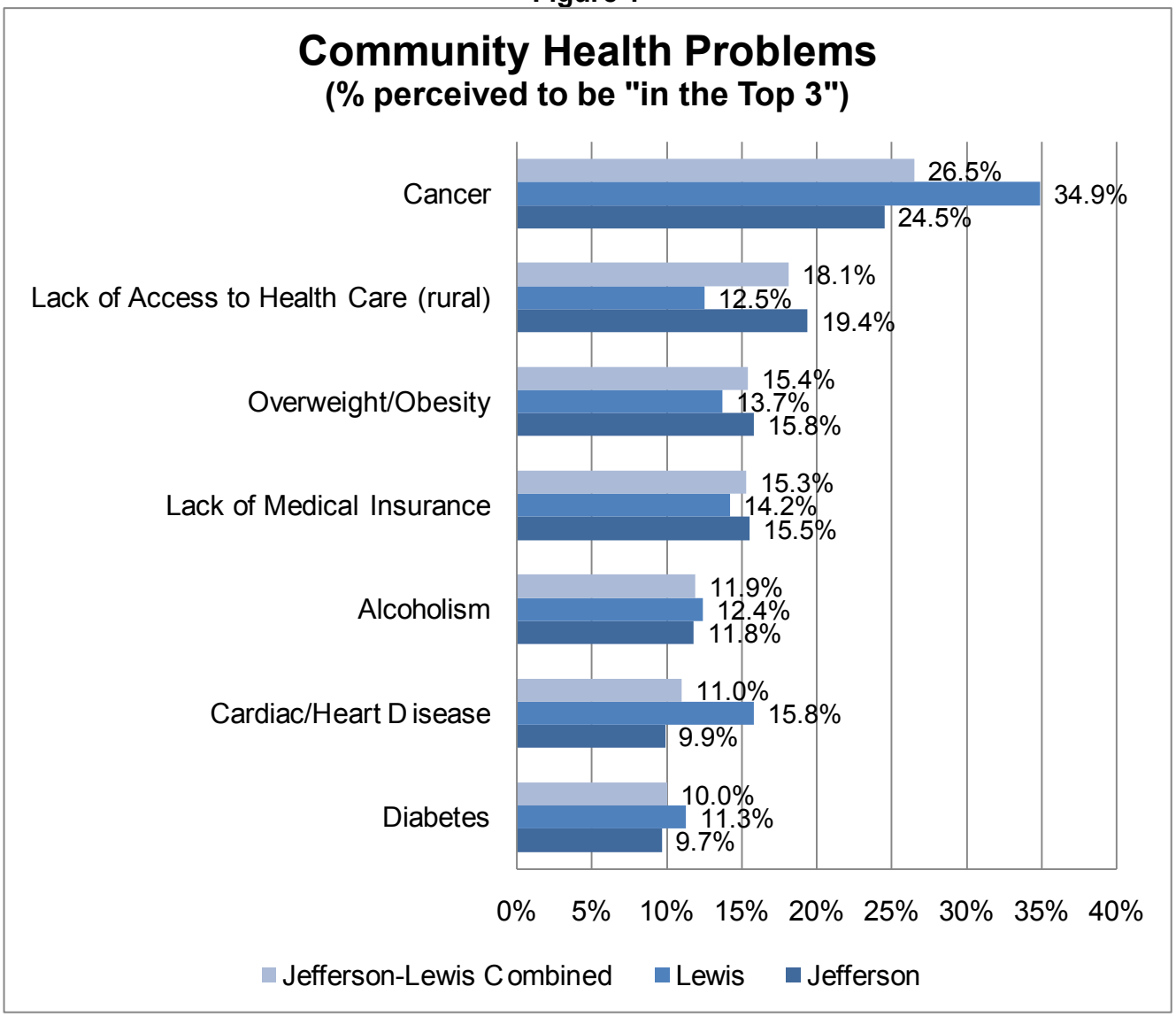
Summary of Findings

The following is a summary of the findings of the community health assessment study completed in August 2009 regarding health behaviors and health care among adult residents of Jefferson and Lewis Counties(New York). These summarized findings present the results for each of Lewis County and Jefferson County individually, as well as a two-county "regional" set of estimates. For details regarding further demographic cross-tabulation of results (cross-tabulation by gender, age, children in the household, and by health insurance status) please refer to the detailed tables of results later in this report.

Perceived Current Health Problems

1. Approximately one-in-four adult residents of the Jefferson-Lewis County region indicate that they "do not know" what they perceive as the largest community health problems in the area (26.7% in the two-county region, 26.4% in Jefferson, 28.0% in Lewis). (Tables 7-7.5)
2. Jefferson-Lewis County residents consider cancer as the largest community health problem (26.% in the two-county region consider cancer as "in the Top 3 problems", 24.5% in Jefferson, 34.9% in Lewis). (Tables 8-8.5)
3. Additionally, at least one-in-ten Jefferson-Lewis County residents considers each of: "Lack of Access to Health Care (rural)", "Obesity", "Lack of Medical Insurance", "Alcoholism", "Cardiac/Heart Disease", and "Diabetes" to be one of the top three community health problems of the area. (Tables 8-8.5)

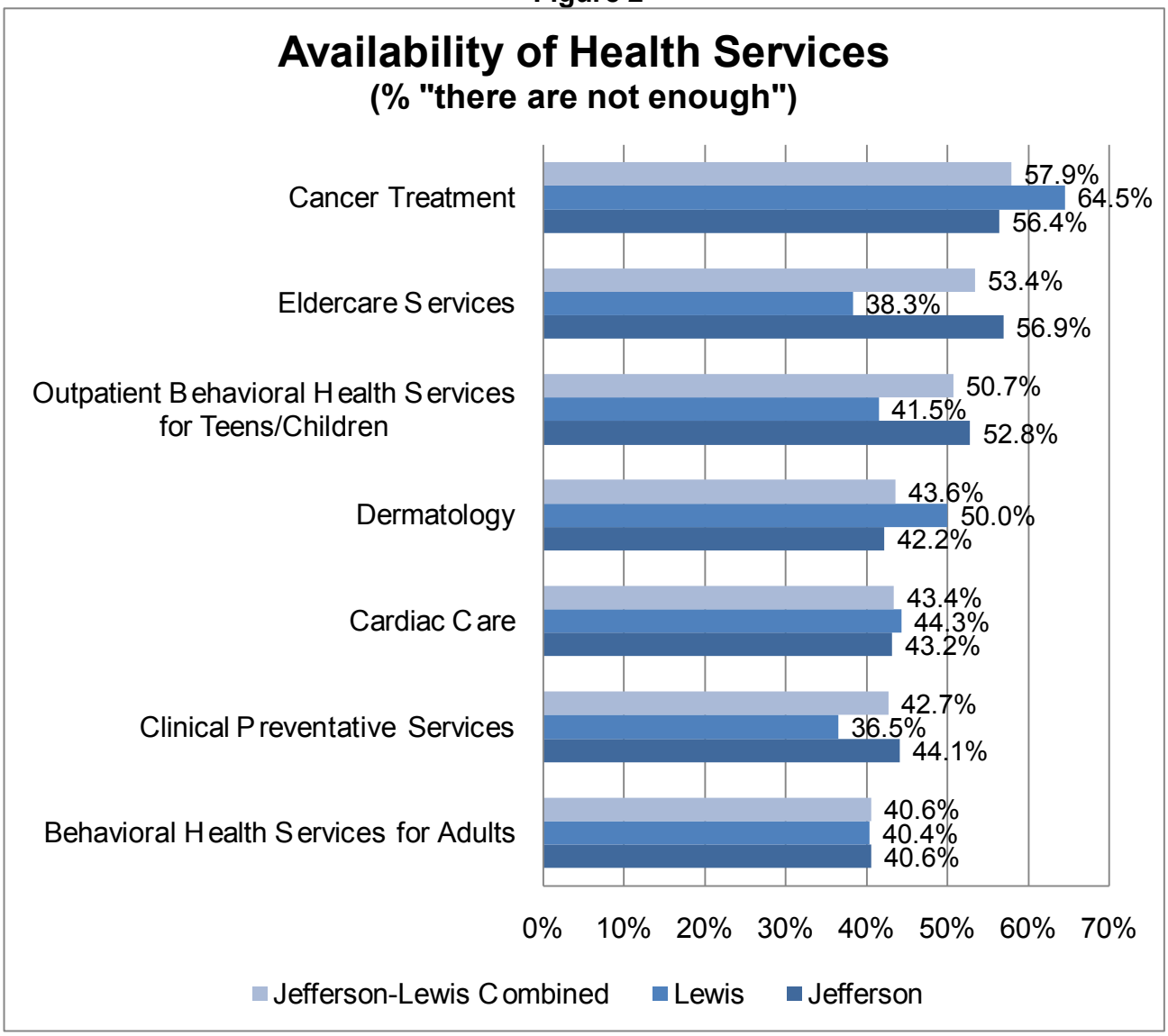
Figure 1



Health Services – Perceived Availability

4. Nineteen different types of health services were posed to Jefferson-Lewis County residents to determine which services were most perceived as lacking in the region. Seven of the nineteen studied health services were reported by at least 40% of the participants as "There are not enough available locally." These seven commonly-reported-as-lacking health services are summarized graphically in Figure 2.
5. "Cancer Treatment" is the health service that is reported most commonly as lacking, especially among Lewis County residents – 64.5% of the interviewed Lewis County residents indicate that they do not believe there is enough available cancer treatment. (Tables 9-9.5)
6. Two health services found to be perceived as not sufficiently available much more commonly among Jefferson County residents than found among Lewis County residents are "Eldercare Services" and "Outpatient Behavioral Health services for Teens/Children." (Tables 9-9.5)

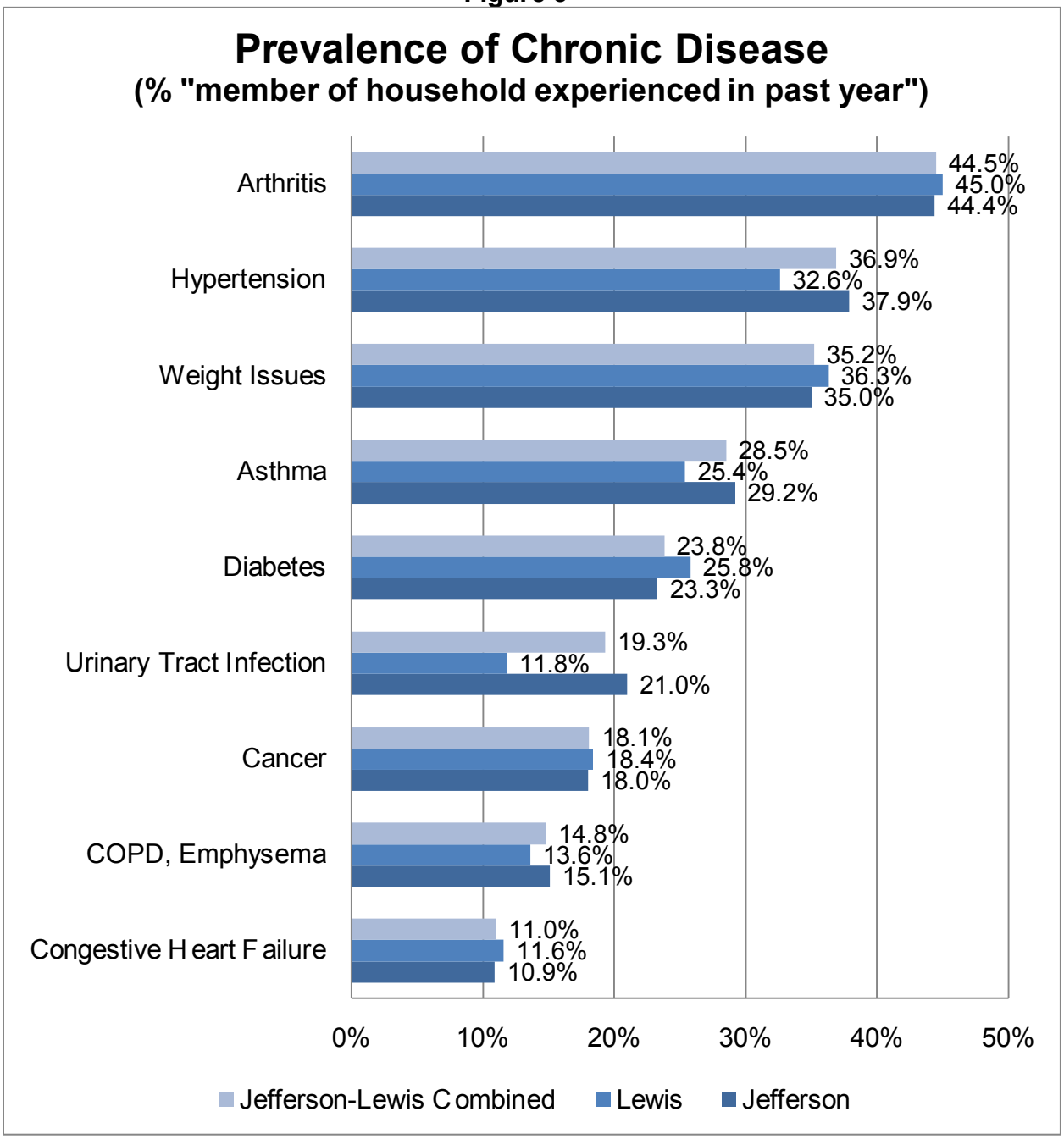
Figure 2



Prevalence of Chronic Disease

7. Fifteen different types of chronic disease were posed to Jefferson-Lewis County residents to determine which chronic diseases are most prevalent in the region. To protect the confidentiality of the participants and to inquire in a less intrusive manner, the questions were phrased as "has any member of your household experienced _____ in the past year?" Nine of the fifteen studied chronic diseases were reported by at least 10% of the participants as "someone in my household has experienced in the past year." These nine commonly-reported chronic diseases are summarized graphically in Figure 3.
8. The top five most prevalent chronic diseases that residents of the Jefferson-Lewis County region identified within their households were: (Tables 10-10.5)
    - Arthritis (Jefferson=44.4%, Lewis=45.0%)
    - Hypertension (Jefferson=37.9%, Lewis=32.6%)
    - Weight Issues - over or under (Jefferson=35.0%, Lewis=36.3%)
    - Asthma (Jefferson=29.2%, Lewis=25.4%)
    - Diabetes (Jefferson=23.3%, Lewis=25.8%)

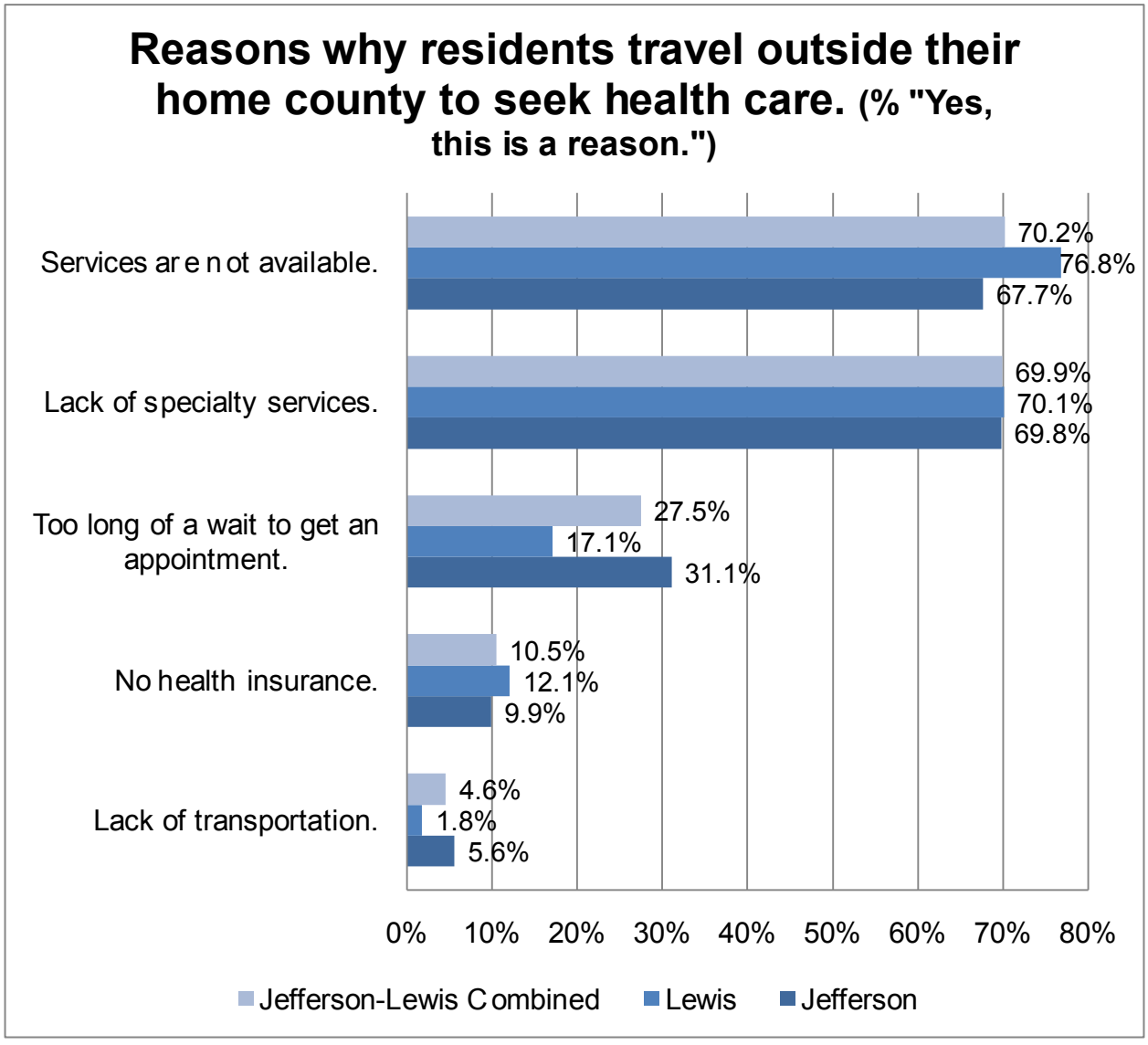
Figure 3



Traveling Outside Your County for Health Services

9. Over 40% of Jefferson-Lewis County residents indicate that they travel outside their county for medical care – 37.3% in Jefferson County, 58.2% in Lewis County, regional combined rate of 41.2%. (Tables 11-11.5)
10. Five common reasons that persons cite that might cause them to travel for health care were posed to Jefferson-Lewis County residents to determine the factors that cause one to travel for health care. These five commonly-reported reasons for travel are summarized graphically in Figure 4.
11. The top two most commonly-cited reasons why local residents travel outside their county for health care are: (Tables 12-12.5)
    - "Services not available in my county." (Jefferson=67.7%, Lewis=76.8%)
    - "Lack of specialty services." (Jefferson=69.8%, Lewis=70.1%)
12. The vast majority of Jefferson-Lewis County residents indicate that they would stay here for treatment if health services were available in their county – 83.9% in Jefferson County, 92.4% in Lewis County, regional combined rate of 86.1%. (Tables 14-14.5)

Figure 4



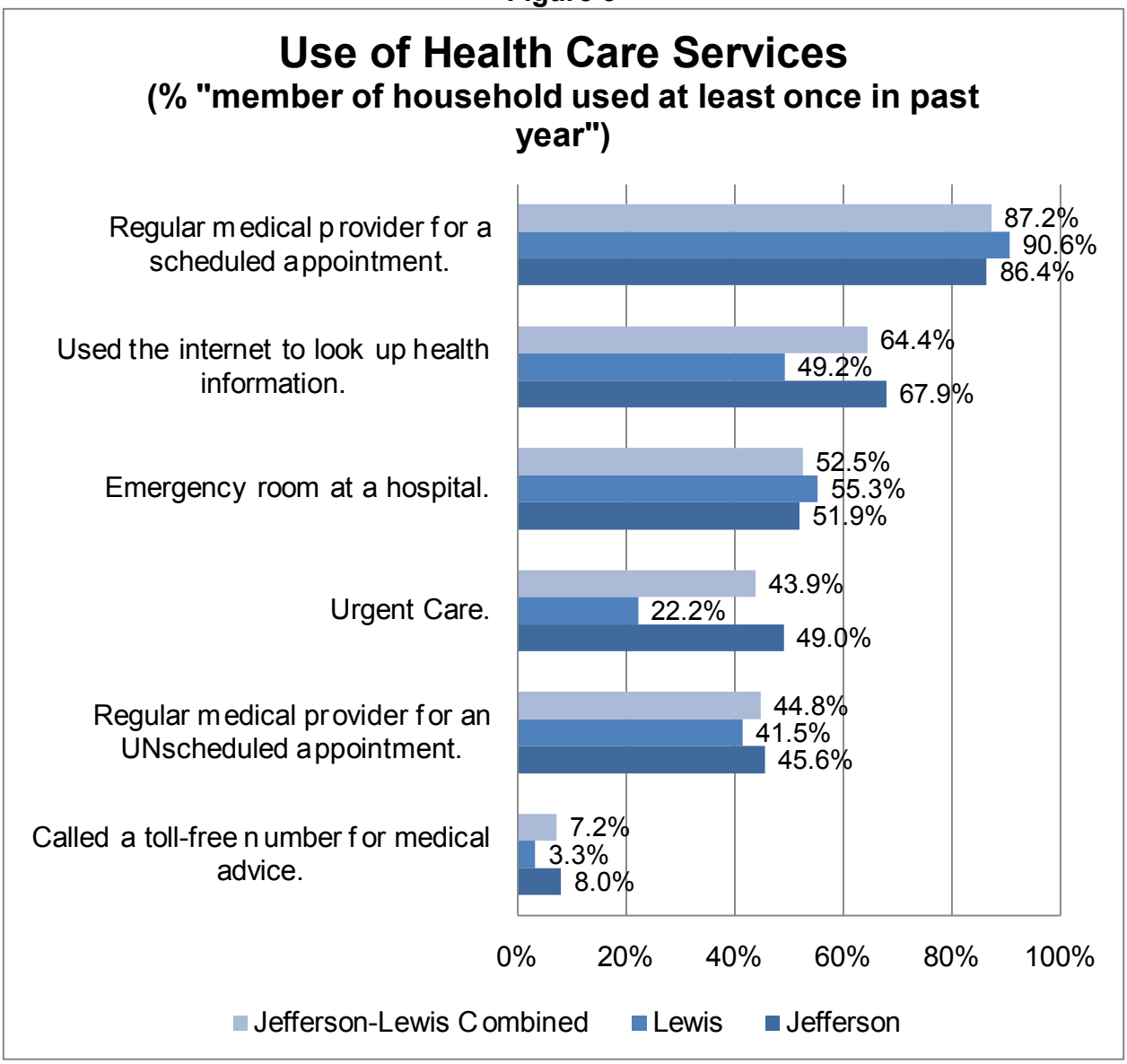
Telemedicine – Interest in Use

13. "Telemedicine" was briefly defined for each surveyed participant and then level of interest was measured. There appears to be a very large interest in utilizing telemedicine practices if available in the Jefferson-Lewis County region – more than three-in-four residents indicate that they would use telemedicine – 77.7% in Jefferson County, 77.8% in Lewis County, regional combined rate of 77.7%. (Tables 15-15.5)

Health Services– Current Use

14. Six different types of health services were posed to Jefferson-Lewis County residents to determine which health services are currently used most commonly in the region. To protect the confidentiality of the participants and to inquire in a less intrusive manner, the questions were phrased as "how often have you or a member of your household used the following health care services in the past 12 months?" Three of the six studied health services were reported by at least 50% of the participants as "someone in my household has used at least once in the past year." Prevalence of use of these six studied health services is summarized graphically in Figure 5.
15. The top three most commonly used health services that residents of the Jefferson-Lewis County region identified within their households were: (Tables 16-16.5)
    - Regular medical provider for a scheduled appointment. (Jefferson=86.4%, Lewis=90.6%)
    - Used the internet to look up health information. (Jefferson=67.9%, Lewis=49.2%)
    - Emergency room at a hospital. (Jefferson=51.9%, Lewis=55.3%)

Figure 5



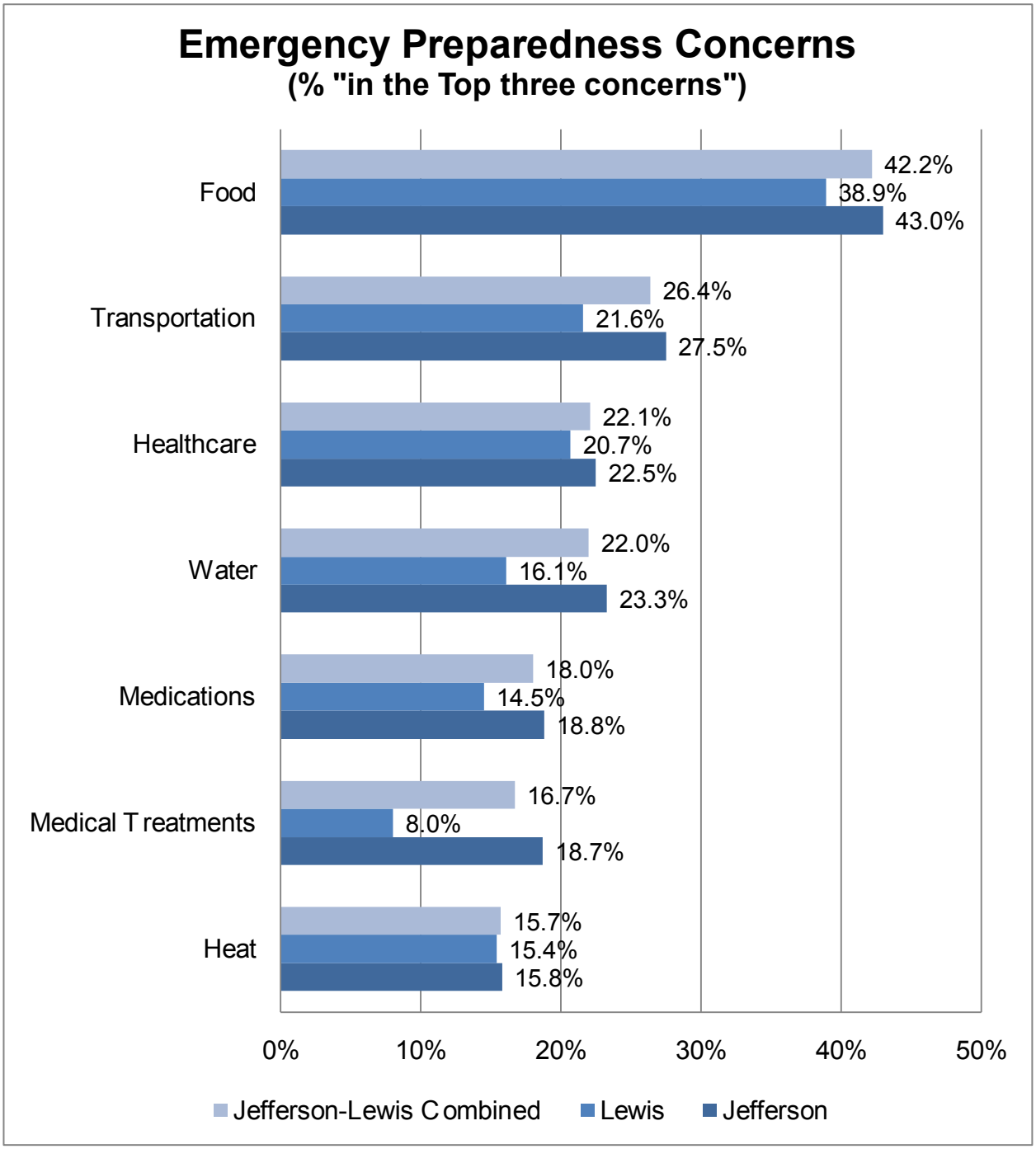
Prescription Medication

16. The majority of Jefferson-Lewis County residents indicate that they have medications that are prescribed for them – 60.8% in Jefferson County, 59.9% in Lewis County, regional combined rate of 60.7%. (Tables 17-17.5)
17. Virtually all Jefferson-Lewis County residents who have prescribed medication indicate that they take their medications as prescribed – 95.7% in Jefferson County, 94.4% in Lewis County, regional combined rate of 95.5%. (Tables 18-18.5)

Emergency Preparedness – Concerns Among Residents

18. Participants were asked to identify their "Top 3" concerns in the event of an emergency where travel is restricted for two weeks. About one in thirteen participants (7.3%) reported that they would have "no concerns." (Tables 20-20.5)
19. Seven of the thirteen studied emergency preparedness concerns were reported by at least 15% of the participants as "in my top three concerns." "Food" is the most commonly cited concern in the event of an emergency. Incidence of reporting concern for these top seven possible concerns are summarized graphically in Figure 6.
20. The top four most commonly cited emergency preparedness concerns that residents of the Jefferson-Lewis County region identified were: (Tables 20-20.5)
    - Food (Jefferson=43.0%, Lewis=38.9%)
    - Transportation (Jefferson=27.5%, Lewis=21.6%)
    - Health care (Jefferson=22.5%, Lewis=20.7%)
    - Water (Jefferson=23.3%, Lewis=16.1%)

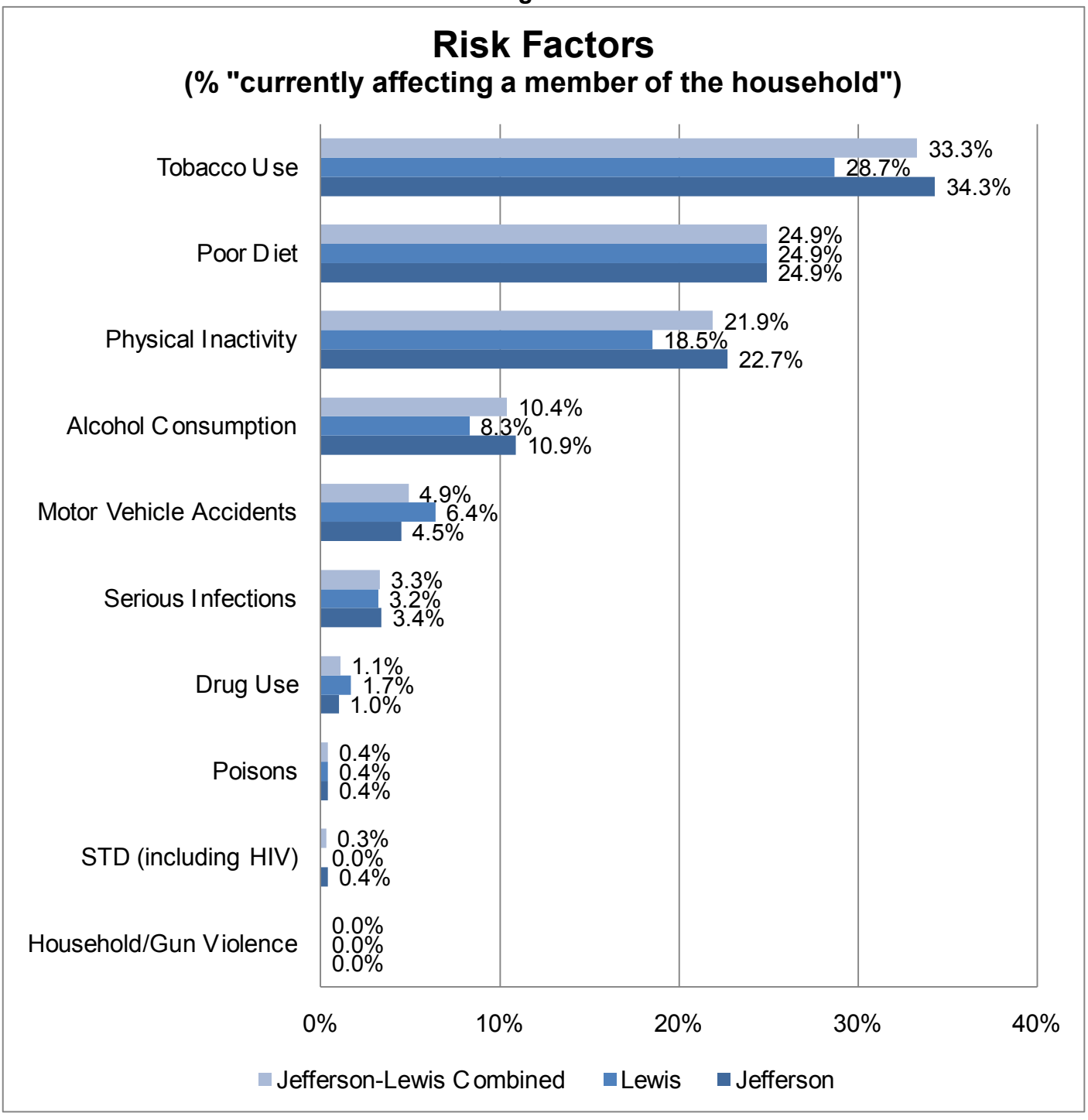
Figure 6



Health Behaviors – Risk Factors

21. Ten different risk factors were posed to Jefferson-Lewis County residents to determine which risk factors are currently most common in the region. To protect the confidentiality of the participants and to inquire in a less intrusive manner, the questions were phrased as "The following risk factors account for 50% of the causes of death in the United States. Please tell me if each risk factor is currently affecting the health of any member of your household." Three of the ten studied risk factors were reported by at least 20% of the participants as "someone in my household is currently affected." Prevalence of these ten studied factors is summarized graphically in Figure 7.
22. The top three most commonly reported risk factors that residents of the Jefferson-Lewis County region identified within their households were: (Tables 21-21.5)
    - Tobacco Use (Jefferson=34.3%, Lewis=28.7%)
    - Poor Diet (Jefferson=24.9%, Lewis=24.9%)
    - Physical Inactivity (Jefferson=22.7%, Lewis=18.5%)

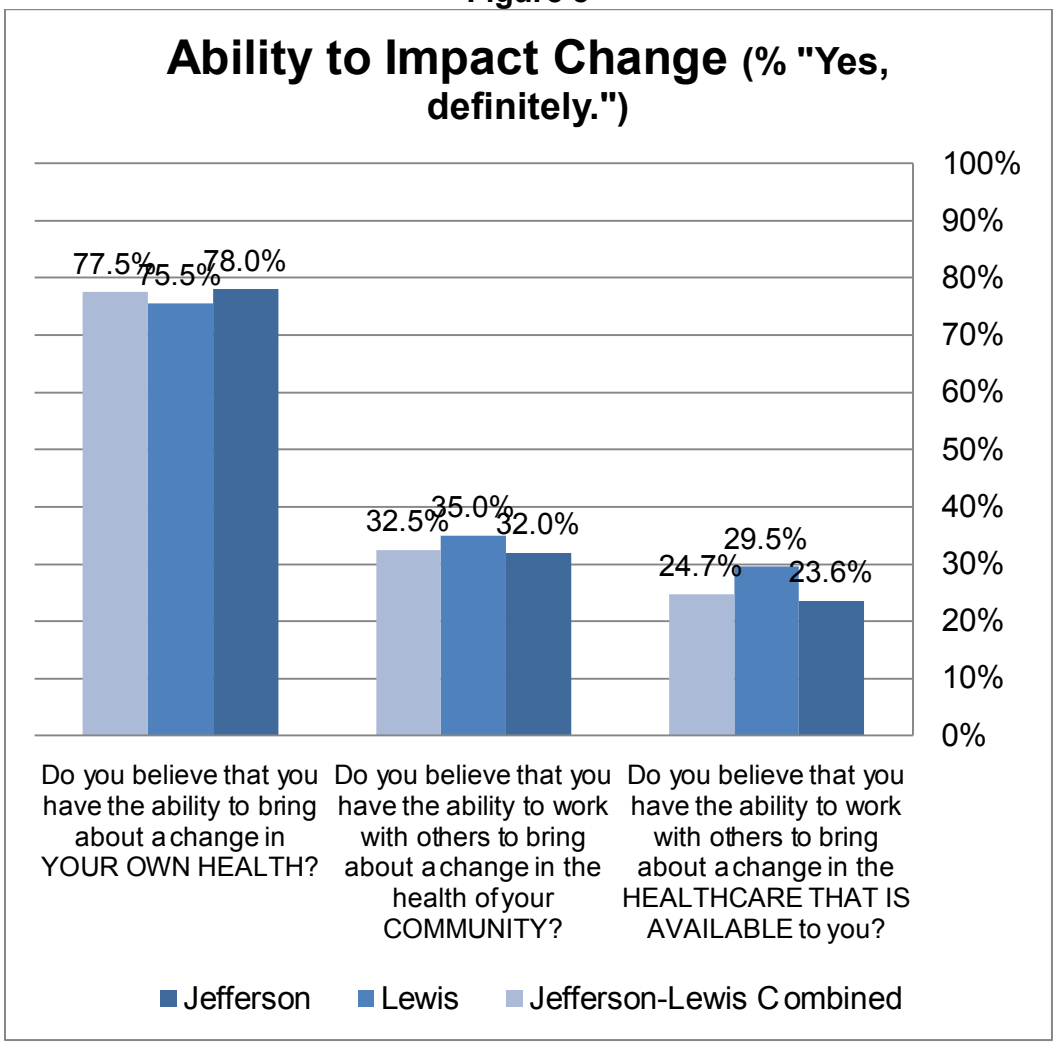
Figure 7



Ability to Impact Health-related Changes in their Community

23. A large majority of Jefferson-Lewis County residents believe that they "definitely" have the ability to bring about a change in their own health – 78.0% in Jefferson County, 75.5% in Lewis County, regional combined rate of 77.5%. An additional 15%-20% of the residents believe that they "probably" have the ability to bring about a change in their own health – 17.2% in Jefferson County, 18.3% in Lewis County, regional combined rate of 17.4%. Therefore, approximately 95% of Jefferson-Lewis County residents have a positive belief of their ability impact change in their own health. (Tables 22-22.5)
24. Jefferson-Lewis County residents are less optimistic in their beliefs that they can work with others to impact change in community health care. Only about one-in-three Jefferson-Lewis County residents feels that they "definitely" have the ability to work with others to bring about a change in the health of their community – 32.0% in Jefferson County, 35.0% in Lewis County, regional combined rate of 32.5%. (Tables 22-22.5)
25. Jefferson-Lewis County residents are least optimistic in their beliefs that they can work with others to bring about a change in the health care that is available to them. Only about one-in-four Jefferson-Lewis County residents feels that they "definitely" have the ability to work with others to bring about a change in the health care that is available to them – 23.6% in Jefferson County, 29.5% in Lewis County, regional combined rate of 24.7%. (Tables 22-22.5)
26. When it comes to the ability to impact both the health of the community and the health care that is available, residents are not as likely to be sure of their ability to impact a change. Still, approximately 65%-75% of residents believe that they can at least "probably" impact a change. ("probably"+"definitely") (Tables 22-22.5)
27. Attitudes about the ability to impact change in health care are summarized graphically below in Figure 8.

Figure 8



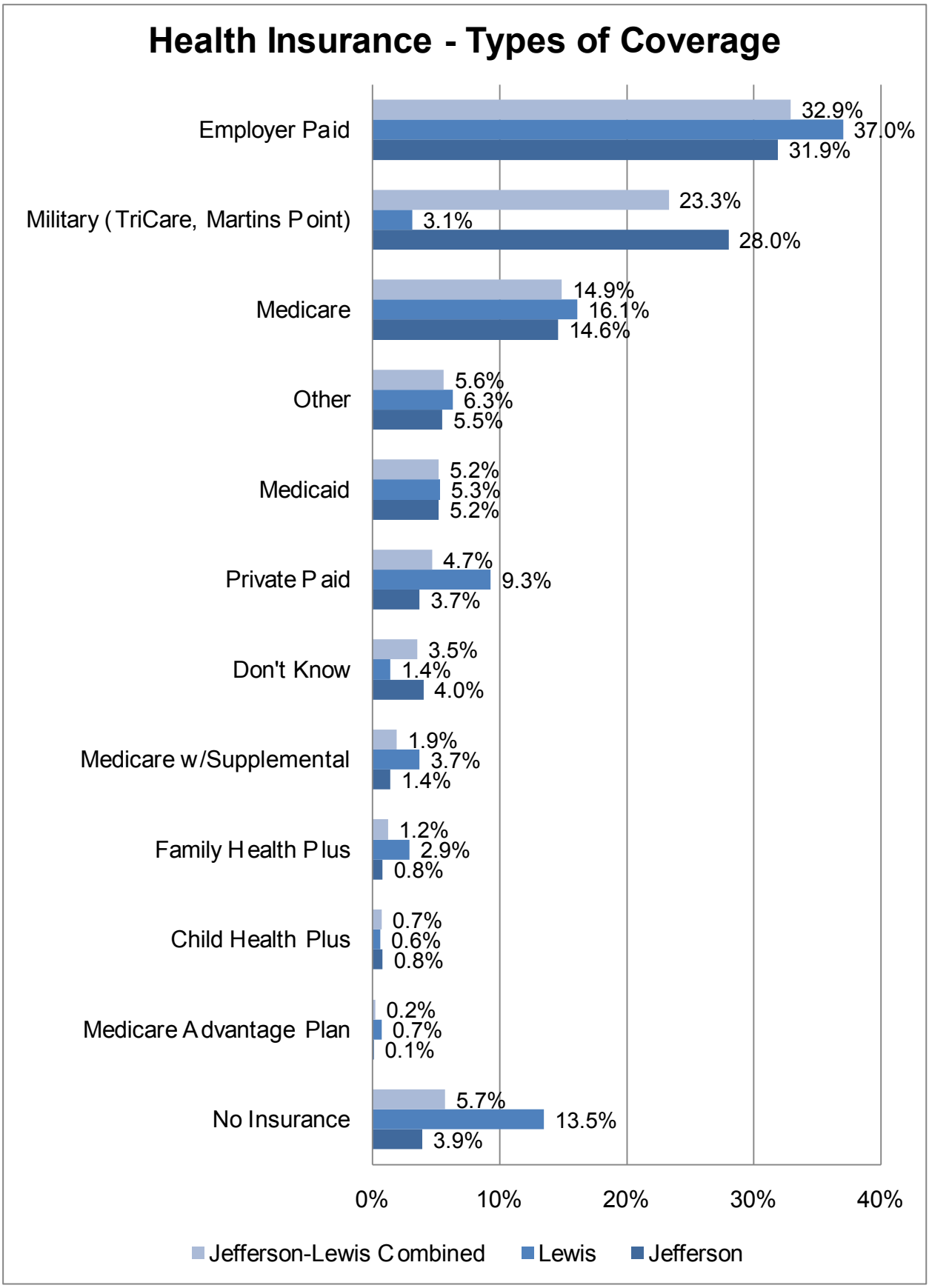
Health Information Access – Access to the Internet

28. Approximately 80% of the residents of the Jefferson-Lewis County region have access to the Internet at home, at work, or both, with access significantly more likely among Jefferson county residents. Rates of access to the Internet (home or work or both) found are – 82.6% in Jefferson County, 72.4% in Lewis County, regional combined rate of 80.7%. (Tables 23-23.5)

Health Care Access – Health Insurance – Un-insuredness and Under-insuredness

29. Approximately 6% of the interviewed adults in the Jefferson-Lewis County region report that they do not currently have some type of health insurance coverage – 3.9% in Jefferson County, 13.5% in Lewis County, regional combined rate of 5.7%. (Tables 24-24.5)
30. Approximately one-in-four adults in the Jefferson-Lewis County region report that they have military-provided health insurance (TriCare or Martins Point) – 28.0% in Jefferson County, 3.1% in Lewis County, regional combined rate of 23.3%. (Tables 24-24.5)
31. Approximately one-third of the participants report that their health insurance is "employer paid" – 31.9% in Jefferson County, 37.0% in Lewis County, regional combined rate of 32.9%. (Tables 24-24.5)
32. The types of health insurance reported are illustrated graphically below in Figure 9.
33. Those individuals who have "employer paid" health insurance were further questioned whether or not "the size of their deductible ever prevents them from seeking care." Approximately one-in-seven of the insured individuals whose insurance is employer paid further indicates that at times the deductible prevents them from seeking care – 14.8% among those employer-paid in Jefferson County, 6.4% among those employer-paid in Lewis County, regional combined rate of 13.0% among those employer-paid. (Tables 25-25.5)
34. It is those individuals who have employer paid health insurance and who indicate that the size of their deductible prevents them from seeking care who are defined as the "under-insured." Approximately 4% of the adult population in the Jefferson-Lewis County region would then meet this definition of "under-insured" – 4.7% "under-insured" in Jefferson County, 2.3% "under-insured" in Lewis County, regional combined rate of 4.3% underinsured. (Tables 25-25.5)
35. Approximately one-in-ten adults in the Jefferson-Lewis County region is either "un or under-insured" – 8.6% in Jefferson County, 15.8% in Lewis County, regional combined rate of 10.0%. (Tables 26-26.5)

Figure 9


Health Insurance - Types of Coverage
Employer Paid
32.9%
37.0%
31.9%
Military (TriCare, Martins Point)
23.3%
3.1%
28.0%
Medicare
14.9%
16.1%
14.6%
Other
5.6%
6.3%
5.5%
Medicaid
5.2%
5.3%
5.2%
Private Paid
4.7%
9.3%
3.7%
Don't Know
3.5%
1.4%
4.0%
Medicare w/Supplemental
1.9%
3.7%
1.4%
Family Health Plus
1.2%
2.9%
0.8%
Child Health Plus
0.7%
0.6%
0.8%
Medicare Advantage Plan
0.2%
0.7%
0.1%
No Insurance
5.7%
13.5%
3.9%
0%
10%
20%
30%
40%
Jefferson-Lewis Combined
Lewis
Jefferson

Presentation of Results - Technical Comments

Margin of Error – Using This Data to Estimate for the Entire Jefferson-Lewis County Region Adult Population (or, Subpopulations of this Adult Group)

The results of this study should be presented to a very wide array of readers who, no doubt, have a very wide variety of statistical backgrounds. The following comments are provided to give guidance for interpretation of the presented findings so that readers with less-than-current statistical training might maximize the use of the information contained in this civic engagement study.

Recall that the margin of error for this survey has been stated as approximately ±4 percentage points. Therefore, when a percentage is observed in one of the following tables in this report, the appropriate interpretation is that we are 95% confident that if *all* Jefferson-Lewis County region adult residents were surveyed (rather than just the 615 that were actually surveyed), the percentage that would result for *all* residents would be within ±4 percentage points of the sample percentage that has been actually calculated and reported.

For example, in Table 10 one can observe that 23.8% of our sample of 611 Jefferson-Lewis region adults reported that a family member of their household suffers from diabetes. With this sample result, we can infer with 95% confidence (only a 5% chance that it will not be true) that if all Jefferson-Lewis County region adults were asked, somewhere between 19.8% and 27.8% of the population of approximately 108,000 adults in Jefferson and Lewis Counties combined would indicate that a family member of their household suffers from diabetes (using a margin of error of ±4%). This resulting interval (19.8%-23.8%) is known as a 95% Confidence Interval. The consumer of this report should use this pattern, or approach, when attempting to generalize and interpret any of these survey findings to the entire adult population of the Jefferson-Lewis County region.

The preceding example used a margin of error of ±4%. However, the margin of error when using the sample results in this study to construct a Confidence Interval to estimate a population percentage will not always be ±4%. There is not one universal value of a margin of error that can be precisely calculated and used for the results for every question included in this survey … or, any multi-question survey, for that matter. Calculation methods used in this study for generating the margin of error depend upon the following four factors:

1. The *sample size* is the number of participants who validly answered the survey question. The sample size will not always be n=615 since individuals have a right to omit any question. Also, some survey questions were only posed after screening questions, such as questions asked only to persons who do, in fact, travel outside their home county to seek health care. In general, the smaller the sample size, the larger the margin of error.

2. The *sample proportion or percentage* is the calculated percentage of the sample who responded with the answer or category of interest (i.e., responded "yes"). This percentage can vary from 0%-100%, and, of course, will change from question to question throughout the survey. In general, the further that a sample percentage varies from 50% in either direction (approaching either 0% or 100%), the smaller the margin of error.

3. The *confidence level* is used in generalizing the results of the sample to the population that the sample represented. In this study, the standard confidence level used in survey research--95% confidence level--will be used for all survey questions.

4. The *design effect* is a factor that compensates for the impact that having a sample whose gender, age, and/or education level distributions do not parallel the distributions of the entire adult population of the Jefferson-Lewis County region will have upon the size of the margin of error. In general, the further that the sample deviates from the gender, age, and education level distributions of the entire population being represented, the larger the resulting margin of error.

In mathematical notation, the margin of error for each sample result for this study would be represented as:

$$ME = 1.96 \cdot \sqrt{\frac{p(100-p)}{n}} \cdot \sqrt{Deff}$$

Where n=sample size = # valid responses to the survey question
p=sample percentage for the survey question (between 0%-100%)
1.96 = the standard normal score associated with the 95% confidence level
Deff = the design effect

And

$$Deff = \frac{n \cdot \sum w_i^2}{\left(\sum w_i\right)^2}$$

With w_i=the poststratification weight associated with i^{th} of the 615 sampled individuals

For this community health assessment study, the design effect (Deff) equals 1.65.

Since the sample size varies (in fact, is conceivably different for each question on the survey) and the sample percentage varies (also, conceivably different for each question on the survey) the following table has been provided for the reader to determine the correct margin of error to use whenever constructing a confidence interval using this sample data.

Table 4 - Approximate Margin of Error for Varying Sample Sizes and Sample Percentages

	Varying Sample Sizes (n=…):											
Varying Sample %'s (p=…):	50	100	150	200	250	300	350	400	450	500	550	600
5%	7.8%	5.4%	4.4%	3.8%	3.4%	3.1%	2.9%	2.7%	2.6%	2.4%	2.3%	2.2%
10%	10.7%	7.5%	6.1%	5.3%	4.7%	4.3%	4.0%	3.7%	3.5%	3.3%	3.2%	3.0%
15%	12.8%	8.9%	7.2%	6.3%	5.6%	5.1%	4.7%	4.4%	4.2%	4.0%	3.8%	3.6%
20%	14.3%	9.9%	8.1%	7.0%	6.3%	5.7%	5.3%	5.0%	4.7%	4.4%	4.2%	4.1%
25%	15.5%	10.8%	8.8%	7.6%	6.8%	6.2%	5.8%	5.4%	5.1%	4.8%	4.6%	4.4%
30%	16.4%	11.4%	9.3%	8.1%	7.2%	6.6%	6.1%	5.7%	5.4%	5.1%	4.9%	4.7%
35%	17.1%	11.9%	9.7%	8.4%	7.5%	6.8%	6.3%	5.9%	5.6%	5.3%	5.1%	4.8%
40%	17.5%	12.2%	9.9%	8.6%	7.7%	7.0%	6.5%	6.1%	5.7%	5.4%	5.2%	5.0%
45%	17.8%	12.4%	10.1%	8.7%	7.8%	7.1%	6.6%	6.2%	5.8%	5.5%	5.3%	5.0%
50%	17.9%	12.4%	10.1%	8.8%	7.9%	7.2%	6.6%	6.2%	5.9%	5.6%	5.3%	5.1%
55%	17.8%	12.4%	10.1%	8.7%	7.8%	7.1%	6.6%	6.2%	5.8%	5.5%	5.3%	5.0%
60%	17.5%	12.2%	9.9%	8.6%	7.7%	7.0%	6.5%	6.1%	5.7%	5.4%	5.2%	5.0%
65%	17.1%	11.9%	9.7%	8.4%	7.5%	6.8%	6.3%	5.9%	5.6%	5.3%	5.1%	4.8%
70%	16.4%	11.4%	9.3%	8.1%	7.2%	6.6%	6.1%	5.7%	5.4%	5.1%	4.9%	4.7%
75%	15.5%	10.8%	8.8%	7.6%	6.8%	6.2%	5.8%	5.4%	5.1%	4.8%	4.6%	4.4%
80%	14.3%	9.9%	8.1%	7.0%	6.3%	5.7%	5.3%	5.0%	4.7%	4.4%	4.2%	4.1%
85%	12.8%	8.9%	7.2%	6.3%	5.6%	5.1%	4.7%	4.4%	4.2%	4.0%	3.8%	3.6%
90%	10.7%	7.5%	6.1%	5.3%	4.7%	4.3%	4.0%	3.7%	3.5%	3.3%	3.2%	3.0%
95%	7.8%	5.4%	4.4%	3.8%	3.4%	3.1%	2.9%	2.7%	2.6%	2.4%	2.3%	2.2%
Average	**14.6%**	**10.2%**	**8.3%**	**7.2%**	**6.4%**	**5.9%**	**5.4%**	**5.1%**	**4.8%**	**4.5%**	**4.3%**	**4.1%**

To illustrate, if n=257 persons from Lewis County validly answered a survey question (a question such as "Do you ever travel outside your county to seek health care?"), and p=58.2% responded with "Yes," then the interpretation would be that the margin of error for estimating that which would be expected to be true for the *entire* adult population of adults in Lewis County would be approximately ±7.7%. Note that this margin of error is greater than ±4 percentage points illustrated earlier, since the sample size is 257, much less than the entire sample of 615 adults. Finally, one could then state with 95% confidence that among *all Lewis County adults,* 58.2%±7.7%, or in other words, between 50.5% and 65.9%, at times travel outside the county to seek health care.

Tests for Statistical Significance – Using This Data to Test for Significant Differences and Relationships

The preceding technical discussion of statistical techniques has focused on the statistical inference referred to as *estimation* – construction of confidence intervals. To take full advantage of the data collected in this study, other statistical techniques are of value. Tests for significantly correlated factors and civic engagement-related results will be presented as well.

The first table for each question in the survey presented in the following section of this report involves the analysis, a frequency distribution, of the data collected in this study *as one collective group* (Jefferson and Lewis County results combined). The results for each question on the survey, one question at a time, are summarized and described. The weighted frequencies and percentages (weighted by gender, age, and education level) for each possible response to a question are provided.

Additional tables have been constructed for each survey question providing the distribution of responses across each of the possible subgroups of five key possible explanatory factors. The factors that have been used in this study for the correlative, or explanatory, investigations are:

- County (Jefferson and Lewis County are compared)
- Gender
- Age (collapsed into 18-29 vs. 30-59 vs. 60+ years old)
- Household Composition (households with children under age 20 living in the home vs. those without children)
- Health Insurance Status (Military Insurance vs. Un/Under-insured vs. Other Insurance)

This correlative information is provided to allow investigation for differences in responses between residents of various demographic subgroups. In other words, investigations will be completed for the presence of relationships between these five factors and health-related attitudes and behaviors. The statistical techniques that will be applied to identify statistically significant relationships or differences, referred to as tests of significance, will depend upon the structure of each variable (survey question) and will include Analysis of Variance (ANOVA), z-tests for Binomial Proportions, Poisson Tests, Odds Ratios, and the χ^2 Test for Independence. A test or correlation that results with $p<0.05$ will be considered statistically significant.

A comment or two regarding "statistical significance" could help readers of varying quantitative backgrounds most appropriately interpret the results of what has been statistically analyzed. Because the data for this Jefferson-Lewis County region study is based on a *sample* of 615 adult residents, as opposed to obtaining information from every single adult resident of the region, there must be a method of determining whether an observed relationship or difference in the *sample* survey data is likely to continue to hold true if *every* adult resident of the region were, in fact, interviewed. To make this determination, tests of statistical significance are standard practice in evaluating sample survey data. For example, if the *sample* data shows that male residents appear to cite alcoholism as a "Top 3" local community health problem more frequently than female residents (13.0% of the male participants cite alcoholism as a community health problem "among the top three problems" in the region, while this rate among female residents is only 10.8%), the researcher would want to know if this greater sense of alcoholism as a community health problem would still be present if they interviewed *every* adult male and *every* adult female in the Jefferson-Lewis County region, rather than just the sample of n=615 adults who were actually interviewed. To answer this question, the researcher uses a test of statistical significance. The outcome of a statistical significance test will be that the result is either "not statistically significant" or the result is "statistically significant."

The meaning of "not statistically significant" is that, if the sample were repeated many more times (in this case, that would mean many more different groups of $n\approx615$ randomly selected adults from the Jefferson-Lewis County region), then the results of these samples would *not* consistently show that male residents cite alcoholism as a local community health problem more frequently than female residents; some samples might result with males higher and some with females higher. In this case, the researcher could not report *with high levels of confidence* that likelihood to perceive alcoholism as a "top three" community health problem is statistically significantly different between the genders. Rather, the difference found between the two actually selected samples of residents would be interpreted as small enough that it could be due simply to the random chance of sampling – *not statistically significant*.

Conversely, the meaning of "statistically significant" is that, if the samples were repeated many more times, then the results of these samples would consistently show that the perception of alcoholism as a "top three" community health problem among male residents is higher than that among female residents. Furthermore, if *every* male adult in the region were interviewed, we are confident that this population sense of alcoholism as a problem rate would be higher than the corresponding rate among all female adults in the region. One can never be 100% certain (or confident) that the result of samples will indicate appropriately whether the population values are, in fact, different from one another or not; however, using the standard confidence level of 95% means that the observed sample difference would also be expected to be found in 95 out of 100 sets of random samples of similar size n. The interpretation of a "statistically significant" difference is that it is so large that there is a probability of less than 5% that this difference occurred simply due to the random chance of sampling; instead, it is considered a "real" difference. In this study, when completing significance tests, the 95% confidence level will be used. In statistical vocabulary and notation, this would be represented as a p-value of less than 5% ($p<0.05$).

Note that the referenced relationship, the relationship between gender and perception of alcoholism as a "top 3" community health problem, is not a statistically significant relationship. (refer to the comments following Table 8.2) The difference between 13.0% (male perception) and 10.8% (female perception) is small enough that it could likely be due to the random chance of sampling with the populations of all males and all females not being different in their perceptions. In statistics vernacular … $p>0.05$.

Finally, so the reader may most accurately interpret the statistical significance test findings reported in this study, the within-group sample sizes will be described. The following sample sizes were collected within each of the five key explanatory variables that are used for correlational investigations:

Table 5 - Sample Sizes in Demographic Subgroups

(weighted by gender, age, education for 2-county region)

County	
Jefferson	n=357
Lewis	n=258

Gender	
Males	n=312
Females	n=303

Age Groups	
18-29	n=158
30-59	n=328
60+	n=130

Children in the home?	
Yes	n=309
No	n=306

Health Insuredness	
Military	n=141
Un/Under-insured	n=60
Other	n=404

The determination of the number of participants in each of: County, Gender, Age, and Health Insuredness are quite self-explanatory. The number of participants who answered each of these survey questions in each of the above-illustrated ways has simply been counted.

The "Children in the home?" demographic subgrouping may need a bit more explanation. Each participant was asked to profile the age distribution of their household. They were asked whether anyone in their "Infants", …,"Teens", "Twenties", … "Eighties",… lives in their

household. The results for each of these age groups are summarized in Table 6. Finally, any participant who indicated that at least one person in any of the age groups of under 20 years of age lives in their household is considered a "household with children."

Table 6 - Household Age Composition

	Yes		No		Total Sample	
	n	%	n	%	n	%
0-1 years old	59	9.5%	556	90.5%	615	100.0%
1-12 years old	198	32.2%	417	67.8%	615	100.0%
13-19 years old	158	25.8%	457	74.2%	615	100.0%
20-29 years old	197	32.0%	418	68.0%	615	100.0%
30-39 years old	145	23.6%	470	76.4%	615	100.0%
40-49 years old	148	24.0%	467	76.0%	615	100.0%
50-59 years old	171	27.8%	444	72.2%	615	100.0%
60-69 years old	83	13.4%	532	86.6%	615	100.0%
70-79 years old	62	10.1%	553	89.9%	615	100.0%
80+ years old	41	6.6%	574	93.4%	615	100.0%

			Yes		No		Total Sample	
			n	%	n	%	n	%
County	Jefferson	0-1 years old	37	10.3%	320	89.7%	357	100.0%
		1-12 years old	118	33.0%	239	67.0%	357	100.0%
		13-19 years old	93	26.2%	264	73.8%	357	100.0%
		20-29 years old	116	32.6%	241	67.4%	357	100.0%
		30-39 years old	86	24.0%	271	76.0%	357	100.0%
		40-49 years old	85	23.7%	272	76.3%	357	100.0%
		50-59 years old	99	27.8%	258	72.2%	357	100.0%
		60-69 years old	47	13.1%	310	86.9%	357	100.0%
		70-79 years old	35	9.9%	322	90.1%	357	100.0%
		80+ years old	24	6.6%	333	93.4%	357	100.0%
	Lewis	0-1 years old	16	6.2%	242	93.8%	258	100.0%
		1-12 years old	74	28.8%	184	71.2%	258	100.0%
		13-19 years old	62	23.9%	196	76.1%	258	100.0%
		20-29 years old	77	29.7%	181	70.3%	258	100.0%
		30-39 years old	56	21.5%	202	78.5%	258	100.0%
		40-49 years old	65	25.2%	193	74.8%	258	100.0%
		50-59 years old	73	28.2%	185	71.8%	258	100.0%
		60-69 years old	39	15.0%	219	85.0%	258	100.0%
		70-79 years old	28	11.0%	230	89.0%	258	100.0%
		80+ years old	17	6.5%	241	93.5%	258	100.0%

	Are there any children under age 20 in the home?	
	n	%
Yes	309	50.3%
No	306	49.7%
Sample Size	615	100.0%

	County	
	Jefferson	Lewis
Yes	51.6%	44.6%
No	48.4%	55.4%
Total	100.0%	100.0%
Sample Size	357	258

In conclusion, statistically significant relationships have been highlighted in the following Presentation of Data. Recall that statistically significant means a difference or relationship that is large or strong enough to be 95% confident that it is not simply due to the random chance of sampling based upon the sizes of the selected sample. Any tests that result with $p<0.05$ are noted in the summary of findings.

Presentation of Data – Detailed Analysis

Perceived *Current Community Health Problems* in the Region

Seventeen possible community health problems for the local community were listed, with the participant asked to indicate the three problems that he or she considers the "top three." Note that it was recorded when the response was "I don't know", summarized in Tables 7-7.5.

Table 7 - In your opinion what are the top three community health problems in your county? – "Don't know"

	Don't know what the top community health concerns are.	
	n	%
Don't know.	159	26.7%
Identified at least one concern.	437	73.3%
Sample Size	597	100.0%

Table 7.1 - "Don't know" top community health problems – by COUNTY

	County	
	Jefferson	Lewis
Don't know.	26.4%	28.0%
Identified at least one concern.	73.6%	72.0%
Total	100.0%	100.0%
Sample Size	347	250

No significant difference between the counties.

Table 7.2 - "Don't know" top community health problems – by GENDER

	Gender	
	Male	Female
Don't know.	25.6%	27.8%
Identified at least one concern.	74.4%	72.2%
Total	100.0%	100.0%
Sample Size	302	295

No significant difference between the genders.

Table 7.3 - "Don't know" top community health problems – by AGE

	Age Groups		
	18-29	30-59	60+
Don't know.	46.8%	16.8%	26.9%
Identified at least one concern.	53.2%	83.2%	73.1%
Total	100.0%	100.0%	100.0%
Sample Size	154	317	126

Significantly different across age groups.

Table 7.4 - "Don't know" top community health problems – by CHILDREN IN HOME

	Are there any children under age 20 in the home?	
	Yes	No
Don't know.	25.0%	28.4%
Identified at least one concern.	75.0%	71.6%
Total	100.0%	100.0%
Sample Size	303	294

No significant difference depending whether there are children in the household.

Table 7.5 - "Don't know" top community health problems – by INSUREDNESS

	Health Insurance Status		
	Military	Un/Under-insured	Other
Don't know.	43.2%	12.2%	23.6%
Identified at least one concern.	56.8%	87.8%	76.4%
Total	100.0%	100.0%	100.0%
Sample Size	138	57	394

Un/Under-insured least likely to "not know."

Tables 8-8.5 summarize the results for the seventeen possible community health problems that were studied, with results sorted by frequency of citation.

Table 8 - In your opinion what are the top three community health problems in your county?

	In Top 3		Not in Top 3		Total Sample	
	n	%	n	%	n	%
Cancer	158	26.5%	439	73.5%	597	100.0%
Lack of Access to Healthcare (rural)	108	18.1%	489	81.9%	597	100.0%
Overweight/Obesity	92	15.4%	505	84.6%	597	100.0%
Lack of Medical Insurance	91	15.3%	506	84.7%	597	100.0%
Alcoholism	71	11.9%	525	88.1%	597	100.0%
Cardiac/Heart Disease	66	11.0%	531	89.0%	597	100.0%
Diabetes	60	10.0%	537	90.0%	597	100.0%
Substance Abuse (drugs)	52	8.8%	544	91.2%	597	100.0%
Tobacco	44	7.4%	553	92.6%	597	100.0%
Flu	40	6.6%	557	93.4%	597	100.0%
Mental Health	33	5.5%	564	94.5%	597	100.0%
Old Age/Geriatrics	28	4.6%	569	95.4%	597	100.0%
Emphysema/COPD	15	2.5%	582	97.5%	597	100.0%
Asthma	11	1.8%	586	98.2%	597	100.0%
Allergies	8	1.3%	589	98.7%	597	100.0%
Arthritis	7	1.1%	590	98.9%	597	100.0%
Maternity/Prenatal Care	1	.2%	595	99.8%	597	100.0%

Table 8.1 - Top three community health problems – by COUNTY

			In Top 3		Not in Top 3		Total Sample	
			n	%	n	%	n	%
County	Jefferson	Cancer	85	24.5%	262	75.5%	347	100.0%
		Lack of Access to Healthcare (rural)	67	19.4%	279	80.6%	347	100.0%
		Overweight/Obesity	55	15.8%	292	84.2%	347	100.0%
		Lack of Medical Insurance	54	15.5%	293	84.5%	347	100.0%
		Alcoholism	41	11.8%	306	88.2%	347	100.0%
		Cardiac/Heart Disease	34	9.9%	312	90.1%	347	100.0%
		Diabetes	34	9.7%	313	90.3%	347	100.0%
		Substance Abuse (drugs)	31	9.1%	315	90.9%	347	100.0%
		Tobacco	27	7.8%	320	92.2%	347	100.0%
		Flu	22	6.4%	325	93.6%	347	100.0%
		Mental Health	21	6.0%	326	94.0%	347	100.0%
		Old Age/Geriatrics	13	3.9%	333	96.1%	347	100.0%
		Emphysema/COPD	10	2.9%	337	97.1%	347	100.0%
		Asthma	6	1.7%	341	98.3%	347	100.0%
		Allergies	5	1.6%	341	98.4%	347	100.0%
		Arthritis	4	1.2%	342	98.8%	347	100.0%
		Maternity/Prenatal Care	1	.2%	346	99.8%	347	100.0%
	Lewis	Cancer	87	34.9%	162	65.1%	250	100.0%
		Lack of Access to Healthcare (rural)	31	12.5%	218	87.5%	250	100.0%
		Overweight/Obesity	34	13.7%	215	86.3%	250	100.0%
		Lack of Medical Insurance	36	14.2%	214	85.8%	250	100.0%
		Alcoholism	31	12.4%	219	87.6%	250	100.0%
		Cardiac/Heart Disease	40	15.8%	210	84.2%	250	100.0%
		Diabetes	28	11.3%	221	88.7%	250	100.0%
		Substance Abuse (drugs)	18	7.4%	231	92.6%	250	100.0%
		Tobacco	14	5.5%	236	94.5%	250	100.0%
		Flu	19	7.7%	230	92.3%	250	100.0%
		Mental Health	9	3.6%	240	96.4%	250	100.0%
		Old Age/Geriatrics	20	7.9%	230	92.1%	250	100.0%
		Emphysema/COPD	2	.6%	248	99.4%	250	100.0%
		Asthma	5	1.9%	245	98.1%	250	100.0%
		Allergies	1	.2%	249	99.8%	250	100.0%
		Arthritis	2	.7%	248	99.3%	250	100.0%
		Maternity/Prenatal Care	1	.2%	249	99.8%	250	100.0%

The following perceived community health concerns vary significantly between the counties:

-Cancer (more likely in Lewis)
-Lack of access (more likely in Jefferson)
-Cardiac/Heart Disease (more likely in Lewis)
-Old Age/Geriatrics (more likely in Lewis)

Table 8.2 - Top three community health problems – by GENDER

			In Top 3		Not in Top 3		Total Sample	
			n	%	n	%	n	%
Gender	Male	Cancer	78	25.7%	224	74.3%	302	100.0%
		Lack of Access to Healthcare (rural)	54	17.9%	248	82.1%	302	100.0%
		Overweight/Obesity	53	17.6%	248	82.4%	302	100.0%
		Lack of Medical Insurance	41	13.6%	261	86.4%	302	100.0%
		Alcoholism	39	13.0%	262	87.0%	302	100.0%
		Cardiac/Heart Disease	39	12.9%	263	87.1%	302	100.0%
		Diabetes	21	7.0%	280	93.0%	302	100.0%
		Substance Abuse (drugs)	35	11.5%	267	88.5%	302	100.0%
		Tobacco	28	9.2%	274	90.8%	302	100.0%
		Flu	22	7.2%	280	92.8%	302	100.0%
		Mental Health	16	5.2%	286	94.8%	302	100.0%
		Old Age/Geriatrics	9	3.0%	293	97.0%	302	100.0%
		Emphysema/COPD	12	4.1%	289	95.9%	302	100.0%
		Asthma	5	1.8%	296	98.2%	302	100.0%
		Allergies	0	.0%	302	100.0%	302	100.0%
		Arthritis	4	1.4%	297	98.6%	302	100.0%
		Maternity/Prenatal Care	0	.0%	302	100.0%	302	100.0%
	Female	Cancer	80	27.3%	215	72.7%	295	100.0%
		Lack of Access to Healthcare (rural)	54	18.3%	241	81.7%	295	100.0%
		Overweight/Obesity	39	13.1%	256	86.9%	295	100.0%
		Lack of Medical Insurance	50	17.0%	245	83.0%	295	100.0%
		Alcoholism	32	10.8%	263	89.2%	295	100.0%
		Cardiac/Heart Disease	27	9.1%	268	90.9%	295	100.0%
		Diabetes	38	13.0%	257	87.0%	295	100.0%
		Substance Abuse (drugs)	18	5.9%	278	94.1%	295	100.0%
		Tobacco	16	5.5%	279	94.5%	295	100.0%
		Flu	18	6.1%	277	93.9%	295	100.0%
		Mental Health	17	5.8%	278	94.2%	295	100.0%
		Old Age/Geriatrics	19	6.3%	276	93.7%	295	100.0%
		Emphysema/COPD	2	.8%	293	99.2%	295	100.0%
		Asthma	5	1.7%	290	98.3%	295	100.0%
		Allergies	8	2.7%	287	97.3%	295	100.0%
		Arthritis	2	.8%	293	99.2%	295	100.0%
		Maternity/Prenatal Care	1	.5%	294	99.5%	295	100.0%

The following perceived community health concerns vary significantly between the genders:

-Diabetes (more likely among females)
-Substance Abuse (more likely among males)
-Emphysema/COPD (more likely among males)

Table 8.3 - Top three community health problems – by AGE

			In Top 3		Not in Top 3		Total Sample	
			n	%	n	%	n	%
Age Groups	18-29	Cancer	14	9.1%	140	90.9%	154	100.0%
		Lack of Access to Healthcare (rural)	17	10.9%	137	89.1%	154	100.0%
		Overweight/Obesity	36	23.5%	118	76.5%	154	100.0%
		Lack of Medical Insurance	9	5.8%	145	94.2%	154	100.0%
		Alcoholism	21	13.6%	133	86.4%	154	100.0%
		Cardiac/Heart Disease	1	.4%	153	99.6%	154	100.0%
		Diabetes	9	5.9%	145	94.1%	154	100.0%
		Substance Abuse (drugs)	10	6.4%	144	93.6%	154	100.0%
		Tobacco	15	9.5%	139	90.5%	154	100.0%
		Flu	12	8.1%	141	91.9%	154	100.0%
		Mental Health	3	2.1%	151	97.9%	154	100.0%
		Old Age/Geriatrics	4	2.6%	150	97.4%	154	100.0%
		Emphysema/COPD	11	7.4%	142	92.6%	154	100.0%
		Asthma	0	.0%	154	100.0%	154	100.0%
		Allergies	0	.0%	154	100.0%	154	100.0%
		Arthritis	0	.0%	154	100.0%	154	100.0%
		Maternity/Prenatal Care	0	.0%	154	100.0%	154	100.0%
	30-59	Cancer	104	32.7%	213	67.3%	317	100.0%
		Lack of Access to Healthcare (rural)	64	20.3%	252	79.7%	317	100.0%
		Overweight/Obesity	44	14.0%	272	86.0%	317	100.0%
		Lack of Medical Insurance	59	18.7%	257	81.3%	317	100.0%
		Alcoholism	45	14.1%	272	85.9%	317	100.0%
		Cardiac/Heart Disease	47	15.0%	269	85.0%	317	100.0%
		Diabetes	31	9.9%	285	90.1%	317	100.0%
		Substance Abuse (drugs)	38	12.0%	278	88.0%	317	100.0%
		Tobacco	27	8.4%	290	91.6%	317	100.0%
		Flu	19	5.9%	298	94.1%	317	100.0%
		Mental Health	27	8.5%	290	91.5%	317	100.0%
		Old Age/Geriatrics	11	3.6%	305	96.4%	317	100.0%
		Emphysema/COPD	1	.5%	315	99.5%	317	100.0%
		Asthma	7	2.2%	309	97.8%	317	100.0%
		Allergies	8	2.4%	309	97.6%	317	100.0%
		Arthritis	3	.9%	314	99.1%	317	100.0%
		Maternity/Prenatal Care	1	.5%	315	99.5%	317	100.0%
	60+	Cancer	40	32.0%	86	68.0%	126	100.0%
		Lack of Access to Healthcare (rural)	27	21.3%	99	78.7%	126	100.0%
		Overweight/Obesity	11	9.0%	115	91.0%	126	100.0%
		Lack of Medical Insurance	23	18.3%	103	81.7%	126	100.0%
		Alcoholism	6	4.4%	121	95.6%	126	100.0%
		Cardiac/Heart Disease	18	14.2%	108	85.8%	126	100.0%
		Diabetes	19	15.0%	107	85.0%	126	100.0%
		Substance Abuse (drugs)	4	3.4%	122	96.6%	126	100.0%
		Tobacco	3	2.2%	124	97.8%	126	100.0%
		Flu	9	6.8%	118	93.2%	126	100.0%
		Mental Health	3	2.3%	123	97.7%	126	100.0%
		Old Age/Geriatrics	12	9.8%	114	90.2%	126	100.0%
		Emphysema/COPD	2	1.6%	124	98.4%	126	100.0%
		Asthma	3	2.7%	123	97.3%	126	100.0%
		Allergies	0	.3%	126	99.7%	126	100.0%
		Arthritis	4	3.1%	122	96.9%	126	100.0%
		Maternity/Prenatal Care	0	.0%	126	100.0%	126	100.0%

The following perceived community health concerns vary significantly between the age groups:

-Cancer (less likely among those age 18-29)
-Lack of Access (less likely among those age 18-29)
-Overweight/Obesity (more likely among those age 18-29)
-Lack of Medical Insurance (less likely among those age 18-29)
-Alcoholism (less likely among those age 60+)
-Cardiac/Heart Disease (less likely among those age 18-29)
-Diabetes (less likely among those age 18-29)
-Substance Abuse (most likely among those age 30-59)
-Tobacco (most likely among those age 18-29)
-Mental Health (most likely among those age 30-59)
-Old Age/Geriatrics (most likely among those age 60+)
-Emphysema/COPD (most likely among those age 18-29)

Table 8.4 - Top three community health problems – by CHILDREN IN HOME

			In Top 3		Not in Top 3		Total Sample	
			n	%	n	%	n	%
Are there any children under age 20 in the home?	Yes	Cancer	64	21.2%	238	78.8%	303	100.0%
		Lack of Access to Healthcare (rural)	48	15.9%	255	84.1%	303	100.0%
		Overweight/Obesity	67	22.0%	236	78.0%	303	100.0%
		Lack of Medical Insurance	38	12.7%	264	87.3%	303	100.0%
		Alcoholism	47	15.6%	256	84.4%	303	100.0%
		Cardiac/Heart Disease	31	10.3%	271	89.7%	303	100.0%
		Diabetes	25	8.2%	278	91.8%	303	100.0%
		Substance Abuse (drugs)	30	9.9%	273	90.1%	303	100.0%
		Tobacco	37	12.2%	266	87.8%	303	100.0%
		Flu	27	8.9%	276	91.1%	303	100.0%
		Mental Health	15	5.0%	288	95.0%	303	100.0%
		Old Age/Geriatrics	12	4.1%	290	95.9%	303	100.0%
		Emphysema/COPD	13	4.2%	290	95.8%	303	100.0%
		Asthma	5	1.6%	298	98.4%	303	100.0%
		Allergies	7	2.2%	296	97.8%	303	100.0%
		Arthritis	1	.2%	302	99.8%	303	100.0%
		Maternity/Prenatal Care	0	.1%	302	99.9%	303	100.0%
	No	Cancer	94	31.9%	200	68.1%	294	100.0%
		Lack of Access to Healthcare (rural)	60	20.4%	234	79.6%	294	100.0%
		Overweight/Obesity	25	8.6%	269	91.4%	294	100.0%
		Lack of Medical Insurance	53	18.0%	241	82.0%	294	100.0%
		Alcoholism	24	8.1%	270	91.9%	294	100.0%
		Cardiac/Heart Disease	35	11.8%	259	88.2%	294	100.0%
		Diabetes	35	11.9%	259	88.1%	294	100.0%
		Substance Abuse (drugs)	22	7.6%	271	92.4%	294	100.0%
		Tobacco	7	2.4%	287	97.6%	294	100.0%
		Flu	13	4.3%	281	95.7%	294	100.0%
		Mental Health	18	6.1%	276	93.9%	294	100.0%
		Old Age/Geriatrics	15	5.2%	279	94.8%	294	100.0%
		Emphysema/COPD	2	.7%	292	99.3%	294	100.0%
		Asthma	6	1.9%	288	98.1%	294	100.0%
		Allergies	1	.4%	293	99.6%	294	100.0%
		Arthritis	6	2.1%	288	97.9%	294	100.0%
		Maternity/Prenatal Care	1	.4%	293	99.6%	294	100.0%

The following perceived community health concerns vary significantly when members of households with children under age 20 are compared to those who do not have household members under age 20: ("children" vs. "no children", respectively)

-Cancer (less likely among those with children)
-Overweight/Obesity (more likely among those with children)
-Alcoholism (more likely among those with children)
-Tobacco (more likely among those with children)
-Flu (more likely among those with children)
-Emphysema/COPD (more likely among those with children)

Table 8.5 - Top three community health problems – by INSUREDNESS

			In Top 3		Not in Top 3		Total Sample	
			n	%	n	%	n	%
Health Insurance Status	Military	Cancer	13	9.6%	125	90.4%	138	100.0%
		Lack of Access to Healthcare (rural)	29	20.9%	109	79.1%	138	100.0%
		Overweight/Obesity	23	16.6%	115	83.4%	138	100.0%
		Lack of Medical Insurance	13	9.1%	125	90.9%	138	100.0%
		Alcoholism	21	15.1%	117	84.9%	138	100.0%
		Cardiac/Heart Disease	4	2.8%	134	97.2%	138	100.0%
		Diabetes	7	5.0%	131	95.0%	138	100.0%
		Substance Abuse (drugs)	9	6.6%	129	93.4%	138	100.0%
		Tobacco	4	2.8%	134	97.2%	138	100.0%
		Flu	2	1.4%	136	98.6%	138	100.0%
		Mental Health	7	5.0%	131	95.0%	138	100.0%
		Old Age/Geriatrics	5	3.5%	133	96.5%	138	100.0%
		Emphysema/COPD	13	9.1%	125	90.9%	138	100.0%
		Asthma	0	.0%	138	100.0%	138	100.0%
		Allergies	1	1.0%	136	99.0%	138	100.0%
		Arthritis	1	1.0%	136	99.0%	138	100.0%
		Maternity/Prenatal Care	0	.2%	138	99.8%	138	100.0%
	Un/Under-insured	Cancer	22	39.1%	34	60.9%	57	100.0%
		Lack of Access to Healthcare (rural)	11	19.0%	46	81.0%	57	100.0%
		Overweight/Obesity	6	11.1%	50	88.9%	57	100.0%
		Lack of Medical Insurance	23	39.9%	34	60.1%	57	100.0%
		Alcoholism	5	8.9%	52	91.1%	57	100.0%
		Cardiac/Heart Disease	6	10.4%	51	89.6%	57	100.0%
		Diabetes	5	8.6%	52	91.4%	57	100.0%
		Substance Abuse (drugs)	8	14.5%	48	85.5%	57	100.0%
		Tobacco	5	8.7%	52	91.3%	57	100.0%
		Flu	2	4.3%	54	95.7%	57	100.0%
		Mental Health	4	6.9%	53	93.1%	57	100.0%
		Old Age/Geriatrics	0	.0%	57	100.0%	57	100.0%
		Emphysema/COPD	0	.0%	57	100.0%	57	100.0%
		Asthma	0	.2%	56	99.8%	57	100.0%
		Allergies	2	3.1%	55	96.9%	57	100.0%
		Arthritis	0	.0%	57	100.0%	57	100.0%
		Maternity/Prenatal Care	1	2.1%	55	97.9%	57	100.0%
	Other	Cancer	119	30.2%	275	69.8%	394	100.0%
		Lack of Access to Healthcare (rural)	66	16.7%	328	83.3%	394	100.0%
		Overweight/Obesity	63	15.9%	331	84.1%	394	100.0%
		Lack of Medical Insurance	53	13.4%	341	86.6%	394	100.0%
		Alcoholism	45	11.5%	348	88.5%	394	100.0%
		Cardiac/Heart Disease	53	13.5%	340	86.5%	394	100.0%
		Diabetes	46	11.8%	347	88.2%	394	100.0%
		Substance Abuse (drugs)	35	8.8%	359	91.2%	394	100.0%
		Tobacco	34	8.7%	359	91.3%	394	100.0%
		Flu	35	8.8%	359	91.2%	394	100.0%
		Mental Health	20	5.2%	373	94.8%	394	100.0%
		Old Age/Geriatrics	22	5.7%	371	94.3%	394	100.0%
		Emphysema/COPD	2	.6%	391	99.4%	394	100.0%
		Asthma	9	2.2%	385	97.8%	394	100.0%
		Allergies	4	1.0%	390	99.0%	394	100.0%
		Arthritis	5	1.3%	388	98.7%	394	100.0%
		Maternity/Prenatal Care	0	.0%	394	100.0%	394	100.0%

The following perceived community health concerns vary significantly when persons with different health insurance situations are compared: (“military insurance” vs. “un/under-insured” vs. “other”)

-Cancer (most likely among un/under-insured)
-Lack of Medical Insurance (most likely among un/under-insured)
-Cardiac/Heart Disease (least likely among military)
-Flu (least likely among military)
-Emphysema/COPD (most likely among military)

Availability of *Health Services* in the Region

Nineteen health services were listed, with the participant asked to indicate whether he or she believes that the amount of availability locally for each is best described as: “There are not enough”, “There are too many”, or “There are just the right amount.” Tables 9-9.5 summarize opinions about local health service availability.

Table 9 - I will read you a list of health services. We are interested in your opinion about the availability of these services in your county. For each one, please tell me whether you think there are NOT ENOUGH, or TOO MANY, or JUST THE RIGHT AMOUNT of providers in your county.

	There are not enough.		There are too many.		Just the right amount.		DK/NS		Total Sample	
	n	%	n	%	n	%	n	%	n	%
Cancer Treatment	354	57.9%	3	.6%	144	23.5%	110	18.0%	611	100.0%
Eldercare Services	326	53.4%	4	.7%	186	30.5%	94	15.4%	612	100.0%
Outpatient Behavioral Health Services for Teens/Children	310	50.7%	5	.8%	123	20.1%	174	28.5%	611	100.0%
Dermatology	267	43.6%	1	.1%	188	30.7%	156	25.6%	611	100.0%
Cardiac Care	265	43.4%	5	.8%	216	35.3%	126	20.5%	611	100.0%
Clinical Preventative Services	261	42.7%	1	.2%	267	43.7%	82	13.4%	611	100.0%
Behavioral Health Services for Adults	248	40.6%	3	.5%	200	32.7%	161	26.3%	611	100.0%
Nutrition/Diabetes Education	241	39.3%	2	.3%	216	35.2%	155	25.2%	613	100.0%
Primary Care	239	39.0%	4	.6%	311	50.9%	58	9.4%	611	100.0%
Reconstructive/Plastic Surgery	231	37.8%	6	1.0%	122	20.0%	252	41.3%	611	100.0%
Women's Health Services	226	37.1%	9	1.5%	270	44.2%	105	17.2%	611	100.0%
Orthopedic Care (not PT)	184	30.4%	3	.5%	278	46.0%	140	23.1%	605	100.0%
Pediatric Care	184	30.1%	4	.6%	314	51.3%	110	18.0%	611	100.0%
Massage, Acupuncture, Chiropractic	174	28.5%	39	6.3%	255	41.7%	144	23.5%	612	100.0%
Physical & Occupational Therapy	162	26.6%	10	1.6%	341	55.8%	98	16.0%	612	100.0%
Dental Care/Orthodontics	162	26.6%	11	1.8%	388	63.8%	47	7.7%	608	100.0%
Inpatient Surgery	160	26.2%	2	.4%	341	55.9%	107	17.6%	610	100.0%
Hospice	150	24.7%	4	.6%	307	50.3%	149	24.4%	609	100.0%
Outpatient Surgery	141	23.0%	10	1.6%	336	55.0%	125	20.4%	611	100.0%

Table 9.1 - Availability of health services – by COUNTY

			There are not enough.		There are too many.		Just the right amount.		DK/NS		Total Sample	
			n	%	n	%	n	%	n	%	n	%
County	Jefferson	Cancer Treatment	200	56.4%	2	.4%	86	24.3%	67	18.9%	355	100.0%
		Eldercare Services	202	56.9%	2	.6%	92	25.9%	59	16.6%	355	100.0%
		Outpatient Behavioral Health Services for Teens/Children	187	52.8%	3	1.0%	65	18.2%	99	28.0%	354	100.0%
		Dermatology	150	42.2%	0	.1%	114	32.0%	91	25.7%	355	100.0%
		Cardiac Care	153	43.2%	3	1.0%	123	34.7%	75	21.2%	355	100.0%
		Clinical Preventative Services	156	44.1%	1	.3%	148	41.7%	50	14.0%	355	100.0%
		Behavioral Health Services for Adults	144	40.6%	2	.6%	117	33.1%	91	25.7%	355	100.0%
		Nutrition/Diabetes Education	137	38.4%	1	.4%	125	35.1%	93	26.1%	355	100.0%
		Primary Care	142	40.1%	3	.8%	175	49.3%	35	9.8%	355	100.0%
		Reconstructive/Plastic Surgery	122	34.4%	4	1.2%	76	21.4%	152	43.0%	355	100.0%
		Women's Health Services	141	39.8%	5	1.3%	146	41.3%	62	17.6%	354	100.0%
		Orthopedic Care (not PT)	103	29.1%	2	.6%	170	48.2%	78	22.1%	352	100.0%
		Pediatric Care	109	30.7%	3	.7%	181	51.0%	62	17.6%	355	100.0%
		Massage, Acupuncture, Chiropractic	98	27.7%	25	6.9%	142	39.9%	90	25.5%	355	100.0%
		Physical & Occupational Therapy	89	25.0%	7	2.0%	201	56.6%	58	16.4%	355	100.0%
		Dental Care/Orthodontics	89	25.2%	7	2.0%	229	65.1%	27	7.8%	353	100.0%
		Inpatient Surgery	96	27.1%	2	.5%	190	53.7%	66	18.7%	354	100.0%
		Hospice	93	26.4%	3	.8%	160	45.2%	97	27.6%	353	100.0%
		Outpatient Surgery	88	24.7%	6	1.7%	188	52.9%	74	20.7%	355	100.0%
	Lewis	Cancer Treatment	166	64.5%	3	1.1%	52	20.2%	37	14.2%	257	100.0%
		Eldercare Services	99	38.3%	3	1.1%	130	50.4%	26	10.2%	258	100.0%
		Outpatient Behavioral Health Services for Teens/Children	107	41.5%	0	.0%	72	28.0%	78	30.5%	257	100.0%
		Dermatology	128	50.0%	0	.0%	64	24.9%	65	25.1%	257	100.0%
		Cardiac Care	114	44.3%	0	.0%	97	38.0%	45	17.7%	256	100.0%
		Clinical Preventative Services	94	36.5%	0	.0%	135	52.7%	28	10.9%	257	100.0%
		Behavioral Health Services for Adults	104	40.4%	0	.0%	80	31.0%	74	28.6%	257	100.0%
		Nutrition/Diabetes Education	111	43.0%	0	.0%	92	35.5%	56	21.5%	258	100.0%
		Primary Care	88	34.4%	0	.0%	148	57.6%	21	8.0%	257	100.0%
		Reconstructive/Plastic Surgery	134	52.3%	0	.0%	36	13.9%	87	33.8%	257	100.0%
		Women's Health Services	65	25.2%	6	2.3%	146	56.9%	40	15.7%	257	100.0%
		Orthopedic Care (not PT)	90	36.1%	0	.0%	91	36.4%	69	27.5%	251	100.0%
		Pediatric Care	70	27.3%	0	.0%	136	52.9%	51	19.8%	257	100.0%
		Massage, Acupuncture, Chiropractic	83	32.1%	9	3.5%	127	49.2%	39	15.2%	258	100.0%
		Physical & Occupational Therapy	86	33.2%	1	.2%	134	52.1%	37	14.5%	258	100.0%
		Dental Care/Orthodontics	85	33.0%	2	.8%	150	58.6%	20	7.6%	257	100.0%
		Inpatient Surgery	57	22.4%	0	.0%	167	65.1%	32	12.6%	257	100.0%
		Hospice	44	17.1%	0	.0%	186	72.3%	27	10.5%	257	100.0%
		Outpatient Surgery	40	15.6%	3	1.3%	165	64.3%	48	18.8%	257	100.0%

The following perceived local availability of health care services vary significantly between the counties:

-Cancer Treatment (less available in Lewis)
-Eldercare (less available in Jefferson)
-Outpatient behavioral health for teens/children (less available in Jefferson)
-Reconstructive/Plastic Surgery (less available in Lewis)
-Women's Health Services (less available in Jefferson)
-Physical & Occupational Therapy (less available in Lewis)
-Dental Care/Orthodontics (less available in Lewis)
-Hospice (less available in Jefferson)
-Outpatient Surgery (less available in Jefferson)

Table 9.2 - Availability of health services – by GENDER

			There are not enough.		There are too many.		Just the right amount.		DK/NS		Total Sample	
			n	%	n	%	n	%	n	%	n	%
Gender	Male	Cancer Treatment	174	56.5%	1	.4%	74	24.0%	59	19.1%	309	100.0%
		Eldercare Services	181	58.6%	1	.4%	85	27.4%	42	13.6%	309	100.0%
		Outpatient Behavioral Health Services for Teens/Children	162	52.6%	3	.9%	44	14.1%	100	32.3%	309	100.0%
		Dermatology	104	33.5%	0	.0%	108	35.0%	97	31.5%	309	100.0%
		Cardiac Care	125	40.6%	2	.6%	114	36.9%	68	21.9%	309	100.0%
		Clinical Preventative Services	132	42.9%	0	.0%	135	43.9%	41	13.2%	309	100.0%
		Behavioral Health Services for Adults	113	36.7%	0	.0%	109	35.2%	87	28.1%	309	100.0%
		Nutrition/Diabetes Education	115	37.2%	2	.6%	111	35.9%	81	26.3%	309	100.0%
		Primary Care	124	40.1%	2	.6%	144	46.6%	39	12.7%	309	100.0%
		Reconstructive/Plastic Surgery	104	33.7%	3	1.1%	70	22.5%	132	42.7%	309	100.0%
		Women's Health Services	109	35.5%	7	2.2%	107	34.7%	85	27.7%	309	100.0%
		Orthopedic Care (not PT)	99	32.1%	2	.6%	126	41.0%	81	26.3%	307	100.0%
		Pediatric Care	96	31.2%	2	.6%	147	47.5%	64	20.6%	309	100.0%
		Massage, Acupuncture, Chiropractic	92	30.0%	22	7.3%	124	40.3%	69	22.4%	309	100.0%
		Physical & Occupational Therapy	82	26.7%	3	.9%	167	54.1%	57	18.3%	309	100.0%
		Dental Care/Orthodontics	62	20.3%	6	2.1%	206	67.3%	32	10.4%	306	100.0%
		Inpatient Surgery	94	30.6%	0	.0%	146	47.5%	67	22.0%	307	100.0%
		Hospice	76	24.5%	2	.8%	160	51.8%	71	22.9%	309	100.0%
		Outpatient Surgery	74	23.9%	6	2.1%	154	49.9%	75	24.1%	309	100.0%
	Female	Cancer Treatment	180	59.4%	2	.7%	69	23.0%	51	16.9%	303	100.0%
		Eldercare Services	146	48.1%	3	1.1%	102	33.6%	52	17.2%	303	100.0%
		Outpatient Behavioral Health Services for Teens/Children	147	48.6%	2	.7%	79	26.2%	74	24.5%	302	100.0%
		Dermatology	163	53.9%	1	.2%	80	26.4%	59	19.5%	303	100.0%
		Cardiac Care	140	46.2%	3	1.0%	102	33.7%	58	19.1%	302	100.0%
		Clinical Preventative Services	128	42.5%	1	.5%	132	43.6%	41	13.5%	303	100.0%
		Behavioral Health Services for Adults	135	44.5%	3	.9%	91	30.2%	74	24.4%	303	100.0%
		Nutrition/Diabetes Education	126	41.4%	0	.0%	104	34.4%	73	24.1%	303	100.0%
		Primary Care	115	37.9%	2	.6%	167	55.3%	18	6.1%	303	100.0%
		Reconstructive/Plastic Surgery	127	41.9%	3	.9%	53	17.4%	121	39.9%	303	100.0%
		Women's Health Services	117	38.7%	2	.8%	163	54.0%	20	6.6%	302	100.0%
		Orthopedic Care (not PT)	86	28.7%	1	.3%	152	51.1%	59	19.8%	298	100.0%
		Pediatric Care	88	28.9%	2	.6%	167	55.2%	46	15.3%	303	100.0%
		Massage, Acupuncture, Chiropractic	82	27.0%	16	5.3%	130	43.0%	75	24.7%	303	100.0%
		Physical & Occupational Therapy	80	26.5%	7	2.3%	174	57.5%	42	13.7%	303	100.0%
		Dental Care/Orthodontics	100	33.1%	4	1.5%	183	60.4%	15	5.1%	303	100.0%
		Inpatient Surgery	66	21.7%	2	.8%	195	64.4%	40	13.1%	303	100.0%
		Hospice	75	24.8%	2	.5%	147	48.8%	78	25.9%	301	100.0%
		Outpatient Surgery	67	22.1%	3	1.1%	182	60.3%	50	16.5%	303	100.0%

The following perceived local availability of health care services vary significantly between the genders:

-Eldercare (males perceive less availability)
-Dermatology (females perceive less availability)
-Behavioral Health Services for Adults (females perceive less availability)
-Reconstructive/Plastic Surgery (females perceive less availability)
-Dental Care/Orthodontics (females perceive less availability)
-Inpatient Surgery (males perceive less availability)

Table 9.3 - Availability of health services – by AGE

			There are not enough.		There are too many.		Just the right amount.		DK/NS		Total Sample	
			n	%	n	%	n	%	n	%	n	%
Age Groups	18-29	Cancer Treatment	85	53.8%	0	.0%	33	21.2%	39	25.0%	158	100.0%
		Eldercare Services	79	50.0%	3	2.0%	30	18.8%	46	29.2%	158	100.0%
		Outpatient Behavioral Health Services for Teens/Children	77	48.7%	0	.0%	41	26.1%	40	25.2%	158	100.0%
		Dermatology	38	23.8%	0	.0%	79	50.1%	41	26.1%	158	100.0%
		Cardiac Care	42	26.5%	0	.0%	73	46.4%	43	27.1%	158	100.0%
		Clinical Preventative Services	50	31.9%	0	.0%	73	46.6%	34	21.6%	158	100.0%
		Behavioral Health Services for Adults	41	26.2%	0	.0%	75	47.6%	41	26.2%	158	100.0%
		Nutrition/Diabetes Education	53	33.9%	0	.0%	58	36.8%	46	29.3%	158	100.0%
		Primary Care	37	23.4%	0	.0%	96	60.8%	25	15.9%	158	100.0%
		Reconstructive/Plastic Surgery	52	32.9%	0	.0%	52	33.2%	53	33.9%	158	100.0%
		Women's Health Services	68	43.4%	0	.0%	78	49.7%	11	6.8%	158	100.0%
		Orthopedic Care (not PT)	30	19.4%	0	.0%	83	53.0%	43	27.6%	157	100.0%
		Pediatric Care	32	20.1%	0	.0%	104	65.7%	22	14.2%	158	100.0%
		Massage, Acupuncture, Chiropractic	58	36.8%	5	3.0%	55	34.8%	40	25.4%	158	100.0%
		Physical & Occupational Therapy	39	24.6%	5	3.0%	78	49.3%	36	23.1%	158	100.0%
		Dental Care/Orthodontics	37	23.3%	0	.0%	100	63.2%	21	13.5%	158	100.0%
		Inpatient Surgery	30	19.3%	0	.0%	100	63.5%	27	17.2%	158	100.0%
		Hospice	24	15.3%	0	.0%	67	42.5%	67	42.2%	158	100.0%
		Outpatient Surgery	36	22.8%	0	.0%	79	50.1%	43	27.1%	158	100.0%
	30-59	Cancer Treatment	214	65.8%	2	.7%	63	19.3%	46	14.1%	325	100.0%
		Eldercare Services	186	57.3%	1	.4%	110	33.7%	28	8.6%	325	100.0%
		Outpatient Behavioral Health Services for Teens/Children	190	58.6%	4	1.2%	55	17.0%	76	23.3%	325	100.0%
		Dermatology	178	54.7%	0	.0%	79	24.4%	68	20.8%	325	100.0%
		Cardiac Care	170	52.2%	4	1.1%	94	29.0%	57	17.7%	325	100.0%
		Clinical Preventative Services	170	52.4%	1	.3%	127	39.0%	27	8.2%	325	100.0%
		Behavioral Health Services for Adults	167	51.4%	2	.6%	90	27.8%	65	20.1%	325	100.0%
		Nutrition/Diabetes Education	141	43.5%	2	.6%	116	35.5%	66	20.4%	325	100.0%
		Primary Care	162	49.7%	3	.9%	144	44.3%	17	5.1%	325	100.0%
		Reconstructive/Plastic Surgery	142	43.8%	3	.9%	55	16.9%	125	38.4%	325	100.0%
		Women's Health Services	127	39.0%	8	2.3%	137	42.1%	54	16.6%	325	100.0%
		Orthopedic Care (not PT)	124	38.9%	3	.9%	129	40.4%	63	19.8%	320	100.0%
		Pediatric Care	128	39.3%	2	.6%	159	48.9%	37	11.3%	325	100.0%
		Massage, Acupuncture, Chiropractic	96	29.5%	26	7.9%	152	46.8%	51	15.8%	325	100.0%
		Physical & Occupational Therapy	102	31.5%	2	.7%	186	57.3%	34	10.6%	325	100.0%
		Dental Care/Orthodontics	100	31.0%	8	2.5%	205	63.6%	9	2.9%	322	100.0%
		Inpatient Surgery	102	31.5%	2	.6%	170	52.2%	51	15.7%	325	100.0%
		Hospice	99	30.5%	3	1.0%	166	51.3%	56	17.2%	323	100.0%
		Outpatient Surgery	83	25.5%	7	2.2%	184	56.8%	50	15.5%	325	100.0%
	60+	Cancer Treatment	55	43.0%	1	.9%	47	36.8%	25	19.2%	129	100.0%
		Eldercare Services	61	47.7%	0	.0%	47	36.7%	20	15.6%	129	100.0%
		Outpatient Behavioral Health Services for Teens/Children	42	33.0%	1	.7%	26	20.6%	59	45.7%	128	100.0%
		Dermatology	51	40.0%	1	.5%	29	22.8%	47	36.8%	129	100.0%
		Cardiac Care	54	41.7%	1	.9%	48	37.6%	25	19.8%	129	100.0%
		Clinical Preventative Services	40	31.2%	0	.3%	67	52.2%	21	16.3%	129	100.0%
		Behavioral Health Services for Adults	39	30.7%	1	.7%	35	26.8%	54	41.8%	129	100.0%
		Nutrition/Diabetes Education	46	35.2%	0	.0%	42	32.3%	42	32.5%	130	100.0%
		Primary Care	40	31.3%	1	.8%	71	55.3%	16	12.6%	129	100.0%
		Reconstructive/Plastic Surgery	37	28.4%	3	2.3%	15	11.6%	74	57.7%	129	100.0%
		Women's Health Services	31	24.4%	2	1.2%	55	42.8%	40	31.6%	128	100.0%
		Orthopedic Care (not PT)	29	22.8%	0	.0%	66	51.5%	33	25.7%	128	100.0%
		Pediatric Care	25	19.1%	2	1.3%	51	39.8%	51	39.7%	129	100.0%
		Massage, Acupuncture, Chiropractic	20	15.8%	8	6.3%	48	37.1%	53	40.9%	129	100.0%
		Physical & Occupational Therapy	21	16.6%	3	2.4%	77	59.8%	27	21.3%	129	100.0%
		Dental Care/Orthodontics	26	19.9%	3	2.1%	84	65.2%	17	12.9%	129	100.0%
		Inpatient Surgery	27	21.0%	0	.4%	71	55.8%	29	22.8%	127	100.0%
		Hospice	27	21.4%	1	.5%	74	57.6%	27	20.6%	129	100.0%
		Outpatient Surgery	22	17.0%	2	1.9%	73	56.8%	31	24.3%	129	100.0%

The following perceived local availability of health care services vary significantly between the age groups:

-The 30-59 age group perceives less availability for all posed health care services, with the exceptions of Women's Health Services, Massage, Acupuncture, and Chiropractic, and Outpatient Surgery (with each of these three health care services the 18-29 age group also perceives lack of availability at rates that are similar to the rates with the 30-59 age groups).

Table 9.4 - Availability of health services – by CHILDREN IN HOME

			There are not enough.		There are too many.		Just the right amount.		DK/NS		Total Sample	
			n	%	n	%	n	%	n	%	n	%
Are there any children under age 20 in the home?	Yes	Cancer Treatment	181	59.1%	2	.7%	62	20.4%	61	19.8%	307	100.0%
		Eldercare Services	166	54.2%	1	.4%	88	28.6%	51	16.7%	307	100.0%
		Outpatient Behavioral Health Services for Teens/Children	167	54.4%	4	1.3%	71	23.3%	64	21.0%	307	100.0%
		Dermatology	116	37.9%	0	.0%	116	38.0%	74	24.1%	307	100.0%
		Cardiac Care	124	40.5%	2	.6%	111	36.3%	70	22.7%	307	100.0%
		Clinical Preventative Services	126	41.0%	1	.3%	141	46.1%	39	12.6%	307	100.0%
		Behavioral Health Services for Adults	108	35.3%	2	.6%	132	42.9%	65	21.1%	307	100.0%
		Nutrition/Diabetes Education	117	38.1%	0	.0%	123	40.0%	67	21.9%	307	100.0%
		Primary Care	107	35.1%	1	.4%	175	57.0%	23	7.5%	307	100.0%
		Reconstructive/Plastic Surgery	125	40.7%	0	.1%	80	26.2%	101	33.0%	307	100.0%
		Women's Health Services	119	39.0%	3	1.1%	151	49.4%	32	10.5%	306	100.0%
		Orthopedic Care (not PT)	85	27.8%	1	.3%	150	49.2%	69	22.6%	305	100.0%
		Pediatric Care	91	29.7%	1	.2%	184	59.9%	31	10.3%	307	100.0%
		Massage, Acupuncture, Chiropractic	102	33.2%	24	7.8%	119	38.9%	62	20.1%	307	100.0%
		Physical & Occupational Therapy	86	28.0%	6	1.9%	171	55.7%	44	14.3%	307	100.0%
		Dental Care/Orthodontics	85	27.7%	5	1.8%	200	65.3%	16	5.2%	307	100.0%
		Inpatient Surgery	76	24.9%	1	.3%	183	59.6%	46	15.1%	307	100.0%
		Hospice	65	21.2%	1	.3%	158	51.6%	83	26.9%	307	100.0%
		Outpatient Surgery	76	24.8%	5	1.5%	170	55.5%	56	18.1%	307	100.0%
	No	Cancer Treatment	173	56.7%	1	.4%	81	26.6%	50	16.2%	305	100.0%
		Eldercare Services	160	52.5%	3	1.0%	99	32.4%	43	14.1%	305	100.0%
		Outpatient Behavioral Health Services for Teens/Children	143	46.9%	1	.3%	51	16.9%	110	36.0%	304	100.0%
		Dermatology	151	49.4%	1	.2%	71	23.4%	82	27.0%	305	100.0%
		Cardiac Care	141	46.3%	3	1.0%	104	34.3%	56	18.4%	304	100.0%
		Clinical Preventative Services	135	44.3%	0	.1%	126	41.4%	43	14.1%	305	100.0%
		Behavioral Health Services for Adults	140	45.9%	1	.3%	68	22.4%	96	31.4%	305	100.0%
		Nutrition/Diabetes Education	124	40.5%	2	.6%	93	30.3%	87	28.6%	306	100.0%
		Primary Care	131	43.1%	2	.8%	136	44.8%	35	11.4%	305	100.0%
		Reconstructive/Plastic Surgery	106	34.8%	6	1.9%	42	13.7%	151	49.6%	305	100.0%
		Women's Health Services	107	35.2%	6	1.9%	119	39.0%	73	24.0%	305	100.0%
		Orthopedic Care (not PT)	99	33.1%	2	.6%	128	42.7%	71	23.6%	300	100.0%
		Pediatric Care	93	30.5%	3	1.0%	130	42.7%	79	25.8%	305	100.0%
		Massage, Acupuncture, Chiropractic	72	23.8%	15	4.8%	136	44.5%	82	27.0%	305	100.0%
		Physical & Occupational Therapy	77	25.1%	4	1.3%	170	55.8%	54	17.8%	305	100.0%
		Dental Care/Orthodontics	77	25.5%	5	1.7%	188	62.4%	31	10.4%	302	100.0%
		Inpatient Surgery	83	27.4%	1	.5%	158	52.1%	61	20.0%	303	100.0%
		Hospice	85	28.2%	3	1.0%	149	49.1%	66	21.8%	303	100.0%
		Outpatient Surgery	64	21.1%	5	1.7%	166	54.5%	69	22.6%	305	100.0%

The following perceived local availability of health care services vary significantly when members of households with children under age 20 are compared to those who do not have household members under age 20: (“children” vs. “no children”, respectively)

-Dermatology (less perceived availability among those without children)
-Behavioral Health Services for Adults (less perceived availability among those without children)
-Primary Care (less perceived availability among those without children)
-Massage, Acupuncture, and Chiropractic (less perceived availability among those with children)
-Hospice (less perceived availability among those without children)

Table 9.5 - Availability of health services – by INSUREDNESS

			There are not enough.		There are too many.		Just the right amount.		DK/NS		Total Sample	
			n	%	n	%	n	%	n	%	n	%
Health Insurance Status	Military	Cancer Treatment	75	53.3%	1	.7%	18	12.8%	47	33.4%	141	100.0%
		Eldercare Services	67	47.1%	3	2.3%	22	15.2%	50	35.5%	141	100.0%
		Outpatient Behavioral Health Services for Teens/Children	52	37.0%	0	.0%	40	28.6%	49	34.4%	141	100.0%
		Dermatology	32	22.3%	0	.0%	62	43.9%	48	33.7%	141	100.0%
		Cardiac Care	41	28.7%	1	.7%	48	34.0%	52	36.5%	141	100.0%
		Clinical Preventative Services	38	27.0%	0	.0%	61	42.9%	43	30.1%	141	100.0%
		Behavioral Health Services for Adults	48	33.7%	1	.6%	51	36.0%	42	29.8%	141	100.0%
		Nutrition/Diabetes Education	41	28.7%	0	.0%	49	34.5%	52	36.7%	141	100.0%
		Primary Care	30	21.2%	1	.7%	85	60.2%	25	18.0%	141	100.0%
		Reconstructive/Plastic Surgery	42	29.6%	1	1.0%	22	15.3%	76	54.1%	141	100.0%
		Women's Health Services	47	33.0%	0	.0%	77	54.5%	18	12.5%	141	100.0%
		Orthopedic Care(not PT)	37	26.2%	1	.7%	52	37.6%	49	35.5%	139	100.0%
		Pediatric Care	43	30.1%	0	.0%	75	53.0%	24	16.9%	141	100.0%
		Massage, Acupuncture, Chiropradic	42	30.0%	8	5.9%	36	25.4%	55	38.8%	141	100.0%
		Physical &Occupational Therapy	44	31.4%	9	6.2%	50	35.3%	38	27.1%	141	100.0%
		Dental Care/Orthodontics	42	29.5%	5	3.2%	74	52.3%	21	15.0%	141	100.0%
		Inpatient Surgery	32	22.7%	1	.7%	71	50.5%	37	26.2%	141	100.0%
		Hospice	26	18.2%	1	.7%	43	30.5%	71	50.6%	141	100.0%
		Outpatient Surgery	43	30.6%	1	1.0%	54	38.5%	42	29.9%	141	100.0%
	Un/Under-insured	Cancer Treatment	36	59.3%	0	.0%	19	32.1%	5	8.5%	60	100.0%
		Eldercare Services	28	46.6%	1	2.1%	30	49.3%	1	2.1%	60	100.0%
		Outpatient Behavioral Health Services for Teens/Children	38	62.7%	3	4.6%	11	17.7%	9	15.0%	60	100.0%
		Dermatology	34	56.4%	0	.0%	15	25.1%	11	18.5%	60	100.0%
		Cardiac Care	27	45.0%	1	1.3%	22	37.2%	10	16.5%	60	100.0%
		Clinical Preventative Services	40	66.6%	0	.0%	16	27.2%	4	6.2%	60	100.0%
		Behavioral Health Services for Adults	34	56.7%	0	.0%	15	24.7%	11	18.6%	60	100.0%
		Nutrition/Diabetes Education	28	47.1%	0	.0%	19	31.0%	13	21.9%	60	100.0%
		Primary Care	34	56.1%	0	.0%	25	41.2%	2	2.6%	60	100.0%
		Reconstructive/Plastic Surgery	28	46.3%	1	1.9%	9	14.9%	22	36.9%	60	100.0%
		Women's Health Services	19	31.5%	2	3.4%	30	50.3%	9	14.8%	60	100.0%
		Orthopedic Care(not PT)	29	48.5%	2	3.1%	17	28.8%	12	19.6%	60	100.0%
		Pediatric Care	24	39.3%	0	.0%	31	51.1%	6	9.6%	60	100.0%
		Massage, Acupuncture, Chiropradic	16	26.9%	4	7.4%	24	40.6%	15	25.1%	60	100.0%
		Physical &Occupational Therapy	19	32.0%	0	.0%	34	56.1%	7	11.9%	60	100.0%
		Dental Care/Orthodontics	23	38.6%	2	3.1%	34	56.2%	1	2.1%	60	100.0%
		Inpatient Surgery	28	46.7%	1	1.6%	22	35.9%	10	15.8%	60	100.0%
		Hospice	23	37.4%	0	.0%	31	51.6%	7	11.0%	60	100.0%
		Outpatient Surgery	17	28.3%	3	4.4%	35	58.0%	6	9.2%	60	100.0%
	Other	Cancer Treatment	237	59.1%	2	.6%	104	25.9%	58	14.4%	402	100.0%
		Eldercare Services	228	56.7%	0	.0%	131	32.6%	43	10.6%	402	100.0%
		Outpatient Behavioral Health Services for Teens/Children	214	53.5%	2	.5%	70	17.5%	114	28.5%	401	100.0%
		Dermatology	195	48.5%	1	.1%	110	27.5%	96	23.9%	402	100.0%
		Cardiac Care	193	48.0%	1	.3%	143	35.7%	64	15.9%	401	100.0%
		Clinical Preventative Services	179	44.5%	1	.3%	186	46.4%	35	8.8%	402	100.0%
		Behavioral Health Services for Adults	162	40.4%	2	.5%	133	33.0%	105	26.1%	402	100.0%
		Nutrition/Diabetes Education	166	41.3%	2	.5%	145	36.2%	88	22.0%	402	100.0%
		Primary Care	173	43.1%	1	.2%	197	49.0%	31	7.6%	402	100.0%
		Reconstructive/Plastic Surgery	160	39.9%	3	.9%	90	22.3%	148	36.9%	402	100.0%
		Women's Health Services	160	40.0%	5	1.3%	157	39.1%	79	19.6%	401	100.0%
		Orthopedic Care(not PT)	114	28.6%	0	.0%	206	51.8%	78	19.6%	398	100.0%
		Pediatric Care	114	28.3%	2	.4%	206	51.2%	80	20.0%	402	100.0%
		Massage, Acupuncture, Chiropradic	116	28.8%	26	6.4%	190	47.4%	70	17.4%	402	100.0%
		Physical &Occupational Therapy	99	24.6%	1	.3%	250	62.2%	52	12.9%	402	100.0%
		Dental Care/Orthodontics	96	24.2%	4	1.1%	277	69.4%	21	5.3%	399	100.0%
		Inpatient Surgery	99	24.7%	0	.1%	244	61.0%	57	14.2%	400	100.0%
		Hospice	98	24.6%	3	.7%	231	57.7%	68	17.0%	400	100.0%
		Outpatient Surgery	79	19.8%	6	1.4%	243	60.6%	73	18.2%	402	100.0%

The following perceived local availability of health care services vary significantly when persons with different health insurance situations are compared: (“military insurance” vs. “un/under-insured” vs. “other”)

-With the exceptions of Women’s Health Services, and Pediatric Care, “military” is much more likely to respond “Don’t know.”

Table 9.others – Health care Services Not Available Locally – "Others"

Other Health care Services cited:	Jefferson County (frequency)	Lewis County (frequency)
Allergist	3	1
Dialysis	0	9
Eye Care	6	2
Gastroenterologists	2	0
Head Trauma Services	1	0
Home Health Care	1	3
Immunology	1	0
Neurology	5	1
Pulmonologist	1	0
Rheumatologist	2	0
Speech Therapist	1	0
Urology	0	2

Prevalence of Chronic Disease in the Region

Participants were read a list of fifteen chronic diseases and asked to indicate if any member of their household has experienced this in the past year. The purpose of this was so services can be provided for the most common diseases. Participants were clearly informed: "Remember you do not need to answer any questions that you do not wish to." Tables 10-10.5 summarize prevalence of chronic diseases locally.

Table 10 - I am going to read a list of CHRONIC DISEASES and ask you to indicate if any member of your household has experienced this in the past year. The purpose of this is so services can be provided for the most common diseases. Remember you do not need to answer any questions that you do not wish to. Does any member of your household currently suffer from:

	Yes		No		Don't Know		Refused		Total Sample	
	n	%	n	%	n	%	n	%	n	%
Arthritis	272	44.5%	336	55.0%	1	.2%	2	.3%	611	100.0%
Hypertension	226	36.9%	383	62.6%	1	.2%	2	.3%	611	100.0%
Weight Issues (over or under)	216	35.2%	382	62.5%	12	2.0%	2	.3%	611	100.0%
Asthma	174	28.5%	435	71.2%	1	.1%	2	.3%	611	100.0%
Diabetes	145	23.8%	464	75.9%	0	.0%	2	.3%	611	100.0%
Urinary Tract Infection	118	19.3%	489	80.2%	1	.2%	2	.4%	610	100.0%
Cancer	110	18.1%	499	81.7%	0	.0%	2	.3%	611	100.0%
COPD, Emphysema, Respiratory	90	14.8%	518	84.8%	1	.1%	2	.3%	610	100.0%
Congestive Heart Failure	67	11.0%	535	87.5%	7	1.2%	2	.3%	611	100.0%
Mental Illness	56	9.1%	552	90.3%	2	.3%	2	.3%	611	100.0%
Stroke	44	7.2%	566	92.6%	0	.0%	2	.3%	611	100.0%
Alcoholism	39	6.4%	568	93.0%	2	.4%	2	.3%	611	100.0%
Alzheimer's Disease, Dementia	36	5.9%	573	93.8%	1	.1%	2	.3%	611	100.0%
Angina	36	5.8%	571	93.6%	1	.1%	3	.5%	610	100.0%
Substance Abuse	19	3.1%	591	96.7%	0	.0%	2	.3%	611	100.0%

Table 10.1 - Chronic disease prevalence – by COUNTY

			Yes		No		Don't Know		Refused		Total Sample	
			n	%	n	%	n	%	n	%	n	%
County	Jefferson	Arthritis	157	44.4%	195	55.0%	1	.3%	1	.3%	355	100.0%
		Hypertension	134	37.9%	219	61.7%	0	.1%	1	.3%	355	100.0%
		Weight Issues (over or under)	124	35.0%	221	62.3%	9	2.4%	1	.3%	355	100.0%
		Asthma	103	29.2%	250	70.4%	0	.1%	1	.3%	355	100.0%
		Diabetes	83	23.3%	271	76.3%	0	.0%	1	.3%	355	100.0%
		Urinary Tract Infection	74	21.0%	278	78.5%	0	.0%	2	.4%	354	100.0%
		Cancer	64	18.0%	290	81.7%	0	.0%	1	.3%	355	100.0%
		COPD, Emphysema, Respiratory	53	15.1%	299	84.5%	0	.1%	1	.3%	354	100.0%
		Congestive Heart Failure	39	10.9%	310	87.3%	5	1.5%	1	.3%	355	100.0%
		Mental Illness	31	8.9%	321	90.4%	1	.4%	1	.3%	355	100.0%
		Stroke	21	6.0%	332	93.7%	0	.0%	1	.3%	355	100.0%
		Alcoholism	22	6.3%	329	92.9%	2	.5%	1	.3%	355	100.0%
		Alzheimer's Disease, Dementia	21	5.9%	332	93.7%	0	.1%	1	.3%	355	100.0%
		Angina	23	6.5%	329	93.0%	0	.1%	1	.3%	354	100.0%
		Substance Abuse	11	3.2%	342	96.5%	0	.0%	1	.3%	355	100.0%
	Lewis	Arthritis	116	45.0%	142	55.0%	0	.0%	0	.0%	257	100.0%
		Hypertension	84	32.6%	172	66.7%	2	.7%	0	.0%	257	100.0%
		Weight Issues (over or under)	94	36.3%	164	63.7%	0	.0%	0	.0%	257	100.0%
		Asthma	66	25.4%	191	74.4%	1	.2%	0	.0%	257	100.0%
		Diabetes	66	25.8%	191	74.2%	0	.0%	0	.0%	257	100.0%
		Urinary Tract Infection	30	11.8%	224	87.3%	2	.9%	0	.0%	256	100.0%
		Cancer	47	18.4%	210	81.6%	0	.0%	0	.0%	257	100.0%
		COPD, Emphysema, Respiratory	35	13.6%	222	86.4%	0	.0%	0	.0%	257	100.0%
		Congestive Heart Failure	30	11.6%	228	88.4%	0	.0%	0	.0%	257	100.0%
		Mental Illness	26	10.1%	231	89.9%	0	.0%	0	.0%	257	100.0%
		Stroke	31	12.0%	227	88.0%	0	.0%	0	.0%	257	100.0%
		Alcoholism	18	6.8%	240	93.2%	0	.0%	0	.0%	257	100.0%
		Alzheimer's Disease, Dementia	15	6.0%	242	94.0%	0	.0%	0	.0%	257	100.0%
		Angina	7	2.8%	248	96.1%	0	.0%	3	1.1%	257	100.0%
		Substance Abuse	7	2.7%	251	97.3%	0	.0%	0	.0%	257	100.0%

The prevalence of the following chronic diseases vary significantly between the counties:

-Urinary tract infection (more common in Jefferson)
-Stroke (more common in Lewis)
-Angina (more common in Jefferson)

Table 10.2 - Chronic disease prevalence – by GENDER

			Yes		No		Don't Know		Refused		Total Sample	
			n	%	n	%	n	%	n	%	n	%
Gender	Male	Arthritis	141	45.6%	168	54.4%	0	.0%	0	.0%	309	100.0%
		Hypertension	109	35.4%	199	64.5%	1	.2%	0	.0%	309	100.0%
		Weight Issues (over or under)	102	32.9%	196	63.4%	11	3.7%	0	.0%	309	100.0%
		Asthma	83	26.8%	226	73.2%	0	.0%	0	.0%	309	100.0%
		Diabetes	72	23.4%	237	76.6%	0	.0%	0	.0%	309	100.0%
		Urinary Tract Infection	49	16.0%	260	84.0%	0	.0%	0	.0%	309	100.0%
		Cancer	60	19.5%	249	80.5%	0	.0%	0	.0%	309	100.0%
		COPD, Emphysema, Respiratory	45	14.8%	262	85.2%	0	.0%	0	.0%	308	100.0%
		Congestive Heart Failure	38	12.3%	265	85.6%	7	2.1%	0	.0%	309	100.0%
		Mental Illness	24	7.8%	283	91.5%	2	.6%	0	.0%	309	100.0%
		Stroke	28	8.9%	281	91.1%	0	.0%	0	.0%	309	100.0%
		Alcoholism	24	7.6%	283	91.6%	2	.8%	0	.0%	309	100.0%
		Alzheimer's Disease, Dementia	25	8.0%	284	92.0%	0	.0%	0	.0%	309	100.0%
		Angina	17	5.4%	290	94.2%	0	.0%	1	.4%	308	100.0%
		Substance Abuse	10	3.3%	299	96.7%	0	.0%	0	.0%	309	100.0%
	Female	Arthritis	131	43.4%	168	55.7%	1	.5%	2	.5%	302	100.0%
		Hypertension	116	38.4%	184	60.7%	1	.3%	2	.5%	302	100.0%
		Weight Issues (over or under)	114	37.6%	187	61.7%	1	.2%	2	.5%	302	100.0%
		Asthma	91	30.2%	209	69.0%	1	.3%	2	.5%	302	100.0%
		Diabetes	73	24.2%	228	75.3%	0	.0%	2	.5%	302	100.0%
		Urinary Tract Infection	68	22.7%	229	76.2%	1	.4%	2	.7%	301	100.0%
		Cancer	50	16.6%	251	82.9%	0	.0%	2	.5%	302	100.0%
		COPD, Emphysema, Respiratory	45	14.9%	255	84.4%	1	.2%	2	.5%	302	100.0%
		Congestive Heart Failure	30	9.8%	271	89.5%	1	.3%	2	.5%	302	100.0%
		Mental Illness	31	10.4%	269	89.1%	0	.0%	2	.5%	302	100.0%
		Stroke	16	5.4%	285	94.1%	0	.0%	2	.5%	302	100.0%
		Alcoholism	16	5.2%	285	94.3%	0	.0%	2	.5%	302	100.0%
		Alzheimer's Disease, Dementia	11	3.7%	289	95.5%	1	.2%	2	.5%	302	100.0%
		Angina	19	6.3%	281	93.0%	1	.2%	2	.5%	302	100.0%
		Substance Abuse	9	2.8%	292	96.6%	0	.0%	2	.5%	302	100.0%

The prevalence of the following chronic diseases vary significantly between the genders:

-Urinary tract infections (more commonly reported by females)

-Alzheimer's Disease, Dementia (more commonly reported by males)

Table 10.3 - Chronic disease prevalence – by AGE

			Yes		No		Don't Know		Refused		Total Sample	
			n	%	n	%	n	%	n	%	n	%
Age Groups	18-29	Arthritis	27	16.8%	131	83.2%	0	.0%	0	.0%	158	100.0%
		Hypertension	27	17.4%	130	82.6%	0	.0%	0	.0%	158	100.0%
		Weight Issues (over or under)	13	8.4%	133	84.4%	11	7.2%	0	.0%	158	100.0%
		Asthma	56	35.7%	101	64.3%	0	.0%	0	.0%	158	100.0%
		Diabetes	12	7.7%	146	92.3%	0	.0%	0	.0%	158	100.0%
		Urinary Tract Infection	28	17.7%	129	81.6%	1	.7%	0	.0%	158	100.0%
		Cancer	25	16.0%	132	84.0%	0	.0%	0	.0%	158	100.0%
		COPD, Emphysema, Respiratory	6	4.0%	151	96.0%	0	.0%	0	.0%	158	100.0%
		Congestive Heart Failure	13	8.3%	145	91.7%	0	.0%	0	.0%	158	100.0%
		Mental Illness	4	2.4%	154	97.6%	0	.0%	0	.0%	158	100.0%
		Stroke	14	8.9%	144	91.1%	0	.0%	0	.0%	158	100.0%
		Alcoholism	13	8.3%	145	91.7%	0	.0%	0	.0%	158	100.0%
		Alzheimer's Disease, Dementia	0	.0%	158	100.0%	0	.0%	0	.0%	158	100.0%
		Angina	3	2.0%	154	98.0%	0	.0%	0	.0%	158	100.0%
		Substance Abuse	0	.0%	158	100.0%	0	.0%	0	.0%	158	100.0%
	30-59	Arthritis	155	47.7%	170	52.0%	1	.2%	0	.0%	326	100.0%
		Hypertension	135	41.4%	191	58.5%	0	.1%	0	.0%	326	100.0%
		Weight Issues (over or under)	151	46.2%	175	53.8%	0	.0%	0	.0%	326	100.0%
		Asthma	94	28.8%	232	71.2%	0	.0%	0	.0%	326	100.0%
		Diabetes	89	27.4%	236	72.6%	0	.0%	0	.0%	326	100.0%
		Urinary Tract Infection	75	23.3%	249	76.7%	0	.0%	0	.0%	324	100.0%
		Cancer	48	14.8%	277	85.2%	0	.0%	0	.0%	326	100.0%
		COPD, Emphysema, Respiratory	56	17.1%	270	82.9%	0	.0%	0	.0%	326	100.0%
		Congestive Heart Failure	29	8.8%	291	89.4%	6	1.8%	0	.0%	326	100.0%
		Mental Illness	48	14.6%	276	84.8%	2	.6%	0	.0%	326	100.0%
		Stroke	24	7.3%	302	92.7%	0	.0%	0	.0%	326	100.0%
		Alcoholism	22	6.7%	302	92.6%	2	.7%	0	.0%	326	100.0%
		Alzheimer's Disease, Dementia	23	7.0%	303	93.0%	0	.0%	0	.0%	326	100.0%
		Angina	18	5.5%	307	94.1%	0	.0%	1	.4%	326	100.0%
		Substance Abuse	18	5.4%	308	94.6%	0	.0%	0	.0%	326	100.0%
	60+	Arthritis	90	70.4%	36	27.9%	1	.5%	2	1.2%	128	100.0%
		Hypertension	63	49.3%	62	48.5%	1	.9%	2	1.2%	128	100.0%
		Weight Issues (over or under)	52	40.4%	74	57.9%	1	.5%	2	1.2%	128	100.0%
		Asthma	24	18.7%	102	79.4%	1	.6%	2	1.2%	128	100.0%
		Diabetes	44	34.5%	82	64.3%	0	.0%	2	1.2%	128	100.0%
		Urinary Tract Infection	14	11.1%	112	87.2%	0	.0%	2	1.7%	128	100.0%
		Cancer	37	28.8%	90	69.9%	0	.0%	2	1.2%	128	100.0%
		COPD, Emphysema, Respiratory	28	22.2%	96	76.1%	1	.5%	2	1.2%	127	100.0%
		Congestive Heart Failure	26	20.2%	99	77.5%	1	1.1%	2	1.2%	128	100.0%
		Mental Illness	4	3.3%	122	95.4%	0	.0%	2	1.2%	128	100.0%
		Stroke	6	4.6%	121	94.1%	0	.0%	2	1.2%	128	100.0%
		Alcoholism	4	3.4%	122	95.4%	0	.0%	2	1.2%	128	100.0%
		Alzheimer's Disease, Dementia	13	10.3%	113	88.0%	1	.5%	2	1.2%	128	100.0%
		Angina	15	11.5%	110	86.8%	1	.5%	2	1.2%	127	100.0%
		Substance Abuse	1	.9%	125	97.8%	0	.0%	2	1.2%	128	100.0%

The prevalence of the following chronic diseases vary significantly between the age groups:

-Arthritis (most commonly reported by those age 60+)
-Hypertension (less commonly reported by those age 18-29)
-Weight Issues (less commonly reported by those age 18-29)
-Asthma (more commonly reported by those age 18-29)
-Diabetes (less commonly reported by those age 18-29)
-Urinary Tract Infection (more commonly reported by those age 30-59)
-Cancer (more commonly reported by those age 60+)
-COPD, Emphysema (less commonly reported by those age 18-29)
-Congestive Heart Failure (more commonly reported by those age 60+)
-Mental Illness (more commonly reported by those age 30-59)
-Alzheimer's Disease, Dementia (more commonly reported by those age 30+, none reported by those age 18-29)
-Angina (more commonly reported by those age 60+)
-Substance Abuse (more commonly reported by those age 30-59)

Table 10.4 - Chronic disease prevalence – by CHILDREN IN HOME

			Yes		No		Don't Know		Refused		Total Sample	
			n	%	n	%	n	%	n	%	n	%
Are there any children under age 20 in the home?	Yes	Arthritis	89	28.8%	219	71.0%	1	.3%	0	.0%	309	100.0%
		Hypertension	92	29.8%	217	70.1%	0	.1%	0	.0%	309	100.0%
		Weight Issues (over or under)	88	28.5%	209	67.6%	12	3.9%	0	.0%	309	100.0%
		Asthma	102	32.9%	208	67.1%	0	.0%	0	.0%	309	100.0%
		Diabetes	45	14.4%	265	85.6%	0	.0%	0	.0%	309	100.0%
		Urinary Tract Infection	71	23.0%	237	77.0%	0	.0%	0	.0%	308	100.0%
		Cancer	49	15.7%	261	84.3%	0	.0%	0	.0%	309	100.0%
		COPD, Emphysema, Respiratory	30	9.8%	279	90.2%	0	.0%	0	.0%	309	100.0%
		Congestive Heart Failure	32	10.2%	274	88.6%	4	1.2%	0	.0%	309	100.0%
		Mental Illness	28	9.1%	281	90.9%	0	.0%	0	.0%	309	100.0%
		Stroke	24	7.7%	285	92.3%	0	.0%	0	.0%	309	100.0%
		Alcoholism	24	7.8%	285	92.2%	0	.0%	0	.0%	309	100.0%
		Alzheimer's Disease, Dementia	2	.5%	307	99.5%	0	.0%	0	.0%	309	100.0%
		Angina	13	4.4%	296	95.6%	0	.0%	0	.0%	309	100.0%
		Substance Abuse	11	3.7%	298	96.3%	0	.0%	0	.0%	309	100.0%
	No	Arthritis	183	60.6%	117	38.7%	1	.2%	2	.5%	302	100.0%
		Hypertension	133	44.1%	166	55.0%	1	.4%	2	.5%	302	100.0%
		Weight Issues (over or under)	127	42.1%	173	57.4%	0	.0%	2	.5%	302	100.0%
		Asthma	72	23.9%	228	75.3%	1	.3%	2	.5%	302	100.0%
		Diabetes	101	33.4%	200	66.1%	0	.0%	2	.5%	302	100.0%
		Urinary Tract Infection	47	15.5%	252	83.4%	1	.4%	2	.7%	302	100.0%
		Cancer	62	20.5%	239	79.0%	0	.0%	2	.5%	302	100.0%
		COPD, Emphysema, Respiratory	60	19.9%	239	79.4%	1	.2%	2	.5%	301	100.0%
		Congestive Heart Failure	36	11.9%	261	86.4%	4	1.2%	2	.5%	302	100.0%
		Mental Illness	28	9.1%	271	89.7%	2	.6%	2	.5%	302	100.0%
		Stroke	20	6.6%	281	92.9%	0	.0%	2	.5%	302	100.0%
		Alcoholism	15	5.0%	283	93.7%	2	.8%	2	.5%	302	100.0%
		Alzheimer's Disease, Dementia	34	11.4%	266	87.9%	1	.2%	2	.5%	302	100.0%
		Angina	22	7.3%	275	91.5%	1	.2%	3	.9%	301	100.0%
		Substance Abuse	7	2.5%	293	97.0%	0	.0%	2	.5%	302	100.0%

The prevalence of the following chronic diseases vary significantly when members of households with children under age 20 are compared to those who do not have household members under age 20: (“children” vs. “no children”, respectively)

-Arthritis (more commonly reported by those without children)
-Hypertension (more commonly reported by those without children)
-Weight Issues (more commonly reported by those without children)
-Asthma (more commonly reported by those with children)
-Diabetes (more commonly reported by those without children)
-Urinary Tract Infection (more commonly reported by those with children)
-COPD, Emphysema (more commonly reported by those without children)
-Alzheimer’s Disease, Dementia (more commonly reported by those without children)

Table 10.5 - Chronic disease prevalence – by INSUREDNESS

			Yes		No		Don't Know		Refused		Total Sample	
			n	%	n	%	n	%	n	%	n	%
Health Insurance Status	Military	Arthritis	35	24.9%	106	75.1%	0	.0%	0	.0%	141	100.0%
		Hypertension	30	21.6%	111	78.4%	0	.0%	0	.0%	141	100.0%
		Weight Issues (over or under)	26	18.6%	115	81.4%	0	.0%	0	.0%	141	100.0%
		Asthma	34	24.2%	107	75.8%	0	.0%	0	.0%	141	100.0%
		Diabetes	18	12.6%	124	87.4%	0	.0%	0	.0%	141	100.0%
		Urinary Tract Infection	38	26.6%	104	73.4%	0	.0%	0	.0%	141	100.0%
		Cancer	13	8.9%	129	91.1%	0	.0%	0	.0%	141	100.0%
		COPD, Emphysema, Respiratory	2	1.4%	139	98.6%	0	.0%	0	.0%	141	100.0%
		Congestive Heart Failure	0	.3%	141	99.7%	0	.0%	0	.0%	141	100.0%
		Mental Illness	12	8.6%	129	91.4%	0	.0%	0	.0%	141	100.0%
		Stroke	2	1.3%	140	98.7%	0	.0%	0	.0%	141	100.0%
		Alcoholism	5	3.5%	136	96.5%	0	.0%	0	.0%	141	100.0%
		Alzheimer's Disease, Dementia	5	3.9%	136	96.1%	0	.0%	0	.0%	141	100.0%
		Angina	4	3.1%	137	96.9%	0	.0%	0	.0%	141	100.0%
		Substance Abuse	5	3.4%	137	96.6%	0	.0%	0	.0%	141	100.0%
	Un/Under-insured	Arthritis	33	54.3%	27	44.4%	1	1.3%	0	.0%	60	100.0%
		Hypertension	27	45.2%	33	54.8%	0	.0%	0	.0%	60	100.0%
		Weight Issues (over or under)	33	55.3%	27	44.7%	0	.0%	0	.0%	60	100.0%
		Asthma	25	41.5%	35	58.5%	0	.0%	0	.0%	60	100.0%
		Diabetes	23	38.3%	37	61.7%	0	.0%	0	.0%	60	100.0%
		Urinary Tract Infection	16	25.8%	45	74.2%	0	.0%	0	.0%	60	100.0%
		Cancer	15	24.9%	45	75.1%	0	.0%	0	.0%	60	100.0%
		COPD, Emphysema, Respiratory	17	27.5%	44	72.5%	0	.0%	0	.0%	60	100.0%
		Congestive Heart Failure	7	11.8%	50	83.6%	3	4.6%	0	.0%	60	100.0%
		Mental Illness	14	23.5%	44	73.4%	2	3.1%	0	.0%	60	100.0%
		Stroke	7	11.5%	53	88.5%	0	.0%	0	.0%	60	100.0%
		Alcoholism	4	6.4%	56	93.6%	0	.0%	0	.0%	60	100.0%
		Alzheimer's Disease, Dementia	4	7.3%	56	92.7%	0	.0%	0	.0%	60	100.0%
		Angina	3	5.5%	57	94.5%	0	.0%	0	.0%	60	100.0%
		Substance Abuse	3	5.3%	57	94.7%	0	.0%	0	.0%	60	100.0%
	Other	Arthritis	200	49.5%	202	50.0%	1	.1%	2	.4%	403	100.0%
		Hypertension	163	40.3%	238	59.0%	1	.4%	2	.4%	403	100.0%
		Weight Issues (over or under)	151	37.5%	239	59.1%	12	3.0%	2	.4%	403	100.0%
		Asthma	114	28.2%	287	71.2%	1	.2%	2	.4%	403	100.0%
		Diabetes	100	24.8%	302	74.8%	0	.0%	2	.4%	403	100.0%
		Urinary Tract Infection	61	15.1%	338	84.1%	1	.3%	2	.5%	402	100.0%
		Cancer	83	20.5%	319	79.1%	0	.0%	2	.4%	403	100.0%
		COPD, Emphysema, Respiratory	69	17.2%	331	82.3%	1	.1%	2	.4%	402	100.0%
		Congestive Heart Failure	60	14.9%	337	83.6%	5	1.1%	2	.4%	403	100.0%
		Mental Illness	29	7.2%	372	92.4%	0	.0%	2	.4%	403	100.0%
		Stroke	35	8.6%	367	91.0%	0	.0%	2	.4%	403	100.0%
		Alcoholism	30	7.5%	369	91.5%	2	.6%	2	.4%	403	100.0%
		Alzheimer's Disease, Dementia	25	6.2%	376	93.2%	1	.1%	2	.4%	403	100.0%
		Angina	28	6.9%	371	92.2%	1	.1%	3	.7%	402	100.0%
		Substance Abuse	11	2.7%	391	96.9%	0	.0%	2	.4%	403	100.0%

The following perceived local availability of health care services vary significantly when persons with different health insurance situations are compared: (“military insurance” vs. “un/under-insured” vs. “other”)

-Arthritis (less commonly reported by military)
-Hypertension (less commonly reported by military)
-Weight Issues (more commonly reported by un/under-insured)
-Asthma (more commonly reported by un/under-insured)
-Diabetes (less commonly reported by military, more commonly reported by un/under-insured)
-Urinary Tract Infection (more commonly reported by military and un/under-insured)
-Cancer (less commonly reported by military)
-COPD, Emphysema (less commonly reported by military, more commonly reported by un/under-insured)
-Congestive Heart Failure (less commonly reported by military, 0 out of 141 sampled)
-Mental Illness (more commonly reported by un/under-insured)
-Stroke (less commonly reported by military)

Table 10.others – Chronic Diseases – “Others”

Other Chronic Diseases cited:	Jefferson County (frequency)	Lewis County (frequency)
Autoimmune Diseases	8	7

Traveling Outside One's County for Health care

Participants were asked questions whether they travel outside their county to seek medical care, and if so, what are the primary reasons that cause this travel. Results are summarized in Tables 11-14.5.

Table 11 - Do you travel outside your county for any medical care?

	Do you travel outside your county for any medical care?	
	n	%
Yes	252	41.2%
No	358	58.6%
Don't Know	1	.1%
Refused	1	.1%
Sample Size	612	100.0%

Table 11.1 - Travel outside county for health care – by COUNTY

	County	
	Jefferson	Lewis
Yes	37.3%	58.2%
No	62.4%	41.8%
Don't Know	.2%	.0%
Refused	.1%	.0%
Total	100.0%	100.0%
Sample Size	355	257

Lewis County residents travel outside the county for health care services more often.

Table 11.2 - Travel outside county for health care – by GENDER

	Gender	
	Male	Female
Yes	38.0%	44.5%
No	62.0%	55.1%
Don't Know	.0%	.3%
Refused	.0%	.2%
Total	100.0%	100.0%
Sample Size	309	303

No significant difference between the genders.

Table 11.3 - Travel outside county for health care – by AGE

	Age Groups		
	18-29	30-59	60+
Yes	24.9%	48.1%	43.8%
No	75.1%	51.7%	55.8%
Don't Know	.0%	.2%	.0%
Refused	.0%	.0%	.5%
Total	100.0%	100.0%	100.0%
Sample Size	158	326	129

18-29 age group travels outside the county for health care services less often.

Table 11.4 - Travel outside county for health care – by CHILDREN IN HOME

		Are there any children under age 20 in the home?	
		Yes	No
Yes		39.7%	42.8%
No		60.3%	56.7%
Don't Know		.0%	.3%
Refused		.0%	.2%
	Total	100.0%	100.0%
	Sample Size	309	303

No significant difference between those with and without children in the home.

Table 11.5 - Travel outside county for health care – by INSUREDNESS

		Health Insurance Status		
		Military	Un/Under -insured	Other
Yes		32.8%	35.6%	44.4%
No		67.2%	64.4%	55.2%
Don't Know		.0%	.0%	.2%
Refused		.0%	.0%	.1%
	Total	100.0%	100.0%	100.0%
	Sample Size	141	60	404

Military and un/under-insured travel outside the county for health care services less often.

Table 12 - I am going to read a list of common reasons that persons cite that cause them to travel for health care. Please indicate which of the following are reasons that you must travel outside your county for health care.

	Yes		No		Don't Know		Total Sample	
	n	%	n	%	n	%	n	%
Services are not available in my county.	175	70.2%	72	29.1%	2	.7%	249	100.0%
Lack of specialty services.	174	69.9%	75	29.9%	0	.2%	249	100.0%
Too long of a wait to get an appointment.	68	27.5%	178	72.4%	0	.2%	246	100.0%
No health insurance.	26	10.5%	219	89.2%	1	.3%	246	100.0%
Lack of transportation.	11	4.6%	231	94.1%	3	1.2%	246	100.0%

Table 12.1 - Reasons why one travels for health care – by COUNTY

			Yes		No		Don't Know		Total Sample	
			n	%	n	%	n	%	n	%
County	Jefferson	Services are not available in my county.	88	67.7%	41	31.5%	1	.9%	130	100.0%
		Lack of specialty services.	91	69.8%	39	30.0%	0	.3%	130	100.0%
		Too long of a wait to get an appointment.	40	31.3%	88	68.5%	0	.2%	128	100.0%
		No health insurance.	13	9.9%	115	89.9%	0	.2%	128	100.0%
		Lack of transportation.	7	5.6%	120	93.1%	2	1.3%	128	100.0%
	Lewis	Services are not available in my county.	116	76.8%	34	22.8%	1	.4%	151	100.0%
		Lack of specialty services.	105	70.1%	45	29.9%	0	.0%	150	100.0%
		Too long of a wait to get an appointment.	25	17.1%	123	82.9%	0	.0%	148	100.0%
		No health insurance.	18	12.1%	130	87.5%	1	.4%	148	100.0%
		Lack of transportation.	3	1.8%	144	97.0%	2	1.2%	148	100.0%

The following reasons for traveling outside one's county for health care vary significantly between the counties:

-"Too long of a wait" (more common in Jefferson)

Table 12.2 - Reasons why one travels for health care – by GENDER

			Yes		No		Don't Know		Total Sample	
			n	%	n	%	n	%	n	%
Gender	Male	Services are not available in my county.	84	71.2%	34	28.8%	0	.0%	118	100.0%
		Lack of specialty services.	82	69.7%	36	30.3%	0	.0%	118	100.0%
		Too long of a wait to get an appointment.	33	29.2%	81	70.8%	0	.0%	114	100.0%
		No health insurance.	14	11.9%	101	88.1%	0	.0%	114	100.0%
		Lack of transportation.	9	8.2%	103	90.2%	2	1.6%	114	100.0%
	Female	Services are not available in my county.	91	69.2%	39	29.4%	2	1.4%	131	100.0%
		Lack of specialty services.	92	70.0%	39	29.7%	0	.4%	132	100.0%
		Too long of a wait to get an appointment.	34	26.0%	97	73.7%	0	.3%	131	100.0%
		No health insurance.	12	9.3%	119	90.2%	1	.5%	131	100.0%
		Lack of transportation.	2	1.5%	128	97.6%	1	.9%	131	100.0%

The following reasons for traveling outside one's county for health care vary significantly between the genders:

-"Lack of transportation" (more common among males)

Table 12.3 - Reasons why one travels for health care – by AGE

			Yes		No		Don't Know		Total Sample	
			n	%	n	%	n	%	n	%
Age Groups	18-29	Services are not available in my county.	27	74.4%	9	25.6%	0	.0%	36	100.0%
		Lack of specialty services.	28	78.5%	8	21.5%	0	.0%	36	100.0%
		Too long of a wait to get an appointment.	11	30.4%	25	69.6%	0	.0%	36	100.0%
		No health insurance.	1	1.6%	36	98.4%	0	.0%	36	100.0%
		Lack of transportation.	0	.0%	36	100.0%	0	.0%	36	100.0%
	30-59	Services are not available in my county.	112	71.4%	43	27.7%	1	.9%	157	100.0%
		Lack of specialty services.	109	69.8%	47	30.2%	0	.0%	157	100.0%
		Too long of a wait to get an appointment.	48	31.5%	105	68.5%	0	.0%	153	100.0%
		No health insurance.	22	14.6%	131	85.3%	0	.2%	153	100.0%
		Lack of transportation.	9	5.9%	142	92.4%	3	1.7%	153	100.0%
	60+	Services are not available in my county.	36	63.9%	20	35.4%	0	.7%	56	100.0%
		Lack of specialty services.	37	64.6%	20	34.6%	0	.9%	57	100.0%
		Too long of a wait to get an appointment.	8	14.8%	48	84.5%	0	.7%	56	100.0%
		No health insurance.	3	5.2%	53	94.1%	0	.7%	56	100.0%
		Lack of transportation.	2	4.1%	54	95.2%	0	.7%	56	100.0%

The following reasons for traveling outside one's county for health care vary significantly between the age groups:

-"Too long of a wait" (less common among those age 60+)

-"No health insurance" (more common among those age 30-59)

Table 12.4 - Reasons why one travels for health care – by CHILDREN IN HOME

			Yes		No		Don't Know		Total Sample	
			n	%	n	%	n	%	n	%
Are there any children under age 20 in the home?	Yes	Services are not available in my county.	84	70.3%	34	28.5%	1	1.2%	119	100.0%
		Lack of specialty services.	90	75.0%	30	25.0%	0	.0%	119	100.0%
		Too long of a wait to get an appointment.	39	33.0%	79	67.0%	0	.0%	118	100.0%
		No health insurance.	13	11.1%	104	88.6%	0	.2%	118	100.0%
		Lack of transportation.	6	5.1%	111	94.3%	1	.7%	118	100.0%
	No	Services are not available in my county.	91	70.0%	38	29.7%	0	.3%	130	100.0%
		Lack of specialty services.	85	65.1%	45	34.5%	0	.4%	130	100.0%
		Too long of a wait to get an appointment.	29	22.5%	99	77.2%	0	.3%	128	100.0%
		No health insurance.	13	9.9%	115	89.8%	0	.3%	128	100.0%
		Lack of transportation.	5	4.2%	121	94.0%	2	1.8%	128	100.0%

The following reasons for traveling outside one's county for health care vary significantly when members of households with children under age 20 are compared to those who do not have household members under age 20: ("children" vs. "no children", respectively)

-No significant correlations found.

Table 12.5 - Reasons why one travels for health care – by INSUREDNESS

			Yes		No		Don't Know		Total Sample	
			n	%	n	%	n	%	n	%
Health Insurance Status	Military	Services are not available in my county.	27	63.2%	15	34.1%	1	2.7%	43	100.0%
		Lack of specialty services.	32	73.9%	11	26.1%	0	.0%	43	100.0%
		Too long of a wait to get an appointment.	16	37.8%	27	62.2%	0	.0%	43	100.0%
		No health insurance.	4	9.8%	39	90.2%	0	.0%	43	100.0%
		Lack of transportation.	4	8.7%	39	91.3%	0	.0%	43	100.0%
	Un/Under-insured	Services are not available in my county.	15	72.1%	6	27.9%	0	.0%	21	100.0%
		Lack of specialty services.	12	55.0%	10	45.0%	0	.0%	21	100.0%
		Too long of a wait to get an appointment.	10	47.8%	11	52.2%	0	.0%	20	100.0%
		No health insurance.	5	24.0%	15	76.0%	0	.0%	20	100.0%
		Lack of transportation.	0	.6%	20	99.4%	0	.0%	20	100.0%
	Other	Services are not available in my county.	129	71.8%	50	27.9%	1	.4%	179	100.0%
		Lack of specialty services.	126	70.3%	53	29.4%	0	.3%	180	100.0%
		Too long of a wait to get an appointment.	41	22.9%	136	76.9%	0	.2%	178	100.0%
		No health insurance.	17	9.4%	160	90.2%	1	.4%	178	100.0%
		Lack of transportation.	7	4.2%	167	94.1%	3	1.7%	178	100.0%

The following reasons for traveling outside one's county for health care vary significantly when persons with different health insurance situations are compared: ("military insurance" vs. "un/under-insured" vs. "other")

-"Too long of a wait" (most common among the un/under-insured)

Table 12.other – Other reasons that cause you to travel outside your county for health care.

	Jefferson County (frequency)	Lewis County (frequency)
Insurance/VA	5	5
Lack of Specialty Services	3	6
Location/Travel	7	11
Personal Reasons	12	6
Quality of Care	14	12
Referral/Recommendations	1	3

Table 13 – Specialty Services Needed in the County

Specialty Services cited:	Jefferson County (frequency)	Lewis County (frequency)
Acupuncture	2	0
Aneurism specialist	0	1
Audiology	0	1
Bariatric surgery	2	1
Cancer services	8	11
Cardiac care	8	21
Chiropractor	0	2
Dental	1	3
Dermatology	6	17
Diabetes	3	2
Endocrinologist	0	3
ENT	1	3
Eye services	0	6
Gastroenterologist	3	1
Head trauma specialist	1	0
Mental health	1	0
Neurological	4	10
Orthopedic	12	10
Pediatric specialty services	5	2
Pulmonologist	1	2
Rheumatologist	5	10
Urologist	3	5
Women's services	5	3

Table 14 - If these specialty services were available within the county would you stay here for them?

	If these specialty services were available within the County would you stay here for them?	
	n	%
Yes	153	86.1%
No	16	9.3%
Don't Know	8	4.6%
Sample Size	177	100.0%

Table 14.1 - If specialty services available, would you stay here? – by COUNTY

		County	
		Jefferson	Lewis
Yes		83.9%	92.4%
No		12.0%	1.6%
Don't Know		4.1%	6.0%
	Total	100.0%	100.0%
	Sample Size	93	105

Lewis County residents more likely to indicate that they would stay here for health care.

Table 14.2 - If specialty services available, would you stay here? – by GENDER

		Gender	
		Male	Female
Yes		84.4%	87.6%
No		11.3%	7.5%
Don't Know		4.3%	4.9%
	Total	100.0%	100.0%
	Sample Size	82	95

No significant difference between the genders.

Table 14.3 - If specialty services available, would you stay here? – by AGE

		Age Groups		
		18-29	30-59	60+
Yes		87.3%	87.5%	81.0%
No		12.7%	8.0%	10.2%
Don't Know		.0%	4.5%	8.8%
	Total	100.0%	100.0%	100.0%
	Sample Size	32	109	37

No significant difference between the age groups.

Table 14.4 - If specialty services available, would you stay here? – by CHILDREN IN HOME

		Are there any children under age 20 in the home?	
		Yes	No
Yes		91.1%	80.7%
No		5.6%	13.3%
Don't Know		3.4%	5.9%
	Total	100.0%	100.0%
	Sample Size	92	85

Those with children in the home more likely to indicate that they would stay here for health care.

Table 14.5 - If specialty services available, would you stay here? – by INSUREDNESS

		Health Insurance Status		
		Military	Un/Under -insured	Other
Yes		88.6%	68.3%	86.7%
No		11.4%	23.7%	7.6%
Don't Know		.0%	8.0%	5.7%
	Total	100.0%	100.0%	100.0%
	Sample Size	35	12	126

No significant difference between those with various health insurance situations.

Telemedicine – Interest in Use

Participants were asked whether or not they would use telemedicine services if available locally. Results are summarized in Tables 15-15.5.

Table 15 - *Telemedicine* is the use of telecommunications technology to enhance health care services. A good example takes place between a small, rural hospital and a larger, city hospital that has better equipment and subspecialists to make diagnostic, management or treatment decisions for a rural patient. The doctor at the other end of the video or audio sharing can analyze the tests, talks to the patient or the doctor who is with the patient, and work together to make decisions. If telemedicine were available where you receive your care would you use it?

	Telemedicine - would you use it?	
	n	%
Yes	474	77.7%
No	73	12.0%
Not sure	63	10.3%
Sample Size	610	100.0%

Table 15.1 - Telemedicine – would you use it? – by COUNTY

		County	
		Jefferson	Lewis
Yes		77.7%	77.8%
No		11.6%	13.3%
Not sure		10.6%	8.9%
	Total	100.0%	100.0%
	Sample Size	355	255

No significant difference between the counties.

Table 15.2 - Telemedicine – would you use it? – by GENDER

		Gender	
		Male	Female
Yes		81.7%	73.7%
No		8.5%	15.5%
Not sure		9.8%	10.8%
	Total	100.0%	100.0%
	Sample Size	309	301

Males more likely to indicate that they would use telemedicine.

Table 15.3 - Telemedicine – would you use it? – by AGE

	Age Groups		
	18-29	30-59	60+
Yes	79.5%	80.8%	67.6%
No	7.6%	11.2%	19.2%
Not sure	12.9%	7.9%	13.2%
Total	100.0%	100.0%	100.0%
Sample Size	157	326	128

Residents age 60+ least likely to indicate that they would use telemedicine.

Table 15.4 - Telemedicine – would you use it? – by CHILDREN IN HOME

	Are there any children under age 20 in the home?	
	Yes	No
Yes	78.9%	76.5%
No	10.2%	13.8%
Not sure	10.9%	9.7%
Total	100.0%	100.0%
Sample Size	308	302

No significant difference between those with and those without children in the home.

Table 15.5 - Telemedicine – would you use it? – by INSUREDNESS

	Health Insurance Status		
	Military	Un/Under -insured	Other
Yes	84.2%	77.4%	75.5%
No	11.9%	18.2%	11.2%
Not sure	3.9%	4.5%	13.3%
Total	100.0%	100.0%	100.0%
Sample Size	141	60	402

Those with military insurance are most likely to indicate that they would use telemedicine.

Health Services in the Region – *Current Use*

Participants were asked questions about frequency of use of six different types of health services by household members throughout the past year. Results are summarized in Tables 16-16.5.

Table 16 - In the past 12 months, how often have you or a member of your household used the following health care services:

	None		1-3 times		4-6 times		7-9 times		10-12 times		13+ times		Don't know		Total Sample	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Regular medical provide for a scheduled appointment in past 12 months.	75	12.3%	199	32.7%	175	28.7%	30	4.9%	49	8.0%	79	12.9%	3	.5%	610	100.0%
Used the internet to lool up health information in past 12 months.	214	35.3%	130	21.3%	90	14.9%	28	4.6%	45	7.4%	98	16.1%	2	.3%	608	100.0%
Emergency room at a hospital in past 12 months.	285	46.7%	234	38.3%	62	10.2%	7	1.2%	8	1.3%	9	1.4%	5	.7%	610	100.0%
Urgent Care in past 12 months.	334	54.8%	187	30.7%	66	10.8%	6	.9%	7	1.2%	2	.3%	8	1.3%	610	100.0%
Regular medical provide for an UNscheduled appointment in past 12 months.	334	54.9%	185	30.4%	57	9.3%	5	.8%	8	1.4%	18	3.0%	2	.3%	609	100.0%
Called a toll-free numbe for medical advice in pa 12 months.	563	92.6%	28	4.6%	15	2.4%	1	.2%	0	.0%	0	.0%	2	.3%	608	100.0%

	At least some		None or DK		Total Sample	
	n	%	n	%	n	%
Regular medical provider for a scheduled appointment in past 12 months.	532	87.2%	78	12.8%	610	100.0%
Used the internet to look up health information in past 12 months.	391	64.4%	216	35.6%	608	100.0%
Emergency room at a hospital in past 12 months.	320	52.5%	290	47.5%	610	100.0%
Urgent Care in past 12 months.	268	43.9%	342	56.1%	610	100.0%
Regular medical provider for an UNscheduled appointment in past 12 months.	273	44.8%	336	55.2%	609	100.0%
Called a toll-free number for medical advice in past 12 months.	44	7.2%	565	92.8%	608	100.0%

Table 16.1 - Use of health care services – by COUNTY

		None		1-3 times		4-6 times		7-9 times		10-12 times		13+ times		Don't know		Total Sample	
		n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
County	Jefferso Regular medical pr for a scheduled appointment in past months.	47	13.2%	115	32.5%	95	27.0%	15	4.4%	30	8.6%	49	14.0%	2	.5%	354	100.0%
	Used the internet to up health informatio past 12 months.	112	31.7%	81	22.9%	55	15.6%	17	4.9%	28	7.9%	59	16.7%	1	.3%	353	100.0%
	Emergency room a hospital in past 12 months.	167	47.2%	133	37.6%	37	10.5%	4	1.2%	4	1.1%	5	1.4%	3	.9%	354	100.0%
	Urgent Care in past months.	175	49.6%	119	33.5%	45	12.7%	3	.9%	5	1.5%	1	.3%	5	1.4%	354	100.0%
	Regular medical pr for an UNscheduled appointment in past months.	192	54.3%	108	30.8%	31	8.7%	3	.9%	6	1.6%	13	3.6%	0	.1%	353	100.0%
	Called a toll-free nu for medical advice 12 months.	324	91.6%	17	4.9%	10	2.9%	1	.2%	0	.0%	0	.0%	1	.3%	354	100.0%
	Lewis Regular medical pr for a scheduled appointment in past months.	22	8.5%	86	33.4%	94	36.3%	18	7.0%	14	5.6%	21	8.2%	2	.9%	257	100.0%
	Used the internet to up health informatio past 12 months.	129	50.8%	37	14.7%	30	11.7%	10	3.8%	14	5.5%	35	13.6%	0	.0%	255	100.0%
	Emergency room a hospital in past 12 months.	115	44.7%	107	41.4%	23	9.0%	3	1.3%	6	2.3%	4	1.4%	0	.0%	257	100.0%
	Urgent Care in past months.	198	76.9%	48	18.6%	7	2.6%	2	.9%	0	.0%	0	.0%	2	.9%	257	100.0%
	Regular medical pr for an UNscheduled appointment in past months.	148	57.4%	74	28.8%	30	11.8%	1	.4%	1	.2%	1	.3%	3	1.0%	257	100.0%
	Called a toll-free nu for medical advice 12 months.	245	96.7%	8	3.1%	1	.2%	0	.0%	0	.0%	0	.0%	0	.0%	253	100.0%

Table 16.1C - Use of health care services – by COUNTY - Collapsed

			At least some		None or DK		Total Sample	
			n	%	n	%	n	%
County	Jefferson	Regular medical provider for a scheduled appointment in past 12 months.	305	86.4%	48	13.6%	354	100.0%
		Used the internet to look up health information in past 12 months.	240	67.9%	113	32.1%	353	100.0%
		Emergency room at a hospital in past 12 months.	183	51.9%	170	48.1%	354	100.0%
		Urgent Care in past 12 months.	173	49.0%	180	51.0%	354	100.0%
		Regular medical provider for an UNscheduled appointment in past 12 months.	161	45.6%	192	54.4%	353	100.0%
		Called a toll-free number for medical advice in past 12 months.	28	8.0%	325	92.0%	354	100.0%
	Lewis	Regular medical provider for a scheduled appointment in past 12 months.	233	90.6%	24	9.4%	257	100.0%
		Used the internet to look up health information in past 12 months.	125	49.2%	129	50.8%	255	100.0%
		Emergency room at a hospital in past 12 months.	142	55.3%	115	44.7%	257	100.0%
		Urgent Care in past 12 months.	57	22.2%	200	77.8%	257	100.0%
		Regular medical provider for an UNscheduled appointment in past 12 months.	107	41.5%	150	58.5%	257	100.0%
		Called a toll-free number for medical advice in past 12 months.	8	3.3%	245	96.7%	253	100.0%

Use of the following types of health care services in the past 12 months vary significantly between the counties:

-"Used the internet to look up information" (more common in Jefferson)
-"Urgent care" (more common in Jefferson)
-"Called toll free number for medical advice" (more common in Jefferson)

Table 16.2 - Use of health care services – by GENDER

		None		1-3 times		4-6 times		7-9 times		10-12 times		13+ times		Don't know		Total Sample	
		n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Gende: Male	Regular medical pro for a scheduled appointment in past months.	55	18.0%	100	32.6%	81	26.3%	6	2.1%	27	8.7%	37	12.1%	1	.2%	308	100.0%
	Used the internet to up health informatio past 12 months.	125	40.6%	70	22.8%	33	10.7%	17	5.5%	22	7.2%	40	13.2%	0	.0%	306	100.0%
	Emergency room at hospital in past 12 months.	165	53.6%	105	34.1%	26	8.5%	4	1.4%	2	.6%	3	.9%	3	.9%	308	100.0%
	Urgent Care in past months.	189	61.3%	88	28.7%	23	7.4%	2	.6%	0	.0%	0	.0%	6	2.0%	308	100.0%
	Regular medical pro for an UNscheduled appointment in past months.	183	59.6%	96	31.2%	9	3.0%	2	.6%	2	.6%	14	4.7%	1	.2%	308	100.0%
	Called a toll-free nu for medical advice i 12 months.	284	92.8%	11	3.5%	11	3.7%	0	.0%	0	.0%	0	.0%	0	.0%	306	100.0%
Female	Regular medical pro for a scheduled appointment in past months.	20	6.5%	99	32.7%	95	31.3%	23	7.7%	22	7.2%	41	13.7%	3	.9%	302	100.0%
	Used the internet to up health informatio past 12 months.	90	29.9%	60	19.8%	58	19.1%	11	3.8%	23	7.7%	57	19.1%	2	.6%	301	100.0%
	Emergency room at hospital in past 12 months.	120	39.8%	129	42.6%	36	12.0%	3	1.0%	6	2.1%	6	2.0%	2	.6%	302	100.0%
	Urgent Care in past months.	145	48.1%	99	32.8%	43	14.3%	4	1.3%	7	2.4%	2	.5%	2	.6%	302	100.0%
	Regular medical pro for an UNscheduled appointment in past months.	151	50.1%	89	29.6%	47	15.7%	3	.9%	6	2.1%	4	1.2%	1	.4%	301	100.0%
	Called a toll-free nu for medical advice i 12 months.	279	92.4%	17	5.6%	3	1.1%	1	.3%	0	.0%	0	.0%	2	.6%	302	100.0%

Table 16.2C - Use of health care services – by GENDER - Collapsed

			At least some		None or DK		Total Sample	
			n	%	n	%	n	%
Gender	Male	Regular medical provider for a scheduled appointment in past 12 months.	252	81.8%	56	18.2%	308	100.0%
		Used the internet to look up health information in past 12 months.	182	59.4%	125	40.6%	306	100.0%
		Emergency room at a hospital in past 12 months.	140	45.5%	168	54.5%	308	100.0%
		Urgent Care in past 12 months.	113	36.7%	195	63.3%	308	100.0%
		Regular medical provider for an UNscheduled appointment in past 12 months.	124	40.2%	184	59.8%	308	100.0%
		Called a toll-free number for medical advice in past 12 months.	22	7.2%	284	92.8%	306	100.0%
	Female	Regular medical provider for a scheduled appointment in past 12 months.	280	92.6%	22	7.4%	302	100.0%
		Used the internet to look up health information in past 12 months.	209	69.6%	92	30.4%	301	100.0%
		Emergency room at a hospital in past 12 months.	180	59.7%	122	40.3%	302	100.0%
		Urgent Care in past 12 months.	155	51.3%	147	48.7%	302	100.0%
		Regular medical provider for an UNscheduled appointment in past 12 months.	149	49.6%	152	50.4%	301	100.0%
		Called a toll-free number for medical advice in past 12 months.	21	7.1%	281	92.9%	302	100.0%

Use of the following types of health care services in the past 12 months vary significantly between the genders:

-"Regular medical provider for a scheduled appointment" (more common among females)
-"Used the internet to look up information" (more common among females)
-"Emergency room visit" (more common among females)
-"Urgent care" (more common among females)
-"Unscheduled appointments at regular doctors" (more common among females)

Table 16.3 - Use of health care services – by AGE

			None		1-3 times		4-6 times		7-9 times		10-12 times		13+ times		Don't know		Total Sample	
			n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Age Groups	18-29	Regular medical pro for a scheduled appointment in past months.	26	16.2%	47	29.8%	28	17.5%	6	4.1%	19	12.2%	32	20.2%	0	.0%	158	100.0%
		Used the internet to up health informatio past 12 months.	38	23.9%	26	16.4%	33	20.8%	5	3.5%	17	11.0%	39	24.5%	0	.0%	158	100.0%
		Emergency room at hospital in past 12 months.	49	31.1%	62	39.6%	37	23.6%	1	.9%	3	2.0%	4	2.7%	0	.0%	158	100.0%
		Urgent Care in past months.	81	51.3%	44	28.0%	28	18.0%	1	.7%	3	2.0%	0	.0%	0	.0%	158	100.0%
		Regular medical pro for an UNscheduled appointment in past months.	74	47.1%	41	25.8%	27	17.4%	0	.0%	4	2.5%	11	7.2%	0	.0%	158	100.0%
		Called a toll-free nu for medical advice ir 12 months.	135	85.7%	8	5.0%	15	9.3%	0	.0%	0	.0%	0	.0%	0	.0%	158	100.0%
	30-59	Regular medical pro for a scheduled appointment in past months.	38	11.7%	103	31.5%	102	31.4%	19	5.9%	22	6.6%	41	12.6%	1	.2%	326	100.0%
		Used the internet to up health informatio past 12 months.	98	30.1%	81	24.8%	47	14.6%	22	6.6%	25	7.7%	53	16.2%	0	.0%	326	100.0%
		Emergency room at hospital in past 12 months.	157	48.2%	129	39.6%	23	7.0%	6	1.7%	4	1.3%	4	1.4%	3	.9%	326	100.0%
		Urgent Care in past months.	158	48.5%	115	35.2%	36	11.0%	5	1.4%	4	1.3%	2	.5%	7	2.2%	326	100.0%
		Regular medical pro for an UNscheduled appointment in past months.	178	55.0%	108	33.4%	23	7.0%	4	1.2%	4	1.3%	6	1.8%	1	.3%	324	100.0%
		Called a toll-free nu for medical advice ir 12 months.	311	95.9%	12	3.8%	0	.0%	1	.3%	0	.0%	0	.0%	0	.0%	324	100.0%
	60+	Regular medical pro for a scheduled appointment in past months.	11	9.0%	50	39.3%	45	35.7%	4	3.2%	8	6.3%	6	4.4%	3	2.1%	127	100.0%
		Used the internet to up health informatio past 12 months.	79	63.5%	23	18.4%	10	8.1%	1	1.0%	3	2.4%	7	5.3%	2	1.3%	124	100.0%
		Emergency room at hospital in past 12 months.	79	62.5%	42	33.5%	2	1.7%	0	.3%	1	.6%	0	.0%	2	1.4%	127	100.0%
		Urgent Care in past months.	95	75.2%	29	22.7%	2	1.4%	0	.0%	0	.0%	0	.0%	1	.7%	127	100.0%
		Regular medical pro for an UNscheduled appointment in past months.	81	64.4%	36	28.5%	6	5.1%	1	.6%	0	.0%	1	.7%	1	.6%	126	100.0%
		Called a toll-free nu for medical advice ir 12 months.	117	92.7%	7	5.8%	0	.2%	0	.0%	0	.0%	0	.0%	2	1.3%	126	100.0%

Table 16.3C - Use of health care services – by AGE - Collapsed

			At least some		None or DK		Total Sample	
			n	%	n	%	n	%
Age Groups	18-29	Regular medical provider for a scheduled appointment in past 12 months.	132	83.8%	26	16.2%	158	100.0%
		Used the internet to look up health information in past 12 months.	120	76.1%	38	23.9%	158	100.0%
		Emergency room at a hospital in past 12 months.	109	68.9%	49	31.1%	158	100.0%
		Urgent Care in past 12 months.	77	48.7%	81	51.3%	158	100.0%
		Regular medical provider for an UNscheduled appointment in past 12 months.	83	52.9%	74	47.1%	158	100.0%
		Called a toll-free number for medical advice in past 12 months.	23	14.3%	135	85.7%	158	100.0%
	30-59	Regular medical provider for a scheduled appointment in past 12 months.	287	88.1%	39	11.9%	326	100.0%
		Used the internet to look up health information in past 12 months.	228	69.9%	98	30.1%	326	100.0%
		Emergency room at a hospital in past 12 months.	166	51.0%	160	49.0%	326	100.0%
		Urgent Care in past 12 months.	161	49.3%	165	50.7%	326	100.0%
		Regular medical provider for an UNscheduled appointment in past 12 months.	145	44.7%	179	55.3%	324	100.0%
		Called a toll-free number for medical advice in past 12 months.	13	4.1%	311	95.9%	324	100.0%
	60+	Regular medical provider for a scheduled appointment in past 12 months.	113	88.9%	14	11.1%	127	100.0%
		Used the internet to look up health information in past 12 months.	44	35.2%	81	64.8%	124	100.0%
		Emergency room at a hospital in past 12 months.	46	36.1%	81	63.9%	127	100.0%
		Urgent Care in past 12 months.	30	24.1%	96	75.9%	127	100.0%
		Regular medical provider for an UNscheduled appointment in past 12 months.	44	35.0%	82	65.0%	126	100.0%
		Called a toll-free number for medical advice in past 12 months.	8	6.0%	118	94.0%	126	100.0%

Use of the following types of health care services in the past 12 months vary significantly between the age groups:

-"Used the internet to look up information" (less common among age 60+)
-"Emergency room visit" (less common among age 60+)
-"Urgent care" (less common among age 60+)
-"Unscheduled appointments at regular doctors" (more common among those in 18-29 age group)
-"Called toll free number for medical advice" (more common among those in 18-29 age group)

Table 16.4 - Use of health care services – by CHILDREN IN HOME

			None		1-3 times		4-6 times		7-9 times		10-12 times		13+ times		Don't know		Total Sample	
			n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Are there any children under age 20 in the home?	Yes	Regular medical pro for a scheduled appointment in past months.	32	10.2%	92	29.8%	80	25.9%	19	6.2%	31	10.2%	55	17.7%	0	.0%	309	100.0%
		Used the internet to up health informatio past 12 months.	63	20.4%	70	22.8%	59	18.9%	18	5.9%	28	9.1%	71	22.9%	0	.0%	309	100.0%
		Emergency room at hospital in past 12 months.	117	37.7%	129	41.8%	46	14.7%	4	1.4%	5	1.7%	8	2.7%	0	.0%	309	100.0%
		Urgent Care in past months.	151	48.8%	102	32.9%	47	15.2%	3	.9%	5	1.7%	1	.3%	1	.3%	309	100.0%
		Regular medical pro for an UNscheduled appointment in past months.	146	47.3%	90	29.0%	47	15.2%	3	1.0%	6	2.1%	17	5.5%	0	.0%	309	100.0%
		Called a toll-free nu for medical advice in 12 months.	279	90.3%	16	5.0%	15	4.7%	0	.0%	0	.0%	0	.0%	0	.0%	309	100.0%
	No	Regular medical pro for a scheduled appointment in past months.	43	14.4%	107	35.6%	95	31.7%	10	3.5%	17	5.8%	24	8.0%	3	1.1%	301	100.0%
		Used the internet to up health informatio past 12 months.	151	50.8%	59	19.9%	32	10.7%	10	3.4%	17	5.7%	27	9.0%	2	.6%	298	100.0%
		Emergency room at hospital in past 12 months.	169	56.0%	104	34.7%	17	5.6%	3	1.1%	3	1.0%	1	.2%	5	1.5%	301	100.0%
		Urgent Care in past months.	183	60.9%	86	28.5%	19	6.3%	3	1.0%	2	.6%	1	.3%	7	2.4%	301	100.0%
		Regular medical pro for an UNscheduled appointment in past months.	188	62.8%	95	31.8%	10	3.3%	2	.6%	2	.6%	1	.3%	2	.6%	299	100.0%
		Called a toll-free nu for medical advice in 12 months.	284	95.0%	12	4.1%	0	.1%	1	.3%	0	.0%	0	.0%	2	.6%	299	100.0%

Table 16.4C - Use of health care services – by CHILDREN IN HOME - Collapsed

			At least some		None or DK		Total Sample	
			n	%	n	%	n	%
Are there any children under age 20 in the home?	Yes	Regular medical provider for a scheduled appointment in past 12 months.	278	89.8%	32	10.2%	309	100.0%
		Used the internet to look up health information in past 12 months.	246	79.6%	63	20.4%	309	100.0%
		Emergency room at a hospital in past 12 months.	193	62.3%	117	37.7%	309	100.0%
		Urgent Care in past 12 months.	158	51.0%	152	49.0%	309	100.0%
		Regular medical provider for an UNscheduled appointment in past 12 months.	163	52.7%	146	47.3%	309	100.0%
		Called a toll-free number for medical advice in past 12 months.	30	9.7%	279	90.3%	309	100.0%
	No	Regular medical provider for a scheduled appointment in past 12 months.	254	84.5%	47	15.5%	301	100.0%
		Used the internet to look up health information in past 12 months.	145	48.7%	153	51.3%	298	100.0%
		Emergency room at a hospital in past 12 months.	128	42.4%	173	57.6%	301	100.0%
		Urgent Care in past 12 months.	110	36.7%	191	63.3%	301	100.0%
		Regular medical provider for an UNscheduled appointment in past 12 months.	110	36.7%	190	63.3%	299	100.0%
		Called a toll-free number for medical advice in past 12 months.	13	4.5%	285	95.5%	299	100.0%

Use of the following types of health care services in the past 12 months vary significantly when members of households with children under age 20 are compared to those who do not have household members under age 20: (“children” vs. “no children”, respectively)

-“Used the internet to look up information” (far more common among households with children)
-“Emergency room visit” (far more common among households with children)
-“Urgent care” (far more common among households with children)
-“Unscheduled appointments at regular doctors” (far more common among households with children)
-“Called toll free number for medical advice” (more common among households with children)

Table 16.5 - Use of health care services – by INSUREDNESS

		None		1-3 times		4-6 times		7-9 times		10-12 times		13+ times		Don't know		Total Sampl	
		n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Health Insuranc Status	Military	Regular medical for a scheduled appointment in pa months.	15	10.5%	44	31.3%	24	17.2%	7	5.3%	18	12.8%	32	22.8%	0	.0%	141	100.0
		Used the internet up health informa past 12 months.	29	20.7%	33	23.5%	17	12.1%	5	3.6%	21	15.2%	35	25.0%	0	.0%	141	100.0
		Emergency room hospital in past 1 months.	43	30.2%	65	46.1%	24	16.9%	2	1.4%	3	2.3%	4	3.1%	0	.0%	141	100.0
		Urgent Care in pa months.	73	51.8%	45	31.9%	22	15.7%	1	.6%	0	.0%	0	.0%	0	.0%	141	100.0
		Regular medical for an UNschedul appointment in pa months.	69	49.2%	52	36.6%	15	10.5%	0	.0%	5	3.7%	0	.0%	0	.0%	141	100.0
		Called a toll-free for medical advice 12 months.	130	91.8%	12	8.2%	0	.0%	0	.0%	0	.0%	0	.0%	0	.0%	141	100.0
	Un/Under-ins	Regular medical for a scheduled appointment in pa months.	13	21.6%	18	30.6%	17	27.6%	2	3.2%	6	10.6%	4	6.2%	0	.2%	60	100.0
		Used the internet up health informa past 12 months.	29	48.5%	8	14.0%	7	11.8%	5	8.6%	0	.0%	10	17.0%	0	.0%	60	100.0
		Emergency room hospital in past 1 months.	26	43.3%	23	37.8%	8	13.8%	1	1.3%	2	2.9%	1	.8%	0	.0%	60	100.0
		Urgent Care in pa months.	31	51.1%	21	34.0%	3	5.2%	2	3.1%	1	1.9%	0	.0%	3	4.6%	60	100.0
		Regular medical for an UNschedul appointment in pa months.	35	59.6%	23	38.7%	1	1.7%	0	.0%	0	.0%	0	.0%	0	.0%	59	100.0
		Called a toll-free for medical advice 12 months.	54	89.7%	6	10.3%	0	.0%	0	.0%	0	.0%	0	.0%	0	.0%	60	100.0
	Other	Regular medical for a scheduled appointment in pa months.	46	11.5%	134	33.4%	131	32.6%	20	5.0%	24	6.0%	43	10.6%	3	.8%	402	100.0
		Used the internet up health informa past 12 months.	154	38.5%	87	21.8%	63	15.8%	18	4.5%	24	5.9%	52	13.0%	2	.4%	400	100.0
		Emergency room hospital in past 1 months.	212	52.7%	144	35.8%	30	7.5%	5	1.2%	3	.8%	4	1.0%	5	1.1%	402	100.0
		Urgent Care in pa months.	225	55.9%	122	30.3%	40	10.0%	3	.8%	6	1.5%	1	.2%	5	1.3%	402	100.0
		Regular medical for an UNschedul appointment in pa months.	224	55.7%	110	27.3%	41	10.2%	5	1.2%	3	.8%	18	4.5%	2	.4%	402	100.0
		Called a toll-free for medical advice 12 months.	374	93.4%	9	2.3%	15	3.7%	1	.2%	0	.0%	0	.0%	2	.4%	401	100.0

Table 16.5C - Use of health care services – by INSUREDNESS - Collapsed

			At least some		None or DK		Total Sample	
			n	%	n	%	n	%
Health Insurance Status	Military	Regular medical provider for a scheduled appointment in past 12 months.	126	89.5%	15	10.5%	141	100.0%
		Used the internet to look up health information in past 12 months.	112	79.3%	29	20.7%	141	100.0%
		Emergency room at a hospital in past 12 months.	99	69.8%	43	30.2%	141	100.0%
		Urgent Care in past 12 months.	68	48.2%	73	51.8%	141	100.0%
		Regular medical provider for an UNscheduled appointment in past 12 months.	72	50.8%	69	49.2%	141	100.0%
		Called a toll-free number for medical advice in past 12 months.	12	8.2%	130	91.8%	141	100.0%
	Un/Under-insured	Regular medical provider for a scheduled appointment in past 12 months.	47	78.2%	13	21.8%	60	100.0%
		Used the internet to look up health information in past 12 months.	31	51.5%	29	48.5%	60	100.0%
		Emergency room at a hospital in past 12 months.	34	56.7%	26	43.3%	60	100.0%
		Urgent Care in past 12 months.	27	44.2%	34	55.8%	60	100.0%
		Regular medical provider for an UNscheduled appointment in past 12 months.	24	40.4%	35	59.6%	59	100.0%
		Called a toll-free number for medical advice in past 12 months.	6	10.3%	54	89.7%	60	100.0%
	Other	Regular medical provider for a scheduled appointment in past 12 months.	352	87.7%	49	12.3%	402	100.0%
		Used the internet to look up health information in past 12 months.	244	61.1%	156	38.9%	400	100.0%
		Emergency room at a hospital in past 12 months.	186	46.2%	216	53.8%	402	100.0%
		Urgent Care in past 12 months.	172	42.8%	230	57.2%	402	100.0%
		Regular medical provider for an UNscheduled appointment in past 12 months.	176	43.8%	226	56.2%	402	100.0%
		Called a toll-free number for medical advice in past 12 months.	25	6.2%	376	93.8%	401	100.0%

The following types of health care services used in the past 12 months vary significantly when persons with different health insurance situations are compared: (“military insurance” vs. “un/under-insured” vs. “other”)

-“Regular medical provider for a scheduled appointment” (less common among un/under-insured)
-“Used the internet to look up information” (most common among military, least common among un/under-insured)
-“Emergency room visit” (most common among military)

Prescription Medication – Current Use in the Region

Participants were asked questions about *prescribed medications*. Results are summarized in Tables 17-19.

Table 17 - Do you have any medications that are prescribed for you?

	Do you have any medications that are prescribed for you?	
	n	%
Yes	370	60.7%
No	240	39.3%
Sample Size	609	100.0%

Table 17.1 - Prescribed medication prevalence – by COUNTY

		County	
		Jefferson	Lewis
Yes		60.8%	59.9%
No		39.2%	40.1%
	Total	100.0%	100.0%
	Sample Size	354	256

No significant difference between the counties.

Table 17.2 - Prescribed medication prevalence – by GENDER

		Gender	
		Male	Female
Yes		52.9%	68.5%
No		47.1%	31.5%
	Total	100.0%	100.0%
	Sample Size	307	302

Prescription medication more common among females.

Table 17.3 - Prescribed medication prevalence – by AGE

		Age Groups		
		18-29	30-59	60+
Yes		31.7%	64.1%	88.0%
No		68.3%	35.9%	12.0%
	Total	100.0%	100.0%	100.0%
	Sample Size	158	326	126

Prescription medication prevalence increases as age increases.

Table 17.4 - Prescribed medication prevalence – by CHILDREN IN HOME

		Are there any children under age 20 in the home?	
		Yes	No
Yes		46.0%	75.7%
No		54.0%	24.3%
	Total	100.0%	100.0%
	Sample Size	309	300

Prescription medication more common among those residents whose households do not include children.

Table 17.5 - Prescribed medication prevalence – by INSUREDNESS

		Health Insurance Status		
		Military	Un/Under -insured	Other
Yes		51.2%	47.5%	65.6%
No		48.8%	52.5%	34.4%
	Total	100.0%	100.0%	100.0%
	Sample Size	141	60	402

Prescription medication more common among those residents whose health insurance is not military and who are not un/under-insured.

Table 18 - Do you take the medications as prescribed?

	Do you take the medications as prescribed?	
	n	%
Yes	353	95.5%
No	17	4.5%
Sample Size	370	100.0%

Table 18.1 - Take the medications as prescribed? – by COUNTY

	County	
	Jefferson	Lewis
Yes	95.7%	94.4%
No	4.3%	5.6%
Total	100.0%	100.0%
Sample Size	215	153

No significant difference between the counties.

Table 18.2 - Take the medications as prescribed? – by GENDER

	Gender	
	Male	Female
Yes	94.8%	96.1%
No	5.2%	3.9%
Total	100.0%	100.0%
Sample Size	163	207

No significant difference between the genders.

Table 18.3 - Take the medications as prescribed? – by AGE

	Age Groups		
	18-29	30-59	60+
Yes	91.5%	94.3%	99.6%
No	8.5%	5.7%	.4%
Total	100.0%	100.0%	100.0%
Sample Size	50	209	111

Younger adult residents are least likely to take the medication as prescribed.

Table 18.4 - Take the medications as prescribed? – by CHILDREN IN HOME

	Are there any children under age 20 in the home?	
	Yes	No
Yes	94.2%	96.3%
No	5.8%	3.7%
Total	100.0%	100.0%
Sample Size	142	227

No significant difference between those with and without children in the household.

Table 18.5 - Take the medications as prescribed? – by INSUREDNESS

	Health Insurance Status		
	Military	Un/Under -insured	Other
Yes	94.5%	88.2%	96.5%
No	5.5%	11.8%	3.5%
Total	100.0%	100.0%	100.0%
Sample Size	72	29	264

No significant difference between those who have varying health insurance situations.

Table 19 - Which of the following are reasons that you are not taking the medication as prescribed?

	Yes, a reason.		No, not a reason.		Total Sample	
	n	%	n	%	n	%
Procedures to obtain medications are too complicated	2	14.1%	11	85.9%	13	100.0%
No insurance	2	15.3%	11	84.7%	13	100.0%
Trying to make medications last longer	1	9.4%	12	90.6%	13	100.0%
Insurance does not cover medications	1	7.1%	12	92.9%	13	100.0%
Too high a co-pay or deductible	0	.0%	13	100.0%	13	100.0%
Lack of transportation	0	.0%	13	100.0%	13	100.0%

No demographic cross-tabulations were completed since the total sample size is only n=13 persons who report to not take medication as prescribed.

Emergency Preparedness in the Region – Largest Concerns

Participants were asked to identify their top three concerns in the event of an emergency (travel restricted for two weeks). Results are summarized in Tables 20-20.5.

Table 20 - In the event of an emergency where travel is restricted for two weeks (i.e., community-wide health emergency, weather emergency, or other types of emergencies) what would be your top three concerns?

	Yes		No		Total Sample	
	n	%	n	%	n	%
Food	253	42.2%	345	57.8%	598	100.0%
Transportation	158	26.4%	440	73.6%	598	100.0%
Healthcare	132	22.1%	465	77.9%	598	100.0%
Water	131	22.0%	466	78.0%	598	100.0%
Medications	108	18.0%	490	82.0%	598	100.0%
Medical Treatments	100	16.7%	498	83.3%	598	100.0%
Heat	94	15.7%	504	84.3%	598	100.0%
Family	40	6.6%	558	93.4%	598	100.0%
Electricity	33	5.4%	565	94.6%	598	100.0%
Communication	20	3.4%	578	96.6%	598	100.0%
Pets	16	2.6%	582	97.4%	598	100.0%
Shelter	11	1.9%	586	98.1%	598	100.0%
Farm Animals	3	.4%	595	99.6%	598	100.0%
Don't Know	67	11.3%	530	88.7%	598	100.0%
"No Concerns"	44	7.3%	554	92.7%	598	100.0%

Table 20.1 - Concerns in an Emergency – by COUNTY

			Yes		No		Total Sample	
			n	%	n	%	n	%
County	Jefferson	Food	149	43.0%	198	57.0%	347	100.0%
		Transportation	96	27.5%	251	72.5%	347	100.0%
		Healthcare	78	22.5%	269	77.5%	347	100.0%
		Water	81	23.3%	266	76.7%	347	100.0%
		Medications	65	18.8%	282	81.2%	347	100.0%
		Medical Treatments	65	18.7%	282	81.3%	347	100.0%
		Heat	55	15.8%	292	84.2%	347	100.0%
		Family	25	7.2%	322	92.8%	347	100.0%
		Electricity	21	5.9%	326	94.1%	347	100.0%
		Communication	11	3.2%	336	96.8%	347	100.0%
		Pets	11	3.1%	336	96.9%	347	100.0%
		Shelter	8	2.3%	339	97.7%	347	100.0%
		Farm Animals	1	.2%	346	99.8%	347	100.0%
		Don't Know	36	10.3%	311	89.7%	347	100.0%
		"No Concerns"	24	6.9%	323	93.1%	347	100.0%
	Lewis	Food	98	38.9%	153	61.1%	251	100.0%
		Transportation	54	21.6%	197	78.4%	251	100.0%
		Healthcare	52	20.7%	199	79.3%	251	100.0%
		Water	40	16.1%	211	83.9%	251	100.0%
		Medications	36	14.5%	215	85.5%	251	100.0%
		Medical Treatments	20	8.0%	231	92.0%	251	100.0%
		Heat	39	15.4%	212	84.6%	251	100.0%
		Family	11	4.2%	240	95.8%	251	100.0%
		Electricity	8	3.3%	243	96.7%	251	100.0%
		Communication	10	4.0%	241	96.0%	251	100.0%
		Pets	1	.4%	250	99.6%	251	100.0%
		Shelter	1	.2%	250	99.8%	251	100.0%
		Farm Animals	3	1.3%	248	98.7%	251	100.0%
		Don't Know	39	15.7%	211	84.3%	251	100.0%
		"No Concerns"	23	9.0%	228	91.0%	251	100.0%

The following concerns in the case of an emergency vary significantly between the counties:

-Water (more concern in Jefferson)
-Medical treatments (more concern in Jefferson)
-Pets (more concern in Jefferson)

Table 20.2 - Concerns in an Emergency – by GENDER

			Yes		No		Total Sample	
			n	%	n	%	n	%
Gender	Male	Food	122	40.8%	177	59.2%	299	100.0%
		Transportation	87	28.9%	213	71.1%	299	100.0%
		Healthcare	51	17.0%	248	83.0%	299	100.0%
		Water	68	22.8%	231	77.2%	299	100.0%
		Medications	45	15.1%	254	84.9%	299	100.0%
		Medical Treatments	49	16.4%	250	83.6%	299	100.0%
		Heat	54	18.0%	246	82.0%	299	100.0%
		Family	21	7.0%	278	93.0%	299	100.0%
		Electricity	23	7.5%	277	92.5%	299	100.0%
		Communication	8	2.7%	291	97.3%	299	100.0%
		Pets	5	1.6%	295	98.4%	299	100.0%
		Shelter	3	.9%	297	99.1%	299	100.0%
		Farm Animals	1	.4%	298	99.6%	299	100.0%
		Don't Know	35	11.6%	265	88.4%	299	100.0%
		"No Concerns"	24	8.0%	275	92.0%	299	100.0%
	Female	Food	130	43.7%	168	56.3%	298	100.0%
		Transportation	72	24.0%	227	76.0%	298	100.0%
		Healthcare	81	27.3%	217	72.7%	298	100.0%
		Water	63	21.1%	235	78.9%	298	100.0%
		Medications	62	20.9%	236	79.1%	298	100.0%
		Medical Treatments	51	17.0%	248	83.0%	298	100.0%
		Heat	40	13.4%	258	86.6%	298	100.0%
		Family	19	6.3%	280	93.7%	298	100.0%
		Electricity	10	3.3%	288	96.7%	298	100.0%
		Communication	12	4.0%	286	96.0%	298	100.0%
		Pets	11	3.7%	287	96.3%	298	100.0%
		Shelter	9	2.9%	290	97.1%	298	100.0%
		Farm Animals	1	.4%	297	99.6%	298	100.0%
		Don't Know	33	11.0%	265	89.0%	298	100.0%
		"No Concerns"	20	6.5%	279	93.5%	298	100.0%

The following concerns in the case of an emergency vary significantly between the genders:

-Health care (more concern among females)

-Electricity (more concern among males)

Table 20.3 - Concerns in an Emergency – by AGE

			Yes		No		Total Sample	
			n	%	n	%	n	%
Age Groups	18-29	Food	68	43.8%	88	56.2%	156	100.0%
		Transportation	57	36.4%	99	63.6%	156	100.0%
		Healthcare	46	29.7%	110	70.3%	156	100.0%
		Water	34	21.5%	123	78.5%	156	100.0%
		Medications	5	3.5%	151	96.5%	156	100.0%
		Medical Treatments	28	17.7%	129	82.3%	156	100.0%
		Heat	16	10.1%	140	89.9%	156	100.0%
		Family	16	10.0%	141	90.0%	156	100.0%
		Electricity	0	.0%	156	100.0%	156	100.0%
		Communication	4	2.7%	152	97.3%	156	100.0%
		Pets	3	2.0%	153	98.0%	156	100.0%
		Shelter	4	2.6%	152	97.4%	156	100.0%
		Farm Animals	0	.0%	156	100.0%	156	100.0%
		Don't Know	28	17.9%	128	82.1%	156	100.0%
		"No Concerns"	6	4.0%	150	96.0%	156	100.0%
	30-59	Food	138	43.6%	179	56.4%	317	100.0%
		Transportation	79	25.0%	238	75.0%	317	100.0%
		Healthcare	64	20.1%	253	79.9%	317	100.0%
		Water	78	24.7%	239	75.3%	317	100.0%
		Medications	76	24.1%	241	75.9%	317	100.0%
		Medical Treatments	55	17.3%	262	82.7%	317	100.0%
		Heat	59	18.7%	258	81.3%	317	100.0%
		Family	18	5.7%	299	94.3%	317	100.0%
		Electricity	26	8.3%	291	91.7%	317	100.0%
		Communication	13	4.1%	304	95.9%	317	100.0%
		Pets	10	3.0%	307	97.0%	317	100.0%
		Shelter	7	2.1%	310	97.9%	317	100.0%
		Farm Animals	1	.2%	316	99.8%	317	100.0%
		Don't Know	20	6.4%	297	93.6%	317	100.0%
		"No Concerns"	21	6.7%	296	93.3%	317	100.0%
	60+	Food	46	36.9%	79	63.1%	125	100.0%
		Transportation	22	17.7%	103	82.3%	125	100.0%
		Healthcare	22	17.9%	102	82.1%	125	100.0%
		Water	19	15.5%	105	84.5%	125	100.0%
		Medications	26	20.6%	99	79.4%	125	100.0%
		Medical Treatments	17	13.9%	107	86.1%	125	100.0%
		Heat	19	15.1%	106	84.9%	125	100.0%
		Family	6	4.8%	119	95.2%	125	100.0%
		Electricity	6	5.0%	118	95.0%	125	100.0%
		Communication	3	2.1%	122	97.9%	125	100.0%
		Pets	3	2.3%	122	97.7%	125	100.0%
		Shelter	1	.5%	124	99.5%	125	100.0%
		Farm Animals	2	1.5%	123	98.5%	125	100.0%
		Don't Know	19	15.4%	105	84.6%	125	100.0%
		"No Concerns"	16	12.9%	108	87.1%	125	100.0%

The following concerns in the case of an emergency vary significantly between the age groups:

-Transportation (more concern among younger adults)
-Health care (more concern among younger adults)
-Medications (least concern among adults 18-29 age)
-Electricity (least concern among adults 18-29 age)
-“No concerns” (most common among adults age 60+)

Table 20.4 - Concerns in an Emergency – by CHILDREN IN HOME

			Yes		No		Total Sample	
			n	%	n	%	n	%
Are there any children under age 20 in the home?	Yes	Food	139	45.8%	164	54.2%	303	100.0%
		Transportation	96	31.6%	207	68.4%	303	100.0%
		Healthcare	82	27.2%	221	72.8%	303	100.0%
		Water	72	23.9%	231	76.1%	303	100.0%
		Medications	39	12.8%	264	87.2%	303	100.0%
		Medical Treatments	60	19.9%	243	80.1%	303	100.0%
		Heat	40	13.3%	263	86.7%	303	100.0%
		Family	30	9.9%	273	90.1%	303	100.0%
		Electricity	16	5.1%	288	94.9%	303	100.0%
		Communication	15	5.0%	288	95.0%	303	100.0%
		Pets	8	2.8%	295	97.2%	303	100.0%
		Shelter	6	1.9%	297	98.1%	303	100.0%
		Farm Animals	1	.2%	302	99.8%	303	100.0%
		Don't Know	30	9.9%	273	90.1%	303	100.0%
		"No Concerns"	19	6.1%	285	93.9%	303	100.0%
	No	Food	114	38.6%	181	61.4%	295	100.0%
		Transportation	62	21.1%	232	78.9%	295	100.0%
		Healthcare	50	16.9%	245	83.1%	295	100.0%
		Water	59	20.0%	236	80.0%	295	100.0%
		Medications	69	23.4%	226	76.6%	295	100.0%
		Medical Treatments	40	13.4%	255	86.6%	295	100.0%
		Heat	53	18.1%	241	81.9%	295	100.0%
		Family	10	3.2%	285	96.8%	295	100.0%
		Electricity	17	5.8%	278	94.2%	295	100.0%
		Communication	5	1.6%	290	98.4%	295	100.0%
		Pets	7	2.5%	287	97.5%	295	100.0%
		Shelter	6	1.9%	289	98.1%	295	100.0%
		Farm Animals	2	.6%	293	99.4%	295	100.0%
		Don't Know	37	12.6%	257	87.4%	295	100.0%
		"No Concerns"	25	8.5%	270	91.5%	295	100.0%

The following concerns in the case of an emergency vary significantly when members of households with children under age 20 are compared to those who do not have household members under age 20: (“children” vs. “no children”, respectively)

-Transportation (more concern among those with children)
-Health care (more concern among those with children)
-Medications (more concern among those without children)
-Medical treatments (more concern among those with children)
-Family (more concern among those with children)
-Communication (more concern among those with children)

Table 20.5 - Concerns in an Emergency – by INSUREDNESS

			Yes		No		Total Sample	
			n	%	n	%	n	%
Health Insurance Status	Military	Food	69	49.4%	70	50.6%	139	100.0%
		Transportation	47	33.9%	92	66.1%	139	100.0%
		Healthcare	43	30.9%	96	69.1%	139	100.0%
		Water	36	26.1%	103	73.9%	139	100.0%
		Medications	15	10.6%	124	89.4%	139	100.0%
		Medical Treatments	30	21.2%	109	78.8%	139	100.0%
		Heat	17	12.1%	122	87.9%	139	100.0%
		Family	20	14.1%	119	85.9%	139	100.0%
		Electricity	4	2.9%	135	97.1%	139	100.0%
		Communication	4	3.0%	135	97.0%	139	100.0%
		Pets	2	1.5%	137	98.5%	139	100.0%
		Shelter	0	.0%	139	100.0%	139	100.0%
		Farm Animals	0	.0%	139	100.0%	139	100.0%
		Don't Know	16	11.7%	123	88.3%	139	100.0%
		"No Concerns"	9	6.6%	130	93.4%	139	100.0%
	Un/Under-insured	Food	25	41.2%	36	58.8%	60	100.0%
		Transportation	18	29.4%	43	70.6%	60	100.0%
		Healthcare	14	22.9%	47	77.1%	60	100.0%
		Water	13	21.3%	47	78.7%	60	100.0%
		Medications	17	28.5%	43	71.5%	60	100.0%
		Medical Treatments	11	18.7%	49	81.3%	60	100.0%
		Heat	12	19.4%	49	80.6%	60	100.0%
		Family	1	2.1%	59	97.9%	60	100.0%
		Electricity	3	4.2%	58	95.8%	60	100.0%
		Communication	3	5.5%	57	94.5%	60	100.0%
		Pets	4	5.9%	57	94.1%	60	100.0%
		Shelter	0	.0%	60	100.0%	60	100.0%
		Farm Animals	0	.4%	60	99.6%	60	100.0%
		Don't Know	9	14.6%	52	85.4%	60	100.0%
		"No Concerns"	0	.7%	60	99.3%	60	100.0%
	Other	Food	154	39.2%	239	60.8%	394	100.0%
		Transportation	93	23.7%	301	76.3%	394	100.0%
		Healthcare	76	19.2%	318	80.8%	394	100.0%
		Water	78	19.9%	315	80.1%	394	100.0%
		Medications	76	19.2%	318	80.8%	394	100.0%
		Medical Treatments	59	15.0%	335	85.0%	394	100.0%
		Heat	62	15.6%	332	84.4%	394	100.0%
		Family	19	4.7%	375	95.3%	394	100.0%
		Electricity	25	6.4%	369	93.6%	394	100.0%
		Communication	13	3.2%	381	96.8%	394	100.0%
		Pets	10	2.5%	384	97.5%	394	100.0%
		Shelter	11	2.9%	382	97.1%	394	100.0%
		Farm Animals	2	.6%	391	99.4%	394	100.0%
		Don't Know	42	10.7%	351	89.3%	394	100.0%
		"No Concerns"	34	8.6%	360	91.4%	394	100.0%

The following concerns in the case of an emergency vary significantly when persons with different health insurance situations are compared: (“military insurance” vs. “un/under-insured” vs. “other”)

-Transportation (more concern among military)
-Health care (more concern among military)
-Medications (more concern among the un/under-insured)
-Family (more concern among military)
-“No concerns” (0 out of the 60 sampled un/under-insured reported “no concerns”)

Health Behaviors (Risk Factors) in the Region

Participants were asked the following ten questions that relate to things that impact our health – risk factors. First, they were read the statement: "The following risk factors account for 50% of the causes of death in the United States. As I read each item on this list, please tell me if this risk factor is **currently affecting the health** of any member of your household." Results are summarized in Tables 21-21.5.

Table 21 - The next few questions have to do with some of the things that impact our health. The following risk factors account for 50% of the causes of death in the United States. As I read each item on this list, please tell me if this risk factor is currently affecting the health of any member of your household.

	Yes		No		Don't Know		Refused		Total Sample	
	n	%	n	%	n	%	n	%	n	%
Tobacco Use	202	33.3%	403	66.3%	0	.0%	3	.4%	607	100.0%
Poor Diet	151	24.9%	441	72.7%	12	2.0%	3	.4%	607	100.0%
Physical Inactivity	133	21.9%	469	77.3%	2	.3%	3	.4%	607	100.0%
Alcohol Consumption	63	10.4%	541	89.1%	0	.0%	3	.4%	607	100.0%
Motor Vehicle Accidents	30	4.9%	575	94.7%	0	.0%	3	.4%	607	100.0%
Serious Infections	20	3.3%	584	96.2%	0	.1%	3	.4%	607	100.0%
Drug Use	7	1.1%	594	98.4%	0	.0%	3	.4%	603	100.0%
Poisons	3	.4%	601	99.1%	0	.0%	3	.4%	606	100.0%
STD (including HIV)	2	.3%	600	99.2%	0	.0%	3	.5%	605	100.0%
Household/Gun Violence	0	.0%	603	99.6%	0	.0%	3	.4%	606	100.0%

Table 21.1 - Risk Factors – by COUNTY

			Yes		No		Don't Know		Refused		Total Sample	
			n	%	n	%	n	%	n	%	n	%
County	Jefferson	Tobacco Use	121	34.3%	229	65.1%	0	.0%	2	.5%	352	100.0%
		Poor Diet	88	24.9%	254	72.2%	8	2.3%	2	.5%	352	100.0%
		Physical Inactivity	80	22.7%	269	76.3%	1	.4%	2	.5%	352	100.0%
		Alcohol Consumption	38	10.9%	312	88.6%	0	.0%	2	.5%	352	100.0%
		Motor Vehicle Accidents	16	4.5%	334	94.9%	0	.0%	2	.5%	352	100.0%
		Serious Infections	12	3.4%	338	96.1%	0	.0%	2	.5%	352	100.0%
		Drug Use	3	1.0%	345	98.5%	0	.0%	2	.5%	351	100.0%
		Poisons	2	.4%	348	99.0%	0	.0%	2	.5%	352	100.0%
		STD (including HIV)	1	.4%	348	99.0%	0	.0%	2	.6%	352	100.0%
		Household/Gun Violence	0	.0%	349	99.5%	0	.0%	2	.5%	351	100.0%
	Lewis	Tobacco Use	73	28.7%	182	71.3%	0	.0%	0	.0%	255	100.0%
		Poor Diet	64	24.9%	191	74.6%	1	.5%	0	.0%	255	100.0%
		Physical Inactivity	47	18.5%	208	81.5%	0	.0%	0	.0%	255	100.0%
		Alcohol Consumption	21	8.3%	234	91.7%	0	.0%	0	.0%	255	100.0%
		Motor Vehicle Accidents	16	6.4%	239	93.6%	0	.0%	0	.0%	255	100.0%
		Serious Infections	8	3.2%	246	96.4%	1	.4%	0	.0%	255	100.0%
		Drug Use	4	1.7%	247	98.3%	0	.0%	0	.0%	251	100.0%
		Poisons	1	.4%	254	99.6%	0	.0%	0	.0%	255	100.0%
		STD (including HIV)	0	.0%	252	100.0%	0	.0%	0	.0%	252	100.0%
		Household/Gun Violence	0	.0%	255	100.0%	0	.0%	0	.0%	255	100.0%

The following risk factors vary significantly between the counties:

-None of the prevalences of risk factors are significantly different when comparing households in Jefferson and Lewis Counties.

Table 21.2 - Risk Factors – by GENDER

			Yes		No		Don't Know		Refused		Total Sample	
			n	%	n	%	n	%	n	%	n	%
Gender	Male	Tobacco Use	115	37.4%	191	62.2%	0	.0%	1	.5%	307	100.0%
		Poor Diet	75	24.4%	219	71.2%	12	3.9%	1	.5%	307	100.0%
		Physical Inactivity	77	24.9%	229	74.6%	0	.0%	1	.5%	307	100.0%
		Alcohol Consumption	47	15.2%	259	84.3%	0	.0%	1	.5%	307	100.0%
		Motor Vehicle Accidents	11	3.6%	295	95.9%	0	.0%	1	.5%	307	100.0%
		Serious Infections	1	.4%	304	99.1%	0	.0%	1	.5%	307	100.0%
		Drug Use	2	.6%	301	98.9%	0	.0%	1	.5%	304	100.0%
		Poisons	0	.0%	306	99.5%	0	.0%	1	.5%	307	100.0%
		STD (including HIV)	0	.0%	305	99.5%	0	.0%	1	.5%	306	100.0%
		Household/Gun Violence	0	.0%	306	99.5%	0	.0%	1	.5%	307	100.0%
	Female	Tobacco Use	87	29.1%	212	70.5%	0	.0%	1	.4%	300	100.0%
		Poor Diet	76	25.4%	223	74.2%	0	.0%	1	.4%	300	100.0%
		Physical Inactivity	57	18.9%	240	80.1%	2	.7%	1	.4%	300	100.0%
		Alcohol Consumption	17	5.5%	282	94.1%	0	.0%	1	.4%	300	100.0%
		Motor Vehicle Accidents	19	6.2%	280	93.4%	0	.0%	1	.4%	300	100.0%
		Serious Infections	19	6.3%	279	93.1%	0	.2%	1	.4%	300	100.0%
		Drug Use	5	1.6%	293	98.0%	0	.0%	1	.4%	299	100.0%
		Poisons	3	.9%	295	98.7%	0	.0%	1	.4%	299	100.0%
		STD (including HIV)	2	.7%	295	98.8%	0	.0%	2	.6%	299	100.0%
		Household/Gun Violence	0	.0%	298	99.6%	0	.0%	1	.4%	299	100.0%

The following risk factors vary significantly between the genders:

-Tobacco use (reported for households more commonly by males)
-Alcohol consumption (reported for households more commonly by males)
-Serious infections (reported for households more commonly by females)

Table 21.3 - Risk Factors – by AGE

			Yes		No		Don't Know		Refused		Total Sample	
			n	%	n	%	n	%	n	%	n	%
Age Groups	18-29	Tobacco Use	66	42.1%	91	57.9%	0	.0%	0	.0%	158	100.0%
		Poor Diet	26	16.2%	121	76.5%	11	7.2%	0	.0%	158	100.0%
		Physical Inactivity	19	12.2%	138	87.8%	0	.0%	0	.0%	158	100.0%
		Alcohol Consumption	24	15.4%	133	84.6%	0	.0%	0	.0%	158	100.0%
		Motor Vehicle Accidents	5	3.2%	153	96.8%	0	.0%	0	.0%	158	100.0%
		Serious Infections	7	4.6%	150	95.4%	0	.0%	0	.0%	158	100.0%
		Drug Use	0	.0%	158	100.0%	0	.0%	0	.0%	158	100.0%
		Poisons	0	.0%	158	100.0%	0	.0%	0	.0%	158	100.0%
		STD (including HIV)	0	.0%	157	100.0%	0	.0%	0	.0%	157	100.0%
		Household/Gun Violence	0	.0%	158	100.0%	0	.0%	0	.0%	158	100.0%
	30-59	Tobacco Use	118	36.4%	206	63.6%	0	.0%	0	.0%	325	100.0%
		Poor Diet	105	32.4%	219	67.6%	0	.0%	0	.0%	325	100.0%
		Physical Inactivity	92	28.2%	231	71.2%	2	.6%	0	.0%	325	100.0%
		Alcohol Consumption	34	10.4%	291	89.6%	0	.0%	0	.0%	325	100.0%
		Motor Vehicle Accidents	22	6.7%	303	93.3%	0	.0%	0	.0%	325	100.0%
		Serious Infections	10	3.2%	314	96.7%	0	.1%	0	.0%	325	100.0%
		Drug Use	6	1.9%	317	98.1%	0	.0%	0	.0%	323	100.0%
		Poisons	3	.8%	321	99.2%	0	.0%	0	.0%	324	100.0%
		STD (including HIV)	2	.6%	323	99.4%	0	.0%	0	.0%	325	100.0%
		Household/Gun Violence	0	.0%	323	100.0%	0	.0%	0	.0%	323	100.0%
	60+	Tobacco Use	17	13.9%	105	84.0%	0	.0%	3	2.1%	125	100.0%
		Poor Diet	20	16.3%	101	81.2%	1	.4%	3	2.1%	125	100.0%
		Physical Inactivity	22	17.9%	100	80.0%	0	.0%	3	2.1%	125	100.0%
		Alcohol Consumption	5	4.2%	117	93.8%	0	.0%	3	2.1%	125	100.0%
		Motor Vehicle Accidents	3	2.2%	119	95.7%	0	.0%	3	2.1%	125	100.0%
		Serious Infections	3	2.1%	119	95.7%	0	.2%	3	2.1%	125	100.0%
		Drug Use	1	.5%	119	97.4%	0	.0%	3	2.1%	123	100.0%
		Poisons	0	.0%	122	97.9%	0	.0%	3	2.1%	125	100.0%
		STD (including HIV)	0	.0%	121	97.4%	0	.0%	3	2.6%	124	100.0%
		Household/Gun Violence	0	.0%	122	97.9%	0	.0%	3	2.1%	125	100.0%

The following risk factors vary significantly between the age groups:

-Tobacco use (reported for households more commonly by younger adults)
-Poor diet (reported for households more commonly by adults age 30-59)
-Physical inactivity (reported for households more commonly by adults age 30-59)
-Alcohol consumption (reported for households least commonly by adults age 60+)

Table 21.4 - Risk Factors – by CHILDREN IN HOME

			Yes		No		Don't Know		Refused		Total Sample	
			n	%	n	%	n	%	n	%	n	%
Are there any children under age 20 in the home?	Yes	Tobacco Use	115	37.3%	193	62.7%	0	.0%	0	.0%	308	100.0%
		Poor Diet	72	23.5%	225	72.8%	11	3.7%	0	.0%	308	100.0%
		Physical Inactivity	64	20.7%	244	79.3%	0	.0%	0	.0%	308	100.0%
		Alcohol Consumption	34	11.1%	274	88.9%	0	.0%	0	.0%	308	100.0%
		Motor Vehicle Accidents	17	5.5%	291	94.5%	0	.0%	0	.0%	308	100.0%
		Serious Infections	14	4.6%	294	95.3%	0	.1%	0	.0%	308	100.0%
		Drug Use	6	2.0%	301	98.0%	0	.0%	0	.0%	307	100.0%
		Poisons	1	.3%	307	99.7%	0	.0%	0	.0%	308	100.0%
		STD (including HIV)	1	.4%	306	99.6%	0	.0%	0	.0%	307	100.0%
		Household/Gun Violence	0	.0%	307	100.0%	0	.0%	0	.0%	307	100.0%
	No	Tobacco Use	87	29.1%	209	70.0%	0	.0%	3	.9%	299	100.0%
		Poor Diet	79	26.4%	217	72.6%	1	.2%	3	.9%	299	100.0%
		Physical Inactivity	69	23.2%	225	75.3%	2	.7%	3	.9%	299	100.0%
		Alcohol Consumption	29	9.8%	267	89.4%	0	.0%	3	.9%	299	100.0%
		Motor Vehicle Accidents	13	4.2%	284	94.9%	0	.0%	3	.9%	299	100.0%
		Serious Infections	6	2.0%	290	97.1%	0	.1%	3	.9%	299	100.0%
		Drug Use	1	.2%	293	98.9%	0	.0%	3	.9%	296	100.0%
		Poisons	2	.6%	294	98.6%	0	.0%	3	.9%	299	100.0%
		STD (including HIV)	1	.3%	294	98.7%	0	.0%	3	1.1%	298	100.0%
		Household/Gun Violence	0	.0%	296	99.1%	0	.0%	3	.9%	299	100.0%

The following risk factors vary significantly when members of households with children under age 20 are compared to those who do not have household members under age 20: ("children" vs. "no children", respectively)

-Tobacco use (more common among households with children)

Table 21.5 - Risk Factors – by INSUREDNESS

			Yes		No		Don't Know		Refused		Total Sample	
			n	%	n	%	n	%	n	%	n	%
Health Insurance Status	Military	Tobacco Use	53	37.8%	87	61.2%	0	.0%	1	1.0%	141	100.0%
		Poor Diet	24	16.8%	105	74.2%	11	8.1%	1	1.0%	141	100.0%
		Physical Inactivity	25	17.7%	115	81.3%	0	.0%	1	1.0%	141	100.0%
		Alcohol Consumption	14	9.6%	126	89.4%	0	.0%	1	1.0%	141	100.0%
		Motor Vehicle Accidents	6	4.4%	134	94.6%	0	.0%	1	1.0%	141	100.0%
		Serious Infections	8	5.9%	132	93.1%	0	.0%	1	1.0%	141	100.0%
		Drug Use	2	1.5%	138	97.5%	0	.0%	1	1.0%	141	100.0%
		Poisons	0	.0%	140	99.0%	0	.0%	1	1.0%	141	100.0%
		STD (including HIV)	1	.8%	139	98.2%	0	.0%	1	1.0%	141	100.0%
		Household/Gun Violence	0	.0%	139	99.0%	0	.0%	1	1.0%	140	100.0%
	Un/Under-insured	Tobacco Use	31	51.4%	29	48.6%	0	.0%	0	.0%	60	100.0%
		Poor Diet	28	46.0%	33	54.0%	0	.0%	0	.0%	60	100.0%
		Physical Inactivity	21	35.5%	38	62.6%	1	1.9%	0	.0%	60	100.0%
		Alcohol Consumption	9	14.6%	52	85.4%	0	.0%	0	.0%	60	100.0%
		Motor Vehicle Accidents	5	8.6%	55	91.4%	0	.0%	0	.0%	60	100.0%
		Serious Infections	3	4.9%	57	95.1%	0	.0%	0	.0%	60	100.0%
		Drug Use	0	.0%	60	100.0%	0	.0%	0	.0%	60	100.0%
		Poisons	2	3.6%	58	96.4%	0	.0%	0	.0%	60	100.0%
		STD (including HIV)	0	.0%	60	100.0%	0	.0%	0	.0%	60	100.0%
		Household/Gun Violence	0	.0%	60	100.0%	0	.0%	0	.0%	60	100.0%
	Other	Tobacco Use	118	29.3%	282	70.4%	0	.0%	1	.3%	401	100.0%
		Poor Diet	99	24.7%	300	74.9%	1	.1%	1	.3%	401	100.0%
		Physical Inactivity	84	20.9%	316	78.8%	0	.0%	1	.3%	401	100.0%
		Alcohol Consumption	41	10.2%	358	89.5%	0	.0%	1	.3%	401	100.0%
		Motor Vehicle Accidents	18	4.6%	381	95.1%	0	.0%	1	.3%	401	100.0%
		Serious Infections	9	2.2%	390	97.4%	0	.1%	1	.3%	401	100.0%
		Drug Use	5	1.2%	391	98.5%	0	.0%	1	.3%	397	100.0%
		Poisons	1	.1%	398	99.6%	0	.0%	1	.3%	400	100.0%
		STD (including HIV)	1	.2%	396	99.4%	0	.0%	2	.4%	399	100.0%
		Household/Gun Violence	0	.0%	399	99.7%	0	.0%	1	.3%	401	100.0%

The following risk factors vary significantly when persons with different health insurance situations are compared: ("military insurance" vs. "un/under-insured" vs. "other")

-Tobacco use (most concern among the un/under-insured)
-Poor diet (most concern among the un/under-insured)
-Physical inactivity (most concern among the un/under-insured)
-Poisons (0 out of the 141 sampled military-insured reported poisons)

Ability to Impact Health-related Changes in the Region

Participants were asked the following three questions about ***their ability to impact change.*** Results are summarized in Tables 22-22.5.

Table 22 - The final questions have to do with your opinion about your ability to impact change. For each of the following questions please indicate whether you think "Definitely Yes", "Probably Yes", or "No".

	Yes, definitely.		Yes, probably.		No.		DK/NS		Total Sample	
	n	%	n	%	n	%	n	%	n	%
Ability to bring about a change in your own health?	470	77.5%	105	17.4%	26	4.2%	5	.9%	606	100.0%
Ability to work with others to bring about a change in the health of your COMMUNITY?	197	32.5%	266	43.9%	122	20.0%	22	3.6%	606	100.0%
Ability to work with others to bring about a change in the HEALTHCARE that is available to you?	149	24.7%	239	39.5%	184	30.4%	33	5.4%	605	100.0%

Table 22.1 - Ability to impact change – by COUNTY

			Yes, definitely.		Yes, probably.		No.		DK/NS		Total Sample	
			n	%	n	%	n	%	n	%	n	%
County	Jefferson	Ability to bring about a change in your own health?	275	78.0%	60	17.2%	14	4.0%	3	.9%	352	100.0%
		Ability to work with others to bring about a change in the health of your COMMUNITY?	113	32.0%	158	44.9%	70	19.8%	12	3.3%	352	100.0%
		Ability to work with others to bring about a change in the HEALTHCARE that is available to you?	83	23.6%	138	39.4%	113	32.3%	17	4.8%	351	100.0%
	Lewis	Ability to bring about a change in your own health?	192	75.5%	47	18.3%	13	5.1%	3	1.1%	254	100.0%
		Ability to work with others to bring about a change in the health of your COMMUNITY?	89	35.0%	100	39.3%	54	21.3%	11	4.5%	254	100.0%
		Ability to work with others to bring about a change in the HEALTHCARE that is available to you?	75	29.5%	103	40.4%	57	22.4%	20	7.7%	254	100.0%

The following “perceived abilities to impact health care changes” vary significantly between the counties:

-None of the levels of “perceived abilities to impact health care changes” for the three investigated possible impacts are significantly different when comparing households in Jefferson and Lewis Counties.

Table 22.2 - Ability to impact change – by GENDER

			Yes, definitely.		Yes, probably.		No.		DK/NS		Total Sample	
			n	%	n	%	n	%	n	%	n	%
Gender	Male	Ability to bring about a change in your own health?	232	75.7%	58	18.9%	15	4.7%	2	.7%	306	100.0%
		Ability to work with others to bring about a change in the health of your COMMUNITY?	73	23.8%	148	48.3%	73	23.7%	13	4.2%	306	100.0%
		Ability to work with others to bring about a change in the HEALTHCARE that is available to you?	62	20.1%	124	40.5%	106	34.7%	14	4.6%	306	100.0%
	Female	Ability to bring about a change in your own health?	238	79.3%	48	15.8%	11	3.7%	3	1.2%	300	100.0%
		Ability to work with others to bring about a change in the health of your COMMUNITY?	124	41.5%	118	39.3%	49	16.4%	9	2.9%	300	100.0%
		Ability to work with others to bring about a change in the HEALTHCARE that is available to you?	88	29.3%	115	38.5%	78	26.0%	18	6.2%	299	100.0%

The following "perceived abilities to impact health care changes" vary significantly between the genders:

-Females are significantly more likely than males to believe that they have an ability to work with others to bring about a change in the health of their community.

-Females are significantly more likely than males to believe that they have an ability to work with others to bring about a change in the health care that is available.

Table 22.3 - Ability to impact change – by AGE

			Yes, definitely.		Yes, probably.		No.		DK/NS		Total Sample	
			n	%	n	%	n	%	n	%	n	%
Age Groups	18-29	Ability to bring about a change in your own health?	140	88.5%	17	10.8%	1	.7%	0	.0%	158	100.0%
		Ability to work with others to bring about a change in the health of your COMMUNITY?	46	29.1%	76	48.5%	35	22.4%	0	.0%	158	100.0%
		Ability to work with others to bring about a change in the HEALTHCARE that is available to you?	28	17.6%	73	46.5%	51	32.5%	5	3.4%	158	100.0%
	30-59	Ability to bring about a change in your own health?	251	77.2%	56	17.3%	16	5.0%	1	.4%	325	100.0%
		Ability to work with others to bring about a change in the health of your COMMUNITY?	121	37.2%	145	44.6%	46	14.3%	13	3.9%	325	100.0%
		Ability to work with others to bring about a change in the HEALTHCARE that is available to you?	93	28.9%	119	36.7%	94	28.9%	18	5.4%	323	100.0%
	60+	Ability to bring about a change in your own health?	80	64.3%	32	25.9%	8	6.6%	4	3.2%	124	100.0%
		Ability to work with others to bring about a change in the health of your COMMUNITY?	31	24.7%	45	36.1%	40	32.1%	9	7.1%	124	100.0%
		Ability to work with others to bring about a change in the HEALTHCARE that is available to you?	28	22.7%	47	38.0%	39	31.5%	10	7.8%	124	100.0%

The following "perceived abilities to impact health care changes" vary significantly between the age groups:

-Ability to bring about a change in one's own health. (younger adults agree most)

-Ability to work with others to bring about a change in the health of their community. (30-59 age agree most)

Table 22.4 - Ability to impact change – by CHILDREN IN HOME

			Yes, definitely.		Yes, probably.		No.		DK/NS		Total Sample	
			n	%	n	%	n	%	n	%	n	%
Are there any children under age 20 in the home?	Yes	Ability to bring about a change in your own health?	262	84.8%	34	11.2%	11	3.6%	1	.5%	308	100.0%
		Ability to work with others to bring about a change in the health of your COMMUNITY?	108	35.1%	137	44.6%	55	17.7%	8	2.6%	308	100.0%
		Ability to work with others to bring about a change in the HEALTHCARE that is available to you?	67	21.9%	136	44.3%	88	28.7%	16	5.2%	308	100.0%
	No	Ability to bring about a change in your own health?	209	70.0%	71	23.8%	15	4.9%	4	1.4%	298	100.0%
		Ability to work with others to bring about a change in the health of your COMMUNITY?	89	29.9%	129	43.1%	67	22.4%	13	4.5%	298	100.0%
		Ability to work with others to bring about a change in the HEALTHCARE that is available to you?	82	27.6%	103	34.7%	96	32.2%	17	5.6%	297	100.0%

The following "perceived abilities to impact health care changes" vary significantly when members of households with children under age 20 are compared to those who do not have household members under age 20: ("children" vs. "no children", respectively)

-Ability to bring about a change in one's own health. (adults with children in the household agree most)

-Ability to work with others to bring about a change in the health care that is available. (adults without children in the household definitely agree most)

Table 22.5 - Ability to impact change – by INSUREDNESS

			Yes, definitely.		Yes, probably.		No.		DK/NS		Total Sample	
			n	%	n	%	n	%	n	%	n	%
Health Insurance Status	Military	Ability to bring about a change in your own health?	123	87.1%	16	11.1%	1	.8%	1	1.0%	141	100.0%
		Ability to work with others to bring about a change in the health of your COMMUNITY?	53	37.3%	72	51.0%	13	8.9%	4	2.9%	141	100.0%
		Ability to work with others to bring about a change in the HEALTHCARE that is available to you?	44	30.9%	63	44.3%	29	20.9%	6	4.0%	141	100.0%
	Un/Under-insured	Ability to bring about a change in your own health?	39	64.1%	19	31.2%	3	4.6%	0	.0%	60	100.0%
		Ability to work with others to bring about a change in the health of your COMMUNITY?	21	35.6%	21	34.1%	17	28.2%	1	2.1%	60	100.0%
		Ability to work with others to bring about a change in the HEALTHCARE that is available to you?	15	25.5%	22	37.4%	13	22.5%	9	14.6%	59	100.0%
	Other	Ability to bring about a change in your own health?	304	75.9%	71	17.7%	22	5.4%	4	1.0%	400	100.0%
		Ability to work with others to bring about a change in the health of your COMMUNITY?	123	30.8%	173	43.1%	89	22.3%	15	3.8%	400	100.0%
		Ability to work with others to bring about a change in the HEALTHCARE that is available to you?	90	22.6%	154	38.4%	138	34.6%	17	4.4%	400	100.0%

The following "perceived abilities to impact health care changes" vary significantly when persons with different health insurance situations are compared: ("military insurance" vs. "un/under-insured" vs. "other")

-Ability to bring about a change in one's own health. (un/under-insured adults definitely agree *least*)

-Ability to work with others to bring about a change in the health of their community. (military-insured disagree the least)

-Ability to work with others to bring about a change in the health care that is available. (military-insured agree the most)

Health Information Access in the Region – Internet Access

Access to Internet by Jefferson and Lewis County residents was studied. Results are summarized in Tables 23-23.5.

Table 23 - Internet Access

	Where do you have Internet access?	
	n	%
Home	185	30.7%
Work	16	2.7%
Both	286	47.3%
Neither	116	19.3%
Sample Size	603	100.0%

Table 23.1 - Internet Access – by COUNTY

	County	
	Jefferson	Lewis
Home	29.4%	36.2%
Work	2.9%	1.6%
Both	50.3%	34.6%
Neither	17.4%	27.6%
Total	100.0%	100.0%
Sample Size	350	253

Internet access is more common in Jefferson County.

Table 23.2 - Internet Access – by GENDER

	Gender	
	Male	Female
Home	24.6%	36.7%
Work	3.8%	1.6%
Both	50.1%	44.6%
Neither	21.5%	17.1%
Total	100.0%	100.0%
Sample Size	302	302

No significant difference between the genders.

Table 23.3 - Internet Access – by AGE

	Age Groups		
	18-29	30-59	60+
Home	28.8%	29.0%	37.2%
Work	4.9%	2.2%	1.4%
Both	56.7%	55.3%	15.2%
Neither	9.6%	13.5%	46.2%
Total	100.0%	100.0%	100.0%
Sample Size	158	321	125

Internet access is more common in households reported by (described by) younger adults.

Table 23.4 - Internet Access – by CHILDREN IN HOME

	Are there any children under age 20 in the home?	
	Yes	No
Home	30.3%	31.0%
Work	3.4%	2.0%
Both	58.8%	35.4%
Neither	7.5%	31.6%
Total	100.0%	100.0%
Sample Size	308	295

Internet access is more common in households that include children.

Table 23.5 - Internet Access – by INSUREDNESS

	Health Insurance Status		
	Military	Un/Under -insured	Other
Home	36.9%	35.0%	27.7%
Work	.0%	1.9%	3.8%
Both	60.7%	29.2%	45.6%
Neither	2.4%	33.8%	22.9%
Total	100.0%	100.0%	100.0%
Sample Size	140	60	401

Internet access is most common in households that include the military-insured, and least common among the un/under-insured.

Health Care Access in the Region - *Health Insurance*

Type of health insurance, and impact of large deductibles, were studied, ultimately facilitating the identification and inspection of those individuals who are uninsured and those who are under-insured. Results are summarized in Tables 24-26.4.

Table 24 - Health Insurance – "Type of insurance"

	What type of Health Insurance coverage do you currently have?	
	n	%
Employer Paid	199	32.9%
Private Paid	29	4.7%
Medicaid	32	5.2%
Family Health Plus	7	1.2%
TriCare, Martins Point (military)	141	23.3%
Child Health Plus	4	.7%
Medicare with Supplemental	11	1.9%
Medicare Advantage Plan	1	.2%
Medicare	90	14.9%
None	34	5.7%
DK/NS	21	3.5%
Other	34	5.6%
Sample Size	606	100.0%

Table 24.1 - Health Insurance – "Type of insurance"– by COUNTY

	County	
	Jefferson	Lewis
Employer Paid	31.9%	37.0%
Private Paid	3.7%	9.3%
Medicaid	5.2%	5.3%
Family Health Plus	.8%	2.9%
TriCare, Martins Point (military)	28.0%	3.1%
Child Health Plus	.8%	.6%
Medicare with Supplemental	1.4%	3.7%
Medicare Advantage Plan	.1%	.7%
Medicare	14.6%	16.1%
None	3.9%	13.5%
DK/NS	4.0%	1.4%
Other	5.5%	6.3%
Total	100.0%	100.0%
Sample Size	351	255

Incidence of being uninsured is higher in Lewis County (13.5% vs. 3.9%).

Table 24.2 - Health Insurance – "Type of insurance"– by GENDER

	Gender	
	Male	Female
Employer Paid	34.7%	31.0%
Private Paid	4.2%	5.3%
Medicaid	5.8%	4.7%
Family Health Plus	1.2%	1.3%
TriCare, Martins Point (military)	17.1%	29.7%
Child Health Plus	1.1%	.3%
Medicare with Supplemental	1.5%	2.2%
Medicare Advantage Plan	.1%	.3%
Medicare	16.4%	13.5%
None	7.7%	3.7%
DK/NS	4.7%	2.3%
Other	5.6%	5.6%
Total	100.0%	100.0%
Sample Size	305	301

No significant differences when genders are compared.

Table 24.3 - Health Insurance – "Type of insurance"s – by AGE

	Age Groups		
	18-29	30-59	60+
Employer Paid	20.2%	46.2%	15.0%
Private Paid	.7%	4.6%	10.2%
Medicaid	1.1%	8.3%	2.5%
Family Health Plus	.7%	2.0%	.0%
TriCare, Martins Point (military)	56.0%	13.0%	8.9%
Child Health Plus	.0%	1.4%	.0%
Medicare with Supplemental	.0%	.0%	8.9%
Medicare Advantage Plan	.0%	.0%	1.1%
Medicare	7.6%	7.7%	42.4%
None	2.8%	8.6%	1.9%
DK/NS	7.9%	.7%	5.1%
Other	3.1%	7.6%	3.9%
Total	100.0%	100.0%	100.0%
Sample Size	158	321	127

Clearly, military insurance is common among those age 18-29, and medicare is common among those age 60+. The most common age group to be uninsured is age 30-59.

Table 24.4 - Health Insurance – "Type of insurance"– by CHILDREN IN HOME

	Are there any children under age 20 in the home?	
	Yes	No
Employer Paid	34.7%	31.0%
Private Paid	2.8%	6.8%
Medicaid	4.0%	6.5%
Family Health Plus	1.8%	.7%
TriCare, Martins Point (military)	33.0%	13.3%
Child Health Plus	.5%	.9%
Medicare with Supplemental	.0%	3.8%
Medicare Advantage Plan	.1%	.4%
Medicare	7.2%	23.0%
None	6.1%	5.3%
DK/NS	5.1%	1.8%
Other	4.7%	6.6%
Total	100.0%	100.0%
Sample Size	308	297

Clearly, military insurance is common among those households with children, and medicare is common among households without children.

Table 24.5 - Health Insurance – "Type of insurance"– by INSUREDNESS

	Health Insurance Status		
	Military	Un/Under -insured	Other
Employer Paid	.0%	42.9%	42.9%
Private Paid	.0%	.0%	7.1%
Medicaid	.0%	.0%	7.8%
Family Health Plus	.0%	.0%	1.8%
TriCare, Martins Point (military)	100.0%	.0%	.0%
Child Health Plus	.0%	.0%	1.1%
Medicare with Supplemental	.0%	.0%	2.8%
Medicare Advantage Plan	.0%	.0%	.3%
Medicare	.0%	.0%	22.4%
None	.0%	57.1%	.0%
DK/NS	.0%	.0%	5.2%
Other	.0%	.0%	8.5%
Total	100.0%	100.0%	100.0%
Sample Size	141	60	404

Table 25 - Health Insurance – "Deductible prevent seeking care?"

	Deductible prevent you from seeking medical care when you need it?	
	n	%
Yes	26	13.0%
No	171	85.6%
Not sure	3	1.3%
Sample Size	199	100.0%

Table 25.1 - Deductible prevent seeking care?– by COUNTY

		County	
		Jefferson	Lewis
Yes		14.8%	6.4%
No		83.5%	93.6%
Not sure		1.7%	.0%
	Total	100.0%	100.0%
	Sample Size	112	95

Deductible preventing seeking care is more common in Jefferson County.

Table 25.2 - Deductible prevent seeking care?– by GENDER

		Gender	
		Male	Female
Yes		9.7%	16.7%
No		88.5%	82.4%
Not sure		1.8%	.8%
	Total	100.0%	100.0%
	Sample Size	106	93

Deductible preventing seeking care is more common among females.

Table 25.3 - Deductible prevent seeking care?– by AGE

		Age Groups		
		18-29	30-59	60+
Yes		.0%	17.1%	3.1%
No		100.0%	81.1%	96.9%
Not sure		.0%	1.8%	.0%
	Total	100.0%	100.0%	100.0%
	Sample Size	32	148	19

Deductible preventing seeking care is most common among those age 30-59.

Table 25.4 - Deductible prevent seeking care?– by CHILDREN IN HOME

	Are there any children under age 20 in the home?	
	Yes	No
Yes	12.3%	13.8%
No	85.2%	86.2%
Not sure	2.5%	.0%
Total	100.0%	100.0%
Sample Size	107	92

No significant difference between households with and without children.

Table 26 - Health Insurance – "Uninsured or under-insured?"

	Health Insurance Status	
	n	%
Military	141	23.3%
Un/Under-insured	60	10.0%
Other	404	66.7%
Sample Size	606	100.0%

Table 26.1 - "Uninsured or under-insured?"– by COUNTY

	County	
	Jefferson	Lewis
Military	28.0%	3.1%
Un/Under-insured	8.6%	15.8%
Other	63.3%	81.1%
Total	100.0%	100.0%
Sample Size	351	255

Prevalence of un/under-insured is more common in Lewis County.

Table 26.2 - "Uninsured or under-insured?"– by GENDER

	Gender	
	Male	Female
Military	17.1%	29.7%
Un/Under-insured	11.1%	8.9%
Other	71.9%	61.4%
Total	100.0%	100.0%
Sample Size	305	301

No significant difference between genders.

Table 26.3 - "Uninsured or under-insured?"– by AGE

	Age Groups		
	18-29	30-59	60+
Military	56.0%	13.0%	8.9%
Un/Under-insured	2.8%	16.5%	2.4%
Other	41.2%	70.5%	88.7%
Total	100.0%	100.0%	100.0%
Sample Size	158	321	127

Un/under insuredness is most common among those age 30-59.

Table 26.4 - "Uninsured or under-insured?"– by CHILDREN IN HOME

	Are there any children under age 20 in the home?	
	Yes	No
Military	33.0%	13.3%
Un/Under-insured	10.4%	9.5%
Other	56.6%	77.1%
Total	100.0%	100.0%
Sample Size	308	297

No significant difference between households with and without children.

Appendix I – *Survey Instrument*

HEAL Survey - August 2009

Introductory Script

Hello, my name is _____ I'm calling ON BEHALF OF (or, "FOR") the Public Health Department. How are you this evening? We are not selling anything, we are doing a very short survey in Jefferson (Lewis) County about health-related issues … things such as healthcare services available and services needed. The survey should only take about 5-10 minutes; can you help us out tonight?

If YES- "Great, thanks."

If NO-try to arrange a CALL BACK time.

NOTE: As you start the interview: "I would like to speak to a member of the household who is age 18 or older. Your help is voluntary, but important. If we come to a question you don't want to answer, we will skip over it. You can end the interview at any time. The information you provide will be kept strictly confidential."

First, I would like to ask your opinion about community health problems.

Q1: In your opinion what are the top three community health problems in your county? (DO NOT READ CHOICES - CHECK NO MORE THAN THREE, please remember to check "Don't know" if that is what is indicated)

- [ ] Don't Know
- [ ] Alcoholism
- [ ] Cancer
- [ ] Mental Health
- [ ] Overweight/Obesity
- [ ] Diabetes
- [ ] Maternity/Prenatal Care
- [ ] Asthma
- [ ] Old Age/Geriatrics
- [ ] Cardiac/Heart Disease
- [ ] Lack of Medical Insurance
- [ ] Lack of Access to Care (rural)
- [ ] Substance Abuse (drugs)
- [ ] Allergies
- [ ] Emphysema/COPD
- [ ] Tobacco

Other Health Problems cited as "Top 3":

Health Services - AVAILABILITY

Next, I have some questions about health services in your county.

HEAL Survey - August 2009

In this section I will read you a list of health services. We are interested in your opinion about the availability of these services in your county. For each one, please tell me whether you think there are NOT ENOUGH, or TOO MANY, or JUST THE RIGHT AMOUNT of providers in your county.

	Not enough	Too many	Just the right amount	Don't Know, Not Sure
Q2: Nutrition/Diabetes Education	◯	◯	◯	◯
Q3: Elder Care Services	◯	◯	◯	◯
Q4: Massage, acupuncture. chiropractic	◯	◯	◯	◯
Q5: Physical & Occupational Therapy	◯	◯	◯	◯
Q6: Behavioral Health Services for adults	◯	◯	◯	◯
Q7: Outpatient Behavioral Health for Teens/Children	◯	◯	◯	◯
Q8: Inpatient Surgery	◯	◯	◯	◯
Q9: Outpatient Surgery	◯	◯	◯	◯
Q10: Women's Health Services	◯	◯	◯	◯
Q11: Primary Care	◯	◯	◯	◯
Q12: Clinical Preventive services (immunizations, cancer screenings, smoking cessation etc.)	◯	◯	◯	◯
Q13: Pediatric Care	◯	◯	◯	◯
Q14: Reconstructive/ Plastic Surgery (outpatient and short stay inpatient)	◯	◯	◯	◯
Q15: Dental Care/Orthodontics	◯	◯	◯	◯
Q16: Dermatology	◯	◯	◯	◯
Q17: Cardiac Care	◯	◯	◯	◯
Q18: Cancer Treatment	◯	◯	◯	◯
Q19: Hospice	◯	◯	◯	◯
Q20: Orthopedic care other than PT	◯	◯	◯	◯

Q21: Is there any other health service that I have not mentioned, that you believe should be available in your County?

Prevalence of Chronic Disease

HEAL Survey - August 2009

Next I am going to read a list of CHRONIC DISEASES and ask you to indicate if any member of your household has experienced this in the past year. The purpose of this is so services can be provided for the most common diseases. Remember you do not need to answer any questions that you do not wish to. Does any member of your household currently suffer from: (READ ALL CHOICES ONE-AT-A-TIME)

	Yes	No	Don't Know	Refused
Q22: Arthritis	◯	◯	◯	◯
Q23: Cancer	◯	◯	◯	◯
Q24: Hypertension	◯	◯	◯	◯
Q25: Diabetes	◯	◯	◯	◯
Q26: Congestive Heart Failure	◯	◯	◯	◯
Q27: Asthma	◯	◯	◯	◯
Q28: Alcoholism	◯	◯	◯	◯
Q29: COPD, Emphysema or other Respiratory Illnesses	◯	◯	◯	◯
Q30: Mental Illness	◯	◯	◯	◯
Q31: Stroke	◯	◯	◯	◯
Q32: Alzheimer's disease or dementia	◯	◯	◯	◯
Q33: Weight Issues (Over or Under)	◯	◯	◯	◯
Q34: Angina	◯	◯	◯	◯
Q35: Substance Abuse	◯	◯	◯	◯
Q36: Urinary Tract Infection	◯	◯	◯	◯

Q37: Is there any other chronic disease that I have not mentioned, that a member of your household suffers from?

Traveling for Access to Healthcare

Q38: Do you travel outside your county for any medical care?

◯ Yes ◯ No ◯ Don't Know ◯ Refused

Reasons Why Travel Outside County

I am going to read a list of common reasons that persons cite that cause them to travel for healthcare. Please indicate which of the following are reasons that you must travel outside your county for healthcare.

Is _____ a reason for you? (READ ALL CHOICES ONE-AT-A-TIME)

	Yes	No	Don't Know
Q39: Too long of a wait to get an appointment	◯	◯	◯
Q40: Services are not available in my county	◯	◯	◯
Q41: Lack of transportation	◯	◯	◯
Q42: No health insurance	◯	◯	◯

Q43: Is "Lack of Specialty Services" a reason for you?

◯ Yes ◯ No ◯ Don't Know

Further LACK OF SPECIALTY SERVICES Questions

Q44: WHICH SPECIALTY SERVICES are lacking in your county that cause you to travel for healthcare?

Q45: If these specialty services were available within the County would you stay here for them?

◯ Yes ◯ No ◯ Don't Know

Other Reasons that One Travels for Healthcare

Q46: Is there any other reason than the ones we discussed that causes you to travel outside your county for healthcare?

Telemedicine

Q47: Telemedicine is the use of telecommunications technology to enhance health care services. A good example takes place between a small, rural hospital and a larger, city hospital that has better equipment and subspecialists to make diagnostic, management or treatment decisions for a rural patient. The doctor at the other end of the video or audio sharing can analyze the tests, talks to the patient or the doctor who is with the patient, and work together to make decisions. If telemedicine were available where you receive your care would you use it?

◯ Yes ◯ No ◯ Not sure

HEAL Survey - August 2009

Healthcare Services You Use

Next, we have a few questions about healthcare services you use.

In the past 12 months, how often have you or a member of your household used the following:

	None	1-3 times	4-6 times	7-9 times	10-12 times	13+ times	Don't Know
Q48: Emergency room at a hospital	◯	◯	◯	◯	◯	◯	◯
Q49: Urgent Care	◯	◯	◯	◯	◯	◯	◯
Q50: Regular medical provider for an UNscheduled Appointment	◯	◯	◯	◯	◯	◯	◯
Q51: Regular medical provider for a scheduled Appointment	◯	◯	◯	◯	◯	◯	◯
Q52: Called a toll-free number for medical advice	◯	◯	◯	◯	◯	◯	◯
Q53: Used the internet to look up health information	◯	◯	◯	◯	◯	◯	◯

Prescription Medications

Q54: Do you have any medications that are prescribed for you?

◯ Yes ◯ No ◯ Refused

If you take prescribed medications...

Q55: Do you take the medications as prescribed?

◯ Yes ◯ No ◯ Not sure ◯ Refused

Why not following prescription?

Which of the following are reasons that you are not taking the medication as prescribed?

	Yes, a reason.	No, not a reason.	Not sure.
Q56: No insurance	◯	◯	◯
Q57: Insurance does not cover medications	◯	◯	◯
Q58: Too high a co-pay or deductible	◯	◯	◯
Q59: Lack of transportation	◯	◯	◯
Q60: Procedures to obtain medications are too complicated	◯	◯	◯
Q61: Trying to make medications last longer	◯	◯	◯

Other reasons:

HEAL Survey - August 2009

Community Preparedness

Our next questions relate to community preparedness for an emergency.

Q62: In the event of an emergency where travel is restricted for two weeks (i.e., community wide health emergency, weather emergency, or other types of emergencies) what would be your top three concerns? (DO NOT READ CHOICES - CHECK NO MORE THAN THREE, please remember to check "Don't know" or "None" if that is what is indicated)

- ☐ Don't Know
- ☐ None - "no concerns"
- ☐ Transportation
- ☐ Farm Animals
- ☐ Pets
- ☐ Food
- ☐ Water
- ☐ Medical Treatments (like Oxygen, Dialysis,...)
- ☐ Heat
- ☐ Healthcare
- ☐ Medications

Other Concerns cited as "Top 3":

Health Behaviors and the Ability to Impact Change

The next few questions have to do with some of the things that impact our health. The following risk factors account for 50% of the causes of death in the United States. As I read each item on this list, please tell me if this risk factor is currently affecting the health of any member of your household.

	Yes	No	Don't Know	Refused
Q63: Tobacco use	◯	◯	◯	◯
Q64: Physical inactivity	◯	◯	◯	◯
Q65: Poor diet	◯	◯	◯	◯
Q66: Alcohol consumption	◯	◯	◯	◯
Q67: Serious infections	◯	◯	◯	◯
Q68: Poisons	◯	◯	◯	◯
Q69: Motor vehicle accidents	◯	◯	◯	◯
Q70: Household/gun violence	◯	◯	◯	◯
Q71: Sexually transmitted diseases such as HIV, etc.	◯	◯	◯	◯
Q72: Drug use	◯	◯	◯	◯

HEAL Survey - August 2009

The final questions have to do with your opinion about your ability to impact change. For each of the following questions please indicate whether you think "Definitely Yes", "Probably Yes", or "No".

	Definitely Yes	Probably Yes	No	Don't Know/Not Sure
Q73: Do you believe that you have the ability to bring about a change in your own health?	◯	◯	◯	◯
Q74: Do you believe that you have the ability to work with others to bring about a change in the health of your COMMUNITY?	◯	◯	◯	◯
Q75: Do you believe that you have the ability to work with others to bring about a change in the HEALTHCARE that is available to you?	◯	◯	◯	◯

Demographics

Finally, to better understand the many factors that may be related to adult health status and beliefs about health conditions, we have a few demographic questions for you.

Q76: Do you have access to the Internet at either home, work or both?

◯ Home ◯ Work ◯ Both ◯ Neither

Q77: What type of health care coverage do you currently have? (Read list only if needed – CHOOSE ONLY ONE - Primary)

◯ Employer paid insurance (employer pays part or all of premium)

◯ Private paid insurance (you pay entirely yourself)

◯ Medicaid

◯ Family Health Plus

◯ TriCare, Martins Point (military)

◯ Child Health Plus

◯ Medicare with Supplemental

◯ Medicare Advantage Plan

◯ Medicare

◯ None

◯ Don’t know/Not Sure

Other (please specify)

If Employer-paid insurance...

Q78: Does your deductible prevent you from seeking medical care when you need it?

◯ Yes ◯ No ◯ Not sure ◯ Not applicable

Continued Demographics

* Q79: I am going to read some categories of age classification. Please stop me when I get to the category in which your age falls.

- ◯ Teens
- ◯ Twenties
- ◯ Thirties
- ◯ Forties
- ◯ Fifties
- ◯ Sixties
- ◯ Seventies
- ◯ Eighties+

Q80: Next, we are interested in learning about households in your county. I am again going to read some categories of age, for each please tell me if ANYONE in your household is in that age group. (CHECK EACH GROUP THAT HAS HOUSEHOLD MEMBERS - REMEMBER TO INCLUDE THE PERSON YOU ARE INTERVIEWING)

- ☐ Infants (less than a year old)
- ☐ Children (1-12 years old)
- ☐ Teens (age 13-19)
- ☐ Twenties
- ☐ Thirties
- ☐ Forties
- ☐ Fifties
- ☐ Sixties
- ☐ Seventies
- ☐ Eighties+

* Q81: I am going to read some categories relating to education. Please stop me when I get to the category in which your highest level of formal education falls.

- ◯ Less than a high school graduate
- ◯ High school graduate
- ◯ Some college, no degree
- ◯ Associate's degree
- ◯ Bachelor's degree
- ◯ Graduate/Professional degree

Q82: I am going to read some categories relating to income. Please stop me when I get to the category in which your yearly household income falls. (Reason why asked: to allow determining whether the sample we select is representative of the population that lives in your county)

- ◯ Less than $10,000
- ◯ $10,000 to less than $25,000
- ◯ $25,000 to less than $50,000
- ◯ $50,000 to less than $75,000
- ◯ $75,000 to less than $100,000
- ◯ $100,000 or more
- ◯ Don't Know
- ◯ Refused

Q83: How would you describe your marital status?

- ◯ Single
- ◯ Married
- ◯ Other

HEAL Survey - August 2009

* Q84: If you do not mind me asking, what is your gender?

◯ Male ◯ Female

Q85: Is there anything that concerns you about health in your community that we have missed?

It's Over ... Thanks!!!!

THE SURVEY IS OVER - Thank you for taking the time to complete this survey. If you have any questions, please contact:

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315-786-3723

REQUIRED BOOK-KEEPING - AFTER YOU HANG UP!

Before a survey is entered into the database, you must complete each of the following:

* County of Residence: (get this from the Call sheets)

◯ Jefferson ◯ Lewis

* Zip Code (get this from the Call sheets)

* Town of Residence (get this from the Call sheets)

* Phone Number of Interviewed Resident (get this from the Call sheets)

* INTERVIEWER

Anything that Mr. LaLone should know ... errors you made, comments/complaints by the participant, etc.:

Appendix II – *Survey Comments*

Lack of insurance availability for alternative therapies- massage, chiropractic, etc.

More use/access of homeopathic remedies

SMC monopolizing Women's Health Services

6 years ago lost daughter to leukemia, kid in daughters class now had leukemia, and they really need more cancer treatment places in the area, so that children can get more help when they need it.

a lot of people that have no insurance or are under insured, like myself.

Access to healthcare is my biggest concern, people are not able to access care, emergency room waits are too long

Air Pollution from Ohio Valley (when the air blows the wrong way), being close to a nuclear power plant

Allergies

A lot of people who cant afford insurance

ambulance service is not good in the area

an emergency cardiac care and head trauma

Cost of insurance is getting out of reach

curious what is going to evolve H1N1

dermatologist for wife and child in Syracuse due to insurance

diabetes, helping youth with drinking and smoking

don't think there are enough providers here. difficulty getting into these providers. The costs prevent people from utilizing them. makes people use the emergency room to get basic care because they aren't covered by insurance.

drinking water: lack of equipment for filtering, potential problems

Enforcing - give tickets for smoking in vehicles with children

ER takes too long.

Everyone seems to have longevity.

financial concerns: I have a supplemental insurance to MC and it is difficult for older people without a big income. I am concerned about a new medical insurance program not covering senior citizen's healthcare. I live in a senior citizen building and I know some of my neighbors don't call 911 or seek medical care because they can't afford it.

for a small county it’s working and doable doesn’t expect a big medical conference with such small amount of people...

don’t mind travelling for health care

Going to Target has been cheaper than employee paid drug program- has saved about $600/yr.

Government is on the right track. supports work on healthcare.

Have wonderful hospital, but can't recruit doctors for specialty needs.

health education among children

healthcare for everyone is important, and people who don't have coverage don't seek help when they need it.

high cancer rate

high cancer rates in the county

hospitals charge different rates for insured vs. noninsured; Medicare being abused- wheelchair rental for 2-3 yrs which buying would have been cheaper; have to jump through hoops/need high level of education to fill out paperwork for the programs; have to be basically destitute in order to qualify for programs; no leniency if renewals forms are "missing" for programs.

I am concerned about people, not myself, that don't get the right health care because of lack of money and insurance

I am very pro-life. I am very concerned that there is nothing in our community that helps with that. We need more education and support for organizations that are present. It needs to be promoted more.

I have a physically handicapped kid that does not get a lot of services because he is not mentally handicapped. Hard on family.

I think we are pretty fortunate to have a medical facility in Lowville. It would be nice to have a cardiologist and/or urologist on staff at the facility.

I wish they would not allow alcoholic beverages, pornography, indecency of dress, more food production in the county.

if the government takes it over were in trouble

I'm concerned about the government and health care and how much they are going to control. There is too much room for mistakes. The infectious diseases and MRSA that may flow in from NYC. I am also concerned that the Swine Flu vaccine would be available.

inactivity and obesity in the community

Keeping an eye on H1N1

Lack of choices in gynecological care is frustrating. Care needs to be more up to date and treated respectfully.

lack of doctors

Lack of health care is inevitable.

lack of services for the homeless people

lack of transportation for the elderly; lack of funding for the people who need care; Meals on Wheels for elderly even though they have care providers; kidney dialysis is needed as currently not available in Lewis County; difficulty transporting patients without Medicaid to dialysis outside of county

Lewis County needs dialysis available

limitations of doctors. Would feel more confident seeing the doctor instead of a physicians assistant. Lack of neurologists in the area. Also, do not like the long waiting lists.

low income needing insurance

lower taxes and insurances

Many people without health care coverage in community.

Medicaid is passing out money left and right and for some reason the state is not recognizing the burden and misdirection of funds. Why is it that basic people can get Viagra and I can not even take care of myself when I'm not lazy? Rather than spending money so furiously, maybe should look at priorities of our county and state.

medicare and medicaid availability, hard to qualify

Mental health is a big issue with me, in raising my son I have had to go very far away from the community.

More screenings done early for cancer and heart disease. The earlier screenings are done the better your chances are.

more specialized doctors

no obama healthcare!!!!!

not enough options in specialists

obama healthcare

obesity is huge problem in our area

Obesity, lack of providers

only concern is the long wait at the emergency room.

people who don't have healthcare and costs of healthcare beyond insurance

People with certain insurances, especially Medicaid, cannot access services in Lewis County. This is a farming community and the farmers have difficulty finding affordable health insurance. There are no asthma specialists in Lewis County, 90 miles to nearest reputable asthma specialist.

People without insurance need help. The older people are having a major problem. His parents who don't have the coverage are letting things go too long. People just get sicker as time progresses. It's ridiculous. If they want healthier people, they need to give people the insurance so they can go to the doctors when there is something wrong. What's going to happen when I'm that age? It needs to be affordable if you expect people to go. Why is the focus of control pertaining to little stuff like pools and major factors like health care are getting ignored? This silly stuff is collecting money and time, but if you don't have insurance and go to the emergency room, you will be there all night. Then you'll get a bill that you cannot pay.

prescriptions- benefits can always be improved always room for improvements in the healthcare system

Public health home care would be used a lot in her house.

Seems like we have more than average amount of cancer in this area

She is getting her knee operated on this fall and looks forward to exercise in home from Public Health.

slow emergency room wait

Swine Flu

swine flu situation, availability of vaccination against swine flu

teenagers need more guidance and more psychological help with drugs etc.

The affordability for everyone, especially the ones that do not have insurance. There are a lot of people who do not seek help in time because they cannot afford it. Something minor then turns into something major

the lack of doctors.

There does need to be changes in the healthcare system. I am disabled and feel unable to go out and make these changes.

There should be a covering doctor when your regular doctor is gone to prevent emergency room visits.

transportation for elderly

travels to Syracuse a lot almost weekly, wishes there were more specialists available here in the County

Unfortunate circumstances with so many people who need it can not be helped. It is way to overpriced. In my humble opinion, I don't think there is anyone who should not have health care. I don't understand what people are objecting. I think it's fair people are fearful, but it should be interesting. Communism is not coming because of universal health care. We should be ashamed.

We could use more quality doctors and we made a poor decision by closing Mercy Hospital.

Wish had more public awareness for exercise programs i.e. walking tracks, exercise tracks in the community

wish legislators would do more for community

Wishes there were more specialists in the area, instead of traveling Syracuse. Especially Guthrie, the military should have those kinds of doctors closer.