2004 PRC
COMMUNITY HEALTH SURVEY

Greene County, New York

Sponsored By

The Greene County Rural Health Network

Prepared By PROFESSIONAL RESEARCH CONSULTANTS, INC.
11326 "P" Street Omaha, Nebraska 68137-2316 (800) 428-7455 www.prconline.com 2004-0310-02

TABLE OF CONTENTS

INTRODUCTION

PROJECT OVERVIEW

Project Goals

The Community Health Survey is a systematic, data-driven approach to determining the health status, behaviors and needs of residents in a defined geographical region. Subsequently, this information may be used to formulate strategies to improve community health and wellness.

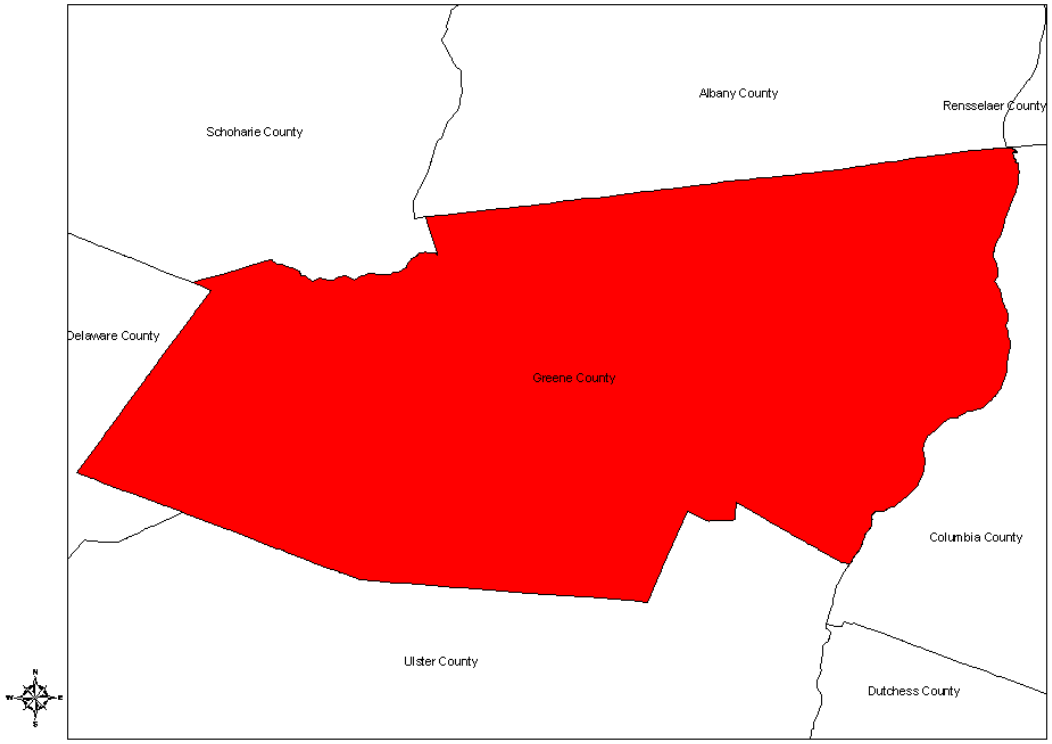
This survey helps provide the information needed to consider when developing effective interventions so that communities may identify issues of greatest concern and decide to commit resources to those areas, thereby making the greatest possible impact on community health status. These data will serve as a tool toward reaching three basic goals:

- To improve residents' health status, increase their life spans, and elevate their overall quality of life. A healthy community is not only one where its residents suffer little from physical and mental illness, but also one where its residents enjoy a high quality of life.
- To reduce the health disparities among residents. By gathering demographic information along with health status and behavior data, it will be possible to identify population segments that are most at-risk for various diseases and injuries. Intervention plans aimed at targeting these individuals may then be developed to combat some of the socio-economic factors which have historically had a negative impact on residents' health.
- To increase accessibility to preventive services for all community residents. More accessible preventive services will prove beneficial in accomplishing the first goal (improving health status, increasing life spans, and elevating the quality of life), as well as lowering the costs associated with caring for late-stage diseases resulting from a lack of preventive care.

Community Defined for This Survey

The "community" defined for this survey is Greene County, New York.

The following map describes this geographical definition.



METHODOLOGY

Community Health Survey

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

A precise and carefully executed methodology is critical in asserting the validity of the results gathered in the *PRC Community Health Survey*. Thus, to ensure the best representation of the population surveyed, a telephone interview methodology was employed. The primary advantages of telephone interviewing are timeliness, efficiency and random selection capabilities.

Sample Design

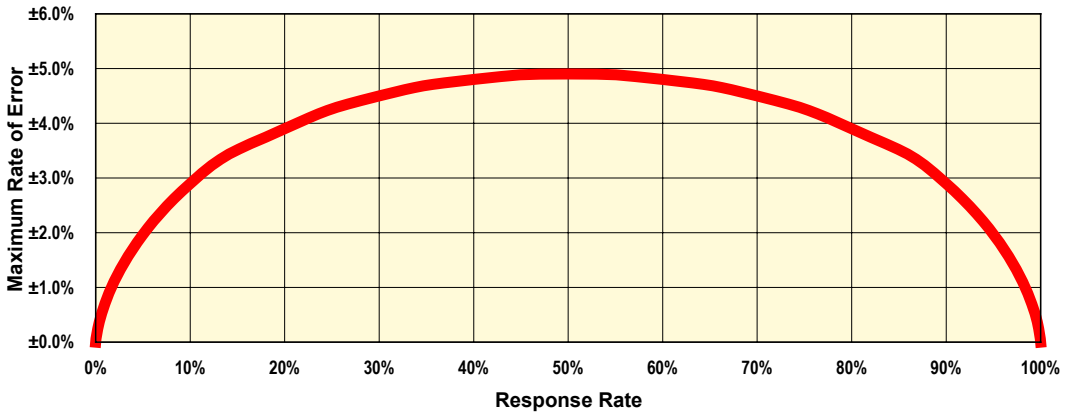
The sample design used for this effort consisted of a random sample of 400 individuals aged 18 and older in Greene County, New York. Once these data were collected, the sample was weighted in proportion to the actual population distribution at the ZIP Code level. Population estimates were based on census projections of adults aged 18 and over provided in the latest *ESRI BIS Demographic Portfolio*.

All administration of the surveys, data collection and data analysis was conducted by Professional Research Consultants, Inc. (PRC).

Sampling Error

For statistical purposes, the maximum rate of error associated with a sample size of 400 respondents is ±4.9% at the 95 percent level of confidence.

Expected Error Ranges for a Sample of 400 Respondents at the 95 Percent Level of Confidence



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

Example 1: For example, if 10% of the sample of 400 respondents answered a certain question with a "yes," it can be asserted that between 7.1% and 12.9% (10% ± 2.9%) of the total population would offer this response.

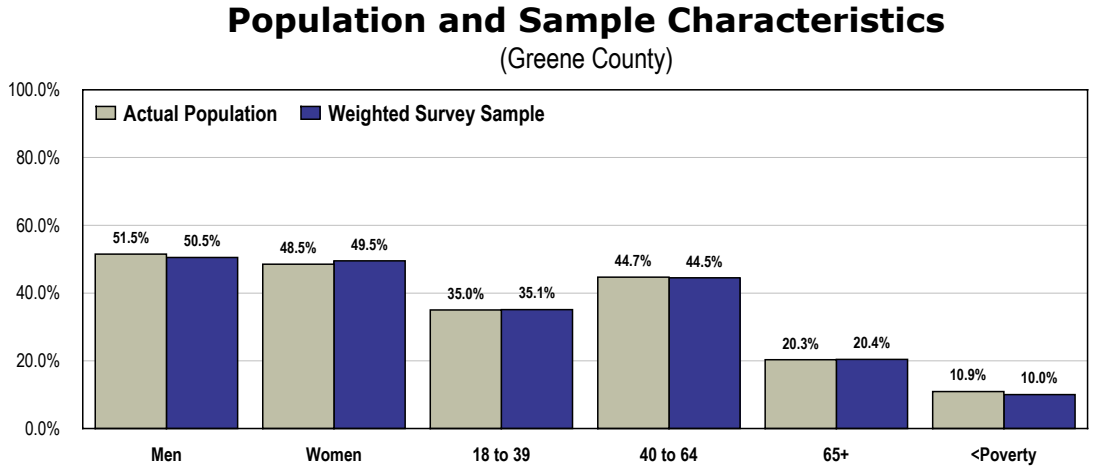
Example 2: If 50% of respondents said "yes," one could be certain with a 95 percent level of confidence that between 45.1% and 54.9% (50% ± 4.9%) of the total population would respond "yes" if asked this question.

In addition, for further analysis, keep in mind that each percentage point recorded among the total sample of survey respondents is representative of approximately 378 residents aged 18 and older in Greene County (based on current population estimates). Thus, in a case where 3.4% of the total sample gives a particular response to a survey question, this is representative of approximately 1,285 people and therefore must not be dismissed as too small to be significant.

Sample Characteristics

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

The following chart outlines the characteristics of the sample for key demographic variables, compared to actual population characteristics revealed in census data. [Note that the sample consisted solely of area residents aged 18 and older; data on children were given by proxy by the person most responsible for that child's healthcare needs, and these children are not represented demographically in this chart.]



Sources: • ESRI BIS Demographic Portfolio.
• 2004 PRC Community Health Survey, Professional Research Consultants.

Further note that the poverty descriptions and segmentation used in this report are based on 2004 administrative poverty thresholds determined by the U.S. Department of Health & Human Services. These guidelines define poverty status by household income level and number of persons in the household (e.g., the 2004 guidelines place the poverty threshold for a family of

four at $18,850 annual household income or lower). In sample segmentation: "200% Poverty or Below" refers to community members living in a household with defined poverty status or living just above the poverty level, earning up to twice the poverty threshold; and ">200% Poverty" refers to households with incomes more than twice the poverty threshold defined for their household size.

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

Benchmark Data

Statewide Risk Factor Data

Statewide risk factor data are provided where available as an additional benchmark against which to compare local findings. These data are reported in the most recent *BRFSS (Behavioral Risk Factor Surveillance System) Summary Prevalence Reports* published by the Centers for Disease Control and Prevention and the U.S. Department of Health & Human Services.

Nationwide Risk Factor Data

Nationwide risk factor data, which are also provided in comparison charts, are taken from the *2003 PRC National Health Survey*. The methodological approach for the national study is identical to that employed in this survey, and these data may be generalized to the U.S. population with a high degree of confidence.

Healthy People 2010

Healthy People 2010: Understanding and Improving Health is part of the Healthy People 2010 initiative that is sponsored by the U. S. Department of Health & Human Services. Healthy People 2010 outlines a comprehensive, nationwide health promotion and disease prevention agenda. It is designed to serve as a roadmap for improving the health of all people in the United States during the first decade of the 21st century.

> *"With [specific] health objectives in 28 focus areas, Healthy People 2010 will be a tremendously valuable asset to health planners, medical practitioners, educators, elected officials, and all of us who work to improve health. Healthy People 2010 reflects the very best in public health planning—it is comprehensive, it was created by a broad coalition of experts from many sectors, it has been designed to measure progress over time, and, most important, it clearly lays out a series of objectives to bring better health to all people in this country."*
> — Donna E. Shalala, (Former) Secretary of Health & Human Services

HEALTHY PEOPLE 2010
Understanding and Improving Health

Like the preceding Healthy People 2000 initiative—which was driven by an ambitious, yet achievable, 10-year strategy for improving the nation's health by the end of the 20th century—Healthy People 2010 is committed to a single, overarching purpose: promoting health and preventing illness, disability and premature death.

SUMMARY OF FINDINGS

Key Points

Health Status & Risk

Survey responses revealed that many aspects of health status and risk in Greene County are very similar to those recorded nationwide. However:

- **Mental Health**. Persons in Greene County reporting depression are much more likely than those nationwide to seek professional help.
- **Cancer**. Adults aged 50 and older in Greene County are more likely to have had a sigmoidoscopy/colonoscopy exam than their national counterparts. Prevalence for other cancer screening findings in Greene County are similar to the national average; however, area women receiving Pap smears in the past three years and local adults aged 50 and over receiving blood stool tests in the past two years fall short of the Healthy People 2010 goal.
- **Nutrition & Overweight**. Greene County residents are more likely than those nationwide to be advised by health professional about diet and nutrition.

Access to Healthcare Services

Access is a key issue for communities across the country. Please note the following:

- **Oral Health**. Adults in Greene County are more likely to have visited the dentist in the past year than those nationwide.
- **Primary Care Services**. The prevalence of adults in Greene County having a specific source of ongoing care does not satisfy the Healthy People 2010 goal. In contrast, children in Greene County received more checkups in the past year than children nationwide.
- **Ratings of Local Healthcare**. Ratings of the local healthcare in Greene County are much poorer than those found nationwide.

Summary Table

Access to Quality Health Services	Greene Co.	US	HP2010	Significance vs. US	Significance vs. HP2010
% Rate Local Health Care "Excellent/Very Good"	26.1	49.8		WORSE	
% Transportation Prevented Dr Visit in Past Yr	8.1	5.8		similar	
% Lack Health Insurance (18-64)	13.8	15.3	0	similar	Does NOT Meet Goal
% Have a Specific Source of Ongoing Care	79.6	79	96	similar	Does NOT Meet Goal
% Child Has Had Checkup in Past Yr	94.9	89		BETTER	

Cancer	Greene Co.	US	HP2010	Significance vs. US	Significance vs. HP2010
% Prostate Exam in Past 2 Yrs (M50+)	84.1	77.9		similar	
% Blood Stool Test in Past 2 Yrs (50+)	42.5	45.1	50	similar	Does NOT Meet Goal
% Mammogram in Past 2 Yrs (W40+)	78.8	79.6	70	similar	Meets Goal
% Pap Smear in Past 3 Yrs (W)	84.7	84.8	90	similar	Does NOT Meet Goal
% Sigmoid/Colonoscopy Ever (50+)	62.7	53.7	50	BETTER	Meets Goal

Disability and Secondary Conditions	Greene Co.	US	HP2010	Significance vs. US	Significance vs. HP2010
% Activity Limitations	20.6	17.2		similar	
%"Fair" or "Poor" Physical Health	17.8	16.6		similar	

Heart Disease and Stroke	Greene Co.	US	HP2010	Significance vs. US	Significance vs. HP2010
% Cholesterol Checked in Past 5 Yrs	83.7	83.7	80	similar	Meets Goal

Mental Health and Mental Disorders	Greene Co.	US	HP2010	Significance vs. US	Significance vs. HP2010
% >3 Days/Month Poor Mental Health	15.2	16.3		similar	
% Prolonged Depression (2+ Yrs)	23.2	22.1		similar	
% Depressed Persons Seeking Help	56.1	40.7	50	BETTER	indeterminable

Nutrition and Fitness	Greene Co.	US	HP2010	Significance vs. US	Significance vs. HP2010
% Received Advice on Nutrition in Past Year	36.1	30.4		BETTER	
% Received Advice on Exercise in Past Year	36.9	36.6		similar	

Oral Health	Greene Co.	US	HP2010	Significance vs. US	Significance vs. HP2010
% Child (2-17) Has Visited Dentist in Past Yr	71.4	75.9	56	similar	Meets Goal
% Have Visited Dentist in Past Yr (18+)	71.9	64.3	56	BETTER	Meets Goal

Substance Abuse	Greene Co.	US	HP2010	Significance vs. US	Significance vs. HP2010
% Received Advise to Reduce Alcohol Use	2.3	1		similar	
% Sought Help for Alcohol or Drug Problem	5	3.8		similar	
% Drinking & Driving in Past Month	3.5	2.8		similar	
% Illicit Drug Use in Past Month	3	3.3	2	similar	indeterminable

Tracking the Nation's Leading Health Indicators

Healthy People 2010 & the Nation's Leading Health Indicators*

A major challenge throughout the history of Healthy People has been to balance a comprehensive set of health objectives with a smaller set of health priorities. Thus, Healthy People 2010 has identified the following health issues as the Leading Health Indicators for the Nation:

Healthy People 2010: Nation's Leading Health Indicators	
Physical Activity	Overweight & Obesity
Tobacco Use	Substance Abuse
Responsible Sexual Behavior	Mental Health
Injury & Violence	Environmental Quality
Immunization	Access to Healthcare

The Leading Health Indicators reflect the major public health concerns in the United States and were chosen based on their ability to motivate action, the availability of data to measure their progress, and their relevance as broad public health issues. The Leading Health Indicators illuminate individual behaviors, physical and social environmental factors, and important health system issues that greatly affect the health of individuals and communities. Underlying each of these indicators is the significant influence of income and education.

The process of selecting the Leading Health Indicators mirrored the collaborative and extensive efforts undertaken to develop Healthy People 2010. The process was led by an interagency work group within the U.S. Department of Health and Human Services. Individuals and organizations provided comments at national and regional meetings or via mail and the Internet. A report by the Institute of Medicine, National Academy of Sciences, provided several scientific models on which to support a set of indicators. Focus groups were used to ensure that the indicators are meaningful and motivating to the public.

For each of the Leading Health Indicators, specific objectives derived from Healthy People 2010 will be used to track progress. This small set of measures will provide a snapshot of the health of the Nation. Tracking and communicating progress on the Leading Health Indicators through national- and State-level report cards will spotlight achievements and challenges in the next

* Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000.

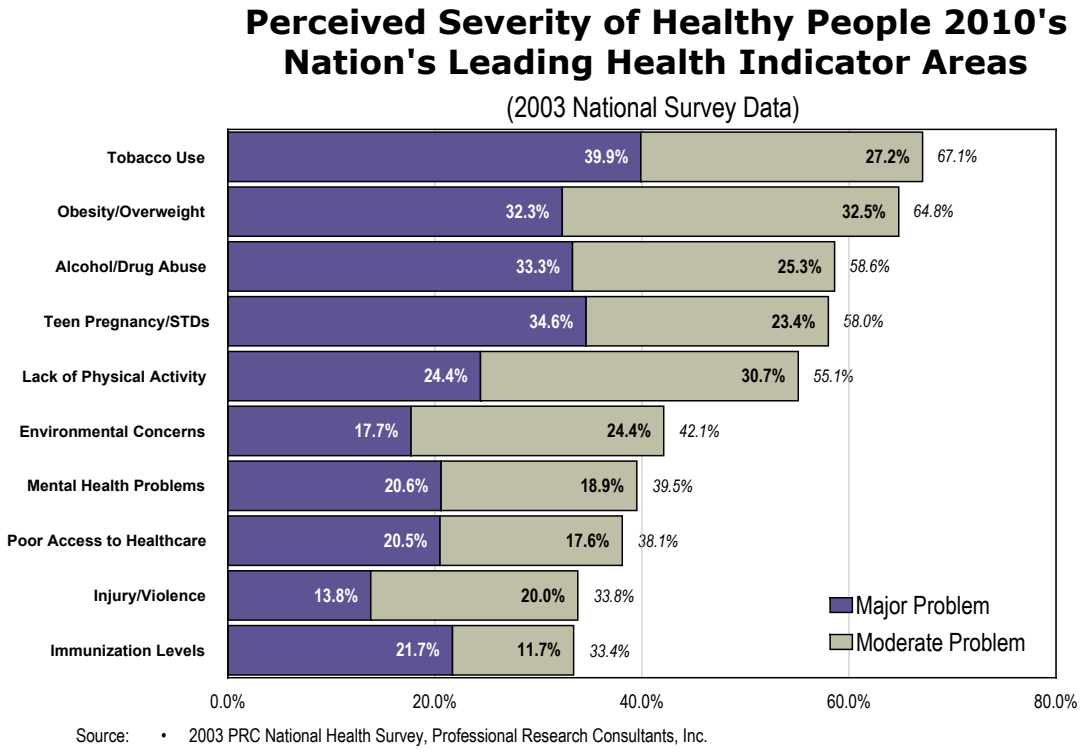
decade. The Leading Health Indicators serve as a link to the 467 objectives in *Healthy People 2010* and can become the basic building blocks for community health initiatives.

The Leading Health Indicators are intended to help everyone more easily understand the importance of health promotion and disease prevention and to encourage wide participation in improving health in the next decade. Developing strategies and action plans to address one or more of these indicators can have a profound effect on increasing the quality of life and the years of healthy life and on eliminating health disparities—creating *healthy people in healthy communities*.

Americans' Perceptions of the Leading Health Indicator Areas

In the *2003 PRC National Health Survey*, respondents were presented with problems associated with these 10 "Leading Health Indicators" and were asked to evaluate each as a "major problem," "moderate problem," "minor problem," or "no problem at all" in their own community. As shown in the following chart:

- **Tobacco use** and **obesity/overweight** are perceived to be "major" or "moderate" problems by roughly two-thirds of Americans.
- Over one-half also view alcohol/drug abuse, teen pregnancy/sexually transmitted diseases, and lack of physical activity as "major/moderate" problems in their communities.



Source: • 2003 PRC National Health Survey, Professional Research Consultants, Inc.

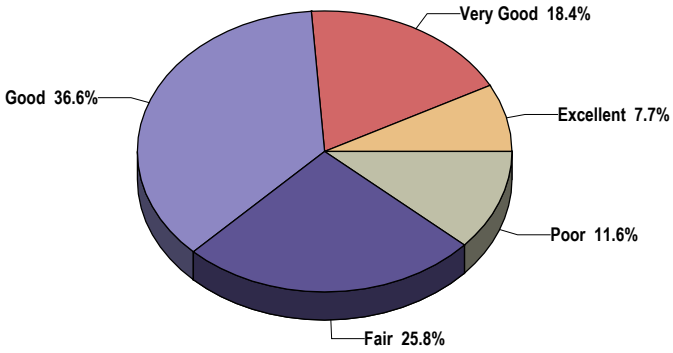
PERCEPTION OF LOCAL HEALTHCARE

Evaluation of Healthcare Services

Roughly one-fourth of Greene County adults rate the overall healthcare services available in their community as "excellent" or "very good."

Rating of Overall Health Care Services Available in the Community

(Greene County)

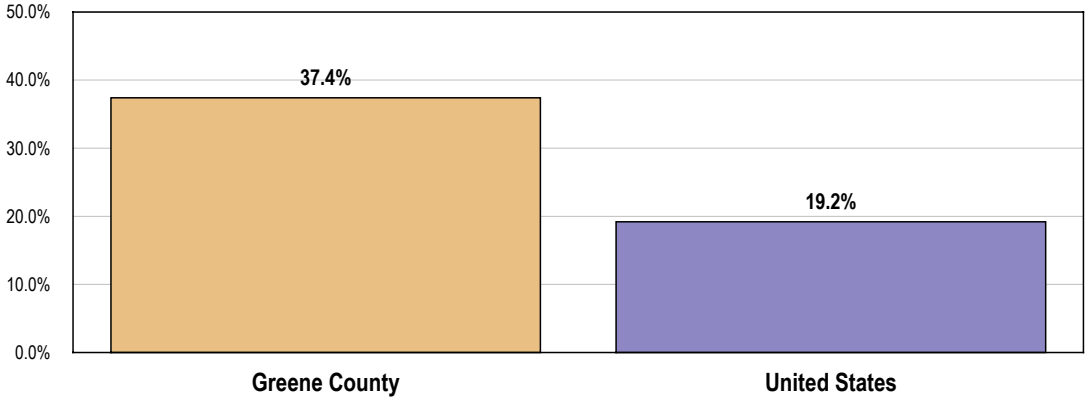


Source: • 2004 PRC Community Health Survey, Professional Research Consultants. [Item 9]
Note: • Asked of all respondents.

However, 37.4% of Greene County residents characterize the healthcare services available in their community as "fair" or "poor."

- Much less favorable than national findings (19.2%).

Perceive Local Health Care Services as "Fair/Poor"

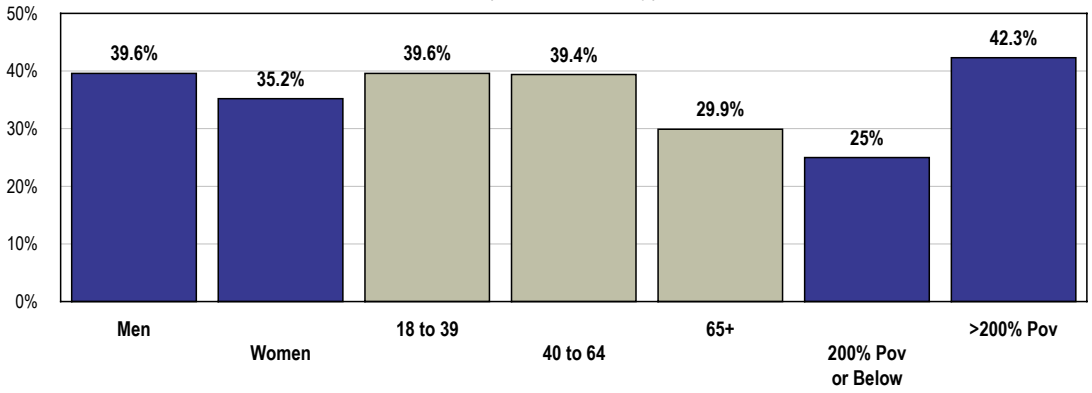


Sources: • 2004 PRC Community Health Survey, Professional Research Consultants. [Item 9]
• 2003 PRC National Health Survey, Professional Research Consultants.
Notes: • Asked of all respondents.
• New York data not available.
• Percentages represent combined "fair" and "poor" responses.

Persons living at higher levels of income give the highest "fair/poor" evaluations of local healthcare. Older adults and those living at lower income levels were least likely to give "fair/poor" evaluations of local healthcare.

Perceive Local Health Care Services as "Fair/Poor"

(Greene County)



Source: • 2004 PRC Community Health Survey, Professional Research Consultants. [Item 9]
Notes: • Asked of all respondents.
• Percentages represent combined "fair" and "poor" responses.

Perceived Number-One Healthcare Problem

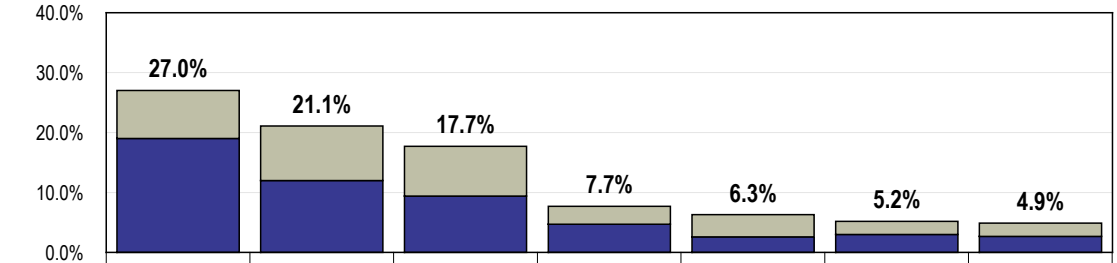
Respondents were initially asked two open-ended (unprompted) questions questioning what they perceive to be the biggest healthcare problems in Greene County. Responses were then grouped thematically as shown in the figure below. [Note that one out of four respondents were uncertain or unable to offer a response, and are not included in the distribution that follows.]

Over one-fourth of Greene County residents cite the cost of healthcare or lack of insurance as the number-one healthcare problem in Greene County.

- Other top-mentioned problems include: a lack of a hospital (21.1%) and a shortage of physicians (17.7%).

Perceived Number-One Health Care Problem

(Greene County)

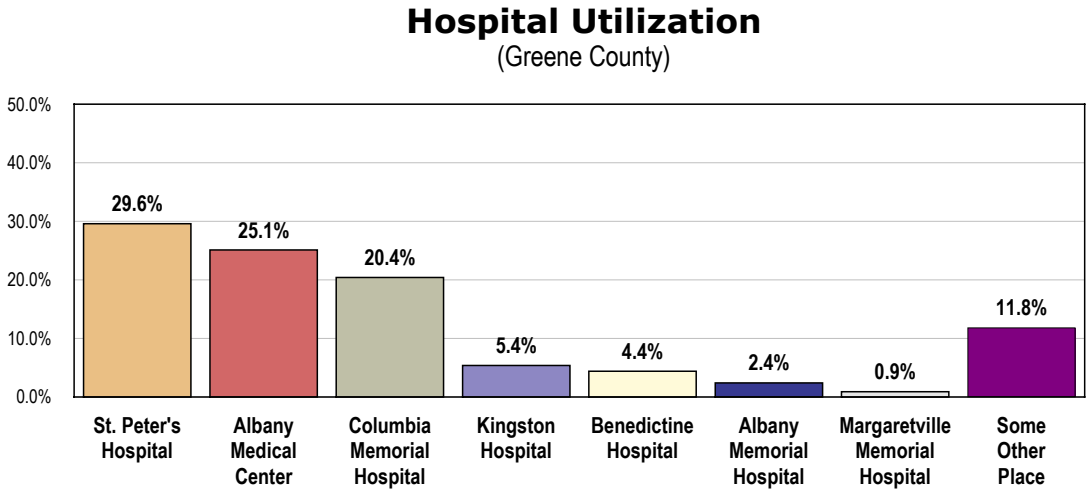


	Cost/Lack of Insurance	Lack of a Hospital	Shortage of Physicians	Cancer	Other Access	Elderly Care	Quality of Care
Top Two	27.0%	21.1%	17.7%	7.7%	6.3%	5.2%	4.9%
Second	8.0%	9.1%	8.3%	3.0%	3.7%	2.2%	2.2%
First	19.0%	12.0%	9.4%	4.7%	2.6%	3.0%	2.7%

Sources: • 2004 PRC Community Health Survey, Professional Research Consultants. [Items 6,7]
Notes: • Based on self-reported height and weight, asked of all respondents.
• Respondents were asked what is the biggest health care problem in Greene County, then asked what is the next biggest health care problem in Greene County.

HOSPITAL UTILIZATION

The majority of Greene County respondents would go to Albany if they needed to stay in a hospital overnight, primarily St. Peter's Hospital or Albany Medical Center.



Sources: • 2004 PRC Community Health Survey, Professional Research Consultants. [Item 14]
Note: • Asked of all respondents.

PHYSICAL HEALTH STATUS

Self-Reported Health Status

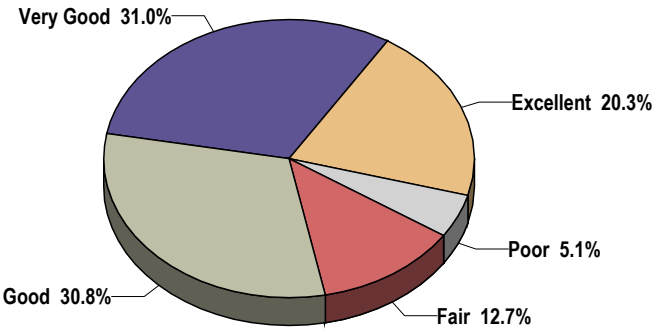
A majority of Greene County adults (51.3%) rate their overall physical health as "excellent" or "very good."

However, 17.8% of adults believe that their overall health is "fair" or "poor."

- Statistically similar to national findings (16.6% "fair/poor").
- Similar to New York findings (17.2% "fair/poor").

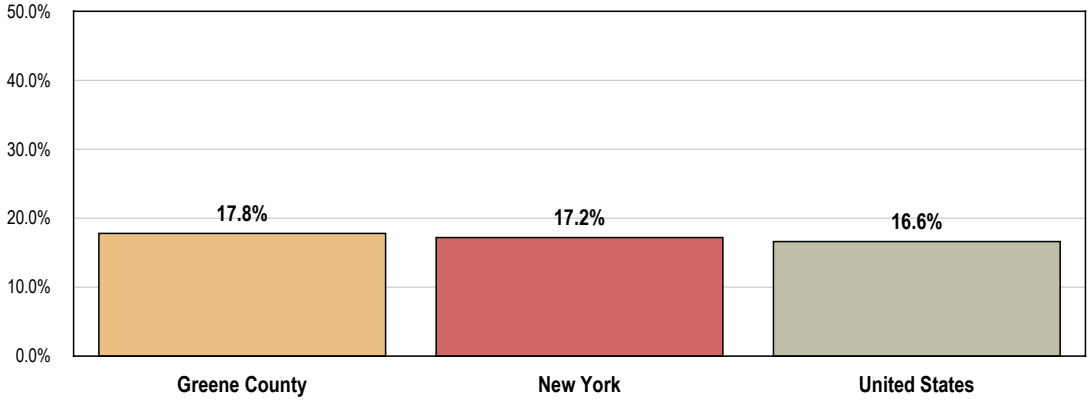
Self-Reported Health Status

(Greene County)



Source: • 2004 PRC Community Health Survey, Professional Research Consultants. [Item 8]
Note: • Asked of all respondents.

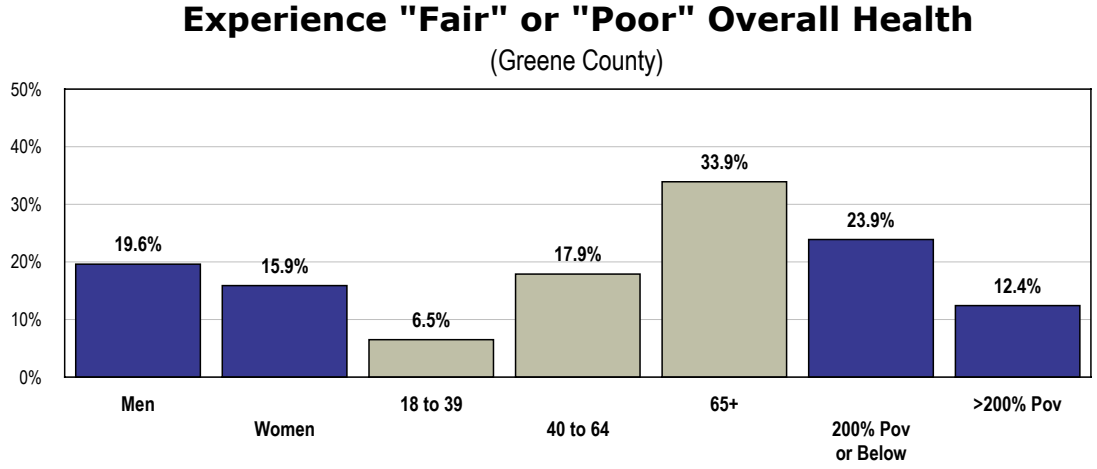
Experience "Fair" or "Poor" Overall Health



Sources: • 2004 PRC Community Health Survey, Professional Research Consultants. [Item 8]
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC).
• 2003 PRC National Health Survey, Professional Research Consultants.
Note: • Asked of all respondents.
• Percentages represent combined "fair" and "poor" responses.

The following chart further examines self-reported health status by various demographic characteristics.

- As might be expected, indications of "fair" or "poor" health increase with age; that is, older residents much more often report their health as "fair" or "poor."
- There is a very strong negative correlation with income — persons living below the poverty level or just above poverty (a.k.a. the "working poor") give higher indications of "fair/poor" health.



Source: • 2004 PRC Community Health Survey, Professional Research Consultants. [Item 8]
Note: • Asked of all respondents.
• Percentages represent combined "fair" and "poor" responses.

MENTAL HEALTH & MENTAL DISORDERS

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

Mental disorders generate an immense public health burden of disability. The World Health Organization, in collaboration with the World Bank and Harvard University, has determined … that the impact of mental illness on overall health and productivity in the United States and throughout the world often is profoundly underrecognized [*Global Burden of Disease* study]. In established market economies such as the United States, mental illness is on a par with heart disease and cancer as a cause of disability. Suicide—a major public health problem in the U.S.—occurs most frequently as a consequence of a mental disorder.

- Mental disorders occur across the lifespan, affecting persons of all racial and ethnic groups, both genders, and all educational and socioeconomic groups…
- Modern treatments for mental disorders are highly effective, with a variety of treatment options available for most disorders…[however], the majority of persons with mental disorders do not receive mental health services.
- The co-occurrence of addictive disorders among persons with mental disorders is gaining increasing attention from mental health professionals…Having both mental and addictive disorders…is a particularly significant clinical treatment issue, complicating treatment for each disorder…
- There is increasing awareness and concern in the public health sector regarding the impact of stress, its prevention and treatment, and the need for enhanced coping skills…
- Evidence that mental disorders are legitimate and highly responsive to appropriate treatment promises to be a potent antidote to stigma. Stigma creates barriers to providing and receiving competent and effective mental health treatment and can lead to inappropriate treatment, unemployment, and homelessness.

As the life expectancy of individuals continues to grow longer, the sheer number—although not necessarily the proportion—of persons experiencing mental disorders of late life will expand. This trend will present society with unprecedented challenges in organizing, financing, and delivering effective preventive and treatment services for mental health.

– Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000.

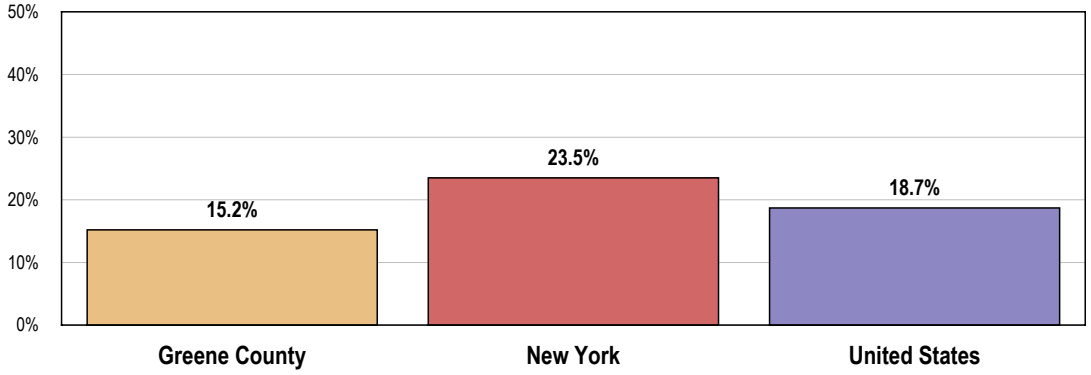
Self-Reported Mental Health Status

Days of Poor Mental Health

Roughly three out of four (73.7%) Greene County adults report no days of poor mental health in the past month. However, 15.2% report three or more days on which their mental health was not good.

- Statistically similar to national findings (18.7%).
- More favorable than New York findings (23.5%).

Have Experienced Three or More Days in the Past Month on Which Mental Health Was Not Good



Sources:
- 2004 PRC Community Health Survey, Professional Research Consultants. [Item 31]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC).
- 2003 PRC National Health Survey, Professional Research Consultants.

Notes:
- Asked of all respondents.

Depression

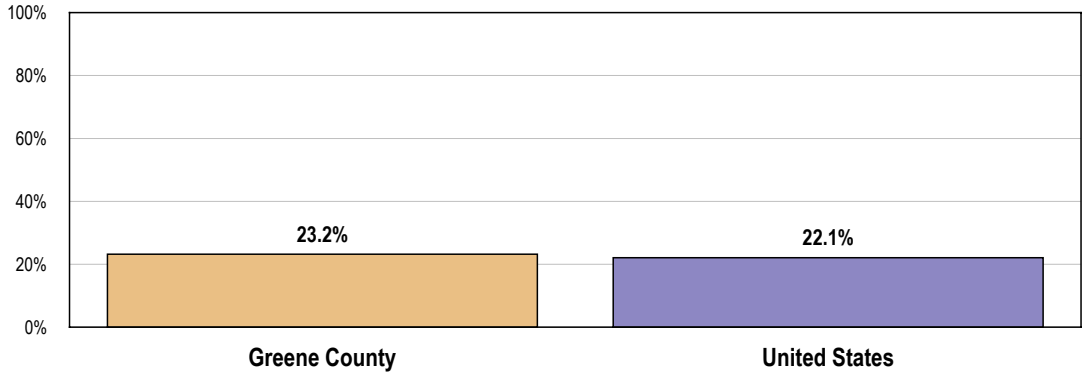
Depression is a serious illness affecting many in the population, whether occasionally or, in many cases, for prolonged periods of time.

Experience of Chronic Depression

Nearly one out of four Greene County adults (23.2%) reports having had two or more years in their lives when they felt depressed or sad on most days, although they may have felt okay sometimes.

- Statistically similar to national findings (22.1%).
- This represents roughly 8,770 adults in Greene County who have faced or are facing prolonged bouts with depression.

Have Experienced Periods of Depression Which Lasted Two or More Years



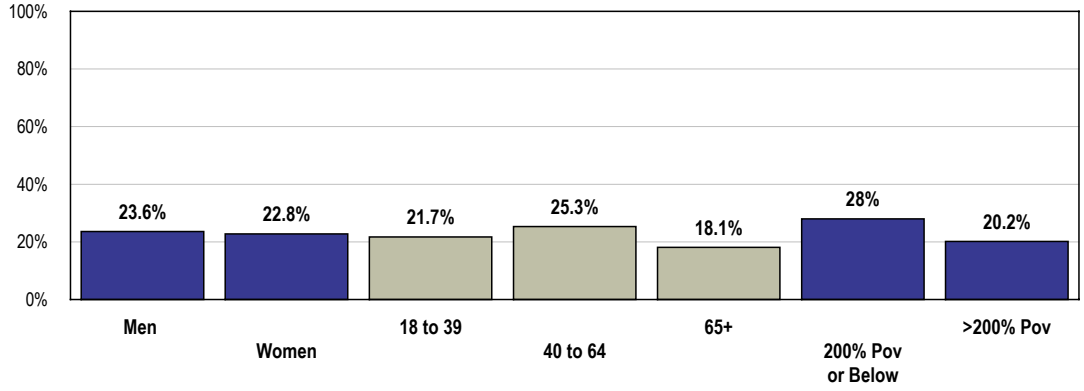
Sources: • 2004 PRC Community Health Survey, Professional Research Consultants. [Item 32]
• 2003 PRC National Health Survey, Professional Research Consultants.
Notes: • Asked of all respondents.
• New York data not available.

The following chart illustrates differences found among key demographic groups. Note that self-reported prevalence is higher among:

- Persons living at lower income levels.
- Middle-aged respondents.

Have Experienced Periods of Depression Which Lasted Two or More Years

(Greene County)



Source: • 2004 PRC Community Health Survey, Professional Research Consultants. [Item 32]
Note: • Asked of all respondents.

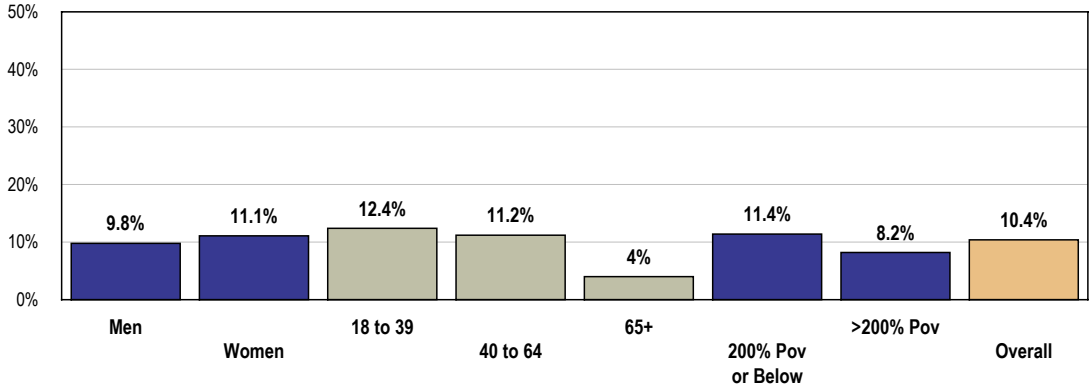
Physician-Diagnosed Mental Health Problem

Over one-tenth of Green County respondents have a mental health problem that has been diagnosed by a physician.

- Older adults are least likely to have a physician-diagnosed mental health problem.

Have a Mental Health Problem Diagnosed by a Physician

(Greene County)



Sources: • 2004 PRC Community Health Survey, Professional Research Consultants. [Item 34]
Notes: • Asked of all respondents.

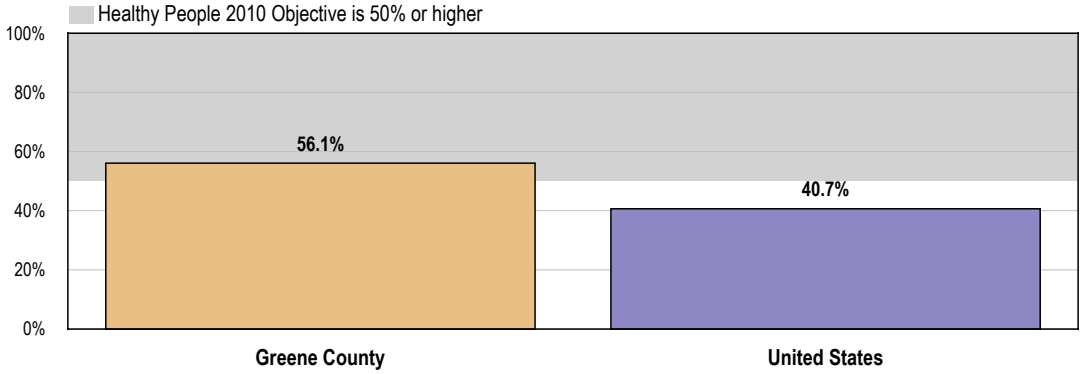
Mental Health Treatment

Among Greene County respondents reporting chronic depression, 56.1% acknowledge that they have sought professional help for a mental or emotional problem.

- More favorable than national findings (40.7%).
- Close to the Healthy People 2010 Objective (50% or higher).

Have Sought Professional Help With a Mental or Emotional Problem

(Among Persons With Recognized Depression)



Sources:
- 2004 PRC Community Health Survey, Professional Research Consultants. [Item 50]
- 2003 PRC National Health Survey, Professional Research Consultants.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 18-9b]

Notes:
- Among respondents who have experienced two or more years of depression at some point in their lives.
- New York data not available.

(Related Issue: see also "Substance Abuse.")

HIGH BLOOD CHOLESTEROL

High blood cholesterol is a major risk factor for coronary heart disease that can be modified. More than 50 million U.S. adults have blood cholesterol levels that require medical advice and treatment. More than 90 million adults have cholesterol levels that are higher than desirable. Experts recommend that all adults aged 20 years and older have their cholesterol levels checked at least once every 5 years to help them take action to prevent or lower their risk of coronary heart disease. Lifestyle changes that prevent or lower high blood cholesterol include eating a diet low in saturated fat and cholesterol, increasing physical activity, and reducing excess weight.

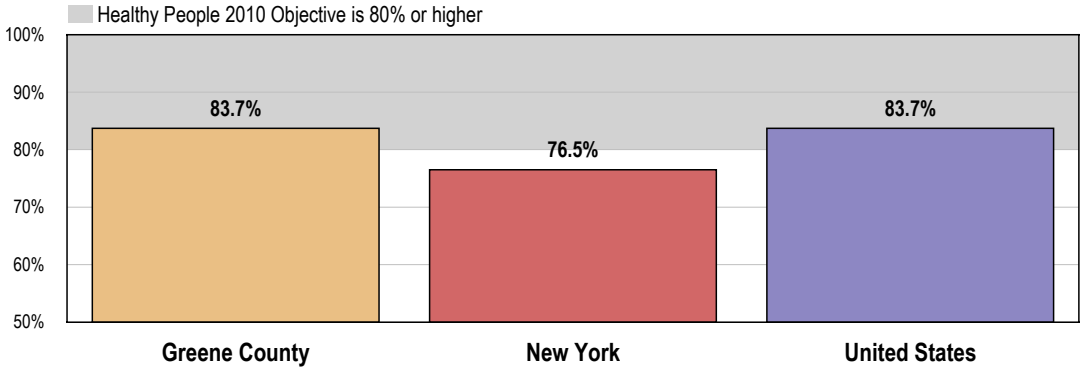
– Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000.

Blood Cholesterol Testing

83.7% of Greene County adults have had their blood cholesterol checked within the past five years.

- Statistically similar to national findings (83.7%).
- More favorable than New York findings (76.5%).
- Satisfies the Healthy People 2010 target (80% or higher).

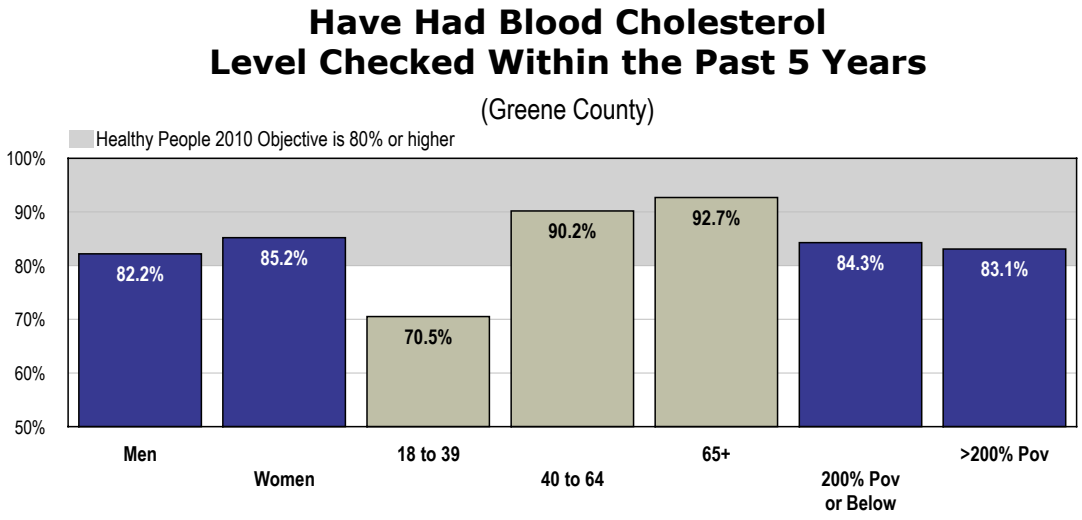
Have Had Blood Cholesterol Level Checked Within the Past 5 Years



Sources:
- 2004 PRC Community Health Survey, Professional Research Consultants. [Item 18]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC).
- 2003 PRC National Health Survey, Professional Research Consultants.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 12-15]

Note:
- Reflects the total sample of respondents.

Young adults (aged 18 to 39) are a key demographic group that fails to satisfy the Healthy People 2010 target for cholesterol screening.



Sources: • 2004 PRC Community Health Survey, Professional Research Consultants. [Item 18]
• Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 12-15]
Note: • Reflects the total sample of respondents.

CANCER SCREENINGS

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

Screening levels in Greene County were measured in the survey relative to four cancer sites: colorectal cancer (sigmoidoscopy and fecal occult blood testing); female breast cancer (mammography); cervical cancer (Pap smear testing); and prostate cancer (prostate-specific antigen testing and digital rectal examination).

Colorectal Cancer Screenings

Beginning at age 50, both men and women should follow one of these five testing schedules:

- Yearly fecal occult blood test (FOBT)*
- Flexible sigmoidoscopy every 5 years
- Yearly fecal occult blood test plus flexible sigmoidoscopy every 5 years**
- Double-contrast barium enema every 5 years
- Colonoscopy every 10 years

*For FOBT, the take-home multiple sample method should be used.
**The combination of FOBT and flexible sigmoidoscopy is preferred over either of these two tests alone.

All positive tests should be followed up with colonoscopy. People should begin colorectal cancer screening earlier and/or undergo screening more often if they have certain colorectal cancer risk factors.

– American Cancer Society

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

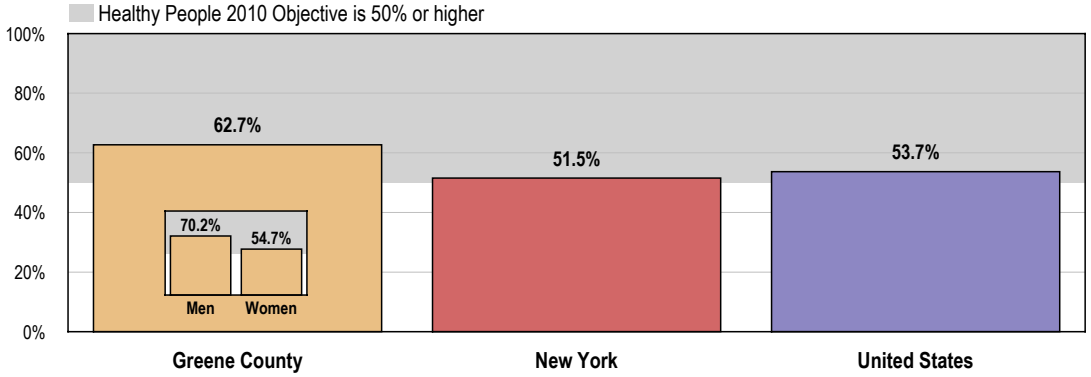
Sigmoidoscopy/Colonoscopy

62.7% of Greene County adults aged 50 and older have had a sigmoidoscopy (or colonoscopy) at some point in their lives.

- More favorable than national findings (53.7%).
- More favorable than New York findings (51.5%).
- Satisfies the Healthy People 2010 target (50% or higher).
- Includes 70.2% of Greene County men and 54.7% of Greene County women.

Have Ever Had a Sigmoidoscopy/Colonoscopy Examination

(Among Persons Aged 50 and Older)



Sources:
- 2004 PRC Community Health Survey, Professional Research Consultants. [Item 53]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC).
- 2003 PRC National Health Survey, Professional Research Consultants.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 3-12b]

Note:
- Asked of all respondents aged 50 or over.

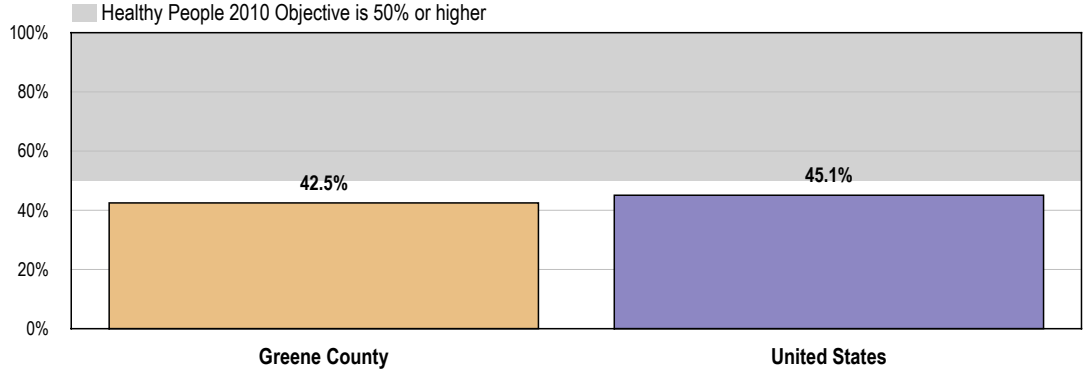
Fecal Occult Blood Testing

42.5% of Greene County adults aged 50 and older have had a blood stool test (a.k.a., fecal occult blood test) within the past two years.

- Statistically similar to national findings (45.1%).
- Fails to satisfy the Healthy People 2010 target (50% or higher).

Have Had a Blood Stool Test in the Past Two Years

(Among Persons Aged 50 and Older)



Sources:
- 2004 PRC Community Health Survey, Professional Research Consultants. [Item 54]
- 2003 PRC National Health Survey, Professional Research Consultants.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 3-12a]

Notes:
- Asked of respondents aged 50 and older
- New York data not available.

Female Breast Cancer Screening

Screenings for female breast cancer are recommended as outlined below:

- Yearly mammograms starting at age 40 and continuing for as long as a woman is in good health.
- Clinical breast exams (CBE) should be part of a periodic health exam, about every three years for women in their 20s and 30s and every year for women 40 and over.
- Women should report any breast change promptly to their health care providers. Breast self-exam (BSE) is an option for women starting in their 20s.
- Women at increased risk (e.g., family history, genetic tendency, past breast cancer) should talk with their doctors about the benefits and limitations of starting mammography screening earlier, having additional tests (e.g., breast ultrasound or MRI), or having more frequent exams.

– American Cancer Society

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

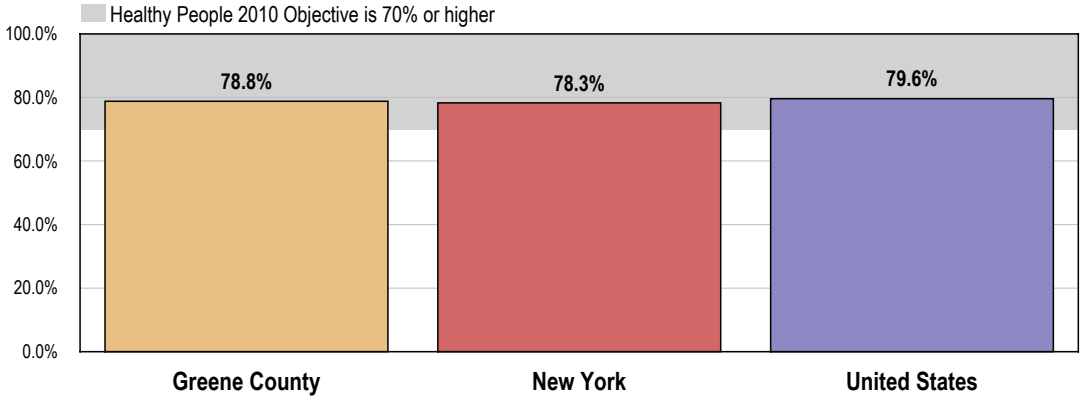
Mammography

78.8% of Greene County women aged 40 and older have had a mammogram within the past two years.

- Statistically similar to national findings (79.6%).
- Satisfies the Healthy People 2010 target (70% or higher).
- Note that 79.7% of Greene County women aged 50 and older have had a mammogram in the preceding two years.

Have Had a Mammogram in the Past Two Years

(Among Women Aged 40 and Older)



Sources:
- 2004 PRC Community Health Survey, Professional Research Consultants. [Item 51]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC).
- 2003 PRC National Health Survey, Professional Research Consultants.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 3-13]

Notes:
- Reflects women aged 40 and over.

Cervical Cancer Screenings

Screenings for cervical cancer are recommended as outlined below:

- All women should begin cervical cancer screening about 3 years after they begin having vaginal intercourse, but no later than when they are 21 years old. Screening should be done every year with the regular Pap test or every 2 years using the newer liquid-based Pap test.
- Beginning at age 30, women who have had 3 normal Pap test results in a row may get screened every 2 to 3 years with either the conventional (regular) or liquid-based Pap test. Women who have certain risk factors such as diethylstilbestrol (DES) exposure before birth, HIV infection, or a weakened immune system due to organ transplant, chemotherapy, or chronic steroid use should continue to be screened annually.
- Another reasonable option for women over 30 is to get screened every 3 years (but not more frequently) with either the conventional or liquid-based Pap test, *plus* the HPV DNA test.
- Women 70 years of age or older who have had 3 or more normal Pap tests in a row and no abnormal Pap test results in the last 10 years may choose to stop having cervical cancer screening. Women with a history of cervical cancer, DES exposure before birth, HIV infection or a weakened immune system should continue to have screening as long as they are in good health.
- Women who have had a total hysterectomy (removal of the uterus and cervix) may also choose to stop having cervical cancer screening, unless the surgery was done as a treatment for cervical cancer or precancer. Women who have had a hysterectomy without removal of the cervix should continue to follow the guidelines above.

– American Cancer Society

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

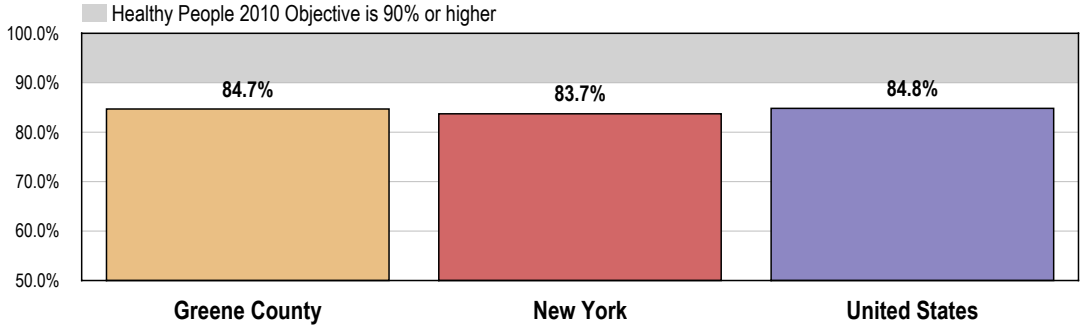
Pap Smear Testing

84.7% of Greene County women aged 18 and older have had a Pap smear within the past three years.

- Statistically similar to national findings (84.8%).
- Statistically similar to New York findings (83.7%).
- Fails to satisfy the Healthy People 2010 target (90% or higher).

Have Had a Pap Smear Within the Past Three Years

(Among Women Aged 18 and Older)



Sources:
- 2004 PRC Community Health Survey, Professional Research Consultants. [Item 26]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC).
- 2003 PRC National Health Survey, Professional Research Consultants.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 3-11]

Note:
- Asked of all female respondents.

Prostate Cancer Screenings

Both prostate-specific antigen (PSA) testing and digital rectal examination (DRE) should be offered annually, beginning at age 50 years, to men who have at least a 10-year life expectancy. Men at high risk should begin testing at age 45 years. Information should be provided to men regarding potential risks and benefits of early detection and treatment of prostate cancer. Men at even higher risk, due to multiple first-degree relatives affected at an early age, could begin testing at age 40. Depending on the results of this initial test, no further testing might be needed until age 45. Information should be provided to men regarding potential risks and benefits of early detection and treatment of prostate cancer.

- Men who choose to undergo testing should begin at age 50. However, men in high-risk groups, such as African Americans and men who have a first-degree relative diagnosed with prostate cancer at a young age, should begin testing at age 45. [Note: a first-degree relative is defined as a father, brother, or son.]
- Men who ask their doctor to make the decision on their behalf should be tested. Discouraging testing is not appropriate. Also not offering testing is not appropriate.
- Testing for prostate cancer in asymptomatic men can detect tumors at a more favorable stage (anatomic extent of disease). There has been a reduction in mortality from prostate cancer, but it has not been established that this is a direct result of screening.
- An abnormal PSA test result has been defined as a value of above 4.0 ng/ml. Some elevations in PSA may be due to benign conditions of the prostate. The DRE of the prostate should be performed by health care workers skilled in recognizing subtle prostate abnormalities, including those of symmetry and consistency, as well as the more classic findings of marked induration or nodules. DRE is less effective in detecting prostate carcinoma compared with PSA.

– American Cancer Society

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

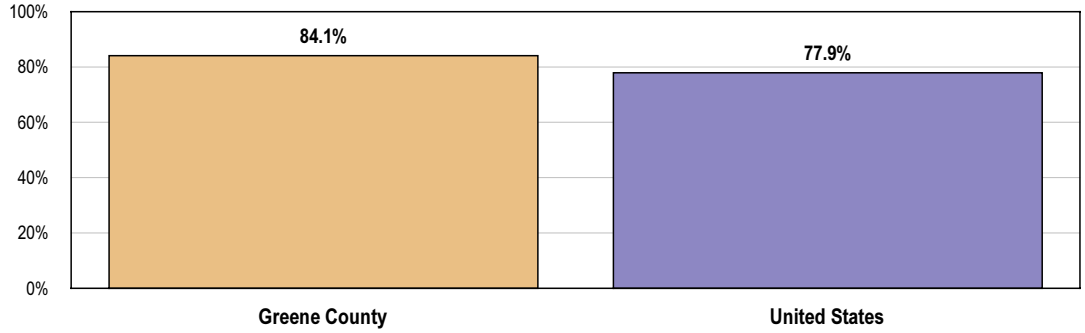
PSA Testing and/or Digital Rectal Examination

84.1% of Greene County men aged 50 and older have had a PSA (prostate-specific antigen) test and/or a digital rectal examination within the past two years.

- Statistically similar to national findings (77.9%).

Have Had a Prostate-Specific Antigen (PSA) Test OR a Digital Rectal Exam in Past Two Years

(Among Men Aged 50 and Older)



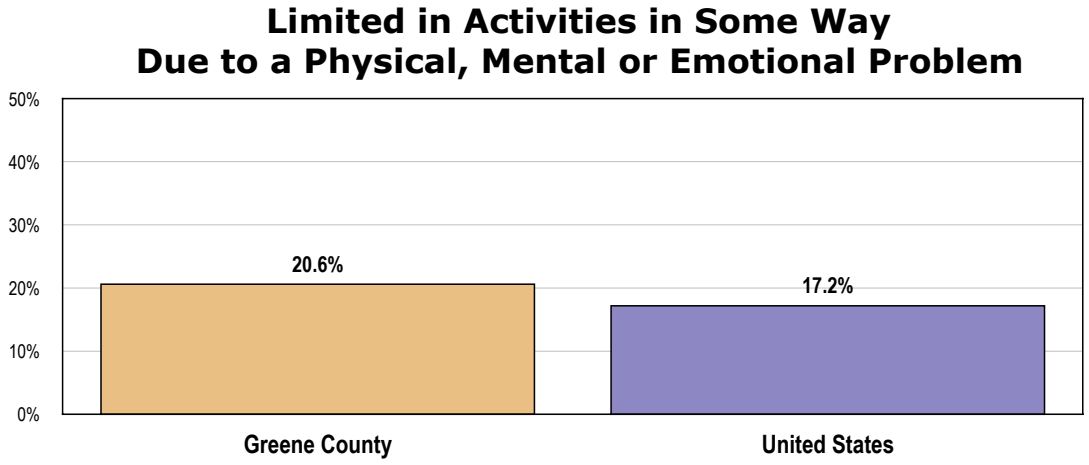
Sources:
- 2004 PRC Community Health Survey, Professional Research Consultants. [Item 52]
- 2003 PRC National Health Survey, Professional Research Consultants.

Notes:
- Reflects male respondents aged 50 and older.
- New York data not available.

ACTIVITY LIMITATIONS

20.6% of Greene County adults report that they are limited in some way in some activities due to a physical, mental or emotional problem.

- Statistically similar to national findings (17.2%).
- Represents nearly 8,000 adults in Greene County.



Sources:
- 2004 PRC Community Health Survey, Professional Research Consultants. [Item 35]
- 2003 PRC National Health Survey, Professional Research Consultants.

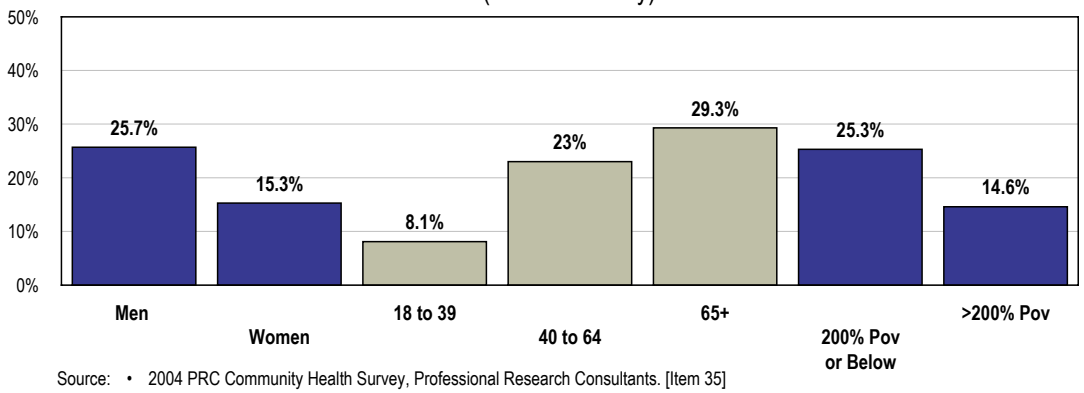
Notes:
- Asked of all respondents.
- New York data not available.

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

- Men much more often report limitations than do women.
- There is a strong correlation with age, with 29.3% of older adults (65+) limited in activities.
- There is a very strong negative correlation with income, with 25.3% of low-income respondents reporting activity limitations.

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

(Greene County)

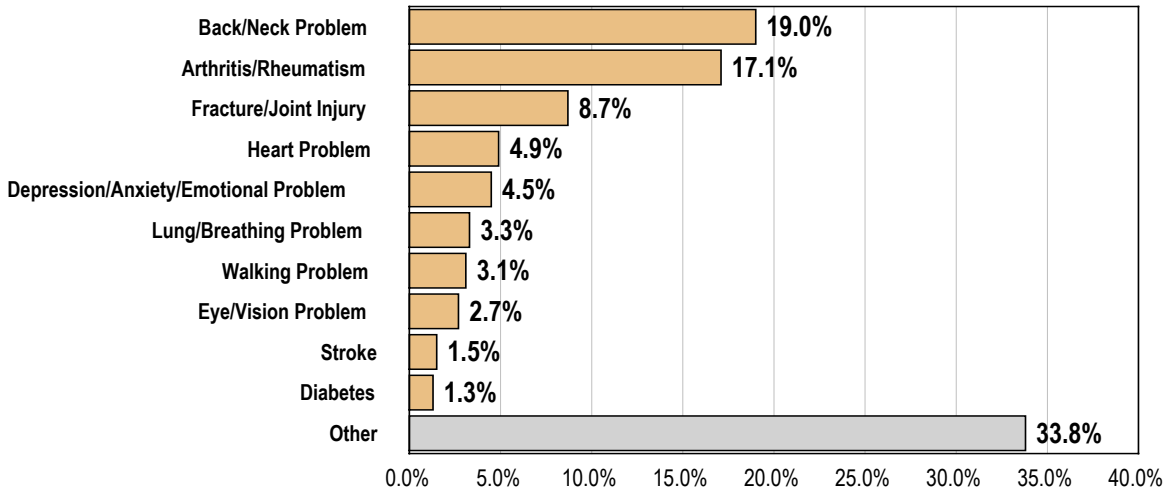


Source: • 2004 PRC Community Health Survey, Professional Research Consultants. [Item 35]
Note: • Asked of all respondents.

Among persons reporting activity limitations, these are most often attributed to back/neck problems or arthritis/rheumatism.

Type of Problem That Limits Activities

(Among Those Reporting Activity Limitations; Greene County)



Source: • 2004 PRC Community Health Survey, Professional Research Consultants. [Item 36]
Note: • Reflects those respondents who experience activity limitations.

SUBSTANCE ABUSE

Substance abuse and its related problems are among society's most pervasive health and social concerns. Each year, about 100,000 deaths in the United States are related to alcohol consumption. Illicit drug abuse and related acquired immunodeficiency syndrome (AIDS) deaths account for at least another 12,000 deaths. In 1995, the economic cost of alcohol and drug abuse was $276 billion. This represents more than $1,000 for every man, woman, and child in the United States to cover the costs of health care, motor vehicle crashes, crime, lost productivity, and other adverse outcomes of alcohol and drug abuse.

A substantial proportion of the population drinks alcohol… Alcohol use and alcohol-related problems also are common among adolescents. Excessive drinking has consequences for virtually every part of the body. The wide range of alcohol-induced disorders is due (among other factors) to differences in the amount, duration, and patterns of alcohol consumption, as well as differences in genetic vulnerability to particular alcohol-related consequences… Alcohol use has been linked with a substantial proportion of injuries and deaths from motor vehicle crashes, falls, fires, and drownings. It also is a factor in homicide, suicide, marital violence, and child abuse and has been associated with high-risk sexual behavior…

Illegal use of drugs, such as heroin, marijuana, cocaine, and methamphetamine, is associated with other serious consequences, including injury, illness, disability, and death, as well as crime, domestic violence, and lost workplace productivity. Drug users and persons with whom they have sexual contact run high risks of contracting gonorrhea, syphilis, hepatitis, tuberculosis, and human immunodeficiency virus (HIV). The relationship between injection drug use and HIV/AIDS transmission is well known. Injection drug use also is associated with hepatitis B and C infections… Long-term consequences, such as chronic depression, sexual dysfunction, and psychosis, may result from drug use.

Although there has been a long-term drop in overall use, many people in the United States still use illicit drugs… Drug use among adolescents aged 12 to 17 years doubled between 1992 and 1997… Drug and alcohol use by youth also is associated with other forms of unhealthy and unproductive behavior, including delinquency and high-risk sexual activity.

The stigma attached to substance abuse increases the severity of the problem. The hiding of substance abuse, for example, can prevent persons from seeking and continuing treatment and from having a productive attitude toward treatment. Compounding the problem is the gap between the number of available treatment slots and the number of persons seeking treatment for illicit drug use or problem alcohol use.

– Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000.

Self-Reported Alcohol Use

High-Risk Alcohol Use

Binge Drinking

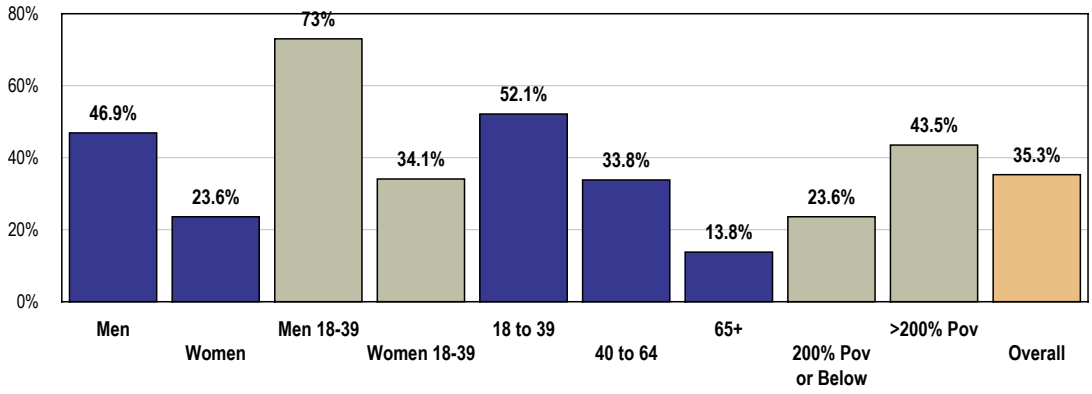
Binge drinkers, for the purpose of this report, include survey respondents who report that there was one or more times in the past month when they drank three or more drinks on a single occasion.

35.3% of Greene County adults are binge drinkers.

Binge drinking in Greene County is more prevalent among:

- Men and younger adults (particularly men aged 18 to 39).
- Persons living at higher income levels.

Have Had Three or More Drinks on a Single Day in the Past Year
(Greene County)



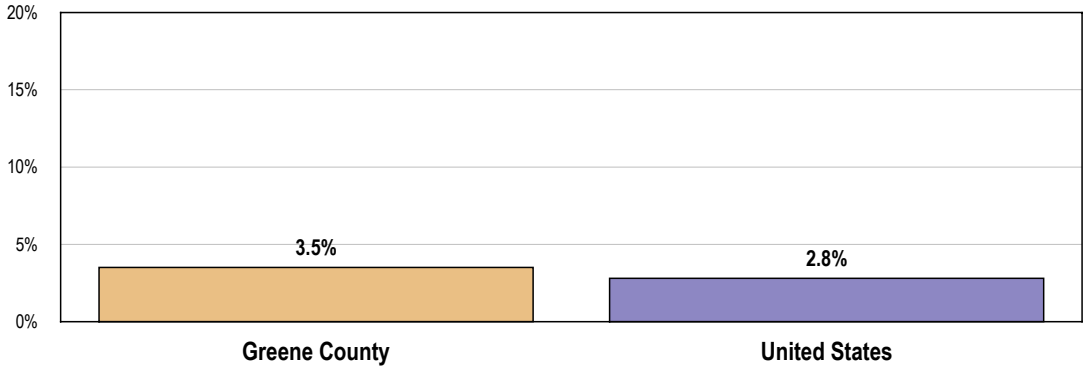
Sources: • 2004 PRC Community Health Survey, Professional Research Consultants. [Item 21]
Notes: • Reflects the total sample of respondents.

Drinking & Driving

3.5% of Greene County adults acknowledge having driven a vehicle in the past month after they had perhaps too much to drink.

- Statistically similar to national findings (2.8%).
- Based on current population estimates, this figure represents over 1,000 drunk drivers on the streets of Greene County in the past month.

Have Driven in the Past Month After Perhaps Having Too Much to Drink



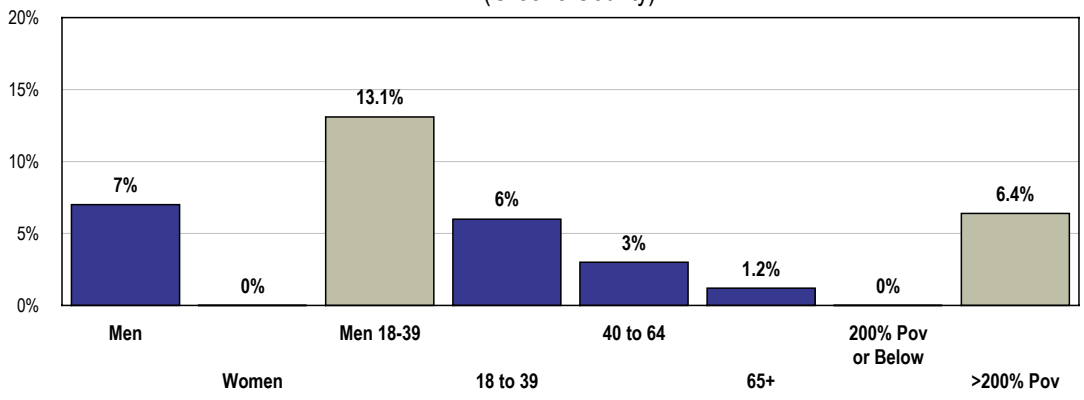
Sources: • 2004 PRC Community Health Survey, Professional Research Consultants. [Item 19]
• 2003 PRC National Health Survey, Professional Research Consultants.
Note: • Asked of all respondents.
• New York data not available.

Drinking and driving is more often reported among:

- Men and younger adults (especially men aged 18 to 39).
- Persons living living at higher income levels.

Have Driven During the Past Month After Having Had Too Much to Drink

(Greene County)



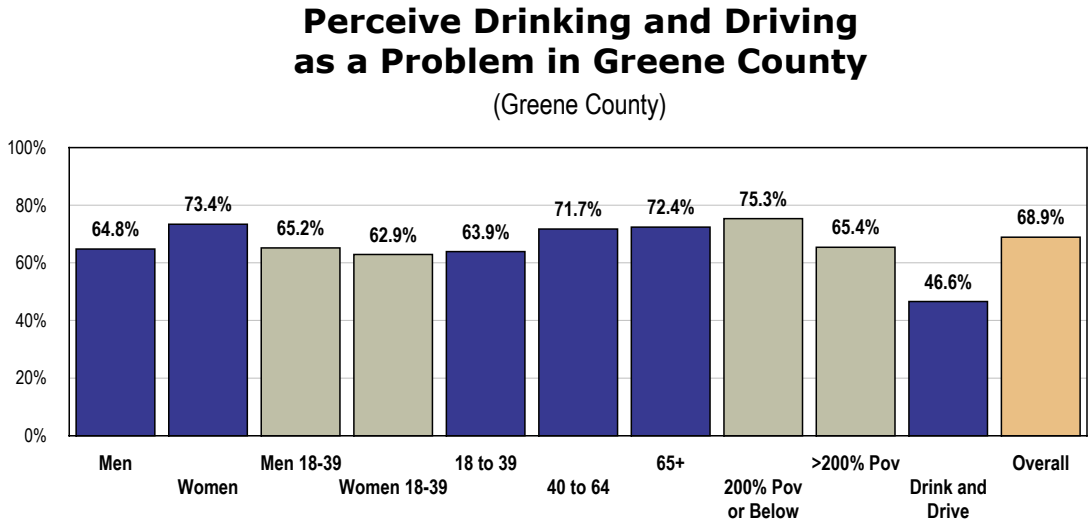
Source: • 2004 PRC Community Health Survey, Professional Research Consultants. [Item19]
Note: • Asked of all respondents.

Perceptions about Local Drunk Driving

Nearly seven in ten Greene County adults feels that drunk driving in Greene County is a problem.

Those least likely to feel that drunk driving is a problem are those listed above as having higher prevalences for drinking and driving:

- Men and younger adults (especially men aged 18 to 39).
- Persons living living at higher income levels.
- Those who drive when they have had perhaps too much to drink.

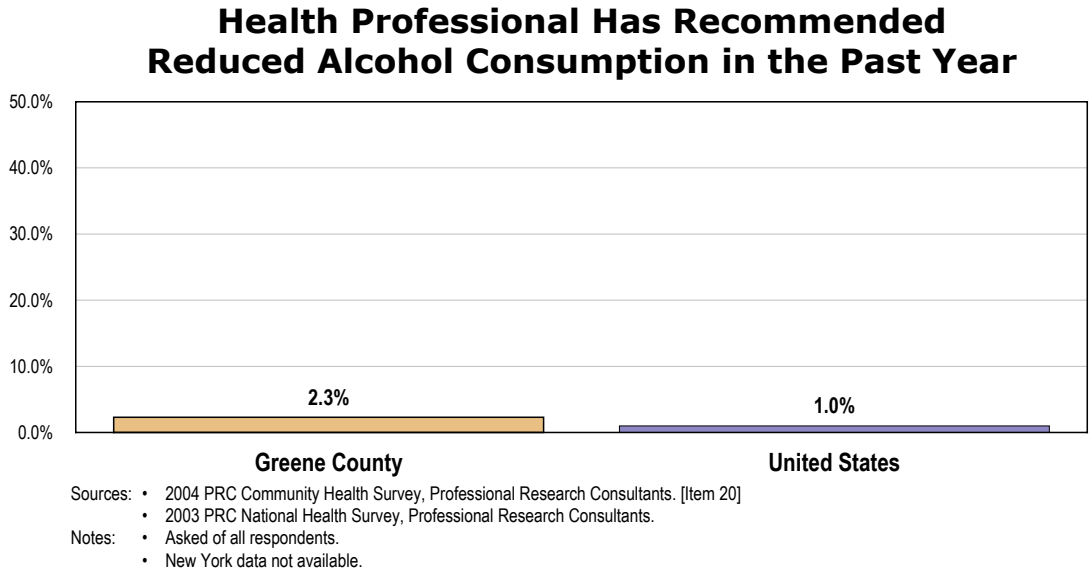


Sources: • 2004 PRC Community Health Survey, Professional Research Consultants. [Item 22]
Notes: • Reflects the total sample of respondents.

Health Advice About Alcohol Use

Just 2.3% of Greene County adults say that a health professional has advised them in the past year to reduce their alcohol consumption.

- Statistically similar to national findings (1.0%).



Sources:
- 2004 PRC Community Health Survey, Professional Research Consultants. [Item 20]
- 2003 PRC National Health Survey, Professional Research Consultants.

Notes:
- Asked of all respondents.
- New York data not available.

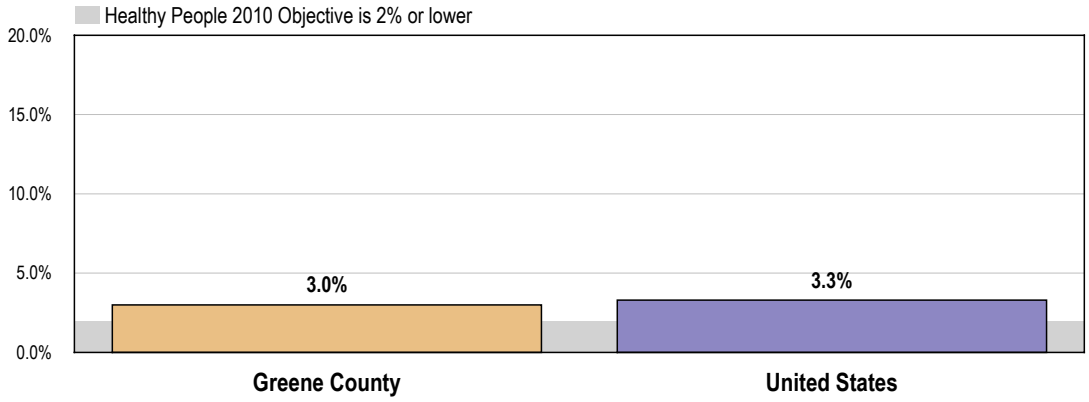
Self-Reported Illicit Drug Use

For the purposes of this survey, "illicit drug use" includes use of illegal substances or of prescription drugs taken without a physician's order.

3.0% of Greene County adults acknowledge using an illicit drug in the past month.

- Statistically similar to national findings (3.3%).
- Close to the Healthy People 2010 target (2% or lower).

Self-Reported Illicit Drug Use in the Past Month



Sources:
- 2004 PRC Community Health Survey, Professional Research Consultants. [Item 23]
- 2003 PRC National Health Survey, Professional Research Consultants.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 26-10c]

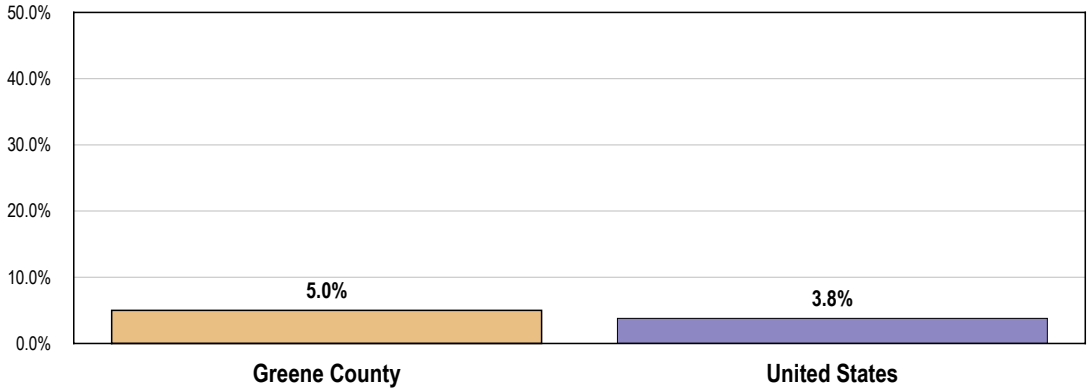
Notes:
- Asked of all respondents.
- In this case, the term "illicit drug use" includes use of an illegal drug and/or use of a prescription drug without a physician's orders.
- New York data not available.

Substance Abuse Treatment

5.0% of Greene County adults say that they have sought professional help for an alcohol or drug problem at some point in their lives.

- Similar to national findings (3.8%).

Have Ever Sought Professional Help for an Alcohol- or Drug-Related Problem



Sources:
- 2004 PRC Community Health Survey, Professional Research Consultants. [Item 24]
- 2003 PRC National Health Survey, Professional Research Consultants.

Notes:
- Asked of all respondents.
- New York data not available.

Access to quality care is important to eliminate health disparities and increase the quality and years of healthy life for all persons in the United States… Limitations in access to care extend beyond basic causes, such as a shortage of health care providers or a lack of facilities. Individuals also may lack a usual source of care or may face other barriers to receiving services, such as financial barriers (having no health insurance or being underinsured), structural barriers (no facilities or health care professionals nearby), and personal barriers (sexual orientation, cultural differences, language differences, not knowing what to do, or environmental challenges for people with disabilities).

– Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000.

HEALTH INSURANCE COVERAGE

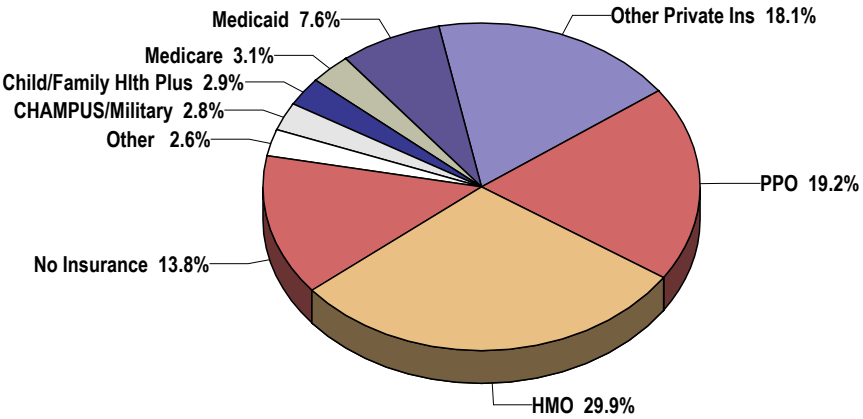
Healthcare Coverage

Two out of three Greene County adults aged 18 to 64 (67.2%) report having healthcare coverage through private insurance.

A total of 19.0% of Greene County adults aged 18 to 64 report coverage through a government-sponsored program (e.g., Medicaid, Medicare, military benefits).

Health Care Insurance Coverage

(Among Adults Aged 18 to 64; Greene County)



Source: • 2004 PRC Community Health Survey, Professional Research Consultants. [Item 55]
Note: • Reflects respondents aged 18 to 64.

Lack of Health Insurance Coverage

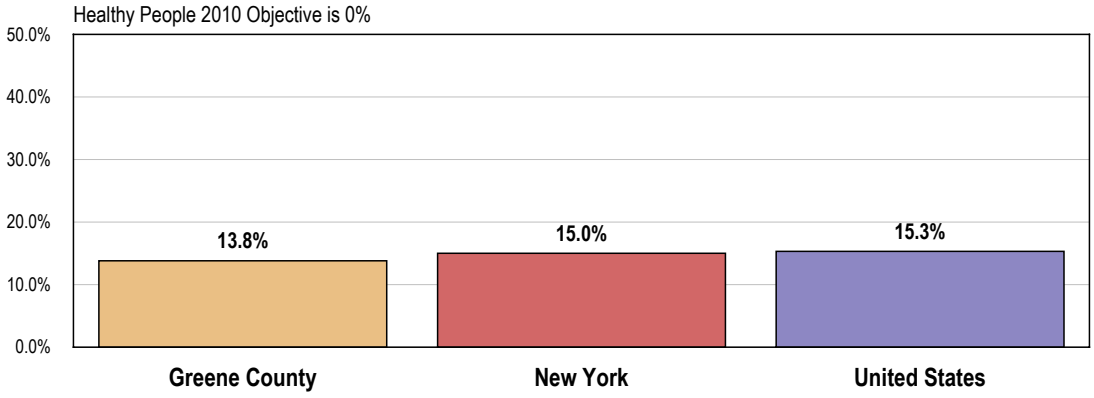
Uninsured Population

13.8% of Greene County adults aged 18 to 64 report having no insurance coverage for healthcare expenses.

- Statistically similar to national findings (15.3%).
- Similar to New York findings (15.0%).
- The Healthy People 2010 target is universal coverage (0% uninsured).

Lack Health Care Insurance Coverage

(Among Adults Aged 18 to 64; Greene County)

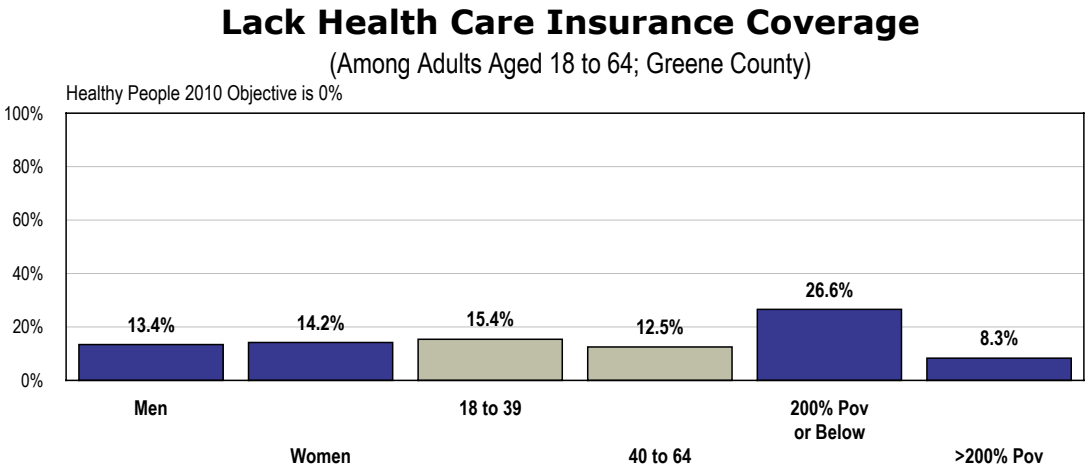


Sources:
- 2004 PRC Community Health Survey, Professional Research Consultants. [Item 55]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC).
- 2003 PRC National Health Survey, Professional Research Consultants.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 1-1]

Note:
- Reflects respondents aged 18 through 64.

Further, note the following:

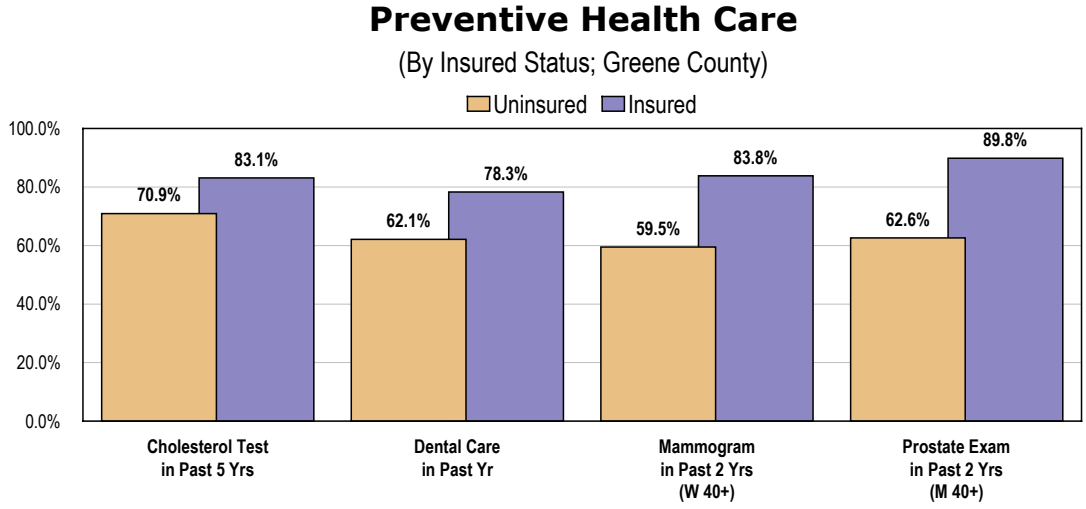
- Persons living at lower income levels report the highest level of uninsured status.



Sources: • 2004 PRC Community Health Survey, Professional Research Consultants. [Item 55]
• Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 1-1]
Note: • Reflects respondents aged 18 through 64.

Impact of Poor Access

Persons without health insurance coverage are much less likely to receive preventive healthcare screenings.



Source: • 2004 PRC Community Health Survey, Professional Research Consultants. [Items 16,18,51,52,56]
Notes: • Reflects all respondents.
• Insured respondents include those with either private or government-sponsored insurance plans.

TRANSPORTATION TO HEALTHCARE SERVICES

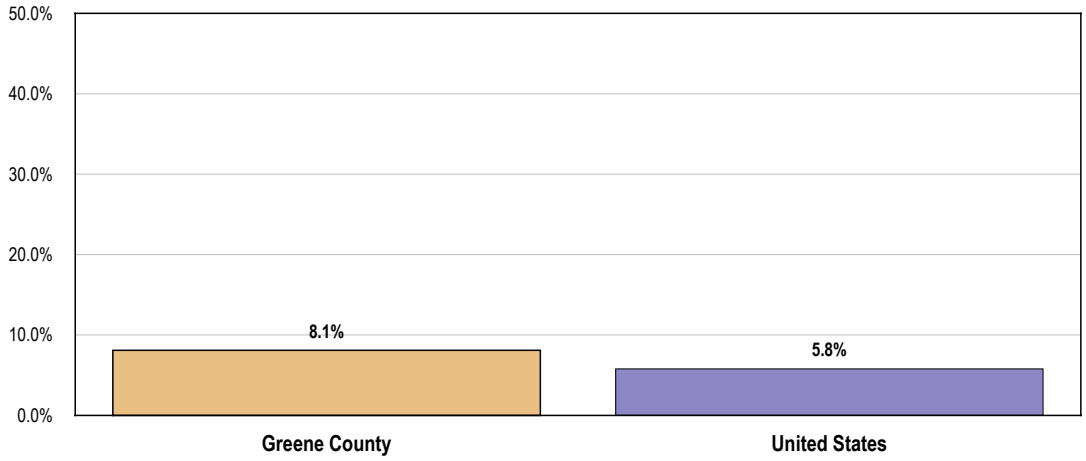
To better understand healthcare access barriers, survey participants were asked whether transportation has hindered or prevented them from accessing medical care in the past year.

8.1% of Greene County respondents answered affirmatively that transportation has been an issue for them in accessing medical care.

- Similar to national findings (5.8%).

Transportation Has Made it Difficult to Access or Has Prevented Medical Care in the Past Year

(Greene County)



Sources:
- 2004 PRC Community Health Survey, Professional Research Consultants. [Item 10]
- 2003 PRC National Health Survey, Professional Research Consultants.

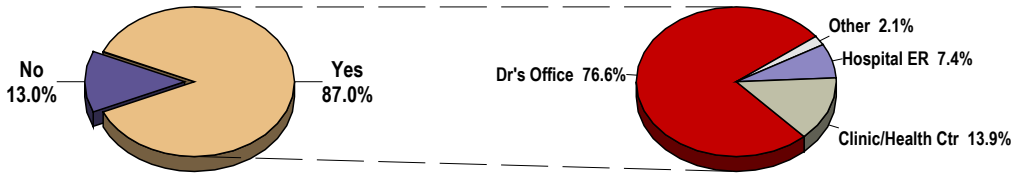
Note:
- Asked of all respondents.

PRIMARY CARE SERVICES

Source of Medical Care

Nearly nine out of ten Greene County adults say they have a particular place where they usually go for healthcare; this was predominantly a doctor's office.

Source of Medical Care
(Greene County)



Have a Particular Place Where You Usually Go If You Are Sick or Need Health Advice

Type of Facility

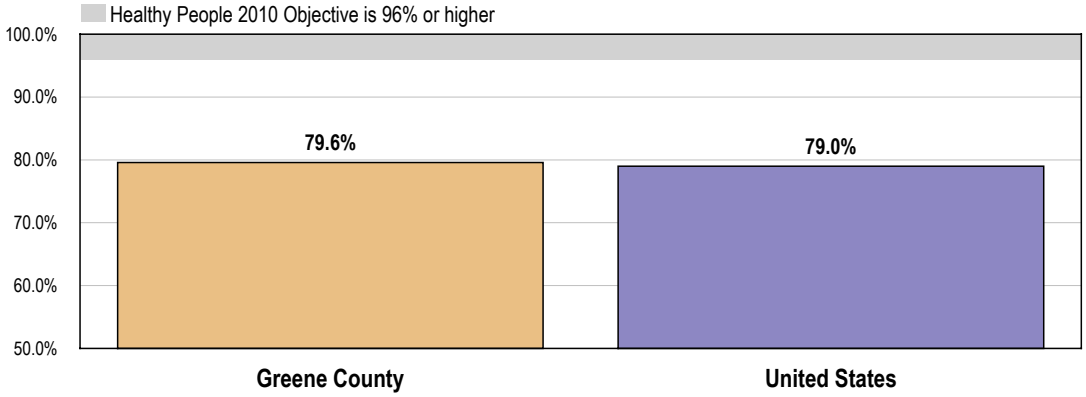
Source: • 2004 PRC Community Health Survey, Professional Research Consultants. [Items 11,12]
Note: • Asked of all respondents.

Having a specific source of ongoing care includes having a doctor's office, clinic, urgent care center, walk-in clinic, health center facility, hospital outpatient clinic, HMO or prepaid group, military/VA clinic, or some other kind of place to go if one is sick or needs advice about his or her health. A hospital emergency room is not considered a source of ongoing care in this instance.

79.6% of Greene County adults were determined to have a specific source of ongoing medical care.

- Statistically similar to national findings (79.0%).
- Fails to satisfy the Healthy People 2010 target (96% or higher).

Have a Specific Source of Ongoing Medical Care



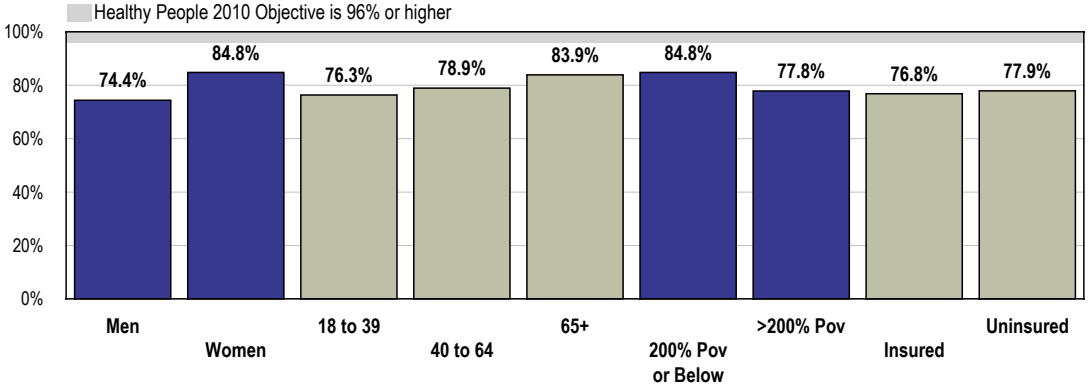
Sources:
- 2004 PRC Community Health Survey, Professional Research Consultants. [Item 56]
- 2003 PRC National Health Survey, Professional Research Consultants.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 1-4]

Notes:
- Asked of all respondents.
- A specific source of ongoing care includes having a doctor's office, clinic, urgent care/walk-in clinic, health center facility, hospital outpatient clinic, HMO (health maintenance organization)/pre-paid group, military/VA healthcare, or some other kind of place to go if one is sick or needs advice about his/her health. A hospital emergency room is NOT considered a source of ongoing care in this instance.
- New York data not available.

The following chart further examines having a specific source of care by various demographic characteristics. Note that women and older adults more often report having a specific source. It is also interesting to note that there appears to be no difference between insured and uninsured respondents (contrary to what PRC typically finds); however, keep in mind that the relatively small sample of uninsured respondents carries a rather wide margin of error.

Have a Specific Source of Ongoing Medical Care

(Greene County)



Sources:
- 2004 PRC Community Health Survey, Professional Research Consultants. [Item 56]
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 1-4]

Notes:
- Asked of all respondents.
- A specific source of ongoing care includes having a doctor's office, clinic, urgent care/walk-in clinic, health center facility, hospital outpatient clinic, HMO (health maintenance organization)/pre-paid group, military or other VA healthcare, or some other kind of place to go if one is sick or needs advice about his/her health. A hospital emergency room is NOT considered a source of ongoing care in this instance.

Local Physician Services

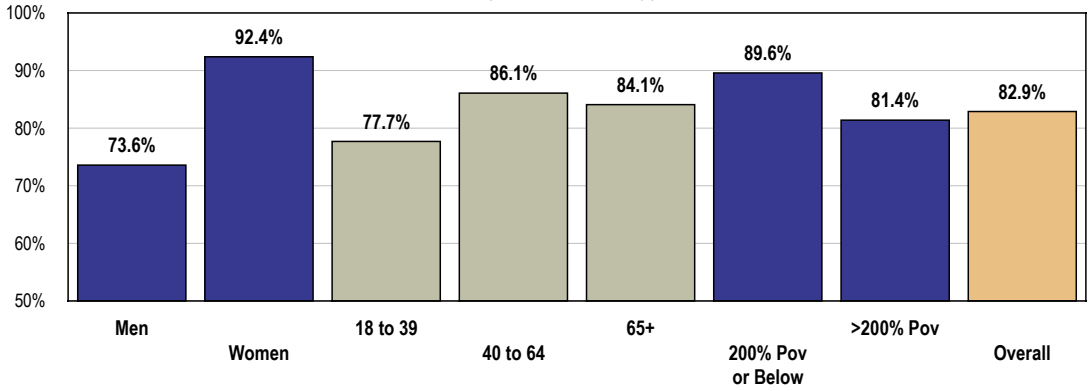
A majority of Greene County adults say they have a particular local physician (or physicians) that they go to for healthcare needs, with 82.9% answering affirmatively.

Those least likely to have a local physician for healthcare needs are:

- Men.
- Younger adults.

Have a Particular Local Doctor For Health Care Needs

(Greene County)



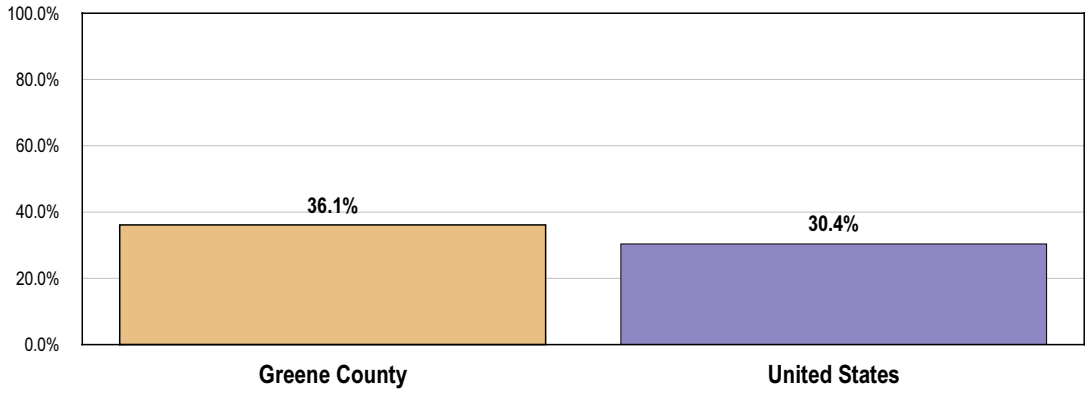
Sources: • 2004 PRC Community Health Survey, Professional Research Consultants. [Item 13]
Notes: • Asked of all respondents.
• Percentages represent combined "yes" and "more than one doctor" responses.

Health Advice From Physicians

36.1% of Greene County respondents acknowledge that a physician has counseled them about diet and nutrition in the past year.

- More favorable than national findings (30.4.%).

Physician Has Asked About or Given Advice Regarding Diet and Nutrition in the Past Year



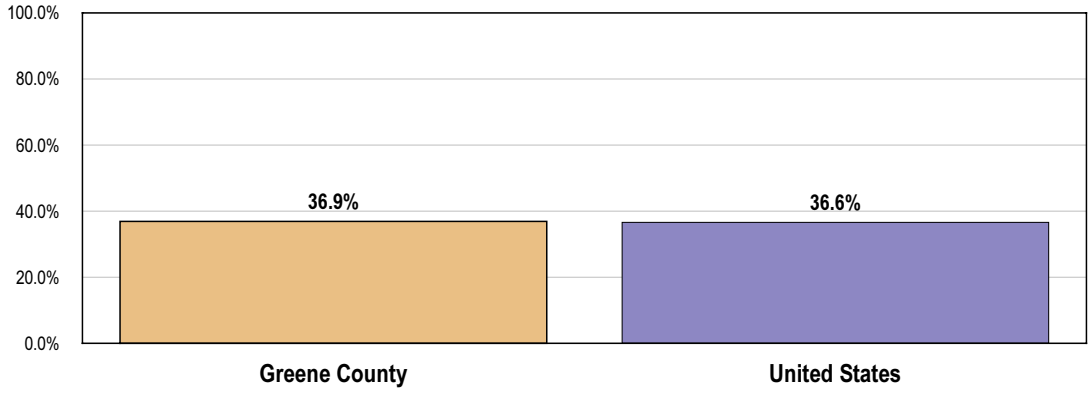
Sources:
- 2004 PRC Community Health Survey, Professional Research Consultants. [Item 38]
- 2003 PRC National Health Survey, Professional Research Consultants.

Notes:
- Asked of all respondents.
- New York data not available.

36.9% of Greene County adults report that their physician has asked about or given advice to them about physical activity in the past year.

- Similar to national findings (36.6%).

Physician Has Asked About or Given Advice Regarding Physical Activity/Exercise in Past Year



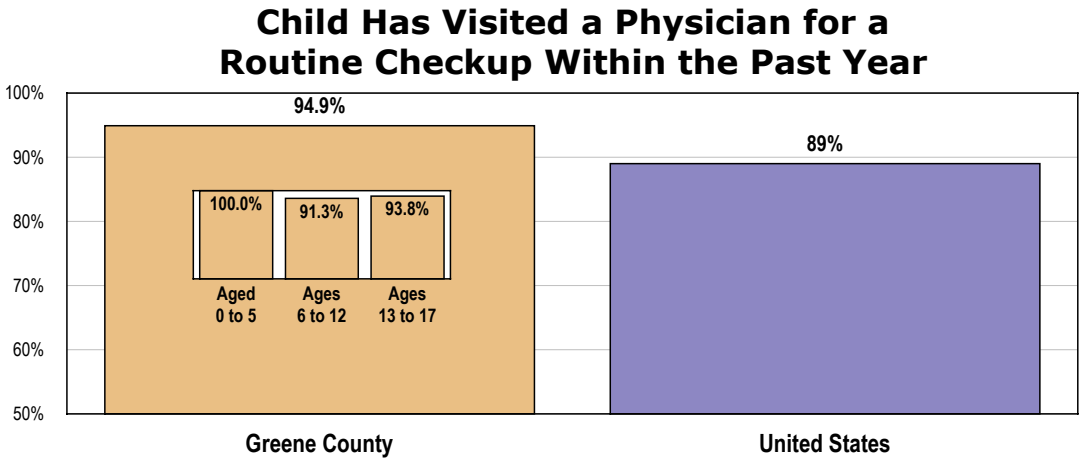
Sources:
- 2004 PRC Community Health Survey, Professional Research Consultants. [Item 39]
- 2003 PRC National Health Survey, Professional Research Consultants.

Notes:
- Asked of all respondents.
- New York data not available.

Routine Medical Checkups Among Children

94.9% of surveyed parents report that their child has had a routine checkup in the past year.

- More favorable than national findings (89.0%).
- Note that 100% of parents of children aged 0 to 5 report that their child has had a routine checkup in the past year.



Sources:
- 2004 PRC Community Health Survey, Professional Research Consultants. [Item 45]
- 2003 PRC National Health Survey, Professional Research Consultants.

Notes:
- Asked of respondents with children under the age of 18.
- New York data not available.

ORAL HEALTH

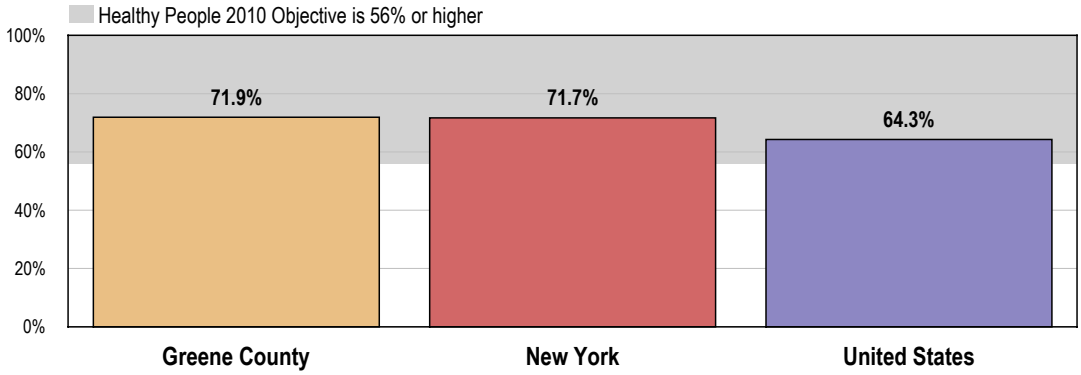
Utilization of Oral Health Services

Adults

71.9% of Greene County adults have visited a dentist or dental clinic (for any reason) in the past year.

- More favorable than national findings (64.3%).
- Similar to New York findings (71.7%).
- Satisfies the Healthy People 2010 target (56% or higher).

Have Visited a Dentist or Dental Clinic Within the Past Year



Sources:
- 2004 PRC Community Health Survey, Professional Research Consultants. [Item 16]
- 2003 PRC National Health Survey, Professional Research Consultants.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 21-10]

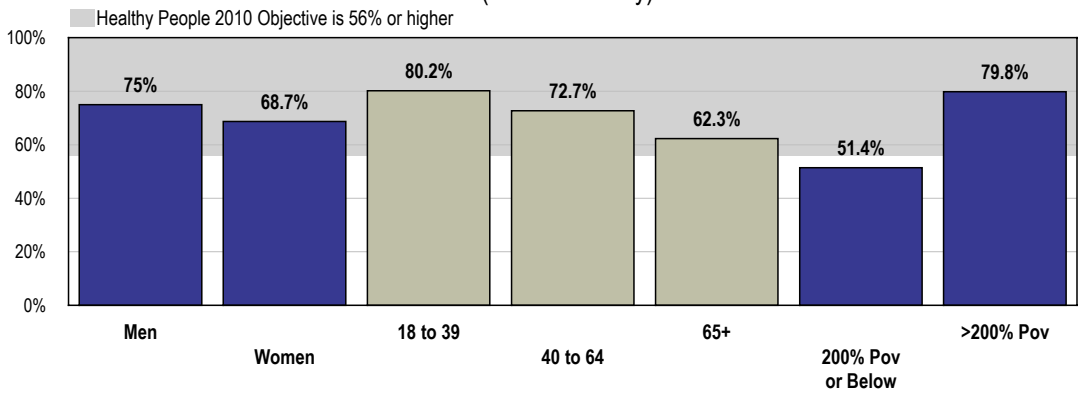
Notes:
- Asked of all respondents.

Note the following:

- There is a strong correlation with income — persons living at lower incomes report much lower utilization of oral health services (fails to satisfy the Healthy People 2010 objective).
- There is a strong negative correlation with age — younger adults were much more likely to utilize oral health services than older adults.

Have Visited a Dentist or Dental Clinic Within the Past Year

(Greene County)



Sources: • 2004 PRC Community Health Survey, Professional Research Consultants. [Item 16]
• Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 21-10]
Note: • Asked of all respondents.

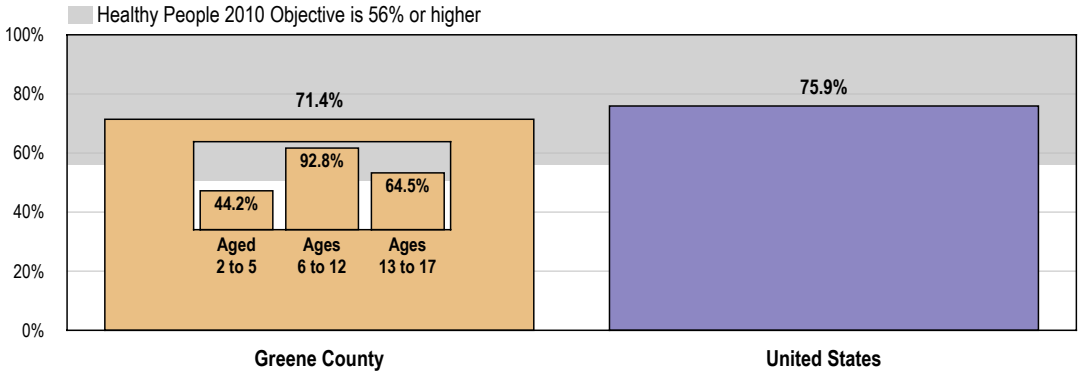
Children

71.4% of parents report that their child (aged 2 to 17) has been to a dentist or dental clinic within the past year.

- Statistically similar to national findings (75.9%).
- Satisfies the Healthy People 2010 target (56% or higher).
- Ranges from 44.2% for children aged 2 to 5 years to 92.8% for children aged 6 to 12 years.

Child Has Visited a Dentist or Dental Clinic Within the Past Year

(Among Respondents With Children Aged 2-17)



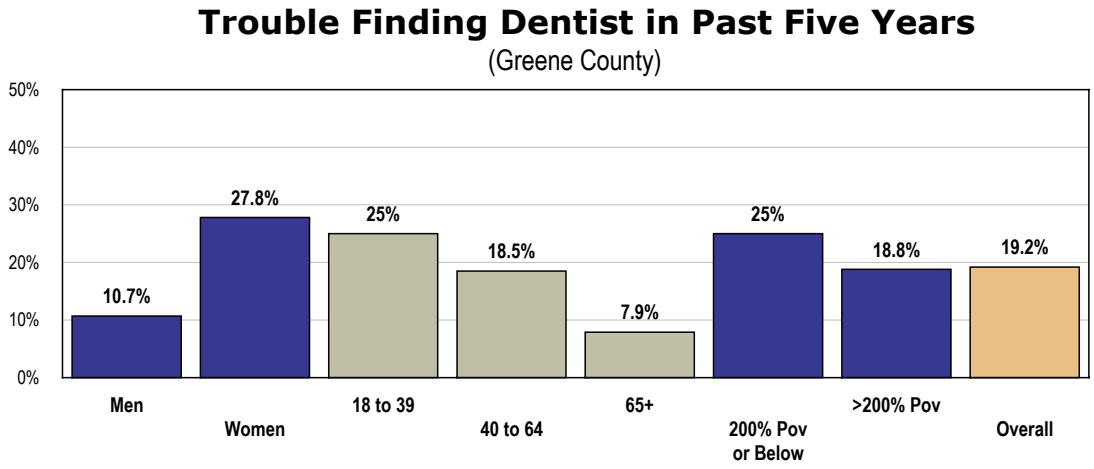
Sources: • 2004 PRC Community Health Survey, Professional Research Consultants. [Item 46]
• 2003 PRC National Health Survey, Professional Research Consultants.
• Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 21-10]
Notes: • Asked of respondents with children aged 2 to 17.
• New York data not available.

Difficulties Accessing Oral Healthcare

Nearly one-fifth of Greene County residents report having trouble finding a dentist in the past five years.

Note that this difficulty is particularly high among:

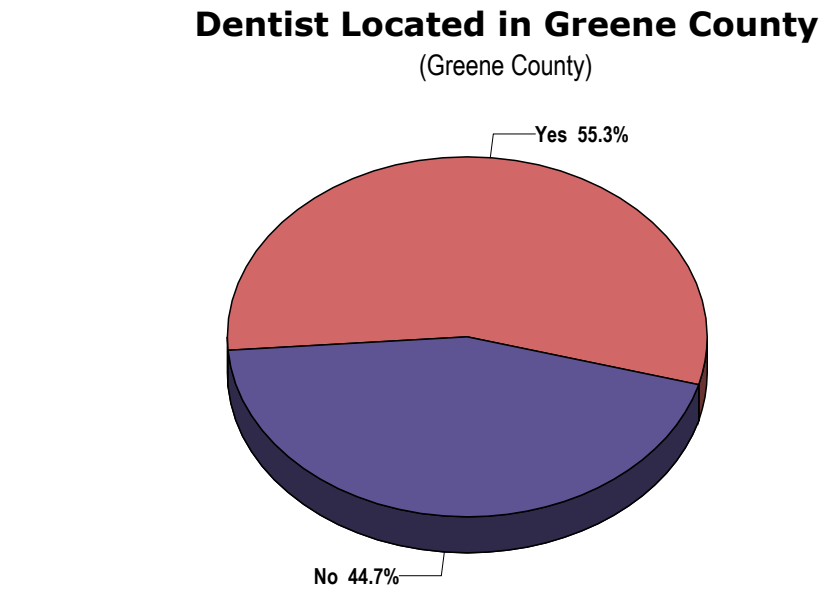
- Women.
- Younger adults.
- Those living at lower income levels.



Sources: • 2004 PRC Community Health Survey, Professional Research Consultants. [Item 15]
Notes: • Asked of all respondents.

Location of Current Dental Provider

A little more than half of Greene County residents have a dentist located within Greene County.



Sources: • 2004 PRC Community Health Survey, Professional Research Consultants. [Item 17]
Notes: • Asked of all respondents.

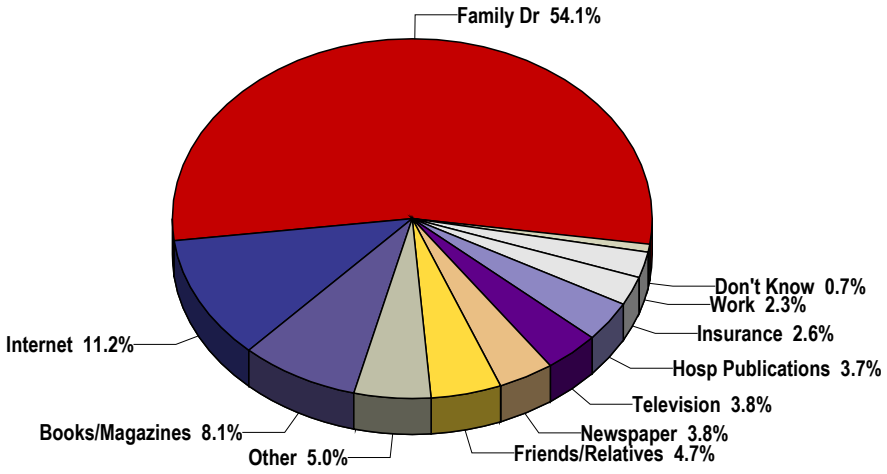
HEALTHCARE INFORMATION SOURCES

Family physicians remain residents' primary source of healthcare information.

- 54.1% of Greene County adults cited their family physician as their primary source of healthcare information.
- The Internet received the second-highest response (11.2%).

Primary Source of Health Care Information

(Greene County)



Source: • 2004 PRC Community Health Survey, Professional Research Consultants. [Item 37]
Note: • Asked of all respondents.