THE TIOGA COUNTY HEALTH SURVEY 2000

SUMMARY REPORT

Submitted to the
TIOGA COUNTY PARTNERSHIP FOR COMMUNITY HEALTH

Francis W. Craig Ph.D.
September 2000
This report is the culmination of many peoples' diligent efforts. I would like to thank the cooperative citizens of Tioga County who participated at unusually high rates, and took considerable time and effort to complete this survey. As for the "Project Team," most noteworthy are the contributions of Nancy Christman, project director of the Tioga County Health Survey 2000. Nancy's competence in negotiating the daily demands were admirable and comforting. I thought often of my good fortune to have hired her. Others who have contributed to aspects of the project are recognized below.

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Tioga County Health Survey 2000
Summary Report

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Introduction & Background
This survey and report represents the completion of a goal to obtain comprehensive baseline data on the health of Tioga County residents. The first survey was completed at the end of 1994. The design stage of this follow-up survey was started in the Spring of 1999 and was finalized by December of 1999. This re-design maintained the spirit and nucleus of key items from the previous survey. The current survey also included approximately 50 new items that we believe substantially improve this survey over HS1994.

From January 2000 to April 2000 workers made between 15,000 calls to randomly chosen phone numbers in the Tioga County Area. Our goal was to obtain permission from 2000 area households to send them the Tioga County Health Survey 2000 (hence, HS2000). By the end of April, 2350 households had agreed to participate in the study, with 1765 returning useable surveys for analysis (75%). All data were double-entered and compared to identify errors in entry. After double-entry errors were corrected, all extreme responses were identified and double-checked by reviewing the entered responses against the original data. Finally, after the data set for HS2000 was cleaned, data from HS1994 was imported into a grand database to allow comparisons between the two surveys.

Analysis Structure
Analysis of current survey data consisted, first, of general frequency analysis by item. These analyses were followed by crosstabular analyses for each item by: Sex (male, female); Age (Young Adult: 18-39 years; Middle-Aged Adult: 40-64 years; Older Adult: 65+ years); Family Income Status\(^1\) (Poor, Near-Poor, Mid/Upper Income); Education (Less than a HS education, HS education, Some College Education) and Perceived Health (Poor, Fair, Good, Very Good, Excellent).

Design of Report
In order to appreciate the health of Tioga County within the context of the HP2010 initiative it is necessary to understand the terms: "Focus Areas," "Major Goals," and "Objectives." These terms and the style of this report have been carefully designed to mirror the content and language of the current national health initiative called "Health People 2010" (HP2010). The

\(^1\) Income status is a calculated index that takes into account two variables: Total Family Income and the Number of dependents in the house.
HP2010 initiative has established **two major goals** to be addressed by all health improvement efforts: (GOAL 1) Improve Quality and Years of Healthy Life; and, (GOAL 2) Eliminate Health Disparities among various groups (e.g., sex, ethnicity, levels of socioeconomic status, and disability). These goals "provide general focus and direction," and serve as a guide for developing a set of **objectives** that can be used to measure progress over the next decade (USDHHS, 2000). A total of 467 objectives have been identified for HP2010. These objectives have been organized into 28 "Focus Areas." These focus areas serve as the central organizing model for this report.

**Alignment of Tioga County with State and Federal Health Initiatives**

It is the hope of the author (FC) that this report will assist future funding efforts in Tioga County. With the recent adoption of the HP2010 model by the Pennsylvania State Department of Health, this report not only aligns our understanding of county health with health issues addressed at the federal level, but also is now congruent with those initiatives deemed important at the state level.

**Qualifying Comments and Report Limitations**

1. **The Critical Nature of this Analysis**

The process of analyzing community health issues inevitably leads to a concentration on uncovering problems. While congratulatory in places, the focus of this report is to find problems and to point out directions to build upon past successes. It is this author’s hope that health professionals and volunteers will be challenged by this report and work to further improve the health of Tioga County.

2. **Regular Predictability of “Conditions” BY “Perceived Health”**

Cross-tabulations were completed for each survey item with a question that asked the respondent to self-rate his/her current health on a scale ranging from "excellent" to "poor." Across virtually all health measures and conditions observed, those individuals rating themselves in the "Very Good to Excellent" range had markedly less disease and dysfunction. Further more, they consistently reported healthier behaviors than did those individuals rating their health in the "Fair to Poor" range. While this report occasionally
notes perceived health status in the review of results, the main focus of this report is the less predictable variations within demographic sub-groups.

3. Disproportionate “Age-Group” BY “Income Status” Conditions
There are a disproportional number of elderly in the lower income range. Therefore, all interpretations of this income or age-group data should be made with this "overlap" in mind.

4. Disproportionate Income Distribution
55-65% of respondents were categorized in the middle/upper income range with 10-15% being in the poor range. An understanding of this wide difference in group size is important in developing programs whose aim is to affect the largest number of people, rather than to target a specific subgroup in the county population. (See example below)

EXAMPLE:
On a percentage basis, a significant disparity exists between the percent of poor pregnant women who smoke (39%) and wealthier pregnant women who smoke (24%). However, an estimation of the actual number of women (as opposed to %) for each group shows a greater number of women in wealthier ranges that smoke during pregnancy (on the order of 2-4 times more women). See rough estimation below.

<table>
<thead>
<tr>
<th>(A) Estimate of the women ever pregnant in Tioga County</th>
</tr>
</thead>
<tbody>
<tr>
<td>20,000 Tioga County women x 88% of women been pregnant</td>
</tr>
<tr>
<td>17,600 women in Tioga County have been pregnant</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(B) Estimate of the number of TC pregnant women in each income group</th>
</tr>
</thead>
<tbody>
<tr>
<td>17,600 x 10-15% in poor category = 1760-2640 poor pregnant women</td>
</tr>
<tr>
<td>17,600 x 55-65% in wealthier category = 9680-11,440 wealthier pregnant women</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(C) Estimate of the pregnant women smokers in each group</th>
</tr>
</thead>
<tbody>
<tr>
<td>1760-2640 x 39% poor women smoke while pregnant = 686-1030 women</td>
</tr>
<tr>
<td>9680-11440 x 24% wealthier women smoke while pregnant = 2323-2746 women</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(D) Estimate of the number of women in the target group (pregnancy age range)</th>
</tr>
</thead>
<tbody>
<tr>
<td>28% of women who have been pregnant are between 18-39 y/o.</td>
</tr>
<tr>
<td>686-1030 x 28% = 192-288 active poorer targets in 18-39 year range</td>
</tr>
<tr>
<td>2323-2746 x 28% = 650-769 active wealthier targets in 18-39 year range</td>
</tr>
</tbody>
</table>

This illustration is included merely to assist future health program designers in Tioga County in making informed decisions. This illustration is not intended to suggest that efforts to resolve health disparities among SES groups should not be made.

5. Disproportionate Numbers of Male and Female Respondents
Seventy percent of the respondents in this survey were female. While relatively equal numbers of men and women were asked to complete the survey, it appears that many consenting men may have had their spouse complete the survey instead. This is unfortunate, but not at all crippling to the reliability of the data. (There were more than 500 men completing the survey. This is a lot for a county with approximately 15,000
adult males (3.5% of all males)). It can be said, however, that the data for females are in most cases slightly more reliable than the data for males.

6. Cleanliness of the Tioga County Health Survey 2000 and TCHS1994
The amount of data entry required by the current and past survey inevitably leads to errors in the final data. The current survey used the “gold standard” for data cleaning called the “double entry method.” All data were entered twice after which the two sets were compared to each other for inconsistencies (i.e., errors). While undoubtedly some errors remain, the current data set from which the results of this report are derived is very clean, thus reliable. A different group conducted and cleaned the data set in 1994 and this author is unfamiliar with the lengths to which the previous survey team went to clean their data. It has been conveyed that double entry procedures were not used in 1994. While 1994 data is assumed to be clean and reliable, it must be recognized that comparisons between current and past surveys may be affected by differences in data cleaning methods.

7. General Warning to those wishing to further investigate reported phenomena.
This report is intended to provide an organized overview of the health issues important to Tioga County adults. IT IS NOT A FINAL ANALYSIS. Individuals and groups should not use this survey as an end point for guiding future local initiatives. Instead, this survey should be used as a beginning point from which more detailed and appropriate analyses can follow. The “iceberg” metaphor accurately describes the current set of survey data. This report is the metaphorical tip of the iceberg, and only gives some idea of that which remains unseen. The vast majority of information lies below the broad overview of this report and must be assessed by future analyses.
### DEMOGRAPHIC COMPARISONS OF TIOGA COUNTY CENSUS DATA AND HEALTH SURVEY (1994 & 2000) RESPONDENTS

<table>
<thead>
<tr>
<th>Demographic, Income, and Education Categories</th>
<th>Tioga County Census Profile</th>
<th>1994 Health Survey Profile</th>
<th>2000 Health Survey Profile</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Population &gt;18 Yrs.</td>
<td>31,322 (1997)</td>
<td>1,859</td>
<td>1,728</td>
</tr>
<tr>
<td>% Male</td>
<td>48.28%</td>
<td>40%</td>
<td>30.5%</td>
</tr>
<tr>
<td>% Female</td>
<td>51.72%</td>
<td>60%</td>
<td>69.5%</td>
</tr>
<tr>
<td>Age of Population &gt;18 Yrs.</td>
<td>31,322 (1997)</td>
<td>1,852</td>
<td>1,736</td>
</tr>
<tr>
<td>% 15 – 24</td>
<td>16.34%</td>
<td>5%</td>
<td>4.1%</td>
</tr>
<tr>
<td>% 25 – 44</td>
<td>33.12%</td>
<td>37%</td>
<td>35.4%</td>
</tr>
<tr>
<td>% 45 – 64</td>
<td>29.89%</td>
<td>33%</td>
<td>38.5%</td>
</tr>
<tr>
<td>% 65 +</td>
<td>20.65%</td>
<td>25%</td>
<td>22.0%</td>
</tr>
<tr>
<td>Marital Status of Population &gt;18 Yrs.</td>
<td>26,584 (1990)</td>
<td>1,857</td>
<td>1,736</td>
</tr>
<tr>
<td>Single, Never Been Married</td>
<td>20%</td>
<td>8%</td>
<td>7.1%</td>
</tr>
<tr>
<td>Divorced</td>
<td>7%</td>
<td>11%</td>
<td>9.7%</td>
</tr>
<tr>
<td>Married</td>
<td>64%</td>
<td>70%</td>
<td>70.6%</td>
</tr>
<tr>
<td>Separated</td>
<td>2%</td>
<td>2%</td>
<td>1.9%</td>
</tr>
<tr>
<td>Widowed</td>
<td>8%</td>
<td>10%</td>
<td>10.7%</td>
</tr>
<tr>
<td>Racial Background</td>
<td>41,126 (1990)</td>
<td>1,849</td>
<td>1,723</td>
</tr>
<tr>
<td>White or Caucasian (Not Hispanic)</td>
<td>99%</td>
<td>98%</td>
<td>98.3%</td>
</tr>
<tr>
<td>Black or African American</td>
<td>.5%</td>
<td>.2%</td>
<td>.2%</td>
</tr>
<tr>
<td>Hispanic or Latino</td>
<td>.3%</td>
<td>.1%</td>
<td>.1%</td>
</tr>
<tr>
<td>Asian, Pacific Islander, Amer. Indian</td>
<td>.3%</td>
<td>.6%</td>
<td>.7%</td>
</tr>
<tr>
<td>Other</td>
<td>.1%</td>
<td>1%</td>
<td>.6%</td>
</tr>
<tr>
<td>Family Income Level²</td>
<td>11,207 (1990)</td>
<td>1,751</td>
<td>1,610 *</td>
</tr>
<tr>
<td>Poor</td>
<td>21% (&lt;$15 K)</td>
<td>11.5%</td>
<td>6.7%</td>
</tr>
<tr>
<td>Near-poor</td>
<td>65% (&lt;$50 K)</td>
<td>17.8%</td>
<td>35.8%</td>
</tr>
<tr>
<td>Middle/High Income</td>
<td>15% ($50 K &amp; &gt;)</td>
<td>70.7%</td>
<td>57.5%</td>
</tr>
<tr>
<td>Education Level of Population &gt;18 Yrs.</td>
<td>30,702 (1990)</td>
<td>1,842</td>
<td>1,652</td>
</tr>
<tr>
<td>Not High School Graduate</td>
<td>26%</td>
<td>14.6%</td>
<td>10.4%</td>
</tr>
<tr>
<td>High School Graduate</td>
<td>73%</td>
<td>48.9%</td>
<td>53.8%</td>
</tr>
<tr>
<td>Some College</td>
<td>16% College Grad</td>
<td>36.5%</td>
<td>35.8%</td>
</tr>
</tbody>
</table>

² 2000 income figures are based on more conservative calculations than 1994 figures, and more accurate measures of family income status (poverty status) than family income. Tioga County Health Survey 1994 and TSHS 2000 use calculations that include BOTH family income AND the number of family member living in immediate household to calculate this index.
DISTRIBUTION OF RESPONDENTS BY AREA (ZIP CODE)

<table>
<thead>
<tr>
<th>Zip Code</th>
<th>1994 Percentage</th>
<th>2000 Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>1838</td>
<td>1670&lt;sup&gt;3&lt;/sup&gt;</td>
</tr>
<tr>
<td>Wellsboro</td>
<td>35.9%</td>
<td>16.4%</td>
</tr>
<tr>
<td>Arnot</td>
<td>.5%</td>
<td>.8%</td>
</tr>
<tr>
<td>Blossburg</td>
<td>4.1%</td>
<td>3.0%</td>
</tr>
<tr>
<td>Covington</td>
<td>2.3%</td>
<td>2.8%</td>
</tr>
<tr>
<td>Cowanesque</td>
<td>.3%</td>
<td>.1%</td>
</tr>
<tr>
<td>Elkland</td>
<td>4.8%</td>
<td>3.5%</td>
</tr>
<tr>
<td>Gaines</td>
<td>.3%</td>
<td>0%</td>
</tr>
<tr>
<td>Knoxville</td>
<td>3.6%</td>
<td>3.2%</td>
</tr>
<tr>
<td>Lawrenceville</td>
<td>5.0%</td>
<td>7.0%</td>
</tr>
<tr>
<td>Liberty</td>
<td>1.1%</td>
<td>9.3%</td>
</tr>
<tr>
<td>Mainesburg</td>
<td>1.0%</td>
<td>.5%</td>
</tr>
<tr>
<td>Mansfield</td>
<td>16.5%</td>
<td>8.2%</td>
</tr>
<tr>
<td>Middlebury Center</td>
<td>2.4%</td>
<td>7.9%</td>
</tr>
<tr>
<td>Millerton</td>
<td>2.9%</td>
<td>11.6%</td>
</tr>
<tr>
<td>Morris</td>
<td>.9%</td>
<td>6.3%</td>
</tr>
<tr>
<td>Morris Run</td>
<td>.4%</td>
<td>.5%</td>
</tr>
<tr>
<td>Nelson</td>
<td>1.0%</td>
<td>.9%</td>
</tr>
<tr>
<td>Osceola</td>
<td>2.1%</td>
<td>1.7%</td>
</tr>
<tr>
<td>Sabinsville</td>
<td>.2%</td>
<td>.1%</td>
</tr>
<tr>
<td>Tioga</td>
<td>5.7%</td>
<td>5.6%</td>
</tr>
<tr>
<td>Westfield/Little Marsh</td>
<td>8.0%</td>
<td>7.4%</td>
</tr>
<tr>
<td>Roaring Branch</td>
<td>.3%</td>
<td>1.9%</td>
</tr>
<tr>
<td>Other</td>
<td>.4%</td>
<td>1.3%</td>
</tr>
</tbody>
</table>

<sup>3</sup>This number is lower than the total number of surveys collected. A number of individuals returning surveys did not enter their zip code. However, these omissions should have very little bearing on the overall distribution of respondents reported above.
Global Health and Well-Being
In Tioga County

What is the SF-36 Physical Component Scale (PCS)? The SF-36 scale that is incorporated into the HS2000 produces a psychometrically sound score of physical health and physical well-being that is accepted and frequently used by the health research community. The SF-36 scale approaches measurement of physical health holistically, in that its physical component score (PCS) reflects not only traditional assessment of physical health such as daily physical activity abilities, but also includes the influence of psychosocial components such as depression, anxiety, loss of social contact and feelings of vitality. The categories presented in the TC2000 data roughly reflect standard deviations around the scores in the "Normal/Good" range of the PCS scale found in normative data from a national sample. Respondents in the "Normal/Good to Very Good" range experience little or no ongoing physical health disturbance.

Using the SF-36 PCS scale, 52.5% of respondents scored in the normal (healthy) range or above, while 24.5% scored in the poor to very poor range.

- Those respondents most likely to score in the healthy physical functioning ranges were younger adults (71.6%), those in the upper/middle/income range (60.0%) and those adults with some college education (62.8%).
- Those most likely to have scores indicating a significant disturbance in their global physical health were: older adults (48.2%), adults in the near-poor to poor income ranges (30-33%) & those adults with a HS education or less (37-39%).
- Across all subgroups, 20-25% of respondents scored in the "fair" range of physical health functioning. These individuals are generally functional but occasionally struggle with their physical health. They are the most likely to benefit from short-term and/or non-intensive health interventions.
In a single self-report item, 43.6% of respondents characterized their current health status to be "very good to excellent," while 16.1% characterized their health to be "fair to poor."

- Those groups most likely to self-report their health as "very good to excellent" included young adults (60.3%), adults with some college education (59.6%) and upper/middle income status adults (51.1%).
- Those groups most likely to self-report their health to be "fair to poor" include the oldest adults (30.6%), adults without a HS education (37.2%) and the poorest adults (26.6%).

Chronic Disease/Conditions (Chronic disease was assessed in traditional terms and broader terms. See below)

48.8% of respondents reported having at least one of the following conditions: Hypertension, Heart Attack, Congestive Heart Failure, Angina, Cancer (not skin), Asthma or Chronic Obstructive Pulmonary Disease.

- The prevalence of traditional chronic diseases rose linearly with age (Young Adults: 24.2%; Middle-Aged: 49.0%; Older Adults: 73.7%)
- Those from upper levels of the SES strata suffered less chronic disease than those at lower SES levels (Income: Middle/High-43.5% vs. Poor/Near-Poor-53%. Education: Some College-39.2% vs. HS Grad-48.4% vs. <HS grad-65%).

77.2% of respondents reported having at least one of the following chronic conditions: Hypertension, Heart Attack, Congestive Heart Failure, Angina, Any Cancer, Asthma, Chronic Obstructive Pulmonary Disease, Migraine Headaches, High Cholesterol, Arthritis, Depression, Ulcers or a Gastrointestinal Disease.

- The prevalence of chronic conditions rose linearly with age (Young Adults: 58.9%; Middle-Aged: 79.9%; Older Adults: 94.7%)
- Respondents at upper levels of the SES strata were less likely to suffer a chronic conditions than respondents at lower SES levels. (e.g., Income: Middle/High-72.6% vs. Poor/Near-Poor-83%. Education: Some College-71.2% vs. HS Grad-79.4% vs. <HS grad-84.7%).

Routine Care

84.4% of respondents indicated that they had a regular health care provider.

- Older respondents were more likely than younger respondents to report having a regular health care provider (92.9% to 78.5%).
Females were more likely than males to report having a regular health care provider (88.4% to 76.6%).

69.8% of respondents obtain routine medical care at least once a year (up from 58.7% in 1994).
- Respondents most likely to report routine annual medical care were females (77.4%) and older adults (84.9%).
- Those least likely to report obtaining routine annual medical care were males (52.9%), and younger adults (59.4%).
- There was little variation within socioeconomic groups (income & education). 66% to 70% of respondents reported receiving routine yearly medical care (30-34% report not receiving routine care).

82.3% of respondents reported being "satisfied to very satisfied" with the quality of their medical care. Only 4.5% reported being "dissatisfied to very dissatisfied."
- Older respondents reported the highest levels of satisfaction (91.8%), while the youngest respondents reported the lowest levels of satisfaction (76.1%).
Access to Quality Health Services

Goal

Improve access to comprehensive, high-quality health care services.

TCHS Items: 28f; 30d, 52a-j; 53; 55; 56; 57a,b,d-f; 58a-b; 59; 60a-f; 61; 62; 65a-66; 67; 78; 83;

Perceptions of the Accessibility of Health Care in Tioga County

31% of respondents believe that access to healthcare is a serious problem in Tioga County. In contrast, 58.5% of respondents do not think a problem exists, and 11.5% are unsure.

- Younger and middle aged adults are more likely to think access is a problem than older adults (32-34% to 24.7%).
- Poor and near-poor adults are the most likely to think access to healthcare is a problem (35-37%).

13.8% of respondents believe that only "fair to poor" access to healthcare is available when they require care (53% rate access as "Very Good to Excellent").

- Those most likely to rate immediate access to care as "fair to poor" include the poorest respondents (22.7%), the least educated (18.2%) and the youngest respondents (17.3%).
- Those most likely to rate immediate access to care as "Very Good to Excellent" include the older respondents (60.3%), respondents with some college education (57%).

10.4% of respondents believe there is only "fair to poor" access to hospital care in Tioga County. 56.4% of survey respondents believe there is "very good to excellent" access to hospital care.

- The poorest respondents were the most likely to state only "fair to poor" access to hospital care exists (21.3%).
- Between 8-13% of all other subgroups (e.g., young adults, adults with HS education etc.) believe access to hospital care is only “fair to poor.”
- Those most likely to rate access to hospital care as "very good to excellent" include the older respondents (60.9%), respondents with some college education (60.1%) and those in middle/higher income ranges (59.5%).
18.0% of respondents believe only "fair to poor" access to medical specialists exists in Tioga County.

- The poorest respondents were the most likely to state only "fair to poor" access to specialist care exists (26.9%). In contrast, the elderly are the least likely to state "fair to poor" access to specialist care exists (13.5%).
- Between 16-22% of all other group believe access to specialist care is only "fair to poor."
- Only one group had more than 51% of its respondents note that the access to specialist care was "very good to excellent" in Tioga County (Older Adults: 52.8%).

26.7% of respondents thought that the availability of medical advise by phone was only "fair to poor." 40.7% of respondents thought access to medical advice by phone was "very good to excellent."

- The oldest respondent were the least likely to note that access to medical advise by phone was "fair to poor" (20.2%).
- The poorest respondents were the most likely to state that access to medical advice by phone was "fair to poor"(30.6%). They were also the most likely to state that access to medical care by phone was "very good to excellent" (47.2%).

48.8% of respondents believed that the office hours of their regular health care provider were "very good to excellent," while 13.1% of respondents rated the hours as "fair to poor."

- Between 42-52% of all respondents, with the exception of the oldest adults (58.5%), rated the office hours of their regular healthcare provider as "very good to excellent."

63.7% of adults rated their health provider's assistance in getting their prescriptions filled as "very good to excellent," while only 7.6% gave a "fair to poor" rating.

- The poorest respondents were most likely to give "fair to poor" ratings (16.8%) and the least likely to give "very good to excellent" ratings (44.8%).
- In all other groups, less than 11% of respondents gave a "fair to poor" ratings and 57-69% of respondents issued a "very good to excellent" ratings.

17.7% of respondents believe that Tioga County lacks educational programs designed to help manage or prevent medical problems.

- Between 16-22% of all groups, with the exception of the elderly (12.8%), believe that there is a lack of educational programs designed to help manage or prevent medical problems.
Location & Choice

94.2% of respondents reported going to a doctor’s office, and 1.6% of respondents reported going to a hospital emergency room when they were in need of medical care.

- This is a dramatic change from 1994, when 55.4% of people went to a doctor’s office, and 19.1% of people went to a hospital emergency room when they were in need of medical care.

- Young adults were the most likely to use the emergency room for medical care (3%), followed by males (3.2%), poor adults (5.8%) and the least educated adults (3.2%). All of these statistics, while higher than those seen in other demographic groups, are a significant improvement over 1994.

73.1% of respondents obtained their routine medical care in Tioga County; 14.1% in the Corning-Elmira Area; 7.2% in Williamsport, and 2.4% in Sayre (3.4% other).

- Between 70-80% of respondents obtained their care in Tioga County, while 10-17% obtained their routine care in the Corning-Elmira Area.

- Poorer adults were slightly more likely to use Tioga County (81%) middle/upper income adults (70%); and slightly less likely to obtain routine care in Corning Elmira than middle/upper income adults (9.7% to 16.2%).

The most popular reason for choosing a particular provider/hospital for primary care was "convenience" (47.3%). The 2nd most popular reason was a wish to use the best quality provider available (32.4%). The 3rd most popular reason was the demands of insurance plans (10.6%).

- While convenience was the top choice for almost groups (41-51%), it was clearly most important to older respondents (61.1%).

- While the second most popular reason for one's choice of hospital/provider was "quality of provider," for individuals with some college education, provider quality was equally important as convenience (41.1% cited quality as their top choice; 40.9% cited convenience as their top choice).

- Lack of insurance was particularly important to the poorest respondents and least educated respondents (9.8% and 8.3%, respectively).
51% of respondents believe that the convenience of the location of their regular health care provider is "very good to excellent"; while 15.3% gave a rating of "fair to poor."

- Older adults were the most likely to report the convenience of location as "very good to excellent" (61.4%) and were least likely to rate convenience of location as "fair to poor" (7.5%).
- 21.7% of poor adults reported the convenience of the location of their regular health care provider was only "fair to poor."

41.7% of respondents believe that the ease of seeing the doctor of their choice is "very good to excellent." 25.1% of respondents gave a rating of "fair to poor."

- Older adults were the most likely to report the ease of "seeing the doctor of their choice" as "very good to excellent" (56.1%), and were the least likely to rate the ease of seeing the doctor of their choice as "fair to poor" (13.1%).
- Younger and middle-aged adults were the least likely to rate the ease of seeing a doctor of their choice as very good to excellent (33.9% & 39.9%). No other group exceeded 44% (with the exception of older adults-see above).
- Younger adults, male adults, and poorer adults were the most likely to rate the ease of seeing the doctor of their choice as "fair to poor" (32.5%, 29%, and 28.5%, respectively). For all other groups (with the exception of older adults) "fair to poor" ratings were reported by between 22-27% of respondents within that group.

43.1% of respondents believe that the number of doctors they have to choose from is "very good to excellent," while 24.4% gave a rating of "fair to poor."

- Older adults were the most likely to report that the number of doctors they have to choose from is "very good to excellent" (49.4%) and were also the least likely to rate the ease of seeing the doctor of their choice as "fair to poor" (19.2%).
- Between 37-47% of respondents reported that the number of doctors they have to choose from was "very good to excellent" (lowest: >HS diploma- 37%; males-39.7%).
• Between 24-33% of all other groups reported that the number of doctors they have to choose from was "fair to poor" (highest: poor adults-32.7%; >HS diploma-30.4%).

Health Insurance Issues

12.6% of respondents indicated that they do not have current health insurance coverage.
• Poor respondents were the most likely to report having no current health coverage (49%), followed by those individuals without a HS education (25%), and young adults (19.2%).
• The oldest adults were least likely to report having no health coverage (5.4%), followed by those in middle/high income ranges (6.5%) and those with some college education (9.7%).

In the past 3 years, 22% of respondents had been without health coverage for at least 1 month or more.
• Poor respondents were the most likely to report having a lapse in health coverage of 1 month or more (59.4%) followed by young adults (37.7%) and those without a HS education (31.6%).
• The oldest adults were least likely to report having a lapse in health coverage of 1 month or more (5.8%), followed by those in middle/high income ranges (15.9%) and those with some college education (19.7%).

Of respondents with current health coverage, 66.9% used a commercial indemnity program, 13.3% used Medicare and 11.9% used an HMO as their primary form of insurance.
• Commercial indemnities & HMOs were the most likely to be used by those in middle/upper income ranges (90%) and those with some college education (88.2%).
• Commercial indemnities & HMOs were least likely to be used by individuals in poor income ranges (40%) and those with less than a HS education (49.7%).

26.1% of respondents indicated they have a problem with limited access to certain doctors because of their insurance plan.
• Respondents most likely to have a problem with their insurance limiting access to certain doctors included those without a HS education (34.8%), followed by the poor (33.5%) and young adults (31.5%).
• Respondents least likely to have a problem with their insurance limiting access to certain doctors were the oldest adults (10.7%; all other groups ranged between 24-28%).
13% of respondent reported having a problem with delays in their medical care due to waiting for insurance approvals.

- The poorest respondents were the most likely to have reported having a problem with insurance-related delays in medical coverage (19.3%).
- The oldest adults were least likely to have reported having a problem with insurance-related delays in medical coverage (4.2%).
- Between 12-16% of all other groups reported having a problem with insurance-related delays in medical coverage.

**Transportation**

11.5% of respondents reported that the availability of transportation was "fair to poor," while 58% of respondents indicated availability was "very good to excellent."

- The poorest and least educated respondents were more likely to report only "fair to poor" availability of transportation to their health provider (14-16%). All other groups ranged between 11-13.5%.
- Those in the middle/upper income ranges and those with some college education were most likely to rate the availability of transportation as "very good to excellent" (62-64%).

94.2% of respondents travel to receive healthcare in their own personal vehicle. 1.9% ride with a friend and 1.0% walk.

- 83% of older respondent and the least educated respondents use their own vehicle.
- 4.6% of poor respondents, 5.4% of older respondents and 5.3% of respondents without a HS education ride with a friend.

74.3% of respondents travel 30 minutes or less to the place they receive healthcare.

- There is little group variation for those that travel 30 minutes or less (all between 71-76%), or among those travelling more than 60 minutes (3.5-6.5%).

**Appointments**

58.4% of respondents rated their ability to make appointments with their regular healthcare providers by phone as "very good to excellent," while 9.4% of respondents gave a rating of "fair to poor."

- Those respondents without a HS education were more likely to give a "fair to poor" rating (12.7%) followed by those in middle/high income (10.9%) and those with some HS education (10.3%).
• The oldest respondents were least likely to give a "fair to poor" rating (5.4%) and the oldest respondents most likely to give a "very good to excellent" rating (63.6%).

55.7% of respondents rated their ability to make phone appointments for general medical care as "very good to excellent," while 11.2% gave a rating of "fair to poor."

• The poorest respondents were more likely to give a "fair to poor" rating (15.8%) followed by those without a HS education (14.7%) and young adults (14.2%)
• The oldest respondents were the least likely to give a "fair to poor" rating (5%).
• The oldest respondents were the most likely to give a "very good to excellent" rating (63.2%), followed by poor respondents (60.2%; all other groups ranged between 51-59%).

85.8% of respondents reported waiting 7 days or less for medical appointments.
• 83-88% of respondents reported waiting less than 7 days, while 12-17% of respondents reported waiting more than 7 days.

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Arthritis, Osteoporosis & Chronic Back Conditions

Goal
Prevent illness and disability related to arthritis, other rheumatic conditions, osteoporosis and chronic back conditions

TCHS Items: 13l, 14b,c;

Comments: There appears to have been a small decline in the prevalence of arthritis and chronic back pain conditions since 1994. However, two problematic trends are remarkable: (1) the gap between male and females with such conditions appears to have increased; (2) there appears to be an increase in the prevalence of such conditions among older adults.

37.7% of respondents self-reported having a rheumatic or arthritic condition.
- Women were more likely than men to report a rheumatic or arthritic condition (40.3% to 31.7%).
- 67% of those 65 years and older self-reported having a rheumatic or arthritic condition.
- Those least educated and poorest (45-50%) had markedly higher self-reports of arthritic conditions than those with some college education and in mid/upper income ranges (28-31%).

34.7% of respondents reported having health provider-confirmed arthritis.
- Women were more likely to have arthritis than men (37.7% to 27.4%).
- 63.5% of those 65 years and older reported having arthritis.
- More arthritis was reported among the poorly educated relative to any other education grouping (48.2% to 26%).

25.7% of respondents reported having chronic back pain/sciatica.
- 28-29% of those 40 years and older have a self-reported chronic back pain, compared to 18% in the 18-39 year age range
- Those with a better education were less likely to report having CBP/Sciatica (Some College: 21.7%; HS-Grad: 26.6%; <HS: 34.4%).

HP2010 objectives
2-2. Reduce the proportion of adults with chronic joint symptoms who experience a limitation in activity due to arthritis.
2-7. (Developmental) Increase the proportion of adults who have seen a health care provider for their chronic joint symptoms.
2-11. Reduce activity limitation due to chronic back conditions.
Cancer

Goal
Reduce the number of new cancer cases as well as the illness, disability & death caused by cancer.

TCHS Items: 13f,j; 15f; 22a-c; 23; 24; 25, 26; 27; 47b,d; 51; 80l;

Comments: It is clear that gains have been made in breast cancer prevention since the 1994 survey. Marked improvements are apparent in the percentage of women exercising healthy prevention behaviors and health provider contact (particularly in the 40-64 age range). Nevertheless, there remains considerable room for improvement. Unlike the promising findings with breast cancer prevention, it is clear that men, and particularly young men, are uninformed about the risks of testicular cancer and methods of prevention.

Cancer Prevalence
- 5.5% of respondents reported having health provider-confirmed cancer (not skin cancer) at some point in their lives
  - Cancer rates were nearly twice as great in women than in men (6.3% to 3.7%).
  - Cancer rates increased markedly with age (18-39 years: 1.7%; 40-64 years: 5.3%; 65+ years: 10.9%).
  - The poor had nearly twice the rate of cancer as compared to the highest income group (8.4% to 4.4%).

- 4.1% of respondents reported having health provider-confirmed skin cancer at some point in their lives
  - Skin cancer rates increased markedly with age (18-39 years: .4%; 40-64 years: 3.3%; 65+ years: 11%).
  - The poor had the lowest rates of skin cancer (1.9%) compared to other income groups (4-5%). This may suggest that they are less likely to be treated than higher income groups, not necessarily that they suffer less.

Cancer Screening
- 59.5% of respondents reported NEVER having a colo-rectal cancer screening.
  - This number is the highest among young adults (91%) and poor adults (78%).
  - This percentage is the lowest among older adults (34%) (approx. 2000 older adults).
55% of respondents report being **routinely advised** by their health provider of preventative cancer screenings, while 15% report **never being advised**.

- Males are less likely to have been regularly advised than females (44% to 59%)
- Young adults are less likely to have been regularly advised than other adult age groups (26.4% to 64-65%), and more likely to have NEVER been advised than other adult age groups (35% to 8.5%).
- Poor adults are less likely to have been regularly advised than other adult income groups (36% to 54-57%), and more likely to have NEVER been advised than other adult income groups (25% to 14%).

**Female Cancers (Breast, Cervical)**

**Preventative Examinations**

5.1% of women surveyed reported never having a breast exam by a health care professional, while 68.9% of women reported having an exam in the past year.

- Poor, near-poor (7.0-7.5%) and the least educated women (10.7%) were most likely to have reported having never been professionally checked. Women from these groups were also least likely to have been checked within the past year (61-62% checked in the past year).
- Women with some college education and in the mid/upper income ranges were the most likely to have been checked in the past year (72-73%).

Approximately 90% of women 40 years and older have had a mammography screening at some time.

- Poor women were considerably more likely to have never been screened than women in higher family income groups (40% to 25-30%).

Only 2.2% of responding women reported NEVER having a Pap Smear or Gynecological Exam. However, 35.1% of women reported their exam being more than one-year ago.

- 4.8% of elderly women and 5.5% of the least educated women reported never having a PS/Gyn exam.
- Those women with the least education were the most likely to have not been examined in the past year (53.7%).

**Health Behaviors**

96.4% of women reported knowing how to do a breast self-exam, but "only" 89% of responding women have done breast self-exams.

- Overall, 52.8% of women do breast self-exams on **less than a monthly basis**.
• 61% of younger women and 67% of poor women do not check themselves monthly.
• 11% of women have not performed a self-exam within the past six months and at this point are not particularly motivated to do so.
• 10% of women have not performed a self-exam within the past six months but are planning to do so.
• 28.4% of the lowest income women have recently begun to perform regular self-exams, but have yet to develop a habitual behavioral pattern compared to 17-19% of higher income status women.

Male Cancers (Prostate and Testicular)

55% of responding men have had prostate exams.
• 80% of older men (65+ years) have had prostate examinations, with 68% having had exams within the past 2 years.
• The poorest men are more likely to have never been checked (67%) relative to men at other income levels (44-45%).

39% of men have checked themselves for testicular cancer in the past 6 months, with only 32% checking themselves as a regular health behavior.
• 47.2% of men do not check themselves regularly and are not motivated to begin doing so. The subgroups with highest percentage of men fitting this category are younger men (60.6%) and poorly educated men (56.6%).
• 12.8% of men are planning to begin this health behavior and are seeking information or support on doing so.

HP 2010 Objectives
3-1. Reduce the overall cancer death rate.
3-2. Reduce the lung cancer death rate.
3-3. Reduce the breast cancer death rate.
3-4. Reduce the death rate from cancer of the uterine cervix.
3-5. Reduce the colorectal cancer death rate.
3-6. Reduce the oropharyngeal cancer death rate.
3-7. Reduce the prostate cancer death rate.
3-8. Reduce the rate of melanoma cancer deaths
3-9. Increase the proportion of persons who use at least one of the following protective measures that may reduce the risk of skin cancer: avoid the sun between 10 a.m. and 4 p.m., wear sun-protective clothing when exposed to sunlight, use sunscreen with a sun protective factor (SPF) of 15 or higher, and avoid artificial sources of ultraviolet light.
3-10. Increase the proportion of physicians and dentists who counsel their at-risk patients about tobacco use cessation, physical activity, and cancer screening.
3-11. Increase the proportion of women who receive a Pap test.
3-12. Increase the proportion of adults who receive a colorectal cancer screening examination.
3-13. Increase the proportion of women aged 40 years and older who have received a mammogram within the preceding 2 years.
Diabetes

Goal
Through prevention programs, reduce the disease and economic burden of diabetes & improve the quality of life for all persons who have or are at risk for diabetes.

TCHS Items: 13d; 15d;

7.8% of respondents reported having physician confirmed diabetes (not during pregnancy), while 30.8% reported a parental history of diabetes.
- Diabetes percentages ascended with age (18-39 yrs: 1.7%; 40-64: 8.5%; 65+: 15%).
- The percentages of diabetes were highest among the poor (8.5%), near-poor (10.4%), and less educated (>HS: 11.9%; HS Grad: 9.7%); and lowest among those with higher income (6.1%) and some college education (3.6%).

- Reports of parental diabetes were highest among those with less than a HS education (38.5%) and lowest among the youngest, oldest and best educated adults (~25-28%).

### HP2010 Objectives

5-1. Increase the proportion of persons with diabetes who receive formal diabetes education.
5-2. Prevent Diabetes.
5-3. Reduce the overall rate of diabetes that is clinically diagnosed.
5-4. Increase the proportion of adults with diabetes whose condition has been diagnosed.
5-5. Reduce the diabetes death rate.
5-15. Increase the proportion of persons with diabetes who have at least an annual dental examination.
Disability & Secondary Conditions

Goal:
Promote the health of people with disabilities, prevent secondary conditions, and eliminate disparities between people with and without disabilities in the U.S. population.

TCHS Items: 14g

10.3% of respondents reported having limited use of an arm or leg (missing, paralyzed, weakness).
- Limited limb use was higher among adults 40 and older (12-13%) than in younger adults (5.7%).
- The poorest adults reported the highest amounts of limb disability (20.4%), a figure considerably higher than that of near-poor (11.2%) and middle/upper income (8.5%) adults.
- Limb disability levels descended with increasing income status (<HS: 15.7%; HS Grad: 11.9%; Some College: 6.3%).

HP2010 Objectives
6-3. Reduce the proportion of adults with disabilities who report feelings such as sadness, unhappiness, or depression that prevent them from being active.
6-4. Increase the proportion of adults with disabilities who participate in social activities.
6-5. Increase the proportion of adults with disabilities reporting sufficient emotional support.
6-8. Eliminate disparities in employment rates between working-aged adults with and without disabilities.
6-10. (Developmental) Increase the proportion of health and wellness and treatment programs and facilities that provide full access for people with disabilities.
Family Planning

Goal
Improve pregnancy planning & spacing and prevent unintended pregnancy.

TCHS Items: 28h; 80r;

43% of respondents agree that teenage pregnancy is a problem in their community; 24% disagree.
- Females are more likely to agree that teenage pregnancy is a community problem (46%) than males (36%)
- Younger adults and the most educated adults are more likely to see teenage pregnancy as a community issue (~50%), compared to older (31%) and less educated adults (41%).

53.1% of young adults have received advice from their health professional on family planning/birth control. In contrast while 45% of young adults reported never being advised.
- Males are much less likely to have been advised than females
- Poorest individuals are much more likely to have been advised than "Near-poor" or "Mid/High Income" groups.

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HP2010 objectives

9-7. Reduce pregnancies among adolescent females.
9-10. Increase the proportion of sexually active, unmarried adolescents aged 15 to 17 who use contraception that both effectively prevents pregnancy and provides barrier protection against disease.
Health Communication

Goal

Use communication strategically to improve health

TCHS Items: 54a-c, 54g; 57c,g; 84;

Comments:
(1) Compared to HS94 data, a significant improvement in health communication is apparent for virtually every category, item, and subgroup observed by this current survey.
(2) Those with the least education were most likely to cite inadequate communication, (and least likely to cite adequate health communications) with their provider. An awareness by the provider of a patient’s educational level may lead to clearer advising for each patient treated.

Quality

18.2% of respondents believe that poor communication exists with the doctors they have been treated by, and among the doctors themselves.
- The elderly are less likely to report communication problems (10.5%) with their doctors than younger and middle aged adults (19-21%).

Time/Exposure

86.7% of patients "Always or Mostly" see the same doctor for their medical care.
- The poorest and youngest adults are the most likely to "sometimes" or "Rarely/Never" see the same doctor for their medical care (19-20% of cases).

50.1% of respondents reported receiving "good or very good" amounts of time with their doctors, while 16.3% reported the time with their doctor as being "fair to poor" (inadequate).
- 18-19% of adults less than 65 years old reported inadequate time with their doctors, while only 8% of older adults (65+) reported inadequate time.

60.9% of respondents indicated that their doctor pays "very good to excellent" attention to what they have to say, while 9.1% report "fair to poor" attention.
- Poor and uneducated individuals were more likely to report their doctor pays “fair to poor” attention to what they have to say than were the highest income and educational status groups (~15% to ~5-8%).
• Those with the highest education were most likely to report "very good to excellent" physician attention to what they had to say (69.1%). Those who were least educated reported a considerably smaller (49.7% "very good to excellent").

Specific Content

13% of respondents rated their health provider as being "fair to poor" in advising them on ways to avoid illness and stay healthy (53.2% rated "very good to excellent").

• There were marginal differences for educational groups, with those with the least education being more likely to give a fair-to-poor rating (18.5%). (other education groupings, ~12%).

19.7% of respondents cited having problems with their physicians’ reminding them of or arranging use of preventative services (80.3% said this was not a problem).

• Younger adults were more likely to see problems in their physician’s communication of preventative services than elderly adults (22% to 11.5%)

7.7% of respondents rated their physicians’ explanations of medical procedures and tests "fair to poor" (59.4% rated "very good to excellent").

• Respondents with the least education were more likely to give a “fair to poor” rating (12.8%) than other educational groupings (HS Grads: 8%; Some College: 5.6%).

• Individuals with the most education were more likely to give a "very good to excellent" rating (66.7%), compared to other education groupings (HS Grads: 56.6%; <HS: 50%).

**HP2010 objectives**

11-6. Developmental) Increase the proportion of persons who report that their health care providers have satisfactory communication skills.
Heart Disease & Stroke

Goal:

Improve cardiovascular (CV) health & quality of life through the prevention, detection and treatment of risk factors; early identification and treatment of heart attacks and strokes; and prevention of recurrent CV events.

TCHS Items: 13a,b,c,e,k; 15a,b,c,e; 47a,c; 80f-h;

Heart Disease in Tioga County

Myocardial Infarction

5% of respondents indicated that a health provider told them they had suffered a heart attack.

- Individuals most likely to have had a provider-confirmed heart attack include respondents older than 65 years (12.4%), male respondents (9.8%), poor respondents (8.3%) and respondents without a HS education (8.4%).
- Individuals least likely to have had a provider-confirmed heart attack include respondents younger than 40 (0.4%), female respondents (3%), middle/upper income respondents (3.1%) and respondents with some college education (2.9%).

39.3% of respondents indicated that one of their birth parents had suffered a heart attack.
- Those most likely to report a parental history of heart attack include older adults (47.2%), the poorest adults (44.9%), and adults without a HS education (48.1%).
- Those least likely to report a parental history of heart attack were adults younger than 40 (23.2%), and adults with some college education (34.1%).
Congestive Heart Failure
4% of respondents indicated that a health provider told them they had congestive heart failure (CHF).

- Those most likely to have had a provider-confirmed CHF include respondents older than 65 years (13%), and respondents without a HS education (9.6%).
- Those least likely to have had a provider-confirmed CHF include respondents younger than 65 (1-2%), middle/upper income respondents (2.2%) and respondents with some college education (2.2%).
- Near-Poor (5.8%) and poor respondents (4.6%) had more than double the rates of CHF than middle/high income respondents. (See above similar differences in CHF between most and least educated.)

29.9% of respondents indicated that one of their birth parents had congestive heart failure (CHF).

- Those most likely to report a parental history of CHF include older adults (41.2%), and adults without a HS education (39.4%).
- Those least likely to report a parental history of CHF were adults younger than 40 (14.2%), and adults with some college education (24.3%), and middle/upper income adults (27.1%)

Angina
8.4% of respondents indicated that a health provider told them they had angina.

- Those most likely to have reported having provider-confirmed angina include respondents older than 65 years (18.8%), males (11.2%), respondents without a HS education (14%) and the poorest respondents (13.9%).
- Those least likely to have had a provider-confirmed angina include respondents younger than 40 (3%), middle/upper income respondents (5.5%) and respondents with some college education (4.3%).

31% of respondents indicated that one of their birth parents had angina.

- There was little variation in parental history of angina within or between subgroups (all tended between 26-34%).

Hypertension
Up from 1994, 33.3% of respondents indicated that a health provider told them they had hypertension (high blood pressure).

- Those most likely to have had provider-confirmed hypertension include those older than 65 years (53.2%), and respondents without a HS education (45.8%).
• Those least likely to have had provider-confirmed hypertension include those respondents younger than 40 (11.3%) and respondents with some college education (26.6%).

58.2% of respondents indicated that one of their birth parents had hypertension.
• There was little subgroup variation in parental history of hypertension (all tended between 53-63%).

High cholesterol
31.8% of respondents indicated that a health provider told them they had high cholesterol.
• Those most likely to have had provider-confirmed high cholesterol include respondents older than 65 years (53.2%) and respondents without a HS education (45.8%).
• Those least likely to have had provider-confirmed high cholesterol include respondents younger than 40 (11.3%) and with some college education (26.6%).

32% of respondents indicated they had never had a cholesterol screening.
• Younger adults (63.8%) and poorer adults (51.4%) were the most likely to report never having a cholesterol screening.
• Older adults (12.7%) and middle-aged adults (22.5%) were the least likely to report never having a cholesterol screening.
• All other groups varied between 29-37% of respondents never having received a cholesterol screening.

Health Provider Advising on Heart Disease
33.1% of respondents indicated their health provider had never advised them on the risks of heart disease (1.9% did not know).
• Females were more likely than males to report never being advised of the risks of heart disease (36.4% to 22.5%).
• Adults under forty (younger adults) and poor adults were the most likely to report never being advised on risks for heart disease (55.8% and 46.5%, respectively)
• Adults 65 or older, males, and adults without a HS education were the least likely to report never being advised on the risks for heart disease (20.8%, 22.5% & 26.1%).

34.5% of respondents indicated that their health provider had never advised them on the risks for high blood pressure (1.6% did not know).
• Females were more likely than males to report never being advised on the risk for high blood pressure (38.8% to 20.9%).
• Adults under forty (younger adults) and poor adults were most likely to report never being advised on risks for high blood pressure (58.3% and 42.3%, respectively)
• Adults 65 and older, males, and adults without a HS education were the least likely to report never being advised on the risks for high blood pressure (19.1%, 20.9% & 22.3%).

41.1% of respondents indicated that their health provider had never advised them on the risks for stroke (2.1% did not know).
• Females were more likely than males to report never being advised on the risks for stroke (44% to 21.5%).
• Adults under forty (younger adults), poor adults, and middle/high income adults were the most likely to report never being advised on risks for stroke (64.7%, 47.9% and 44.5%, respectively)
• Adults 65 and older, males, and adults without a HS education were the least likely to report never being advised on the risks for stroke (25.4%, 31.5% & 29%).

<table>
<thead>
<tr>
<th>HP2010 Objectives</th>
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</thead>
<tbody>
<tr>
<td>Heart Disease</td>
</tr>
<tr>
<td>12-1. Reduce coronary heart disease deaths.</td>
</tr>
<tr>
<td>12-5. (Developmental) Increase the proportion of persons with witnessed out-of-hospital cardiac arrest who are eligible and receive their first therapeutic electrical shock within 6 minutes after collapse recognition.</td>
</tr>
<tr>
<td>12-6. Reduce hospitalizations of older adults with heart failure as the principle diagnosis.</td>
</tr>
<tr>
<td>Stroke</td>
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<tr>
<td>12-7. Reduce stroke deaths.</td>
</tr>
<tr>
<td>Blood Pressure (Blood Indexes)</td>
</tr>
<tr>
<td>12-9. Reduce the proportion of adults with high blood pressure.</td>
</tr>
<tr>
<td>12-10. Increase the proportion of adults with high blood pressure whose blood pressure is under control.</td>
</tr>
<tr>
<td>12-11. Increase the proportion of adults with high blood pressure who are taking action (for example, losing weight, increasing physical activity, and reducing sodium intake) to help control their blood pressure.</td>
</tr>
<tr>
<td>12-12. Increase the proportion of adults who have had their blood pressure measured within the preceding 2 years and can state whether their blood pressure was normal or high.</td>
</tr>
<tr>
<td>12-13. Reduce the mean total blood cholesterol levels among adults.</td>
</tr>
<tr>
<td>12-14. Reduce the proportion of adults with high total blood cholesterol levels.</td>
</tr>
<tr>
<td>12-15. Increase the proportion of adults who have had their blood cholesterol checked within the preceding 5 years.</td>
</tr>
</tbody>
</table>
HIV/AIDS & Sexually Transmitted Diseases

Goals:
2. Promote responsible sexual behaviors, strengthen community capacity & increase access to quality services to prevent sexually transmitted diseases (STDs) and their complications

TCHS Items: 14L; 80o,p;

Comment: While the data suggests HIV/AIDS is not a pressing health issue in Tioga County, it is likely that a response bias exists on this item (nearly 33% of respondents refused to answer this item). Perhaps more noteworthy is the large percentage of young adults reporting that they have never been counseled on the risks and prevention of STDs (and HIV/AIDS). There is much room for improvement in the area of advising young adults (presumably more sexually active) on the risks associated with STDs, HIV/AIDS and the prevention of these conditions.

HIV/AIDS Cases
There were no self-reported cases of HIV/AIDS in the sample.

Health Provider Counseling on HIV/AIDS and STDs
Approximately 85% of respondents have never been counseled on the risks or prevention of STDs or HIV/AIDS.
- While more young adults (18-39 years) reported being counseled at some time (24%) than older adults (40+ years), approximately 76% of younger adults have reported not being counseled on the risks or prevention of STDs or HIV/AIDS. Respondents in the lowest income category (Poor) are the most likely to have received some counseling regarding risks and prevention (24-25% compared to 8-10% for other income groups).

HP2010 Objectives
13-6. Increase the proportion of sexually active persons who use condoms.
13-17. (Developmental) Reduce new cases of perinatally acquired HIV infection.
25-10. (Developmental) Reduce neonatal consequences from maternal sexually transmitted diseases, including chlamydial pneumonia, gonococcal and chlamydial ophthalmia neonatorum, laryngeal papillomatosis (from human papillomavirus infection), neonatal herpes, and preterm birth and low birth weight associated with bacterial vaginosis.
25-17. (Developmental) Increase the proportion of pregnant females screened for sexually transmitted diseases (including HIV infection and bacterial vaginosis) during prenatal health care visits, according to recognized standards.
Immunizations & Infectious Disease

Goal:
Prevent disease, disability and death from infectious diseases, including vaccine-preventable disease.

TCHS Items: 80u

34.5% of the respondents reported "Never" being advised by their health provider about immunizations. (63.5% reported being "occasionally or routinely" advised about immunizations.)

- The elderly are more likely to have been "routinely" advised about immunizations (40.7%) than were those 18-64 years (25-30% reporting routine advising), but no differences existed among age-groups who reported "Never" being advised. This suggests a gap in regularity of advice, but not the absence of advice, among age groups.

- A descending linear relationship exists between perceived health status and receipt of immunization advising (See graph). Those reporting the highest perception of health were the most likely to report NEVER (45.3%) being advised on immunization needs. Those reporting the poorest perception of their health were the LEAST likely to have reported "NEVER" (23.9%) being advised.

HP2010 Objectives
14-1. Reduce or eliminate indigenous cases of vaccine preventable disease.
Injury & Violence Prevention

Goal:
Reduce disabilities, injuries & deaths due to unintentional injuries & violence

TCHS Items: 16; 17; 28j-l; 38; 80c-e; 87; 88, 89

Accidental injury
20% of respondents reported having an accidental injury (non-violent) requiring medical care in the past year. This figure is down from 25% in HS94.
- There is a descending relationship between age and injury. The youngest adults were more likely to have reported being injured in the last year (see graph)

Prevention behaviors
Adult Injury Prevention
39.1% of adults report inconsistent (less than "Always") seatbelt use.
- Males are less consistent than females in their seatbelt use (46.8% to 34.4% seatbelt use less than "Always")
- Younger adults are less consistent with seatbelt use than older groups (40+ years)(46.8% to 32-37%).
- The poor are somewhat more consistent with regular seatbelt use than other income groups.

Child Injury Prevention
20% of parenting adults are inconsistent about their children's wearing their seatbelts.
- There is little variation by sex, age, family income status, or educational level.

55.3% of adults are inconsistent about their children's use of helmets when riding a bicycle.
- The poor appear to be the most conscientious about always having their children wear helmets (53.2%) compared to other income groups (42-46%)

Health provider prevention advising
Respondents were asked whether they had ever received injury prevention advice from a health care advisor in the areas of: children’s car safety seats, poison prevention and burn prevention. For all three categories, between 86-93% of respondents reported "NEVER" or "DO NOT KNOW" about receiving advice in these areas
- Younger adults were more likely to have received advice about poison prevention (17.5%) and child safety seats (31.6%) than were older adults (5-10%)
• Poorer parents were more likely to report having been advised on the proper use of child safety seats and restraints (27.1%) than were higher income parents (13-15%).
• 93% of respondents had never, or did not recall being advised about burn prevention. The poor and the least educated adults were the most likely to have been advised (15-16%). The elderly, higher income status groups and more highly educated groups consistently reported fewer than 10% of respondents receiving advice on burn prevention.

Community Violence

Comments: While the prevalence of violence reported here can be interpreted to support the conclusion of "no problems with violence in Tioga County," this conclusion should only be made tentatively. The limiting item factor of "requiring medical care" and the hidden nature of domestic violence may mask this potential problem. The fact that many community members believe that domestic and youth violence is a problem suggests the presence of violence issues not captured by this survey.

Less than 1% of respondents reported receiving injuries due to violence (or knowing a family member with injuries due to violence) resulting in medical care.
• Little reliable data is available from subgroup analyses due to this small positive response rate.

39.4% of adults believe domestic violence is a serious problem in Tioga County.
• Females are more likely to see DV as a serious problem (42.6%) than are males (32.5%).
• Younger, middle/high income, and college-educated adults are more likely to see domestic violence as a serious community problem (42-50%) than older, lower income, and less educated adults (26-35%).

25.1% of adults believe that youth violence is a serious problem in Tioga County.

HP2010 Objectives

<table>
<thead>
<tr>
<th>Injury Prevention</th>
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<tbody>
<tr>
<td>15-1. Reduce hospitalization for nonfatal head injuries.</td>
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<tr>
<td>15-2. Reduce hospitalization for nonfatal spinal cord injuries.</td>
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<tr>
<td>15-12. Reduce hospital emergency department visits caused by injuries.</td>
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<tr>
<td>Unintentional Injury Prevention</td>
</tr>
<tr>
<td>15-14. (Developmental) Reduce nonfatal unintentional injuries.</td>
</tr>
<tr>
<td>15-15. Reduce deaths caused by motor vehicle crashes.</td>
</tr>
<tr>
<td>15-17. Reduce nonfatal injuries caused by motor vehicle crashes.</td>
</tr>
<tr>
<td>15-23. (Developmental) Increase use of helmets by bicyclists.</td>
</tr>
<tr>
<td>Violence &amp; Abuse Prevention</td>
</tr>
<tr>
<td>15-33. Reduce maltreatment and maltreatment fatalities of children.</td>
</tr>
<tr>
<td>15-34. Reduce the rate of physical assault by current or former intimate partners.</td>
</tr>
<tr>
<td>15-35. Reduce the annual rate of rape or attempted rape.</td>
</tr>
<tr>
<td>15-37. Reduce physical assaults.</td>
</tr>
</tbody>
</table>
Maternal, Infant & Child Health

Goal:

Improve the health and well-being of women, infants, children & families.

TCHS Items:

[I/C] 18a-n; 63a-e; 65b; 68; 69;
[M] 19a-e; 20; 21a-g, 28h;

Child Health Issues: This topic is a review of responses from parents with children living in their household that were 17 years or younger. Parents were asked about a variety of physician-confirmed illnesses and health conditions.

- **Allergies:** 38.1% of parents indicated a doctor had told them one of their children had allergies. Children of middle/upper income parents had a slightly lower reporting of allergies (35.1%) than poor and near-poor children (~42%). Interestingly, the children of parents without a HS education were the least likely of all sub-groups to have been told they had allergies (29.5%).

- **Asthma:** 23.2% of parents indicated a doctor had told them one of their children had asthma. Childhood asthma percentages increased slightly as family income status decreased (See Graph, Left). Interestingly, doctor-confirmed asthma prevalence increase with increased educational status (<HS: 18.2%; HS Grad: 21.6%; Some College: 25.9%).

- **Diabetes/Glucose Intolerant:** 2% of parents indicated a doctor had told them one of their children had high blood sugar (diabetes, glucose intolerant).

- **Bronchitis:** 33.4% of parents indicated that a doctor had told them one of their children had bronchitis. Doctor-confirmed childhood bronchitis was most likely to be reported by parents classified as poor (37.5%), near-poor (38.1%) or by parents with less than a HS education (38.6%). The lowest percentages were reported by middle/upper income parents (29%) or parents who were HS grads (but no college)(29.6%).

- **Cholesterol:** 1.5% of parents indicated a doctor had told them one of their children had high cholesterol.

- **Diarrhea:** 1.1% of parents indicated a doctor had told them one of their children had chronic diarrhea.

- **Ear Infections:** 81.2% of parents indicated a doctor had told them one of their children had an ear infection.
• **Lactose Intolerance:** 7.9% of parents indicated that a doctor had told them one of their children was lactose intolerant. The poorest parents (12.5%) and the most educated parents (12.2%) were the most likely to have been told that one of their children was lactose intolerant.

• **Measles:** 14.8% of parents indicated that a doctor had told them one of their children had measles. 53.8% of older adults reported their children had measles (compared to 7.2% of younger adults). Older adults are also disproportionately represented in the poor and least educated SES groupings. Therefore, while poor and uneducated parents were the most likely to report having children with measles (18.8% and 22.7%), the assumption that these figures are also reflective of young parents in lower SES strata interpretation must be made with caution.

• **Pneumonia:** 18% of parents indicated a doctor had told them one of their children had pneumonia.

• **Sore or Strep Throat/Tonsillitis:** 70.7% of parents indicated that a doctor had told them one of their children had Sore or Strep Throat/Tonsillitis.

• **Stress/Emotional Problems:** 8.2% of parents indicated that a doctor had told them one of their children had stress/emotional problems. Children of poor (26.6%) and uneducated parents (14%) were most likely to have a doctor state they have stress/emotional problems. Children of mid/high (5.6%) income parents were least likely to have had a doctor cite stress/emotional problems. (See Graph, Left)

• **Weight Problems:** 8.6% of parents indicated a doctor had told them one of their children was overweight. 6.8% of parents indicated a doctor had told them one of their children was underweight.

### Child Medical Care

In 74.3% of respondents with children, their children received their routine medical care in Tioga County, 12.2% received care in the Corning-Elmira area, 7.0% in Williamsport, and 1.7% in Sayre.

- Poor families tended to use Tioga County medical care more than middle/upper income families (84% to 71%) and use Corning-Elmira less than middle/upper income families (10.7% to 14.9%). A similar pattern was seen for respondents in the most and least educated categories.

When taking children for medical care and advice, 96.8% of parents went to the doctor's office.

- This is a remarkable change over 1994 when only 54.5% of parents went to the doctor's office, and 21.4% reported taking their children to the emergency room.
Approximately 40% of respondents (N=671) indicated they traveled to see a medical specialist for their children's condition.

- 64.7% of these respondents traveled 60 minutes or less while 35.3% traveled more than 1 hour.

Children's Insurance

42 respondents indicated they had children (N=86 children) under 17 without insurance.

- 30 of the 41 households were in poor to near-poor income ranges. (1 family was omitted from cross-tabular analyses due to their omission of family income data)
- 29 of the 41 households the respondents had a HS education or less.
- Approximately 25-30% of households with uninsured children were classified in the upper/middle SES ranges and the respondent had at least some college education.

31 respondents indicated they had children (N=61 children) under 17 in the PA child health insurance program.

- 26 of 33 households using CHIP were in poor to near-poor income ranges.
- In 25 of 33 households using CHIP, the parents' highest degree was a HS education.
- Approximately 21% of households using CHIP were categorized in the middle/upper income ranges.

97 respondents indicated they had children (N=187) whose insurance was covered by medical assistance (Medicaid, Medicaid HMO, Mercy Health Plan).

- 73 of 93 respondents were in poor or near-poor income ranges.
- In 70 of 94 households, the parents' highest degree was a HS education or less.
- Approximately 21.5% of households receiving medical assistance to insure their children are classified in the middle/upper income ranges.

427 respondents indicated that their children (N=768) under 17 were covered by commercial insurance coverage (HMO, PPO, BC/BS)

- 124 of 412 households (30%) with commercial insurance for their children were from poor and near-poor income ranges.

Pregnancy

88.1% of responding women indicated being pregnant in the past.
2.3% of responding women indicated that they were currently pregnant.

- 5.7% of women 18-39 years of age were currently pregnant.
8.9% of responding women indicated that they had been pregnant in the past 3 years.
- 28% of women 18-39 years of age had been pregnant in the past 3 years.

8.3% of women indicated that they had given birth in the past 3 years.
- 26.9% of women 18-39 years of age reported giving birth in the past 3 years.

Prenatal Care
During their most recent pregnancy, 3.7% of women saw their doctor less than 1 time per trimester. In contrast, 85.7% of women saw their doctor monthly or more.
- Older women (6.1%) and poorly educated women (9.3%) were most likely to report seeing their doctor less than 1 time per trimester.

During their most recent pregnancy, 90.3% of women saw their doctor during the first trimester.
- Women that were the most likely to have seen a doctor during their first trimester of pregnancy included younger women (96.3%), women with some college education (94.2%) and women in the middle/upper income ranges (93.4%).
- Women that were the least likely to have seen a doctor during their first trimester of pregnancy included older women (80%), women with less than a HS education (79.8%), and women in the poorest income ranges (84.4%).

26.1% of women smoked at sometime during their most recent pregnancy. 18.1% of pregnant women smoked daily. (Of women who smoked during pregnancy, ~70% did so on a daily basis.)
- Women 18-39 years of age were more likely to have smoked during their pregnancy than older women (29.4% to 21.0%).
- Poor women (39%) and women without HS degrees (33%) were the most likely to have smoked during pregnancy, and most likely to smoke daily (28.6% and 25.8%, respectively).
- Women with some college education and women from the upper/middle income range were least likely to smoke during pregnancy (20.6% and 24.2% respectively).
- Of women who did smoke during pregnancy, more than 75% in the following groups smoked on a daily basis: Some college education, middle/upper income status, and women with less than a HS degree.
29% of women in Tioga County drank at least once during their most recent pregnancy (17.5% drank beer; 17.3% drank wine, 8.4% drank hard liquor).
- Those women most likely to have had a drink at some time during their last pregnancy were the poor (36.4%) and more highly educated (35.5%).
- Those women least likely to have had a drink at some time during their last pregnancy were older (25.4%) and the least educated (25%).

56% of pregnant women exercised/were physically active every other day or more while 44% of women exercised/were physically active 1 time weekly or less.
- Near-poor women and women with a HS diploma or less were the least likely to have ever been physically active during pregnancy (10-12%). In contrast little variation existed among those women who were physically active at least every other day during pregnancy (55-60%).

25.9% of women who had been pregnant failed to take prenatal vitamins on a daily basis (this is somewhat skewed by the reporting of older women who may not have been pregnant at a time when prenatal vitamins were routinely prescribed).
- 20.5% of young women did not take daily prenatal vitamins during their last pregnancy.
- Poor and Near-poor women were significantly less likely to have taken daily prenatal vitamins (~67%) than middle/higher income women (80.7%).
- Only 53.7% of women without a HS education took daily prenatal vitamins compared to 75-79% of better educated women.

<table>
<thead>
<tr>
<th>Took Daily Pre-Natal Vitamins During Most Recent Pregnancy</th>
</tr>
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<tbody>
<tr>
<td>Percent</td>
</tr>
<tr>
<td>----------------</td>
</tr>
<tr>
<td>53.7</td>
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HP2010 Objectives

<table>
<thead>
<tr>
<th>HP2010 Objective</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>16-1</td>
<td>Reduce fetal and infant deaths.</td>
</tr>
<tr>
<td>16-6</td>
<td>Increase the proportion of pregnant women who receive early and adequate prenatal care.</td>
</tr>
<tr>
<td>16-16</td>
<td>Increase the proportion of pregnancies begun with an optimum folic acid level.</td>
</tr>
<tr>
<td>16-17</td>
<td>Increase abstinence from alcohol, cigarettes, and illicit drugs among pregnant women.</td>
</tr>
<tr>
<td>16-18</td>
<td>(Developmental) Reduce the occurrence of fetal alcohol syndrome (FAS).</td>
</tr>
<tr>
<td>16-22</td>
<td>(Developmental) Increase the proportion of children with special health care needs who have access to a medical home.</td>
</tr>
<tr>
<td>16-23</td>
<td>Increase the proportion of Territories and States that have service systems for children with special health care needs.</td>
</tr>
</tbody>
</table>
Mental Health & Mental Disorders

Goal:
Improve mental health and ensure access to appropriate & quality mental health services.

TCHS Items: 13m,n; 14j; 15k; 74; 75; 80i,s; MCS Scale, TC Depression Index

Mental Health and Well-Being in Tioga County

What is the SF-36 Mental Component Scale (MCS)?: The SF-36 scale that is incorporated into the HS2000 produces a psychometrically sound score of mental health and well-being that is accepted and frequently used by health researchers. The SF-36 scale approaches the measurement of mental health holistically in that its mental component score (MCS) reflects not only the traditional assessment of mental disorder, such as depression and anxiety, but also includes the influence of physical disorder and social functioning in assessing "mental health." The categories presented in the HS2000 data roughly reflect standard deviations around the scores in the "Normal/Good" range of the MCS scale found in normative data from a national sample. Respondents in the "Normal/Good to Very Good" range experience little or no mental health disturbance.

Comment: Across all observed groups, a remarkable consistency was seen for those in the "fair" range of mental health functioning (between 23-28%). These respondents are likely to quickly benefit from mental health treatment or supportive community efforts. Programs interested in addressing mental health needs in Tioga County may be well served to focus their attention here.
59.2% of Tioga County respondents have little or no appreciable mental health difficulty. 23% of individuals struggle with mental health issues, but are generally functional and social. 17.9% of respondents have serious mental health problems (Poor to Very Poor) that significantly impact their global functioning. (See Graph, p. 42)

- The groups reporting the highest amounts of dysfunction included the youngest (21%), the least educated (25.6%), and the poorest (34%).
- The groups reporting the lowest amounts of dysfunction included males (15.1%), older adults (12.8%), middle/high income adults (15.1%), and those adults with some college education (14.5%).

Depression & Anxiety

**Tioga County Depression Index:** A simple 5-item scale was created to assess depression in Tioga County.

25.8% of Tioga County Citizens met the criteria for having borderline (18.1%) to severe clinical depression (7.7%).

- Older adults reported about half the level of severe depression (4.2%) than those adults younger than 65 years (8-9%), but reported similar levels of borderline to moderate depression (16-20%) to these younger adult groups.
- There was no difference between males and females at any level of the depression index scoring.
- The poor and least educated were the most likely to score in the borderline to severe clinical ranges (50% and 38.6%, respectively).
- Those in upper/middle income ranges and those with some college education were least likely to score in clinical ranges (20.8% and 17.8%, respectively).

18.6% of respondents reported that a health care provider had at some time told them they had depression.

- Females were more than twice as likely as males to have been told they had depression (22% to 10.9%).
- The poor and least educated were the most likely to have been told they had depression (33.6% and 24.0%).
- Male respondents, older respondents, and those in middle/upper income ranges were the least likely to have been told they had depression (10.9%, 14.8% and 16.3%).
15.3% of respondents reported that they currently have depression, anxiety, or another mental health condition.

- The poor (30.8%) were 1.5 to 3 times as likely to report having a current mental health condition as any other group observed.
- Elderly, male, and upper/middle income respondents were the least likely to report having a current mental health condition (9.9%, 12.1% and 13.1%, respectively).

2.9% of respondents reported that their health provider had indicated they had a mental health condition other than depression.

- The poor (7.5%) and those with some college education (4.3%) were the most likely to report being told they had a mental health condition other than depression.

Health Provider Advising on Mental Health Issues

36.4% of respondents indicated that their health provider "routinely"(7.9%) or "occasionally"(24.3%) advises them on their mental health, while 63.6% reported never being advised on their mental health.

- Across all subgroups, 60-70% of respondents reported never being advised on their mental health.
- Younger adults (10.2%), poor adults (19.4%), and adults with a HS education (11.2%) were the most likely to have reported being routinely counseled by their physician.

45.1% of respondents indicated that their health provider "routinely"(9.8%) or "occasionally"(34.3%) advised them on managing their stress level. 52.3% reported never being advised on managing their stress level.

- Across all subgroups, 50-60% of respondents reported never being advised on their mental health.
- The poorest adults were the most likely to have been routinely counseled (16.7%).

<table>
<thead>
<tr>
<th>Mental Health Status Improvement</th>
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<tbody>
<tr>
<td>18-4. Increase the proportion of persons with serious mental illnesses who are employed.</td>
</tr>
<tr>
<td>18-1. Reduce the suicide rate.</td>
</tr>
<tr>
<td>18-6. (Developmental) Increase the number of persons seen in primary health care who receive mental health screening and assessment.</td>
</tr>
</tbody>
</table>
Nutrition & Overweight

Goal:
Promote Health and Reduce chronic disease associated with diet & weight

TCHS Items [N] 48a-g; 49; 80a,t; [O]31, bmi; bmicat; 50;

Overweight
45% of respondents had a Body mass index (BMI) that categorized them within the overweight (moderate health risk) to morbidly overweight (very high health risk) ranges.

- There was little subgroup variation in the percentages of respondents that were overweight (all between 37-47%) with the exception of middle-aged adults for whom 51.4% had BMIs in the overweight to morbidly overweight range. A similar lack of variation was seen in adults with BMIs in the normal (low risk) range (37-48%).
- Relative to 1994 data, the number of individuals considered overweight is up 20% in Tioga County. Similarly the number of people categorized at low risk is down by 15%.

Diet
27.5% of respondents reported eating fatty foods 2 times or more daily.
- Younger (36.3%) and poorer adults (31.8%) were the most likely to eat “fatty or fast foods” 2 or more times daily.
- Older adults were the least likely to report eating fatty foods 2x or more daily (13.3%)

28.4% of respondents indicated no interest (resistant) in regularly avoiding high fat foods.
- Males (41.4%) and younger adults (38.9%) were the most likely to be resistant to modifying their fat intake behaviors.
- Females (22.7%) and older adults (16.1%) were the least likely to be resistant to modifying their fat intake behaviors.

31.2% of respondents reported eating fruits and/or vegetables three or more times daily.
- The most likely to eat fruits/vegetables 3 or more times daily were older adults (38.4%), adults with some college education (35.1%) and females (34.9%).

<table>
<thead>
<tr>
<th>Fatty Food Intake &amp; Motivation to Change Fatty Diet</th>
<th>BY Age Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fatty Foods 2x or more Daily</td>
<td>No Interest In Changing Diet of Fatty Foods</td>
</tr>
<tr>
<td>18-39 yrs</td>
<td>38.3%</td>
</tr>
<tr>
<td>40-64 yrs</td>
<td>26.5%</td>
</tr>
<tr>
<td>65+ yrs</td>
<td>13.3%</td>
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</tbody>
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<thead>
<tr>
<th>Diet BY Age Group</th>
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</thead>
<tbody>
<tr>
<td>18-39 yrs</td>
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<tr>
<td>40-64 yrs</td>
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<tr>
<td>65+ yrs</td>
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</tbody>
</table>
• The least likely to eat fruits/vegetable 3 or more times daily were males (22.6%) and the poorest respondents (29.7%).

18.8% of respondents reported eating grains or cereal products three or more times daily.
• The most likely to eat grain/cereal products 3 or more times daily were young adults (22.4%) and adults with some college education (25.1%).
• The least likely to eat grain/cereal products 3 or more times daily were older adults (16.7%) and the poorest respondents (16.8%).

49.4% of respondents reported eating calcium-rich foods or calcium supplements 2 or more times daily.
• The most likely to eat calcium-rich food or calcium supplements 2 or more times daily were young adults (57.1%) and adults with some college education (56.6%).
• The least likely to eat calcium-rich food or calcium supplements 2 or more times daily were males (41.7%), older adults (43.4%) and those respondents with less than a HS education (36.9%).

64.4% of respondents reported taking vitamin or mineral supplements at least once daily.
• Males (55.1%), younger adults (49.9%), and poor adults were the least likely to report taking daily vitamin or mineral supplements.
• Females (69.3%) and older adults (76.6%) were the most likely to report taking daily vitamin or mineral supplements.

Diet/Weight/Nutritional Advising
28.5% of respondents report never receiving advise from their doctor on diet and nutrition (1.1% were unsure whether they had received advice on this topic).
• There was little variation in the receipt of dietary or nutrition advising from respondents’ health providers (all groups between 25-37%).
• Somewhat elevated percentages of advising were seen for females (30.9%), young adults (32.9%), poor adults (36.6%), and adults without a HS education (33.9%).

62.3% of respondent had receiving some advising by their health provider on weight control.
• The most likely to have been advised on weight control were males (68.9%) and those without a HS education (65.7%).
• The least likely to have been advised on weight control were poor adults (44.4%) and young adults (50.3%).
<table>
<thead>
<tr>
<th>HP2010 Objectives</th>
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<tbody>
<tr>
<td>19-1. Increase the proportion of adults who are at a healthy weight.</td>
</tr>
<tr>
<td>19-2. Reduce the proportion of adults who are obese.</td>
</tr>
<tr>
<td>19-5. Increase the proportion of persons aged 2 years and older who consume at least two daily servings of fruit.</td>
</tr>
<tr>
<td>19-6. Increase the proportion of persons aged 2 years and older who consume at least three daily servings of vegetables, with at least one-third being dark green or deep yellow vegetables.</td>
</tr>
<tr>
<td>19-7. Increase the proportion of persons aged 2 years and older who consume at least six daily servings of grain products, with at least three being whole grains.</td>
</tr>
<tr>
<td>19-9. Increase the proportion of persons aged 2 years and older who consume no more than 30 percent of calories from fat.</td>
</tr>
<tr>
<td>19-10. Increase the proportion of persons aged 2 years and older who consume 2,400 mg or less of sodium daily.</td>
</tr>
<tr>
<td>19-11. Increase the proportion of persons aged 2 years and older who meet dietary recommendations for calcium.</td>
</tr>
<tr>
<td>19-17. Increase the proportion of physician office visits made by patients with a diagnosis of cardiovascular disease, diabetes, of hyperlipidemia that include counseling or education related to diet and nutrition.</td>
</tr>
</tbody>
</table>
Oral Health

Goal:
Prevent & control oral & craniofacial diseases, conditions & injuries & improve access to related services.

TCHS Items: 14h; 47e; 70; 71; 72; 73;

Comment: It is clear that improvement in regular dental care should be a focus of future health efforts in Tioga County. While the expected disparities exist within SES groups, even for the most highly educated and wealthiest groups under 75% of respondents have received a dental exam AND/OR a cleaning in the past year. (The level of recent dental care among those in the lower ranges of the SES scales varies between 30-50%, abominable figures that must be addressed).

Dental Care & Access
98% of respondents reported going to the dentist's office for dental care.
• 8.5% of poor respondents reported going somewhere other than the dentist's office for care.

18.7% of respondents reported, however, not having one particular dentist or oral health care provider that they usually go to when in need of care.
• Those most likely to report not having a regular provider or place to go for dental care are the elderly (28.3%), the poor (32.4%), and the least educated (39.3%).
• Those least likely to report not having a regular person or place to go to for dental care are those in the middle/upper class (11.9%) and those with some college education (10.4%).

Current Oral Health and Prevention
12.7% of respondents reported currently having a toothache.
• The most likely to have reported a current toothache were younger adults (20.5%), poorer adults (25.2%), and adults without a HS education (17.1%).
• The least likely to have reported a current toothache were adults 65 years and older (3.4%).
57% of respondents reported having a dental exam and/or cleaning within the past year. 32.8% of respondents reported that it had been more than a year since their last dental exam and/or cleaning. 10.2% of respondents reported NEVER having an exam or cleaning.

- Those groups reporting the lowest percentages for recent exams or cleanings were the elderly (44.2%), the poor and near-poor (~43%), and those without a HS education (32.7%).
- Those groups most likely to report having a dental exam or cleaning in the past year are the middle/high income groups (68.1%) and those with some college education (72%).
- Those groups most likely to report NEVER having a dental exam or cleaning in the past year are the elderly (24.6%), the poor and near-poor (15-17%), and those without a HS education (29.5%).

### HP2010 Objectives

21-1. Reduce the proportion of children and adolescents who have dental caries experience in their primary or permanent teeth.
21-2. Reduce the proportion of children, adolescents, and adults with untreated dental decay.
21-6. Increase the proportion of oral and pharyngeal cancers detected at the earliest stage.
21-10. Increase the proportion of children and adults who use the oral health care system each year.
21-12. Increase the proportion of children and adolescent under age 19 years at or below 200 percent of the Federal poverty level who received any preventive dental service during the past year.
21-17. (Developmental) Increase the number of Tribal, State (including the District of Columbia), and local health agencies that serve jurisdictions of 250,000 or more persons that have in place an effective public dental health program directed by a dental professional with public health training.
**Physical Activity & Fitness**

**Goal:**

*Improve health, fitness & quality of life through daily physical activity.*

TCHS Items: 39; 40; 80j;

**Comment:** The data on general physical activity patterns and motivation toward being physically active is very encouraging. While some subgroup variations exists, a fairly typical pattern of responses emerged regardless of group observed.

a. Between 28-39% have maintained a physically active lifestyle for at least 6 months;

b. Between 15-28% are not active and are currently unmotivated/uninterested in becoming so;

c. Between 35-60% are either newly active or are open to and actively planning to begin to exercising regularly.

This last category represents a large percentage of the Tioga County population, and should be a focus in health providers’ communications with patients and for planners of future efforts to change health behaviors in the county.

While 47% of respondents reported exercising 3-4 times a week for at least 20 minutes, **ONLY 33.9% of respondents** reported this as a regular health behavior of 6 months or more in duration (12.7% report having started to regularly exercise in the past 6 months).

- 46.1% of respondents have either just begun exercising regularly OR not exercising and are making plans/are interested in beginning to do so in the near future.
- 20.1% of respondents are not exercising and have little current motivation to do so.
- Older adults (40+) are more likely to be regularly active (35-39%) than younger adults (28%). However, sedentary older adults are less open and motivated to...
change their physical inactive behavior (22%) than sedentary younger and middle-aged adults (17-19%).

- Poorer respondents were more likely to be sedentary and not motivated to change their behavior (28%) than near-poor (23%) and mid/upper income groups (17%).
- Respondents with the least education were more likely to be sedentary and not motivated to change their behavior (28%) than high school (22.2%) and college educated groups (15.1%).

68.4 % of respondents have been advised by their health provider about exercising, while 31.6% have never been or do not recall being advised.

- Younger individuals were more likely to have reported never being advised (42.4%) than were older adults (26-31%).
- Poor individuals were more likely to have reported never being advised than were higher income groups (30-32%).

<table>
<thead>
<tr>
<th>HP2010 Objectives</th>
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<tbody>
<tr>
<td>22-1. Reduce the proportion of adults who engage in no leisure-time physical activity.</td>
</tr>
<tr>
<td>22-2. Increase the proportion of adults who engage regularly, preferably daily, in moderate physical activity for at least 30 minutes per day.</td>
</tr>
<tr>
<td>22-3. Increase the proportion of adults who engage in vigorous physical activity that promotes the development and maintenance of cardiorespiratory fitness 3 or more days per week for 20 or more minutes per occasion.</td>
</tr>
<tr>
<td>22-4. Increase the proportion of adults who perform physical activities that enhance and maintain muscular strength and endurance.</td>
</tr>
<tr>
<td>22-5. Increase the proportion of adults who perform physical activities that enhance and maintain flexibility.</td>
</tr>
</tbody>
</table>
Respiratory Diseases

Goal:
Promote respiratory health through better prevention, detection, treatment & education

TCHS items: 13g,h; 15g,h;

Comments: Asthma is one of the few conditions in which a generalized and marked increase in levels is seen over 1994 levels.

6.5% of respondents indicated that in the past a health provider had told them they had emphysema or chronic bronchitis (E/CB).

- The elderly (12%) were more likely than middle-aged (6.5%) and young adults (2.5%) to have health provider-confirmed E/CB.
- Poor respondents (12.1%) were more likely than near-poor (7.8%) and mid/upper income (4.8%) to have E/CB.
- The least educated (>HS: 9.1%) were more likely than HS graduates (6.6%) and those adults with some college education (5.1%) to report having E/CB.

Up markedly from 1994, 10.9% of respondents had been told that they had asthma by a health provider.

- Females were more likely than males to report having asthma (12.4% to 7.5%).
- The highest levels of asthma were seen among the poor (14.8%) and the least educated (14.5%).

<table>
<thead>
<tr>
<th>Percent</th>
<th>Poor</th>
<th>Near Poor</th>
<th>U/M Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>12.1</td>
<td>7.8</td>
<td>4.8</td>
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</table>

HP2010 Objectives

24-3. Reduce hospital emergency department visits for asthma.
24-4. Reduce activity limitations among persons with asthma.
24-5. (Developmental) Reduce the number of school or work days missed by persons with asthma due to asthma.
24-6. Increase the proportion of persons with asthma who receive formal patient education, including information about community and self-help resources, as an essential part of the management of their condition.
24-9. Reduce the proportion of adults whose activity is limited due to chronic lung and breathing problems.
Substance Abuse

Goal:
Reduce substance abuse to protect the health, safety, & quality of life for all, especially children.

TCHS Items 28a,b; 41-42; 43-44(Drink/Drive); 80m,n;

Problem Perception
60.4% of respondents believe that illegal drug use is a serious community problem (23.9% were unsure).
- Across subgroups, little variation was observed in this general pattern (between 60-70% agreement/20-30% unsure).

65.5% of respondents believe that problems due to alcohol are a serious community problem (19.9% were unsure).
- Across subgroups, little variation was observed in this general pattern (between 50-70% agreement/20-30% unsure).
- Males were slightly more likely to believe this is NOT a community problem (19.7%) than were female respondents (12.3%)
- Younger adults were the most likely to believe this is NOT a community problem (20.7%).

Alcohol Use
Weekly Drinking
For those who drink alcohol, in an average week, 45.3% have 1-2 drinks, 22.6% have 3-5 drinks, 14.3% have 6-9 drinks, and 17.8% have 10 or more.
- Females and those with some college education were most likely to report moderate levels of drinking (1-2 drinks/weekly)(55.2% and 51.5%, respectively) compared to 32.2% of males.
- Males were more likely than females to consume 10 or more drinks/weekly (28.8% to 9.4%).
- Older adults were less likely than other age groups to drink 10 or more drinks/weekly (11.8% to ~19%).
- The poor (24.1%) and those without a HS education (34.1%) also reported being more likely to have 10 or more drinks/weekly than those in higher income and educational status groups.
Binge Drinking
23.1% of respondents reported averaging 3 or more drinks in a sitting. 6.2% of respondents averaged six or more drinks in a sitting.
- Binge drinking levels (6 or more drinks in a sitting) were the highest among males (10%), young adults (10.6%) and the poor (16.7%).
- Binge drinking levels (6 or more drinks in a sitting) were the lowest among females (3.9%), older adults (0%) and adults with some college education (4.2%).
- Pronounced differences in binge drinking behavior exist within subgroups (male/female; young/old; college educated/not; upper income status/not).

Drinking & Driving
5% of respondents reported recently either driving after drinking too much or riding with someone who had too much to drink. 2.8% of respondents specifically noted drunk driving in the past month, while 3.1% admitted to "drunk-riding."
- Males and poor respondents were the most likely to have either driven after drinking or rode with a drunk driver in the past month (7.5% and 8.7%, respectively).
- Females, the poor, and older respondents reported the lowest levels of either driving after drinking or rode with a drunk driver (3.9%, 3.8%, and 1.2%, respectively).
- 5.5% of responding males reported drunk driving in the past month compared to 1.7% or females.
- 4.6% of younger adults reported drunk driving in the past month (compared to 3.0% of middle-aged adults and 0% of older adults).
- 6.6% of younger adults also reported riding with a drunk driver in the past month.

Health Provider Advising on Substance Use/Abuse
17.4% of respondents reported being advised by their doctor about alcohol use.
- The most likely to have been advised were males (28%), younger adults (22.9%), the poorest adults (20.8%), and adults without a HS education (21.9%).
- The least likely to have been advised were females (14.2%) and older adults (13.7%).

28.5% of respondents reported being advised by their doctor about non-prescription drug use.
- The most likely to have been advised were older adults (36.7%), the poorest adults (35.2%), and adults without a HS education (33.3%).
<table>
<thead>
<tr>
<th>HP2010 Objectives</th>
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<tbody>
<tr>
<td>26-1. Reduce deaths and injuries caused by alcohol and drug related motor vehicle crashes.</td>
</tr>
<tr>
<td>26-4. Reduce drug-related hospital emergency department visits.</td>
</tr>
<tr>
<td>26-5. (Developmental) Reduce alcohol-related hospital emergency department visits.</td>
</tr>
<tr>
<td>26-6. Reduce the proportion of adolescents who report that they rode, during the previous 30 days, with a driver who had been drinking alcohol.</td>
</tr>
<tr>
<td>26-7. (Developmental) Reduce intentional injuries resulting from alcohol-and illicit drug-related violence.</td>
</tr>
<tr>
<td>26-8. (Developmental) Reduce the cost of lost productivity in the workplace due to alcohol and drug use.</td>
</tr>
<tr>
<td>26-11. Reduce the proportion of persons engaging in binge drinking of alcoholic beverages.</td>
</tr>
<tr>
<td>26-12. Reduce average annual alcohol consumption.</td>
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</tbody>
</table>
Tobacco Use

**Goal:**
Reduce illness, disability and death related to tobacco use and exposure to second hand smoke.

TCHS Items: 33-37; 80k,q;

**Tobacco Use in Tioga County**

18.4% of respondents reported that they currently smoked.
- Males were slightly more likely than females to report smoking (21.4% to 17.2%)
- Younger adults (27.0%) were more likely to report smoking than middle-aged (17.5%) and older adults (9.7%, lowest level overall).
- The poorest respondents (40.7%) were far more likely to smoke than near-poor (17.7%) and middle/high income adults (16%) (as well as all other subgroups observed).
- Those with some college education were less likely to smoke (13.2%) than those with a HS education or less (20-24%).

21% of respondents that currently smoke have 21 or more cigarettes daily
- Young adult smokers are the least likely to report heavier smoking habits (15.8%).
- Male adults, middle-aged adults and those adults without a HS education reported slightly higher levels of heavier smoking (~24%).
- Elderly and poor adults reported the highest levels of heavy smoking (~27%).

**Smoking Cessation**

80% of former smokers quit over 2 years ago. 13.5% quit within the past year, and 8.7% quit in the past 6 months.
- Younger smokers were most likely to have quit within the past year (32.1% compared to 2-12% for adults over 40 years), and least likely to have quit for over 2 years (54.8%, compared to 80-90% for adults over 40).
- Former female smokers were more likely to have quit in the past year than were male smokers (15.5% to 10.5%).
- Those in poor and near-poor groups were more likely to have quit in the past 6 months than were mid/upper income range adults who previously smoked (13% to 6.7%)
• Adults with a HS education or less were more likely to have quit in the past 6 months than those former smokers with some college education (10-12% to 6%).

In a sample that included both past and current smokers, 3.9% of respondents had quit in the last six months; 20.4% were still smoking, but seriously preparing or contemplating quitting; and 22.5% currently smoked and had no thoughts or motivation to discontinue.

• Current and former young smokers were more likely than all other responding groups to be making a current quit attempt (7.5%), to be contemplating quitting in the near future (28.1%), and to be uninterested in quitting at all (35.2%).
• 75% of older adults who ever smoked have quit (and maintained their current abstinence for over 6 months).
• 22.3% of middle-aged respondents in this sample are actively contemplating quitting (20% have no current interest or motivation to quit).
• Poor respondents were both the most likely to be contemplating quitting in the near future (33.4%) and the most likely to be uninterested in quitting (42.1%; 23.5% for Near-Poor; 17.7% for mid/upper income).

- Middle/High income adults who have ever smoked are nearly 2.5 times as likely to have permanently or recently quit (61.6%) as poor adults who have ever smoked (24.6%)
- Those with a some college or a HS education were the most likely to be contemplating quitting in the near future (21-23%) (No HS education: 13.3%)
- Those current smokers with some college education or older than 65 years were the least likely of all groups observed (beside the elderly) to have no interest in quitting (16.1% and 10.1% respectively).

Health Provider Advising on Tobacco Use

31% of responding adults reported that their health provider had advised them on the impact of smoking habits on their health.
• Males were more likely than females to have been advised (36.7% to 29.3%).
• Approximately 41% of younger adults had been advised compared to middle aged (30.6%) and older adults (21.8%).
• 55% of poor adults reported being advised compared to 29-31% of adults in higher family income status groups.
• Adults with less than a HS education were more likely to have been advised (38.6%) than adults with a HS education (32.3%) or adults with some college education (27%).
6.9% of responding adults reported that their health provider had advised them on the risk associated with chewing tobacco.

- Males were the most likely to have been advised on the health risks of chewing tobacco (15.0%), followed by those without a HS education (10.9%) and the poorest adults (8.4%).
- Females and those respondents with some college education were the least likely to have been advised (4.3% and 5.4%, respectively).

<table>
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<th>HP2010 Objectives</th>
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<tbody>
<tr>
<td>27-1. Reduce tobacco use by adults.</td>
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<tr>
<td>27-5. Increase smoking cessation attempts by adult smokers.</td>
</tr>
<tr>
<td>27-6. Increase smoking cessation during pregnancy</td>
</tr>
<tr>
<td>27-9. Reduce the proportion of children who are regularly exposed to tobacco smoke at home.</td>
</tr>
</tbody>
</table>
Vision & Hearing

Goal: Improve the visual and hearing health of the nation through prevention, early detection, treatment & rehabilitation.

TCHS Items: 14d,f;

17.8% of respondents reported difficulty with hearing in one or both ears.
- Males were nearly 3 times more likely to report hearing difficulty (30.1%) than were females (12.5%).
- 35% of respondent 65 and older reported having hearing difficulty (18-39 years: 6.7%; 40-64: 16.8%).
- Those without a HS education were more likely to report hearing difficulties (23.4%) than were those with a HS education or more (20-23%).

10% of respondents reported blindness or trouble seeing even when wearing glasses.
- 19.3% of respondents 65 years and older reported significant eyesight difficulty (18-39: 5.7%; 40-64: 8.7%).
- The poorest and least educated respondents were more likely to report significant eyesight difficulty (15.9%) than near-poor (10.4%) and mid/upper income groups (8.8%).
- The least educated respondents were more likely to report significant eyesight difficulty (14.5%) than HS graduates (11.2%) and those adults with some college education (6.4%).

No HP2010 objective is specifically addressed by these items
ADDITIONAL AREAS OF INTEREST
(Non-HP2010 Identified)

Gastrointestinal Disorder

Survey 2000 Items: 13o,p; 14k;

21.1% of respondents reported that a health provider had told them they had a GI disease or condition (at some point in the past).
- Females (22.7%) were slightly more likely to report having a confirmed GI condition than were males (17.5%).
- Elderly (27.1%) were more likely to report having a confirmed GI condition than were middle-aged (22.8%) and younger (13.7%) adults.

11% of respondents reported that in the past, a health provider had told them they had ulcers.
- While there was little variation by sex and age, measures of SES revealed that adults who were poorest (19.4%) and least educated (17.3%) had considerably higher rates of ulcers than near-poor (12%), mid/upper income (9.1%), HS graduates (12.2%), and those with some college (7.0%).

Migraine Headaches

Survey 2000 Items: 13i; 14i, 15i;

19% of respondents reported that they currently suffer from migraines or severe headaches
- Women were far more likely than males to report a current severe headache condition (22.6% to 10.9%).
- Younger adults (26.7%) were more likely than middle aged (19.4%) and older adults (8.1%) to report a severe headache condition.
- Poorer adults (31.1%) were the most likely to report severe/migraine headache conditions (Near-poor and Mid/Upper income: 17-19%).
18% of respondents stated a health provider had told them they had a migraine condition.

- Women were far more likely than males to report a health provider confirmed condition (22% to 9%).
- Younger adults (23.1%) were more likely than middle aged (17.7%) and older adults (12.3%) to report a severe headache condition.
- Poorer adults (30.6%) were the most likely to report severe/migraine headache conditions (Near-poor and Mid/Upper income: 17-18%).

### Pain

Survey 2000 Items: 7; 8; SF-36 Bodily Pain Index

22.1% of respondents scored in the high to very high chronic pain levels on the SF-36 Bodily Pain Scale.

#### SF-36 Bodily Pain Scale Categories

- Normal/No Pain: 36.3%
- Some Pain: 41.6%
- High Pain: 16.0%
- Very High Pain: 6.1%

**SF-36 bodily pain (BP) scale (36.3% no chronic pain).**

- Older adults (30.4%), the poorest adults (35.2%; 27.7% for near-poor) and least educated adults (32.4%) were the most likely to score in the high to very high chronic pain category.
- Young adults (15.4%), middle/upper income adults (16.3%) and those adults with some college education (13.3%) were the least likely to score in the high to very high chronic pain category.
- 78.2% and 63% of adults self-reporting their health status as "poor" and "fair," respectively, scored in the high to very high chronic pain range.

30.8% of respondents reported moderate to very severe levels of bodily pain in the past 4 weeks.

- Older adults (37.5%), the poorest adults (42.6%; 38.5% for near-poor) and the least educated adults (40.6%) were the most likely to report moderate to very severe bodily pain in the past 4 weeks.
Young adults (22.6%), middle/upper income adults (23.9%) and adults with some college education (21.2%) were the least likely to report moderate to very severe bodily pain in the past 4 weeks.

25.4% of respondents reported that bodily pain affected their normal work "moderately to extremely" in the past 4 weeks.

- Older adults (36.1%), the poorest adults (37.9%; 30.4% for near-poor) and least educated adults (36.6%) were most likely to report pain affecting their normal work in a moderate to extreme manner.
- Young adults (17.4%), middle/upper income adults (20.2%) and adults with some college education (16.8%) were the least likely to report pain affecting their normal work in a moderate to extreme manner.

Skin & Allergies

- 35.9% of respondents reported currently having chronic allergies or sinus trouble.
  - Females (39.7%) were more likely than males to report chronic conditions (27.1%, lowest figure observed).
  - The poor were the most likely to report having chronic allergies or sinus trouble (42.6%).

- 7.0% of respondents reported having current dermatitis or a chronic skin rash.
  - The poorest respondents had the highest percentage of current chronic skin conditions (11.1%)
  - Middle/higher income groups reported the lowest percentage (6.5%).

Sleep

- 38.9% of respondents reported getting inadequate amounts of sleep.
  - Females (41.4%) were more likely to report inadequate sleep than males (33.6%).
  - Younger adults (49.0%) were more likely to report inadequate sleep than middle-aged (41.4%) and older adults (20.7%).
  - The poorest adults were the most likely to report inadequate sleep amounts (62%), a figure considerably higher than all other groups including near-poor (38.6%) and middle/high income adults (37.3%).
40.8% of respondents reported receiving less than 7 hours of sleep nightly, with 13.6% receiving fewer than 6 hours of sleep nightly.
- The poorest adults were the most likely to report sleep amounts of less than 6 hours nightly (27.1%).
- The oldest and highest income adults were the least likely to report nightly sleep amounts of less than 6 hours (8.6% and 11.6%, respectively).
- Older adults were more likely to report sleeping 8 or more hours (43.9%).

28.1% of respondents reported being advised about sleep cycles by their health care provider at some time.
- There was no significant variation within/between subgroups observed in this analysis.
References:


