

# UPSTATE HEALTH & WELLNESS SURVEY

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## County Results



Bassett Healthcare Network

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Produced by the Bassett Healthcare Network, Research Institute in cooperation with the Chenango, Delaware, Herkimer, Madison, Montgomery, Otsego, and Schoharie County Health Departments

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# Background: Three decades of monitoring community health...

*1989*

In 1989, a Health Census was conducted by the Bassett Healthcare Network Research Institute to look at the health problems affecting residents of Otsego County, New York. This census was mailed to individuals who were identified as permanent residents of Otsego County. The completed surveys were collected door-to-door three weeks after they were mailed out. From this survey several health problems were identified that were directly affecting the residents of Otsego County, including asthma, diabetes, hypertension, hypercholesterolemia, cancer, heart disease, and attention deficit hyperactivity disorder. The data produced by the census demonstrated that individuals in rural areas experience more problems with chronic diseases than individuals in urban areas. Problems with the utilization of preventive services across educational levels were also identified.

These observations were used to help better direct the goals of existing programs, to serve as preliminary data for grant applications, and to inform health care providers about health problems needing their time and energy. Additionally, a study from Cornell University used data from the 1989 Health Census to identify potential participants. This study was the first conducted in the United States to examine the relationship between household food security and quality of diet.

*1999*

In 1999, a Health Census survey form was sent to all permanent residents in Otsego County and a sample of permanent residents in six neighboring counties (Chenango, Delaware, Herkimer, Madison, Montgomery and Schoharie). The purpose of this survey was again to look at the health issues and concerns in the region, monitor progress on the health problems identified in the 1989 Otsego County Health Census, and compare the prevalence of health-related behaviors and conditions in Otsego with the prevalence in the surrounding counties. It was confirmed that all of the counties were indeed struggling with the same or similar health problems and that improved access to health care was necessary to address those problems. The data produced from the 1999 Health Census revealed that the health problems identified in 1989 were still relevant and of particular concern in the region. The 1999 findings resulted in a redirection of existing programs, provided data for grants to create new programs, and guided health care providers.

*2009*

While the overall goal of determining the general health status of Bassett's rural service region remained constant, the 2009 Upstate Health & Wellness Survey expanded on previous efforts by:

- undertaking an extensive pre-study collaborative planning process with local health departments and the public,
- collaborating with public health researchers from area universities,
- including physical measurements on some participants to confirm the validity of self-reports.

In addition to providing descriptive epidemiologic data on the prevalence of health behaviors and conditions, the 2009 Survey was designed to test a number of hypotheses in the areas of obesity, aging, health care access, chronic disease, mental health, and other concerns identified by the community.

# Introduction

The Upstate Health & Wellness Survey included the same seven counties from 1999 (Chenango, Delaware, Herkimer, Madison, Montgomery, Otsego, and Schoharie) and consisted of separate surveys about the following topics: (1) household health, (2) access to health care, (3) child lifestyle and behavior choices, (4) adult lifestyle and behavior choices, and (5) health and health needs of the rural elderly.

## Household Health

The household health survey was an update and expansion of the 1999 Health Survey.

### Study Aims

- Provide baseline data for new and existing community health promotion programs throughout the region
- Assess this largely rural region in terms of 27 priority health indicators established in 2008 by Dr. Richard Daines, Commissioner, New York State Department of Health
- Identify key geospatial, social and demographic factors related to living in rural areas that may explain rural-urban health differences

## Access to Health Care

The comparison of survey results from 1989 and 1999 suggested a possible decline in access to health care. The proportion of the population without health insurance increased from 7.8 percent in 1989 to 10.6 percent in 1999. Over this same 10-year period, the average number of health-care visits decreased by approximately one visit per year.

### Study Aims

- Measure the prevalence of uninsured and under-insured individuals
- Identify trends in health care and insurance access using the longitudinal data from Census '89 and '99
- Identify health, geographic or socioeconomic status variables that identify individuals at risk for reduced access to insurance and care
- Identify component health care access variables, (finances, transportation, provider availability, health system mastery, and psycho-social barriers) that are most strongly correlated with overall health status

## Child Lifestyle and Behavior Choices

Due to the limited research on obesity and obesity-related behaviors in rural children, most of the specific aims are exploratory. Research linking suspected obesity-risk behaviors among rural children and the likelihood of being obese has shown mixed or contradictory results. For example, the prevalence of obesity is higher among children living in rural areas compared to children living in urban areas, but rural children also have higher levels of physical activity compared to urban children. These associations may differ according to the child's age, and so the association between obesity and (suspected) obesity related behaviors will be examined within certain age strata

### Study Aims

- Examine the prevalence of overweight and obesity by age group
- Assess variations in the prevalence of obesity for those living in rural versus semi-urban areas and the extent to which differences identified are explained by individual and community-based measures of socioeconomic status

- Assess differences in physical activity, TV viewing, and other sedentary activities by age group and urban-rural residence
- Assess links between children's weight status and their TV viewing, physical activity, and dietary behaviors
- To describe obesity-related parenting practices (e.g., limits placed on children's TV viewing, family mealtime practices).
- Examine links between parental stress and obesity-related parenting practices
- Examine links between parenting practices and children's obesity risk behaviors (physical activity, TV viewing and dietary patterns) and their weight status
- Identify barriers to parents' ability to foster healthy lifestyles among children

## **Adult Lifestyle and Behavior Choices**

Prevalence of obesity (BMI  $\geq 30$  based on self-reported height and weight) has increased from 11.9% to 19.3% in men and from 12.3% to 19.9% in women. Average BMI increased by 1.2 and 1.0 units in men and women respectively. Prevalence of obesity related co-morbidities such as heart disease, diabetes, and cancer also increased in the region during this ten-year period. This is an extremely important health care issue since obesity is associated with increased health care demand.

### **Study aims**

- Identify predictors of weight maintenance among normal weight, overweight, and obese individuals
- Measure longitudinal within-person changes in activity levels
- Identify predictors of changes in activity levels

## **Health and Health Needs of the Rural Elderly**

In the study period between 1989 and 1999 the age of the average resident increased from 46 to 50 years in men and from 48 to 52 years in women. The proportion of the population aged 65 years and over increased from 16% to 20%. Moreover, elderly issues such as increased health care utilization, limited financial resources, transportation difficulties, mental health and cognitive declines are frequently named by local providers and service agencies as top rural concerns.

### **Study aims**

- Describe the overall mental and physical health, functional status, and health behaviors of the rural elderly
- Identify predictors of reduced functioning of the rural elderly
- Identify specific health service needs of the rural elderly
- Compare the health status, determinants of health status and health care needs for farmers versus non-farmers in this age group
- Contrast the physical and mental functioning of this elderly rural cohort to the population of New York State

## Methods

Different sampling frames were used for the five surveys in 2009. Three of the surveys (Household Health; Access to Health Care; Child Lifestyle and Behavior Choices) were administered to random samples of households in the seven county study region, based on a list of household addresses purchased from Genesys Corporation. The samples for the surveys on household health and access to health care were selected from all households in the region. The survey on child lifestyle and behavior choices was limited to a random sample of those households in which the head of the household was between 20 and 50 years of age (the households most likely to have children as residents).

The sampling frames for the other two surveys (Adult Lifestyle and Behavior Choices; Health and Health Needs of the Rural Elderly) were derived from the roster of participants in a previous Health Census. A random sample of individuals with a BMI value from the 1999 Health Census was selected for the survey on adult lifestyle and behavior choices. The sample for the survey on the rural elderly included all farmers from the 1989 Health Census or 1999 Health Census who would be at least 50 years of age in 2009 and a random sample of non-farmers from the 1989 or 1999 Health Census who met the same age criterion.

Each household or individual chosen for the 2009 Upstate Health and Wellness Study was mailed a postcard indicating selection to participate in the study. Potential participants were also informed of the study via a publicity campaign. The surveys were sent approximately two weeks after the postcard mailing along with a self-addressed return envelope, and study information sheet. A reminder letter with a replacement survey was mailed to those who did not respond to the initial mailing, and additional surveys were completed by initial non-respondents via telephone and a final mailing. Sampling weights have been used in summarizing the results to account for the population subgroups represented in the initial responders, telephone responders and final mail responders.

## Results

Selected variables of interest have been presented from three surveys: Household Health, Access to Health Care and Child Lifestyle and Behavior Choices. Table 1 summarizes for each of these surveys the total number of individuals from the sampled households with information for that survey. Sampling weights have been used in summarizing the results to account for the population subgroups represented in the initial responders, telephone responders and final mail responders.

For conditions and behaviors measured in the Household Health survey, age-adjusted values using the U.S. population distribution in 2000 were computed to remove the effect of differences in age when making comparisons (e.g. prevalence across counties or between 1999 and 2009). The use of the 2000 U.S. population distribution as the age standard also facilitates comparison with results from other surveys using the same age-adjustment method, e.g. the Behavioral Risk Factor Surveillance System (BRFSS). In figures based on questions that are nearly identical to ones used in the BRFSS, a vertical line (with the label “NYS” at the top of the line) has been drawn to indicate the age-adjusted level of the condition or behavior in the 2008 BRFSS data from New York State.

For additional endpoints or other questions regarding the Survey, please contact David S. Strogatz, Ph.D., Director, Center for Rural Community Health.



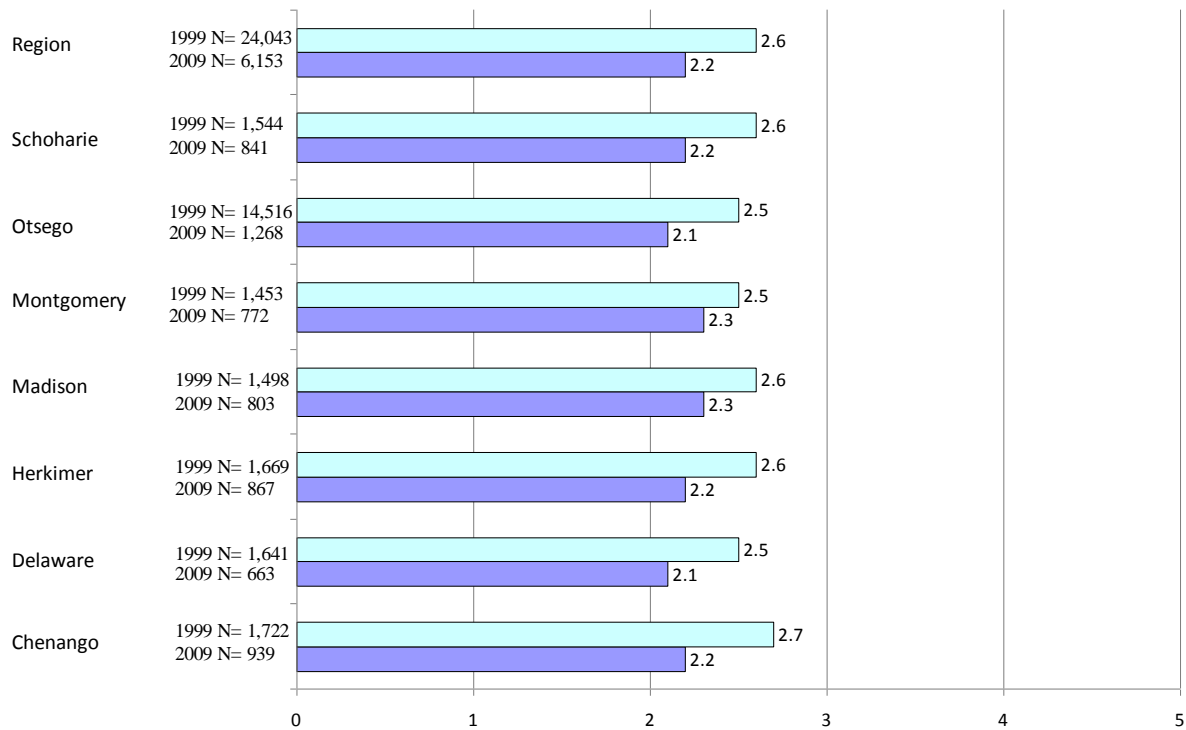
**Table 1: Number of Respondents by Survey**

	Household Health		Access to Health Care	Child Lifestyle and Behavior
	<i>All Respondents</i>	<i>Respondents 18+</i>	<i>Primary Respondent</i>	<i>Kids 2-18</i>
<b>Region</b>	13,226	11,009	1,784	979
<b>Schoharie</b>	1,847	1,542	95	144
<b>Otsego</b>	2,663	2,235	80	163
<b>Montgomery</b>	1,692	1,386	80	107
<b>Madison</b>	1,840	1,478	412	138
<b>Herkimer</b>	1,822	1,548	92	153
<b>Delaware</b>	1,373	1,153	545	125
<b>Chenango</b>	1,989	1,667	480	149

# Household Health

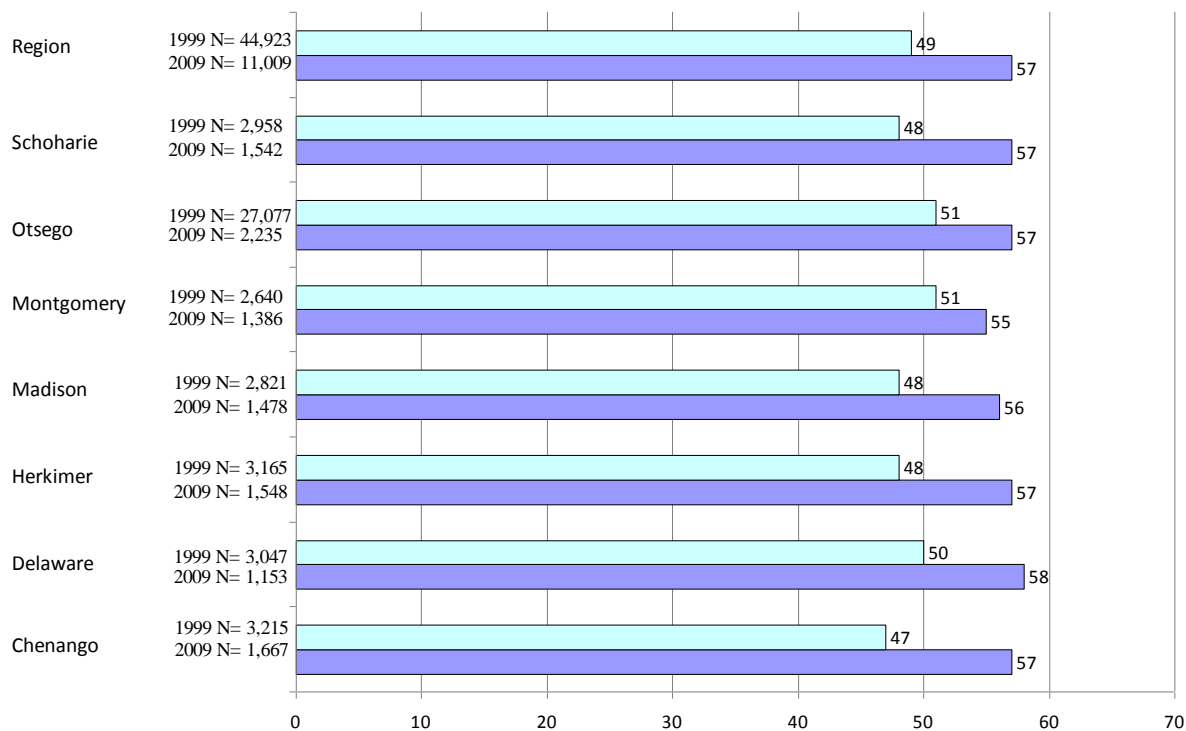
**Figure A1: Weighted mean household size in 1999 and 2009**

Part A. How many people live in your household



**Figure A2: Weighted mean age of respondents 18+ in 1999 and 2009**

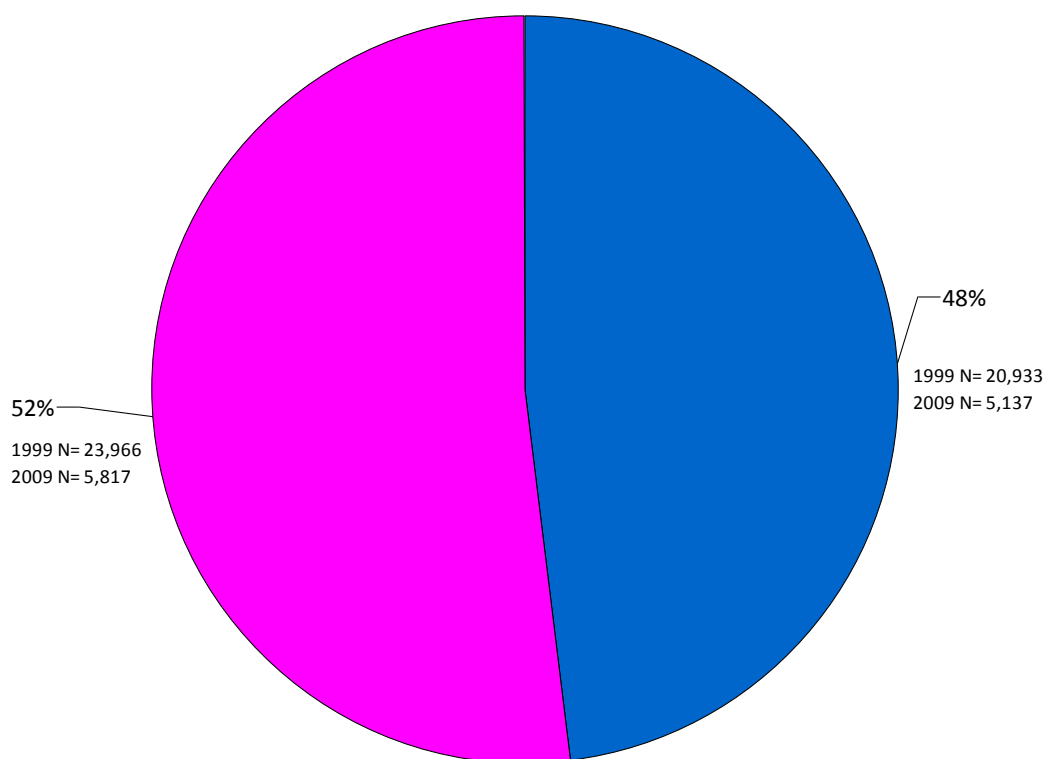
Part A. Birth date



**Figure A3: Weighted proportion of male and female respondents 18+ in 2009**

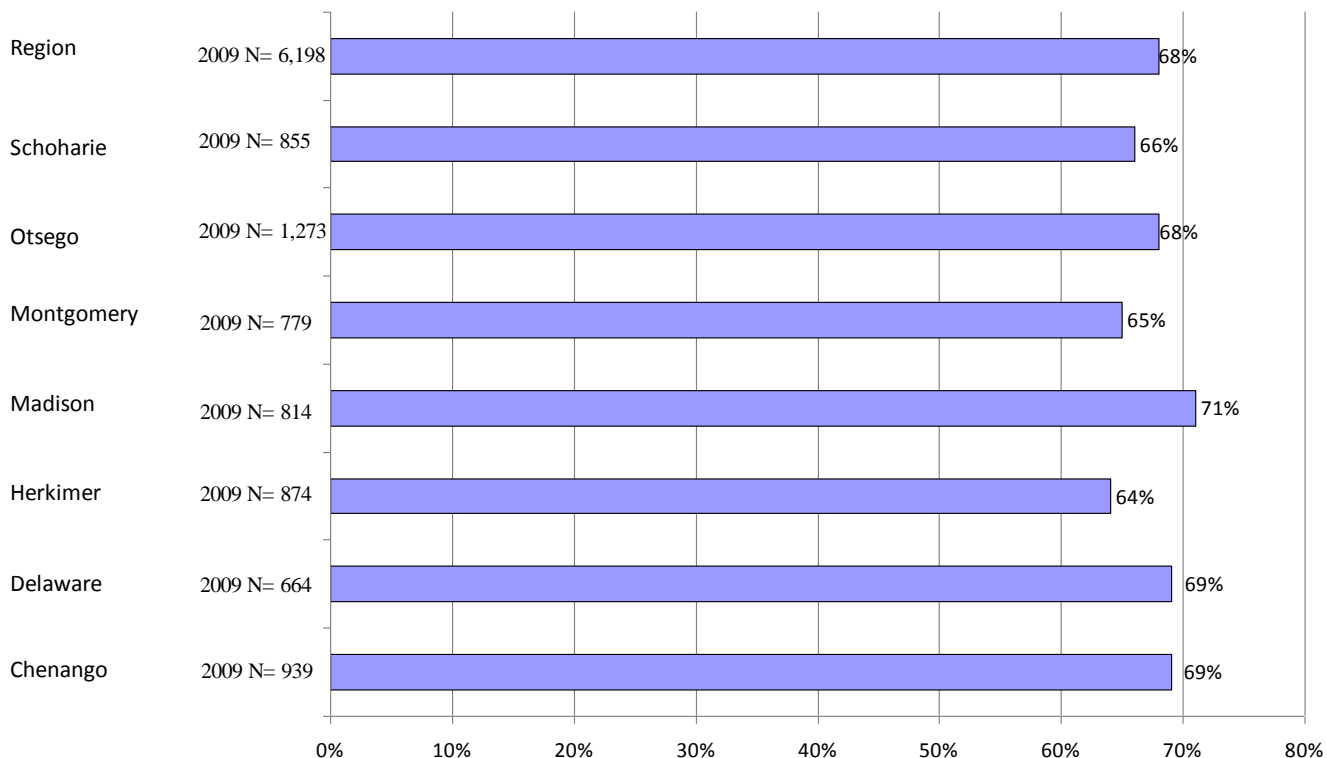
Part A. Sex

\*\*\*Note the proportion of males to females was similar from 1999 to 2009 and for each of the 7-Counties.\*\*\*



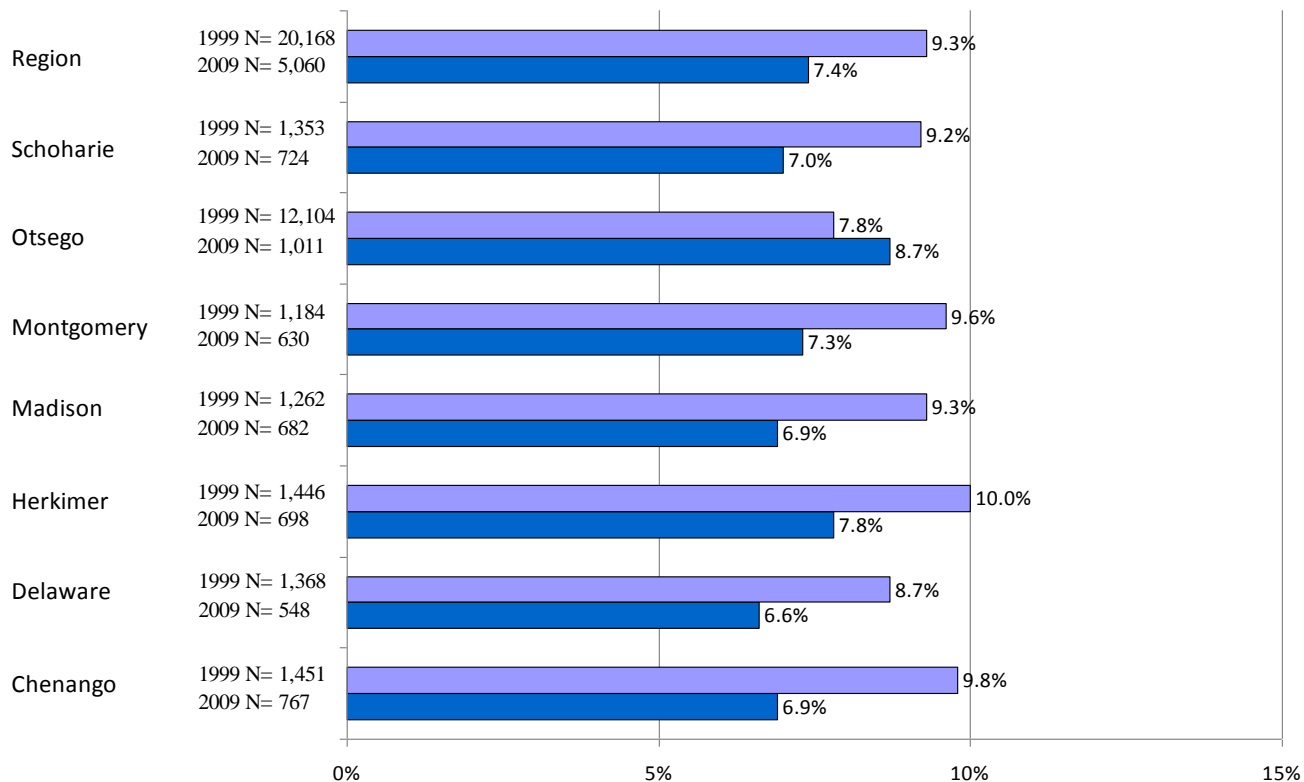
**Figure A4: Weighted proportion of households with internet connection in 2009**

Part A. Do you have an internet connection at your home?



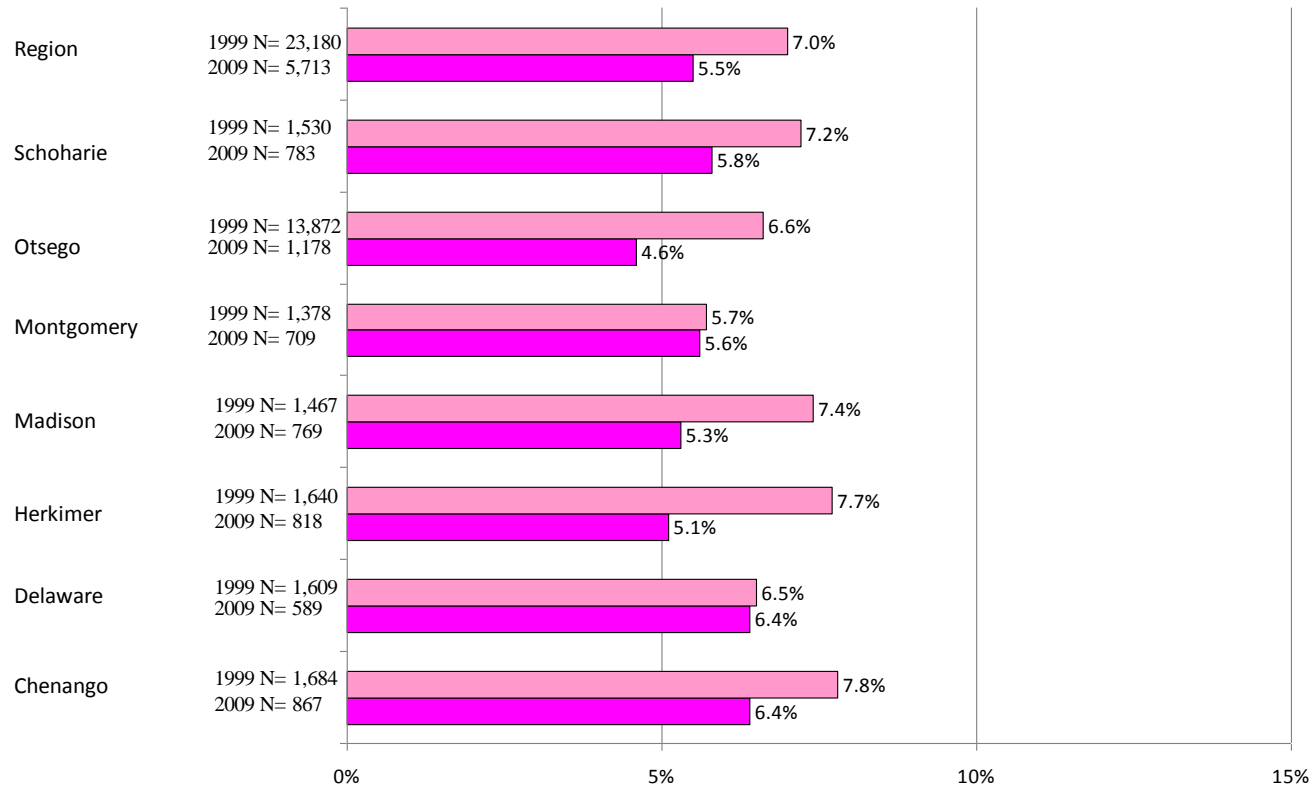
**Figure A5: Weighted, age-adjusted prevalence of heart disease among males 18+ in 1999 and 2009**

Part B. Heart disease



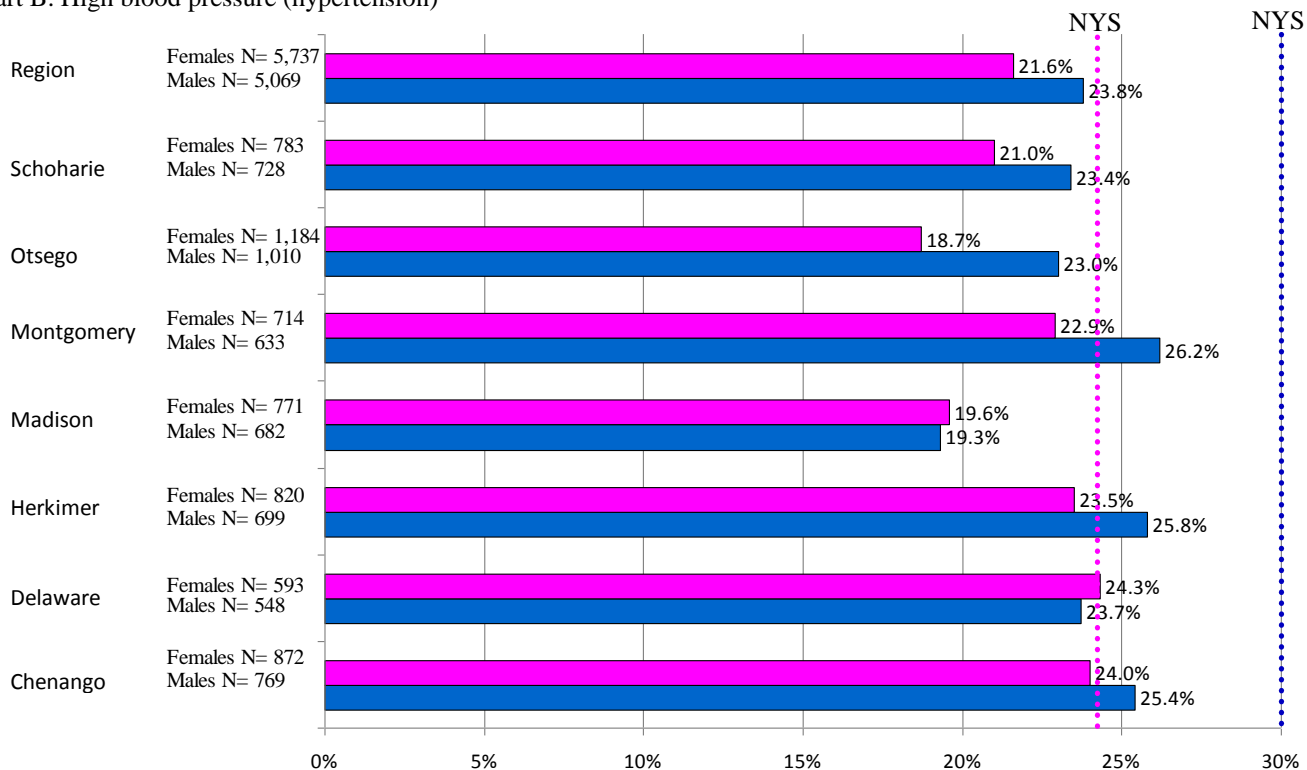
**Figure A6: Weighted, age-adjusted prevalence of heart disease among females 18+ in 1999 and 2009**

Part B. Heart disease



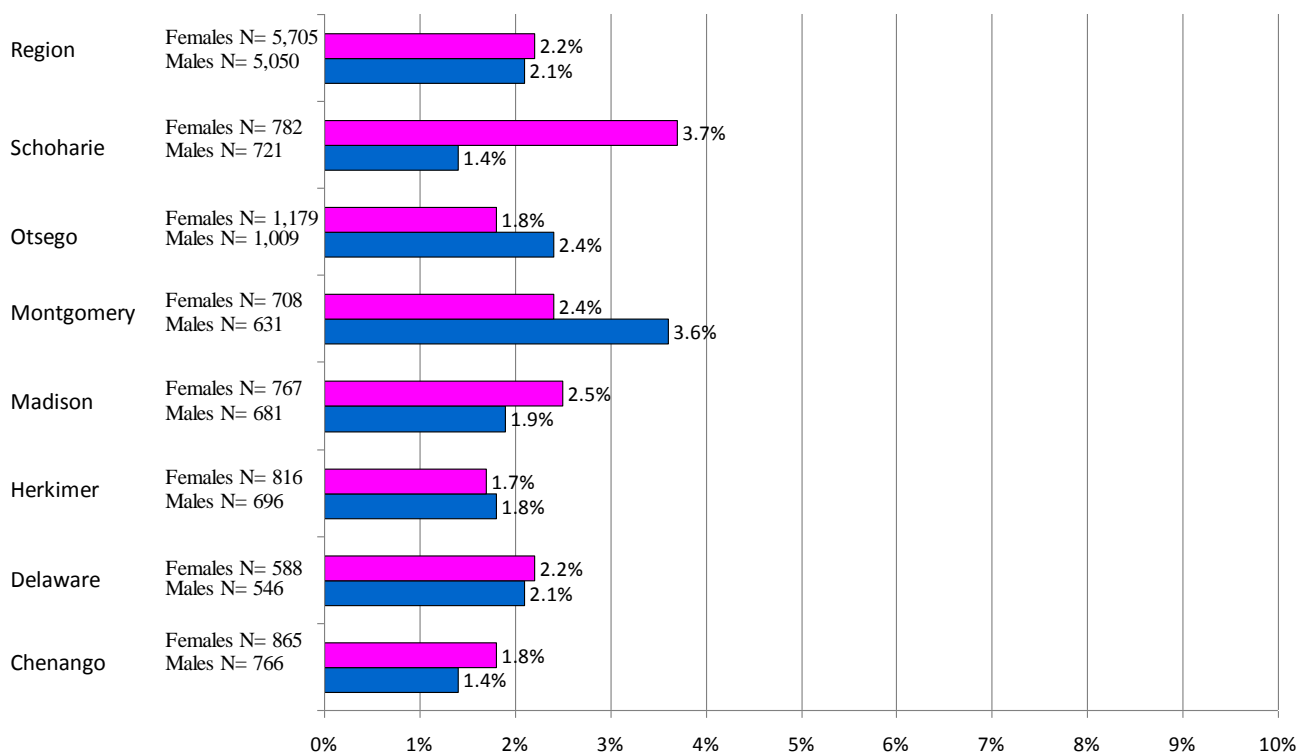
**Figure A7: Weighted, age-adjusted prevalence of high blood pressure among adults 18+ in 2009**

Part B. High blood pressure (hypertension)



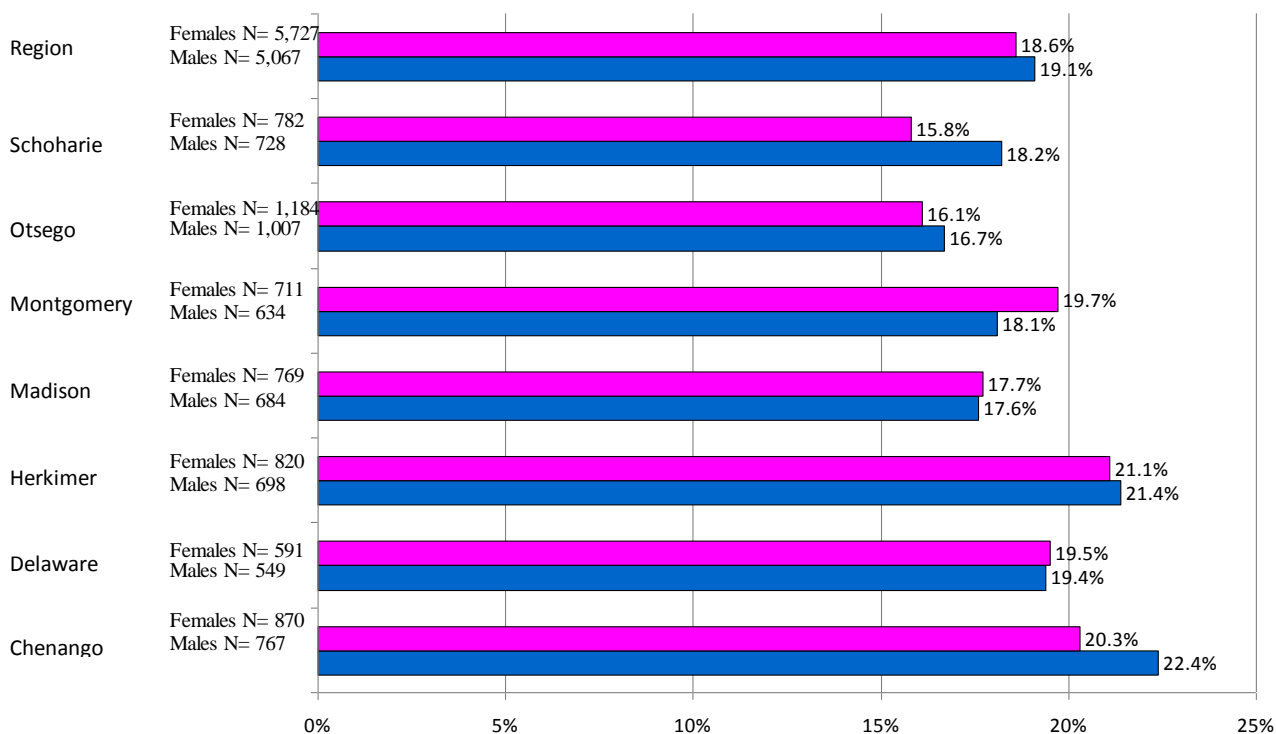
**Figure A8: Weighted, age-adjusted prevalence of stroke among adults 18+ in 2009**

Part B. Stroke



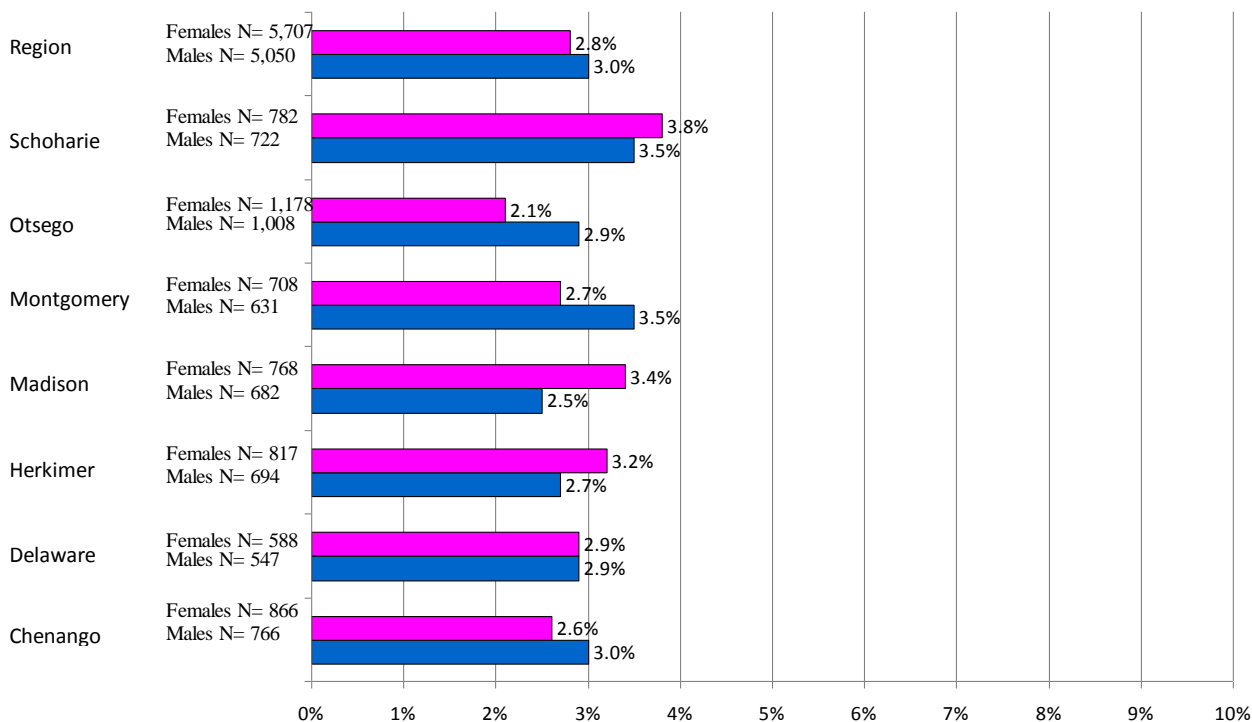
**Figure A9: Weighted, age-adjusted prevalence of high cholesterol among adults 18+ in 2009**

Part B. High cholesterol (hypercholesterolemia)



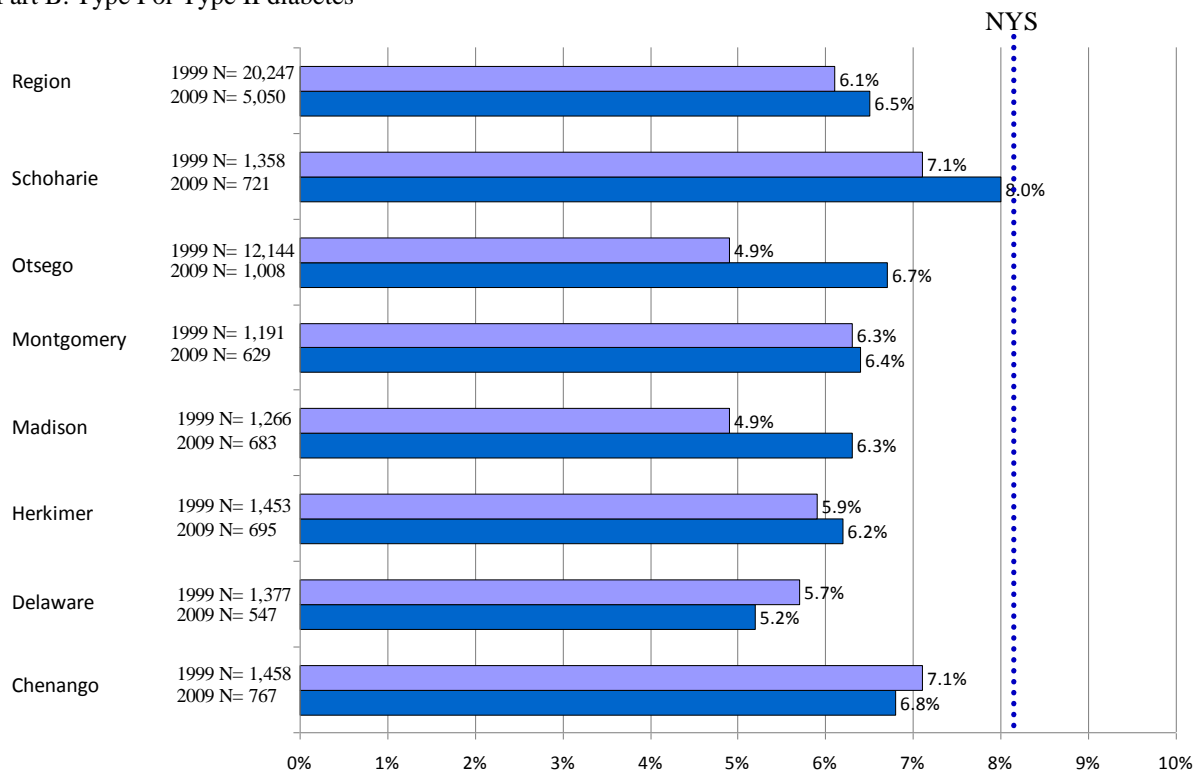
**Figure A10: Weighted, age-adjusted prevalence of COPD among adults 18+ in 2009**

Part B. COPD and/or emphysema



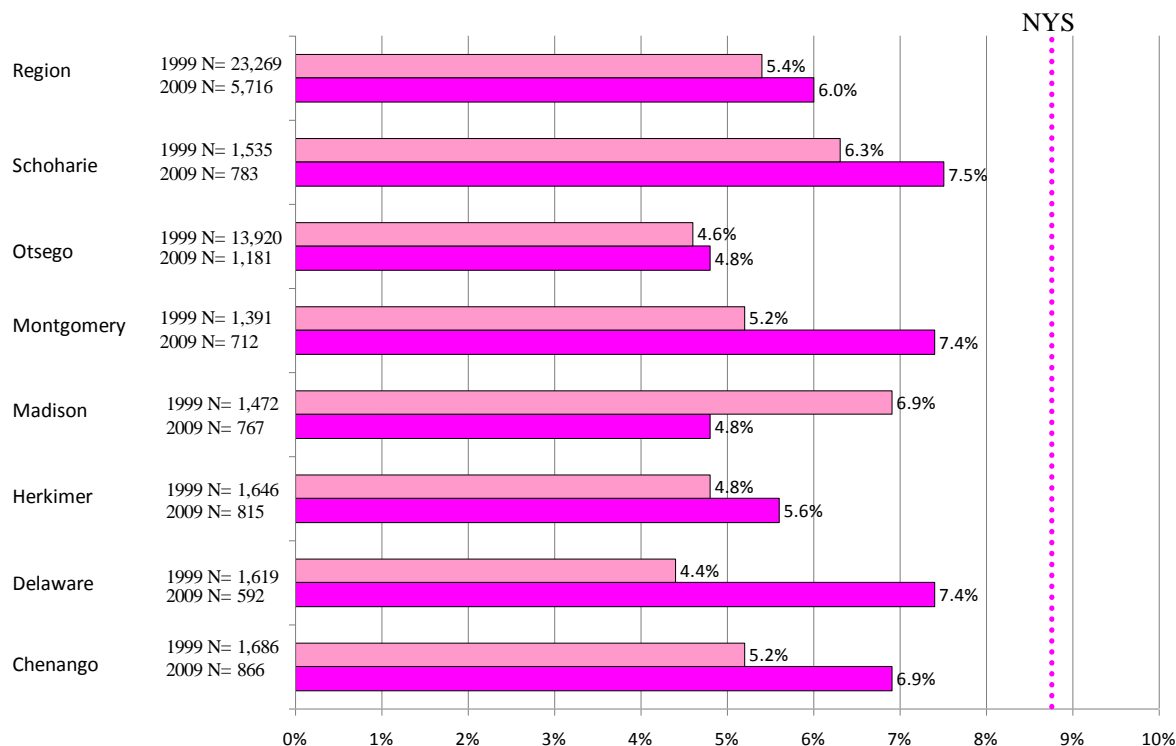
**Figure A11: Weighted, age-adjusted prevalence of diabetes among males 18+ in 1999 and 2009**

Part B. Type I or Type II diabetes



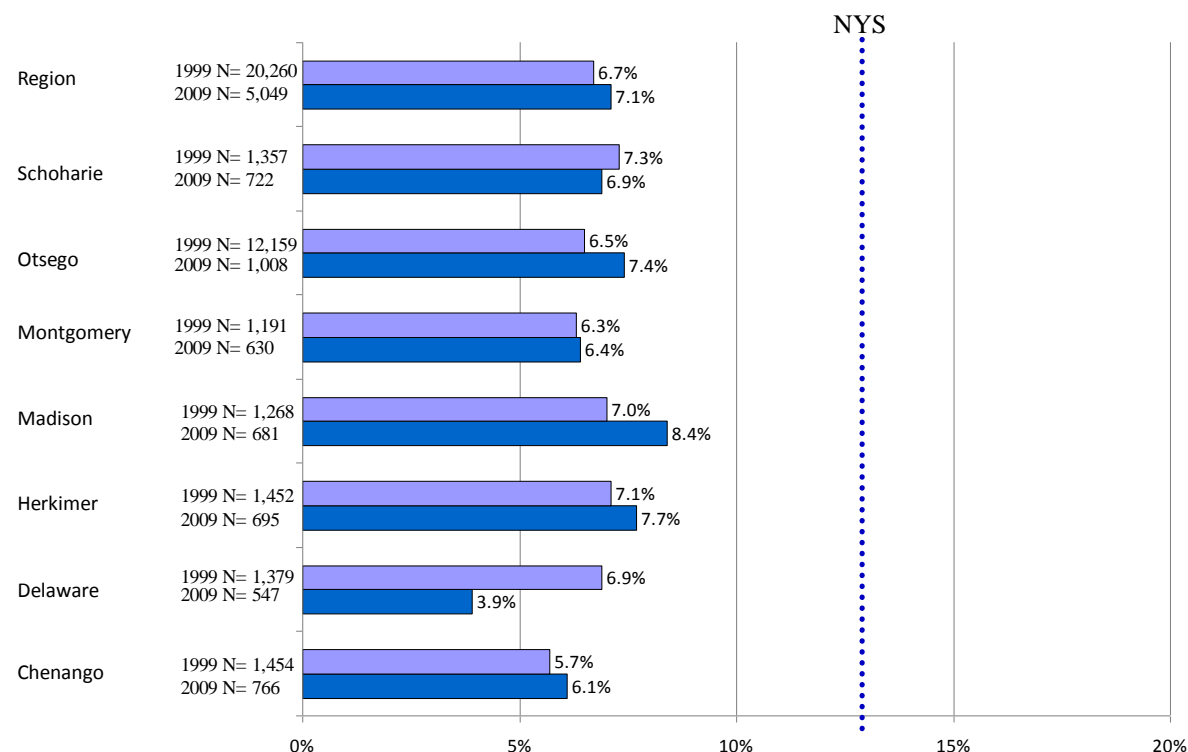
**Figure A12: Weighted, age-adjusted prevalence of diabetes among females 18+ in 1999 and 2009**

Part B. Type I or Type II diabetes



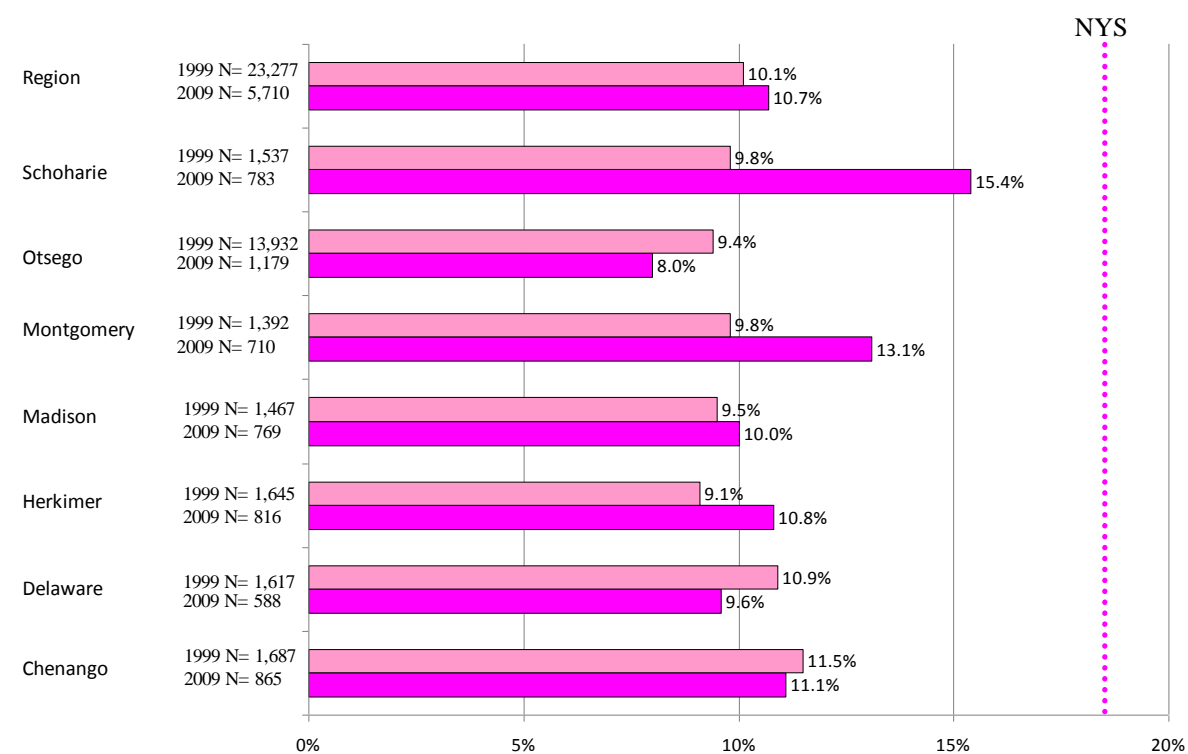
**Figure A13: Weighted, age-adjusted prevalence of asthma among males 18+ in 1999 and 2009**

Part B. Asthma



**Figure A14: Weighted, age-adjusted prevalence of asthma among females 18+ in 1999 and 2009**

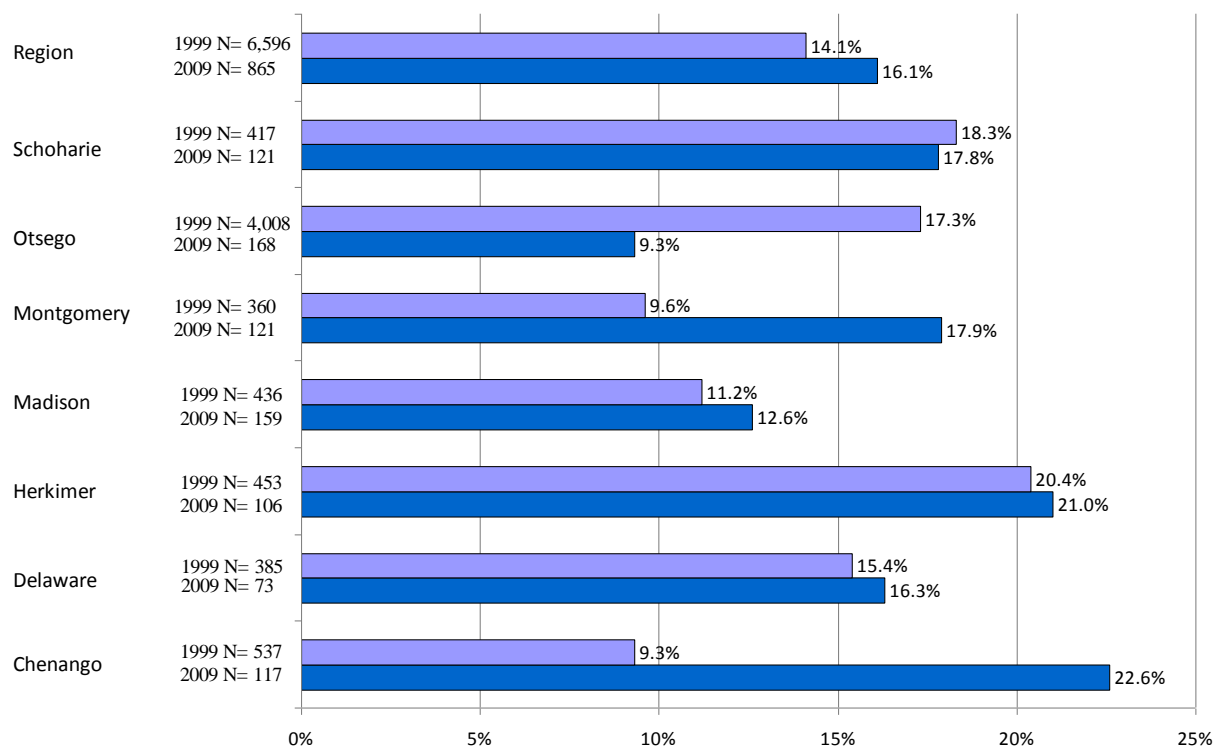
Part B. Asthma





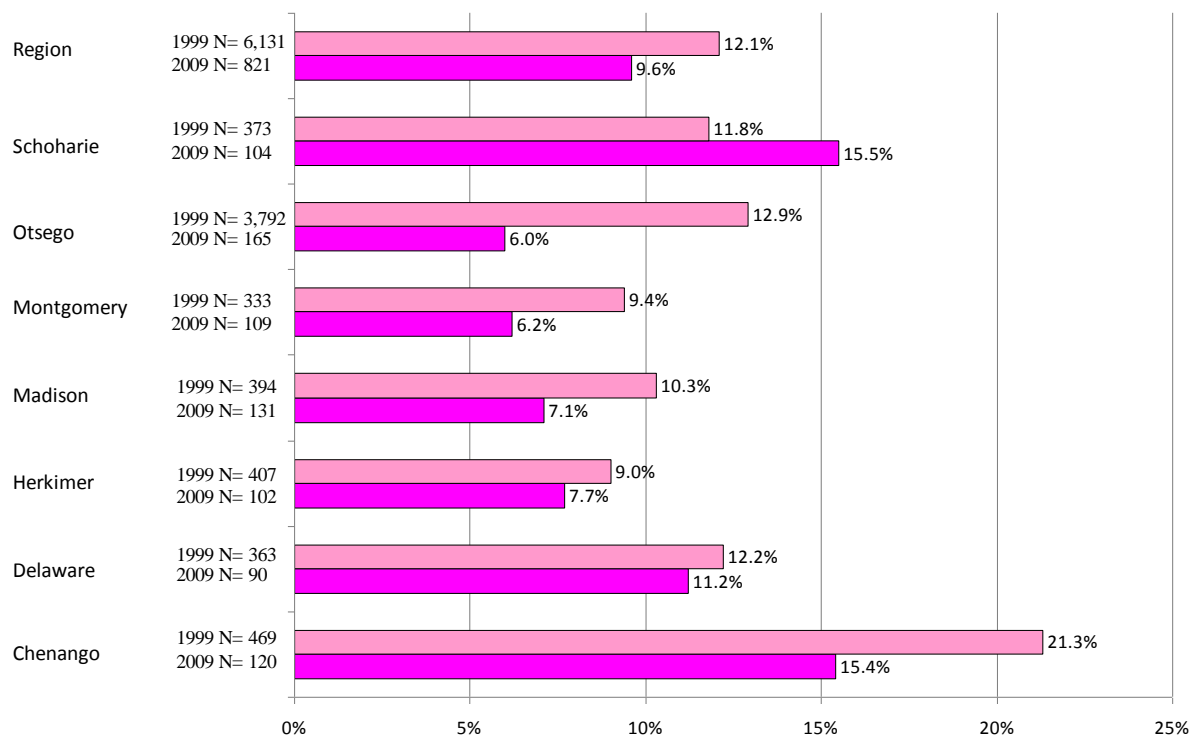
**Figure A15: Weighted, age-adjusted prevalence of asthma among boys <18 in 1999 and 2009**

Part B. Asthma



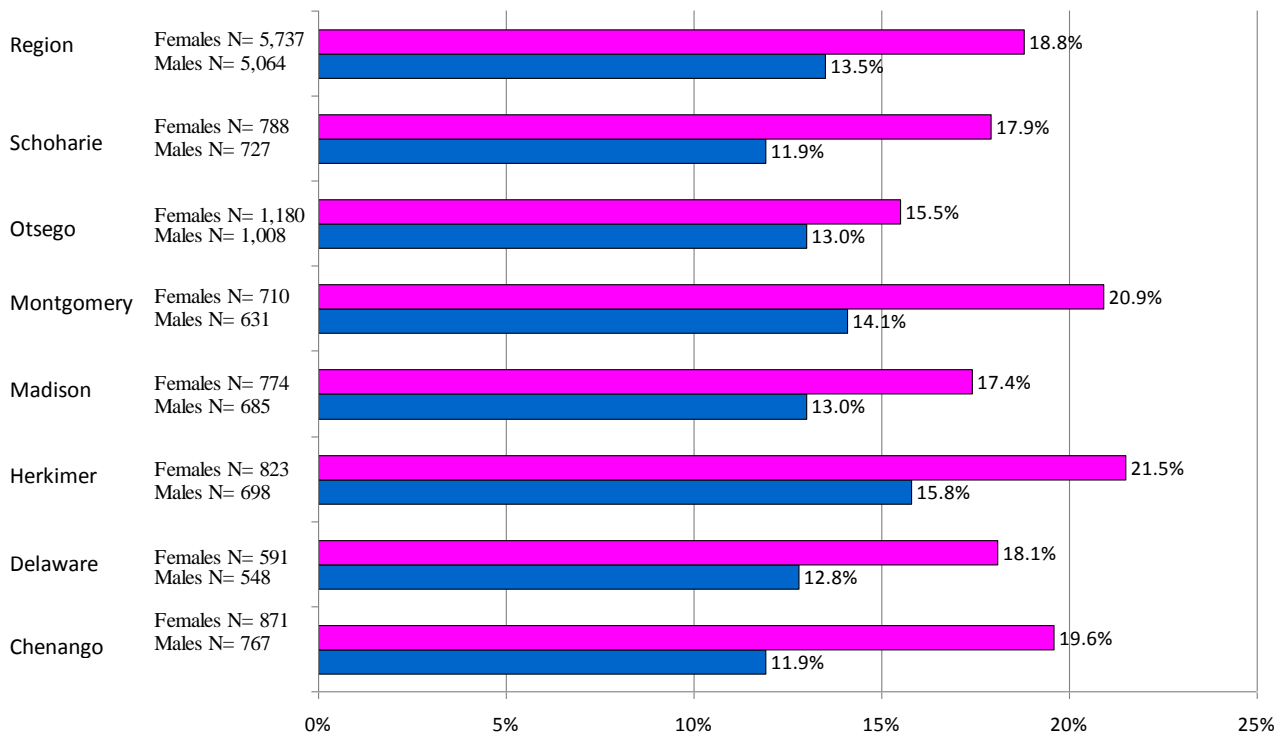
**Figure A16: Weighted, age-adjusted prevalence of asthma among girls <18 in 1999 and 2009**

Part B. Asthma



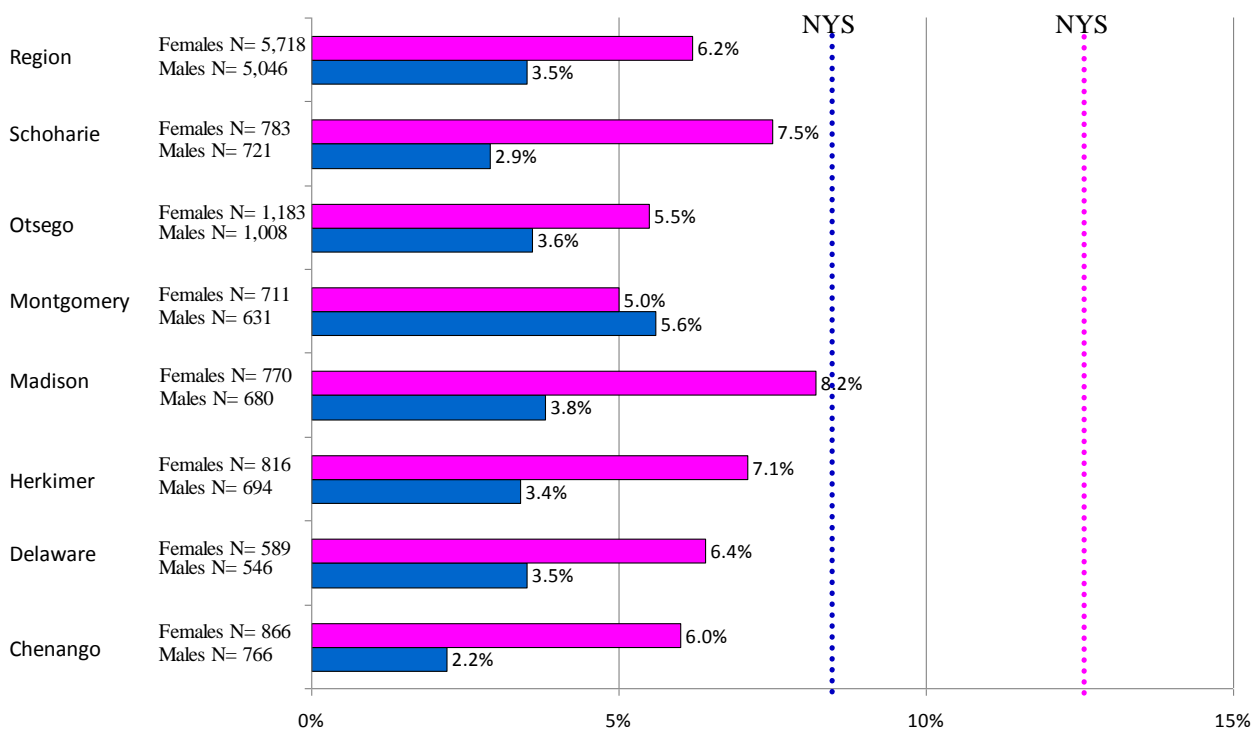
**Figure A17: Weighted, age-adjusted prevalence of arthritis among adults 18+ in 2009**

Part B. Arthritis



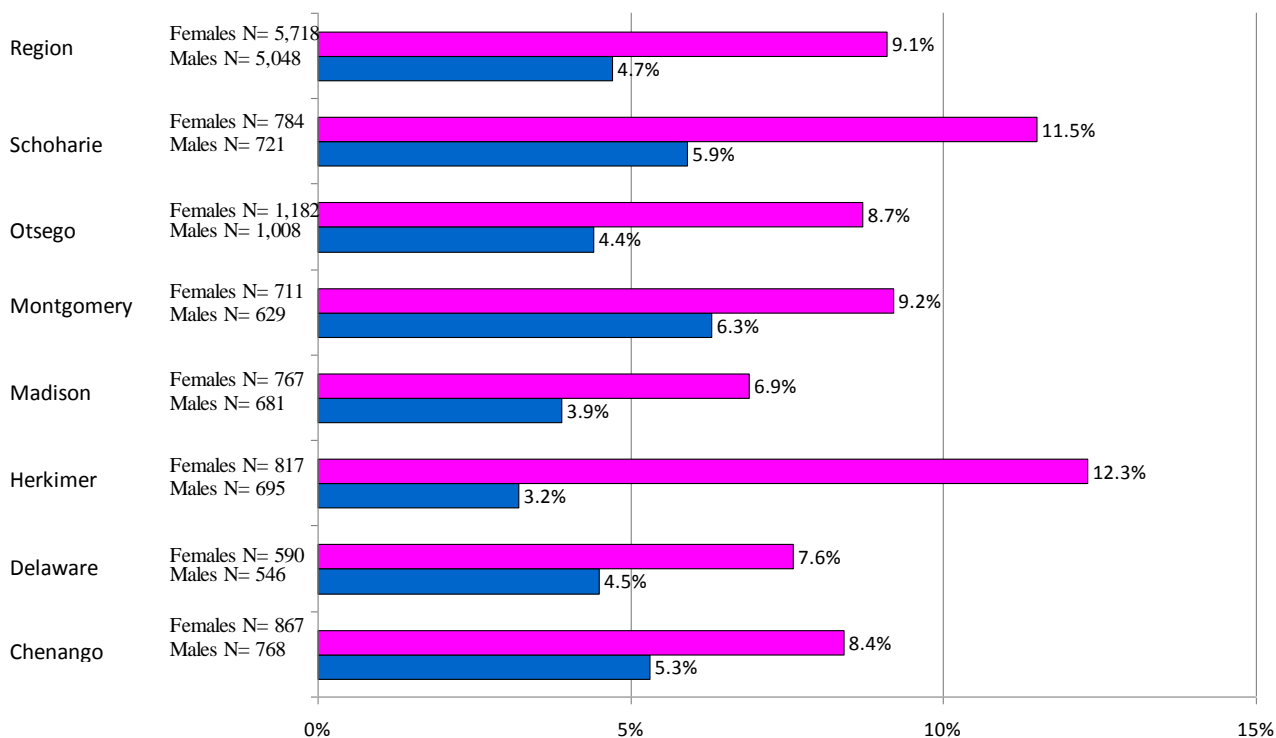
**Figure A18: Weighted, age-adjusted proportion of adults 18+, reporting poor mental health days in 2009**

Part B. 14 or more days of poor mental health in the last 30 days due to either diagnosed or undiagnosed anxiety or depression or due to stressful life events, illness or any other causes.



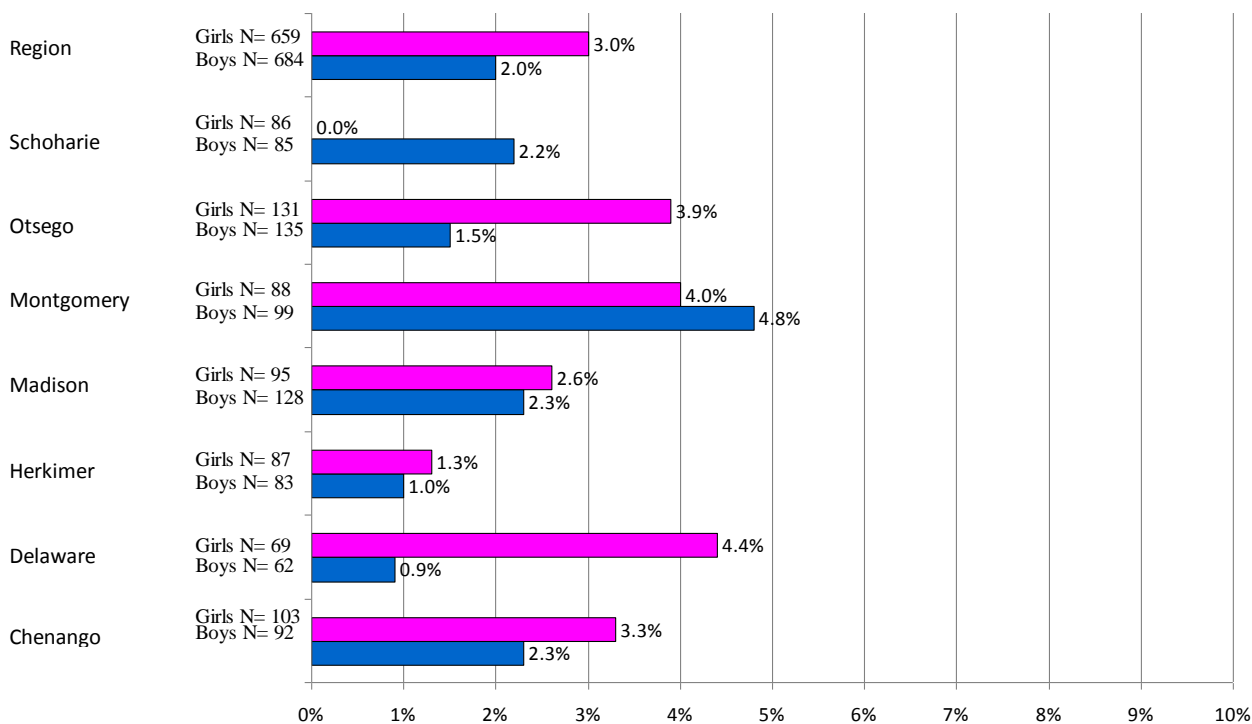
**Figure A19: Weighted, age-adjusted prevalence of adults 18+ with anxiety in 2009**

Part B. Anxiety disorder (including acute stress disorder, obsessive-compulsive disorder, panic disorder, phobia, post-traumatic stress disorder, or social anxiety disorder)



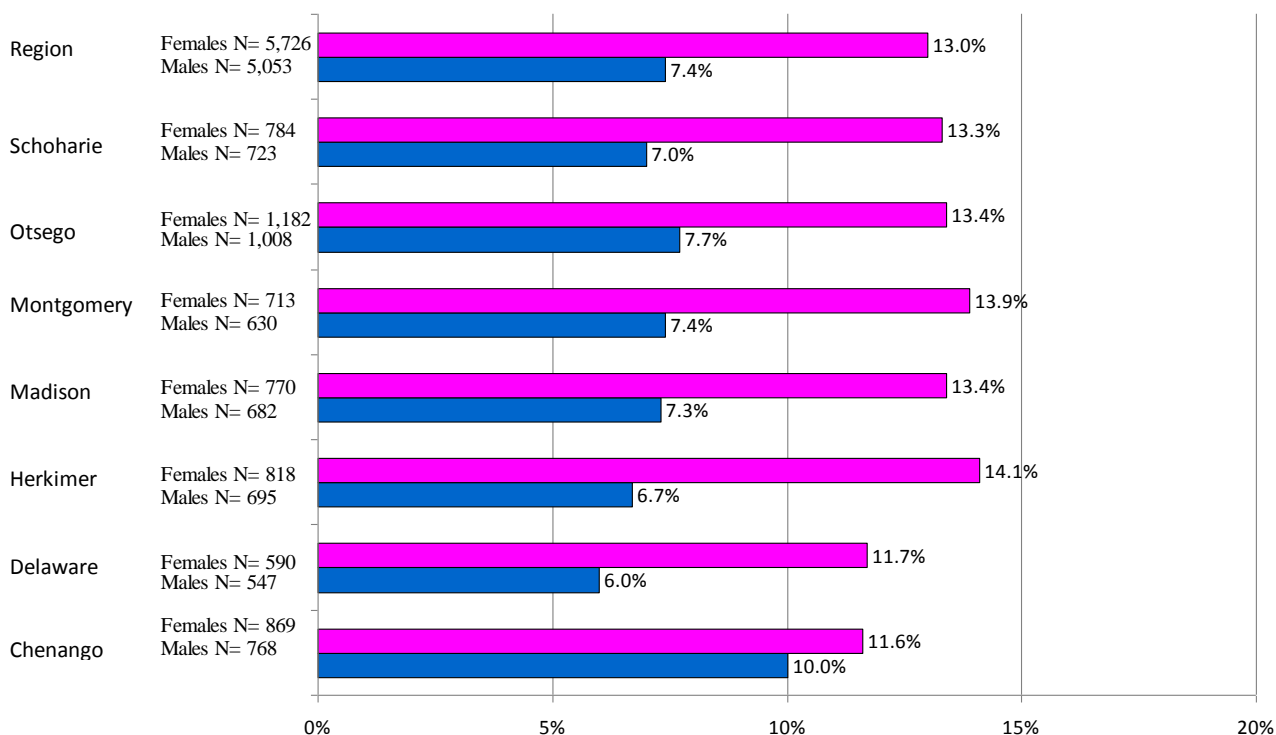
**Figure A20: Weighted, age-adjusted prevalence of children 5-18 with anxiety in 2009**

Part B. Anxiety disorder (including acute stress disorder, obsessive-compulsive disorder, panic disorder, phobia, post-traumatic stress disorder, or social anxiety disorder)



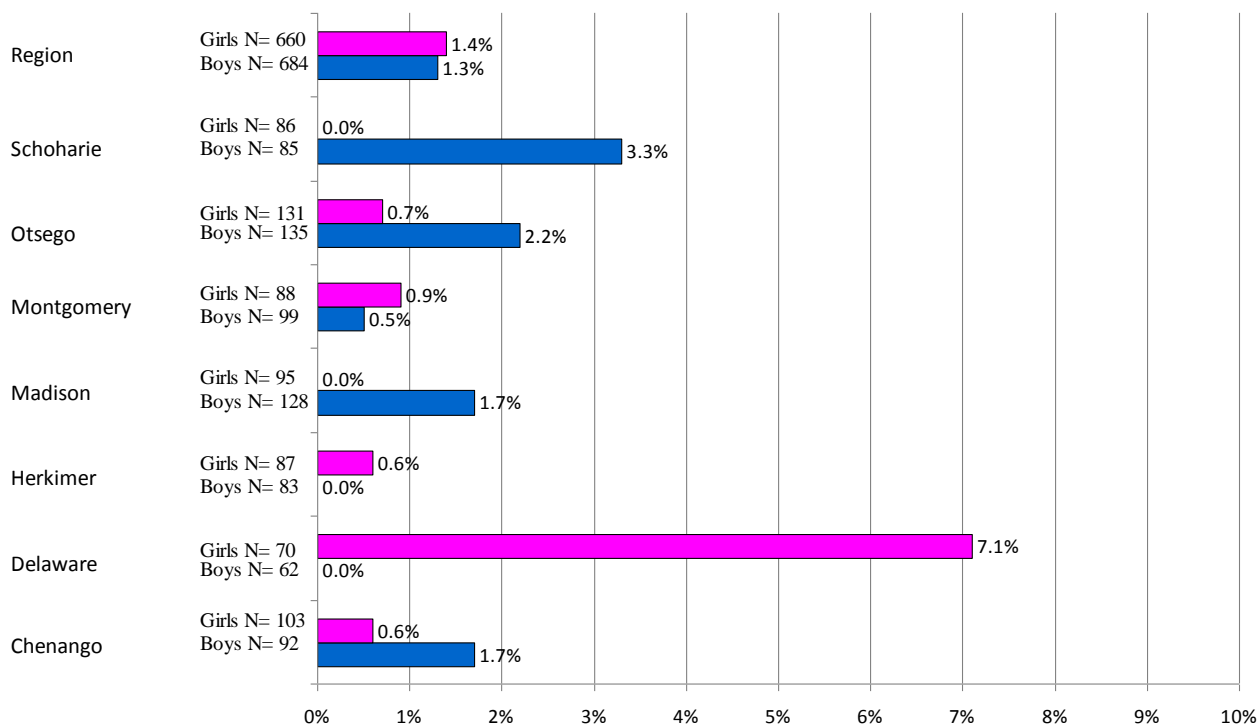
**Figure A21: Weighted, age-adjusted prevalence of adults 18+ with depression in 2009**

Part B. Depression



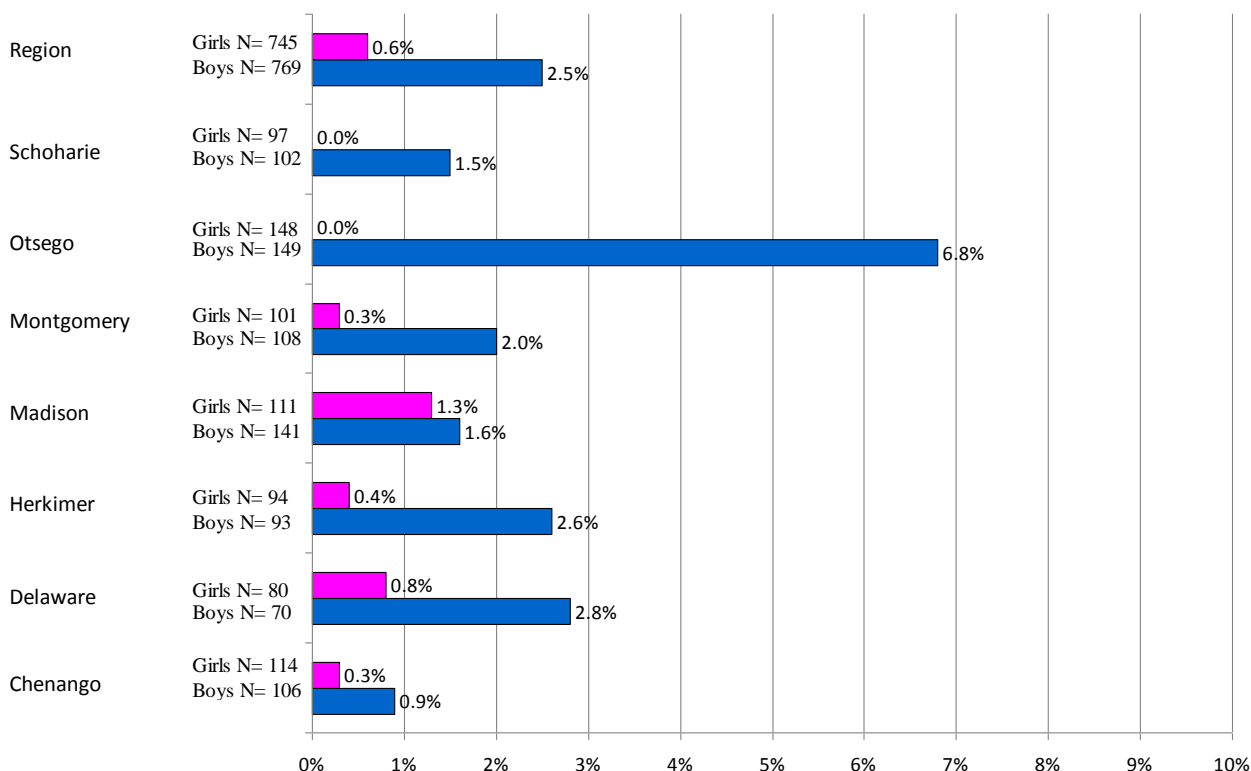
**Figure A22: Weighted, age-adjusted prevalence of children 5-18 with depression in 2009**

Part B. Depression



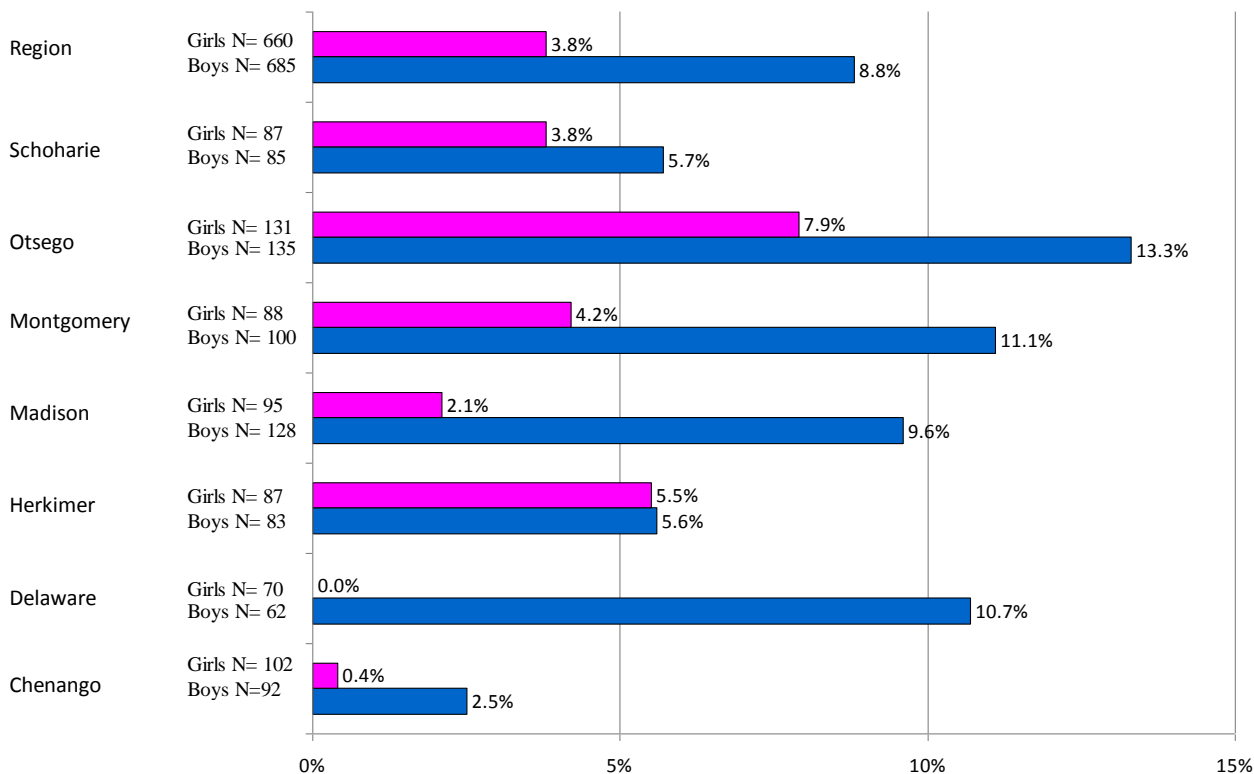
**Figure A23: Weighted, age-adjusted prevalence of children 3-18 with autism in 2009**

Part B. Autism



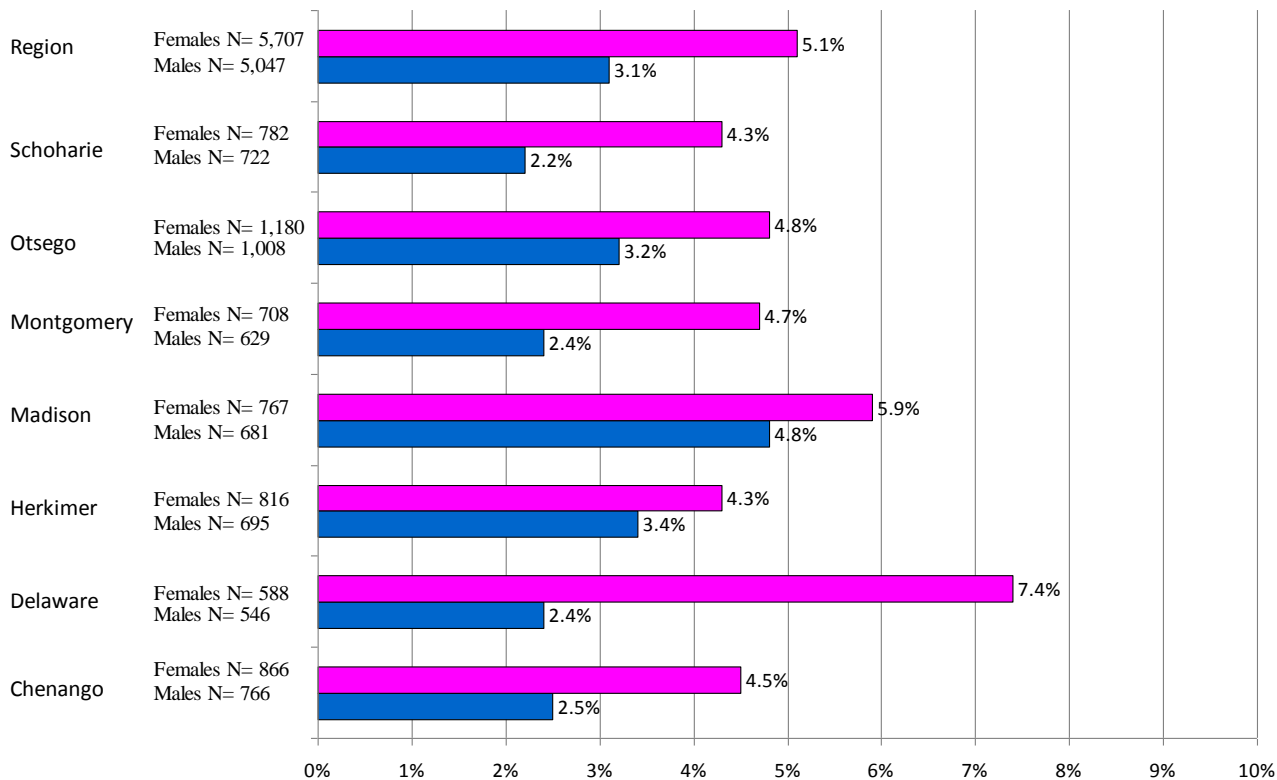
**Figure A24: Weighted, age-adjusted prevalence of children 5-18 with ADHD in 2009**

Part B. ADHD



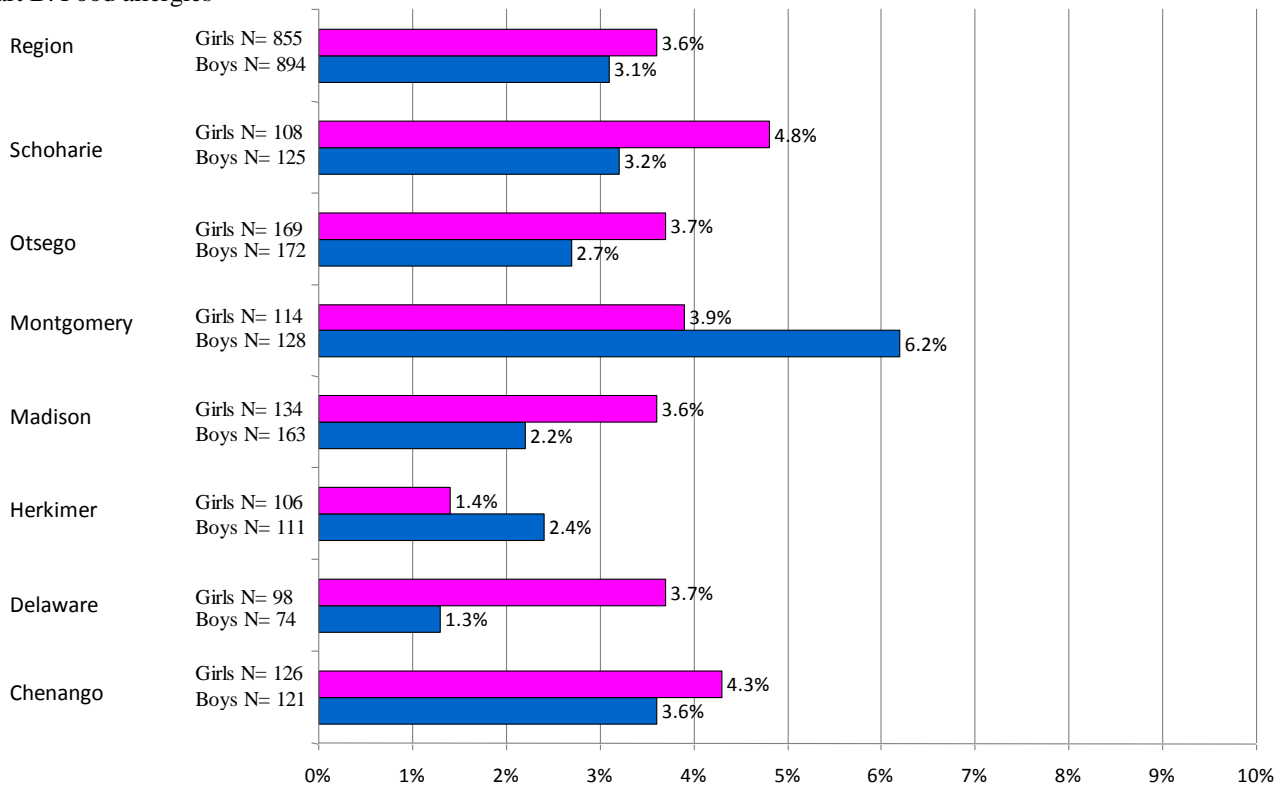
**Figure A25: Weighted, age-adjusted prevalence of adults 18+ with food allergies in 2009**

Part B. Food allergies



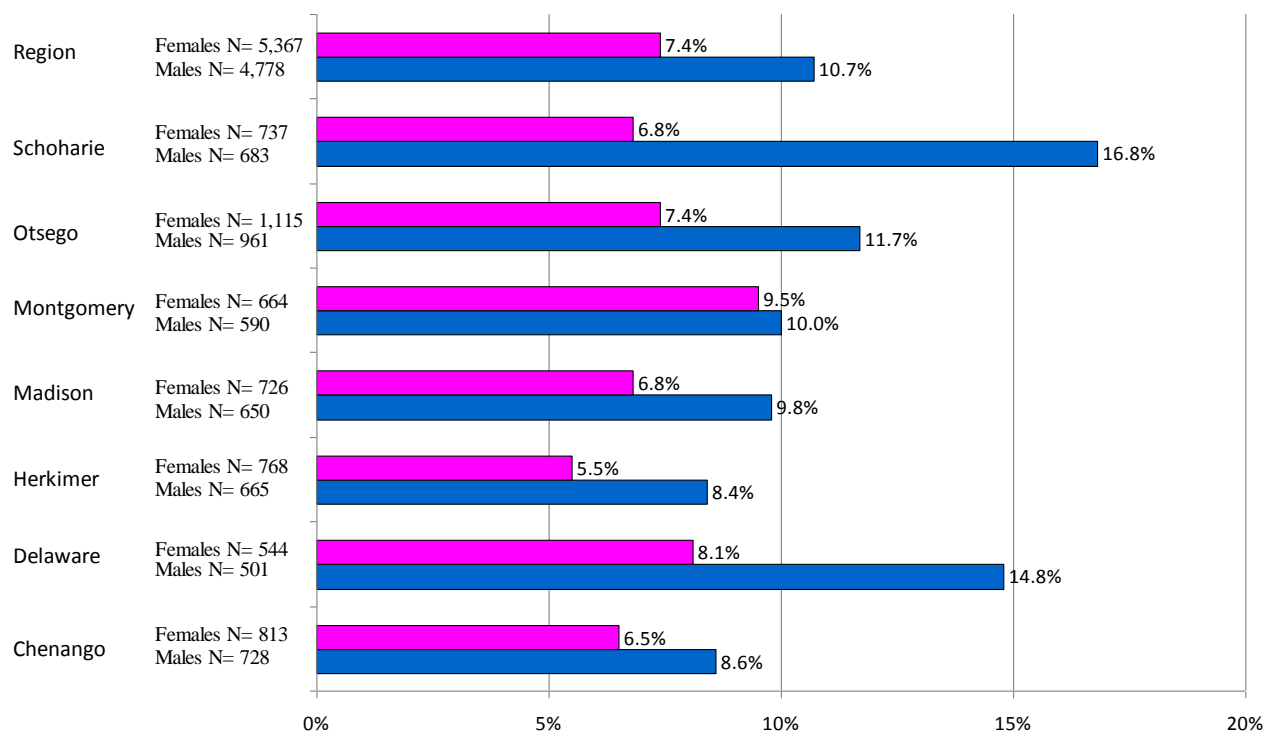
**Figure A26: Weighted, age-adjusted prevalence of children <18 with food allergies in 2009**

Part B. Food allergies



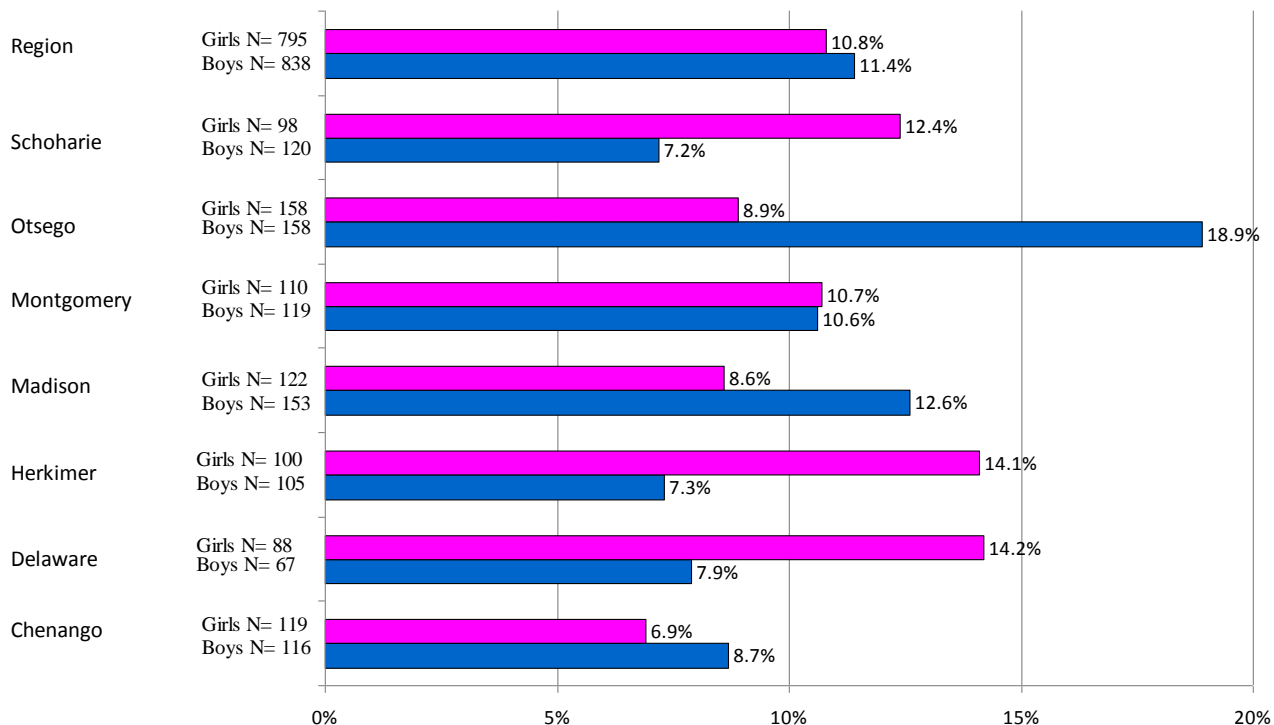
**Figure A27: Weighted, age-adjusted proportion of adults 18+, reporting an injury in 2009**

Part C. Was injured in the last 12 months



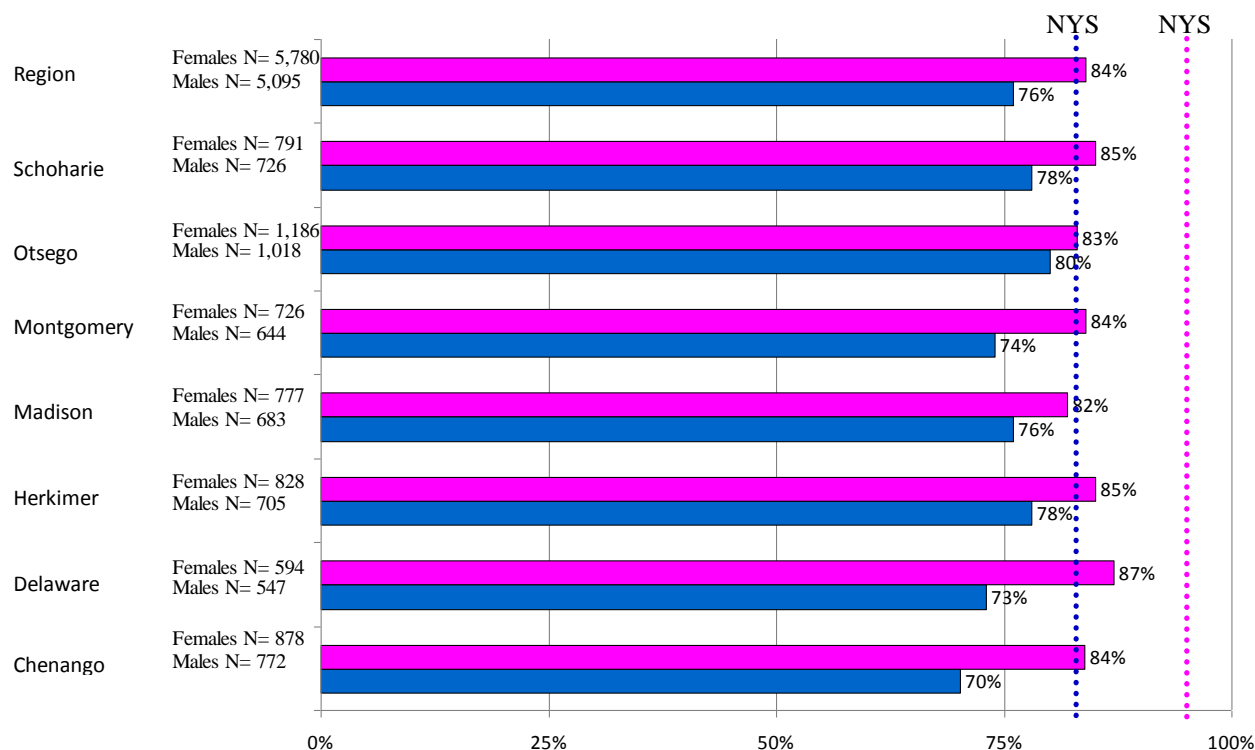
**Figure A28: Weighted, age-adjusted proportion of children <18, reporting an injury in 2009**

Part C. Was injured in the last 12 months



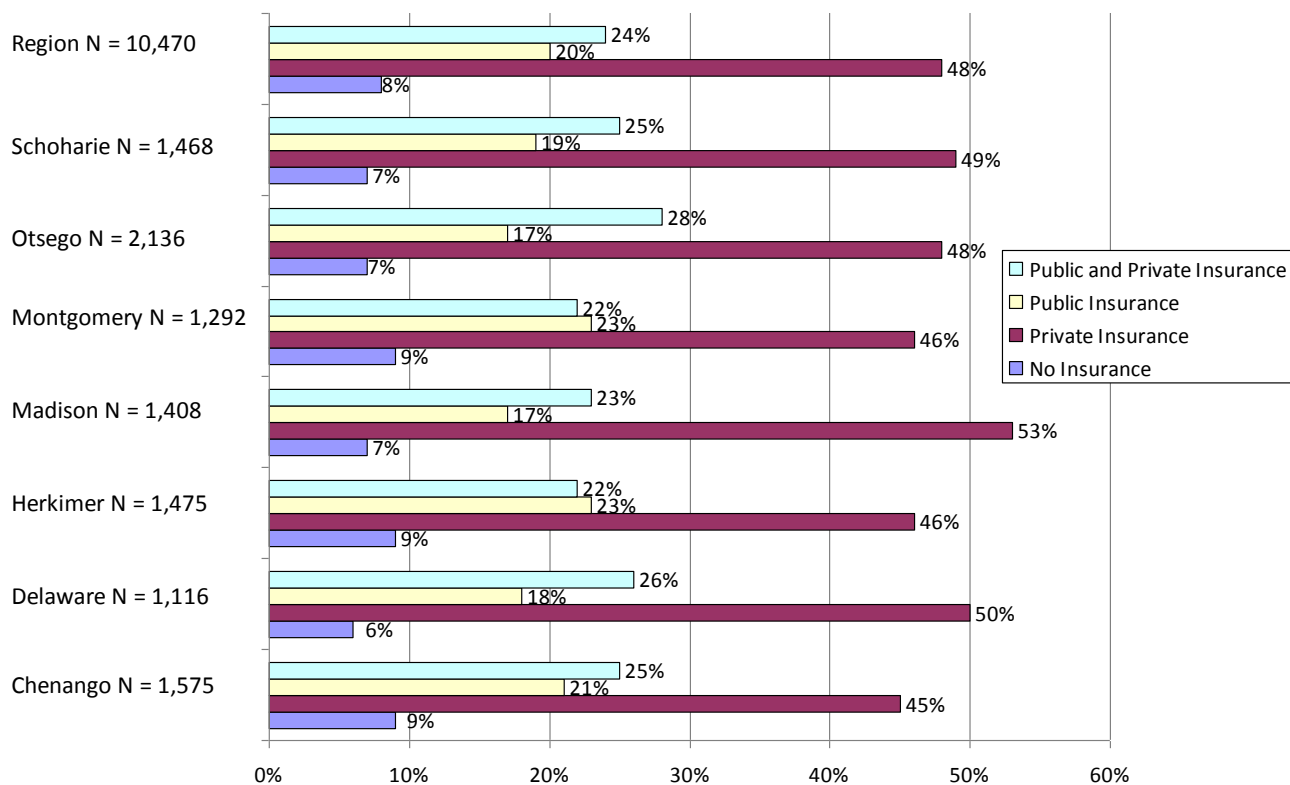
**Figure A29: Weighted, age-adjusted proportion of adults with a primary care provider in 2009**

Part D. Has at least one regular doctor or health care provider



**Figure A30: Weighted proportion of insurance coverage in 2009**

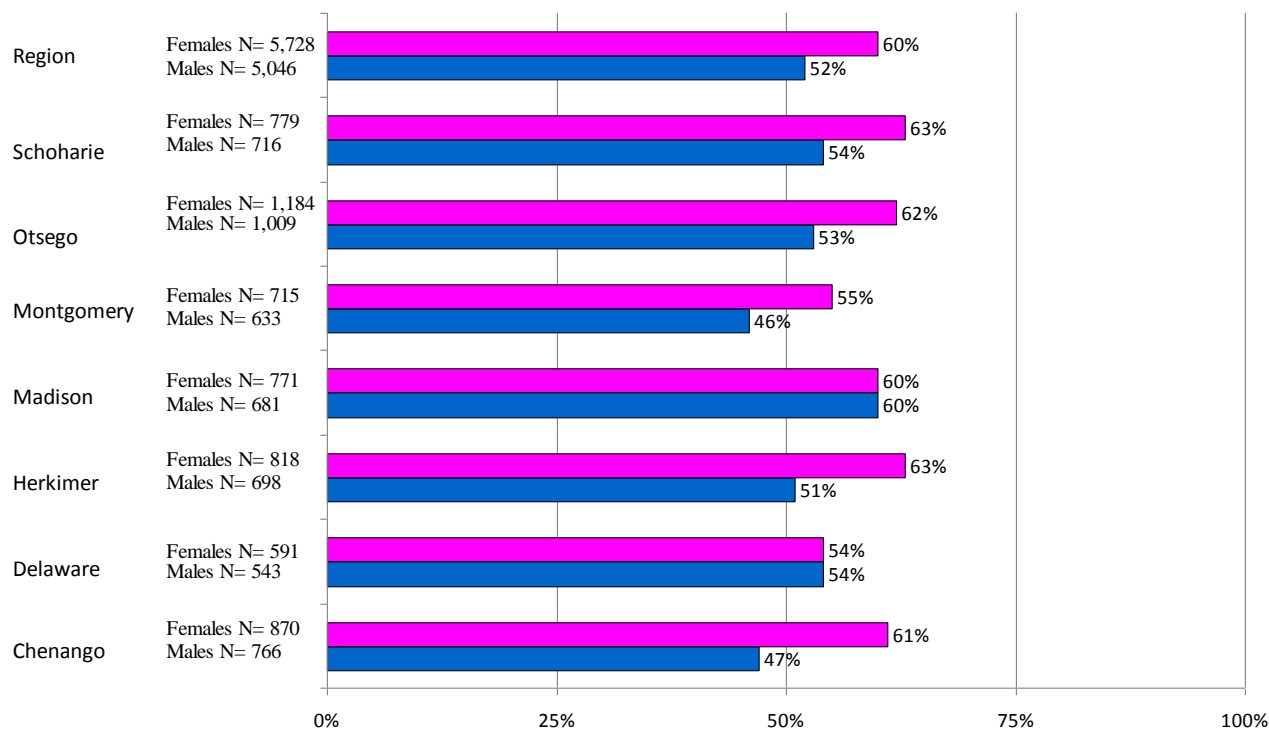
Part D. Type of insurance coverage





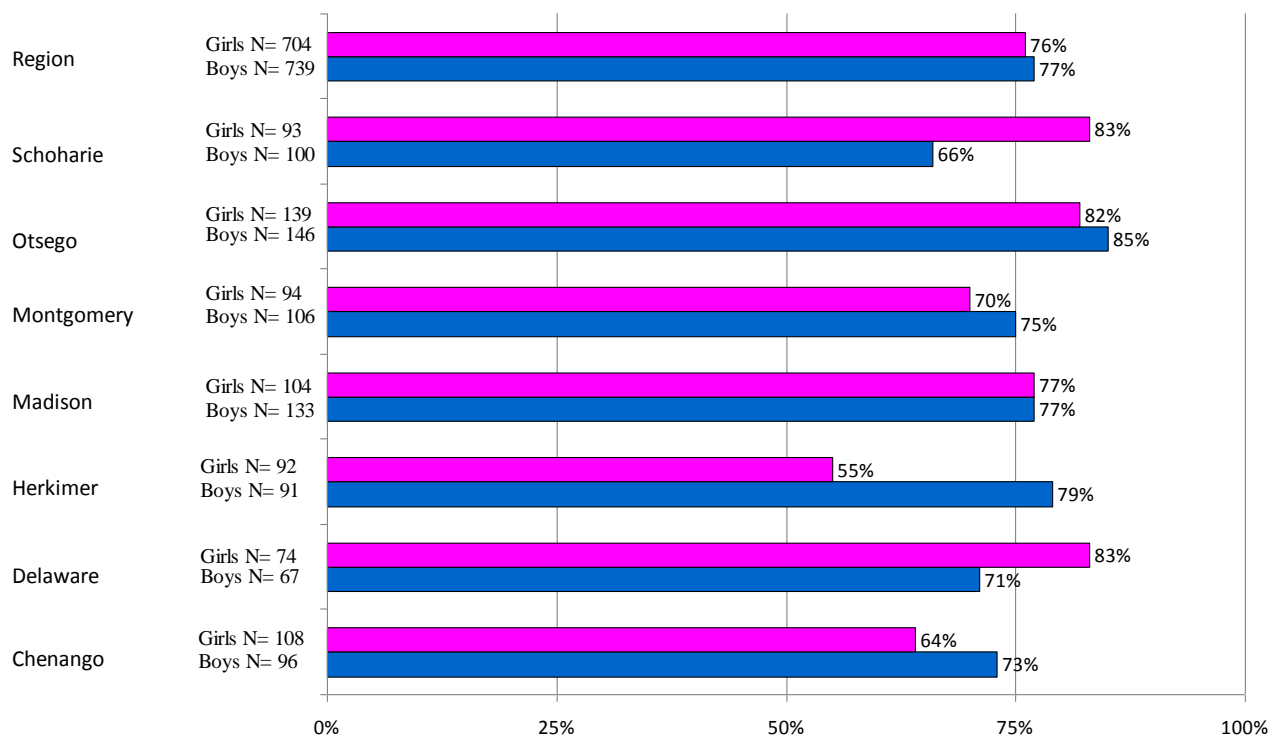
**Figure A31: Weighted, age-adjusted proportion of adults receiving routine dental care in 2009**

Part D. Visited a dentist or dental clinic in the last 12 months for cleaning or routine care



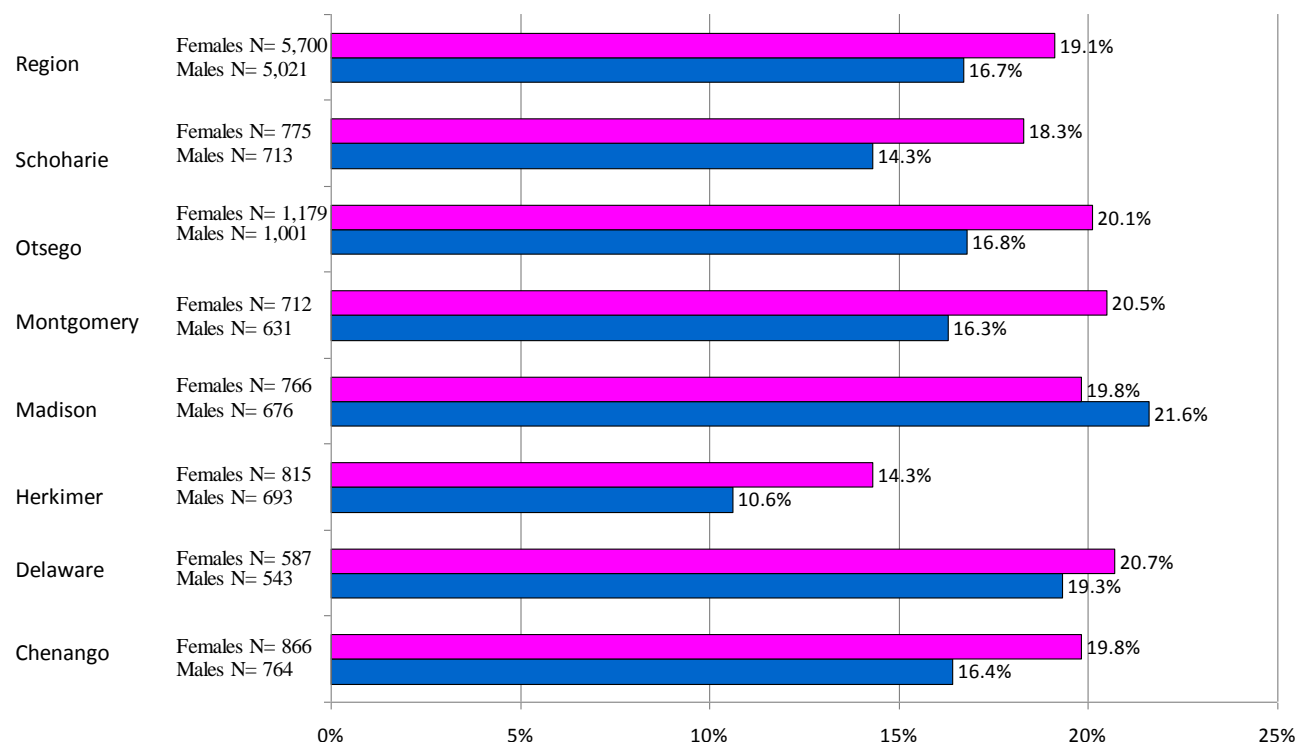
**Figure A32: Weighted, age-adjusted proportion of children 4-18 receiving routine dental care in 2009**

Part D. Visited a dentist or dental clinic in the last 12 months for cleaning or routine care



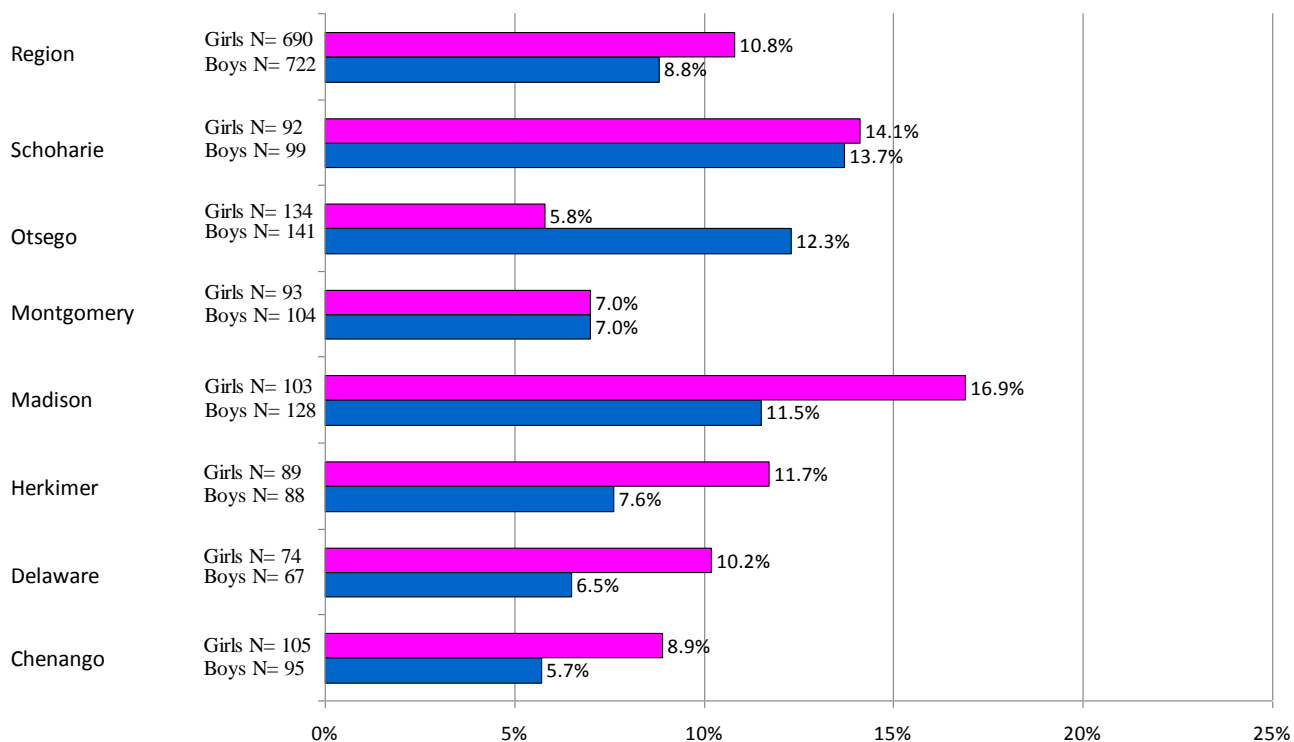
**Figure A33: Weighted, age-adjusted proportion of adults receiving dental care for a problem in 2009**

Part D. Visited a dentist or dental clinic in the last 12 months for a problem with teeth or gums



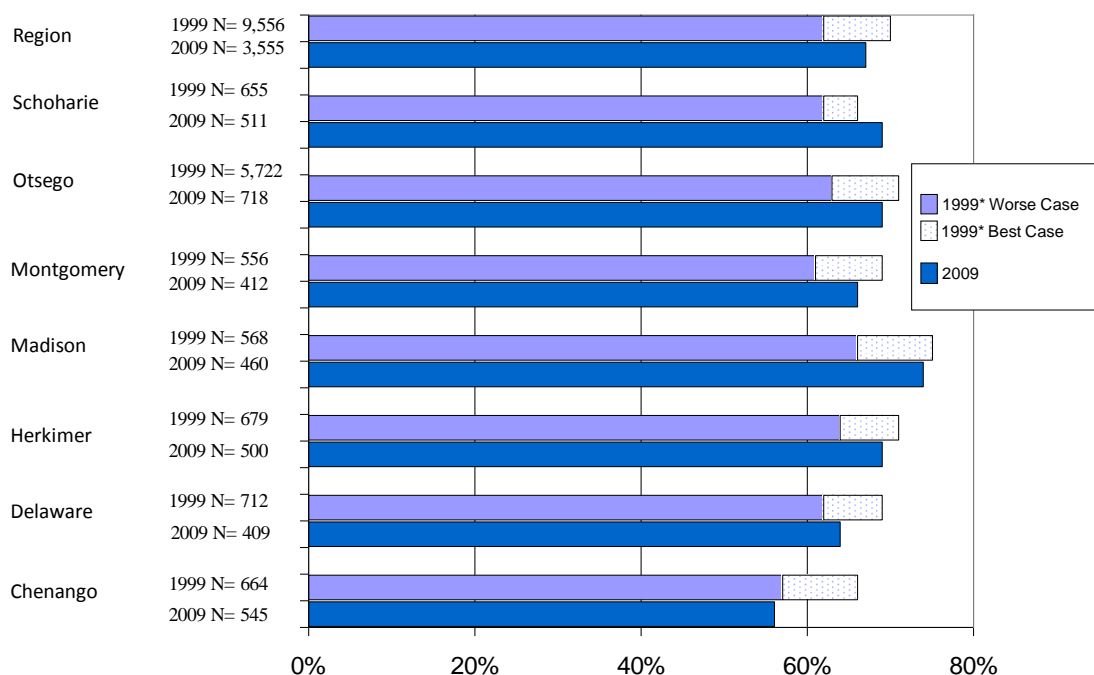
**Figure A34: Weighted, age-adjusted proportion of children 4-18 receiving dental care for a problem in 2009**

Part D. Visited a dentist or dental clinic in the last 12 months for a problem with teeth or gums



**Figure A35: Weighted, age-adjusted proportion of males 50+ reporting rectal exam for prostate cancer in 1999\* and 2009**

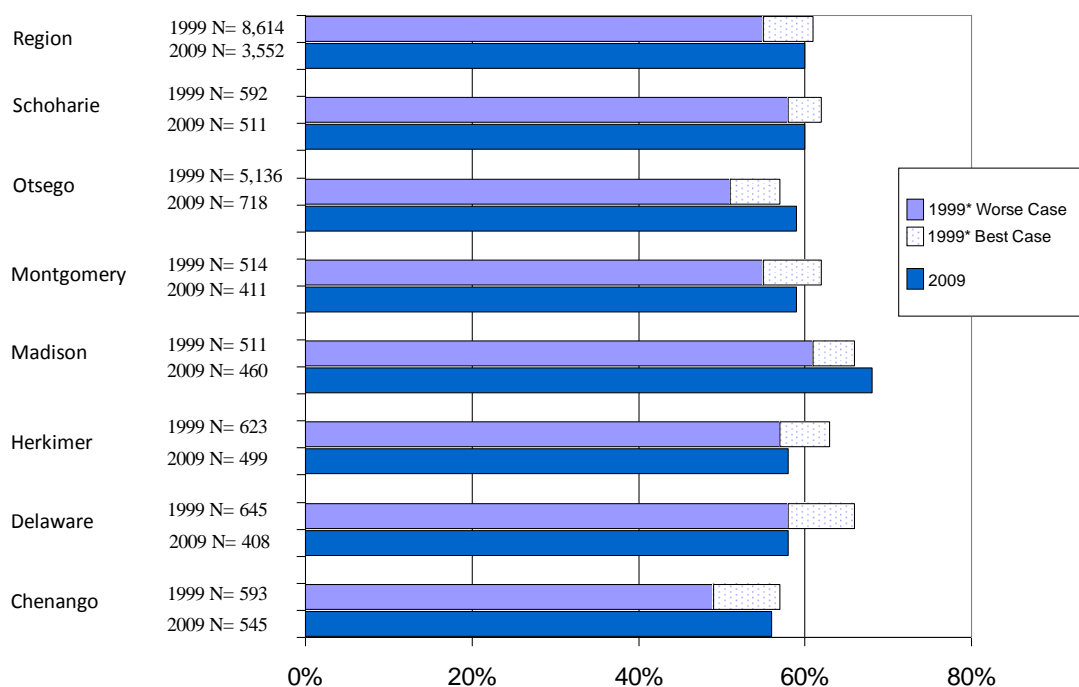
Part D. Male Health Screening – Had a rectal exam for prostate cancer in last 2 years



\*Worst case scenario (for respondents with unknown date of screening, assumed to be more than two years ago); Best case scenario (for respondents with unknown date of screening, assumed to be in the last two years).

**Figure A36: Weighted, age-adjusted proportion of males 50+ reporting PSA for prostate cancer in 1999\* and 2009**

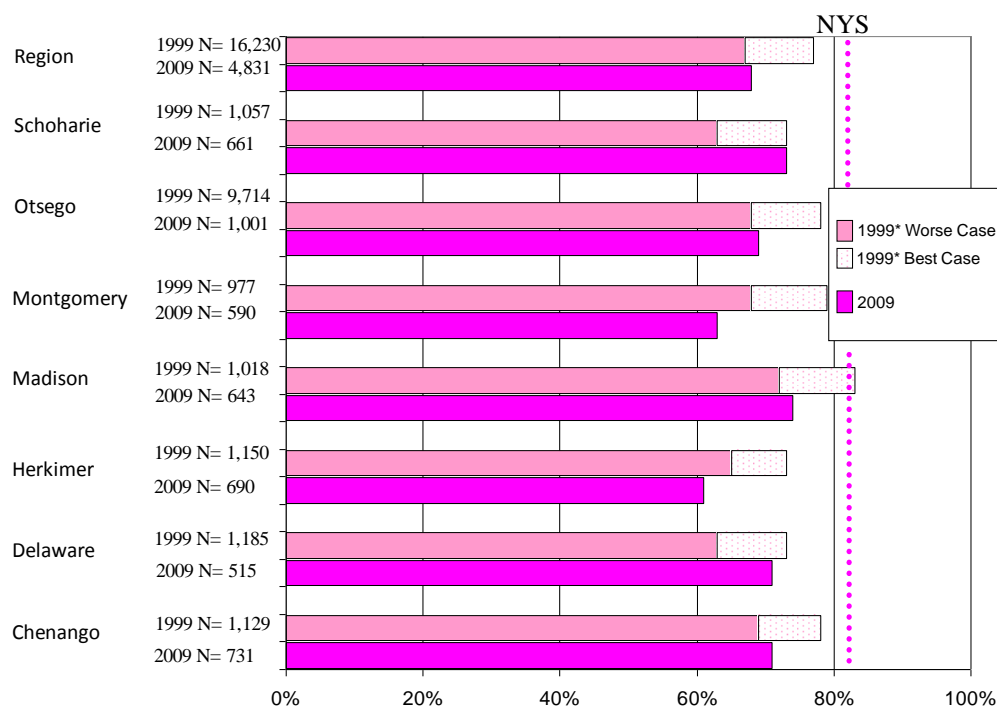
Part D. Male Health Screening – Had a blood test (PSA) for prostate cancer in last 2 years



\*Worst case scenario (for respondents with unknown date of screening, assumed to be more than two years ago); Best case scenario (for respondents with unknown date of screening, assumed to be in the last two years).

**Figure A37: Weighted, age-adjusted proportion of females 40+ receiving a mammogram in 1999\* and 2009**

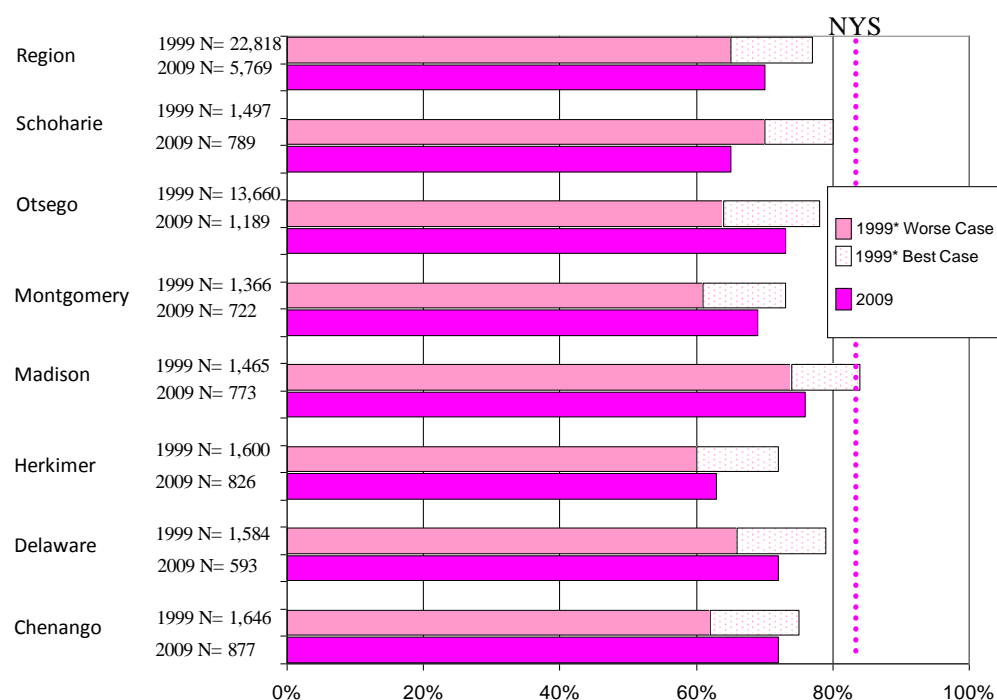
Part D. Had a mammogram/MRI for breast cancer in the last 2 years



\*Worst case scenario (for respondents with unknown date of screening, assumed to be more than two years ago); Best case scenario (for respondents with unknown date of screening, assumed to be in the last two years).

**Figure A38: Weighted, age-adjusted proportion of females 18+ receiving a Pap smear in 1999\* and 2009**

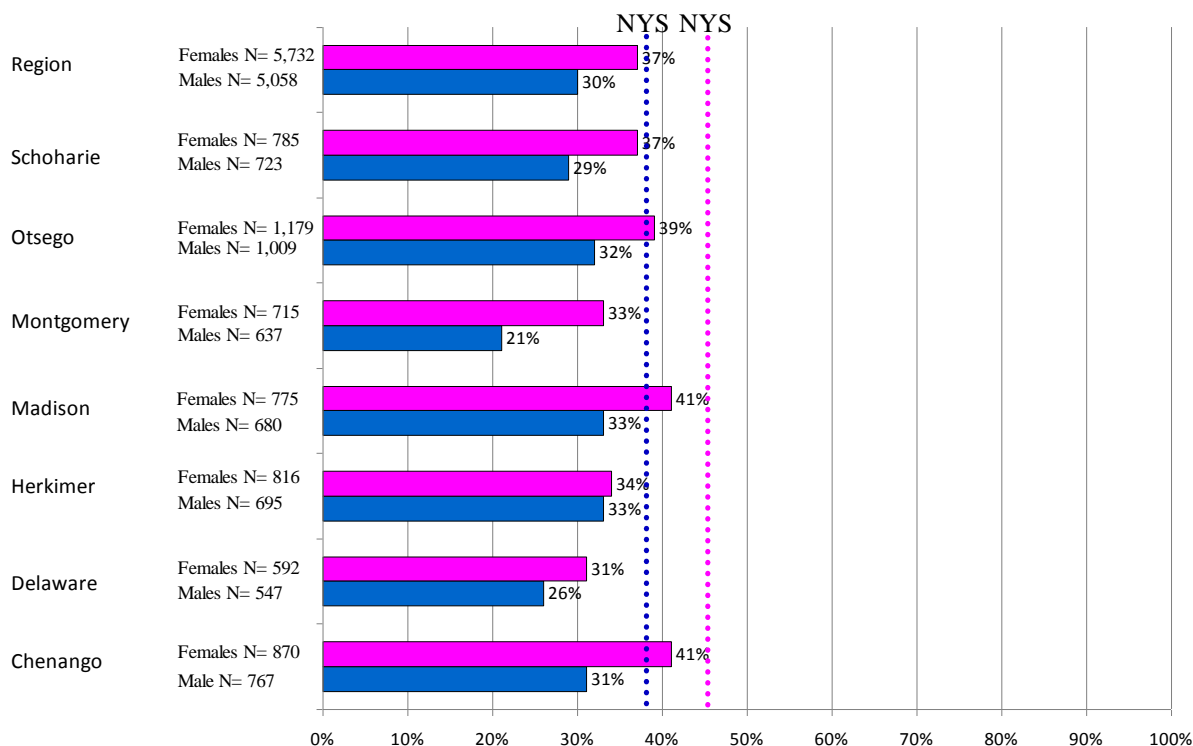
Part D. Had a Pap smear test for cervical cancer in the last 3 years



\*Worst case scenario (for respondents with unknown date of screening, assumed to be more than three years ago); Best case scenario (for respondents with unknown date of screening, assumed to be in the last three years).

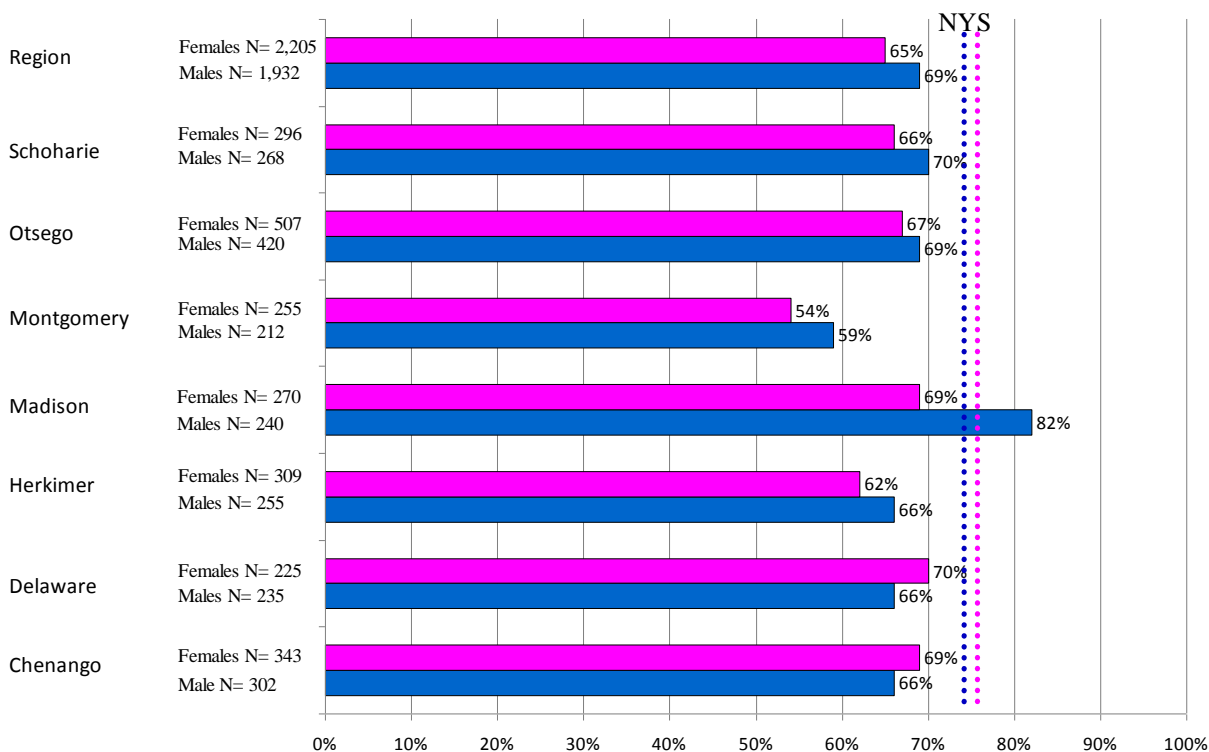
**Figure A39: Weighted, age-adjusted proportion of adults 18+ receiving flu shot in 2009**

Part D. Had a flu (influenza) shot in the last 12 months



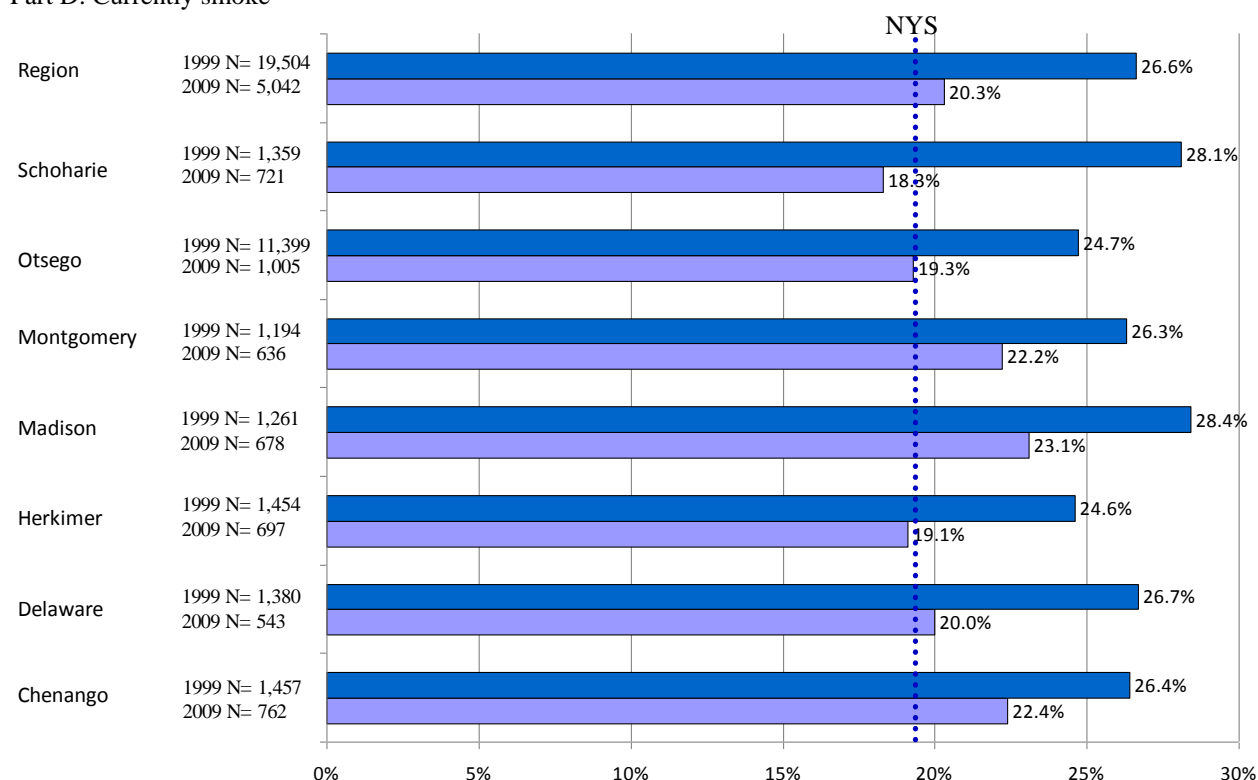
**Figure A40: Weighted, age-adjusted proportion of adults 65+ receiving flu shot in 2009**

Part D. Had a flu (influenza) shot in the last 12 months



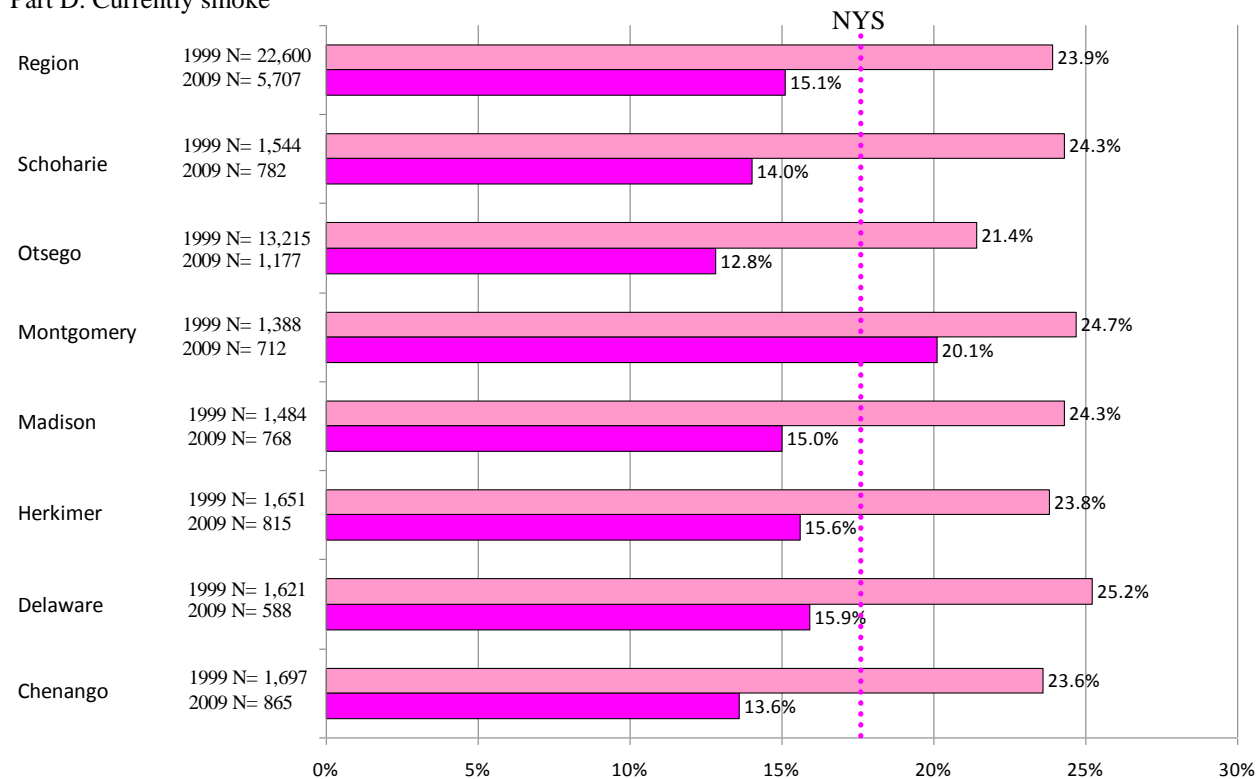
**Figure A41: Weighted, age-adjusted proportion of males 18+ currently smoking in 1999 and 2009**

Part D. Currently smoke



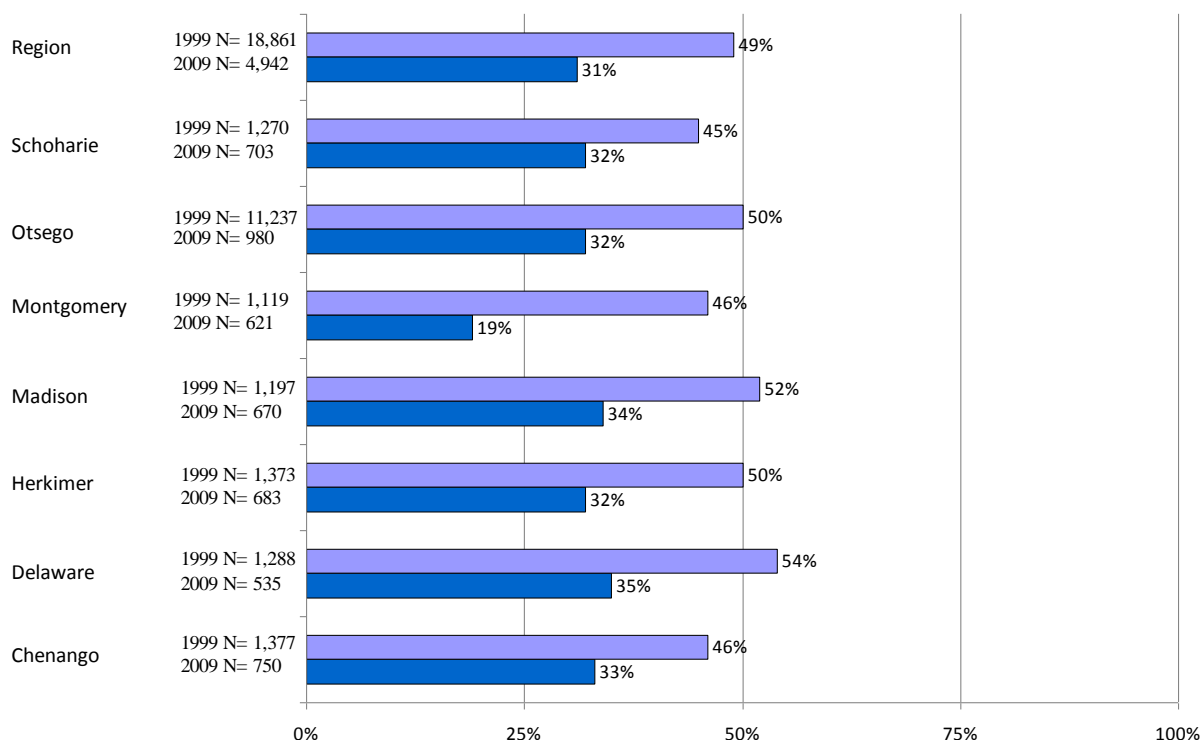
**Figure A42: Weighted, age-adjusted proportion of females 18+ currently smoking in 1999 and 2009**

Part D. Currently smoke



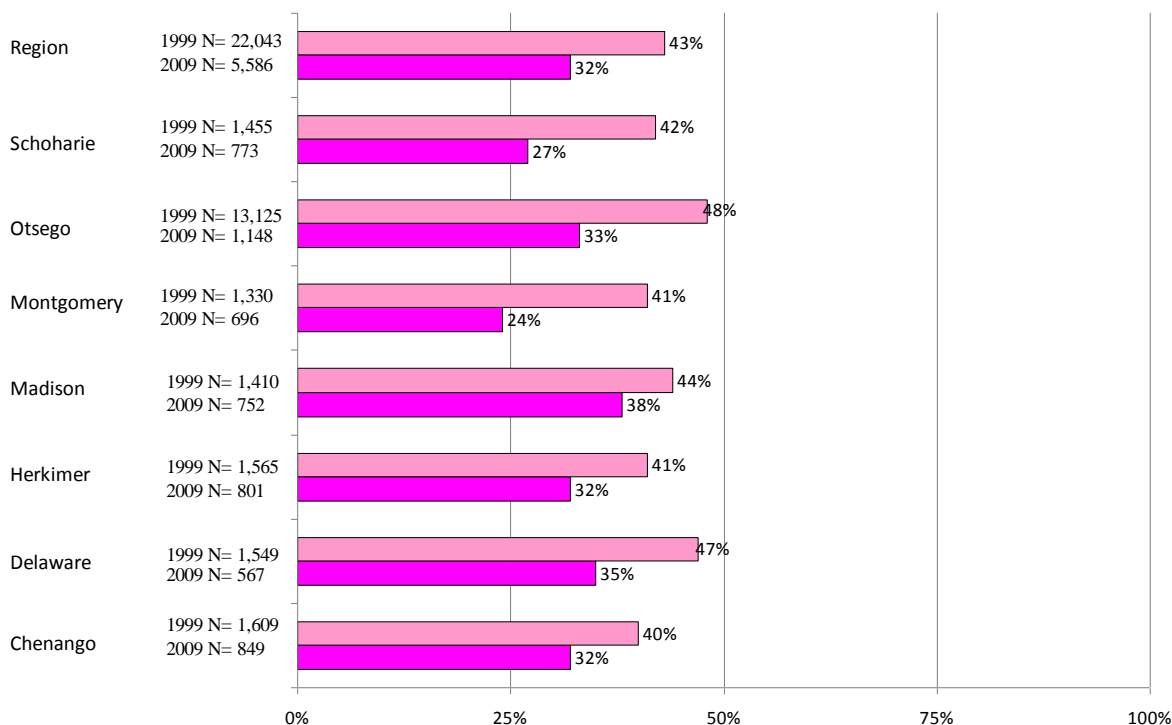
**Figure A43: Weighted, age-adjusted proportion of males 18+ exercising  $\geq 3x$  per week in 1999 and 2009**

Part D. Plays sports or does exercise for fun (e.g., brisk walking, jogging, bicycling, etc.) long enough to work up a sweat?



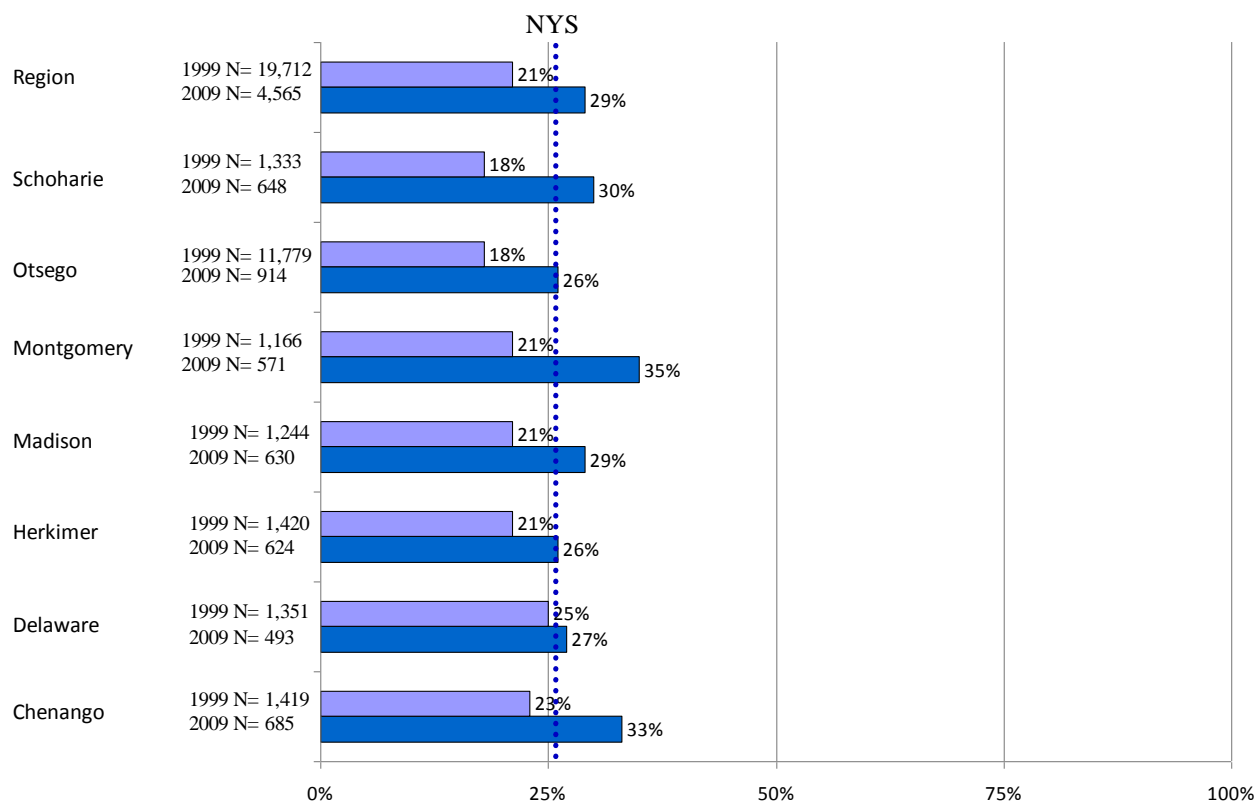
**Figure A44: Weighted, age-adjusted proportion of females 18+ exercising  $\geq 3x$  per week in 1999 and 2009**

Part D. Plays sports or does exercise for fun (e.g., brisk walking, jogging, bicycling, etc.) long enough to work up a sweat?



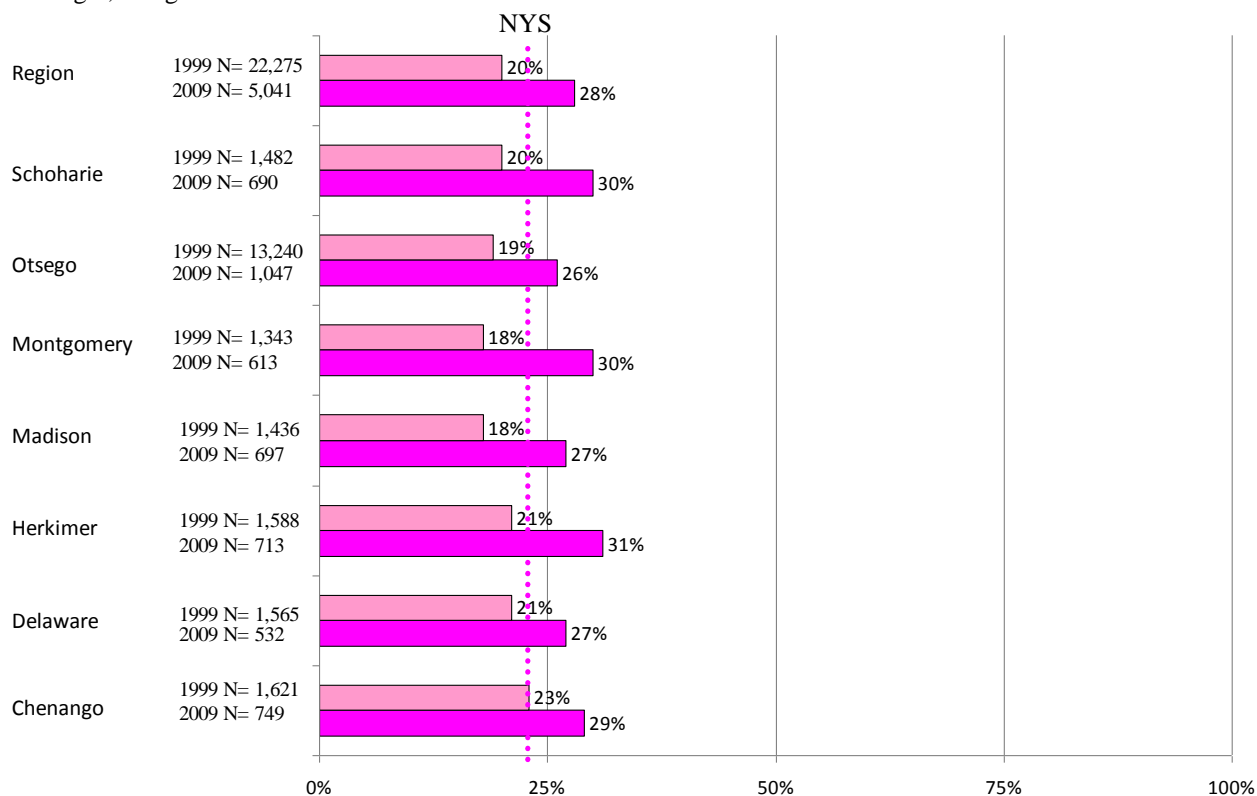
**Figure A45: Weighted, age-adjusted proportion of males 18+ with BMI  $\geq$  30 in 1999 and 2009**

Part D. Height, Weight



**Figure A46: Weighted, age-adjusted proportion of females 18+ with BMI  $\geq$  30 in 1999 and 2009**

Part D. Height, Weight

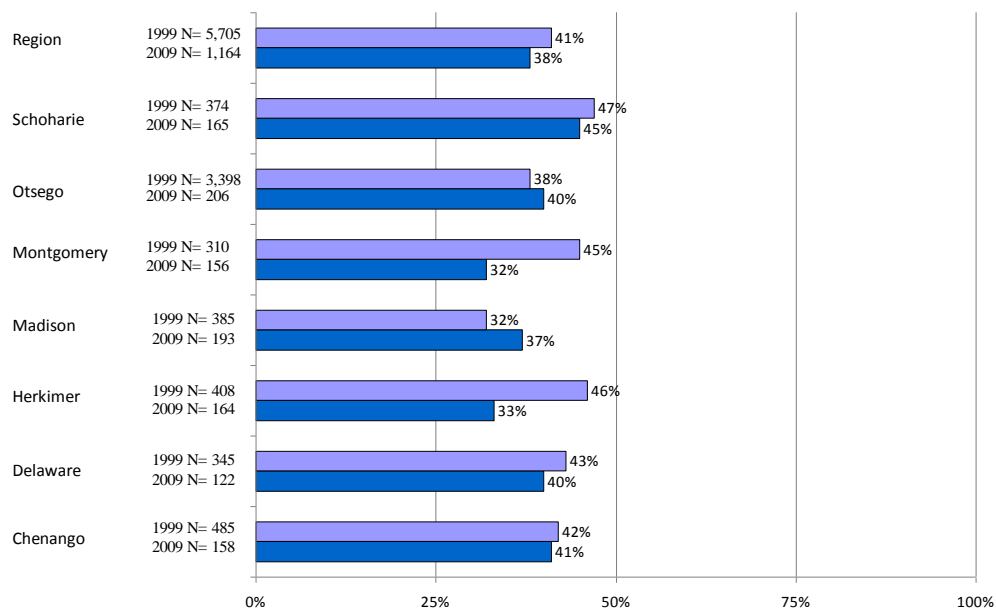




## Figure A47: Weighted, age-adjusted proportion of boys with BMI $\geq$ 85<sup>th</sup> percentile 1999 and 2009

BMI percentiles: BMI percentile between 85 and 94.9 is considered overweight, BMI percentile of 95 or greater is considered obese<sup>1</sup>

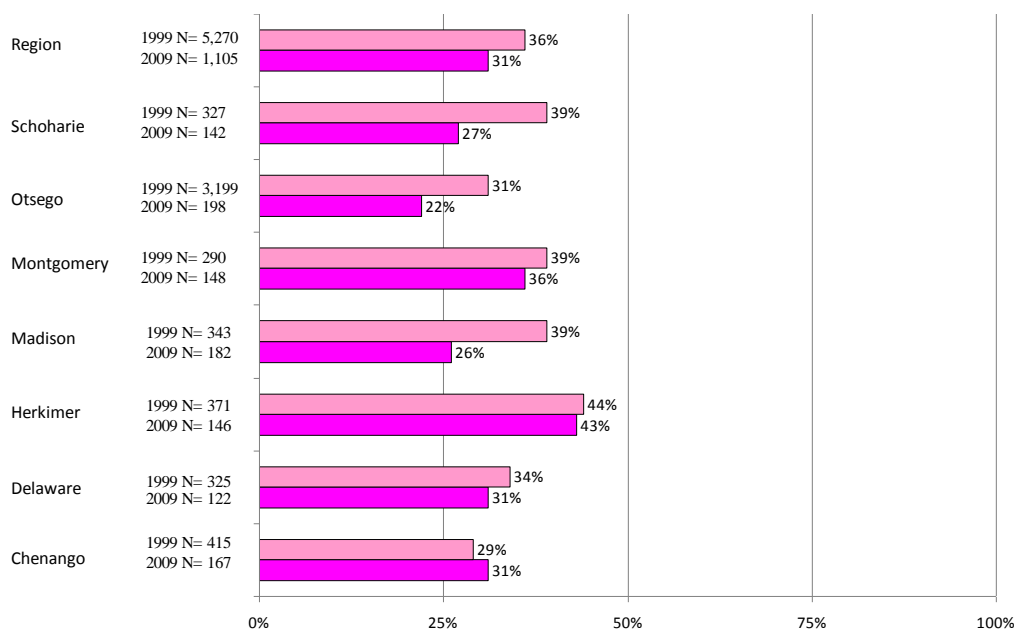
Part D. Height, weight combined with height and weight data from the Child Obesity Survey



## Figure A48: Weighted, age-adjusted proportion of girls with BMI $\geq$ 85<sup>th</sup> percentile 1999 and 2009

BMI percentiles: BMI percentile between 85 and 94.9 is considered overweight, BMI percentile of 95 or greater is considered obese<sup>1</sup>

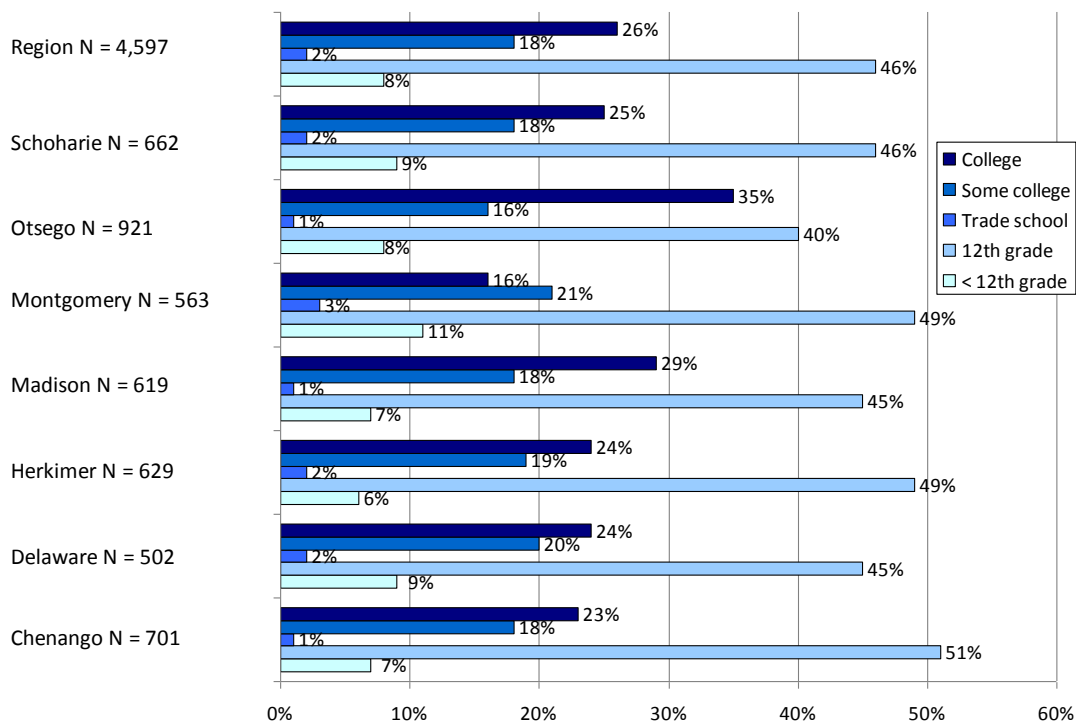
Part D. Height, weight combined with height and weight data from the Child Obesity Survey



<sup>1</sup>Retrieved June 24, 2011 from [http://www.cdc.gov/healthyweight/assessing/bmi/childrens\\_bmi/about\\_childrens\\_bmi.html#What%20is%20BMI%20percentile](http://www.cdc.gov/healthyweight/assessing/bmi/childrens_bmi/about_childrens_bmi.html#What%20is%20BMI%20percentile)

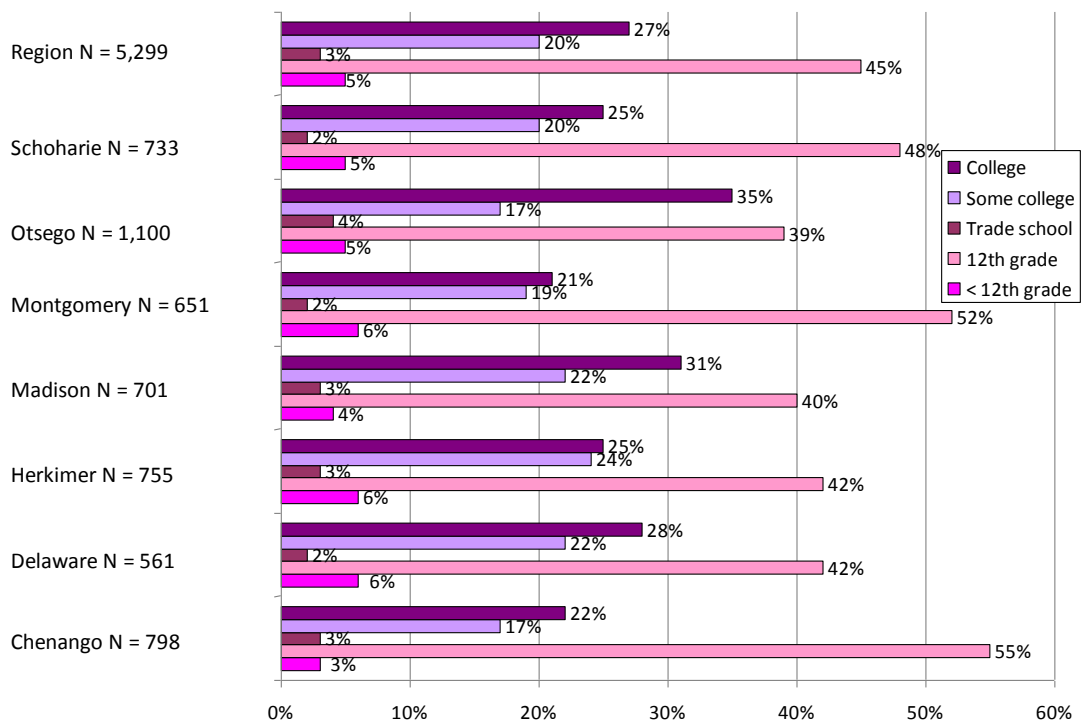
**Figure A49: Weighted proportion of males 25+ by school level in 2009**

Part F. Years of school completed



**Figure A50: Weighted proportion of females 25+ by school level in 2009**

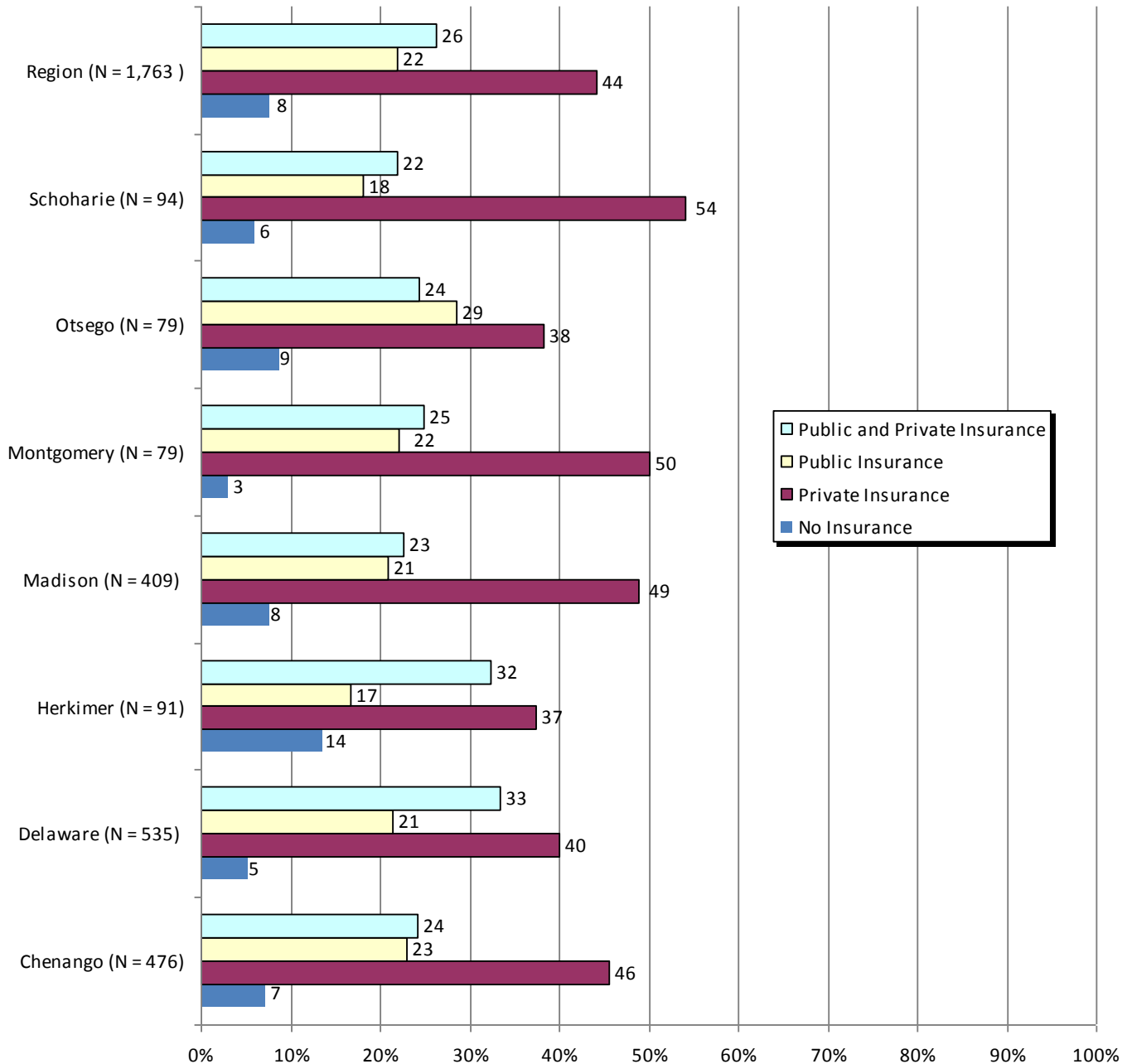
Part F. Years of school completed



## Access to Health Care

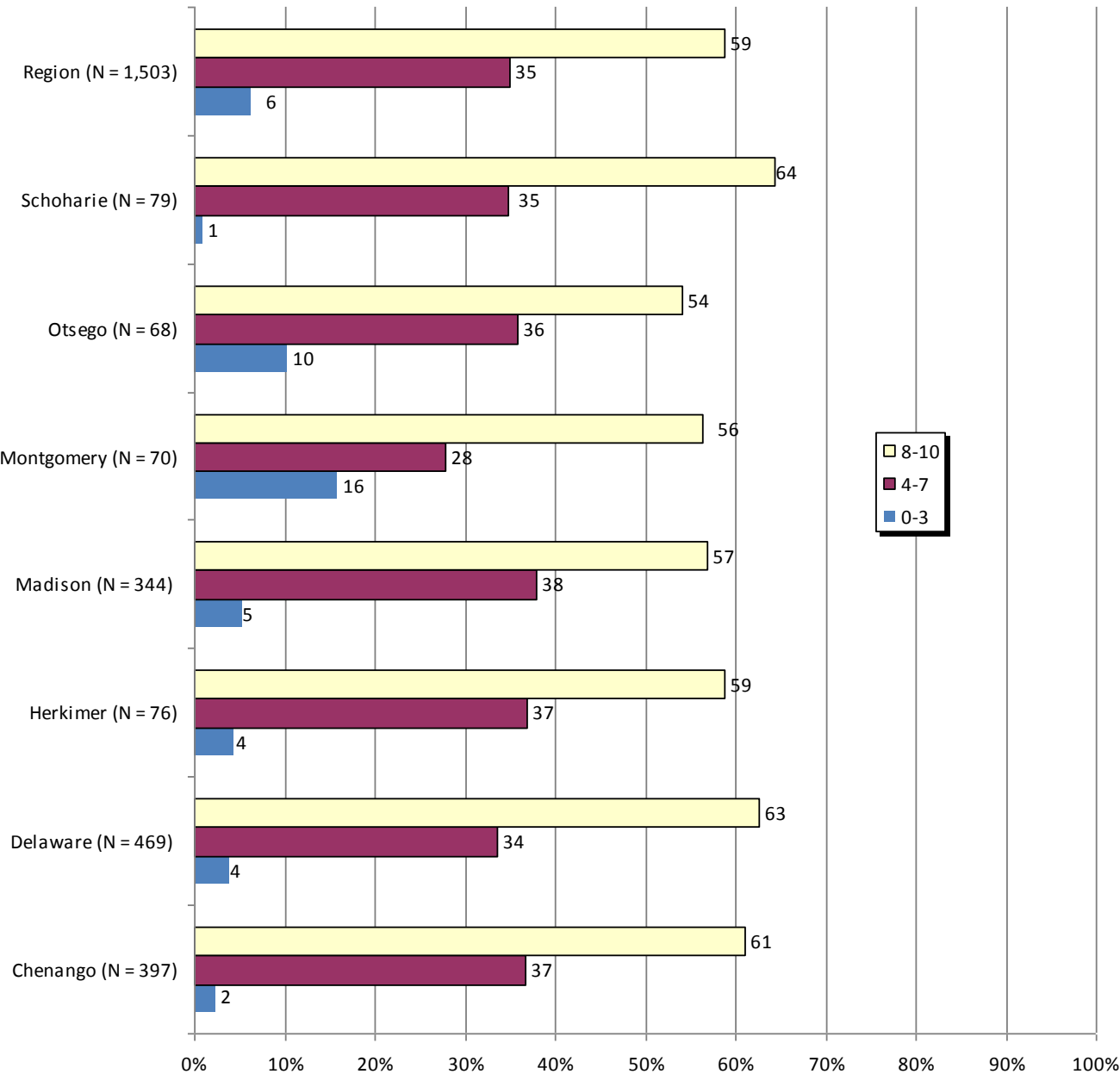
**Figure B1: Weighted proportion of insurance coverage for respondent**

Q1: Please describe your health insurance coverage



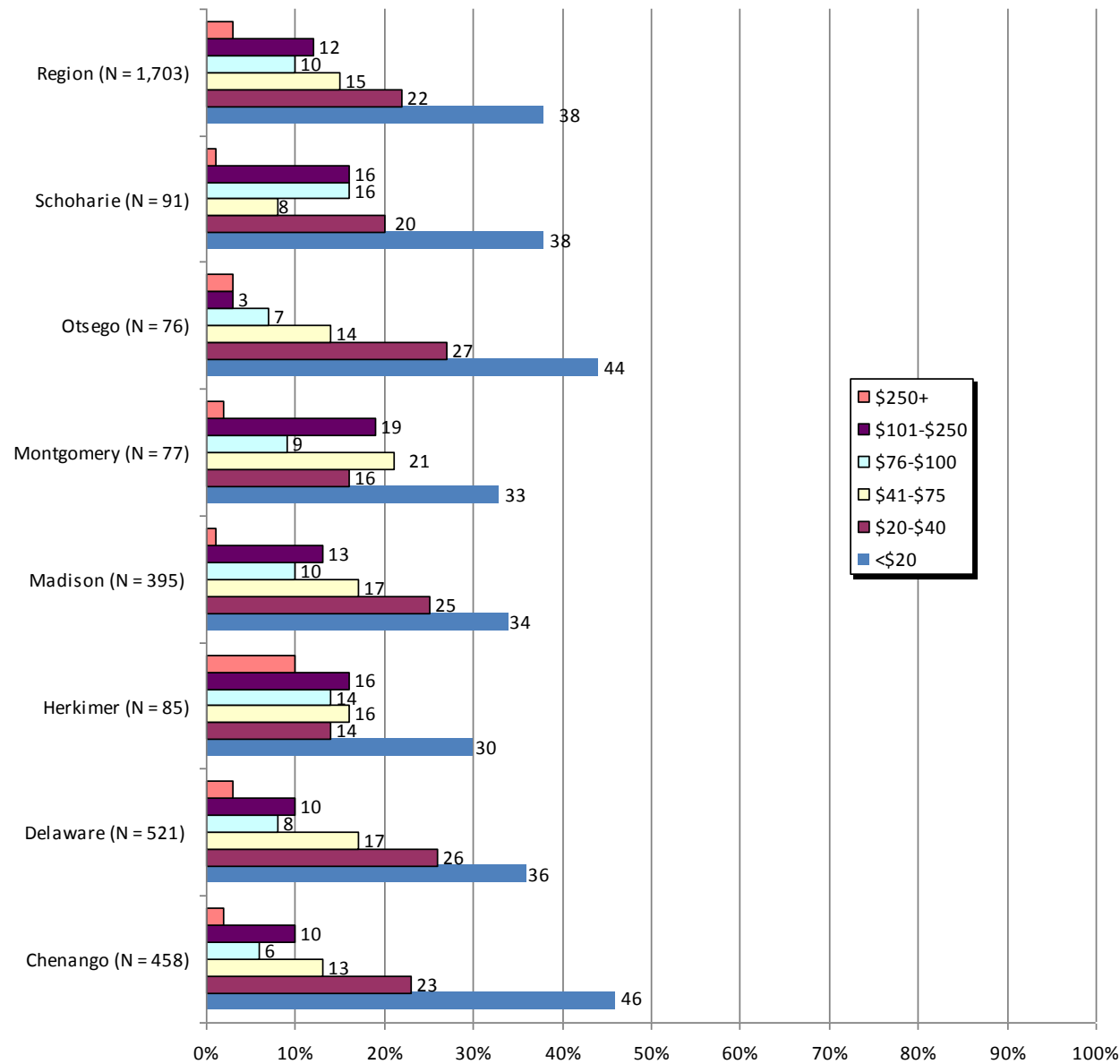
**Figure B2: Weighted proportion of insurance rating of insured respondents**

Q3: Using any number from 0 to 10 where 0 is the worst plan possible and 10 is the best plan possible, how would you rate your current health insurance plan?



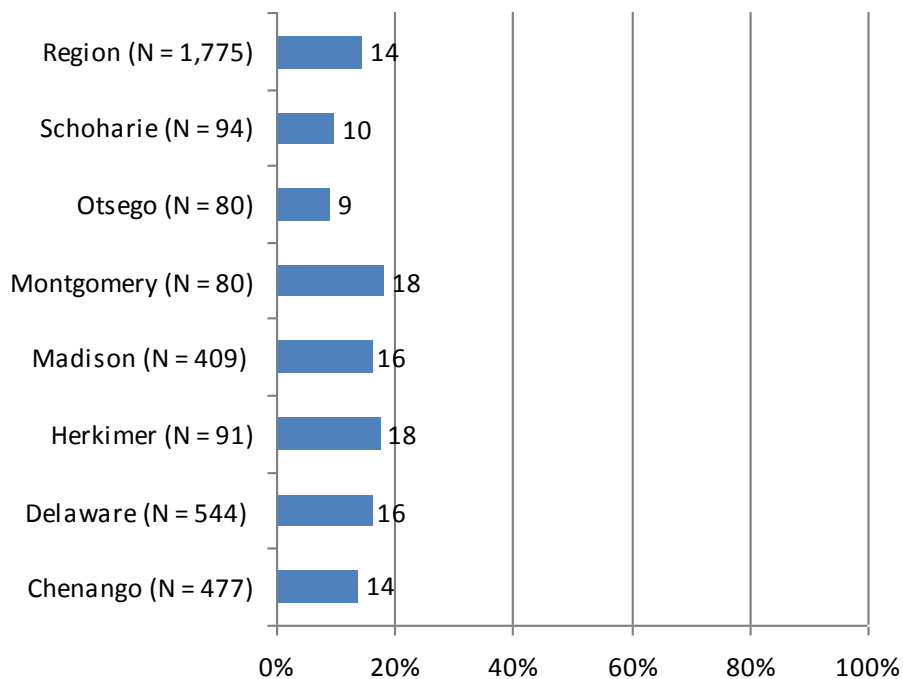
**Figure B3: Weighted proportion of out of pocket cost for prescription drugs**

Q5: How much do you have to pay each month out of pocket for your prescription medications?



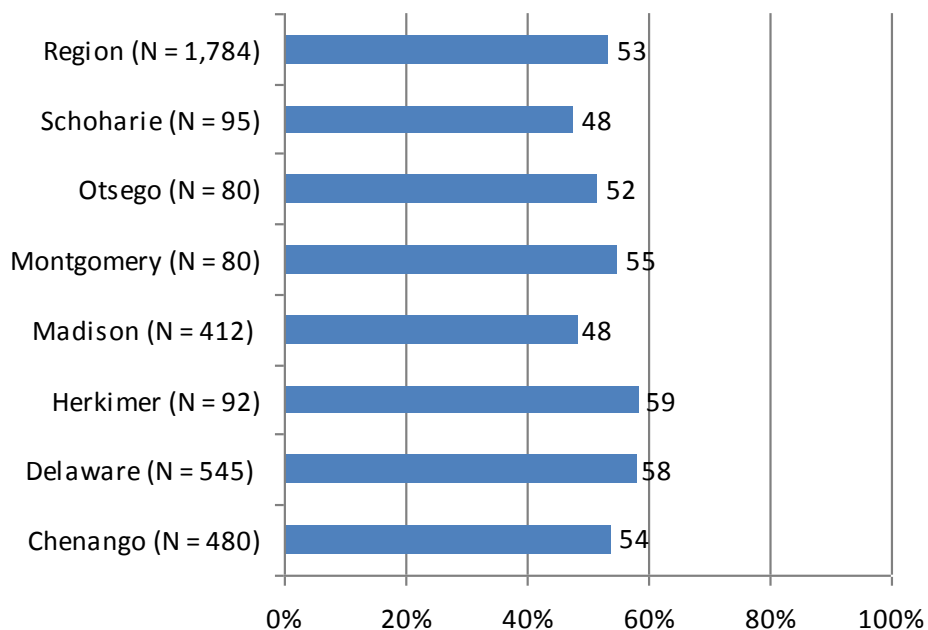
### Figure B4: Weighted proportion of respondents unable to afford prescriptions

Q37. During the past 12 months, was there any time you needed prescription medications but didn't get them because you couldn't afford them?



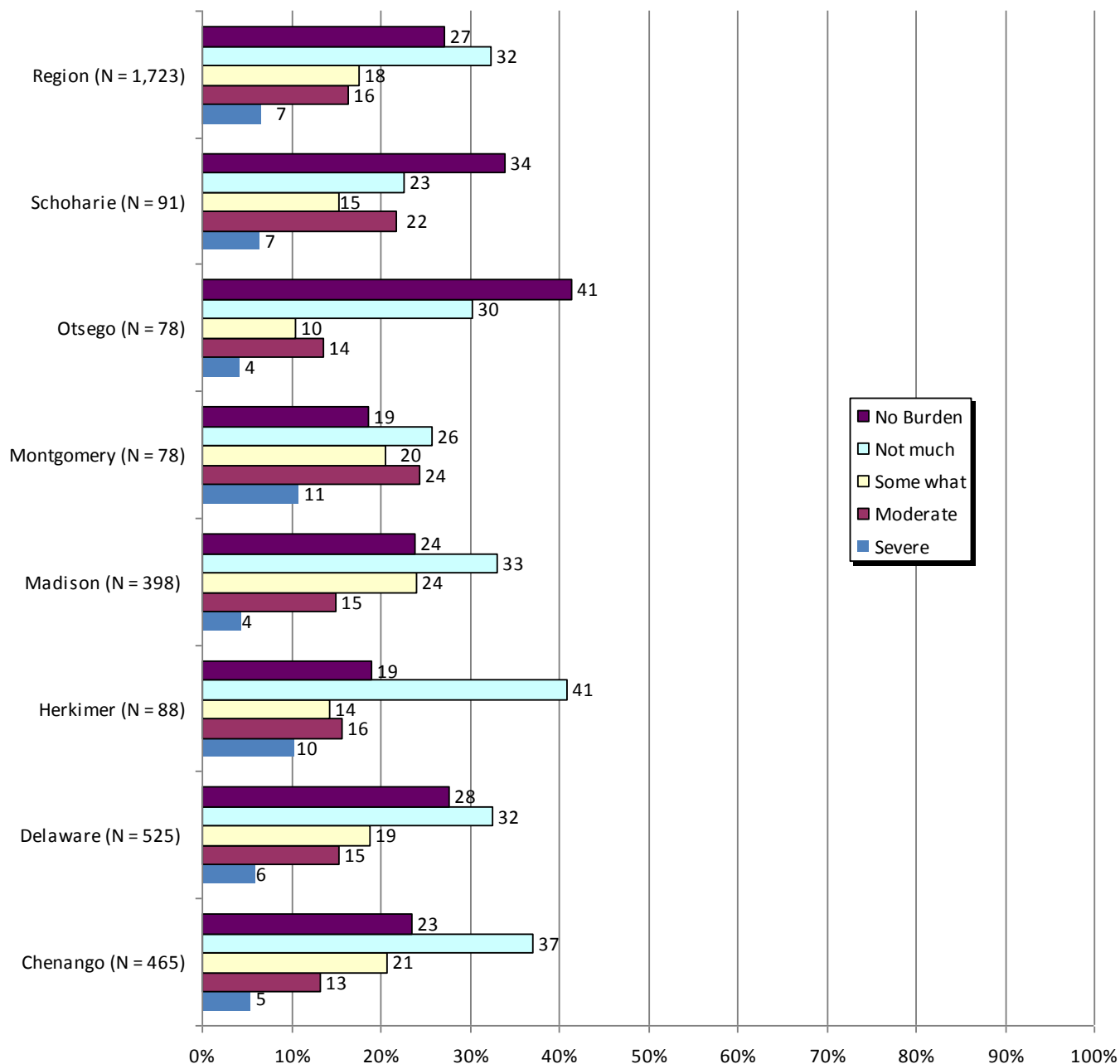
### Figure B5: Weighted proportion of respondents without dental insurance

Q7. Covered by dental insurance plan?



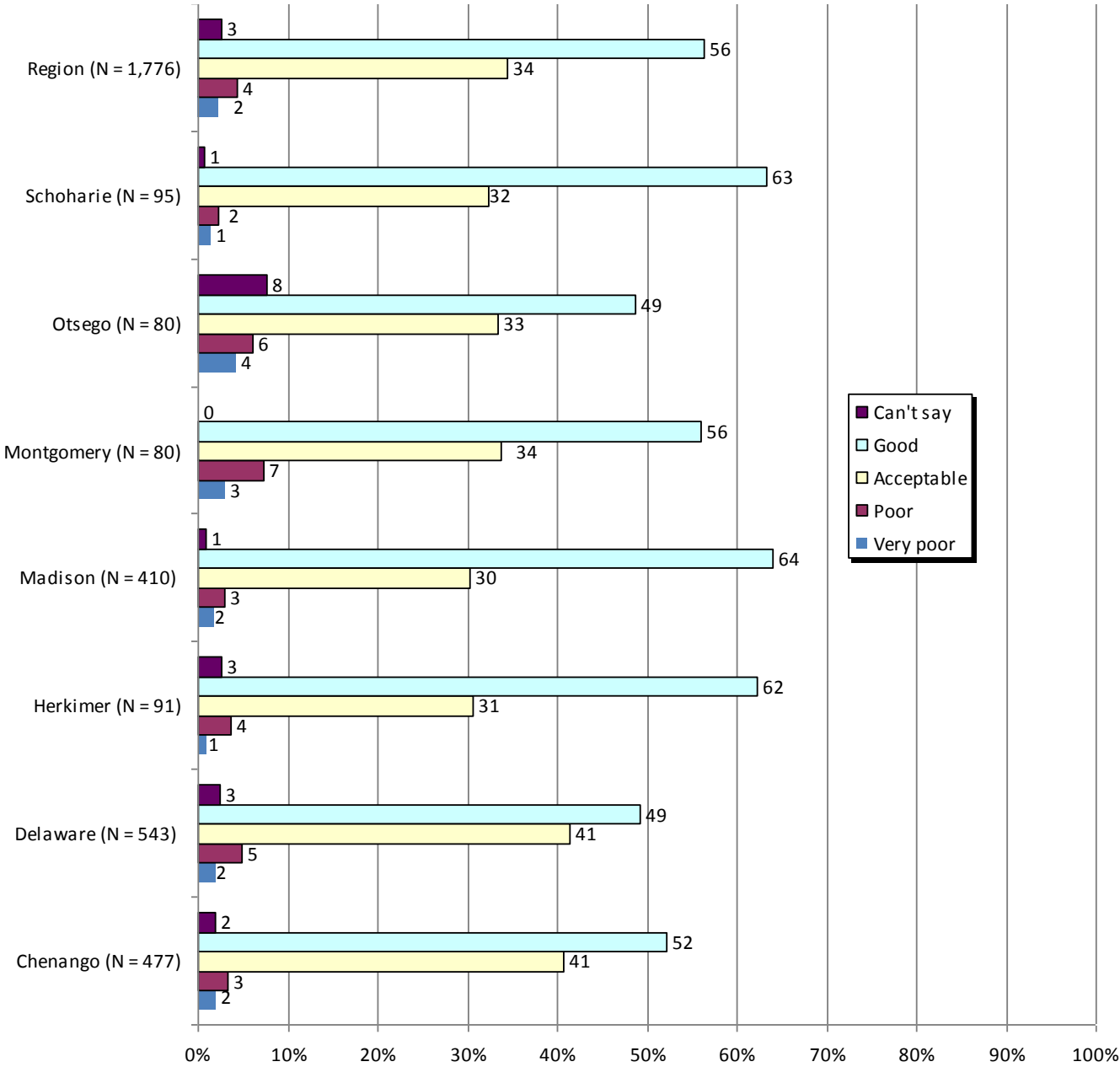
## Figure B6: Weighted proportion of respondent's assessment of their medical cost burden

Q6. How much of a burden have your medical costs been to you over the past year?



**Figure B7: Weighted proportion of respondent’s perception of their access to health care**

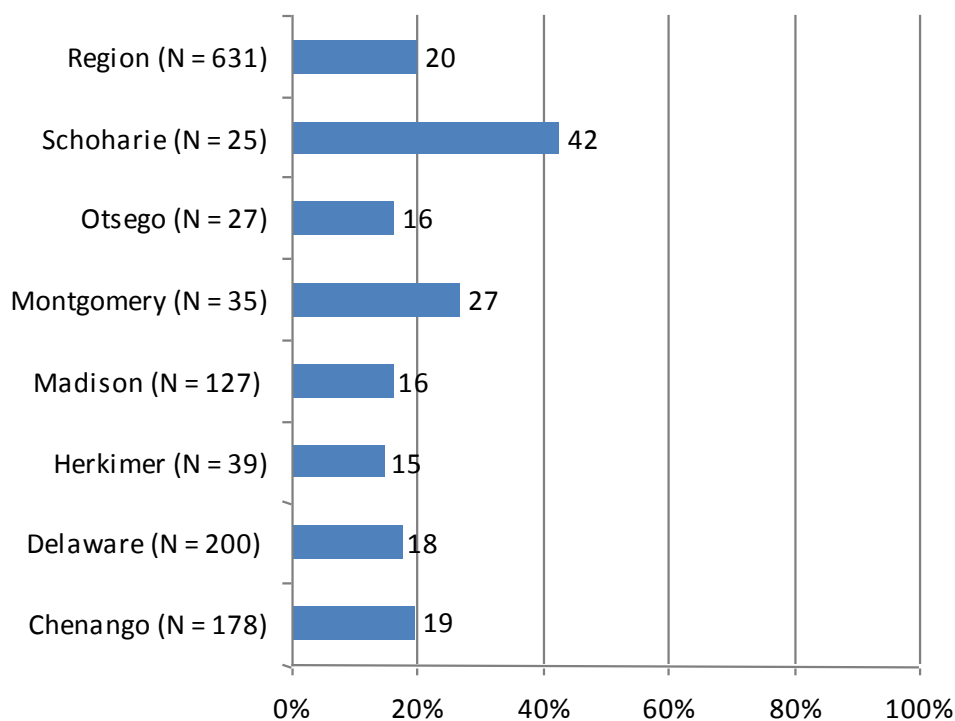
Q23. In general, how would you rate the access to health care for you and your family?





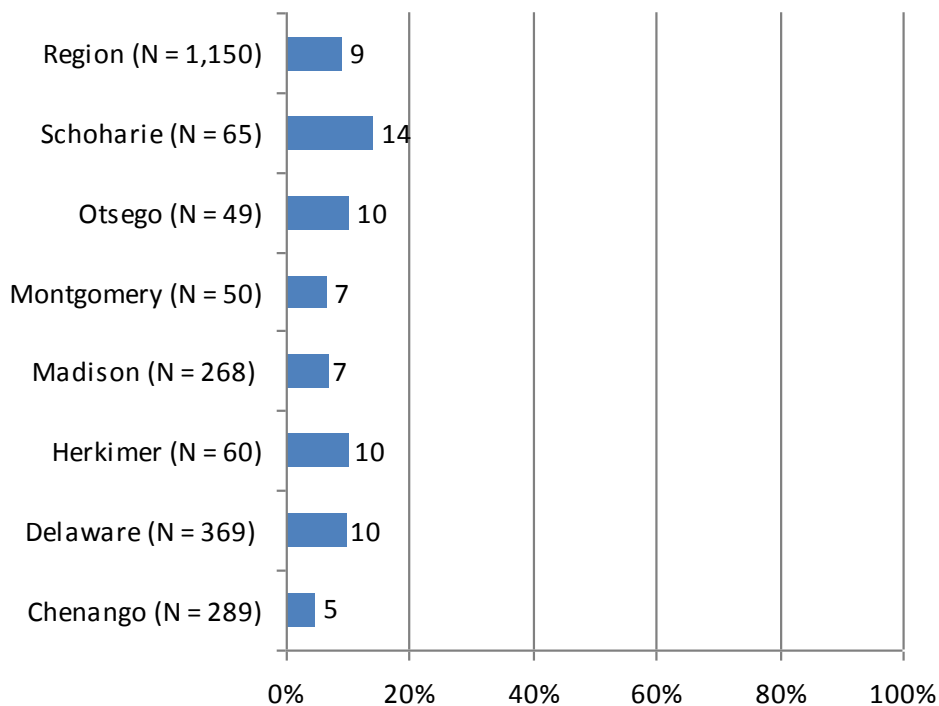
**Figure B8: Weighted proportion of respondents delaying procedure(s) recommend by provider**

Q38a. Did you get the procedure that was recommended or put it off?



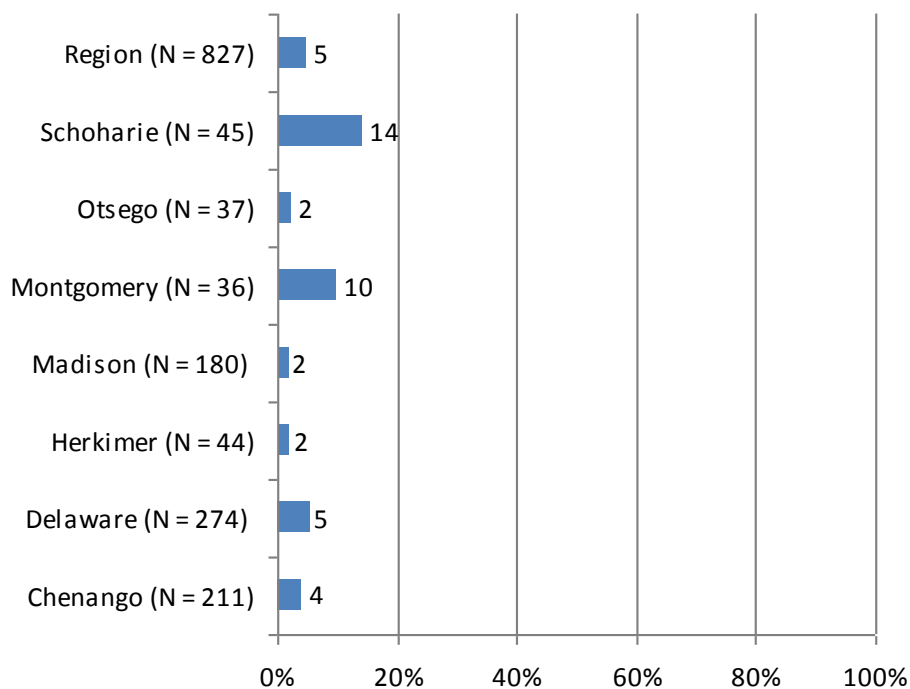
**Figure B9: Weighted proportion of respondents delaying test recommend by provider**

Q39a. Did you get the test that was recommended or put it off?



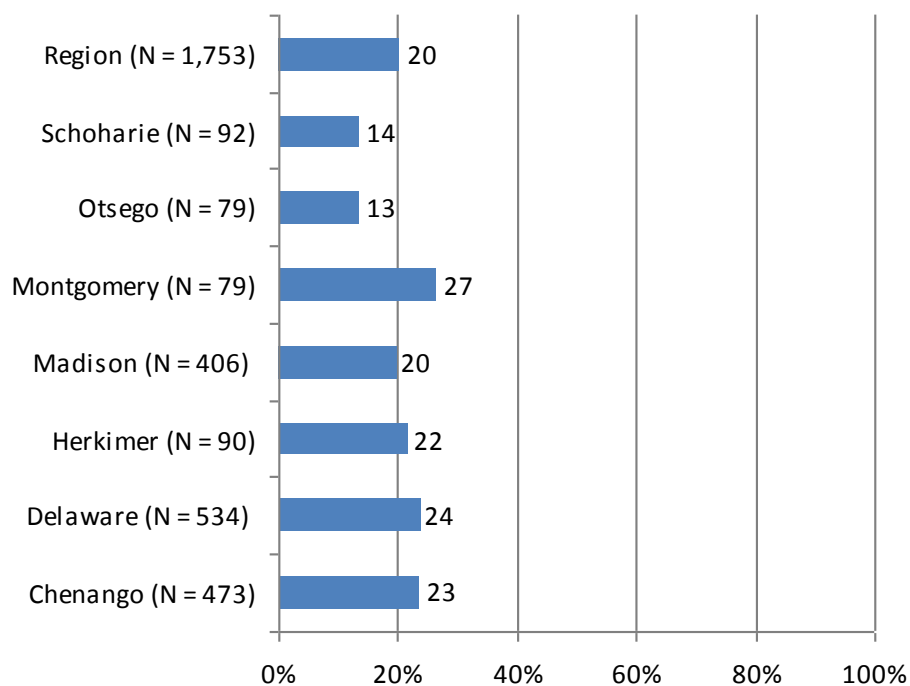
**Figure B10: Weighted proportion of respondents that delayed seeing a specialist**

Q40a. Did you see the recommended specialist or put it off?



**Figure B11: Weighted proportion of respondents experiencing problems paying medical bills**

Q43. During the last 12 months, have you or your family had any problems paying medical bills?



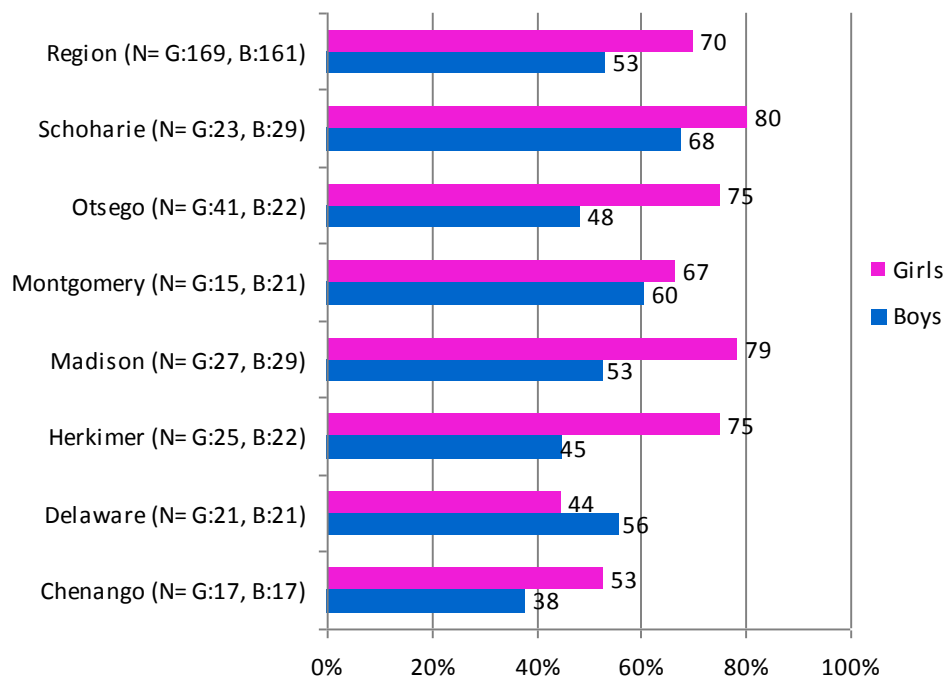
# Child Lifestyle & Behavior Choices

**Figure C1: Weighted proportion of children not meeting physical activity recommendation**

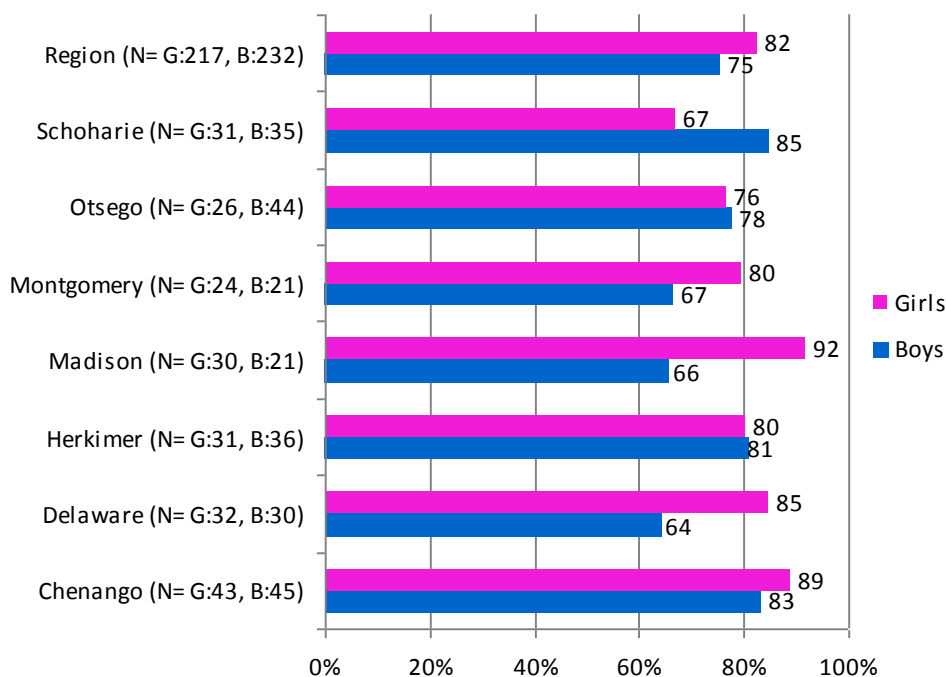
Recommendation: 60 minutes or more of physical activity daily<sup>2</sup>

Q14. During the past week, on how many days was this child physically active for a total of at least 60 minutes per day?

## 5-11 year olds



## 12-18 year olds



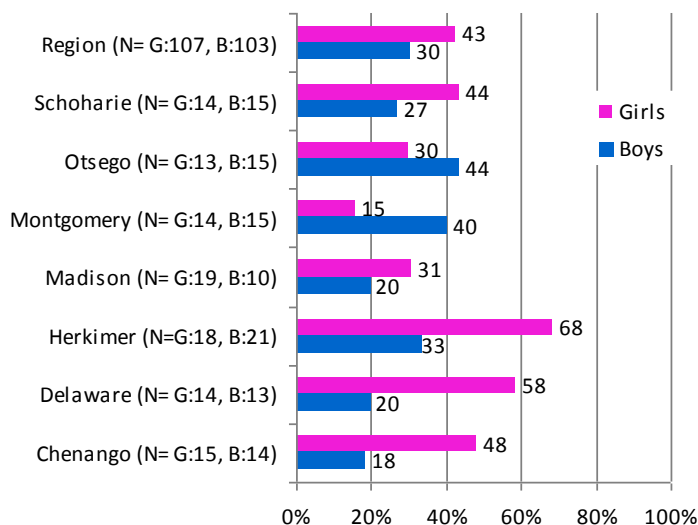
<sup>2</sup> U.S. Department of Health and Human Services. (2008). 2008 Physical Activity Guidelines for Americans. Retrieved June 24, 2011 from <http://www.health.gov/paguidelines/pdf/paguide.pdf>.

## Figure C2: Weighted proportion of children not meeting screen time recommendation

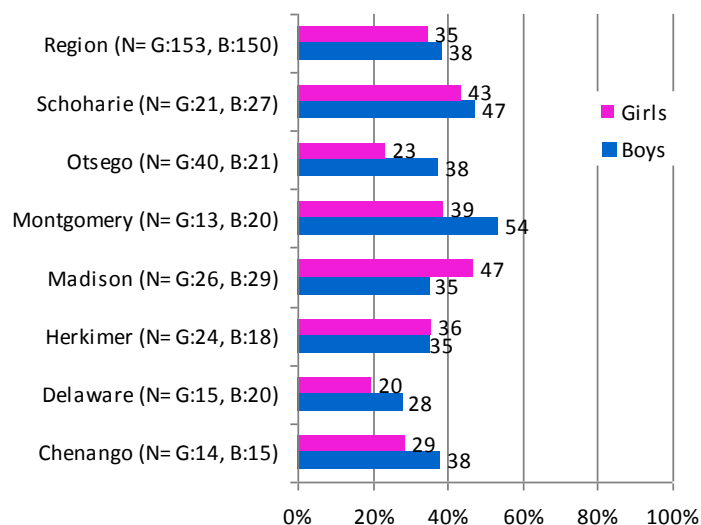
Recommendation: no more than 1-2 hours of quality programming per day<sup>3</sup>

Q19. On average, how much time per day does this child sit and watch TV and videos?

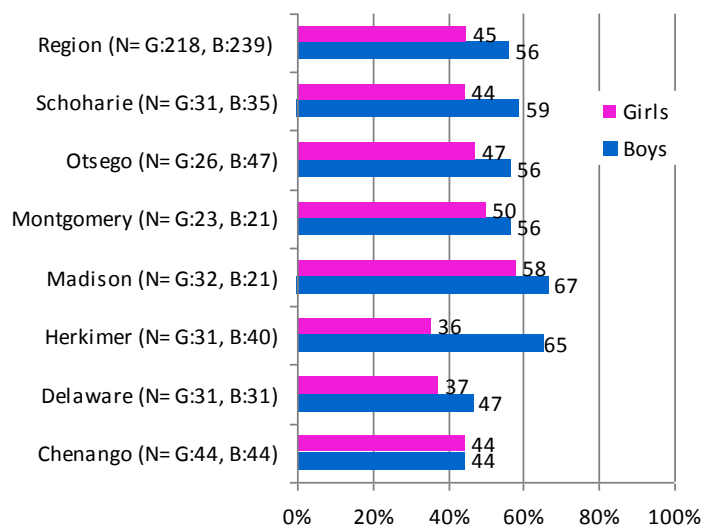
### 2-5 year olds



### 6-11 year olds



### 12-18 year olds

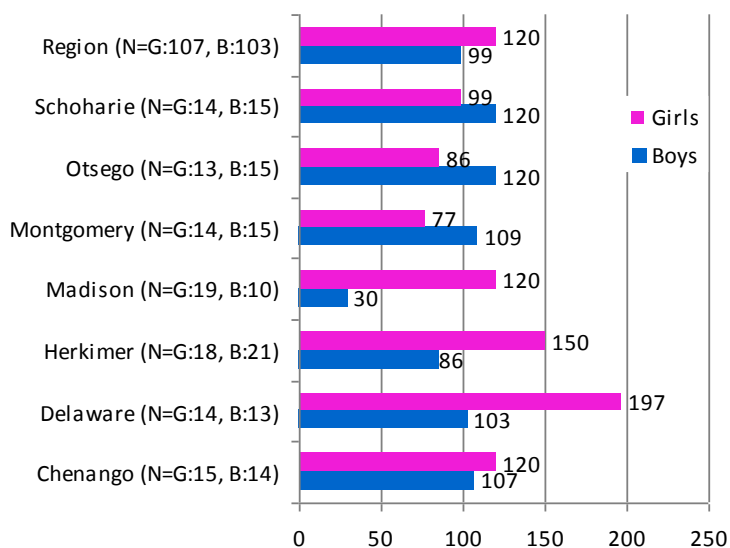


<sup>3</sup> American Academy of Pediatrics Committee on Public Education. (February 2001). Children, Adolescents, and Television. Pediatrics, 107(2), 423-426.

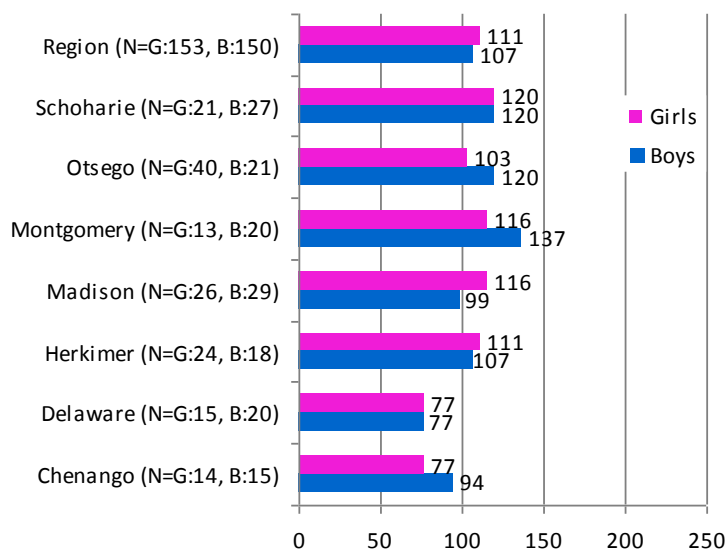
## Figure C3: Weighted median number of minutes watching TV

Q19. On average, how much time per day does this child sit and watch TV and videos?

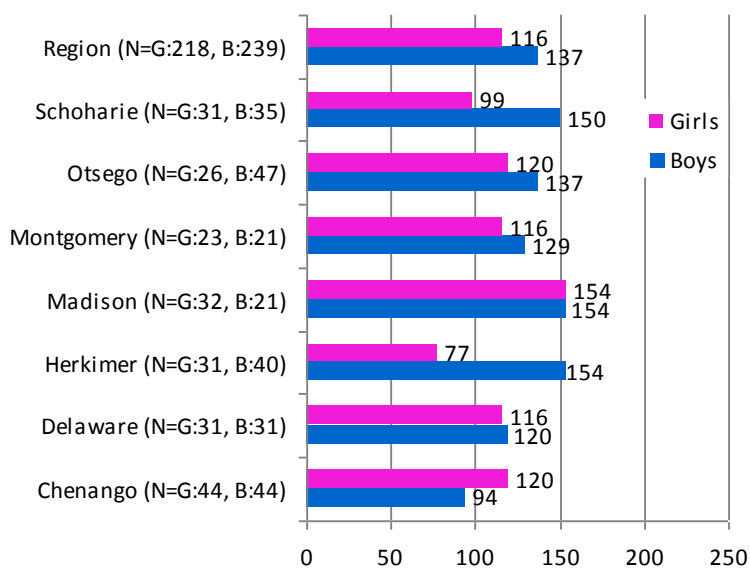
### 2-5 year olds



### 6-11 year olds



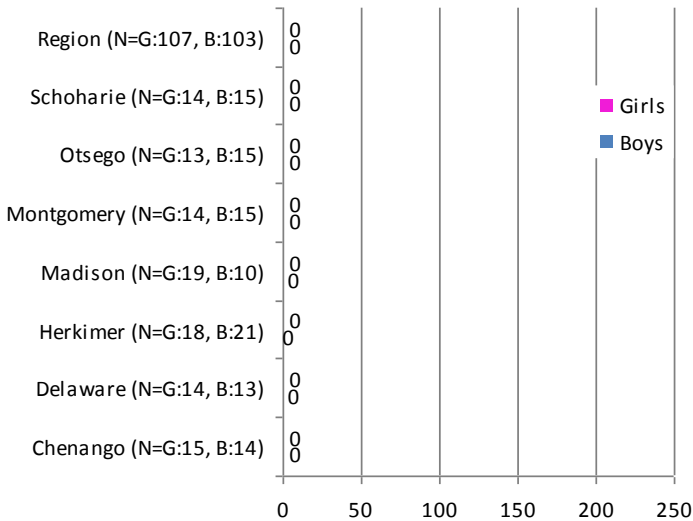
### 12-18 year olds



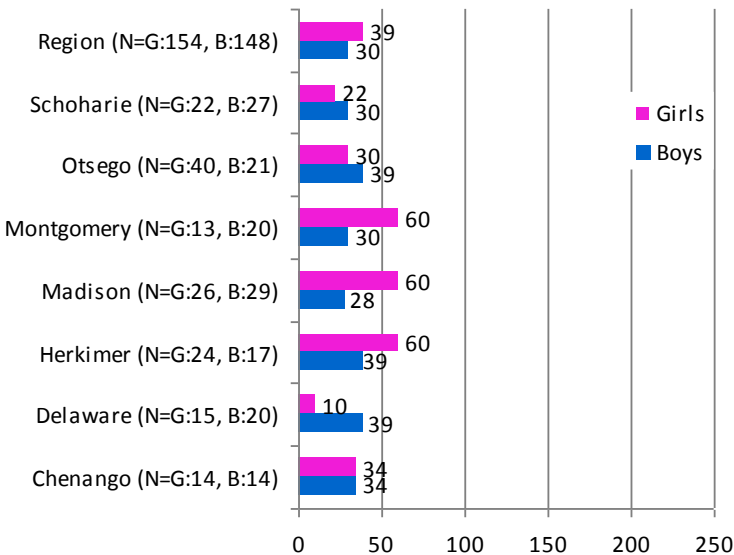
**Figure C4: Weighted median number of minutes using a computer**

Q20. On average, how much time per day does this use a computer for purposes other than schoolwork?

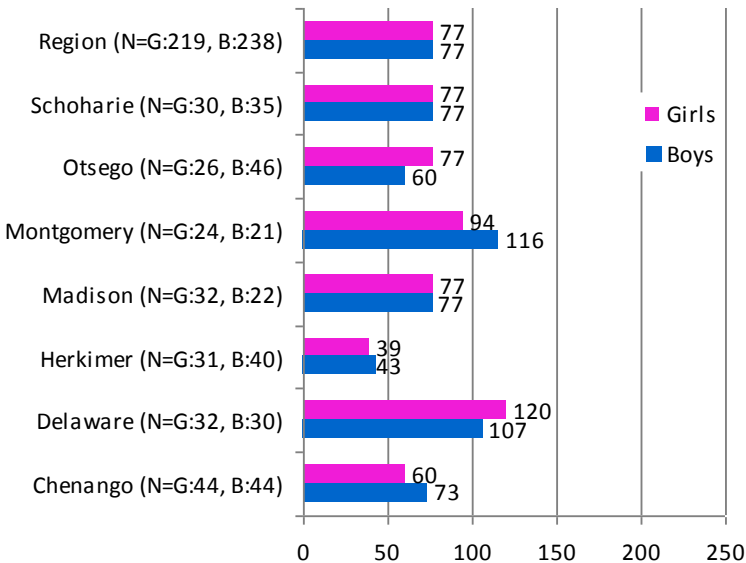
**2-5 year olds**



**6-11 year olds**



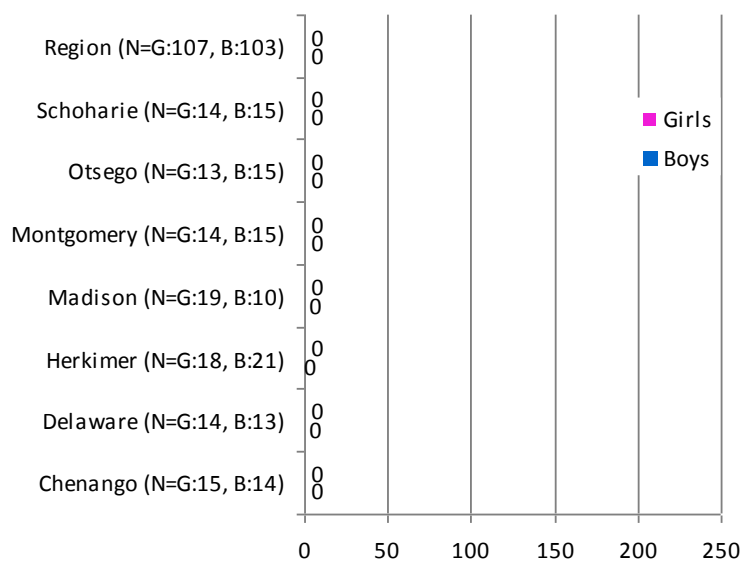
**12-18 year olds**



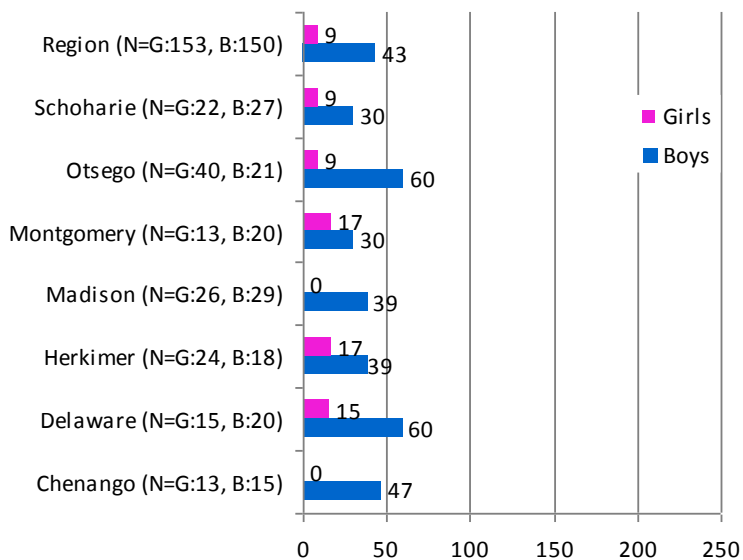
## Figure C5: Weighted median number of minutes playing videogames

Q21. On average, how much time per day does this child play video games (e.g. PlayStation, Xbox, Nintendo, DS)?

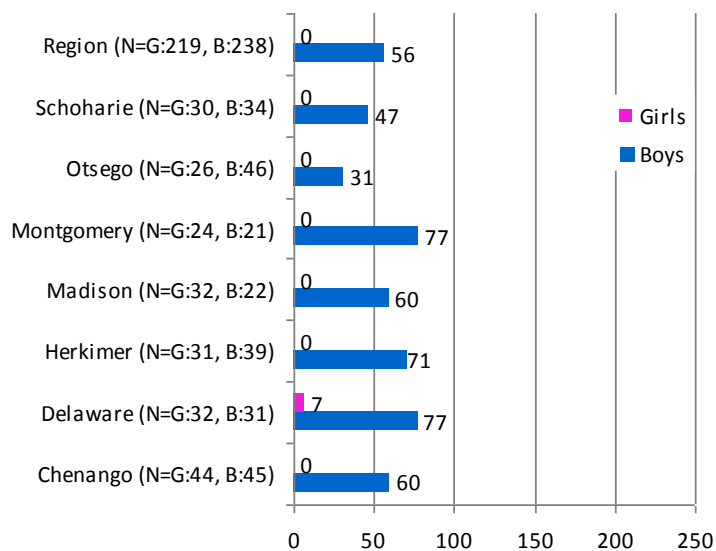
### 2-5 year olds



### 6-11 year olds



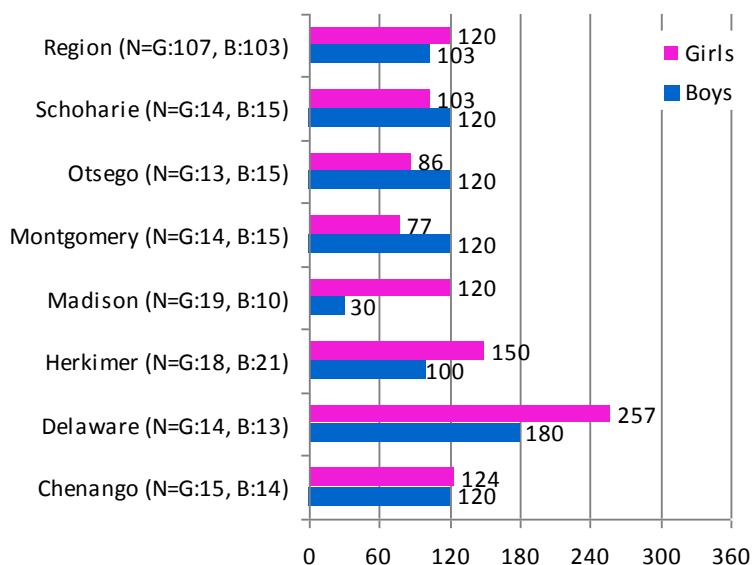
### 12-18 year olds



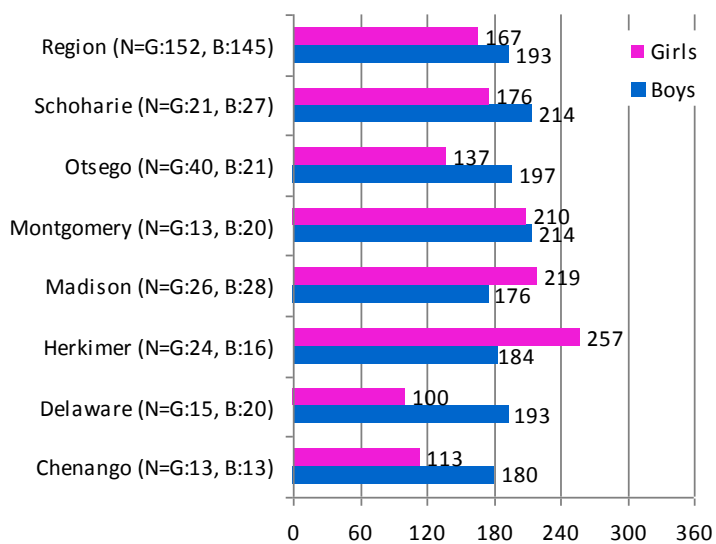
**Figure C6: Weighted median screen time minutes per day**

TV, computer, and video games combined

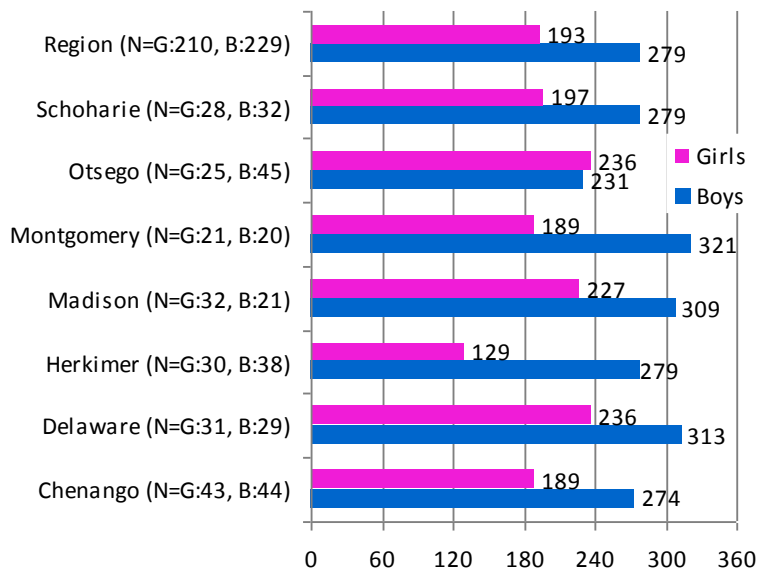
### 2-5 year olds



### 6-11 year olds



### 12-18 year olds

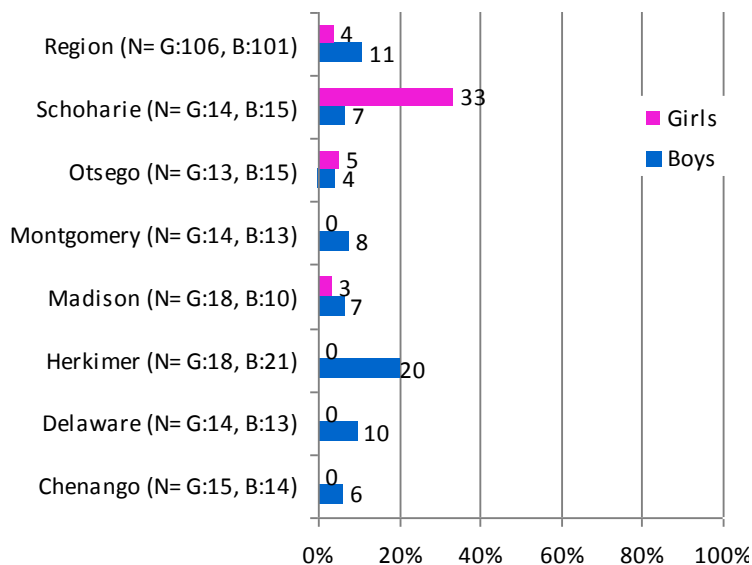




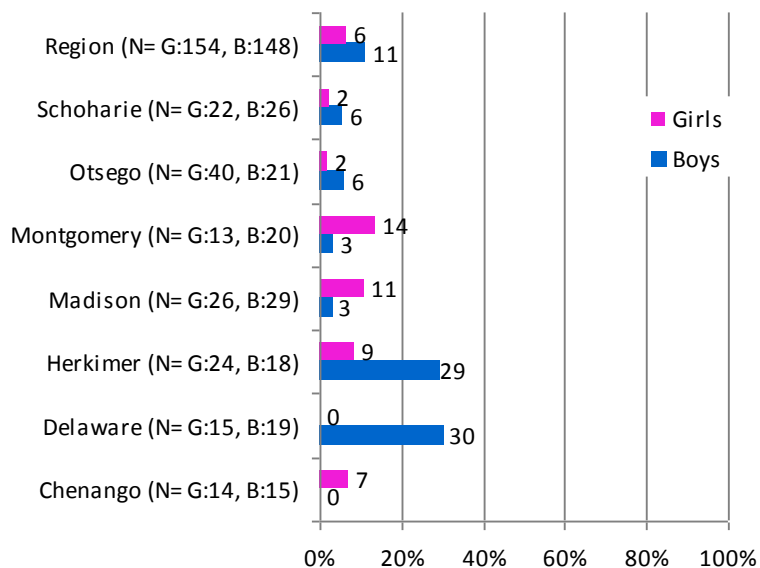
## Figure C7: Weighted proportion of children not eating vegetables

Q28. When eating at home, does this child eat...vegetables (fresh/frozen/canned)?

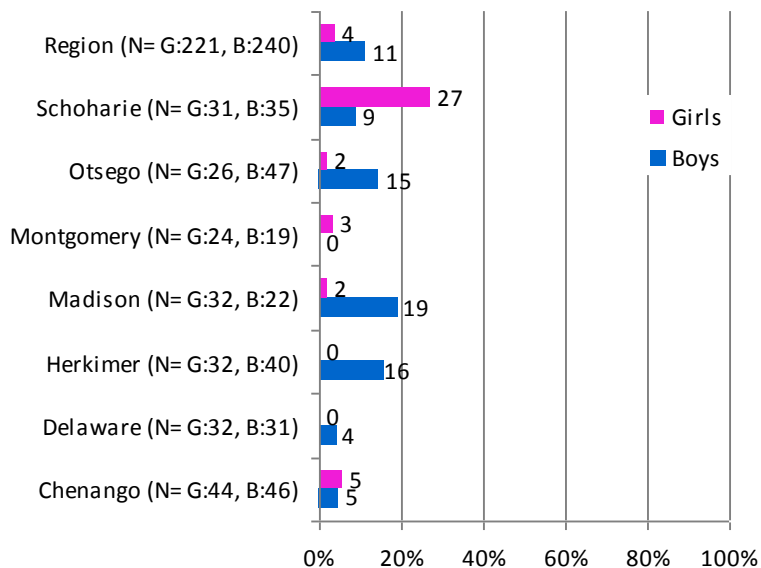
### 2-5 year olds



### 6-11 year olds



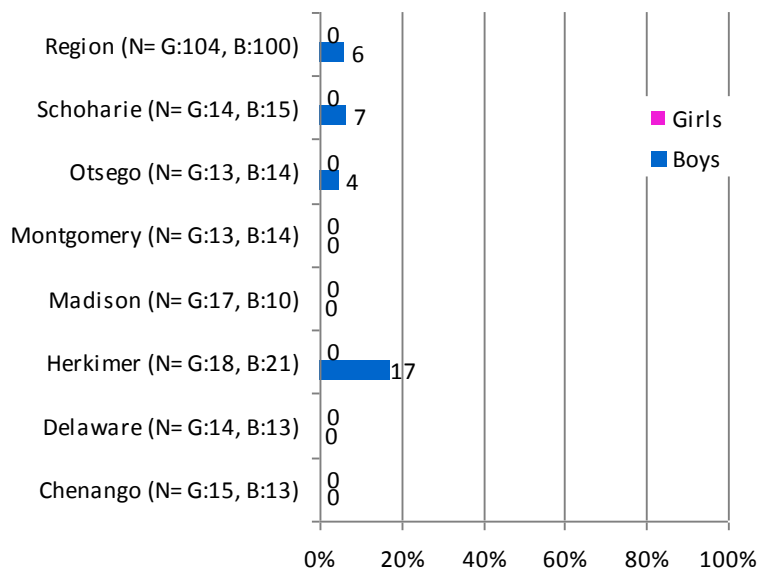
### 12-18 year olds



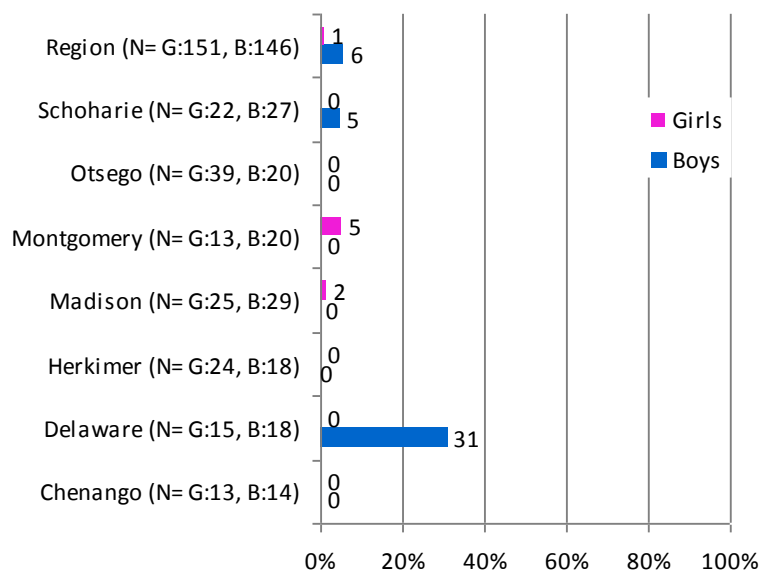
**Figure C8: Weighted proportion of children not eating fruit**

Q28. When eating at home, does this child eat...fruit (fresh/frozen/canned)?

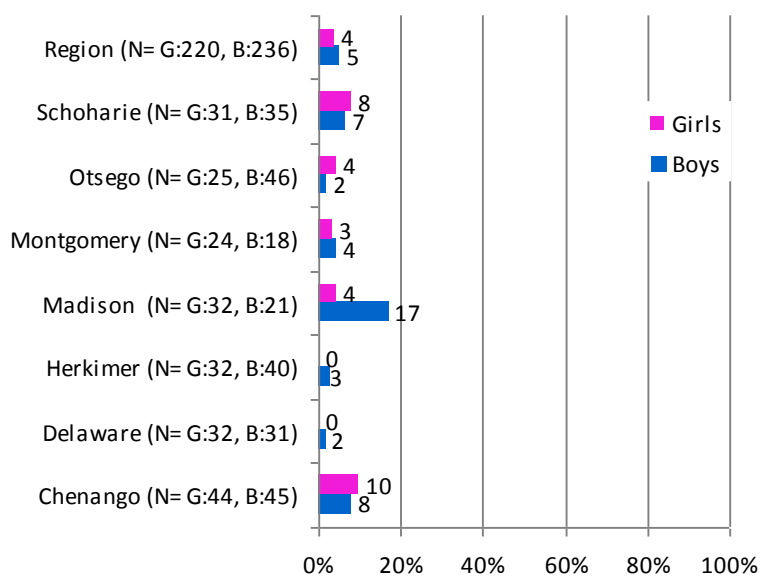
### 2-5 year olds



### 6-11 year olds



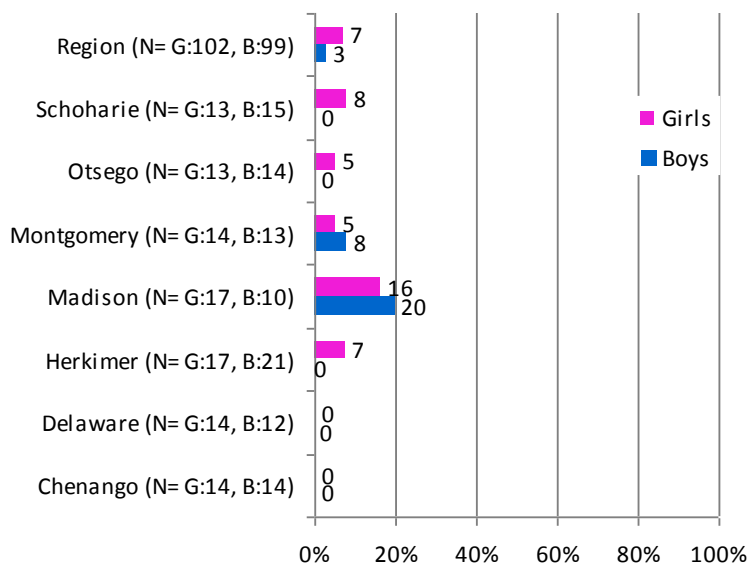
### 12-18 year olds



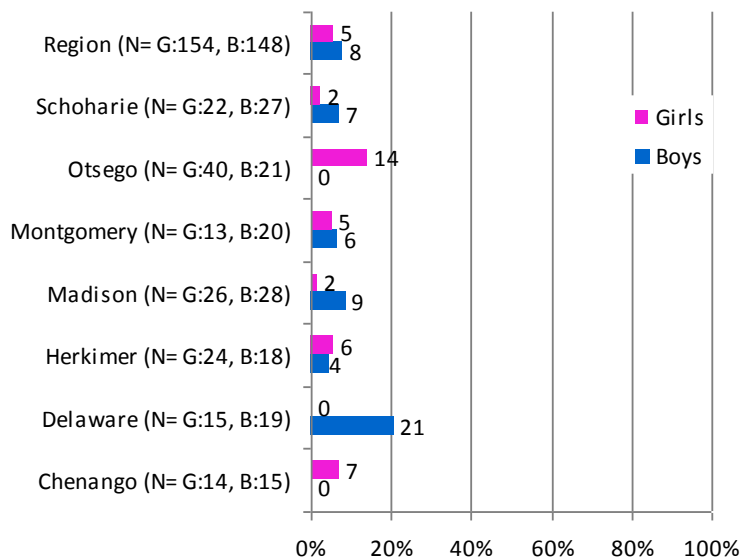
## Figure C9: Weighted proportion of children not eating whole grains

Q28. When eating at home, does this child eat...whole grain products (bread/pasta)?

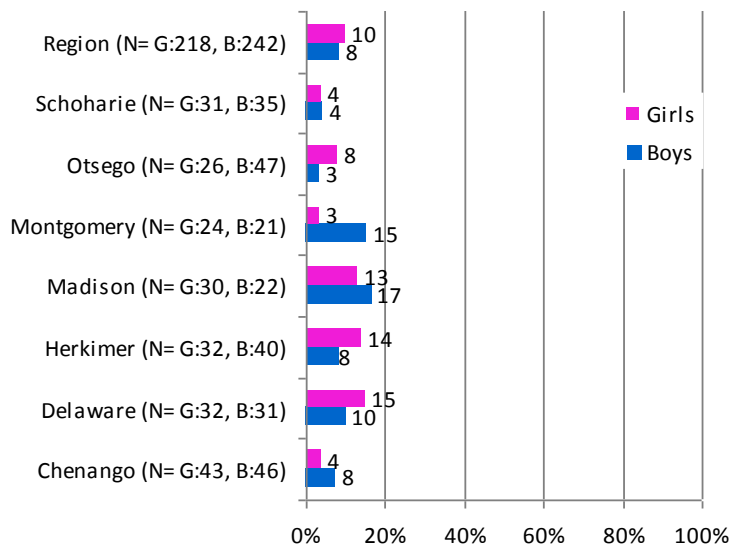
### 2-5 year olds



### 6-11 year olds



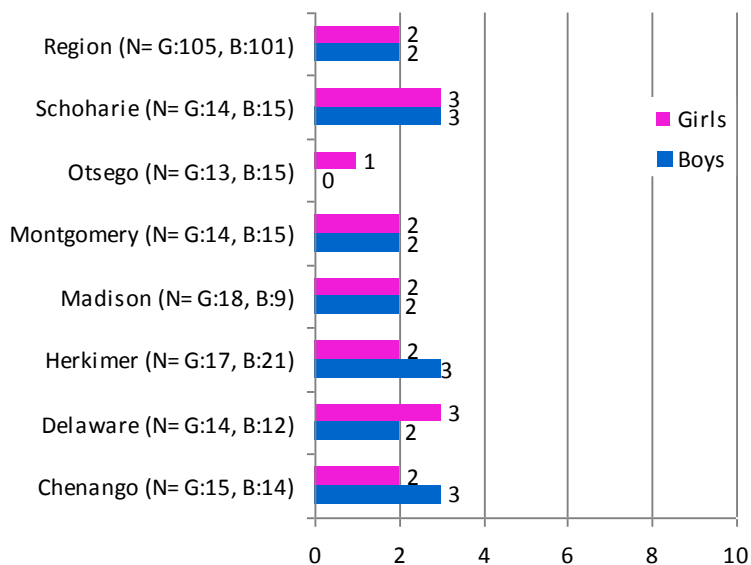
### 12-18 year olds



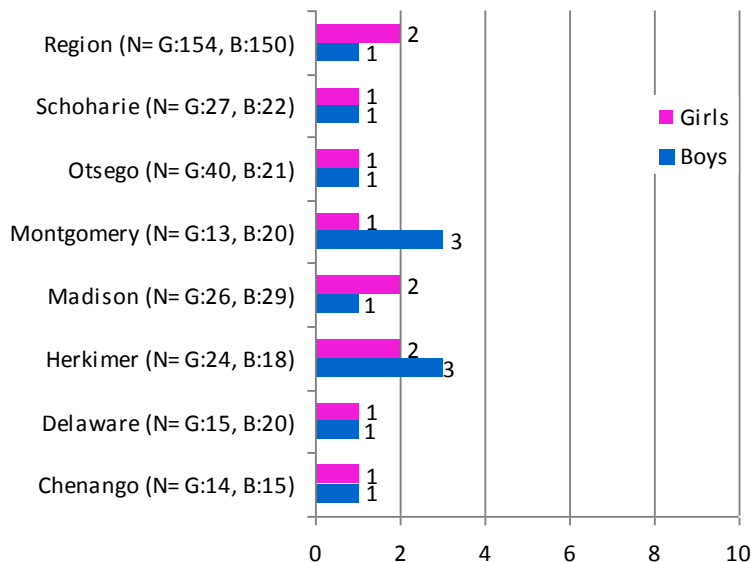
**Figure C10: Weighted median times sugar sweetened beverages are consumed daily**

Q30. How many times per day does this child drink regular (not diet) soft drinks, sweetened iced tea, fruit drinks and fruit aides?

### 2-5 year olds



### 6-11 year olds



### 12-18 year olds

