



# **Monroe County**

## **Adult Health Survey, 2012**

Excelsus BlueCross BlueShield

Greater Rochester Health Foundation

Highland Hospital

Lakeside Health System

Monroe County Department of Public Health

Rochester General Health System

Unity Health System

University of Rochester - Center for Community Health

University of Rochester Medical Center

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## EXECUTIVE SUMMARY

The Adult Health Survey (AHS) is a landline/cell phone survey of over 1,800 Monroe County adults that was conducted in the spring and summer of 2012. The purpose of the survey is to provide information about the prevalence of health behaviors and health status indicators among adult residents of the county. Previous Monroe County surveys were conducted in 1997, 2000 and 2006. The response rate of the 2012 survey was comparable to similar health surveys conducted in the US.

Key findings of the 2012 survey include:

- 14% reported fair/poor health status
- 9% reported frequent mental distress
- 8% of adults age 18-64 do not have health insurance
- 75% of older adults (age 65+) received a flu shot in the past year
- 81% of older adults (age 65+) ever received a pneumonia shot
- 83% of women 40 and older had a mammogram in the past two years
- 76% of adults aged 50+ had appropriate screening for colorectal cancer
- 10% of all adults have diabetes (13% of those ages 35 and older)
- 32% of all adults have high blood pressure (41% of those ages 35 and older)
- 33% have high cholesterol
- 66% are obese or overweight (30% are obese and another 36% are overweight)
- 84% engaged in leisure-time physical activity in the past month
- 28% consumed fruit or fruit juice less than one time per day, in the past month
- 20% consumed vegetables less than one time per day, in the past month
- 16% smoke cigarettes

There are significant differences by residence (city/suburbs) and race/ethnicity as shown below.

Health indicator	City/Suburbs	African American/White	Latino/White
Fair or poor health status	21% vs. 11%	20% vs. 13%	20% vs. 13%
Worked less carefully due to emotional problems all/most of time, in past month	9% vs. 3%	10% vs. 3%	10% vs. 3%
Do not have health insurance coverage (age 18-64)	14% vs. 5%	15% vs. 6%	15% vs. 6%
Have diabetes (age 35 and older)	19% vs. 12%	24% vs. 12%	19% vs. 12%
Have high blood pressure (age 35 and older)	50% vs. 39%	64% vs. 39%	42% vs. 39%
Are obese	36% vs. 27%	38% vs. 27%	41% vs. 27%
Engaged in leisure-time physical activity in past month	75% vs. 87%	70% vs. 88%	74% vs. 88%
Consume less than one fruit/juice per day	33% vs. 26%	36% vs. 26%	42% vs. 26%
Consume less than one vegetable per day	30% vs. 16%	39% vs. 16%	31% vs. 16%
Smoke cigarettes	25% vs. 13%	23% vs. 15%	No difference

Improving trends between 2000 and 2012 include:

- A decline in the rate of smoking – county, suburbs
- An increase in the percentage who received counseling from their health care provider in the past year related to lifestyle changes

Worsening trends between 1997 and 2012 include:

- An increase in those reporting fair or poor health- city
- An increase in those reporting functional limitations due to health/mental health problems-city
- An increase in the rate of obesity - county, city and suburbs
- Increases in the rates of diabetes and high blood pressure – county, city and suburbs

# INTRODUCTION

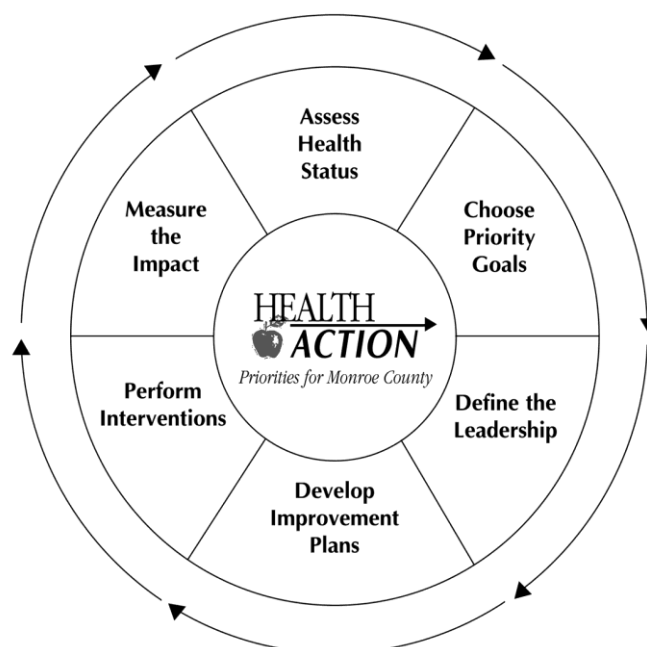
## **Background**

The Monroe County Department of Public Health (MCDPH) conducted the fourth Adult Health Survey with the generous support from the Greater Rochester Health Foundation, Excellus BlueCross BlueShield, Highland Hospital, Lakeside Health System, Rochester General Health System, Unity Health System and the University of Rochester Medical Center. Technical assistance was provided by the University of Rochester's Center for Community Health and the Department of Public Health Sciences. Previous surveys were conducted in 1997, 2000 and 2006.

The purpose of conducting the Monroe County Adult Health Survey (AHS) is to provide information about the prevalence of health behaviors and health status indicators among adult residents of the county. While there are county-level data available from other sources including the Behavioral Risk Factor Surveillance System, the sample sizes of these surveys are not large enough to do sub-county analysis. County-wide survey results often mask serious health issues/inequities in our community. Conducting the AHS allows us to identify disparities at the sub-county level and provides data to support targeting of interventions.

The survey results are used to evaluate community programs, justify funding, and set priorities as part of the community health improvement initiative called **HEALTH ACTION**. This initiative incorporates the concepts of action based on data (health report cards), community participation in setting priorities for action, and collaboration among community-based agencies and health care providers to address common health goals and evaluate results.

The overall goal of **HEALTH ACTION** is to improve the health of the citizens of Monroe County by aligning community resources to focus on selected priorities for action. **HEALTH ACTION** facilitates collaboration and cooperation among providers, agencies and businesses to benefit the community by concentrating resources where they are most likely to impact health status. The health improvement process used by **HEALTH ACTION** is depicted below.



Health “report cards” are available for three focus areas: **Maternal/Child Health**, **Adolescent Health**, and **Adult Health** (available at [www.healthaction.org](http://www.healthaction.org)). These survey data will be included in the Adult Health Report Card.

This report reviews the survey methodology and highlights the results of the 2012 survey, trends and comparisons to the New York State Behavioral Risk Factor Surveillance System (BRFSS) results (when available).

## **Survey Methodology**

From May to July of 2012, Gilmore Research Group (GRG) administered the Adult Health Survey on behalf of the Monroe County Department of Public Health (MCDPH). The sample included completed interviews with 1,461 landline respondents and 355 cell phone respondents. The survey included questions from CDC’s Behavioral Risk Factor Surveillance System (BRFSS), the National Health Interview Survey and questions developed locally.

A random sample of addresses was obtained from the US Postal Service’s Computerized Delivery Sequence File, which is a near-universal listing of all addresses in the county. We oversampled in zip codes within Monroe County with higher proportions of African American and Latino residents, and residents with limited income in order to obtain sufficient numbers of respondents in these populations. Landline telephone numbers were then matched to these addresses and pre-notification letters were sent from the Monroe County Department of Public Health explaining the survey. Households contacted by phone were screened for the number of adult males and females, and the computer randomly selected the member required to be interviewed.

For the cell phone mode, a random cell phone sample was purchased from MSG/Genysys. This sample was drawn using switch-center-based construction. Switch-center based sampling frames for random digit dial (RDD) cell phone populations allows greater precision in targeting smaller, usually county-based, geographical targeting than traditional area code-based cellular sampling frames. Switch or wire centers refers to the organization of the local telephone exchange system, with each center serving a unique set of exchanges and their associated telephone numbers. Newly assigned cellular telephone numbers are assigned to the user’s nearest switch center, which has been proven to show a higher correlation between the cell phone owner and their home location than the alternative of area code based RDD cell phone populations. Because the number of switch centers in a given geographical region is directly proportionate to its population, this methodology favors densely populated metropolitan areas.

Near the end of the fielding, there was difficulty in achieving a desired representation of Latino respondents. To enlarge this sample, an additional 900 sample records were pulled by Hispanic surname and introduced for landline calling.

Response rates were calculated separately for landline and cell phone mode using the CASRO formula. The response rate for the landline mode was 22% and 24% for the cell phone mode. These rates are comparable to the rates from urban areas included in the California Health Interview Survey (CHIS), 2009.<sup>1</sup> Results from the CHIS show that with increasing population density, there is a decline in the response rate. Therefore, given that we oversampled in city zip codes, which have denser populations,

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<sup>1</sup> CHIS Methodology Report Series: Report 4 – Response Rates, 2011. [http://healthpolicy.ucla.edu/Documents/Newsroom%20PDF/CHIS2009\\_method4.pdf](http://healthpolicy.ucla.edu/Documents/Newsroom%20PDF/CHIS2009_method4.pdf)

our response rate is not surprising. The response rate in the 2006 Monroe County Adult Health Survey was 30%, 8 points higher than in 2012. It should be noted that response rates across all survey research modes, in general, have fallen dramatically over the last 10 years, so an 8 point decline since the 2006 survey is consistent with that trend.<sup>2</sup>

### **Data Cleaning and Weighting**

The survey data were checked and analyzed for inconsistent skip patterns, out-of-range values and other anomalies. Following cleaning, a raking method using the XL STAT software was used to calibrate the sample to match Monroe County’s population composition of race/ethnicity, sex, age, and area of residence to the 2010 Census. Missing values for the weighting variables were imputed separately for males and females using SAS. The sample numbers and population used for the calibration are shown in the table below.

Variable	Categories	Sample County	Sample Percentage	Population County	Population Percentage
Sex	Male	693	38.2	273,039	47.4
	Female	1123	61.8	302,606	52.6
Age Category	18-34	198	10.9	174,778	30.4
	35-49	317	17.5	149,118	25.9
	50-64	624	34.4	148,155	25.7
	65-74	397	21.9	52,071	9.0
	85+	280	15.4	51,523	9.0
Race	Latino	141	7.8	33,790	5.9
	White, not Latino	1,384	76.2	440,890	76.6
	African American, not Latino	224	12.3	73,531	12.8
	All Other races, and Multiple races	67	3.7	27,434	4.8
Area of Residence	Rochester	825	45.4	158,332	27.5
	Suburbs	991	54.6	417,313	72.5

<sup>2</sup> <http://www.people-press.org/2012/05/15/assessing-the-representativeness-of-public-opinion-surveys/>

## **Limitations of the Data**

People living in congregate-care facilities, those without landlines or cell phones, and those with a primary language other than English or Spanish were not included in the survey.

An additional limitation is that the AHS relies on self-reported data. Respondents tend to “under-report” such behaviors as alcohol or marijuana use but may “over-report” behaviors that seem desirable such as exercise or regular health screenings. The respondent’s ability to recall behaviors may also affect the accuracy of the responses.

## **Comparison to the Behavioral Risk Factor Surveillance System (BRFSS)**

In this report, results from the Monroe County AHS are compared to results from the Behavioral Risk Factor Surveillance System (BRFSS) for New York State. When the AHS was compared to the BRFSS, the differences between the two rates were noted to be statistically significant if the 95% confidence intervals for the percentages did not overlap. We compared AHS to either the 2011 or 2012 BRFSS. Questions on the BRFSS are rotated, so results for each question are not available each survey year.

- It should be noted that there are major differences in survey methodologies between the AHS and the BRFSS.
- The BRFSS is conducted throughout the year, while the 2012 AHS was administered during spring and summer months, when people tend to be more active outside and there is increased accessibility to fruits and vegetables, which most likely impacted the responses to questions about physical activity, nutrition and mental health.
- The AHS used an address based sampling methodology, while the BRFSS uses random digit dialing.
- Different methodologies were utilized to calibrate the samples to the population. The AHS used the raking methodology to calibrate the sample to the population by race, gender and residence (city vs. suburbs). For the 2011 and 2012 BRFSS, the raking method was used, but several variables were included in the calibration that were not included in the AHS calibration. These included education level, marital status, homeowner status and phone source.<sup>3</sup>
- BRFSS data are age adjusted to the 2000 US standard population. The AHS are not age adjusted, but are weighted to the Monroe County 2010 census population.

## **Comparability Between Sub-Populations in the AHS**

Data are presented by the following subpopulations: age (18-64/65+), gender (male/female), residence (city/suburbs) and race/Latino origin (African American, Not Latino/Latino/White, not Latino).

Statistical testing between sub-population groups was done in SAS. An asterisk (\*) by a percentage means there was a statistically significant difference between percentages in sub-populations. (P value less than 0.05) For differences by race/Latino origin, an asterisk means the percentage is different compared to the percentage for Whites.

The AHS results are not adjusted by age. Differences in the age distribution within sub-populations in Monroe County can have an impact on the results. City, African American and Latino populations are younger than Suburban and White populations.

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<sup>3</sup> CDC “Improving Survey Methodology”. [http://www.cdc.gov/surveillancepractice/documents/DBS\\_BRFSS%20Improvements\\_12\\_232372\\_M\\_REM\\_5\\_25\\_2012.pdf](http://www.cdc.gov/surveillancepractice/documents/DBS_BRFSS%20Improvements_12_232372_M_REM_5_25_2012.pdf)



## **Comparability with Previous AHS**

There are differences in the sampling methodologies between the 2012 Monroe County AHS and other years. In 2012, we used an address-based sampling frame, while in previous years, a random digit dial sample was utilized. In addition in 2012, we introduced cell phones into the sample.

The weighting methodology used in the 2012 AHS was different from previous surveys. The data for 1997, 2000 and 2006 were re-weighted using the same methodology in order to make them comparable. When a question was included in three or more surveys, trend analysis was completed in STATA. A significant trend was identified when the slope of the line was statistically different from 0 (P value <.05).

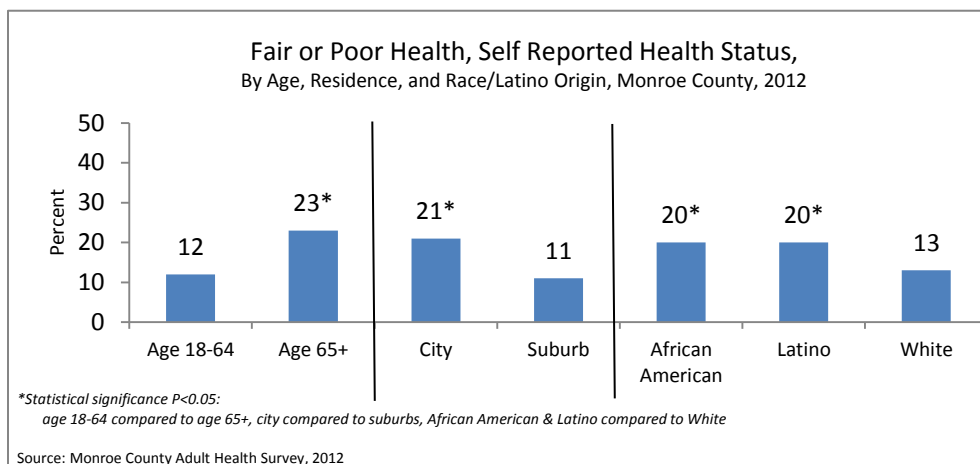
In each section of the report, there is a table that lists questions that were included in 3 or more survey years, along with a notation of whether or not there was an increasing trend (↑), a decreasing trend (↓) or no significant change over-time (NS) for Monroe County, city and suburbs. If a question is not included in the table, it means the question was not asked in 3 or more surveys.

# HEALTH STATUS

## Self- Reported Health Status

In 2012, 14% of Monroe County adults reported their health was “fair or poor”, which is lower than the percentage in NYS in 2012 (18%\*).

Differences by age, residence and race/Latino origin are shown in the graphic to the right .



## Functional Limitations Due to Physical Health

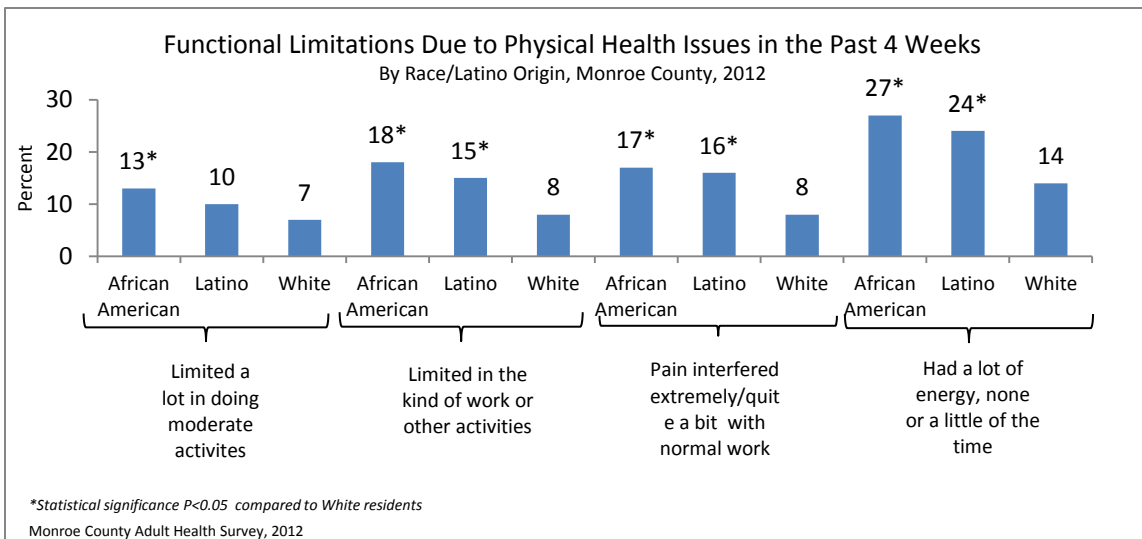
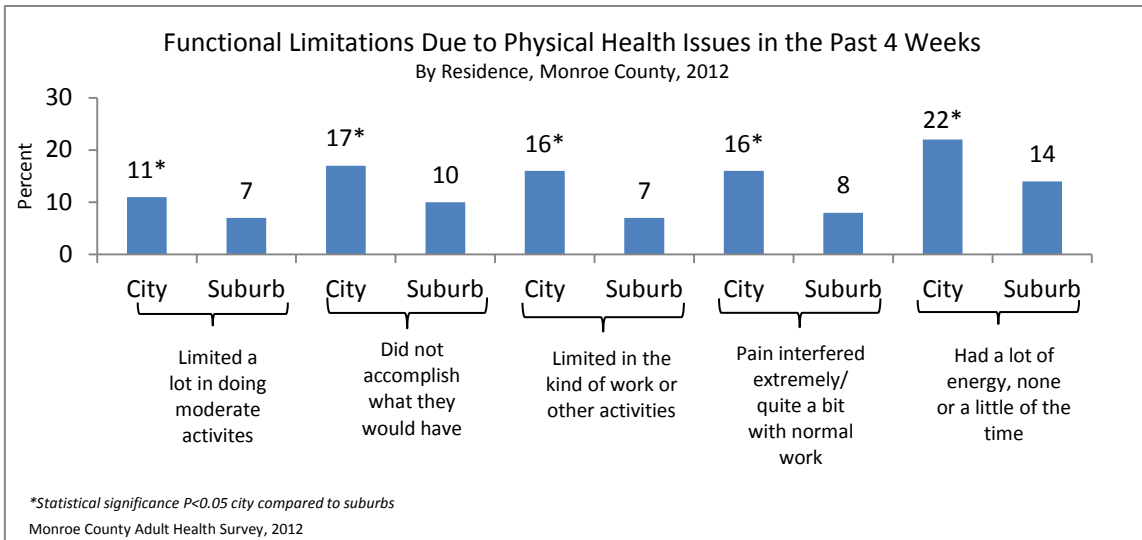
The table below shows the percentage of adults in Monroe County who reported various functional limitations due to physical health. For the most part, older adults were more likely to report limitations.

Functional Limitations in the Past Month, Monroe County Adults, 2012	Age 18+	Age 18-64	Age 65+
Limited <u>a lot</u> in doing moderate activities like moving a table, pushing a vacuum, bowling or playing golf because of their health	8%	7%	14%*
Limited <u>a lot</u> in climbing stairs	9%	7%	15%*
Did not accomplish what they would have liked at work or in daily activities because of physical health – <u>all or most of the time</u> during the last 4 weeks	12%	10%	18%*
Limited in the kind of work or other activities because of physical health - <u>all or most of the time</u> during the last 4 weeks	10%	9%	13%*
Pain interfered <u>extremely</u> or <u>quite a bit</u> with normal work during past 4 weeks	10%	9%	13%*
Had a lot of energy – <u>none or a little of the time</u> during the past 4 weeks	16%	16%	17%
Physical/emotional health interfered with social activities - All/most of time	7%	8%	5%

\*Statistical significance P<0.05 age 18-64 compared to age 65+

Source: Monroe County Adult Health Survey, 2012

Rates of functional limitations are highest among city, African American and Latino populations even though they are younger than suburban and White populations.



### Trends in Health Status and Functional Limitations

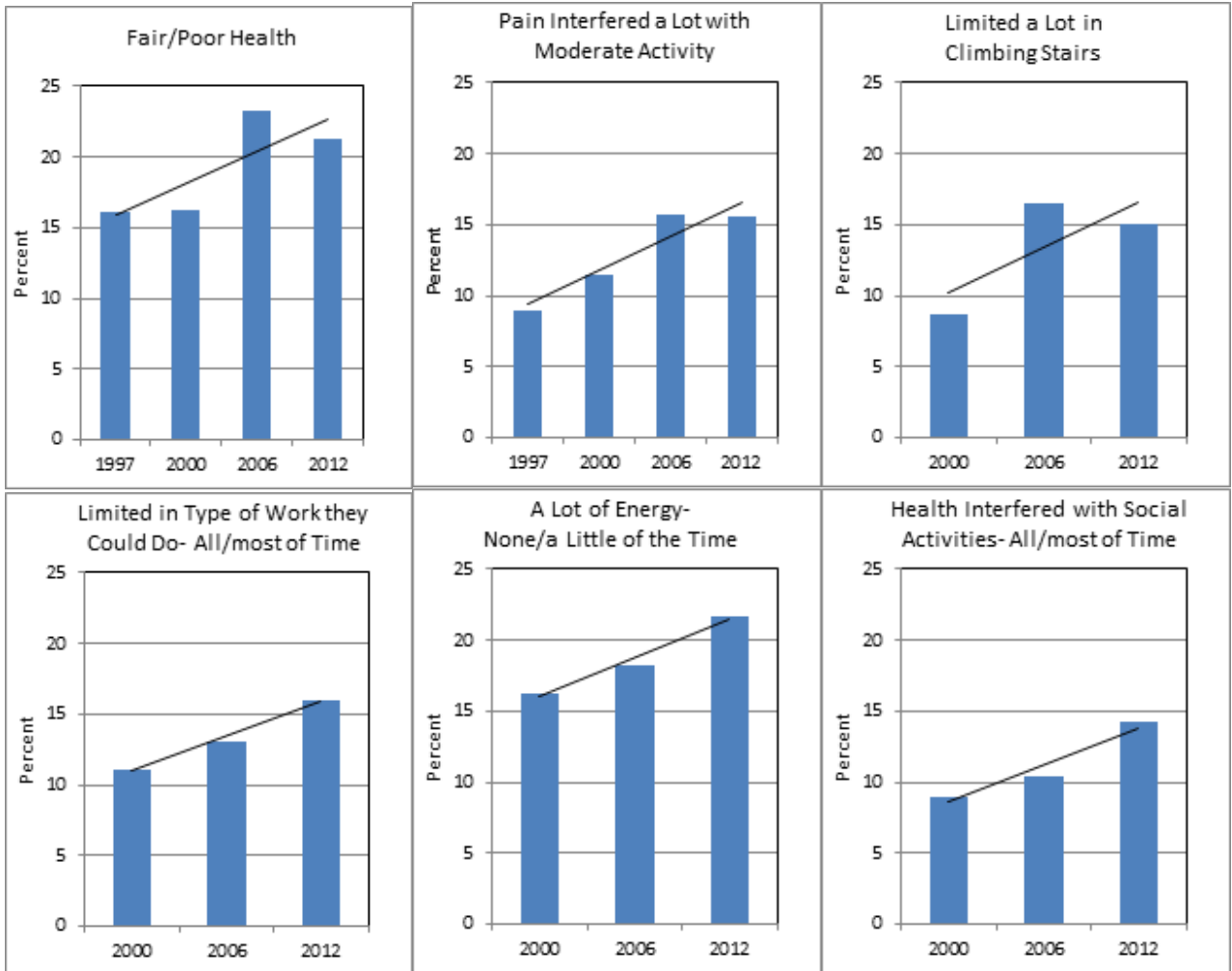
The percentages of residents reporting fair or poor health and various health limitations increased in the city, while there were no statistically significant changes in the suburbs.

Monroe County Adult Health Survey Indicators	Survey Years	Trend		
		MC	City	Sub
Fair or poor health	1997, 2000, 2006, 2012	↑	↑	NS
Moderate activities - limited a lot	2000,2006,2012	NS	NS	NS
Climbing stairs - limited a lot	2000,2006,2012	NS	↑	NS
Accomplished less due To physical health- all/most of time	2000,2006,2012	NS	NS	NS
Limited in work- all/most of time	2000,2006,2012	NS	↑	NS
Pain interfered - extremely or quite a bit	1997, 2000, 2006, 2012	↑	↑	NS
Had a lot of energy - none or a little of the time	2000,2006,2012	↑	↑	NS
Physical/emotional health interfered with social activities - all/most of time	2000,2006,2012	NS	↑	NS

NS – no statistically significant trend, ↑ statistically significant increase

Source: AHS

**Self Report Health Status Indicators  
City of Rochester, 1997-2012, with Trendlines**



Source: AHS

# MENTAL HEALTH

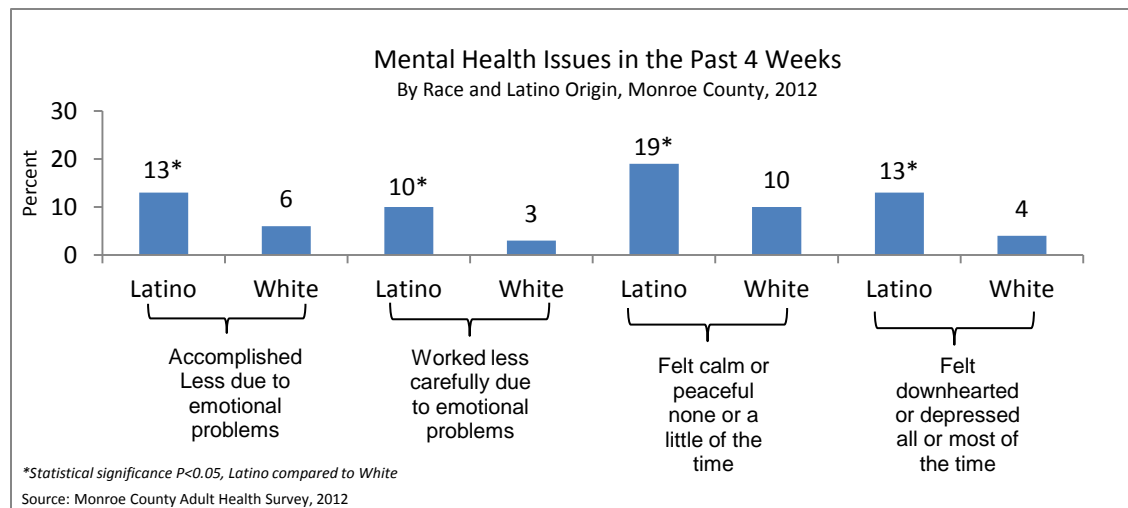
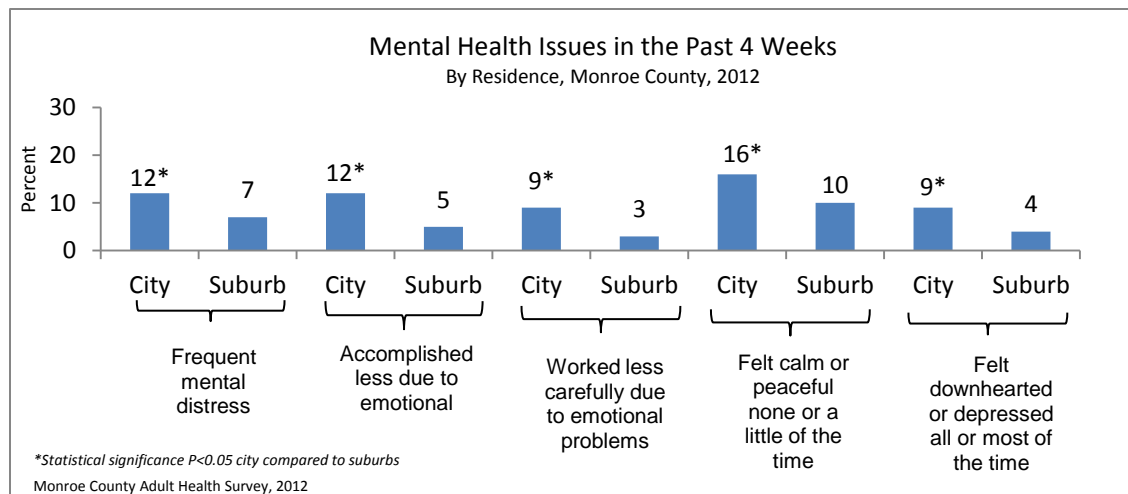
## Mental Health Issues

Respondents to the survey were asked several questions related to their mental health and the effect mental health problems have on their functioning. As shown in the results below, younger residents were more likely to report some of the mental health issues.

Mental Health Issues and Functioning in the Past 30 Days Monroe County Adults, 2012	Age 18+	Age 18-64	Age 65+
Have "Frequent Mental Distress" (FMD) - their mental health was not good during 14 or more of the past 30 days (Mental health=stress, depression and problems with their emotions)	9%	10%*	3%
Accomplished less than they would have liked due to emotional problems – <u>all or most of the time</u>	7%	7%	6%
Worked less carefully due to any emotional problems - <u>all or most of the time</u>	5%	5%	5%
Felt calm and peaceful – <u>none or a little of the time</u>	11%	13%*	5%
Felt downhearted and depressed - <u>all or most of the time</u>	5%	6%*	2%

\*Statistical significance P<0.05 age 18-64 compared to age 65  
Source: Monroe County Adult Health Survey, 2012

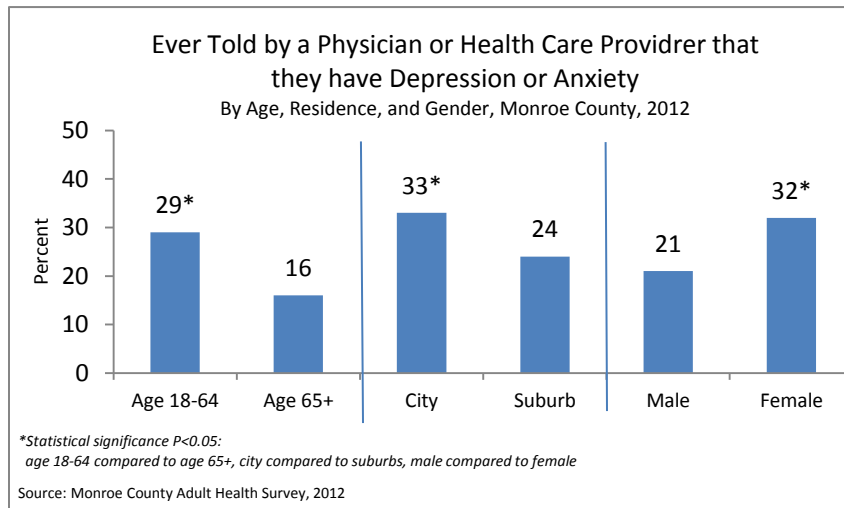
Differences by residence and ethnicity are shown in the graphics below.



African American residents were more likely than White residents to report that they worked less carefully due to emotional problems all or most of the time in the past 4 weeks (10% \*vs. 3%). There were no other statistically significant differences in these results between African Americans and Whites.

### **Depression/Anxiety**

Twenty-seven percent (27%) of Monroe County adults were ever told by a physician or health care provider that they have depression or anxiety. As shown in the graphic, there are differences by age, residence and gender.



### **Receiving Treatment for Mental Health Issues**

Eighteen percent (18%) of adults reported they are now taking medicine or receiving treatment from a physician or other health professional for any type of mental health condition or emotional problem. Younger adults (19%\*) were more likely than adults aged 65 and older (13%), and females (21%\*) were more likely than males (14%), to report they were receiving treatment. There was not a statistically significant difference in this percentage between the city and suburbs.

### **Health Care Provider Discussed Mental Health Issues**

Forty-two percent (42%) of adults who visited their health care provider for a check-up in the past year reported that their provider spoke with them about whether or not they experience mental health issues (depression, anxiety or stress). (Note: 73% of adults saw a health care provider for a checkup within the past year.)

Younger adults (45%) were more likely than adults age 65 and older (29%), and African American and Latino residents (50%\*) were more likely than White residents (39%) to report they had this conversation with their health care provider.

### **Suicide Plan and Attempt**

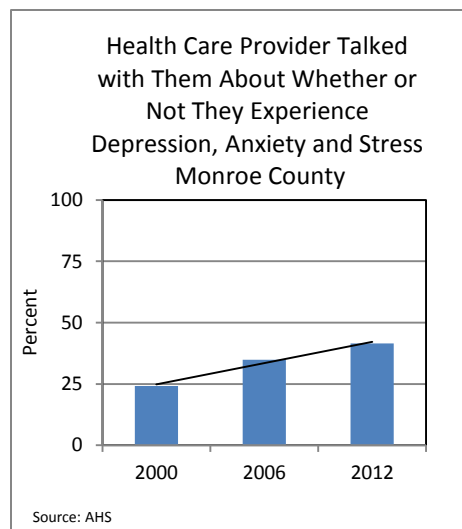
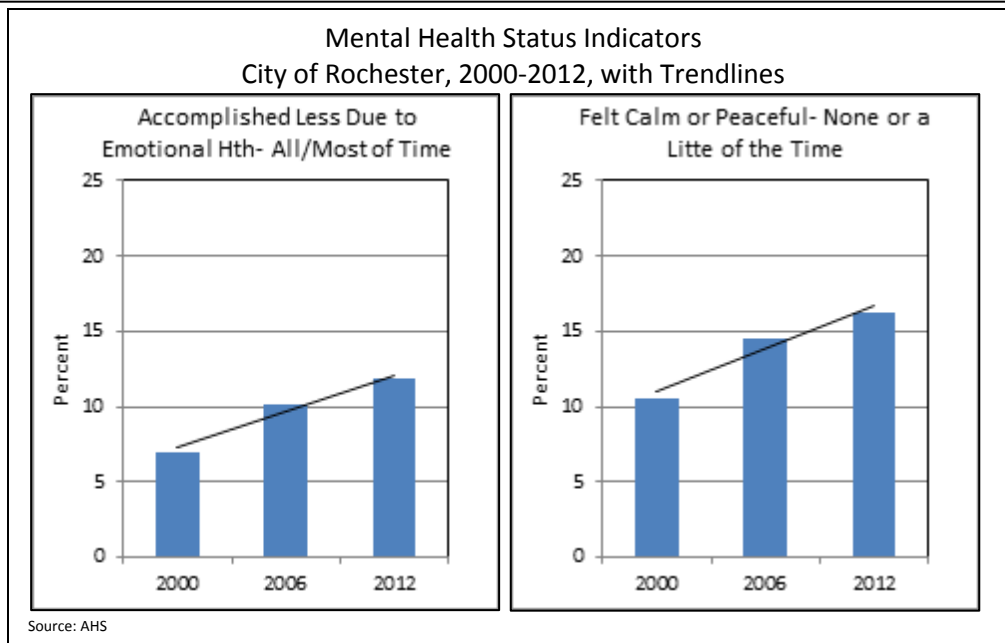
Two percent (2%) of adults reported they made a plan to attempt suicide in the past year, and 0.5% reported they made a suicide attempt.

## Trends in Mental Health Indicators

In the City of Rochester, there were increases in the percentages of residents reporting they accomplished less due to emotional problems and they felt calm or peaceful none or a little of the time, while in the suburbs, these percentages stayed the same. In the county, city and suburbs, there were increases in the percentage reporting that their health care provider discussed whether or not they experience mental health issues.

Monroe County Adult Health Survey Indicators	Survey Years	Trend		
		MC	City	Sub
Frequent mental distress	1997, 2000, 2006, 2012	NS	NS	NS
Accomplished less due to emotional health- all/most of time	2000,2006,2012	↑	↑	NS
Worked less carefully due to emotional health- all/most of time	2000,2006,2012	NS	NS	NS
Felt calm and peaceful - none or a little of the time	2000,2006,2012	NS	↑	NS
Downhearted & depressed- all/most of time	2000,2006,2012	NS	NS	NS
Made a plan to attempt suicide in past year	2000,2006,2012	NS	NS	NS
Attempted suicide in past year	2000,2006,2012	NS	NS	NS
Health care provider talked with them whether or not they experience depression, anxiety or stress- past year	2000,2006,2012	↑	↑	↑

*NS – no statistically significant trend, ↑ statistically significant increase,*  
Source: AHS



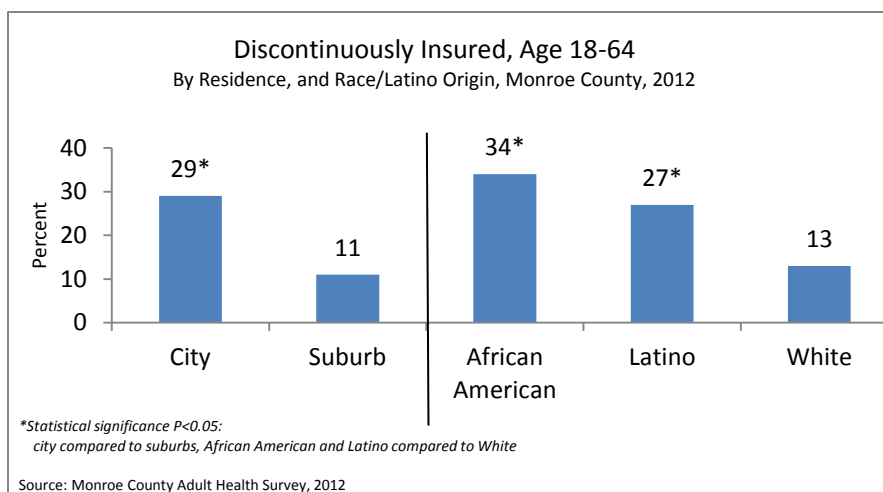
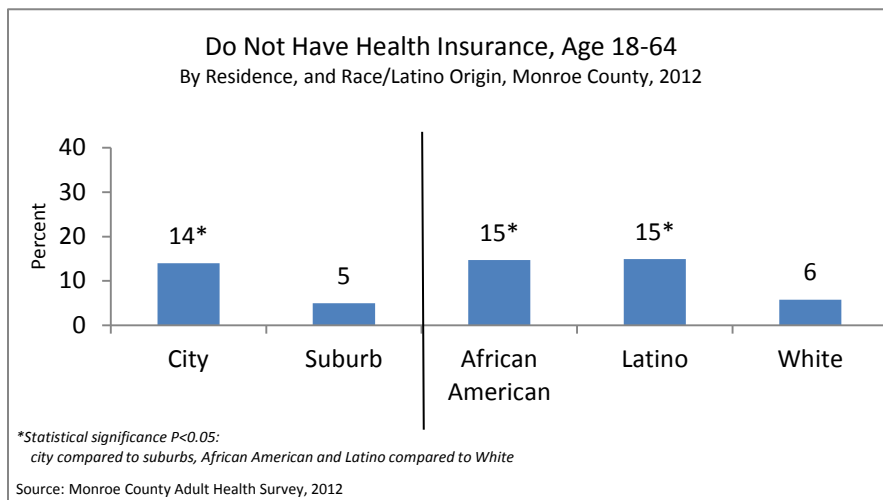
# ACCESS TO CARE

## Health Insurance Coverage

Eight percent (8%) of Monroe County adults aged 18-64 years reported they did not have health insurance in 2012 which is lower than NYS in 2012 (19%\*). Only 1% of Monroe County adults over age 65 reported they did not currently have health insurance coverage.

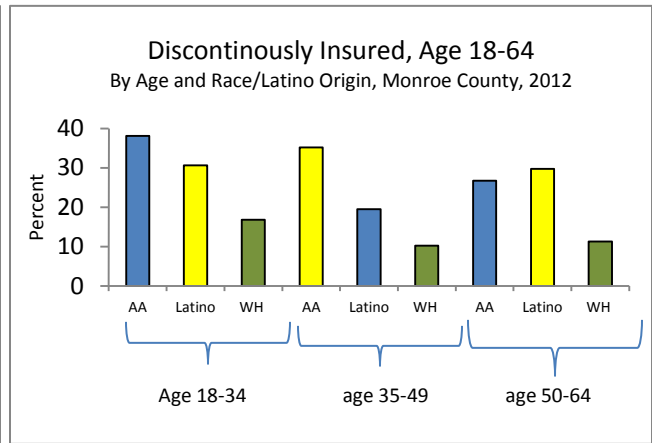
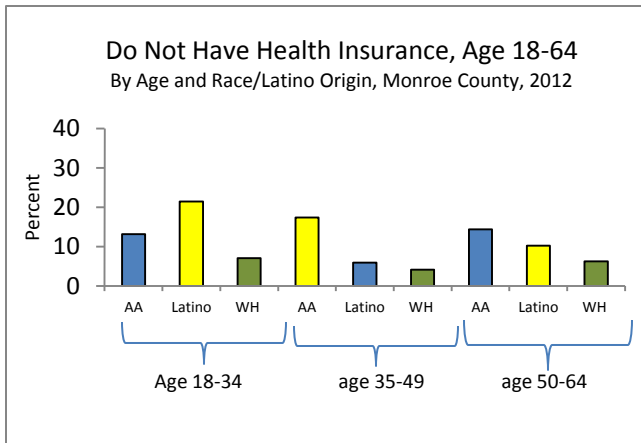
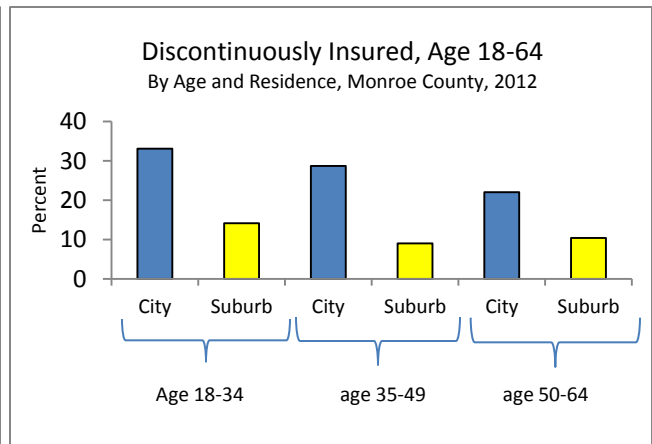
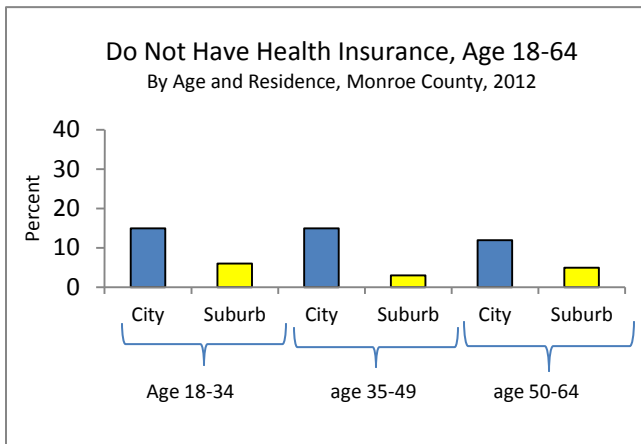
Discontinuously insured is defined as not having insurance currently, or at some point in the past 2 years. Sixteen percent (16%) of adults ages 18-64 in Monroe County reported they were discontinuously insured.

Differences in insurance status are shown in the graphics below.



The differences in insurance coverage are not just due to the age structure of the populations. Within all age categories, uninsured rates are higher in the city compared to the suburbs, and among African Americans and Latinos compared to Whites, although the differences are not statistically significant.

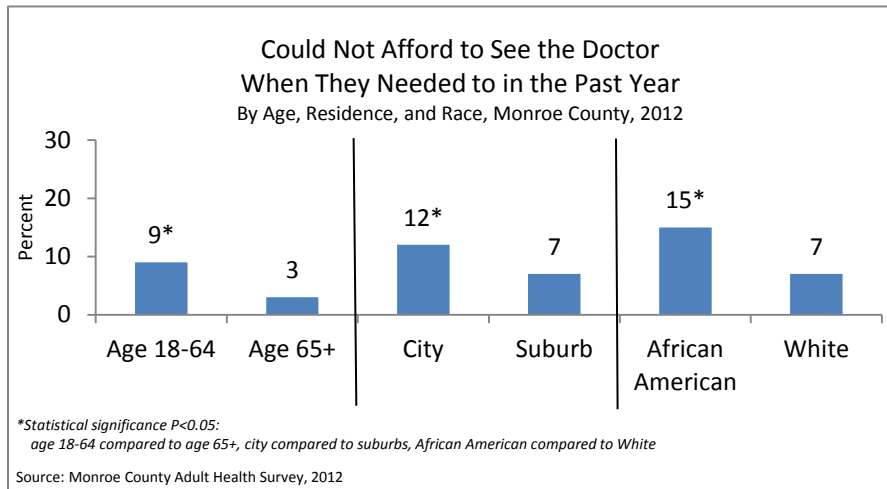




## **Could Not Afford Medical Care**

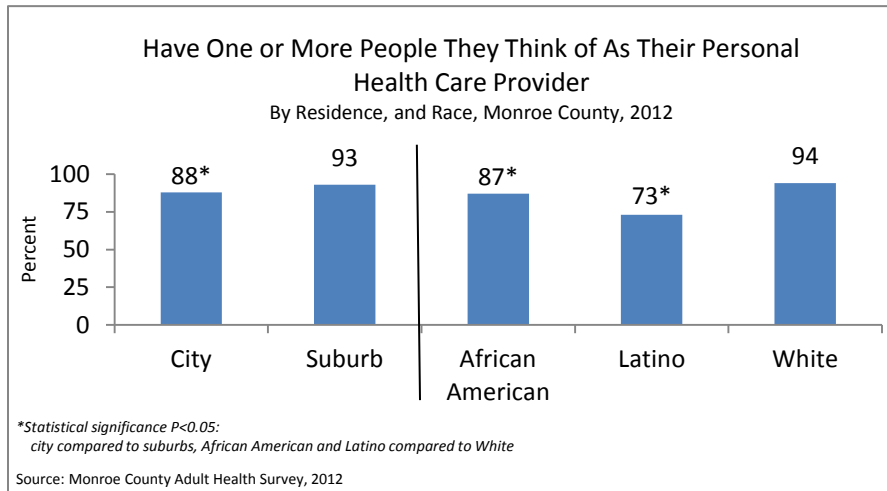
Eight percent (8%) of Monroe County adults reported that there was a time in the past year when they needed to see the doctor but could not because of the cost.

Differences by age, residence and race are shown below.



## **Access to a Personal Health Care Provider**

Ninety-two percent (92%) of Monroe County residents have one or more people they think of as their personal health care provider. Differences are shown in the table below.



Eighty-percent (80%) of adults under age 35 have their own health care provider.

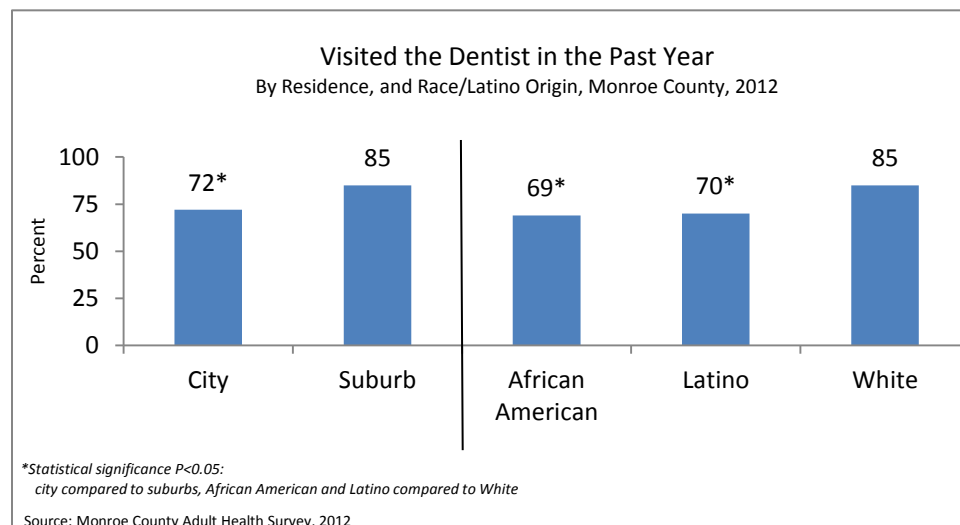
## **Visited a Health Care Provider for a Routine Check-up in the Past Year**

Seventy-three percent (73%) of adults saw a health care provider for a checkup within the past year, which is better than the NYS rate in 2012 (68%\*). In Monroe County:

- African American residents (90%\*) were more likely to have visited a health care provider in the past year for a check-up, compared to White (71%) and Latino (67%) residents
- Males (68%\*) were less likely to have a check-up compared to females (78%)

## **Dental Visits**

Eighty-two percent (82%) of residents visited the dentist for any reason in the past year, which is better than the percentage in NYS in 2012 (68%\*). In Monroe County, there are differences by residence and race/Latino origin.



## **Trends in Access to Care Indicators**

The percentage of Monroe County residents reporting they visited the doctor in the past year for a routine check-up declined from 78% in 2000 to 73% in 2012. Declines occurred in both the city and suburbs. Other indicators did not change significantly.

<b>Monroe County Adult Health Survey Indicators</b>	<b>Survey Years</b>	<b>Trend</b>		
		<b>MC</b>	<b>City</b>	<b>Sub</b>
Do not have health insurance, all ages	1997, 2000, 2006, 2012	NS	NS	NS
Do not have health insurance, age 18-64	1997, 2000, 2006, 2012	NS	NS	NS
Visited a health care provider for a routine check-up in the past year	2000, 2006, 2012	↓	↓	↓
Needed to see the doctor, but couldn't because of cost-past year	1997, 2000, 2012	NS	NS	NS

*NS – no statistically significant trend, ↓ statistically significant decrease*

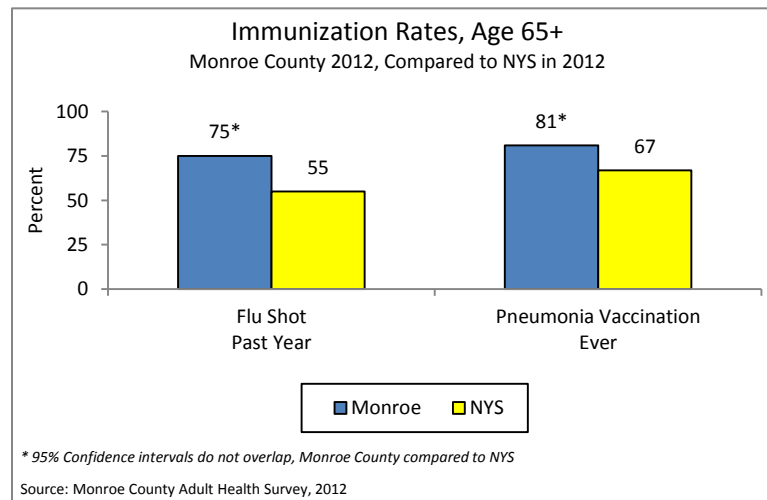
Source: AHS

Trend data were not available for dental visits.

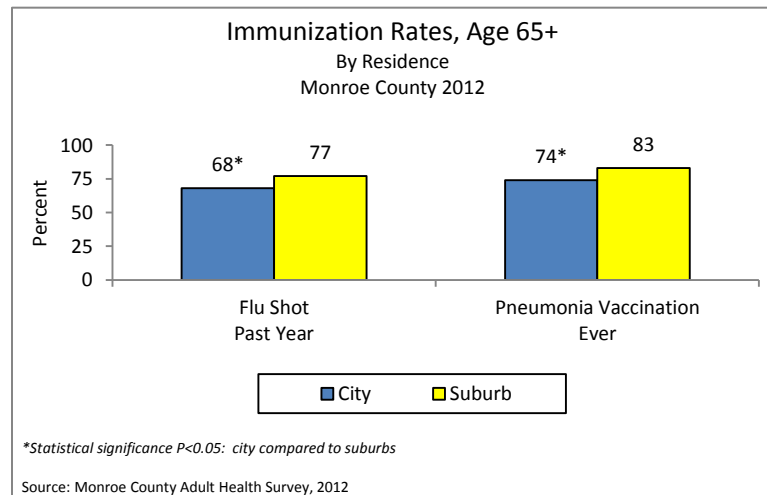
# IMMUNIZATIONS

Older adults are at highest risk for developing complications from flu and pneumonia.

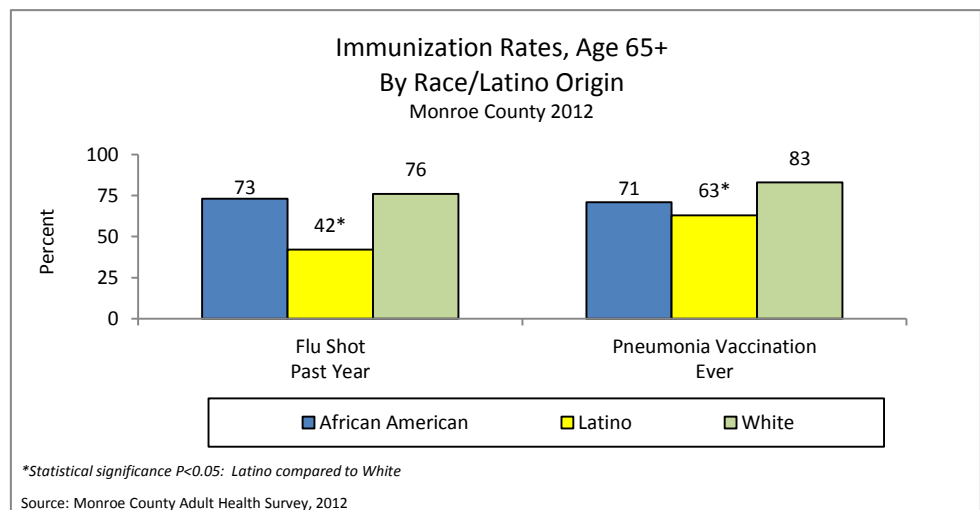
As shown in the graphic to the right, immunization rates among older adults in Monroe County are higher than rates in NYS.



As shown in the graphics to the right and on the next page, there are differences by residence.



There were statistically significant differences in the rates between Latinos and Whites. While rates for African American residents were somewhat lower than Whites, the differences were not statistically significant.



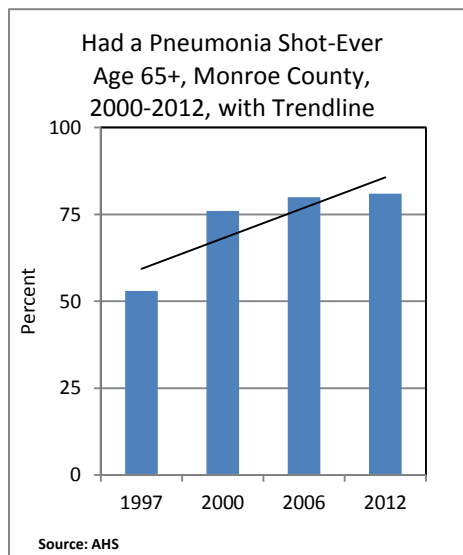
Of Monroe County adults age 18-64 years old, 44% reported they had a flu shot in the past year and 25% ever had a pneumonia vaccination.

### **Trends in Immunization Rates**

The percentage of Monroe County older adults who received a flu shot did not change significantly between 1997 and 2012, while the percentage who received the pneumonia shot increased from 53% in 1997 to 81% in 2012. Similar trends were seen in both the city and suburbs.

Monroe County Adult Health Survey Indicators	Survey Years	Trend		
		MC	City	Sub
Had a flu shot in the past year, age 65+	1997, 2000, 2006, 2012	NS	NS	NS
Ever had a pneumonia shot, age 65+	1997, 2000, 2006, 2012	↑	↑	↑

*NS – no statistically significant trend, ↑ statistically significant increase*  
 Source: AHS

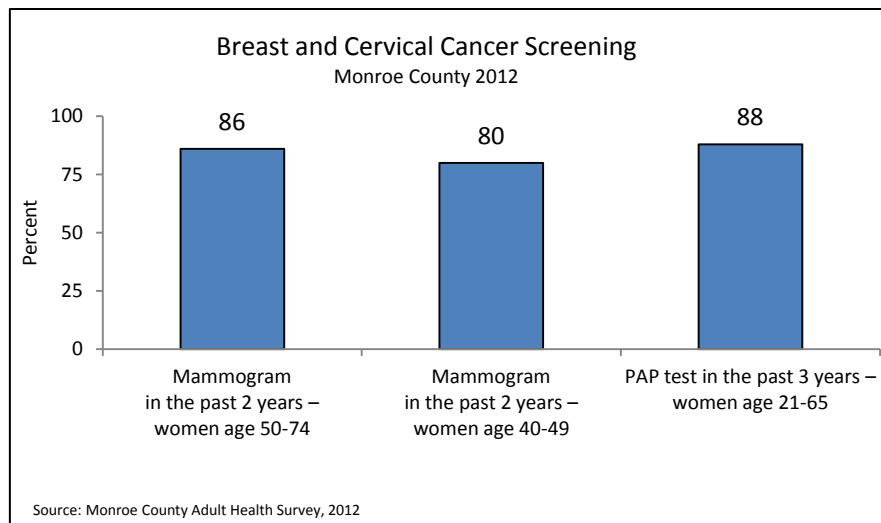


# CANCER SCREENING

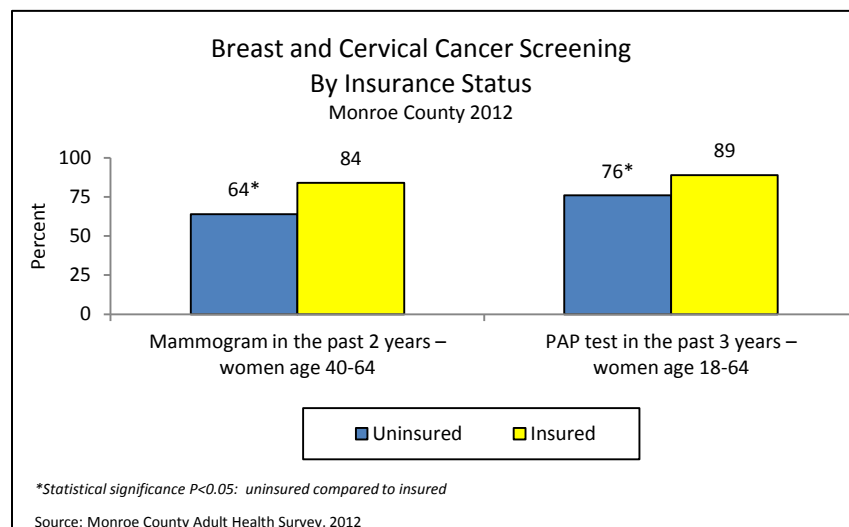
## Breast and Cervical Cancer Screening (Mammogram and PAP Test)

Eighty-four percent (84%) of Monroe County females ages 50 and older reported having a mammogram within the past two years, and 81% of women reported having a PAP test in the past 3 years. These rates are not statistically different from NYS in 2012.

The US Preventive Services Task Force (USPSTF) recommends breast cancer screening (mammography) every two years for women aged 50 to 74 years, and individualized decision making based on risk for women age 40-49 at average risk. Cervical cancer screening (PAP smear) is recommended every three years for women ages 21 to 65. Screening rates for these age groups are shown in the graphic below.



There were no differences in breast and cervical cancer screening rates by residence or race/Latino origin, however, there were differences by health insurance status among those under age 65 years old as shown in the graphic below.

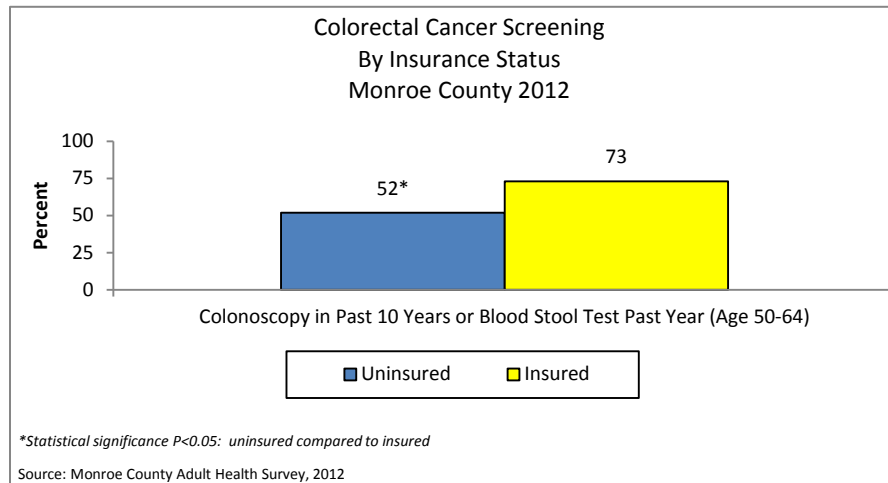


## Colorectal Cancer Screening

The percentage of Monroe County residents aged 50 and older who ever had a colonoscopy (76%\*) is similar to the percentage in NYS in 2012.

The USPSTF recommends adults ages 50 to 75 have a colonoscopy every 10 years, or a blood stool test annually. Seventy-five percent (75%) of residents in Monroe County meet this recommendation.

There were no differences by residence or race/Latino origin, however, there was a difference by health insurance status as shown in the graphic to the right.

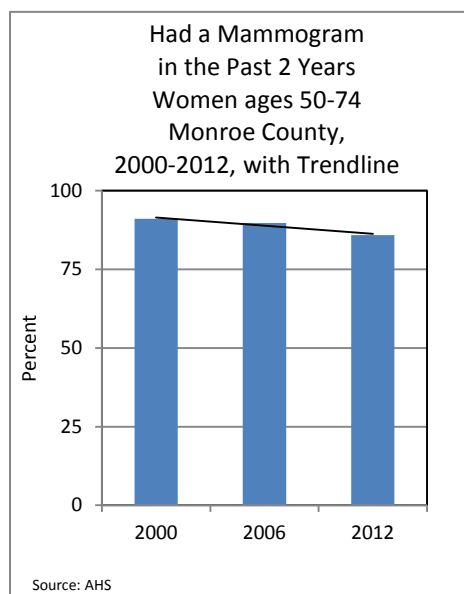


## Trends in Cancer Screening Rates

For breast cancer screening, trends were analyzed for ages 50-74 and ages 40-49. The screening rate declined among women ages 50-74 in Monroe County and the city. There was no change in the rate among women ages 40-49. Trend data were not available for cervical cancer screening and colorectal cancer screening.

Monroe County Adult Health Survey Indicators	Survey Years	Trend		
		MC	City	Sub
Had a mammogram in the past 2 years all women age 50-74	2000,2006,2012	↓	↓	NS
Had a mammogram in the past 2 years all women age 40-49	2000,2006,2012	NS	NS	NS

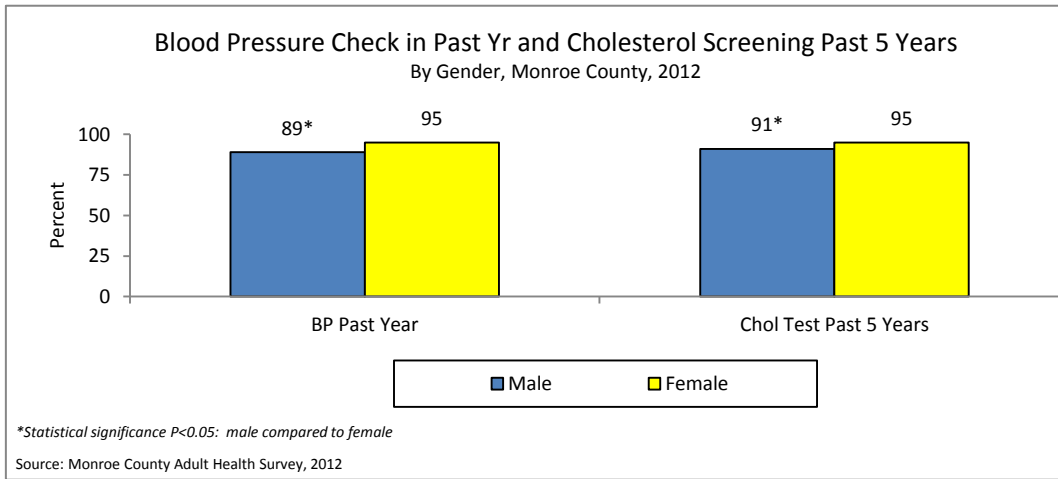
NS – no statistically significant trend, ↓statistically significant decrease  
Source: AHS



# CHRONIC DISEASES AND CONDITIONS

## Blood Pressure and Cholesterol Screening

Ninety-two percent (92%) of Monroe County residents had their blood pressure checked in the past year and 93% had their cholesterol checked in the past 5 years. Differences by gender are shown in the graphic below.



Latino residents (81%\*) were less likely than White residents (93%) to report they had their blood pressure checked in the past year. There were no other differences by residence or race/Latino origin.

## Prevalence of Diabetes and Cardiovascular Diseases/Conditions

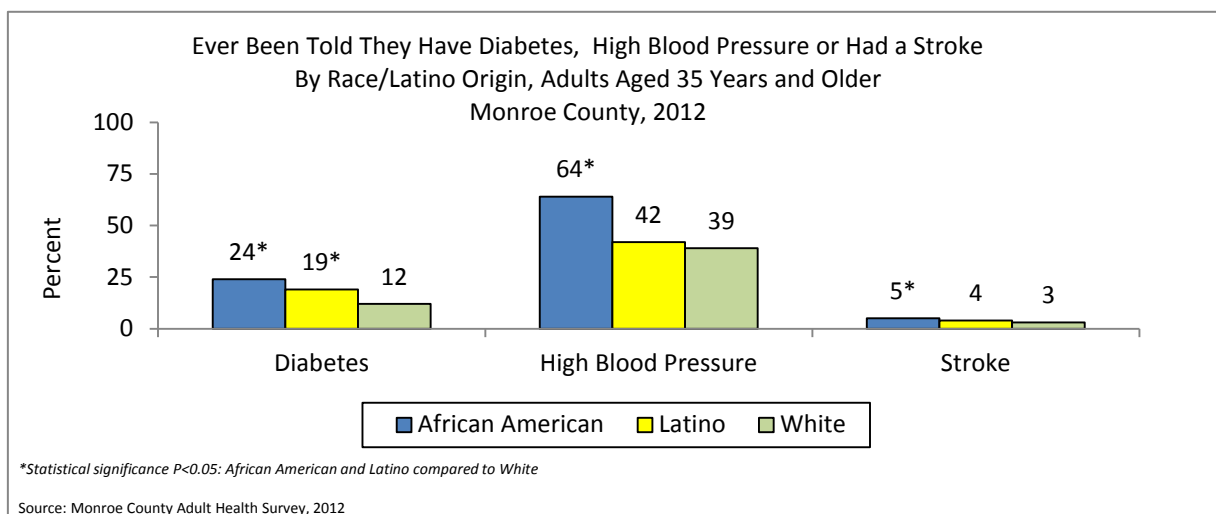
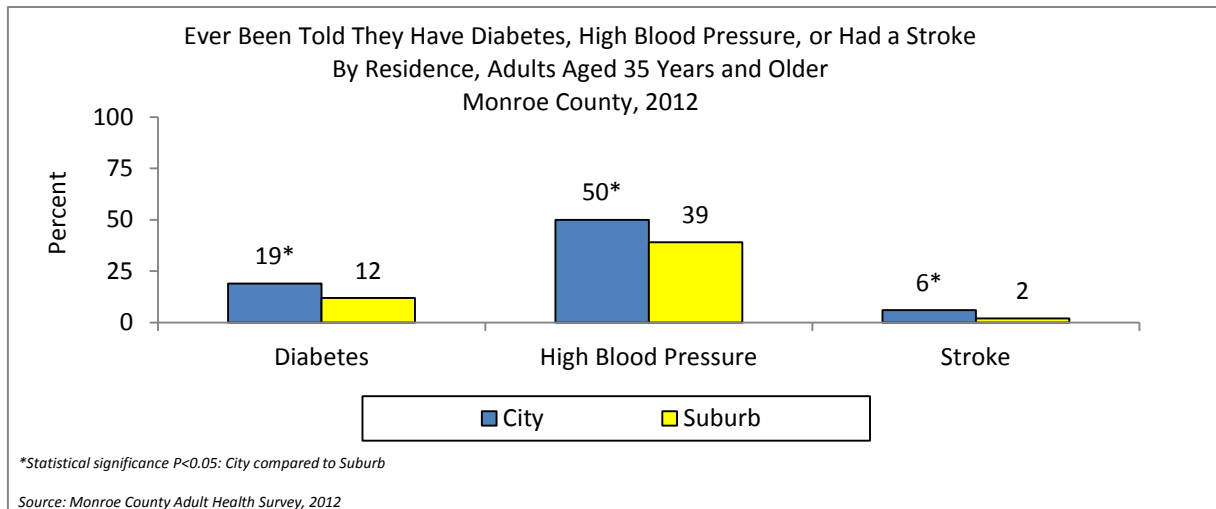
% of Monroe County Adults Who Reported they Were Ever Told By a Health Professional That They	Age 18+	Age 18-64	Age 65+
Have diabetes	10%	7%	21%*
Have high blood pressure	32%	25%	63%*
Have high blood cholesterol	33%	27%	55%*
Had a heart attack	4%	2%	11%*
Have angina or coronary artery disease	4%	2%	12%*
Had a stroke	3%	2%	6%*
Have or have had one or more of the following cardiovascular conditions: -Heart attack, coronary artery disease, angina, stroke	8%	5%	23%*

\*Statistical significance P<0.05: age 18-64 compared to age 65+  
Source: Monroe County Adult Health Survey, 2012

The percentages of Monroe County residents who were ever told they had diabetes, high blood pressure, heart attack, angina, coronary artery disease or stroke are similar to the percentages for NYS. The percentage of residents who were ever told they have high cholesterol is lower in Monroe County compared to NYS (33% vs. 39%\*).



Since the populations of city residents and of African Americans and Latinos have high proportions of adults under age 35, and the prevalence of these diseases/conditions increase with age, we calculated rates for ages 35 and older by subpopulations. In this age category, there are some significant differences by residence and race/Latino origin.



### **Blood Sugar Management and Control Among Those with Diabetes**

Respondents who were ever told they had diabetes were asked if their blood sugar is usually 130 or less in the morning before they eat. This question provides an indication of diabetes management and control. Of those who were ever told they had diabetes, 15% responded they did not know if their blood sugar was usually 130 or below. Of those who knew, 74% reported their blood sugar was usually 130 or below.

### **Blood Pressure (BP) Checks and BP Control – Of Those with High Blood Pressure**

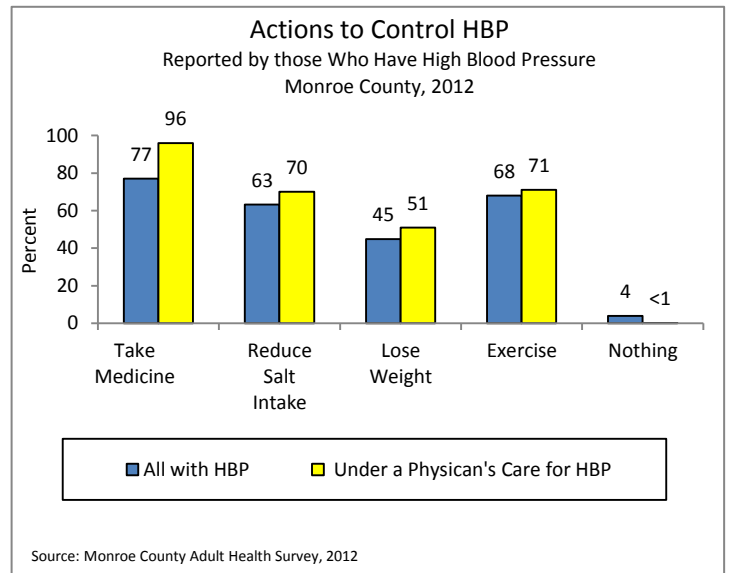
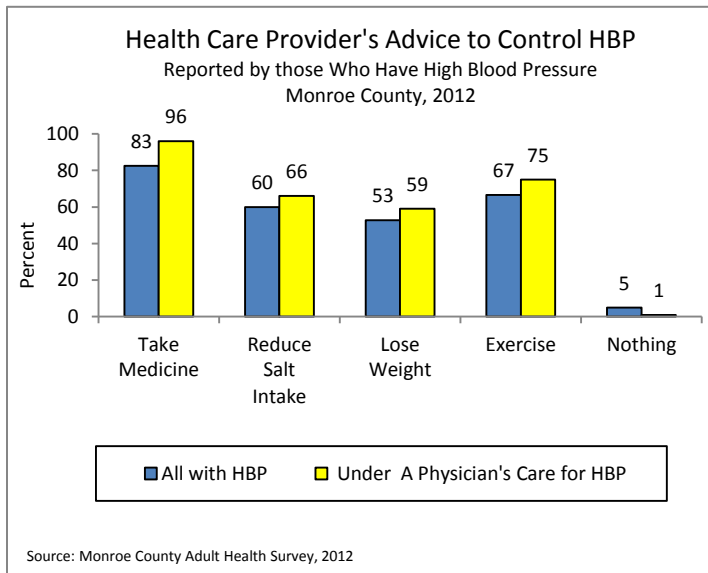
Of those who were ever told they had high blood pressure, 96% had their blood pressure checked in the past year. Seventy-two percent (72%) of those who had it checked, reported their blood pressure was normal or low. The percentages were lower among adults under age 65 (67%\*) compared to older adults (79%), and among city residents (61%\*) compared to the suburban residents (77%) .

## **Under a Physician's Care for High Blood Pressure (HBP)**

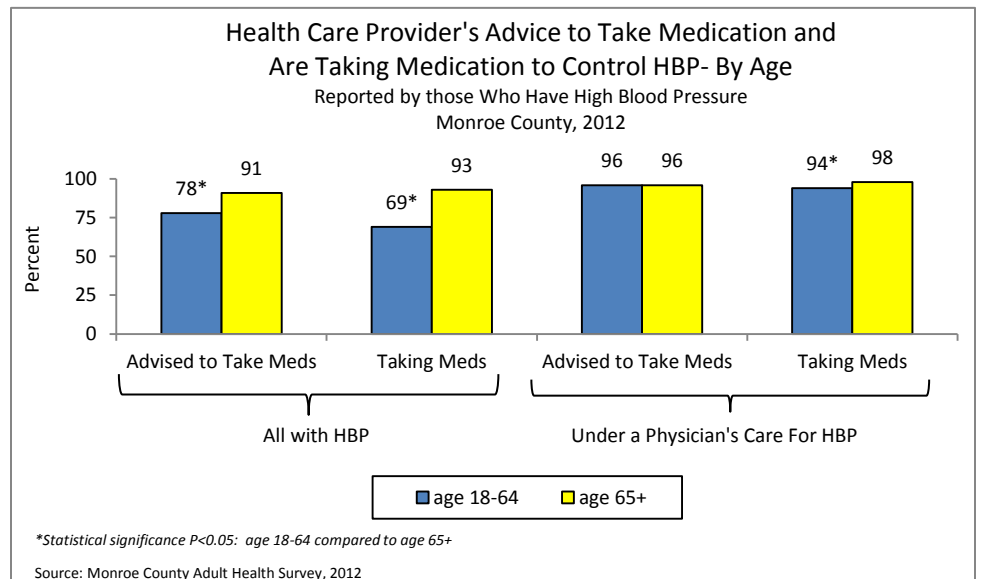
Seventy-six percent (76%) of adults who were ever told they had high blood pressure reported they were currently under a physician's care for the condition. A higher proportion of adults ages 65 and older (88%\*) were in care compared to younger adults (70%).

## **Health Care Provider Advice and Taking Action to Control HBP**

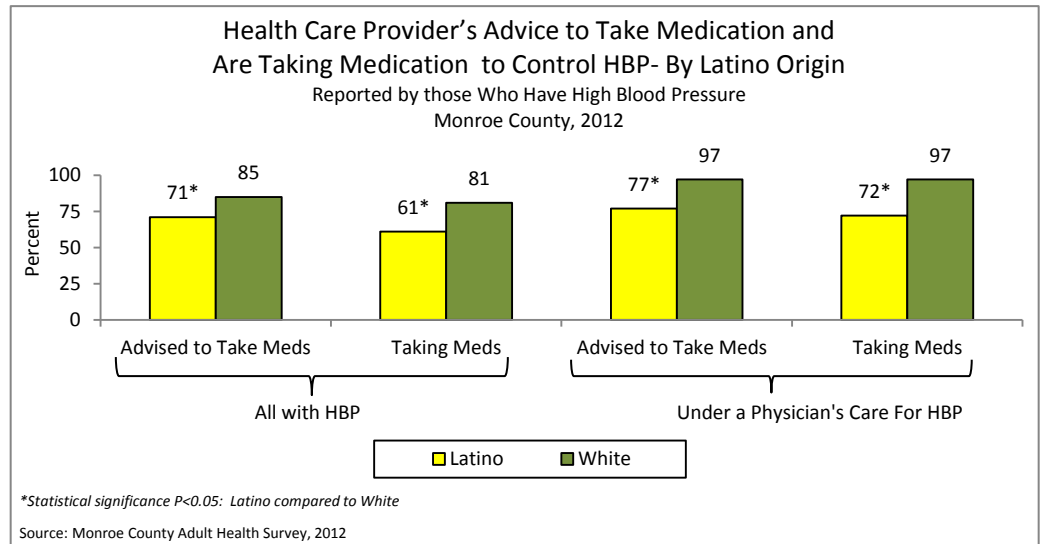
Respondents who reported they were ever diagnosed with high blood pressure were asked if their physician or another health care professional advised them to take certain steps to control their blood pressure, and what steps they were taking currently to control their condition. Data were analyzed for all respondents who were ever diagnosed with high blood pressure and only those under a physician's care for the condition. Those under a physician's care were more likely to report receiving instruction about how to control their blood pressure and for the most part to be taking steps to control their blood pressure.



There were differences by age in medication recommendations and adherence. However, if respondents were under a physician's care, the disparity in receiving advice about medication was eliminated, and in taking medication, the disparity was lessened.

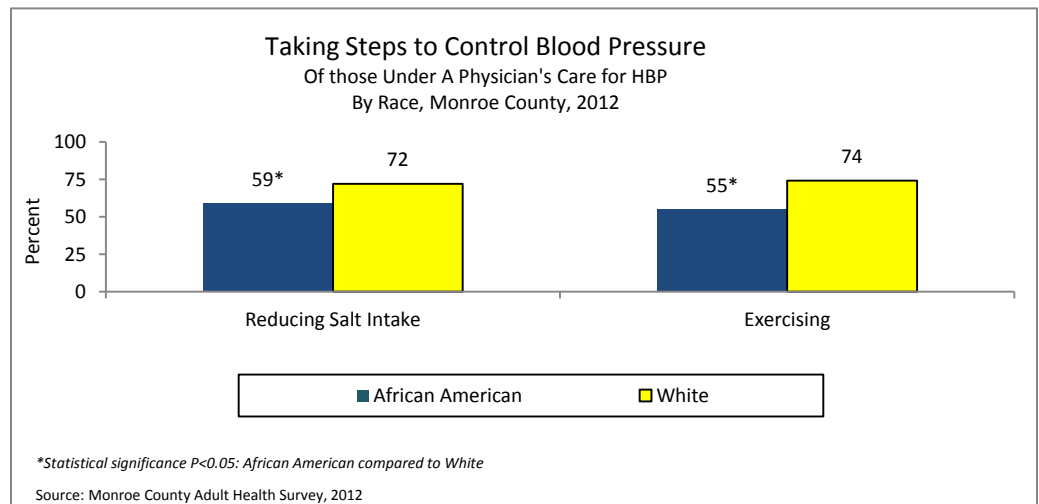


Among those with high blood pressure, Latino residents were less likely than White residents to report they were advised to take medication and were taking medication. The differences remained even if they were under a physician's care.



While there were no differences by race and residence in the proportion reporting their health care provider recommended lifestyle changes to control their blood pressure (reduce salt, lose weight, and exercise), there were differences in the percent of respondents reporting they were taking certain steps.

Of those under a physician's care, African Americans were less likely than Whites to be reducing their salt intake and to be exercising to control their blood pressure.



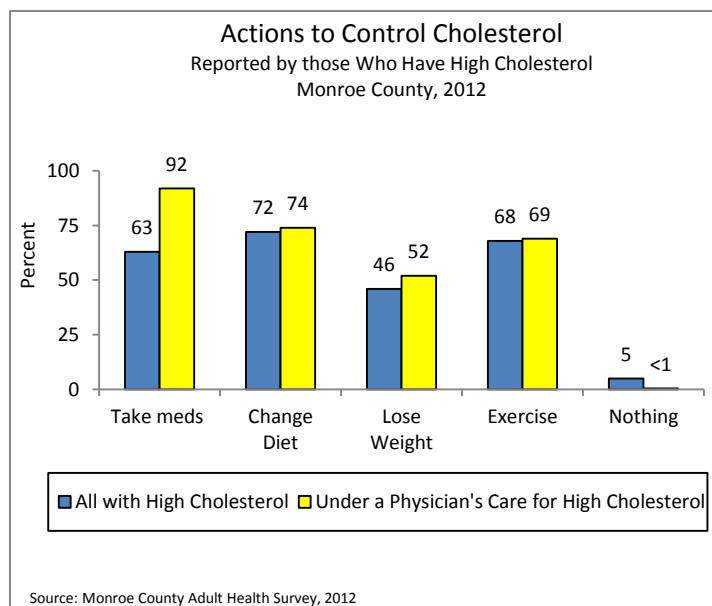
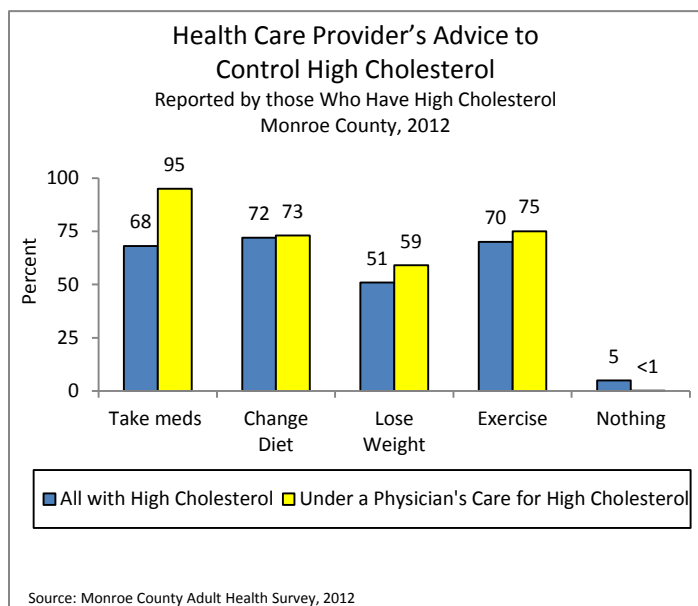
City residents were less likely than suburban residents to report they are exercising/being physically active to control their blood pressure (62%\* vs. 75%).

**Under a Physician's Care for High Cholesterol (HCH)**

Sixty-two percent (62%) of adults who were ever told they had high cholesterol reported they were currently under a physician's care for the condition. Adults under age 65 (56%\*) were less likely to be under care than adults age 65 and older (74%). There were no differences by race/Latino origin, residence or gender.

## Health Care Provider Advice and Taking Action to Control HCH

Respondents ever diagnosed with high cholesterol were asked if their physician or another health care professional advised them to take certain steps to control it, and if they were taking certain steps. Data were analyzed for all respondents who were ever told they had high cholesterol and only those under a physician's care for the condition. Those under a physician's care were more likely to report receiving recommendations to take medicine and to be taking medicine to control their cholesterol. There were not any other statistically significant differences.



Older adults were more likely to be taking medication to control their cholesterol compared to younger adults, although the disparity was eliminated when respondents were under a physician's care. Younger adults were more likely to be making lifestyle changes to control their cholesterol compared to older adults. There were no statistically significant differences in reported lifestyle changes to control cholesterol by residence or race/Latino origin.

## Asthma

Eighteen percent (18%) of Monroe County adults were ever told they have asthma and 11% reported they have asthma now. These percentages are not different from the NYS BRFSS.

In Monroe County, Latino residents (20%\*) were more likely than White residents (11%) to report they currently have asthma.

## Trends in Chronic Diseases and Conditions

Blood pressure and cholesterol screening rates, increased along with rates of diagnosed diabetes, and high blood pressure. The increase in the diabetes rate is most likely due in part to changes in screening recommendations between 2000 and 2006.<sup>4</sup>

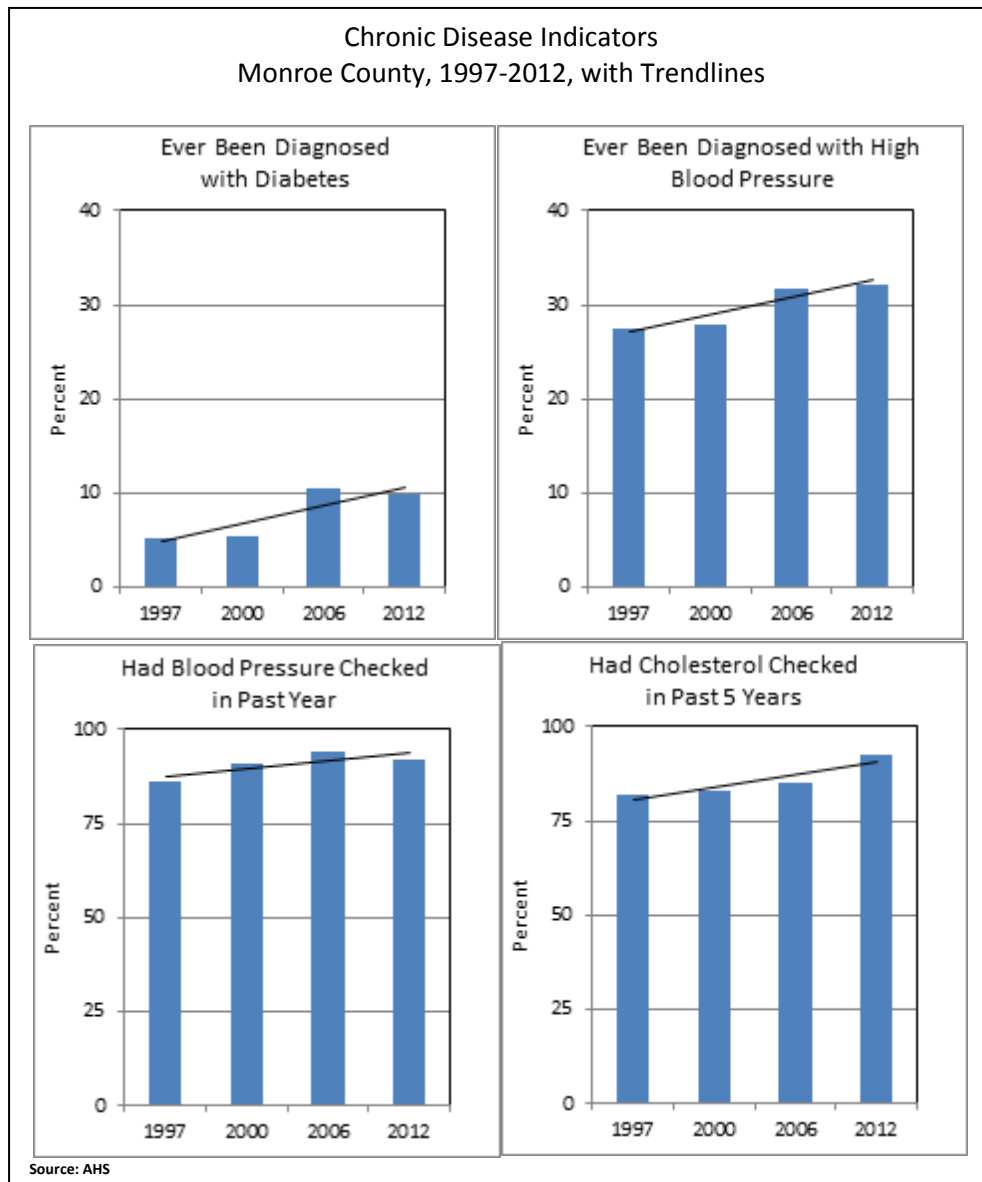
<sup>4</sup>In 1996 USPSTF said there was insufficient evidence to recommend routine screening for diabetes in asymptomatic adults. In 2003, a recommendation was made to screen for diabetes among those with high blood pressure and high cholesterol. [http://biotech.law.lsu.edu/cphl/Practice/preventive\\_services.pdf](http://biotech.law.lsu.edu/cphl/Practice/preventive_services.pdf)  
<http://archive.ahrq.gov/news/press/pr2003/diabsopr.htm>

Monroe County Adult Health Survey Indicators	Survey Years	Trend		
		MC	City	Sub
Ever diagnosed with diabetes	1997, 2000, 2006, 2012*	↑	↑	↑
Ever told Had high blood pressure	1997, 2000, 2006, 2012*	↑	↑	NS
Had blood pressure checked in past year	1997, 2000, 2006, 2012	↑	↑	↑
Ever told have high cholesterol	1997, 2000, 2006, 2012	NS	NS	NS
Had cholesterol checked in past 5 years	1997, 2000, 2006, 2012	↑	↑	↑

NS – no statistically significant trend, ↑ statistically significant increase

\* - stable between 2006-2012

Source: AHS



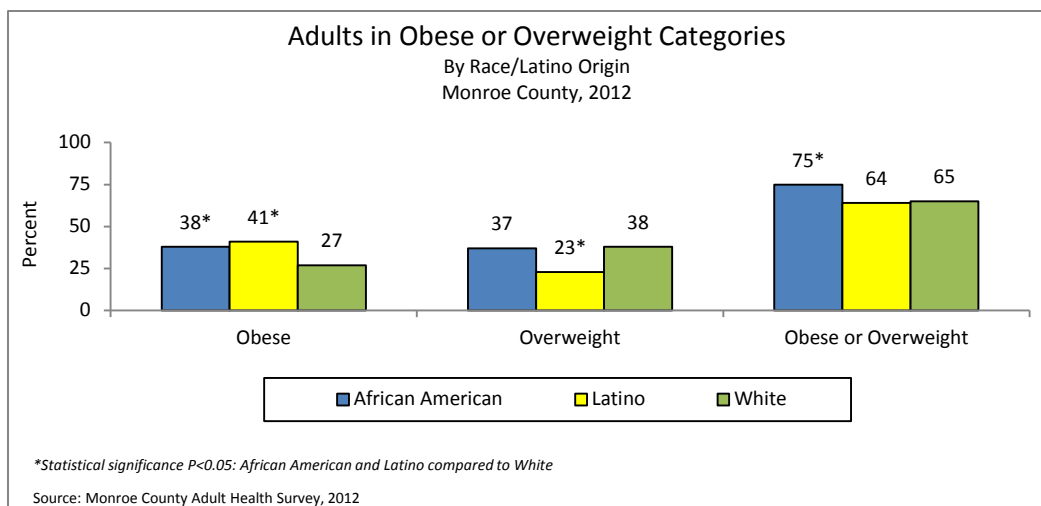
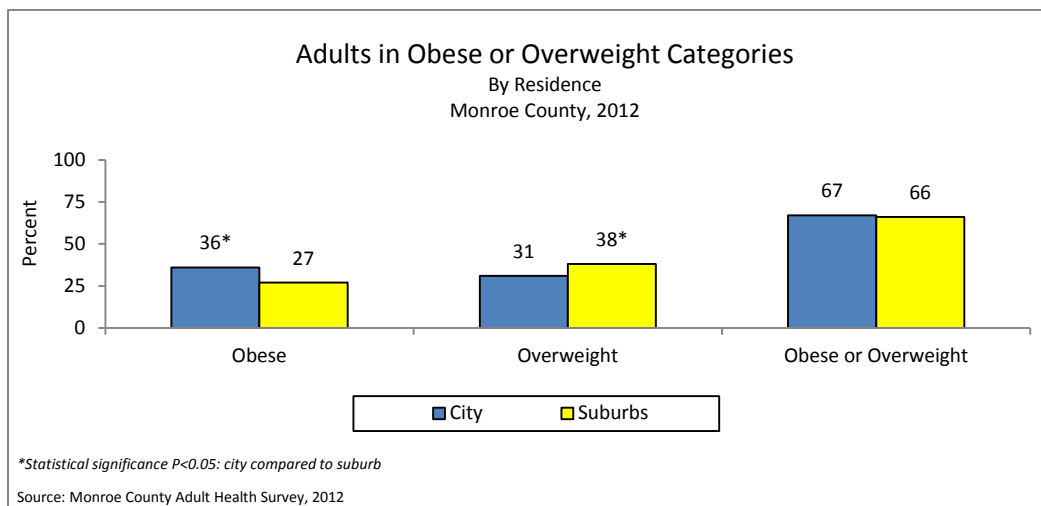
# WEIGHT, PHYSICAL ACTIVITY AND NUTRITION

## Obesity and Overweight

As part of the AHS, respondents were asked to report their height and weight (without shoes). Based on this information, body mass index (BMI) was calculated and respondents were classified into the following categories: obese, overweight, and obese or overweight.<sup>5</sup>

Thirty-percent (30%) of Monroe County adults are in the obese weight category and an additional 36% are in the overweight category. The rate of obesity in Monroe County is higher than the rate in NYS in 2012 (24%\*), while the rates of overweight are not statistically different.

There are significant differences by residence and race.



Males were more likely than females to be obese or overweight (70%\* vs. 62%).

<sup>5</sup> Obese – BMI≥30, Overweight-BMI≥25 and <30, Obese or Overweight-BMI≥25, Not obese or overweight-BMI<25

## **Weight Control**

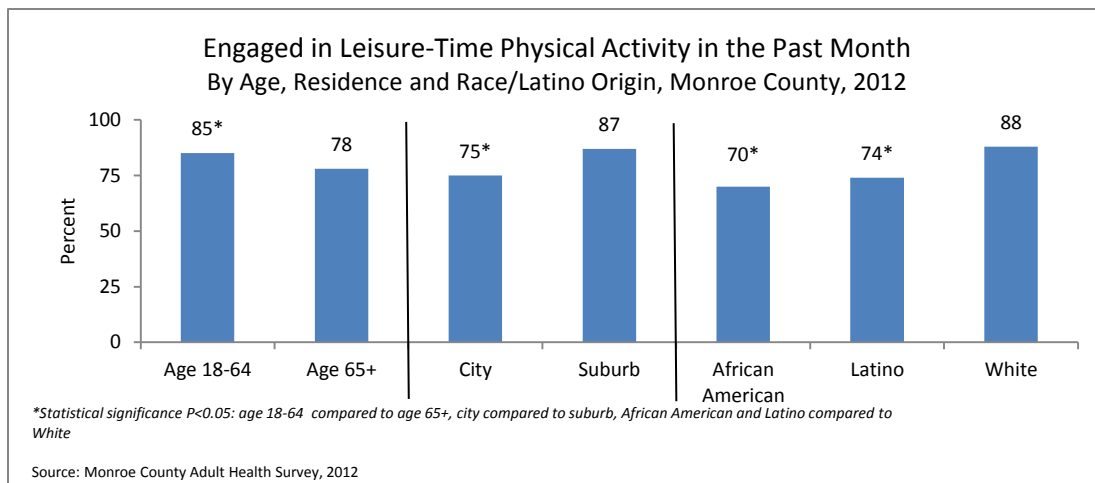
Sixty-eight percent (68%) of those in the obese or overweight categories reported they have tried to lose weight in the past year. Females were more likely than males to report they had tried to lose weight (75%\* vs. 62%). Of adults in the obese/overweight category who visited the doctor for a check-up in the past year, 45% said their doctor advised them to lose weight.

There were no differences in these percentages by residence, race/Latino origin and gender.

## **Leisure-Time Physical Activity in Past Month**

Leisure-time physical activity is defined as walking for exercise, golf, gardening, running or any other exercise or physical activity done during non-work time. Eighty-four percent (84%) of residents reported they participated in leisure-time physical activity in the past month. The percentage is higher than NYS in 2012 (75%\*), however the 2012 Monroe County AHS was conducted during the summer months, when residents tend to be more active, and the NYS BRFSS was conducted year round.

The graphic below shows the differences in leisure time activity in Monroe County.

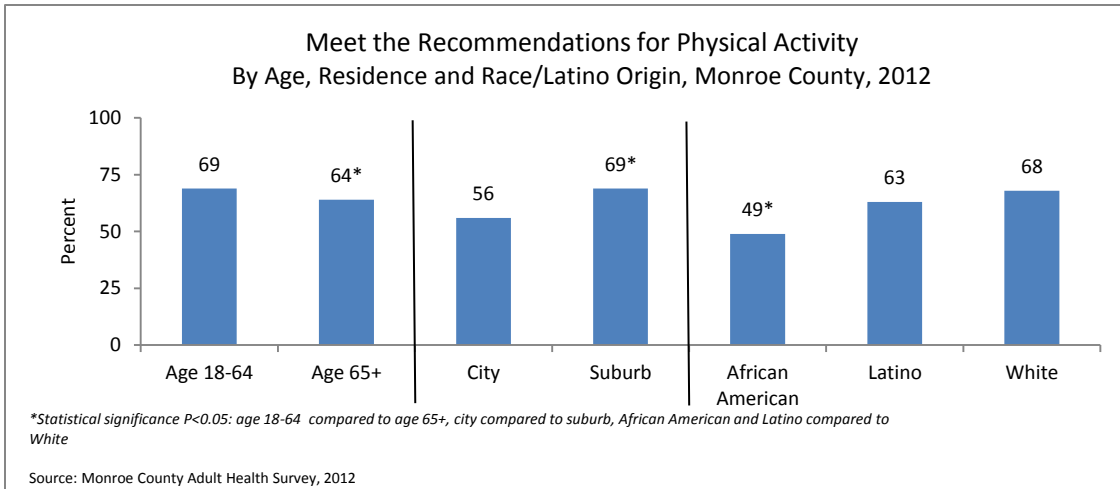


## **Aerobic Physical Activity**

Survey respondents were asked how often and how much time they spend engaging in moderate or vigorous physical activity. The National Recommendations for physical activity are for adults to *engage in 150 minutes of moderate-intensity aerobic activity or 75 minutes of vigorous-intensity aerobic activity, or a combination of the two each week*. According to the Monroe County Adult Health Survey, 65% of residents meet these recommendations. This percentage is comparable to national results from analysis of similar questions in the 2007 BRFSS.<sup>6</sup>

Differences by age, residence and race are shown in the graphic on the next page.

<sup>6</sup> <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5748a1.htm>

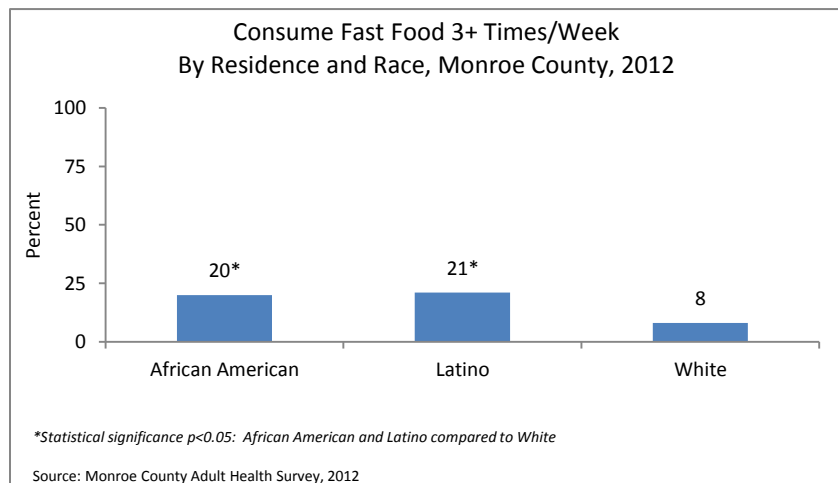
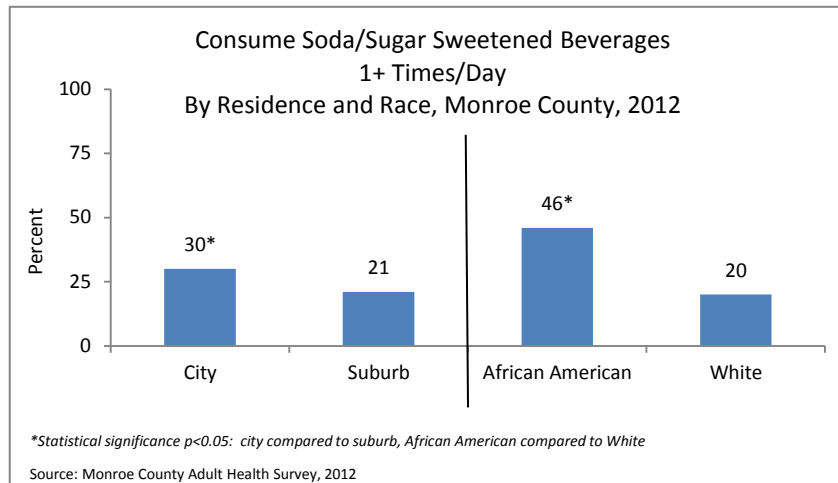


## Diet Practices/Intake

% of Monroe County Adults Reporting Diet Practices/Intake	Monroe County	Age 18-64	Age 65+
Watching their salt intake	58%	55%*	74%
Consume soda or another sugar sweetened beverage one or more times per day	23%	25%*	15%
Eat fast food 3 or more times per week	11%	12%*	4%

Source: Monroe County Adult Health Survey, 2012

Differences by residence and race in soda/sugar sweetened beverage and fast food consumption are shown in the graphics to the right.



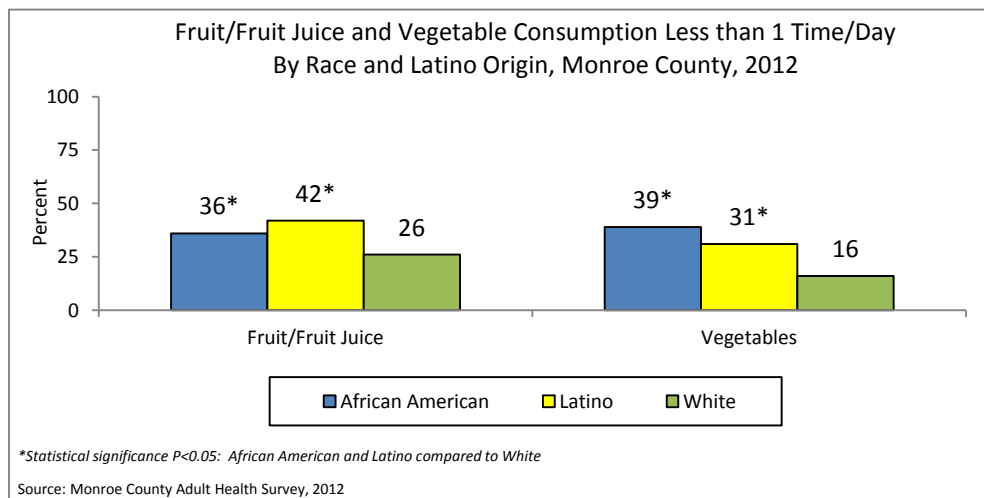
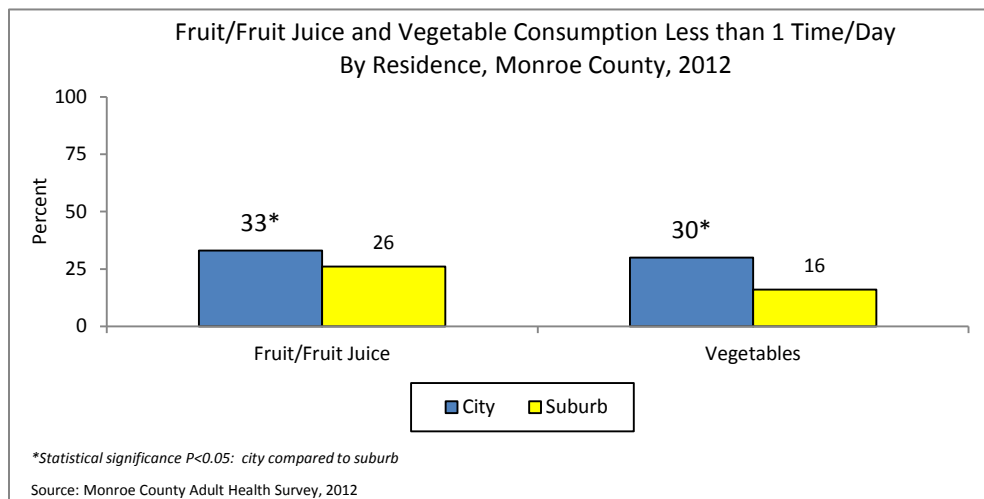


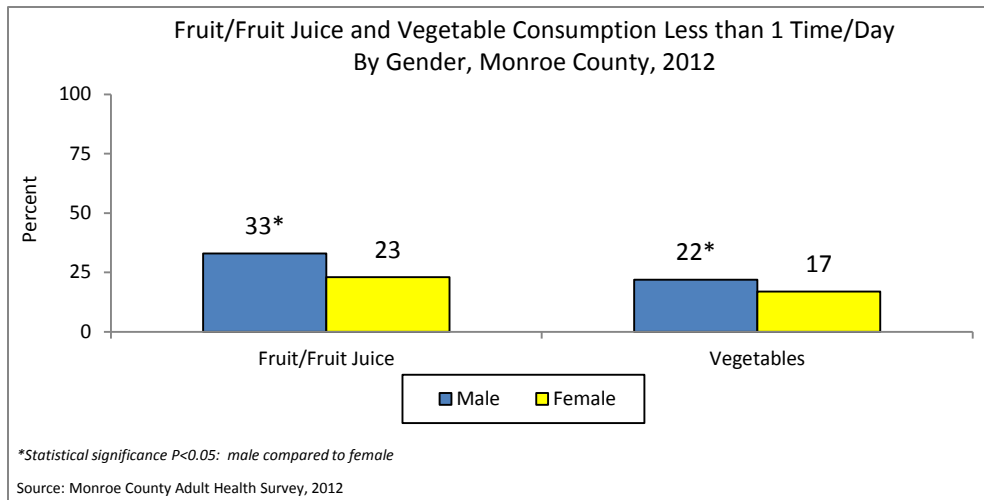
## **Fruit and Vegetable Intake**

The survey included questions about past month consumption of 100% fruit juice, fruit, legumes (such as black beans, chick peas), dark green vegetables, orange colored vegetables, and all other types of vegetables (including potatoes, but not french fries). Responses were analyzed to determine the number of times per day fruit and vegetables were consumed.

Twenty-eight percent (28%) reported consuming fruit less than one time per day and 20% reported consuming vegetables less than once per day. Adults ages 18-64 were more likely to consume fruit less than one time per day (30%\*) compared to adults aged 65 and older (21%). There was not a difference in vegetable intake between these age groups.

There were significant differences in fruit and vegetable intake by residence, race/Latino origin and gender.





### **Health Care Provider Counseling Related to Physical Activity and Nutrition**

Of Monroe County adults who visited a health care provider for a routine check-up in the past year, 49% said their provider spoke with them about their physical activity and 40% spoke with them about their eating habits. There were no differences by residence, race/Latino origin or gender.

### **Trends in Weight, Physical Activity and Nutrition**

There were increases in rates of obesity, obese/overweight and counseling related to nutrition and physical activity. The percentage of adults engaging in leisure-time physical activity increased between 2000 and 2006, however it may be due in part to the time of year the surveys were conducted. (2000 – Winter, 2006 and 2012- Spring and Summer)

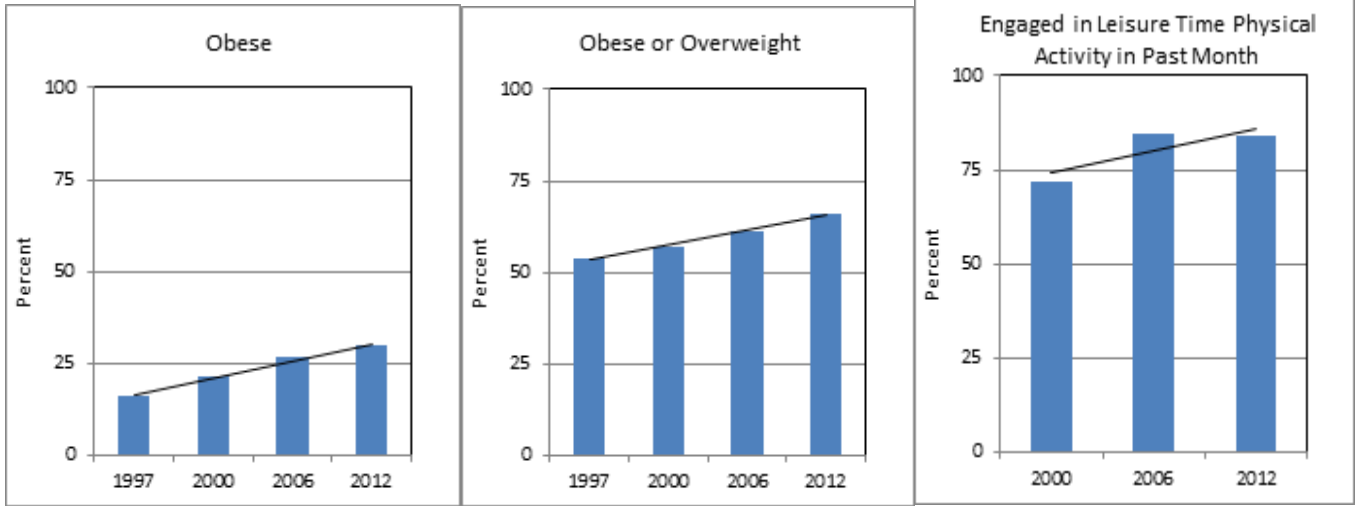
Monroe County Adult Health Survey Indicators	Survey Years	Trend		
		MC	City	Sub
Obese	1997, 2000, 2006, 2012	↑	↑	↑
Overweight	1997, 2000, 2006, 2012	NS	NS	NS
Obese or overweight	1997, 2000, 2006, 2012	↑	↑	↑
Engaged in leisure-time physical activity in past month	2000,2006,2012*	↑	↑	↑
Health care provider talked with them about physical activity - past year	2000,2006,2012	↑	↑	↑
Health care provider talked with them about eating habits - past year	2000,2006,2012	↑	↑	↑

NS – no statistically significant trend, ↑ statistically significant increase,  
 \* - stable between 2006-2012

Source: AHS

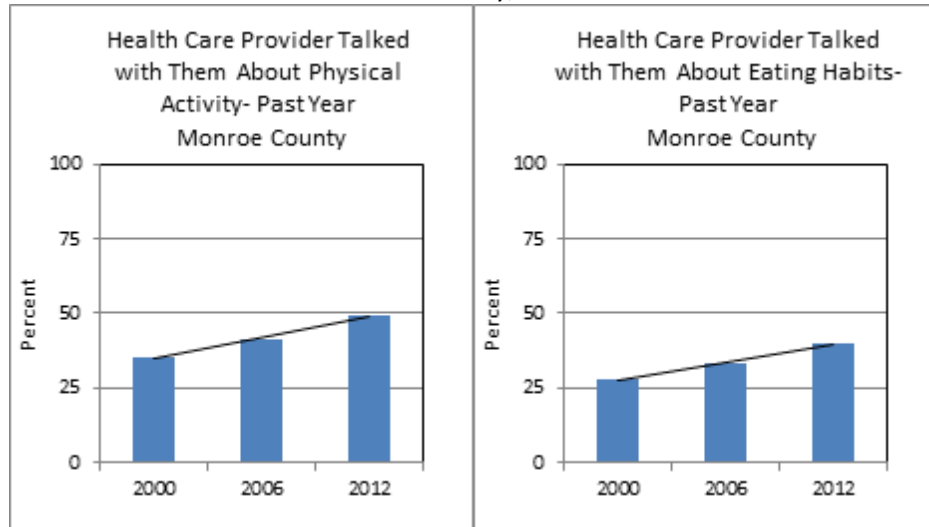
The questions about meeting the physical activity recommendations, salt intake, sugar sweetened beverages and fruit/vegetables were new in 2012, so there are no trend data.

Weight and Physical Activity Indicators  
 Monroe County, 1997-2012, with Trendlines



Source: AHS

Health Care Provider Counseling – Physical Activity/Nutrition  
 Monroe County, 2000-2012



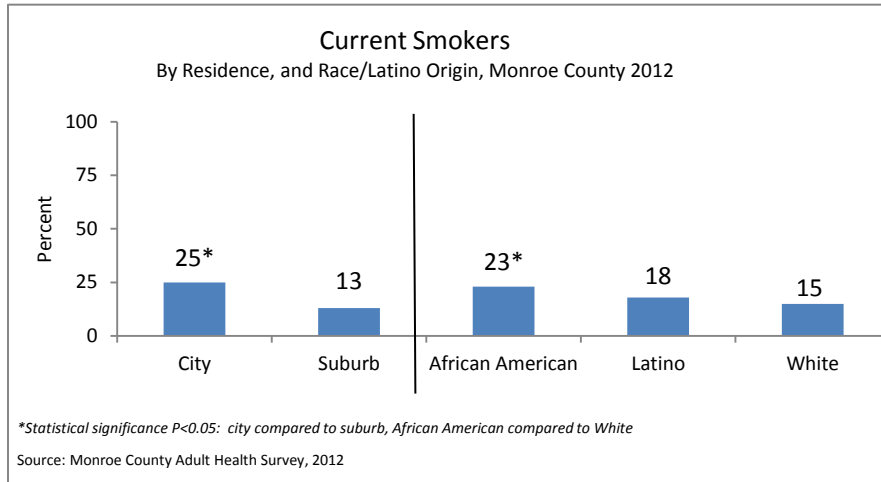
Source: AHS

# SMOKING

## Current Smokers

Sixteen percent (16%) of Monroe County residents reported they currently smoke cigarettes, which is the same as NYS in 2012 (16%).

Differences by sub-populations in Monroe County are shown in the graphic below.



## Quit Attempts and Physician Counseling

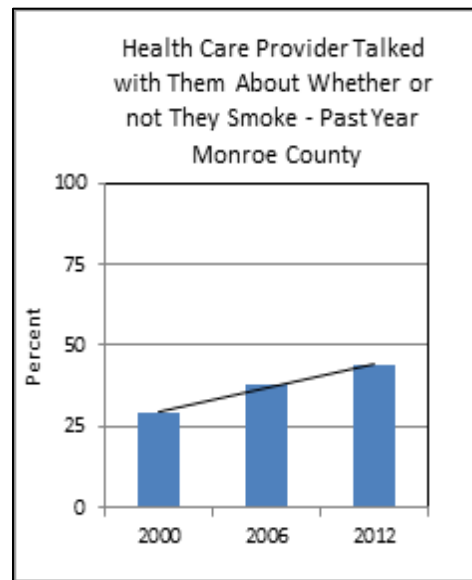
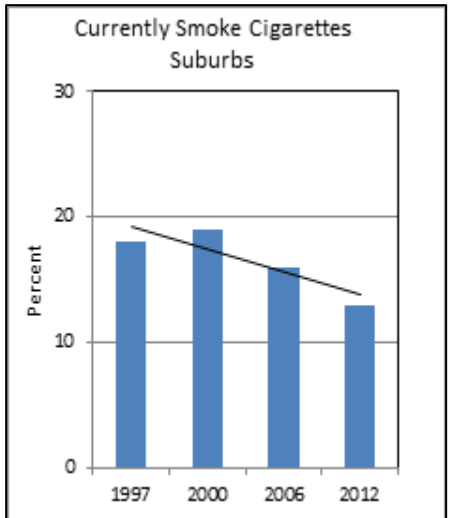
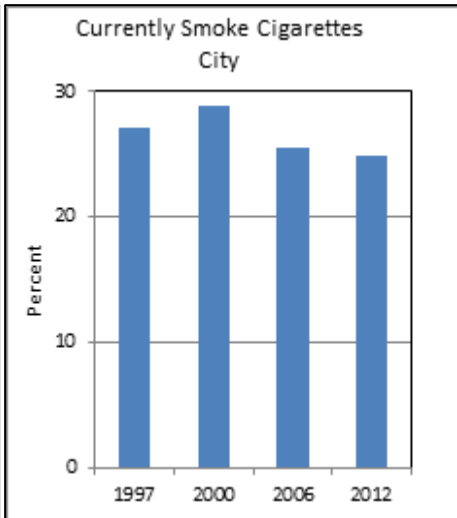
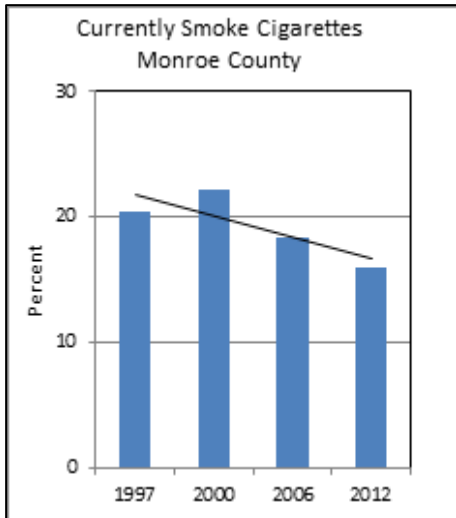
Of current smokers, 51% reported they stopped smoking one or more days in the past year because they were trying to quit. Eighty-two percent (82%) of current smokers who visited a health care provider for a check-up in the past year reported that their provider advised them to quit smoking. Of all residents who visited a health care provider for a routine check-up in the past year, 44% reported their provider talked with them about whether or not they smoke cigarettes.

**Trends in Smoking** The proportion of residents who smoke declined in Monroe County and in the suburbs. There was an increase in the percentage of residents who reported their health care provider talked with them about smoking.

Monroe County Adult Health Survey Indicators	Survey Years	Trend		
		MC	City	Sub
Current smoker- smoke daily or some days	1997, 2000, 2006, 2012	↓	NS	↓
Daily smokers advised by their health care provider to quit smoking – past year	2000, 2006, 2012	↑	NS	NS
Health care provider talked with them about whether or not they smoke - past year	2000, 2006, 2012	↑	↑	↑

NS – no statistically significant trend, ↑ statistically significant increase, ↓ statistically significant decrease  
Source: AHS

### Smoking Indicators 1997-2012



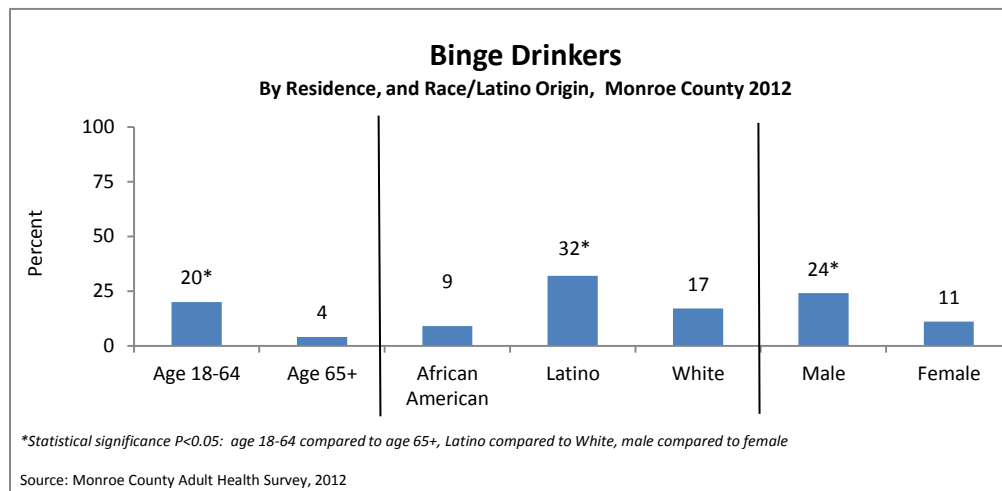
Source: AHS

# ALCOHOL AND MARIJUANA

## **Binge Drinking**

Seventeen percent (17%) of Monroe County residents reported they engaged in binge drinking<sup>7</sup> in the past month, which is comparable to the rate in NYS in 2012.

In Monroe County, there were no differences in binge drinking by residence. There were differences by age, Latino origin and gender as shown in the graphic below. The high rate among Latinos may be due in part to the younger population distribution.



## **Marijuana Use**

Eight percent (8%) of residents ages 18-64 reported they smoked marijuana in the past month. Males (13%) were more likely than females (4%) to report smoking marijuana.

## **Trends in Alcohol Use**

The only indicator that has trend data is related to whether or not a health care provider talked with them about their alcohol use. This rate increased from 13% in 2000 to 28% in 2012.

Monroe County Adult Health Survey Indicators	Survey Years	Trend		
		MC	City	Sub
Health care provider talked with them about whether or not they drink alcohol- past year	2000,2006,2012	↑	↑	↑

↑ statistically significant  
Source: AHS

<sup>7</sup> Males had 5 or more drinks and females 4 or more drinks on one occasion