



# Monroe County Adult Health Survey Report 2006

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CENTER FOR COMMUNITY HEALTH, UNIVERSITY OF ROCHESTER  
ROCHESTER AREA COMMUNITY FOUNDATION  
UNITY HEALTH SYSTEM  
VIAHEALTH HEALTH SYSTEM

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# EXECUTIVE SUMMARY

## **Introduction**

The Monroe County Department of Public Health conducted the third survey of health risks and behaviors of adults during the summer of 2006, with financial support from the University of Rochester's National Center for Deaf Health Research, the Rochester Area Community Foundation, Unity Health System, and ViaHealth Health System. Technical assistance was provided by the University of Rochester's Center for Community Health and the Department of Community and Preventive Medicine.

The Monroe County Adult Health Survey (AHS) was a countywide random digit dial telephone survey completed by 2,545 adults aged 18 and older. The purpose of the survey was to provide data on the prevalence of health behaviors and health status indicators among adult residents of Monroe County.

Data were collected by Macro International Inc. (d/b/a ORC Macro). Within households, one adult aged 18 years or older was randomly selected as the respondent. Fielding and interviewing methods were designed to replicate those of the Behavioral Risk Surveillance Survey (BRFSS).<sup>1</sup> The Adult Health Survey (AHS) instrument contained questions pre-tested for reliability and validity from national, state and local surveys, and questions developed by the Monroe County Department of Public Health and the National Center for Deaf Health Research at the University of Rochester. Surveys were conducted in both English and Spanish.

The sample was designed to "over-sample" the City of Rochester in order to achieve adequate numbers of African Americans, Latinos and older adults. Data were weighted to account for both unequal chances of selection, non-response rates, and to match the Monroe County population distribution for age, sex, race and Latino Origin.

The Council of American Research Organization (CASRO) response rate for the survey was 30.3%, which is on the low end of response rates obtained by the State BRFSS administered across the US. Nationally, response rates in random digit dial surveys have declined significantly over the past few years,<sup>2</sup> despite the best efforts of "refusal staff" to convert resistant households.

One limitation of the data is that those living in congregate-care facilities, those without telephones, and those with a primary language other than English or Spanish are excluded. Another limitation is that the AHS relies on self-reported data. Respondents tend to "under-report" such behaviors as alcohol 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.

In this report we compare results from the 2006 AHS to the 2000 AHS, and the NYS BRFSS. In addition, 2006 data are presented by age, gender and residence. Results by race (White and African American) and ethnicity (Latino Origin) are also included. It should be noted that race and ethnicity are two separate categories so respondents may be counted in both. (eg. White Latinos are counted as White in the race category and as Latino in the ethnicity category).

When comparing data from the Monroe County AHS to the NYS BRFSS, differences between percentages are said to be statistically significant when the 95% confidence intervals do not overlap. Differences between results from the 2000 and 2006 AHS and between sub-populations within the 2006 AHS are noted as statistically significant when the p value from the Rao Scott Chi Square test is less than 0.05. Statistically significant differences between populations are noted with an asterisk.

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<sup>1</sup> CDC Behavioral Risk Factor Surveillance System Operational and User's Guide Version 3.0 December 12, 2006  
<<http://ftp.cdc.gov/pub/Data/Brfss/userguide.pdf>>

<sup>2</sup> [http://www.cdc.gov/brfss/technical\\_infodata/quality.htm](http://www.cdc.gov/brfss/technical_infodata/quality.htm)

Please note that the 2000 AHS results published in this report differ from previous reports due to changes in the methodology used in weighting the data. In some cases the differences are very small, but in others substantial.

## **Highlights- Monroe County AHS, 2006**

### **Access to Health Care**

- Six percent (6%\*) of Monroe County adults reported they did not have health insurance compared to 14% in NYS. This percentage did not change between the 2000 and 2006 AHS.
- Nine percent of Monroe County adults reported that there was a time during the past year that they needed to see a doctor, but could not because of the cost.
- Twenty-three percent of Monroe County adults reported they did not have dental insurance.
- Younger adults, city residents, African Americans, and Latinos were more likely to report they lacked health insurance and had difficulty accessing health care compared to older adults, suburban residents, Whites and non-Latinos.

### **Health Status**

- Fourteen percent of Monroe County adults described their health as being fair or poor, which is not statistically different from the percentage in NYS. The percentage reporting fair or poor health increased from 11% in 2000 to 14% in 2006. This increase was mainly seen among older adults.
- Older adults, African Americans, Latinos, and city residents were more likely to report their health was fair or poor, and that they had functional limitations due to physical health problems, compared to younger adults, suburban residents, Whites, and non-Latinos.

### **Mental Health**

- Eight percent of Monroe County adults reported that they had frequent mental distress (FMD)<sup>3</sup>, which is comparable to the percentage in the 2000 AHS. City residents, African Americans and Latinos were more likely to report FMD and that they had functional limitations due to emotional problems, compared to suburban residents, Whites, non-Latinos.
- Based on responses to three alcohol related questions in the AHS<sup>4</sup>, an estimated 25% of Monroe County adults are at risk for alcohol abuse. This percentage did not change between the 2000 and 2006 AHS. Males were more likely than females to be at risk.
- Of Monroe County adults under age 65 years old, 14% reported that they ever were hit, slapped, pushed, kicked or physically hurt by an intimate partner and 6% reported that they were ever forced to have unwanted sex.
- According to responses to the AHS<sup>5</sup> it is estimated that 8% of Monroe County adults over age 65 are at risk for elder abuse. City residents were more likely to be at risk compared to suburban residents.

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<sup>3</sup> Their mental health was not good on 14 or more of the past 30 days.

<sup>4</sup> The three AUDIT-C questions: In the past year, how often did you have a drink containing alcohol?; In the past year, how many drinks did you have on a typical day when drinking?; In the past year, how often did you have six or more drinks on one occasion? Bush, et al. "The AUDIT Alcohol Consumption Questions (AUDIT-C) – An Effective Brief Screening Test for Problem Drinking," [Archives of Internal Medicine](#), Vol. 158, No. 16, September 14, 1998.

## **Health Promotion**

- Based on self-reported height and weight, 27% of Monroe County adults were categorized as obese, 35% were overweight, and 61% were overweight or obese. These percentages were not different from the percentages in NYS in 2006. The rate of obesity increased from 21% in 2000 to 27% in 2006. African Americans and Latinos were more likely to be categorized as obese compared to Whites and Non-Latinos.
- Fifteen percent of Monroe County adults reported they did not engage in any leisure-time physical activity within the past 30 days.<sup>6</sup> Fifty-three percent of Monroe County adults reported they usually meet the recommendations for physical activity.<sup>7</sup> Both of these percentages met the 2010 Goals and were better than NYS. It must be noted though that better rates of physical activity in Monroe County compared to NYS may be due in part to the time of year in which the surveys were administered. The AHS was administered in the summer, when individuals tend to be more active and the BRFSS was administered throughout the year. In Monroe County, older adults, females, African Americans and Latinos were more likely to report they did not engage in leisure-time physical activity in the past month.
- Twenty-one percent of Monroe County adults reported they consumed 5 or more fruits and vegetables on the day prior to the survey. Eighteen percent of Monroe County adults reported that they almost always or usually choose fast food when eating away from home. City residents, males, African Americans and Latinos were less likely to report they consume healthy foods and more likely to report they consume and/or purchase foods high in fat, saturated fat and trans fats compared to suburban residents, females, Whites and non-Latinos.
- Eighteen percent of Monroe County adults reported that they currently smoke cigarettes. This percentage was comparable to the percentage in NYS in 2006 and did not meet the 2010 Goal (12%). The percentage of adults who reported they smoke declined from 22% in 2000 to 18% in 2006. City residents, African Americans and Latinos were more likely to smoke compared to suburban residents, Whites and non-Latinos.
- Four percent of Monroe County adults aged 18-64 years old reported that in the past year, they engaged in one or more high risk behaviors that put them at risk for HIV.<sup>8</sup> City residents were more likely to report engaging in these behaviors compared to suburban residents.
- Of Monroe County adults who engaged in sexual intercourse with more than one partner in the past year 55% reported that they used a condom the last time they had sex.

## **Disease Prevention**

- Ten percent of Monroe County adults reported that they were ever told they have diabetes. Monroe County residents were more likely to report this compared to NYS residents. The percentage reporting they were ever told they have diabetes doubled between 2000 and 2006. Older adults and African Americans were more likely than younger adults and Whites to report they were ever told they have diabetes.

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<sup>5</sup> 6 screening questions for elder abuse were included in the AHS. Schofield, M.J., Reynolds, R., Mishra, G.D., Powers, J.R., Dobson, A.J. (2002). "Screening for Vulnerability to Abuse Among Older Women: Women's Health Australia Study." *The Journal of Applied Gerontology*. Vol 21, pp-24-39.

<sup>6</sup> Walking for exercise, golf, gardening, running or any other exercise or physical activity done during non-work time.

<sup>7</sup> Engaged in moderate activity 5 or more days per week for 30 minutes per day or engaged in vigorous physical activity on 3 or more days per week for 20 minutes per day.

<sup>8</sup>Have used intravenous drugs in the past year; Have been treated for a sexually transmitted or venereal disease in the past year; have given or received money or drugs in exchange for sex in the past year; Had anal sex without a condom in the past year

Ninety-six percent of Monroe County adults reported that they had their blood pressure checked in the past 2 years and they knew whether their level was high, normal or low. This percentage met the 2010 Goal (95%). Thirty-two percent of Monroe County adults reported that were ever told they have high blood pressure.<sup>9</sup> Monroe County residents were more likely to report this compared to NYS residents. The percentage of adults reporting they have high blood pressure increased from 27% in 2000 to 32% in 2006. Percentages were higher among older adults and African Americans, compared to younger adults and Whites.

- Eighty-five percent of Monroe County adults reported that they had their blood cholesterol level checked within the past 5 years, which was better than the percentage in NYS and met the 2010 Goal (80%).
- Of Monroe County adults who ever had their cholesterol checked, 37% reported that they were ever told their cholesterol was high.<sup>10</sup> This percentage was comparable to NYS in 2005.
- Thirteen percent of Monroe County adults reported that they were ever told they have asthma. City residents were more likely than suburban residents and females were more likely than males to report they were ever told they have asthma.
- Ninety percent of Monroe County women age 40 and older reported that they received a mammogram in the past 2 years. This percentage was better than the NYS percentage in 2006 and it met the 2010 Goal (70%). The percentage of women who received a mammogram declined from 94% in 2000 to 90% in 2006.
- Ninety-one percent of Monroe County women reported that they had a PAP smear in the past 3 years. This percentage met the 2010 Goal (90%) and was better than the NYS percentage in 2006.
- Twenty-nine percent of Monroe County adults aged 50 and older reported that they took a fecal occult blood stool test with the past 2 years. This percentage was better than the NYS percentage in 2006, but did not meet 2010 Goal (33%).
- Sixty-nine percent of Monroe County adults aged 50 and older reported that they ever had a colonoscopy or sigmoidoscopy. This percentage was better than the NYS percentage in 2006 and it met the 2010 Goal (50%). City residents and African Americans were less likely to report they ever had this test.
- Eighty-three percent of Monroe County adults age 65 and older reported that they had an influenza immunization in the past year. This percentage was better than the NYS percentage in 2006 but did not meet the 2010 Goal (90%). The percentage reporting that they were immunized for influenza in the past year increased from 70% in 2000 to 82% in 2006.
- Seventy-nine percent of Monroe County adults age 65 and older reported that they had ever had a pneumococcal vaccination. This percentage was better than the NYS percentage in 2006, but did not meet the 2010 Goal (90%).
- The significant disparity in immunization rates between African Americans and Whites in 2000, was eliminated in 2006.

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<sup>9</sup> Were ever told they have high blood pressure or their blood pressure was high on their last check.

<sup>10</sup> Were ever told they have high blood cholesterol or their blood cholesterol was high on their last check.

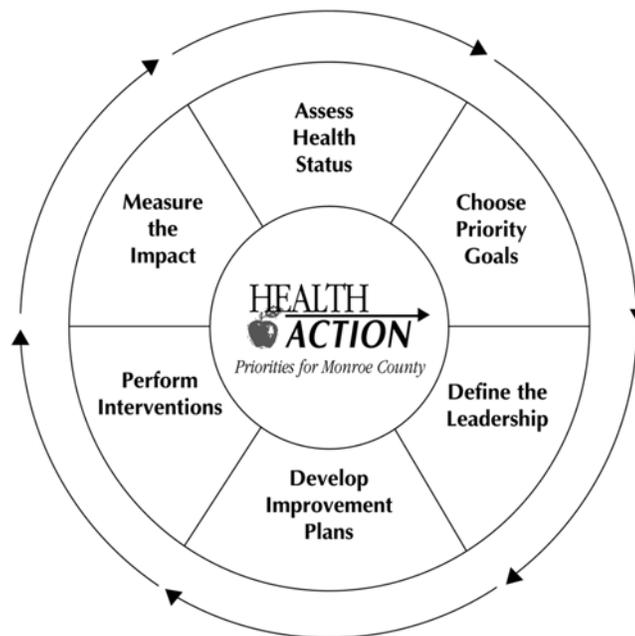
# INTRODUCTION

## Introduction

The Monroe County Department of Public Health conducted the third survey of health risks and behaviors of Monroe County adults during the summer of 2006, with financial support from the University of Rochester's National Center for Deaf Health Research, the Rochester Area Community Foundation, Unity Health System, and ViaHealth Health System. Technical assistance was provided by the University of Rochester's Center for Community Health and the Department of Community and Preventive Medicine.

The purpose of the survey was to provide data on the prevalence of health behaviors and health status indicators among adult residents of the county. Since 1995, health and planning agencies in Monroe County have worked together to develop a strategy to improve the health status of our community. The **HEALTH ACTION** 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 evaluation of 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 five focus areas: **Maternal/Child Health**, **Adolescent Health**, **Adult Health**, **Older Adult Health** and **Environmental Health** (available at [www.healthaction.org](http://www.healthaction.org)). The data in these report cards were used to determine the priorities for action for the next several years for each focus area.

For adults and older adults, goals for improving health status have traditionally focused on causes of death and disability such as heart disease or cancer. Behavior, lifestyle and use of preventive services, however, play an important part in determining the health status of an individual. Shifting our focus to the modifiable factors that lead to disease, disability and death is a critical step toward achieving individual and community health improvement. The Adult Health Survey (AHS) is a tool to track health risk factors and behaviors of Monroe County residents. The survey can also be used by groups in the community for grant applications and to mobilize residents to work on specific health improvement projects.

This report reviews the survey methodology and highlights the results of the survey for the county and sub-populations, along with comparisons to results from the 2000 Monroe County AHS, the New York State Behavioral Risk Factor Survey (BRFSS) and the 2010 Goals for the Nation.

## **Survey Methodology**

This was a county-wide random digit dial telephone survey completed by 2,545 Monroe County adults during the summer of 2006. Data were collected by Macro International Inc. (d/b/a ORC Macro). Surveys were conducted in both English and Spanish.

Within households, one adult aged 18 years or older was randomly selected as the respondent. Fielding and interviewing methods were designed to replicate those of the Behavioral Risk Surveillance Survey (BRFSS).<sup>11</sup> The AHS survey instrument contained questions pre-tested for reliability and validity from national and state, and questions developed by the Monroe County Department of Public Health and the National Center for Deaf Health Research at the University of Rochester.

The sample was designed to “over-sample” the City of Rochester in order to achieve adequate numbers of African Americans, Latinos and older adults. Because telephone exchanges do not follow geographic boundaries, interviewers depended on respondents’ self-reported zip code and town to determine the location of residence.

When data are collected in a random digit dial survey, the likelihood of being selected to participate may depend on how many adults live in the household, on how many telephones there are, and the location of residence. So that inferences from the data could be used to make generalizations to adults and older adults living in Monroe County, survey data were weighted to correct for these unequal chances of selection.

A survey sample that has been weighted to correct for unequal chances of selection may still not match the population for all demographic characteristics since survey non-response rates are often different among different demographic groups. For example, men tend to refuse survey participation more often than women, very young adults are often difficult to reach, and very old adults often cannot participate in a telephone survey. Post-stratification is used to correct for this.

The sample was also weighted to match the Monroe County, NY population totals for age, sex, Latino Origin and race. The source of the data for the calibration is the Census Bureau Population Estimates as of July 1, 2005. The table on the next page shows the percentages of the weighted sample by race and Latino Origin.

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<sup>11</sup> CDC Behavioral Risk Factor Surveillance System Operational and User’s Guide Version 3.0 December 12, 2006  
<<http://ftp.cdc.gov/pub/Data/Brfss/userguide.pdf>>

**Monroe County Adult Health Survey, 2006**  
**Percentage of Weighted Sample by Gender, Latino Origin and African Americans and Whites**

	Total	All Races and Both Genders		All Races				White, Not Latino				Black, Not Latino			
				Male		Female		Male		Female		Male		Female	
		18-64	65+	18-64	65+	18-64	65+	18-64	65+	18-64	65+	18-64	65+	18-64	65+
<b>Latino</b>	3.9	3.5	0.3	1.1	0.2	2.2	0.2	0	0	0	0	0	0	0	0
<b>Not Latino</b>	96.1	78.6	17	38.9	6.9	39.2	10	32.2	6.4	32.4	9.3	4.8	0.5	5.8	0.7
<b>Total</b>	100	82.1	17.3	40	7.1	41.4	10.2	32.2	6.4	32.4	9.3	4.8	0.5	5.8	0.7

These AHS results may be used for disease prevalence and risk factor estimation. They may also be used for planning, targeting and evaluating program strategies and interventions.

**Response Rate**

The Council of American Research Organization (CASRO) response rate for the survey was 30.3%, which is on the low end of response rates obtained by the Behavioral Risk Factor Surveys (BRFSS) administered in states across the US. Nationally, response rates in random digit dial surveys have declined significantly over the past few years,<sup>12</sup> despite the best efforts of “refusal staff” to convert resistant households. The increased use of caller ID to screen unwanted phone calls, and the use of cell phones instead of residential phones, is making it more difficult to obtain representative samples for phone surveys.

**Limitations of the Data**

One limitation of the data is that those living in congregate-care facilities, those without telephones, and those with a primary language other than English or Spanish are excluded.

Another limitation is that the AHS relies on self-reported data. Respondents tend to “under-report” such behaviors as alcohol 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.

**Comparability of the Monroe County 2006 AHS to the NYS BRFSS**

Results from the Monroe County AHS 2006 can be compared to results from the NYS BRFSS for questions that are the same. Questions on the NYS BRFSS are rotated so that not every question is asked annually. As a result, NYS comparison data in this report are from either 2005 or 2006, whichever year the particular question was included in the survey. When comparing results between the Monroe County AHS and the NYS BRFSS, differences between indicators are said to be statistically significant if the 95% confidence intervals do not overlap. Statistical differences are noted with an asterisk.

<sup>12</sup>[http://www.cdc.gov/brfss/technical\\_infodata/quality.htm](http://www.cdc.gov/brfss/technical_infodata/quality.htm)

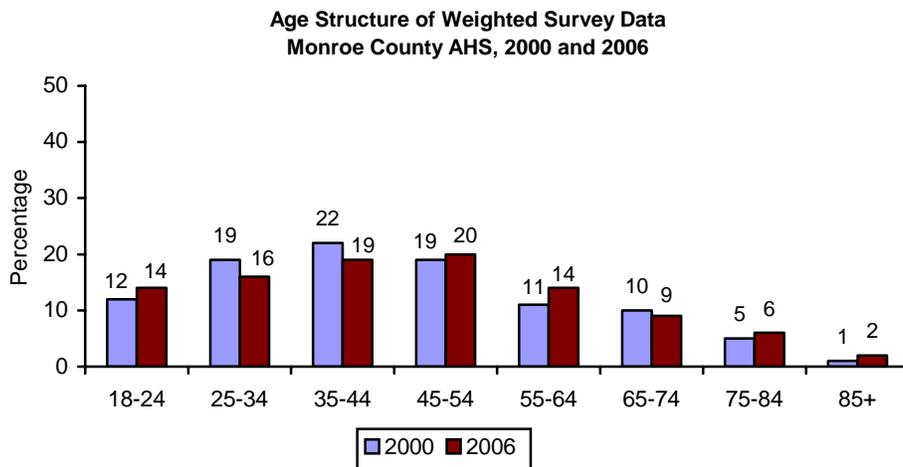
It should also be noted that the NYS BRFSS was administered year-round, while the AHS was conducted during the summer months. The time of year in which the survey was administered could have had an impact on prevalence rates of behaviors related to physical activity and food intake.

**Comparability of the 2006 AHS to the 2000 AHS**

Data from the Monroe County AHS 2006 can be compared to the 2000 AHS for questions that were included in each survey.

Please note that the 2000 AHS results published in this report differ from previous reports due to changes in the methodology used in weighting the data. In some cases the differences are very small, but in others substantial.

When comparing data from previous years the change in the age structure of the Monroe County adult population must be considered because the survey data were weighted to match the age structure of the year in which the survey was administered. As shown in the graphic below, the population in 2006 had higher percentages of middle and older aged adults compared to the population in 2000. This may have contributed to the fact that some of the health status indicators in the 2006 AHS worsened. In order to account for this we looked at the age specific rates for many of the indicators to determine if the rates changed due to the change in age structure, or if the rates changed among all age groups.



When comparing data between the 2000 and 2006 AHS, sample prevalence rates are noted as statistically different when the p value from the Rao Scott Chi Square test is less than 0.05. Statistical differences are noted with an asterisk.

It should be noted that these are point in time surveys and responses to questions may be dependent upon the time of the year in which the survey was completed. For example rates of physical activity may be higher in the 2006 AHS because it was completed in the summer, while the 2000 AHS was completed in the winter.

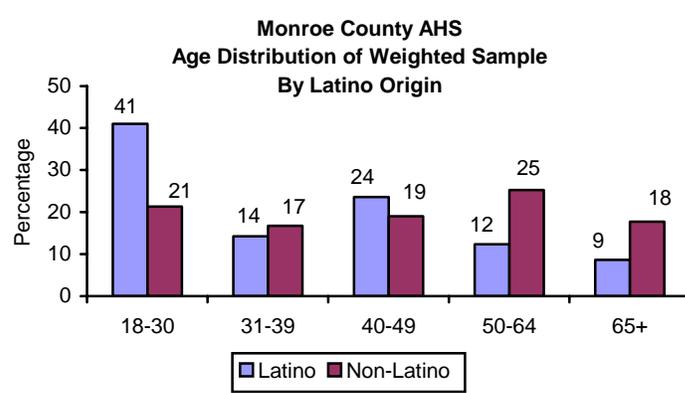
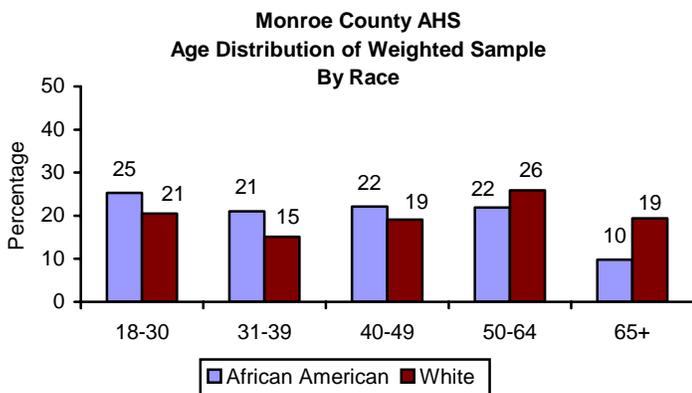
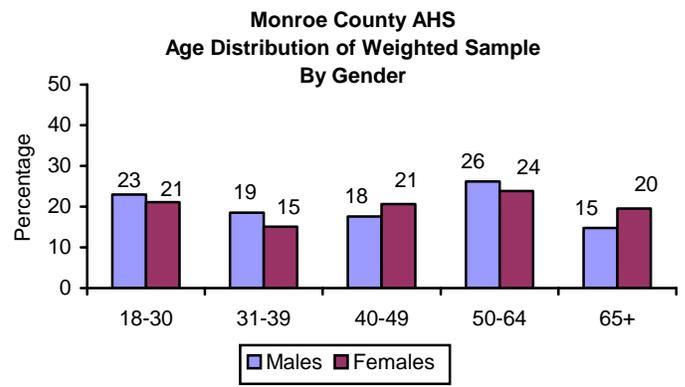
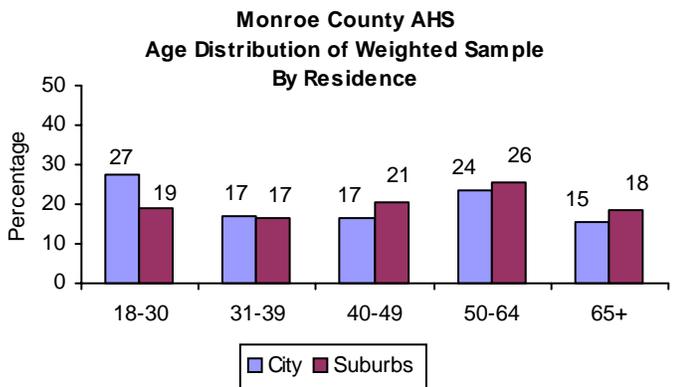
## Comparability Between Sub-Populations in the 2006 AHS

In this report, data are presented by the following subpopulations: age, gender and residence. Results by race (White and African American) and ethnicity (Latino Origin) are also included. It should be noted that race and ethnicity are two separate categories so respondents may be counted in both. (eg. White Latinos are counted as White in the race category and as Latino in the ethnicity category).

When comparing data between sub-populations within the Monroe County AHS sample, prevalence rates are noted as statistically different when the p value from the Rao Scott Chi Square test is less than 0.05. Statistical differences are noted with an asterisk.

Two populations may differ in their age structure which could have an impact on the prevalence of certain indicators. For example, disease prevalence increases with age, so a population with a higher proportion of older adults might have a higher disease prevalence compared to a population with a lower proportion of older adults.

As shown in the graphics below, there were higher proportions of younger adults, within the city compared to the suburbs, among males compared to females, among African Americans compared to Whites, and among Latinos compared to non-Latinos.



In this report, when there were significant differences between two sub-populations, data were further analyzed by age specific rates to determine if the differences were due in part to differences in the age structures between the two populations. If the age specific rates were not calculated, it would not have been possible to know whether the differences in the prevalence rates were due to differences in the age composition of the sub-populations or true differences in the prevalence rates.

## **Report Format**

Beginning on the next page, the survey results are organized in the following five sections:

1. Access to Health Care
2. Health Status
3. Mental Health
4. Health Promotion
5. Disease Prevention

Within each section there are indicators from the AHS for all Monroe County adults and sub-populations within the county, along with state and/or national comparison measures when available, and the 2010 Goals for the Nation.

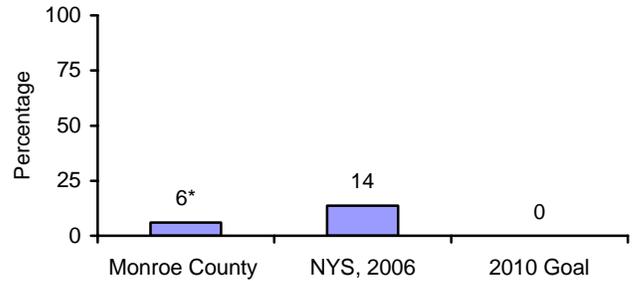
# MONROE COUNTY ADULT HEALTH SURVEY, 2006

## ACCESS TO HEALTH CARE

### Health Insurance Coverage

The National 2010 Goal for health insurance coverage is to reduce the percentage of adults who lack health insurance to 0%. As shown in the graphic to the right, the percentage in Monroe County (6%) has not met the 2010 Goal. Monroe County residents however, were less likely to report they lacked health insurance compared to NYS residents in 2006.

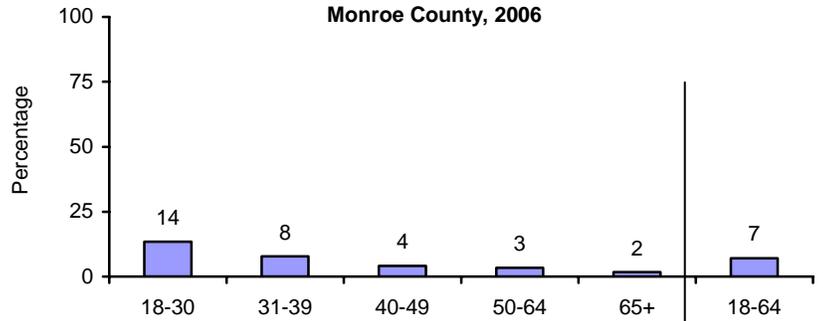
Do Not Have Health Insurance  
Monroe County, 2006  
Compared to NYS, 2006 and the 2010 Goal



The percentage of Monroe County residents who reported they lacked health insurance did not change between the 2000 and 2006 AHS.

In the 2006 AHS, the percentage of adults without health insurance was highest among those ages 18-30 years old.

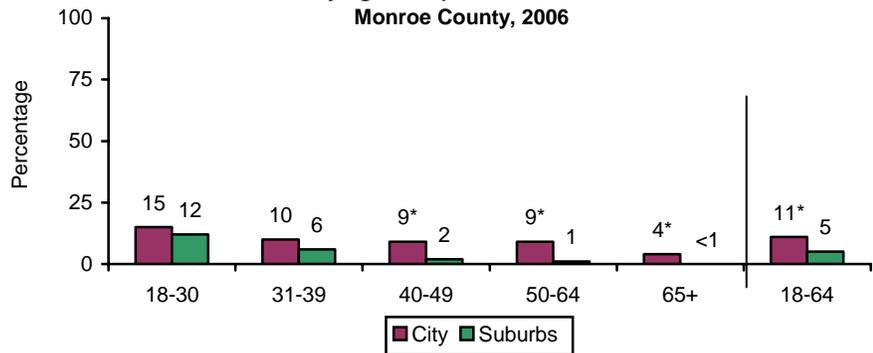
Do Not Have Health Insurance  
By Age Group  
Monroe County, 2006

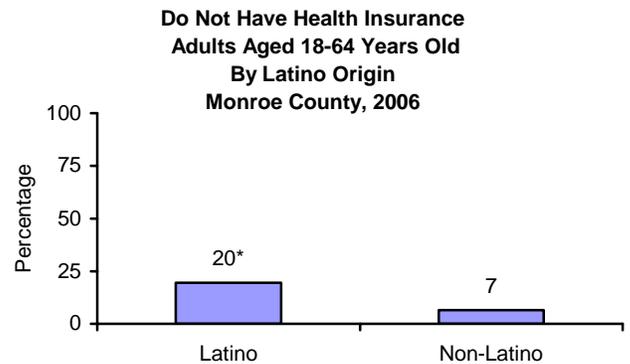
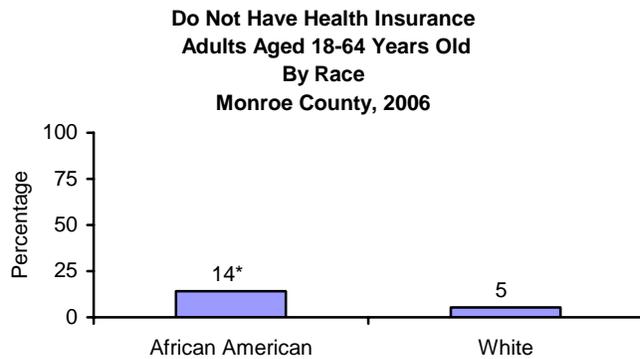


Among adults aged 40 and older, city residents were more likely to report they lacked health insurance compared to suburban residents.

Despite the fact that Medicare is available for all legal residents age 65 and older, 4% of older adults in the City reported they did not have health insurance.

Do Not Have Health Insurance  
By Age Group and Residence  
Monroe County, 2006





Among adults under age 65, there were significant disparities in the percentages of respondents without health insurance by race and Latino Origin. These disparities occurred in nearly all age groups.

**Reason Reported by Respondents to Explain Why They Were Without Health Insurance**

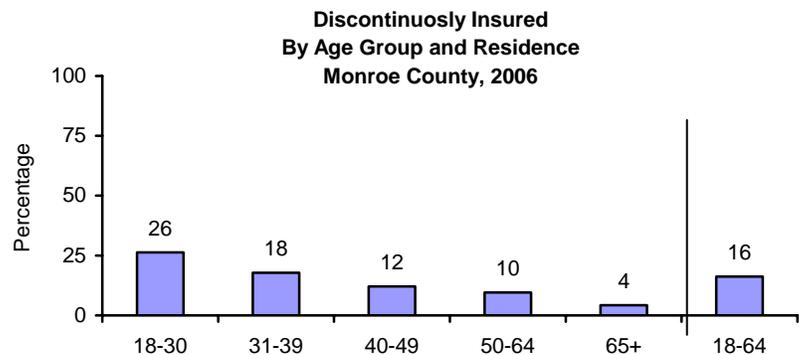
More than half of all respondents who did not have health insurance reported the following reasons they were in the situation:

- They couldn't afford the premiums (36%)
- They lost their job or changed their job (22%)
- Their employer doesn't offer or stopped offering coverage (12%)

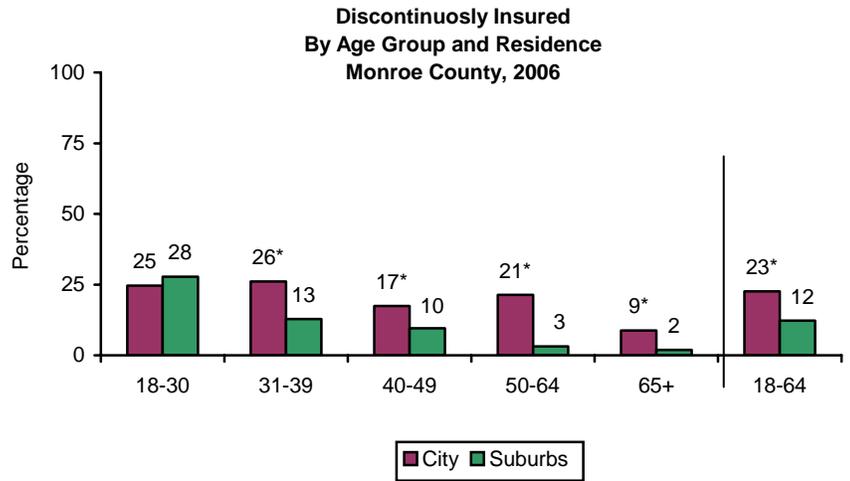
**Discontinuously Insured**

Discontinuously insured is defined as being without health insurance at some point during the past 2 years. 14% of all Monroe County adults reported they were discontinuously insured.

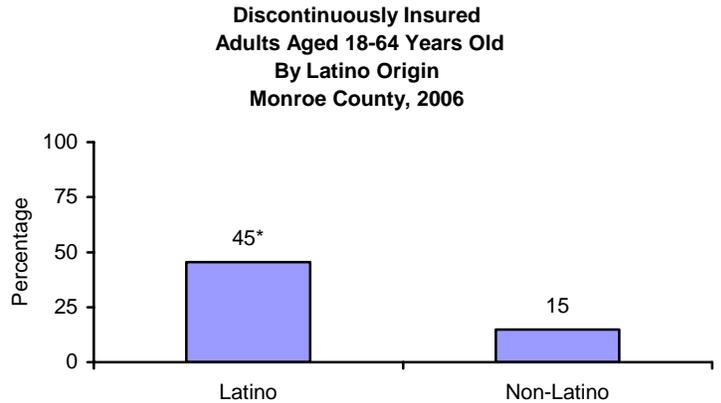
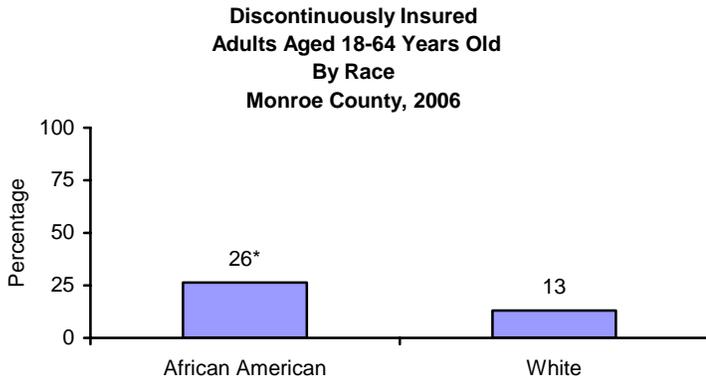
In Monroe County, the percentage of adults who reported being discontinuously insured was highest among those aged 18-30 years old.



City residents were more likely to report they were discontinuously insured compared to suburban residents. This difference occurred within all age groups except age 18-30.



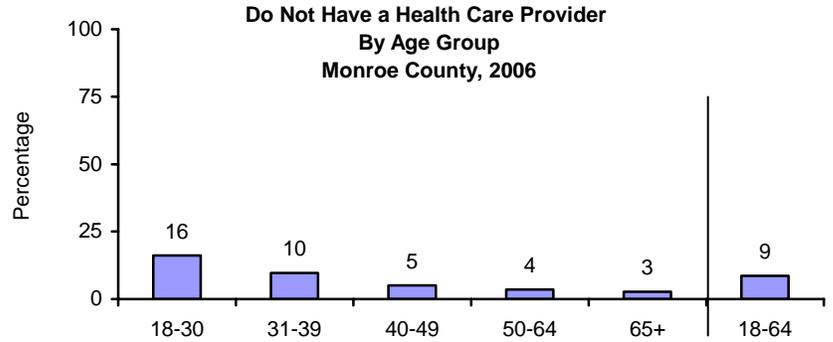
Among adults under age 65, African Americans and Latinos were more likely to report they were without health insurance at some point during the past 2 years compared to Whites and non-Latinos. These differences occurred in nearly all age groups.



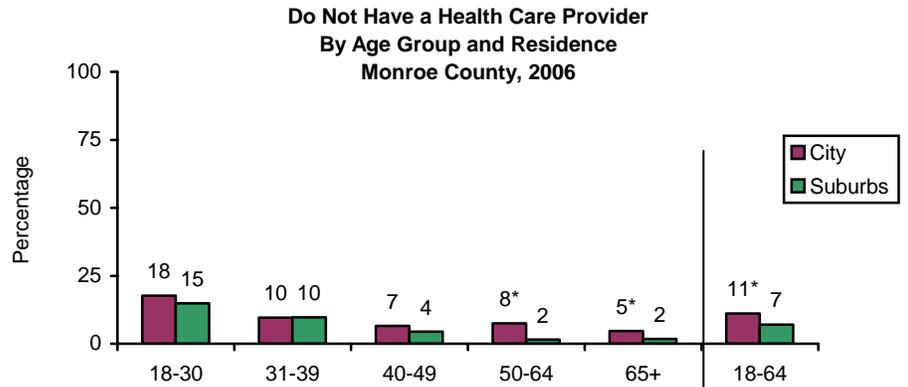
## Access to a Personal Doctor or Health Care Provider

Eight percent of Monroe County adults reported they do not have a personal health care provider.

Younger adults were more likely than older adults to report they did not have a health care provider.



Among adults aged 50 and older, city residents were significantly more likely to report they lacked a health care provider compared to suburban residents.



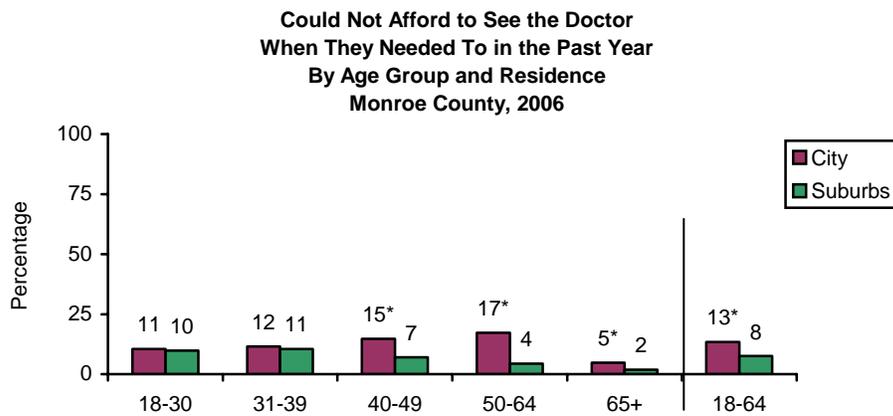
African Americans (15%\*) were more likely than Whites (6%), and Latinos (18%\*) were more likely than non-Latinos (7%) to report they were without a personal health care provider. These differences occurred in most age groups.

## Could Not Afford Medical Care

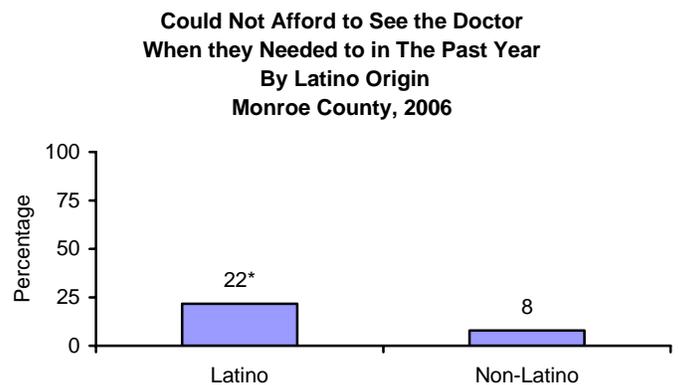
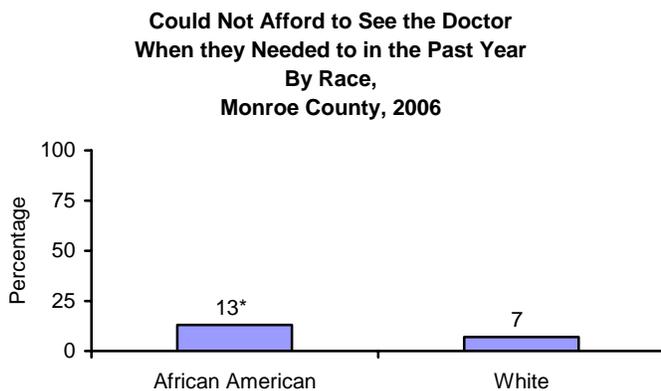
Nine percent of respondents to the AHS reported that there was a time in the past year when they needed to see the doctor but could not because of the cost.

Adults under age 65 (9%) were more likely to report having difficulty affording medical care compared to older adults (3%).

Among adults age 40 and older, city residents were more likely than suburban residents to report they couldn't afford to see the doctor in the past year.



African Americans and Latinos were more likely than Whites and non-Latinos to report they couldn't afford to see the doctor.



## **Visited the Doctor for a Routine Check-up in the Past Year**

There is currently no national standard recommendation for the frequency of routine health checkups. Locally, major insurers recommend the following guidelines unless advised differently by a physician: Age 19-40, every 5 yrs; 41-50 every 3 yrs; 51- 59, every 2 yrs; 60+ every 1-2 yrs.<sup>13</sup>

In the AHS, respondents were asked when they last saw the doctor for a routine checkup. Responses were categorized accordingly: 1-12 months ago; 1-2 years ago; 2-5 years ago and never. Unfortunately, these time categories do not match the recommendations listed above. However, these data give us some indication of access to routine care.

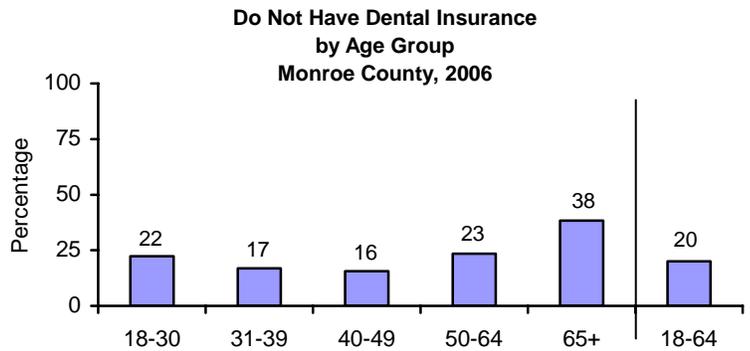
Ninety-three percent of adults age 50 and older saw a health care provider for a checkup within the past 2 years. Ninety-two percent of adults under age 50 saw a health care provider for a checkup within the past 5 years. Within this age group, males (89%\*) were less likely than females (96%) to report they received a checkup in the past 5 years.

There were no other statistically significant differences by sub-populations.

## **Dental Insurance Coverage**

Twenty-three percent of Monroe County adults reported they did not have dental insurance. This percentage did not change significantly between the 2000 and 2006 AHS.

In the 2006 AHS, adults aged 65 and older, were more likely than younger adults to report they were without dental insurance.



City residents (26%\*) were more likely to report they lacked dental insurance compared to suburban residents (22%). There were no significant differences by race or Latino Origin.

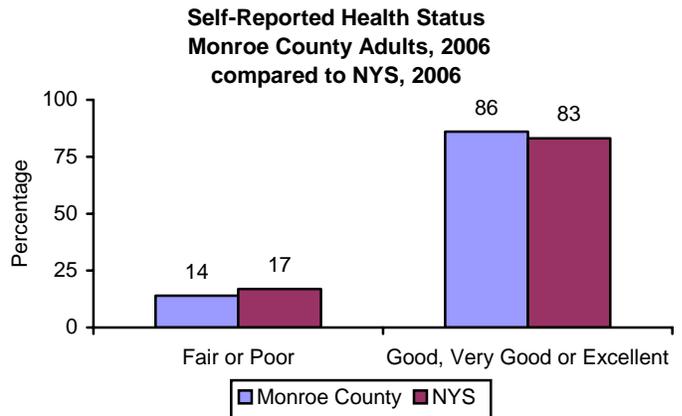
<sup>13</sup> [https://www.excellusbcbs.com/guests/health\\_and\\_wellness/healthy\\_living/preventive\\_health.shtml](https://www.excellusbcbs.com/guests/health_and_wellness/healthy_living/preventive_health.shtml) and <http://www.preferredcare.org/onlineservices/member/preventivehealthcare.html>

# HEALTH STATUS

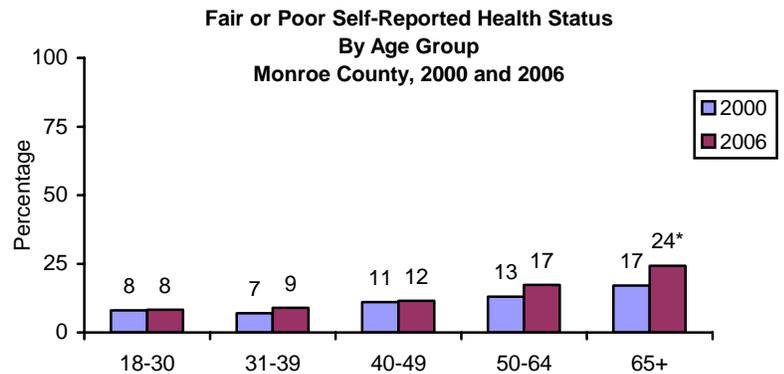
## Self-Reported Health Status

Respondents to the 2006 AHS were asked whether they would describe their health status as poor, fair, good, very good, or excellent.

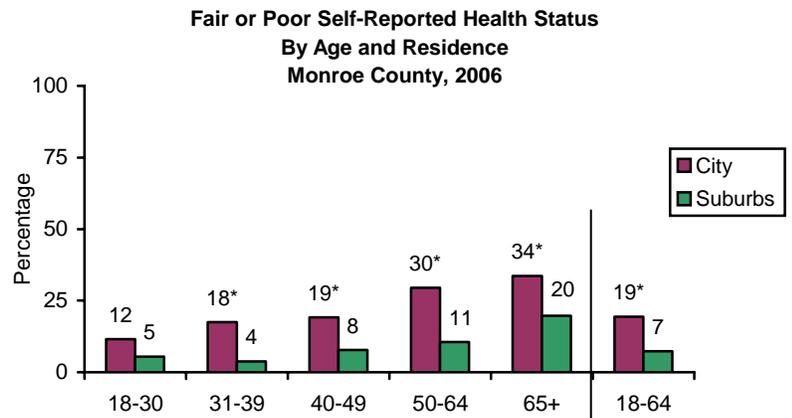
Fourteen percent described their health status to be fair or poor and 86% said their health status was good, very good or excellent. There were no statistical differences between the percentages in Monroe County and in NYS in 2006.



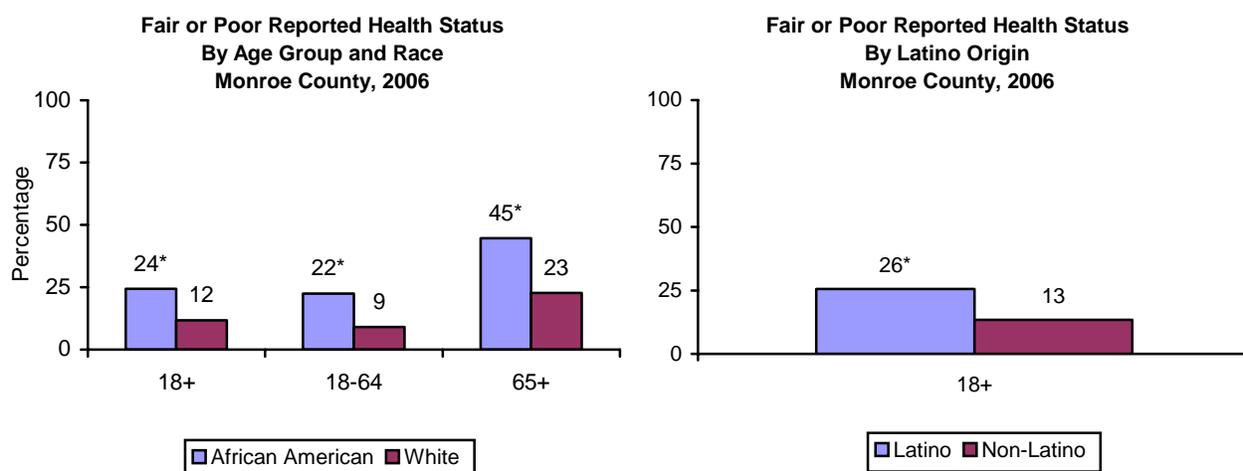
The percentage of Monroe County adults who reported fair to poor health increased from 11% in 2000 to 14% in 2006. As shown in the graphic to the right, the increase occurred mainly among older adults.



City residents were more likely to report fair or poor health status compared to suburban residents. This occurred within nearly every age group.



As shown on the following page, African Americans and Latinos were more likely to report fair or poor health status compared to Whites and non-Latinos. It should be noted that Latino data were not analyzed by age group because the sample size was too small.



### **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, these functional limitations were more prevalent in 2006 than in 2000.

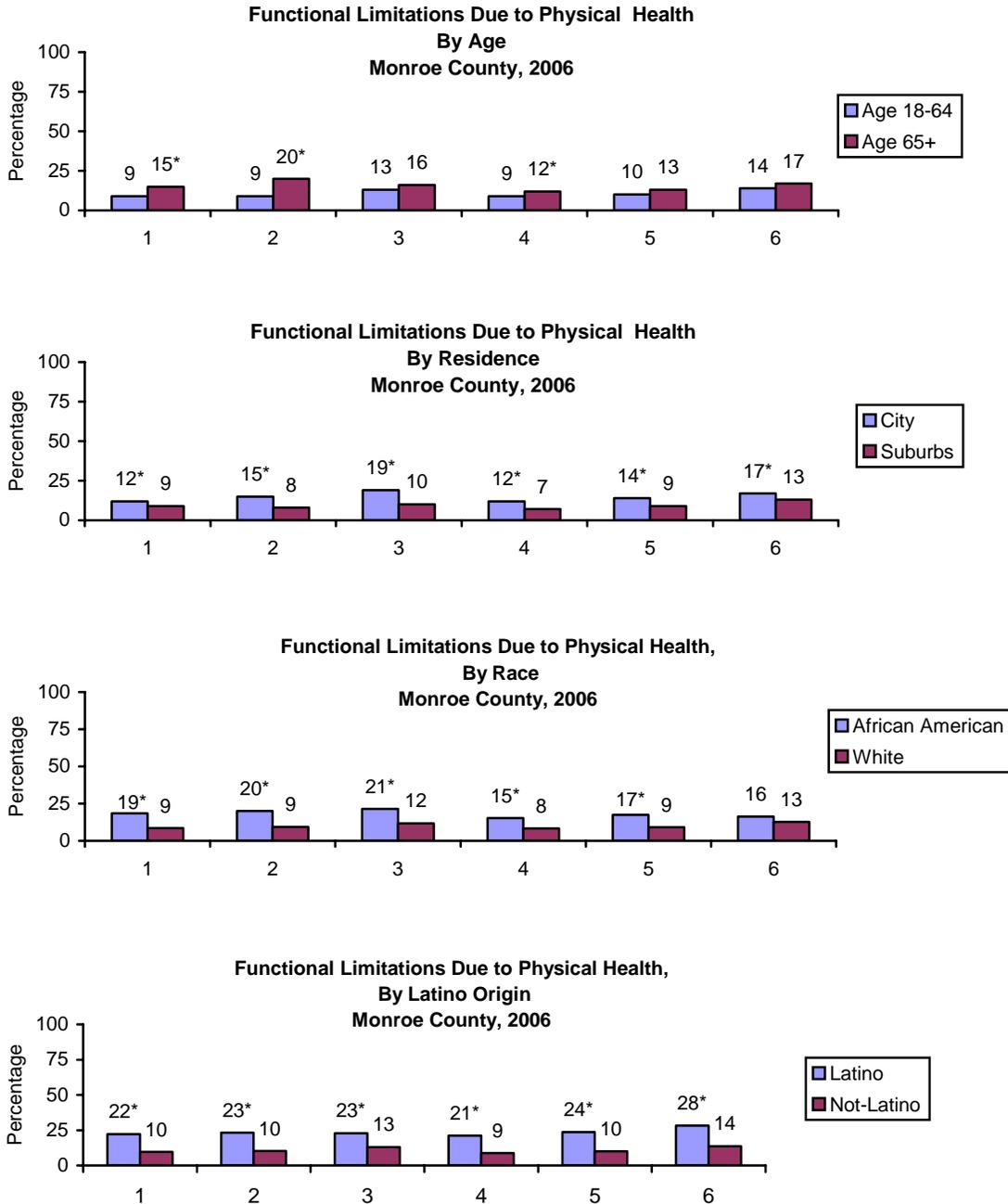
<b>Functional Limitations</b>	<b>2000</b>	<b>2006</b>
<b>Monroe County Adults, 2000, 2006</b>		
1. Being limited <u>a lot</u> in doing moderate activities like moving a table, pushing a vacuum, bowling or playing golf because of your health	6	10*
2. Being limited <u>a lot</u> in climbing stairs	6	11*
3. 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	10	13*
4. Were 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	8	9
5. Pain interfered <u>extremely</u> or <u>quite a bit</u> with normal work during the past 4 weeks	8	11*
6. Had a lot of energy – <u>none or a little of the time</u> during the past 4 weeks	12	14*

*\*Significantly more likely to report functional limitations in 2006*

The increase in reported functional limitations appears to be due in part to the aging of the population; because most of the significant changes only occurred among older adults. There were, however, some increases within younger age groups. The proportion of adults ages 18-30 who reported they accomplished less than they would like due to physical health all or most of the time within the past month increased from 4% to 11%. There was also an increase in the proportion of those aged 50-64 who said they have a lot of energy none or a little of the time, from 9% in 2000, to 16% in 2006.

The graphics below illustrate the percentage of adults with functional limitations by sub-population according to the 2006 AHS. The numbers in the graphics correspond with the numbered functional limitations in the table on the previous page.

Overall older adults, city residents, African Americans, and Latinos were more likely to report they had functional limitations due to their physical health compared to younger adults, suburban residents, Whites and Non-Latinos.



# MENTAL HEALTH

## MENTAL HEALTH PROBLEMS

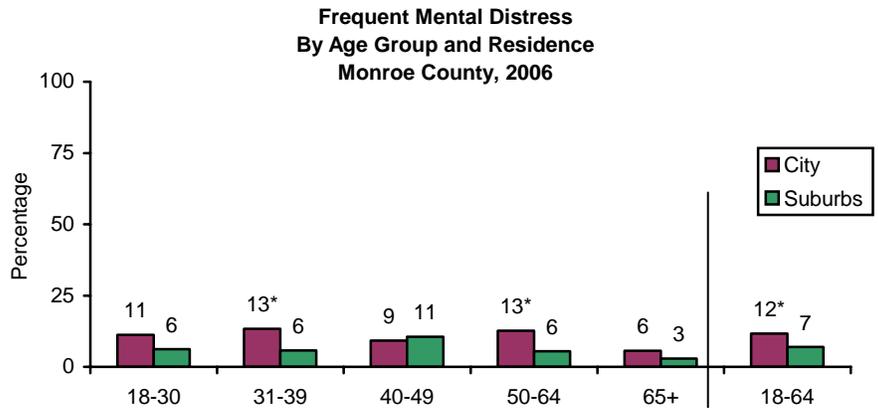
### Frequent Mental Distress

The Centers for Disease Control uses a measure called “Frequent Mental Distress” (FMD) to estimate the prevalence of mental health issues in a community. An individual is identified as having FMD when they report that their mental health was not good during 14 or more of the past 30 days. (Mental health includes stress, depression and problems with their emotions)<sup>14</sup>

In the 2006 AHS, 8% of adults reported they had frequent mental health distress. The prevalence rate of FMD did not change significantly between 2000 and 2006.

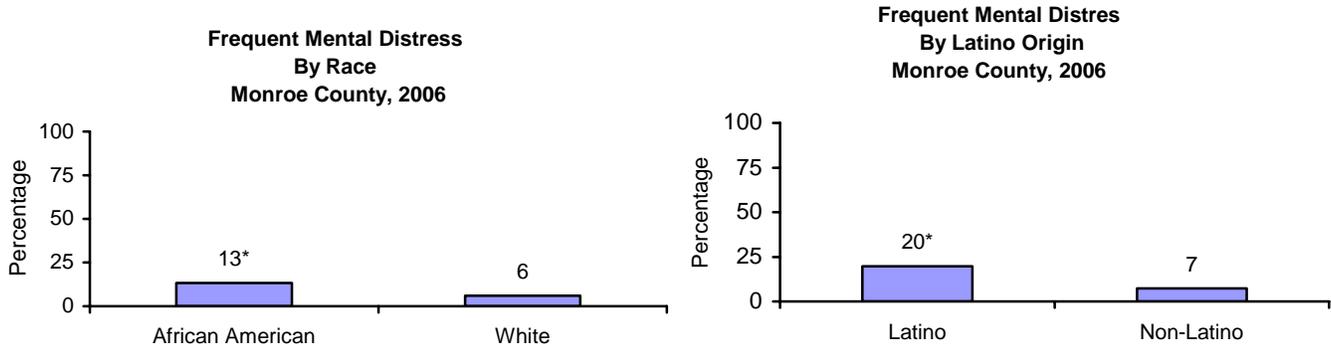
In the 2006 AHS, adults ages 18-64 (9%\*) were more likely to report FMD compared to adults aged 65 and older (4%). Among adults under age 65, there were no statistical differences between age groups.

Within most age groups, city residents were more likely to report FMD compared to suburban residents.



<sup>14</sup> Morbidity and Mortality Weekly Review. CDC. May 01, 1998 / 47(16);325-331

African Americans and Latinos were more likely to report FMD compared to Whites and non-Latinos. These differences occurred in nearly all age groups.



**Functional Limitations Due to Emotional/Mental Health Issues**

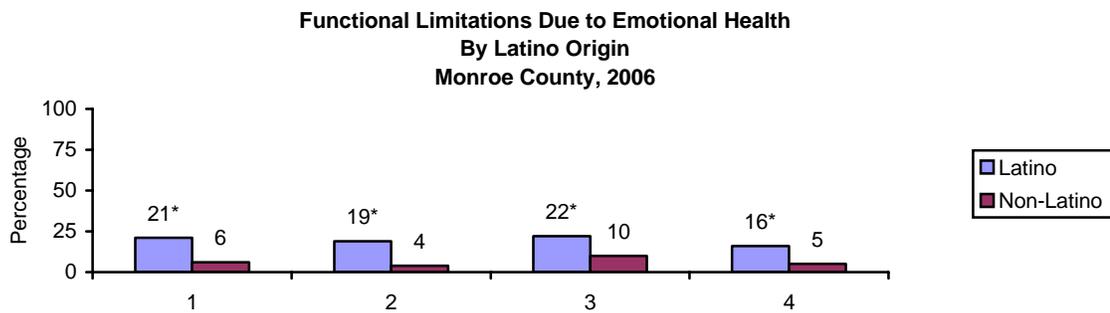
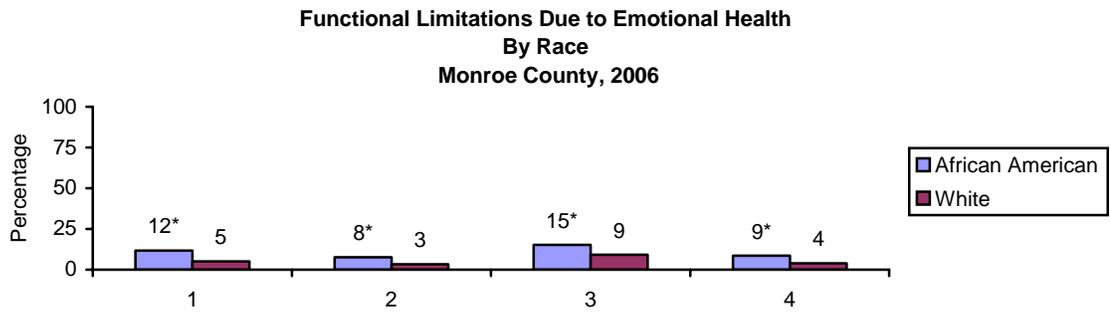
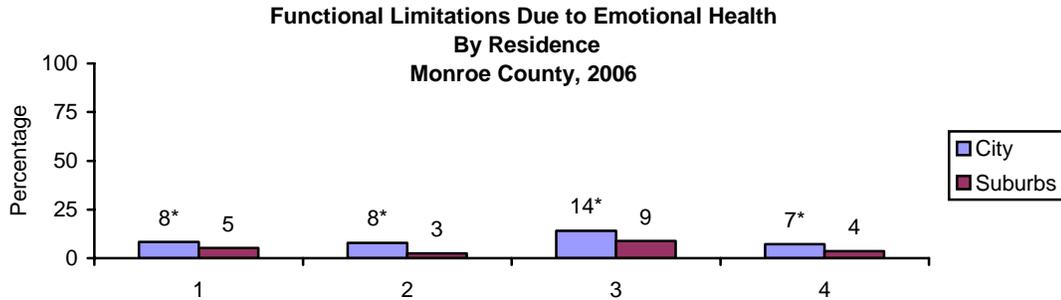
The table below shows the percentage of Monroe County and City adults who reported various functional limitations due to emotional health issues. The prevalence of most of these functional limitations increased in the city between 2000 and 2006.

Functional Limitations Monroe County and City Adults 2000 and 2006	Monroe County 2000	Monroe County 2006	City of Rochester 2000	City of Rochester 2006
1. Accomplished less than they would have liked due to emotional problems – <u>all or most of the time</u> during the past 4 weeks	4%	6%*	6%	8%*
2. Worked less carefully due to any emotional problems - <u>all or most of the time</u> during the past 4 weeks	4%	5%	5%	8%*
3. Felt calm and peaceful – <u>none or a little of the time</u> – during the past 4 weeks	10%	11%	10%	14%*
4. Felt downhearted and depressed - <u>all or most of the time</u> during the last 4 weeks	6%	5%	8%	7%

*\*Adults more likely to report they experience functional limitations due to mental health issues in 2006*

The graphics on the following page illustrate the percentage of adults in the 2006 AHS who reported functional limitations by sub-population. The numbers in the graphics correspond with the numbered functional limitations in the table above.

Overall the percentages of adults reporting these functional limitations were higher among city residents compared to suburban residents, among African Americans compared to Whites and among Latinos compared to non-Latinos. There were no significant differences by age group or gender.



## **Suicide**

Of Monroe County adults, 0.7% reported they made a plan to attempt suicide within the past year and 0.4% reported they attempted suicide within the past year. These percentages were similar to those in 2000.

In the 2006 AHS, city residents (1.4%\*) were more likely than suburban residents (0.3%), African Americans (1.6%\*) were more likely than Whites (0.5%) and Latinos (3%\*) were more likely than non-Latinos (0.6%) to report they made a plan to attempt suicide in the past year.

There were no other significant differences.

## **Use of Medication for Mental Health Problems**

Fifteen percent of Monroe County adults reported that they were currently taking prescription medications for mental health problems such as personal or family problems, depression, anxiety or stress. This percentage increased from 10% in 2000.

In the 2006 AHS, a higher percentage of females (18%\*) reported taking medication for mental health problems compared to males (12%).

## **Preventive Counseling for Mental Health Problems**

Of Monroe County adults who reported they visited a doctor for a routine check-up within the past year, 35% said their doctor talked with them about whether or not they experience depression, anxiety, or stress. This percentage increased from 25% in 2000.

In the 2006 AHS, females (40%\*) compared to males (28%) and younger adults (39%\*) compared to older adults (19%), were more likely to report their doctor spoke with them about mental health issues.

## **ALCOHOL USE**

### **Alcohol Use Disorders**

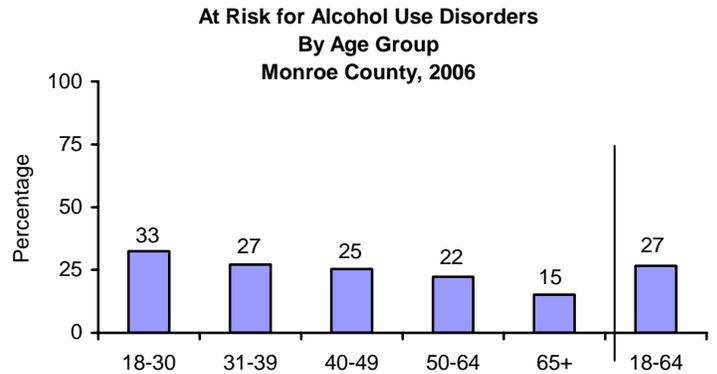
Alcohol use disorders include alcohol dependence, abuse, intoxication and withdrawal. The AUDIT-C is a three-item screening tool for alcohol use disorders taken from the full Alcohol Use Disorder Identification Test.<sup>15</sup> Below are the three AUDIT-C questions that were included in the AHS:

- In the past year, how often did you have a drink containing alcohol?
- In the past year, how many drinks did you have on a typical day when drinking?
- In the past year, how often did you have six or more drinks on one occasion?

Each question was scored from 0-4 points, depending on the respondent's report of the frequency of the behavior. A score of 4 or more indicates that the respondent is at risk for an alcohol use disorder.

Based on responses to these questions, 25% of Monroe County adults are estimated to be at risk for an alcohol use disorder. This percentage did not change between the 2000 and 2006 AHS.

In the 2006 AHS, the percentage of adults at risk was highest among adults in the younger age groups as shown in the graphic to the right.



Males (37%\*) were more likely than females (14%) to be at risk for alcohol use disorders. This difference between genders occurred in most age groups. There were no differences by residence, race or Latino Origin.

### **Drinking and Driving**

Three percent of Monroe County adults reported that they drove one or more times in the past month when perhaps they had too much to drink. Adults ages 18-64 (3%\*) were more likely to report drinking and driving compared to older adults (0.5%). There were no differences by gender, residence, race or Latino Origin.

<sup>15</sup> Bush, et al. "The AUDIT Alcohol Consumption Questions (AUDIT-C) – An Effective Brief Screening Test for Problem Drinking," *Archives of Internal Medicine*, Vol. 158, No. 16, September 14, 1998.

## **Preventive Counseling for Alcohol Use**

Of Monroe County adults who reported they visited a doctor for a routine check-up within the past year, 25% reported that their doctor talked with them about their alcohol use. This percentage increased from 14% in the 2000 AHS.

In the 2006 AHS, adults aged 18-30 years old (32%) were more likely to report their doctor talked with them about alcohol use compared to any other age group.

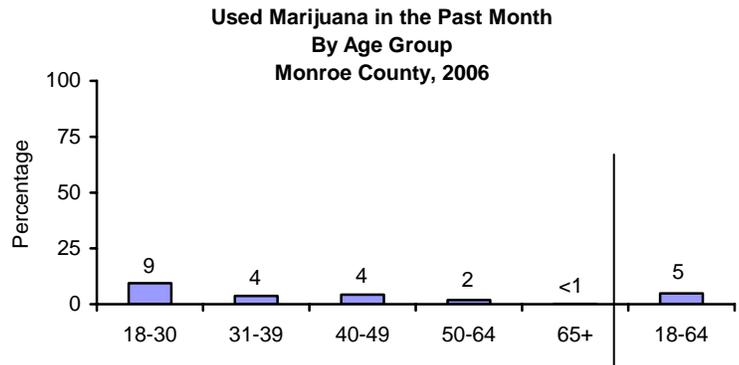
There were no differences by gender, residence, race or Latino Origin.

## **ILLICIT DRUG USE**

### **Past Month Marijuana Use**

Four percent of Monroe County adults reported using marijuana one or more times during the past month.

Adults aged 18-30 were more likely to report marijuana use compared to all other age groups.



City residents (6%\*) were more likely than suburban residents (3%), males (5%\*) were more likely than females (3%), and African Americans (11%\*) were more likely than Whites (3%) to report marijuana use. The percentage of Hispanics reporting marijuana smoking (9%) was higher than among non-Hispanics (4%) although the difference was not statistically significant. The differences among subpopulations occurred even after adjusting for age.

## **Preventive Counseling for Drug Use**

Of Monroe County adults who reported they visited a doctor for a routine check-up within the past year, 18% reported that their doctor talked with them about their drug use. This percentage increased from 8% in the 2000 AHS.

In the 2006 AHS, adults aged 18-30 years old (28%) were more likely to report their doctor talked with them about drug use compared to any other age group.

African Americans (27%\*) were more likely than Whites (16%) and city residents (23%\*) were more likely than suburban residents (15%) to report that their doctor spoke with them about drug use.

## **VIOLENCE**

Intimate partner violence, sexual violence and elder abuse significantly affects public health. Victims of violence often experience adverse mental and physical health consequences.<sup>16</sup>

### **Intimate Partner Violence**

Fourteen percent of Monroe County adults under age 65 reported that they were ever hit, slapped, pushed, kicked or physically hurt by an intimate partner. City residents (18%\*) were more likely than suburban residents (11%), and females (17%\*) were more likely than males (11%) to report intimate partner violence.

Three percent of Monroe County adults under age 65 reported that they were hit, slapped, pushed, kicked or physically hurt by an intimate partner in the past year. African Americans (6%\*) were more likely than Whites (2%) to report past year intimate partner violence.

### **Forced to Have Unwanted Sex**

Six percent of Monroe County adults under age 65 reported that they were ever forced to have unwanted sex. Females (10%\*) were more likely than males (1%) to report they were forced to have unwanted sex. There were no differences by age group, residence, race or Latino Origin.

Of adults under age 65, 0.7% reported they were forced to have unwanted sex in the past year.

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<sup>16</sup> National Center for Injury Prevention and Control. *CDC Injury Research Agenda*. Atlanta (GA): Centers for Disease Control and Prevention; 2002. [http://www.cdc.gov/ncipc/pub-res/research\\_agenda/Research%20Agenda.pdf](http://www.cdc.gov/ncipc/pub-res/research_agenda/Research%20Agenda.pdf)

## **Elder Abuse**

The New York State Governor's Task Force's definition of elder abuse includes physical, psychological and financial abuse, and active/passive neglect. "Physical abuse is defined as the infliction of physical pain or injury, or physical coercion, including confinement against one's will. Psychological abuse is defined as the infliction of mental anguish, through name-calling, infantilizing, intimidating, humiliating, threatening, or isolating. Financial abuse is the exploitation and/or improper use of funds or other resources. Active neglect is defined as the deliberate refusal or failure to fulfill a care-giving role, and passive neglect is defined as the unintentional refusal or failure to fulfill a care-giving role, because of inadequate knowledge, ability or capacity."<sup>17</sup>

The H-S/EAST is an elder abuse screening tool which has been tested and validated.<sup>18</sup> All six questions of this tool were asked of respondents to the AHS who were aged 65 and older. Below are percentages of those who responded yes to these questions.

<b>Older Adults at Risk For Elder Abuse Monroe County AHS, 2006</b>	<b>%</b>
Are you afraid of anyone in your family?	0.6
Has anyone close to you tried to hurt or harm you recently?	0.6
Has anyone close to you called you names or put you down or made you feel bad recently?	3.1
Does someone in your family make you stay in bed or tell you you're sick when you know you aren't?	0.6
Has anyone forced you to do things you didn't want to do?	0.7
Has anyone taken things that belong to you without your OK?	3.5

Eight percent of Monroe County older adults answered "yes" to one or more of the above questions, and are considered to be at risk for elder abuse. City residents (13%\*) were more likely than suburban residents (5%) to be at risk. There were no other significant differences among sub-groups.

<sup>17</sup> "The Future of Aging in NYS – Elder Abuse." NYS Office for the Aging, <http://www.aging.state.ny.us/explore/project2015/artabuse.htm> accessed on 3-23-07.

<sup>18</sup> Schofield, M.J., Reynolds, R., Mishra, G.D., Powers, J.R., Dobson, A.J. (2002). "Screening for Vulnerability to Abuse Among Older Women: Women's Health Australia Study." The Journal of Applied Gerontology. Vol 21, pp-24-39.

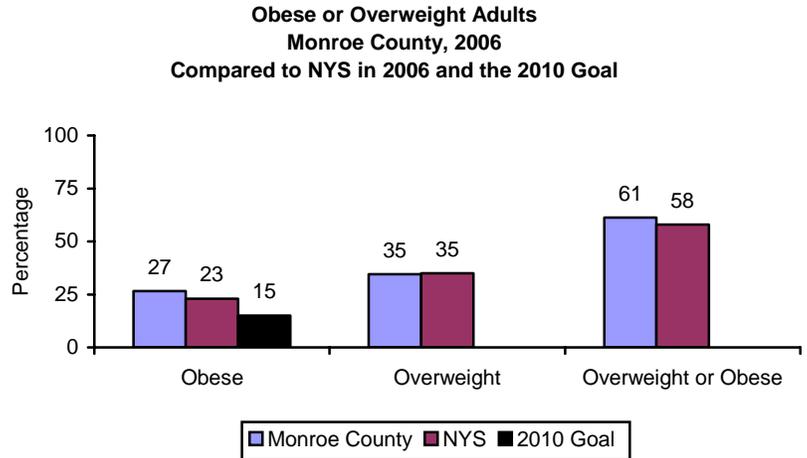
# HEALTH PROMOTION

## WEIGHT

### Overweight and Obesity

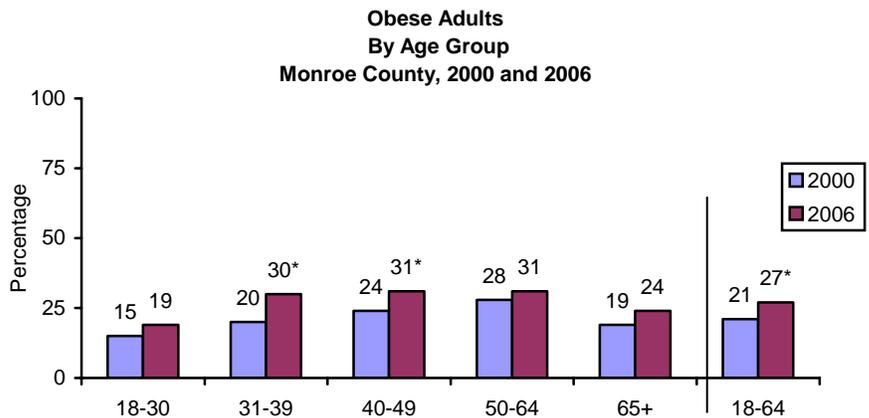
As part of the AHS, 2006, respondents were asked to report their height and weight (without shoes). Based on this information, body mass index (BMI) was calculated and respondents were classified into the following categories: obese, overweight, obese or overweight, and not obese or overweight.<sup>19</sup>

The National 2010 Goal is to reduce the rate of obesity among adults to 15%. As shown in the graphic to the right, the percentage of adults in Monroe County who are obese (27%) did not meet the 2010 Goal (15%). Rates of obesity and overweight in Monroe County were not statistically different from rates in NYS in 2006.



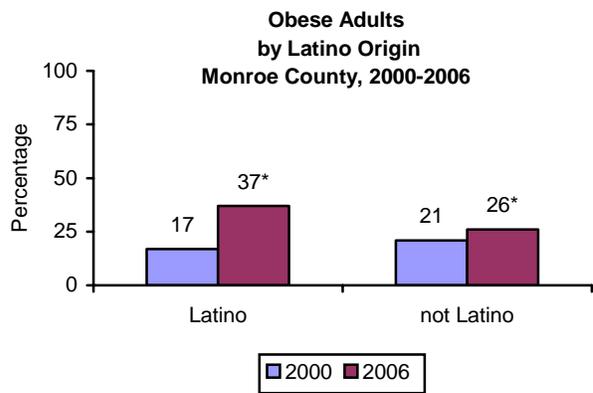
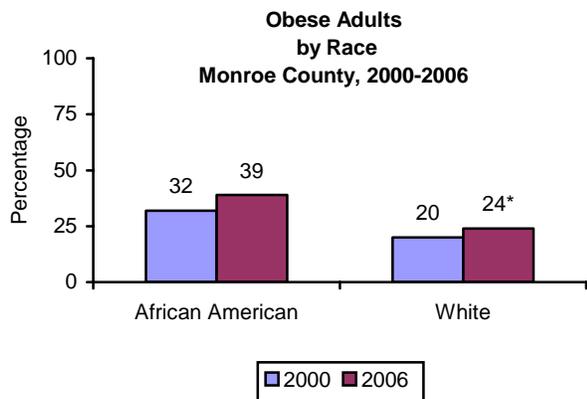
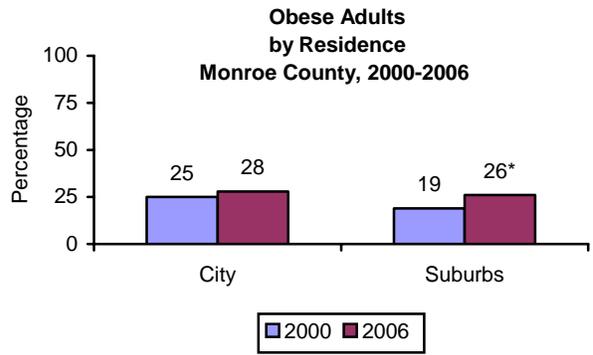
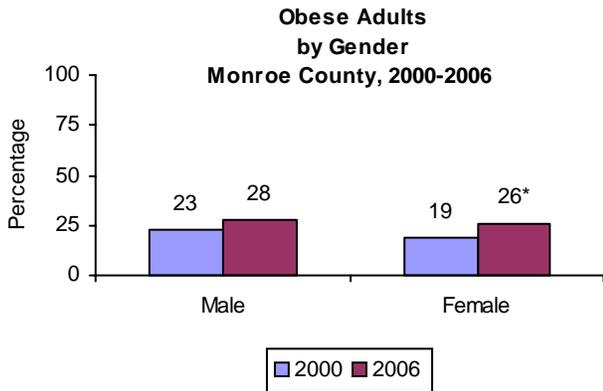
Between 2000 and 2006, the percentage of adults in the overweight category was stable, while the percentage in the obese category increased from 21% to 27%.

As shown in the graphic to the right, increases in obesity prevalence occurred within every age group, although there were only significant increases among those ages 31-49.

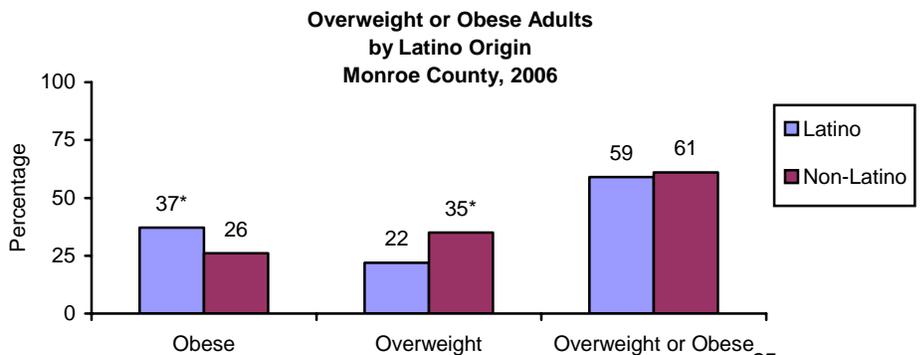
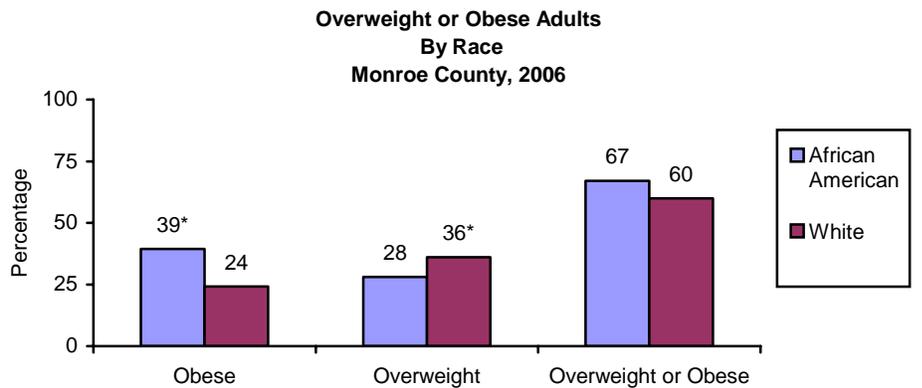


<sup>19</sup> Obese – BMI ≥ 30, Overweight – BMI ≥ 25 and < 30, Obese or Overweight – BMI ≥ 25, Not obese or overweight – BMI < 25

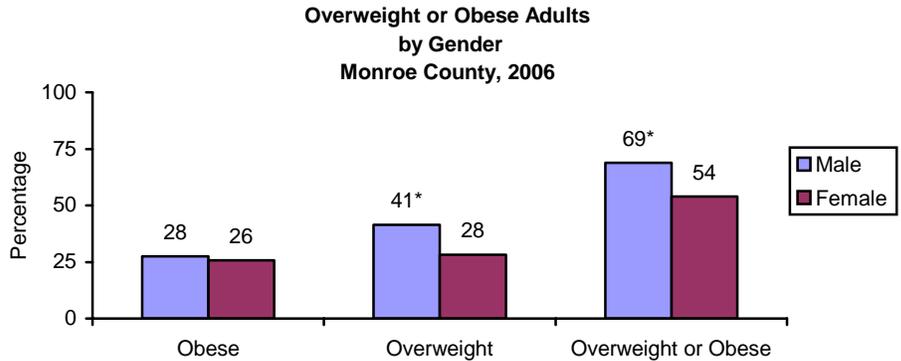
Rates of obesity also increased among sub-populations.



As shown in the graphics to the right, African Americans and Latinos were more likely to be obese and less likely to be overweight compared to Whites and non-Latinos.



Males were more likely than females to be overweight. There was no difference in the rate of obesity by gender.

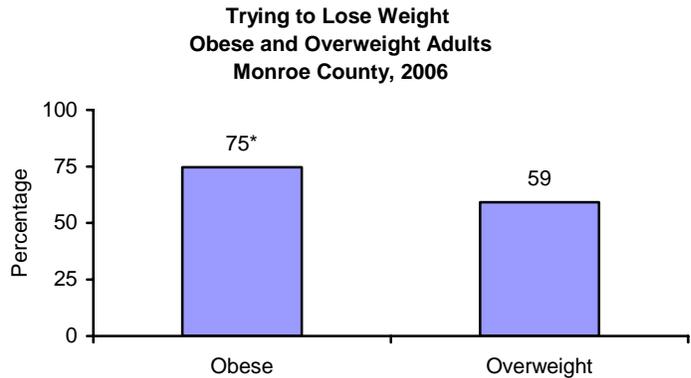


Rates in the city and suburbs were not statistically different.

### **Trying to Lose Weight**

Sixty-six percent of obese or overweight adults reported they were trying to lose weight. This percentage increased from 59% in 2000.

In the 2006 AHS, adults in the obese category were more likely to report they were trying to lose weight compared to adults in the overweight category.

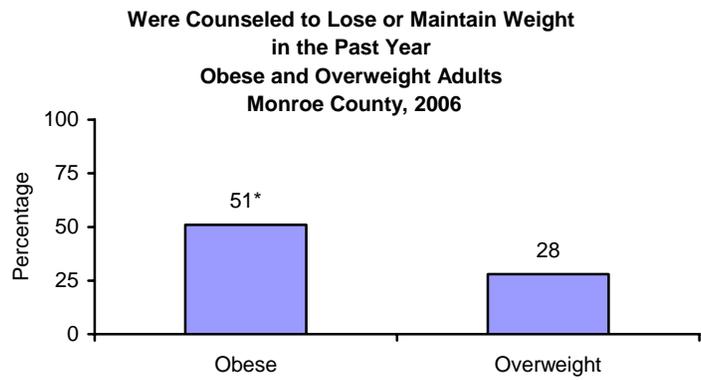


Of obese or overweight adults Whites (67%\*) were more likely than African Americans (57%), and females (74%) were more likely than males (59%) to report they were trying to lose weight.

### **Preventive Counseling about Weight**

Of obese or overweight adults who visited their doctor in the past year for a routine check-up, 38% reported that within the past year, they were counseled by a medical professional to lose or maintain their weight. This percentage increased since the 2000 AHS when it was 32%.

In 2006, adults categorized as obese were more likely to report being counseled compared to adults in the overweight category.



Of adults who were overweight or obese, females (43%\*) were more likely than males (34%) to report they received this counseling.

## **PHYSICAL ACTIVITY**

It should be noted that the 2006 Monroe County AHS was conducted during the summer months, when residents tend to be more active. The 2000 AHS was conducted in the winter months, and the New York State BRFSS was conducted throughout the year. The fact that the surveys were administered during different times of the year may have contributed at least in part to the better reported rates of physical activity in the 2006 AHS compared to the 2000 AHS and the NYS BRFSS.

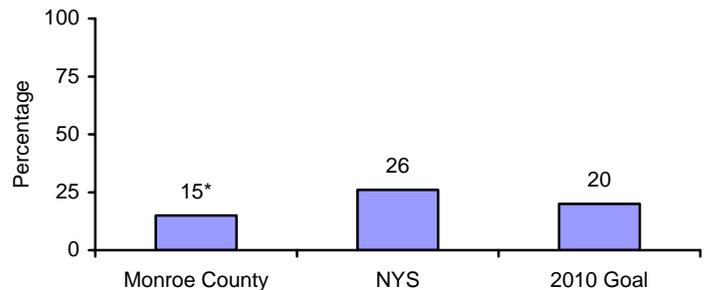
Questions about moderate and vigorous activity were changed from the 2000 AHS to the 2006 AHS, so trend data for these two indicators are not available.

### **No-Leisure-Time Physical Activity**

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.

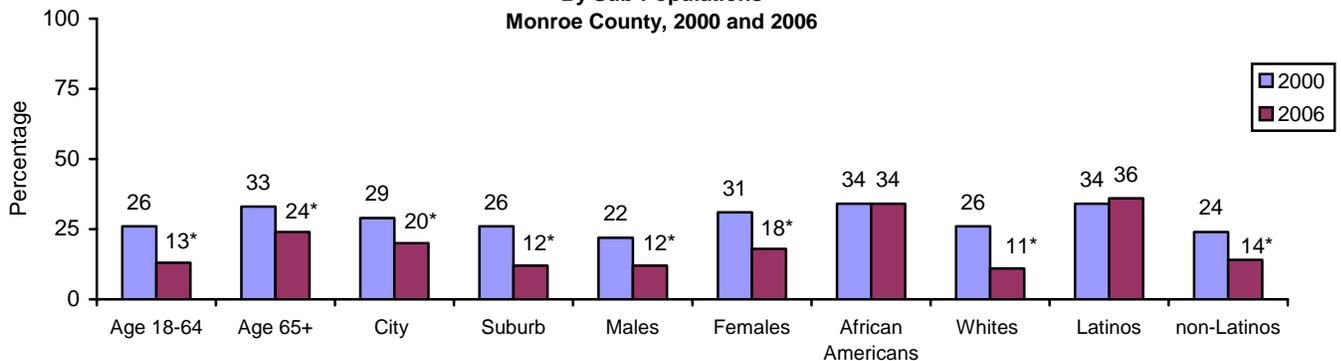
The 2010 Goal for the Nation is to decrease the proportion of adults who report no past month leisure-time physical activity to 20%. As shown in the graphic to the right, the percentage in Monroe County, met the 2010 Goal for the Nation. Monroe County residents were also less likely to report no activity compared to NYS residents.

**No Leisure-Time Physical Activity in the Past Month  
Monroe County, 2006  
Compared to NYS in 2006 and the 2010 Goal**



The percentage of adults reporting no leisure-time physical activity improved from 27% in the 2000 AHS to 15% in the 2006 AHS. Improvements were made in all sub-populations except African Americans and Latinos as shown in the graphic below.

**No Leisure-Time Physical Activity in the Past Month  
By Sub-Populations  
Monroe County, 2000 and 2006**



In 2006, the proportion of adults who reported no leisure time activity was higher among

- Older adults (24%\*) compared to adults under age 65 (13%)
- Females (18%\*) compared to males (12%)
- City residents (20%\*) compared to suburban residents (12%)
- African Americans (34%\*) compared to Whites (11%)
- Latinos (36%\*) compared to non-Latinos (14%)

### **Physical Activity Level at Work**

Respondents to the AHS were asked about their activity level at work. Of Monroe County adults:

- 65% reported they are mostly sedentary (they mostly sit or stand)
- 21% reported they mostly walk
- 14% reported they mostly do heavy labor or physically demanding jobs

Suburban residents (70%\*) were more likely than city residents (57%), and Whites (67%\*) were more likely than African Americans (51%) to report sedentary activity at work.

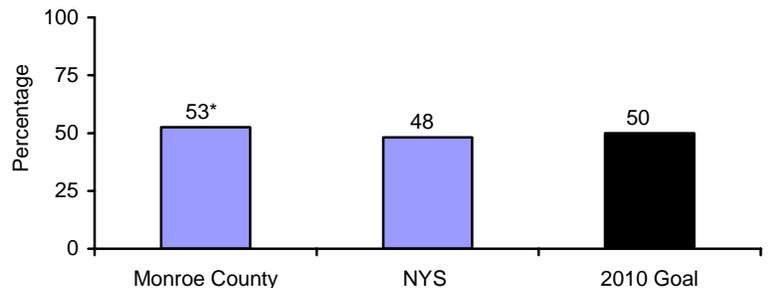
### **Meeting Recommended Physical Activity Guidelines**

Recommended guidelines from the Centers for Disease Control and Prevention call for adults to engage in moderate-intensity physical activity for 30 minutes or more on 5 or more days of the week and/or vigorous intensity activity for 20 minutes or more on 3 or more days of the week.

The 2010 Goal for the Nation is to increase the proportion of adults who engage in recommended regular physical activity to 50%. Respondents to the AHS were asked a series of questions about the frequency and duration at which they usually engage in moderate and vigorous activity.

In 2006, 53% of Monroe County adults reported that they usually engage in the recommended amount of physical activity. This percentage met the 2010 Goal. Monroe County residents were more likely to report meeting the recommendations compared to NYS residents in 2005.

**Usually Meet the Recommended Guidelines  
for Physical Activity  
Monroe County, 2006  
Compared to NYS in 2005 and the 2010 Goal**



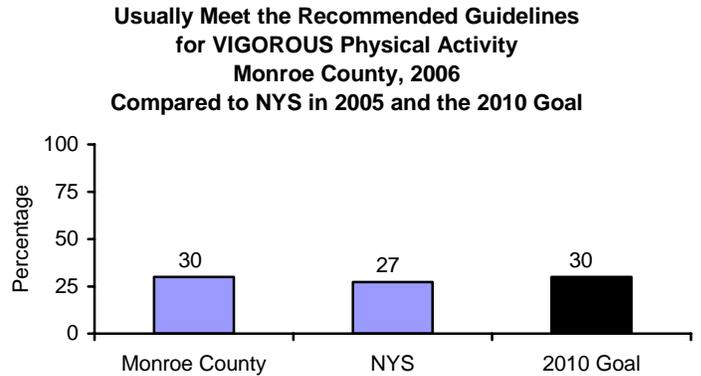
African Americans (46%\*) compared to Whites (54%), and older adults (42%\*) compared to younger adults (55%) were less likely to report they usually engage in the recommended amounts of physical activity.

**Meeting Vigorous Activity Guidelines**

The 2010 Goal is to increase to 30% the proportion of adults who engage in vigorous activity for 20 minutes or more per occasion on 3 or more days of the week.

As shown in the graphic to the right, the percentage of Monroe County adults meeting the recommendations for vigorous physical activity met the 2010 and was not statistically different compared to the percentage in NYS in 2005.

Older adults (16%\*) were less likely than younger adults (33%\*) and females (25%\*) were less likely than males (35%\*) to report they usually meet the recommendations for vigorous physical activity.



**Stage of Change for Physical Activity**

Within a community, people vary considerably in their readiness to increase their physical activity. James Prochaska and colleagues developed the Stages of Change Model which describes stages that individuals go through when changing their behavior.<sup>20</sup> Knowing what stage an individual or community is in can help determine appropriate interventions.

In the 2006 AHS, respondents were asked questions related to their intention to increase their level of physical activity. Based on their responses, individuals were put into 6 stage of change categories as shown in the table below. It should be noted that these categories do not exactly match the stages developed by Prochaska, as the questions in the AHS were not identical to those used in the original Stage of Change Model. These data however provide useful information for targeting interventions to increase levels of physical activity.

<b>Stage of Change Related to Physical Activity Monroe County Adults, 2006</b>	<b>%</b>
<b>Pre-contemplation</b> - did not engage in physical activity in the past month and have no intention of increasing physical activity in the next 6 months	10
<b>Contemplation</b> - did not engage in physical activity in the past month, but plan to increase in the next 6 months	6
<b>Irregular Exerciser with no intention to increase</b> - participated in some physical activity, but did not meet the recommendations and do not plan to increase level of physical in the next 6 months	17
<b>Preparation</b> - participated in some physical activity in the past month, but did not meet the recommendations and plan to increase physical activity level in the next 6 months	15
<b>Action</b> - participated in regular (recommended) physical activity within the past 6 months	7
<b>Maintenance</b> - participated in regular (recommended) physical activity for 6 months or more	46

<sup>20</sup> U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Nutrition and Physical Activity. "Promoting Physical Activity: A Guide for Community Action. Champaign, IL: Human Kinetics, 1999.

The table below shows the percentage of adults by their stage of change related to exercise or physical activity. Older adults and females were more likely than younger adults and males to be in the pre-contemplation stage. City residents, African Americans and Latinos were more likely to be in the “pre-contemplation” and “contemplation” stages and less likely to be in the maintenance phase compared to suburban residents, Whites and non-Latinos. City residents and African Americans however, were more likely to be in the “action” stage compared to suburban residents and Whites.

**Stage of Change Category for Exercise/Physical Activity  
Percentage of Monroe County Adults, 2006**

	Age 18-64	Age 65+	Male	Female	City	Suburbs	African Amer.	White	Latino	Non-Latino
<b>Pre-contemplation</b>	7	21*	8	11*	12*	8	17*	8	24*	9
<b>Contemplation</b>	6	7	5	6	7	5	13*	5	13*	6
<b>Irregular Exerciser with no intention to increase activity</b>	15	25*	18	16	14	18*	10	18*	13	17
<b>Preparation</b>	17*	6	14	16	14	16	14	15	7	15*
<b>Action</b>	7	5	7	6	9*	5	11*	6	5	7
<b>Maintenance</b>	48*	37	48	44	43	48	35	49*	38	46

*\*Significantly more likely to be in this stage than comparison group*

**Preventive Counseling Related to Physical Activity**

Of Monroe County adults who reported they visited a doctor for a routine check-up within the past year, 42% reported that their doctor talked with them about physical activity and/or exercise. This percentage increased from 36% in 2000.

In the 2006 AHS, there were no differences by residence, gender, race or Latino Origin for this indicator.

**NUTRITION**

It should be noted that the 2006 AHS was conducted in the summer when consumption of fruits and vegetables might be higher, while the 2000 AHS was conducted during the winter.

**Intake of Fruits and Vegetables**

Respondents to the AHS were asked about their intake of fruits and vegetables on the day prior to the survey. In 2006, 21% of adults reported they consumed 5 or more servings of fruits and vegetables, compared to 16% in 2000. Increases occurred among Whites, non-Latinos and suburban residents. There were no changes among African Americans, Latinos and city residents.

As shown in the table below males, city residents, African Americans, and Latinos were less likely to report they consumed the recommended amounts of fruits and vegetables in 2006 compared to suburban residents, Whites and non-Latinos.

<b>Percentage of Monroe County Adults, 2006</b>	<b>Age 18-64</b>	<b>Age 65+</b>	<b>Male</b>	<b>Female</b>	<b>City</b>	<b>Suburbs</b>	<b>African Amer.</b>	<b>White</b>	<b>Latino</b>	<b>Non-Latino</b>
<b>Consumed 5+ servings of fruit and vegetables</b>	20	24	16*	25	17*	23	12*	22	10*	21

*\*Significantly less likely to consume 5 or more servings of fruits and vegetables*

### **Calcium Intake**

Respondents to the AHS were asked about their intake of milk and dairy products on the day prior to the survey. In 2006, 65% of adults reported that they consumed two or more servings of milk and dairy products, an increase from 61% in 2000.

Respondents were also asked about whether or not they take calcium supplements. In 2006, 23% reported they consume calcium supplements daily and 73% reported they consume 2 or more servings of milk and dairy products per day and/or daily calcium supplements. These percentages did not change since 2000.

City residents, African Americans and Latinos were less likely to consume milk and dairy products and obtain adequate calcium intake compared to suburban residents, Whites and Latinos.

<b>Percentage of Monroe County Adults, 2006</b>	<b>Age 18-64</b>	<b>Age 65+</b>	<b>Male</b>	<b>Female</b>	<b>City</b>	<b>Suburbs</b>	<b>African Amer.</b>	<b>White</b>	<b>Latino</b>	<b>Non-Latino</b>
Consumed 2+ servings of milk and/or dairy products	66	59*	64	67	57*	70	43*	69	49*	66
Consume daily calcium supplements	19*	41	10*	35	20*	25	16*	24	13	23
Consume 2+ servings of milk or dairy products and/or daily calcium supplements	72	75	68*	77	65*	77	53*	76	55	73

*\*Significantly less likely than comparison group to consume these foods or supplements*

**Intake of Foods High in Fat, Saturated Fat and/or Trans Fat**

In the 2006 AHS, respondents reported the following food intake behaviors:

- 10% most often use whole milk
- 13% use butter, stick margarine, shortening or lard most often
- 38% seldom or never choose low fat foods when eating away from home
- 18% almost always or usually choose fast food when eating away from home
- 14% seldom or never buy lean or low fat meat

As shown in the table to the right, Monroe County adults were less likely to report purchasing and/or consuming foods high in fat, saturated fat and trans fat in 2006 compared to 2000.

<b>Percentage of Monroe County Adults, 2000 and 2006</b>	<b>2000</b>	<b>2006</b>
Use whole milk	9	10
Use whole or 2% milk	48	42*
Most often use butter, stick margarine, shortening or lard	14	13
Seldom or never choose low fat foods when eating away from home	48	38*
Almost always or usually choose fast food when eating away from home	22	18*
Seldom or never buy lean or low fat meat	16	14

*\*Significantly less likely to purchase or consume foods high in fat, saturated fat or trans fat in 2006 compared to 2000*

In the 2006 AHS, city residents, males, African Americans and Latinos were more likely than suburban residents, females, Whites and non-Latinos to report consuming and/or purchasing foods high in fat saturated fat and trans fat.

<b>Percentage of Monroe County Adults, 2006</b>	Age 18-64	Age 65+	Male	Female	City	Suburbs	African Amer.	White	Latino	Non-Latino
Use whole milk	10*	5	12*	8	17*	6	28*	5	24*	9
Use whole or 2% milk	43	38	47*	37	55*	34	81*	35	63*	41
Most often use butter, stick margarine, shortening or lard	13	12	15*	11	12	13	16	12	8	13
Seldom or never choose low fat foods when eating away from home	40*	33	50*	28	46*	34	53*	35	45	38
Almost always or usually choose fast food when eating away from home	20*	7	21*	14	22*	15	36*	15	25	17
Seldom or never buy lean or low fat meat	13	14	16*	11	19*	11	30*	10	29*	13

*\*Significantly more likely than comparison group to report purchasing or consuming foods high in fat, saturated fat and trans fat*

**Preventive Counseling Related to Diet and Eating Habits**

Of Monroe County adults who reported they visited a doctor for a routine check-up within the past year, 33% reported that their doctor talked with them about diet and eating habits. This percentage increased from 28% in 2000. In 2006, there were no differences by residence, gender, race or Latino Origin.

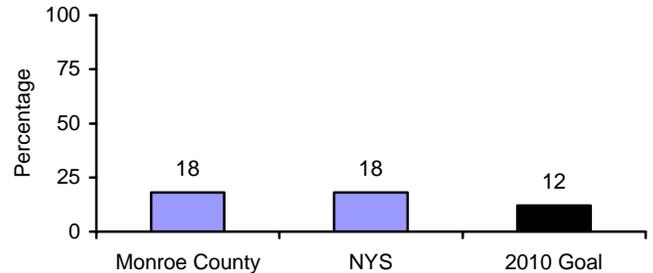
# SMOKING

## Current Smoking

The 2010 Goal for the Nation is to reduce the proportion of adults who smoke to 12%.

As shown in the graphic to the right the percentage of Monroe County adults who reported they smoke (18%) did not meet the 2010 Goal and was comparable to the percentage in NYS in 2006.

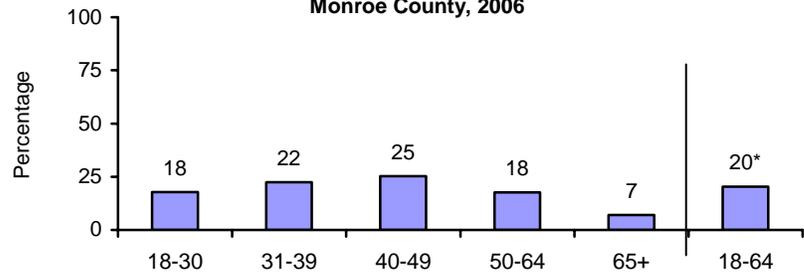
**Current Smokers  
Monroe County, 2006  
Compared to NYS, 2006 and the 2010 Goal**



There was a decrease in the prevalence of smoking among Monroe County adults from 22% in 2000 to 18% in 2006. During this time period, the smoking rate among those ages 18-30 was almost reduced by half, from 32% to 18%. Reductions in rates were seen among all sub-population groups except African Americans.

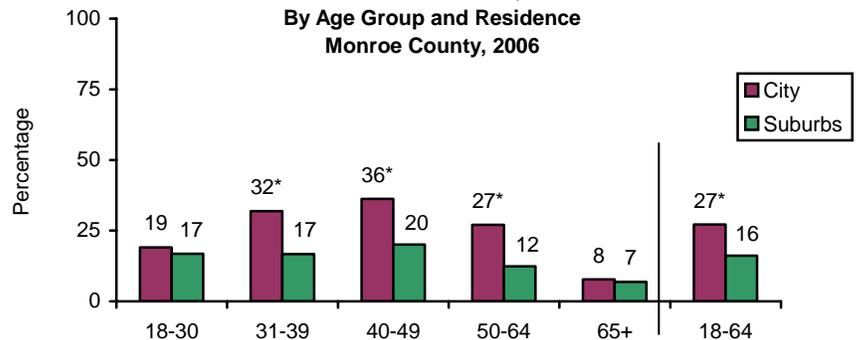
In the 2006 AHS, adults ages 18-64 (20%\*) were more likely to report they smoke compared to those aged 65 and older (7%).

**Current Smokers  
By Age Group  
Monroe County, 2006**

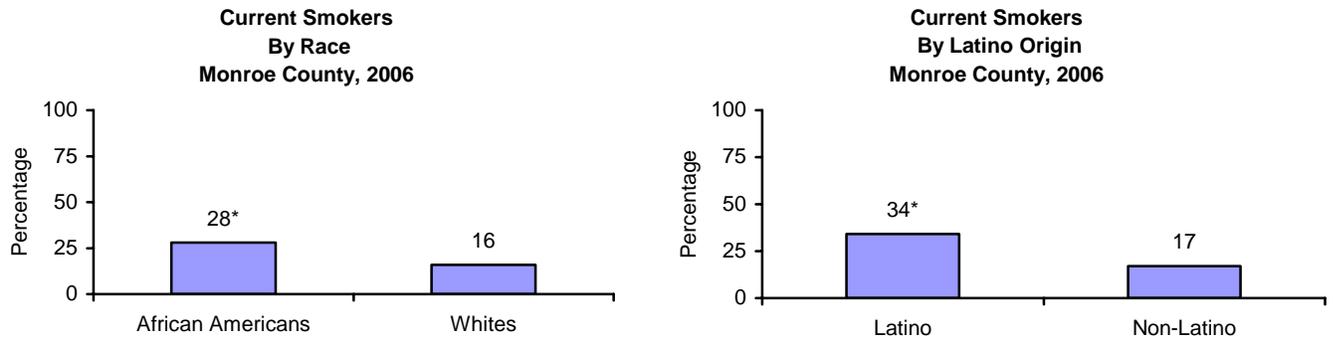


Among adults ages 31-64, city residents were more likely to report that they smoke compared to suburban residents.

**Current Smokers,  
By Age Group and Residence  
Monroe County, 2006**



African Americans and Latinos were significantly more likely to report that they smoke compared to Whites and non-Latinos.



### **Tried to Quit Smoking in the Past Year**

Of Monroe County adults who smoke, 54% reported that they quit smoking for one or more days in the past year. There were no significant differences by residence, gender, race or ethnicity.

### **Doctor Talked with Them About Smoking**

Of Monroe County adults who smoke, 72% reported that a health professional advised them in the past year to quit smoking. This percentage did not change significantly since the 2000 AHS.

There were no significant differences by residence, gender, race or ethnicity.

## **SEXUAL BEHAVIORS**

### **At Risk for Contracting HIV**

In order to estimate the percentage of individuals at high risk for HIV, respondents to the AHS aged 18-64 were asked whether any of these situations applied to them:

- Have used intravenous drugs in the past year
- Have been treated for a sexually transmitted or venereal disease in the past year
- Have given or received money or drugs in exchange for sex in the past year
- Had anal sex without a condom in the past year

Four percent of Monroe County adults reported that one or more of the above situations applied to them. The percentage was higher among city residents (6%\*) compared to suburban residents (2%).

### **Multiple Sexual Partners**

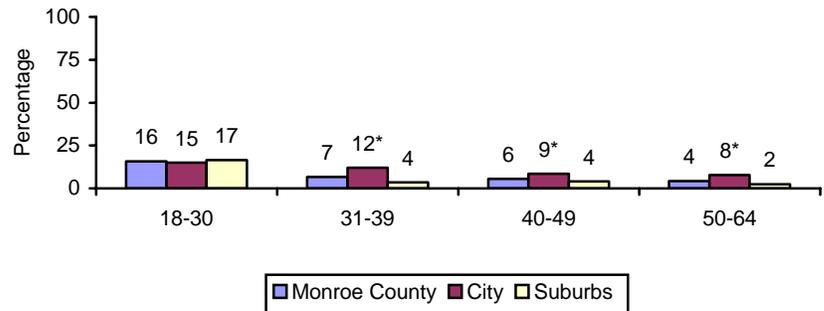
Adults who have multiple sexual partners are at a higher risk of contracting STDs and HIV compared to those who remain monogamous.

Eight percent of adults under age 65 years old reported they engaged in sexual intercourse with 2 or more people within the past year.

Adults ages 18-30 years old were more likely to report engaging in this behavior compared to other age groups.

There were significant differences between city and suburban residents within all age groups except age 18-30 years old.

**Percentage of Adults Who Reported Engaging in Sexual Intercourse With 2 or More Partners in the Past Year By Age and Residence Monroe County, 2006**



A higher proportion of African Americans (18%\*) compared to Whites (6%\*) reported engaging in sexual intercourse with 2 or more partners. This disparity occurred in nearly all age groups.

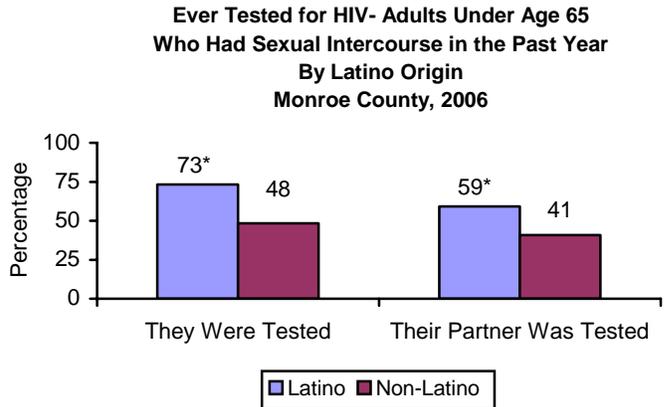
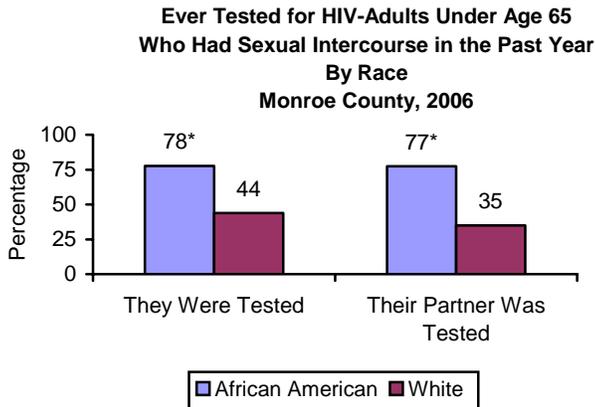
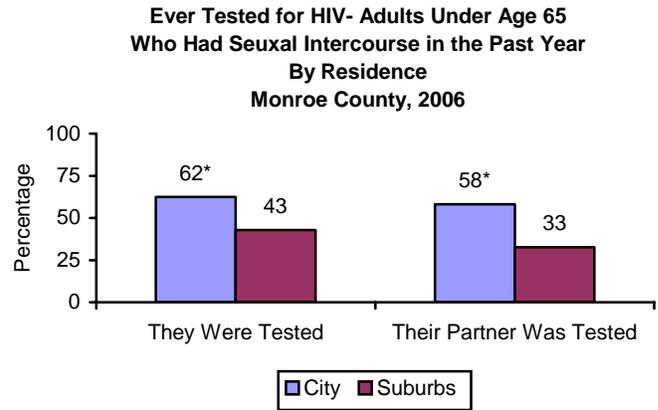
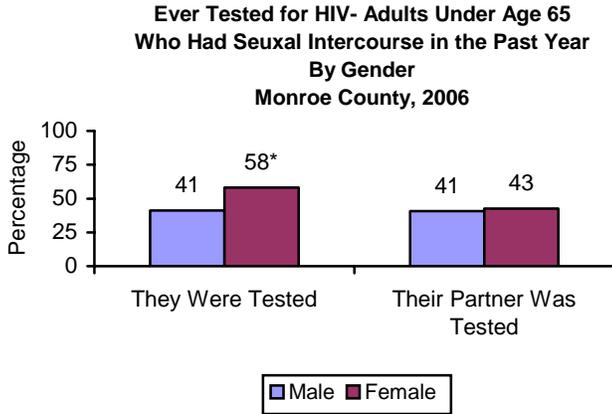
### **Condom Use**

Of those who reported having multiple sexual partners in the past year, only 55% reported that they used a condom the last time they had sex.

## HIV Testing

Fifty percent of sexually active adults under age 65 reported that they were ever tested for HIV and 42% reported that their regular partner had ever been tested for HIV.

Females, city residents, African Americans and Latinos were most likely to report that they, or their partner, had ever been tested for HIV.



## Preventive Counseling About Sexual Risks

Of Monroe County adults who reported they visited a doctor for a routine check-up within the past year, 28% reported that their doctor talked with them about sexual practices including sexually transmitted diseases, AIDS or condom use. This percentage increased significantly since 2000, when it was only 16%.

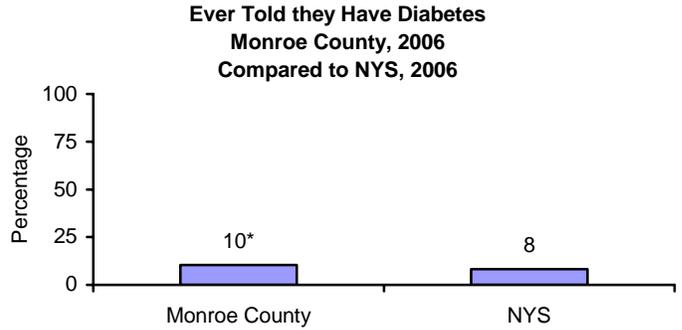
In the 2006 AHS, females (36%\*) compared to males (20%), city residents (35%\*) compared to suburban residents (24%), African Americans (39%\*) compared to Whites (25%), and Latinos (47%\*) compared to non-Latinos (27%) were more likely to report their doctor discussed this subject with them.

# DISEASE PREVENTION

## DIABETES

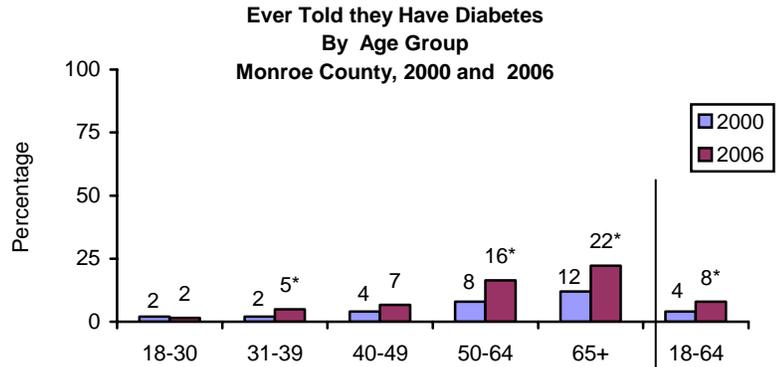
### Prevalence Estimates

Ten percent of Monroe County adults reported that they were ever told by a medical professional that they have diabetes. This percentage was higher in Monroe County compared to NYS.

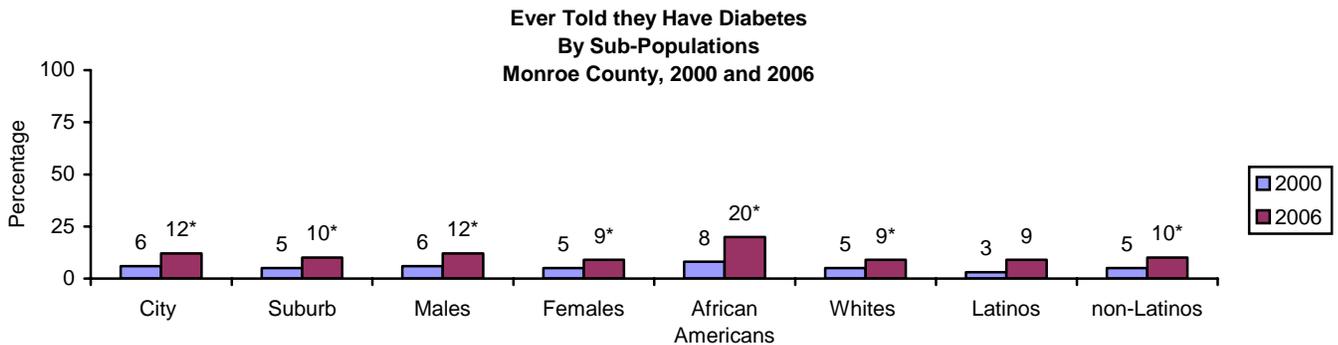


Between 2000 and 2006, the percentage of Monroe County adults who reported they were ever told they have diabetes doubled from 5% to 10%.

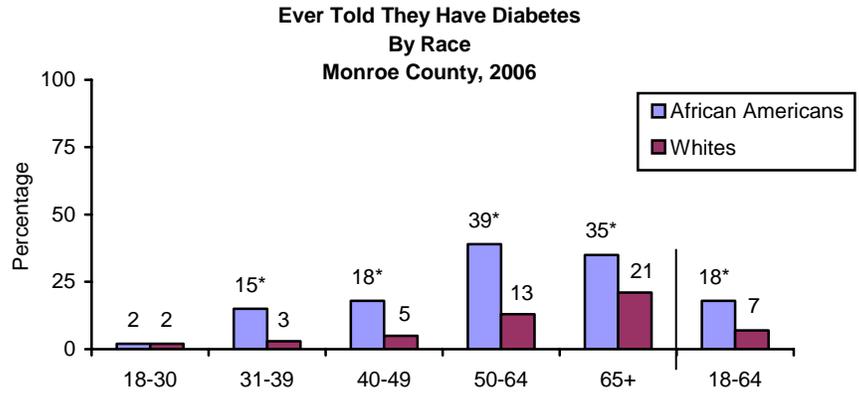
Significant increases occurred among adults over age 30.



Increases also occurred among most sub-population groups. The largest increase was among African Americans.



In the 2006 AHS, African Americans were more likely than Whites to report they were ever told they have diabetes. This occurred in nearly every age group as shown in the graphic to the right.

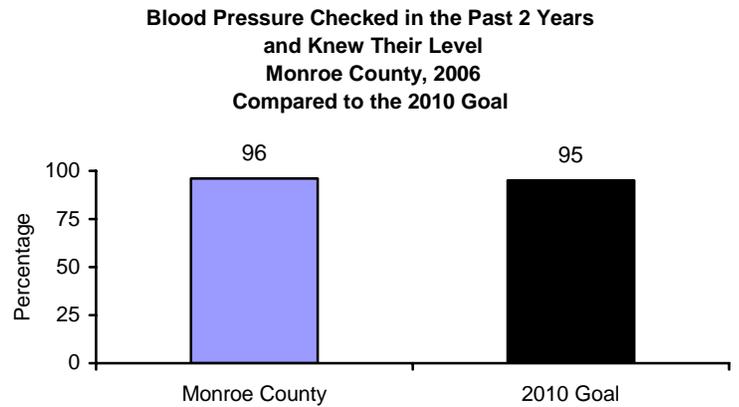


There were no statistically significant differences by residence, gender or Latino Origin.

## **BLOOD PRESSURE**

### **Screening and Awareness**

The 2010 Goal for the Nation is to increase to 95% the proportion of adults who have had their blood pressure checked within the past 2 years, and who know whether their level was high, normal or low. As shown in the graphic to the right, the percentage of Monroe County adults who reported this was 96% which is at the 2010 Goal.

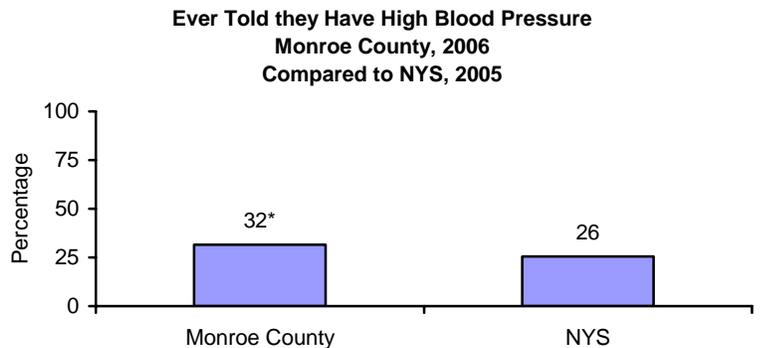


This percentage did not change between the 2000 and 2006 AHS.

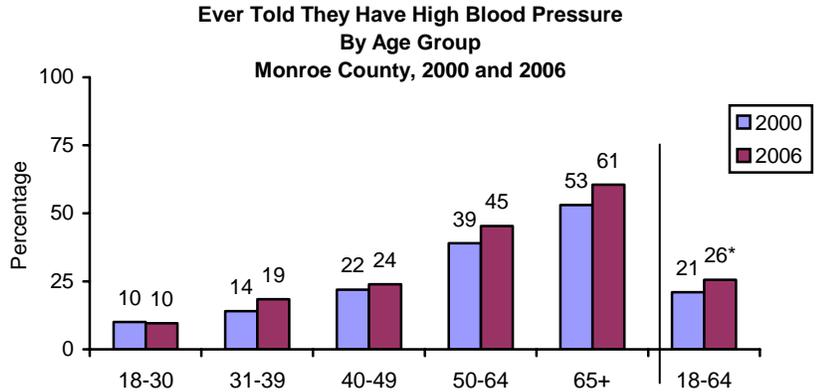
### **High Blood Pressure Prevalence Estimates**

Thirty-two percent of Monroe County adults reported that they were ever told by a health professional that they have high blood pressure compared to 26% in NYS.

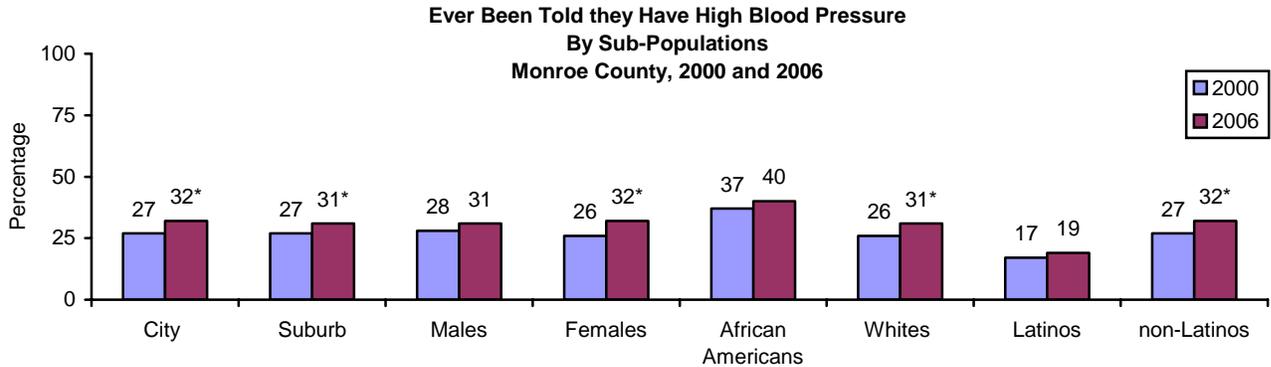
The proportion of Monroe County adults who reported they were ever told they have high blood pressure increased from 27% in 2000 to 32% in 2006.



As shown in the graphic to the right, the percentage increased significantly among adults ages 18-64.

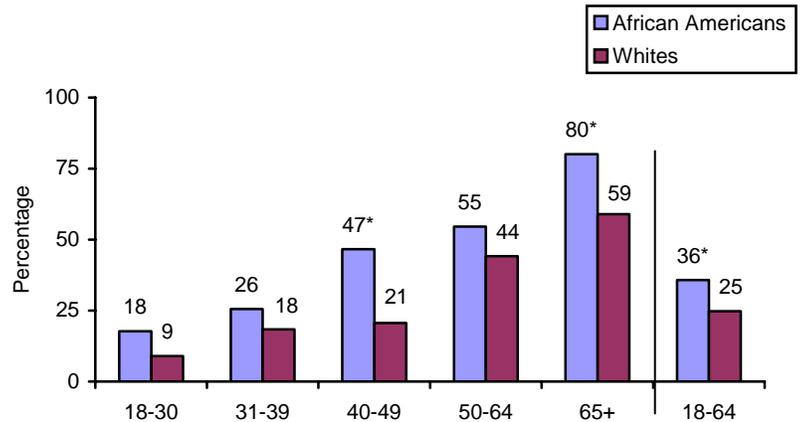


There were significant increases in most sub-population groups as shown in the graphic below.



In 2006, 40% of African American adults ages 18 and older were ever told they have high blood pressure, compared to 31% of Whites. This disparity occurred within most age groups as shown in the graphic to the right.

Ever Told they Have High Blood Pressure Monroe County Adults by Age Group and Race, 2006

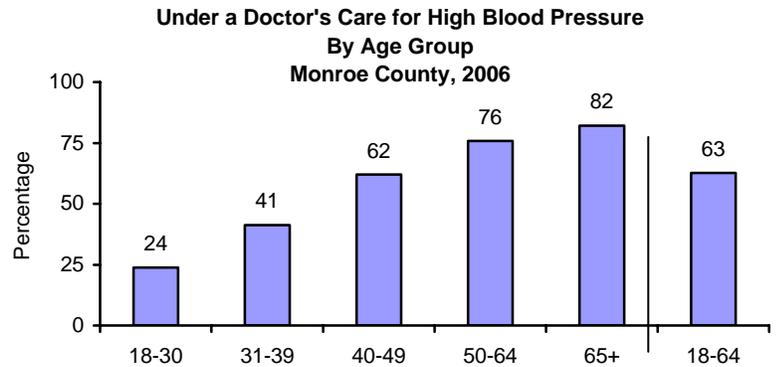


There were no differences by gender, residence or Latino Origin.

## Under a Doctor's Care For High Blood Pressure

Of those who were ever told they had high blood pressure, 69% reported that they were currently under a doctor's care for the condition. This percentage increased since 2000 when it was 57%.

In the 2006 AHS, older adults with high blood pressure were more likely to report they were under a doctor's care for the condition compared to younger adults with this condition.

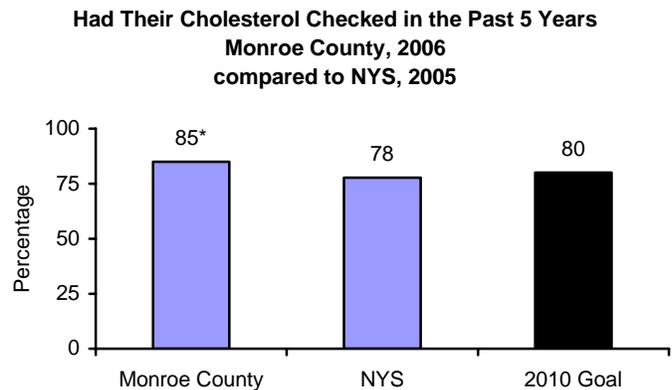


Males (65%\*) were less likely than females (73%) to report they were under a doctor's care for high blood pressure. There were no differences by residence, race or Latino Origin.

## CHOLESTEROL

### Screening

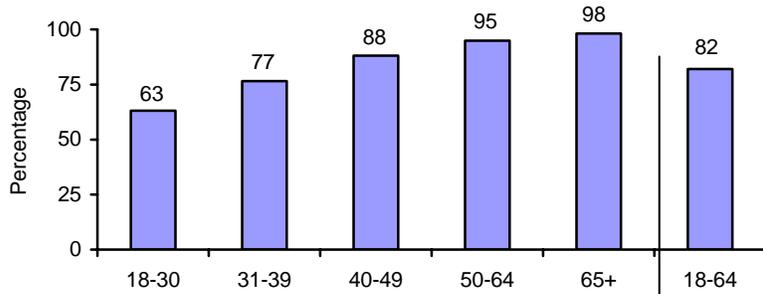
The 2010 Goal for the Nation is to increase to 80% the proportion of adults who received cholesterol screening in the past 5 years. As shown in the graphic to the right, the percentage of Monroe County adults who reported they were screened for high cholesterol (85%), met the 2010 Goal, and was better than the NYS percentage in 2005.



There was no change in the cholesterol screening rate between the 2000 and 2006 AHS.

As shown in the graphic to the right, older adults were more likely than younger adults to receive a cholesterol test within the past five years.

**Had Their Cholesterol Tested Within the Past 5 Years  
By Age Group  
Monroe County, 2006**

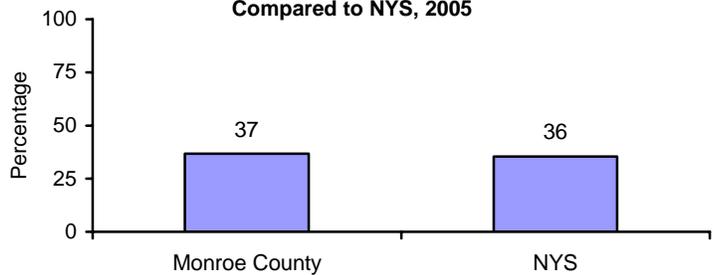


City residents (82%\*) were less likely than suburban residents (87%), and African Americans (81%\*) were less likely than Whites (87%) to report they were tested within the past 5 years. These differences may be due in part to the fact that the White and Suburban populations tend to be older and screening rates are higher among older adults.

**Elevated Levels of Cholesterol**

Of Monroe County adults who ever had their cholesterol tested, 37% reported that they were ever told that it was high. This percentage was comparable to the percentage in NYS in 2005.

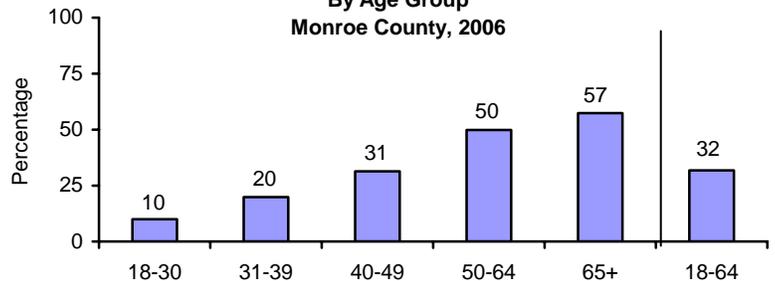
**Ever Told they Had High Cholesterol  
Of Those Who Were Ever Tested  
Monroe County, 2006  
Compared to NYS, 2005**



The percentage of adults who reported ever being told they had high cholesterol remained stable between the 2000 and 2006 AHS.

In the 2006 AHS, older adults were more likely to report ever being told they have high cholesterol compared to younger adults.

**Ever Told they Had High Cholesterol  
of Those Who Were Ever Tested  
By Age Group  
Monroe County, 2006**

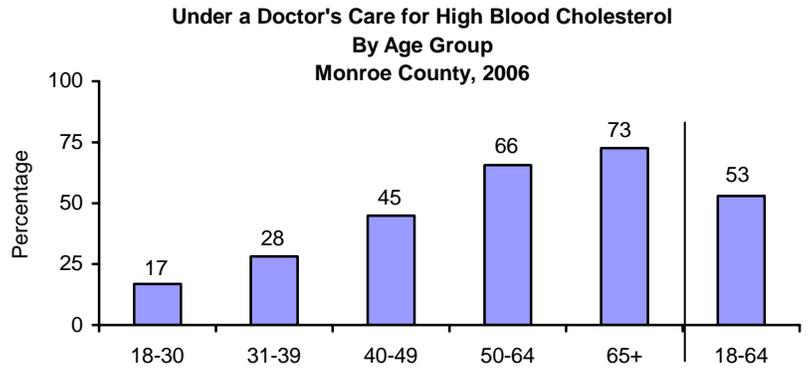


There were no significant differences by residence, gender, race or Latino Origin.

### **Under a Doctor's Care for High Blood Cholesterol**

Of those who were ever told they had high blood cholesterol, 59% reported that they were currently under a doctor's care for the condition. This percentage increased significantly since 2000 when it was 43%.

In the 2006 AHS, older adults with high blood cholesterol were more likely to report they were under a doctor's care for the condition compared to younger adults with this condition.



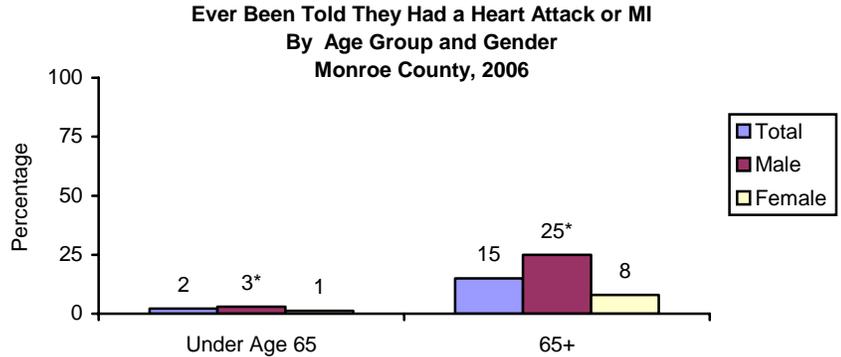
There were no differences by gender, residence, race, or Latino Origin.

## **HEART DISEASE AND STROKE**

### **Ever Been Told They Had a Heart Attack or Myocardial Infarction**

Four percent of Monroe County adults *of all ages* reported they were ever told that they had a heart attack or myocardial infarction (MI).

Males were more likely than females to report this diagnosis. Percentages were highest among older adults.

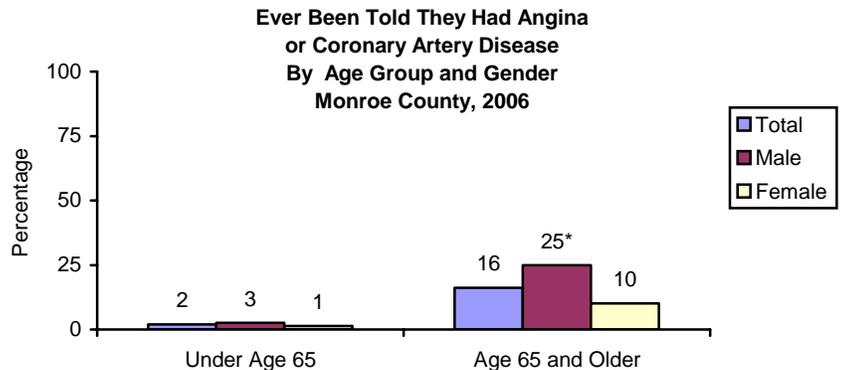


There were no statistically significant differences by residence, race or Latino Origin.

### **Ever Been Told They Had Angina or Coronary Artery Disease**

Four percent of Monroe County adults of all ages reported they were ever told that they had angina or coronary artery disease.

Among those aged 65 and older, males were more likely than females to report this diagnosis.



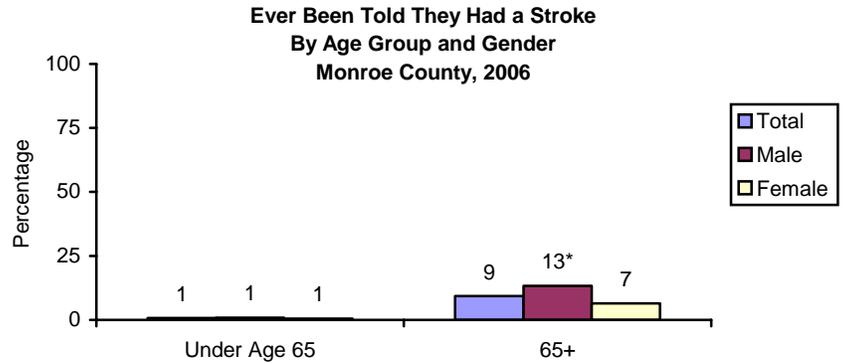
Among adults under age 65, Whites (2%\*) were more likely than African Americans (0.8%) to be diagnosed with angina or coronary artery disease.

There were no other statistically significant differences.

**Ever Been Told They Had a Stroke**

Two percent of Monroe County adults reported they were ever told that they had a stroke.

Among those aged 65 and older, males were more likely than females to report this diagnosis.

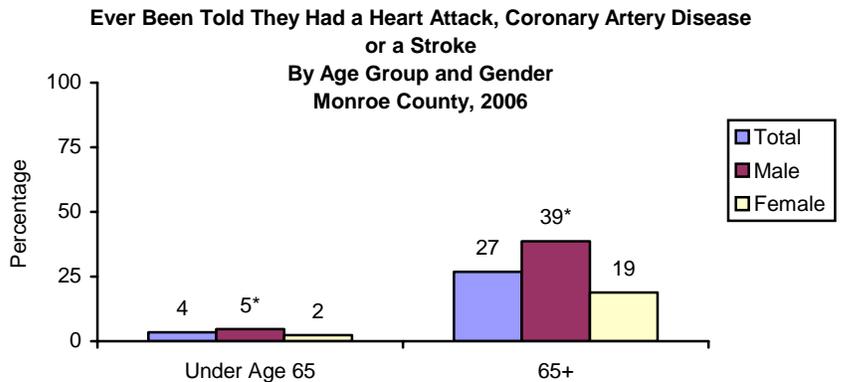


Among adults under age 65, African Americans (2%\*) were more likely than Whites (0.5%) to report they were ever diagnosed with a stroke.

**Ever Been Told They Had a Heart Attack or Stroke or they Have Angina or Coronary Artery Disease**

Eight percent of Monroe County adults reported they were ever told that they had a heart attack or stroke and/or have angina or coronary artery disease.

Within both age groups, males were more likely than females to report ever being diagnosed with these conditions.

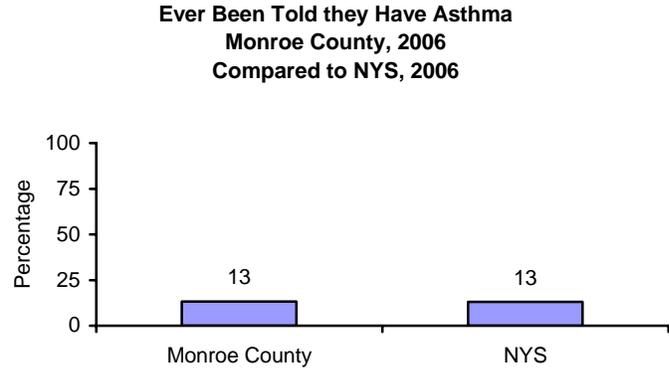


Among adults under age 65, city residents (5%\*) were more likely than suburban residents (3%) to report one or more of these diagnoses.

## **ASTHMA**

### **Ever Been Told they Have Asthma**

Thirteen percent of Monroe County adults reported they were ever told that they had asthma, which is comparable to NYS in 2006.



City residents (16%\*) were more likely than suburban residents (12%), and females (16%\*) were more likely than males (10%) to report ever being told they have asthma.

There were no significant differences by race or Latino Origin.

### **Currently Have Asthma**

Nine percent of adults reported that they currently have asthma.

Females (12%\*) were more likely than males (6%) to report current asthma.

There were no significant differences by race or Latino Origin.

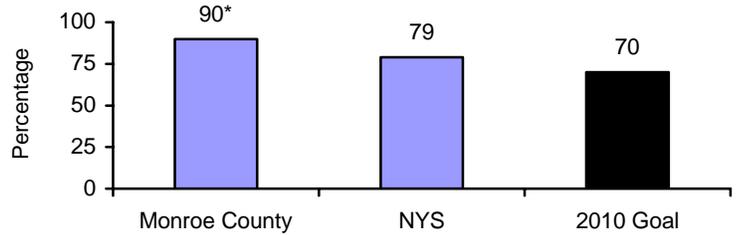
## **CANCER SCREENING**

### **Mammography**

The US Preventive Health Services Task Force recommends that women age 40 and older receive a mammogram every one to two years. The 2010 Goal for the Nation is to increase to 70% the proportion of women age 40 and older who received a mammogram within the past 2 years.

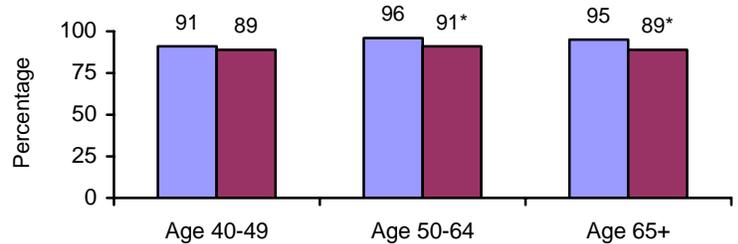
As shown in the graphic to the right, the percentage of Monroe County women who received a mammogram in the past 2 years met the 2010 Goal and was better than the percentage in NYS in 2006.

**Had A Mammogram within the Past 2 Years  
Women Ages 40 and Older  
Monroe County, 2006  
Compared to NYS, 2006 and the 2010 Goal**



The proportion of women reporting they had a mammogram within the past 2 years declined from 94% in 2000 to 90% in 2006. The decline occurred within all age groups as shown in the graphic to the right.

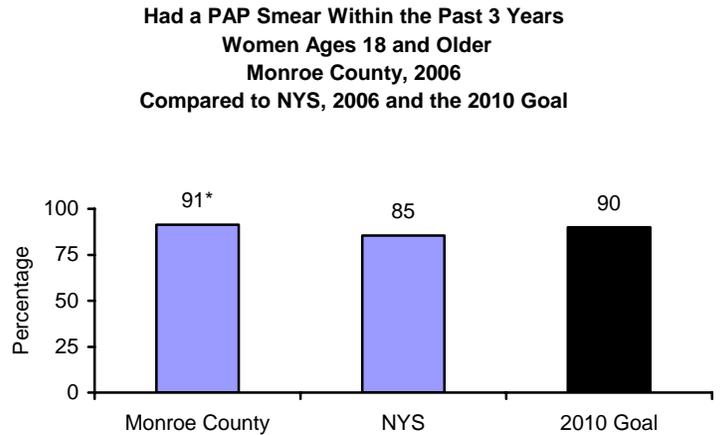
**Had A Mammogram within the Past 2 Years  
Women Ages 40 and Older  
By Age Group  
Monroe County, 2000 and 2006**



In the 2006 AHS, there were no significant differences in reported mammography rates by residence, race, or Latino Origin.

## **Cervical Cancer Screening**

The US Preventive Health Services Task Force recommends that adult women have a PAP smear at least every three years. The 2010 Goal for the Nation is increase to 90% the proportion of women who meet this recommendation. As shown in the graphic to the right, the percentage of Monroe County women who had a PAP smear in the past 3 years (91%) met the 2010 Goal. Monroe County women were more likely than NYS women to report they met this recommendation.



Non-Latino women (91%\*) were less likely than Latino women (99%) to report they had a PAP smear within the past 3 years. There were no differences by residence or race.

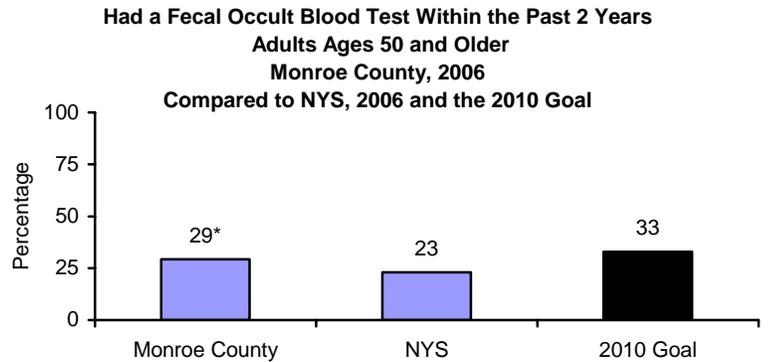
## **Colon Cancer Screening**

The US Preventive Services Task Force recommends colorectal cancer screening for all adults aged 50 and older. Options for screening include at-home fecal occult blood test (FOBT), flexible sigmoidoscopy, colonoscopy or double-contrast barium enema. The Task Force notes that there is insufficient evidence to recommend one method over another.

The AHS asked questions about FOBT and sigmoidoscopy or colonoscopy screening. There were no questions about other methods of screening.

### **Fecal Occult Blood Test (FOBT)**

The 2010 Goal for the Nation is to increase to 33% the proportion of adults age 50 and older who received a fecal occult blood stool test (FOBT) within the past 2 years. As shown in the graphic to the right, the percentage of Monroe County adults who received this test within the past 2 years did not meet the 2010 Goal. Monroe County adults were more likely to report they had an FOBT within the past 2 years compared to NYS adults in 2006.



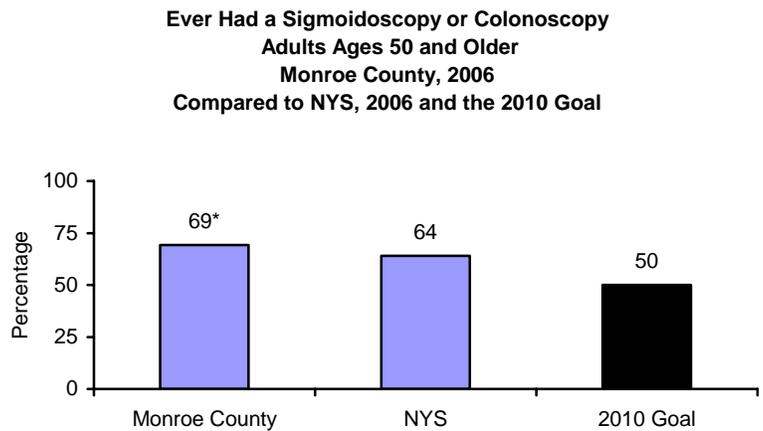
The percentage of adults reporting they had a fecal occult blood test within the past 2 years declined significantly between 2000 and 2006 from 39% to 29%. This decline occurred in every subpopulation except African Americans.

In the 2006 AHS, males (25%\*) were less likely than females (33%) to have received this test.

There were no differences by residence, race or Latino Origin.

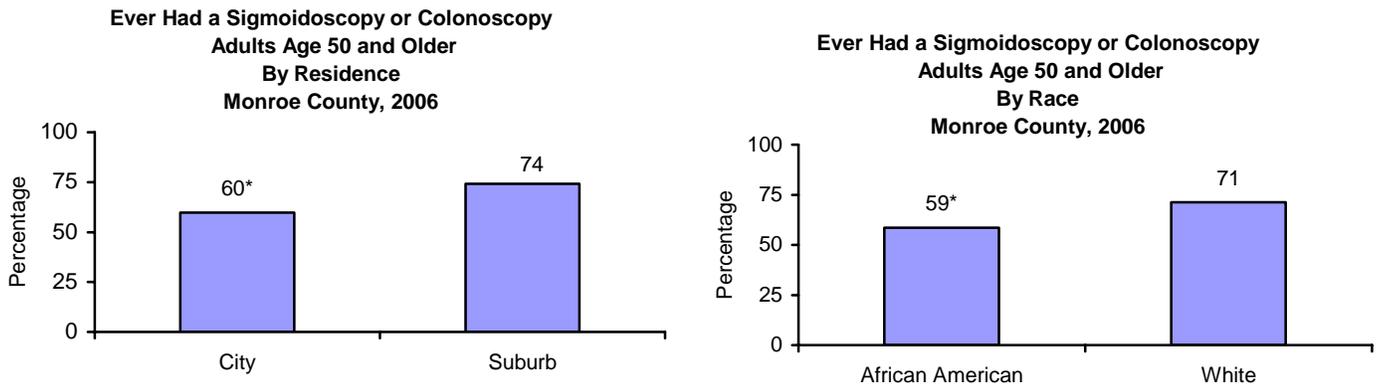
### **Sigmoidoscopy/Colonoscopy**

The 2010 Goal for the Nation is to increase to 50% the proportion of adults aged 50 and older who ever had a sigmoidoscopy or colonoscopy. As shown in the graphic to the right, the percentage of Monroe County adults who reported they ever had one of these tests met the 2010 Goal. Monroe County residents were more likely to report they had one of these tests than NYS residents.



In the 2000 AHS respondents were asked whether they ever had a proctoscopy or sigmoidoscopy test, and in the 2006 AHS the question was changed to include sigmoidoscopy or colonoscopy tests. The percentage of adults who reported they ever had one of these tests was 45% in 2000 and it increased to 69% in 2006. It is unclear whether the increase in the screening rate was due to the change in the question or an actual improvement in the screening rate.

In the 2006 AHS, city residents were less likely than suburban residents and African Americans were less likely than Whites to report they ever had a sigmoidoscopy or colonoscopy as shown in the graphics below.



**Fecal Occult Blood Test and/or Sigmoidoscopy/Colonoscopy**

The percentage of adults age 50 and older who reported that they had an FOBT within the past 2 years and/or they ever had a sigmoidoscopy or colonoscopy increased from 62% in 2000 to 76% in 2006.

In the 2006 AHS, city residents (66%\*) were less likely to report they had these tests compared to suburban residents (81%). There were no differences by gender, race or Latino Origin.

## **IMMUNIZATIONS**

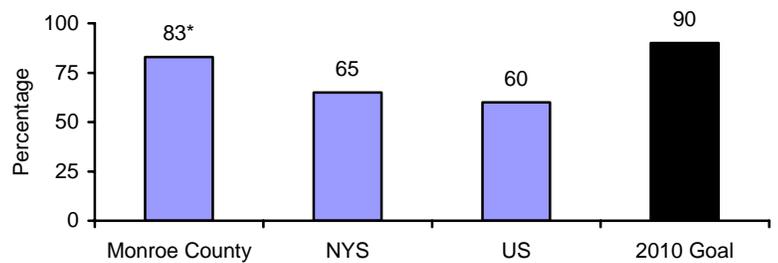
The Centers for Disease Control recommends an annual influenza vaccination, and a one-time pneumococcal vaccination for all adults age 65 and older, and for all adults under age 65 who have certain chronic medical conditions (including heart disease, diabetes, asthma, other chronic lung diseases, cancer, alcoholism, kidney or liver disease or any other condition that weakens the immune system).

### **Influenza Vaccination**

#### **Adults Age 65 and Older**

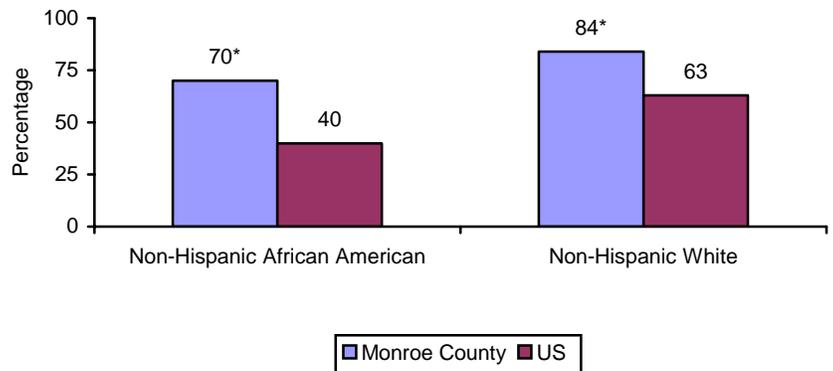
The 2010 Goal for the Nation is to increase to 90% the proportion of adults age 65 and older who receive an annual flu vaccination. As shown in the graphic to the right, the percentage of Monroe County older adults who received a flu vaccination in the past year did not meet the 2010 Goal. Monroe County adults however, were more likely to receive a flu vaccination compared to adults in NYS and the US.<sup>21</sup>

**Received a Flu Vaccination in the Past Year  
Adults Aged 65 and Older  
Monroe County, 2006  
Compared to NYS in 2006, the US in 2005 and the 2010 Goal**



Monroe County African Americans and Whites were more likely than US African Americans and Whites to receive a flu vaccination within the past year.

**Received a Flu Vaccination in the Past Year  
Adults Aged 65 and Older  
By Race  
Monroe County, 2006  
Compared to the US, 2005**

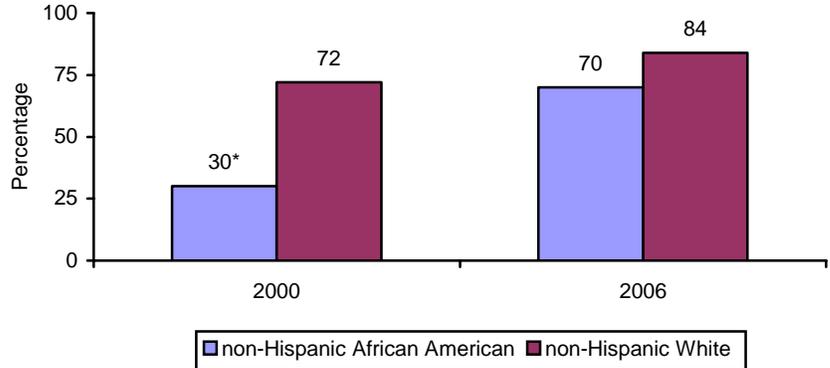


The percentage of Monroe County adults age 65 and older who reported they received a flu shot within the past year improved from 70% in 2000 to 82% in 2006.

<sup>21</sup>National Health Interview Survey, 2005

The significant disparity in flu immunization rates between African Americans and Whites in 2000, was eliminated in 2006 as shown in the graphic to the right.

**Received a Flu Vaccination in the Past Year,  
Adults Aged 65 and Older  
By Race  
Monroe County, 2000 and 2006**

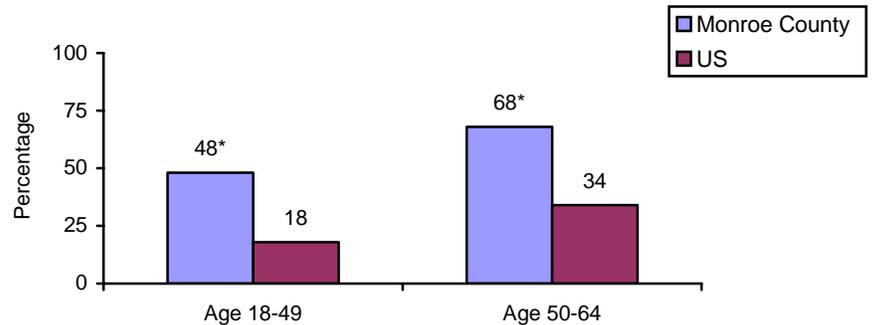


**Adults Under Age 65 and Older Who Have a Chronic Condition**

Among Monroe County adults *under age 65 who have a chronic condition*, 58% reported that they received a flu shot within the past year, which is near the 2010 Goal for the Nation (60%).

As shown in the graphic to the right, Monroe County residents with a chronic condition were more likely to receive a flu vaccination compared to US residents with a chronic condition.

**Received a Flu Vaccination in the Past Year  
Adults Ages 18-64 Who Have Chronic Conditions,  
Monroe County, 2006  
Compared to the US, 2005**



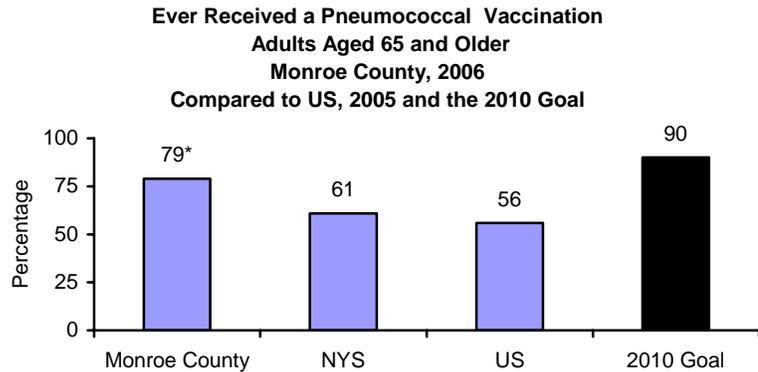
The percentage of Monroe County adults with a chronic condition who reported they received a flu shot within the past year improved from 44% in 2000 to 58% in 2006. This improvement occurred within all sub-populations.

## Pneumococcal Vaccine

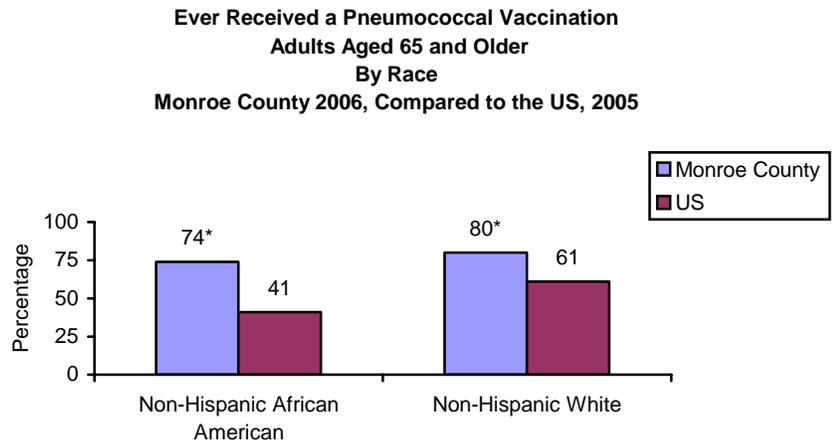
### Adults Age 65 and Older

The 2010 Goal for the Nation is to increase to 90% the proportion of adults age 65 and older who ever received a pneumococcal vaccination.

As shown in the graphic to the right, pneumococcal vaccination rates in Monroe County did not meet the 2010 Goal. Monroe County residents however, were more likely to receive a pneumococcal vaccination compared to residents in NYS and in the US.<sup>22</sup>



Monroe County African Americans and Whites were more likely to report receiving a pneumococcal vaccination compared to US African Americans and Whites.

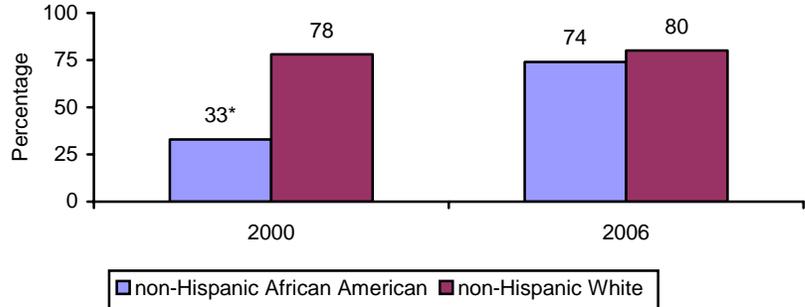


The percentage of adults age 65 and older who reported they ever received a pneumococcal vaccine did not change significantly between 2000 and 2006.

<sup>22</sup> National Health Interview Survey, 2005

The significant disparity in the rates between Monroe County African Americans and Whites in 2000, was eliminated in 2006.

**Ever Received a Pneumococcal Vaccination  
Adults Ages 65 and Older  
By Race  
Monroe County 2000 and 2006**

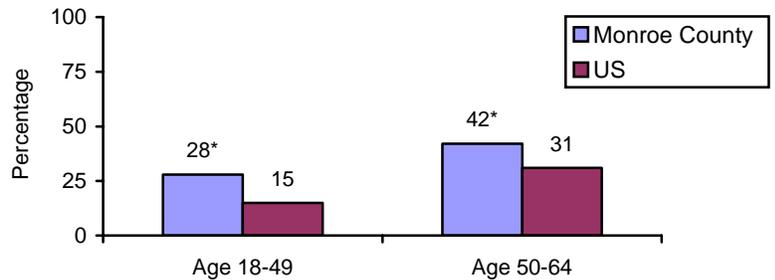


**Adults Under Age 65 and Older Who Have a Chronic Condition**

Among Monroe County adults *under age 65 who have a chronic condition*, 35% reported that they ever received a pneumococcal vaccine, which is well below the 2010 Goal (60%).

As shown in the graphic to the right, Monroe County residents with chronic conditions were more likely to receive a pneumococcal vaccination compared to those in the US in 2005.

**Ever Received a Pneumococcal Vaccination  
Adults Ages 18-64 with Chronic Conditions  
Monroe County, 2006 Compared to the US, 2005**



The percentage of adults with a chronic condition who reported they ever received a pneumococcal vaccine improved from 24% in 2000 to 35% in 2006. This improvement occurred within all sub-populations.