



COMMUNITY THEMES AND STRENGTHS





**ONEIDA COUNTY HEALTH DEPARTMENT
2005-2010 COMMUNITY HEALTH ASSESSMENT**

COMMUNITY THEMES & STRENGTHS

A. PURPOSE

This part of the Community Health Assessment focuses on gathering input from Oneida County residents regarding the following: most important factors for a healthy community; factors which most improve the quality of life our community; most important health problems in our community; most risky behaviors in our community; behaviors which have the greatest impact on overall community health; rate of our community as a "healthy community"; rate of own personal health; how health care is paid for; type of health insurance; and perceptions about Oneida County Health Department.

B. APPROACH

The Community Themes & Strengths Subcommittee determined that information would be needed from both the residents and opinion leaders in Oneida County.

The Oneida County Health Department contracted with Zogby International, a renowned surveying/polling agency in Oneida County to gather information from at least 600 members of the community. Zogby International conducted interviews of 605 residents chosen at random in Oneida County. Individuals were asked ten questions regarding health problems in Oneida County. All calls were made from Zogby International headquarters in Utica, New York., from September 9, 2004 through October 4, 2004. The margin of error is +/- 4.1 percentage points. Slight weights were added to region, age, and gender to more accurately reflect the population. Margins of error are higher in sub-groups.

Letters were also sent to 31 opinion leaders in Oneida County representing a variety of agencies/interests (i.e., elected officials, civic association leaders, media/news persons, academia and voluntary health agency representatives). Follow-up letters, telephone call and faxes were sent to improve response rates. Three open-ended questions were asked about the health of Oneida County residents: health problems, their causes, and factors for reducing or eliminating them. A total of 15 individuals returned the questionnaire.

TABLE 25 - MAJOR FACTORS WHICH MOST IMPROVE THE QUALITY OF LIFE IN A COMMUNITY (≥10% RESPONSES)	
Factor	Percent
Low crime/Safe Neighborhood	52
Good Schools	47
Good Jobs and Healthy Economy	42
Access to Health Care and Other Services	30
Community Involvement	24
Strong Family Life	16
Low Level of Child Abuse	15
Affordable Housing	12
Religious or Spiritual Values	12
Clean Environment	10

C. FINDINGS

1. COMMUNITY TELEPHONE SURVEY

Improving Quality of Life in a Community: The factors that people were most likely to say improve the quality of life in Oneida County were low crime and safe neighborhoods, good schools, and good jobs and a healthy economy. Fourth was access to health care and other services; while further down the list were a clean environment and healthy behavior and lifestyles.

The top four categories were consistent throughout all the groups in the county (regional, age group, gender, marital status and income sub group); but didn't necessarily appear in the same order.

Important Health Problems in Oneida County: Cancer (52%) and heart disease/stroke (45%) were chosen by most residents as problems that have the greatest impact on overall health in Oneida County. Diabetes (34%), access to quality health services (33%), and arthritis (15%)

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rounded out the top five. One out of every ten individuals surveyed chose educational and community-based programs (10%), HIV (10%), and mental health (10%) as important health issues. Environmental health (8%) and nutrition/overweight (8%) completed the top ten health issues important in Oneida County.

**TABLE 26 - IMPORTANT HEALTH PROBLEMS IN ONEIDA COUNTY
(≥8% RESPONSES)**

Problem	Percent
Cancer	52
Heart Disease and Stroke	45
Diabetes	34
Access to Quality Health Services	33
Arthritis, Osteoporosis, and Chronic Back Conditions	15
Educational and Community Based Programs	10
HIV	10
Mental Health and Mental Disorders	10
Nutrition and Overweight	8
Environmental Health	8

Cancer was cited by nearly three in five high school graduates and those with less than a high school diploma, and people with household income of \$50,000 or more. Adults 30 and older (approximately 55%) were more likely than 18-29 year-olds (40%) to say cancer.

The most likely to choose heart disease and stroke were approximately half of married adults, suburbanites, college graduates, and people with household income of \$35,000-\$74,999.

Nearly half of people with household income of \$15,000-\$24,999 felt diabetes is one of the most important health problems in the community.

Approximately two in five residents of Rome and the southern region, 50-64 year-olds, and people with household income of \$35,000-\$49,999 saw access to quality health services as most important.

One-fifth of Utica residents and one in four seniors 65 and older, divorced/widowed/separated adults, and people with household income of \$25,000-\$34,999 felt arthritis, osteoporosis, and chronic back conditions were most important.

The most likely to agree that educational and community-based programs was most important were one in seven Rome residents and seniors 65 and older.

Those who were most likely to feel that HIV was most important include 18-29 year-olds (25%), single adults (23%), high school graduates (17%), residents of the southern region (19%), and people with household income less than \$15,000 (22%).

Nutrition and overweight were cited by one in seven 18-29 year-olds and single adults.

One in eight 18-29 year-olds, residents of the northern region and people with household income of \$50,000-\$74,999 felt tobacco use was most important. Nine percent of men agreed.

Risky Behaviors in the Community: More than half cite drug abuse and alcohol abuse as behaviors that have the greatest impact on overall community health. Unsafe sex and tobacco use are each named by one in four residents. One in twenty says not getting shots to prevent disease has the greatest impact.

TABLE 27 - MOST RISKY BEHAVIORS THAT IMPACT ON OVERALL COMMUNITY HEALTH (≥12% RESPONSES)

Factor	Percent
Drug Abuse	57
Alcohol Abuse	56
Being Overweight	40
Unsafe Sex	25
Tobacco Use	24
Dropping Out of School	20
Lack of Exercise	18
Poor Eating Habits	13
Not Using Seatbelts or Child Safety Seats	12



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More than half of respondents thought that drug abuse (57%) and alcohol abuse (56%) were the riskiest behaviors in the community. Two in five (40%) said that being overweight was riskiest, while one in four chose unsafe sex (25%) and tobacco use (24%). People were least likely to choose not using birth control (8%), racism (7%), and not getting shots to prevent disease (5%) as the riskiest behaviors in their community.

Approximately one-half or more of people in every sub-group said drug abuse was one of the most risky behaviors in the community. This includes just fewer than two-thirds of 18-29 year-olds, seniors 65 and older, high school graduates and those with less than a high school diploma, and people with household income of \$15,000-\$34,999.



Alcohol abuse is also widely chosen among all sub-groups, as half or more in every sub-group says this is also one of the most risky behaviors. Three-fifths of Rome residents, high school graduates, women, and people with household income of \$25,000-\$49,999 agree.

A majority of people with household income of \$50,000-\$74,999 (56%) and almost half of suburbanites said that being overweight was one of the most risky behaviors in the community. Two-fifths of adults 30 and older agreed, as compared to 30% of 18-29 year-olds.

Almost one-third of Rome residents and 18-29 year-olds felt that unsafe sex was one of the most risky behaviors, as did two-fifths of people with household income of \$25,000-\$34,999.

The most likely to think tobacco use was one of the most risky behaviors were approximately three in ten 30-49 year-olds, married adults, and people with household income of \$50,000 or more.

Older adults – 50-64 year-olds (29%) and seniors 65 and older (34%) – were the most likely to say dropping out of school was one of the most risky behaviors. Women (25%) were almost twice as likely as men (14%) to agree.

Residents in the southern region (25%), 50-64 year-olds (23%), college graduates (23%), and people with household income of \$75,000 or more (29%) were the most likely to cite a lack of exercise.

One-fifth of residents in the northern region believed poor eating habits was one of the most risky behaviors.

The 18-29 year-olds (16%) were most likely to choose racism as a risky behavior. More men (11%) than women (3%) agreed.

One-fifth of 18-29 year-olds and people with household income less than \$15,000 saw not using birth control as a risky behavior. This was also true of 15% of high school graduates.

TABLE 28 - ASSESSMENT OF ONEIDA COUNTY AS A HEALTHY COUNTY

Rating	Assessment	Percent	Combined Rating
1	Very Unhealthy	6	Low - 16
2		10	
3	Somewhat Healthy	67	High - 15
4		10	
5	Very Healthy	5	

The younger adults (26% of 18-29 year-olds) were also most likely to believe not using seatbelts/child safety seats was one of the most risky behaviors in the community.

Health of Oneida County: Two-thirds of respondents (67%) rated the community as “somewhat healthy.” The remainder were



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divided between giving low ratings (16% combined 1 and 2) and high ratings (combined 4 and 5). They were least likely to rate the health of the community on the extreme ends of the scale, as few felt it was either very healthy or very unhealthy.

Approximately three-fifths or more of people in all sub-groups rated the community as somewhat healthy (a three on the scale). The most likely to give it this rating were Rome residents (78%), and people with household income of \$50,000-\$74,999 (75%) and \$75,000 or more (82%).

One-fourth to one-fifth of seniors 65 and older, college graduates, residents of the suburbs and the north region, and people with household income of \$25,000-\$34,999 gave high ratings (a 4 or 5) to the health of the community.

Among the most likely to give the community low ratings (a 1 or 2) are Utica residents (20%), 18-29 year-olds (24%), and people with household income less than \$15,000 (28%).

Personal Health: Oneida County residents were much more likely to rate their personal health higher than that of the community. More than half (56%) gave high ratings to their own personal health, including one in four who rated it a "5." Just over one-third (36%) said they were somewhat healthy, while less than one in ten (8%) gave their health low ratings.

TABLE 29 - ASSESSMENT OF INDIVIDUAL HEALTH OF RESPONDERS IN ONEIDA COUNTY

Rating	Assessment	Percent	Combined Rating - Percent
1	Very Unhealthy	3	Low - 8
2		5	
3	Somewhat Healthy	36	High -56
4		32	
5	Very Healthy	24	

Half or more of people in most sub-groups gave high ratings (a 4 or 5) to their personal health. The most likely were residents of the south region (68%), college graduates (65%), and

people with household income of \$75,000 or more (76%).

One in eight adults 50 and older and people with household income less than \$15,000 rated their personal health a 1 or 2 on the scale. Otherwise, fewer than one in ten people in sub-groups of significant numbers rated their personal health as low. The least likely to rate their personal health low were 18-29 year-olds (none), residents in the south region (3%), and people with household income of \$35,000-\$50,000 (3%) and \$75,000 or more (1%).

Over two-fifths of Rome residents, 18-29 year-olds, single adults, high school graduates and those with some college education, and people with household income of \$15,000-\$24,999 and \$35,000-\$49,999 (49%) rated their personal health as somewhat healthy (a 3 on the scale).

Payment for Health Care: People were most likely to pay for their health care with health insurance (56%) with paying cash as co-pay indicated by 33% of those surveyed. Medicare ranked third (14%), with Medicaid paying for health care in 8% of instances. In approximately one out of twelve occasions (8%), respondents had no health insurance and paid cash.



People in every sub-group (except seniors 65 and older) were most likely to have health insurance that paid for their health care. In most sub-groups, this was true of a majority. This includes 70% of people in the south region, approximately two-thirds of people with household income of \$25,000-\$34,999 and \$50,000 or more, and three in five married adults, college graduates, and women.



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Two-fifths or more of residents in the north region, 30-49 year-olds, married adults, and people with household income of \$35,000 or more paid cash as a co-pay.

Medicare was used most of the time by seniors 65 and older (71%). It was also used more by suburbanites (19%), high school graduates (23%), divorced/widowed/separated adults (34%), and people with household income of \$15,000-\$24,999 (33%) and \$25,000-\$34,999 (25%). It was also used more by women (17%) than by men (11%).

Medicaid was mostly used by people with a household income of less than \$15,000 (29%). It was also used just over 10% of the time by Utica and Rome residents, high school graduates, single adults, and those who were divorced/widowed/separated.

The most likely to have no insurance were also people with household income less than \$15,000 (18%). Others more likely to be uninsured were 18-29 year-olds (14%), single adults (12%), Utica residents (11%), college graduates (11%), and more men (11%) than women (6%).

Type of Health Insurance Coverage: Close to two thirds of respondents were almost evenly divided between having a private insurance plan provided by their employer, which is co-purchased by themselves or a family member (34%), and a private insurance plan completely provided by their employer (31%). One in ten (10%) used Medicare, and 6% used Medicaid. Seven percent of respondents had a private insurance plan that either they or a family member purchased, and 6% had no health insurance coverage at all.

**TABLE 30 - PAYMENT FOR HEALTH CARE
IN ONEIDA COUNTY
(>8% RESPONSES)**

Payment Source	Percent
Health Insurance	56
Pay Cash as Co-Pay	33
Medicare	14
Medicaid	8
Pay Cash, No Insurance	8
Other	8

**TABLE 31 -TYPE OF HEALTH INSURANCE FOR SURVEY RESPONDERS
IN ONEIDA COUNTY**

Type of Insurance	Percent
Private Insurance Plan: Employer/Co-Purchased	34
Private Insurance: Employer Purchased	31
Medicare	10
Private Insurance Plan: Employee Purchased	7
Medicaid	6
No Health Insurance	6
Other	6

A majority of people with household income of \$50,000-\$74,999 (52%) and over two-fifths of Rome residents (46%), 30-49 year-olds, and married adults had a private insurance plan provided by their employer, which was co-purchased by themselves or a family member.

Those who were most likely to have a private insurance plan completely provided by employer were 37% of 30-49 year-olds and college graduates, and 40% of people with household income of \$35,000-\$49,999 and \$75,000 or more.

Close to half of seniors 65 and older (48%) use Medicare. Others more likely to use Medicare include high school graduates (18%), divorced/widowed/separated adults (23%), and people with household income less than \$35,000 (including 25% of those with household income of \$15,000-\$24,999), and more women (13%) than men (7%).

One in eight seniors 65 and older had a private insurance plan purchased by either themselves or a family member.



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People with household income less than \$15,000 (26%) were the most likely to use Medicaid, as do 12% of single adults.

One-tenth or more of Utica residents, 18-29 year-olds, single adults (13%), and people with household income less than \$15,000 (14%) had no health insurance.

Thoughts About the Oneida County Health Department: Several things came to mind to Oneida County residents when they thought of the Oneida County Health Department, with no one service standing out over the others. One in ten times, people associated the Department with environmental health services (11%), and a near-equal amount associated them with diagnostic and treatment clinics (10%). Residents were a little less likely to link the Department with home health care (7%), health education (6%), or health alerts (4%). While several people had other things come to mind. For one-fourth of residents, nothing in particular came to mind.

TABLE 32- FIRST THING THAT COMES TO MIND WHEN THINKING ABOUT THE ONEIDA COUNTY HEALTH DEPARTMENT	
Thought	Percent
Environmental Health Services	11
Diagnostic and Treatment Clinic Services	10
Home Health Care	7
Health Education	6
Health Alerts	4
Other	34
Not Sure/Nothing	28

One-third or more of 18-29 year-olds, high school graduates and those with less education, and people with household income of \$25,000-\$34,999 and \$75,000 or more say they were not sure or that nothing came to mind.

2. OPINION LEADERS SURVEY

Due to the small number responses (15) received from those requested to complete the Opinion Leaders Survey, caution must be exercised when analyzing the results. The responses were more detailed than what was reported from the telephone survey because the questions were open-ended allowing the responder to expand upon their response and provide more detail.

Approximately 70% felt that the major health problems in Oneida County were (1) lack of access to health care (2) obesity (3) heart disease/stroke (4) drug and alcohol abuse. Approximately 70% of the responders ranked obesity, lack of insurance/access and heart disease as the most important health problems in the county.



Approximately 70% felt that (1) lack of exercise and a sedentary lifestyle lack (2) inadequate access to health care (3) lack of health education (4) poverty and (5) addiction were the major causes of these problems.

Approximately 75% of the responses to the factors to eliminate these health problems indicated (1) minimal education regarding these problems, (2) reduction of costs in health care and (3) early prevention (routine screening, etc.).