

Physical & Emotional Health

Overweight & Obesity

WHY THIS IS IMPORTANT

According to the Centers for Disease Control, during the past 20 years, obesity among adults has risen significantly in the United States. The latest data from the National Center for Health Statistics show that 30 percent of U.S. adults 20 years of age and older (over 60 million people) are obese. According to the American Medical Association, 32.2% of Americans under the age of 20 are overweight or obese. 4.8% of those under age 20 are considered extremely obese (BMI of 40 or more).

These increasing rates raise concern because of their implications for Americans' health. Being overweight or obese increases the risk of many diseases and chronic health conditions including, but not limited to: hypertension, type 2 diabetes, coronary heart disease and stroke.

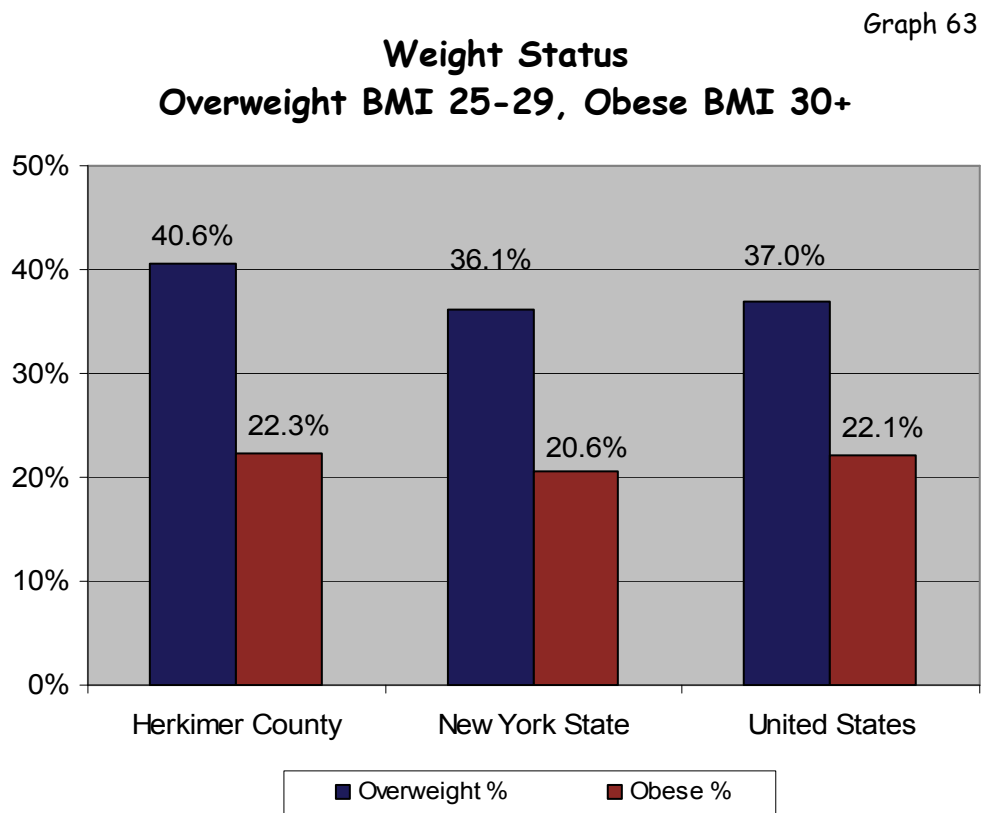
WHERE WE STAND

Healthy People 2010 Goal - Body Mass Index (BMI) = 18.5 to 24 (age 20+) 60%

According to NYSDOH statistics 62.9% of Herkimer County residents (age 20+) are either obese or overweight. The comparison rate for NYS rate is 56.7% and the United States rate is 59.1%. The Herkimer County rate is higher than both the NYS and United States rate. There is a large discrepancy between the Healthy People 2010 goal 60% at a healthy weight and the county at 37.1% with a healthy weight.

Unhealthy weight is not just a problem in Herkimer County. Trends for overweight and obesity are on the

increase nationwide. In 2004 nine states had populations with rates of Obesity/Overweight at 25% or greater. There were no states with rates under 15%. In New York State the rate went



Source: NYSDOH

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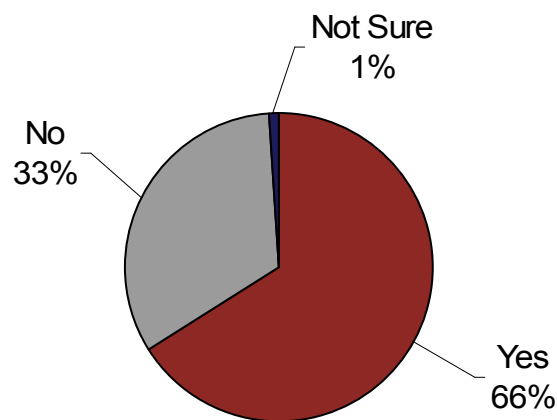
Overweight & Obesity

from 10-14% in 1991 to 20-24% in 2004.

The 2005 Herkimer County Community Survey asked residents, with all the current literature and media exposure regarding the issue of obesity in the United States, has your family increased their level of activity or started making better food choices? 66% admitted to making better choices or increasing their physical activity, while a third of respondents admitted to making no changes at all.

Percent of People Making Better Food Choices Based on New Information

Graph 64



Source: Zogby, 2005 Herkimer County Community Health Assessment

The follow-up question to respondents indicating they had made changes shows 24% had not actually made changes:

- No changes 24%
- Better food and exercise 14%
- Better food choices 14%
- More exercise 13%
- More fruits and veggies 8%
- Cut back on fat 7%
- Cut sweets and sugar 5%
- Cut down on junk food 4%
- Became vegetarian/cut out red meat 3%
- Cut down on portion size 3%
- Diet program/lost weight 3%
- Joined a gym 1%
- Always have taken care of myself 1%

This inconsistency may reflect people's reluctance to admit a problem or a difference between perception and actions.

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Causes of Obesity

Bigger portions

Over the years, most Americans have been consuming more calories. Between 1977 and 1996, portion sizes grew markedly in the United States, not only at fast-food outlets/restaurants but also in homes. The Nielsen SJ, Popkin BM study "Patterns and trends in food portion sizes 1977-1998" revealed the following:

- ◇ Salty snacks increased from 132 calories to 225 calories.
- ◇ Soft drinks increased from 144 calories to 193 calories.
- ◇ French fries increased from 188 calories to 256 calories
- ◇ Hamburgers increased from 389 calories to 486 calories.

Less nutrition

Most Americans do not eat enough **fruits and vegetables**.

- ◇ In 1980, about 50% of high school seniors reported eating green vegetables "nearly every day or more." By 2003, that figure had dropped to about 30%.
- ◇ In 2000, 81% of men and 73% of women reported eating fewer than five servings of fruits and vegetables a day.

Americans aren't getting enough **whole grains**. Whole grains include whole wheat, whole oats, barley, whole rye, and brown and wild rice. Products made with whole grains retain more fiber and vitamins and minerals.

- ◇ Most Americans consume less than one serving of whole grains a day, but between the early 1980s and 2000, consumption of refined grains increased.

Milk consumption is lower than it should be:

- ◇ In 1977-78 children ages 6-11 drank about four times as much milk as soda. In 2001-2002, they drank about the same amounts of milk and soda.

Added sugars have increased in the American diet. Added sugars contain "empty" calories because they have little or no nutritional value.

- ◇ Between 1977-78 and 1994-96 for adolescents ages 12-19: Girls' average daily consumption of fruit juices rose from 2.54 to 4.73 ounces (nearly doubled), and their soda consumption rose from 7.34 to 13.97 ounces (nearly doubled).
- ◇ In the same timeframes Boys' average daily consumption of fruit juices rose from 3.46 to 7.23 ounces (more than doubled), and their soda consumption rose from 7.76 to 21.45 ounces (nearly tripled).

Technology's sedentary seduction

As individuals devote more of their free time to television, computers and video games, they're spending less time being physically active. A survey of young people ages 8 to 18 showed their daily activities accounted for the following hours:

- ◇ Watching television - 3 hrs. 51 min.
- ◇ Using the computer - 1 hr. 2 min.
- ◇ Video games - 49 min.
- ◇ Reading - 43 min.

Source: Generation M: Media in the Lives of 8-18 Year Olds. Kaiser Family Foundation, 2005

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Lack of physical activity

At least 30 minutes of moderate physical activity is recommended on most days of the week. However, nearly 23 percent of children and nearly 40 percent of adults get no free-time physical activity at all.

Eating out

The traditional home-cooked meal is becoming a thing of the past as more American are eating away from home. Today with more two-income families, there is often less time to prepare food. Americans travel more than they used to, commute longer distances to their jobs, and work longer hours. These factors have contributed to the increased popularity of restaurants and fast-food outlets.

- ◇ In 1970, about 25% of total food spending occurred in restaurants. By 1995, 40% of food dollars were spent away from home.
- ◇ On average, children ages 11-18 eat at fast-food restaurants twice a week.

Research suggests that food eaten away from home (especially fast food), tends to be higher in total fat, saturated fat and sodium, and lower in fiber. In addition, people eating away from home are likely to eat more foods, and in larger portions.

Source: Robert Wood Johnson Foundation, "A Nation at Risk: Obesity in the United States A Statistical Sourcebook

DATA SOURCES

CDC <http://www.cdc.gov/brfss/index.htm>

Healthy People 2010 <http://www.healthypeople.gov/Document/tableofcontents.htm#under>

Robert Wood Johnson Foundation <http://www.rwjf.org>

Physical & Emotional Health

Physical Activity

WHY THIS IS IMPORTANT

Regular physical activity throughout life is important for maintaining a healthy body, enhancing psychological well-being, and preventing premature death. Regular physical activity is associated with lower death rates for adults of any age, even when only moderate levels of physical activity are performed. Regular physical activity decreases the risk of death from heart disease, lowers the risk of developing diabetes, and is associated with a decreased risk of colon cancer. Regular physical activity helps prevent high blood pressure and helps reduce blood pressure in persons with elevated levels. Regular physical activity also:

- Increases muscle and bone strength.
- Increases lean muscle and helps decrease body fat.
- Aids in weight control and is a key part of any weight loss effort.
- Enhances psychological well-being and may even reduce the risk of developing depression.
- Appears to reduce symptoms of depression and anxiety and to improve mood.

In addition, children and adolescents need weight-bearing exercise for normal skeletal development, and young adults need such exercise to achieve and maintain peak bone mass. Older adults can improve and maintain strength and agility with regular physical activity. This can reduce the risk of falling, helping older adults maintain an independent living status. Regular physical activity also increases the ability of people with certain chronic, disabling conditions to perform activities of daily living.

- **Recommended physical activity** — reported moderate-intensity activities in a usual week (i.e., brisk walking, bicycling, vacuuming, gardening, or anything else that causes small increases in breathing or heart rate) for greater than or equal to 30 minutes per day, greater than or equal to 5 days per week; or vigorous-intensity activities in a usual week (i.e., running, aerobics, heavy yard work, or anything else that causes large increases in breathing or heart rate) for greater than or equal to 20 minutes per day, greater than or equal to 3 days per week or both. This can be accomplished through lifestyle activities (i.e., household, transportation, or leisure-time activities).
- **Insufficient physical activity** — doing more than 10 minutes total per week of moderate or vigorous-intensity lifestyle activities (i.e., household, transportation, or leisure-time activity), but less than the recommended level of activity.
- **Inactivity** — less than 10 minutes total per week of moderate or vigorous-intensity lifestyle activities (i.e., household, transportation, or leisure-time activity).
- **Leisure-time inactivity** — no reported leisure-time physical activities (i.e., any physical activities or exercises such as running, calisthenics, golf, gardening, or walking) in the previous month.

Source: Center for Disease Control and Prevention

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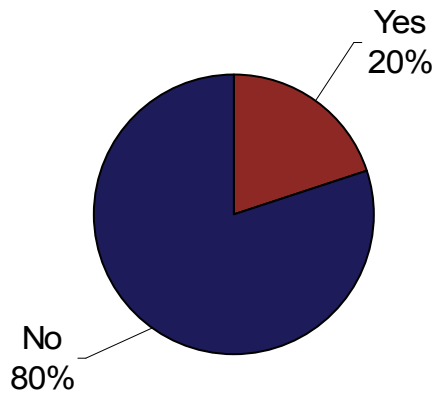
Physical Activity

WHERE WE STAND

HP 2010 Target - Moderate exercise 5 or more days a week for 30 minutes 30%

HP 2010 Target - 3 or more days a week for 20 minutes of vigorous activity 30%

Limited Activities Because of Physical/Mental/Emotional Problems



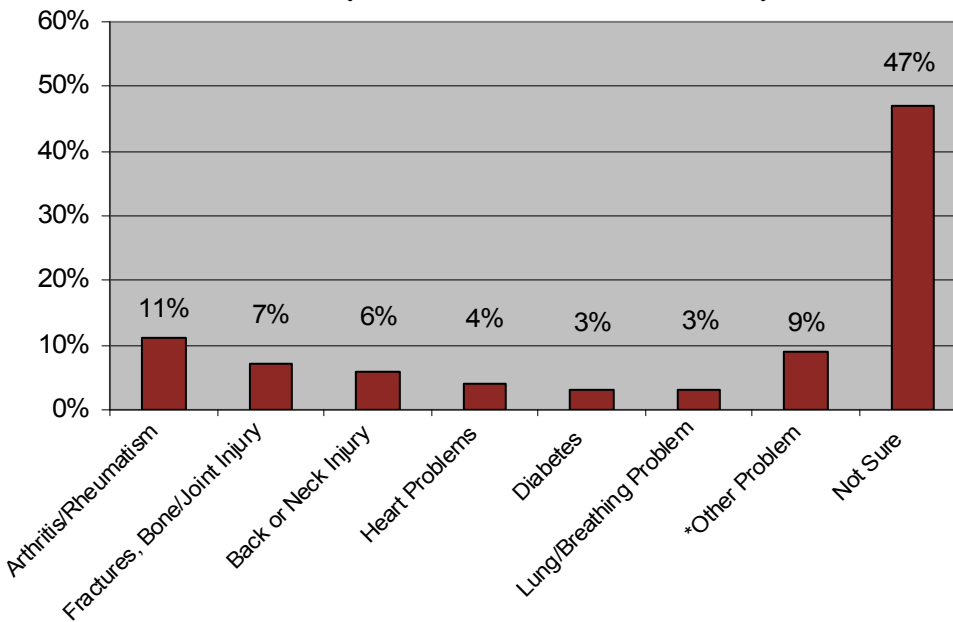
Many Herkimer County residents report inability to be physically active due to physical, mental or emotional problems.

One in five (20%) respondents say they are limited in activities because of physical, mental, or emotional problems, while 80% are not limited.

Graph 65

Source: Zogby, 2005 Herkimer County Community Health Assessment

Summary of Major Impairment or Health Problem that Limits Respondents in Previous Graph



Reasons given for inactivity are broken into the following:

Just over one in ten (11%) say the number one problem that limits them is arthritis or rheumatism. Second with 7% are fractures or bone and joint injury, and third is back or neck injury (6%).

*Other: No problems (16); Age (9); Allergies (3)

Graph 66

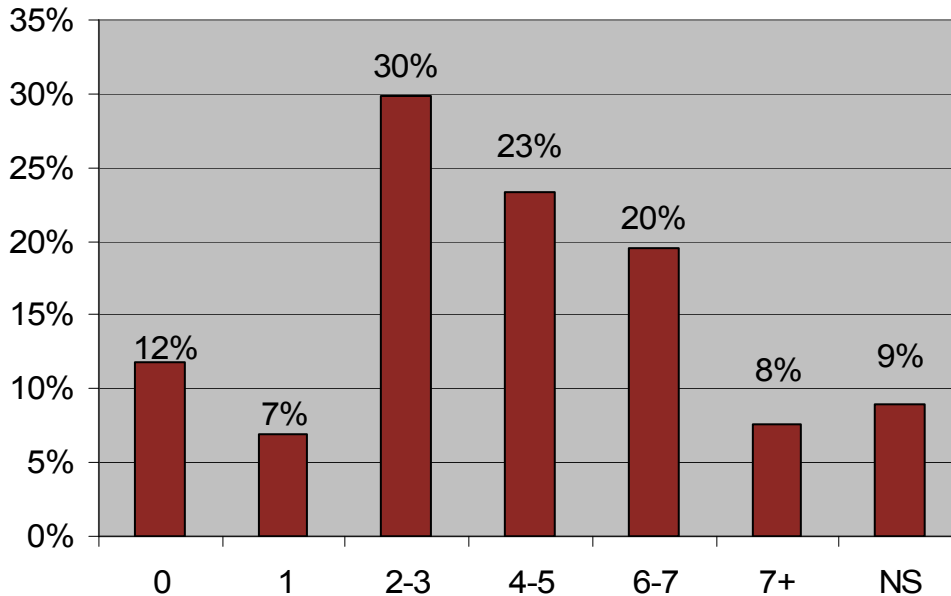
Source: Zogby, 2005 Herkimer County Community Health Assessment

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Physical Activity

How Many Times A Week Do You Engage in Light to Moderate Physical Activity For At Least 30 Minutes

Graph 67

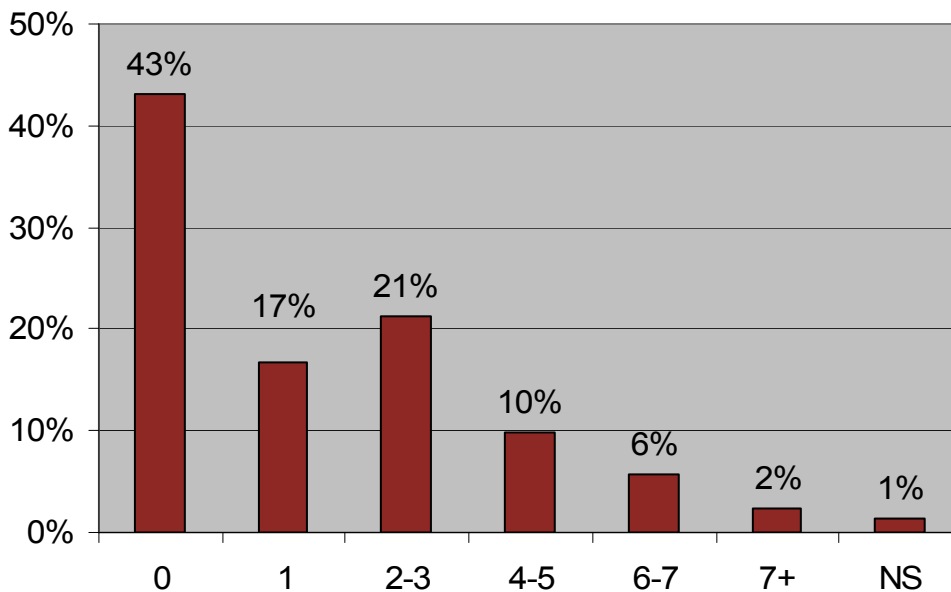


Twenty-eight percent of respondents indicate moderate physical activity for at least 30 minutes for 6 or more times per week. The HP 2010 Goal of 30% for 5 or more days a week for 30 minutes appears to be met.

Source: Zogby, 2005 Herkimer County Community Health Assessment

How Many Times A Week Do You Engage in Vigorous Physical Activity For At Least 30 Minutes

Graph 68



Eighteen percent of respondents indicate vigorous physical activity for 30 minutes for 4 or more days per week. It is difficult to determine what percentage of respondents indicating 2 to 3 times per week are actually getting activity 3 times per week. It is impossible to determine if this HP 2010 target is met. It is of interest that 43% of respondents indicate no vigorous physical activity whatsoever.

Source: Zogby, 2005 Herkimer County Community Health Assessment

Physical & Emotional Health

Physical Activity

DATA SOURCES

2005 Herkimer County Health Net Community Survey, Zogby International.

<http://www.herkimerhealthnet.com/pdf/2006REPORT.pdf>

Healthy People 2010 <http://www.healthypeople.gov/Document/tableofcontents.htm#under>

CDC www.cdc.gov

Physical & Emotional Health

Tobacco Use

WHY THIS IS IMPORTANT

Cigarette smoking is the single most preventable cause of disease and death in the United States. Smoking results in more deaths each year in the United States than AIDS, alcohol, cocaine, heroin, homicide, suicide, motor vehicle crashes, and fires—combined.

Tobacco-related deaths number more than 430,000 per year among U.S. adults, representing more than 5 million years of potential life lost. Direct medical costs attributable to smoking total at least \$50 billion per year.

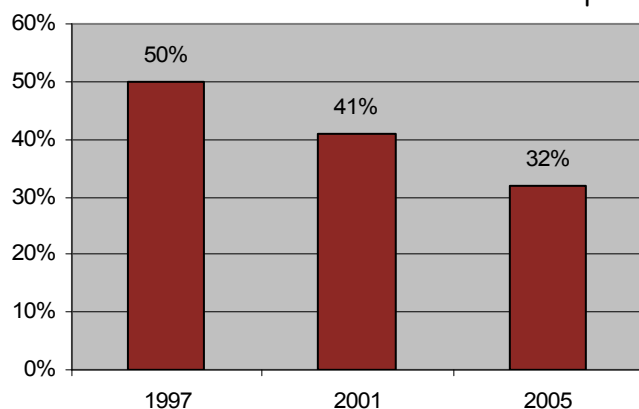
In 1999, 35 percent of adolescents were current cigarette smokers. In 1998, 24 percent of adults were current cigarette smokers. Smoking is a major risk factor for heart disease, stroke, lung cancer, and chronic lung diseases—all leading causes of death. Smoking during pregnancy can result in miscarriages, premature delivery, and sudden infant death syndrome. Other health effects of smoking result from injuries and environmental damage caused by fires. Environmental tobacco smoke (ETS) increases the risk of heart disease and significant lung conditions, especially asthma and bronchitis in children. ETS is responsible for an estimated 3,000 lung cancer deaths each year among adult nonsmokers.

WHERE WE STAND

According to the Behavioral Risk Factor Surveillance System (BRFSS), in 2003 45.9% of New York State citizens reported having smoked over 100 cigarettes in their lifetime. 56.4% of Herkimer County residents report that they have smoked over 100 cigarettes in their lifetime.

Herkimer County Teens Who Have Ever Smoked

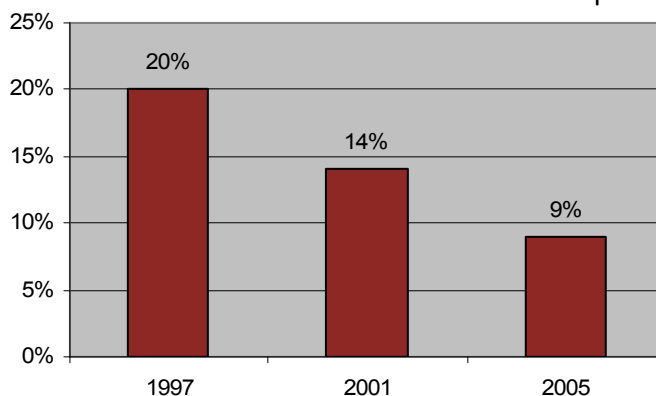
Graph 69



Source: Herkimer County Teen Assessment Project Survey 1997, 2001, 2005

Herkimer County Teens Who Smoke 10 or More Days per Month

Graph 70



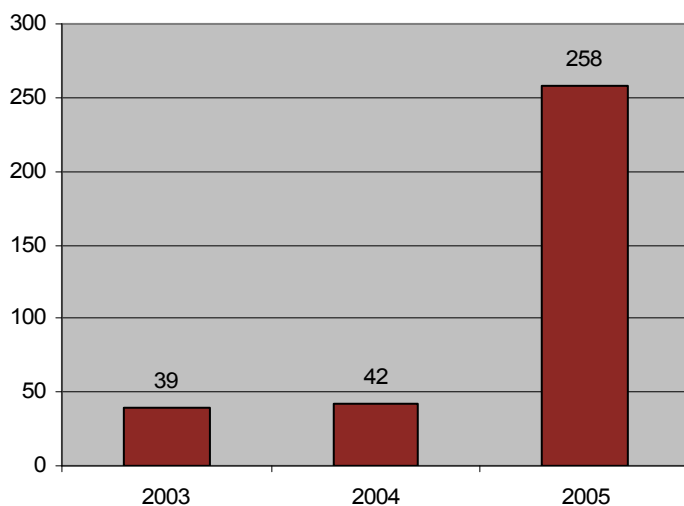
Source: Herkimer County Teen Assessment Project Survey 1997, 2001, 2005

Physical & Emotional Health

Tobacco Use

The 2005 Herkimer County Community Survey reports that at least one person uses tobacco products in 34.1% of Herkimer County households. However, 50.2% of 18-24 year olds and 43.8% of 19-34 year olds answer that someone in their household uses tobacco products. According to the 2005 TAP Survey Youth who feel unsafe at home are more likely to have ever smoked (53% versus 30%). Among those that have ever smoked, those that feel unsafe at home were more likely to have tried it before age 13 (75% of teens who feel unsafe at home versus 54% of those that feel safe).

NYS Quitline Calls from Herkimer County Residents



Source: Smoke Free Mohawk Valley

Graph 71

According to the Herkimer County Community Tobacco Survey, Herkimer County's current smoking rate is 25.8%, with 24% only smoking cigarettes and another 1.8% using both cigarettes and another type of tobacco product. BRFSS reports that 53.5% of the current smokers in Herkimer & Hamilton Counties have attempted to quit. This is slightly lower than the 58% of current smokers in New York State who report that they have attempted to quit. 46.7% of youth in the survey report that is either Easy or Very Easy for them to purchase tobacco products. Despite this perception that tobacco products are easily purchased, 68% of those surveyed report that they

have never smoked. According to the TAP Surveys not only has smoking among Herkimer County teens decreased, but the frequency of those who do smoke has decreased, between 1997 & 2005.

61.7% of Herkimer County smokers have expressed an interest in quitting, according to the Herkimer County Community Tobacco Survey. This is the highest rate among the eight counties that were surveyed. The most common method (75.3%) of trying to quit was "Cold Turkey."

The New York State Quitline offers assistance with smoking cessation to New York State residents. In 2006 (01/02/06-07/02/06) 219 Herkimer County residents have called the Quitline, according to Smoke Free Mohawk Valley. The use of the Quitline has continually increased since 2003. The Quitline can send out nicotine replacement patches and nicotine gum. According to Smoke Free Mohawk Valley, during the 2006 the NYS Quitline has mailed the patch to 121 recipients and the gum to 6 recipients in Herkimer County.

Smoke Free Mohawk Valley reports that, 16 people attended classes in Herkimer County from July 2005-April 2006. There is a 35% quit rate after 6 months and a 25% quit rate at 12

Physical & Emotional Health

Tobacco Use

months for the program. Three providers in Herkimer County provide Cessation Classes, Valley Health Services, Bassett Healthcare and Little Falls Hospital.

DATA SOURCES

2005 Behavioral Risk Factor Surveillance System www.cdc.gov/brfss/

2005 Herkimer County Health Net Community Survey, Zogby International.
<http://www.herkimerhealthnet.com/pdf/2006REPORT.pdf>

Smoke Free Mohawk Valley: Opinions on Smoking Issues in Oneida and Herkimer Counties Survey, 2005

Teen Assessment Project Survey, 1997, 2001, 2005
<http://www.ocgov.net/oneidacty/gov/dept/planning/humanservices.html>

Physical & Emotional Health

Substance Abuse

WHY THIS IS IMPORTANT

Alcohol and illicit drug use are associated with many of this country's most serious problems, including violence, injury, and HIV infection. The annual economic costs to the United States from alcohol abuse were estimated to be \$167 billion in 1995, and the costs from drug abuse were estimated to be \$110 billion.

In 1998, 79 percent of adolescents aged 12 to 17 years reported that they did *not* use alcohol or illicit drugs in the past month. In the same year, 6 percent of adults aged 18 years and older reported using illicit drugs in the past month; 17 percent reported binge drinking in the past month, which is defined as consuming five or more drinks on one occasion.

Alcohol and illicit drug use are associated with child and spousal abuse; sexually transmitted diseases, including HIV infection; teen pregnancy; school failure; motor vehicle crashes; escalation of health care costs; low worker productivity; and homelessness. Alcohol and illicit drug use also can result in substantial disruptions in family, work, and personal life.

Alcohol abuse alone is associated with motor vehicle crashes, homicides, suicides, and drowning—leading causes of death among youth. Long-term heavy drinking can lead to heart disease, cancer, alcohol-related liver disease, and pancreatitis. Alcohol use during pregnancy is known to cause fetal alcohol syndrome, a leading cause of preventable mental retardation.

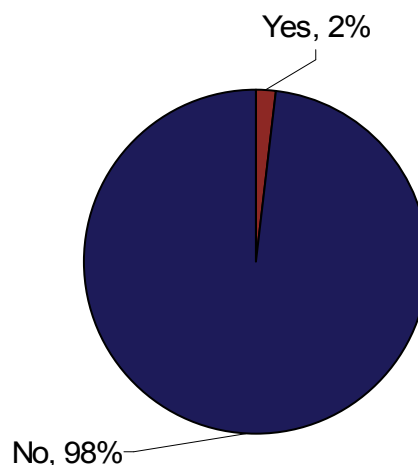
WHERE WE STAND

Healthy People 2010 Goal: Reduce the proportion of adults using any illicit drug during the past 30 days to 2%.

According to the 2005 Community Survey, only 2% of Herkimer County residents report using a drug, illegal or otherwise, with the intention or result of getting high. Of the residents surveyed, 19.6% of those in a household earning less than \$9,500 annually and 14.9% of those with less than a high school degree report using a drug the last 30 days with the intention of getting high.

Graph 72

Herkimer County Residents Who Have Used Drugs to Get High in the Last 30 Days



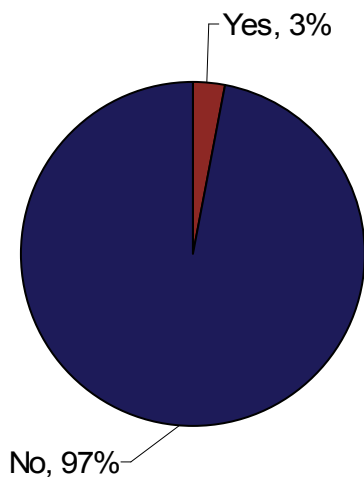
Source: Zogby, 2005 Herkimer County Community Health Assessment

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Substance Abuse

Herkimer County Residents Who Have Sought Help for a Drug or Alcohol Problem

Graph 73

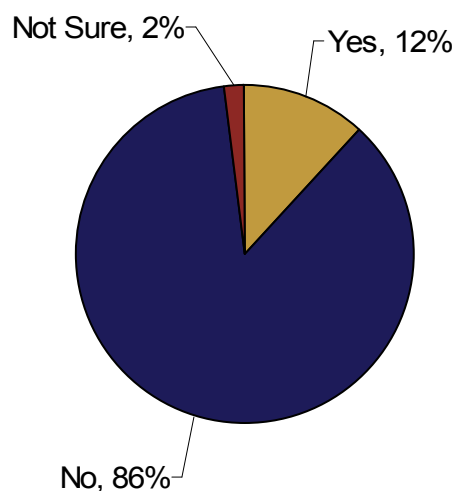


Only 3% of respondents answer that they've sought help for a drug related problem. However, of those surveyed living in a household earning less than \$9,500 annually 7.4% admit to seeking professional help for a drug or alcohol problem, and 13.3% of those with no High School Diploma admit to seeking professional help for a drug or alcohol problem.

Source: Zogby, 2005 Herkimer County Community Health Assessment

Family Member Sought Help For an Alcohol or Drug Problem

Graph 74



Respondents are four times as likely to say that a family member has sought help for an alcohol or drug-related problem (12% vs. 3% who have sought this help for themselves).

Again those who live in a household earning less than \$9,500 annually (19.4%) and have less than a high school diploma (21.3%) are much more likely to have sought help or have a family member who has sought help for a drug or alcohol problem.

Source: Zogby, 2005 Herkimer County Community Health Assessment

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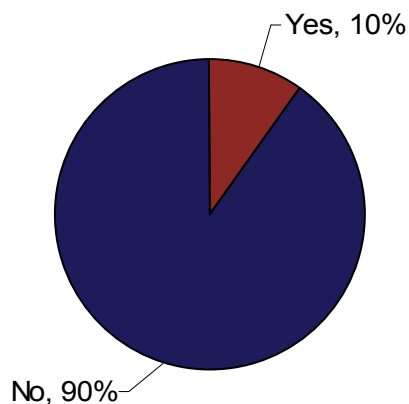
Substance Abuse

Graph 75

Alcohol Use

According to the 2005 Herkimer County Community Survey, by a margin of nine to one, respondents say they have not had four or more drinks within a two hour period with the intent or result of becoming intoxicated. Though drinking to intoxication is much more common in the 18-29 year old age group, with 51.6% reporting drinking to intoxication within the last 30 days. This level increases to 61.4% when the age group is narrowed to 18-24 year olds.

Drinking to Intoxication Within the Last 30 Days



Source: Zogby, 2005 Herkimer County Community Health Assessment

On & Off Premise Alcohol, Liquor, Beer & Wine Outlets

	On Premise Alcohol Outlets	Off Premise Liquor & Wine Outlets	Off Premise Beer & Wine Cooler Outlets
Herkimer County	23.7	1.9	10.6
Similar Counties (Average)	19.0	1.7	10.7
Rest of State - Excluding NYC (Average)	15.7	1.4	8.9

Source: 2003 PRISMS (rates per 10,000 total population)

Table 40

On premise alcohol outlets and off-premise liquor and wine outlets exist at a higher rate in Herkimer County than in similar counties and New York State (excluding New York City).

Youth

Healthy People 2010 Goal: Increase the proportion of adolescents not using alcohol or any illicit drugs during the past 30 days to 89%

The 2005 Teen Assessment Project (TAP) Survey, which surveyed 2,183: 7th, 9th and 11th grade youth across Herkimer County, indicated the following in relation to marijuana and other illicit drug use:

- Among one in four youth (23%) had ever tried marijuana.
- Over one in ten teens (11%) used marijuana at least a couple of times per month.
- Approximately 9% reported using marijuana for the first time prior to age 12.

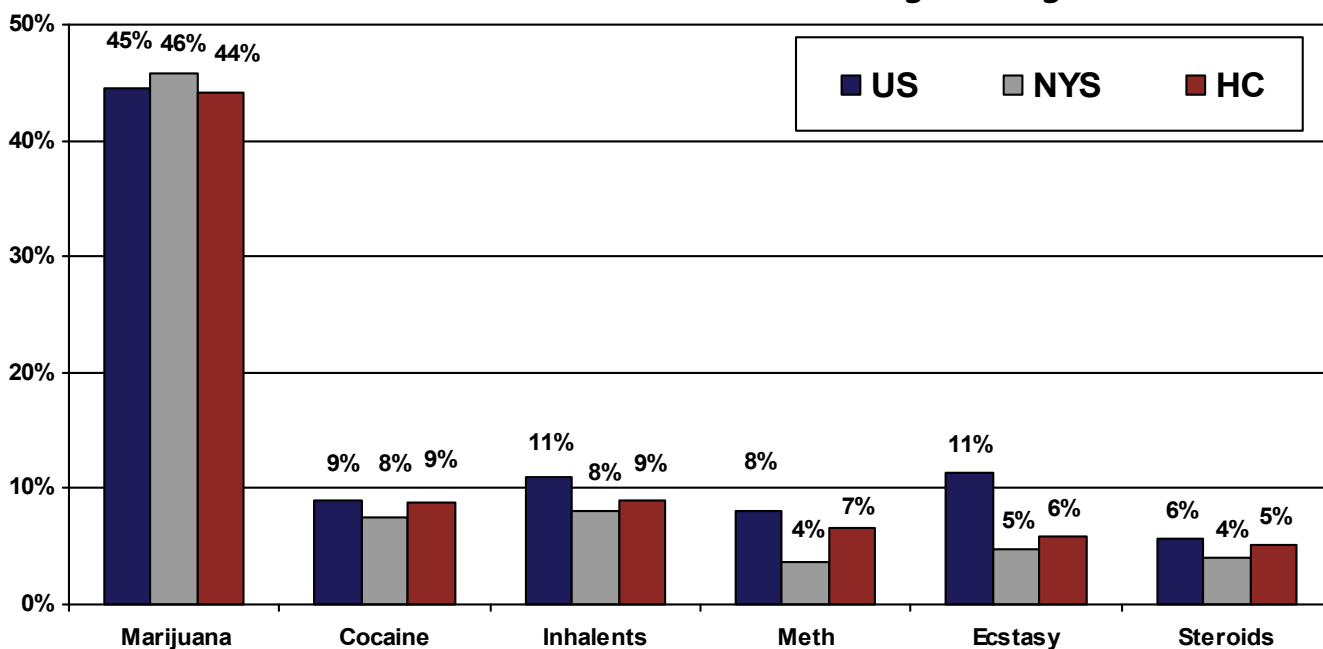
Physical & Emotional Health

Substance Abuse

- One in ten youth (10%) reported that they have tried inhalants; the same 10% stated that they had tried other's prescription drugs.
- Approximately 5% of respondents reported that they have ever tried methamphetamines, cocaine, steroids, or Ecstasy.
- Approximately 16% of all youth reported that they used over the counter medications to get high.
- Of those youth that reported trying marijuana (23% of all respondents), approximately 70% used marijuana at least a few times per month.

The number of youth that reported ever using marijuana (23%) is lower in 2005 than in previous survey years (30% in 1997 and 27% in 2001). Marijuana use at least a few times a month also declined, from 15% in 1997 and 2001 to 11% in 2005. These reductions are fairly consistent when compared with New York State and the United States. One interesting statistic is the percentage of youth who use marijuana that reported using it on a daily basis. In 1997, 17%

11th Grade Students Who Used Different Drugs During Their Life



Source: Herkimer County Teen Assessment Project Survey 2005

Graph 76

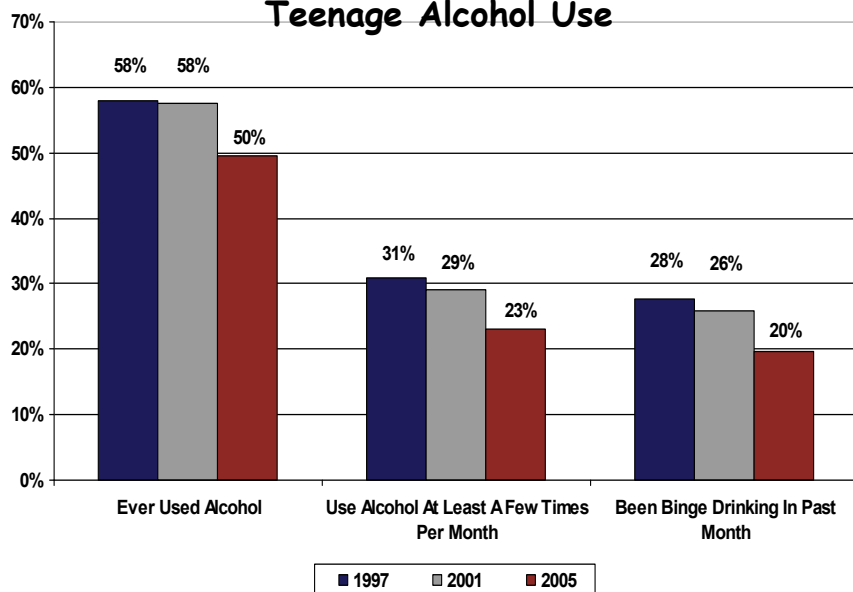
reported using marijuana on a daily basis. In 2005, that percentage increased to 28%. While other reported drug use has remained constant, the reported use of inhalants has dropped. In 1997, 13% of youth reported trying inhalants. In 2001 and 2005, that percentage decreases to 9%.

The percentages reported on the 2005 Herkimer County TAP Survey for all drug use are fairly consistent when compared with New York State and United States statistics, however, Herkimer County has lower rates of inhalant use (9%) and Ecstasy use (6%) than reported in national data (11% respectively).

Physical & Emotional Health

Substance Abuse

Teenage Alcohol Use



Source: TAP Survey, 1997, 2001, 2005

Graph 77

The 2005 TAP Survey also showed:

- About a quarter of all teens (23%) reported that they used alcohol a few times a month.
- Almost one in four (24%) said that they had their first drink at age 12 or younger.
- One in five teens (20%) reported that they had gone binge drinking (having five or more drinks in a row within a couple of hours) within the past month.
- More than half (54%) of all teens reported that they either have never used alcohol, or that they no longer do.

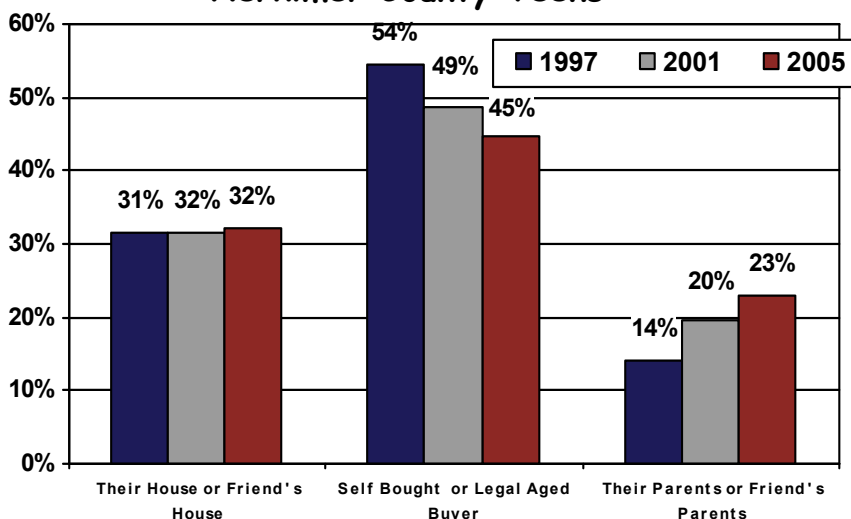
Among the youth that reported that they have used alcohol:

- Half of all teens that reported using alcohol (50%) did so at least a few times per month
- About 44% of these youth reported using alcohol by the age of 12 or younger.
- More than a third (36%) reported binge drinking in the past month, and 12% reported multiple binge drinking episodes within the past month.

The number of youth that reported ever using alcohol (50%) is lower in 2005 than in previous survey years (58% in 1997 and 2001). There were also declines reported in the frequency of alcohol use (57% in 1997 to 49.7% in 2005), and binge drinking (28% in 1997 vs. 20% in 2005). These reductions are fairly consistent when compared with New York State and the United States.

The 2005 TAP Survey shows that while teens report that they are drinking less alcohol they are still utilizing various sources to obtain it. Since 1997 there has been a drop in teens buying their own alcohol or receiving it from a legal aged buyer. However, the survey shows that there has been a corresponding rise in the number of teens who report their parents or friends' parents obtaining alcohol for them.

Alcohol Sources for Herkimer County Teens



Source: TAP Survey, 1997, 2001, 2005

Graph 78

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Substance Abuse

Prevention Services

The Herkimer County Prevention Council at Catholic Charities provides comprehensive substance abuse prevention education services to individuals, families, schools and communities in Herkimer County. Services provided include classroom education (K-12), student assistance counseling, information dissemination and referral, community education and training and individual/family brief intervention counseling.

In the 2004-2005 school year, approximately 871 youth in grades K-5 from across Herkimer County participated in either the Here's Looking at You program, the Too Good For Drugs II program or the Botvin's Life Skills Training program. Eighty-nine percent (89%) of the youth that participated showed an increase in pro-social skills related to alcohol and substance use, displayed appropriate attitudes toward alcohol and substance use, and were able to identify harmful consequences as a result of substance use.

Over 470 students in grades 6-9 from six school districts participated in the Botvin's Life Skills Training program during the 04-05 school year. Approximately 82% of the youth that participated in the program demonstrated an increased knowledge related to gateway drugs and improved social, self-management and drug resistance skills.

During the 2004-2005 school year, approximately fifty youth in six school districts received Student Assistance Services to assist with issues ranging from alcohol/substance use, Children Of Alcoholics/Children Of Substance Abusers issues, to family, school behavioral or work problems, Of those that received services, 88% demonstrated an improvement in one or more of the risk behaviors for which they were admitted.

In 2005, over 7,000 community members were reached through information dissemination efforts that include newspaper, billboard, and radio advertisements. Forty information and referral calls were received, 500 newsletters were disseminated, multiple community presentations have been conducted and 4,766 education and print materials have been distributed.

ASA Treatment

The New York State Department of Alcoholism and Substance Abuse Services (OASAS) estimates that as many as 5,110 residents may have an alcohol or chemical dependence issue that may require intervention and treatment.

Despite the large number of Herkimer County residents that are estimated to be in need of services, a much lower number of individuals have received treatment for alcohol and drug related issues.

Physical & Emotional Health

Substance Abuse

Herkimer County Treatment Prevalence Estimates

2000 U.S. Census Total Population	Total Prevalence	Adults Alcohol Only	Adults Drug Only	Adults Alcohol And Drug	Youth Age 12-17 Chemical Dependence	Youth Age 16+ Opiates
64,427	5,110	3,578	278	252	910	92

Source: NYS OASAS County Resource Book and 2000 U.S. Census

Table 41

In 2001, 447 Herkimer County residents received treatment services at a rate of 69.4 per 10,000 residents. This rate is the third lowest in New York State, followed only by Otsego (57.4) and Yates (65.0) counties. Of those that received treatment services, 167 individuals (37.4%) received services within Herkimer County, which is the fifth lowest percentage of services provided in-county in New York State.

In 2000, Herkimer County youth and adults were also admitted to drug and alcohol treatment services at a much lower rate categorically when compared with similar counties and New York State (excluding NYC).

Youth and Adult OASAS Drug and Alcohol Admission Rates

Table 42

	Youth OASAS Alcohol Treatment*	Youth OASAS Drug Treatment*	Adult OASAS Alcohol Treatment**	Adult OASAS Drug Treatment**
Herkimer County	6.8	8.0	29.2	8.6
Similar Counties (Avg.)	14.0	22.0	45.6	12.3
Rest of State - Excluding NYC (Avg.)	10.7	34.5	46.5	29.3

*Rate per 10,000 youth age 12-20, NYS OASAS Client Data System (2003 PRISMS)

** Rate per 10,000 adults age 21 and older, NYS OASAS Client Data System (2003 PRISMS)

The majority of Herkimer County residents that were admitted to Alcohol and Substance Abuse Treatment Services in 2001 were male (72.6%), white (91.1%), and between the ages of 25 and 44 (54.7%). The percentage of Herkimer County youth and young adults between the ages of 18 and 24 that received services was slightly higher than the NYS average minus NYC (23.7% and 15.5% respectively). The primary reasons for admission in 2001 were alcohol abuse (67.2%), marijuana abuse (14.7%), and heroin/other opiate abuse (8.3%). Over 50% of the Herkimer County residents admitted to ASA Services in 2001 reported being children of alcoholics or substance abusers. Approximately 55% of admissions were individuals involved in the criminal justice system, 70% were high school graduates, 9% were veterans, and 34.9% were employed at least part-time.

Physical & Emotional Health

Substance Abuse

Approximately 27% of Herkimer County individuals discharged from ASA treatment in 2001 had Medicaid as their primary payment source, less than the NYS average (minus NYC) of 35.1%. Self-pay (31.3%) and private insurance (18.6%) payment sources were slightly higher in Herkimer County than in the rest of New York State (20.6% and 17.9% respectively). Over 33% were referred to other services upon discharge, slightly lower than the NYS average of 40.9%. A higher percentage of Herkimer County residents were referred to self-help groups (30.8%) when compared with New York State minus NYC (18.3%). No referral was made for 25.9% of the Herkimer County discharges, which is slightly lower than the 27.1% NYS average.

DATA SOURCES

2003 PRISMS

http://www.oasas.state.ny.us/hps/datamart/prisms03_map.cfm

2005 Herkimer County Health Net Community Survey, Zogby International.

<http://www.herkimerhealthnet.com/pdf/2006REPORT.pdf>

Healthy People 2010

<http://www.healthypeople.gov/Document/tableofcontents.htm#under>

Herkimer County Chemical Dependence Needs Assessment 2006

Herkimer County Prevention Council

Teen Assessment Project Survey, 1997, 2001, 2005

<http://www.ocgov.net/oneidacty/gov/dept/planning/humanservices.html>

Physical & Emotional Health

Responsible Sexual Behavior

WHY THIS IS IMPORTANT

Unintended pregnancies and sexually transmitted diseases (STDs), including infection with the human immunodeficiency virus that causes AIDS, can result from unprotected sexual behaviors. Abstinence is the only method of complete protection. Condoms, if used correctly and consistently, can help prevent both unintended pregnancy and STDs.

In 1999, 85 percent of adolescents abstained from sexual intercourse or used condoms if they were sexually active. In 1995, 23 percent of sexually active women reported that their partners used condoms. In the past 6 years there has been both an increase in abstinence among all youth and an increase in condom use among those young people who are sexually active. Research has shown clearly that the most effective school-based programs are comprehensive ones that include a focus on abstinence *and* condom use. Condom use in sexually active adults has remained steady at about 25 percent.

Half of all pregnancies in the United States are unintended; that is, at the time of conception the pregnancy was not planned or not wanted. Unintended pregnancy rates in the United States have been declining. The rates remain highest among teenagers, women aged 40 years or older, and low-income African American women. Approximately 1 million teenage girls each year in the United States have unintended pregnancies. Nearly half of all unintended pregnancies end in abortion.

The cost to U.S. taxpayers for adolescent pregnancy is estimated at between \$7 billion and \$15 billion a year.

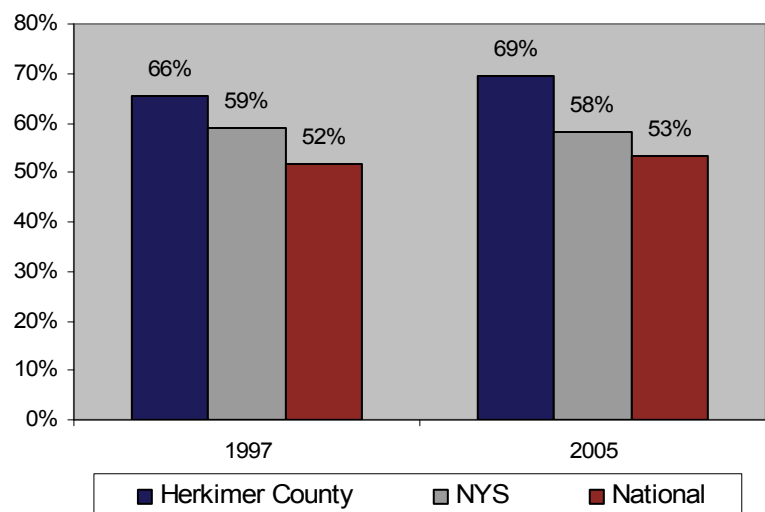
WHERE WE STAND

The rate of pregnancies among adolescent females in Herkimer County is 27.4 per 1,000. This is below both the NYS state rate of 41.2 per 1,000 and the Healthy People 2010 goal of 43 per 1,000. This can be compared to the 58.9% of Herkimer County High School students who according to the 2005 TAP survey feel that it is either very easy or easy to get condoms or other contraception.

According to the TAP survey in 2005, 41.8% of Herkimer County High School students answered that they have

Graph 79

High School Students Who Have Never Had Sexual Intercourse



Source: TAP Survey, 1997, 2001, 2005

Physical & Emotional Health

Responsible Sexual Behavior

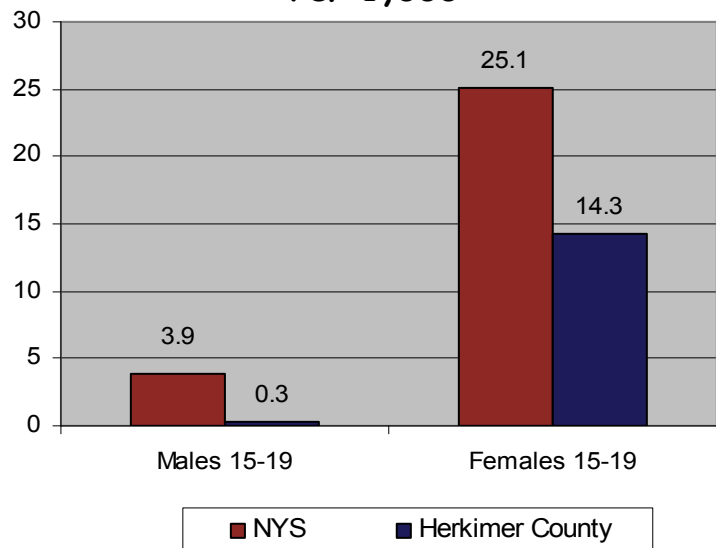
never had a talk with their parents regarding the risks of being sexually active (getting AIDS, HIV, or STDs, pregnancy, birth control, abstinence, etc.). This has held fairly steady since 1997.

In the same survey 56.4% of the students reported that they are not at all worried that they may get AIDS or another sexually transmitted disease. This lack of concern is evenly split among males (58.4%) and females (54.5%).

Birth Control is used to prevent pregnancies 61.4% of the time among men aged 18-59 and women aged 18-44 in New York State. The use of Birth Control to prevent pregnancies among the same age group of men and women is higher in Herkimer and Hamilton Counties at 67.3%, according to the 2003 Expanded Behavioral Risk Factor Surveillance System.

According to the New York State Department of Health, Herkimer County in 2001-2003 had significantly lower Chlamydia rates than New York State. The Chlamydia rate among females of all ages in Herkimer County is 1.9 per 1,000 people. This is significantly below the New York State rate of 4.1 per 1,000 people. Females ages 15-19 in Herkimer County have a much higher reported Chlamydia rate than their male counter parts in Herkimer County.

**2002–2004 Total Chlamydia Rates
Among NYS & Herkimer County Teens
Per 1,000**



Source: NYSDOH

Graph 80

DATA SOURCES

Expanded Behavioral Risk Factor Surveillance System, 2003
http://www.health.state.ny.us/nysdoh/brfss/expanded/2003/docs/appa_expandedquestionnaire.pdf

NYS Department of Health Vital Statistics
http://www.nyhealth.gov/nysdoh/vital_statistics/index.htm

Teen Assessment Project Survey 2005
<http://www.oneidacounty.org/oneidacty/gov/dept/planning/images/HerkimerTAPreport2005.pdf>

Physical & Emotional Health

Mental Health

WHY THIS IS IMPORTANT

Mental health is sometimes thought of as simply the absence of a mental illness but is actually much broader. Mental health is a state of successful mental functioning, resulting in productive activities, fulfilling relationships, and the ability to adapt to change and cope with adversity. Mental health is indispensable to personal well-being, family and interpersonal relationships, and one's contribution to society.

The Surgeon General's Report on Mental Health (1999) describes a growing awareness in the United States and throughout the world of the immense burden of disability associated with mental illnesses. In the United States, mental disorders collectively account for more than 15 percent of the overall burden of disease from *all* causes and slightly more than the burden associated with all forms of cancer (Murray & Lopez, 1996).

Approximately 20 percent of the U.S. population is affected by mental illness during a given year; no one is immune. Of all mental illnesses, depression is the most common disorder. More than 19 million adults in the United States suffer from depression. Major depression is the leading cause of disability and is the cause of more than two-thirds of suicides each year. In 1997, only 23 percent of adults diagnosed with depression received treatment.

WHERE WE STAND

The U.S. Surgeon General has estimated that as many as 21% of all youth suffer from mental health disorders that result in at least a minimal functional impairment (US Public Health Service, 1999). It is estimated that up to 12% of youth below the age of 17 may suffer from a Serious Emotional Disturbance (SED), and that 5.4% of the population over 18 may suffer from a Serious Mental Illness (SMI), which may indicate an even more significant impairment. Further, 2.6% of the adult population is estimated to have a mental illness categorized as "Serious and Persistent" (SPMI). In Herkimer County alone, this could mean that over 1600 youths and 2600

adults may suffer from some form of mental disorder.

Herkimer County Youth Population With SED Estimated Prevalence

Age	TOTAL POPULATION (1)	SED PREVALENCE (2)
0-8	6,204	745*
9-17	7,686	922
TOTAL	13,890	1,667

According to a 2005 Household Survey conducted by Zogby International for Herkimer County Health Net, over 6% of respondents reported that they have been

Table 43

US Census, 2003 resident population estimate
Calculated by multiplying the population group by 12%,
*estimate based on (1)
Source: NYS OMH Data Mart

Physical & Emotional Health

Mental Health

**Herkimer County Adult Population With SMI or SPMI
Estimated Prevalence**

AGE	TOTAL POPULATION (1)	SMI PREVALENCE (2)	SPMI PREVALENCE (3)
18-64	39,350	2,125	1,023
65 & Over	10,464	565	272
Total	49,814	2,690	1,295

US Census, 2003 resident population estimate
 Calculated by multiplying the population group by 5.4%
 Calculated by multiplying the population group by 2.6%
 Source: NYS Office of Mental Health Data Mart

Table 44

diagnosed with mental health problems. About one in six respondents (15%) sought help from a professional for a mental or emotional problem, and slightly more (19%) reported that a family

member has sought help for such problems. One in five (20%) respondents reported that they are limited in their activities by a physical, mental or emotional problem.

Serious Emotional Disturbances also affect a child's ability to function at home, school and in the community. The results of the 2003 Patient Characteristics Survey administered by the New York State Office of Mental Health found that as many as 30% of youth ages 7-12 and 35% of youth ages 13-17 that received mental health services were behind at least one grade level in school. This underscores the importance and urgency of treating and preventing mental disorders and of promoting mental health in our society.

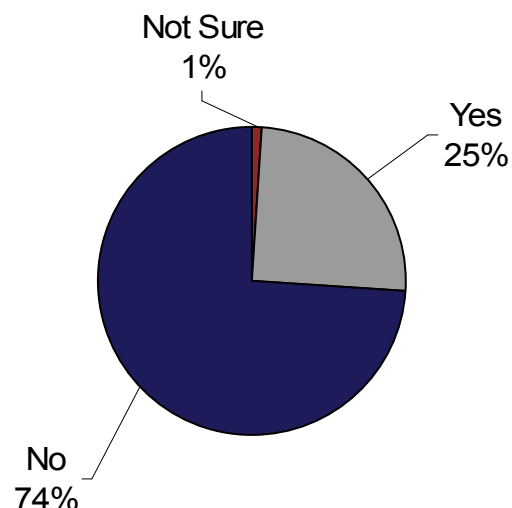
Depression

Graph 81

Adults

Overall 25% of Herkimer County residents report being depressed or sad most days for an extended period of time (6 months or more), according to the 2005 Household Survey. This varies among educational, economic and age groups. 44.6% of Herkimer County residents aged 18-24, 39.6% of Herkimer County residents without a High School diploma and 49.9% of those living in a household earning less than \$9,500 annual report being depressed or sad most days for an extended period of time.

Herkimer County Residents Reporting Feeling Depressed

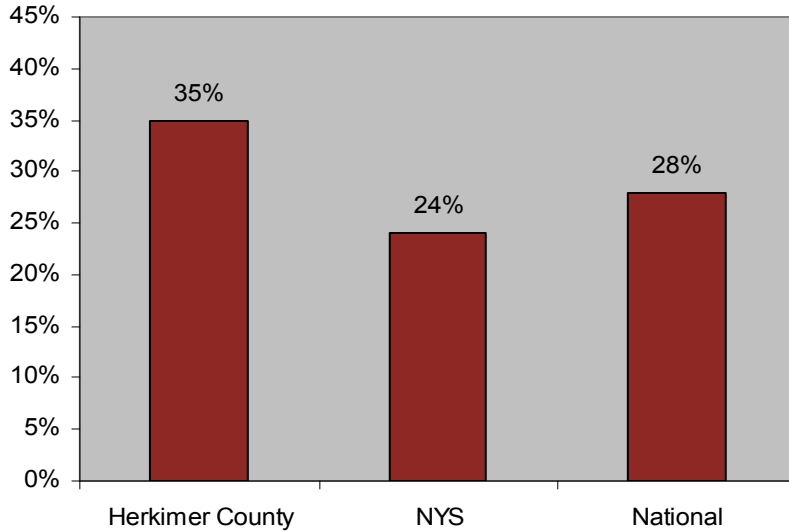


Source: Zogby, 2005 Herkimer County Community Health Assessment

Physical & Emotional Health

Mental Health

Ninth Graders Reporting Feeling Depressed



Source: 2005 TAP Survey

Graph 82

Youth

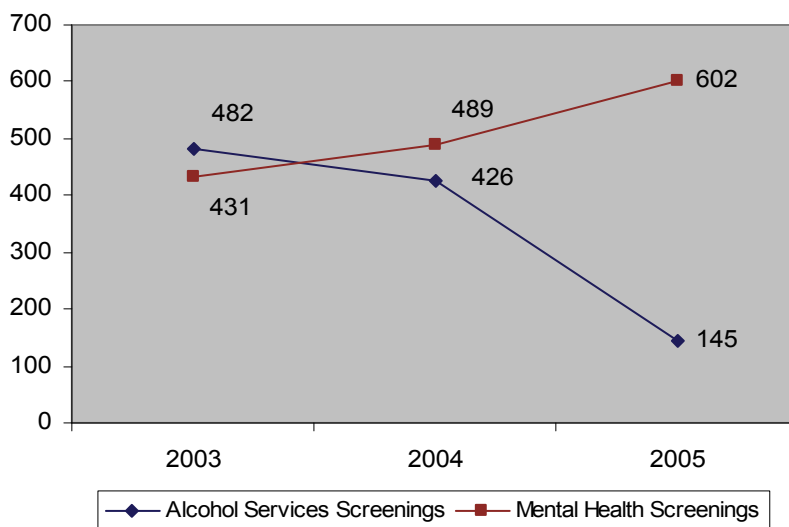
According to the 2005 TAP Survey Herkimer Youth answered yes more often than youth across the USA to the question "during the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activity?"

In comparing the 2005 Herkimer County TAP Survey to the 2005 national results, more Herkimer County 9th graders indicated feelings of depression (total - 38%, female - 44%) than found nationally (total - 29%, female - 39%). For 11th graders, there was little difference between Herkimer County and the United States in the percent that experienced feelings of depression: Herkimer County: total - 31%, female - 37%; and for the United States: total - 29%, female - 38%.

Herkimer County Department of Mental Health conducted 145 Alcohol Services & 602 Mental Health Services Screenings in 2005.

The number of Alcohol Services Screenings by HCMH were discontinued in 2005. Services in Herkimer County are now contracted out and delivered by the Center for Addiction Recovery.

Total Screenings for Mental Health & Alcohol Services 2003-2005



Source: Herkimer County Mental Health Department

Graph 83

Physical & Emotional Health

Mental Health

DATA SOURCES

Herkimer County Department of Mental Health

NYS Office of Mental Health, Data Mart

2003 PRISMS http://www.oasas.state.ny.us/hps/datamart/prisms03_map.cfm

U.S. Census, 2003 Resident Population Estimates

Mental Health: A Report of the Surgeon General (1999).

<http://www.surgeongeneral.gov/library/mentalhealth/home.html>

2005 Herkimer County Health Net Community Survey, Zogby International.

<http://www.herkimerhealthnet.com/pdf/2006REPORT.pdf>

2005 Herkimer County Teen Assessment Project (TAP) Survey

www.ocgov.net/oneidacty/gov/dept/planning/images/HerkimerTAP_report2005.pdf

Physical & Emotional Health

Injury & Violence

WHY THIS IS IMPORTANT

More than 400 Americans die each day from injuries due primarily to motor vehicle crashes, firearms, poisonings, suffocation, falls, fires, and drowning. Motor vehicle crashes are the most common cause of serious injury. In 1998, there were 15.6 deaths from motor vehicle crashes per 100,000 persons. Because no other crime is measured as accurately and precisely, homicide is a reliable indicator of all violent crime. In 1998, the murder rate in the United States fell to its lowest level in three decades—6.5 homicides per 100,000 persons.

In 1995, the cost of injury and violence in the United States was estimated at more than \$224 billion per year. These costs include direct medical care and rehabilitation as well as productivity losses to the Nation's workforce. The total societal cost of motor vehicle crashes alone exceeds \$150 billion annually.

Motor vehicle crashes are often predictable and preventable. Death rates associated with motor vehicle-traffic injuries are highest in the age group 15 to 24 years. In 1996, teenagers accounted for only 10 percent of the U.S. population but 15 percent of the deaths from motor vehicle crashes. Those aged 75 years and older had the second highest rate of motor vehicle-related deaths.

Nearly 40 percent of traffic fatalities in 1997 were alcohol related. Each year in the United States it is estimated that more than 120 million episodes of impaired driving occur among adults. In 1996, 21 percent of traffic fatalities of children aged 14 years and under involved alcohol; 60 percent of the time the driver of the car in which the child was a passenger was impaired. The highest intoxication rates in fatal crashes in 1995 were recorded for drivers aged 21 to 24 years. Young drivers who have been arrested for driving while impaired are more than four times as likely to die in future alcohol-related crashes.

Many factors that contribute to injuries also are closely associated with violent and abusive behavior, such as low income, discrimination, lack of education, and lack of employment opportunities. Males are most often the victims and the perpetrators of homicides. There has been a decline in the homicide of intimates, including spouses, partners, boyfriends, and girlfriends, over the past decade, but this problem remains significant.

Based on research compiled by the *Child Trends DataBank*, youth who are depressed are more likely to plan and to actually attempt suicide, and suicide is the third leading cause of death amongst youth ages 15-19 nationwide. Suicide ideation is also an indicator of serious mental health problems, and may signal other traumatic life events such as physical or sexual abuse. The *Child Trends DataBank* lists other risk factors for suicide: co-occurring substance or alcohol abuse and mental disorders; a family history of suicide; physical illness; relational, social, work, or financial loss; and easy access to lethal methods, especially guns.

Physical & Emotional Health

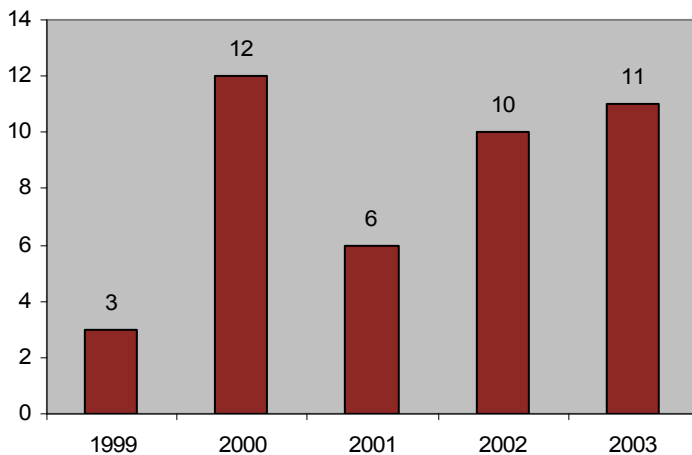
Injury & Violence

WHERE WE STAND

Healthy People 2010 Goal: Reduce the Suicide Rate to 5.0/100,000 People

Herkimer County has a much higher rate of hospitalizations from self-inflicted and unintentional injuries than New York State. According to NYSDOH data, Herkimer County's rate for

Number of Suicides in Herkimer County 1999-2003



Source: NYSDOH

Graph 84

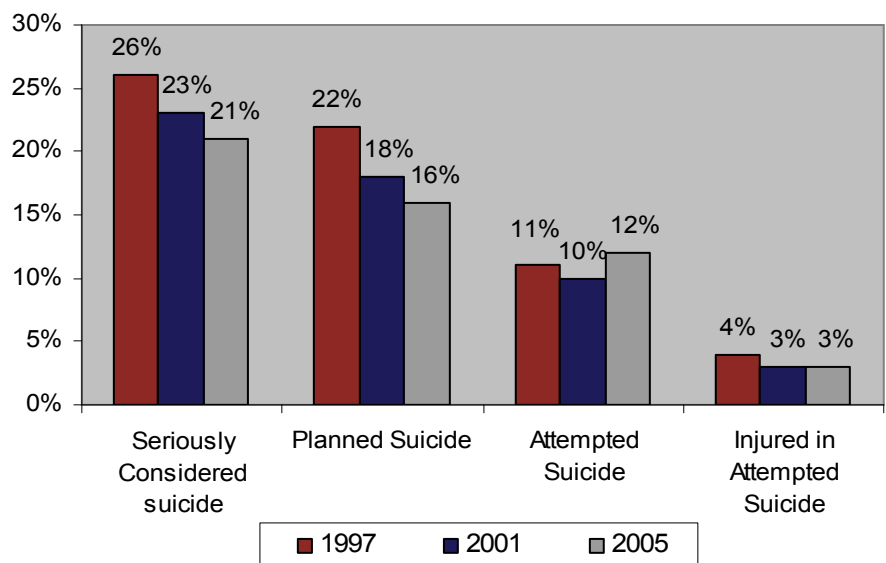
hospitalizations from self-inflicted injuries is 6.1 per 10,000 people with New York State's rate being 4.6/10,000 people. The hospitalization rate for unintentional injuries in Herkimer County is 82.3/10,000 people, with New York State's rate being 55.7/10,000 people.

Herkimer County has a higher suicide rate than New York State. According to the New York State DOH, Herkimer County's Suicide Rate for 2003 is 17.3 and its three year rate for 2000-2003 was 14.1 per 100,000 people, compared to New York State's three year rate of 6.5 per 100,000 people.

The four questions regarding suicide both in the Herkimer County TAP Survey and in the Youth Risk Behavior Survey ask whether a youth has: 1. Seriously Considered Suicide; 2. Made a Plan About How; 3. Actually Attempted Suicide; and 4. Attempted Suicide That Results in an Injury Requiring Medical Help.

Just as Herkimer County youth, particularly 9th graders, are more apt to be depressed, it is also evident from the recent survey results that

Herkimer County Suicide Ideation & Attempts, Youth



Source: TAP Survey & 1997, 2001, 2005

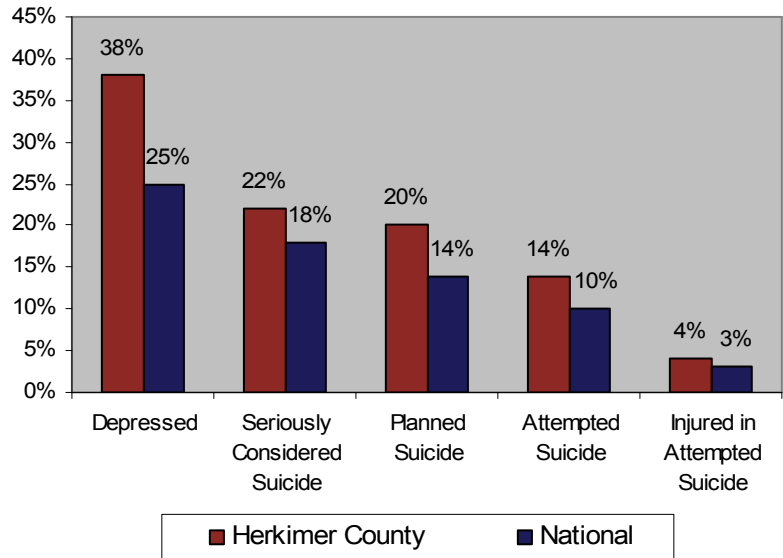
Graph 85

Physical & Emotional Health

Injury & Violence

local youth are more likely to harbor suicidal thoughts than youth in the United States. The percentage in Herkimer County that seriously considered suicide has declined over the past three surveys (1997 - 26%, 2001 - 23%, 2005 - 21%), however across the country, the percentage has also declined. For 9th graders, it went from 22% in 1997 to 18% in 2005; and for 11th graders-21% in 1997 to 17% in 2005. In Herkimer County the percent also went down for both grades (9th: 29% in 1997 to 22% in 2005; 11th: 29% in 1997 to 23% in 2005). However, despite the significant decline in the percent of Herkimer County youth in both grades who reported seriously considering suicide, it remains well above the national level.

Youth Reporting Depression & Suicide Ideation & Attempts 2005



Source: 2005, TAP Survey

Graph 86

Suicide Death Rates in Herkimer County per 100,000

2000	2001	2002	Adjusted Rate
12	6	10	14.5

Source: NYS DOH Vital Statistics

Table 45

As would be expected given that more locally than nationally are seriously considering suicide, the percentages of Herkimer County youth, who indicated they made a suicide plan, is also higher than for the U.S., however those that locally actually attempted suicide and made a suicide attempt that caused injury, is not much higher than the percentages in the United States.

According to the NYS Office of Mental Health in 2002 the suicide rate for those 55 and up was 24% higher than the rate for New York State residents under the age of 55. Also NYSOMH reports that:

- Approximately 75% of seniors who die by suicide had visited a primary care physician with in one month of the attempt
- 20% of senior suicide victims had been seen by a physician within 24 hours of the attempt.

Herkimer County has a significantly higher rate of 14.1 per 100,000 people in 2003. The same year New York State's rate was 7.9 per 100,000 people.

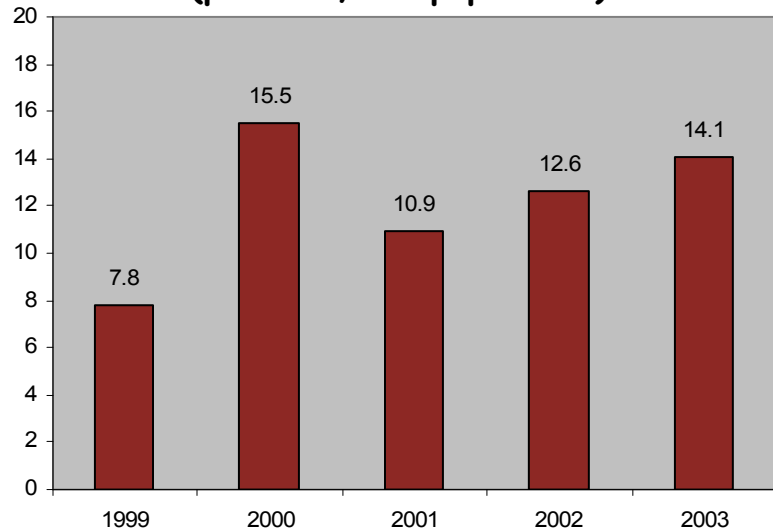
Physical & Emotional Health

Injury & Violence

Healthy People 2010 Goal: 9.2 motor vehicle accidents per 100,000 people.

The chart to the right indicates rates for motor vehicle accidents in Herkimer County in 2000, 2001, 2002, and 2003 consistently higher than the HP 2010 goal of 9.2 motor vehicle accidents per 100,000 people. While there could be some inaccuracy in the rate due to the population of Herkimer County in relation to the 100,000 rate, the fact that the trend continues over a 4 year period indicates an area of concern. The data does not reveal causes for motor vehicle accidents, such as, speed, alcohol consumption, etc.

Motor Vehicle Accidents in Herkimer County (per 100,000 population)



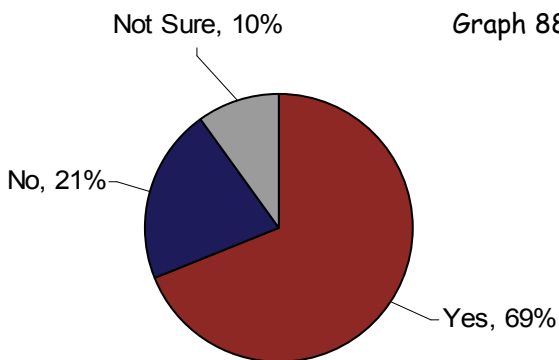
Source: NYS DOH Vital Statistics

Graph 87

According to the 2005 Community Survey, 69% of Herkimer County

residents believe there is a problem with drinking and driving in Herkimer County. A higher percentage of residents in south central (72.1%) and south eastern (72.6%) Herkimer County believe identify drinking and driving as a problem in Herkimer County. Also 85.8% of 25-34 year old Herkimer County residents view drinking and driving as a problem; which is much higher numbers than the county average.

Herkimer County Residents Who Believe Drinking & Driving is a Problem in Herkimer County



Graph 88

Source: Zogby, 2005
Herkimer County Community Health Assessment

Herkimer County had 140 Alcohol Related Motor Vehicle Injuries and Deaths in 2000-2003, with an additional 48 killed or injured in 2004. The rate per 100,000 of Alcohol Related Motor Vehicle Injuries and Deaths for 2000-2003 in Herkimer County was 7.3. According to the New York State DOH this rate is significantly higher than the New York State Rate of 4.7 per 100,000 people. The Healthy People 2010 goal for Alcohol Related Motor Vehicle deaths is 4 per 100,000 and the goal for Alcohol Related Motor Vehicle Injuries is 65 per 100,000 people.

In 2000, Herkimer County youth ages 16-20 were more likely to be arrested for Driving While Intoxicated, be on probation for an offense where

Physical & Emotional Health

Injury & Violence

Youth DWI Arrests—Herkimer County

	Youth DWI Arrests	Probation Use at Offense: Alcohol	Probation Court Mandates: Alcohol
Herkimer County	92.4	47.3	142.0
Similar Counties (Average)	69.4	40.8	125.4
Rest of State - Excluding NYC (Average)	46.6	28.5	98.3

Rates per 10,000 youth ages 16-20, NYS Division of Criminal Justice Services, Bureau of Statistical Services (2003 PRISMS)

Table 46

there was evidence of alcohol use at the time of the offense, or be court mandated for alcohol related issues while on probation than youth in similar counties or in New York State (excluding NYC).

Healthy People 2010 Goal: Reduce Number of Hip Fractures in Females 65 Years and Older to 416 per 100,000 people.

The rate of Hip Fractures in women over the age of 65 in Herkimer County is 987.5 per 100,000. This is slightly below the National rate of 1029.2 per 100,000, but above the average of seven nearby counties of 955.5 per 100,000. All of these are significantly higher than the Healthy People 2010 Goal of 416 per 100,000 people.

DATA SOURCES

2005 Herkimer County Health Net Community Survey, Zogby International.

<http://www.herkimerhealthnet.com/pdf/2006REPORT.pdf>

Teen Assessment Project Survey, 1997, 2001, 2005

<http://www.ocgov.net/oneidacty/gov/dept/planning/humanservices.html>

NYS Division of Criminal Justice Services, Bureau of Statistical Services (2003 PRISMS)

NYSDOH County Health Indicators Profiles <http://www.nyhealth.gov/statistics/chip/index.htm>

NYS Department of Health Vital Statistics

http://www.nyhealth.gov/nysdoh/vital_statistics/index.htm

Physical & Emotional Health

Immunization

WHY THIS IS IMPORTANT

Vaccines are among the greatest public health achievements of the 20th century. Immunizations can prevent disability and death from infectious diseases for individuals and can help control the spread of infections within communities. *Source: HP 2010*

Many once-common vaccine-preventable diseases now are controlled. Smallpox has been eradicated, poliomyelitis has been eliminated from the Western Hemisphere, and measles cases in the United States are at a record low. At the beginning of the twentieth century, there were only five vaccines available to protect against diseases. Vaccines are now available to protect children and adults against life-threatening or debilitating disease including diphtheria, whooping cough, tetanus, measles, chickenpox, rubella, mumps, polio, hemophilus influenza type b, influenza, pneumococcal infection and hepatitis B, among others.

Immunizations are not just kid's stuff. Adults need to be protected against such preventable diseases as measles, mumps, rubella, tetanus, diphtheria, pneumococcal disease, influenza and hepatitis B. College students also need immunizations against measles and meningococcal disease.

Immunizations against influenza and pneumococcal disease can prevent serious illness and death. Pneumonia and influenza deaths together constitute the sixth leading cause of death in the United States. Influenza causes an average of 110,000 hospitalizations and 20,000 deaths annually.

As of November 1, 1999, all children born in the United States (11,000 per day) should be receiving 12 to 16 doses of vaccine by age 2 years to be protected against 10 vaccine-preventable childhood diseases. This recommendation will change in the years ahead as new vaccines are developed, including combinations of current vaccines that may even reduce the number of necessary shots.

Recommended immunizations for adults aged 65 years and older include a yearly immunization against influenza (the "flu shot") and a one-time immunization against pneumococcal disease. Most of the deaths and serious illnesses caused by influenza and pneumococcal disease occur in older adults and others at increased risk for complications of these diseases because of other risk factors or medical conditions.

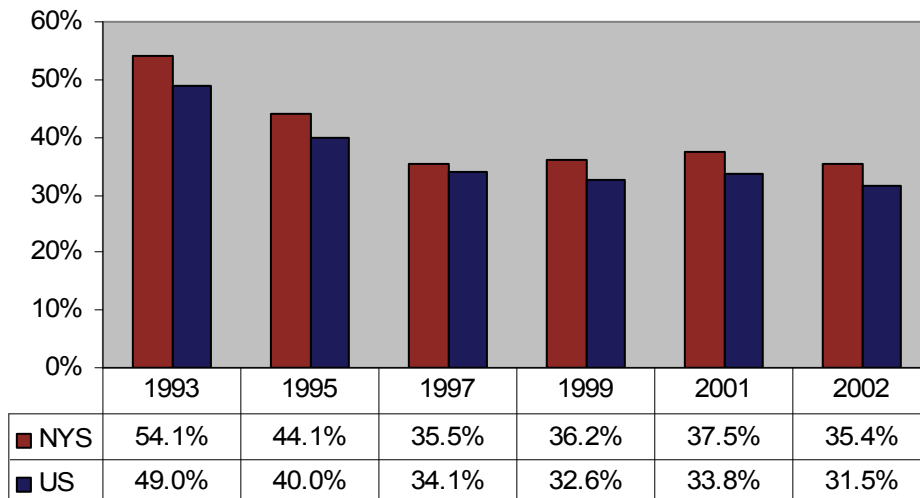
WHERE WE STAND

Healthy People 2010 Goal: 90% of those aged 65 and over receiving Flu Immunizations within 12 months.

Physical & Emotional Health

Immunization

No Flu Shot Within Past 12 Months (Age 65+)



Source: BRFSS

Graph 89

The number of individuals age 65 and over receiving an annual flu shot has improved since 1993 but in the last 3 years the number of individuals not receiving the flu shot is increasing. Whether this is attributed to a shortage of vaccine or individuals choosing not to be immunized, is undetermined. There is need for significant improvement to meet the Healthy People 2010 goal of 90%.

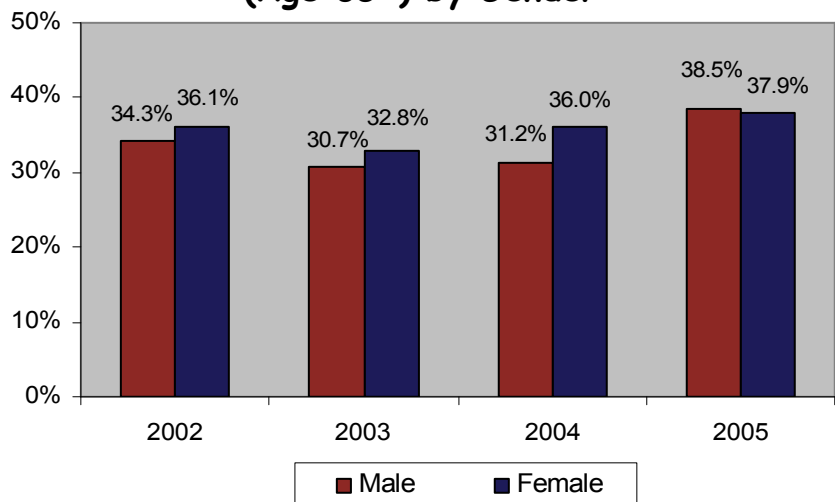
No Pneumonia Shot Within Past 12 Months (Age 65+)

	Male	Female
2002	35.4	38.9
2003	37.6	38.7
2004	34.6	38.6
2005	42.6	35.1

Table 47

There has been significant improvement in the rate of pneumonia shots received on a yearly basis. This data does not reflect the total percent of all 65 and over adults immunized. We are unable to determine our total immunization rate for the 65 and over population.

No Flu Shot Within Past 12 Months (Age 65+) by Gender



Source: BRFSS

Graph 90

Proportion of Children Fully Immunized at School Entrance

Herkimer County	Healthy People 2010 Goal
95.5	80

Source: BRFSS

Table 48

Childhood Immunizations

The only data currently available on childhood immunizations reports the proportion of children fully immunized at school entrance. Collecting information on immunizations of 2 year olds is difficult because shots can be delivered at multiple locations and there is no uniform reporting on a child specific basis to a central location.

DATA SOURCES

BRFSS: 1993, 1995, 1997, 1999, 2001, 2002, 2004, 2005

<http://www.cdc.gov/brfss/>

Physical & Emotional Health

Birth Outcomes

WHY THIS IS IMPORTANT

While most families experience healthy child births, poor birth outcomes are emotionally and financially devastating for families. Poor birth outcomes are also costly for state and federal financing programs. For example, Medicaid, which finances 40 percent of the four million annual births in the United States, pays for 50 percent of hospital stays for premature and low birth weight infants.

Source: March of Dimes "March of Dimes Data Book for Policy Makers: Maternal, Infant, and Child Health in the United States, 2003"

States have a vital interest in improving birth outcomes. Initiatives that improve the likelihood of a healthy child birth are:

- **Improve Access to Medical Care and Health Care Services.** Early prenatal care provides a means of identifying mothers at risk of delivering a premature or low birth weight infant and provides an array of medical, nutrition, and education interventions.
- **Encourage Good Nutrition and Healthy Lifestyles.** Research confirms that eating healthy foods; taking folic acid; treating HIV; and living without violence will improve birth outcomes;
- **Reduce Use of Harmful Substances.** Smoking, drinking alcohol, and using illicit drugs while pregnant can have severe and long lasting health affects for both mother and baby, and have clearly been linked to poor birth outcomes.

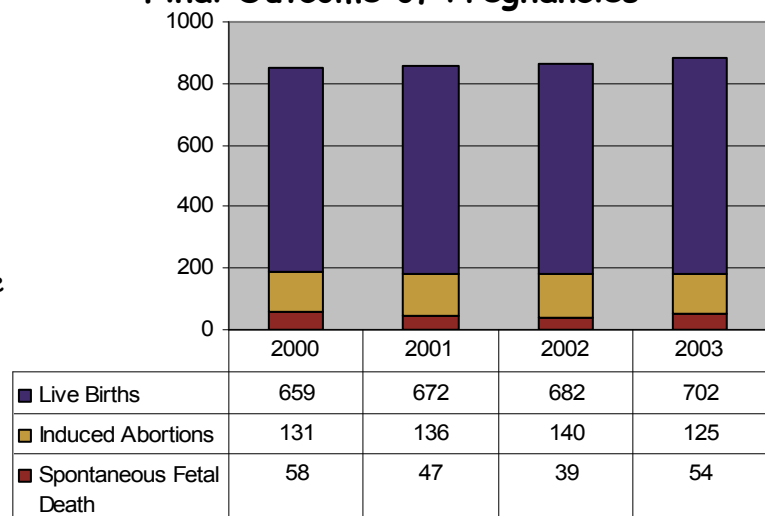
Source: NGA Center for Best Practices, "Healthy Babies: Efforts to Improve Birth Outcomes and Reduce High Risk Births"

WHERE WE STAND

The chart shows the final outcome of all pregnancies for the period 2000 - 2003. The data reflects fairly stable numbers over the period.

The pregnancy and birth rates of school aged females are important indicators because the younger a women is when she becomes a mother the more likely she is to drop out of High School and live in poverty. The less likely she is to be educated, earn a living wage, gain self-sufficiency and be able to meet the financial requirements of child rearing. Women and children living in poverty are also more likely to suffer from social emotional problems such as depression and domestic violence.

Herkimer County
Final Outcome of Pregnancies



Source: NYS DOH Vital Statistics

Graph 91

Physical & Emotional Health

Birth Outcomes

Pregnancy Rates

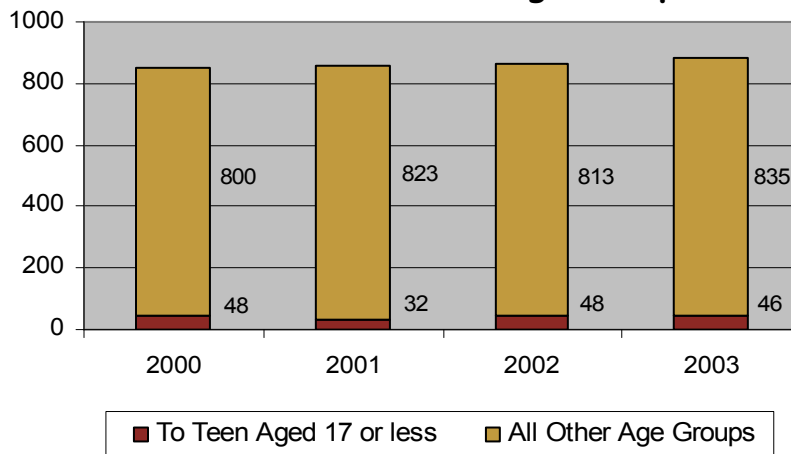
How Herkimer County Compares:

Herkimer County women under 20 years of age are twice as likely as their counterparts in Otsego County to be pregnant.

Notable Trends

Herkimer County experienced a 4-year steady increase in the total number of **live births** (from 672 in 2001 to 721 in 2004) followed by a sharp decrease in 2005 (from 721 to 660).

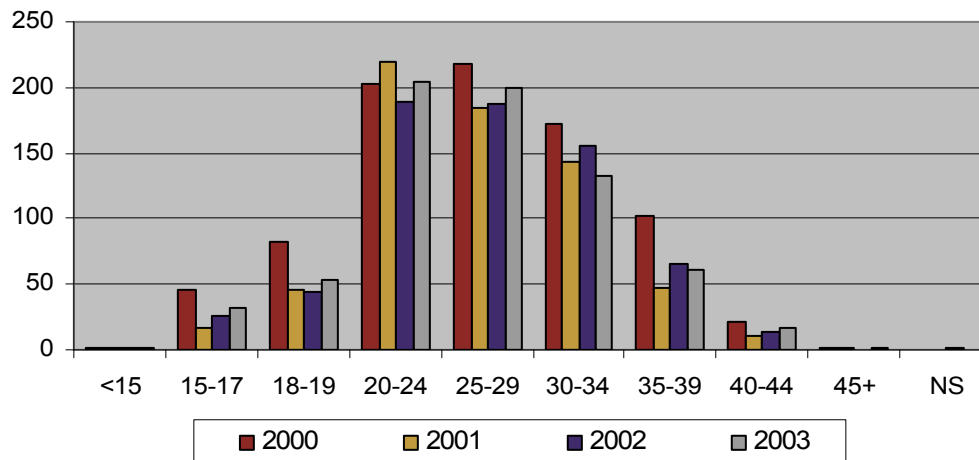
Pregnancies to Herkimer County School Age Females vs. All Other Age Groups



Source: NYSDOH Vital Statistics

Graph 92

Herkimer County Live Births By Mother's Age

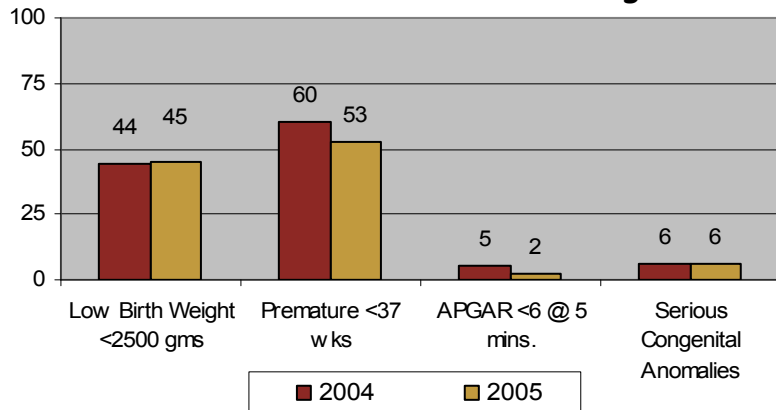


Source: NYSDOH, Vital Statistics- Annual Reports

Graph 93

The **pregnancy rate** for women under 19 years of age in Herkimer County rose only slightly between 2001 and 2003 (from 67.6 to 69.9) however the number of **live births** to this population rose each of the 3 years from 64 in 2001 to 87 in 2003.

Herkimer County Children Born with a Condition/Diagnosis



Source: NYSDOH

Graph 94

Physical and emotional abuse may negatively impact the health of both mother and unborn child. Domestic violence induced physical injuries to pregnant women may cause miscarriage, premature birth, or hemorrhaging. Women may respond to the stress of abuse by drinking alcohol, smoking, avoiding medical and prenatal care, or engaging in other activities harmful to themselves or their fetus.

Physical & Emotional Health

Birth Outcomes

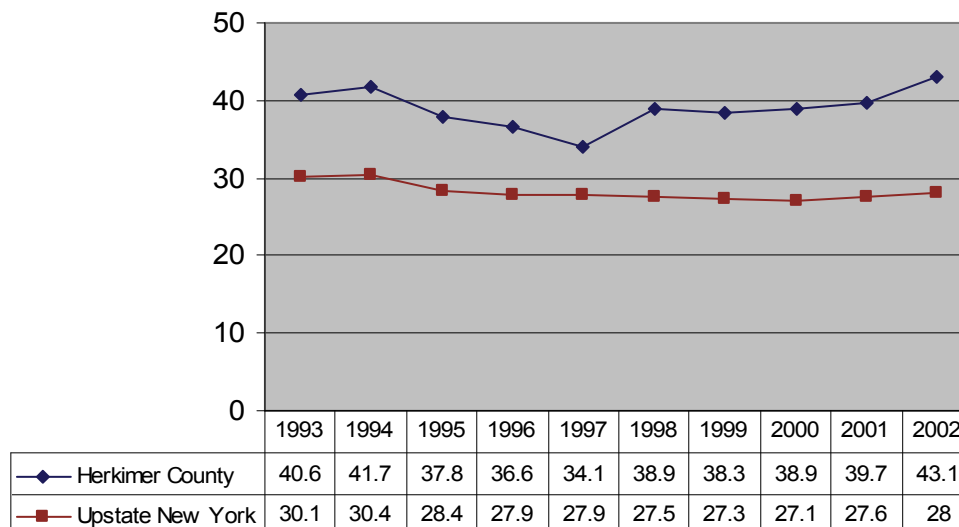
Abuse may impact a woman's ability to care for her child and may impact the emotional development of young children. The added chronic stress of dealing with an abusive situation can affect the mother's health as well as the health of the unborn child.

Source: "Perinatal Issues and Needs in the Mohawk Valley" Mohawk Valley Perinatal Network, May 2004

Medicaid/Self-Pay Births in Herkimer County are consistently higher than the Upstate New York average, and appears to be rising; while Upstate's rate has remained relatively flat.

The number of live births in Herkimer County has been consistent since 1997. Most expectant mothers in Herkimer County do begin receiving Prenatal Care in their First Trimester (months 1-3). However, a significant percentage do not receive care until the second trimester, which has increased between 2000-2003.

Herkimer County Medicaid/Self-Pay Birth Percentage Per 100 Live Births

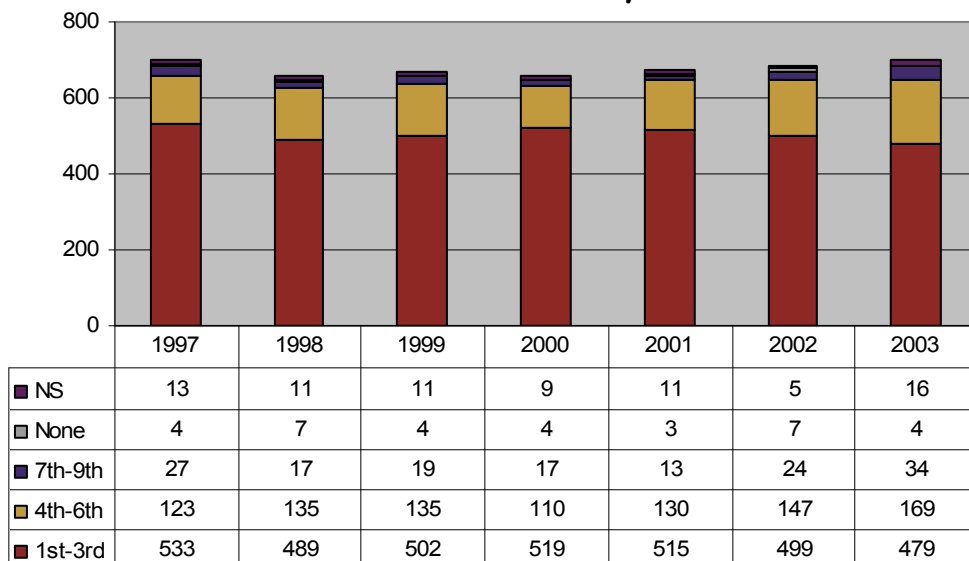


Source: NYSDOH Vital Statistics

Graph 95

Although the village of Herkimer has the greatest child bearing eligible female population (both teen and general) both the pregnancy and birth rates are lower when compared to Little Falls and Mohawk. Of concern, the higher rates of out of wedlock and Medicaid births for women in Little Falls may indicate insufficient financial resources and family supports to adequately

Live Births & Months Prenatal Care Began Herkimer County



Source: NYSDOH

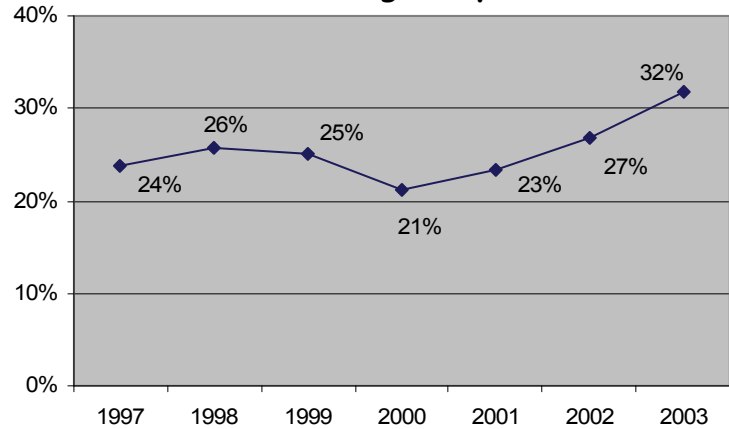
Graph 96

Physical & Emotional Health

Birth Outcomes

raise a child. Yet Little Falls has the largest number of babies born to teen mothers. This indicates that more of these teenagers are choosing to continue their pregnancies than their counterparts in Herkimer and Mohawk. A second concern is the higher rates of teen pregnancy and teen birth in Mohawk. Although this did not result in the highest number of babies it indicates a higher social tolerance or acceptance for teen pregnancy/parenting.

Herkimer County Percent Not Receiving Early Care



Source: NYSDOH

Graph 97

Herkimer County Birth Percentage Per 100 Live Births Age 15-17

Year	Single Year	Three Year Average	Upstate New York
1993	3.3		3.0
1994	2.7	3.9	3.1
1995	5.7	4.6	2.9
1996	5.5	5.1	2.9
1997	4.1	4.6	2.7
1998	4.1	3.8	2.7
1999	3.3	4.1	2.6
2000	4.9	3.5	2.4
2001	2.5	3.7	2.3
2002	3.8		2.1

Source: NYS DOH Vital Stats

Table 49

According to the Alan Guttmacher Institute, poor and low income teens are more likely than higher income teens to be sexually active and are less likely to take effective preventive measures. An increasing trend in the teen birth rate for Herkimer County raises concern particularly when it is matched to a decrease in both total population and female population between 15 and 44 years. An increase in the number of families starting off with these unstable conditions signals the potential for an increase in public assistance expenditures and government and community supports required to combat the multiple issues related to poverty and families at risk. Babies born to these conditions are more likely to continue the cycle of poverty, doubling the number of unstable families in less than a 20-year span.

Physical & Emotional Health

Birth Outcomes

Teen Pregnancies (19 & Under) & Outcomes in Herkimer County 2000-2004

	Total	Rate	Live Births	Abortions	Spontaneous Fetal Deaths
2004	131	60.7	92	36	3
2003	128	59.7	86	37	5
2002	117	53.7	70	40	7
2001	117	51.8	62	50	5
2000	129	54.6	84	38	7

Source: NYS Vital Statistics

Table 50

DATA SOURCES

NYSDOH Vital Statistics http://www.nyhealth.gov/nysdoh/vital_statistics/index.htm

Herkimer County Public Health

Physical & Emotional Health

Access to Healthcare

WHY THIS IS IMPORTANT

Access to quality care is important to eliminate health disparities and increase the quality and years of healthy life for all persons in the United States. Limitation in access to care extend beyond basic causes, such as a shortage of health care providers or a lack of facilities.

Individuals also may lack a usual source of care or may face other barriers to receiving services, such as financial barriers (having no health insurance or being underinsured), structural barriers (no facilities or health care professionals nearby), and personal barriers (sexual orientation, cultural differences, language differences, not knowing what to do, or environmental challenges for people with disabilities).

Source: Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, D.C.: U.S. Government Printing Office, November 2000.

Strong predictors of access to quality health care include having health insurance, a higher income level, and a regular primary care provider or other source of ongoing health care. Use of clinical preventive services, such as early prenatal care, can serve as indicators of access to quality health care services. Health insurance provides access to health care. Persons with health insurance are more likely to have a primary care provider and to have received appropriate preventive care such as a recent Pap test, immunization, or early prenatal care. Adults with health insurance are twice as likely to receive a routine checkup as are adults without health insurance. More than 40 million Americans do not have a particular doctor's office, clinic, health center, or other place where they usually go to seek health care or health-related advice. Even among privately insured persons, a significant number lacked a usual source of care or reported difficulty in accessing needed care due to financial constraints or insurance problems.

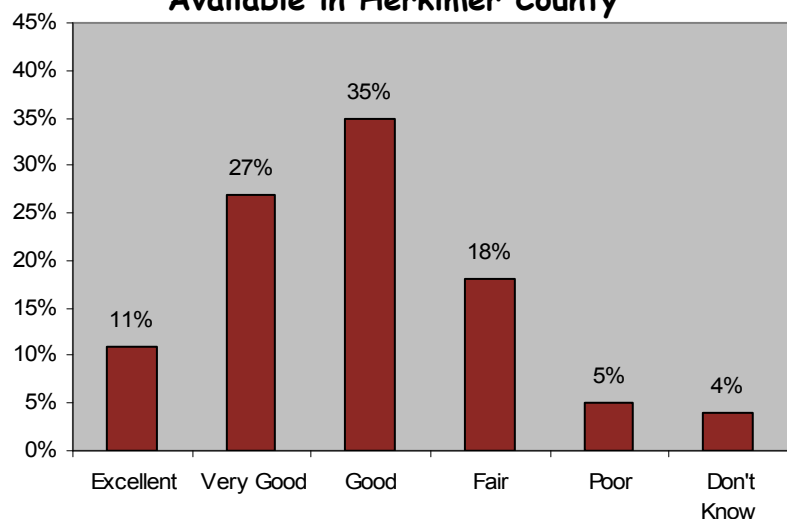
WHERE WE STAND

More than one in three, overall, rate Herkimer County's healthcare services as excellent or very good. Another one in three (35%) rate these services as good and 23% say they are fair or poor. Four percent are not sure.

Those living in the southwestern part of the county (47%) give the highest rating, while those in the southeast (25%) give the lowest. Men (43%) are more likely than women (33%) to give an excellent or fair rating.

Graph 98

Quality of Healthcare Services Available in Herkimer County



Source: Zogby, 2005 Herkimer County Community Health Assessment

Physical & Emotional Health

Access to Healthcare

Comparing Herkimer County to national statistics shows a lower level of satisfaction by 11.8% with local health care. When compared to a similar county in New York State Herkimer County respondents demonstrated a higher level of satisfaction by 11.9%.

Table 51

Percentage Rating Local Health Care Quality as Excellent/Very Good

United States	Herkimer County	Similar County
49.8%	38.0%	26.1%

Sources: US Data & Similar County Data, 2003 PRC National Health Survey, Professional Research Consultants

In 2004 Herkimer County HealthNet, Inc. applied to the Department of Health and Human Services for a Health Professional Shortage Area (HPSA) designation for Herkimer County in the areas of primary care and mental health services. Approval for both HPSAs were granted in 2005. HPSA designation provides incentives to providers to operate in a HPSA designated area. A HPSA designation may prove helpful in recruiting and retaining medical providers in Herkimer County.

Healthy People 2010 Goal: Increase the proportion of persons with health insurance to 100%.

Table 52

Percent of 18-64 Year Olds without Health Coverage

United States	New York State	Upstate New York	Herkimer County
15.3%	16.5%	15%	11.2%

Source 2003 Expanded BRFSS

According to 2000 Census data, 21.19% of all Herkimer County residents lack health insurance coverage. A comparison of New York State to the United States in percentage of individual health insurance coverage shows New York State to have a higher percentage of individuals receiving Medicaid than the national average. New York State has a lower rate of uninsured children than the national rate. The uninsured rate for the 19- 64 population is comparable for New York State and the United States.

Percent of Health Insurance Coverage: NYS (2003-2004) & United States (2004)

	Employer		Individual		Medicaid		Other Public		Uninsured	
	0-18	19-64	0-18	19-64	0-18	19-64	0-18	19-64	0-18	19-64
United States	56	63	4	6	26	8	1	3	12	21
New York State	56	62	3	4	31	12	0	2	9	20

Source: Kaiser State Health Facts

Table 53

Physical & Emotional Health

Access to Healthcare

New York State offers programs for the uninsured to obtain health coverage and reduced cost or no cost. The Child Health Plus Program is available for children and Family Health Plus is available for adults 19-64. Healthy New York is available to small employers and individuals who do not receive health insurance through their employer.

Healthy New York Enrollment in Herkimer County

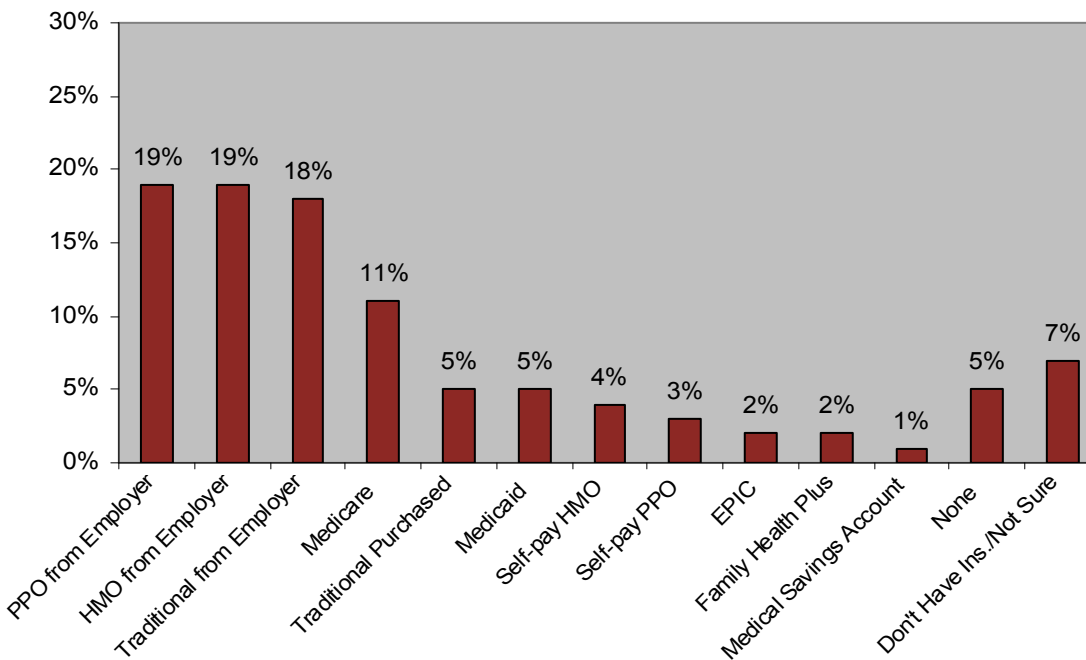
Enrollment July 2004	Enrollment July 2005	Percentage Increase
292	382	31%

Source: NYSDOH

Table 54

Health Insurance in Herkimer County by Type

Graph 99



Respondents are closely divided between three types of health insurance they have for coverage - a PPO from an employer (19%), an HMO from an employer (18%), and a traditional plan from an employer (18%). Of those responding, approximately 55% indicated health insurance coverage through their employer and 13% purchase their own health insurance coverage.

Source: Zogby, 2005 Herkimer County Community Health Assessment

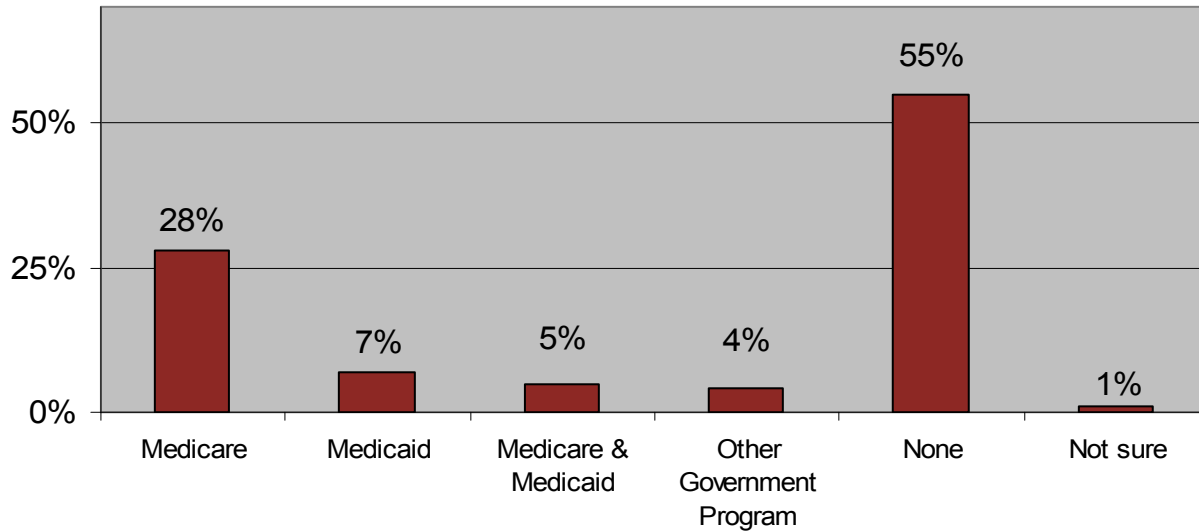
More than half (55%) of Herkimer County residents say they have no government-sponsored programs. Just over one in four (28%) have Medicare coverage, while 7% have Medicaid or other state-sponsored program. Five percent use both Medicare and Medicaid and 4% use another government-sponsored program. New York State offers a variety of programs to fill the gap for uninsured residents. Besides Medicaid there is Family Health Plus, Child Health Plus, Healthy NY, and EPIC. These programs are discussed in the Economic Security section.

Physical & Emotional Health

Access to Healthcare

Percent of Herkimer County Residents with Government Assisted Healthcare Coverage

Graph 100



Source: Zogby, 2005 Herkimer County Community Health Assessment

Transportation to Health Care Services

Eleven percent say a lack of transportation made it difficult for them or prevented them from seeing a doctor or making a medical appointment. The vast majority, however, say it did not.

Percent Lack of Transportation Interfered with Receiving Medical Care in the Past Year

United States	Herkimer County
5.8%	11%

Sources: US Data 2003 PRC National Health Survey,
Zogby, 2005 Herkimer County Community Health Assessment

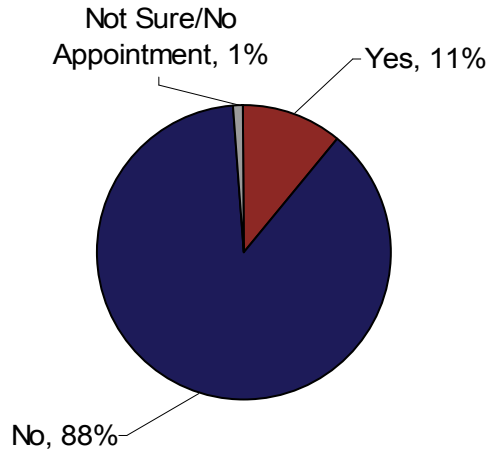
Table 55

Breaking down the responses to this issue by region of the county, 19% of individuals in the northern part of the county and 14% of individuals in the southeastern part of the county found transportation to be a problem. By age group the most significant problem with transportation was experienced by the 18 - 24 year old at 28%. By payment source the most significant problem with transportation was noted by Medicaid recipients at 36.6%.

Physical & Emotional Health

Access to Healthcare

Lack of Transportation Caused Missed Appointment in Herkimer County



Source: Zogby, 2005 Herkimer County Community Health Assessment

Graph 101

Primary Care Services

Healthy People 2010 Goal:

Increase the proportion of persons who have a specific source of ongoing care to 96%.

By a margin of eight to one, respondents overall say they have a primary care physician compared to those who do not. The vast majority in every sub-group say they have a primary care physician. As age increases, so to does the incidence of those saying they have such a physician—65% of those under 30 compared to 93% of those 65 and older. However, Herkimer County does not currently meet the HP 2010 goal of 96%.

Percent Specific Source of Ongoing Care (Primary Care Physician)

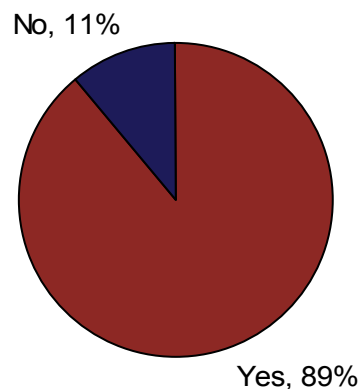
United States	Herkimer County	Similar County
79%	88%	79.6%

Sources: US Data 2003 PRC National Health Survey, Professional Research Consultants, Zogby,

Table 56

Graph 102

Herkimer County Residents with a Primary Care Physician



Source: Zogby, 2005 Herkimer County Community Health Assessment

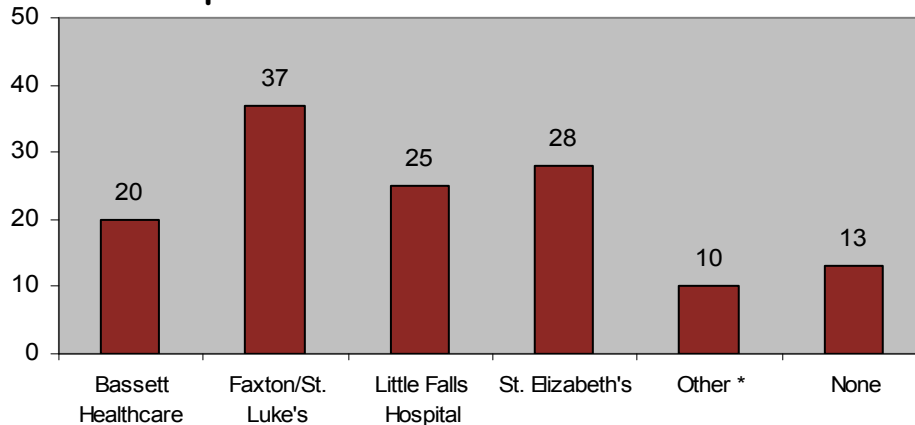
Physical & Emotional Health

Access to Healthcare

Hospital Care

More than one in three residents of Herkimer County has been treated at Faxton/St. Luke's (Utica) in the past two years; more than one in four (25%) have been treated at St. Elizabeth's hospital in Utica (28%) and one in four (25%) have been treated at Little Falls Hospital. One in five (20%) have been treated at Bassett Healthcare.

Hospital Utilization in Last Two Years

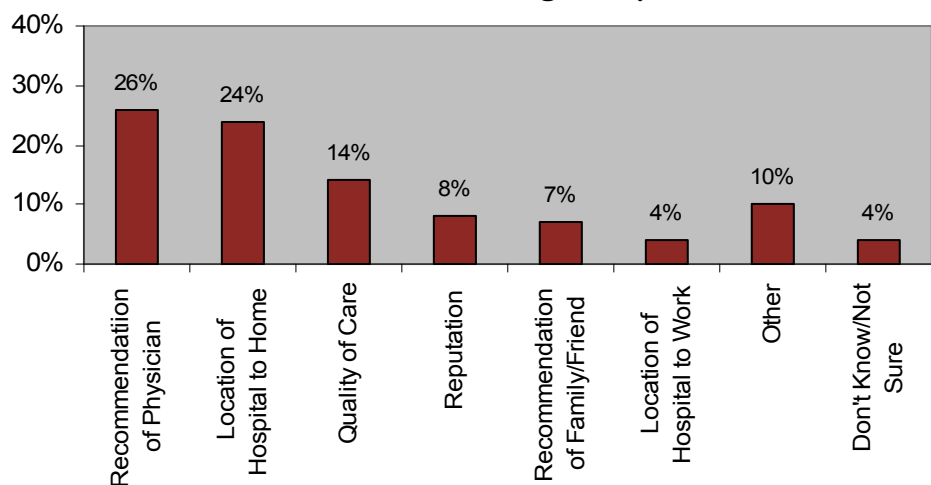


Source: Zogby, 2005 Herkimer County Community Health Assessment

Graph 103 The graph to the left, reflects responses to the question, "What hospital have you or anyone in your household been treated at in the last two years?" Other includes facilities such as; Albany Medical Center, Strong Memorial, St. Joseph's, Sloan Kettering, Adirondack Medical Center, etc.

About one in four say either the recommendation of a physician (26%) or the location of the hospital to their home (24%) was the most important factor in choosing the hospital for treatment within the last two years. Another 14% say the most important factor for them was the quality of the care provided.

Reason For Choosing Hospital



*Other: Always Gone There (11); Only Choice (10); None (17)
Source: Zogby, 2005 Herkimer County Community Health Assessment

DATA SOURCES

2005 Herkimer County Health Net Community Survey, Zogby International.

<http://www.herkimerhealthnet.com/pdf/2006REPORT.pdf>

NYSDOH Vital Statistics http://www.nyhealth.gov/nysdoh/vital_statistics/index.htm

Physical & Emotional Health

Oral Health

WHY THIS IS IMPORTANT

Oral diseases are a major health concern affecting almost every person in New York State. Dental caries and periodontal diseases have a huge economic and social cost and can be a portal for serious physical health problems. Most oral diseases are preventable which can then reduce pain, suffering, and health care expenses.

Dental caries (cavities) are one of the most prevalent chronic illnesses among children. In the United States, 30 percent of all children's health expenditures are devoted to dental care. Although most dental diseases are preventable, many children unnecessarily suffer the consequences of dental diseases because of inadequate home care, and inability to access preventive and treatment services in a timely manner.

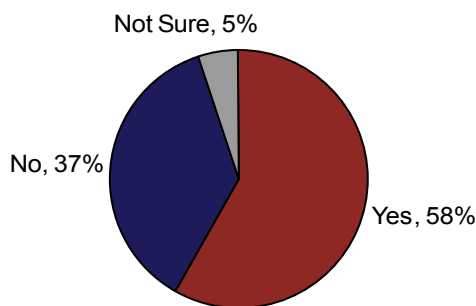
Oral diseases in adults negatively impact their ability to eat healthy food, overall health and ultimately employability. Several reports link low-grade chronic infection in the mouth (periodontal diseases) to systemic illnesses such as cardiovascular diseases, respiratory ailments, and adverse pregnancy outcomes. Persons with diabetes are also at increased risk for periodontal infections.

WHERE WE STAND

Healthy People 2010 Goal: Increase the proportion of children and adults who use the oral health care system each year to 56%.

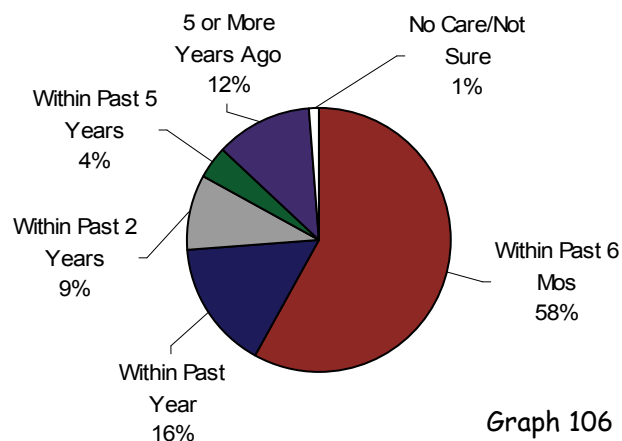
According to the 2005 Herkimer County Community Survey, 74% of adult Herkimer County residents and 84% of children report visiting a dentist within the last year. This is well above the Healthy People 2010 Oral Health Objective.

County Residents with a Dentist



Graph 105

Time Since Last Dental Visit



Graph 106

Source Graphs 107 & 108: Zogby, 2005 Herkimer County Community Health Assessment

Although according to the same survey, only 50.6% of those in households earning less than \$9,500 annually and 52.1% of those earning between \$9,500-\$19,000 annually report their children seeing a dentist in the last year.

Physical & Emotional Health

Oral Health

Healthy People 2010 Goal: Increase the proportion of children who have received dental sealants on their molar teeth to 50%.

According to the Herkimer County Community Survey 54% of parents report their children having dental sealants. 65.6% of children living in households earning between \$9,500 and \$19,000 a year reported not receiving dental sealants.

Healthy People 2010 Goal: Increase the proportion of the U.S. population served by community water systems with optimally fluoridated water to 75%.

According to the Centers for Disease Control, in 2000 65.8% of the United States population was receiving optimally fluoridated public drinking water, with the NYS rate being 67.8%. The Town of Webb is the only public drinking water in Herkimer County to be fluoridated. This is well below the Healthy People 2010 Goal.

The New York State Oral Health Surveillance System reports an estimated 26.9% of all 3rd Grade students who are not drinking fluoridated water in New York State regularly use a fluoride tablet. According to the Herkimer County Community Survey, 62% of parents report that their child has received fluoride tablets or drops. Only 26.9% of parents in Herkimer County earning less than \$19,000 report that their children have received fluoride treatments.

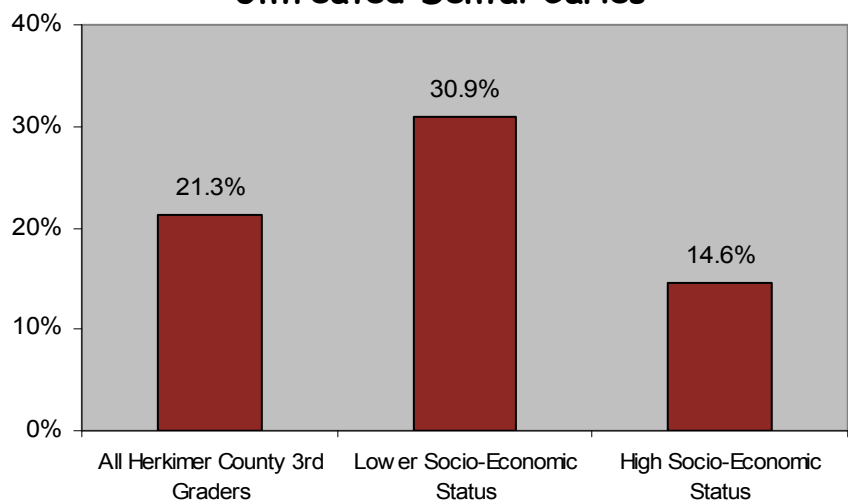
Healthy People 2010 Goal: Reduce the proportion of children with dental caries experience in their primary and permanent teeth to 42%.

According to the New York State Department of Health Oral Health Indicators, 57.2% of all 3rd Grade Children in Herkimer County from 2002-2004 had experience with dental caries. This rate and the New York State Rate of 51.3% are well above the Healthy People 2010 goal. 63.5% of those 3rd Graders of low socio-economic status had experience with dental caries.

Healthy People 2010 Goal: Reduce the proportion of children with untreated dental decay in primary and permanent teeth to 21%.

Herkimer County's rate of untreated dental caries among 3rd graders is only slightly above the

Herkimer County Third Graders with Untreated Dental Caries



Source: NYSDOH Oral Health Indicators

Graph 107

Physical & Emotional Health

Oral Health

Healthy People 2010 goal of 21%. However, dental caries go untreated in a much higher rate among 3rd Graders of a low socio-economic status, according to the New York State Department of Health Oral Health Indicators.

DATA SOURCES

2005 Herkimer County Health Net Community Survey, Zogby International.
<http://www.herkimerhealthnet.com/pdf/2006REPORT.pdf>

Centers for Disease Control www.cdc.gov

Healthy People 2010 Oral Health Objectives
<http://www.healthypeople.gov/Document/HTML/Volume2/21Oral.htm>

New York State Department of Health: Oral Health Indicators 2002-2004
www.health.state.ny.us/statistics/chac/data.htm

New York State Oral Health Surveillance System
http://www.cdc.gov/OralHealth/state_reports/states/ny.htm

Physical & Emotional Health

Health Status & Risk

WHY THIS IS IMPORTANT

Because public health seeks to prevent the occurrence of disease and injury, it inherently involves planning. Risk reduction efforts are intimately connected to health outcomes. *Chronic Diseases* are notable causes of morbidity and mortality in New York, including diseases of the heart, cancer, chronic obstructive pulmonary disease, diabetes, cerebro-vascular disease, and cirrhosis of the liver. For example, the reduction of risk behaviors, such as excessive drinking and smoking, affects the rates of cardiovascular disease and lung cancer. Over time, successful prevention activities have reduced disease incidence in certain areas and shifted the focus of public health monitoring to risk reduction efforts.

WHERE WE STAND

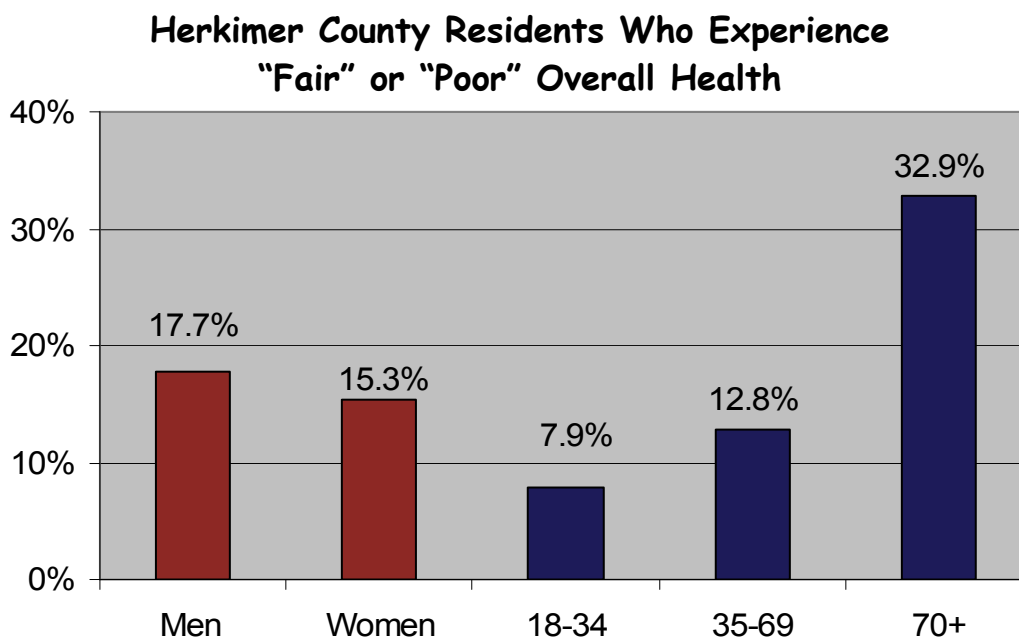
A majority of Herkimer County adults (58%) rate their overall physical health as "excellent" or "very good."

However, 18% of adults believe that their overall health is "fair" or "poor."

- National findings (16.6% "fair/poor").
- New York findings (17.2% "fair/poor").

Source: 2004 PRC Community Health Survey

The following chart further examines self-reported health status by various demographic characteristics. Indications of "fair" or "poor" health increase with age, as might be expected.



Source: Zogby, 2005 Herkimer County Community Health Assessment

Graph 108

Physical & Emotional Health

Health Status & Risk

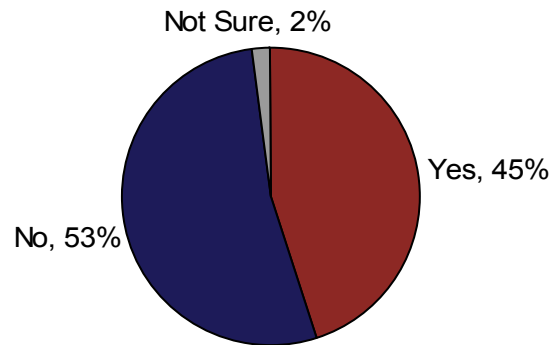
Reviewing selected causes of death for the period 1997 - 2003 reveals that Herkimer County residents fare consistently **worse** than the Rest of the State (minus New York City) for deaths from Chronic Lung Respiratory Disease (CLRD), pneumonia, heart disease, and malignant neoplasms. AIDS deaths in Herkimer County are below the Rest of State. For cerebro-vascular disease, diabetes mellitus, and accidents Herkimer County rates are **worse or equal to** Rest of State rates over the period. In 2003 Herkimer County cirrhosis of the liver rate rose above the Rest of State.

Healthy People 2010 Goal: Increase the proportion of those over age 50 who had a Blood Stool Test within the last two years to 50%.

Graph 109

Respondents to the HCHN Community Survey indicated that more than half had not received a Blood Stool Test in the last two years. However, the positive response rate of 45% was similar to the United States rate at 45.1%. These results are not specific to age 50+ individuals. For men aged 55 and older, 78.4% have had a PSA Test in the past two years. The percentage of males 50 and older receiving a PSA Test in the last two years nationally is 77.9%.

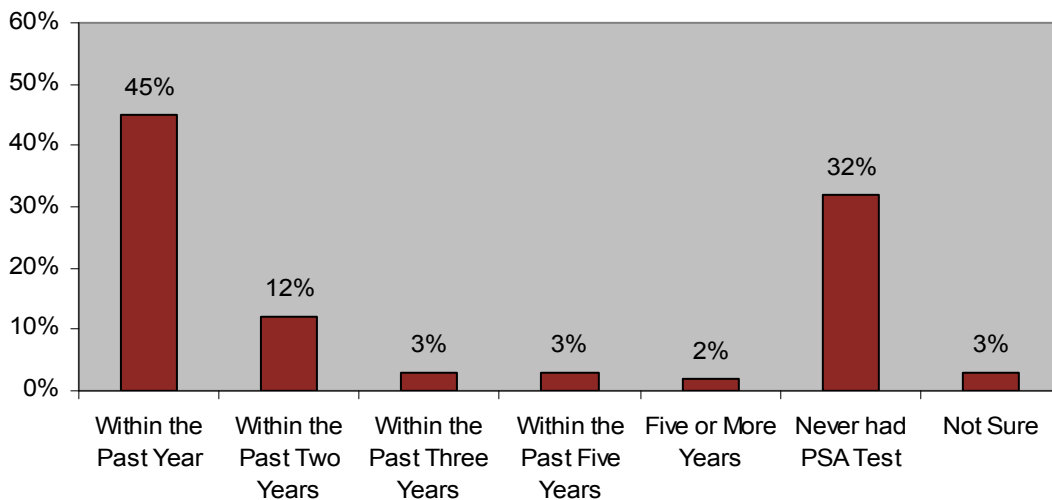
Have Had a Blood Stool Test in the Past Two Years



Source: Zogby, 2005 Herkimer County Community Health Assessment

Men Who Have Had a Prostate-Specific Antigen (PSA) Test in Past Two Years

Graph 110



Source: Zogby, 2005 Herkimer County Community Health Assessment

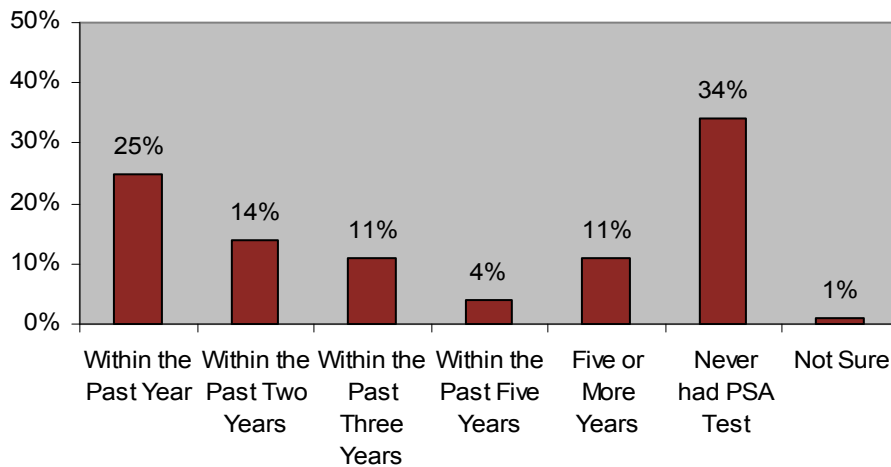
Physical & Emotional Health

Health Status & Risk

Healthy People 2010 Goal: Increase the proportion of those over age 50 who have ever had a sigmoidoscopy/colonoscopy to 50%.

Approximately 65% of men indicate they have ever had a sigmoidoscopy/colonoscopy. For the male population this exceeds the HP 2010 goal. Data on the rate for women was not collected.

**Time Since Last Sigmoidoscopy/Colonoscopy Exams
(Asked Only of Men)**



One in four men (25%) say they have had either one or both of the tests. Another 14% say they underwent these tests within the past two years. Eleven percent had them within the past three years. Again, one in three (34%) say they have never had either procedure.

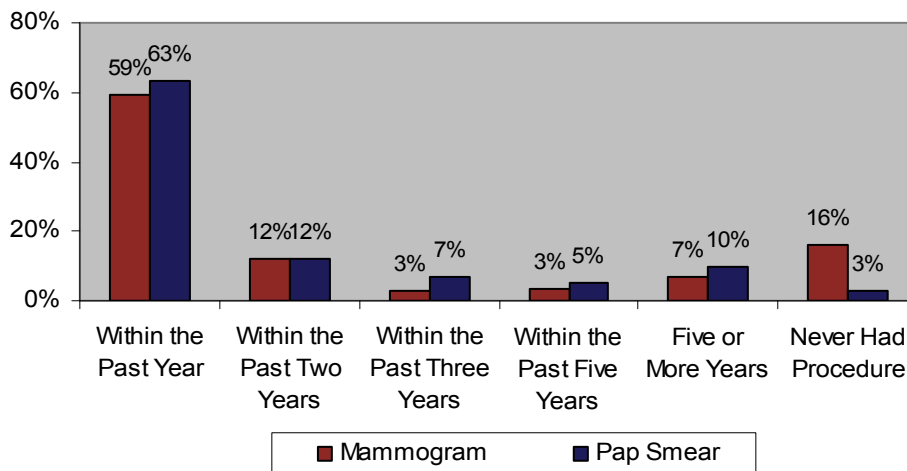
Source: Zogby, 2005 Herkimer County Community Health Assessment

Graph 111

Healthy People 2010 Goal: Increase the proportion of women aged 40 years and older who have received a mammogram within the preceding 2 years to 70%.

Healthy People 2010 Goal: Increase the proportion of women aged 18 years and older who received a Pap test within the preceding 3 years to 90%.

Time Since Last Mammogram/Pap Smear



Eighty-one percent of women responding to the survey indicated a Pap Smear in the past 3 years. Seventy-one percent of women responding to the survey indicated a Mammogram in the past 2 years. Women are more likely to have had a pap smear recently (63%) than a mammogram (59%). They are also more than five times as likely to have a pap smear than to have a mammogram.

Source: 2005 Herkimer County Community Health Assessment

Graph 112

Physical & Emotional Health

Health Status & Risk

Early Intervention

In Herkimer County, 15% of the children, birth to 3 years of age, receive Early Intervention services. These children are most frequently referred to the Early Intervention Program for communication delays. The ability to communicate is also related to the development of social competence, affecting the child's sense of well-being, ability to functionally adapt in school and to form successful relationships. Brain development research has concluded that experiences in the first few years of life establishes a foundation for human development that is carried throughout life affecting ones ability to learn, hold a job, form intimate relationships, avoid risky behaviors and positively contribute to society.

Number of Children (0-3) Receiving Early Intervention Services 2003-2005

	Total	Eligible & Receiving Services	Only Service Coordination	Core Evaluations	Supplemental Evaluations	Speech Therapy	Occupational Therapy	Physical Therapy	Special Education	Nursing	Vision	Family Support	Technology
2005	92	74	15	67	42	65	40	38	36	1			
2004	82	80	2	70	60	63	38	37	37	3	2		2
2003	145	131	19	131	68	75	34	45	55	5	5	3	

Source: Herkimer County Public Health

Table 57

Meals on Wheels Consumers & Demographics

Meals-on-Wheels (MOW) is a program offered through the Herkimer County Office for the Aging. The meals are delivered to seniors who are disabled due to a chronic condition or because of a temporary condition such as caused by an accident or post-hospitalization recovery. Each meal contains one-third of the recommended daily allowance. Many special diets are also available in some geographical areas throughout Herkimer County. MOW is free of charge, but a small donation per meal is suggested. The number of Meals-on-Wheels clients has increased significantly (57%) during the seven year period reviewed, from 513 to 806 clients. The increase in clients has primarily been with the 85+ age group - exactly as should be expected as this population segment tends to be the most frail as a group. See the "Senior Citizen Population" in the Community Section of this document for a review of the senior population and the large increase in the 85+ population.

Herkimer County Meals on Wheels Consumers

Age	1998-99	2005-06
<60	8	7
60-69	36	82
70-79	148	165
80-84	143	181
85+	178	371
Total	513	806

Source: Herkimer County OFA

Table 58

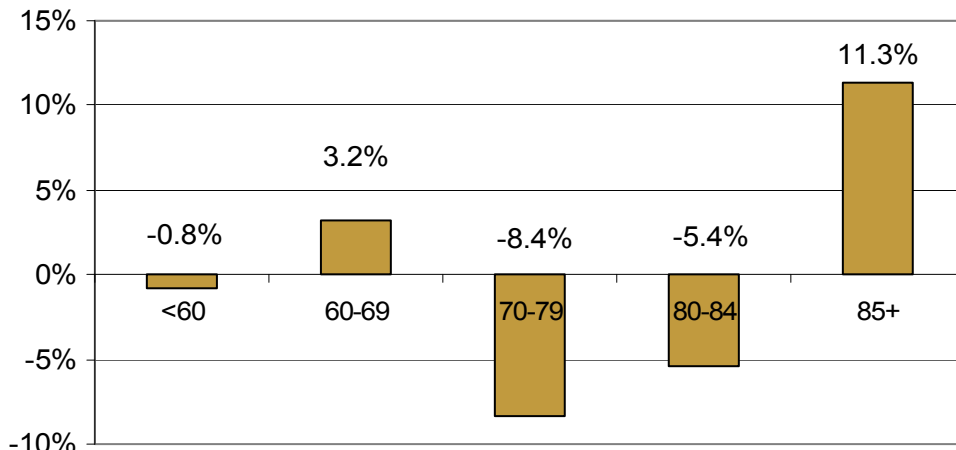
Physical & Emotional Health

Health Status & Risk

Nearly half of the Meals-on-Wheels clients are aged 85 and over (46%); this is consistent with the goal of the Office for the Aging, of assisting people to remain in their own homes for as long as possible and avoiding placement in nursing homes. According to the 2000 Census, there were 1,443 people aged 85 and older in Herkimer County. With 371 Meals-on-Wheels clients in this age group, 25.7% of the 85+ seniors are on MOW.

From 1998-2006, the number of consumers aged 85 and over receiving Meals on Wheels increased by 11.3%. The only other age group to experience an increase are those 60-69 years of age. Every other age group lost members. This follows the trend seen in Census data for Herkimer County's elderly.

Percent Change in Meals on Wheels Consumers from 1998-2005 by Age



Source: Herkimer County OFA

Graph 113

Percent of Meals on Wheels Consumers by Age & Change Over Time

Age	1998-99	2005-06	% Change
<60	1.6%	0.8%	-0.8%
60-69	7.0%	10.2%	3.2%
70-79	28.8%	20.5%	-8.4%
80-84	27.9%	22.5%	-5.4%
85+	34.7%	46.0%	+11.3%

Source: Herkimer County OFA

Table 59

DATA SOURCES

Healthy People 2010 <http://www.healthypeople.gov/Document/tableofcontents.htm#under>

2005 Herkimer County Health Net Community Survey, Zogby International.
<http://www.herkimerhealthnet.com/pdf/2006REPORT.pdf>

Herkimer County OFA

Herkimer County Public Health Early Intervention Unit

NYS Department of Health Vital Statistics

http://www.nyhealth.gov/nysdoh/vital_statistics/index.htm