

Promoting Healthy Lifestyles and Accessible Health Care

Our Vision

We see a community where all citizens have access to quality health-care services, including preventative care, regardless of financial means. While we encourage individual health behavioral change, we embrace a comprehensive, coordinated effort to promote healthy lifestyles.



How Are We Doing?

Teen pregnancy rates for 15 to 17 year olds decreased in the City and County. More Non-Latino adults and seniors are exercising at least five days a week. Uninsured visits to Rockingham Memorial Hospital Emergency Department decreased slightly over the past four years.

The addition of the federally funded Harrisonburg Community Health Center, opened in January 2009, offered more health care alternatives to the region's uninsured and underinsured. In 2009, the Community Health Center (CHC) served 2,998 patients with 9,025 visits.

Fewer adults perceived themselves as healthy compared to previous years. This is consistent with a state trend.

Early Risk Factors

Early prenatal care is an important step in developing a community of healthy children. Prenatal visits may prevent poor birth outcomes and improve maternal health by allowing health care practitioners to identify women who are high risk and take steps to mitigate risks, such as high blood pressure. Interventions that prevent substance abuse during pregnancy may also help reduce very low birth weights.

What does this measure?

Respondents to the survey answered the following question: "If you have been pregnant within the last five years, when in your pregnancy did you first see a doctor or nurse?" Virginia Department of Health data from 2004 measured very low birth weights and teenage pregnancies, both of which carry significant risk factors.

How are we doing?

Responses from women who were pregnant in the last five years showed a decrease in the number of women who visited a health care provider during the first three months of pregnancy; however, the 2011 respondents, except for Latino respondents, do exceed the Healthy People 2020 goal of 77.9 percent visits within the first three months of a pregnancy. The percentage of women who did not receive prenatal care until the last trimester increased among all populations, putting both the infant and mother at risk. Possible reasons for this delay are unintended childbearing, low-income, and a perception that prenatal care is not important*.

Percentages of Pregnant Women's First Visits to Health Care Professional

When in your pregnancy did you first see a doctor or nurse?	2011 Adult	2006 Adult	2001 Adult	2011 Latino	2006 Latino
0-3 months	91.2%	95%	95%	78.6%	83%
4-6 months	3.5%	5%	4%	14.3%	12%
7-9 months (at or after delivery)	5.3%	--	--	7.1%	5%

*<http://www.thenationalcampaign.org/why-it-matters/pdf/poverty>.

Very low birth weights for infants in Harrisonburg increased slightly in 2009 compared to 2004. Rockingham County experienced a very small decrease. Both exceed the Healthy People 2020 goal of 1.8 percent.

Very Low Birth Weight (percent of total births)

	2009	2004	2001
Harrisonburg	1.7%	1.4%	0.8%
Rockingham	1.0%	1.1%	1.2%
Virginia	1.6%	1.6%	1.7%

Teen pregnancy rates decreased in the City and County. The decrease in county teen pregnancies (23.9%) meets the Healthy People 2020 goal of 36.2 per 1000 teens .Teen pregnancy is more common where poverty is more prevalent; the City of Harrisonburg has a 30 percent poverty rate; and teen pregnancy leads to more households that are poor*.

**Teen Pregnancy Rate
15-17 years old
(rates per 1,000 teen population)**

	2009	2004	2001	HP 2020 Goal
				36.2/1000
Harrisonburg	40.9	52.9	38.9	
Rockingham	23.9	24.8	30.9	
Virginia	22.3	26.0	32.0	

Sources: Healthy Community Surveys 2001, 2006, 2011
Virginia Atlas, Virginia Department of Health
*<http://www.thenationalcampaign.org/why-it-matters/pdf/poverty.pdf>

Chronic Diseases

Chronic diseases impact quality of life, can lead to disability, and have a significant economic impact; however, with appropriate treatment and lifestyle changes, most chronic diseases can be effectively managed. The local data for diabetes, one such chronic disease, reflects the increase seen nationally. Also of note, is an increase in diabetes in the Latino population, also reflected in the 2010 national data. Nationally, compared with Non-Latino white adults, the risk of diagnosed diabetes is 66 percent higher among Latinos and 77 percent higher among Non-Latino blacks. Among U.S. residents ages 65 years and older, 10.9 million, or 26.9 percent, reported having diabetes in 2010.

What does this measure?

Respondents to the survey answered the following question: "Have you ever been told by your doctor or other health professional that you have..."

How are we doing?

High cholesterol and high blood pressure ranked as the top reported chronic health conditions in 2006 and in 2011. Having a weight problem, as defined by a health care provider, increased by 9 percent from 2006 to 2011 among City senior respondents. Overweight, obesity, and high blood pressure are common in non-insulin dependent diabetes, the most common form of diabetes in seniors. Cholesterol blood levels, in contrast, showed improvement in both seniors and adults. The improvement in blood cholesterol may be related to broader use of the well-publicized cholesterol-lowering drugs. Also, an increase in fruit and vegetable consumption by City residents helps reduce cholesterol for some people.

Chronic Diseases

Have you ever been told by your doctor or other health professional that you have..."

	2006	2011 City	2011 County
High Blood Pressure			
Adults	28.00%	31.29%	33.77%
Seniors	60.00%	68.52%	67.11%
Latino Adults (City/County)	12.00%	16.58%	
Latino Seniors (City/County)		40.00%	
High Blood Cholesterol			
Adults	35.00%	31.00%	32.23%
Seniors	63.00%	62.72%	51.36%
Latino Adults (City/County)	10.00%	16.06%	
Latino Seniors (City/County)		20.00%	

2006 Latino data combines adults and seniors. 2011 Latino data available by age but not by age and location.

Sources: Healthy Community Surveys 2001, 2006, 2011
<http://diabetes.niddk.nih.gov/dm/pubs/statistics/#Diagnosed20>

Chronic Diseases

Have you ever been told by your doctor or other health professional that you have..."

	2006	2011 City	2011 County
Stroke			
Adults	2.0%	0.0%	0.0%
Seniors	5.0%	20.1%	7.2%
Latino Adults (City/County)	0.0%	0.5%	
Latino Seniors (City/County)		0.0%	
Cancer			
Adults	10.0%	3.3%	4.8%
Seniors	30.0%	16.3%	21.3%
Latino Adults (City/County)	4.0%	2.1%	
Latino Seniors (City/County)		0.0%	
Severe Hearing Impairment (Hearing Loss 2011)			
Adults	8.0%	7.5%	10.3%
Seniors	30.0%	27.7%	30.5%
Latino Adults (City/County)	5.0%	2.1%	
Latino Seniors (City/County)		20.0%	
Vision Problems or Blindness			
Adults	3.00%	5.62%	2.09%
Seniors	11.00%	21.15%	10.94%
Latino Adults (City/County)	12.00%	8.85%	
Latino Seniors (City/County)		20.00%	
Chronic Respiratory Disease (Emphysema, Bronchitis, Breathing Problems 2011)			
Adults	6.00%	11.29%	6.16%
Seniors	10.00%	18.32%	14.81%
Latino Adults (City/County)	4.00%	4.14%	
Latino Seniors (City/County)		20.00%	
Asthma			
Adults	9.00%	10.56%	10.20%
Seniors	10.00%	15.23%	11.02%
Latino Adults (City/County)	7.00%	5.18%	
Latino Seniors (City/County)		0%	
Diabetes			
Adults	10.00%	13.57%	11.56%
Seniors	20.00%	26.02%	31.03%
Latino Adults (City/County)	8.00%	16.14%	
Latino Seniors (City/County)		40.00%	

Have you ever been told by your doctor or other health professional that you have..."

	2006	2011 City	2011 County
Heart Problems			
Adults	5.00%	11.07%	7.53%
Seniors	23.00%	38.05%	41.42%
Latino Adults (City/County)	5.00%	2.59%	
Latino Seniors (City/County)		20.00%	
Arthritis			
Adults	24.00%	34.50%	33.33%
Seniors	56.00%	70.00%	51.03%
Latino Adults (City/County)	10.00%	8.29%	
Latino Seniors (City/County)		40.00%	
Nervous System (i.e. MS) or Muscles			
Adults		6.31%	6.80%
Seniors		4.24%	2.20%
Latino Adults (City/County)		1.56%	
Latino Seniors (City/County)		0%	
Problems of the Stomach or Intestines			
Adults		17.60%	7.53%
Seniors		23.93%	18.57%
Latino Adults (City/County)		16.58%	
Latino Seniors (City/County)		40.00%	
Weight Problem			
Adults		28.60%	27.81%
Seniors		31.22%	22.38%
Latino Adults (City/County)		26.42%	
Latino Seniors (City/County)		0%	

Exercise and Eating Habits

Exercise and dietary habits are significant contributors to health status. Poor nutrition and low activity levels contribute to preventable diseases, including coronary heart disease, certain types of cancer, stroke, and non-insulin dependent diabetes. It is more effective to create a community that supports healthy choices than to attempt to change downstream behaviors that may lead to chronic illnesses.

What does this measure?

Survey respondents answered two questions regarding exercise and eating habits: "How many days per week do you engage in physical activity for at least 30 minutes?" and "How many days per week do you eat at least five servings of fruits and/or vegetables?"

How are we doing?

Compared to past surveys, more Non-Latino adults and seniors are exercising at least five days a week in comparison to 51 percent of total Virginians*; however, there are more adults and seniors who do not exercise at all. The percentage eating at least five servings of fruit and/or vegetables in five or more days has increased for Harrisonburg City adults since 2006. Latino seniors reported the highest rate for fruit and vegetable servings.

A person's weight can also be a reflection of a healthy diet and exercise regimen. Among Harrisonburg City seniors who responded in 2011, there was a 9 percent increase in those who were told by a health care provider that they had a weight problem.

**How many days per week do you engage in physical activity
(such as a brisk walk) for at least 30 minutes?**

	2011 Adult	2006 Adult	2001 Adult	2011 Senior	2006 Senior	2001 Senior	2011 Latino	2006 Latino
0 days/ week	20.76%	18%	26%	22.14%	19%	31%	39.2%	
1-2 days/ week	25.63%	35%	36%	13.69%	23%	18%	27.3%	39%
3-4 days/ week	22.03%	28%	26%	31.05%	36%	23%	17.5%	12%
5 or more days/ week	22.66%	18%	13%	27.16%	20%	18%	16%	19%

The Healthy People 2020 Goal is to increase health, fitness, and quality of life through daily physical activity and to reduce the proportion of adults who do not engage in leisure physical activity.

Sources: Healthy Community Surveys 2001, 2006, 2011; *BRFSS 2009

In addition to variations in exercise by age and location, exercise and dietary practices can also vary by gender. Women and men can potentially have very different life experiences in relation to possibilities for exercise and eating habits.

Exercise

How many days per week do you engage in physical activity (such as a brisk walk) for at least 30 minutes?

	Latino Female	City Female	County Female	City Male	County Male	Latino Male
	n=143	n =356	n = 154	n= 210	n=132	n = 134
0 days/week	43.3%	13%	16%	32.4%	20.5%	30%
1-2 days/week	11.2%	28%	25%	22.4%	17.4%	26.7%
3-4 days/week	26.9%	26%	28%	18.6%	21.2%	28.3%
5 or more days/week	0%	23%	22%	16.2%	35.6%	0%
Temporary	18.7%	10%	9%	10.4%	5.3%	15%

The frequency of respondents eating fruits and vegetables five or more days per week increased among City adults (28%) by 9 percent, and County adults ate the least (18%)*. Latino seniors (60%, n=15) reported the highest rate for fruit and vegetable servings. Among those respondents who eat 3-4 servings per week, County seniors (39%) were highest, and Latino adults, City seniors and City adults were all about 37 percent. County adults (34%) and Latino adults (27.5%) most frequently ate fruits and vegetables 1 to 2 days a week. County adults (18%) were most likely to eat no fruit or vegetable servings in a week, followed by City adults (15%) and County seniors (13%).

A person's weight can also be a reflection of a healthy diet and exercise regimen. Among 2011 City senior respondents, there was a 9 percent increase among those who were told they had a weight problem by a health care provider.

Eating Habits

How many days per week do you eat at least 5 servings of fruits and vegetables?

*n= sample size.

	Latino Female	City Female	County Female	City Male	County Male	Latino Male
	n= 140	n =360	n = 153	n= 209	n=132	n = 59
0 days/week	8%	2%	12%	25%	21%	7%
1-2 days/week	27%	23%	35%	20%	27%	27%
3-4 days/week	34%	44%	31%	28%	31%	41%
5 or more days/week	31%	30.5%	22%	26%	21%	25%

*In the 2006 survey adults and seniors were not reported separately in the nutrition category. This is the comparison data that is used.

Health Screenings

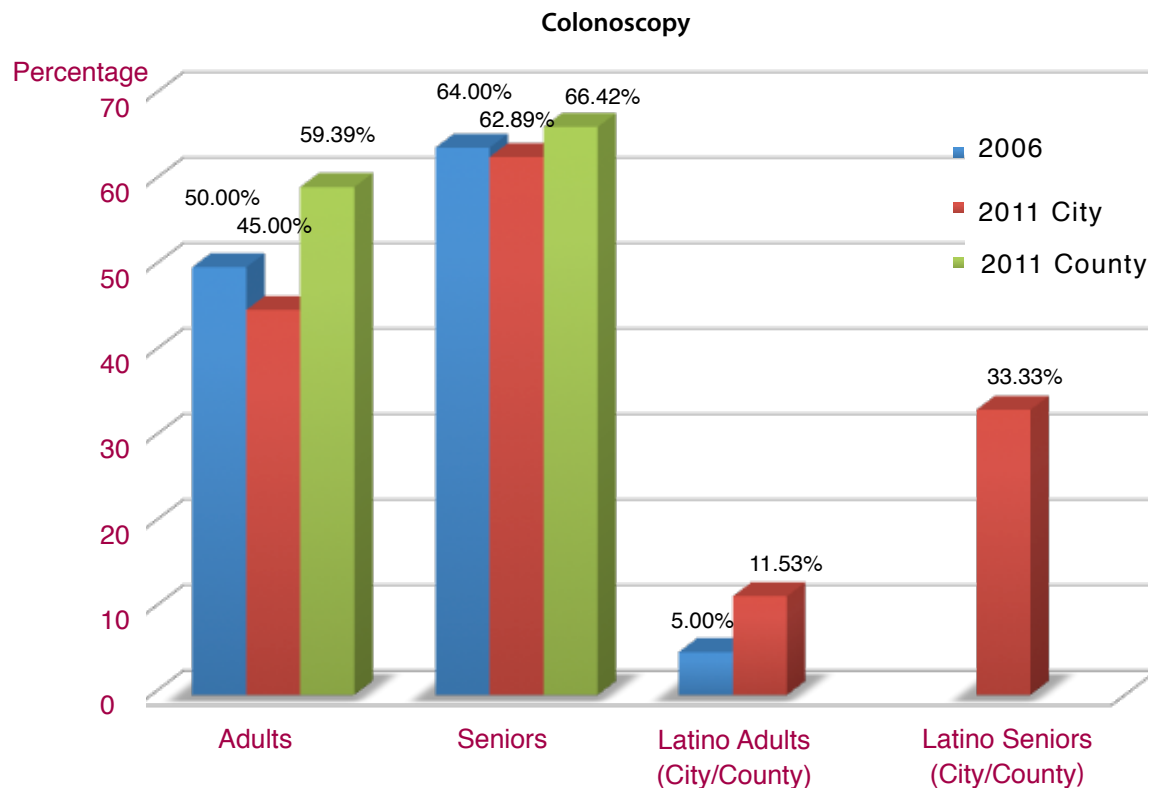
The use of preventative services can detect health problems early when treatment works best, and it can delay or prevent certain diseases or illnesses. Access and information impact an individual's ability to effectively use preventative services.

What does this measure?

Responses to survey questions indicate percentages of preventative health screenings received by respondents in the past 12 months (general health exam, blood pressure check, cholesterol check, flu shot, blood stool test, and dental exam/teeth cleaned) and five years (hearing test, eye exam, diabetes check, skin cancer screen, and pneumonia shot). Also included were certain age appropriate and gender-related screenings. Female respondents also indicated frequency of self-breast examinations.

How are we doing?

From 2006 to 2011, the frequency of breast cancer screenings and Pap tests decreased among most groups measured. Although nearly 66 percent of Non-Latino women reported having a mammogram in the last year, less than half reported conducting monthly self-breast exams. In contrast, 81 percent of Latino women reported that they conduct monthly self-breast examinations. The decrease in frequency of mammogram screenings may be due to recent public messages regarding the cost ineffectiveness of mammograms that result in unnecessary biopsies. The decrease in Pap Smear tests is appropriate based on the recommendations of U.S. professional medical societies. In 1988, it was recommended that the average women need not undergo Pap smear screenings annually if the woman had three consecutive normal screenings. The low percentage of persons who received a colorectal cancer screening exam (blood stool test) is cause for concern because the American Cancer Society recommends an annual test.



Preventive Care
In the Past 5 Years. Have You Had a . . .

	2006	2011 City	2011 County
Tetanus Shot (Not included in 2011 study)			
Adults	70.00%	No Data	No Data
Seniors	61.00%	No Data	No Data
Latino Adults (City/County)	75.00%	No Data	
Latino Seniors (City/County)		No Data	
Prostate Cancer Screen/PSA			
Adults	51.00%	32.35%	49.23%
Seniors	82.00%	77.00%	63.51%
Latino Adults (City/County)	20.00%	18.91%	
Latino Seniors (City/County)		25.00%	
Colonoscopy			
Adults	50.00%	45.00%	59.39%
Seniors	64.00%	62.89%	66.42%
Latino Adults (City/County)	5.00%	11.53%	
Latino Seniors (City/County)		33.33%	
Rectal Exam			
Adults	40.00%	59.74%	57.85%
Seniors	51.00%	67.80%	62.60%
Latino Adults (City/County)	15.00%	16.40%	
Latino Seniors (City/County)		75.00%	
Pneumonia Shot			
Adults	9.00%	11.03%	18.30%
Seniors	60.00%	57.34%	59.70%
Latino Adults (City/County)	9.00%	7.89%	
Latino Seniors (City/County)		40.00%	
Skin Cancer Screen			
Adults	20.00%	18.95%	22.72%
Seniors	31.00%	47.25%	34.07%
Latino Adults (City/County)	5.00%	6.28%	
Latino Seniors (City/County)		0.00%	
Diabetes Check			
Adults	60.00%	53.59%	53.59%
Seniors	73.00%	82.43%	73.04%
Latino Adults (City/County)	55.00%	60.62%	
Latino Seniors (City/County)		80.00%	
Eye Exam			
Adults	75.00%	75.87%	77.56%
Seniors	93.00%	89.93%	92.51%
Latino Adults (City/County)	31.00%	50.25%	
Latino Seniors (City/County)		60.00%	
Hearing Test			
Adults	30.00%	28.43%	35.06%
Seniors	38.00%	27.50%	33.33%
Latino Adults (City/County)	55.00%	45.02%	
Latino Seniors (City/County)		40.00%	

Seniors are exceeding the Healthy People 2020 goals in blood pressure and blood cholesterol testing; however, seniors (80%) are not getting their flu shots in great enough numbers to meet the 2020 goal of 90 percent for ages 65-plus.

Preventative Care
In the Past 12 Months, Have You Had a . . .

	2006	2011 City	2011 County
Mammogram (Breast X-ray or Mammogram 2011)			
Adults	66.00%	45.34%	52.50%
Seniors	64.00%	56.86%	67.69%
Latino Adults (City/County)	65.00%	28.77%	
Latino Seniors (City/County)		50.00%	
Breast Exam by Health Care Provider			
Adults	75.00%	70.41%	68.75%
Seniors	72.00%	58.27%	61.29%
Latino Adults (City/County)	63.00%	53.23%	
* Latino Seniors (City/County)		100.00%	
Pap Test			
Adults	72.00%	62.35%	64.47%
Seniors	40.00%	35.17%	35.59%
Latino Adults (City/County)	83.00%	73.75%	
Latino Seniors (City/County)		100.00%	

*The Pap test and the Breast exam by the health care provider for Latino seniors was 100 percent, but the sample size was 2.

Preventative Care
In the Past 12 Months, Have You Had a . . .

	2006	2011 City	2011 County
Dental Exam/Teeth Cleaned			
Adults	80.00%	68.77%	68.35%
Seniors	85.00%	73.77%	68.84%
Latino Adults (City/County)	40.00%	47.61%	
Latino Seniors (City/County)		40.00%	

Blood Stool Test			
Adults	27.00%	11.40%	17.33%
Seniors	39.00%	23.89%	25.56%
Latino Adults (City/County)	20.00%	10.36%	
Latino Seniors (City/County)		80.00%	

Flu Shot			
Adults	32.00%	50.96%	39.10%
Seniors	80.00%	77.85%	72.46%
Latino Adults (City/County)	23.00%	38.34%	
Latino Seniors (City/County)		80.00%	

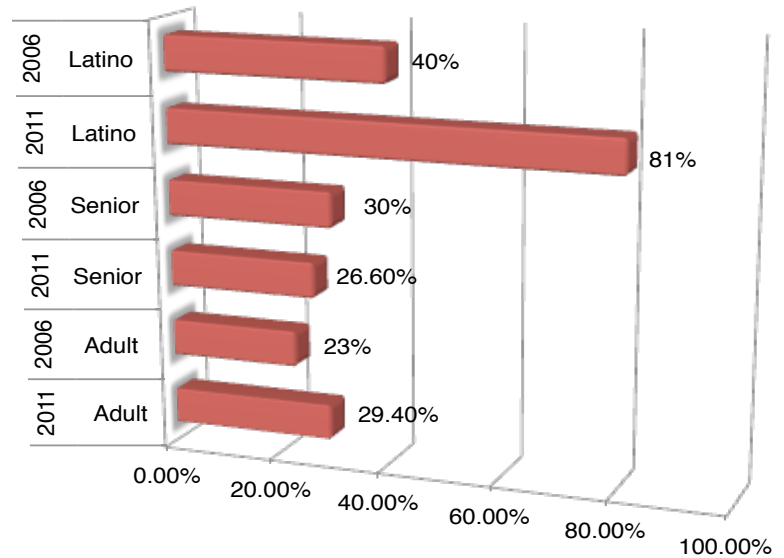
Cholesterol Check			
Adults	60.00%	71.42%	62.82%
Seniors	88.00%	94.19%	94.48%
Latino Adults (City/County)	39.00%	41.45%	
Latino Seniors (City/County)		80.00%	

Blood Pressure Check			
Adults	87.00%	90.09%	81.64%
Seniors	99.00%	97.48%	97.35%
Latino Adults (City/County)	59.00%	54.68%	
Latino Seniors (City/County)		100.00%	

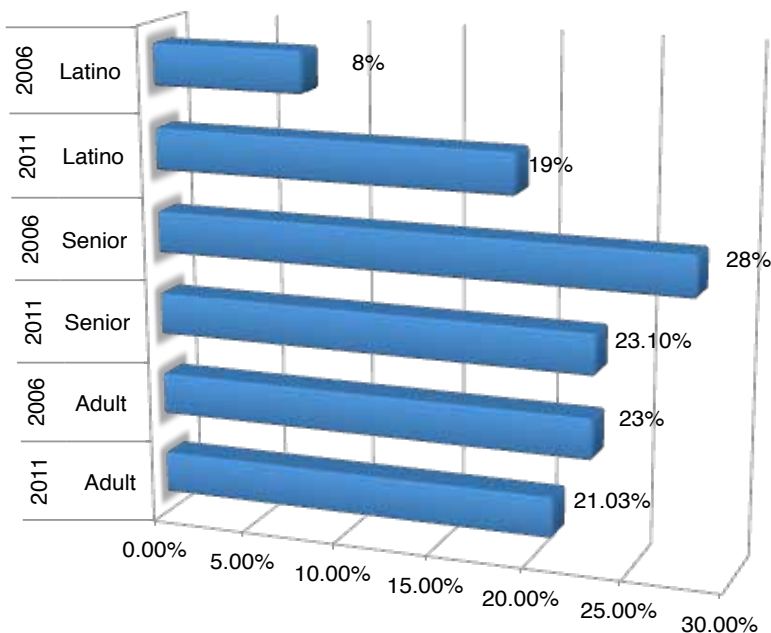
General Health Exam			
Adults	69.00%	74.44%	63.92%
Seniors	90.00%	90.37%	91.72%
Latino Adults (City/County)	43.00%	50.25%	
Latino Seniors (City/County)		80.00%	

Breast cancer is the most common cancer among women in the United States. Mammograms and self-breast examinations are key to the early detection and prevention of later-stage breast cancers. Since 2006 the use of annual mammograms decreased between 7 to 36 percent among the groups. Health care provider breast examinations also decreased 5 to 14 percent. For adult women the frequency of self-breast examinations increased, whereas frequency decreased in seniors.

Self-breast Examinations
performed about every month



Self-breast Examinations
performed about every 3 months



Source: Healthy Community Surveys 2001, 2006, 2011

Perceived Health and Well-being

The preamble to the Constitution of the World Health Organization includes this definition: "Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity." Self-reported health status indicates a person's overall sense of well-being in our community.

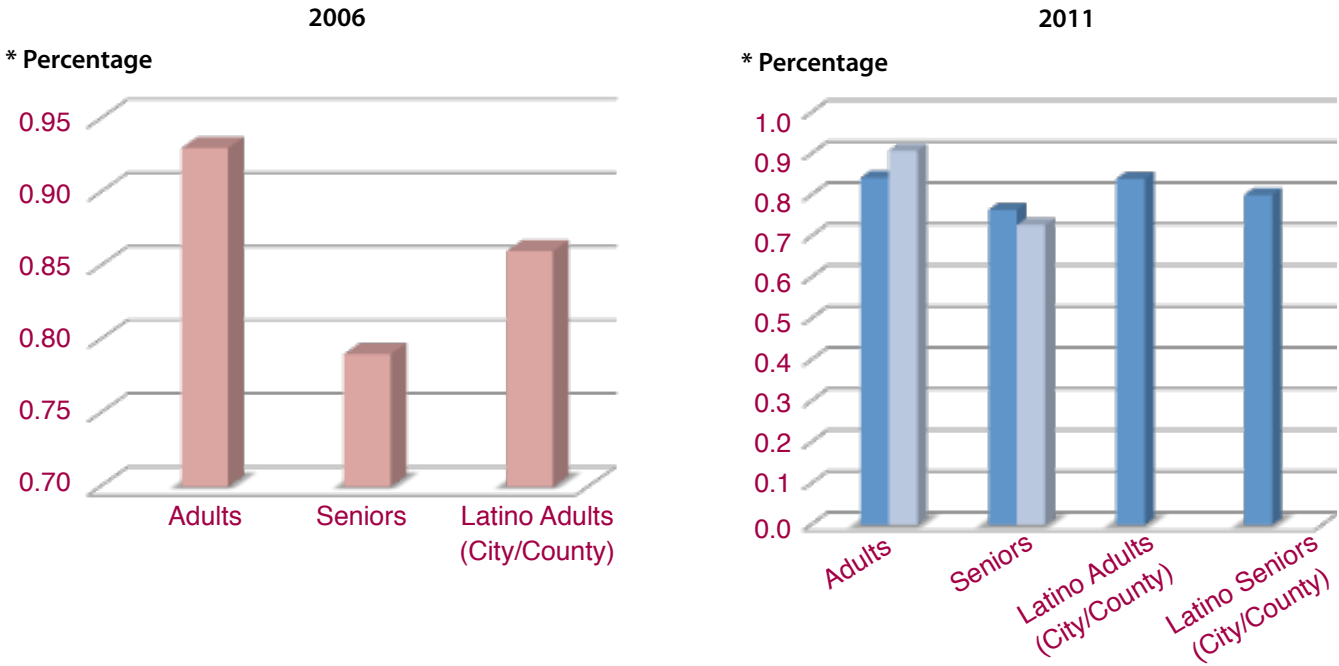
What does this measure?

Respondents to the survey answered the following question: "In general, which of the following best describes your health?" The responses do not measure general health as diagnosed by a physician, but represent the respondents' perception of personal health.

How are we doing?

Fewer adults and seniors described their health as good or better in 2011 than in previous years. Lower local ratings of perceived health are consistent with state and national ratings. County adult respondents described themselves as healthier than any other group. Seniors overall rated themselves lower than did adults. This decrease may be due to the fact that we live in an "age of wellness" where public messages regarding health are common. Furthermore, most adults experience more health problems as they age and the "baby boomer" generation is aging. Factors leading to this change should be explored in future surveys.

Self-reported Health Status



2006 Latino data combines adults and seniors.
 2011 Latino data available by age but not by age and location.
 * Percentage who reported health as good or better

Source: Healthy Community Surveys 2001, 2006, 2011 Virginia Atlas

Overweight in Children

Overweight is a serious health concern among children and adolescents. Since the 1970s, the percentage of overweight children aged 2 to 5 years, has doubled; the percentage of overweight school-aged children, 6 to 19 years has tripled. Overweight children and youth are more likely to have risk factors associated with cardiovascular disease, including high blood pressure, high cholesterol, and Type 2 diabetes. In addition, overweight children and adolescents are more likely to become obese as adults.

What does this measure?

The percentages shown below shows body mass index (BMI) percentile based on data collected from fourth and fifth-grade Harrisonburg City Schools students in spring 2005. Overweight is defined as greater than or equal to 95th percentile of the age and gender specific BMI.

How are we doing?

Nationally and locally the prevalence of overweight in children is more than three times the 5 percent target established by the Healthy People 2010 report. In addition, 21 percent of Harrisonburg City Schools fourth and fifth-grade students registered high blood pressure. While survey data was not used to calculate BMI in adults, the Virginia Atlas 2004 reported that 56 percent of Rockingham County and 48 percent of Harrisonburg adults are overweight or obese. The Healthy People 2010 goal for adults is to reduce the proportion of adults who are obese (BMI 30 or more) to 15 percent.

BMI Percentile

Harrisonburg Elementary School 4th & 5th Graders (2005)

Healthy People 2010 Goal:
No more than 5% of children
or adolescents are
overweight or obese.

percentage of children...

At RISK 15%
Overweight 19%

Health Care Costs

Health care costs and access to medication play a significant role in a person's ability to effectively manage his or her health care. The passage of the Affordable Health Care for America Act in March 2010 established a basis for increasing health care access for Virginians. Most provisions in this law will become active over time and will cover the currently uninsured at some level.

What does this measure?

In this survey respondents were asked to indicate how much they spent on average on health care each month, not including insurance premiums. Adult and senior survey respondents were also asked to indicate whether they had problems obtaining medications in a timely manner and, if so, what contributed to those problems.

How are we doing?

More respondents paid from \$300 to \$499 for costs not covered by insurance than in 2006. City seniors paid the most, followed by Latino adults and then City adults. The majority paid less than \$100, but more respondents paid \$100 to \$299 than in 2006. The Virginia Atlas 2010 reported that 13 percent of adults (9,259) in Rockingham County and 14 percent (6,661) in Harrisonburg were uninsured. It is apparent that paying for health care remains a challenge for many residents in the City and County.

Health Care Expenses Not Covered by Insurance

n = number of respondents

In the past 12 months, have you had problems getting needed medications in a timely manner? (timely manner not used in 2011)	(2006) 2011		(2006) 2011	
	Adult		Senior	
No	(94%)	92%	(97%)	96%
If Yes, please provide reason(s) for difficulty	(n=25)	n=36	(n=5)	n=18
Lack of Rx drug coverage	(40%)	25%	(8%)	11%
Rx drug insurance would not approve/pay for medication	(32%)	28%	(4%)	11%
Communication barriers or problems (Language Barriers 2011)	(24%)	0%	(4%)	0%
Pharmacy not available (not asked in 2011)	(4%)		(20%)	
Pharmacy would not accept Rx drug insurance	(4%)	0%		5%
Lack of transportation to pharmacy	(4%)	0%		0%
Cannot afford co-pay (new 2011)		8%		28%
Cannot afford medicines (new 2011)		33%		78%
Cannot understand pharmacists		3%		0%

Sources: Virginia Atlas 2009; Healthy Community Surveys 2001, 2006, 2011

Health Care Access

Individuals and families lacking health insurance are vulnerable to health and financial crises. People with ongoing access to health care also have access to preventative services and are less likely to use the Emergency Department. A healthy community provides accessible health care for all its citizens.

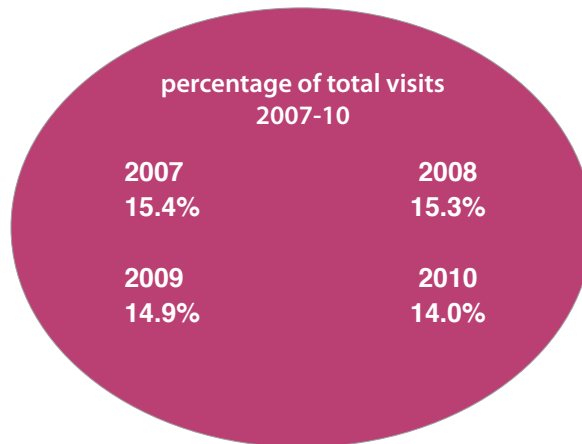
What does this measure?

Respondents were asked if they had problems getting needed health care, and if they did, they were asked to identify the barriers.

How are we doing?

More adult respondents had difficulty accessing health care in 2011 than in 2006. For those respondents who did experience difficulty, adults and Latinos reported a lack of insurance as a barrier. Language barriers were also a problem for Latinos. Senior respondents reported that the lack of a health care provider was a problem as well as the travel distance to the provider being too long. On the other hand, uninsured visits to Rockingham Memorial Hospital decreased slightly over the past four years. The addition of the federally funded Harrisonburg Community Health Center in 2009 offered more health care alternatives to the region's uninsured or underinsured. In 2009, the Community Health Center (CHC) served 2,998 patients with 9,025 visits. In fact, the CHC was developed based on the Healthy Community Assessment.

RMH Emergency Department Visits (Uninsured)



Source: Healthy Community Surveys 2001, 2006, 2011; <http://www.hburgchc.org/about.html>

Health Care Access

In the past 12 months, have you had a problem getting needed healthcare in a timely manner (timely manner not used in 2011)?	(2006) 2011 Adult	(2006) 2011 Senior	(2006) 2011 Latino*
No	(94%) 91%	(98%) 98%	(87%) 87%
If Yes, please provide reason(s) for the difficulty	(n=29) n=41	(n=3) n=6	(n=33) n=26
Healthcare provider not available	(48%) 17%	(67%) 83%	(11%) 11%
Lack of insurance	(34%) 34%	0%	(65%) 81%
Healthcare provider would not accept insurance	(10%) 10%	33%	(4%) 15%
Insurance would not approve/pay for care	(10%) 24%	17%	(2%) 8%
Lack of transportation	(7%) 2%	0%	(2%) 11%
Communication barriers or problems (Language Barriers 2011)	(3%) 0%	(33%) 0%	(13%) 35%
Travel distance to provider too great (new 2011)	0%	33%	15%
Cannot understand my doctor (new 2011)	0%	0%	23%
Dropped by insurance company (new 2011)	5%	17%	Not asked
Lost employment (new 2011)	7%	0%	Not asked
No longer qualify for Medicaid (new 2011)	7%	0%	Not asked
Cannot pay for it (new 2011)	54%	33%	Not asked
Pre-existing condition (new 2011)	2%	0%	Not asked

***2006 Spanish Survey Interpreter Required**

n = number of respondents

Oral Health Care Access

Oral health care is an important, but often neglected, component of total health care. Regular dental visits allow dental care providers to assess self-care practices and provide an opportunity for the early diagnosis, prevention, and treatment of specific diseases.

What does this measure?

Adult and senior survey respondents were asked to indicate whether they had problems accessing dental care in a timely manner and, if so, what contributed to those problems. Respondents were also asked about loss of natural teeth. These questions were not asked of the Spanish-speaking population.

How are we doing?

The Healthy People 2020 goal is to have 49 percent of children, adolescents, and adults use the oral health care system in the past year. Most survey respondents indicated having no problems accessing needed dental care, although Virginia Atlas 2009 reported that 51 percent of adults in Rockingham County and 51 percent in Harrisonburg have not visited a dentist in the last two years. This was a major increase from 2006. In 2011, adults and seniors surveyed listed the lack of dental insurance and being unable to afford the co-pay as the major barriers to receiving dental care. The second most common barrier for seniors was the inability to afford the co-pay; for adult respondents it was that insurance would not approve or pay for care.

Dental Care

n = number of respondents

In the past 12 months, have you had problems getting needed dental care (in a timely manner, 2006 only)?	(2006) 2011 Adult	(2006) 2011 Senior
No	(93%) 84%	(96%) 95%
If Yes, please provide reason(s) for difficulty	(n=30) n=73	(n=7) n=22
Lack of dental insurance	(53%) 52%	(71%) 100%
Dentist not available	(33%) 19%	(14%) 0%
Insurance would not approve/pay for care	(17%) 23%	0%
Travel distance to dentist too far	(10%) 7%	(14%) 0%
Dentist would not accept insurance	(7%) 3%	9%
Lack of transportation	(3%) 0%	0%
Language barriers (new for 2011)	0%	0%
Cannot afford co-pay (new for 2011)	22%	68%
Cannot understand dentist (new for 2011)	0%	0%

Source:

http://www.cdc.gov/tobacco/data_statistics/state_data/state_highlights/2010/pdfs/states/virginia.pdf

Smoking

Statistics from the Centers for Disease Control and Prevention indicate that tobacco use remains the leading preventable cause of death in the United States. Worldwide tobacco use causes more than 5 million deaths per year, and current trends show that tobacco use will cause more than 8 million deaths annually by 2023. In the United States tobacco use is responsible for about one-in-five deaths annually, or about 443,000 deaths per year. An estimated 49,000 of those tobacco-related deaths are the result of second-hand smoke exposure. On average, smokers die 13 to 14 years earlier than non-smokers. Tobacco use contributes to deaths from cardiovascular diseases, respiratory diseases, cancer, and to infant deaths from mothers who smoke during pregnancy.

What does this measure?

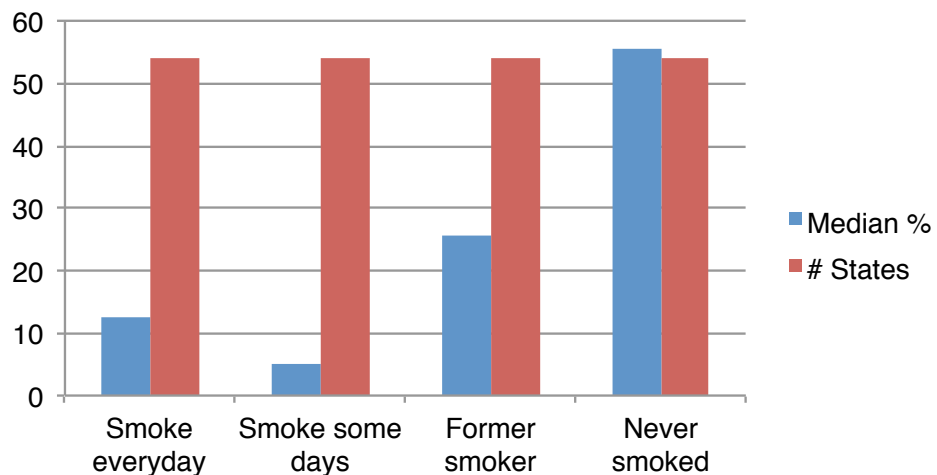
Statistics were gathered from the Centers for Disease Control and Prevention from national and state data and also from the Virginia Atlas for smoking among State, County, and City residents.

How are we doing?

A major legislative landmark was reached in December 2009 when the Virginia Legislature passed a law that most restaurants were required to be smoke free. This certainly decreased the risk of illness from second-hand smoke for employees in restaurants.

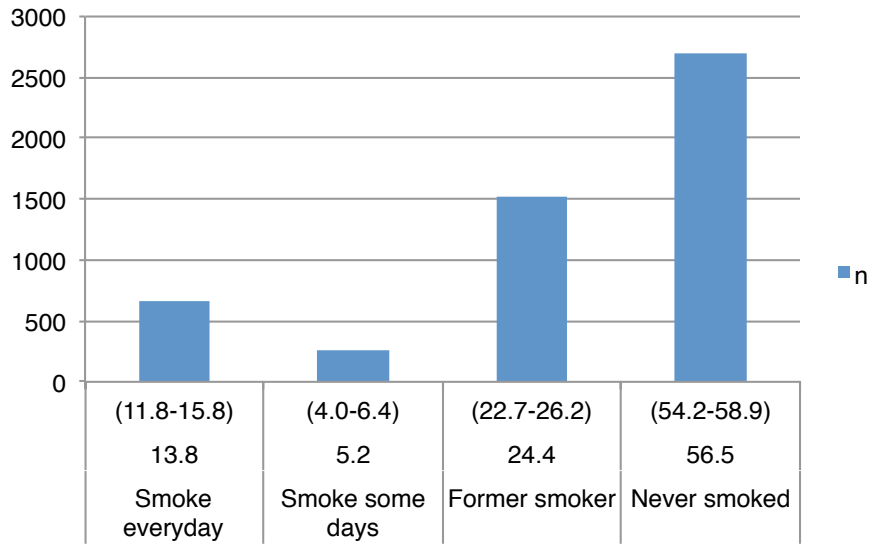
Statistics from the Center for Disease Control and Prevention indicate that Virginia (16.4%) is below the national (18.4%) median for current smoking adults. Among Virginia residents, adults (ages 18 to 24) smoke the most (19.4%), and seniors smoke the least (9.3%). For age groups between 45 and 64 and 25 and 44, the incidence of smoking is 17.5 percent. The range for smoking across all states ranges from 6.5 percent to 15.9 percent. Based on data reported by the Virginia Atlas 2009, 1,36701 Virginia residents smoke. Of this group, 6 percent live in Rockingham County and 9.5 percent live in the City.

Nationwide Tobacco Use
(States, DC, and Territories)
2009

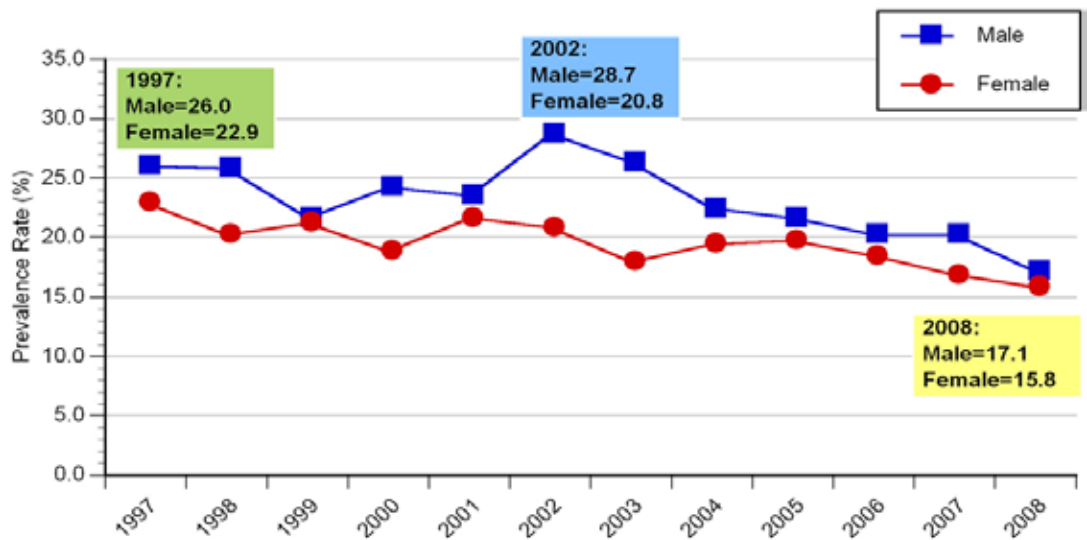


Statistics from the Center for Disease Control and Prevention indicate that Virginia (16.4%) is below the national (18.4%) median for current smoking adults.

**Virginia Tobacco Use
2009**



**Percentage of Adults Who Currently Smoke by Sex
Virginia 1997-2008**



Gender and Health

Men and women are “not created equal” in relation to health. Not only is life expectancy for women in the United States longer than for men, but men and women have different health experiences. Examples include differences in responses to anesthesia, alcoholic beverages, drugs for pain, and heart attacks*. Furthermore, although women have stronger immune systems that protect them from diseases, they are also more susceptible to autoimmune diseases such as rheumatoid arthritis. In this section of the Healthy Community Assessment report, data from the survey is explored based on gender. (*<http://www.medicineatmichigan.org/magazine/2001/spring/womenshealth/gender.asp>)

Perceived Health and Well-Being

What does this measure?

Respondents to the survey answered the following question: “In general, which of the following best describes your health?” The responses do not measure general health as diagnosed by a physician, but represent the respondents’ perception of personal health.

How are we doing?

Latino males (93%) and City females (94%) reported the highest rating of “good to excellent” perceived health status, whereas Latino females were the least positive (80.6%) regarding their health status. City females reported the most positive perception of health based on scores for “very good” and “excellent.”

Perceived Health and Well-being

Excellent	City	County	City&County	Good	City	County	City&County
Female	23.3%	13.9%		Female	28.4%	32.5%	
Male	16.9%	10.7%		Male	34.8%	38.8%	
Latino Female			17.5%	Latino Female			48.3%
Latino Male			24.6%	Latino Male			50.8%
Very Good				Fair			
Female	37.6%	44.4%		Female	10.1%	9.3%	
Male	25.6%	33.9%		Male	12.6%	14.9%	
Latino Female			14.8%	Latino Female			0.0%
Latino Male			18.0%	Latino Male			0.0%
Poor				Poor			
Female	0.60%	0.0%		Latino Female			19.6%
Male	10.1%	1.7%		Latino Male			6.6%

Chronic Diseases

The incidence of certain chronic diseases varies with sex. For instance, the likelihood of having diabetes mellitus (“sugar diabetes”) does not vary by sex, but the body’s response to diabetes may be different, based on sex.

What does this measure?

Respondents to the survey answered the following question: “Have you ever been told by your doctor or other health professional that you have...?”

How are we doing?

Diabetes (sugar): Latino females (11%) and males from the City and County reported the highest incidence of diabetes (20%). Two types of diabetes exist; persons with the disease may be either insulin dependent or may have insulin resistance. Insulin-resistant diabetes (Type II) is strongly related to obesity and accounts for 80 to 90 percent of persons with diabetes. It also tends to run in families. Hispanics, Blacks, and Asian Americans have a higher incidence of Type II diabetes.

Heart Problems: Males in the County reported the highest incidence of heart problems (20%), followed by males in the City (18%). In contrast, females reported an 11 percent incidence in the City and the County, whereas Latino rates were much lower. This may reflect the fact that the onset of heart disease in men precedes women by 10 years. Also, women do not have the typical symptoms of heart disease and so are more challenging to diagnose. As a result women may be unaware they have heart disease. The classic symptoms of a heart attack (severe, crushing chest pain below the sternum that radiates) widely publicized and taught, reflect the experiences of men, not women.

High Blood Pressure (hypertension): Non-Latino male respondents reported much higher rates of hypertension (43% City, 48% County) than did women (30% City, 34% County). Latino males had a 20 percent rate of hypertension in contrast to 17 percent for Latino females. Men are known to have more hypertension before age 45; after age 45 it is more common in women. In the survey a very small number of respondents reported high blood pressure before age 45.

Asthma: The incidence of asthma reported by females in the City and County was 14.5 percent, almost double that of males (County 6%, City 8%). Among Latinos the rate was 5% percent for both women and men. This is consistent with the fact that asthma is more dominant in males before puberty. After puberty and through adulthood, more women are affected than men.

*Unless otherwise indicated the source for the section on chronic diseases were from: Lewis, S.L., Dirksen, S.R., Heitkemper, M.M., Bucher, L. and Camera, I.M. (2011). Medical-surgical nursing: Assessment and management of clinical problems. St. Louis, MO, Elsevier Mosby.

Chronic Diseases

Have you ever been told by your doctor or other health professional that you have..."

	City	County	City & County
Stroke			
Female	2.1%	1.4%	
Male	3.0%	2.4%	
Latino Female			0.0%
Latino Male			1.6%
Cancer			
Female	8.2%	8.5%	
Male	2.0%	8.9%	
Latino Female			1.4%
Latino Male			3.3%
Severe Hearing Impairment (Hearing Loss)			
Female	6.2%	5.0%	
Male	14.1%	25.2%	
Latino Female			2.8%
Latino Male			3.3%
Vision Problems or Blindness			
Female	5.3%	2.9%	
Male	10.3%	5.7%	
Latino Female			10.6%
Latino Male			6.6%
High Blood Cholesterol Healthy People 2020 Goal 13.5%			
Female	23.1%	29.7%	
Male	48.7%	42.6%	
Latino Female			15.4%
Latino Male			18.0%

How are we doing?

Emphysema or Bronchitis (breathing problems): Male respondents in the County reported the highest rate of breathing problems at 15 percent. In contrast, males in the City reported 9 percent. The incidence among City females was 9.4 percent, whereas 8 percent of County females reported breathing problems. Latino women reported higher rates (5.6%) than did Latino men. Occupational chemicals, cigarette smoking, and air pollution are environmental factors that contribute to these respiratory diseases. Involuntary smoking (second hand smoke exposure) is also associated with decreased pulmonary function.*

High blood cholesterol: More males in the City (49%) reported high cholesterol than any other group. County females (30%) were highest among females, and the lowest of all the groups were Latino females (15.4%). Genetics, dietary factors, and sex contribute to a person's cholesterol level.

Arthritis: Males in both the County (43%) and the City (40%) reported more arthritis than any other group. Latinos were the lowest at 11 percent (females) and 5 percent (males). In the City and County, 78 of the adult respondents were below age 54 (46%) and 90 adults (54%) were between ages 55 and 64. Because the term "arthritis" represents several diseases, it is impossible to know the incidence of a specific type of arthritis. The most common arthritis, osteoarthritis, is due to the "wear and tear" on joints. It is more common in men before age 50 and in women after age 50*. In contrast, rheumatoid arthritis is a systemic autoimmune disease that is two to three times more common in women; therefore, most of the respondents were most likely considering osteoarthritis when they answered this question.

Chronic Diseases of the nervous system, such as MS, muscles: Males reported the highest incidences of these diseases (City 9%, County 8%). Latino males reported none. Females reported a 3 percent incidence rate in the City, 3.5 percent in the County, and Latinos reported 2 percent. The most common diseases in this category are Multiple Sclerosis (MS), Parkinsonism, and Myasthenia Gravis (MG). MS is two to three times more common in women than men, but Parkinsonism is "more common in men by a ratio of 3:2" (p. 1506). MG is more common in adult women but equal in those over age 70. Because these questions were combined, it is not possible to know if local respondents match the general population.

*Unless otherwise indicated the source for the section on chronic diseases were from: Lewis, S.L., Dirksen, S.R., Heitkemper, M.M., Bucher, L. and Camera, I.M. (2011). Medical-surgical nursing: Assessment and management of clinical problems. St. Louis, MO, Elsevier Mosby.

Chronic Diseases

Have you ever been told by your doctor or other health professional that you have..."

	City	County	City & County
Chronic Respiratory Disease (Emphysema, Bronchitis, Breathing Problems)			
Female	9.4%	7.9%	
Male	15.0%	8.9%	
Latino Female			5.6%
Latino Male			1.6%
Asthma			
Female	14.5%	14.5%	
Male	7.9%	5.7%	
Latino Female			4.9%
Latino Male			4.9%
High Blood Pressure Healthy People 2020 Goal 26.9%			
Female	28.9%	34.0%	
Male	42.9%	48.1%	
Latino Female	16.9%		
Latino Male	19.7%		
Diabetes Healthy People 2020 Goal 7.2 new cases/1000			
Female	10.2%	12.5%	
Male	19.9%	20.0%	
Latino Female			18.3%
Latino Male			11.5%

How are we doing?

Uncorrectable vision problems or blindness: Few respondents reported visual problems and there is little variation by sex. City males (10.3%) and Latino females (10.6%) reported the highest incidence of problems. "In the United States, 6.5 million people over age 65 have severe visual impairment, which is defined as the inability to read the newspaper, even with glasses" (p.406). This represents about 16 percent of the total U. S. population, which is somewhat comparable to the local incidence reported.

Severe Hearing Impairment: Males in the County (25%) reported the highest incidence of severe hearing impairment, whereas 14% of City males reported such loss. Fewer women in the City (6%) and County (5%) reported hearing impairments. In contrast, Latino respondents of both sexes reported little hearing impairment (5 to 6%). Longitudinal studies support the fact that hearing "sensitivity declines more than twice as fast in men as in women at most ages and frequencies." (<http://www.ncbi.nlm.nih.gov/pubmed/7876442> , downloaded 8/1/11)

Cancer: Overall cancer rates are higher for men than women. "More men than women die from cancer-related deaths each year" (p. 261). Breast cancer is the highest incidence in women, whereas in males it is prostate cancer. Thyroid cancer is more common in women, whereas men are more likely to develop liver and esophageal cancer.

Stroke: Stroke is more common in men than women at all ages; but more women than men die from strokes. Women are more likely to have a bleeding stroke, which may be why they are more likely to die from strokes. Men tend to have thrombotic ("clot") strokes. Both oral contraceptive use and pregnancy place women at higher risk for strokes.

Problems of the stomach or intestine: This category represents a host of disorders from the esophagus to the rectum. But very few disorders are sex related. One exception is Irritable bowel syndrome (IBS); it is two to two-and-one-half times more common in women than in men. Colorectal cancer is also more common in men. Pregnancy places women at higher risk for gastroesophageal reflux disease (GERD) and hiatal hernia. Obesity also increases the likelihood of these two disorders.

Weight problem: More women reported a weight problem (30.4%) in the County and in the City (30.6%) than did men (23% in the County and 28% in the City). Latino respondents reflected this as well with 28 percent of females and 21 percent of males reporting they had a weight problem. These responses are reflected in national statistics. Compared to whites, African Americans have a 51 percent prevalence of obesity, and Hispanics have a 21 percent prevalence of obesity (p.946). African American women have the highest obesity rates among women. Mexican men have the highest obesity rates among men (p.946). Over one-third of the adult population in the U.S. is obese (p. 946).

*Unless otherwise indicated the source for the section on chronic diseases were from: Lewis, S.L., Dirksen, S.R., Heitkemper, M.M., Bucher, L. and Camera, I.M. (2011). Medical-surgical nursing: Assessment and management of clinical problems. St. Louis, MO, Elsevier Mosby.

Chronic Diseases

Have you ever been told by your doctor or other health professional that you have..."

	City	County	City & County
Heart Problems			
Female	10.9%	11.3%	
Male	18.4%	20.2%	
Latino Female			2.1%
Latino Male			4.9%
Arthritis			
Female	37.9%	31.3%	
Male	39.8%	43.2%	
Latino Female			11.2%
Latino Male			4.9%
Nervous System (i.e. MS) or Muscles			
Female	2.7%	3.5%	
Male	9.0%	8.1%	
Latino Female			2.1%
Latino Male			0.0%
Problems of the Stomach or Intestines			
Female	20.7%	6.4%	
Male	16.0%	13.6%	
Latino Female			18.2%
Latino Male			16.4%
Weight Problem			
Female	30.6%	30.4%	
Male	27.6%	22.8%	
Latino Female			28.0%
Latino Male			21.3%

Health Screenings and Preventative Care

What does this measure?

Respondents to the survey answered the following questions: "In the Past 5 Years, have you had...?" and "In the past 12 months, have you had...?"

How are we doing?

Among sex-related annual screenings, females are not reaching the Healthy People 2020 goals. They are more likely to get their teeth examined/cleaned every year than to have a Pap smear (cervical cancer detection), a mammogram, or a breast examination by a health care provider. City women are most likely to get a flu shot (67%). Males are more likely than females to have their cholesterol checked; only City males reach the Health People 2020 goal. Of all the health screenings, blood pressure checks are done more frequently and City male respondents reported the highest participation in blood pressure checks. City males are also more likely to have had a general health exam in the past year and County males are the least likely to have done so.

Preventative Care

In the Past 5 Years, Have You Had a . . .

Participation in five-year screenings is also fairly low. Fewer women than men were screened for colon cancer by colonoscopy or rectal exam in the past five years. City females and County males have higher rates for skin cancer screens than do City males and County females. Sensory testing is highest in women for eye examinations and lower than men for hearing tests. Diabetes checks were reported by 27 percent more City men than City women.

Screening	Sex	City	County
Prostate Cancer Screen/PSA	Female		
	Male	42.9%	54.1%
Colonoscopy	Female	42.3%	54.4%
	Male	54.4%	61.1%
Rectal Exam	Female	50.0%	58.3%
	Male	71.3%	59.2%
Pneumonia Shot	Female	18.0%	21.6%
	Male	15.6%	33.6%
Skin Cancer Screen	Female	25.5%	21.8%
	Male	19.7%	27.6%
Diabetes Check	Female	44.4%	53.8%
	Male	71.2%	61.8%
Eye Exam	Female	80.4%	83.9%
	Male	75.0%	78.0%
Hearing Test	Female	20.7%	29.5%
	Male	36.6%	38.8%

Preventative Care
In the Past 12 Months, Have You Had a . . .

Screening	Sex	City	County	Healthy People 2020 Goal
Mammogram (Breast X-ray or Mammogram)	Female	48.3%	55.6%	81%
	Male			
Breast Exam by Health Care Provider	Female	71.0%	66.9%	
	Male			
Pap Test	Female	60.9%	58.5%	93%
	Male			
Dental Exam/Teeth Cleaned	Female	70.6%	73.2%	
	Male	68.1%	65.2%	
Blood Stool Test	Female	11.8%	20.4%	70.5%
	Male	13.2%	17.5%	
Flu Shot	Female	63.0%	45.1%	
	Male	45.5%	47.2%	
Cholesterol Check	Female	67.1%	66.0%	82.1%
	Male	82.1%	74.4%	
Blood Pressure Check	Female	90.4%	85.1%	94.9%
	Male	91.7%	85.8%	
General Health Exam	Female	74.1%	73.0%	
	Male	79.0%	67.4%	

Health Care Access

What does this measure?

Survey respondents answered four questions related to access to care:

- “In the past 12 months have you had problems getting needed healthcare”?
- “In the past 12 months have you had problems getting needed dental care”?
- “In the past 12 months have you had problems getting needed prescription medications”?
- “Not including health insurance premiums, on average, how much do you spend per month for health care not covered by insurance (including prescription drugs)?

How are we doing?

In the United States the ability to receive health care is dependent on the ability to pay, either based on one’s own financial resources or through insurance. Insurance is most often accessed through the employer.

Sex differences are evident in the ability to access health care. Based on the survey regarding access to health care, the majority of respondents are paying less than \$100 per month. Those that pay \$100-299 are more likely to be males and City females. Although the majority of respondents had no difficulty with access, those who did were more likely to experience difficulty for financial reasons. Females most commonly listed a lack of insurance, the loss of Medicaid, or that they could not afford the co-pay. In regard to dental care, the lack of insurance was cited by both males and females. Females also identified the inability to afford the co-pay, and males identified a lack of insurance. Among Latinos, females (20%) experienced more difficulty with access than did males (7%).

Health Care Access

On average, how much do you spend per month for health care not covered by insurance?

Amount Spent	Sex	City	County
Less than \$100	Female	54.1%	63.0%
	Male	57.9%	59.3%
\$100 - 299	Female	35.3%	29.9%
	Male	39.7%	36.0%
\$300-499	Female	10.4%	2.6%
	Male	1.4%	3.1%
\$500-700	Female	0.0%	4.5%
	Male	0.0%	
More than \$700	Female	0.28%	
	Male	0.96%	1.6%

Health Care Access

In the past 12 months, have you had problems getting needed healthcare in a timely manner?

Latinos respondents were asked if "In the past 12 months, have you had a problem getting needed health care in a timely manner?" Twenty female respondents said "yes" and 141 said "no." Of Latino men, seven said they experienced difficulty in accessing healthcare and 61 reported they experienced no such difficulty. The reasons for the experienced difficulties were not asked in the Hispanic survey.

No	n=346	n=141	n= 184	n=123
If Yes, please provide reason(s) for the difficulty	n= 15	n= 14	n= 20	n= 10
Healthcare provider not available	11%	29%	12%	0%
Lack of insurance	44%	33%	.06%	60%
Healthcare provider would not accept insurance	17%	12.5%	0%	30%
Insurance would not approve/pay for care	26%	20%	18%	0%
Could not afford co-pay	33%	31%	70%	30%
Lack of transportation	0%	67%	0%	0%
Communication barriers or problems (Language Barriers 2011)	0%	0%	0%	0%
Travel distance to provider too great	.05%	0%	0%	.09%
Cannot understand my doctor	0%	0%	0%	0%
Dropped by insurance company	20%	0%	0%	0%
Lost employment	0%	0%	0%	33%
No longer qualify for Medicaid	0%	62.5%	0%	0%
Cannot pay for it	80%	89%	100%	80%
Pre-existing condition	0%	12.5%	0%	0%
Cannot afford co-pay				

Health Care Access
In the past 12 months, have you had problems
getting needed dental care?

	Female City	Female County	Male City	Male County
No	n =312	n =137	n =166	n=120
If Yes, please provide reason(s) for the difficulty	n = 48	n = 15	n = 43	n= 9
Lack of dental insurance	0.6%	73%	46%	60%
Dentist not available	0.02%	0%	37%	0%
Insurance would not approve/pay for care	45%	0.6%	11%	10%
Travel distance to dentist too far	16%	6%	0%	0%
Dentist would not accept insurance	0%	6%	0%	20%
Lack of transportation	0%	0%	0%	0%
Language barriers	0%	0%	0%	0%
Cannot understand dentist	0%	0%	0%	0%
Cannot afford co- pay	12%	40%	23%	40%

Access to dental care is also related to the ability to pay. County female and City male respondents cited a lack of dental insurance as the major difficulty in obtaining dental care. "Insurance would not approve/pay for care" was cited by City women as the major barrier to dental care, and for County women it was the inability to afford the co-pay.

Health Care Access

In the past 12 months, have you had problems getting your medicines?

No	n = 351	n = 136	n = 180	n = 128
If Yes, please provide reason(s) for the difficulty	n = 11	n = 15	n = 24	n = 6
Lack of prescription drug coverage	0%	13%	100%	50%
Pharmacy would not accept prescription drug insurance	0%	0%	0%	0%
Prescription drug insurance would not approve/pay for medication	37.5%	20%	71%	50%
Cannot afford co-pay	12.5%	19%	0%	50%
Cannot afford medicines	62.5%	73%	28.6%	50%
Lack of transportation to pharmacy	0%	0%	0%	0%
Language barriers	0%	0%	0%	0%
Cannot understand pharmacists	0%	0%	0%	17%

Access to medications is essential for many people in order to maintain a healthy life. As in other areas of access to health care, finances are crucial for access to medications. For many citizens with chronic diseases, survival and quality of life are dependent on access to medications. In this survey, males were much more likely than females to lack prescription drug coverage. Females in particular, said they could not afford medications. Both males and females indicated that insurance carriers would not pay for their prescriptions.