



HEALTH MATTERS

A survey of Mid-Hudson Valley Residents

Table of Contents

Introduction	3
Health Care as a Priority in the Region	5
Health care: affordability	5
Health insurance: accessibility.....	8
Rating health care services	10
Spending on health care services.....	13
Summary: health care as a priority for the region.....	16
Health Insurance.....	16
Households with gaps in insurance coverage.....	16
Children with gaps in health insurance coverage.....	21
Summary: gaps in health insurance coverage	23
Households currently without health insurance.....	25
Households with children currently without health insurance	28
Summary: Currently without health insurance.....	30
Priced Out.....	31
Health care costs as a strain on household finances	31
Health insurance as a strain on household finances	33
Summary: financial strain of health care costs and health insurance	34
Going Without Because of Cost	34
Did not visit doctor	34
Did not buy needed medicine	36
Summary: going without because of cost	38
Conclusion	38
How the Survey Was Conducted.....	39
How to interpret the numbers.....	40
Methodology: sample design	41
Methodology: data collection	41
Comparisons of 2012 Survey Results to 2010 Census	43

Health Matters

A Survey of Mid-Hudson Valley Residents

Health Matters reports the results of a survey conducted by the Marist College Institute for Public Opinion in partnership with the Dyson Foundation. The study reveals how residents in New York's Mid-Hudson Valley perceive health care in the region and tracks the factors which influence the ability of people to afford and access the care they need. People in counties throughout the region, including Columbia, Dutchess, Greene, Orange, Putnam, Sullivan, and Ulster, participated in the survey. The results provide insight into their opinions and experiences.

The study also updates research conducted in 2007 and 2002. Many of the same questions asked five and ten years ago were re-asked of residents in order to see whether public opinion has changed over time.

In the present study, 4,443 residents of New York's Mid-Hudson Valley were interviewed February 2nd through March 14th, 2012. The survey results for all residents are statistically significant at $\pm 1.5\%$. The margin of error increases for results for each county and for smaller subgroups in the population.

For additional information and complete details of the study and results, visit www.ManyVoicesOneValley.org. The survey's full report along with the 2007 and 2002 reports may be accessed there, as well.

Introduction

Issues related to health care matter deeply to many Mid-Hudson Valley residents. Mid-Hudson Valley residents still consider reducing the cost of health care to be a major priority for the region. They place a high premium on the affordability of health care and the accessibility of health insurance. However, in 2012, health care issues take a back seat to concerns about the economy.

Nearly six in ten Mid-Hudson Valley residents, 59%, are satisfied with the quality of health care services available in their community, but only a small fraction, 5%, characterize them as excellent. A substantial proportion of people in the region, 42%, think their community does not devote enough funds to bolstering health care services.

A notable 24% of all Mid-Hudson Valley households have a member who has not had continuous health insurance and, therefore, has experienced a gap in coverage at some point in the past year. Eleven percent of all households have at least one member who is currently uninsured.

Some residents struggle to provide children with continuous health coverage. However, since 2007, modest improvements have been made. One in ten households with children in the Mid-Hudson Valley includes a member under the age of 18 who has experienced an interruption in health insurance over the past year. Nonetheless, this represents progress from five years ago, when 15% of households had a child who lacked continuous health insurance. While 7% of households with children reported in 2007 that they had at least one child who was not currently insured, that proportion dipped to 4% in 2012.

Portions of Mid-Hudson Valley residents from all age groups and races experience a lack of health insurance or a gap in health care coverage. Both new and long-time residents and even those who are employed live in households where at least one member lacks continuous health insurance coverage.

However, residents who lack health insurance differ from typical Mid-Hudson Valley residents in important ways. As a whole, households with a gap in coverage or who are not currently insured struggle more to make ends meet. They are much more likely than the average household in the region to face at least one financial hardship. Low income residents, younger residents, and Latino residents also experience greater difficulty maintaining continuous health insurance than other residents in the region.

The cost of health care and health insurance financially strains many Mid-Hudson Valley residents throughout the region. Thirty-six percent say the cost of medical expenses, not including health insurance, strains their household finances, and 43% report that paying for health insurance inflicts at least a good deal of stress on their monthly budgets. These figures resemble those from five years ago, suggesting little headway has been made in making health care more affordable for residents of the region.

Fifteen percent of residents missed or skipped a visit to a doctor at least once in the past year because it would have been too expensive. Only 11% of residents resorted to this unfortunate tactic in 2007. Fourteen percent have not bought needed medicine in the last twelve months because they could not afford to pay for it. Here, too, there has been a slight increase since 2007 when 10% of residents reported doing the same.

Overall, residents throughout the region believe affordable health care and increased access to health insurance are goals worth pursuing. Just as they said five years ago, residents report their budgets are stretched by the cost of health care. Moreover, in greater proportions than in 2007, some residents are denying themselves the sort of medical attention that others might deem routine in an effort to preserve family funds. However, while issues related to health care continue to be important to Mid-Hudson Valley residents, their significance is overshadowed by economic and employment concerns.

Health Care as a Priority in the Region

In the Mid-Hudson Valley, many residents have reason to be concerned about the cost and accessibility of health care. Indeed, health care issues pertain to people from all walks of life – young and old, educated and uneducated, new arrivals and long-term residents of the region.

As stated earlier, nearly one in four Mid-Hudson Valley households have at least one member who went without health insurance coverage for a period of time in the past year. Eleven percent of all households in the region have at least one member who is currently not insured.

In addition, 10% of households with children in the Mid-Hudson region include a member under the age of 18 without continuous health insurance. Four percent of households include a child who is currently not insured. Though these proportions are considerable, they have decreased since 2007 when 15% of households had at least one child who lacked continuous health insurance, and 7% of households reported having a child who was uninsured.

Health care: affordability

When asked to rate the importance of a variety of issues affecting the region on a scale of 0 to 10, with 0 meaning not a priority at all and 10 meaning a top priority, residents rank making health care more affordable fourth among a list of seventeen issues. Forty-three percent of all Mid-Hudson Valley residents rate making health care more affordable with a 10, the highest possible score on the scale.

Overall, the issue of affordable health care receives an average rating of 7.5 among residents in the Mid-Hudson Valley. However, in 2007, the issue ranked first with an average score of 8.0. In 2002, it placed third with an average rating of 7.7.

At the county level, the issue of making health care more affordable has slipped in both ranking and rating in all seven counties. In 2007, the affordability of health care was among the top three issues in all counties in the region. Today, affordable health care places third in Columbia and Dutchess Counties. Five years ago, the issue was number one in these counties.

In Ulster County, the issue matches the overall Mid-Hudson Valley in both ranking and rating. It places fourth and garners an average score of 7.5. In 2007, making health care more affordable placed first and had a mean of 8.1.

Affordable health care ranks sixth among residents' priorities in Orange, Greene, and Putnam Counties. In Orange County, the issue has fallen five spots from a first place ranking five years ago. At that time, it received an average score of 8.0 compared with 7.6 today. Looking at Greene County, it placed third five years ago. Its rating has also declined slightly from 7.6 in 2007 to 7.3 today. In Putnam County, the issue also placed third in 2007 and had an average score 7.6. Today, that figure is 6.9.

The issue of affordable health care remains important to parents, but its priority status has somewhat decreased. Among households with children, affordable health care ranks sixth and receives an average score of 7.6. In 2007, it ranked third and had a mean score of 8.0. Looking at households with children under the age of five, single parent households, and low income households with children, making health care more affordable now ranks fifth. Among each of these groups, it was first in 2007. The issue's rating has also fallen by, at least, half a point among each of these groups.

Households with gaps in health care coverage over the past year are also concerned with making health care affordable. Households with non-continuous coverage give the issue an average score of 7.8 out of 10, and households with children with gaps in health insurance give it a mean rating of 8.1 out of 10. Five years ago, the issue was the number one priority among both of these groups. Among households who lacked continuous coverage, making health care more affordable received an average score of 8.4. Households with children who experienced a gap in coverage rated the issue with an 8.5.

Reflecting overall trends in the Mid-Hudson Valley, senior citizens with a disability rank the issue in their top five priorities. However, these residents are less concerned about making health care more affordable than they were in 2007. Senior citizens with a disability rank health care fourth on their list of most pressing concerns and give it an average score of 7.4. Five years ago, making health care more affordable was the leading concern of these residents, and it garnered a mean score of 8.1.

Looking at income level, affordable health care places among the top three issues for residents who earn less than \$30,000 annually. It ranks third and has an average rating of 7.8. Here, too, the issue's importance among this group has declined. In 2007, it was the most pressing issue for these residents and had a mean score of 8.4. Like 2007, the issue is slightly less of a concern for those who earn higher incomes. Among residents who make \$30,000 or more a year, the issue of making health care more affordable places fourth as a priority. It ranks fifth among residents who earn at least \$100,000 a year.

Priorities	Making Health Care More Affordable
Mid-Hudson Valley 2012	7.5
Household with Children	7.6
Household with Children Under 5	7.7
Single Parent Household	8.0
Low Income Household with Children	7.9
Household with Gap in Health Insurance	7.8
Children with Gap in Health Insurance	8.1
Residents with Disability Under 65	7.8
Seniors with Disability	7.4
Age 18 to 30	7.6
Age 31 to 44	7.5
Age 45 to 60	7.6
Age 60 or older	7.6
White	7.5
African American	7.7
Latino	7.9
Income Less than \$15,000	7.7
Income Less than \$30,000	7.8
Income \$30,000 or More	7.5
Income \$100,000 or More	7.3
Household Public Assistance	7.6
Making Health Care More Affordable	Many Voices One Valley 2012

Priorities	MHV 2012	MHV 2007	MHV 2002	Columbia 2012	Columbia 2007	Columbia 2002	Dutchess 2012	Dutchess 2007	Dutchess 2002	Greene 2012	Greene 2007	Greene 2002	Orange 2012	Orange 2007	Orange 2002	Putnam 2012	Putnam 2007	Putnam 2002	Ulster 2012	Ulster 2007	Ulster 2002	Sullivan 2012	Sullivan 2007
Keeping businesses in the area	8.0	7.9	7.9	7.8	7.6	7.5	8.2	8.0	7.9	8.0	7.6	7.9	8.2	8.0	8.0	7.7	7.9	7.8	8.0	7.9	8.0	7.8	8.0
Creating more jobs	7.9	7.6	7.5	7.7	7.3	7.2	8.2	7.7	7.5	7.7	7.3	7.4	8.0	7.7	7.6	7.3	6.9	7.1	7.9	7.9	7.5	7.8	7.9
Improving the quality of the public schools	7.6	7.8	7.8	7.6	7.6	7.7	7.6	7.9	7.9	7.7	7.6	7.8	7.8	7.8	7.9	7.1	7.5	7.6	7.7	8.0	7.9	7.6	7.7
Making health care more affordable	7.5	8.0	7.7	7.6	7.9	7.6	7.8	8.0	7.7	7.3	7.6	7.6	7.6	8.0	7.7	6.9	7.6	7.3	7.5	8.1	8.0	7.5	7.9
Providing services for senior citizens	7.4	7.6	7.5	7.3	7.5	7.2	7.5	7.5	7.5	7.4	7.2	7.5	7.5	7.7	7.7	7.2	7.3	7.4	7.4	7.7	7.5	7.5	7.4
Reducing taxes	7.4	7.9	7.3	7.1	7.7	7.0	7.5	7.7	7.1	7.4	7.5	7.0	7.6	8.0	7.4	7.2	8.1	7.6	7.1	7.9	7.1	7.1	7.8
Making your community safer	7.3	7.5	7.2	6.8	6.7	6.5	7.5	7.7	7.3	6.7	7.0	6.8	7.6	7.7	7.6	6.8	7.0	6.8	7.1	7.2	7.1	7.3	7.3
Making health insurance easier to get	7.3	7.7	7.4	7.3	7.7	7.3	7.5	7.6	7.3	7.0	7.3	7.2	7.2	7.7	7.5	6.6	7.2	6.9	7.3	7.9	7.7	7.3	7.8
Providing more after-school activities	7.1	7.4	7.3	7.0	7.0	7.2	7.2	7.5	7.2	7.0	7.5	7.4	7.2	7.6	7.5	6.6	6.9	7.4	7.2	7.3	7.3	7.3	7.6
Protecting open space	7.0	7.4	7.3	7.2	7.2	7.1	7.2	7.6	7.3	6.7	6.9	6.6	7.0	7.5	7.5	6.9	7.2	7.5	7.0	7.5	7.2	6.9	7.5
Improving relations between different racial and ethnic groups	6.7	7.2	7.2	6.6	6.5	6.9	6.8	7.4	7.2	6.4	6.1	6.2	6.9	7.3	7.4	6.4	6.8	6.8	6.8	7.4	7.1	6.6	6.7
Providing more affordable, quality child care	6.6	6.9	6.8	6.4	6.8	6.7	6.6	6.9	6.6	6.4	6.7	6.8	6.7	7.0	6.9	5.8	6.5	6.6	6.5	7.0	7.0	7.0	7.0
Increasing the amount of affordable housing	6.5	7.1	6.5	6.5	7.0	6.3	6.8	7.2	6.5	6.4	6.4	6.1	6.5	7.2	6.6	5.7	6.5	6.0	6.6	7.1	6.8	6.6	6.9
Supporting the arts and providing more cultural events	6.5	6.8	6.5	6.4	6.4	6.3	6.7	6.8	6.4	6.2	6.3	6.0	6.4	6.8	6.6	6.2	6.4	6.5	6.7	7.0	6.6	6.2	6.7
Reducing homelessness	6.4	6.2	6.0	5.9	5.6	5.0	6.7	6.6	6.3	5.6	5.5	5.1	6.6	6.3	6.1	5.5	5.4	5.2	6.5	6.3	6.2	6.4	5.9
Increasing or improving public transportation	6.1	6.4	6.1	5.4	5.5	5.2	6.3	6.6	6.1	5.6	5.6	5.0	6.4	6.6	6.6	5.5	5.7	5.8	6.1	6.4	6.1	5.9	6.2
Increasing the number of public areas	6.1	6.4	6.2	6.0	5.9	6.0	6.2	6.7	6.2	5.7	6.1	5.6	6.3	6.6	6.5	5.7	6.1	6.4	5.9	6.2	6.0	6.0	6.3

Priorities for the Mid-Hudson Valley: Trend

Many Voices One Valley 2012

Health insurance: accessibility

Mid-Hudson Valley residents also wish to make health insurance more accessible. However, this issue is now less prominent in their minds than in years past. Today, 38% of all residents rate the issue a 10, the top score on the scale, compared with 45% in 2007.

As a priority, making health insurance easier to get now receives an average score of 7.3 out of 10 among Mid-Hudson Valley residents compared with the average rating of 7.7 five years ago. Overall, the issue moved down from fifth to a eighth in rank since 2007.

With the exception of Dutchess County, the accessibility of health insurance has declined in rank and rating at the county level. The issue now places fifth in Dutchess County and receives an average rating of 7.5. Five years ago, making health insurance easier to get ranked seventh in the county and garnered a mean score of 7.6.

One of the largest changes has occurred in Putnam County where access to health insurance now ranks ninth and has an average score of 6.6. In 2007, it placed sixth on the list of priorities for Putnam County residents and had a mean of 7.2. Also of note is Sullivan County. With an average score of 7.3, having access to health insurance, ranks seventh, down three places from fourth in 2007. At that time, the issue had a mean rating of 7.8. Although the issue has slipped in importance, it still places within the top ten priorities for residents in each of the seven counties.

Households without continuous health care coverage rank the accessibility of health insurance higher on their list of priorities than Mid-Hudson Valley residents overall. Among these households, the accessibility of health care places fourth and receives an average score of 7.6. However, this is still lower than five years ago when the issue ranked second with a mean score of 8.2. Households with children with a gap in insurance coverage rank making health insurance easier to get ninth with an average rating of 7.6. In 2007, the issue was the second most pressing concern for households with a child who did not have continuous coverage. At that time, the accessibility of health care had a score of 8.2 out of a possible 10 among these households.

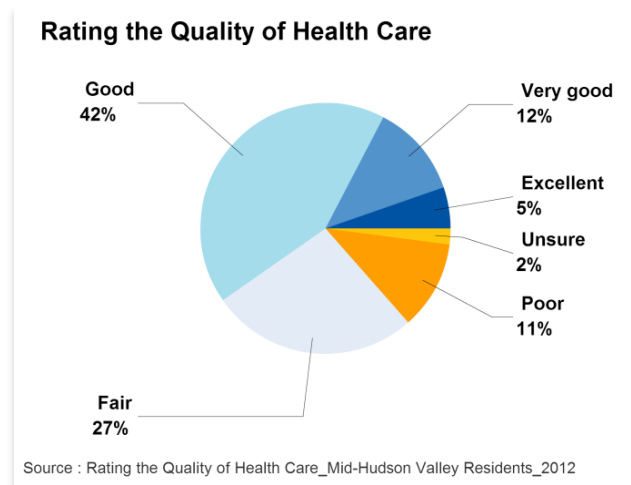
There is a racial divide. With an average score of 8.1, African American residents rank the accessibility of health care as their top priority. The issue's rating among African Americans has not changed, but its ranking has skyrocketed to the top of this group's priority list. As a priority, making health insurance easier to get, placed ninth among African Americans in 2007.

For white and Latino residents, the accessibility of health care is a lesser priority. The issue ranks eighth and has a mean score of 7.2 among white residents. Looking at Latino residents, it falls to ninth despite a slightly higher average rating of 7.6. In 2007, the issue fell among the top five priorities for white and Latino residents in the Mid-Hudson Valley, with average scores half a point higher than the 2012 numbers.

Rating health care services

Nearly six in ten Mid-Hudson Valley residents have a positive view of the quality of health care in the region. Fifty-nine percent of residents rate the health care services in their community as, at least, good. However, only a very small proportion of residents, 5%, characterize these services as excellent. Thirty-eight percent of residents rate these services as fair or poor, including 11% who believe rate them as poor.

Little has changed regarding residents' satisfaction with health care services. In 2007, 55% had a positive view and 41% rated health care services as fair or poor. Attitudes on this question have remained consistent since 2002 when 56% said they were satisfied with the quality of health care services available to them.



Would you rate each of the following in your community as excellent, very good, good, fair, or poor: If it is not available at all in your community, please say so: Health care services?							
		Excellent Row %	Very good Row %	Good Row %	Fair Row %	Poor Row %	Unsure Row %
Mid-Hudson Valley	2012	5%	12%	42%	27%	11%	2%
	2007	5%	11%	39%	28%	13%	4%
	2002	4%	11%	41%	27%	12%	6%
Columbia County	2012	2%	12%	48%	26%	11%	2%
	2007	2%	11%	40%	30%	15%	1%
	2002	4%	10%	46%	23%	12%	4%
Dutchess County	2012	5%	15%	48%	22%	8%	2%
	2007	5%	13%	40%	26%	11%	4%
	2002	4%	14%	41%	26%	9%	6%
Greene County	2012	3%	9%	41%	29%	15%	2%
	2007	2%	8%	36%	29%	22%	4%
	2002	4%	6%	33%	32%	22%	3%
Orange County	2012	7%	11%	41%	27%	12%	2%
	2007	5%	12%	37%	30%	11%	5%
	2002	3%	10%	42%	26%	13%	6%
Putnam County	2012	10%	16%	41%	24%	6%	3%
	2007	4%	15%	46%	23%	9%	4%
	2002	7%	13%	41%	25%	6%	7%
Ulster County	2012	3%	11%	38%	32%	14%	2%
	2007	4%	8%	40%	28%	17%	3%
	2002	2%	9%	39%	30%	15%	6%
Sullivan County	2012	3%	8%	33%	35%	19%	1%
	2007	3%	7%	34%	33%	20%	3%

Rating the Quality of Health Care: Trend **Many Voices One Valley 2012**

Residents in Dutchess and Putnam Counties are the most satisfied with the quality of health care services in their community. Sixty-eight percent of Dutchess County residents and 67% percent of those in Putnam County rate these services positively. While there has been little change in Putnam County, there has been a ten percentage point increase in the proportion of Dutchess County residents who are pleased with the health care services in their community. More than six in ten residents in Columbia County, 62%, are also pleased with the services available to them. This compares with 53% in 2007.

Majorities of residents in Greene, 53%, Orange, 59%, and Ulster, 52%, Counties think well of their local health care services. While there has been no change in Ulster County, more residents in Greene County and Orange County are satisfied with the quality of their health care. In 2007, 46% and 54%, respectively, shared these views.

Sullivan County residents continue to be the least satisfied with the health care services in their area. In fact, a majority, 54%, rate them as fair or poor while 44% give them higher grades. There has been little change in Sullivan County over the past five years. In 2007, 53% believed their local health care services were subpar while 44% thought they were on the mark.

Like other Mid-Hudson Valley dwellers, more than six in ten residents in households with children, 61%, rate health care services positively. This is an increase from 54% in 2007. Looking at single parent households, 58% have, at least, a good impression of these services. This represents an improvement from 2007 when only 42% of residents in single parent households characterized health care services positively.

Household income is linked to residents' assessment of the quality of health care. While a majority of residents with an annual household income below \$30,000, 52%, rate health care services in their area favorably, 61% of those with a higher income feel positively about the services offered them. However, more residents who earn less than \$30,000 are more content with their local services compared with 2007 when 45% rated the health care services available to them positively.

		Would you rate each of the following in your community as excellent, very good, good, fair, or poor: If it is not available at all in your community, please say so: Health care services?					
		Excellent	Very good	Good	Fair	Poor	Unsure
		Row %	Row %	Row %	Row %	Row %	Row %
Mid-Hudson Valley 2012		5%	12%	42%	27%	11%	2%
Children in Household		6%	12%	43%	27%	10%	1%
Single parent household		5%	11%	42%	31%	10%	0%
Income	Less than \$30,000	3%	9%	40%	28%	18%	2%
	\$30,000 or more	5%	13%	43%	26%	10%	2%
Low income household with children		4%	10%	39%	34%	12%	1%
Race	White	5%	14%	44%	25%	10%	2%
	African American	2%	7%	35%	33%	22%	1%
	Latino	5%	6%	41%	35%	11%	2%
Age	Under 35	4%	10%	46%	29%	10%	1%
	35 or older	6%	13%	41%	26%	12%	2%
Age	Under 65	5%	12%	43%	27%	12%	2%
	65 or older	7%	13%	42%	25%	10%	3%
Age Under 65	Person with disability	3%	8%	37%	31%	18%	2%
Age 65 or older	Person with disability	9%	11%	39%	23%	15%	3%

Rating the Quality of Health Care: Demography

Many Voices One Valley 2012

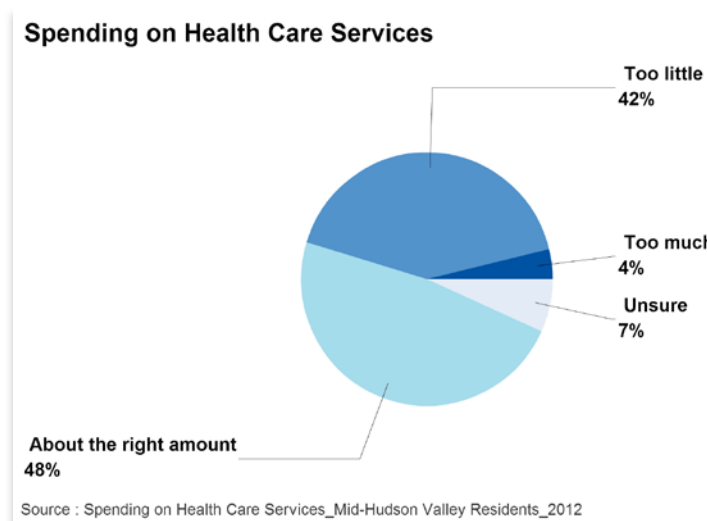
Racial differences exist. African American residents are the least satisfied with the quality of health care services available to them. Only 44% of African Americans in the Mid-Hudson Valley rate these services favorably. This is a decline from 2007 when half of African Americans held this view. White residents in the Mid-Hudson Valley are the most likely to have a positive view of their local health care services. More than six in ten white residents, 63%, think highly of their local health care services. This compares with 52% of Latino residents who share this view. For both groups, attitudes toward health care have improved. In 2007, 55% of white residents had positive feelings about health care, and 47% of Latino residents said the same.

Senior citizens are generally pleased with the health care services available to them. More than six in ten, 62%, rate health care services as, at least, good. This is little changed from 59% in 2007.

Senior citizens with a disability are more likely to view their local health care services positively compared with younger residents with a disability. Fifty-nine percent of senior citizens with a disability are satisfied with the health care services in the community compared with 48% of residents under the age of sixty-five with a disability. There has been little change on this question among these groups since 2007.

Spending on health care services

Mid-Hudson Valley residents divide about the amount of local funds allocated to health care services. Forty-eight percent of residents say their community spends about the right amount of money on health care. Forty-two percent, however, think their community is spending too little, and 4% believe their community is spending too much on health care.



These attitudes are similar to those from years past. In 2007, 46% of residents said the proper resources were given to health care while 43% said the monies were too sparse. Two percent, at that time, said they were too generous. In 2002, 46% said spending in this area was about right.

		Does your community spend too much, too little, or about the right amount on: Health care services?			
		About the			
		Too much	Too little	right amount	Unsure
		Row %	Row %	Row %	Row %
Mid-Hudson Valley	2012	4%	42%	48%	7%
	2007	2%	43%	46%	9%
	2002	2%	40%	46%	13%
Columbia County	2012	4%	47%	43%	6%
	2007	2%	50%	41%	8%
	2002	1%	39%	49%	11%
Dutchess County	2012	3%	39%	50%	8%
	2007	2%	42%	47%	10%
	2002	2%	39%	46%	14%
Greene County	2012	3%	49%	43%	6%
	2007	4%	50%	39%	7%
	2002	1%	47%	44%	8%
Orange County	2012	5%	39%	49%	6%
	2007	3%	42%	46%	9%
	2002	1%	39%	48%	12%
Putnam County	2012	3%	32%	58%	8%
	2007	3%	32%	57%	8%
	2002	2%	32%	54%	12%
Ulster County	2012	3%	46%	43%	7%
	2007	1%	45%	43%	11%
	2002	3%	46%	37%	15%
Sullivan County	2012	5%	52%	38%	4%
	2007	3%	51%	38%	8%
Mid-Hudson Valley 2012					
Income	Less than \$30,000	4%	51%	40%	5%
	\$30,000 or more	4%	39%	50%	7%
Household with Gap in Insurance	Household members not insured now or in past year	4%	55%	36%	5%
	Household members continuously insured	4%	37%	52%	7%
Person with Disability		4%	50%	42%	5%

On the county level, residents in Putnam County remain the most satisfied with the level of funding given to health care services. Nearly six in ten residents in the county, 58%, believe the appropriate amount of money is dedicated to health care services. This is little changed from 2007 when 57% held this belief. At the other end of the spectrum, Sullivan County residents are the most dissatisfied with the allocation of funds for health care. A majority of these residents, 52%, say too few resources are appropriated for these services. Here, too, there has been little change. In 2007, 51% of Sullivan County residents expressed displeasure with the resources designated for health care services.

In Dutchess County, half of residents say the level of funding for this purpose is on the mark. Thirty-nine percent, however, report it falls short. Dutchess County residents are less divided than they were five years ago. In 2007, 47% said the amount of resources given to health care services was about right while 42% thought they were lacking. It's a similar story in Orange County where 49% report the expenditures devoted to these services are about right. This compares with 39% who think too little is being spent for this purpose. Five years ago, these residents were divided with 46% saying they were satisfied with the amount dedicated to health care services and 42% reporting more resources needed to be devoted to them.

Residents in the other three counties divide. Looking at Columbia County, 47% say too few funds are set aside to pay for health care services while 43% think the amount is correct. Half of Columbia County residents in 2007 reported funding missed the mark. This compares with 41% who said the level was about right.

Greene County residents are more divided than they were five years ago. Forty-nine percent in the county believe the amount spent on health care services in their community is too little. This compares with 43% who say the expenditures are on target. Five years ago, the gap was wider. Half of Greene County residents reported more money needed to be allocated to these services while 39% said the amount was about right.

There has been little change in Ulster County. Forty-six percent of residents think the level of funding falls short compared with 43% who believe it hits the mark. In 2007, these proportions were 45% and 43%, respectively.

Households with low income are more likely to be dissatisfied with the amount of resources allocated to health care in their community than those from higher income households. Fifty-one percent of residents in households earning under \$30,000 annually say not enough funds are devoted to this area. In contrast, a substantially

lower proportion of residents in households earning \$30,000 or more, 39%, say health care funds are lacking.

Not surprisingly, members of households that faced a gap in insurance coverage in the past year are also more likely to think health care is under-funded. Fifty-five percent of these residents say local health care funds are too sparse. Half of residents with a disability echo this sentiment.

Summary: health care as a priority for the region

While health care issues still rank as high priorities for many residents of the Hudson Valley, the urgency of reducing health care costs and making health insurance more accessible has lessened since 2007. Many groups have turned their attention to job creation and keeping businesses in the area, moving issues of health care out of the forefront.

Nonetheless, for many groups, health care issues are near the top of their priority list. In particular, residents who face unsteady financial situations are more concerned about health care and health insurance.

Moreover, while health care services may be getting passing grades from a majority of residents, they are not receiving high praise. A considerable portion of the Mid-Hudson Valley population believes increased resources are needed to improve the quality of health care in their community.

Health Insurance

Households with gaps in insurance coverage

Nearly one in four Mid-Hudson Valley residents struggle to maintain continuous insurance coverage throughout the year. Twenty-four percent of households in the region have had at least one member face a gap in insurance coverage during the past twelve months. This includes both adults and children who do not currently have health insurance and households that, while currently insured, have had at least one member without coverage during the past year. The proportion of residents who have experienced a gap in health coverage has been consistent over the past decade.

While one in five households in Columbia County reports they have experienced a gap in coverage over the past year, the proportion has decreased from 31% in 2007. Slight improvements are indicated in Ulster and Greene Counties. A notable 26% of Ulster County residents have lacked health coverage at some point in the past year. This is down from 31% in 2007. In Greene County, one in four households says at least one

member in their household has not had continuous coverage during that same time period. This compares with 29% five years ago.

In Putnam County, however, there has been an increase in the proportion of households who have experienced a gap in their health coverage. One in five households in Putnam County residents reports a gap in health insurance over the past twelve months compared with 14% in 2007. In the remaining counties, there has been little or no change from five years ago.

Certain households are at a greater risk of having members go without insurance coverage than the typical Mid-Hudson Valley household. Forty percent of households earning less than \$30,000 have faced an interruption in coverage over the past year. The proportions of those who have experienced a gap decrease with increasing levels of income.

Employment is by no means a guarantee of continuous health insurance. Twenty-three percent of employed residents report someone in their household has had difficulty maintaining continuous coverage over the past year, similar to 25% in 2007. Additionally, 25% of households where two or more jobs are present have experienced a gap in coverage over the last twelve months.

The lack of continuous coverage hits close to home for working low income households. Nearly half, 47%, have experienced a break in coverage during the past year. However, this is an improvement from 2007 when 55% reported lacking continuous health coverage.

Not surprisingly, about one-third of Mid-Hudson Valley households who live paycheck to paycheck have experienced a gap in health coverage. However, the proportion of those who would be at financial risk immediately after losing their job has declined from 2007. At that time, 43% reported a lack of continuous coverage.

Unfortunately, for many of these families, interrupted insurance coverage is often just one of their financial problems. Forty-four percent of those who have experienced at least one economic hardship, compared with 24% of residents overall, have struggled with continuous health care. However, the proportion of residents having difficulty making ends meet who have experienced a gap in coverage has declined from 50% five years ago

Household with Gap in Health Insurance						
		Household members not insured now or in past year	Household members continuously insured			
		Row %		Row %		
Mid-Hudson Valley	2012	24%		76%		
	2007	24%		76%		
	2002	24%		76%		
Columbia County	2012	20%		80%		
	2007	31%		69%		
	2002	26%		74%		
Dutchess County	2012	21%		79%		
	2007	22%		78%		
	2002	24%		76%		
Greene County	2012	25%		75%		
	2007	29%		71%		
	2002	28%		72%		
Orange County	2012	26%		74%		
	2007	24%		76%		
	2002	24%		76%		
Putnam County	2012	20%		80%		
	2007	14%		86%		
	2002	15%		85%		
Ulster County	2012	26%		74%		
	2007	31%		69%		
	2002	30%		70%		
Sullivan County	2012	31%		69%		
	2007	28%		72%		
Household with Gap in Health Insurance: Trend					Many Voices One Valley 2012	

		Household with Gap in Health Insurance	
		Household members not insured now or in past year	Household members continuously insured
		Row %	Row %
Mid-Hudson Valley 2012		24%	76%
Age	18 to 30	33%	67%
	31 to 44	25%	75%
	45 to 59	25%	75%
	60 or older	16%	84%
Race	White	22%	78%
	African American	29%	71%
	Latino	33%	67%
Income	Less than \$30,000	40%	60%
	\$30,000 to just under \$50,000	35%	65%
	\$50,000 or more	16%	84%
	\$100,000 or more	9%	91%
Mid-Hudson Valley 2012		24%	76%
Employed		23%	77%
Household Looking for Work		47%	53%
Total Number of Jobs Held in Household	None	26%	74%
	One	23%	77%
	Two or more	25%	75%
Financially at Risk Immediately		33%	67%
Financially at Risk in 1 to 3 months		29%	71%
Faced at Least One Economic Hardship in Past Year		44%	56%
Working Low Income		47%	53%
Length of Residence	5 years or less	35%	65%
	6 to 10 years	20%	80%
	Over 10 years	23%	77%
Five years from now, plans to stay or move	Plan to stay in the Mid-Hudson Valley	21%	79%
	Plan to move someplace else	32%	68%
Do you own your own home or do you rent?	Own	18%	82%
	Rent	39%	61%
Were you born in the United States or in another country?	Born in the United States	24%	76%
	Born in another country	34%	66%
Which language do you speak at home?	Speak English	23%	77%
	Another language	45%	55%
Household Public Assistance	Household members receiving public assistance now or in past year	46%	54%
	No one in household receiving public assistance now or in past year	21%	79%
Person with Disability		34%	66%
Person with Disability Under 65		40%	60%

Younger residents are much more likely to have gone stretches of time without health insurance coverage than older adults. Thirty-three percent of residents aged 18 to 30 report their household endured a gap in coverage over the past year. This is a decrease from 2007 when 43% of young residents said the same. Older residents are less likely to report a break in health coverage. Twenty-five percent of those 31 to 44, 25% of residents 45 to 59, and 16% of those 60 and older have experienced this same gap.

Racial differences exist. Latino, 33%, and African American, 29%, residents are more likely to have had a member of their household experience a gap in health insurance coverage than white residents. While there has been little change since 2007 in the proportion of African American residents who face this challenge, 26%, fewer Latino residents face gaps in health coverage. In 2007, 40% of these residents reported a break in coverage. Among white residents, 22% say a member of their household has gone without coverage in the last year, comparable to 23% five years ago.

Immigrants also have difficulty maintaining health insurance coverage. Thirty-four percent of Mid-Hudson Valley households where a member was born outside of the United States have had at least some interruption in coverage in the past year. This compares with 24% of natural born citizens. Households which speak another language at home are also hard pressed. 45% of these residents have experienced a break in their health coverage compared with 23% of those who speak English. It is important to note that both new and long-term residents contend with this problem. However, more new residents find it difficult to maintain continuous health care coverage in their household. In the course of the last year, 35% of people who have moved here within the past five years, 20% of those who have resided in the region for six to ten years, and 23% who have been in the Mid-Hudson Valley for more than a decade have dealt with at least one break in health insurance coverage.

Compared with 2007, the proportion of long-term residents who battle this problem has remained constant. Those residing in the area for six to ten years have seen improvement from 2007 when 27% faced a gap in health care coverage. However, there has been an increase in the proportion of new residents whose households have experienced a break in coverage. Five years ago, 27% of new residents experienced a break in coverage.

Looking at residents with a disability, 34% live in a household where there has been a gap in coverage, up from 26% in 2007. Among residents under the age of 65 with a disability, 40% are from a household where a break in coverage existed, also up from 32% five years ago.

Children with gaps in health insurance coverage

Some improvements have been made in providing continuous health insurance to children in the Mid-Hudson Valley. One in ten households with children in the Mid-Hudson Valley includes a child who has not had continuous health insurance coverage in the past year. This compares with 15% in 2007.

Strides have been made in most counties, but especially in Columbia, Dutchess, Greene, and Ulster Counties to meet the challenge of providing continuous health coverage to children. In Columbia County, 6% of households with children have experienced a gap in coverage. This is a significant drop from 2007 when 17% of these households reported a break in their health plan. There has been a thirteen percentage point decline in the proportion of households with children in Greene County who have not had continuous health insurance. One in ten households with children reports this to be the case now compared with 23% five years ago. In Ulster County, 9% of households with children have been unable to meet the demand of providing non-stop health coverage, compared with 19% in 2007. Nine percent of Dutchess County households with children say their children have had a break in coverage while 15% said the same in 2007. More modest improvements have occurred in Orange County. Eleven percent of these households had a child who lacked coverage at some point in the past year compared with 15% in 2007.

In Putnam County, however, there has been a slight increase in the proportion of children who have experienced a gap in health insurance in the last year. Twelve percent of households with children report this to be the case now while 8% did so in 2007.

Eighteen percent in Sullivan County have had a child in the household with a break in coverage. This is little changed from 17% in 2007.

Not surprisingly, lower income households with children are more likely to experience a gap in coverage for at least one child. Nearly one in four households who earn less than \$15,000 annually, 24%, report this to be the case. This compares with just 2% of households with children whose annual salary is \$100,000 or more. However, regardless of income, the proportion of children without continuous health coverage has declined since 2007

Gap in Health Insurance				
		Children not insured now or in past year	Children continuously insured	
		Row %	Row %	
Mid-Hudson Valley	2012	10%	90%	
	2007	15%	85%	
	2002	13%	87%	
Columbia County	2012	6%	94%	
	2007	17%	83%	
	2002	13%	87%	
Dutchess County	2012	9%	91%	
	2007	15%	85%	
	2002	13%	87%	
Greene County	2012	10%	90%	
	2007	23%	77%	
	2002	21%	79%	
Orange County	2012	11%	89%	
	2007	15%	85%	
	2002	13%	87%	
Putnam County	2012	12%	88%	
	2007	8%	92%	
	2002	8%	92%	
Ulster County	2012	9%	91%	
	2007	19%	81%	
	2002	15%	85%	
Sullivan County	2012	18%	82%	
	2007	17%	83%	

Gap in Health Insurance for Children: Trend

Many Voices One Valley 2012

Twenty-one percent of working low income households with children, that is, households who earn \$30,000 or less with at least one adult working and have children in the home, say they have a child who has been uninsured at some point in the last year. Here, too, there has been an improvement. In 2007, 33% of these households said they had at least one child who had had a gap in coverage.

Looking at households with children who live paycheck to paycheck and report they would be out of money immediately if they lost their job, 14% say they have a child who has not had medical coverage at some point in the past year. This is a steep decline from 2007 when 33% reported this to be the case. Among households with children who have received public assistance in the past year, 22% have reported non-continuous coverage for at least one child. This compares with only 8% who have not had a family member receive public assistance. Five years ago, 27% of households on public assistance reported the same.

Younger residents are more likely to have children in the household who have lacked continuous coverage. Fifteen percent of parents under the age of 35 have a child who has lacked health insurance in the past year. This compares with 8% of those who are older. However, among both groups, there has been a decline in the proportions who report their child has experienced a gap in coverage.

There has also been a slight improvement in the proportion of single parent households who say they have a child without continuous health coverage. Fifteen percent of single parents now say they have a child who has had a gap in health insurance compared with 21% five years ago.

Summary: gaps in health insurance coverage

Nearly a quarter of Mid-Hudson Valley households have not been able to have continuous health insurance coverage in the past year. These households coping with interrupted coverage are, in many respects, similar to typical Mid-Hudson Valley households. Residents of different ages and races have faced health insurance disruptions. Both new arrivals and long-term residents have as well. However, there are differences in the overarching severity of the problem between these different groups

		Children with Gap in Health Insurance	
		Children not insured now or in past year	Children continuously insured
		Row %	Row %
Mid-Hudson Valley 2012		10%	90%
Age	18 to 30	15%	85%
	31 to 44	8%	92%
	45 to 59	9%	91%
	60 or older	21%	79%
Age	Under 35	15%	85%
	35 or older	8%	92%
Race	White	10%	90%
	African American	13%	87%
	Latino	12%	88%
Income	Less than \$15,000	24%	76%
	Less than \$30,000	22%	78%
	\$30,000 to just under \$50,000	15%	85%
	\$50,000 or more	6%	94%
	\$100,000 or more	2%	98%
Household with Children Under 5		10%	90%
Household with Children 5 to 18		10%	90%
Single Parent Household		15%	85%
Employed		8%	92%
Total Number of Jobs Held in Household	None	16%	84%
	One	9%	91%
	Two or more	9%	91%
Financially at Risk Immediately		14%	86%
Faced at Least One Economic Hardship in Past Year		19%	81%
Working Low Income		21%	79%
Length of Residence	5 years or less	17%	83%
	6 to 10 years	6%	94%
	Over 10 years	11%	89%
Five years from now, plans to stay or move	Plan to stay in the Mid-Hudson Valley	8%	92%
	Plan to move someplace else	15%	85%
Do you own your own home or do you rent?	Own	6%	94%
	Rent	19%	81%
Were you born in the United States or in another country?	Born in the United States	10%	90%
	Born in another country	15%	85%
Which language do you speak at home?	Speak English	10%	90%
	Another language	20%	80%
Household Public Assistance	Household members receiving public assistance now or in past year	22%	78%
	No one in household receiving public assistance now or in past year	8%	92%

Having a job does not guarantee solid coverage throughout the year. In fact, nearly one in four employed residents live in a household that has experienced gaps in health insurance.

This year, 10% of households in the Mid-Hudson region include children who have not had continuous health care insurance. This rate has dipped since 2007, when it was 15%.

The same issues afflicting households with gaps in health insurance play a role in those households where children lack continuous coverage. These families are more likely to have lower incomes and live paycheck to paycheck.

Even parents who work face difficulty providing their children with continuous coverage. Eight percent of households with an employed parent still have children who have gone without health coverage, at least temporarily. Here, too, there has been an improvement. In 2007, 14% of working parents found themselves in this situation.

Parents under the age of 35 are more likely than older parents to have a child who has lacked continuous coverage. Among single parents, 15%, down from 21% five years ago, contend with this issue.

Households currently without health insurance

About one in ten households, 11%, currently contains at least one member who lacks health insurance, a figure which has been fairly consistent over the past decade.

At the county level, the proportion of households in Dutchess, Greene, Orange, Putnam, and Sullivan Counties who are without insurance are little changed from 2007. In Columbia County, there has been an improvement. Nine percent of households in Columbia County have at least one household member who is not insured compared with 16% five years ago. Modest improvement exists in Ulster County where 12% of households say they have at least one person in their household without medical coverage. In 2007, that proportion was 15%.

Current Health Insurance: Household			
		Household members currently not insured	Household members currently insured
		Row %	Row %
Mid-Hudson Valley	2012	11%	89%
	2007	12%	88%
	2002	12%	88%
Columbia County	2012	9%	91%
	2007	16%	84%
	2002	10%	90%
Dutchess County	2012	11%	89%
	2007	10%	90%
	2002	11%	89%
Greene County	2012	14%	86%
	2007	16%	84%
	2002	17%	83%
Orange County	2012	11%	89%
	2007	12%	88%
	2002	12%	88%
Putnam County	2012	6%	94%
	2007	7%	93%
	2002	5%	95%
Ulster County	2012	12%	88%
	2007	15%	85%
	2002	18%	82%
Sullivan County	2012	17%	83%
	2007	16%	84%

Current Health Insurance: Household: Trend **Many Voices One Valley 2012**

Not surprisingly, households with lower incomes are more likely to have an uninsured family member. Twenty-seven percent of households with an annual salary of less than \$15,000 a year have at least one member of the household who lacks health insurance. This, however, is down from 34% in 2007.

Again, having a job is no guarantee of having health insurance coverage. Nine percent of employed residents live in a household where at least one member is currently not insured. Improvements have been made in providing health insurance to working low income households, those earning \$30,000 a year or less, and the working poor, those with an annual income of \$15,000 or less. Twenty-seven percent of working low income households and 31% of working poor households have uninsured family members compared with 34% and 49%, respectively, in 2007.

		Current Health Insurance: Household	
		Household members currently not insured	Household members currently insured
		Row %	Row %
Mid-Hudson Valley 2012		11%	89%
Age	18 to 30	14%	86%
	31 to 44	12%	88%
	45 to 59	10%	90%
	60 or older	8%	92%
Race	White	10%	90%
	African American	13%	87%
	Latino	13%	87%
Income	Less than \$15,000	27%	73%
	Less than \$30,000	24%	76%
	\$30,000 to just under \$50,000	15%	85%
	\$50,000 or more	6%	94%
	\$100,000 or more	3%	97%
Financially at Risk Immediately		18%	82%
Financially at Risk in 1 to 3 months		13%	87%
Faced at Least One Economic Hardship in Past Year		21%	79%
Faced 3 or More Economic Hardships		27%	73%
Length of Residence	5 years or less	17%	83%
	6 to 10 years	7%	93%
	Over 10 years	11%	89%
Five years from now, plans to stay or move	Plan to stay in the Mid-Hudson Valley	9%	91%
	Plan to move someplace else	14%	86%
Were you born in the United States or in another country?	Born in the United States	10%	90%
	Born in another country	18%	82%
Which language do you speak at home?	Speak English	10%	90%
	Another language	26%	74%
Household Public Assistance	Household members receiving public assistance now or in past year	23%	77%
	No one in household receiving public assistance now or in past year	9%	91%
Person with Disability		15%	85%
Person with Disability Under 65		17%	83%
Employed		9%	91%
Household Looking for Work		24%	76%
Working Low Income		27%	73%
Working Poor		31%	69%
Mid-Hudson Valley Employed 2012			
Number of Hours Worked in Average Week	Less than 30	9%	91%
	30 to 39	11%	89%
	40 to 49	8%	92%
	50 to 59	7%	93%
	60 or more	15%	85%

Households which have received public assistance are more likely to have a family member without health insurance, 23%, than those who have not been on public assistance, 9%. In 2007, 31% of households which have received public assistance included an uninsured member.

Twenty-one percent of households who have faced an economic hardship have at least one member who is uninsured. This is down from 28% five years ago. Households financially at risk immediately are more likely to lack health insurance, 18%, than those who would be able to pay their bills for one to three months after job loss, 13%. In 2007, 30% of households who faced immediate financial risk reported having at least one family member without health insurance.

Young adults, aged 18 to 30, in the Mid-Hudson Valley, 14%, are more likely than older residents to live in a household that lacks full health coverage. However, this proportion has declined from 20% in 2007.

While racial disparities existed in 2007, Latino, 13%, African American, 13%, and white, 10%, households are about as likely to include a member without health insurance. The largest change in the last five years has been among Latino households. In 2007, 20% reported a family member was uninsured.

Looking at length of residence, new residents, 17%, are more likely to have an uninsured family member. The largest change, however, has occurred among those who have been in the region between six and ten years. Seven percent now say one household member is currently uninsured compared with 12% in 2007.

Households with children currently without health insurance

Four percent of households with children include at least one child currently without health insurance coverage, a slight improvement from 7% in 2007.

While most children in each of the seven counties are currently insured, there are subtle differences. Sullivan County is home to the most uninsured children. Seven percent of households with children in Sullivan County have a child without health insurance. In 2007, that proportion was 9%. Improvements have been made in Greene, Columbia, Orange, and Ulster Counties. Greene County has had the largest change. Only 2% of households have an uninsured child, down from 12% in 2007.

Not surprisingly, income matters. Households with lower annual salaries where children are present are more likely to have an uninsured child than similar household with higher income. However, even the proportion of those who earn less than \$15,000, 13%, and those who make less than \$30,000, 8%, have declined from 22% and 19%, respectively since 2007.

		Current Health Insurance: Children	
		Children currently not insured	Children currently insured
		Row %	Row %
Mid-Hudson Valley	2012	4%	96%
	2007	7%	93%
	2002	6%	94%
Columbia County	2012	3%	97%
	2007	8%	92%
	2002	6%	94%
Dutchess County	2012	5%	95%
	2007	5%	95%
	2002	6%	94%
Greene County	2012	2%	98%
	2007	12%	88%
	2002	10%	90%
Orange County	2012	3%	97%
	2007	8%	92%
	2002	6%	94%
Putnam County	2012	3%	97%
	2007	5%	95%
	2002	2%	98%
Ulster County	2012	3%	97%
	2007	8%	92%
	2002	6%	94%
Sullivan County	2012	7%	93%
	2007	9%	91%

Current Health Insurance for Children: Trend

Many Voices One Valley 2012

		Current Health Insurance: Children	
		Children currently not insured	Children currently insured
		Row %	Row %
Mid-Hudson Valley 2012		4%	96%
Age	Under 35	5%	95%
	35 or older	3%	97%
Race	White	4%	96%
	African American	3%	97%
	Latino	3%	97%
Income	Less than \$15,000	13%	87%
	Less than \$30,000	8%	92%
	\$30,000 to just under \$50,000	5%	95%
	\$50,000 or more	2%	98%
	\$100,000 or more	1%	99%
Single Parent Household		7%	93%
Faced at Least One Economic Hardship in Past Year		6%	94%
Faced 3 or More Economic Hardships		11%	89%

Current Health Insurance for Children: Demography **Many Voices One Valley 2012**

Compared with 2007, fewer families who face economic hardships have a child who is uninsured. Six percent of those who experienced at least one financial hardship and 11% who faced three or more economic difficulties in the past year have a child lacking health insurance. This compares with 15% and 21%, respectively, in 2007.

The age gap has closed. While parents aged 35 and younger, 11%, were more likely than older parents, 5%, to have an uninsured child in 2007, there is currently little difference between the age groups. In addition, fewer single parents now, 7%, have a child lacking health insurance compared with five years ago, 12%.

In 2007, race was a factor when it came to the likelihood of children lacking health insurance. This year, that is not the case. Similar proportions of white, African American, and Latino residents report they have a child who is not currently insured. The largest change in the last five years has occurred among Latino parents. While one in ten reported having an uninsured child in 2007, only 3% do so now.

Summary: Currently without health insurance

Eleven percent of Mid-Hudson Valley residents have at least one member, adult or child, currently without health insurance. Four percent of households with children have at least one uninsured child.

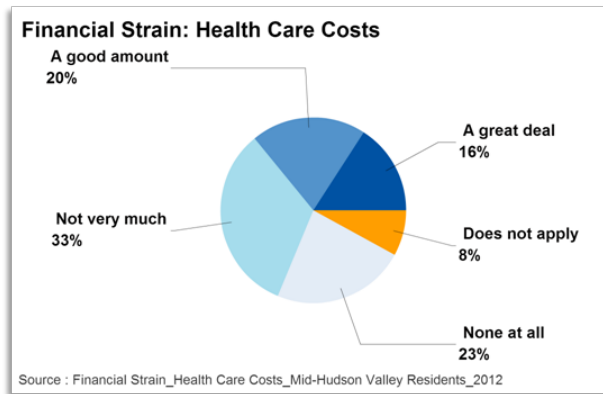
Not surprisingly, lower income households are more likely to lack health insurance coverage than those who earn more. In addition, the greater the number of economic hardships households face, the greater the likelihood at least one member is uninsured.

Priced Out

Health care costs as a strain on household finances

The cost of health care and health insurance are burdensome for a notable proportion of Mid-Hudson Valley residents.

Thirty-six percent of Mid-Hudson Valley residents say medical expenses, independent of health insurance, place a financial strain on their household budget each month. This includes 16% of residents in the region who experience a great deal of financial pressure from these expenses and another 20% who report a good amount of financial stress.



As with a number of expenses, the perceived strain posed by health care costs is greater for households earning less money. In households making less than \$15,000 a year, 44% of residents say health care costs, not including insurance, cause considerable pressure on their household budget, including 31% who characterize these costs as a great burden. Forty-six percent of those who earn between \$15,000 and just under \$30,000, share these views. At the other end of the spectrum, residents in households earning \$100,000 or more annually, 27% say health care costs put pressure on the family budget, including 7% who say these costs cause a great deal of financial pressure. This, however, is up from 22% in 2007.

A majority of residents who have experienced at least one economic hardship, 53%, reports they also have at least a good amount of financial strain because of health care costs. Not surprisingly, the challenge of paying for health care increases with the number of economic hardships faced. Sixty-five percent of residents who say they have faced three or more hardships experience stress due to health care costs. This is a slight increase from the proportion who felt this way in 2007.

Residents who have received public assistance in the past year and households with at least one adult looking for work, are, not surprisingly, more burdened by health care costs than Mid-Hudson Valley residents as a whole.

When it comes to the working poor, that is, those who have at least one adult working in their household and who earn a salary of less than \$15,000 a year, 66% experience

a great deal or good amount of financial strain due to health care costs. This includes 47% who report they feel a great deal of financial stress.

Looking at the working low income, that is, those who have at least one adult working in their household and earn a yearly income of less than \$30,000 a year, 38% have trouble paying their health care costs. Five years ago, that proportion was 46%.

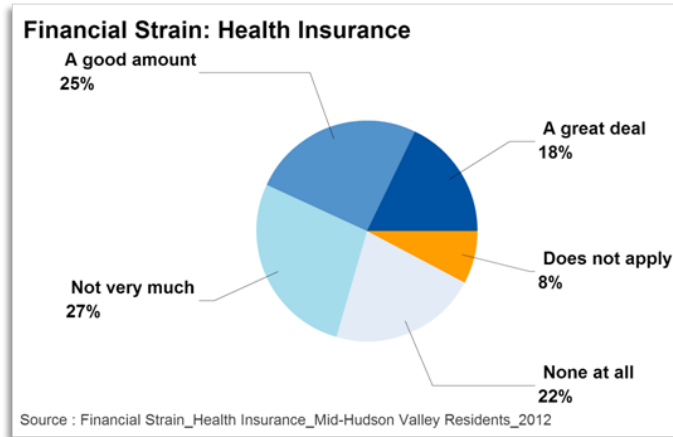
		Thinking about an average month, how much financial strain does each of the following put on your family budget: a great deal of financial strain, a good amount, not very much, or none at all: Health care costs or medical expenses NOT including health insurance?				
		A great deal	A good amount	Not very much	None at all	Does not apply
		Row %	Row %	Row %	Row %	Row %
Mid-Hudson Valley	2012	16%	20%	33%	23%	8%
	2007	15%	20%	35%	21%	9%
Columbia County	2012	10%	18%	39%	22%	11%
	2007	14%	22%	32%	22%	11%
Dutchess County	2012	15%	22%	33%	24%	6%
	2007	14%	22%	34%	22%	8%
Greene County	2012	16%	21%	34%	23%	6%
	2007	16%	18%	37%	19%	10%
Orange County	2012	16%	19%	33%	24%	9%
	2007	17%	20%	33%	21%	9%
Putnam County	2012	15%	23%	34%	18%	9%
	2007	13%	23%	38%	19%	7%
Ulster County	2012	19%	18%	32%	24%	8%
	2007	15%	17%	39%	21%	9%
Sullivan County	2012	18%	21%	24%	27%	10%
	2007	16%	21%	31%	23%	9%
Financial Strain: Health Care Costs: Trend		Many Voices One Valley 2012				

		Thinking about an average month, how much financial strain does each of the following put on your family budget: a great deal of financial strain, a good amount, not very much, or none at all: Health care costs or medical expenses NOT including health insurance?				
		A great deal	A good amount	Not very much	None at all	Does not apply
		Row %	Row %	Row %	Row %	Row %
Mid-Hudson Valley	2012	16%	20%	33%	23%	8%
Income	Less than \$15,000	31%	13%	23%	20%	13%
	\$15,000 to just under \$30,000	23%	23%	26%	18%	10%
	\$30,000 to just under \$50,000	20%	21%	31%	21%	7%
	\$50,000 or more	11%	20%	37%	25%	7%
	\$100,000 or more	7%	20%	40%	28%	5%
	Faced at Least One Economic Hardship in Past Year	31%	22%	26%	15%	7%
	Faced 3 or More Economic Hardships	39%	26%	17%	13%	6%
Household Public Assistance	Household members receiving public assistance now or in past year	26%	17%	26%	22%	9%
	No one in household receiving public assistance now or in past year	14%	21%	34%	24%	8%
	Working low income	20%	18%	27%	22%	12%
	Working poor	47%	19%	10%	22%	2%
	Household Looking for Work	25%	24%	27%	17%	7%
	Household members currently not insured	32%	22%	21%	16%	10%
	Household with gap in insurance	28%	22%	25%	16%	8%
	Person with Disability	29%	21%	24%	16%	9%
Race	White	14%	21%	34%	23%	7%
	African American	23%	18%	22%	29%	8%
	Latino	22%	17%	30%	21%	9%
Financial Strain: Health Care Costs: Demography		Many Voices One Valley 2012				

Some groups are more likely to feel the pressure of medical expenses. Fifty-four percent of households currently without coverage, 50% of households without continuous coverage in the past year, and 50% of residents with a disability say medical costs put substantial pressure on their budget.

Health insurance as a strain on household finances

The cost of health insurance also weighs on the budgets of Mid-Hudson Valley residents. Forty-three percent of people in the region say paying for health insurance strains their household finances. This includes 18% of residents who say health insurance causes a great deal of financial pressure and 25% who say it causes a good amount. In 2007, 41% of residents cited the economic strain of health insurance.



Most of the counties reflect this proportion of residents struggling with health insurance. Putnam County contains the largest proportion of residents struggling with health insurance costs, 46%. The county also reflects the largest change. There has been an eight point increase in those who say they experience financial pressure due to these costs. In 2007, 38% of Putnam County residents reported this to be the case. Columbia County has the lowest proportion of residents, 37%, who experience economic stress because of health insurance costs.

		Thinking about an average month, how much financial strain does each of the following put on your family budget: a great deal of financial strain, a good amount, not very much, or none at all: Health insurance?				
		A great deal	A good amount	Not very much	None at all	Does not apply
		Row %	Row %	Row %	Row %	Row %
Mid-Hudson Valley	2012	18%	25%	27%	22%	8%
	2007	18%	23%	27%	23%	9%
Columbia County	2012	15%	22%	32%	23%	8%
	2007	18%	26%	27%	18%	10%
Dutchess County	2012	17%	27%	29%	21%	6%
	2007	17%	26%	24%	24%	8%
Greene County	2012	22%	22%	28%	21%	7%
	2007	17%	21%	28%	23%	11%
Orange County	2012	18%	25%	27%	22%	9%
	2007	17%	24%	27%	23%	9%
Putnam County	2012	16%	30%	29%	18%	6%
	2007	18%	20%	34%	22%	7%
Ulster County	2012	20%	24%	25%	23%	8%
	2007	18%	19%	29%	23%	12%
Sullivan County	2012	23%	19%	24%	23%	12%
	2007	19%	20%	24%	25%	11%

Financial Strain: Health Insurance: Trend

Many Voices One Valley 2012

Households in which an adult is unemployed and looking for work are hit hard by the cost of insurance. Fifty-two percent of these households feel financially strapped because of health insurance costs, up from 45% in 2007.

		Thinking about an average month, how much financial strain does each of the following put on your family budget: a great deal of financial strain, a good amount, not very much, or none at all: Health insurance?				
		A great deal	A good amount	Not very much	None at all	Does not apply
		Row %	Row %	Row %	Row %	Row %
Mid-Hudson Valley 2012		18%	25%	27%	22%	8%
Income	Less than \$15,000	24%	20%	16%	23%	17%
	\$15,000 to just under \$30,000	23%	24%	23%	18%	12%
	\$30,000 to just under \$50,000	22%	23%	26%	21%	8%
	\$50,000 or more	15%	27%	30%	23%	5%
Faced at Least One Economic Hardship in Past Year	29%	25%	21%	15%	10%	
Household Public Assistance	Household members receiving public assistance now or in past year	23%	21%	20%	22%	14%
	No one in household receiving public assistance now or in past year	17%	26%	29%	22%	7%
Working low income		20%	23%	22%	21%	14%
Low Income HH with Children		24%	17%	19%	21%	19%
Household Looking for Work		26%	26%	22%	15%	10%
Household Members Currently Not Insured		31%	18%	16%	18%	17%
Household with Gap in Insurance		29%	24%	19%	17%	12%
Person with Disability		26%	24%	20%	20%	9%

Financial Strain: Health Insurance: Demography

Many Voices One Valley 2012

Summary: financial strain of health care costs and health insurance

While a notable proportion of Mid-Hudson Valley residents overall feel the financial strain of health care and health insurance costs, households facing economic disadvantages are most likely to feel the pressure of these expenses. Parents with low income and residents who face interrupted health care coverage express difficulty paying for these costs.

Going Without Because of Cost

The fact that the cost of health care is prohibitive for some Mid-Hudson Valley residents has compelled them to make sacrifices. In a financial pinch, some residents report forgoing medical necessities such as visiting a doctor or buying needed medication.

Did not visit doctor

Fifteen percent of Mid-Hudson Valley residents report skipping a doctor’s appointment because they could not afford it. A slightly greater proportion of residents are making this sacrifice than did five years ago. In 2007, 11% of residents reported purposely missing a doctor’s visit to avoid the expense.

This unfortunate financial tactic is particularly prevalent in Sullivan County where 22% of residents report skipping a doctor's appointment at least once because they could not afford to pay for it. This represents a significant increase in this proportion since five years ago when 12% reported missing a doctor's appointment. Columbia County residents are least likely to report skipping a doctor's appointment because of the cost. Only 10% of these residents report doing so compared with 13% in 2007.

		In the past 12 months did you experience any of the following every month, some months but not others, a couple of times, once, or not at all: You missed or skipped a doctor's appointment because you could not afford to pay for it?				
		Some				
		Every month	months but not others	A couple of times	Once	Not at all
		Row %	Row %	Row %	Row %	Row %
Mid-Hudson Valley	2012	1%	3%	8%	3%	84%
	2007	1%	2%	5%	3%	89%
Columbia County	2012	1%	3%	4%	2%	89%
	2007	1%	3%	7%	2%	87%
Dutchess County	2012	1%	2%	9%	3%	85%
	2007	1%	1%	4%	4%	90%
Greene County	2012	2%	4%	9%	3%	82%
	2007	2%	2%	8%	4%	84%
Orange County	2012	1%	2%	7%	4%	85%
	2007	1%	2%	5%	2%	90%
Putnam County	2012	1%	2%	7%	3%	87%
	2007	1%	2%	3%	2%	92%
Ulster County	2012	1%	2%	12%	3%	82%
	2007	1%	3%	6%	4%	86%
Sullivan County	2012	1%	5%	11%	5%	78%
	2007	1%	3%	6%	2%	88%
Mid-Hudson Valley 2012						
Race	White	1%	2%	8%	4%	86%
	African American	0%	5%	13%	2%	80%
	Latino	2%	6%	11%	4%	78%
Income	Less than \$30,000	2%	6%	14%	4%	73%
	\$30,000 or more	1%	2%	7%	3%	87%
	\$50,000 or more	1%	1%	5%	3%	90%
Household Public Assistance	Household members receiving public assistance now or in past year	2%	6%	17%	5%	69%
	No one in household receiving public assistance now or in past year	1%	2%	7%	3%	86%
Children in Household		1%	2%	9%	4%	83%
Household with Children Under 5		1%	3%	10%	4%	82%
Low Income Household with Children		3%	7%	16%	3%	71%
Household Members Currently Not Insured		4%	10%	20%	8%	58%
Household with Gap in Insurance		4%	7%	19%	7%	64%
Age Under 65	Person with disability	4%	8%	19%	4%	65%

Did Not Visit a Doctor

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Residents with lower incomes are more likely to skip a doctor's appointment. Twenty-six percent of residents in households earning less than \$30,000 report skipping an appointment in the past year. This compares with 13% of residents earning \$30,000 or more and 10% of those who make \$50,000 or more annually. There have been changes over the last five years. In 2007, 8% of those who earned \$30,000 or more a year said they skipped a doctor's visit due to the cost. Six percent of those who earned more than \$50,000 reported the same.

Twenty-nine percent of low income households with children report skipping a doctor's appointment to avoid straining their finances. This proportion marks a decrease from 2007 when 37% reported skipping a doctor's visit.

There has been a slight improvement among households with young children. Eighteen percent of these households have skipped a doctor's appointment because they could not afford it. Five years ago, that proportion was 22%.

However, among residents who lack health care coverage, it is a more dismal picture. Forty-two percent of uninsured households have skipped a doctor's visit because of cost. In 2007, that proportion, 33%, was lower.

Thirty-five percent of residents under the age of 65 who have a disability have gone without medical treatment because of the expense. This is an increase from 21% five years ago. Race is also a factor. Twenty-three percent of Latino residents and 20% of African American residents report skipping a doctor's visit compared with 15% of white residents. While there has been little change among African American residents, there has been a five percentage point increase in the proportions of white and Latino residents who have gone without a doctor's care because of the expense.

Did not buy needed medicine

Just as the proportion of residents skipping a doctor's visit has increased, so has the percentage of residents who have decided not to buy needed medicine because it costs too much. Fourteen percent of Mid-Hudson Valley residents say that at least once in the past year they have done without a necessary drug because of cost. In 2007, only 10% of residents reported doing so.

In each of the seven counties, at least one in ten residents reports not buying needed medication because it was beyond their means. Sullivan County residents are most likely to go without medication as nearly one in five of county residents, 19%, report doing so. At the other end of the spectrum is Columbia County where 10% of residents report not buying medicine because of the cost. The largest change has occurred in

Putnam County where nearly double the proportion of residents says they have not bought needed medicine because of cost. Thirteen percent report doing so now compared with 7% in 2007.

		In the past 12 months did you experience any of the following every month, some months but not others, a couple of times, once, or not at all: You did not buy needed medicine because you did not have the money to pay for it?				
		Every month	Some months but not others	A couple of times	Once	Not at all
		Row %	Row %	Row %	Row %	Row %
Mid-Hudson Valley	2012	2%	2%	7%	3%	85%
	2007	1%	2%	5%	2%	90%
Columbia County	2012	1%	0%	6%	3%	89%
	2007	2%	2%	4%	3%	89%
Dutchess County	2012	3%	2%	6%	2%	87%
	2007	2%	1%	5%	2%	90%
Greene County	2012	2%	3%	6%	4%	85%
	2007	1%	2%	8%	2%	87%
Orange County	2012	2%	2%	8%	3%	85%
	2007	1%	3%	5%	2%	89%
Putnam County	2012	1%	3%	5%	4%	87%
	2007	2%	2%	2%	1%	93%
Ulster County	2012	2%	2%	9%	3%	84%
	2007	1%	3%	5%	2%	89%
Sullivan County	2012	3%	4%	9%	3%	81%
	2007	1%	4%	5%	1%	88%
Mid-Hudson Valley 2012						
Age	18 to 30	1%	3%	6%	5%	86%
	31 or older	2%	2%	7%	3%	85%
Race	White	2%	2%	7%	3%	87%
	African American	4%	4%	12%	3%	76%
	Latino	4%	4%	6%	5%	80%
Income	Less than \$15,000	10%	5%	12%	7%	67%
	Less than \$30,000	5%	5%	13%	6%	71%
	\$30,000 or more	1%	2%	5%	2%	89%
Children in Household		2%	2%	6%	4%	86%
Household with Children Under 5		3%	2%	7%	5%	83%
Low Income Household with Children		5%	5%	12%	7%	71%
Household Members Currently Not Insured		8%	4%	16%	5%	67%
Household with Gap in Insurance		6%	5%	15%	6%	68%
Age Under 65	Person with disability	6%	10%	16%	6%	62%

Did Not Buy Needed Medicine

Many Voices One Valley 2012

Echoing the trend with skipping a doctor's visit, residents with lower incomes are more likely to forgo needed medicine. Thirty-four percent of residents in households earning less than \$15,000 and 29% of residents in households earning less than \$30,000 report not buying medicine because they could not afford it. This compares with 10% of residents earning \$30,000 or more annually.

While a notable proportion of low income households with children are doing without medication because of cost, fewer are doing so when compared with 2007. Twenty-nine percent of households earning less than \$30,000 annually with children report skipping medication. This compares with 39% five years ago.

Seventeen percent of households with children under the age of five report going without needed medication because they found the cost excessive. This is a moderate improvement from 2007 when 22% of these households said they did the same

Residents lacking health insurance and residents who have experienced gaps in their insurance coverage are likely to not buy needed medicine due to the expense. About one-third of households currently without health insurance, 33%, and households that have had gaps in coverage over the past year, 32%, have not bought needed medication because they could not afford it.

The proportion of residents with a disability under the age of 65 who have skipped purchasing needed medication has almost doubled over the last five years. Thirty-eight percent currently say they have done so while 20% said the same in 2007.

Twenty-three percent of African American and 19% of Latino residents have not purchased needed medicine because of the cost. This compares with 14% of white residents.

Summary: going without because of cost

Notable proportions of Mid-Hudson Valley residents report the struggle to make ends meet has compelled them to take health risks in the form of skipping a doctor's appointment or forgoing needed medication. Both cost-cutting strategies have increased in prevalence since 2007.

Certain groups are more likely to resort to these tactics than others. Lower income households, lower income households with children, households lacking insurance, and households including a member with a disability are more likely to report skipping a doctor's appointment or going without medicine at least once in the past year.

There is also one notable regional difference. Sullivan County residents are most likely to report going without these types of medical care because they are too expensive.

Conclusion

Issues surrounding health care weigh heavily on the minds of Mid-Hudson Valley residents. For significant proportions, the cost of securing medical attention for

themselves and their families is a major financial strain. For some, this expense exceeds the capacity of limited budgets. Although making health care more affordable is no longer the number one priority in the region overall, as it was in 2007, it still ranks toward the top of the list.

Although they are in the minority, more than one in ten households in the Mid-Hudson Valley either lack insurance coverage or experienced a gap in their coverage over the past year. Since 2007, the community has made very little headway in expanding the scope of insurance coverage. The proportion of people experiencing gaps in health insurance or currently lacking insurance are virtually identical to those from five years ago and ten years ago. However, small strides have been made in providing continuous health coverage to children.

The proportion of residents who feel the strain of medical expenses is very close to that from years past. More than four in ten households say that the cost of health insurance puts pressure on their family finances, and more than one-third say their budgets are stretched by the cost of medical care independent of health insurance.

However, one practice has changed since five years ago – for the worse. Residents are now more likely to go without medical care. A larger proportion of residents than five years ago reports skipping a doctor’s visit or not buying needed medication because they could afford to pay for it.

How the Survey Was Conducted

The survey was conducted by the Marist College Institute for Public Opinion and funded by the Dyson Foundation.

4,443 adults 18 years of age or older who live in the Mid-Hudson Valley in New York were interviewed in proportion to the adult population in seven counties: Columbia, Dutchess, Greene, Orange, Putnam, Sullivan, and Ulster. The survey was designed to collect information about the Mid-Hudson Valley as a region and to allow for county level analysis as well. Representative samples were drawn from each county based on the population distribution within that county. In order to analyze the opinions of residents of the Mid-Hudson Valley, the seven county samples were combined and weighted to reflect the population distribution of the entire region. Census comparisons to the 2012 survey results are displayed at the end of this report.

This is the third time over the past decade this project has been undertaken. Many of the questions in this survey were asked of Mid-Hudson Valley residents in each of the

previous two studies. As a result, comparisons may be made over time for 2007 and 2002. Residents of Sullivan County were first included in the 2007 study of the region.

The goal of a scientifically designed survey sample is to be representative of the population that is being surveyed. The results obtained from a scientific probability survey are not just answers from those individuals who responded but more importantly, because of the design and methods by which the data is collected, can be used to generalize to the population as a whole. For this survey, the results are an estimate of what would have been obtained, within a certain range, if all adults 18 years of age or older in the Mid-Hudson region were interviewed.

How to interpret the numbers

Sampling error is the difference between the responses to the survey if all adults 18 years of age or older who live in the Mid-Hudson Valley had been interviewed and the actual survey results. Sampling error is primarily based upon the number of interviews in the survey sample. The sampling error may be interpreted as indicating the probability (95 times out of 100) within which the results of repeated samplings, in the same time period, assuming the same sampling procedures, could be expected to fall within a certain range.

The margin of error for the survey results of Mid-Hudson residents is $\pm 1.5\%$ for percentages near 50% at a confidence level of 95%. The sampling error diminishes slightly for questions whose results are at the extremes and the sampling error increases as the number of interviews for a particular group or sub-group within the sample declines.

Region	Sample Size	Margin of Error
Mid-Hudson	4443	$\pm 1.5\%$
Columbia	506	$\pm 4.5\%$
Dutchess	848	$\pm 3.5\%$
Greene	527	$\pm 4.5\%$
Orange	991	$\pm 3.5\%$
Putnam	512	$\pm 4.5\%$
Sullivan	519	$\pm 4.5\%$
Ulster	540	$\pm 4.5\%$

Many Voices One Valley 2012

For example, 51% of Mid-Hudson Valley residents surveyed think their community spends too little money on public transportation. The margin of error of $\pm 1.5\%$ means that we may conclude there is a high probability, 95 times out of 100, that the average results for this question of repeated samplings in the region will fall between 49.5% and 52.5%. All results are rounded to the next whole number.

In evaluating the information detailed in this report, several points should be noted. First, the analysis often focuses on differences among subgroups rather than commonalities. Therefore, the charts depicted in the report do not include all factors but rather those where differences are evident. Additional tables may be found at ManyVoicesOneValley.org and may be referenced for further detail among subgroups and other key segmenting variables.

Second, some questions in the survey were only asked of a subgroup of those interviewed depending on an answer to a previous question. For instance, residents were asked if they were currently employed. If they were not, they were not asked subsequent questions about their job such as commute time. Questions that were not asked of all residents are identified.

Finally, totals in tables may not add to 100% due to rounding.

Methodology: sample design

A dual frame, stratified random digit dial (RDD) probability design was used to draw the telephone numbers for the survey. RDD ensures representation of both listed and unlisted telephone numbers. Telephone numbers were selected based upon two separate frames or lists of telephone exchanges, one for landline and one for cell phone numbers. Telephone numbers were selected based upon a list of telephone exchanges from throughout the seven counties. The exchanges were selected to ensure that each county was represented in proportion to its population in accordance with a probability sample design that gives all landline telephone numbers, listed and unlisted, and cell phone numbers a known chance of being included. Results are based on both landline and cell phone interviews of adults 18 years of age and older. The landline and cell phone samples were combined. Nineteen percent of the completed interviews were obtained from the cell phone sampling frame.

In order to participate in the survey a household or cell phone owner had to have a residence located within one of the seven counties and have an adult resident that was 18 years of age or older. For the landline frame, a member within each household was then selected to be interviewed through the use of a random household selection method. In order to be interviewed, a respondent needed to be at least 18 years of age or older and be a resident of the Mid-Hudson Valley.

Methodology: data collection

The questionnaire and the telephone sample were programmed for computer assisted telephone interviewing (CATI). Interviewing was conducted from a centralized telephone facility at the Marist College Institute for Public Opinion using trained

interviewers who were specifically briefed on this study. The interviews were conducted in either English or Spanish.

There were a total of 294 interviewers and supervisors who worked on this study. On average, the supervisor to interviewer ratio was seven to one. Polling supervisors regularly monitored, evaluated, and provided feedback to the interviewing staff throughout the data collection period. The average length of the survey was twenty-two minutes.

One hundred and ninety seven pretest interviews for the survey were administered by telephone on December 13th, 2011. As a result of the pretest, the questionnaire was updated and revised. Although there were limited changes made to the questionnaire, pretest interviews were not included as part of the final dataset.

Interviews were conducted February 2nd through March 14th, 2012. Interviewers contacted households between 5:30 p.m. and 9:15 p.m. Callbacks were also conducted between 10:00 a.m. and 4:00 p.m. on weekdays. Up to 8 attempts to contact a household were made. Callbacks were staggered over times of day and days of the week to maximize the chances of making contact with a potential respondent. Suspended interviews and refusals were re-contacted at least once in order to attempt to convert them to a completed interview. This included callbacks to initial unsuccessful contacts, refusal conversion, and scheduled appointments. A toll free number was used so that respondents could call the survey center at their convenience to complete an interview.

Information collected from survey participants is both confidential and anonymous. Personal identifying information is removed from files after the integrity of the data has been verified.

Comparisons of 2012 Survey Results to 2010 Census

Mid-Hudson Valley		2012 Survey	2010 Census
County	Columbia	6%	6%
	Dutchess	26%	26%
	Greene	4%	4%
	Orange	32%	31%
	Putnam	9%	9%
	Sullivan	7%	7%
	Ulster	16%	17%
	Gender	Male	50%
	Female	50%	50%
Age	Under 45	48%	45%
	45 and older	53%	55%
Income	Less than \$15,000	10%	9%
	\$15,000 to just under \$30,000	13%	13%
	\$30,000 to just under \$50,000	17%	17%
	\$50,000 to just under \$75,000	18%	18%
	\$75,000 to just under \$100,000	15%	14%
	\$100,000 or more	28%	28%
Race	White	74%	77%
	African American	8%	8%
	Latino	13%	12%
	Other	4%	3%
Mid-Hudson Valley		Many Voices One Valley 2012	

Columbia County		2012 Survey	2010 Census
Gender	Male	49%	50%
	Female	51%	50%
Age	Under 45	40%	37%
	45 and older	60%	63%
Income	Less than \$15,000	13%	10%
	\$15,000 to just under \$30,000	17%	16%
	\$30,000 to just under \$50,000	18%	22%
	\$50,000 to just under \$75,000	18%	18%
	\$75,000 to just under \$100,000	11%	12%
	\$100,000 or more	22%	22%
Race	White	89%	91%
	Non-white	11%	9%
Columbia County		Many Voices One Valley 2012	

Dutchess County		2012 Survey	2010 Census
Gender	Male	49%	49%
	Female	51%	51%
Age	Under 45	47%	45%
	45 and older	53%	55%
Income	Less than \$15,000	9%	9%
	\$15,000 to just under \$30,000	11%	11%
	\$30,000 to just under \$50,000	16%	16%
	\$50,000 to just under \$75,000	17%	18%
	\$75,000 to just under \$100,000	16%	16%
	\$100,000 or more	32%	31%
Race	White	76%	77%
	Non-white	24%	23%
Dutchess County		Many Voices One Valley 2012	

Greene County		2012 Survey	2010 Census
Gender	Male	51%	52%
	Female	49%	48%
Age	Under 45	42%	40%
	45 and older	58%	60%
Income	Less than \$15,000	10%	11%
	\$15,000 to just under \$30,000	23%	22%
	\$30,000 to just under \$50,000	19%	21%
	\$50,000 to just under \$75,000	23%	21%
	\$75,000 to just under \$100,000	12%	12%
	\$100,000 or more	13%	13%
Race	White	89%	88%
	Non-white	11%	12%
Greene County		Many Voices One Valley 2012	

Orange County		2012 Survey	2010 Census
Gender	Male	52%	49%
	Female	48%	51%
Age	Under 45	52%	49%
	45 and older	48%	51%
Income	Less than \$15,000	10%	8%
	\$15,000 to just under \$30,000	11%	12%
	\$30,000 to just under \$50,000	16%	15%
	\$50,000 to just under \$75,000	17%	18%
	\$75,000 to just under \$100,000	15%	15%
	\$100,000 or more	32%	32%
Race	White	70%	71%
	Non-white	30%	29%
Orange County		Many Voices One Valley 2012	

Putnam County		2012 Survey	2010 Census
Gender	Male	50%	49%
	Female	50%	51%
Age	Under 45	45%	41%
	45 and older	55%	59%
Income	Less than \$15,000	4%	5%
	\$15,000 to just under \$30,000	9%	9%
	\$30,000 to just under \$50,000	15%	13%
	\$50,000 to just under \$75,000	14%	15%
	\$75,000 to just under \$100,000	15%	15%
	\$100,000 or more	43%	43%
Race	White	85%	84%
	Non-white	15%	16%
Putnam County		Many Voices One Valley 2012	

Sullivan County		2012 Survey	2010 Census
Gender	Male	49%	51%
	Female	51%	49%
Age	Under 45	48%	41%
	45 and older	52%	59%
Income	Less than \$15,000	17%	15%
	\$15,000 to just under \$30,000	18%	18%
	\$30,000 to just under \$50,000	20%	20%
	\$50,000 to just under \$75,000	21%	20%
	\$75,000 to just under \$100,000	11%	12%
	\$100,000 or more	14%	15%
Race	White	74%	75%
	Non-white	26%	25%
Sullivan County		Many Voices One Valley 2012	

Ulster County		2012 Survey	2010 Census
Gender	Male	49%	49%
	Female	51%	51%
Age	Under 45	45%	43%
	45 and older	55%	57%
Income	Less than \$15,000	9%	10%
	\$15,000 to just under \$30,000	17%	15%
	\$30,000 to just under \$50,000	18%	19%
	\$50,000 to just under \$75,000	21%	20%
	\$75,000 to just under \$100,000	15%	14%
	\$100,000 or more	20%	22%
Race	White	84%	84%
	Non-white	16%	16%
Ulster County		Many Voices One Valley 2012	