

Community Health Status Report



Community Health Indicators Dutchess County, NY

Report Prepared by
Dutchess County Department of Health

April 2013

(Errata March 2014, page 7)



COUNTY OF DUTCHESS
DEPARTMENT OF HEALTH



Dear Community Members,

Dutchess County is pleased to join the rest of the country in an effort to make America healthier. During this year's National Public Health Week (April 1 -7), you will see that we all have a role in supporting public health and in putting prevention to work in our lives.

Health and prevention efforts begin at home. We need to remember that healthy children actually learn better! We must strive to maintain a healthy work environment. We ought to always remember to buckle up, wear helmets when biking, and stop texting while driving! Finally, we have to be aware that our individual health is tied to our own community's health.

We are proud that, once again, Dutchess County has been ranked as one of the 'healthiest' counties in New York State according to the 2013 annual County Health Ranking Report recently released by the Wisconsin Population Health Institute.

The Community Health Status Report shows that we have progressed and continue to do well across various indicators – including measures of birth, morbidity, and mortality. The majority of birth measures continue to exceed the Healthy People 2020 goals and more and more mothers are choosing to stop smoking during pregnancy.

In 2012, we conducted our second community wide survey asking County residents to share their experience with the local health and human services system. This included all aspects of the local environment, such as physical, legal, social, economic, and health concerns. Identifying what residents feel are priority community health and quality of life issues is a critical aspect of our planning process to prevent illness and enhance health.

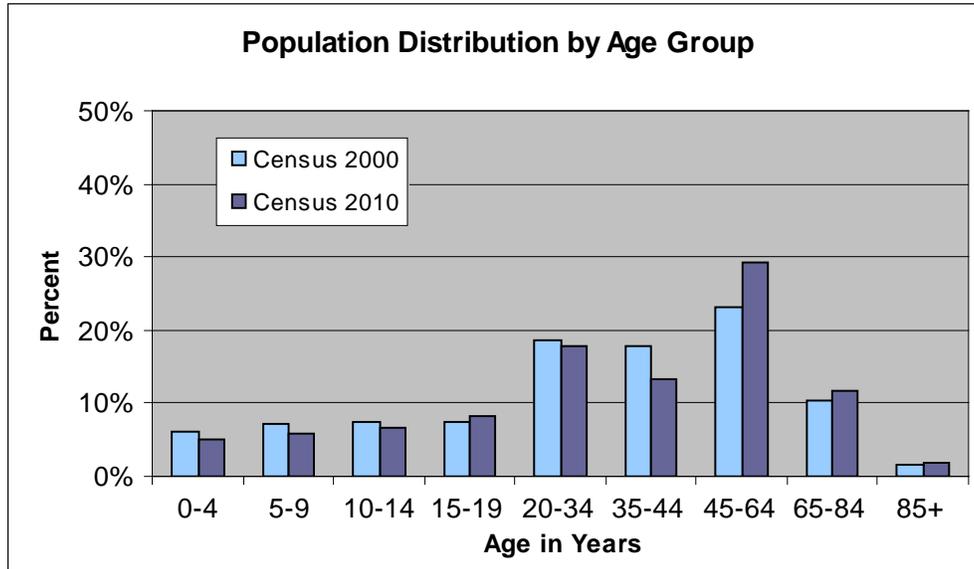
We hope you will join us in recognizing the great strides we, as a community have made, and we thank you for your continued support of our public health network.

Marcus J. Molinaro
County Executive

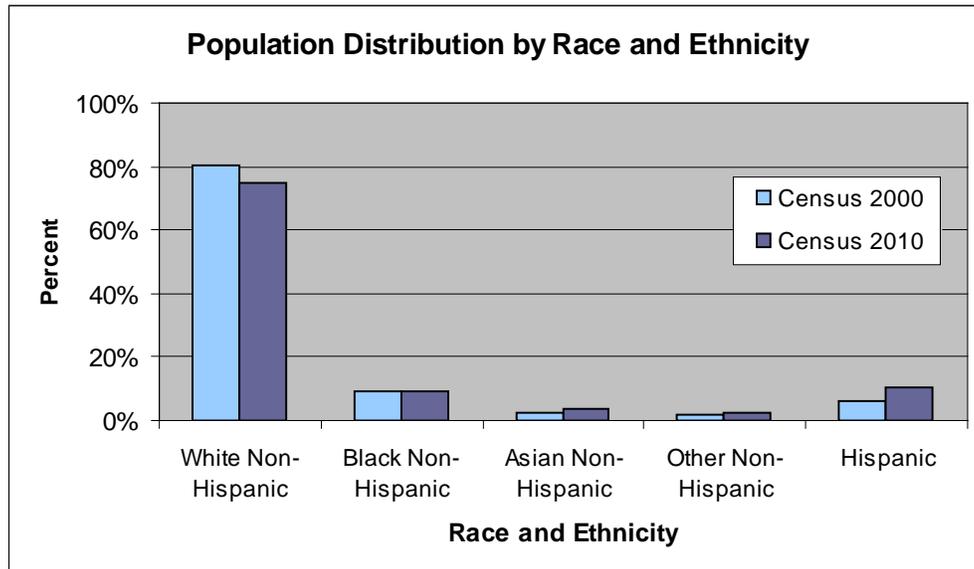
Michael C. Caldwell, MD, MPH
Commissioner of Health

DEMOGRAPHIC INFORMATION

	<u>2000</u>	<u>2010</u>	<u>% change</u>
<u>Population Size</u>	280,150	297,488	+6.2%
<u>Population Density</u> (people per square mile)	349	374	+7.2%



The 45-64 and 85+ year old age groups have had the highest increase (34% and 36% respectively) while the 35-44 year olds have experienced a 20% decrease.



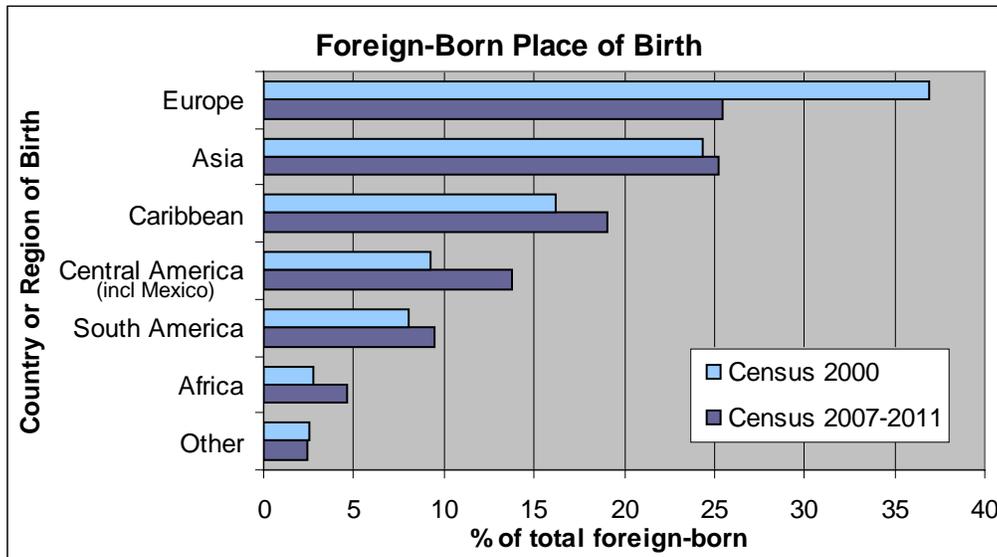
There has been a 76% increase in the Hispanic population.

Note: Hispanic = Hispanic Whites, Hispanic Blacks, Hispanic Others, and Hispanic race not stated

Data Source: U.S. Census Bureau – Decennial Census 2000 and 2010

DEMOGRAPHIC INFORMATION

Immigration and U.S. Citizenship in Dutchess County		
	2000	2010
U.S. Born	256,550 (92%)	262,162 (88%)
Born Outside of U.S.	23,600 (8%)	35,415 (12%)
<i>Naturalized U.S. Citizen</i>	11,282 (48%)	19,118 (54%)
<i>Not a U.S. Citizen</i>	12,318 (52%)	16,297 (46%)



The largest decrease in Europe is concentrated in Western Europe. China and India are the top two Asian countries. Jamaica leads the Caribbean, followed by the Dominican Republic. Central American growth is overwhelmingly from Mexico. There are no leading countries in South America.

VULNERABLE POPULATIONS

Vulnerable populations may face unique health risks and barriers to care due to financial circumstances, health status (e.g. chronic or terminal illness or disability), age, functional or developmental status, or language barriers.

Vulnerable Populations	2000	2010
Individuals without high school diploma	29,474 (16.0%)	20,932 (10.5%)
Unemployed individuals	7,930 (3.6%)	15,835 (6.6%)
Female householder, no spouse present, with own children < 18 years	5,960 (6.0%)	6,330 (4.7%)
Individuals below poverty level	19,858 (7.5%)	22,312 (7.5%)
Population that speaks English less than "very well"	10,021 (3.8%)	15,303 (5.4%)
Individuals with a disability	41,194 (16.2%)	35,103 (12.8%)

Data Source:

U.S. Census Bureau, American Community Survey

Note: Only a five year estimate for foreign-born place of birth was available for the most recent period of time

CHILDHOOD PREVENTIVE SERVICES

Blood lead screening and the incidence of elevated blood lead levels are two measures that monitor lead poisoning in children.

Blood Lead Screening by Year of Birth ¹			
Screenings	Dutchess 2007	Dutchess 2005-07 Avg	NYS (excl NYC) 2005-07 Avg
% children born with lead screening at 0-9 months	3.8%	3.5%	3.1%
% children born with lead screening at 9-18 months	69.4%	68.7%	64.4%
% children born who received at least 2 lead screening blood tests by 36 months (tests from 2005 to 2008)	52.2%	50.6%	42.7%

The table below shows the rate of new cases of elevated blood lead among children tested at ages 0-6.

Incidence of Confirmed Elevated Blood Lead Levels (≥ 10 mcg/dL) ¹			
(Rate per 100 children tested)			
Period	Dutchess County		
	# New Cases	# Children Tested	Rate
2008-2010	105	16,042	0.6
2009-2011	106	17,176	0.6
2010-2012	95	20,562	0.5

Immunization is a key preventive measure to protect children from dangerous infectious diseases.

Percent Children Fully Immunized by Kindergarten ²	
2011-2012	
County	Percent Fully Immunized
Dutchess	96%
Orange	98%
Putnam	98%
Rockland	96%
Sullivan	96%
Ulster	94%
Westchester	98%
NYS excl NYC	98%

Data Sources:

¹ NYSDOH Child Health Lead Poisoning Prevention Program

² NYS Immunization Surveys, NYSDOH Bureau of Immunization

MEASURES OF BIRTH

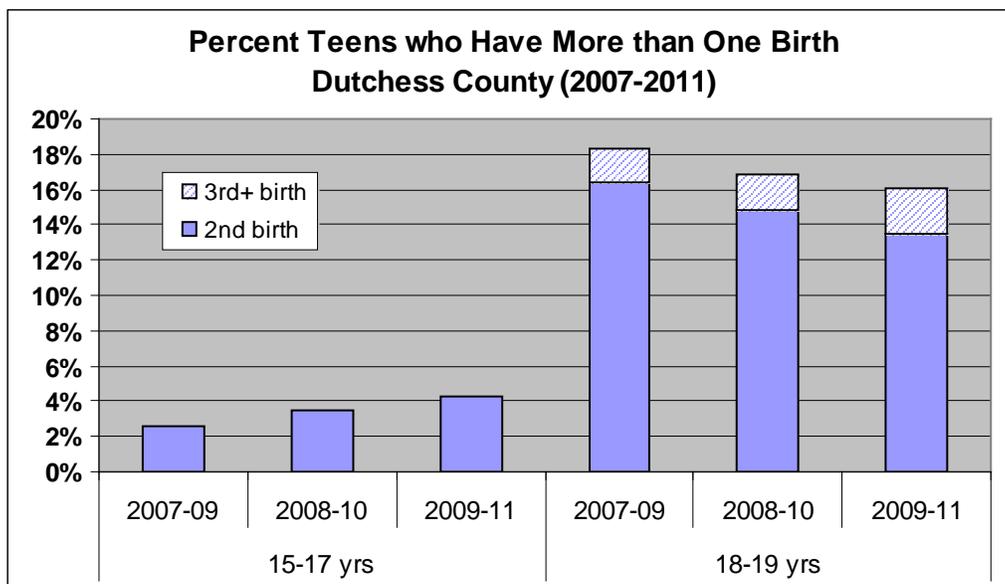
The birth measures below provide information about birth outcomes and factors that may influence such outcomes.

Births and Birth Rates (per 1,000 females ages 15-44)		2009	2010	2011
Dutchess County	<i>Number of Births</i>	2,917	2,867	2,652
	Birth Rate	51.6	50.0	46.6
NYS (excl NYC)	Birth Rate	58.9	57.7	n/a

Birth Measures (rates per 100 births unless otherwise specified)	Dutchess County			Healthy People 2020 Goal
	2009	2010	2011	
Low Birth Weight < 2500 g	7.1	6.6	7.5	7.8
Premature Births (< 37 weeks gestation)	8.6	9.5	11.0	11.4
Early Prenatal Care (1st trimester)	84.6	85.4	83.3	77.9
Out of Wedlock Births	36.1	34.7	38.0	--
Teen Pregnancy 15-17 yrs (per 1,000 females 15-17)	16.9	11.8	14.1	36.2
Teen Births 15-17 yrs (per 1,000 females 15-17)	6.7	5.8	6.2	--
Medicaid Births	23.4	26.7	29.8	--

Infant and Neonatal Mortality (per 1,000 live births)	2007-09	2008-10	2009-11	HP 2020
Infant Deaths (< 1 year old)	4.3	5.6	4.8	6.0
Neonatal Deaths (< 28 days)	2.7	3.8	3.4	4.1

Note: Rates do not include births where information is not stated on birth record.



Note: 3 year averages are used when numbers are small to lessen the impact of yearly fluctuations.

Data Source (for all data on this page): NYSDOH Bureau of Biometrics

ACCESS TO CARE

Health insurance is one of many indicators used to assess access to care. Utilization of specific programs designed for special populations is presented below as well as recent data on the uninsured.

Dutchess County	2010	2011	2012
Enrollments in Child Health Plus ¹	6,540	6,747	5,989 *
Enrollments in Family Health Plus ²	2,566	2,943	2,817 *
Medicaid Managed Care Enrollment ²	16,153	18,120	20,993 *
Elderly Prescription Insurance Coverage (EPIC) ³	4,005	3,834	3,754
Enrollments in NACo Dental Discount Program ⁴	n/a	190	222 *
NACo Prescription Discount Drug Program ⁴			
Average # of residents using card per month**	776	727	549
Average % savings per prescription	30%	30%	31%
Health Professional Shortage Area in Dental Care ⁵	Beacon City	Beacon City and Greater Poughkeepsie	Greater Poughkeepsie
Health Professional Shortage Area in Mental Health ⁵			Fishkill (Correctional)
Community/Migrant Health Centers ⁵	Yes	Yes	Yes

Note: Dutchess County Dental Discount Program offers residents dental care at reduced rates, saving 5-50% off their dental care (includes oral exams, cleanings, denture, roots canals, crowns and more).

* Data provisional

** Errata, March 2014

Individuals Without Health Insurance Coverage by Age Group ⁶								
Period	Dutchess County				New York State			
	Total	< 18 yrs	18-64 yrs	≥ 65 yrs	Total	< 18 yrs	18-64 yrs	≥ 65 yrs
2009	9.3%	3.1%	13.1%	1.6%	11.4%	4.6%	15.9%	1.0%
2010	9.1%	3.6%	12.9%	0.4%	11.9%	4.8%	16.6%	1.1%
2011	9.5%	4.4%	13.1%	0.7%	11.4%	4.2%	16.0%	1.2%

Data Sources

¹ NYSDOH Child Health Plus Program

² NYSDOH Medicaid Managed Care Program

³ NYSDOH EPIC Program

⁴ National Association of Counties – The program started in August 2011

⁵ Health Resources and Services Administration. There are no designated shortage areas in primary medical care.

⁶ U.S. Census Bureau American Community Survey

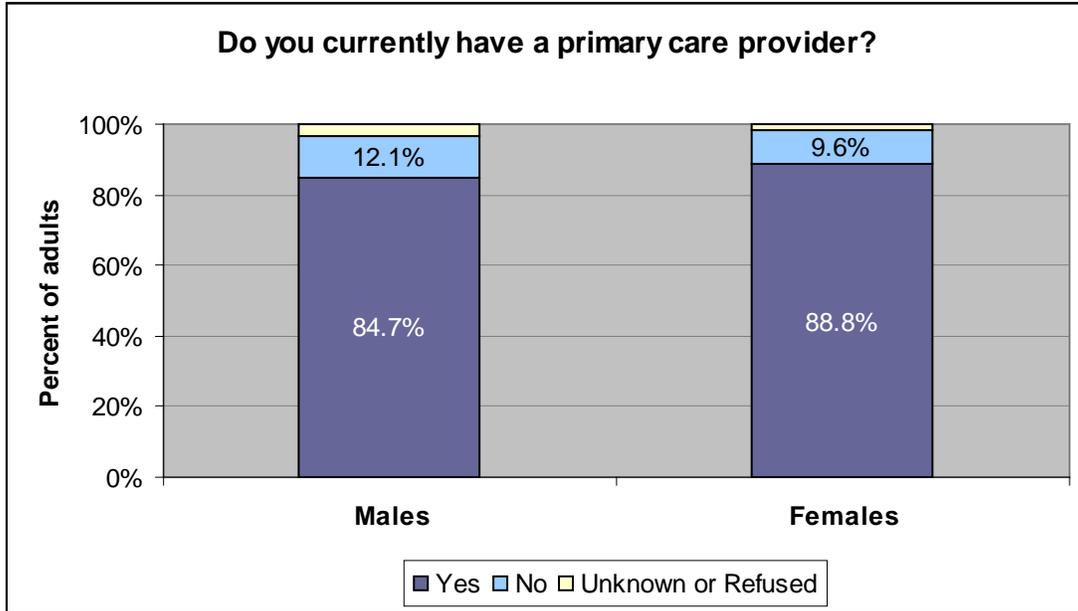
ACCESS TO CARE

The 2012 Dutchess County Community Health Survey

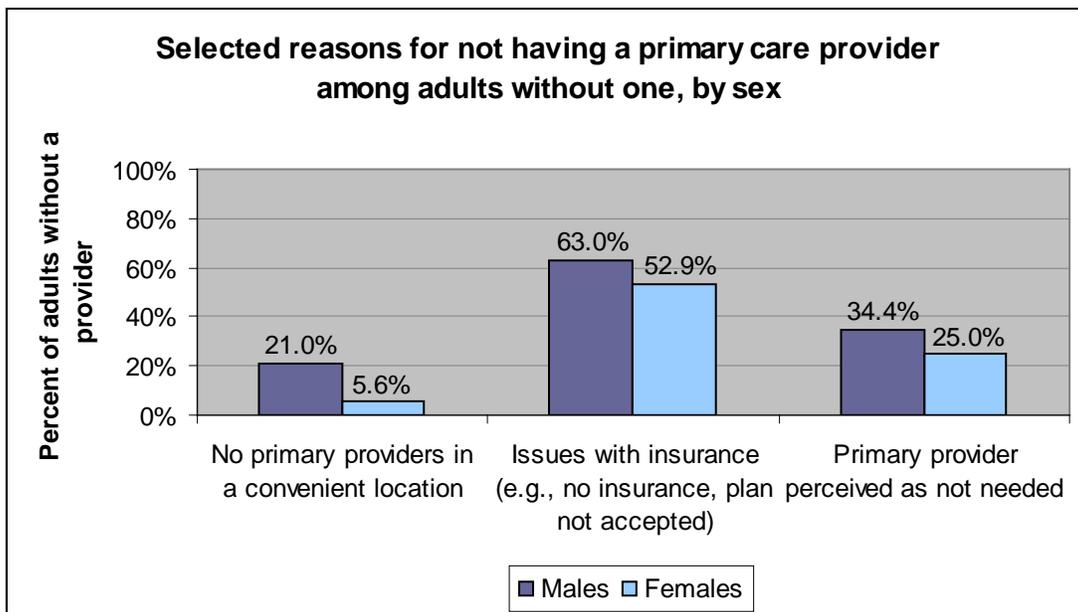
In 2012, as part of the Integrated County Planning process, the Dutchess County Department of Health repeated its 2009 countywide community health survey to identify community health and quality of life issues from the perspective of County residents. A total of 1,157 adult residents (≥ 18 years) were surveyed.

The complete 2012 report will be released later this year. The 2009 report is available at www.dutchessny.gov.

Access to and utilization of healthcare services was a fundamental area of interest.



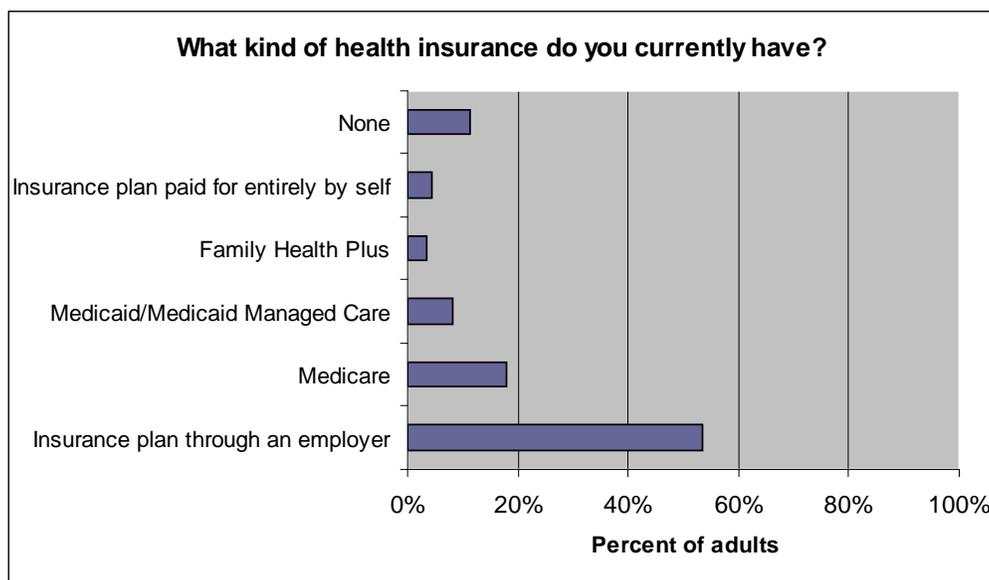
Among respondents who did not have a primary care provider, the most prevalent reasons given are presented below. Percentages by reason sum to over 100% as respondents could choose more than one.



ACCESS TO CARE (Community Health Survey cont'd)

Close to one third of respondents (32.5%) stated that they or a member of their household needed but did not receive one or more types of healthcare service. The following table identifies which services were needed but not received.

Which of the following healthcare services did you need but not receive?	Percent of those not receiving one or more services
Dental care	59.9%
Primary care for an adult	39.9%
Eye care	35.5%
Visit to a specialist	31.9%
Prescription drugs	29.6%
Health screening such as a colonoscopy	21.0%
Primary pediatric care for a child	18.8%
Mental health services	14.9%
Hearing care	11.4%
Surgery	10.9%
Substances abuse services	8.4%
Was health insurance ever a reason why you or any member of your household did not receive a needed healthcare service?	Percent of those not receiving one or more services
Yes	44.0%
Specific reasons (as a percent of those with insurance issues):	
- Lack of insurance, could not pay out-of-pocket	89.1%
- Insurance policy did not cover service	55.2%
- Service was covered but co-pay or deductible was too high	45.4%



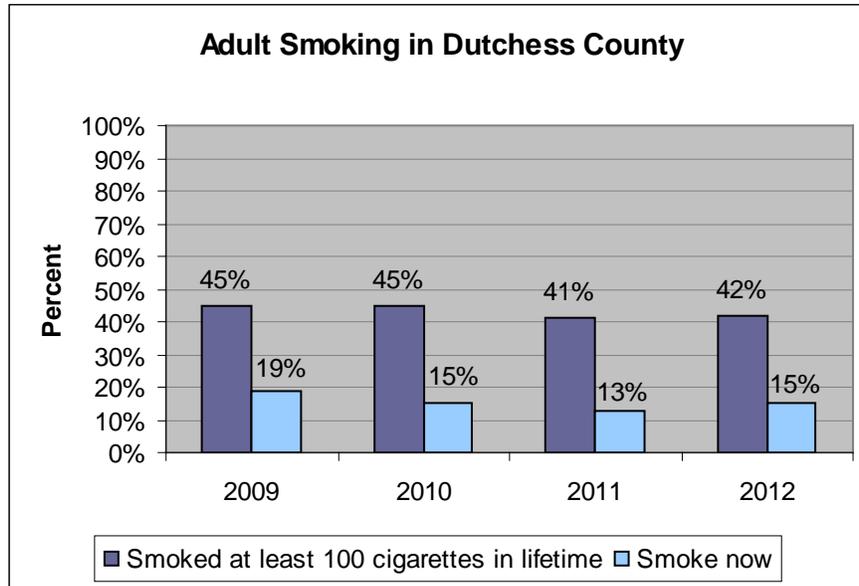
Data Source: Dutchess County ICA Community Health Survey, 2012

BEHAVIORAL RISK FACTORS

Human behaviors can and do impact the health status of individuals. Behavioral risk factors are associated with a number of chronic illnesses including high blood pressure, cancer, cardiovascular disease, and respiratory disease. This section of the report highlights some key behavioral risk factors.

Tobacco

Smoking is a risk factor for a number of chronic illnesses including cancer, cardiovascular disease, and respiratory disease, such as emphysema.



The Healthy People 2020 goal to reduce tobacco use by adults is 12%

Tobacco Compliance Check Violations in Dutchess County					
Year *	# of Retailers in Dutchess County	# of Vending Machines in Dutchess County	# of Inspections Conducted		# of Sales to Minors
			With adults	With minors	
2009	335	7	59	418	26 (6.2%)
2010	319	3	55	329	26 (7.9%)
2011	314	1	48	378	25 (6.6%)
2012	312	1	50	426	19 (4.5%)

* The 12 month period runs from October 1st to September 30th.

There was a 24% decrease in sales to minors from 2011 to 2012.

Data Sources:

Adult Smoking: Long Island/Hudson Valley Regional Survey, SmokeFree Dutchess

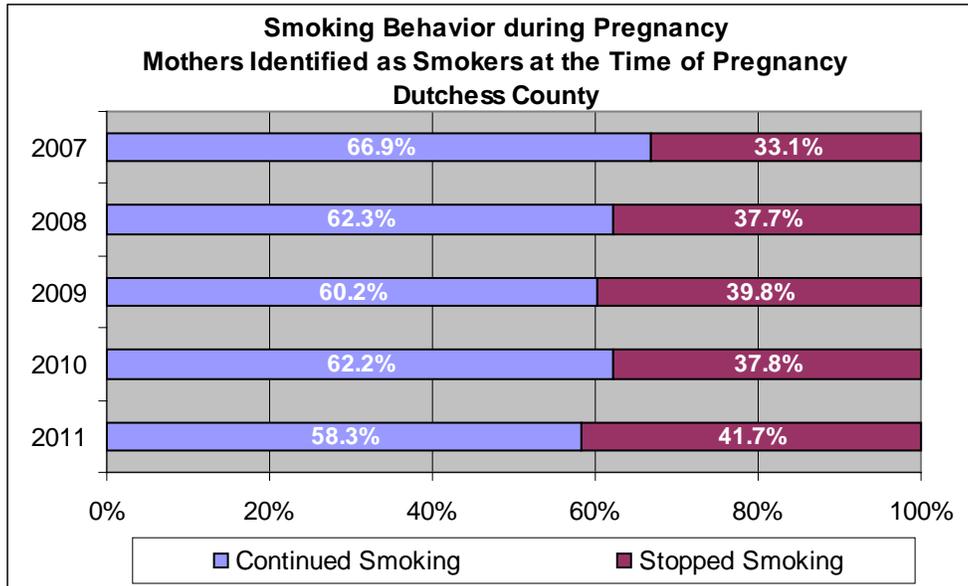
Tobacco Compliance: Dutchess County Department of Health, Division of Environmental Health

BEHAVIORAL RISK FACTORS

Smoking and overweight/obesity can negatively impact pregnancy outcomes.

Smoking & Pregnancy

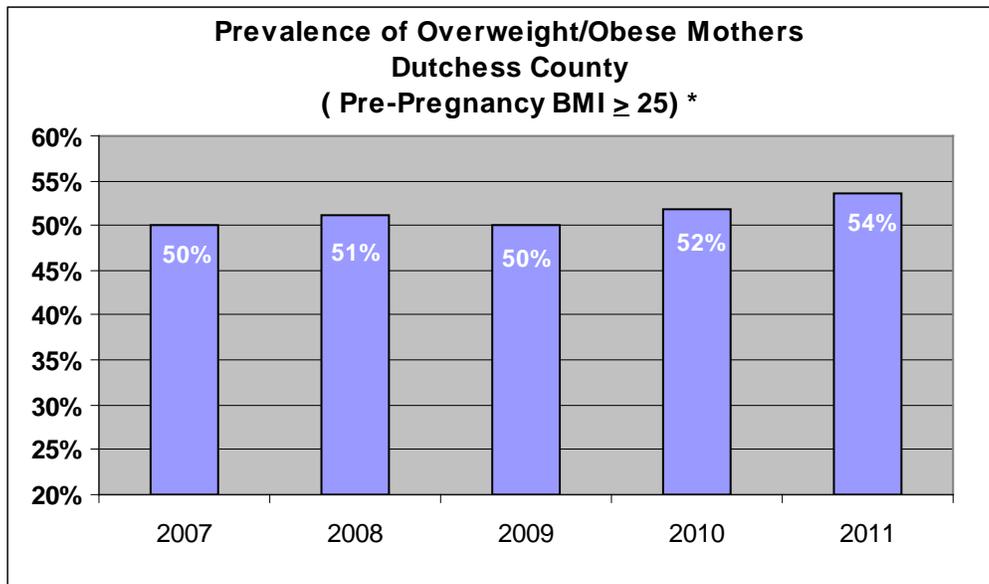
Smoking during pregnancy creates health risks for the fetus; notably low birthweight and prematurity. Approximately 13-15% of mothers self identify as smokers at the time of pregnancy.



The Healthy People 2020 goal to increase smoking cessation during pregnancy is 30%.

Obesity & Pregnancy

Increasing evidence links obesity to birth defects and increased risk of pregnancy complications and poor outcomes.



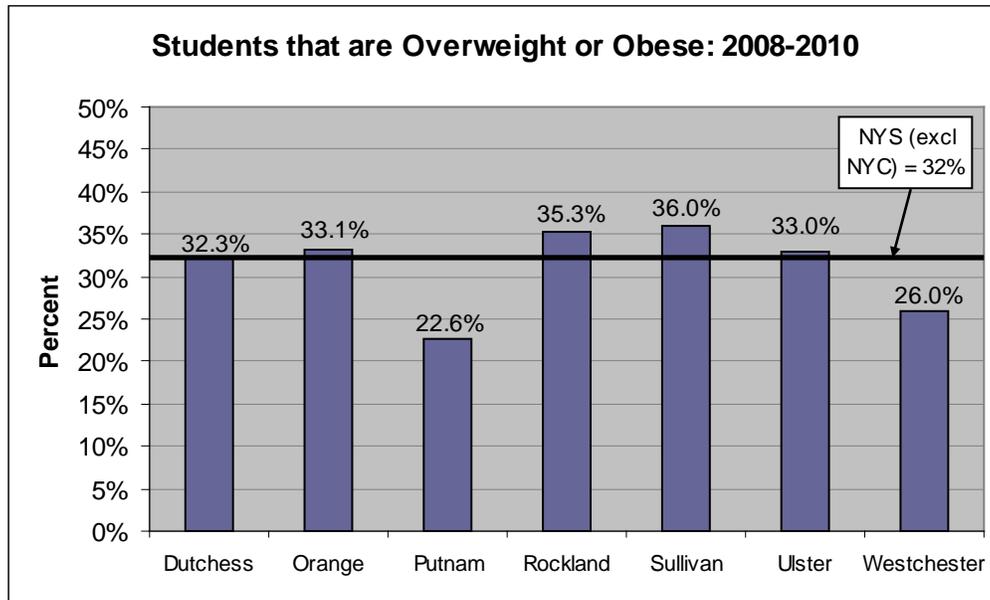
* BMI = Body Mass Index (criteria as defined by Institute of Medicine, 2009). It is calculated as weight in kilograms divided by square of height in meter.

Data Source (for all data on this page): NYSDOH Bureau of Biometrics

BEHAVIORAL RISK FACTORS

Childhood Obesity

In an effort to support state and local efforts to confront the problem of childhood obesity, the New York State Student Weight Status Category Reporting System was created in 2007. During the 2008-'09 and 2009-'10 school years, all public schools in NYS (outside the five boroughs of New York City) were required to report aggregated information from school health certificates and appraisals for students in pre-Kindergarten and Kindergarten and in grades 2, 4, 7, and 10. Obesity among children and adolescents is defined as a body mass index (BMI) at or above the 95th percentile of the sex-specific BMI-for-age growth charts, and overweight is defined as a BMI at the 85th through the 94th percentile.



Note: Percentages are based on a portion of the student population. Completeness by district varies as parents/guardians may request that their child's weight status be excluded, and the Family Educational Rights and Privacy Act (FERPA) limits data reporting if numbers of students in any particular category are fewer than five. This prevented many small districts and some schools from reporting data. Improvements in methodology are ongoing.

Data Source: New York State Department of Health Student Weight Category Reporting Survey, County Report, 2008-10

Overweight Children in WIC Program, 2-4 Years, Low Socioeconomic Status			
Period	Dutchess County		New York State (excl NYC)
	Number	Percent	Percent
2006-2008	547	13.4%	14.6%
2007-2009	592	13.7%	15.2%
2008-2010	635	13.5%	15.2%

Children in WIC Program, 6 Months-4 Years Viewing TV <= 2 Hours/Day			
Period	Dutchess County		New York State (excl NYC)
	Number	Percent	Percent
2006-2008	3,370	76.2%	78.8%
2007-2009	3,533	74.9%	80.5%
2008-2010	3,717	72.5%	80.7%

Data Source: NYS Pregnancy Nutrition Surveillance System - WIC Program

MEASURES OF MORBIDITY

The morbidity section reflects some of the most common illnesses and conditions in our community, including chronic and communicable diseases, tick borne diseases and injuries. Chronic disease can be defined as those that have a prolonged duration, and for which a complete cure is rarely achieved.

Diseases that are transmitted from person to person or from animals to persons are called communicable diseases (also known as infectious diseases). Most of these diseases are preventable either by vaccination (when available) or reduced exposure to the infectious agent.

COMMUNICABLE DISEASES

Disease ¹ (New cases per 100,000 population)	Dutchess County 2012	Dutchess County 2009-2011	NYS (excl NYC) 2009-2011
BLOOD-BORNE PATHOGENS			
Hepatitis B, Chronic	6.1	11.4	6.8
Hepatitis C, Chronic	76.6	139.5	60.8
SEXUALLY TRANSMITTED INFECTIONS			
Chlamydia	254.5	246.4	318.5
Gonorrhea, total	39.3	44.7	54.4
Early Latent Syphilis	2	2	1.2
Primary/Secondary Syphilis	1.3	1	1.4
GASTRO-ENTERIC INFECTIONS			
Campylobacteriosis *	13.1	11.8	14.8
E.Coli 0157:H7	0	1.7	0.7
Giardiasis	7.4	8.4	11.3
Salmonellosis	9.7	14.5	12.6
Shigellosis	1.3	1.3	2.5
RESPIRATORY INFECTIONS			
Pertussis *	36.6	2.7	5.7
Streptococcus pneumoniae, invasive	6.4	10.8	11.7
Tuberculosis ***	1	2	2.3

* Confirmed and probable cases counted; Campylobacteriosis: confirmed and suspect cases

** Unofficial number

HIV and AIDS Case Rates * (exclusive of prison inmates)	People Living with HIV or AIDS (December 2011)		Average Annual Newly Diagnosed Cases ('09-'11)	
	Number	Prevalence per 100,000	Number	Rate per 100,000
HIV	248	83.2	17.3	5.8
AIDS	372	124.8	7.0	2.3

* Provisional, data as of September 9, 2013.

Note: Case rate (incidence) is by diagnosis year.

Data Sources

¹ NYSDOH Division of Epidemiology

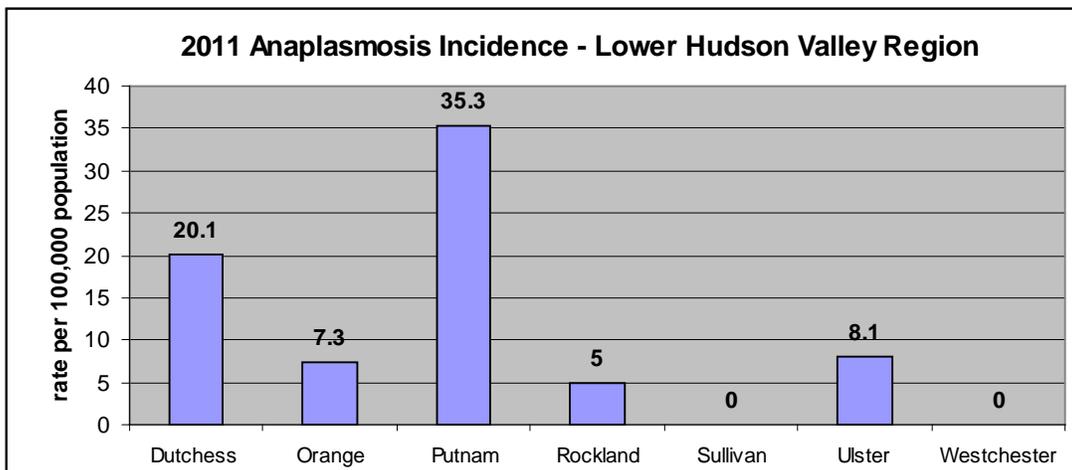
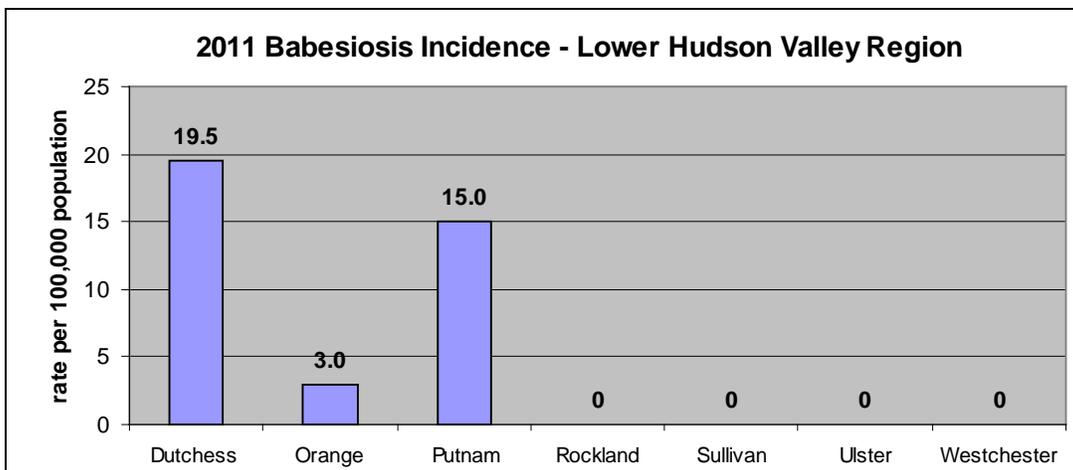
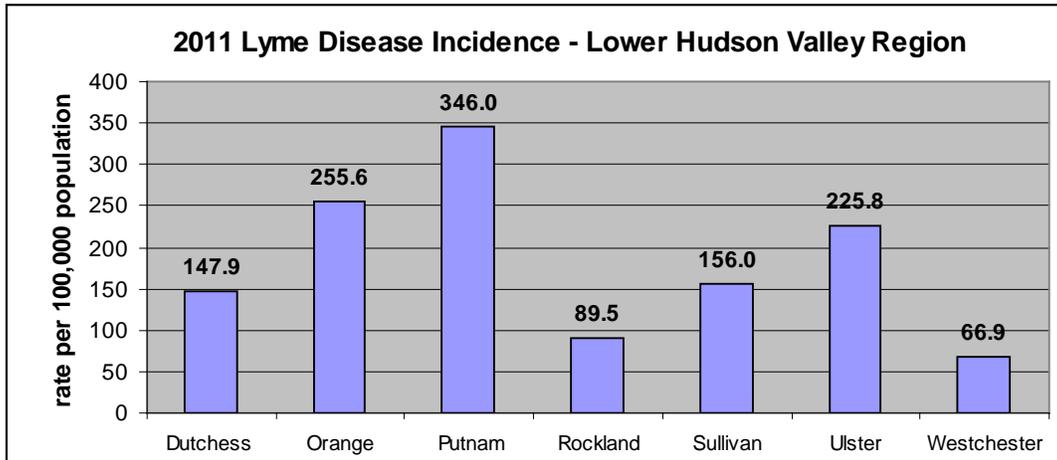
² Bureau of AIDS/HIV Epidemiology, AIDS Institute

MEASURES OF MORBIDITY

COMMUNICABLE DISEASES

TICK-BORNE DISEASES

While Lyme disease is the most widespread of arthropod-borne disease in Dutchess County, there are other diseases on the rise that can be transmitted by infected ticks. Cases include probable and confirmed cases.



Data Source: New York State Department of Health Communicable Disease System

MEASURES OF MORBIDITY

Cancer is the second leading cause of death in Dutchess County. Early detection is an important factor in patient prognosis. Colon, prostate, and cervical cancer screenings are very effective at early detection. Early stage cancers are those which are confined to the organ of origin at diagnosis.

CANCERS DIAGNOSED AT AN EARLY STAGE, 2005-2009 ¹

Type of Cancer (Based on tumors with known stage at diagnosis)	Males		Females	
	Dutchess County	NYS (excl NYC)	Dutchess County	NYS (excl NYC)
Melanoma of the Skin	77%	86%	85%	89%
Colon and Rectum	39%	46%	41%	44%
Oral Cavity and Pharynx	24%	30%	47%	45%
Lung and Bronchus	24%	22%	23%	26%
Gender-Specific Cancers				
Prostate	86%	86%	--	--
Testis	65%	72%	--	--
Breast	--	--	67%	65%
Cervical	--	--	54%	47%
Ovary	--	--	16% *	20%

* Fewer than 20 events in the numerator; therefore the rate is unstable

EMERGENCY ROOM VISITS (ED) AND HOSPITAL STAYS FOR CHRONIC DISEASE ²

Condition (Crude rates per 10,000 population)	2010		3 Yr Avg (2008-2010)		HP 2020
	Dutchess County	NYS (excl NYC)	Dutchess County	NYS (excl NYC)	
Diabetes hospitalizations	217.2	231.2	211.9	228.9	--
Cardiovascular disease hospitalizations	152.7	179.0	152.1	138.6	--
Hospitalizations for stroke	28.5	29.8	29.1	29.8	--
Hospitalizations for high blood pressure	7.2	5.5	6.2	5.3	--
Asthma					
Hospitalizations (0-4 yrs)	40.7	34.4	50.1	36.1	18.1
ED visits (0-4 yrs)	72.8	121.3	84.3	122.2	95.6
Hospitalizations (5-14 yrs)	12.3	10.2	15.6	11.2	--
ED visits (5-14 yrs)	42.8	63.5	57.6	66.8	--
Hospitalizations (All ages)	9.9	11.6	12.0	12.3	--
ED visits (All ages)	43.7	49.2	51.7	51.1	--

Data Source:

¹ New York State Cancer Registry

² New York State Department of Health, Statewide Planning and Research Cooperative System (SPARCS)

MEASURES OF MORBIDITY

INJURIES

While there is no systematic monitoring of injuries because it is not a reportable condition, we do have information that can serve as indicators of injuries in our community. Below are Dutchess County data relative to injuries.

Injuries - Hospitalization Discharge Rates ¹				
(rate per 10,000 population)				
Type of Injury	2010		3 Yr Avg: 2008-2010	
	Dutchess County	NYS (excl NYC)	Dutchess County	NYS (excl NYC)
Self Inflicted Injuries - All Ages	7.1	6.5	6.3	6.1
15-19 year olds	9.8	11.8	12.5	11.1
<i>15-19 year olds as % of total</i>	<i>11.3%</i>	<i>13.6%</i>	<i>16.9%</i>	<i>13.7%</i>
Unintentional Injuries - All Ages	72.4	71.4	73.3	72.7
Falls - All Ages	39.4	42.0	39.8	43.1
<i>Falls as % of total unintentional injuries</i>	<i>54.4%</i>	<i>58.9%</i>	<i>54.4%</i>	<i>59.2%</i>
<i>65+ year olds as % of total falls</i>	<i>67.4%</i>	<i>71.6%</i>	<i>66.3%</i>	<i>71.8%</i>

MOTOR VEHICLE ACCIDENTS ²

Injuries from All Crashes in Dutchess County	2009	2010	2011
Total Persons Injured (number)	2,782	2,883	2,553
Drivers injured	71.8%	71.3%	72.9%
Passengers injured	23.9%	22.9%	21.8%
Pedestrians injured	2.9%	4.0%	3.7%
Bicyclists injured	1.2%	1.6%	1.5%
Others injured	0.2%	0.3%	0.2%

Select Crash-Contributing Factors in Dutchess County	2009	2010	2011
Driver inattention/distraction	17.4%	19.5%	19.4%
Following too closely	14.8%	15.8%	16.5%
Unsafe speed	16.7%	16.9%	14.8%
Failure to yield right-of-way	12.3%	12.8%	13.6%
Passing lane violation	7.0%	8.0%	8.6%
Alcohol involvement *	3.5%	3.1%	3.9%

* Represents the total number of accidents in which police checked "alcohol involvement" or "unsafe speed" as apparent contributing factors on police accident report form. Does not represent the total number of alcohol-related or speed-related accidents that occurred in the County

Data Sources:

¹ NYSDOH Statewide Planning and Research Cooperative System

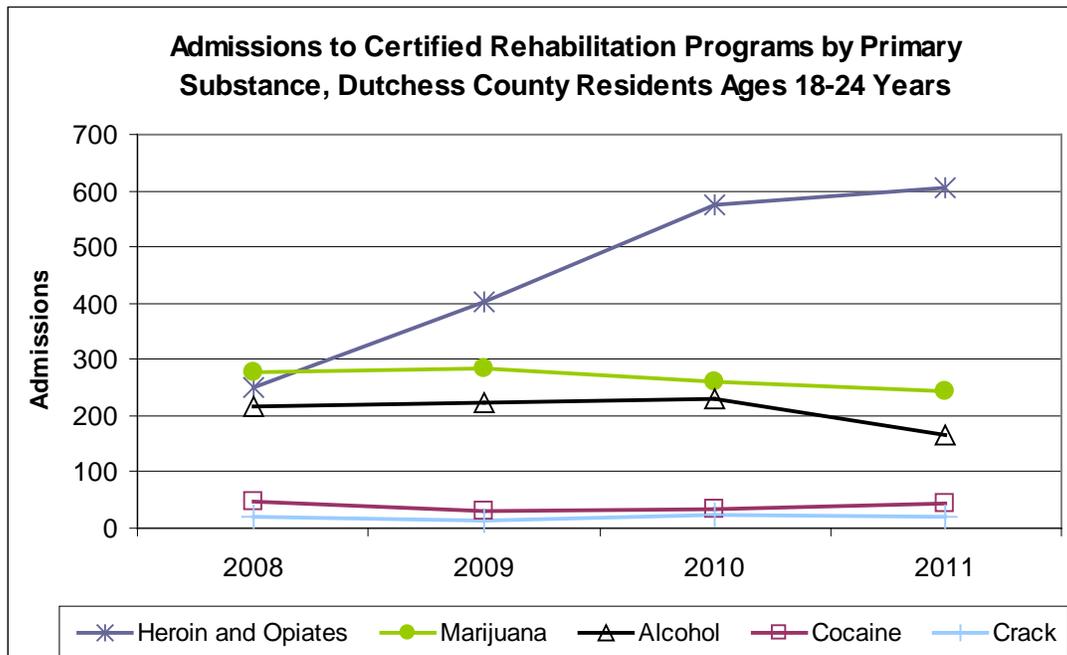
² Dutchess County Traffic Safety Data

MEASURES OF MORBIDITY

Alcohol and Substance Abuse

Opiates (or opioids) are a class of prescription pain relievers that includes morphine and oxycodone. They are a substantially growing source of misuse and abuse nationally and regionally.

Admissions to Certified Rehabilitation Programs for Primary Substance of Heroin and/or Other Opiates, Hudson Valley Region	
Adults 18-24 Years (rate per 10,000 population)	
County	3 Year Average (2009-2011)
Dutchess	161.9
Orange	141.3
Putnam	182.5
Rockland	60.4
Sullivan	225.7
Ulster	94.3
Westchester	44.6
Seven County Hudson Valley Region	97.4
NYS excl NYC	96.9



Data Source: New York State Office of Alcoholism and Substance Abuse Services (OASAS), from the Statewide Planning and Research Cooperative System (SPARCS) Inpatient Database

MEASURES OF MORTALITY

Below are the most common causes of death in Dutchess County.

Top Causes of Death ¹ (age and sex adjusted rate per 100,000 population)	2010		3-Yr Avg: 2008-2010		HP 2020 Goal
	Dutchess County	NYS (excl NYC)	Dutchess County	NYS (excl NYC)	
Total	744.6	839.6	701.4	741.0	--
Diseases of the Heart	198.3	240	194.0	209.7	--
Malignant Neoplasms	183.9	202.5	173.4	180.8	160.6
Chronic Lower Respiratory Disease *	40.7	45.1	42.6	40.6	--
Cerebrovascular Disease (Stroke) **	32.9	40.4	28.0	34.2	33.8
Unintentional Injuries	30.3	29.7	25.8	27.1	36.0
Pneumonia	15.1	19.3	15.1	16.9	--
Diabetes Mellitus	13.1	17.3	13.9	15.7	--
Suicide	12.8	9.4	9.6	8.1	10.2
Cirrhosis of the Liver	8.1	8.2	5.4	6.9	--
Homicide /Legal Intervention	4.7	3.2	3.4	3.1	--
AIDS	1	1.6	1.7	1.6	3.3

Note: Mortality rates from chronic diseases are age and gender adjusted.

* Chronic Lower Respiratory Diseases includes chronic bronchitis, emphysema, asthma and other chronic lower lung diseases.

** Neurologic symptoms or symptom complex caused by cerebral ischemia or hemorrhage is commonly referred to as *cerebrovascular disease*

Fatal Motor Vehicle Accidents ²	2009		2010		2011	
	#	Percent	#	Percent	#	Percent
Total Fatal Accidents (as % of all accidents)	21	0.3%	12	0.2%	27	0.5%
Alcohol-Related Fatal Accidents (as % of total fatal accidents)	8	38.1%	3	25.0%	8	29.6%
Speed-Related Fatal Accidents (as % of total fatal accidents)	9	42.8%	2	16.7%	9	33.3%

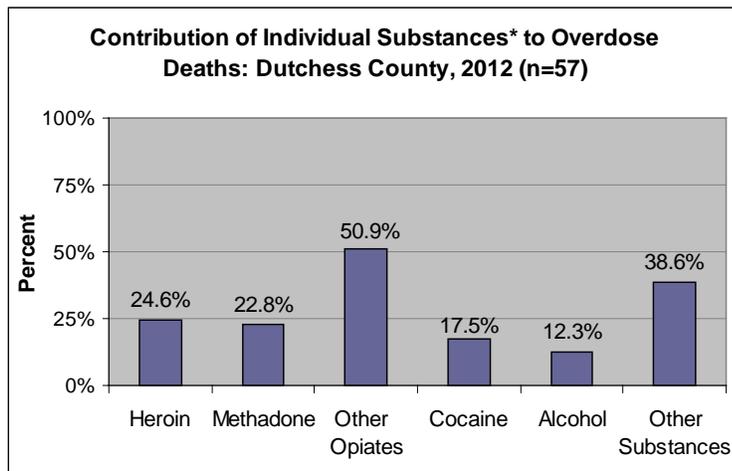
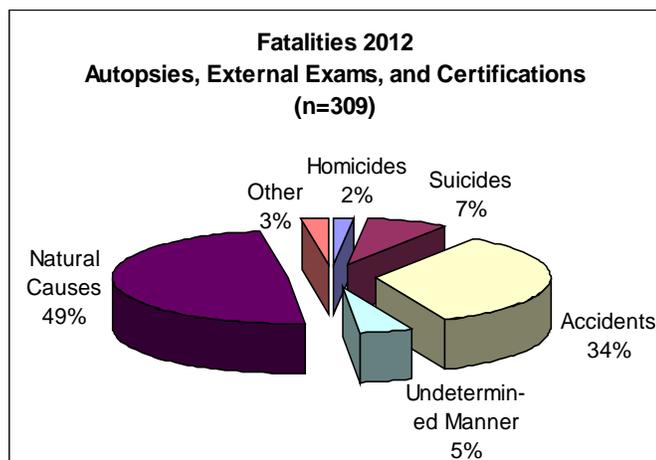
Data Source:

¹ New York State Department of Health, Vital Statistics

² Dutchess County Traffic Safety Data

DUTCHESS COUNTY MEDICAL EXAMINER

The Dutchess County Medical Examiner's Office investigates any sudden, unexpected, violent, or suspicious death within Dutchess County, in order to determine cause and manner of death. Below are the results of these investigations from 2010-2012.



*Note: 54% of deaths involved more than one substance

MEDICAL EXAMINER CASES

Autopsies, External Exams and Certifications by Manner of Death			
	2010	2011	2012
Total Cases Reported	735	812	770
Autopsies (A)	200	220	176
Externals (E) & Certifications (C)	109	113	133
Total A+E+C	309	333	309
Total Violent Deaths	136	156	149
Homicides	15	8	6
Suicides	36	31	23
Vehicular Accidents	11	37	17
Accidental Overdoses	36	32	50
Other Accidents	27	41	38
Undetermined Manner	11	7	15
Natural Causes	164	165	152
Other *	9	12	8

* Other cases include deaths in utero, skeletal remains, and violence against animals, which do not fit into the other categories.

Data Source: Office of the Chief Medical Examiner, Dutchess County

DUTCHESS COUNTY SNAPSHOT

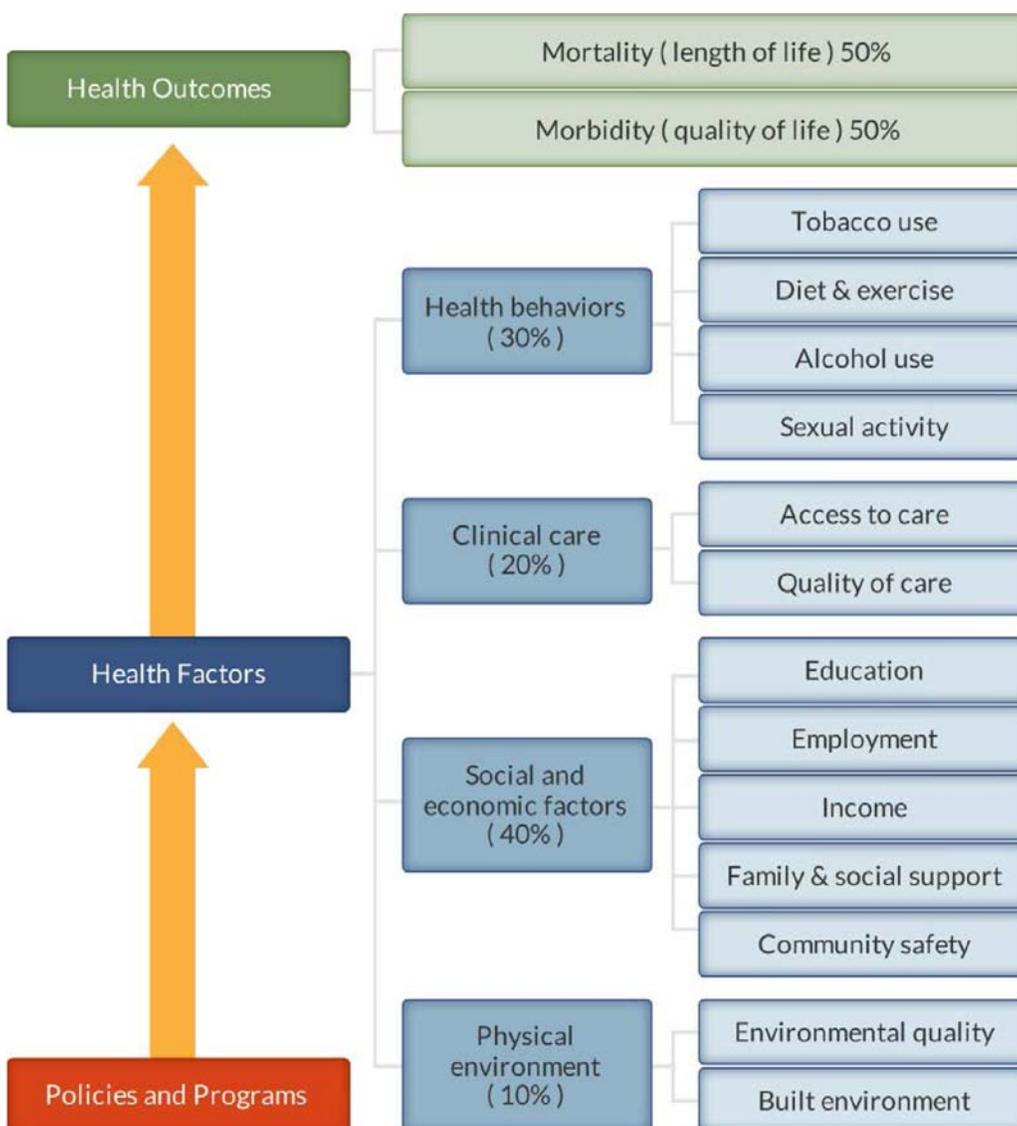
COUNTY HEALTH RANKINGS

Dutchess County continues to be one of the healthiest counties in New York State as ranked by the 2013 County Health Rankings Report (<http://www.countyhealthrankings.com>).

This is the 4th County Health Rankings Report released by the University of Wisconsin Population Health Institute. The University has collaborated with the Robert Wood Johnson Foundation to develop these rankings for every county in the U.S. using various measures.

The *Rankings* are based on a model of population health that emphasizes the many factors that can help make communities healthier places to live, learn, work and play.

This information is used to create and implement evidence-informed programs and policies to improve your community's health.



Dutchess County ranks 9th in NYS for overall Health Outcomes (how healthy we are) and 9th for overall Health Factors (how healthy we can be).

The Rankings are based on summary composite scores calculated from individual measures.

Measures	Dutchess 2012 NYS Rank	Dutchess 2013 NYS Rank
Health Outcomes (overall)	9	9
<i>Mortality</i>	9	12
<i>Morbidity</i>	14	10
Health Factors (overall) ¹	10	9
<i>Health Behaviors</i>	12	8
<i>Clinical Care</i>	21	17
<i>Socioeconomic Factors</i>	10	9
<i>Physical Environment</i>	27	19

Health Outcomes

These factors represent how healthy the county is. Two types of health outcomes are measured: how long people live (mortality) and how healthy people feel while alive (morbidity).

Hudson Valley Counties – 2013 Health Outcomes Ranking			
County	Health Outcomes (Overall)	Mortality	Morbidity
Rockland	2	2	5
Putnam	4	4	4
Westchester	7	3	29
Dutchess	9	12	10
Orange	22	25	20
Ulster	31	38	21
Sullivan	61	62	55

Health Factors

These factors represent what influences the health of the county. The four types of health factors below are based on several measures. A fifth set of factors that influence health (genetics and biology) is not included in the *Rankings*.

Hudson Valley Counties – 2013 Health Factors Rankings					
County	Health Factors (Overall)	Health Behaviors	Clinical Care	Socioeconomic Factors	Physical Environment
Westchester	3	1	7	7	8
Putnam	4	7	18	1	12
Rockland	6	5	8	8	24
Dutchess	9	8	17	9	19
Orange	26	31	25	19	57
Ulster	30	37	29	20	35
Sullivan	55	54	52	57	40

DATA NOTES

Healthy People 2020

Healthy People goals are referred to throughout the report as a benchmark for certain indicators. They represent national health objectives designed to identify the most significant preventable threats to health and to establish national goals to reduce these threats. They are grounded in science, built through public consensus, and designed to measure progress. The overarching goals are to increase quality of life and years of healthy life as well as eliminate health disparities. It provides a framework for nationwide health promotion and disease prevention.

Four foundation health measures serve as an indicator of progress towards achieving goals

- (1) General health status
- (2) Health-related quality of life and well-being
- (3) Determinants of health; and
- (4) Disparities

Healthy People 2020 contains 42 topic areas with nearly 600 objectives (with others still evolving), which encompass 1,200 measures. A smaller set of objectives, called Leading Health Indicators, has been selected to communicate high-priority health issues and actions that can be taken to address them. They highlight current critical health issues - such as tobacco use, health disparities, and overweight and obesity - that, if left unaddressed, can result in future public health problems.

For more information on Healthy People 2020, please refer to <http://www.healthypeople.gov/>

U.S. Census 2010 and the American Community Survey

There are important differences between the decennial Census (i.e. Census 2000 and Census 2010) and the American Community Survey (ACS). The Decennial Census collects certain demographic and household data every 10 years from every household in the U.S. and its territories. The most recent is Census 2010.

The ACS is a nationwide survey. It is a critical part of the Census Bureau's re-engineered 2010 census plan. It collects demographic, social, economic, and housing information. It is an on-going survey sent to a sample of the population and not the total population as in decennial Census. As of 2010, the ACS has replaced the decennial census long form which was also based on a sample of the population.

For more information on the Census Bureau, please refer to <http://www.census.gov/>

Dutchess County Department of Health

As of May 5, 2013 our new address is:
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 Dutchess County Government

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