

Community Health Status Report



Dutchess County, NY

Report Prepared by
Dutchess County Department of Health

April 2014



Marcus J. Molinaro



Kari Reiber, M.D.

Dear Community Members,

We are proud to present to you the Annual Community Health Status Report for Dutchess County. The report summarizes how healthy residents are, based on a variety of health indicators.

In the 2014 County Health Rankings, Dutchess ranked high in overall health outcomes and health factors compared to all 62 counties in New York State. Even though we ranked among the highest in the State, we still have some work to do in order to meet the goals we have set for our County.

Our 2013-2017 Community Health Improvement Plan includes goals and objectives for four years and work plans that are intended to be updated periodically. The goals, strategies and objectives are aligned with national initiatives such as Healthy People 2020 and the New York State Prevention Agenda. The objectives include quantifiable performance measures based primarily on data included in the community health assessment.

We hope that this Health Status Report will promote a greater awareness of the County's health and generate community-wide partnerships to sustain progress towards achieving our goals.

A handwritten signature in blue ink, appearing to read 'M. Molinaro', written over a horizontal line.

Marcus J. Molinaro
County Executive

A handwritten signature in blue ink, appearing to read 'K. Reiber', written over a horizontal line.

Kari Reiber, MD
Acting Commissioner of Health

**THE ANNUAL COMMUNITY HEALTH STATUS REPORT HAS
A NEW LOOK AND
A NEW PERSPECTIVE!**

In 2013, the New York State Prevention Agenda established the blueprint for state and local action to improve the health of New Yorkers and to reduce health disparities for racial, ethnic, disability, socioeconomic and other groups who experience them.

The Dutchess County Department of Health has embraced a process for community planning which brings together the interests of residents and health and human service agencies, public and private, to determine the most effective ways to improve community health. The collaborative process has resulted in the *2013-2017 Community Health Improvement Plan*, which identified the following four priority areas:

1. Reduce childhood and adult obesity
2. Increase access to preventive health care and improve management of chronic diseases
3. Reduce tick and insect-related disease
4. Reduce substance abuse

We have updated our report to present health indicators in an easy to read format, in the context of our County agenda, thereby presenting the baseline data for health improvement efforts.

The County's Annual Community Health Status Report includes three sections

1. A profile of our county's community health highlighting selected health indicators representing vulnerable populations, birth measures, leading causes of death and illness, and safety;
2. The results of the 2014 County Health Rankings; and
3. The tracking measures for each of the goals identified in the 2013-2017 Community Health Improvement Plan for Dutchess County.

ERRATA NOTICE: The baseline rate of hospital admissions for substance abuse and related 2017 target (p. 21) have been modified due to a duplication error identified and corrected in the source data maintained by the NYS Planning and Research Cooperative System (December 2014).

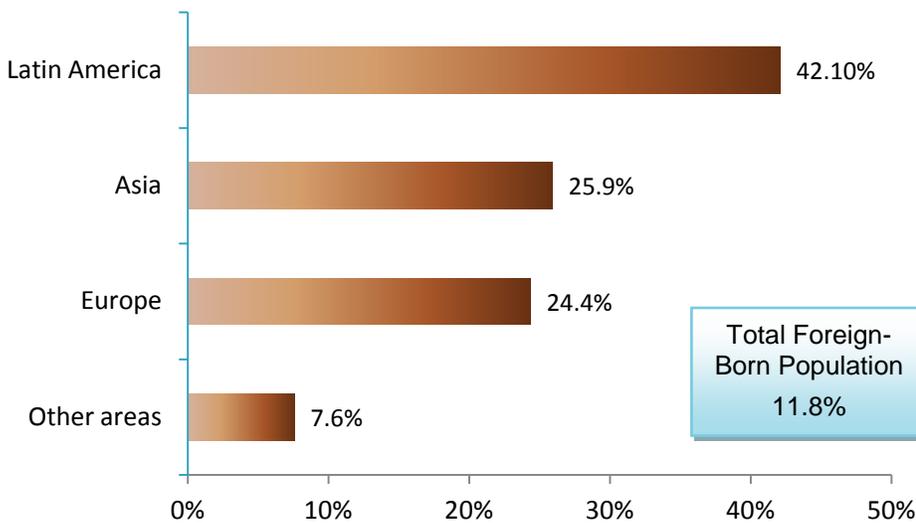
**Dutchess County
2012 Demographics**

| Population | |
|------------------------------------|---------|
| Total population | 297,322 |
| Population density per square mile | 374 |

| Age | |
|-------------|-----|
| 0-4 years | 5% |
| 5-14 years | 12% |
| 15-19 years | 8% |
| 20-44 years | 31% |
| 45-64 years | 30% |
| 65-84 years | 13% |
| 85+ years | 2% |

| Race and Ethnicity | |
|---------------------------|-------|
| White Non-Hispanic | 73.5% |
| Black Non-Hispanic | 9.0% |
| Asian Non-Hispanic | 4.0% |
| Other Race Non-Hispanic | 2.5% |
| Hispanic (any race) | 11.0% |

Foreign-Born Place of Birth, 2008-2012



Latin America

- Caribbean 45%
- Central America – Mexico 24%
- Central America – Other 10%
- South America 22%

Asia Top Two Countries

- India 25%
- China 22%

Data Source: Census Bureau American Community Survey

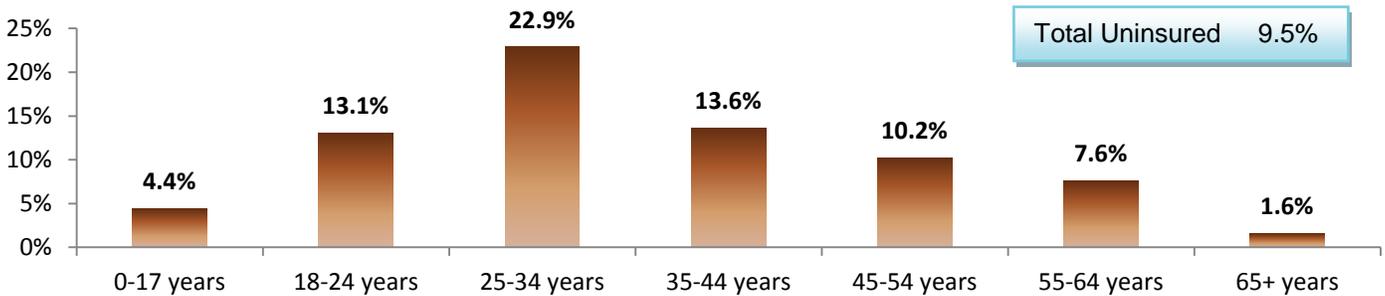
Vulnerable Populations and the Uninsured

Measures of Vulnerability, Dutchess County

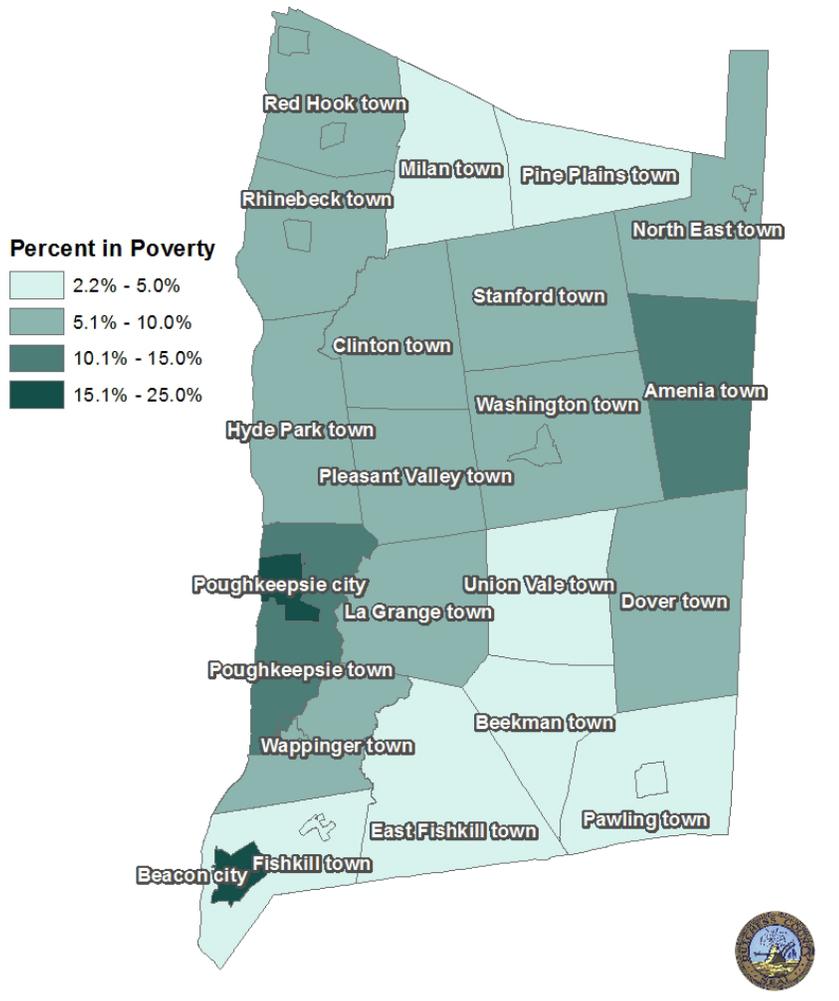
2012

| | |
|---|-------|
| Individuals without a high school diploma | 9.7% |
| Unemployed individuals | 6.2% |
| Individuals below poverty level | 9.4% |
| Female householder, with own children < 18 years, below poverty level | 24.0% |
| Individuals that speak English less than "very well" | 5% |
| Individuals with a disability | 12.2% |

Individuals without Health Insurance by Age Group in Dutchess County



Individuals in Households Below the Federal Poverty Guideline American Community Survey 2007-2011



Poverty is correlated with many measures of vulnerability to illness and death. The highest rates of poor health outcomes in a community are typically found in the areas of highest poverty.

The cities of Poughkeepsie and Beacon have the highest percentages of individuals living in poverty, followed by the town of Amenia and the town of Poughkeepsie.

Data Source: Census Bureau American Community Survey

Births and Birth Outcomes

Births and Birth Rates, 2012¹

Dutchess County

| | |
|------------------|--------------------------------------|
| Number of births | 2,713 |
| Birth rate | 47.7 per 1,000 females ages 15-44 |



Birth Outcome Measures, 2010-2012¹

| | Dutchess County | Healthy People 2020 Goal |
|---|-----------------|--------------------------|
| Medicaid births | 30.0% | n/a |
| Early prenatal care (1st trimester) | 84.1% | 77.9% |
| Adequate prenatal care (Kotelchuck index) ('09-'11) | 68.2% | n/a |
| Premature births (< 37 weeks gestation) * | 9.9% | 11.4% |
| Low birth weight (< 2500 grams) | 7.0% | 7.8% |
| Neonatal deaths (<28 days) per 1,000 live births | 4.0 | 6.0 |
| Infant deaths (<1 year old) per 1,000 live births | 5.5 | 4.1 |
| Teen Pregnancy and Births (per 1,000 females age specific) | | |
| Teen pregnancy rate, 15-17 years of age | 11.9 | 36.2 |
| Teen birth rate, 15-17 years of age | 5.3 | n/a |
| Teen birth rate, 18-19 years of age | 19.2 | n/a |

Neonatal deaths constituted two thirds of infant deaths

County teen pregnancy and birth rates continue to decline. Notably, there was a 16% decrease in the 15-17 year old pregnancy rate from

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

** 2012 data are preliminary*

Birth Outcome Measures, Disparities, 2009-2011²

| | White Non-Hispanic | Black Non-Hispanic | Hispanic |
|---|--------------------|--------------------|----------|
| Low birth weight (< 2500 grams) | 6.1% | 10.4% | 7.4% |
| Premature births (< 37 weeks gestation) | 9.3% | 14.2% | 11.1% |
| Early prenatal care (accessed in 1st trimester) | 85.6% | 71% | 77.1% |
| Adequate prenatal care (Kotelchuck index) | 73.1% | 54.6% | 65.4% |
| Teen pregnancy per 1,000 females 15-17 years of age | 7.7 | 37.7 | 25.0 |
| Infant deaths (<1 year old) per 1,000 live births | 3.5 | 14.7 | 4.8* |

Note: The percents and rates in the table reflect incidence within each racial/ethnic group.

** Fewer than 10 events in the numerator, therefore the rate is unstable*

Data Source: ¹NYSDOH Bureau of Biometrics and Health Statistics, ²NYSDOH Health Indicator Reports

**Age and Sex Adjusted Death Rates per 100,000 in 2011
Ten Leading Causes**

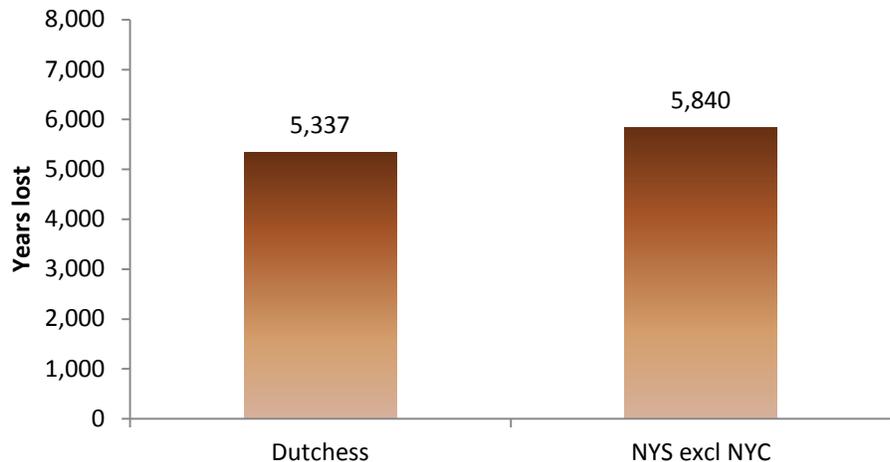
| | Dutchess County | NYS excl NYC |
|-------------|--------------------------------|--------------------------------|
| Rank | Overall Rate 698.8 | Overall Rate 672.6 |
| 1 | Heart Disease 246.5 | Heart Disease 183.5 |
| 2 | Cancer (all types) 144.2 | Cancer (all types) 161.4 |
| 3 | Stroke 29.6 | CLRD* 36.2 |
| 4 | CLRD* 27.9 | Stroke 30.0 |
| 5 | Unintentional Injuries 26.3 | Unintentional Injuries 29.6 |
| 6 | Diabetes 18.6 | Pneumonia 15.5 |
| 7 | Pneumonia 11.7 | Diabetes 15.5 |
| 8 | Suicide 11.7 | Suicide 9.7 |
| 9 | Cirrhosis 7.1 | Cirrhosis 7.0 |
| 10 | HIV/AIDS 3.2 | Homicide 2.7 |

* Chronic lower respiratory disease

Chronic diseases make up the four leading causes of death (above), followed by injuries. Diabetes is the sixth leading cause of death in Dutchess County.

Years of Life Lost (right) are calculated as the number of years lost before age 75, a typical healthy lifespan.

**Years of Potential Life Lost (YPLL)
per 100,000 Population, 2011**



Data Source: NYSDOH Vital Statistics, Community Health Indicator Reports

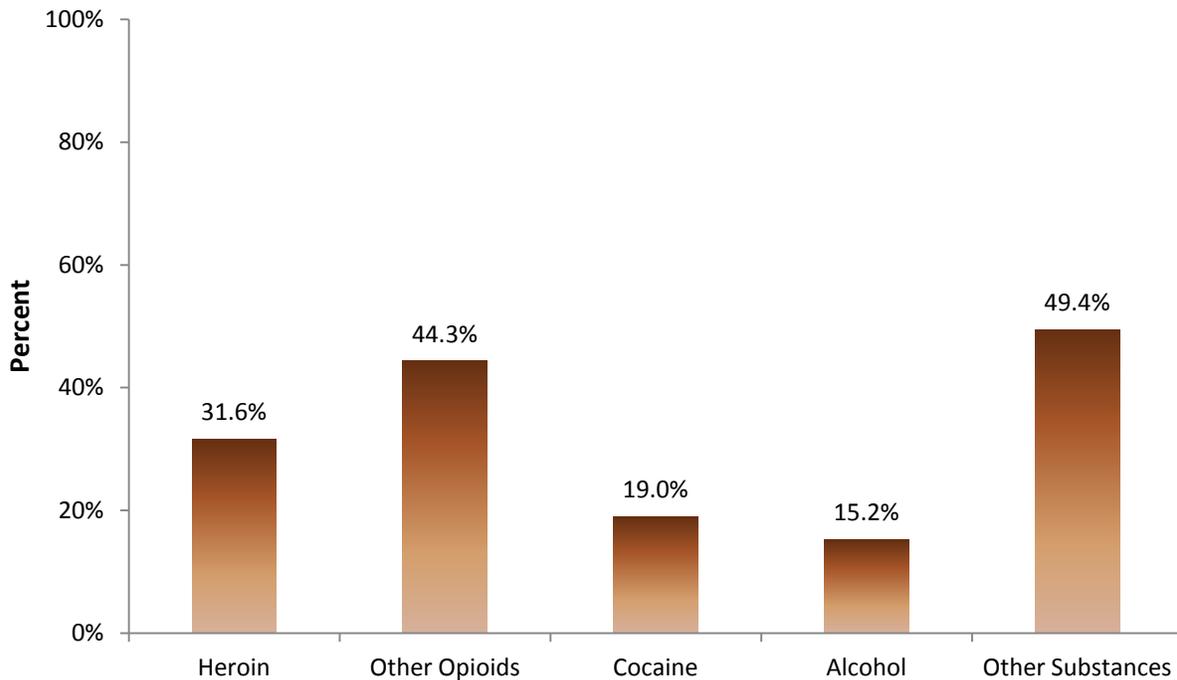
Number of Autopsies, External Exams and Certifications by Manner of Death, Dutchess County Medical Examiner, 2013

The number of deaths from accidental overdoses more than doubled from 24 deaths in 2008 to 63 deaths in 2013.

Opioids (including heroin) are the most common group of substances implicated in overdose deaths, although the majority involve more than one substance.

| Manner of Death | Number of Deaths |
|----------------------------|------------------|
| Total Violent Deaths | 203 |
| Homicides | 15 |
| Suicides | 46 |
| Vehicular Accidents | 34 |
| Accidental Overdoses | 63 |
| Other Accidents | 39 |
| Undetermined Manner | 6 |
| Total Natural-Cause Deaths | 169 |
| Total | 372 |

Contribution of Individual Substances to Overdose Deaths Investigated by the Dutchess County Medical Examiner's Office, 2013



Note: The individual percentages sum > 100% as overdose deaths often involve more than one substance.

Data Source: Dutchess County Medical Examiner

**Hospitalization for Cardiovascular Diseases and Diabetes, 2009-2011
Age-Adjusted Rate per 10,000 Adults**

| | Coronary Heart Disease | Congestive Heart Failure | Stroke | Diabetes |
|---|------------------------|--------------------------|--------|----------|
| Dutchess County | 29.3 | 24.9 | 25.2 | 194.0 |
| NYS excl NYC | 39.7 | 25.7 | 25.0 | 226.0 |
| Dutchess County by Race/ Ethnicity | | | | |
| White, Non-Hispanic | 28.3 | 23.5 | 23.8 | 171.5 |
| Black, Non-Hispanic | 28.5 | 35.8 | 37.5 | 373.6 |
| Asian/Pacific Islander, Non-Hispanic | 11.0 | 14.9 | 6.4 | 61.5 |
| Hispanic | 14.8 | 11.5 | 9.9 | 148.6 |

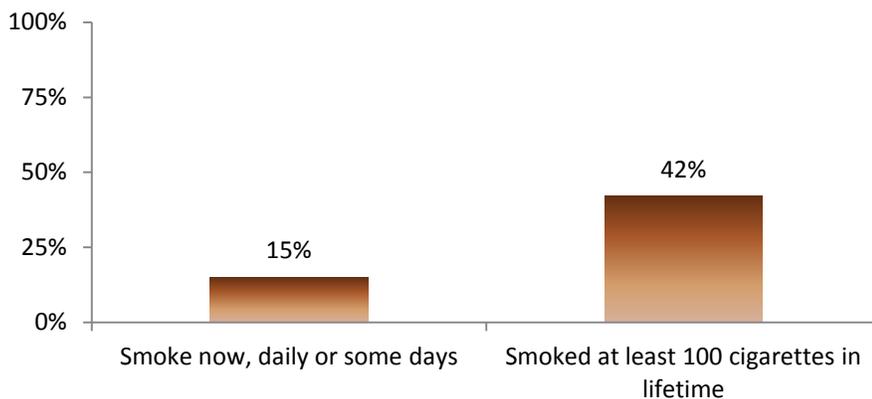
Data Source: NYSDOH County Health Indicators

Leading Cancer Incidence Rates per 100,000 Population (2006-2010)

| | Dutchess County | NYS excl NYC |
|-----------------------------|-----------------|--------------|
| Prostate (Males) | 137.4 | 169.5 |
| Breast (Females) | 141.4 | 134.3 |
| Lung and Bronchus (Males) | 77.3 | 82.1 |
| Lung and Bronchus (Females) | 60.0 | 64.6 |
| Colorectal (Males) | 55.9 | 52.1 |
| Colorectal (Females) | 42.3 | 40.8 |

Data Source: NYSDOH, NYS Cancer Registry

Current and Lifetime Smokers, Dutchess County 2012



Data Source: Smoke Free Dutchess, Hudson Valley/Long Island Regional Survey

Reducing chronic disease is a Dutchess County priority. Excess body weight is a risk factor for chronic health problems such as Type II diabetes, high blood pressure, heart disease, certain cancers, depression, and reproductive problems. Over 60% of adults are currently overweight or obese.

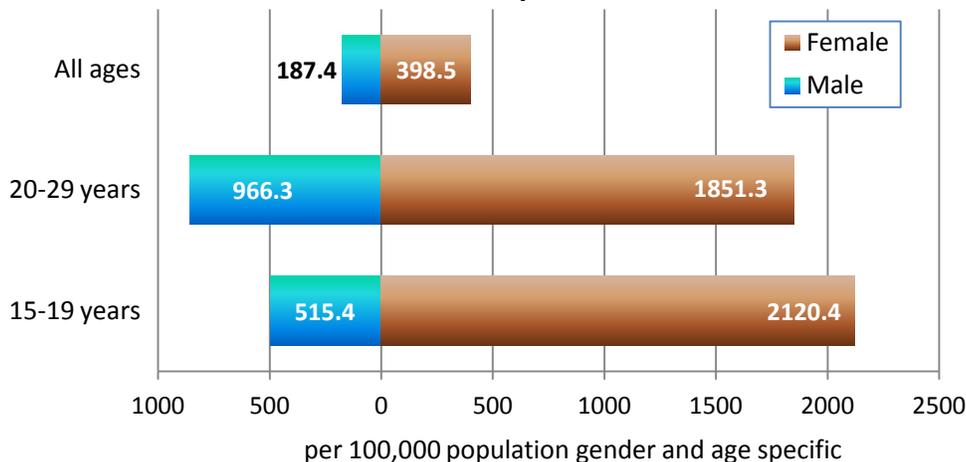
Smoking is also a well documented risk factor for heart disease, stroke, emphysema, lung cancer. The prevalence of current smoking has declined to less than 20% in the past 5 years.

Specific goals and measures to track progress toward improving health and reducing disparities by targeting risk factors, especially obesity, and improving access to preventive care, including cancer screenings, are addressed in the Community Health Improvement Plan section of this report.

Communicable (or infectious) diseases are transmitted from person to person or from animals to persons. Most of these diseases are preventable either by vaccination or reduced exposure to the infectious agent. Data are presented on diseases of note in Dutchess County.

Sexually Transmitted Diseases

**Chlamydia Infection Rates - Gender and Age Differences
Dutchess County 2010-2012**

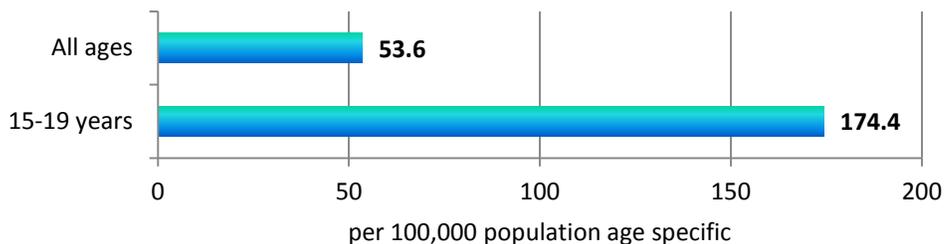


*NYS (excl NYC) rate – all ages:
Males: 201.2/100,000
Females: 468.9/100,000*

*In Dutchess County,
Females constitute on average
70% of all cases of Chlamydia
infections.*

*85-88% of all Chlamydia
infections occur among
individuals 15-29 years of age.*

Gonorrhea Infection Rates - Dutchess County 2010-2012



*NYS (excl NYC) rate – all ages:
60.4/100,000 population*

Sexually Transmitted and Blood-borne Diseases

HIV and AIDS Case Rates, 2012²
(excluding prison inmates)

**People Living with HIV or AIDS
(December 2012)**

**Average Annual Newly
Diagnosed Cases ('10-'12)***

| | Number | Rate per 100,000 | Number | Rate per 100,000 |
|------|--------|------------------|--------|------------------|
| HIV | 242 | 81.2 | 17.3 | 5.8 |
| AIDS | 379 | 127.1 | 11.7 | 3.9 |

** Data provisional; Persons diagnosed with HIV may also be diagnosed with AIDS in the same year or later, and their AIDS diagnosis will be counted in the AIDS diagnosis data. HIV and AIDS diagnoses cannot be added together in a meaningful way.*

Data Source: ¹ NYSDOH Division of Epidemiology, ² HIV/AIDS Institute, data as of 1/13/14

Communicable Diseases (cont'd)

| Disease ¹ (New cases per 100,000 population) | Dutchess County 2010-2012 | NYS (excl NYC) 2010-2012 |
|--|------------------------------|-----------------------------|
| Other Sexually Transmitted and Blood-borne Infections | | |
| Early latent syphilis | 2.3 | 1.3 |
| Primary & secondary syphilis | 2.3 | 1.7 |
| Hepatitis B, chronic | 12.4 | 6.5 |
| Hepatitis C, chronic | 151.3 | 59.9 |
| Gastrointestinal Infections | | |
| E. Coli 0157:H7 | 1.0 | 0.8 |
| Salmonellosis | 13.4 | 12.7 |
| Respiratory Infections | | |
| Pertussis * | 14.4 | 13.0 |
| Streptococcus pneumoniae, invasive | 9.7 | 10.3 |
| Influenza A ** | 56.0 | 84.2 |

| Immunization Measures ² (2011) | Dutchess County | New York State |
|---|-----------------|----------------|
| Children ages 19-35 months with appropriate immunization series | 44.9% | 47.6% |
| Females ages 13-17 years with 3-dose HPV immunization | 18% | 26% |

Immunization is a key preventive measure against infectious diseases. Currently there are vaccines available to protect children and adults against at least 17 diseases, which cause serious afflictions such as paralysis, loss of hearing, infertility and even death.

The Human Papilloma Virus (HPV) vaccine is highly effective in preventing certain types of HPV that cause about 70% of cervical and anal cancers.

| Tick-borne Diseases ¹ (2010-2012) (rate per 100,000 population) | Dutchess County | New York State |
|---|-----------------|----------------|
| Anaplasmosis | 22.8 | 2.5 |
| Babesiosis | 12.4 | 2.4 |
| Lyme disease | 156.2 | 26.5 |

While Lyme disease is the most widespread of all tick-borne diseases in the County, there are other diseases on the rise that can be transmitted by infected ticks. Additionally, there are emerging aggressive mosquito species, such as the Asian Tiger mosquito, that are spreading in Eastern U.S. that can transmit multiple diseases to humans.

Data Source: ¹NYSDOH Division of Epidemiology & Communicable Disease System, ²NYS Immunization Information System

Improving mental health and reducing substance abuse is Community Health Improvement Plan priority for Dutchess County. In 2013, the Dutchess County Health & Human Services Cabinet released a special report, “*Confronting Prescription Drug Abuse in Dutchess County, New York: Existing and Proposed Strategies to Address the Public Health Crisis,*” which is available online at www.dutchessny.gov.

Self-Reported Poor Mental Health Status and Alcohol Use, 2008-2009

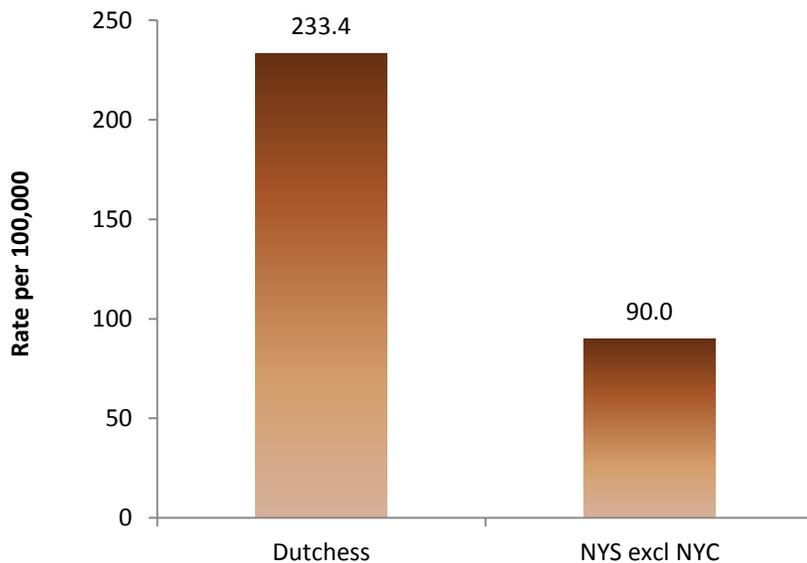
| | Dutchess County | New York State |
|--|-----------------|----------------|
| Poor mental health on 14 or more of the last 30 days | 13.0% | 10.2% |
| Any binge drinking in past 30 days ¹ | 18.1% | 18.1% |
| Regular heavy drinking in past 30 days ² | 4.7% | 5.0% |

Data Source: EBRFSS

¹Binge drinking defined as 5+ drinks on at least one occasion for men and 4+ drinks for women

²Heavy drinking defined as an average of 2+ drinks per day for men, and 1+ drink per day for women.

Hospitalizations for Heroin and Opioids in 2012 Rate per 100,000 Adults Ages 18-24



Data Source: NYS Office of Alcohol and Substance Abuse Services

Hospitalizations for substance-related disorders have doubled in Dutchess County since 2008, mirroring trends in overdose mortality. Again, opioids are the primary substances implicated in these hospitalizations and deaths.

Specific goals and measurable objectives for preventing prescription drug abuse are addressed in the Community Health Improvement Plan section of this report.

Injuries are the fifth leading cause of death and account for a substantial number of hospitalizations and emergency room visits every year, particularly unintentional falls. The built environment and safety design are important factors in the prevention of unintentional injuries, paired with policies that discourage unsafe behavior (i.e., driving under the influence of alcohol and drugs, or texting while driving) that can put others at risk.

Unintentional Injuries - Hospitalization Discharge Rates 2009-2011

(Age-Adjusted Rate per 10,000 Population)

| Injury Type | Dutchess County | NYS (excl NYC) |
|---|-----------------|----------------|
| Unintentional Injuries | 70.3 | 64.1 |
| Falls | 37.2 | 36.1 |
| <i>Falls as % of total unintentional injuries</i> | <i>54.2%</i> | <i>59.3%</i> |
| <i>65+ year olds as % of total falls</i> | <i>66.2%</i> | <i>71.8%</i> |

Data Source: NYSDOH Statewide Planning and Research Cooperative System

Characteristics of Motor Vehicle Crashes and Injuries, 2012

| Measure | Dutchess County | NYS |
|--|-----------------|---------|
| Total Number of Crashes | 5,873 | 294,757 |
| Injury and Fatality Rate per 10,000 Population | 92.9 | 87.1 |
| Total Persons Injured (Non-Fatal) | 2,748 | 169,206 |
| Total Persons Killed | 15 | 1,163 |
| Crashes Involving Distraction/Inattention | 20.4% | 19.4% |
| Crashes Involving Unsafe Speed | 14.4% | 10.3% |
| Crashes Involving Alcohol | 3.1% | 3.2% |
| Crashes Involving Cyclists or Pedestrians | 2.0% | 7.5% |
| Percent Injured Cyclists Using a Helmet | 10.5% | 16.1% |

Data Source: Institute for Traffic Safety Management and Research

Blood Lead Level Screening Rates – Birth Cohort 2008

| Data Period 2009-2011 | Dutchess County | | NYS (excl NYC) |
|---|-----------------|---------|----------------|
| | # Children | Percent | Percent |
| Children with a lead screening by 9 months | 95 | 3.2 | 2.9 |
| Children with a lead screening by 18 months | 2,111 | 72.2 | 65.8 |
| Children with at least two lead screenings by 36 months | 1,655 | 56.6 | 46.8 |

Data Source: NYSDOH Health Indicator Reports

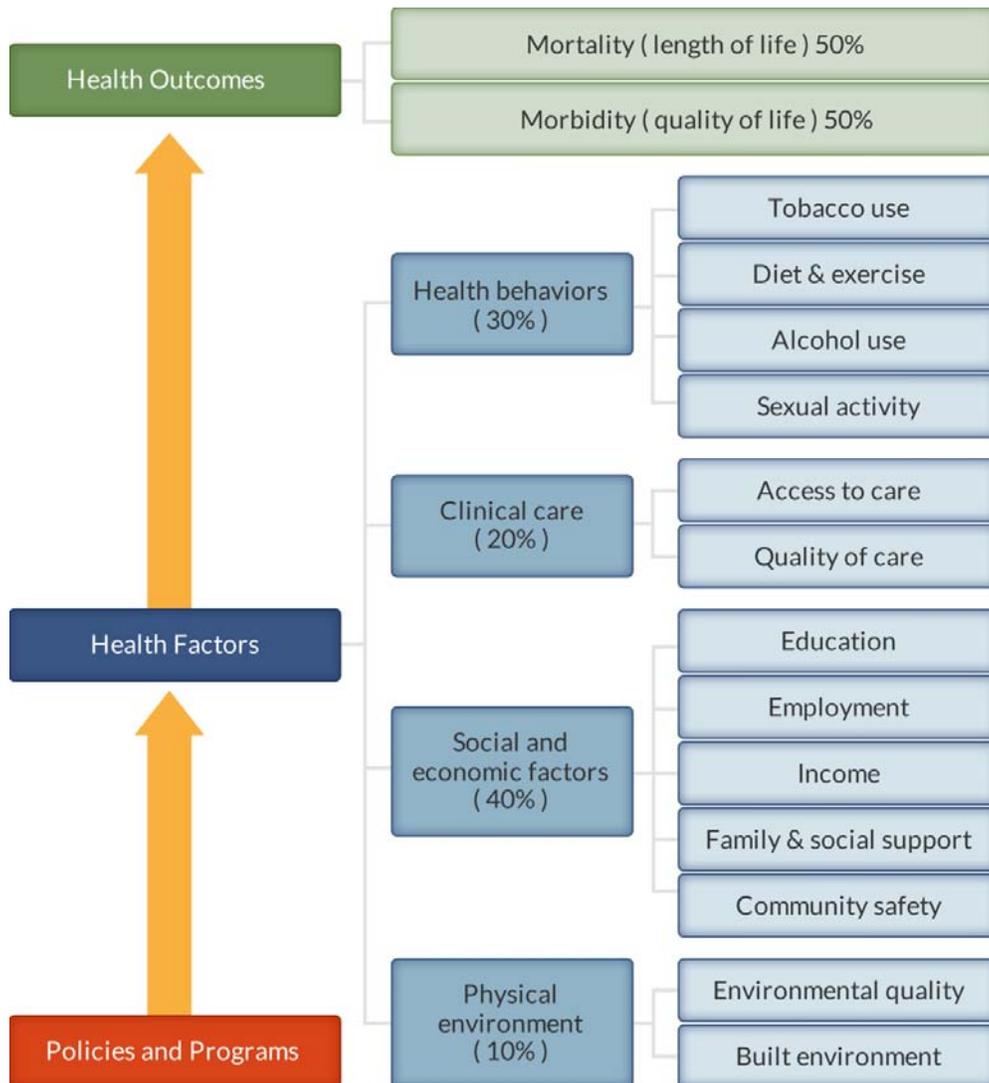
Dutchess County continues to be one the healthiest counties in New York State as ranked by the 2014 County Health Rankings Report (<http://www.countyhealthrankings.com>).

This is the 5th 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. They are calculated using a summary of composite scores from individual measures. This information is used to create and implement evidence-informed programs and policies to improve your community's health.

WHAT'S NEW IN 2014?

Two *Health Factors* measures were added, and three were modified. Thus, 2014 rankings should be compared with caution to previous years' rankings. Details are available on the Rankings website.



County Health Rankings model ©2012 UWPHI

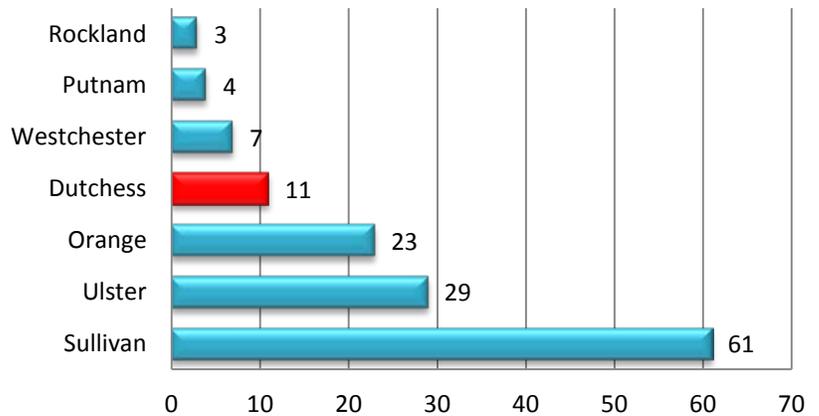
County Health Rankings 2014

In 2014, Dutchess County ranked 11th in NYS for overall *Health Outcomes* (how healthy we are) and 9th for overall *Health Factors* (how healthy we can be).

| Measures | Dutchess 2013 NYS Rank | Dutchess 2014 NYS Rank |
|----------------------------------|------------------------|------------------------|
| Health Outcomes (overall) | 9 | 11 |
| <i>Mortality</i> | 12 | 12 |
| <i>Morbidity</i> | 10 | 14 |
| Health Factors (overall)* | 9 | 9 |
| <i>Health Behaviors</i> | 8 | 8 |
| <i>Clinical Care</i> | 17 | 14 |
| <i>Socioeconomic Factors</i> | 9 | 9 |
| <i>Physical Environment</i> | 19 | 17 |

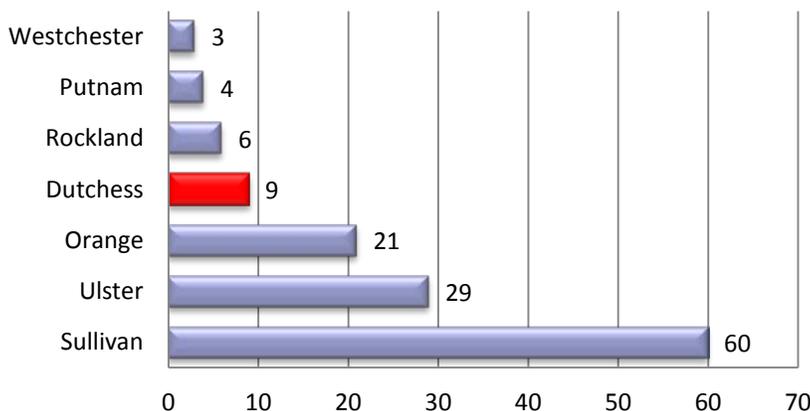
* Caution should be exercised when comparing 2014 with previous years due to changes in Health Factors measures

**2014 Health Outcomes Ranking
Hudson Valley Counties**



Health Outcomes 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).

**2014 Health Factors Ranking
Hudson Valley Counties**



Health Factors represent what influences the health of the county. There four types of health factors are based on several measures which are described in detail on the County Health Rankings website.

Dutchess County has embraced a process for community planning which brings together diverse interests to determine the most effective way to improve community health. The collaborative process has resulted in the **2013-2017 Community Health Improvement Plan (CHIP)**.

The CHIP Vision

A community where everyone can be healthy

The CHIP Goal

To improve health status and reduce health disparities through evidence-based interventions with increased emphasis on prevention

Four priority areas were identified using input from a number of sources: the **Dutchess County Community Health Assessment 2013-2017**, **Many Voices One Valley Survey 2012**, **Dutchess County Community Health Survey 2012-2013**, the **2013 CHIP Prioritization Survey**, and a CHIP Forum held in September 2013 with 90 County stakeholders.

The image displays four horizontal bars, each representing a priority area. Each bar contains a small icon on the left and text on the right. The bars are colored orange, green, blue, and red from top to bottom.

- Reduce childhood & adult obesity**: Icon shows a person's feet on a scale.
- Increase access to preventive health care & improve management of chronic disease**: Icon shows a group of healthcare professionals.
- Reduce tick and insect-related disease**: Icon shows a tick on a person's arm.
- Reduce substance abuse**: Icon shows several pills on a surface.

The complete **2013-2017 Community Health Assessment** and **Community Health Improvement Plan** are available on the Dutchess County Department of Health website, www.bit.ly/DCDOH-Reports.

Obesity has become a common risk factor for many leading causes of death and poor health, including heart disease, high blood pressure, stroke, diabetes, and cancer.

Physical activity helps to control weight, hormone levels and strengthens the immune system. Eating more fruits and vegetables instead of high calorie, high fat foods supplies the body with the vitamins, minerals and antioxidants needed to prevent and fight against cancer and other chronic diseases.

The Dutchess County Community Health Improvement Plan aims to reduce obesity rates by promoting policy changes and activities that support increased access to healthy foods and physical activity in schools, communities and workplaces.

Tracking Measure, Baseline Definition, and Goal

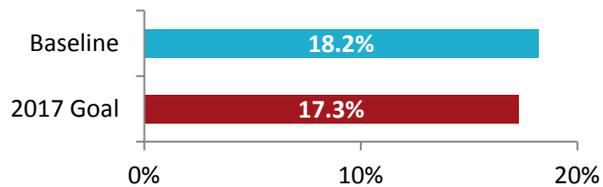
Dutchess County Baseline vs. 2017 County CHIP Goal

Percent of children and adolescents who are obese

Baseline: Elementary, middle/high school students with BMI greater than or equal to 95th percentile for age and sex, 2010-2012

2017 CHIP Goal: 5% reduction

Data source: NYSDOH Student Weight Status Category Reporting System

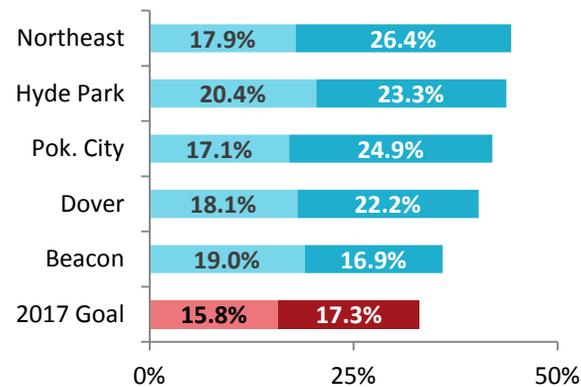


Percent overweight & obese, five highest school districts

Baseline: Elementary, middle/high school students with BMI greater than or equal to 85th (overweight) and 95th (obese) percentiles for age and sex, In 2010-2012

2017 CHIP Goal: 5% reduction

Data source: NYSDOH Student Weight Status Category Reporting System

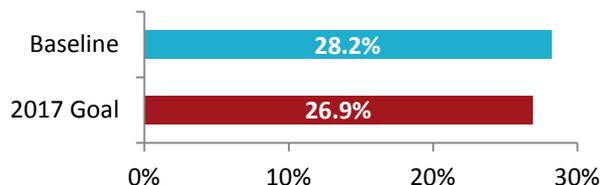


Percent of adults who are obese

Baseline: Age-adjusted prevalence of adults 18 years and older with BMI > 30, calculated from self-reported height and weight in 2008-2009

2017 CHIP Goal: 5% reduction

Data source: Expanded Behavioral Risk Factor Surveillance Survey



Access to preventive care and health screenings are important tools for the early detection of chronic diseases. For those already diagnosed, disease management is critical to help reduce the risk of complications and premature mortality. The Dutchess County Community Health Improvement Plan aims to promote enrollment in affordable health insurance plans, access to screening for chronic diseases, and use of evidenced-based chronic disease management strategies.

Dutchess County Baseline vs. 2017 County CHIP Goal

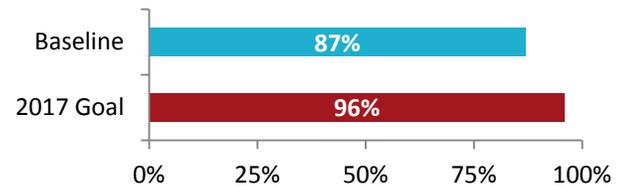
Tracking Measure, Baseline Definition, and Goal

Percent of adults 18-65 years who have health insurance

Baseline: Adults 18-64 years of age who had health insurance in 2011

2017 CHIP Goal: 10% improvement

Data source: Census American Community Survey

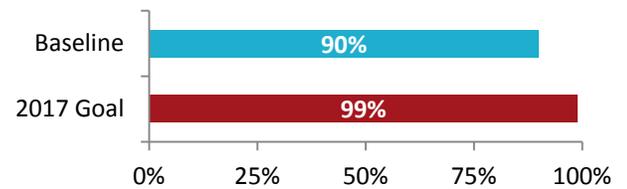


Percent of children in households ≤200% poverty who have health insurance

Baseline: Children <19 years of age and living in households at or below 200% of the federal poverty standard who had health insurance in 2011

2017 CHIP Goal: 10% improvement

Data source: Census American Community Survey, Small Area Health Insurance Estimates

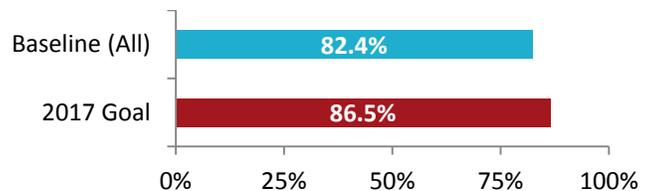


Percent of women 40+ years who had a recent mammogram

Baseline: Age-adjusted prevalence of women aged 40 years and older who had a mammogram in the last 2 years, reported in 2008-2009

2017 CHIP Goal: 5% improvement, with no income groups < 80%

Data source: Expanded Behavioral Risk Factor Surveillance Survey

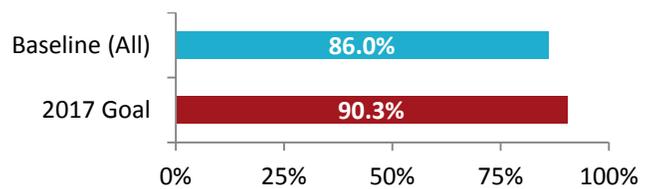


Percent of women 18+ years who had a recent cervical cancer screening

Baseline: Age-adjusted prevalence of women aged 18 years and older who had a Pap test in the last 3 years, reported in 2008-2009

2017 CHIP Goal: 5% improvement, with no income groups < 82%

Data source: Expanded Behavioral Risk Factor Surveillance Survey



Tracking Measure, Baseline Definition, and Goal

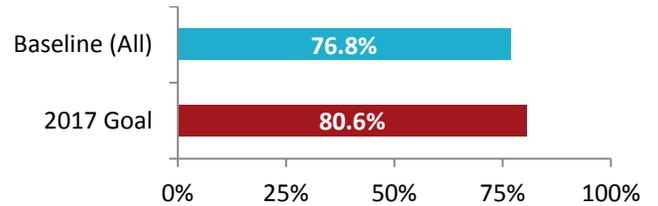
Dutchess County Baseline vs. 2017 County CHIP Goal

Percent of adults who had a recent blood cholesterol test

Baseline: Age-adjusted prevalence of adults aged 18 years and older who had a blood cholesterol test in the last 5 years, in 2008-2009

2017 CHIP Goal: 5% improvement, with no income groups < 70%

Data source: Expanded Behavioral Risk Factor Surveillance Survey

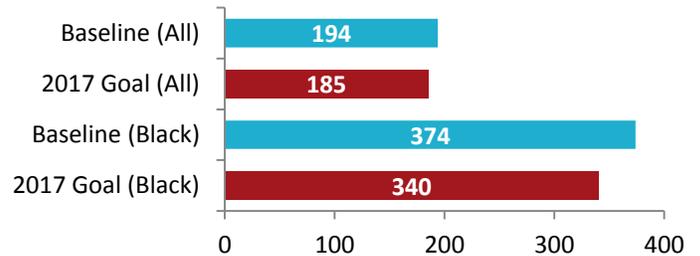


Rate of hospitalization for diabetes, and disparity

Baseline: Hospitalization rate per 10,000 residents for diabetes

2017 CHIP Goal: 5% reduction (all), 10% (Non-Hispanic Blacks)

Data source: NYSDOH Statewide Planning & Research Cooperative System

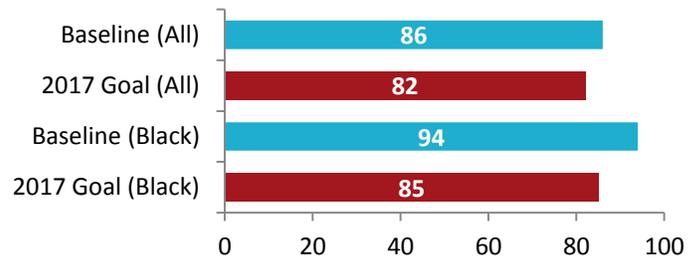


Rate of hospitalization for heart disease, and disparity

Baseline: Hospitalization rate per 10,000 residents for heart disease

2017 CHIP Goal: 5% reduction (all), 10% (Non-Hispanic Blacks)

Data source: NYSDOH Statewide Planning & Research Cooperative System



Lyme Disease and other tick-borne diseases are prevalent in Dutchess County and the Hudson Valley. The Dutchess County Community Health Improvement Plan aims to promote personal protection and evidence-based prophylactic treatment for tick-borne diseases to prevent and reduce late-stage illness.

Tracking Measure, Baseline Definition, and Goal

Dutchess County Baseline vs. 2017 County CHIP Goal

Percent of doctors following current CDC prophylaxis guidelines

Survey to be conducted in Spring '14

Baseline: Percent of MDs/DOs/NPs who selected CDC-recommended course of treatment for case study in Physician Lyme Survey

2017 CHIP Goal: Increase post-exposure antibiotic prophylaxis

Data source: DCDOH Physician Lyme Survey 2014

Public knowledge of environmental alterations that reduce tick exposures

Survey to be conducted in 2016

Baseline: Community survey to be conducted in 2016

2017 CHIP Goal: Increase public knowledge

Public knowledge of all tick-borne diseases and personal prevention practices

Survey to be conducted in 2016

Baseline: Community survey to be conducted in 2016

2017 CHIP Goal: Increase public knowledge

Rate of Lyme disease cases with late stage symptoms/sequelae

2013 cases with late stage symptoms

Baseline: Rate of confirmed/probable Lyme disease cases with central nervous system and cardiac symptoms

2017 CHIP Goal: Decrease late stage symptoms & sequelae

Data Source: NYSDOH Communicable Disease Management System

The rates of fatal and non-fatal overdose from heroin and prescription pain relievers have surged locally, regionally, and nationally over the past decade. Preventing over-prescription of opioid pain relievers and non-medical use of prescription drugs is a priority of the Dutchess County Community Health Improvement Plan, with a goal of decreasing rates of overdose and related harm.

Tracking Measure, Baseline Definition, and Goal

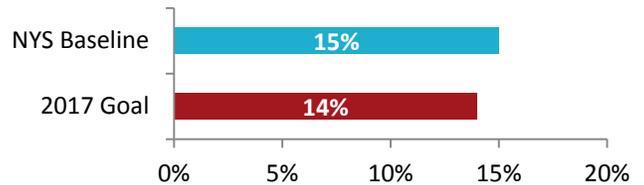
Dutchess County Baseline vs. 2017 County CHIP Goal

Percent of high school students that report non-medical use of prescription drugs

Baseline: Percent of NYS students¹ (excluding NYC) that self-report ever taking prescription drugs for non-medical reasons

2017 CHIP Goal: 10% reduction

Data source: Youth Risk Behavior Survey

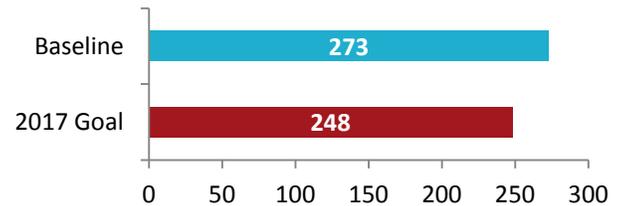


Rate of substance-related hospitalizations

Baseline: Hospitalization rate per 100,000 residents for substance abuse

2017 CHIP Goal: 10% reduction

Data source: NYSDOH Statewide Planning & Research Cooperative System

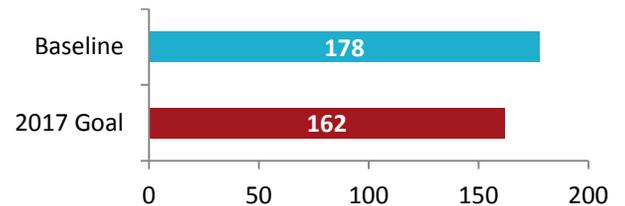


Rate of substance-related emergency department visits

Baseline: ED visit rate per 100,000 residents for substance abuse

2017 CHIP Goal: 10% reduction

Data source: NYSDOH Statewide Planning & Research Cooperative System



¹ A survey of local students is being planned for Dutchess County by an external agency. Results will be compared with state YRBS.

Dutchess County Department of Health
85 Civic Center Plaza - Suite 106
Poughkeepsie, NY 12601

www.dutchessny.gov

HealthInfo@dutchessny.gov

 Dutchess County Government

 @DutchessCoGov