Community Health Status Report

Dutchess County, NY

Report Prepared by

Dutchess County Department of Health

April 2015
Errata May 2016

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 2015, Dutchess ranked among the top 10 New York State counties for overall health outcomes and health factors according to the national *County Health Rankings*. Even though we rank among the healthiest places to live in New York, 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, strategies and objectives that are aligned with national initiatives such as Healthy People 2020 and the New York State Prevention Agenda. This report includes performance measures to track progress in four priority areas for Dutchess County: reducing obesity, increasing access to preventive health care, reducing tick related diseases, and reducing substance abuse.

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

Marcus J. Molinaro
County Executive

Kari Reiber, MD
Acting Commissioner of Health

The Annual Health Status Report contains three main sections:

The data presented in this report come from a variety of sources including Census data, vital statistics, hospital records, communicable disease reports, Medical Examiner records, and national and local surveys. Data sources are cited at the bottom of each page.

The most current year of available data varies from one source to another. For disease statistics involving small numbers, multiple years of data are aggregated.

Age adjusted rates are presented wherever possible when comparing Dutchess County with the rest of New York State, excluding New York City (NYC). Age adjustment allows rates from different populations to be compared side-by-side when the age profiles of the populations differ. For example, unadjusted rates of heart disease will generally be higher in places having larger populations of older adults.

Errata notice, 5/26/2016:

On page 5, the chart depicting the proportion of uninsured residents by age has been corrected from the original version of this document.

Dutchess County Population Profile

| Population Characteristics	2000	2010	Current[*]	Trend
Total population	280,150	297,488	296,916	
Age (percent)				
Population under 5 years	6.2%	5.1%	4.7%	
Population under 18 years	25.1%	22.2%	20.5%	
Population 65 years and older	12.0%	13.5%	15.1%	
Population 85 years and older	1.5%	1.9%	2.3%	
Race and Ethnicity (percent)				
White, Non-Hispanic	80.3%	74.6%	73.3%	
Black, Non-Hispanic	8.9%	9.2%	9.3%	
Asian, Non-Hispanic	2.5%	3.5%	3.6%	
Other, Non-Hispanic	0.4%	0.4%	0.4%	
More than One Race, Non-Hispanic	1.5%	1.8%	2.2%	
Hispanic or Latino (of any race)	6.4%	10.5%	11.3%	
Place of Birth (percent)				
United States	91.6%	88.1%	88.2%	

Most current estimate is for the calendar year 2013

Data Source: *US Census Bureau - Decennial Census and American Community Survey (2013 and birthplace data)*

Vulnerability Indicator	2000	2010	Current*
Adults (25+ yrs) without a high school diploma	16.0%	10.5%	10.8%
Unemployed individuals (percent of civilian labor force)	5.7%	10.1%	8.2%
Individuals living below the poverty level	7.5%	7.5%	9.1%
Individuals (5+ yrs) that speak English less than "very well"	3.8%	5.4%	4.8%
Individuals with a disability	16.3%	12.2%	13.4%
Individuals without health insurance	n/a	9.1%	7.3%

Dutchess Residents without Health Insurance by Age (%), 2009-2013
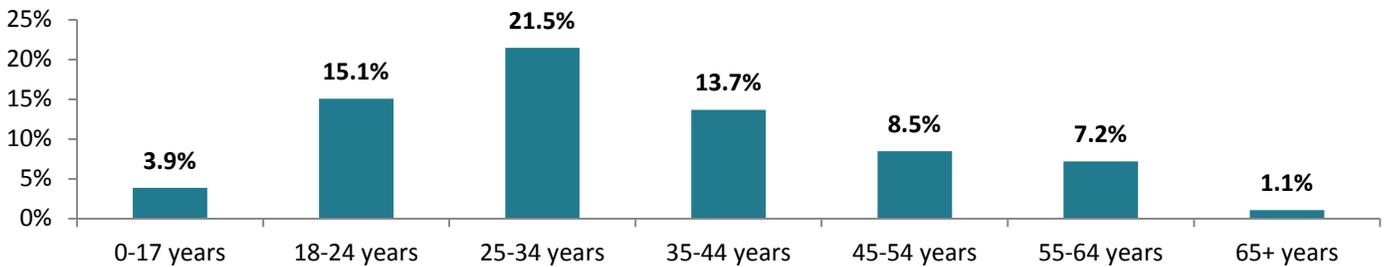
**Individuals in Households Below the Federal Poverty Guideline
American Community Survey 2009-2013**

Percent in Poverty
- 2.2% - 5.0%
- 5.1% - 10.0%
- 10.1% - 15.0%
- 15.1% - 25.0%
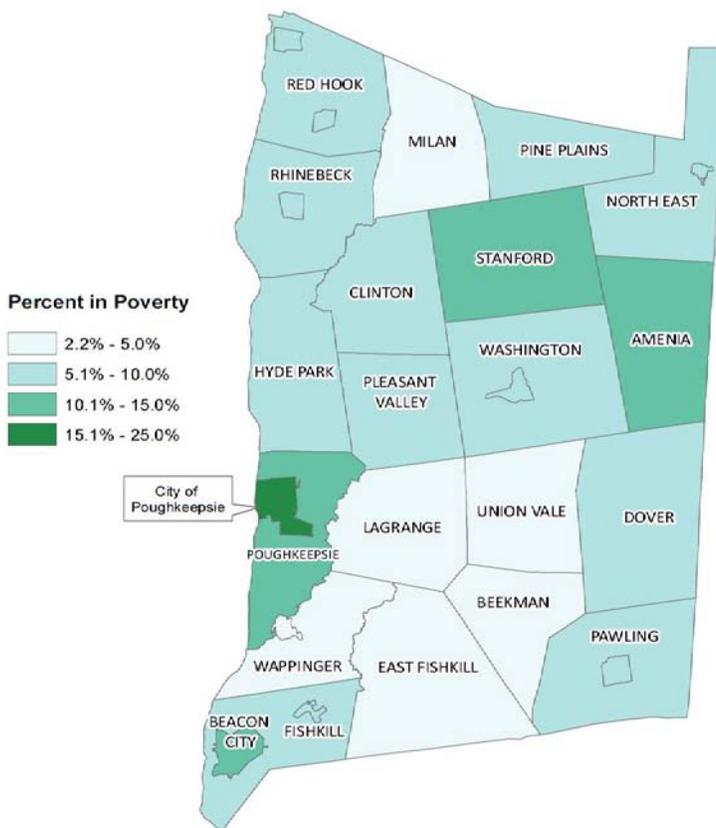
Poverty is strongly linked with many risk factors for poor health outcomes and premature mortality. In 2009-2013, the city of Poughkeepsie (left) continued to have the highest rate of poverty in Dutchess County (24.9%), more than 1.5 times the next highest poverty rate in the city of Beacon (14.8%).

Health insurance (above) is strong predictor of access to health care for the prevention and treatment of disease; fewer Dutchess went without insurance in 2013 compared to 2010.
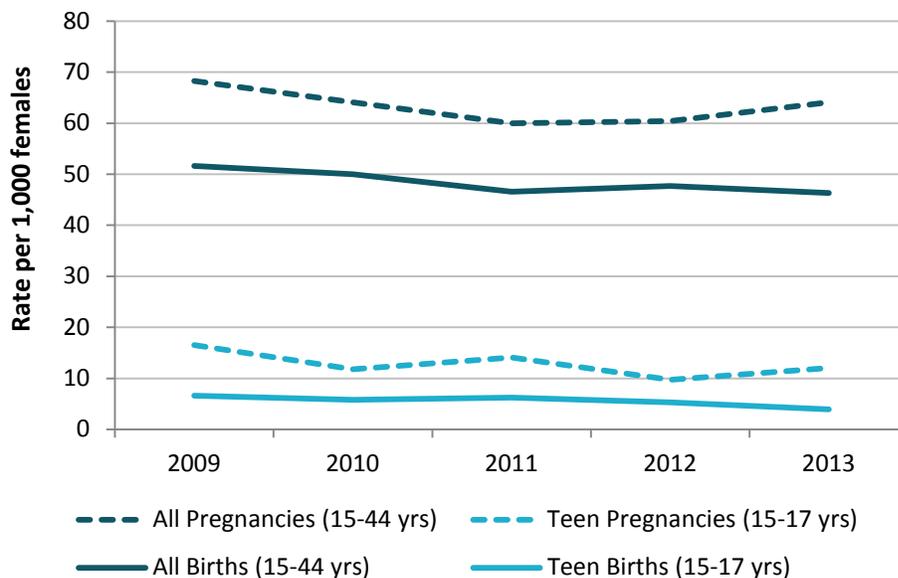
Data Sources: *US Census Bureau, Decennial Census 2000 and American Community Survey 1-Year and 5-Year Estimates,*

*Current = 2013 ACS 1-Year Estimate

Teen birth rates have continued to decline in Dutchess County, reaching a low of 3.9 births per 1,000 in 2013.

The overall teen pregnancy rate is already well within the Healthy People 2020 goal, but there are disparities as shown in the chart below. Black and Hispanic mothers are also less likely to get early and adequate prenatal care, and experience higher rates of adverse birth outcomes.

Pregnancy and Birth Rates 2009-2013
Dutchess County Females

- - - All Pregnancies (15-44 yrs)   - - - Teen Pregnancies (15-17 yrs)
———— All Births (15-44 yrs)   ———— Teen Births (15-17 yrs)

Birth Outcomes and Risk Factors
Dutchess County, 2010-2012

	White Non-Hispanic	Black Non-Hispanic	Hispanic	Total	Healthy People 2020 Goal
Teen pregnancies per 1,000 females 15-17 yrs	7.1	32.9	16.3	11.9	**36.2**
Early prenatal care (accessed in 1st trimester)	81.5%	70.4%	75.2%	79.0%	**77.9%**
Adequate prenatal care (Kotelchuck index)	69.4%	53.1%	59.0%	65.1%	**n/a**
Low birth weight (< 2500 grams)	5.9%	10.4%	7.9%	7.1%	**7.8%**
Premature births (< 37 weeks gestation)	9.1%	15.4%	11.3%	10.5%	**11.4%**
Neonatal deaths (<28 days) per 1,000 live births	n/a	n/a	n/a	4.0	**6.0**
Infant deaths (<1 year old) per 1,000 live births	3.8	17.3	2.8*	5.5	**4.1**

Values in green have met the Healthy People 2020 goal, values in red have not yet met the 2020 goal.

Note: The percents and rates in the table reflect incidence within each racial/ethnic group. Race/ethnicity of mother.
* Fewer than 10 events in the numerator, therefore the rate is unstable

Data Sources: *NYSDOH Bureau of Biometrics and Health Statistics, NYSDOH County Health Indicators by Race/Ethnic.*

## Leading Causes of Death* in 2012

Rank	Dutchess County	NYS excluding NYC
1	**Heart Disease** 169.3	**Heart Disease** 176.5
2	**Cancer (all types)** 159.3	**Cancer (all types)** 161.5
3	**Chronic Lower Respiratory Disease** 35.2	**Chronic Lower Respiratory Disease** 36.8
4	**Stroke** 31.9	**Unintentional Injuries** 30.6
5	**Unintentional Injuries** 31.4	**Stroke** 29.6
Overall Rate	649.8	665.0

Age and sex-adjusted rates of death per 100,000 residents

Chronic diseases make up the four leading causes of death (above), followed by accidents resulting in fatal injuries. The overall age and sex adjusted rate of death in Dutchess County in 2012 was below average for NYS.

Years of Life Lost (right) are calculated as the number of years lost before age 75, a typical healthy lifespan. Dutchess County's rate has remains slightly below the state average, excluding NYC.

Years of Potential Life Lost per 100,000 Residents
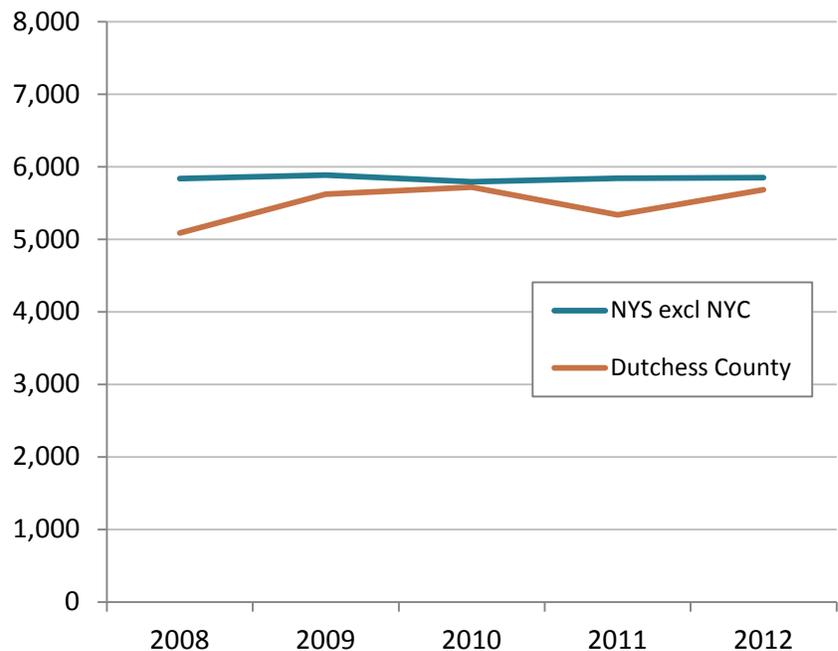
**Data Source**: NYSDOH Vital Statistics, Community Health Indicator Reports

Dutchess County Medical Examiner Investigations* by Manner of Death and Year

Manner of Death	2011	2012	2013	2014
Homicide	8	6	15	11
Suicide	31	23	46	36
Accidents				
Vehicular Accidents	37	17	36	25
Accidental Overdoses	32	51	63	45
Other Accidents	41	38	37	35
Undetermined Violent Manner	7	15	6	6
Natural Causes	165	152	169	146
Other	12	8	7	2

*Autopsies, External Exams, and Certifications

**Substances Identified in Drug Overdose Deaths
Dutchess County, 2012-2014**

Note: Annual totals exceed 100% due to multi-substance fatalities
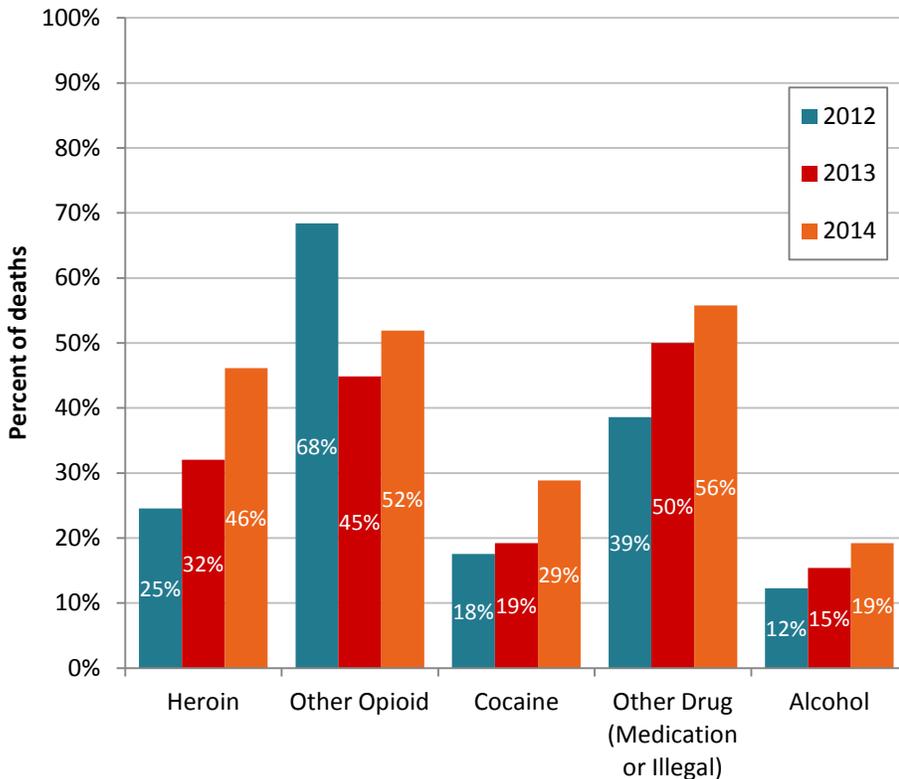
Deaths from accidental overdoses more than doubled from 26 deaths in 2008 to a peak of 63 deaths in 2013, with some variation from year to year. Heroin and other opioids such as oxycodone are currently implicated in about half of all overdose deaths. Most overdoses involve more than one substance.

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," available online at www.dutchessny.gov.
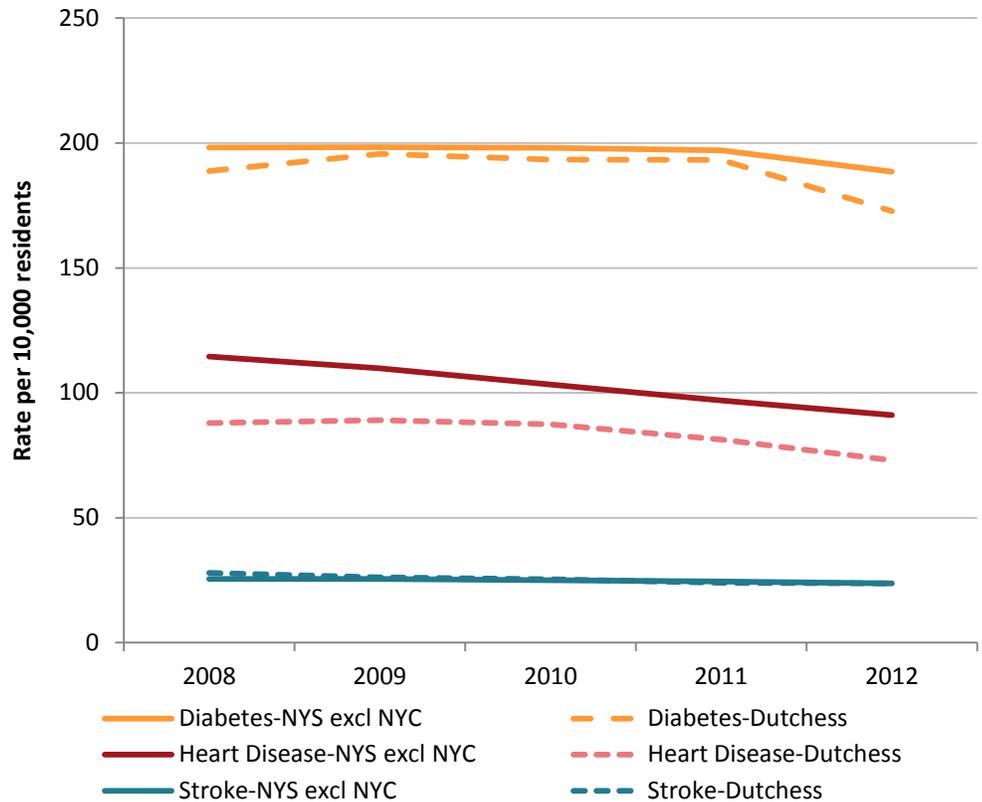
Data Source: *Dutchess County Medical Examiner*

Heart disease is the leading cause of death across NYS, but rates of hospitalization have shown improvement since 2008. Diabetes is a more common cause of hospitalization, especially among non-Hispanic Blacks.

Dutchess County meets the 2020 Healthy People objective for stroke but still has progress to make for coronary heart disease.

Reducing chronic disease is a Dutchess County priority. See page 18 for Community Health Improvement Goals related to obesity, a common risk factor for many chronic diseases.

Hospitalizations per 10,000 (Age Adjusted) for Diabetes, Diseases of the Heart, and Stroke

	Diabetes-NYS excl NYC	Diabetes-Dutchess
	Heart Disease-NYS excl NYC	Heart Disease-Dutchess
	Stroke-NYS excl NYC	Stroke-Dutchess

Dutchess County 2010-2012 Age Adjusted Rates of Disease	White Non-Hispanic	Black Non-Hispanic	Hispanic	Total	Healthy People 2020 Goal
Diabetes					
Hospitalizations per 10,000	159.5	341.2	150.4	186.4	n/a
Deaths per 100,000	11.4	21.6	13.4	12.0	66.6*
Coronary Heart Disease					
Hospitalizations per 10,000	25.9	25.5	13.1	27.2	n/a
Deaths per 100,000	127.5	112.6	62.0	123.2	103.4
Stroke					
Hospitalizations per 10,000	22.2	37.3	16.8	24.3	n/a
Deaths per 100,000	28.9	30.3	30.8	29.5	34.8

Values in green have met the Healthy People 2020 goal, values in red have not yet met the 2020 goal.

*Indicator data source limited to underlying cause of death only and is not directly comparable with the Healthy People 2020 definition based on any cause of mortality in the death certificate.

Data Sources: NYSDOH Community Health Indicator Report, NYSDOH County Health Indicators by Race/Ethnicity

Rates of Newly Diagnosed Cancers per 100,000 (Age Adjusted)
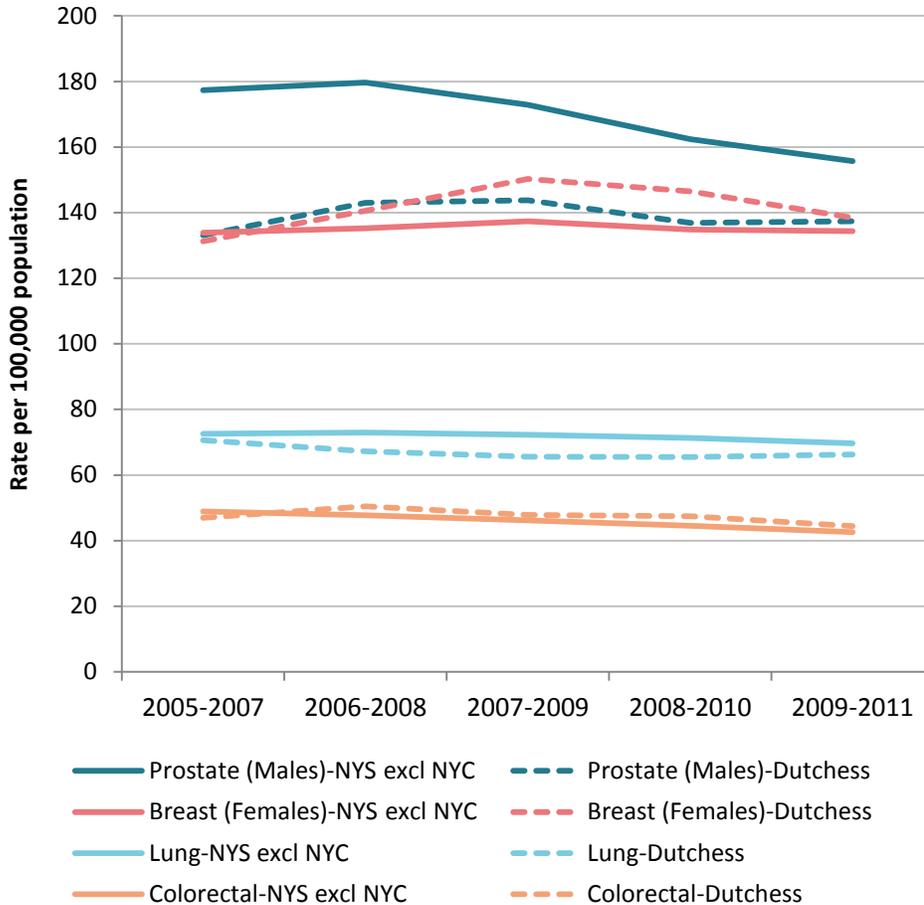
Cancer is a complex group of diseases characterized by abnormal cell growth, yet all cancers are different. Some of the known risk factors include genetics, tobacco, diet and lifestyle, environmental exposures such as radiation, and certain infectious agents like Human Papilloma Virus (HPV).

Smoking is a well-documented risk factor for lung cancer as well as heart disease and stroke. Lung cancer rates continue to slowly decline as smoking rates have fallen (see also page 13).

Colorectal cancer deaths are slightly more common among Blacks and Hispanics, while Whites have higher rates of lung and breast cancer. Colorectal and late-stage breast cancer rates are not yet within the national 2020 Goal.

| Dutchess County 2009-2011 Age Adjusted Rates per 100,000	White Non-Hispanic	Black Non-Hispanic	Hispanic	Total	Healthy People 2020 Goal
Lung cancer incidence	69.6	54.1	40.1	66.3	n/a
Lung cancer deaths**				44.8	45.5
Colorectal cancer incidence	44.2	47.7	41.8	44.4	n/a
Colorectal cancer deaths	15.4	19.6	*	15.9	14.5
Breast cancer incidence - late stage	47.4	33.9	*	44.1	38.9
Breast cancer deaths	22.6	29.5	*	23.0	20.7

Values in green have met the Healthy People 2020 goal, values in red have not yet met the HP 2020 goal.
***Lung cancer death rates by race not presented by NYSDOH for Dutchess County.*
**Unstable rate based on count < 10*

Data Sources: NYS Cancer Registry/NYSDOH Community Health Indicators by Race/Ethnicity

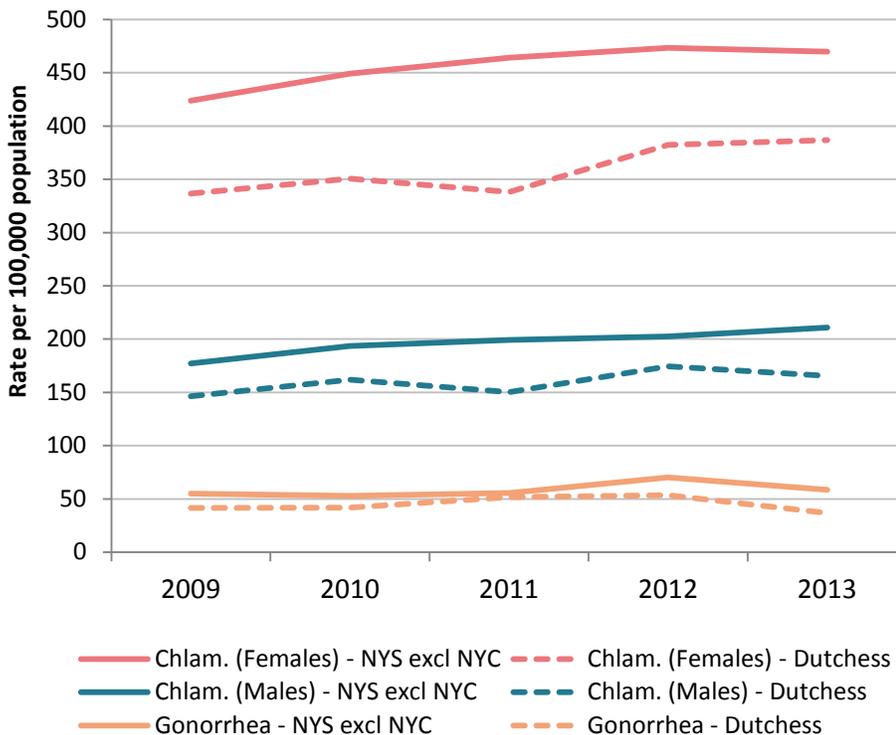## Newly Diagnosed HIV and AIDS
Rates per 100,000 (Age Adjusted)
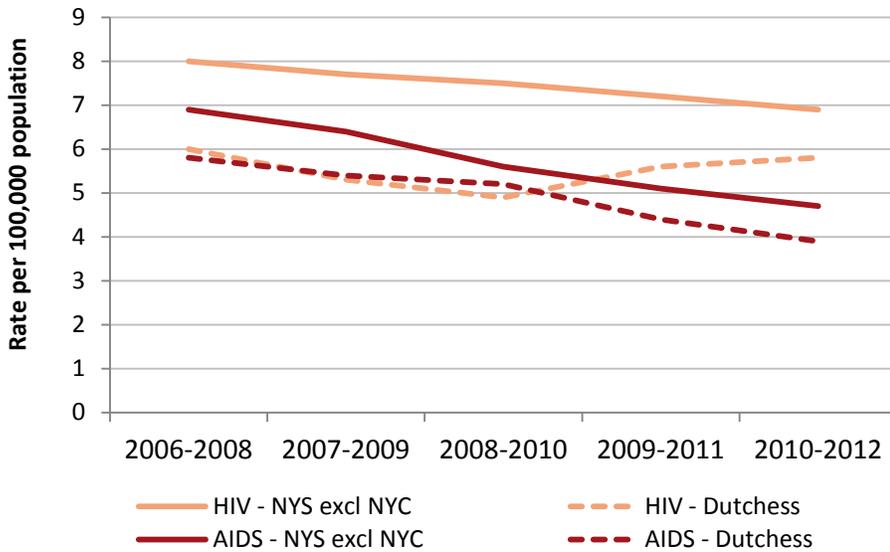
Persons diagnosed with HIV may also be diagnosed with AIDS in the same year or later; thus, HIV and AIDS diagnoses cannot be added together. Statistics are exclusive of prison inmates.

The rates of newly diagnosed HIV and AIDS have been generally declining, although new HIV rates did not decline in Dutchess County from 2008-2012 (above left). In total there were nearly 250 people living with HIV and another 375 people living with AIDS as of December 2012.
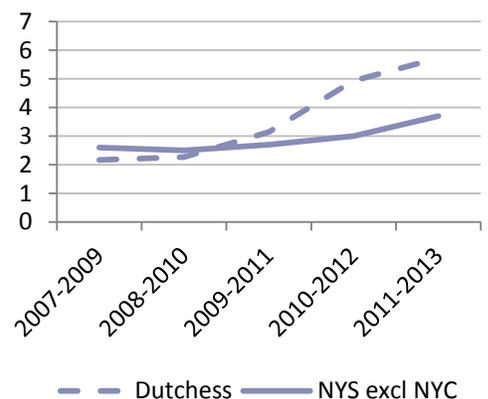
Chlamydia transmission (left) has increased statewide. Over 85% of all Chlamydia infections occur among individuals 15-29 years of age. Females have substantially higher rates of diagnosed Chlamydia than males. Rates of Gonorrhea are similar between the two sexes; therefore only the overall rate is shown (left).

Syphilis rates (below) are much lower than Chlamydia or Gonorrhea, but have risen since 2008 (note scale at left of charts).

Chlamydia and Gonorrhea
Rates per 100,000

Syphilis
Rates per 100,000

Data Sources: HIV/AIDS Institute, data as of April 2014, NYSDOH Division of Epidemiology/Commun.Disease Registry

Disease (New cases per 100,000 population)	Dutchess County 2009-2011	Dutchess County 2010-2012	Dutchess County 2011-2013	NYS (excl NYC) 2011-2013
Other Sexually Transmitted or Blood-borne Infections				
Hepatitis B, acute	0.7	0.3	0.5	0.5
Hepatitis C, acute	0.3	0.6	0.6	0.7
Gastrointestinal Infections				
E. Coli 0157:H7	1.6	0.9	0.9	0.8
Salmonella	14.4	13.3	14.1	12.4
Shigella	1.5	1.7	1.2	4.5
Airborne and Droplet Transmission Infections				
Haemophilus Influenza	1.1	0.8	0.8	1.7
Influenza, laboratory confirmed	104.4	66.3	105.2	150.9
Measles	0.0	0.0	0.0	<0.1
Mumps	0.8	0.7	0.1	0.1
Pertussis	2.7	14.3	14.1	13.1
Streptococcus pneumoniae, invasive	10.7	9.6	8.5	9.8
Tuberculosis	1.8	1.8	1.2	2.0
Tick-borne Diseases (other than Lyme Disease, see below)				
Anaplasmosis	n/a	23.0	22.2	3.3
Babesiosis	16.5	12.5	14.2	3.2
Ehrlichiosis	n/a	1.1	1.1	0.6
Rocky Mountain Spotted Fever	0.2	0.3	0.3	0.2

Lyme Disease Rates per 100,000
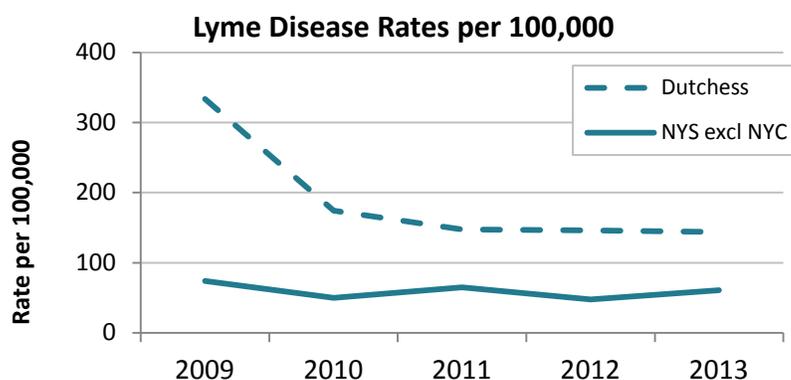
Dutchess County is comparable with the rest of New York State for most communicable diseases, however the burden of Lyme disease and other tick-borne diseases is high in this region. Annual rates fluctuate with trends in the tick population, but usually tend to be twice as high as the statewide average. The prevention of tick-borne diseases is a Dutchess County Community Health Improvement Plan priority for 2013-2017.

Immunization is a key preventive measure against many painful, debilitating and deadly infectious diseases. Local and statewide vaccination rates for the complete recommended series* for children ages 19-35 months (left) still fall short of the Healthy People 2020 target of 80%.

Immunization Measures (2012)	Dutchess County	NYS excl NYC	Healthy People 2020
Children ages 19-35 mos. with complete recommended immunization series*	54.0%	51.1%	80%
Females ages 13-17 years with 3-dose HPV immunization	21.9%	26.4%	n/a

Note: values in red have not yet met the HP 2020 goal

* 4:3:1:3:3:1:4 immunization series (DTaP, Polio, MMR, Hepatitis B, Hib, Varicella, Pneumococcal).

Data Sources: NYSDOH Div of Epidemiology/Communicable Disease Registry (Lyme disease estimates projected from sentinel surveillance); NYS Prevention Agenda Dashboard – NYS Immunization Information System

Improving mental health and reducing substance abuse is a Community Health Improvement Plan priority for Dutchess County (see also Overdose Deaths, p. 8).

There has been a notable rise since 2009 in attempted suicide and self-inflicted injury that has resulted in emergency department care or hospital admission.

Smoking rates have declined in Dutchess County, but still have progress to make toward the national Healthy People 2020 goal. An increased prevalence of smoking is found among low income households and residents who report experiencing poor mental health in the previous month.

Emergency Dept Visits and Hospitalizations for Mental Health and Substance Abuse, Rate per 10,000 Dutchess County Residents

Legend:
- All Mental Health and Substance Abuse (Left Axis)
- Intentional Self Harm (Right Axis)
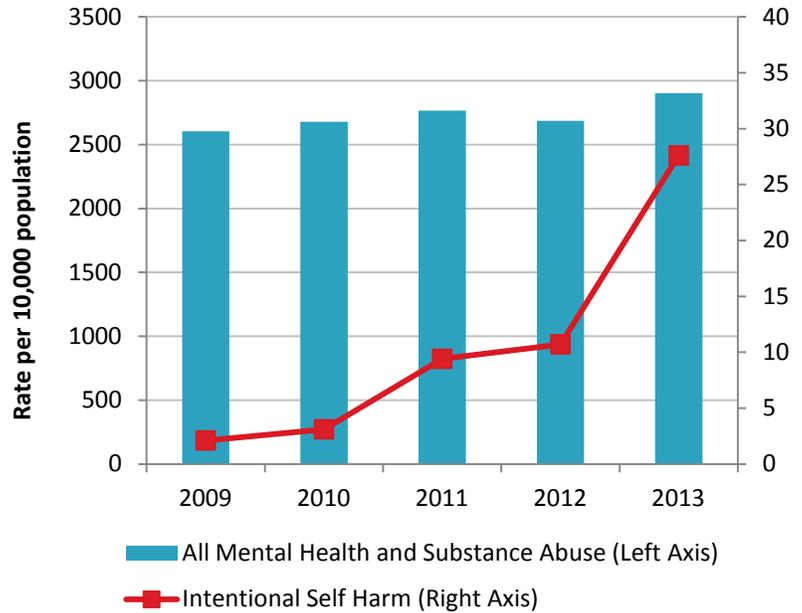
Risk Factor Age Adjusted Prevalence	Dutchess 2008-2009	Dutchess 2013-2014	NYS excl NYC 2013-2014	Healthy People 2020 Goal
Adults reporting poor mental health on at least 14 of the last 30 days	13.0%	10.9%	11.8%	n/a
Percent of adults who reported binge drinking in past 30 days[1]	18.1%	14.6%	17.2%	24.4%
Percent of adults who smoke cigarettes[2]	18.4%	16.5%	18.0%	12.0%
Adults w/ household incomes below $25,000 who smoke	*	*	29.3%	
Adults with poor mental health on 14 or more days of the last 30 days who smoke	*	*	33.2%	

Values in green have met the Healthy People 2020 goal, values in red have not yet met the HP 2020 goal.
*Data unreliable due to large standard error (small sample)
*[1]Binge drinking defined as 5+ drinks per day and 4+ drinks for women*
[2]Current smokers defined as those who report smoking cigarettes daily or some days

Data Sources: NYSDOH Statewide Planning and Research Cooperative System Inpatient and Outpatient Data, NYSDOH Expanded Behavioral Risk Factor Surveillance System

Current Blood Lead Screening Rates by Year of Birth

Measure	Dutchess 2007	Dutchess 2008	Dutchess 2009	NYS excl NYC 2009
Children with a lead screening by 9 months	3.8%	3.2%	3.1%	2.9%
Children with a lead screening at 10-18 months	65.9%	72.2%	75.1%	68.3%
Children with at least two lead screenings by 36 months	52.1%	56.6%	60.5%	50.6%

Rate of Emergency Dept Visits and Hospitalizations for Accidental Falls per 10,000 Dutchess County Adults 60+ Yrs
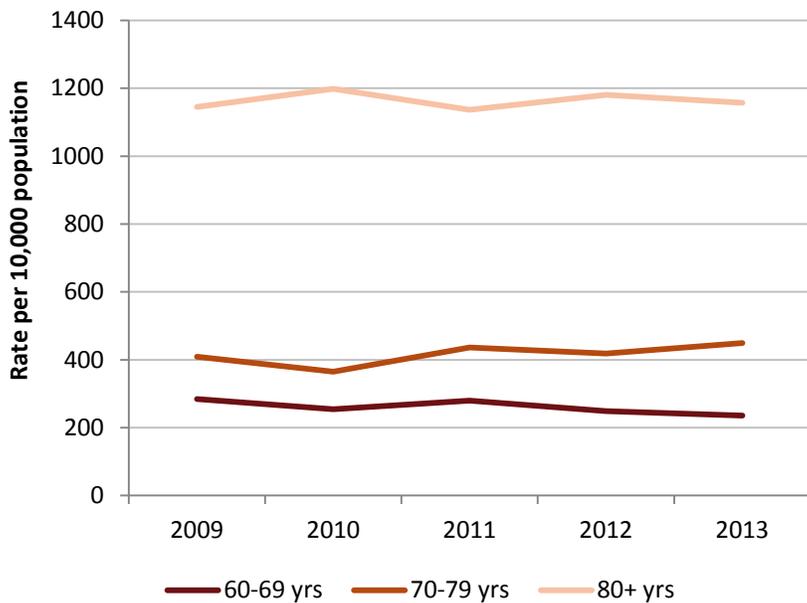
Blood lead screening rates after 10 months of age (above) have steadily improved in Dutchess County and exceed the statewide average.

Accidental falls (left) account for nearly half of all hospital visits for injuries, and the risk increases with age. Injury rates from motor vehicle crashes (below) have not changed significantly in recent years.

The built environment and safety design are important factors in the prevention of unintentional injuries, paired with policies that discourage unsafe behavior that can put others at risk, such as texting while driving.

Characteristics of Motor Vehicle Crashes and Injuries, 2011-2013

Measure	Dutchess 2011	Dutchess 2012	Dutchess 2013	NYS 2013
Total Number of Crashes	5,985	5,873	6,174	304,804
Injury and Fatality Rate per 10,000 Population	88.6	92.9	92.2	86.7
Crashes Involving Distraction/Inattention	19.4%	20.4%	20.7%	19.2%
Crashes Involving Unsafe Speed	14.8%	14.4%	15.0%	11.0%
Crashes Involving Alcohol	3.9%	3.1%	3.1%	3.0%
Crashes Involving Cyclists or Pedestrians	2.2%	2.0%	2.3%	7.5%
Percent Injured Cyclists Using a Helmet	15.4%	10.5%	18.0%	18.2%

Data Sources: NYSDOH Community Health Indicator Reports, Institute for Traffic Safety Management and Research

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 6th 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 community health.

WHAT'S NEW IN 2015?

Health Outcome indicators are the same from year to year, while Health Factor indicators may be modified as new data sources become available. In 2015, a measure of income inequality was added to Social and Economic Factors. Other changes include a new source of data for access to exercise, the definition of Mental Health Providers was broadened to include substance abuse and family counselors; and the measure of social association under Family and Social Support has been redefined and has a new source of data. Due to changes from year to year, Health Factor rankings should be compared with caution to previous years' rankings. Details are available on the *Rankings* website.

County Health Rankings model © 2014 UWPHI
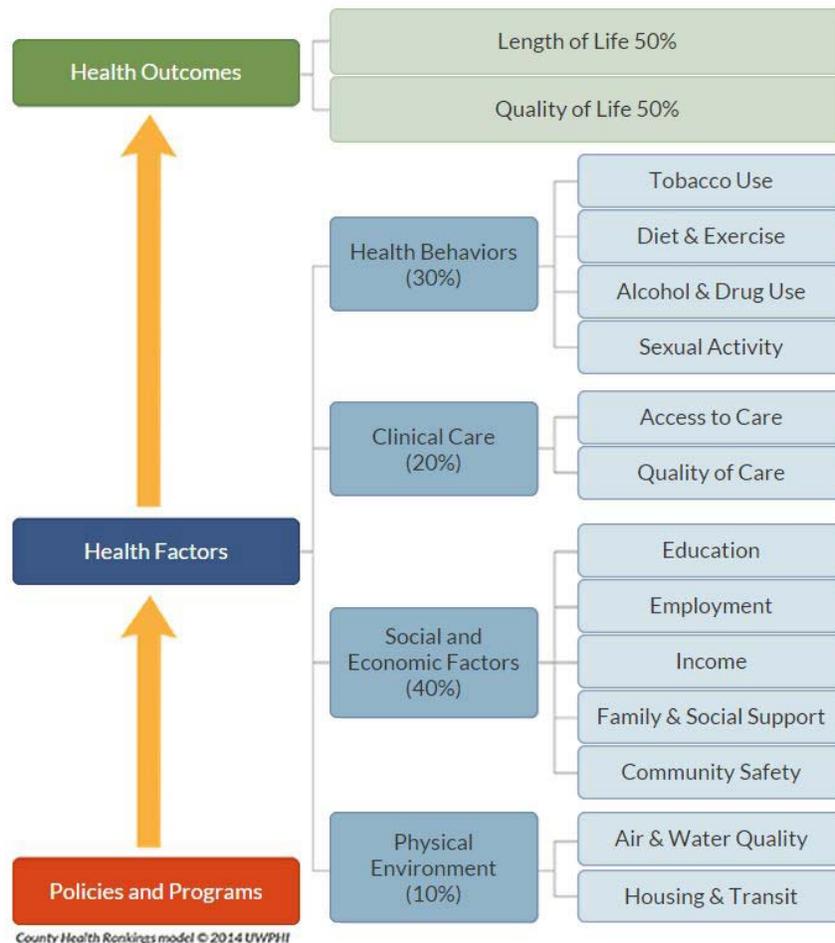
In 2015, Dutchess County ranked 9th in NYS for overall *Health Outcomes* (how healthy we are) and 10th for overall *Health Factors* (how healthy we can be).

	Dutchess County Rank in New York State		
	2013	**2014**	**2015**
Health Outcomes (overall)	**9**	**11**	**9**
Mortality	*12*	*12*	*12*
Morbidity	*10*	*14*	*14*
Health Factors (overall)*	**9**	**9**	**10**
Health Behaviors	*8*	*8*	*9*
Clinical Care	*17*	*14*	*13*
Socioeconomic Factors	*9*	*9*	*10*
Physical Environment	*19*	*17*	*40*

* Caution should be exercised when comparing across years due to changes in Health Factors measures (see p.15)

Health Outcomes represent the current health of the county. Two types of health outcomes are measured: how long people live (mortality) and how healthy people feel while alive (morbidity). These measures are the same each year.

2015 Health Outcome Rank in NYS
Hudson Valley Region
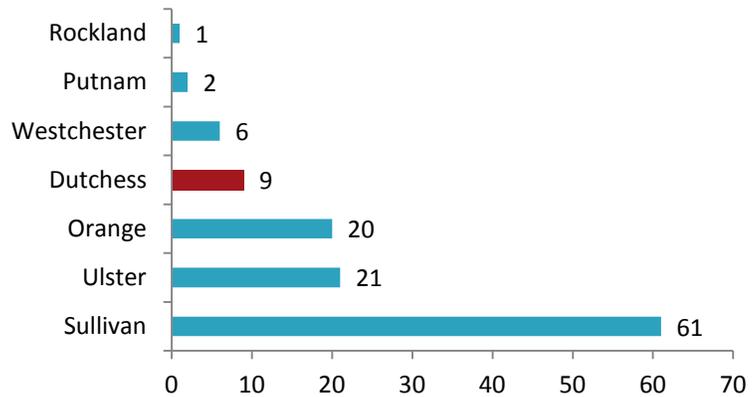
2015 Health Factor Rank in NYS
Hudson Valley Region
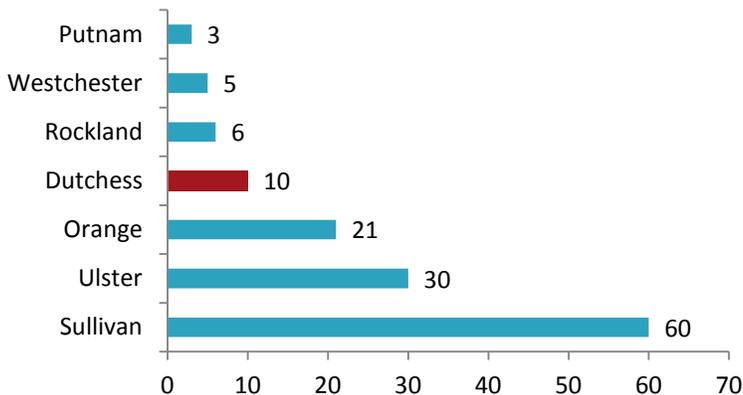
Health Factors represent what influences the health of the county. Four types of health factors are based on several measures that are described in detail on the County Health Rankings website. Specific health factor measures may change from year to year.

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.

Reduce childhood & adult obesity

Increase access to preventive health care & improve management of chronic disease

Reduce tick and insect-related disease

Reduce substance abuse

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

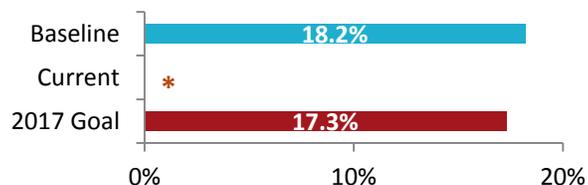### Dutchess County Baseline vs. 2017 County CHIP Goal

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

Current: Countywide estimate not available for 2013-2014*

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

Current: Not all districts available for 2013-2014*

2017 CHIP Goal: 5% reduction

Data source: NYSDOH Student Weight Status Category Reporting System
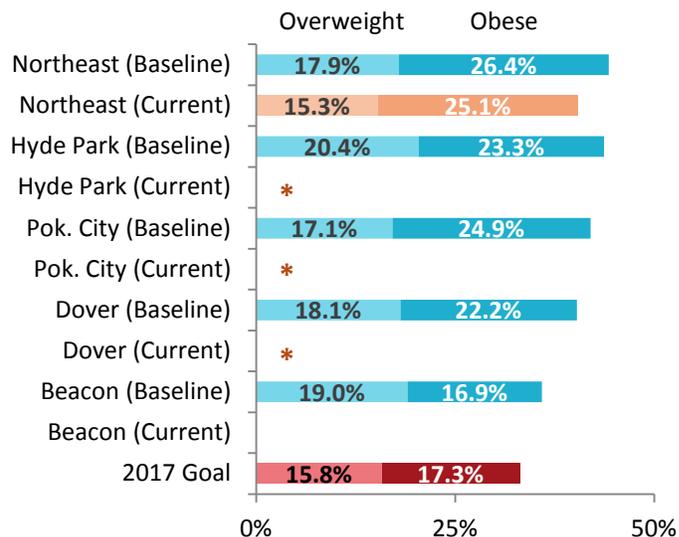
*A sample of districts have reported for 2013-2014; complete data for 2013-2015 will be available in 2016.

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

Current: Same definition for 2013-2014

2017 CHIP Goal: 5% reduction

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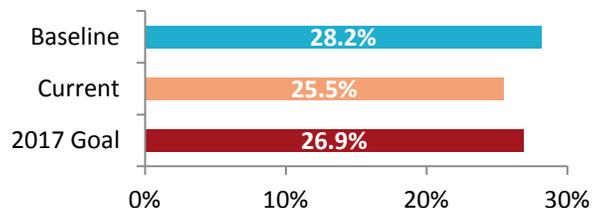
Access to preventive care and health screenings are important tools for the early detection of chronic diseases. For those already diagnosed, disease management is critical to help reduce the risk of complications and premature mortality. The Dutchess County Community Health Improvement Plan aims to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

Tracking Measure, Baseline Definition, and Goal

Dutchess County Baseline vs. 2017 County CHIP Goal

Percent of adults 18-65 years who have health insurance

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

Current: Same definition for 2013

2017 CHIP Goal: 10% improvement

Data source: American Community Survey

|	
Baseline	87%
Current	90%
2017 Goal	96%
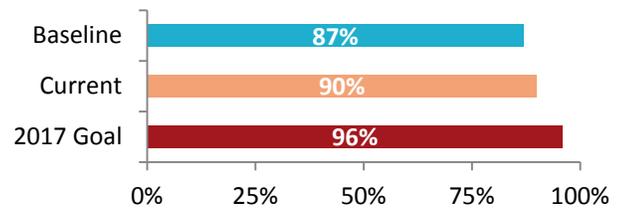
Percent of children in households ≤200% poverty who have health insurance

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

Current: Same definition for 2013

2017 CHIP Goal: 10% improvement

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

|	
Baseline	90%
Current	91%
2017 Goal	99%
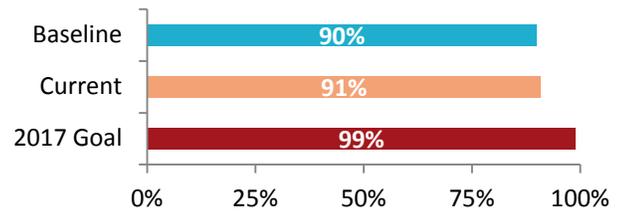
Percent of women screened for breast cancer

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

Current: Definition update: Prevalence of women ages 50-74 yrs with recent breast screening per current guidelines, 2013-2014

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

Data source: Expanded Behavioral Risk Factor Surveillance Survey

Baseline (All)	82.4%
Current	87.3%
2017 Goal	86.5%
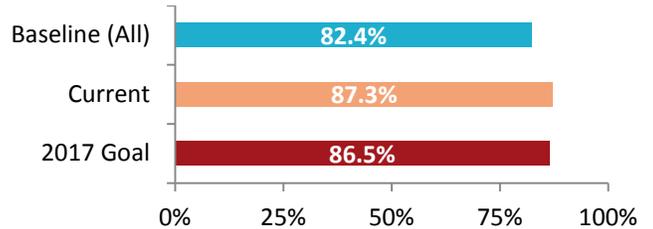
Percent of women screened for cervical cancer

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

Current: Definition update: Prevalence of women 18-65 yrs with recent cervical cancer screening per current guidelines, 2013-2014

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

Data source: Expanded Behavioral Risk Factor Surveillance Survey
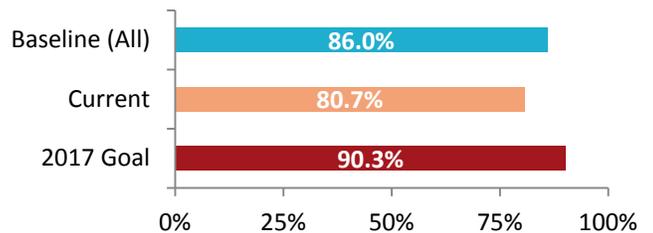
Baseline (All)	86.0%
Current	80.7%
2017 Goal	90.3%

Tracking Measure, Baseline Definition, and Goal

Dutchess County Baseline vs. 2017 County CHIP Goal

NEW: Percent of adults who had a recent test for high blood sugar

Baseline: Age-adjusted prevalence of adults aged 18 years and older who had a blood sugar test in the last 3 years, in 2013-2014.

Current: Same as baseline (measure is new).

2017 CHIP Goal: 5% improvement, with no income groups < 50%

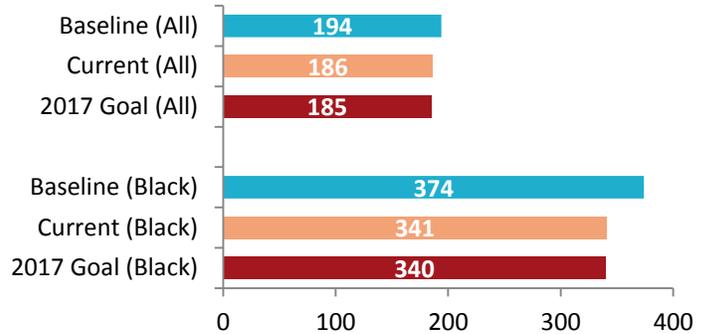*Data source:* Expanded Behavioral Risk Factor Surveillance Survey

Baseline	56.4%
2017 Goal	59.2%

(0% – 100% scale)
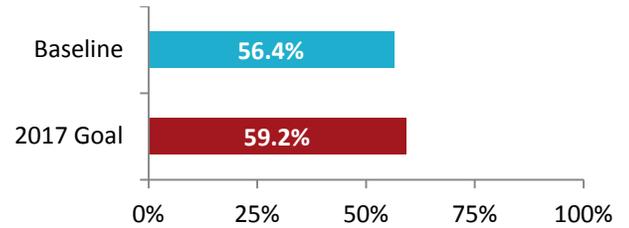
Rate of hospitalization for diabetes, and disparity

Baseline: Hospitalization rate for diabetes per 10,000 residents in 2009-2011 (any diagnosis)

Current: Same definition for the years 2010-2012

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

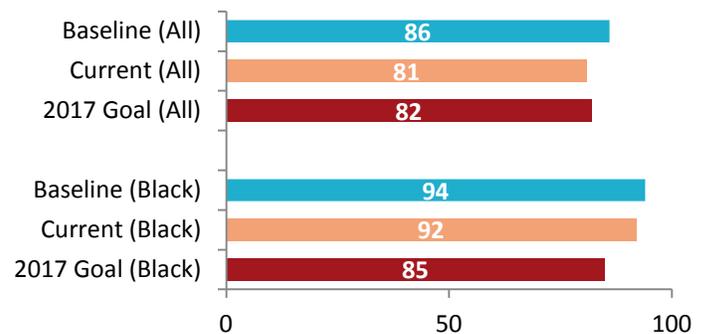*Data source:* NYSDOH County Health Indicators by Race/Ethnicity Statewide Planning & Research Cooperative System

Baseline (All)	194
Current (All)	186
2017 Goal (All)	185
Baseline (Black)	374
Current (Black)	341
2017 Goal (Black)	340

(0 – 400 scale)

Rate of hospitalization for heart disease, and disparity

Baseline: Hospitalization rate for heart disease per 10,000 residents in 2009-2011

Current: Same definition, for the years 2010-2012

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

Data source: NYSDOH Statewide Planning & Research Cooperative System

Baseline (All)	86
Current (All)	81
2017 Goal (All)	82
Baseline (Black)	94
Current (Black)	92
2017 Goal (Black)	85

(0 – 100 scale)

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

Baseline: Percent of physicians, NPs, and PAs who selected CDC-recommended course of treatment for case study in 2014 Physician Lyme Survey

Current: Same as baseline (new measure)

2017 CHIP Goal: Increase proportion of doctors that offer post-exposure antibiotic prophylaxis to patients meeting CDC criteria

Data source: DCDOH Physician Lyme Survey

Baseline	42.0%
2017 Goal	80.0%

(Chart axis: 0%, 25%, 50%, 75%, 100%)
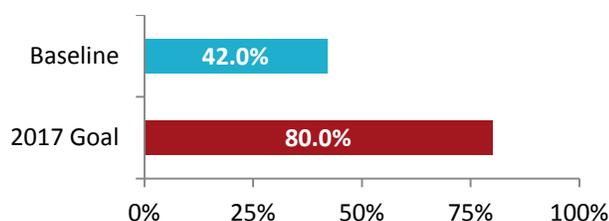
Public knowledge of environmental alterations that reduce tick exposures

Baseline: Community survey to be conducted in 2016
2017 CHIP Goal: Increase public knowledge

Survey to be conducted in 2016

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

Baseline: Community survey to be conducted in 2016
2017 CHIP Goal: Increase public knowledge

Survey to be conducted in 2016

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

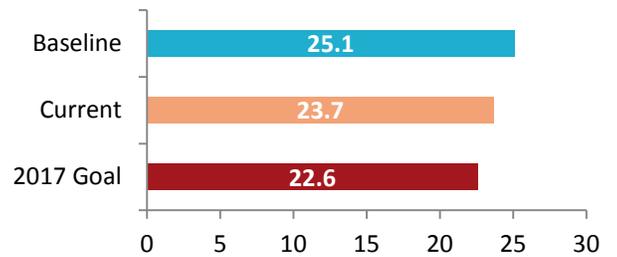**Dutchess County Baseline vs. 2017 County CHIP Goal**

Rate of substance-related hospitalizations

Baseline: Hospitalization rate per 10,000 residents for substance abuse in 2010-2012 (CCS code 661)

Current: Same definition for 2011-2013

2017 CHIP Goal: 10% reduction

Data source: NYSDOH Statewide Planning & Research Cooperative System

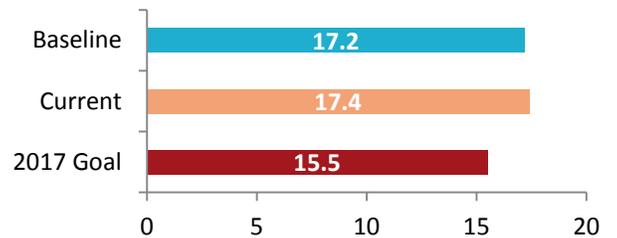|	
Baseline	25.1
Current	23.7
2017 Goal	22.6

Rate of substance-related emergency department visits

Baseline: ED visit rate per 10,000 residents for substance abuse in 2010-2012 (CCS code 661)

Current: Same definition for 2011-2013

2017 CHIP Goal: 10% reduction

Data source: NYSDOH Statewide Planning & Research Cooperative System

Baseline	17.2
Current	17.4
2017 Goal	15.5

Dutchess County Department of Health

85 Civic Center Plaza - Suite 106

Poughkeepsie, NY 12601

www.dutchessny.gov

HealthInfo@dutchessny.gov

 Dutchess County Government

 @DutchessCoGov