

# **Dutchess County**

## **2013-2018 Community Health Assessment and Community Health Improvement Plan Update**

Dutchess County Department of Behavioral & Community Health  
Dutchess, NY

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## Executive Summary

*The Prevention Agenda 2013-2018 is the blueprint for state and local action to improve the health of New Yorkers in five priority areas and to reduce health disparities for racial, ethnic, disability, and low socioeconomic groups, as well as other populations who experience them.*

New York State Department of Health, Prevention Agenda 2013-2018

The following report updates the 2013-2017 Dutchess County Community Health Assessment (CHA) and both replaces and extends the current Community Health Improvement Plan (CHIP) through 2018, in alignment with the new 2013-2018 Prevention Agenda timeframe.<sup>1</sup> *While a new, comprehensive health assessment is not required as part of the extension cycle, this report details how Dutchess County has collaborated with hospital and community partners to: 1) review updated data on health and wellness among county residents, 2) revisit and confirm the selected Prevention Agenda priorities, and 3) update and revise an implementation plan centered on evidence-based interventions to address the selected priority goals.*

### 2016-2018 Prevention Agenda Priority and Disparity Focus Areas

Through data review and stakeholder engagement as described in this report, Dutchess County has confirmed the following Prevention Agenda priorities and disparity focus areas for the 2016-2018 period. The three overarching areas remain unchanged from the original 2013-2017 plan, with the new addition of tobacco use prevention and cessation as core components of the chronic disease priority area.

- **Prevent Chronic Disease:**

*Reduce disparities associated with socioeconomic status and mental health status*

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<sup>1</sup> In 2015, the New York State Department of Health updated the current Prevention Agenda timeframe to align with other state and federal health care reform initiatives.

- Reduce obesity (retained from 2013-2017 plan)
- Reduce illness and death related to tobacco use (added for 2016-2018)
- Increase access to high quality chronic disease preventive care and management (retained from 2013-2017 plan)
- **Promote Mental Health & Prevent Substance Abuse:**
  - Prevent substance abuse; in particular, prevent overdose due to opioids (retained from 2013-2017 plan)
- **Promote a Safe & Healthy Environment:**
  - Reduce the burden of tick-borne disease (Dutchess County specific priority area, retained from 2013-2017 plan)

## Community Health Indicator Review Process

The Department of Behavioral & Community Health routinely monitors numerous sources of data on health and wellbeing in Dutchess County, using tools including the NYS [Prevention Agenda Dashboard](#), the [Hudson Valley Community Dashboard](#), NYS Department of Health [Community Health Indicator Reports](#), [Sub-County Indicator Reports](#), [NYS Cancer Registry Statistics](#), [NYS Open Data](#) (including the Expanded Behavioral Risk Factor Surveillance System), [County Health Rankings and Roadmaps](#), the [Kids Wellbeing Indicators Clearinghouse \(KWIC\)](#), the [MidHudson Valley Community Profiles](#), and the U.S. Census Bureau's [American FactFinder](#).

The Department also conducts surveillance from original data including communicable disease reports, vital statistics (births and deaths), emergency department visits and hospital admissions from the Statewide Planning and Research Cooperative System (SPARCS), treatment service reports from the

Office of Alcoholism and Substance Abuse Services (OASAS), and local surveys. A large-sample [Community Survey](#) was conducted among over 1000 Dutchess County residents in 2012-2013, a community tick-borne disease survey was conducted in 2015-2016, and the Council on Addiction Prevention & Education of Dutchess County, Inc (CAPE) administers annual youth risk surveys in all Dutchess County school districts.

The annual [Dutchess County Community Health Status Report](#) (see version 2016, Appendix A) summarizes these many data sources, examining disparities and providing comparisons to upstate New York and Healthy People 2020 goals, where available. Annual updates are posted to the County website and distributed to healthcare and behavioral health service providers throughout Dutchess County.

## **Partnerships and Community Engagement**

Dutchess County embraces an inclusive and collaborative process for community health improvement planning. The Department partnered with the local hospital systems, Health Quest and MidHudson Regional Hospital, to conduct a community health improvement stakeholder forum on October 18, 2016. Nearly one hundred representatives from healthcare agencies, behavioral health services, county agencies, and community organizations took part in the event to discuss community health priorities and review CHIP strategies. Specific partner roles in the CHIP implementation plan are listed for each focus area strategy (see Section 4). Agency and organizational partners also participate in ongoing dialogue through active workgroups and coalitions including the Dutchess County Chronic Disease Coalition, the Dutchess County Substance Abuse Workgroup, Dutchess County Complete Streets Committee, regional Drug Task Force, Dutchess County Tick Task Force, Hudson Valley Region Population Health Improvement Program, and others.

As noted, a large representative sample of Dutchess County residents was also [surveyed](#) in 2012-2013 to assess community and health priorities from the perspective of county residents.

### **Selection of Evidence-Based Interventions and Strategies**

Evidence-based programs, policies, and practices [recommended by the NYS Department of Health for the Prevention Agenda](#) were reviewed by Dutchess County with partners and stakeholders at the 2016 forum to solicit feedback on priorities, successes, challenges, and opportunities for new collaboration. Stakeholders were also invited to suggest additional evidence-based interventions or promising practices, utilizing resources such as [SAMHSA's National Registry of Evidence-based Programs and Practices \(NREPP\)](#) or [The Community Guide](#). Selected strategies are detailed in the CHIP implementation plan (see Section 4). Evidence-based interventions are highlighted with an asterisk (\*).

### **Tracking Progress and Measuring Impact**

The updated 2016-2018 CHIP implementation plan (See Section 4) includes new short term and long term outcome measures for each goal as well as specific process measures to track progress for each intervention or strategy. For example, outcome measures for substance abuse prevention include the proportion of students who report non-medical use of prescription drugs in the past 30 days, and the number of fatal and non-fatal overdoses. Process measures for school-based substance abuse prevention programs, such as Second Step and Teen Intervene, include the number of programs offered and the number of students who participate in programs annually. Bi-annual progress updates will be shared with partners and stakeholders.

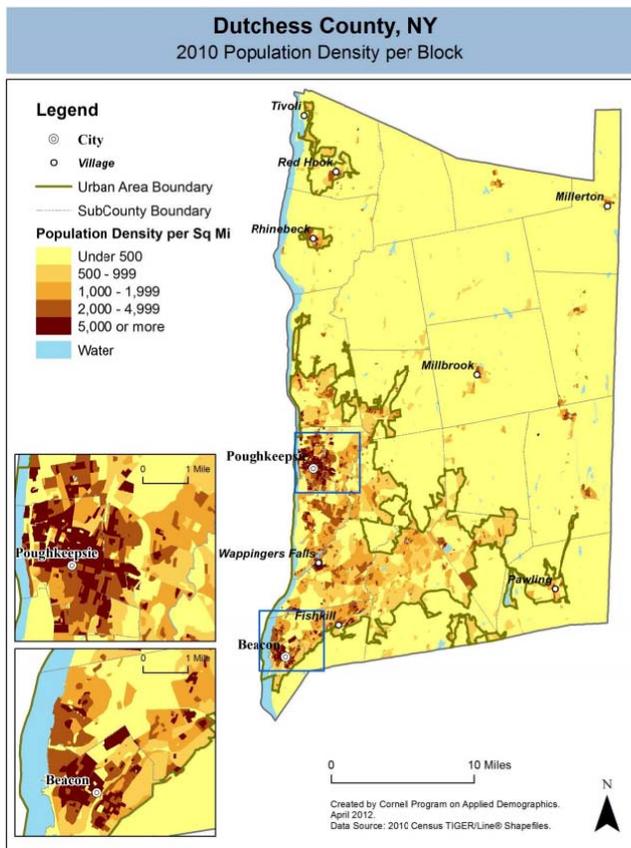
# Dutchess County Community Health Improvement Plan

## 1. Characteristics of Dutchess County, NY

Dutchess County is in the heart of the Hudson Valley, midway between New York City and New York State's capital, Albany. The western border includes 30 miles of Hudson River shoreline with Connecticut forming the eastern border. Dutchess County is made up of 30 municipalities, consisting of 20 towns, 8 villages, and two cities, Poughkeepsie (the county seat) and the city of Beacon. Dutchess County has 13 public school districts and is also home to five colleges/universities. The southwestern region of Dutchess County is the most densely populated part of the county (below, left), and includes the cities

of Beacon and Poughkeepsie. The rest of the county is predominantly suburban and rural.

Figure 1



The current population estimate for Dutchess County is 295,754 residents (U.S. Census Bureau, 2015). Since 2010, the proportion of the population over 65 years of age has grown from 13.5% to 16.0%; correspondingly, the proportion of children under 18 has declined from 22.2% to 19.8%. As shown in Table 1, Dutchess County is growing in diversity, with an increase in the proportion of the population that identifies as Hispanic or Latino.

Considering vulnerable populations, since 2010, unemployment has declined, although poverty rates further increased between 2010 and 2015 (Table 2). Poverty, a strong predictor of health status, is most heavily concentrated in the urban centers and eastern rural areas of Dutchess County (Figure 2). With an aging population, the percent of individuals with a disability has also increased. Meanwhile, educational attainment rates improved, and the percent of individuals who speak English less than “very well” did not further increase after 2010. The percent of individuals without health insurance decreased between 2010 and 2015, from 9.1% to 5.1% (Table 2).

**Table 1. Dutchess County Population Profile (U.S. Census Bureau)**

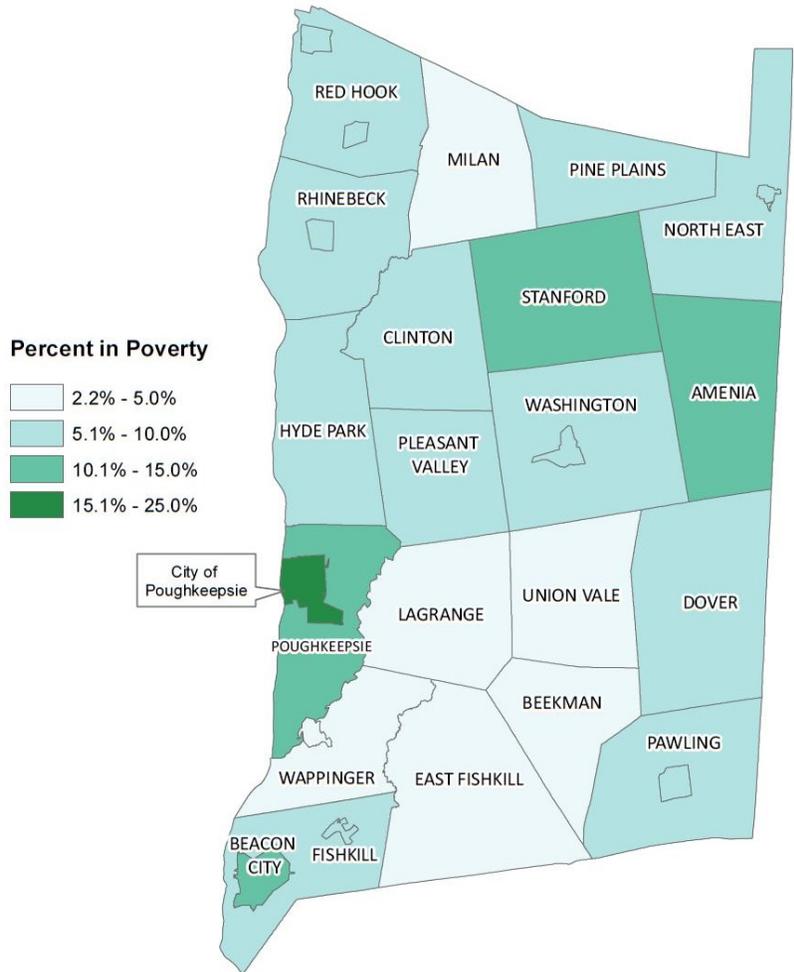
<b>Population Characteristics</b>	<b>2000</b>	<b>2010</b>	<b>2015</b>
<b>Total population</b>	280,150	297,488	295,754
<b>Age (percent)</b>			
Population under 18 years	25.1%	22.2%	19.8%
Population 18-64 years	62.9%	64.3%	64.2%
Population 65 years and older	12.0%	13.5%	16.0%
<b>Race and Ethnicity (percent)</b>			
White, Non-Hispanic	80.3%	74.6%	72.9%
Black, Non-Hispanic	8.9%	9.2%	9.4%
Asian, Non-Hispanic	2.5%	3.5%	3.8%
Other, Non-Hispanic	0.4%	0.4%	0.4%
More than One Race, Non-Hispanic	1.5%	1.8%	2.0%
Hispanic or Latino (of any race)	6.4%	10.5%	11.8%
<b>Place of Birth (percent)</b>			
United States	91.6%	88.1%	88.4%

**Table 2. Population Vulnerability Characteristics (U.S. Census Bureau)**

<b>Vulnerability Indicator</b>	<b>2000</b>	<b>2010</b>	<b>2015</b>
Adults (25+ yrs) without a high school diploma	16.0%	10.5%	8.7%
Unemployed individuals (% of civilian labor force)	5.7%	10.1%	7.6%
Individuals living below the poverty level	7.5%	7.5%	10.3%
Individuals (5+ yrs) who speak English < “very well”	3.8%	5.4%	5.3%
Individuals with a disability	16.3%	12.2%	14.4%
Individuals without health insurance	n/a	9.1%	5.1%

**Figure 2**

**Individuals in Households Below the Federal Poverty Guideline  
American Community Survey 2009-2013**



## 2. Community Health Data Review Process and Updates

### a) *Methods*

The Department of Behavioral & Community Health routinely monitors numerous sources of data on health and wellbeing in Dutchess County, using tools including the NYS [Prevention Agenda Dashboard](#), the [Hudson Valley Community Dashboard](#), NYS Department of Health [Community Health Indicator Reports](#), [Sub-County Indicator Reports](#), [NYS Cancer Registry Statistics](#), [NYS Open Data](#) (including the Expanded Behavioral Risk Factor Surveillance System), [County Health Rankings and Roadmaps](#), the [Kids Wellbeing Indicators Clearinghouse \(KWIC\)](#), the [MidHudson Valley Community Profiles](#), and the U.S. Census Bureau's [American FactFinder](#).

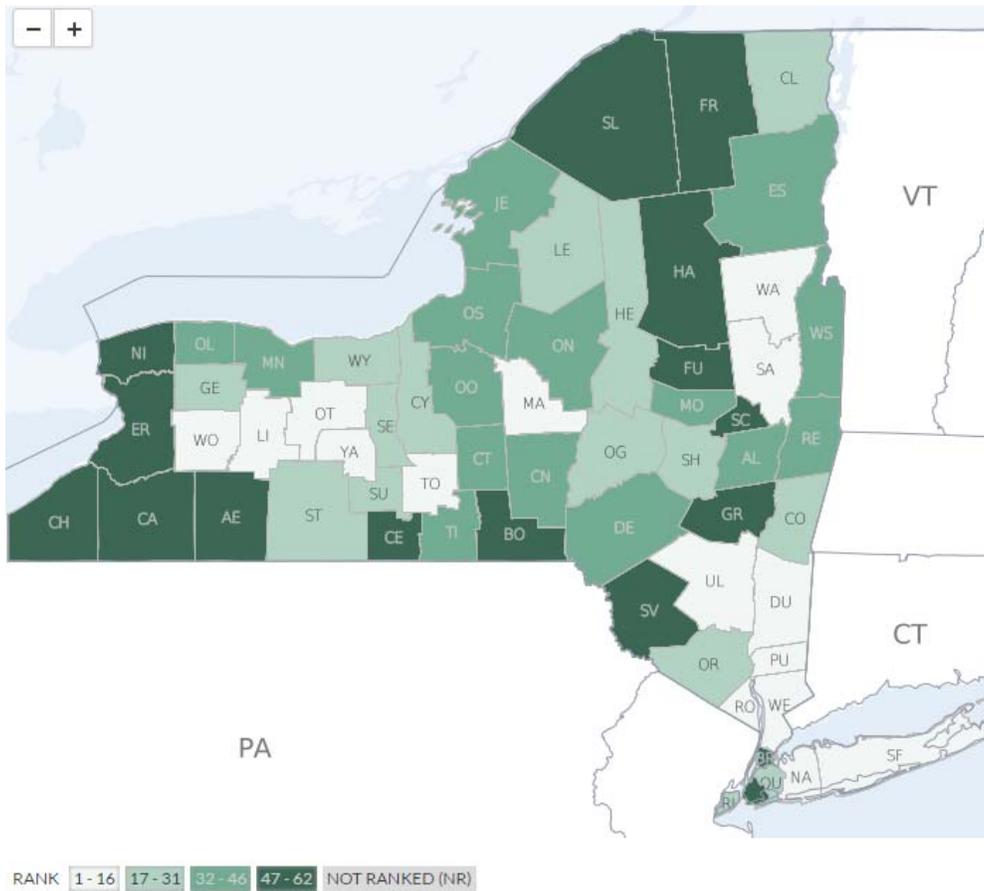
The Department also conducts surveillance from original data including communicable disease reports, vital statistics (births and deaths), emergency department visits and hospital admissions from the Statewide Planning and Research Cooperative System (SPARCS), treatment service reports from the Office of Alcoholism and Substance Abuse Services (OASAS), and local surveys. A large-sample [Community Survey](#) was conducted among over 1000 Dutchess County residents in 2012-2013, a community tick-borne disease survey was conducted in 2015-2016, and the Council on Addiction Prevention & Education of Dutchess County, Inc (CAPE) administers annual youth risk surveys in Dutchess County school districts.

The annual Dutchess County Community Health Status Report (see version 2016, Appendix A) summarizes these many data sources, examining disparities and providing comparisons to upstate New York and Healthy People 2020 goals, where available. Annual updates are posted to the County website and distributed to healthcare and behavioral health service providers throughout Dutchess County.

b) Updates on Recent Health Trends (See also Appendix A 2016 Community Health Status Report)

Overall, in 2016 Dutchess County ranked as the 10<sup>th</sup> healthiest county in New York State (Figure 3) according to the [County Health Rankings](#). The metric is based on premature deaths, premature births, and overall self-reported physical and mental health.

Figure 3. County Health Rankings – Health Outcomes



Deaths and hospitalizations due to chronic disease have declined in recent years, yet heart disease and cancer remain the leading causes of death by a large margin (Fig 4). Tobacco use and obesity are key risk factors, and rates of smoking and obesity have been relatively unchanged in the past 5 years. Disparities may begin early in life, as evidenced by higher rates of children with obesity in school districts where there are higher rates of poverty (Figure 5a-b). There are also disparities in chronic disease related to mental health, and residents who report experiencing poor mental health have significantly higher rates of tobacco use (29.7% versus 16.5% of all Dutchess residents, Expanded Behavioral Risk Factor Surveillance Survey 2013-2014).

Figure 4.

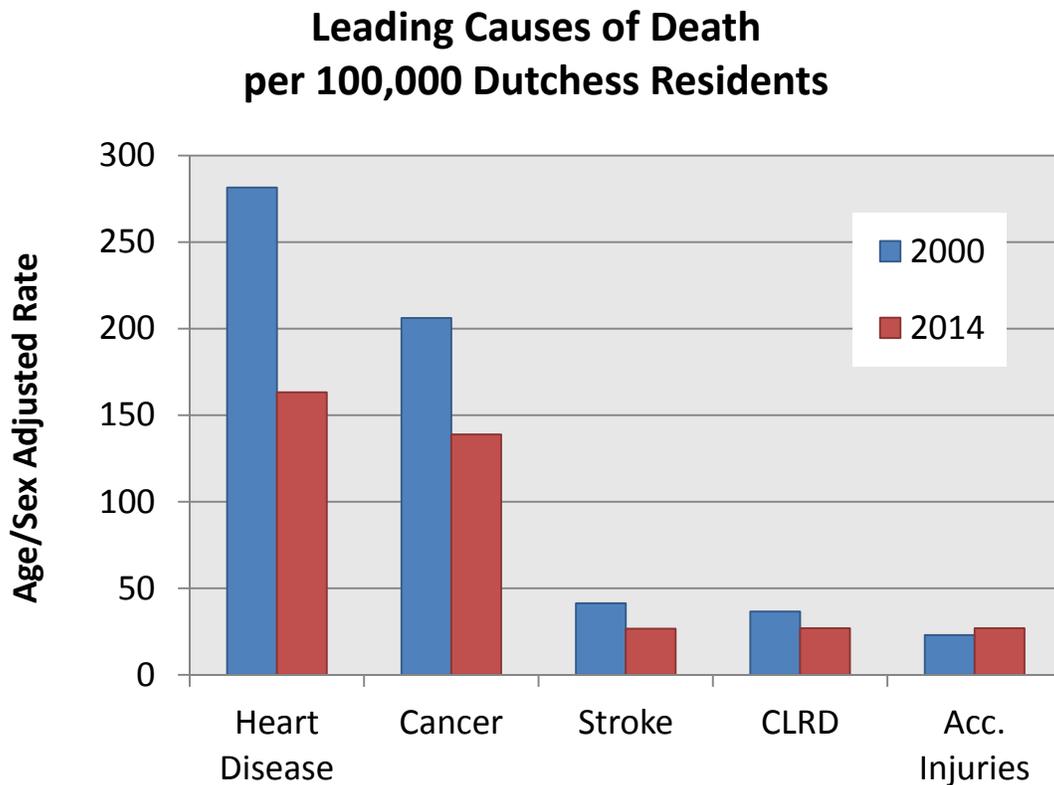
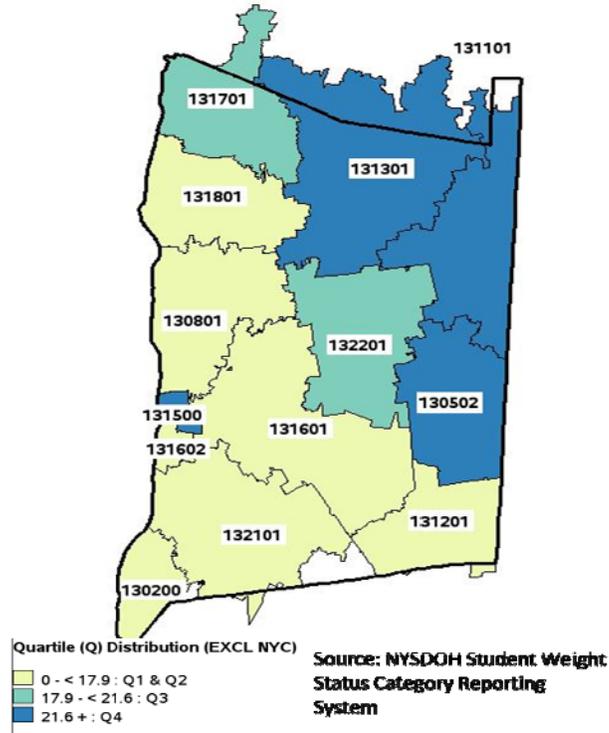
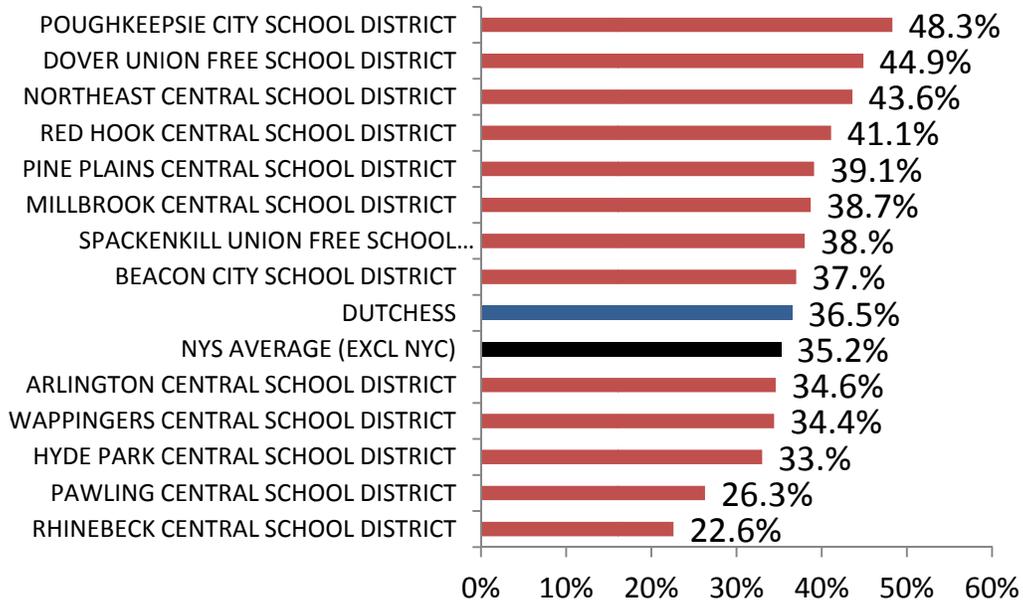


Figure 5a-b. School-Age Obesity Rates (Map) and Chart by District

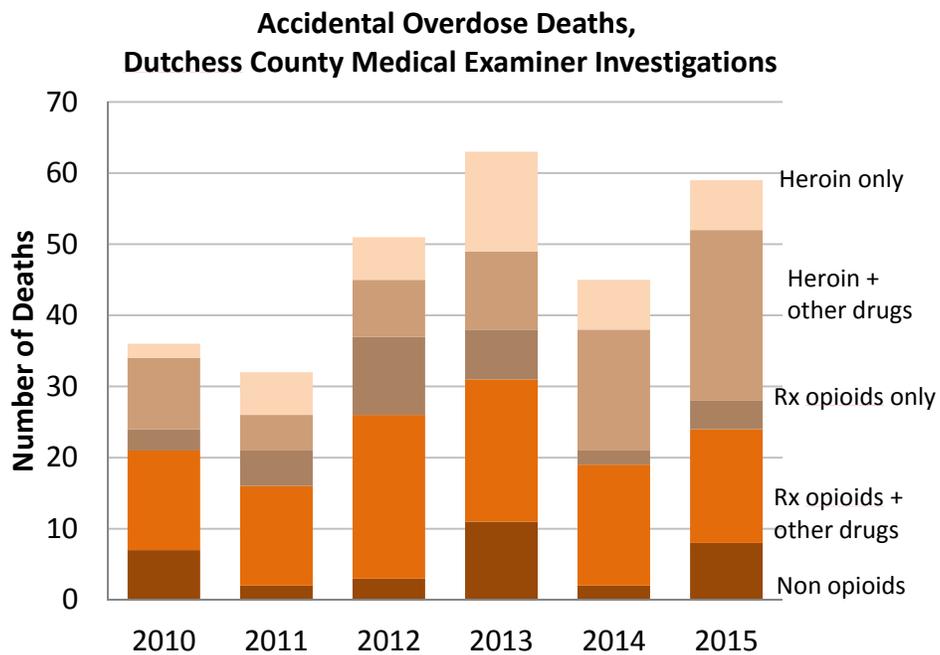


Percent of Middle/High School Students who are Overweight or Obese, 2012-2014



Unintentional injuries, which include drug overdoses, rose to the 3<sup>rd</sup> leading cause of death in 2014, mirroring trends in the national and local heroin epidemic (Fig 6). Similarly, there was an uptick in the overall rate of premature mortality in Dutchess County, which likely reflects the impact of drug overdoses. A comprehensive assessment of substance abuse trends was published in the [2015 Substance Abuse Workgroup Update](#).

Figure 6.

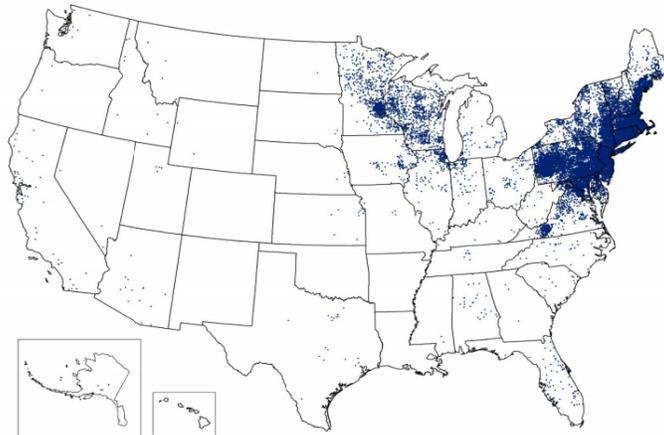


*Dutchess County residents continue to experience higher-than-average rates of diseases carried by ticks, between two to eight times higher than the upstate average. Lyme disease and other tick-borne diseases are endemic in the northeast (Figure 7), and especially in the mid-Hudson Valley region, which has substantially higher rates of illness than the New York statewide average (Table 3).*

Figure 7.

### Reported Cases of Lyme Disease—United States, 2014

One dot is placed randomly within the county of residence for each confirmed case. Though Lyme disease cases have been reported in nearly every state, cases are reported based on the county of residence, not necessarily the county of infection.



1 dot placed randomly within county of residence for each confirmed case

National Center for Emerging and Zoonotic Infectious Diseases  
Division of Vector-borne Diseases | Bacterial Diseases Branch



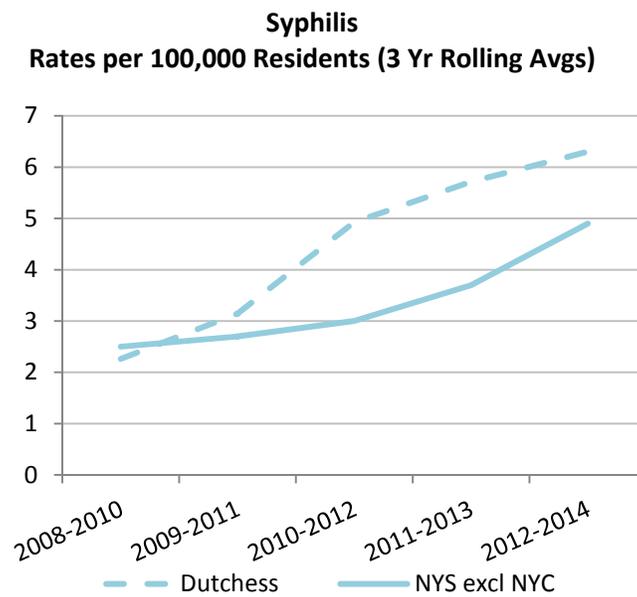
Table 3. Hudson Valley Tick-borne Disease Rates

Tick-borne Diseases Rates by County, 2012-2014								
Average Annual Rate per 100,000	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	NYS excl NYC
Lyme Disease	171.4	159.4	287.5	74.5	118.1	221.8	22.5	53.5
Anaplasmosis	21.2	6.7	17.4	1.0	0.0	11.0	1.8	3.5
Babesiosis	16.3	7.3	20.4	2.6	0.0	4.2	3.3	3.3
Ehrlichiosis	1.3	1.2	4.4	0.9	0.4	0.9	0.4	0.7

Data Source: NYS Department of Health Division of Epidemiology

Rates of sexually transmitted diseases have risen locally and regionally over the past five years (Fig 8). Syphilis cases, which had reached zero in the early 2000s, more than doubled between 2008 and 2014 in Dutchess County, alongside rising statewide trends. Rates of chlamydia and gonorrhea, as well as newly diagnosed HIV, also increased locally over the latter part of the last decade.

Figure 8.



At the same time, a number of areas of health and underlying risk factors are improving. Health insurance coverage increased alongside the implementation of the national Affordable Care Act. Vaccination rates and early childhood lead testing rates have improved with new data collection efforts and electronic medical records. Teen pregnancy rates remain at historic lows, although there are disparities by race and ethnicity. See 2016 Community Health Status Report (Appendix A).

### 3. 2016-2018 Priority Selection and Community Engagement Process

#### Phase I. Data Review

Review and confirmation of Dutchess County CHIP priorities began with data review, by sharing our 2016 Community Health Status Report (Appendix A) internally and with our hospital partners, with healthcare practices and behavioral health service providers throughout the county, and with stakeholder agencies including community based organizations, school systems, and posting to our website for the general public. We also added an [Indicator Portal](#) tool to our website to navigate users to the various data tools available to the public that contain Dutchess County data on health and well-being.

#### Phase 2. Partner and Stakeholder Engagement

Dutchess County embraces an inclusive and collaborative process for community planning. The Department partnered with the local hospital systems, Health Quest and MidHudson Regional Hospital, to conduct a community health improvement stakeholder forum on October 18, 2016. Nearly one hundred representatives from healthcare agencies, behavioral health services, county agencies, and community organizations took part in the event to discuss community health priorities and review CHIP strategies (Participating Agency List, Appendix B). In preparation for the event, stakeholders received a survey asking them to rank the current Dutchess County priorities, as well as the overall top health issues in the communities they serve. Survey results may be found in Appendix C.

Mental Health and Substance Abuse as well as Chronic Disease were the top most frequently selected priorities in the Stakeholder Survey, consistent with our current CHIP priorities. Substance abuse was

also a top resident priority in the 2012-2013 [Dutchess County Community Survey](#), in addition to Lyme disease and other diseases carried by ticks. Therefore, on the basis of data review confirming the relevance of the current priorities, in combination with stakeholder feedback, Dutchess County re-selected Chronic Disease (and related health disparities), Substance Abuse, and Tick-borne Disease Prevention to remain as the three CHIP priorities for the remainder of the 2016-2018 cycle.

Rising rates of STDs are an emergent area of concern being closely monitored (see 2016 Community Health Status Report, Appendix A). Although it was not selected as a priority by our community stakeholders, the Department of Behavioral & Community Health is actively engaged in ongoing efforts to control the spread of STDs, including surveillance, education, testing, and partner notification and referral services. In 2015 and 2016 the Dutchess County Department of Behavioral & Community Health issued [alerts](#) to healthcare providers on the increase in syphilis rates with recommendations for risk assessment, testing, and treatment. DBCH was also recently awarded a new grant through the New York State Department of Health AIDS Institute to enhance partner notification and referral services.

Evidence-based programs, policies, and practices [recommended by the NYS Department of Health for the Prevention Agenda](#) were reviewed by Dutchess County with partners and stakeholders at the 2016 forum to solicit feedback on priorities, successes, challenges, and opportunities for new collaboration (see workgroup guides, Appendix D). Stakeholders were also invited to suggest additional evidence-based interventions or promising practices, utilizing resources such as [SAMHSA's National Registry of Evidence-based Programs and Practices \(NREPP\)](#) or [The Community Guide](#). Selected strategies are detailed in the CHIP implementation plan below. Evidence-based interventions are highlighted with an asterisk (\*).

## 4. CHIP Implementation Plan

### Prevention Agenda Priority Area: Prevent Chronic Disease

#### Focus Area 1: Reduce Obesity in Children and Adults

**Goal 1:** Promote community, scholastic, and worksite environments that support healthy food and beverage choices and physical activity.

**Outcome Objectives:**

- Increase access to Complete Streets. Baseline: Miles of sidewalk: 523, miles of on-street bicycle facilities 1.5, public transit stops accessible via sidewalks and curb ramps: 5 of 9 (Dept of Planning 2016)
- Increase % of Dutchess adults who consider their neighborhood suitable for walking and physical activity: 89.3% (EBRFSS 2013-2014)
- Increase consumption of healthy foods, including fruits and vegetables; decrease consumption of sugary drinks. Baseline: Percent of Dutchess adults who eat 5 or more servings of fruits and vegetables daily 27.8% (EBRFSS 2008-2009), Percent who consume one or more sugary drinks daily 20.9% (EBRFSS 2013-2014).
- Increase physical activity. Baseline: Percent of Dutchess adults who participated in leisure time physical activity in past 30 days, 81.3% (EBRFSS 2013-2014).
- Long term: Reduce the prevalence of obesity in children and adults. Baseline: Percent of Dutchess adults who are obese, 25.5% (EBRFSS 2013-2014), Percent of Dutchess school-age children who are obese, 18.0% (SWSCRS 2012-2014).

**Disparity Objective:** Implement strategies in communities of highest need to help reduce socioeconomic disparities in obesity.

Strategies/Activities (*Evidence-based Intervention)	Process Measures	Department of Behavioral & Community Health (Role), Partner Roles and Resources	Target Date
Promote adoption and implementation of Complete Streets policies *	<p>Number, % of municipalities with Complete Streets policies</p> <p>Miles of new sidewalk, bicycle facilities, and number of accessible bus stops with functional shelters</p> <p>Number of projects implemented to support Complete Streets</p>	Dutchess Complete Streets Committee is a partnership of county agencies including Planning, Behavioral & Community Health, Transportation, and Law Enforcement. Agencies meet bi-monthly and contribute resources in-kind and through grants to promote Complete Streets via policy development, planning, education, and enforcement.	Countywide policy approved in 2016

<p>Support schools and daycare in meeting or exceeding NYSDOH regulations for nutrition and physical activity, including:</p> <p>Encourage enrollment in early childhood programs including the Child and Adult Care Food (CACFP) and in the Eat Well Play Hard program (EWPH). *</p> <p>Support comprehensive and strong Local School Wellness Policies (LWPs).*</p>	<p>Number of childcare programs enrolled in CACFP and EWPH</p> <p>Number of School Wellness Committees served</p> <p>Number of school districts ready to meet new federal guidelines for LWPs in 2017.</p> <p>Number of educational events</p>	<p>DBCH will partner with Childcare Council and Astor to support outreach efforts for all organizations working with communities and families.</p> <p>DBCH will provide education related to promoting physical activity recommendations at community and school events. ( example: Parent University)</p> <p>DBCH will work with Cornell and the local school districts to provide consultation and guidance as requested, and will participate in School Wellness Committees and events that promote health and wellness.</p>	<p>Ongoing</p>
<p>Promote the use of Dutchess County Rail Trail and Walkway over the Hudson, and safe community physical activities including Get Fit Hudson Valley Fitness Challenge.</p>	<p>Number of events promoted.</p> <p>Number of participants in promoted events.</p>	<p>DBCH and County Planning Department will participate in community committees promoting the use of the County Rail Trail and Walkway over the Hudson and will promote the use of the rail trail via website or social media.</p> <p>Health Quest will lead the Get Fit Hudson Valley Fitness Challenge.</p> <p>DBCH will promote the Get Fit Hudson Valley Fitness Challenge and will highlight programs that support opportunities for safe physical activity at the Chronic Disease Coalition.</p>	<p>Ongoing</p>
<p>Promote consumption of healthy foods and farmers markets including “Farm to Desk – Healthy Fun at Work” Program, PSAs and social media.</p>	<p>Number of PSAs, social media announcements, and promotional activities for healthy food options</p>	<p>DBCH and local community partners including Health Quest will promote healthy foods, including farmers markets, via social media avenues and at community events and meeting.</p> <p>Cornell will promote the Farm to Desk - Healthy Fun at Work Program.</p>	<p>Ongoing</p>

		<p>Health Quest will continue to support Poughkeepsie Plenty and promote the local farmers market.</p> <p>Poughkeepsie Farm Projects will provide education and food resources for the community van.</p> <p>WIC and Dutchess County OFA will provide coupons for the farmers markets.</p>	
<p>Implement Community Microgreen Project (Healthiest Cities and Counties Challenge Finalist) to assess economic, social, and nutritional impact of this program, which will support the development of indoor microgreens gardening in vacant properties in the City of Poughkeepsie, providing ex-offenders with job training and experience, and will introduce microgreens in school and adult meal services.</p>	<p>Number of youth and senior participants taking part in Eat Smart Live Strong curriculum, number of youth and senior participants surveyed</p> <p>Number of participants in Ready-Set-Work curriculum</p>	<p>DBCH and Office for the Aging will lead project, with Hudson Valley Community Center and City of Poughkeepsie School District participating in microgreen nutrition program, Indoor Organic Gardens of Poughkeepsie producing microgreens, Office of Probation and Community Corrections identifying qualified participants for job training and placement in collaboration with Project M.O.R.E, City of Poughkeepsie identifying usable vacant buildings, and with support from Health Quest, the Dyson Foundation, and Rose and Kiernan Inc.</p>	<p>Project to be completed by Aug 2018</p>

**Goal 2: Promote breastfeeding to reduce the risk of childhood obesity and promote maternal and infant health**

**Outcome Objectives:**

- Increase breastfeeding at delivery. Baseline: Percent of Dutchess infants fed any breast milk in delivery hospital: 78.9% (2012-2014 Vital Statistics Data as of April, 2016)
- Increase breastfeeding through six months of age. Baseline: Percentage of WIC infants breastfeeding at least 6 months (2012-2014 NYS Pediatric Nutrition Surveillance System Data as of May 2016).

**Disparity Objective:** Reduce socioeconomic disparities in breastfeeding initiation and continuation through at least six months of age.

Activities and Interventions	Process Measures	Department of Behavioral & Community Health (DBCH) Role, Partner Roles and Resources	Target Date
Support hospital systems in enhancing compliance to new NYSDOH Breastfeeding Regulations effective 2017. *	Number of meetings attended.	DBCH will provide consultation to hospitals through community partnership to enhance compliance.	Ongoing
Enhance linkages to home visiting breastfeeding services with private practices, hospitals, WIC, and community resources.	Number of referrals received for home visiting breastfeeding services.	DBCH will accept referrals and provide home visiting for breastfeeding services.  DBCH will participate on committees with hospitals, providers , WIC, and community partners to enhance breastfeeding home care services	Ongoing
Encourage and recruit pediatricians, obstetricians, gynecologists and other primary care provider practices to become New York State Breastfeeding Friendly Practices*	Number of primary care practices that are educated in the New York State breastfeeding friendly designation.	DBCH will conduct outreach and education including public health detailing to providers.  DBCH will chair the Community Impact Coalition Advisory Meetings with Institute of Family Health to promote breastfeeding in the community and participate in the Dutchess County Breastfeeding Coalition	Ongoing

**Prevention Agenda Priority Area: Prevent Chronic Disease**

**Focus Area 2: Reduce Illness, Disability, and Death Related to Tobacco Use and Secondhand Smoke Exposure**

<b>Goal 1: Prevent initiation of tobacco use by youth and young adults</b>			
<b>Outcome Objectives:</b>			
<ul style="list-style-type: none"> <li>Percent of youth who initiate tobacco use will not increase. Baseline: Percent of Dutchess students who ever tried a cigarette by 8<sup>th</sup>, 10<sup>th</sup>, 12<sup>th</sup> grade [9.1%, 16.3%, 28.8%] – (2013 CAPE Youth Risk Survey)</li> </ul>			
<b>Activities (*Evidence-based Intervention)</b>	<b>Process Measures</b>	<b>Department of Behavioral &amp; Community Health (DBCH) Role, Partner Roles and Resources</b>	<b>Target Date</b>
<p>Support policies that regulate availability and protect youth from marketing of tobacco at point-of-sale, including e-cigarettes.</p> <p>Support inclusion of e-cigarettes in smoke-free and tobacco-free policies.</p>	<p>Number of policies adopted or updated</p> <p>Number of inspections conducted to enforce Adolescent Tobacco Use Prevention Act (ATUPA)</p> <p>Number of ATUPA violations issued</p>	<p>Tobacco Free Action Coalition will lead this initiative.</p> <p>American Heart Association will lead Tobacco 21 initiative</p> <p>DBCH will collaborate with community partners to promote through outreach, education (including PSAs and social media), and enforcement of the Adolescent Tobacco Use Prevention Act, ATUPA.</p>	Ongoing
<p>Promote evidence-based school programs that include tobacco use prevention and utilization of Teen Intervene/SBIRT by healthcare providers that see adolescent and teen patients. (See: SUBSTANCE ABUSE section of this document)</p>			

**Goal 2:** Promote tobacco use cessation, especially among low SES populations and those with poor mental health

**Outcome Objectives:**

- Decrease the proportion of current smokers, overall and in high-risk groups. Baseline: Percent of Dutchess adults who smoke cigarettes 16.5%, adults in low income households 23.4%, adults with poor mental health in last 30 days 29.7% (EBRFSS 2013-2014).

**Disparity Objective:** Reduce tobacco use in low-income households and among persons with mental, emotional, or behavioral health disorders.

Activities (*Evidence-based Intervention)	Process Measures	Department of Behavioral & Community Health (DBCH) Role, Partner Roles and Resources	Target Date
Increase awareness of Medicaid benefits for smoking cessation including counseling and medication	Number of Medicaid enrollees who smoke and utilize the cessation benefit	DBCH will promote outreach and education for Medicaid covered smoking cessation assistance services.  Center for a Tobacco-Free Hudson Valley will promote Medicaid benefit utilization with Provider Partners	Ongoing
Promote tobacco use cessation, especially among low SES populations and those with poor mental health	Number of providers who deliver evidence-based assistance to their patients who smoke including brief counseling, education , medications and arrange for follow-up .  Number of educational events and promotional activities (PSAs, use of social media, etc)	DBCH will promote the use of NYS Smokers Quit Line.  DBCH will support the American Lung Association, healthcare providers, hospitals, and other community partners in promoting smoking cessation initiatives, including at least one Mental Health and/or Behavioral Health provider, and one FQHC providing services in Dutchess County.	Ongoing

**Prevention Agenda Priority Area: Prevent Chronic Disease**

**Focus Area 3: Increase Access to Chronic Disease Preventive Care and Management in Clinical & Community Settings**

**Goal :** Increase screening rates for cardiovascular diseases, diabetes, and breast/cervical/colorectal cancers, and promote evidence based care to prevent and manage chronic disease

**Outcome Objectives:**

- Increase percent of adults tested for high blood sugar or diabetes. Baseline: Dutchess adults tested in last 3 years, 56.4% (EBRFSS 2013-2014).
- Increase proportion of adults receiving colorectal cancer screening according to current guidelines. Baseline: Dutchess adults, 71.0% (EBRSS 2013-2014).
- Increase proportion of adults with chronic disease participating in evidence-based interventions. Baseline: Percentage of Dutchess adults who have taken a course or class to learn how to manage their chronic disease, 10.9% (EBRFSS 2013-2014).
- Long term: Reduce hospitalizations for short term complications of diabetes: Baseline: 4.1 per 10,000 Dutchess adults (SPARCS 2012-2014).
- Long term: Reduce hospitalizations for heart attack: Baseline: 14.8 per 10,000 (SPARCS 2012-2014).

**Disparity Objective:** Implement interventions in high risk populations to reduce racial and socioeconomic disparities.

Activities (*Evidence-based Intervention)	Process Measures	Department of Behavioral & Community Health (DBCH) Role, Partner Roles and Resources	Target Date
Implement evidence-based activities that increase public awareness about cancer screening, including events promoting that screening is a covered benefit, developing PSAs on screening, use of health feedback reminders, and public information sessions, and promoting screening at schools, workplaces, and places of worship.	<p>Number of providers and partners participating in awareness events.</p> <p>Number of community members participating in events</p> <p>Number of PSAs and media announcements regarding screening</p>	<p>Health Quest will implement an employee based wellness program and promote the 80% by 2018 Initiative to employees</p> <p>DBCH will participate in and support community partners including American Cancer Society and Miles of Hope in activities to increase awareness, education and access to care of preventive health cancer screening.</p> <p>DBCH along with community partners including Health Quest will provide</p>	Ongoing

		<p>announcements and deliver social media campaigns.</p> <p>DBCH will provide community and professional education as requested.</p>	
Promote the use of evidence-based interventions to prevent or manage chronic diseases	<p>Number and type of evidence-based self-management programs offered by partners, and number of sessions held.</p> <p>Number of participants in programs.</p> <p>Number of referrals to self-management programs</p>	<p>Health Quest, MidHudson Regional Hospital systems will support the delivery of self management programs to the community.</p> <p>DBCH will promote linkages of self management program with Federally Qualified Health Centers, providers and hospitals.</p> <p>DBCH will provide self - management programs and promote others offered in the community through outreach and education.</p>	Ongoing
Provide information and training to increase professional awareness, knowledge and utilization of evidence –based comprehensive screening guidelines for chronic disease.	Number of informational and training programs offered	<p>DBCH chairs the Dutchess County Chronic Disease Coalition, which is sponsored by the local hospitals, and is a partnership of community agencies including hospitals, providers, FQHAs and other community partners. The committee meets quarterly to increase professional awareness, knowledge and utilization of evidence – based comprehensive screening guidelines for chronic disease.</p> <p>The American Cancer Society and American Heart Association provide ongoing information and education throughout the county.</p>	Ongoing
Provide one diabetes education day per year.	Number of participants	Mid Hudson Regional Hospital will provide an	Ongoing

		<p>educational program.</p> <p>DBCH will support educational programs offered through community outreach.</p>	
<p>Implement hypertension/diabetes and prediabetes care management linkages to primary care settings based on Million Hearts and New York State Collaborative Initiatives.</p>	<p>Number of patients with improved blood pressure and A1C treatment/Control</p>	<p>DBCH and HRHC participate on the New York State Collaborative monthly meeting to address hypertension, prediabetes and diabetes in high risk populations.</p> <p>DBCH will participate in Hudson River Health Center's quality improvement team addressing hypertension, prediabetes and diabetes in high risk populations.</p>	<p>Ongoing</p>
<p>Establish multidisciplinary training professional in prevention, screening, diagnosis, and treatment of obesity</p>	<p>Number of training programs offered, number of providers attending trainings</p>	<p>Board of Health will collaborate with community partners to deliver program. DBCH will promote event.</p>	<p>Ongoing</p>

**Prevention Agenda Priority Area:** Promote Mental Health & Prevent Substance Abuse  
**Focus Area:** Prevent Substance Abuse & Other Mental, Emotional, & Behavioral Disorders

**Goal:** Prevent substance abuse and overdose among youth and adults. *(See also Chronic Disease, Prevent Tobacco Use)*

**Outcome Objectives *(See also Chronic Disease, Prevent Tobacco Use):***

- The prevalence of substance use and abuse among youth will not increase. Baseline: Dutchess County CAPE Youth Risk Survey 2013
  - Past month use of alcohol: 8<sup>th</sup> grade 16.7%, 10<sup>th</sup> grade 33.0%, 12<sup>th</sup> grade 52.3%
  - Past month use of marijuana: 8<sup>th</sup> grade 7.1%, 10<sup>th</sup> grade 17.6%, 12<sup>th</sup> grade 19.7%
  - Past month use of other drugs: 8<sup>th</sup> grade 8.1%, 10<sup>th</sup> grade 9.6%, 12<sup>th</sup> grade 11.9%
  - Ever used prescription drugs non-medically (avg. across drug types): 8<sup>th</sup> grade 2.7%, 10<sup>th</sup> grade 2.5%, 12<sup>th</sup> grade 3.4%
  
- The prevalence of adult binge drinking will not increase. Baseline: 13.9% EBRFSS 2013-2014
  
- The proportion of alcohol related motor vehicle crashes will not increase. Baseline: 3.1% in 2013, ITSMR
  
- The incidence of fatal and non-fatal accidental overdose will not increase. Baseline:
  - 19.5 OD deaths per 100,000 residents in 2013 (Vital Statistics)
  - 39.0 non-fatal heroin overdoses per 100,000 residents in 2013, which resulted in ED visit or hospitalization (SPARCS)

**Disparity Objectives:**

- Teen Intervene reaches youth with behavioral health needs, who are at a higher risk of substance use and abuse. SBIRT will be offered by DBCH programs that reach underserved and high risk populations.

<b>Strategies/Activities (*Evidence-based Intervention)</b>	<b>Process Measures</b>	<b>Department of Behavioral &amp; Community Health (DBCH) Role, Partner Roles and Resources</b>	<b>Target Date</b>
Promote and support school based programs including Second Step*, Teen Intervene*, Youth Mental Health First Aid*, and other EBIs such as Too Good for Drugs* and Project Success*	Number, % of schools offering programs  Number of students, youth participating in programs	DBCH will purchase Second Step supplies, schools will teach curriculum  DBCH will purchase Teen Intervene books and train staff to provide intervention	Ongoing

		DBCH and partners will provide books and training in Youth Mental Health First Aid	
Promote adult Mental Health First Aid* training	Number of adults trained in Mental Health First Aid	DBCH and partners will provide books and training in Mental Health First Aid	Ongoing
Promote screening and referral to drug treatment programs, e.g. SBIRT*	Number of practices, providers trained in SBIRT SBIRT protocols established Number of referrals from DBCH programs/clinics	DBCH will provide training in SBIRT, Programs will implement SBIRT	Ongoing
Prevent overdose using multiple strategies including: Community based prevention education Community coalition building Supply reduction and diversion control Naloxone training Promote medication-assisted drug treatment	Number of community forums and public awareness efforts, such as media campaigns Number of community coalition meetings, number of members Pounds of medication collected in county drop boxes and take-back events Number of first responders and community members trained in naloxone use Number of persons receiving medication-assisted drug treatment	DBCH, CAPE and others will organize community forums. Stop-DWI Coordinator will organize Drug Take Back Days and will collect disposed medications from drop boxes for incineration. DBCH and partners will provide Narcan training and will provide trainees with intranasal kits.	Ongoing
Promote environmental approaches and enforcement	Number of Stop DWI activities See also Chronic Disease, Tobacco	Stop-DWI will lead DWI enforcement activities	

**Prevention Agenda Priority Area: Promote and Safe and Healthy Environment**

**Focus Area: Reduce the Burden of Tick-borne Diseases\***

**Goal:** Improve knowledge of tick-borne diseases and utilization of effective prevention strategies to reduce the burden of illness.

**Outcome Objectives:**

- Increase awareness and knowledge of Lyme disease and other tick-borne diseases, risk factors, and prevention strategies. Baseline:
  - Pct of residents who know “some” or “a lot” about Lyme disease: 70.9%, other tick-borne diseases: 26.2% (2015 Dutchess Community Tick Survey)
  - Pct of providers who rate their knowledge of Lyme disease as good or very good: 82.0%, other tick-borne diseases range from 11% to 52% (2014 Dutchess Provider Tick Survey)
- Improve timeliness and completeness of tick-borne disease reporting to enhance knowledge of disease prevalence. Baseline: 2009-2016 CDESS Data
- Long term: Reduce the prevalence of tick-borne diseases. Baseline: 2012-2014 Average annual rates among Dutchess County residents ( NYS DOH Communicable Disease Registry/Division of Epidemiology, Lyme disease estimates from projected model based on sentinel surveillance)
  - Lyme disease: 171.4 per 100,000, Anaplasmosis: 21.2 per 100,000, Babesiosis: 16.3 per 100,000, Ehrlichiosis 1.3 per 100,000

**Disparity Objectives:**

Increase awareness and knowledge of Lyme disease and other tick-borne diseases in high risk groups including families with young children, and occupation groups with heavy outdoor exposure; reduce disparities in knowledge by race and ethnicity.

Strategies/Activities (*Evidence-based Intervention)	Process Measures	Department of Behavioral & Community Health (DBCH) Role, Partner Roles and Resources	Target Date
Build a workgroup to identify, review, and promote evidence-based and promising practices to prevent tick-borne diseases.	Number of workgroup meetings Number of members/participants Purpose and goals established	DBCH will moderate workgroup.	March 2017

	Activities implemented		
Promote knowledge of tick-borne diseases and effective prevention strategies, especially in high risk and underserved communities.	<p>Number of education and outreach activities</p> <p>Number of new target communities served, such as families of children with special needs, Spanish-speaking residents, and high risk occupations.</p> <p>Number of participants or people served</p>	DBCH in partnership with Dutchess County Medical Reserve Corp, Health Quest, Dutchess County Legislative Tick Task Force.	Ongoing
Leverage new technologies and data resources to improve surveillance of tick-borne diseases.	<p>Data use agreements signed</p> <p>Protocols established</p> <p>Number of cases reported through new surveillance tools</p> <p>Evaluation of new surveillance (sensitivity, specificity, timeliness, value added)</p>	DBCH in partnership with PHIP/HealthlinkNY, Cary Institute of Ecosystem Studies, and Health Quest.	2018

\*Focus Area added by Dutchess County

## **5. CHIP Monitoring and Ongoing Engagement Process**

Specific partner roles in the CHIP implementation plan are listed for each strategy as detailed in Section 4. Agency and organizational partners also participate in ongoing dialogue through active workgroups and coalitions including the Dutchess County Chronic Disease Coalition, the Dutchess County Substance Abuse Workgroup, Dutchess County Complete Streets Committee, regional Drug Task Force, Dutchess County Tick Task Force, Hudson Valley Region Population Health Improvement Program, and others. The formation of a Tick-borne Disease CHIP workgroup is also a strategy of the 2016-2018 Dutchess County CHIP.

The Dutchess County Department of Behavioral & Community Health CHIP coordinator will collect feedback on CHIP implementation and process measures on a regular basis in 2017 and 2018 and provide bi-annual updates to partners and stakeholders through newsletters and engagement with the workgroups.

## **6. CHIP Dissemination Plan**

The 2016-2018 CHIP Implementation Plan will be posted to the New York State Department of Health website as well as the Dutchess County Department of Behavioral & Community Health website, and distributed to stakeholders through email in early 2017.

# *Community Health Status Report*



**Dutchess County, NY**

Report Prepared by  
Dutchess County Department of Behavioral & Community Health

May 2016



Marcus J. Molinaro



Henry M. Kurban, MD, MBA, MPH, FACPM

Dear Community Members and Providers,

Throughout the state and the nation, healthcare models are shifting. Traditional measures of health are evolving to meet aggressive goals for population health on every level. Dutchess County has embraced an integrated model of care designed to improve health outcomes for all members of the community and to decrease the adverse effects of health disparities. In January of this year, the former Departments of Health and Mental Hygiene merged, creating the Dutchess County Department of Behavioral & Community Health. It is our vision that the newly formed department will guide improvements in health outcomes, helping us achieve our ambitious goal of making Dutchess the healthiest county in New York within the next decade.

The 2016 Community Health Status Report provides comparisons between Dutchess County and other upstate New York counties on many health outcome measures. Where possible, disparities are highlighted and comparisons are made to national Healthy People 2020 goals. Topics include county demographics and vulnerable populations, births, causes of death, chronic disease, communicable disease, behavioral health and environmental health and safety.

The Community Health Status Report also includes updated performance measures for the 2013-2017 Community Health Improvement Plan, which outlines goals, strategies and objectives aligned with national population health improvement initiatives, such as Healthy People 2020 and the New York State Prevention Agenda.

Finally, the report includes Dutchess County's 2016 rank amongst 61 other New York State counties as reported by the County Health Rankings Model. The model provides snapshot comparisons of counties throughout the nation on health factors and overall health outcomes.

We hope this report will promote a greater awareness of the County's health and strengthen community-wide partnerships to sustain progress towards achieving our vision of becoming the healthiest county in New York State.

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

Marcus J. Molinaro  
County Executive

A handwritten signature in black ink, appearing to read 'H. Kurban', written over a horizontal line.

Henry Kurban, MD  
Commissioner of Health

# About the Health Status Report

The Annual Health Status Report contains three main sections:

**1) Demographic and Health Trends in Dutchess County**

- Population Profile and Vulnerable Populations.....p. 4-5
- Births and Birth Outcomes.....p. 6
- Causes of Death.....p. 7-8
- Chronic Disease.....p. 9-10
- Communicable Disease.....p. 11-12
- Behavioral Health.....p. 13-14
- Environmental Health and Safety.....p. 15

**2) County Health Rankings.....p. 16-17**

**3) Community Health Improvement Plan Tracking Measures.....p. 18-23**

The data presented in this report come from a variety of sources including US 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.

# Dutchess County Population Profile

Population Characteristics	2000	2010	Current*	Trend
<b>Total population</b>	280,150	297,488	296,579	
<b>Age (percent)</b>				
Population under 5 years	6.2%	5.1%	4.8%	
Population under 18 years	25.1%	22.2%	20.2%	
Population 65 years and older	12.0%	13.5%	15.3%	
Population 85 years and older	1.5%	1.9%	2.2%	
<b>Race and Ethnicity (percent)</b>				
White, Non-Hispanic	80.3%	74.6%	72.6%	
Black, Non-Hispanic	8.9%	9.2%	9.8%	
Asian, Non-Hispanic	2.5%	3.5%	3.9%	
Other, Non-Hispanic	0.4%	0.4%	0.3%	
More than One Race, Non-Hispanic	1.5%	1.8%	1.9%	
Hispanic or Latino (of any race)	6.4%	10.5%	11.6%	
<b>Place of Birth (percent)</b>				
United States	91.6%	88.1%	88%	

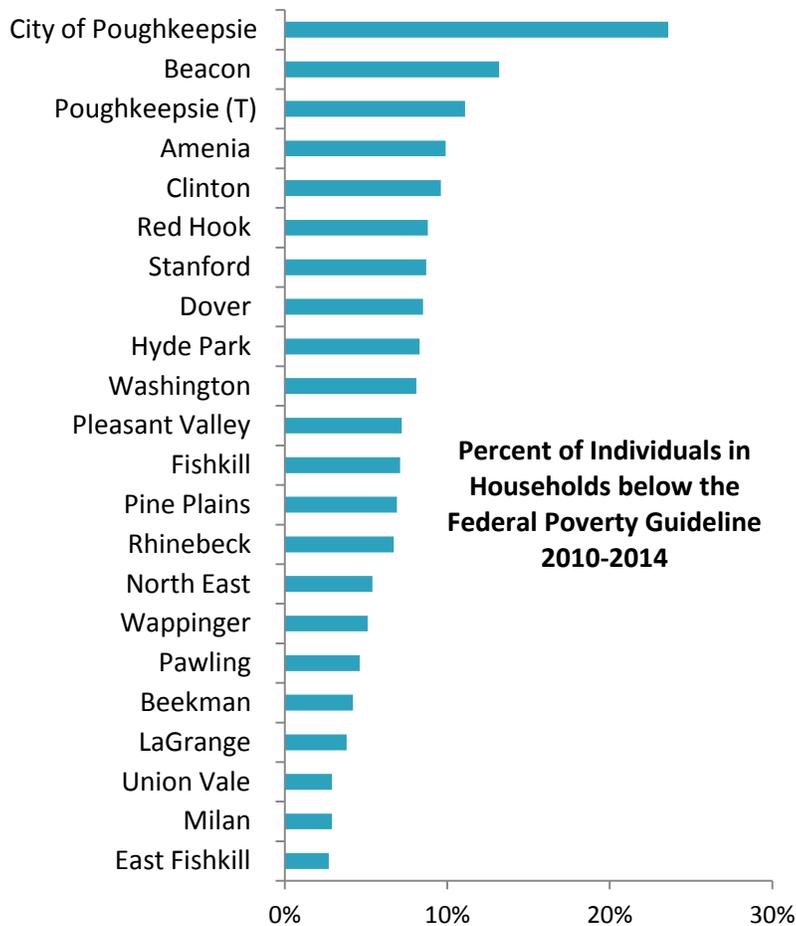
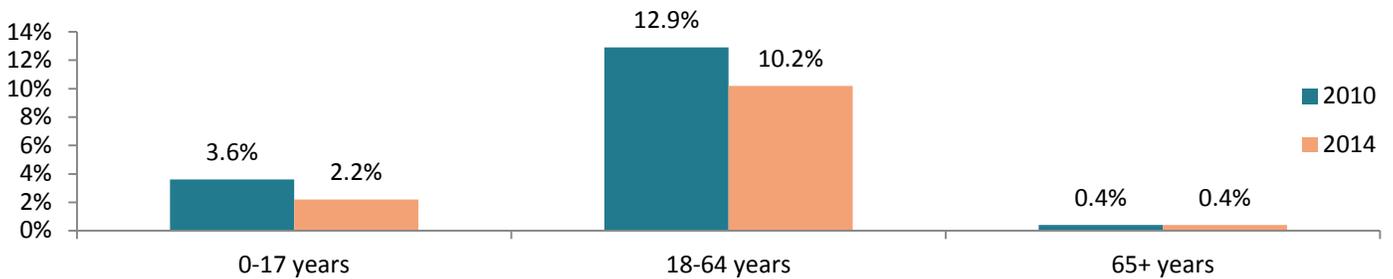
\*Most current estimate is for the calendar year 2014

**Data Source:** US Census Bureau - Decennial Census and American Community Survey (2014 and birthplace data)

# Vulnerable Populations, Dutchess County

Vulnerability Indicator	2000	2010	Current*
Adults (25+ yrs) without a high school diploma	16.0%	10.5%	10.4%
Unemployed individuals (percent of civilian labor force)	5.7%	10.1%	8.2%
Individuals living below the poverty level	7.5%	7.5%	9.7%
Individuals (5+ yrs) who speak English less than “very well”	3.8%	5.4%	5.7%
Individuals with a disability	16.3%	12.2%	13.7%
Individuals without health insurance	n/a	9.1%	7.1%

**Percent of Population without Health Insurance, by Age**



*Health insurance (above) is a key predictor of access to health care for the prevention and treatment of disease. Fewer Dutchess residents went without insurance in 2014 compared to 2010.*

*Poverty is strongly linked with many risk factors for poor health outcomes and premature mortality. As of the most recent estimates, the rate of poverty ranged from 2.7% in East Fishkill to 23.6% in the City of Poughkeepsie, with an overall county-wide rate of 9.7%.*

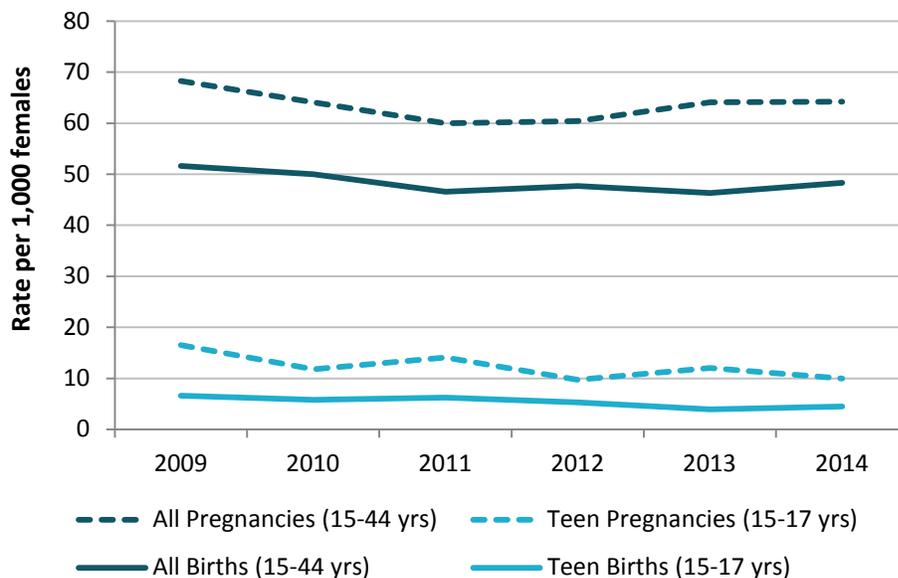
**Data Sources:** US Census Bureau, Decennial Census 2000 and American Community Survey 1-Year and 5-Year Estimates,

\*Current = 2014 ACS 1-Year Estimate

Teen pregnancy rates have declined in Dutchess County, meeting the Healthy People 2020 goal of 36 or fewer pregnancies per 1,000 teens.

Still, Black and Hispanic teens have notably higher rates of pregnancy (below). Black and Hispanic mothers are also less likely to have early and adequate prenatal care and experience higher rates of adverse birth outcomes compared with Non-Hispanic White mothers.

**Pregnancy and Birth Rates 2009-2014  
Dutchess County Females**



**Birth Outcomes and Risk Factors  
Dutchess County, 2011-2013**

	White Non-Hispanic	Black Non-Hispanic	Hispanic	Total	Healthy People 2020 Goal
Teen pregnancies per 1,000 females 15-17 yrs	7.7	31.7	13.8	12.1	36.2
Early prenatal care (accessed in 1st trimester)	80.7%	70.2%	75%	78.3%	77.9%
Adequate prenatal care (Kotelchuck index)	68.4%	51.3%	58.8%	64.2%	77.6%
Low birth weight (< 2500 grams)	6.6%	8.4%	8.1%	7.3%	7.8%
Premature births (< 37 weeks gestation)	9.9%	12.8%	11.6%	10.7%	11.4%
Neonatal deaths (<28 days) per 1,000 live births	n/a	n/a	n/a	3.8	6.0
Infant deaths (<1 year old) per 1,000 live births	4.5	11.9	2.2*	5.2	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\***

**Dutchess County**

Year and Overall Rate	# 1 Cause of Death	# 2 Cause of Death	# 3 Cause of Death	# 4 Cause of Death	# 5 Cause of Death
<b>Current**</b> 611.5	<b>Heart Disease</b> 163.3	<b>All Cancers</b> 138.9	<b>Accidents</b> 27.0	<b>CLRD***</b> 27.0	<b>Stroke</b> 26.7
<b>2010</b> 605.6	<b>Heart Disease</b> 168.8	<b>All Cancers</b> 159.3	<b>CLRD</b> 35.6	<b>Accidents</b> 29.1	<b>Stroke</b> 28.9
<b>2000</b> 806.4	<b>Heart Disease</b> 281.5	<b>All Cancers</b> 206.2	<b>Stroke</b> 41.4	<b>CLRD</b> 36.6	<b>Pneumonia</b> 26.5

**NYS excluding NYC**

Year and Overall Rate	# 1 Cause of Death	# 2 Cause of Death	# 3 Cause of Death	# 4 Cause of Death	# 5 Cause of Death
<b>Current**</b> 650.0	<b>Heart Disease</b> 167.7	<b>All Cancers</b> 151.6	<b>CLRD***</b> 32.7	<b>Accidents</b> 28.7	<b>Stroke</b> 28.0
<b>2010</b> 672.7	<b>Heart Disease</b> 185.3	<b>All Cancers</b> 165.1	<b>CLRD</b> 35.6	<b>Accidents</b> 29.1	<b>Stroke</b> 28.9
<b>2000</b> 806.4	<b>Heart Disease</b> 281.5	<b>All Cancers</b> 206.2	<b>CLRD</b> 36.3	<b>Stroke</b> 31.6	<b>Accidents</b> 26.9

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

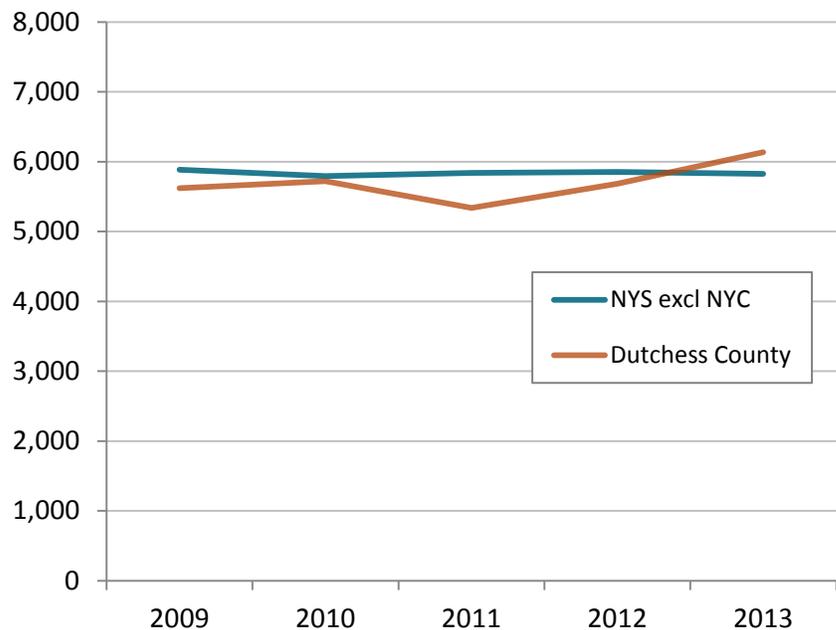
\*\*Current = 2014

\*\*\*CLRD = Chronic Lower Respiratory Disease

Chronic diseases and accidents make up the leading causes of death in Dutchess County and NYS. The proportion of deaths due to accidents has increased in Dutchess County (above). Overall mortality rates have declined since 2000.

Years of Life Lost (right) are calculated as the number of years lost before age 75. Dutchess County's YPLL rate was slightly below the state average until 2013, a peak year in drug overdose deaths primarily in younger adults (see pages 8 and 14).

**Years of Potential Life Lost per 100,000 Residents**



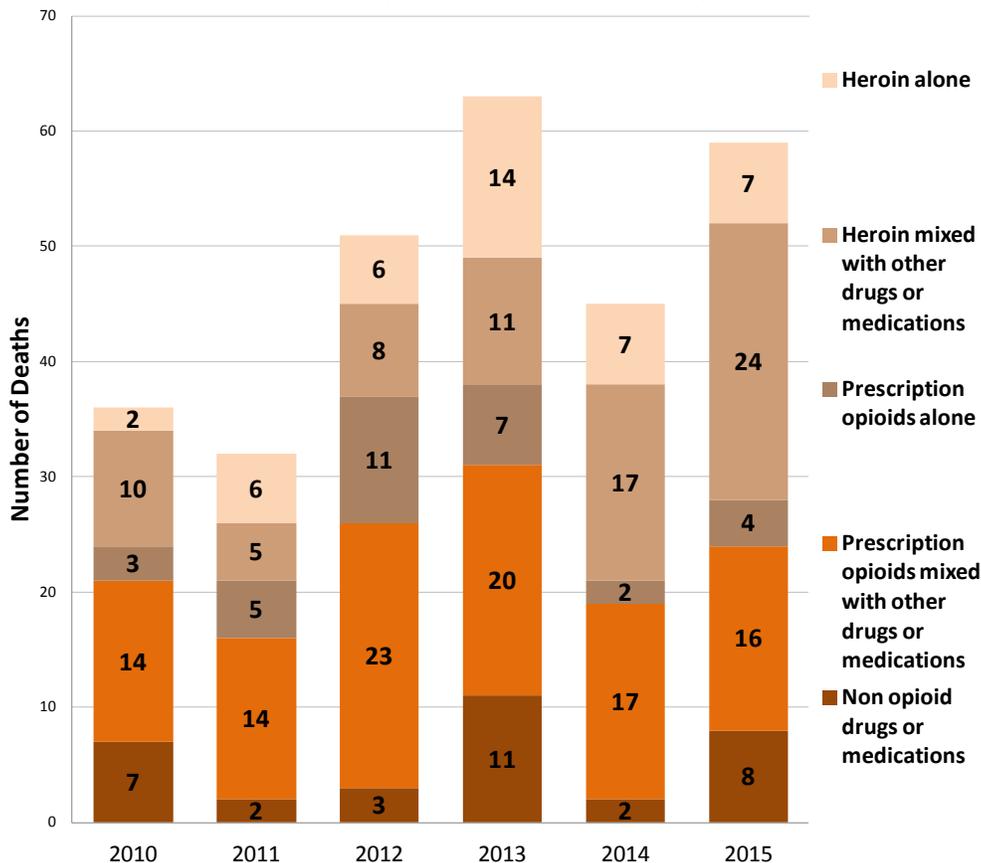
Data Sources: NYSDOH Vital Statistics, Community Health Indicator Reports

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

Manner of Death	2010	2011	2012	2013	2014	2015
Homicide	15	8	6	15	11	6
Suicide	36	31	23	46	36	30
<b>Accidents</b>						
Vehicular Accidents	11	37	17	36	25	24
Accidental Overdoses	36	32	51	63	45	59
Other Accidents	27	41	38	37	35	34
Undetermined Violent Manner	11	7	15	6	6	10
Natural Causes	164	165	152	169	146	170
Other	9	12	8	7	2	2

\*Autopsies, External Exams, and Certifications

**Annual Number of Accidental Overdose Deaths by Substance Type,  
Dutchess County Medical Examiner Investigations**



*Deaths from accidental overdoses more than doubled in the last decade from 24 deaths in 2005 to 59 deaths in 2015, with some variation from year to year. Most fatal overdoses involve a mixture of heroin or other opioids in combination with other drugs or medications. See page 14 for trends in non-fatal overdoses.*

*Reducing substance abuse is a 2013-2017 Community Health Improvement Plan priority (see page 23).*

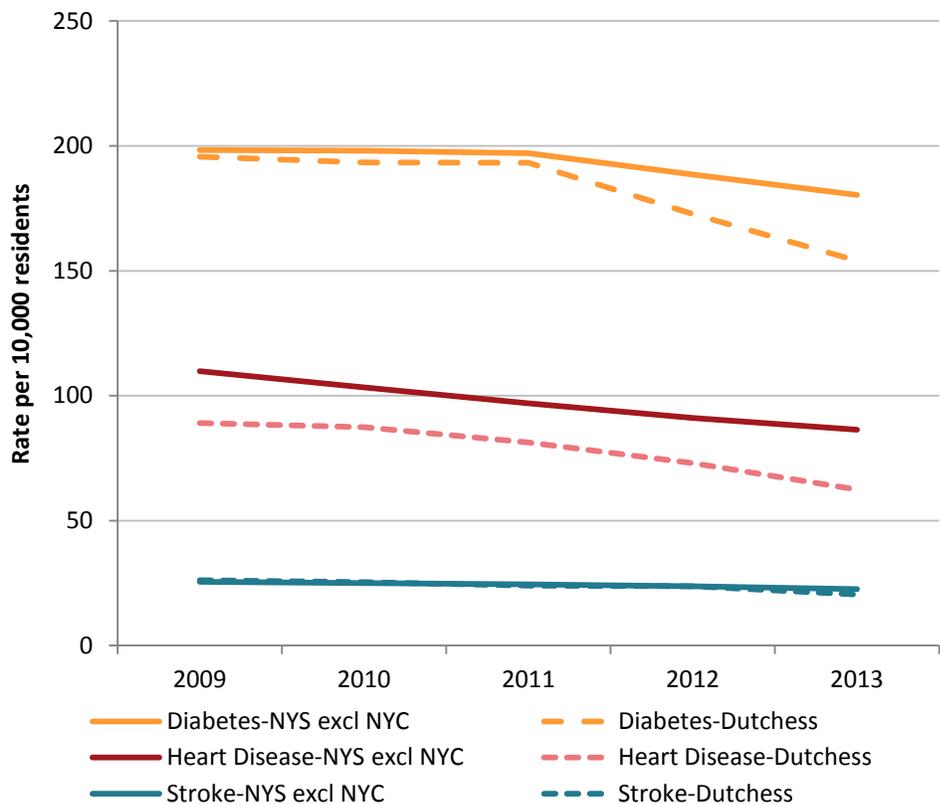
Data Source: Dutchess County Medical Examiner

Rates of hospitalization for chronic diseases have declined since 2009, however, there is still progress to be made towards the Healthy People 2020 goals for reducing deaths due to coronary heart disease and stroke.

Non-Hispanic Blacks have higher rates of deaths to diabetes than Non-Hispanic Whites. Meanwhile, coronary heart disease deaths are most frequent among Non-Hispanic Whites.

See page 19 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



**Dutchess County 2011-2013**

Age Adjusted Rates of Disease

White Non-Hispanic      Black Non-Hispanic      Hispanic      Total      Healthy People 2020 Goal

**Diabetes**

Deaths per 100,000

11.9      30.3      \*\*      12.9      66.6\*

**Coronary Heart Disease**

Deaths per 100,000

124.5      88.6      67.1      119.3      103.4

**Stroke**

Deaths per 100,000

29.2      35.3      35.2      30.1      34.8

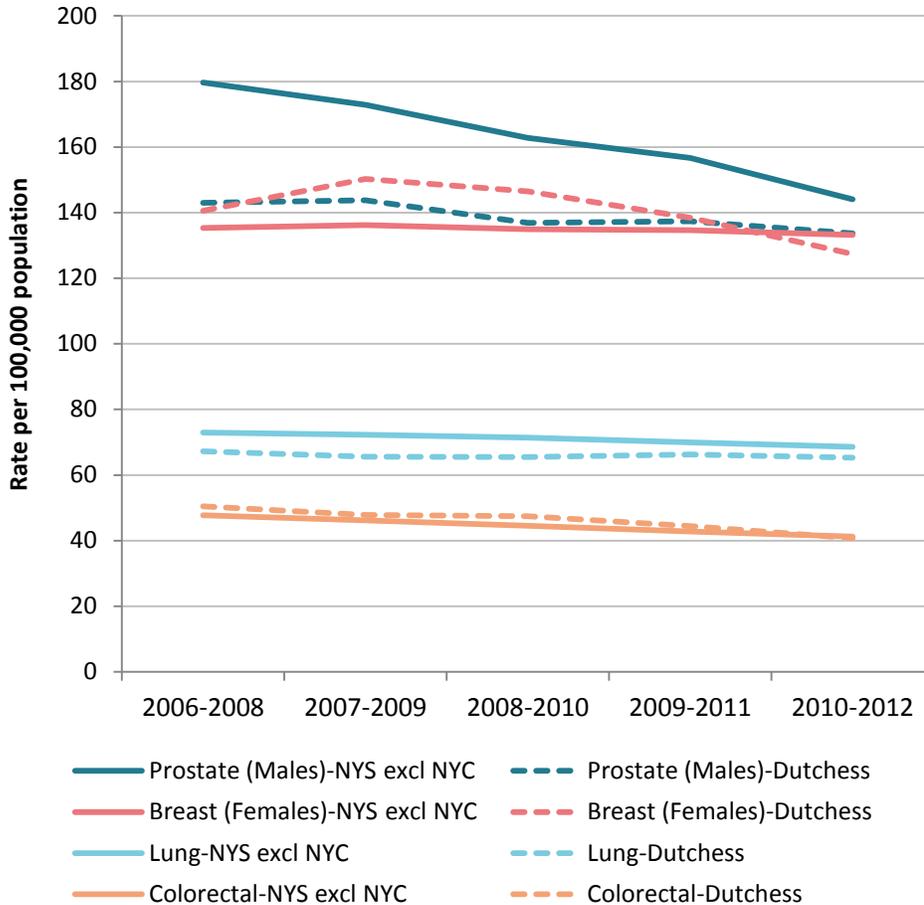
Values in green have met the Healthy People 2020 goal, values in red have not yet met the 2020 goal.

\*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.

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

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 use, 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 and breast cancer deaths are slightly more common among Blacks, while Whites have higher rates of lung and breast cancer incidence.

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	68.5	62	36.5	65.3	n/a
Lung cancer deaths**				44.8	45.5
Colorectal cancer incidence	41.1	43.6	34.4	40.8	n/a
Colorectal cancer deaths	14.4	19.6	*	14.7	14.5
Breast cancer incidence - late stage	38.6	32.2	*	37.1	38.9
Breast cancer deaths	18.3	29.8	*	19	20.7

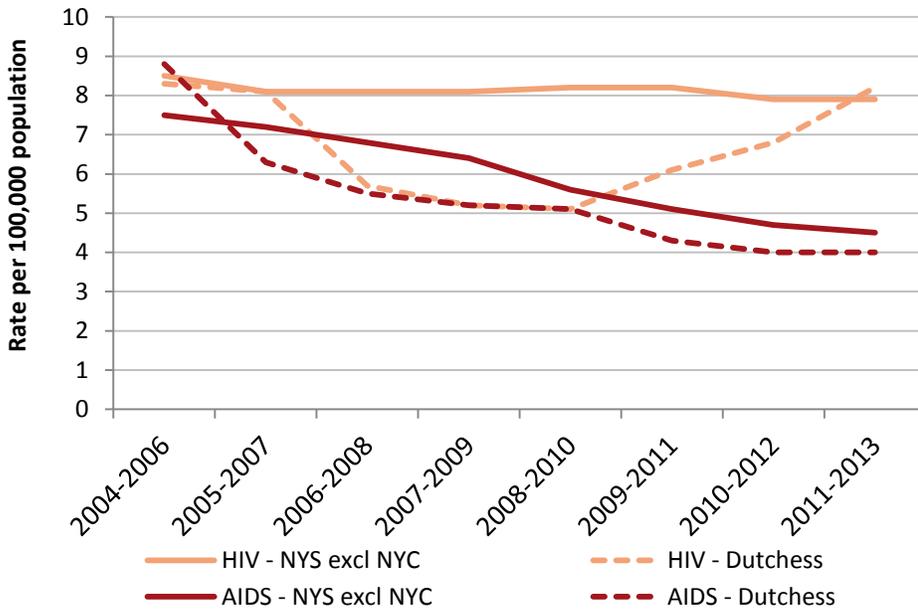
Values in green have met the Healthy People 2020 goal, values in red have not yet met the HP 2020 goal.

\*\*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)**



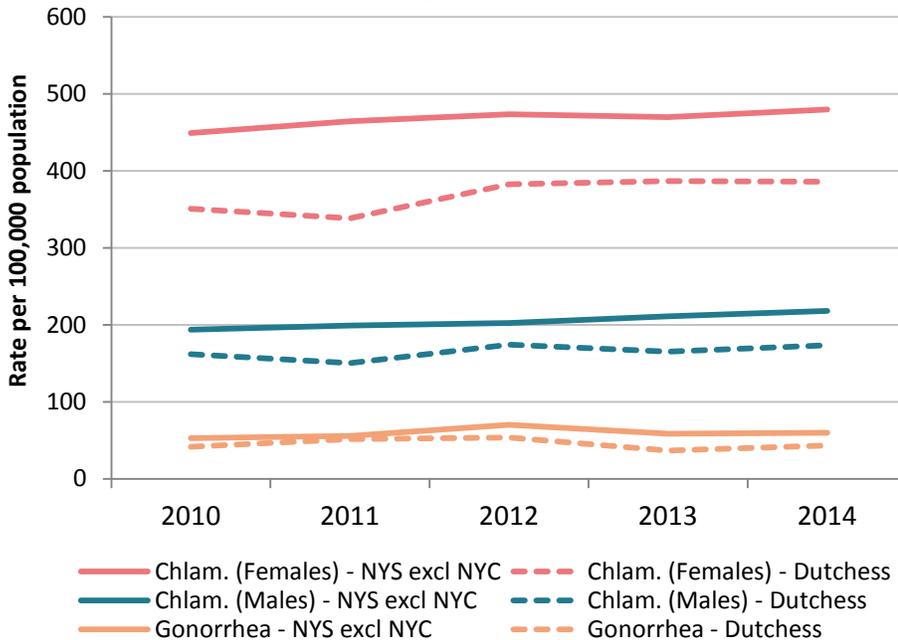
\*Persons diagnosed with HIV may also be diagnosed with AIDS in the same year or later; thus, HIV and AIDS diagnoses cannot be added together. Statistics are exclusive of prison inmates.

\*\*In 2015, NYSDOH revised methodology for counting HIV/AIDS cases and adjusted data retrospectively. Rates in the current report should not be combined or compared to rates reported prior to 2015.

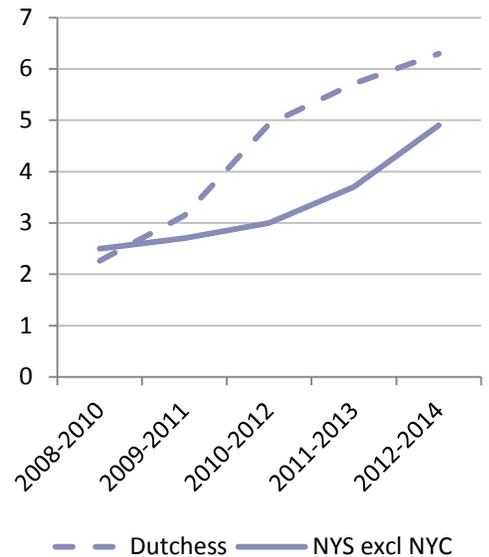
The rate of newly diagnosed AIDS continued to decline both in Dutchess County and across NYS through 2013, the most recent year of available data. Meanwhile, rates of new HIV diagnoses returned to the statewide average in 2011-2013, approximately 25 new infections per year in Dutchess residents.

Chlamydia transmission (below left) has increased statewide. 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 difference in scale at left of charts).

**Chlamydia and Gonorrhea Rates per 100,000**



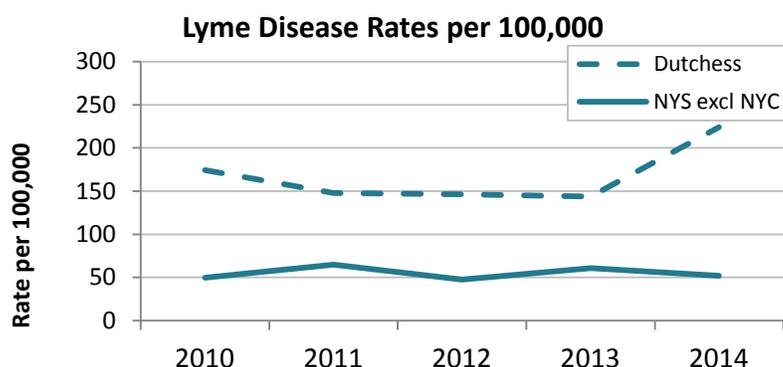
**Syphilis Rates per 100,000**



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

## Communicable Diseases (cont'd)

Disease (New cases per 100,000 population)	Dutchess County 2010-2012	Dutchess County 2011-2013	Dutchess County 2012-2014	NYS (excl NYC) 2012-2014
<b>Other Sexually Transmitted or Blood-borne Infections</b>				
Hepatitis B, acute	0.3	0.5	0.3	0.4
Hepatitis C, acute	0.6	0.6	0.9	0.9
<b>Gastrointestinal Infections</b>				
Campylobacteriosis	13.9	15.7	16.7	19.0
E. Coli 0157:H7	0.9	0.9	0.5	0.7
Giardiasis	9.4	8.8	7.9	8.9
Salmonella	13.3	14.1	11.8	11.9
Shigella	1.7	1.2	1.6	4.1
<b>Airborne and Droplet Transmission Infections</b>				
Haemophilus Influenza	0.8	0.8	0.7	1.6
Influenza, laboratory confirmed	66.3	105.2	127.8	203.6
Measles	0.0	0.0	0.0	0.0
Mumps	0.7	0.1	0.2	0.1
Pertussis	14.3	14.1	15.3	12.9
Streptococcus pneumoniae, invasive	9.6	8.5	7.5	8.6
Tuberculosis	1.8	1.2	1.7	1.9
<b>Environmental and Vector-borne Disease (see also Lyme Disease below)</b>				
Anaplasmosis	23.0	22.2	21.2	3.5
Babesiosis	12.5	14.2	16.3	3.3
Ehrlichiosis	1.1	1.1	1.4	0.7
Rocky Mountain Spotted Fever	0.3	0.3	0.2	0.1
Legionellosis	2.7	3.2	3.9	3.6
West Nile Virus (fever or encephalitis)	0.4	0.4	0.5	0.3



*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 (2013)	Dutches s County	NYS excl NYC	Healthy People 2020
Children ages 19-35 mos. with complete immunization series*	62.4%	74.3%	80%
Females ages 13-17 yrs. 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

Behavioral Health Risk Factor	Dutchess 2008-2009	Dutchess 2013-2014	NYS excl NYC 2013-2014	Healthy People 2020 Goal
Age Adjusted Prevalence				
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 <sup>1</sup>	18.1%	14.6%	17.2%	24.4%
Percent of adults who smoke cigarettes <sup>2</sup>	18.4%	16.5%	18.0%	12.0%
Adults w/ household incomes below \$25,000 who smoke	n/a	23.4*	29.3%	
Adults with poor mental health on 14 or more days of the last 30 days who smoke	n/a	29.7*	33.2%	

*\*Due to insufficient sample size at county level, data is for combined counties in Mid-Hudson Region*

*<sup>1</sup>Binge drinking defined as 5+ drinks per day and 4+ drinks for women*

*<sup>2</sup>Current smokers defined as those who report smoking cigarettes daily or some days*

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

*There are important links between physical health and mental health. Poor mental health is associated with chronic disease and related risk factors, especially smoking (above). Overall smoking rates have gone down over time but have not yet reached the 2020 goal.*

*Substance use often begins in adolescence and young adulthood. By twelfth grade, almost 30% of Dutchess County students surveyed in 2013 had tried smoking at least once, 34% ever used marijuana, and 70% had ever drunk alcohol.*

*A small fraction of students, typically under 5%, reported ever using illegal or prescription drugs.*

### Youth Behaviors, 2013

Percent of Dutchess Students Reporting Use of Tobacco, Alcohol and Other Substances	8 <sup>th</sup> Grade	10 <sup>th</sup> Grade	12 <sup>th</sup> Grade
Ever smoked a cigarette	9.1%	16.3%	28.8%
Ever drank alcohol	25.7%	50.5%	70.0%
Ever used marijuana	10.1%	17.6%	34.0%
Ever used prescription stimulants	2.6%	2.5%	5.4%
Ever used prescription painkillers	3.0%	2.7%	4.2%
Ever used prescription tranquilizers	2.4%	2.3%	3.7%
Ever used heroin	2.4%	2.3%	2.4%
Ever used ecstasy	2.5%	2.0%	2.4%
Every used cocaine	2.5%	2.2%	3.2%
Ever used synthetic marijuana/bath salts	2.5%	2.4%	2.9%
Ever used LSD/psychedelics	2.4%	2.0%	3.3%

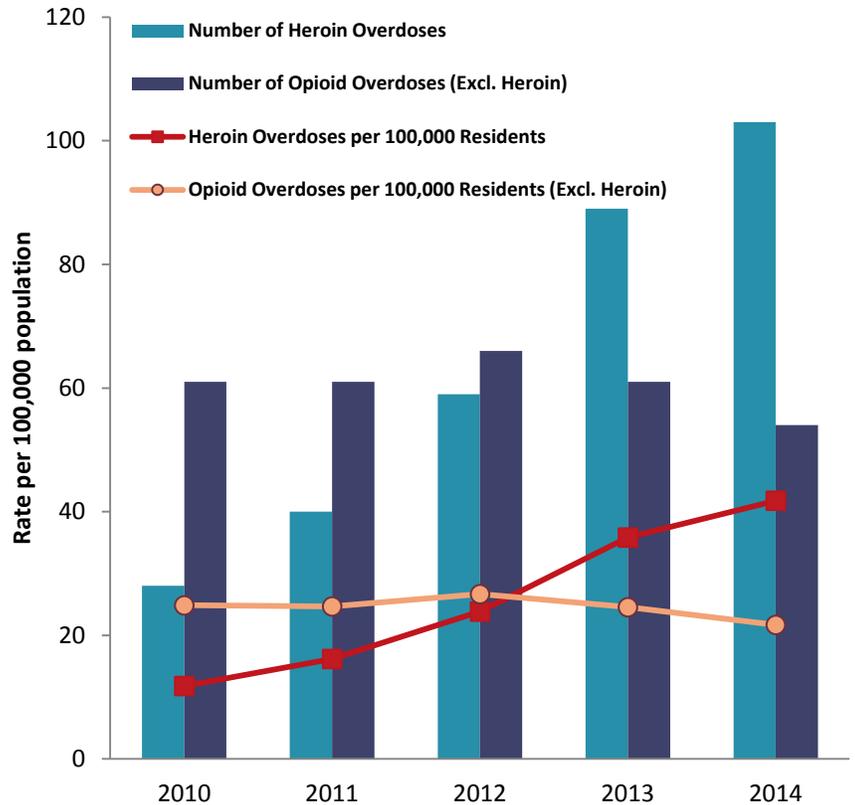
**Data Source:** NYSDOH Expanded Behavioral Risk Factor Surveillance System, Dutchess County Council on Addiction and Education 2013 Youth Risk Survey

Alongside fatal overdoses (page 8), the rate of non-fatal heroin overdose has more than tripled since 2010 and in 2014 it was twice the rate of prescription opioid overdose (right).

Rates of opioid abuse and dependence, including heroin, are highest amongst 20-29 year olds.

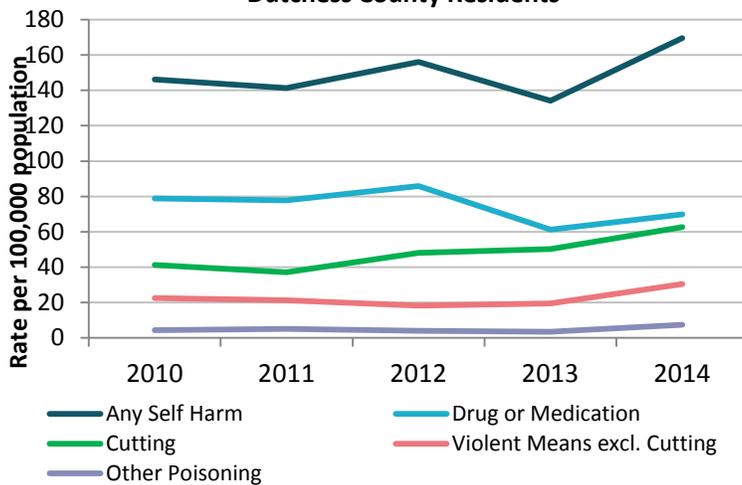
In 2015, the Health and Human Services Cabinet published an ["Update to the County Executive"](#) which corresponds to a 2013 report, ["Confronting Prescription Drug Abuse in Dutchess County, New York: Existing and Proposed Strategies to Address the Public Health Crisis,"](#) which is available on the County's website.

Non Fatal Overdose by Heroin or Other Opioids Resulting in Emergency Room Visits or Hospitalizations\* Dutchess County Residents Ages 15+, 2010-2014



\*Excluding intentional overdose

Emergency Department Visits and Hospitalizations due to Non Fatal Intentional Self Harm per 100,000 Dutchess County Residents



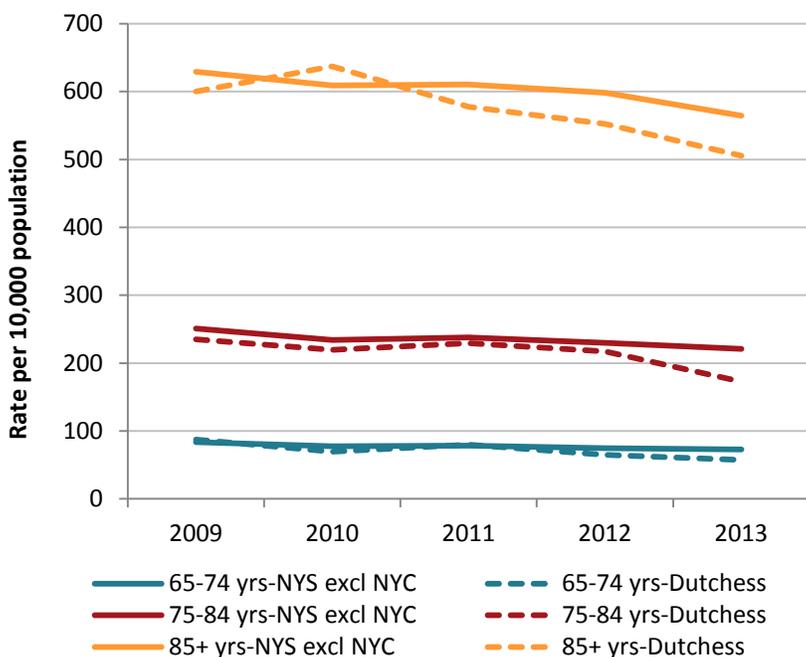
The majority of self-harm in Dutchess County involves drugs and medications, however emergency department visits and hospitalizations due to cutting increased from 2010-2014 (left).

Data Sources: NYSDOH Statewide Planning and Research Cooperative System Inpatient and Outpatient Data

**Blood Lead Screening Rates by Year of Birth**

Measure	Dutchess 2008	Dutchess 2009	Dutchess 2010	NYS excl NYC 2010
Children with a lead screening at 10-18 months	72.2%	75.1%	76.4%	53.5%
Children with at least two lead screenings by 36 months	56.6%	60.5%	69.5%	42.1%

**Rate of Hospitalizations for Accidental Falls per 10,000 Dutchess County Adults 65+ 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) were lower in 2014 than they have been in recent years.

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

**Characteristics of Motor Vehicle Crashes and Injuries, 2011-2014**

Measure	Dutchess 2011	Dutchess 2012	Dutchess 2013	Dutchess 2014	NYS 2014
Total Number of Crashes	5,985	5,873	6,174	5,798	299,452
Injury and Fatality Rate per 10,000 Population	88.6	92.9	92.2	83.6	81.8
Crashes Involving Distraction/Inattention	19.4%	20.4%	20.7%	21.3%	19.1%
Crashes Involving Unsafe Speed	14.8%	14.4%	15.0%	15.4%	10.9%
Crashes Involving Alcohol	3.9%	3.1%	3.1%	3.1%	2.9%
Crashes Involving Cyclists or Pedestrians	2.2%	2.0%	2.3%	2.2%	6.9%
Percent Injured Cyclists Using a Helmet	15.4%	10.5%	18.0%	26.7%	18.9%

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

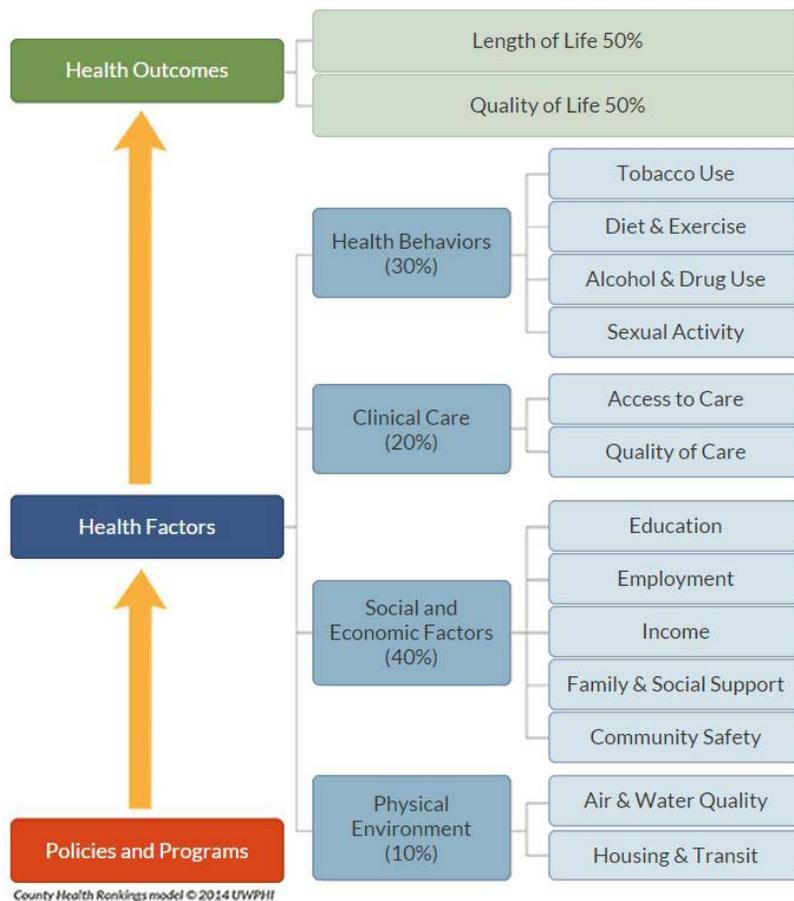
Dutchess County continues to be one of the healthiest counties in New York State as ranked by the [2016 County Health Rankings Report](#).

This is the 7<sup>th</sup> 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-based programs and policies to improve community health.

## WHAT'S NEW IN 2016?

Health Outcome indicators are the same from year to year, while Health Factor indicators may be modified as new data sources become available. In 2016, three new measures were added to the Health Factor indicators, though they do not factor into actual rankings. These are insufficient sleep, overdose deaths, and residential segregation. Methodological changes also impacted measures of quality of life, tobacco use, and alcohol and drug use. Due to changes from year to year, Health Factor rankings should not be compared to previous years' rankings. Details are available on the *Rankings* website.



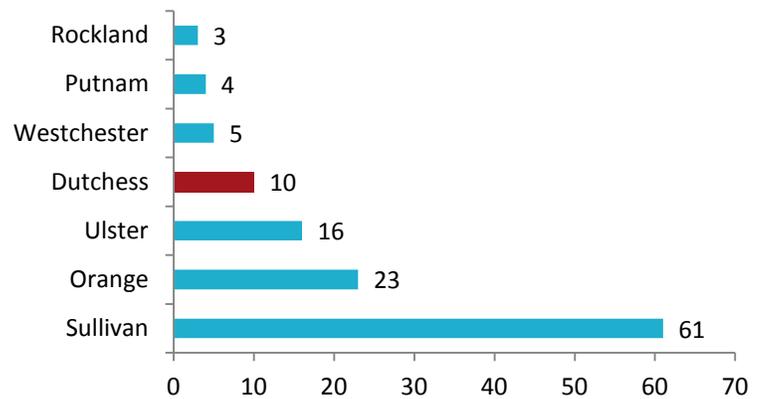
# County Health Rankings 2016

In 2016, Dutchess County ranked 10<sup>th</sup> out of 62 counties in NY for overall *Health Outcomes* (how healthy we are) and 7<sup>th</sup> for overall *Health Factors* (how healthy we can be).

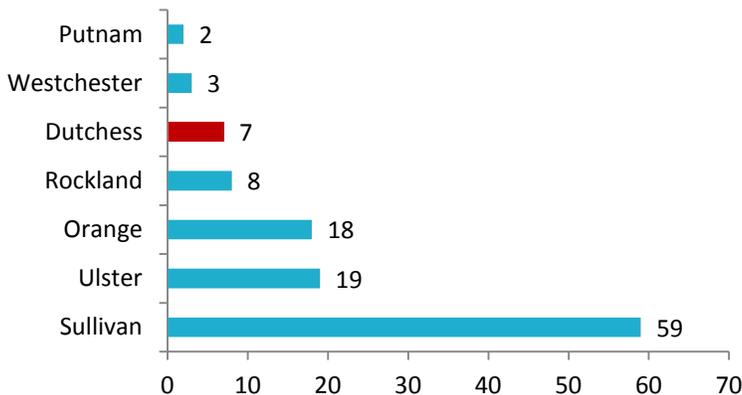
Dutchess County Rank in New York State	
2016	
<b>Health Outcomes (overall)</b>	<b>10</b>
<i>Mortality</i>	11
<i>Morbidity</i>	13
<b>Health Factors (overall)</b>	<b>7</b>
<i>Health Behaviors</i>	8
<i>Clinical Care</i>	12
<i>Socioeconomic Factors</i>	9
<i>Physical Environment</i>	42

**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.

**2016 Health Outcome Rank in NYS  
Hudson Valley Region**



**2016 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.

Aligning with the [New York State Department of Health's Prevention Agenda](#), 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 in the Data Reports and Publications section of the Dutchess County Department of Behavioral and Community Health's website, [www.dutchessny.gov/dbch](http://www.dutchessny.gov/dbch).

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**

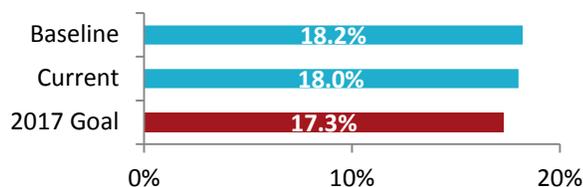
**Definition:** Elementary, middle/high school students with BMI greater than or equal to 95<sup>th</sup> percentile for age and sex.

**Baseline:** 2010-2012

**Current:** 2012-2014

**2013-2017 CHIP Goal:** 5% reduction from baseline

**Data source:** NYSDOH Student Weight Status Category Reporting System



**Percent overweight & obese, five highest school districts at baseline**

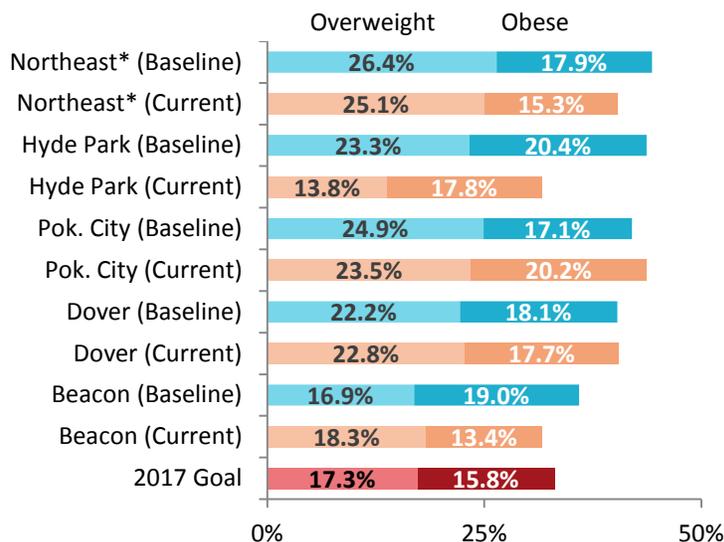
**Definition:** Elementary, middle/high school students with BMI greater than or equal to 85<sup>th</sup> (overweight) and 95<sup>th</sup> (obese) percentiles for age and sex.

**Baseline:** 2010-2012

**Current:** 2012-2014

**2013-2017 CHIP Goal:** 5% reduction from baseline

**Data source:** NYSDOH Student Weight Status Category Reporting System (\*Northeast is also known as Webutuck)



**Percent of adults who are obese**

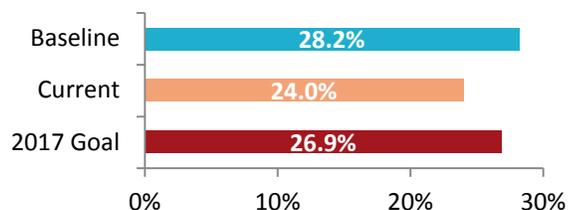
**Definition:** Age-adjusted prevalence of adults 18 years and older with BMI > 30, calculated from self-reported height and weight.

**Baseline:** 2008-2009

**Current:** 2013-2014

**2013-2017 CHIP Goal:** 5% reduction from baseline

**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**

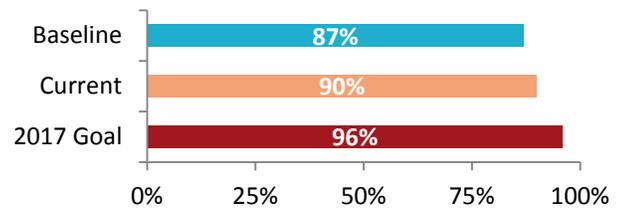
**Definition:** Adults 18-64 years of age who had health insurance.

**Baseline:** 2011

**Current:** 2014

**2013-2017 CHIP Goal:** 10% improvement from baseline

**Data source:** American Community Survey



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

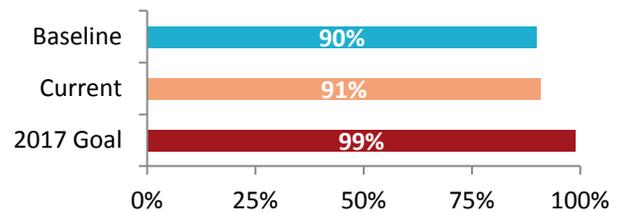
**Definition:** Children <19 years of age and living in households at or below 200% of the federal poverty standard who had health insurance.

**Baseline:** 2011

**Current:** 2013

**2013-2017 CHIP Goal:** 10% improvement from baseline

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



**Percent of women screened for breast cancer**

**Definition:** Age adjusted prevalence of women aged 40 years and older who had a mammogram in the last 2 years (2008-2009).

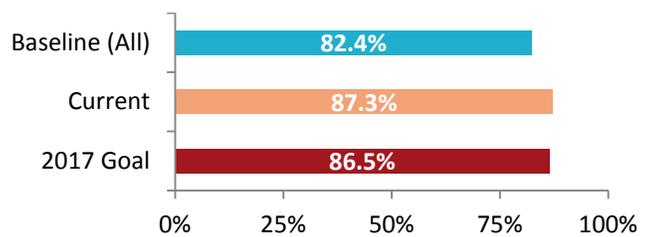
**Definition update:** Prevalence of women ages 50-74 yrs with recent breast screening per current guidelines (2013-2014).

**Baseline:** 2008-2009

**Current:** 2013-2014

**2013-2017 CHIP Goal:** 5% improvement from baseline, with no income groups < 80%

**Data source:** Expanded Behavioral Risk Factor Surveillance Survey



**Percent of women screened for cervical cancer**

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

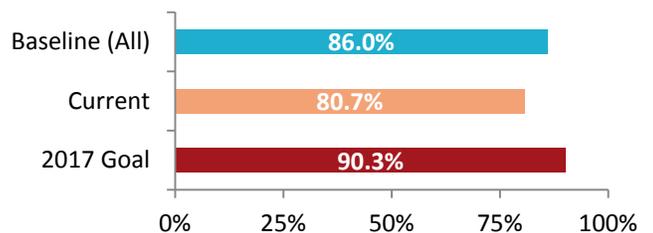
**Definition update:** Prevalence of women 21-65 yrs with recent cervical cancer screening per current guidelines (2013-2014).

**Baseline:** 2008-2009

**Current:** 2013-2014

**2013-2017 CHIP Goal:** 5% improvement from baseline, 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 test for high blood sugar**

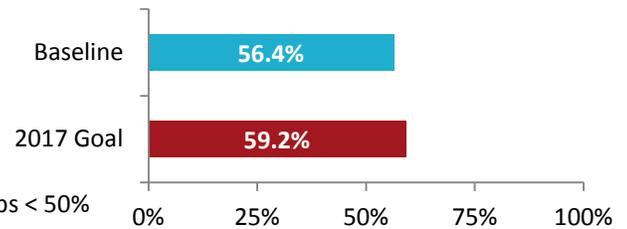
**Definition:** Age-adjusted prevalence of adults aged 18 years and older who had a blood sugar test in the last 3 years.

**Baseline:** 2013-2014.

**Current:** Next survey to be conducted 2018.

**2013-2017 CHIP Goal:** 5% improvement from baseline, with no income groups < 50%

**Data source:** Expanded Behavioral Risk Factor Surveillance Survey



**NEW: Rate of death from diabetes, and disparity**

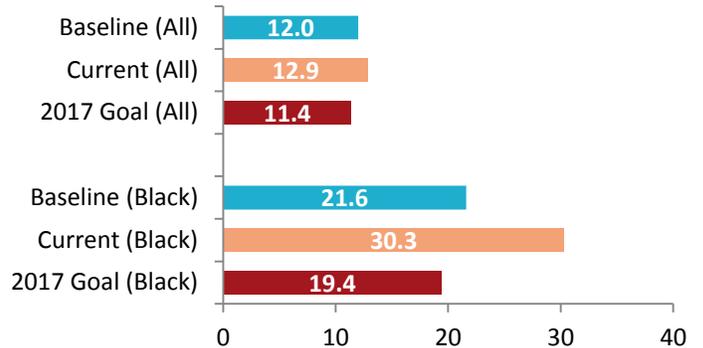
**Definition:** Mortality rate from underlying cause of diabetes per 100,000 residents.

**Baseline:** 2010-2012

**Current:** 2011-2013

**2013-2017 CHIP Goal:** 5% reduction from baseline (all), 10% reduction from baseline (Non-Hispanic Blacks)

**Data source:** NYSDOH County Health Indicators by Race/Ethnicity



**NEW: Rate of death from stroke**

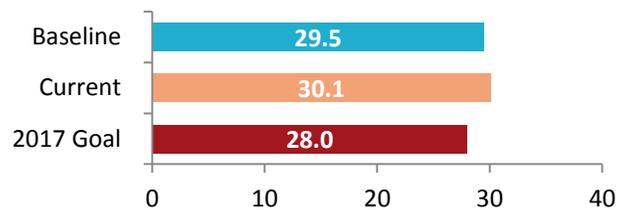
**Definition:** Mortality rate from underlying cause of cerebrovascular disease per 100,000 residents.

**Baseline:** 2010-2012

**Current:** 2011-2013

**2013-2017 CHIP Goal:** 5% reduction from baseline

**Data source:** NYSDOH County Health Indicators by Race/Ethnicity



**NEW: Rate of death from heart disease**

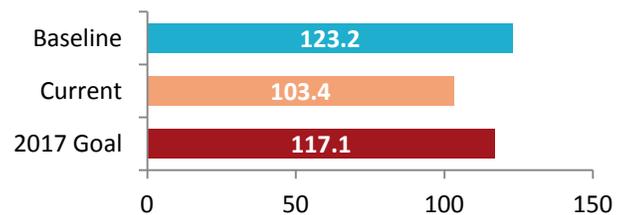
**Definition:** Mortality rate from underlying cause of coronary Heart disease per 100,000 residents.

**Baseline:** 2010-2012

**Current:** 2011-2013

**2013-2017 CHIP Goal:** 5% reduction from baseline

**Data source:** NYSDOH County Health Indicators by Race/Ethnicity



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 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**

**NEW: Physician knowledge of Lyme disease and other endemic tick-borne diseases**

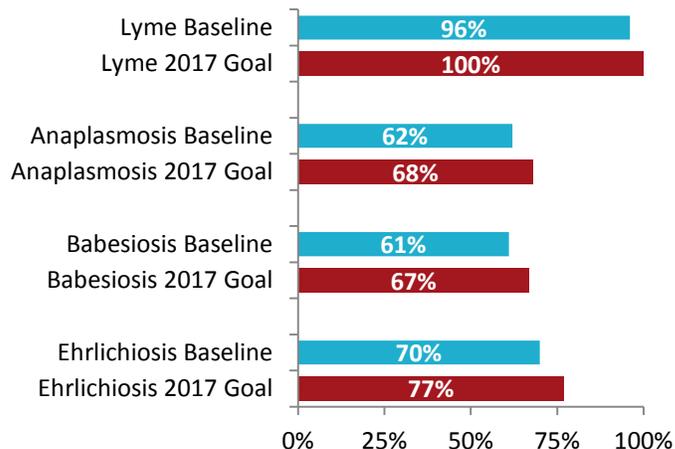
**Definition:** Percent of primary care providers who rate their knowledge of Lyme disease, babesiosis, anaplasmosis, and ehrlichiosis as good or very good.

**Baseline:** 2014

**Current:** No current update.

**2013-2017 CHIP Goal:** 10% increase from baseline

**Data source:** DCDBCH Physician Tick-borne Disease Survey



**NEW: Community knowledge of Lyme disease**

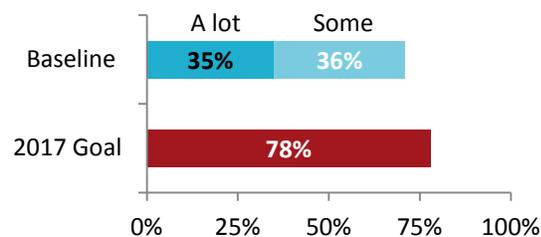
**Definition:** Percent of Dutchess County residents who have 'A lot' or 'Some' knowledge of Lyme disease.

**Baseline:** 2009

**Current:** 2016 Survey results will be available in 2017

**2013-2017 CHIP Goal:** 10% increase from baseline

**Data source:** DCDBCH Community Tick-borne Disease Survey



**NEW: Community awareness of other endemic tick-borne diseases**

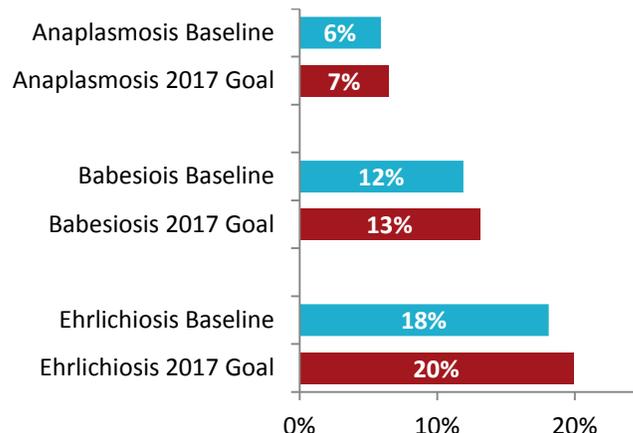
**Definition:** Percent of Dutchess County residents who are aware of anaplasmosis, babesiosis and ehrlichiosis.

**Baseline:** 2009

**Current:** 2016 Survey results will be available in 2017

**2013-2017 CHIP Goal:** 10% increase from baseline

**Data source:** DCDBCH Community Tick-borne Disease Survey



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 abuse or dependence indicated in emergency department visits and hospital admissions**

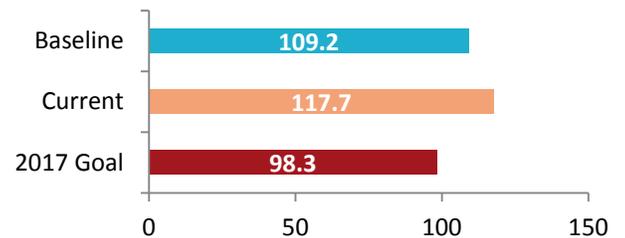
**Definition:** ED visit and hospital admission rate per 10,000 residents where substance abuse or dependence is indicated.

**Baseline:** 2010-2012

**Current:** 2010-2014

**2013-2017 CHIP Goal:** 10% reduction from baseline

**Data source:** NYSDOH Statewide Planning & Research Cooperative System



**NEW: Number of community members trained in overdose prevention**

**Definition:** Annual number of community members trained in overdose prevention by the Dutchess County Department of Behavioral & Community Health’s Overdose Prevention Program.

**Baseline:** 2015

**Current:** Same as baseline. The measure is new this year.

**2013-2017 CHIP Goal:** 10% increase per year

**Data source:** Dutchess County Department of Behavioral & Community Health



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Dutchess County Department of Behavioral & Community Health

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[www.dutchessny.gov/DBCH](http://www.dutchessny.gov/DBCH)

[HealthInfo@dutchessny.gov](mailto:HealthInfo@dutchessny.gov)

 Dutchess County Government

 @DutchessCoGov

## 2016 Community Health Improvement Forum Participating Agencies

Abilities First NY  
Access Supports for Living (asfl)  
Adams Fairacre Farms  
American Cancer Society  
American Heart Association  
American Lung Association of Northeast  
Astor Services  
Cardinal Hayes Home  
CareMount Medical Group  
Cary Institute of Ecosystem Studies  
Center for Prevention of Child Abuse  
Cornell Cooperative Extension Dutchess County  
DC Department of Behavioral & Community Health  
DC Department of Planning and Development  
DC Executive's Office  
DC Legislature  
DC Office of Children & Family Services  
DBCH/DMH Board  
Dutchess ARC  
Dutchess County Breastfeeding Coalition  
Dutchess Community College  
Dutchess County Office of Aging  
Dutchess County Medical Reserve Corps  
Dyson Foundation  
Family Services  
Foundation for Community Health  
Greystone Programs  
Health Quest  
HealthlinkNY  
Hudson River Health Care  
Hudson Valley Community Service  
Hudson Valley Farm to School  
Institute for Family Health  
Lexington Center  
Mid Hudson Addiction Recovery Centers - MARC  
Maternal Infant Services Network  
Mental Health America  
MidHudson Regional Hosp of Westchester Medical Center  
Morehouse Farm  
Montefiore Hudson Valley Collaborative  
NYSDOH MARO Office

NYSDOH Office of Public Health Practice  
Office of Assembly Member Didi Barrett  
OPWDD  
People Inc.  
Planned Parenthood Mid Hudson Valley/Healthy Black and Latino Coalition  
Rehabilitation Support Services  
Rhinebeck Central School District  
Sholes & Miller  
Spackenkill Union Free School District  
Taconic Resources  
Tick Task Force  
Tobacco Free Action Communities in Ulster, Dutchess and Sullivan  
United Way of Dutchess-Orange Region  
VA Hospital  
Visiting Nurses Service  
Wappingers Central School District

# 2016 Community Health Stakeholder Forum Survey

## Final Results 10/27/16

### Background

A brief survey was distributed to approximately 200 stakeholders in advance of the 2016 Community Health Improvement Plan Stakeholder Forum. The stakeholder sample included representatives from hospitals and healthcare, behavioral health services, county government, education, and community-based organizations. The survey asked respondents to rank the 2013-2017 Dutchess County Prevention Agenda priority areas based on current data trends, reviewing the 2016 Dutchess County Community Health Status Report. It also asked participants to rank the current disparity focus areas, and asked their overall opinion on the top five most important health issues in the communities they serve.

### Response Rate and Respondent Characteristics

A total of 60 surveys were submitted out of approximately 200 invitations, for a response rate of 30%. Affiliations are noted in Table 1; healthcare providers were the largest group of respondents (37%).

**Table 1. Respondent Characteristics**

Please select the category that best represents your affiliation		
Answer Options	Response Percent	Response Count
Hospital or Healthcare Provider	36.8%	21
Non-Governmental Organization or Community-Based Organization	24.6%	14
Government Agency	19.3%	11
Other Human and Social Services Provider	8.8%	5
Behavioral or Mental Health Service Provider	7.0%	4
Education	5.3%	3
Other (please specify)	12.3%	7
	<i>answered question</i>	<b>57</b>
	<i>skipped question</i>	<b>3</b>

## Ranking of 2013-2017 Dutchess County CHIP Priorities

Survey respondents were asked to rank the four current Dutchess County CHIP priorities after reviewing current data trends from the 2016 Community Health Status Report.

The category that received the most 1<sup>st</sup> place rankings (n=28, or 47% of responses) and had the most favorable overall rank (1.84) was Prevent Substance Abuse and Other MEB Disorders (Table 2).

This was followed by Increase Access to High Quality Chronic Disease Preventive Care, with an average rank of 2.22, and closely thereafter by Reduce Obesity, which had the most 3<sup>rd</sup> place ranks. Reduce the Burden of Tick-borne Diseases had the most 4<sup>th</sup> place ranks and the least favorable overall rank of 3.45.

The most popular alternate choice of focus was Strengthen Infrastructure for Mental , Emotional, and Behavioral Health (n=16, Table 2).

**Table 2. Ranking of Current Dutchess County CHIP Priorities**

After reviewing the resources described above, please rank the following four current Dutchess County Community Health Improvement Plan focus areas in order of priority for the 2016-2018 Plan update:						
Answer Options	Ranked #1	Ranked #2	Ranked #3	Ranked #4	Ranking Average (Lower Score is More Favorable)	Response Count
Prevent Chronic Disease: Reduce Obesity in Children and Adults	12	15	24	9	2.50	60
Prevent Chronic Disease: Increase Access to High Quality Chronic Disease Preventive Care and Management in Both Clinical and Community Settings	15	22	18	5	2.22	60
Promote Mental Health and Prevent Substance Abuse: Prevent Substance Abuse and Other Mental, Emotional, and Behavioral Disorders	28	17	12	3	1.83	60
Reduce the Burden of Tick-borne Diseases*	5	6	6	43	3.45	60
						60
						<i>answered question</i>
						0
						<i>skipped question</i>

**Table 2. Alternate Choice of Prevention Agenda Focus Areas**

In your opinion, is there another other focus area from the Prevention Agenda that should be ranked higher than the four current focus areas above?		
Answer Options	Response Percent	Response Count
None	33.3%	20
[Chronic Disease]: Reduce tobacco-related mortality and illness	6.7%	4
[Env Health]: Reduce exposure to outdoor air pollutants, especially in burdened communities	0.0%	0
[Env Health]: Reduce potential public health risks from drinking water and recreational water	1.7%	1
[Env Health]: Reduce injuries and violence	5.0%	3
[Env Health]: Improve the built environment to support health	3.3%	2
[Women/Infants/Children]: Reduce preterm births	0.0%	0
[Women/Infants/Children]: Increase proportion of infants breastfed	0.0%	0
[Women/Infants/Children]: Reduce maternal mortality	0.0%	0
[Women/Infants/Children]: Increase proportion of children with an annual well exam	3.3%	2
[Women/Infants/Children]: Reduce dental caries in children	0.0%	0
[Women/Infants/Children]: Reduce adolescent pregnancy rate	1.7%	1
[Women/Infants/Children]: Increase use of preventive care by women of reproductive age	3.3%	2
[Mental Health/Subs Abuse]: Promote mental, emotional, and behavioral health in communities	8.3%	5
[Mental Health/Subs Abuse]: Strengthen infrastructure for mental, emotional, and behavioral health	26.7%	16
[Infectious Disease]: Reduce the incidence of HIV and sexually transmitted diseases (STDs)	3.3%	2
[Infectious Disease]: Prevent vaccine-preventable diseases	3.3%	2
[Infectious Disease]: Reduce the incidence of healthcare-associated infections	0.0%	0
	<i>answered question</i>	<b>31</b>
	<i>skipped question</i>	<b>0</b>

### Ranking of 2013-2017 Dutchess County CHIP Disparities Focus Areas

No distinct pattern emerged in the ranking of disparities focus areas; all three had similar overall ranks. Fifteen respondents (25%) suggested another disparity focus other than the current goals. The suggestions included disparities in tobacco use, mental health care, tick-borne disease, and HIV/STDs.

**Table 3. Ranking of Disparity Goals**

<b>The current Dutchess County Community Health Improvement Plan addresses the following health disparities. Please rank in order of priority for the 2016-2018 Plan update:</b>					
<b>Answer Options</b>	<b>Ranked #1</b>	<b>Ranked #2</b>	<b>Ranked #3</b>	<b>Ranking Average</b>	<b>Response Count</b>
Reduce socioeconomic disparities in childhood obesity rates	24	10	26	2.03	60
Reduce socioeconomic disparities in screening for cardiovascular disease, cancer, and diabetes	11	33	16	2.08	60
Reduce socioeconomic disparities in access to evidence-based care for chronic disease management	25	17	18	1.88	60
<i>answered question</i>					<b>60</b>
<i>skipped question</i>					<b>0</b>

## Overall Most Important Health Issues in Communities Served by Stakeholders

The majority of survey respondents identified mental health, substance abuse, and chronic disease as being the most important health issues in the communities they serve (Table 3).

**Table 3. Overall Top 5 Health Issues**

In your overall opinion, what are the FIVE most important health issues in the communities you serve? You may select from the list below or add a topic that is not listed.

Answer Options	Response Percent	Response Count
Mental health	79.3%	46
Substance abuse (alcohol, pharmaceutical or illegal drugs)	70.7%	41
Chronic diseases (ex: asthma, pre-diabetes, diabetes, heart disease, cancer)	63.8%	37
Aging related health issues	43.1%	25
Nutrition and physical activity, obesity	29.3%	17
Tobacco use (cigarettes, snuff, chewing, vaping)	27.6%	16
Disabilities (physical, intellectual, or developmental)	22.4%	13
Infectious diseases from vectors (ex: ticks, mosquitoes)	22.4%	13
Maternal and infant health	22.4%	13
Built environment (ex: healthy homes, neighborhood walkability, access to parks and trails)	17.2%	10
Violence against others	17.2%	10
Clean air and water	10.3%	6
Dental health	10.3%	6
Immunizations (vaccines) for preventable diseases	10.3%	6
Infectious diseases - HIV and sexually transmitted infections	6.9%	4
Infectious diseases - other (ex: flu, measles, antibiotic resistant infections, food-borne diseases)	6.9%	4
Accidental injuries (ex: falls, car crashes, drowning)	6.9%	4
Occupational health	1.7%	1
Climate health (ex: heat waves, flooding, natural disasters)	1.7%	1
Other (please specify)	5.2%	3
	<i>answered question</i>	<b>58</b>
	<i>skipped question</i>	<b>2</b>

# Prevent Obesity and Chronic Diseases

The Chronic Disease Workgroup session of the Community Health Stakeholder Forum is an opportunity for representatives of organizations working to reduce and prevent chronic disease to review recommended evidence based interventions, share progress, identify needs, and find new opportunities for collaboration.

**In which of the following evidence-based activities are you/your organization currently engaged, or interested in future collaboration?**

- **Prevent childhood obesity through early childcare and schools**, for example, through comprehensive and strong School Wellness Policies, Comprehensive School Activity Programs, active recess, promotion of healthy foods and nutrition standards for competitive foods, and enrollment of childcare programs in the Child and Adult Care Food Program and Eat Well Play Hard.  
 Currently engaged    Interest in future collaboration
- **Create community environments that promote and support healthy food and beverage choices and physical activity**, for example, through adoption of Complete Streets policies, nutrition standards for food and beverage procurement in worksites and community institutions, and policies/signage/joint use agreements to promote physical activity in community venues.  
 Currently engaged    Interest in future collaboration
- **Expand the role of healthcare and insurers in obesity prevention**, such as promotion of NYS Breastfeeding Friendly Practices, and coverage of the Diabetes Prevention Program.  
 Currently engaged    Interest in future collaboration
- **Expand the role of employers in obesity prevention**, for example, through adoption of breastfeeding friendly policies, and worksite nutrition and beverage standards.  
 Currently engaged    Interest in future collaboration
- **Increase screening rates for CVD, diabetes, and cancer**, for example, through policy change (e.g. paid time off or flex time for screening), environmental approaches (e.g. transit vouchers), promotion of community awareness of screening guidelines, and adoption of evidence-based interventions at healthcare practices.  
 Currently engaged    Interest in future collaboration

**OVER (PAGE 1 of 2)**

# Prevent Obesity and Chronic Diseases

Dutchess County  
2016 Community  
Health Forum

- **Promote evidence-based care to prevent and manage chronic disease**, including self-management programs and prevention programs, and culturally relevant education.  
 Currently engaged     Interest in future collaboration
- **Reduce illness and death related to tobacco use and secondhand smoke exposure**, for example by adopting tobacco free policies, promoting evidence-based treatment programs and awareness of coverage for cessation, and protecting youth from point-of-sale advertising.  
 Currently engaged     Interest in future collaboration
- **Other:** \_\_\_\_\_

**What positive impacts or promising outcomes have you observed with respect to specific activities?**

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**Are there any significant challenges or needs?**

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**How are efforts addressing disparities?**

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**What new opportunities for collaboration may be helpful?**

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**Name/Agency:** \_\_\_\_\_

# Prevent Substance Abuse & Mental, Emotional, Behavioral Disorders

The Substance Abuse Workgroup session of the Community Health Stakeholder Forum is an opportunity for representatives of organizations working to reduce and prevent substance abuse to review recommended evidence based interventions, share progress, identify needs, and find new opportunities for collaboration.

**In which of the following evidence-based activities are you/your organization currently engaged, or interested in future collaboration?**

- **School based programs**, such as Life Skills Training, Too Good for Drugs, Project Towards No Drug Abuse, Project Success, Second Step  
 Currently engaged     Interest in future collaboration
- **Screening**, for example, Project ASSERT, SBIRT, and Teen Intervene.  
 Currently engaged     Interest in future collaboration
- **Environmental and community approaches**, such as Community Trials to Reduce High Risk Drinking (changing local policy to reduce alcohol availability), mental health first aid training, anti-stigma campaigns  
 Currently engaged     Interest in future collaboration
- **Overdose prevention**, for example, community coalition building, prescriber education, supply reduction and diversion control (drop boxes, take-back events), treatment for chemical dependence, naloxone training and access.  
 Currently engaged     Interest in future collaboration
- **Other:** \_\_\_\_\_

**What positive impacts or promising outcomes have you observed with respect to specific activities?**

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**Are there any significant challenges or needs?**

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**How are efforts addressing disparities?**

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**What new opportunities for collaboration may be helpful?**

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Name/Agency: \_\_\_\_\_

# Reduce the Burden of Tick-Borne Diseases

The Tick-borne Disease Workgroup session of the Community Health Stakeholder Forum is an opportunity for representatives of organizations working to reduce the burden of tick-borne disease to share what they are doing, find opportunities for collaboration, and make plans for future efforts.

## Agenda

- Share current activities aimed at reducing the burden of tick-borne disease in Dutchess County.
- Identify gaps or needs in tick-borne disease prevention activities in Dutchess County.
- Identify opportunities for collaborative efforts to fill gaps or needs.
- Establish structure to facilitate ongoing and future collaborative efforts.

## Questions

1) In which of the following areas are you/your organization currently engaged, or interested in future collaboration?

- Education and outreach on tick-borne disease and personal prevention practices
- Environmental approaches to reducing risk factors for tick-borne disease

2) What positive impacts or promising outcomes have you observed with respect to specific activities?

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3) Are there any significant challenges or needs?

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4) What opportunities for collaboration may be helpful?

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5) How are efforts targeted to high risk populations and/or addressing disparities?

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6) Please provide your contact information if you would be interested in participating in a tick-borne disease prevention collaborative workgroup: \_\_\_\_\_

Name/Agency: \_\_\_\_\_