

Community Health Status Report



Dutchess County, NY

Report Prepared by
Dutchess County Department of Behavioral & Community Health

June 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
Total population	280,150	297,488	296,579	
Age (percent)				
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%	
Race and Ethnicity (percent)				
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%	
Place of Birth (percent)				
United States	91.6%	88.1%	88%	

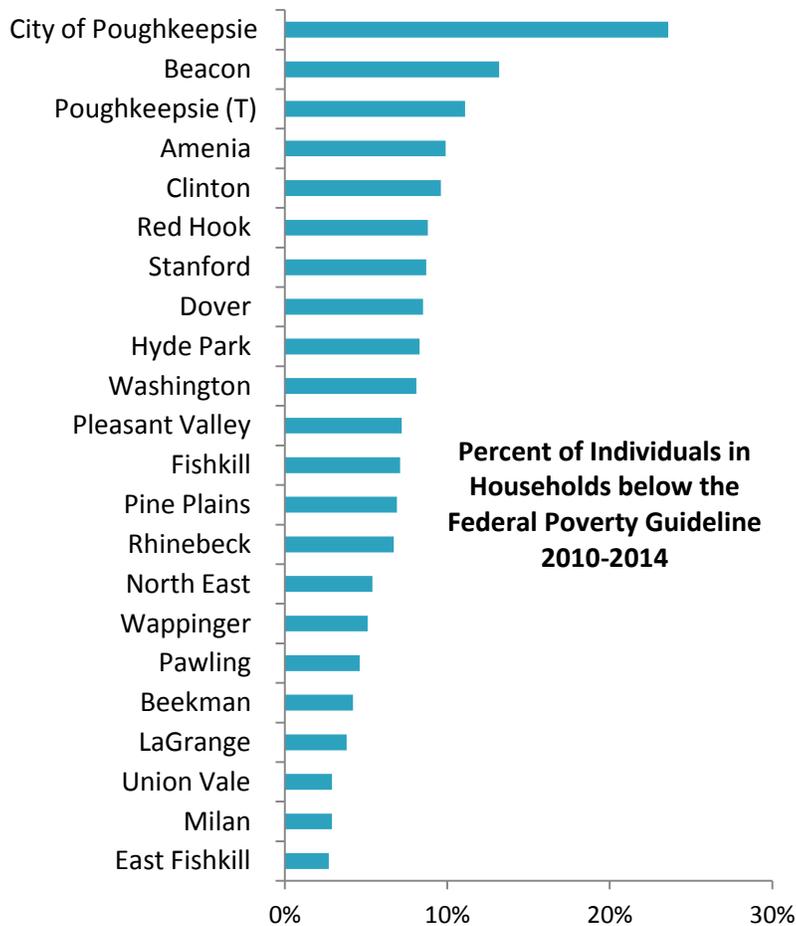
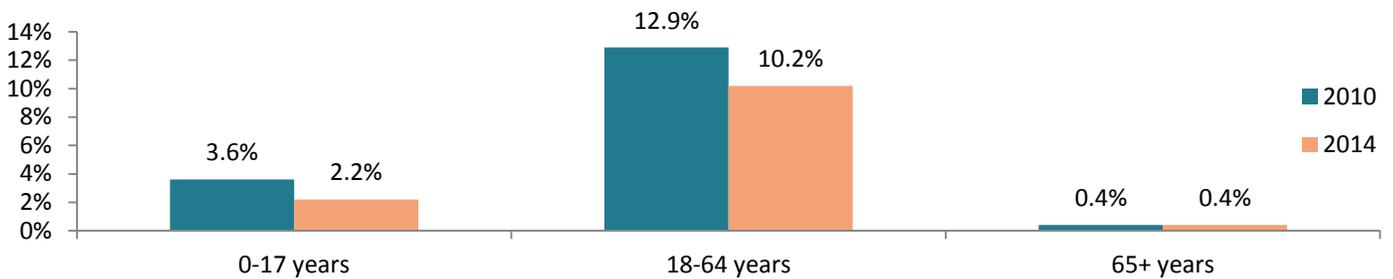
*Most current estimate is for the calendar year 2014

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%.

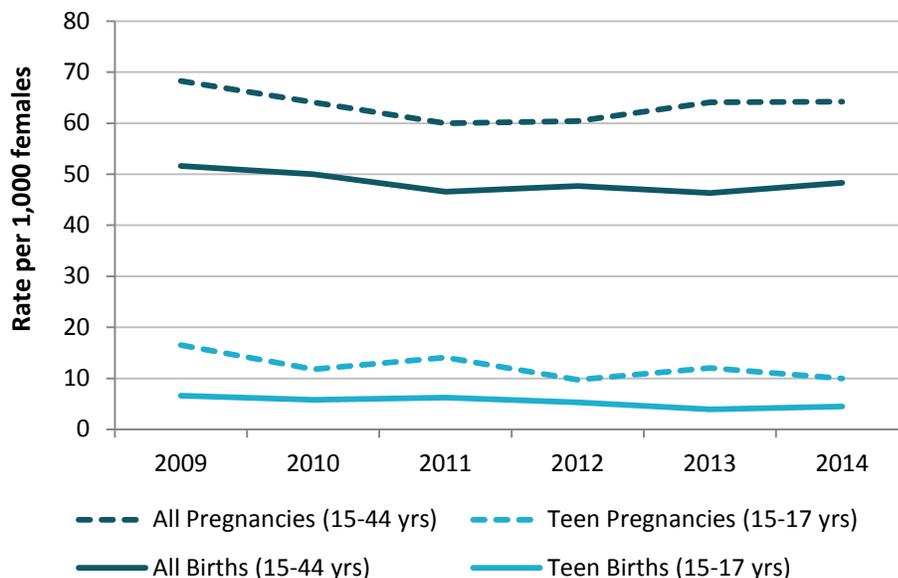
Data Sources: US Census Bureau, Decennial Census 2000 and American Community Survey 1-Year and 5-Year Estimates,

*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
Current** 611.5	Heart Disease 163.3	All Cancers 138.9	Accidents 27.0	CLRD*** 27.0	Stroke 26.7
2010 605.6	Heart Disease 168.8	All Cancers 159.3	CLRD 35.6	Accidents 29.1	Stroke 28.9
2000 806.4	Heart Disease 281.5	All Cancers 206.2	Stroke 41.4	CLRD 36.6	Pneumonia 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
Current** 650.0	Heart Disease 167.7	All Cancers 151.6	CLRD*** 32.7	Accidents 28.7	Stroke 28.0
2010 672.7	Heart Disease 185.3	All Cancers 165.1	CLRD 35.6	Accidents 29.1	Stroke 28.9
2000 806.4	Heart Disease 281.5	All Cancers 206.2	CLRD 36.3	Stroke 31.6	Accidents 26.9

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

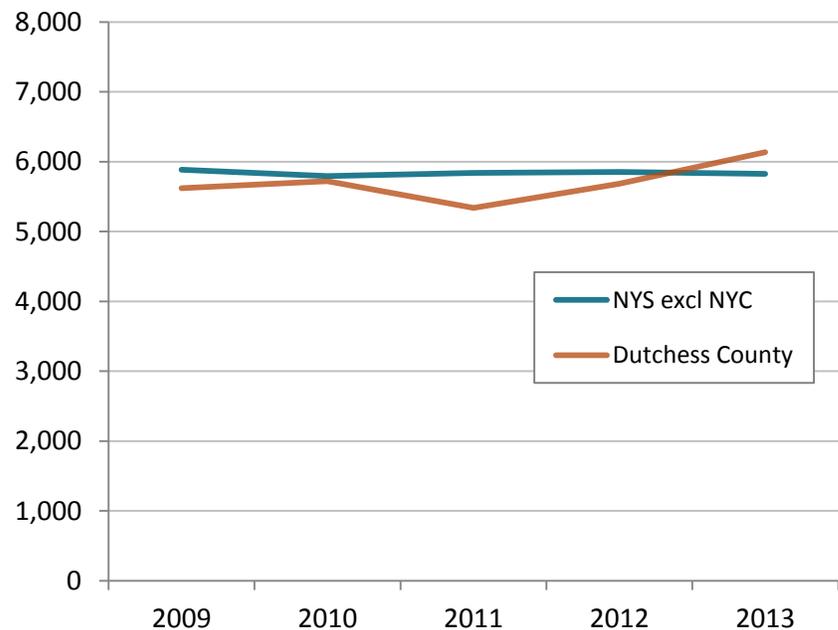
**Current = 2014

***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



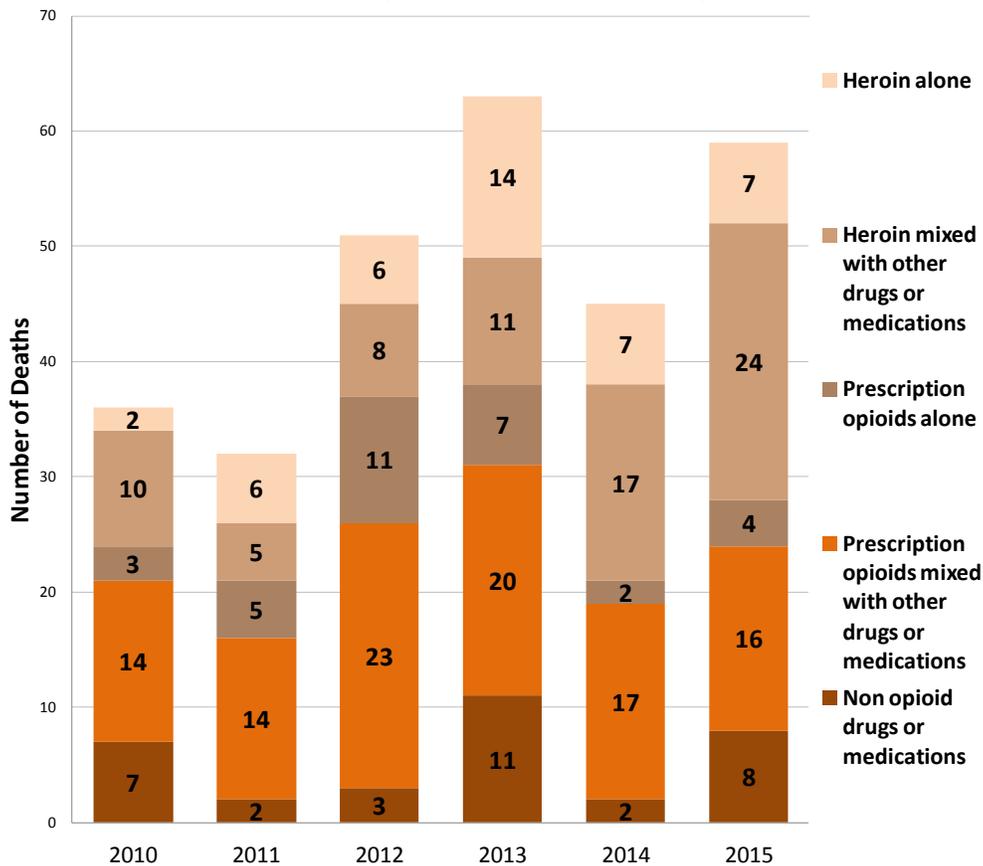
Data Sources: NYSDOH Vital Statistics, Community Health Indicator Reports

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
Accidents						
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).

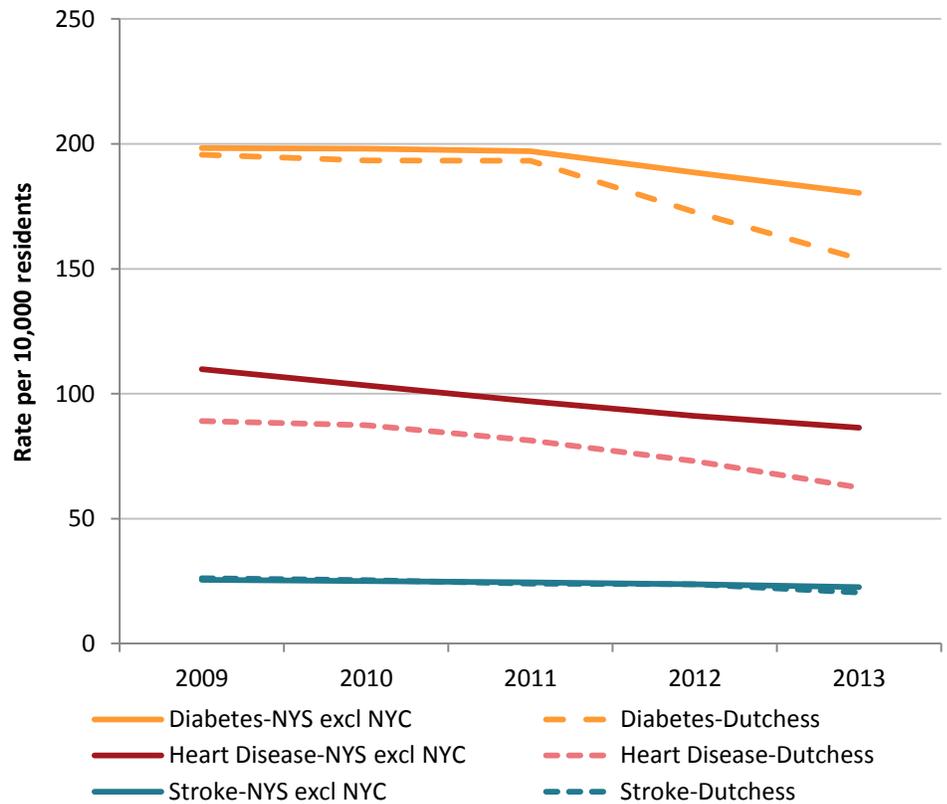
Data Source: Dutchess County Medical Examiner

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

White Non-Hispanic	11.9	30.3	**	12.9	66.6*
--------------------	------	------	----	------	-------

Coronary Heart Disease

Deaths per 100,000

White Non-Hispanic	124.5	88.6	67.1	119.3	103.4
--------------------	-------	------	------	-------	-------

Stroke

Deaths per 100,000

White Non-Hispanic	29.2	35.3	35.2	30.1	34.8
--------------------	------	------	------	------	------

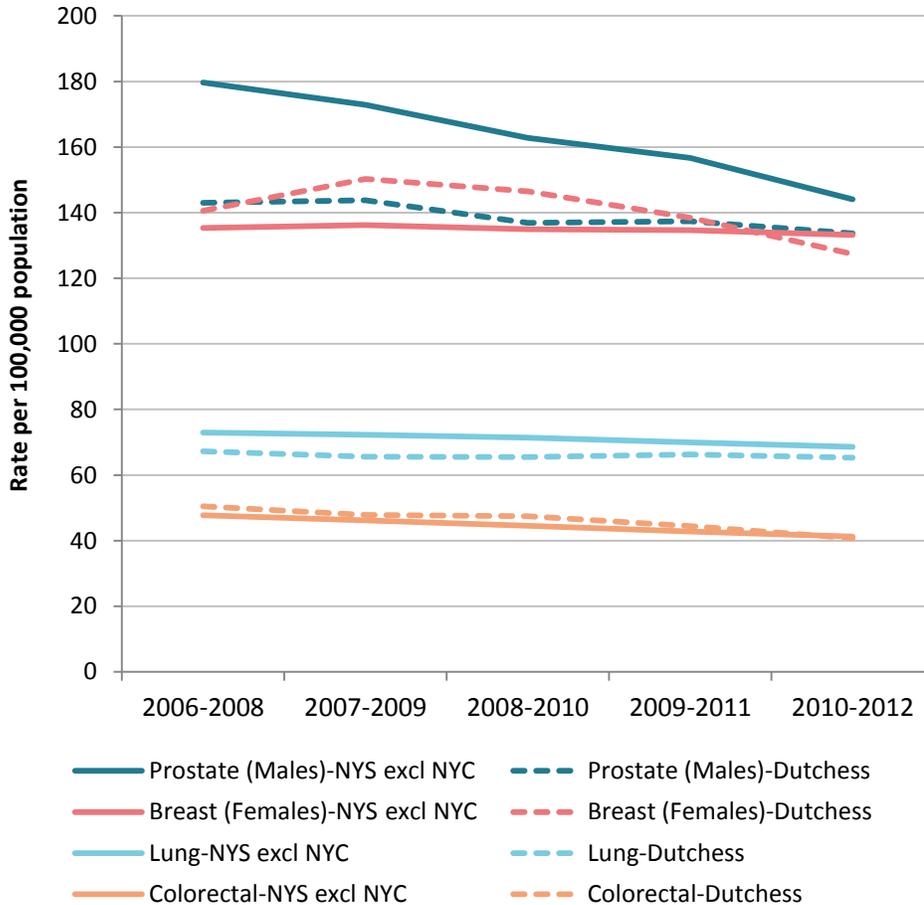
Values in green have met the Healthy People 2020 goal, values in red have not yet met the 2020 goal.

*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

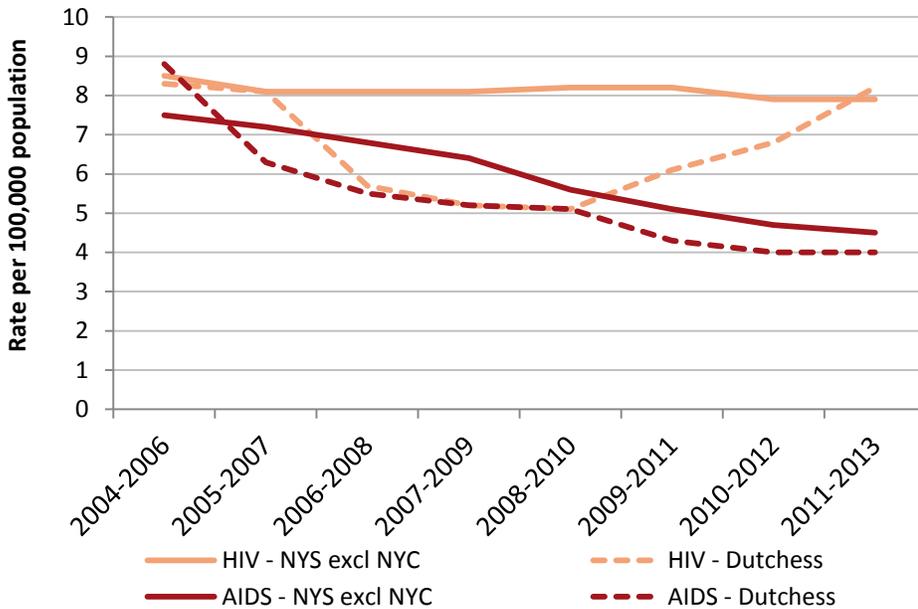
Values in green have met the Healthy People 2020 goal, values in red have not yet met the HP 2020 goal.

**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)



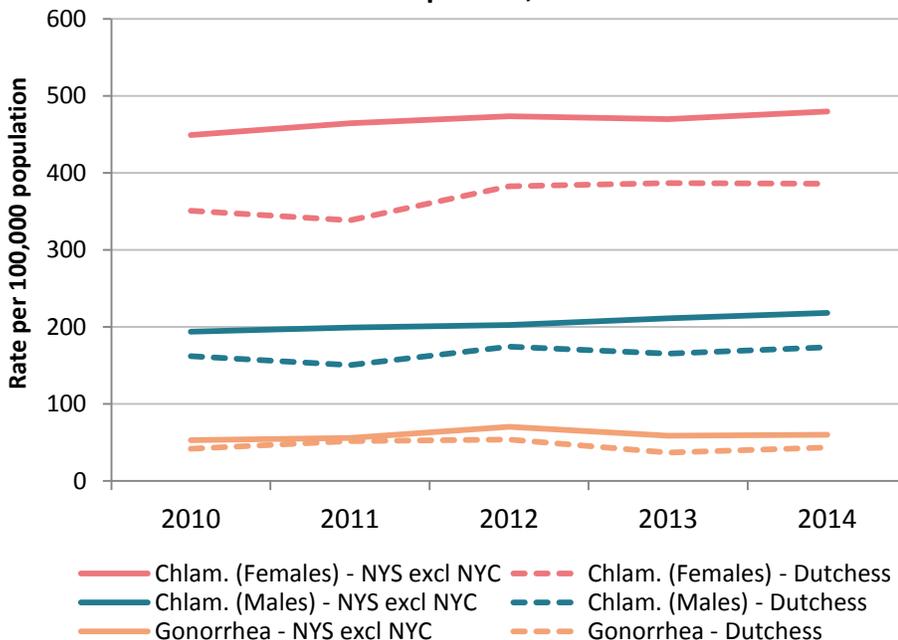
*Persons diagnosed with HIV may also be diagnosed with AIDS in the same year or later; thus, HIV and AIDS diagnoses cannot be added together. Statistics are exclusive of prison inmates.

**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.

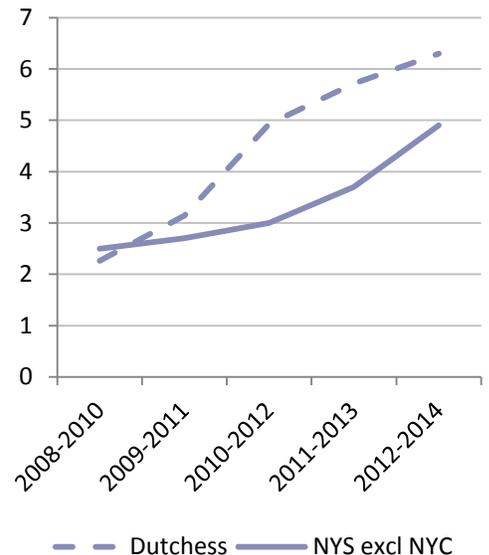
The rate of newly diagnosed AIDS continued to decline both in Dutchess County and across NYS through 2013, the most recent year of available data. Meanwhile, rates of new HIV diagnoses returned to the statewide average in 2011-2013, approximately 25 new infections per year in Dutchess residents.

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



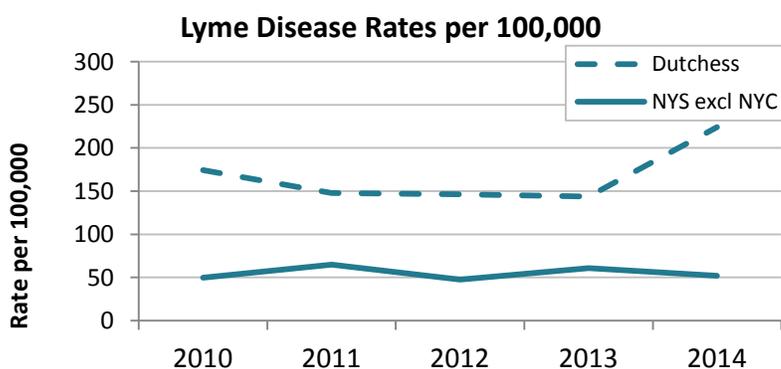
Syphilis Rates per 100,000



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
Other Sexually Transmitted or Blood-borne Infections				
Hepatitis B, acute	0.3	0.5	0.3	0.4
Hepatitis C, acute	0.6	0.6	0.9	0.9
Gastrointestinal Infections				
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
Airborne and Droplet Transmission Infections				
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
Environmental and Vector-borne Disease (see also Lyme Disease below)				
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 ¹	18.1%	14.6%	17.2%	24.4%
Percent of adults who smoke cigarettes ²	18.4%	16.5%	18.0%	12.0%
Adults w/ household incomes below \$25,000 who smoke	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*

¹Binge drinking defined as 5+ drinks per day and 4+ drinks for women

²Current 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 th Grade	10 th Grade	12 th 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%

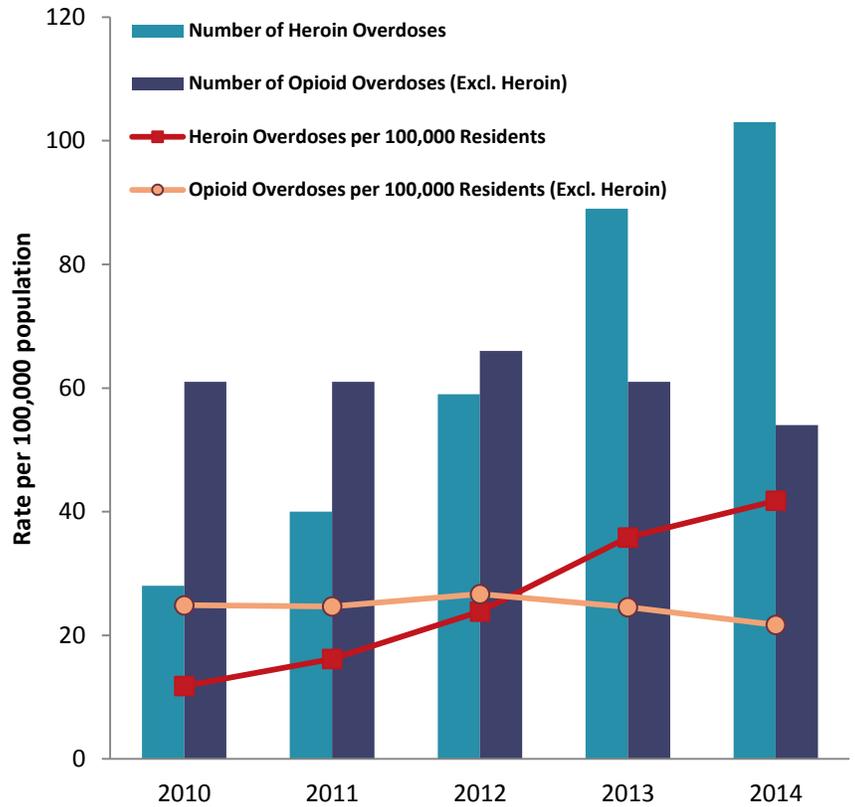
Data Source: NYSDOH Expanded Behavioral Risk Factor Surveillance System, Dutchess County Council on Addiction and Education 2013 Youth Risk Survey

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.

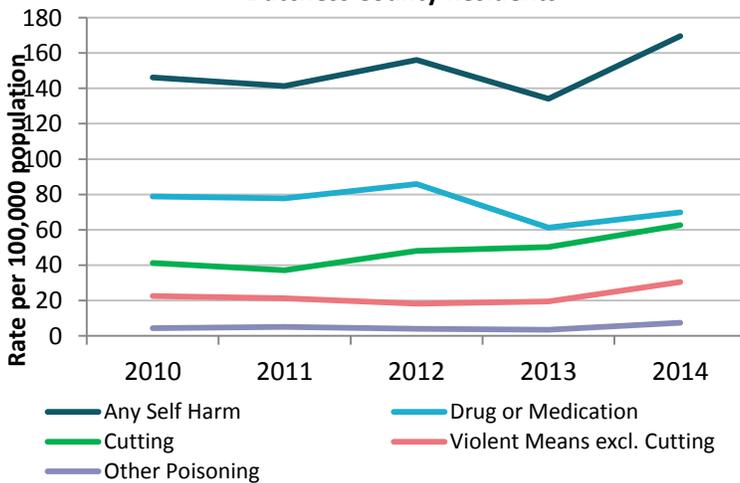
In 2015, the Health and Human Services Cabinet published an ["Update to the County Executive"](#) which corresponds to a 2013 report, ["Confronting Prescription Drug Abuse in Dutchess County, New York: Existing and Proposed Strategies to Address the Public Health Crisis,"](#) which is available on the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



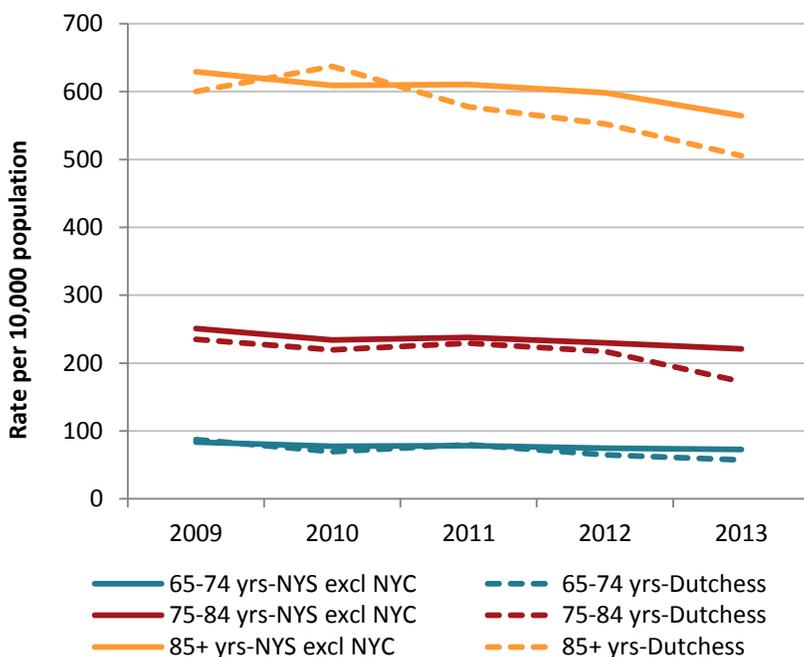
The majority of self-harm in Dutchess County involves drugs and medications, however emergency department visits and hospitalizations due to cutting increased from 2010-2014 (left).

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

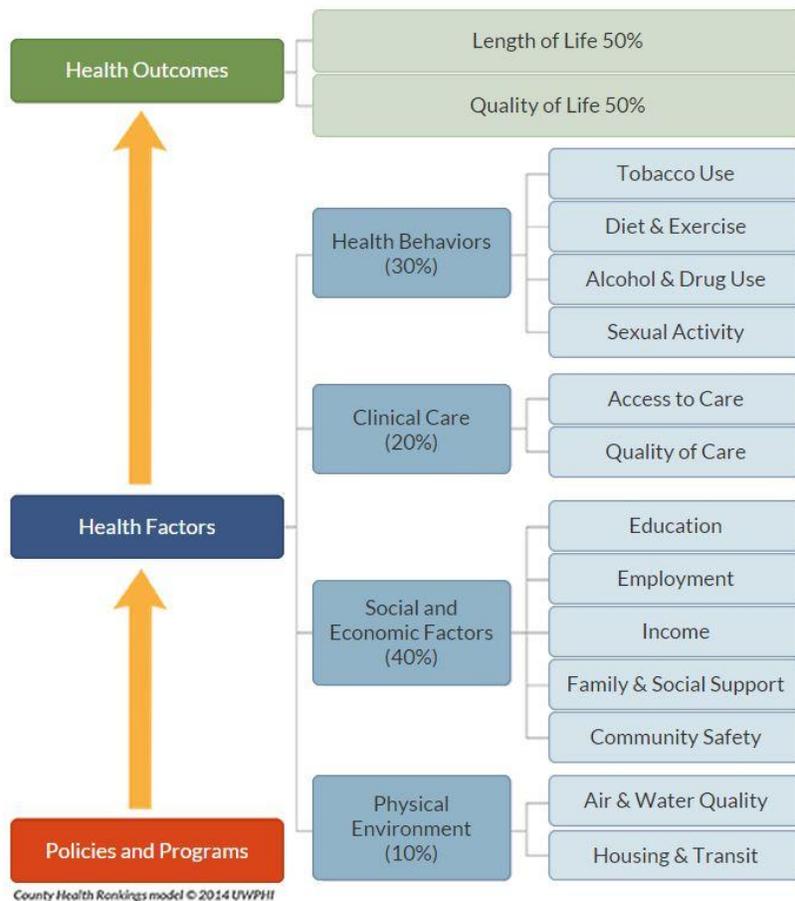
Dutchess County continues to be one the healthiest counties in New York State as ranked by the [2016 County Health Rankings Report](#).

This is the 7th 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.



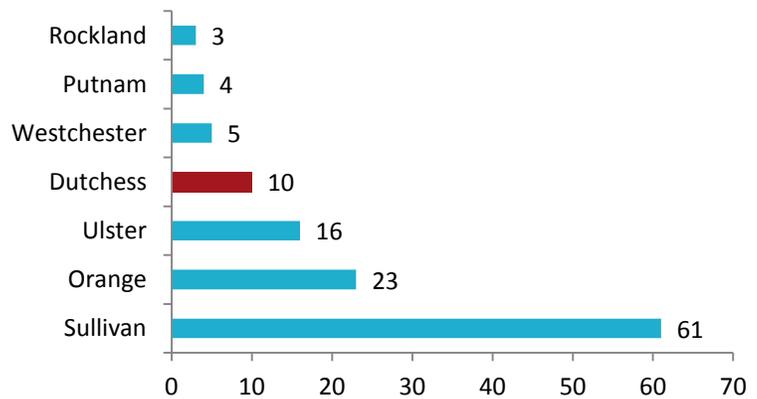
County Health Rankings 2016

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

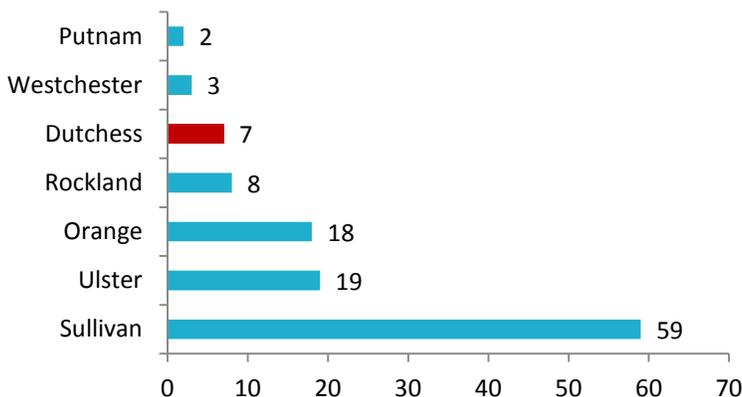
Dutchess County Rank in New York State	
2016	
Health Outcomes (overall)	10
<i>Mortality</i>	11
<i>Morbidity</i>	13
Health Factors (overall)	7
<i>Health Behaviors</i>	8
<i>Clinical Care</i>	12
<i>Socioeconomic Factors</i>	9
<i>Physical Environment</i>	42

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.

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

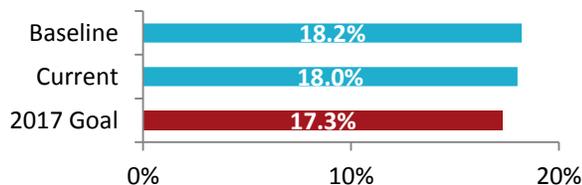
Definition: Elementary, middle/high school students with BMI greater than or equal to 95th percentile for age and sex.

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

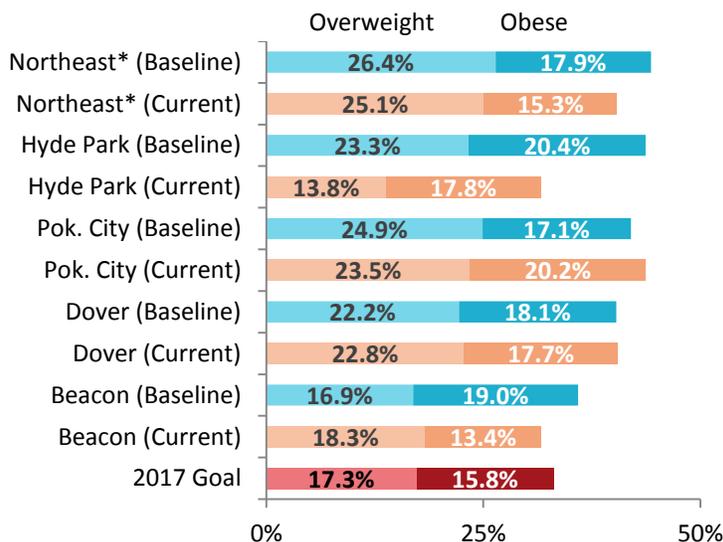
Definition: Elementary, middle/high school students with BMI greater than or equal to 85th (overweight) and 95th (obese) percentiles for age and sex.

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

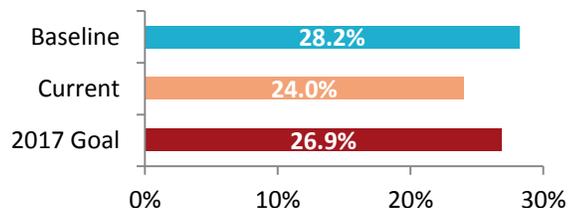
Definition: Age-adjusted prevalence of adults 18 years and older with BMI > 30, calculated from self-reported height and weight.

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

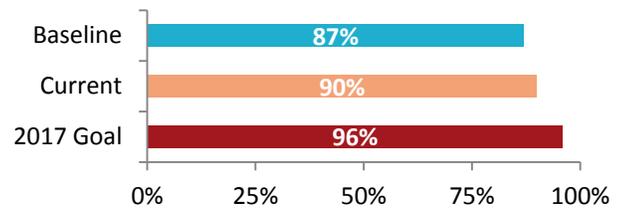
Definition: Adults 18-64 years of age who had health insurance.

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

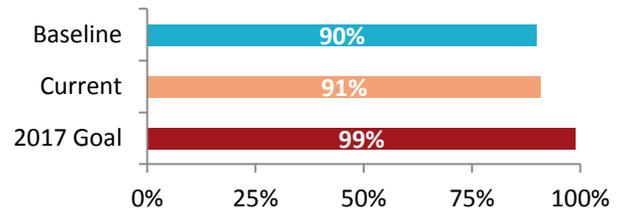
Definition: Children <19 years of age and living in households at or below 200% of the federal poverty standard who had health insurance.

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).

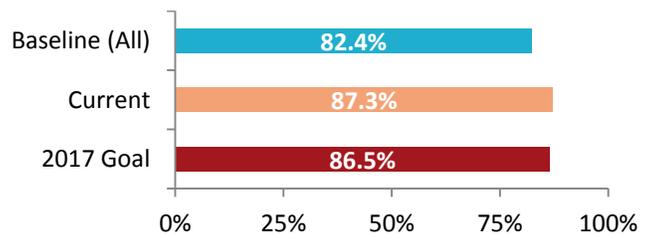
Definition update: Prevalence of women ages 50-74 yrs with recent breast screening per current guidelines (2013-2014).

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

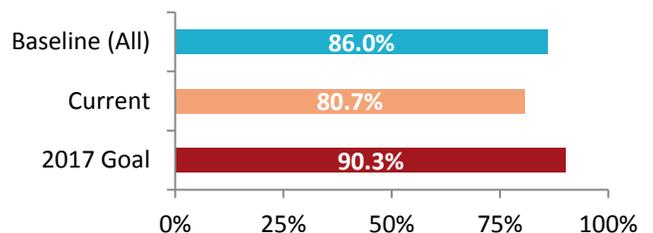
Definition update: Prevalence of women 21-65 yrs with recent cervical cancer screening per current guidelines (2013-2014).

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

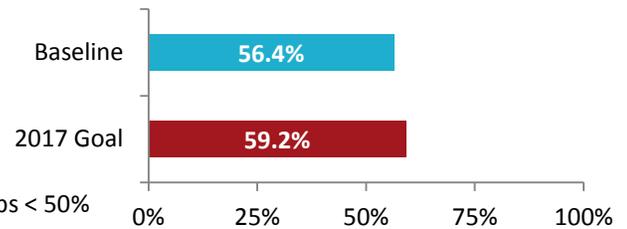
Definition: Age-adjusted prevalence of adults aged 18 years and older who had a blood sugar test in the last 3 years.

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

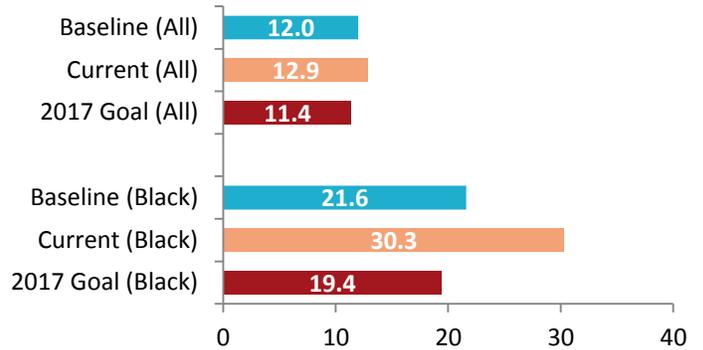
Definition: Mortality rate from underlying cause of diabetes per 100,000 residents.

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

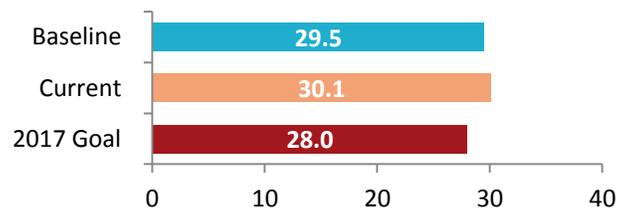
Definition: Mortality rate from underlying cause of cerebrovascular disease per 100,000 residents.

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

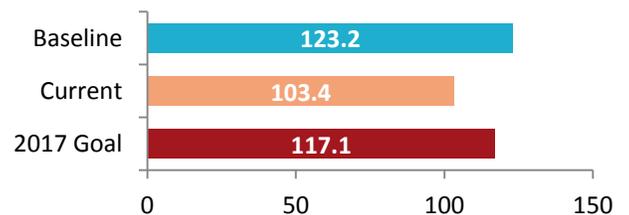
Definition: Mortality rate from underlying cause of coronary Heart disease per 100,000 residents.

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

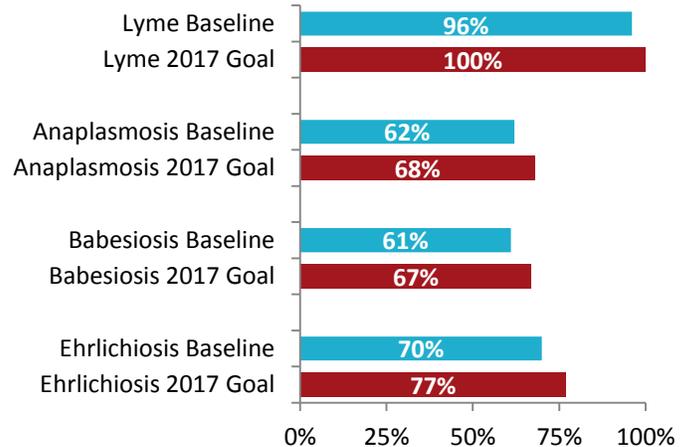
Definition: Percent of primary care providers who rate their knowledge of Lyme disease, babesiosis, anaplasmosis, and ehrlichiosis as good or very good.

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

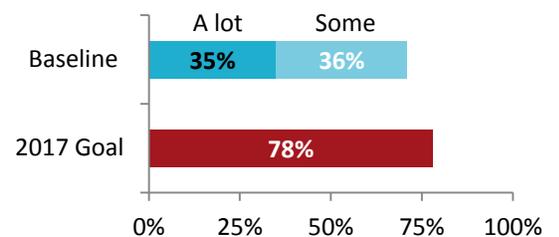
Definition: Percent of Dutchess County residents who have 'A lot' or 'Some' knowledge of Lyme disease.

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

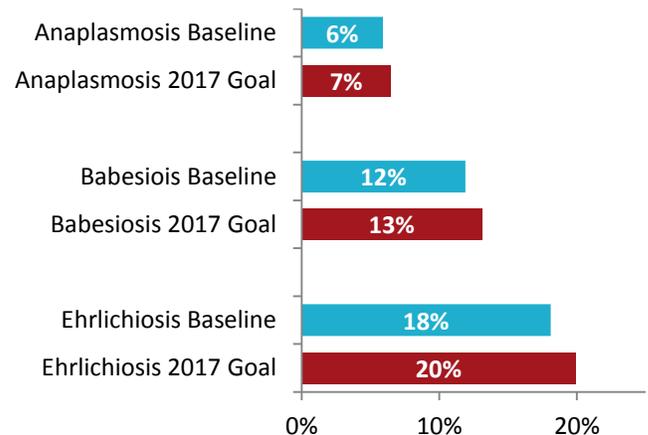
Definition: Percent of Dutchess County residents who are aware of anaplasmosis, babesiosis and ehrlichiosis.

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

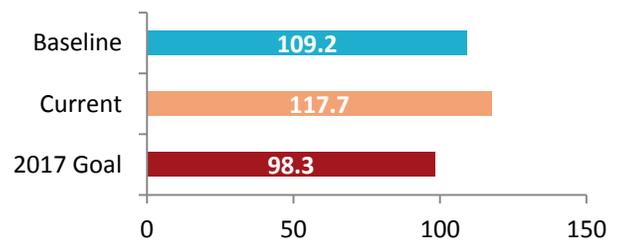
Definition: ED visit and hospital admission rate per 10,000 residents where substance abuse or dependence is indicated.

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



Dutchess County Department of Behavioral & Community Health

85 Civic Center Plaza - Suite 106

Poughkeepsie, NY 12601

(845) 486-3400

www.dutchessny.gov/DBCH

HealthInfo@dutchessny.gov

 Dutchess County Government

 @DutchessCoGov