Community Health Status Report

Community Health Indicators

Dutchess County, NY

Report Prepared by
Dutchess County Department of Health

April 2011

Dear Community members,

We are pleased to provide you with the annual Community Health Status Report as part of our National Public Heath Week celebration. Since 1995, the American Public Health Association has been sponsoring National Public Health Week to raise awareness about issues important to improving the public's health. The Community Health Status Report provides an annual snapshot of our County's health, and this year it includes new indicators related to injuries, as the theme for the 2011 National Public Health Week is "Safety is No Accident: Live Injury-Free."

Every year in the US, nearly 150,000 people die from injuries, and almost 30 million people are injured seriously enough to go to the emergency room. Chances are good that you or someone you know are among these statistics, a friend who suffered a fatal injury from a car crash, an elderly family member who broke a bone from a fall, or a co-worker harmed on the job site.

According to the Centers for Disease Control and Prevention, 30% of potential years of life are lost because of injuries that could have been prevented. What's more, traffic injuries alone result in more than $200 billion in annual US health expenditures. Overall, injuries account for 12% of medical care spending, totaling as much as $69 billion per year.

Fortunately, we know that virtually all injuries can be prevented. If everyone wore a seatbelt, properly installed and used child safety seats, wore a helmet, and stored cleaning supplies in locked cabinets, we could dramatically reduce the burden of leading injuries in this country and save lives. For example, two-thirds of children killed by bicycle-related injuries could have been saved by wearing a helmet. Helmets reduce the risk of head injury by as much as 85% and the risk of brain injury by as much as 88%.

Join us in working to make Dutchess County a healthier, safer place to live, work, and raise a family. Take a moment and make just one positive change today that could prevent an injury. These seemingly small actions can have a big impact when they're spread throughout an entire family and community. Raise awareness of safety and injury prevention within your community, make it a part of your lifestyle and see the difference you can make in the health and well-being of others.

William R. Steinhaus
County Executive

Michael C. Caldwell, MD, MPH
Commissioner of Health

DEMOGRAPHIC INFORMATION

Demographic information is pulled from the U.S. Census Bureau. Even though the decennial Census 2010 has been completed, the detailed breakdown of the data (such as age category by zip codes and municipality, social and economic characteristics) is not yet available at the time of this publication. Consequently, this report utilized data from the 2009 American Community Survey, which is an estimate done by the US Census Bureau.

Population Size[1]	2000	2009
	280,150	293,562

Population Density[1] (people per square mile)	2000	2009
	349	366

Population Distribution by Age[2]	2000	2009
Under Age 20	28.3%	26.3%
Between 20 and 64	59.7%	60.5%
Age 65-84	10.6%	11.5%
Age 85+	1.5%	1.8%
Median Age (years)	36.7	39.8
Population Distribution by Race and Ethnicity [2]	**2000**	**2009**
White Non-Hispanic	80.3%	76.0%
Black Non-Hispanic	8.9%	9.6%
Asian Non-Hispanic	2.5%	3.3%
Hispanic	6.4%	9.5%

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

Immigration and U.S. Citizenship in Dutchess County [3]					
	2005	2006	2007	2008	2009
Native Born	91.1%	89.9%	89.8%	89.1%	88.1%
Foreign Born	8.9%	10.1%	10.2%	10.9%	11.9%
Naturalized U.S. Citizen	*50.4%*	*51.8%*	*48.7%*	*51.8%*	*45.1%*
Not a U.S. Citizen	*49.6%*	*48.2%*	*51.3%*	*48.2%*	*54.9%*

Data Sources

[1] *U.S. Census Bureau, Census 2000, Census 2009 population estimates*

[2] *U.S. Census Bureau, Census 2000, 2009 American Community Survey*

[3] *U.S. Census Bureau, American Community Surveys 2005-2009*

VULNERABLE POPULATIONS

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

Vulnerable Populations [1]	2000	2009
Individuals with no high school diploma	16.0%	10.8%
Unemployed individuals	3.6%	5.3%
Female householder, no husband present, with own children under 18 years	6.0%	5.1%
Below poverty level		
- Individuals	7.5%	8.9%
- Related children < 18 years	8.5%	10.8%
- Seniors over 65	6.5%	6.8%
Population that speaks English less than "very well"	4.0%	4.8%

CHILDHOOD PREVENTIVE SERVICES

The tables below present the utilization of two main preventive services for children, i.e. lead screening and immunization. The first table reflects the percentage of children born from 1999 to 2004 who were tested for lead.

% Children Screened for Lead by Age 2 by Birth Cohort [2]	
Birth Cohort (year child was born)	**% Screened**
Born in 1999, 2000, or 2001	70.2%
Born in 2003 or 2004	90.0%

The table below shows the rate of new elevated lead cases among children ages 0-6 tested for each time period analyzed.

Incidence of Newly Identified & Confirmed Elevated Blood Lead Level >=10mg/dl in Children Ages 0-6 [2] (rate per 1,000 children ages 0-6)		
2001-2003	**2003-2005**	**2005-2007**
10.6	10.1	8.5

The table below reflects the percent of children who completed ALL the required immunizations prior to Kindergarten.

% Children Fully Immunized @ Kindergarten [3]		
2007-2008	**2008-2009**	**2009-2010**
95%	97%	97%

Data Sources

[1] *U.S. Census Bureau, Census 2000, 2009 American Community Survey*
[2] *NYSDOH Child Health Lead Poisoning Prevention Program*
[3] *NYS Immunizations Surveys, NYSDOH Bureau of Immunization*

ACCESS TO CARE

Access to care can be analyzed not only through the standpoint of health insurance coverage, but also in the context of the availability of the services as well as the actual utilization of services when needed.

Dutchess County	2008	2009	2010
Enrollments in Child Health Plus [1]	5,654	6,065	6,540
Enrollments in Family Health Plus [1]	2,181	2,031	2,566
Elderly Prescription Insurance Coverage (EPIC) [1]	4,316	4,121	4,005
Medicaid Managed Care Enrollment [1]	10,674	14,362	16,153 *
Population Using NACO Prescription Discount Drug Program [2]	11,717	9,705	9,316
Price savings	$475,784	$395,601	$387,163
% Savings per prescription	29%	30%	31%
Health Professional Shortage Area in Dental Care [3]	City of Beacon	City of Beacon	City of Beacon
Community/Migrant Health Centers [3]	Yes	Yes	Yes

* 2010 data preliminary as of March 31, 2011

Data Sources

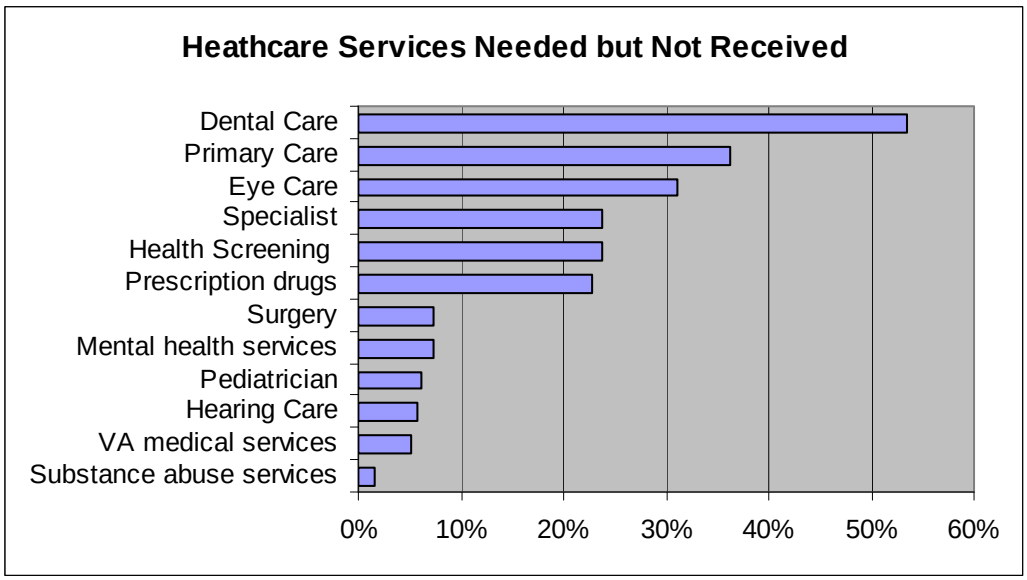
[1] NYSDOH
[2] National Association of Counties
[3] Health Resources and Services Administration. There are no designated shortage areas in primary medical care and in mental health. The table indicates that Dutchess County has community health centers

ACCESS TO CARE

A county-wide community health survey was conducted in 2008 to identify priority community health and quality of life issues from the perspective of Dutchess County residents. A total of 1,000 randomly selected adults were surveyed via telephone. This sample size is representative of the total county population. Key findings from this survey are presented below.

Barriers to Healthcare Access

Almost 20% of Dutchess County residents said that they or someone in their household was unable to receive necessary healthcare services in the past year. These services are listed in the graph below.



Respondents were asked to indicate the reasons they were unable to receive needed care. Almost two-thirds (64%) indicated that health insurance was one reason they or an immediate member of their household were unable to receive the needed services listed in the above graph.

Specific Reasons Why Health Insurance Was a Barrier to Not Receiving Needed Healthcare Services	
Lack of health insurance and could not pay out-of-pocket	81.3%
Health insurance policy did not cover service	46.3%
Health insurance policy covered the service but the co-pay or deductible was too expensive	33.3%

Data Source

(http://www.co.dutchess.ny.us/CountyGov/Departments/Health/Publications/HDICASurvey.pdf)

MEASURES OF BIRTH

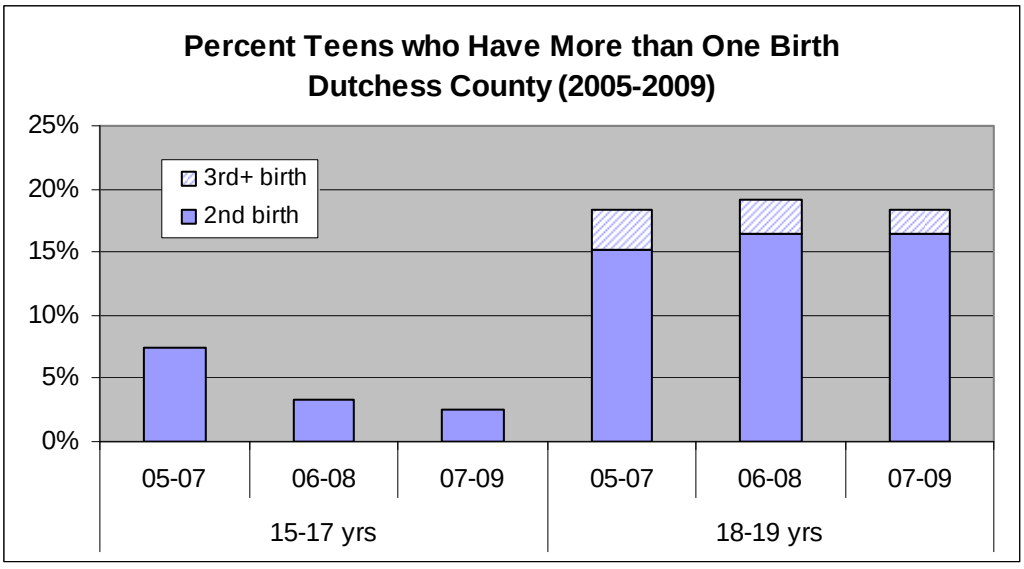
The key measures below reflect not only the total number of births over the past three years, but also information about teenage pregnancies and birth. Additionally, we present information about the birth outcomes and factors that may influence such outcomes.

Births and Birth Rates (per 1,000 females ages 15-44)		**2007**	**2008**	**2009**
Dutchess County	Number of Births	3,080	2,930	2,917
	Birth Rate	51.5	49.2	51.6
NYS (excl NYC)	Birth Rate	59	58.3	n/a

Note**:** NYS (excl NYC) = New York State excluding New York City

Birth Measures (rates per 100 births unless otherwise specified)	**Dutchess County**			**Healthy People 2010 Goal**
	2007	**2008**	**2009**	
Low Birth Weight < 2500 g	7.1	7.2	7.1	5
Premature Births (< 37 weeks gestation) *	10.5	11.3	8.6	7.6
Early Prenatal Care (1st trimester)	82.5	82.7	84.6	90
Out of Wedlock Births	29.6	34.9	36.1	n/a
Teen Pregnancy 15-17 yrs (per 1,000 females 15-17)	20.9	17.4	16.9	43
Teen Births 15-17 yrs (per 1,000 females 15-17)	5.7	5.6	6.7	n/a
Medicaid Births	18	21	23.4	n/a

Note: Rates do not include births where information is not stated on birth record.
* 2009 premature birth data are provisional



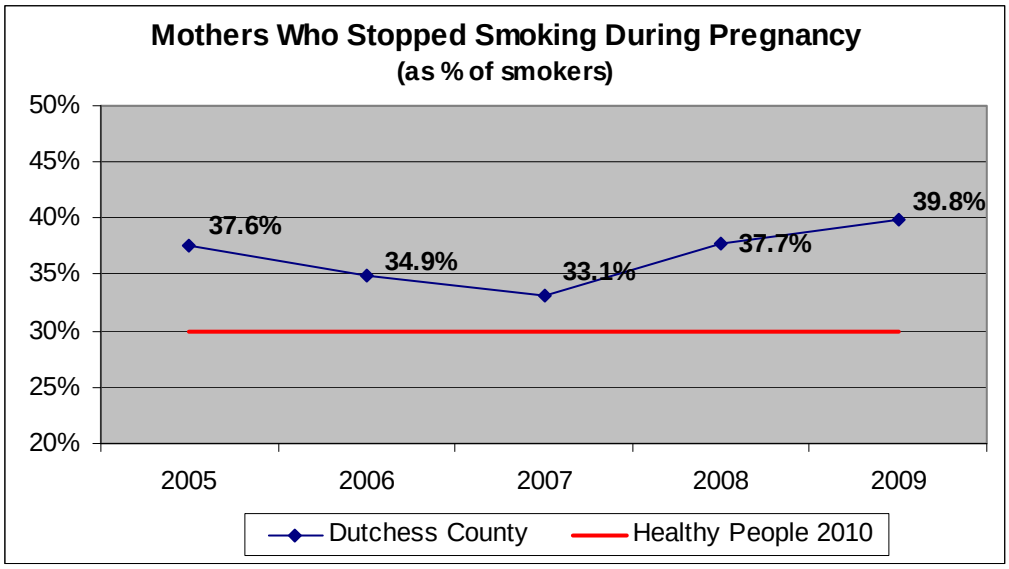
Note: 3 year averages are used when numbers are small to lessen the impact of yearly fluctuations

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

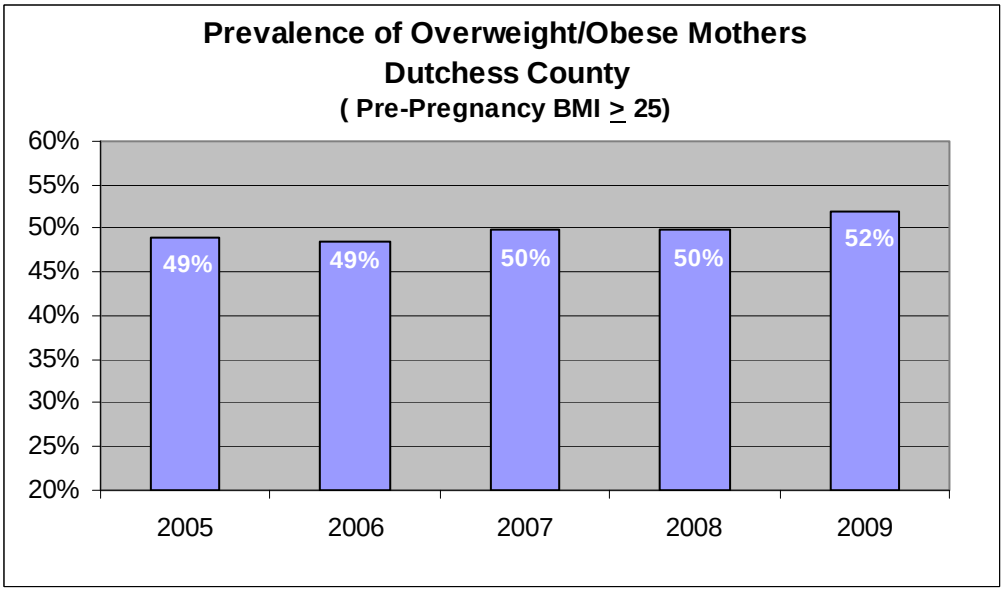
BEHAVIORAL RISK FACTORS

Human behaviors can and do impact the health status of individuals. The report presents behavioral risk factors for maternal child health and chronic diseases.

Smoking & Pregnancy: Smoking during pregnancy creates health risks for the fetus, notably low birthweight and prematurity.



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

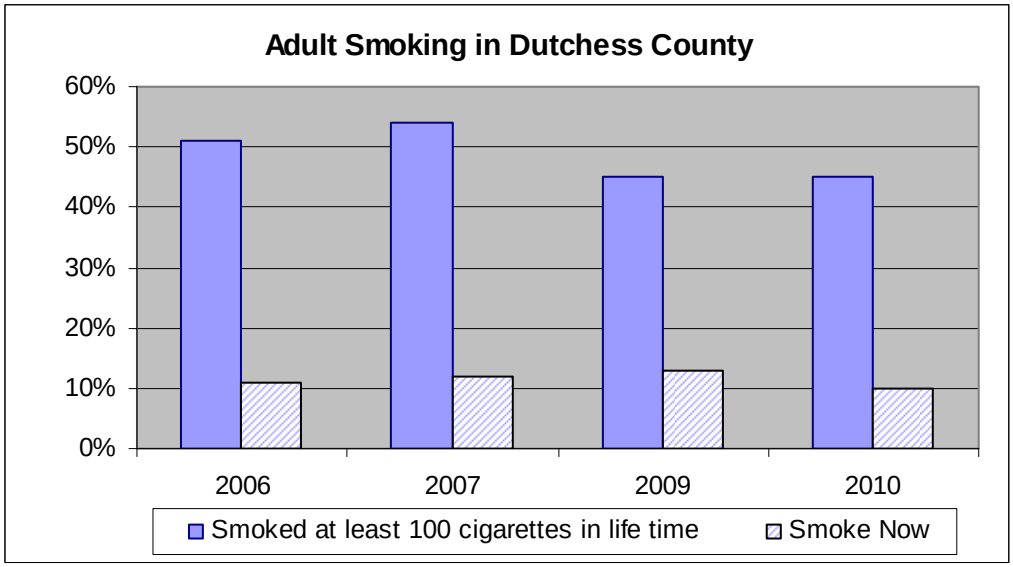


Note: BMI = Body Mass Index (criteria as defined by Institute of Medicine, 2009). It is calculated as weight in kilograms divided by square of height in meter.

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

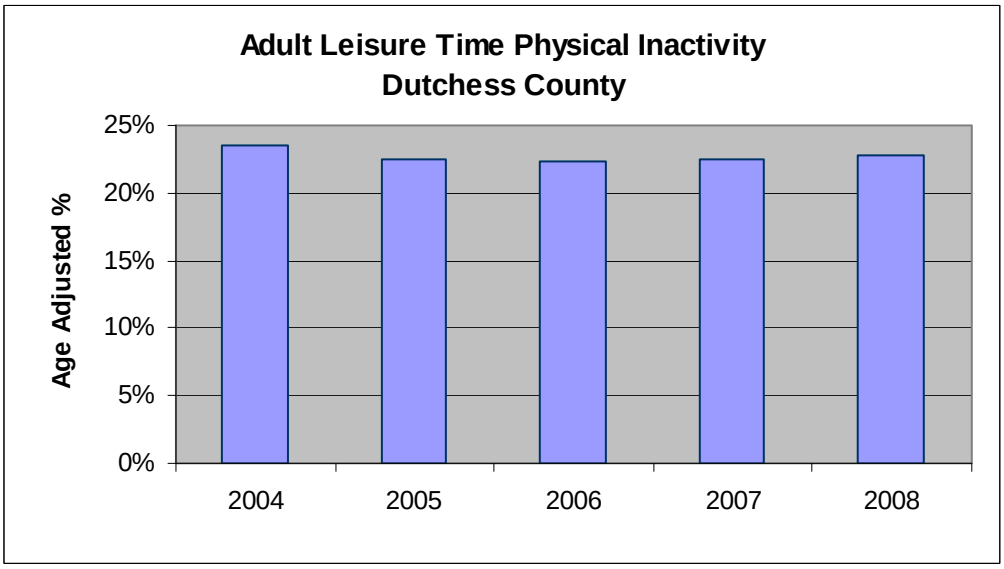
BEHAVIORAL RISK FACTORS

Tobacco [1]: Smoking is a risk factor for a number of chronic illnesses, including cancer, cardio vascular disease, and respiratory diseases such as emphysema.



Note: There are no data for 2008 as Dutchess County did not to participate in the study that year.

Physical Inactivity [2]: Inactive individuals are at risk of developing obesity and diabetes in particular. A person is considered physically inactive if during the past month, other than a regular job, he or she did not participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise.



Data Sources

[1] *Long Island/Hudson Valley Regional Survey, SmokeFree Dutchess*

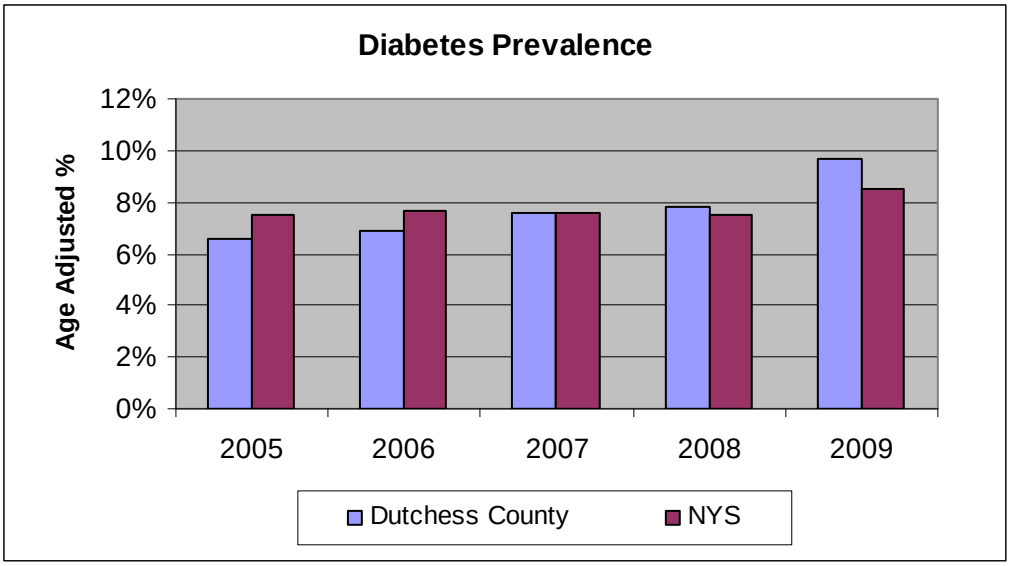
[2] *CDC National Diabetes Surveillance System,http://apps.nccd.cdc.gov/DDTSTRS/default.aspx*

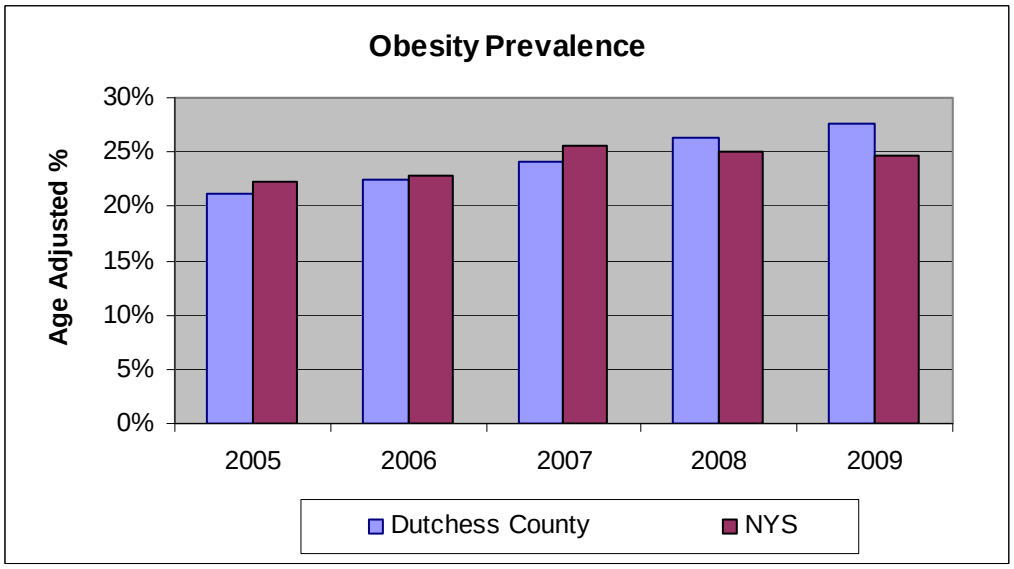
MEASURES OF MORBIDITY

The morbidity section reflects the most common illnesses in our community, including chronic and communicable diseases, tick borne diseases, and injuries.

Chronic disease can be defined as those that have a prolonged duration, and for which a complete cure is rarely achieved. The tables below show trends over the years.

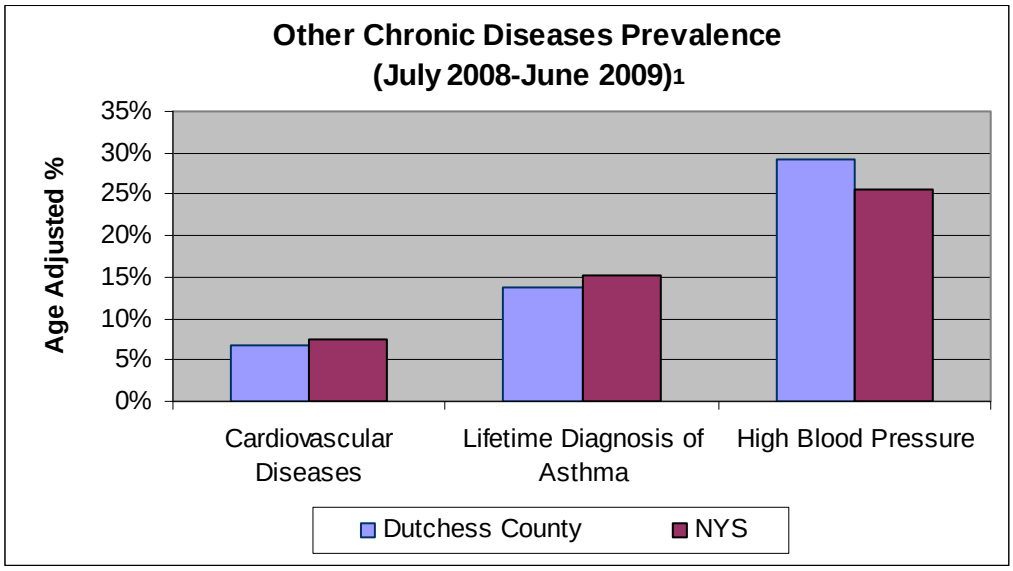
Note: Prevalence is defined as the percentage of population within the geographic area that has the disease in that year.





Data Source (for all data on this page): CDC, National Diabetes Surveillance System and NYSDOH

MEASURES OF MORBIDITY



Note: Cardiovascular diseases include heart attack, angina, and stroke

Youth Tobacco Use and Asthma [2]		
Youth Tobacco Use	**Ever Told Have Asthma by a Doctor or Nurse**	**Asthma Attacks in Past 12 Months**
No Tobacco Use	23%	8%
Current Smokers *	26%	11%
Frequent Users +	28%	12.80%

Note: * *Defined as smoking on one or more days in the past 30 days*.
+ *Defined as smoking on 20 or more days in the past 30 days.*

Asthma Emergency Department Visits - Children Ages 0-14 Years [3] (rate per 10,000 population)				
Age	**2005-2007**		**2006-2008**	
	Dutchess County	**NYS (excl NYC)**	**Dutchess County**	**NYS (excl NYC)**
0-4 years	101.5	120.9	102.3	122.4
5-14 years	57.0	64.5	62.3	64.1
65+ years	18.7	20.9	24.0	24.2
All Ages	51.9	50.9	56.8	52.1

Data Sources:

[1] *NYSDOH, BRFSS 2008-2009*
[2] *Dutchess County Youth Tobacco Survey, 2008*
[3] *NYSDOH Statewide Planning and Research Cooperative System*

MEASURES OF MORBIDITY

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

COMMUNICABLE DISEASES INCIDENCE RATES

Note: Incidence Rate = number of new cases of illness over a period of time divided by number of persons at risk at the beginning of the time period

Disease [1] (rate per 100,000 population)	**2007**	**2008**	**2009**	**2010**		**Dutchess County 07-09**	**NYS (excl NYC) 07-09**
Blood-Borne Pathogens							
Hepatitis B, Chronic	16.4	9.5	7.5	3.7		11.2	7.6
Hepatitis C, Chronic	196.9	119.6	92	72.2		136.3	71.3
Sexually Transmitted Diseases							
Chlamydia	204	215.6	240.8	223.8		220.1	284.9
Gonorrhea, total	36.1	29.6	41.6	37.1		35.8	60.2
Gastro-Enteric Infections							
E.Coli 0157:H7	1.4	1	2	1		1.4	0.9
Salmonellosis	15.7	11.6	13.6	10.2		13.6	13.1
Respiratory Infections							
Streptococcus pneumoniae, invasive	14.3	10.6	12.9	8.2		12.6	12.8
Tuberculosis	1	2.4	1.4	3.7		1.7	2.5

AIDS Case Rate [2]	**2005**	**2006**	**2007**	**2008**
Dutchess County	10.5	9.5	6.5	6.5

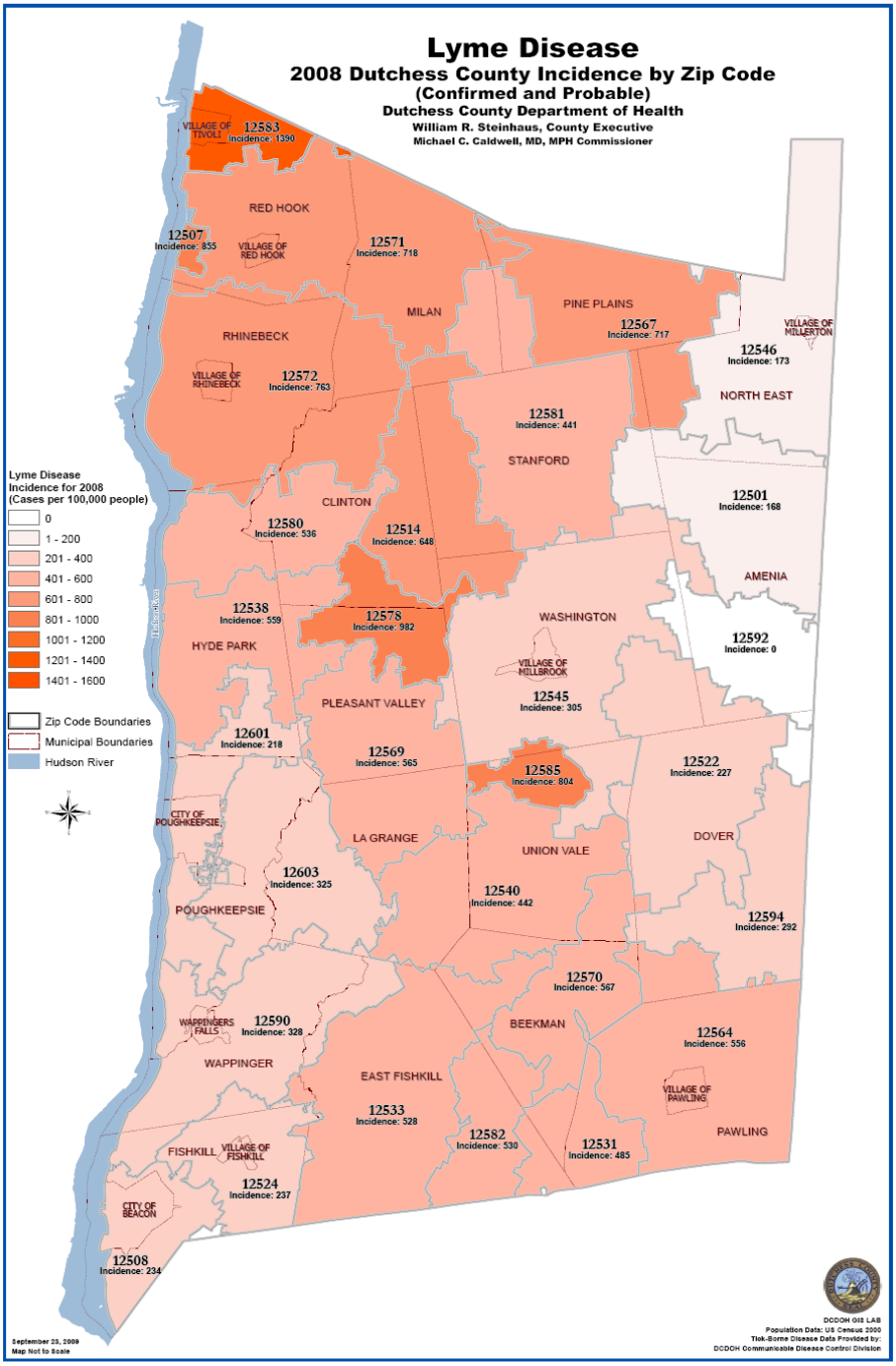
Note: AIDS case rates are exclusive of prison inmates. Case rate (incidence) is by diagnosis year.
The Dutchess County 2008 rate is a preliminary estimate.

Data Sources
[1] *NYSDOH Division of Epidemiology*
[2] *Bureau of AIDS/HIV Epidemiology, AIDS Institute*

MEASURES OF MORBIDITY

TICK-BORNE DISEASES

Some ticks carry viruses or bacteria that can cause human diseases. The most commonly known in our area is Lyme disease (see map). There are, however, other diseases that have been identified in our community, including: Ehrlichiosis, Babesiosis, Rocky Mountain Spotted Fever, and Tick Paralysis.



MEASURES OF MORBIDITY

TICK-BORNE DISEASES

A community survey was conducted in 2009 to assess the prevalence and awareness of Lyme and other tick-borne diseases among Dutchess County residents. A total of 620 randomly selected adults were surveyed via telephone. Below are some key results.

Have you ever been diagnosed by a health care professional as having any of the following?	
Tick-borne Diseases	**Response**
Lyme	22.9%
Ehrlichiosis	1.8%
Babesiosis	1.3%
Rocky Mountain Spotted Fever	0.5%
Tick Paralysis	0.2%

Personal Protection Practices		
Questions	**Responses**	
	Always	**Often**
How often do you avoid wooded, brushy, or high grass areas to prevent exposure to ticks in the last 12 months	45.7%	23.7%
How often do you tuck your pants into your socks before entering wooded, brushy, or high grass areas to prevent exposure to ticks?	35.7%	22.3%
How often do you use insect repellent before entering wooded, brushy, or high grass areas to prevent exposure to ticks?	42.5%	22.6%
How often do you check yourself for ticks after being in wooded, brushy, or high grass areas?	68.4%	16.6%

Data Source

Lyme Disease and Other Tick-Borne Diseases – Dutchess County Community Survey 2009

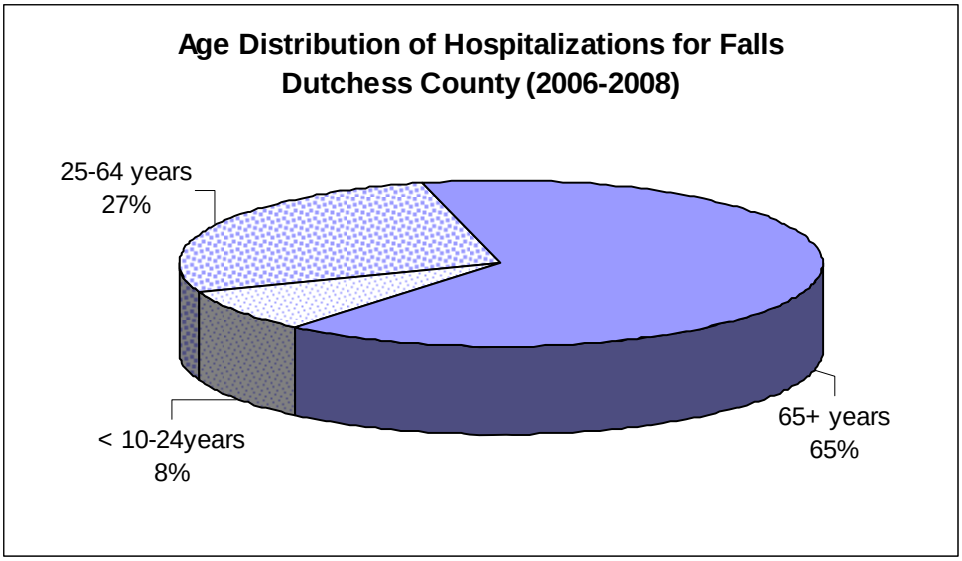
MEASURES OF MORBIDITY

INJURIES

Over the past decade, the American Public Health Association (APHA) has celebrated National Public Health Week in April by highlighting achievements and raising awareness of issues to improve the public's health. This year, 2011, the APHA addresses the importance of injury and violence prevention through the theme: "Safety is NO Accident: Live Injury-Free."

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

Injuries - Hospitalization Discharge Rates (rate per 10,000 population)			
Type of Injury	**2006**	**2007**	**2008**
Self Inflicted Injuries - All Ages	6.4	6.4	5.7
15-19 year olds	16.3	15.7	12.8
15-19 year olds as % of total	*20.6%*	*20.3%*	*18.4%*
Unintentional Injuries - All Ages	70.9	76.3	72.9
Falls - All Ages	35.3	38.0	38.9
Falls as % of total unintentional injuries	*49.9%*	*49.8%*	*53.3%*
Falls among the elderly			
65-74 years	69.3	75.3	70.6
75-84 years	227.9	215.9	235.9
85+ years	523.7	619.7	630.6
65+ year olds as % of total	*64.0%*	*64.5%*	*66.4%*



Data Source (for all data on this page): NYSDOH Statewide Planning and Research Cooperative System

MEASURES OF MORTALITY

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

Death from Chronic Diseases (rate per 100,000 population)	**2006**	**2007**	**2008**	**Healthy People 2010 Goal**
Total Deaths	747.3	683.2	670.0	n/a
Diseases of the Heart	211.6	192.0	195.0	n/a
Overall Cancer	191.8	168.2	165.0	159.9
Chronic Lower Respiratory Disease *	39.5	36.4	44.5	n/a
Cerebrovascular Disease +	34.9	30.8	26.0	48
Pneumonia	22.3	15.4	16.5	n/a
Diabetes Mellitus	18.4	11.9	14.6	45
Cirrhosis of Liver	7.8	7.9	2.8	n/a
AIDS	1.8	3.1	2.7	0.7

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

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

+ Neurologic symptom or symptom complex caused by cerebral ischemia or hemorrhage is commonly called a *cerebrovascular disease*

A breakdown of the death due to injuries is presented below.

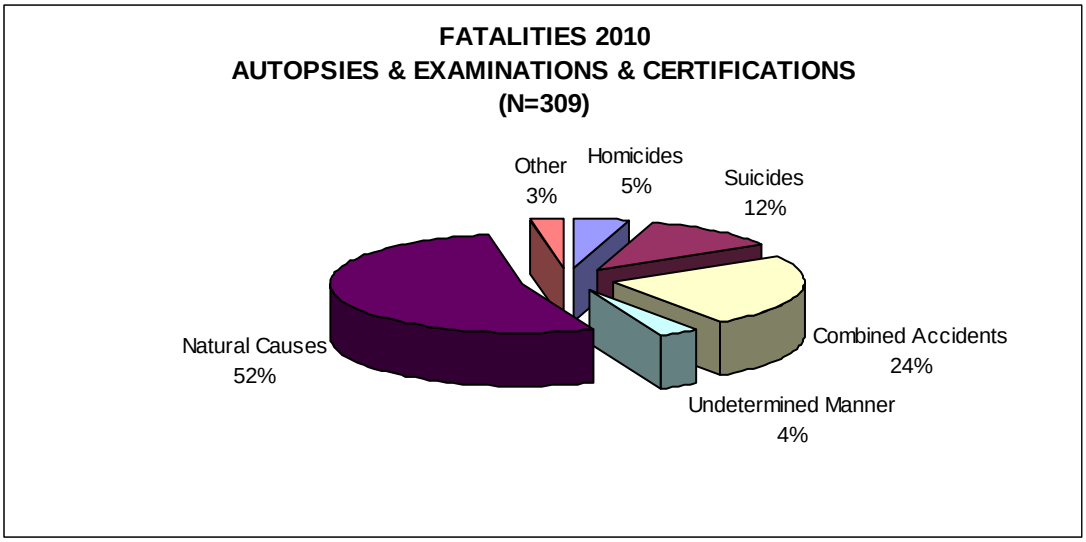
Death from Injuries (rate per 100,000 population)	**2006**	**2007**	**2008**	**Healthy People 2010 Goal**
Homicide	2.7	5.1	2.4	3.0
Suicide	6.8	8.9	9.6	6.0
Unintentional Injury	29.5	29.0	26.6	17.5
Motor Vehicle Injury	9.8	8.9	7.9	9.2

Note: Mortality rates from injuries are crude rates

Data Source (for all the data on this page): NYSDOH Vital Statistics

DUTCHESS COUNTY MEDICAL EXAMINER

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



MEDICAL EXAMINER CASES

Autopsies, External Exams & Certifications by Manner of Death					
	2006	**2007**	**2008**	**2009**	**2010**
Total Cases Reported	700	668	703	760	735
Autopsies (A)	202	217	204	207	200
Externals (E) & Certifications (C)	98	86	111	145	109
Total A+E+C	**300**	**303**	**315**	**352**	**309**
Total Violent Deaths	**110**	**145**	**128**	**136**	**136**
Homicides	8	18	6	6	15
Suicides	22	30	26	27	36
Vehicular Accidents	32	32	32	29	11
Accidental Overdoses	20	30	24	28	36
Other Accidents	22	22	27	34	27
Undetermined Manner	6	13	13	12	11
Natural Causes	179	153	177	208	164
Other *	11	5	10	8	9

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

DUTCHESS COUNTY SNAPSHOT

Dutchess County continues to be one the healthiest counties in New York State as ranked by **2011 County Health Rankings, Mobilizing Action Towards Community Health**, a national report released on March 30, 2011.[1]

The Robert Wood Johnson Foundation in collaboration with the University of Wisconsin Population Health Institute developed these rankings for every county within each state. Researchers used measures including "Health Outcomes" and "Health Factors" to assess the level of overall health.

Dutchess County Snapshot 2011	
Measures	**New York State Rank**
Health Outcomes (overall)	**13**
Mortality	13
Morbidity	11
Health Factors (overall)	**11**
Health Behaviors	14
Clinical Care	26
Socioeconomic Factors	11
Physical Environment	5

Dutchess County ranks 13th in NY State out of 62 counties for overall Health Outcomes (how healthy we are) and 11th for Health Factors (how healthy we can be).

The *Rankings* are based on a model of population health that emphasizes the many factors that, can help make communities healthier places to live, learn, work and play. This information is used to create and implement evidence-informed programs and policies that improve your community's health.

[1] The entire report is available online at http://www.countyhealthrankings.org

Health Outcomes:

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

County	Hudson Valley Counties Health Outcomes Ranking		
	Health Outcomes (Overall)	Mortality	Morbidity
Putnam	1	5	9
Rockland	5	3	17
Westchester	9	4	20
Dutchess	13	13	11
Orange	19	20	19
Ulster	35	34	29
Sullivan	61	62	50

Health Factors

These measures represent what influences the health of the county. Four types of health factors are measured: health behaviors, clinical care, social/economic, and physical environment factors. In turn, each of these factors is based on several measures. A fifth set of factors that influence health (genetics and biology) is not included in the *Rankings.*

County	Hudson Valley Counties Health Factors Rankings				
	Health Factors (Overall)	Health Behaviors	Clinical Care	Socio-economic Factors	Physical Environment
Westchester	2	1	9	9	9
Putnam	5	8	33	1	4
Rockland	6	5	13	7	8
Dutchess	11	14	26	11	5
Orange	24	25	47	17	33
Ulster	34	51	35	19	21
Sullivan	59	56	41	58	40

We invite you to visit our website and view our Community Health Assessment at:

www.dutchessny.gov/CountyGov/Departments/Health/HDindex.htm

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William R. Steinhaus
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