ORANGE COUNTY COMMUNITY HEALTH ASSESSMENT 2014-2017

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ORANGE COUNTY COMMUNITY HEALTH ASSESSMENT
2014 - 2017

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ORANGE COUNTY COMMUNITY HEALTH ASSESSMENT
2014 - 2017

EXECUTIVE SUMMARY

The 2014-2017 Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP) represents the collaborative efforts of representatives from the community in health, social service, mental health, and education agencies to identify health needs and to collectively determine strategies to improve the health of County residents. New York State regulations designate the county health department as the lead agency in the preparation and submission of the CHA and the CHIP every four years.

The Prevention Agenda 2013-2017 is New York State's health assessment and health improvement plan. This plan is a call to action to health departments, health care providers, hospitals, insurers, schools, employers, community-based organizations, governmental agencies, and businesses to collaborate on the community level to identify local health priorities and implement a plan for community health improvement. The Five Prevention Agenda priorities for 2013-2017 are:

- Prevent Chronic Diseases
- Promote a Health and Safe Environment
- Promote Healthy Women, Infants and Children
- Promote Mental Health and Prevent Substance Abuse
- Prevent HIV, STDs, Vaccine Preventable Diseases and Healthcare Associated Infections

Selecting local priorities was a year-long process which included: the collection, analysis and interpretation of demographic, health indicators and behavioral data; conducting a county-wide health survey of 1500 Orange County residents, in coordination with local hospitals; working in partnership with all five local hospitals as they completed the hospital's Community Services Plan; strengthening and developing community partnerships to address common public health concerns and updating the community resource guide for county residents. After completion of the community assessment process, *Preventing Chronic Diseases* and *Promoting Healthy Women and Children* emerged as the local priorities for Orange County.

I was delighted to be appointed as the Commissioner of Health for Orange County in June 2013 and look forward to working to improve the health of all county residents. Since arriving, I have joined the Public Health Law Section of the New York State Bar to promote health policy in the county and statewide; and to assist the New York State Legislature as it adapts legislation to conform to the merger of primary care and traditional public health under the Affordable Care Act. My goal is to maximize use of the federally mandated health programs to benefit the citizens of Orange County. I am determined to improve health outcomes by addressing chronic health issues such as diabetes and hypertension, by tackling childhood obesity, by increasing childhood immunization rates, by removing health disparities, by increasing efficient linkages to care, and by increasing screening for Hepatitis C among baby-boomers (those born from 1945 - 1965).

The intent for the Community Health Assessment and the Community Health Improvement Plan is to provide key health information and a framework to be used to advance strategic health planning in the county. We thank all of the individuals, healthcare providers, hospitals, survey respondents, community based organizations and county residents that have contributed to the CHA and CHIP. We welcome your further input to this report, and invite you to participate in the ongoing assessment, implementation of coordinated strategies and community health improvement plan over the next four years.

Eli N. Avila, MD, JD, MPH, FCLM
Commissioner of Health
November 2013

ORANGE COUNTY COMMUNITY HEALTH ASSESSMENT
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KEY FINDINGS

- ***Orange County's population***[1] increased by 9.2% to 372,813 persons. Orange County is the second fastest-growing county in New York State. Rates of population growth vary by municipality. The towns of Greenville, Monroe and the village of Washingtonville *have all tripled in population* since 1970. The towns of Blooming Grove, Chester, Crawford, Hamptonburgh, Minisink, Mount Hope, Wallkill, Wawayanda and Woodbury; and the villages of Chester, Harriman, and Montgomery have *more than doubled since 1970.* The community with the highest rate of growth from 1980-2010 is the Village of Kiryas Joel[2] with a population increase of 866%.

- ***Racial and ethnic composition*** of the county is 77.2% White, 10.2% Black/African American, 2.4% Asian. Persons of Hispanic/Latino ethnicity represent 18.2% of the population. The greatest rate of growth was in the Asian community, with a 71.8% from 2000-2010, followed by the Hispanic population, which grew by 69.1%. The Black/African American population increased by 32.6% and the White population decreased by 4%.

- ***Poverty*** rates vary greatly throughout the county based on municipality. Households living below the poverty level in Orange County's three cities Middletown (14.5%), Newburgh (21.5%), and Port Jervis (15.6%) are all above the county rate of 8.6%. The village of Kiryas Joel reports a poverty rate of 59.5%, more than 7 times the county rate of 8.6%.

- The ***Affordable Care Act (ACA)*** is anticipated to improve access to care for all Orange County residents. Approximately 11% of county residents do not have health insurance. The Department of Health plans to monitor the implementation of the ACA; work closely with community health centers and primary care physicians; and advocate for access to health care for all county residents.

- ***Obesity*** continues to be a major public health problem in the county and the nation. One-third of school-aged children in the county are overweight or obese and close to 60% of adults are overweight or obese. The *Community Health Improvement Plan (CHIP)* focuses on strategies to reduce obesity rates in the county.

- ***Pediatric asthma*** hospitalization rates for the county in ages 5-14, remains above the average for the Hudson Valley Region and Upstate New York. The Department of Health is partnering with Crystal Run Health Care and the Hudson Valley Asthma Coalition to implement a home health program for children newly diagnosed or recently hospitalized with asthma. The home visits will include an environmental assessment and asthma education with an overarching goal to improve asthma outcomes and reduce asthma-related emergency room visits and hospitalizations.

- ***Teenage pregnancy rates*** in the county for females ages 15-19 are higher than teen pregnancy rates in the Hudson Valley Region. The teen pregnancy rate in the cities of Middletown (77.4/1000), Newburgh (75.4/1000) and Port Jervis (69.3/1000) are nearly double the county rate (42.2/1000). Teenage pregnancy in the cities has also been selected as a key focus of the CHIP and the recently awarded Maternal Infant Community Health Collaborative (MICHC) grant.

- Orange County has a high incidence of Chronic ***Hepatitis C***, yet despite high case rates, Hepatitis C is often undiagnosed and underreported. Hepatitis C virus (HCV) is the most common bloodborne infection in the US and the leading cause of complications from chronic liver disease. The health department is expecting an increase in newly identified HCV cases following the CDC recommendation for one-time screening for all persons born from 1945-1965 (baby boomers), regardless of risk factors and the recent NYS legislation requiring all New York hospitals and health care providers to offer testing to the same age cohort. Persons newly identified with HCV will be referred for treatment and provided with health education to minimize morbidity/mortality and prevent further transmission in the community.

- There has been a 39% increase in deaths from ***accidental drug overdoses*** in the county since 2008. Orange County has responded to this increase by creating the Taskforce on Prescription Painkiller Safety, which is a multi-disciplinary committee to develop and implement coordinated strategies to respond to the growth of opioid misuse in the county.

[1] *United States 2010 Decennial Census*
[2] *Village of Kiryas Joel was incorporated in 1977.*

ORANGE COUNTY COMMUNITY HEALTH ASSESSMENT
2014 - 2017

SECTION ONE: POPULATIONS AT RISK

A. DEMOGRAPHIC AND HEALTH STATUS INFORMATION

1. The Population of Orange County

A. Population Growth Rates and Density – Countywide and By Municipality

Orange County is located in the Hudson Valley Region of New York State, approximately 40 miles north of New York City. The county is positioned between the Hudson River in the east and the Delaware River in the west. Ulster and Sullivan counties border the county on the north and Rockland County is located to the south. The states of New Jersey and Pennsylvania are located on the southwest borders of the county. Orange County is 816 square miles and is a diverse mix of rural, farmland, suburban and urban areas.

Orange County, New York

According to the U.S. Census population data published in 2010, Orange County's population was 372,813. [1] Orange County ranks 12th in population size of the 62 counties in New York, behind the five counties of New York City, Nassau, Suffolk, Westchester, Erie, Monroe and Onondaga counties. The percent change in population from 2000 to 2010 in Orange County was 9.21%, adding an additional 31,446 residents, making Orange County the second fastest growing county in New York State, second only to Saratoga County. Since 1970, the total county population has grown by 68%. *(Exhibits 1, 2)*

Orange County communities include 3 cities, 20 towns, and 19 villages. Nearly 18% of the county's total population resides in its 3 cities of Middletown, Newburgh and Port Jervis. Fifty-six percent (56%) of residents live in its towns with the remaining 26% located in its villages. *(Exhibit 4)*

Based on Census 2010, the most density populated locality in Orange County is the Village of Kiryas Joel with 18,199 people per square mile, followed by the City of Newburgh with 7,588 people per square mile and the City of Middletown with 5,533 people per square mile. The Town of Tuxedo remains the least densely populated with 77 people per square mile. *(Exhibit 3)*

The Town of Monroe, including the Village of Kiryas Joel, has the largest population in the county with 38,812 people. The village of Unionville has the smallest population with 612, followed closely by the Village of Tuxedo Park with 623 people. The most populous city in Orange County is Newburgh with 28,866 people followed by Middletown with 28,086 people.

Rates of population growth vary by municipality. The towns of Greenville, Monroe and the village of Washingtonville *have all tripled in population* since 1970. The towns of Blooming Grove, Chester, Crawford, Hamptonburgh, Minisink, Mount Hope, Wallkill, Wawayanda and Woodbury; and the villages of Chester, Harriman, and Montgomery have *more than doubled since 1970.* The community with the highest estimated rate of growth from 1980-2010 is the Village of Kiryas Joel[2] with a population increase of 866%. *(Exhibit 2)*

Population losses were observed from 1970—2010 in the City of Port Jervis, the town of Highlands and the Villages of Cornwall-on the Hudson, Highland Falls and Tuxedo Park. The decreased population in Highland Falls and the town of Highland is primarily attributed to reductions in military forces in the 1980s and the 1990s.[3]

B. Population Demographics – Age, Gender, Race, Ethnicity, Nativity, Language, Educational Attainment, Income and Poverty

Age and Gender

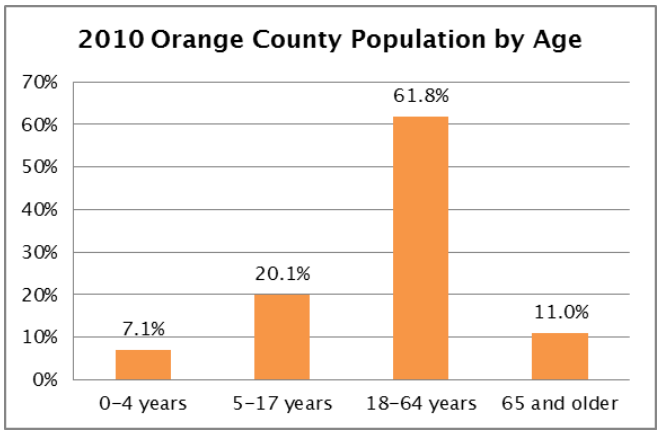
According to the 2010 census, the median age in Orange County increased from 2000 to 2010 by almost 5 years from 31.7 to 36.6 years. Comparing Census data from 2000 to 2010, the largest increase in population occurred in the age range 55-64 (52.1%). The age range of 35-44 had the greatest decline at 11.4%. *(Exhibits 6, 7)*

[1] *United States Census Bureau 2010 Decennial Census.*

[2] *Village of Kiryas Joel was incorporated in 1977.*

[3] *Orange County by the Numbers, www.orangecountygov.com.*

Census 2010 documents the following trends in the age distribution in the county since 2000: a small increase in school age children (ages 5-19), a 4.8% increase in the young adult population (ages 20-34), and an increase in the adult population 35-64, with the greatest increase in "baby boomers" in the age range 55-64. The number of persons ages 75 and older, especially those over the age of 85, has also continued to increase steadily. *(Exhibits 6,7)*



The percentage of males and females in the county are similar until ages 65 and over, when the percentage of females in the population continues to increase, owing to the longer average lifespan in women. An exception to this is ages 15-24 where the proportion of males increases by several percentage points over the previous age intervals. This is most likely due to several factors – the impact of the largely male cadet and graduate resident populations at the U.S. Military Academy at West Point and the group quarters population in the state and federal male-only correctional institutions located within the county (1 Federal Correctional Institution (FCI) and 1 NYS facility in Otisville). *(Exhibit 7)*

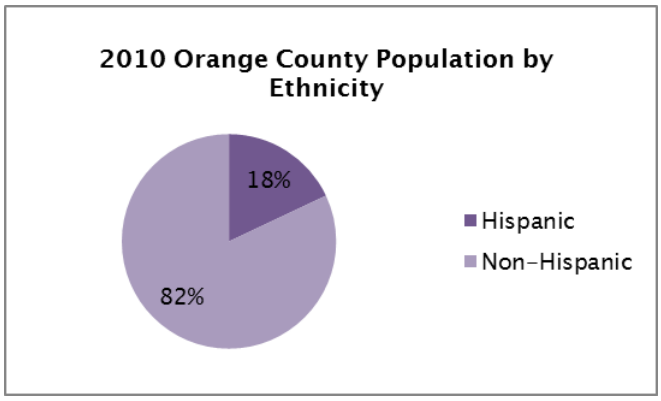
Certain municipalities exhibit significantly younger median ages than the county does as a whole (36.6 years). Kiryas Joel is an observant Hasidic community which was formed in 1977. Families are large (average number of persons per family is 5.7 vs. the county average of 3.4) and include a disproportionate number of young children; therefore the median age (13.2) in this community is much younger than in other communities. The village of Kiryas Joel is located in the town of Monroe, which also influences the median age for this community (21.8). West Point Military Academy is located in the town of Highlands, and the age of the cadet population contributes to lowering the median age in this community to 22.3. The city of Newburgh also has a lower median age (28.2) than the county, and the other two cities in the county, which may be attributed to newly arrived immigrants with younger children. The municipalities with the highest median ages include the town of Tuxedo (45.7), and the villages of Tuxedo Park (47.2) and Warwick (46.2). [4]

[4] *Orange County Department of Planning, 2013.*

Racial and Ethnic Composition

The county's single race composition, according to the 2010 decennial census was: 77.2% White, 10.2% Black/African American, 2.4% Asian and the remaining percentages classified as American Indian, Pacific Islander, two or more races or other race. Persons of Hispanic/Latino ethnicity may be of any race. Hispanic/Latino ethnicity represented 18.2% of the county population. *(Exhibits 8, 9)* The greatest rate of growth was in the Asian community, which increased 71.8% from 2000-2010. The second highest increase was in the Hispanic/Latino population, which grew by 69.1%. During this time, the Black/African American population increased by 32.6% and the White population decreased by 4%. *(Exhibits 8,9)*

In 2010, 67,185 persons in Orange County classified themselves as Hispanic/Latino, or 18% of the population. This represents an increase of over 69% since Census 2000. The top three communities in Hispanic/Latino populations include the cities of Newburgh and Middletown and the town of Wallkill. Many communities in the county have experienced an increase of 100% or more in their Hispanic/Latino populations from 2000 to 2010. It should be noted that there are inherent difficulties in complete enumeration of the undocumented Hispanic/Latino population in a governmental Census. Hispanic/Latinos come to Orange County from all over the world; the most frequently cited country of origin was Puerto Rico, followed by Mexico.[5] (*Exhibit 8)*

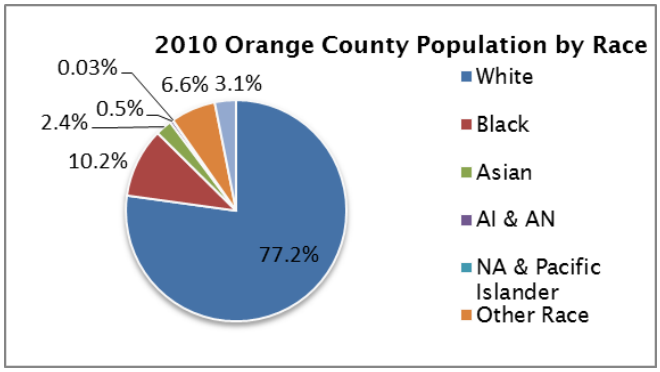


The Asian population in Orange County had the highest rate of growth from 2000-2010 (from 5,157 in 2000 to 8,685 in 2010), an increase of over 72% since Census 2000. The Asian population is concentrated in the towns of Monroe, Newburgh, Wallkill, and Woodbury; however there are significant populations in other communities. The majority of Asian residents indicated their origins as Asian Indian, Chinese, Filipino, Korean, Japanese and Vietnamese.[6] *(Exhibits 8,9)*

The number of Black/African American residents has risen steadily (from 25,567 in 2000 to 33,895 in 2010), an increase of over 32.6% since Census 2000. The

[5] *United States 2010 Decennial Census.*
[6] *United States 2010 Decennial Census.*

greatest numbers of Blacks/African Americans reside in the cities of Newburgh and Middletown and the towns of Wallkill, Newburgh, and New Windsor. *(Exhibits 8,9)*



Nativity and Primary Languages Spoken

Since 1990, the ethnic and racial minority population has increased at a substantially higher rate in Orange County than the non-minority population. A proportion of this increase is attributable to new immigrants in the county, many of whom have entered the U.S. in the past decade and have limited English language proficiency (verbal and written). According to the *American Community Survey, Five year Estimates, 2007-2011,* approximately 11% (41,323) of Orange County residents were born in other countries compared with 8.4% in 2000 and 7.2% in 1990.

Orange County residents with limited English proficiency are primarily located the cities of Newburgh and Middletown, and the village of Kiryas Joel. The city of Newburgh has the highest concentration of persons with Spanish as the language spoken at home (10,713 persons/41% of the population ages 5 and over) followed by Middletown (8,180 persons/31.9% of the population ages 5 and over). The concentration of persons speaking Asian/Pacific Island languages at home is much less than for Spanish, and the town of Newburgh has the highest number (826) followed by the town of Monroe (687). [7] *(Exhibit 11)*

School district data indicates that the highest levels of limited English proficiency in students are found in the school districts serving these same communities. According to Kids' Well-Being Indicators Clearinghouse data, the number of Orange County students K-12 with in limited English proficiency has increased from 9.3% in 2000/2001 to 16.5% in 2010/2011; more than 3 times the 2010/2011 rate for the Rest of State (4.8%).[8]

Educational Attainment, Income and Poverty

The overall level of educational attainment of Orange County residents increased from 2000 to 2010. Nearly 87% of Orange County residents ages 25 and over were high school graduates in 2010, compared with 81.8% in 2000. 36.8% of Orange County residents aged 25 and over completed a degree beyond a high school diploma and almost 20% have some college education without attainment of a degree. 27.6% have a bachelor's degree or higher. *(Exhibit 12)*

Higher income levels and lower poverty rates are closely associated with higher levels of educational attainment. This pattern is consistent in Orange County communities. Residents in the communities with the lowest median incomes (Kiryas Joel, Newburgh city, Port Jervis, Unionville, Deerpark and Middletown city) consistently report lower levels of education compared with residents in the communities with the highest median incomes (Tuxedo Park, Hamptonburgh, Woodbury, Monroe village, and Chester). The most affluent community in Orange County as measured by median family income in 2010 ($128,333) is the village of Tuxedo Park. Nearly 80% of Tuxedo Park residents ages 25 and over have college degrees; 39.4% have graduate or professional degrees. In contrast, the lowest median family income in 2010 was reported in Kiryas Joel ($19,775), where 9% of residents have less than a 9th grade education compared with the county average of 4.6%. In contrast, only 6.7% of Kiryas Joel residents have college degrees. *(Exhibit 12)*

The median household income reported for Orange County residents, 2007-2011 was $70,294. This is significantly higher than median household income for New York State for the same time period of $56,951. [9]

Educational attainment indicators for Orange County youth indicate continual improvement in educational performance and in the intent to pursue higher education. Based on Kids' Well-Being Indicators data, the percent of high school graduates receiving Regents Diplomas in Orange County's public schools increased substantially from 2000/2001 to 2010/2011 (54.7% to 87.5%). This is in large part attributed to the phase-in of Regents only diplomas for high school students statewide. The number of high school graduates intending to enroll in college also increased during this same period, from 79.1% to 85%. The high school dropout rate decreased during this period from 2.6% to 1.9%, and remains below the state rate of 2.7%.[10] In 2011-2012, the percentage of high school graduates receiving Regents Diplomas in Public School Districts ranged from a low of 84% in Newburgh city to a high of 98% in Cornwall, which represents a significant improvement in all school districts. *(Exhibit 13)*

Poverty rates vary greatly throughout the county based on municipality. Households living below the poverty level in Orange County's three cities Middletown (14.5%), Newburgh (21.5%), and Port Jervis (15.6%) are all above the county rate of 8.6%. The village of Kiryas Joel reports a poverty rate of 59.5%, more than 7 times the county rate of 8.6%. *(Exhibits 14, 15)*

Eligibility for free/reduced school meals, an indicator of severe economic hardship in families, exceeds 25% in the following school districts – Kiryas Joel (85%), Newburgh city (56%), Middletown city (56%), and Port Jervis (45%). *(Exhibit 11)* Comparative data from the NYS Kids' Well-Being Indicators Clearinghouse show an

[7] *Orange County by the Numbers, www.orangecountygov.com.*
[8] *www.nyskwic.org*
[9] *www.census.gov*
[10] *www.nyskwic.org*

increase since 2000 in the percentage of children and youth ages 17 and under in the county living below poverty (12.8% to 21% in 2011), receiving supplemental nutrition assistance program, SNAP, formerly known as food stamps, (10.1% to 22.4% in 2011). In contrast, the percentage of children and youth receiving public assistance benefits has decreased from 5.3% in 2000 to 4.2% in 2011.[11]

Orange County residents living below the federal poverty level in 2010 total 44,928, which represents approximately 12% of the total county population. This rate varies based on age, race and ethnicity. Children under age 18 represent 42.7% (19,206) of residents living below the poverty; adults aged 18-64 represent 50.8% (22,818) of persons living in poverty and adults aged 65 and over, 6.5% (2,904) of residents living in poverty. This rate differs based on ethnicity and race. The lowest rates of poverty are seen in the Asian population (5.3%), followed by White residents (6.8%). Poverty levels increase considerably for other racial and ethnic minorities to 16.5% for Hispanic/Latinos and 21.5% Black/African Americans. *(Exhibits 1, 15)*

Applications to the Department of Social Services for Temporary Assistance (TA) decreased slightly in the county from 8,278 applications in 2010 to 7,007 in 2012. The number of Medicaid applications remained fairly constant from 2010 to 2012 around 14,000. The total number of Medicaid cases at year-end increased from 20,449 in 2010 to 22,817 in 2012. (*Exhibit 16*)

C. Employment and Housing Characteristics

The unemployment rate in Orange County in August 2013 was 7.3% which is slightly lower than NYS rate of 7.6% and slightly higher than that for the upstate New York rate of 7.1%. In the Hudson Valley Region, Orange County had higher unemployment rates than Putnam County (5.8%); Rockland County (6.0%); Westchester County (6.3%) and Dutchess County (6.6%). Orange County reported slightly lower rates of unemployment than Ulster and Sullivan counties; both reported a rate of 7.6% in August 2013.[12] The unemployment for Orange County during the period 2006-2010 was 4.1%. (*Exhibit 20)* The county saw a rise in the unemployment rate beginning with the national recession in 2008 and unemployment hit a high of 9.1% in February 2010.[13] The county's economy has been recovering and the current unemployment rate is 7.3%.

Approximately 35% of Orange County residents are employed in management and professional services; followed by sales and office services (26%); service occupations (17.9%); production, transportation and material moving (10.2%); construction, extraction, and maintenance (10.1%); and lastly farming, fishing, and forestry (1.1%). The 2006-2010 American Community Survey 5-year estimates, reports 26.7% of county residents are employed in the education, health care, and social assistance industries. In 2007, these industries had combined revenues of nearly $2 billion.[14]

Major types of employers in Orange County (500+ employees) include county government; community hospitals; senior housing and health care facilities; BOCES; Orange County Community College; Stewart Air National Guard Base; manufacturing and distribution companies; wholesale grocery and mail distribution; transportation services; auto dealer auctions; cable services; and major retail outlets such as Shop Rite, Home Depot and Woodbury Commons. Agricultural centers, which employ seasonal migrant farm workers, are located in the communities of Pine Island, Florida, and Goshen. Orange County's proximity to New York City, New Jersey and Westchester County contribute to both a strong commuter base and ease in migration of workers into the county. The county is traversed by 2 major interstates (I-87 & I-84) with the pending upgrade of State Route 17 to Interstate 86. Stewart International Airport is also located within the county, and the expansion of the airport to a major hub for air travel in the metropolitan region presents an opportunity for future economic growth.

Housing units within the county increased 10.4% from 2000 to 2010 to 135,562 (124,379 occupied units). The average household size in 2000 was 2.85 and remained constant in 2010 at 2.86. The average size of a household living in an owner-occupied home in Orange County is 2.93 people. The average size of a household living in a renter-occupied home is 2.71 people. The majority of housing units in the county are owner occupied – 65%, however this also varies by municipality. The town of Hamptonburgh has the highest rate of home-ownership in the county at 89.5% while the village of Kiryas Joel has the lowest homeownership rate at 28.9%. The majority of housing units are renter occupied in the following communities: Highlands (West Point), Middletown, Newburgh (city), and Port Jervis. The number of cost-burdened renters, ($\geq$ 30% of gross income spent on rent) is greatest in the village of Kiryas Joel, and the cities of Newburgh, Port Jervis and Middletown. 44% of all households in Orange County are "housing-cost stressed" meaning they pay 30% or more of their gross household income on housing costs.[15]

Pre-1950's housing is an indicator of lead poisoning risk. Communities with 50% or more of their housing units consisting of pre-1950 construction include Cornwall, Highlands, Middletown, Newburgh (city), and Port Jervis.

The Department of Social Services reports that in 2012, 75 homeless cases/households were housed per month either in emergency housing shelters, temporary housing in hotel/motels or transitional housing. This is less than half the number of cases/families housed per month in 2008. The number of homeless applicants/cases increased by nearly 45% from 1,733 in 2008 to the 2,518 homeless persons that received emergency housing assistance in 2012. *(Exhibit 16)*

[11] *www.nyskwic.org*
[12] *www.labor.state.ny.us*
[13] *US Bureau of Labor and Statistics*
[14] *Orange County by the Numbers, www.orangecountygov.com.*
[15] *Orange County by the Numbers, www.orangecountygov.com.*

D. Projected Demographic Changes

The Orange County Department of Planning projects the county's population to reach about 450,000 by 2030. The communities with the highest projected growth rate include the Village of Kiryas Joel, with an average annual growth of 5.3%; the town of Monroe (2.71%); Minisink (2.5%); and Greenville (2.15%). Communities expecting a decrease in population growth include the Village of Tuxedo Park, with an average annual growth rate of -1.48%; the Village of Greenwood Lake (-0.75%); Maybrook (-0.41%); and the Village of Goshen (-0.30%). (*Exhibit 5)*

The age structure and the racial and ethnic composition of the population are anticipated to continue to change. The number of persons ages 65 and above is projected to continue to increase. Since older persons tend to require more health care services than younger persons, increasing demands on health care resources are anticipated in the upcoming decades. In addition, the relative proportion of racial and ethnic minorities is expected to continue to increase compared with non-minorities. Sustained increases in the number of immigrants are also projected to continue, which impacts both the need for culturally and linguistically appropriate health care services and the availability of preventive, primary, and specialty health care services for the uninsured and working poor. The Affordable Care Act is intended to both minimize the numbers of uninsured and improve access to healthcare.

E. Regional Perspective

Among the seven counties in the Hudson Valley Region (HVR), Orange County is the second most populated county; Westchester County ranks first. The rate of population growth in Orange County over the past 10 years exceeds that of all other counties in the Hudson Valley Region. Based on Census 2010, Orange County ranks second in Hispanic/Latino population (18%) in the HVR; the highest percentage is found in Westchester (21.8%). The Black/African American population in Orange County (10.2%) ranks 3rd among the 7 counties in the HVR. The age distribution of Orange County residents is similar to the other counties in our region; however, Orange County ranks second to Rockland County for the percentage of persons in the youngest age interval (0-19). *(Exhibit 20)*

In terms of income and educational attainment, in 2010, Orange County families rank 5th out of the 7 HVR counties in median family income ($82,480) and 6th in the percentage of residents with a college or graduate degree (36.8%). Putnam County leads the Hudson Valley Region in family income and Westchester leads the region in the level of educational attainment. *(Exhibit 30)*

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SECTION ONE: POPULATIONS AT RISK

A. DEMOGRAPHIC AND HEALTH STATUS INFORMATION

2. Causes of Mortality in Orange County

A. Overall Mortality

Mortality data are some of the most available and reliable indicators of health status in a community. Mortality data are highly useful in providing insight about current health problems and identifying the underlying risk factors for disease. Many of the leading causes of death in the U.S., NYS, and in Orange County are closely associated with external risk factors that are in large part preventable or controllable. Risk factors that can be modified include environmental factors and personal behaviors. The leading causes of death in the United States are closely linked to personal behaviors, injury, violence, environmental factors, and the lack of access to quality preventive, primary, and specialty health care services.

In the following narrative, mortality is discussed primarily in the context of age and sex adjusted rates in the population, consistent with standard practice in chronic disease epidemiology. By adjusting to a standardized age-sex distribution, these standardized rates eliminate the effects of age and gender composition on the reported rates of illness in the populations under study. In other words, when the risk of illness, such as cerebrovascular disease, increases with age, a population with higher proportions of people over the age of 50 will almost certainly exhibit higher crude (i.e., unadjusted) rates than a younger population - but for epidemiologically unimportant reasons. Since many causes of mortality typically vary predictably across age groups and genders, it is important in comparing rates to eliminate these confounding factors. Note that age-adjustment is recommended whenever the risk of mortality varies *systematically* with age - not only when the rate *increases*. Thus, mortality from motor vehicle accidents, which is elevated in younger (and male) adults, also must be age and sex adjusted. Age-sex adjusted rates permit comparison of mortality rates across populations, as long as they are standardized to the same reference population. In this report, mortality rates are age-sex adjusted to the 2010 U.S. Census standard population.

Mortality rates by cause occurring in 2000 and later were coded by the New York State Department of Health (NYSDOH) using version 10 of Mortality rates are expressed based on the number of deaths per 100,000 population for the specified cause and demographic or geographic subgroup.

To assess health status within the county, health indicators were also calculated for demographic and geographic subgroups (e.g., age, race, ethnicity, and zip codes). With this information, we are able to better assess progress towards eliminating health disparities

among these subpopulations. The Prevention Research Center at the University of Albany, School of Public Health in collaboration with OCDH compiled birth and mortality data sets based on selected demographic and geographic factors. These rates include births and deaths of Orange County residents occurring in New York City.

The time period covered in this report spans a period of rapidly evolving standard practices in reporting race-ethnicity data, driven in part by changes in US Census Bureau policies. Data reported in this document reflect the current practices for the time period by the reporting agency, usually NYSDOH. Given the complexity, the reader is referred to the following web page for a complete explanation of these practices: www.health.state.ny.us/nysdoh/vital_statistics/2011/technote

Mortality rates are also compared with *Healthy People 2020 (HP 2020) and Prevention Agenda (PA 2013-2017) targets*. For over two decades, *Healthy People* objectives have provided a framework for evaluating the health status of populations with a focus on disease prevention and health promotion. The overarching goals of *Healthy People 2020* and the *NYS Prevention Agenda* are to increase quality years of healthy life and to eliminate health disparities. In the U.S., NYS, and Orange County, the major causes of death and disability include chronic diseases such as heart disease, cerebrovascular disease (stroke), malignant neoplasms (cancer), diabetes, and accidents in younger age groups. Using the national benchmarks in *HP2020* and *NYS Prevention Agenda,* state benchmarks assist in monitoring improvements in the health status of county residents and in targeting particular health issues for further study and community action.

B. Mortality Rates of Different Demographic Subpopulations

Gender is a known determinant of health status, life expectancy, and risk of death. In most industrialized nations, females have lower age-adjusted mortality rates from all causes compared with males. Although these differences are in part biological, there are also social determinants such as willingness to seek preventive care and comply with treatment regimens, risk-taking behaviors, and patterns of alcohol, drug use, and interpersonal violence that may contribute to mortality rates. In Orange County, the age-adjusted overall mortality rate for males exceeds that for females, which is consistent with findings for the HVR and Upstate. In absolute numbers, there were more deaths in female than male residents in the county from 2008-2011, owing to the predominance of females in older age groups.

Differences in mortality rates by race and ethnicity are inextricably linked to a variety of socioeconomic factors that are not easily disaggregated. For the 4-year period of *2008-2011*, the mortality rate for Whites in the county is highest, followed by that for Black/African American. Hispanic/Latinos have the lowest overall mortality rate in the county, which is consistent with findings in NYS. This lower rate should be interpreted with caution as a possible explanation is that Hispanic/Latino ethnicity may be underreported on death certificates. Geographically, mortality rates are also interconnected with a host of socioeconomic factors (e.g., income, poverty, educational level, housing/neighborhood safety). Overall mortality rates are highest in the county's 3 cities of Middletown, Newburgh, and Port Jervis, and the rates were statistically higher than the county rates. *(Exhibit 133)*

C. Leading Causes of Death

As shown in the table below, *Top 10 Leading Causes of Death in Orange County NY 2011,* cancer and heart disease combined accounted for half (50.3%) of all county resident deaths in 2011.

From 2008-2011, the top 5 leading causes of death in Orange County by rank order were:

1) Disease of the Heart
2) Malignant Neoplasms
3) Chronic Lower Respiratory Disease(CLRD)
4) Total Accidents
5) Cerebrovascular Disease (stroke)

(Exhibit 136)

The top 5 leading causes of death in the rest of New York State in 2008-2011 were:

1) Disease of the Heart
2) Malignant Neoplasms
3) Chronic Lower Respiratory Disease(CLRD)
4) Cerebrovascular Disease (stroke)
5) Total Accidents

(www.health.ny.gov/statistics/leadingcauses_death)

TOP 10 LEADING CAUSES OF DEATH IN ORANGE COUNTY NY, 2011

Rank Order	Cause of Death	Number of Deaths	Percent of Total Deaths (all causes)
1	Malignant Neoplasms	641	25.4
2	Diseases of the Heart	630	24.9
3	Chronic Lower Respiratory Disease (CLRD)	145	5.7
4	Total Accidents	126	5.0
5	Cerebrovascular Disease	101	4.0
6	Pneumonia	75	3.0
7	Diabetes Mellitus	54	2.1
8	Suicide	34	1.3
9	Cirrhosis of the Liver	24	0.9
10	Homicide and Legal Intervention	7	0.3

Trends in mortality rates by cause are discussed in the narrative sections for chronic and communicable diseases.

The leading causes of death in Orange County, as in NYS and the U.S., vary depending upon age and gender. The leading cause of death in younger children (<10 years of age) is perinatal conditions, congenital anomalies followed by accidents. For older children, adolescents, and young adults (ages 10-24) the main causes of death are 1) accidents followed by 2) homicide and 3) suicide.

For adults ages 25-44, the top three causes are 1) accidents, 2) malignant neoplasms and 3) diseases of the heart; for adults ages 45-54 the leading causes are 1) malignant neoplasms, 2) diseases of the heart, and 3) accidents; for ages 55-64 these are 1) malignant neoplasms, 2) diseases of the heart, and 3) CLRD; for ages 65-74 leading causes include 1) malignant neoplasms, 2) diseases of the heart and 3) CLRD; for ages 75-84 leading causes include 1) diseases of the heart, 2) malignant neoplasms, and 3) CLRD; and for adults ages 85 and over 1) diseases of the heart, 2) malignant neoplasms, and 3) CLRD are the leading causes of death. *(Exhibit 136)*

SECTION ONE: POPULATIONS AT RISK

A. DEMOGRAPHIC AND HEALTH STATUS INFORMATION

3. Health Status of County Residents

Certain health events occur infrequently or involve confidentiality issues such as induced terminations of pregnancy and HIV/AIDS. Furthermore, reporting small numbers of health events in a county or municipality produces unreliable rates. Vital statistics and other health data are especially unstable if based on fewer than 20 events. This is because small changes in the number of events or cases will cause dramatic shifts in rates; this is sometimes referred to as "small numbers phenomenon". Displaying health indicators that are based on very small numbers of events may also jeopardize confidentiality. For these reasons, data may not be included in some Exhibits, or only be displayed at the county level from NYSDOH to assure that confidentiality is maintained. When data are not included in an Exhibit due to the small number of events or cases, this is indicated in the Exhibit by an * or the code "s/n". Exhibits are always noted when data are suppressed.

A. Family Health

1. Child and Adolescent Health

Introduction

Preventive health care is important to persons of all ages, but is especially important for infants, children, and adolescents to avoid preventable illness and to promote and maintain health throughout life. Preventive health care for children begins in the pre-conceptual period, and continues through the stages of fetal growth and development. After birth it includes periodic health screenings and examinations, assessment of growth and development, vaccination for preventable childhood diseases, and health education on such health issues as nutrition, oral health, injury prevention, and the importance of regular physical activity. As described in *Section III: Local Health Unit Capacity Profile*, OCDH programs and services are targeted to improvements in individual, family, and community health, and in assuring the safety of the environment in which county residents live.

Populations at Risk

As of the 2010 Census, there were 112,949 children and adolescents ages 19 and under residing in Orange County. Overall the health of Orange County children is relatively good; however, there are vulnerable groups within the population who lack consistent access to primary and preventive health care. A primary risk group is children living in families without adequate health insurance coverage. Uninsured children may receive episodic treatment for acute medical problems, but often do not have consistent access to preventive health care. Children may be uninsured due to family income exceeding limits for public insurance programs or because they are undocumented immigrants who fear enrollment in government-run programs, regardless of eligibility. The Affordable Care Act (ACA) will help expand the number of children covered by health insurance, but the complexity of everyday life for many families living in poverty precludes preventive health care being a priority. Children living in homes with complex psychosocial problems such as substance abuse, domestic violence, and child abuse are also at risk for lack of consistent preventive health care.

Another indicator of lack of access to preventive health care in children is the rate of Ambulatory Care Sensitive (ACS) conditions (asthma, otitis media, gastroenteritis and pneumonia) reported as diagnoses in hospital discharge records. Since the vast majority of ACS conditions can be treated successfully in an ambulatory care setting, a high rate of ACS-related hospitalizations suggests barriers to accessing primary care to prevent these conditions from becoming serious enough to require hospitalization. They also may reflect a higher disease incidence in an area. Data for the 3-year period (2009-2011) for Orange County's youngest children (ages 0-4) reported that the hospitalization rates for otitis media, gastroenteritis and pneumonia were higher than the HVR and the average for Upstate New York. Analysis of ten-year time trends (2002-2011) shows significant improvements in hospitalization rates for otitis media and gastroenteritis.

The hospitalization rate for asthma in Orange County's 5-14 year olds is lower than the rate for all NYS, which includes New York City, but remains above the average for the Hudson Valley Region and Upstate New York. Asthma hospitalizations in the 0-4 age group are slightly below rates found in the Hudson Valley and higher than the Upstate NY rates. *(Exhibits 62, 63, 64, 65, 66)*

Chronically Ill Children and Children with Disabilities

According to the 2008-2010 American Community Survey 3 year estimates, 6.1% of children ages 5-17 in the county are disabled. Of the 4,577 disabled children in this age range, the majority have cognitive disabilities.[16] As described in *Section III – Local Health Unit Capacity Profile*, 4,155 children with disabilities or at risk for developmental delay were receiving services through the OCDH Early Intervention and Preschool Special Education Programs in the 2011-2012 school year, an increase of almost 8% since the 2007-2008 school year.

Child Abuse and Maltreatment

The Orange County Department of Social Services (OCDSS) reports the following data regarding Child Protective Services (CPS) Reports for Child Abuse and Maltreatment in Orange County for 2010-2012. *(Exhibit 16)* Child abuse reports are investigated before a determination of child abuse is made. The numbers in the chart below only represent investigations.

OCDSS Child Abuse Reports/Investigations 2010-12

Reporting Year	*2010*	*2011*	*2012*
No. of Reports Filed/Investigations	*3,968*	*3,951*	*3,902*

Lead Poisoning Prevention

Children younger than six years of age are at highest risk for childhood lead poisoning, and are most susceptible to its damaging effects. The nervous systems of young children are still developing and if exposed to lead, young children are more likely to ingest it and it is more readily absorbed from their gastrointestinal tracts. Prompt screening and treatment are effective in eliminating deaths and severe disability from exposure to high levels of lead (lead encephalopathy); however even at low levels of exposure lead can slow growth in children, affect hearing, cause anemia, and damage to kidneys and the nervous system. Children living in low income areas have historically been at highest risk for lead poisoning, due in large part to the fact that they are more apt to live in older, deteriorating housing with lead paint hazards and also have poorer nutrition (good nutrition protects against lead absorption) and less access to primary and preventive health care. However, children living in moderate and higher income families are also at risk for lead poisoning because of exposure to leaded paint in older, vintage homes especially if these homes are occupied while being renovated.[17]

NYS Public Health regulations require that all health care providers screen one and two year olds for elevated blood lead levels (universal screening). In addition, pediatric health care providers must assess all children under the age of six for risk of high dose exposure to lead and provide lead screening if at risk. OCDH's Childhood Lead Poisoning Prevention Program (CLPPP) works in partnership with NYSDOH and local health care providers to promote universal screening, and coordinate efforts to prevent, detect, and treat lead poisoning in the community. These services, discussed in detail in *Section III – Local Health Unit Capacity Profile*, include:

- *Educating the public and health care providers about prevention, early detection, and appropriate treatment of childhood lead poisoning;*
- *Providing case management for children with elevated blood lead levels (EBLLs), including environmental inspection and assessment of the child's environment;*
- *Collecting and analyzing data on the extent and severity of lead poisoning and EBLLs in Orange County communities.*

The percentage of children receiving at least two lead screenings by 3 years of age continues to increase in the county. In 2001, 24.4% of three year olds had received two lead screenings and by 2008, the percentage had increased to 42.7%. This rate remains slightly below the Upstate New York rate of 46.8% and the 54.7% of children in the Hudson Valley receiving at least two lead tests by age three. (*Exhibit 67, 68)*

The three-year average incidence rate/1000 in Orange County children less than 6 years of age with a confirmed BLL of $\geq$10 micrograms per deciliter (ug/dL) was 9.1 in 2010. This is above the state average incidence rate (8.0/1,000), and that for other HVR counties (5.2/1000). *(Exhibits 69, 70)*

The *HP2020* target for average BLLs in children ages 1-5 is targeted at 1.4ug/dL, or almost complete elimination. These findings demonstrate the need for continued vigilance to achieve universal testing at age 1 and 2 by pediatric providers and for ongoing lead poisoning primary prevention and risk reduction efforts. Please refer to *Section III Local Health Unit Capacity - Community Health Outreach* for additional program information.

Immunization

The NYS Immunization Registry Law requires health care providers to report all immunizations administered to persons less than 19 years of age, along with the person's immunization histories, to NYSDOH using New York State Immunization Information System (NYSIIS), the official source of NYS immunization information. The goal of the system is to establish a complete, accurate, secure, real-time immunization medical record that is easily accessible and promotes public health by fully immunizing all individuals appropriate to age and risk. NYSIIS provides numerous benefits to all those involved in the health care of children, contributing to a higher immunization rate and a healthier population.

The percentage of children completely immunized at Kindergarten has decreased slightly from 99% completely immunized at the start of the 2008-2009

[16] *American Community Survey, 2008-2010 3 year estimates*
[17] *www.health.state.ny.us/environmental/lead*

school year to 97% at the beginning of the 2011-2012 school year. (*Exhibit 85*)

Nutritional Status

The prevalence of obesity in children and adolescents has increased dramatically in the United States. Overweight and obesity acquired during childhood or adolescence may persist into adulthood and increases the risk for certain chronic diseases later in life. The *Healthy People 2020* target is to reduce the prevalence of overweight and obesity among children and adolescents to no more than 14.5 percent.[18] *The NYS Prevention Agenda objective 2017* for the percentage of children and adolescents who are obese is 16.7%. The obesity rate for Orange County children and adolescents for the period of 2010-2012 is above both of these targets at 17.5%.

Student weight status (2008-2010) as reported by local school districts to NYS indicates the following trends:

- 60% of students are at a healthy weight;
- 16.1% of students are overweight; and
- 17% are obese.

There is a noticeable decrease in healthy weight in students from 77.8% healthy weight in 2nd grade decreasing to 59% healthy weight in 10th grade. (*Exhibit 98)*

Reducing childhood obesity requires urgent public health interventions. The *Orange County Community Health Improvement Plan* focuses on obesity in both children and adults. Please refer to Section *VI* for specific goals and strategies.

Dental Health

Nearly 80% of NYS children have experienced dental decay, a preventable disease, by the end of high school.[19] Surveys have shown that low income children are at increased risk for oral health problems. Lack of affordable dental care is a major barrier to the receipt of timely and periodic preventive care by children. The oral health indicators for 3rd grade children in Orange County for the period 2009-2011 show that 41.4% of third graders had dental caries (*HP 2020 target – 40%)* and 30% had untreated dental caries. *(HP 2020 target – 25.9%; NYS Prevention Agenda 2017 Objective - 21.6%).* Only 74% of third-graders had visited the dentist in the past 12 months, which is above the Healthy People 2020 target of 49%, however, that is more than 25% of this school-aged population without routine preventive oral health care.[20] *(Exhibit 71)*

Adolescent Health Risks

The majority of adolescents in Orange County enjoy favorable health. Certain health events are important to monitor over time to assess adolescent physical and psychosocial well-being and to identify health risks that are responsive to prevention efforts. Such health status indicators for adolescents in Orange County include:

- ✓ *Leading Causes of Death:* Overall mortality rates in adolescence are low compared to those in young adulthood. The majority of these deaths are due to unintentional injury, and are preventable. From 2008-2011 there were 71 deaths in children and adolescents ages 10-19 in Orange County. The leading cause of death for adolescents in the county is accidents. Alcohol plays a major role in motor vehicle accidents in all ages, including underage drinkers. According to NYS Kids' Well-Being Indicators, the rate of young adult (ages 16-21) arrests for Driving While Intoxicated (DWI) in the county are slightly lower than for the rate for Upstate New York from 2008-2011*(Exhibit 72)*
- ✓ *Teen Suicides and Self-Inflicted Injuries*: Due to the small number of events, teen suicide rates tend to be highly variable, and should be interpreted with caution. From 2009-2011 there were a total of 5 deaths due to suicide in Orange County adolescents ages 15-19, The hospitalization rate for self-inflicted injuries in Orange County adolescents ages 15-19 was 5.8/10,000 during this same time and was above that for the HVR and the rate for NYS. (*Exhibit 73)*
- ✓ *Substance Abuse:* Data from the NYS Kids' Well-Being Clearinghouse comparing Orange County with the Rest of State show a significant reduction in the rate of young adult (ages 16-21) arrests for drug use, possession, and sale from 2007-2011, and a rate close to that for Upstate New York. DWI arrest rates for Orange County young adults have also significantly decreased since 2007. *(Exhibit 72)*
- ✓ *Tobacco Use:* The Healthy Orange High School Survey 2013 surveyed over 10,000 high school students in the county and the results regarding tobacco use are as follows:
  - ✓ *81% of students have never smoked a whole cigarette.*
  - ✓ *91% do not currently smoke cigarettes.*
  - ✓ *Of the students that smoke; more than half smoke 6 or more cigarettes per day.*

For complete Healthy Orange High School Survey results please *see Section V*.

Adolescent Pregnancies and Births

Teenage pregnancy is an important health and social issue for a number of reasons. Adolescents are more likely to have unplanned pregnancies and to become single parents. This poses significant economic and psychosocial stresses on teen mothers and parents, including being less likely to complete their education, find adequate employment, and achieve a stable home environment. Teen mothers, especially young teenage mothers, are at greater risk for having low birthweight infants. Pregnancy rates in a given population are based on live births, induced terminations of pregnancy (ITOPS or abortions), and spontaneous terminations of pregnancy (STOPS or miscarriages) per 1,000 females

[18] *www.healthypeople.gov/2020*
[19] *NYSDOH Oral Health Survey, 2005*
[20] *www.healthypeople.gov/2020*

in a specified age range. Birth rates include all live births per 1,000 females of the specified age.

Pregnancy rates in teens ages 15-19 have generally declined both in Orange County and Upstate NY since 2002. Pregnancy rates for Orange County teens ages 15-19 have been consistently above the rates for Upstate since 2002; pregnancy rates for teens 10-14 remained below the Upstate New York rates. From 2009-2011, Orange County pregnancy rates for teens ages 10-14 were the same as for the HVR and below NYS rates. For teens ages 15-17 and 15-19, Orange County rates were higher than the HVR and below those for NYS. The pregnancy rate for females ages 15-17 of 20.3/1,000 met the *NYS Prevention Agenda 2017 objective* of adolescent pregnancy rate of no more than 25.6/1,000 for ages 15-17. *(Exhibits 24, 25, 26, 27)* However, teenage pregnancy is nearly twice the county rate in Middletown (77.4 per 1,000 females 15-19), Newburgh (75.4) and Port Jervis (64.9). *(Exhibit 60)*

During 2009-2011, birth rates in teens ages 15-19 in Orange County have also shown a declining trend and the birth rate for females ages 10-14 has declined since 2004. The birth rate for Orange County females ages 15-17 and 15-19 declined from 2008. The teen birth rates in all age categories have been above or at the Upstate New York rate during the last ten years, In 2009-2011, Orange County birth rates for teens 15-19 were slightly above the average for HVR counties and slightly below the average for NYS; rates for teens 10-14 were above the average for HVR and equal to the average for NYS. County rates are unstable however as they are based only 12 births over three years. The teenage (ages15-19) birth rate percentage per 100 live births in the county has remained constant during the past ten years; in 2009-2011 this rate remained above that for the HVR and below the overall state rate. (*Exhibits 30, 31, 32, 33)*

Analysis of births to females ages 17 and under within the county from 2008-2011 shows the following by race/ethnicity and geographic zones in the county: in absolute numbers, teen births are highest in Hispanic/Latina teens followed by White teens, and Black/African American teens; as a percentage of total births in each racial/ethnic group the highest percentage are in Black/African American and Hispanic/Latina teens followed by White teens. Births to teens are most common (as a percentage of total births by zip code) in the county's three cities of Middletown, Newburgh and Port Jervis, and the rates were significantly higher than the county average. (*Exhibits 35,36,37*)

The economic, psychosocial and health correlates of teen pregnancies are supported by findings for teens in Orange County. The rates of Medicaid/Self Pay births are highest in females ages 10-24. (*Exhibit 38*) Pregnant teens in Orange County are also less likely to have early prenatal care (during the first trimester), and are more likely to have delayed or no prenatal care, a known risk factor for poor birth outcome. (Exhibit 47) County teens also have higher rates of births with short gestation (< 37 weeks) or preterm births. (*Exhibits 38, 43-49, 51*)

2. Maternal and Infant Health, Reproductive Health and Family Planning

Introduction

The health of mothers, infants, and children is of critical importance to a population, as this reflects current health status, but also influences the health status of the future generation. The key maternal and infant health indicators evaluated in this section are: pregnancy and birth rates; early prenatal care; late/no prenatal care; ITOPS/STOPS rates; maternal mortality; fetal deaths; low and very low birthweight; preterm births; and infant, neonatal, and postneonatal mortality. Based on these indicators, the overall status of maternal and infant health in the county is relatively good, and in many cases improving, with the exceptions noted in the following discussion. Certain indicators have also been assessed by ethnicity/race, age, and geographic areas in the county to better identify health issues and disparities needing further assessment and action.

Pregnancies and Receipt of Prenatal Care

In 2009-2011, 72,779 pregnancies were recorded for Orange County residents. There has been a slight increase in the pregnancy rate for females ages 15-44 in the county over the latest ten-year time period (2002-2011); this trend is in contrast with that for Upstate New York where the trend is declining. The pregnancy rate in the county is the highest in the HVR, Upstate, and NYS. (*Exhibit 23*) Access to early and ongoing prenatal care is important to healthy birth outcomes for women of all ages. The percentage of births to women who report receiving early prenatal care (within the first trimester) has remained fairly constant in Orange County over the ten-year period, however rates for early prenatal care remain consistently below those for Upstate, HVR and NYS at 68.2% for 2009-2011 and do not meet the *HP2020* target of 78%. Evaluation of the percentage of births to women who report receiving late or no prenatal care (third trimester or none at all) showed a favorable decline in average rates from 2002-2011, however rates for 2009-2011 were above the HVR and Upstate averages. (*Exhibit 46*)

In terms of ethnic, racial, age and geographic differences for receipt of prenatal care within the county, in 2009-2011, White females were most likely to report early prenatal care (63% of total births), compared with 54.8% for Black/African American females and 56.9% for Hispanic/Latina females. Women ages 25 and over were more likely to report receipt of early prenatal care than were younger women. Geographically, the lowest percentages for receiving early prenatal care were women residing in the three cities. Note that these figures are based on the residence of the mother, but do not necessarily reflect where prenatal care was received. Since figures on the timeliness of receipt of prenatal care are based on information from birth certificates, pregnancies that result in fetal deaths are not included. *(Exhibits 43)*

Births

In 2000-2011, there were a total of 14,658 live births to county residents. The birth rate in the county has declined slightly over the ten-year period from 2002--2011, and remains higher than the rates for the HVR, Upstate and NYS. (*Exhibit 28*)

The majority of births to county residents of known race/ethnicity were to White mothers, followed by Hispanic/Latino and Black/African American mothers. Birth rates (number of live births/1,000 females ages 15-44) were highest in Hispanic/Latino females, followed by White and lastly Black/African American. Geographically, the town of Monroe, including the Village of Kiryas Joel, ranked first in birth rate (ages 15-44) followed by the city of Newburgh. (*Exhibit 29*)

The percentage of Medicaid/Self Pay (or uninsured) births in the county in 2011 was 40.1%, which compares closely with the Hudson Valley Region at 39.1% and Upstate New York at 40%. Medicaid and Self Pay births are highest in teens, in minority women, and in the county's three cities and the town of Monroe. The highest rate (67.5%) is in the city of Newburgh, which is significantly higher than the overall county rate of Medicaid or Self Pay births. *(Exhibits 38,39,40)*

The rate of births of short gestation or preterm births (< 37 weeks gestation) has remained fairly stable over the ten-year period of 2002-2011. The 2009-2011 rate (10.1 percent/100 live births) is slightly below the rate for the HVR, Upstate, and NYS. This rate is just under the *NYS Prevention Agenda 2017 Objective of 10.2%.* However, the rates in the cities of Newburgh (12.1%), Port Jervis (11.1%) and Middletown (10.7%) still remain higher. *(Exhibit 60)* Preterm births as a percentage of total births within racial and ethnic groups were highest in Black/African American females, followed by Hispanic/Latino females and lastly White females. *(Exhibit 51)*

Induced Terminations of Pregnancies (ITOPS)

Induced Terminations of Pregnancies (ITOPS), or abortion rates have remained fairly consistent in the county over the ten-year period from 2002-2011. The ratio of induced abortions to live births in Orange County is higher than for the HVR and Upstate and lower than the rate for NYS. *(Exhibit 61)*

Maternal Mortality

Due to advances in prenatal care and obstetrical practices, maternal mortality, or death as a result of pregnancy and its complications, is a relatively rare event in the 21st Century in industrialized nations. There were three maternal deaths in Orange County in the three-year period of 2009-2011. The maternal mortality rate in Orange County is below the rate for the HVR and below that for the state, however this rate is unstable.[21]The rate is below the *NYS Prevention Agenda 2017 Objective rate.*

[21] *http://www.health.ny.gov/statistics/chac/birth*

Infant Mortality

Infant mortality is a key indicator of the health of a population. It reflects maternal health as well as the quality and accessibility of primary health care available to pregnant women and infants. Some of the following account for deaths during the first year of life: birth defects, disorders relating to short gestation and unspecified low birthweight (LBW), sudden infant death syndrome (SIDS), and respiratory distress syndrome. Early and consistent prenatal care is important in the prevention of infant mortality and for healthy birth outcomes. The infant mortality rate (IMR) has generally declined in the past decade in both NYS and Orange County.

In the discussion of rates, it should be noted that both maternal mortality and infant mortality, which are fortunately rare events, can show dramatic shifts in rates with a small increase or decrease in the number of events from one year to the next. County rates in 2009-2011 for infant, neonatal and postnatal mortality indicators are slightly above the Hudson Valley Region, Upstate New York and NYS rates. (*Exhibit 143*) Based on a percentage of total births by known ethnicity/race, Black/African American infants have the highest percentage of infant deaths; Hispanic/Latinos the second highest percentage, and Whites have the lowest percentage. Differences in the infant mortality rate by race are consistent with both state and national findings. This disparity in part reflects higher teen birth rates, and other risk factors such as incidence of low birthweight and lack of early prenatal care. *(Exhibits 138, 139)*

Low Birthweight and Very Low Birthweight

Low birthweight (LBW) infants are defined as those who weigh less than 2,500 grams (5.5 lbs.) at birth; very low birthweight (VLBW) infants weigh less than 1500 grams (3.3 lbs). Low birthweight (LBW) is a major risk factor for infant mortality and long term disability. Prevention of low birthweight is a major focus of public health and prenatal care programs. Risk factors for low birthweight include: low socioeconomic status, low level of education, non-white race (particularly Black/African American), childbearing at extremes of age, poor obstetric history, poor nutritional status, inadequate weight gain, complications of pregnancy, multiple pregnancies, smoking, alcohol/substance abuse, absent or inadequate prenatal care, and certain infections, medical diseases and conditions in the mother. LBW is the primary risk factor associated with neonatal death; therefore improvements in infant birth weight should help to reduce infant mortality rates. Of all LBW infants, VLBW infants are at highest risk of dying in their first year of life.

From 2002-2011, Orange County's rates for both LBW and VLBW have remained relatively stable based on three-year averages. Rates for LBW in Orange County were below the rates for the HVR, Upstate and NYS in 2009-2011. Rates for Very Low Birth Rate were below the rates for the region and NYS and the same as the Upstate New York Rate. *(Exhibits 54, 58)*

Rates of LBW are higher in Black/African American females, which is consistent with findings in NYS and the nation. Rates of LBW are higher in teens. Geographically, the highest rates of low birthweight in the county are in the cities of Middletown (8.8%) and Newburgh (7.7%). *(Exhibits 54, 55, 56, 57, 58)*

Family Planning

Inferences about the availability of family planning and/or consistent use of family planning methods can be made from examination of the recent ITOPS rates in Orange County. In 2009-2011, there were 4,578 induced abortions compared with 14,658 births, or a ratio of 30.7 per 100 live births. This rate is higher than that for the HVR and for Upstate and lower than the NYS rate and suggests the need for improved access or utilization of family planning services.

Substance Abuse in Pregnancy

A range of effects, including spontaneous abortion, LBW, and preterm delivery, are associated with prenatal use of tobacco, alcohol, and other drugs. The prevalence of substance abuse in pregnant women can be assessed in part by examination of newborn drug-related discharge rates. Rates for Orange County newborns in 2009-2011 are much lower than Upstate and NYS and higher than the average rate for the HVR. It should be noted that these rates are highly sensitive to any regional variations in identification and diagnosis of drug use at different hospitals. The three-year average and annual rates for this indicator have fluctuated, and warrant continued monitoring.
(Exhibit 59)

3. Intentional and Unintentional Injuries

Unintentional injuries, or accidents, are the leading cause of death in Orange County residents under the age of 25. More adolescents die each year from accidents than all other causes of death combined. The causes of various types of injuries vary with ages, with motor vehicle accidents being the primary cause in younger age groups, and falls in the elderly. Unintentional injuries occur disproportionately among young and elderly persons.

There were 2,022 reported domestic violence victims in Orange County in 2012. The local domestic violence agency (Safe Homes of Orange County) answered over 3,800 domestic violence calls on their hotline in 2012. The shelter housed 81 adult victims of domestic violence and 60 children in 2012.[22]

Hospitalization (hospital discharge rates) due to assault (all types) in Orange County had an upward trend from 2002 - 2011 and is slightly above the Upstate rate. In 2009-2011, the county rate was above the HVR average, and well below the NYS average. The assault-related hospitalization rate per 10,000 was 3.0, below the *NYS Prevention Agenda 2017 Objective of* 4.3. Death due to homicide is an infrequent event in the county, so rates are highly variable from one year to the next. The 2009-2011 adjusted rate is above the average for the HVR and below the NYS average. *(Exhibit 75)*

Trends in mortality from unintentional injury, or accidents, show that overall rates 2008-2011, in Orange County are slightly lower than for Upstate. Rates are higher in males (39.9/100,000) compared with females (23.0/100,000. Mortality rates from unintentional injury have fluctuated, and have remained below the Upstate rate since 2003. County adjusted mortality rates from unintentional injury were above those for the HVR and the NYS for the most recent three-year period (2009-2011). (*Exhibits 76, 78*)

Adjusted rates of hospitalization for unintentional injury (all ages) for 2009-2011 are above the average for the HVR and those for NYS. Adjusted rates of hospitalization for traumatic brain injury (all ages) in 2009-2011 were above the HVR, and above NYS rates. The county adjusted rate for traumatic brain injury hospitalizations (9.7/10,000 or 97.0/100,000) exceeds the *HP2020* target of 77.0/100,000. Adjusted mortality rates from unintentional injury (28.4/100,000) and motor vehicle accidents (8.3/100,000) in the county both are below the respective *HP2020* targets (36.0 and 12.4/100,000). *(Exhibits 78, 79, 80)*[23]

The annual death rate from motor vehicle accidents (MVA) has decreased in Orange County since 2002. Rates in 2010 were slightly higher than Upstate rates. MVA mortality rates in the county were also higher than those for the HVR and NYS for the time period 2009-2011. Rates of alcohol-related motor vehicle deaths and injuries in the county exceed average rates for the region and for the state during this same time.
(Exhibit 80)

There has been a notable increase in mortality from accidental illegal and prescription drug overdoses in the nation, state and county. In Orange County, all identified cases of accidental drug overdoses are investigated by the Department of Health's Medical Examiner. In 2012, there were 53 deaths from accidental drug overdoses, 68% were males and 34% females. The average age at death was 43 years. There has been a 39% increase in accidental drug overdoses in the county since 2008. *(Exhibit 144)* Orange County has responded to this increase by creating the Taskforce on Prescription Painkiller Safety, which is a multi-disciplinary committee to develop and implement coordinated strategies to respond to the growth of opioid misuse in the county.

B. Disease Control

1. Sexually Transmitted Diseases

Introduction

Sexually transmitted disease (STD) prevention is a core public health activity. STDs are behavior-linked diseases that are spread through sexual activity or through blood, particularly among intravenous drug users sharing equipment. Women can also transmit

[22] *www.safehomesorangecounty.org*

[23] *www.healthypeople.gov/2020*

STDs to their children during pregnancy, labor, or delivery. STDs may cause many harmful complications, such as infertility, fetal and perinatal health problems, cancer and even death. [24] Department of Health STD Prevention and Control Programs are described in *Section III – Local Health Unit Capacity*, and help to assure that screening, early diagnosis, and prompt treatment of STDs are available to prevent complications and further transmission within the population.

Syphilis

The incidence of syphilis in county residents is very low, and therefore, the rates are variable. In 2012, there were 8 cases of early latent syphilis and 20 cases of late latent syphilis in Orange County residents. This compares with the early syphilis case rate of 2.2/100,000 in 2009-2011; which falls below the rate for the Hudson Valley and NYS. *(Exhibits 82, 86)* Syphilis is highly treatable if detected early - access to preventive education, early screening, detection, and treatment is critical, including women at risk for pregnancy to prevent congenital syphilis. There were no congenital syphilis cases reported in Orange County 2007-2012.

Gonorrhea

In 2012, there were 230 cases of gonorrhea reported in Orange County residents, which is higher than the 2007-2012 average number of cases (155). The 2010 Gonorrhea case rate per 100,000 women, ages 15-44 was 75.2 in Orange County, the case rate for men in the same age group and time period was 45.8. Both male and female rates fall significantly below the NYS rate and the *NYS Prevention Agenda 2017 Objective of 183.1/100,000 (women) and 199.5/100,000 (men). (Exhibits 82, 86, 87)*

Chlamydia

Chlamydia, which became reportable in NYS in 2000, is the most prevalent sexually transmitted disease in the county. The most common age range for Chlamydia diagnosis in the county is 15-24 (71.5% of cases in 2007-2011). Chlamydia presents a major public health challenge, as the vast majority of females and up to half of males who are infected are symptom-free. A major consequence of untreated Chlamydia infections is the development of pelvic inflammatory disease (PID). In 2012, there were 1,079 Chlamydia cases, which is an increase over the 2007-2012 mean average of 943. In 2007-2011 the case rate for males and females in Orange County was below that for the HVR. The female case rate in the county is almost 3 times the rate for males, owing in part to screening of at risk women as part of routine reproductive health visits. *(Exhibits 82, 88)* The 2010 Chlamydia case rate in women ages 15-44 was 977.3/100,000, which is much lower than the NYS rate of 1,619.8/100,000 and lower than the *NYS Prevention Agenda 2017 Objective of 1,458/100,000 women.*

[24] *http://www.health.ny.gov/diseases/communicable/std*

2. HIV/AIDS

HIV Infection and AIDS remains a significant cause of illness, disability, and death throughout NYS and in the county. From 2009-2011, there were 66 cases of AIDS identified. In the period 2007-2011, 140 newly diagnosed cases of HIV were reported in Orange County. The newly diagnosed HIV case rate per 100,000 in Orange County, 2008-2010 was 12.4, as compared with 26.0 in New York State and much less than the *NYS Prevention Agenda 2017 Objective of* 50/100,000. (*Exhibits 91, 92, 93, 94*)

The rate of persons living with AIDS and HIV infection per 100,000 in Orange County in 2011 was 218.6. This is lower than the rate in the Hudson Valley and Upstate New York. There were 815 persons with HIV and AIDS in the county through December 2011 (excluding prisoners). (*Exhibit 93*)

The proportion of different population groups affected by HIV/AIDS has changed over time in the nation, state, and county. HIV/AIDS is increasingly appearing in females and in minorities who are contracting the disease through injection drug use (IDU) and unprotected heterosexual sex with high risk partners.

Groups at highest risk for HIV infection in the county include:

- Men who have sex with men (MSM);
- Injection drug users;
- Heterosexual persons in high risk groups including (1) injection drug users, (2) persons with STDs that can increase both susceptibility to and transmissibility of HIV infection, and (3) persons with multiple sex partners who engage in high-risk sexual practices (mainly unprotected sex) associated with substance abuse, prostitution and sex in exchange for drugs or other goods.

As noted in *Section III- Local Health Unit Capacity Profile*, the OCDH HIV Prevention and Education Program provides HIV counseling and testing services focused in high risk settings. Advances in treatment of HIV infection and AIDS have also resulted in a reduction in the mortality rate from AIDS. Analysis of time trends show a downward trend in AIDS mortality rates since 2003; from 2009-2011 the rate was comparable to the average for the HVR, above the rate for Upstate NY and lower than the rate for NYS. *(Exhibit 94)* Despite this improvement, in 2008-2011 AIDS was the eighth leading cause of death in Orange County residents ages 35-54. *(Exhibit 136)*

3. Tuberculosis

In 2012, Orange County reported 6 new cases of Tuberculosis (TB), which is the same as the mean annual average of tuberculosis cases in the county (2007-2012). (*Exhibit 82*) There were no multi-drug resistant tuberculosis cases reported in the county. Tuberculosis rates in the county in 2009-2011 were lower than the HVR, Upstate, and NYS. *(Exhibit 83)* The OCDH Tuberculosis Prevention and Control Program manages all active cases of tuberculosis to assure completion of recommended treatment. In 2012, 100%

of tuberculosis cases completed the recommended course of treatment through directly observed therapy (DOT). Department of Health Tuberculosis Clinics provide screening, preventive treatment for contacts of cases, laboratory services, radiology, HIV counseling and testing, and treatment for county residents with active tuberculosis and latent TB infection (LTBI). As tuberculosis is overrepresented in minority, foreign-born, and low-income populations, clinics are located in the cities of Middletown and Newburgh to provide easy access to tuberculosis care.

4. Other Communicable Diseases

Case rates for selected communicable diseases including comparisons to the Hudson Valley Region, NYS, and Upstate New York are included in *Exhibit 83*. Additionally, *Exhibit 82* is the Orange County Department of Health Annual Morbidity Report for the years 2007-2012. Notable communicable disease findings are discussed below and in *Section III – Local Health Unit Capacity*.

Hepatitis

Viral Hepatitis (A, B, C) cases are investigated by Department of Health epidemiology staff. The incidence of acute Hepatitis A, acute Hepatitis B and acute Hepatitis C is generally low and consistent with the incidence in the Hudson Valley Region and NYS, excluding New York City. Chronic Hepatitis C incidence is much higher with an average case rate of 74.3/100,000 in 2009-2011. This rate is lower than rates in the Hudson Valley region and higher than NYS, excluding New York City. (*Exhibits 82,83)*

Despite the high cases rates, chronic Hepatitis C is often undiagnosed and therefore the true disease burden is not reflected in the incidence. Hepatitis C virus (HCV) is the most common bloodborne infection in the United States and the leading cause of complications from chronic liver disease. In 2012, the Centers for Disease Control amended the HCV testing recommendations to include a one-time screening for all persons born from 1945-1965 (baby boomers), regardless of risk factors. Seventy-five percent of all HCV infections are found in this age cohort. In October 2013, Governor Cuomo signed legislation requiring all New York hospitals and health care providers to offer testing to all persons born from 1945-1965.

Following these recommendations, an increased incidence of chronic Hepatitis C cases is expected in the county. Ideally, persons newly identified with HCV will be referred for treatment to minimize morbidity/mortality; receive Hepatitis A/B vaccinations; and receive health education to prevent further transmission in the community.

Lyme Disease and other Tickborne Diseases

Lyme disease remains the most prevalent tickborne disease reported in county residents. From 2009-2011 the incidence of Lyme disease in Orange County was 87.2/100,000 exceeding both the Hudson Valley Region and NYS rates. (*Exhibits 82,83)* OCDH participates in the NYS sentinel surveillance program in which 20% of Lyme positive lab reports and 100% of physician reported cases of Lyme disease are investigated. Sentinel surveillance allows for accurate detection of disease in the county while using health department staff more efficiently, and reducing the reporting burden on community physicians. Orange County had the highest number of Lyme disease cases in NYS in 2011 with 953 cases. In 2012, Orange County had 545 cases of Lyme disease, the second highest in NYS, behind Suffolk County. [25]

Other tickborne diseases, such as Anaplasmosis and Babesiosis, have been steadily increasing in the county. Anaplasmosis (Ehrlichiosis) numbers have increased from 12 cases in 2007 to 24 cases in 2012. Babesiosis cases have similarly increased from 5 in 2007 to 9 in 2012. *(Exhibit 82*)

Enteric and Foodborne Diseases

The rates for salmonellosis, shigellosis campylobacteriosis and giardiasis have remained relatively stable during the past five years and below the rates for the Hudson Valley Region and New York State. (*Exhibits 82, 83)* The communicable disease and environmental health staff work closely to fully investigate all potential foodborne outbreaks to minimize illness in the community and prevent the next case or foodborne outbreak.

Rabies

OCDH provides post-exposure prophylaxis to county residents following an exposure to a rabid or potentially rabid animal. Post-exposure treatment has steadily increased in Orange County from 92 persons treated in 2007 to 114 persons treated in 2012. (*Exhibit 82)* Although terrestrial rabies remains endemic in the county, the majority of persons treated are related to bat exposures.

Public education efforts, intensive health education at summer camps, animal testing, and strict adherence to NYSDOH protocols for rabies post-exposure prophylaxis all help to prevent human rabies.

5. Vaccine Preventable Diseases

OCDH works diligently to achieve full immunization coverage for the county's children by age two. The Department of Health works with pediatric health providers and community health centers throughout the county the meet this goal. In addition to infants, school age children and adolescents, OCDH Immunization clinics serve college students, and international travelers. Every fall, the department provides low-cost influenza and pneumococcal vaccine to county residents.

Pertussis cases in the county have steadily increased from 19 cases reported in 2007 to 79 reported cases in 2012. *(Exhibit 82*) In February 2012, the Advisory Committee on Immunization Practices (ACIP) recommended immunizing adults aged 65 and older

[25] *http://www.health.ny.gov*

with Tdap. Immunization of the adult community should result in less disease transmission in the community. The majority of OCDH cases were in children and adolescents. The average case rate from 2009-2011 for Pertussis were higher in the county than in the Hudson Valley region and slightly lower than Upstate New York. (*Exhibit 83*)

At the end of 2009 and early 2010, Orange County had a large mumps outbreak resulting in almost 800 cases. This outbreak is detailed in *Section III – Local Health Unit Capacity*. The mumps case rate for these years was the highest in the State. (*Exhibits 82, 83*)

Pneumonia still remains a leading cause of death in Orange County ranking 6th for all deaths in 2011 and ranking fifth in adults ages 65 and over from 2008-2011. (*Exhibit 136*) The 2008-2011 average case rate for pneumonia in Orange County (20.0/100,000), was about the same as the Upstate NY rate (19.9), however, the rate in the city of Middletown was much higher at 32.5/100,000. (*Exhibit 103*)

6. Chronic Diseases

Introduction

Chronic diseases account for the majority of adult deaths in Orange County. Chronic diseases are the primary and secondary causes of death for adults, aged 45 and older, in Orange County and New York State. *(Exhibits 135,136)*

Some risk factors for chronic diseases such as inherited factors, age, and gender are not controllable. Other risk factors such as smoking, alcohol, drug use, diet, exercise patterns, obesity/overweight, high blood pressure, and elevated blood cholesterol can be modified, and often are contributing factors to a number of chronic diseases. Improvements in life-style involving healthier diets, increased physical activity, smoking cessation, and avoidance of drugs and alcohol have a beneficial effect on reducing the incidence and prevalence of chronic illnesses. Therefore, the major thrust of public health efforts and the *2013-2017 NYS Prevention Agenda* is to reduce chronic diseases through preventive health education, screening, and early detection.

In addition to the health promotion and risk reduction services described in *Section III - Local Health Unit Capacity,* OCDH actively partners with a broad coalition of agencies to reduce the incidence and prevalence of chronic diseases in the county. *(See Section IV- Profile of Community Resources)* OCDH, in coordination with community partners, has selected Chronic Diseases as a Prevention Agenda priority. The *Community Health Improvement Plan (CHIP) in Section VI* targets specific interventions to reduce chronic diseases.

Cardiovascular Diseases

Cardiovascular diseases encompass a group of disorders that damage the cardiovascular system – the heart and blood vessels. They include coronary heart disease, cerebrovascular disease or stroke, atherosclerosis, congenital heart disease, and hypertension, or high blood pressure. The two major subcategories of cardiovascular disease are diseases of the heart and cerebrovascular disease.

Trends in mortality rates from cardiovascular disease have steadily declined in the county since 2002, and in 2011 were at a ten-year low. The current adjusted rate of cardiovascular disease, 229.6/100,000, is less than the Upstate and NYS rate and slightly higher than the HVR average for 2009-2011. In 2008-2011, Orange County males had higher mortality rates from cardiovascular disease than did females. Black/African Americans had the highest mortality rates for cardiovascular disease at 303.3/100,000. The city of Port Jervis had the highest average mortality rate from cardiovascular disease (2008-2011), at an average rate of 317.0/100,000, followed by the city of Middletown (246.3/100,000). *(Exhibits 108, 109)*

In Orange County, the mortality rate from diseases of the heart has declined steadily since 2002, and has remained below the rate for Upstate New York. Data for 2009--2011 show that the Orange County adjusted rate of 185.4/100,000 is above the rate for the Hudson Valley Region and below the New York State rate. Males have a higher mortality from diseases of the heart than females; 225.7/100,000 vs. 167.2/100,000. Comparing mortality from diseases of the heart by race/ethnicity, Whites have the highest average rate at 205.7/100,000. The city of Port Jervis has the highest mortality rate from diseases of the heart in the county at a rate of 253.8/100,000. *(Exhibits 105, 106, 107)*

In 2008-2011, diseases of the heart were the primary cause of death in Orange County residents ages 75 and older, and ranked second in adults ages 45-74. *(Exhibit 136)*

The mortality rate from cerebrovascular disease (stroke) has remained below the Upstate rate over the 10-year period from 2002-2011; the rate is above the average for the HVR and NYS for 2009-2011. The ten-year trend for cerebrovascular disease has improved and is trending down from 41.8/100,000 in 2002 to 28.8/100,000 in 2011. The Orange County mortality rates are above the Hudson Valley region and NYS rates. Mortality rates from cerebrovascular disease do not vary significantly by sex, race, ethnicity or geographic location in the county. Deaths due to cerebrovascular diseases ranked as the fifth highest cause of death in Orange County in 2008-2011. *(Exhibits 110,111,112, 135)*

Cancer

All Cancers Combined

Cancer (malignant neoplasms) ranked as the second leading cause of death in Orange County during the period of 2008-2011. 25% of all deaths in the county are attributable to cancer, compared with 26.7% attributable to heart disease. Cancer resulted in 2,472 deaths to county residents in 2008-2011, and was the primary cause of death in Orange County adults ages 35-74. (*Exhibit 136*)

According to New York State Cancer Registry data, 2006-2010, cancer incidence rates in both males and females were higher than NYS incidence rates. Average mortality rates from cancer during the period 2008-2011 shows Orange County residents with a rate of 165.8/100,000 below the Upstate New York rate of 202.3/100,000. (*Exhibit 125)* The cancer mortality rate for Orange County males during this period was significantly higher than for females. (202.5/100,000 vs. 156.6/100,000) Both male and female cancer rates have declined in the past five years.

Comparing race and ethnicity, Whites have a higher average mortality rate from cancer, followed by Black/African Americans. Geographically, the city of Port Jervis has almost twice the county average of cancer mortality at 296.3/100,000, followed by the cities of Middletown (183.8/100,000) and Newburgh (176.3/100,000). (*Exhibits 125, 126, 127)*

Lung & Bronchus Cancer

Lung cancer is the primary cause of cancer deaths for both males and females in Orange County, NYS, and in the U.S.[26] In 2008-2011 there were 503 deaths attributed to lung cancer in the county. The primary risk factor for lung cancer is tobacco use. Smoking is estimated to be responsible for 87% of lung cancers. [27] The mortality rate for lung and bronchus cancer in the county has declined since 2004, and has been slightly higher than the rate for Upstate. The rate was above that for the HVR and NYS from 2008-2010. The lung and bronchus cancer mortality rate for males (62.4/100,000) exceeded the *HP2020* target of 45.5/100,000; the mortality rate for females (42.2/100,000) met this target. *(Exhibits 121, 128)*

Breast and Cervical Cancer

Breast cancer is the most common cancer among women in the county (highest incidence rate). The breast cancer mortality rate in 2009-2011 was 25.3/100,000, which is higher than the rate in the Hudson Valley region, Upstate New York and NYS. The breast cancer mortality rate in Orange County exceeded the *HP2020* target of 20.6/100,000. In 2008-2010, there were 153 deaths due to breast cancer in the county. The Orange County breast cancer incidence rate for 2006-2010 was 128.5/100,000, which is comparable to NYS rate of 127.7/100,000. *(Exhibits 121, 129)*

Trends in cervical cancer mortality rates in females in the county have been variable from 2008-2010 due to relatively low numbers (20 deaths). Incidence rates for cervical cancer were slightly below the rate for NYS. Mortality rates for cervical cancer (3.4/100,000) exceeded the HP2020 target of 2.2/100,000 and were above the average adjusted rates for the Hudson Valley Region and NYS. *(Exhibits 121, 130)*

Colorectal Cancer

Colorectal cancer is the second leading cause of cancer death in the county. In 2008-2010 there were 149 deaths attributed to colorectal cancer in the county. The average colorectal cancer mortality rate is 14.4/100,000, which is about the same as the Hudson Valley Region and below the rate for New York State. Trends in colorectal cancer mortality from 2001 to 2010 show a gradual reduction consistent with Upstate New York rates. The colorectal cancer average mortality rate for males in the county, 15.8/100,000, exceeded the *HP2020* target of 14.5/100,000. Gender-specific rates in the county show a higher incidence and mortality rate for males, which is consistent with rates in NYS. *(Exhibits 121,131).*

Almost 70% of Orange County adults, ages 50-75, received colorectal cancer screening, in 2008-2009 which nearly meets the *NYS Prevention Agenda 2017 Objective* of 71.4%. [28]

Prostate Cancer

Prostate cancer incidence for Orange County males is slightly below the rate in NYS. Mortality rates in Orange County are about the same as NYS for the five-year period 2006-2010. The prostate cancer mortality rate for Orange County males, 21.3/100,000, was only slightly above *HP2020 target* of 21.2/100,000. *(Exhibit 121)*

Other Chronic Conditions

While heart disease, cancer and cerebrovascular disease account for the vast majority of deaths in the county, other chronic illnesses also result in significant morbidity and mortality. From 2008-2011 deaths from other chronic conditions included: chronic lower pulmonary disease, CLRD, (571 deaths), Alzheimer's disease and dementia (429 deaths) and diabetes (195 deaths). *(Exhibit 136)*

Diabetes

The mortality rate from diabetes in the county has fluctuated since 2002, with a downward trend since 2007. The adjusted rate for 2009-2011 of 14.2/100,000 was above the rate for the Hudson Valley Region and below Upstate NY, and NYS. Within county comparisons by gender show that males had a higher mortality rate than females. Rates of hospitalizations for complications of diabetes in adults, 2008-2010, were 5.2 /10,000, which is above the *NYS Prevention Agenda 2017 Objective* of 4.86/10,000. The Prevention Quality Indicators (PQI) Diabetes admission rate for Newburgh residents was higher than the other cities, county, and NYS rates. *(Exhibits 99,113,114, 115, 116, 117)*

Comparing Expanded Behavior Risk Factor Surveillance System, EBRFSS, data with findings from the 2013 Community Health Assessment Survey Orange County residents reported the following:

- 2008-2009 EBRFSS data - 6.9% of county residents report having been diagnosed with

[26] *Cancer Facts and Figures, 2013, American Cancer Society*
[27] *www.cancer.org*
[28] *www.health.ny.gov/prevention/preventionagenda/2013-17*

diabetes. 9.0% of all NYS residents reported a diabetes diagnosis. *(Exhibit 97)*

- CHA Survey 2013 – Nearly 9% of county residents have been told by a health care provider that they have diabetes. See *Section V* for complete surveys results.

Obesity

As discussed in the Child Health section, obesity continues to be a major public health problem in Orange County and the nation. According the EBRFSS, 2008-2009 25.8% of Orange County residents are obese and 38.6% of adults are overweight. These findings correlate with CHA Survey 2013 in which county residents reported height and weight and the calculated BMI indicate that close to 60% of county residents are overweight or obese. Finding strategies to reduce obesity and improve health in county residents is a primary focus of the *Orange County Community Health Improvement Plan.* See *Section VI* for specific strategies to reduce obesity rates in the county. (*Exhibit 97)*

Respiratory Diseases

Chronic Obstructive Pulmonary Disease/Chronic Lower Respiratory Disease (COPD/CLRD) occurs most often in older persons, and includes chronic bronchitis and emphysema. The CLRD mortality rate in 2008-2011 was slightly lower than NYS in both males and females. (*Exhibit 101*) The mortality rate for COPD/CLRD in the county was highest in persons ages 65 and over, and in males. The city of Port Jervis had the highest CLRD mortality rates in the county at 86.1/100,000 compared with the county rate of 38.4/100,000. Hospitalization rates in the county for CLRD in 2009-2012 show that females had higher discharge rates than males. PQI Respiratory Indicators for hospital admissions were 116% above that expected for residents in the city of Port Jervis. *(Exhibit 99)* County rates for CLRD were higher than the Hudson Valley Region and New York State rates. *(Exhibits 100,101,102)* The hospitalization rate for asthma (all ages) in Orange County is 14.0 per 10,000, which is higher than the HVR rate of 12.9 and lower than the NYS rate of 19.9 per 10,000[29].

[29] *www.health.ny.gov*

B. ACCESS TO CARE

Availability and Utilization of Health Care Services
Access to quality primary health care services is essential to maintain and improve health in the community. Access to quality health care is an important part of eliminating health disparities in the county and improving both the quality and quantity of years of healthy living.

In 2011, 95.2% of Orange County children and adolescents under the age of 19 were covered by health insurance. This rate, which has increased from 86.6% children with health insurance in 2006, is comparable to rates in the Hudson Valley and New York State. Eighty-five percent of adults, ages 18-64, in the county had health insurance in 2011, which has increased from 80.6% in 2006. The percentage of adults with health insurance is similar to the Hudson Valley Region and is slightly better than the NYS rate.[30]

The Expanded BRFSS 2008-2009 report the following data which impact access to care.

- ✓ 10.8% of Orange County adults are uninsured.
- ✓ 83.1% of Orange County adults have a regular health care provider.
- ✓ 86.7% of Orange County adults have had a routine check-up in the past two years.
- ✓ 71.6% of Orange County adults have had a dentist visit within the past year.

(Exhibit 97)

In *The Community Health Assessment Survey 2013*, of the 1,479 adults surveyed, 86.9% had health insurance and 77.4% had a physical exam in the past year and 89.2% had an exam within the past two years. For complete survey results, see *Section V, Community Health Surveys.*

The number of primary care physicians in Orange County is 715 which represents an increase of nearly 15% since 2009. Additionally, there are an increasing number of mid-level care practitioners in the county, with nurse practitioners and physician assistants providing primary care. Despite the increasing numbers of health care providers, access to care may still be limited for the economically disadvantaged with little or no insurance, lack of transportation and cultural and language barriers.

Most Orange County physicians are in private solo or group practice. There is a growing trend toward large group practices in the county. The Crystal Run Health Care Group is the largest physician organization in the county and one of the fastest growing multi-disciplinary group practices in the country. Crystal Run has over 300 physicians with 12 offices in Orange County and 2 in Sullivan County.

The number of dentists in Orange County has increased in the past four years with 258 licensed dentists, 264 licensed hygienists and 43 dental assistants in the county.[31]

In addition to private physician offices, residents of the county are served by five hospital/medical and four community health centers. A detailed description of the hospitals and community health center services can be found in *Section IV, Community Resources*.

Acute care and outpatient service needs of county residents are provided by 5 community hospitals affiliated with 3 independent health care networks – Bon Secours Charity Health System (Bon Secours Community Hospital in Port Jervis and St. Anthony Community Hospital in Warwick), Orange Regional Medical Center, and St. Luke's/Cornwall Hospital (Cornwall and Newburgh Campuses). In addition, Keller Army Hospital serves West Point Academy staff, their families, and cadets. The five civilian hospitals are located in the county's 3 cities and in 2 other communities providing good geographic distribution of acute care services. All six of the hospitals in the county provide outpatient services. For complete information on total beds, patient services, patient days and births, please see *Exhibits 145, 146*.

In August 2011, Orange Regional Medical Center (ORMC) opened the first new free-standing hospital in New York State in over 20 years. The 383 bed medical center in the town of Wallkill is the largest medical center between Westchester and Albany. ORMC has a level II Neonatal Intensive Care Unit and is planning to open a pediatric emergency department and trauma center.

Touro College of Osteopathic Medicine has started to recruit medical students, for the September 2014 class at their new Middletown campus (the former Horton Hospital complex). Touro expects to enroll more than 500 students and is considering programs for physical therapy, occupational therapy, pharmacy and nursing. Students will participate in medical rotations at Orange Regional Medical Center. The influx of medical and allied health students to the county should energize the health care system and result in a future increase in primary health care providers.

There are 4 Federally Qualified Health Centers (Section 330) serving the county, Hudson River Community Health Center in Walden and the Migrant Health Center in Goshen; Greater Hudson Valley Health Center in Newburgh, New Windsor and Highland Falls; the Middletown Community Health Center in Middletown, Montgomery, Pine Bush and Port Jervis; and the Ezras Choilim Health Care Center, Inc. located in the Hasidic

[30] *www.health.ny.gov*

[31] *Office of the Professions, NYS Education Department, 2013*

community of Kiryas Joel. The services provided by each of these sites are summarized in *Section IV, Community Resources*. All health centers provide general primary care services, including pediatric, adult, and prenatal care and have evening and/or weekend service hours.

FQHCs are located in the designated medically underserved areas (MUA) of the county. Medically underserved areas are designated based on an Index of Medical Underservice which includes 4 variables: the percentage of the population below the poverty level, the percentage of the population ages 65 and over, the infant mortality rate, and the ratio of primary care physicians per 1,000 population. Designated MUAs in the county include: census tracts (1-6) in the city of Newburgh, the city of Middletown, the village of Walden, and the village of Kiryas Joel[32].

There are no tertiary care centers located within the county. Many residents requiring tertiary care receive services at the region's tertiary care center at Westchester Medical Center, NYC hospitals, New Jersey Medical Centers, Albany Medical Center and Vassar Brothers Medical Center. Orange County Hospitals have affiliations with major medical centers in NYC or regional care networks for specialized care.

The county has several Certified Home Health Agencies (CHHAs), Long Term Home Health Care Programs, Licensed Home Health Care agencies and Hospice services to provide home health care in Orange County. Additionally, there are skilled nursing facilities and assisted living facilities for county residents that can no longer be cared for in the community. A detailed description of these Orange County agencies can be found in *Section IV, Community Resources Guide.*

There are a total of 13 Managed Care Plans available in Orange County: 8 Commercial, 5 Medicaid Managed Care (MMC), 6 Child Health Plus (CHP), and 6 Family Health Plus (FHP). *(Exhibit 147*)

Data from US Census Bureau, American Community Survey Estimates 2005-2010 indicate that 44,928 persons in Orange County live below the federal poverty level. This is approximately 12% of the county's population. In 2012, 22,817 county residents, approximately half of those living below the poverty level, were enrolled in Medicaid, which includes Family Health Plus. *(Exhibits 15, 16)*

Transportation

Access to medical care might be enhanced by improved public transportation in Orange County. Persons without an automobile may have difficulty accessing medical services, and face lengthy travel times and multiple transfers to reach health care. To offset this barrier, all Community Health Centers and Health Department clinics are located in areas of high need. Hospitals and medical centers are distributed throughout the county. Many individuals and families need to travel out of county for specialty care and with the exception of Medicaid-funded transportation; public transportation is not easily accessible. Working parents are often unable to afford or obtain time off from work to attend appointments during the day, and child care needs impede out of county travel.

Immigrants

Orange County has a large number of recent immigrants, both documented and undocumented. These individuals need linguistically and culturally appropriate outreach, engagement, and care services. Currently 18% of the county's population is of Hispanic/Latino ethnicity and 2.4% of Asian origin. The importance of preventive care is not well understood or accepted in some cultural groups and there is often hesitancy to use government programs. Many undocumented immigrants perceive that accessing health care places them at risk of deportation or works against their immigration application. Out of necessity, obtaining primary and preventive health care often becomes a lower priority for low income persons than meeting basic survival needs (work, food, and shelter). Illiteracy in English as well as in native languages is another personal barrier to accessing care. Outreach has to involve the use of indigenous community workers and trusted community leaders to reach persons for whom print information is ineffective.

Affordable Care Act

The Affordable Care Act, which was passed by Congress in 2010, is to start implementation in October 2013. The provisions of the act that will affect New Yorkers and therefore county residents are as follows:

- ✓ Increased coverage for young adults, up to age 26, on their parent's plan. This affects 160,000 young adults in New York.
- ✓ End of discrimination for pre-existing conditions such as asthma or diabetes.
- ✓ Removal of lifetime limits on health benefits which will greatly benefit Orange County residents with cancer and chronic diseases.
- ✓ Increased financial support for community health centers. (Over $216 million to community health centers in New York State)
- ✓ No deductible or co-pay for preventive health and primary health care services.
- ✓ Increasing the funding for health promotion grants.
- ✓ Making prescription drugs more affordable for seniors, by discounting drugs for Medicare recipients in the "donut hole".[33]

It is the intent and expectation that the Affordable Care Act will improve access to care for all Orange County residents. The Department of Health will continue to collaborate with health care providers, provide health education and advocate for access to care for all county residents.

[32] *US Department of Health and Human Services, www.hrsa.gov*

[33] *www.hhs.gov/healthcare/facts*

ORANGE COUNTY COMMUNITY HEALTH ASSESSMENT
2014 - 2017

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ORANGE COUNTY DEMOGRAPHIC SUMMARY BY MUNICIPALITY, 2010

Geographic Area	Population	Age							
	Total 2010	0-19	20-34	35-64	65+	White	Black	Asian	Latino
Orange County	372,813	112,949	66,395	152,484	40,985	287,802	37,946	8,895	67,185
Blooming Grove town	18,028	5,025	2,607	8,301	2,095	15,239	1,121	405	2,709
South Blooming Grove village	3,234	873	498	1,432	431	2,743	218	70	490
Washingtonville village	5,899	1,636	840	2,637	786	4,737	485	148	1,078
Chester town	11,981	3,470	1,763	5,468	1,280	9,660	911	492	1,669
Chester village	3,969	1,021	793	1,740	415	2,771	469	247	698
Cornwall town	12,646	3,518	1,730	5,694	1,704	11,635	250	219	1,046
Cornwall-on-Hudson village	3,018	767	456	1,332	463	2,842	33	50	173
Crawford town	9,316	2,689	1,289	4,268	1,070	8,317	362	146	924
Deerpark town	7,901	2,003	1,286	3,594	1,018	7,237	201	92	547
Goshen town	13,687	33,540	2,057	5,923	2,167	11,280	970	355	1,867
Goshen village	5,454	1,393	824	2,201	1,036	4,611	201	125	836
Greenville town	4,616	1,419	610	2,170	417	4,184	123	68	425
Hamptonburgh town	5,561	1,599	743	2,579	640	4,956	213	167	484
Highlands town	12,492	3,779	4,595	3,347	771	9,766	1,026	430	1,585
Highland Falls village	3,900	958	744	1,680	518	2,746	508	89	730
Middletown city	28,086	8,466	6,133	10,511	2,976	14,710	5,902	524	11,158
Minisink town	4,490	1,400	603	2,049	438	4,111	129	51	410
Unionville village	612	179	103	257	73	573	18	3	53
Monroe town	39,912	18,956	7,472	11,312	2,172	36,431	880	989	3,365
Harriman village (total)	2,424	614	522	1,047	241	1,621	325	251	439
Kiryas Joel village	20,175	13,039	4,359	2,566	211	20,006	19	12	270
Monroe village	8,364	2,479	1,342	3,642	901	6,901	340	362	1,638
Montgomery town	22,606	6,427	3,915	9,734	2,530	19,133	1,620	322	3,167
Maybrook village	2,958	847	559	1,252	300	2,266	336	55	597
Montgomery village	3,814	1,046	644	1,630	494	3,243	268	41	497
Walden village	6,978	2,090	1,398	2,863	627	5,509	767	96	1,288
Mount Hope town	7,018	1,563	1,391	3,479	585	5,235	1,142	112	1,121
Otisville village	1,068	310	203	444	111	947	72	22	120
Newburgh city	28,866	10,221	7,243	9,156	2,246	11,368	8,706	282	13,814
Newburgh town	29,801	7,492	4,623	13,477	4,209	22,811	3,644	883	4,664
New Windsor town	25,244	6,752	4,497	10,824	3,171	18,856	2,901	871	4,920
Port Jervis city	8,828	2,461	1,731	3,369	1,267	7,257	654	117	1,054
Tuxedo town	3,624	821	455	1,747	601	3,225	84	191	258
Tuxedo Park village	623	153	49	316	105	545	5	39	32
Wallkill town	27,426	7,263	4,878	11,834	3,453	18,712	4,380	871	6,162
Warwick town	32,065	8,219	4,215	15,194	4,437	28,355	1,631	477	3,279
Florida village	2,833	786	404	1,249	314	2,445	161	64	401
Greenwood Lake village	3,154	721	520	1,518	395	2,833	80	73	391
Warwick village	6,731	1,558	868	2,838	1,467	6,157	197	80	614
Wawayanda town	7,266	2,165	1,039	3,319	743	6,341	361	139	883
Woodbury town	11,353	3,701	1,520	5,135	997	8,983	735	692	1,674
Woodbury village	10,686	3,522	1,392	4,835	937	8,643	610	560	1,552

Source: United States Census Bureau, 2010 Decennial Census

Note: Town totals include village totals

Exhibit 1

POPULATION OF ORANGE COUNTY AND MUNICIPALITIES, 1970-2010

Geographic Area	Population					Percent Change				
	1970	1980	1990	2000	2010	1970-1980	1980-1990	1990-2000	2000-2010	1970-2010
Orange County	221,657	259,603	307,647	341,367	372,813	17.12%	18.51%	10.96%	9.21%	68.19%
Blooming Grove town	8,813	12,339	16,673	17,351	18,028	40.01%	35.12%	4.07%	3.90%	104.56%
South Blooming Grove village	n/a	n/a	n/a	n/a	3,234	n/a	n/a	n/a	n/a	n/a
Washingtonville village	1,887	2,380	4,906	5,851	5,899	26.13%	106.13%	19.26%	0.82%	212.61%
Chester town	4,767	6,850	9,138	12,140	11,981	43.70%	33.40%	32.85%	-1.31%	151.33%
Chester village	1,627	1,910	3,270	3,445	3,969	17.39%	71.20%	5.35%	15.21%	143.95%
Cornwall town	9,672	10,774	11,270	12,307	12,646	11.39%	4.60%	9.20%	2.75%	30.75%
Cornwall-on-Hudson village	3,131	3,164	3,093	3,058	3,018	1.05%	-2.24%	-1.13%	-1.31%	-3.61%
Crawford town	3,896	4,910	6,394	7,875	9,316	26.03%	30.22%	23.16%	18.30%	139.12%
Deerpark town	4,370	5,633	7,832	7,858	7,901	28.90%	39.04%	0.33%	0.55%	80.80%
Goshen town	8,393	10,463	11,500	12,913	13,687	24.66%	9.91%	12.29%	5.99%	63.08%
Goshen village	4,342	4,874	5,255	5,676	5,454	12.25%	7.82%	8.01%	-3.91%	25.61%
Greenville town	1,379	2,085	3,120	3,800	4,616	51.20%	49.64%	21.79%	21.47%	234.74%
Hamptonburgh town	2,204	2,945	3,910	4,686	5,561	33.62%	32.77%	19.85%	18.67%	152.31%
Highlands town	14,661	14,004	13,667	12,484	12,492	-4.48%	-2.41%	-8.66%	0.06%	-14.79%
Highland Falls village	4,638	4,187	3,937	3,678	3,900	-9.72%	-5.97%	-6.58%	6.04%	-15.91%
Middletown city	*22,607*	*21,454*	*24,160*	*25,388*	*28,086*	-5.10%	12.61%	5.08%	10.63%	24.24%
Minisink town	1,942	2,488	2,981	3,585	4,490	28.12%	19.82%	20.26%	25.24%	131.20%
Unionville village	576	574	548	536	612	-0.35%	-4.53%	-2.19%	14.18%	6.25%
Monroe town	9,190	14,948	23,035	31,407	39,912	62.66%	54.10%	36.34%	27.08%	334.30%
Harriman village (total)*	955	796	2,288	2,252	2,424	-16.65%	187.44%	-1.57%	7.64%	153.82%
Kiryas Joel village	n/a	2,088	7,437	13,138	20,175	n/a	256.18%	76.66%	53.56%	866.24%
Monroe village	4,439	5,996	6,672	7,780	8,364	35.08%	11.27%	16.61%	7.51%	88.42%
Montgomery town	13,995	16,576	18,501	20,891	22,606	18.44%	11.61%	12.92%	8.21%	61.53%
Maybrook village	1,536	2,007	2,802	3,084	2,958	30.66%	39.61%	10.06%	-4.09%	92.58%
Montgomery village	1,533	2,316	2,696	3,636	3,814	51.08%	16.41%	34.87%	4.90%	148.79%
Walden village	5,277	5,659	5,836	6,164	6,978	7.24%	3.13%	5.62%	13.21%	32.23%
Mount Hope town	2,966	4,398	5,971	6,639	7,018	48.28%	35.77%	11.19%	5.71%	136.61%
Otisville village	933	953	1,078	989	1,068	2.14%	13.12%	-8.26%	7.99%	14.47%
Newburgh city	*26,219*	*23,438*	*26,454*	*28,259*	*28,866*	-10.61%	12.87%	6.82%	2.15%	10.10%
Newburgh town	21,593	22,747	24,058	27,568	29,801	5.34%	5.76%	14.59%	8.10%	38.01%
New Windsor town	16,650	19,534	22,937	22,866	25,244	17.32%	17.42%	-0.31%	10.40%	51.62%
Port Jervis city	*8,852*	*8,699*	*9,060*	*8,860*	*8,828*	-1.73%	4.15%	-2.21%	-0.36%	-0.27%
Tuxedo town	2,967	3,069	3,023	3,334	3,624	3.44%	-1.50%	10.29%	8.70%	22.14%
Tuxedo Park village	861	809	706	731	623	-6.04%	-12.73%	3.54%	-14.77%	-27.64%
Wallkill town	11,518	20,481	23,016	24,659	27,426	77.82%	12.38%	7.14%	11.22%	138.11%
Warwick town	16,956	20,976	27,193	30,764	32,065	23.71%	29.64%	13.13%	4.23%	89.11%
Florida village	1,674	1,947	2,497	2,571	2,833	16.31%	28.25%	2.96%	10.19%	69.24%
Greenwood Lake village	2,262	2,809	3,208	3,411	3,154	24.18%	14.20%	6.33%	-7.53%	39.43%
Warwick village	3,604	4,320	5,984	6,412	6,731	19.87%	38.52%	7.15%	4.98%	86.76%
Wawayanda town	3,408	4,298	5,518	6,273	7,266	26.12%	28.39%	13.68%	15.83%	113.20%
Woodbury town	4,639	6,494	8,236	9,460	11,353	39.99%	26.82%	14.86%	20.01%	144.73%

Source**:** United States Census Bureau, 2010 Decennial Census

Note: Town totals include village totals

The Village of Kiryas Joel was founded in 1977; population growth was calculated since 1980. The Villages of South Blooming Grove and Woodbury were incorporated in 2006.

Exhibit 2

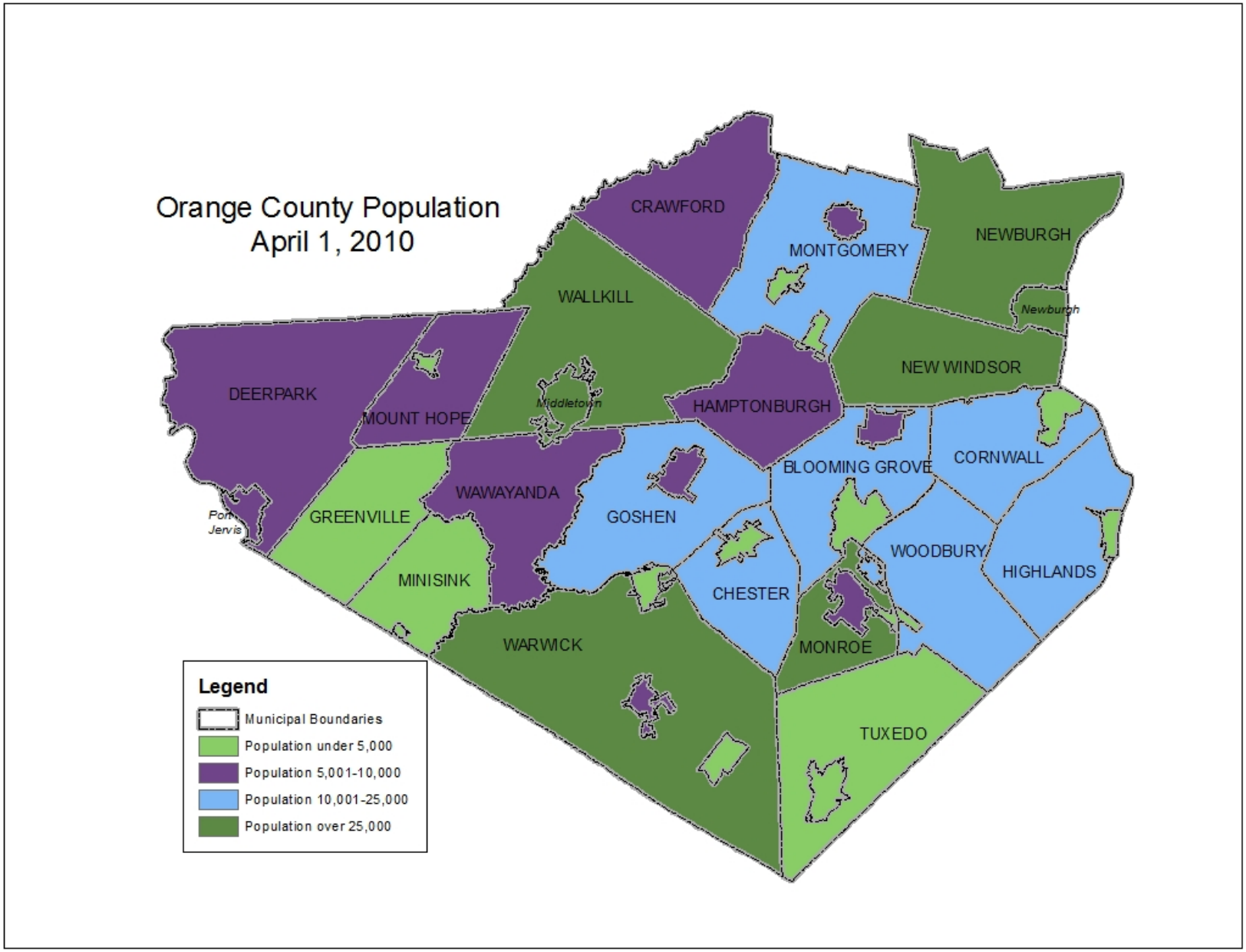

Orange County Population
April 1, 2010
CRAWFORD
MONTGOMERY
NEWBURGH
Newburgh
WALLKILL
NEW WINDSOR
DEERPARK
MOUNT HOPE
Middletown
HAMPTONBURGH
BLOOMING GROVE
CORNWALL
WAWAYANDA
GREENVILLE
GOSHEN
Port Jervis
WOODBURY
HIGHLANDS
MINISINK
CHESTER
WARWICK
MONROE
TUXEDO
Legend
Municipal Boundaries
Population under 5,000
Population 5,001-10,000
Population 10,001-25,000
Population over 25,000

Exhibit 3

ORANGE COUNTY POPULATION GROWTH, 2000-2010

Geographic Area	2010 Total Population	2000 Total Population	2000-2010 Population Change	2000-2010 Percent Change
Orange County	372,813	341,367	31,446	9.21%
Blooming Grove town	18,028	17,351	677	3.90%
South Blooming Grove village	3,234	n/a	n/a	1.17%
Washingtonville village	5,899	5,851	48	0.82%
Chester town	11,981	12,140	-159	-1.31%
Chester village	3,969	3,445	524	15.21%
Cornwall town	12,646	12,307	339	2.75%
Cornwall-on-Hudson village	3,018	3,058	-40	-1.31%
Crawford town	9,316	7,875	1,441	18.30%
Deerpark town	7,901	7,858	43	0.55%
Goshen town	13,687	12,913	774	5.99%
Goshen village	5,454	5,676	-222	-3.91%
Greenville town	4,616	3,800	816	21.47%
Hamptonburgh town	5,561	4,686	875	18.67%
Highlands town	12,492	12,484	8	0.06%
Highland Falls village	3,900	3,678	222	6.04%
Middletown city	28,086	25,388	2,698	10.63%
Minisink town	4,490	3,585	905	25.24%
Unionville village	612	536	76	14.18%
Monroe town	39,912	31,407	8,505	27.08%
Harriman village (total)	2,424	2,252	172	7.64%
Kiryas Joel village	20,175	13,138	7,037	53.56%
Monroe village	8,364	7,780	584	7.51%
Montgomery town	22,606	20,891	1,715	8.21%
Maybrook village	2,958	3,084	-126	-4.09%
Montgomery village	3,814	3,636	178	4.90%
Walden village	6,978	6,164	814	13.21%
Mount Hope town	7,018	6,639	379	5.71%
Otisville village	1,068	989	79	7.99%
Newburgh city	28,866	28,259	607	2.15%
Newburgh town	29,801	27,568	2,233	8.10%
New Windsor town	25,244	22,866	2,378	10.40%
Port Jervis city	8,828	8,860	-32	-0.36%
Tuxedo town	3,624	3,334	290	8.70%
Tuxedo Park village	623	731	-108	-14.77%
Wallkill town	27,426	24,659	2,767	11.22%
Warwick town	32,065	30,764	1,301	4.23%
Florida village	2,833	2,571	262	10.19%
Greenwood Lake village	3,154	3,411	-257	-7.53%
Warwick village	6,731	6,412	319	4.98%
Wawayanda town	7,266	6,273	993	15.83%
Woodbury town	11,353	9,460	1,893	20.01%
Woodbury village	10,686	n/a	n/a	20.78%

Source: United States Census Bureau, 2010 Decennial Census

Note: Town totals include village totals

Village of Harriman population is included entirely within the Town of Monroe for this table

Villages of South Blooming Grove and Woodbury were incorporated in 2006

Prepared by: Orange County Department of Planning

Exhibit 4

PROJECTED POPULATION OF ORANGE COUNTY, 2010-2030

Geographic Area	2010	2015	2020	2025	2030	Average Annual Growth Rate 2000-2010
	Total Population	Projected Population	Projected Population	Projected Population	Projected Population	
Orange County	372,813	385,389	407,244	429,003	449,126	0.92%
Blooming Grove town	18,028	18,287	18,719	19,137	19,513	0.39%
South Blooming Grove village	3,234	3,375	3,619	3,865	4,097	0.12%
Washingtonville village	5,899	6,078	6,383	6,685	6,964	0.08%
Chester town	11,981	12,246	12,690	13,126	13,522	-0.13%
Chester village	3,969	4,195	4,592	5,002	5,394	1.52%
Cornwall town	12,646	12,774	12,986	13,189	13,372	0.28%
Cornwall-on-Hudson village	3,018	3,026	3,040	3,053	3,064	-0.13%
Crawford town	9,316	9,954	11,089	12,283	13,449	1.83%
Deerpark town	7,901	7,917	7,943	7,968	7,990	0.06%
Goshen town	13,687	13,990	14,500	14,998	15,453	0.60%
Goshen village	5,454	5,583	5,801	6,014	6,209	-0.39%
Greenville town	4,616	4,991	5,668	6,392	7,108	2.15%
Hamptonburgh town	5,561	5,952	6,649	7,382	8,098	1.87%
Highlands town	12,492	12,520	12,565	12,607	12,645	0.00%
Highland Falls village	3,900	3,987	4,133	4,277	4,407	0.60%
Middletown city	*28,086*	*29,191*	*31,090*	*33,000*	*34,791*	1.06%
Minisink town	4,490	4,921	5,712	6,577	7,450	2.52%
Unionville village	612	645	701	760	815	1.42%
Monroe town	39,912	44,034	51,667	60,095	68,684	2.71%
Harriman village (total)*	2,424	2,492	2,608	2,723	2,829	0.76%
Kiryas Joel village	20,175	23,962	28,459	32,992	38,246	5.36%
Monroe village	8,364	8,597	8,991	9,380	9,738	0.75%
Montgomery town	22,606	23,277	24,417	25,554	26,621	0.82%
Maybrook village	2,958	2,988	3,037	3,084	3,126	-0.41%
Montgomery village	3,814	3,884	4,001	4,114	4,216	0.49%
Walden village	6,978	7,323	7,922	8,533	9,112	1.32%
Mount Hope town	7,018	7,166	7,415	7,658	7,880	0.57%
Otisville village	1,068	1,100	1,153	1,206	1,255	0.80%
Newburgh city	*28,866*	*29,094*	*29,471*	*29,831*	*30,153*	0.22%
Newburgh town	29,801	30,697	32,218	33,724	35,112	0.81%
New Windsor town	25,244	26,312	28,139	29,938	31,528	1.04%
Port Jervis city	8,828	8,979	9,238	9,358	9,452	-0.04%
Tuxedo town	3,624	3,741	3,940	4,139	4,322	0.87%
Tuxedo Park village	623	611	612	613	614	-1.48%
Wallkill town	27,426	28,573	30,549	32,541	34,408	1.12%
Warwick town	32,065	32,565	33,400	34,209	34,938	0.42%
Florida village	2,833	2,940	3,125	3,309	3,481	1.02%
Greenwood Lake village	3,154	3,228	3,351	3,473	3,584	-0.75%
Warwick village	6,731	6,855	7,062	7,264	7,446	0.50%
Wawayanda town	7,266	7,697	8,457	9,243	9,998	1.58%
Woodbury town	11,353	12,211	13,748	15,379	16,981	2.00%
Woodbury village	10,686	11,525	13,035	14,644	16,230	2.08%

Source: United States Census Bureau, 2010 Decennial Census

Population projections are calculated using growth rates of municipalities in Orange County between 2000 and 2010

Exhibit 5

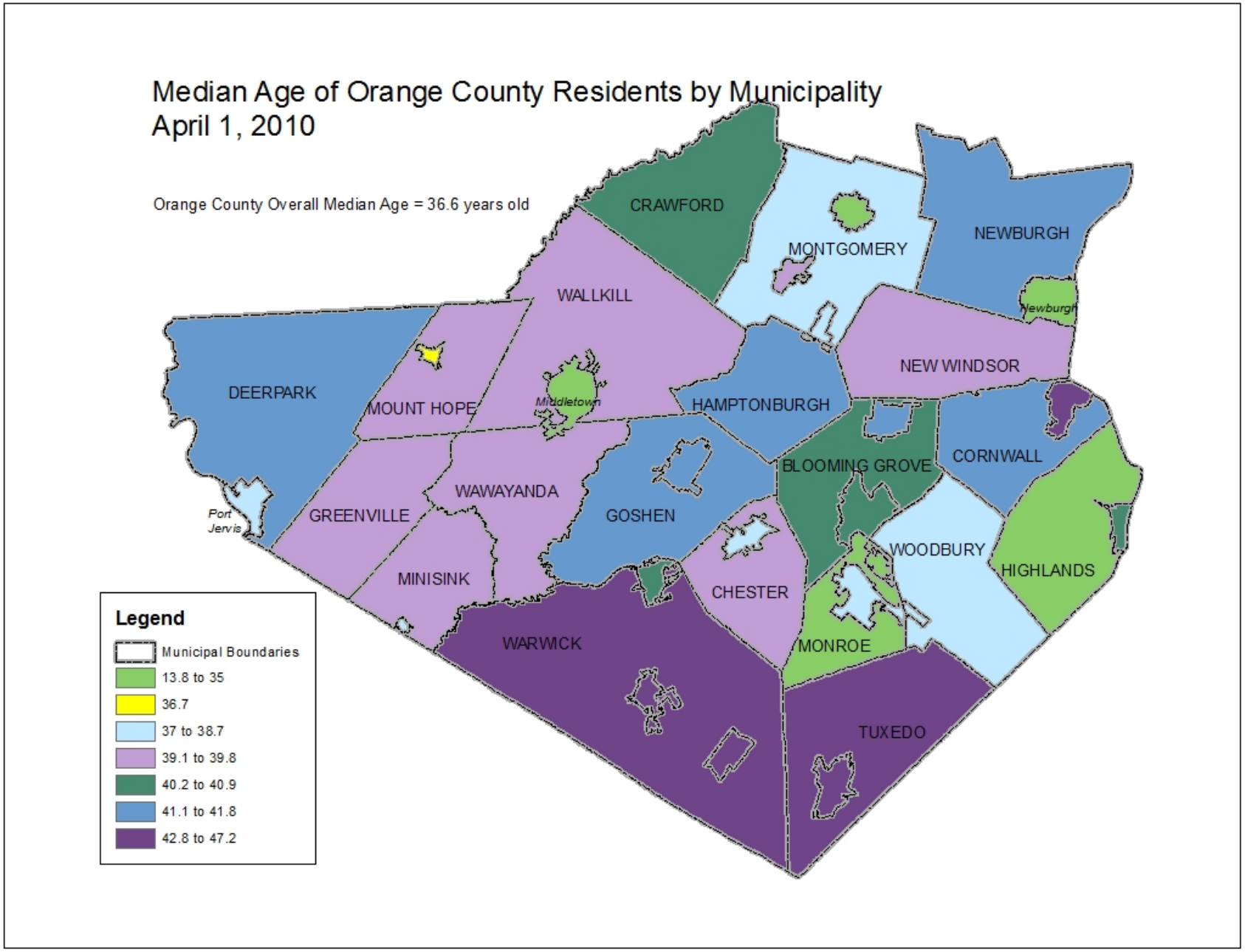

Median Age of Orange County Residents by Municipality
April 1, 2010
Orange County Overall Median Age = 36.6 years old
CRAWFORD
MONTGOMERY
NEWBURGH
Newburgh
WALLKILL
NEW WINDSOR
DEERPARK
MOUNT HOPE
Middletown
HAMPTONBURGH
CORNWALL
BLOOMING GROVE
WAWAYANDA
GREENVILLE
Port Jervis
GOSHEN
WOODBURY
HIGHLANDS
MINISINK
CHESTER
WARWICK
MONROE
TUXEDO
Legend
Municipal Boundaries
13.8 to 35
36.7
37 to 38.7
39.1 to 39.8
40.2 to 40.9
41.1 to 41.8
42.8 to 47.2

Exhibit 6

ORANGE COUNTY POPULATION BY GENDER AND AGE, 2010

Age	Number			Percent	
	Total	Male	Female	% Male	% Female
Total Population	372,813	186,289	186,524	50.0	50.0
Under 5 years	26,488	13,558	12,930	51.2	48.8
5 to 9 years	27,965	14,360	13,605	51.3	48.7
10 to 14 years	29,030	14,928	14,102	51.4	48.6
15 to 19 years	29,466	15,783	13,683	53.6	46.4
20 to 24 years	24,724	13,958	10,766	56.5	43.5
25 to 34 years	41,671	20,986	20,685	50.4	49.6
35 to 44 years	52,325	25,631	26,694	49.0	51.0
45 to 54 years	58,112	28,917	29,195	49.8	50.2
55 to 64 years	42,047	20,573	21,474	48.9	51.1
65 to 74 years	22,454	10,488	11,966	46.7	53.3
75 to 84 years	12,943	5,381	7,562	41.6	58.4
85 +	5,588	1,726	3,862	30.9	71.8
Median age (years)		**34.8**	**38.2**		

Source: United States Census Bureau, 2010 Decennial Census

ORANGE COUNTY POPULATION AND PERCENT CHANGE BY SINGLE RACE AND YEAR, 2000-2010

Geographic Area	Total Population			Hispanic or Latino			Ethnicity Not Hispanic or Latino																	
							White Alone			Black Alone			Asian Alone			NA, AN, NH AND PI			Some Other Race Alone			Two or More Races		
	2000	2010	% Change	2000	2010	% Change	2000	2010	% Change	2000	2010	% Change	2000	2010	% Change	2000	2010	% Change	2000	2010	% Change	2000	2010	% Change
Orange County	341,367	372,813	9.2%	39,738	67,185	69.1%	264,760	254,259	-4.0%	25,567	33,895	32.6%	5,054	8,685	71.8%	883	988	11.9%	507	797	57.2%	4858	7004	44.2%
Blooming Grove town	17,351	18,028	3.9%	1,556	2,709	74.1%	14,646	13,577	-7.3%	599	953	59.1%	235	392	66.8%	79	60	-24.1%	26	28	7.7%	210	309	47.1%
South Blooming Grove village	X	3,234	X	X	490	X	X	2,434	X	X	169	X	X	65	X	X	9	X	X	3	X	X	64	X
Washingtonville village	5,851	5,899	0.8%	660	1,078	63.3%	4,727	4,132	-12.6%	298	445	49.3%	80	143	78.8%	10	8	-20.0%	13	11	-15.4%	63	82	30.2%
Chester town	12,140	11,981	-1.3%	1,231	1,669	35.6%	9,669	8,695	-10.1%	768	812	5.7%	319	490	53.6%	47	39	-17.0%	11	23	109.1%	95	253	166.3%
Chester village	3,445	3,969	15.2%	350	698	99.4%	2,653	2,445	-7.8%	256	443	73.0%	98	246	151.0%	32	21	-34.4%	4	9	125.0%	52	107	105.8%
Cornwall town	12,307	12,646	2.8%	629	1,046	66.3%	11,226	10,916	-2.8%	144	221	53.5%	150	212	41.3%	19	33	73.7%	11	11	0.0%	128	207	61.7%
Cornwall-on-Hudson village	3,058	3,018	-1.3%	116	173	49.1%	2,883	2,700	-6.3%	7	31	342.9%	19	50	163.2%	5	1	-80.0%	2	5	150.0%	26	58	123.1%
Crawford town	7,875	9,316	18.3%	404	924	128.7%	7,240	7,736	6.9%	89	303	240.4%	57	139	143.9%	5	22	340.0%	7	21	200.0%	73	171	134.2%
Deerpark town	7,858	7,901	0.5%	300	547	82.3%	7,297	6,899	-5.5%	117	174	48.7%	45	89	97.8%	18	28	55.6%	5	4	-20.0%	76	160	110.5%
Goshen town	12,913	13,687	6.0%	950	1,867	96.5%	10,838	10,317	-4.8%	801	888	10.9%	219	347	58.4%	19	51	168.4%	12	21	75.0%	74	196	164.9%
Goshen village	5,676	5,454	-3.9%	433	836	93.1%	4,697	4,210	-10.4%	416	175	-57.9%	88	123	39.8%	9	19	111.1%	2	8	300.0%	31	83	167.7%
Greenville town	3,800	4,616	21.5%	170	425	150.0%	3,507	3,919	11.7%	47	113	140.4%	40	66	65.0%	5	12	140.0%	1	0	-100.0%	30	81	170.0%
Hamptonburgh town	4,686	5,561	18.7%	207	484	133.8%	4,245	4,595	8.2%	88	202	129.5%	69	167	142.0%	9	13	44.4%	5	13	160.0%	63	87	38.1%
Highlands town	12,484	12,492	0.1%	962	1,585	64.8%	9,761	9,020	-7.6%	1,064	934	-12.2%	324	416	28.4%	70	67	-4.3%	22	37	68.2%	281	433	54.1%
Highland Falls village	3,678	3,900	6.0%	389	730	87.7%	2,668	2,478	-7.1%	434	464	6.9%	77	85	10.4%	20	16	-20.0%	6	2	-66.7%	84	125	48.8%
Middletown city	25,388	*28,086*	10.6%	6,375	11,158	75.0%	14,423	10,420	-27.8%	3,350	5,075	51.5%	423	503	18.9%	102	103	1.0%	91	76	-16.5%	624	751	20.4%
Minisink town	3,585	4,490	25.2%	165	410	148.5%	3,341	3,852	15.3%	37	105	183.8%	21	49	133.3%	1	5	400.0%	1	12	1100.0%	19	57	200.0%
Unionville village	536	612	14.2%	44	53	20.5%	485	537	10.7%	2	14	600.0%	0	1	n/a	0	1	n/a	1	2	100.0%	4	4	0.0%
Monroe town	31,407	39,912	27.1%	1,543	3,365	118.1%	28,748	34,340	19.5%	369	772	109.2%	425	980	130.6%	51	37	-27.5%	37	47	27.0%	234	371	58.5%
Harriman village (total)*	2,252	2,424	7.6%	223	439	96.9%	1,698	1,366	-19.6%	103	291	182.5%	163	251	54.0%	7	14	100.0%	10	9	-10.0%	48	54	12.5%
Kiryas Joel village	13,138	20,175	53.6%	122	270	121.3%	12,921	19,794	53.2%	26	18	-30.8%	3	12	300.0%	0	3	n/a	0	2	n/a	66	76	15.2%
Monroe village	7,780	8,364	7.5%	679	1,638	141.2%	6,622	5,928	-10.5%	197	299	51.8%	182	362	98.9%	26	16	-38.5%	3	13	333.3%	71	108	52.1%
Montgomery town	20,891	22,606	8.2%	1,620	3,167	95.5%	18,138	17,250	-4.9%	694	1,378	98.6%	137	318	132.1%	40	35	-12.5%	30	47	56.7%	232	411	77.2%
Maybrook village	3,084	2,958	-4.1%	393	597	51.9%	2,333	1,905	-18.3%	255	304	19.2%	37	54	45.9%	6	11	83.3%	5	6	20.0%	55	81	47.3%
Montgomery village	3,636	3,814	4.9%	281	497	76.9%	3,142	2,962	-5.7%	142	250	76.1%	29	41	41.4%	3	2	-33.3%	11	12	9.1%	28	50	78.6%
Walden village	6,164	6,978	13.2%	576	1,288	123.6%	5,264	4,806	-8.7%	200	616	208.0%	36	94	161.1%	14	11	-21.4%	6	10	66.7%	68	153	125.0%
Mount Hope town	6,639	7,018	5.7%	970	1,121	15.6%	4,514	4,628	2.5%	989	1,025	3.6%	97	109	12.4%	18	31	72.2%	2	18	800.0%	49	86	75.5%
Otisville village	989	1,068	8.0%	66	120	81.8%	838	855	2.0%	59	60	1.7%	6	22	266.7%	3	1	-66.7%	0	2	n/a	17	8	-52.9%
Newburgh city	28,259	*28,866*	2.1%	10,257	13,814	34.7%	7,969	5,880	-26.2%	8,961	8,071	-9.9%	202	257	27.2%	83	108	30.1%	42	61	45.2%	745	675	-9.4%
Newburgh town	27,568	29,801	8.1%	2,644	4,664	76.4%	22,045	20,330	-7.8%	1,873	3,289	75.6%	557	865	55.3%	42	49	16.7%	36	92	155.6%	371	512	38.0%
New Windsor town	22,866	25,244	10.4%	2,538	4,920	93.9%	18,047	16,304	-9.7%	1,446	2,599	79.7%	389	840	115.9%	60	34	-43.3%	34	54	58.8%	352	493	40.1%
Port Jervis city	8,860	*8,828*	-0.4%	660	1,054	59.7%	7,589	6,735	-11.3%	333	565	69.7%	57	108	89.5%	40	54	35.0%	20	16	-20.0%	161	296	83.9%
Tuxedo town	3,334	3,624	8.7%	142	258	81.7%	2,993	3,029	1.2%	39	73	87.2%	103	190	84.5%	11	3	-72.7%	5	10	100.0%	41	61	48.8%
Tuxedo Park village	731	623	-14.8%	37	32	-13.5%	658	522	-20.7%	5	4	-20.0%	13	39	200.0%	1	1	0.0%	0	0	n/a	17	25	47.1%
Wallkill town	24,659	27,426	11.2%	3,304	6,162	86.5%	18,020	15,646	-13.2%	2,145	3,939	83.6%	584	855	46.4%	55	94	70.9%	48	107	122.9%	503	623	23.9%
Warwick town	30,764	32,065	4.2%	1,991	3,279	64.7%	26,825	26,308	-1.9%	1,234	1,425	15.5%	259	463	78.8%	81	79	-2.5%	44	65	47.7%	330	446	35.2%
Florida village	2,571	2,833	10.2%	167	401	140.1%	2,288	2,198	-3.9%	55	129	134.5%	16	62	287.5%	13	9	-30.8%	9	0	-100.0%	23	34	47.8%
Greenwood Lake village	3,411	3,154	-7.5%	172	391	127.3%	3,129	2,577	-17.6%	22	52	136.4%	29	66	127.6%	7	19	171.4%	9	5	-44.4%	43	44	2.3%
Warwick village	6,412	6,731	5.0%	364	614	68.7%	5,710	5,721	0.2%	191	181	-5.2%	40	79	97.5%	8	8	0.0%	5	17	240.0%	94	111	18.1%
Wawayanda town	6,273	7,266	15.8%	369	883	139.3%	5,606	5,788	3.2%	107	331	209.3%	101	139	37.6%	12	3	-75.0%	9	12	33.3%	69	110	59.4%
Woodbury town	9,460	11,353	20.0%	751	1,674	122.9%	8,073	8,075	0.02%	273	648	137.4%	241	691	186.7%	16	28	75.0%	8	22	175.0%	98	215	119.4%
Woodbury village	X	10,686	X	X	1,552	X	X	7,795	X	X	535	X	X	559	X	X	19	X	X	22	X	X	204	X

Source: United States Census Bureau, 2010 Decennial Census

Note: Town totals include village totals

NA, AN, NH and PI includes: Native American, Alaska Native, Native Hawaiian and Pacific Islander

Village of Harriman population is included entirely within the Town of Monroe for this table

Villages of South Blooming Grove and Woodbury were incorporated in 2006

Prepared by: Orange County Department of Planning

Exhibit 8

ORANGE COUNTY MUNICIPALITY POPULATION BY RACE AND ETHNICITY, 2010

Georgraphic Area	Population 2010	White Alone	Black Alone	NA & AN Alone	Asian Alone	NH & PI Alone	Other Alone	Two or More	Hispanic/Latino	Not Hispanic or Latino
Orange County	372,813	287,802	37,946	1,748	8,895	125	24,615	11,682	67,185	305,628
Blooming Grove town	18,028	15,239	1,121	96	405	*	689	477	2,709	15,319
South Blooming Grove village	3,234	2,743	218	13	70	*	89	100	490	2,744
Washingtonville village	5,899	4,737	485	27	148	0	363	139	1,078	4,821
Chester town	11,981	9,660	911	49	492	*	521	347	1,669	10,312
Chester village	3,969	2,771	469	24	247	*	301	156	698	3,271
Cornwall town	12,646	11,635	250	35	219	7	185	315	1,046	11,600
Cornwall-on-Hudson village	3,018	2,842	33	*	50	0	17	74	173	2,845
Crawford town	9,316	8,317	362	22	146	6	226	237	924	8,392
Deerpark town	7,901	7,237	201	40	92	*	112	216	547	7,354
Goshen town	13,687	11,280	970	53	355	11	719	299	1,867	11,820
Goshen village	5,454	4,611	201	24	125	*	348	141	836	4,618
Greenville town	4,616	4,184	123	16	68	0	98	127	425	4,191
Hamptonburgh town	5,561	4,956	213	15	167	0	103	107	484	5,077
Highlands town	12,492	9,766	1,026	79	430	10	607	574	1,585	10,907
Highland Falls village	3,900	2,746	508	33	89	0	354	170	730	3,170
Middletown city	28,086	14,710	5,902	230	524	*	5,232	1,484	11,158	16,928
Minisink town	4,490	4,111	129	6	51	0	102	91	410	4,080
Unionville village	612	573	18	*	*	0	10	7	53	559
Monroe town	39,912	36,431	880	42	989	6	1,029	535	3,365	36,547
Harriman village (total)*	2,424	1,621	325	18	251	*	125	83	439	1,985
Kiryas Joel village	20,175	20,006	19	*	12	*	48	87	270	19,905
Monroe village	8,364	6,901	340	19	362	*	589	149	1,638	6,726
Montgomery town	22,606	19,133	1,620	44	322	*	842	642	3,167	19,439
Maybrook village	2,958	2,266	336	16	55	0	169	116	597	2,361
Montgomery village	3,814	3,243	268	*	41	0	173	87	497	3,317
Walden village	6,978	5,509	767	15	96	*	327	263	1,288	5,690
Mount Hope town	7,018	5,235	1,142	47	112	*	319	160	1,121	5,897
Otisville village	1,068	947	72	*	22	0	14	11	120	948
Newburgh city	28,866	11,368	8,706	478	282	30	6,510	1,492	13,814	15,052
Newburgh town	29,801	22,811	3,644	81	883	11	1,481	890	4,664	25,137
New Windsor town	25,244	18,856	2,901	57	871	9	1,641	909	4,920	20,324
Port Jervis city	8,828	7,257	654	66	117	*	309	424	1,054	7,774
Tuxedo town	3,624	3,225	84	*	191	0	42	79	258	3,366
Tuxedo Park village	623	545	5	*	39	0	*	31	32	591
Wallkill town	27,426	18,712	4,380	137	871	11	2,202	1,113	6,162	21,264
Warwick town	32,065	28,355	1,631	102	477	*	839	659	3,279	28,786
Florida village	2,833	2,445	161	9	64	*	82	71	401	2,432
Greenwood Lake village	3,154	2,833	80	22	73	0	79	67	391	2,763
Warwick village	6,731	6,157	197	13	80	0	147	137	614	6,117
Wawayanda town	7,266	6,341	361	12	139	0	221	192	883	6,383
Woodbury town	11,353	8,983	735	38	692	6	586	313	1,674	9,679
Woodbury village	10,686	8,643	610	26	560	*	549	293	1,552	9,134

Source: United States Census Bureau, 2010 Census Redistricting Data, PL94-171 release

* Small numbers 5 and under are not reported

Note: Town totals include Village totals

Village of Harriman population is included entirely within the Town of Monroe for this table

Racial category listed as "alone" indicates people who reported having only that race in their ancestry

People of Hispanic or Latino ethnicity can be of any race and are included in the above numbers

NA and AN includes: Native American and Alaska Native

NH and PI includes: Native Hawaiian and Pacific Islander

Prepared by: Orange County Department of Planning

DEMOGRAPHIC PROFILE OF PUBLIC SCHOOL DISTRICTS IN ORANGE COUNTY, 2011-2012

School District	Racial/Ethnic Origin (2011-2012)				Attendance and Drop-Out Rate		
	Asian or Native Hawaiian/ Pacific Islander (% Enrolled)	Black- Non-Hispanic (% Enrolled)	Hispanic (% Enrolled)	White Non-Hispanic (% Enrolled)	Student Annual Attendance Rates (2011-2012)	Student Suspensions from 2011-2012 (Rate)	Drop-Outs from 2011-2012 (Rate)
Chester Union	56 (5%)	102 (10%)	283 (28%)	559 (55%)	95%	67 (6%)	8 (2%)
Cornwall Central	182 (5%)	222 (6%)	420 (12%)	2584 (75%)	85%	62 (2%)	16 (1%)
Florida Union	26 (3%)	49 (6%)	140 (17%)	621 (74%)	96%	26 (3%)	0 (0%)
Goshen Central	105 (4%)	132 (5%)	416 (14%)	2210 (77%)	96%	74 (3%)	3 (0%)
Greenwood Lake Union*	8 (1%)	9 (2%)	99 (18%)	415 (77%)	94%	6 (1%)	0 (0%)
Highlands Falls Central	29 (3%)	122 (12%)	231 (23%)	574 (58%)	94%	57 (6%)	8 (2%)
Kiryas Joel Village*	0 (0%)	0 (0%)	4 (3%)	146 (97%)	93%	0 (0%)	1 (5%)
Middletown City	164 (2%)	1858 (26%)	3390 (48%)	1515 (22%)	94%	539 (8%)	82 (4%)
Minisink Valley Central	79 (2%)	214 (5%)	537 (13%)	3437 (80%)	95%	320 (7%)	23 (2%)
Monroe-Woodbury Central	479 (7%)	474 (7%)	1233 (17%)	4942 (69%)	96%	115 (2%)	23 (1%)
Newburgh City	275 (2%)	3044 (27%)	4875 (44%)	2865 (26%)	94%	744 (7%)	180 (5%)
Pine Bush	133 (2%)	624 (11%)	881 (16%)	3911 (69%)	94%	350 (6%)	30 (1%)
Port Jervis City	41 (1%)	277 (10%)	289 (10%)	2238 (77%)	93%	227 (8%)	51 (5%)
Tuxedo Union	20 (3%)	23 (4%)	67 (11%)	481 (81%)	95%	21 (3%)	4 (1%)
Valley Central (Montgomery)	86 (2%)	488 (10%)	788 (17%)	3269 (70%)	95%	299 (6%)	32 (2%)
Warwick Valley	68 (2%)	196 (5%)	376 (9%)	3357 (84%)	95%	55 (1%)	7 (0%)
Washingtonville	135 (3%)	275 (6%)	705 (16%)	3247 (74%)	95%	87 (2%)	19 (1%)

*Kiryas Joel Village and Greenwood Lake Union Free School Districts do not have high schools

Source: New York State Education Department, School Report Card for School Year 2011-2012

https://reportcards.nysed.gov/

Exhibit 10

LIMITED ENGLISH PROFICIENCY AND ELIGIBILITY FOR FREE LUNCH BY SCHOOL DISTRICT, ORANGE COUNTY, 2011-2012

School District	Total Number of Students	Student Count and Percent	Limited English Proficiency	Eligibility for Free Lunch
Chester Union	**1,055**	# of Students	9	205
Chester Elementary School		Percent	1%	20%
Chester Junior-Senior High School				
Cornwall Central	**3,457**	# of Students	31	277
Cornwall Central High School		Percent	1%	8%
Cornwall Elementary School				
Cornwall-On-Hudson Elementary School				
Willow Avenue Elementary School				
Florida Union	**849**	# of Students	19	88
Golden Hill Elementary		Percent	2%	11%
Goshen Central	**2,951**	# of Students	92	392
Goshen Central High School		Percent	3%	14%
C.J. Hooker Middle School				
Scotchtown Avenue School				
Goshen Intermediate School				
S.S. Seward Institute				
Greenwood Lake Union	**547**	# of Students	2.0	234
Greenwood Lake Elementary School		Percent	0%	43%
Greenwood Lake Middle School				
Highlands Falls Central	**1,019**	# of Students	62	205
Highland Falls Elementary School		Percent	6%	21%
Highland Falls Middle School				
Fort Montgomery Elementary School				
James I. O'Neill High School				
Kiryas Joel Village	**132**	# of Students	125	127
Kiryas Joel Village School		Percent	83%	85%
Middletown City	**6,828**	# of Students	761	3,931
Maple Hill Elementary School		Percent	11%	56%
Mechanicstown School				
Memorial Education Center				
Middletown High School				
Middletown Twin Towers Middle School				
John W. Chorley School				
Monhagen Middle School				
Truman Moon School				

LIMITED ENGLISH PROFICIENCY AND ELIGIBILITY FOR FREE LUNCH BY SCHOOL DISTRICT, ORANGE COUNTY, 2011-2012

School District	Total Number of Students	Student Count and Percent	Limited English Proficiency	Eligibility for Free Lunch
Minisink Valley Central	**4,425**	# of Students	33	628
Minisink Valley Elementary School		Percent	1%	15%
Minisink Valley High School				
Minisink Valley Intermediate School				
Minisink Valley Middle School				
Otisville Elementary School				
Monroe-Woodbury Central	**7,375**	# of Students	239	802
Monroe Woodbury High School		Percent	3%	11%
Monroe Woodbury Middle School				
Smith Clove Elementary School				
Sapphire Elementary School				
Pine Tree Elementary School				
Central Valley School				
North Main Street School				
Newburgh City	**11,227**	# of Students	1,593	6,277
Broadway School		Percent	14%	56%
Fostertown Etc Magnet School				
Gams Tech Magnet School				
Gardnertown Fundamental Magnet School				
Horizon-On-The-Hudson Magnet School				
Heritage Junior High School				
Meadow Hill Global Explorations Magnet School				
New Windsor School				
Newburgh Free Academy				
Newburgh Prekindergarten Center				
North Junior High School				
Balmville School				
South Junior High School				
Temple Hill School				
West Street Pre-K Center				
Vails Gate High Tech Magnet School				
Pine Bush	**5,696**	# of Students	75	1344
Circleville Elementary School		Percent	1%	24%
Circleville Middle School				
Crispell Middle School				
E.J. Russell Elementary School				
Pakanasink Elementary School				
Pine Bush Elementary School				
Pine Bush Senior High School				

LIMITED ENGLISH PROFICIENCY AND ELIGIBILITY FOR FREE LUNCH BY SCHOOL DISTRICT, ORANGE COUNTY, 2011-2012

School District	Total Number of Students	Student Count and Percent	Limited English Proficiency	Eligibility for Free Lunch
Port Jervis City	**2,957**	# of Students	23	1313
Anna S. Kuhl Elementary School		Percent	1%	45%
Port Jervis Middle School				
Port Jervis Senior High School				
Sullivan Avenue School				
N.A. Hamilton Bicentenial School				
Tuxedo Union	**623**	# of Students	4	51
George Grant Mason Elementary School		Percent	1%	9%
George F. Baker High School				
Valley Central (Montgomery)	**4,810**	# of Students	38	821
Walden Elementary School		Percent	1%	18%
Valley Central Middle School				
Valley Central High School				
Berea Elementary School				
Maybrook Elementary School				
Montgomery Elementary School				
East Coldenham Elementary School				
Warwick Valley	**4,166**	# of Students	38	276
Park Avenue Elementary School		Percent	1%	7%
Warwick Valley Middle School				
Warwick Valley High School				
Sanfordville Elementary School				
Pine Island School				
Kings Elementary School				
Washingtonville	**4,451**	# of Students	41	601
Washingtonville Middle School		Percent	1%	15%
Washingtonville Senior High School				
Taft Elementary School				
Round Hill Elementary School				
Little Britain Elementary School				

Source: New York State Report Card for School Year 2011-2012
https://reportcards.nysed.gov/

EDUCATIONAL ATTAINMENT PERSONS 25 AND OVER, ORANGE COUNTY, 2010

Geographic Area	Level of Schooling Achieved for Population Age 25 and Over							
	Total Population Age 25 and Over	Less Than 9th Grade	9th-12th Grade, No Diploma	High School Grad or Equiv.	Some College, No Degree	Associate	Bachelor	Graduate or Professional
Orange County	232,097	10,704	20,066	71,400	44,615	21,128	36,942	27,242
Blooming Grove town	11,847	233	788	3,910	2,805	1,075	1,834	1,202
South Blooming Grove village	2,239	40	82	761	621	168	343	224
Washingtonville village	4,033	95	358	1,535	866	378	486	315
Chester town	8,547	303	412	1,928	1,719	1,104	1,956	70
Chester village	3,018	155	261	715	647	325	456	459
Cornwall town	8,381	183	430	2,104	1,391	681	1,800	1,792
Cornwall-on-Hudson village	2,150	30	21	304	382	131	571	711
Crawford town	6,216	313	341	1,972	1,189	624	874	903
Deerpark town	5,520	129	713	2,217	1,113	561	394	393
Goshen town	9,503	506	977	2,480	1,691	917	1,596	1,336
Goshen village	3,750	159	322	1,014	790	312	581	572
Greenville town	2,791	79	208	893	486	389	464	272
Hamptonburgh town	3,410	40	153	935	863	227	625	567
Highlands town	3,287	42	159	681	646	297	612	850
Highland Falls village	1,449	36	129	407	324	94	198	261
Middletown city	17,092	1,836	2,393	5,534	2,944	1,468	1,802	1,115
Minisink town	2,863	89	61	944	668	241	539	321
Unionville village	275	0	*	126	70	28	30	18
Monroe town	18,134	949	2,341	4,877	3,115	1,362	3,188	2,302
Harriman village (total)	1,654	0	79	364	359	289	270	293
Kiryas Joel village	5,353	481	1,764	2,007	655	128	230	88
Monroe village	5,325	296	290	1,308	909	478	1,289	755
Montgomery town	14,796	270	1,454	5,299	3,153	1,237	1,978	1,405
Maybrook village	1,948	46	249	756	354	170	227	146
Montgomery village	2,554	0	110	902	702	194	469	177
Walden village	4,800	181	673	1,648	1,053	358	450	437
Mount Hope town	4,849	251	373	1,611	997	598	707	312
Otisville village	752	40	69	281	148	77	73	64
Newburgh city	16,208	2,380	2,939	5,814	2,225	849	1,261	740
Newburgh town	20,466	607	1,405	6,466	4,144	2,138	3,231	2,475
New Windsor town	16,808	564	1,503	4,551	3,833	1,754	2,650	1,953
Port Jervis city	5,802	266	831	2,526	948	386	534	311
Tuxedo town	2,635	13	57	536	526	91	846	566
Tuxedo Park village	452	0	6	41	43	21	163	178
Wallkill town	18,573	787	1,286	6,274	3,660	1,943	2,866	1,757
Warwick town	22,299	678	811	6,490	4,415	2,019	4,497	3,389
Florida village	2,151	55	128	803	339	266	356	204
Greenwood Lake village	2,242	59	127	806	597	184	364	105
Warwick village	4,850	143	238	1,197	839	517	1,072	844
Wawayanda town	4,644	61	245	1,720	735	518	827	538
Woodbury town	7,426	125	186	1,638	1,349	649	1,861	1,618
Woodbury village	6,956	125	180	1,564	1,258	554	1,778	1,497

Source: United States Census Bureau American Community Survey, 2006-2010 5 year estimates, Table B15002

* Small numbers 5 and under not reported

Note: Town totals include Village totals

Village of Harriman population is included entirely within the Town of Monroe for this table

Villages of South Blooming Grove and Woodbury were incorporated in 2006

Prepared by: Orange County Department of Planning

ORANGE COUNTY STUDENTS RECEIVING REGENTS DIPLOMAS BY SCHOOL DISTRICT, 2011-2012

School District	Total Graduates 2011-2012	Regents Diploma	% Regents Diploma
Chester Union Free School District	71	64	90%
Cornwall Central School District	303	298	98%
Florida Union Free School District	77	71	92%
Goshen Central School District	246	229	93%
Greenwood Lake Union Free School District*	N/A	N/A	N/A
Highland Falls Central School District	121	109	90%
Kiryas Joel Village Union Free School District*	N/A	N/A	N/A
Middletown City School District	434	400	92%
Minisink Valley Central School District	352	319	91%
Monroe-Woodbury Central School District	574	535	93%
Newburgh City School District	666	558	84%
Pine Bush Central School District	416	378	91%
Port Jervis City School District	213	185	87%
Tuxedo Union Free District	105	89	85%
Valley Central School District	356	324	91%
Warwick Valley Central School District	366	347	95%
Washingtonville Central School District	378	344	91%

*Kiryas Joel Village and Greenwood Lake Union Free School Districts do not have high schools

Source: New York State School Report Card for School Year 2011-2012

https://reportcards.nysed.gov/

ORANGE COUNTY FAMILIES BY MUNICIPALITY AND INCOME, 2010

Geographic Area	Total households	Median household income	Households below federal poverty level ($22,314)	Households below local poverty level ($34,762)
Orange County	124,379	$69,523	10,694	30,184
Blooming Grove town	6,278	$85,967	344	1,139
South Blooming Grove village	1,211	$85,332	80	191
Washingtonville village	2,189	$85,297	109	526
Chester town	4,455	$90,915	48	486
Chester village	1,651	$75,856	30	283
Cornwall town	4,775	$76,495	156	851
Cornwall-on-Hudson village	1,220	$80,972	66	198
Crawford town	3,255	$79,512	145	673
Deerpark town	3,147	$46,760	312	1,244
Goshen town	4,214	$86,940	264	823
Goshen village	1,828	$77,422	127	444
Greenville town	1,469	$90,396	47	226
Hamptonburgh town	1,606	$106,146	53	177
Highlands town	1,823	$74,906	106	314
Highland Falls village	892	$65,192	98	217
Middletown city	9,522	$54,354	1,378	3,219
Minisink town	1,474	$85,941	18	181
Unionville village	147	$46,750	5	46
Monroe town	9,946	$62,826	2,280	3,351
Harriman village (total)	1,068	$70,000	21	228
Kiryas Joel village	3,437	$19,775	2,047	2,459
Monroe village	2,681	$97,863	170	425
Montgomery town	8,038	$67,449	513	2,010
Maybrook village	1,147	$57,303	127	309
Montgomery village	1,363	$71,367	52	363
Walden village	2,737	$55,760	235	794
Mount Hope town	2,047	$76,427	69	238
Otisville village	424	$61,875	19	110
Newburgh city	9,140	$36,153	1,963	4,346
Newburgh town	10,774	$77,027	547	1,943
New Windsor town	9,358	$72,336	419	1,981
Port Jervis city	3,463	$42,938	540	1,525
Tuxedo town	1,502	$78,571	48	264
Tuxedo Park village	228	$128,333	12	21
Wallkill town	10,054	$65,949	765	2,418
Warwick town	12,044	$84,104	488	2,038
Florida village	1,170	$67,115	28	211
Greenwood Lake village	1,204	$69,508	115	281
Warwick village	2,866	$66,111	158	747
Wawayanda town	2,246	$93,354	90	316
Woodbury town	3,749	$106,084	101	419
Woodbury village	3,470	$106,454	101	406

Source: United States Census Bureau American Community Survey, 2006-2010 5 year estimates, Table DP03

Note: Federal poverty level in 2010 is calculated for a family of four by the Department of Housing and Urban Development

Local poverty level is determined by RECAP, Inc of Middletown determined to be 50% of the County's medican household income in 2010

Exhibit 14

POVERTY STATUS BY AGE, RACE, AND ETHNICITY IN ORANGE COUNTY, 2010

Age Group	Total Population Below Poverty	Hispanic or Latino	Not Hispanic or Latino						
			White Alone	Black or African-American Alone	American Indian/ Alaska Native Alone	Asian Alone	Native Hawaiian/ Pacific Islander Alone	Some Other Race Alone	Two or More Races
Population Under Age 18 Below Federal Poverty Level	19,206	4,567	8,015	3,501	20	137	0	2,161	805
Under Age 5	6,202	921	3,367	1,010	0	65	0	615	224
Age 5	788	161	463	0	0	18	0	137	9
Ages 6-11	6,966	1,996	2,450	1,314	12	6	0	756	432
Ages 12-17	5,250	1,489	1,735	1,177	8	48	0	653	140
Population Ages 18-64 Below Federal Poverty Level	22,818	5,685	9,852	4,194	64	243	16	2,350	414
Population Age 65 and Over Below Federal Poverty Level	2,904	535	1,648	454	9	89	0	127	42

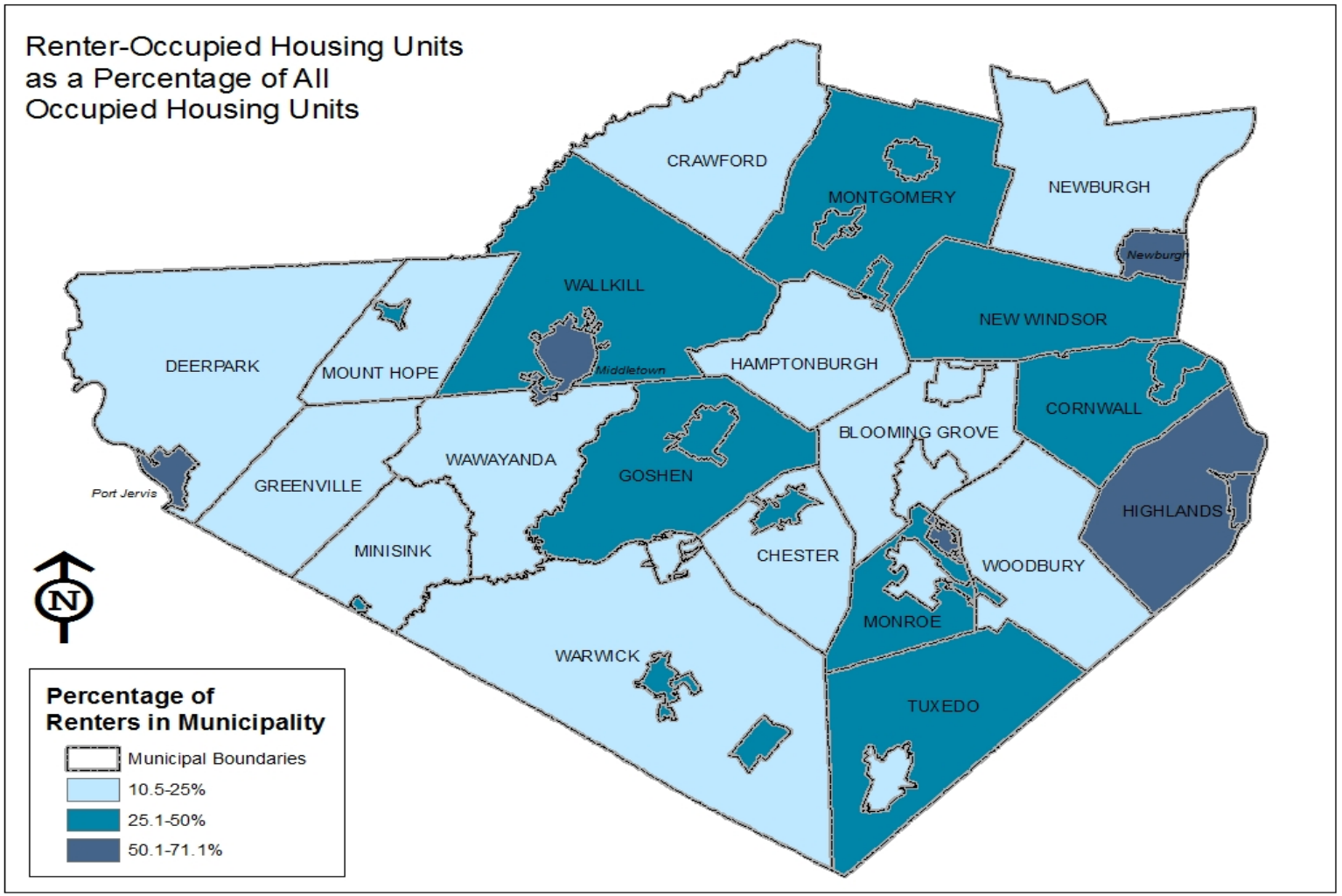
Source: United States Census Bureau American Community Survey, 2006-2010 5 year estimates, Table DP03

Note: Federal poverty level in 2010 is calculated for a family of four by the Department of Housing and Urban Development

POPULATION SERVED BY ORANGE COUNTY DEPARTMENT OF SOCIAL SERVICES, 2010-2012

HUMAN SERVICES	2010	2011	2012
Investigations of reported Child Abuse/Neglect (Children under age 18)	3,968	3,951	3,902
Children in care (mo. average)	417	402	380
Number of families receiving Preventive Services	388	436	395
Children adopted	36	46	26
Average Number of youth receiving PINS/JD Prevention Services per month	183	184	167
ECONOMIC INDEPENDENCE	**2010**	**2011**	**2012**
Temporary Assistance (TA) applications filed	8,278	8,601	7,007
TA cases (end of year)	3,187	3,280	3,146
TA recipients (end of year)	6,644	7,026	6,795
-Family Assistance (FA) cases (end of year)	1,553	1,602	1,503
-Safety Net Assistance (SNA) cases (end of year)	1,634	1,678	1,643
Home Energy Assistance Program (HEAP) payments	32,039	23,721	22,224
Medicaid applications filed	13,844	14,095	13,951
Medicaid only (MA) cases (end of year)	20,449	21,624	22,817
Family Health Plus (FHP) Cases (end of year) *incl. in MA only cases above	3,283	3,721	3,777
Medical Transportation requests (ambulance, ambulette & taxi)	169,495	N/A	N/A
FS only cases (end of year)	14,692	16,464	15,882
Employment of TA recipients (via Employment & Training Adm.)	1,237	1,501	1,226
Homeless applicants/cases	3,763	2,991	2,518
Cases diverted to other housing remedies or ineligible	2,028	2,140	1,646
Homeless cases/households-			
Temporarily housed at Emergency Housing Shelter (mo. average)	48	53	47
Temporarily housed at Hotel/Motel (mo. average)	58	24	13
Temporarily housed in transitional housing-Project Life (mo. average) -- Additional information is on page 31	16	19	15
ADMINISTRATIVE DIVISION	**2010**	**2011**	**2012**
Child Support cases (end of year)	30,466	30,868	26,219
Child Support collected (end of year)	$3.8mil	$3.7mil	$3.1mil
DSS Cases with substantiated fraud (Special Investigation results)	418	472	310
Child Care Subsidy Cases (mo. average)	748	677	698

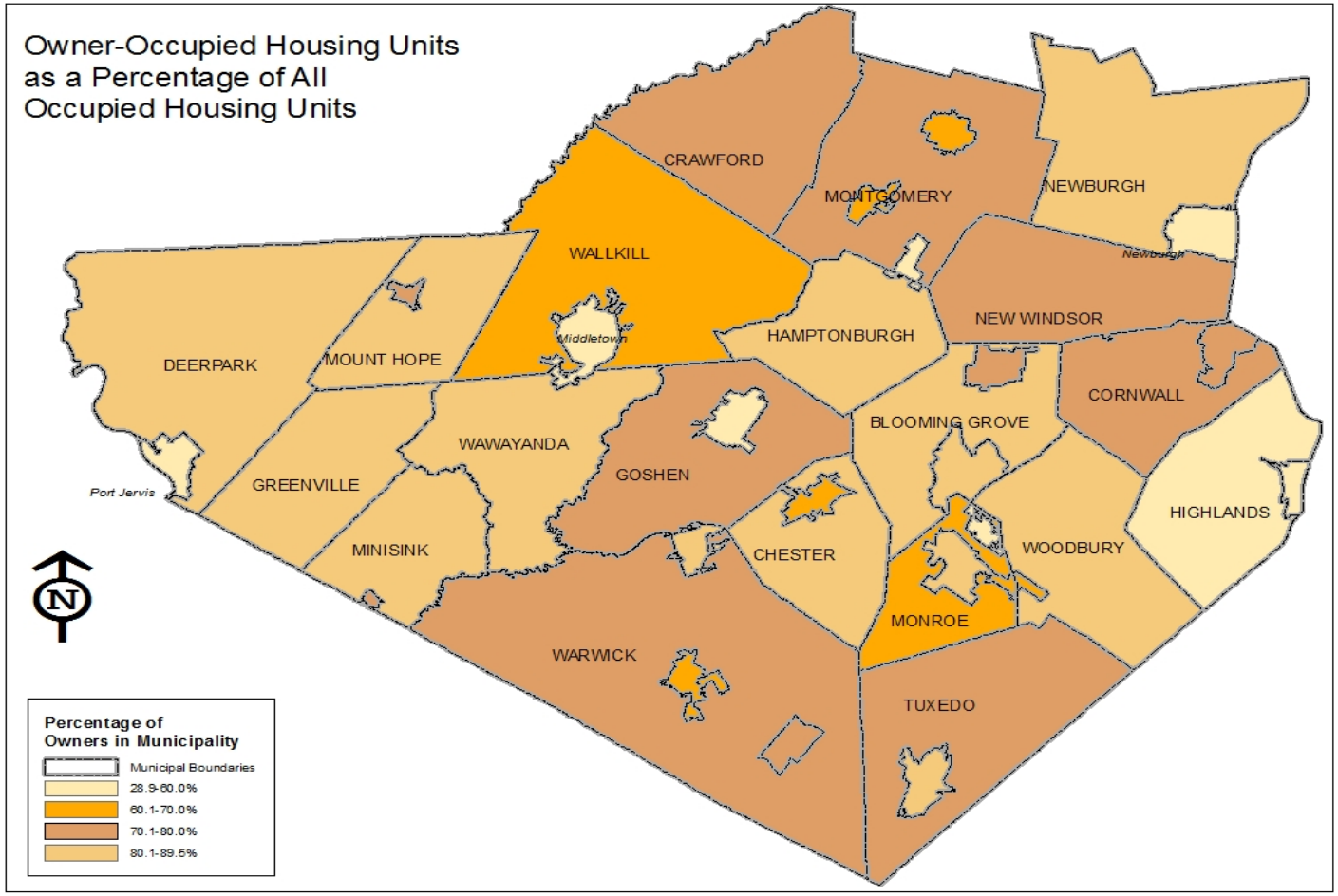
Source: Orange County Department of Social Services, 2013



- The average size of a household living in a renter-occupied home in Orange County is 2.71 people
- On-base housing at West Point, in the Town of Highlands, is considered rental housing, which greatly increases the percentage of renter-occupied housing units in the Town of Highlands

Source: United States Census Bureau, 2010 Decennial Census

Exhibit 17

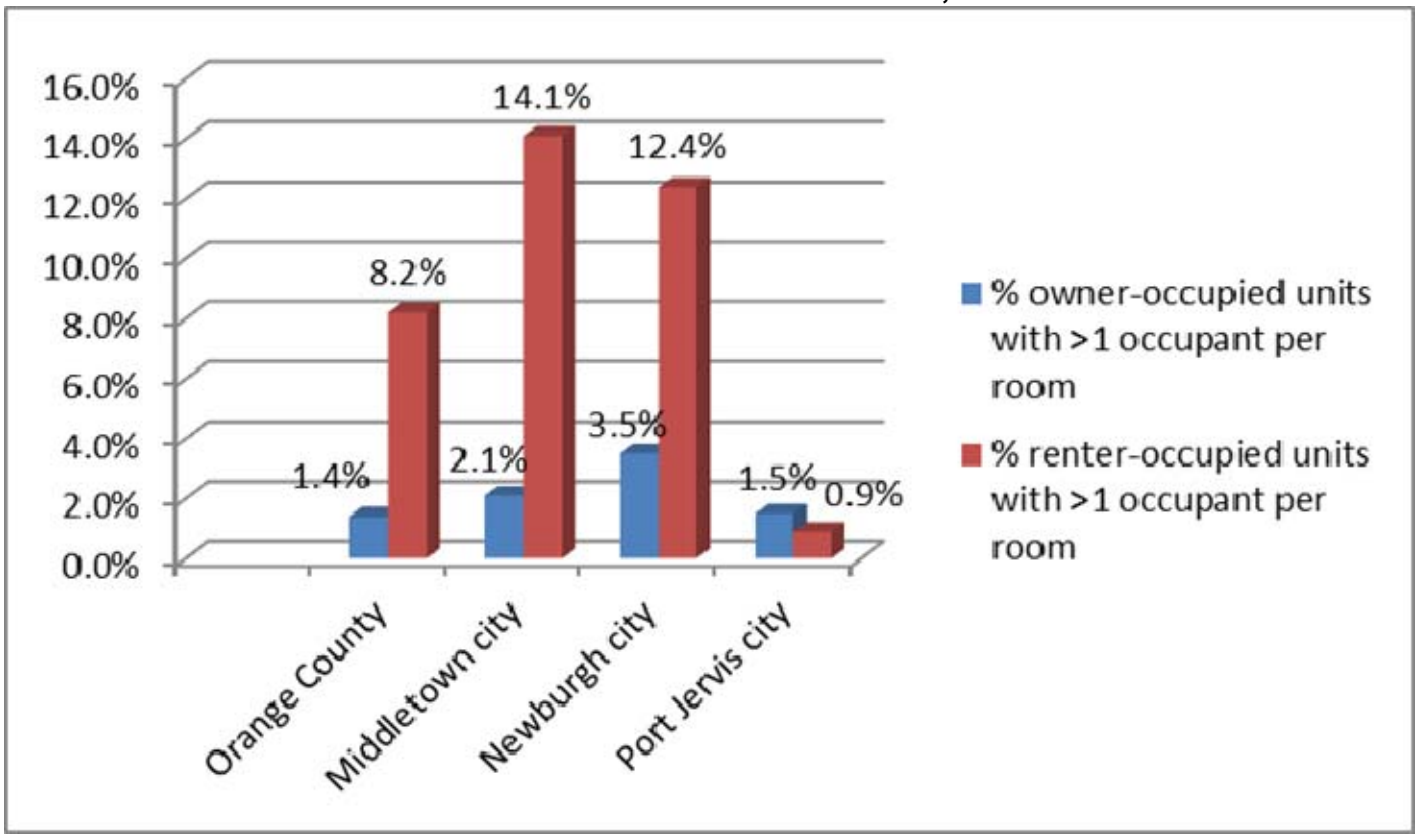


- The Village of Kiryas Joel has the lowest homeownership rate in Orange County, at 28.9%
- The Town of Hamptonburgh has the highest rate of homeownership in the County, at 89.5%
- Of the three cities in Orange County, Middletown has the highest rate of homeownership at 49%
- The average size of a household living in an owner-occupied home in Orange County is 2.93 people

Source: United States Census Bureau, 2010 Decennial Census

Exhibit 18

OWNER AND RENTER OCCUPIED UNITS WITH >1 OCCUPANT PER ROOM, ORANGE COUNTY AND SELECTED CITIES, 2006-2010



Source: United States Census Bureau, 2006-2010 American Community Survey 5-year estimates, Table B25014

ORANGE COUNTY REGIONAL COMPARISONS, 2010

Regional Population by Age, Race and Ethnicity, 2010

County	Population			Age				Race & Ethnicity			
	Total 2010	Density (people/ sq. mi.)	% Change since 2000	0-19	20-34	35-64	65 and over	White	Black	Asian	Hispanic/ Latino
Orange	**372,813**	**459.3**	**9.2%**	**112,949**	**66,395**	**152,484**	**40,985**	**287,802**	**37,946**	**8,895**	**67,185**
Dutchess	297,488	373.9	6.2%	76,983	53,212	126,989	40,304	238,387	29,518	10,437	31,267
Putnam	99,710	432.9	4.1%	25,842	14,590	46,861	12,417	90,470	2,350	1,882	11,661
Rockland	311,687	1795.9	8.7%	96,028	53,980	119,838	41,841	228,295	37,058	19,293	48,783
Sullivan	77,457	80.1	4.8%	19,583	13,064	33,445	11,455	63,560	7,039	1,075	10,554
Ulster	182,493	162.3	2.7%	42,566	32,430	80,453	27,044	158,184	10,982	3,106	15,909
Westchester	949,113	2204.7	2.8%	251,407	161,593	396,991	139,122	646,471	138,118	51,716	207,032
Pike County, PA	57,369	104.9	23.9%	14,836	7,504	25,726	9,303	50,856	3,322	597	5,173
Bergen County, NJ	905,116	3865.2	2.4%	224,186	152,319	329,971	137,103	650,703	52,473	131,329	145,281
Sussex County, NJ	149,265	286.4	3.5%	39,569	21,671	70,175	17,850	139,504	2,677	2,642	9,617
Passaic County, NJ	501,226	2705.1	2.5%	140,395	102,699	197,808	60,325	314,001	64,295	25,092	185,667

Source: United State Census Bureau, 2010 Decennial Census

Note: Hispanic or Latino is an ethnicity; people who identify as Hispanic or Latino may be of any race

Regional Employment and Poverty, 2006-2010

County			Unemployment			Poverty	
	Total Estimated Population	Population in Labor Force	Number	Rate	Estimated Number of Households	Households Below Federal Poverty Level	Households Receiving Cash Public Assistance
Orange	**370,201**	**189,079**	**11,418**	**4.1%**	**124,379**	**17,479**	**2,157**
Dutchess	296,152	153,872	10,668	4.5%	106,952	14,770	1,732
Putnam	99,545	52,259	2,980	3.8%	34,907	3,012	206
Rockland	305,461	149,048	7,998	3.5%	97,557	11,993	933
Sullivan	77,625	37,623	3,323	5.4%	29,722	6,863	743
Ulster	182,782	96,182	6,203	4.1%	70,691	12,220	1,331
Westchester	939,406	483,490	31,490	4.3%	345,795	45,914	6,483
Bergen County, NJ	896,482	475,551	27,437	3.8%	333,874	40,479	4,411
Passaic County, NJ	496,204	249,822	19,057	4.9%	161,428	33,757	4,368
Sussex County, NJ	149,996	84,060	5,953	5.1%	55,842	5,295	868
Pike County, PA	56,993	27,071	2,673	5.9%	22,190	3,448	421

Source: United States Census Bureau, 2006-2010 American Community Survey 5-year Estimates

Note: The federal poverty level in 2010 for an average family of four was $22,314, as determined by the United States Census Bureau

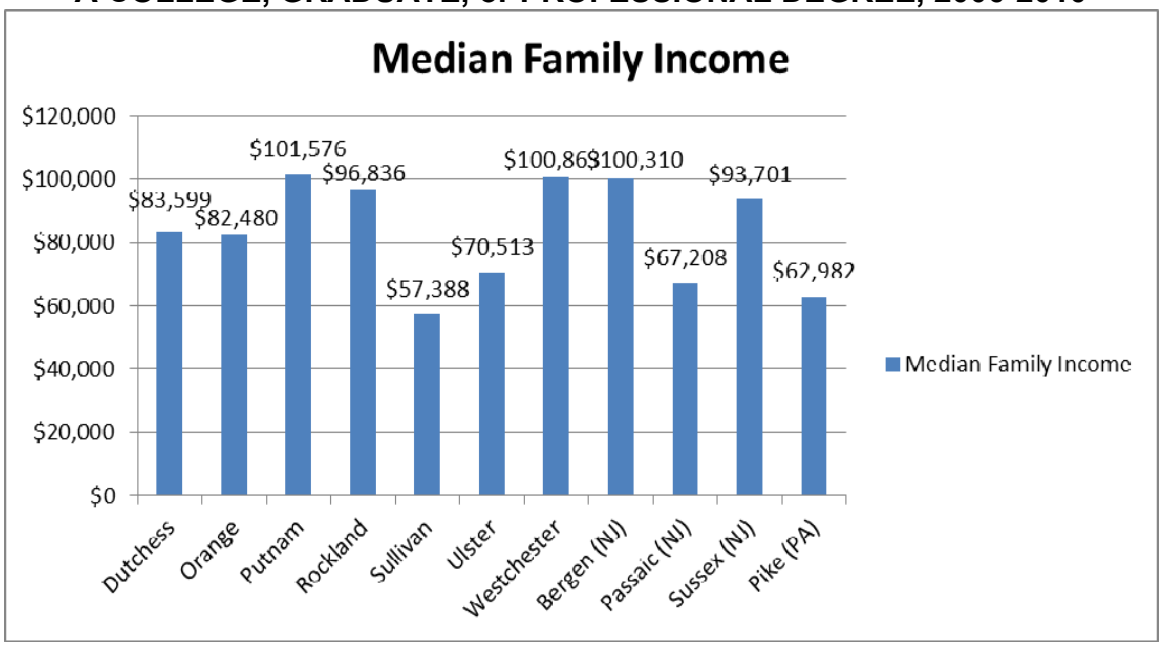
ORANGE COUNTY REGIONAL COMPARISONS, INCOME AND EDUCATIONAL ATTAINMENT, 2006-2010

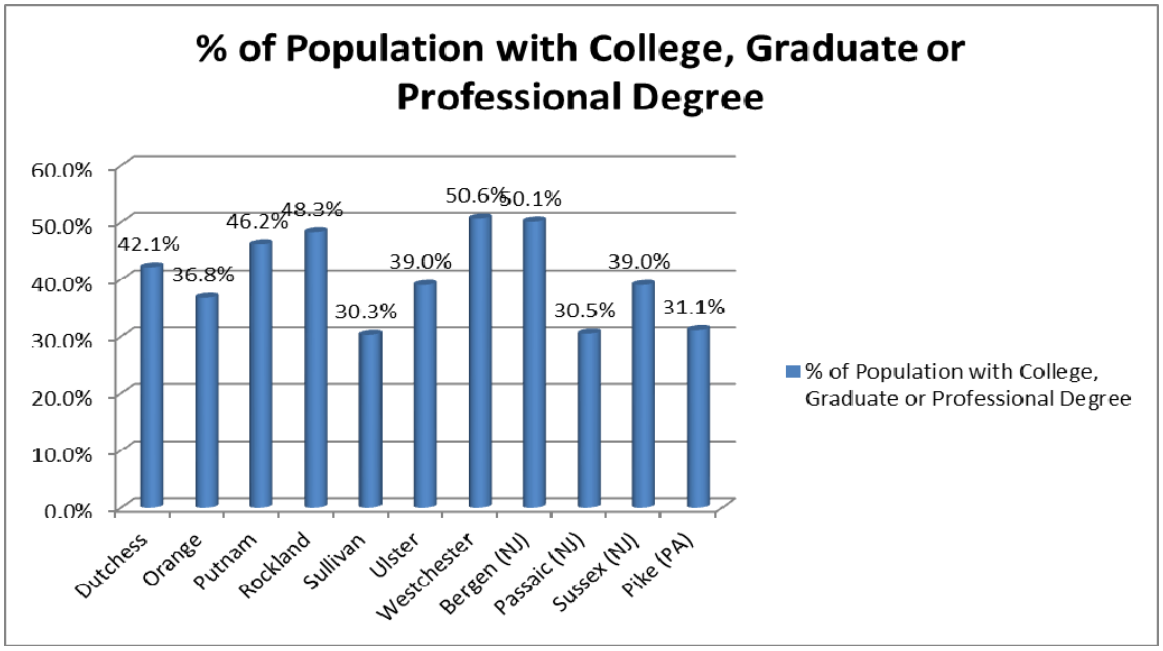
	Median Income		Income Over $150,000		Educational Attainment for Population Age 25 and Over						
County	Family	Household	Number of Families	Number of Households	Less Than High School Graduate	HS Diploma or GED	% HS Grad or Equivalent	Some College, No Degree	Associate or Bachelor Degree	Graduate or Professional Degree	% College Degree
Orange	**$82,480**	**$69,523**	**13,760**	**15,256**	**30,770**	**71,400**	**30.8%**	**44,615**	**58,070**	**27,242**	**36.8%**
Dutchess	$83,599	$69,838	11,781	13,537	21,465	57,991	29.5%	34,466	55,528	27,265	42.1%
Putnam	$101,576	$89,218	6,799	7,411	4,308	19,790	29.1%	12,503	20,534	10,865	46.2%
Rockland	$96,836	$82,534	19,793	21,309	23,262	45,827	23.8%	30,524	57,893	35,114	48.3%
Sullivan	$57,388	$48,103	1,460	1,725	8,617	18,371	34.4%	10,273	11,461	4,726	30.3%
Ulster	$70,513	$57,584	4,901	6,059	15,779	37,323	29.5%	24,190	32,189	17,188	39.0%
Westchester	$100,863	$79,619	76,276	85,106	80,248	145,983	23.0%	87,662	181,105	140,505	50.6%
Bergen (NJ)	$100,310	$81,708	66,986	73,321	56,935	158,636	25.4%	96,780	209,036	104,245	50.1%
Passaic (NJ)	$67,208	$54,944	16,441	18,384	59,626	112,646	35.0%	50,872	72,957	25,335	30.5%
Sussex (NJ)	$93,701	$83,089	7,907	8,606	7,055	33,688	33.2%	21,097	28,597	10,915	39.0%
Pike (PA)	$62,982	$56,843	1,194	1,314	3,346	14,895	38.0%	8,806	9,089	3,107	31.1%

Sources: Education Data: United States Census Bureau, 2006-2010 American Community Survey 5-year estimates, Table DP02

Income Data: United States Census Bureau, 2006-2010 American Community Survey 5-year estimates, Table DP03

ORANGE COUNTY REGIONAL COMPARISONS, INCOME AND PERCENT AGED 25+ WITH A COLLEGE, GRADUATE, or PROFESSIONAL DEGREE, 2006-2010

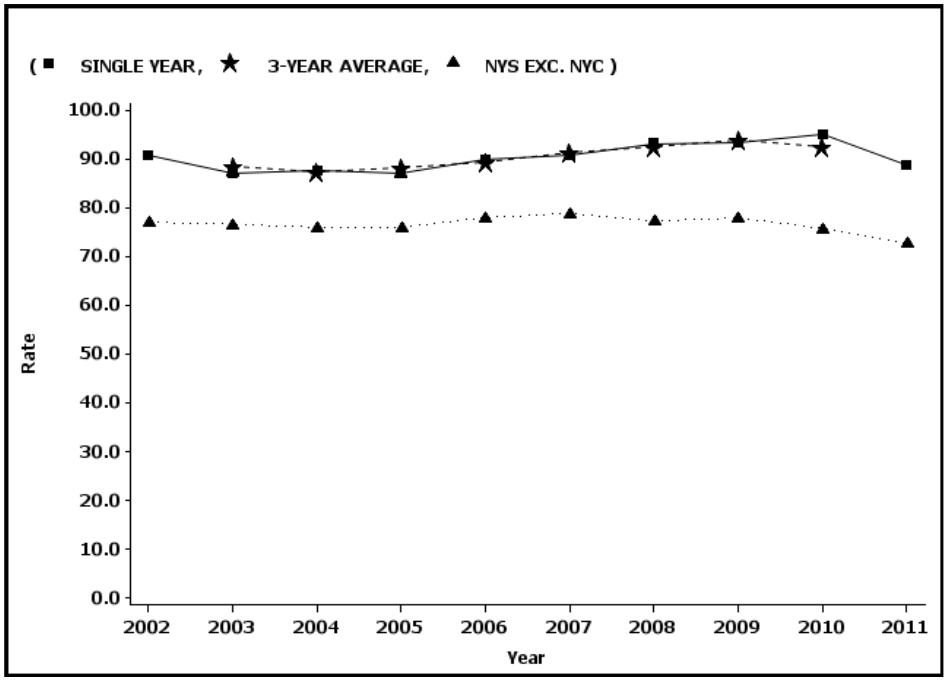




Sources: Education Data: United States Census Bureau, 2006-2010 American Community Survey 5-year estimates, Table DP02
Income Data: United States Census Bureau, 2006-2010 American Community Survey 5-year estimates, Table DP03

PREGNANCY RATES FEMALES (AGES 15-44), ORANGE COUNTY AND NEW YORK STATE, 2009-2011

PREGNANCY RATES (AGES 15-44), TEN YEAR TIME TRENDS, 2002-2011



PREGNANCY RATES (AGES 15-44) PER 1,000 FEMALES

Year	Single Year Orange County	3-Year Average Orange County	Upstate New York
2002	90.8		77
2003	86.9	88.4	76.7
2004	87.6	87.2	75.9
2005	87.1	88.2	76
2006	89.8	89.2	78
2007	90.6	91.2	78.9
2008	93.2	92.4	77.3
2009	93.3	93.8	77.9
2010	95	92.3	75.8
2011	88.6		72.7

PREGNANCY RATES (AGES 15-44) PER 1,000 FEMALES

	Pregnancies Age (15-44)				Population	Crude
Region/County	2009	2010	2011	Total	2009-2011	Rate
Orange	6,988	6,826	6,347	20,161	72,779	92.3
Hudson Valley Region	35,698	34,519	32,457	102,674	432,060	79.2
New York State	378,814	372,588	362,200	1,113,602	4,034,265	92

Source: 2009-2011 Vital Statistics Data as of February, 2013

TEENAGE PREGNANCY RATES BY AGE GROUP (AGES 10-14, 15-17, 15-19), ORANGE COUNTY AND NEW YORK STATE, 2009-2011

TEENAGE PREGNANCIES (AGES 10-14) - RATES PER 1,000 FEMALES

	Pregnancies (Ages 10-14)				Avg Female Population (Ages 10-14)	Percent
Region/County	2009	2010	2011	Total	2009-2011	Rate
Orange	9	7	7	23	14,245	0.5
Hudson Valley Region	48	45	29	122	78,513	0.5
New York State	828	775	609	2,212	589,478	1.3

TEENAGE PREGNANCIES (AGES 15-17) - RATES PER 1,000 FEMALES

	Pregnancies (Ages 15-17)				Avg Female Population (Ages 15-17)	Percent
Region/County	2009	2010	2011	Total	2009-2011	Rate
Orange	222	168	147	537	8,813	20.3
Hudson Valley Region	898	693	637	2,228	49,731	14.9
New York State	12,152	11,033	9,546	32,731	383,464	28.5

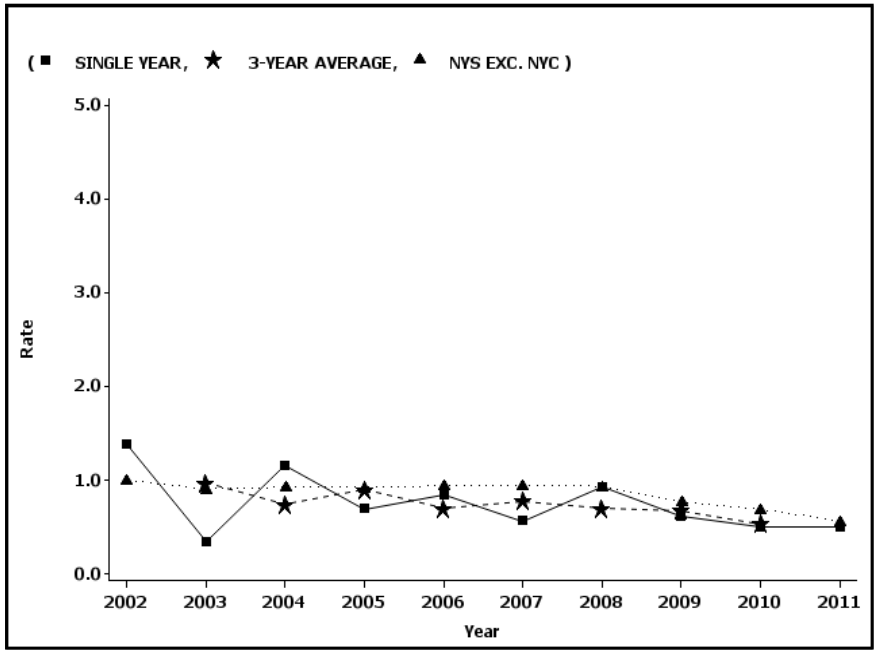
TEENAGE PREGNANCIES (AGES 15-19) - RATES PER 1,000 FEMALES

	Pregnancies (Ages 15-19)				Avg Female Population (Ages 15-19)	Percent
Region/County	2009	2010	2011	Total	2009-2011	Rate
Orange	669	577	546	1,792	14,139	42.2
Hudson Valley Region	2,813	2,445	2,087	7,345	81,913	29.9
New York State	36,230	33,502	29,706	99,438	660,473	50.2

Source: 2009-2011 Vital Statistics Data as of February, 2013

TEENAGE PREGNANCY RATES BY AGE GROUP (AGES 10-14), ORANGE COUNTY AND NEW YORK STATE, 2009-2011

TEENAGE PREGNANCY RATES BY AGE GROUP (10-14), TEN YEAR TIME TRENDS, 2002-2011



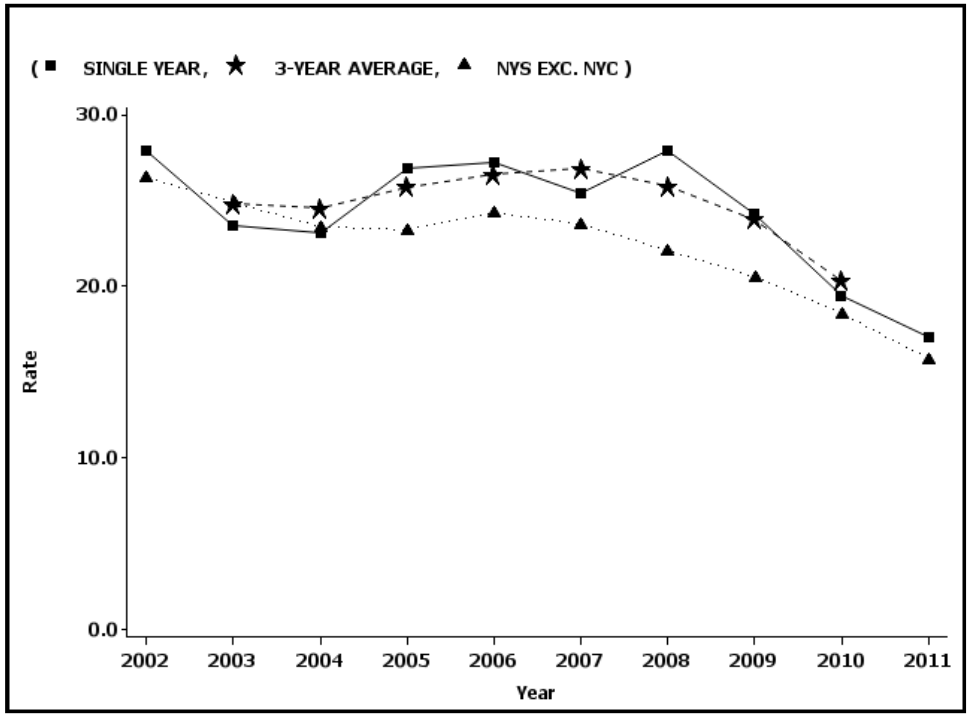
TEENAGE (AGES 10-14) PREGNANCY RATES PER 1,000 FEMALES

Year	Single Year Orange County	3-Year Average Orange County	Upstate New York
2002	1.4		1.0
2003	0.4	1.0	0.9
2004	1.2	0.7	0.9
2005	0.7	0.9	0.9
2006	0.8	0.7	0.9
2007	0.6	0.8	1.0
2008	0.9	0.7	0.9
2009	0.6	0.7	0.8
2010	0.5	0.5	0.7
2011	0.5		0.6

Source: 2009-2011 Vital Statistics Data as of February, 2013

TEENAGE PREGNANCY RATES BY AGE GROUP (AGES 15-17), ORANGE COUNTY AND NEW YORK STATE, 2009-2011

TEENAGE PREGNANCY RATES BY AGE GROUP (15-17), TEN YEAR TIME TRENDS, 2002-2011



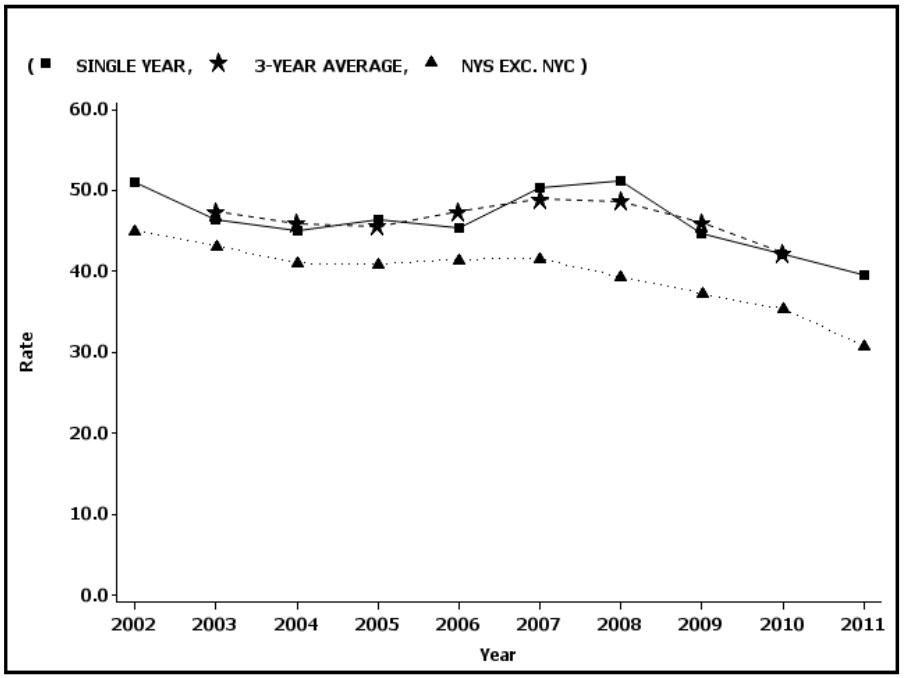
TEENAGE (AGES 15-17) PREGNANCY RATES PER 1,000 FEMALES

Year	Single Year Orange County	3-Year Average Orange County	Upstate New York
2002	27.9		26.3
2003	23.5	24.8	24.9
2004	23.1	24.6	23.5
2005	26.9	25.8	23.3
2006	27.3	26.5	24.3
2007	25.5	26.9	23.6
2008	27.9	25.9	22.1
2009	24.2	23.9	20.6
2010	19.4	20.3	18.4
2011	17		15.8

Source: 2009-2011 Vital Statistics Data as of February, 2013

TEENAGE PREGNANCY RATES BY AGE GROUP (AGES 15-19), ORANGE COUNTY AND NEW YORK STATE, 2009-2011

TEENAGE PREGNANCY RATES BY AGE GROUP (15-19), TEN YEAR TIME TRENDS, 2002-2011



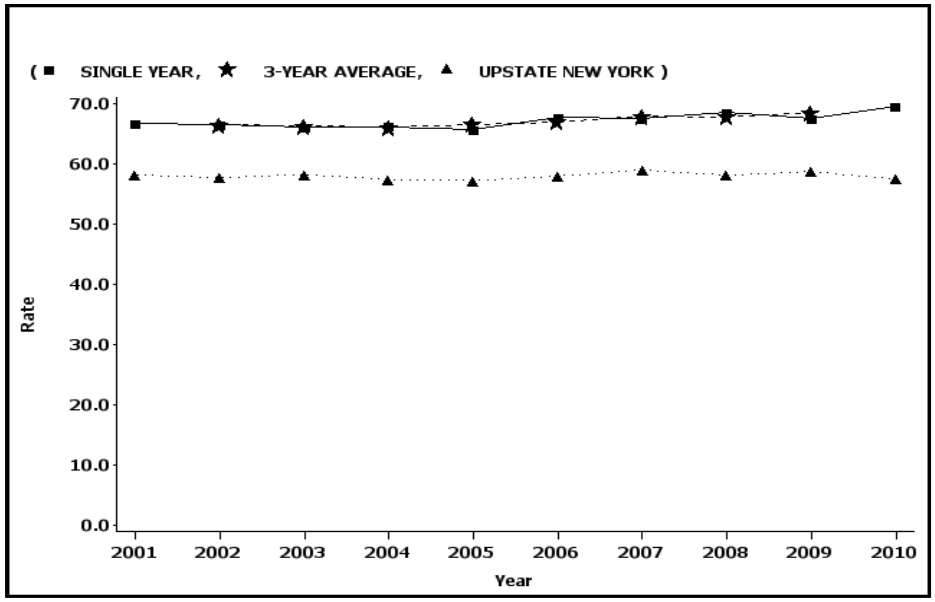
TEENAGE (AGES 15-19) PREGNANCY RATES PER 1,000 FEMALES

Year	Single Year Orange County	3-Year Average Orange County	Upstate New York
2002	51.0		45.1
2003	46.4	47.4	43.2
2004	45.0	45.9	41.0
2005	46.4	45.6	40.9
2006	45.3	47.4	41.5
2007	50.3	49.0	41.6
2008	51.2	48.7	39.4
2009	44.7	46.1	37.3
2010	42.2	42.2	35.4
2011	39.6		30.8

Source: 2009-2011 Vital Statistics Data as of February, 2013

BIRTH RATES FEMALES (AGES 15-44), ORANGE COUNTY AND NEW YORK STATE, 2009-2011

BIRTH RATES FEMALES (AGES 15-44), TEN YEAR TIME TRENDS 2002-2011



BIRTH RATES (AGES 15-44) PER 1,000 FEMALES

Year	Single Year Orange County	3-Year Average Orange County	Upstate New York
2002	66.6		57.8
2003	66.2	66.3	58.3
2004	66.3	66.1	57.5
2005	65.8	66.6	57.3
2006	67.8	67.1	58
2007	67.6	68	59
2008	68.6	67.9	58.2
2009	67.6	68.6	58.8
2010	69.6	68.2	57.5
2011	67.5		57

BIRTH RATES (AGES 15-44) PER 1,000 FEMALES

	Births Females Age (15-44)				Population	Crude
Region/County	2009	2010	2011	Total	2009-2011	Rate
Orange	5,062	4,999	4,835	14,896	72,779	68.2
Hudson Valley Region	27,143	26,950	26,081	80,174	432,060	61.9
New York State	246,592	242,913	239,736	729,241	4,034,265	60.3

Source: 2009-2011 Vital Statistics Data as of February, 2013

BIRTH RATES PER 1,000 FEMALES (AGES 15-44) BY MATERNAL RACE, ETHNICITY, AGE, AND ZIP CODE, ORANGE COUNTY, 2008-2011

	2008		2009		2010		2011		2008-2011 Averages		
Birth Rates	Total Births	Rate	Total Births	Rate	Total Births	Rate	Total Births	Rate	Avg Births 2008-2011	Females Ages 15-44	Rate
Orange County	5,405	75.2	5,061	70.5	4,997	69.6	4,831	67.3	5,074	71,828	70.6

BIRTH RATES BY MATERNAL RACE AND ETHNICITY

	2008		2009		2010		2011		2008-2011 Averages		
Race/Ethnicity	Births	Rate	Births	Rate	Births	Rate	Births	Rate	Avg Births 2008-2011	Females Ages 15-44	Rate
White	4,093	79.7	3,761	73.2	3,778	73.6	3,600	70.1	3,808	51,351	60.1
Black	497	61.8	489	60.8	466	57.9	472	58.7	481	8,042	59.8
Hispanic	1,300	84.0	1,234	79.7	1,105	71.4	1,133	73.2	1,193	15,477	77.1
Other	808	65.0	806	64.8	748	60.2	758	61.0	780	12,435	62.7

BIRTH RATES BY MATERNAL AGE

	2008		2009		2010		2011		2008-2011 Averages		
Age Ranges	Births	Rate	Births	Rate	Births	Rate	Births	Rate	Avg Births 2008-2011	Females Ages 15-44	Rate
15-19	352	25.7	313	22.9	295	21.6	294	21.5	313	13,683	22.9
20-24	1,124	104.4	1,063	98.7	1,085	100.7	995	92.4	1,066	10,766	99.1
25-44	3,914	82.6	3,673	77.5	3,605	76.1	3,532	74.5	3,681	47,379	77.7

BIRTH RATES BY MATERNAL ZIP CODE

	2008		2009		2010		2011		2008-2011 Averages		
Zip codes	Births	Rate	Births	Rate	Births	Rate	Births	Rate	Avg Births 2008-2011	Females Ages 15-44	Rate
10940	777	77.1	716	71.0	666	66.1	638	63.6	699	10,078	69.4
10950	1,269	144.5	1,181	134.4	1,232	140.3	1,276	145.3	1,239	8,784	141.1
12550	959	81.4	956	81.1	879	74.6	811	68.8	901	11,781	76.5
12771	189	67.0	188	66.6	183	64.9	198	70.2	189	2,821	67.2

*Population used in calculating rates are from the 2010 U.S. Census

Source: NYS Department of Health, Bureau of Vital Statistics. Populations used in calculating rates are from the U.S. Census 2010.

Created by the School of Public Health, University at Albany, 2013

TEENAGE BIRTH RATES BY AGE GROUP (AGES 10-14, 15-17, 15-19), ORANGE COUNTY AND NEW YORK STATE, 2009-2011

TEENAGE (AGES 10-14) BIRTH RATE PER 1,000 FEMALES

	Births Age (10-14)				Avg Females Ages 10-14	Crude
Region/County	2009	2010	2011	Total	2009-2011	Rate
Orange	*	*	*	12	14,245	0.3
Hudson Valley Region	14	17	12	43	78,513	0.2
New York State	207	185	180	572	589,478	0.3

TEENAGE (AGES 15-17) BIRTH RATE PER 1,000 FEMALES

	Births Age (15-17)				Avg Females Ages 15-17	Crude
Region/County	2009	2010	2011	Total	2009-2011	Rate
Orange	100	85	77	262	8,813	9.9
Hudson Valley Region	386	317	304	1,007	49,731	6.7
New York State	4,687	4,330	3,811	12,828	383,464	11.2

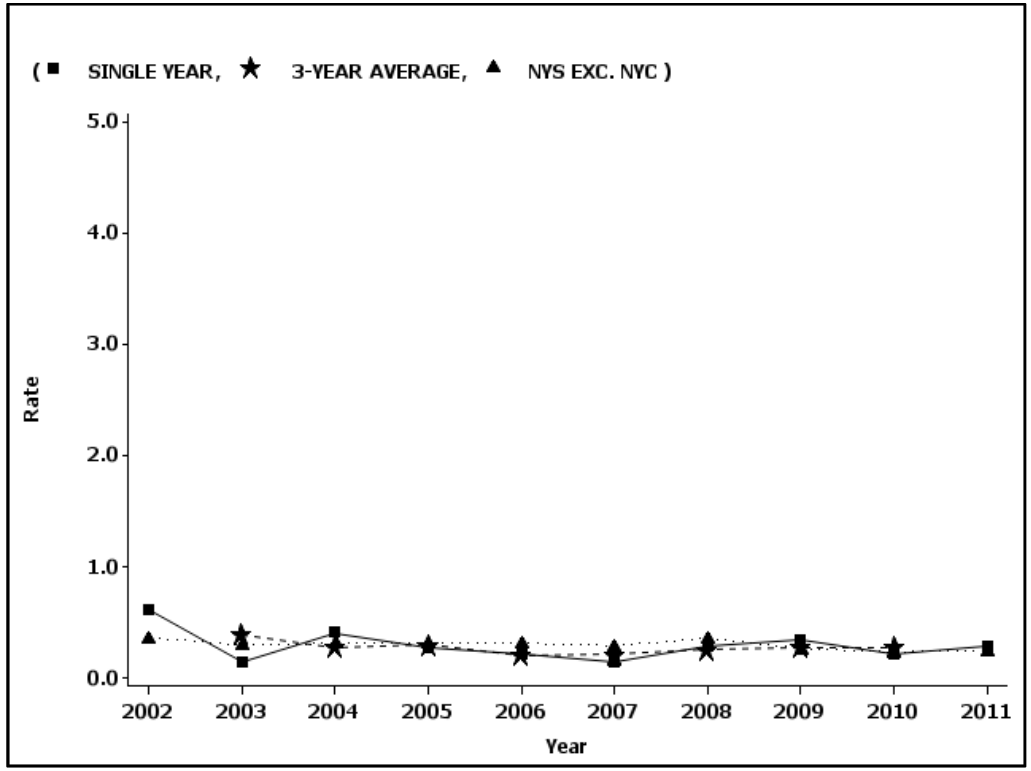
TEENAGE (AGES 15-19) BIRTH RATE PER 1,000 FEMALES

	Births Age (15-19)				Avg Females Ages 15-19	Crude
Region/County	2009	2010	2011	Total	2009-2011	Rate
Orange	313	295	294	902	14,139	21.3
Hudson Valley Region	1,408	1,281	1,157	3,846	81,913	15.7
New York State	16,248	15,079	13,679	45,006	660,473	22.7

*Small numbers 5 and under not reported
Source: 2009-2011 Vital Statistics Data as of February, 2013

TEENAGE BIRTH RATES BY AGE GROUP (AGES 10-14), ORANGE COUNTY AND NEW YORK STATE, 2009-2011

TEENAGE BIRTHS BY AGE GROUP (10-14), TEN YEAR TIME TREND, 2002- 2011



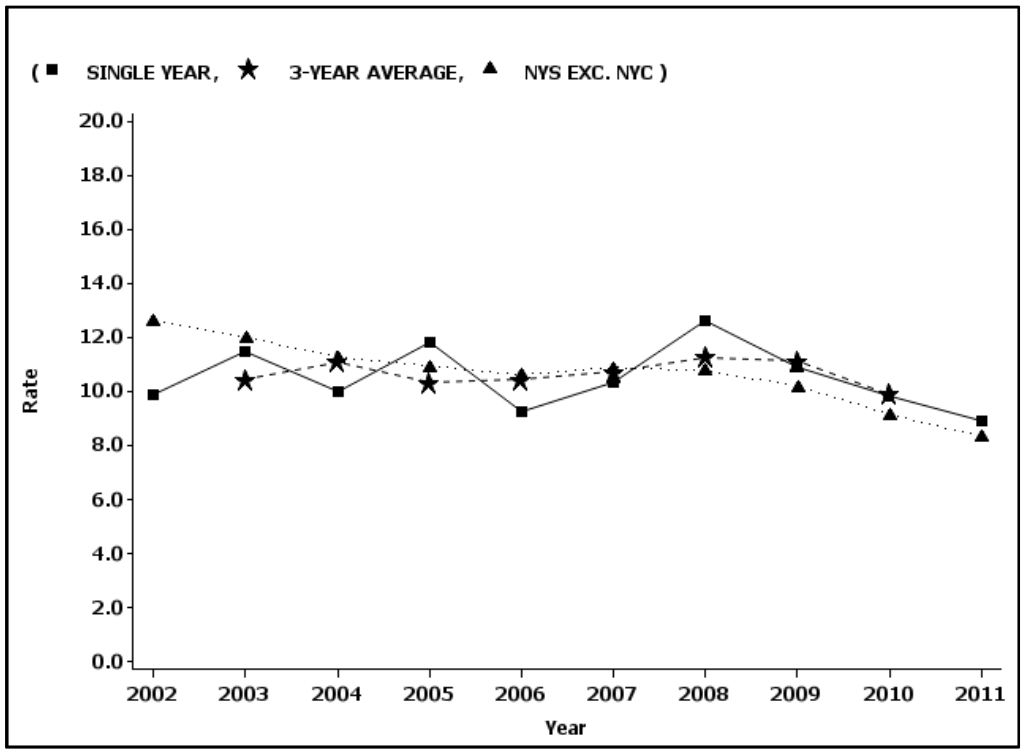
TEENAGE (AGES 10-14) BIRTH RATE PER 1,000 FEMALES

Year	Single Year Orange County	3-Year Average Orange County	Upstate New York
2002	0.6		0.4
2003	0.1	0.4	0.3
2004	0.4	0.3	0.3
2005	0.3	0.3	0.3
2006	0.2	0.2	0.3
2007	0.1	0.2	0.3
2008	0.3	0.3	0.4
2009	0.3	0.3	0.3
2010	0.2	0.3	0.2
2011	0.3		0

Source: 2009-2011 Vital Statistics Data as of February, 2013

TEENAGE BIRTH RATES BY AGE GROUP (AGES 15-17), ORANGE COUNTY AND NEW YORK STATE, 2009-2011

TEENAGE BIRTHS BY AGE GROUP (15-17), TEN YEAR TIME TREND 2002-2011



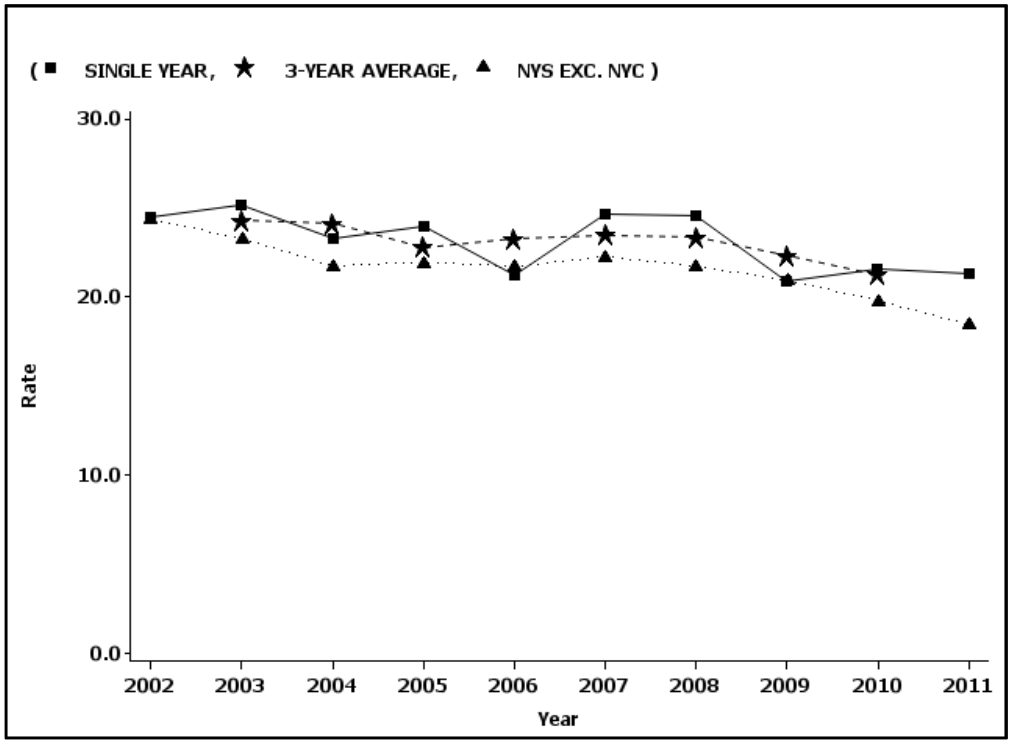
TEENAGE BIRTHS (AGES 15-17) - BIRTH RATE PER 1,000 FEMALES

Year	Single Year Orange County	3-Year Average Orange County	Upstate New York
2002	9.9		12.6
2003	11.5	10.4	12.0
2004	10.0	11.1	11.3
2005	11.8	10.3	10.9
2006	9.2	10.5	10.6
2007	10.3	10.7	10.9
2008	12.6	11.3	10.8
2009	10.9	11.1	10.2
2010	9.8	9.9	9.2
2011	8.9		8.3

Source: 2009-2011 Vital Statistics Data as of February, 2013

TEENAGE BIRTH RATES BY AGE GROUP (AGES 15-19), ORANGE COUNTY AND NEW YORK STATE, 2009-2011

TEENAGE BIRTHS BY AGE GROUP (15-19), TEN YEAR TIME TREND 2002-2011



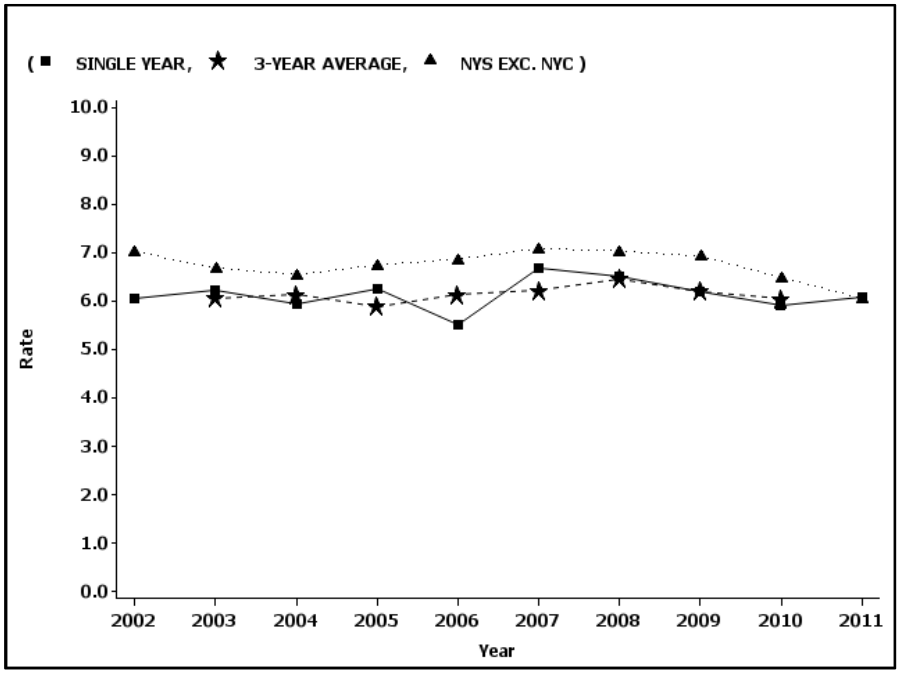
TEENAGE (AGES 15-19) BIRTH RATE PER 1,000 FEMALES

Year	Single Year Orange County	3-Year Average Orange County	Upstate New York
2002	24.5		24.4
2003	25.2	24.3	23.3
2004	23.3	24.1	21.8
2005	23.9	22.8	22
2006	21.2	23.3	21.7
2007	24.6	23.5	22.3
2008	24.6	23.4	21.7
2009	20.9	22.4	21
2010	21.6	21.3	19.8
2011	21.3		18.5

Source: 2009-2011 Vital Statistics Data as of February, 2013

PERCENTAGE OF BIRTHS TO TEENS (AGES 15-19), ORANGE COUNTY, HUDSON VALLEY REGION, AND NEW YORK STATE, 2009-2011

TEENAGE BIRTHS (AGE 15-19) - PERCENTAGE OF LIVE BIRTHS, TEN YEAR TIME TRENDS 2002-2011



TEENAGE BIRTHS (AGES 15-19) PERCENTAGE OF LIVE BIRTHS PER 100 BIRTHS

Year	Single Year Orange County	3-Year Average Orange County	Upstate New York
2002	6.1		7.0
2003	6.2	6.1	6.7
2004	5.9	6.1	6.5
2005	6.3	5.9	6.7
2006	5.5	6.1	6.9
2007	6.7	6.2	7.1
2008	6.5	6.5	7.0
2009	6.2	6.2	6.9
2010	5.9	6.1	6.5
2011	6.1		6.1

TEENAGE BIRTHS (AGES 15-19), RATE PER 100 BIRTHS

	Births Age (15-19)				Avg Births	Crude
Region/County	2009	2010	2011	Total	2009-2011	Rate
Orange	313	295	294	902	4,965	6.1
Hudson Valley Region	1,408	1,281	1,157	3,846	26,725	4.8
New York State	16,248	15,079	13,679	45,006	243,080	6.2

BIRTHS TO TEEN MOTHERS (17 YEARS OF AGE AND YOUNGER) PER 100 LIVE BIRTHS BY RACE, ETHNICITY, AGE, AND ZIP CODE, ORANGE COUNTY, 2008-2011

2008 BIRTHS			2009 BIRTHS			2010 BIRTHS			2011 BIRTHS		
Teen Births	Total Births	Percent	Teen Births	Total Births	Percent	Teen Births	Total Births	Percent	Teen Births	Total Births	Percent
116	5,405	2.1%	105	5,059	2.1%	88	4,996	1.8%	81	4,829	1.7%

BIRTHS TO TEEN MOTHERS (17 YEARS OF AGE AND YOUNGER) PER 100 LIVE BIRTHS BY RACE AND ETHNICITY

	2008		2009		2010		2011		Total 2008-2011		
Race/Ethnicity	Teen Births	Percent	Teen Births	Percent	Teen Births	Percent	Teen Births	Percent	Teen Births	Total Births	Percent
White	50	1.2%	47	1.2%	40	1.0%	35	1.0%	170	15,232	1.1%
Black	23	4.4%	24	4.8%	21	4.4%	17	3.6%	84	1,924	4.3%
Hispanic	69	5.3%	58	4.7%	34	3.1%	44	3.9%	205	4,772	4.3%
Other	43	5.3%	34	4.2%	27	3.6%	29	3.8%	136	3,120	4.4%

BIRTHS TO TEEN MOTHERS (17 YEARS OF AGE AND YOUNGER) PER 100 LIVE BIRTHS BY AGE RANGES

	2008		2009		2010		2011		Total 2008-2011		
Age Ranges	Teen Births	Percent	Teen Births	Percent	Teen Births	Percent	Teen Births	Percent	Teen Births	Total Births	Percent
10-14	*		*		*		*		16	20,294	0.1%
15-17	112	2.1%	100	2.0%	85	1.7%	77	1.6%	374	20,294	1.8%
18+	5,289	97.9%	4,956	98.0%	4,909	98.3%	4,750	98.4%	19,904	20,294	98.1%

BIRTHS TO TEEN MOTHERS (17 YEARS OF AGE AND YOUNGER) PER 100 LIVE BIRTHS BY ZIP CODE

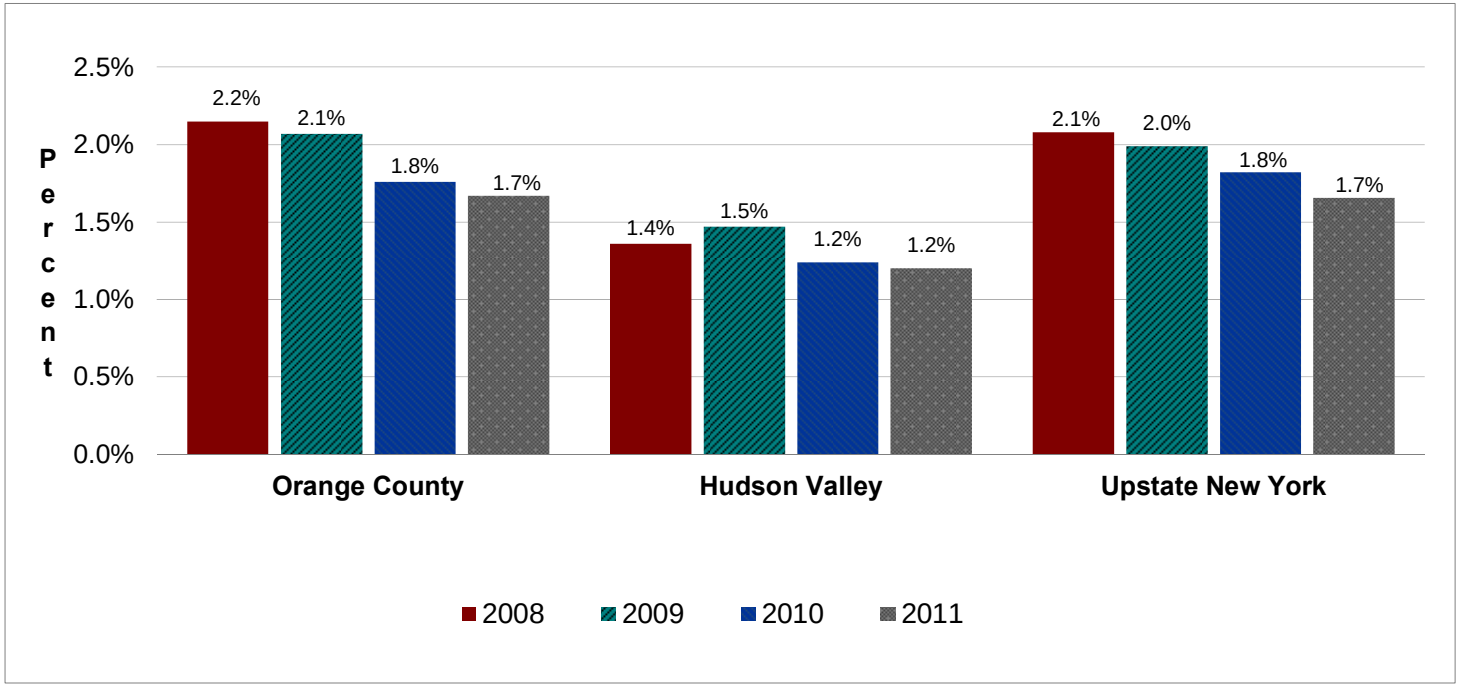
	2008		2009		2010		2011		Total 2008-2011		
Zip codes	Teen Births	Percent	Teen Births	Percent	Teen Births	Percent	Teen Births	Percent	Teen Births	Total Births	Percent
10940	29	3.7%	26	3.6%	21	3.2%	27	4.2%	103	2,797	3.7%
10950	*		*		*		*		7	4,956	0.1%
12550	52	5.4%	46	4.8%	31	3.5%	31	3.8%	160	3,605	4.4%
12771	7	3.7%	6	3.2%	13	7.1%	8	4.0%	34	758	4.5%

* Small number 5 and under not reported

Source: NYS Department of Health, Bureau of Vital Statistics

Created by the School of Public Health, University at Albany, 2013

BIRTHS TO MOTHERS (17 YEARS AND YOUNGER) PER 100 LIVE BIRTHS ORANGE COUNTY, HUDSON VALLEY AND UPSTATE NEW YORK, 2008-2011

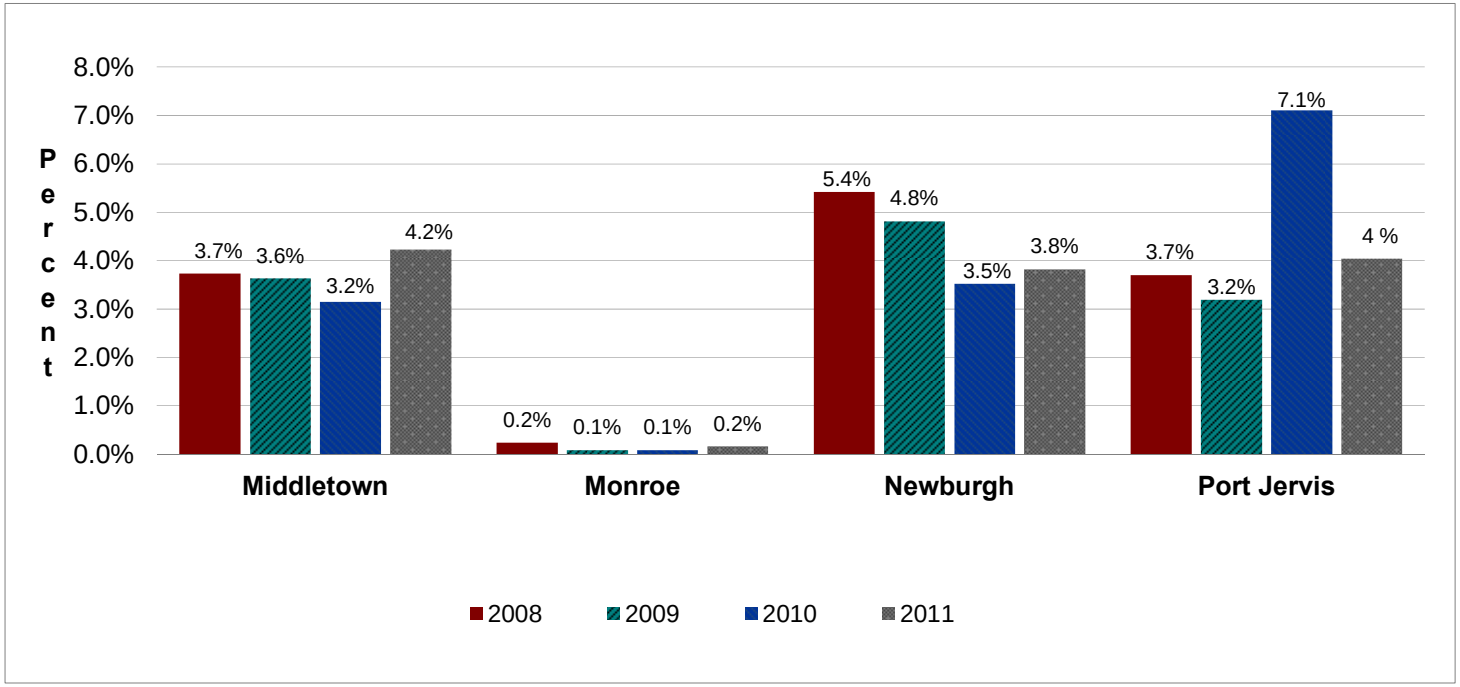


Source: NYS Department of Health, Bureau of Vital Statistics

Created by the School of Public Health, University at Albany, 2013

Exhibit 36

BIRTHS TO MOTHERS 17 YEARS AND YOUNGER PER 100 LIVE BIRTHS IN ORANGE COUNTY BY ZIP CODE, 2008-2011



Source: NYS Department of Health, Bureau of Vital Statistics

Created by the School of Public Health, University at Albany, 2013

Exhibit 37

MEDICAID/SELF-PAY BIRTHS PERCENTAGE PER 100 LIVE BIRTHS BY RACE, ETHNICITY, AGE, AND ZIP CODE, ORANGE COUNTY, 2008-2011

2008 BIRTHS			2009 BIRTHS			2010 BIRTHS			2011 BIRTHS		
Medicaid/ Self Pay	Total Births	Percent	Medicaid/ Self Pay	Total Births	Percent	Medicaid/ Self Pay	Total Births	Percent	Medicaid/ Self Pay	Total Births	Percent
2,236	5,405	41.4%	2,302	5,059	45.4%	2,070	4,996	41.4%	1,935	4,829	40.1%

MEDICAID/SELF-PAY BIRTHS PERCENTAGE PER 100 LIVE BIRTHS BY RACE AND ETHNICITY

	2008		2009		2010		2011		Total 2008-2011		
Race/Ethnicity	Medicaid/ Self Pay	Percent	Medicaid/ Self Pay	Percent	Medicaid/ Self Pay	Percent	Medicaid/ Self Pay	Percent	Medicaid/ Self Pay	Total Births	Percent
White	1,544	36.9%	1,588	41.1%	1,405	36.1%	1279	34.6%	5,816	15,641	37.2%
Black	257	52.6%	282	57.4%	271	54.9%	249	51.3%	1,059	1,959	54.1%
Hispanic	802	61.2%	778	63.0%	771	64.3%	700	61.9%	2,991	4,780	62.6%
Other	435	59.5%	432	61.3%	394	64.4%	407	63.1%	1,668	2,694	61.9%

MEDICAID/SELF-PAY BIRTHS PERCENTAGE PER 100 LIVE BIRTHS BY AGE RANGES

	2008		2009		2010		2011		Total 2008-2011		
Age Ranges	Medicaid/ Self Pay	Percent	Medicaid/ Self Pay	Percent	Medicaid/ Self Pay	Percent	Medicaid/ Self Pay	Percent	Medicaid/ Self Pay	Total Births	Percent
10-14	*		*		*		*		14	16	87.5%
15-17	76	67.9%	70	70.0%	58	68.2%	57	74.0%	261	374	69.8%
18-19	171	71.3%	165	77.5%	147	70.0%	132	60.8%	615	880	69.9%
20-24	774	68.9%	764	71.9%	688	63.4%	594	59.7%	2,820	4,267	66.1%
25-44	1,209	30.9%	1,297	35.3%	1,173	32.5%	1,148	32.5%	4,827	14,719	32.8%
45+	*		*		*		*		6	32	18.8%

MEDICAID/SELF-PAY BIRTHS PERCENTAGE PER 100 LIVE BIRTHS BY ZIP CODE

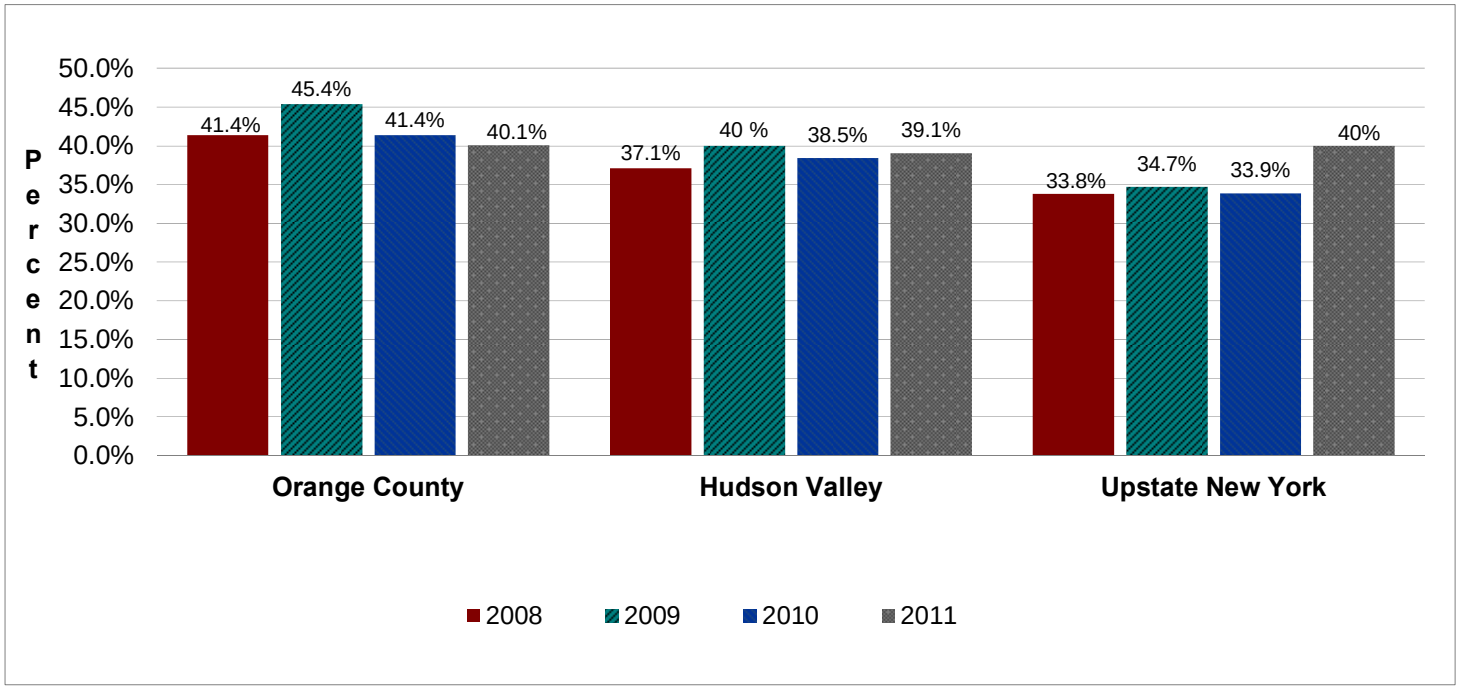
	2008		2009		2010		2011		Total 2008-2011		
Zip codes	Medicaid/ Self Pay	Percent	Medicaid/ Self Pay	Percent	Medicaid/ Self Pay	Percent	Medicaid/ Self Pay	Percent	Medicaid/ Self Pay	Total Births	Percent
10940	398	51.2%	411	57.4%	363	54.5%	304	47.6%	1,476	2,797	52.8%
10950	737	58.1%	802	67.9%	623	50.6%	577	45.2%	2,739	4,956	55.2%
12550	584	60.9%	601	62.9%	539	61.3%	536	66.1%	2,260	3,605	62.7%
12771	93	49.2%	90	47.9%	99	54.1%	108	54.5%	390	758	51.5%

*Small numbers, 5 or less, not reported

Source: NYS Department of Health, Bureau of Vital Statistics

Created by the School of Public Health, University at Albany, 2013

MEDICAID/SELF-PAY BIRTHS PER 100 LIVE BIRTHS IN ORANGE COUNTY, HUDSON VALLEY AND UPSTATE NEW YORK, 2008-2011

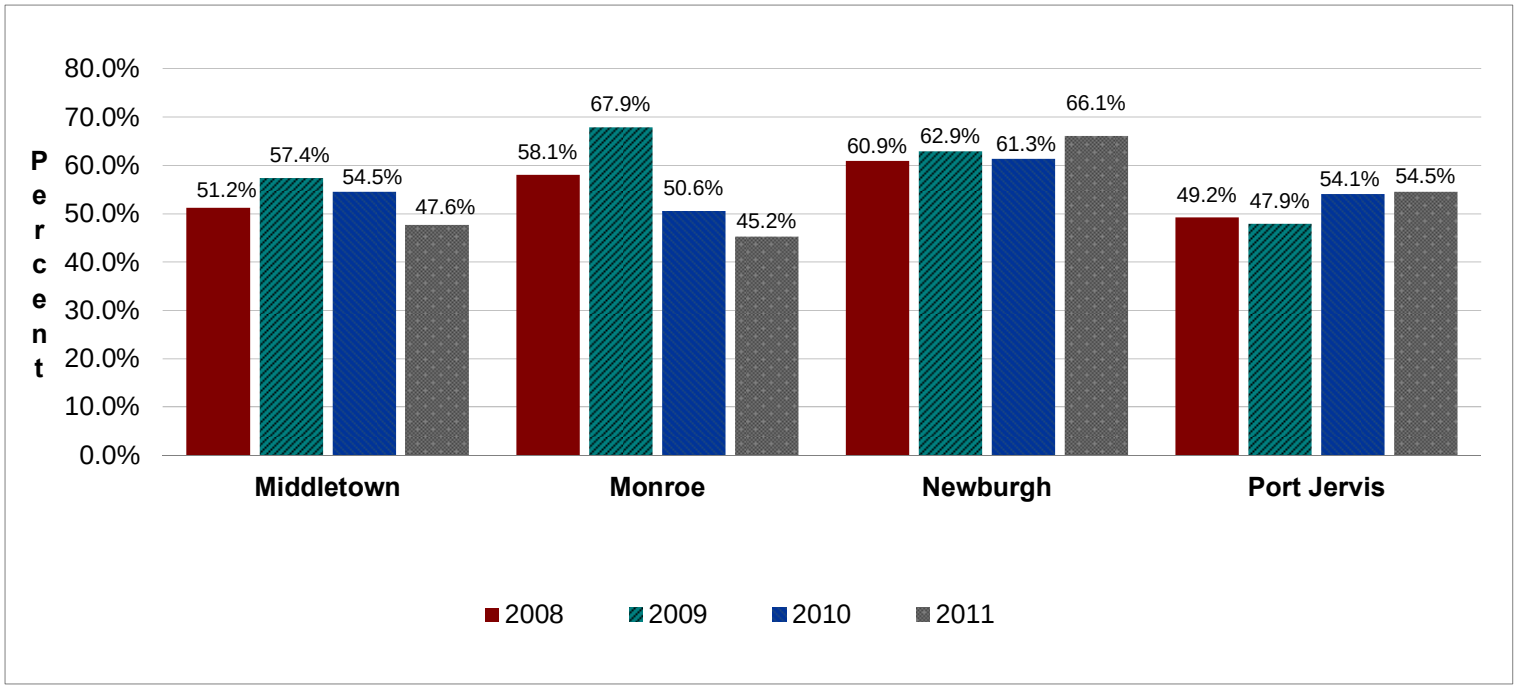


Source: NYS Department of Health, Bureau of Vital Statistics

Created by the School of Public Health, University at Albany, 2013

Exhibit 39

MEDICAID/SELF-PAY BIRTHS PER 100 LIVE BIRTHS IN ORANGE COUNTY BY ZIP CODE, 2008-2011



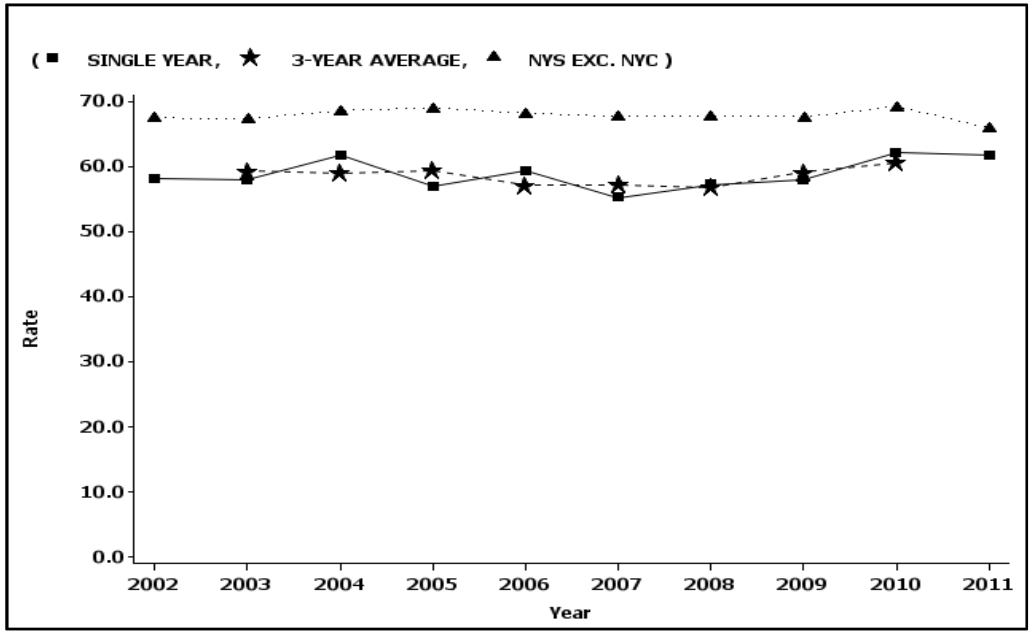
Source: NYS Department of Health, Bureau of Vital Statistics

Created by the School of Public Health, University at Albany, 2013

Exhibit 40

BIRTHS WITH ADEQUATE PRENATAL CARE, ORANGE COUNTY AND NEW YORK STATE, 2009-2011

BIRTHS WITH ADEQUATE PRENATAL, TEN YEAR TIME TRENDS, 2002-2011



BIRTHS WITH LATE ADEQUATE PRENATAL CARE PERCENTAGE PER 100 LIVE BIRTHS

Year	Single Year Orange County	3-Year Average Orange County	Upstate New York
2002	58.2		67.5
2003	58	59.3	67.3
2004	61.8	59	68.6
2005	57	59.4	69
2006	59.3	57.2	68.2
2007	55.2	57.2	67.7
2008	57.2	56.8	67.8
2009	58	59.1	67.6
2010	62	60.6	69.2
2011	61.7		66

BIRTHS WITH ADEQUATE PRENATAL CARE PERCENTAGE PER 100 LIVE BIRTHS

	Births with Late Prenatal				Avg Births*	Crude
Region/County	2009	2010	2011	Total	2009-2011	Rate
Orange	2,562	2,719	2,739	8,020	4,412	60.6
Hudson Valley Region	14,886	15,234	14,819	44,939	23,468	63.8
New York State Total	148,291	152,108	150,950	451,349	228,262	65.9

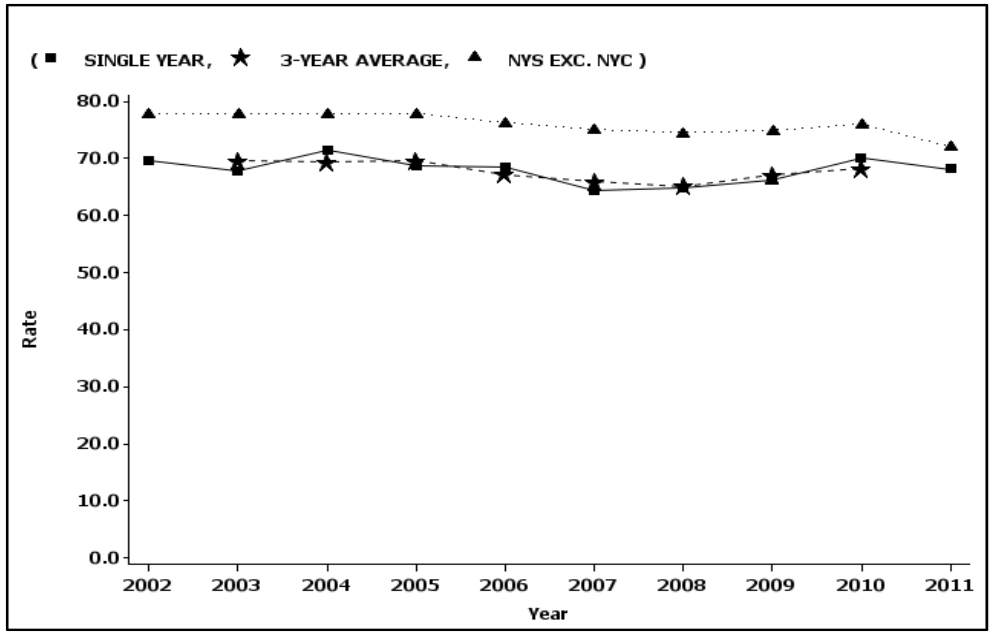
** Total births excludes births with unknown month prenatal care began.*

Note: Calculated using the Kotelchuck Method, adequate prenatal care defined by scoring 80% or greater

Source: 2009-2011 Vital Statistics Data as of February, 2013

BIRTHS WITH EARLY (FIRST TRIMESTER) PRENATAL CARE, ORANGE COUNTY AND NEW YORK STATE, 2009-2011

BIRTHS WITH EARLY (FIRST TRIMESTER) PRENATAL CARE, TEN YEAR TIME TRENDS, 2002-2011



BIRTHS WITH EARLY (FIRST TRIMESTER) PRENATAL CARE PERCENTAGE PER 100 LIVE BIRTHS

Year	Single Year Orange County	3-Year Average Orange County	Upstate New York
2002	69.7		77.8
2003	67.7	69.6	77.9
2004	71.5	69.3	77.8
2005	68.7	69.6	77.9
2006	68.5	67.2	76.3
2007	64.4	65.9	75.1
2008	64.8	65.1	74.5
2009	66.2	67	74.9
2010	70.2	68.2	76.1
2011	68.1		72.1

BIRTHS WITH EARLY (FIRST TRIMESTER) PRENATAL CARE RATES PER 100 LIVE BIRTHS

	Births Early Prenatal Care				Avg Births*	Crude
Region/County	2009	2010	2011	Total	2009-2011	Rate
Orange	3,043	3,242	3,191	9,476	4,633	68.2
Hudson Valley Region	17,012	17,380	16,848	51,240	24,219	70.5
New York State	167,503	169,190	167,091	503,784	231,830	72.4

** Total births excludes births with unknown month prenatal care began.*

Source: 2009-2011 Vital Statistics Data as of February, 2013

EARLY PRENATAL CARE (FIRST TRIMESTER) BIRTHS PER 100 LIVE BIRTHS BY RACE, ETHNICITY, AGE, AND ZIP CODE, ORANGE COUNTY, 2008-2011

2008 BIRTHS			2009 BIRTHS			2010 BIRTHS			2011 BIRTHS		
Early Care	Total Births	Percent	Early Care	Total Births	Percent	Early Care	Total Births	Percent	Early Care	Total Births	Percent
2,998	5,405	55.5%	3,041	5,059	60.1%	3,241	4,996	64.9%	3,189	4,829	66.0%

EARLY PRENATAL CARE (FIRST TRIMESTER) BIRTHS BY RACE AND ETHNICITY

	2008		2009		2010		2011		Total 2008-2011		
Race/Ethnicity	Early Care	Percent	Early Care	Percent	Early Care	Percent	Early Care	Percent	Early Care	Total Births	Percent
White	2370	57.9%	2384	63.3%	2521	66.7%	2,462	68.3%	9,737	15,232	63.9%
Black	241	48.4%	257	52.5%	277	59.4%	281	59.5%	1,056	1,924	54.8%
Hispanic	670	51.5%	671	54.4%	670	60.6%	705	62.2%	2,716	4,772	56.9%
Other	387	47.9%	400	49.6%	443	59.2%	446	58.5%	1,676	3,120	53.7%

EARLY PRENATAL CARE (FIRST TRIMESTER) BIRTHS BY AGE RANGES

	2008		2009		2010		2011		Total 2008-2011		
Age Ranges	Early Care	Percent	Early Care	Percent	Early Care	Percent	Early Care	Percent	Early Care	Total Births	Percent
10-14	*		*		*		*		*	16	
15-17	31	27.7%	40	40.0%	36	42.4%	32	41.6%	139	374	37.2%
18-19	113	47.1%	92	43.2%	110	52.4%	113	52.1%	428	880	48.6%
20-24	528	47.0%	539	50.7%	628	57.9%	579	58.2%	2,274	4,267	53.3%
25-44	2,323	59.4%	2,373	64.6%	2,461	68.3%	2,460	69.6%	9,617	14,719	65.3%
45+	*		*		*		*		16	32	50.0%

EARLY PRENATAL CARE (FIRST TRIMESTER) BIRTHS BY ZIP CODE

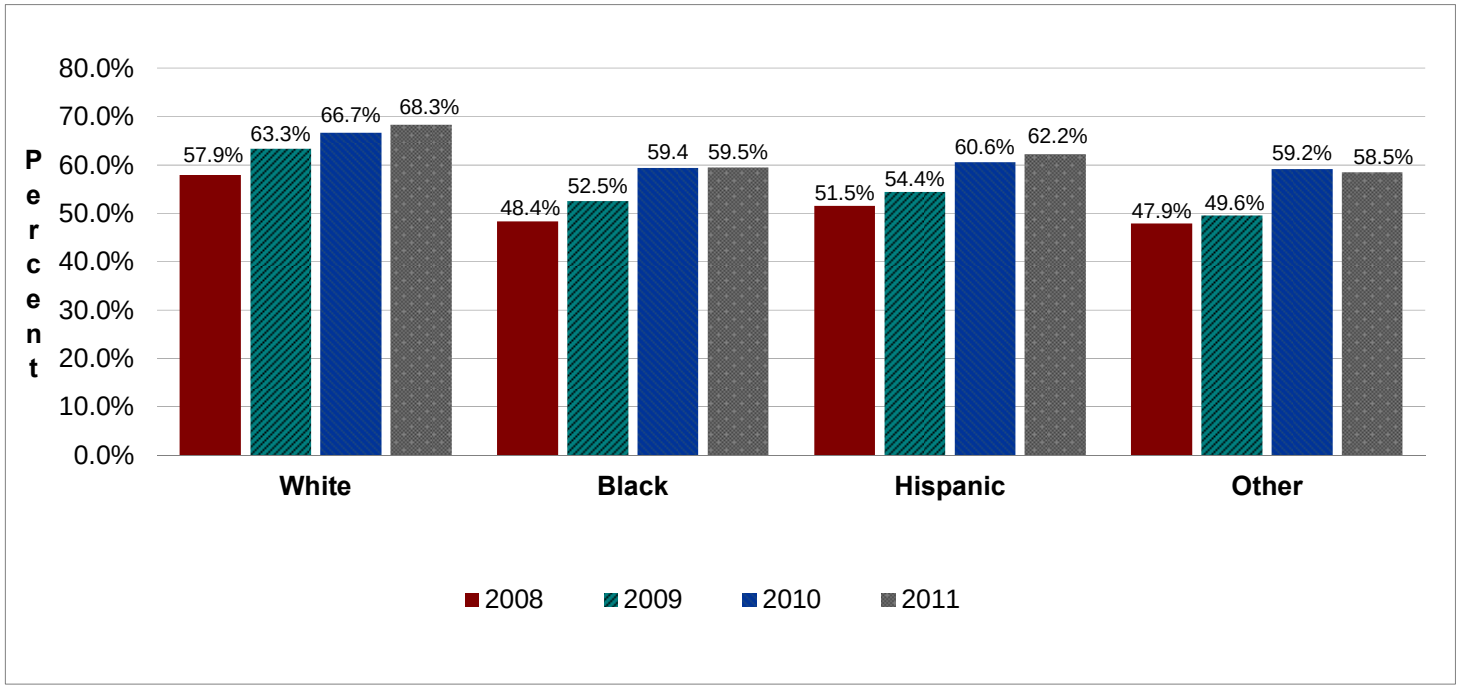
	2008		2009		2010		2011		Total 2008-2011		
Zip codes	Early Care	Percent	Early Care	Percent	Early Care	Percent	Early Care	Percent	Early Care	Total Births	Percent
10940	435	56.0%	426	59.5%	401	60.2%	424	66.5%	1,686	2,797	60.3%
10950**	581	45.8%	596	50.5%	721	58.5%	753	59.0%	2,651	4,956	53.5%
12550	494	51.5%	519	54.3%	556	63.3%	493	60.8%	2,062	3,605	57.2%
12771	114	60.3%	111	59.0%	105	57.4%	119	60.1%	449	758	59.2%

*Small numbers, 5 or less, not reported

* *18.8 percent of total missing data on prenatal care

Source: NYS Department of Health, Bureau of Vital Statistics

BIRTHS WITH EARLY (FIRST TRIMESTER) PRENATAL CARE PER 100 LIVE BIRTHS BY RACE AND ETHNICITY, ORANGE COUNTY, 2008-2011

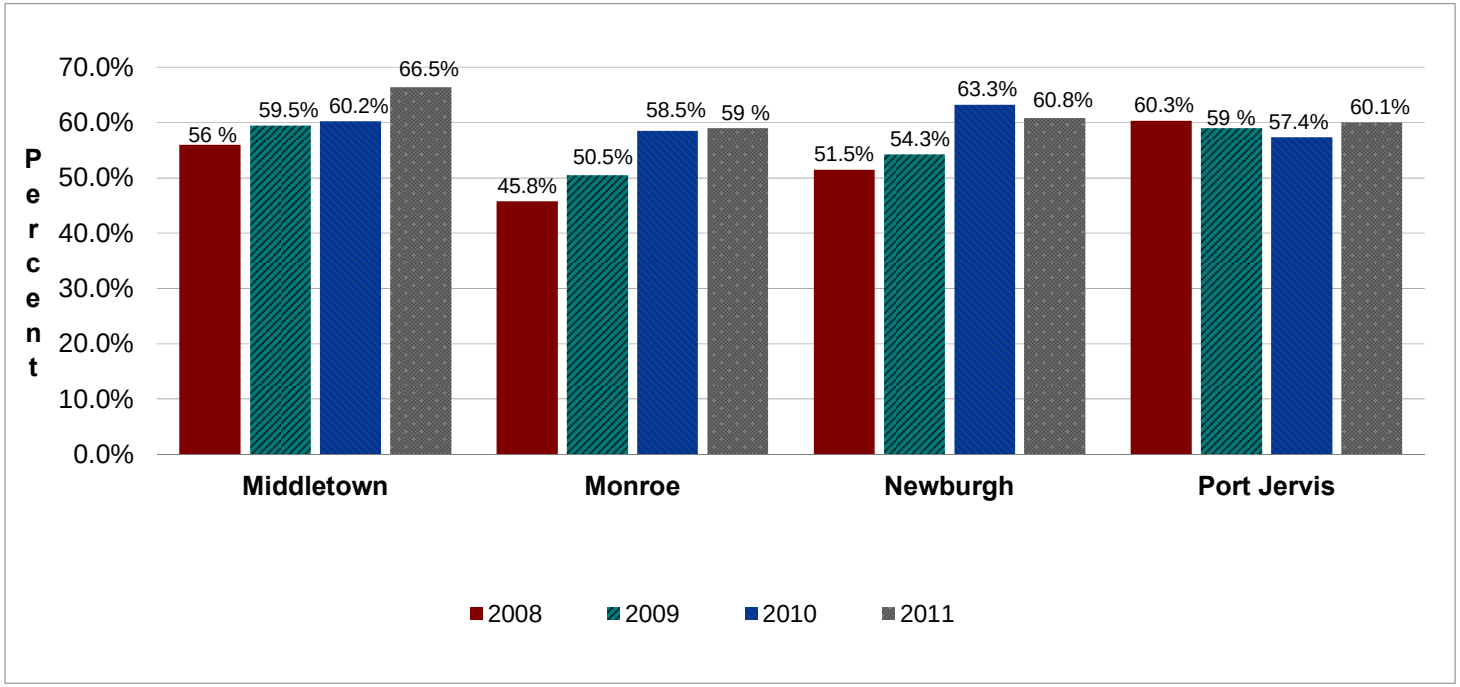


Source: NYS Department of Health, Bureau of Vital Statistics

Created by the School of Public Health, University at Albany, 2013

Exhibit 44

EARLY PRENATAL CARE (FIRST TRIMESTER) BIRTHS PER 100 LIVE BIRTHS IN ORANGE COUNTY BY ZIP CODE, 2008-2011



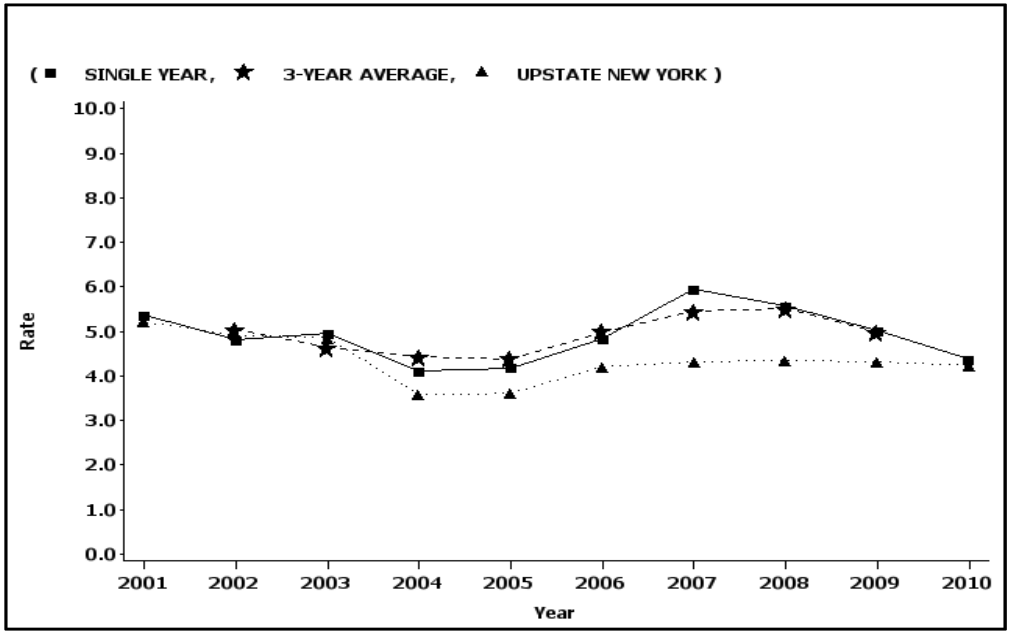
Source: NYS Department of Health, Bureau of Vital Statistics

Created by the School of Public Health, University at Albany, 2013

Exhibit 45

BIRTHS WITH LATE (LAST TRIMESTER OR NO CARE) PRENATAL CARE, ORANGE COUNTY AND NEW YORK STATE, 2009-2011

BIRTHS WITH LATE (LAST TRIMESTER OR NO CARE) PRENATAL CARE PERCENTAGE, TEN YEAR TIME TRENDS, 2002-2011



BIRTHS WITH LATE (LAST TRIMESTER OR NO CARE) PRENATAL CARE PERCENTAGE PER 100 LIVE BIRTHS

Year	Single Year Orange County	3-Year Average Orange County	Upstate New York
2002	4.8		4.9
2003	5	4.6	4.9
2004	4.1	4.4	3.6
2005	4.2	4.4	3.6
2006	4.8	5	4.2
2007	5.9	5.5	4.3
2008	5.6	5.5	4.3
2009	5	5	4.3
2010	4.4	4.3	4.2
2011	3.4		3.9

BIRTHS WITH LATE (LAST TRIMESTER OR NO CARE) PRENATAL CARE PERCENTAGE PER 100 LIVE BIRTHS

	Births with Late Prenatal				Avg Births*	Crude
Region/County	2009	2010	2011	Total	2009-2011	Rate
Orange	230	202	160	592	4,633	4.3
Hudson Valley Region	1,064	1,023	971	3,058	24,219	4.2
New York State Total	12,690	13,325	12,731	38,746	231,830	5.6

** Total births excludes births with unknown month prenatal care began.*

Source: 2009-2011 Vital Statistics Data as of February, 2013

BIRTHS WITH LATE (LAST TRIMESTER, NO CARE) PRENATAL CARE PER 100 LIVE BIRTHS BY RACE, ETHNICITY, AGE, AND ZIP CODE, ORANGE COUNTY, 2008-2011

2008 BIRTHS			2009 BIRTHS			2010 BIRTHS			2011 BIRTHS		
Late Care	Total Births	Percent	Late Care	Total Births	Percent	Late Care	Total Births	Percent	Late Care	Total Births	Percent
274	5,405	5.1%	227	5,059	4.5%	202	4,996	4.0%	160	4,829	3.3%

BIRTHS WITH LATE (LAST TRIMESTER, NO CARE) PRENATAL CARE BY RACE AND ETHNICITY

	2008		2009		2010		2011		Total 2008-2011		
Race/Ethnicity	Late Care	Percent	Late Care	Percent	Late Care	Percent	Late Care	Percent	Late Care	Total Births	Percent
White	168	4.1%	120	3.2%	125	3.3%	96	2.6%	509	15,232	3.3%
Black	54	10.8%	43	8.8%	36	7.7%	33	6.9%	166	1,924	8.6%
Hispanic	80	6.1%	78	6.3%	59	5.3%	50	4.4%	267	4,772	5.6%
Other	52	6.4%	64	7.9%	41	5.4%	31	4.1%	188	3,120	6.0%

BIRTHS WITH LATE (LAST TRIMESTER, NO CARE) PRENATAL CARE BY AGE RANGES

	2008		2009		2010		2011		Total 2008-2011		
Age Ranges	Late Care	Percent	Late Care	Percent	Late Care	Percent	Late Care	Percent	Late Care	Total Births	Percent
10-14	0		*		0		*		*	16	
15-17	21	18.8%	11	11.0%	7	8.2%	7	9.1%	46	374	12.3%
18-19	18	7.5%	23	10.8%	18	8.6%	19	8.8%	78	880	8.9%
20-24	85	7.6%	68	6.4%	69	6.4%	41	4.1%	263	4,267	6.2%
25-44	148	3.8%	123	3.3%	108	3.0%	92	2.6%	471	14,719	3.2%
45+	*		0		0		0		*	32	

BIRTHS WITH LATE (LAST TRIMESTER, NO CARE) PRENATAL CARE BY ZIP CODE

	2008		2009		2010		2011		Total 2008-2011		
Zip codes	Late Care	Percent	Late Care	Percent	Late Care	Percent	Late Care	Percent	Late Care	Total Births	Percent
10940	54	6.9%	49	6.8%	30	4.5%	25	3.9%	158	2,797	5.6%
10950**	37	2.9%	23	1.9%	34	2.8%	23	1.8%	117	4,956	2.4%
12550	92	9.6%	76	7.9%	60	6.8%	48	5.9%	276	3,605	7.7%
12771	9	4.8%	11	5.9%	14	7.7%	17	8.6%	51	758	6.7%

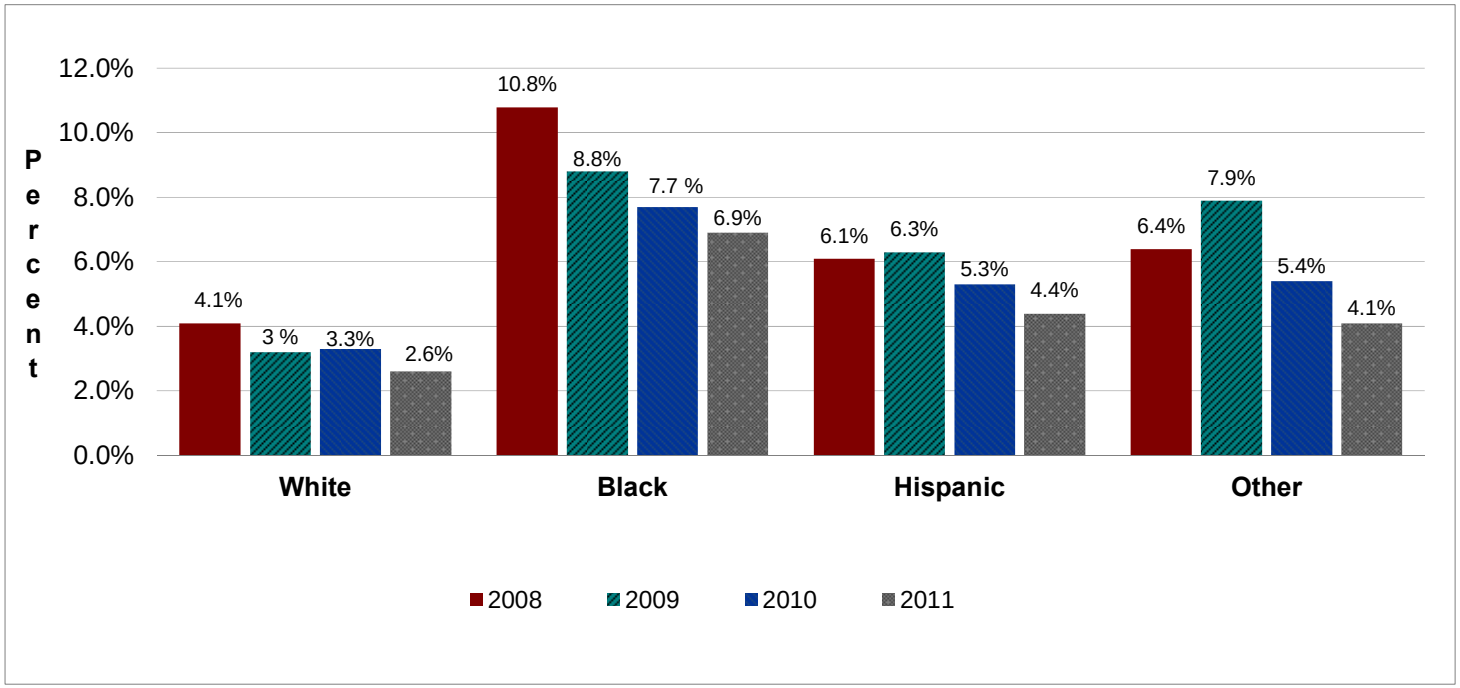
*Small numbers, 5 or less, not reported

* *18.8 percent of total missing data on prenatal care

Source: NYS Department of Health, Bureau of Vital Statistics

Created by the School of Public Health, University at Albany, 2013

BIRTHS WITH LATE (LAST TRIMESTER OR NO CARE) PRENATAL CARE PER 100 LIVE BIRTHS BY RACE AND ETHNICITY, ORANGE COUNTY, 2008-2011

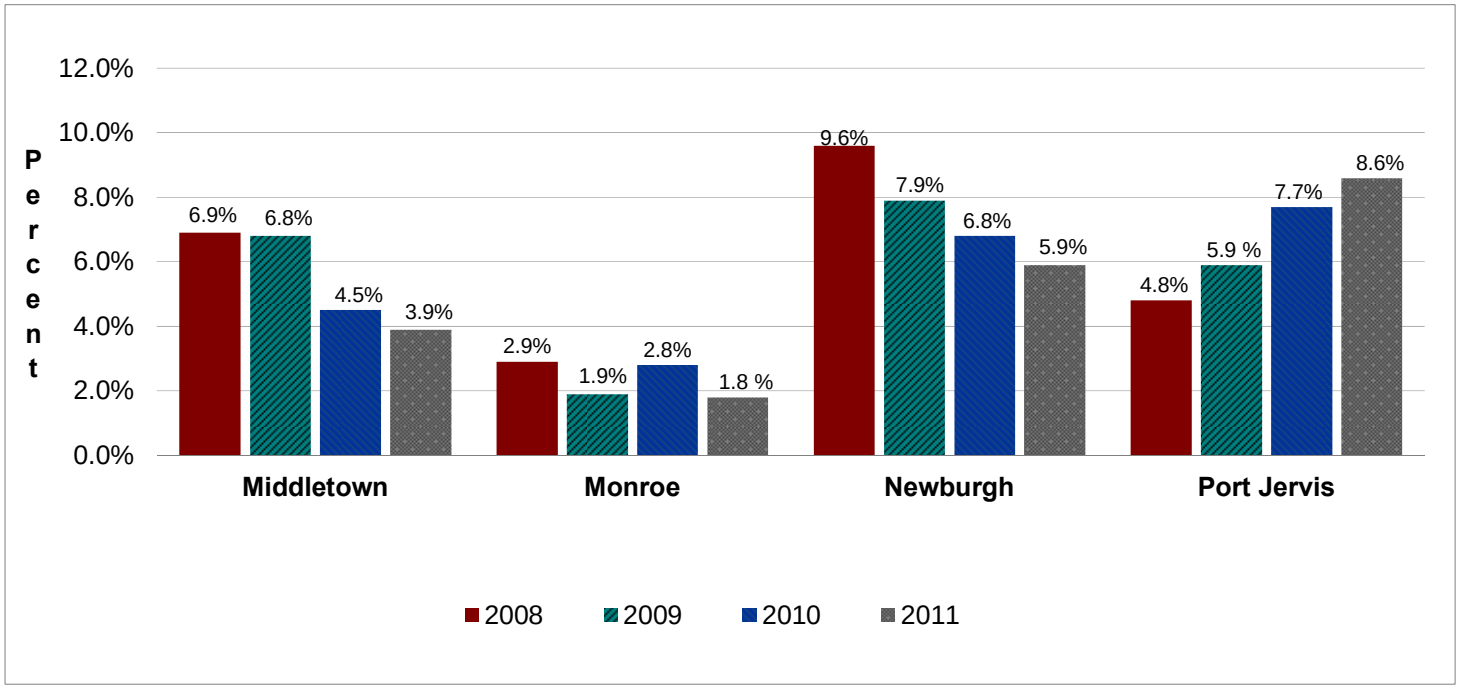


Source: NYS Department of Health, Bureau of Vital Statistics

Created by the School of Public Health, University at Albany, 2013

Exhibit 48

BIRTHS WITH LATE (LAST TRIMESTER OR NO CARE) PRENATAL CARE PER 100 LIVE BIRTHS IN ORANGE COUNTY BY ZIP CODE, 2008-2011



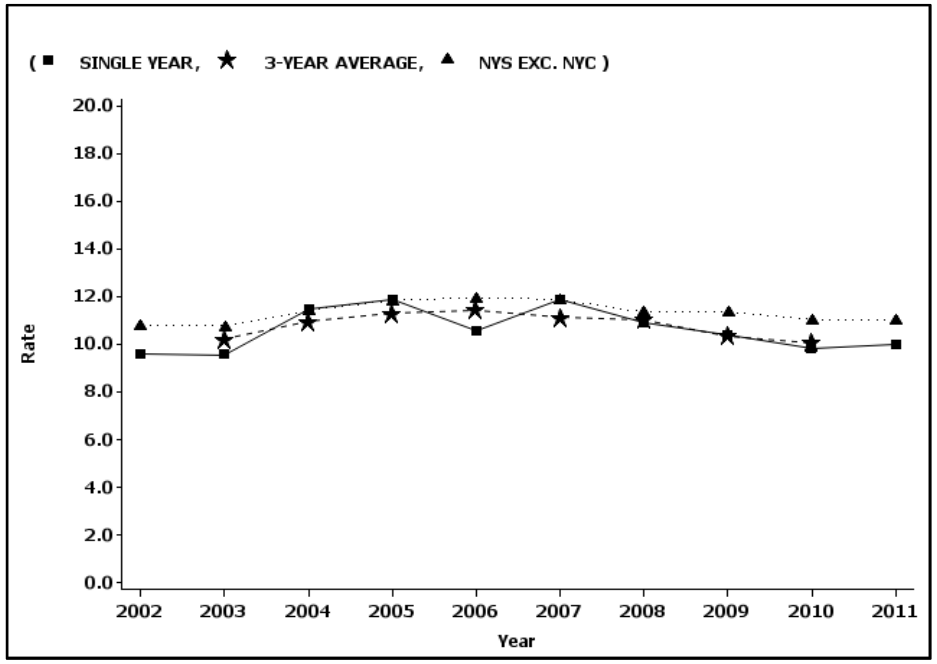
Source: NYS Department of Health, Bureau of Vital Statistics

Created by the School of Public Health, University at Albany, 2013

Exhibit 49

SHORT GESTATION BIRTHS (<37 WEEKS), ORANGE COUNTY AND NEW YORK STATE, 2009-2011

SHORT GESTATION BIRTHS (<37 WEEKS), TEN YEAR TIME TRENDS, 2002-2011



SHORT GESTATION BIRTHS (<37 WEEKS) PERCENTAGE PER 100 LIVE BIRTHS

Year	Single Year Orange County	3-Year Average Orange County	Upstate New York
2002	9.6		10.8
2003	9.6	10.2	10.8
2004	11.5	11	11.4
2005	11.9	11.3	11.8
2006	10.6	11.4	12
2007	11.9	11.1	11.9
2008	10.9	11.1	11.3
2009	10.4	10.4	11.4
2010	9.8	10.1	11
2011	10		11

SHORT GESTATION BIRTHS (<37 WEEKS) PER 100 LIVE BIRTHS

	Births with Short Gestation (<37 weeks)				Avg Births*	Crude
Region/County	2009	2010	2011	Total	2009-2011	Rate
Orange	487	460	451	1,398	4,628	10.1
Hudson Valley Region	2,838	2,798	2,569	8,205	24,858	11
New York State	28,979	27,251	25,544	81,774	235,166	11.6

** Total births excludes births with unknown gestation*

Source: 2009-2011 Vital Statistics Data as of February, 2013

SHORT GESTATIONAL AGE BIRTHS (<37 WEEKS GESTATION) PER 100 LIVE BIRTHS BY RACE, ETHNICITY, AGE AND ZIP CODE, ORANGE COUNTY, 2008-2011

2008 BIRTHS			2009 BIRTHS			2010 BIRTHS			2011 BIRTHS		
Short Gest	Total Births	Percent	Short Gest	Total Births	Percent	Short Gest	Total Births	Percent	Short Gest	Total Births	Percent
569	5,405	10.5%	531	5,059	10.5%	494	4,996	9.9%	490	4,829	10.1%

SHORT GESTATIONAL AGE BIRTHS (<37 WEEKS GESTATION) BY RACE AND ETHNICITY

	2008		2009		2010		2011		Total 2008-2011		
Race/Ethnicity	Short Gest	Percent	Short Gest	Percent	Short Gest	Percent	Short Gest	Percent	Short Gest	Total Births	Percent
White	409	9.9%	368	9.7%	333	8.8%	354	9.8%	1461	15,232	9.6%
Black	74	14.9%	74	15.1%	71	15.2%	57	12.1%	276	1,924	14.3%
Hispanic	153	11.8%	167	13.5%	117	10.6%	138	12.2%	575	4,772	12.0%
Other	89	11.0%	89	11.0%	90	12.0%	79	10.4%	347	3,120	11.0%

SHORT GESTATIONAL AGE BIRTHS (<37 WEEKS GESTATION) BY AGE

	2008		2009		2010		2011		Total 2008-2011		
Age Ranges	Short Gest	Percent	Short Gest	Percent	Short Gest	Percent	Short Gest	Percent	Short Gest	Total Births	Percent
10-14	0		*	20.0%	0		0		*	16	
15-17	15	13.4%	10	10.0%	12	14.1%	10	13.0%	47	374	12.6%
18-19	20	8.3%	28	13.1%	21	10.0%	30	13.8%	99	880	11.3%
20-24	94	8.4%	93	8.7%	100	9.2%	98	9.8%	385	4,267	9.0%
25-44	439	11.2%	397	10.8%	361	10.0%	351	9.9%	1,548	14,719	10.5%
45+	*		*		0		*		*	32	

SHORT GESTATIONAL AGE BIRTHS (<WEEKS GESTATION) BY ZIP CODE

	2008		2009		2010		2011		Total 2008-2011		
Zip codes	Short Gest	Percent	Short Gest	Percent	Short Gest	Percent	Short Gest	Percent	Short Gest	Total Births	Percent
10940	97	12.5%	84	11.7%	70	10.5%	80	12.5%	331	2,797	11.8%
10950	96	7.6%	66	5.6%	97	7.9%	96	7.5%	355	4,956	7.2%
12550	131	13.7%	135	14.1%	104	11.8%	87	10.7%	457	3,605	12.7%
12771	14	7.4%	23	12.2%	12	6.6%	32	16.2%	81	758	10.7%

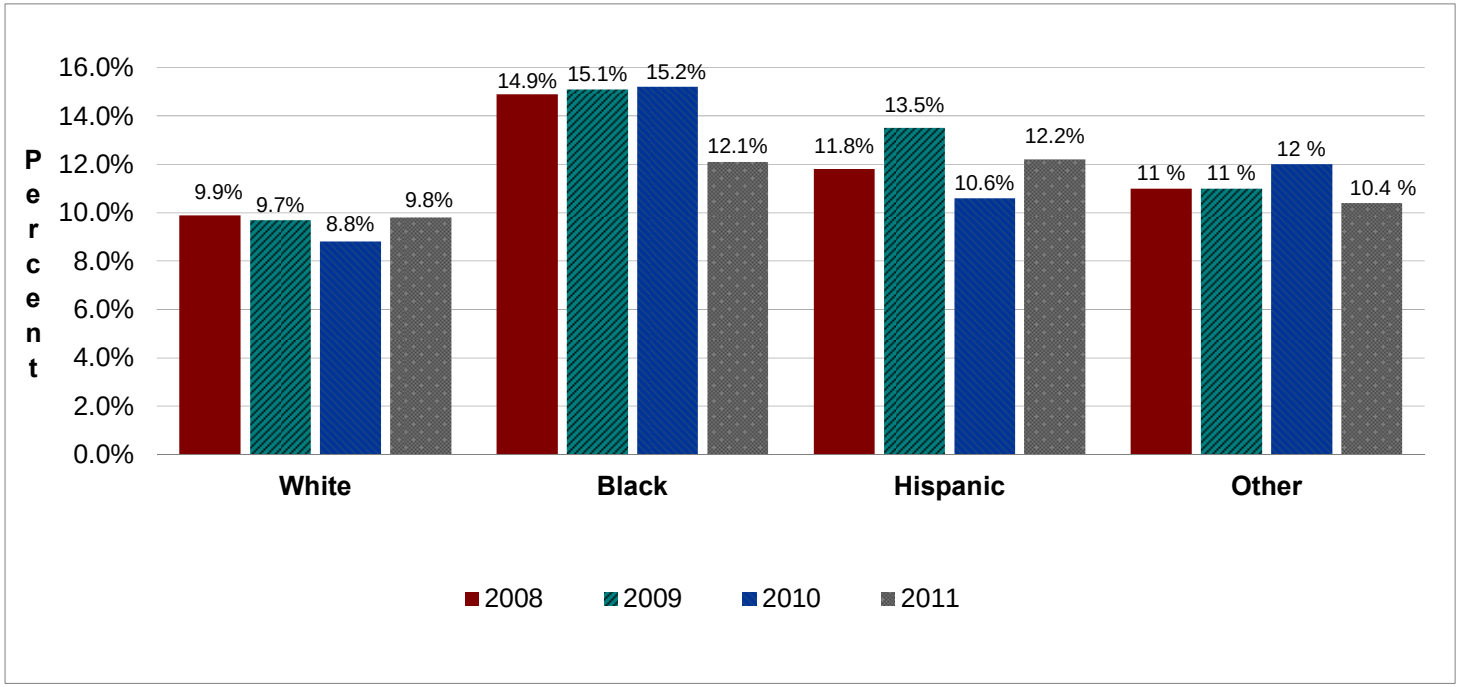
Short Gest = short gestational births

* Small numbers 5 and under not reported

Source: NYS Department of Health, Bureau of Vital Statistics

Created by the School of Public Health, University at Albany, 2013

SHORT GESTATIONAL AGE BIRTHS PER 100 LIVE BIRTHS, (<37 WEEKS GESTATION) BY RACE AND ETHNICITY, ORANGE COUNTY, 2008-2011

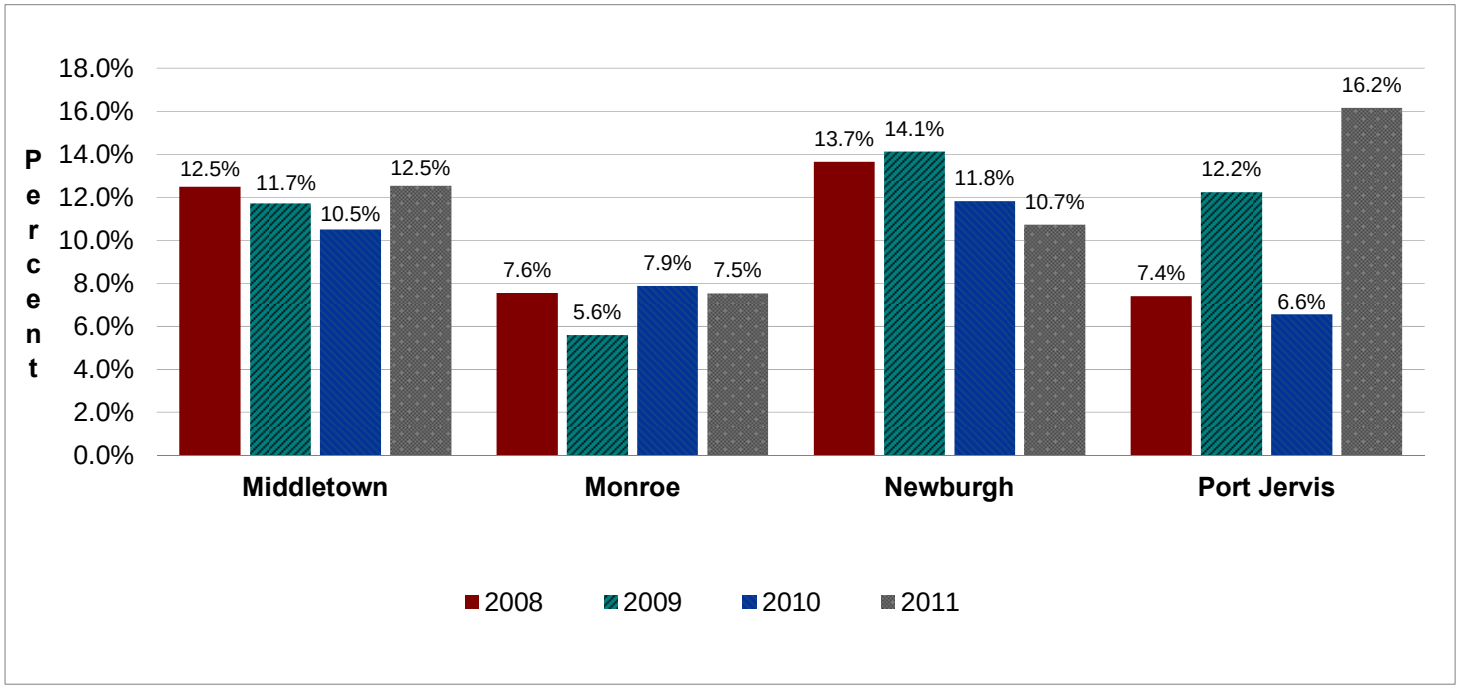


Source: NYS Department of Health, Bureau of Vital Statistics

Created by the School of Public Health, University at Albany, 2013

Exhibit 52

SHORT GESTATIONAL AGE BIRTHS (<37 WEEKS GESTATION) PER 100 LIVE BIRTHS BY ZIP CODE, ORANGE COUNTY, 2008-2011

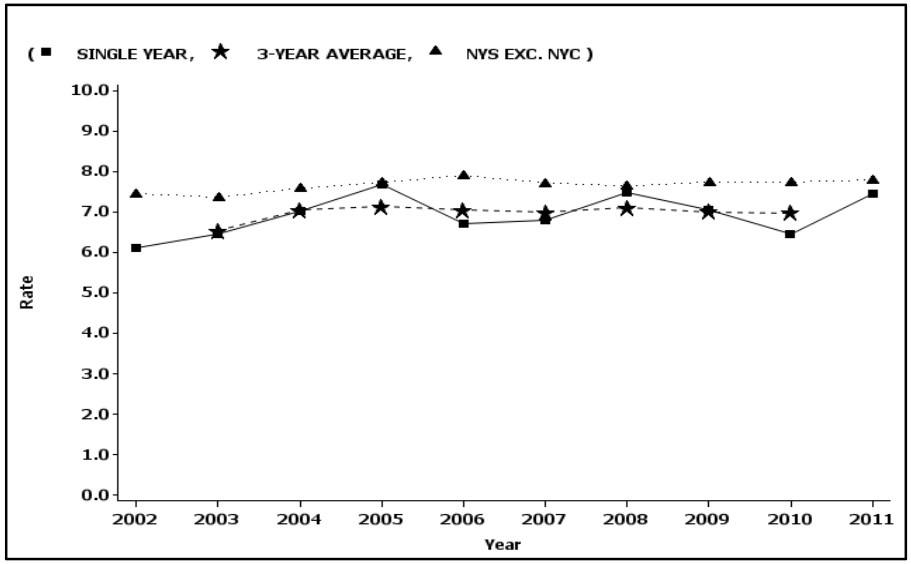


Source: NYS Department of Health, Bureau of Vital Statistics

Created by the School of Public Health, University at Albany, 2013

LOW BIRTHWEIGHT BIRTHS (<2.5KG), ORANGE COUNTY AND NEW YORK STATE, 2009-2011

LOW BIRTHWEIGHT BIRTHS (<2.5KG), TEN YEAR TIME TRENDS, 2002-2011



LOW BIRTHWEIGHT BIRTHS (<2.5 KG) PER 100 LIVE BIRTHS

Year	Single Year Orange County	3-Year Average Orange County	Upstate New York
2002	6.1		7.5
2003	6.5	6.5	7.4
2004	7	7.1	7.6
2005	7.7	7.1	7.7
2006	6.7	7.1	7.9
2007	6.8	7	7.7
2008	7.5	7.1	7.6
2009	7.1	7	7.7
2010	6.4	7	7.7
2011	7.4		7.8

LOW BIRTHWEIGHT BIRTHS (<2.5 KG) PER 100 LIVE BIRTHS

	Births with Low Birthweight (<2500g)				Avg Births*	Crude
Region/County	2009	2010	2011	Total	2009-2011	Rate
Orange	357	322	360	1,039	4,963	7
Hudson Valley Region	2,037	2,034	1,960	6,031	26,714	7.5
New York State	20,224	19,909	19,415	59,548	242,850	8.2

** Total births excludes births with unknown birthweight.*

Source: 2009-2011 Vital Statistics Data as of February, 2013

LOW BIRTH WEIGHT BIRTHS (<2500 GRAMS) PER 100 LIVE BIRTHS BY RACE, ETHNICITY, AGE AND ZIP CODE, ORANGE COUNTY, 2008-2011

2008 BIRTHS			2009 BIRTHS			2010 BIRTHS			2011 BIRTHS		
Low Birth Weight	Total Births	Percent	LBW	Total Births	Percent	LBW	Total Births	Percent	LBW	Total Births	Percent
404	5,405	7.5%	357	5,059	7.1%	322	4,996	6.4%	358	4,829	7.4%

LOW BIRTH WEIGHT BIRTHS (<2500 GRAMS) BY RACE AND ETHNICITY

	2008		2009		2010		2011		Total 2008-2011		
Race & Ethnicity	LBW	Percent	LBW	Percent	LBW	Percent	LBW	Percent	LBW	Total Births	Percent
White	282	6.9%	251	6.6%	221	5.9%	235	6.5%	989	15,232	6.5%
Black	58	11.7%	51	10.4%	49	10.5%	65	13.8%	223	1,924	11.6%
Hispanic	103	7.9%	85	6.9%	69	6.2%	96	8.5%	363	4,772	7.6%
Other	64	7.9%	55	6.8%	52	7.0%	58	7.6%	229	3,120	7.3%

LOW BIRTH WEIGHT BIRTHS (<2500 GRAMS) BY AGE RANGES

	2008		2009		2010		2011		Total 2008-2011		
Age Ranges	LBW	Percent	LBW	Percent	LBW	Percent	LBW	Percent	LBW	Total Births	Percent
10-14	0		*		0		*		*	16	
15-17	10	8.9%	*		*		7	9.1%	27	374	7.2%
18-19	11	4.6%	19	8.9%	14	6.7%	23	10.6%	67	880	7.6%
20-24	83	7.4%	72	6.8%	68	6.3%	74	7.4%	297	4,267	7.0%
25-44	298	7.6%	258	7.0%	235	6.5%	251	7.1%	1,042	14,719	7.1%
45+	*		*		0		*		*	32	

LOW BIRTH WEIGHT BIRTHS (<2500 GRAMS) BY ZIP CODE

	2008		2009		2010		2011		Total 2008-2011		
Zip codes	LBW	Percent	LBW	Percent	LBW	Percent	LBW	Percent	LBW	Total Births	Percent
10940	65	8.4%	68	9.5%	45	6.8%	68	10.7%	246	2,797	8.8%
10950	73	5.8%	60	5.1%	71	5.8%	75	5.9%	279	4,956	5.6%
12550	78	8.1%	75	7.8%	62	7.1%	62	7.6%	277	3,605	7.7%
12771	11	5.8%	15	8.0%	14	7.7%	15	7.6%	55	758	7.3%

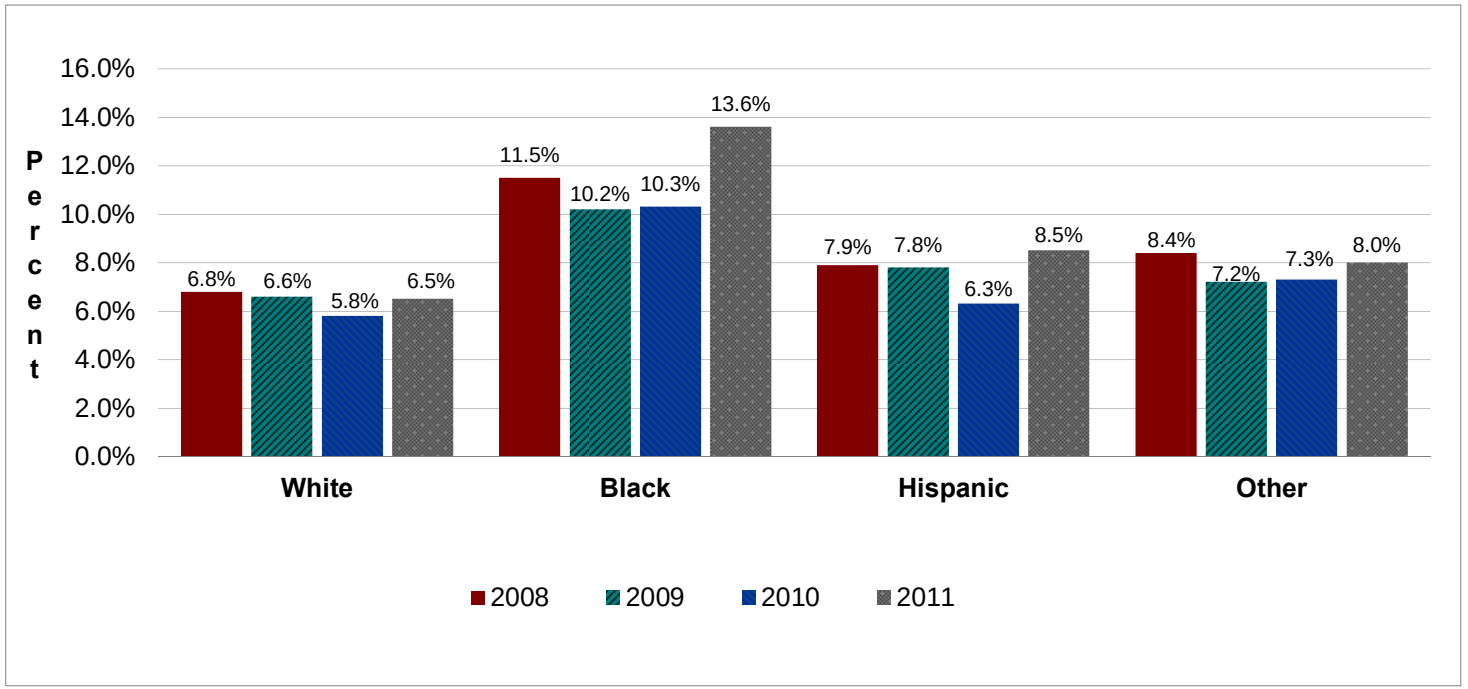
LBW= Low Birth Weight Births

* Small numbers 5 and under not reported

Source: NYS Department of Health, Bureau of Vital Statistics

Created by the School of Public Health, University at Albany, 2013

LOW BIRTH WEIGHT BIRTHS (<2500 GRAMS) PER 100 LIVE BIRTHS, BY MATERNAL RACE AND ETHNICITY, ORANGE COUNTY, 2008-2011

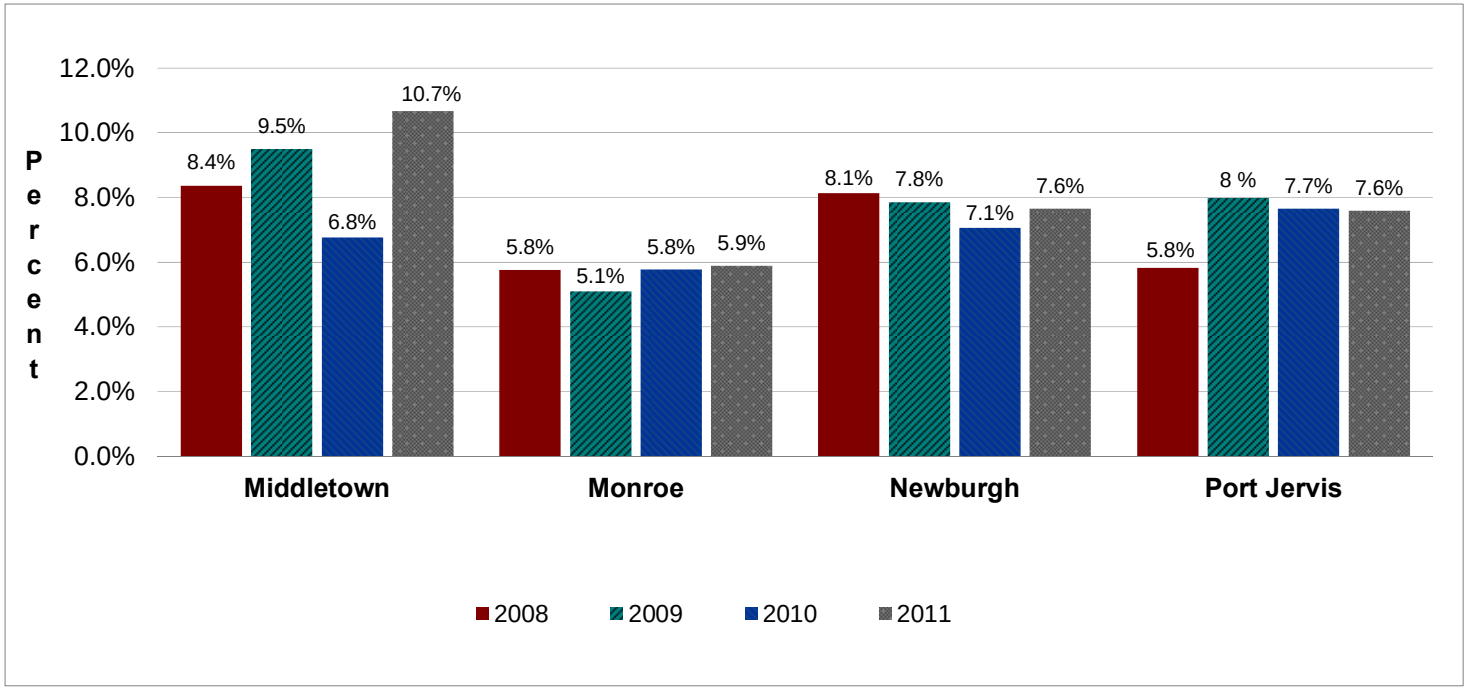


Source: NYS Department of Health, Bureau of Vital Statistics

Created by the School of Public Health, University at Albany, 2013

Exhibit 56

LOW BIRTH WEIGHT BIRTHS (<2500 GRAMS) BY ZIP CODE PER 100 LIVE BIRTHS, ORANGE COUNTY , 2008-2011



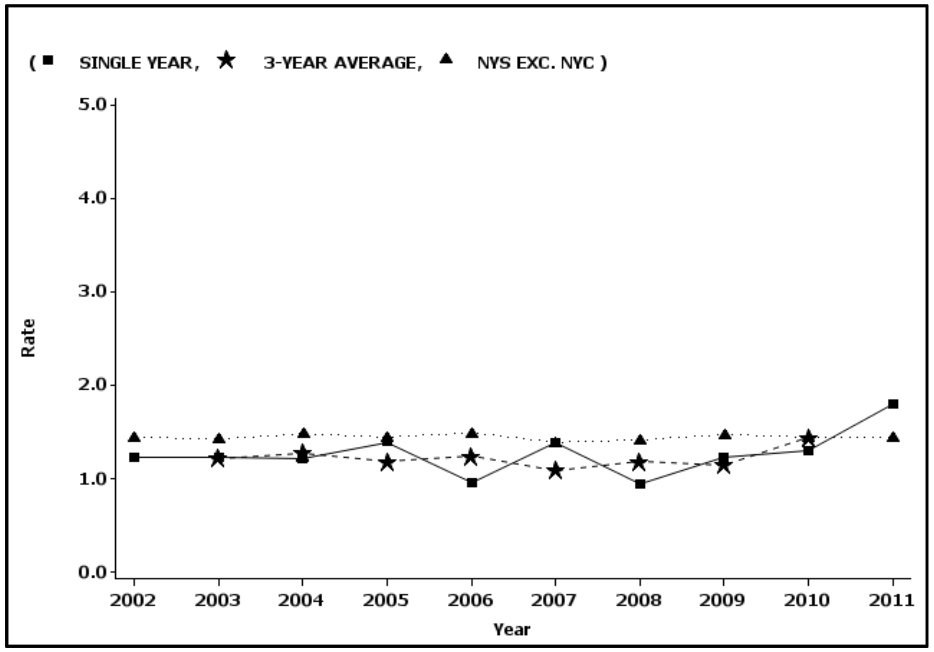
Source: NYS Department of Health, Bureau of Vital Statistics

Created by the School of Public Health, University at Albany, 2013

Exhibit 57

VERY LOW BIRTHWEIGHT (<1500 GRAMS) INFANTS, ORANGE COUNTY AND NEW YORK STATE, 2009-2011

VERY LOW BIRTHWEIGHT (<1500 GRAMS) INFANTS, TEN YEAR TIME TRENDS, 2002-2011



VERY LOW BIRTHWEIGHT (<1500 GRAMS) PERCENT OF LIVE BIRTHS

Year	Single Year Orange County	3-Year Average Orange County	Upstate New York
2002	1.2		1.4
2003	1.2	1.2	1.4
2004	1.2	1.3	1.5
2005	1.4	1.2	1.4
2006	1.0	1.2	1.5
2007	1.4	1.1	1.4
2008	0.9	1.2	1.4
2009	1.2	1.2	1.5
2010	1.3	1.4	1.4
2011	1.8		1.4

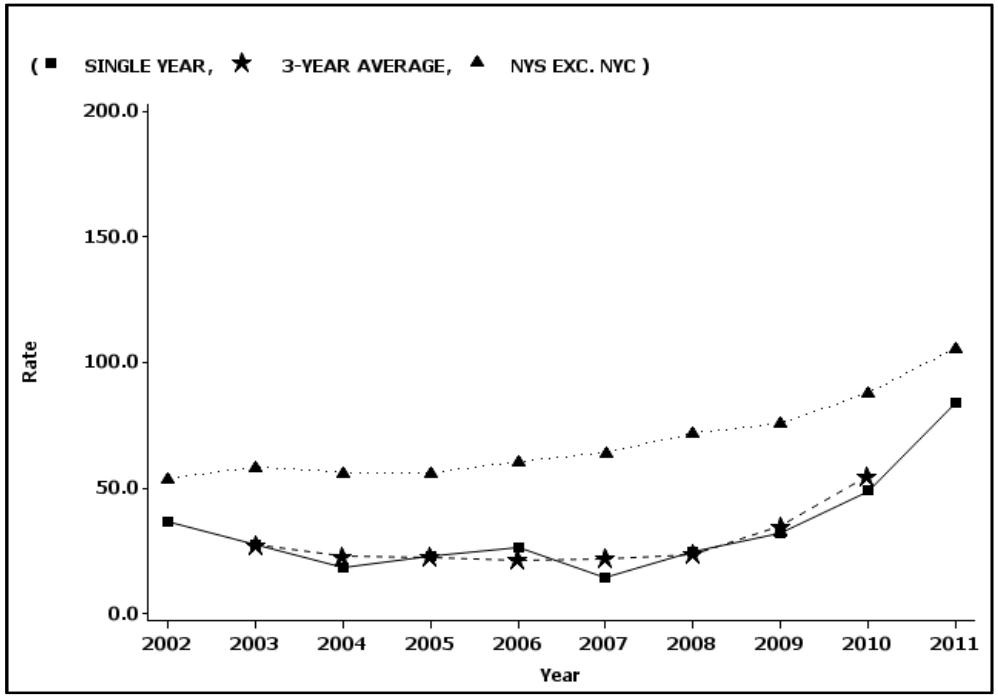
VERY LOW BIRTHWEIGHT (<1500 GRAMS), PERCENT OF LIVE BIRTHS

	Births <1500 Grams				Avg Births	Crude
Region/County	2009	2010	2011	Total	2009-2011	Rate
Orange	62	65	87	214	4,963	1.4
Hudson Valley Region	402	389	387	1,178	26,714	1.5
New York State	3,761	3,682	3,524	10,967	242,850	1.5

Source: 2009-2011 Vital Statistics Data as of February, 2013

NEWBORN DRUG-RELATED DISCHARGES, ORANGE COUNTY AND NEW YORK STATE, 2009-2011

NEWBORN DRUG-RELATED DISCHARGES, TEN YEAR TIME TRENDS, 2002-2011



NEWBORN DRUG-RELATED DISCHARGE RATE PER 10,000 NEWBORNS

Year	Single Year Orange County	3-Year Average Orange County	Upstate New York
2002	36.7		53.9
2003	27.6	27.4	58.5
2004	18.4	23.0	56.3
2005	23.1	22.6	56.1
2006	26.4	21.4	60.6
2007	14.7	22.0	64.1
2008	24.6	23.7	71.9
2009	31.9	35.0	75.9
2010	48.9	54.9	87.8
2011	84.2		105.8

NEWBORN DRUG-RELATED DISCHARGE, RATE PER 10,000 NEWBORNS

	Discharges				Avg Newborns	Crude
Region/County	2009	2010	2011	Total	2009-2011	Rate
Orange	15	23	39	77	4,678	54.9
Hudson Valley Region	82	109	138	329	24,603	44.6
New York State	1,415	1,757	1,954	5,126	235,343	72.6

Source: 2009-2011 SPARCS Data as of February, 2013

PERINATAL DATA PROFILE, ORANGE COUNTY AND SELECT ZIP CODES AND COUNTY, 2009-2011

PERCENT OF BIRTHS

	Total Births	Percent of Births					Teen Births	
Zip Code	2009-2011	Premature Births	Low Birth Weight	Out of Wedlock	Medicaid or Self-Pay	Late or No Prenatal Care	Teen Birth Rate	Teen Pregnancy Rate*
Middletown(10940)	2,049	10.7	8.9	57.6	53.8	0.9	38.7	77.4
Newburgh (12550)	2,651	12.1	7.5	63.6	64.6	1.7	41.3	75.4
Monroe (10950)	3,692	7.5	5.7	6.4	55.3	0.1	18.7	22.6
Port Jervis (12771)	573	8.0	8.0	57.0	53.5	1.4	49.0	69.3
County Total	14,658	10.0	6.9	34.6	43.7	0.7	21.2	42.2

INFANT AND NEONATAL DEATHS

Infant and Neonatal Deaths				
Zip Code	Infant Deaths 2009-2011	Infant Death Rate	Neonatal Deaths 2009-2011	Neonatal Deaths Rate
Middletown (10940)	26	12.8	21	10.3
Newburgh (12550)	20	7.5	11	4.1
Monroe (10950)	11	3.0	6	1.6
Port Jervis (12771)	**	5.2	**	3.5
County Total	92	6.3	66	4.5

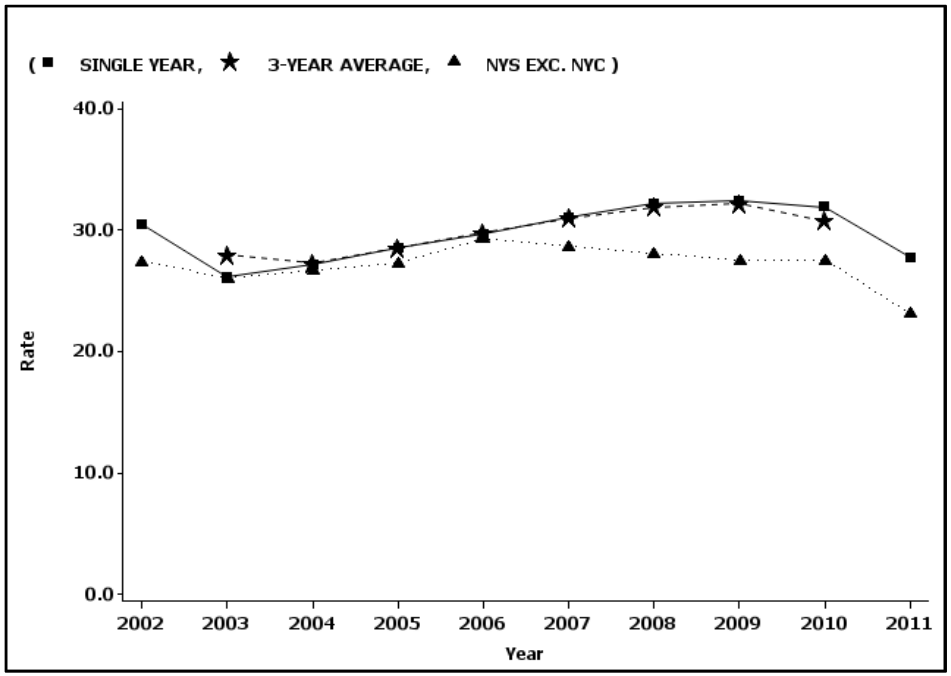
*Teen Pregnancy Rate per 1,000 females ages 15-19 years old

**Small numbers 5 and under not reported

Source: New York State Department of Health, Bureau of Biometrics and Health Statistics as of August 2013

INDUCED ABORTIONS PER 100 LIVE BIRTHS (ALL AGES)
ORANGE COUNTY, NEW YORK STATE, 2009-2011

INDUCED ABORTIONS PER 100 LIVE BIRTHS (ALL AGES), TEN YEAR TIME TRENDS, 2002-2011



INDUCED ABORTIONS PER 100 LIVE BIRTHS (ALL AGES)

Year	Single Year Orange County	3-Year Average Orange County	Upstate New York
2002	30.5		27.5
2003	26.1	27.9	26.0
2004	27.2	27.3	26.7
2005	28.5	28.5	27.3
2006	29.7	29.8	29.3
2007	31.0	31.0	28.7
2008	32.2	31.9	28.1
2009	32.4	32.2	27.5
2010	31.9	30.7	27.6
2011	27.7		23.2

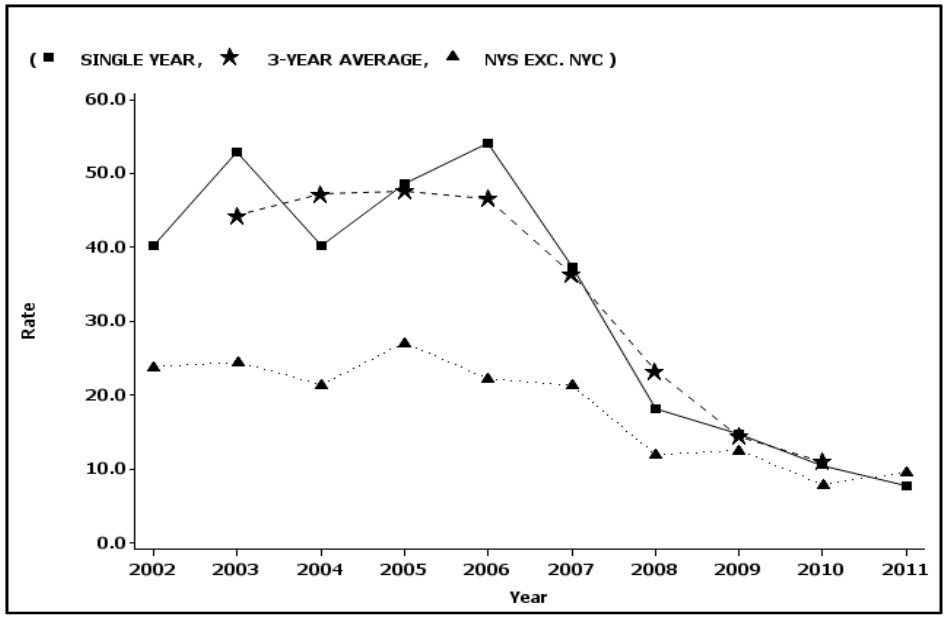
INDUCED ABORTIONS PER 100 LIVE BIRTHS (ALL AGES)

	Abortions (All Ages)				Avg Births	Crude
Region/County	2009	2010	2010	Total	2009-2011	Rate
Orange	1,642	1,595	1,341	4,578	4,965	30.7
Hudson Valley Region	7,698	6,940	5,677	20,315	26,725	25.3
New York State	115,008	111,212	102,678	328,898	243,080	45.1

Rate per 100,000 population
Source: 2009-2011 Vital Statistics Data as of February, 2013

HOSPITALIZATION RATE FOR GASTROENTERITIS (AGES 0-4), ORANGE COUNTY, HUDSON VALLEY REGION AND NEW YORK STATE, 2009-2011

GASTROENTERITIS HOSPITALIZATION RATE PER 10,000, AGES (0-4), TEN YEAR TIME TRENDS, 2002-2011



GASTROENTERITIS AGES (0-4) HOSPITALIZATION RATE PER 10,000 POPULATION, 2002-2011

Year	Single Year Orange County	3-Year Average Orange County	Upstate New York
2002	40.3		23.8
2003	52.9	44.4	24.5
2004	40.2	47.2	21.4
2005	48.7	47.7	27.2
2006	54.0	46.7	22.2
2007	37.4	36.4	21.4
2008	18.1	23.3	12.0
2009	14.8	14.5	12.6
2010	10.6	11.1	7.9
2011	7.7		9.6

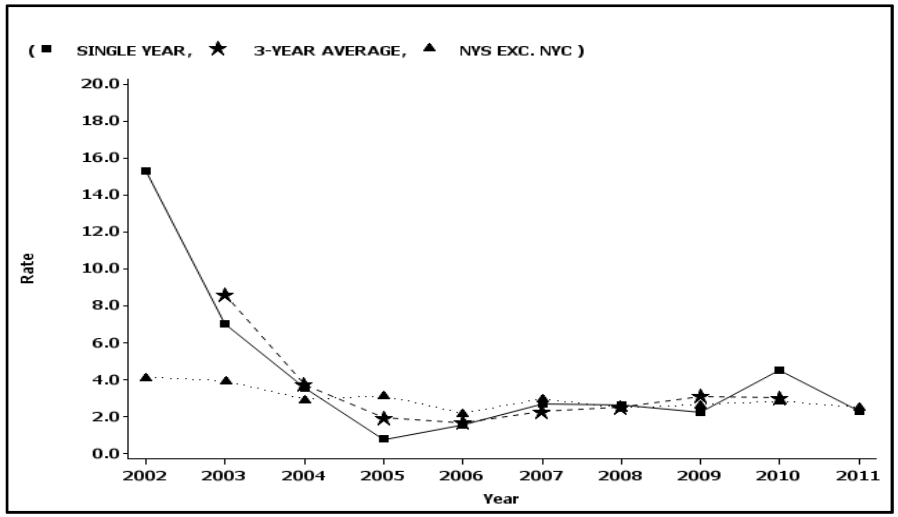
GASTROENTERITIS AGES (0-4) HOSPITALIZATION RATE PER 10,000 POPULATION

	Discharges				Population	
Region/County	2009	2010	2011	Total	2009-2011 (Avg)	Rate
Orange	40	28	20	88	26,486	11.1
Hudson Valley Region	147	92	102	341	141,788	8
New York State	1,845	1,555	1,480	4,880	1,180,827	13.8

Source: 2009-2011 SPARCS Data as of February, 2013

HOSPITALIZATION RATE FOR OTITIS MEDIA (AGES 0-4), ORANGE COUNTY, HUDSON VALLEY REGION AND NEW YORK STATE, 2009-2011

OTITIS MEDIA HOSPITALIZATION RATE PER 10,000, (AGES 0-4), TEN YEAR TIME TRENDS, 2002-2011



OTITIS MEDIA (AGES 0-4) HOSPITALIZATION RATE PER 10,000 POPULATION, 2002-2011

Year	Single Year Orange County	3-Year Average Orange County	Upstate New York
2002	15.3		4.2
2003	7.0	8.6	3.9
2004	3.5	3.7	2.9
2005	0.8	2.0	3.1
2006	1.6	1.7	2.2
2007	2.7	2.3	3.0
2008	2.6	2.5	2.5
2009	2.2	3.1	2.7
2010	4.5	3.0	2.9
2011	2.3		2.5

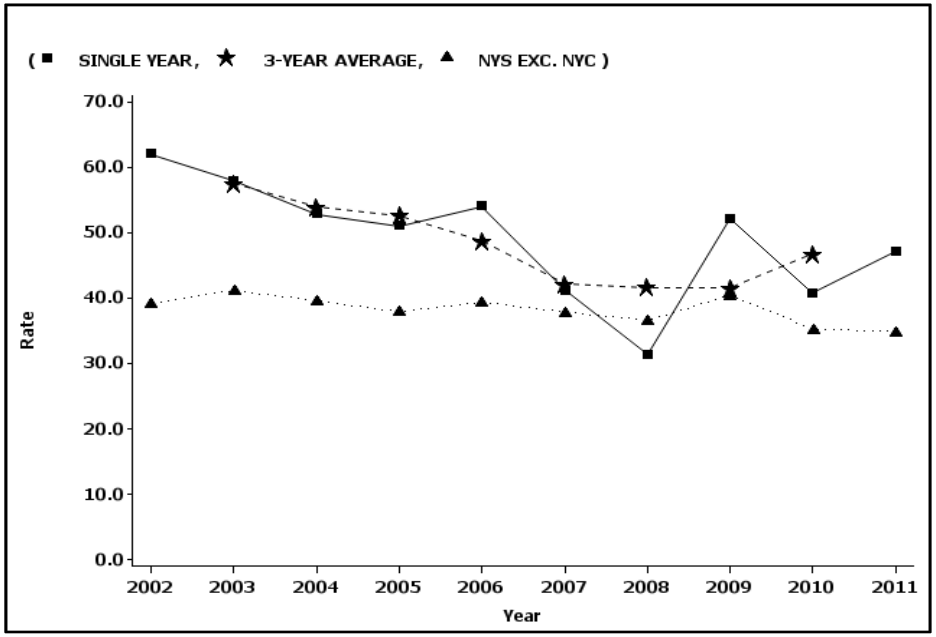
OTITIS MEDIA (AGES 0-4) HOSPITALIZATION RATE PER 10,000 POPULATION

	Discharges				Avg Population	
Region/County	2009	2010	2011	Total	2009-2011	Rate
Orange	6	12	6	24	26,486	3
Hudson Valley Region	32	43	34	109	141,788	2.6
New York State	404	393	342	1,139	1,180,827	3.2

Source: 2009-2011 SPARCS Data as of February, 2013

HOSPITALIZATION RATE FOR PNEUMONIA (AGES 0-4), ORANGE COUNTY, HUDSON VALLEY REGION AND NEW YORK STATE, 2009-2011

PNEUMONIA (AGES 0-4) HOSPITALIZATION RATE PER 10,000 POPULATION, TEN YEAR TIME TRENDS, 2002-2011



PNEUMONIA (AGES 0-4) HOSPITALIZATION RATE PER 10,000 POPULATION, 2002-2011

Year	Single Year Orange County	3-Year Average Orange County	Upstate New York
2002	62.0		39.2
2003	57.9	57.5	41.2
2004	52.8	53.9	39.6
2005	51.0	52.6	37.9
2006	54.0	48.7	39.4
2007	41.2	42.1	37.8
2008	31.4	41.6	36.6
2009	52.1	41.5	40.5
2010	40.8	46.7	35.3
2011	47.1		34.9

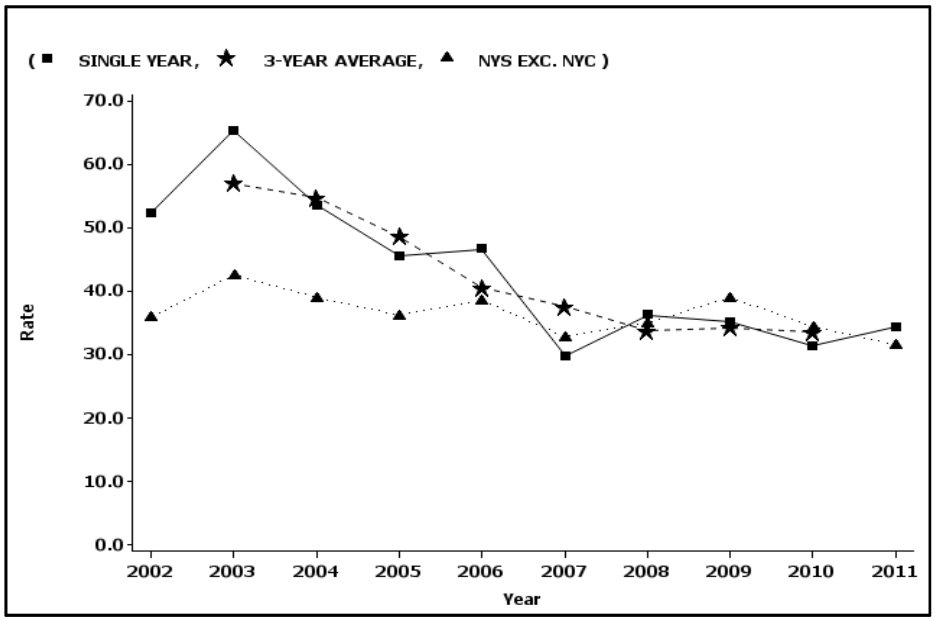
PNEUMONIA (AGES 0-4) HOSPITALIZATION RATE PER 10,000 POPULATION

	Discharges				Population	
Region/County	2009	2010	2011	Total	2009-2011 (Avg)	Rate
Orange	141	108	122	371	26,486	46.7
Hudson Valley Region	581	516	585	1,682	141,788	39.5
New York State	5,796	5,085	5,101	15,982	1,180,827	45.1

Source: 2009-2011 SPARCS Data as of February, 2013

HOSPITALIZATION RATE FOR ASTHMA (AGES 0-4), ORANGE COUNTY, HUDSON VALLEY REGION AND NEW YORK STATE, 2009-2011

ASTHMA (AGES 0-4) HOSPITALIZATION RATE PER 10,000 POPULATION, TEN YEAR TIME TRENDS, 2002-2011



ASTHMA (AGES 0-4) HOSPITALIZATION RATE PER 10,000 POPULATION, 2002-2011

Year	Single Year Orange County	3-Year Average Orange County	Upstate New York
2002	52.4		35.9
2003	65.3	57.0	42.6
2004	53.6	54.7	39.0
2005	45.5	48.6	36.2
2006	46.7	40.6	38.5
2007	29.8	37.5	32.8
2008	36.3	33.7	35.0
2009	35.1	34.2	39.0
2010	31.3	33.6	34.4
2011	34.3		31.6

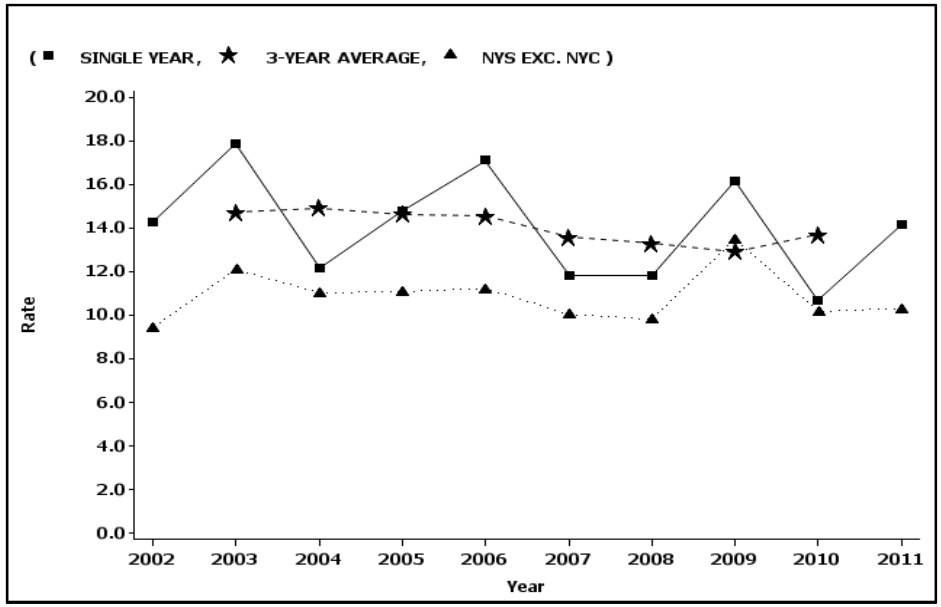
ASTHMA (AGES 0-4) HOSPITALIZATION RATE PER 10,000 POPULATION

	Discharges				Avg Population	
Region/County	2008	2009	2010	Total	2008-2010	Rate
Orange	95	83	89	267	26,486	33.6
Hudson Valley Region	558	467	504	1,529	141,788	35.9
New York State	7,550	6,507	6,059	20,116	1,180,827	56.8

Source: 2009-2011 SPARCS Data as of February, 2013

HOSPITALIZATION RATE FOR ASTHMA (AGES 5-14), ORANGE COUNTY, HUDSON VALLEY REGION AND NEW YORK STATE, 2009-2011

ASTHMA (AGES 5-14) HOSPITALIZATION RATE PER 10,000 POPULATION, TEN YEAR TIME TRENDS, 2002-2011



ASTHMA (AGES 5-14) HOSPITALIZATION RATE PER 10,000 POPULATION, 2002-2011

Year	Single Year Orange County	3-Year Average Orange County	Upstate New York
2002	14.3		9.4
2003	17.9	14.7	12.1
2004	12.1	14.9	11.0
2005	14.8	14.6	11.1
2006	17.1	14.6	11.2
2007	11.8	13.6	10.0
2008	11.8	13.3	9.8
2009	16.1	12.9	13.5
2010	10.7	13.7	10.2
2011	14.2		10.3

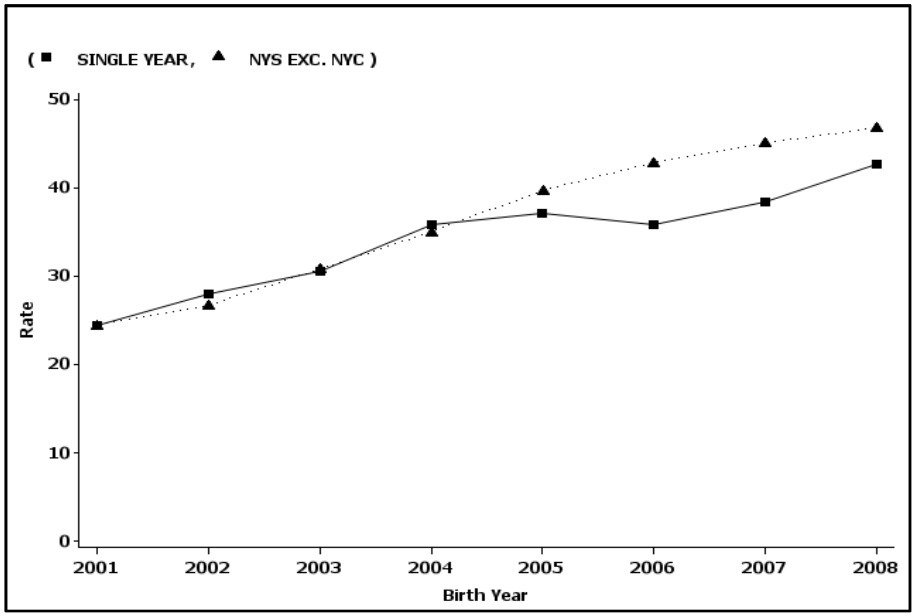
ASTHMA (AGES 5-14) HOSPITALIZATION RATE PER 10,000 POPULATION

	Discharges				Avg Population	
Region/County	2009	2010	2011	Total	2009-2011	Rate
Orange	94	61	80	235	57,213	13.7
Hudson Valley Region	392	325	348	1,065	313,784	11.3
New York State	5,586	4,610	4,644	14,840	2,379,077	20.8

Source: 2009-2011 SPARCS Data as of February, 2013

PERCENTAGE OF CHILDREN BORN IN 2001-2008 WITH AT LEAST TWO LEAD SCREENINGS BY 36 MONTHS, ORANGE COUNTY, HUDSON VALLEY REGION AND UPSTATE NEW YORK, 2009-2011

PERCENTAGE OF CHILDREN BORN IN 2001-2008 WITH AT LEAST TWO LEAD SCREENINGS BY 36 MONTHS



PERCENTAGE OF CHILDREN BORN IN 2001-2008 WITH AT LEAST TWO LEAD SCREENINGS BY 36 MONTHS

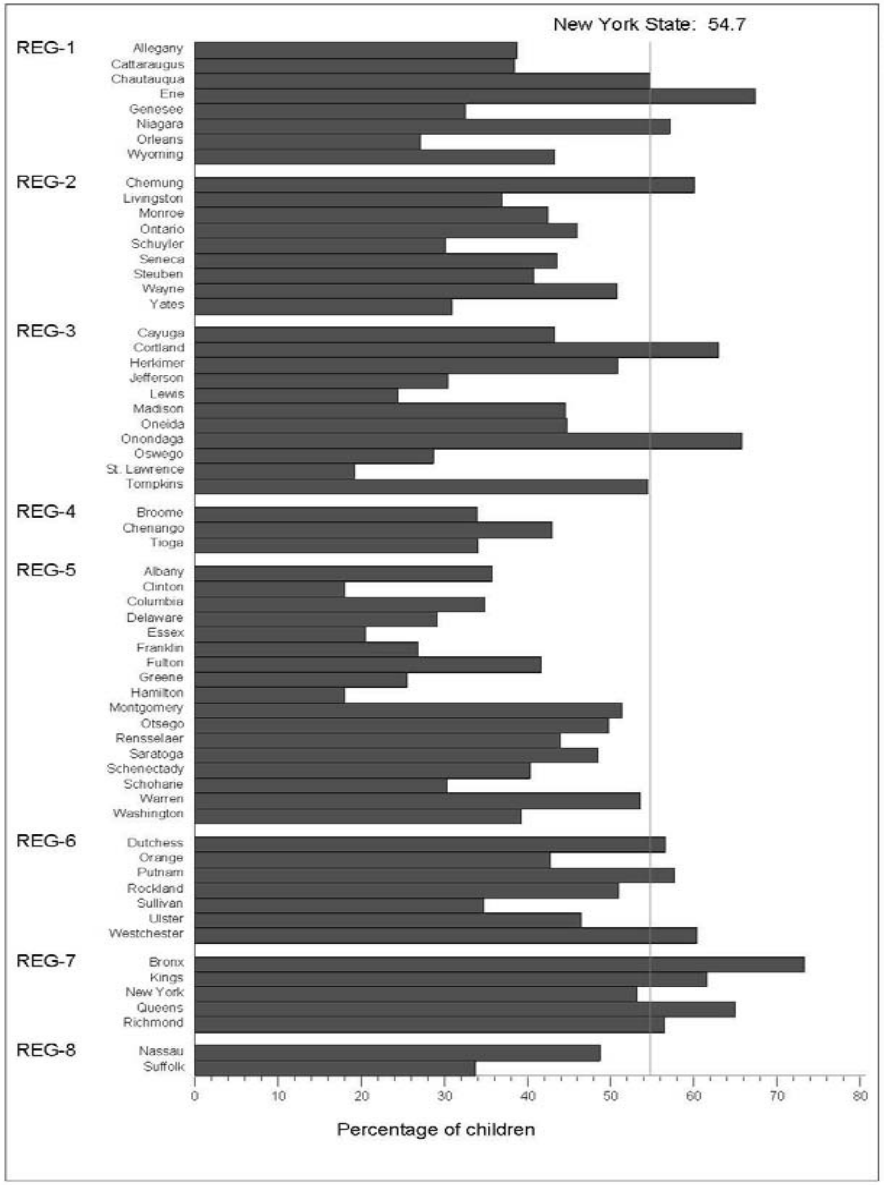
Year	Single Year Orange County	NYS Excluding NYC
2001	24.4	24.4
2002	28.0	26.7
2003	30.5	30.8
2004	35.8	35.0
2005	37.1	39.7
2006	35.8	42.8
2007	38.4	45.1
2008	42.7	46.8

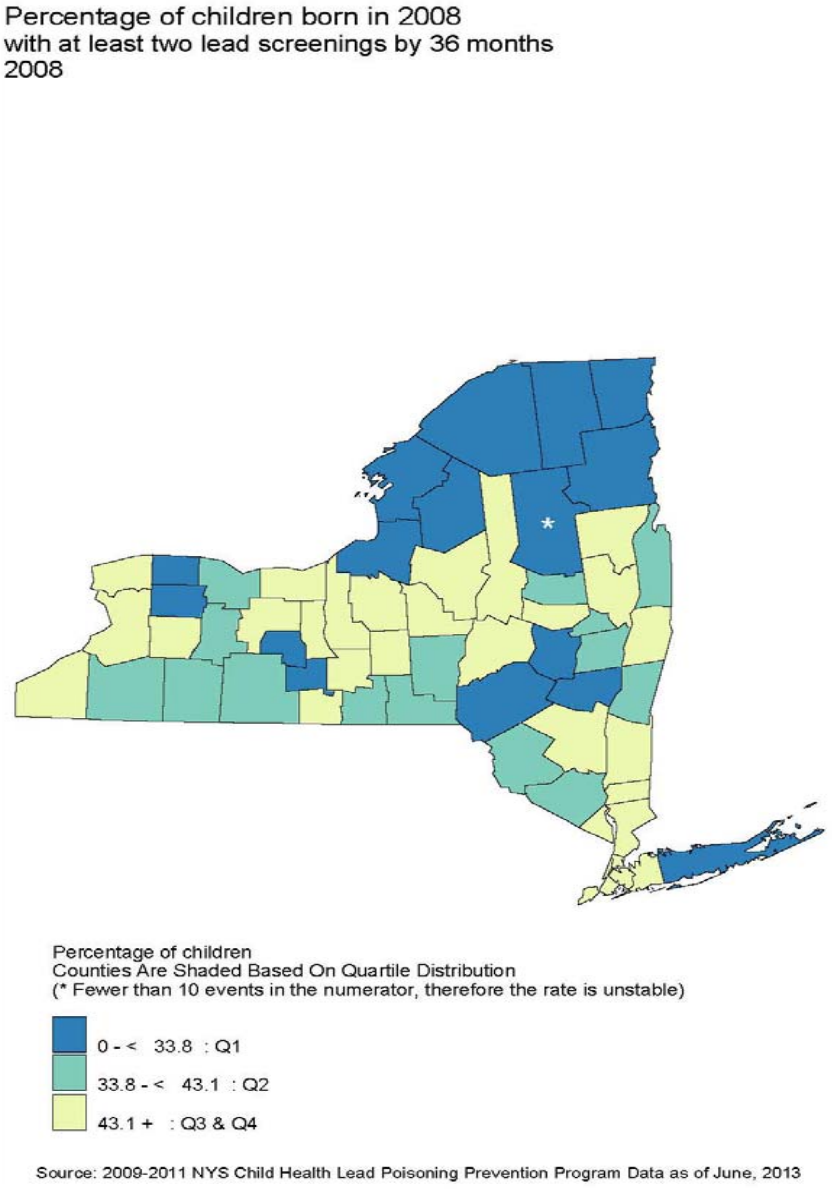
PERCENTAGE OF CHILDREN BORN IN 2001-2008 WITH AT LEAST TWO LEAD SCREENINGS BY 36 MONTHS

Region/County	Total Number Screened	Children Born in 2008	Percentage
Orange	2,307	5,406	42.7
Hudson Valley Region	15,177	28,574	53.2
New York State	136,563	249,655	54.7

Source: 2009-2011 NYS Child Health Lead Poisoning Prevention Program Data as of June, 2013

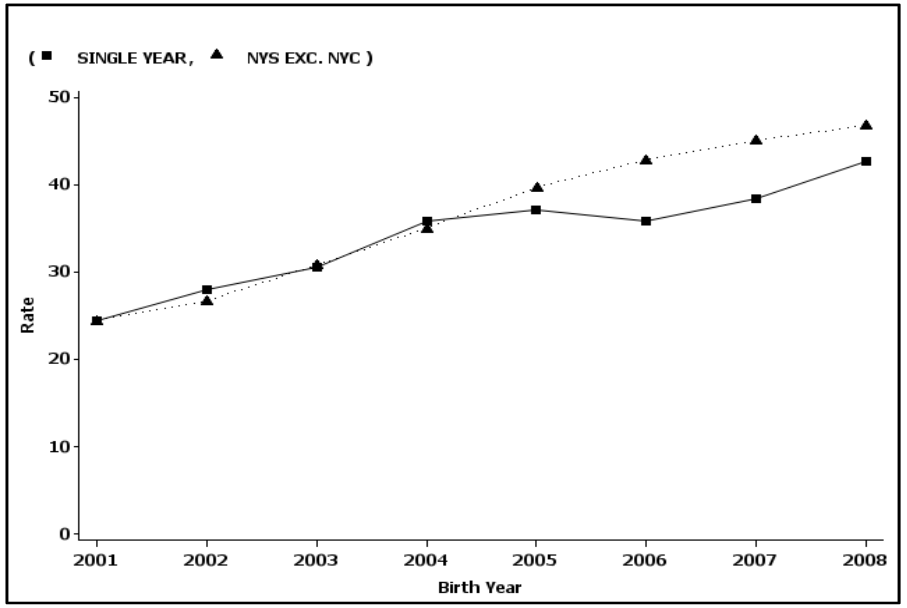
ORANGE COUNTY PERCENTAGE OF CHILDREN BORN IN 2008 WITH AT LEAST TWO LEAD SCREENINGS BY 36 MONTHS





INCIDENCE OF CONFIRMED HIGH BLOOOD LEAD LEVEL (10 MICROGRAMS OR HIGHER PER DECILITER)- RATE PER 1,000 CHILDREN TESTED AGED <72 MONTHS,ORANGE COUNTY, HUDSON VALLEY REGION AND NEW YORK STATE, 2009-2011

INCIDENCE OF CONFIRMED HIGH BLOOD LEAD LEVEL, RATE PER 1,000 CHILDREN TESTED, ORANGE COUNTY AND NEW YORK STATE



INCIDENCE OF CONFIRMED HIGH BLOOD LEAD LEVEL, RATE PER 1,000 CHILDREN TESTED

Year	Single Year Orange County	3-Year Average Orange County	Upstate New York
2002	22.1		16.3
2003	19.4	21.4	15.0
2004	22.6	20.3	13.3
2005	18.7	18.6	11.7
2006	14.8	14.9	10.1
2007	11.1	12.4	9.0
2008	11.2	10.7	7.9
2009	9.8	10.3	7.4
2010	10.0	9.1	8.0
2011	7.4		7.2

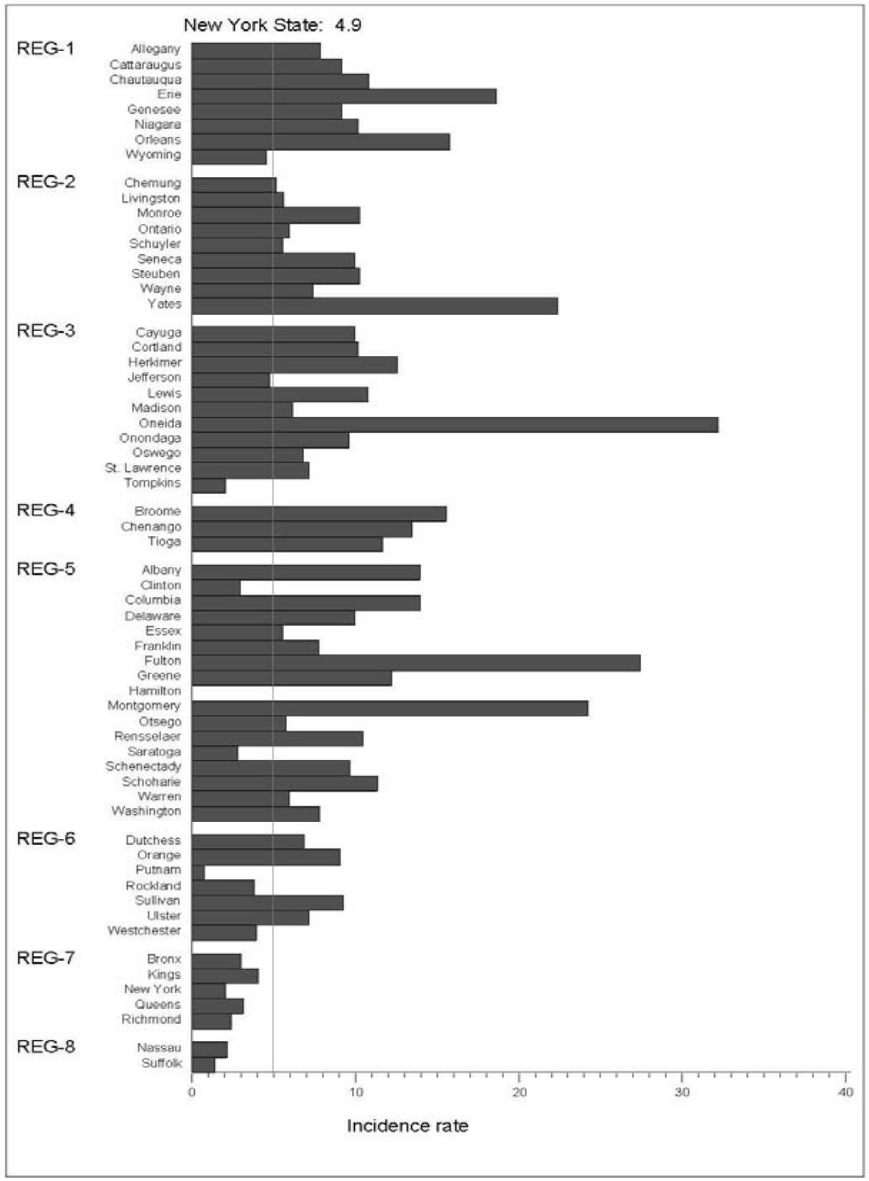
INCIDENCE OF CONFIRMED HIGH BLOOD LEAD LEVEL, RATE PER 1,000 CHILDREN TESTED

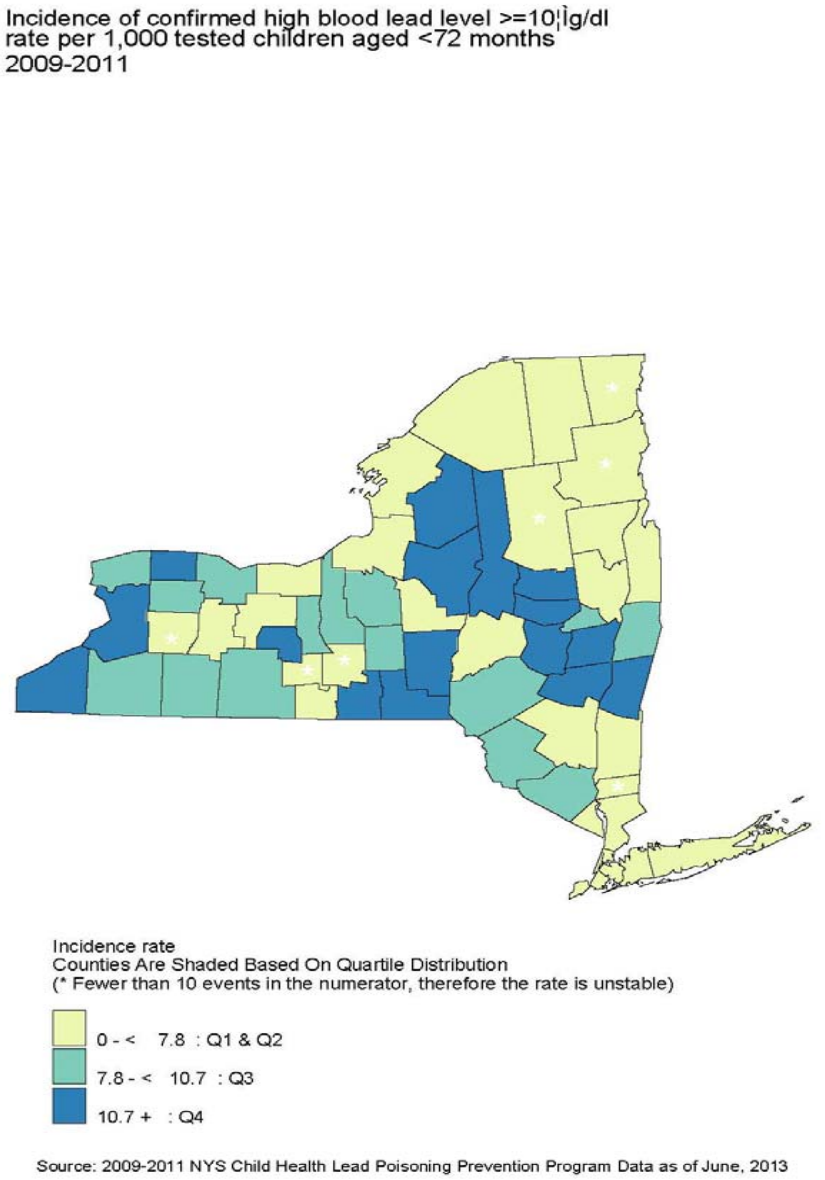
	Cases				Avg Children Tested	Crude
Region/County	2009	2010	2011	Total	2009-2011	Rate
Orange	89	89	64	242	8,899	9.1
Hudson Valley Region	286	303	279	868	55,567	5.2
New York State	2,721	2,947	2,575	8,243	557,035	4.9

Source: 2009-2011 NYS Child Health Lead Poisoning Prevention Program Data as of June, 2013

Exhibit 69

ORANGE COUNTY INCIDENCE OF CONFIRMED HIGH BLOOOD LEAD LEVEL (10 MICROGRAMS OR HIGHER PER DECILITER) - RATE PER 1,000 CHILDREN TESTED AGED <72





ORAL HEALTH INDICATORS IN CHILDREN, ORANGE COUNTY, 2009-2011

Indicator	Percentage (Confidence Interval)
Percentage of 3rd grade children with caries experience	41.4 (27.9-54.9)
Percentage of 3rd grade children with untreated caries	30.0 (17.6-42.3)
Percentage of 3rd grade children with dental sealants	28.0 (15.8-40.2)
Percentage of 3rd grade children with at least one dental visit in the last year	74.2 (62.4-85.9)
Percentage of 3rd grade children reported taking floride tablets regularly	49.5 (35.7-63.4)
Percentage of 3rd grade children with dental insurance	83.5 (74.6-92.3)

Source: 2009-2011 Bureau of Dental Health Data as of August, 2012

SELECTED KIDS' WELL-BEING INDICATORS, ORANGE COUNTY AND REST OF STATE, 2007-2011

NUMBER AND RATE* OF YOUNG ADULT ARRESTS-DRUG USE/POSSESION/SALE AGES 16-21 YEARS, ORANGE COUNTY AND REST OF STATE, 2007-2011

Region	2007		2008		2009		2010		2011	
	Number	Rate/10,000	Number	Rate/10,000	Number	Rate/10,000	Number	Rate/10,000	Number	Rate/10,000
Rest of State	8,971	87.4	8,648	83.7	8,389	81.0	8,526	82.3	7,919	77.9
Orange County	380	100.9	376	97.9	343	87.1	320	81.3	305	79.9

*Rate per 10,000 young adults age 16-21

NUMBER AND RATE* OF YOUNG ADULT PROPERTY CRIMES AGES 16-21 YEARS, ORANGE COUNTY AND REST OF STATE, 2007-2011

Region	2007		2008		2009		2010		2011	
	Number	Rate/10,000	Number	Rate/10,000	Number	Rate/10,000	Number	Rate/10,000	Number	Rate/10,000
Rest of State	16,518	160.9	19,017	184.0	19,523	188.5	18,935	182.8	17,811	175.1
Orange County	720	191.1	893	232.5	1,071	272.0	921	233.9	840	220.0

*Rate per 10,000 young adults age 16-21

NUMBER AND RATE* OF YOUNG ADULT ARRESTS- VIOLENT CRIMES AGES 16-21 YEARS, ORANGE COUNTY AND REST OF STATE, 2007-2011

Region	2007		2008		2009		2010		2011	
	Number	Rate/10,000	Number	Rate/10,000	Number	Rate/10,000	Number	Rate/10,000	Number	Rate/10,000
Rest of State	5,039	49.1	5,184	50.2	5,227	50.5	4,637	44.8	4,189	41.2
Orange County	210	55.7	180	46.9	233	59.2	206	52.3	188	49.2

*Rate per 10,000 young adults age 16-21

NUMBER AND RATE* OF YOUNG ADULTS DRIVING WHILE INTOXICATED, AGES 16-21 YEARS, ORANGE COUNTY AND REST OF STATE, 2007-2011

Region	2007		2008		2009		2010		2011	
	Number	Rate/10,000	Number	Rate/10,000	Number	Rate/10,000	Number	Rate/10,000	Number	Rate/10,000
Rest of State	6,479	63.1	6,212	60.1	5,845	56.4	5,402	52.1	4,784	47.0
Orange County	282	74.8	212	55.2	206	52.3	201	51.1	167	43.7

*Rate per 10,000 young adults age 16-21

NUMBER AND RATE* OF CHILDREN IN INDICATED REPORTS OF ABUSE/MALTREATMENT, AGES 0-17 YEARS, ORANGE COUNTY AND REST OF STATE, 2007-2011

Region	2007		2008		2009		2010		2011	
	Number	Rate/1,000	Number	Rate/1,000	Number	Rate/1,000	Number	Rate/1,000	Number	Rate/1,000
Rest of State	42,286	15.8	44,011	16.5	44,983	17.4	44,146	17.1	40,897	15.6
Orange County	1,090	10.5	1,042	12.5	987	11.7	982	11.5	815	9.3

*Rate per 1,000 young children ages 0-17 years

NUMBER AND PERCENT OF INDICATED REPORTS OF ABUSE/MALTREATMENT, ORANGE COUNTY AND REST OF STATE, 2007-2011

Region	2007		2008		2009		2010		2011	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Rest of State	27,119	28.3	28,213	27.4	28,286	27	27,874	25.4	25,899	24.2
Orange County	664	24.5	660	23.2	598	32	604	19.2	540	17.1

Source: Kids' Well-Being Indicators Clearinghouse
http://www.nyskwic.org/

Exhibit 72

SUICIDE AND SELF-INFLICTED INJURY MORTALITY AND HOSPITAL DISCHARGE RATES (ALL AGES, AGES 15-19), ORANGE COUNTY, HUDSON VALLEY REGION AND NEW YORK STATE, 2009-2011

SUICIDE MORTALITY RATES PER 100,000 POPULATION

	Deaths				Avg Population	Crude	Adjusted
Region/County	2009	2010	2011	Total	2009-2011	Rate	Rate
Orange	28	23	34	85	377,072	7.5	7.3
Hudson Valley Region	148	200	180	528	2,294,607	7.7	7.3
New York State	1,257	1,513	1,625	4,395	19,461,584	7.5	7.2

SELF-INFLICTED INJURY - HOSPITALIZATION RATES PER 10,000 POPULATION

	Deaths				Avg Population	Crude	Adjusted
Region/County	2009	2010	2011	Total	2009-2011	Rate	Rate
Orange	167	217	265	649	377,072	5.7	5.8
Hudson Valley Region	1,039	1,163	1,253	3,455	2,294,607	5.0	5.1
New York State	9,714	10,602	10,887	31,203	19,461,584	5.3	5.3

SELF-INFLICTED INJURY (AGES 15-19) - HOSPITALIZATION RATES PER 10,000 POPULATION

	Deaths				Avg Population	Crude
Region/County	2009	2010	2011	Total	2009-2011	Rate
Orange	28	41	46	115	30,466	12.6
Hudson Valley Region	179	166	188	533	170,065	10.4
New York State	1,299	1,386	1,421	4,106	1,352,225	10.1

Adjusted rates are age adjusted to the 2000 United States Population

Source: 2009-2011 Vital Statistics Data as of February, 2013

REPORTED DOMESTIC VIOLENCE VICTIMS, ORANGE COUNTY, HUDSON VALLEY REGION AND UPSTATE NEW YORK, 2012

	Intimate Partner				
County	**Female Victim**	**Male Victim**	**Total**	**Other Family Vicitm**	**Total**
Orange	**1,088**	**303**	**1,391**	**631**	**2,022**
Dutchess	733	178	911	490	1,401
Putnam	52	7	59	20	79
Rockland	482	109	591	366	957
Sullivan	125	28	153	86	239
Ulster	411	123	534	293	827
Westchester	1,394	300	1,694	745	2,439
Upstate New York (Not including NYC)	29,371	6,797	36,168	18,680	54,848

Source: New York State Division of Criminal Justice Services Uniform Crime Reporting System, as of May 15, 2013
http://www.criminaljustice.ny.gov/crimnet/ojsa/domesticviolence/index.htm

HOMICIDE RATES, ORANGE COUNTY, HUDSON VALLEY, AND NEW YORK STATE, 2009-20011

HOMICIDE MORTALITY PER 100,000 POPULATION

	Deaths				Avg Population	Crude	Adjusted
Region/County	2009	2010	2011	Total	2009-2011	Rate	Rate
Orange	12	16	7	35	377,072	3.1	3.3
Hudson Valley Region	47	58	47	152	2,294,607	2.2	2.3
New York State	804	880	803	2,487	19,461,584	4.3	4.3

Adjusted rates are age adjusted to the 2000 United States Population

Source: 2009-2011 Vital Statistics Data as of February, 2013

MORTALITY FROM TOTAL ACCIDENTS PER 100,000 POPULATION, BY GENDER, RACE, ETHNICITY, AGE AND ZIP CODE, ORANGE COUNTY AND UPSTATE NEW YORK, 2008-2011

	2008		2009		2010		2011		Total 2008-2011	
Region	**Number of Deaths**	**Rate**	**Number of Deaths**	**Rate**	**Number of Deaths**	**Rate**	**Number of Deaths**	**Rate**	**Total**	**Avg. Rate**
Upstate New York	3,401	30.6	2,880	25.8	3,322	29.7	3,683	32.8	13,286	29.6

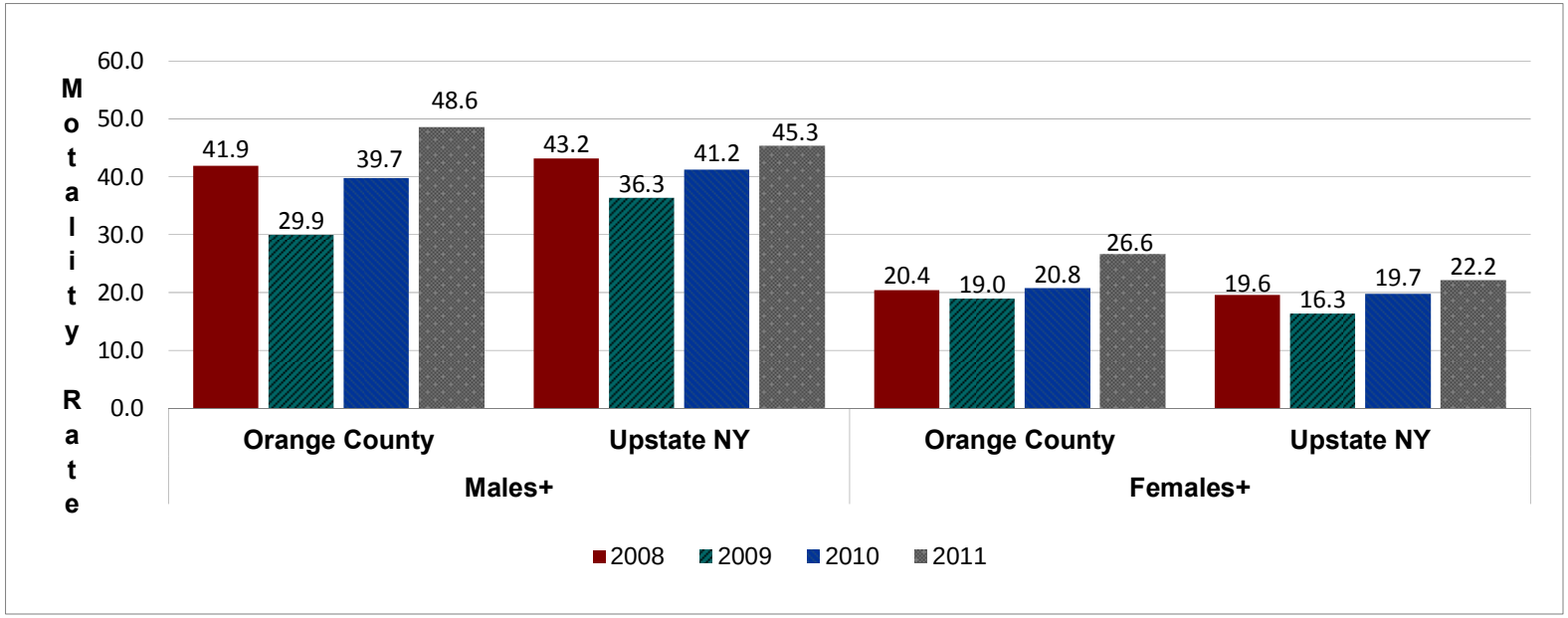
	2008		2009		2010		2011		Total 2008-2011	
Region	**Number of Deaths**	**Rate**	**Number of Deaths**	**Rate**	**Number of Deaths**	**Rate**	**Number of Deaths**	**Rate**	**Total**	**Avg. Rate**
Orange County	103	27.1	82	21.4	104	27.9	126	33.6	415	27.8
Age Intervals ^	**Number of Deaths**	**Rate**	**Number of Deaths**	**Rate**	**Number of Deaths**	**Rate**	**Number of Deaths**	**Rate**	**Total**	**Avg Rate**
<1	*	s/n	0				*	s/n	*	s/n
1--9	*	s/n	*	s/n	*	s/n	6	12.1	10	s/n
10--19	7	12.0	9	15.4	*	s/n	*	s/n	26	12.8
20-24	7	28.3	7	28.3	9	36.4	10	40.4	33	33.4
25-34	14	33.6	13	31.2	13	31.2	16	38.3	56	33.6
35-44	20	38.2	*	s/n	16	30.6	8	15.3	49	23.4
45-54	14	24.1	12	20.6	16	27.5	24	41.3	66	28.4
55-64	13	30.9	7	16.6	11	26.2	12	28.5	43	25.6
65-74	*	s/n	7	31.2	6	26.7	8	35.6	25	27.8
75-84	9	69.5	6	46.4	7	54.1	16	123.6	38	73.4
85+	10	179.0	14	250.5	17	304.0	19	340.0	60	286.4
Gender ^	**Number of Deaths**	**Rate**	**Number of Deaths**	**Rate**	**Number of Deaths**	**Rate**	**Number of Deaths**	**Rate**	**Total**	**Avg**
Males	65	41.9	46	29.9	60	39.7	77	48.6	248	39.9
Females	37	20.4	35	18.9	41	20.8	48	26.6	161	21.0
Race/Ethnicity	**Number of Deaths**	**Rate**	**Number of Deaths**	**Rate**	**Number of Deaths**	**Rate**	**Number of Deaths**	**Rate**	**Total**	**Avg Rate**
White	90	31.3	74	25.7	86	29.9	105	36.5	355	30.8
Black	*	s/n	*	s/n	11	21.0	14	36.9	33	21.7
Hispanic	12	17.9	9	13.4	10	14.9	16	23.8	47	13.8
Other	7	14.9	*	s/n	*	s/n	6	12.7	*	s/n
Zip Codes	**Number of Deaths**	**Rate**	**Number of Deaths**	**Rate**	**Number of Deaths**	**Rate**	**Number of Deaths**	**Rate**	**Total**	**Rate**
10940	14	28.9	13	26.8	17	35.1	16	33.0	60	31.0
10950	*	s/n	*	s/n	*	s/n	9	19.1	23	s/n
12550	16	29.4	9	16.5	15	27.5	24	44.1	64	29.4
12771	*	s/n	*	s/n	10	68.9	12	82.7	31	53.4

*-s/n, Small numbers not reported and not reliable

^ Age-adjusted using direct method

Source: NYS Department of Health, Bureau of Vital Statistics and the U.S. Census 2010
Created by the School of Public Health, University at Albany, 2013

MORTALITY FROM TOTAL ACCIDENTS PER 100,000, BY GENDER, ORANGE COUNTY AND UPSTATE NEW YORK, 2008-2011



+Age adjusted mortality rate

Source: NYS Department of Health, Bureau of Vital Statistics and U.S. Census 2010; Deaths recorded in New Jersey, not included in this analysis.

Created by the School of Public Health, University at Albany, 2013

UNINTENTIONAL INJURY DISCHARGE RATES AND MORTALITY AND TRAUMATIC BRAIN INJURY DISCHARGE RATES, ORANGE COUNTY, HUDSON VALLEY AND NEW YORK STATE, 2009-2011

UNINTENTIONAL INJURY DISCHARGE RATES PER 10,000 POPULATION

	Discharges				Avg Population	Crude	Adjusted
Region/County	2009	2010	2011	Total	2009-2011	Rate	Rate
Orange	2,347	2,319	2,363	7,029	377,072	62.1	65.5
Hudson Valley Region	15,544	15,532	16,081	47,157	2,294,607	68.5	63.3
New York State	135,969	133,519	133,434	402,922	19,461,584	69.0	64.0

UNINTENTIONAL INJURY MORTALITY, PER 100,000 POPULATION

	Deaths				Avg Population	Crude	Adjusted
REGION/COUNTY	2009	2010	2011	Total	2009-2011	Rate	Rate
Orange	82	104	126	312	377,072	27.6	28.4
Hudson Valley Region	485	517	644	1,646	2,294,607	23.9	22.5
New York State	4,268	4,720	5,249	14,237	19,461,584	24.4	22.7

TRAUMATIC BRAIN INJURY DISCHARGE RATES PER 10,000 POPULATION

	Deaths				Avg Population	Crude	Adjusted
REGION/COUNTY	2009	2010	2011	Total	2009-2011	Rate	Rate
Orange	373	329	353	1,055	377,072	9.3	9.7
Hudson Valley Region	2,334	2,225	2,381	6,940	2,294,607	10.1	9.6
New York State	19,471	19,397	19,219	58,087	19,461,584	9.9	9.4

Source: 2009-2011 Vital Statistics Data as of February, 2013

DISCHARGE RATES FROM UNINTENTIONAL INJURIES BY AGE, ORANGE COUNTY
HUDSON VALLEY REGION AND NEW YORK STATE, 2009-2011

UNINTENTIONAL INJURIES (AGES <10) - DISCHARGE RATE PER 10,000 POPULATION

	Discharges				Avg Population	Crude
Region/County	2009	2010	2011	Total	2009-2011	Rate
Orange	91	104	119	314	54,294	19.3
Hudson Valley Region	606	615	588	1,809	294,416	20.5
New York State	6,229	6,198	5,821	18,248	2,354,584	25.8

UNINTENTIONAL INJURIES (AGES 10-14) - DISCHARGE RATE PER 10,000 POPULATION

	Discharges				Avg Population	Crude
Region/County	2009	2010	2011	Total	2009-2011	Rate
Orange	49	44	49	142	29,405	16.1
Hudson Valley Region	282	275	263	820	161,156	17
New York State	2,518	2,416	2,223	7,157	1,205,320	19.8

UNINTENTIONAL INJURIES (AGES 15-24) - DISCHARGE RATE PER 10,000 POPULATION

	Discharges				Avg Population	Crude
Region/County	2009	2010	2011	Total	2009-2011	Rate
Orange	198	201	165	564	56,834	33.1
Hudson Valley Region	1,123	1,072	954	3,149	314,960	33.3
New York State	8,758	8,550	8,051	25,359	2,749,443	30.7

UNINTENTIONAL INJURES (AGES 25-64) - DISCHARGE RATE PER 10,000 POPULATION

	Discharges				Avg Population	Crude
Region/County	2007	2008	2009	Total	2008	Rate
Orange	887	862	884	2,633	195,416	44.9
Hudson Valley Region	5,392	5,407	5,476	16,275	1,211,224	44.8
New York State	49,409	48,836	48,999	147,244	10,518,106	46.7

UNINTENTIONAL INJURIES (AGES 65+) - DISCHARGE RATE PER 10,000 POPULATION

	Discharges				Avg Population	Crude
Region/County	2009	2010	2011	Total	2009-2011	Rate
Orange	1,122	1,108	1,146	3,376	41,124	273.6
Hudson Valley Region	8,141	8,163	8,800	25,104	312,850	267.5
New York State	69,055	67,519	68,340	204,914	2,634,131	259.3

Adjusted rates are age adjusted to the 2000 United States Population

Source: 2009-2011 SPARCS Data as of February, 2013

Exhibit 79

MOTOR VEHICLE DATA,
ORANGE COUNTY AND NEW YORK STATE, 2009-2011

MORTALITY FROM MOTOR VEHICLE ACCIDENTS,
RATES PER 100,000 POPULATION

	Deaths				Avg Population	Crude	Adjusted
Region/County	2009	2010	2011	Total	2009-2011	Rate	Rate
Orange	30	26	38	94	377,072	8.3	8.3
Hudson Valley Region	137	134	157	428	2,294,607	6.2	6.2
New York State	1,164	1,227	1,225	3,616	19,461,584	6.2	6.0

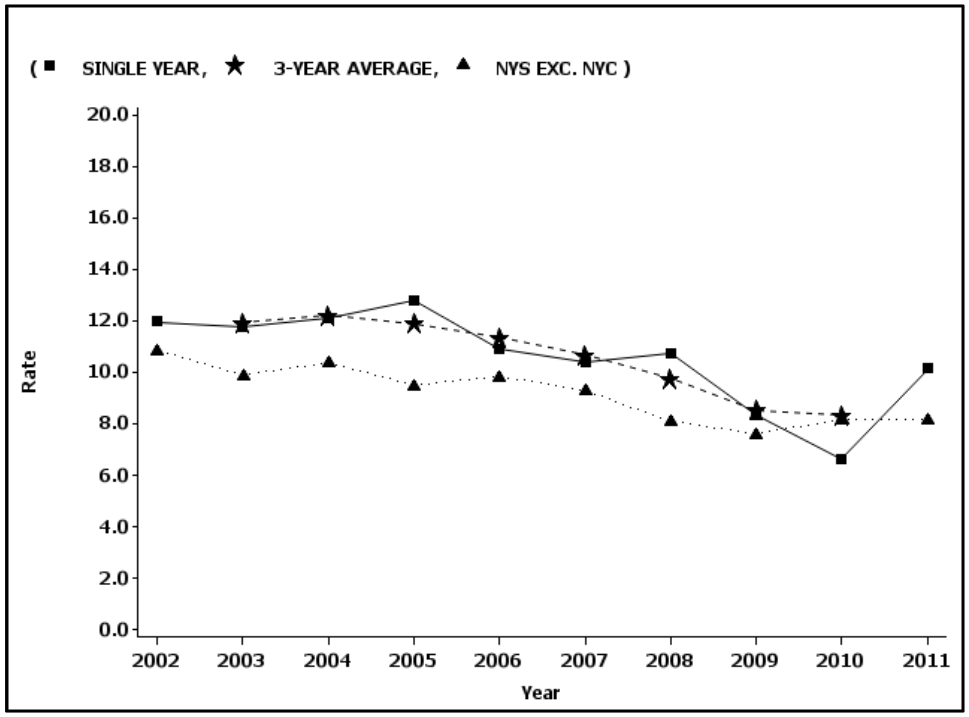
ALCOHOL RELATED MOTOR VEHICLE DEATHS AND INJURIES,
RATE PER 100,000 POPULATION

	Alcohol Related Motor Vehicles				Avg Population	Crude
Region/County	2009	2010	2011	Total	2009-2011	Rate
Orange	215	177	168	560	377,072	49.5
Hudson Valley Region	1,056	890	960	2,906	2,294,607	42.2
New York State	7,161	6,686	6,481	20,328	19,461,584	34.8

Adjusted rates are age adjusted to the 2000 United States Population
Source: 2009-2011 NYS Department of Motor Vehicles Data as of July, 2013

AGE ADJUSTED MOTOR VEHICLE MORTALITY, ORANGE COUNTY AND NEW YORK STATE, 2009-2011

MORTALITY FROM MOTOR VEHICLE ACCIDENTS, TEN YEAR TIME TRENDS, 1999-2008



MOTOR VEHICLE DEATH RATE PER 100,000 POPULATION

Year	Single Year Orange County	3-Year Average Orange County	Upstate New York
2002	12.0		10.9
2003	11.7	11.9	9.9
2004	12.1	12.2	10.4
2005	12.8	11.9	9.5
2006	10.9	11.4	9.8
2006	10.4	10.7	9.3
2008	10.7	9.8	8.1
2009	8.4	8.5	7.6
2010	6.6	8.3	8.2
2011	10.1		8.2

Source: 2009-2011 NYS Department of Motor Vehicles Data as of July, 2013

Department of Health

Annual Morbidity Report [1]

Updated Aug 2013

Disease Category	Annual Totals 2012	2011	2010	2009	2008	2007	Mean Total 2007-2012
Vaccine Preventable Diseases							
Measles	0	0	0	0	0	0	0
Mumps[3]	0	0	402	394	0	0	133
Pertussis[3]	79	33	15	11	40	19	33
Rubella	0	0	0	0	0	0	0
CNS Diseases and Bacteremias							
Encephalitis							
West Nile Encephalitis (Lab Positive)	0	0	0	1	0	0	0
Non-West Nile Encephalitis	0	0	0	0	0	1	0
Haemophilus Influenzae							
Inv Type B	0	0	0	0	0	0	0
Inv Not Type B	3	5	3	2	4	5	4
Listeriosis	1	1	4	1	1	0	1
Meningitis							
Meningitis, Aseptic	0	0	2	5	4	6	3
Meningitis, Other Bacterial	0	0	0	0	0	2	0
Meningitis Unknown	0	0	0	0	0	2	0
Meningococcal	0	0	0	0	0	2	0
Strep Pneumoniae							
Strep Pneumoniae, Inv./Sensitive/Unknown	28	29	34	38	47	30	34
Strep, Inv Grp A	13	9	12	17	8	2	10
Strep, Inv Grp B	29	19	22	22	22	13	21
Enteric Infections							
Amebiasis	4	3	1	6	2	5	4
Campylobacteriosis	50	61	48	37	44	47	48
Cryptosporidiosis	0	3	2	0	3	2	2
Cyclosporidiosis	0	0	0	1	0	1	0
Giardiasis	18	25	21	14	19	29	21
Salmonellosis	49	29	51	51	48	56	47
Shigellosis	15	36	7	5	86	7	26
E. Coli 0157	4	0	2	2	2	6	3
Typhoid	0	0	0	1	1	2	1
Vibriosis	3	0	0	0	2	0	1
Yersiniosis	0	1	0	1	0	0	0
Viral Infections							
Influenza[4]							
Influenza, A	240	159	33	467	57	12	161
Influenza, B	77	56	1	52	41	5	39
Influenza, Unspecified	1	0	1	2	0	0	1
Viral Hepatitis							
Hepatitis A	0	0	2	3	1	2	1
Hepatitis B, Acute	0	2	4	1	3	4	2
Hepatitis B, Chronic	9	16	12	15	18	21	15
Hepatitis C, Acute	1	1	2	1	0	3	1
Hepatitis C, Chronic	261	288	266	293	314	325	291
Sexually Transmitted Diseases							
Chlamydia	1079	1067	996	968	832	716	943
Gonorrhea Total	230	144	93	167	178	120	155
Chancroid	0	0	0	0	0	0	0
Syphilis (-Primary & Secondary)	6	3	7	4	7	2	5
Syphilis -Early Latent	8	2	5	4	9	8	6
Syphilis-Late Latent	20	18	14	21	4	7	14
Syphilis-Congenital	0	0	1	0	0	0	0
Syphilis-Neuro	0	0	0	0	0	0	0
Syphilis, Unknown Latent	0	0	0	0	0	0	0
Vector Borne Zoonoses							
Babesiosis	9	6	6	7	7	5	7
Anaplasmosis[3]	24	31	24	22	15	12	21
Lyme Disease[3]	545[2]	953[2]	654[2]	1088[2]	991[2]	510[2]	790[2]
Malaria	1	2	2	3	0	1	2
Post-Exposure Rx for Rabies	114	92	76	85	93	92	92
Others							
Legionellosis	3	9	5	6	3	2	5
Leptospirosis	0	0	0	0	0	0	0
Tetanus	0	0	0	0	0	0	0
Botulism, Infant	1	0	1	1	0	0	1
Tuberculosis	6	9	5	2	7	7	6

[1] Except otherwise stated, all data are confirmed cases/ data may change subject to New York State Department of Health revisions

[2] Lyme Sentinel Surveillance began in January 2007, data extrapolated by NYSDOH

[3] Confirmed and probable cases counted

[4] Includes H1N1

Exhibit 82

AVERAGE CASES AND RATES OF SELECTED COMMUNICABLE DISEASES, ORANGE COUNTY, HUDSON VALLEY AND NEW YORK STATE, 2009-2011

Disease	Orange County		Hudson Valley Region		NYS Excluding NYC	
	Frequency	Rate/100,000	Frequency	Rate/100,000	Frequency	Rate/100,000
Camplylobacteriosis*	49	13.1	376	16.4	1,657	14.8
Ehrilichiosis Chafeensis*	4	1.1	21	0.9	49	0.4
Escherichia Coli O157:H7	1	0.3	15	0.7	82	0.7
Giardiasis	20	5.4	208	9.1	1,265	11.3
Haemophilus Influenzae, Not Type B	3	0.8	20	0.9	173	1.5
Hepatitis A	2	0.5	16	0.7	51	0.5
Hepatitis B, Acute	2	0.5	12	0.5	57	0.5
Hepatitis B, Chronic	19	5.1	188	8.2	793	7.1
Hepatitis C, Acute	1	0.3	3	0.1	46	0.4
Hepatitis C, Chronic	277	74.3	2,116	92.4	6,828	60.9
Influenza A**	220	59.0	2,594	113.2	16,120	143.9
Influenza B**	36	9.7	267	11.7	2,116	18.9
Lyme Disease***	325	87.2	1,426	62.2	3,740	33.4
Measles	0	0.0	0	0.0	3	0.0
Meningitis, Aseptic	2	0.5	75	3.3	481	4.3
Meningitis, Other Bacterial	0	0.0	9	0.4	53	0.5
Meningococcal Disease	0	0.0	0	0.0	21	0.2
Mumps*	267	71.6	430	18.8	440	3.9
Pertussis*	20	5.4	88	3.8	637	5.7
Salmonellosis	44	11.8	343	15.0	1,414	12.6
Shigellosis	16	4.3	133	5.8	285	2.5
Streptococcal, Invasive Group A	13	3.5	63	2.8	358	3.2
Streptococcal, Invasive Group B	19	5.1	126	5.5	824	7.4
Strep Pneumoniae, Invasive	34	9.1	218	9.5	1,310	11.7
Tuberculosis	6	1.6	75	3.3	254	2.3

Hudson Valley Region- Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, and Westchester Counties

*Confirmed and Probable cases counted; Campylobacter confirmed and suspect

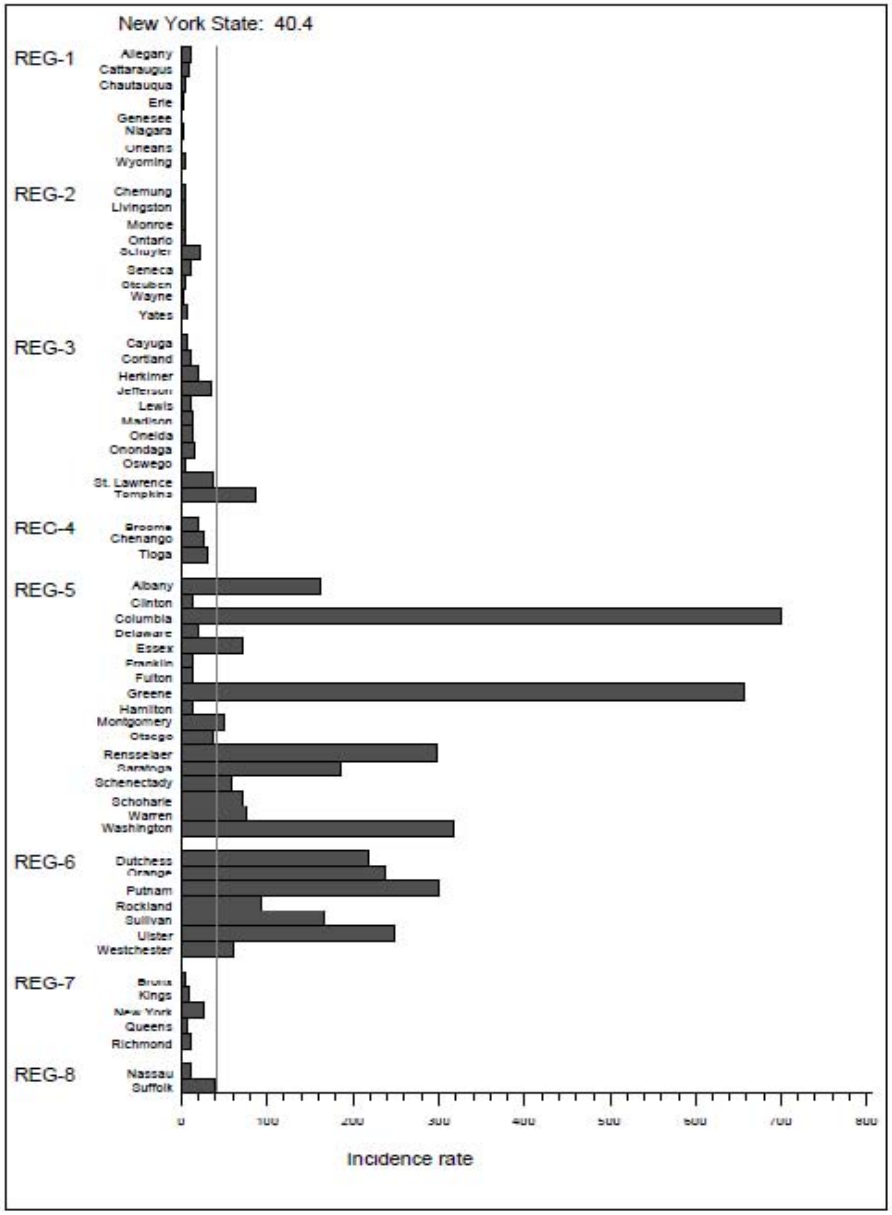
**Influenza cases are lab confirmed

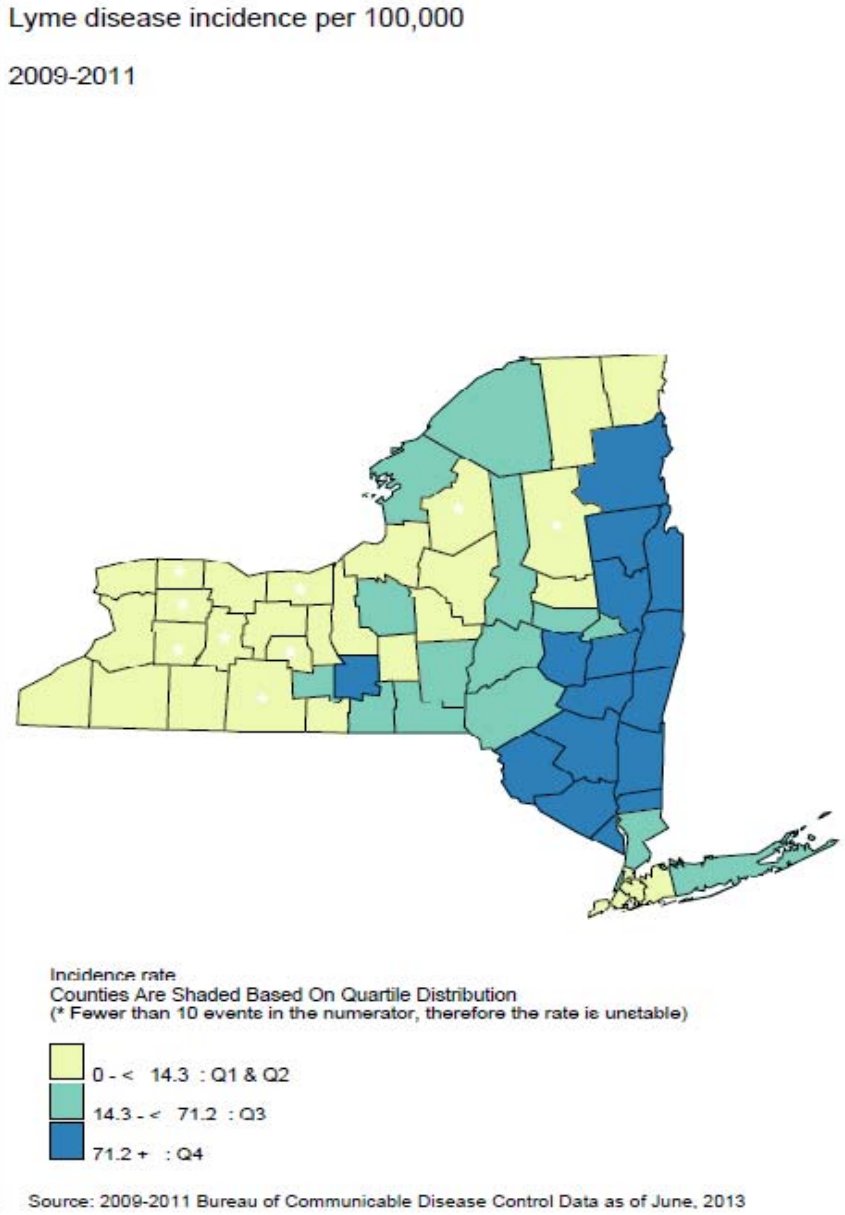
*** In 2011, 14 counties investigated a sample of positive laboratory results. The number of cases was extrapolated to generate estimates of the total number of cases. The number of reported cases for NYS excluding NYC was 3759.

Rates calculated based on 2010 Census Bureau Data

Source: NYSDOH Health Commerce System

LYME DISEASE INCIDENCE PER 100,000 POPULATION, NEW YORK STATE, 2009-2011





Source: 2009-2011 Bureau of Communicable Disease Control Data as of June, 2013

Exhibit 84

PERCENT OF CHILDREN IMMUNIZED BY GRADE AND VACCINE TYPE, ORANGE COUNTY AND UPSTATE NEW YORK, 2008-2012

2008-2009

Region/County	Medical Exempt	Religious Exempt	Diptheria	Polio	Measles	Rubella	Mumps	Hepatitis B	Varicella	Pertussis	Completely Immunized
Pre-K											
Orange	0.16	0.70	97	97	96	96	96	97	96	N/A	94
New York State	0.16	0.60	97	96	95	96	96	96	94	N/A	93
Kindergarten											
Orange	0.13	0.78	99	99	97	99	99	99	97	N/A	99
New York State	0.21	0.60	99	99	97	98	98	98	97	N/A	99

2009-2010

Region/County	Medical Exempt	Religious Exempt	Diptheria	Polio	Measles	Rubella	Mumps	Hepatitis B	Varicella	Pertussis	Completely Immunized
Pre-K											
Orange	0.15	0.74	98	98	98	98	98	98	97	N/A	97
New York State	0.13	0.61	98	98	98	98	98	98	97	N/A	96
Kindergarten											
Orange	0.11	0.81	99	99	97	98	98	99	97	N/A	99
New York State	0.20	0.68	98	98	97	98	98	98	97	N/A	98

2010-2011

Region/County	Medical Exempt	Religious Exempt	Diptheria	Polio	Measles	Rubella	Mumps	Hepatitis B	Varicella	Pertussis	Completely Immunized
Pre-K											
Orange	0.11	0.64	99	99	98	98	98	99	98	N/A	98
New York State	0.14	0.53	99	99	98	98	98	99	98	N/A	98
Kindergarten											
Orange	0.10	0.96	99	99	96	97	97	99	99	85	96
New York State	0.22	0.69	98	98	97	98	98	98	98	96	96

2011-2012

Region/County	Medical Exempt	Religious Exempt	Diptheria	Polio	Measles	Rubella	Mumps	Hepatitis B	Varicella	Pertussis	Completely Immunized
Pre-K											
Orange	0.14	0.60	98	98	98	98	98	98	98	N/A	98
New York State	0.15	0.58	99	99	98	98	98	98	98	N/A	98
Kindergarten											
Orange	0.22	0.84	99	99	98	99	99	99	99	92	97
New York State	0.21	0.72	99	98	97	98	98	98	99	98	96

3 doses of vaccine are required for school attendance for Diptheria, Polio, Hepatitis B, and Pertussis

1 dose of vaccine is required for school attendance for Measles, Rubella, Mumps, and Varicella

N/A Not Available

GONORRHEA AND SYPHILIS CASE RATES, ORANGE COUNTY, HUDSON VALLEY REGION, AND NEW YORK STATE, 2009-2011

GONORRHEA CASE RATES (ALL AGES) PER 100,000 POPULATION

	Gonorrhea Cases (All Ages)			Total	Avg. Population All Ages	Rate
Region/County	2009	2010	2011	Cases	2009-2011	
Orange	167	93	144	404	377,072	35.7
Hudson Valley Region	811	846	1,018	2675	2,294,607	38.9
New York State	17,009	18,270	20,643	55922	19,461,584	95.8

Source: 2009-2011 Bureau of STD Prevention and Epidemiology Data as of July, 2013

GONORRHEA CASE RATES (AGES 15-19) PER 100,000 POPULATION

	Gonorrhea Cases (Ages 15-19)			Total	Avg. Population Ages 15-19	Rate
Region/County	2009	2010	2011	Cases	2009-2011	
Orange	42	25	29	96	30,466	105.0
Hudson Valley Region	193	199	268	660	170,065	129.4
New York State	4,456	4,765	5,464	14,685	1,352,225	362.0

Source: 2009-2011 Bureau of STD Prevention and Epidemiology Data as of July, 2013

EARLY SYPHILIS CASE RATES PER 100,000 POPULATION

	Early Syphilis			Total	Avg. Population	Rate
Region/County	2009	2010	2011	Cases	2009-2011	
Orange	8	12	5	25	377,072	2.2
Hudson Valley Region	84	81	93	258	2,294,607	3.7
New York State	2,452	2,461	2,348	7,261	19,461,584	12.4

Source: 2009-2011 Bureau of STD Prevention and Epidemiology Data as of July, 2013

CASES AND RATES OF GONORRHEA PER 100,000 POPULATION BY AGE, GENDER, ORANGE COUNTY, HUDSON VALLEY REGION AND NEW YORK STATE, 2007-2011

CASES AND RATES OF GONORRHEA

	Orange County		Hudson Valley Region		NYS	
Age Intervals	**Count**	**Rate**	**Count**	**Rate**	**Count**	**Rate**
0-9	*		*		70	0.6
10-14	*		42	5.2	1,085	17.9
15-19	154	104.5	1,109	132.0	23,734	347.4
20-24	244	197.4	1,519	215.5	27,598	391.2
25-29	124	120.4	837	132.7	15,747	228.2
30-34	48	45.6	392	61.2	8,658	135.4
35-39	40	33.2	227	31.7	5,110	81.5
40-44	28	19.8	191	22.6	3,895	57.5
45-49	27	17.9	125	13.4	2,483	34.0
50-54	14	10.0	48	5.4	1,129	15.9
55+	19	4.6	64	2.2	911	3.7
Total**	**702**	**37.7**	**4,556**	**39.8**	**90,741**	**93.4**

CASES AND RATES OF GONORRHEA BY GENDER

	Orange County		Hudson Valley Region		NYS	
Gender	**Count**	**Rate**	**Count**	**Rate**	**Count**	**Rate**
Male	324	34.8	1,999	35.6	47,726	101.8
Female	378	40.8	2,557	43.9	42,968	85.9
Total**	702	37.7	4,556	39.8	90,741	93.4

CASES AND RATES OF GONORRHEA BY RACE AND ETHNICITY

	Orange County		Hudson Valley Region	
Race/Ethnicity	**Count**	**Rate**	**Count**	**Rate**
White, non-Hispanic	149	11.8	680	9.0
Black, non-Hispanic	346	203.6	2,181	181.1
Hispanic	137	40.2	548	28.0
Other	*	5.7	736	13.9
Race/Ethnicity unknown	66		4,244	

* Small numbers under 5 not reported.

** Totals include missing data. NYS rates not reported due to high percentage of missing data (36%)

Source: NYS Department of Health, Bureau of STD Prevention and Epidemiology and U.S. Census 2010

Created by the School of Public Health, University at Albany, 2013

CASES AND RATES OF CHLAMYDIA PER 100,000 POPULATION BY AGE, RACE, AND ETHNICITY, ORANGE COUNTY, HUDSON VALLEY REGION AND NYS 2007-2011

CASES AND RATES OF CHLAMYDIA BY AGE

	Orange County		Hudson Valley Region		New York State	
Age Intervals	Count	Rate	Count	Rate	Count	Rate
0-9	8	2.94	22	1.48	397	3.42
10-14	46	31.69	288	35.59	6,199	102.3
15-19	1,519	1,031	9,167	1,091	152,983	2,239.41
20-24	1,752	1,417.24	10,575	1,500	157,118	2,227.18
25-29	692	672.01	4,397	696.91	72,531	1,051.04
30-34	254	241.03	1,854	289.48	33,055	516.82
35-39	146	121.15	938	131.09	16,868	269
40-44	73	51.73	496	58.7	9,858	145.41
45-49	46	30.46	297	31.85	5,814	79.71
50-54	16	11.46	147	16.53	3,087	43.48
55+	24	5.78	140	4.71	2,666	10.83
Missing			3		2,973	
Total	4,576	245.48	28,324	247.28	463,549	478.42

CASES AND RATES OF CHLAMYDIA BY RACE/ETHNICITY*

	Orange County		Hudson Valley Region	
Race/Ethnicity	Count	Rate	Count	Rate
White, non-Hispanic	1,043	82.19	4,957	65.46
Black, non-Hispanic	1,244	734.62	8,740	725.68
Hispanic	1,014	302.15	5,504	280.59
Other race, non-Hispanic	66	17	775	107.86
Race/Ethnicity unknown	1,209		8,347	

*Race and ethnicity information not available for NYS due to missing data

Source: NYS Department of Health, Bureau of STD Prevention and Epidemiology and U.S. Census 2010

CHLAMYDIA CASE RATES BY GENDER, ORANGE COUNTY, HUDSON VALLEY REGION, AND NEW YORK STATE, 2009-2011

CHLAMYDIA CASE RATES, MALES (ALL AGES) PER 100,000

	Chlamydia			Total	Average Male Population	Rate
Region/County	2009	2010	2011	Cases	2009-2011	
Orange	242	280	287	809	189,183	142.5
Hudson Valley Region	1,624	1,768	1,824	5,216	1,129,432	153.9
New York State	28,174	31,198	32,075	91,447	9,436,038	323.0

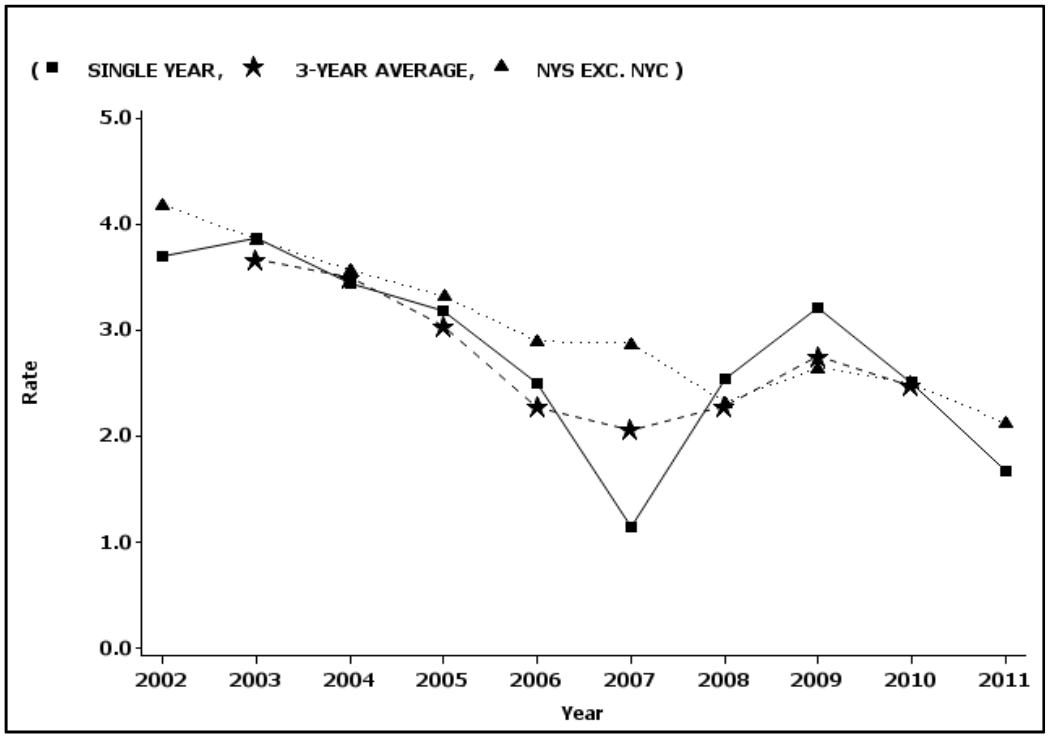
CHLAMYDIA CASE RATES, FEMALES (ALL AGES) PER 100,000

	Chlamydia			Total	Average Female Population	Rate
Region/County	2009	2010	2011	Cases	2009-2011	
Orange	726	716	777	2,219	187,889	393.7
Hudson Valley Region	4,076	4,253	4,542	12,871	1,165,176	368.2
New York State	63,885	68,616	70,207	202,708	10,025,546	674.0

Source: 2009-2011 Bureau of STD Prevention and Epidemiology Data as of July, 2013

DISCHARGE RATES FOR PELVIC INFLAMMATORY DISEASE (PID), (AGES 15-44)
ORANGE COUNTY AND NEW YORK STATE, 2009-2011

PID HOSPITALIZATION RATE PER 10,000 FEMALES AGES 15-44 YEARS, TEN YEAR TIME TRENDS, 2002-2011



PID HOSPITALIZATION RATE PER 10,000 FEMALES AGES 15-44 YEARS

Year	Single Year	3-Year Average	Upstate New York
2002	3.7		4.2
2003	3.9	3.7	3.9
2004	3.4	3.5	3.6
2005	3.2	3.0	3.3
2006	2.5	2.3	2.9
2007	1.1	2.1	2.9
2008	2.5	2.3	2.3
2009	3.2	2.7	2.6
2010	2.5	2.5	2.5
2011	1.7		2.1

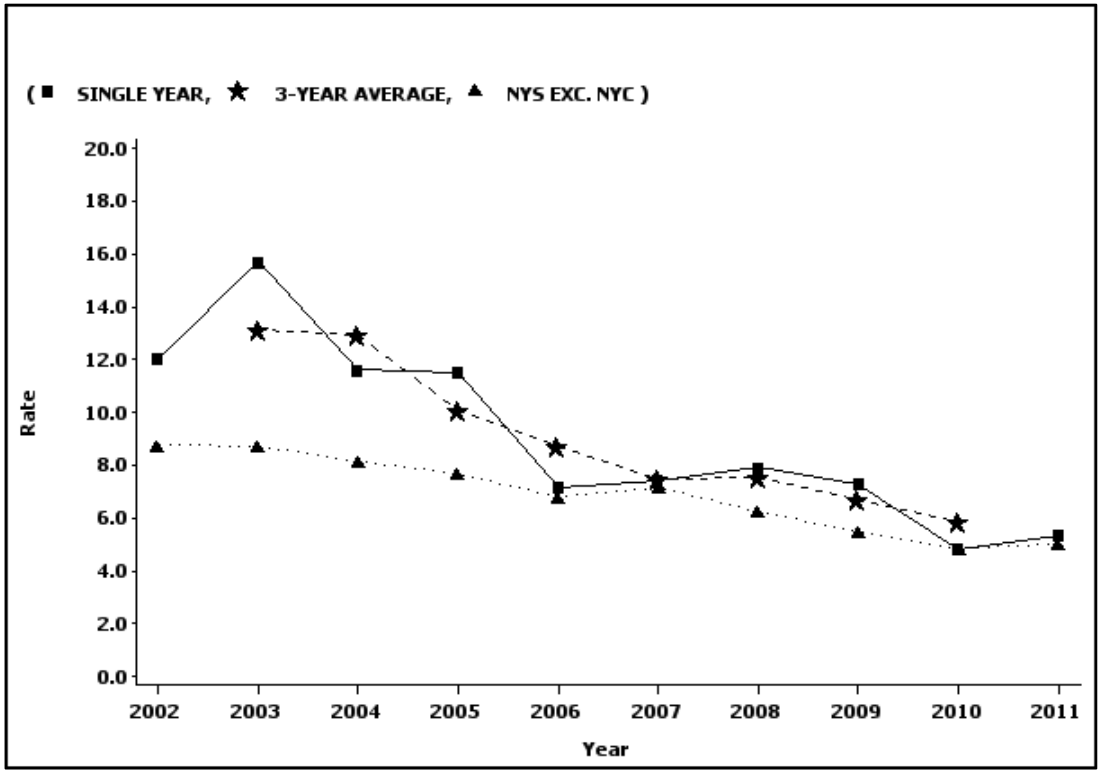
PID HOSPITALIZATION RATE PER 10,000 FEMALES AGES 15-44 YEARS

	Discharges				Avg. Population	
Region/County	2009	2010	2011	Total	2009-2011	Rate
Orange	24	18	12	54	72,779	2.5
Hudson Valley Region	115	97	94	306	432,060	2.4
New York State	1,515	1,476	1,298	4,289	4,034,265	3.5

Source: 2009-2011 SPARCS Data as of February, 2013

AIDS CASES AND RATES
ORANGE COUNTY AND NEW YORK STATE, 2009-2011

AIDS CASE RATES PER 100,000 POPULATION, TEN YEAR TIME TRENDS, 2002-2011



AGE-ADJUSTED AIDS CASE RATES PER 100,000 POPULATION

Year	Single Year	3-Year Average	Upstate New York
2002	12.2		8.8
2003	15.4	13.1	8.7
2004	11.6	12.8	8.2
2005	11.3	10.0	7.7
2006	7.2	8.7	6.9
2007	7.4	7.4	7.3
2008	7.5	7.3	6.4
2009	7.3	6.5	5.6
2010	5.0	5.9	4.9
2011	5.6		5.0

AIDS CASE RATES PER 100,000 POPULATION

	AIDS Cases				Population	Crude
Region/County	2009	2010	2011	Total	2009-2011	Rate
Orange	28	18	20	66	377,072	5.8
Hudson Valley Region	174	140	125	439	2,294,607	6.4
New York State	3,401	2,907	2,587	8,895	19,461,584	15.2

*Rate per 100,000 population including all newly diagnosed HIV, regardless of concurrent or subsequent AIDS diagnosis

Source: 2009-2011 Bureau of HIV/AIDS Epidemiology Data as of July, 2013

CASES AND RATES OF HIV INFECTION PER 100,000 POPULATION, ORANGE COUNTY, HUDSON VALLEY REGION, AND UPSTATE NEW YORK, 2007-2011

	2007		2008		2009		2010		2011		Total 2007-2011	
Region	Number of Cases	Rate	Number of Cases	Rate	Number of Cases	Rate	Number of Cases	Rate	Number of Cases	Rate	Number of Cases	Annual Avg Case Rate
Orange County	35	9.4	28	7.5	32	8.6	24	6.4	21	5.6	140	7.5
Hudson Valley	215	9.4	214	9.3	201	8.8	191	8.3	185	8.1	1,006	8.8
Upstate New York	847	7.6	852	7.6	783	6.5	780	7.0	824	7.4	4,086	7.3

Newly diagnosed. Data excludes State Prison inmates.

Created by the School of Public Health, University at Albany, 2013

Source: NYS Department of Health, Bureau of HIV/AIDS Epidemiology and U.S. Census 2010

PERSONS LIVING WITH AIDS AND HIV INFECTION PER 100,000 POPULATION BY GENDER, RACE, ETHNICITY, AGE, AND MODE OF TRANSMISSION/RISK CATEGORY, ORANGE COUNTY, RYAN WHITE MID-HUDSON REGION, AND UPSTATE NEW YORK, 2011

	Orange County		Ryan White Mid-Hudson Valley		Upstate New York	
Cases	**Count**	**Rate**	**Count**	**Rate**	**Count**	**Rate**
Totals	815	218.6	2,093	225.0	27,395	244.5
Age Intervals	**Count**	**Rate**	**Count**	**Rate**	**Count**	**Rate**
12 & under	*				67	3.8
13-19	9	22.8	24	24.4	259	22.9
20-24	34	137.5	70	110.7	762	99.2
25-29	29	140.8	76	149.4	1,091	167.9
30-39	91	201.4	225	207.8	3,428	267.1
40-49	238	407.4	623	425.6	9,101	541.2
50-59	303	594.0	757	553.5	9,042	551.3
60+	107	178.5	312	180.6	3,633	159.6
Missing	1		1		12	
Gender	**Frequency**	**Percent**	**Frequency**	**Percent**	**Frequency**	**Percent**
Males	533	65.4	1,335	63.78	19,251	70.3
Females	282	34.6	758	36.22	8,143	29.7
Race/Ethnicity	**Frequency**	**Percent**	**Frequency**	**Percent**	**Frequency**	**Percent**
White	243	29.8	737	35.21	8,458	30.9
Black	250	30.7	627	29.96	9,762	35.6
Hispanic	238	29.2	503	24.03	6,868	25.1
Multi-race	79	9.7	210	10.03	2,107	7.7
Unknown					4	0.0
Others	*		16	0.76	196	0.7
Mode of Transmission	**Frequency**	**Percent**	**Frequency**	**Percent**	**Frequency**	**Percent**
MSM	194	23.8	520	24.84	8,093	29.5
IDU	177	21.7	513	24.51	6,268	22.9
MSM/IDU	32	3.9	91	4.35	1,184	4.3
Hetero Contact	287	35.2	649	31	5,739	21.0
Fem Presumed Heterosexual Contact	38	4.7	105	5.02	2,019	7.4
Blood Products	*		9	0.43	108	0.4
Pediatric	27	3.3	58	2.77	501	1.8
Unknown	55	6.8	148	7.07	3,483	12.7

* Small numbers 5 and under not reported

Rates include all newly diagnosed HIV, regardless of concurrent or subsequent AIDS diagnosis, age-adjusted to 2010 Census & US standard population.

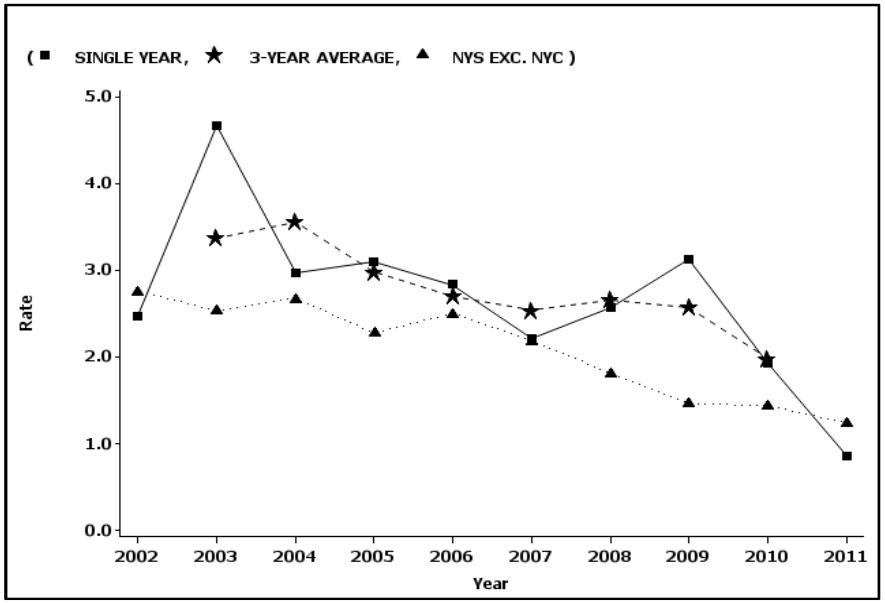
Data for Upstate New York, include inmates. All other data (Orange County and Mid-Hudson Region) excludes inmates.

Source: NYS Department of Health, Bureau of HIV/AIDS Epidemiology and U.S. Census 2010

Created by the School of Public Health, University at Albany, 2013

AIDS MORTALITY RATES, ORANGE COUNTY AND NEW YORK STATE, 2009-2011

AIDS MORTALITY,TEN YEAR TIME TRENDS, 2002-2011



AGE-ADJUSTED AIDS DEATH RATE PER 100,000 POPULATION

Year	Single Year Orange County	3-Year Average Orange County	Upstate New York
2002	2.5		2.8
2003	4.7	3.4	2.5
2004	3.0	3.6	2.7
2005	3.1	3.0	2.3
2006	2.8	2.7	2.5
2007	2.2	2.5	2.2
2008	2.6	2.7	1.8
2009	3.1	2.6	1.5
2010	1.9	2.0	1.4
2011	0.9		1.2

AIDS DEATH AND DEATH RATES PER 100,000 POPULATION

	Deaths			Total	Avg. Population	Crude	Adjusted
Region/County	2009	2010	2011	2009-2011	2009-2011	Rate	Rate
Orange	13	8	*	25	377,072	2.2	2
Hudson Valley Region	54	48	44	146	2,294,607	2.1	1.9
New York State	1,080	984	900	2964	19,461,584	5.1	4.7

*Small numbers 5 and under not reported

Source: 2009-2011 Vital Statistics Data as of February, 2013

HIV EXPOSED AND TESTED NEWBORNS, ORANGE COUNTY, HUDSON VALLEY REGION AND NEW YORK STATE, 2008-2010

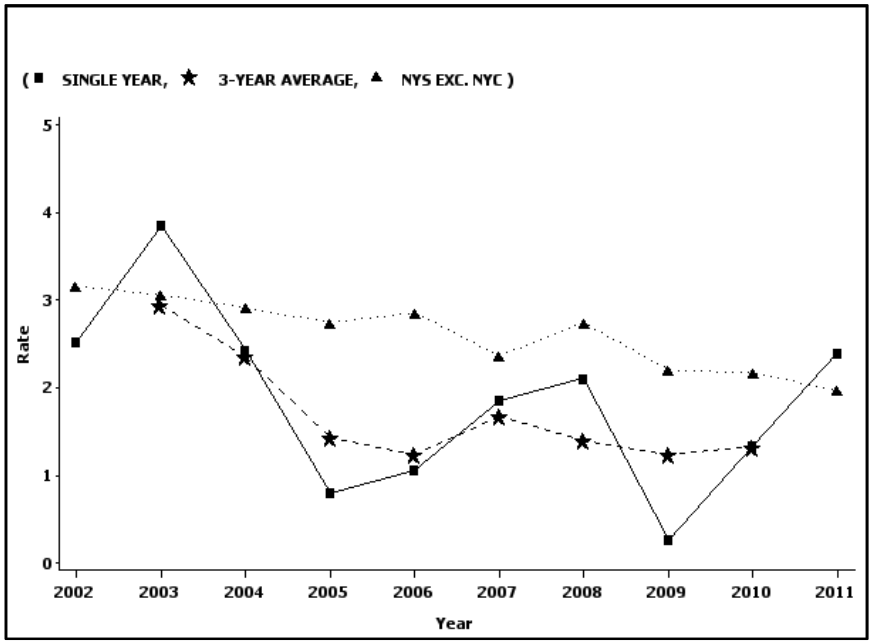
	2008			2009			2010		
Region/County	Number Exposed	Number Tested	Percent Exposed	Number Exposed	Number Tested	Percent Exposed	Number Exposed	Number Tested	Percent Exposed
Orange	7	4,915	0.14	7	4,763	0.15	*	4,631	0.09
Hudson Valley Region	35	25,135	0.14	31	24,251	0.13	23	23,583	0.10
New York State	488	241,435	0.20	536	237,098	0.23	485	229,547	0.21

*Small numbers 5 and under not reported

Data exist for deliveries where the first infant of a live birth lived to provide a suitable specimen, subsequent infants and unsuitable specimens are not represented.
Source: Bureau of HIV/AIDS Epidemiology Data as of March, 2013

TUBERCULOSIS INCIDENCE PER 100,000, ORANGE COUNTY AND NEW YORK STATE, 2009-2011

ORANGE COUNTY TUBERCULOSIS INCIDENCE 2002-2011



TUBERCULOSIS INCIDENCE PER 100,000 POPULATION

Year	Single Year Orange County	3-Year Average Orange County	Upstate New York
2002	2.5		3.2
2003	3.9	2.9	3.1
2004	2.4	2.3	2.9
2005	0.8	1.4	2.7
2006	1.1	1.2	2.9
2007	1.9	1.7	2.4
2008	2.1	1.4	2.7
2009	0.3	1.2	2.2
2010	1.3	1.3	2.2
2011	2.4		2.0

ORANGE COUNTY TUBERCULOSIS INCIDENCE PER 100,000 POPULATION

	Tuberculosis Cases				Avg. Population	Crude
Region/County	2009	2010	2011	Total	2009-2011	Rate
Orange	*	5	9	15	377,072	1.3
Hudson Valley Region	66	74	66	206	2,294,607	3
New York State	1,006	954	910	2,870	19,461,584	4.9

*Small numbers 5 and under not reported

Source: 2009-2011 Bureau of Communicable Disease Control Data as of June, 2013

Expanded BRFSS Report: 2008-2009
Orange County

New York State Expanded Behavioral Risk Factor Surveillance System
Select Data from the Orange County Final Report
June 2008-2009

The New York State Expanded Behavioral Risk Factor Surveillance System (Expanded BRFSS) is a random digit dialed telephone survey of adults (18 years of age and older) that is representative of the non-institutionalized civilian population with landline telephones living in New York State. The goal of the Expanded BRFSS is to collect county-specific data on preventive health practices, risk behaviors, injuries and preventable chronic and infectious diseases. Topics assessed by the Expanded BRFSS include tobacco use, physical inactivity, diet, use of cancer screening services and other factors linked to the leading causes of morbidity and mortality. For each topic, health indicators are based on answers to one or more questions in the survey. The survey results are weighted to more accurately represent the adult population living in each county. Weighting procedures adjust for the differential selection probabilities by race, age and gender.

Survey data collection occurred in 58 geographic areas of New York State, including each of the 57 counties outside of New York City and New York City (5 counties) as a single area. A standard questionnaire was used in all areas. Data collection for the 2009 Expanded BRFSS took place during the period of July 2008 through June 2009.

The New York State Department of Health contracted with RTI International, which is responsible for the data collection, sampling, weighting and creation of the statistical reports. RTI International subcontracted with Clearwater Research Inc. for data collection and additional expertise in sample design and data quality control.

This report presents both crude estimates and estimates that have been age-adjusted to the Year 2000 US Standard Population when they represent the entire adult population of an area. Estimates for specific age groups are not age-adjusted. Age adjustment is a statistical process applied to rates that allows communities with different age structures to be compared. Counties can compare their data with results from New York State as a whole and with other counties. Confidence intervals at the 95% level associated with each health indicator give an estimated range of values which is likely to include the actual prevalence of the indicator. Confidence intervals are similar to margins of error. When the confidence intervals of two estimates of the same indicator from different areas do not overlap, they may be said to be statistically significantly different, i.e., these differences are unlikely related to chance and are considered true differences. If there is any value that is included in both intervals, the two estimates are not statistically significantly different. The estimates for some of these groupings may be suppressed in geographic areas with low proportions of adult respondents in these groupings.

The survey results for the health indicators included in the survey are typically provided by gender, age, race and ethnicity, education and income in the Expanded BRFSS county reports. A portion of the results can be found in the subsequent pages. A complete report for all of the indicators can be found here: http://www.health.ny.gov/statistics/brfss/expanded/2009/county/

A preliminary four-month report for the 2013-2014 Expanded BRFSS county reports was made available; however, due to small numbers and large confidence intervals, the rates are unstable and therefore unreliable. A complete report will be available following a complete year of data collection.

Expanded BRFSS Report: 2008-2009
Orange County

General Health

Table 2b. Fair or poor general health among adults in Orange County and New York State-Age-adjusted

Table 3b. Poor physical health 14 or more days within the past month among adults in Orange County and New York State-Age-adjusted

Table 4b. Poor mental health 14 or more days within the past month among adults in Orange County and New York State-Age-adjusted

Quality Health Care

Table 8b. No health insurance among adults aged 18-64 in Orange County and New York State-Age-adjusted

Table 10b. Adults with regular health care provider in Orange County and New York State-Age-adjusted

Table 13b. Visited a doctor for routine checkup within the past 2 years among adults in Orange County and New York State-Age-adjusted

Table 14b. Dentist visit within the past year among adults in Orange County and New York State-Age-adjusted

Table 15b. Had teeth cleaned within the past year among adults in Orange County and New York State-Age-adjusted

Table 20b. Flu shot or flu vaccine sprayed in nose within the past 12 months in Orange County and New York State-Age-adjusted

Table 21b. Flu shot among adults aged 65 and older in Orange County and New York State-Age-adjusted

Table 22b. Pneumonia shot or pneumococcal vaccine in Orange County and New York State-Age-adjusted

Table 23b. Pneumonia shot or pneumococcal vaccine among adults aged 65 and older in Orange County and New York State-Age-adjusted

Cancer Screening

Table 25b. Had mammogram within the past 2 years among women aged 40 and older in Orange County and New York State-Age-adjusted

Table 37b. Ever had sigmoidoscopy or colonoscopy among adults aged 50 and older in Orange County and New York State-Age-adjusted

Chronic Diseases

Table 40b. High blood pressure among adults in Orange County and New York State-Age-adjusted

Table 42b. Ever had blood cholesterol checked among adults in Orange County and New York State-Age-adjusted

Expanded BRFSS Report: 2008-2009
Orange County

Table 43b. Blood cholesterol checked within the past 5 years among adults in Orange County and New York State-Age-adjusted

Table 46b. Ever diagnosed with diabetes among adults in Orange County and New York State-Age-adjusted

Table 47b. Ever diagnosed with asthma (lifetime) among adults in Orange County and New York State-Age-adjusted

Table 53b. Disability among adults in Orange County and New York State-Age-adjusted

Health Behaviors

Table 54b. Current smoking among adults in Orange County and New York State-Age-adjusted

Table 57b. Binge drinking within the past month among adults in Orange County and New York State-Age-adjusted

Table 58b. Heavy drinking within the past month among adults in Orange County and New York State-Age-adjusted

Overweight / Obesity

Table 62b. Overweight among adults in Orange County and New York State-Age-adjusted

Table 63b. Obesity among adults in Orange County and New York State-Age-adjusted

Table 64b. Overweight or obesity among adults in Orange County and New York State-Age-adjusted

Table 66b. Received advice to lose weight by a health professional among adults provided weight advice in Orange County and New York State-Age-adjusted

Physical Activity / Nutrition

Table 67b. No leisure-time physical activity among adults in Orange County and New York State-Age-adjusted

Table 68b. Consumption of 5 or more servings of fruits and vegetables per day among adults in Orange County and New York State-Age-adjusted

Injury

Table 70b. Had a fall that caused injury within the past 3 months among adults in Orange County and New York State-Age-adjusted

Expanded BRFSS Report: 2008-2009
Orange County

Table 2b. Fair or poor general health among adults[1] in Orange County and New York State - Age-Adjusted[2]

	Orange County			New York State		
	n[3]	Percent	(C.I.)[4]	n[3]	Percent	(C.I.)[4]
Total	657	13.4	(10.1 - 16.7)	38,124	16.7	(14.8 - 18.6)
Male	242	9.9	(5.8 - 14.0)	14,599	15.3	(12.6 - 18.0)
Female	415	16.8	(11.9 - 21.7)	23,525	18.0	(15.2 - 20.7)
Race/Ethnicity						
White Non-Hispanic	566	12.5	(9.4 - 15.6)	35,811	12.9	(11.4 - 14.4)
Black Non-Hispanic	*	*	*	739	20.8	(14.2 - 27.3)
Hispanic	*	*	*	861	29.9	(21.8 - 37.9)
Other Non-Hispanic	*	*	*	713	13.8	(4.8 - 22.8)
Education						
≤ High School	257	19.3	(13.4 - 25.2)	15,682	25.8	(22.1 - 29.5)
Some College	168	14.8	(7.5 - 22.1)	9,904	14.1	(10.7 - 17.6)
≥ College Degree	229	5.6	(2.0 - 9.3)	12,457	8.5	(6.3 - 10.8)
Income						
≤ $24,999	*	*	*	9,633	35.9	(29.7 - 42.0)
$25,000-$49,999	137	19.0	(9.1 - 29.0)	9,649	15.0	(11.6 - 18.5)
$50,000-$74,999	*	*	*	5,769	11.8	(7.7 - 16.0)
≥ $75,000	240	4.9	(1.9 - 7.9)	8,562	4.7	(3.5 - 6.0)

[1] Defined as reporting fair or poor general health

[2] Prevalence estimates are age-adjusted to the 2000 US Standard population

[3] Sample size from survey

[4] 95% confidence interval

* Data do not meet reporting criteria (confidence interval with a half-width greater than 10, denominator less than 50 and/or a numerator less than 10)

Expanded BRFSS Report: 2008-2009
Orange County

Table 3b. Poor physical health 14 or more days within the past month among adults[1] in Orange County and New York State - Age-Adjusted[2]

	Orange County			New York State		
	n[3]	Percent	(C.I.)[4]	n[3]	Percent	(C.I.)[4]
Total	637	10.3	(7.4 - 13.3)	37,327	9.9	(8.4 - 11.4)
Male	235	10.5	(5.4 - 15.5)	14,325	8.7	(6.9 - 10.5)
Female	402	10.2	(7.1 - 13.3)	23,002	11.0	(8.7 - 13.2)
Race/Ethnicity						
White Non-Hispanic	551	10.8	(7.6 - 14.0)	35,073	9.9	(8.5 - 11.3)
Black Non-Hispanic	*	*	*	724	9.7	(4.6 - 14.9)
Hispanic	*	*	*	835	11.3	(6.3 - 16.2)
Other Non-Hispanic	*	*	*	695	7.6	(1.2 - 14.0)
Education						
≤ High School	245	13.3	(7.8 - 18.8)	15,178	12.7	(10.2 - 15.1)
Some College	164	12.5	(5.8 - 19.3)	9,751	10.1	(7.2 - 12.9)
≥ College Degree	226	5.0	(2.4 - 7.7)	12,327	6.3	(4.7 - 8.0)
Income						
≤ $24,999	120	20.0	(10.4 - 29.5)	9,294	18.4	(13.5 - 23.4)
$25,000-$49,999	136	9.7	(4.2 - 15.2)	9,495	9.4	(7.0 - 11.9)
$50,000-$74,999	*	*	*	5,733	9.0	(5.3 - 12.6)
≥ $75,000	236	8.6	(3.6 - 13.7)	8,510	4.9	(3.5 - 6.2)

[1] Defined as 14 or more days within the past month when physical health was not good

[2] Prevalence estimates are age-adjusted to the 2000 US Standard population

[3] Sample size from survey

[4] 95% confidence interval

* Data do not meet reporting criteria (confidence interval with a half-width greater than 10, denominator less than 50 and/or a numerator less than 10)

Expanded BRFSS Report: 2008-2009
Orange County

Table 4b. Poor mental health 14 or more days within the past month among adults[1] in Orange County and New York State - Age-Adjusted[2]

	Orange County			New York State		
	n[3]	Percent	(C.I.)[4]	n[3]	Percent	(C.I.)[4]
Total	644	7.9	(5.4 - 10.5)	37,528	10.2	(8.7 - 11.7)
Male	237	3.8	(1.0 - 6.7)	14,407	7.9	(6.3 - 9.6)
Female	407	12.0	(7.9 - 16.1)	23,121	12.2	(9.8 - 14.6)
Race/Ethnicity						
White Non-Hispanic	555	8.2	(5.3 - 11.0)	35,266	10.0	(8.5 - 11.4)
Black Non-Hispanic	*	*	*	722	11.1	(5.5 - 16.7)
Hispanic	*	*	*	845	11.5	(6.5 - 16.4)
Other Non-Hispanic	*	*	*	695	7.6	(1.5 - 13.7)
Education						
≤ High School	251	14.6	(8.8 - 20.4)	15,335	12.3	(10.0 - 14.6)
Some College	163	3.6	(0.8 - 6.4)	9,771	11.8	(8.5 - 15.1)
≥ College Degree	228	4.2	(1.5 - 7.0)	12,342	6.3	(4.6 - 8.0)
Income						
≤ $24,999	*	*	*	9,398	18.2	(13.2 - 23.1)
$25,000-$49,999	136	9.9	(3.5 - 16.4)	9,547	9.4	(6.9 - 11.9)
$50,000-$74,999	*	*	*	5,726	9.5	(5.9 - 13.1)
≥ $75,000	238	3.4	(1.1 - 5.8)	8,520	6.2	(4.6 - 7.7)

[1] Defined as 14 or more days within the past month when mental health was not good

[2] Prevalence estimates are age-adjusted to the 2000 US Standard population

[3] Sample size from survey

[4] 95% confidence interval

* Data do not meet reporting criteria (confidence interval with a half-width greater than 10, denominator less than 50 and/or a numerator less than 10)

Expanded BRFSS Report: 2008-2009
Orange County

Table 8b. No health insurance among adults[1] in Orange County and New York State - Age-Adjusted[2]

	Orange County			New York State		
	n[3]	Percent	(C.I.)[4]	n[3]	Percent	(C.I.)[4]
Total	656	10.8	(6.6 - 15.0)	38,119	13.3	(10.9 - 15.6)
Male	241	12.5	(5.1 - 20.0)	14,597	16.4	(12.5 - 20.3)
Female	415	9.1	(5.3 - 13.0)	23,522	10.4	(7.7 - 13.2)
Race/Ethnicity						
White Non-Hispanic	565	6.5	(3.3 - 9.7)	35,811	7.9	(6.3 - 9.5)
Black Non-Hispanic	*	*	*	736	17.5	(10.0 - 25.0)
Hispanic	*	*	*	860	31.3	(21.6 - 41.0)
Other Non-Hispanic	*	*	*	*	*	*
Education						
≤ High School	256	19.3	(10.3 - 28.3)	15,673	19.9	(15.3 - 24.6)
Some College	*	*	*	9,906	15.4	(10.6 - 20.3)
≥ College Degree	230	6.5	(1.1 - 11.8)	12,459	4.6	(2.8 - 6.4)
Income						
≤ $24,999	*	*	*	9,640	29.8	(22.9 - 36.8)
$25,000-$49,999	138	11.4	(3.7 - 19.1)	9,662	18.1	(12.1 - 24.0)
$50,000-$74,999	*	*	*	5,772	6.0	(3.3 - 8.7)
≥ $75,000	*	*	*	8,567	2.5	(1.5 - 3.4)

[1] Defined as having no kind of health care coverage, including health insurance, prepaid plans such as health maintenance organizations, or government plans such as Medicare

[2] Prevalence estimates are age-adjusted to the 2000 US Standard population

[3] Sample size from survey

[4] 95% confidence interval

* Data do not meet reporting criteria (confidence interval with a half-width greater than 10, denominator less than 50 and/or a numerator less than 10)

Expanded BRFSS Report: 2008-2009
Orange County

Table 10b. Adults with regular health care provider[1] in Orange County and New York State - Age-Adjusted[2]

	Orange County			New York State		
	n[3]	Percent	(C.I.)[4]	n[3]	Percent	(C.I.)[4]
Total	656	83.1	(77.8 - 88.3)	38,135	83.0	(80.4 - 85.5)
Male	240	78.3	(68.9 - 87.6)	14,593	78.1	(73.9 - 82.3)
Female	416	87.8	(83.5 - 92.0)	23,542	87.4	(84.6 - 90.1)
Race/Ethnicity						
White Non-Hispanic	565	86.1	(81.5 - 90.7)	35,821	88.0	(86.2 - 89.7)
Black Non-Hispanic	*	*	*	740	81.4	(73.0 - 89.8)
Hispanic	*	*	*	860	65.2	(55.5 - 75.0)
Other Non-Hispanic	*	*	*	*	*	*
Education						
≤ High School	256	75.4	(65.9 - 84.8)	15,692	75.8	(71.0 - 80.6)
Some College	*	*	*	9,904	82.9	(77.5 - 88.3)
≥ College Degree	229	89.6	(83.2 - 96.0)	12,456	89.8	(87.1 - 92.4)
Income						
≤ $24,999	*	*	*	9,644	72.9	(66.1 - 79.6)
$25,000-$49,999	*	*	*	9,655	77.4	(70.5 - 84.3)
$50,000-$74,999	74	90.8	(82.8 - 98.7)	5,771	89.6	(85.3 - 94.0)
≥ $75,000	239	88.2	(81.9 - 94.4)	8,560	91.6	(89.8 - 93.4)

[1] Defined as having one or more persons respondent thinks of as a personal doctor or health care provider

[2] Prevalence estimates are age-adjusted to the 2000 US Standard population

[3] Sample size from survey

[4] 95% confidence interval

* Data do not meet reporting criteria (confidence interval with a half-width greater than 10, denominator less than 50 and/or a numerator less than 10)

Expanded BRFSS Report: 2008-2009
Orange County

Table 13b. Visited a doctor for routine checkup within the past 2 years among adults[1] in Orange County and New York State - Age-Adjusted[2]

	Orange County			New York State		
	n[3]	Percent	(C.I.)[4]	n[3]	Percent	(C.I.)[4]
Total	651	86.7	(82.4 - 91.1)	38,026	85.7	(83.7 - 87.6)
Male	241	85.4	(77.8 - 93.0)	14,592	81.9	(78.4 - 85.3)
Female	410	88.1	(83.9 - 92.4)	23,434	89.1	(87.4 - 90.9)
Race/Ethnicity						
White Non-Hispanic	561	87.9	(84.0 - 91.9)	35,721	86.2	(85.0 - 87.5)
Black Non-Hispanic	*	*	*	736	89.6	(83.0 - 96.3)
Hispanic	*	*	*	857	81.8	(73.8 - 89.8)
Other Non-Hispanic	*	*	*	*	*	*
Education						
≤ High School	254	84.4	(75.6 - 93.2)	15,640	84.6	(81.1 - 88.1)
Some College	165	87.3	(80.4 - 94.2)	9,880	84.4	(79.8 - 89.0)
≥ College Degree	229	88.8	(82.8 - 94.7)	12,428	87.3	(85.0 - 89.6)
Income						
≤ $24,999	*	*	*	9,616	83.2	(77.8 - 88.5)
$25,000-$49,999	138	89.6	(82.7 - 96.4)	9,631	81.9	(76.3 - 87.4)
$50,000-$74,999	74	87.0	(78.6 - 95.4)	5,765	88.1	(84.4 - 91.8)
≥ $75,000	237	89.2	(83.5 - 94.9)	8,547	86.4	(84.2 - 88.7)

[1] Defined as having visited a doctor for a routine checkup (general physical exam, not an exam for a specific injury, illness or condition) within the past 2 years

[2] Prevalence estimates are age-adjusted to the 2000 US Standard population

[3] Sample size from survey

[4] 95% confidence interval

* Data do not meet reporting criteria (confidence interval with a half-width greater than 10, denominator less than 50 and/or a numerator less than 10)

Expanded BRFSS Report: 2008-2009
Orange County

Table 14b. Dentist visit within the past year among adults[1] in Orange County and New York State - Age-Adjusted[2]

	Orange County			New York State		
	n[3]	Percent	(C.I.)[4]	n[3]	Percent	(C.I.)[4]
Total	651	71.6	(66.6 - 76.6)	38,026	71.1	(68.6 - 73.5)
Male	239	68.9	(60.5 - 77.3)	14,573	68.3	(64.6 - 72.1)
Female	412	74.3	(69.0 - 79.6)	23,453	73.6	(70.4 - 76.8)
Race/Ethnicity						
White Non-Hispanic	561	72.6	(67.6 - 77.5)	35,721	74.4	(72.4 - 76.3)
Black Non-Hispanic	*	*	*	735	66.6	(58.3 - 74.9)
Hispanic	*	*	*	862	63.6	(54.4 - 72.9)
Other Non-Hispanic	*	*	*	*	*	*
Education						
≤ High School	254	60.5	(51.6 - 69.4)	15,613	65.3	(60.9 - 69.6)
Some College	165	79.7	(71.8 - 87.6)	9,880	70.4	(65.7 - 75.1)
≥ College Degree	229	77.5	(69.9 - 85.0)	12,453	78.1	(74.6 - 81.7)
Income						
≤ $24,999	*	*	*	9,594	56.4	(50.1 - 62.8)
$25,000-$49,999	*	*	*	9,649	65.8	(59.6 - 72.0)
$50,000-$74,999	*	*	*	5,763	75.0	(69.1 - 80.8)
≥ $75,000	238	76.8	(69.7 - 83.8)	8,564	82.1	(79.1 - 85.0)

[1] Defined as having visited a dentist or a dental clinic for any reason within the past year

[2] Prevalence estimates are age-adjusted to the 2000 US Standard population

[3] Sample size from survey

[4] 95% confidence interval

* Data do not meet reporting criteria (confidence interval with a half-width greater than 10, denominator less than 50 and/or a numerator less than 10)

Expanded BRFSS Report: 2008-2009
Orange County

Table 15b. Had teeth cleaned within the past year among adults[1] in Orange County and New York State - Age-Adjusted[2]

	Orange County			New York State		
	n[3]	Percent	(C.I.)[4]	n[3]	Percent	(C.I.)[4]
Total	610	71.2	(66.0 - 76.4)	34,070	71.7	(69.1 - 74.2)
Male	222	68.4	(59.5 - 77.3)	13,173	69.2	(65.3 - 73.1)
Female	388	73.9	(68.4 - 79.4)	20,897	73.9	(70.5 - 77.3)
Race/Ethnicity						
White Non-Hispanic	523	70.6	(65.2 - 76.0)	31,982	75.1	(73.0 - 77.1)
Black Non-Hispanic	*	*	*	680	62.0	(52.7 - 71.4)
Hispanic	*	*	*	789	66.9	(57.5 - 76.2)
Other Non-Hispanic	*	*	*	*	*	*
Education						
≤ High School	222	55.9	(46.3 - 65.5)	12,740	67.7	(63.2 - 72.3)
Some College	162	83.7	(76.6 - 90.8)	9,145	68.1	(62.6 - 73.6)
≥ College Degree	224	76.7	(69.0 - 84.4)	12,128	78.3	(74.9 - 81.7)
Income						
≤ $24,999	*	*	*	7,525	60.2	(53.4 - 67.0)
$25,000-$49,999	*	*	*	8,709	62.7	(55.7 - 69.7)
$50,000-$74,999	*	*	*	5,534	76.4	(70.9 - 81.9)
≥ $75,000	237	77.3	(70.3 - 84.4)	8,448	80.4	(77.4 - 83.4)

[1] Defined as having had teeth cleaned by a dentist or dental hygienist within the past year

[2] Prevalence estimates are age-adjusted to the 2000 US Standard population

[3] Sample size from survey

[4] 95% confidence interval

* Data do not meet reporting criteria (confidence interval with a half-width greater than 10, denominator less than 50 and/or a numerator less than 10)

Expanded BRFSS Report: 2008-2009
Orange County

Table 20b. Flu shot or flu vaccine sprayed in nose within the past 12 months[1] in Orange County and New York State - Age-Adjusted[2]

	Orange County			New York State		
	n[3]	Percent	(C.I.)[4]	n[3]	Percent	(C.I.)[4]
Total	655	42.3	(37.1 - 47.6)	38,059	42.0	(39.6 - 44.5)
Male	241	43.8	(35.1 - 52.5)	14,568	40.4	(36.6 - 44.2)
Female	414	40.9	(34.9 - 46.9)	23,491	43.5	(40.3 - 46.7)
Race/Ethnicity						
White Non-Hispanic	564	44.6	(39.1 - 50.0)	35,750	42.6	(40.7 - 44.6)
Black Non-Hispanic	*	*	*	738	42.4	(33.4 - 51.4)
Hispanic	*	*	*	860	40.0	(30.9 - 49.1)
Other Non-Hispanic	*	*	*	*	*	*
Education						
≤ High School	254	41.5	(33.1 - 49.9)	15,651	44.1	(39.6 - 48.6)
Some College	*	*	*	9,895	38.1	(33.2 - 43.0)
≥ College Degree	230	41.5	(33.6 - 49.3)	12,431	42.8	(39.4 - 46.3)
Income						
≤ $24,999	*	*	*	9,626	48.0	(41.6 - 54.3)
$25,000-$49,999	*	*	*	9,643	40.5	(34.8 - 46.3)
$50,000-$74,999	*	*	*	5,761	39.6	(33.6 - 45.6)
≥ $75,000	240	40.7	(33.0 - 48.4)	8,548	39.4	(36.1 - 42.7)

[1] Defined as having had a flu shot or flu vaccine sprayed in nose within the past 12 months

[2] Prevalence estimates are age-adjusted to the 2000 US Standard population

[3] Sample size from survey

[4] 95% confidence interval

* Data do not meet reporting criteria (confidence interval with a half-width greater than 10, denominator less than 50 and/or a numerator less than 10)

Expanded BRFSS Report: 2008-2009
Orange County

Table 21b. Flu shot among adults aged 65 and older[1] in Orange County and New York State - Age-Adjusted[2]

	Orange County			New York State		
	n[3]	Percent	(C.I.)[4]	n[3]	Percent	(C.I.)[4]
Total	194	74.6	(67.1 - 82.2)	12,602	75.0	(71.5 - 78.5)
Male	73	81.1	(71.2 - 91.1)	4,417	74.4	(68.7 - 80.1)
Female	*	*	*	8,185	75.5	(71.3 - 79.8)
Race/Ethnicity						
White Non-Hispanic	186	75.2	(68.2 - 82.2)	12,137	75.9	(73.0 - 78.8)
Black Non-Hispanic	*	*	*	*	*	*
Hispanic	*	*	*	*	*	*
Other Non-Hispanic	*	*	*	*	*	*
Education						
≤ High School	*	*	*	6,518	73.3	(67.5 - 79.1)
Some College	*	*	*	2,790	70.0	(62.7 - 77.2)
≥ College Degree	*	*	*	3,261	80.7	(76.2 - 85.1)
Income						
≤ $24,999	*	*	*	4,665	72.6	(65.1 - 80.1)
$25,000-$49,999	*	*	*	3,422	71.4	(65.0 - 77.9)
$50,000-$74,999	*	*	*	*	*	*
≥ $75,000	*	*	*	1,198	78.0	(70.8 - 85.1)

[1] Defined as having had a flu shot during the past 12 months among adults aged 65 and older

[2] Prevalence estimates are age-adjusted to the 2000 US Standard population

[3] Sample size from survey

[4] 95% confidence interval

* Data do not meet reporting criteria (confidence interval with a half-width greater than 10, denominator less than 50 and/or a numerator less than 10)

Expanded BRFSS Report: 2008-2009
Orange County

Table 22b. Pneumonia shot or pneumococcal vaccine[1] in Orange County and New York State - Age-Adjusted[2]

	Orange County			New York State		
	n[3]	Percent	(C.I.)[4]	n[3]	Percent	(C.I.)[4]
Total	601	24.4	(19.5 - 29.3)	35,303	25.4	(23.2 - 27.6)
Male	210	27.0	(18.0 - 35.9)	13,052	25.8	(22.3 - 29.4)
Female	391	22.2	(17.5 - 26.8)	22,251	25.1	(22.4 - 27.8)
Race/Ethnicity						
White Non-Hispanic	517	26.8	(22.0 - 31.5)	33,225	27.7	(25.9 - 29.5)
Black Non-Hispanic	*	*	*	685	27.9	(19.1 - 36.7)
Hispanic	*	*	*	769	19.6	(12.8 - 26.5)
Other Non-Hispanic	*	*	*	624	11.3	(2.0 - 20.7)
Education						
≤ High School	240	30.3	(20.9 - 39.7)	14,700	29.5	(25.6 - 33.5)
Some College	152	25.5	(16.6 - 34.4)	9,151	26.2	(21.0 - 31.3)
≥ College Degree	206	16.6	(10.7 - 22.5)	11,375	21.0	(18.3 - 23.8)
Income						
≤ $24,999	*	*	*	9,082	32.3	(26.9 - 37.8)
$25,000-$49,999	*	*	*	9,033	29.0	(23.0 - 35.0)
$50,000-$74,999	*	*	*	5,320	21.2	(16.8 - 25.7)
≥ $75,000	212	17.7	(11.2 - 24.1)	7,773	16.2	(13.9 - 18.5)

[1] Defined as having ever had a pneumonia shot or pneumococcal vaccine

[2] Prevalence estimates are age-adjusted to the 2000 US Standard population

[3] Sample size from survey

[4] 95% confidence interval

* Data do not meet reporting criteria (confidence interval with a half-width greater than 10, denominator less than 50 and/or a numerator less than 10)

Expanded BRFSS Report: 2008-2009
Orange County

Table 23b. Pneumonia shot or pneumococcal vaccine among adults aged 65 and older[1] in Orange County and New York State - Age-Adjusted[2]

	Orange County			New York State		
	n[3]	Percent	(C.I.)[4]	n[3]	Percent	(C.I.)[4]
Total	188	61.4	(52.4 - 70.4)	12,181	64.7	(60.4 - 69.1)
Male	*	*	*	4,180	61.5	(54.3 - 68.6)
Female	*	*	*	8,001	67.6	(62.4 - 72.9)
Race/Ethnicity						
White Non-Hispanic	180	65.6	(57.8 - 73.5)	11,735	67.1	(63.2 - 70.9)
Black Non-Hispanic	*	*	*	*	*	*
Hispanic	*	*	*	*	*	*
Other Non-Hispanic	*	*	*	*	*	*
Education						
≤ High School	*	*	*	6,345	64.2	(57.4 - 71.0)
Some College	*	*	*	2,694	65.8	(58.4 - 73.3)
≥ College Degree	*	*	*	3,111	65.3	(57.7 - 72.9)
Income						
≤ $24,999	*	*	*	4,533	66.0	(57.0 - 74.9)
$25,000-$49,999	*	*	*	3,324	60.3	(51.9 - 68.6)
$50,000-$74,999	*	*	*	*	*	*
≥ $75,000	*	*	*	*	*	*

[1] Defined as having ever had a pneumonia shot or pneumococcal vaccine among adults aged 65 and older

[2] Prevalence estimates are age-adjusted to the 2000 US Standard population

[3] Sample size from survey

[4] 95% confidence interval

* Data do not meet reporting criteria (confidence interval with a half-width greater than 10, denominator less than 50 and/or a numerator less than 10)

Expanded BRFSS Report: 2008-2009
Orange County

Table 25b. Had mammogram within the past 2 years among women aged 40 and older[1] in Orange County and New York State - Age-Adjusted[2]

	Orange County			New York State		
	n[3]	Percent	(C.I.)[4]	n[3]	Percent	(C.I.)[4]
Total	315	75.1	(68.6 - 81.5)	19,376	79.7	(76.9 - 82.5)
Male	-	-	-	-	-	-
Female	315	75.1	(68.6 - 81.5)	19,376	79.7	(76.9 - 82.5)
Race/Ethnicity						
White Non-Hispanic	284	75.9	(69.9 - 82.0)	18,438	79.7	(77.6 - 81.8)
Black Non-Hispanic	*	*	*	339	85.3	(76.5 - 94.2)
Hispanic	*	*	*	332	85.2	(75.6 - 94.8)
Other Non-Hispanic	*	*	*	*	*	*
Education						
≤ High School	*	*	*	8,204	80.1	(75.6 - 84.7)
Some College	*	*	*	5,297	82.3	(77.7 - 86.9)
≥ College Degree	*	*	*	5,845	77.8	(72.9 - 82.8)
Income						
≤ $24,999	*	*	*	5,650	80.8	(75.4 - 86.2)
$25,000-$49,999	*	*	*	4,846	75.7	(68.7 - 82.6)
$50,000-$74,999	*	*	*	2,641	85.5	(81.6 - 89.4)
≥ $75,000	96	87.6	(80.3 - 95.0)	3,572	79.0	(73.8 - 84.2)

[1] Defined as having had a mammogram within the past 2 years among women aged 40 and older

[2] Prevalence estimates are age-adjusted to the 2000 US Standard population

[3] Sample size from survey

[4] 95% confidence interval

* Data do not meet reporting criteria (confidence interval with a half-width greater than 10, denominator less than 50 and/or a numerator less than 10)

Expanded BRFSS Report: 2008-2009
Orange County

Table 37b. Ever had sigmoidoscopy or colonoscopy among adults aged 50 and older[1] in Orange County and New York State - Age-Adjusted[2]

	Orange County			New York State		
	n[3]	Percent	(C.I.)[4]	n[3]	Percent	(C.I.)[4]
Total	384	72.5	(66.9 - 78.1)	25,357	66.6	(63.9 - 69.3)
Male	144	75.7	(67.4 - 83.9)	9,582	68.5	(64.5 - 72.5)
Female	240	69.2	(61.8 - 76.7)	15,775	64.8	(61.2 - 68.4)
Race/Ethnicity						
White Non-Hispanic	358	74.0	(68.6 - 79.4)	24,248	68.7	(66.5 - 70.8)
Black Non-Hispanic	*	*	*	*	*	*
Hispanic	*	*	*	*	*	*
Other Non-Hispanic	*	*	*	*	*	*
Education						
≤ High School	157	67.8	(58.9 - 76.7)	11,121	61.3	(56.4 - 66.2)
Some College	*	*	*	6,287	63.8	(58.8 - 68.8)
≥ College Degree	122	78.1	(69.2 - 87.1)	7,884	74.0	(70.2 - 77.9)
Income						
≤ $24,999	*	*	*	7,220	63.0	(56.7 - 69.3)
$25,000-$49,999	*	*	*	6,619	59.7	(53.8 - 65.6)
$50,000-$74,999	*	*	*	3,514	74.4	(68.3 - 80.5)
≥ $75,000	112	80.9	(72.5 - 89.3)	4,665	73.6	(69.3 - 78.0)

[1] Defined as having ever had a sigmoidoscopy or colonoscopy among adults aged 50 and older

[2] Prevalence estimates are age-adjusted to the 2000 US Standard population

[3] Sample size from survey

[4] 95% confidence interval

* Data do not meet reporting criteria (confidence interval with a half-width greater than 10, denominator less than 50 and/or a numerator less than 10)

Expanded BRFSS Report: 2008-2009
Orange County

Table 40b. High blood pressure among adults[1] in Orange County and New York State - Age-Adjusted[2]

	Orange County			New York State		
	n[3]	Percent	(C.I.)[4]	n[3]	Percent	(C.I.)[4]
Total	654	25.6	(21.6 - 29.7)	38,125	25.7	(23.8 - 27.5)
Male	241	27.3	(20.7 - 34.0)	14,611	27.7	(24.7 - 30.7)
Female	413	23.9	(19.1 - 28.7)	23,514	23.8	(21.5 - 26.0)
Race/Ethnicity						
White Non-Hispanic	563	28.8	(24.2 - 33.3)	35,814	27.2	(25.6 - 28.7)
Black Non-Hispanic	*	*	*	736	24.9	(18.4 - 31.3)
Hispanic	*	*	*	863	23.3	(16.6 - 30.0)
Other Non-Hispanic	*	*	*	712	19.3	(9.5 - 29.1)
Education						
≤ High School	254	28.0	(21.3 - 34.7)	15,688	32.1	(28.4 - 35.8)
Some College	167	25.6	(17.3 - 33.9)	9,906	22.8	(19.7 - 25.9)
≥ College Degree	230	22.7	(16.3 - 29.1)	12,452	21.2	(18.6 - 23.8)
Income						
≤ $24,999	127	26.8	(16.9 - 36.7)	9,640	31.8	(26.7 - 37.0)
$25,000-$49,999	*	*	*	9,657	26.9	(22.8 - 30.9)
$50,000-$74,999	*	*	*	5,773	24.8	(20.4 - 29.2)
≥ $75,000	239	19.3	(13.6 - 25.0)	8,560	19.9	(17.3 - 22.5)

[1] Defined as having ever been told by a health professional that respondent has high blood pressure

[2] Prevalence estimates are age-adjusted to the 2000 US Standard population

[3] Sample size from survey

[4] 95% confidence interval

* Data do not meet reporting criteria (confidence interval with a half-width greater than 10, denominator less than 50 and/or a numerator less than 10)

Expanded BRFSS Report: 2008-2009
Orange County

Table 42b. Ever had blood cholesterol checked among adults[1] in Orange County and New York State - Age-Adjusted[2]

	Orange County			New York State		
	n[3]	Percent	(C.I.)[4]	n[3]	Percent	(C.I.)[4]
Total	648	84.5	(79.7 - 89.3)	37,450	79.9	(77.3 - 82.5)
Male	240	85.0	(76.7 - 93.2)	14,389	78.0	(73.9 - 82.1)
Female	408	84.1	(79.2 - 89.0)	23,061	81.6	(78.4 - 84.8)
Race/Ethnicity						
White Non-Hispanic	558	87.0	(82.4 - 91.5)	35,198	85.6	(84.0 - 87.2)
Black Non-Hispanic	*	*	*	720	77.5	(68.2 - 86.7)
Hispanic	*	*	*	842	57.2	(47.4 - 67.0)
Other Non-Hispanic	*	*	*	*	*	*
Education						
≤ High School	249	74.8	(65.3 - 84.3)	15,342	70.2	(65.2 - 75.1)
Some College	166	89.6	(81.9 - 97.3)	9,732	76.7	(71.1 - 82.3)
≥ College Degree	230	90.5	(84.7 - 96.4)	12,296	90.9	(88.6 - 93.2)
Income						
≤ $24,999	*	*	*	9,437	68.1	(61.3 - 74.9)
$25,000-$49,999	136	87.5	(78.3 - 96.7)	9,492	71.6	(64.4 - 78.7)
$50,000-$74,999	74	96.0	(92.0 - 100)	5,721	89.6	(87.2 - 92.0)
≥ $75,000	238	90.1	(84.2 - 96.0)	8,460	91.7	(90.1 - 93.2)

[1] Defined as ever having blood cholesterol checked

[2] Prevalence estimates are age-adjusted to the 2000 US Standard population

[3] Sample size from survey

[4] 95% confidence interval

* Data do not meet reporting criteria (confidence interval with a half-width greater than 10, denominator less than 50 and/or a numerator less than 10)

Expanded BRFSS Report: 2008-2009
Orange County

Table 43b. Blood cholesterol checked within the past 5 years among adults[1] in Orange County and New York State - Age-Adjusted[2]

	Orange County			New York State		
	n[3]	Percent	(C.I.)[4]	n[3]	Percent	(C.I.)[4]
Total	642	81.7	(76.6 - 86.7)	37,201	77.3	(74.7 - 79.9)
Male	238	80.7	(72.1 - 89.3)	14,307	74.8	(70.7 - 79.0)
Female	404	82.6	(77.5 - 87.7)	22,894	79.5	(76.3 - 82.7)
Race/Ethnicity						
White Non-Hispanic	552	84.2	(79.4 - 89.1)	34,960	82.6	(81.0 - 84.3)
Black Non-Hispanic	*	*	*	719	76.2	(66.9 - 85.5)
Hispanic	*	*	*	838	55.9	(46.1 - 65.8)
Other Non-Hispanic	*	*	*	*	*	*
Education						
≤ High School	245	71.9	(62.3 - 81.6)	15,215	67.8	(62.9 - 72.8)
Some College	165	86.1	(77.2 - 95.0)	9,673	74.7	(69.1 - 80.2)
≥ College Degree	229	88.2	(82.0 - 94.3)	12,236	87.5	(85.0 - 90.1)
Income						
≤ $24,999	*	*	*	9,350	66.6	(59.8 - 73.4)
$25,000-$49,999	136	87.0	(77.8 - 96.2)	9,454	68.5	(61.4 - 75.6)
$50,000-$74,999	72	92.3	(85.4 - 99.3)	5,701	85.4	(81.7 - 89.0)
≥ $75,000	238	87.0	(80.4 - 93.6)	8,435	88.5	(86.7 - 90.3)

[1] Defined as having had blood cholesterol checked within the past 5 years

[2] Prevalence estimates are age-adjusted to the 2000 US Standard population

[3] Sample size from survey

[4] 95% confidence interval

* Data do not meet reporting criteria (confidence interval with a half-width greater than 10, denominator less than 50 and/or a numerator less than 10)

Expanded BRFSS Report: 2008-2009
Orange County

Table 46b. Ever diagnosed with diabetes among adults[1] in Orange County and New York State - Age-Adjusted[2]

	Orange County			New York State		
	n[3]	Percent	(C.I.)[4]	n[3]	Percent	(C.I.)[4]
Total	658	6.9	(5.0 - 8.7)	38,174	9.0	(7.8 - 10.3)
Male	242	6.6	(3.9 - 9.3)	14,626	7.5	(6.1 - 8.9)
Female	416	7.1	(4.7 - 9.5)	23,548	10.4	(8.4 - 12.4)
Race/Ethnicity						
White Non-Hispanic	567	8.0	(5.8 - 10.1)	35,862	8.4	(7.5 - 9.2)
Black Non-Hispanic	*	*	*	739	11.4	(6.0 - 16.7)
Hispanic	*	*	*	862	10.1	(5.4 - 14.9)
Other Non-Hispanic	*	*	*	711	7.7	(2.3 - 13.0)
Education						
≤ High School	257	8.5	(5.5 - 11.6)	15,709	12.6	(10.0 - 15.2)
Some College	168	6.1	(2.3 - 10.0)	9,918	8.3	(5.6 - 10.9)
≥ College Degree	230	5.1	(2.5 - 7.7)	12,464	5.9	(4.7 - 7.2)
Income						
≤ $24,999	128	10.5	(5.4 - 15.7)	9,652	15.2	(11.1 - 19.2)
$25,000-$49,999	138	8.8	(3.8 - 13.9)	9,667	9.7	(7.1 - 12.2)
$50,000-$74,999	*	*	*	5,777	7.6	(4.9 - 10.2)
≥ $75,000	240	4.5	(2.1 - 7.0)	8,565	4.7	(3.6 - 5.9)

[1] Defined as having ever been told by a doctor that respondent had diabetes, excluding pre-diabetes and women with diabetes only when pregnant

[2] Prevalence estimates are age-adjusted to the 2000 US Standard population

[3] Sample size from survey

[4] 95% confidence interval

* Data do not meet reporting criteria (confidence interval with a half-width greater than 10, denominator less than 50 and/or a numerator less than 10)

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Orange County

Table 47b. Ever diagnosed with asthma (lifetime) among adults[1] in Orange County and New York State - Age-Adjusted[2]

	Orange County			New York State		
	n[3]	Percent	(C.I.)[4]	n[3]	Percent	(C.I.)[4]
Total	654	14.8	(10.5 - 19.1)	38,096	15.2	(13.3 - 17.0)
Male	240	11.9	(5.0 - 18.9)	14,601	12.6	(10.3 - 14.9)
Female	414	17.7	(12.6 - 22.8)	23,495	17.5	(14.8 - 20.3)
Race/Ethnicity						
White Non-Hispanic	563	15.5	(10.5 - 20.5)	35,783	14.9	(13.2 - 16.6)
Black Non-Hispanic	*	*	*	737	17.1	(10.1 - 24.1)
Hispanic	*	*	*	863	14.5	(9.3 - 19.7)
Other Non-Hispanic	*	*	*	*	*	*
Education						
≤ High School	255	16.5	(9.8 - 23.3)	15,675	15.1	(12.1 - 18.0)
Some College	*	*	*	9,893	16.9	(13.4 - 20.4)
≥ College Degree	229	11.7	(6.3 - 17.1)	12,444	13.3	(10.6 - 16.0)
Income						
≤ $24,999	128	12.7	(5.3 - 20.1)	9,643	20.3	(15.0 - 25.6)
$25,000-$49,999	137	15.4	(5.5 - 25.3)	9,641	13.7	(10.2 - 17.2)
$50,000-$74,999	73	8.7	(2.7 - 14.6)	5,762	13.5	(10.0 - 17.0)
≥ $75,000	240	13.2	(7.0 - 19.5)	8,562	13.0	(10.6 - 15.4)

[1] Defined as adults having ever been told by a health professional that they had asthma

[2] Prevalence estimates are age-adjusted to the 2000 US Standard population

[3] Sample size from survey

[4] 95% confidence interval

* Data do not meet reporting criteria (confidence interval with a half-width greater than 10, denominator less than 50 and/or a numerator less than 10)

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Orange County

Table 53b. Disability among adults[1] in Orange County and New York State - Age-Adjusted[2]

	Orange County			New York State		
	n[3]	Percent	(C.I.)[4]	n[3]	Percent	(C.I.)[4]
Total	655	19.5	(15.7 - 23.2)	38,016	22.3	(20.4 - 24.3)
Male	242	17.8	(11.9 - 23.6)	14,568	20.9	(18.0 - 23.8)
Female	413	21.2	(16.6 - 25.7)	23,448	23.6	(21.0 - 26.3)
Race/Ethnicity						
White Non-Hispanic	564	22.2	(17.9 - 26.5)	35,703	23.6	(21.9 - 25.3)
Black Non-Hispanic	*	*	*	736	23.5	(16.5 - 30.5)
Hispanic	*	*	*	864	20.6	(12.9 - 28.3)
Other Non-Hispanic	*	*	*	713	12.9	(5.8 - 20.1)
Education						
≤ High School	255	25.1	(18.0 - 32.2)	15,638	26.8	(23.0 - 30.6)
Some College	167	18.0	(11.2 - 24.7)	9,876	20.9	(17.4 - 24.3)
≥ College Degree	230	14.4	(9.4 - 19.4)	12,419	17.9	(15.5 - 20.3)
Income						
≤ $24,999	*	*	*	9,613	33.2	(27.6 - 38.8)
$25,000-$49,999	137	20.3	(12.1 - 28.5)	9,629	23.5	(18.3 - 28.6)
$50,000-$74,999	*	*	*	5,757	21.2	(16.6 - 25.8)
≥ $75,000	240	16.0	(10.3 - 21.7)	8,546	13.8	(11.7 - 15.8)

[1] Defined as having activity limitations due to physical, mental or emotional problems or have health problems that require the use of special equipment

[2] Prevalence estimates are age-adjusted to the 2000 US Standard population

[3] Sample size from survey

[4] 95% confidence interval

* Data do not meet reporting criteria (confidence interval with a half-width greater than 10, denominator less than 50 and/or a numerator less than 10)

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Orange County

Table 54b. Current smoking among adults[1] in Orange County and New York State - Age-Adjusted[2]

	Orange County			New York State		
	n[3]	Percent	(C.I.)[4]	n[3]	Percent	(C.I.)[4]
Total	657	19.6	(14.4 - 24.8)	38,029	17.0	(15.3 - 18.8)
Male	242	25.3	(16.0 - 34.5)	14,559	19.2	(16.3 - 22.1)
Female	415	14.0	(10.0 - 18.1)	23,470	15.0	(13.0 - 17.0)
Race/Ethnicity						
White Non-Hispanic	566	17.3	(12.8 - 21.8)	35,729	17.7	(16.2 - 19.2)
Black Non-Hispanic	*	*	*	735	13.5	(8.8 - 18.2)
Hispanic	*	*	*	858	15.9	(9.8 - 22.0)
Other Non-Hispanic	*	*	*	*	*	*
Education						
≤ High School	256	27.7	(18.2 - 37.2)	15,654	22.8	(19.5 - 26.0)
Some College	*	*	*	9,875	19.4	(15.8 - 22.9)
≥ College Degree	230	10.8	(5.8 - 15.9)	12,421	10.0	(7.6 - 12.5)
Income						
≤ $24,999	*	*	*	9,626	24.1	(19.2 - 29.1)
$25,000-$49,999	*	*	*	9,629	19.9	(16.0 - 23.7)
$50,000-$74,999	*	*	*	5,756	17.8	(13.3 - 22.3)
≥ $75,000	240	14.4	(8.2 - 20.5)	8,549	10.6	(8.6 - 12.5)

[1] Defined as having smoked at least 100 cigarettes in lifetime and currently smoking every day or some days

[2] Prevalence estimates are age-adjusted to the 2000 US Standard population

[3] Sample size from survey

[4] 95% confidence interval

* Data do not meet reporting criteria (confidence interval with a half-width greater than 10, denominator less than 50 and/or a numerator less than 10)

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Orange County

Table 57b. Binge drinking within the past month among adults[1] in Orange County and New York State - Age-Adjusted[2]

	Orange County			New York State		
	n[3]	Percent	(C.I.)[4]	n[3]	Percent	(C.I.)[4]
Total	649	19.1	(14.0 - 24.2)	37,745	18.1	(16.1 - 20.2)
Male	239	28.6	(19.7 - 37.5)	14,420	24.5	(21.0 - 27.9)
Female	410	9.7	(6.0 - 13.4)	23,325	12.4	(10.2 - 14.5)
Race/Ethnicity						
White Non-Hispanic	560	21.7	(16.1 - 27.4)	35,453	19.8	(18.1 - 21.6)
Black Non-Hispanic	*	*	*	728	11.8	(6.4 - 17.1)
Hispanic	*	*	*	854	20.2	(11.3 - 29.1)
Other Non-Hispanic	*	*	*	710	12.1	(3.4 - 20.8)
Education						
≤ High School	253	14.6	(8.0 - 21.1)	15,491	17.5	(13.5 - 21.5)
Some College	*	*	*	9,819	18.6	(15.1 - 22.0)
≥ College Degree	228	16.7	(9.9 - 23.4)	12,358	18.8	(15.9 - 21.7)
Income						
≤ $24,999	*	*	*	9,557	13.4	(8.6 - 18.2)
$25,000-$49,999	*	*	*	9,575	18.9	(13.5 - 24.2)
$50,000-$74,999	*	*	*	5,726	19.9	(14.8 - 25.1)
≥ $75,000	239	25.2	(17.8 - 32.6)	8,501	23.2	(20.2 - 26.1)

[1] Defined as men having 5 or more drinks or women having 4 or more drinks on 1 or more occasion within the past month

[2] Prevalence estimates are age-adjusted to the 2000 US Standard population

[3] Sample size from survey

[4] 95% confidence interval

* Data do not meet reporting criteria (confidence interval with a half-width greater than 10, denominator less than 50 and/or a numerator less than 10)

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Orange County

Table 58b. Heavy drinking within the past month among adults[1] in Orange County and New York State - Age-Adjusted[2]

	Orange County			New York State		
	n[3]	Percent	(C.I.)[4]	n[3]	Percent	(C.I.)[4]
Total	648	3.4	(1.4 - 5.5)	37,553	5.0	(4.3 - 5.8)
Male	238	3.9	(0.3 - 7.6)	14,330	4.9	(3.9 - 5.9)
Female	410	3.0	(1.0 - 4.9)	23,223	5.1	(4.0 - 6.2)
Race/Ethnicity						
White Non-Hispanic	559	4.7	(1.9 - 7.5)	35,279	6.4	(5.5 - 7.2)
Black Non-Hispanic	*	*	*	723	2.9	(0.6 - 5.1)
Hispanic	*	*	*	848	2.8	(0.5 - 5.1)
Other Non-Hispanic	*	*	*	703	2.5	(0.8 - 4.2)
Education						
≤ High School	*	*	*	15,411	4.3	(3.2 - 5.3)
Some College	*	*	*	9,759	4.8	(3.6 - 5.9)
≥ College Degree	*	*	*	12,306	6.0	(4.5 - 7.4)
Income						
≤ $24,999	*	*	*	9,512	3.0	(1.9 - 4.1)
$25,000-$49,999	*	*	*	9,537	5.8	(4.0 - 7.5)
$50,000-$74,999	*	*	*	5,708	5.0	(3.1 - 7.0)
≥ $75,000	238	4.5	(0.3 - 8.7)	8,481	7.0	(5.4 - 8.7)

[1] Defined as adult men averaging more than 2 alcoholic drinks per day and adult women averaging more than 1 alcoholic drink per day within the past month

[2] Prevalence estimates are age-adjusted to the 2000 US Standard population

[3] Sample size from survey

[4] 95% confidence interval

* Data do not meet reporting criteria (confidence interval with a half-width greater than 10, denominator less than 50 and/or a numerator less than 10)

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Orange County

Table 62b. Overweight among adults[1] in Orange County and New York State - Age-Adjusted[2]

	Orange County			New York State		
	n[3]	Percent	(C.I.)[4]	n[3]	Percent	(C.I.)[4]
Total	629	38.6	(33.1 - 44.1)	36,710	36.2	(33.8 - 38.6)
Male	239	45.9	(37.0 - 54.8)	14,502	43.9	(40.1 - 47.6)
Female	390	30.9	(25.0 - 36.9)	22,208	28.9	(25.9 - 31.8)
Race/Ethnicity						
White Non-Hispanic	547	36.9	(31.5 - 42.3)	34,501	36.0	(34.0 - 38.0)
Black Non-Hispanic	*	*	*	708	37.0	(28.5 - 45.5)
Hispanic	*	*	*	813	36.0	(27.5 - 44.4)
Other Non-Hispanic	*	*	*	*	*	*
Education						
≤ High School	247	41.2	(32.0 - 50.4)	15,079	35.2	(31.1 - 39.4)
Some College	*	*	*	9,515	38.3	(33.3 - 43.2)
≥ College Degree	225	39.9	(31.7 - 48.2)	12,062	36.2	(32.7 - 39.8)
Income						
≤ $24,999	*	*	*	9,346	33.8	(28.0 - 39.5)
$25,000-$49,999	*	*	*	9,368	40.6	(34.8 - 46.4)
$50,000-$74,999	*	*	*	5,615	38.6	(32.5 - 44.7)
≥ $75,000	234	37.2	(29.4 - 45.1)	8,337	37.2	(33.7 - 40.6)

[1] Defined as having a body mass index (BMI) more than 24.9 but less than 30.0. BMI is calculated as weight in kilograms divided by the square of height in meters.
[2] Prevalence estimates are age-adjusted to the 2000 US Standard population
[3] Sample size from survey
[4] 95% confidence interval
* Data do not meet reporting criteria (confidence interval with a half-width greater than 10, denominator less than 50 and/or a numerator less than 10)

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Orange County

Table 63b. Obesity among adults[1] in Orange County and New York State - Age-Adjusted[2]

	Orange County			New York State		
	n[3]	Percent	(C.I.)[4]	n[3]	Percent	(C.I.)[4]
Total	629	25.8	(20.9 - 30.7)	36,710	23.1	(21.0 - 25.1)
Male	239	27.9	(20.0 - 35.8)	14,502	21.5	(19.0 - 24.0)
Female	390	23.6	(18.0 - 29.2)	22,208	24.6	(21.5 - 27.8)
Race/Ethnicity						
White Non-Hispanic	547	24.7	(20.2 - 29.2)	34,501	22.8	(21.0 - 24.5)
Black Non-Hispanic	*	*	*	708	34.8	(25.9 - 43.6)
Hispanic	*	*	*	813	20.5	(14.1 - 26.9)
Other Non-Hispanic	*	*	*	688	9.5	(3.8 - 15.2)
Education						
≤ High School	247	27.0	(19.4 - 34.6)	15,079	29.4	(25.4 - 33.3)
Some College	*	*	*	9,515	23.1	(19.2 - 27.1)
≥ College Degree	225	19.8	(13.7 - 25.9)	12,062	16.4	(14.2 - 18.5)
Income						
≤ $24,999	*	*	*	9,346	28.3	(22.6 - 34.1)
$25,000-$49,999	*	*	*	9,368	21.0	(17.2 - 24.8)
$50,000-$74,999	*	*	*	5,615	24.0	(19.4 - 28.7)
≥ $75,000	234	26.2	(19.5 - 32.8)	8,337	19.3	(16.7 - 21.9)

[1] Defined as having a body mass index (BMI) of 30.0 or greater. BMI is calculated as weight in kilograms divided by the square of height in meters.
[2] Prevalence estimates are age-adjusted to the 2000 US Standard population
[3] Sample size from survey
[4] 95% confidence interval
* Data do not meet reporting criteria (confidence interval with a half-width greater than 10, denominator less than 50 and/or a numerator less than 10)

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Orange County

Table 64b. Overweight or obesity among adults[1] in Orange County and New York State - Age-Adjusted[2]

	Orange County			New York State		
	n[3]	Percent	(C.I.)[4]	n[3]	Percent	(C.I.)[4]
Total	629	64.4	(59.2 - 69.6)	36,710	59.3	(56.8 - 61.9)
Male	239	73.8	(65.8 - 81.8)	14,502	65.4	(61.3 - 69.4)
Female	390	54.5	(48.1 - 60.9)	22,208	53.5	(50.1 - 56.8)
Race/Ethnicity						
White Non-Hispanic	547	61.6	(55.9 - 67.2)	34,501	58.8	(56.7 - 60.8)
Black Non-Hispanic	*	*	*	708	71.8	(63.0 - 80.6)
Hispanic	*	*	*	813	56.5	(46.8 - 66.1)
Other Non-Hispanic	*	*	*	*	*	*
Education						
≤ High School	247	68.2	(60.1 - 76.3)	15,079	64.6	(59.9 - 69.3)
Some College	*	*	*	9,515	61.4	(56.4 - 66.5)
≥ College Degree	225	59.8	(51.8 - 67.7)	12,062	52.6	(48.9 - 56.3)
Income						
≤ $24,999	*	*	*	9,346	62.1	(55.6 - 68.6)
$25,000-$49,999	*	*	*	9,368	61.6	(55.1 - 68.1)
$50,000-$74,999	*	*	*	5,615	62.6	(56.7 - 68.6)
≥ $75,000	234	63.4	(55.8 - 71.1)	8,337	56.5	(52.9 - 60.0)

[1] Defined as having a body mass index (BMI) of 25.0 or greater. BMI is calculated as weight in kilograms divided by the square of height in meters.
[2] Prevalence estimates are age-adjusted to the 2000 US Standard population
[3] Sample size from survey
[4] 95% confidence interval
* Data do not meet reporting criteria (confidence interval with a half-width greater than 10, denominator less than 50 and/or a numerator less than 10)

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Orange County

Table 66b. Received advice to lose weight by a health professional among adults provided weight advice[1] in Orange County and New York State - Age-Adjusted[2]

	Orange County			New York State		
	n[3]	Percent	(C.I.)[4]	n[3]	Percent	(C.I.)[4]
Total	191	84.1	(75.9 - 92.3)	9,724	86.9	(83.8 - 89.9)
Male	*	*	*	3,807	88.7	(85.7 - 91.8)
Female	109	87.0	(77.5 - 96.6)	5,917	85.5	(80.7 - 90.3)
Race/Ethnicity						
White Non-Hispanic	172	85.7	(77.4 - 94.0)	9,082	87.0	(84.4 - 89.6)
Black Non-Hispanic	*	*	*	*	*	*
Hispanic	*	*	*	251	87.6	(79.3 - 95.8)
Other Non-Hispanic	*	*	*	*	*	*
Education						
≤ High School	*	*	*	3,962	84.6	(78.7 - 90.5)
Some College	*	*	*	2,633	85.6	(79.5 - 91.7)
≥ College Degree	61	96.4	(92.1 - 100)	3,115	89.4	(85.4 - 93.3)
Income						
≤ $24,999	*	*	*	2,539	85.7	(79.0 - 92.3)
$25,000-$49,999	*	*	*	2,482	85.3	(78.4 - 92.3)
$50,000-$74,999	*	*	*	1,521	88.0	(83.1 - 92.8)
≥ $75,000	*	*	*	2,270	88.7	(83.1 - 94.2)

[1] Defined as provided advice by a health professional about their weight and advised to lose weight

[2] Prevalence estimates are age-adjusted to the 2000 US Standard population

[3] Sample size from survey

[4] 95% confidence interval

* Data do not meet reporting criteria (confidence interval with a half-width greater than 10, denominator less than 50 and/or a numerator less than 10)

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Orange County

Table 67b. No leisure-time physical activity among adults[1] in Orange County and New York State - Age-Adjusted[2]

	Orange County			New York State		
	n[3]	Percent	(C.I.)[4]	n[3]	Percent	(C.I.)[4]
Total	656	23.7	(19.1 - 28.3)	38,128	23.7	(21.5 - 25.9)
Male	241	17.8	(10.9 - 24.7)	14,602	20.9	(17.8 - 23.9)
Female	415	29.6	(23.6 - 35.5)	23,526	26.3	(23.1 - 29.5)
Race/Ethnicity						
White Non-Hispanic	565	20.1	(16.4 - 23.8)	35,816	20.0	(18.3 - 21.7)
Black Non-Hispanic	*	*	*	739	32.0	(23.3 - 40.6)
Hispanic	*	*	*	860	26.9	(19.2 - 34.5)
Other Non-Hispanic	*	*	*	*	*	*
Education						
≤ High School	255	31.5	(24.1 - 39.0)	15,683	32.3	(28.3 - 36.4)
Some College	*	*	*	9,906	22.8	(18.5 - 27.2)
≥ College Degree	230	12.5	(7.3 - 17.7)	12,458	14.9	(11.8 - 17.9)
Income						
≤ $24,999	*	*	*	9,640	37.9	(31.6 - 44.2)
$25,000-$49,999	*	*	*	9,658	22.0	(18.0 - 26.0)
$50,000-$74,999	*	*	*	5,773	21.6	(16.3 - 26.8)
≥ $75,000	240	12.7	(7.9 - 17.6)	8,565	12.6	(10.3 - 14.9)

[1] Defined as having not participated in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise

[2] Prevalence estimates are age-adjusted to the 2000 US Standard population

[3] Sample size from survey

[4] 95% confidence interval

* Data do not meet reporting criteria (confidence interval with a half-width greater than 10, denominator less than 50 and/or a numerator less than 10)

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Table 68b. Consumption of 5 or more servings of fruits and vegetables per day among adults[1] in Orange County and New York State - Age-Adjusted[2]

	Orange County			New York State		
	n[3]	Percent	(C.I.)[4]	n[3]	Percent	(C.I.)[4]
Total	658	30.2	(25.1 - 35.3)	38,203	27.1	(24.9 - 29.2)
Male	242	24.2	(16.1 - 32.3)	14,634	22.7	(19.6 - 25.9)
Female	416	36.1	(30.0 - 42.2)	23,569	31.0	(28.1 - 34.0)
Race/Ethnicity						
White Non-Hispanic	567	27.8	(22.9 - 32.7)	35,884	27.1	(25.4 - 28.9)
Black Non-Hispanic	*	*	*	740	26.8	(19.4 - 34.2)
Hispanic	*	*	*	864	29.5	(20.9 - 38.1)
Other Non-Hispanic	*	*	*	715	21.8	(12.2 - 31.5)
Education						
≤ High School	257	29.7	(21.7 - 37.7)	15,726	23.3	(19.3 - 27.3)
Some College	*	*	*	9,924	27.1	(22.9 - 31.2)
≥ College Degree	230	31.8	(24.4 - 39.1)	12,471	31.2	(28.0 - 34.3)
Income						
≤ $24,999	*	*	*	9,667	23.9	(18.8 - 28.9)
$25,000-$49,999	*	*	*	9,669	32.0	(26.0 - 38.0)
$50,000-$74,999	*	*	*	5,777	25.0	(21.0 - 28.9)
≥ $75,000	240	27.8	(20.7 - 35.0)	8,569	28.0	(24.9 - 31.1)

[1] Defined as having consumed 5 or more servings of fruits and vegetables in an average day

[2] Prevalence estimates are age-adjusted to the 2000 US Standard population

[3] Sample size from survey

[4] 95% confidence interval

* Data do not meet reporting criteria (confidence interval with a half-width greater than 10, denominator less than 50 and/or a numerator less than 10)

Expanded BRFSS Report: 2008-2009
Orange County

Table 70b. Had a fall that caused injury within the past 3 months among adults[1] in Orange County and New York State - Age-Adjusted[2]

	Orange County			New York State		
	n[3]	Percent	(C.I.)[4]	n[3]	Percent	(C.I.)[4]
Total	450	3.8	(1.9 - 5.6)	28,760	4.6	(3.6 - 5.5)
Male	*	*	*	10,957	3.6	(2.4 - 4.7)
Female	284	5.7	(2.5 - 8.8)	17,803	5.5	(4.1 - 6.9)
Race/Ethnicity						
White Non-Hispanic	415	4.0	(2.0 - 6.1)	27,433	5.2	(4.2 - 6.2)
Black Non-Hispanic	*	*	*	458	4.7	(0.7 - 8.7)
Hispanic	*	*	*	424	1.8	(0.1 - 3.4)
Other Non-Hispanic	*	*	*	445	1.0	(0.4 - 1.6)
Education						
≤ High School	*	*	*	12,404	5.2	(3.5 - 6.8)
Some College	*	*	*	7,228	5.3	(3.1 - 7.5)
≥ College Degree	*	*	*	9,081	3.6	(2.4 - 4.7)
Income						
≤ $24,999	*	*	*	7,812	5.1	(3.3 - 7.0)
$25,000-$49,999	*	*	*	7,442	6.6	(3.9 - 9.2)
$50,000-$74,999	*	*	*	4,139	3.7	(1.7 - 5.8)
≥ $75,000	*	*	*	5,872	2.4	(1.4 - 3.3)

[1] Defined as as respondent unintentionally coming to rest on the ground or another lower level and caused respondent to limit regular activities for at least a day or to go see a doctor one or more times within the past 3 months

[2] Prevalence estimates are age-adjusted to the 2000 US Standard population

[3] Sample size from survey

[4] 95% confidence interval

* Data do not meet reporting criteria (confidence interval with a half-width greater than 10, denominator less than 50 and/or a numerator less than 10)

STUDENT WEIGHT STATUS CATEGORIES, ORANGE COUNTY, 2008-2010

	Underweight	Healthy Weight	Overweight	Obese	Overweight or Obese	# Districts	# Schools	SED Enrollment	Reported # of Students with WSC	% Complete
Total	1.0%	66.0%	16.1%	17.0%	33.1%	17	86	25,442	10,996	43.2%
Elementary	0.4%	71.7%	12.6%	15.3%	28.0%		69	14,892	6,351	42.6%
Middle/High	1.7%	58.8%	20.4%	19.1%	39.5%		35	10,550	4,645	44.0%
Grades										
Second	0.4%	77.8%	10.8%	11.0%	21.8%			4,667	2,173	46.6%
Fourth	0.4%	64.5%	14.8%	20.3%	35.1%			4,725	2,159	45.7%
Seventh	2.0%	58.5%	18.8%	20.6%	39.4%			4,943	2,208	44.7%
Tenth	1.5%	59.0%	21.7%	17.8%	39.6%			5,607	2,437	43.5%

SED- Enrollment data from the New York State Department of Education School Report Card
WSC- Weight Status Category
Elementary- PK, K, 2nd, 4th
Middle/High- 7th, 10th
Underweight- <5th percentile
Health Weight- 5th-84th percentile
Overweight- 85th-94th percentile
Obese- 95th + percentile
Overweight or Obese- 85th + percentile

Source: New York State Department of Health Bureau of Chronic Disease
http://www.health.ny.gov/prevention/obesity/statistics_and_impact/docs/2008-2010_student_weight_status_by_county_and_level.pdf

ADMISSION RATES FOR PREVENTION QUALITY INDICATORS FOR ORANGE COUNTY, ADULT POPULATION, 2008-2009

FOR ALL ORANGE COUNTY ZIP CODES	All Indicators	Acute	Diabetes	Circulatory	Respiratory
Area Population (Age 18+)	271,393	271,393	271,393	271,393	271,393
Admissions for Condition	3,100	1,046	390	966	698
Area Rate*	1,142	386	144	356	257
Admission as % of Expected	84%	87%	69%	93%	81%
Statewide Rate	1,563	526	224	456	357
Area Rate Adjusted for Sex and Age*	1,320	457	154	424	289

FOR MIDDLETOWN ZIP CODES	All Indicators	Acute	Diabetes	Circulatory	Respiratory
Area Population (Age 18+)	45,515	45,515	45,515	45,515	45,515
Admissions for Condition	651	213	78	203	155
Area Rate*	1,431	469	172	447	342
Admission as % of Expected	103%	101%	82%	112%	105%
Statewide Rate	1,563	526	224	456	357
Area Rate Adjusted for Sex and Age*	1,605	533	183	512	375

FOR NEWBURGH ZIP CODE	All Indicators	Acute	Diabetes	Circulatory	Respiratory
Area Population (Age 18+)	40,115	40,115	40,115	40,115	40,115
Admissions for Condition	598	177	100	206	114
Area Rate*	1,491	441	249	515	285
Admission as % of Expected	108%	97%	120%	131%	88%
Statewide Rate	1,563	526	224	456	357
Area Rate Adjusted for Sex and Age*	1,691	507	369	600	315

FOR PORT JERVIS ZIP CODE	All Indicators	Acute	Diabetes	Circulatory	Respiratory
Area Population (Age 18+)	11,011	11,011	11,011	11,011	11,011
Admissions for Condition	228	67	25	52	84
Area Rate*	2,075	608	227	472	767
Admission as % of Expected	134%	117%	101%	105%	216%
Statewide Rate	1,563	526	224	456	357
Area Rate Adjusted for Sex and Age*	2,088	614	227	478	770

Acute disease includes dehydration, bacteral pneumonia, and urinary tract infections

*Per 100,000 adult residents

Source: New York State Prevention Quality Indicators

https://apps.nyhealth.gov/statistics/prevention/quality_indicators/start.map

Exhibit 99

DISCHARGE RATES FOR CHRONIC OBSTRUCTIVE PULMONARY DISEASE PER 10,000, BY GENDER, ORANGE COUNTY, HUDSON VALLEY AND UPSTATE NEW YORK, 2009-2012

	Male		Female	
Region	**Count**	**Rate**	**Count**	**Rate**
Orange County	1,601	21.5	2,082	27.9
Hudson Valley Region	7,741	17.2	9,732	20.9
Upstate New York	45,246	20.6	60,329	26.4

Source: 2009-2012 SPARCS DATA from the Health Commerce System (HCS)

Created by the School of Public Health, University at Albany, 2013

MORTALITY FROM CLRD PER 100,000 POPULATION BY GENDER, RACE, ETHNICITY, AGE, AND ZIP CODE, ORANGE COUNTY AND UPSTATE NEW YORK, 2008-2011

	2008		2009		2010		2011		Total 2008-2011	
Region	**Number of Deaths**	**Rate**	**Number of Deaths**	**Rate**	**Number of Deaths**	**Rate**	**Number of Deaths**	**Rate**	**Total**	**Avg. Rate**
Upstate New York	5,214	46.9	5,129	46.0	4,042	45.1	5,117	45.6	20,512	45.8

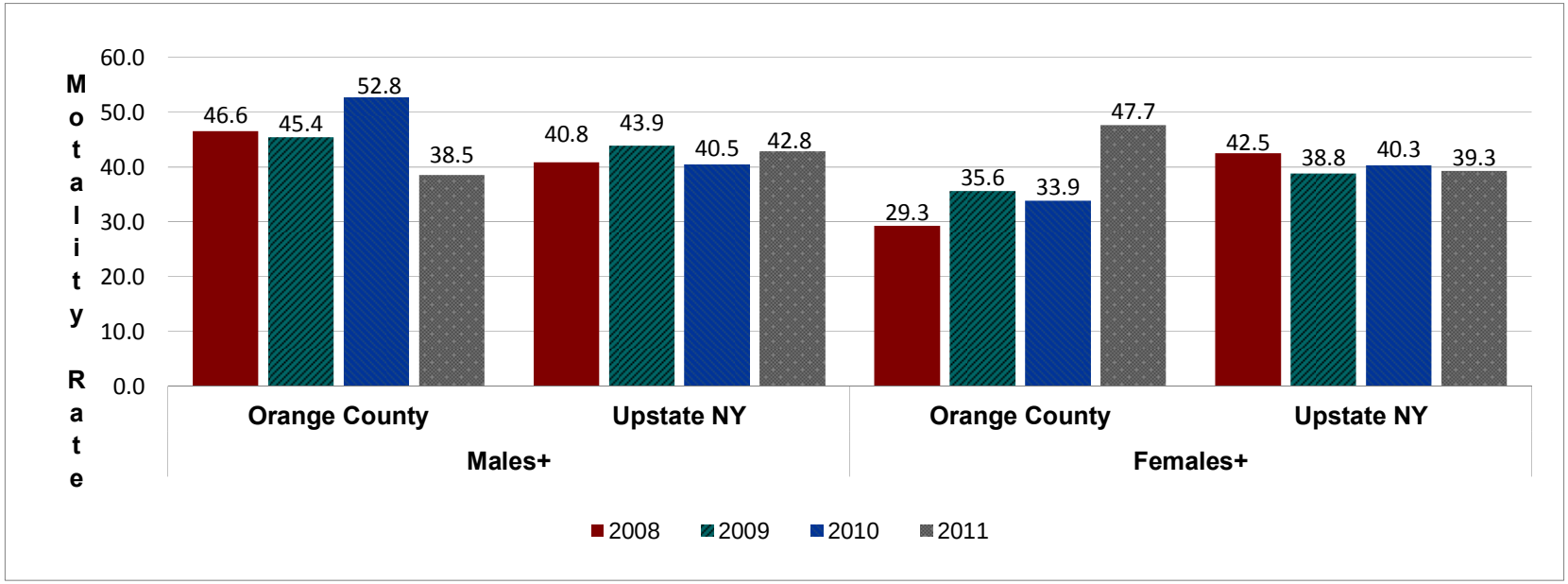
	2008		2009		2010		2011		Total 2008-2011	
Region	**Number of Deaths**	**Rate**	**Number of Deaths**	**Rate**	**Number of Deaths**	**Rate**	**Number of Deaths**	**Rate**	**Total**	**Avg. Rate**
Orange County	152	40.0	137	35.7	139	37.3	145	38.7	573	38.4
Age Intervals ^	**Number of Deaths**	**Rate**	**Number of Deaths**	**Rate**	**Number of Deaths**	**Rate**	**Number of Deaths**	**Rate**	**Total**	**Avg Rate**
<1	0		0		0		0			0.0
1--9	*	s/n	0		0		*	s/n	*	s/n
10--19	0		0		*	s/n	0		*	s/n
20-24	0		0		0		0			0.0
25-34	0		0		0		0		*	0.0
35-44	*	s/n	0		*	s/n	0		*	s/n
45-54	*	s/n	*	s/n	*	s/n	*	s/n	9	s/n
55-64	8	19.02	20	47.6	13	30.917	*	s/n	46	27.4
65-74	32	142.51	30	133.6	28	124.69	23	102.42	113	125.8
75-84	66	509.92	44	340.0	47	363.13	59	455.84	216	417.2
85+	40	715.81	41	733.7	48	859.0	52	930.56	181	809.8
Gender ^	**Number of Deaths**	**Rate**	**Number of Deaths**	**Rate**	**Number of Deaths**	**Rate**	**Number of Deaths**	**Rate**	**Total**	**Avg. Rate**
Males	62	46.6	63	45.4	70	52.8	50	38.5	245	45.1
Females	89	29.3	73	35.6	69	33.9	95	47.7	326	40.6
Race/Ethnicity	**Number of Deaths**	**Rate**	**Number of Deaths**	**Rate**	**Number of Deaths**	**Rate**	**Number of Deaths**	**Rate**	**Total**	**Avg Rate**
White	147	51.1	128	44.5	133	46.2	139	48.3	547	47.5
Black	*	s/n	6	s/n	*	s/n	6	s/n	18	s/n
Hispanic	*	s/n	*	s/n	*	s/n	*	s/n	12	s/n
Other	*	s/n	*	s/n	*	s/n	0		6	s
Zip Code	**Number of Deaths**	**Rate**	**Number of Deaths**	**Rate**	**Number of Deaths**	**Rate**	**Number of Deaths**	**Rate**	**Total**	**Avg Rate**
10940	20	41.3	19	39.2	12	24.7	19	39.2	70	36.1
10950	8	16.9	7	14.8	13	27.5	11	23;29	39	20.6
12550	15	27.5	23	42.2	13	23.9	21	38.6	72	33.1
12771	12	82.7	10	68.9	18	124.0	10	68.9	50	86.1

*-s/n, Small numbers not reported; data unreliable due to small number of cases.

^ Age-adjusted using direct method

Source: NYS Department of Health, Bureau of Vital Statistics and the U.S. Census 2010. Deaths recorded in New Jersey not included in this analysis.
Created by the School of Public Health, University at Albany, 2013

MORTALITY FROM CLRD BY GENDER PER 100,000, ORANGE COUNTY AND UPSTATE NEW YORK, 2008-2011



+Age adjusted mortality rate

Source: NYS Department of Health, Bureau of Vital Statistics and U.S. Census 2010

Created by the School of Public Health, University at Albany, 2013

Exhibit 102

MORTALITY FROM PNEUMONIA PER 100,000 POPULATION BY GENDER, RACE, ETHNICITY, AGE AND ZIP CODE, ORANGE COUNTY AND UPSTATE NEW YORK, 2008-2011

	2008		2009		2010		2011		Total 2008-2011	
Region	**Number of**	**Rate**	**Count**	**Rate**	**Count**	**Rate**	**Count**	**Rate**	**Count**	**Avg. Rate**
Upstate New York Total	2,276	20.5	2,154	19.3	2,158	19.3	2,235	20.8	8,923	19.9

	2008		2009		2010		2011		Total 2008-2011	
Region	**Number of**	**Rate**	**Count**	**Rate**	**Count**	**Rate**	**Count**	**Rate**	**Count**	**Avg. Rate**
Orange County Total	93	24.5	66	17.2	69	18.5	75	20.0	303	20.0
Age Intervals	**Count**	**Rate**	**Count**	**Rate**	**Count**	**Rate**	**Count**	**Rate**	**Count**	**Avg Rate**
<1	0		0		0		0			
1-9	0		0		0		*	s/n	*	
10-19	0		0		0		0		0	
20-24	0		*	s/n	0		0		*	s/n
25-34	0		0		*	s/n	0		*	s/n
35-44	0		0		0		*	s/n	*	s/n
45-54	*	s/n	0		*	s/n	*	s/n	9	s/n
55-64	7	16.6	*	s/n	*	s/n	9	21.4	24	14.3
65-74	12	53.4	*	s/n	*	s/n	11	49.0	30	33.4
75-84	28	216.3	24	185.4	25	193.1	18	139.1	95	183.5
85+	41	733.7	34	608.4	30	536.9	33	540.6	138	617.4
Gender	**Count**	**Rate**	**Count**	**Rate**	**Count**	**Rate**	**Count**	**Rate**	**Count**	**Avg Rate**
Males	43	33.5	30	24.9	33	25.8	35	26.4	141	27.3
Females	50	23.6	35	16.84	35	16.6	40	18.5	160	18.9
Race/Ethnicity	**Count**	**Rate**	**Count**	**Rate**	**Count**	**Rate**	**Count**	**Rate**	**Count**	**Avg Rate**
White	84	29.2	62	31.9	65	22.6	71	24.7	283	24.6
Black	7	s/n	*	s/n	*	s/n	*	s/n	16	s/n
Hispanic	*	s/n	*	s/n	*	s/n	*	s/n	16	s/n
Other	*	s/n	*	s/n	*	s/n	*	s/n	*	s/n
Zip Codes	**Count**	**Rate**	**Count**	**Rate**	**Count**	**Rate**	**Count**	**Rate**	**Count**	**Rate**
10940	19	39.2	16	33.0	11	22.7	17	35.1	63	32.5
10950	*	s/n	*	s/n	6	s/n	*	s/n	14	s/n
12550	19	34.8	8	14.7	8	14.7	8	14.7	43	19.7
12771	*	s/n	*	s/n	*	s/n	6	s/n	16	s/n

*-s/n, Small numbers not reported; data are unreliable due to small number of cases

Source: NYS Department of Health, Bureau of Vital Statistics and the U.S. Census 2010; Deaths reported in New Jersey are not included in this analysis

Created by the School of Public Health, University at Albany, 2013

DISCHARGE RATES FOR CARDIOVASCULAR DISEASE PER 10,000 BY GENDER, ORANGE COUNTY, HUDSON VALLEY AND UPSTATE NEW YORK, 2009-2012

	Male		Female	
Region	**Count**	**Rate**	**Count**	**Rate**
Orange County	13,384	179.6	13,427	179.9
Hudson Valley Region	71,797	159.7	67,928	145.6
Upstate New York	431,191	196.2	387,693	169.8

DISCHARGE RATES FOR CEREBROVASCULAR DISEASE PER 10,000 BY GENDER, ORANGE COUNTY, HUDSON VALLEY AND UPSTATE NEW YORK, 2009-2012

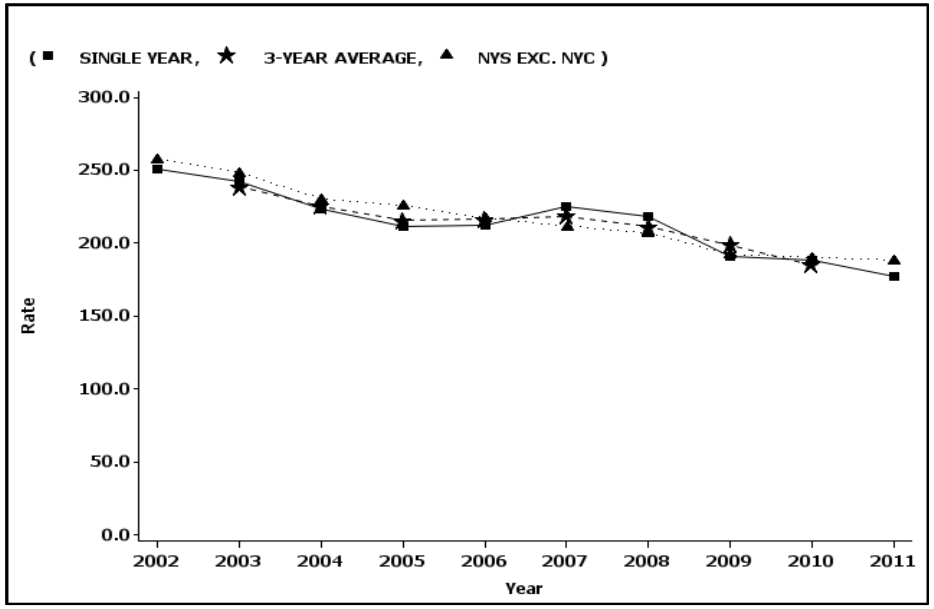
	Male		Female	
Region	**Count**	**Rate**	**Count**	**Rate**
Orange County	1,645	22.1	1,959	26.3
Hudson Valley Region	11,748	26.2	13,076	28.0
Upstate New York	63,697	29.0	72,921	31.9

Source: 2009-2012 SPARCS DATA from the Health Information Network (HIN)

Created by the School of Public Health, University at Albany, 2013

DISEASES OF THE HEART MORTALITY, ORANGE COUNTY AND NEW YORK STATE, 2009-2011

TRENDS IN DISEASES OF THE HEART MORTALITY, TEN YEAR TIME TRENDS, 2002-2011



AGE ADJUSTED DEATH RATES OF DISEASES OF THE HEART PER 100,000 POPULATION

Year	Single Year Orange County	3-Year Average Orange County	Upstate New York
2002	251.1		257.7
2003	242.0	238.7	248.4
2004	223.2	225.4	230.6
2005	211.5	215.6	226.1
2006	212.3	216.3	217.4
2007	225.0	218.6	212.1
2008	218.6	211.2	207.0
2009	190.7	199.0	192.4
2010	188.6	185.4	190.4
2011	177.6		188.6

DEATHS AND DEATH RATES OF DISEASES OF THE HEART PER 100,000

	Deaths				Avg. Population	Crude	Adjusted
Region/County	2009	2010	2011	Total	2009-2011	Rate	Rate
Orange	650	660	630	1,940	377,072	171.5	185.4
Hudson Valley Region	4,714	4,700	4,736	14,150	2,294,607	205.6	175.4
New York State	46,312	44,557	43,963	134,832	19,461,584	230.9	198.6

Adjusted rates are age adjusted to the 2000 United States Population

Source: 2009-2011 Vital Statistics Data as of February, 2013

MORTALITY FROM DISEASES OF THE HEART PER 100,000 POPULATION BY GENDER, RACE, ETHNICITY, AGE AND ZIP CODE, ORANGE COUNTY AND UPSTATE NEW YORK, 2008-2011

	2008		2009		2010		2011		Total 2008-2011	
Region	**Number of Deaths**	**Rate**	**Number of Deaths**	**Rate**	**Number of Deaths**	**Rate**	**Number of Deaths**	**Rate**	**Total**	**Avg.**
Upstate New York	28,073	252.3	26,597	238.5	26,888	240.0	27,169	242.1	108,727	242.6

	2008		2009		2010		2011		Total 2008-2011	
Region	**Number of Deaths**	**Rate**	**Number of Deaths**	**Rate**	**Number of Deaths**	**Rate**	**Number of Deaths**	**Rate**	**Total**	**Avg.**
Orange County	717	188.9	650	169.5	660	177.0	630	168.1	2,657	178.2
Age Intervals ^	**Number of Deaths**	**Rate**	**Number of Deaths**	**Rate**	**Number of Deaths**	**Rate**	**Number of Deaths**	**Rate**	**Total**	**Avg**
<1	0		0		0		0		0	
1--9	0		*	s/n	0		0		*	s/n
10--19	0		0		*	s/n	*	s/n	*	s/n
20-24	*	s/n	0		0		*	s/n	*	s/n
25-34	*	s/n	0		0		*	s/n	8	s/n
35-44	12	22.9	7	13.4	7	13.4	12	22.9	38	18.2
45-54	34	58.5	21	36.1	34	58.5	34	58.5	123	57.6
55-64	77	183.0	58	137.9	75	178.4	61	145.1	271	161.1
65-74	95	423.0	106	472.1	92	409.7	84	374.1	377	419.7
75-84	197	1,522.1	157	1,213.0	149	1,151.2	170	1,313.4	673	1,299.9
85+	295	5,279.2	289	5,171.8	287	5,136.0	259	4,634.0	1,130	5,055.5
Gender ^	**Number of Deaths**	**Rate**	**Number of Deaths**	**Rate**	**Number of Deaths**	**Rate**	**Number of Deaths**	**Rate**	**Total**	**Avg**
Males	322	150.4	286	206.76	304	161.3	288	159.5	1,200	225.7
Females	391	185.1	354	164.35	346	161.3	336	159.5	1,427	167.2
Race/Ethnicity	**Number of Deaths**	**Rate**	**Number of Deaths**	**Rate**	**Number of Deaths**	**Rate**	**Number of Deaths**	**Rate**	**Total**	**Avg**
White	643	223.4	584	202.9	581	201.9	560	194.6	2,368	205.7
Black	51	134.4	45	118.6	55	144.9	46	121.2	197	129.7
Hispanic	27	40.2	17	25.3	23	34.2	37	55.1	104	38.7
Other	23	48.8	*	s/n	24	51.0	24	51.0	72	38.2
Zip Codes	**Number of Deaths**	**Rate**	**Number of Deaths**	**Rate**	**Number of Deaths**	**Rate**	**Number of Deaths**	**Rate**	**Total**	**Rate**
10940	102	210.7	97	200.3	93	192.1	98	202.4	390	201.4
10950	34	71.9	47	99.5	47	99.5	33	69.9	161	85.2
12550	126	231.4	90	165.3	107	196.5	93	170.8	416	191.0
12771	35	241.2	39	368.8	40	275.7	33	227.4	147	253.8

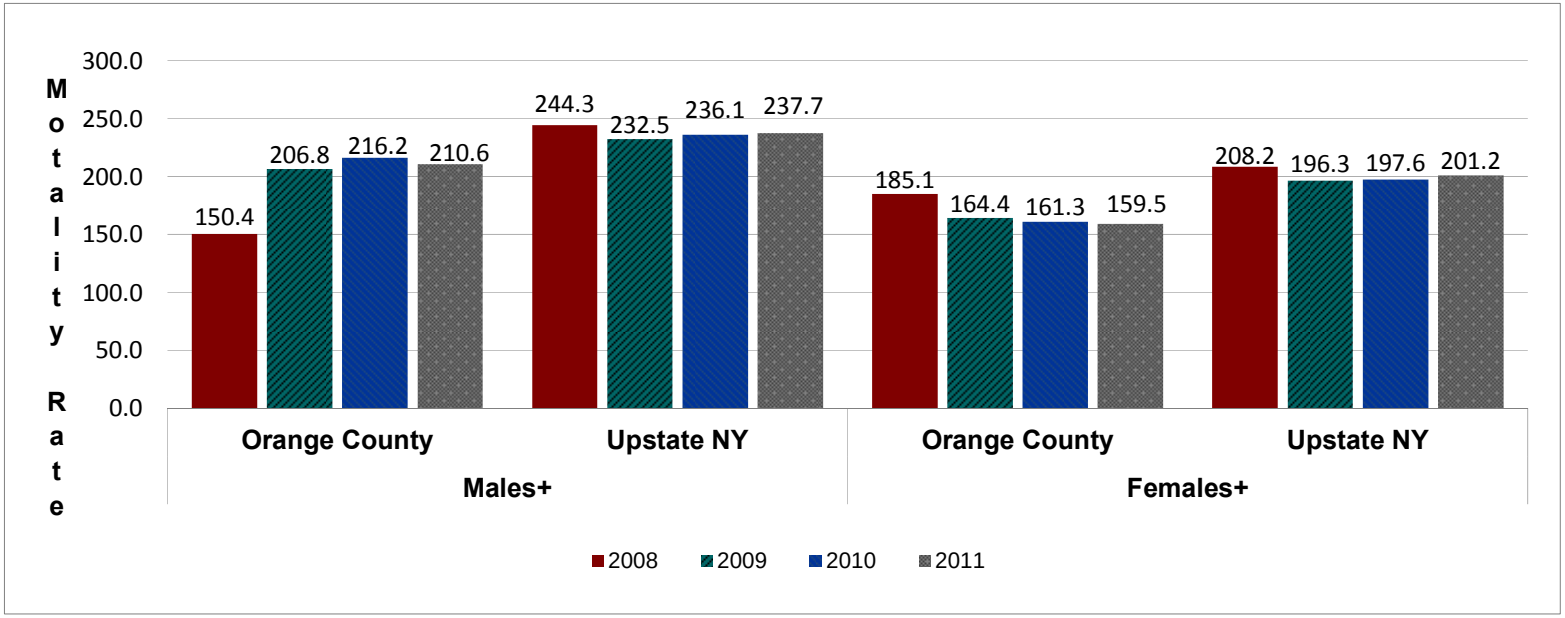
*-s/n, Small numbers not reported and not reliable

^ Age-adjusted using direct method

Source: NYS Department of Health, Bureau of Vital Statistics and the U.S. Census 2010

Created by the School of Public Health, University at Albany, 2013

MORTALITY FROM DISEASES OF THE HEART PER 100,000 POPULATION, BY GENDER, ORANGE COUNTY AND UPSTATE NEW YORK, 2008-2011



+Age adjusted mortality rate

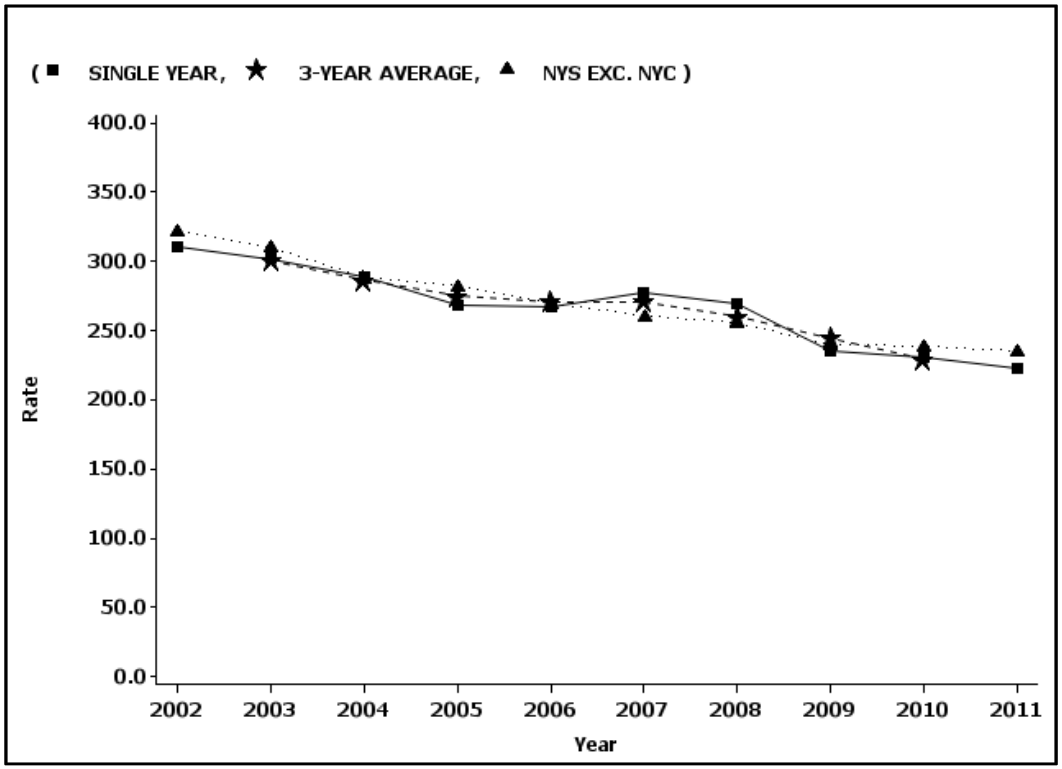
Source: NYS Department of Health, Bureau of Vital Statistics and U.S. Census 2010

Created by the School of Public Health, University at Albany, 2013

Exhibit 107

CARDIOVASCULAR DISEASE MORTALITY, ORANGE COUNTY AND NEW YORK STATE 2009-2011

TRENDS IN CARDIOVASCULAR DISEASE MORTALITY, TEN YEAR TIME TRENDS, 2002-2011



AGE ADJUSTED DEATH RATES OF CARDIOVASCULAR DISEASE PER 100,000 POPULATION

Year	Single Year Orange County	3-Year Average Orange County	Upstate New York
2002	310.9		322.1
2003	302.0	300.6	310.3
2004	288.9	286.3	288.3
2005	268.7	274.8	282.6
2006	267.0	270.9	269.8
2007	277.0	271.1	260.9
2008	269.3	260.3	255.7
2009	235.5	244.8	239.8
2010	231.0	229.6	238.9
2011	223.0		235.2

DEATHS AND DEATH RATES OF CARDIOVASCULAR DISEASE PER 100,000 POPULATION

	Deaths				Avg. Population	Crude	Adjusted
Region/County	2009	2010	2011	Total	2009-2011	Rate	Rate
Orange	800	805	791	2,396	377,072	211.8	229.6
Hudson Valley Region	5,787	5,766	5,826	17,379	2,294,607	252.5	215.8
New York State	55,796	54,525	53,883	164,204	19,461,584	281.2	242.3

Adjusted rates are age adjusted to the 2000 United States Population

Source: 2009-2011 Vital Statistics Data as of February, 2013

Exhibit 108

MORTALITY FROM CARDIOVASCULAR DISEASE PER 100,000 POPULATION BY GENDER, RACE, ETHNICITY, AGE, AND ZIP CODE, ORANGE COUNTY AND UPSTATE NEW YORK, 2008-2011

	2008		2009		2010		2011		Total 2008-2011	
Region	**Number of Deaths**	**Rate**	**Number of Deaths**	**Rate**	**Number of Deaths**	**Rate**	**Number of Deaths**	**Rate**	**Total**	**Avg. Rate**
Upstate New York	34,642	311.3	31,104	296.9	33,674	300.6	33,821	301.4	133,241	297.3

	2008		2009		2010		2011		Total 2008-2011	
Region	**Number of Deaths**	**Rate**	**Number of Deaths**	**Rate**	**Number of Deaths**	**Rate**	**Number of Deaths**	**Rate**	**Total**	**Avg. Rate**
Orange County Total	874	234.4	789	211.6	793	212.7	784	210.3	3,240	220.2
Age Intervals ^	**Number of Deaths**	**Rate**	**Number of Deaths**	**Rate**	**Number of Deaths**	**Rate**	**Number of Deaths**	**Rate**	**Total**	**Avg Rate**
<1	0		0		0		0		0	
1--9	0		*	s/n	0		0		*	s/n
10--19	0		*	s.n	*	s/n	*	s/n	*	s/n
20-24	*	s/n	0		0		*	s/n	*	s/n
25-34	*	s/n	0		*	s/n	*	s/n	9	s/n
35-44	14	26.8	8	15.3	12	22.9	15	28.7	49	23.4
45-54	41	70.6	24	41.3	39	67.1	40	68.8	144	62.0
55-64	90	214.0	69	164.1	88	209.3	70	166.5	317	188.5
65-74	120	524.4	128	570.1	109	485.4	117	521.06	474	527.7
75-84	244	1,885.2	201	1,553.0	190	1,468.0	204	1576.14	839	1,620.6
85+	362	6,478.2	356	6,370.8	349	6,245.5	333	5959.19	1400	6,263.4
Gender ^	**Deaths**	**Rate**	**Deaths**	**Rate**	**Deaths**	**Rate**	**Deaths**	**Rate**	**Total**	**Avg Rate**
Males	396	288.2	348	252.8	360	256.9	344	252.6	1,448	262.7
Females	478	226.3	441	205.2	433	202.4	440	208.5	1,792	210.5
Race/Ethnicity ^	**Deaths**	**Rate**	**Deaths**	**Rate**	**Deaths**	**Rate**	**Deaths**	**Rate**	**Total**	**Avg Rate**
White	787	277.2	716	250.5	706	245.2	701	246.7	2,910	254.8
Black	63	309.5	59	294.1	71	334.5	61	283.6	254	303.3
Hispanic	34	136.6	28	131.2	30	120.5	45	215.1	137	150.8
Other	24	180.5	14	135.8	16	113.9	22	174.9	76	151.3
Zip Code	**Deaths**	**Rate**	**Deaths**	**Rate**	**Deaths**	**Rate**	**Deaths**	**Rate**	**Total**	**Avg Rate**
10940	130	268.5	112	231.3	114	235.4	121	249.9	477	246.3
10950	40	84.7	57	120.7	60	127.0	43	91.1	200	105.9
12550	142	260.8	111	203.9	128	235.1	114	209.4	495	227.3
12771	48	330.8	47	323.9	46	317.0	43	296.3	184	317.0

*-s/n, Small numbers not reported; data unreliable due to small number of cases.

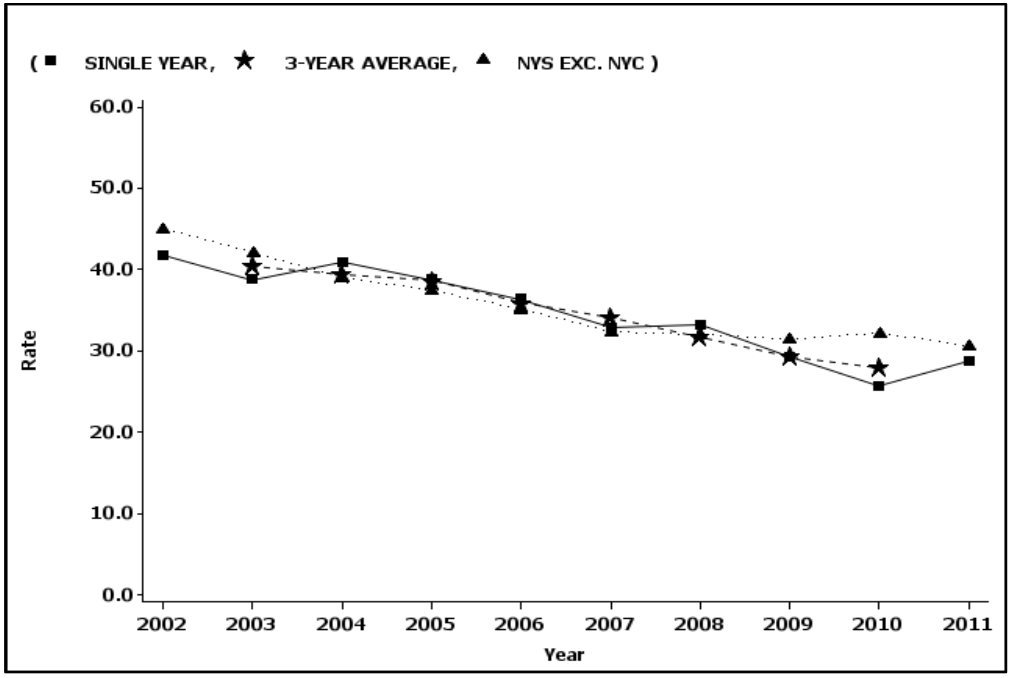
^ Age-adjusted using direct method

Source: NYS Department of Health, Bureau of Vital Statistics and the U.S. Census 2010. Deaths recorded in New Jersey not included in this analysis.
Created by the School of Public Health, University at Albany, 2013

Exhibit 109

CEREBROVASCULAR DISEASE MORTALITY, ORANGE COUNTY AND NEW YORK STATE, 2009-2011

TRENDS IN CEREBROVASCULAR DISEASE (STROKE) MORTALITY, TEN YEAR TIME TRENDS, 2002-2011



AGE ADJUSTED DEATH RATES OF CEREBROVASCULAR DISEASE (STROKE) PER 100,000 POPULATION

Year	Single Year Orange County	3-Year Average Orange County	Upstate New York
2002	41.8		45.1
2003	38.8	40.4	42.1
2004	40.9	39.5	39.1
2005	38.8	38.7	37.5
2006	36.4	36.0	35.2
2007	32.9	34.1	32.4
2008	33.2	31.8	32.0
2009	29.3	29.3	31.5
2010	25.7	28.0	32.2
2011	28.8		30.6

DEATHS AND DEATH RATES OF CEREBROVASCULAR DISEASE (STROKE) PER 100,000 POPULATION

	Deaths				Avg. Population	Crude	Adjusted
Region/County	2009	2010	2011	Total	2009-2011	Rate	Rate
Orange	98	86	101	285	377,072	25.2	28.0
Hudson Valley Region	703	669	698	2,070	2,294,607	30.1	25.9
New York State	5,823	6,120	6,153	18,096	19,461,584	31.0	26.9

Adjusted rates are age adjusted to the 2000 United States Population.

Source: 2009-2011 Vital Statistics Data as of February, 2013

Exhibit 110

MORTALITY FROM CEREBROVASCULAR DISEASE PER 100,000 POPULATION, BY GENDER, RACE, ETHNICITY, AGE AND ZIP CODE, ORANGE COUNTY AND UPSTATE, NEW YORK, 2008-2011

	2008		2009		2010		2011		Total 2008-2011	
Region	**Number of deaths**	**Rate**	**Number of deaths**	**Rate**	**Number of deaths**	**Rate**	**Number of deaths**	**Rate**	**Total**	**Avg. Rate**
Upstate New York	4,323	38.9	4,319	38.7	4,521	40.4	4,375	39.0	17,538	39.1

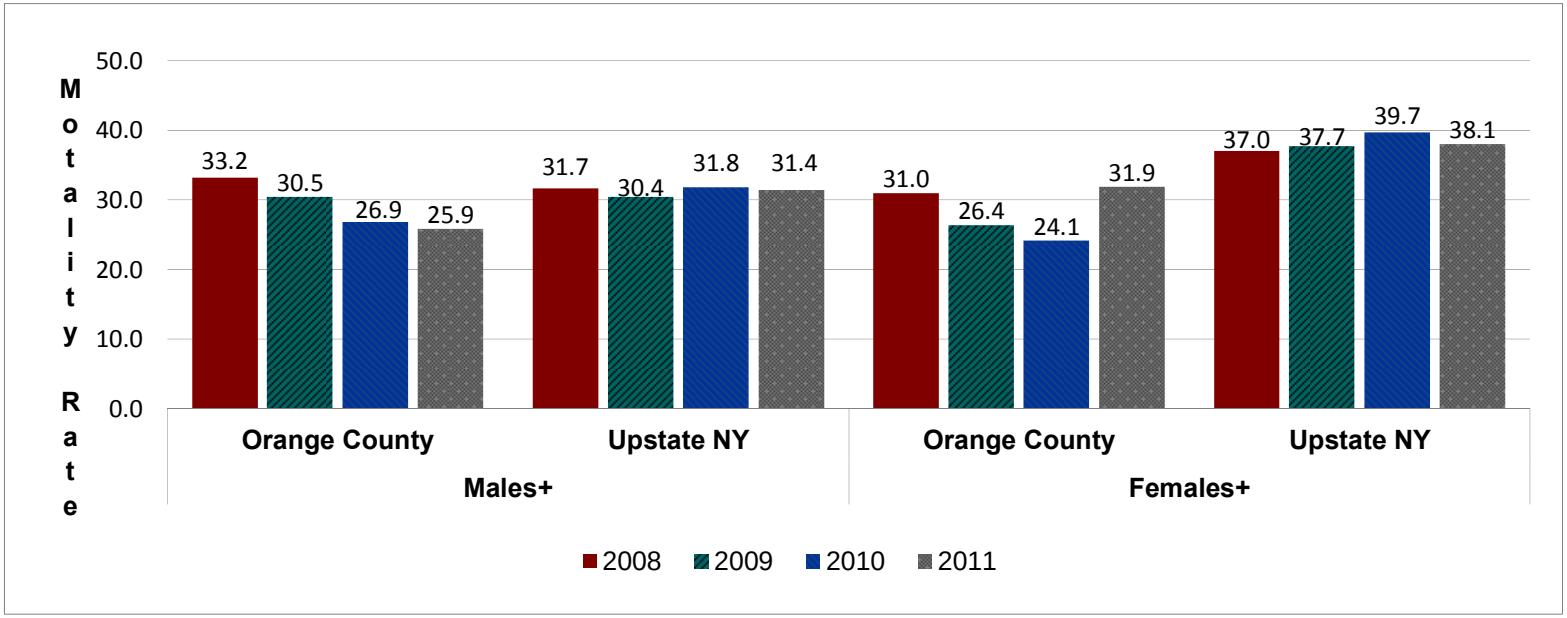
	2008		2009		2010		2011		Total 2008-2011	
Region	**Number of deaths**	**Rate**	**Number of deaths**	**Rate**	**Number of deaths**	**Rate**	**Number of deaths**	**Rate**	**Total**	**Avg. Rate**
Orange County	106	27.9	98	25.6	86	23.1	101	26.9	387	25.3
Age Intervals ^	**Number of deaths**	**Rate**	**Number of deaths**	**Rate**	**Number of deaths**	**Rate**	**Number of deaths**	**Rate**	**Total**	**Avg Rate**
0--9	0		0		0		0		0	
10--19	0		*	s/n	0		0		*	s/n
20-24	0		0		0		0		0	
25-34	0		0		0		*	s/n	*	s/n
35-44	*	s/n	*	s/n	*	s/n	*	s/n	*	s/n
45-54	*	s/n	*	s/n	*	s/n	*	s/n	12	s/n
55-64	7	16.6	7	16.6	*	s/n	*	s/n	24	14.3
65-74	17	75.7	14	62.3	7	31.2	21	93.5	59	65.7
75-84	34	262.6	30	231.8	31	239.5	25	193.2	120	231.8
85+	42	751.6	42	751.7	38	680.0	44	787.4	166	742.7
Gender ^	**Number of deaths**	**Rate**	**Number of deaths**	**Rate**	**Number of deaths**	**Rate**	**Number of deaths**	**Rate**	**Total**	**Avg Rate**
Males	41	33.2	41	30.48	34	26.9	33	25.9	149	29.1
Females	64	31.0	56	26.37	51	24.1	67	31.9	238	28.6
Race/Ethnicity	**Number of deaths**	**Rate**	**Number of deaths**	**Rate**	**Number of deaths**	**Rate**	**Number of deaths**	**Rate**	**Total**	**Avg Rate**
White	96	33.4	87	30.2	73	25.4	89	30.9	345	30.0
Black	8	21.1	8	21.1	11	29.0	7	18.4	34	22.4
Hispanic	*	s/n	9	13.4	*	s/n	7	10.4	22	s/n
Other	*	s/n	*	s/n	*	s/n	*	s/n	8	s/n
Zip Codes	**Number of deaths**	**Rate**	**Number of deaths**	**Rate**	**Number of deaths**	**Rate**	**Number of deaths**	**Rate**	**Total**	**Rate**
10940	16	33.0	10	20.7	13	26.8	13	26.8	52	26.8
10950	*	s/n	6	12.7	9	19.1	8	16.9	27	14.3
12550	11	20.2	15	27.5	13	23.9	14	25.7	53	24.3
12771	8	53.1	7	48.2	*	s/n	6	41.3	22	s/n

*-s/n, Small numbers not reported and not reliable

^ Age-adjusted using direct method

Source: NYS Department of Health, Bureau of Vital Statistics and the U.S. Census 2010
Created by the School of Public Health, University at Albany, 2013

MORTALITY FROM CEREBROVASCULAR DISEASE PER 100,000 POPULATION, BY GENDER, ORANGE COUNTY AND UPSTATE NEW YORK, 2008-2011



+Age adjusted mortality rate

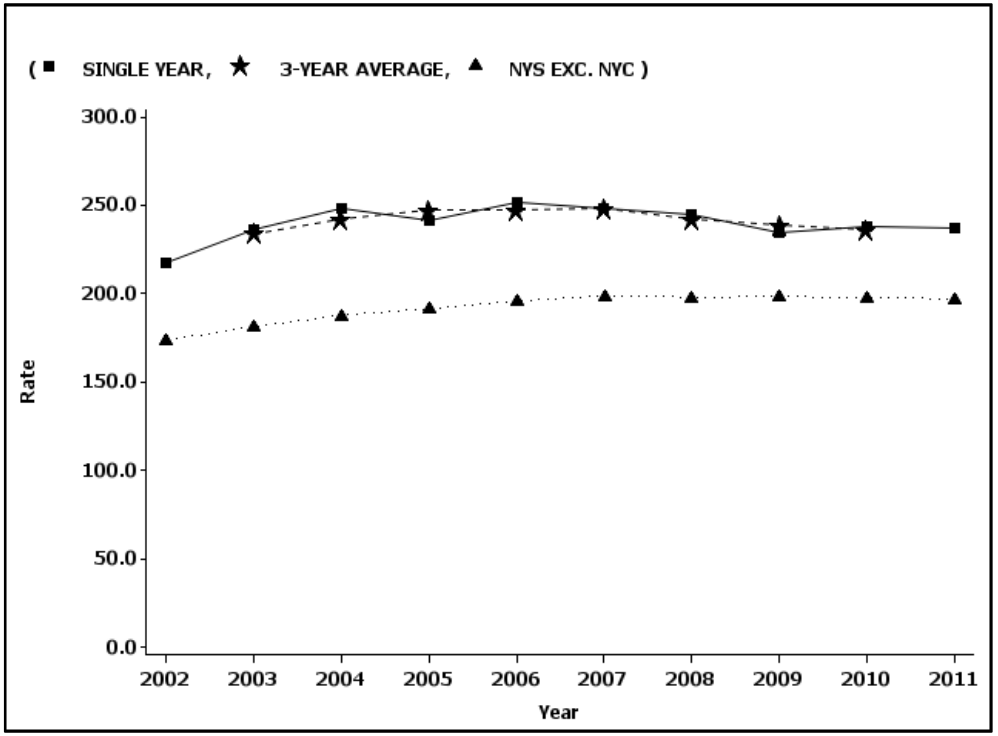
Source: NYS Department of Health, Bureau of Vital Statistics and U.S. Census 2010; Deaths recorded in New Jersey not included in this analysis

Created by the School of Public Health, University at Albany, 2013

Exhibit 112

DIABETES HOSPITALIZATION RATES PER 10,000 (ANY DIAGNOSIS)
ORANGE COUNTY AND NEW YORK STATE, 2009-2011

DIABETES HOSPITALIZATION RATES PER 10,000 (ANY DIAGNOSIS), TEN YEAR TIME TRENDS, 2002-2011



DIABETES HOSPITALIZATION RATES PER 10,000 (ANY DIAGNOSIS)

Year	Single Year	3-Year Average	Upstate New York
2002	217.2		173.9
2003	236.1	234.1	181.3
2004	248.5	242.0	188.0
2005	241.5	247.2	191.6
2006	251.8	247.1	196.1
2007	248.4	248.2	198.8
2008	244.7	242.2	198.2
2009	234.3	238.7	198.4
2010	237.6	236.3	198.1
2011	237.1		197.1

DIABETES HOSPITALIZATION RATES PER 10,000 (ANY DIAGNOSIS)

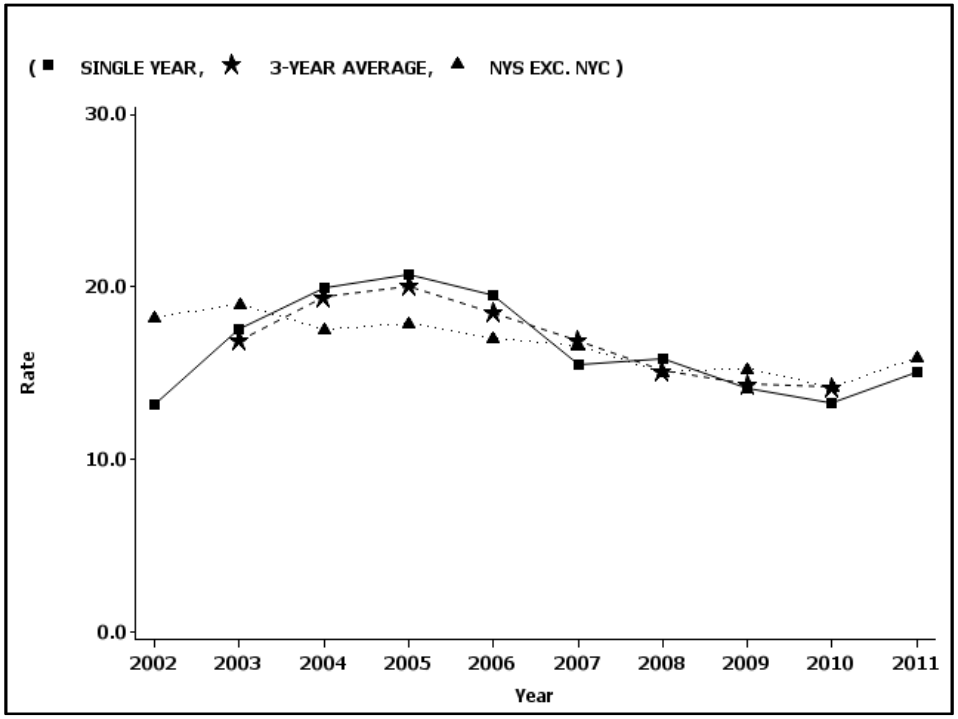
	Discharges				Avg. Population	
Region/County	2009	2010	2011	Total	2009-2011	Rate
Orange	8,358	8,582	8,731	25,671	377,072	226.9
Hudson Valley Region	48,049	48,897	49,884	146,830	2,294,607	213.3
New York State	484,681	490,115	486,855	1,461,651	19,461,584	250.3

Source: 2009-2011 SPARCS Data as of February, 2013

Exhibit 113

DIABETES MORTALITY RATES, ORANGE COUNTY AND NEW YORK STATE, 2009-2011

MORTALITY RATES FROM DIABETES, 2002-2011



DIABETES DEATH RATE PER 100,000 POPULATION

Year	Single Year Orange County	3-Year Average Orange County	Upstate New York
2002	13.2		18.3
2003	17.5	16.9	19.0
2004	19.9	19.4	17.5
2005	20.7	20.1	17.9
2006	19.5	18.5	17.1
2007	15.5	16.9	16.6
2008	15.8	15.1	15.1
2009	14.1	14.4	15.3
2010	13.3	14.2	14.2
2011	15.0		15.9

DIABETES DEATH RATE PER 100,000 POPULATION

	Deaths				Avg. Population	Crude	Adjusted
Region/County	2009	2010	2011	Total	2008-2010	Rate	Rate
Orange	47	44	54	145	377,072	12.8	14.2
Hudson Valley Region	316	302	354	972	2,294,607	14.1	12.4
New York State	3,684	3,606	3,921	11,211	19,461,584	19.2	17.0

Adjusted Rates are Age Adjusted to the 2000 United States Population

Source: 2009-2011 Vital Statistics Data as of February, 2013

DISCHARGE RATES FOR DIABETES PER 10,000 BY GENDER, ORANGE COUNTY, HUDSON VALLEY AND UPSTATE NEW YORK, 2009-2012

	Male		Female	
Region	**Count**	**Rate**	**Count**	**Rate**
Orange County	1,329	17.8	1,315	17.6
Hudson Valley Region	7,761	17.2	8,091	17.3
Upstate New York	39,555	18.0	44,990	19.7

Data includes pregnancy related diabetes discharges

Source: 2009-2012 SPARCS DATA from the Health Commerce System (HCS)

Created by the School of Public Health, University at Albany, 2013

MORTALITY FROM DIABETES PER 100,000 POPULATION BY GENDER, RACE, ETHNICITY AND AGE, ORANGE COUNTY AND UPSTATE NEW YORK, 2008-2011

	2008		2009		2010		2011		Total 2008-2011	
Region	**Number of Deaths**	**Rate**	**Number of Deaths**	**Rate**	**Number of Deaths**	**Rate**	**Number of Deaths**	**Rate**	**Number of Deaths**	**Avg Rate**
Upstate New York Total	1,975	17.8	2,031	18.2	1,933	17.3	2,185	19.5	8,124	18.1

	2008		2009		2010		2011		Total 2008-2011	
Region	**Number of Deaths**	**Rate**	**Number of Deaths**	**Rate**	**Number of Deaths**	**Rate**	**Number of Deaths**	**Rate**	**Number of Deaths**	**Avg Rate**
Orange County Total	51	13.4	47	12.3	44	11.8	54	14.4	196	13.1
Age Intervals ^	**Count**	**Rate**	**Count**	**Rate**	**Count**	**Rate**	**Count**	**Rate**	**Count**	**Avg Rate**
<1	0		0		0		0		0	
1-9	0		0		0		0		0	
10-19	0		0		0		0		0	
20-24	0		0		0		0		0	
25-34	*	s/n	*	s/n	*	s/n	0		*	s/n
35-44	*	s/n	*	s/n	*	s/n	*	s/n	6	s/n
45-54	*	s/n	*	s/n	*	s/n	*	s/n	12	s/n
55-64	*	s/n	*	s/n	*	s/n	10	23.8	20	s/n
65-74	11	49.0	9	40.0	11	49.0	14	62.3	45	50.1
75-84	16	123.6	15	115.9	15	115.9	15	115.9	61	117.8
85+	14	250.5	12	214.7	12	214.8	11	196.8	49	217.4
Gender ^	**Count**	**Rate**	**Count**	**Rate**	**Count**	**Rate**	**Count**	**Rate**	**Count**	**Avg Rate**
Males	26	17.8	24	16.9	26	18.8	29	20.3	105	18.5
Females	25	12.4	23	11.5	18	8.7	25	12.5	91	11.8
Race/Ethnicity	**Count**	**Rate**	**Count**	**Rate**	**Count**	**Rate**	**Count**	**Rate**	**Count**	**Avg Rate**
White	44	15.2	43	14.9	46	12.5	47	12.9	170	14.8
Black	*	s/n	*	s/n	6	s/n	*	s/n	18	s/n
Hispanic	*	s/n	*	s/n	*	s/n	*	s/n	13	s/n
Other	*	s/n	0		*	s/n	*	s/n	8	s/n

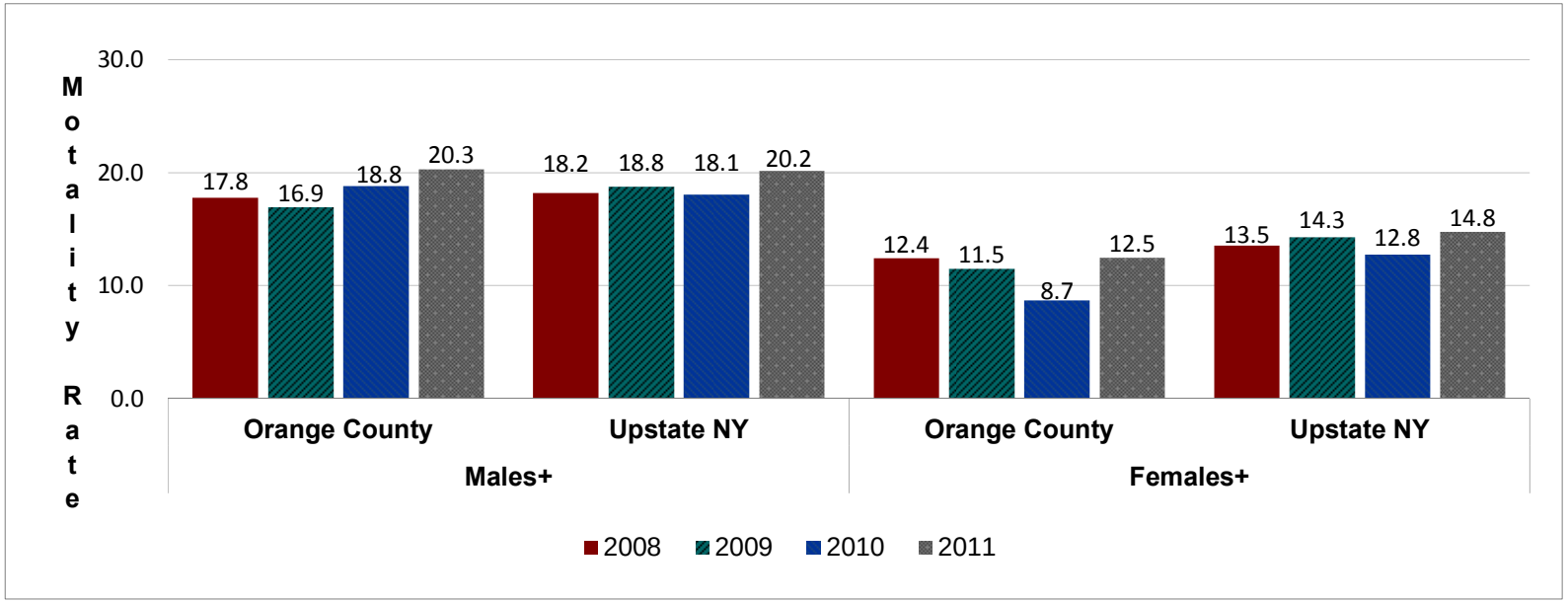
*-s/n, Small numbers not reported and not reliable

^ Age-adjusted using direct method

Source: NYS Department of Health, Bureau of Vital Statistics and the U.S. Census 2010; Deaths reported in New Jersey not included in this analysis

Created by the School of Public Health, University at Albany, 2013

MORTALITY FROM DIABETES PER 100,000 BY GENDER, ORANGE COUNTY AND UPSTATE NEW YORK, 2008-2011



+Age adjusted mortality rate

Source: NYS Department of Health, Bureau of Vital Statistics and U.S. Census 2010; Deaths reported in New Jersey,not included in this analysis

Created by the School of Public Health, University at Albany, 2013

Exhibit 117

DISCHARGE RATES FOR CIRRHOSIS OF THE LIVER PER 10,000 BY GENDER, ORANGE COUNTY, HUDSON VALLEY AND UPSTATE NEW YORK, 2009-2012

	Male		Female	
Region	**Count**	**Rate**	**Count**	**Rate**
Orange County	187	2.5	85	1.1
Hudson Valley Region	1,034	2.3	497	1.1
Upstate New York	5,162	2.3	2,299	1.0

Rates generated with low numerator values should be interpreted with caution

Source: 2009-2012 SPARCS DATA from the Health Commerce System (HCS)

Created by the School of Public Health, University at Albany, 2013

MORTALITY FROM CIRRHOSIS OF THE LIVER PER 100,000 POPULATION BY GENDER, RACE, ETHNICITY AND AGE, ORANGE COUNTY AND UPSTATE NEW YORK, 2008-2011

	2008		2009		2010		2011		Total 2008-2011	
Region	**Number of Deaths**	**Rate**	**Number of Deaths**	**Rate**	**Number of Deaths**	**Rate**	**Number of Deaths**	**Rate**	**Total**	**Avg. Rate**
Upstate New York	853	7.7	804	7.2	924	8.2	980	8.6	3,561	7.9

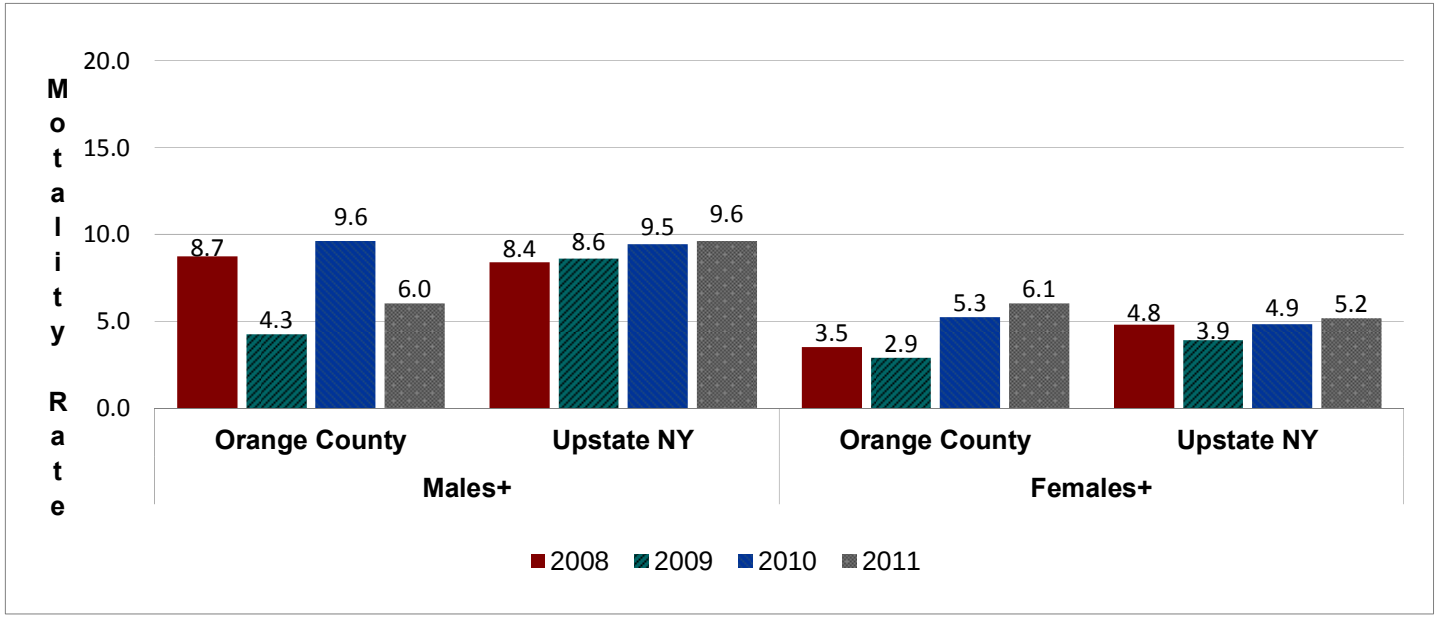
	2008		2009		2010		2011		Total 2008-2011	
Region	**Number of Deaths**	**Rate**	**Number of Deaths**	**Rate**	**Number of Deaths**	**Rate**	**Number of Deaths**	**Rate**	**Total**	**Avg. Rate**
Orange County	21	5.5	13	3.4	28	7.5	24	6.4	86	5.8
Age Intervals ^	**Number of Deaths**	**Rate**	**Number of Deaths**	**Rate**	**Number of Deaths**	**Rate**	**Number of Deaths**	**Rate**	**Total**	**Avg Rate**
0-24	0		0		0		0		0	
25-34	*	s/n	*	s/n	0		0		*	s/n
35-44	0		*	s/n	*	s/n	*	s/n	6	s/n
45-54	*	s/n	*	s/n	6	s/n	6	s/n	18	s/n
55-64	6	s/n	*	s/n	8	s/n	7	s/n	25	s/n
65-74	*	s/n	*	s/n	6	s/n	6	s/n	18	s/n
75-84	*	s/n	*	s/n	*	s/n	*	s/n	12	s/n
85+	*	s/n	0		*	s/n	*	s/n	*	s/n
Gender ^	**Number of Deaths**	**Rate**	**Number of Deaths**	**Rate**	**Number of Deaths**	**Rate**	**Number of Deaths**	**Rate**	**Total**	**Avg Rate**
Males	15	8.7	8	4.3	17	9.6	12	6.0	52	7.7
Females	6	3.5	*	2.9	11	5.3	12	6.1	34	4.7
Race/Ethnicity	**Number of Deaths**	**Rate**	**Number of Deaths**	**Rate**	**Number of Deaths**	**Rate**	**Number of Deaths**	**Rate**	**Total**	**Avg Rate**
White	20	6.9	11	3.8	27	9.4	21	7.3	79	6.8
Black	*	s/n	*	s/n	0		0		*	s/n
Hispanic	0		*	s/n	0		*	s/n	6	s/n
Other	0		*	s/n	*	s/n	*	s/n	*	s/n

*-s/n, Small numbers not reported; data unreliable due to small number of cases.

^ Age-adjusted using direct method

Source: NYS Department of Health, Bureau of Vital Statistics and the U.S. Census 2010. Deaths recorded in New Jersey not included in this analysis.
Created by the School of Public Health, University at Albany, 2013

MORTALITY FROM TOTAL CIRRHOSIS OF THE LIVER PER 100,000 POPULATION, ORANGE COUNTY AND UPSTATE NEW YORK, 2008-2011



+Age adjusted mortality rate

Source: NYS Department of Health, Bureau of Vital Statistics and U.S. Census 2010.

Created by the School of Public Health, University at Albany, 2013

Exhibit 120

CANCER INCIDENCE AND MORTALITY RATES, ORANGE COUNTY AND NEW YORK STATE, 2006-2010

BREAST CANCER ANNUAL INCIDENCE AND MORTALITY RATES BY GENDER

HP 2020 Target for Mortality: 20.6/100,000

Region/County	Incidence		Mortality	
	Females		Females	
	Average Annual Cases	Rate per 100,000 Females	Average Annual Deaths	Rate per 100,000 Females
New York State	14,604.4	127.7	2,678.0	22.1
Orange County	251.0	128.5	49.0	25.0

CERVICAL CANCER ANNUAL INCIDENCE AND MORTALITY RATES BY GENDER

HP 2020 Target for Mortality: 2.2/100,000

Region/County	Incidence		Mortality	
	Females		Females	
	Average Annual Cases	Rate per 100,000 Females	Average Annual Deaths	Rate per 100,000 Females
New York State	893.0	8.4	264.2	2.3
Orange County	15.0	8.0	6.2	3.1

PROSTATE CANCER ANNUAL INCIDENCE AND MORTALITY RATES BY GENDER

HP 2020 Target for Mortality: 21.2/100,000

Region/County	Incidence		Mortality	
	Males		Males	
	Average Annual Cases	Rate per 100,000 Males	Average Annual Deaths	Rate per 100,000 Males
New York State	15,799.8	167.3	1,754.6	21.6
Orange County	270.4	164.2	26.6	21.3

Rates are per 100,000 persons, age-adjusted to the 2000 US standard population, with 95% confidence intervals. Incidence data provisional, November 2012.

Rates based on fewer than 4 cases or deaths per year are unstable and should be used with caution.

Source: New York State Cancer Registry

TRENDS IN CANCER INCIDENCE AND MORTALITY PER 100,000 POPULATION BY GENDER, ORANGE COUNTY AND NEW YORK STATE, 1981-2010

New York State Cancer Incidence Rate by Gender

		1981-1985			1986-1990			1991-1995			1996-2000			2001-2005			2006-2010		
	Site of Cancer	Avg. Deaths	Adj Rate	95% (+/-)	Avg. Deaths	Adj Rate	95% (+/-)	Avg. Deaths	Adj Rate	95% (+/-)	Avg. Deaths	Adj Rate	95% (+/-)	Avg. Deaths	Adj Rate	95% (+/-)	Avg. Cases	Adj Rate	95% CI (+/-)
Cancer Incidence among Males	All Invasive Malignant Tumors	35897	510.3	2.5	37923.2	524	2.4	43463.8	575.2	2.5	46262.6	581.6	2.4	49289.6	577.8	2.3	52662.2	585.4	2.2
Cancer Incidence among Females	All Invasive Malignant Tumors	37669	381.8	1.8	40075.4	396.5	1.8	43374.4	419.4	1.8	46849.8	437.8	1.8	48590.8	432.6	1.7	51244.4	449.2	1.7

New York State Cancer Mortality Rate by Gender

		1981-1985			1986-1990			1991-1995			1996-2000			2001-2005			2006-2010		
	Site of Cancer	Avg. Deaths	Adj Rate	95% CI (+/-)	Avg. Deaths	Adj Rate	95% CI (+/-)	Avg. Deaths	Adj Rate	95% CI (+/-)	Avg. Deaths	Adj Rate	95% CI (+/-)	Avg. Deaths	Adj Rate	95% CI (+/-)	Avg. Cases	Adj Rate	95% CI (+/-)
Cancer Mortality among Males	All Invasive Malignant Tumors	19184	280.9	1.9	19326.8	277	1.8	19246.8	268.3	1.7	18445.8	234.2	1.6	17725.6	217.6	1.5	17388.4	198.1	1.3
Cancer Mortality among Females	All Invasive Malignant Tumors	18322	181.6	1.2	18880	181.7	1.2	19324.6	180.7	1.2	18908.6	169.9	1.1	18360.6	156.2	1	17644	143.9	1.0

Orange County Cancer Incidence Rate by Gender

		1981-1985			1986-1990			1991-1995			1996-2000			2001-2005			2006-2010		
	Site of Cancer	Avg. Deaths	Adj Rate	95% (+/-)	Avg. Deaths	Adj Rate	95% (+/-)	Avg. Deaths	Adj Rate	95% (+/-)	Avg. Deaths	Adj Rate	95% (+/-)	Avg. Deaths	Adj Rate	95% (+/-)	Avg. Cases	Adj Rate	95% CI (+/-)
Cancer Incidence among Males	All Invasive Malignant Tumors	506.8	518.1	21.2	527.6	512.4	20.5	669	599.8	21.1	747.6	602.5	19.9	843	599.8	18.7	931.4	593.6	17.6
Cancer Incidence among Females	All Invasive Malignant Tumors	494.2	379.2	15.2	547.4	391	14.8	673.8	446.3	15.2	764.4	471.4	15	839.4	470.5	14.3	901.2	475.8	14.0

Orange County Cancer Mortality Rate by Gender

		1981-1985			1986-1990			1991-1995			1996-2000			2001-2005			2006-2010		
	Site of Cancer	Avg. Deaths	Adj Rate	95% CI (+/-)	Avg. Deaths	Adj Rate	95% CI (+/-)	Avg. Deaths	Adj Rate	95% CI (+/-)	Avg. Deaths	Adj Rate	95% CI (+/-)	Avg. Deaths	Adj Rate	95% CI (+/-)	Avg. Cases	Adj Rate	95% CI (+/-)
Cancer Mortality among Males	All Invasive Malignant Tumors	289.2	208.6	16.8	299.6	304.6	16.2	317.4	304.2	15.6	295.4	257.4	13.5	299	234.2	12.3	297.2	204.5	10.8
Cancer Mortality among Females	All Invasive Malignant Tumors	262.4	199.4	10.9	280.6	198.7	10.5	297.4	195.5	10	311.2	188.6	9.4	321.8	178.5	8.8	315	161.9	8.1

Rates are age-adjusted to the 2000 US standard population, with 95% confidence intervals.

For incidence measured over time, the National Cancer Institute procedure is used, omitting most newly-reportable cancers as well as the tumors that are no longer classified as malignant, for consistency purposes

Exhibit 122

CANCER INCIDENCE (AGE-ADJUSTED) RATES BY SITE AND GENDER PER 100,000, ORANGE COUNTY AND NEW YORK STATE, 2006-2010

Cancer Site	Orange County Incidence Rate		New York State Incidence Rate		≥ 30% above NYS Rate		20-29% above NYS Rate		Within 20% below & above NYS Rate		≥ 20% below NYS Rate	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
All invasive malignant tumors	593.6	475.8	585.4	449.2					x	x		
Oral cavity and pharynx (oropharyngeal)	17.3	5.1	15.6	6.3					x	x		
Colorectal cancer	54.7	43.6	53.3	40.9					x	x		
Liver/intrahepatic bile duct cancer	13.2	2.8	12.8	4.0					x			x
Pancreatic cancer	13.1	13.9	15.4	12.0					x	x		
Lung and broncus cancer	77.6	66.5	76.3	56.0					x	x		
Melanoma of the skin	22.6	12.8	21.9	13.7					x	x		
Female breast cancer		128.5		127.7						x		
Prostate cancer	164.2		167.3						x			
Uterine cancer		29.5		29.8						x		
Ovarian cancer		14.7		13.1						x		
Urinary bladder cancer	46.5	14.0	42.1	10.6					x	x		
Kidney and renal pelvis cancer	25.6	11.2	22.5	10.8					x	x		
Brain and other nervous system cancer	8.2	6.2	7.9	5.6					x	x		
Thyroid cancer	10.5	32.0	8.1	23.6		x	x					
Non-Hodgkin lymphomas	26.0	17.6	26.3	18.1					x	x		
Leukemias	19.9	10.9	18.7	11.0					x	x		

Source: New York State Cancer Registry, 1976-2010
http://www.health.ny.gov/statistics/cancer/registry/

DISCHARGE RATES FOR MALIGNANT NEOPLASMS PER 10,000 BY GENDER, ORANGE COUNTY, HUDSON VALLEY AND UPSTATE NEW YORK, 2009-2012

	Male		Female	
Region	**Count**	**Rate**	**Count**	**Rate**
Orange County	1,473	21.8	1,629	19.8
Hudson Valley Region	10,788	24.0	10,694	22.9
Upstate New York	59,079	26.9	60,066	26.3

Source: 2009-2012 SPARCS DATA from the Health Information Network (HIN)

Created by the School of Public Health, University at Albany, 2013

MORTALITY FROM MALIGNANT NEOPLASMS BY GENDER, RACE, ETHNICITY, AGE AND ZIP CODE, ORANGE COUNTY AND UPSTATE NEW YORK, 2008-2011

	2008		2009		2010		2011		Total 2008-2011	
Region	**Number**	**Rate**	**Count**	**Rate**	**Count**	**Rate**	**Count**	**Rate**	**Count**	**Avg. Rate**
Upstate New York Total	22,863	205.5	22,543	202.2	22,684	202.5	22,556	201.0	90,646	202.3

	2008		2009		2010		2011		Total 2008-2011	
Region	**Number**	**Rate**	**Count**	**Rate**	**Count**	**Rate**	**Count**	**Rate**	**Count**	**Avg. Rate**
Orange County Total	615	162.5	630	166.1	590	158.3	637	170.9	2,472	165.8
Age Intervals ^	**Count**	**Rate**	**Count**	**Rate**	**Count**	**Rate**	**Count**	**Rate**	**Count**	**Avg Rate**
<1	*	s/n	0		0		0		*	s/n
1--9	*	s/n	*	s/n	0		*	s/n	*	s/n
10--19	*	s/n	0		*	s/n	*	s/n	6	s/n
20-24	*	s/n	*	s/n	*	s/n	*	s/n	9	s/n
25-34	*	s/n	*	s/n	6	s/n	*	s/n	20	s/n
35-44	13	24.8	15	28.7	12	22.9	18	34.4	58	27.7
45-54	58	99.8	59	101.5	56	96.4	41	70.5	214	92.1
55-64	117	278.3	119	283.0	124	294.9	129	306.8	489	290.7
65-74	152	676.9	165	734.8	148	659.1	172	766.0	637	709.2
75-84	172	1,328.9	155	1,197.5	137	1,058.5	165	1,274.8	629	1,211.1
85+	92	1,646.4	109	1,950.6	102	1,825.3	103	1,843.2	406	1,816.4
Gender ^	**Count**	**Rate**	**Count**	**Rate**	**Count**	**Rate**	**Count**	**Rate**	**Count**	**Avg Rate**
Males	313	204.5	301	200.9	285	188.3	320	216.2	1,219	202.5
Females	317	151.3	305	162.7	329	152.6	302	160.0	1,253	156.6
Race/Ethnicity	**Count**	**Rate**	**Count**	**Rate**	**Count**	**Rate**	**Count**	**Rate**	**Count**	**Avg Rate**
White	564	193.4	555	188.9	524	177.6	574	196.9	2,217	189.2
Black	39	153.0	44	184.7	47	178.8	49	202.8	179	179.8
Hispanic	30	102.7	31	107.5	32	108.8	35	123.2	128	109.8
Other	12	s/n	31	184.1	19	s/n	14	s/n	76	113.3
Zip Codes	**Count**	**Rate**	**Count**	**Rate**	**Count**	**Rate**	**Count**	**Rate**	**Count**	**Rate**
10940	94	194.1	87	179.7	65	134.2	89	183.8	89	183.8
10950	52	110.1	54	114.3	46	97.4	48	101.6	48	101.6
12550	80	146.9	88	161.6	88	161.6	96	176.3	96	176.3
12771	27	186.1	30	206.7	40	275.7	43	296.3	43	296.3

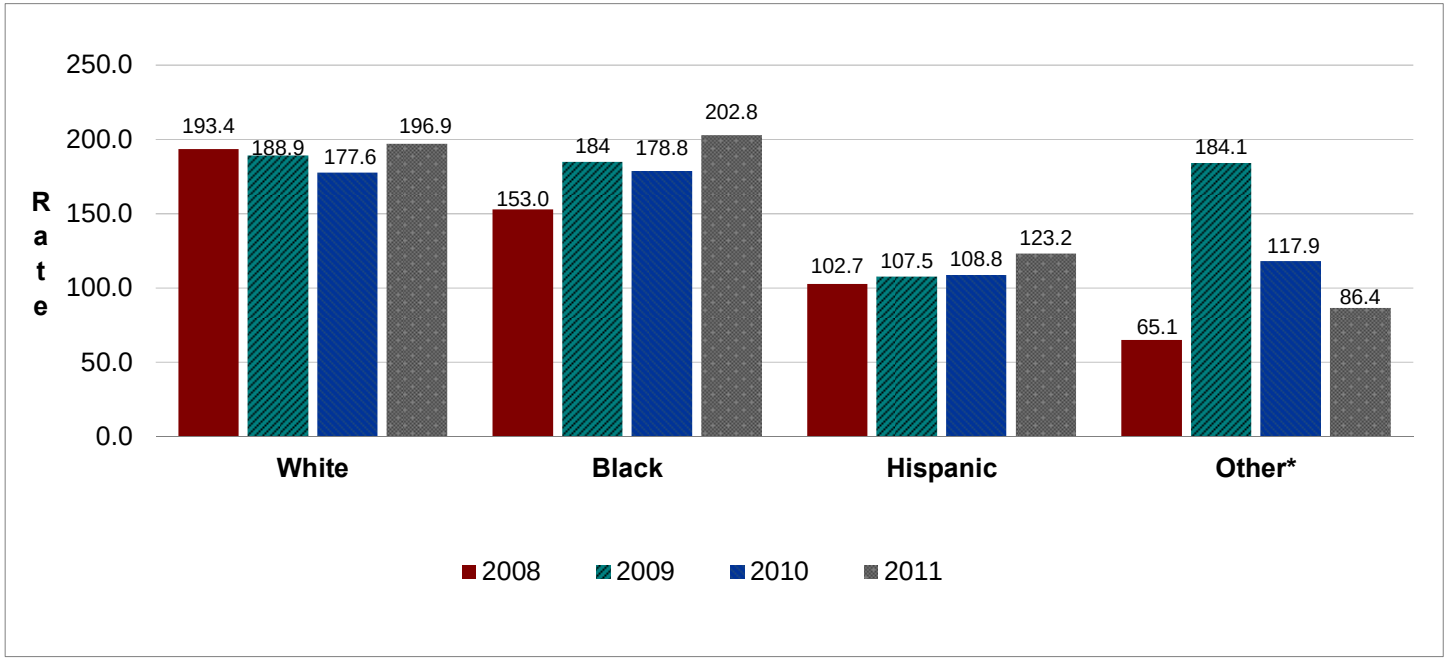
*-s/n, Small numbers not reported and not reliable

^ Age-adjusted using direct method

Source: NYS Department of Health, Bureau of Vital Statistics and the U.S. Census 2010; Deaths recorded in New Jersey not included in this analysis

Created by the School of Public Health, University at Albany, 2013

MORTALITY FROM MALIGNANT NEOPLASMS PER 100,000 POPULATION BY RACE AND ETHNICITY, ORANGE COUNTY, 2008-2011



Age-adjusted rates

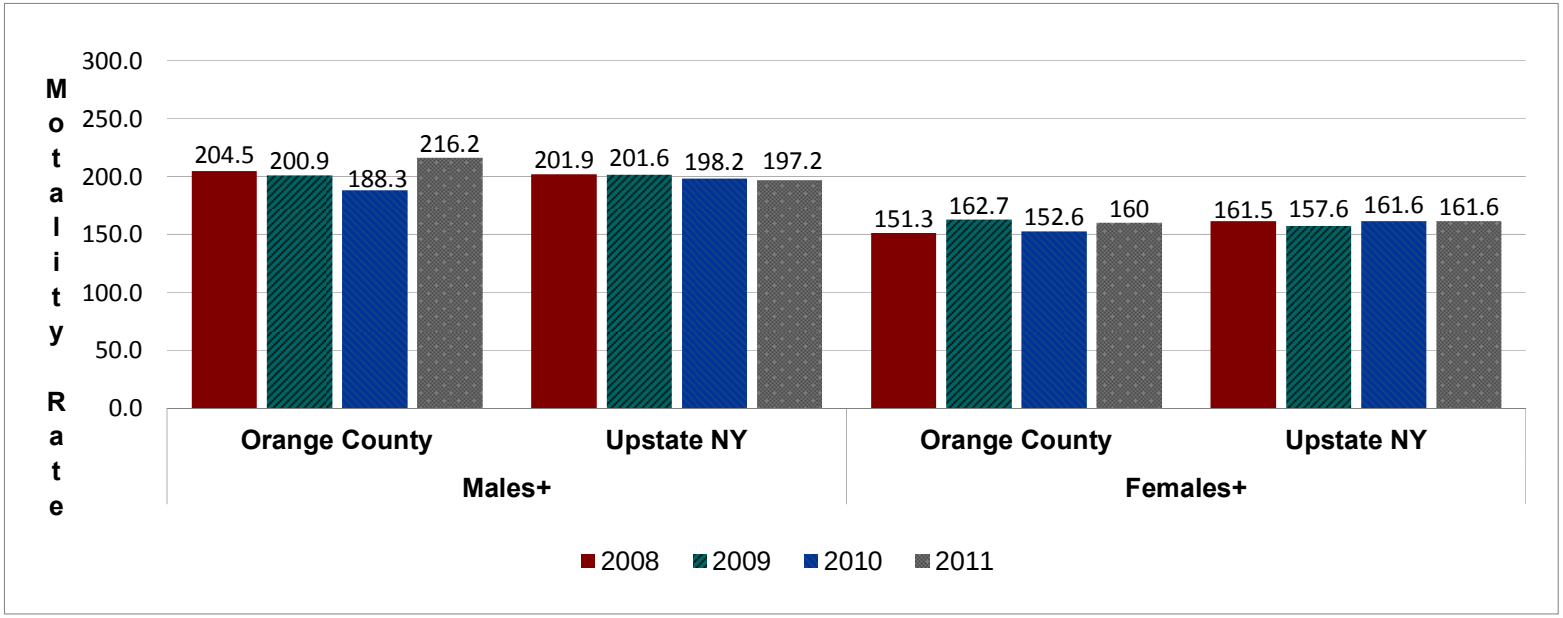
*s/n for other race may not be reliable

Source: NYS Department of Health, Bureau of Vital Statistics and U.S. Census 2010; Deaths recorded in New Jersey not included in this analysis.

Created by the School of Public Health, University at Albany, 2013

Exhibit 126

MORTALITY FROM MALIGNANT NEOPLASMS PER 100,000 POPULATION, BY GENDER, ORANGE COUNTY AND UPSTATE NEW YORK, 2008-2011



+Age adjusted mortality rate

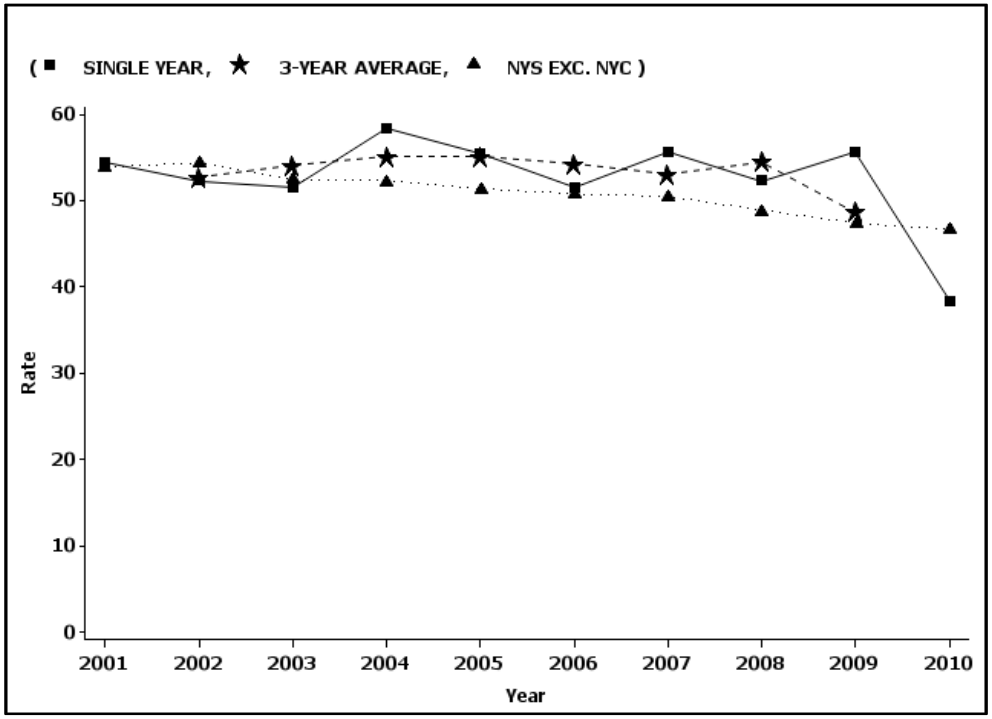
Source: NYS Department of Health, Bureau of Vital Statistics and U.S. Census 2010; Deaths recorded in New Jersey, not included in this analysis.

Created by the School of Public Health, University at Albany, 2013

Exhibit 127

LUNG AND BRONCHUS CANCER MORTALITY RATES, ORANGE COUNTY AND NEW YORK STATE, 2001-2010

MORTALITY RATES FROM LUNG AND BRONCHUS CANCER, 2001-2010



LUNG AND BRONCHUS CANCER DEATH RATE PER 100,000 POPULATION

Year	Single Year Orange County	3-Year Average Orange County	Upstate New York
2001	54.5		53.9
2002	52.3	52.7	54.4
2003	51.5	54.1	52.5
2004	58.3	55.1	52.3
2005	55.5	55.1	51.4
2006	51.5	54.2	50.8
2007	55.7	53.1	50.5
2008	52.3	54.5	48.9
2009	55.6	48.7	47.4
2010	38.4		46.7

LUNG AND BRONCHUS CANCER DEATH RATE PER 100,000 POPULATION

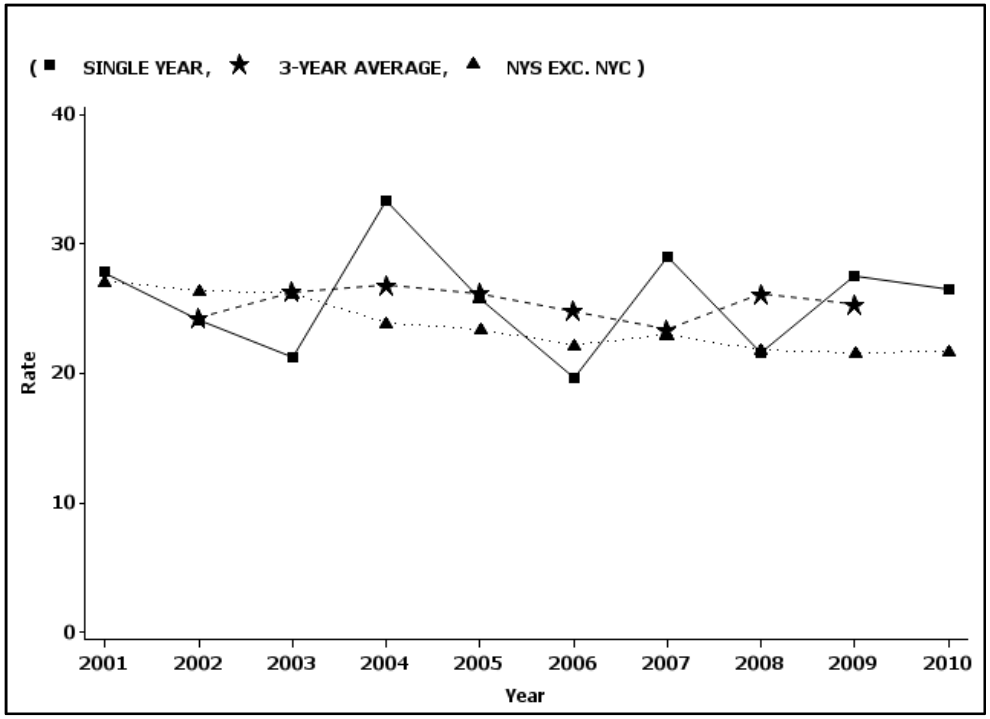
	Deaths				Avg Population	Crude	Adjusted
Region/County	2008	2009	2010	Total	2008-2010	Rate	Rate
Orange	175	189	139	503	371,944	45.1	48.7
Hudson Valley Region	1,065	1,034	1,037	3,136	2,281,773	45.8	41.1
New York State	9,178	8,919	9,041	27,138	19,304,903	46.9	42.3

Adjusted Rates are Age Adjusted to the 2000 United States Population

Source: 2008-2010 Cancer Registry Data as of June, 2013

FEMALE BREAST CANCER MORTALITY RATES, ORANGE COUNTY AND NEW YORK STATE, 2001-2010

MORTALITY RATES FROM FEMALE BREAST CANCER, TEN YEAR TIME TRENDS, 2001-2010



FEMALE BREAST CANCER DEATH RATE PER 100,000 POPULATION

Year	Single Year Orange County	3-Year Average Orange County	Upstate New York
2001	27.8		27.1
2002	24.1	24.3	26.4
2003	21.2	26.3	26.2
2004	33.3	26.8	23.9
2005	25.8	26.2	23.4
2006	19.6	24.8	22.2
2007	29.0	23.4	23.0
2008	21.6	26.1	21.8
2009	27.5	25.3	21.6
2010	26.5		21.7

FEMALE BREAST CANCER DEATH RATE PER 100,000 POPULATION

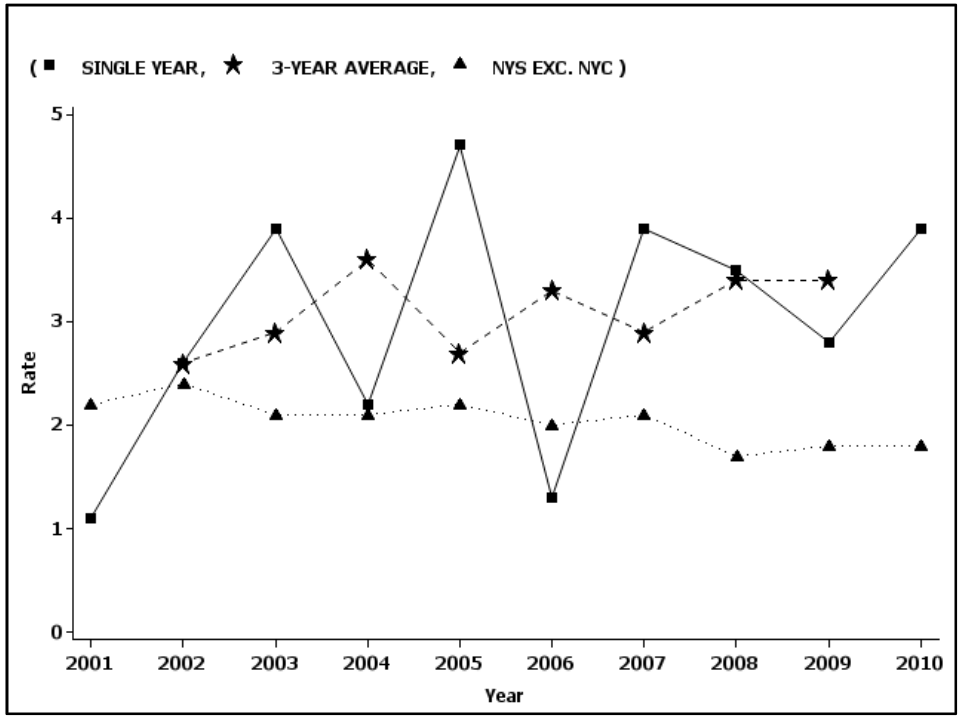
	Deaths				Avg Population	Crude	Adjusted
Region/County	2008	2009	2010	Total	2008-2010	Rate	Rate
Orange	42	58	53	153	185,990	27.4	25.3
Hudson Valley Region	322	344	295	961	1,162,092	27.6	22.0
New York State	2,639	2,654	2,666	7,959	9,964,428	26.6	21.6

Adjusted Rates are Age Adjusted to the 2000 United States Population

Source: 2008-2010 Cancer Registry Data as of June, 2013

UTERINE CERVICAL CANCER MORTALITY RATES, ORANGE COUNTY AND NEW YORK STATE, 2001-2010

MORTALITY RATES FROM UTERINE CERVICAL CANCER, TEN YEAR TIME TRENDS, 2001-2010



UTERINE CERVICAL CANCER DEATH RATE PER 100,000 POPULATION

Year	Single Year Orange County	3-Year Average Orange County	Upstate New York
2001	1.1		2.2
2002	2.6	2.6	2.4
2003	3.9	2.9	2.1
2004	2.2	3.6	2.1
2005	4.7	2.7	2.2
2006	1.3	3.3	2.0
2007	3.9	2.9	2.1
2008	3.5	3.4	1.7
2009	2.8	3.4	1.8
2010	3.9		1.8

UTERINE CERVICAL CANCER DEATH RATE PER 100,000 POPULATION

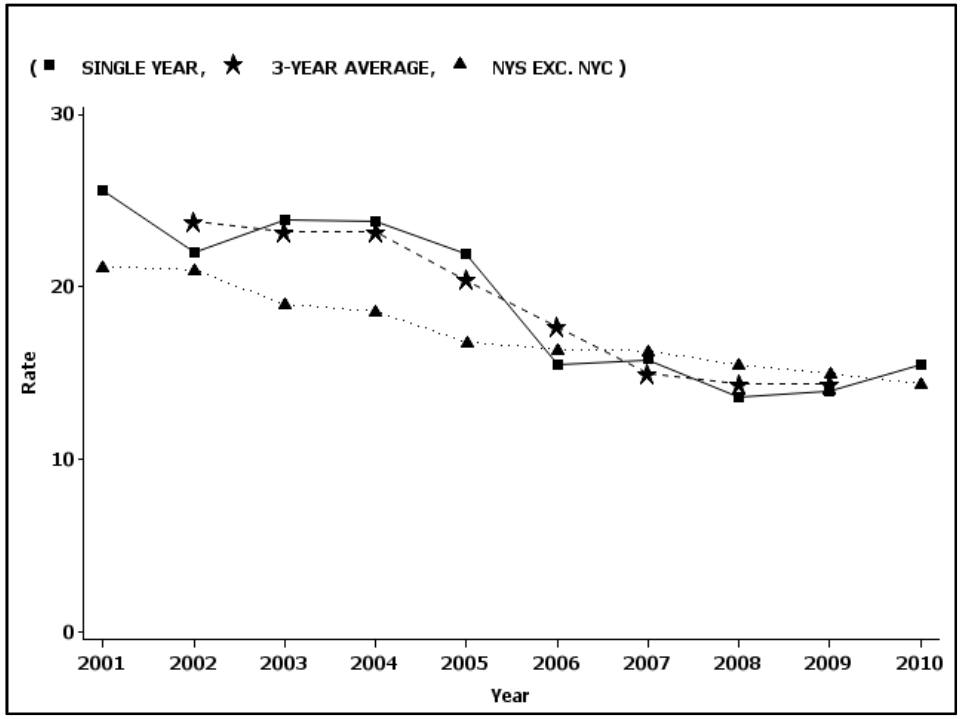
	Deaths				Avg Population	Crude	Adjusted
Region/County	2008	2009	2010	Total	2008-2010	Rate	Rate
Orange	6	6	8	20	185,990	3.6	3.4
Hudson Valley Region	28	31	32	91	1,162,092	2.6	2.3
New York State	250	252	249	751	9,964,428	2.5	2.1

Adjusted Rates are Age Adjusted to the 2000 United States Population

Source: 2008-2010 Cancer Registry Data as of June, 2013

COLORECTAL CANCER MORTALITY RATES, ORANGE COUNTY AND NEW YORK STATE, 2001-2010

MORTALITY RATES FROM COLORECTAL CANCER, TEN YEAR TIME TRENDS, 2001-2010



COLORECTAL CANCER DEATH RATE PER 100,000 POPULATION

Year	Single Year Orange County	3-Year Average Orange County	Upstate New York
2001	25.6		21.2
2002	22.0	23.8	21.0
2003	23.9	23.2	19.0
2004	23.8	23.2	18.6
2005	21.9	20.4	16.8
2006	15.5	17.7	16.4
2007	15.8	15.0	16.3
2008	13.6	14.4	15.5
2009	14.0	14.4	15.0
2010	15.5		14.4

COLORECTAL CANCER DEATH RATE PER 100,000 POPULATION

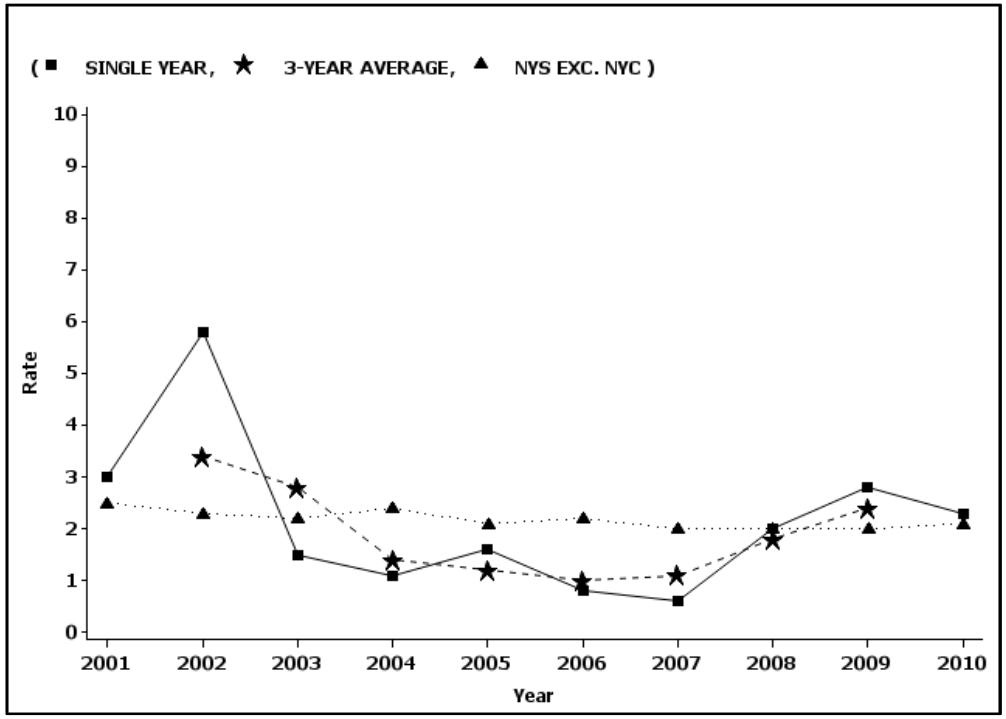
	Deaths				Avg Population	Crude	Adjusted
Region/County	2008	2009	2010	Total	2008-2010	Rate	Rate
Orange	46	47	56	149	371,944	13.4	14.4
Hudson Valley Region	365	366	375	1,106	2,281,773	16.2	14.3
New York State	3,398	3,318	3,277	9,993	19,304,903	17.3	15.4

Adjusted Rates are Age Adjusted to the 2000 United States Population

Source: 2008-2010 Cancer Registry Data as of June, 2013

OROPHARYNGEAL CANCER MORTALITY RATES, ORANGE COUNTY AND NEW YORK STATE, 2001-2010

MORTALITY RATES FROM OROPHARYNGEAL CANCER, TEN YEAR TIME TRENDS, 2001-2010



LIP, ORAL CAVITY AND PHARYNX DEATH RATES PER 100,000 POPULATION

Year	Single Year Orange County	3-Year Average Orange County	Upstate New York
2001	3.0		2.5
2002	5.8	3.4	2.3
2003	1.5	2.8	2.2
2004	1.1	1.4	2.4
2005	1.6	1.2	2.1
2006	0.8	1.0	2.2
2007	0.6	1.1	2.0
2008	2.0	1.8	2.0
2009	2.8	2.4	2.0
2010	2.3		2.1

OROPHARYNGEAL CANCER DEATH RATES PER 100,000 POPULATION

	Deaths				Avg Population	Crude	Adjusted
Region/County	2008	2009	2010	Total	2008-2010	Rate	Rate
Orange	8	9	8	25	371,944	2.2	2.4
Hudson Valley Region	46	54	44	144	2,281,773	2.1	1.8
New York State	448	469	488	1,405	19,304,903	2.4	2.1

Adjusted Rates are Age Adjusted to the 2000 United States Population

Source: 2008-2010 Cancer Registry Data as of June, 2013

MORTALITY FROM ALL CAUSES PER 100,000 POPULATION BY GENDER, ETHNICITY, RACE, AGE AND ZIP CODE, ORANGE COUNTY AND UPSTATE NEW YORK, 2008-2011

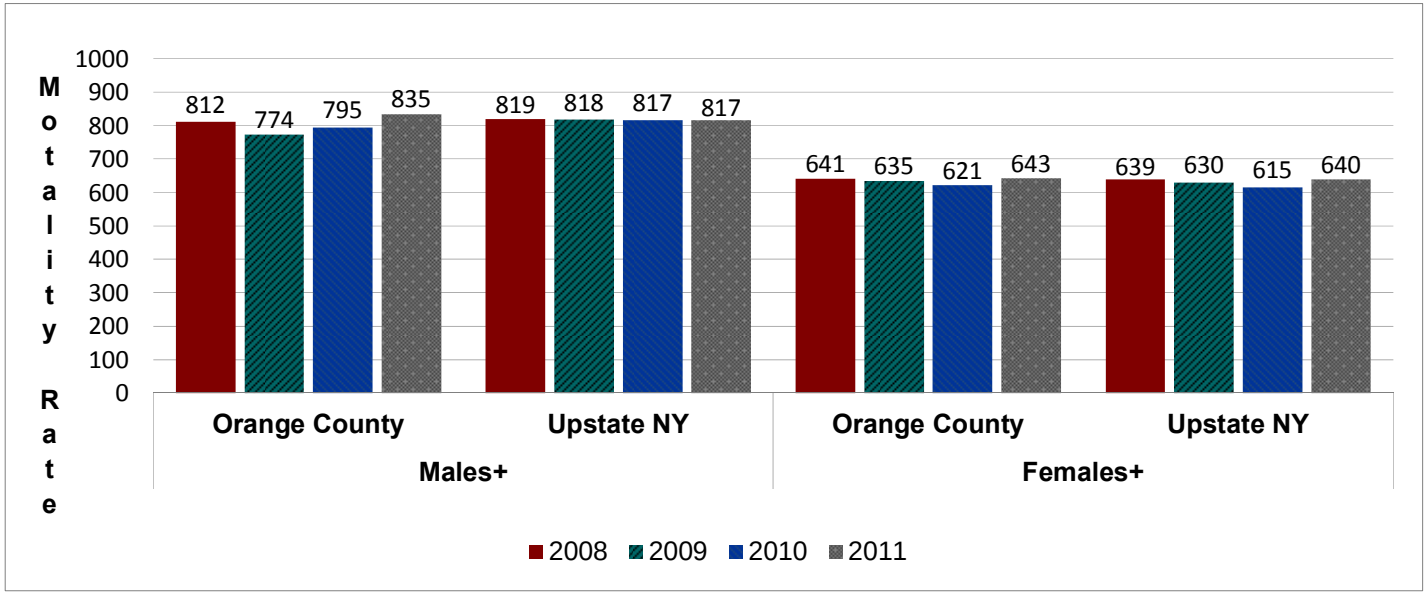
	2008		2009		2010		2011	
Region	**Number of Deaths**	**Rate**	**Number of Deaths**	**Rate**	**Number of Deaths**	**Rate**	**Number of Deaths**	**Rate**
Upstate New York Total	94,468	843.2	93,424	833.9	94,061	839.6	95,761	853.5

Region	**2008**		**2009**		**2010**		**2011**	
Region	**Number of Deaths**	**Rate**	**Number of Deaths**	**Rate**	**Number of Deaths**	**Rate**	**Number of Deaths**	**Rate**
Orange County Total	2,481	665.5	2,419	648.9	2,427	651.0	2,508	669.0
Age Intervals*	**Number of Deaths**	**Rate**	**Number of Deaths**	**Rate**	**Number of Deaths**	**Rate**	**Number of Deaths**	**Rate**
<1	24	421.8	24	421.8	40	703.0	32	562.4
1--9	8	16.4	5	10.3	6	12.3	15	30.8
10-19	22	27.6	14	23.9	21	35.9	14	23.9
20-24	17	68.8	21	84.9	20	80.9	21	84.9
25-34	39	93.6	32	76.8	40	96.0	34	81.6
35-44	71	135.7	62	118.5	58	110.8	67	128.0
45-54	176	302.9	188	323.5	178	306.3	168	289.1
55-64	315	744.2	316	751.5	324	770.6	313	744.4
65-74	391	1,741.3	419	1,866.0	392	1,745.8	433	1,928.4
75-84	683	5,277.0	594	4,589.4	566	4,373.0	631	4,875.2
85+	735	13,153.2	744	13,314.2	782	13,994.3	780	13,958.6
Gender*	**Number of Deaths**	**Rate**	**Number of Deaths**	**Rate**	**Number of Deaths**	**Rate**	**Number of Deaths**	**Rate**
Males	1,175	812.1	1,124	774.4	1,149	795.1	1,194	834.9
Females	1,306	639.0	1,295	629.7	1,278	615.2	1,314	640.5
Race/Ethnicity	**Number of Deaths**	**Rate**	**Number of Deaths**	**Rate**	**Number of Deaths**	**Rate**	**Number of Deaths**	**Rate**
White	2,236	776.9	2,152	747.7	2,152	747.7	2,244	779.8
Black	176	463.8	179	471.7	204	537.6	186	490.2
Hispanic	137	203.9	128	190.5	141	209.9	163	242.6
Other	69	146.6	88	187.0	71	150.9	78	165.7
Zip Codes	**Number of Deaths**	**Rate**	**Number of Deaths**	**Rate**	**Number of Deaths**	**Rate**	**Number of Deaths**	**Rate**
10940	394	813.7	356	735.3	323	667.1	364	751.8
10950	143	302.8	169	357.9	178	376.9	162	343.0
12550	385	707.1	365	670.4	382	701.6	368	675.9
12771	123	847.6	125	861.4	146	1,006.1	147	1,013.0

*Age adjusted rate per 100,000 population

Source: NYS Department of Health, Bureau of Vital Statistics and the U.S. Census 2010. Deaths reported in New Jersey not included in this analysis.
Created by the School of Public Health, University at Albany, 2013

MORTALITY FROM ALL CAUSES BY GENDER PER 100,000 ORANGE COUNTY AND UPSTATE NEW YORK, 2008-2011



+Age adjusted mortality rate

Source: NYS Department of Health, Bureau of Vital Statistics; Data does not include deaths recorded in New Jersey

Created by the School of Public Health, University at Albany, 2013

Exhibit 134

TOP TEN CAUSES OF DEATH, ORANGE COUNTY AND NEW YORK STATE, 2011

ORANGE COUNTY

Disease	Rank	Number of Deaths	Percent of Total Deaths (all causes) n= 2,537
Malignant Neoplasms	1	641	25.4
Diseases of the Heart	2	630	24.9
CRLD	3	145	5.7
Total Accidents	4	126	5.0
Cerebrovascular Disease	5	101	4.0
Pneumonia	6	75	3.0
Diabetes Mellitus	7	54	2.1
Suicide	8	34	1.3
Cirrhosis of the Liver	9	24	0.9
Homicide and Legal Intervention	10	7	0.3
Total Deaths		2,527	71.5

NEW YORK STATE

Disease	Rank	Number of Deaths	Percent of Total Deaths (all causes) n= 147,105
Diseases of the Heart	1	43,963	29.9
Malignant Neoplasms	2	35,032	23.8
CLRD	3	6,902	4.7
Cerebrovascular Disease	4	6,153	4.2
Total Accidents	5	5,249	3.6
Pneumonia	6	4,808	3.3
Diabetes Mellitus	7	3,921	2.7
Suicide	8	1,625	1.1
Cirrhosis of the Liver	9	1,488	1.0
AIDS	10	900	0.6
Total Deaths		147,105	74.9

Source: NYSDOH Vital Statistics Report as of December, 2012
http://www.health.ny.gov/statistics/vital_statistics/2011/table38.htm

NUMBER OF DEATHS FROM LEADING CAUSES, RANKED WITHIN AGE GROUPS BY GENDER, ORANGE COUNTY, 2008-2011

		Number of Deaths		
Age	**Cause of Death**	**Male**	**Female**	**Total**
Total	**All Causes**	**4,642**	**5,192**	**9,835**
	Diseases of the Heart	1,200	1,427	2,627
	Malignant Neoplasms	1,219	1,253	2,472
	CLRD	245	326	571
	Total Accidents	248	161	409
	Cerebrovascular Disease	149	238	387
	Pneumonia	139	160	299
	Septicimia	111	159	270
	Dementia	69	180	249
	Nephritis	97	109	206
	Diabetes	105	90	195
	Alzheimer's	38	142	180
	Suicide	91	28	119
	Cirrhosis of the Liver	51	33	84
	Other	880	886	2766
<10	**All Causes**	**89**	**64**	**153**
	Condition Perinatal Period	41	23	64
	Congenital Anomalies	15	15	30
	Total Accidents	*	9	13
	SIDS	6	*	8
	Malignant Neoplasms	*	*	*
	Other	21	13	34
10-19	**All Causes**	**46**	**25**	**71**
	Total Accidents	17	9	26
	Homicide and Legal Intervention	8	0	8
	Malignant Neoplasms	*	*	6
	Diseases of the Heart	*	*	*
	Other	14	13	27
20-24	**All Causes**	**55**	**24**	**79**
	Total Accidents	22	11	33
	Suicide	9	0	9
	Malignant Neoplasms	9	0	9
	Other	15	13	28
25-34	**All Causes**	**96**	**49**	**145**
	Total Accidents	42	14	56
	Malignant Neoplasms	7	13	20
	Suicide	9	*	11
	Diseases of the Heart	7	*	8
	Homicide and Legal Intervention	8	0	8
	Diabetes	*	*	*
	Other	21	18	39

NUMBER OF DEATHS FROM LEADING CAUSES, RANKED WITHIN AGE GROUPS BY GENDER, ORANGE COUNTY, 2008-2011

		Number of Deaths		
Age	**Cause of Death**	**Male**	**Female**	**Total**
35-44	**All Causes**	**152**	**106**	**258**
	Malignant Neoplasms	19	39	58
	Total Accidents	36	13	49
	Diseases of the Heart	28	10	38
	Suicide	13	6	19
	Homicide and Legal Intervention	7	0	7
	Cirrhosis of the Liver	*	*	6
	Diabetes	*	*	6
	AIDS	*	*	*
	CLRD	*	*	*
	Other	41	26	67
45-54	**All Causes**	**393**	**317**	**710**
	Malignant Neoplasms	95	119	214
	Diseases of the Heart	83	40	123
	Total Accidents	39	27	66
	Substance abuse	22	8	30
	Suicide	17	11	28
	Septicemia	12	8	20
	Cirrhosis of the liver	11	7	18
	AIDS	10	*	13
	Cerebrovascular	*	9	12
	Diabetes	8	*	11
	CLRD	6	*	9
	Pneumonia	*	*	8
	Nephritis, etc.	*	*	6
	Other	83	69	152
55-64	**All Causes**	**728**	**540**	**1268**
	Malignant Neoplasms	262	227	489
	Diseases of the Heart	177	94	271
	CLRD	21	25	46
	Total Accidents	27	16	43
	Septicimia	21	16	37
	Homicide and Legal Intervention	20	5	25
	Cirrhosis of the liver	19	6	25
	Cerebrovascular Disease	8	26	24
	Nephritis	14	10	24
	Pneumonia	12	11	23
	Diabetes	11	9	20
	Viral Hepatitis	14	*	18
	AIDS	*	*	9
	Other	117	97	214

Exhibit 136

NUMBER OF DEATHS FROM LEADING CAUSES, RANKED WITHIN AGE GROUPS BYGENDER, ORANGE COUNTY, 2008-2011

		Number of Deaths		
Age	**Cause of Death**	**Male**	**Female**	**Total**
65-74	**All Causes**	**900**	**735**	**1635**
	Malignant Neoplasms	335	302	637
	Diseases of the Heart	237	140	377
	CLRD	60	53	113
	Cerebrovascular Disease	26	33	59
	Septicimia	20	30	50
	Diabetes	30	15	45
	Pneumonia	14	15	29
	Nephritis	15	13	28
	Total Accidents	14	11	25
	Cirrhosis of the Liver	10	6	16
	Suicide	10	0	10
	Other	129	117	246
75-84	**All Causes**	**1182**	**1292**	**2474**
	Diseases of the Heart	306	367	673
	Malignant Neoplasms	322	307	629
	CLRD	94	122	216
	Cerebrovascular Disease	56	64	120
	Pneumonia	50	45	95
	Septicimia	31	50	81
	Nephritis, etc.	31	37	68
	Dementia	23	43	66
	Diabetes	33	28	61
	Alzheimer's	18	34	52
	Total Accidents	24	14	38
	Parkinson's	23	9	32
	Cirrhosis of the Liver	8	*	12
	Suicide	6	*	8
	Other	157	166	323
85+	**All Causes**	**1001**	**2040**	**3041**
	Diseases of the Heart	359	771	1130
	Malignant Neoplasms	164	242	406
	CLRD	60	121	181
	Cerebrovascular Disease	60	116	166
	Dementia	39	122	161
	Pneumonia	55	83	138
	Alzheimer's	17	99	116
	Septicimia	26	50	76
	Nephritis, etc.	28	37	65
	Total Accidents	23	37	60
	Diabetes	17	32	49
	Parkinsons	13	16	29
	Cirrhosis of the liver	*	*	6
	Suicide	*	0	*
	Other	148	309	457

Includes 12 leading causes of death across all age groups, ranked by number of deaths

*Small numbers 5 and under not reported

CLRD - Chronic Lower Respiratory Disease; Substance abuse includes alcohol, nicotine, and opiates

Source: NYS Department of Health, Bureau of Vital Statistics and the U.S. Census 2010; Deaths reported in New Jersey not included in this analysis

Created by the School of Public Health, University at Albany, 2013

Exhibit 136

DEATH RATES IN CHILDREN AND ADOLESCENTS, ORANGE COUNTY, HUDSON VALLEY REGION, AND NEW YORK STATE, 2007-2009

EARLY CHILDHOOD (AGES 1-4) - DEATHS AND DEATH RATES PER 100,000 POPULATION

	Deaths				Population	Crude
Region/County	2007	2008	2009	Total	2008	Rate
Orange	4	3	3	10	20,950	15.9
Hudson Valley Region	19	22	34	75	113,340	22.1
New York State	207	213	194	614	958,213	21.4

CHILDHOOD/ADOLESCENT (AGES 5-14) - DEATHS AND DEATH RATES PER 100,000 POPULATION

	Deaths				Population	Crude
Region/County	2007	2008	2009	Total	2008	Rate
Orange	8	16	10	34	55,012	20.6
Hudson Valley Region	35	38	32	105	303,365	11.5
New York State	299	304	276	879	2,395,645	12.2

ADOLESCENT/YOUNG ADULT (AGES 15-19) - DEATHS AND DEATH RATES PER 100,000 POPULATION

	Deaths				Population	Crude
Region/County	2007	2008	2009	Total	2008	Rate
Orange	15	11	8	34	31,102	36.4
Hudson Valley Region	62	63	53	178	173,137	34.3
New York State	538	495	543	1,576	1,403,050	37.4

Source: 2007-2009 NYSDOH Vital Statistics Data as of July, 2011

INFANT MORTALITY RATES PER 1,000 LIVE BIRTHS BY RACE, ETHNICITY AND ZIP CODE, ORANGE COUNTY, 2008-2011

	2008			2009			2010			2011		
Region	Infant Mortality	Total Births	Rate	Infant Mortality	Total Births	Rate	Infant Mortality	Total Births	Rate	Infant Mortality	Total Births	Rate
Orange County	24	5,405	4.4	28	5,059	5.5	39	4,996	7.8	35	4,829	7.2
Upstate New York	739	127,899	5.8	705	124,847	5.6	686	122,911	5.6	683	121,017	5.6

INFANT MORTALITY BY RACE AND ETHNICITY

	2008		2009		2010		2011		Total 2008-2011		
Race/ Ethnicity	Infant Mortality	Rate	Infant Mortality	Rate	Infant Mortality	Rate	Infant Mortality	Rate	Infant Mortality	Total Births	Rate
White	15	3.7	17	4.5	21	5.6	26	7.2	79	15,232	5.2
Black	7	14.1	6	12.3	6	12.9	9	19.1	31	1,924	16.1
Hispanic	6	4.6	10	8.1	14	12.7	*		35	4,772	7.3
Other race	*		*		12	16.0	*		16	3,120	5.1

INFANT MORTALITY BY ZIP CODE

	2008		2009		2010		2011		Total 2008-2011		
Zip codes	Infant Mortality	Rate	Infant Mortality	Rate	Infant Mortality	Rate	Infant Mortality	Rate	Infant Mortality	Total Births	Rate
10940	8	10.3	10	14.0%	9	13.5	10	15.7	37	2,797	13.2
10950	*		*		*		*		13	4,956	2.6
12550	7	7.3	8	8.4%	8	9.1	*		28	3,605	7.8
12771	*		*		*		*		*	758	

Source: NYS Department of Health, Bureau of Vital Statistics

Created by the School of Public Health, University at Albany, 2013

NEONATAL MORTALITY RATES PER 1,000 LIVE BIRTHS, BY RACE, ETHNICITY AND ZIP CODE, ORANGE COUNTY, 2008-2011

	2008			2009			2010			2011		
Region	Neonatal Mortality	Total Births	Rate	Neonatal Mortality	Total Births	Rate	Neonatal Mortality	Total Births	Rate	Neonatal Mortality	Total Births	Rate
Orange County	16	5,405	3.0	16	5,059	3.2	30	4,996	6.0	24	4,829	5.0
Upstate New York	507	127,899	4.0	498	124,847	4.0	500	122,911	4.1	496	121,017	4.1

NEONATAL MORTALITY BY RACE AND ETHNICITY

	2008		2009		2010		2011		Total 2008-2011		
Race/ Ethnicity	Neonatal Mortality	Rate	Neonatal Mortality	Rate	Neonatal Mortality	Rate	Neonatal Mortality	Rate	Neonatal Mortality	Total Births	Rate
White	12	2.9	12	3.2	15	4.0	18	5.0	57	15,232	3.7
Black	*	s/n	*	s/n	7	15.0	7	14.8	21	1,924	10.9
Hispanic	*	s/n	6	s/n	13	11.8	*	s/n	24	4,772	5.0
Other race	*	s/n	*	s/n	8	10.7	*	s/n	10	3,120	s/n

NEONATAL MORTALITY BY ZIP CODE

	2008		2009		2010		2011		Total 2008-2011		
Zip codes	Neonatal Mortality	Rate	Neonatal Mortality	Rate	Neonatal Mortality	Rate	Neonatal Mortality	Rate	Neonatal Mortality	Total Births	Rate
10940	6	7.7	7	9.8	8	12.0	8	12.5	29	2,797	11.8
10950	*	s/n	*	s/n	*	s/n	*	s/n	10	4,956	s/n
12550	*	s/n	*	s/n	*	s/n	*	s/n	15	3,605	s/n
12771	*	s/n	0		*	s/n	*	s/n	*	758	s/n

*Small number, 5 and under not presented. Rates may be unreliable due to small number of cases.

Source: NYS Department of Health, Bureau of Vital Statistics

Created by the School of Public Health, University at Albany, 2013

POST NEONATAL MORTALITY RATES PER 1,000 LIVE BIRTHS, BY RACE, ETHNICITY AND ZIP CODE, ORANGE COUNTY, 2008-2011

	2008			2009			2010			2011		
Region	Post Neonatal Mortality	Total Births	Rate	Post Neonatal Mortality	Total Births	Rate	Post Neonatal Mortality	Total Births	Rate	Post Neonatal Mortality	Total Births	Rate
Orange County	8	5,405	1.5	12	5,059	2.3	9	4,996	1.8	11	4,829	2.3
Upstate New York	232	127,899	1.8	207	124,847	1.7	186	122,911	1.5	187	121,017	1.5

POST NEONATAL MORTALITY BY RACE AND ETHNICITY

	2008		2009		2010		2011		Total 2008-2011		
Race/ Ethnicity	Post Neonatal Mortality	Rate	Post Neonatal Mortality	Rate	Number	Post Neonatal Mortality	Number	Rate	Post Neonatal Mortality	Total Births	Rate
White	*	s/n	*	s/n	6	s/n	8	2.2	22	15,232	s/n
Black	*	s/n	*	s/n	*	s/n	*	s/n	10	1,924	s/n
Hispanic	*	s/n	*	s/n	*	s/n	*	s/n	*	4,772	s/n
Other race	*	s/n	*	s/n	*	s/n	*	s/n	6	3,120	s/n

POST NEONATAL MORTALITY BY ZIP CODE

	2008		2009		2010		2011		Total 2008-2011		
Zip codes	Post Neonatal Mortality	Rate	Post Neonatal Mortality	Rate	Post Neonatal Mortality	Rate	Post Neonatal Mortality	Rate	Post Neonatal Mortality	Total Births	Rate
10940	*	s/n	*	s/n	*	s/n	*	s/n	8	2,797	s/n
10950	0		*	s/n	*	s/n	0		*	4,956	s/n
12550	*	s/n	*	s/n	*	s/n	*	s/n	13	3,605	s/n
12771	0		*	s/n	*	s/n	0		*	758	s/n

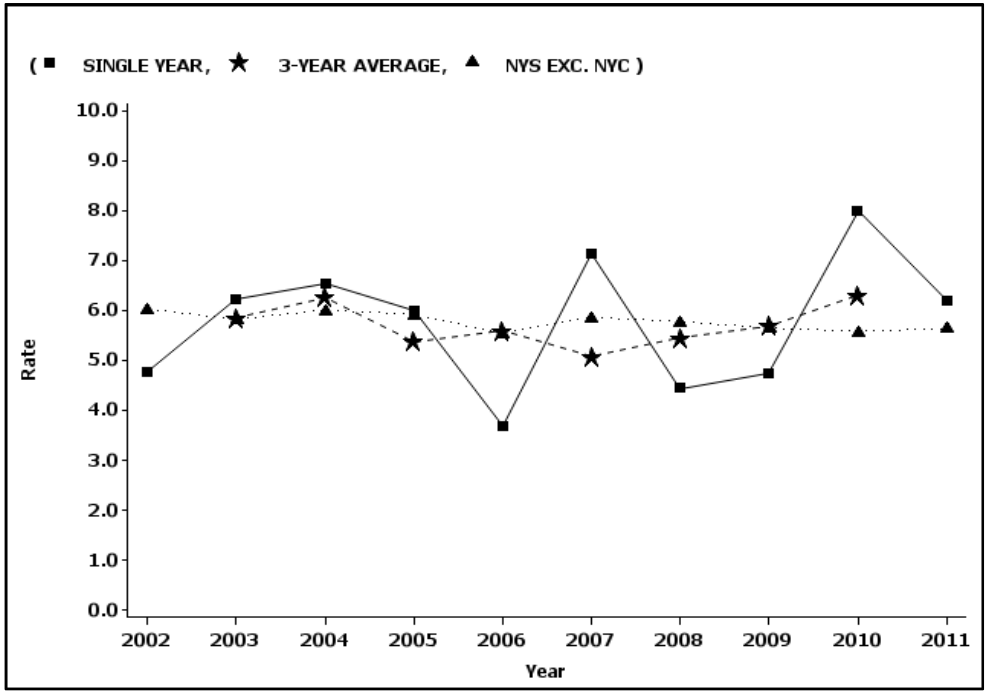
*Small number, 5 and under not presented. Rates may be unreliable due to small number of cases.

Source: NYS Department of Health, Bureau of Vital Statistics

Created by the School of Public Health, University at Albany, 2013

INFANT MORTALITY RATES, ORANGE COUNTY AND NEW YORK STATE, 2009-2011

INFANT MORTALITY RATES, TEN YEAR TIME TRENDS, 2002-2011



INFANT MORTALITY RATE PER 1,000 LIVE BIRTHS

Year	Single Year Orange County	3-Year Average Orange County	Upstate New York
2002	4.8		6.0
2003	6.2	5.9	5.8
2004	6.5	6.3	6.0
2005	6.0	5.4	5.9
2006	3.7	5.6	5.5
2007	7.1	5.1	5.9
2008	4.4	5.4	5.8
2009	4.7	5.7	5.6
2010	8.0	6.3	5.6
2011	6.2		5.6

INFANT MORTALITY, RATE PER 1,000 LIVE BIRTHS

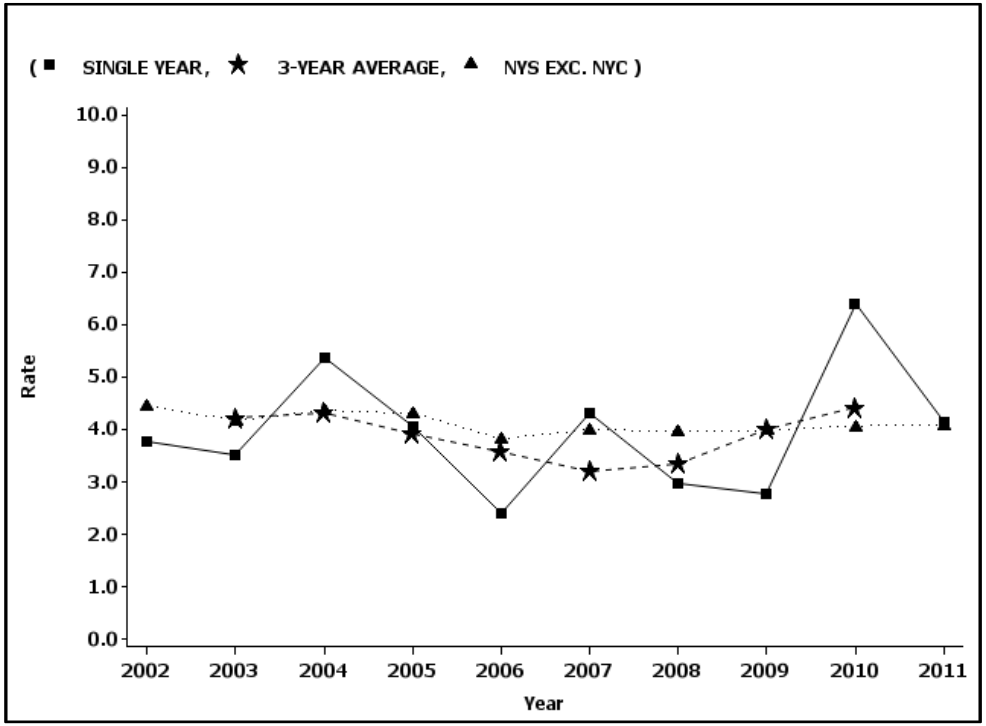
	Deaths <1 Year				Avg Births	Crude
Region/County	2009	2010	2011	Total	2009-2011	Rate
Orange	24	40	30	94	4,965	6.3
Hudson Valley Region	138	144	129	411	26,725	5.1
New York State	1,296	1,227	1,202	3,725	243,080	5.1

Source: 2009-2011 Vital Statistics Data as of February, 2013

Exhibit 141

NEONATAL (<28 DAYS) MORTALITY RATES, ORANGE COUNTY AND NEW YORK STATE, 2009-2011

NEONATAL (<28 DAYS) MORTALITY RATES, TEN YEAR TIME TRENDS, 2002-2011



NEONATAL (<28 DAYS) MORTALITY RATES PER 1,000 LIVE BIRTHS

Year	Single Year Orange County	3-Year Average Orange County	Upstate New York
2002	3.8		4.5
2003	3.5	4.2	4.2
2004	5.4	4.3	4.4
2005	4.1	3.9	4.3
2006	2.4	3.6	3.8
2007	4.3	3.2	4.0
2008	3.0	3.4	4.0
2009	2.8	4.0	4.0
2010	6.4	4.4	4.1
2011	4.1		4.1

NEONATAL (<28 DAYS) MORTALITY, RATE PER 1,000 LIVE BIRTHS

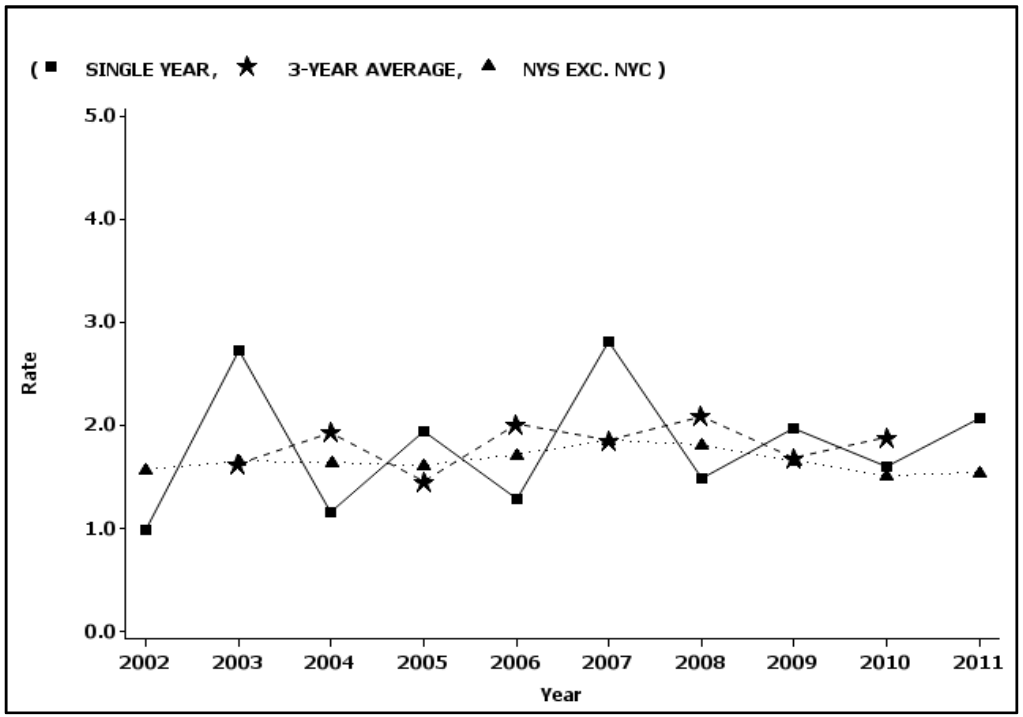
	Deaths <28 Days				Avg Births	Crude
Region/County	2009	2010	2011	Total	2009-2011	Rate
Orange	14	32	20	66	4,965	4.4
Hudson Valley Region	93	110	95	298	26,725	3.7
New York State	886	855	832	2,573	243,080	3.5

Source: 2009-2011 Vital Statistics Data as of February, 2013

Exhibit 142

POSTNEONATAL (1 MONTH TO 1 YEAR) MORTALITY RATES, ORANGE COUNTY AND NEW YORK STATE, 2009-2011

POSTNEONATAL (1 MONTH TO 1 YEAR) MORTALITY RATES, TEN YEAR TIME TRENDS, 2002-2011



POSTNEONATAL (1 MONTH TO 1 YEAR) MORTALITY RATE PER 1,000 LIVE BIRTHS

Year	Single Year Orange County	3-Year Average Orange County	Upstate New York
2002	1.0		1.6
2003	2.7	1.6	1.7
2004	1.2	1.9	1.6
2005	1.9	1.5	1.6
2006	1.3	2.0	1.7
2007	2.8	1.9	1.9
2008	1.5	2.1	1.8
2009	2.0	1.7	1.7
2010	1.6	1.9	1.5
2011	2.1		1.5

POSTNEONATAL (1 MONTH-1 YEAR) MORTALITY, RATE PER 1,000 LIVE BIRTHS

	Deaths (1 Month-1 Year)				Avg Births	Crude
Region/County	2009	2010	2011	Total	2009-2011	Rate
Orange	10	8	10	28	4,965	1.9
Hudson Valley Region	45	34	34	113	26,725	1.4
New York State	410	372	369	1,151	243,080	1.6

Source: 2009-2011 Vital Statistics Data as of February, 2013

ACCIDENTAL DRUG OVERDOSES, ORANGE COUNTY, 2008-2012

Year	Total	Average Age	Males (%)	Females (%)
2008	38	38	76.4%	23.6%
2009	46	42	78.3%	21.7%
2010	46	41	58.7%	41.3%
2011	57	41	57.9%	42.1%
2012	53	43	66%	34%
Total	240	41	67.5%	32.5%

MOST COMMONLY OCCURING DRUGS IDENTIFIED IN ACCIDENTAL OVERDOSES, ORANGE COUNTY, 2008-2012

Drug Name	Number of Positive Tests in Overdoses	Percentage in Total Number of Overdoses
Morphine	59	24.6
Alprazolam	55	22.9
Oxycodone	53	22.1
Heroin	44	18.3
Cocaine	42	17.5
Total	253	

Source: Orange County Medical Examiner's Office, 2013

Note: Only drugs reported include: heroin, cocaine, amphetamine, morphine, codeine, methadone,hydrocodone, alprazolam, diazepam, tramadol, oxycode, hydomorphone,oxymorphone, phenobarbital, cyclobenzaprime, fentayl, butalbital, and propoxyphene

Exhibit 144

Hospital/Medical Center Services in Orange County New York, 2012	Bon Secours Charity Health System		Orange Regional Medical Center	St. Luke's Cornwall Hospital		Keller Army Hospital
	Bon Secours Community Hospital -Port Jervis	*St. Anthony Community Hospital - Warwick*	*Middletown*	*Cornwall*	*New-burgh*	*US Military Academy at West Point*
Acute/Chronic Renal Dialysis	x	x	x		x	
Alcohol Detoxification/Rehabilitation	x		x			
Alcohol Rehabilitation O/P*			x			
Ambulatory Surgery	x	x	x	x	x	x
Asthma Management O/P	x	x	x	x	x	x
Angioplasty			x		x	
Audiology O/P			x	x	x	x
Bariatric Surgery	x		x			
Behavioral Health Unit/Center	x		x			x
Birthing Center		x	x		x	x
Bone Marrow Transplant						
Burn Center						
Cancer Screening & Detection	x	x	x	x	x	x
Cardiac Catheterization (Ped) (Adult)			x	x	x	
CT Scanner	x	x	x	x	x	x
Cardiac Rehabilitation	x		x		x	
Clinical Laboratory Service	x	x	x	x	x	x
Cystoscopy	x	x	x	x	x	
Dental O/P						
Designated AIDS Center						
Designated Trauma Center						
Diabetes Treatment Center O/P	x	x	x	x	x	
Diagnostic/Therapeutic Radiology	x	x	x	x	x	x
Drug Rehabilitation O/P			x			
Electrocardiology		x	x	x	x	
Emergency Department	x	x	x	x	x	x
Family Planning O/P			x			
Health Education	x	x	x	x	x	x
HIV/AIDS Medical Management O/P					x	
Home Dialysis Training			x		x	
Home Health Care	x	x			x	
Integrated Medicine						
Intensive Care Unit/Cardiac Care Unit	x	x	x	x	x	

Exhibit 145

Hospital/Medical Center Services in Orange County New York, 2012	Bon Secours Charity Health System		Orange Regional Medical Center	St. Luke's Cornwall Hospital		Keller Army Hospital
	Bon Secours Community Hospital - Port Jervis	*St. Anthony Community Hospital - Warwick*	*Middletown*	*Cornwall*	*New-burgh*	*US Military Academy at West Point*
Laboratory Services O/P	x	x	x	x	x	x
Labor & Delivery		x	x		x	x
Linear Accelerator			x	x		
Lithotripter	X	x	x		x	
Long Term Home Health	X	x				
MRI	x	X	x		x	x
Medical Rehabilitation			x	x	x	
Methadone Maintenance O/P						
Neonatal Intensive Care Unit			x		x	
Nuclear Medicine Diagnostic/Therapeutic	x	x	x	x	x	
Nutrition Counseling O/P	x	x	x	x	x	x
Medical/Health Info Line	x	x	x	x	x	x
Occupational Therapy O/P			x	x	x	
Open Heart Surgery						
Oncology O/P			x	x	x	
Pain Management O/P	x	x		x	x	
Palliative Care/Hospice	x	x	x			
Part Time Clinics						
PCAP Provider						
PET Scanner			x		x	
Physical Medicine and Rehab O/P	x	x	x	x	x	
Physical Therapy O/P	x	x	x	x	x	x
Podiatry O/P						x
Primary Medical Care O/P			x	x	x	x
Psychiatric Services	x		x			
Psychiatric/Mental Health Services O/P	x		x			x
Ultrasound	x	x	x	x	x	x
Social Work Services O/P	x		x	x	x	x
Speech/Language Pathology O/P	x	x		x	x	
Substance Abuse Counseling O/P			x	x	x	

Hospital/Medical Center Services in Orange County New York, 2012	Bon Secours Charity Health System		Orange Regional Medical Center	St. Luke's Cornwall Hospital		Keller Army Hospital
	Bon Secours Community Hospital -Port Jervis	*St. Anthony Community Hospital - Warwick*	*Middletown*	*Cornwall*	*New-burgh*	*US Military Academy at West Point*
Support Groups	x	x	x	x	x	x
Sexually Transmitted Diseases Screening and Treatment O/P			x	x	x	x
Vocational Rehabilitation						
Wound Care Center	x	x	x	x		
Additional Services:						
Assisted Living		x				
Adult Day Medical Program		x				
Bone Densitometry	x	x	x		x	
Center for Sleep Disorders	x	x	x			
Mammography	x	x	x		x	X
Sexual Assault Nurse Examiner Program			x			
Vascular Lab			x		x	

O/P = outpatient services

Sources: New York State Department of Health, Northern Metropolitan Hospital Association and Individual Hospitals/Medical Centers

Hospital/Medical Center Service Statistics Orange County, 2012	Bon Secours Charity Health System		Orange Regional Medical Center	St. Luke's Cornwall Hospital		Keller Army Hospital
	Bon Secours Community Hospital-Port Jervis	*St. Anthony Community Hospital – Warwick*	*Middletown*	*Cornwall*	*Newburgh*	*US Military Academy at West Point*
TOTAL NUMBER OF CERTIFIED BEDS	**141**	**73**	**383**	**103**	**242**	**16**
Medical-Surgical	**82**	**49**	**244**	**89**	**172**	**12**
Intensive Care	**6**	**4**	**34**	**10**	**10**	
Neonatal Intermediate Care			**10**		**10**	
Coronary Care		**4**	**6**		**8**	
Pediatric	**8**	**5**	**12**	**4**	**19**	
Psychiatric	**24**		**30**			
Physical Medicine & Rehabilitation			**24**			
Coma Recovery			**2**			
Alcohol Detoxification	**6**					
Alcohol Rehabilitation	**15**					
Trauma Brain Injury			**10**			
Maternity (excluding bassinets)	**0**	**11**	**23**		**23**	**4**
PATIENT SERVICES						
Patient Days	**26,823**	**11,443**	**101,167**	**x**	**50,565**	**1,722**
Discharges	**4,778**	**2,708**	**20,557**	**x**	**11,003**	**874**
Outpatient Visits	**46,585**	**28,690**	**741,059**	**29,067**	**87,788**	**104,980**
Emergency Department Visits	**26,536**	**13,040**	**65,530**	**15,374**	**34,694**	**6977**
TOTAL NUMBER OF BIRTHS	**28**	**419**	**1,688**		**857**	**137**

Sources: New York State Department of Health, Northern Metropolitan Hospital Association & Individual Hospitals/Medical Centers

NEW YORK STATE DEPARTMENT OF HEALTH OFFICE OF MANAGED CARE COUNTY DIRECTORY OF MANAGED CARE PLANS, 2013

Orange County	Participating Programs			
Plans	**Commercial**	**Medicaid**	**Child Health Plus**	**Family Health Plus**
Aetna Health Inc.	YES	***	***	***
Affinity Health Plan, Inc.	***	YES	YES	YES
Capital District Physicians' Health Plan	YES	***	YES	***
Empire HealthChoice HMO, Inc.	YES	***	YES	***
GHI HMO Select, Inc.	YES	***	***	YES
Health Insurance Plan of Greater New York, Inc.	YES	***	***	***
Health Net of New York, Inc.	YES	***	***	***
Hudson Health Plan, Inc.	***	YES	YES	YES
MVP Health Plan, Inc.	YES	***	***	***
New York State Catholic Health Plan, Inc.	***	YES	YES	YES
Oxford Health Plans of New York Inc.	YES	***	***	***
UnitedHealthcare of New York, Inc.	***	YES	***	YES
WellCare of New York, Inc.	***	YES	YES	YES

Source: New York State Department of Health Medicaid Publications, October 2013

ORANGE COUNTY COMMUNITY HEALTH ASSESSMENT
2014 - 2017

SECTION THREE: LOCAL HEALTH UNIT CAPACITY PROFILE
A. ORGANIZATIONAL STRUCTURE AND PROGRAM DESCRIPTION

Overview

History
The Orange County Department of Health (OCDH) was formed in 1969 as a full service department in a chartered county with legislative oversight and an advisory Board of Health. The Department operates under the NYS Public Health Code and Titles 10 and 6 of the Official Compilation of Codes, Rules, and Regulations of the State of New York. Prior to 1969, public health services were provided through the New York State Department of Health (NYSDOH) district office in Middletown, which also served Sullivan and Putnam Counties and the city of Beacon in Dutchess County. In the 1960s, NYSDOH encouraged the creation of county health departments in counties with a population base of 100,000 or more to better meet resident needs. NYSDOH and the public health offices in the county's cities initially provided staff for the newly formed Orange County Department of Health.

Mission
The mission of the Department of Health is to monitor and protect the health of residents of Orange County, to prevent disease and disability, provide education regarding healthful living, and assure healthy environmental conditions.

Scope of Services
The Department provides public health services countywide. Outreach, prevention, education and intervention services are strategically located in communities of high need. Services include:

- Communicable and chronic disease prevention and control;
- Tuberculosis and sexually transmitted disease (STD) clinics providing screening, diagnosis and treatment;
- HIV clinics offering testing, counseling, and referral for treatment;
- Immunizations – pediatric, adolescent, adult and travel;
- Home health services;
- Environmental inspections and engineering reviews;
- Screening and monitoring services for at-risk infants and toddlers; early intervention and preschool special education services;
- Community health outreach, education, and referral services (including preventive and primary care, adolescent health, family planning, prenatal, dental, lead poisoning, injury prevention);
- Epidemiological surveillance and control;
- Nutrition services and WIC;
- Programs to improve perinatal care, support for medical care of physically handicapped children and adult polio clients;
- Public health emergency preparedness and response; and the

Administration and Organizational Structure
Overall leadership and direction for the Department is provided by the Commissioner and Deputy Commissioner of Health. Eli N. Avila, MD, JD, MPH, FCLM is the 9th and current Commissioner of Health for Orange County. Dr. Avila is a highly experienced public health physician, attorney and administrator. Dr. Avila was appointed as OCDH Commissioner in June 2013, and previously served as Secretary of Health for the Commonwealth of Pennsylvania, Chief Deputy Commissioner of Health Services in Suffolk County, New York, Associate General Counsel for an environmental biotechnology company, Senior Physician for the Secret Service in Albany, NY, Clinical Instructor and Surgical Attending in Ophthalmology at Columbia University, and Medical Director of an Ophthalmology practice.

The New York State Bar recently appointed Dr. Avila to the Committee for Mass Disaster Response and he is a member of the Public Health Law Section. Furthermore he was recently appointed as Distinguished Lecturer in Public Health at the New York Medical College in Valhalla, NY.

The Deputy Commissioner is Christopher Ericson, MPA. Mr. Ericson has extensive public health experience in the areas of environmental health and public health emergency preparedness. Mr. Ericson was formerly the Director of the Office of Public Health Emergency Response for Orange County.

The Department of Health consists of seven major Divisions/Offices – the Divisions of Public Health Nursing, Environmental Health, Intervention Services, Community Health Outreach, Administration, Public Health Emergency Response and the Medical Examiner's Office. The **Public Health Nursing Division**, administered by Marilyn Ejercito, R.N., B.S.N., M.S., Director of Patient Services, includes the WIC Program (Special Supplemental Food Program for Women, Infants, and Children), disease prevention and control programs, all clinic operations (HIV, STD, Immunization and TB), the Immunization Action Program, and the Certified Home Health Agency and Long-Term Home Health Care Programs. The **Environmental Health Division**, headed by Edwin

Sims, PE, Principal Public Health Engineer, consists of two Bureaus - Sanitary Engineering and Sanitary Control. The **Intervention Services Division**, led by Sheila Warren, R.N., M.Ed. Director, includes Early Intervention, Preschool, Special Health Care Needs, Physically Handicapped Children's, and ICHAP/Child Find Programs. The **Community Health Outreach Division** Director, Robert Deitrich, oversees multiple grant programs targeted to high-risk communities and provides education on public health issues throughout Orange County.

The **Office of Public Health Emergency Response** assists the Commissioner of Health in the planning and coordination of the Department's response to any imminent or emerging threats to the public's health.

The Orange County Medical Examiner's Office investigates sudden, unexpected, and unnatural fatalities in Orange County in order to ensure accurate cause and manner of death certification. Charles Catanese, MD, is responsible for the operations of the Medical Examiner's office.

The Division Directors, Commissioner, and Deputy Commissioner meet weekly as an administrative leadership team to review progress towards objectives, emerging service trends and needs, and for strategic planning. Tables of Organization for the Department, each Division, and the Office of the Medical Examiner are located at the end of this section. Contact information for each program is also provided. A description of programs and services provided to county residents by each Division/Office follows.

Public Health Nursing Division

The Public Health Nursing Division provides chronic and communicable disease prevention and control services and comprehensive skilled home health services to reduce the severity and progression of disease and prevent disease-related disabilities. Communicable disease prevention and control activities include comprehensive surveillance, follow-up, and clinic services. The Division has four offices located in Orange County's three major cities - Middletown, Port Jervis, Newburgh, and in Goshen, the county seat.

Disease Prevention and Control Services

With the continuing threat of new and emerging infections, in addition to known reportable diseases and syndromes, the Communicable Diseases division's surveillance and control activities continues to be a key public health function. Communicable disease staff receives and investigates electronic laboratory reports daily. Communicable diseases are also identified through calls from physicians, hospitals, schools, colleges, workplaces and residents in the community. Twice-weekly school surveillance, emergency room syndromic surveillance and weekly summer camp surveillance, assist in early identification, treatment and prevention of further disease transmission in the community. Case follow-up is accomplished through interviews, contact tracing, data analysis, initiating control measures, making recommendations, and reporting findings to the New York State Regional Office.

The Nursing Division coordinates rabies prevention in the county. All possible exposures reported in the county by local emergency rooms, health care providers, and directly by community residents are carefully reviewed. If an exposure to a potentially rabid or rabid animal has occurred, preventive treatment is recommended and is free of charge according to the NYSDOH guidelines.

As a component of disease prevention and control activities, targeted clinical services are provided to county residents to prevent and promote early detection of communicable diseases including childhood/adolescent immunization for all vaccine preventable diseases; adult immunization including influenza and pneumococcal vaccination; travel immunization; sexually transmitted disease (STD) screening and treatment; HIV counseling and testing; and screening and treatment for Tuberculosis.

Perinatal Hepatitis B Program

The Perinatal Hepatitis B Program provides Public Health Nurse (PHN) follow-up for Hepatitis B Positive mothers and infants to ensure completion of the Hepatitis B series and post-vaccination serology testing of exposed infants as recommended by NYSDOH. Education is provided to the family and all contacts about Hepatitis B infection and testing and vaccination is made available for contacts as appropriate.

Certified Home Health Agency (CHHA)

Therapeutic and preventive health services are provided to homebound residents of all ages throughout Orange County. Upon referral by the patient's physician, home health services are provided based on illness, disability, or recent discharge from the hospital. The Home Health Agency is certified to participate in Medicare, Medicaid and private insurance reimbursement. Services include: nursing, physical therapy, occupational therapy, speech and audiology, medical social work, nutrition, respiratory, home health and personal care aide services.

Due to earlier hospital discharges, patients are returning home in need of more intensive and continuing skilled care, education, and close monitoring. The goals of intensive services in the home are to improve the patient's overall physical condition, patient and family understanding of disease processes and medical regimens, and assist the patient and family in achieving a high level of independence to maintain their health.

Persons entering Long Term Care Facilities in New York State are required to have an assessment by a trained and certified health professional using the PRI (Patient Review Instrument) to determine the appropriate level of care. The request can originate from a spouse, family member, facility or physician. Individuals are assessed by OCDH nursing staff, which is a valuable service to the patients and their families applying for

nursing home placement, as this is a complicated and lengthy process.

Long Term Home Health Care Program (LTHHCP)

The Long Term Home Health Care Program provides a coordinated plan of health care and social services delivered to disabled, infirm, or invalid persons in their own homes. The LTHHCP is an alternative level of care for individuals who would otherwise require placement in a nursing home or health related facility. The ability to maintain patients in the home setting enables them to thrive both physically and mentally and is accomplished at a lesser cost to the patient, family, and insurers.

Clinic Services

Tuberculosis clinics are offered throughout the county. Patients undergo a comprehensive assessment and are diagnosed by an attending pulmonologist. Patients diagnosed with latent tuberculosis infection, LTBI, receive 9 months of treatment at our Tuberculosis clinics and are followed closely by our Public Health nurses and consulting physicians. Patients diagnosed and reported with active Tuberculosis are immediately contacted and case managed by the OCDH. Once home, patients active with Tuberculosis are closely monitored and observed by Public Health Nurses through our Directly Observed Therapy (DOT) Program. Case investigations are conducted in all situations where an infection occurs; this may be in a school, correctional facility, homeless shelter, or workplace. Currently there are 6 clinics monthly providing services and treatment for patients with tuberculosis or latent tuberculosis infection.

Sexually Transmitted Disease (STD) Clinics are confidential and are held in Newburgh and Middletown. HIV counseling and testing (both anonymous and confidential) are conducted in Middletown and Newburgh sites weekly by NYSDOH certified HIV-counselors.

The Health Department conducts immunization clinics throughout the county on a bi-weekly basis. Immunizations are provided to residents from two months of age through college age. The clinic provides age-appropriate vaccination against diphtheria, polio, pertussis, tetanus, measles, mumps, rubella, varicella, meningitis, hepatitis A, hepatitis B, rotavirus, human papillomavirus (HPV), haemophilus influenza (HIB), influenza and pneumonia. Influenza and pneumoccocal immunization for senior citizens and high risk adults are offered each fall in multiple locations throughout the county. Adult and Travel Immunization Clinics are conducted monthly in the Goshen office. Adults can receive hepatitis A, hepatitis B, human papillomavirus (HPV), MMR, polio, meningitis, varicella, rabies (pre-exposure only), tetanus, typhoid and yellow fever vaccines. This clinic is by appointment and there is a fee for each immunization administered. TwinRix (hepatitis A and B) vaccine is now offered to patients attending Sexually Transmitted Disease clinics in Newburgh and Middletown.

WIC Program

The federally-funded WIC program issues vouchers for food and provides nutritional education to eligible participants based on individual nutritional assessments. Services provided to the WIC population help to ensure healthy pregnancies, good birth outcomes, and healthy children in families who are at risk medically, nutritionally, and financially. Nutrition education is provided based on individual dietary assessment conducted by qualified nutrition professionals. Breastfeeding promotion and education for all pregnant women is provided. Additionally, the immunization and health care status of participants are monitored. High-risk care plans are developed for those in need. Hematological and anthropometric services and screening and referral for substance abuse and smoking cessation are also provided.

Intervention Services Division

Early Intervention Services Program

The NYSDOH grant-funded Early Intervention (EI) Services Program provides education and training for the families of children from birth up to 3 years of age with a developmental delay or conditions that result in a developmental delay. Physical, occupational and speech therapists, special educators, social workers and nutritionists provide family-centered education and training in the child's natural environment whenever possible. The goal is to enhance each child's potential for growth and development by developing family members' skills in providing a stimulating and nurturing home environment.

The Division of Intervention Services staff has recently increased efforts to provide information to the community regarding the increased prevalence of childhood allergies. To respond to the needs of our community, our PHN's have identified resources and provided trainings and information at health fairs, community meetings and to the families to promote the importance of immunizations for adults, infants and children, lead testing at 12 & 24 months, breastfeeding, safe sleep practices, childhood allergies and the importance obtaining health insurance and maintaining a medical home. We have also started an in house review of the number of mothers with substance abuse issues that have children who are referred to Intervention services.

Child Find

The Child Find Program is a component of Early Intervention Services to improve the identification, referral to care and follow-up of infants and toddlers at risk for developmental delay. Child Find works with families and primary health care providers to insure that children have a consistent source of care. Child Find is a safety net to screen children when families cannot be successfully engaged or are unable to access primary health care. The Child Find staff works with health care providers in the community to promote routine developmental surveillance of all at risk children by their primary care providers and monitors the results of these screenings. Child Find attempts to locate children at risk for developmental delays by

promoting public awareness of the services available and the developmental needs of children.

Healthy Mom/Healthy Baby

Healthy Mom/Healthy Baby is a NYS prenatal and postpartum home visiting program funded from October 2009 through September 2013. The goal of this program is to improve the birth outcomes for high risk pregnant and postpartum women and their newborns through early identification, outreach, referral and home visiting through the development of an organized county system of perinatal health and home visiting services. A full-time public health nurse works with healthcare providers, community agencies and home visiting programs to identify needs, increase the number of pregnant women who enter into prenatal care within the first trimester of pregnancy and maximize services for prenatal and postpartum women in Orange County. Educational information provided to physicians, community agencies and families stress the importance of a full term pregnancy for the best birth outcomes, the need for pertussis vaccine for pregnant women, the benefits of breastfeeding and safe sleep practices. Beginning October 2013, the Healthy Mom / Healthy Baby Program (HMHB), Community Health Worker (CHW) and specific activities provided in Orange County by Maternal Infant Services Network (MISN) will be provided by the new Maternal Infant Community Health Collaborative (MICHC) grant. This grant was awarded to Orange County Department of Health to address the needs of high risk women of childbearing age throughout the life course via collaboration with community partners.

Preschool Special Education Program

Preschool Special Education provides specially planned individual or group instructional services or programs for eligible children, from ages 3-5 years, who have a disability that affects their learning. These services are funded by local municipalities as well as by state funds. A referral can be made to the local school district's Committee on Pre-School Special Education (CPSE). The child will be evaluated and if found to have a disability that may affect his/her learning, the CPSE will develop an Individualized Education Program (IEP). This plan may include special education, speech therapy, occupational therapy, assistive technology, physical therapy, parent education and training or counseling services.

Physically Handicapped Children's Program (PHCP)

PHCP offers financial assistance for medical and surgical rehabilitation to children and young adults to age 21 who have severe chronic illnesses and/or physical disabilities. The program relies on available health insurance benefits as the first step in paying for treatment. Otherwise, treatment is authorized by PHCP Medical Director from state/county funds or Medicaid, provided financial eligibility requirements are met.

Children with Special Health Care Needs Program (CSHCN)

The Children with Special Health Care Needs Program is an information and referral service designed to assist families of physically challenged or chronically ill children from birth through age 21 years. The staff provides information about programs and resources appropriate for children with special needs. The staff also assists families to access community-based services such as Child Health Plus and Medicaid, Early Intervention, WIC, OPWDD (Office for People with Developmental Disabilities) and other parent/family support and assistance programs.

The Newborn Hearing Screening Program

The Newborn Hearing Screening Program provides follow-up through Infant Child Health Assessment Program (ICHAP)/Child Find of infants who have not completed the screening in the hospital or are lost to follow-up by the hospital. Early Intervention provides audiological evaluation and services if needed as well as EI services for all children who have failed the Newborn Hearing Test.

Newborn Screening

The Newborn Screening Program is designed to provide early diagnosis and medical treatment of serious illnesses that can affect an infant's health. The program provides PHN follow-up for positive or inconclusive screenings to assure that the family secures additional testing and makes appropriate referrals for medical care, insurance, and community/health resources.

SIDS-Infant/Child Deaths

The Sudden Infant Death Syndrome (SIDS) Infant/Child Deaths Program provides information and referral for families who have an infant or child who has died. Upon notification of a death, the Public Health Nurse sends out a condolence letter to the family listing free support groups and offering a PHN visit. If they agree to a visit, the PHN evaluates the family's needs and determines which services are available to assist the family through this difficult time. If the death is deemed a SIDS death, the PHN completes the referral form and information requested by the New York State SIDS reporting program. The ICHAP/Child Find staff provides SIDS and Safe Sleep risk reduction information to all families in the ICHAP/Child Find and Early Intervention Programs, as well as at community events, health fairs and community education programs.

Despite the decline in rates of SIDS deaths across the country, infant deaths identified as SIDS continue to be attributed to unsafe sleep practices. These include such practices as co-sleeping; prone-sleeping; sleeping on couches or air mattresses; or having pillows, blankets, and toys in the infant's sleep environment.

OCDH has defined the need to expand the "Back to Sleep" SIDS prevention message and further educate and assist families to make safe sleeping choices for their infants. To this end, the OCDH *Safe Sleep Campaign* was launched in the fall of 2009. This campaign included distribution of bilingual posters, educational materials and "Safe Sleep" buttons to Prenatal, Pediatric, and Family Practice providers; hospitals; home health and visitation agencies; Orange County Office for the Aging, Youth Bureau, Department

of Social Services and Child Protective Services; and other community agencies.

Community Health Outreach Division

Community Health Outreach (CHO) is a county and grant-funded Division of the Department of Health. With Orange County's commitment to public health education and NYSDOH grants targeting specific public health issues, the Division strives to improve the quality of life for county residents through a continuum of outreach, education, referral, and case management programs. Services are delivered through offices located in the cities of Newburgh, Middletown, and Port Jervis. The overarching goal of CHO programs is to foster behavior changes to promote health and reduce risk of disease.

Public Health Education

Public Health Education provides culturally and linguistically appropriate primary prevention and risk reduction education programs as well as health information on a variety of topics. Public Health Educators work with hospitals, health care providers, school districts, businesses, community agencies, local coalitions and the public. Public Health Education programs are provided in areas such as nutrition, physical activity/exercise, obesity prevention and smoking prevention. Additionally, the Public Health Educators work closely with the local media to disseminate public health messages to promote the health and safety of county residents.

Healthy Orange

In 2006, Orange County Department of Health introduced the *Healthy Orange Program* as a means of addressing rising obesity rates. The latest data from the National Center for Health Statistics show that 35.7% percent of U.S. adults 20 years of age and older are obese. The percentage of young people who are overweight has more than tripled since 1980.

The *Healthy Orange* Program addresses three core health promoting factors - improved nutrition, increased physical activity, and a tobacco free lifestyle - to improve the overall health of Orange County residents. *Healthy Orange* is the umbrella for a constellation of programs addressing these factors throughout the lifecycle.

- *Healthy Orange Schools and Daycares*
- *Healthy Orange Worksite Wellness*
- *Healthy Orange Seniors Together*

Lead Safe Orange

Lead Safe Orange (LSO) is the umbrella under which our grant-funded programs concerning lead poisoning and lead hazards are coordinated. These programs include the Lead Poisoning Prevention Program (LPPP), Healthy Neighborhoods Program (HNP), Childhood Lead Primary Prevention Program (CLPPP), and our collaboration with the county's Office of Community Development on the HUD-funded Lead-Based Paint Hazard Control (LBPHC) and Healthy Homes Initiative. Through *LSO*, the outreach and risk reduction efforts of these programs are integrated to intensify and expand efforts to reduce exposure to lead hazards and enhance lead poisoning related services throughout the county.

Lead Poisoning Prevention Program

The Lead Poisoning Prevention Program (LPPP) serves all areas of Orange County. This program tracks all lead testing activity for children in the county. Outreach is done via home visits, agency visits, presentations and community events to identify children who need testing and to provide information about health services for children. Case management is provided for lead poisoned children (blood lead levels of $\geq$ 15 ug/dL) including home visits with the family to teach them about lead hazards, prevention methods, and to ensure medical follow-up for the child. The Environmental Health Division conducts environmental evaluations for the homes of all lead poisoned children. Children with BLL of 10-14 ug/dL receive ongoing monitoring to ensure testing in accordance with NYSDOH guidelines by their medical provider. In addition, risk reduction education is provided to community based organizations, schools, health providers, landlords and child care sites.

Healthy Neighborhoods Program

The Healthy Neighborhoods Program (HNP) is a primary prevention/healthy homes program providing public health services to specific geographic areas in Newburgh and Middletown identified with a high rate of environmental health needs. HNP staff provides education, literature and incentives to residents to assist in identifying lead hazards, methods to control lead hazards, asthma triggers and other environmental health issues. HNP staff also promotes tobacco cessation.

HUD Lead-Based Paint Hazard Control Program and Healthy Homes Initiative:

This federally-funded program unites two agencies of Orange County Government - the Department of Health and the Office of Community Development. The program has three major preventive goals: to have more children tested for lead poisoning in the county, to market and execute the associated grant/loan programs that work to secure lead safe housing for eligible children and their families and to conduct Healthy Homes assessments in those units. CHO staff provides assistance with applications and healthy homes assessments in every unit approved for financial assistance throughout the county. Staff also provides community education in a wide variety of forums. The Department coordinates a media campaign to achieve the goals of the program and foster community action.

Childhood Lead Primary Prevention Program

The NYSDOH-funded Childhood Lead Primary Prevention Program (CLPPP) works within the city of Newburgh's Census Tracts 3, 4 and 5 and the city of Middletown's Census Tracts 11, 12, 15 and 151 identifying housing at greatest risk of lead-paint hazards and taking action to make lead safe housing. This program is certified to offer free Renovation, Repair and Paint training in conjunction with staff from

the Office of Community Development on lead awareness and lead safe work practices to contractors, property owners, childcare providers, parents, residents, and landlords. CLPPP works in conjunction with the Office of Community Development to offer qualified property owners access to funds to make their homes lead safe.

Maternal Infant Community Health Collaborative (MICHC)

OCDH was awarded the Maternal Infant Community Health Collaborative (MICHC) grant to begin October 2013. MICHC works to improve maternal and infant health outcomes in the cities of Newburgh, Middletown and Port Jervis. This is accomplished by interventions aimed at the individual level through needs assessment, case coordination and referral, and by interventions aimed at the community, environment, and policy levels through community mobilization, promotion of conditions and opportunities that will promote healthy behaviors, and adoption of health promoting policy by organizations, communities, and government. High need women and their infants are eligible to receive home visits, risk assessment, and developmental assessment. Organizations providing services to high need women, and women themselves, are encouraged and supported to become involved in identifying forces in their communities that contribute to behaviors that negatively impact health. Continued community involvement to identify, design, and promote strategies to improve the overall health of women throughout the life course, including pre-conception, prenatal/post-partum and inter-conception, is a primary goal of the initiative.

Tobacco Control Program

The Orange County Tobacco Control Program (OCTCP) is based on "*Program and Funding Guidelines for Comprehensive Local Tobacco Control Programs*" by the National Association of County and City Health Officials. This program features six essential elements:

- Community Programs
- School-Based Programs
- Smoking Cessation
- Counter Marketing
- Enforcement
- Surveillance and Evaluation

The goal of the OCTCP is to reduce/eliminate tobacco use and its negative effects throughout Orange County. This is accomplished through the efforts of the various programs contained within Community Health Outreach's Tobacco Control Program by:

- Preventing or delaying initiation of tobacco use by youth;
- Promoting and providing various free cessation opportunities and modalities to the public;
- Reducing/eliminating exposure to second-hand or environmental tobacco smoke;
- Promoting and providing guidance on the development and adoption of tobacco use policy in all sectors of the community; and
- Educating the public thereby changing the social norm with regard to tobacco use.

Tobacco Cessation

Orange County offers residents multiple options for no cost smoking/tobacco cessation programs. The aim is to assist smokers in overcoming this addiction to positively impact their health and eliminate exposure to second hand smoke by family members.

Adolescent Tobacco Use Prevention Act (ATUPA)

ATUPA is a statewide tobacco enforcement program aimed at reducing the use and accessibility of tobacco to youth under 18 years of age. Youth aged 16-17 are trained to conduct compliance checks with Department of Health staff members to ascertain if vendors sell tobacco products to underage youth. Those in violation are provided hearing notices and if found guilty, are fined. Every tobacco vendor in the County receives at least one compliance check yearly. The program also provides tobacco vendor certification classes quarterly at no cost.

Youth Action Program/Reality Check

Reality Check is a youth led movement (ages 13–18) within the New York State Tobacco Control Program that is committed to exposing the manipulative and deceptive marketing practices of the tobacco industry. *Reality Check* initiatives include:

- Changing the social norms regarding tobacco by de-normalizing and de-glamorizing tobacco, tobacco use, and the tobacco industry.
- Increasing the number of stores that limit or eliminate tobacco advertising and promotion at the point-of-sale.
- Increasing the number of community events and organizations that refuse tobacco company goods, services, and financial support.
- Increasing the number of movies rated G, PG, and PG-13 that do not include smoking and tobacco imagery.
- Promoting policy change at the local / state level.

Lyme disease Prevention Program

The Lyme Disease Prevention Program conducts education and surveillance in Orange County. The Senior Public Health Educator and Epidemiologist meet with the public and health care providers in accessible venues to provide risk reduction education. This program assists in the identification of ticks and provides referrals for medical care and information. The program works with the NYS Arthropod Disease program at Hudson Valley Community College to conduct biogeography studies of ticks in the county.

Migrant Health Services Program

The Migrant Health Services (MHS) Program provides outreach and education services to migrant farm workers in Orange County to reduce the risk of contracting communicable and infectious diseases and improve occupational health and safety. This is a collaborative service between Orange County Department of Health and the Hudson Valley Migrant

Health Program of the Hudson River Community Health Center based in Pine Island. The primary focus areas of the program are TB, HIV, STD, and injury and substance abuse prevention.

West Nile Virus Surveillance and Education Program

Since West Nile was first discovered in 1999, Orange County has had a program in place to collect mosquitoes for testing by the NYSDOH Wadsworth Laboratory. The county has entered into a contract with Orange County Community College to collect mosquitoes from high-risk areas for testing. When positive reports are received, risk reduction education is intensified. Press releases are issued to alert the communities affected to take extra precautions. Every spring a prevention campaign is initiated to make residents aware of the actions they should take to help prevent mosquito infestation.

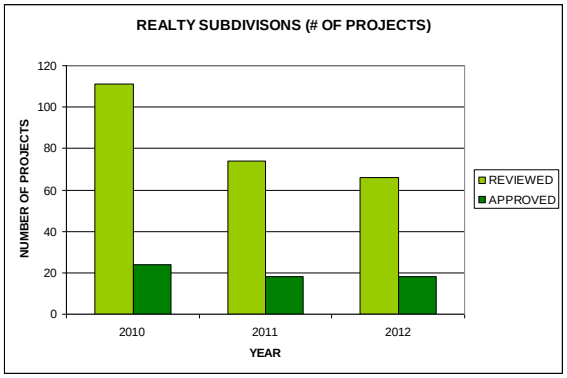
Environmental Health Division

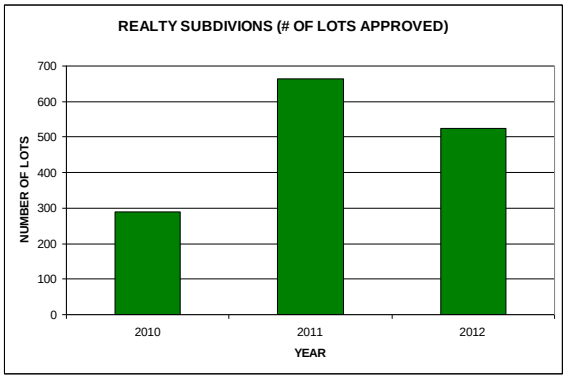
Environmental Health is divided into two operating Bureaus, the Bureau of Sanitary Engineering and the Bureau of Sanitary Control. The Bureau of Sanitary Engineering is responsible for two major programs - plan review (except food service establishments) and public water supplies. Engineers also provide technical assistance, primarily in terms of water and sewage, for the Bureau of Sanitary Control's programs.

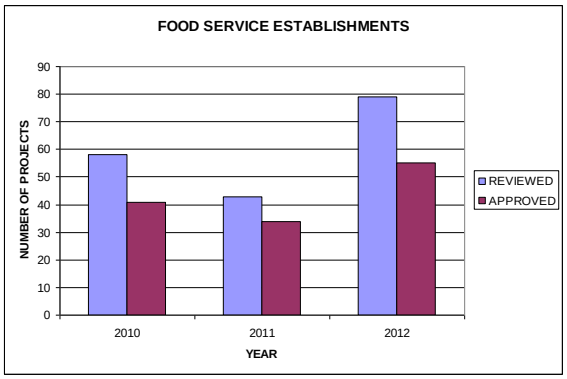
The Bureau of Sanitary Control is responsible for 10 programs, the largest of which is the food service establishment program, all of which come under the supervision of New York State Department of Health's Bureau of Community Environmental Health and Food Protection. In addition, the Bureau provides a tick identification service, and collaborates with the Public Health Nursing Division in managing the Department's Rabies Control Program and with the Division of Community Health Outreach in managing the Department's lead control programs.

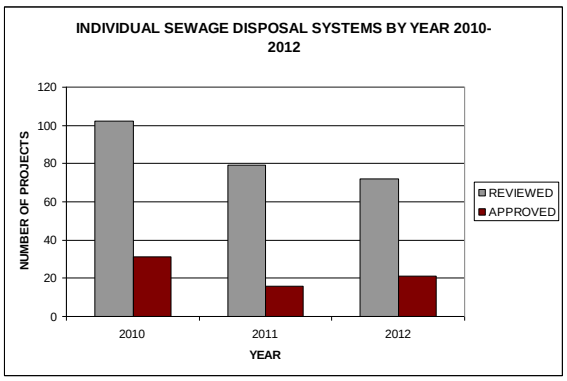
Plan Review

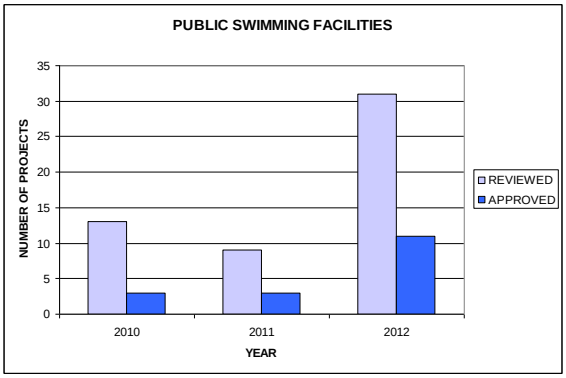
There is a self-imposed goal of a maximum 30-day turnaround in the plan review program. Plan reviews include residential subdivisions, food service establishments, individual sewage disposal systems (at permitted facilities and as requested by municipalities, and that are required to be submitted by the State Sanitary Code), public swimming facilities, in addition to public water supply improvements.

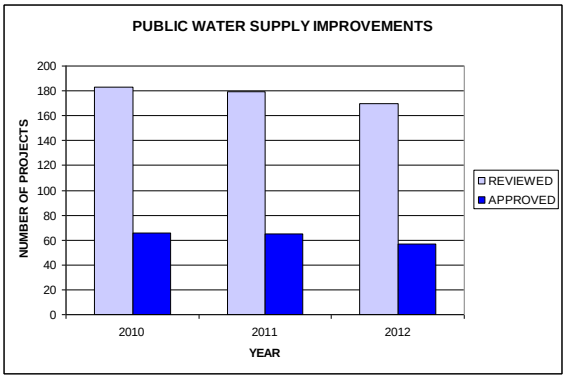






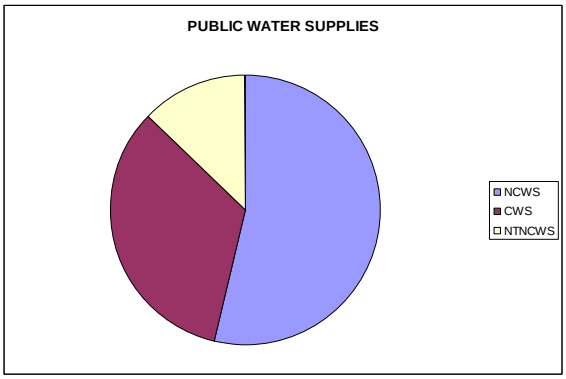






Water Program

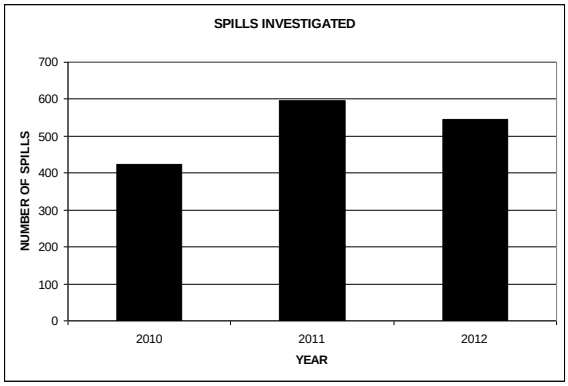
OCDH is the regulatory agency responsible for approximately 165 community water supplies (CWS), 62 non-transient non-community water supplies (NTNCWS) and 261 non-community water supplies. (NCWS)



One of the most important functions in protecting the public health is the monthly microbiological sampling of the County's community water supplies. This sampling is performed primarily by two public health technicians and can determine if there is an immediate public health threat based on sampling results obtained. The technicians, with the guidance from public health engineers, can often institute an immediate repair/response by the water supplier and/or protect the consumers with a boil water notice with a rapid response time.

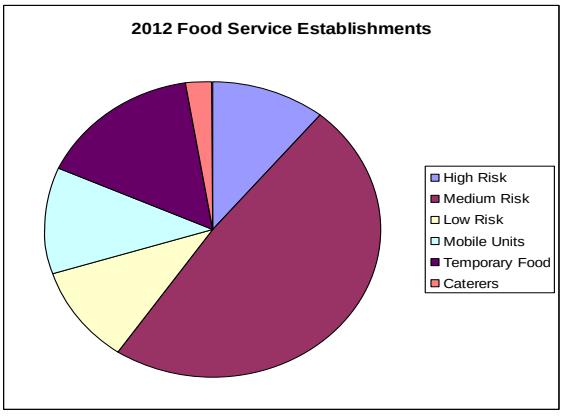
Most public water supplies are inspected at least once per year by either a public health engineer or technician. By doing so, program staff not only spot violations of the Sanitary Code but also consult with the water operators and make recommendations for improvements precluding some emergencies. These annual water supply inspections are often the impetus to construct major water supply improvements. These detailed inspections have permitted the program to work closely with water systems and the NYSDOH regarding the allocation of the State Revolving Fund (SRF) money to Orange County water supplies. The OCDH has the regulatory responsibility to see that all water systems perform the required maintenance & chemical monitoring, reporting, operations, etc.

Presently, we are notified of petroleum and other hazardous chemical spills by the New York State Department of Environmental Conservation at a rate of approximately one and one-half per day. The NYSDEC and/or water suppliers are notified of any actions needed to protect public water supply sources on an as needed basis.



Inspection and Permitting Programs

Food Service Establishments - The Division inspects and permits over 2,000 food service operations. Using menu and recipe reviews and noting the populations they serve, facilities are classified in respect to their potential for causing foodborne illness. Facility inspections are scheduled depending upon risk category (i.e., the higher the risk, the more frequent the inspection) so that more time can be spent educating operators in safe food handling practices.



The Division plays an integral part in the Department's foodborne disease surveillance and investigation of all

suspected foodborne disease incidents/outbreaks. The Division of Environmental Health is charged with the responsibility for environmental issues (food preparation review and collection of food samples) while the Division of Public Health Nursing is responsible for the epidemiologic investigation relating to the suspected illness (signs, symptoms, incubation period, duration of the illness, collection of clinical specimens, etc.). The Department's foodborne disease surveillance officer is responsible for incident coordination (within the Department and with appropriate State Health Department and/or Department of Agriculture and Markets personnel) and for the submission of a report of investigation findings and recommendations to the NYSDOH.

Children's Camps – The inspection and permitting of children's overnight and summer day camps continues to be one of the Division's most important seasonal programs. Camps are checked to make sure physical facilities are safe and that supervision is adequate. Reportable camp injuries, illnesses and child abuse allegations are investigated by Division staff. Eighty-three (83) camps operated during the 2013 season. The program keeps expanding into safety considerations in addition to traditional health regulation as we become involved in archery, rifle ranges, rope courses, and waterfront activities, etc.

Migrant Farmworker Housing – Housing facilities for migrant farmworkers are inspected prior to occupancy and while in use to ensure that the water supply is safe, sleeping, lavatory, shower, heating and kitchen facilities are adequate and no fire hazards exist. Nine (9) migrant farmworker housing facilities operated during 2013.

Swimming Pools and Bathing Beaches – Public swimming pools, wading pools, spa pools and bathing beaches are inspected and permitted by the Division to assure that the facilities meet sanitary and safety provisions of the State Sanitary Code. Reportable injuries and illnesses are investigated by Division staff. In 2013, 290 public swimming facilities operated in the county.

Temporary Residences – Hotels, motels, bungalow colonies and campsites are inspected and permitted under this program. Fire safety, housing maintenance, water supply, sewage disposal, bathing, swimming and lavatory facilities are the main areas of concern in this program. In 2013, 89 temporary residences operated in the county.

State and Local Institutions – Food service and swimming facilities at state institutions and institutions licensed by State agencies (Mental Hygiene, Corrections, Social Service, Youth Bureau, etc.) are inspected annually by Division staff. A number of these institutions currently exist in the county.

Mobile Home Parks – Sanitary facilities and fire safety are the primary concerns of this program. Fifty-four (54) mobile home parks are inspected and permitted annually.

Smoking Restrictions – The Division enforces the provisions of New York's Clean Indoor Air Act in indoor areas open to the public. Food service establishments are checked for compliance with the Act on a regular basis and all other public areas (retail stores, public buildings, worksites, etc.) are surveyed in response to citizen complaints.

Lead Poisoning Prevention

Environmental lead evaluations of housing facilities are conducted by Division staff upon referral by the Department's Childhood Lead Poisoning Prevention Program. Since 2008 the Division has been participating in a lead prevention program in cooperation with the Division of Community Health Outreach in the cities of Newburgh and Middletown. The program seeks to eliminate lead hazards in older, poorer neighborhoods of the cities where a higher incidence of elevated blood lead level in children has been found to exist.

Rabies Control

The Division of Environmental Health collaborates with the Division of Public Health Nursing in managing this program. Orange County was one of the first counties to become affected by the raccoon rabies epizootic when it entered New York State from Pennsylvania in 1990. The disease has continued to be endemic in wild animal populations (especially raccoons and skunks) and as such has been a constant threat to domestic animals and county residents. The State Health Department's amended guidelines for managing indoor bat encounters has also prompted the Department to intensify its efforts to educate the public in respect to bat rabies.

The Division of Environmental Health is responsible for preparing and submitting animals to the NYSDOH's Rabies Laboratory, counseling and educating local government officials, animal control officers, and the general public on the management of domestic animal exposures to rabies. The Division has jointly sponsored free pet vaccination clinics with municipalities for Orange County dog and cat owners annually since 1989. State regulations require at least one clinic to be held every four months.

Nuisances

Complaints made by the public in relation to various environmental concerns (e.g., sewage, garbage and rodents) are investigated by Division staff.

Lyme Disease

A tick identification service has been provided by the Environmental Health Division for several years as an adjunct to the Department's Lyme Disease Prevention Program. Although ticks are not tested for presence of the Lyme disease bacterium, this service provides the individual with information regarding the tick which they can share with their physician if Lyme disease treatment is being considered.

Office of Public Health Emergency Response

The Office of Public Health Emergency Response (OPHER) provides services and has the responsibility for the coordination of all activities relating to the preparedness and response to a public health emergency in Orange County. These services are provided before, during, and after a public health emergency. OPHER is tasked with the development and the maintenance of the Public Health Emergency Response Plan (PHERP), an annex to the County Emergency Management Plan (CEMP). The PHERP provides response guidance that applies to most situations, such as communications, information and notification protocols. The PHERP also includes event-specific guidance on incidents such as chemical, radiological, and bioterrorism incidents, and pandemics.

The OPHER regularly conducts joint planning sessions with local, state, and federal law enforcement agencies, Fire, Emergency Medical Services, the Orange County Department of Emergency Services, NYSDOH, NYS Emergency Management Office, local hospitals, the US Military Academy at West Point, and neighboring county public health and emergency response agencies. Multi-agency coordination greatly enhances Orange County's ability to respond to a public health emergency. In addition, emergency plan development guidance is routinely provided to school districts, home health care companies and other businesses or institutions looking to coordinate pandemic flu or continuity of operations planning (COOP) with the county.

The OCDH has designed and implemented several epidemiological surveillance systems to detect a possible outbreak of disease in Orange County. School surveillance is conducted in all public school districts in the county. This surveillance measures absenteeism rates in students and faculty to determine if there is an unusual absenteeism rate that may be due to an emerging disease outbreak. OPHER also conducts surveillance of 911 calls made in the county. The data from the 911 calls is filtered to determine how many people request assistance due to illness each day. Non-illness related 911 calls are filtered out. In cooperation with local hospitals and the NYSDOH, daily emergency room chief complaint surveillance is monitored electronically.

In recent years, the OPHER has been involved in several responses as a result of Hurricanes and Tropical Storms. Part of the response involved the activation of the Medical Reserve Corps (MRC). The MRC is a group of credentialed volunteers from various medical backgrounds. These volunteers are trained to work with the OCDH Nurses in times where additional trained medical staff may be needed. A volunteer coordinator oversees this program to insure that training, current certifications and database contact information are updated. There are currently 323 credentialed volunteers in the Orange County MRC.

The emergency communications plan within the OCDH has been coordinated with the Department of Emergency Services to ensure interoperability between OCDH and other emergency response organizations.

As the program has developed and needs have changed, statewide and nationally, the goals of the Office have also been updated. As directed by the federal program, LHD's are working closer with hospitals, medical facilities and nursing homes in developing continuity of operations, communications plans and training that is essential to any effective emergency response. The OPHER has the ability to provide training directly or facilitate the training of Orange County first responders by professional instructors from outside Orange County Department of Health.

Administration

As the United States goes through a changing and evolving healthcare system, the impacts on the local health department are still not completely understood. As a department, we are positioning ourselves to be flexible and innovative as the role of the department makes new strides in protecting public health. It is important that the partnerships that have been developed over the last ten years with Federally Qualified Healthcare Centers (FQHC's), hospitals and medical centers continue to grow.

As the department is challenged to be fiscally responsible and do more with less, we continue to work with grant specialists in the county to find eligible funding lines that support public health initiatives. Funding from the CDC Preparedness Grant has permitted Orange County to employ a part-time nurse epidemiologist to spearhead local collection, centralization, and analysis of health-related data, including that pertaining to disease outbreaks. OCDH collects data for comparative purposes and actively monitors trends in disease incidence, prevalence, and vital statistics. Additionally, this funding has enabled the OCDH to improve our communications and technological capabilities, including increasing use of communication devices such as blackberries, cell phones, satellite phones and laptops, to allow mobility in operations and the development of communication systems.

The initial focus of preparedness funding has expanded to an all-hazards approach, for more comprehensive preparedness planning. The use of the department's Medical Reserve Corps has increased significantly in the last few years as the need for skilled and trained staff in the preparedness field has grown.

In August of a 2013 the OCDH completed its construction of temporary morgue and autopsy suite facilities behind the Emergency Services Center. The Medical Examiner's Office no longer works out of the Orange Regional Medical Center which allows the department to work more independently and closer to its administrative offices at the Emergency Services Center (ESC). Morgue facilities now have the ability to hold 28 bodies if needed, nearly doubling the capacity of what was used at ORMC. Over the next few years the county will be exploring the development of more permanent facilities that will meet the needs of a growing county.

The Early Intervention and Preschool Programs continue to present great fiscal challenges to the Department. In an effort to cut expenses for local governments, New York State enacted a new billing and payment system in 2013. Challenges with the NYSDOH making timely payments to providers has increased stress on companies trying to provide services on a population that continues to grow as the need for services intensifies. As in other counties, the annual budget for these programs greatly exceeds the combined budget for all other public health activities.

Public Health Nursing Division

CHHA/LTHHCP

The major diagnostic categories in home health patients for the past two years reflect musculoskeletal, cardiovascular, skin/subcutaneous tissue and respiratory disorders prevalent in the predominantly elderly population served by these programs.

CHHA/LTHHCP VISITS BY YEAR AND DISCIPLINE, 2008-2012

DISCIPLINE	2008	2009	2010	2011	2012
Nursing	18,128	19,702	22,942	17,064	16,718
Physical Therapy	2,134	2,590	3,254	1,938	2,138
Occupational Therapy	356	307	218	67	124
Speech Therapy	0	2	31	35	64
Medical Social Worker	1,100	1,310	2,492	2,429	2,082
Nutritionist	182	152	110	73	102
Home Health Aide (HHA)	4,425	4,474	3,910	3,478	2,725
Personal Care Aide (PCA)	8,763	9,361	9,638	10,151	9,289

As shown in the table above, there has been an overall decline in nursing and home health aide visits. This is due to the provision of home health services in the county by other agencies – one CHHA administered by Good Samaritan Hospital in Rockland County, and one private CHHA with offices in the cities of Newburgh and Middletown. OCDH continues to be the primary home health service provider for the uninsured.

Orange County Health Department Long Term Home Health Care Program is primarily a Medicaid program which has had an allowance for up to 10% of patients on a private pay, sliding fee scale basis to be enrolled in the program. Currently the program is in transition, with no new enrollments permitted from June 1st 2013. There is a plan that has been implemented for Long Term Home Health Care Program patients to enroll in Managed Care Programs, for non- dual eligible (Medicaid insured recipients) as well as Managed Long Term Care Program enrollments for dual (Medicare and Medicaid insured) eligible recipients. This will impact patients from Orange County Health Department Long Term Home Health Care Program

Orange County Health Department will continue to provide skilled services of nursing and therapies as well as home health aides and medical social work services through the Certified Home Health Care Program for the Long Term Program patients who are in need of these services on a contractual basis with the Managed

Care and Managed Long Term Care Program providers. Patients also have the option to enroll in Medicaid Waiver Programs, which currently include Nursing Home Transition and Diversion Waiver Program as well as the Traumatic Brain Injury Waiver Program, based on meeting eligibility criteria.

These Managed Care and Managed Long Term Care Programs as well as the Medicaid Waiver Programs will enable recipients to remain in the community, in their homes, and with community based long term home health care services. The provision of case management for the care and coordination of services for the Long Term Home Health Care Program patients will be assumed by the programs that patients choose to enroll in.

Tuberculosis Control Program

The Tuberculosis Control Program clinics serve a mainly foreign-born population clustered in the cities of Newburgh and Middletown. Approximately 85% of latent TB infection (LTBI) patients are Spanish speaking. Individuals identified as positive for latent TB infection in private medical practice or school testing and are referred to Health Department clinics for treatment and management.

Over the last five years OCDH has seen a decline in the number of children receiving treatment for LTBI through our clinics. This is likely due to an increase in children insured and being managed by their private physicians. OCDH TB Program continues to receive referrals from physicians, local clinics and schools. A Summary of TB Program tests and cases from 2008-2012 is provided in the table below.

TUBERCULOSIS CONTROL PROGRAM TESTS & CASES, 2008-2012

	2008	2009	2010	2011	2012	5-Year Average
TB cases	8	2	4	10	6	6
Mantoux tests	795	732	686	561	474	650
Positive tests	12	14	31	36	28	24.2
LTBI therapy	45	109	98	79	76	81.4
LTBI Therapy completed (%)	48%	86%	66%	85%	59%	69%

Communicable Diseases

During 2009-2010, Orange County experienced a large mumps outbreak in conjunction with several other New York counties, New Jersey and areas of Canada. Over the course of 10 months, the health department received reports of 794 cases of mumps, primarily located in the village of Kiryas Joel among the Hasidic Orthodox community. Cases were first reported to the health department in September of 2009. The index patient was an 11 year old child who traveled to England in June of 2009 where an ongoing mumps outbreak was occurring. This child was a resident of New York City and once he returned to the United States, he attended a summer camp in Sullivan County and became symptomatic. Subsequently, other camp attendees were reported to have mumps and transmission continued in multiple locations when the camp attendees returned home.

Despite the Kiryas Joel community having an extremely high 2-dose measles-mumps-rubella (MMR) vaccination rate, the outbreak continued through December in mostly children aged 11-17 years. At that time, the Centers for Disease Control and Prevention, New York State Department of Health and Orange County Department of Health collaborated to offer children who had not developed mumps during the outbreak and had previously received 2 doses of the vaccine. An MMR vaccine was offered in vaccination clinics in 3 schools in the village from January 19 to February 2, 2010. Following vaccination, cases slowly started decreasing and the last case of mumps associated with the outbreak was reported to the health department in July of 2010. This was the first time a 3rd dose of MMR was used as an outbreak control measure for mumps.

Orange County continues Lyme disease sentinel surveillance, fully investigating 20% of all laboratory reported Lyme disease suspect cases and 100% of all physician reported suspect cases. In 2011, Orange County had the largest number of Lyme disease cases in NYS with 953 cases. There were 545 Lyme disease cases identified in 2012. Other arthropod-borne diseases have had increasing numbers in the county including Babesiosis with 9 cases in 2012; and 24 cases of Anaplasmosis in 2012. The complete Annual Morbidity Report can be found in Exhibit # 82, *Section II*.

OCDH continues to investigate all cases of viral hepatitis. Hepatitis C is the most prevalent viral hepatitis in the county with an average of 300 newly identified cases each year. CDC now recommends that all persons born between 1945 and 1965 (baby boomers) be tested for Hepatitis C. Hepatitis C is known as the silent killer, as many individuals do not know they have the disease for many years, and therefore do not receive treatment. In October 2013, Governor Cuomo signed legislation requiring all New York hospitals and health care providers to offer one time testing to baby boomers. We anticipate an increase number of newly diagnosed Hepatitis C cases in the coming years. Identification of previously unknown hepatitis C cases will lead to increased treatment, and decreased morbidity and mortality.

STD/HIV Program

The OCDH has been providing STD testing and treatment for reportable and non-reportable STDs at the Newburgh STD Clinic for over 30 years. OCDH provides a weekly STD Clinic in Middletown as well. All patients are seen by a physician, and receive testing and treatment for Gonorrhea, Chlamydia, Syphilis and Herpes.

STD/HIV Partner Services

Partner Services is a continuum of activities designed to increase the number of infected persons brought to treatment and disrupt transmission networks. Part of this continuum is Partner notification. This is a process by which Public Health Investigators interview infected patients to learn about their sex partner or needle sharing partners for HIV cases. The partners are then notified by the Public Health Investigators and referred to the County STD/HIV Clinics or to their Medical Providers for evaluation and treatment.

Internet Partner Services

Partner notification has always played an important role in STD control; and its practice must continue to evolve along with the available technologies that can be used as tools for partner services. The use of the internet as a tool for HIV/STD Partner Notification is a natural evolution from traditional HIV/STD partner services and a necessary addition to the resources that ensure effective partner services.

Internet-based Partner Services (IPS) is an all-encompassing term that refers to all partner services (PS) that can be provided through the internet, while Internet-based Partner Notification (IPN) refers to the specific activity of notifying partners of their possible exposure to an HIV/STD.

IPS is used to augment traditional partner services. Partner locating information may be limited to a screen name from a website or an e-mail address making the internet the only viable option for providing partner notification (PN).

2010 HIV Testing Law

On July 30, 2010 Governor David Patterson signed an amendment to the New York State law that governs HIV testing. The amended law, which took effect on September 1, 2010, makes testing more readily available in health care settings, while also making it easier for patients to give their consent (permission).
With limited exceptions, the new State law requires health care professionals to offer all patients between the ages of 13 and 64 a voluntary HIV test. The law applies to anyone receiving treatment for a non-life-threatening condition in a hospital, a hospital emergency department or a primary care setting, such as a doctor's office or outpatient clinic.

Under the state's old law, patients could not receive HIV tests unless they first provided specific written consent for medical care or by telling the provider that they agree to be tested. Rapid tests produce results in as little as 20 minutes.

STD Communicable Disease Investigation

The annual number of Chlamydia cases has increased considerably since this STD became reportable in NYS in 2000. In fact, Chlamydia currently ranks first in the number of cases reported among all reportable communicable diseases in Orange County. All cases are followed for therapy monitoring. Priority Chlamydia cases are assigned to Public Health Investigators (PHI) for Partner Services.

In 2009, Expedited Partner Therapy (EPT) was signed into law in New York State (NYS). Article 2312 of the NYS Public Health Law permits health care providers (i.e. physicians, midwives, nurse practitioners and physician assistants) to provide *Chlamydia trachomatis (Ct)* patients with antibiotics or a written prescription for antibiotics to deliver to his or her sexual partner(s) without prior clinic assessment of those partners. In NYS, the use of EPT is limited to Ct infection only. This law is intended to decrease the morbidity caused by Ct infection or re-infection. It does so by enabling timely treatment of Ct within partner networks.

Chlamydia trachomatis is a leading cause of tubal infertility, pelvic inflammatory disease (PID), infertility and ectopic pregnancy. Untreated partners are an important source of re-infection, and each re-infection increases the risk of negative reproductive health outcomes. EPT has been shown to reduce Ct re-infection, and augment provider options for managing the care of partners of Ct patients.

Public Health Law states that medical facilities providing gynecological and obstetrical services shall provide testing and treatment for sexually transmitted diseases. This may account for an increased number of female patients screened for STDs at annual gynecological exams. Many of the female patients are offered EPT for the treatment of their male partners. EPT may be an explanation for the variation in case rates between male and females. Reported cases of Gonorrhea have remained relatively constant from 2000 to 2011. An increase of an additional 100 cases from 2011 to 2012 can be attributed to the increased oral and rectal screening. All Gonorrhea cases are assigned for PHI Partner Services. OCDH receives approximately 400 Reactive Syphilis Serology Reports each year. All laboratory reports are reviewed closely to determine if they represent untreated Syphilis, previously treated Syphilis, or false positives. Untreated Syphilis cases are assigned for PHI Partner Services. Less than 10 patients per year have been diagnosed with Early Syphilis (Syphilis infection of less than 12 months duration) in the county until 2012 when 14 cases were reported.

HIV Partner Assistance Program (PS)

HIV became a reportable disease in 2000. Each case of HIV is assigned to a PHI for Partner Services follow up. The PHI will interview each new case and offer to notify their partners that they have been exposed to HIV. The PHI will then assist the partners in obtaining HIV testing.

HIV Counseling and Testing Clinics

HIV Counseling and Testing Clinics have been held in both Newburgh and Middletown since 1987. OCDH began Rapid HIV Testing in 2006 which lead to an increase in the number of patients tested. All clinic patients are now offered an HIV test and receive HIV pre-test counseling as part of their STD Clinic visit in compliance with the new 2010 HIV testing law.

Hepatitis Vaccines

OCDH began administering the Hepatitis vaccine in October 2007 at STD Clinics. Each patient is offered the Hepatitis B vaccine, Hepatitis A vaccine, or Twinrix® vaccine (combined Hepatitis A and Hepatitis B vaccines). Between 2008 and 2012, 116 persons received Hepatitis vaccine.

Immunization Program

Children's immunization clinics are held monthly or semi-monthly, by appointment, in seven locations in the county. The clinics are available to residents from two months of age through college. In accordance with recent CDC guidelines, influenza vaccine is now provided in immunization clinics for infants and children ages 6 months – 18 years of age. Service demands are expected to increase in the future as more physicians endorse the recommendation.

Flu vaccination clinics are conducted each fall for adults ages 19 and over. The CDC recommendation for annual influenza vaccination in adults of all ages is projected to cause an increased demand for vaccination services. Pneumoccocal vaccine is available at flu clinics for adults 65 years and over. This vaccine is administered only once in this age group and therefore the number of persons requiring vaccination decreases yearly as this population become increasingly immunized. Adult and travel clinics, established in 2003, provide all vaccines required for foreign travel as well as meningitis vaccine for college entrance and pre-exposure rabies for veterinary students and animal control and shelter employees.

Women Infants and Children (WIC) Program

In five years the program achieved 100% of our approved caseloads. The Farmers Market program remains highly successful with our redemption rate above the state average. Our Breastfeeding Peer Counselor program has been very successful with the breastfeeding rates increasing by 11% since the program began in 2012. Peer counselors will be available at Orange Regional Medical Center to assist with breastfeeding and promoting the WIC Program. On a weekly basis, either the Breast Feeding Coordinator or a peer counselor attends the MOMS group at Orange Regional to promote breastfeeding and proper infant nutrition.

WIC Caseload by year:

2008	2009	2010	2011	2012
7,469	7,806	6,432	6,773	6,885

Intervention Services Division

Early Intervention

- *Early Intervention and Preschool Special Education* The charts below contain the numbers of clients served since 2007 per school year with the cost and the percentage increase.

- *Early Intervention Referrals and Active Cases* contains the number of clients from 2007 - 2012.

EARLY INTERVENTION CLIENTS & COSTS 2007-2012

Year	Number of Clients	% Increase from previous year	Total Cost all Payers	Average Cost Per Child
2007-2008	2,207	8%	$ 10,857,586	$ 4,920
2008-2009	2,286	4%	$ 12,904,402	$ 5,645
2009-2010	2,301	1%	$ 13,333682	$ 5,795
2010-2011	2,288	-1%	$12,281,506	$ 5,368
2011-2012	2,237	-2%	$ 11,395,948	$ 5,094

PRESCHOOL SPECIAL EDUCATION CLIENTS & COSTS 2007-2012

Year	Number of Clients	% Increase from previous year	Total Cost all Payers	Average Cost Per Child
2007-2008	1,650	4%	$21,266,419	$12,889
2008-2009	1,746	6%	$24,957,762	$14,294
2009-2010	1,818	4%	$26,074,833	$14,343
2010-2011	1,919	6%	$28,719,888	$14,966
2011-2012	1,918	0%	$28,793,501	$15,012

Referrals to Early Intervention and active EI cases are identified in the tables below. The need for additional staff became evident as the caseloads for each service coordinator was between 170-190 clients vs. the state recommendation of 25-70. In response to increased ISC caseloads, the county approved creation of 8 new ISC positions, since 2008, which reduced the average caseload to more manageable levels. With the Implementation of the NYSEIS system, EI staff responsibilities needed to be modified to separate the roles of the Initial Service Coordinator (ISC) and Early Intervention Official Designee (EIOD). There remains a need for additional providers for services in demand, especially speech pathologists, and for bilingual providers, especially for our Hispanic populations. Difficult to serve areas - inner city, rural, and less accessible areas of the county such as Sparrow Bush remain a challenge for provision of all EI services.

EARLY INTERVENTION AND ICHAP REFERRALS AND ACTIVE CASES

Referrals per Year, 2009-2012

Year	Child Find Referrals	EI Referrals	Total
2009	432	1,138	1,570
2010	341	1,170	1,511
2011	311	1,133	1,444
2012	320	1,108	1,428

Year	Child Find Active Cases	EI Active Cases
2009	703	2,147
2010	583	2,139
2011	493	2,135
2012	476	2,048

**An active case is defined as any child who has at least one EI or ICHAP service in the year. We are uncertain of the data reliability as there is no way at this time to validate report data on the new NYEIS data system. At this time the Early Intervention Division is using 2 data systems simultaneously, KIDS & NYEIS.*

Child Find

The Child Find referrals and caseload per year are included above. To enhance program efficiency and comprehensive pediatric care, the Child Find Nurse has been working with primary health care providers to universally conduct developmental screenings on children during their well-child visits. The Child Find Nurse provides developmental screening results to DSS/CPS, Foster Care & Preventive programs for those children who are mandated to be reported to the Child Find Program due to "at risk" status. The Child Find Nurse also provides information and trainings for community organizations and groups, agencies and providers regarding infant and child safety, immunizations, child development and other public health issues. A PHN reviews Community Health Worker Program charts on a regular basis with the CHW Program Coordinator and CHW staff. An average of 65 charts per year are reviewed. Joint visits are made with CHW's to complete a family assessment of needs, identify any medical issues and make referrals to appropriate resources.

Healthy Mom/Healthy Baby Program (HM/HB)

The PHN Coordinator of this program has worked with health care providers, community agencies, home visiting agencies, insurance providers and families to improve access to health care services as well as promote early entry into prenatal care within the first trimester of pregnancy. The PHN has created a HMHB Advisory board to facilitate change throughout the county to improve birth outcomes. Port Jervis was identified as an area of high risk due to the impending closure of Bon Secours Hospital birthing center and difficult access to local prenatal care. Middletown Community Health Center opened an office in Port Jervis which offers perinatal and pediatric care. Vouchers were purchased with HM/HB grant funds to cover the cost of pregnancy tests and 1st prenatal visit for women who did not have active insurance coverage. Hours for Insurance facilitated enrollment were increased in Port Jervis and surrounding areas to improve access to insurance coverage. The HM/HB Coordinator has been working with parenting classes, hospitals, home visiting agencies and health care providers to promote safe sleep practices and has provided Halo Sleep Sacks, purchased with grant funds, to demonstrate safe use of the sleep sacks as well as providing a sleep sack to women who attend parenting classes in Orange County. ORMC has been working towards discontinuing the use of blankets in their nursery and NICU and will be replacing them with Halo sleep sacks to help promote safe sleep practices. The HMHB Coordinator continues to work with the remaining hospitals in Orange County to facilitate this change in practice. An Interactive Pregnancy Guide has been added to the OC Website via a partnership with the developer, the North Carolina Division of Public Health. This website offers information promoting a healthy pregnancy, which is key to improved birth outcomes.

Preschool Special Education Program

The Preschool Special Education Program caseload is provided in the table on page 14, *PRESCHOOL SPECIAL EDUCATION CLIENTS & COSTS, 2007-2012.* In addition, there are an average of 60 Committee on Preschool Education (CPSE) meetings held each month, ranging from 40 -120 meetings per month. A meeting can consist of up to 10 children reviewed. Due to staffing constraints, the county is represented at only 20-30% of those meetings. There is also a need for additional providers for related services in demand, especially physical therapy. The need for providers is evidenced by waiting lists (sometimes as long as 2-3 months) which result in service delays.

Physically Handicapped Children's Program

Between 2009 and 2012, 318 children were referred for PHCP services. Of these, 116 met the income and treatment guidelines for services. Children are assessed by the NYS PHCP Diagnostic and Evaluation Program; primarily services are for orthodonture at this time.

Children with Special Health Care Needs

A total of 58 families were served between 2009 and 2012. Families receive information, resources and referral services via our PHN. The goal of this program is to identify needs and refer families to community resources.

Newborn Hearing Screening Program

Fourteen children were referred for follow up requiring repeat hearing screening testing from 2009-2012. NYS mandates the Newborn hearing Screening testing for all children. Public health nurses follow up with families to encourage rescreening and to refer to Early Intervention as needed.

Newborn Screening Program

168 children were referred to OCDH for follow up from 2009-2012. These are children who need repeat specimens completed due to inadequate specimens or

an anomaly identified in the specimen received. Currently the Newborn Screening tests 45 diseases and rare disorders. If not identified early these disorders can cause mental retardation, severe illness or premature death. Notification is sent from NYS Newborn Screening program to the OCDH, the family and health care provider that repeat testing is necessary. The Public Health Nurse contacts families, encourages follow up testing and reports to the NYS Newborn Screening program.

SIDS-Infant/Child Deaths

40 infant and child deaths were reported from 2009-2012. Families receive a packet of information with a letter of condolence from the Commissioner of Health and a list of bereavement support groups available throughout the county. Families are also offered a visit from our PHN to encourage families to express their concerns and review resources. Intervention Services Supervising Public Health Nurse (SPHN) is a member of the OC Child Fatality Review Team. This team consists of representatives from NYS OCFS, Department of Social Services, local law enforcement, the District Attorney's office, emergency medical response staff, medical examiner's office staff and investigators, NYS SIDS Coordinator, as well as local hospital representatives. The purpose of this team is to review the death of any child who has an open child protective services (CPS) preventive case and investigation of any unexplained or unexpected death of any child under the age of eighteen.

Childhood Lead Poisoning Prevention Program

One hundred twenty lead chart reviews were completed by the Lead Program PHN, from 2009-2012, in collaboration with the Community Health Outreach Division's Assistant Director, CHO Lead program Staff and EI SPHN. Meetings are also held with Environmental Health Field staff to review open lead cases, status of remediation efforts and BLL of children residing in these locations. The public health nurse works with health care providers to improve testing, reporting and treatment of children identified as lead poisoned in Orange County.

Community Health Outreach Division

Public Health Education

Health Education for the public is ongoing throughout the year, including individual and group services. This includes culturally and linguistically appropriate Information on many health topics, including NYS Prevention Agenda Health Priorities. CHO staff participates in over 60 community events each year as part of preventive health education services.

Primary prevention is a major focus of our community programs and services since our target population has limited access to preventive education and health care. Public Health Educators, with specialized training in disease prevention and health promotion, work collaboratively with diverse community and faith-based organizations to provide educational programs and services to vulnerable populations.

Healthy Orange

According to the county's 2009 BRFSS results, over 65% of county adults ages 18 and over are overweight or obese (BMI $\geq$ 25). Being overweight or obese increases the risk of developing metabolic syndrome and chronic diseases such as asthma, hypertension, Type 2 diabetes, cardiovascular diseases**,** certain types of cancer, and musculoskeletal disorders. Healthy Orange is now focused on obtaining policy, systems and environmental changes in schools, worksites, community-bases organizations, healthcare facilities, and the community-at-large. Healthy Orange has created and implemented 2 Farm markets in Newburgh, 2 walking loops in Middletown and 1 loop in Port Jervis. Healthy Orange has also launched Get Fresh Orange which brings local produce to food pantries in Orange County. Get Fresh Orange had 9 distribution events throughout 2012 and distributed 97,424 lbs. of produce. Healthy Orange has launched over 10 worksite wellness programs.

To address these health concerns in the adult population, *Healthy Orange* implemented several worksite wellness programs focusing on healthy eating and activity practices. *Healthy Orange Worksites* promotes physical activity at work through walking events and walking clubs for employees. This initiative provides free heart risk assessments biannually to employees in partnership with Orange Regional Medical Center's Healthy Heart Program. Since 2006, *Healthy Orange* has implemented programs in 45 local worksites including County Government, SUNY Orange, Genpak, AMPAC, Presidential Container, AMSCAN, Epicor, Middletown Medical, Orange Regional Medical Center, as well as many schools and other businesses.

Healthy Orange coordinated a grant program to local schools called *Fit Kids of the Hudson Valley (FKHV)*. *Fit Kids* addressed the rising obesity epidemic in school-age children through policy and environmental changes at the individual school level. *Fit Kids* has worked with 19 individual schools in the county. Each school completed the CDC School Health Index to identify areas for improvement in wellness policies, formed wellness committees, and provided activities such as increasing access to whole grain products and fresh fruits and vegetables in the cafeteria, decreasing foods with low nutritional value, increasing physically active extracurricular options, and adding more physical activity into students' school day (i.e. walking clubs, yoga classes) to support policy and environmental changes. *Fit Kids* also provided education and activities for parents and staff. Fit Kids produced many policy and environmental changes in each of the 19 school buildings. Fit Kids grant funding ceased in 2010.

Eat Well Play Hard (EWPH)

Eat Well Play Hard was a community-based program designed to prevent childhood obesity utilizing best practices relative to age-appropriate activity and healthy food choices. Orange County Department of Health was awarded this grant from 2007 through 2010. During this period, policy changes for healthy foods and physical activity opportunities were promoted for schools, childcare agencies, and after-

school programs in the target population of children ages 2 and older and their families in the Newburgh and Middletown school districts. The program's objectives addressed helping children and their families gain the access, knowledge, attitudes, and skills needed to establish healthy eating behaviors or increase physical activity.

The Eat Well Play Hard Community grant carried out a number of community and school-based projects in the target areas. This included the establishment of a new Farmers' Market in the Enlarged City School District of Newburgh, the development of a school district "Wellness Policies at a Glance" guide with the Enlarged City of Newburgh School District, the adoption of new policies at day care centers and after-school programs to emphasize healthy foods and physical activity, and worked with camps, parks and playgrounds to increase physical activity opportunities for children and visitors. In addition, through the Eat Well Play Hard grant, a County-wide Coalition of agencies was formed to address the problem of childhood obesity. The Coalition continues to meet and address chronic disease prevention in Orange County.

Beverage Options for a Healthy Orange (BOHO)

Orange County Department of Health (OCDH) was awarded a grant from the New York State Association of County Health Organizations from June 2011 through January 2012 for the purpose of establishing policies in public buildings to support healthy beverages. Beverage Options for a Healthy Orange, involved working with municipalities to set up policies and environmental changes at public buildings and sites to bring about healthier beverage options for residents. The policies which were established focused on healthy vending machine options, healthy beverage options at meetings and public events, and making water accessible in public buildings and spaces. Water stations were also placed at public buildings, recreation sites, and camps.

In addition to these policy and environmental changes, OCDH carried out an advertising campaign with tabletop advertisements promoting the benefit of water at the Crystal Run Galleria Mall. Water promotion signs were also created and placed at numerous county public sites.

Strategic Alliance for Health (SAH) (Building a Healthy Nation)

The purpose of SAH was to create healthier communities through sustainable, innovative community health promotion and chronic disease prevention interventions that utilize policy, system and/or environmental change strategies. This grant funded a full-time Senior Public Health Educator (SPHE) position to implement and evaluate the program's change strategies. The SPHE assisted in supervising the work of the existing Health and Wellness Coordinators and Public Health Educators (PHE) included in the initiative. SAH conducted a Community Assessment in the Enlarged City School District of Middletown and city of Middletown using the CDC CHANGE tool to five agencies in each of the following categories: community, health care providers, community-based institutions, schools and worksites. Each CHANGE tool examined physical activity, nutrition, tobacco use, chronic disease management and leadership.

SAH fostered 25 policy, system and environmental changes over four years including: implementing a Farm to School program in the Enlarged City School District of Middletown; creating a sustainable Green Cart for school and after school activities; a functional school garden at Middletown High School; completed a nationally distributed implementation guide (through CDC) for the Farm to School program; provided the City of Middletown with 10 exercise stations, 5 bike racks and 6 benches for city parks; helped enact four (4) 24/7 Smoke Free Campus policies at Orange Regional Medical Center (ORMC), Middletown Community Health Center, Middletown Medical and Galleria at Crystal Run; helped the City of Middletown Parks and Recreation Department adopt the Healthy Beverage Options policy and established breastfeeding friendly worksites at ORMC, MCHC, Middletown Medical, Orange County Department of Health Women, Infants and Children at Fulton Ave., Maple Hill Elementary School and AMSCAN. This grant ended successfully on December 31, 2012.

Lead Safe Orange (LSO)

With the tremendous growth in the number of Hispanic/Latino immigrants in our county, the LSO program has enhanced outreach and engagement efforts with Spanish speaking populations through our bilingual staff to inform at- risk groups of available lead poisoning prevention services and assist in the application process for HUD remediation/abatement loans. This has improved communication with landlords and property owners to work toward the reduction of lead burdened residences throughout the county.

LSO has strengthened partnerships between three divisions of Orange County Department of Health (OCDH) (Community Health Outreach (CHO), Early Intervention (EI) and Environmental Health (EH)) and with other county departments (Department of Social Services (DSS) and Office of Community Development (OCD) within the county system and municipal agencies (Cities of Newburgh and Middletown) on this critical public health issue.

Lead Poisoning Prevention Program (formerly Childhood Lead Poisoning Prevention Program)

LPPP employs two full - time Community Health Workers (CHW). Orange County has the largest caseload of lead-burdened children per capita in the Hudson Valley Region.

LPPP makes at least one outreach and education visit to each pediatric provider within a different selected region of Orange County every year. The city of Newburgh consistently has the highest lead testing rates; testing rates in Middletown and Port Jervis are considerably lower. LPPP staff conducts outreach efforts including numerous lead blitzes, canvassing neighborhoods with lead poisoning prevention information, communicating the importance of testing,

and conducting health fairs and health provider visits. In spite of these efforts, testing rates in Middletown and Port Jervis have not improved significantly. Although NYS Public Health Law requires all children receive lead testing at one and two years of age, the number of children under 3 tested in Orange County was 8,603 while according to the 2010 US Census data the under 3 population of the county was 15,603, which equates to a mere 55% of Orange County children under 3 years of age who received 1 blood lead test.

Healthy Neighborhoods Program (HNP)

HNP employs three full-time Community Health Workers. HNP staff work with tenants in the City of Newburgh and in October 2009, moved into the City of Middletown to reduce lead hazards, asthma triggers, tobacco use, improve indoor air quality and the general quality and safety of their homes through a healthy homes model of outreach and education. HNP staff visit residences based on street outreach and referrals and concentrate efforts on specific census tracts in both cities. HNP works closely with the Newburgh and Middletown Offices of Code Compliance to help ensure residents are living in an environment that meets health and code standards. Cleaning products, smoke and Carbon Dioxide detectors are provided using grant funds where needed. Lead inspections are encouraged during all visits and when agreed upon, referred to our Childhood Lead Poisoning Prevention Program (CLPPP) (formerly LPPP).

HUD Lead-Based Paint Hazard Control Program (LBPHCP)

The grant cycle for this program was originally 2006-2009. Due to a late start up, the lead agency on the grant was given an extension to continue the program through 9/30/2010. This grant funded one full-time Public Health Educator and one full-time bi-lingual CHW. Forty-two percent of housing units in Orange County were built before 1960. The LBPHC Program made a substantial impact in providing lead education and hazard reduction information throughout the county, with a concentrated effort in the cities of Middletown, Newburgh, and Port Jervis. Program staff completed mass mailings to property owners, focusing on Newburgh and Port Jervis. Staff also participated in assisting in the completion and collection of lead remediation and abatement applications from property owners and tenants. The bilingual abilities of program staff were essential in these activities.

During 2010, LBPHC staff concentrated their outreach efforts within the cities of Middletown and Port Jervis. OCHD had a work plan goal of completing 200 housing units. To help accomplish this, CHO efforts involved collaboration among Childhood Lead Primary Prevention Program (CLPPP),Healthy Neighborhoods Program (HNP), LPPP and LBPHC and included door-to-door outreach, street outreach, partnerships with other community based organizations in the target areas, letters to property owners, newspaper ads and community events.

Childhood Lead Primary Prevention Program (CLPPP)

Currently, CLPPP staff work collaboratively with HNP staff to conduct healthy homes visits and lead inspections. Staff has obtained certification from the EPA to teach certified renovator classes in their RRP (Renovation, Repair and Painting) Rule. Over 200 contractors and land lords have been certified by sitting for the exam following the 8 hour class given by CLPPP and Office of Community Development partner staff. Classes are also offered for the public at no charge at local supermarkets, community centers and libraries for do-it-yourself renovators providing primer and brushes along with plastic, masks and other needed supplies to remain lead safe.

Community Health Worker Program (CHWP)

CHWP services women in the cities of Middletown, Newburgh, and Port Jervis through home visiting. CHWP receives on average of 20 referrals a month. However, due to the economy and population that this program serves, there are significant challenges to engaging women in program services long term. CHWP is comprised of 2.8 grant funded positions as well as two county funded positions.

Staff do outreach on the streets of three zip code specific areas to try and reach women early on in pregnancy and refer them to prenatal care. They support, encourage and educate women on the importance of prenatal care, postpartum care, family planning, and child development and interaction.

CHWP grant ended in September 2013 after serving 121 women in this grant year. CHWs have assisted many women with their barriers to care, Department of Social Services and referrals to community agencies.

Tobacco Control Program

OCDH's Tobacco Control Program (TCP) works to move county residents and businesses toward environmental and policy change regarding tobacco use in various settings, including schools and municipalities. A large part of our work involves prevention of smoking initiation in youth, including enforcement of prevention of sale of tobacco to minors. Several programs exist under the umbrella of the Tobacco Control Program to help meet these objectives. TCP staff conduct outreach in communities to encourage and support residents to establish tobacco free lifestyles. In order to accomplish this, the OCDH TCP offers a variety of free smoking cessation methods and promotes *Smoke Free Homes* and *Cars Campaign.* Our various programs participate extensively in known Tobacco Prevention Campaigns like Kick Butts Day, World No Tobacco Day, and the Great American SmokeOut.

Tobacco Cessation

Access to the Health Department's free smoking cessation programs has increased. It includes cessation provided by six individual contractors and one conglomerate contractor (health center). Tobacco cessation flyers are distributed through all facets of CHO outreach. Tobacco education and free Behavior Modification classes are conducted throughout our

communities by the Tobacco Control Program's Public Health Educator.

Adolescent Tobacco Use Prevention Program (ATUPA)

Community Health Outreach continues to make a concerted effort to take this program from "compliance only" to a more comprehensive program that can work closely with vendors and youth to decrease the sale of tobacco products to minors in Orange County. With this in mind, the county maintains certification as a trainer through NYSDOH and offers free vendor sales certificate training programs quarterly to any owners or sales staff of tobacco vendors in Orange County.

Orange County provides the in-kind services of an Assistant County Attorney who handles all legal issues and represents the county during violation hearings. The county contracts with an outside attorney who acts as the hearing officer during administrative hearings.

Tobacco sales inspections were conducted in over 340 stores in the county by youth compliance workers. There has been a decrease in the total number of violations for the past 5 years (75) than the previous 5 years (296). See the ATUPA 5-Year Comparison Chart below. The total number of teen compliance inspections exceeds the number of total facilities due to the program conducting initial compliance inspections as well as second and third inspections on facilities with previous sales.

ATUPA 5 YEAR COMPARISON, 2008-2013

Grant Year	Oct 08 to Sep 09	Oct 09 to Sep 10	Oct 10 to Sep 11	Oct 11 to Mar 12*	Apr 12 to Mar 13	Total
# of Facilities	362	350	340	354	339	N/A
# of Teen Inspections	573	554	504	243	465	2,339
# of Adult Inspections	419	386	381	209	340	1,735
# of Sales	13	22	18	3	19	75

*This was a 6-month grant cycle and inspection requirements were decreased during this time.

Youth Action Program/Reality Check

Reality Check works with municipalities, school boards, community-based organizations and community members in Orange County to eliminate the amount of exposure to tobacco advertising by youth. Reality Check staff and youth educate government officials and policy makers at the state and local level to increase visibility of program successes and build support for Reality Check initiatives.

Reality Check staff and youth advocates work with organizational decision makers to adopt policies and resolutions to prevent and reduce tobacco use and tobacco advertising. This builds support among community members for tobacco control action, stimulates community demand for tobacco control policies, and demonstrates support for tobacco control initiatives.

The program has focused heavily on statewide action projects to raise awareness of the tobacco prevalence in Hollywood productions. Letters were written by county youth to the Motion Picture Association, State Legislators, and the Director's Guild requesting a stop to positive portrayal of smoking in motion pictures. Reality Check obtained 16 smoke free movie resolutions and 2 smoke free park resolutions. The program also has 3 chapters in local Orange County Schools and received 2 point of sale resolutions stating the local municipality would not accept any tobacco funding for advertising in retail stores.

Tobacco Free Schools (TFS)

Schools were the target audience for this policy development program which ended in 2010. Our Tobacco Free Schools Public Health Educator (PHE) worked primarily with school Health and Wellness Committees to either update schools' existing policies or establish new comprehensive tobacco policies. This was also sometimes accomplished at the district level. Support and direction were provided to the school communities on policy implementation and evaluation. Staff surveys and observational studies were tools that were utilized by the PHE to determine school needs. Alternative to suspension programs were offered for enforcement of newly adopted policies. Signs and resources for student and staff promoting adherence to policies were purchased using grant funds and saving districts hundreds of dollars. Press coverage was obtained to celebrate school successes and teaching resources presented and supplied.

Out of Orange County's eighteen school districts, sixteen signed Memos of Understanding with the Orange County Department of Health Community Health Outreach Division, reviewed and updated their policies thus communicating wellness messages and providing resources to their communities.

Lyme Disease Prevention Education

The Lyme Disease Education Program from NYSDOH no longer funds any employees. Funding for this program dissolved in 2011. The program is still supplemented by assistance from a county-funded Senior Public Health Educator during the spring and summer seasons. The Senior Public Health Educator provides information services to the public and presentations to community-based institutions, worksites, overnight camps, and schools. The SPHE is responsible for all the education programs, and distribution of materials at health fairs and community events. Lyme disease prevention and early detection information is provided to residents including OCDH's biannual publication, "Summer Health Connection".

Migrant Health Services Program (MHS)

Over the years, the number of "true" Migrant Seasonal Farm Workers (MSFW), people who move with the crops,

has dwindled in Orange County as in the region. The difficulty now associated with leaving the country and returning has resulted in many workers remaining year round in Orange County's cities. The availability of lower paying year round jobs or day work has also led many migrants to become more sedentary. From 2010 through September 2013, CHO reached 906 "true" MSFWs who received culturally and linguistically appropriate prevention education and materials to help keep them safe on the job. The strict definition for eligibility of persons to be served by this program curtails our services to the larger migrant population. With increased bilingual staff, we plan to engage many new permanent residents.

Environmental Health Division

The workload for the Division of Environmental Health is driven primarily by external forces, and the demands of the State and Federal overseeing bodies (e.g. plan review). Our three major programs used 65% of the Division's technical staff during the year 2012; food service – 27%, water – 34%, and realty subdivisions – 4%. Additional programs that have accounted for a significant amount of time include: Lead - 13% (2 programs), Rabies – 4%, and Swimming Facilities – 5%. Water continues to be our largest program because of the funds infused by the State into an enhancement program that funds and supports 3 FTE engineers. Realty Subdivision work has dropped recently due to the slowdown in the economy, but it is expected to rebound in the near future.

The trend for the water program is for the USEPA to continue to impose new requirements on the water purveyors. Regulating and enforcing these requirements is passed on to the local health department.

The workload to review engineering plans is obviously dependent upon what is submitted. Orange County is one of the fastest growing counties in the State creating the attempt to build homes and "catch the market". This approach has led to attempts to market marginal lands that were previously undeveloped. Submittals of sewage disposal systems in poor soils require a longer and more detailed review by staff engineers.

The population growth over previous years and the downturn in the economy has had two effects on our food service program. There has been the construction of national and regional chain restaurant outlets, and we have experienced many restaurant closings and re-openings that have kept the workload in this area relatively constant.

Additional time has also been dedicated to the Rabies program for follow-up on the status of unvaccinated domestic animals that have had contact with humans.

Administration

The Department's leadership has worked on developing relationships and program initiatives with community partners that support public health policy and improvement.

- Eli Avila, MD, JD MPH FCLM has been the County Commissioner of Health since June 2013.
- Chris Ericson, MPA has been Deputy Commissioner since September of 2012 and has more than 20 years of experience with the Department.

The Office for Public Health Emergency Response, funded through BT/PHEPR, reports directly to the Deputy Commissioner of Health.

Total federal and state grant funding awarded to support program initiatives for FY 2013 exceeded $3 million dollars.

In 2013 the Medical Examiner's Office constructed temporary autopsy and morgue facilities on the grounds of the Emergency Services Center. A five year capital project will look at building permanent facilities.

County Health Department staff met with engineers and architects hired by the county to look at space issues as the county looks to renovate or construct new county facilities. Long-term Department reorganization for its multiple divisions may be the result of more efficient spacing design.

Public Health Nursing Division

CHHA/LTHHCP- In 2012, collaboration started with Crystal Run Healthcare and CHHA to establish a Pediatric Asthma home care program. Nurses will make home visits to provide families asthma education to prevent re-hospitalization and to improve pulmonary function and quality of life.

TB Program – In 2012, eight OCDH staff members, including Physicians, the Director of Patient Services, Supervising Public Health Nurses and Public Health Nurses attended TB Intensive Workshops, a 4 day comprehensive training program conducted by the Curry International TB Center in New Jersey to enhance knowledge and skills. PHN's will attend the TB Intensive Training sessions held twice yearly for the purpose of enhancing knowledge and improving quality of care provided to patients.

HIV Testing and Counseling– In 2011, it became mandatory to offer HIV testing, at least once, to all 13-64 year olds that attend OCDH clinics.

Disease Control – As discussed previously, the division of disease control investigated and provided control measures for a large mumps outbreak in a religious observant community. The division worked with directly with the CDC to implement a 3rd dose of Measles/Mumps/Rubella (MMR) in the affected community. Several articles have been published on the outbreak and the control measures in *Pediatrics*, *Vaccine*, *The New England Journal of Medicine*, *Emerging Infectious Diseases* and *Pediatric Infectious Diseases*.

The division has been working with Taconic Health Information Network and Community (THINC) to provide OCDH with access to electronic medical records from local hospitals in the area of communicable diseases. OCDH participation in the THINC network will allow immediate access to surveillance and patient information and allow for timely disease control and treatment measures to help prevent further disease transmission.

Intervention Services Division

The following includes the new initiatives and recent accomplishments in the Intervention Services Division.

- Implemented a new scheduling system with Early Intervention (EI) providers to achieve a more efficient and cost effective system.
- Implemented a new computer data system, NYEIS, which is currently running in simultaneously with our KIDS data system.
- Due to the implementation of the New York State Early Intervention System (NYEIS) computer data system, roles of the EI Initial Service Coordinators (ISC) and Early Intervention Official Designee (EIOD) needed to be modified to meet the criteria set in the NYEIS system.
- The Early Intervention Program was reviewed by the Island Peer Review Organization (IPRO) in 2011 and received a perfect score.
- In 2012, NYS Consolidated Monitoring Review was completed for all OCDH programs, including Early Intervention.
- EI continued to develop both Early Intervention and Preschool Special Education Procedure Manuals and distributed them to all providers, Ongoing Service Coordinators, and school district CPSE Chairpersons.
- Revised the EI Individual Family Service Plan to address more clearly the parent's rights and responsibilities in EI for children with autism.
- Worked with the NYSED Regional Associate to review Special Education Itinerant Teacher (SEIT) and the SEIT programs.
- Worked with local hospitals, childbirth and parenting classes to teach and support safe sleep practices in Orange County.
- Added Interactive Pregnancy Guide to the OC Website which offers information for a healthy pregnancy and

to improve birth outcomes via a partnership with the North Carolina Division of Public Health.

Community Health Outreach Division

Public Health Education - In the past 4 years CHO attended 480 community events, reaching over 50,000 people with prevention education and public health information.

Healthy Orange

- Over the past 4 years Healthy Orange has implemented worksite wellness programs in 10 worksites, and has increased access to free heart screenings to 979 employees.
- Since 2010, Healthy Orange has provided obesity prevention education and intervention to 18 school districts, including students, staff and families.
- Since 2008, Healthy Orange launched 2 new farm markets and 14 fresh food distributions to local food pantries.
- In 2011, Healthy Orange helped to implement 19 healthy beverage policies in public buildings through the Beverage Options for a Healthy Orange grant program.
- Healthy Orange implemented 4 tobacco free worksite policies.
- Healthy Orange has helped to implement 3 community gardens in Port Jervis, Middletown, and Newburgh.
- Healthy Orange administered a high school survey in 2013 to over 10,600 students to collect data on behaviors such as smoking, physical activity and nutrition. Data were shared with participating school districts and will help tailor specific education programs. Healthy Orange intends to repeat this survey to allow schools to track improvements and trends of health-risk behaviors over time.

Eat Well Play Hard

- Healthy Orange Farmers' Market established an EBT system whereby shoppers can utilize the Supplemental Food Assistance Program Card for the purchase of farmers market produce.
- Developed "Wellness Policies at a Glance" with the Enlarged City School District of Newburgh.
- Middletown YMCA set up a summer camp garden.
- Map signage was placed at the entrance to Downing Park to promote trail usage.
- The Week of Walking program engaged over 1,000 residents to walk at County walking programs.
- Three gardens (Indoor and outdoor) were set up at schools and recreation sites.
- Nutrition and Physical Activity Self-Assessment for Child Care program was carried out at Orange County Day Care Centers.
- Classroom physical activity programs and walking programs were implemented at three elementary schools.
- Harvest Week activities were provided at three elementary schools in Newburgh and Middletown.
- SPARK curriculum was incorporated in after-school program in Newburgh.
- A Healthy Fundraiser with local apples was held at Newburgh Elementary School.

Beverage Options for a Healthy Orange

- Twenty eight policy and procedure changes were established at municipal buildings and sites to bring more water and healthy beverage options to residents.
- Water stations were set up in seven municipal sites in Orange County.

Lead Safe Orange (LSO)

Through Lead Safe Orange, OCDH successfully expanded the outreach efforts of the Healthy Neighborhoods (HNP), Childhood Lead Primary Prevention (CLPPP), and Lead Based Paint Hazard Control (LBPHC) programs. Health Fairs, community meetings, coalitions and activities were used for public education. From 2008-2012 there were 659 events attended, educating 11,035 people. Through Lead Safe Orange, we successfully expanded the outreach efforts of HNP, CLPPP, and LBPHC programs. The LBPHC program ended in September 2010.

Lead Poisoning Prevention Program (LPPP)

In 2011 and 2012, LPPP staff opened 37 new cases for children who had a BLL of >15 ug/dL. CLPPP staff continued to case manage 77 lead poisoned children and their families and monitor lead testing compliance and results for approximately 75 new children with a BLL between 10 and 14 ug/dL.

Healthy Neighborhoods Program (HNP)

There were a total of 723 home visits completed. Out of these visits, 336 homes had children under age 6 living in them; 170 homes had at least one person with asthma; 90 households needed and received smoke detectors; 122 children needed and were given referrals for lead testing; 112 homes had evidence of cockroaches; 334 homes had deteriorated paint; 246 homeowners took our smoke free home and car pledge; and 454 were minority households. Revisits were completed after 90 days to follow up with residents and check for effective use of interventions such as cleaning products and garbage bags provided at no charge to local residents.

HUD Lead-Based Paint Hazard Control Program (HUD LBPHCP)
During the first three quarters of the 2009-2010 grant cycle, LBPHC had 288 outreach and education events, contacting approximately 2,610 people. Throughout the entire grant, Orange County was able to surpass its goal of completing 200 units by remediating a total of 204 units.

Childhood Lead Primary Prevention Program (CLPPP)
From 2008 – 2012 our staff completed 575 home visits and lead inspections. 471 of the 575 homes contained dangerous levels of lead. Three hundred and sixty homes were successfully remediated. There were 26 formal legal hearings to charge property owners with improper or no renovations to make the home lead safe. These properties were all located in areas of designated high risk for childhood lead poisoning in the cities of Newburgh (367) and Middletown (208).

Community Health Worker Program (CHWP)
From 2009 to 2012, over 400 pregnant women were served. Women attending all their prenatal appointments increased from 90% to 97%, pregnant women enrolled in Medicaid by CHW increased from 96% to 99% and women enrolled in WIC increased from 95% to 99%, thereby promoting healthy birth outcomes. Women leaving the hospital breastfeeding increased from 62% to 65%. Newborns visiting the doctor within 4 weeks increased from 90% to 97% and babies enrolled in Medicaid increased from 97% to 100%, proving that a supportive home visiting program can help make healthier families.

Tobacco Control Program (TCP)
The TCP began an initiative to implement smoke free worksites and curb to curb polices. Prevention education was provided to over 800 students in the county. The Department of Health referred approximately 1,200 individuals to contracted cessation providers from 2009-2013, and added 2 behavior modification and 4 alternative therapy providers.

Tobacco Free Schools Program
As of 2010, the TFS program completed changing and implementing policies in sixteen of our eighteen districts. To aid implementation of these new and/or improved policies, grant funds were used to provide signs for school property, policy support materials for staff and alternative to suspension materials for students to facilitate healthier behaviors and lessen future chronic diseases.

Lyme Disease Prevention Education Program
From 2009-2012 the Lyme Disease prevention education program reached 8 school districts, 50 overnight camps and 14,584 members of the community.

The program has also reached outdoor, at-risk worker programs (4,000 kits distributed) and provided prevention education information to 43 municipalities annually. OCDH distributed information at every community event, health fair, library and DMV office.

Migrant Health Services Program (MHS)

From April 2012 to March 2013, the MHS program served 218 true Migrant Seasonal Farmworkers, making 2,191 referrals for health and other supportive services needed by this population.

Maternal Infant Community Health Collaborative (MICHC)
OCDH was awarded the Maternal Infant Community Health Collaborative (MICHC) to begin in October of 2013. MICHC works to improve maternal and infant health outcomes in the cities of Newburgh, Middletown and Port Jervis.

Environmental Health Division

- The Division of Environmental Health worked closely with our Public Water Supplies and the NYSDOH to obtain higher eligibility for Drinking Water State Revolving Fund (DWSRF) funding in Orange County. Presently, there are 114 Orange County projects on the Multi-year list for funding with a total value of $229 million. Of these 114 projects, thirty-nine projects are on the Readiness list with 5 projects above the funding line.
- In response to amendments to Public Health Law, we are in the process of guiding and assisting 25 Community Water Supplies through subsequent upgrades to their Emergency Response Plans and Vulnerability Assessments during 2013.
- In 2012, OCDH investigated 545 petroleum and other hazardous materials spills.

Office of Public Health Emergency Response

Drills and Exercises - The Office of Public Health Emergency Response (OPHER) continually participates in drills and exercises throughout the county including:

- Mass causality drills are conducted yearly with the US Military Academy.
- MRC worked jointly with the Dutchess County MRC in a coordinated response during NDMS exercises at Stewart Air National Guard in 2010 and 2013.
- Several POD exercises using the latest state registration and tracking program (CDMS) since 2011.
- Completed a flu vaccination POD for county Emergency Service Workers that used MRC members who worked jointly with OCDH staff in administering vaccine in 2011 and 2012.
- Potassium Iodine (KI) distribution for residents living in the 10 mile radius of the nuclear power plant, Indian Point.
- Radiological exposure training (MS1) at St. Luke's Cornwall Hospital in 2013 for first responders to manage potential nuclear incidents.

Psychological First Aid Training for Employees OPHER has continued to establish training for employees to take Psychological First Aid certification at the direction of the NYSDOH. Approximately 20% of the staff currently has the certification with additional staff expected to complete the course in 2013. This training gives the Department additional resources for employees to help in large scale disasters. Online training initiatives are utilized with the NYS Learning Management System. The LMS allows the Department to coordinate and specialize the training needed for various groups within the Departments Divisions.

MRC Activation – The Orange County MRC has been activated several times in the last few years. Hurricane Irene (2011) and Tropical Storm Sandy (2012) both used MRC volunteers as call-takers in the County Emergency Operations Center. Additionally, MRC members volunteered during Hurricane Irene at local shelters providing medical attention.

Regional Preparedness - On a monthly basis, the Hudson Valley Bioterrorism Coordinators (HVBC) meet to discuss preparedness activities which include NYSDOH and CDC deliverables for the current year. In 2013, coordinators attended Regional Preparedness Coalition meetings on a quarterly basis with all hospitals in the Hudson Valley Region. Coordination activities result in better regional planning for various entities enabling a more effective and efficient response.

D. STAFF QUALIFICATIONS AND SKILL LEVELS

The Orange County Department of Health is charged with protecting and promoting the health of county residents, and employs qualified and specialized staff to perform these vital services. As of October 1, 2013, there were 164 budgeted positions (including county and grant funded positions) in the Department. A complete listing of staff titles and program assignments by Division are provided at the end of this section. A diverse group of skilled health professionals and paraprofessionals are required to accomplish our mission, including: physicians; nurses; nutritionists; health educators; engineers; sanitarians; epidemiologists; social workers; speech, occupational and physical therapists; health and financial investigators; service coordinators; community health workers; community outreach workers; HIV counselors; accountants; as well as administrative and support staff. New York State licensure/certification is a requirement for many positions, and the Department actively recruits bilingual staff in all program areas serving the public.

The delivery of public health programs and services is collaborative by nature, and the Department works closely with a multitude of state, regional, county, and federal agencies and organizations. OCDH staff collaborates extensively with NYS agencies, first and foremost with the New York State Department of Health and New York State Department of Environmental Conservation. Division staff communicates often with their program counterparts at the State level as well as with other county agencies on projects of mutual interest. Staff collaborates with community groups and agencies, schools, child care centers, businesses, and with local and regional health, mental health, and social service providers and organizations. Staff actively participates in regional and local task forces and coalitions that are aligned with program goals and objectives, often serving in a leadership capacity. A detailed listing of staff collaborations and affiliations is provided in *Section IV Profile of Community Resources*. In our Public Health Nursing (PHN) and Intervention Service programs, service coordination and continuity demands that strong partnerships are established with a host of agencies. As an example, PHN staff collaborates daily with infection control personnel at local hospitals, and interface with other home care agencies in the county for reciprocal referrals. The Early Intervention staffs participate in the Local Intervention Coordinating Council to assure seamless services are provided to clients and to advocate for needed services.

The Department provides guidance to other county agencies involved with public health issues, including the Departments of Social Services, Mental Health, Emergency Management, Law, Environmental Facilities, Consumer Affairs, Public Works, Parks and Recreation, the Youth Bureau, county-based Correctional Centers (state and federal), as well as the County Executive and the Legislature. The Department serves as a clearinghouse for public health information which is disseminated to the public, providing health statistics and analyses to the public and community agencies, and advice and technical guidance to health providers in the community. The Department's Public Health Educators interact with representatives from community and voluntary agencies and with the public through phone calls, health fairs, and presentations to community groups and schools. Press releases are issued on important health topics and information on emerging issues is blast faxed/emailed to county physicians as a *Public Health Alert*. The educators develop content for a widely disseminated area newspaper insert published twice per year, to update the public and community agencies on timely public health issues. They also develop the content of our monthly health awareness campaign on the county website. The Commissioner of Health and staff are frequent guests on local and cable television stations discussing current health issues.

Staff qualification highlights by Division follow:

Public Health Nursing Division

This is the largest Division within the Department, with a total of 46 FTEs. The Director and 3 of the 6 FTE supervising public health nurses have advanced degrees in public health and health service management. All 9 FTE public health nurses have B.S. degrees in nursing. All six Registered Professional Nurses have A.S. degrees in nursing and one is pursuing baccalaureate degrees. All nursing staff are licensed registered nurses in New York State. The WIC program employs six nutritionists and one Public Health Nurse who are licensed by New York State. The two Public Health Investigators are baccalaureate prepared and one is fluent in Spanish. The nursing division also has a full-time epidemiologist and a part-time nurse epidemiologist.

The Public Health Nursing Division contracts with outside agencies for the CHHA/LTHHCP services: physical and occupational therapy, speech and language pathology, medical social work, respiratory therapy and home health and personal care aides. Support staff within the Division includes a patient services assistant, secretaries, typists, bilingual receptionists and outreach worker.

Intervention Services Division

The Intervention Services Division consists of 27.5 FTE positions, with extensive expertise in early childhood development, special education services, and maternal, infant, and child health. The Director has a master's degree in nursing with a concentration in maternal and child health and a master's degree in education. The Program Coordinator is a Supervising Public Health

Nurse, and has an MPH. The EI Supervisor has masters in Special Education. Prior to April 2013, the EI Program contracted with 70 individuals to provide services for EI and Preschool children. Since that time the EI providers have NYS contracts but approximately 50 individuals and 45 agencies continue to contract with the county for Preschool Special Education services. All services with the exception of Initial Service Coordination are provided by contractual personnel. In addition, the program contracts for 1) provider scheduling via e-mail, 2) oversight of Preschool and EI transportation services, and 3) transportation services for EI and Preschool children.

Community Health Outreach Division

The Division consists of 26 FTE positions as well as 4 per diem youth compliance workers. The Director, Assistant Director, Health & Wellness Coordinators, Public Health Educators and Coordinators have appropriate education, degrees and training for their positions. The Director has twenty plus years' experience in the administration of programs for Community Health Outreach. All community health workers have community-based experience. One of the 4 Public Health Educator FTEs are designated bilingual and 5 of the 10 Community Health Worker FTEs are designated bilingual.

Environmental Health Division

The Division of Environmental Health is the second largest Division within the Health Department, with a total of 31 full-time engineering, sanitarian, technician, and support staff positions. The Acting Director/ Principal Public Health Engineer, and four Senior Public Health Engineers are all licensed engineers. All technical staff meet the education, experience and training requirements set forth in the NYS Sanitary Code. The staff consists of the Acting Director/Principal Engineer, eight engineers, nine sanitarians, nine technicians, and four clerical positions. The Division is particularly proud of its history of retaining staff and promoting from within which has resulted in a well-trained and experienced staff.

Office of Public Health Emergency Response

The Deputy Commissioner of Health oversees the OPHER. The Deputy has a Master's Degree in Public Administration and has been certified by the Federal Emergency Management Administration, the State Emergency Management Office, and the New York State Department of Health in many aspects of emergency management. Day to day operations of the OPHER are overseen by a Public Health Educator who has her Master's in Public Health. In addition to her community health outreach experience, this person has received ICS training and is largely involved in the direction of the MRC.

E. EXPERTISE/TECHNICAL CAPACITY FOR COMMUNITY HEALTH ASSESSMENTS

Consistently, staff throughout the Department have participated in assessing community health needs, residents' access to care and the adequacy of services. This is inherent in their program responsibilities and involves all levels of program staff. The Department's field staff and outreach workers lend much insight into unmet health needs and service gaps from their daily interactions with high risk individuals and "grassroots" community leaders. Newly arrived immigrants are often more likely to share their concerns with public health staff who are indigenous to the community. Bilingual and bicultural staff greatly assist the Department in providing services to residents who would otherwise be difficult to reach. The Department actively recruits multicultural staff as vacancies permit.

In planning for the 2014-2017 Community Health Assessment, an internal CHA team was created consisting of the Commissioner and Deputy Commissioner of Health, Epidemiologist, CDC public Health Associate sited in Orange County and a graduate student from Boston University School of Public Health. Nurse Representatives from all Divisions, the Board of Health and representatives from other Orange County Departments, such as Planning, Mental Health and Social Services collaborated to complete the plan. OCDH contracted with the State University of Albany, School of Public Health and Prevention Research Center to compile and analyze relevant sociodemographic and health status indicators on the local level.

In addition, the Commissioner of Health set up community meetings with all four local hospitals, the four Federally Qualified Health Centers, community organizations (see list of all participants in the Community Health Improvement Plan) to provide input and guide the development of the identification of unmet health and service needs, and local health priorities in accordance with the New York State Prevention Agenda 2013-2017.

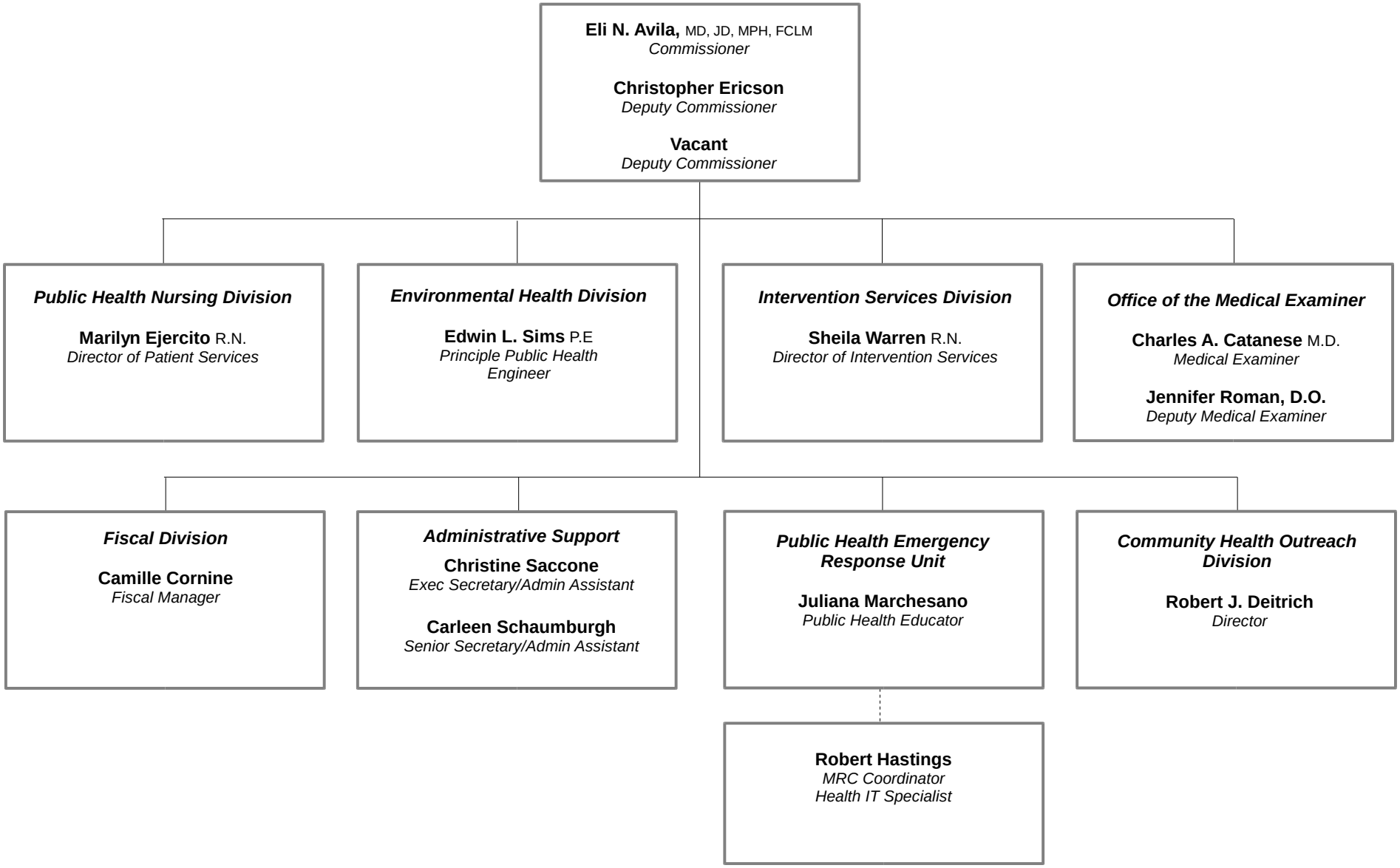
An important part of the Community Health Assessment process, the Orange County Department of Health surveyed county residents directly to determine health status, identify health priorities and local health needs in the county. The Community Health Assessment Survey 2013 was developed using questions from the 2009 Hudson Valley Regional Health Officers Network (HVRHON) HEAL 9 survey. Supplemental survey questions were added to gain additional information from Orange County residents. The survey was made available in both English and Spanish. The surveys were administered in the community and on-line via the County's website to reach diverse population groups. Orange County Department of Health partnered with Orange Regional Medical Center, St. Anthony's Community Hospital, Bon Secours Community Hospital, St Luke's Cornwall Hospital, Middletown Community Health Center, The Greater Hudson Valley Family Health Center and Hudson River Health Care Centers to have surveys administered in patient registration and waiting areas. The surveys for Orange County residents were also administered in a variety community settings including: DMV offices, farmer's markets, libraries, churches, private physicians' offices, Planned Parenthood, community and migrant health centers, senior centers, community events and health fairs, the Orange Classic Marathon, The Great American Weekend, YMCAs, and Department of Health clinics.

Healthy Orange developed and administered a survey to assist schools in understanding youth health-risk behaviors and to enhance opportunities to promote positive youth development and well-being. The Healthy Orange Survey was developed using the Youth Risk Behavior Surveillance Study (YRBSS) which monitors six types of health-risk behaviors. Physical activity, nutrition and tobacco use were the three areas the Healthy Orange Survey focused on. Surveys were administered in 12 out of the 15 Orange County high schools and over 10,600 students completed the survey.

Complete Survey results can be seen in Section V of this document.

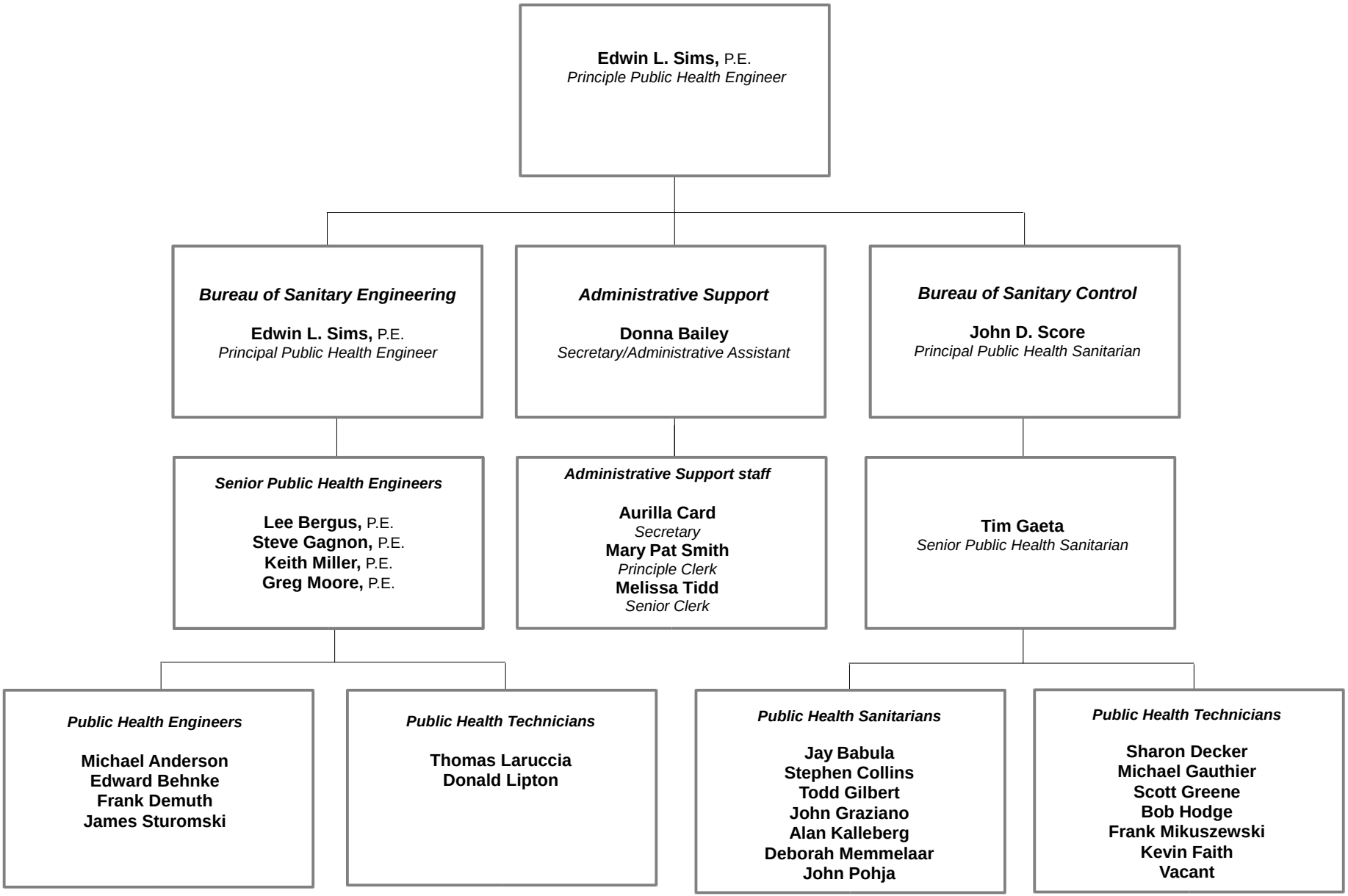
Orange County Department of Health

Departmental Administration



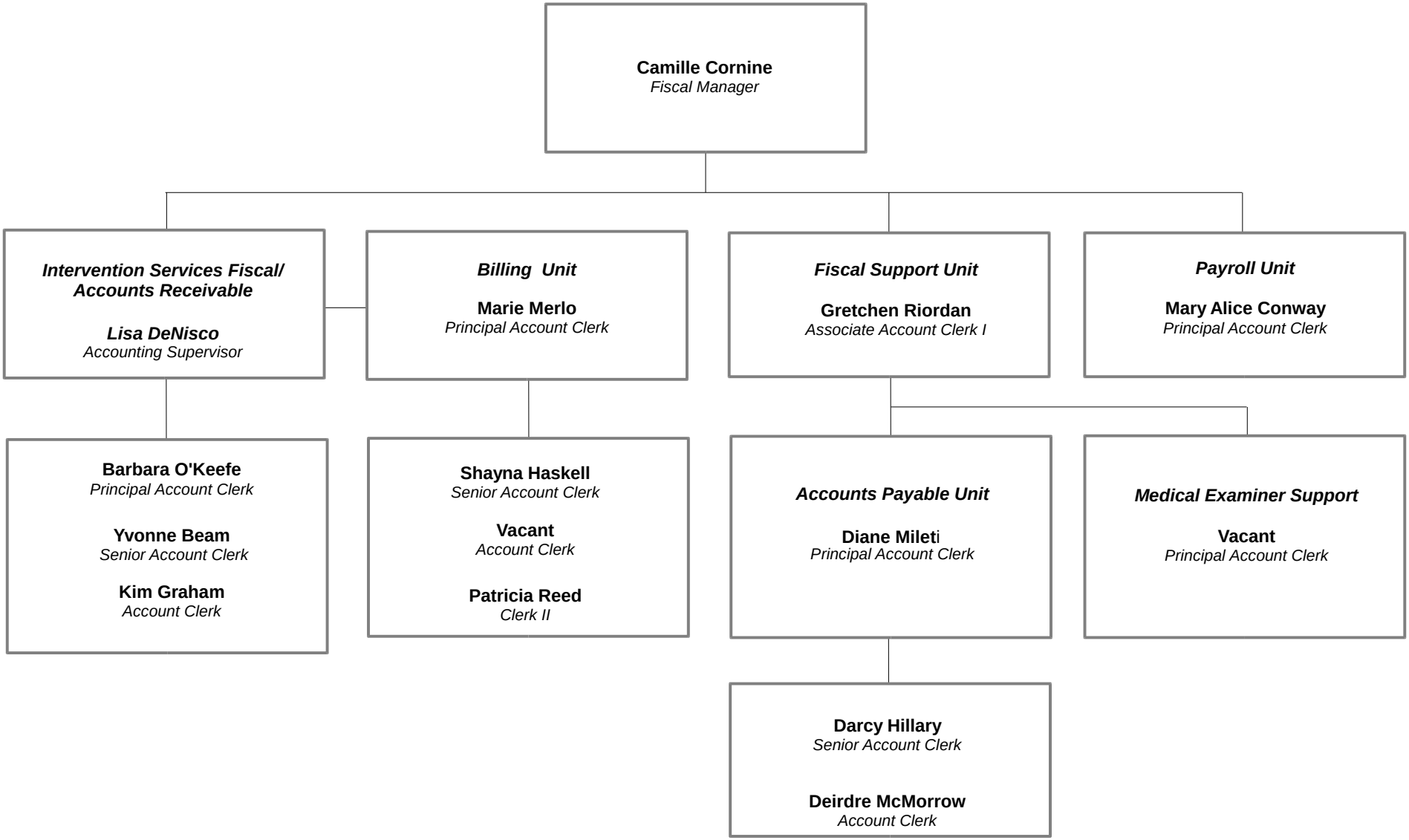
Orange County Department of Health

Environmental Health Division



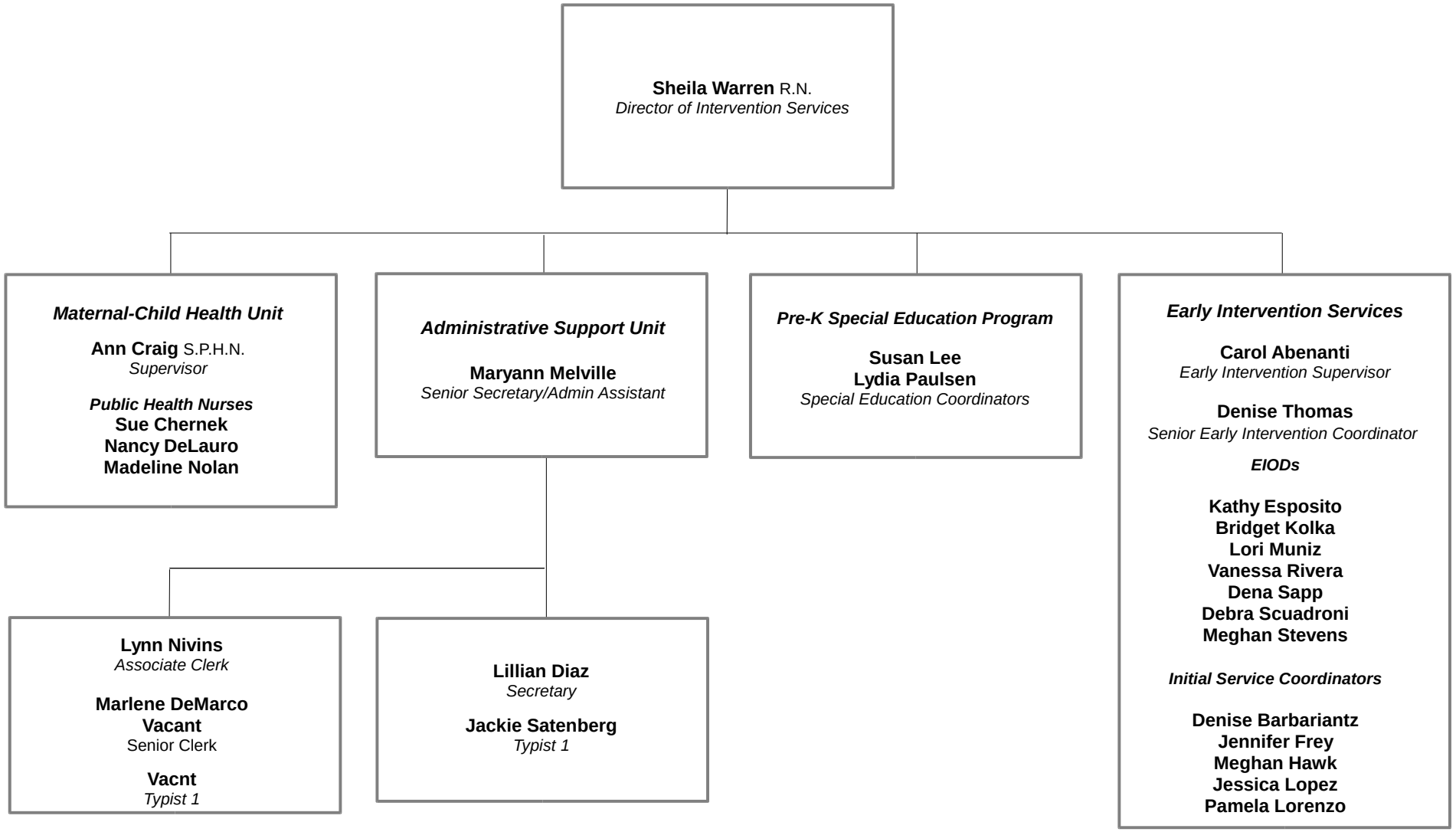
Orange County Department of Health

Fiscal Division



Orange County Department of Health

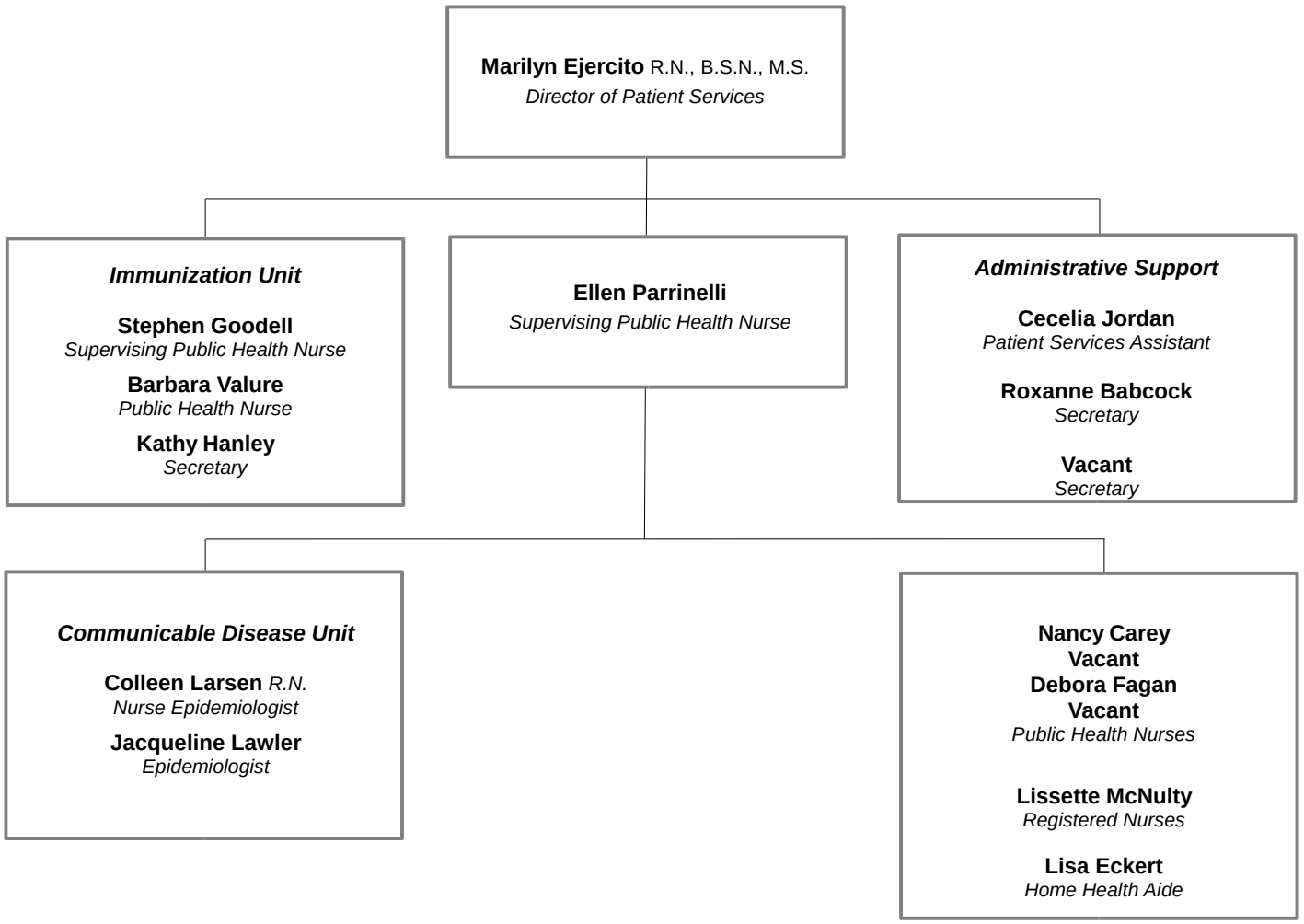
Intervention Services Division



Orange County Department of Health

Public Health Nursing Division

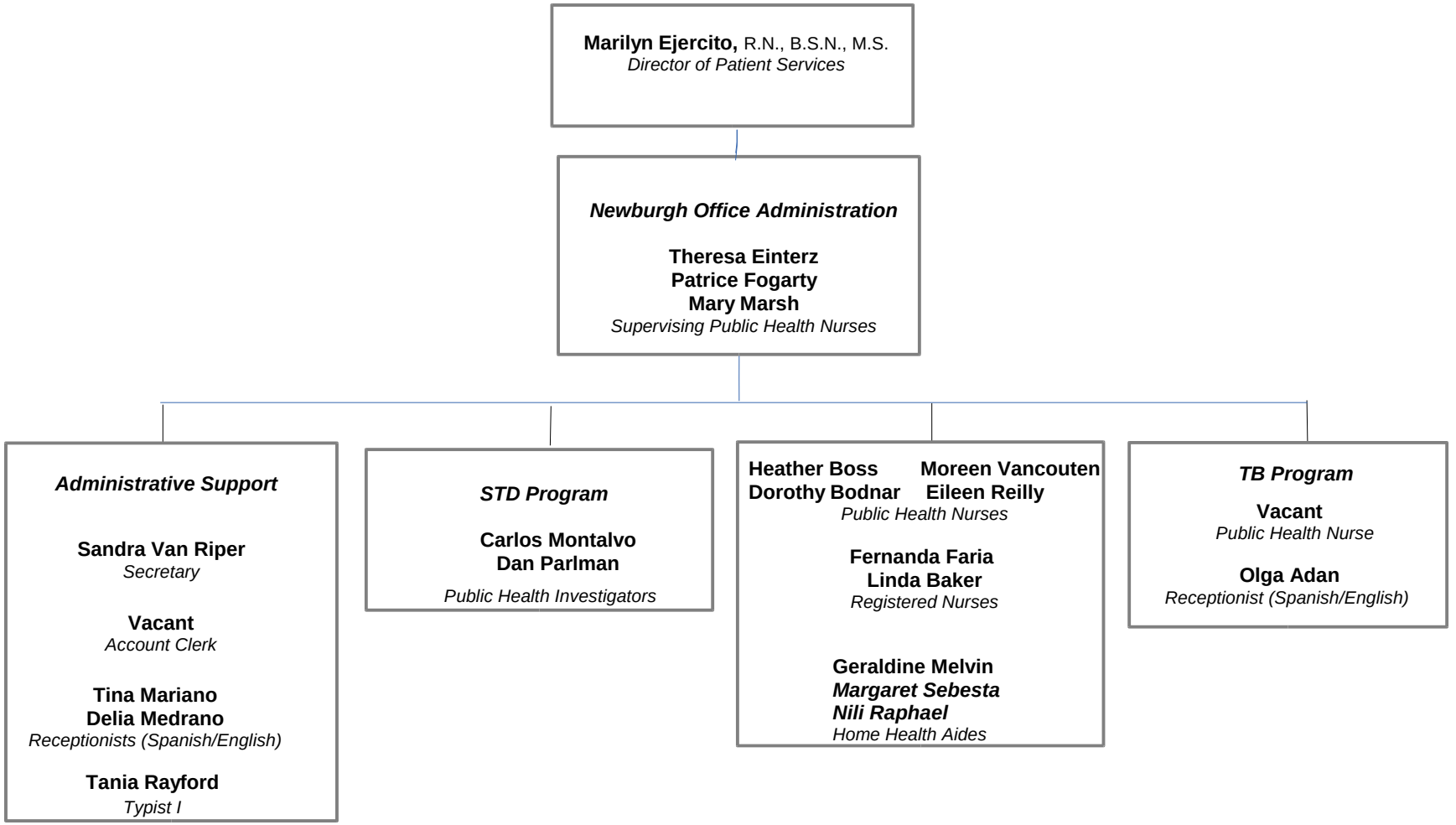
Goshen Office



Orange County Department of Health

Public Health Nursing Division

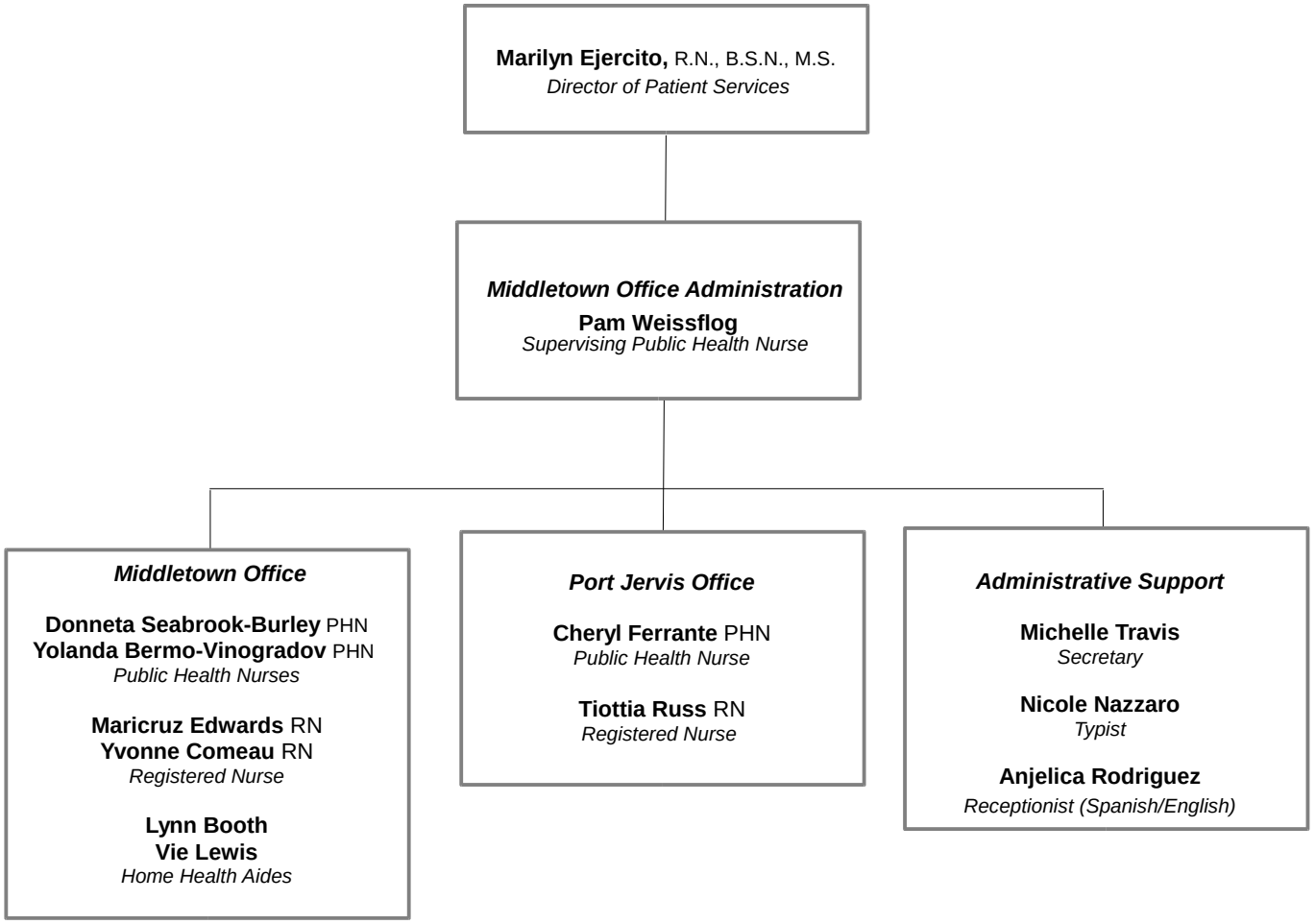
Newburgh Office



Orange County Department of Health

Public Health Nursing Division

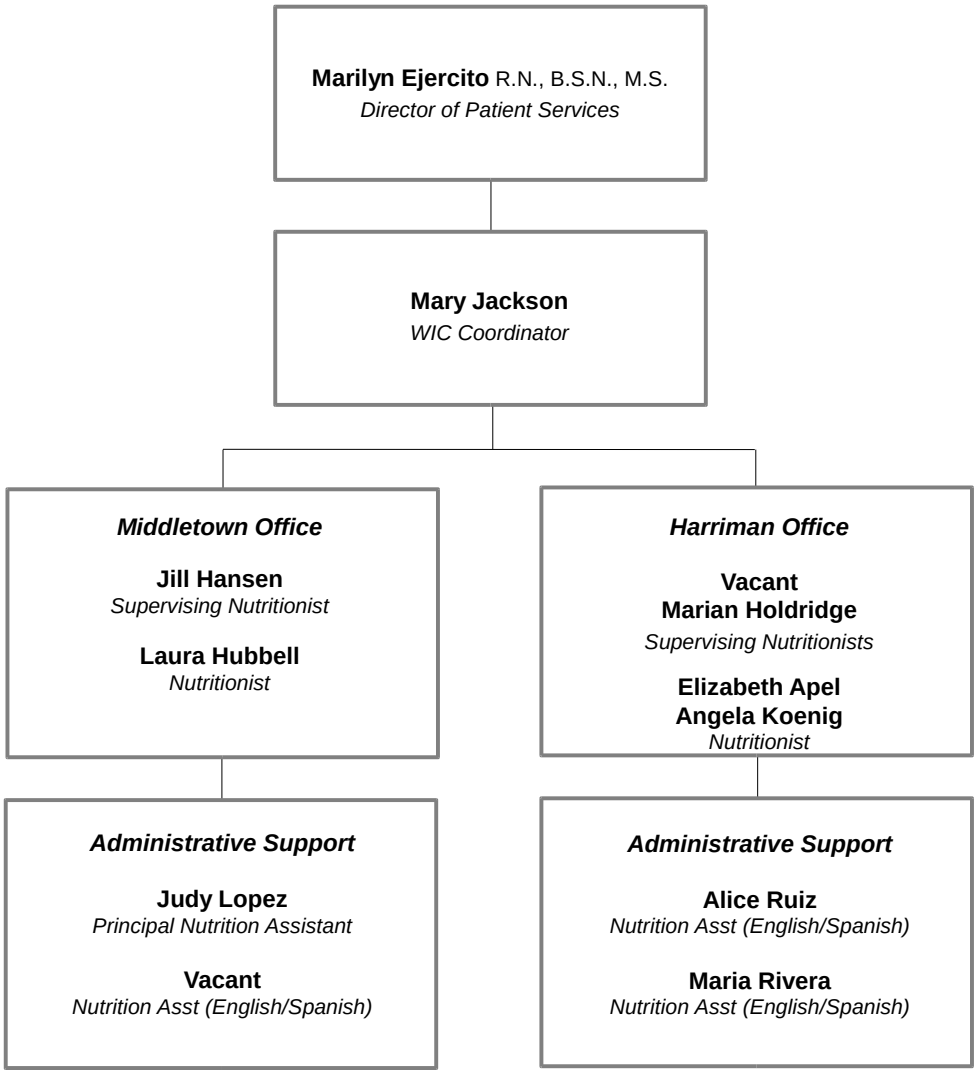
Middletown and Port Jervis Offices



Orange County Department of Health

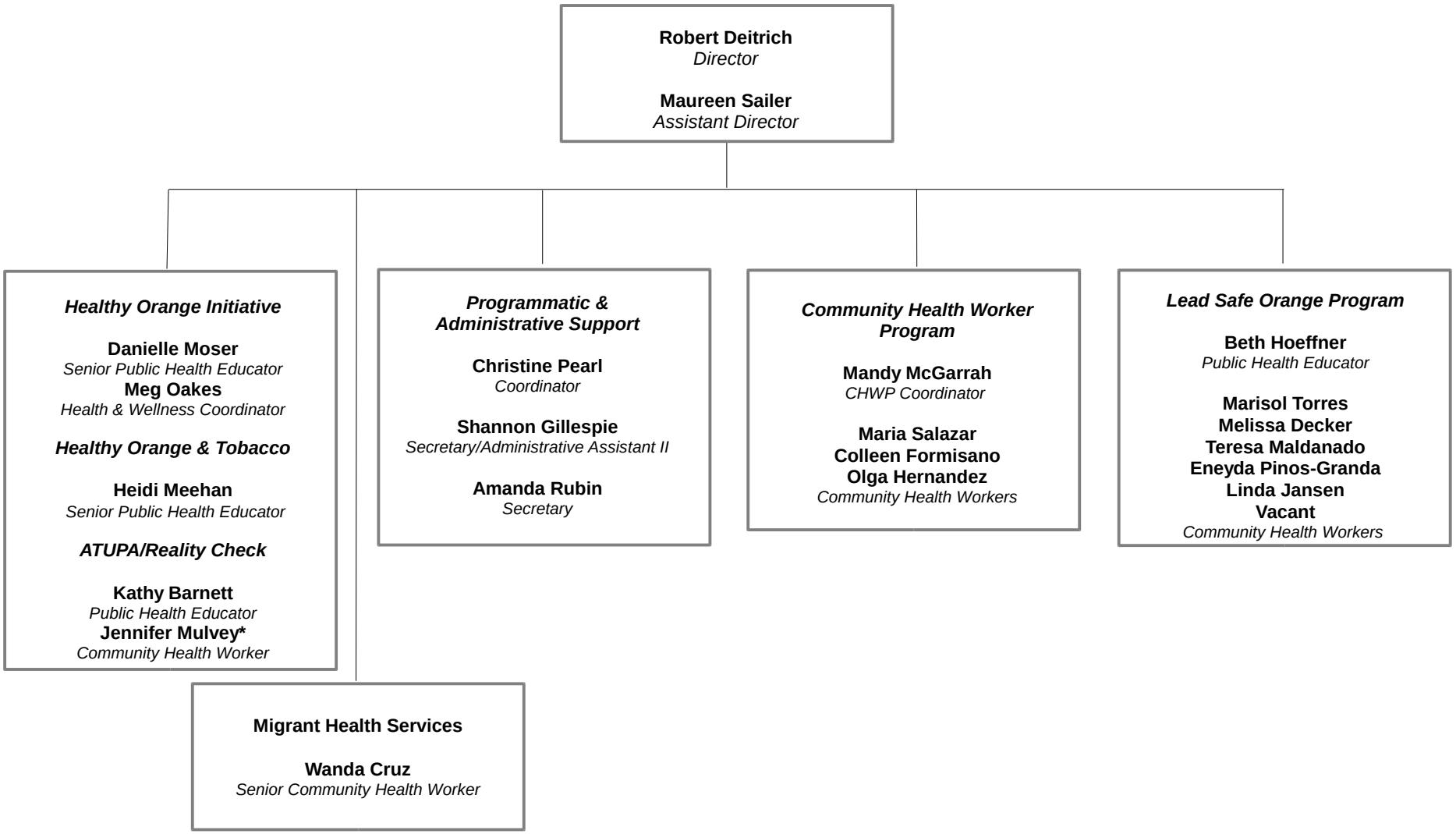
Public Health Nursing Division

Women, Infants and Children (WIC) Program



Orange County Department of Health

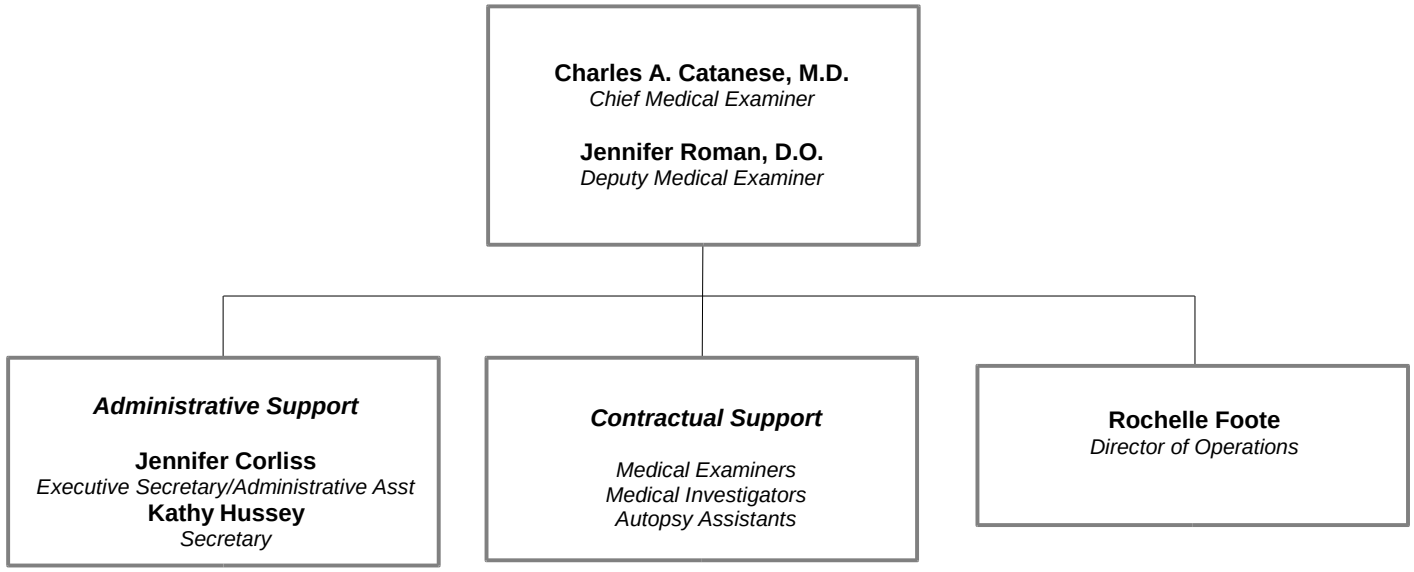
Community Health Outreach Division



* Jennifer Mulvey works 80% in the Community Health Worker Program and 20% in ATUPA. Kathy Barnett works 50% in ATUPA and 50% in Reality Check.

Orange County Department of Health

Medical Examiner's Office



ORANGE COUNTY DEPARTMENT OF HEALTH PROGRAM CONTACT NUMBERS

Administration/Commissioner's Office	(845) 291-2332
Public Health Nursing	(845) 291-2330
HIV/STD Screening	(845) 568-5333
Immunization Clinics	(845) 291-2369
Tuberculosis Clinics	(845) 346-1113
WIC	(845) 291-2044
Environmental Health	(845) 291-2331
Early Intervention Services	(845) 360-6630
ICHAP/Child Find	(845) 568-5280
Physically Handicapped Children's Program	(845) 360-6630
Community Health Outreach	(845) 568-5237
Childhood Lead Poisoning Prevention	(845) 568-5237
Comprehensive Tobacco Program	(845) 568-5238
Reality Check	(845) 568-5238
Lyme Prevention/Education	(845) 568-5237
Public Health Emergency Response	(845) 615-3891
Medical Examiner	(845) 615-3870

ORANGE COUNTY DEPARTMENT OF HEALTH

INTERVENTION DIVISION
PROGRAM SPECIFICS

SERVICE	SITE	HOURS	CLIENTS
Early Intervention	Home/community/ clinics/group settings	Monday through Friday 9-5	Children birth to 3 who have a developmental delay or a condition that results in a developmental delay
Child Find/ICHAP	Home/community	Monday through Friday 9-5. Visits and activities on area also scheduled on weekends	Children birth to 3 who are at risk for a disability
Preschool Special Education Program	Home/community/ Schools	Monday through Friday 8-4. Follows school calendar. Limited services in July/August for limited number of children	3 & 4 year old children
Physically Handicapped Children's Program	Clinics/ MD offices	Per provider office hours	Birth to 21
Children with Special Health Care Needs	Home/community/ medical facilities, etc.	9-5 Monday through Friday	Birth to 21
Perinatal Hepatitis B Program	Hospitals, MD offices/home	9-5 Monday through Friday	HbsAG –positive mothers and their infants
Newborn Hearing Screening Program	Hospitals, clinics	9-5 Monday through Friday	Infants
Newborn Screening	Hospitals, clinics, home	9-5 Monday through Friday	Infants
Adult Polio	Home	24/7	Adults with polio
SIDS	Home/community	9-5 Monday through Friday	Families of children who die of SIDS

Orange County Department of Health Clinic Schedules
Effective January 1, 2013

Children's Immunization

Please call for an appointment

124 Main Street Goshen, NY 10924
3rd Tuesday every month
9:30am – 11:30 am
845-291-2330

33 Fulton Plaza Middletown, NY 10940
2nd and 4th Tuesday every month
9:30am – 11:30 am
845-346-1113

141 Broadway Newburgh, NY 12550
1st Tuesday every month
9:30am – 11:30am
4th Wednesday of every month
3pm-5pm
845-568-5333

Parent or legal guardian must accompany children under 18 years of age. Please bring a copy of immunization record.

Tuberculosis

Evaluation, diagnosis and treatment for latent tuberculosis infection, active TB disease, and treatment of contacts

141 Broadway Newburgh, NY 12550
1st Monday each month
2pm – 3pm PPD testing/readings
4pm-6pm MD appointments
845-568-5333

33 Fulton Plaza Middletown, NY 10940
2nd Tuesday every month
3pm-4pm PPD testing/readings
4pm-6pm MD appointments

845-346-1113

Adult Travel Clinic

Please call for an appointment

124 Main Street Goshen, NY 10924
2nd Wednesday every month
9:30am-2:45pm
845-291-2369

Sexually Transmitted Diseases and HIV counseling and testing

Walk-in/Appointment

33 Fulton Plaza Middletown, NY 10940
Fridays 1pm-3pm
845-346-1113

141 Broadway Newburgh, NY 12550
Thursdays 3pm-5pm
845-568-5333

WIC
Women, Infants and Children

Please call for an appointment

33 Route 17M, Harriman, NY
291-2044

33 Fulton Plaza, Middletown, NY
346-1300

Orange County Department of Health FTEs by Division

Public Health Administration		
Management	**Commissioner of Health**	**1.0**
	Deputy Commissioner of Health	**1.0**
	Director of Public Health Emergency Response	**1.0**
	Medical Examiner	**1.0**
Professionals	**Fiscal Manager**	**1.0**
	Accounting Supervisor	**1.0**
	Chief Medical Investigator	**1.0**
Administrative Support	**Account Clerk**	**3.0**
	Clerk II	**2.0**
	Executive Secretary/Administrative Assistant	**2.0**
	Principal Account Clerk	**5.0**
	Senior Secretary/Administrative Assistant	**1.0**
	Senior Account Clerk	**3.0**
	Associate Account Clerk I	**1.0**
	Intern	**0**
	Senior Clerk	**1.0**
	Secretary	**1.0**
	Total	**26.0**

Environmental Health		
Management	**Director of Environmental Health Services**	**1.0**
Professionals	**Principal Public Health Engineer**	**1.0**
	Principal Public Health Sanitarian	**1.0**
	Senior Public Health Engineer	**3.0**
	Senior Public Health Sanitarian	**1.0**
	Public Health Engineer	**5.0**
	Public Health Sanitarian	**5.0**
Technicians	**Public Health Technician**	**7.0**
Administrative Support	**Clerk II**	**1.0**
	Principal Clerk	**1.0**
	Secretary/Administrative Assistant I	**1.0**
	Senior Clerk	**1.0**
	Secretary	**1.0**
	Typist I	**1.0**
	Total	**30.0**

Intervention Administration		
Management	Director of Early Intervention Services	1.0
Professionals	Special Education Program Coordinator	2.0
	Supervising Public Health Nurse	1.0
	Public Health Nurse	3.0
	Early Intervention Service Supervisor	1.0
	Senior Early Intervention Coordinator	1.0
Para/Professionals		
	Early Intervention Service Coordinator	12.0
Administrative Support	Senior Secretary/Administrative Assistant	1.0
	Associate Clerk	1.0
	Typist I	2.0
	Secretary	1.0
	Senior Clerk	1.5
	Total	27.5

Public Health Nursing		
Management	Director of Patient Services	1.0
Professionals	Public Health Nurse	13.0
	Registered Professional Nurse	6.0
	Supervising Public Health Nurse	6.0
	Public Health Investigator (STD)	2.0
	Nutrition Program Coordinator	1.0
	Supervising Nutritionist	3.0
	Nutritionist	3.0
	Epidemiologist	1.0
Para/Professionals	Home Health Aide	6.0
Administrative Support	Account Clerk	1.0
	Receptionist (Spanish/English)	4.0
	Patient Services Assistant	1.0
	Secretary	5.0
	Typist I	2.0
	Principal Nutrition Assistant	1.0
	Nutrition Assistant (Spanish/English)	2.5
	Total	58.5

Community Health Outreach

Professionals	**Director Community Health Outreach**	**1.0**
	Senior Public Health Educator	**2.0**
	Public Health Educator	**2.0**
	Community Outreach Coordinator	**2.0**
	Assistant Director of Community Health Outreach	**1.0**
	Health & Wellness Program Coordinator	**1.0**
Para/Professionals	**Senior Community Health Outreach Worker (Spanish/English)**	**1.0**
	Community Health Outreach Worker	**6.0**
	Community Health Outreach Worker (Spanish/English)	**4.0**
Administrative Support	**Secretary/Administrative Assistant II**	**1.0**
	Secretary	**1.0**
	Total	**22.0**

ORANGE COUNTY COMMUNITY HEALTH ASSESSMENT
2014 – 2017

SECTION FOUR: COMMUNITY RESOURCES

Community Resources

A wide range of community-based health resources are available to Orange County residents. OCDH provides information on request regarding available health-related programs and services to residents, health care providers, and community agencies. In addition, the Department's public health nurses, educators, outreach workers, health investigators, and other field staff provide ongoing guidance on health-related resources through community events and outreach activities. *The Orange County Department of Health Resource Guide for Health-Related Services* describes the principal resources available countywide; additional municipal resources are cited throughout this report. The Orange County Youth Bureau, with input from OCDH, also produces and maintains a comprehensive *Children, Youth, and Family Services Directory.* This directory is updated annually and includes information on health, education, social, recreation, transportation, and human services and programs. The directory is available online at *www.orangecountygov.com*.

The resource guide includes many of the organizations and agencies with which OCDH staff work in a leadership capacity (advisory board, task force member, etc.) and identifies our major partners in service delivery to county residents. A complete listing of OCDH staff affiliations with community, voluntary, and official agencies is provided at the end of this section. OCDH works collaboratively with a host of state, county, and local agencies, hospitals, health centers, health providers, CBOs and FBOs in planning and assessing community health needs.

ORANGE COUNTY DEPARTMENT OF HEALTH RESOURCE GUIDE FOR HEALTH AND RELATED SERVICES

ORANGE COUNTY OFFICES

Orange County Department of Health

1887 County Building, 124 Main St., Goshen, NY 10924
Eli N. Avila, MD, JD, MPH, FCLM, Commissioner of Health

Commissioner/Administration: 845-291-2332
Community Health Outreach: 845-568-5237
Early Intervention: 845-360-6630
Environmental Health: 845-291-2331
Nursing: 845 -291-2330
WIC: 845-346-1300

The Orange County Department of Health monitors and protects the health status and health needs of the residents of the County. The Department provides public health services throughout Orange County. Activities include public health nursing services upon referral from a physician, long-term care in the home for homebound patients, tuberculosis and sexually transmitted disease clinics which provide diagnosis and specific treatment, general pediatric clinics which emphasize preventive care, HIV/AIDS clinics that offer diagnosis and counseling and referral for treatment, communicable disease control, immunizations, sanitary inspections, engineering reviews, screening and monitoring services for at-risk infants and toddlers, early intervention and pre-school special education services for children, community health outreach, injury prevention, health education, emergency medical services coordination, epidemiologic analysis, nutrition services, WIC (Women, Infant and Children's nutrition program), maternal support for newborn care, and provision of financial support for medical care of physically handicapped children.

Orange County Department of Social Services

Box Z, Quarry Road, Goshen, NY 10924 845-291-4100

The Orange County Department of Social Services provides temporary help to eligible individuals and families with social service and financial needs in order to assist them with leading safe, healthy and independent lives.

Office Locations:

Goshen: 23 Hatfield Lane (845) 291-2800
Middletown: 33 Fulton Plaza (845) 346-1120
Newburgh: 141 Broadway (845) 568-5100
Port Jervis: 150 Pike Street (845) 858-1420
www.orangecountygov.com

Orange County Emergency Management

22 Wells Farm Road Goshen, NY 10924 845-615-0400

The mission of the Division of Emergency Management is to lead Orange County to prepare for, prevent, respond to, and recover from disasters. The Division's goals, in this mission, are to reduce the loss of life and property; minimize suffering and the disruption caused by disasters; prepare the County to address the consequences of terrorism; and serve as the County's portal for emergency management information and expertise.

www.orangecountygov.com

Orange County Youth Bureau

18 Seward Avenue Middletown, NY 10940 845-615-3620

The Youth Bureau's mission is to promote youth development, to coordinate services for all youth in Orange County and to develop and fund local programs.

www.orangecountygov.com/youthbureau

Orange County Office for the Aging

18 Seward Avenue, 2nd. Floor, Middletown, NY 10940 845-615-3700

The Orange County Office for the Aging is committed to meeting the special service needs of Orange County's senior population, their families and friends who care for them. Orange County Office for the Aging offers services, either directly or through sub-contracts, designed to maintain the quality of life of those aged 60 and over.

www.orangecountygov.com

The Valley View Center for Nursing Care and Rehabilitation

Glenmere Cove Road, P.O. Box 59, Goshen, NY 10924 845-291-4740

The Valley View Center For Nursing Care and Rehabilitation is a 360-bed skilled nursing facility providing quality long and short-term rehabcare for those in need of 24-hour nursing care due to chronic illness, injury or advancing age. Physical, Occupational & Speech therapies are provided, as well as Respite and Hospice care. Private & Semi-private rooms are offered.

Fee: Private funds, Medicare, and Medicaid.

www.orangecoutygov.com

Orange County Department of Mental Health

Goshen: 845-291-2600
Newburgh: 845-568-5260
Port Jervis: 845-858-1456

The Orange County Department of Mental Health ensures that quality Mental Health, Developmental Disabilities and Chemical Dependency services are accessible to all the people of Orange County, that such services are delivered in a cost effective, timely and culturally sensitive manner under the jurisdiction of the Mental Hygiene Law of New York State. Services are provided in Newburgh, Port Jervis and the Orange County Correctional Facility.

24 hour Helpline Health & Human Services/Referrals & Resources within Orange County/24 hour rape & crisis hotline: 1-800-832-1200

24 hour Mobile Mental Health Team 888-750-2266
Fee: Sliding scale, Medicaid and other insurance
www.orangecounty.gov

HOSPITALS

Bon Secours Community Hospital

160 East Main Street
Port Jervis, NY 12771
845-858-7000
www.bonsecourscommunityhosp.org

Keller Army Community Hospital

900 Washington Road
West Point, NY 10996-1197
845-938-5169
http://kach.amedd.army.mil

Orange Regional Medical Center

707 East Main Street
Middletown, NY 10940
845-333-1000
www.ormc.org

St. Anthony's Community Hospital

15 Maple Ave
Warwick, NY 10990
(845) 986-2276
www.stanthonycommunityhosp.org

St. Luke's/Cornwall Hospital

St. Luke's Campus:
70 Dubois Street, Newburgh, NY 12550
845-561-4400

Cornwall Campus:
19 Laurel Avenue, Cornwall, NY 12518
845-534-7711
www.stlukescornwallhospital.org

COMMUNITY HEALTH CENTERS

Ezras Choilim Health Center

49 Forest Avenue, Monroe, NY 10950
845-782-3242
www.echckj.org
Services provided: Family Physicians and Dentists are available to provide quality medical/dental care to patients of all ages

Fee: Sliding scale, Medicaid, other insurance.

Greater Hudson Valley Family Health Center, Inc.

147 Lake Street, Newburgh, NY 12550
845-563-8000
www.ghvfhc.org
Services include: Pediatrics & Adolescent Medicine, Internal Medicine, Women's Health, Dental care, Behavioral Health, Endocrinology, Cardiology, Podiatry, Infectious Diseases, Nutrition, Education and Referrals, Positive Choices Center (HIV/AIDS), Chemical Dependence Recovery (Center for Recovery), WIC, Pharmacy, and Laboratory services.

Other Locations:

127 Main Street, Highland Falls, NY 10928 845-446-4076
91 Blooming Grove Turnpike, New Windsor, NY 12553 845-561-2257
Dental Services
Lipman Family Dental Center
100 Broadway, Newburgh, NY 12550 845-569-8412
Harper Health for Individuals & Families in Transition
290 Broadway, Suites 2 & 3, Newburgh, NY 12550 845-561-3759

Fee: Sliding scale, Medicaid, other insurance.

Hudson River Health Care

75 Orange Avenue, Walden, NY 12586 845-778-2700
Box 888 Pulaski Highway, Goshen, NY 10924 845-651-2298
Dentistry, Outreach Services, WIC (Supplemental nutrition program for pregnant women, infants and children), Women's Health, Children and Adolescents, Prenatal Care, Health Screenings, HIV Counseling and Testing, Immunization and Vaccinations, Family Planning, Health Education.

Fee: Sliding scale, Medicaid, other insurance.

Middletown Community Health Center

10 Benton Ave., Middletown, NY 10940
845-343-7164 (call this number for all locations)
Web: www.mchccares.org
Adult Medicine, OB/GYN-Women's Health, Family Planning, Pediatric/Neurology, HIV Counseling & Testing, Substance Abuse Assistance, Mobile Health Van, Dental, Podiatry, Nutritional Counseling, Employment Physicals, Education and Referrals, Patient Advocate, Facilitated Enrollers, Bilingual Staff.

Other Locations:

140 Hammond Street, Port Jervis, NY 12771
99 Cameron Street, Pine Bush, NY 12566
14 Grove Street, Middletown, NY 10940
20 Walnut Street. Montgomery, NY 12549
Dental Services
27 North St., Middletown, NY 10940

Fee: Sliding scale, Medicaid, other insurance.

CERTIFIED HOME HEALTH AGENCIES/LONG TERM/HOSPICE

ORANGE COUNTY DEPARTMENT OF HEALTH
Certified Home Health Agency; Long Term Home Health Care Program
124 Main St, Goshen, NY 10924 845-291-2332
33 Fulton St. Middletown, NY 10940 845-346-1113
141 Broadway Newburgh, NY 12550 845-568-5333
www.orangecountygov.com

GOOD SAMARITAN HOSPITAL HOME CARE
Certified Home Health Agency; Long Term Home Health Care Program
AIDS Home Care Program
15 Matthews Avenue
Goshen, NY 10924
845-294-2011
www.goodsamhosp.org

WILLCARE
Certified Home Health Agency
700 Corporate Blvd Newburgh, NY 12550
845-561-3655
www.willcare.com

ELANT
Licensed Home Health Agency; Long Term Home Health Care Program;
46 Harriman Drive
Goshen, NY 10924
845-291-3700
www.elant.org

HOSPICE OF ORANGE & SULLIVAN COUNTIES, INC.
Hospice
800 Stony Brook Court
Newburgh, NY 12550
845-561-6111
www.hospiceoforange.com

LICENSED HOME HEALTH AGENCIES

ANYTIME HOME CARE
Licensed Home Care Agency
410 Gidney Way, Newburgh, NY 12550 845-565-1212
9 ½ Dolson Avenue, Middletown, NY 10940 845-344-4222
www.anytimehomecare.com

A & T HEALTHCARE, LLC
Licensed Home Care Agency
20 Route 17K, Newburgh, New York 12550
845-896-3255
www.at-healthcare.com

HAND IN HAND CARE
Licensed Home Care Agency
25 Myrtle Avenue, Middletown, New York 10940
845-342-4787
www.handinhandcare.com

J AND D ULTRACARE CORPORATION
Licensed Home Care Agency – focus is primarily pediatrics
99 Washington Avenue, Suffern, NY 10901
845-357-4500 or 800-257-3130
www.jdultracare.com

MID-HUDSON MANAGED HOME CARE, INC.
Licensed Home Care Agency
243 Route 17K, Newburgh, NY 12550
845-567-3022
www.mhmhc.com

NEW YORK HEALTH CARE, INC.
Licensed Home Care Agency
320 Robinson Avenue, Suite 203, Newburgh, NY 12550
845-569--8120
www.nyhc.com

SHERRY KAY HOME CARE INC.
Licensed Home Care Agency
9 Center Street, Port Jervis, NY 12771
845-856-9703

UNLIMITED CARE, INC.
Licensed Home Care Agency
453 Route 211 East Suite 304, Middletown, NY 10940 845-342-2220
356 Meadow Ave., Newburgh, NY 12550 845-562-5157
www.unlimitedcareinc.com

WELLNESS HOME CARE
Licensed Home Care Agency
252 Main Street, Goshen, NY 10924
845-294-8364
www.wellnesshomecare.com

SKILLED NURSING FACILITIES

CAMPBELL HALL REHAB CENTER
23 Kiernan Road
Campbell Hall, NY 10916
Beds - 134
845-294-8154

ELANT at GOSHEN, INC.
46 Harriman Drive
Goshen, NY 10924
Beds – 120
845-291-3700
www.elant.org

ELANT at NEWBURGH
172 Meadow Hill Road
Newburgh, NY 12550
Beds – 190
845-564-1700
www.elant.org

GLEN ARDEN INC.
46 Harriman Drive
Goshen, NY 10924
Beds - 40
845-291-7800
www.elant.org

HIGHLAND REHABILITATION AND NURSING CENTER
120 Highland Avenue
Middletown, NY 10940
845-342-1033
Beds - 98

MONTGOMERY NURSING HOME
2817 Albany Post Road, Box 158
Montgomery, NY 12549
Beds – 100
845-457-3155

MIDDLETOWN PARK MANOR REHAB AND HEALTH CARE CENTER
121 Dunning Road
Middletown, NY 10940
Beds – 250
845-343-0801
www.parkmanorrehab.com

SCHERVIER PAVILION
22 Van Duzer Place
Warwick, NY 10990
Beds – 120
845-987-5717
www.stanthonycommunityhosp.org

ST.JOSEPH'S PLACE
160 East Main Street
Port Jervis, NY 12771
Beds – 46
845-856-5351
www.bonsecourscommunityhosp.org

THE VALLEY VIEW CENTER FOR NURSING CARE AND REHABILITATION
Glenmere Cove Road, Box 59
Goshen, NY 10924
Beds – 520
845-291-4740
www.orangecountygov.com

Hudson Valley Asthma Coalition
American Lung Association of New York State
237 Mamaroneck Avenue - Suite 205
White Plains, New York 10605
1-800-586-4872
Web: www.hudsonvalley.org
Asthma education and prevention programs.

Fee: None.

Healthy Orange
130 Broadway, Newburgh NY 12550
845-568-5285
Danielle Moser, Senior Public Health Educator
Web: www.orangeountygov.com
Email: dmoser@orangecounty gov.com

Healthy Orange is an initiative coordinated by the Orange County Department of Health which addresses three core areas of health promotion and disease prevention in county residents - improved nutrition, increased physical activity and movement, and a tobacco-free lifestyle. The Healthy Orange Team is a collaborative union of agencies within the county that work together to promote health and wellness in county residents of all ages.

Fee: None.

Orange County Parenting Coalition
Cornell Cooperative Extension
18 Seward Ave Suite 300 Middletown, NY 1040
845-344-1234
8:30- 4:30 M-F
Web: www.cce.cornell.edu/orange
A group of parents, caregivers, educators and agency representatives who understand parenting to be a learned skill. The goal is to provide access to a variety of parenting education programs and resources.
Workshops, training, lending library and resource and referral for parents, grandparents, caregivers and educators.
Consumer Helpline: parenting, nutrition, finances, home-buyer education.
Fee: None

Orange County Eating Disorders Coalition
Mental Health Association in Orange County
845-343-2400
Helpline: 1-800-832-1200
Web: www.MHAorangeny.com
Provides treatment and referral lists, on-line screening program, education and prevention.

Fee: None

POW'R Against Tobacco
American Lung Association of the Northeast
237 Mamaroneck Ave., Suite 205
White Plains, NY 10605
914-407-2302
Web: www.powragainsttobacco.org

POW'R Against Tobacco is a four county coalition that was founded in 1992 to reduce the risk of tobacco-related diseases by lowering the prevalence of tobacco use in Putnam, Orange, Westchester and Rockland Counties. POW'R is funded by a grant from the New York State Department of Health. Since 1992, the Coalition has been working in the community to meet four goals: reduce exposure to secondhand smoke, prevent and reduce tobacco use in under-served communities, promote quitting among adults and youth and prevent youth from using tobacco products.

Fee: None

COALITIONS continued

Mid-Hudson Adult Immunization Coalition
845-291-2369

This coalition works for the Mid-Hudson and Orange County residents to prevent diseases that are vaccine preventable.

Fee: None.

Port Jervis Council of Community Agencies
C/O MISN, Attn: Jennifer Howard
200 Route 32, PO Box 548
Central Valley, NY 10917
845-928-7448 Ext. 302
Cell: 845-637-7205
The Port Jervis Council of Community Agencies meets every other month on the third Wed. at 1pm at the First Assembly of God Church in Port Jervis. The Council provides an opportunity for agencies/organizations to get together on a regular basis and network.
Fee: None.

Orange County Teen Pregnancy Prevention Coalition
200 Rt. 32, PO Box 548, Central Valley, NY 10917
845-928-7448
Meetings are held on a bi-monthly basis to discuss pregnancy prevention strategies, STI's, and to identify community needs and to fill any gaps in services. This coalition works diligently to connect teens to reproductive health services.
Fee: None.

Newburgh Healthy Families
21 Grand Street, Newburgh, NY 12550
845-562-7244
Home visiting service offering support and information to expectant parents, new parents and their babies in the 12550 and 10940 zip codes.
Fee: None

Planned Parenthood Mid-Hudson Valley
136 Lake Street, Suite 11, Newburgh, NY 12550
845-562-5778
Other offices in Orange County:
7 Coates Drive, Suite 4, Goshen NY 10924
845-294-8831
40 Grove Street, Middletown, NY 10940
845-343-4432
Web: www.plannedparenthood.org
e-mail: education@ppmhv.org

Provides community education programs for parents, teens, agencies, schools and faith communities that will provide information and skills to create a world where sexuality is respected and valued. Planned Parenthood Mid-Hudson Valley's Education Dept. provides reality based, interactive programs rooted in scientifically accurate information about sexuality and reproductive health. Resources are always available to provide parents, teachers and individuals with the tools necessary to promote sexuality education.
Health Services offered include abortion services, birth control, general health care, HIV testing, LGBT services, men's health care, morning-after pill (emergency contraception), pregnancy testing & services, STD testing, treatment & vaccines and women's health care.

Fee: sliding scale, Medicaid and other insurance.

Project LIFE
172 First Street, Newburgh, NY 12550-4945
845-569-9334
Tier 2 Family Shelter, Referrals made from Public Assistance.
Web: www.newburghinterfaithprojectlife.org
Fee: None.

Maternal Infant Services Network
200 Route 32, PO Box 548, Central Valley, NY 10917
845-928-7448

Mother's Helpline 1-800-453-4666, 9-5, M-F

MISN is dedicated to family and community health and wellness. MISN serves pregnant women and women of childbearing age, parents of infants and young children, schools concerned with pregnant and parenting teens and Health and Human Service providers.

Fee: None.

Birthright of Orange County
40 Grove Street, Middletown, NY 10940
845-343-3121
1-800-550-4900 (24hrs. / 7 days wk.)
Services include free pregnancy tests, help planning for baby, and referrals for Medical assistance. (Call for hours)
Fee: None.

WOMEN'S HEALTH continued

Child Care Council of Orange County
40 Matthews Street, Suite 103, Goshen, NY 10924
845-294-4012
Other Areas: 1-800-827-1751
Web: www.childcarecounciloc.org

The Child Care Council of Orange County is a private, non-profit organization that functions to develop available and accessible quality child care for all children regardless of income level, or cultural back-ground. Its purpose is to expand and enhance childcare.

Fee: None.

My Choice Pregnancy Care Center
388 Blooming Grove Turnpike, New Windsor, NY 12553
845-561-3057
Provides pregnancy tests, ultrasounds and counseling to consider pregnancy options. STI testing is also available.

Web: http://mychoicepcc.com

Fee: None.

Safe Homes of Orange County and Orange County Family Justice Center
280 Broadway, 3rd Floor
PO Box 649
Newburgh, NY 12551
845-562-5365
1-888-503-4673 (24 hr. hotline)
1-888-503-HOPE (24 hr. hotline)
Web: www.safehomesorangecounty.org
Advocacy, Support, Shelter, 24- hour hotline, and referral services for families affected by intimate partner/family violence.

Fee: None.

YWCA Orange County Cancer Services Program
Provides breast, colorectal and cervical cancer screening and follow-up care to under-income, underserved women between the ages of 18-65. Women over the age of 40 are able to receive free mammograms.

845-561-8050 Ext. 19
Web: www.ywca.org

Fee: None.

YOUTH SERVICES

Agri-Business Child Development
Middletown ABCD
47 Academy Avenue, Middletown, NY 10940
845-956-2270
Florida ABCD
P.O. Box 187, Edward J. Lempka Drive, Florida, NY 10921
845-651-2270

Comprehensive child-development and family support services related to education, nutrition, health/dental care, parent involvement, social services, mental health and services to children with disabilities.
Fee: Qualification for services- call for information, sliding scale.

Head Start of Eastern Orange
49 Gidney Avenue, Newburgh, NY 12550
845-562-0380

Web: www.hseoc.org

A comprehensive program designed to meet the social, emotional, health, nutritional and educational needs of pre-school children and supportive services for families.

Fee: None.

RECAP/Western Orange County Head Start
North Congregational Church
157 Linden Ave., Middletown, NY 10940
845-343-4191
240 Midland Lakes, Scotchtown, NY 10941
845-692-6567
31 West Main Street, Port Jervis, NY 12771
845-856-6821

A comprehensive program designed to meet the social, emotional, health, nutritional and educational needs of pre-school children and supportive services for families.
Fee: None.

Liberty Partnership Program
SUNY Orange
One Washington Center, Newburgh, NY 12550
845-341-9569
Provides supportive interventions and opportunities for students identified as being at risk of dropping out of school. The program does this to ensure that these students will graduate from high school and are prepared to enter post-secondary education and the workforce. The program serves the Newburgh Enlarged City School District.
Fee: None

Glenn E. Hines Memorial
Boys & Girls Clubs of Newburgh, Inc.
285 Liberty Street, Newburgh, NY 12550
845-561-4936
Comprehensive recreation and youth service program targeting minority and disadvantaged youth. This full-time, structured program includes social, cultural and educational programs.
Fee: None

YOUTH SERVICES continued

"A Friend's House" Youth Shelter

HONORehg- HONOR Emergency Housing Group
38 Seward Avenue, Middletown, NY 10940
845-343-0970
A runaway and homeless youth shelter that serves Orange County. Youth are given the tools and support they need, in a safe homelike environment in order to re-connect with family, community or plan a safe exit out.
Fee: None.

LINKS Case Management and Aftercare

HONORehg- HONOR Emergency Housing Group
38 Seward Avenue, Middletown, NY 10940
845-342-5713

Case managers help chronically homeless individuals find and maintain permanent housing. Through outreach, guidance, financial case management and aftercare services provided, individuals can achieve their goals of permanent housing, economic independence, community involvement and self-sufficiency.
Fee: None.

West Point Youth Services

Bldg. 500, Washington Road, West Point, NY 10996
845-938-3727
Offers youth programs to youth in the West Point community and Highland Falls School District.

National Runaway Safeline/Adolescent

1-800-RUNAWAY
1-800-786-2929
Suicide Hotline 1-800-621-4000
Crisis intervention, information and referrals

Newburgh Youth Bureau

104 South Landers Street
Newburgh, NY 12550
845-565-1213

The Newburgh Youth Bureau determines the needs of youth in the City of Newburgh, inventories city youth resources capable of meeting these needs, plans and encourages the development of new services essential for meeting the needs of youth.
Fee: None.

CASE MANAGEMENT

Catholic Charities
280 Broadway, Newburgh, NY 12550 – 4th Floor
845-561-3452
224 Main St, Goshen, NY 10924
845-294-5888
Social work counseling of individuals and families under stress due to personal problems or environmental pressure. Counseling for unwed mothers and adoption services.

Fee: Sliding scale fee

Crystal Run Village
601 Stony Ford Road, Middletown, NY 10941
845-692-4444

Provides Residential Services, Supported Employment/Job Placement, Service Coordination, Village Care, Mobile Work Crew, In-home Respite, Mental Health Services, Respite House, Open Vistas Day Habilitation, In-home Residential Habilitation and Recreation Programs for people with disabilities.

Fee: Medicaid, Medicare, other insurance, sliding scale fee for some services.

Family Empowerment Council, Inc.
225 Dolson Avenue, Suite 403, Middletown, NY 10940
845-343-8100

Provides Medicaid Service Coordination, Residential Rehabilitation Services, Respite Services, Day-time Rehabilitation Program, Personal Care Aid Service, Educational Advocacy, and Network Program that assists with troubled youth.

Fee: Medicaid

Hamaspik of Orange County, Inc.
1 Hamaspik Way, Suite 302
Monroe, NY 10950
845-774-8400
24 Emergency Hotline 1-877-928-9000
Central Intake 1-866-353-8400
Services provided are customized to meet the specific needs of each individual. Our goal is to develop the consumers' physical, intellectual and social capabilities.
Fee: Medicaid

Inspire
2 Fletcher Street, Goshen, NY 10924
845-294-8806
Web: www.inspirecp.org

Services: Audiology, Dentistry, Early Intervention, Neuropsychology, Occupational Therapy, Physical Therapy, Service Coordination, Social Work, Speech/Language Pathology and Therapeutic Pool.
Preschool: Goshen, Monroe, Newburgh

Fees: Medicare, Medicaid and other insurances.

PathStone
130 Dolson Avenue, Middletown, NY 10940
845-343-0771
www.pathstone.org
Supportive services, counseling, employment and training opportunities, food and nutrition services and pesticide training.

Fee: None.

CASE MANAGEMENT continued

Jewish Family Services of Orange County
720 Route 17M, Middletown, NY 10940
845-341-1173
68 Stewart Avenue, Newburgh, NY 12550
845-562-8372

Provides individual and family mental health sessions. Provides at-home services, volunteer visits, and assistance to caregivers, and connections to community resources for adults. Provides educational and social programs for young people that help them feel valued and empowered, as well as offer support to their parents. Assists adults with developmental disabilities to realize full and encompassing lives both at work and within their communities. As funds allow, JFS provides a helping hand to families in need. Currently the Diane Finkelstein Families in Crisis Fund is dedicated to assisting families in obtaining food assistance as well as funds for rent.

Fee: None

Orange County AHRC
Central and Residential Administration
249 Broadway, Newburgh, NY 12550
845-561-0670

Orange AHRC Admissions
357 Mt. Hope Road, Middletown, NY 10940
845-343-0871
www.OrangeAHRC.org

Provides training, housing and employment for the developmentally disabled to become independent, productive members of the communities. Informs the public of clients' needs and potentials. Provides help to the families of clients.

Fee: None

MENTAL HEALTH

Children's Grieving Center
800 Stony Brook Court, Newburgh, NY 12550
845-561-6111

Provides a safe, neutral and private environment for grieving children and their families. Meets every other Wednesday at 6:30 pm

Fee: None. Donations are accepted.

Dispute Resolution Center
3136 Route 207 Campbell Hall, NY 10916
P.O. Box 510 Goshen, New York 10924
845-294-8082 Ext. 23
Email: info@drcservices.org

Programs include the Parent/Child Mediation Program for youth 13-18 years in conflict with their parents. The School-Based Conflict Resolution Program trains youth, kindergarten through college, to mediate peer disputes. The Court Appointed Special Assistants Program (CASA) monitors the well-being of children removed to foster care due to abuse and/or neglect, birth to 16 years.

Fee: None for most services, classes include a fee for materials.

Family Counseling, Occupations, Inc.
16-24 Union Street, Middletown, NY 10940
845-343-5556
1-888-750-2266
21 Grand Street, Newburgh, NY 12550
845-562-7244

Provides outpatient mental health services, including diagnosis and treatment, psychiatric evaluation, medication (when necessary), individual, family, marital and group therapy. Bi-lingual services available.

Fee: Medicaid, Medicare, sliding scale fee, insurance.

Mental Health Association in Orange County
73 James P. Kelly Way, Middletown, NY 10940
845-342-2400
Helpline: 1-800-832-1200
Web: www.MHAorangeny.com

Hotlines, preventive programs, social clubs, resources. Help Line is a 24-hour, 7-day a week information, referral and crisis intervention service.

Fee: None.

Mobile Mental Health Unit
Occupations Inc.
1-888-750-2266
Web: www.occupations.org

Mobile Mental Health Unit operates for those who need assistance outside normal working hours. Available 24 hours a day.

Fee: None

Occupations, Inc. Counseling Centers
2001 Rte 17M, Second Floor, Goshen, NY 10924
845-294-6185
Web: www.occupations.org

Each center provides outpatient mental health services, individual, family and group therapies, medication monitoring, psychiatric evaluation.
Fee: HMO's, private insurance, Medicaid, Medicare. Call for an appointment.

MENTAL HEALTH continued

Pastoral Counseling Center
2139 Route 17K, Montgomery, NY 12549
845-361-2777

Services for issues including: depression, eating disorders, anxiety, anger management, family, adolescent, couples and pre-marital therapy. Provides information/education, spiritual counseling and referral. Handicapped accessible.

Fee: Sliding scale fee, some insurances

Roosa Counseling Services
41 Dolson Ave, Middletown, NY 10940
845-342-5789
Web: www.myroosa.org

Offers the full array of supportive counseling/psychotherapy, Anxiety Disorders, Anger Management, Play Therapy, Teens in Crisis, Women in Abusive Relationships, Marriage and Couples Counseling, Depression, Mental Health Assessments.
Fee: Insurance

SUBSTANCE ABUSE

Al-Anon/Alateen
845-294-9999

For anyone who feels his/her life is being or has been affected by someone else's drinking. Meetings held throughout the County. Call answering service for information.

Fee: None.

Alcoholics Anonymous (AA)
PO Box 636, Goshen, NY 10924
845-534-8525

If you or a member of your family has an alcohol problem, call the 24-hour answering service. This number will give you information regarding places, times, etc. of AA functions. Also listed in the Times Herald Record under "Bulletin Board:"

Fee: None.

Alcoholism & Drug Abuse Council
P.O. Box 583, 224A Main Street, Goshen, NY 10924
845-294-9000
E-mail: adac@adacinfo.com

Information and referral about alcohol and substance abuse provided, community, school and workplace prevention, training and education, public awareness, recovery coaching and intervention.

Fee: None. Suggested donation for intervention.

Catholic Charities Chemical Dependency Program
224 Main Street, Goshen, NY 10924
845-294-5888
305 North Street, Middletown, NY 10940
845 343-7675
101 Carpenter Place, Monroe, NY 10950
845 782-0295
280 Broadway, Newburgh, NY 12550
845-562-8255
17-19 Sussex Street, Port Jervis, NY 12771
845-856-6344
8 Scofield Street, Walden, NY 12586

845 778-5628

Outpatient drug abuse treatment services. Individual and group counseling. Specialized psycho-educational groups. Clinical services are offered in both English and Spanish. Services are available five days/four evenings a week.

Fee: Sliding scale fee, insurance, Medicaid.

Catholic Charities Community Services of Orange County Gateway Clinic
46 Roe Street, Newburgh, NY 12550
845-569-0034
E-mail: Martin.Colavito@archny.org

Services: Chemical Dependency Program for adolescents.

Fee: Insurances accepted. Call for information.

SUBSTANCE ABUSE continued

Occupations, Inc. Personalized Recovery Oriented Services (PROS)
67 Windsor Hwy, New Windsor, NY 12553
845-562-6850
16-24 Union St Middletown NY 10924
845-343-5556
Web: www.Occupations.org

Individual/group therapy, life skills training, substance abuse services, psychiatric rehabilitation, family support, medication, case management, flexible individual service and daily services available.

Fee: Referral through DSS

Orange County Drinking Driver Program
Orange County Community College
115 South Street, Middletown, NY 10940
845-341-4892
E-mail: rob.larkin@sunyorange.edu

Education for convicted drinking driver evaluation and referral to rehabilitation and self-help, defensive driving classes, and pre-licensing.

Fees: Defensive Driving classes: $40.00
Pre-licensing: $40.00

Orange County Stop DWI and Traffic Safety Program
Emergency Service Center
22 Wells Farm Rd, Goshen, NY 10924
845-615-0575
Web: www.orangecountystopdwi.com

Comprehensive prevention education and training program to reduce the injuries and fatalities that result from drinking/drugging and driving. Programs encompass school and community education, law enforcement, prosecution and probation. Provided Victim Impact Panels (English & Spanish), Teen VIP, Alive at 25 and Driving Simulator Program for local school districts.

No fees, except for court appointed Victims Impact Panel.

Orange Regional Medical Center
Family Program for Alcoholism/Chemical Dependency
420 East Main Street, Middletown, NY 10940
845-342-5300

Outpatient Chemical Dependency for Youth, Intensive Treatment Program for Adults, Women's Intensive Treatment, Outpatient Clinical Services, Adolescent/Family Treatment, Co-dependency Treatment, Comprehensive Psychosocial Evaluations, Court Evaluations, Employee/Business Evaluations, Consultations/Evaluations.

Fee: Medicaid, Medicare, other insurance.

RECAP, Inc. – New Life Manor Halfway House
Residential Addiction Treatment Center
127 Hickory Hill Road
Newburgh, NY 12550
845-566-1224

Serves men with alcohol and drug addictions. Live-in facility for 9 months to 1 year.

SUBSTANCE ABUSE continued

RECAP, Inc. – Outpatient Rehabilitation Addiction Treatment Program
40 Smith Street, Middletown, NY 10940
845-342-3978 Ext. 6234
845-421-6234
Web: www.Recap.org
E-mail: recap@recap.org

Serves people with alcohol/drug addictions, women/men with children, low income/homeless consumers. Available 9:00 am to 1:30 pm. 5 days/week alcohol and drug rehab program. Individual and group therapy, trauma informed care discussions, lectures, recreation. Evening hours available on M-W-Fri.

Fee: Medicaid, sliding scale fee, insurance.

Restorative Management Corp.
Outpatient Drug/Alcohol Abuse Clinics
7 Railroad Ave, Middletown, NY 10940
845-342-5941
172-178 Liberty Street, Newburgh, NY 12550
845-561-5783
123 Pike Street, Port Jervis, NY 12771
845-856-7576
Web:www.Recap.org
E-mail: recap@recap.org

Provides chemical dependency treatment, psychiatric services for the dually diagnosed, anger management groups, relapse prevention groups, stress management groups, co-dependency groups, adolescent/family services, parenting education, domestic violence program, women's program, men's program, impaired driver's program, Criminal justice tract, and intensive outpatient program.
Fee: self-payment, Medicaid, Private Health Insurance

Sponsors Corner
188 Rt. 209, Port Jervis, NY 12771
845-856-9005 / 845-856-3146

Web: www.sponsorscorner.com

Supportive living in a sober support complex for those who suffer from the disease of addiction and alcoholism. Holistic recovery, family therapy and recovery coaching.

Fee: Sliding scale, affordable pricing. Call for pricing.

Medicaid and insurance not accepted.

Underage Drinking Hotline
1-866-Under-21
Enables the public to anonymously report underage sale and consumption of alcohol.

Fee: None.

NUTRITION

Cornell Cooperative Extension EAT SMART New York
18 Seward Avenue, Middletown, NY 10940
845-344-1234
Web: www.cce.cornell.edu/orange

EAT SMART New York targets food stamp participants and applicants throughout Orange County. Conducts group instruction on budgeting, meal planning, saving money on food purchases and easy, quick recipes. Bilingual staff available.

Fee: None

Cornell Cooperative Extension/Expanded Food & Nutrition Education Program (EFNEP)
18 Seward Avenue, Middletown, NY 10940
845-344-1234
Web: www.cce.cornell.edu/orange

EFNEP is a nutrition education program for low income families with young children throughout Orange County. One-on-one and group instruction are offered on how to improve diets using available resources. Bilingual staff available.

Fee: None

Greater Hudson Valley Family Health Center WIC Program
147 Lake Street, Newburgh, NY 12550
845-568-5473
The WIC program in New York helps provide supplemental foods, health care referrals and nutrition education for low-income pregnant, breastfeeding and non-breastfeeding postpartum women.
Fee: Income based, pre-qualified through DSS.

Meals On Wheels
P.O. Box 98, Warwick, NY 10990
845-986-3389
35 Cerone Place, Newburgh, NY 12550
845-562-3490

Meals on Wheels is an organization that provides nutritious meals to people who are homebound and/or disabled or would otherwise be unable to maintain their dietary needs. Meals on Wheels seeks to provide the best quality food and nutrition for the least price to its clients.

Fee: Based on how many meals are received during the week. Call for specific information.

Middletown Community Health Center WIC Program
140 Hammond Street, Port Jervis, NY 12771
845-856-8156
The WIC program in New York helps provide supplemental foods, health care referrals and nutrition education for low-income pregnant, breastfeeding and non-breastfeeding postpartum women.
Fee: Income based, pre-qualified through DSS

NUTRITION continued

Orange County Dept. of Health WIC Program
33 Fulton Street, Middletown, NY 10940
845-346-1300
856 Route 17M, Monroe, NY 10950
845-201-2044

WIC is a supplementary food program for women, infants and children. WIC provides nutritional education and food vouchers to insure adequate nutrition.

Fee: Income based; pre-qualified through DSS

RECAP, Inc. - Nutrition Program
1921 Low Avenue, Middletown, NY 10940
845-342-3978, Ext. 6230

Serves low-income families and individuals, Emergency food pantry, referrals to various agencies.

Fee: None

FOOD PANTRIES

Farm Workers Community Center Food Pantry
P.O. Box 607, Pulaski Highway, Goshen NY 10924
845-651-4272

First Presbyterian Church Food Pantry
30 Goshen Avenue, Washingtonville, NY 10992
845-496-2119

Florida Community Church Food Pantry
1 N. Main Street, P.O. Box 94, Florida, NY 10921
845-651-4117

Good Samaritan Pantry
12 Scofield Street, Walden, NY 12586
845-778-7119

Grace UM Church Food Pantry
PO Box 2556, Newburgh, NY 12550
845-561-0176

Highland Mills UM Church Food Pantry
Rt. 32 & Ridge Road, Highland Mills, NY 10930
845-928-6177

Home Delivered Meals (Office for the Aging)
18 Seward Avenue, Middletown, NY 10940
845-615-3710
60 yrs. and older

Mid-Hudson Christian Church
2393 Rt. 300, Wallkill, NY 12589
845-895-3006

Pathstone (Food Pantry)
130 Dolson Avenue, Middletown, NY 10940
845-343-0771

Salvation Army Food Pantry
80 West Main Street, Middletown, NY 10940
845-343-0821

Salvation Army Emergency Food Pantry
234 Van Ness Street, Newburgh NY 12550
845-562-0413

Salvation Army Food Pantry
99 Ball Street, Port Jervis, NY 12771
856-4089

Shepherds Kitchen (Soup Kitchen)
The Church of the Good Shepherd
271 Broadway / 9 Mill St., Newburgh, NY 12550
845-562-8545

FOOD PANTRIES continued

St. Margaret's Soup Kitchen
12 Depot Street, Middletown, NY 10940
845-344-0569

St. Paul's Mission and Interfaith Food Pantry
58 West Main Street, Middletown, NY 10940
845-343-4425

St. Patrick's Church Soup Kitchen
55 Grand Street, Newburgh, NY 12550
845-561-5023

Warwick Ecumenical Food Pantry
Warwick United Methodist Church
135 Forester Avenue, Warwick, NY 10990
845-986-8368

LEARNING INSTITUTIONS

School Districts:

Chester Union Free School District
64 Hambletonian Ave., Chester, NY 10918
(845) 469-2231

Cornwall School District
24 Idlewild Ave., New Windsor, NY 12553
(845) 534-8009

Florida Union Free School District
P.O. Box 757 - 51 N. Main St. Florida, NY 10921
(845) 651-3095

Goshen Central School District
227 Main Street, Goshen, NY 10924
(845) 294-2410

Greenwood Lake Union Free School
1247 Lakes Road, Greenwood Lake, NY 10925
(845) 477-7395

Highland Falls Central School
P.O. 286, Highland Falls, NY 10928
(845) 446-4738

Kiryas Joel Village School
6 Kahan Dr. Monroe, NY 10950
(845) 782-2300

Middletown City School District
223 Wisner Avenue, Middletown, NY 10940
(845) 341-5300

Minisink Valley Central School
Minisink Campus, Rt. 6, Box 217, Slate Hill, NY 10973
(845) 355-5110

Monroe Woodbury Central School
295 Route 32, Central Valley, NY 10917
(845) 928-2321

Newburgh Enlarged City School District
124 Grand Street, Newburgh, NY 12550
(845) 563-3500

Pine Bush Central School District
Route 302, Box 700, Pine Bush, NY 12566
(845) 744-2031

Port Jervis City School District
9 Thompson Street, Port Jervis, NY 12711
(845) 858-3175

Tuxedo Union Free School District
P.O. Box 2002, Tuxedo Park, NY 10987
(845) 351-4799

Valley Central School District
944 Route 17K, Montgomery, NY 12549
(845) 457-2400

Warwick Valley Central School
Sanfordville Road, PO Box 595, Warwick, NY 10990
(845) 987-3000

Washingtonville Central School
54 West Main Street, Washingtonville, NY 10992
(845) 497-4000

Orange/Ulster BOCES

53 Gibson Road, Goshen, NY 10924
845-291-0100 www.ouboces.org
Offers specialized education programs for its component school districts, including occupational education classes for high school students, special education classes for children with learning disabilities, and adult occupational education. All programs are operated in compliance with federal law prohibiting discrimination because of race, color, religion, sex, national origin, or handicapping conditions. Any student in a component school district is eligible for admission to any occupational program with application to be made through local guidance counselors.

LEARNING INSTITUTIONS continued

Mount Saint Mary's College
330 Powell Avenue, Newburgh, NY 12550
845-561-0800
Web: www.msmc.edu
e-mail: admissions@msmc.edu

A coeducational liberal arts college offering undergradate and graduate degrees

Orange County Community College
115 South Street, Middletown, NY 10940 845-344-6222
1 Washington Center, Newburgh, NY 12550 845-562-2454
Web: www.sunyorange.edu
A public, coeducational, two-year community college offering associate degrees in both liberal arts/transfer and career/technical fields. The college has an open admissions policy requiring a H.S. Diploma or equivalent for admission to most programs.

U.S. Military Academy West Point
606 Thayer Road, West Point, NY 10996
845-938-4011
Web: www.usma.edu
The West Point graduate is awarded a Bachelor of Science degree and commissioned as an officer in the US Army. Candidates must meet specific academic, physical and medical requirements and must also obtain a nomination from a Member of Congress.

SPECIAL NEEDS

Action Toward Independence
126 Seward Avenue, Middletown, NY 10940
845-343-4284
ATI is a non-profit, non-residential and consumer-controlled resource, referral and advocacy agency, serving individuals with disabilities.
Fee: None.

Crystal Run Village, Inc.
601 Stony Ford Road, Middletown, NY 10941
845-692-4444
Web: www.CRVI.org
Provides programs and services throughout Sullivan, Orange, and Rockland Counties for people with disabilities. Services include Residential opportunities, nursing supervision, service coordination, respite house, day service/skill and occupational development and mental health services.
Fee: Medicaid, Medicare, third party insurance.

Family Empowerment Council, Inc.
225 Dolson Avenue, Suite 403, Middletown, NY 10940
1-888-343-8181
Web: www.familyempowerment.org
Provides support to people with developmental, physical or psychiatric disabilities or those with economic disadvantages and assists in their gaining access to necessary services to enable integration with the community in New York's Hudson Valley region, and beyond. Programs offered include service coordination, care at home case management, Connections day habilitation, Direction's consumer directed personal assistant, Family Support NETWORK and Family Partners, Transitions care coordination for young adults 18-25, Respite for caregivers, Early Intervention (EIP), Traumatic Brain Injury Service Coordination for adults 18 to 64 years, Youth Educational School Services (YESS) for any youth from birth through age 21, Community Habilitation and Family Empowerment Project (FEP).
Fee: None

Independent Living, Inc.
5 Washington Terrace, Newburgh, NY 12550
845-565-1162, TTY 845-565-0337
Web: www.myindependentliving.org
Serving persons of all ages having psychiatric, physical, cognitive and/or perceptual disabilities by providing: individual and systems advocacy, peer counseling, independent living skills training, self-help and services coordination. Bilingual services.
Fee: None.

The Jean Black School
28 Ingrassia Road, Middletown, NY 10940
845-341-0700
Serves children 5 to 21 with multiple handicaps and mentally challenged children who cannot be served by the public education system.
Fee: Paid by school districts

SPECIAL NEEDS continued

The Kaplan Career Academy (Formerly McQuade Children's Services)
623 Route 94, New Windsor, NY 12553
914-693-3030
Web: www.greenburghnorthcastleschools.com/
A therapeutic childcare organization providing emotional, social and educational services for special needs children and their families, ranging from residential treatment to group homes, emergency diagnostic assessment, special education and a variety of community based preventative programs. Services are by referral only.
Fees: Paid by referring agency- i.e. Department of Social Services, School Districts, Probation Departments, and Family Courts.

Stony Ford Community Residence
490 Stony Ford Road, Middletown, NY 10941
845-692-4787
Program offers a 24-hour supervised community residence with trained staff and provides training and assistance to the developmentally disabled, in the activities of daily living.
Fee: Medicaid, Medicare and third party insurance.

Winslow Therapeutic Riding Unlimited
1433 Route 17A, Warwick, NY 10990
845-986-6686
Web: www.Winslow.org
Provides a full range of horseback riding therapy programs for children/adults with disabilities/special needs in a natural farm environment. Riders are encouraged to reach their highest levels of proficiency. Open Wellness classes are also available. Training and continuing education programs for professionals in the field of therapeutic riding are held regularly.

ORANGE COUNTY DEPARTMENT OF HEALTH
STAFF PARTICIPATION
COMMITTEES/COALITIONS/COLLABORATIONS

ABCD Head Start Health Advisory Board
Adult Protective Services Advisory Committee
Agricultural Business Child Development Health Advisory Board
Autism Advisory Council
City of Newburgh Youth Bureau Prevention Policy Board
Cornell Cooperative Extension
Crystal Run Healthcare
Community Voices Heard
Department of Social Services Advisory Committee
Diabetes Prevention Coalition
Downstate Early Child County Officials (DECCO)
Ecclesia Ministry
Elant Advisory Committee (Newburgh)
Emergency Housing Group (HONOR)
Enlarged City School District of Middletown
Environmental Protection Agency
Geriatric Mental Wellness Alliance
Get Fresh Orange Committee
Golden Hill Elementary School Wellness Committee
Greater Hudson Valley Family Health Center, Inc
Greater Newburgh Partnership
Habitat for Humanity
Head Start Programs of Newburgh and Middletown
Health Emergency Preparedness Coalition
Healthy Families Advisory Board
Healthy Orange Team
Hudson River Fish Advisory Board
Hudson Valley Asthma Coalition
Hudson Valley CHHA/LTHHCP Providers
Hudson Valley Legal Services
Hudson Valley Regional Health Officers Network
Hudson Valley Regional PHEP Coordinators
Hudson Valley Water Works Conference
Independent Living
Kiryas Joel Head Start Health Advisory Board
Lab School of SUNY Orange (childcare)
Latinos Unidos
LTHHCP Council
Lower Hudson Valley Regional Perinatal Forum (LHVRPF)
MACE (Mutual Aid Coordinating Entity)
Metropolitan Area Regional Office Health Emergency Preparedness Coalition (partnership with Hospitals, Healthcare Organizations and Local Health Departments)
Middletown Cares
Middletown Community Health Centers, Inc
Middletown Day Nursery
Mid-Hudson Adult Immunization Coalition
Mid-Hudson Dietetic Association
Migrant Health Services Coalition

COMMITTEES/COALITIONS/COLLABORATIONS continued

Montefiore Children's Hospital
National Academy of Nutrition and Dietetics
National Association of County and City Health Official's Infectious Disease Prevention and Control Workgroup
Newburgh Community Development
Newburgh Free Library
Newburgh Healthy Families Advisory Board
Newburgh Housing Authority
Newburgh Enlarged City School District Health and Wellness Committees
Newburgh Land lord Association
Newburgh Mayor's Action Team on Landlord and Tenant Relations
Newburgh Loaves and Fishes
Newburgh National Night Out
Newburgh Ministry
Newburgh Substance Abuse Action Team
Newburgh Unity Center
Newburgh Weed and Seed
NYSAC Children with Special Health Care Needs, Legislative Committee
NYS Conference of Environmental Health Directors (NYSCEHD)
New York State Office for the Aging Advisory Committee
Newburgh Youth Bureau
Northwest Quadrant QA Meeting of Hospitals and Providers
Occupations, Inc.
Office for the Aging Advisory Board
Orange County Child Care Coalition
Orange County Citizens Foundation
Orange County Community College Early Childhood Advisory Board
Orange County Community College Nursing Department Advisory Committee
Orange County Occupational Therapy Assistant Program Community Advisory Board
Orange County Department of Mental Health Advisory Board
Orange County Mental Health 0-5 Children's Services Committee
Orange County Eating Disorders Coalition
Orange County Hunger Alliance
Orange County Local Early Intervention Coordinating Council (OC LEICC)
Orange County Parenting Coalition
Orange County Perinatal Consortium
Orange County Rural Development Corporation
Orange County Task Force on Prescription Painkiller Safety
Orange County Teen Pregnancy Prevention Coalition
Orange County Water Quality Coordinating Committee
Orange County Youth Bureau Advisory Board
Orange Regional Medical Center
PathStone Corporation
Port Jervis Council of Community Agencies
Port Jervis National Night Out
POW'R Against Tobacco
POW'R Cessation Advisory Board
Professional Advisory Committee for Hospice of Orange and Sullivan County
Project Linus
Quassaick Creek Watershed Management Plan
Project Re-Entry Task Force
Regional Economic Community Action Program, Inc. (RECAP)

COMMITTEES/COALITIONS/COLLABORATIONS continued

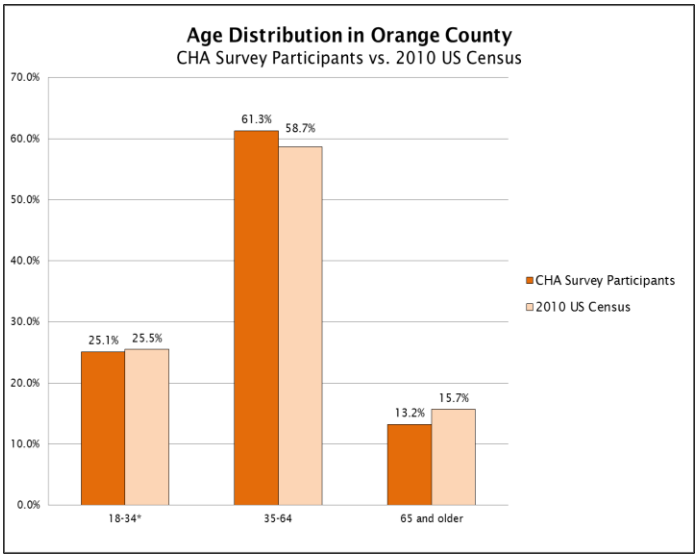
RECAP Head Start Advisory Board
SAMSA Coordinating Council
School Wellness Committees – Enlarged City School District of Middletown, Goshen Central, Newburgh Enlarged City School District, Pine Bush Central School District, Warwick Valley Central School District
St. Luke's Cornwall Hospital
ShopRite Supermarkets (Newburgh and Middletown locations – 4 total)
SUNY Orange
Team Newburgh
Thrall Library
Town of Crawford – Focus on Youth Initiative
Utilization Review for Mental Health
Wallkill River Watershed Conservation and Management
Weed & Seed

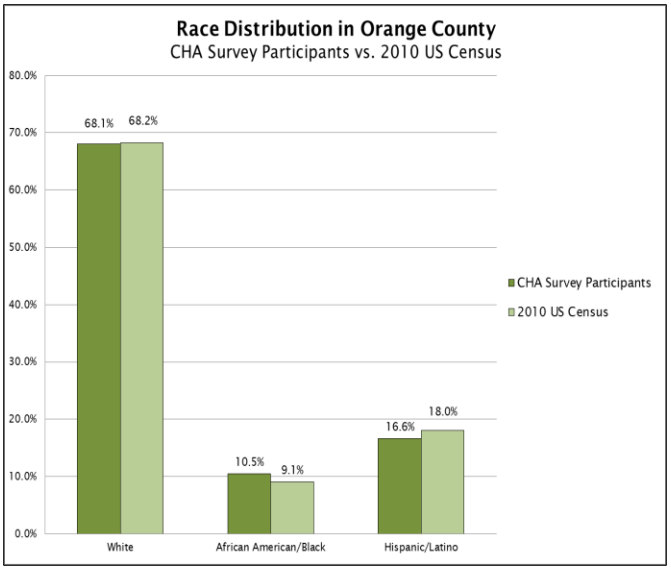
COMMUNITY HEALTH ASSESSMENT SURVEY 2013

As an integral part of the Community Health Assessment process, the Orange County Department of Health surveyed county residents directly to determine health status, identify health priorities and local health needs in the county. The Community Health Assessment Survey 2013 was developed using questions from the 2009 Hudson Valley Regional Health Officers Network (HVRHON) HEAL 9 survey. Supplemental survey questions were added to gain additional information from Orange County residents. The survey was made available in both English and Spanish. Surveys were administered in the community and on-line via the County's website to reach diverse population groups. Orange County Department of Health partnered with Orange Regional Medical Center, St. Anthony's Community Hospital, Bon Secours Community Hospital, St Luke's Cornwall Hospital, Middletown Community Health Center, The Greater Hudson Valley Family Health Center and Hudson River Health Care Centers to have surveys administered in patient registration and waiting areas. The surveys for Orange County residents were also administered in a variety community settings including: DMV offices, farmer's markets, libraries, churches, private physicians' offices, Planned Parenthood, community and migrant health centers, senior centers, community events and health fairs, the Orange Classic Marathon, The Great American Weekend, YMCAs, and Department of Health clinics.

Demographics

A total of 1,479 Orange County residents completed the 2013 Community Health Assessment survey. A majority of these residents took the survey in English (93.3%) while 6.7% took the survey in Spanish. With regard to age and race, surveyed residents were representative of Orange County as a whole (*CHA Figure 1, right*). A quarter of respondents were between the ages of 18 and 34 years, 61.3% were between 35 and 64, and 13.2% were 65 years or older. A majority of respondents were white (68.1%) or Hispanic (16.6%) and about ten percent were Black (10.5%) (*CHA Figure 2 below*)[1].



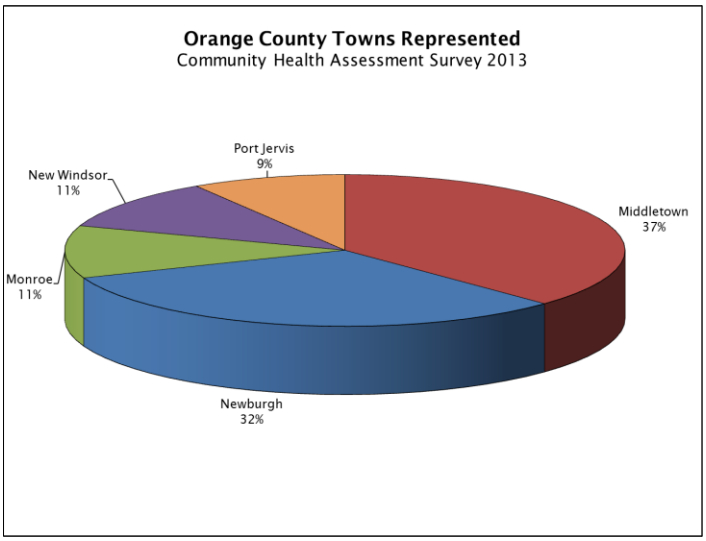


Two thirds of the surveyed residents were female (compared to 50% reported in the 2010 US Census) and a greater percentage of survey respondents reported higher levels of education. Most surveyed residents are employed full-time (55.6%) or part-time (14.5%). Fourteen percent are not employed, 12.4% reported being retired and 3.5% are stay-at- home parents. Total household income before taxes in the past 12 months was reported as followed: 17.4% less than $24,999, 18.3% between $25,000 and $49,999, 14.9% between $50,000 and $74,999, 11.3% between $75,000 and $99,999, and 19.8% more than $100,000. More than 85% of respondents reported that their main source of transportation was a car (86.8%), 5.2% reported using a taxi/car service and 4% reported walking.

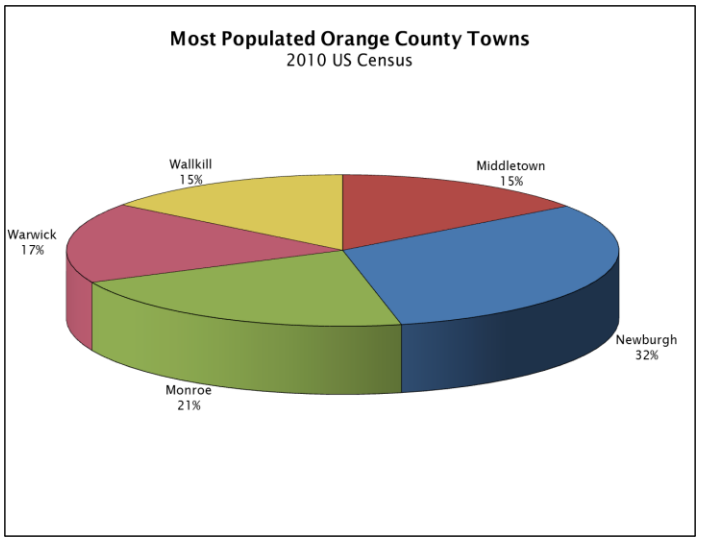
[1] The CHA survey included Hispanic as a choice in the race question. Census percentage calculations are based on residents who identify themselves as White Alone, Black Alone, or Hispanic alone for appropriate comparisons.

Demographics (Cont.)

The geographical distribution of surveyed residents was assessed using current zip code. Residents completing the survey reported living in the following Orange County zip codes: Newburgh (18.1%), Middletown (17.4%), Monroe (6.4%), New Windsor (6.2%) and Port Jervis (5.1%). A comparison to the 2010 US Census data can be seen in CHA Survey Figures 3-4.



CHA Survey Figure 3



CHA Survey Figure 4

Health Coverage and Care

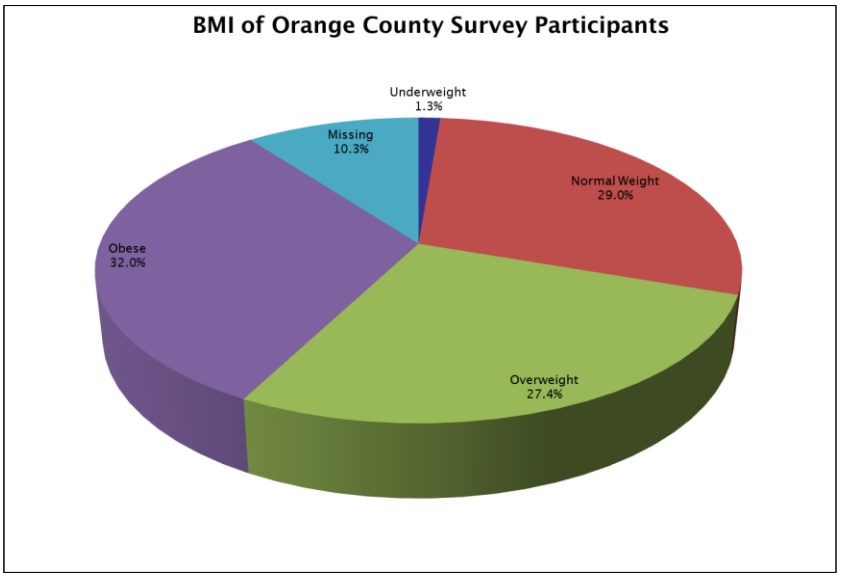
Of the 1,479 surveyed residents, 86.9% had health insurance and most surveyed residents have visited their doctor for a routine physical exam or check-up in the past 2 years (89.2% within the past two years). Only 4.7% of respondents reported having an exam or check up in the past 5 years and 3.0% reported it being more than 5 years since they went for a checkup. In the past 12 months, most respondents paid for medicine prescribed by their doctor with either insurance or a combination of both insurance and co-pay (26.0% and 51.5% respectively). Ten percent (10.1%) of respondents paid out of pocket and less than two percent could not afford to fill the prescription (1.6%).

When respondents were asked where they go most often when sick, many reported going to a doctor's office (70.6%) or urgent care (12.4%) to seek care. When surveyed residents had a health question or concern, many of them went to their doctor or nurse practitioner for information (56.6%). Thirty percent of respondents made use of the internet for health information or talked to family and friends when they had a health question (8.7%).

Among survey respondents, over one third reported having children under the age of 18 years (37.5%). Over ninety percent of the respondent's children had health insurance (92.8%) and 94.4% had a routine physical exam or check-up in the past 12 months. Eighty-one percent of respondents were aware of no or low cost health insurance programs available for their children.

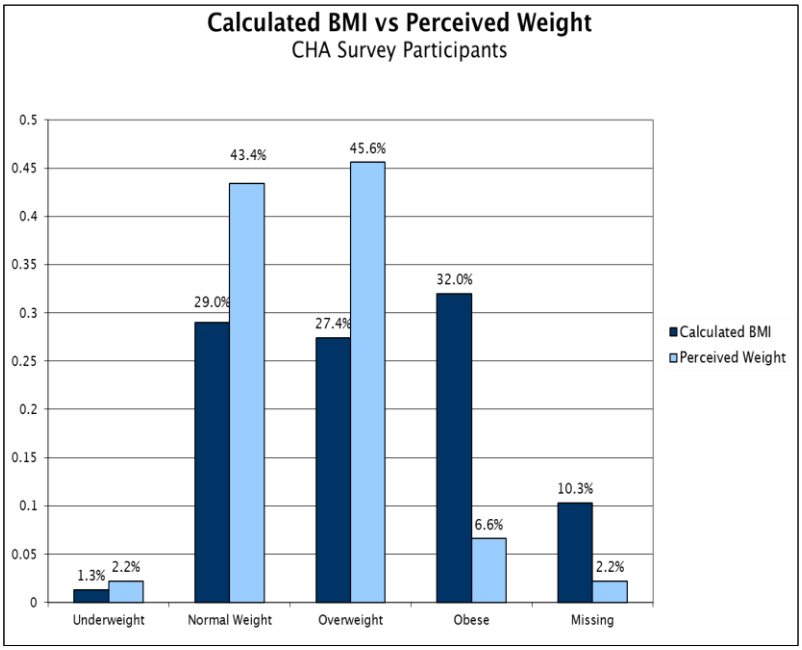
Health Behaviors

In general, most surveyed residents described their health as either good (42.9%) or very good (29.2%). Only 12% of respondents reported that they currently smoke. Respondents described their weight as being either normal weight (43.4%) or overweight (45.6%) and few indicated they were obese (6.6%). In addition to perceived weight, BMI was calculated using the self-reported height and weight of respondents. Individuals were considered underweight if they had a BMI less than 18.5, normal weight if their BMI was between 18.5 and 24.9, overweight if they had a BMI between 25.0 and 29.9, and obese if their BMI was above 30.



CHA Survey Figure 5

When comparing calculated BMI to respondents' perceived weight, it is clear that surveyed residents greatly underestimated their weight category (*CHA Survey Figures 5 left, 6 below*). Nearly 60% of survey respondents have a BMI that is considered either overweight or obese but only 52.2% of respondents perceive themselves overweight or obese. Of these participants, only 28.1% were told that they were overweight or obese by their health care provider and only 40% were advised by their provider to lose weight. Among overweight or obese respondents, 40.2% saw a provider in the past 6 months.



CHA Survey Figure 6

Health Behaviors (Cont.)

Additional survey questions were used to assess nutrition and physical activity among respondents. Nutrition was evaluated by asking survey residents about their fruit and vegetable consumption while physical activity was defined as exercise that lasts at least one half hour. A majority (64.9%) of surveyed residents eat only one to two servings of fruit in a typical day (32.6% reported one serving and 32.3% reported two servings). Nine percent indicated that they do not eat any fruit in a typical day while the remaining 24.2% eat three or more servings of fruit each day. Approximately one third of residents (31%) eat only one serving of vegetables in a typical day and 35% eat only two servings of vegetables each day. Few respondents reported that they don't eat any servings of vegetables a day (4.3%) while the remaining respondents eat 3 or more servings of vegetables in a typical day (28.1%). In addition, a majority of respondents reported that they rarely dine out (41.1%) or dine out for a meal 1 to 3 times a week (47.1%). Few respondents reported that they never dine out (3.3%) or dine out every day (1.1%).

When asked how often survey participants engage in physical activity, sixteen percent do not exercise at all, 35.6% exercise 1 to 2 times a week, 27.1% exercise 3 to 4 times a week, and 18.3% exercise 5 or more times a week. Individuals who do not engage in physical activity provide the following reasons:

- Not having enough time (25.6%)
- Not liking to exercise (15.4%)
- Being too tired (14.5%)

The majority of respondents who reported exercising reported that they engage in physical activity at home (43.9%). Another 11.8% reported working out in parks. Additional responses indicated that 38% of individuals exercise outdoors or in a combination of various locations (15%).

Chronic Diseases

The prevalence of various chronic health conditions among surveyed residents was assessed along with the time since their last condition-related doctor's visit. A comparison to the 2008-2009 Expanded Behavioral Risk Factor Surveillance System (BRFSS) data for diabetes, high blood pressure, asthma, obesity, and heart disease is found below in CHA Survey Table 1. Nearly 9% of respondents have been told by a health care provider that they have diabetes, 25% have high blood pressure, and 5.7% have heart disease. Among the residents who were told they have diabetes, a majority have seen a health care provider in either the past 6 months (76.2%) or the past year (9.2%). These proportions are similar among those who have been told they have high blood pressure (77.3% in the past 6 months and 10.8% in the past year) and heart disease (74.1% in the past 6 months and 9.4% in the past year).

CHA Survey Table 1.

Chronic Diseases Reported		
Have you been told by a health care provider that you have:	**CHA Survey 2013**	**2008-2009 BRFSS**
Diabetes	8.8%	6.9%
High Blood Pressure	25.0%	25.6%
Asthma	12.4%	14.8%
Overweight/Obese	64.4%	64.4%
Heart Disease	5.7%	5.6%

Nearly one quarter (23.9%) of surveyed residents have been told they have high cholesterol. More than three quarters of these individuals have seen a provider in the past year . Seven percent have seen a provider in the past two years (7.1%) and another seven percent have not seen a provider at all (6.5%). Half of the 105 respondents who were told they had osteoporosis saw a provider in the past 6 months (50.5%) while another 18.1% saw a provider in the past year.

Less than half of the 183 respondents (Twelve percent of respondents reported having asthma and 42% were seen by a provider in the past 6 months, 23% were seen by a provider in the past year, and 16.9% were seen in the past 2 years and 5.5% report never having seen a provider for asthma. Seventeen percent of respondents were told by a health care provider that they have depression or anxiety. Nearly sixty percent (57.8%) report seeing a provider for depression or anxiety in the past 6 months and 11% were seen in the past year.

Health Priorities

Surveyed residents were asked to choose up to five health priorities important to them and their families, and indicate any health services received outside of the County. 1,272 of surveyed residents chose at least one health priority. A total of 5,522 health priorities were selected. The top five health priorities chosen were:

- Routine care for adults
- Dental care
- Health care coverage
- Routine care for children
- Women's health care

The top five types of health care services that residents report receiving outside of Orange County were:

- Dental care
- Routine care for adults
- OB/GYN services
- Other services include orthopedic, surgical and specialty services
- Pediatric specialty care

2013 Orange County Community Health Assessment Survey

In collaboration with Bon Secours Charity Health System, Orange Regional Medical Center and St. Luke's Cornwall Hospital

1. What is your zip code? ___ ___ ___ ___ ___

2. What is your age?

- ☐ 18-24 years
- ☐ 25-34
- ☐ 35-44
- ☐ 45-54
- ☐ 55-64
- ☐ 65-74
- ☐ 75 years and older

3. What category best describes your race?

- ☐ White
- ☐ Black or African American
- ☐ Asian or Pacific Islander
- ☐ Native American
- ☐ Hispanic/Latino
- ☐ Other (please tell us) _____

4. What is your gender? ☐ Male ☐ Female

5. What was the highest level of education you received?

- ☐ Less than high school
- ☐ High school graduate/GED
- ☐ Some college
- ☐ Bachelor's degree
- ☐ Graduate/Doctoral/Post doctoral

6. Are you currently employed?

- ☐ Yes, full-time
- ☐ Yes, part-time
- ☐ No
- ☐ No, currently seeking employment
- ☐ Retired
- ☐ Stay at home parent

7. During the past 12 months, what was your total household income before taxes?

- ☐ Less than $24,999
- ☐ $25,000 - $49,999
- ☐ $50,000 - $74,999
- ☐ $75,000 - $99,999
- ☐ $100,000 or more
- ☐ Prefer not to answer

8. What is your main source of transportation?

- ☐ Car
- ☐ Bus
- ☐ Taxi/Car Service
- ☐ Medicaid Transport
- ☐ Walking
- ☐ Other (please tell us) _____

9. How tall are you without shoes? _____ Feet _____ Inches

10. How much do you weigh? _____ Pounds

11. Do you have health insurance? ☐ Yes ☐ No

12. Where do you go most often when you are sick?

- ☐ Doctor's office
- ☐ Emergency Room
- ☐ Medical Clinic
- ☐ Urgent Care Center
- ☐ Other (please tell us) _____

13. When you have a health question or concern, where do you go for information?

- ☐ Doctor/Nurse Practitioner
- ☐ Family/Friends
- ☐ Internet (Wed MB/CDC/Mayo Clinic)
- ☐ Media (TV)
- ☐ Don't know where to go
- ☐ Other (please tell us) _____

14. How long has it been since you visited a doctor for a routine physical exam or check-up?

- ☐ In the past year
- ☐ In the past 2 years
- ☐ In the past 5 years
- ☐ Five or more years ago
- ☐ Never
- ☐ Don't Know

15. In the past two years, what is the main reason you did not have a routine physical exam or check-up?

- ☐ I had a physical in the past 2 years
- ☐ No health insurance
- ☐ Cannot afford
- ☐ Co-pay or deductible too high
- ☐ Insurance does not cover
- ☐ Too far to travel
- ☐ Did not have transportation
- ☐ Did not have the time
- ☐ Cannot find a doctor who speaks my language
- ☐ Health Care Provider said it was not needed
- ☐ Do not like going / Afraid to go
- ☐ Did not have childcare
- ☐ Didn't know where to go
- ☐ Couldn't get an appointment
- ☐ The wait was too long
- ☐ Other (please tell us) _____

16. In the past 12 months, how did you pay for medicine prescribed by your doctor?

- ☐ Did not have any prescriptions to fill
- ☐ Insurance
- ☐ Insurance plus co-pay
- ☐ Out of pocket (paid on my own)
- ☐ Could not afford to fill the prescription

17. Do you have children under the age of 18 years old? ☐ Yes ☐ No

18. In the past 12 months, did your children have a routine physical exam or check-up?

☐ Yes ☐ Only some ☐ No ☐ Not Applicable

19. Do your children have health insurance coverage?

☐ Yes ☐ Only some ☐ No ☐ Don't Know ☐ Not Applicable

20. Are you aware of no or low cost health insurance programs available for your children (e.g., Child Health Plus or Medicaid)?

☐ Yes ☐ No ☐ Not Applicable

21. In a typical day, how many servings of fruit do you eat?

A serving is equal to 1 medium piece of fruit, ½ cup of fruit salad, ¼ cup of dried fruit, 6oz of 100% fruit juice

☐ 0 (none) ☐ 1 ☐ 2 ☐ 3 ☐ 4 (or more)

22. In a typical day, how many servings of vegetables do you eat?

A serving is equal to 1 medium carrot, 1 small bowl of green salad, ½ cup cooked vegetables, ¾ cup vegetable soup

☐ 0 (none) ☐ 1 ☐ 2 ☐ 3 ☐ 4 (or more)

23. How often do you dine out (for any meal)?

- ☐ Never
- ☐ Seldom/Rarely
- ☐ 1-3 times a week
- ☐ 4-6 times a week
- ☐ Every day

24. How many times per week do you engage in physical activity or exercise lasting at least a half an hour?

☐ 0 (none) ☐ 1-2 ☐ 3-4 ☐ 5 (or more)

25a. <u>If you do not engage in physical activity,</u> what is the reason you do not exercise for at least a half hour during a normal week?

- ☐ Exercise is not important to me
- ☐ I don't have access to a facility that has the things I need (example-pool)
- ☐ I don't have enough time to exercise
- ☐ I do not have childcare
- ☐ I don't know how to find exercise partners
- ☐ I don't like to exercise
- ☐ It costs too much to exercise
- ☐ There is no safe place to exercise
- ☐ I am too tired to exercise
- ☐ I am physically disabled
- ☐ I don't know
- ☐ Other (please tell us)

_____

25b. <u>If you engage in physical activity at least once per week,</u> where do you go to exercise or engage in physical activity?

- ☐ YMCA
- ☐ Park
- ☐ Public Recreation Center
- ☐ Private Gym
- ☐ Home
- ☐ Other (please tell us) _____

26. In general, how would you describe your health?

☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor

27. In the past year, have you been advised to lose weight by your health care provider?

☐ Yes ☐ No ☐ I have not seen a health care provider in the past year

28. How would you describe your weight?

☐ Underweight ☐ Normal weight ☐ Overweight ☐ Obese

29. Do you currently smoke? ☐ Yes ☐ No

30. Have you been told by a health care provider that you have?

Diabetes	☐ Yes	☐ No
High Blood Pressure	☐ Yes	☐ No
High Cholesterol	☐ Yes	☐ No
Cancer	☐ Yes	☐ No
Asthma	☐ Yes	☐ No
Depression or Anxiety	☐ Yes	☐ No
Osteoporosis	☐ Yes	☐ No
Overweight/Obesity	☐ Yes	☐ No
Heart Disease	☐ Yes	☐ No

31. When was the last time you saw any health care provider for?

Diabetes	☐ In the past 6 months	☐ In the past year	☐ 2+ years ago	☐ Not Applicable
High Blood Pressure	☐ In the past 6 months	☐ In the past year	☐ 2+ years ago	☐ Not Applicable
High Cholesterol	☐ In the past 6 months	☐ In the past year	☐ 2+ years ago	☐ Not Applicable
Cancer	☐ In the past 6 months	☐ In the past year	☐ 2+ years ago	☐ Not Applicable
Asthma	☐ In the past 6 months	☐ In the past year	☐ 2+ years ago	☐ Not Applicable
Depression/Anxiety	☐ In the past 6 months	☐ In the past year	☐ 2+ years ago	☐ Not Applicable
Osteoporosis	☐ In the past 6 months	☐ In the past year	☐ 2+ years ago	☐ Not Applicable
Overweight/Obesity	☐ In the past 6 months	☐ In the past year	☐ 2+ years ago	☐ Not Applicable
Heart Disease	☐ In the past 6 months	☐ In the past year	☐ 2+ years ago	☐ Not Applicable

32. What are the top five (5) health priorities for you and your family living in Orange County?

☐ Routine Care for Adults
☐ Routine Care for Children
☐ Prenatal & Pregnancy Care
☐ Family Planning
☐ Women's Health
☐ Dental Care
☐ Obesity
☐ Diabetes
☐ Heart Disease
☐ Asthma
☐ Tobacco
☐ Cancer
☐ HIV/AIDS
☐ Domestic Violence
☐ Sexually Transmitted Diseases
☐ Substance Abuse
☐ Mental Illness
☐ Intellectual/Developmental Disabilities
☐ Health Care Coverage
☐ Other (please tell us) _____

33. What types of health care services do you receive OUTSIDE of Orange County? Check all that apply.

☐ Routine Care for Adults
☐ Routine Care for Children
☐ Pediatric specialty care
☐ OB/GYN Services
☐ Cancer care
☐ Cardiology
☐ Dental Care
☐ Not applicable
☐ Dermatology
☐ Infectious Diseases
☐ Digestive Diseases
☐ Geriatrics
☐ HIV/AIDS care
☐ Mental Health
☐ Neurology (Brain)
☐ Allergy, Immunology, Pulmonology (Example-asthma)
☐ Substance Abuse treatment
☐ Hematology (blood disorders)
☐ Intellectual/Developmental Disabilities
☐ Diabetes and Endocrinology
☐ Other (please tell us) _____

34. What additional services would you like to see in Orange County?

Thank you for your time and effort in completing this survey.
Your input will help shape future health initiatives in Orange County.

ORMC ORANGE REGIONAL MEDICAL CENTER

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St. Anthony Community Hospital
Good Samaritan Home Care

BON SECOURS CHARITY HEALTH SYSTEM
Bon Secours Health System

St. LUKE'S CORNWALL HOSPITAL
Clinical Affiliate of The Mount Sinai Hospital

Evaluación de Salud de la Comunidad del Condado de Orange 2013

En colaboración con Bon Secours Charity Health Systems, Orange Regional Medical Center y St. Luke's Cornwall Hospital

1. ¿Cuál es su código postal? __ __ __ __ __

2. ¿Cuál es su edad?

- ☐ 18-24 years
- ☐ 25-34
- ☐ 35-44
- ☐ 45-54
- ☐ 55-64
- ☐ 65-74
- ☐ 75 y mayor

3. ¿Qué categoría mejor describe su raza?

- ☐ Blanca
- ☐ Negra o Africana Americana
- ☐ Asiática
- ☐ Nativa Americana
- ☐ Hispano/a // Latino/a
- ☐ Otro (favor detallar)_____

4. ¿Cuál es su sexo? ☐ Masculino ☐ Femenina

5. ¿Cuál es su nivel de educación más alto?

- ☐ Menos que bachiller
- ☐ Licenciatura
- ☐ Un poco de universidad
- ☐ Bachiller/Equivalente
- ☐ Graduado/Doctorado/Pos-doctorado

6. ¿Tiene empleo?

- ☐ Sí, tiempo completo
- ☐ Sí, tiempo parcial
- ☐ No
- ☐ No, estoy buscando
- ☐ Estoy retirado/a
- ☐ Soy ama/o de cas

7. ¿Cuál fue su salario antes de impuestos durante los últimos 12 meses?

- ☐ Menos de $24,999
- ☐ $25,000-$49,999
- ☐ $50,000-$74,999
- ☐ $75,000-$99,999
- ☐ $100,000 o más
- ☐ Prefiero no contestar

8. ¿Cuál es su principal método de transporte?

- ☐ Auto
- ☐ Autobus
- ☐ Taxi
- ☐ Transporte medico
- ☐ Caminando
- ☐ Otro (Explicar) _____

9. ¿Cuál es su estatura sin los zapatos puestos? _____ Pies _____ Pulgadas

10. ¿Cuál es su peso? _____ Libras

11. ¿Tiene seguro médico? ☐ Sí ☐ No

12. ¿Adónde asiste la mayoria de veces que se enferma?

- ☐ Oficina de doctor
- ☐ Sala de Emergencia
- ☐ Clinica Médica
- ☐ Centro Médico de Urgencias
- ☐ Otro (Explcar) _____

13. Cuando tiene alguna pregunta sobre la salud, ¿ Adónde busca información?

- ☐ Doctor
- ☐ Familia/Amigos
- ☐ Internet
- ☐ Television/Radio
- ☐ No se adónde ir
- ☐ Otro (Explicar) _____

14. ¿Qué tiempo ha transcurrido desde que ha visitado a un médico para un examen físico o chequeo de rutina?

- ☐ Durante el pasado año
- ☐ Durante los pasados 2 años
- ☐ Durante los pasados 5 años
- ☐ Cinco años o más
- ☐ Nunca
- ☐ No tengo conocimiento

15. Durante los pasados 12 2 años, cual es la razón(es) principal(es) por la que no tuvo un examen físico o chequeo de rutina?

- ☐ Tuve un examen físico hace 2 años
- ☐ No tengo seguro médico
- ☐ No tenía para pagarlo
- ☐ Copago o deducible muy alto
- ☐ Seguro no lo cubre
- ☐ Muy lejos para viajar
- ☐ No tuve transportación
- ☐ No tuve tiempo
- ☐ No encontré un medico que hablara mi idioma
- ☐ Proveedor de Salud expreso que no lo necesitaba
- ☐ No me deleito la idea de ir / tuve miedo de ir
- ☐ No tuve quien me cuidara los niños
- ☐ No sabia adónde ir
- ☐ No pude hacer cita
- ☐ La espera era muy larga
- ☐ Otro (favor detallar) _____

16. ¿Durante los pasados 12 meses, como ha pagado la medicina recetada por su médico?

- ☐ No tuve la necesidad de llenar alguna receta médica
- ☐ Seguro
- ☐ Seguro mas copago
- ☐ Efectivo (dinero) de su bolsillo (pagado por mi misma/o)
- ☐ No tuve los dineros para llenar la receta médica

17. ¿Tiene un hijo(s) bajo la edad de 18 años de edad? ☐ Sí ☐ No

18. ¿Si es sí, durante los pasados 12 meses, tuvieron todos un examen físico o chequeo de rutina?

☐ Sí ☐ Algunos ☐ No ☐ No Aplicable

19. ¿Sus hijos, tienen cubierta de seguro de salud?

☐ Sí ☐ Algunos ☐ No ☐ No tengo conocimiento ☐ No Aplicable

20. ¿Está usted al tanto de cero o bajo costo, de pagare por programas de seguro de cubierta de salud disponible para sus hijos (ejemplo: "Child Health Plus" o "Medicaid")

☐ Sí ☐ No ☐ No Aplicable

21. En un dia típico, ¿ Cuantas porciones de frutas consume?

Una porción es igual a una fruta mediana, ½ taza de ensalada de frutas, ¼ de frutas secas, 6 oz. de 100% jugo de fruta.

☐ 0 (Ninguna) ☐ 1 ☐ 2 ☐ 3 ☐ 4 (o más)

22. En un día típico, ¿ Cuantas porciones de vegetales consume?

Una porción es igual a una zanahoria mediana, una ensalada verde pequeña, ½ de taza de vegetales cocinados, ¾ de taza de sopa de vegetales.

☐ 0 (Ninguna) ☐ 1 ☐ 2 ☐ 3 ☐ 4 (o más)

23. ¿Cuantas veces sale a comer?

☐ Nunca ☐ 1-3 Veces a la semana ☐ Todos los días
☐ De vez en cuando ☐ 4-6 Veces a la semana

24. ¿Cuantas veces a la semana hace ejercicios que duren por lo menos media hora?

☐ 0 (Ninguna) ☐ 1-2 ☐ 3-4 ☐ 5 (o más)

25a. <u>Sí no hace ejercicios</u>, ¿Cuál es la razón que no los hace por lo menos media hora en una semana?

☐ El ejercicio no tiene impotancia para mí
☐ No tengo acceso a gymnacio
☐ No tengo suficiente tiempo
☐ No tengo niñera
☐ No tengo pareja para hacer ejercicios
☐ No me gusta hacer ejercicios
☐ Cuesta mucho
☐ No hay un lugar sano para hacer ejercicios
☐ Paso muy cansado
☐ Estoy desabilitado/a
☐ No sé
☐ Otro (Explicar) _____

25b. Sí hace ejercicios por lo menos una vez a la semana, ¿Adónde hace ejercicios?

☐ YMCA
☐ Parque
☐ Centro de Recreación
☐ Gymnasio Privado
☐ En Casa
☐ Otro (Explicar) _____

26. En general, ¿Cómo puede describir su salud?

☐ Excelente ☐ Muy Buena ☐ Buena ☐ Favorable ☐ Mala

27. ¿Durante el pasado año, se le ha recomendado rebajar en peso por su proveedor de cuidado de la salud?

☐ Sí ☐ No ☐ No he visitado al proveedor de cuidado de la salud durante el pasado año

28. ¿Cómo describiría su peso?

☐ Bajo peso ☐ Peso normal ☐ Sobre peso ☐ Obeso

29. ¿Usted fuma actualmente?

☐ Sí ☐ No

30. ¿Alguna vez le ha dicho su doctor que tiene….?

Diabetis	☐ Sí	☐ No
Presión Alta	☐ Sí	☐ No
Colesterol	☐ Sí	☐ No
Cancer	☐ Sí	☐ No
Asma	☐ Sí	☐ No
Depresión/Ansiedad	☐ Sí	☐ No
Osteoporosis	☐ Sí	☐ No
Sobre Peso/Obesidad	☐ Sí	☐ No
Enfermedades del Corazón	☐ Sí	☐ No

31. ¿Cuando fue la ultima vez que asistio al doctor para….?

Diabetis	☐ Hace 6 meses	☐ El año pasado	☐ mas de 2 años	☐ No Aplicable
Presión Alta	☐ Hace 6 meses	☐ El año pasado	☐ mas de 2 años	☐ No Aplicable
Colesterol	☐ Hace 6 meses	☐ El año pasado	☐ mas de 2 años	☐ No Aplicable
Cancer	☐ Hace 6 meses	☐ El año pasado	☐ mas de 2 años	☐ No Aplicable
Asma	☐ Hace 6 meses	☐ El año pasado	☐ mas de 2 años	☐ No Aplicable
Depresión/Ansiedad	☐ Hace 6 meses	☐ El año pasado	☐ mas de 2 años	☐ No Aplicable
Osteoporosis	☐ Hace 6 meses	☐ El año pasado	☐ mas de 2 años	☐ No Aplicable
Sobre Peso/Obesidad	☐ Hace 6 meses	☐ El año pasado	☐ mas de 2 años	☐ No Aplicable
Enfermedades del Corazón	☐ Hace 6 meses	☐ El año pasado	☐ mas de 2 años	☐ No Aplicable

32. ¿Cuales 5 condiciones de salud considera que son prioridades para usted y su familia que vive en el Condado de Orange? (marcar todo lo que aplica)

☐ Atención Primaria para Adultos
☐ Atención Primaria para niños
☐ Atención Pre-natal y Embarazo
☐ Planificación Familiar
☐ Salud de la Mujer
☐ Cuidado Dental
☐ Obesidad
☐ Diabetis
☐ Enfermedades del Corazón
☐ Asma
☐ Fumar
☐ Cancer
☐ VIH/SIDA
☐ Violencia Domestica
☐ Enfermedades Venereas
☐ Abuso de Sustancias
☐ Enfermedad Mental
☐ Discapacidades del Desarrollo
☐ Cobertura Médica
☐ Otro (Explicar) _____

33. ¿Que tipo de servicios de salud recibe usted afuera del Condado de Orange? (marcar todo lo que aplica)

☐ Atención Primaria para Adultos
☐ Atención de Pediatria
☐ Atención de Pediatria especial
☐ Gynecología
☐ Atención Primaria para el Cancer
☐ Cardiología
☐ Cuidado Dental
☐ Dermatología
☐ Enfermedades Infecciosas
☐ Enfermedades del Aparato Digestivo
☐ Geriatría
☐ Cuidado para el VIH/SIDA
☐ Cuidado Mental
☐ Neurología (Cerebro)
☐ Alergia, inmunología Neumología (Ej. Asma) ☐ No Aplicable
☐ Tratamiento para el Abuso de Sustancias
☐ Hematología (Enfermedades de la sangre)
☐ Discapacidades del Desarrollo
☐ Diabetis y Endocrinología
☐ Otro (Explicar) _____

34. ¿Que servicios adicionales quisiera ver en el Condado de Orange?

Gracias por su tiempo y esfuerzo en completar esta encuesta.
Sus respuestas ayudaran a formar iniciativas de salud en el Condado de Orange.

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ORANGE COUNTY COMMUNITY HEALTH ASSESSMENT SURVEY 2013 RESULTS

DEMOGRAPHICS

		Count	Percentage
In what language would you like to take the survey?	English	1380	93.3%
	Spanish	99	6.7%
	TOTAL	1479	100.0%
What is your age?	18-24	145	9.8%
	25-34	227	15.3%
	35-44	258	17.4%
	45-54	333	22.5%
	55-64	316	21.4%
	65-74	128	8.7%
	>=75	67	4.5%
	Missing	5	0.3%
	TOTAL	1479	100.0%
What category best describes your race?	White	1007	68.1%
	Black or African American	156	10.5%
	Asian or Pacific Islander	18	1.2%
	Native American	11	0.7%
	Hispanic/Latino	246	16.6%
	Other	31	2.1%
	Missing	10	0.7%
	TOTAL	1479	100.0%
What is your gender?	Female	1130	76.4%
	Male	330	22.3%
	Missing	19	1.3%
	TOTAL	1479	100.0%
What was the highest level of education you received?	Less than high school	98	6.6%
	High school graduate/GED	256	17.3%
	Some college	473	32.0%
	Bachelor's degree	383	25.9%
	Graduate/Doctoral/Post Doctoral	251	17.0%
	Missing	18	1.2%
	TOTAL	1479	100.0%

DEMOGRAPHICS (CONT.)

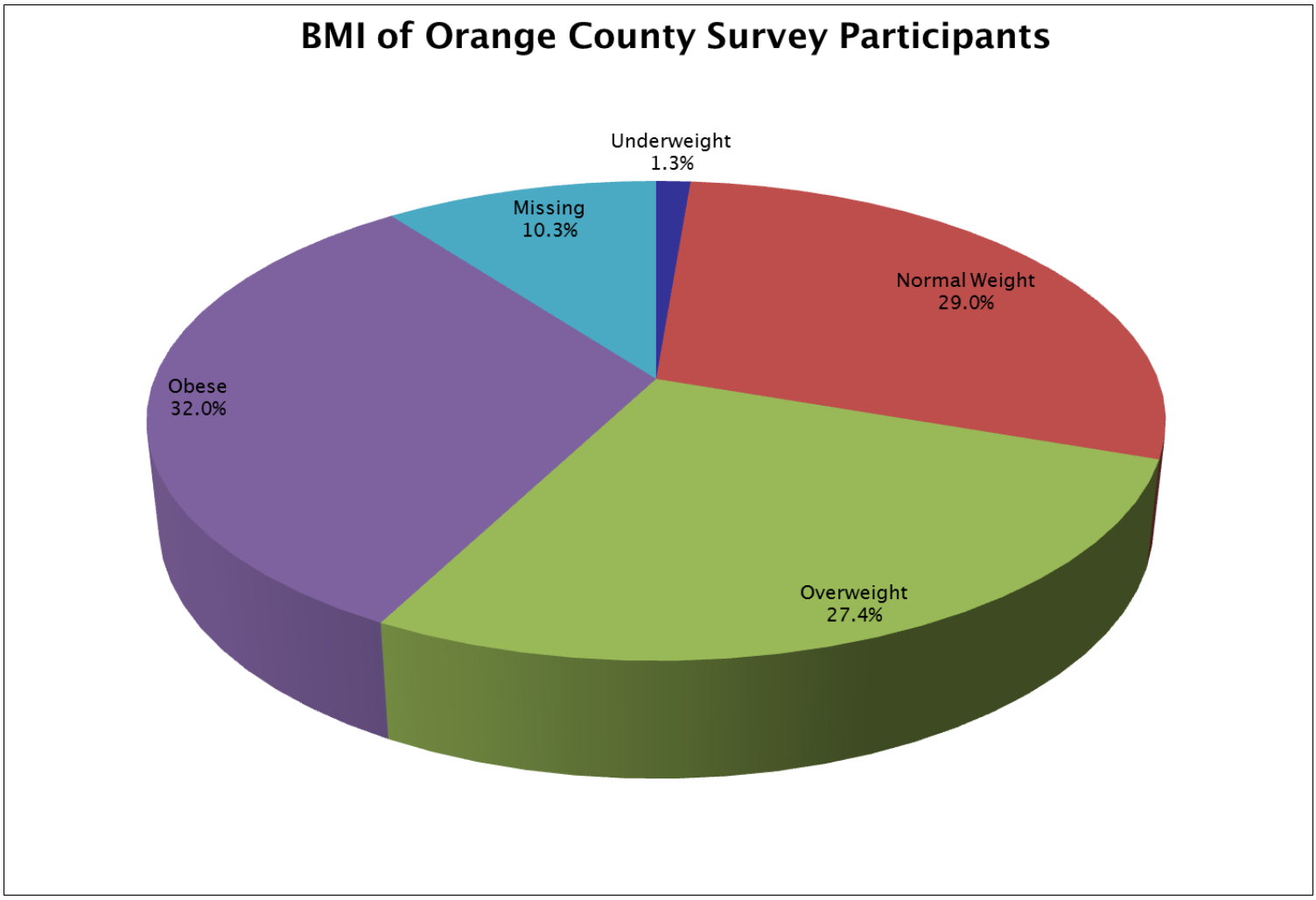
		Count	Percentage
Are you currently employed?	Yes, full-time	822	55.6%
	Yes, part-time	214	14.5%
	No	147	9.9%
	No, currently seeking employment	58	3.9%
	Retired	183	12.4%
	Stay at home parent	52	3.5%
	Missing	3	0.2%
	TOTAL	1479	100.0%

During the past 12 months, what was your total household income before taxes?	<=24,999	258	17.4%
	25,000-49,999	271	18.3%
	50,000-74,999	220	14.9%
	75,000-99,999	167	11.3%
	>=100,000	293	19.8%
	Prefer not to answer	215	14.5%
	Missing	55	3.7%
	TOTAL	1479	100.0%

What is your main source of transportation?	Car	1284	86.8%
	Bus	30	2.0%
	Taxi/Car Service	77	5.2%
	Medicaid Transport	11	0.7%
	Walking	59	4.0%
	Other	11	0.7%
	Missing	7	0.5%
	TOTAL	1479	100.0%

Body Mass Index (BMI)

		Count	Percentage
BMI	Underweight	19	1.3%
	Normal Weight	429	29.0%
	Overweight	405	27.4%
	Obese	474	32.0%
	Missing	152	10.3%
	TOTAL	1479	100.0%



BASIC MEDICAL QUESTIONS

		Count	Percentage
Do you have health insurance?	Yes	1285	86.9%
	No	185	12.5%
	Missing	9	0.6%
	TOTAL	1479	100.0%

Where do you go most often when you are sick?	Doctor's Office	1044	70.6%
	Emergency Room	72	4.9%
	Medical Clinic	105	7.1%
	Urgent Care Center	183	12.4%
	Other	65	4.4%
	Missing	10	0.7%
	TOTAL	1479	100.0%

When you have a health question or concern, where do you go for information?	Doctor/Nurse Practitioner	837	56.6%
	Family/Friends	129	8.7%
	Internet	444	30.0%
	Media (TV)	3	0.2%
	Don't know where to go	16	1.1%
	Other	32	2.2%
	Missing	18	1.2%
	TOTAL	1479	100.0%

How long has it been since you visited a doctor for a routine physical exam or check-up?	In the past year	1145	77.4%
	In the past 2 years	175	11.8%
	In the past 5 years	69	4.7%
	Five or more years ago	45	3.0%
	Never	10	0.7%
	Don't know	23	1.6%
	Missing	12	0.8%
	TOTAL	1479	100.0%

BASIC MEDICAL QUESTIONS (CONT.)

		Count	Percentage
What is the main reason you did not have a routine physical exam or check-up in the past 2 years?	Had a physical in the past 2 years	1320	89.2%
	No health insurance	42	2.8%
	Cannot afford	12	0.8%
	Co-pay or deductible too high	5	0.3%
	Insurance does not cover	5	0.3%
	Too far to travel	0	0.0%
	Did not have transportation	2	0.1%
	Did not have the time	14	0.9%
	Cannot find a doctor who speaks my language	1	0.1%
	Health Care Provider said it was not needed	1	0.1%
	Do not like going/Afraid to go	18	1.2%
	Did not have childcare	1	0.1%
	Didn't know where to go	3	0.2%
	Couldn't get an appointment	1	0.1%
	The wait was too long	1	0.1%
	Other	33	2.2%
	Missing	20	1.4%
	TOTAL	1479	100.0%

In the past 12 months, how did you pay for medicine prescribed by your doctor?	Did not have any prescriptions to fill	128	8.7%
	Insurance	384	26.0%
	Insurance plus co-pay	762	51.5%
	Out of pocket	150	10.1%
	Could not afford to fill the prescription	23	1.6%
	Missing	32	2.2%
	TOTAL	1479	100.0%

BASIC MEDICAL QUESTIONS REGARDING CHILDREN

		Count	Percentage
Do you have children under the age of 18 years old?	Yes	554	37.5%
	No	903	61.1%
	Missing	22	1.5%
	TOTAL	1479	100.0%

In the past 12 months, did your children have a routine physical exam or check-up?	Yes	523	94.4%
	Only Some	9	1.6%
	No	21	3.8%
	Missing	1	0.2%
	TOTAL	554	100.0%

Do your children have health insurance coverage?	Yes	514	92.8%
	Only Some	7	1.3%
	No	30	5.4%
	Don't know	1	0.2%
	Missing	2	0.4%
	TOTAL	554	100.0%

Are you aware of no or low cost health insurance programs available for your children (e.g., Child Health Plus or Medicaid)?	Yes	449	81.0%
	No	89	16.1%
	Missing	16	2.9%
	TOTAL	554	100.0%

NUTRITION AND PHYSICAL ACTIVITY

		Count	Percentage
In a typical day, how many servings of fruit do you eat? (A serving is equal to 1 medium piece of fruit, ½ cup of fruit salad, ¼ cup of dried fruit, 6oz of 100% fruit juice)	0 (none)	133	9.0%
	1	482	32.6%
	2	478	32.3%
	3	240	16.2%
	4 (or more)	119	8.0%
	Missing	27	1.8%
	TOTAL	1479	100.0%

In a typical day, how many servings of vegetables do you eat? (A serving is equal to 1 medium carrot, 1 small bowl of green salad, ½ cup cooked vegetables, ¾ cup vegetable soup)	0 (none)	64	4.3%
	1	457	30.9%
	2	520	35.2%
	3	267	18.1%
	4 (or more)	149	10.1%
	Missing	22	1.5%
	TOTAL	1479	100.0%

How often do you dine out (for any meal)?	Never	49	3.3%
	Seldom/Rarely	608	41.1%
	1-3 times a week	697	47.1%
	4-6 times a week	86	5.8%
	Everyday	16	1.1%
	Missing	23	1.6%
	TOTAL	1479	100.0%

How many times per week do you engage in physical activity or exercise lasting at least a half an hour?	0 (none)	234	15.8%
	1-2	526	35.6%
	3-4	401	27.1%
	5 (or more)	271	18.3%
	Missing	47	3.2%
	TOTAL	1479	100.0%

NUTRITION AND PHYSICAL ACTIVITY (CONT.)

		Count	Percentage
If you do not engage in physical activity, what is the reason you do not exercise for at least a half hour during a normal week?	Exercise is not important to me	8	3.4%
	I don't have access to a facility that has the things I need	11	4.7%
	I don't have enough time to exercise	60	25.6%
	I do not have childcare	5	2.1%
	I don't know how to find exercise partners	4	1.7%
	I don't like to exercise	36	15.4%
	It costs too much to exercise	4	1.7%
	There is no safe place to exercise	1	0.4%
	I am too tired to exercise	34	14.5%
	I am physically disabled	21	9.0%
	I don't know how to find exercise partners	22	9.4%
	Other	18	7.7%
	Missing	10	4.3%
	TOTAL	234	100.0%

If you engage in physical activity at least once per week, where do you go to exercise or engage in physical activity?	YMCA	73	6.1%
	Park	141	11.8%
	Public Recreation Center	20	1.7%
	Private Gym	213	17.8%
	Home	526	43.9%
	Other	197	16.4%
	Missing	28	2.3%
	TOTAL	1198	100.0%

In general, how would you describe your health?	Excellent	144	9.7%
	Very Good	432	29.2%
	Good	635	42.9%
	Fair	201	13.6%
	Poor	32	2.2%
	Missing	35	2.4%
	TOTAL	1479	100.0%

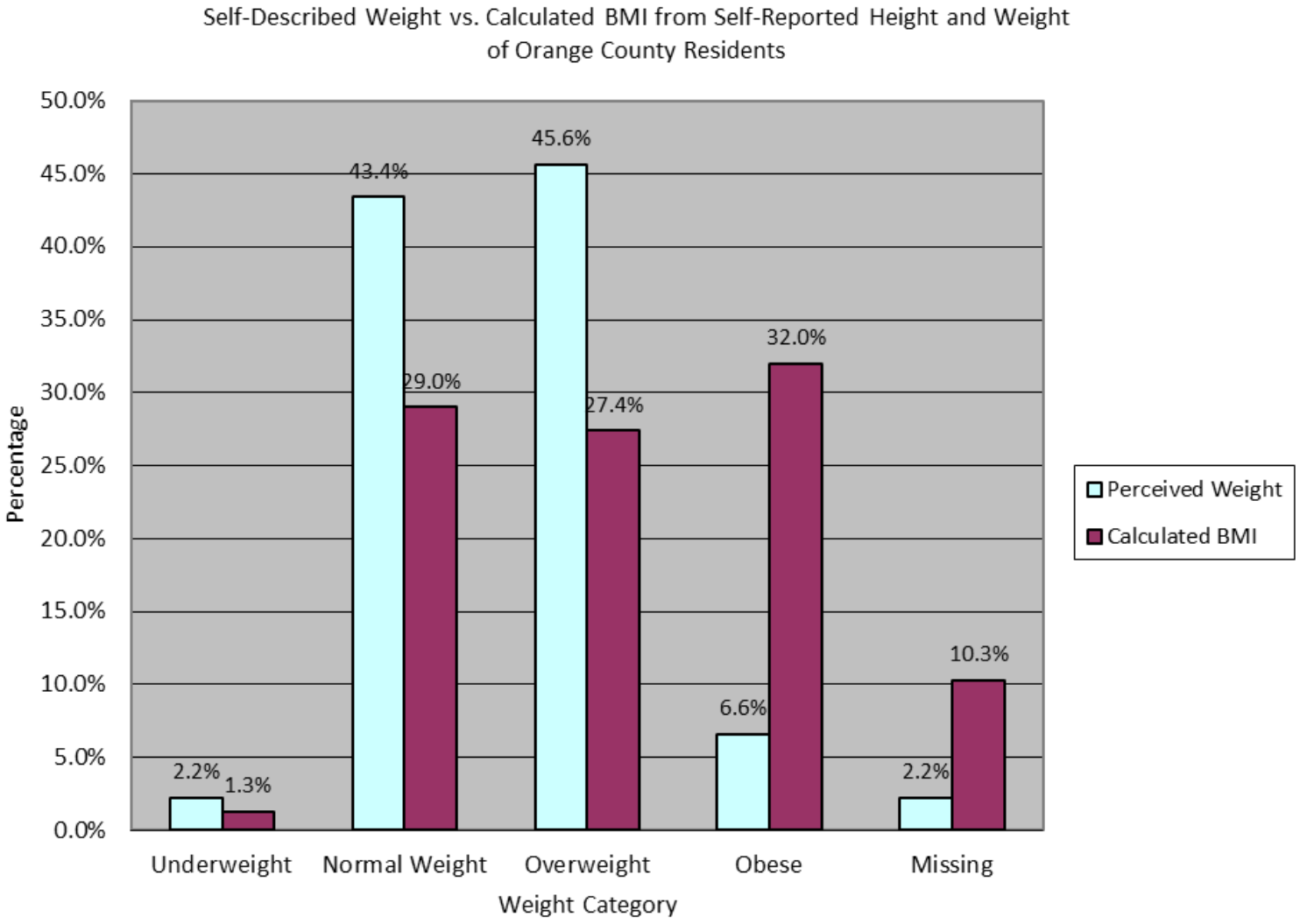
NUTRITION AND PHYSICAL ACTIVITY (CONT.)

		Count	Percentage
In the past year, have you been advised to lose weight by your health care provider?	Yes	466	31.5%
	No	881	59.6%
	I have not seen a health care provider in the past year	99	6.7%
	Missing	33	2.2%
	TOTAL	1479	100.0%

How would you describe your weight?	Underweight	33	2.2%
	Normal Weight	642	43.4%
	Overweight	674	45.6%
	Obese	98	6.6%
	Missing	32	2.2%
	TOTAL	1479	100.0%

Do you currently smoke?	Yes	179	12.1%
	No	1201	81.2%
	Missing	99	6.7%
	TOTAL	1479	100.0%

NUTRITION AND PHYSICAL ACTIVITY (CONT.)



HAVE YOU EVER BEEN TOLD BY A HEALTH CARE PROVIDER THAT YOU HAVE:

		Count	Percentage
Diabetes	Yes	130	8.8%
	No	1183	80.0%
	Missing	166	11.2%
	TOTAL	1479	100.0%
High Blood Pressure	Yes	370	25.0%
	No	966	65.3%
	Missing	143	9.7%
	TOTAL	1479	100.0%
High Cholesterol	Yes	353	23.9%
	No	974	65.9%
	Missing	152	10.3%
	TOTAL	1479	100.0%
Cancer	Yes	57	3.9%
	No	1233	83.4%
	Missing	189	12.8%
	TOTAL	1479	100.0%
Asthma	Yes	183	12.4%
	No	1124	76.0%
	Missing	172	11.6%
	TOTAL	1479	100.0%

		Count	Percentage
Depression/ Anxiety	Yes	256	17.3%
	No	1052	71.1%
	Missing	171	11.6%
	TOTAL	1479	100.0%
Osteoporosis	Yes	105	7.1%
	No	1177	79.6%
	Missing	197	13.3%
	TOTAL	1479	100.0%
Overweight/ Obesity	Yes	415	28.1%
	No	899	60.8%
	Missing	165	11.2%
	TOTAL	1479	100.0%
Heart Disease	Yes	85	5.7%
	No	1212	81.9%
	Missing	182	12.3%
	TOTAL	1479	100.0%

WHEN WAS THE LAST TIME YOU SAW ANY HEALTH CARE PROVIDER FOR:

		Count	Percentage
Diabetes	In the past 6 months	99	76.2%
	In the past year	12	9.2%
	2+ years ago	3	2.3%
	I did not see a provider	4	3.1%
	Missing	12	9.2%
	TOTAL	130	100.0%
High Blood Pressure	In the past 6 months	286	77.3%
	In the past year	40	10.8%
	2+ years ago	11	3.0%
	I did not see a provider	9	2.4%
	Missing	24	6.5%
	TOTAL	370	100.0%
High Cholesterol	In the past 6 months	219	62.0%
	In the past year	57	16.1%
	2+ years ago	25	7.1%
	I did not see a provider	23	6.5%
	Missing	29	8.2%
	TOTAL	353	100.0%
Cancer	In the past 6 months	32	56.1%
	In the past year	6	10.5%
	2+ years ago	6	10.5%
	I did not see a provider	4	7.0%
	Missing	9	15.8%
	TOTAL	57	100.0%
Asthma	In the past 6 months	77	42.1%
	In the past year	42	23.0%
	2+ years ago	31	16.9%
	I did not see a provider	10	5.5%
	Missing	23	12.6%
	TOTAL	183	100.0%

WHEN WAS THE LAST TIME YOU SAW ANY HEALTH CARE PROVIDER FOR: (CONT.)

		Count	Percentage
Depression/Anxiety	In the past 6 months	148	57.8%
	In the past year	28	10.9%
	2+ years ago	43	16.8%
	I did not see a provider	21	8.2%
	Missing	16	6.3%
	TOTAL	256	100.0%
Osteoporosis	In the past 6 months	53	50.5%
	In the past year	19	18.1%
	2+ years ago	9	8.6%
	I did not see a provider	10	9.5%
	Missing	14	13.3%
	TOTAL	105	100.0%
Overweight/Obesity	In the past 6 months	167	40.2%
	In the past year	57	13.7%
	2+ years ago	40	9.6%
	I did not see a provider	104	25.1%
	Missing	47	11.3%
	TOTAL	415	100.0%
Heart Disease	In the past 6 months	63	74.1%
	In the past year	8	9.4%
	2+ years ago	4	4.7%
	I did not see a provider	4	4.7%
	Missing	6	7.1%
	TOTAL	85	100.0%

TOP 5 HEALTH PRIORITIES FOR YOU AND YOUR FAMILY LIVING IN ORANGE COUNTY:

	Count
Routine Care for Adults	873
Dental Care	721
Health Care Coverage	573
Routine Care for Children	548
Women's Health	524
Obesity	297
Mental Illness	259
Heart Disease	252
Diabetes	243
Cancer	227
Prenatal & Pregnancy Care	176
Family Planning	149
Asthma	140
Other	132
Substance Abuse	96
Tobacco	89
Intellectual/Developmental Disabilities	79
Sexually Transmitted Diseases	57
Domestic Violence	51
HIV/AIDS	36
Missing	207
TOTAL SURVEYS	1479
TOTAL (SELECTED AT LEAST ONE HEALTH PRIORITY)	1272
TOTAL SELECTIONS	5522

WHAT TYPES OF HEALTH CARE SERVICES DO YOU RECEIVE OUTSIDE OF ORANGE COUNTY?

	Count
Dental Care	116
Routine Care for Adults	105
OB/GYN Services	96
Other	79
Pediatric specialty care	58
Neurology	42
Routine Care for Children	39
Dermatology	39
Cancer care	36
Allergy, Immunology, Pulmonology	36
Cardiology	35
Mental Health	32
Diabetes and Endocrinology	27
Digestive Diseases	20
Infectious Diseases	13
Geriatrics	10
Hematology	10
Intellectual/Developmental Disabilities	10
Substance Abuse treatment	9
GIV/AIDS care	5
Do not receive health care outside of Orange County	65
Missing	997
TOTAL SURVEYS	1479
TOTAL (USED AT LEAST ONE SERVICE OUTSIDE ORANGE COUNTY)	419
TOTAL SERVICES USED OUTSIDE OF ORANGE COUNTY	817

REPRESENTATION OF ORANGE COUNTY RESIDENTS BY ZIP CODE

Zip Code	Orange County Town	Count	Percentage
10940/10941	Middletown	316	21.4%
12550	Newburgh	268	18.1%
10950	Monroe	95	6.4%
12553	New Windsor	91	6.2%
12771	Port Jervis	76	5.1%
10924	Goshen	72	4.9%
10990	Warwick	57	3.9%
12518/12520	Cornwall/Cornwall on Hudson	54	3.7%
12586	Walden	50	3.4%
12566	Pine Bush	45	3.0%
12549	Montgomery	42	2.8%
10918	Chester	40	2.7%
10992	Washingtonville	30	2.0%
10916	Campbell Hall	22	1.5%
10930	Highland Mills	19	1.3%
10921	Florida	16	1.1%
12589	Wallkill	14	0.9%
12780	Sparrowbush	14	0.9%
10958	New Hampton	13	0.9%
12543	Maybrook	13	0.9%
12721	Bloomingburg	11	0.7%
12729	Cuddebackville	11	0.7%
10925	Greenwood Lake	10	0.7%
10998	Westtown	10	0.7%
10926	Harriman	8	0.5%
10963	Otisville	8	0.5%
10969	Pine Island	8	0.5%
10919	Circleville	7	0.5%
10973/10987	Slatehill	11	0.7%
12575	Rock Tavern	7	0.5%
12746	Huguenot	6	0.4%
10917	Central Valley	5	0.3%
10922	Fort Montgomery	5	0.3%
10928	Highland Falls	4	0.3%
12577	Salisbury Mills	4	0.3%
10914	Blooming Grove	2	0.1%
10953	Mountainville	2	0.1%
10985	Thompson Ridge	2	0.1%

REPRESENTATION OF ORANGE COUNTY RESIDENTS BY ZIP CODE (CONT.)

Zip Code	Orange County Town	Count	Percentage
10988/10975	Southfield	3	0.2%
12584	Vails Gate	2	0.1%
12737	Mt. Hope	2	0.1%
10915	Bullville	1	0.1%
10932	Howells	1	0.1%
10933	Johnson	1	0.1%
12785	Westbrookville	1	0.1%
10910	Arden	0	0.0%
10911	Bear Mountain	0	0.0%
10912	Bellvale	0	0.0%
10979	Sterling Forest	0	0.0%
10996	West Point	0	0.0%
12540	Marlboro	0	0.0%
12739	Godeffroy	0	0.0%
	TOTAL	1479	99.8%

2013

Healthy Orange Survey

Orange County

Department of Health

INTRODUCTION

This report provides the findings from the Orange County Department of Health's 2013 Healthy Orange High School Survey. This introduction summarizes the survey's purpose, administration procedures and sampling plan. The characteristics of the students who completed the surveys are in the next section.

SURVEY PURPOSE

Preventing and Reducing Risk Behaviors

The Orange County Department of Health (OCDH) utilized Adolescent Tobacco Use Prevention Act (ATUPA) funding originally to conceptualize a research project aimed at teenage tobacco use behaviors in Orange County, New York. It was later developed into an all-encompassing survey tool to assist schools in understanding youth health-risk behaviors and to enhance opportunities to promote positive youth development and well-being. A thorough understanding of the scope and nature of youth behaviors and attitudes is essential to guide decision making in developing effective prevention, health, and youth development programs. It is also important to raise awareness of these behaviors to gain program support and public awareness. As its name reflects, the Healthy Orange High School Survey is intended to send a positive message to students, schools, and communities about the importance of healthy behaviors and environments that promote well-being.

The OCDH has access to a variety of data sets reflecting youth health-risk behaviors compiled by national organizations such as the CDC, USDA, and the Robert Wood Johnson Foundation. Although useful to reflect NYS-wide trends and baselines, county level data is rarely available. This is the first opportunity for Orange County to get a snapshot of youth health-risk behaviors within the county. This allows OCDH to tailor health promotion and prevention programs to thoroughly address risky behaviors and enhance positive attitudes. OCDH will report the findings in this year's Community Health Assessment (CHA), which is completed every four years.

SURVEY CONFIGURATION

The Healthy Orange Survey was developed using the Youth Risk Behavior Surveillance Study (YRBSS) which monitors six types of health-risk behaviors that contribute to the leading causes of death and disability among youth and adults, including: (1) behaviors that contribute to unintentional injuries and violence, (2) sexual behaviors that contribute to unintended pregnancy and sexually transmitted diseases (including HIV infection), (3) alcohol and other drug use, (4) tobacco use, (5) unhealthy dietary

behaviors and (6) inadequate physical activity.[a] To align with Healthy Orange goals, the survey administered in Orange County focused on the latter three categories.

YRBSS has multiple purposes. The system was designed to enable public health professionals, educators, policy makers, and researchers to 1) describe the prevalence of health-risk behaviors among youths, 2) assess trends in health-risk behaviors over time, and 3) evaluate and improve health related policies and programs.

QUESTION RATIONALE

The survey consists of thirty questions divided into four sections: A – Tobacco, B – Nutrition, C – Physical Activity and D – General Information. Below is a rationale for the questions chosen for this survey.[i]

Tobacco – Questions 1-11

These questions measure past and current smoking patterns, age of initiation, access to cigarettes, and attempts to quit smoking. Cigarette smoking is the leading cause of preventable death in the United States and accounts for approximately 440,000 deaths each year. Cigarette smoking increases risk of heart disease; chronic obstructive pulmonary disease; acute respiratory illness; stroke; and cancers of the lung, larynx, oral cavity, pharynx, pancreas, and cervix. In addition, as compared to nonsmokers, cigarette smokers are more likely to drink alcohol, use marijuana and cocaine, engage in risky sexual behaviors, engage in physical fighting, carry a weapon, and attempt suicide. If current patterns of smoking behavior persist, an estimated 6.4 million U.S. persons who were under the age of 18 in 2000 could die prematurely from smoking-related illnesses.

Certain questions measure smokeless tobacco use and cigar use. Smokeless tobacco contains 28 known human carcinogens. Use of smokeless tobacco products increases the risk of developing cancer of the oral cavity. Other oral health problems strongly associated with smokeless tobacco use are leukoplakia (a lesion of the soft tissue that consists of a white patch or plaque that cannot be scraped off) and recession of the gums. Smokeless tobacco use also causes an increased risk of heart disease and stroke.

[a] YRBSS also measures the prevalence of obesity and asthma among youth and young adults.

Nutrition – Questions 12-19

These questions measure dietary behaviors, including consumption of fruits and vegetables, milk, soda (or pop), and the frequency of breakfast consumption. The fruit and vegetable questions are similar to questions asked of adults on the Centers for Disease Control and Prevention Behavioral Risk Factor Survey 2009 questionnaire. Fruits and vegetables are good sources of complex carbohydrates, vitamins, minerals, and other substances that are important for good health. There is probable evidence to suggest that dietary patterns with higher intakes of fruits and vegetables are associated with a decreased risk for some types of cancer, cardiovascular disease, and stroke. Although data are limited, an increased intake of fruits and vegetables appears to be associated with a decreased risk of being overweight. Milk is an important source of many nutrients, including calcium.

In recent years, sugar-sweetened beverage consumption has significantly increased among children and adolescents. Sugar-sweetened beverages are the primary source of added sugars in the diet of US children and adolescents. Consumption of sugar-sweetened beverages, including soft drinks, appears to be associated with increased risk of being overweight among children, the development of metabolic syndrome and type 2 diabetes, and is associated with a less healthy diet, decreased bone density, and dental decay. There is evidence that intake of milk and milk products is associated with bone health in children and adolescents as well as a lower risk of cardiovascular disease and type 2 diabetes. It is also associated with lower blood pressure in adults. Although the recommended intake of milk and milk products is 3 cups per day for adolescents, most adolescents consume far less. Eating breakfast is associated with weight loss and weight loss maintenance, improved nutrient intake, and better cognitive function, academic performance, school attendance rates, psychosocial function, and mood.

We also included a survey about water consumption. Providing access to drinking water gives students a healthy alternative to sugar-sweetened beverages. It helps to increase students' overall water consumption, maintain hydration, and reduce energy intake if substituted for sugar-sweetened beverages. Adequate hydration also may improve cognitive function in children and adolescents. Drinking water, if fluoridated, also plays a role in preventing dental caries (cavities).

Physical Activity – Questions 20-24

These questions measure participation in physical activity, physical education classes, and sports teams as well as time spent watching television (TV) and computer or video game use. Participation in regular physical activity among young people can help build and maintain healthy bones and muscles, maintain body weight and reduce body fat, reduce feelings of depression and anxiety, and promote psychological well-being. Over

time, regular physical activity decreases the risk of high blood pressure, heart disease, diabetes, obesity, some types of cancer, and premature death. In 2008, the U.S. Department of Health and Human Services recommended that young people ages 6 - 17 participate in at least 60 minutes of physical activity daily. School physical education classes can increase adolescent participation in physical activity and help high school students develop the knowledge, attitudes, and skills they need to engage in lifelong physical activity. Watching TV and using a computer are considered sedentary behaviors. Among youth, time spent watching TV is associated with childhood and adult obesity, increased consumption of fast food, soft drinks, and high-fat snacks, and decreased consumption of fruits and vegetables. Youth who engage in less than two hours of TV viewing per day tend to be more active. Computer usage and video game playing are associated with physical inactivity among adolescents and young adults.

SURVEY ADMINISTRATION

The Healthy Orange team piloted the survey in two settings to test the format and understanding of questions as well as the layout and organization of the survey. The first group included 12 health professionals familiar with survey creation, administration and evaluation. The second group included the target audience, a psychology class at Pine Bush High School consisting of approximately 30 students. Feedback was given in both pilot sessions and the survey was tailored based on recommendations.

The Healthy Orange team initially contacted each school district's superintendents to discuss the survey and begin administration. Overall, 12 out of 15 school districts were able to participate.[b] These districts include Chester, Cornwall, Highland Falls, Middletown, Minisink, Monroe-Woodbury, Newburgh, Pine Bush, Port Jervis, Tuxedo, Valley Central and Washingtonville. The surveys were printed and delivered between March 22 and April 26 of 2013. In order to reach the most students, many schools opted to deliver the surveys during classes where the most students would be present such as physical education or English classes. Written instructions in planning, organizing, and conducting the survey were given to school staff to make sure administration did not vary across schools. Each student's participation was voluntary, anonymous, and confidential.

[b] Of the 12 school districts that were able to participate, only 11 were included in the county wide data analysis due to a low participation rate of the 12th school district.

SAMPLING PLAN

The CDC uses sample populations from each state to compile comparison data at national, state and sometimes, local levels. The national YRBSS uses a three-stage, cluster sample design to obtain a nationally representative sample of U.S. students in grades 9–12. The national YRBSS has been conducted 11 times with an average sample size of 14,517 and average overall response rates of 71%[ii]. The Healthy Orange team decided to offer the survey to all Orange County high school students. This was due to limited resources to develop and analyze a sampling method. Among the school districts that were able to participate, the survey was provided to 16,093 students (out of the 20,157 total in Orange County). Healthy Orange received 10,617 completed surveys, a response rate of 66%.

ASSESSING THE QUALITY OF THE DATA

As with any data, care must be taken to fully understand the survey, the context within which the data were collected, and the factors that can impact the quality, validity, and generalizability of the results. The YRBSS questions are tested for quality and reliability in a variety of settings and populations, making them ready for use by smaller entities. The validity of self-reported health risk behaviors has been extensively studied and can be affected by a variety of factors.[iii] Although the surveys were voluntary, confidential and anonymous, the following are a few of the key issues that should be kept in mind when reviewing the results in terms of participation and validity:

- Administration period: Results may be affected by the time of year the survey was administered. (Close to a holiday or graduation, seasonal variations, differences in age from fall to spring semesters)
- Representativeness: Differences in population size and characteristics across school districts makes it difficult to interpret the significance of any changes between survey administrations.[c]
- If parental consent was needed.

[c] One indication of the survey's representativeness is having at least a 70 percent response rate and how accurately it reflects the gender and ethnic composition of the district's student enrollment.

LIMITATIONS

These data do not include students who have dropped out of school or students who were absent the day the survey was administered. Research has shown that students who dropout or are frequently absent are more likely to engage in health-risk behaviors than other students[iv].

These data are based on self-report, thus students may under-report illegal type behavior such as alcohol or drug use.

Nationally, the CDC conducts internal reliability checks to identify the small percentage of students who may falsify their answers. For example, students who report smoking cigarettes in the past 30 days must also report ever having tried smoking cigarettes, or the responses to these questions are set to "missing". Data published in this report are not checked for internal reliability and are only based on responses to each individual question.

DATA COMPILATION & REPORTING

Healthy Orange used a program called ExpertScan to retrieve results from this survey. The program uses a scanner to streamline the process, scanning all surveys into an online database. Each school district's survey had a unique identifier used to differentiate it from other districts. Once results were manually checked in the database by staff, the ExpertScan program can automatically compile charts and graphs used in the survey report. Each school district received a copy of the data for their school and the county as a whole for comparison. The intention was not to have school districts compare themselves to each other, but to compare themselves to the county as a whole. This information can assist schools in targeting education in specific areas to decrease health-risk behaviors that might be particularly high in their schools. Healthy Orange intends to repeat this survey to allow schools to track improvements and trends of health-risk behaviors over time. Post-survey focus groups will be conducted to assist OCDH to improve the survey process, format and administration in the future.

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[i] http://www.cdc.gov/healthyyouth/yrbs/pdf/questionnaire/2013_standard_itemrationale.pdf

[ii] http://www.cdc.gov/mmwr/pdf/rr/rr6201.pdf

[iii] http://www.cdc.gov/healthyyouth/yrbs/pdf/validity.pdf

[iv] Pirie PL, Murray DM, Luepker RV. Smoking prevalence in a cohort of adolescents, including absentees, dropouts, and transfers. Am J Public Health 1988;78:176-8.

HEALTHY ORANGE SURVEY RESULTS

Students in high school grades 9-12 were surveyed about their behaviors and attitudes towards smoking, physical activity and healthy eating. Participating school districts in Orange County included: Chester, Cornwall, Highland Falls, Middletown, Minisink, Monroe, Newburgh, Pine Bush, Port Jervis, Tuxedo, Valley Central, and Washingtonville.

Total Respondents: 10,617
Response Rate (Surveys completed/# of students grades 9-12 in participating school districts): 66%

Question 1: Have you ever tried cigarette smoking, even one or two puffs?

Total Respondents: 10532

Response	Percentage
Yes	23%
No	77%

Question 2: How old were you when you smoked a whole cigarette for the first time?

Total Respondents: 10422

Response	Percentage
I have never smoked a whole cigarette	81%
8 years old or younger	2%
9 or 10 years old	2%
11 or 12 years old	2%
13 or 14 years old	6%
15 or 16 years old	6%
17 years old or older	2%

Question 3: Do you now smoke cigarettes?

Total Respondents: 10466

Response	Percentage
Everyday	5%
Some days	5%
Not at all	91%

Question 4: During the past 30 days (one month), on how many days did you smoke cigarettes?

Total respondents: 10415

Response	Percentage
I did not smoke any cigarettes in the past 30 days	90%
1 or 2 days	2%
3 to 5 days	1%
6 to 9 days	1%
10-19 days	1%
20-29 days	1%
All 30 days	4%

Question 5: During the past 30 days (one month), on the days you smoked, how many cigarettes did you smoke per day?

Total respondents: 10392

Response	Percentage
I did not smoke any cigarettes in the past 30 days	90%
Less than one cigarette per day	2%
1 cigarette per day	2%
2 to 5 cigarettes per day	3%
6 to 10 per day	1%
11-20 per day	1%
More than 20 per day	2%

Question 6: How do you usually get your own cigarettes?

Total respondents: 10439

Response	Percentage
I do not smoke cigarettes	87%
I buy them in a supermarket (Shoprite, Wal-Mart, etc)	1%
I buy them in a convenience store or gas station	3%
I borrowed or bummed them from someone else	3%
I took them from a store or family member	1%
I gave someone else money to buy them for me	2%
I got them some other way	2%

Question 7: How many people living in your home (besides you) smoke cigarettes?

Total respondents: 10463

Response	Percentage
No one in my house smokes	70%
One other person smokes	18%
Two other people smoke	8%
Three or more people smoke	4%

Question 8: Does anyone (family, friends, or guests) smoke inside your home or inside your car?

Total Respondents: 10419

Response	Percentage
Yes	23%
No	77%

Question 9: During the past 30 days, have you tried or do you use any of the following: chewing tobacco, snuff, dip, cigars, cigarillos, or electronic cigarettes?

Total Respondents: 10444

Response	Percentage
Yes	11%
No	86%
Unsure	3%

Question 10: During the past 12 months (one year), did you ever try to quit using tobacco products?

Total respondents: 10444

Response	Percentage
I did not use tobacco products during the past 12 months	84%
Yes, I tried and quit	5%
Yes, I tried but did not quit	3%
No, I have not tried to quit	8%

Question 11: If you have tried to quit using tobacco products, what method did you try most recently?

Total respondents: 10202

Response	Percentage
I do not smoke or I have not tried to quit	89%
Cold turkey (just stopped)	6%
Replacement therapies (the patch, gum, etc.)	1%
Alternative methods (acupuncture, hypnotherapy, etc.)	1%
Education or counseling sessions	0%
Two or more of these methods	0%
Other	2%

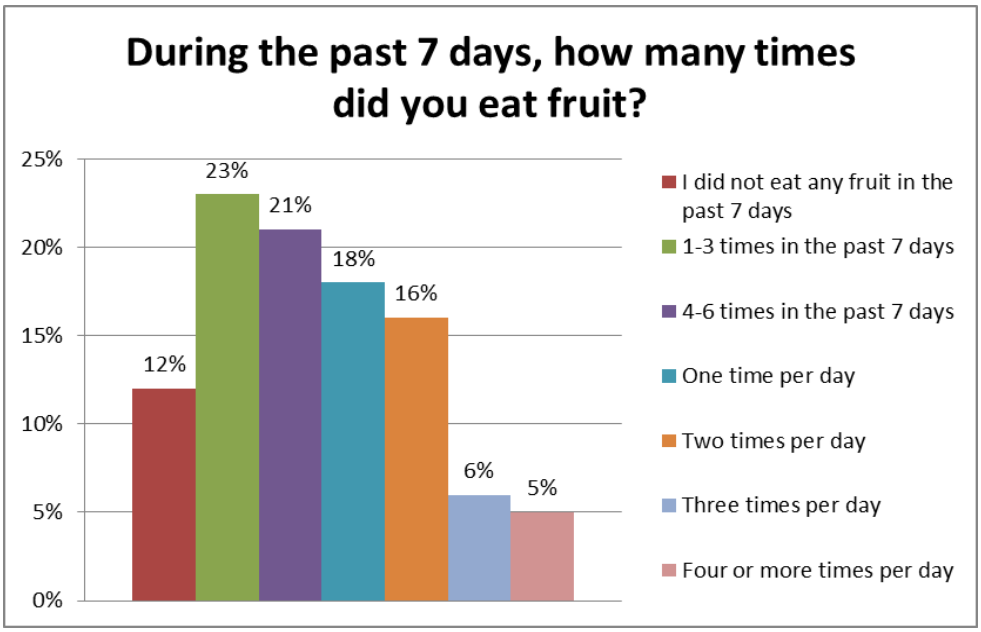
Question 12: During the past 7 days, how many times did you drink 100% fruit juice such as orange, apple or grape juice? (Do not count punch, Kool-Aid, sports drinks, energy drinks or fruit flavored drinks).

Total respondents: 10382

Response	Percentage
I did not drink any juice in the past 7 days	22%
1-3 times in the past 7 days	23%
4-6 times in the past 7 days	19%
1 time per day	13%
2 times per day	12%
3 times per day	5%
4 or more times per day	6%

Question 13: During the past 7 days, how many times did you eat fruit?

Total Respondents: 10397



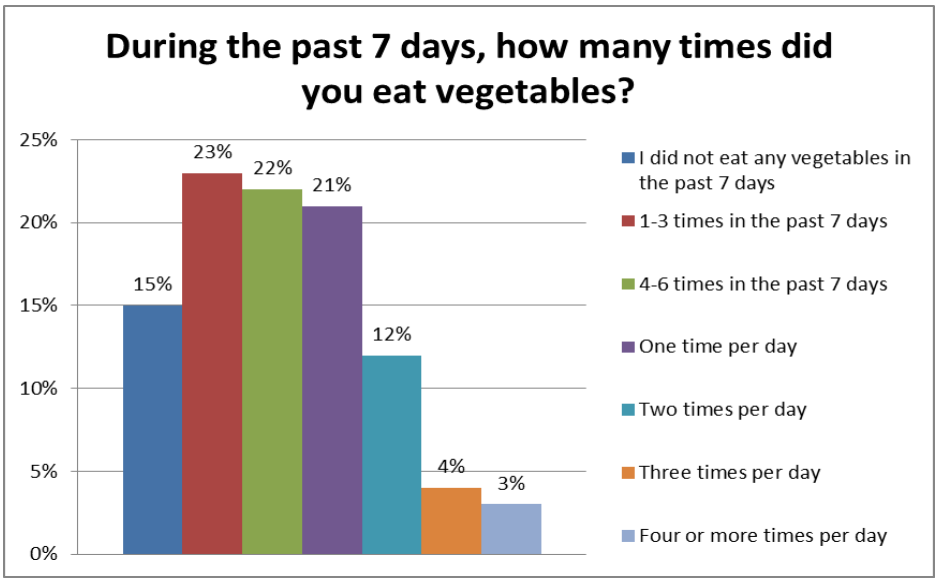
Question 14: During the past 7 days, how many times did you eat green salad?

Total respondents: 10387

Response	Percentage
I did not eat any green salad in the past 7 days	34%
1-3 times in the past 7 days	31%
4-6 times in the past 7 days	14%
1 time per day	15%
2 times per day	5%
3 times per day	1%
4 or more times per day	1%

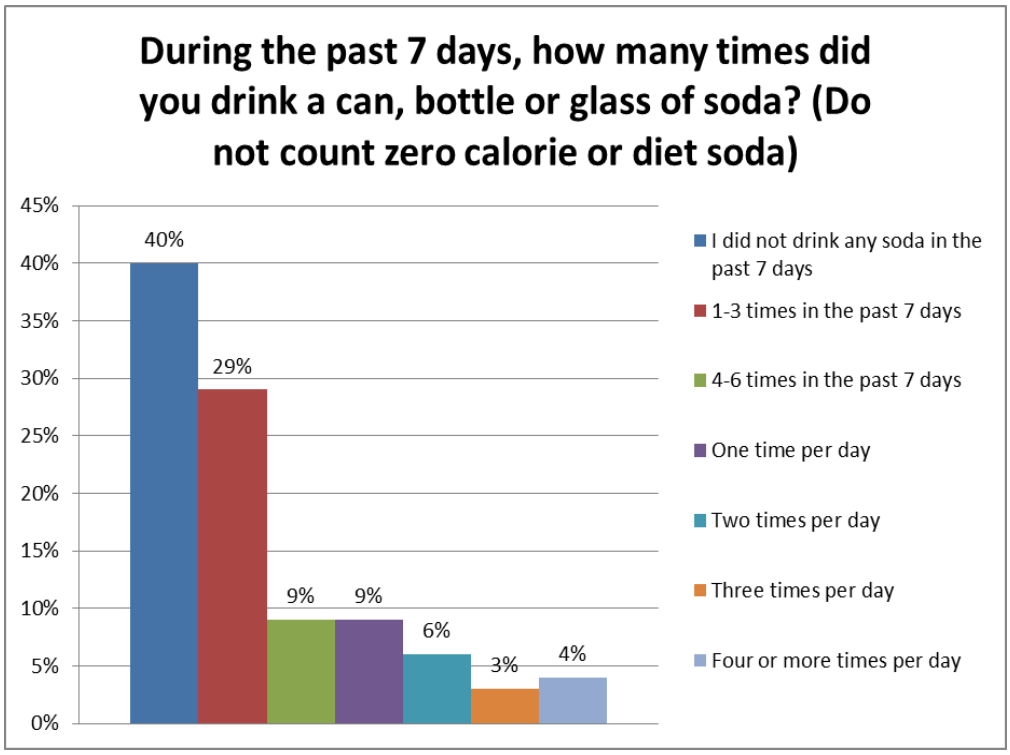
Question 15: During the past 7 days, how many times did you eat vegetables?

Total Respondents: 10383



Question 16: During the past 7 days, how many times did you drink a can, bottle or glass of soda? (Do not count zero calorie or diet soda)

Total Respondents: 10174



Question 17: During the past 7 days, how many times did you drink a bottle or glass of water?*

Total respondents: 10145

Response	Percentage
I did not drink any water in the past 7 days	5%
1-3 times in the past 7 days	7%
4-6 times in the past 7 days	18%
1 time per day	10%
2 times per day	16%
3 times per day	17%
4 or more times per day	28%

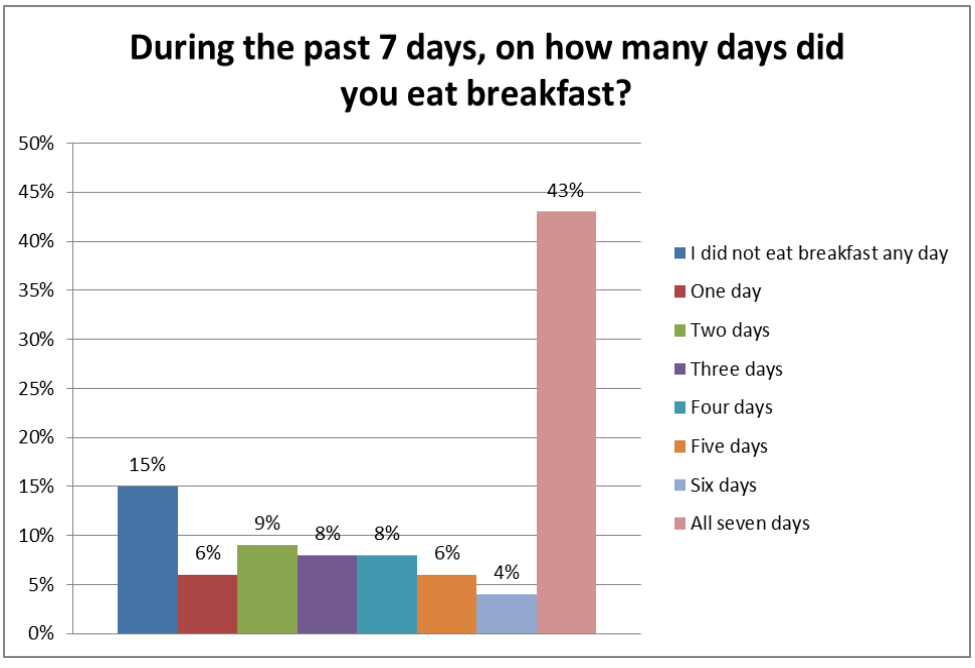
Question 18: During the past 7 days, how many times did you have milk? (Count drinking a glass or container of milk, milk from a carton and milk in your cereal)

Total respondents: 10143

Response	Percentage
I did not drink any milk in the past 7 days	19%
1-3 times in the past 7 days	18%
4-6 times in the past 7 days	16%
1 time per day	19%
2 times per day	14%
3 times per day	7%
4 or more times per day	6%

Question 19[2]: During the past 7 days, on how many days did you eat breakfast? (Examples: cereal, oatmeal, eggs, bagel, pancakes, etc.)

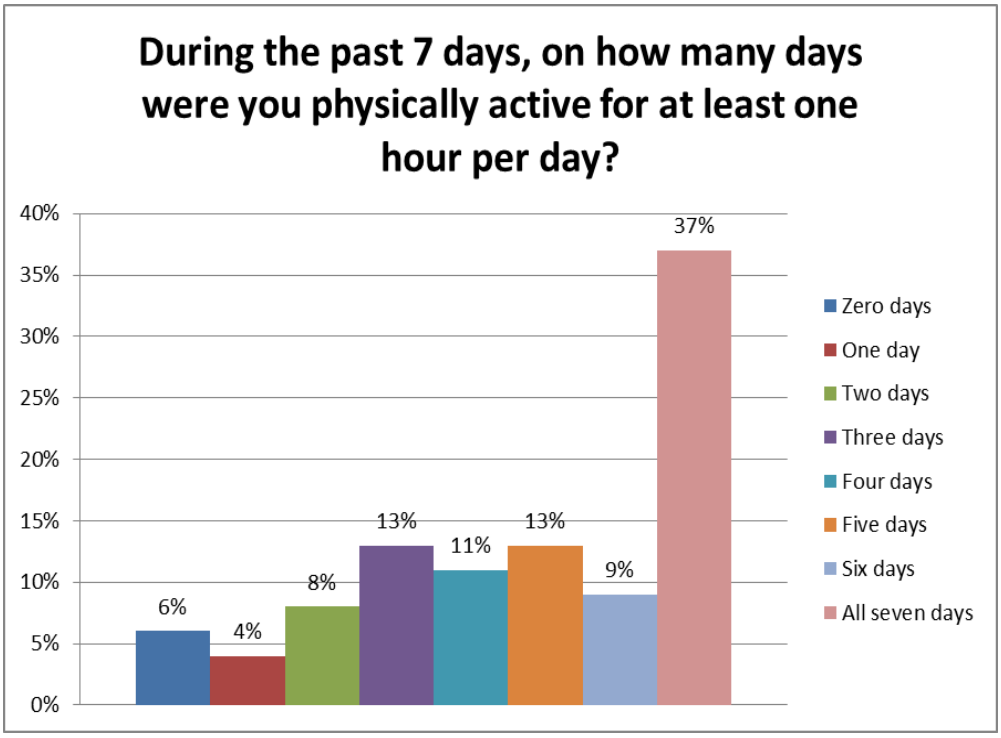
Total respondents: 10017



[2]Examples were added as part of this survey and not provided on CDC's YRBSS

Question 20: During the past 7 days, on how many days were you physically active for at least one hour per day? (Add up all the time you spent in one day doing any kind of physical activity such as gym class, sports teams, playing outside, walking, biking, etc.)

Total respondents: 10113



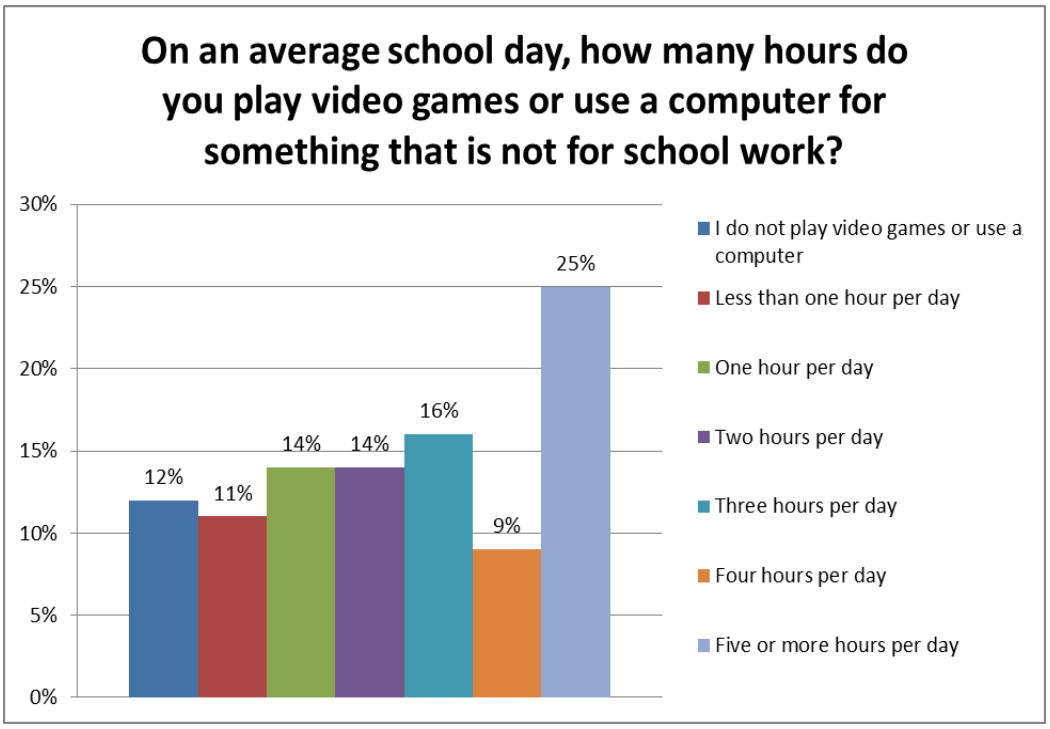
Question 21: On an average school day, how many hours do you watch TV?

Total respondents: 10140

Response	Percentage
I do not watch any TV on an average school day	16%
Less than 1 hour per day	15%
1 hour per day	16%
2 hours per day	18%
3 hours per day	17%
4 hours per day	8%
5 or more hours per day	11%

Question 22: On an average school day, how many hours do you play video games or use a computer for something that is not school work? (Count time spent on things such as Xbox, PlayStation, iPod, iPad or tablet, smartphone, YouTube, Facebook, or other social networking tools and the internet)

Total Respondents: 10344



Question 23[1]: In an average week when you are in school, how many days do you go to gym or physical education (PE) classes?

Total respondents: 10265

Response	Percentage
0 days	4%
1 day	2%
2 days	12%
3 days	62%
4 days	5%
5 days	15%

[1]Students noted that they usually rotate gym classes every other day which may have skewed results

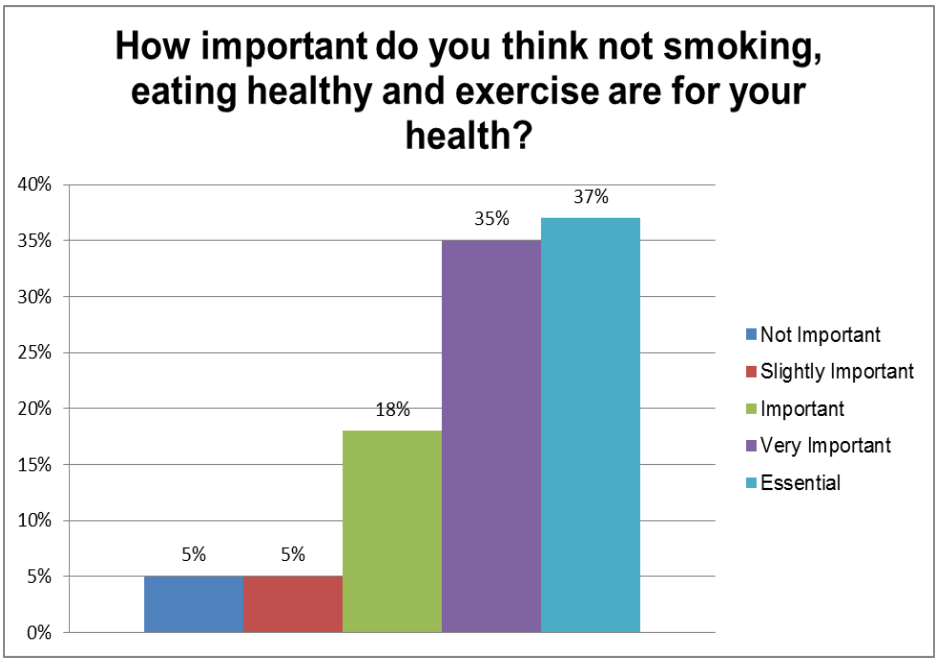
Question 24: During the past 12 months (one year) on how many sports teams did you play? (Count any teams run by your school or community)

Total respondents: 10115

Response	Percentage
0 teams	42%
1 team	24%
2 teams	19%
3 teams	16%

Question 25*: How important do you think not smoking, eating healthy and exercise are for your health?

Total Respondents: 10217



Source: Data collected and analyzed by the Community Health Outreach and Epidemiology Divisions, Completed August 2013

*All questions, with the exception of question 17 and question 25 used were from the Centers for Disease Control's Youth Behavior Surveillance Survey: http://www.cdc.gov/healthyyouth/yrbs/pdf/questionnaire/2013_hs_questionnaire.txt.

Students were also asked demographic information for the purposes of comparing the survey population to the student population in the county. Demographic results not reported.

Occasionally, results will add up to over 100% due to rounding.

Healthy Orange Survey

Section A: Tobacco

1. Have you ever tried cigarette smoking, even one or two puffs?

○ Yes ○ No

2. How old were you when you smoked a whole cigarette for the first time?

○ I have never smoked a whole cigarette
○ 8 years old or younger
○ 9 or 10 years old
○ 11 or 12 years old
○ 13 or 14 years old
○ 15 or 16 years old
○ 17 years old or older

3. Do you now smoke cigarettes?

○ Everyday ○ Some days ○ Not at all

4. During the past 30 days (one month), on how many days did you smoke cigarettes?

○ I did not smoke any cigarettes in the past 30 days
○ 1 or 2 days
○ 3 to 5 days
○ 6 to 9 days
○ 10-19 days
○ 20-29 days
○ All 30 days

5. During the past 30 days (one month), on the days you smoked, how many cigarettes did you smoke **per day?**

○ I did not smoke any cigarettes in the past 30 days
○ Less than one cigarette per day
○ 1 cigarette per day
○ 2 to 5 cigarettes per day
○ 6-10 cigarettes per day
○ 11 to 20 cigarettes per day
○ More than 20 cigarettes per day

6. How do you **usually** get your own cigarettes?

○ I do not smoke cigarettes
○ I buy them in a supermarket (ShopRite, WalMart, Hannaford)
○ I buy them in a convenience store or gas station
○ I borrowed or bummed them from someone else
○ I took them from a store or family member
○ I gave someone else money to buy them for me
○ I got them some other way

7. How many people living in your home (besides you) smoke cigarettes?

○ No one in my home smokes ○ One other person smokes ○ Two other people smoke ○ Three or more people

8. Does anyone (family, friends, or guests) smoke inside your home or inside your car?

○ Yes ○ No

9. During the past 30 days, have you tried or do you use any of the following: chewing tobacco, snuff, dip, cigars, cigarillos, or electronic cigarettes?

○ Yes ○ No ○ Unsure

Healthy Orange Survey

10. During the past 12 months (one year), did you ever try to quit using tobacco products?

- ○ I did not use tobacco products during the past 12 months
- ○ Yes, I tried and quit
- ○ Yes, I tried but did not quit
- ○ No, I have not tried to quit

11. If you have tried to quit using tobacco products, what method did you try **most recently**?

- ○ I do not smoke or I have not tried to quit
- ○ Cold turkey (just stopped)
- ○ Replacement therapies (the patch, gum, or medicine)
- ○ Alternative methods (acupuncture, massage, hypnosis)
- ○ Education or counseling sessions
- ○ Two or more of these methods
- ○ Other

Section B: Nutrition

The following questions will ask about the food you ate or drank in the last 7 days. Think about all the meals and snacks you had from the time you got up until you went to bed. Be sure to include food that you ate at home, at school, at restaurants, or anywhere else.

12. During the past 7 days, how many times did you drink 100% fruit juice such as orange juice, apple juice, or grape juice? (Do not count punch, Kool-Aid, sports drinks, energy drinks or fruit flavored drinks.)

- ○ I did not drink any juice in the past 7 days
- ○ 1-3 times in the past 7 days
- ○ 4-6 times in the past 7 days
- ○ 1 time per day
- ○ 2 times per day
- ○ 3 times per day
- ○ 4 or more times per day

13. During the past 7 days, how many times did you eat fruit?

- ○ I did not eat any fruit in the past 7 days
- ○ 1-3 times in the past 7 days
- ○ 4-6 times in the past 7 days
- ○ 1 time per day
- ○ 2 times per day
- ○ 3 times per day
- ○ 4 or more times per day

14. During the past 7 days, how many times did you eat green salad?

- ○ I did not eat any green salad in the past 7 days
- ○ 1-3 times in the past 7 days
- ○ 4-6 times in the past 7 days
- ○ 1 time per day
- ○ 2 times per day
- ○ 3 times per day
- ○ 4 or more times per day

15. During the past 7 days, how many times did you eat vegetables? (Do not count green salad or french fries)

- ○ I did not eat any vegetables in the past 7 days
- ○ 1-3 times in the past 7 days
- ○ 4-6 times in the past 7 days
- ○ 1 time per day
- ○ 2 times per day
- ○ 3 times per day
- ○ 4 or more times per day

Healthy Orange Survey

16. During the past 7 days, how many times did you drink a can, bottle or glass of soda? (Do not count zero calorie or diet soda)

- ○ I did not drink any soda in the past 7 days
- ○ 1-3 times in the past 7 days
- ○ 4-6 times in the past 7 days
- ○ 1 time per day
- ○ 2 times per day
- ○ 3 times per day
- ○ 4 or more times per day

17. During the past 7 days, how many times did you drink a bottle or glass of water?

- ○ I did not drink any water in the past 7 days
- ○ 1-3 times in the past 7 days
- ○ 4-6 times in the past 7 days
- ○ 1 time per day
- ○ 2 times per day
- ○ 3 times per day
- ○ 4 or more times per day

18. During the past 7 days, how many times did you have milk? (Count drinking a glass or container of milk, milk from a carton, and milk in your cereal)

- ○ I did not drink any milk in the past 7 days
- ○ 1-3 times in the past 7 days
- ○ 4-6 times in the past 7 days
- ○ 1 time per day
- ○ 2 times per day
- ○ 3 times per day
- ○ 4 or more times per day

19. During the past 7 days, on how many days did you eat breakfast? (cereal, oatmeal, eggs, bagel, pancakes etc.)

- ○ I did not eat breakfast any day
- ○ 1 day
- ○ 2 days
- ○ 3 days
- ○ 4 days
- ○ 5 days
- ○ 6 days
- ○ All 7 days

Section C: Physical Activity

20. During the past 7 days, on how many days were you physically active for at least one hour per day? (Add up all the time you spent in one day doing any kind of physical activity such as gym class, sports teams, playing outside, walking or biking, etc.)

- ○ 0 days
- ○ 1 day
- ○ 2 days
- ○ 3 days
- ○ 4 days
- ○ 5 days
- ○ 6 days
- ○ 7 days

21. On an average school day, how many hours do you watch TV?

- ○ I do not watch any TV on an average school day
- ○ Less than 1 hour per day
- ○ 1 hour per day
- ○ 2 hours per day
- ○ 3 hours per day
- ○ 4 hours per day
- ○ 5 or more hours per day

Healthy Orange Survey

22. On an average school day, how many hours do you play video games or use a computer for something that is not school work? (Count time spent on things such as XBox, PlayStation, an iPod, an iPad or tablet, a smartphone, YouTube, Facebook or other social networking tools, and the Internet)

- ○ I do not play video games or use a computer
- ○ Less than 1 hour per day
- ○ 1 hour per day
- ○ 2 hours per day
- ○ 3 hours per day
- ○ 4 hours per day
- ○ 5 or more hours per day

23. In an average week when you are in school, how many days do you go to gym or physical education (PE) classes?

○ 0 days ○ 1 day ○ 2 days ○ 3 days ○ 4 days ○ 5 days

24. During the past 12 months (one year), on how many sports teams did you play? (Count any teams run by your school or community groups.)

○ 0 teams ○ 1 team ○ 2 teams ○ 3 or more teams

Section D: General Information

25. How important do you think not smoking, eating healthy and exercise are for your health?

○ Not Important ○ Slightly Important ○ Important ○ Very Important ○ Essential

26. How old are you?

- ○ 12 years old or younger
- ○ 13 years old
- ○ 14 years old
- ○ 15 years old
- ○ 16 years old
- ○ 17 years old
- ○ 18 years old or older

27. What is your gender?

○ Male ○ Female

28. What grade are you in?

○ 9th grade ○ 10th grade ○ 11th grade ○ 12th grade ○ Ungraded or other grade

Please answer BOTH questions below about Hispanic origin and race.

29. Are you Hispanic, Latino or Spanish?

○ Yes ○ No ○ Unsure

30. What race do you most identify yourself as?

- ○ American Indian or Alaska Native
- ○ Asian
- ○ Black or African American
- ○ Native Hawaiian or Other Pacific Islander
- ○ White
- ○ Two or more races
- ○ Some other race

If you want to be more specific, write your race(s) here:

ORANGE COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN 2014-2017

Our shared vision and health promotion strategic plan to address the most pressing health issues of our residents

What is a Community Health Improvement Plan (CHIP)?

A Community Health Improvement Plan (CHIP) is the long –term systematic effort to address public health problems based on a community-wide health assessment[i]. CHIPs are a strategic plan that set priorities and measurable objectives to address the needs of a community. This is a collaborative process between the health department and key, diverse stakeholders in the community to coordinate efforts, establish priorities, and combine resources to guide health promotion strategies.

How will we use the CHIP?

This document will guide efforts for the next 4 years as we strive to improve population-level health issues. As the needs of a community are fluid, the CHIP will continually be reviewed and updated to incorporate new opportunities and reflect changes for additional challenges. Access to this document will be provided on the County Health Department website as well as on our Healthy Orange website at www.healthyorange.com.

How did we choose our priorities?

The New York State Department of Health in partnership with the Health Planning Council and over 140 organizations across the State, created the Prevention Agenda Health Improvement Plan for 2013-2017. This five-year plan is designed to demonstrate how communities across the State can work together to improve the health and quality of life for all New Yorkers. The Prevention Agenda establishes goals for each priority area and defines indicators to measure progress toward achieving these goals, including reductions in health disparities among racial, ethnic, and socioeconomic groups and persons with disabilities[ii]. The five prevention agenda priority areas include:

- Prevent chronic diseases
- Promote healthy and safe environments
- Promote healthy women, infants and children
- Promote mental health and prevent substance abuse
- Prevent HIV, sexually transmitted diseases, vaccine-preventable diseases and healthcare-associated Infections

As part of the required Community Health Assessment and Community Health Improvement Plan, the New York State Department of Health requires all health departments to choose two priority areas within the State Prevention Agenda to address in their communities. To assess the needs of Orange County residents, a community health survey was distributed to help prioritize the needs of residents. The survey questions were derived from previous local, state and national surveys such as the Behavioral Risk Factor Surveillance Survey as well as questions regarding health care usage and need in Orange County. The online and paper survey was completed in both English and Spanish in collaboration with the 3 major hospital organizations, 3 Federally Qualified Health Centers (FQHCs), and over 30 community organizations. Individual meetings with each of the area hospitals were conducted as well as collaborative meetings with the FQHCs. Community partners were engaged through the Healthy Orange Team, the Orange County Department of Health (OCDH) umbrella initiative to address chronic diseases, as well as other community partners in a variety of sectors (government, education, non-profit, business, etc.). A list of participating community organizations and events can be found in Appendix A. Nearly 1,500 consumer surveys were completed. In addition to the surveys,

the OCDH led the effort to develop the CHIP from the use of local data collection and compiled extensive secondary data from numerous sources. Data presented in the Community Health Assessment (CHA) was used in coordination with these partners to determine the most pressing issues in Orange County.

Major findings from the Community Health Assessment are highlighted below:

- There are large discrepancies in poverty and education between Orange County as a whole and the three major cities of Middletown, Newburgh and Port Jervis
- Poverty rates exceed 25% for families with related children under 18 in each of the three major cities
- Where we live affects health outcomes, particularly in areas of lower socioeconomic indicators
- Teenage pregnancy is nearly twice the County rate (42.2 per 1,000) in Middletown (77.4 per 1,000), Newburgh (75.4 per 1,000) and Port Jervis (64.9 per 1,000)
- Over 65% of Orange County adults, 28% of elementary aged children and nearly 40% of teens are overweight or obese

Another consideration for choosing priorities was the availability of resources to complete strategies. OCDH received a multi-year grant from the New York State Department of Health entitled, the Maternal Infant Community Health Collaborative (MICHC). MICHC will foster close integration of all maternal, infant and child serving programs administered by the OCDH as well as integrating community partners to build upon existing programs and strengthen resources available to women of child-bearing age in the cities of Newburgh, Middletown and Port Jervis. As a result of this grant, an advisory board was formed to bring together partners among diverse sectors of the community to guide grant activities, leverage resources and identify ways to obtain and share local data. Appendix A also contains a list of advisory board members. Letters of commitment from advisory board members can be provided upon request. In addition to letters of commitment, letters of support from school districts, hospitals, Head Starts, and local community based organizations are also available upon request. In addition to the MICHC grant, Healthy Orange has received guaranteed funds from County resources since 2007. Each year funds are available for all activities related to chronic disease prevention including but not limited to advertising, equipment, and educational programing for smoking cessation, healthy eating, and physical activity. Notably, the Healthy Orange Team has grown to include over 35 stakeholders. The team is broken up geographically by the three cities of Middletown, Port Jervis and Newburgh, which meets quarterly and the entire Healthy Orange Team meets annually to discuss ongoing projects, successes and challenges and identifies additional avenues for collaboration.

What priorities were chosen?

The two overarching priority areas chosen were preventing chronic disease and promoting maternal, infant, and child health. Within the priority area of preventing chronic disease, two focus areas were chosen: 1) reducing obesity in children and adults and 2) reducing illness, disability and disease related to tobacco use and secondhand smoke exposure. Within the priority area of maternal, infant and child health, two focus areas were also chosen: 1) reducing premature births and 2) prevention of unintended and adolescent pregnancy with a focus on reproductive, preconception and inter-conception health. The remaining document is a detailed strategic plan with time-specific measurable goals, objectives and performance measures for process and outcome evaluation. Each of the strategies chosen are considered best or promising practices and evidence-based. Within each activity, multiple stakeholder and community partners are actively engaged especially in communities with significant burden of disease and health disparities.

Preventing Chronic Disease

Chronic disease is among the leading causes of morbidity and mortality across Orange County, New York State and the Nation. Obesity is a leading contributor to cardiovascular disease, diabetes, stroke and hypertension. Maintaining a healthy lifestyle through regular physical activity, healthy eating and eliminating tobacco use help prevent numerous chronic diseases. According to results from the 2009 Behavioral Risk Factor Surveillance Survey, over 65% of Orange County residents are overweight or obese. Recent data collected from nearly every school district in the county revealed that 28 percent of elementary students and nearly 40 percent of middle and high school students are either overweight or obese[iii]. As well documented, becoming overweight in childhood drastically increases the likelihood of being overweight as an adult. While the entire County suffers from increasing obesity and with that, risk factors for debilitating disease and mortality, the urban centers are the County's least healthy communities. OCDH is fortunate to have a division that primarily focuses on chronic disease prevention. Community Health Outreach (CHO) has been involved in a number of health promotion grant programs over the past 22 years. Healthy Orange is in the forefront of that promotion and encompasses programs that aim to increase the consumption of healthy foods, increase opportunities for physical activity, and decrease tobacco use and exposure, in order to improve the overall health of Orange County residents. Healthy Orange also addresses issues surrounding obesity and chronic disease, utilizing best practices to make policy, systems, and environmental changes relative to exercise, nutrition, and tobacco use. With this strong partnership, Healthy Orange has made policy, environmental, and systems changes in all facets of the community, including implementing two farmer's markets, changing vending machine policies, creating tobacco-free polices in 15 school districts, creating a farm to school program in one school district, and creating street-calming measures for municipalities. OCDH is the only county in NYS that offers all Orange County residents, students and employees free smoking cessation programs through various modalities, which have helped lower the county's smoking rate from 23% in 2003 to an estimated 19% in 2009[iv]. Early data indicates that smoking is continuing the downward trend.

Healthy Orange aims to engage numerous community partners in its activities to reach as much of the population as possible. Healthy Orange started as a biannual meeting in one location. After feedback from many of the partners, traveling to one of end of county from the other was preventing greater participation. Splitting the Healthy Orange Team into smaller geographically-based coalitions allows for more frequent meetings and better attendance which ultimately leads to better partnerships. One large annual meeting provides all the group members to opportunity to reconnect and share lessons learned over the past year. A portion of the meeting is devoted to sharing health department specific Healthy Orange activities, survey results, and publications. Achievements are also shared through a bi-annual insert in a local paper which reaches over 147,000 Orange County households. This has been an effective way to communicate directly to the public. As part of the CHIP we will also highlight results and success stories from current activities including smoking cessation, Farm to School programs, and farmer's market participation. Organizational specific meetings are held frequently with local school leadership to communicate results of ongoing projects. The Healthy Orange Partnership is committed to improving the health and wellness of the entire Orange County community.

STRATEGIC PLAN

PRIORITY AREA: PREVENTING CHRONIC DISEASE
FOCUS AREA 2: Reduce Illness, Disability and Disease Related to Tobacco Use and Secondhand Smoke Exposure
GOAL 2.2: Promote tobacco use cessation, especially among populations in Middletown and Newburgh with low socioeconomic status. **OBJECTIVE #1:** By December 31, 2017, increase the utilization of Orange County's cessation program among current smokers to 5%. (Data source: Orange County Cessation Database and New York State Department of Health Behavioral Risk Factor Surveillance System)

ACTION PLAN

Evidence Based Strategy	Activities	Lead Partners	Timeframe	Evaluation Measure	Outcome: Product/Result
Continue to offer a free, comprehensive smoking cessation program to those who work or reside in Orange County.	Contract with cessation providers and record the number of attendees.	Senior Public Health Educator (Sr PHE), two hypnotherapists, behavior modification specialists and two acupuncturists	January 2013-December 2017	Providers sign-in sheet and invoices	Availability of cessation program in target areas
	Develop a comprehensive cessation database to track participants and quit rates.	Sr Public Health Educator	Currently-January 2014	Database	Quarterly report and quit rates among participants
	Develop mailings, advertisements and a dissemination plan to enroll additional smokers.	Sr Public Health Educator	January 2014-April 2014	Database	Printed materials
	Coordinate with community groups to advertise the availability of the program in target areas of low socioeconomic status including Newburgh and Middletown.	Hospitals, Faith-based organizations, Sr PHE, Safe Harbors, Community Health Workers, Medical providers, Healthy Orange Coalition Members, American Heart Association, American Cancer Society, POW'R against Tobacco	January 2013-December 2017	Database and meeting minutes	Increased knowledge of available cessation programs in target areas.

ACTION PLAN					
Evidence Based Strategy	**Activities**	**Lead Partners**	**Timeframe**	**Evaluation Measure**	**Outcome: Product/Result**
	Hold quarterly meeting with Healthy Orange Coalition Members to update progress of cessation program and share resources and lessons learned.	Hospitals, Faith-based organizations, Sr PHE, Safe Harbors, Healthy Orange Coalition Members, American Heart Association, American Cancer Society, POW'R against Tobacco	January 2014-December 2017	Meeting minutes	Provide partners with ongoing progress and forum to discuss successes, barriers, and strategies to increase participation.

PERFORMANCE MEASURES		
Short Term Indicators	**Source**	**Frequency**
By June 2014, increase the percentage of current smokers utilizing the cessation program (Baseline to be determined by January 2014)	Cessation database	Monthly
By June 2014, analyze quit rates among participants of cessation program (Baseline to be determined by January 2014)	Cessation database	Quarterly
By December 2014, increase the number of community groups advertising the cessation program (Baseline to be determined by April 2014)	Database, Healthy Orange meeting minutes	Quarterly
Long Term Indicators	**Source**	**Frequency**
By December 2017, increase the percentage of current smokers utilizing the cessation program to 5%.	Cessation database	Annual
By December 2017, decrease the percentage of current adult smokers (identified in June 2014) to 15%. (NYS 2017 Objective)	New York State Behavioral Risk Factor Surveillance Survey	Every four years
By December 2017, decrease the percentage of current everyday teenage smokers to 4% (Baseline identified as 5%).	Orange County Healthy Orange High School Survey	Every four years

PRIORITY AREA: PREVENTING CHRONIC DISEASE
FOCUS AREA 1: Reduce Obesity in Children and Adults
GOAL 1.1: Create community environments that promote and support healthy food and beverage choices and physical activity. **OBJECTIVE #1:** By December 31, 2017, reduce the percentage of children and adults who are obese by 5%. (Data sources: NYS Student Weight Status Category Reporting System and NYS County Behavioral Risk Factor Surveillance System.)

ACTION PLAN					
Evidenced Based Strategy	**Activities**	**Lead Partners**	**Timeframe**	**Evaluation Measure**	**Outcome: Product/Result**
Increase availability of affordable healthy foods especially in communities with limited access through starting and sustaining farmer's markets.	Maintain current farmer's market through continuation of contract with farmer's market manager and growing number of farmers who participate.	Sr PHE, Healthy Orange Health and Wellness Coordinator, Newburgh Farmer's Market manager, Newburgh municipality leaders, Cornell Cooperative (CCE), Newburgh Mall, First Baptist Church Newburgh	Current-2017	Measure number of participants and farmers	Increased availability of locally produced items
	Create two new farmer's markets in areas with little or no access to fresh fruits and vegetables in the cities of Newburgh and Port Jervis.	Sr PHE, Healthy Orange Health and Wellness Coordinator, Bon Secours Community Hospital, CCE, Greater Hudson Valley Family Health Center, NY Farm and Ag Dept, municipality leaders	January 2014-January 2016	Determine average number of participants and number of farmers through surveys	Additional fresh produce available in low income areas directed towards those without transportation
	Increase participation of farmer's markets that take SNAP benefits and WIC checks and increase number of SNAP and WIC participants who use their benefits at farmer's markets.	Sr PHE, Healthy Orange Health and Wellness Coordinator, Orange County WIC, CCE, NY Farm and Ag Dept, Office for the Aging, Department of Social Services	Current-2017	Survey of WIC enrollees and EBT transaction data collection	Additional fresh produce available to low income consumers

ACTION PLAN					
Evidenced Based Strategy	**Activities**	**Lead Partners**	**Timeframe**	**Evaluation Measure**	**Outcome: Product/Result**
Promote the adoption of complete streets policies.	Develop committee to promote the awareness of complete streets and assist with adoption of policies.	Sr PHE, Orange County Planning Department, Citizens Foundation, municipalities, Parks and Recreation Department, Chamber of Commerce	January 2014-Decemeber 2014	Meeting minutes	Increased awareness and number of complete streets policies adopted
	Meet with municipalities to educate leadership about benefits of complete streets.	Sr PHE and municipality leadership	January 2014-December 2017	Meeting minutes	Increased awareness and number of complete streets policies adopted
Increase availability of healthy foods through Farm to School programs.	Develop committee for schools and farmers to discuss procurement and programming needs.	Healthy Orange Health and Wellness Coordinator, CCE, Farmer's Association, School district food directors, principals, superintendents, parents, and food services staff	January 2014-June 2014; ongoing meetings through Dec 2017	Meeting meetings	Tool kits for procurement and bidding processes for both farmers and school districts
	Provide training through Orange Ulster BOCES or equivalent culinary program for food service staff.	Orange Ulster BOCES, Healthy Orange Healthy and Wellness Coordinator, food service staff	January 2014-October 2014	Sign in sheets for food service staff that attend trainings	Staff trained in best practices for fresh food preparation, food safety and other operational procedures
	Integrate locally-grown farm produce and nutrition and agricultural education into classroom curriculums.	Hudson Valley Farm to School, Healthy Orange Health and Wellness Coordinator, CCE, local producers	September 2014-December 2017	Taste test surveys, classroom education surveys, cafeteria studies	Toolkits and educational curriculum

PERFORMANCE MEASURES		
Short Term Indicators	**Source**	**Frequency**
By December 2014, increase the number of farmers participating in Newburgh's established farmer's market.	Healthy Orange	Monthly
By September 2015, increase the number of farmers markets in areas with limited public transportation.	Healthy Orange	Annual
By October 2014, increase knowledge of food service workers to prepare local produce.	Healthy Orange knowledge evaluation surveys	Annual
By December 2014, increase knowledge of barriers to procuring local produce for school districts.	Meetings with Healthy Orange Farm to School committee	Quarterly
By December 2014, increase number of MOU agreements between schools and Healthy Orange for Farm to School activities.	Memorandum of Understanding	Quarterly
By December 2015, increase knowledge of students who know that local produce is available in their cafeteria.	Healthy Orange Student Surveys	Annual
By December 2014, increase knowledge of municipalities about complete streets policies.	Healthy Orange	Monthly
Long Term Indicators	**Source**	**Frequency**
By December 2017, increase the total number of schools with a high percentage free/reduced lunch students, who provide local produce to students by 10%. (Baseline to be determined)	Healthy Orange Farm to School Program, CCE Farm Outreach Manager	Annual
By December 2017, decrease the percentage of children who are overweight or obese by 5%	NYS Student Weight Category Status Reporting System	Every two years
By December 2017, decrease the percentage of adults who are overweight or obese by 5%.	NYS Behavioral Risk Factor Surveillance System	Every four years
By December 2017, increase the total number of municipalities with complete streets policies by 10%. (Baseline to be determined)	Healthy Orange, Orange County Planning Department	Annual
By December 2017, increase the number of adults who report engaging in physical activity in the past 30 days to 80%.	NYS Behavioral Risk Factor Surveillance System	Every 4 years

Promoting Healthy Women, Infants and Children

Promoting the health of women, infants and children continues to be a public health priority for the United States, New York and Orange County. Maternal and infant health data continue to be widely used indicators of the overall health of a community. Improving positive pregnancy outcomes can greatly enhance the well-being of both mother and child. Prenatal care, gestational age, and birth weight are strong indicators of both maternal and infant health. Aggregate maternal and infant indicators for Orange County are misleading and mask the disparities within the County. The urban areas of Orange County are characterized by severe socioeconomic and health inequities. Overall, Orange County has reached the NYS 2017 objective of a preterm birth rate of 10.2%; however, each of the cities of Newburgh (12.1%), Middletown (10.7%) and Port Jervis (11.1%) still struggle in this area. As a County only 6.9% of births were babies with low birth weights. However, 8.9% of births in Middletown, 8% of births in Port Jervis and 7.5% of births in Newburgh were low birth weight babies. Two of the leading known causes of infant death are pre-term delivery and low birth weight[v]. There were 92 infant deaths in Orange County from 2009-2011. Over 53% of these deaths came from the cities of Newburgh, Middletown and Port Jervis, with Middletown accounting for 26 (28%) infant deaths and an infant death rate of 12.8 per 1,000 live births. Teen pregnancy and teen births in the three cities are also impacting the overall health of the community. The teen pregnancy rate is defined as the number of females ages 15-19 who become pregnant per 1,000 females in the same age range. Middletown leads the County with a rate of 77.4 per 1,000, followed by Newburgh at 75.4 per 1000, and Port Jervis at 69.3 per 1,000. All of these rates are nearly twice the County rate of 42.4 per 1,000[vi].

Since the urban centers of our community have data indicators that are continually worse than County averages, OCDH and its community partners are targeting the three cities with its CHIP and designating resources through the MICHC grant. This grant will foster close integration of all the maternal, infant and child serving programs administered by the OCDH and community partners to build on existing programs and strengthen resources available to women of child-bearing age in the target cities. MICHC will also utilize in-kind staff from two divisions of OCDH, Intervention Services (IS) and CHO to sustain activities. The integration of services will combine the clinical expertise of IS with the community and organizational level aptitude of CHO through Community Health Workers. The Community Health Worker program is an evidenced based strategy[vii] and has been an effective program implemented by OCDH for 20 years. Street outreach for case finding is the best strategy to reach the target population of women lost to care who are considered high risk. From past experience, relying solely on referrals from other agencies can lead to a duplication of services. MICHC will improve the number of positive pregnancy outcomes through education, outreach, home visitation, referrals and follow up for referral completion. The collaborative partnerships between the OCDH, Maternal Infant Services Network (MISN), Planned Parenthood of the Mid-Hudson Valley, Inc., Safe Homes of Orange County, the Alcoholism & Drug Abuse Council of Orange County, Occupations, Inc., community health centers, and numerous other community agencies will create a cross referral system to avoid duplication of efforts while expanding reach to locate and serve those individuals lost to care. In addition, the advisory board will serve as a place to communicate findings through quarterly meetings. The goal is to increase the percentage of women receiving first trimester prenatal care, decrease the percentage of low birth weight babies, decrease the number of infant mortalities, decrease the number of preterm births and decrease the teen pregnancy rates. Nearly all activities work towards developing systems or policy changes to provide long lasting sustainable results.

STRATEGIC PLAN

PRIORITY AREA: PROMOTING HEALTHY WOMEN, INFANTS AND CHILDREN

FOCUS AREA 1: Maternal and Infant Health

GOAL 1: Reduce premature births in Orange County.

OBJECTIVE #1: By December 31, 2017, reduce the percentage of preterm births to 10.2% in the high poverty cities of Newburgh, Port Jervis, and Middletown. (Data sources: NYS County/Zip Code Perinatal Data Profile and Orange County Birth Certificate Database)

ACTION PLAN

Evidence Based Strategy	Activities	Lead Partners	Timeframe	Evaluation Measure	Outcome: Product/Result
Develop and implement local networks and strategies to ensure high risk pregnant women are linked to appropriate community resources.	Utilize community health workers (CHW) and family support workers to reinforce health care utilization for high risk pregnant women.	WIC, CHWs, Healthy Families, MICHC coordinator, MICHC Advisory Board, Greater Hudson Valley Family Health Center (GHVFHC), Middletown Community Health Center (MCHC), Maternal Infant Services Network (MISN)	January 2014-December 2017	Number of families served, number of CHW visits, and number of women attending prenatal care appointments	Reduction in premature births
	Develop a cross-referral system with community health centers and Healthy Families to ensure enrollment of high risk pregnant women into home visiting and health care services.	MICHC Coordinator, CHWs, Healthy Families, GHVFHC, MCHC, WIC, Dept of Social Services (DSS), Advisory board members	January 2014-December 2017	Number of women attending referral services and number of organizations in cross referral system	Increase number of women enrolled in prenatal care

ACTION PLAN					
Evidence Based Strategy	**Activities**	**Lead Partners**	**Timeframe**	**Evaluation Measure**	**Outcome: Product/Result**
Identify and promote educational messages to promote smoking cessation, healthy eating, and family planning methods.	Provide educational workshops to women of child-bearing age to promote healthy behaviors at least 4 times per year.	Healthy Orange, Cornell Cooperative Extension, Safe Homes of Orange County, Alcohol and Drug Abuse Council (ADAC), MICHC coordinator, OC Dept of Mental Health	January 2015-December 2017	Database of attendees and surveys of workshop attendees	Increase knowledge of women to maintain healthy lifestyle
	Develop a public health detailing campaign to inform and educate health care and OB-GYN providers to promote healthy behaviors for patients.	Public Health Nurse, Health Care providers, MICHC coordinator, GHVFHC, MCHC, Planned Parenthood, Healthy Families, Healthy Orange, ADAC	January 2015-December 2017	Provider follow-up database	Number of providers adopting health screening tools (i.e. depression, preconception health risk assessment)
	Develop and distribute informational packet emphasizing the importance of preconception health at health centers, frequently targeted businesses and family planning sites.	Planned Parenthood, Public Health Nurse, MICHC coordinator, CHWs, GHVFHC, MCHC, Town Halls, DSS and community organizations/business leaders including: Catholic Charities, Newburgh Ministry, Port Jervis Recreation Center, Independent Living, Hudson House, Food Pantries, Thrall Library, FBOs, MO'Better, Easter Seals Project Discovery	January 2014-December 2017	Number of packets distributed measured quarterly	Increased knowledge of the importance of preconception health as it relates to birth outcomes

PERFORMANCE MEASURES		
Short Term Indicators	**Source**	**Frequency**
By December 2015, increase the number of high risk pregnant women referred for home visiting services (Baseline to be determined January 2015).	Orange County referral database	Monthly
By December 2015, increase the number of referrals to Healthy Families (Baseline to be determined January 2015).	Orange County referral database	Monthly
By December 2015, increase the percentage of women who have adequate prenatal care in Middletown, Port Jervis and Newburgh (Baseline to be determined June 2014).	Orange County referral database	Quarterly
Long Term Indicators	**Source**	**Frequency**
By December 2017, decrease the percentage of pre-term births in Newburgh, Port Jervis and Middletown to 10.2% (NYS 2017 Objective)	Electronic Birth Certificate Data/Orange County Database	Quarterly
By December 2017, increase the gestational age of infants born to women enrolled in home visiting programs in Newburgh, Port Jervis and Middletown. (Baseline to be determined December 2014)	MICHC Orange County Database	Annual
By December 2017, increase the percentage of women in Orange County with early prenatal care to 75%.	New York State Department of Health Vital Statistics	Annual

PRIORITY AREA: PROMOTING HEALTHY WOMEN, INFANTS AND CHILDREN
FOCUS AREA 3: Reproductive, Preconception and Inter-Conception Health
GOAL 6: Prevention of Unintended and Adolescent Pregnancy **OBJECTIVE 6.2:** By December 31, 2017, reduce the rate of teenage pregnancy in the cities of Newburgh, Port Jervis and Middletown by at least 10%. (Data sources: NYS County/Zip Code Perinatal Data Profile and Orange County Birth Certificate Database)

ACTION PLAN					
Evidenced Based Strategy	**Activities**	**Lead Partners**	**Timeframe**	**Evaluation Measure**	**Outcome: Product/Result**
Identify and promote education messages on delaying sexual activity, contraceptive use, and preventive health care.	Develop a campaign to distribute condoms, promote the utilization of family planning methods and stress the importance of disease prevention.	Public Health Nurse, CHWs, Planned Parenthood, OB GYN providers, GHVFHC, MCHC	January 2014-December 2017	Number of teens reached through campaign efforts quarterly (database)	Increased awareness of family planning community resources and brochures
	Host forum to bring together diverse community stakeholders to bring awareness of high teen pregnancy rate and determine opportunities for collaboration.	NAACP, Faith Based Organizations (FBO), school district leaders, Parents, Cultural Equity Task Forces, Community Voices Heard Organization, and MISN	Decemeber 2014	Distributed meeting minutes to forum participants	Increased awareness and strategies for addressing teen pregnancy across multiple sectors
Improve work with faith-based organizations, focusing on dissemination of facts to their members.	Identify faith based organizations in the areas of Middletown, Port Jervis and Newburgh.	MICHC coordinator and CHWs	January 2014-June 2014	Creation of a database	Identification of FBO partners
	Coordinate meetings with target area faith based organizations to discuss collaboration efforts to prevent teenage pregnancy.	MICHC coordinator, CHWs, FBOs, NAACP	June 2014-December 2017	Creation of dynamic community driven meetings with diverse FBOs represented	Identification of strategies for reaching teen populations within the congregations

ACTION PLAN					
Evidenced Based Strategy	**Activities**	**Lead Partners**	**Timeframe**	**Evaluation Measure**	**Outcome: Product/Result**
Promote annual preconception and inter-conception visits to develop and review reproductive health plans.	Provide education on the importance of birth spacing and contraceptives during home visiting and encourage the use of CDC's Reproductive Life Plan Worksheet.	MICHC Coordinator, CHWs, Public Health Nurse	January 2014-December 2017	Number of Reproductive Life plans and database of visits by CHWs	Increased number of teens and young mothers educated about the importance of avoiding unplanned pregnancies
	Engage school district administration to implement policy on educating students on the importance of having a medical home for annual health visits and to utilize supportive services.	Public Health Nurse, School administrators, school nurses	January 2015-December 2017	Number of educational materials regarding the importance of a medical home distributed	Policy changes in target area school districts

PERFORMANCE MEASURES		
Short Term Indicators	**Source**	**Frequency**
By December 2015, increase the number of teens utilizing home visiting programs (Baseline to be determined January 2015).	Orange County referral database	Monthly
By December 2015, coordinate at least 9 (3 in each target city) faith based organization meetings to discuss collaboration efforts on teen pregnancy prevention.	Orange County FBO database	Quarterly
By December 2015, increase the number of outreach events that include condom distribution (Baseline to be determined December 2014).	Orange County database	Monthly
Long Term Indicators	**Source**	**Frequency**
By December 2016, implement at least 1 policy change in the target school districts requiring the education of students on the importance of having a medical home.	Target school districts administration	Annual
By December 2017, reduce the rate of teenage pregnancy in the cities of Newburgh, Port Jervis and Middletown by 10%.	New York State County Zip Code Perinatal Data Profile	Annual

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APPENDIX A

Healthy Orange Team Members

- American Cancer Society
- American Heart Association
- AMSCAN, Inc.
- Bon Secours Community Hospital
- Cornell Cooperative Extension
- Enlarged City School District of Middletown
- Enlarged City School District of Newburgh
- Goshen Central School District
- Greater Hudson Valley Family Health Center, Inc.
- Hudson Valley Food Bank
- Maternal Infant Services Network
- Middletown ABCD Day care
- Middletown Cares
- Middletown Community Health Center, Inc.
- Middletown Recreation and Parks
- Middletown YMCA
- Mt. St. Mary College
- Newburgh Armory
- Newburgh Head Start Day Care
- Orange County Childcare Council
- Orange County Citizens Foundation
- Orange County Department of Mental Health
- Orange County Office for the Aging
- Orange County Planning Office
- Orange County Youth Bureau
- Orange Regional Medical Center
- Port Jervis School District
- RECAP, Inc.
- Save-a-lot
- Shoprite
- St. Anthony's Community Hospital
- St. Luke's Cornwall/Newburgh Hospital
- SUNY Orange
- TOUCH, Inc.
- United Way

MICHC Advisory Board Members

- Alcohol & Drug Abuse Council of Orange County
- Catholic Charities Community Services of Orange County
- Cultural Equity Task Force
- Greater Hudson Valley Family Health Center, Inc.
- Healthy Orange
- Hudson River HealthCare
- Independent Living, Inc.
- Mental Health Association in Orange County, Inc.
- Middletown Community Health Center, Inc.
- National Association for the Advancement of Colored People
- Occupations, Inc. (Healthy Families, Family Empowerment Council, and New Dynamics)
- Orange County Department of Mental Health
- Orange County Department of Social Services
- Planned Parenthood Mid-Hudson Valley
- Port Jervis Recreation Department
- Safe Homes of Orange County

Community Health Assessment Survey Partner Organizations

- Bon Secours Community Hospital
- Circleville Fourth of July Parade
- City of Middletown 125th City Celebration
- Galleria at Crystal Run
- Goshen Farmer's Market
- Great American Weekend in Goshen
- Greater Hudson Valley Family Health Center
- Greater Newburgh Partnership
- Hudson River Healthcare
- Independent Living, Inc.
- Latinos Unidos
- Middletown and Newburgh Department of Motor Vehicles
- Middletown Community Health Center
- Monroe Farmer's Market
- Newburgh Armory
- Newburgh Illumination Event
- Newburgh Library
- Orange Classic 10K
- Orange County Department of Emergency Management
- YMCA Newburgh
- Orange County Department of Health Immunization Clinics: Goshen, Middletown and Newburgh
- Orange County Department of Tourism
- Orange County Office for the Aging
- Orange County STOP DWI Program
- Orange Regional Medical Center
- Planned Parenthood
- Richard C. Ward Alcohol Treatment Center
- Safe Harbors
- Senior Health Day at Thomas Bull Memorial Park
- Ship Shape Laundromat
- Spanish Pentecostal Assemblies of God
- St. Anthony's Community Hospital
- St. Luke's Cornwall/Newburgh Hospital
- Thrall Library
- Union Avenue Community Fitness Center
- YMCA Middletown
- YMCA Monroe

[i] 1.Adapted from Public Health Accreditation Board (PHAB) Acronyms and Glossary of Terms, Version 1.0 (PDF: 512KB / 38 pages) http://www.phaboard.org/wp-content/uploads/PHAB-Acronyms-and-Glossary-of-Terms-Version-1.0.pdf

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[iv] http://www.health.ny.gov/statistics/brfss/expanded/2009/county/

[v] http://www.cdc.gov/reproductivehealth/maternalinfanthealth/pretermbirth.htm

[vi] http://www.health.ny.gov/statistics/chac/perinatal/county/orange.htm

[vii] http://www.hrsa.gov/ruralhealth/pdf/chwtoolkit.pdf