

**ULSTER COUNTY  
DEPARTMENT OF HEALTH AND MENTAL  
HEALTH  
COMMUNITY HEALTH ASSESSMENT (CHA)  
2014-2017**



**Michael P. Hein, County Executive**  
**Carol Smith, MD, MPH, Commissioner of Health and Mental Health**



## **EXECUTIVE SUMMARY**

In 2013, Ulster County Health Department implemented a collaborative process which included the State University of New York in New Paltz, Ulster County hospitals, health care providers, and service providers to measure the current health status of this county to generate a Community Health Assessment (CHA). The CHA provides a perspective of Ulster County's current health environment contextualizing the current condition with the health environment of the County in 2010, the current health of New York State overall and of the United States.

This snapshot utilized existing quantitative measures drawn from numerous sources including vital statistics, hospitalization data, behavioral risk surveys and locally generated research. In addition, the Ulster County CHA contains qualitative data from focus groups that drew from the expertise of a diverse collection of stakeholders. The health data generated through this process serves to assist Ulster County in the development of its Community Health Improvement Plan (CHIP) which identifies specific initiatives for the county over the next few years. Localized data specific to these initiatives will be collected routinely to better guide the county on improving select health outcomes.

### **CHA Highlights:**

- 39 health indicators were examined including risk and protective factors and areas of morbidity and mortality.
- Of these health indicators, 16 indicators were red flagged for one or more of the following reasons: poorer outcomes compared with Ulster County in 2010, poorer outcomes compared with current New York State averages, and/or poorer outcomes compared with United States averages. These include among others: tobacco use among children and adults; child and adult obesity; adult mental health; and deaths due to coronary heart disease, motor vehicle crashes, breast, lung and colorectal cancer.
- The indicators found to have the greatest impact and seriousness for Ulster County, as well as strong opportunities for effective prevention, were obesity and tobacco use.

### **Acknowledgements**

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## **INTRODUCTION**

### **A NEW ERA OF PREVENTION IN NEW YORK**

The Prevention Agenda 2013-2017 is a blueprint for state and local action to improve the health of New Yorkers and to reduce health disparities for racial, ethnic, disability, socioeconomic and other groups who experience them. With the release of New York State Department of Health's (NYSDOH) 2013-17 Prevention Agenda, it is clear that state and community leaders and public health professionals recognize that the upwardly spiraling chronic disease trend in New York and the nation, coupled with the enormous additional healthcare costs associated with treating those diseases, is no longer sustainable.

Here in Ulster County, the elected and community leaders have fully embraced an integrated prevention strategy. In 2009, Ulster County shifted to a Charter form of government and elected its first County Executive. One of the very first initiatives announced by the new County Executive was an ambitious goal to make Ulster the healthiest county in New York State. The staff of the Ulster County Department of Health, who was charged with coordinating efforts toward reaching the County Executive's goal, immediately recognized that attaining success would require a complete engagement and mobilization of all sectors of the community and of all of the preventative health resources in the community.

Fortunately, Ulster County has already established strong and effective community coalitions and evidence based practices organized and operating around the key focus areas outlined in NYSDOH's Prevention Agenda 2013-17. The most notable exist in the areas of chronic disease prevention and mental health promotion and substance abuse prevention. Building on its existing strengths, and with the benefit of strong and committed leadership, Ulster County is well positioned to create and implement a Community Health Improvement Plan that will deliver measurable results for all of the residents of Ulster County, regardless of their current health or socioeconomic status.

### **NYS PREVENTION AGENDA AND PRIORITY HEALTH AREAS**

Following the 2010 Community Health Assessment (CHA, 2010), Ulster County identified the following three priority areas for their focus from the 2010-2013 agenda:

- ACCESS TO QUALITY HEALTH CARE
- PROMOTE HEALTHY WOMEN, INFANTS, AND CHILDREN
- PREVENT CHRONIC DISEASES

New York State has identified five statewide priorities:

- PREVENT CHRONIC DISEASES
- PROMOTE A HEALTHY 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

## **HEALTHY ULSTER COUNTY NETWORK**

In 2009, Ulster County Executive Michael P. Hein issued a challenge to all Ulster County residents, business, non-profit, faith-based sectors and others, to help make Ulster the healthiest county in New York State. To meet this challenge, the County Executive streamlined and reorganized the Ulster County Department of Health (UCDOH) in order to effectuate a major shift toward preventative health. This process required a greatly enhanced community outreach and engagement effort and in 2010 a community-wide health summit was held, which led to the identification of 12 priority health indicators, the creation of a priority health indicator “Report Card,” attached in Appendix C, and the formation of four Partners in Public Health Councils (PiPH): Healthy Youth, Healthy Women, Health Seniors and Healthy Places. Since that time, the Councils have been working to address and improve their chosen health indicators. The Councils are now prepared to integrate that work into the new Community Health Improvement Plan (CHIP). At the same time, the UCDOH took several steps to improve community outreach and education with the creation of the Healthy Ulster County Network and website, and an enhanced new and traditional media outreach effort designed to enlist community support for the new prevention agenda. This outreach effort also provides residents with practical information and easy-to-implement action steps to prevent disease and improve the health and well-being of their families and neighborhoods.



**Visit**  
**HealthyUlsterCounty.net**

***Comprehensive Preventative Health  
Resources in Ulster County***

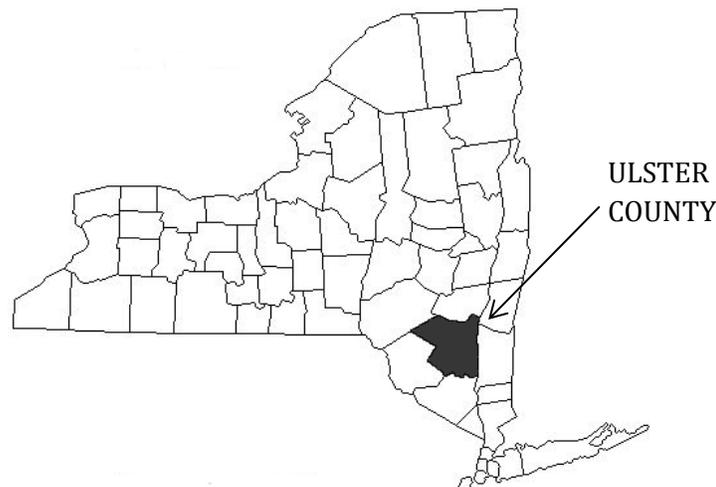
**Michael P. Hein, County Executive**  
**Carol Smith, MD, MPH, UC Commissioner of Health**

## **ULSTER COUNTY AND ULSTER COUNTY DEPARTMENT OF HEALTH PROFILE**

### **ULSTER COUNTY**

Ulster County is located in the southeast part of New York State, south of Albany and immediately west of the Hudson River. According to the U.S. Census Bureau, the county has a total area of 1,127 square miles, which is approximately the size of the state of Rhode Island. Much of Ulster County can be characterized as suburban and semi-rural, with only one major urban area, the city of Kingston, which is located in the eastern central portion of the county, and encompasses just 7.4 square miles of the county's total area.

As of the 2010 US Census, Ulster County's population was 182,493. The total number of households was 70,034. According to the Ulster County Department of Planning (UCDOP), major employment and industry categories, not listed in any particular order, include tourism, government, education, health care, education, retail and creative services. UCDOP also notes that approximately one third of county residents commute to employment outside the area.

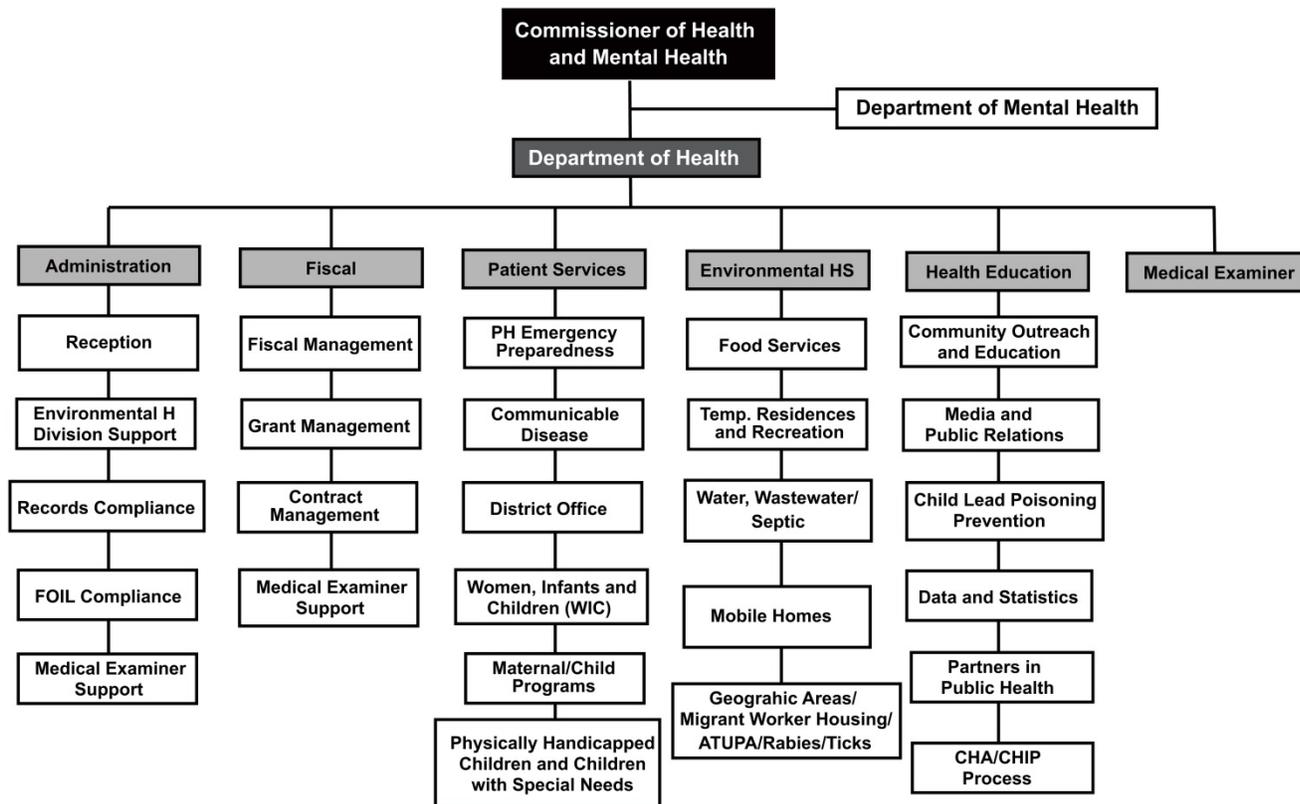


### **ULSTER COUNTY DEPARTMENT OF HEALTH AND MENTAL HEALTH**

The mission of the UCDOH/MH is to transform Ulster County into the healthiest county in New York State through community assessment, engagement, planning, partnerships, and exceptional customer service.

The Ulster County Department of Health is headed by a Commissioner of Health and Mental Health and is comprised of six divisions: 1) Administration, 2) Fiscal, 3) Patient Services, 4) Environmental Health Services, 5) Health Education, and 6) Medical Examiner. The Commissioner also oversees the Ulster County Department of Mental Health, in an arrangement which occurred in 2011 for the collaboration of the two departments. For the purposes of this document, the focus will be on UCDOH. Figure 1 shows the organization of the UCDOH and more detailed organizational charts can be found in Appendix A.

Figure 1. Ulster County Department of Health and Mental Health



Source: Ulster County Department of Health and Mental Health

**Administration**

- Direct support for the Office of the Commissioner
- Fulfilling Freedom of Information Law (FOIL) requests
- Records management in compliance with New York State retention regulations
- Medical Examiner division support
- Reception
- Environmental Health division support

**Fiscal**

- Fiscal Management
- Contract Management
- Grant Management
- Medical Examiner division support

**Patient Services**

- Licensed Home Care Services Agency (LHCSA) – provides home visits for prenatal and postnatal women, newborns and infants, including follow up on infant phenylketonuria and hepatitis; skilled

nursing visits to clients with latent or active tuberculosis disease for administration of medications; and case management and Peer Review Instrument (PRI) assessment for nursing home placement

- Child Find Program – identifies infants at risk for developmental disabilities, and provides case management; and refers to Early Intervention program as needed
- Clinics - provides immunization clinics including seasonal influenza vaccination; tuberculosis clinic; lead testing; STD testing and treatment; and HIV testing and counseling. Clinics are provided throughout the county on a regular schedule
- Communicable Disease Program - monitors and investigates communicable diseases for purposes of prevention and control
- Children with Special Health Care Needs/Physically Handicapped Children Program – ensures access to quality health care for chronically ill and disabled children
- Public Health Preparedness – prepares for potential disasters and epidemic response; ensures community readiness and provides education
- Women, Infants, and Children (WIC) Program – provides food vouchers and nutrition counseling to qualifying pregnant and nursing women, infants and children under 5
- Lead Poisoning Prevention Program – conducts home visits to children with elevated blood lead levels to identify sources of lead, instruction on management of illness and medical follow up
- Community Outreach - assists the Health Education Unit with outreaches and educational events

### **Environmental Health Services**

- Public Water Supply – conducts sanitary surveys, inspections, water supply monitoring, troubleshooting, plan reviews and approvals, and provides technical assistance to both private and public water supply owner/operators, implements new State and Federal regulations
- Wastewater – conducts site evaluations and plan reviews of residential/commercial wastewater systems; inspects and completes plan reviews for wastewater UCDOH-permitted facilities, including but not limited to food service establishments, hotels, motels, children’s camps, pools and beaches, and campgrounds; permits waste haulers
- Community Sanitation and Food Protection – permits, inspects, and investigates complaints at:
  - food service facilities
  - mobile home parks
  - hotels, motels
  - bungalow colonies, campgrounds, children’s camps, farm labor camps
  - bathing beaches, swimming pools
  - on-site waste disposal systems
  - mass gathering sites
  - state and local institutions
- Rabies – responds to complaints of rabid animals and inquiries about rabies. Submits specimens to the New York State laboratory for confirmation. Provides technical assistance and ensures appropriate treatment options are made available
- Neighbor Notification Law – provides enforcement and education activities associated with the Neighbor Notification Law, which regulates commercial and residential lawn pesticide application
- Tick-borne and Mosquito-borne Disease – performs tick identification and provides education and materials on how to prevent tick and mosquito- borne diseases

- Tobacco Law Enforcement – provides education and enforcement activities related to the Adolescent Tobacco Use Prevention Act (ATUPA), which prohibits the sale of tobacco products to minors
- Menu/Calorie Labeling – provides enforcement of Ulster County Local Law No. 1 of 2009, which requires operators of chain and fast food establishments to post calorie content on menus and signboards
- Lead Poisoning Prevention – inspects residences for presence of lead
- Complaints - investigates public health nuisance complaints

### **Health Education Unit**

- Dissemination of preventative health information to the Ulster County community, via new and traditional media and live presentations
- Meetings and activities of the Partners in Public Health program, a broad based community coalition that works to improve priority health indicators as identified in a 2010 community-wide Health Summit
- The current 2013 Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP) process
- The administration and content of the Health Ulster County Network website ([www.HealthyUlsterCounty.net](http://www.HealthyUlsterCounty.net)), a comprehensive online portal for all preventative health resources in Ulster County
- The Department of Health's official county website and social media sites
- The compilation of local, state, and national health-related data and indicators for use by multiple community stakeholders.
- Oversees the Childhood Lead Poisoning Primary Prevention Program; a program that works with landlords, tenants, homeowners and community partners to identify and mitigate residential lead-based health hazards
- Assists Environmental Health with tick identification and arthropod-borne disease education
- Active participant in the Ulster Prevention Council (UPC), a broad based community coalition that works to prevent substance abuse, particularly among youth; the Ulster County Suicide Prevention, Education and Awareness Committee (SPEAK); the Ulster County Prescription Drug Task Force; The Community Heart Health Coalition of Ulster County, and Live Well Kingston

### **Medical Examiner**

- Investigates deaths of persons due to criminal violence, accident, suicide, sudden, unattended by a physician, in prison, fetus born dead due to maternal trauma or drug abuse or in the absence of a physician/midwife, or any suspicious or unusual manner
- Authorizes autopsies and maintains official autopsy case files
- Determines and certifies cause of death
- Provides reports to New York State regarding deaths caused by motor vehicles and trains

## POPULATION DEMOGRAPHICS

### AGE AND GENDER

Ulster County’s population is the 20<sup>th</sup> largest in New York State. The total county population increased 2.7% between 2000 (177,749) and 2010 (182,493). In both 2000 and 2010, females made up 50.2% of the population; however males outnumber females for all ages under 60.

In 2010, the median age was 42, up from 38.2 in 2000. Over the decade, the percentage of the population aged 65 and older increased from 13.3% to 14.8% while the percentage of the persons under 20 years decreased from 26.2% to 23.3% (Figures 2 and 3).

Figure 2. 2000 Population by Age Group

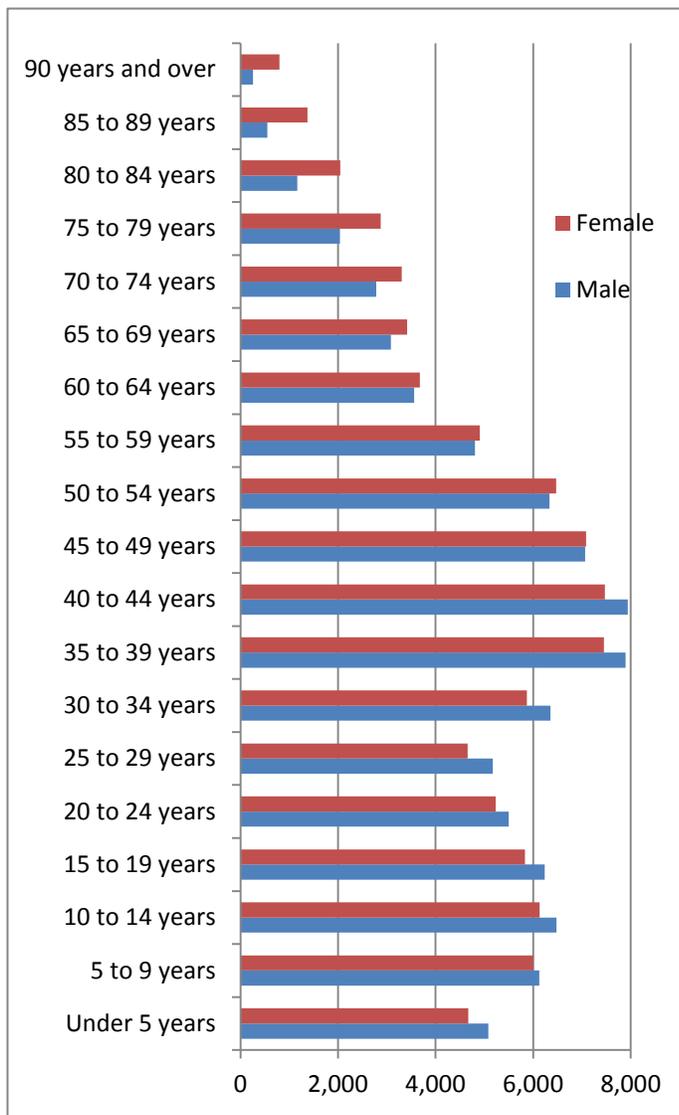
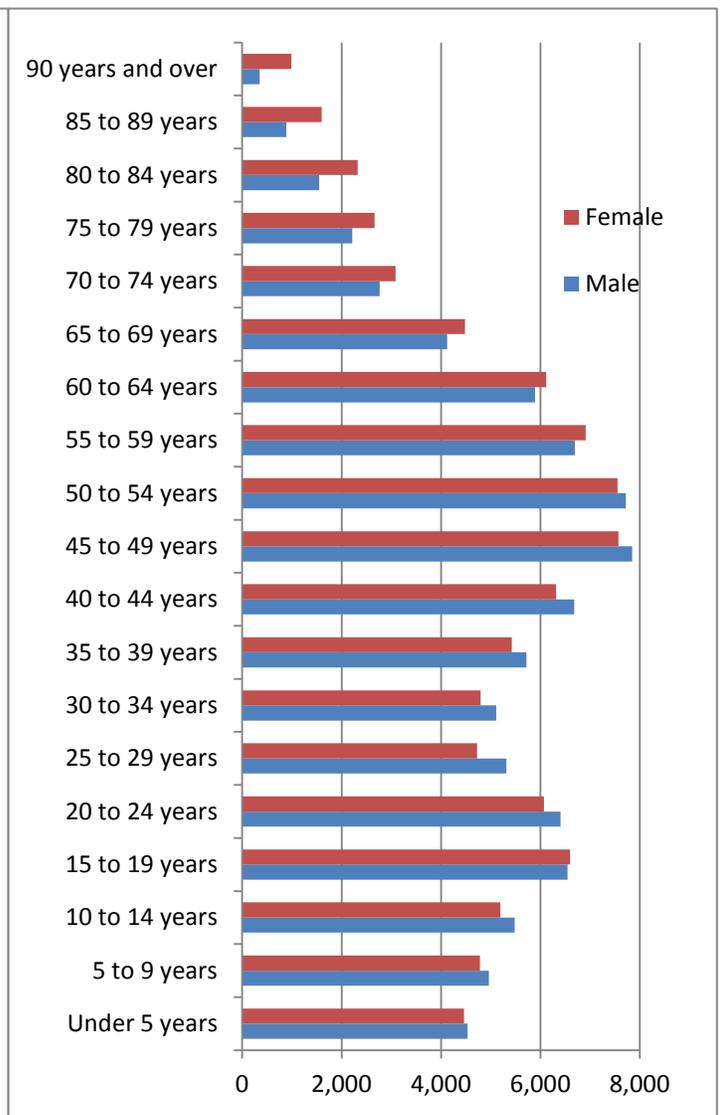


Figure 3. 2010 Population by Age Group



Source: U.S. Census Bureau, 2000 and 2010

## RACE AND ETHNICITY

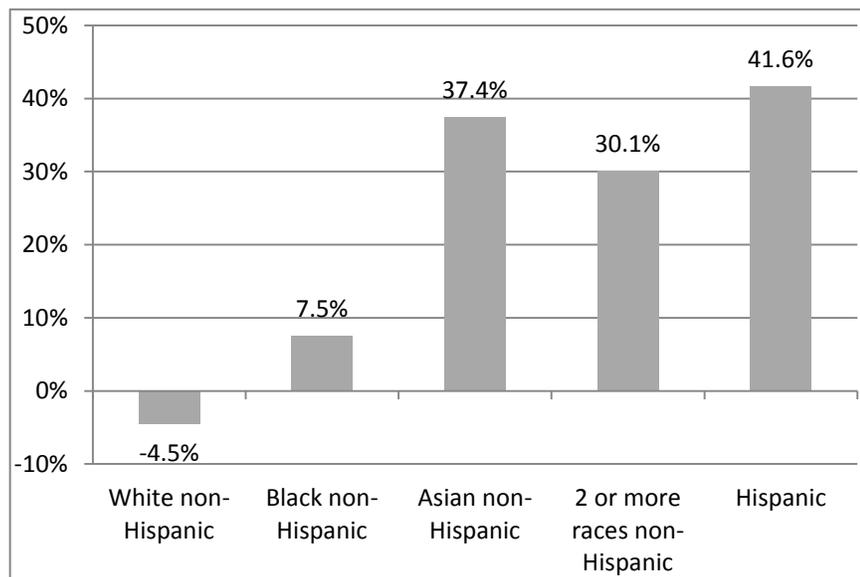
Based on the 2010 US Census, most (82%) county residents identified as non-Hispanic White. Nine percent (9%) identified as Hispanic and 6% as non-Hispanic Black. Nearly 2% of those identified as non-Hispanic reported being two or more races.

Native Hawaiian and Other Pacific Islander non-Hispanic; American Indian and Alaska Native non-Hispanic; and other non-Hispanics each represent less than one percent of the population of Ulster County.

Compared to New York State, Ulster County has a much greater proportion of White non-Hispanics (82% vs. 52% respectively) and a much smaller proportion of Black non-Hispanics (9% vs. 14% respectively).

Since 2000, Ulster County’s minority populations increased as a percentage of the total population. In 2000, 15 percent of Ulster County residents reported to be non-White. By 2010 the percentage had increased to 18%. Hispanics experienced the largest percentage increase from 2000 to 2010 (41.6%), followed by Asian non-Hispanics (37.4%), two or more races non-Hispanic (30.1%) and Black non-Hispanic (7.5%). The White non-Hispanic population dropped 4.5% since the 2000 census (Figure 4).

**Figure 4. Population Change 2000-2010 by Race and Ethnicity, Ulster County**



Source: U.S. Census Bureau, 2000 and 2010

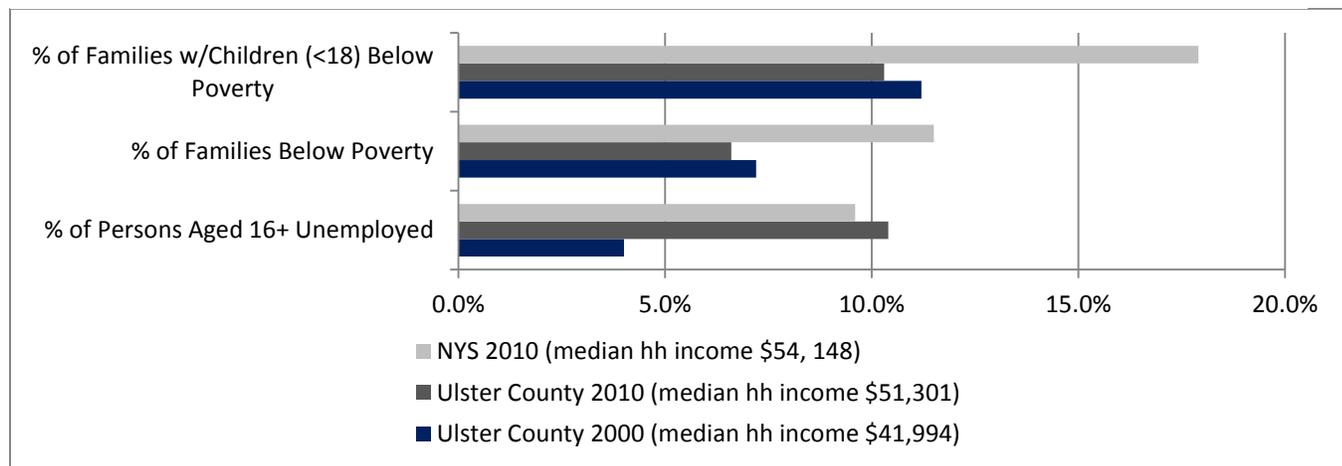
## MIGRANT AND IMMIGRANT POPULATION

Based on 2010-2012 census data, in Ulster County, 3.6% of the population is naturalized immigrants (compared with 11.6% in New York State and 5.8% in the United States) and 3.2% are non-naturalized/non-US citizens (compared with 10.7% in New York State and 7.2% in the United States). Approximately 1.0% of the Ulster households are designated for migrant workers, higher than both New York State (0.1%) and the United States (0.2%) (ASC 3-year data, 2010-2012, US Census)

## INCOME AND POVERTY

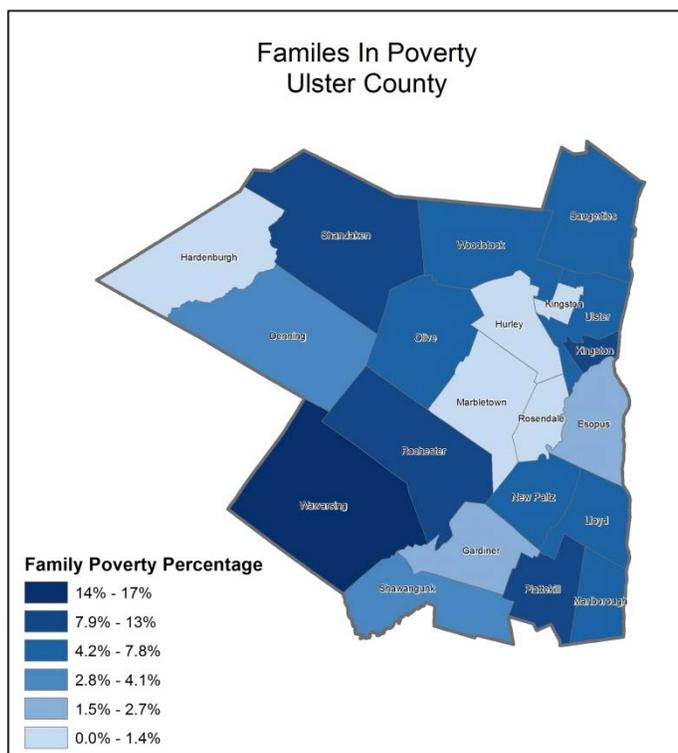
In 2010, the median household income in Ulster County was \$51,301, lower than the New York State median household income of \$54,148. Ulster County’s poverty rate has improved slightly in 2010 compared to 2000, for families with children living below poverty (10.3% vs. 11.2%) as well as all families living below poverty (6.6% vs. 7.2%) (Figure 5). Family poverty is not equally distributed across Ulster County. The map of poverty communities shows pockets of low poverty communities surrounded by moderate and high poverty areas (Map 1).

**Figure 5. Poverty and Employment Status, Ulster County, 2000 vs. 2010**



Source: ACS 2010 1 year estimate/US Census 2000 SF4 Sample Data

**Map 1. Families in Poverty, Ulster County, 2010**



Source: U.S. Census Bureau, 2010

## EMPLOYMENT

The unemployment rate in Ulster County is slightly higher than New York State (10.4% vs. 9.6%). Unemployment in Ulster County has increased dramatically since 2000, when the rate was 4 % (Figure 5). Table 1 shows that the unemployment rate in Ulster County dropped from 9.1% in January 2010 to 8.4% in December 2012. The Ulster County unemployment rate is comparable to that of New York State and the United States.

**Table 1. Unemployment Rates by Month, 2012**

Year	Period	Ulster County	New York State	US
		%	%	%
2012	Jan	9.1	9.1	8.8
2012	Feb	9.1	9.1	8.7
2012	Mar	8.5	8.7	8.4
2012	Apr	8.2	8.1	7.7
2012	May	8.8	8.4	7.9
2012	Jun	9.1	8.7	8.4
2012	Jul	9.4	8.9	8.6
2012	Aug	9.3	8.5	8.2
2012	Sep	8.6	8.1	7.6
2012	Oct	8.4	8.1	7.5
2012	Nov	8.0	7.9	7.4
2012	Dec	8.4	8.2	7.6

Source: US Bureau of Labor Statistics

Based on consultation with NYSDOL's Labor Market Analyst, and a review of the Regional Economic Development Council's (REDC) Five-Year Strategic Plan, "Ulster County presently has an unemployment rate equaling the State unemployment rate of 8.5% which has dropped significantly from last year. Ulster County's economic health shows strength in the healthcare, manufacturing, transportation, and tourism sectors. Small manufacturing companies within the local area continue to show gains in job growth in the private industry sector. With recent upticks in job openings in the private sector, particularly manufacturing, the Ulster Workforce Investment Board Strategic Planning Committee continues to review the Local Demand Occupations List with expert assistance from the NYSDOL Regional Labor Market Analyst."

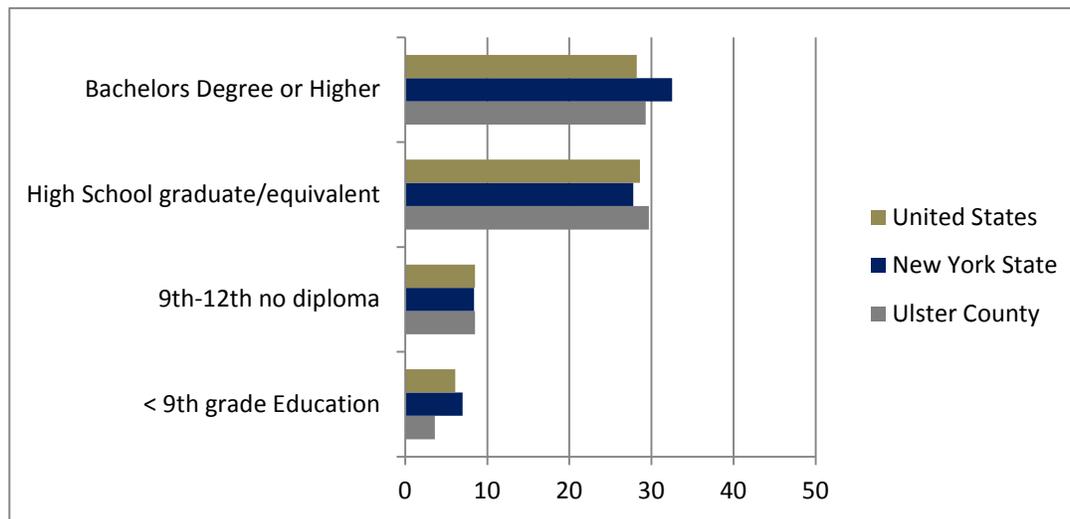
To review the Local Demand Occupation, along with the Regional Demand occupations, see the NYSDOL website at: <http://www.labor.ny.gov/workforcenypartners/lwia/local-plan-overview.shtm>

Source: New York State Department of Labor, Ulster County Local Plan, July 1, 2013 – June 30, 2014

## EDUCATION

Based on 2007-2011 five year estimates Ulster County shows a lower proportion of residents completing a Bachelor’s degree or higher than New York State as a whole; however the County’s rate exceeds that of the US rate (Figure 6). Ulster County shows a slightly higher rate of students with a high school degree or equivalent and a lower rate of pre-9<sup>th</sup> grade attrition compared with the State and the US.

**Figure 6. Educational Attainment, Ulster County, 2007-2011**



Source: US Census 2007-2011 Estimates

Excluding West Park which only enrolls 35 students, the proportion of students receiving free or reduced lunch across County districts ranges from a low of 15 to a high of 43 %. Suspension rates are relatively equal across districts; however teacher turnover also shows disparity with a low of 11 percent and a high of 31 percent across school districts (Table 2).

**Table 2. Select School District Factors, Ulster County, 2011**

School District	Total Enrollment	Free or Reduced Lunch	Student Suspension	Teacher Turnover
		%	%	%
<b>Ellenville</b>	1705	43	7	13
<b>Highland</b>	1852	20	2	14
<b>Kingston</b>	6851	33	7	14
<b>Marlboro*</b>	2060	19	4	17
<b>New Paltz</b>	2229	15	5	14
<b>Onteora</b>	1533	22	6	22
<b>Rondout</b>	2223	21	5	14
<b>Saugerties</b>	2978	22	7	31
<b>Wallkill*</b>	3435	21	7	11%

Source: New York State Department of Education 2011 Report Cards

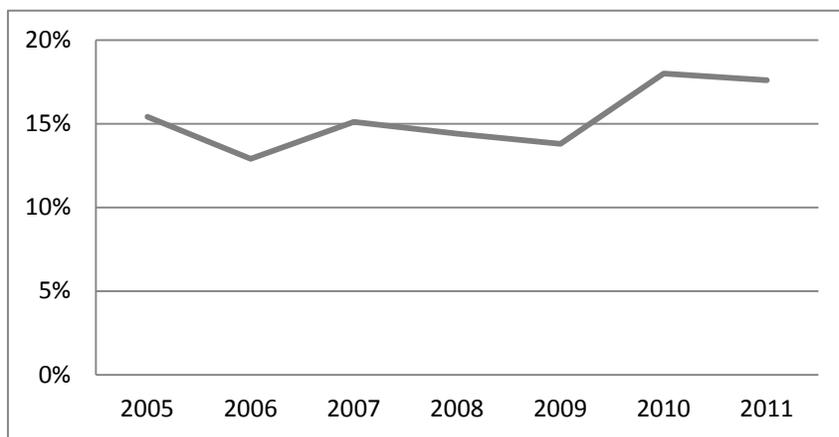
\* Includes students from Ulster and Orange County

## HOUSING

From 2005 through 2009 the rate of vacant housing remained relatively stable around 15% (Figure 7). This rate increased in 2010 and remains higher through 2011. Based on 2007-2011 five year estimates, Ulster County shows a higher proportion of owner occupied units compared with New York State but lower than the US rate. The county shows a lower proportion of renter occupied units than the state and the country.

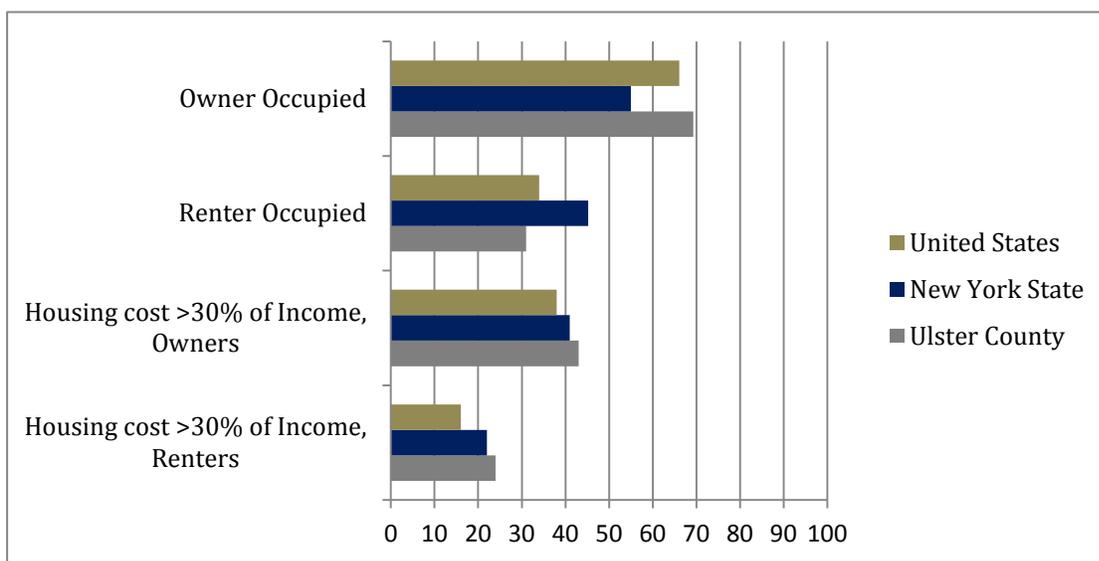
The US Census definition of affordable housing is based on a calculation that considers household income relative to household cost to derive their “housing-cost burden.” Affordability is denoted by housing costs not exceeding 30% of an individual’s income. As seen in Figure 8, Ulster County shows a higher proportion of individuals with housing burden for both owners and renters compared with the state as a whole and compared with the US overall.

**Figure 7. Housing Vacancies, Ulster County, 2005-2011**



Source: US Census Estimates, 2005, 2006, 2007, 2008, 2009, 2010, 2011

**Figure 8. Select Housing Characteristics, Ulster County, 2007-2011**



Source: US Census 2007-2011 Estimates

## HEALTH CARE ENVIRONMENT

This section includes:

- Access to Primary Care
- Access to Specialty Care, of Hospitals
- Insurance Status
- Well-Child Care

### ACCESS TO PRIMARY CARE

Typically, primary care is an individual’s first point of entry into the health care system.

Primary care providers are resources for health promotion, disease prevention, health maintenance, counseling, patient education, diagnosis and treatment of acute and chronic illnesses in a variety of health care settings.

According to the US Department of Health and Human Services most recent data (2010), Ulster County has 154 primary care physicians which averages to just under 1 per 1,200 people. A health professional shortage area occurs when there are fewer than 1 physician per 3,500 people.

In Ulster County, 83% of adults have a regular healthcare provider (Table 3). Those more likely to have a regular healthcare provider are females, adults who are 35 and older, those with a college degree and those who earn \$50,000 a year or more.

The majority of primary and specialty care practices found in Ulster County as of June 2013, are located along the river communities; with these practices most densely located in the urban area of Kingston. The far north-western towns and the southern town of Shawangunk show no practices as of June 2013 (Map 2).

#### HEALTHY PEOPLE 2020

- Increase the number of practicing primary care providers (developmental)

**Table 3. Adults with Regular Health Care Provider, Ulster County, 2008-2009**

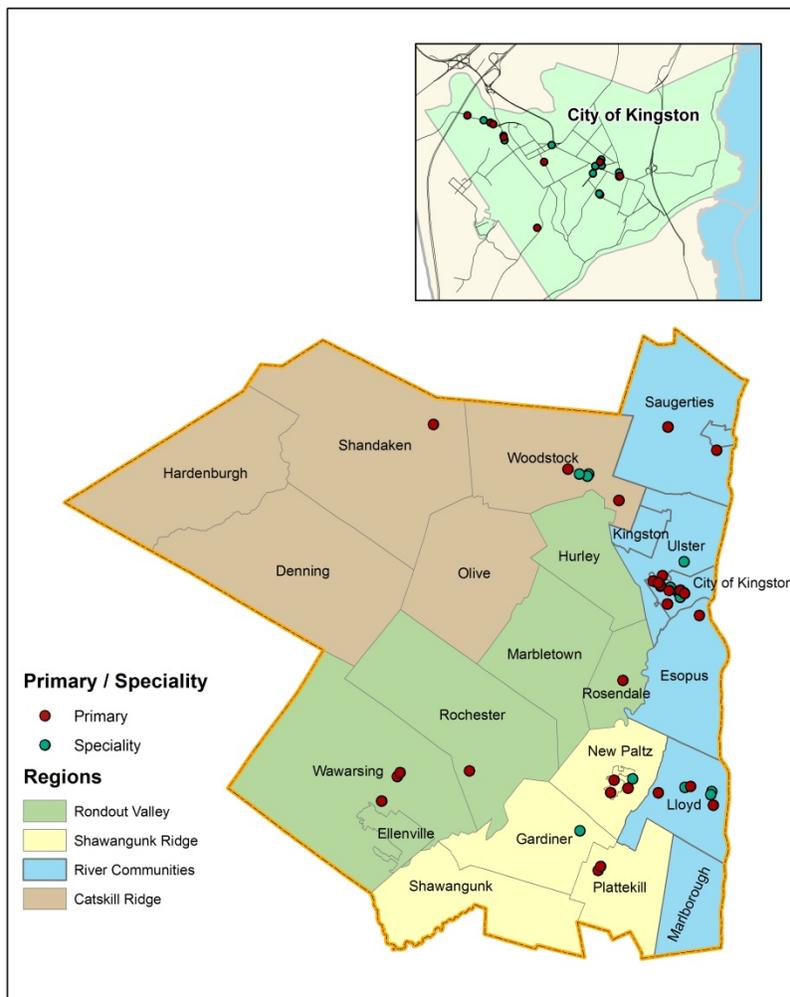
	%
<b>Total</b>	83.0
<b>Gender</b>	
<b>Male</b>	77.6
<b>Female</b>	87.8
<b>Age</b>	
<b>18-34</b>	65.8
<b>35-44</b>	86.1
<b>45-54</b>	88.6
<b>55-64</b>	93.6
<b>&gt;65</b>	94.1
<b>Education</b>	
<b>≤High School</b>	75.9
<b>Some College</b>	82.8
<b>≥College Degree</b>	89.8
<b>Income</b>	
<b>≤\$24,999</b>	72.7
<b>\$25,000-\$49,999</b>	77.3
<b>\$50,000-\$74,999</b>	89.5
<b>≥75,000</b>	91.9

*Source: 2008-2009 NYS Expanded Behavioral Risk Factor Surveillance System Data, 2010*

In a 2010 discussion brief issued by the SUNY New Paltz Center for Research, Regional Engagement and Outreach (CRREO) titled, "Is There a Doctor in the House?" reports that the economics of practicing medicine in our area is challenging due to the current economic conditions. For example, one physician interviewed noted that when industry, such as IBM closed shop in Kingston, recruitment to this county was hindered. Other barriers to physician recruitment into our region noted in the report included, "social isolation, lack of opportunities to consult with professional peers, limited availability of after hour coverage and the predisposition for physicians now entering the workforce to work fewer hours."

<http://www.newpaltz.edu/crreo/discussion-brief-3-is-there-a-doctor-in-the-house.pdf>

**Map 2. Location of Primary and Specialty Care Practices, Ulster County, 2013**



Source: Primary Research of publicly available website, June 2013

## ACCESS TO SPECIALTY CARE, HOSPITALS AND CLINICS

Of the 380 physicians in the county, including primary and specialty care, one quarter is aged 45-54 and just over half are between 45 and 64 years old; over two-thirds are male. Just over 40% of Ulster County physicians are in primary care; the most common specialty areas appears to be pediatrics, emergency medicine and psychiatry (Tables 4 & 5).

Due to barriers to recruit and retain physicians in our area, a considerable portion of Ulster County has been designated as a Health Professional Shortage Area (HPSA) and as Medically Underserved Area (MUA). This means there is a maldistribution of physicians within the region, with a clustering in the more urban and suburban areas.

In Ulster County, the towns of Wawarsing and Rochester show current designation as having a shortage of health professionals and Wawarsing and Plattekill have received federal designation as a medically underserved area (Maps 3 & 4). As found with the distribution of primary care, the hospitals, and most of the urgent care, retirement and assisted living facilities are located among the river communities (Maps 5 & 6, following page).

**Table 4: Physician Demographics, 2010**

		%
<b>Age</b>	<35	8.3
	45-54	25.2
	55-64	32.0
	65-74	18.5
	75+	16.0
<b>Gender</b>	Male	70.5
	Female	29.5

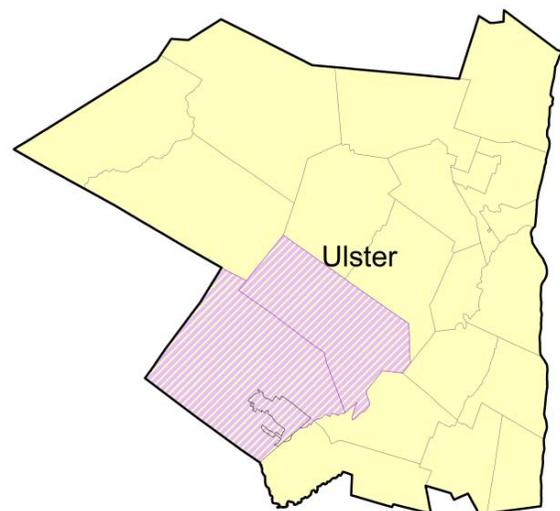
Source: CRREO, *Is there a Doctor in the House? Report, 2010*

**Table 5. Select Physician Specialty, 2010**

Physician Specialty	
Primary Care	154
Allergy & Immunology	0
Cardiovascular Disease	3
Dermatology	2
Gastroenterology	6
Pediatrics	18
Pulmonary Disease	3
General Surgery	10
Neurological Surgery	4
Ob-Gyn	8
Urology	4
Child Psych	2
Emergency Med	14
Psychiatry	32

Source: CRREO, *Is there a Doctor in the House? Report, 2010*

**Map 3. Location of Health Professional Shortage Areas, Ulster County, 2010**

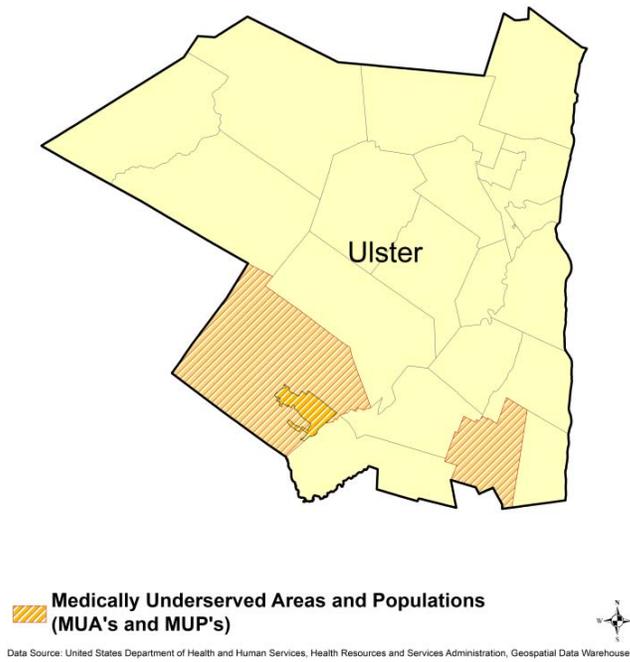


 HPSAs

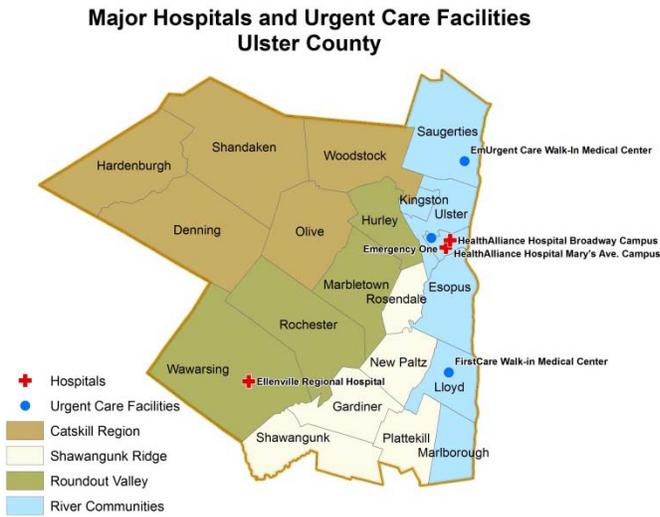
Data Source: United States Department of Health and Human Services, Health Resources and Services Administration, Geospatial Data Warehouse



**Map 4. Location of Medically Underserved Areas and Populations, Ulster County, 2010**

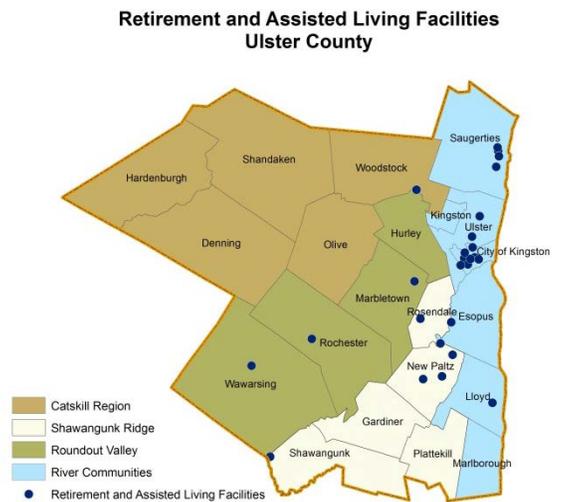


**Map 5. Major Hospitals and Urgent Care Facilities, Ulster County, 2013**



Source: Primary Research of Publicly Available Website, June 2013

**Map 6. Retirement and Assisted Living Facilities, Ulster County, 2013**



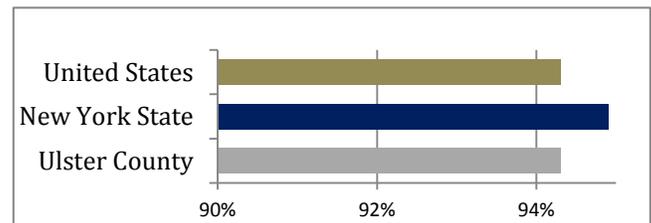
Source: Primary Research of Publicly Available Website, June 2013

## WELL CHILD CARE

In Ulster County, in 2010 the percent of children with any kind of health insurance was 94.3% which is the same percentage as the United States. New York State had 94.9% of children with health insurance (Figure 9).

The percentage of children in Ulster County who have had the recommended number of well child visits in government sponsored insurance programs was 63.9%, as compared to New York State with 69.9% (Table 6).

**Figure 9. Percentage of Children with any kind of Health Insurance - Ages 0-19 years, 2010**



Source: Bureau of US Census Data, 2010

**Table 6. Percentage of children who have had the recommended number of well child visits in government sponsored insurance programs, 2011**

	Children with recommended visits	Children in program	%
<b>Ulster County</b>	3,732	5,838	63.9
<b>New York State</b>	701,237	1,003,437	69.9

Source: 2011 NYSDOH Office of Quality and Patient Safety Data, November, 2012

## INSURANCE STATUS

Health insurance coverage helps patients get into the health care system. Uninsured people are less likely to receive medical care, more likely to have poor health status, and more likely to die at a younger age.

As of 2010, 13.4% of New York State residents lack adequate coverage, making it difficult for people to get the health care they need (Table 7). When people do get care, it burdens them with large medical bills. Current policy efforts focus on the provision of insurance coverage as the principal means of ensuring access to health care among the general population.

In Ulster County, health insurance coverage rates tend to reflect those of the state as a whole across each demographic. Within the county, the rate is slightly higher for females, older residents, those with a college degree, and higher incomes.

**Table 7. Health Insurance among Adults, 2010**

	Ulster County	New York State
	%	%
<b>Total</b>	86.9	86.6
<b>Gender</b>		
Male	84.2	83.0
Female	89.4	89.9
<b>Age (Years)</b>		
18-34	*	74.3
35-44	90.7	88.9
45-54	88.4	88.9
55-64	92.6	92.8
≥65	98.7	97.8
<b>Education</b>		
≤High School	*	79.7
Some College	89.5	85.0
≥College Degree	95.8	95.3
<b>Income</b>		
≤\$24,999	*	69.7
\$25,000-\$49,999	83.2	82.2
\$50,000-\$74,999	99.1	94.0
≥75,000	93.7	97.5

Source: 2010 Bureau of US Census Data, 2012

\*Data do not meet reporting criteria

## DISABILITY

According to Healthy People 2020, a disabling impairment or chronic condition can affect an individual at any stage in life. Although an impairment or condition does not define individuals, their health, or their talents and abilities, people with disabilities experience more health disparities compared to the general population. They are more likely to experience difficulties or delays in getting the health care they need, experience symptoms of psychological distress, receive less social-emotional support, be overweight or obese, have high blood pressure, and are less likely to be employed.

In order to improve the conditions of daily life for people with disabilities we must encourage accessibility, address the inequitable distribution of resources among people with disabilities and raise awareness about determinants of health for people with disabilities.

**Table 8. Disability among adults in Ulster County and New York State, 2008-2009**

	Ulster County			New York State		
	n <sup>1</sup>	Est. # of adults with a disability	%	n <sup>1</sup>	Est. # of adults with a disability	%
<b>Age (years)</b>						
<b>18-34</b>	68	5,000	11.9	3,931	590,300	13.3
<b>35-44</b>	*	*	*	4,974	447,900	15.6
<b>45-54</b>	148	5,700	19.8	7,811	643,900	22.6
<b>55-64</b>	138	7,300	32.0	8,740	702,100	33.0
<b>≥65</b>	208	10,000	40.7	12,560	1,010,000	39.9

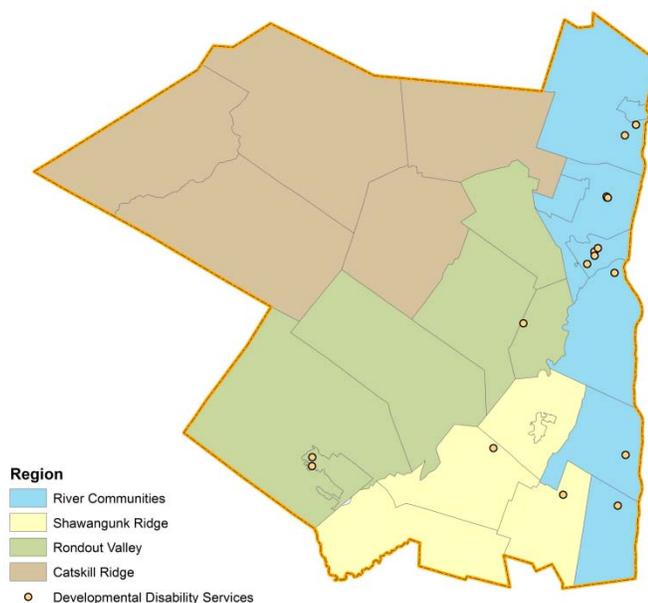
Source: BRFSS Expanded Report: July 2008- June 2009, NYS DOH

<sup>1</sup> Sample size from survey

\*Data do not meet reporting criteria

**Map 7. Developmental Disability Services in Ulster County, 2013**

Across the County, most disability services are located in the river communities. The northwestern towns show low access to these services in a close proximity (Map 7).



Source: Primary research of publicly available website, June 2013

## GENERAL HEALTH STATUS

### LEADING CAUSES OF MORTALITY

The leading causes of mortality in Ulster County for all residents include diseases of the heart, malignant neoplasms, chronic lower respiratory disease, cerebrovascular disease and accidents (Table 9). For female residents, pneumonia is also a leading cause for mortality, whereas for male residents diabetes mellitus is also a leading cause (Tables 10 & 11). Many of these causes of mortality are preventable if addressed with specific interventions.

**Table 9. Leading Causes of Mortality by Age: All, Ulster County, 2011**

	<b>Total Cases</b>	<b>&lt;1</b>	<b>1-9</b>	<b>10-19</b>	<b>20-24</b>	<b>25-44</b>	<b>45-64</b>	<b>65-74</b>	<b>75+</b>
<b>All Causes</b>	1557	10	3	4	8	70	306	277	879
<b>Diseases of the Heart</b>	415	0	0	1	1	9	57	52	295
<b>Malignant Neoplasms</b>	410	0	1	1	0	9	115	108	176
<b>Chronic Lower Respiratory Disease (CLRD)</b>	94	0	0	0	0	0	5	27	62
<b>Cerebrovascular Disease</b>	59	0	0	0	0	2	8	9	40
<b>Accidents</b>	50	1	1	0	2	18	15	1	12

*Source: NYS DOH Vital Statistics, 2011.*

**Table 10. Leading Causes of Mortality by Age: Female, Ulster County, 2011**

<b>Cause</b>	<b>Total</b>	<b>&lt;1</b>	<b>1-9</b>	<b>10-19</b>	<b>20-24</b>	<b>25-44</b>	<b>45-64</b>	<b>65-74</b>	<b>75+</b>
<b>All Causes</b>	812	6	2	2	3	21	129	118	531
<b>Diseases of the Heart</b>	217	0	0	0	0	1	17	19	180
<b>Malignant Neoplasms</b>	206	0	1	1	0	5	53	49	97
<b>Chronic Lower Respiratory Disease (CLRD)</b>	54	0	0	0	0	0	3	11	40
<b>Cerebrovascular Disease</b>	39	0	0	0	0	1	5	5	28
<b>Pneumonia</b>	27	0	0	0	0	0	0	2	25

*Source: NYS DOH Vital Statistics, 2011.*

**Table 11. Leading Causes of Mortality by Age: Male, Ulster County, 2011**

<b>Cause</b>	<b>Total</b>	<b>&lt;1</b>	<b>1-9</b>	<b>10-19</b>	<b>20-24</b>	<b>25-44</b>	<b>45-64</b>	<b>65-74</b>	<b>75+</b>
<b>All Causes</b>	745	4	1	2	5	49	177	159	348
<b>Malignant Neoplasms</b>	204	0	0	0	0	4	62	59	79
<b>Diseases of the Heart</b>	198	0	0	1	1	8	40	33	115
<b>Chronic Lower Respiratory Disease (CLRD)</b>	40	0	0	0	0	0	2	16	22
<b>Accidents</b>	30	0	0	0	2	13	8	1	6
<b>Diabetes Mellitus</b>	22	0	0	0	0	0	6	9	7

*Source: NYS DOH Vital Statistics, 2011.*

## CHRONIC DISEASE

### OBESITY

Being overweight or obese is weighing more than what is considered healthy for a given height. This condition is determined by calculating a person’s body mass index (BMI). An adult with a BMI between 25 and 29.9 is considered overweight. An adult with a BMI of 30 or higher is considered obese.

According to the Centers for Disease Control, risk factors for obesity include: genetics and family history, certain diseases and medications, over consumption of food, and lack of physical activity and exercise.

According to Healthy People 2020, obesity and being overweight are the second leading causes of preventable death in the United States. By the year 2050, obesity is predicted to shorten life expectancy in the US by 2-5 years. Obesity leads to type 2 diabetes, asthma, high blood pressure, high cholesterol, stroke, heart disease, certain types of cancer, and osteoarthritis. Obesity rates are increasing in children and adolescents.

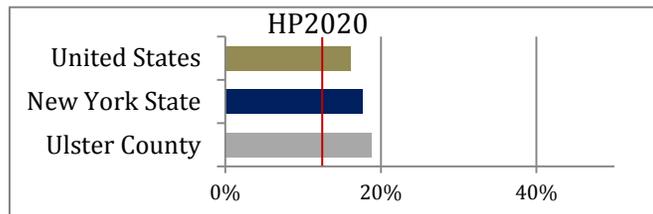
In Ulster County, the obesity rate among children in 2009 was 18.8% which is slightly higher than the New York average of 17.6% and the United States rate of 16.1% (Figure 10). The adult obesity rate in Ulster County was 24.6%, which is lower compared to the United States rate of 33.9%, but above New York State’s rate of 23.2% (Figure 11).

In Ulster County, the most at risk group for obesity are those with some college education (Table 12). The prevalence of obesity does not differ significantly by gender, however obesity is more prevalent among males than females.

#### HEALTHY PEOPLE 2020

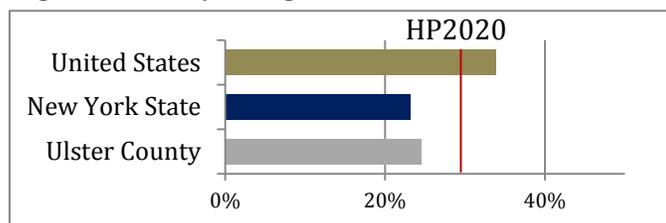
- To reduce the proportion of children (2-19) who are obese to 14.5%
- To reduce the proportion of adults who are obese to 30.5%

Figure 10. Obesity among Children, 2008-2009



Source: Student Weight Category Reporting System (UC, NYS), National Health and Nutrition Examination Survey (US)

Figure 11. Obesity among Adults, 2008-2009



Source: BRFSS Expanded Report: July 2008- June 2009, NYS DOH, National Health and Nutrition Examination Survey (US)

Table 12. Obesity among Adults in Ulster County and New York State, 2008-2009

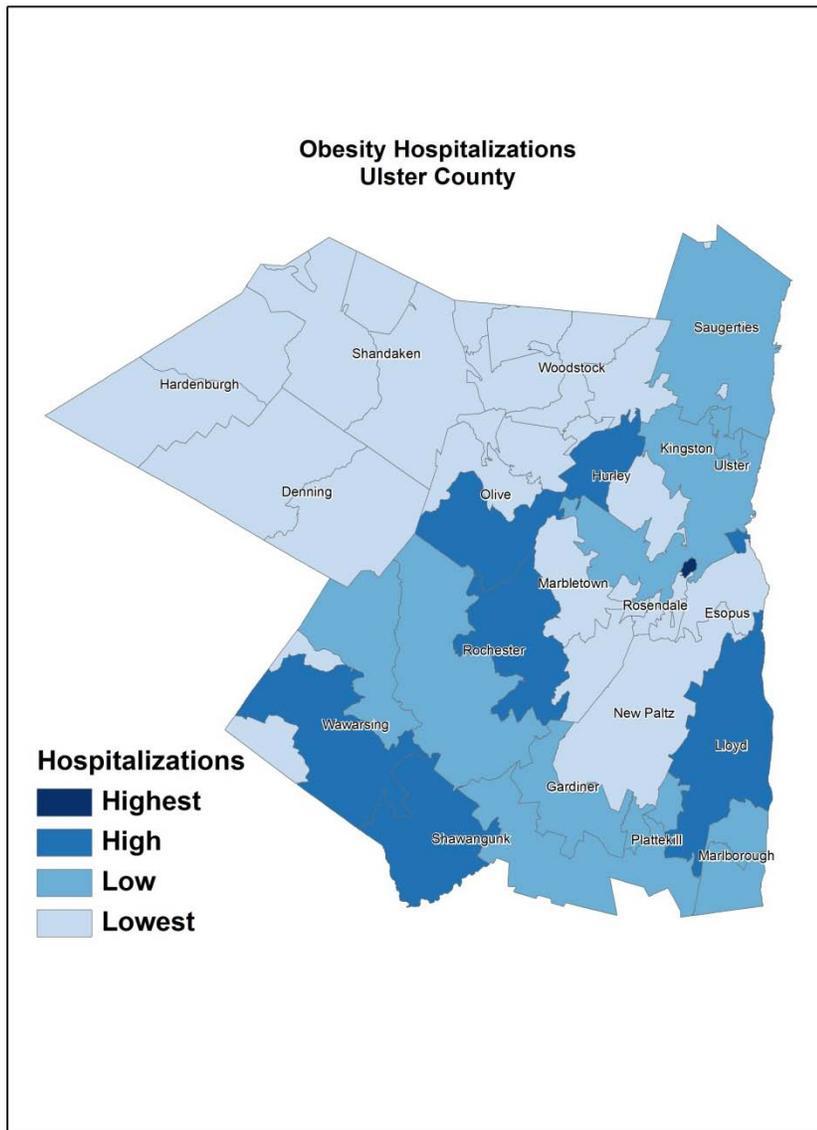
	Ulster County	New York State
	%	%
<b>Total</b>	24.6	23.2
<b>Gender</b>		
Male	24.2	21.4
Female	25.0	25.0
<b>Age (Years)</b>		
18-34	*	17.0
35-44	*	23.6
45-54	19.8	30.1
55-64	27.2	27.4
≥65	20.7	22.7
<b>Education</b>		
≤High School	24.4	29.2
Some College	34.3	23.4
≥College Degree	16.1	16.6
<b>Income</b>		
≤\$24,999	*	28.3
\$25,000- \$49,000	22.2	20.8
\$50,000-\$74,999	16.0	24.6
≥75,000	23.9	19.6

Source: BRFSS Expanded Report: July 2008- June 2009, NYS DOH

\*Data do not meet reporting criteria

When examining the geographic distribution of hospitalization related to obesity in Ulster County there are disparities with the northern communities typically showing the lowest rates (Map 8). The southern part of the Town of Ulster has the highest rate of obesity hospitalizations in the county. Other high rates are found in northern Hurley, Lloyd, and the far south western areas encompassed by Wawarsing and Shawangunk.

**Map 8. Obesity-Related Hospitalizations Per Capita, Ulster County, 2008-2010**



Source: SPARCS, NYS DOH, 2008-2010

According to the **Ulster County Priority Health Indicator 2012 Report Card**, Ulster County received an F regarding overweight/obesity amongst children and adolescents and a C regarding overweight/obesity amongst adults. This has led to the development of programs like the Healthy Kingston for Kids program, an initiative funded by Robert Wood Johnson Foundation. Designing a Strong and Healthy New York (DASH-NY) is New York State's Obesity Prevention Coalition and Policy Center. Locally the Cornell Cooperative Extension of Ulster County works to implement evidence-based obesity prevention strategies highlighted by DASH-NY. More data about the BMI rates for school-age children can be found at: [http://www.ulstercountyny.gov/health/UlsterCounty2011BMIRreport\\_finalWebv.pdf](http://www.ulstercountyny.gov/health/UlsterCounty2011BMIRreport_finalWebv.pdf)

***In focus: Obesity***

In May 2013, six focus groups met to discuss the response of the county regarding cancer, diabetes, heart disease, and mental health/substance abuse; all of these participants (N= 77) were asked to relate the health condition their group examined to obesity.

With regards to cancer, the groups discussed the association between obesity and certain cancers. It was noted that encouraging physical activity, increasing access to healthy food for low income populations and encouraging planning for healthy options lower a person's risk of cancer and obesity. Participants noted that the Ulster County Open Space Plan will play a role in encouraging physical activity. The role of poor diet and lack of physical activity as co-risk factors for obesity and diabetes, as well as heart disease was discussed by these groups who added that many people also do not understand the role physical activity can play in preventing these diseases. These participants voiced that efforts could focus on educating children about nutrition, because poor dietary habits are established early in life. It was also identified that persons with mental health disorders are at a higher risk of being overweight or obese. This may be due to the prevalence of eating disorders or the fact that many psychotropic medications can lead to weight gain. Members of the group recognized that some people also use food as a coping mechanism and/or develop an addiction to food.

## TOBACCO USE

Tobacco use is prevalent in the United States, causing more deaths each year than by all deaths from human immunodeficiency virus (HIV), illegal drug use, alcohol use, motor vehicle injuries, suicides, and murders combined (CDC, 2013). According to Healthy People 2020, tobacco use is the single most preventable cause of death and disease in the United States. Approximately 443,000 Americans die from tobacco-related illnesses each year.

Tobacco use in any form causes diseases and serious health problems including several forms of cancer, including cancers of the lung, bladder, kidney, pancreas, mouth, and throat; heart disease and stroke; lung diseases, including emphysema, bronchitis, and chronic obstructive pulmonary disease (COPD); pregnancy complications, including preterm birth, low birth weight, and birth defects; gum disease; and vision problems.

Secondhand smoke from cigarettes and cigars also causes heart disease and lung cancer in adults and a number of health problems in children, including asthma, respiratory infections, ear infections and sudden infant death syndrome (SIDS). Smokeless tobacco causes a number of serious oral health problems, including cancer of the mouth and gums, periodontal disease, and tooth loss.

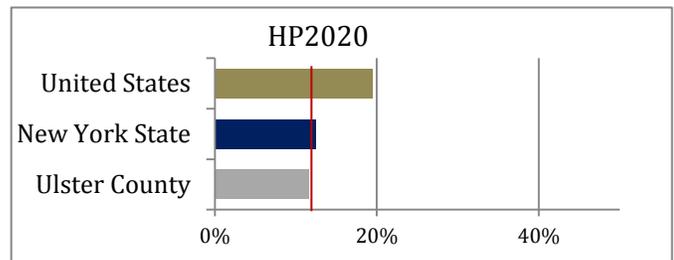
In Ulster County in 2010, the rate of high school aged youth who smoked in the past month was 11.6%, lower than New York State’s rate of 12.5% and the United States rate of 19.5% (Figure 12). The smoking prevalence rate among adults in Ulster County was 22.7% in 2009, just higher than the United States rate of 21.2% and New York State’s rate of 18.1% (Figure 13). The 2009 Ulster County rate of current smoking adults shows a 5% increase from 2007. The most at-risk groups for smoking are females, those who are 45-54 years old, those who have a high school degree or less, and those who have an income of \$24,999 and less (Table 13).

The biennial survey of youth risk behaviors, conducted by the Ulster Prevention Council, found that in 2012 tobacco use increased among students in the higher grades with nearly 15% of high school seniors reporting recent cigarette use (Table 14). Tobacco use among Ulster County youth has seen a steady decline since 2004, most notably for cigarette smoking (Figure 14).

### HEALTHY PEOPLE 2020

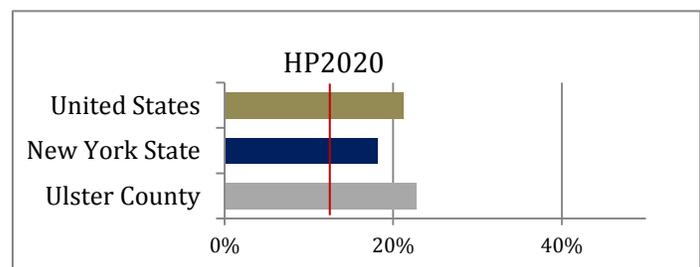
- Reduce use of cigarettes by 9<sup>th</sup>-12<sup>th</sup> graders (past month) to 16%
- Reduce use of cigarette smoking by adults aged 18 and older to 12%

**Figure 12. Past Month Cigarette Use among Youth 9<sup>th</sup>-12<sup>th</sup> grade, 2010**



Source: YRBSS (2009, US), NY Tobacco Survey (NY), UC Youth Risk Survey (UC)

**Figure 13. Smoking Prevalence Adults, 2008-2009**



Source: BRFSS Expanded Report: July 2008- June 2009, NYS DOH, National Health Interview Survey

**Table 13. Smoking among Adults by Gender, Age, Education, and Income, 2008-2009**

	Ulster County	New York State
	%	%
<b>Gender</b>		
Male	15.1	12.0
Female	17.0	10.1
<b>Age</b>		
18-34	*	12.6
35-44	22.2	11
45-54	24.2	13.6
55-64	14.7	9.5
≥65	*	6.8
<b>Education</b>		
≤High School	21.9	15.9
Some College	16.6	11.7
≥College degree	9.4	5.8
<b>Income</b>		
≤\$24,999	17.0	13.1
\$25,000-\$49,999	*	14.8
\$50,000-\$74,999	16.1	11.4
≥\$75,000	13.0	7.1

Source: BRFSS Expanded Report: July 2008- June 2009, NYS DOH

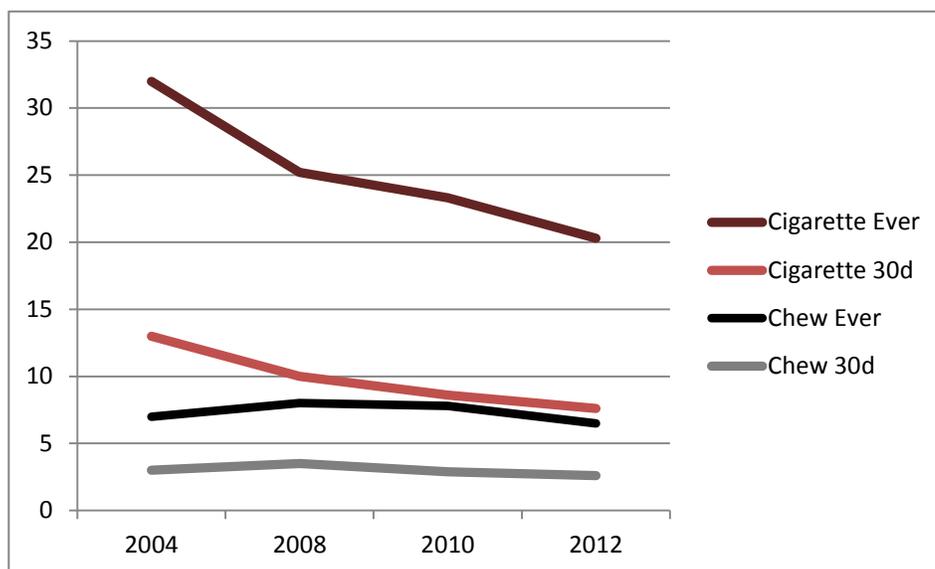
**Table 14. Tobacco Use among 7th-12th Graders, Ulster County, 2013**

	Ever (%)		Past 30 Days (%)	
	Cigarettes	Chew	Cigarettes	Chew
7 <sup>th</sup> Grade	7.0	2.0	1.4	0.8
8 <sup>th</sup> Grade	11.9	3.4	3.2	1.8
9 <sup>th</sup> Grade	20.8	5.1	8.0	2.3
10 <sup>th</sup> Grade	25.6	7.7	11.0	3.8
11 <sup>th</sup> Grade	29.8	11.5	11.5	4.0
12 <sup>th</sup> Grade	34.3	12.1	14.5	3.7

Source: Youth Development Survey, UPC 2013

According to the **Ulster County Priority Health Indicator 2012 Report Card**, Ulster County received a B+ regarding cigarette use among adolescents and a C- regarding cigarette use among adults.

**Figure 14. Tobacco Use Trend Among 7th-12th graders, Ulster County, 2004-2012**



Source: Youth Development Survey, UPC, 2005-2009, 2011, 2013

## ASTHMA

Asthma is a chronic inflammatory disorder of the airways characterized by episodes of breathing problems due to airway narrowing and obstruction. Symptoms of asthma include wheezing, coughing, chest tightness, and shortness of breath. Daily preventive treatment can reduce symptoms and attacks and enable individuals with asthma to lead active lives.

In Ulster County, the rate of asthma related hospitalizations for children under 5 (35.6/10,000) and adults over 65 (20.3/10,000) are lower than the New York State and US rate (Figures 15 & 16).

In Ulster County the groups that are most at risk for asthma are women and those who have some college education (Table 15).

**Table 15. Asthma Prevalence, Ulster County and New York State, 2008-2009**

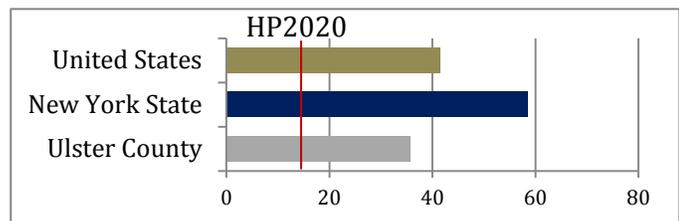
	Ulster County	New York State
	%	%
<b>Total</b>	9.1	9.6
<b>Gender</b>		
Male	4.0	6.3
Female	14.2	12.6
<b>Age (Years)</b>		
18-34	*	10.5
35-44	9.4	8.7
45-54	9.6	8.4
55-64	10.2	10.8
≥65	6.7	9.1
<b>Education</b>		
≤ High School	8.7	10.7
Some College	12.1	9.1
≥College Degree	6.9	7.7
<b>Income</b>		
≤\$24,999	13.3	14.0
\$25,000-\$49,999	*	9.3
\$50,000-\$74,999	15.0	7.4
≥\$75,000	*	7.6

Source: BRFSS Expanded Report: July 2008- June 2009, NYS DOH

### HEALTHY PEOPLE 2020

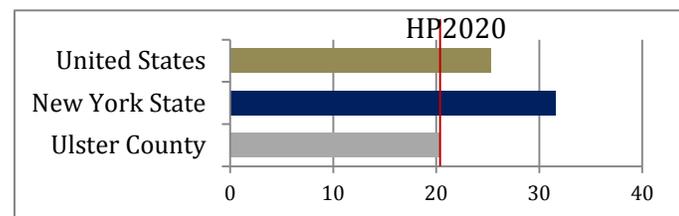
- Reduce hospitalizations for asthma among children under age 5 years to 18.1 per 10,000
- Reduce hospitalization for asthma among adults aged 65 years and older to 20.3 per 10,000

**Figure 15. Asthma Hospitalizations, Children under 5 (per 10,000), 2007-2009**



Source: BRFSS Expanded Report: July 2008- June 2009, NYS DOH, National Hospital Discharge Survey, 2007

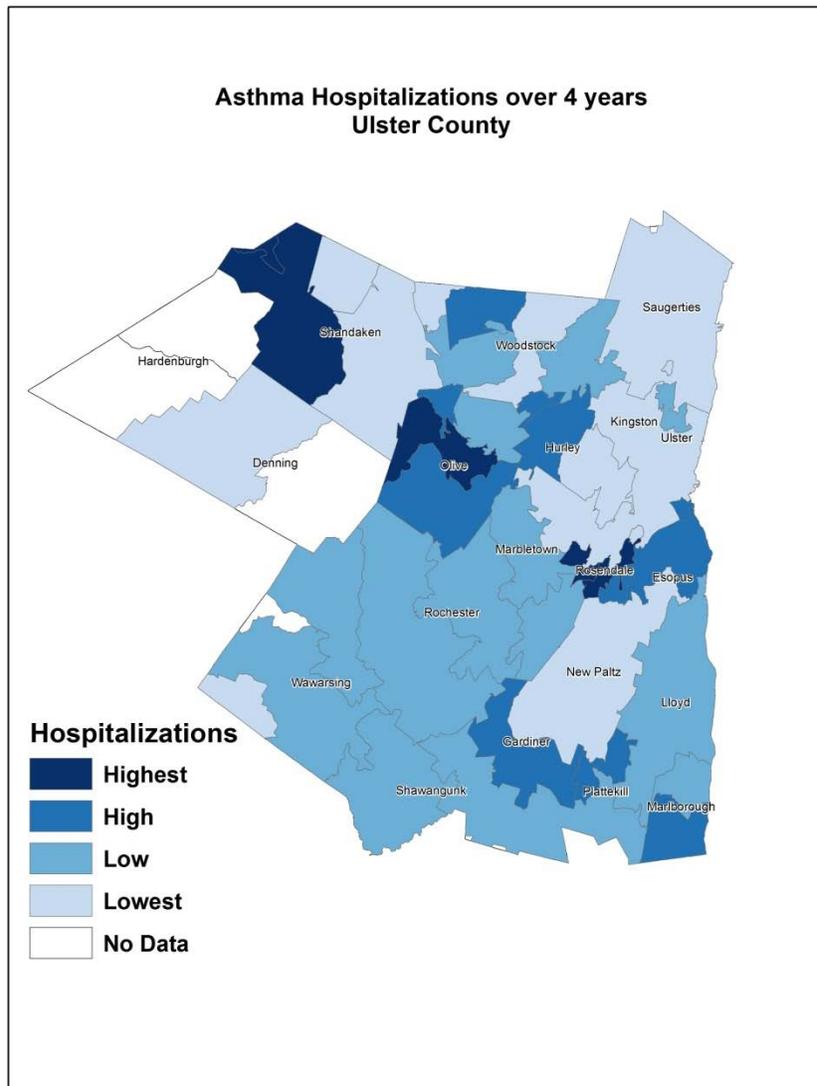
**Figure 16. Asthma Hospitalizations, Adults 65 and Older (per 10,000), 2007-2009**



Source: BRFSS Expanded Report: July 2008- June 2009, NYS DOH, National Hospital Discharge Survey, 2007

Individuals over the age of 5 hospitalized for asthma are not evenly distributed in Ulster County. Specific pockets of high asthma hospitalizations are often geographically situated adjacent to low risk areas (Map 9). The highest rates of asthma related hospitalizations are in the towns of Shandaken, Olive, and Rosendale.

**Map 9. Asthma Hospitalizations Per Capita, Ulster County, 2008-2011**



Source: NYS DOH, 2008-2011 SPARCS Data, May 2011

## STROKE

According to Healthy People 2020, stroke is the third leading cause of death in the United States. Heart disease and stroke are among the most widespread and costly health problems facing the nation today, accounting for more than \$500 billion in health care expenditures and related expenses in 2010 alone. Fortunately, the causes of cardiovascular diseases are also among the most preventable.

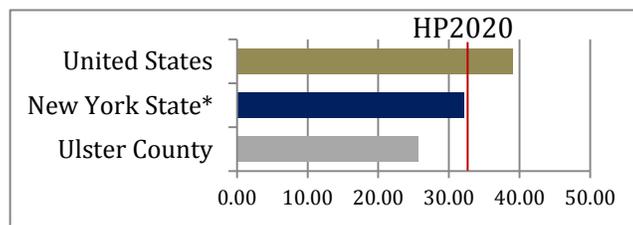
According to the Center for Disease Control, the leading modifiable risk factors for stroke are: high blood pressure, high cholesterol, cigarette smoking, diabetes, poor diet and physical inactivity, being overweight and obesity.

Ulster County’s stroke mortality rate was 25.6 deaths per 100,000 population in 2010, which is lower than both the US and New York State averages (39.1 and 32.2 per 100,000 accordingly) and the Healthy People 2020 goal (Figure 17). The county’s stroke mortality rate has seen a decline over the past decade (Figure 18).

**HEALTHY PEOPLE 2020**

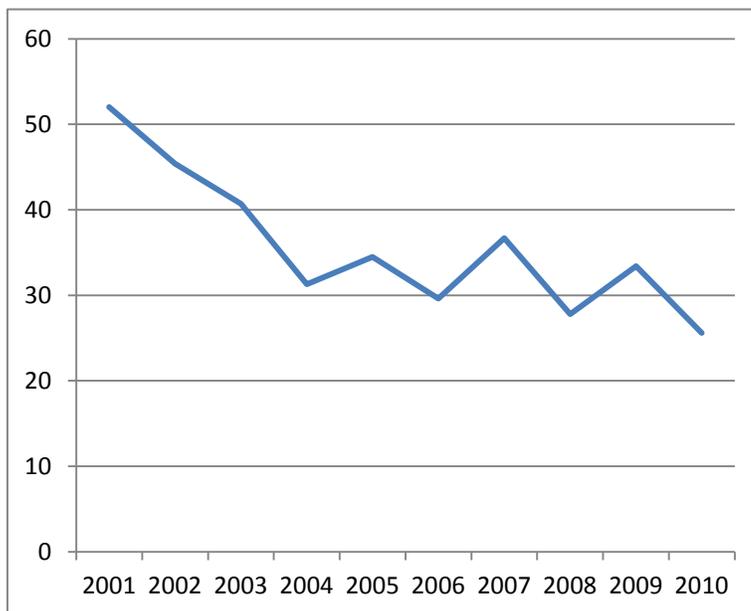
- Reduce stroke deaths to 33.8 deaths per 100,000 population

**Figure 17. Cerebrovascular (Stroke) Disease Mortality (per 100,000), 2011**



Source: Vital Statistics 2010 (NY/UC), 2007 (US)  
 \* New York excludes NYC

**Figure 18. Age Adjusted Stroke Mortality Rate, Ulster County 2002-2009**



Source: 2002-2009 Vital Statistics Data, February, 2012

While 78.8% of adult Ulster County residents report having their blood pressure checked within the past 5 years, individuals with lower level education are less likely to report being checked (Table 16). Of those individuals who do report having high blood pressure, a higher number are those who are older and those with lower level education. In Ulster County 25.6% of the adult population reports having high blood pressure (Table 17).

According to the **Ulster County Priority Health Indicator 2012 Report Card**, Ulster County received a B regarding stroke deaths.

**Table 16. Blood Pressure Checked Within the Past 5 Years Among Adults, 2008-2009**

	<b>Ulster County</b>	<b>New York State</b>
	<b>%</b>	<b>%</b>
<b>Total</b>	78.8	77.8
<b>Gender</b>		
<b>Male</b>	74.1	74.5
<b>Female</b>	83.7	81.0
<b>Age:</b>		
<b>18-34</b>	*	53.3
<b>35-44</b>	*	78
<b>45-54</b>	86.1	86.6
<b>55-64</b>	86.4	93.3
<b>≥65</b>	96.4	94.8
<b>Education:</b>		
<b>≤High School</b>	72.3	68.3
<b>Some College</b>	81.5	75.4
<b>≥College Degree</b>	83.4	88.1
<b>Income:</b>		
<b>≤\$24,999</b>	*	66.9
<b>\$25,000 - \$49,999</b>	*	68.8
<b>\$50,000 - \$74,999</b>	*	85.9
<b>≥\$75,000</b>	90.0	89.2

Source: BRFSS Expanded Report: July 2008- June 2009, NYS DOH  
 \* Data do not meet reporting criteria

**Table 17. High Blood Pressure among Adults in Ulster County and New York State, 2008-2009**

	<b>Ulster County</b>	<b>New York State</b>
	<b>%</b>	<b>%</b>
<b>Total</b>	25.6	26.8
<b>Gender:</b>		
<b>Male</b>	25.3	27.7
<b>Female</b>	26.0	26.0
<b>Age:</b>		
<b>18-34</b>	*	7.0
<b>35-44</b>	16.6	14.8
<b>45-54</b>	24.4	30.3
<b>55-64</b>	36.9	41.6
<b>≥65</b>	61.5	58.5
<b>Education:</b>		
<b>≤High School</b>	28.9	33.1
<b>Some College</b>	28.2	24.1
<b>≥College Degree</b>	19.9	22.3
<b>Income:</b>		
<b>≤\$24,999</b>	*	32.8
<b>\$25,000 - \$49,999</b>	25.9	27.9
<b>\$50,000 - \$74,999</b>	22.6	25.8
<b>≥\$75,000</b>	20.4%	21.0%

Source: BRFSS Expanded Report: July 2008- June 2009, NYS DOH  
 \* Data do not meet reporting criteria

## HEART DISEASE

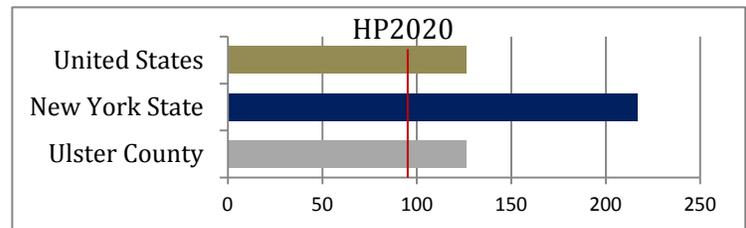
Heart disease is the leading cause of death in the United States (HP2020). The most common type in the United States is coronary artery disease, which can cause heart attack, angina, heart failure, and arrhythmias. Risk factors for heart disease include: high blood pressure, high LDL cholesterol, smoking, diabetes, being overweight, obesity, poor diet, physical inactivity, and excessive alcohol use

In 2007, the coronary heart disease mortality rate in Ulster County was 126 deaths per 100,000 adults, lower than the New York State rate of 217 deaths per 100,000 adults and equal to the United States average (Figure 19). In Ulster County the age-adjusted rate of heart attack hospitalizations was 15.7 per 10,000 in 2009, similar to the New York State rate of 15.5 per 10,000 (Figure 20). In Ulster County, 9% of adults have cardiovascular disease compared to New York State's rate of 7.7% (Table 18). In Ulster County, heart disease appears to be highest among males and those with lower education and income.

### HEALTHY PEOPLE 2020

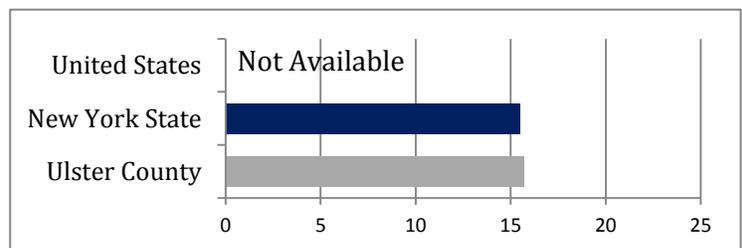
- Reduce coronary heart disease deaths to 100.8 per 100,000

Figure 19. Coronary Heart Disease Mortality per 100,000, 2007



Source: Vital Statistics 2010 (NY/UC), 2007 (US)

Figure 20. Age Adjusted Heart Attack Hospitalization rate per 10,000, 2008-2009



Source: BRFSS Expanded Report: July 2008- June 2009, NYS DOH

Table 18. Cardiovascular Disease among Adults in Ulster County and New York State, 2008-2009

	Ulster County	New York State
	%	%
<b>Total</b>	9.0	7.7
<b>Gender:</b>		
<b>Male</b>	12.3	9.4
<b>Female</b>	5.7	6.1
<b>Age:</b>		
<b>18-34</b>	*	2.3
<b>35-44</b>	*	3.6
<b>45-54</b>	*	4.6
<b>55-64</b>	13.9	10.6
<b>≥65</b>	21.1	23.0
<b>Education:</b>		
<b>≤High School</b>	12.4	10.7
<b>Some College</b>	9.8	6.4
<b>≥College Degree</b>	4.7	5.6
<b>Income:</b>		
<b>≤\$24,999</b>	16.1	12.9
<b>\$25,000 - \$49,999</b>	9.8	6.2
<b>\$50,000 - \$74,999</b>	*	8.5
<b>≥\$75,000</b>	6.8	4.1



According to the **Ulster County Priority Health Indicator 2012 Report Card**, Ulster County received a B regarding coronary heart deaths.

***In focus: Heart Disease***

In May, 2013, six focus groups met to discuss the response of the county regarding cancer, diabetes, heart disease, and mental health/substance abuse; some of these participants were asked to assign Ulster County a letter grade regarding the community's response to heart disease.

One focus group of 11 participants, including 4 service providers, 3 administrators and 4 community members, assigned Ulster County a grade of C regarding the response to heart disease. While the group felt that the within the county, many positive efforts to address heart disease exist, such as farmers' markets offering a variety of fresh, local food and the Open Space Plan that promotes exercise and wellness, they felt that public knowledge and access to these efforts are limited due to economic and environmental challenges. In order to improve our response to heart disease, it was felt the county must focus on increasing awareness of how to prevent heart disease, develop more hospital preventative programs and engage and empower those most at-risk. Lastly, the group felt that addressing the problem from early onset of the disease could help to significantly reduce the severity of heart disease in Ulster County.

## HIGH BLOOD PRESSURE/HYPERTENSION

High blood pressure/hypertension occurs when the force of blood against artery walls remains abnormally high as blood circulates through the body.

High blood pressure is a major risk factor for cardiovascular disease and a leading cause of death in the United States. It affects approximately 1 in 3 adults in the United States and more than half of Americans with high blood pressure do not have it under control. High sodium intake is a known risk factor for high blood pressure and heart disease, yet about 90 percent of American adults exceed the recommendation for sodium intake. Making dietary changes and increasing physical activity, as well as reducing tobacco and alcohol use, can help control high blood pressure (HP2020).

Risk factors for high blood pressure include: genetics and family history, high sodium intake, diabetes, being overweight, physical inactivity, alcohol use and tobacco use. Nationwide, high blood pressure is most likely to affect African Americans, people with diabetes and those with a family history of high blood pressure. Blood pressure also tends to rise as people get older.

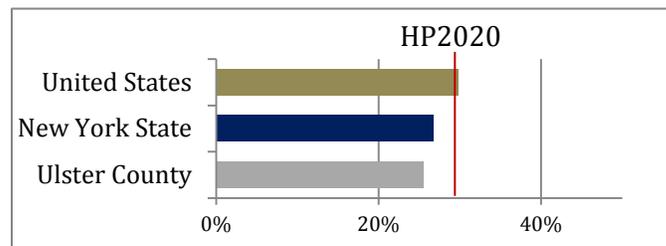
In Ulster County the rate of hypertension among adults is 25.6%, which is lower when compared to New York State rate of 26.8% and the United States with a rate of 29.9% (Figure 21).

The most at risk groups for hypertension are women, those who are above the age of 65, those with a high school degree or less, and those with an income of \$25,000 to \$49,999 (Table 19).

### HEALTHY PEOPLE 2020

- Reduce the proportion of adults with hypertension to 26.9%

Figure 21. Hypertension among Adults, 2008-2009



Source: BRFSS Expanded Report: July 2008- June 2009, NYS DOH, National Health and Nutrition Examination Survey 2008

Table 19. Hypertension among Adults by Gender, Age, Education and Income, 2008-2009

	Ulster County	New York State
	%	%
<b>Total</b>	25.6	26.8
<b>Gender:</b>		
<b>Male</b>	25.3	27.7
<b>Female</b>	26.0	26.0
<b>Age:</b>		
<b>18-34</b>	*	7.0
<b>35-44</b>	16.6	14.8
<b>45-54</b>	24.4	30.3
<b>55-64</b>	36.9	41.6
<b>≥65</b>	61.5	58.5
<b>Education:</b>		
<b>≤High School</b>	28.9	33.1
<b>Some College</b>	28.2	24.1
<b>≥College Degree</b>	19.9	22.3
<b>Income:</b>		
<b>≤\$24,999</b>	*	32.8
<b>\$25,000 - \$49,999</b>	25.9	27.9
<b>\$50,000 - \$74,999</b>	22.6	25.8
<b>≥\$75,000</b>	20.4	21.0

Source: BRFSS Expanded Report: July 2008- June 2009, NYS DOH

\* Data do not meet reporting criteria

## DIABETES MELLITUS (DM)

Diabetes occurs when the body cannot produce insulin or is relatively resistant to the effects of insulin. Blood glucose levels become elevated and other metabolic abnormalities occur, leading to the development of serious, disabling complications.

Many forms of diabetes exist. The 3 common types of DM are: Type 2 diabetes, which results from a combination of resistance to the action of insulin and insufficient insulin production; Type 1 diabetes, which results when the body loses its ability to produce insulin; and Gestational diabetes, a complication of pregnancy.

Diabetes is the most rapidly growing chronic disease in the state, according to the New York State Diabetes Prevention and Control Program (DPCP). It has become an epidemic that affects one out of every 12 adult New Yorkers. Since 1994, the number of people in the state who have diabetes has more than doubled, and it is likely that the number will double again by the year 2050.

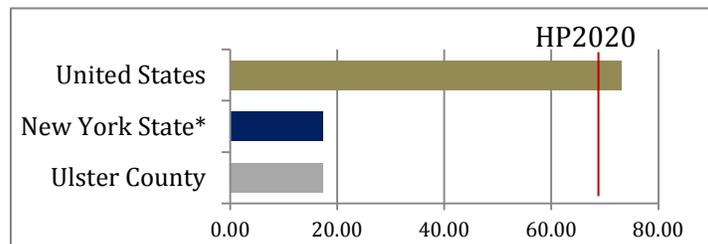
According to Healthy People 2020 those more likely to be affected are minority populations. African Americans, Hispanic/Latino Americans, American Indians, and some Asian Americans and Native Hawaiians and other Pacific Islanders are at particularly high risk for the development of type 2 diabetes.

In Ulster County the rate of adults ever diagnosed with diabetes is 8.0% which is lower than to New York State's rate of 9.3% and lower than the US average of 8.3% (American Diabetes Association) (Table 20). The Diabetes short-term complication hospitalization rate for those ages 6-17 years in Ulster County is 5 per 10,000 which is lower than the NYS rate of 12 per 10,000; the diabetes short-term complication hospitalization rate for those ages 18+ years in Ulster County is 12 per 10,000 which is slightly lower than the NYS rate of 17 per 10,000 (Figure 23).

### HEALTHY PEOPLE 2020

- Reduce the diabetes death rate to 65.8 deaths per 100,000 population

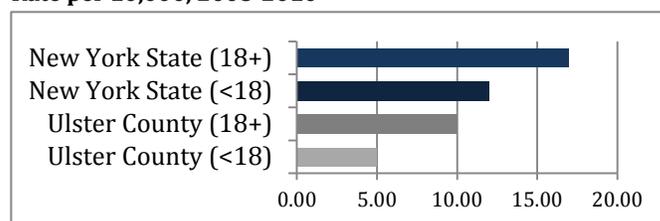
Figure 22. Diabetes Deaths per 100,000 residents, 2007-2010



Source: Vital Statistics.2010 (UC and NY). 2007 (US)

\* New York excludes NYC.

Figure 23. Diabetes Short-Term Complication Hospitalization Rate per 10,000, 2008-2010



Source: 2008-2010 SPARCS Data, August, 2011

Table 20. Ever Diagnosed with Diabetes among Adults in Ulster County and New York State, 2008-2009

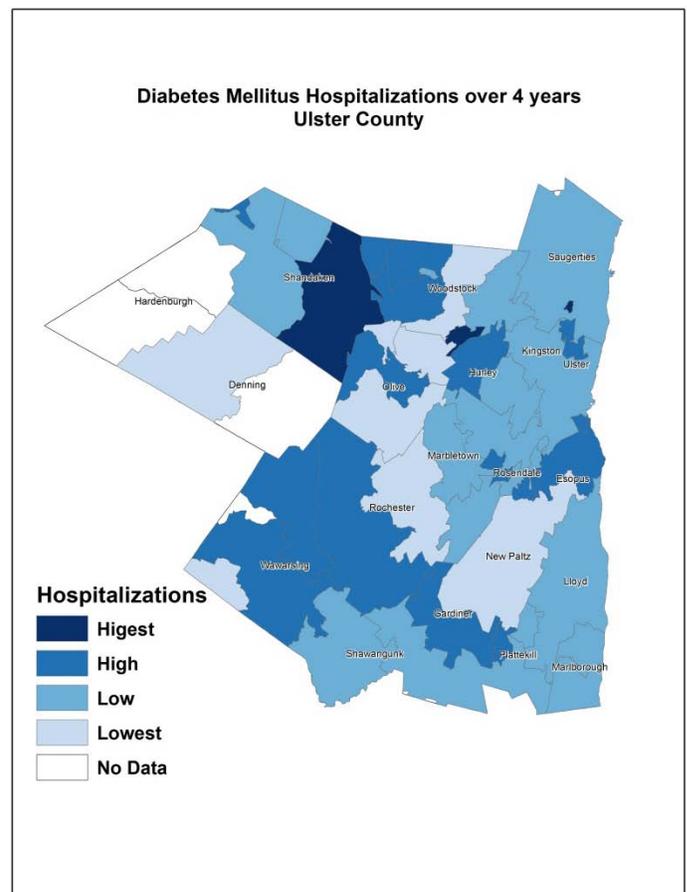
	Ulster County	New York State
	%	%
<b>Total</b>	8	9.3
<b>Gender</b>		
Male	7.7	7.5
Female	8.4	11
<b>Age (years)</b>		
18-34	*	5.2
35-44	*	5.7
45-54	9.1	9.3
55-64	8.8	16.9
≥65	18	16.6
<b>Education</b>		
≤High School	8.8	13
Some College	9.5	8.6
≥College Degree	6	6
<b>Income</b>		
≤ \$24,999	12.4	15.5
\$25,000-\$49,999	6.2	10
\$50,000-\$74,999	9.6	7.6
≥\$75,000	*	4.9

Source: BRFSS Expanded Report: July 2008- June 2009, NYS DOH

\* Data do not meet reporting criteria

The geographic distribution of diabetic hospitalization shows a higher rate among residents in the towns of Olive, Woodstock, and Shandaken (Map 11). There is a small pocket in Saugerties. In addition the greater portion of Wawarsing is showing high levels of diabetes related hospitalizations among its residents.

**Map 11. Diabetes Mellitus Hospitalizations Per Capita, Ulster County, 2008-2011**



Source: NYS DOH. 2008-2011 SPARCS Data. May, 2011

***In focus: Diabetes***

In May, 2013, a focus group of 22 participants, including 5 health care providers, 9 service providers, 5 administrators and 3 community members, assigned Ulster County with a grade of D regarding the response to diabetes. The group noted that the county has prevention and educational efforts regarding diabetes and good quality inpatient and outpatient services for patients that have diabetes. However, they felt there was a lack of awareness about prevention and overall services, causing many people to not understand that diabetes can be prevented and reversed with a change in behavior. Additionally, there is a lack of coordination and networking in healthcare services resulting in limited opportunities for healthcare providers to gather and share resources. In order to improve this, an increase in collaboration across providers is essential. Outreach efforts can also be improved by creating campaigns, utilizing social media, and empowering people with awareness and education. By focusing on elementary school children, awareness could be raised about nutrition for children and families by improving the quality of food and engaging parents. Lastly, current community resources need to be made more accessible to the public.

## CANCER

According to the Centers for Disease Control (CDC), cancer remains the second leading cause of death in the United States.

Many cancers can be preventable by eliminating use of tobacco products; increasing physical activity and improving nutrition, reducing obesity; reducing ultraviolet light exposure; and getting vaccinated against human papillomavirus and hepatitis B virus.

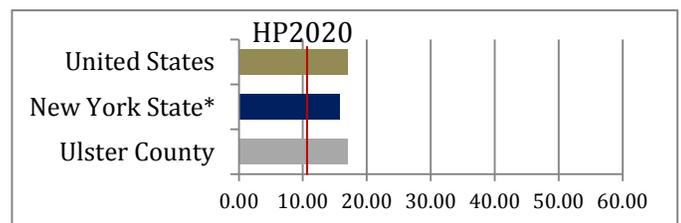
The CDC states that factors that contribute to an increased risk of cancer are associated with a lack of health care coverage and low socioeconomic status (SES). Studies have found that SES, more than race or ethnicity, predicts the likelihood of an individual's or group's access to education, health insurance and safe and healthy living and working conditions. SES also appears to play a major role in prevalence of behavioral risk factors for cancer (e.g. tobacco smoking, physical inactivity, obesity, and excessive alcohol use) and in the rates of cancer screenings with those with a lower SES having fewer cancer screenings than those with a higher SES.

The colorectal cancer mortality rate for Ulster County is 17 per 100,000 population, which approximates the NYS rate of 15.8 per 100,000 and the United States rate of 17 per 100,000 (Figure 24). Ulster County's lung cancer mortality rate of 57 per 100,000 exceeds both the state average of 43 per 100,000 and the national average of 51.3 per 100,000 (Figure 25). Ulster County's female breast cancer mortality rate of 26.6 per 100,000 also exceeds state-wide rate of 22.1 per 100,000 and national average rate of 13.4 per 100,000 (Figure 26). For male prostate cancer, the Ulster County mortality rate is 19.2 per 100,000 which is lower than the New York average of 21.6 per 100,000, but it exceeds the national average of 9.3 per 100,000 (Figure 27).

### HEALTHY PEOPLE 2020

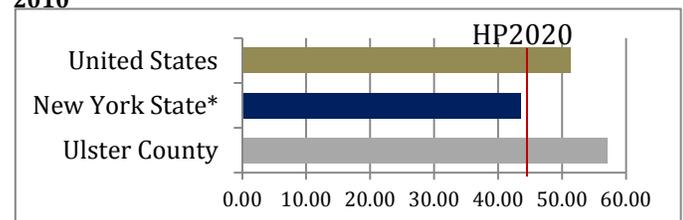
- Reduce the colorectal cancer death rate to 14.5 deaths per 100,000 population
- Reduce the lung cancer death rate to 45.5 deaths per 100,000 population
- Reduce the female breast cancer death rate to 20.6 deaths per 100,000 females
- Reduce the prostate cancer death rate to 21.2 deaths per 100,000 males

**Figure 24. Colorectal Cancer Mortality rate per 100,000, 2006-2010**



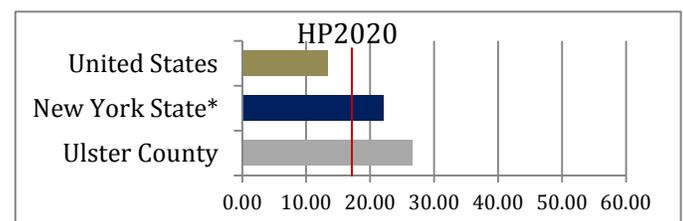
Source: NYS cancer registry, 2006-2010; National Vital Statistics, 2010

**Figure 25. Lung Cancer Mortality rate per 100,000, 2006-2010**



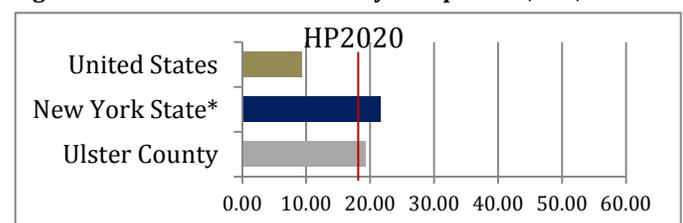
Source: NYS cancer registry, 2006-2010; National Vital Statistics, 2010

**Figure 26. Female Breast Cancer Mortality rate per 100,000, 2006-2010**



Source: NYS cancer registry, 2006-2010; National Vital Statistics, 2010

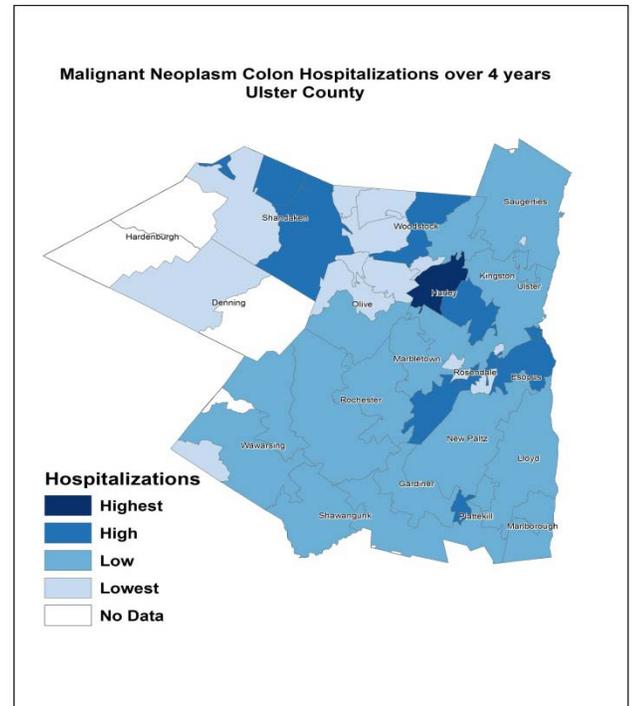
**Figure 27. Male Prostate Mortality rate per 100,000, 2006-2010**



Source: NYS cancer registry, 2006-2010; National Vital Statistics, 2010  
\* New York excludes NYC

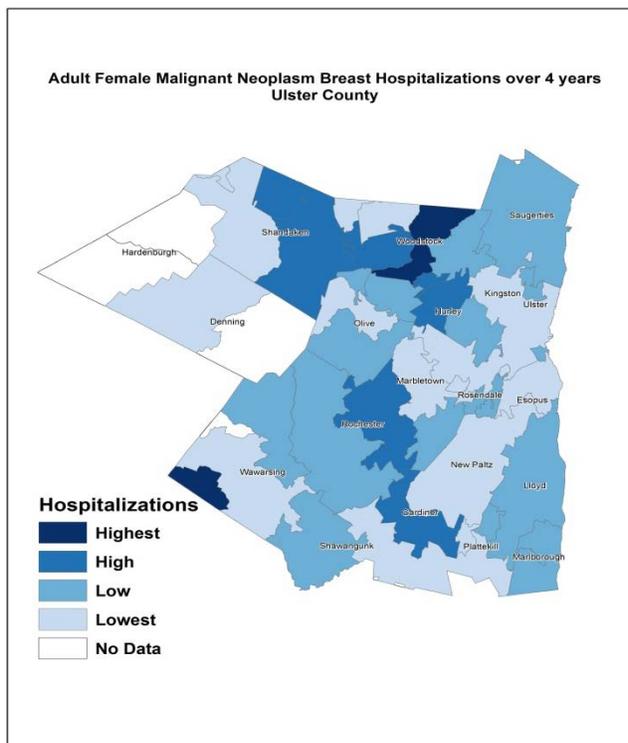
In Ulster County, patients hospitalized due to colon cancer appear to be relatively equally spread across the county. The highest pocket appears to be among residents in the Hurley area. Higher rates were also found in Shandaken, Woodstock, Esopus and New Paltz (Map 12). Hospitalizations for both breast and prostate cancer follow less obvious geographic patterns; high and low pockets sit adjacent to each other across the county. The highest hospitalization rate for breast cancer is among women in the town of Woodstock; higher rates are also seen in Shandaken, Hurley with a small pocket in Wawarsing (Map 13). Highest rates of prostate cancer hospitalizations are found across the town of Woodstock; small pockets of high rates also are seen in Shandaken and Rosendale (Map 14).

**Map 12. Colon Cancer Hospitalizations Per Capita, Ulster County, 2008-2011**



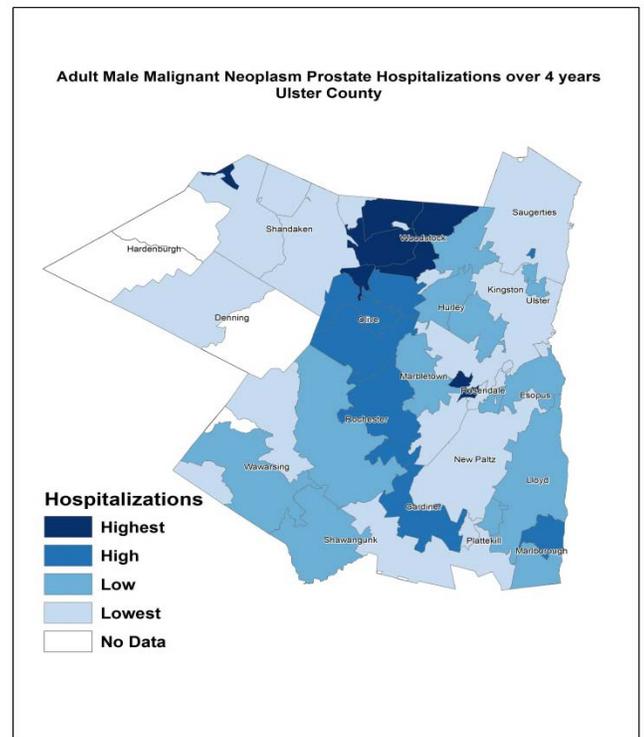
Source: NYS DOH, 2008-2011 SPARCS Data, May, 2011

**Map 13. Adult Female Breast cancer Hospitalizations Per Capita, Ulster County, 2008-2011**



Source: NYS DOH, 2008-2011 SPARCS Data, May, 2011

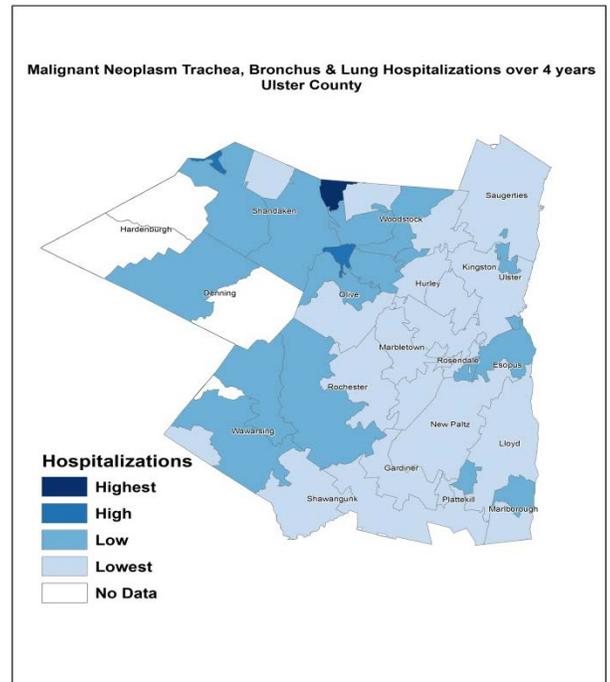
**Map 14. Adult Male Prostate Cancer Hospitalizations Per Capita, Ulster County, 2008-2011**



Source: NYS DOH, 2008-2011 SPARCS Data, May, 2011

In Ulster County, lung disease hospitalizations appear to be higher in the northern and southern western edge of the county. The highest rate is seen in the area adjacent to the towns of Shandaken and Woodstock with a high pocket located in the town of Olive (Map 15).

**Map 15. Trachea, Bronchus and Lung Cancer Hospitalizations Per Capita, Ulster County, 2008-2011**



Source: NYS DOH, 2008-2011 SPARCS Data, May, 2011

***In focus: Cancer***

In May, 2013, a focus group of 12 participants, including 3 health care providers, 4 service providers, 4 administrators and 1 community member, participants assigned Ulster County with a grade of C minus regarding the response to cancer. The group identified that Ulster County has a variety of screening, prevention and support services available such as the Cancer Services Program (CSP), Ulster County’s Open Space Plan (OSP), the Fern Feldman Anolick Breast Health Center and the Oncology Support Center of Benedictine. Organizations such as these are working on educating the community, raising awareness and increasing access to cancer resources. There are free screening services, as well as support groups for those diagnosed. The group identified the crucial need to educate the public to increase awareness of cancer screenings and prevention. They also recommended improving transportation so that people can access the many services available. This could begin with healthcare providers offering more information to patients, and educators in schools aiding in knowledge dissemination. Coordination with federal and state advocacy efforts could help to reduce exposure to environmental toxins. Strengthening partnerships with media outlets could help promote prevention efforts. Ideally individuals will be empowered to advocate on their own behalf and increase self-efficacy.

## CANCER SCREENING

The cancer screening objectives for Healthy People 2020 promote screening for cervical, colorectal and breast cancer. Goals include increasing the use of evidence-based screening tests identified in the U.S. Preventive Services Task Force (USPSTF) recommendations, as well as monitoring the prevalence of invasive cancer and late-stage breast cancer. The factors that contribute to a lower cancer screening rate are associated with a lack of health care coverage and low socioeconomic status (SES).

The Ulster County rate of colorectal screenings is 63.9%, which is also below the NYS rate of 66.3% (Figure 28). Ulster County exceeds the state average for Pap screenings with a rate of 98.2% compared to the NYS rate of 92.1% (Table 21). The Ulster County rate of mammography screenings is 90.1%, which falls below the NYS rate of 91.8% (Table 22).

**Table 21. Ever had a Pap screen among women aged 18 and older in Ulster County and New York State, 2008-2009**

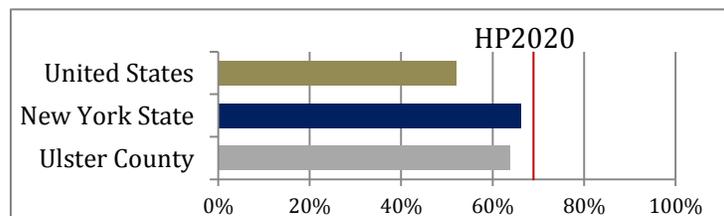
	Ulster County	New York State
	%	%
<b>Total</b>	98.2	92.1
<b>Gender</b>		
Male	*	*
Female	98.1	92.1
<b>Age (Years)</b>		
18-34	*	85.2
35-44	*	92.6
45-54	100	98.3
55-64	96.6	97.2
>65	97.4	92.3
<b>Education</b>		
≤ High School	95.2	88.3
Some College	100	93.5
≥College Degree	100	95
<b>Income</b>		
≤\$24,999	97.9	93.7
\$25,000-\$49,999	97.5	91
\$50,000-\$74,999	100	96
≥\$75,000	97.1	95.4

Source: BRFSS Expanded Report: July 2008- June 2009, NYS DOH  
 \* Data do not meet reporting criteria

## HEALTHY PEOPLE 2020

- Increase the proportion of women who receive a cervical cancer screening (Pap Test) based on the most recent guidelines to 93%
- Increase the proportion of adults who receive a colorectal cancer screening based on the most recent guidelines to 70.5%
- Increase the proportion of women who receive a breast cancer screening/mammogram based on the most recent guidelines to 81.1%

**Figure 28. Percentage of adults who receive a colorectal cancer screening - Ages 50-75, 2008-2010**



Source: BRFSS Expanded Report: July 2008- June 2009, NYS DOH, National Health Interview Survey, 2008

**Table 22. Ever had a mammogram among women aged 40 and older in Ulster County and New York State, 2008-2009**

	Ulster County	New York State
	%	%
<b>Total</b>	90.1	91.8
<b>Gender</b>		
Male	*	*
Female	90.1	91.8
<b>Age (Years)</b>		
40-49	*	85
50-64	96.4	96
>65	95.4	94.1
<b>Education</b>		
≤ High School	88.7	91
Some College	*	93.6
≥College Degree	96.2	91.6
<b>Income</b>		
≤\$24,999	*	93.5
\$25,000-\$49,999	*	89.5
\$50,000-\$74,999	*	94.6
≥\$75,000	*	92.2

Source: BRFSS Expanded Report: July 2008- June 2009, NYS DOH  
 \* Data do not meet reporting criteria

## INFECTIOUS/COMMUNICABLE DISEASE

### HUMAN IMMUNODEFICIENCY VIRUS (HIV)/ ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS)

The HIV epidemic in the United States continues to be a major public health crisis. According to Healthy People 2020, although HIV is a preventable disease, an estimated 1.1 million Americans are living with HIV, and 1 out of 5 people with HIV do not know they have it. More than 50 percent of new HIV infections occur as a result of the 21 percent of people who have HIV but do not know it. HIV continues to spread, leading to about 56,000 new HIV infections each year. There are gender, race, ethnic and sexuality disparities in new HIV infections. According to Healthy People 2020, nearly 75 percent of new HIV infections occur in men; more than half occur in gay and bisexual men, regardless of race or ethnicity; forty-five percent of new HIV infections occur in African Americans, 35 percent in whites, and 17 percent in Hispanics.

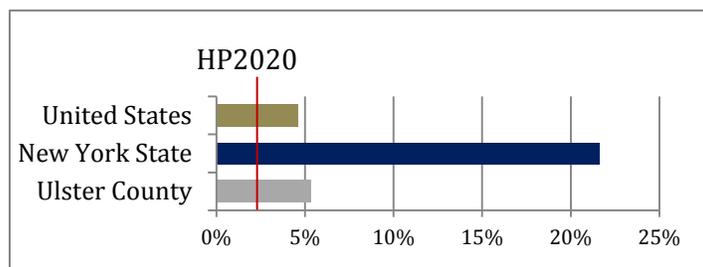
In Ulster County the rate of newly diagnosed cases of HIV is 5.3%, which is lower than the New York State rate of 21.6%, but slightly higher than the United States average of 4.6% (Figure 29).

When examining the distribution of hospitalization related to HIV in Ulster County over 3 years, the highest rates occur in the southern tier of the county, as well as the northeast corner. Additionally, there is a small pocket of particularly high hospitalization rates in the middle of the county adjacent to Marletown and the town of Rosendale. Other high pockets are seen around Kingston, Wawarsing and Gardiner (Map 16).

#### HEALTHY PEOPLE 2020

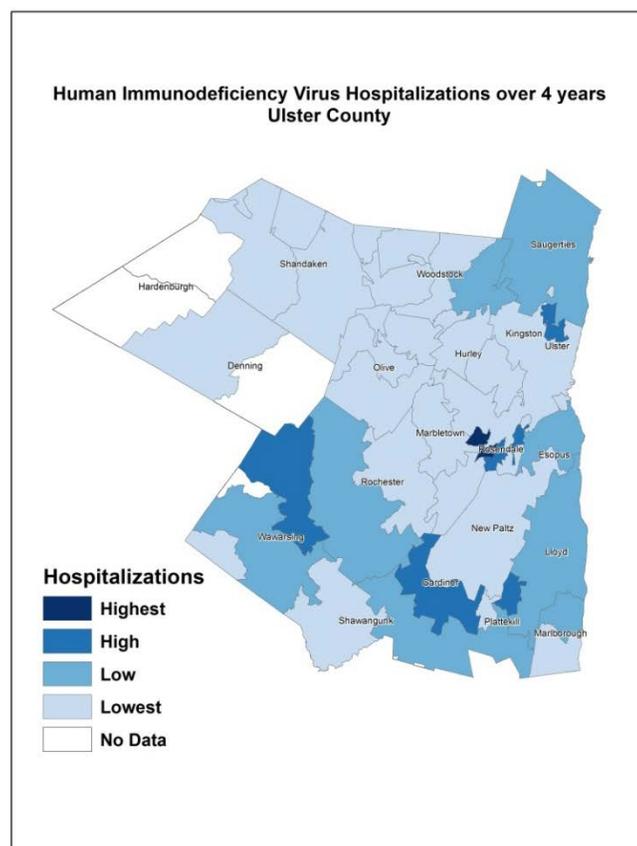
- Reduce the rate of HIV transmission among adolescents and adults to 3.5 new infections per 100 persons living with HIV

Figure 29. Newly Diagnosed HIV Cases, 2007-2009



Source: 2007-2009 Bureau of HIV/AIDS Epidemiology Data, May, 2011

Map 16. HIV Hospitalizations Per Capita, Ulster County, 2008-2010



Source: NYS DOH, 2008-2010 SPARCS Data, May, 2011

## SEXUALLY TRANSMITTED DISEASES

Sexually Transmitted Diseases (STDs) refer to more than 25 infections that are transmitted through unprotected sexual activity. Although STDs are largely preventable, The Centers for Disease Control and Prevention (CDC) estimates that there are approximately 19 million new STD infections each year. The cost of STDs to the U.S. health care system is estimated to be as much as \$15.9 billion annually.

Untreated STDs can lead to serious long-term health consequences, especially for adolescent girls and young women. Harmful complications include reproductive health problems, fetal and perinatal health problems, cancer and the facilitation of the sexual transmission of HIV infection.

According to the CDC, STDs are most likely to affect women and young people ages 15 to 24, as well as certain racial and ethnic groups (mainly African American, Hispanic, and American Indian/Alaska Native populations). STDs also disproportionately affect people of a low SES where access to health care is often compromised.

In Ulster County the rate of gonorrhea cases among males ages 15-44 is 33.5 per 100,000 population, which is lower than the New York State rate of 221.7 per 100,000 and the US rate of 216.5 per 100,000 (Figure 30).

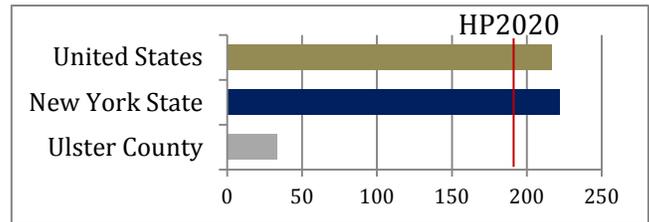
In Ulster County the rate of gonorrhea cases among females ages 15-44 females is 82.5 per 100,000, which is lower than the New York State rate of 203.4 per 100,000 and the US rate of 279.9 per 100,000 (Figure 31).

In Ulster County, 66.9% of adults never or rarely have been asked about sexual history during routine checkups. Women were more likely than men to be asked about their sexual history during routine checkups (Table 23).

### HEALTHY PEOPLE 2020

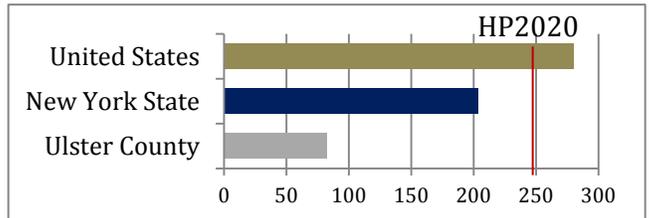
- Reduce gonorrhea rates among males 15-44 to 194.8 per 100,000
- Reduce gonorrhea rates among females 15-44 to 251.9 per 100,000

Figure 30. Gonorrhea case rate Males 15-44 (per 100,000), 2012



Source: 2010 NYS STD Surveillance System Data, November, 2012, STD Surveillance System, 2008 (US)

Figure 31. Gonorrhea case rate Females 15-44 (per 100,000), 2012



Source: 2010 NYS STD Surveillance System Data, November, 2012, STD Surveillance System, 2008 (US)

Table 23. Never/Rarely Asked about Sexual History during Routine Check-Up, Ulster County and New York State, 2008-2009

	Ulster County	New York State
	%	%
<b>Total</b>	66.9	61.9
<b>Gender</b>		
<b>Male</b>	73.0	67.7
<b>Female</b>	61.3	56.8
<b>Age</b>		
<b>18-34</b>	*	44.3
<b>35-44</b>	*	62.2
<b>45-54</b>	72.9	65.4
<b>55-64</b>	77.7	70.7
<b>&gt;65</b>	87.2	80.3
<b>Education</b>		
<b>≤High School</b>	*	60.1
<b>Some College</b>	*	60.3
<b>≥College Degree</b>	75.9	65.0
<b>Income</b>		
<b>≤\$24,999</b>	*	49.3
<b>\$25,000-\$49,999</b>	*	64.4
<b>\$50,000-\$74,999</b>	*	64.5
<b>≥75,000</b>	70.2	68.2

Source: 2008-2009 NYS Expanded BRFSS Data, 2010

\* Data do not meet reporting criteria

## VACCINE PREVENTABLE DISEASE

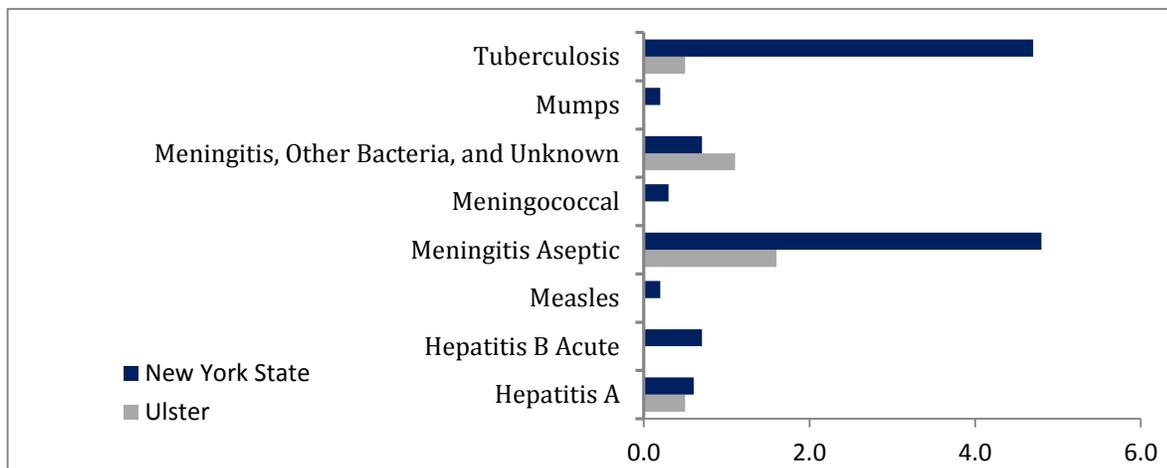
Vaccines make disease prevention possible, which is the key to public health and saving lives. Vaccines are available to prevent many diseases such as hepatitis A, hepatitis B, measles, meningitis, mumps, polio, rubella, tetanus, tuberculosis, yellow fever, influenza, shingles and more. Through vaccination, children and adults can develop immunity without suffering from the actual diseases that vaccines prevent.

In Ulster County in 2011 there were no reported cases of hepatitis B acute, measles, meningococcal, or mumps. Ulster County rates of vaccine preventable diseases are consistently lower than the New York State rates of vaccine preventable diseases (Figure 32).

### HEALTHY PEOPLE 2020

- Reduce Hepatitis A to 0.3 cases per 100,000 population
- Reduce new Hepatitis B infections in adults aged 19 and older to 1.5 cases per 100,000
- Reduce US-acquired measles cases to 30 cases
- Reduce meningococcal disease to 0.3 cases per 100,000 population
- Reduce US-acquired mumps cases to 500 cases
- Reduce Tuberculosis to 1.0 new case per 100,000 population

**Figure 32. Vaccine Preventable Disease Rate per 100,000, Ulster County, 2011**



Source: NYS DOH, Communicable Disease Annual Reports, 2011

### How to Find Your Immunization Record

[The New York State Immunization Information System](#) (NYSIIS) is an electronic registry that maintains immunization records for New York State children and adults. Although NYSIIS may not have all immunization records, it is a good place to start. Ask your health care provider to check to see if the record you are looking for is in NYSIIS.

[Citywide Immunization Registry](#) (CIR) is an electronic registry that maintains immunization records for those vaccinated in New York City. Visit the CIR website for more information on locating records in this registry.

Source: New York State DOH, accessed 10/2013

## IMMUNIZATION

Immunizations prevent the spread of infectious diseases and reduce mortality rates, thereby increasing life expectancy. Vaccinations are especially important for child survival and preventing illness and death from diseases such as viral hepatitis, influenza, and pneumonia.

According to Healthy People 2020, vaccines are among the most cost-effective clinical preventive services. For example, for each birth cohort vaccinated with the routine immunization schedule (this includes DTap, Td, Hib, Polio, MMR, Hep B, and varicella vaccines), 33,000 lives are saved, 14 million cases of disease are prevented, direct health care costs are reduced by \$9.9 billion, and indirect health care costs are reduced by \$33.4 billion

In Ulster County the rate of children ages 19-35 months with a 4:3:1:3:3:1:4 immunization series is 33.8%, which is lower than the New York State rate of 47.6% and the United States rate of 44.3% (Figure 33).

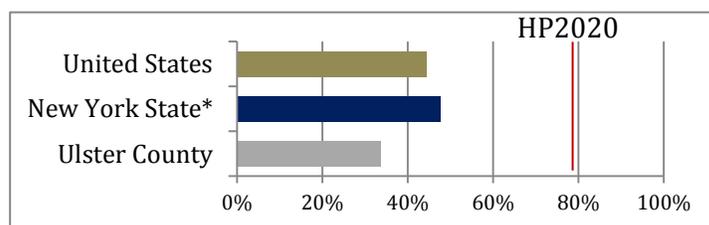
The Ulster County rate of adolescent females with a 3-dose HPV immunization is 19.3%, lower than the New York State rate of 26% but higher than the United States rate of 16.6% (Figure 34). In Ulster County the percentage of adults 65 and older with a flu immunization is 69.2%, lower than New York State's rate of 75%, but higher than the United States rate of 66.6% (Figure 35).

According to the 2012 Report Card, Ulster County received a D regarding vaccination rates in adults 65 and older.

### HEALTHY PEOPLE 2020

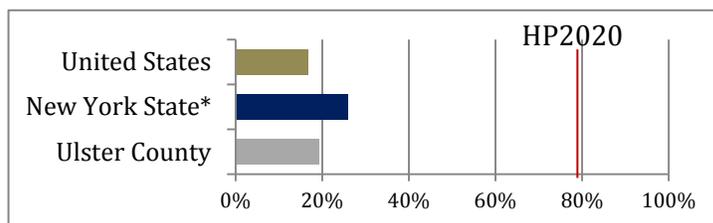
- Increase the percentage of children aged 19 to 35 months who receive the recommended doses of DTaP, polio, MMR, Hib, hepatitis B, varicella and pneumococcal conjugate vaccine (4:3:1:3:3:1:4) to 80%
- Increase the vaccination coverage level of 3 doses of human papillomavirus (HPV) vaccine for females by age 13 to 15 years to 80%
- Increase the percentage of non-institutionalized adults aged 65 years and older who are vaccinated annually against seasonal influenza to 90%

**Figure 33. Percentage of children with 4:3:1:3:3:1:4 immunization series - Ages 19-35 months, 2008-2009**



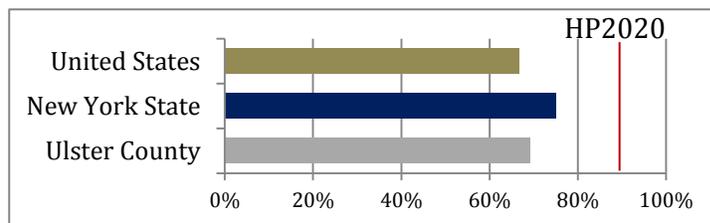
Source: BRFSS Expanded Report: July 2008- June 2009, NYS DOH, National Immunization Survey, 2008

**Figure 34. Percentage of adolescent females with 3-dose HPV immunization - Ages 13-17 years, 2008-2009**



Source: BRFSS Expanded Report: July 2008- June 2009, NYS DOH National Immunization Survey, 2008

**Figure 35. Percentage of adults with flu immunization - Ages 65+ years, 2008-2009**



Source: BRFSS Expanded Report: July 2008- June 2009, NYS DOH, National Immunization Survey, 2008

## HEALTHY AND SAFE ENVIRONMENT

### INJURY

According to Healthy People 2020, injuries are the leading cause of death for Americans ages 1 to 44, and a leading cause of disability for all ages, regardless of sex, race/ethnicity, or socioeconomic status. However, most events resulting in injury, disability, or death are predictable and preventable. The Injury and Violence Prevention objectives for HP 2020 are aimed at preventing unintentional injuries.

In Ulster County the leading causes of injury deaths include falls, poisoning, suicide, traffic crashes and other injuries (Figure 36).

Unintentional injury refers to injuries not caused by an act of violence. Efforts to prevent unintentional injury may focus on: modifications of the environment; improvements in product safety; legislation and enforcement; education and behavior change; and technology and engineering.

In Ulster County the rate of fall related hospitalizations for adults ages 65 and older is 215.6/10,000, which is slightly higher than the New York State rate of 204.6/10,000 (Figure 37).

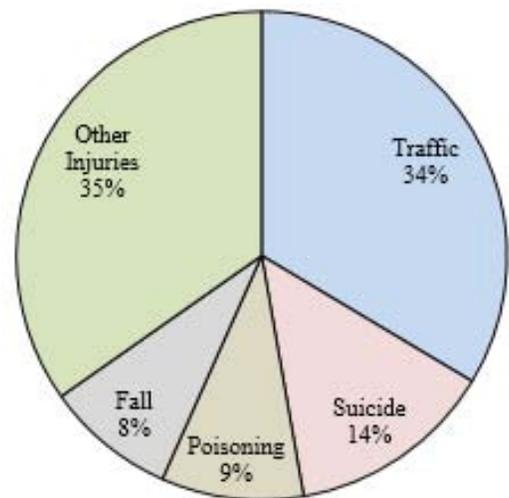
In Ulster County the rate of motor vehicle crash-related deaths is 9 deaths per 100,000 residents, which is slightly higher than the New York State rate of 6.1 deaths per 100,000 residents and lower than the United States rate of 13.8 deaths per 100,000 residents (Figure 38).

According to the NYS Department of Health, annually an average of 29 people die due to traffic related injuries in Ulster County, making traffic accidents the leading cause for injury related death for Ulster County residents. Those most at-risk for motor vehicle crash-related death are those aged 15-24, males, motorcyclists and bicyclists.

#### HEALTHY PEOPLE 2020

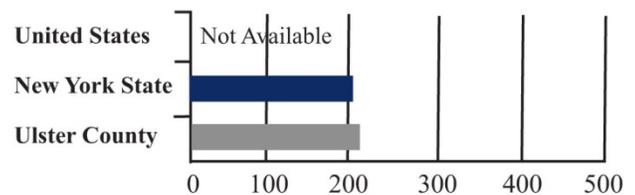
- Reduce nonfatal unintentional injuries to 8,297.4 injuries per 100,000
- Reduce motor vehicle crash-related deaths to 12.4 deaths per 100,000 population

Figure 36. Leading Cause of Injury Deaths, Ulster County, 2005-2007



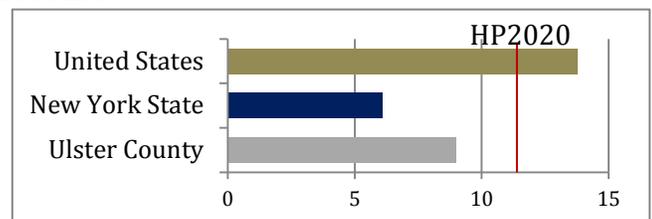
Source: NYSDOH, Bureau of Injury Prevention, Vital Statistics, April 2009

Figure 37. Hospitalizations due to falls per 10,000 - 65+ yrs.



Source: 2008-2010 SPARCS Data as of August, 2011

Figure 38. Motor Vehicle Crash Related Deaths per 100,000, 2008-2009



Source: BRFSS Expanded Report: July 2008-June 2009, NYS DOH, General Estimates System, 2008

## INTENTIONAL INJURY/VIOLENCE

In 2009, almost 16,800 people were victims of homicide and nearly 37,000 took their own life. (CDC, 2013). Many more survive violence and are left with permanent physical and emotional scars. The Division of Violence Prevention at the Centers for Disease Control (CDC) works to prevent injuries and deaths caused by violence.

The division's work involves: monitoring violence-related injuries; conducting research on the factors that put people at risk or protect them from violence; creating and evaluating the effectiveness of violence prevention programs; helping state and local partners plan, implement, and evaluate prevention programs; and conducting research on the effective adoption and dissemination of prevention strategies.

According to the Youth Development Survey that occurred in 2013, approximately one third of Ulster County youth have reported being bullied in the past three months (Table 24). While self-reported bullying victimization appears to decline with age, self-reported bullying appears to increase as a child gets older.

In Ulster County the assault related hospitalization rate is 2.1%, which is lower than New York State's rate of 4.8% (Table 25).

In Ulster County, Black non-Hispanic population groups are most at risk for an assault related hospitalization. Lower income areas are also more likely to have assault related hospitalizations in Ulster County (Table 26).

**Table 24. Bullying Behavior Youth 7th-12th Grade, Ulster County, 2013**

Grade	Been bullied in past 3 months	Taken part in bullying in past 3 months
	%	%
7 <sup>th</sup>	35.2	16.1
8 <sup>th</sup>	37.6	22.9
9 <sup>th</sup>	29.0	24.5
10 <sup>th</sup>	32.5	30.5
11 <sup>th</sup>	26.8	28.8
12 <sup>th</sup>	23.6	28.1

Source: Youth Development Survey, UPC, 2013

**Table 25. Assault Related Hospitalization rate per 10,000, Ulster County and New York State, 2008-2010**

	Hospitalizations	Average yearly population	3-year Hospitalization rate
<b>Ulster</b>	115	181,310	2.1
<b>New York State Total</b>	28,177	19,536,493	4.8

Source: NYS DOH, 2008-2010 SPARCS Data, May, 2011

**Table 26. Percent Assault Related Hospitalization in Ulster County and New York State, 2008-2010**

	Non-Hispanic Black	Non-Hispanic White	Hispanic	Low income ZIP codes	Non-low income ZIP codes
<b>Ulster County</b>	9.5	1.5	1.9	3.6	2.1
<b>New York State</b>	13.1	1.8	5.4	10.1	3.1

Source: NYS DOH, 2008-2010 SPARCS Data, May, 2011

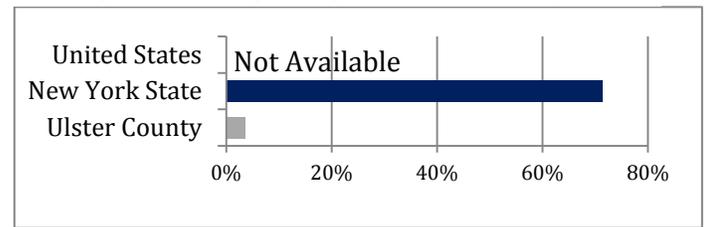
## ENVIRONMENT

### WATER QUALITY

Ensuring the safety of drinking water is important to prevent illness, birth defects, and death of those with compromised immune systems. Other known health problems associated with contaminated water are nausea, vomiting, diarrhea, and cancer, along with kidney, liver, and nervous system damage.

The Safe Water Drinking Act of 1974 established testing and set maximum contaminant levels to ensure that public water supplies are free of contamination from toxins and bacteria. These standards have been adopted by the State of New York and included as part of the New York State Sanitary Code, Part 5, Subpart 5-1 – Public Water Systems. This ensured that public water supplies, which are those supplies designated as community, non-transient non community and non-community systems, meet the minimum standards for protecting public health. Few Ulster County residents are served by optimally fluoridated water systems (Figure 39).

**Figure 39. Percentage of Residents Served by Community Water Systems with Optimally Fluoridated Water, 2012**

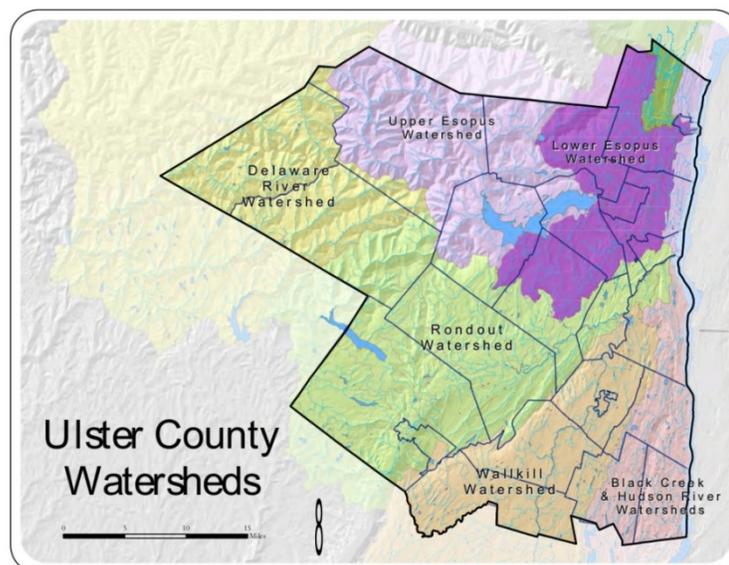


Source: 2012 CDC Water Fluoridation Reporting System Data, November, 2012

Ulster County has 145 public water supplies that are either classified as Community Water Systems or non-transient, non-community water systems. Due to its geographical size and largely rural character, a large portion of Ulster County population is served by groundwater wells which are typically not fluoridated. Only one of the public water supplies in Ulster County, the Town of Marlborough Water District, has fluoridated water. This constitutes approximately 2% of the total County population and 4% of the County population served by public water supplies.

Ulster County Department of Health has a Water Program, a portion of which is grant funded through the Drinking Water Enhancement Grant, which closely monitors all of the public water supplies in Ulster County.

**Figure 40. Ulster County Watersheds, 2013**



Source: Ulster County Department of Environment

## AIR QUALITY

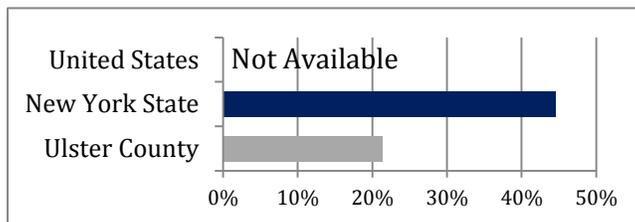
Poor air quality is linked to premature death, cancer, and long-term damage to respiratory and cardiovascular systems. In order to drive down air pollution created within the community, Ulster County has put into place a significant rural transportation system and continues to enhance and invest in its alternative transportation infrastructure, including sidewalks, bikeways, and rail trails.

In Ulster County the rate of commuters who use alternate modes of transportation is 21.4%, which is lower than the New York State rate of 44.6% (Figure 41). This may be because of its widely dispersed population, concentration of commercial districts within narrowly defined areas and the fact that over one-third of all Ulster County residents work outside of the area.

All Ulster County residents live in a jurisdiction that has adopted the Climate Smart Communities pledge, compared to 26.7% of New York State residents (Figure 42). The Climate Smart Communities pledge is a state-local partnership to reduce greenhouse gas emissions.

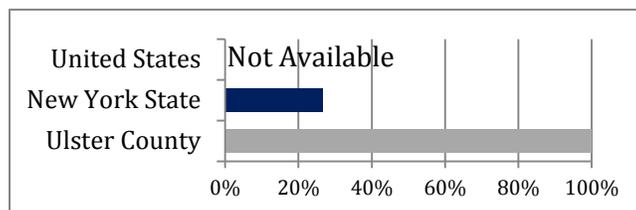
The Air Quality Index (AQI), devised by the Environmental Protection Agency (EPA) is an index for reporting daily air quality. EPA calculates the AQI for five major air pollutants regulated by the Clean Air Act: ground-level ozone, particle pollution (also known as particulate matter), carbon monoxide, sulfur dioxide, and nitrogen dioxide. For the period 2009 through 2012, Ulster County’s average AQI was consistently in the “Good” range, which means air quality is considered satisfactory, and air pollution poses little or no risk (Figure 42).

**Figure 41. Percentage of Commuters Who use Alternate Modes of Transportation, 2007-2011**



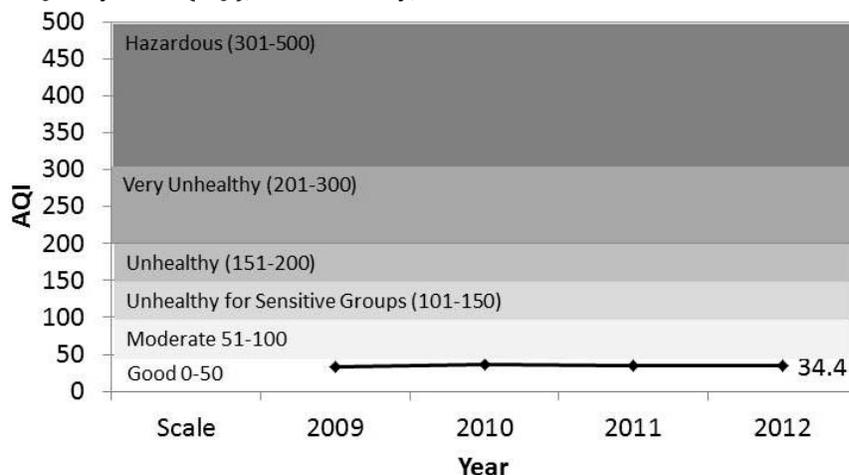
Source: 2007-2011 US Census

**Figure 42. Percentage of population that lives in a jurisdiction that adopted the Climate Smart Communities pledge, 2013**



Source: New York State Department of Environmental Conservation, 2013

**Figure 43. Average Air Quality Index (AQI), Ulster County, 2009-2012**



Source: Environmental Protection Agency, Air Quality Index

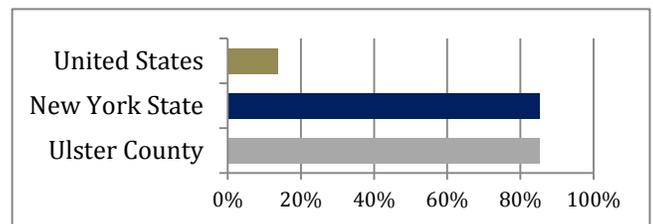
## LEAD POSIONING

Poisoning from lead-based paint remains a serious health threat for children, especially those age six and younger. Lead exposure can result in neurological damage, including intellectual impairment, developmental delays, learning disabilities, memory loss, hearing problems, attention deficits, hyperactivity, behavioral disorders, and other health problems. In 2008, 29 children were newly identified with blood lead levels of 10 mcg/dL or higher in Ulster County. This represents an incidence rate of 10.1 per 1,000 children tested. In Ulster County the percentage of children with at least one lead screening by 36 months is 85.2% which is lower than the New York State rate of 85.3% and higher than the United States rate of 13.8% (Figure 44).

To address this critical public health issue, the Ulster County Department of Health was awarded a New York State Department of Health (NYSDOH) grant to implement the Childhood Lead Poisoning Primary Prevention Program (CLPPP). This program focuses on primary prevention: identifying housing with lead-based paint and removing those hazards before children are exposed.

Ulster County's CLPPP targets the 12401 area code, with a focus on Midtown Kingston, an area identified as "high risk" by NYSDOH, as well as owner-occupied and rental units within all of Ulster County where children have been identified with an elevated blood lead level of 10-14 mcg/dL. Priority is given to those dwellings in which children under six years of age and pregnant women reside. Other high-risk properties identified for inspection include, but are not limited to, properties that are referred by Maternal and Child Health Home Visiting programs, other partner agencies and housing units with a history of children with elevated blood-lead levels.

**Figure 44. Percentage of Children with at least One Lead Screening by 36 Months, 2005-2008**



Source: NYS DOH, *Ulster County Indicators For Tracking Public Health Priority Areas, 2005-2008*, *National Health and Nutrition Examination Survey, 2008*

*“Get the Lead Out”*

**Lead Poisoning is Preventable.  
Protect your Family by:**

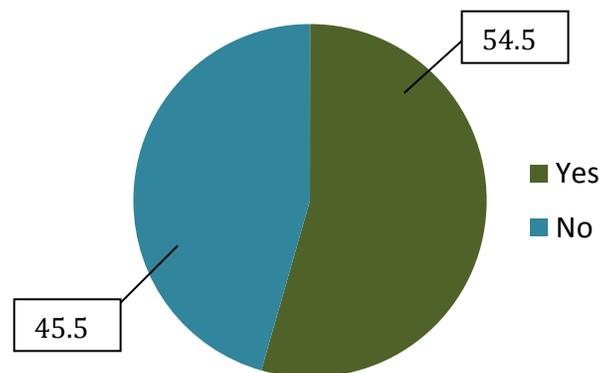
- **Keeping the area where your children play as dust free and clean as possible;**
- **Reporting chipped or cracked paint to your landlord, especially if you live in a home built before 1978;**
- **Making sure your children don't chew on painted surfaces, such as toys or window sills;**
- **Getting your home tested by a certified inspector - and asking for a lead inspection before you buy or move in (UC Department of Health can provide free-of-charge);**
- **Learning about EPA's new lead-safe renovation rule;**
- **Asking your doctor or your Health Department to test your child for lead, and**
- **Avoiding toys that contain lead.**

## FOOD QUALITY

Foodborne illnesses are a burden on public health and contribute significantly to the cost of health care. A foodborne outbreak occurs when 2 or more cases of a similar illness result from eating the same food. The Center for Disease Control and Prevention (CDC) estimates that each year roughly 1 in 6 Americans (or 48 million people) gets sick, 128,000 are hospitalized, and 3,000 die of foodborne diseases.

In Ulster County food quality is also analyzed by the number of “food deserts” that exist, which refers to an area that lacks stores that sell affordable nutritious foods. Based on a map of food deserts in Ulster County, The Partners in Public Health Healthy Women’s Council recommend the formation of a food systems council to bring together key players interested in making changes to local food systems.

**Figure 45. Percent of Stores in Kingston that Sell Fresh Produce, 2012**

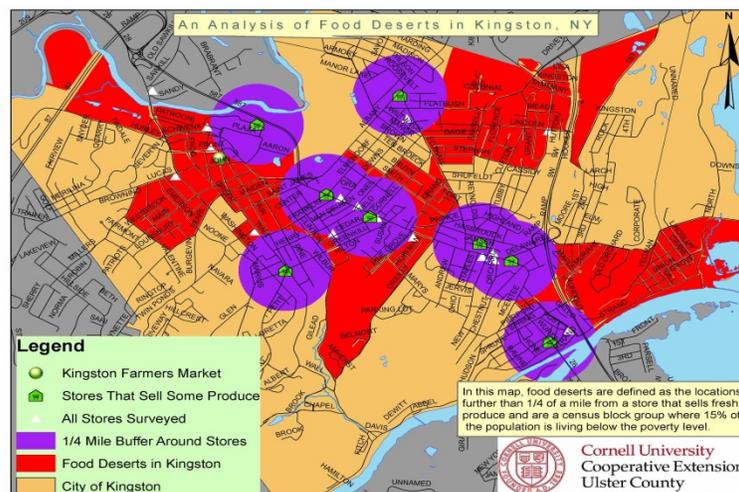


Source: *An Assessment of Stores that Sell Food in Kingston Report by Cornell Cooperative Extension Ulster County, 2012*

Out of 22 stores assessed in Kingston, a majority of them reported that they did not sell fresh produce. Of the stores that sell fresh produce, many only sell snack items such as apples and bananas (Figure 45).

Based on findings in the Assessment of Food Deserts in Kingston, the authors of the report recommend the strategic planning taskforce define “local” produce and institute a healthy food program promoting the sale of local foods. Findings indicate that locally produced packaged food and frozen food may do well, creating better access. An action plan, developed by Healthy Kingston for Kids, Cornell Cooperative Extension, the Kingston Farmer’s Market and other community partners, is already well underway and includes the recent opening of the new Mid-town Kingston Farmer’s Market, collaborating with local neighborhood stores to sell these products, and an ongoing public outreach and marketing campaign.

**Figure 46. An analysis of food deserts in Kingston, NY, 2012.**



Source: *An Assessment of Stores that Sell Food in Kingston Report by Cornell Cooperative Extension Ulster County, 2012*

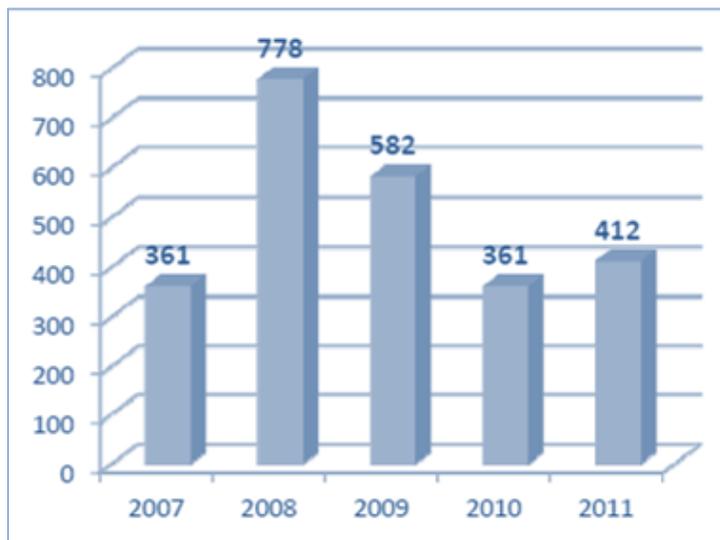
## LYME DISEASE

Lyme disease is the most commonly reported vector borne illness in the United States—in 2011 it was the 6th most common nationally notifiable disease. Most cases occur in the northeast and upper Midwest. It is most likely to be contracted in Connecticut, Delaware, Massachusetts, Maryland, Minnesota, New Jersey, New York, Pennsylvania, Rhode Island, and Wisconsin. Between 1992—2006 incidence was highest among children aged 5 — 14 years old and 53% of all reported cases occurred among males (CDC, 2013).

Lyme disease is transmitted to humans through the bite of infected blacklegged ticks. Typical symptoms include fever, headache, fatigue, and a characteristic skin rash called Erythema Migrans. If left untreated, infection can spread to joints, the heart, and the nervous system. Most cases of Lyme disease can be treated successfully with antibiotics. Steps to prevent Lyme disease include using insect repellent, removing ticks promptly, reducing tick habitat, showering after being outdoors and conducting frequent full-body tick checks.

In Ulster County between 2008-2010 there were 2,494 reported cases of Lyme Disease (Figure 47). As a result, Ulster County has implemented an ongoing public education and media campaign with an emphasis on prevention.

**Figure 47. Probable and Confirmed Lyme Disease Case Counts, Ulster County, 2007-2012**



*Source: NYSDOH Bureau of Communicable Disease Control Data, 2007-2011*

## OTHER TICKBORNE ILLNESSES

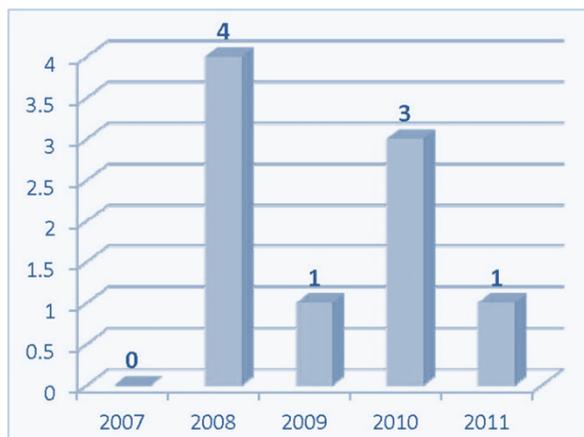
Other tick-borne illnesses of concern in Ulster County include anaplasmosis, babesiosis, ehrlichiosis and Rocky Mountain Spotted Fever. Between 2008-2011 there were 39 reported cases of anaplasmosis, 9 reported cases of babesiosis, 9 reported cases of ehrlichiosis and one reported case of Rocky Mountain Spotted Fever (Figures 48-51). It is possible that one tick may transmit multiple diseases.

**Figure 48. Reported Human Granulocytic Anaplasmosis Case Count, Ulster County, 2007-2012**



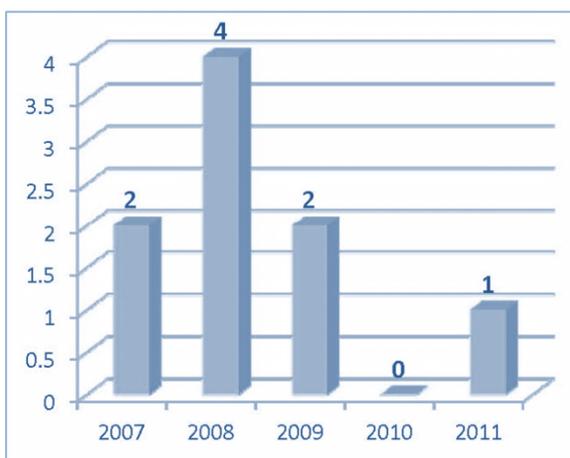
Source: NYSDOH Bureau of Communicable Disease Control Data, 2007-2011

**Figure 49. Reported Babesiosis Case Count, Ulster County, 2007-2012**



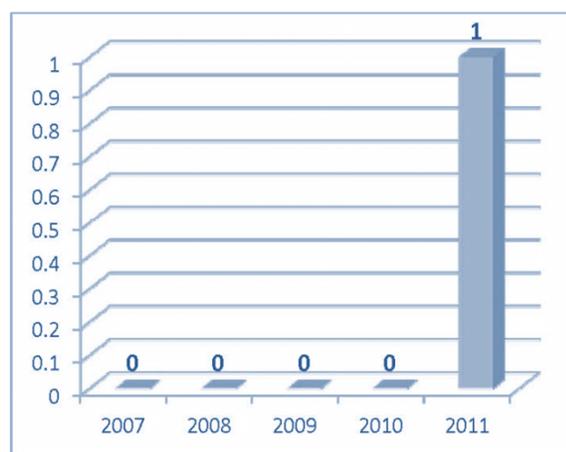
Source: NYSDOH Bureau of Communicable Disease Control Data, 2007-2011

**Figure 50. Reported Human Monocytic Ehrlichiosis Case Count, Ulster County, 2007-2012**



Source: NYSDOH Bureau of Communicable Disease Control Data, 2007-2011

**Figure 51. Reported Rocky Mountain Spotted Fever Case Count, Ulster County, 2007-2012**



Source: NYSDOH Bureau of Communicable Disease Control Data, 2007-2011

## HEALTHY WOMEN, INFANTS & CHILDREN

### BIRTHS FROM UNPLANNED PREGNANCIES

An unplanned pregnancy is a pregnancy that is unintended or unwanted at the time of conception. Unplanned pregnancy is associated with an increased risk of problems for the mother and baby. If a pregnancy is not planned before conception, a woman may not be in optimal health for childbearing. Negative outcomes associated with unintended pregnancy can include: delays in initiating prenatal care; reduced likelihood of breastfeeding, resulting in less healthy children; maternal depression; and increased risk of physical violence during pregnancy.

According to Healthy People 2020, the public costs of births resulting from unintended pregnancies were \$11 billion in 2006.

In Ulster County the rate of unplanned pregnancies is 30.3% which is higher than the New York State rate of 26.4%. However, it is lower than the United States rate of 49% (Figure 52). In Ulster County unplanned pregnancies are most likely to affect the Non-Hispanic Black population at a rate of 52.2% and those born to women on Medicaid at a rate of 44.6% (Table 27).

### PREMATURE AND PRETERM BIRTHS

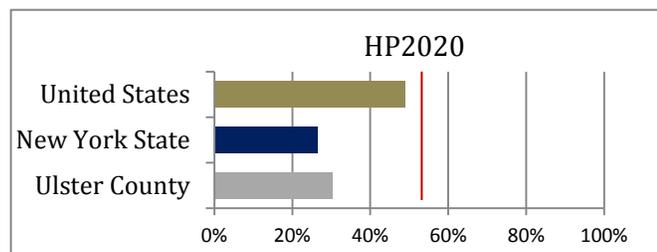
Premature/ preterm birth refers to the birth of a baby of less than 37 weeks gestational age. By increasing access to quality preconception (before pregnancy) and interconnection (between pregnancies) care the risk of pregnancy-related complications, such as premature births, can be reduced.

In Ulster County 9.8% of births are premature, which is lower than the United States rate of 12.7% and the New York State Rate of 12.0% (Figure 53).

#### HEALTHY PEOPLE 2020

- Decrease the proportion of pregnancies that are unintended to 44%

Figure 52. Percentage of Unintended Pregnancy among Live Births, 2011



Source: 2011 Vital Statistics Data, 2002 National Vital Statistics System-Nativity

Table 27. Percent of Unplanned Pregnancies, Ulster County and New York State, 2008-2010

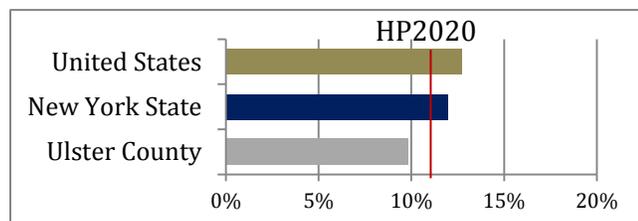
	Ulster County	New York State
	%	%
<b>Non-Hispanic Black</b>	52.2	41.8
<b>Non-Hispanic White</b>	26.2	19.8
<b>Hispanic</b>	46.3	31.4
<b>Medicaid births</b>	44.6	34.1
<b>Non-Medicaid births</b>	22.1	20.0

Source: 2008-2010 Vital Statistics Data, February, 2012

#### HEALTHY PEOPLE 2020

- Reduce total preterm births to 11.4% of live births

Figure 53. Percentage of Premature/ Preterm Births, 2008-2010



Source: 2008-2010 Vital Statistics Data, February, 2012 and Centers for Disease Control and Prevention

In Ulster County, the highest rates of premature births occurred for the Hispanic population at 12.1%. This is followed by the Non-Hispanic Black population, who experience premature births at a rate of 10.5% (Table 28).

**Table 28. Premature/Preterm Births in Ulster County and New York State, 2008-2010**

	Ulster	New York State
	%	%
<b>Non-Hispanic Black</b>	10.5	16.5
<b>Non-Hispanic White</b>	9.0	10.3
<b>Hispanic</b>	12.1	12.8
<b>Medicaid births</b>	9.5	12.6
<b>Non-Medicaid births</b>	9.6	11.5

Source: 2008-2010 Vital Statistics Data, February, 2012

### ADOLESCENT PREGNANCY

Adolescent pregnancies are associated with a great risk of negative consequences. According to Healthy People 2020, 82% of pregnancies to mothers ages 15 to 19 are unintended. One in five unintended pregnancies each year is among teens.

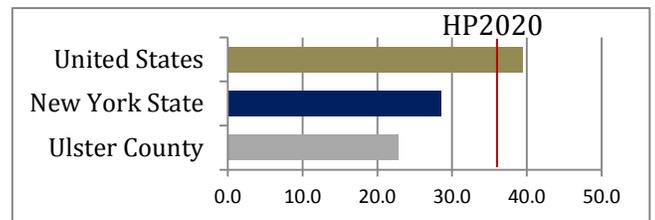
The average annual cost of teen childbearing to U.S. taxpayers is estimated at \$9.1 billion or \$1,430 for each teen mother per year (HP2020). Moreover, children of teen parents are more likely to have lower cognitive attainment and exhibit more behavior problems. Sons of teen mothers are more likely to be incarcerated, and daughters are more likely to become adolescent mothers.

The rate of teen pregnancy in Ulster County is 22.8 per 1,000, which is lower than the New York State rate of teen pregnancy of 28.5 per 1,000 and the United States rate of 39.5 per 1,000 (Figure 54). In Ulster County 42.5% of infants born to teen mothers were Hispanic, while 38.4% were Non-Hispanic Black and 16.7% were Non-Hispanic White (Table 29).

#### HEALTHY PEOPLE 2020

- Reduce pregnancies among adolescent females aged 15 to 17 years to 36.2 pregnancies per 1,000

**Figure 54. Adolescent Pregnancy rate per 1,000, Females 15-17, 2008-2010**



Source: 2008-2010 Vital Statistics Data, 2002 National Vital Statistics System-Nativity

**Table 29. Adolescent Pregnancy, Ulster County and New York State, 2008-2010**

	Ulster	NYS
	%	%
<b>Non-Hispanic Black</b>	38.4	63.2
<b>Non-Hispanic White</b>	16.7	11.0
<b>Hispanic</b>	42.5	56.8

Source: 2008-2010 Vital Statistics Data, February, 2012

## BREASTFEEDING

Breastfeeding is one of the most highly effective preventive measures a mother can take to protect the health of her infant. However, in the United States, although 75% of babies start out being breastfed, only 15% are exclusively breastfed 6 months later (Healthy People 2020). Additionally, rates are significantly lower for Non-Hispanic Black infants. The success rate among mothers who want to breastfeed can be greatly improved through active support from their families, friends, communities, clinicians, health care leaders, employers, and policymakers.

In Ulster County 62.1% of infants are exclusively breastfed in the hospital, which is higher than the rate of 42.5% of infants in New York State but lower than the US average of 72.4% (Figure 55). However, in the demographic categories of Black, White and Hispanic, Ulster County rates of infants exclusively breastfeeding in the hospital are consistently lower than the rates of infants in New York State. Non-Hispanic Black infants in Ulster County are breastfed at a rate of 10.5% compared to 16.5% in New York State. Non-Hispanic White infants in Ulster County breastfeed at a rate of 9% compared to 10.3% in New York State. Hispanic infants in Ulster County breastfeed at a rate of 12.1% compared to 12.8% in New York State. Medicaid births in Ulster County breastfeed at a rate of 45.3% compared to 30.1% in New York State (Table 30).

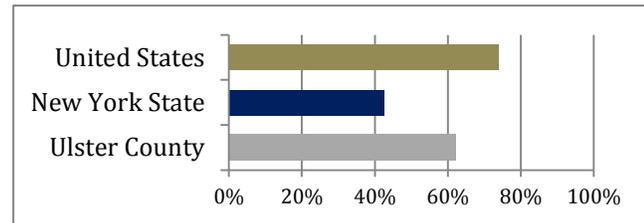
## DENTAL CARIES

Dental caries, commonly known as tooth decay, affect children in the United States more than any other chronic infectious disease (CDC, 2013). Untreated tooth decay causes pain and infections that can affect one’s overall health and may lead to problems such as eating, speaking, playing, and learning. A recent Center for Disease Control and Prevention (CDC) publication reported that, over the past decade, dental caries (tooth decay) in children ages 2 to 5 have increased. In Ulster County the rate of third grade children with dental caries is 40%, which is lower than the New York State rate of 45.4% and the United States rate of 54.4% (Figure 56).

### HEALTHY PEOPLE 2020

- Increase the proportion of infants who are ever breastfed to 81.9%

Figure 55. Exclusive breastfeeding in the hospital, 2008-2010



Source: 2008-2010 Vital Statistics Data, February, 2012, 2007-2009 (US)

Table 30. Infants Exclusively Breastfed in the Hospital in Ulster County and New York State, 2008-2010

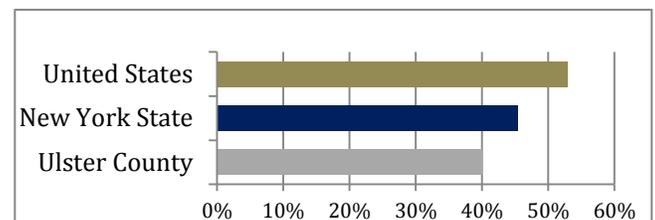
	Ulster County	New York State
	%	%
<b>Total</b>	62.1	42.5
<b>Non-Hispanic Black</b>	10.5	16.5
<b>Non-Hispanic White</b>	9.0	10.3
<b>Hispanic</b>	12.1	12.8
<b>Medicaid births</b>	45.3	30.1
<b>Non-Medicaid births</b>	52.1	52.6

Source: 2008-2010 Vital Statistics Data, February, 2012

### HEALTHY PEOPLE 2020

- Reduce the proportion of children aged 6 to 9 years with dental caries experience in their primary and permanent teeth to 49%

Figure 56. Prevalence of Tooth Decay in 3rd Grade Children, 2009-2011



Source: 2009-2011 Bureau of Dental Health Data, 2004 National Health and Nutrition Examination Survey

Based on a survey of 3<sup>rd</sup> graders, it was found that children of a low socioeconomic status in Ulster County experience dental caries at a rate of 66.3%, which is higher than people of a high socioeconomic status who experience caries at a rate of 62.6%. In Ulster County the rate of untreated caries for third graders of a low socioeconomic status is 42%, which is higher than the rate of people of a high socioeconomic status who experience untreated caries at a rate of 33.7% (Table 31).

**Table 31. Dental Caries among 3rd Graders, Ulster County, 2009-2011**

Indicator	Ulster County	New York State
	%	%
<b>With caries experience (all)</b>	40.0	45.4
<b>High socio-economic status with caries</b>	62.6	48.0
<b>Low socio-economic status with caries</b>	66.3	59.6
<b>With untreated caries (all)</b>	37.2	33.1
<b>High socio-economic status with untreated caries</b>	33.7	23.1
<b>Low socio-economic status with untreated caries</b>	41.0	40.8

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

## MATERNAL DEATHS

According to the World Health Organization (WHO), maternal death is defined as the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes. The risk of maternal and infant mortality and pregnancy-related complications can be reduced by increasing access to quality preconception (before pregnancy) and interconception (between pregnancies) care. There are racial and ethnic disparities in mortality and morbidity for mothers and children, particularly for African Americans.

In Ulster County from 2008-2010 there was one maternal death resulting in a maternal mortality rate of 19.2 deaths per 100,000 population, compared to a rate of 23.3 deaths per 100,000 population in New York State (Figure 55).

### HEALTHY PEOPLE 2020

- Reduce the rate of maternal mortality to 11.4 maternal deaths per 100,000 live births

**Table 32. Maternal mortality rate per 100,000 births, 2008-2010**

Maternal mortality rate per 100,000 births			
	Maternal deaths	Live births	Mortality rate
<b>Ulster County</b>	1	1,733	19.2*
<b>New York State</b>	172	246,387	23.3

Source: 2008-2010 Vital Statistics Data, February, 2012

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

## MENTAL HEALTH PROMOTION & SUBSTANCE ABUSE PREVENTION

### MENTAL, EMOTIONAL & BEHAVIORAL DISORDERS

Mental health disorders are the leading cause of disability in the United States. According to the Center for Disease Control an estimated 1 in 4 adults in the United States had a mental health disorder in the past year and it is estimated that only about 17% of U.S. adults are considered to be in a state of optimal mental health. People with untreated mental health disorders are at high risk for many unhealthy and unsafe behaviors, including alcohol or drug abuse, violent or self-destructive behavior, and suicide.

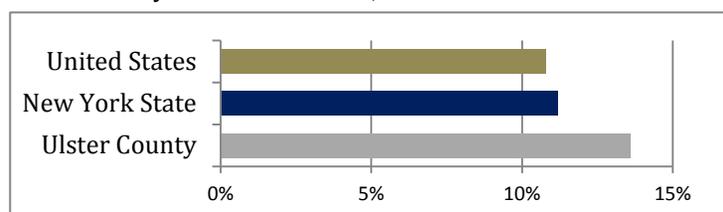
According to the 2011 National Survey of Substance Abuse Treatment Services, 49.4% of the 1,205 individuals treated for substance abuse in Ulster County have a co-morbid mental health diagnosis.

Mental health disorders also have a serious impact on physical health and are associated with the prevalence of chronic diseases, including diabetes, heart disease, and cancer. According to the National Institute of Mental Health, new mental health issues have emerged among some special populations, such as veterans who have experienced physical and mental trauma and people in communities with large-scale psychological trauma caused by natural disasters. In Ulster County the rate of adults with poor mental health for 14 or more days is 13.6%, which is higher than New York State at 11.2% and the United States average of 10.8% (Figure 57). According to the NYS Office of Mental Health, in Ulster County 1,341 people are mental health consumers. Most are adults 18-64 (73.2%) and most are non-Hispanic White (73%).

#### HEALTHY PEOPLE 2020

- Increase the proportion of adults aged 18 years and older with serious mental illness (SMI)/ serious emotional disturbance (SED) who receive treatment to 64.6%
- Increase the proportion of children with mental health problems who receive treatment to 75.8%

**Figure 57. Percentage of Adults with Poor Mental Health for 14 or More Days in the Last Month, 2009**



Source: NYS DOH Expanded BRFSS, 2009, Expanded BRFSS, 2009 (US)

**Table 33. Ulster County Community Characteristics from the NYS Office of Mental Health, 2011**

Ulster County	Total Population		MH Consumers	
	Individuals	%	Individuals	%
<b>Age</b>	181,638	100.0	1,341	100.0
<b>Youth 0-17</b>	37,134	20.5	303	22.6
<b>Adults 18-64</b>	118,115	65.1	981	73.2
<b>Adults 65 +</b>	26,192	16.1	57	4.3
<b>Race</b>	181,638	100.0	1,341	100.0
<b>White, non-Hispanic</b>	150,876	83.1	979	73.0
<b>Black, Non-Hispanic</b>	10,359	5.7	147	11.0
<b>Hispanic or Latino</b>	13,892	7.6	145	10.8
<b>Other</b>	6,314	3.5	30	2.2
<b>Multiple/Unk</b>	197	0.1	40	3.0

Source: NYS DMH, Patient Characteristics Survey, November 2011

In 2011, of the 1,341 patients diagnosed with mental illness in Ulster County, 84.3% were diagnosed with a serious mental illness (SMI) or serious emotional disturbance (SED). Most mental health patients received outpatient care in Ulster County. Those who received supportive care only showed the lowest rate of SMI/SED.

These patterns are similar to those found for New York State overall. However, a larger proportion of New York State residents who have only supportive care have a SMI/SED diagnosis (Table 34).

### SUICIDE

Suicide refers to death caused by self-directed injurious behavior with any intent to die as a result of the behavior. A suicide attempt is a non-fatal self-directed potentially injurious behavior with any intent to die as a result of the behavior.

According to the Center for Disease Control, suicide is the 10th leading cause of death in the United States, accounting for the deaths of approximately 30,000 Americans each year. It is estimated that Suicide costs society approximately \$34.6 billion a year in combined medical and work loss costs. The highest suicide rates are among Non-Hispanic Whites, males and those 65 or older.

A combination of individual, relational, community and societal factors contribute to the risk of suicide. In Ulster County the rate of suicide deaths is 11 per 100,000 people, which is higher compared to the New York State rate of 7.1 per 100,000, but slightly lower than the United States rate of 12.4 per 100,000 (Figure 58).

**Table 34. Proportion of Mental Health Population with SMI/SED, Ulster County and New York, 2011**

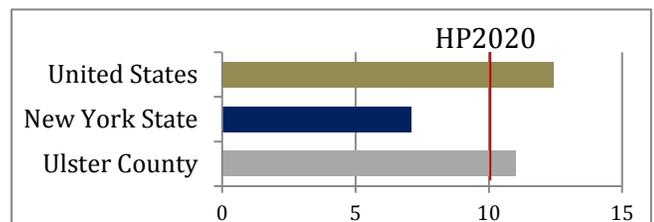
	Total MH Clients	% SMI/SED
<b>ULSTER County</b>	1,341	84.3
<b>Inpatient</b>	48	100.0
<b>Outpatient</b>	813	93.8
<b>Residential</b>	232	100.0
<b>Support</b>	485	66.8
<b>NEW YORK STATE</b>	178,272	84.0
<b>Emergency</b>	4,191	75.9
<b>Inpatient</b>	12,282	99.9
<b>Outpatient</b>	122,082	82.2
<b>Residential</b>	29,216	99.9
<b>Support</b>	40,667	85.6

Source: NYS Office of Mental Health, 2011

#### HEALTHY PEOPLE 2020

- Reduce the suicide rate to 10.2 suicides per 100,000 population

**Figure 58. Suicide Death Rate per 100,000, 2007-2009**



Source: 2007-2009 Vital Statistics Data, March, 2011, National Vital Statistics System-Mortality2007

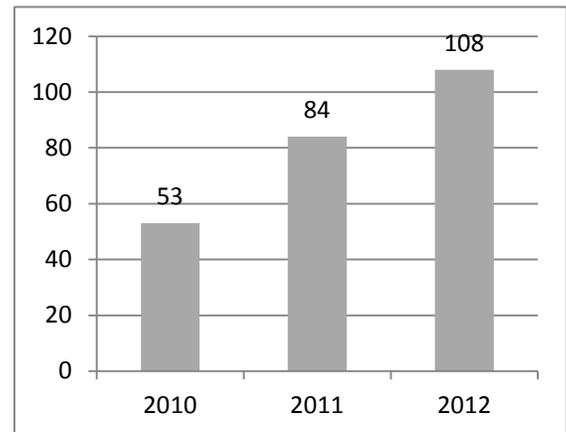
In 2005 the Ulster County Department of Health, in association with multiple community partners, recently formed the Ulster County Suicide Prevention Education and Awareness Committee (SPEAK). SPEAK conducts public awareness and education campaigns, media outreach, suicide prevention trainings and intervention and post-intervention activities for individuals, families, schools and communities. SPEAK is also in the process of creating a suicide awareness and prevention mobile phone app, which will be widely distributed throughout the County.

## PRESCRIPTION DRUG ABUSE

In Ulster County in 2010-2012, 245 cases of prescription drug abuse were reported to the NY Poison Control Center (Figure 59). In a survey administered by the Ulster Prevention Council in 2012, 3.6% of students in grades 7-12 had abused prescription painkillers in the previous 30 days.

On March 21, 2013 the Prescription Drug Task Force of Ulster County held its first meeting to mobilize all sectors of the community in order to reduce the epidemic of prescription drug abuse. Participants included doctors, pharmacists, school personnel, nonprofit agencies, mental health providers, law enforcement and local youth. The Prescription Drug Task Force is a joint initiative of the Ulster County Departments of Health and Mental Health and the Ulster Prevention Council.

**Figure 59. Prescription Drug Abuse Trends in Ulster County, 2010-2012**



Source: NY Poison Control Center, 2010-2012

## UNDERAGE DRUG & ALCOHOL USE

Youth who begin using substances are more likely to develop chemical dependency later on in life and put themselves in high-risk situations. According to the Center for Disease Control, alcohol alone is responsible for 189,000 emergency room visits and more than 4,700 deaths among underage youth per year. The United States spends \$14 billion on juvenile justice substance-related cases annually and an estimated \$207.2 billion a year on healthcare costs related to substance abuse.

In Ulster County 19% of youth ages 12-17 use illicit drugs which is higher than the New York State rate of 9.98% and the US rate of 9.66% (Table 35). Just over 16% of youth ages 12-17 use marijuana which is higher than the New York State rate of 7.8% and the US rate of 6.67%. In Ulster County 24.7% of youth ages 12-17 use alcohol which is higher than the New York State rate of 17.43% and the US rate of 15.27%.

### HEALTHY PEOPLE 2020

- Reduce the proportion of adolescents reporting use of alcohol or any illicit drugs during the past 30 days to 16.6%
- Reduce the proportion of adolescents reporting use of marijuana during the past 30 days to 6.6%

**Table 35. Percentage of Substance Use among Youth 12-17\*, 2006-2012**

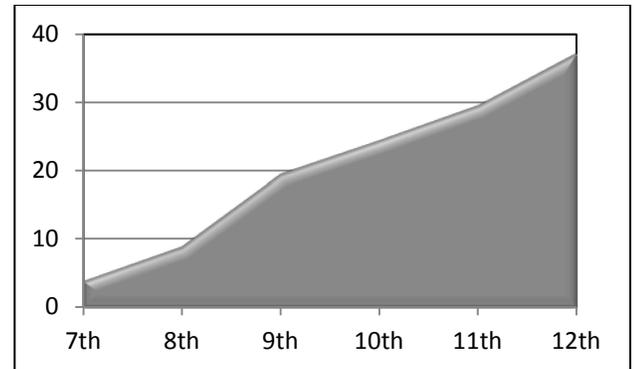
	Ulster County	New York State*	United States*
Past Month:	%	%	%
<b>Any Illicit Drug</b>	19.0	9.98	9.66
<b>Marijuana</b>	16.3	7.8	6.67
<b>Alcohol</b>	24.7	17.43	15.27

\* New York and US values are sample estimates for youth 12-17; Ulster County are population estimates for youth 7<sup>th</sup>-12<sup>th</sup> grade (can include age 18)

Source: Ulster Youth Risk Survey, 2012; SAMSHA, National Survey Alcohol and Drug Use, 2006, 2007)

In the Ulster County 2012 Youth Risk survey, the percent of students reporting past month illicit drug use increases steadily from a low among 7<sup>th</sup> graders of just under 4% to a high among 12<sup>th</sup> graders of just over 37% (Figure 57).

**Figure 60. Percent of Students Reporting Past Month Use of any Illicit Drug, Ulster County 2012**



Source: Ulster Youth Risk Survey, 2012

### ***In focus: Mental Health and Substance Abuse***

Three focus groups met to discuss the County's response to Mental Health and Substance Abuse. In total there were 32 participants, including 8 health care providers, 12 service providers, 8 administrator, 1 student, and 3 community members. The groups graded the County's response as average to below average. Positive current efforts identified were those focused on de-stigmatizing mental health and substance abuse issues to encourage people to use the services available, and reducing use of the Emergency Room. It was felt that there was a strong collaboration across organizations and an excellent focus on prevention. The perceived weakness addressed included the perception of a lack of awareness and access to the services provided and a lack of funding which has resulted in the closing of some programs. It was also felt that the county needed to change the way it responds to first-time drug offenders. Rather than sentencing them and imposing fines, use alternatives such as treatment support and education. The groups identified that improvements in the county's response could be made with more resources. These could be applied toward implementing a hospital diversion mobile crisis team, provide more services for veterans and provide more assessment tools and training to those working in healthcare, schools and the community. There was also an interest in an increase in collaboration across service providers and more community outreach. Awareness of resources can be improved by reaching out in schools, on billboards and using media to educate the community using a regularly-updated community resource guide, online and in print, where all services and insurance information can be found. Access to these services can be improved by looking into issues in transportation and the cost of treatment for those who are uninsured. Cross-training for healthcare providers and educators in the fields of mental health and substance abuse is integral to improving services. Lastly, it was felt that reaching out to young people and providing them with positive role models can be a focus on prevention, as well as early interventions. This can empower young people and communities to be a part of positive change.

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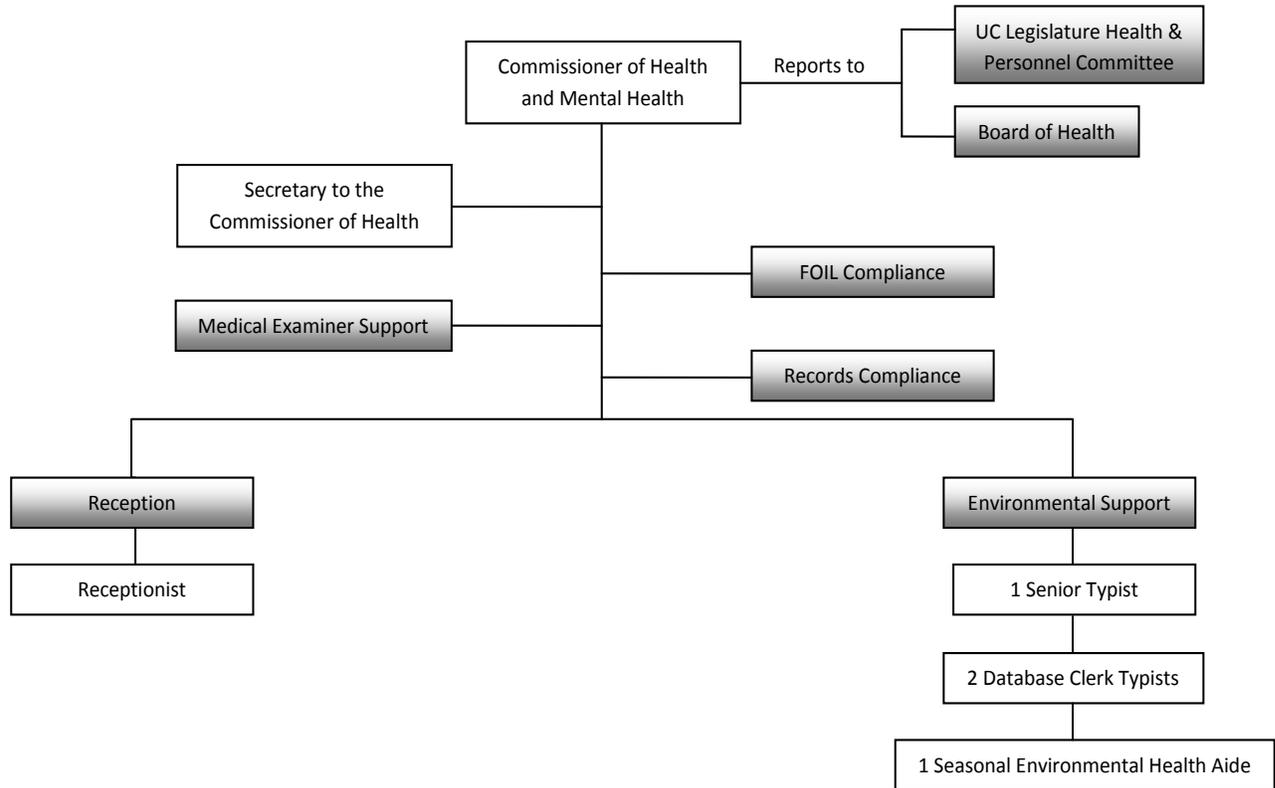
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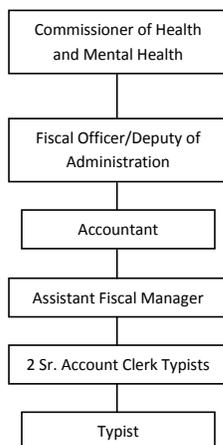
## APPENDICES

### APPENDIX A: ULSTER COUNTY DEPARTMENT OF HEALTH ORGANIZATIONAL CHARTS

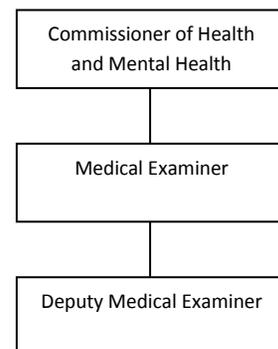
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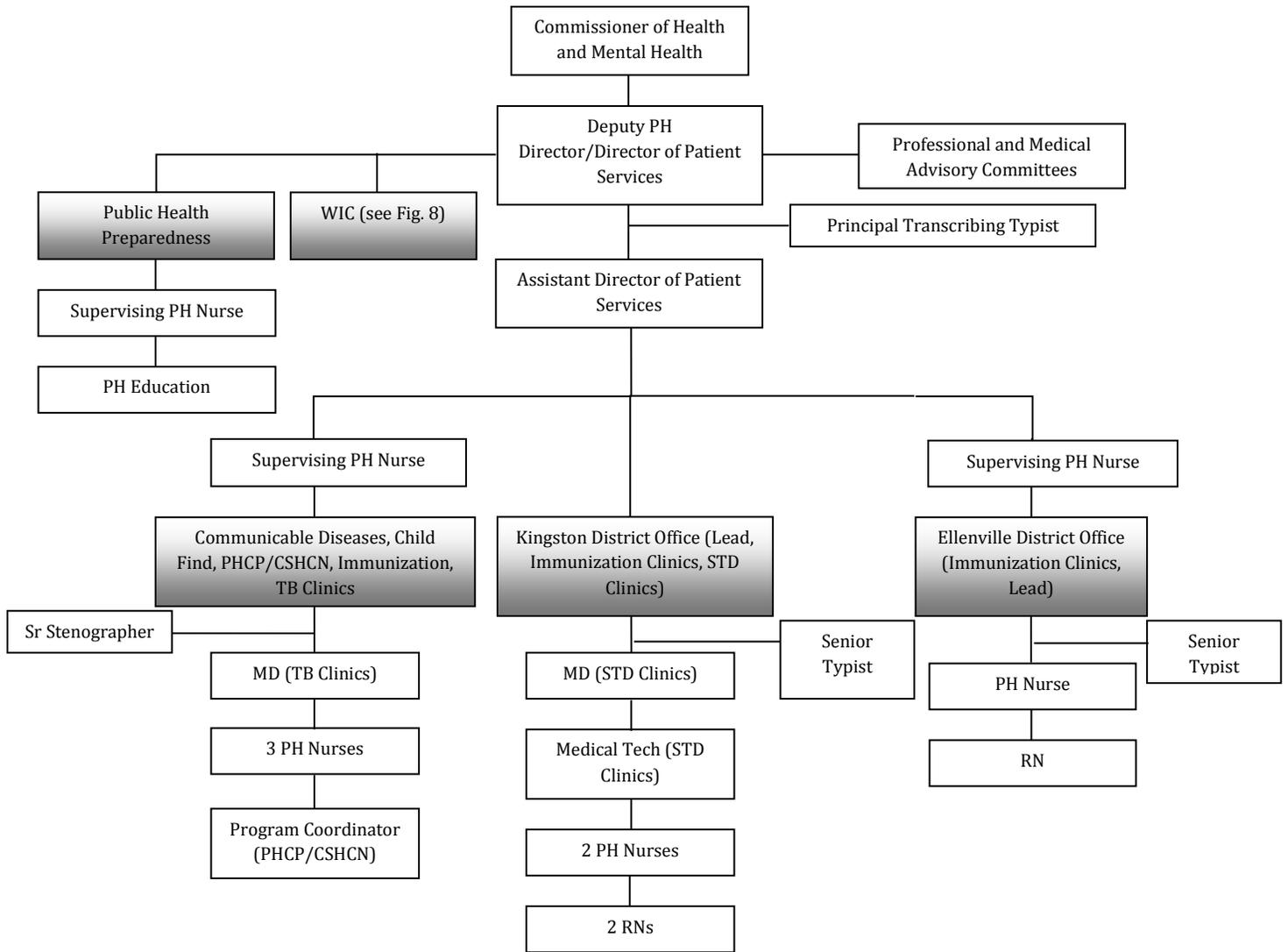
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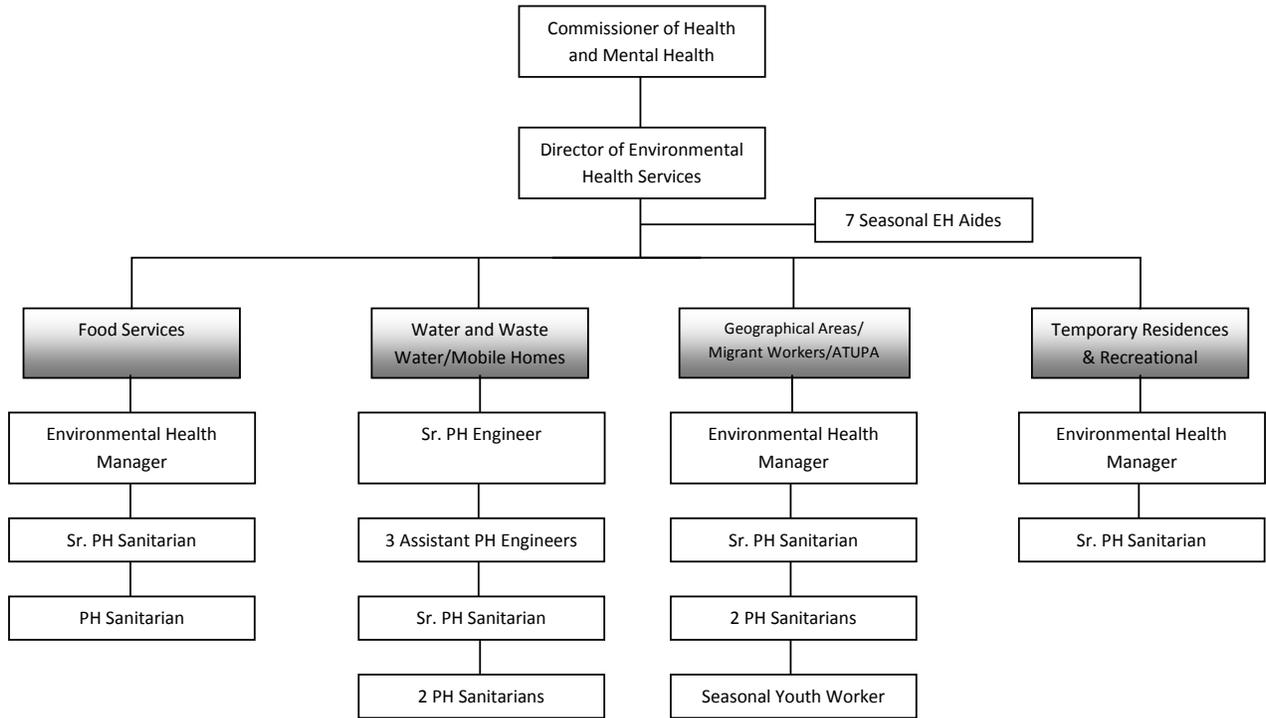
#### Medical Examiner



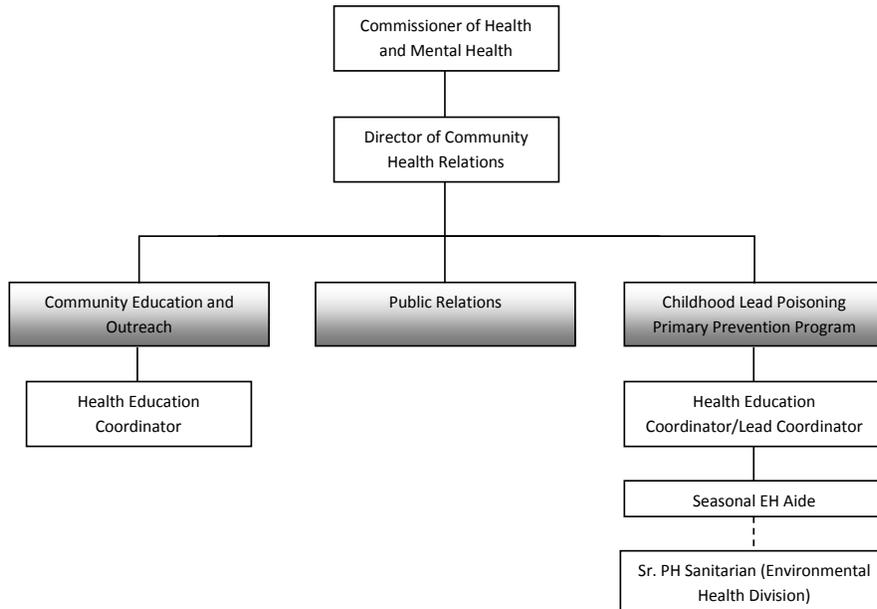
Patient Services



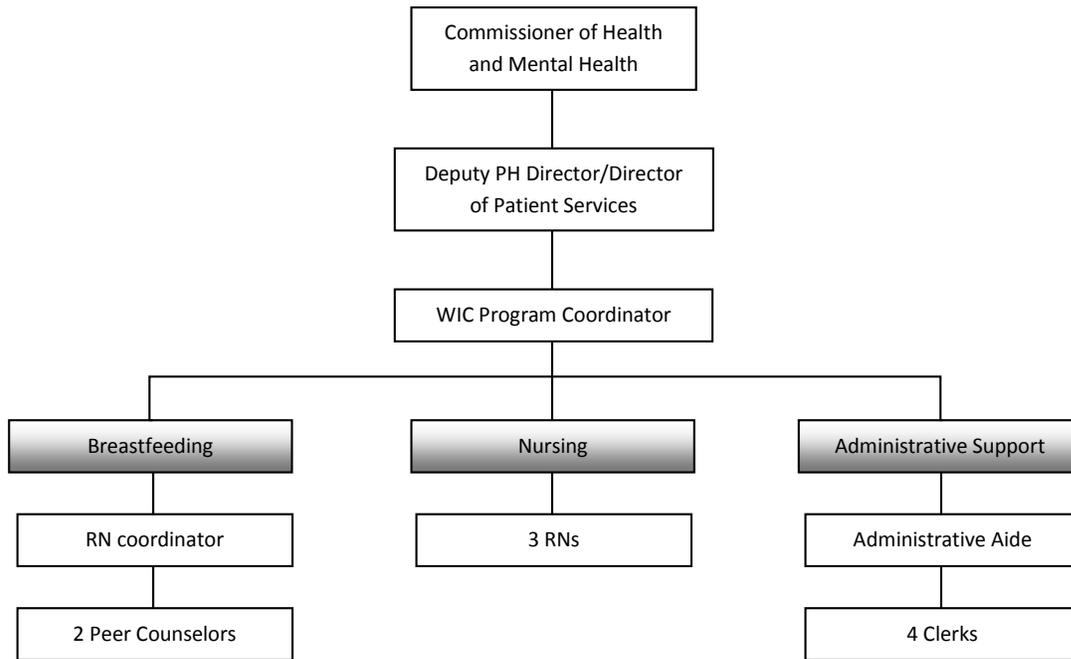
Environmental Health



Health Education



Women, Infants and Children (WIC)



## **APPENDIX B: ULSTER PREVENTION COUNCIL COUNTY-WIDE YOUTH REPORT**

### **Addressing Youth Risk Behaviors in the Transition to High School**

At a community forum organized by the Ulster Prevention Council in May, 2013, individuals from schools, government, and non-profits agencies, as well as parents and students discussed ways the county could respond to the increased risk behaviors found among ninth grade students. The following is a summary of some of the ideas presented:

Changes must be made at the school, family and community levels in order to help 9<sup>th</sup> grade students adjust to the high school environment, while minimizing the likelihood that they will engage in risky behavior.

At the school level, an initiative being implemented by Kingston High School for the 2013-2014 school year is the 9<sup>th</sup> grade academy. By separating the first-year students from the rest of the high school, they hope to address the students' concerns in a more individualized manner. This could also be accomplished by introducing a 9<sup>th</sup> grade assembly discussing issues youth face. Similarly, freshman orientations and bridge programs have proven to be successful in reaching out to at-risk youth. Bridge programs often incorporate social opportunities in which youth can make valuable connections, establish social supports and participate in stress-reduction and leadership development programs. This would empower them to address issues they see in their schools, learn how to cope with difficult situations and teach the youth to advocate for themselves. Lastly, the school community must focus efforts on creating a positive learning environment and offering education about prevention. In order to do this there may need to be a shift in school policy and more support offered to mental health staff, teachers and guidance counselors.

At the community level, the phrase "it takes a village to raise a child" encapsulates the issue at hand. Community efforts could focus on education and raising awareness by using creative positive messages and PSAs. Health care providers could become involved by teaching health classes to 7<sup>th</sup> and 8<sup>th</sup> grade students and their families. Furthermore, confidential community outreach programs can be created in order to offer support. Establishing parent networks would engage families and help them feel less isolated. This could help bridge generational gaps and identify adults who are sources of community support.

The final and most complex level to address is the family. Parent outreach is crucial and must be done in creative ways to engage parents who are facing economic challenges and lack the time and resources to be involved. Frequent direct contact from the school and community organizations can remind parents to attend open houses and school events. Support for parents can also be offered in the form of stress-management workshops, educational parenting programs on public access TV, texting helpful hints and by raising awareness of community supports offered. In order to determine how to best support families, parents can be surveyed to empower them to assess their own needs. The goal of family outreach is primarily parental support and empowerment.

**APPENDIX C: HEALTHY ULSTER COUNTY 2012 REPORT CARD**

Healthy Ulster County 2012 Report Card No. 2					
Indicator	Grade	Rate	HPO	% diff	Notes
<b>ACCESS</b>					
Access*	C	83	85	2	NNI (awaiting next BRFSS)
<b>TOBACCO USE</b>					
Cigarette use adolescents*	B+	13	21	-	NNI; but, new OASAS-sponsored survey being conducted 2012
Cigarette use adults*	C-	22	12	-	NNI (awaiting next BRFSS)
<b>OBESITY &amp; OVERWEIGHT</b>					
Obesity/overwt. child/adolescents	F	37	5	7.4-fold	Worse, 7-fold difference compared to 4.8-fold difference at baseline; same F-grade
Obesity/overwt. Adults*	C	25	15	-	NNI (awaiting next BRFSS)
<b>VACCINE PREVENTABLE DISEASE</b>					
Vaccination adults 65+*	D	69	90	23	NNI (awaiting next BRFSS or UCDOH survey via PiPH project)
<b>CHRONIC DISEASE</b>					
Coronary heart deaths	B	133	166	20	Improvement (C+ grade)
Stroke deaths	B	32.5	48	32	No change
Breast cancer deaths	D	26.9	22.3	21	No change
<b>MATERNAL &amp; CHILD HEALTH</b>					
Infant deaths	D	5.4	4.5	20	Improvement (F-grade)
<b>UNINTENTIONAL INJURY</b>					
Motor vehicle crash deaths	C	11	9.2	19.6	Marked improvement (F-grade)
<b>ENVIRONMENTAL QUALITY</b>					
Air quality	B	NA	0.3	NA	Ozone grade; improvement (C-grade); See: <a href="http://www.stateoftheair.org/2012/states/new-york/ulster-36111.html">http://www.stateoftheair.org/2012/states/new-york/ulster-36111.html</a>

Key: HPO, Health People 2010 Objective; NNI, no new information since last Report Card; \*, indicates no updated data from last Report

**APPENDIX D: METHODS USED TO SEEK COMMUNITY INPUT**

On May 21<sup>st</sup>, 2013, a meeting called A New Era of Prevention: Assess, Plan and Connect for a Healthier Ulster County took place at SUNY Ulster in Stone Ridge, NY. Preliminary findings of the data assessment were presented by Dr. Smith, Commissioner of Health and Mental Health. A total of 79 participants attended focus groups to discuss community health needs. Participants broke into six focus groups to speak about the areas of Mental Health and Substance Abuse, Diabetes, Heart Disease, and Cancer. Each group evaluated the health concern particularly in relation to obesity. Participants came from various sectors of the community:

<b>Local Non-Profit Organizations (32)</b>
Greater New Paltz Community Partnership
The Queens Galley
Ulster Prevention Council
Awareness
The Community Heart Health Coalition of Ulster County
Mental Health Association in Ulster Co.
Family of Woodstock
YMCA
Cancer Services Program of the Hudson Valley
Maternal-Infant Services Network
Wawarsing Council
Hudson Valley Community Services
Breast Cancer Options
Planned Parenthood Mid-Hudson Valley
Cornell Cooperative Extension
Ulster County Community Action Head Start
Tri-County Cessation Center
<i>The Tobacco Free Action Coalition of Ulster County</i>
United Way of Ulster County
American Red Cross
Ulster County Healthy Families
<b>Local Community Groups (1)</b>
Kingston Paddle Pals / Esopus Explorers
<b>Fitness Centers (1)</b>
MAC Fitness
<b>Ulster County Government (2)</b>
Ulster County Consumer Fraud
Ulster County Trails Advisory Committee
<b>Healthcare Providers and Centers (16)</b>
Ellenville Regional Hospital
Four Winds Hospital
Benedictine Hospital
Benedictine Hospital Oncology Support - Breast Education
HealthAlliance of the Hudson Valley
Institute for Family Health
Any-Time Home Care, Inc.
Rondout Valley Holistic Health Community

Hudson River Health Care
<b>Department of Health (8)</b>
Columbia County Department of Health
Ulster County Department of Health
New York State Department of Health
<b>Human Services Agencies (4)</b>
Department of Social Services
Ulster County Office for the Aging
Ulster County Department Mental Health
<b>Health Insurance Providers (3)</b>
Capital District Physicians' Health Plan (CDPHP)
Hudson Health Plan
<b>Local Schools and Academia (6)</b>
Institute for Disaster Mental Health at SUNY New Paltz
SUNY Ulster
SUNY Ulster Nursing
SUNY New Paltz
Upstate Medical University
Ulster BOCES Career and Tech Center
<b>Retirement Communities (1)</b>
Woodland Pond
<b>Mental Health and Substance Abuse Treatment Services (4)</b>
Samaritan Village, Inc.
Health Alliance of the Hudson Valley - Methadone Clinic & The Bridge Back
Gateway Community Industries
Jewish Family Services of Ulster County
<b>Media (1)</b>
Ulster Publishing

Participants voiced that a shift towards institutionalized prevention and increasing community awareness of services are key to addressing Mental Health and Substance Abuse, Diabetes, Heart Disease, Cancer and obesity. They also added that many community health problems are challenging to address due to limited economic resources and the difficulty of changing community mindsets and norms. In addition, lack of adequate public transportation poses a challenge in rural areas of Ulster County. However, participants noted that many effective evidence-based interventions exist; therefore shifting community health norms is a matter of implementing appropriate interventions and waiting for results. Education for service providers and community members was observed to be the most effective form of prevention and intervention across all health issues.

Notification of this event was provided in an open invitation via email to a broad array of community members including community-based organizations; health care providers such as federally qualified health centers; managed care organizations; employers and businesses; other governmental agencies including those providing mental health and substance abuse services; transportation; housing; community based health and human service agencies; local schools and academia; policy makers; the media and philanthropy. We utilized two board-based listservs that have over 500 contacts for Ulster County and the Hudson Valley region. In addition, we invited partners from our Partners in Public Health Councils (PiPH).

A second focus group meeting took place on September 10th, 2013 at the Ulster County Department of Health and Mental Health in Kingston, NY. Twenty-five people participated to identify Community Health Improvement Plan (CHIP) priorities. We used the Hanlon Method which is a priority rating system and broke into small groups to come to consensus on the grading or numbers that were assigned for the formula. Then each group announced what numbers they gave and as a larger group we averaged it out. This enabled us to determine our priorities of Obesity, Tobacco, and Suicide Prevention. For our CHIP Focus Group session we invited community-based organizations on the NYS DOH contractors contact information list for Ulster County that is posted on the Prevention Agenda website. In addition, we invited partners from our Partners in Public Health Councils (PiPH).