

Andrew J. Spano, Westchester County Executive
County Board of Legislators

Community Health Assessment 2010 - 2013



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DEPARTMENT OF HEALTH
Joshua Lipsman, M.D., J.D., M.P.H., Commissioner

**COUNTY OF WESTCHESTER
ANDREW J. SPANO
COUNTY EXECUTIVE**

**DEPARTMENT OF HEALTH
COMMUNITY HEALTH ASSESSMENT
2010-2013**

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Westchester County Department of Health

Mission Statement

The mission of the Westchester County Department of Health is to promote health, prevent disease and prolong meaningful life for Westchester residents.

The Commissioner of Health is vested with all of the powers and duties necessary under the mandates of the New York State Public Health Law to

- monitor and control the spread of communicable disease,
- monitor and regulate air and water quality,
- enforce the state and local sanitary code,
- promote and ensure local public health activities and
- assure the availability of community health services.

Westchester County Department of Health

INTRODUCTION

The Community Health Assessment (CHA) 2010-2013 is an essential part of the Municipal Public Health Service Plan (MPHSP) to be submitted to the New York State Department of Health. The Community Health Assessment describes the health and well-being of Westchester County residents, assesses the availability and accessibility of the health care services in the county, identifies existing gaps and health care barriers in the county, and specifies the priorities and actions of the Westchester County Department of Health (WCDH).

The Community Health Assessment contains four major sections. The first section provides general demographic and socioeconomic characteristics of the county population with data from the 2000 Census and the 2005-2007 American Community Survey.

The second section contains information describing the health status of Westchester County residents. This section covers the following areas:

- General Health Status, health behavior, and access to health care, with information from the New York State Behavioral Risk Factor Surveillance System (BRFSS).
- Vital Statistics, including the number of births and pregnancies, demographic characteristics of mothers, number of deaths, the leading causes of death and demographic characteristics of the deceased.
- Emergency Room Visits and Hospitalizations, including the number of emergency room visits and number of hospital discharges, select causes of emergency room visits and hospitalizations, and demographic and socioeconomic characteristics of patients.
- Communicable Diseases, including the number of communicable diseases reported to the Westchester County Department of Health.
- Cancer Incidence and Mortality, including age-adjusted incidence and mortality rates by basic demographic characteristics of patients, and comparisons with New York State in general.

Following the general description of the health status in the county, a special chapter, Voices from the Community, is devoted to presenting preliminary findings from a special project being conducted in the Hudson Valley Region.

After the “Voices from the Community,” age profiles and region profiles are presented to describe the general health indicators for each specific age group and region in the county.

Finally, the health status indicators in Westchester County are compared with the Healthy People 2010 and the New York State Prevention Agenda goals to identify major achievements and gaps in the county.

The third section of the Community Health Assessment discusses the community resources of health care in the county. The functions and services provided by the Westchester County Department of Health (WCDH) are described in details. Also discussed in this section are the services provided by certain key partner agencies of the WCDH.

This section further presents information on other local health care resources as well as the collaborative efforts between the WCDH and local health care providers.

In the forth section, the Community Health Assessment presents the current public health priority areas developed from the findings of the community health status and the unmet needs identified in the comparison of Westchester County health status indicators with the objectives of the Healthy People 2010 and the New York State Department of Health Prevention Agenda. This section also lists the actions taken by WCDH toward promoting a healthier community for Westchester County residents.

Westchester County Municipalities

Health Planning Region and Municipality ¹	Code ²
Northwest	
Cortlandt Town	T
Buchanan Village	V
Croton-on-Hudson Village	V
Cortlandt Unincorporated	TOV
Mount Pleasant Town	T
Briarcliff Manor Village (Mount Pleasant Part) ²	V
Pleasantville Village	V
Sleepy Hollow Village	V
Mount Pleasant Unincorporated	TOV
Ossining Town	T
Briarcliff Manor Village (Ossining Part) ²	V
Ossining Village	V
Ossining Unincorporated	TOV
Peekskill	C
Northeast	
Bedford Town	T
Lewisboro Town	T
Mount Kisco Town/Village	T/V
New Castle Town	T
North Castle Town	T
North Salem Town	T
Pound Ridge Town	T
Somers Town	T
Yorktown Town	T
West Central	
Greenburgh Town	T
Ardsley Village	V
Dobbs Ferry Village	V
Elmsford Village	V
Hastings-on-Hudson Village	V
Irvington Village	V
Tarrytown Village	V
Greenburgh Unincorporated	TOV
Scarsdale Town/Village	T/V
White Plains	C

Health Planning Region and Municipality¹	Code²
East Central	
Harrison Town/Village	T/V
Mamaroneck Town	T
Larchmont Village	V
Mamaroneck Village (Mamaroneck Part) ³	V
Mamaroneck Unincorporated	TOV
Rye City	C
Rye Town	T
Mamaroneck Village (Rye Part) ³	V
Port Chester Village	V
Rye Brook Village	V
Southwest	
Yonkers	C
Southeast	
Eastchester Town	T
Bronxville Village	V
Tuckahoe Village	V
Eastchester Unincorporated	TOV
Mount Vernon	C
New Rochelle	C
Pelham Town	T
Pelham Village	V
Pelham Manor Village	V

¹ For regional planning purposes, municipalities are grouped into six geographic health planning regions.

² A town may or may not include incorporated villages located within the town boundary. When it does not include any incorporated villages within the town boundary, the statistics refer to the town as a whole (T). When it does include incorporated villages within its boundary, the statistics refer to the unincorporated area within the town boundary (TOV). The entities of Harrison, Mount Kisco, and Scarsdale are both towns and villages (V/T). The land in two towns, Pelham and Rye, has all been incorporated into separated villages. Therefore, no data are reported for these two towns.

³ The Village of Briarcliff Manor and the Village of Mamaroneck are split between two towns. Briarcliff Manor is within the Town of Ossining (92% of its surface area and 91% of its population) and the Town of Mount Pleasant (8% of its surface area and 9% of its population). The Village of Mamaroneck is within the Town of Mamaroneck (63% of its surface area and 60% of its population) and the Town of Rye (37% of its surface area and 40% of its population).

MUNICIPALITIES AND HEALTH PLANNING REGIONS WESTCHESTER COUNTY

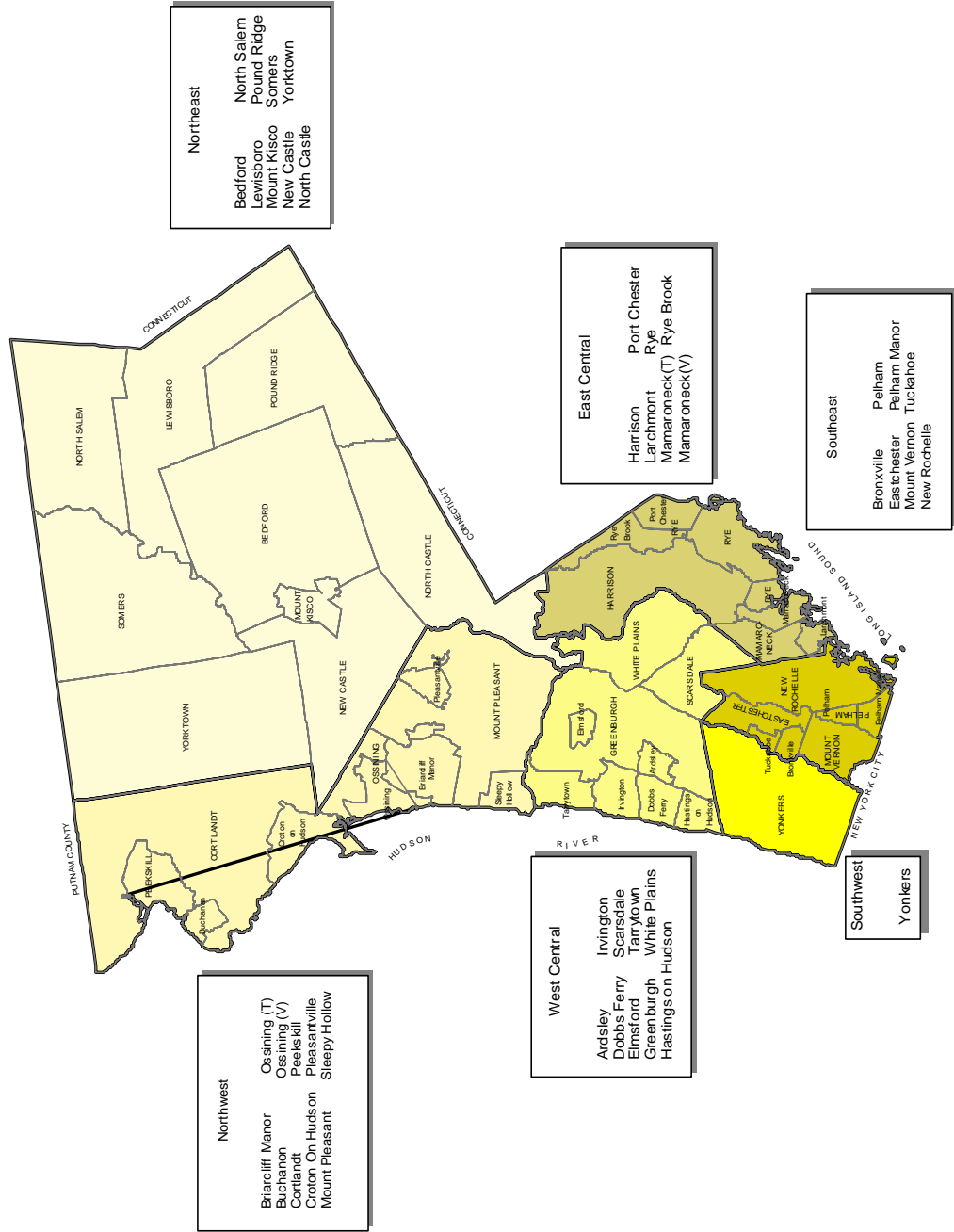


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SECTION ONE

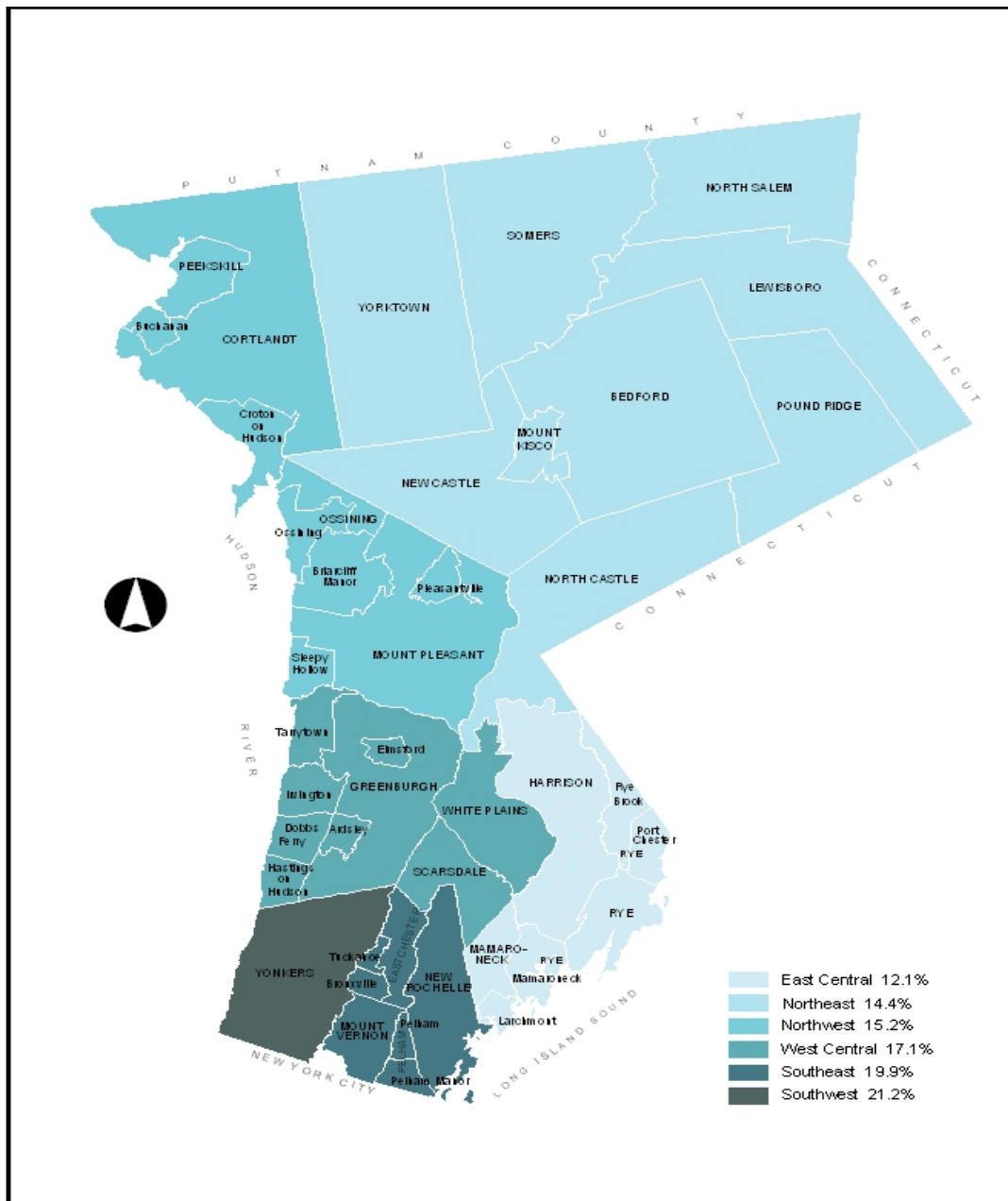
DEMOGRAPHIC PROFILE

Demographics

Land Area and Population Distributions

Westchester County encompasses a total area of 450.5 square miles. The county has been divided into six Health Planning Regions (HPRs) by the Westchester County Department of Health based on their demographic profiles and utilization patterns.

Figure 1. Population Distribution by Health Planning Region, Westchester County, 2000 Census



The population was reported as 923,459 in the 2000 census. Twenty-one percent of the population resides in the Southwest HPR, 19.9% resides in the Southeast HPR and 17.1% resides in the West Central HPR; 15.2%, 14.4%, and 12.1% resides in the Northwest, Northeast, and East Central HPRs, respectively.

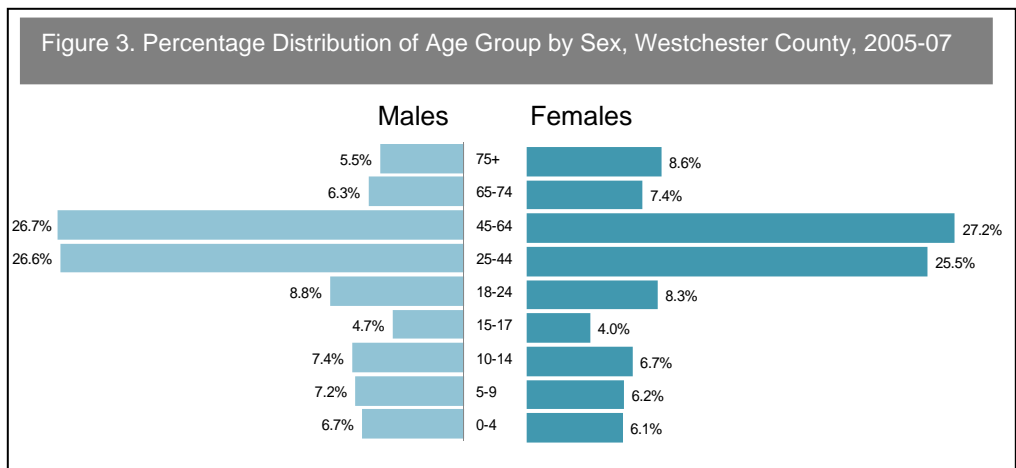
The population residing in Westchester County has increased to 949,041, according to the 2005-2007 American Community Survey (ACS) estimates (excluding people living in institutions, college dormitories, and other group quarters). The distribution of population in the six Health Planning Regions and large cities and towns remains similar to that in 2000.

Age and Sex Distribution



According to the 2005-2007 ACS, among the 949,041 county residents, 6.4% were under five years old. 20.7% were from 5 to 19 years of age, 58.9% were between the ages of 20 and 64, and 14.0% were ages 65 years and older.

The number of males was 457,328 (48.2%) and the number of females was 491,713 (51.8%). The ratio of males to females was 0.93 for the county.



Race and Ethnicity

Westchester County is predominantly white (68.3%) (60.7% of non-Hispanic white). Just below a third (31.7%) of the county population are persons of color, including blacks (13.9%), Asians (5.5%), and other races.

Overall, Hispanics represented 18.5% of the population. Among them, 41.2% were classified as white and 2.0% were classified as black.

Representations of persons of color and Hispanics vary by locations. For examples, the municipalities and towns in the Southeast HPR have higher proportion of blacks and Hispanics than the municipalities and towns in the Northeast and the East Central HPRs.

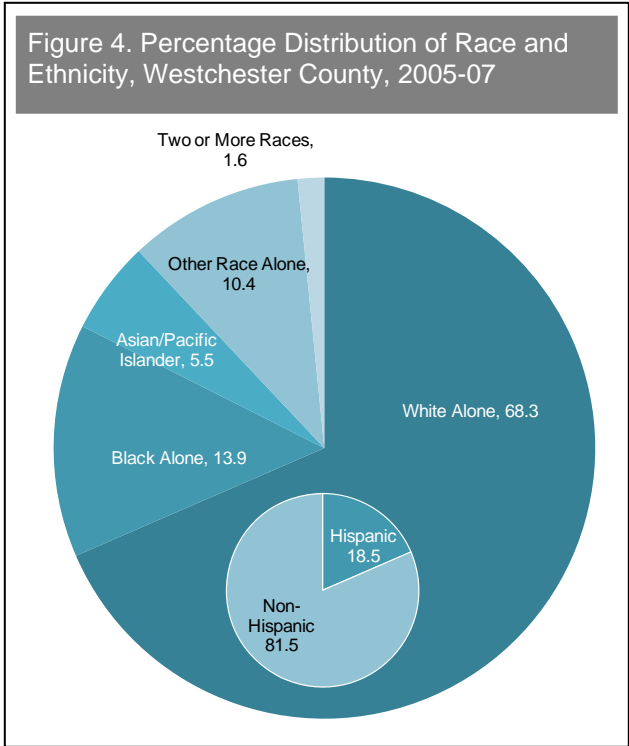
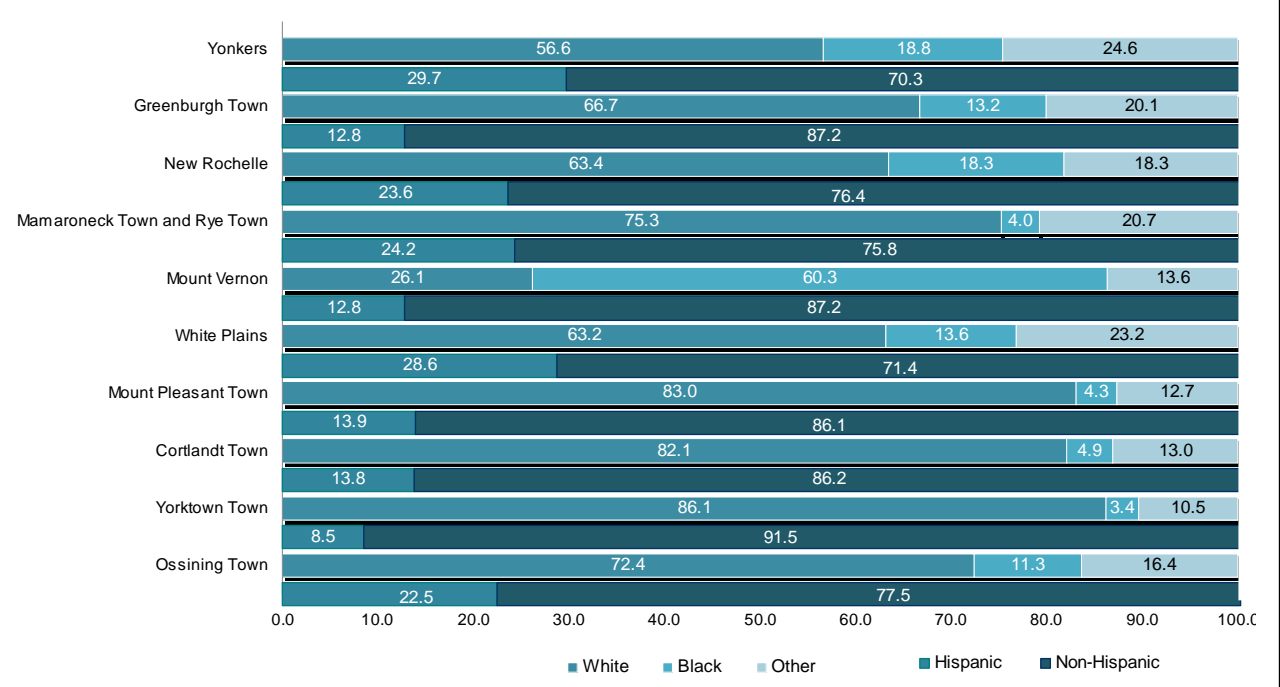


Figure 5. Percentage Distribution of Race and Ethnicity in Select Cities and Towns, Westchester County, 2005-07

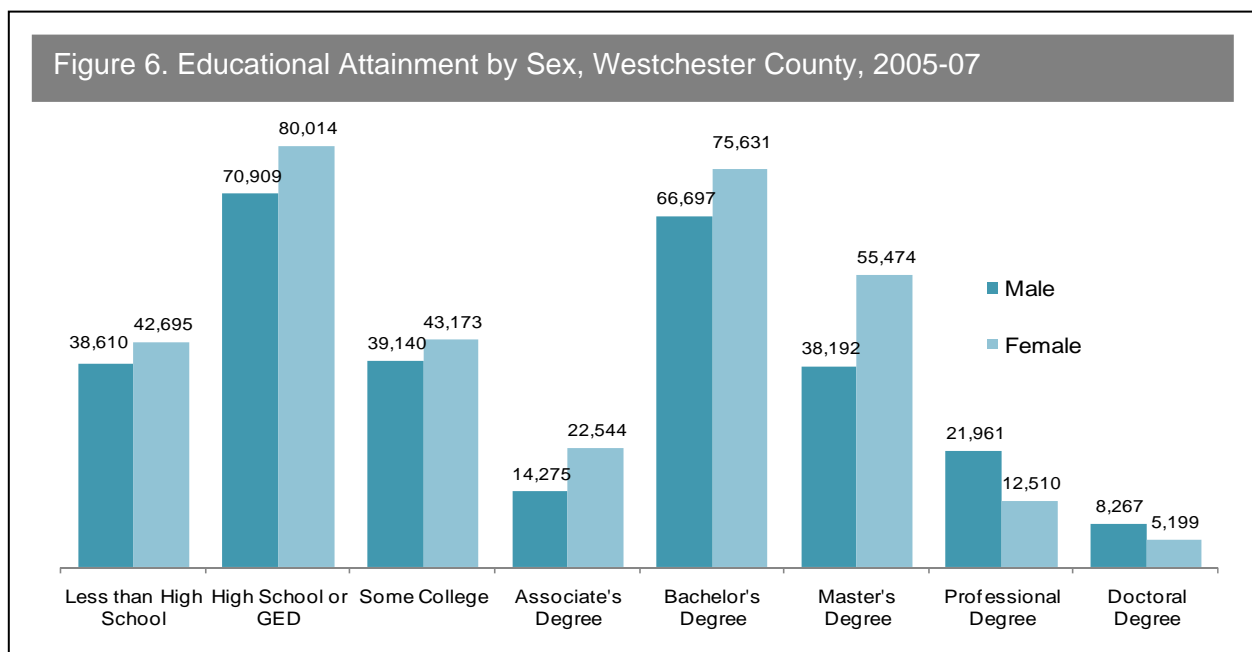


Educational Attainment

The majority of Westchester County residents have received at least a high school education among those aged 25 and older (87.2%). Almost half (44.7%) of the residents have received at least a bachelor’s degree. Over one-fifth (22.3%) had a graduate or professional degree.

Educational attainment varies between males and females. Among males, 10.1% to have received a professional degree or a doctoral degree compared to 5.3% among females.

The percent of those with an associates degree was 6.7% among females versus 4.8% among males. The percent of those with a masters degree was 16.4% among females and 12.8 among males.



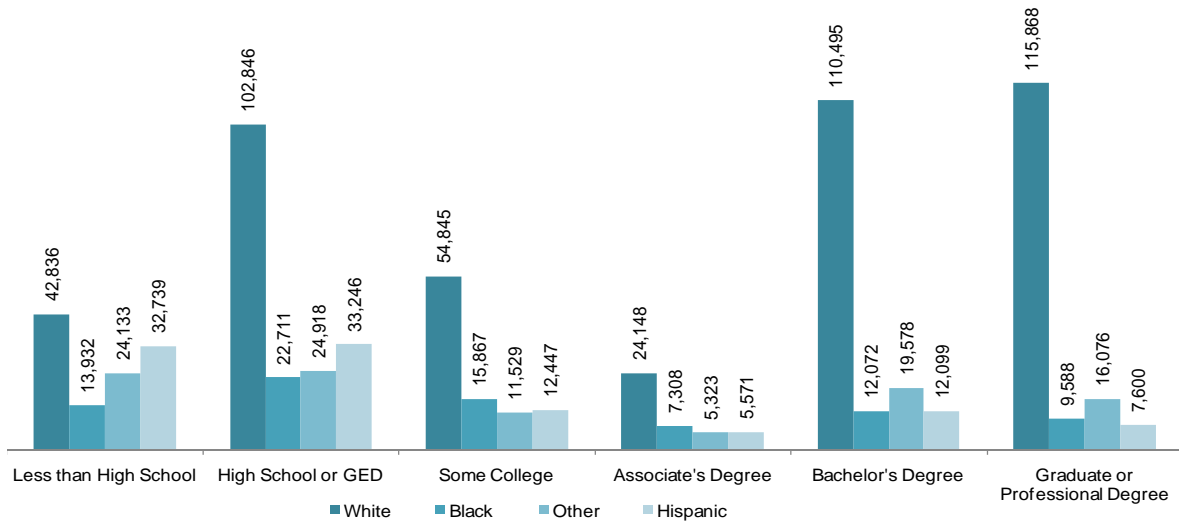
Educational attainment also varies among racial categories. For example, among whites, 50.2% have a bachelor’s degree or higher. Only 9.5% do not have a high school diploma.

Among blacks, just over a quarter (26.6%) have a bachelor’s degree or higher. Seventeen percent of them did not have a high school diploma.

Over two-thirds (67.9%) of the Asian or Pacific Islanders have a Bachelor’s degree or a graduate/professional degree. Less than nine percent do not have a high school diploma.

Almost a third (31.6%) of the Hispanic population did not have a high school diploma. Nineteen percent have a bachelor’s degree or higher.

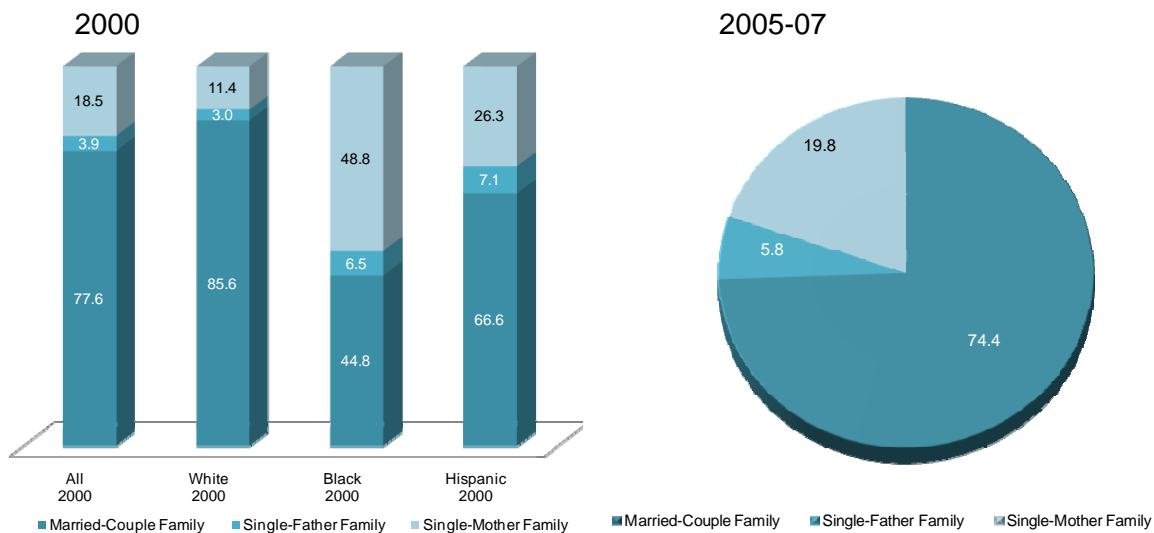
Figure 7. Educational Attainment by Race and Ethnicity, Westchester County, 2005-07



Family Structure

According to the 2005-2007 ACS estimates, there are 335,848 households in Westchester County, 69% are family households, defined as those with at least two related people living together. Among the family households, over half (51.6%) are married or a single parent with their own children under age 18.

Figure 8. Percentage Distribution of Family Structure, All Families with Own Children under 18, Westchester County, 2000 and 2005-07



The majority of the families with own children are married-couple families (74.4%). About 20% were single mother families and 5.8% were single father families.

Detailed information on family structure by race/ethnicity is not available from the 2005-2007 ACS. According to the 2000 Census, among families with their own children under 18, the percentage of single mother families was 11.4% for whites, 48.8% for blacks, and 26.3% for Hispanics; the percentage of single father families was 3.0% for whites, 6.5% for blacks, and 7.1% for Hispanics.

Immigration and Language Spoken at Home

Among all Westchester County residents, 75.9% were born in the United States and 24.1% were foreign born, a significant increase from the 22.2% in 2000. The percent of foreign born population in Westchester County is higher than the nation, which is estimated as 12.5% according to the 2005-2007 ACS.

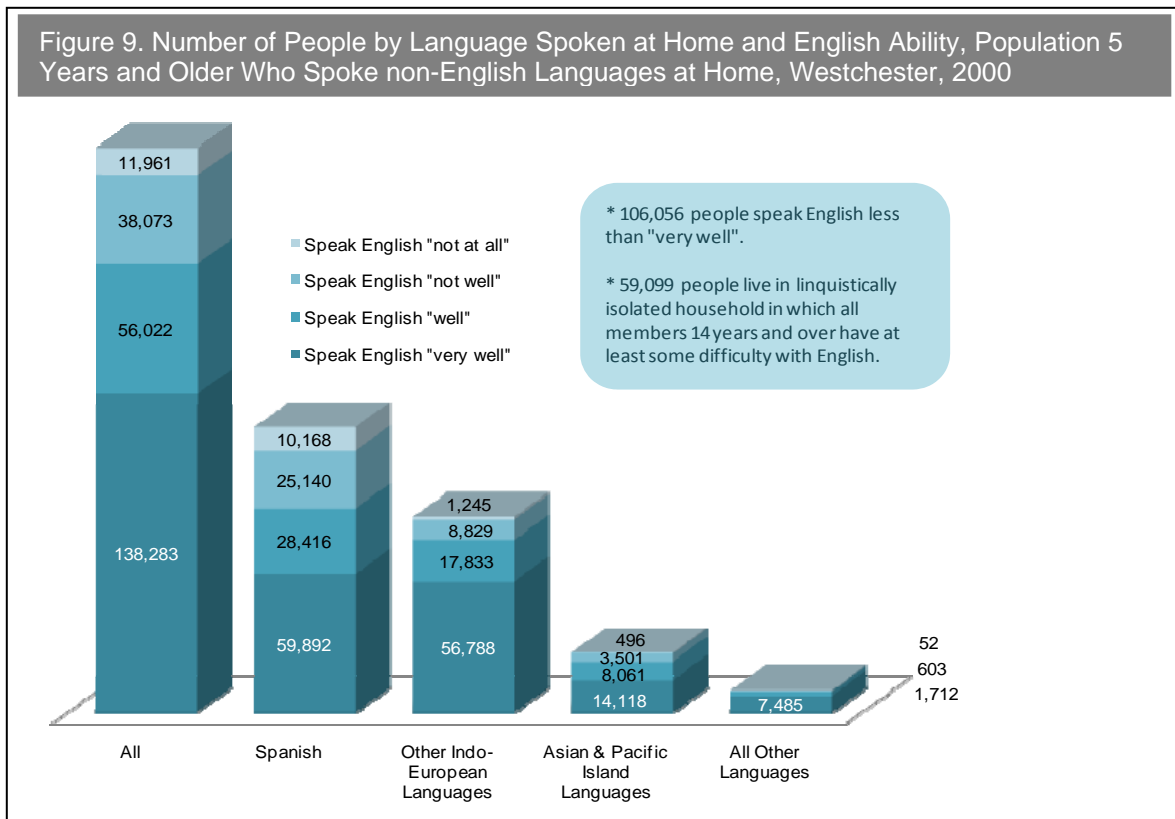
Among the foreign born population, over half (54.4%) were non-citizens.

For the population 5 years and older, 30.0% speak a language other than English at home according to the 2005-2007 ACS estimate, a significant increase from 2000 (28.4%).

The 2000 Census provided detailed information on the language spoken at home. Among those who spoke a foreign language at home, 50.6% spoke Spanish (123,616), 34.7% spoke another Indo-European language (84,695), 10.7% spoke an Asian or Pacific Island language (26,176), and 4.0% spoke some other languages (9,852).

Among the Spanish speaking people, over half spoke English less than “very well,” almost 30% spoke English “not well” or “not at all.”

Among those who spoke another Indo-European language at home, about one-third spoke English less than “very well,” about 12% spoke English “not well” or “not at all.”



Forty-six percent of the people who spoke an Asian or Pacific Island language at home could not speak English “very well.” Over 15% spoke English “not well” or “not at all.”

In total, 106,056 people who were 5 years and older spoke English less than “very well”, accounting for 43.4% of all those who spoke a non-English language at home, and 12.3% of all the population 5 years and older.

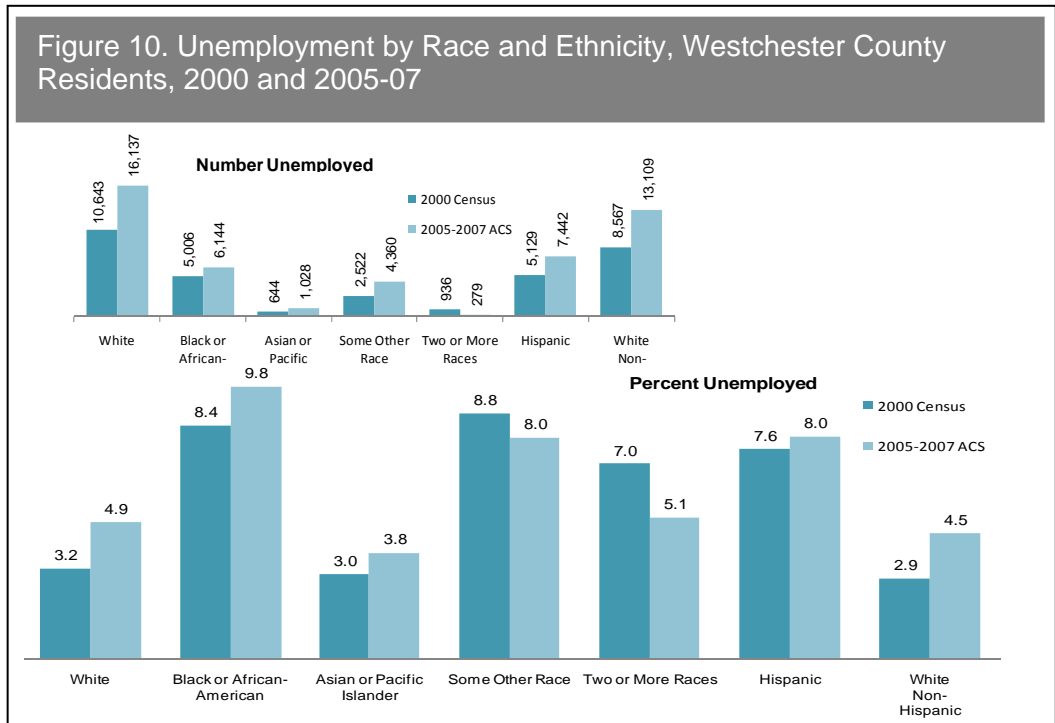
Moreover, almost 60 thousand people live in a linguistically isolated household, in which no one 14 years and over speaks English "very well." In other words, all members 14 years and over in such families have difficulties with English.

Labor Force Participation and Unemployment Rate

Among Westchester County residents who are at least 16 years of age, 60.5% was in the civilian labor force (nonmilitary employment), according to the 2005-2007 ACS estimates. The overall unemployment rate was 6.2% among the civilian labor force population, 5.9% and 6.6% for males and females, respectively. The unemployment rates have increased significantly compared to those of 2000 for both men and women.

The unemployment rate between the ages of 16 to 21 increased from 15.0% of the 2000 Census to 19.3% of the 2005-2007 ACS. For those aged 22-44 years, the unemployment rate has increased from 4.3% to 5.8%. Among the age group 45 to 64, the unemployment rate has changed from 2.9% to 4.2%.

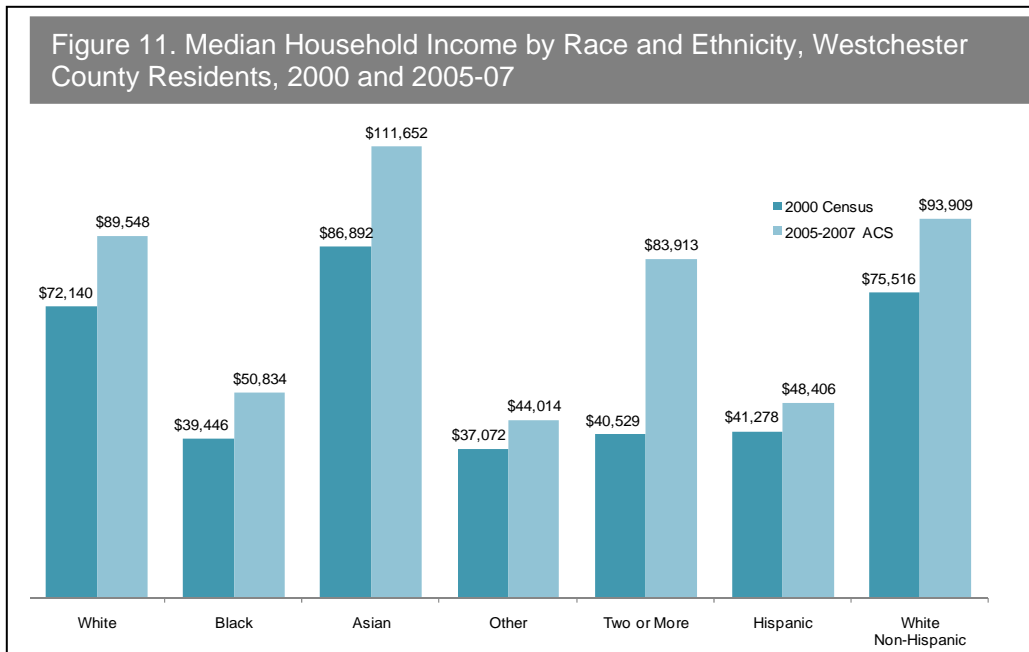
The unemployment rate for whites was 5.8% according to the 2005-2007 ACS estimates. It was 9.8% among blacks and 3.8% among Asians. Among Hispanics, the unemployment rate was estimated as 8.0% during 2005-2007.



Household Income and Poverty Level

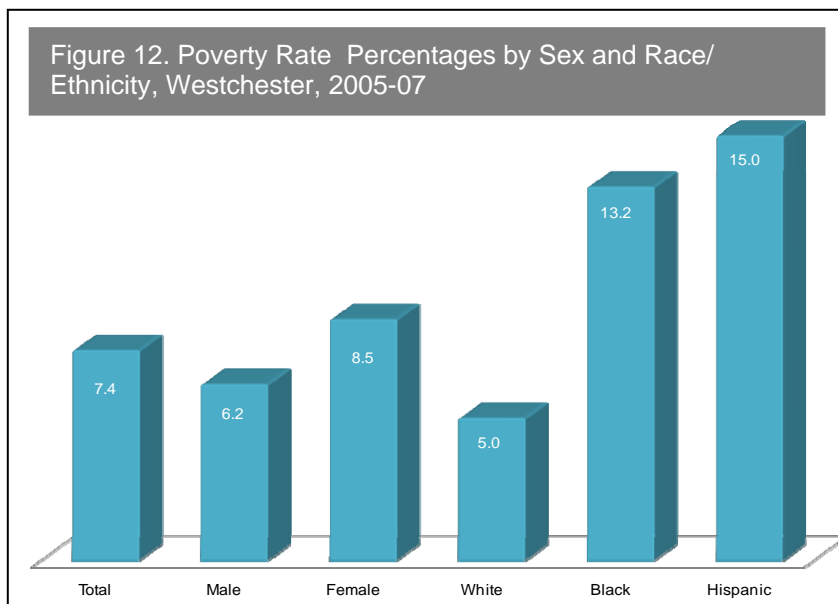
According to the 2000 Census, the median household income in Westchester County in 1999 was \$63,582 (\$76,555 adjusted for inflation to 2007 dollars). The county’s median household income was estimated at \$77,856 (inflation adjusted to 2007 dollars) according to the 2005-2007 ACS survey.

The median household income differed by racial category. The 2005-2007 ACS estimates that Asians and Non-Hispanic whites have the highest median income levels in Westchester County at \$111,652 and \$93,909 respectively. The median household income for blacks was estimated to be \$50,834. Among Hispanics, the median household income was \$48,406.



The proportion of households having an annual income over \$150,000 was 28.0% for white households (29.7% for non-Hispanic whites), 7.8% for black households, 35.1% for Asian households, and 6.7% for Hispanic households. The proportion of households reporting an income of less than \$15,000 annually was 6.6% for white households (6.3% for non-Hispanic whites), 15.6% for black households, 4.8% for Asian households, and 12.1% for Hispanic households.

The poverty rate reported in the 2005-2007 ACS was 7.4%, a significant decrease from 8.8% reported in the 2000 census. The poverty rate varies by race and ethnicity groups. It is estimated that 5.0% of white (4.1% of non-Hispanic whites) lived in poverty during 2005-2007. The poverty rate among blacks was 13.2%, among Asians 5.5%. Among Hispanics, the poverty rate was 15.0%.



The poverty rate was 8.5% among females and 6.2% among males. Females are more likely to live in poverty than males in every race category. Among whites, the poverty rate was 5.7% for females compared with 4.3% for males.

SECTION TWO

HEALTH PROFILES

Part I. General Health Status

General Health Status

This section describes the general health status and well-being of Westchester County residents. Information presented includes:

- general physical and mental health status, health behaviors, access to care, and substance abuse;
- vital events such as births, pregnancies, and death;
- morbidity such as emergency room visits, hospitalizations, reportable communicable diseases, and cancer incidence.

Information for the general health status comes from the New York State Expanded Behavioral Risk Surveillance System. Unless otherwise noted, information referenced from the New York State Expanded Behavioral Risk Factor Surveillance System represents six months of weighted data collected during the period July 1, 2008 – December 31, 2008 that was released as part of an interim report. Unlike the 2003 BRFSS, the comparison data for New York State excludes New York City.

The vital statistics presented in this report are based on the certificate records of live births, deaths, and fetal deaths of Westchester County residents provided by the New York State Department of Health and the New York City Department of Health and Mental Hygiene.

The morbidity data on emergency room visits and hospitalizations come from the New York Statewide Planning and Research Cooperative System (SPARCS). The morbidity data on reportable communicable diseases are extracted from the New York State Department of Health Communicable Disease Electronic Surveillance System (CDESS). Cancer incidence information comes from the New York State Department of Health Cancer Registry.

General Health Status, Health Behaviors, and Access to Care (BRFSS Findings)

General Health Status

❖ *Self-Reported Health Status*

- Overall, Westchester County receives high marks for its self-reported status on general health, as reported from data collected by New York State Expanded Behavioral Risk Factor Surveillance System (BRFSS) Interim Report, 2008.
- In general, almost 90% of Westchester County residents aged 18 and over rated themselves as having good to excellent health status in 2008. Men and women did not differ significantly. However, there were a higher proportion of people under age 65 who reported having good to excellent health compared to people of age 65 and older.
- A higher percentage of Westchester County women (92%) reported that they were in good or excellent health status in 2008 compared to the state average for women (83%).
- For New York State, how people rated their health status differed significantly by education level. People with a college degree reported better health compared to those with a high school or less education. However, for Westchester, the interim data showed no significant differences.
- Unlike New York State, income (less than \$25,000) did not play a significant role in people's self-reporting of general health status among Westchester County residents. However, among those with reported incomes lower than \$25,000, Westchester County residents had a higher percentage of people reporting good or excellent health status (85%) compared to the state average (62%).
- Almost all people (94%) aged 18 and over reported that they were in good or excellent physical health during the past month. Almost 90% of Westchester County residents reported good or excellent mental health status during the past month. Overall, 84% of Westchester County residents reported having good or excellent physical and mental health status during the past month.

Health Behaviors

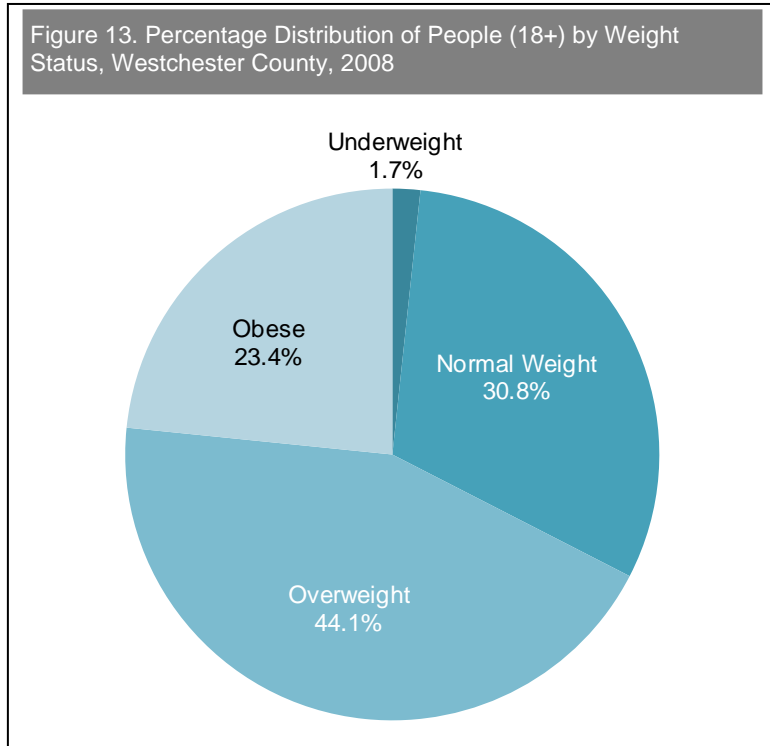
❖ *Weight, Nutrition and Physical Activity*

- About 30% of Westchester residents aged 18 and older reported consumption of five servings of fruits and/or vegetables per day.
- Three out of every five Westchester County residents (18+) reported being overweight or obese, as defined by BMI (Body Mass Index) equal to or greater than 25; 39% were overweight (BMI greater than 25 and less than 30); and 20% were obese (BMI equal to or greater than 30). Less than half of the Westchester County residents have a healthy weight (42%).

- Men were more likely to be overweight or obese (74%) compared to females (43%).
- Twenty-seven percent of Westchester County residents aged 18 and older reported being advised by a doctor, nurse or other health professional about their weight.

❖ **Sexual History**

- Most people (70%) were never or rarely been asked about sexually history during routine checkups. More than *eighty percent (82.6%) of the county residents aged 18 and over* believed that STDs were rare in their communities.



- Ninety-one percent reported that they believed it was at least somewhat acceptable to see or hear discussions about STD risks in a public setting.

❖ **Tobacco**

- Among Westchester County residents aged 18 and older, 7% described themselves as current smokers, significantly lower than the New York State average (17%) and significantly lower than the 2003 BRFSS estimate (19%). Four percent were everyday smokers, also significantly lower than the state average (12%).
- The majority of people (84%) did not allow smoking at home.

❖ **Alcohol**

- Sixteen percent of Westchester County residents (18+) reported as binge drinking within the past month; 7% reported as heavy drinking during the past month, defined as males having more than two drinks and females more than one drink per drinking occasion.

Access to Health Care

❖ **Health Insurance Coverage**

- Ninety-one percent of people aged 18 and over reported having health insurance coverage during the past 12 months. The percent of woman with health insurance (96%) has increased significantly from the 2003 BRFSS report (87%).

- Eighty-six percent of Westchester County adults reported having a regular health care provider.
- Eleven percent of people reported not seeking care when needed due to the cost of visit in the past 12 months.

❖ *Physical Exams and Vaccinations*

- Seventy-eight percent of people visited a doctor for a routine checkup within the past year and 86% visited a doctor for a routine checkup within the past two years. Women were more likely than men to go for routine checkups: 94% of women reported having visited a doctor for routine checkup during the past two years, compared to 78% of men.
- Seventy-nine percent of Westchester County adults had their teeth cleaned by a dentist or dental hygienist during the past year. Forty-four percent had at a permanent tooth extracted due to decay or gum disease during the past year.
- Forty-two percent of Westchester County adults had a flu vaccine during the past year. Twenty-two percent had a pneumococcal vaccine. Of those aged 65 and older, 76% reported having a flu vaccine and 67% reported having a pneumonia vaccine in the past 12 months.

Health Screening and Chronic Diseases

❖ *Cancer Screening*

- Ninety-three percent of Westchester women aged 40 and over reported having had at least one mammography screening in their lifetime. Almost 80% reported having at least one mammography screening in the past two years.
- Ninety-three percent of women aged 18 years and over reported ever having a Pap smear exam and 86% reported having a Pap smear exam in the past three years.
- Almost 74% of Westchester men aged 40 years and over reported ever having a digital rectal exam, 58% had such a test in the past two years. Sixty-five percent of the men age 40 and over reported ever having a prostate specific antigen test and 58% reported having such test during the last two years.
- Among people aged 50 and older, 37% reported ever having a blood stool test at home, 24% reported having such a test in the past two years, and 20% reported having such a test in the past year.
- Seventy-one percent of Westchester people aged 50 and older reported having at least one sigmoidoscopy or colonoscopy, 70% had at least one such test in the past ten years.

❖ *Cardiovascular Screening and Disease*

- Eighty-five percent of Westchester adults reported having had their blood cholesterol checked within the past five years.

- About a quarter of Westchester County adults reported ever having been told by a health professional that they had high blood pressure with 70.3% of those with high blood pressure currently taking medication.
- Almost six percent of Westchester County adults have had a cardiovascular disease (heart attack, angina or stroke).

❖ *Diabetes*

- Six percent of Westchester adults reported having ever been told by a doctor that they have diabetes, excluding pre-diabetes or gestational diabetes.

❖ *Asthma*

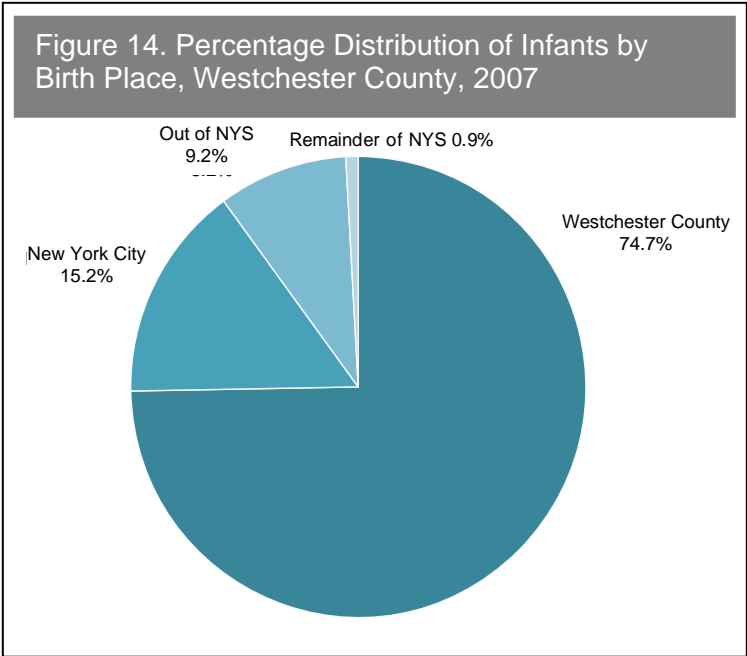
- Twenty-one percent of Westchester adults 18 and over reported ever having been told by a health professional that they have asthma and 12.2% indicated still having asthma.

Births and Pregnancies

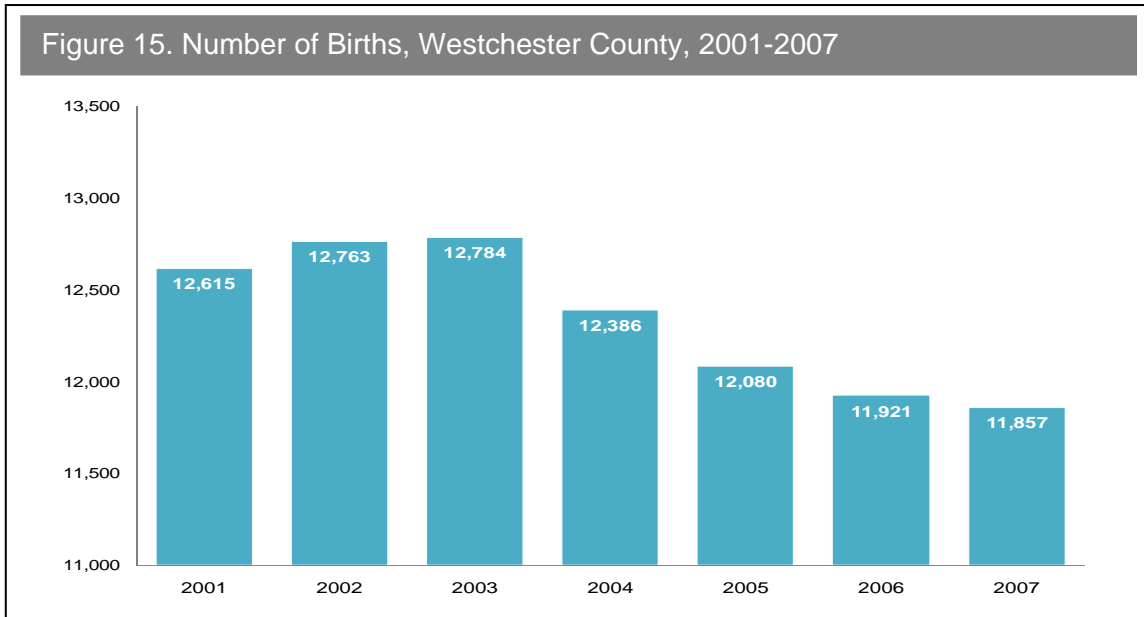
Births/Birth Rates

A total of 11,857 infants were born to Westchester County residents in 2007, with a birth rate of 12.8 live births per 1,000 people. Among these infants, the majority was born within the county, accounting for 74.7% of all the infants born to Westchester County residents; 1,805 were born in the New York City (NYC), accounting for 15.2% of all the infants born to Westchester County residents.

Approximately 10.0% were born in other New York State (NYS) counties or outside of NYS.



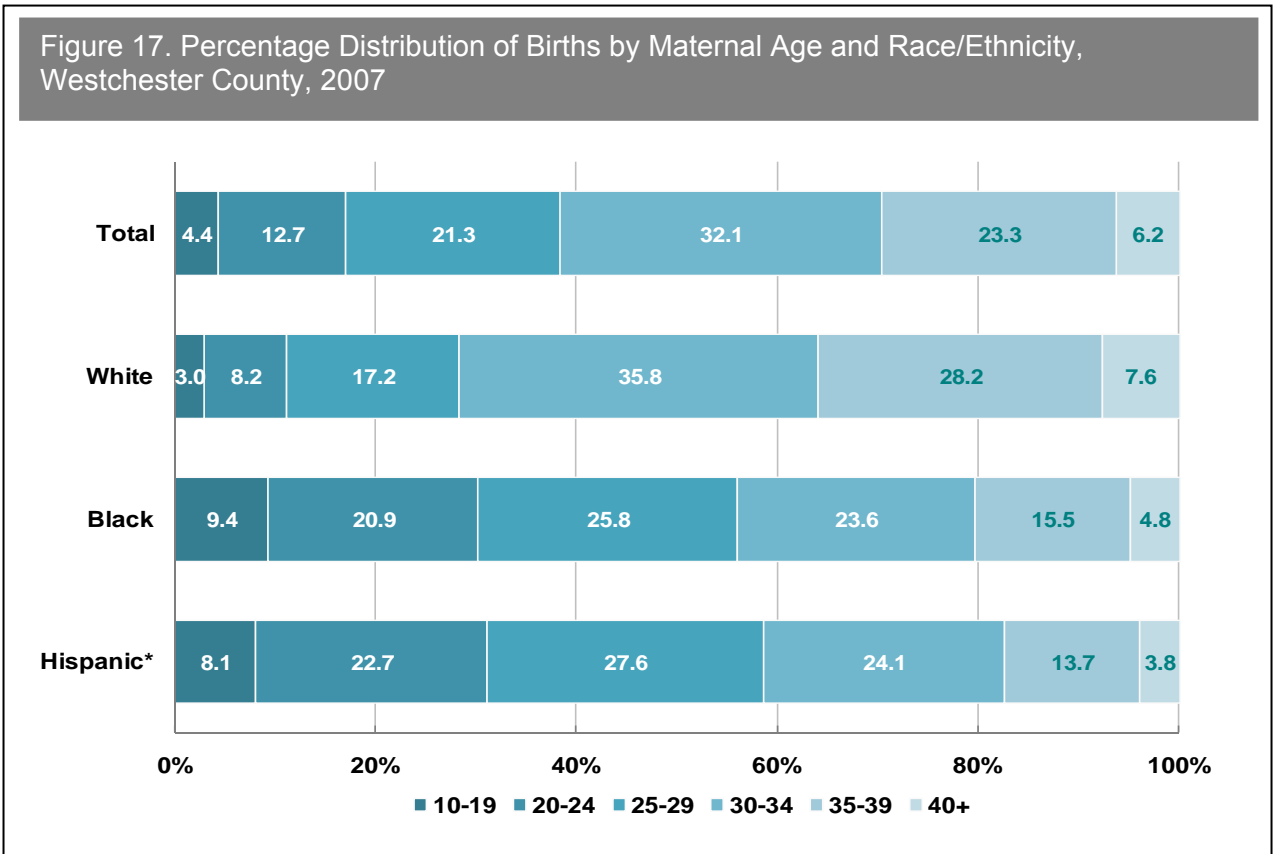
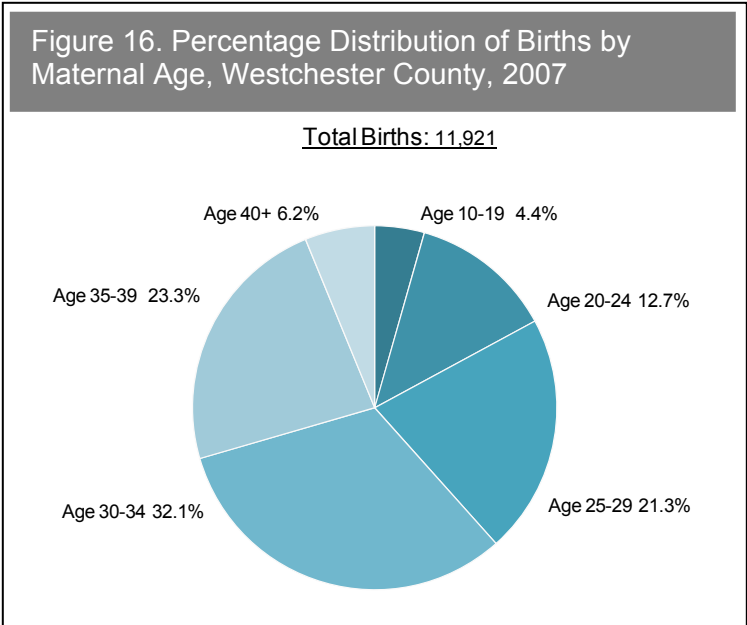
The number of births has decreased by 758 from 2001 to 2007, a difference of 6.0%.



Over half of the children born in 2007 were born to women between the ages of 25 and 34. 4.4% were born to mothers under 20 years of age in 2007. 6.2% were born to mothers of 40 years or older. The average maternal age at birth for Westchester County was 30.8 years.

Among children born to white women in 2007, 8.2% were born to women aged 20-24; 17.2% were born to women aged 25-29; more than one-third were born to women aged 30-34; over one quarter were born to women aged 35-39; and 7.7% were born to women aged 40 and over. Three percent (3.0%) were born to women under the age of 20. The average maternal age among white mothers was 32.1 years in 2007.

The average maternal age among black mothers was younger than that of white mothers (28.5 vs. 32.1 years). Among children born to black women in 2007, 20.9% were born to women aged 20-24; 25.8% were born to women aged 25-29; 23.6% were born to women aged 30-34; and 15.5% were born to children aged 35-39. Just under 5% percent were born to mothers aged 40 and over and 9.3% of children were born to mothers younger than 20.

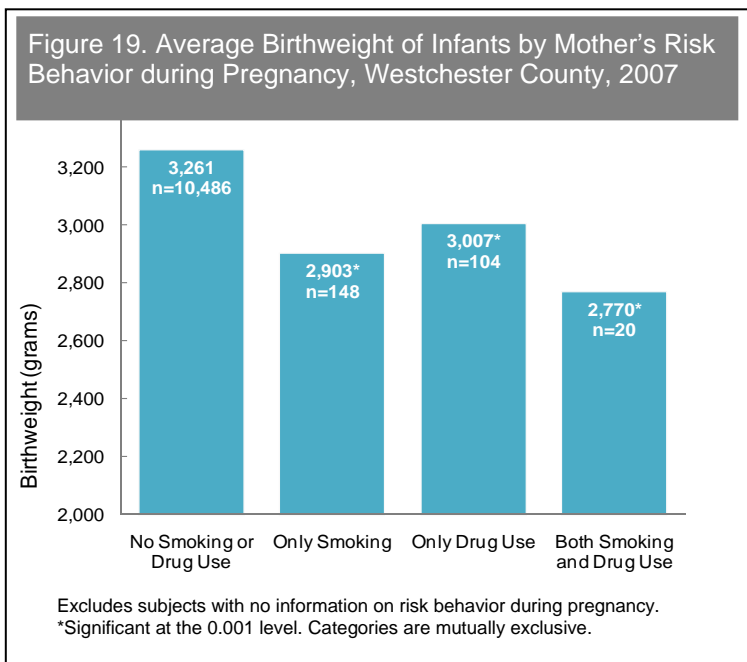
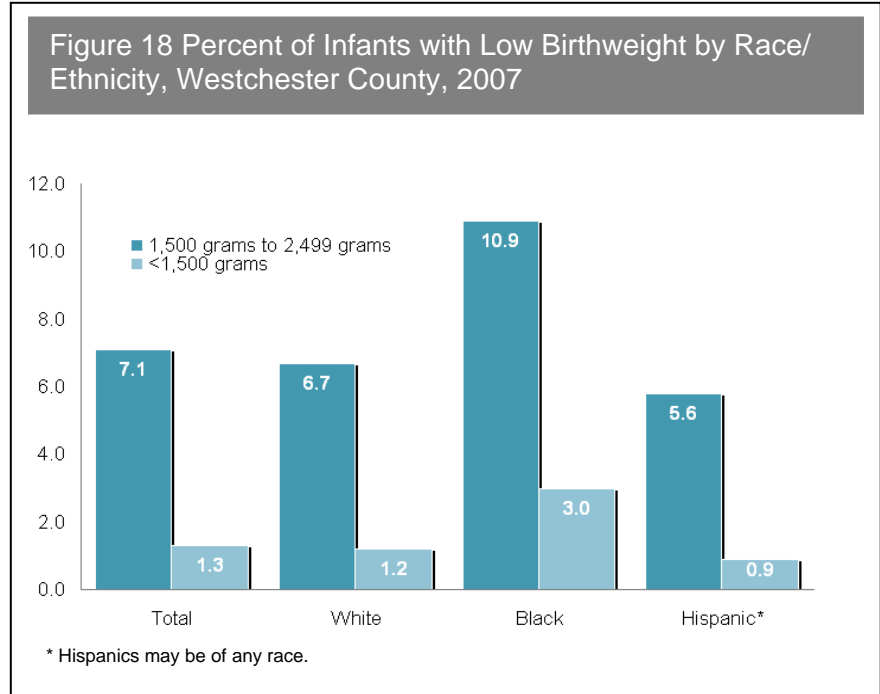


Hispanic women, on average, have children at a younger age than white women (28.2 vs. 32.1 years). Among children born to Hispanic women in 2007, over half were born to women aged 20-29; 24.1% were born to mothers aged 30-34; and 13.5% were born to women aged 35-39. Hispanic women had a lower percentage of children born to women aged 40 and over, at 3.8%; 8.2% of children were born to mothers younger than 20.

Birthweight

Among infants born in 2007, 7.1% were born with a birthweight between 1,500 to 2,499 grams, and 1.3% was born with a birthweight below 1,500 grams.

The proportion of infants born with low birthweight (<2,500 grams) varied by race and ethnicity. Blacks had the highest proportion of low birthweight babies (13.9%). Hispanics had a slightly lower proportion of infants with low birthweight than whites (6.5% and 7.9%, respectively).

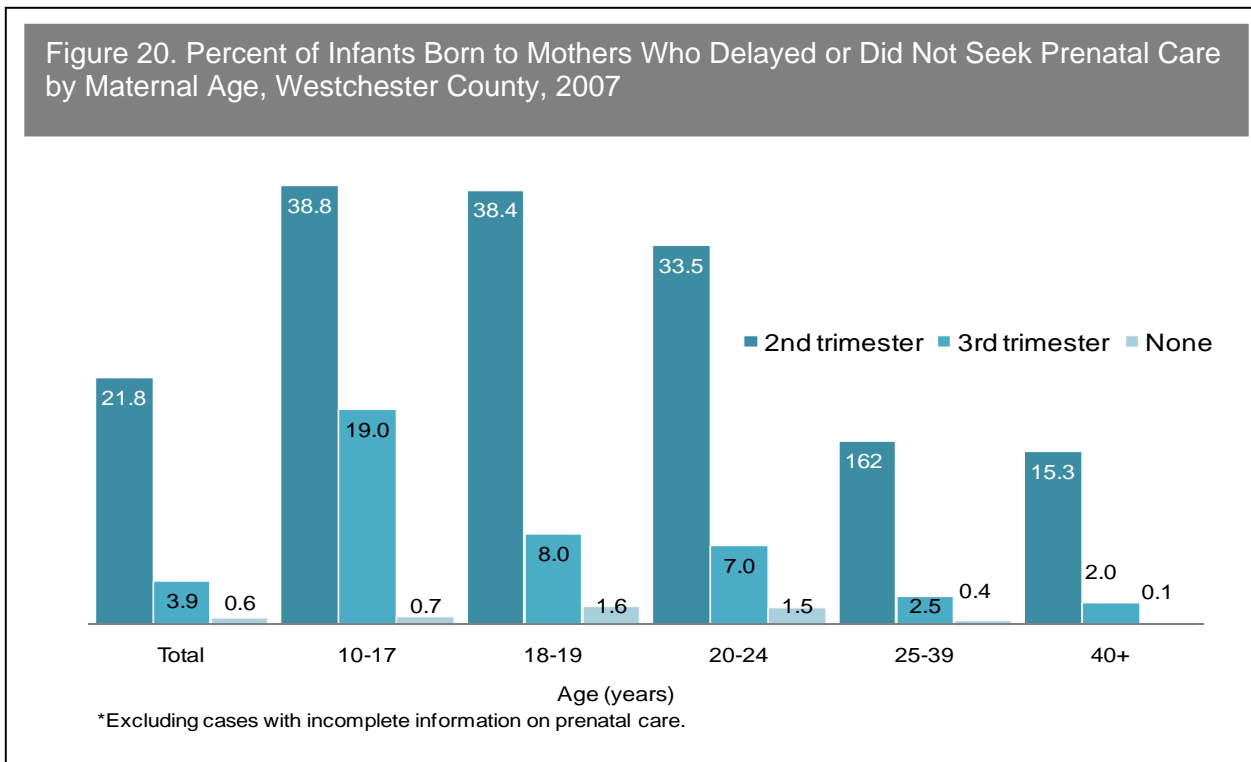


Infant birthweight was associated with maternal behavior during the pregnancy. The average birthweight for infants born to women who did not smoke or use illicit drugs during pregnancy was 3,261 grams versus an average of 2,903 grams among infants born to women who smoked during pregnancy.

Among infants born to mothers who reported using illicit drugs without smoking, the average birthweight was 3,007 grams. Among infants born to mothers who smoked as well as used any illicit drugs, the average birthweight was 2,770 grams.

Prenatal Care

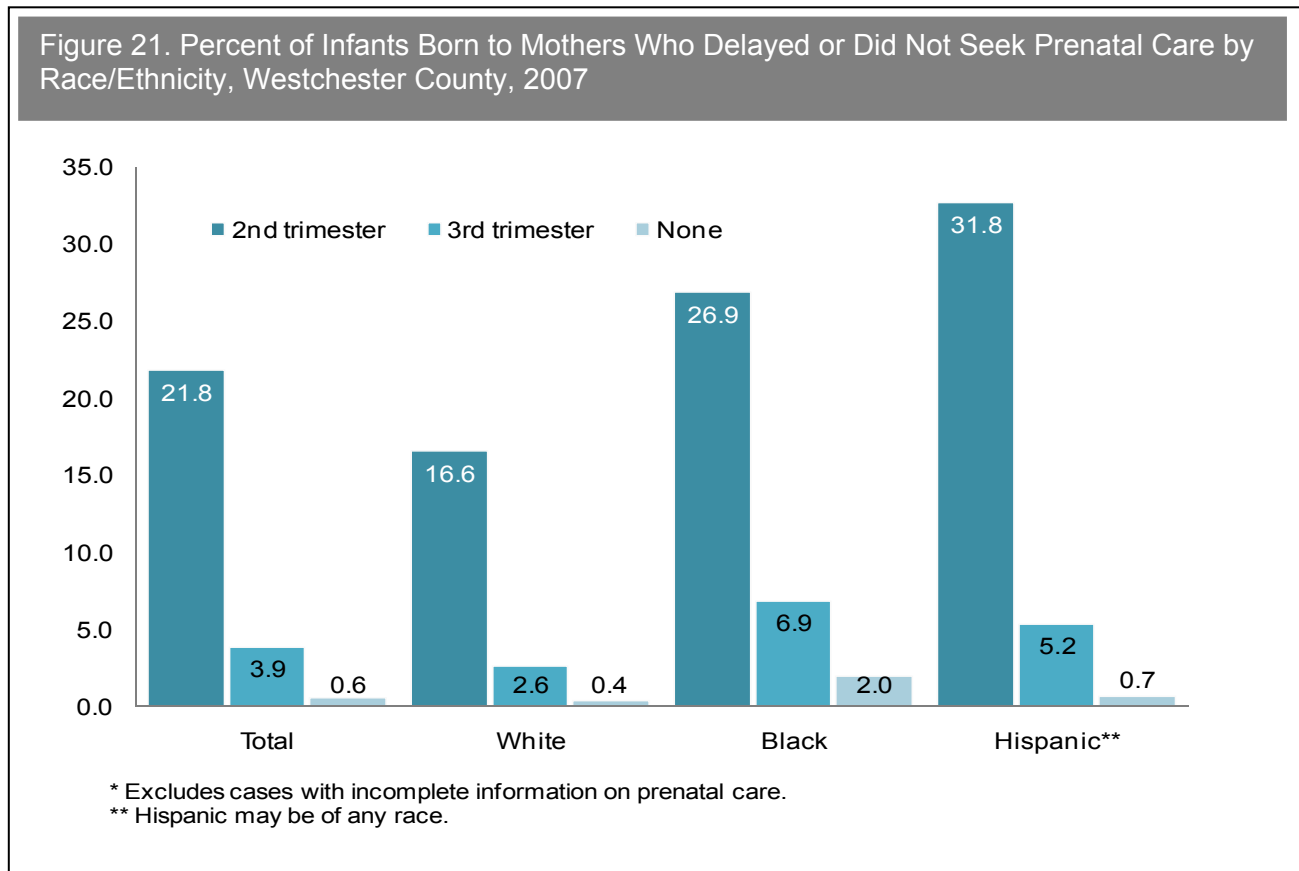
According to New York State Department of Health, the prenatal care started during the first trimester is defined as early prenatal care, and the prenatal care started during the third trimester is defined as late prenatal care. Among infants born in 2007, over one-quarter (26.3%) were born to women who delayed or sought no prenatal care (excluding cases with incomplete prenatal care information). About one-fifth (21.8%) of infants were born to mothers who delayed to have their prenatal care until the second trimester, 3.9% were born to mothers who started prenatal care during the third trimester, and 0.6% were born to mothers who did not seek prenatal care at all.



Young women were more likely to delay or not seek prenatal care. For example, among the infants born to mothers aged 10-17 years of age, 64.7% were born to mothers who did not have or delayed prenatal care. Among those born to mothers 18-19 years of age, 50.8% were born to mothers who did not have or delayed prenatal care. In comparison, the percentage of infants born to mothers aged forty and over who did not seek or delayed prenatal care was 21.1%.

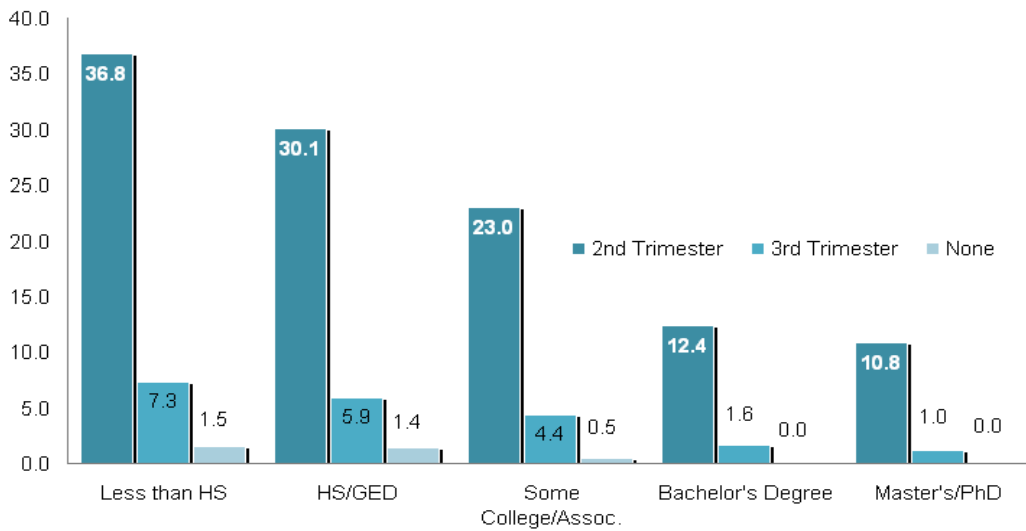
Black women were more likely to delay or seek no prenatal care compared to white women. 33.8% of infants born to black mothers had delayed prenatal care; 2.0% of those had mothers who did not receive any prenatal care.

Women of Hispanic ethnicity were also more likely to delay or seek no prenatal care compared to white women. Among infants born to Hispanic mothers, 31.8% were born to mothers who did not seek prenatal care until the second trimester, 5.2% were born to mothers who did not seek care until the third trimester, and 0.7% was born to women who did not seek any prenatal care.



As level of education increased, the percentage of mothers who delayed or did not seek prenatal care decreased. Among infants born to women with less than a high school education, 44.0% were born to mothers who sought prenatal care in the second or third trimester. This percentage was 12.0% among those born to women with an advanced degree beyond college.

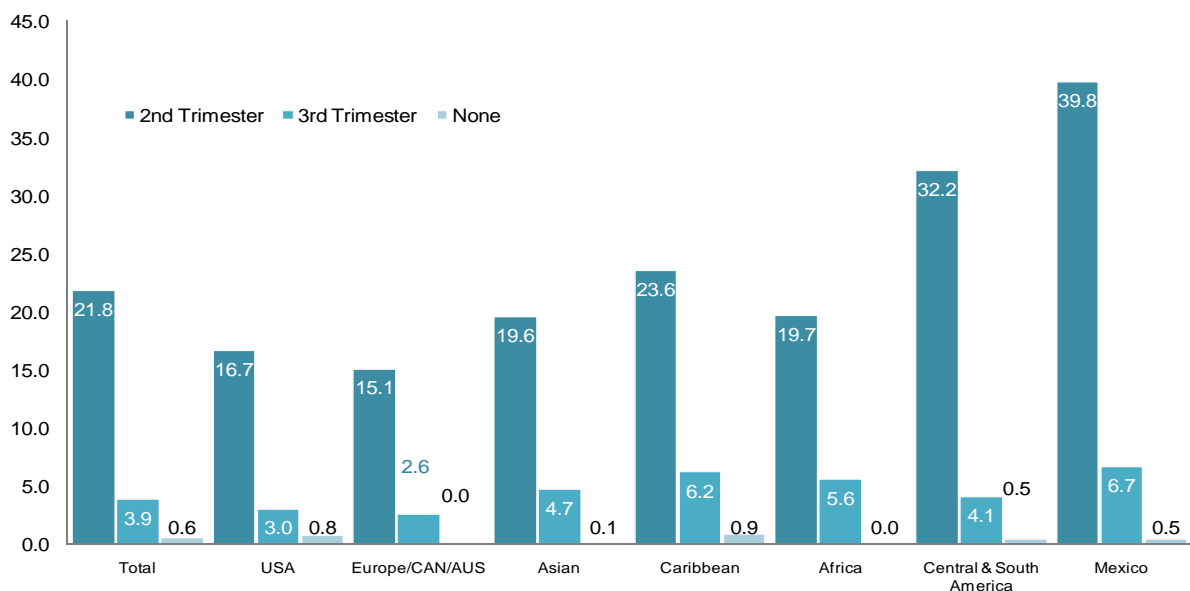
Figure 22. Percent of Infants Born to Mothers Who Delayed or Did Not Seek Prenatal Care by Educational Level, Westchester County, 2007



* Excludes cases with incomplete information on prenatal care.
Source: New York State Department of Health.

Delay or absence of prenatal care varied by mother's geographical region of origin. Infants born to women of European, Canadian, or Australian origin had the lowest percentage of mothers who delayed seeking prenatal care but received care (17.7%). Infants born to women from Central and South America and Mexico were more likely to have mothers who delayed prenatal care compared to those from other regions (36.3% and 46.5%, respectively).

Figure 23. Percent of Infants Born to Mothers Who Delayed or Did Not Seek Prenatal Care by Geographical Region of Origin, Westchester County, 2007

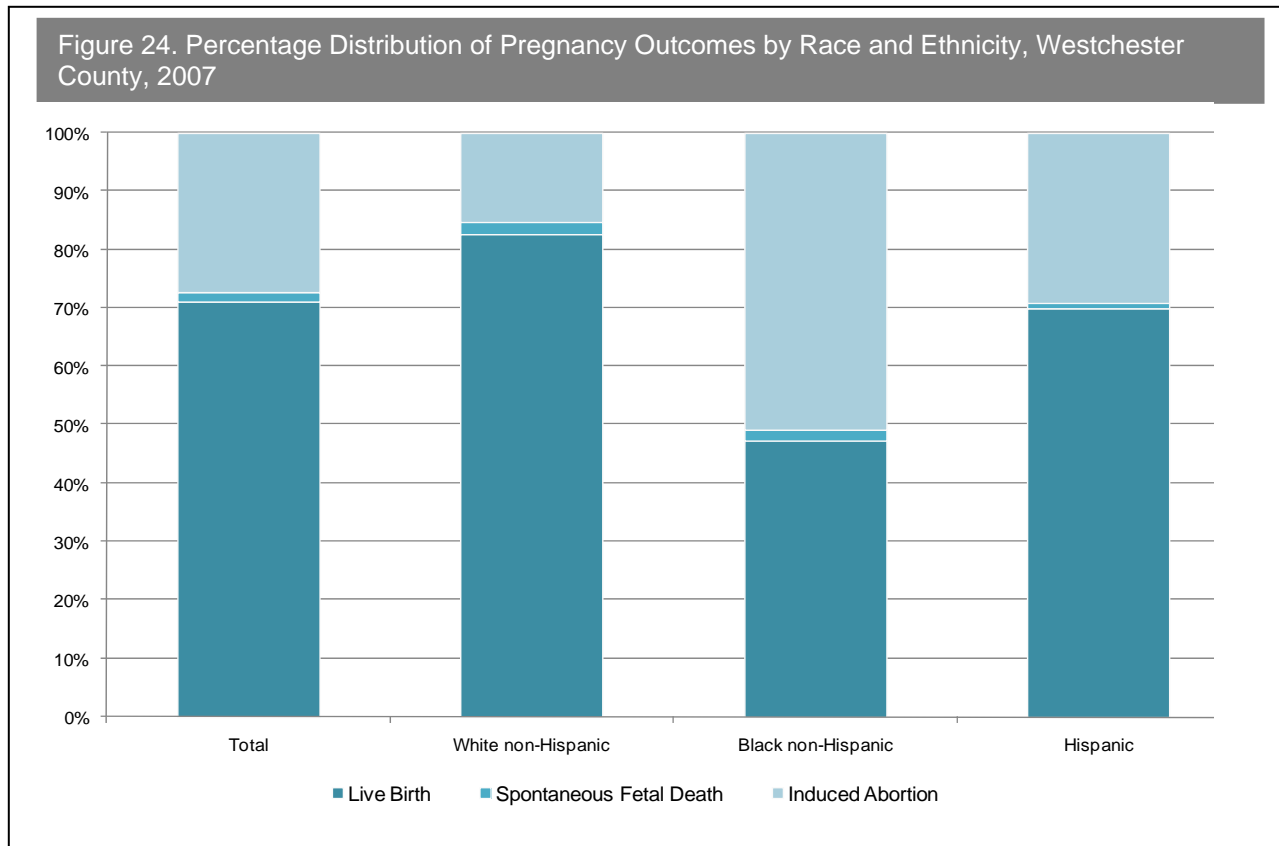


* Excludes cases with incomplete information on prenatal care.

Pregnancies and Abortion

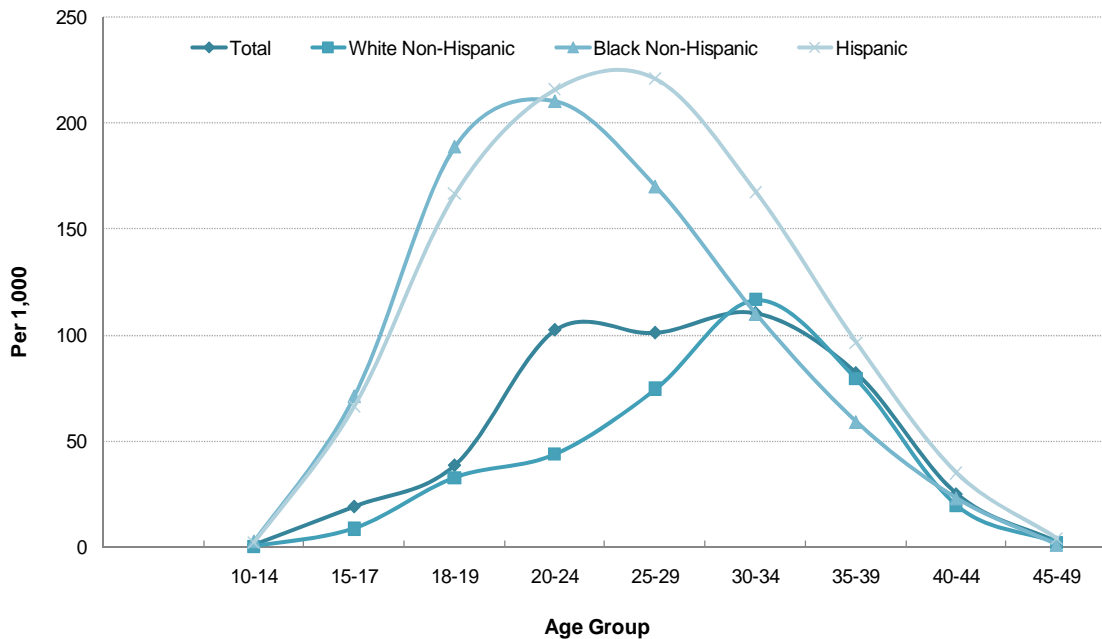
As reported by the New York State Department of Health, a total of 16,701 pregnancies occurred during 2007 among Westchester women, with a pregnancy rate of 64.1 per 1,000 women (aged 10-49). The pregnancy rate varies by race and ethnicity. For example, the pregnancy rate among white non-Hispanic women was 43.4 per 1,000, compared to 81.4 per 1,000 among black non-Hispanic women and 115.5 per 1,000 among Hispanic women.

Among the 2007 pregnancies, 71.0% resulted in a live birth, 27.4% ended by induced abortion, and 1.6% ended due to spontaneous fetal deaths. Of all pregnancies among white non-Hispanic women, 82.6% resulted in a live birth, 15.3% ended by abortion, and 2.1% ended due to spontaneous fetal deaths.



Black non-Hispanics were more likely to end their pregnancies by induced abortion. In 2007, half (50.8%) of the pregnancies among black non-Hispanics ended by abortion, less than half (47.2%) resulted in live births. Among white non-Hispanics, 82.6% of pregnancies resulted in live births, 15.3% ended by abortion. Among Hispanics, 69.9% of pregnancies resulted in live births, 29.2% ended by abortion.

Figure 25. Age-Specific Pregnancy Rates by Race and Ethnicity, Westchester County, 2007



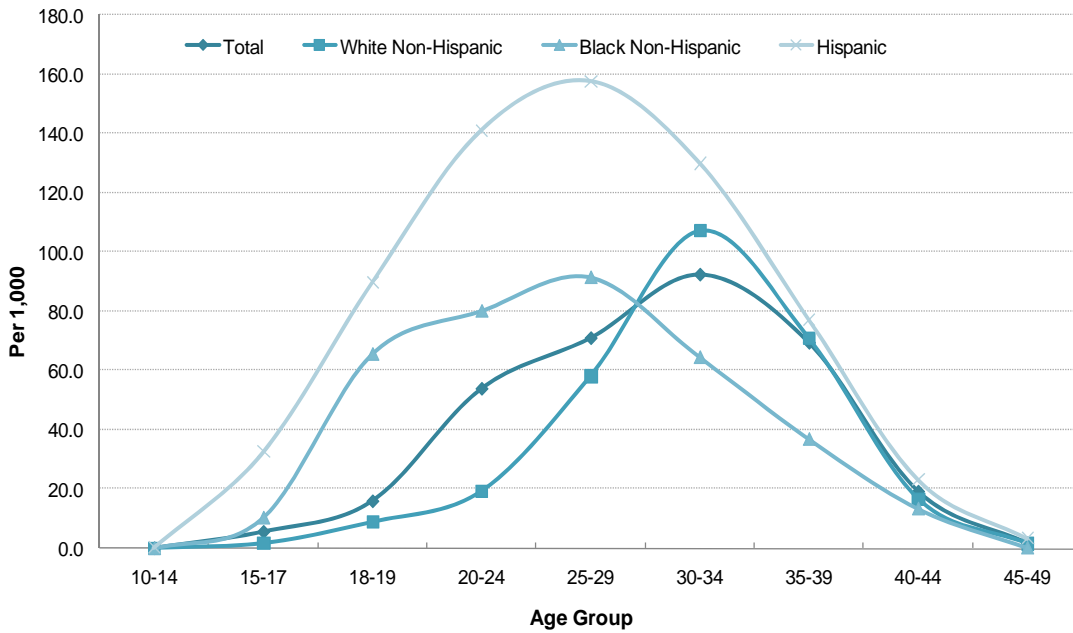
The pregnancy rate, in general, presents a bell shape over the reproductive age span. Among all Westchester County women, the pregnancy rate increased from the 1.0 per 1,000 among those aged 10-14 to 128.1 per 1,000 among those aged 30-34, then declined to 2.2 per 1,000 among those aged 45-49.

Among white non-Hispanic women, the pregnancy rate was the highest at age 30-34, with about 116 pregnancies for every 1,000 women. Compared to white non-Hispanic women, black non-Hispanic women had higher pregnancy rates at all age groups except for those aged 35-39. Hispanic women had higher pregnancy rates than non-Hispanic white women at all ages. The peak pregnancy rates among black non-Hispanic women and Hispanic women were at much younger ages and lasted for a wider age span compared to non-Hispanic white women.

Among black non-Hispanics, the pregnancy rate reached 188.7 per 1,000 at age 18-19, 210.1 per 1,000 at age 20-24, and 169.8 per 1,000 at age 25-29. For Hispanic women, the pregnancy rate reached 166.4 per 1,000 at age 18-19, 215.7 per 1,000 at age 20-24, 220.7 per 1,000 at age 25-29, and 167.3 per 1,000 at age 30-34.

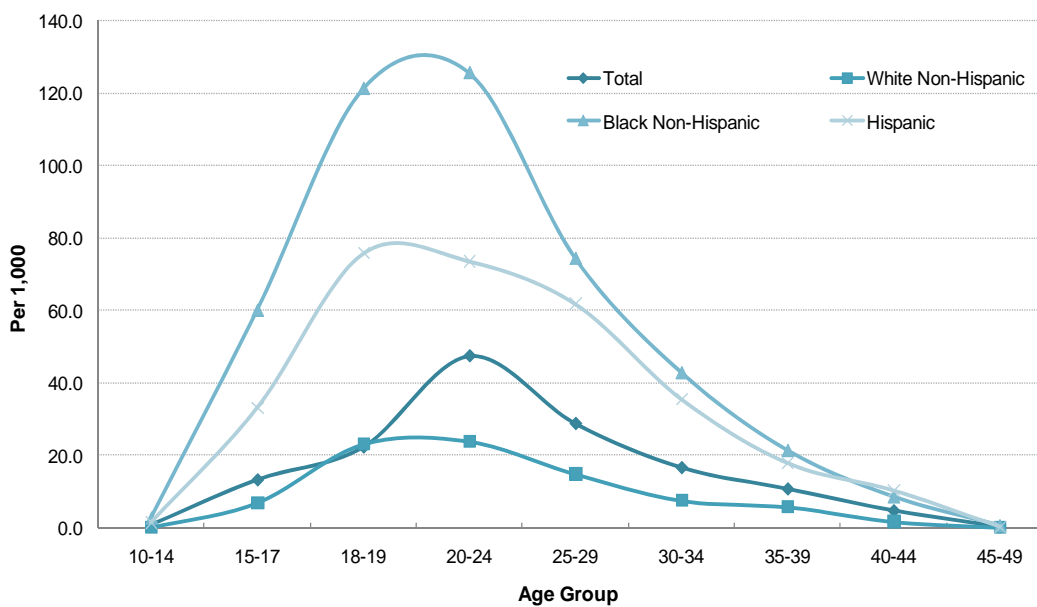
The fertility rate (number of live births divided by number of women) among non-Hispanic women was the highest at age 30-34, with about 107 live births for every 1,000 women. Compared to white non-Hispanic women, black non-Hispanic women started having children earlier. However, the fertility peak for black non-Hispanic women was between the ages of 25-29 and subsequently declined steadily. The fertility rate among Hispanic women was higher than non-Hispanic women at every age group. Hispanic women generally started having children at a much earlier age and continued to have children until their early 40s.

Figure 26. Age-Specific Fertility Rates by Race and Ethnicity, Westchester County, 2007



Black non-Hispanic women had the highest abortion rate at all age groups, when compared to white non-Hispanic women and Hispanic women. The abortion rate among Hispanic women was also substantially higher than that of white non-Hispanic women. The high pregnancy rate and abortion rate among blacks and Hispanics demonstrate the high need and demand of family planning programs among these minority groups.

Figure 27. Age-Specific Abortion Rates by Race and Ethnicity, Westchester County, 2007



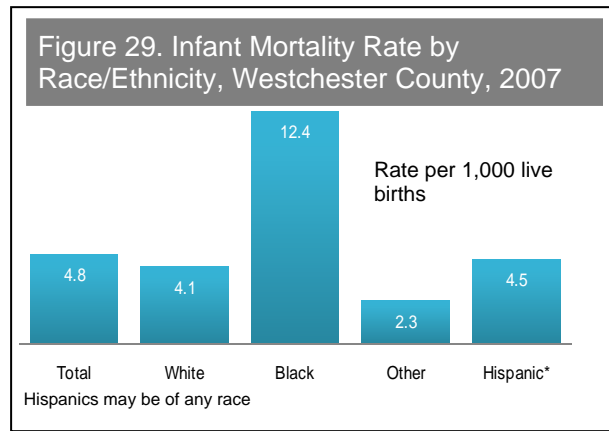
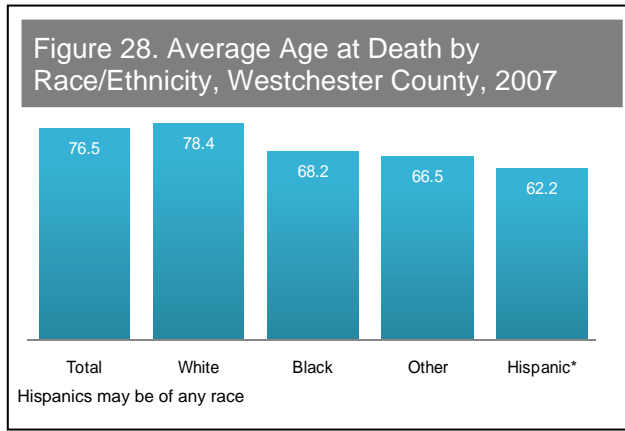
Deaths

Deaths/Death Rates

A total of 6,805 Westchester County residents died in 2007. The death rate for Westchester County was 736.9 per 100,000 people. The death rate was 772.4 per 100,000 for females and 698.2 per 100,000 for males.

The average age of death for Westchester County was 76.5 years. The average age at death for females was higher than for males (79.7 versus 72.7 years).

The average age of death varied by race and ethnicity. The average age of death was the highest for whites,

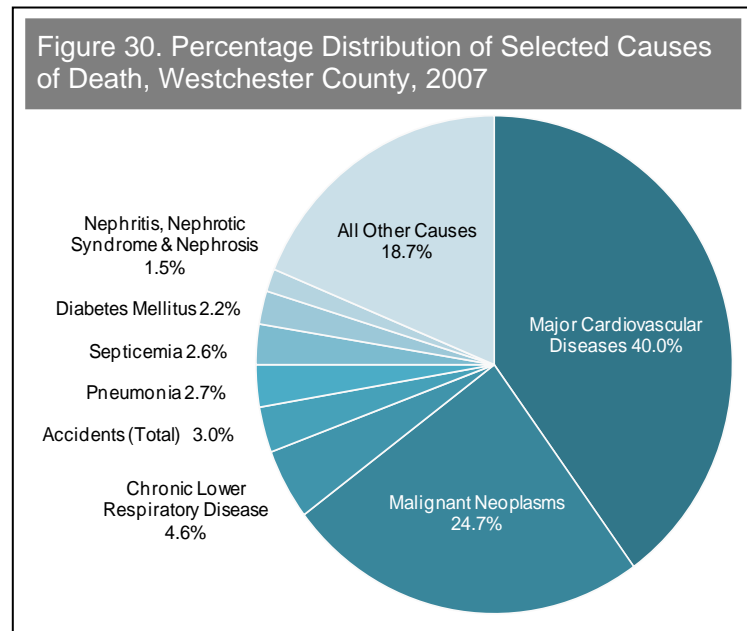


at 78.4 years. Among Blacks, the average age of death was 68.2 years; Hispanics had the lowest average age of death, at 62.2 years.

The infant mortality rate for Westchester County in 2007 was 4.8 per 1,000 live births. The infant mortality rate was the highest among blacks (12.4 per 1,000 live births) compared with 4.1 among whites. Among the 57 infant deaths in 2007, 21 were blacks and 29 were whites.

Major Causes of Deaths

Major cardiovascular disease was the leading cause of death in Westchester County in 2007, followed by malignant neoplasms. Together, these diseases were responsible for 64.7% of all deaths.



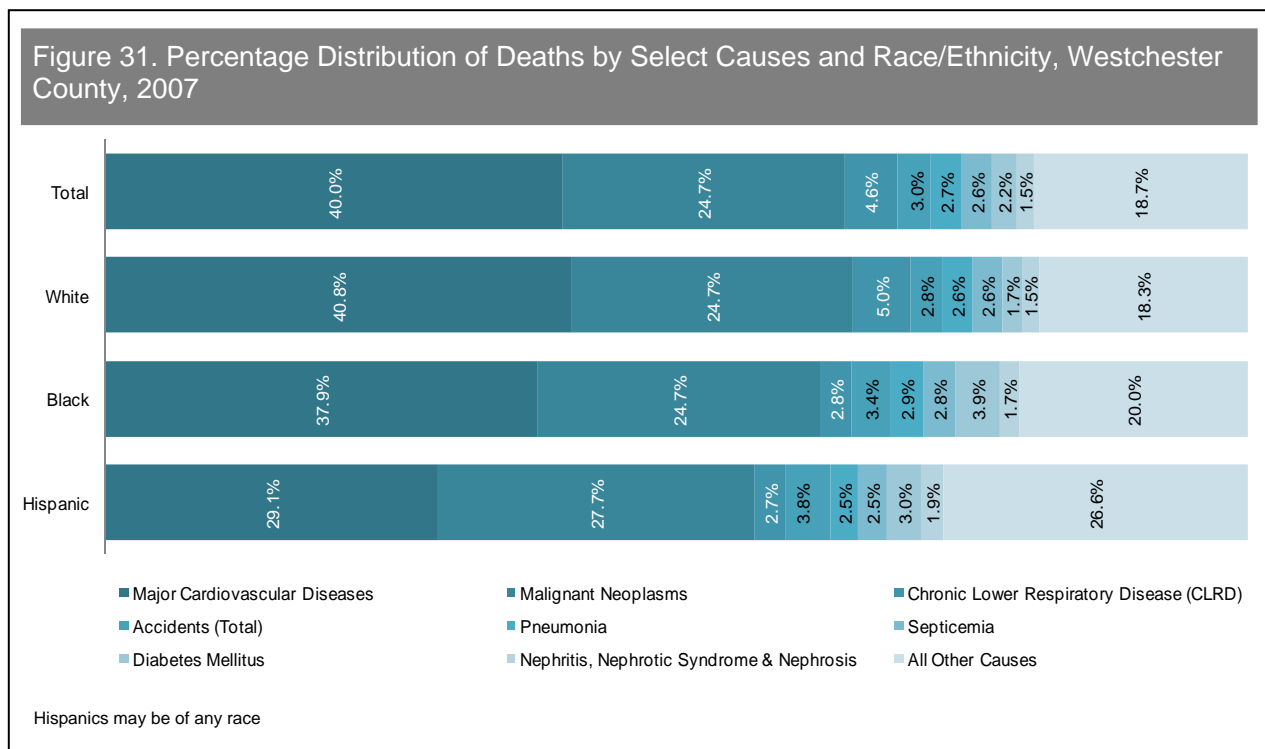
Conditions originating in the perinatal period accounted for the majority of the deaths among children under one year of age (61.4%), followed by congenital anomalies (15.8%).

Among people under 30 years of age (excluding those under 1 year), the two major causes of death were accidents (18.7%) and cancer (14.0%).

Among people aged 30-49, the two major causes of death were malignant neoplasms (25.7%), followed by major cardiovascular diseases (23.3%). Malignant neoplasms were also the major cause of death among persons between 50 to 79 years of age (38.4%), followed by major cardiovascular diseases (32.0%). Major cardiovascular disease was the leading cause of death for people aged 80 and over (48.6%), followed by malignant neoplasms (15.7%).

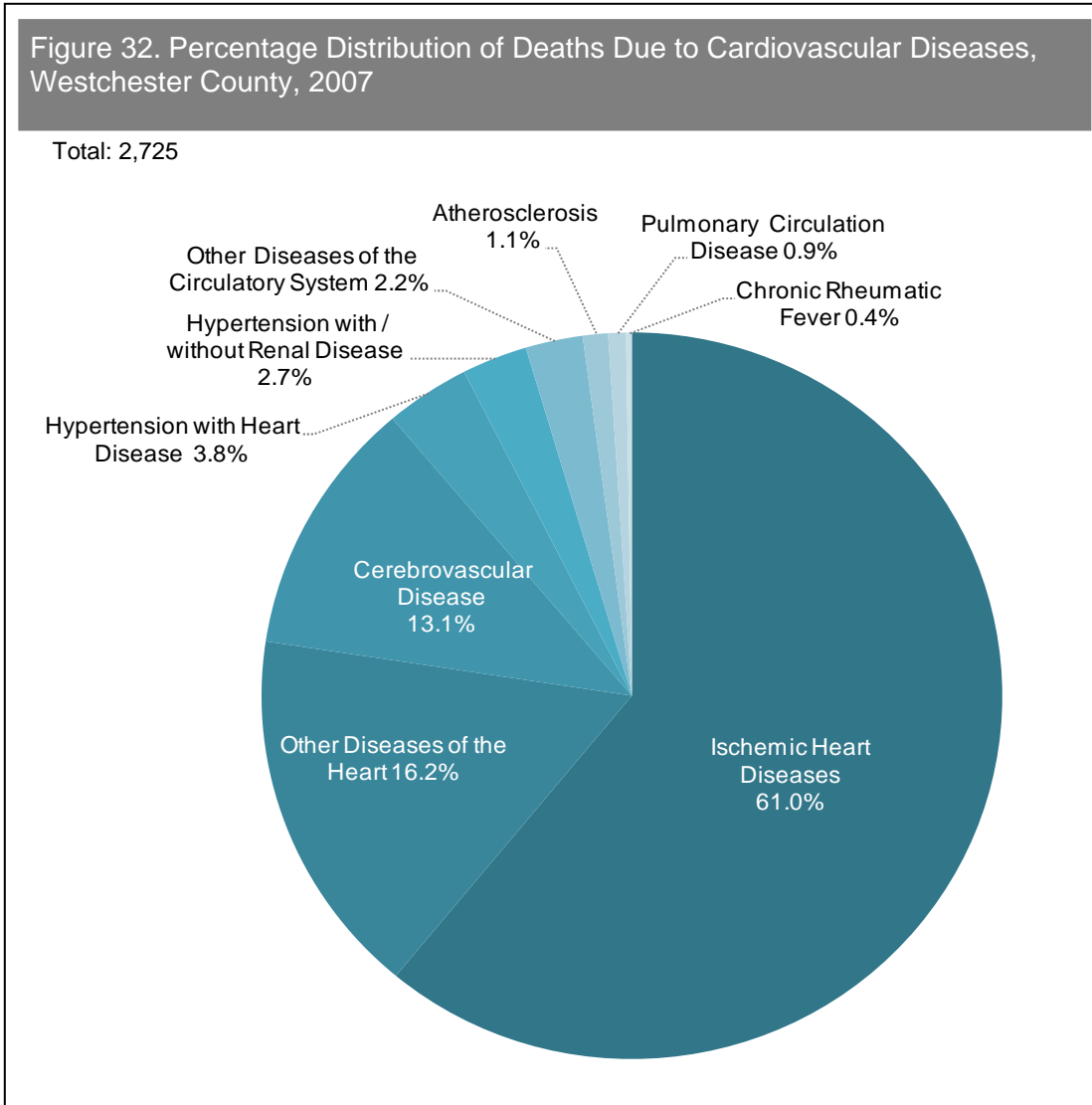
There were a few differences in the major causes of death by sex. The death rate due to major cardiovascular disease was much higher among females than among males (317.2 per 100,000 vs. 271.0 per 100,000). However, the death rates were much higher among men for such causes as accidents (30.3 per 100,000 vs. 14.1 per 100,000), chronic liver diseases (including cirrhosis) (6.3 per 100,000 vs. 4.6 per 100,000), suicide (7.9 per 100,000 vs. 3.1 per 100,000), homicide and legal intervention (4.3 per 100,000 vs. 0.8 per 100,000), and AIDS (5.7 per 100,000 vs. 2.5 per 100,000).

The major causes of death varied among people of different races and ethnicities. While major cardiovascular disease was the leading cause of death for all groups, it accounted for 40.8% of all deaths among whites, 37.9% of all deaths among blacks, and 29.1% of all deaths among Hispanics.

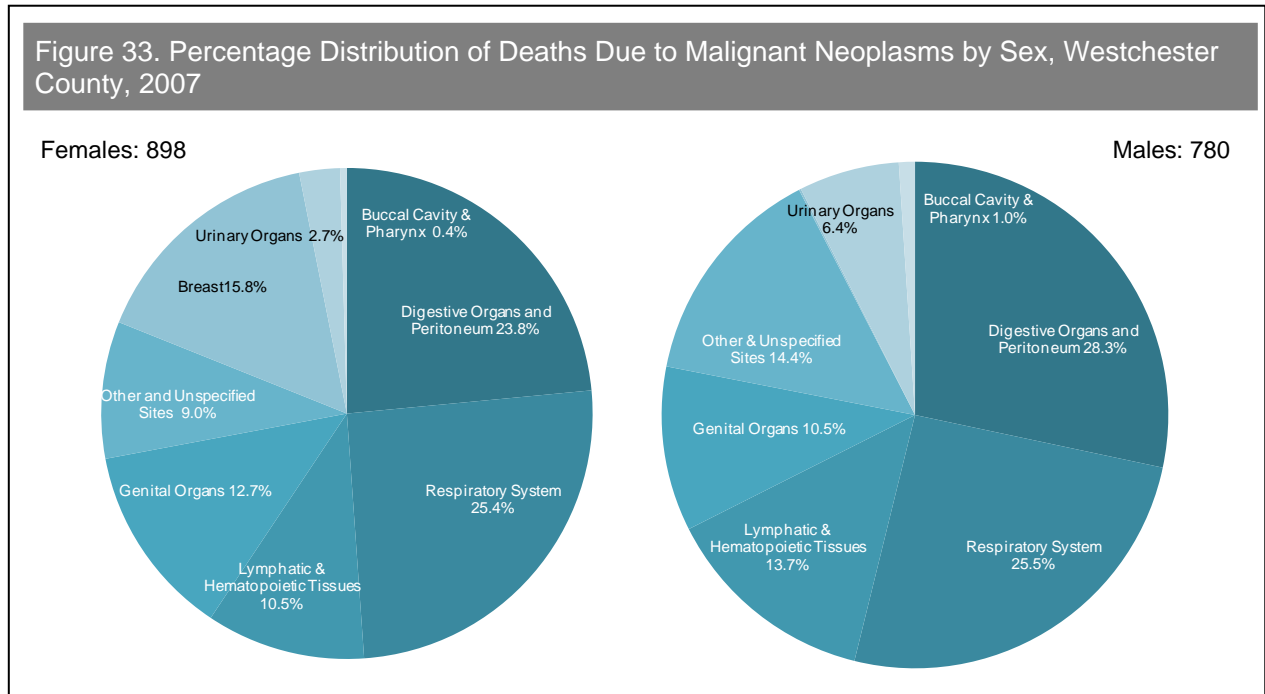


Malignant neoplasms accounted for 24.7% of all deaths among whites and blacks. Among Hispanics, malignant neoplasms accounted for 27.7% of all deaths.

A total of 2,725 individuals died due to major cardiovascular diseases in Westchester County in 2007, accounting for 40.0% of total deaths. Among people who died of major cardiovascular diseases, the majority (61.0%) were due to ischemic heart diseases, including acute myocardial infarction.



Malignant neoplasms were the cause of death for 1,678 individuals in Westchester County in 2007, accounting for 24.7% of total deaths. Among females, about a quarter of cancer deaths were due to malignant neoplasms located in the digestive organs and peritoneum (23.8%). 25.4% were due to cancer of the respiratory system.



Breast cancer was the third leading cause among female cancer deaths in 2007 (15.8%). Malignant neoplasms of the genital organs accounted for 12.7% and lymphatic and hematopoietic systems accounted for 10.5%.

Among males, 28.5% of the cancer deaths were due to malignant neoplasms of the digestive organs and peritoneum. Over a quarter (25.5%) of male cancer deaths were due to malignant neoplasms of the respiratory system.

Malignant neoplasms of the genital organs accounted for 10.5% of male cancer deaths and cancer of the lymphatic and hematopoietic systems accounted for 13.7% of male cancer deaths

Morbidity: Emergency Room Visits

Demographics Characteristics of Emergency Room Clients

Age and Sex

During 2008, there were a total of 295,123 emergency room visits reported among Westchester County residents. The ER visit rate was 3,196 per 10,000, or almost 32%.

Almost 20% of the ER visits were among those aged 65 and older. Over a quarter of the ER visits were among those aged 25-44. About 23% were among those aged 45-64. Young adults aged 18 to 24 accounted for almost 10% of the ER visits, children from five to seventeen accounted for 13.4% of the ER visits, and children under 5 accounted for 9.2% of all ER visits.

Figure 34. Percentage Distribution of Emergency Room Visits by Age, Westchester County Residents, 2008

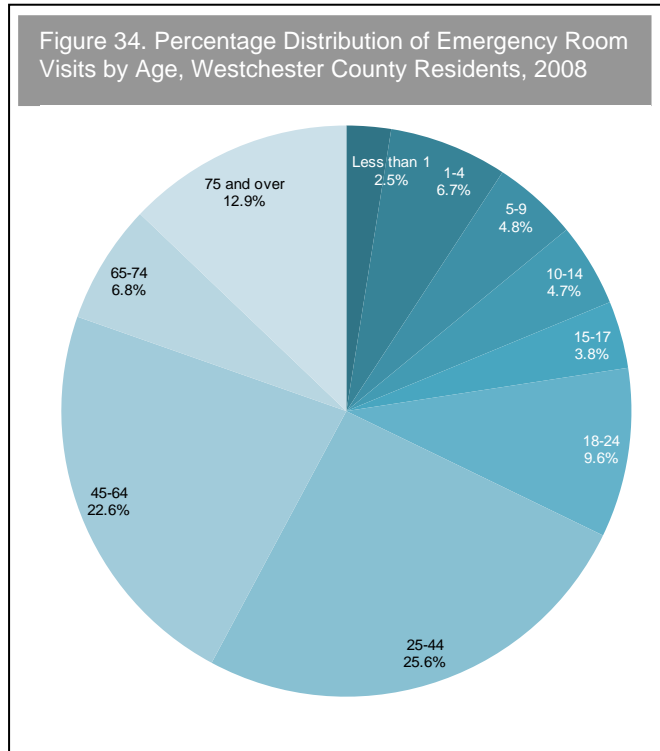
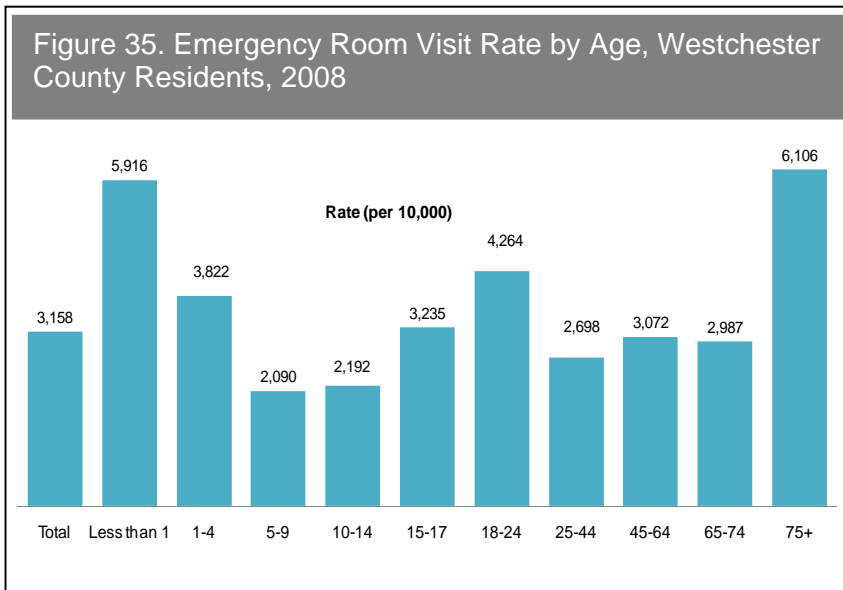
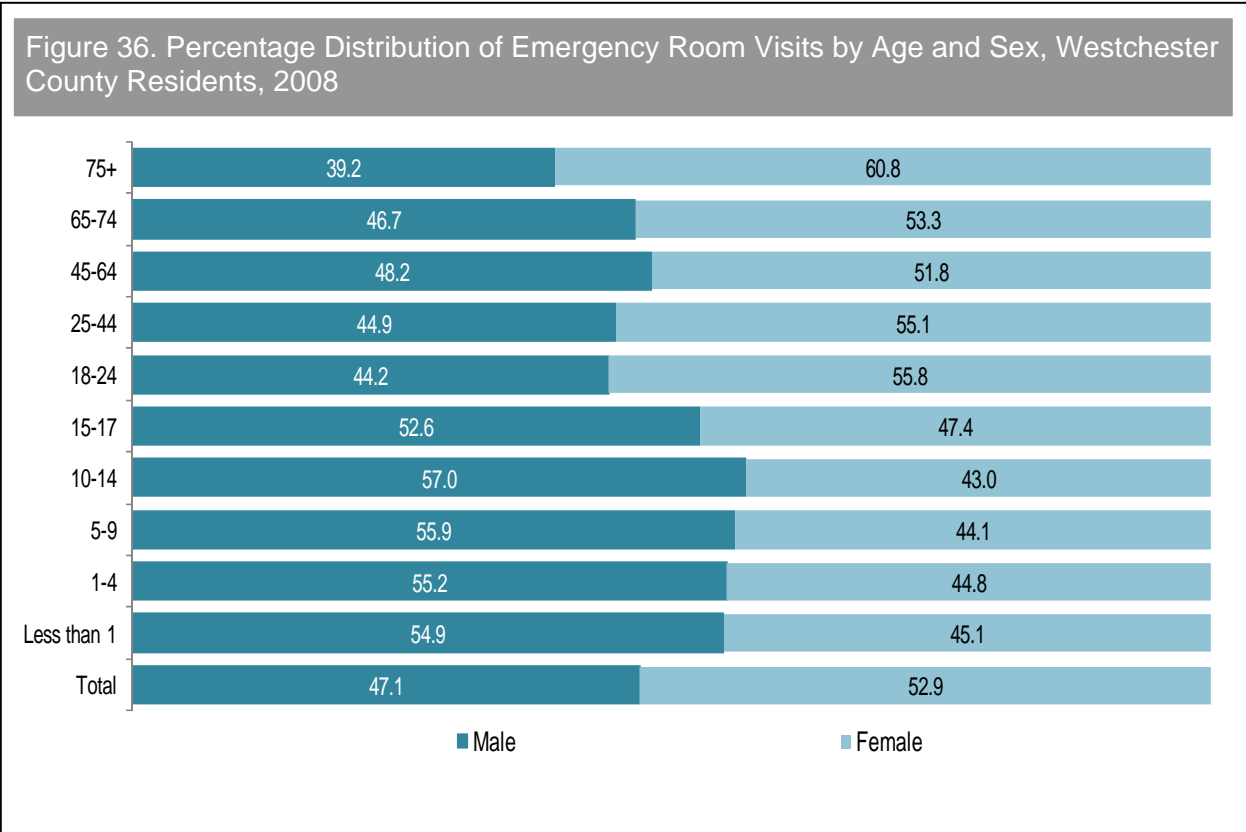


Figure 35. Emergency Room Visit Rate by Age, Westchester County Residents, 2008

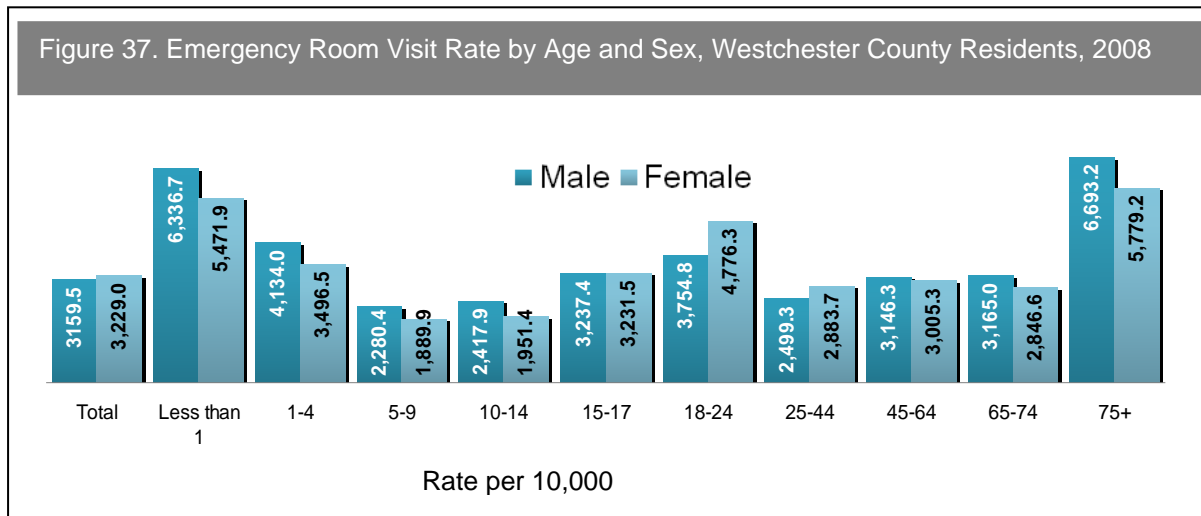


The emergency room visit rate was the highest among those aged 75 and older and those under the age one. For example, the ER visit rate was 6,106 per 10,000 (61.1%) among people aged 75 and over. It was 5,916 per 10,000 (59.2%) for those under one year of age.

Overall, there were more female ER visits than male ER visits in 2008. The number of female cases was 155,555, accounting for 52.7% of all the ER visits. The number of male cases was 139,562, accounting for 47.3% of all ER visits. There were also more females than males in all the age groups from 18 and older. Among those under 18, there were more males than females in each age group.

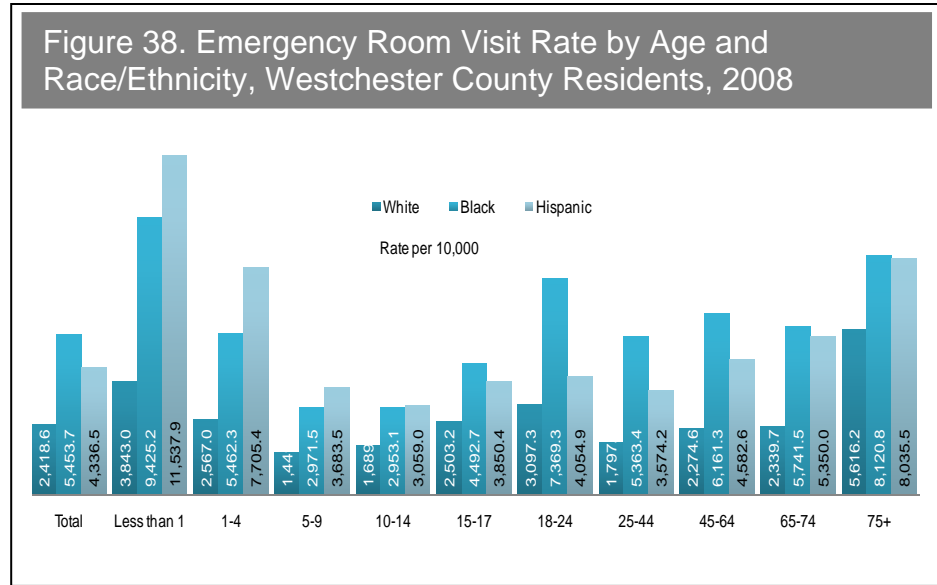


Overall, females had a higher ER visit rate than males (3,229 per 10,000 vs. 3,159 per 10,000). However, males had higher ER visit rates in every age group except those aged 18-24 and 25-44.



Race and Ethnicity

Of the 295,123 visits made to emergency rooms by Westchester County residents in 2008, 54% were white, 24.2% were black, and 20.5% were of all other races. Hispanics accounted for 21.2% of all emergency room patients. According to the 2005-07 American Community Survey, 13.9% of the county population is black and 18.5% of the county population is Hispanic. Blacks and Hispanics were over-represented in the emergency room visits.

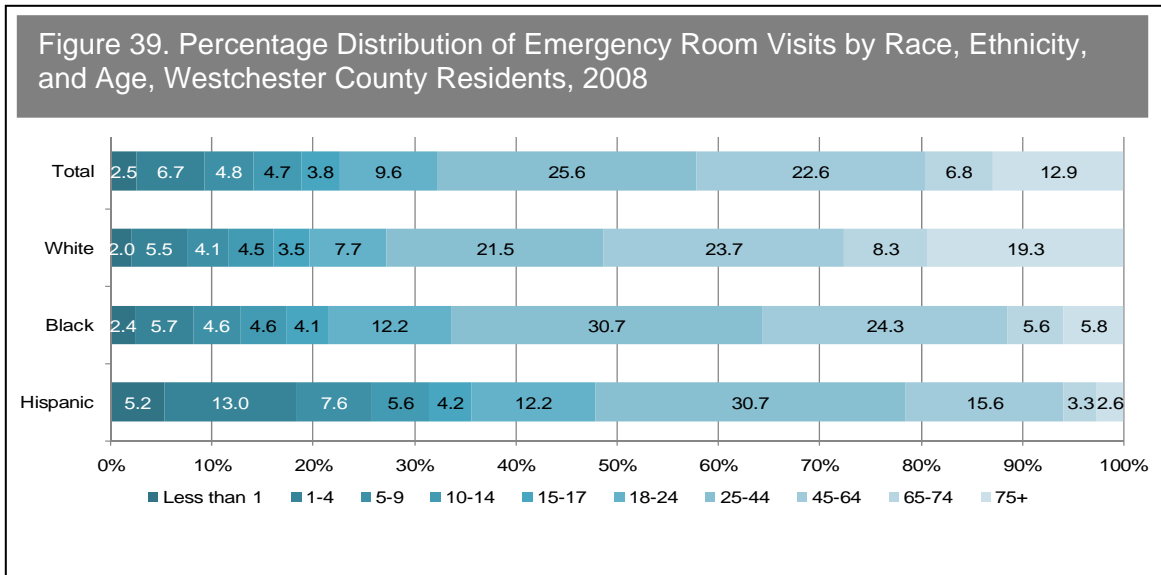


Blacks and Hispanics were more likely to visit the emergency room in every age group. For example, the emergency room visit rate for those under one year of age was 9,425 per 10,000 (or 94.3%) among blacks, it was 11,538 per 10,000 among Hispanics, and 3,843 per 10,000 among whites.

Among those aged 18 to 24, the emergency room visit rate was 7,369 per 10,000 for blacks, 4,055 per 10,000 for Hispanics, 3,097 for whites. Blacks accounted for almost 31% of all ER visits in this age group.

Among those aged 25 to 44, blacks accounted for 19% of all the ER visits, with an ER visit rate of 5,363 per 10,000. In contrast, the emergency room visit rate among whites for this age group was 1,797 per 10,000.

Among whites, 51.3% of the emergency room cases were 45 years and older. Those aged 65 and older accounted for 27.6% of all the emergency room cases.

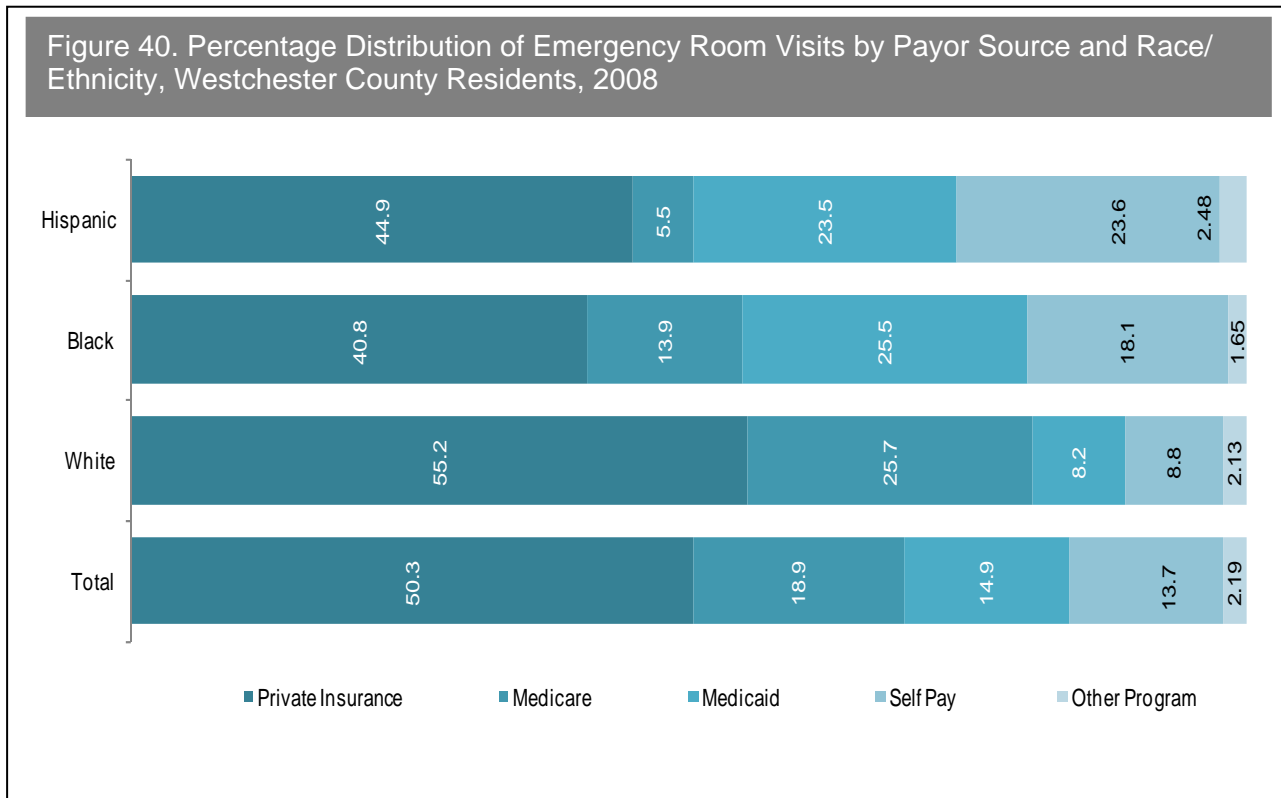


Among blacks, 64.3% of the emergency room patients were younger than 45 years of age. Just over one-third was 45 years or older. The percent of emergency room cases who were 65 years and older was about 11%. In addition, the percent of emergency room cases who were younger than 25 was 33.6%.

Among the Hispanics, 18.2% of the emergency room cases were under five. Almost half of the cases were under age 25. Those who were 45 years or older accounted for 21.5% of the Hispanic cases.

Payor Sources

Most of the emergency room clients had health insurance coverage. Half of them (50.3%) had private insurance, 18.9% had Medicare, 14.9% had Medicaid, and 2.2% had other insurance, such as worker’s compensation, CHAMPUS, etc. Those with no insurance accounted for 13.7% of all the ER visits.



Health insurance coverage differed by race and ethnicity. Less than ten percent (8.8%) of whites seen in emergency rooms did not have health insurance coverage, compared to 18.1% of blacks and 23.6% of Hispanics who were classified as “self-pay” for their emergency room visits.

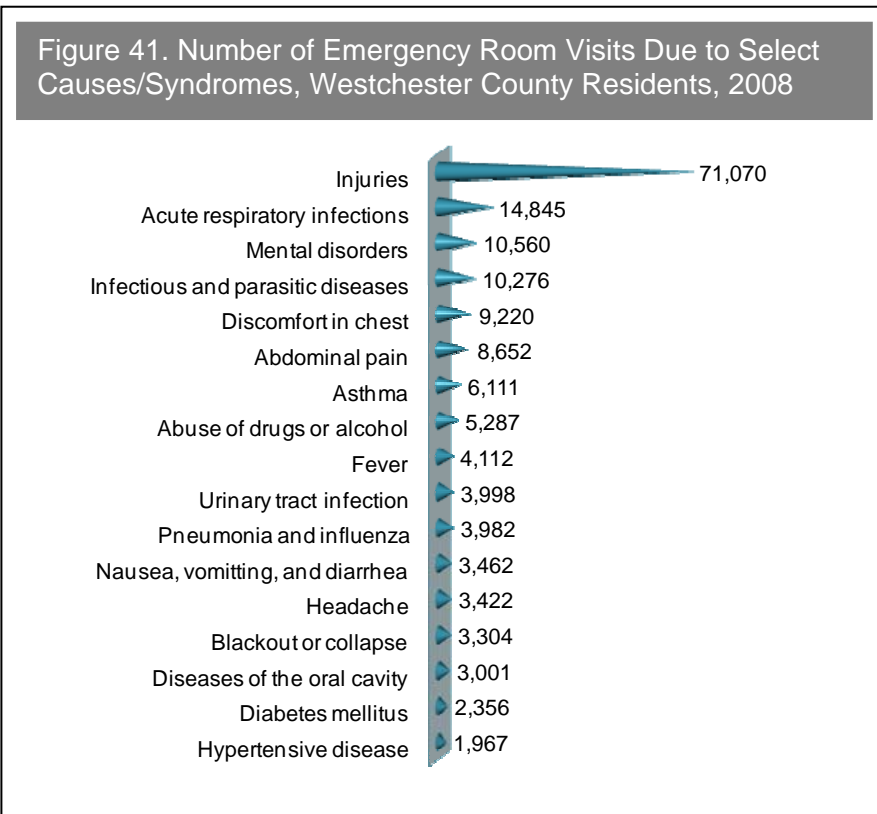
Over half (55.2%) of whites had private health insurance, compared to 40.8% of blacks and 44.9% of Hispanics.

Blacks and Hispanics seen in emergency rooms are more likely to have Medicaid than whites, while whites were more likely to have Medicare compared to blacks and Hispanics. Among whites who visited the emergency room during 2008, 8.2% had Medicaid, 25.7% had Medicare. Among the blacks, 25.5% had Medicaid and 13.9% had Medicare. Among Hispanics, 23.5% had Medicaid and 5.5% had Medicare.

Select Causes of Emergency Room Visits

The top cause of ER visits was injury. In 2008, over 71 thousand cases visited the emergency room due to injuries, making up nearly one quarter of all visits (24.1%).

Almost 15 thousand cases visited an emergency room due to acute respiratory infections. Over six thousand cases visited the emergency room due to asthma. About four thousand cases visited the emergency room because of pneumonia and influenza.



Ten thousand and three hundred cases visited the emergency room due to infectious and parasitic diseases. Almost 8.7 thousand cases visited the emergency room due to abdominal pain, and 3.5 thousand cases visited the emergency room because of nausea, vomiting, and/or diarrhea.

Over nine thousand cases visited the emergency room complaining about discomfort in chest. Almost 2 thousand cases received emergency room care due to hypertensive diseases. Over 2 thousand cases visited the emergency room because of diabetes mellitus.

More than four thousand cases visited the emergency room due to fever. Three thousand four hundred visits were due to headache, and three thousand three hundred visits were due to blackout or collapse.

Almost four thousand cases visited the emergency room due to urinary tract infections. Over three thousand cases visited the emergency room because of diseases of the oral cavity.

Over ten thousand cases visited the emergency room due to mental disorders. Almost 5,300 cases visited the emergency room due to abuse of drugs or alcohol.

Select Causes of Emergency Visits by Sex

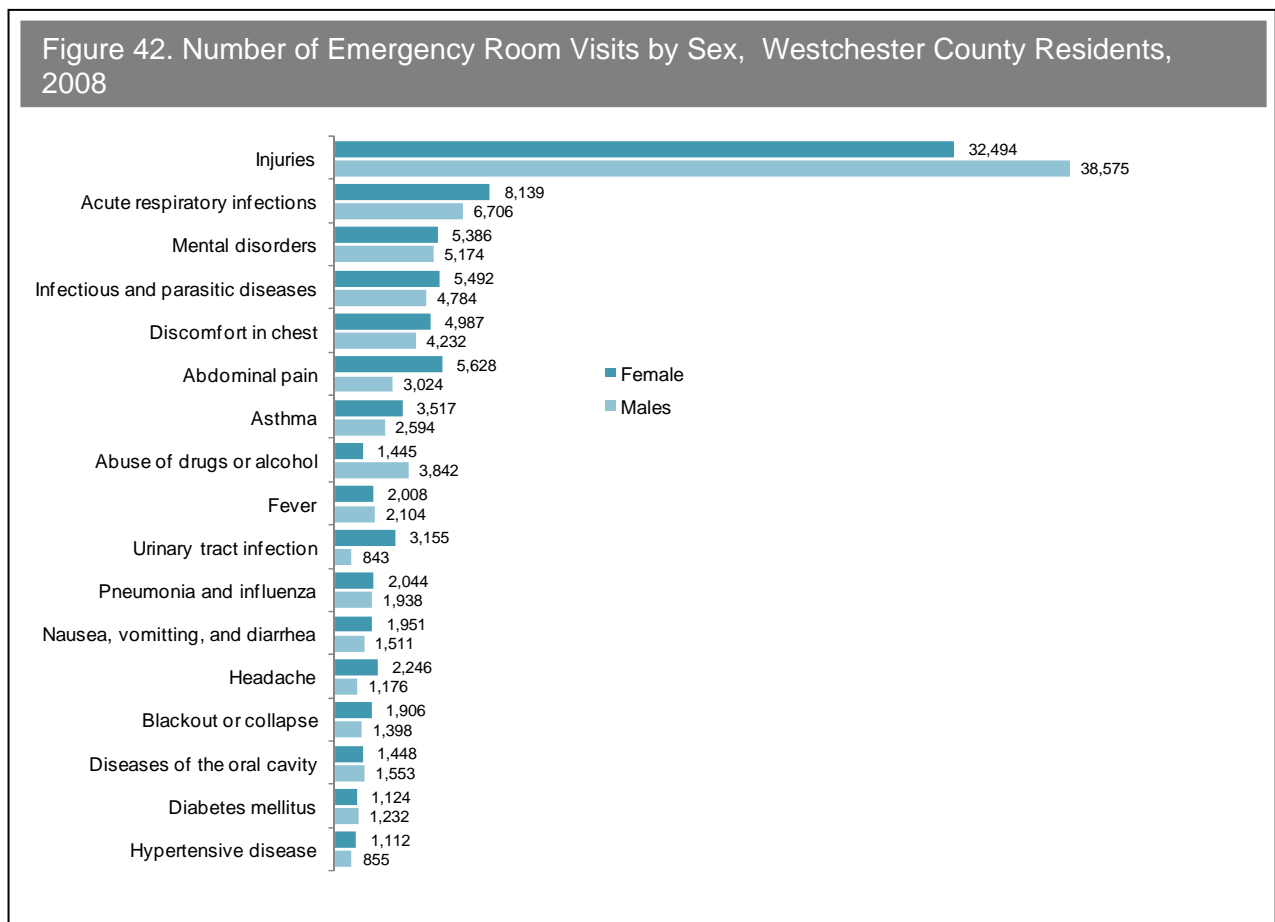
Among the 71 thousand injuries cases, 54.3% were men and 45.7% were women. Among the 5.3 thousand cases due to drug and/or alcohol abuses, 72.7% were men, 27.3% were women.

There were more men than women who visited an emergency room due to fever, diseases of the oral cavity, and diabetes mellitus.

There were more women than men among those visiting the emergency room because of acute respiratory infections (8,139 women vs. 6,706 men), asthma (3,517 vs. 2,594) and pneumonia and influenza (2,044 vs. 1,938). There were also more women than men among those who complained about abdominal pain (5,628 vs. 3,024), nausea, vomiting, and diarrhea (1,951 vs. 1,511), headache (2,246 vs. 1,176), blackout or collapse (1,906 vs. 1,398).

Almost 5.5 thousand female cases received treatment in an emergency room due to infectious and parasitic diseases, compared to just about 4.8 thousand men receiving treatment due to the same causes.

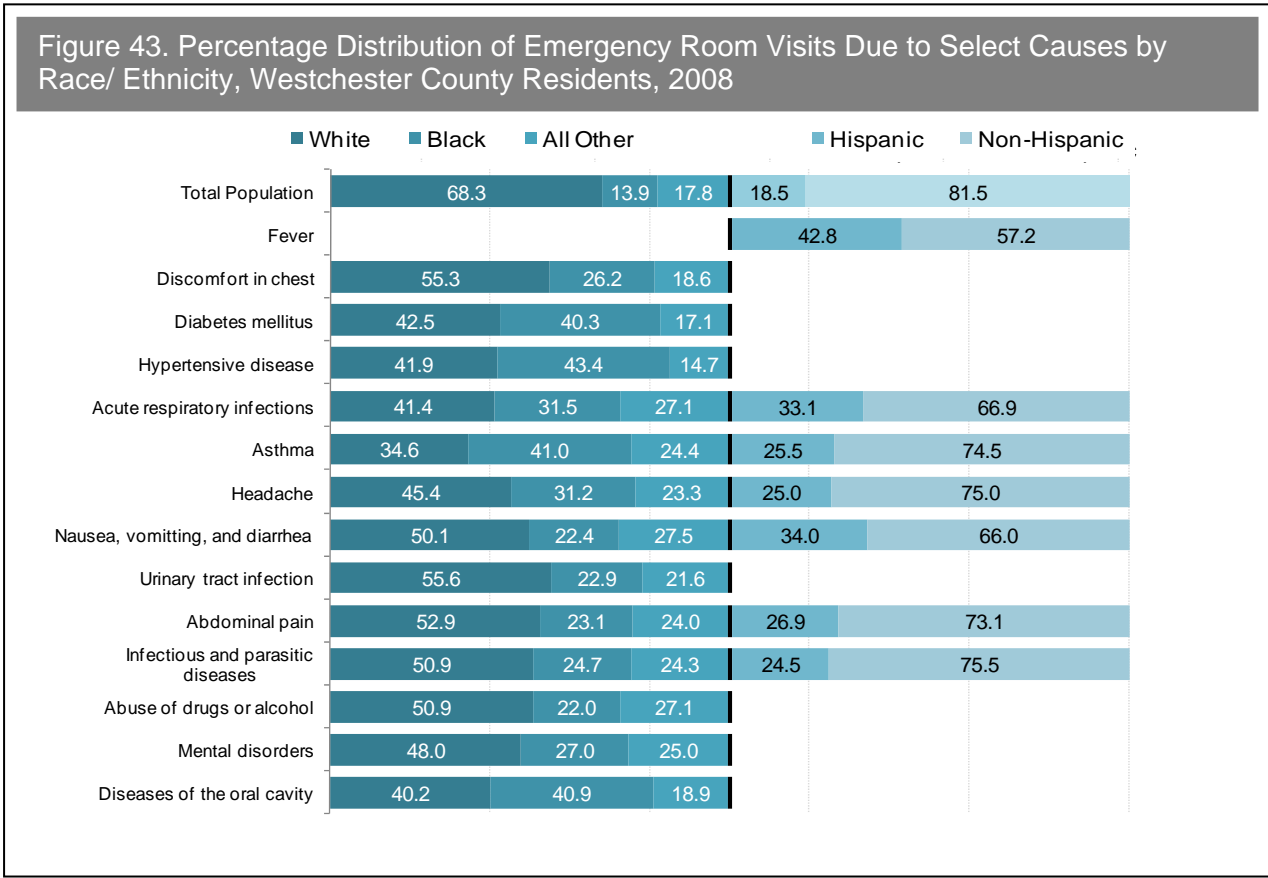
In addition, there were more women visiting the emergency room due to discomfort in chest (4,987 vs. 4,232) and hypertensive diseases (1,112 vs. 855).



Select Causes of Emergency Room Visits by Race/Ethnicity

While about 14% of the county’s population is black, blacks represented 40.3% of the ER visits due to diabetes, 43.4% of the cases due to hypertensive diseases, 41% of the cases due to asthma, and 40.9% of the cases due to diseases of the oral cavity. Blacks also represented 31.5% of the ER cases due to acute respiratory infections and 31.2% of the cases due to headache.

In addition, blacks were over represented in the emergency room visits due to mental disorders (27.0%), Discomfort in chest (26.2%), infectious and parasitic diseases (24.7%), abdominal pain (23.1%), urinary tract infection (22.9%), nausea, vomiting, and diarrhea (22.4%), and abuse of drugs or alcohol (22.0%).

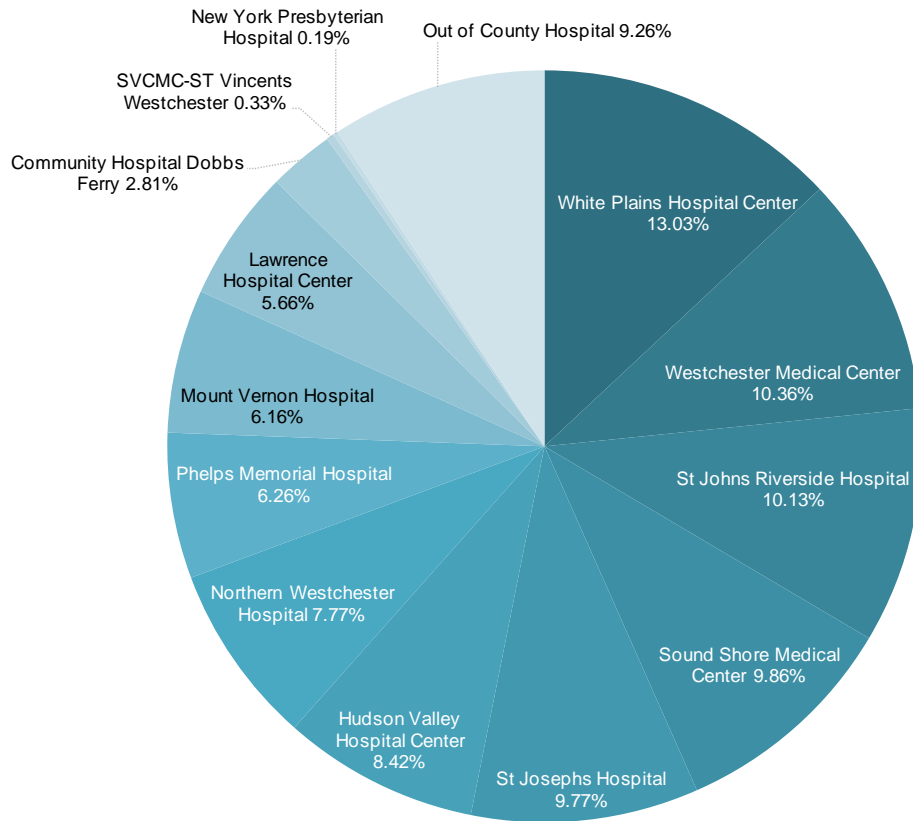


According to the 2005-07 ACS, less than 20% of the county’s population is Hispanic; however, Hispanics represented 42.8% of emergency room cases due to fever, 34.0% of cases due to nausea, vomiting, and diarrhea, 33.1% of the cases due to acute respiratory infections, and 26.9% of the cases due to abdominal pain. Hispanics also represented a quarter of the cases due to asthma and a quarter of the cases due to blackout or collapse.

Emergency Room Visits by Hospital

Among the 295,123 ER visits that occurred during 2008, 90.7% were made to the county’s eleven acute care hospitals and two psychiatric hospitals. The five hospitals which received the greatest number of ER visits by Westchester County residents were: White Plains Hospital Center (13.0%), Westchester Medical Center (10.4%), St. John’s Riverside Hospital (10.1%), Sound Shore Medical Center (9.9%), and St. Joseph’s Hospital (9.8%). Together, these five hospitals accounted for 53.2% of all emergency room visits by Westchester County residents.

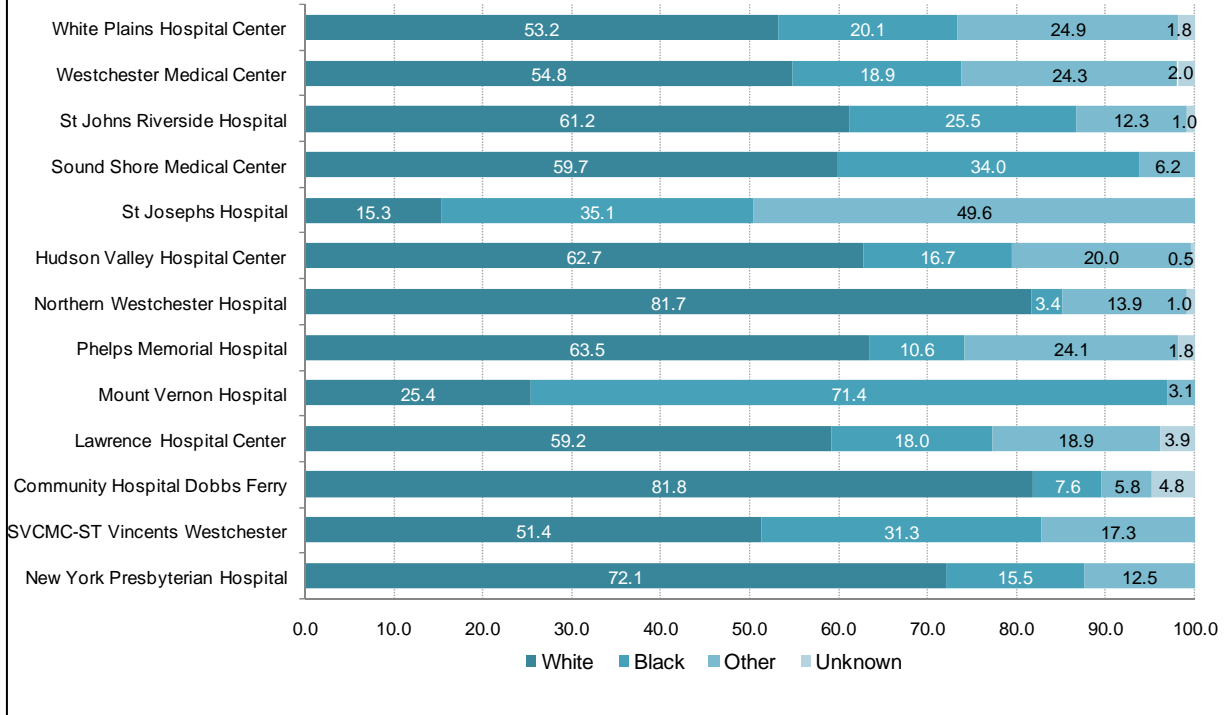
Figure 44. Percentage Distribution of Emergency Room Visits by Hospital, Westchester County Residents, 2008



Emergency Room Visits by Hospital and Race/Ethnicity

The racial/ethnicity compositions of ER patients are different by hospitals. The hospitals with larger than average minority patients were St. Joseph’s Hospital located in Yonkers (35.1% black, 49.6% other races) and Mount Vernon Hospital in Mount Vernon (71.4% black, and 3.1% other races). The hospitals with the largest proportion of white patients were the Community Hospital of Dobbs Ferry (81.8% white) and Northern Westchester Hospital located in Mount Kisco (81.7% white).

Figure 45. Percent Distribution of Emergency Room Visits by Race and Hospital, Westchester County Residents, 2008



The hospitals that had the greatest proportion of Hispanics visiting their emergency rooms were St. Joseph’s Hospital (41.3%) and St. John’s Riverside Hospital (33.0%), both located in Yonkers. The hospitals serving a smaller than average proportion of Hispanic patients in their emergency rooms were the Community Hospital of Dobbs Ferry (7.6%), Mount Vernon Hospital (10.7%), and Northern Westchester Hospital (10.9%).

Select Causes of Emergency Room Visits by Hospital

While White Plains Hospital Center, Westchester Medical Center, St. John’s Riverside Hospital, Sound Shore Medical Center, and St. Joseph’s Hospital were the top five hospitals that provided over half of the county’s emergency visits, they remained as the top five receiving patients due to acute respiratory infections. Among the 14,845 patients who visited the emergency rooms due to acute respiratory infections, 16.5% were cared for by St. John’s Riverside Hospital, 13.7% were cared for by St. Josephs Hospital, 12.1% were cared for by Sound Shore Medical Center, 10.8% by White Plains Hospital, and 9.6% by Westchester Medical Center. Together, these five hospitals took care of 62.7% of the patients who had acute respiratory infections.

Percentage Distribution of Emergency Room Visits due to Select Causes and/or Syndromes by Hospital, Westchester County Residents, 2008

	Total	Injuries	Acute respiratory infections	Asthma	Pneumonia & influenza	Abdominal pain	Fever	Discomfort in chest	Mental disorders	Abuse of drugs or alcohol
Total Cases	295,123	71,070	14,845	6,111	3,982	8,652	4,112	9,220	10,560	5,287
Acute Hospitals										
White Plains Hospital Center	13.0	13.7	10.8	10.3	16.2	13.3	11.6	14.3	7.5	12.8
Westchester Medical Center	10.4	8.4	9.6	8.5	8.2	9.7	18.2	7.9	23.6	6.7
St Johns Riverside Hospital	10.1	9.1	16.5	10.1	17.0	13.9	15.9	11.5	1.7	3.3
Sound Shore Medical Center	9.9	9.3	12.1	9.8	7.6	9.5	14.2	11.0	3.7	10.3
St Josephs Hospital	9.8	8.0	13.7	18.6	6.9	6.3	2.0	7.3	16.6	20.4
Hudson Valley Hospital Center	8.4	10.3	8.9	7.7	8.2	11.6	7.5	9.8	2.6	2.9
Northern Westchester Hospital	7.8	10.5	4.9	4.8	8.9	8.6	8.8	9.1	5.1	3.9
Phelps Memorial Hospital	6.3	7.0	4.4	3.6	6.9	6.1	3.8	5.4	4.7	8.0
Mount Vernon Hospital	6.2	5.2	7.4	11.9	3.5	4.7	4.5	6.2	12.8	8.0
Lawrence Hospital Center	5.7	6.5	5.0	5.7	7.2	4.8	3.0	6.5	1.4	2.4
Community Hospital Dobbs Ferry	2.8	4.7	2.4	1.7	3.0	1.9	0.4	1.7	0.9	0.7
Specialty Hospitals										
St. Vincent's Westchester	0.3	..	..	..	..	..	..	..	8.9	0.4
NY Presbyterian Hospital	0.2	..	..	..	..	..	..	..	4.2	1.8
SJRH Park Care Pavilion	0.0	..	..	..	..	..	..	..	0.0	0.2
All non-Westchester hospitals	9.3	7.3	4.4	7.1	6.4	9.7	10.1	9.1	6.3	18.3
Percentage accounted by top five hospitals	53.1	52.9	62.7	60.7	58.5	58.0	68.7	55.7	69.4	59.5

Some hospitals have received disproportionately higher percentages of patients due to certain diagnoses. For example, 23.6% of the patients diagnosed with a mental disorder were cared for by Westchester Medical Center, although the Westchester Medical Center only cared for 10.4% of all the ER patients. In addition, the Medical Center also received 18.2% of all the fever patients.

While St. Joseph's Hospital received 9.8% of all the ER patients during 2008, 18.6% of all the asthma patients visited this hospital. In addition, 16.5% of the patients with mental disorders and 20.4% of the patients of drug/alcohol abuse received emergency care in this hospital.

Similar stories can be told about St. John's Hospital which received 10.1% of the total emergency room patients. During 2008, 17.0% of the pneumonia and influenza patients were treated at St. John's, as well as 13.9% of the patients complaining about abdominal pain and 15.9% of the patients having fever.

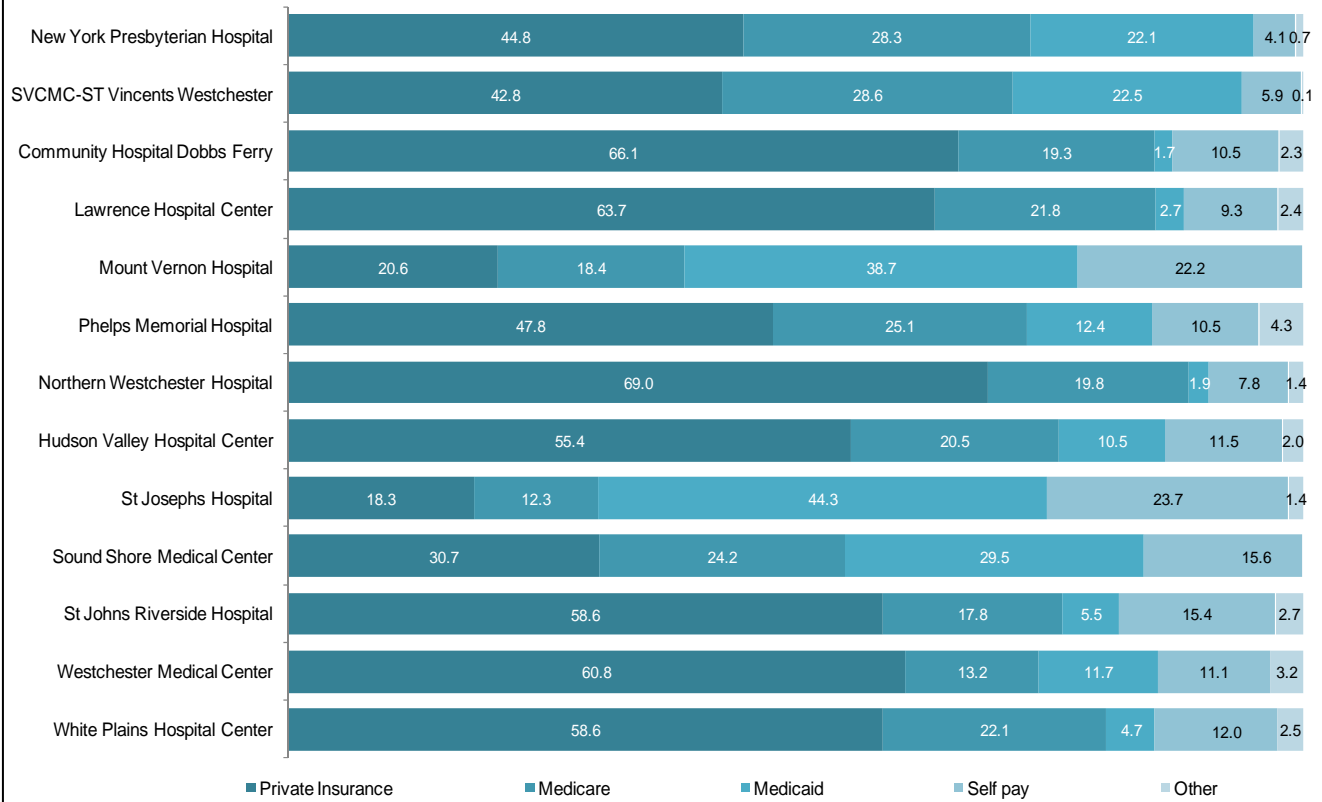
Mt. Vernon Hospital was visited by 12.8% of the patients with mental disorders and 11.9% of the asthma patients; Hudson Valley Hospital Center was visited by 11.6% of patients who complained about abdominal pain and 10.3% of the patients with injuries; and Northern Westchester Hospital received 10.5% of all the injury patients. In addition, White Plains Hospital received 16.2% of all the pneumonia and influenza patients.

Emergency Room Visits by Hospital and Payer

St. Joseph's Hospital, Mount Vernon Hospital, and Sound Shore Medical Center had the highest percentage of Medicaid patients (44.3%, 38.7%, and 29.5%, respectively). They also served the highest percentages of

patients with no health insurance coverage. The self-pay patients in these three hospitals represented 23.7%, 22.2%, and 15.6% of all visitors, respectively.

Figure 46. Percentage Distribution of Emergency Room Visits by Payer and Hospital, Westchester County Residents, 2008

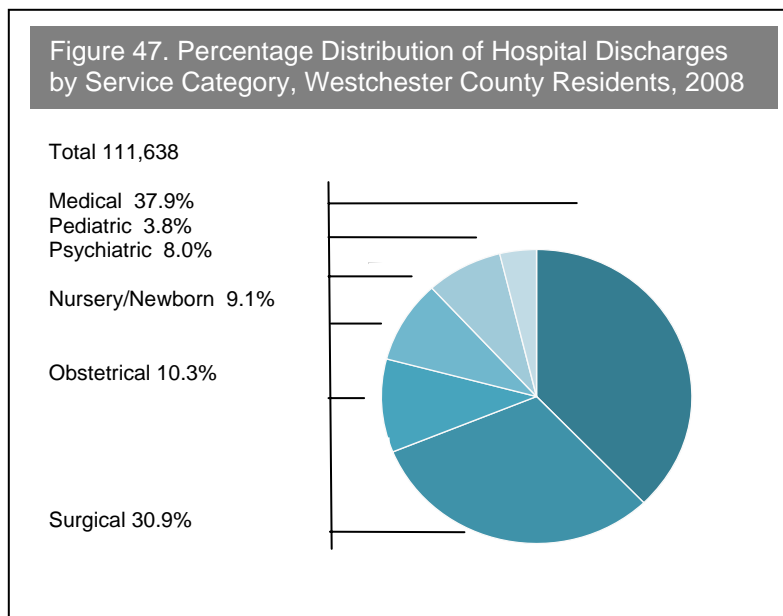


Morbidity: Hospitalizations

Total Hospital Discharges¹

In 2008, the total number of hospital discharges among Westchester County residents was reported as 111,638.

During 2008, over one-third of reported hospital discharges were for medical services (37.9%). An additional 30.9% were for surgical services. Newborns accounted for 9.1% of hospital discharges, while 10.3% of discharges were obstetrics related (excluding induced abortions and associated complications). The remaining discharges were for psychiatric (8.0%) and pediatric services (3.8%)



Around eighty-one percent (81.4%) of the 2008 hospitalizations occurred in County hospitals. The five hospitals that received the greatest number of cases were: Westchester Medical Center (12.3%), White Plains Hospital Center (11.9%), St. John's Riverside Hospital (11.0%), Sound Shore Medical Center of Westchester (8.4%), and Northern Westchester Hospital (7.4%). Together, these five hospitals accounted for half of all the hospitalization cases of County residents in Westchester County.

During 2008, the top three hospitals for medical related hospitalizations were:

- White Plains Hospital Center (13.3%),
- St. John's Riverside Hospital (11.6%), and
- Sound Shore Medical Center of Westchester (9.1%).

The top three hospitals for surgical related hospitalizations were

- Westchester Medical Center (16.0%),
- White Plains Hospital Center (11.6%), and
- St. John's Riverside Hospital (7.3%).

Forty-five percent of the pediatric cases were hospitalized at Westchester Medical Center.

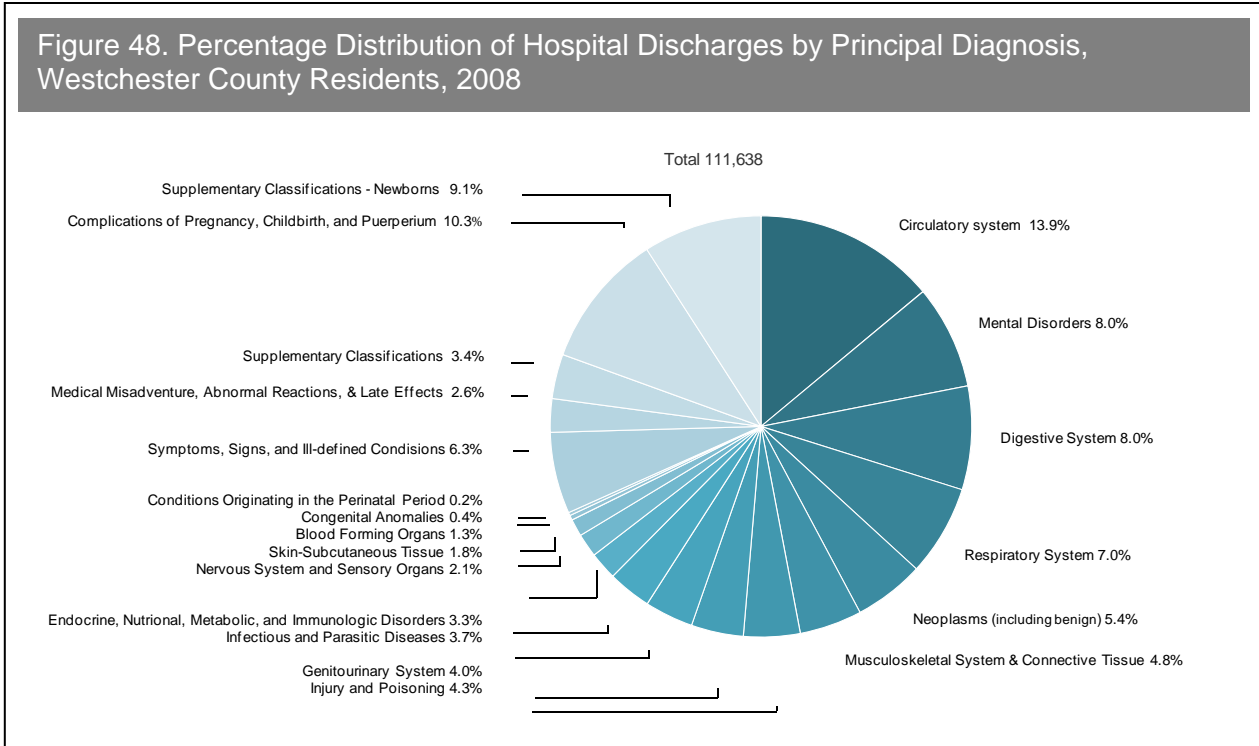
¹ Due to the fact that the SPARCS data are continually being updated, the completeness of reporting by individual facilities varies over time. Information reported for 2008 reflects data received as of June 2009.

The top three hospitals for psychiatric related hospitalizations were:

- Westchester Medical Center (19.5%),
- St. Johns Riverside Hospital (15.0%), and
- St. Vincent’s Westchester (14.9%).

Excluding newborns, and hospitalizations due to complications of pregnancy, childbirth, and puerperium, the top causes of hospitalization as defined by principal diagnosis² were:

- Diseases of the circulatory system (13.9%),
- Mental disorders (8.0%)
- Diseases of the digestive system (8.0%),
- Diseases of the respiratory system (7.0%),
- Neoplasms (5.4%), and
- Diseases of the musculoskeletal system and connective tissue (4.8 %).



Total Hospital Discharges by Sex

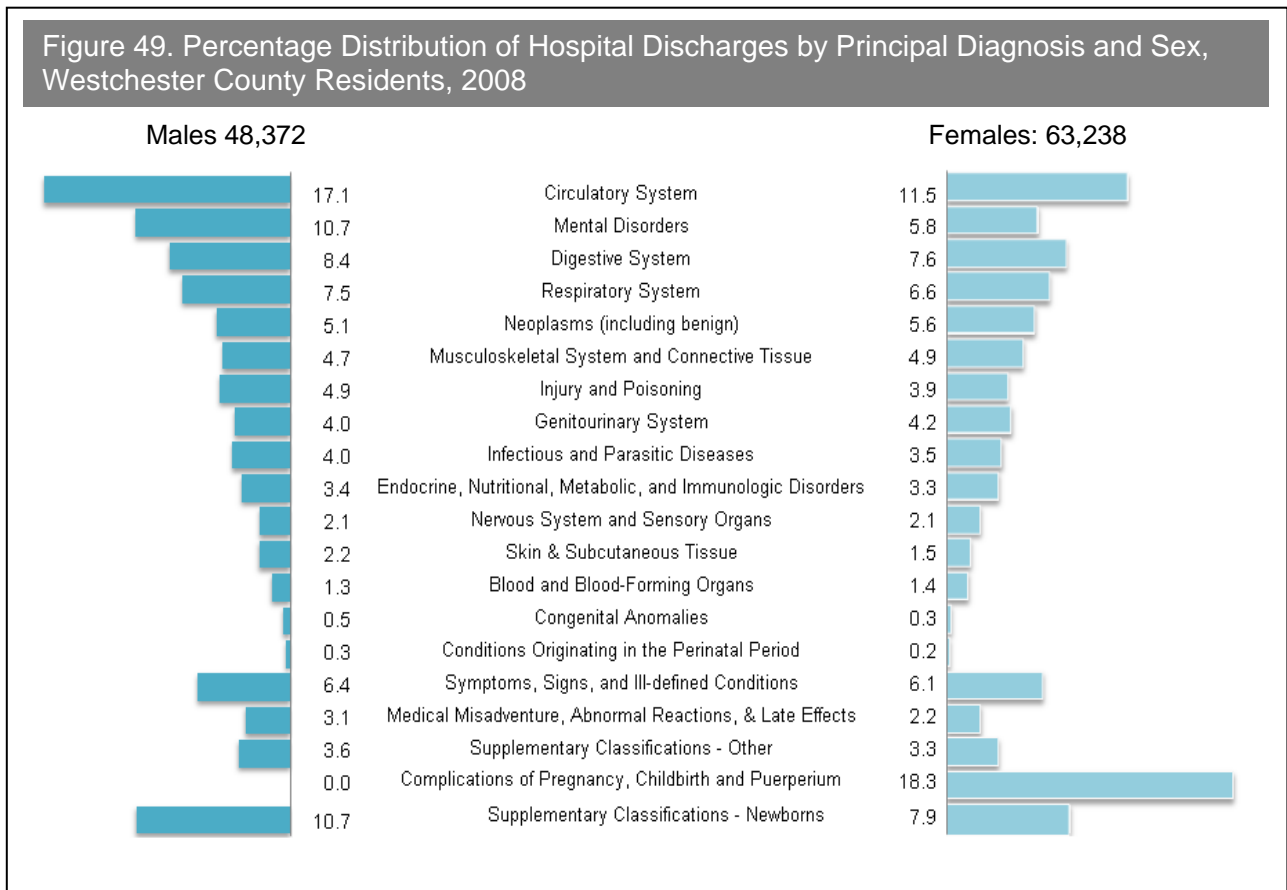
There were more hospitalization discharges among females than among males for Westchester County residents during 2008, with females accounting for 56.6% of all the reported hospitalized cases. Excluding obstetric related causes and newborns, females accounted for 52.0% of all reported hospitalized cases.

The average length of hospital stay was 5.7 days for females, 6.5 days for males and 6.1 days overall.

² The principal diagnosis is the condition chiefly responsible for causing the admission of the patient into the hospital for care. Because the principal diagnosis represents the reason for the patient’s stay, it may not necessarily have been the diagnosis which represented the greatest length of stay, the greatest consumption of hospital resources, or the most life-threatening condition. Furthermore, the principal diagnosis reflects clinical findings discovered during the patient’s stay, therefore, it may differ from the admitting diagnosis.

Excluding newborns and obstetric related cases, the average length of stay was 6.6 days for females and 6.8 days for males.

Excluding newborns, the top three causes of hospitalization for all males were diseases of the circulatory system (17.1%), mental disorders (10.7%), and diseases of the digestive system (8.4%). The top three causes of hospitalization for all females were complication of pregnancy, childbirth, and puerperium (18.3%), diseases of the circulatory system (11.5%), followed by diseases of the digestive system (7.6%).



Total Hospital Discharges by Race/Ethnicity

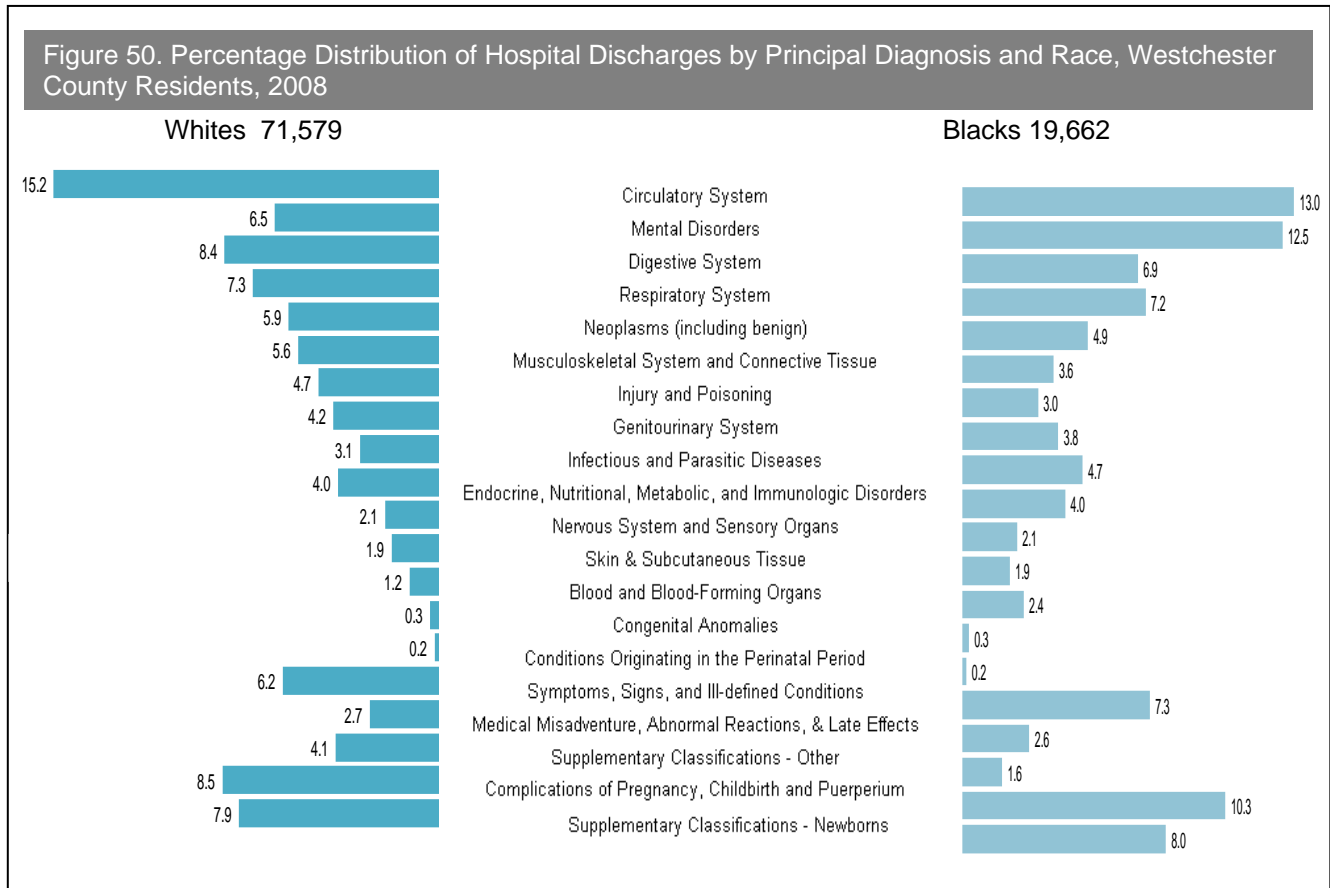
Among the hospitalization discharges for Westchester County residents during 2008, whites accounted for 66.8% of all the reported hospitalized cases, blacks accounted for 17.6%, and all other races accounted for 18.3%. Hispanics represented 13.7% of all reported hospitalized cases. Excluding obstetric related causes and newborns, whites accounted for 66.5% of the cases, blacks accounted for 17.9% and other races accounted for 15.6% of the cases. Ten percent of all hospital cases excluding obstetric related causes and newborns were among Hispanics.

Excluding newborns and obstetric related cases, the average length of stay among whites was 6.5 days, 7.5 days among blacks, and 6.0 days among Hispanics.

During 2008, excluding newborns and complications of pregnancy, childbirth, and puerperium, the top three

causes of hospitalization for all whites were: diseases of the circulatory system (15.2%), diseases of the digestive system (8.4%), and disease of the respiratory system (7.3%).

Among blacks, the top three causes of hospitalization, excluding newborns and complications of pregnancy, childbirth, and puerperium, were diseases of the circulatory system (13.0%), mental disorders (12.5%), and diseases of the respiratory system (7.2%).



Among Hispanics, the top three causes of hospitalization, excluding newborns and complications of pregnancy, childbirth, and puerperium, were diseases of the digestive system (8.6%), diseases of the circulatory system (7.7%), and mental disorders (7.4%).

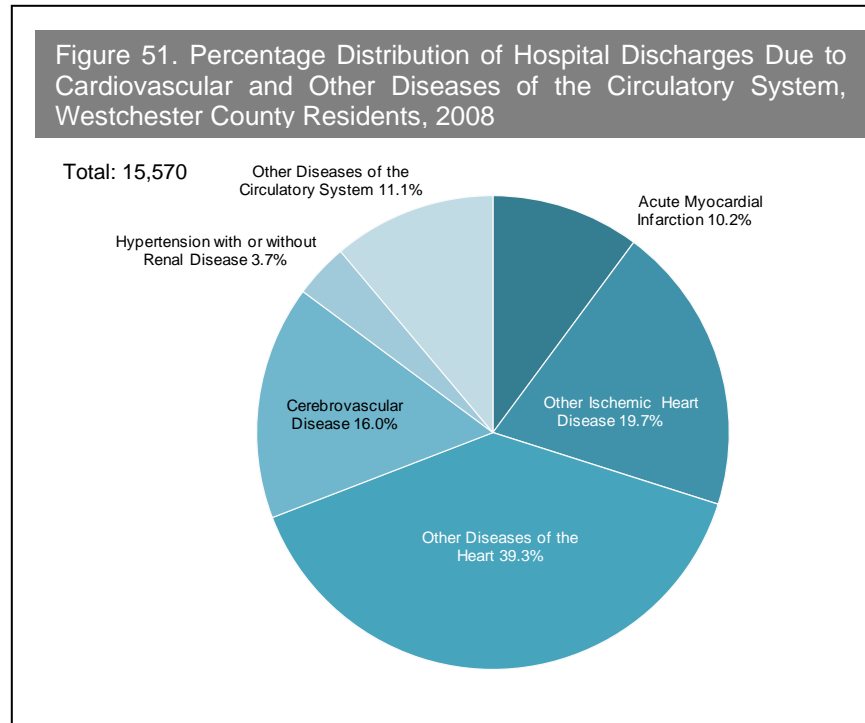
During 2008, 10.3% of the hospitalized cases were related to complications of pregnancy, childbirth, and puerperium, such cases accounted for 8.5% and 10.3% of all cases for whites and blacks, respectively. Among Hispanics, they accounted for 19.6% of all cases.

Hospital Discharges Due to Diseases of the Circulatory System

During 2008, a total of 15,570 cases were hospitalized due to cardiovascular and other diseases of the circulatory system. Among these cases, just below one-third were due to ischemic heart diseases consisting of acute myocardial infarctions (10.2%) and of other ischemic heart diseases (19.7%). Cerebrovascular disease accounted for 16.0%.

In general, the number of hospital discharges due to diseases of the circulatory system increased by age.

Additionally, more males than females were hospitalized due to diseases of the circulatory system. Among people hospitalized due to diseases of the circulatory system, 69.9% were among whites, 16.4% were among blacks, 13.7% were among other races, and 7.6% were among Hispanics. Among whites hospitalized due to circulatory diseases, 7.3% were under the age of 50, 20.2% were between

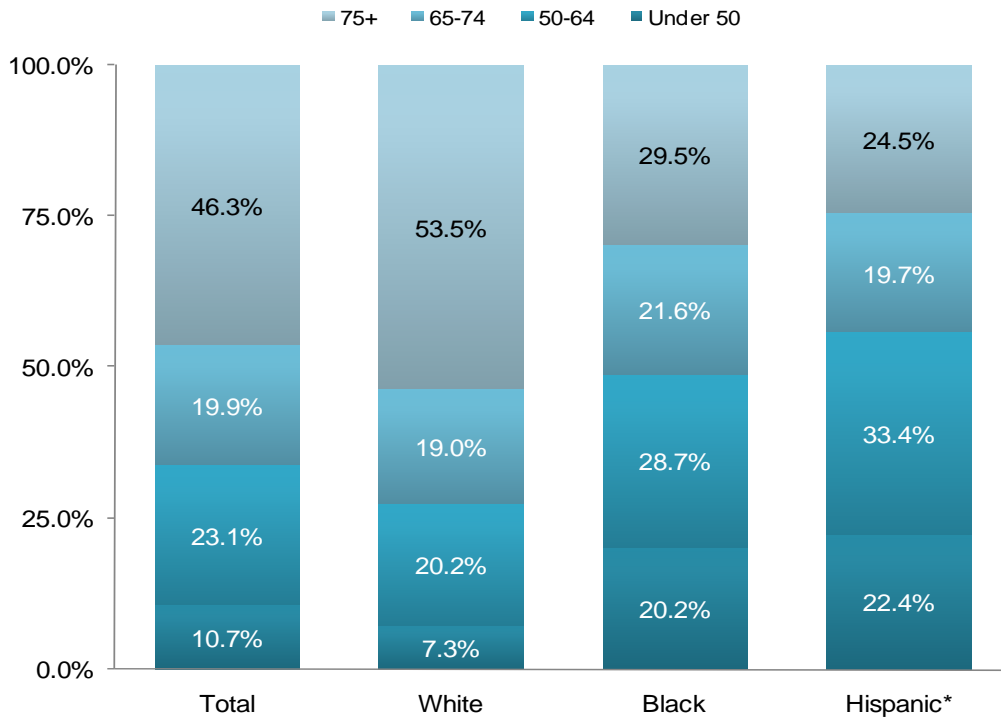


the ages of 50-64, 19.0% were between the ages of 65-74, and 53.5% were over the age of 75.

In comparison to whites, Hispanics had a higher proportion of patients under the age of 50 hospitalized due to circulatory diseases: 22.4% were under the age of 50, 33.4% were between the ages of 50-64, 19.7% were between the ages of 65-74 years, and 24.5 % were over the age of 75.

Similar to Hispanics, blacks had a higher proportion of patients under the age of 50 hospitalized due to diseases of the circulatory system compared to whites. For example, 20.2% were under age 50, 28.7% were between age 50 and 64, 21.6% were between age 65 to 74, and 29.5% were over 75.

Figure 52. Percentage Distribution of Hospital Discharges Due to Diseases of the Circulatory System by Age and Race/Ethnicity, Westchester County Residents, 2008



*Hispanic is an ethnic group and may be of any race.
 The total percentage for each column may not equal 100% due to rounding

Hospital Discharges Due to Diseases of the Digestive System

A total of 8,880 hospitalized cases were due to diseases of the digestive system during 2008. About 2/3 (64.0%) of these hospitalizations were among people aged 50 years or older. A higher proportion of females (54.2%) than males were hospitalized due to digestive diseases.

Approximately 28% of cases were due to non-specific diseases of the intestines and peritoneum (27.7%) and 12.9% were due to diseases of esophagus, stomach, and duodenum.

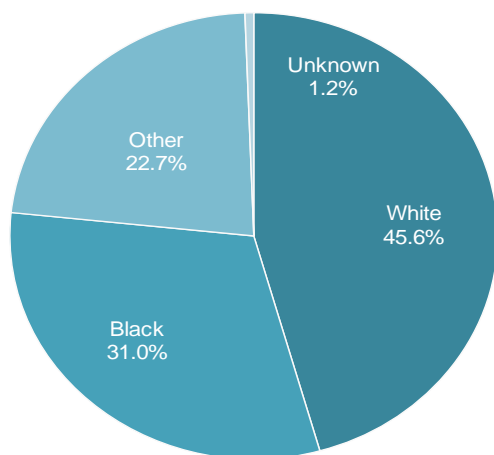
Hospital Discharges Due to Diseases of the Respiratory System

There was a total of 7,773 hospital discharges due to diseases of the respiratory system, which was the fourth most frequent cause of hospitalizations among Westchester County residents during 2008, excluding newborns and obstetric cases.

Just under one-third of respiratory disease hospitalizations were due to pneumonia (2,320 cases, or 29.8%).

Figure 53. Percentage Distribution of Asthma Related Hospital Discharges by Race, Westchester County Residents, 2008

Total: 1,385



An additional third were due to chronic obstructive pulmonary diseases (COPD) (2,713 cases, or 34.9%). Among which, a total of 1,385 cases were due to asthma.

Over one quarter (25.9%) of the asthma related hospital discharges occurred among children aged 12 years or younger.

Although blacks comprise only 14.2% of Westchester County's population, 31.0% of the hospitalized asthma cases were among black residents.

There were a higher proportion of females than males hospitalized due to asthma (62.3% vs. 37.7%).

Hospital Discharges Due to Neoplasms

During 2008, 6,027 cases were hospitalized with neoplasms as the principle diagnosis. An additional 7,687 hospitalized cases had neoplasm as one of the 14 additional diagnosis codes. The total number of neoplasm-related hospitalizations reached 13,714 cases, including benign neoplasms, carcinoma-in-situ, and neoplasms of uncertain behavior or unspecified nature³.

Over three quarters (76.4%) of the neoplasm-related hospitalizations were due to malignant neoplasms (a total of 10,472 cases). Of these, 21.1% was neoplasms of the genital and urinary organs. Digestive organs and peritoneum accounted for an additional 19.8% of malignant neoplasms, including 9.8% due to colon cancer. Lung cancer was responsible for 13.8% cases among malignant neoplasms.

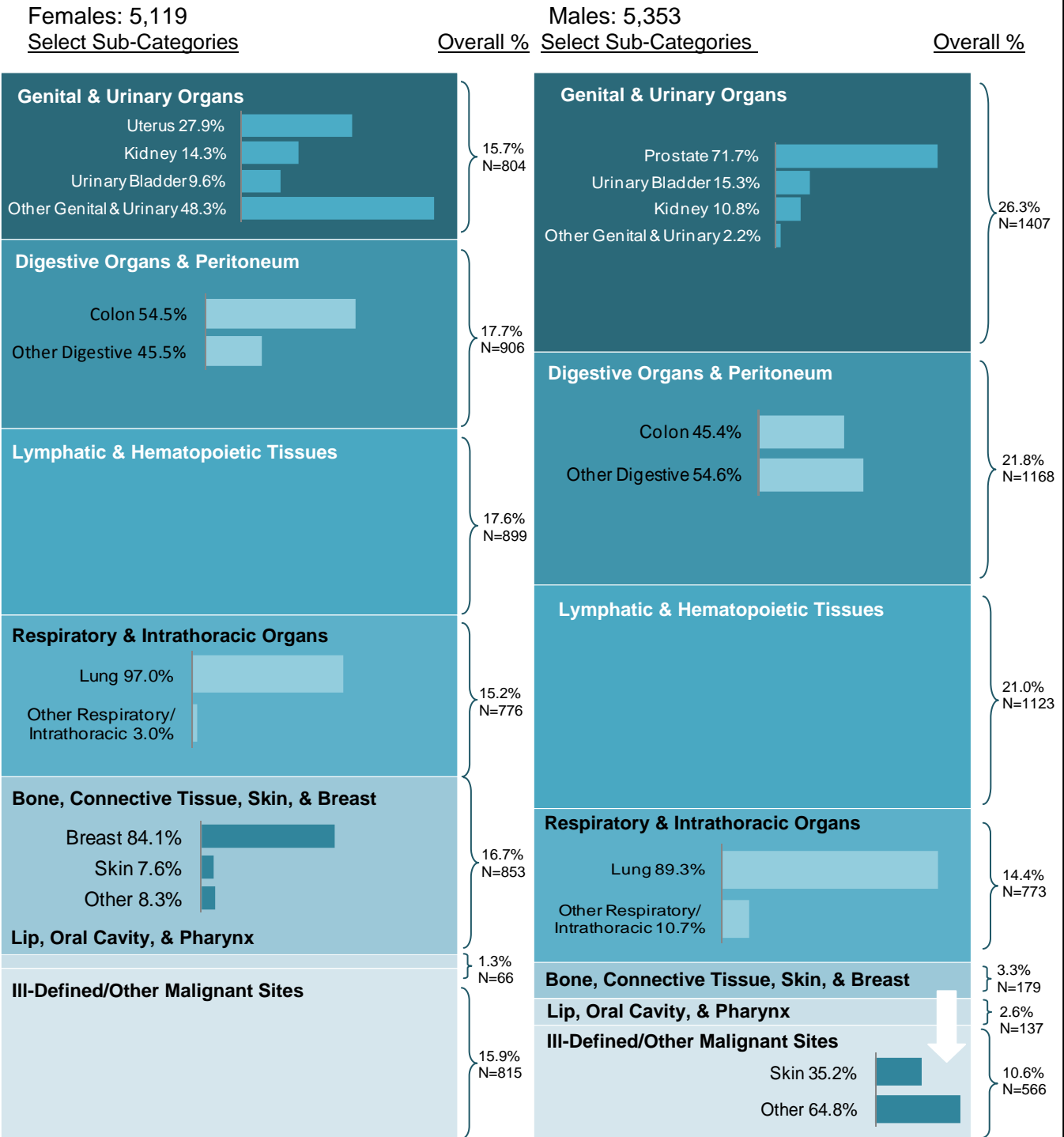
During 2008, there were slightly more males than females hospitalized with malignant neoplasms (51.1% versus 48.9%). Among females with malignant neoplasms, 12.0% was due to cancers of the digestive organs, with over half of such cases due to colon cancer. Almost 12% was due to cancers of the lymphatic and hematopoietic tissues, 9.5% was due to breast cancer, and 3.0% was due to cancer of the uterus.

Among males hospitalized due to malignant neoplasms, 22.7% was due to cancer of the genital and urinary organs, with almost three quarters of such cases due to prostate cancer. Almost 20% was due to cancer of the digestive organs and peritoneum, including 8.6% due to colon cancer. Almost 20% was due to cancer of the lymphatic and hematopoietic tissues. Lung cancer accounted for 11.1% cancers among males.

There were more female than male cases who were hospitalized for benign and uncertain or unspecified neoplasms (2,301 females vs. 823 males).

³ Neoplasms related hospitalizations include cases with the principal diagnosis and/or 14 other diagnoses in the numeric ranges 140-239 or the V-class ranges V58.00-V58.10.

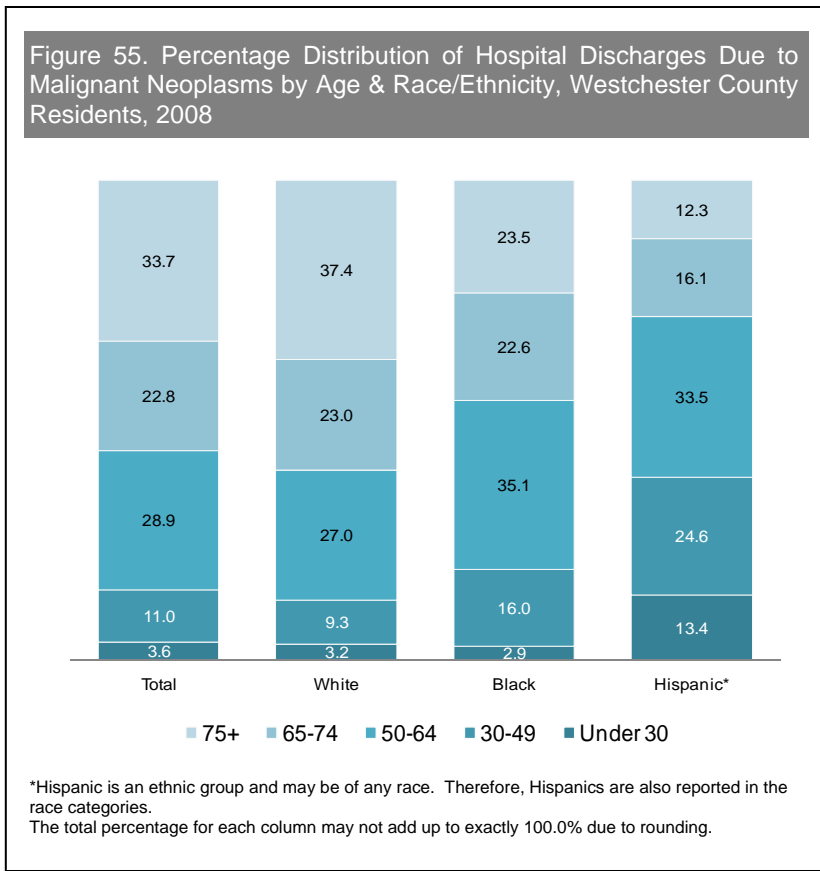
Figure 54. Percentage Distribution of Hospital Discharges Due to Malignant Neoplasms by General Diagnosis Category, Select Sub-Categories, and Sex, Westchester County Residents, 2008



The age distribution of hospital discharges due to malignant neoplasms varied across racial and ethnic categories. Among whites, 3.2% of the cases were under the age of 30, 9.3% were between the ages of 30-49, 27.0% were between the ages of 50-64, 23.0% between the ages of 65-74, and 37.4% were over 75 years of age.

Among blacks hospitalized due to malignant neoplasms, 2.9% were under age 30, 16.0% were between the ages of 30-49, 35.1% were between the ages of 50-64, 22.6% were of 65-74, and 23.5% were over the age of 75.

Among Hispanics, 13.4% of the hospitalized cases due to malignant neoplasms were under 30 years of age, 24.6% were between the ages 30-49, another 33.5% were between the ages 50-64, 16.1% were of ages 65-74, and only 12.3% were over the age of 75.

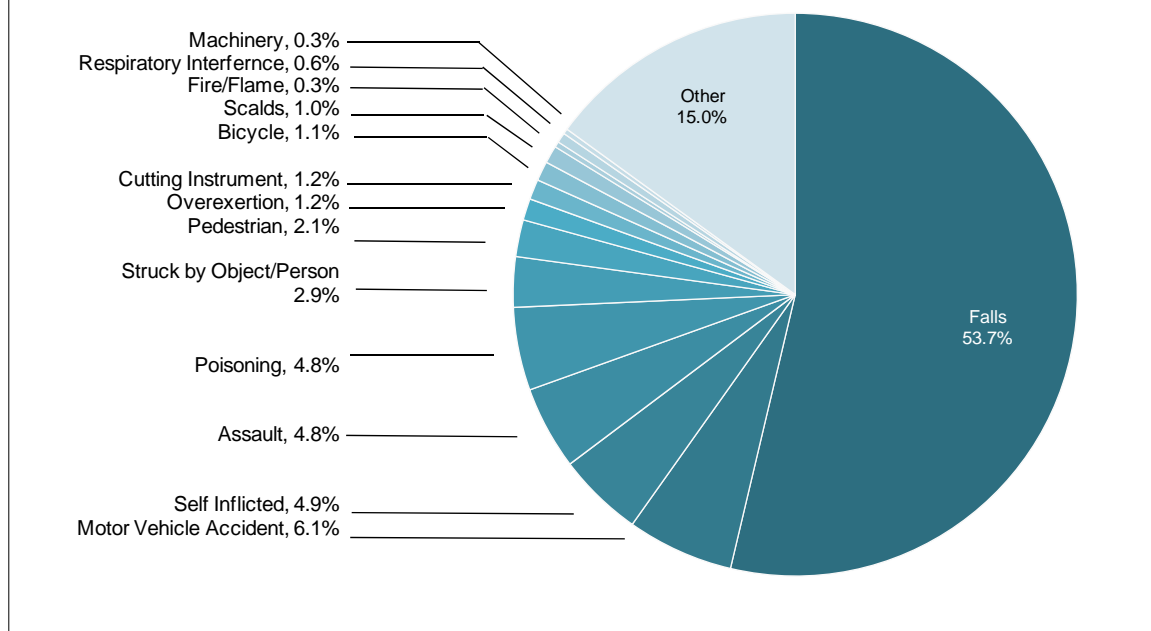


Hospital Discharges Due to Injuries and Poisonings

During 2008, 4,832 cases were hospitalized due to injuries and poisonings as the principal diagnosis. An additional 2,034 cases were hospitalized with injury and poisoning identified as one of the related causes⁴. The number of hospitalized cases due to injuries and poisonings totaled 6,866 during 2008. Over half of the hospitalized injuries and poisoning cases were due to falls (53.7%). Other major hospitalized injuries included motor vehicle accidents (6.1%), self-inflicted injuries (4.9%), injuries related to assault (4.8%), and accidental poisonings (4.8%).

⁴ Including all the cases coded for external cause of an injury, poisoning, or adverse effect. The priorities for recording an external code (E-code) are: a) principal diagnosis of an injury or poisoning, b) 14 other diagnosis and admission diagnosis of an injury, poisoning, or adverse effect directly related to the principal diagnosis, and c) other diagnosis with an external cause. Only the first E-Code is recorded in this item.

Figure 56. Percentage Distribution of Hospital Discharges Due to Injury and Poisoning by Etiology, Westchester County Residents, 2008



Of all hospital discharges due to falls, 72.4% occurred among persons 65 years and older. There were more female hospitalizations due to falls (2,252 cases; 61.1%) than males (1,435 cases; 38.9%). White residents accounted for 80.6% of hospital discharges due to falls, while black residents accounted for 7.3%.

Among all the hospitalized injuries due to motor vehicle accidents, 56.5% occurred among people 18-49 years of age and 59.0% occurred among men. Approximately 2/3 of the hospital discharges due to motor vehicle accidents were among whites (62.9%).

Other Hospitalized Cases

Diabetes:

Diabetes was the principal diagnosis for a total of 1,409 hospital discharges in 2008. Over eighteen thousand (18,087) hospital cases had diabetes, as identified by at least one of the 15 diagnoses⁵ for hospitalization.

There were more females than males (9,179 versus 8,908) among those hospitalized with diabetes and the majority of the cases were among those aged 50 and older (86.6%). Among those cases hospitalized with diabetes, 24.0% were blacks, even though blacks represent only 14% of the County population.

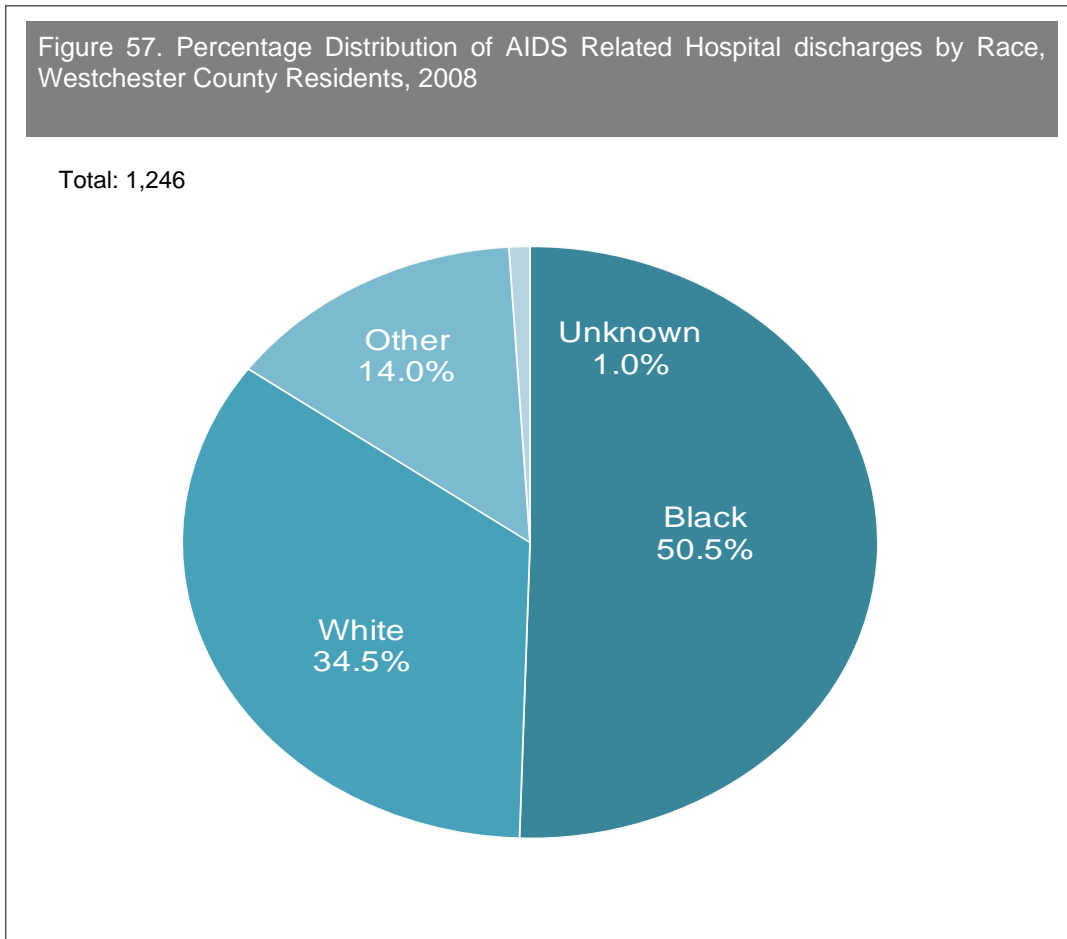
Blacks and Hispanics tend to have diabetes at an earlier age. Among those hospitalized with diabetes, only 9.4% were younger than 50 among whites. However, 23.3% and 26.0% of the hospitalized cases were younger than 50 among blacks and Hispanics respectively.

⁵ Including the principle diagnosis and 14 other related diagnoses that coexisted at the time of admission, or developed subsequently, which affected the treatment received and/or length of stay. Diagnoses that related to an earlier episode which had no bearing on the current hospital stay were excluded. A patient may be included in more than one category.

HIV and AIDS:

There were 1,246 hospital discharges related to HIV and AIDS⁶ in 2008 among Westchester County residents, of which 56.4% were among men.

Over half (50.5%) of hospital discharges for HIV and AIDS were among black residents and 34.5% were among white residents.



⁶ Defined by considering principle diagnosis and all other relevant diagnoses. For details, please refer to Appendix 4.

Morbidity: Selected Reportable Diseases

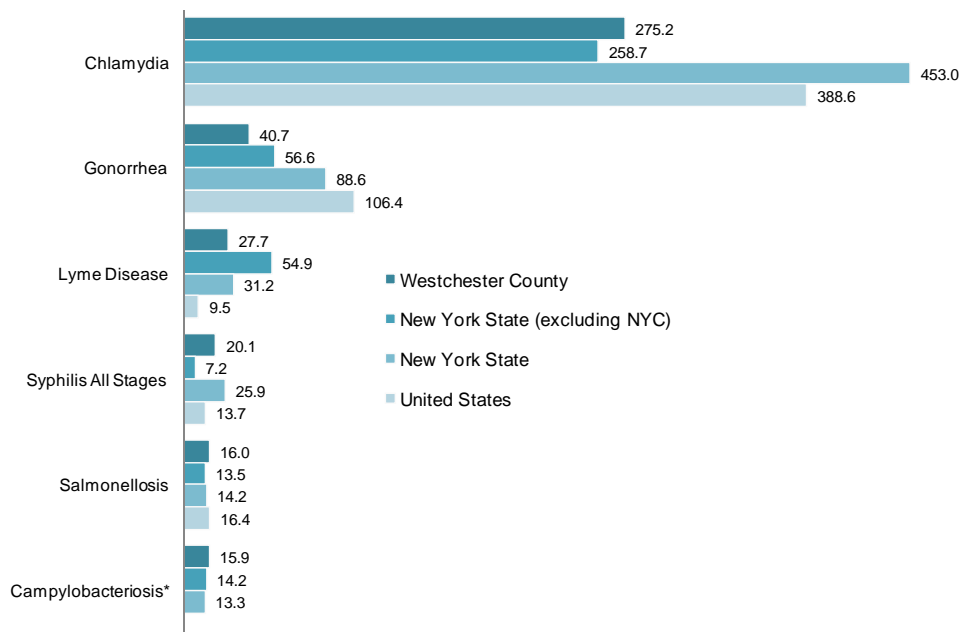
In 2008, communicable diseases in 35 categories were reported among Westchester County residents.

The categories of disease with the highest number of reported cases were:

- Sexually Transmitted Diseases (STD)
 - Chlamydia (2,499 cases) (*additional 42 cases in Westchester County Correctional Facilities*)
 - Gonorrhea (365 cases) (*additional 11 cases in Westchester County Correctional Facilities*)
 - Syphilis (all stages: 182) (*additional 4 cases in Westchester County Correctional Facilities*)
- Vector-Borne
 - Lyme Disease (256 cases) (*surveillance based on a sample of cases*)
- Enteric Infections
 - Salmonellosis (148 cases)
 - Campylobacteriosis (147 cases)
 - Giardiasis (82 cases)
- CNS Diseases and Bacteremias
 - Meningitis (49 cases) consisting of:
 - Aseptic meningitis (24 cases)
 - Meningococcal diseases (1 case)
 - Other Meningitis/Bacteremias (24 cases)
 - Group A Strep (29 cases)
 - Group B Strep (67 cases)
 - Invasive Strep Pneumoniae (92 cases)

In addition, there were 62 cases of Tuberculosis reported in 2008. Among these cases, 84% were reported among the foreign-born population. Over half of all the Tuberculosis cases were Hispanic.

Figure 58. Top Six Reported Communicable Diseases in Westchester County Compared to New York State and The United States, 2007-2008

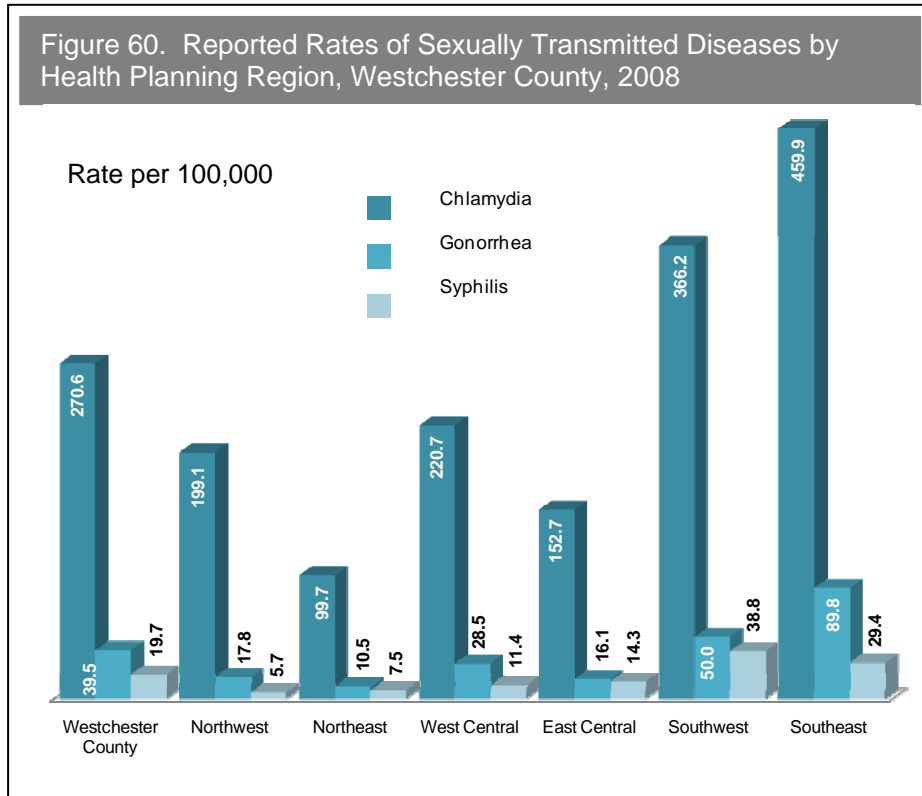
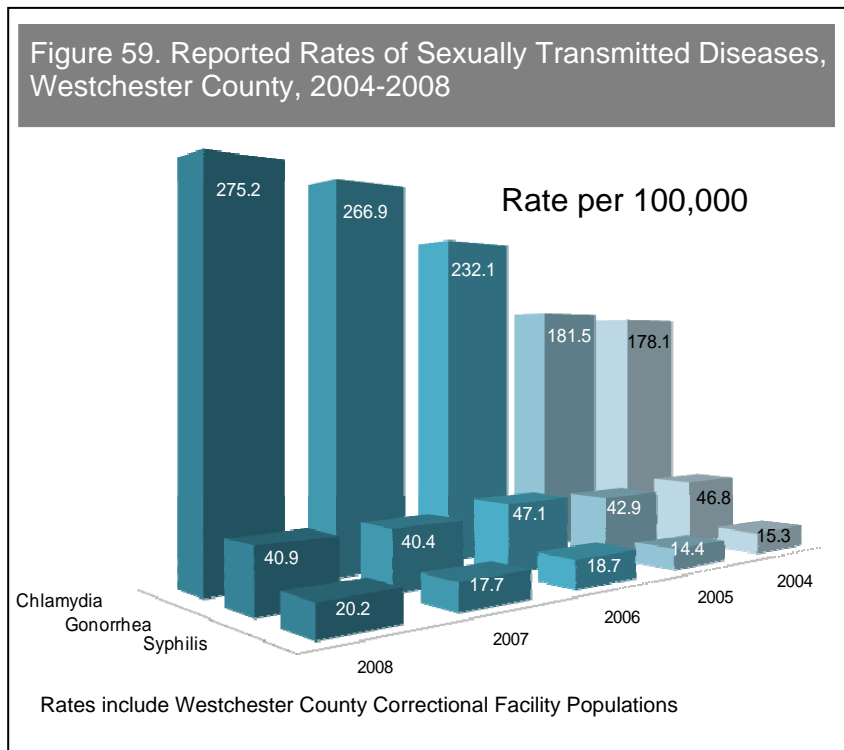


*No Data Available for the US | Rate per 100,000

Sexually Transmitted Diseases

Of the reportable diseases, Chlamydia⁷ was the most prevalent (275.2 cases per 100,000) in Westchester County. Gonorrhea was the second most prevalent STD in Westchester County (40.9 per 100,000), followed by Syphilis (20.2 per 100,000). In the past five years (2004-2008), the reported infection rate for Chlamydia has increased by 54.5%. The reported infection rate for Syphilis increased by 31.4% from 2003 to 2008.

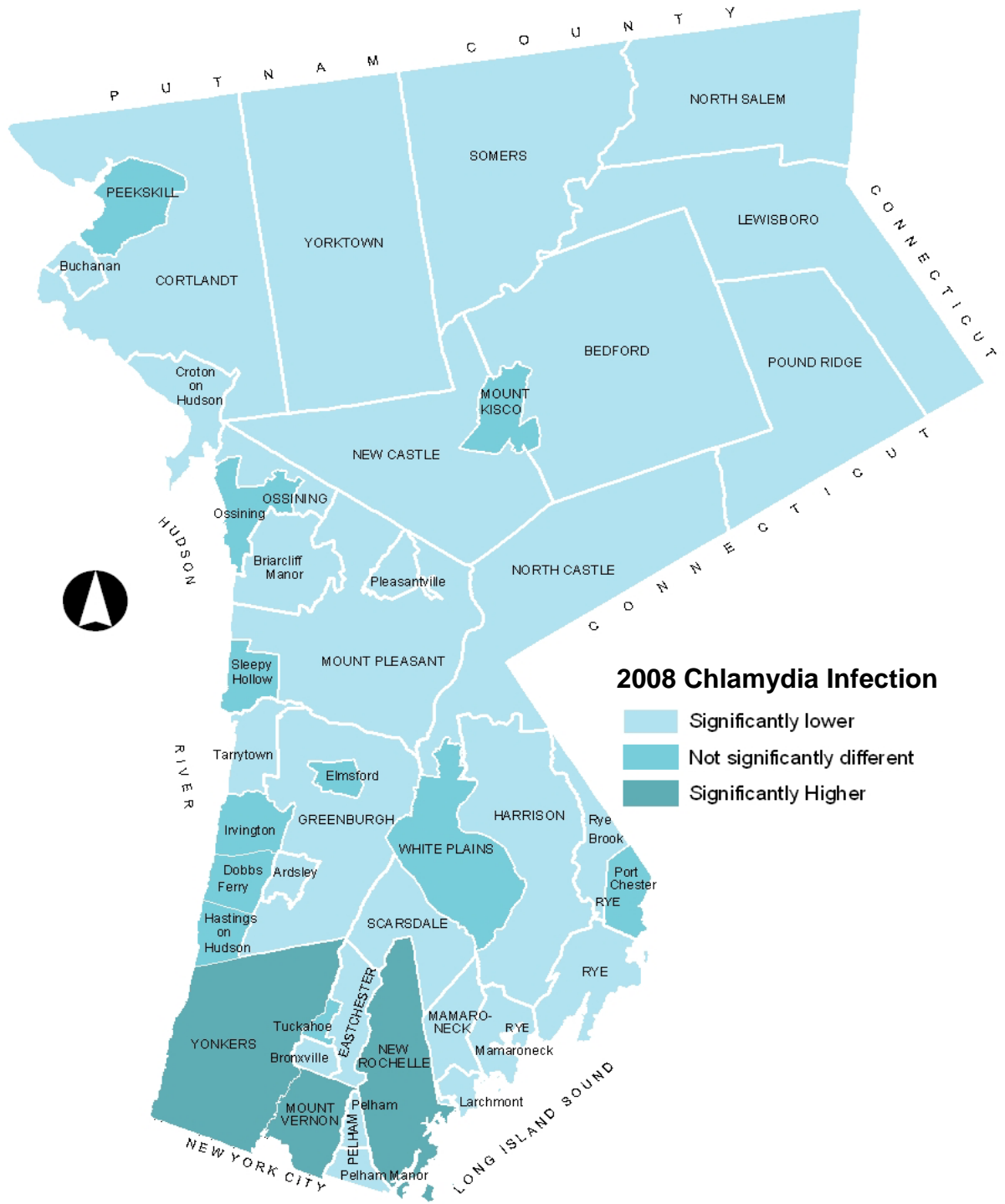
The overall rate of Chlamydia dropped slightly from 275.2 to 270.6 per 100,000 once the Westchester County correctional facility population was excluded. The reported rate of Chlamydia infection was higher in the Southeast and Southwest HPRs (459.9 and 366.2 per 100,000, respectively) than in the overall county. A few municipalities presented significantly higher rates of Chlamydia infection than the county average. Such municipalities included: Mount Vernon, Irvington, Yonkers, Elmsford, Ossining (V), and Peekskill.



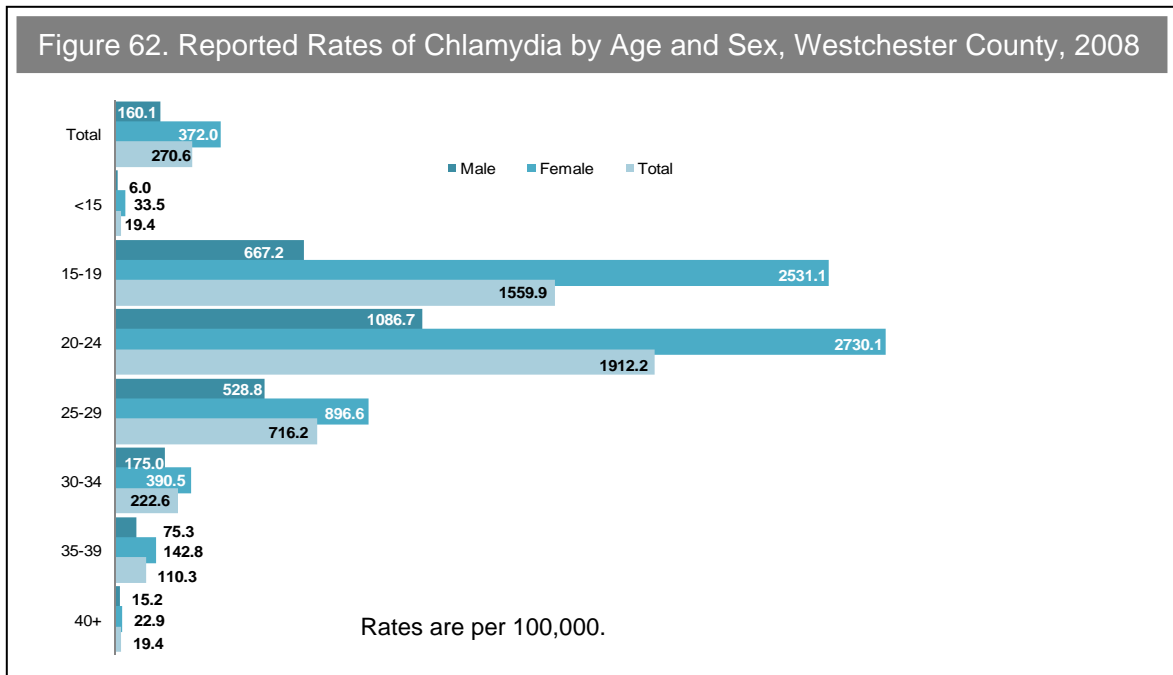
The reported rate of Gonorrhea infection was higher in the Southeast and Southwest HPRs (89.8 and 50.0 per 100,000) than in the overall county (Figure 73). Municipalities with significantly higher rates of Gonorrhea infection included Mount Vernon and Elmsford.

⁷ Mandatory reporting of Chlamydia began in 1999.

Figure 61. Comparison of Municipality Chlamydia Infection Rates with Westchester County Average, 2008



The reported rate of Chlamydia infection was the highest in the 20-24 age group (1912.2 per 100,000), followed by the age group 15-19 (1559.9 per 100,000). Females had a higher infection rate than males in all age groups. Reported female infection rates may be disproportionately higher than males, as females are more likely to be screened.



The reported rate of Gonorrhea infection was the highest in the 20-24 age group (257.7 per 100,000), followed by the 15-19 age group (163.7 per 100,000).

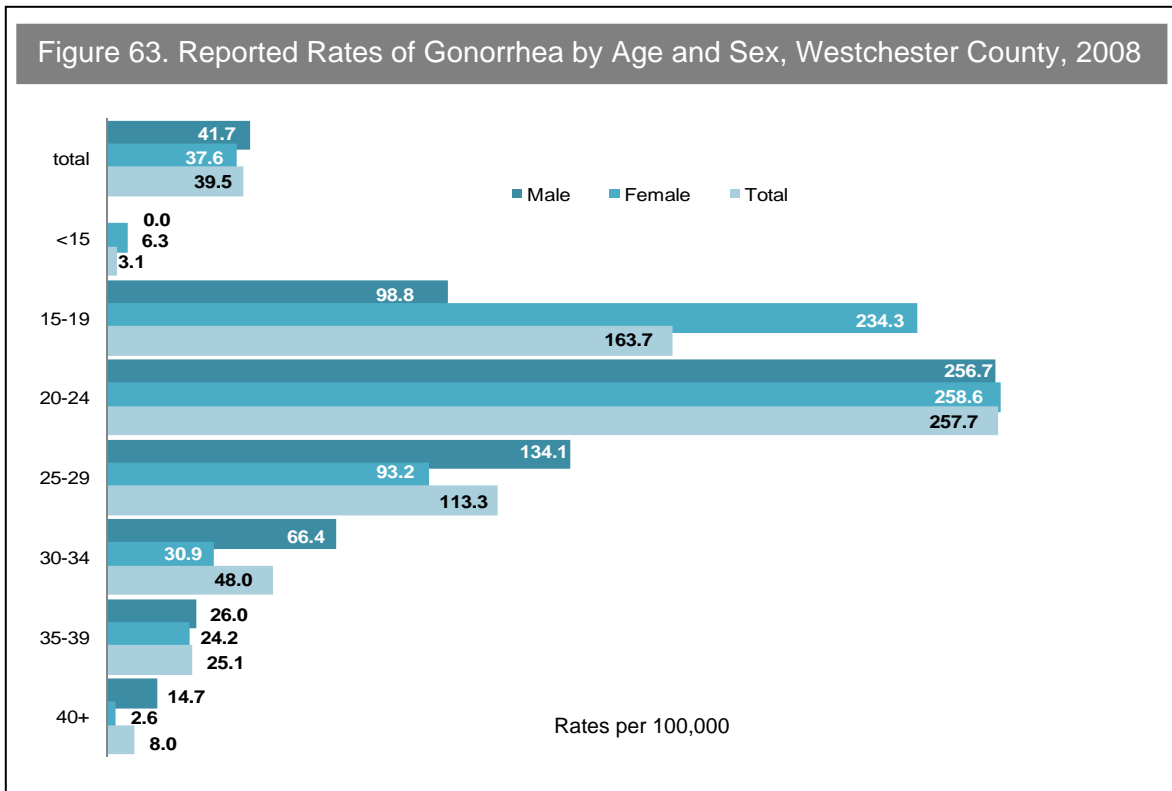
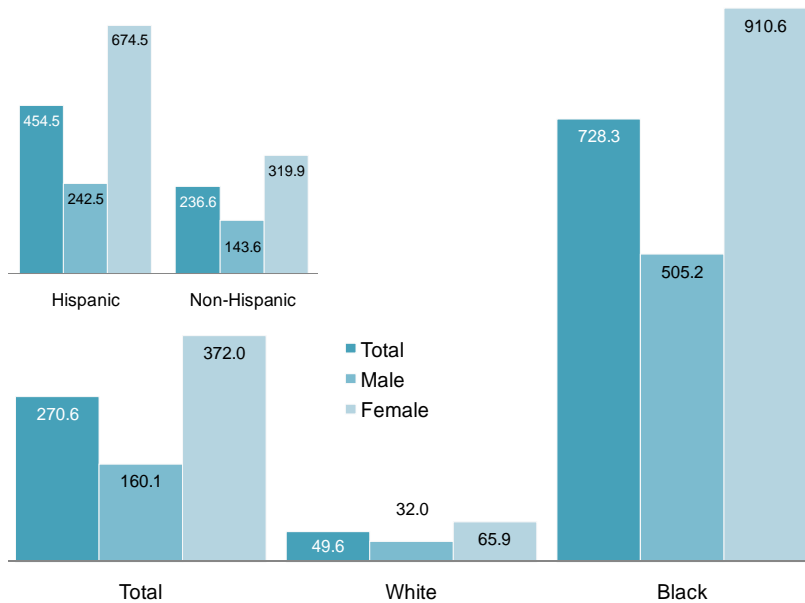


Figure 64. Reported Rates of Chlamydia by Race/Ethnicity and Sex, Westchester County, 2008



Rates are per 100,000 and do not include 42 Westchester County Correctional Facility Cases

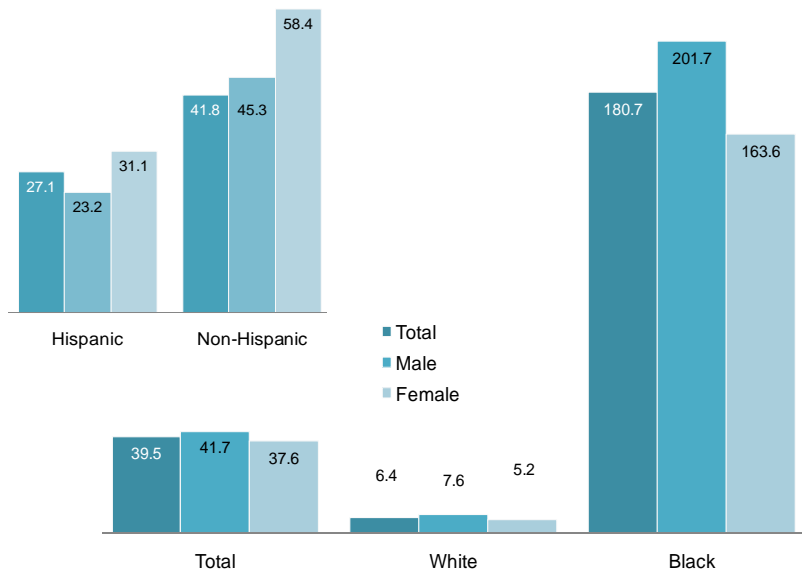
Blacks are disproportionately represented among the reported cases of Chlamydia and Gonorrhea. Although blacks represent only 14.2% of Westchester County's population, 38.2% of the reported Chlamydia cases and 64.9% of the reported Gonorrhea cases were among blacks.

The reported infection rates of Chlamydia were higher among white, black, and Hispanic females compared to males of the same race/ethnicity. Also, the Chlamydia infection rate for black women was 910.6 per 100,000 people compared with 65.9 for white women.

The reported rate of Gonorrhea for blacks was 180.7 per 100,000, compared to 6.4 per 100,000 for whites. The reported rates of Gonorrhea infection were higher males as compared to females.

In the year 2008, 52 cases of Early Syphilis (primary, secondary, and early latent) were reported, 37 of which occurred in men who have sex with men (MSM). By comparison, only two out of the 12 early Syphilis cases reported in the year 2000 occurred among MSM.

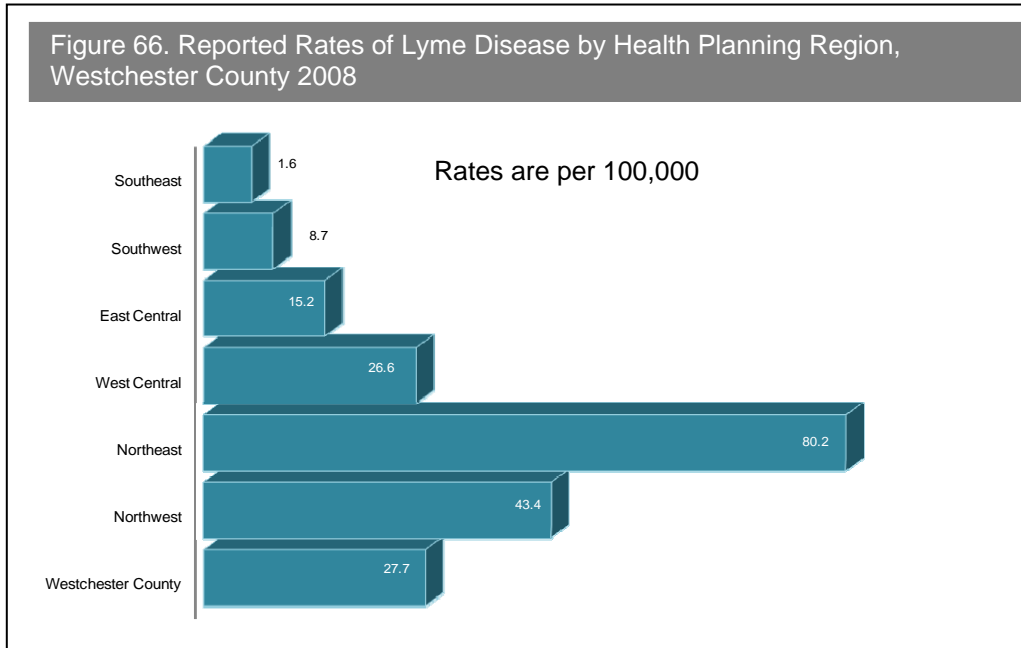
Figure 65. Reported Rates of Gonorrhea by Race/Ethnicity, and Sex, Westchester County, 2008



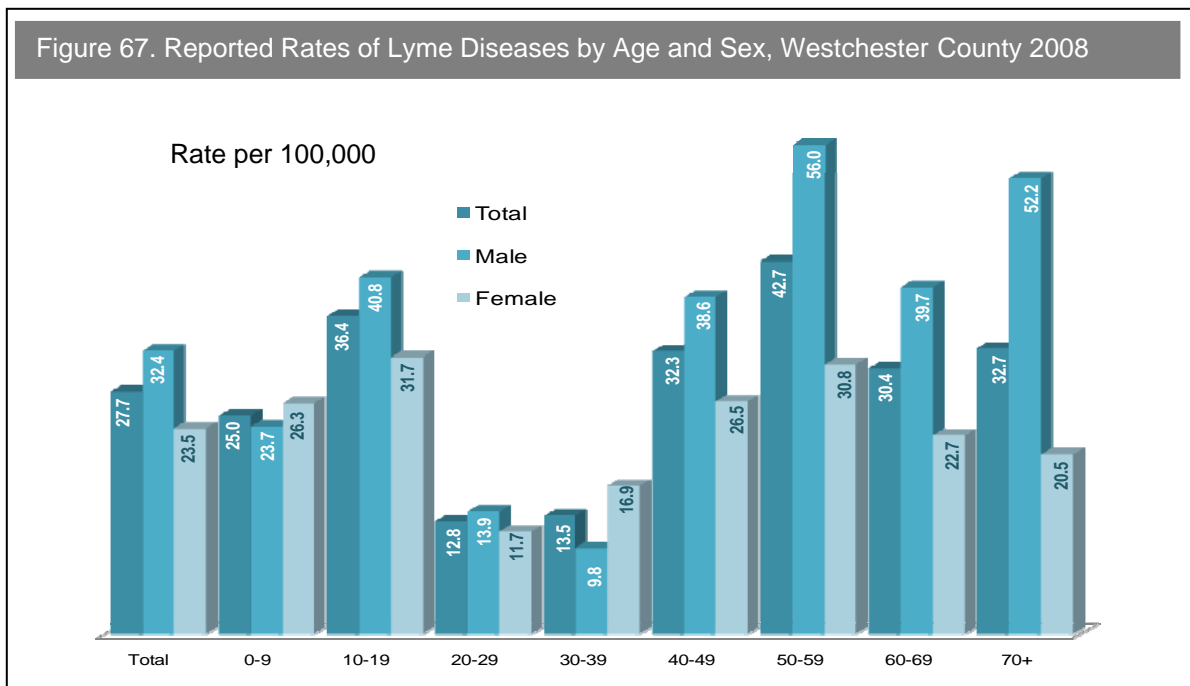
Rates are per 100,000 and do not include 11 Westchester County Correctional Facility Cases

Tick-Borne Diseases

Lyme Disease represented the majority of tick-borne disease cases in Westchester County (27.7 per 100,000) in 2008. Lyme Disease was more prevalent in the Northeast and Northwest HPRs (80.2 and 43.4 per 100,000, respectively) than in the overall county. As for Ehrlichiosis (another tick-borne disease), there were 21 cases reported in 2008.



The reported rate of Lyme Disease was highest in persons ages 50-59 for males and 10-19 in females.



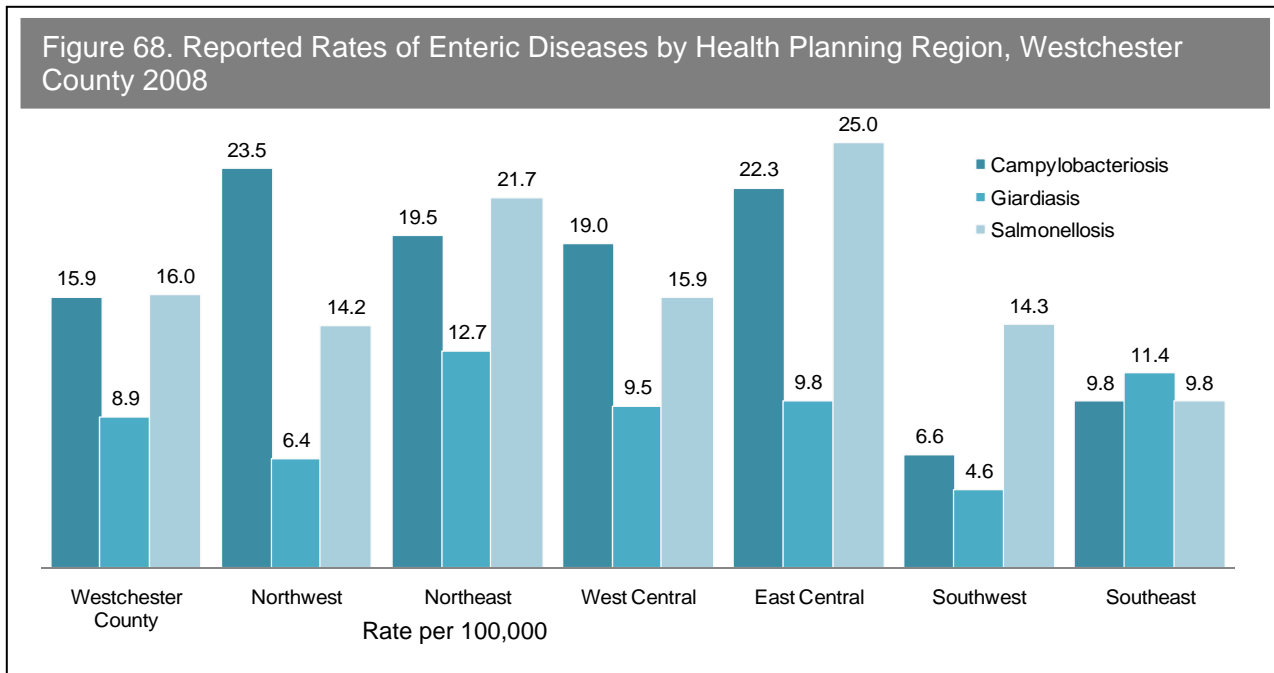
Enteric Diseases

The three most prevalent enteric diseases in Westchester County in 2008 were Campylobacteriosis, Giardiasis, and Salmonellosis. Of these three, Salmonellosis was the most prevalent (16.0 per 100,000), followed by Campylobacteriosis (15.9 per 100,000), and Giardiasis (8.9 per 100,000).

Salmonellosis infection rates in the Eastcentral region and the Northeast region were higher, 25.0 and 21.7 respectively, than the rate for the overall county (16.0 per 100,000).

The Campylobacteriosis infection rate was higher in the Eastcentral HPR (22.3 per 100,000) and lower in the Southwest HPR (6.6 per 100,000) than the rate in the overall county (15.9 per 100,000).

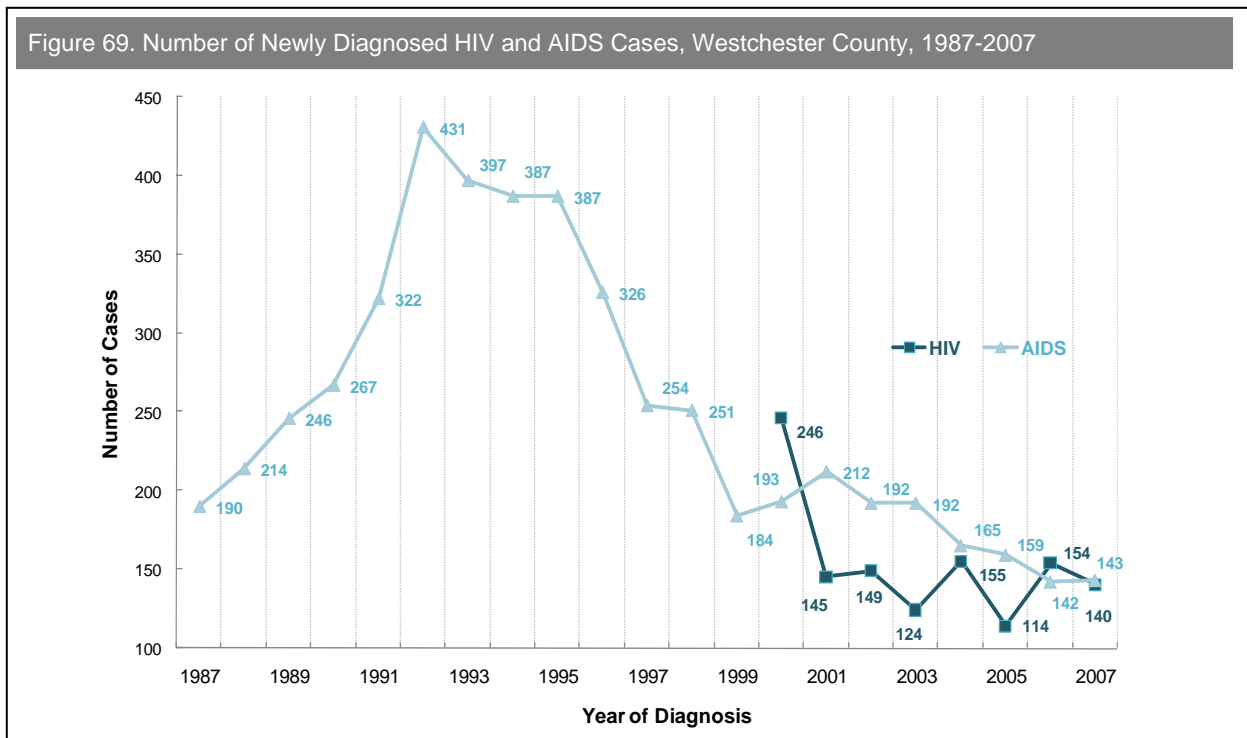
The reported rate of Giardiasis infection was less prevalent in the Southwest HPR (4.6 per 100,000) than in the overall county (8.9 per 100,000).



HIV/AIDS

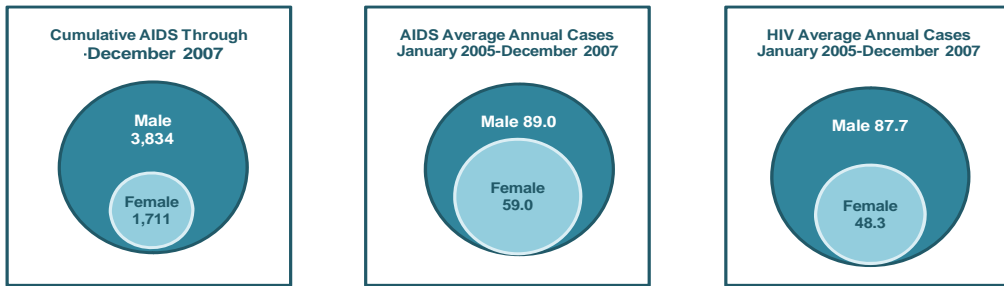
HIV reporting became effective on June 1, 2000. Since then, over 100 newly diagnosed HIV positive cases were reported each year and 1,227 persons were diagnosed by December 2007 among Westchester County residents. As of December 2007, 1,294 people were reported as living with HIV in Westchester County, including those who were residing in Westchester County but were not originally diagnosed in Westchester.

The newly diagnosed AIDS cases declined gradually in recently years, from the peak of 431 cases reported in 1992 to 143 cases reported in 2007. By December 2007, a total of 5,545 AIDS cases were diagnosed among Westchester County residents. As of December 2007, 2,545 people were reported as living with AIDS in Westchester County.



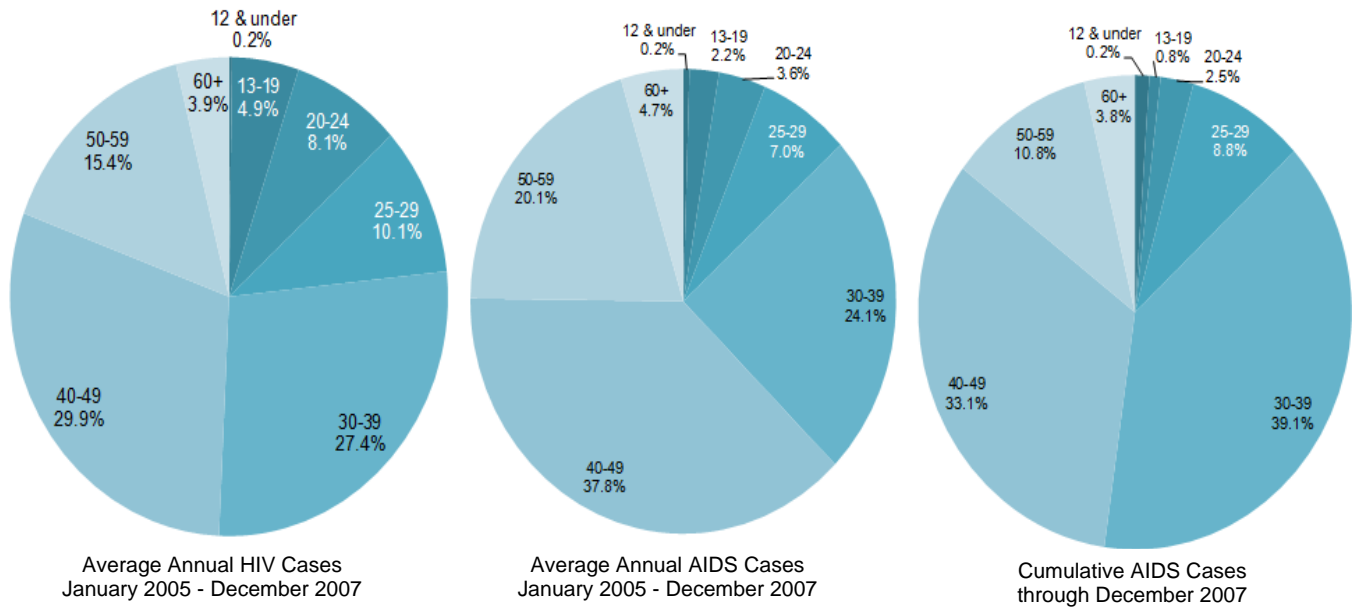
There were more males than females in both newly diagnosed HIV cases and newly diagnosed AIDS cases. As reported by New York State Department of Health, the annual average number of newly diagnosed HIV cases in Westchester County was 88 cases among males and 48 among females during January 2005 to December 2007. The annual average number of newly diagnosed AIDS cases was 89 among males and 59 among females. In December 2007, the cumulative number of AIDS cases was 3,834 among males and 1,711 among females.

Figure 70. Number of Newly Diagnosed HIV and AIDS and Cumulative AIDS Cases by Sex, Westchester County, December 2007

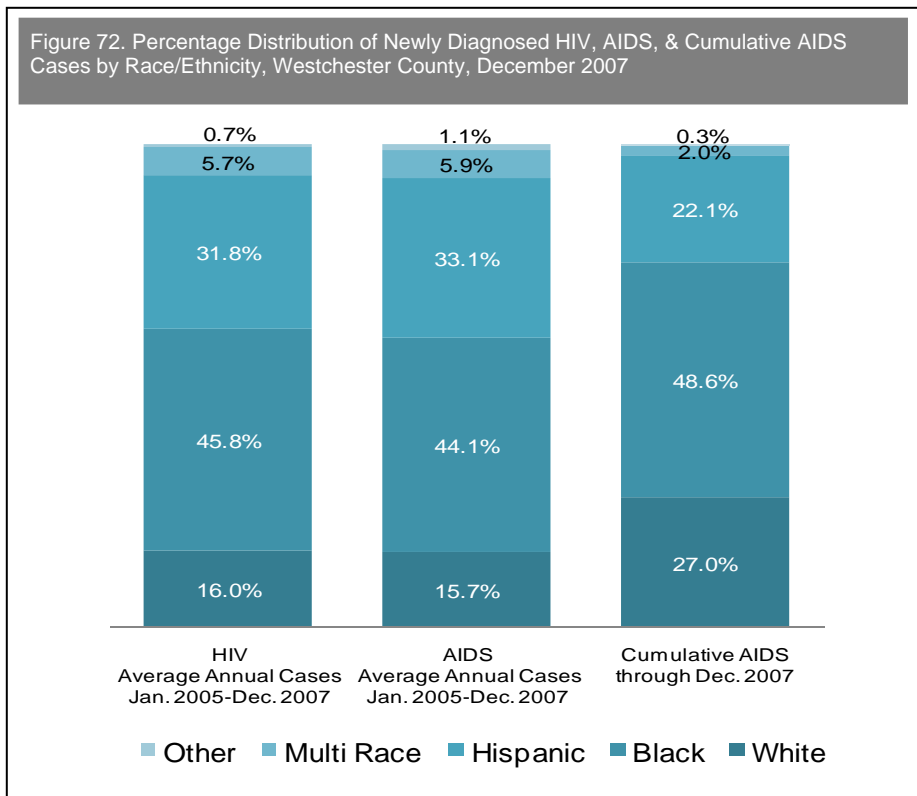


Over a quarter of the newly diagnosed HIV cases were between 30 to 39 when they were diagnosed. Almost 30% were between 40 to 49. Over 15% were between 50 to 59, and about 10% were 25-29. Among the newly diagnosed AIDS cases, a quarter were between 30 to 39, about 38% were between 40 to 49, 20% were between 50 to 59.

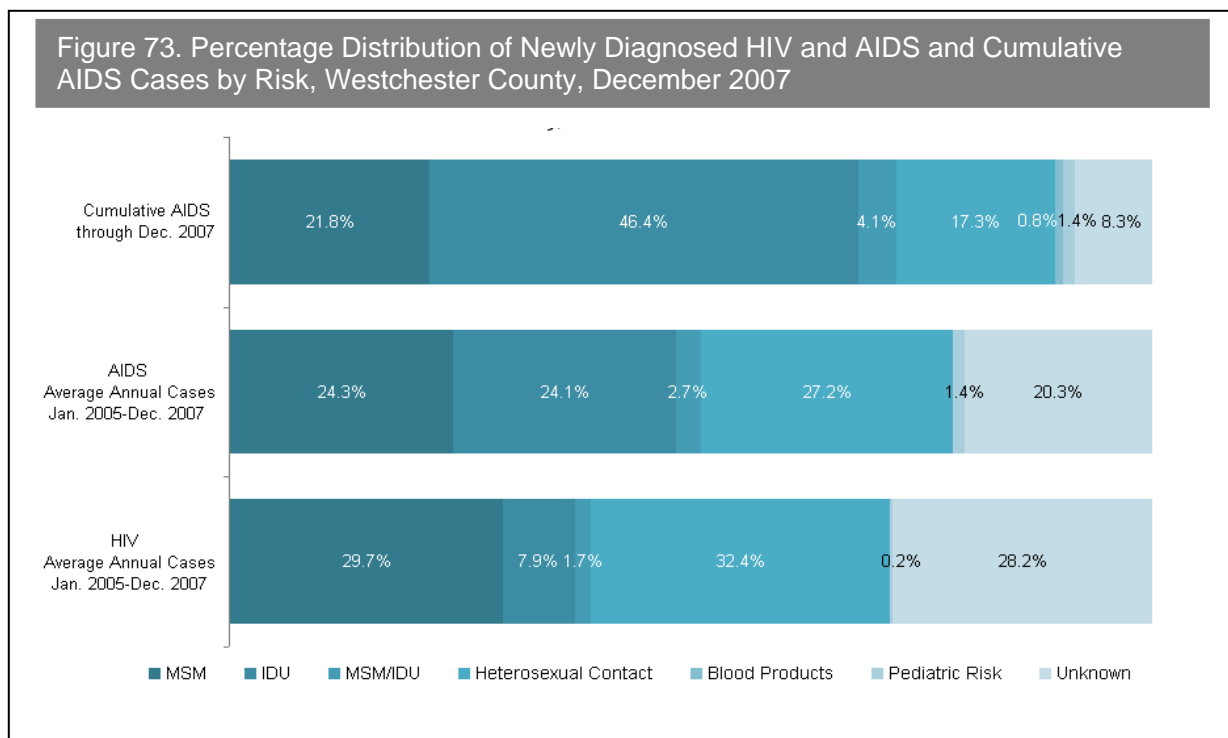
Figure 71. Percentage Distribution of Newly Diagnosed HIV, AIDS, and Cumulative AIDS Cases, Westchester County, December 2007



Almost half of the newly diagnosed HIV cases as well as the newly diagnosed AIDS cases were blacks. Around one-third was Hispanic. About 16% were whites.



Among those HIV cases diagnosed during January 2005 and December 2007, about 30% were among men having sex with men (MSM). About 8% was among injecting drug users (IDU). Almost one-third was due to heterosexual contact. Among newly diagnosed AIDS cases during the same time period, about a quarter were among men having sex with men (MSM), another quarter among injecting drug users (IDU), and over a quarter was due to heterosexual contact.



Almost half of the men diagnosed with HIV during January 2005 and December 2007 were among men having sex with men (MSM) and about 20% were due to heterosexual contact. About 56% of women diagnosed with HIV during the same time period were due to heterosexual contact.

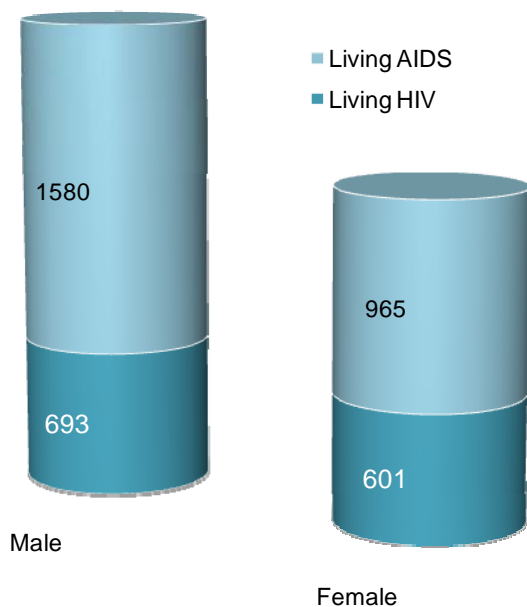
Among those diagnosed with AIDS during the same time period, 40% of the male cases were among men having sex with men (MSM), 20% were due to IDU, and about 19% were due to heterosexual contact. Among the female cases, 30% were due to IDU and 40% due to heterosexual contact.

Percentage Distribution of Newly Diagnosed HIV and AIDS Cases and Cumulative AIDS Cases by Sex and Risk, Westchester County, December 2007

	HIV Diagnoses Annual Average Jan. 2005-Dec. 2007		AIDS Diagnoses Annual Average Jan. 2005-Dec. 2007		Cumulative AIDS Cases Through Dec. 2007	
	Male	Female	Male	Female	Male	Female
Total Cases	88	48	89	59	3,834	1,711
MSM	46.0	0.0	40.4	0.0	31.5	0.0
IDU	7.2	8.9	20.2	30.0	46.8	45.5
MSM/IDU	2.6	0.0	4.5	0.0	5.9	0.0
Heterosexual Contact	19.4	55.9	18.8	40.2	7.1	40.2
Blood Products	0.0	0.0	0.0	0.0	0.8	0.8
Pediatric Risk	0.3	0.0	0.0	3.4	0.9	2.4
Unknown	24.3	35.2	16.1	26.6	7.0	11.2

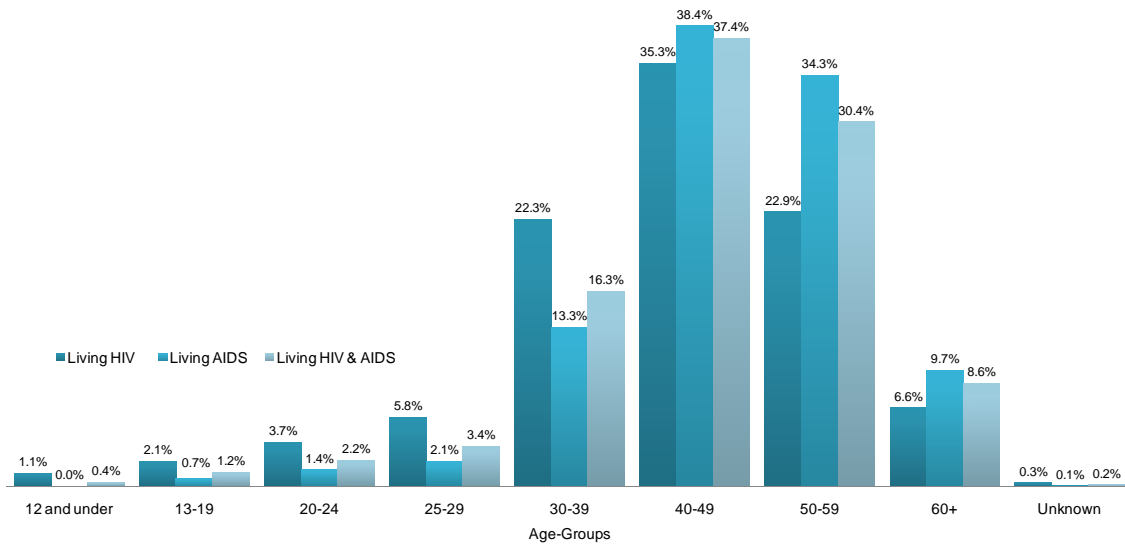
Data source: New York State Department of Health

Figure 74. Number of Living HIV and AIDS Cases by Sex, Westchester County, December 2007



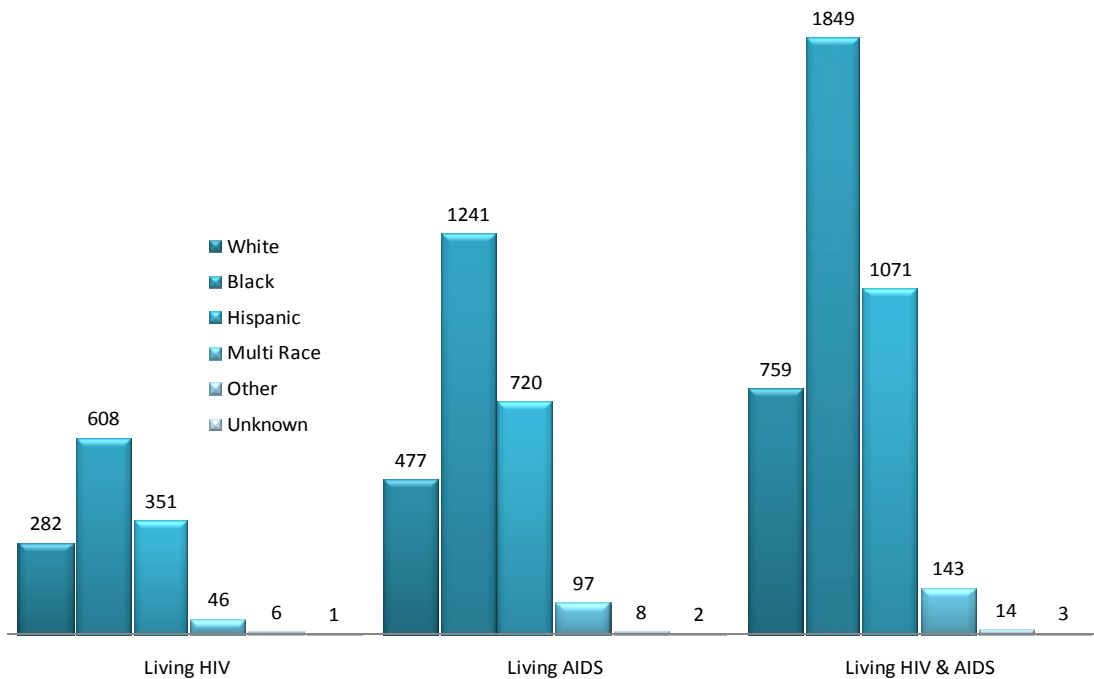
As of December 2007, there were 1,294 people living with HIV and 2,545 people living AIDS. Among those living with HIV, 54% were men and 46% were women. Among those living with AIDS, 62.1% were men, 37.9% were women.

Figure 75. Percentage Distribution of Living HIV and AIDS Cases by Age at Diagnosis, Westchester County, December 2007



Most of the people living with HIV or AIDS were diagnosed between ages 30 to 59. Almost half of the cases were black, almost 30% were Hispanics, and just about 20% were white.

Figure 76. Number of Living HIV and AIDS Cases by Race/Ethnicity, Westchester County, December 2007



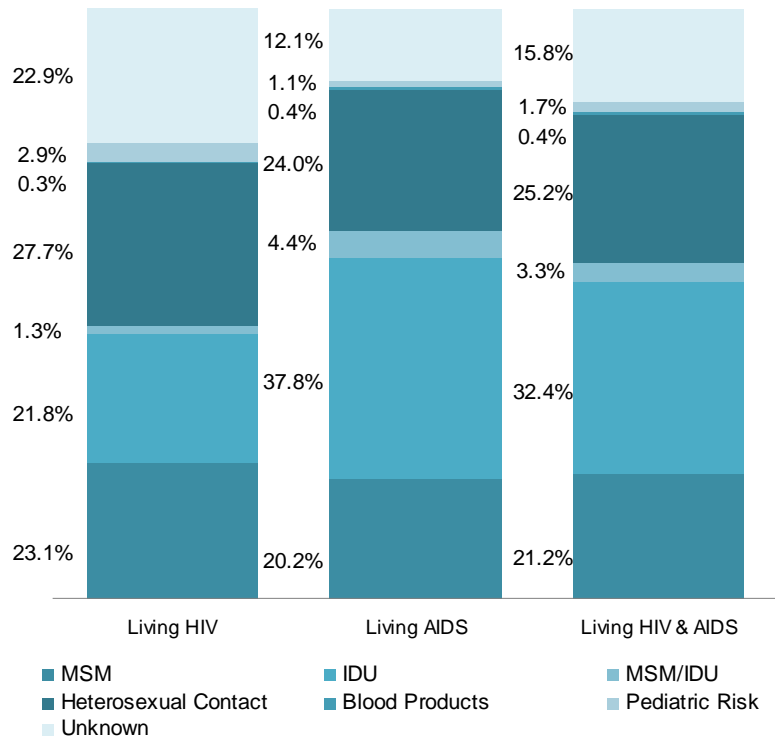
Among the living HIV cases, 23.1% were MSM, 21.8% were IDU and 27.7% were due to heterosexual contact.

Among the male living HIV cases, 43.1% were MSM, 15.7% were IDU, and 13% were heterosexual. However, among the female living HIV cases, almost 45% were heterosexual and 28.8% were IDU.

Among the living AIDS cases, 20.2% were MSM, 37.8% were IDU, and 24% were heterosexual.

Among the male living AIDS cases, the risk groups were: 32.5% MSM, 37.3% IDU, and 12% heterosexual contact. Among the female living with AIDS, the risk groups were: 38.7% IDU and 43.6% heterosexual contact.

Figure 77. Percentage Distribution of Living HIV and AIDS Cases by Risk, Westchester County, December 2007



Percentage Distribution of Living HIV and AIDS Cases by Sex and Risk, Westchester County, December 2007

	Living HIV		Living AIDS		Living HIV or AIDS	
	Male	Female	Male	Female	Male	Female
Total Cases	693	601	1,580	965	2,273	1,566
MSM	43.1	0.0	32.5	0.0	21.2	0.0
IDU	15.7	28.8	37.3	38.7	18.2	14.2
MSM/IDU	2.5	0.0	7.0	0.0	3.3	0.0
Heterosexual Contact	13.0	44.8	12.0	43.6	7.3	18.0
Blood Products	0.6	0.0	0.4	0.4	0.3	0.1
Pediatric Risk	3.0	2.7	0.8	1.8	0.9	0.9
Unknown	22.1	23.8	10.1	15.5	8.1	7.6

Morbidity: Cancer

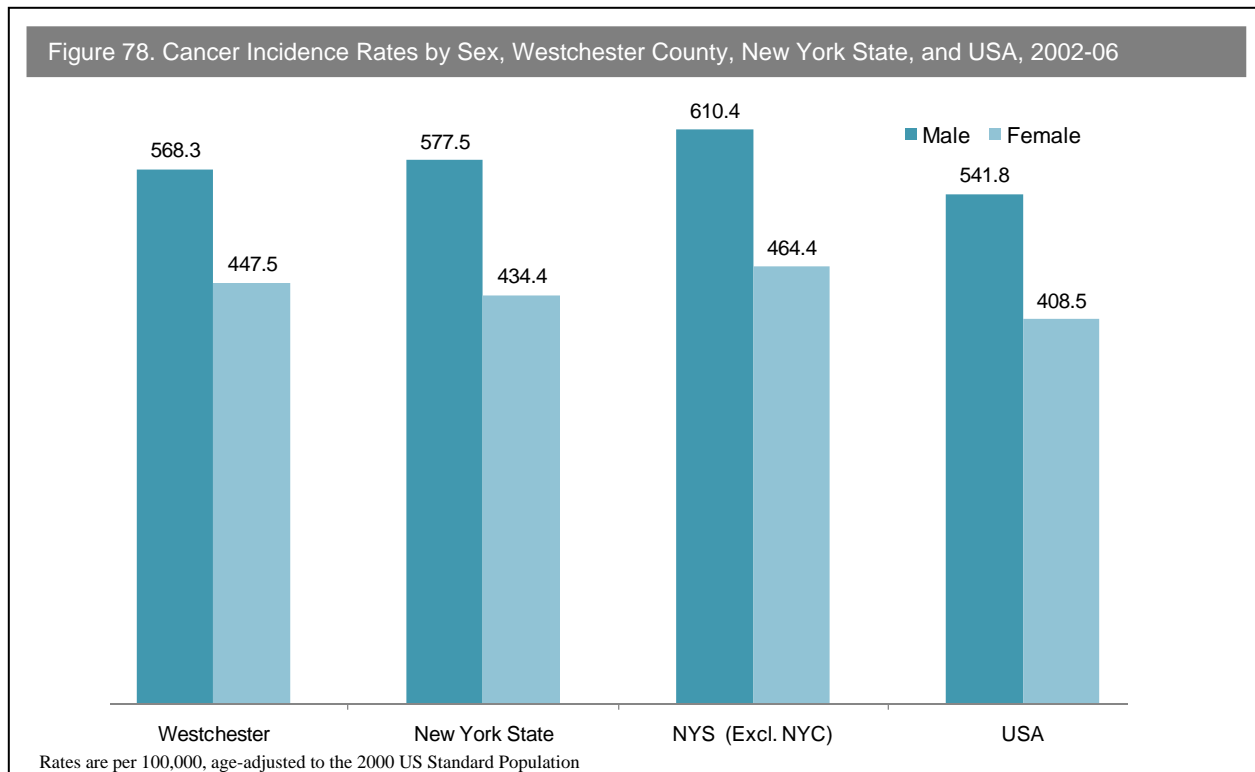
Age-adjusted cancer incidence and mortality rates are presented for Westchester County residents. These rates are compared with those in New York State, New York State excluding New York City, and the United States when available.

Cancer Incidence by Sex

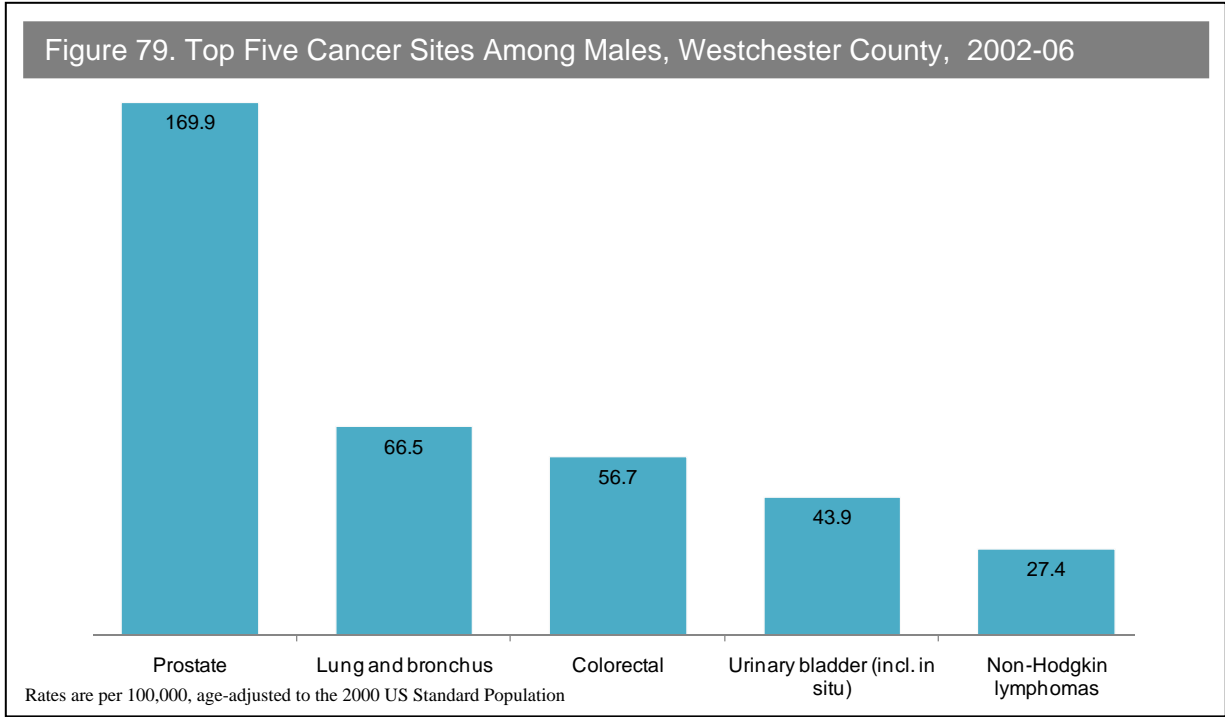
During 2002-2006, the average annual incidence rate of cancer⁸ for all sites combined was 568.3 per 100,000 among men and 447.5 per 100,000 among women. The overall cancer incidence rate among men was significantly higher than that among women.

The cancer incidence rate among Westchester County men is significantly lower than the New York State (excluding New York City) incidence rates. The cancer incidence rate among Westchester County women is significantly higher than the New York State rate but lower than the rate in the state when excluding New York City. The cancer incidence rates for both men and women are higher than the national rate.

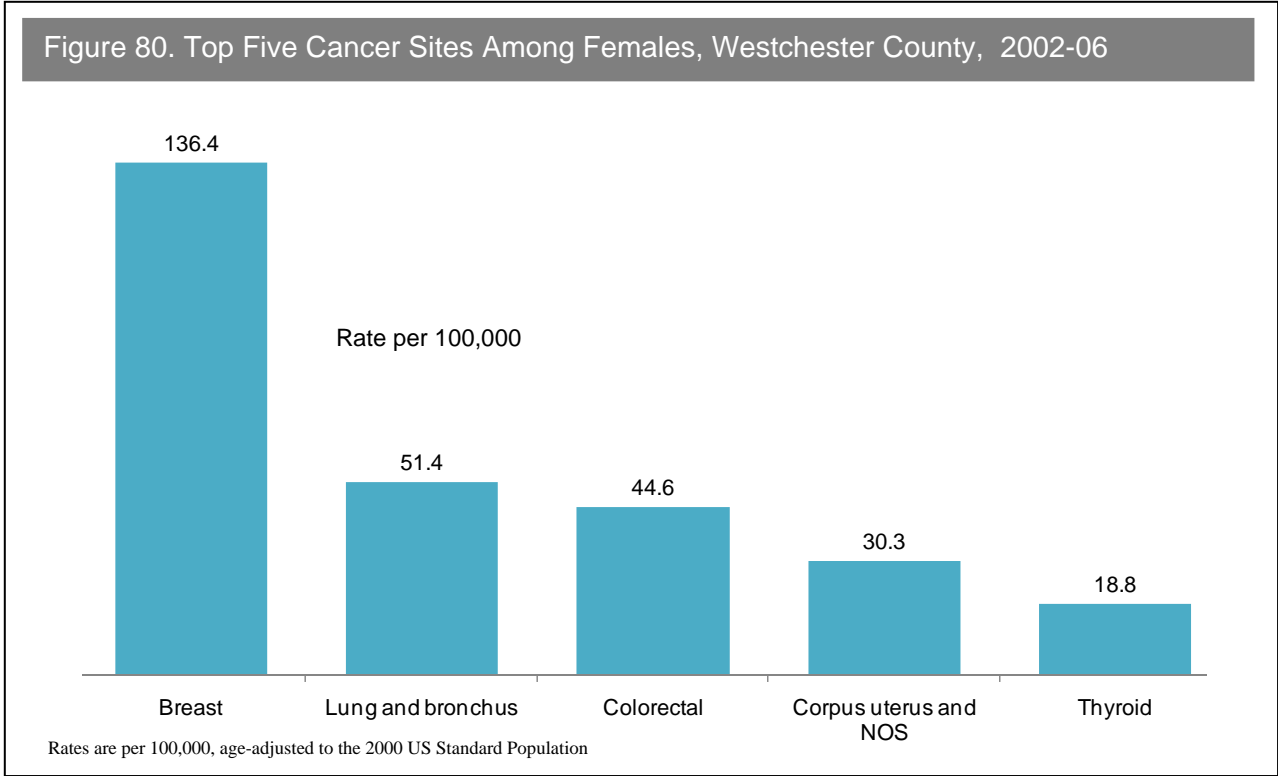
The most common cancer sites among Westchester County men were: prostate (169.9 per 100,000), lung and bronchus (66.5 per 100,000), colorectal (56.7), urinary bladder (43.9), and Non-Hodgkin Lymphomas (27.4).



⁸ A cancer incidence rate is the number of new cancers of a specific site/type occurring in a specified population during a year, usually expressed as the number of cancers per 100,000 population.

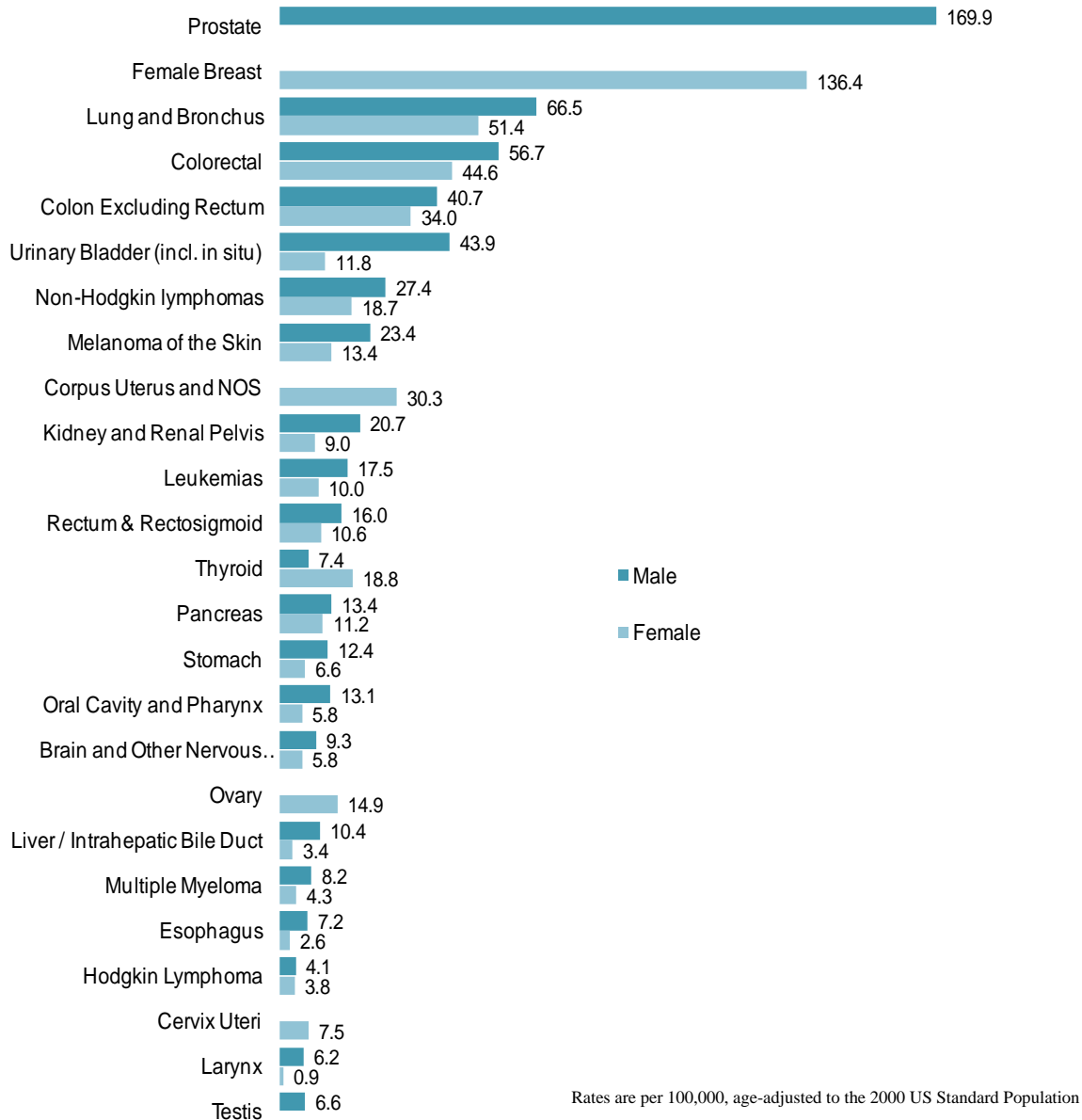


The top five cancer sites among Westchester County women were: breast (136.4 per 100,000), lung and bronchus (51.4 per 100,000), colorectal (44.6 per 100,000), Uterine (30.3 per 100,000), and Thyroid (18.8 per 100,000).



The incidence rates show that, overall, women in Westchester County had significantly lower cancer incidence rates than men in every cancer site, except for thyroid cancer (18.8 vs. 7.4).

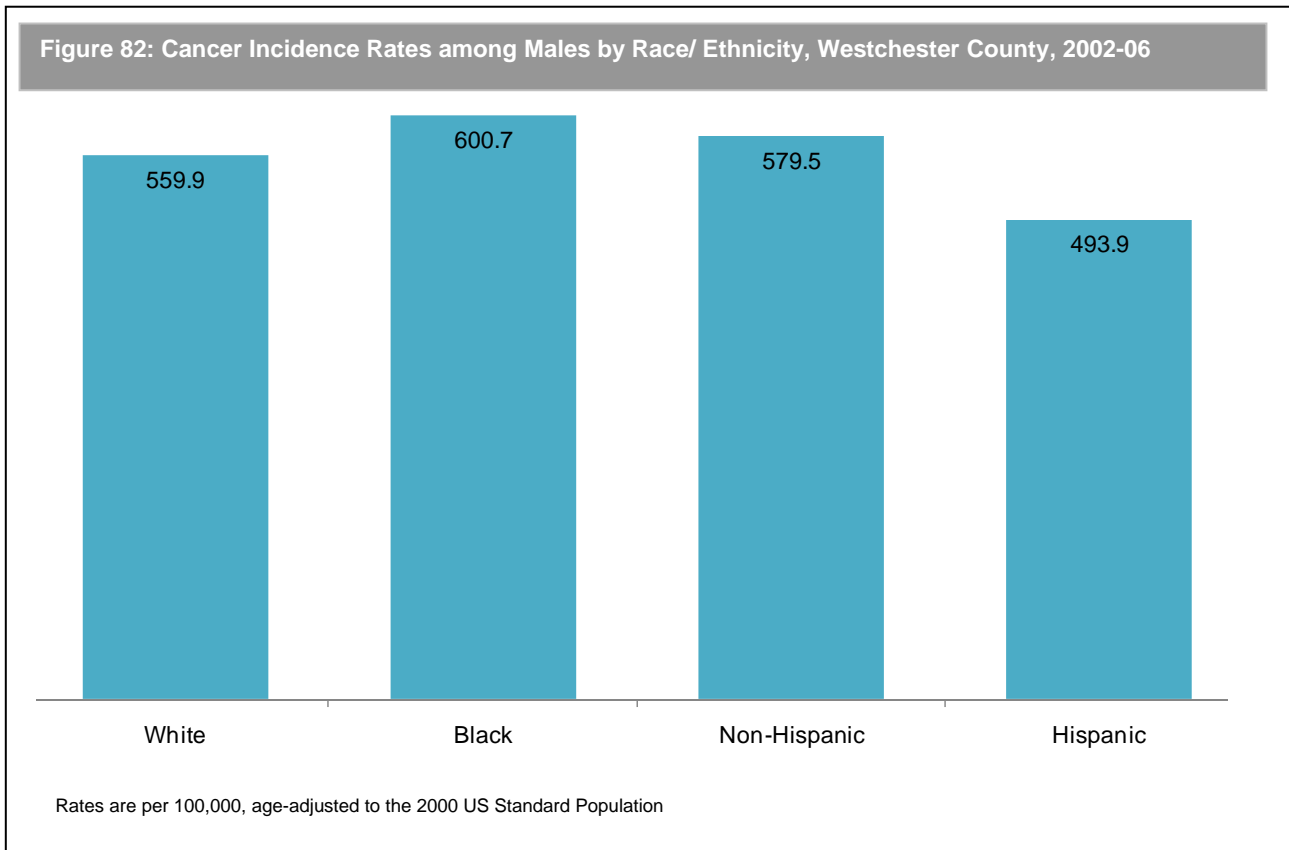
Figure 81: Cancer Incidence Rates by Sex and Cancer Site, Westchester County, 2002-06



Cancer Incidence by Race and Ethnicity – Males

The average annual cancer incidence rate for all sites combined was 559.9 per 100,000 among white men and 600.7 per 100,000 among black men. The difference is not statistically significant.

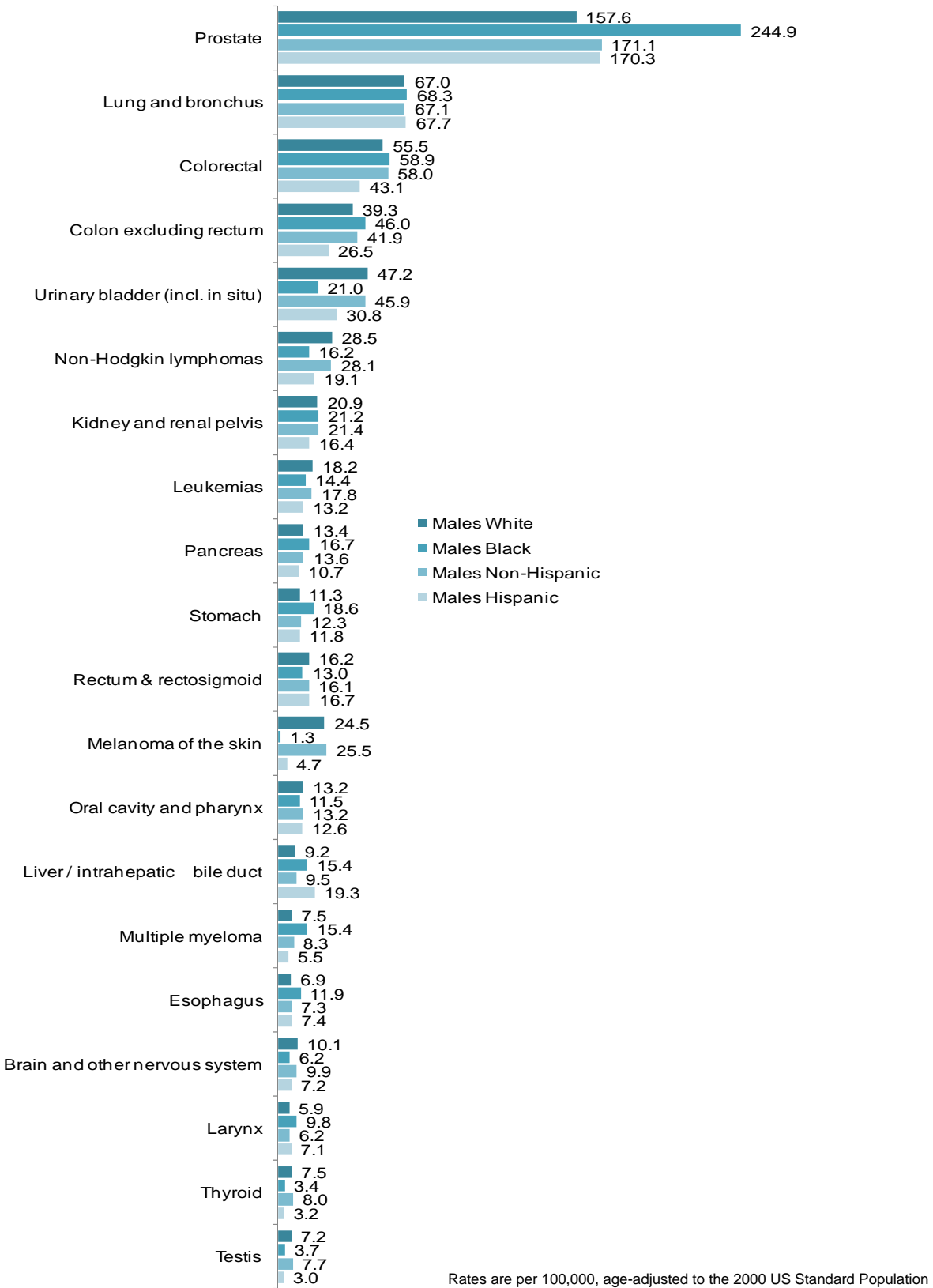
The average annual cancer incidence rate for all sites combined was 579.5 per 100,000 among non-Hispanic men, significantly higher than that among Hispanic men (493.9 per 100,000).



Compared with whites, black men showed higher incidence rates for prostate cancer (244.9 per 100,000) and multiple Myeloma. However, black men had lower incidences of urinary bladder cancer, thyroid, non-Hodgkin lymphomas, and melanoma of the skin than white men.

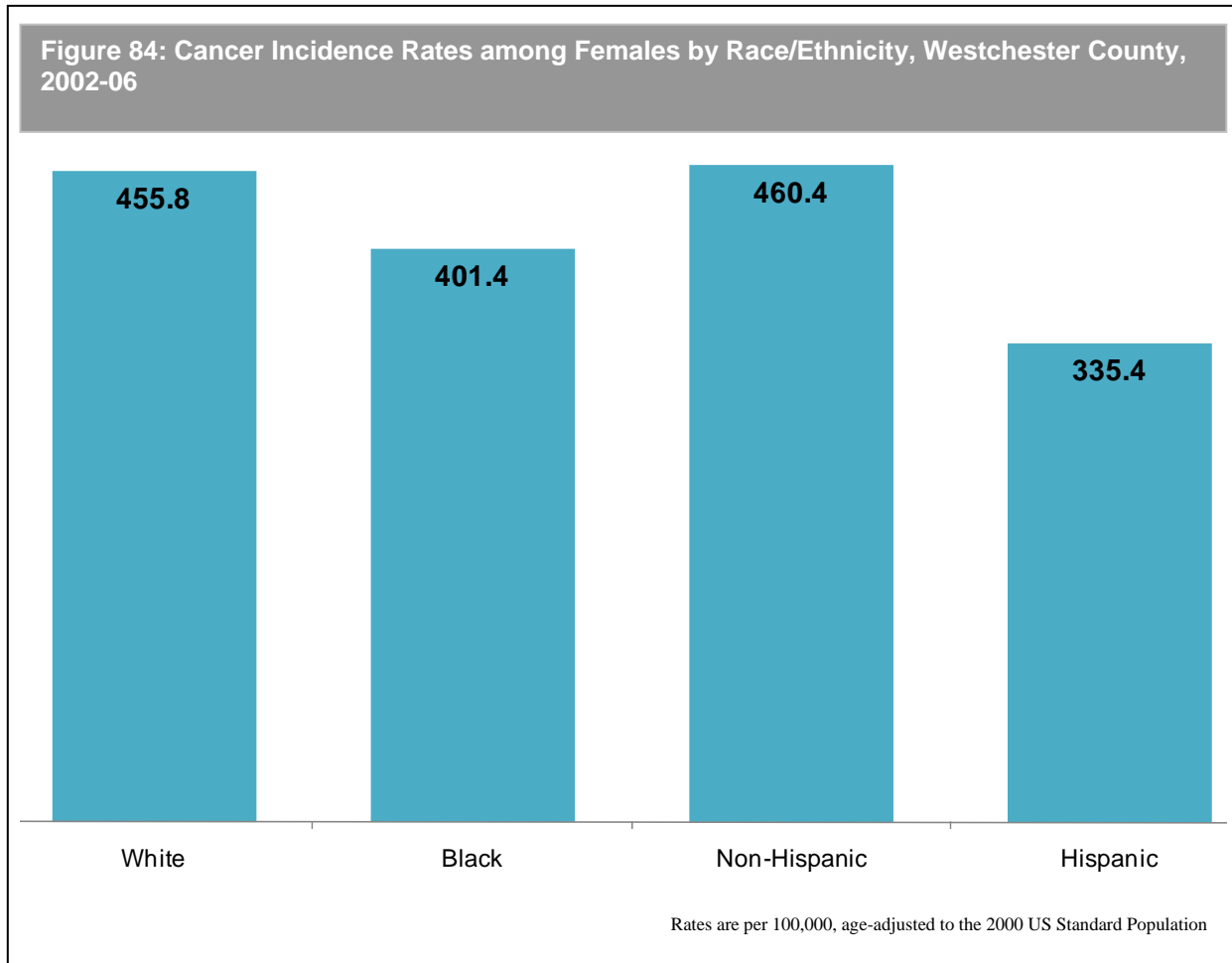
Compared with non-Hispanic men, Hispanic men residing in Westchester County demonstrated high rates of incidence for cancer of the liver (19.3 per 100,000). However, the cancer incidence rates were significantly lower among Hispanic men for colon (excluding rectum), melanoma of the skin, urinary bladder, testis, and thyroid.

Figure 83: Cancer Incidence Rates among Males by Race/ Ethnicity and Cancer Site, Westchester County, 2002-06



Cancer Incidence by Race and Ethnicity – Females

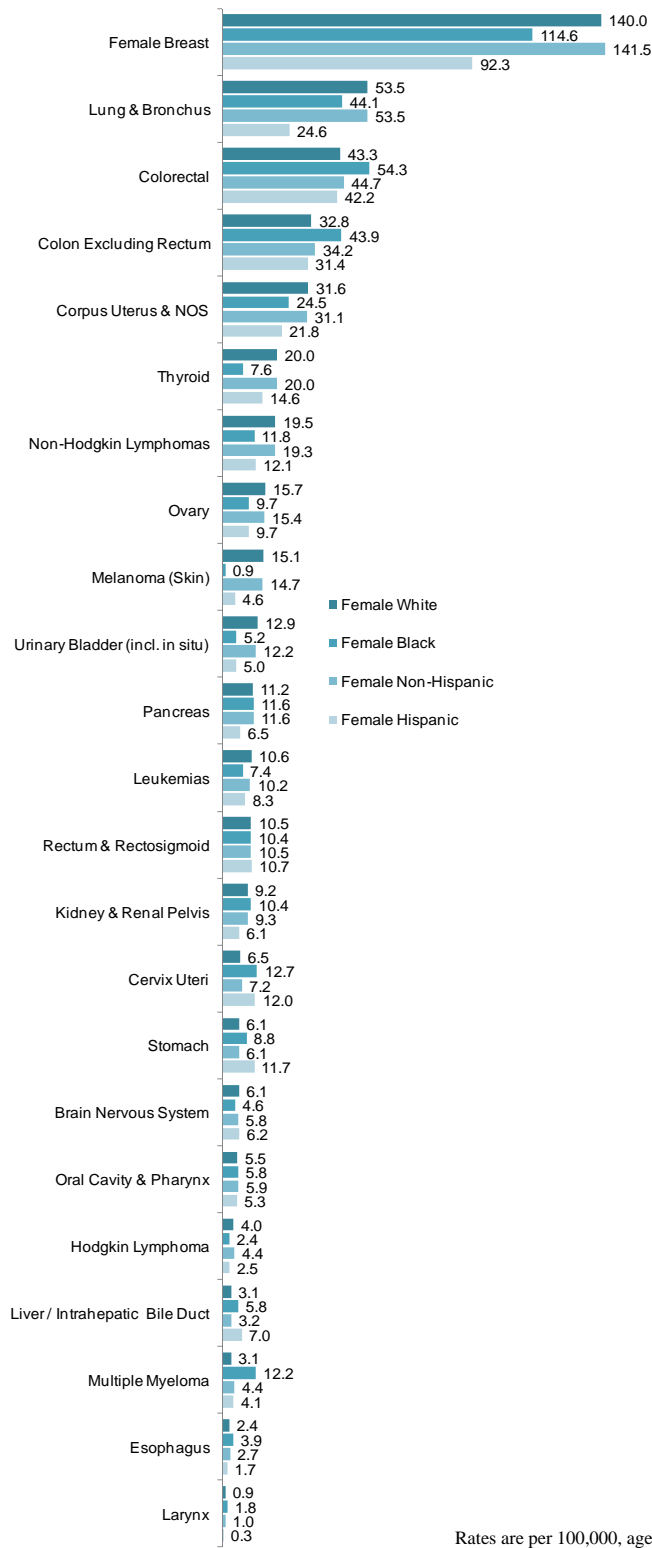
When all sites are combined, white females in Westchester County had a significantly higher cancer incidence rate than black females (455.8 per 100,000 vs. 401.4 per 100,000). The cancer rate for non-Hispanic females was higher than that for Hispanic females.



Compared to blacks, white females exhibited higher incidence rates for breast cancer, ovary cancer, urinary bladder cancer, thyroid cancer, and non-Hodgkin lymphomas cancer. Blacks, on the other hand, had higher incidence rates for colon cancer (excluding rectum), cervix uteri cancer, and multiple myeloma cancer.

Non-Hispanic women had a higher cancer incidence rate than Hispanic women when all sites are combined. The cancer incidence rates were also significantly higher among non-Hispanic women for breast cancer, lung and bronchus cancer, urinary bladder cancer, and melanoma of the skin.

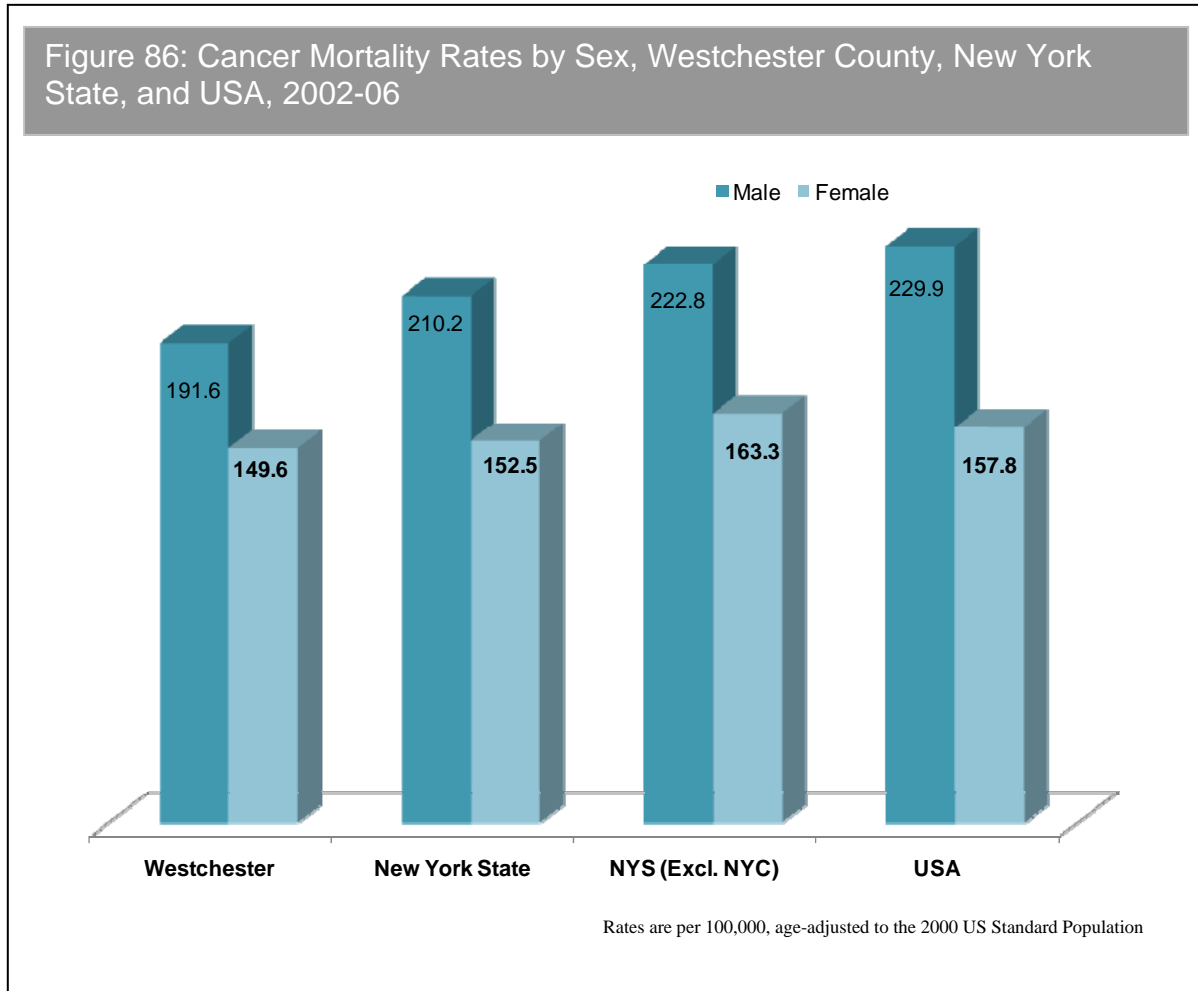
Figure 85: Cancer Incidence Rates among Females by Race/Ethnicity and Cancer Site, Westchester County, 2002-06



Rates are per 100,000, age-adjusted to the 2000 US Standard Population

Cancer Mortality by Sex

During 2002 to 2006, the average annual mortality rate for all cancer sites combined was 191.6 per 100,000 among men and 149.6 per 100,000 among women. Overall, men had higher cancer mortality rates than women in Westchester County.

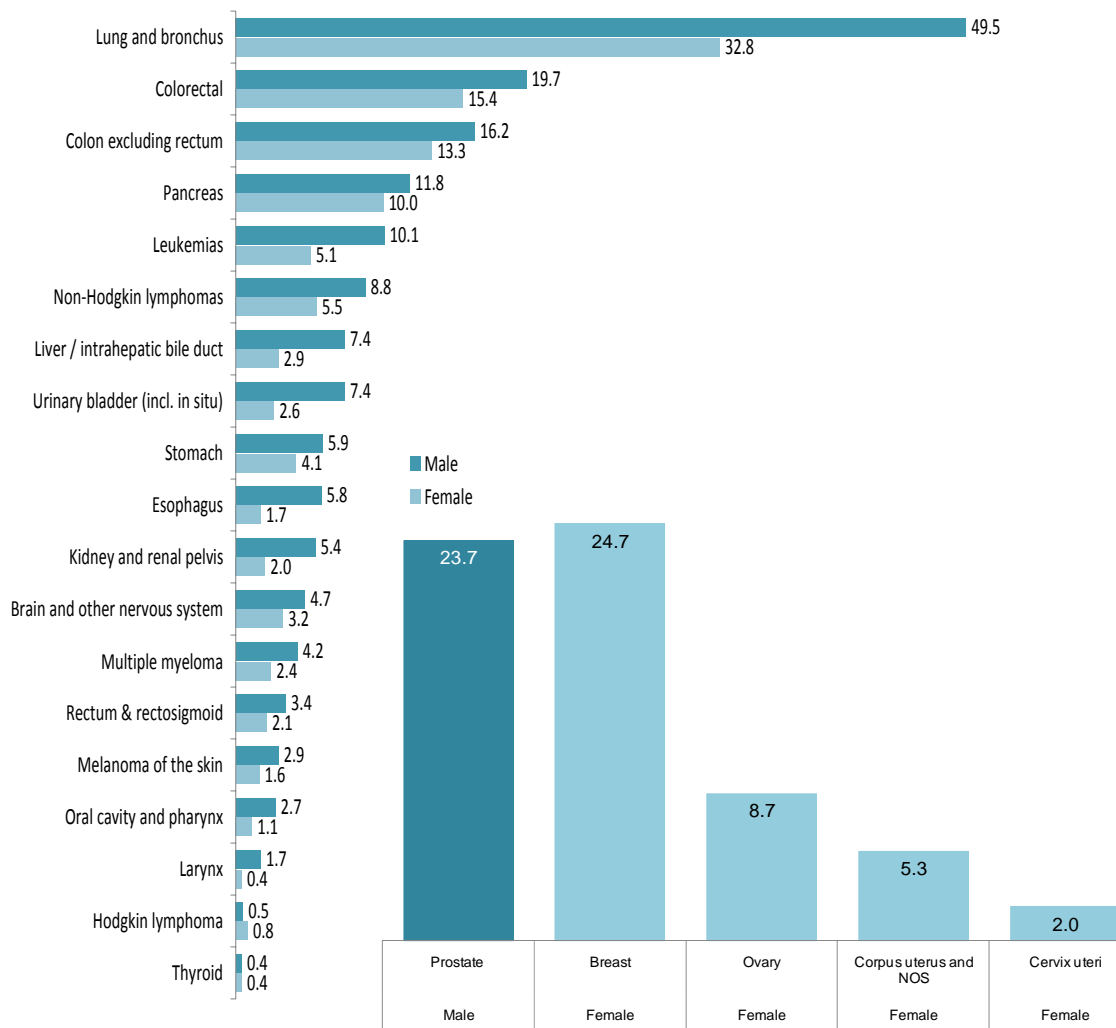


The male cancer mortality rate in Westchester County was significantly lower than that for New York State (including as well as excluding New York City). The cancer mortality rate for men in Westchester County was also significantly lower than that for the nation.

The female cancer mortality rate in Westchester County was significantly lower than those for New York State excluding New York City and the nation.

When considering specific cancer sites, the mortality rates among males were significantly higher than those among females for most of the categories, including lung and bronchus cancer.

Figure 87: Cancer Mortality Rates by Sex and Cancer Site, Westchester County, 2002-06



Rates are per 100,000, age-adjusted to the 2000 US Standard Population

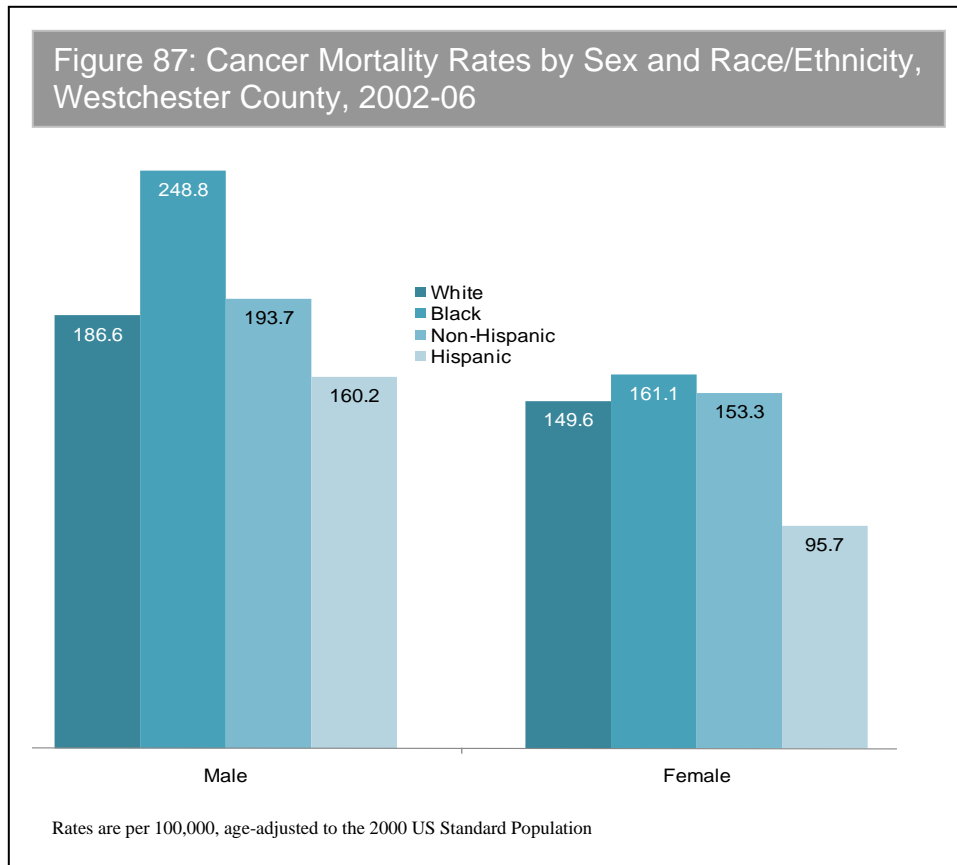
Cancer Mortality by Race and Ethnicity

Overall, the average annual cancer mortality rate was 186.6 per 100,000 among white men in Westchester County. Compared to white men, black men had significantly higher cancer mortality, with 248.8 deaths per 100,000.

Black men also had significantly higher mortality rates than white men for prostate cancer (50.1 per 100,000 vs. 21.3 per 100,000) and esophagus cancer (11.1 per 100,000 vs. 5.3 per 100,000).

The average annual cancer mortality rate was significantly higher among non-Hispanic men than among Hispanic men (193.7 per 100,000 vs. 160.2 per 100,000) when all cancer sites are combined. The prostate cancer mortality rate and Leukemia mortality rate among non-Hispanic men were significantly higher than those among Hispanics.

The average cancer mortality rate was not significantly different between white and black women. However, the cancer mortality rate among non-Hispanic women was significantly higher than that among Hispanic women (153.3 per 100,000 vs. 95.7 per 100,000) when all cancer sites are combined. In addition, non-Hispanic women had a significantly higher mortality rate than Hispanic women due to cancer of lung and bronchus.



SECTION TWO

HEALTH PROFILES

Part II. Voices from the Community

Voices from the Community

In 2009, New York State Department of Health awarded \$1 million over a two-year period to fund a collaborative health planning initiative aimed at promoting healthy communities by identifying health care needs and examining how the health care delivery system may be aligned to serve those needs. This project, funded through the Healthcare Efficiency and Affordability Law for New Yorkers (HEAL NY 9), includes seven local health departments: Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, and Westchester, with the Rockland County Department of Health as the lead agency.

As part of the project, the seven local health departments developed and distributed a health care provider survey and a consumer survey. The provider survey was designed to assess strategies for increasing access to health care and improving health care services for the residents in the region. The consumer survey was designed to assess people's general health status, health behavior and the possible barriers to health care.

A web-based provider survey was distributed in Westchester County to 101 providers, including hospitals, health centers, private practices, managed care plans, mental health and substance abuse providers and community-based agencies that have knowledge and insight regarding health care access issues. This report presents findings from 16 providers who provide care in Westchester County along with other locations outside of Westchester County.

The consumer survey conducted in Westchester County, available in both English and Spanish, has been distributed with assistance from local community partners, including hospitals, community-based and faith-based agencies, and at community events and health fairs. The survey sample over-represents persons of disadvantaged socioeconomic status and does not represent the overall Westchester County population. The preliminary findings contained in this report represent feedback from 405 consumers. Westchester County Health Department is working towards the goal of obtaining 2,000 surveys by February 2010.

Provider Survey Findings

Responses were received from five health centers, four hospitals, three substance/mental licensed agencies, two managed care organizations, one medical provider and one community-based agency.

- ❖ Inadequate insurance reimbursement was the most commonly cited barrier impacting providers' ability to provide care to their patients (14 out of 16 providers, 87.5%). This included five providers that had selected "other" but specified barriers as patient's lacking insurance, high rate of uninsured patients, lack of adequate reimbursement for conducting home visits and inadequate reimbursement specific to government payors. Inadequate insurance reimbursement was also ranked as the top barrier to health care by 40% or six of the providers responding to this question (N=15).
- ❖ The second most frequently selected barrier by 50.0% of providers was limited staffing, cited by 8 providers; followed by limited or lack of access to specialists, mentioned by 6 providers (37.5%). Five providers (31.3%) identified patient non-adherence to treatment, limited space and/or equipment, and patient inability to afford prescription medications as other top barriers.
- ❖ When asked to identify the most significant barriers their patients face in accessing health care, 10 of 15 providers (66.7%) cited inability to pay for services or medications as the top barrier. Four of fifteen providers (26.7%) ranked transportation as the second most significant barrier with a total of 60.0% of all respondents identifying transportation as one of their top three barriers.

- ❖ Almost all providers (15 out of 16) identified diabetes as one of the top three chronic health issues affecting the patients they serve, with seven providers identifying diabetes as the top chronic health problem. While asthma was the second highest ranked chronic problem facing patients served by the respondents, obesity was the second most frequently selected chronic problem regardless of ranking.
- ❖ When asked to identify the health-related priorities in their service area, the three most frequently identified priorities were: improving access to the uninsured/underinsured to substance abuse and mental health services (100% of respondents); increasing health care providers that are fluent in Spanish (87.5%); and equally cited (68.8%) were improving access to the uninsured/underinsured to medical care and improving access to the uninsured/underinsured to dental care.
- ❖ Respondents were then asked to rank the top three priorities. While responses varied by respondents, the three service areas identified as the top priorities were: mental health (46.6%), substance abuse (40.0%), and primary care (33.3%).
- ❖ Just over 50% of respondents indicated that their facility or agency had plans for future expansion.

Consumer Survey Findings

Demographic Characteristics of Respondents

The survey was completed voluntarily by 405 respondents, with 99 men and 298 women. 8 respondents did not indicate gender.

Among those who indicated their age group (385), 31.2% were between the ages of 18 and 34, 50.1% were between the ages of 35 and 64, and 18.7% were 65 and older.

Of the 365 respondents answering the question on race, 31.8% were white, 23.6% were black, 1.6% Native American, 0.8% Asian or Pacific Islander and 42.2% identified as “other.” Three hundred and ninety two respondents answered the question on ethnicity with 230 respondents (58.7%) indicating that they were Hispanic.

Among those completing the survey in English, 39.7% were white, 37.1% black, 1.3% Asian or Pacific Islander, 1.3% Native American, and 20.5% other. In addition, 30.8% indicated they were Hispanic. Among those completing the survey in Spanish, 16% were white, 2.3% Native American, and 81.7% other.

Sample Description of HEAL NY 9 Consumer Survey

	N	%
Total Respondants	405	100.0
Sex		
Male	99	24.9
Female	298	75.1
Total	397	100.0
No Answer	8	
Age		
18-34	120	31.2
35-64	193	50.1
65+	72	18.7
Total	385	100.0
No Answer	20	
Race		
White	116	31.8
black	86	23.6
Native American	6	1.6
Asian or Pacific Islander	3	0.8
Other	154	42.2
Total	365	100.0
No Answer	40	
Ethnicity		
Hispanic	230	58.7
Non-Hispanic	162	41.3
Total	392	100.0
No Answer	13	
County of Origin		
US	193	49.0
Foreign Country	201	51.0
Total	394	100.0
No Answer	11	
Employment Status		
Unemployed	237	60.3
Employed Full Time	101	25.7
Employed Part Time	55	14.0
Total	393	100.0
No Answer	12	
Annual Household Income		
< \$24,999	242	70.3
\$25,000 - \$49,999	48	14.0
\$50,000 +	54	15.7
Total	344	100.0
No Answer	61	

Over half of the respondents were immigrants. Among those completing the English survey, 78.8% were born in the United States and among those completing the Spanish survey, 95.5% were born outside of the United States.

Of those responding to employment status (393), 60% were unemployed; 26% were employed full-time and 14% were employed part-time.

The majority (70%) of the respondents reported that their total household income was less than \$24,999 and 14% reported a household income of \$25,000-\$49,999.

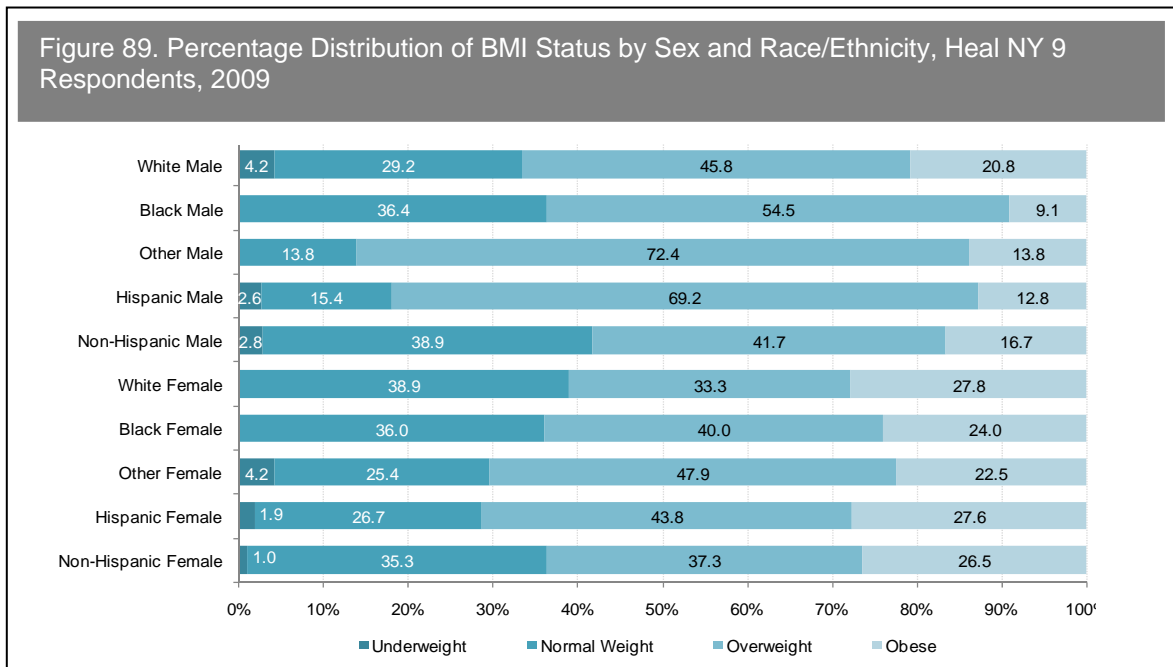
General Health Status

➤ Obesity and Body Mass Index

Body Mass Index (BMI) was calculated from the height and weight collected on the survey instrument by dividing weight in pounds by height in inches squared and multiplying by a conversion factor of 703 (weight (lb) / [height (in)]² x 703). According to CDC, those with a calculated BMI under 18.5 are classified as Underweight, those with a BMI between 18.5 and 24.9 are classified as Normal Weight. Anyone with a BMI between 25 and 29.9 are classified as Overweight and those with a BMI of 30 or more are classified as Obese.

Among the 296 respondents who reported their height and their weight, 23.3% were obese and 44.3% were overweight.

Females were more likely to be obese than males among the survey respondents: 26.4% of all female respondents were obese whereas 14.3% of all male respondents were obese. However, males had a higher percentage in the combined category of overweight and obese at 71.4% compared to females at 66.7%.



Among the 296 respondents, 26.5% of the white population were obese, compared to 19.4% of blacks and 19.4% of those classified as “Other.” The combined overweight and obesity categories totaled 77.4% for those in the other race category, 63.9% for black respondents and 62.2% for white respondents.

Viewing the respondents by race and gender, the combined overweight and obesity levels were as follows: white males – 66.6%, white females – 61.1%, black males – 63.6% black females – 64.0%, other males - 88.9% and other females – 70.4%.

Of the 285 respondents who indicated their ethnicity, 23.4% of the Hispanic population was obese and 50.3% were overweight; among the non-Hispanics, 24.3% were obese and 37.9% were overweight. By ethnicity and gender, the combined overweight and obesity levels for the Hispanic population was 82.1% for males and 71.4% for females. Obesity was more prevalent among Hispanic women at 27.6% compared to their male counterparts at 12.8%.

Many respondents did not perceive that they had a weight problem. Over 40% of the respondents who were overweight or obese actually considered themselves not overweight. However, ten percent of those respondents who were not overweight considered themselves overweight or obese.

Comparison of Self-Perceived Weight with Actual Weight, HEAL NY 9 Consumer Survey

Actual Weight	Self-Perceived Weight				Total
	Not Overweight		Overweight or Obese		
	N	%	N	%	
Not Overweight	86	89.6	10	10.4	96
Overweight or Obese	81	40.7	118	59.3	199
Total	167	56.6	128	43.4	295

367 respondents answered the question: “In the past 12 months, have you been given advice to lose weight by your health care provider?” Among them, 30.2% stated they were given such advice, 59.9% were not given this medical advice and the remaining 9.8% stated they had not seen a health care provider in the past 12 months.

➤ **Diabetes and Heart Disease**

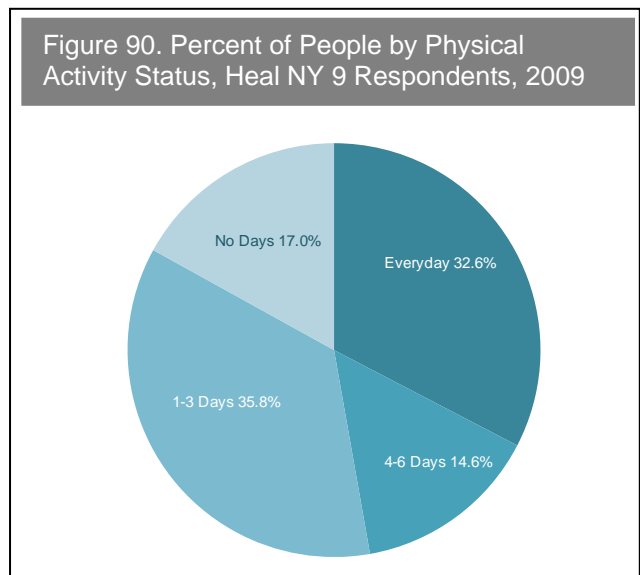
46 respondents stated they have been told by a health care provider that they have diabetes, and 37 stated that they have been told by the health care provider that they have heart disease. Most of these respondents indicated that they had visited a health care provider within the past 12 months.

Health Behavior

➤ **Physical Activity**

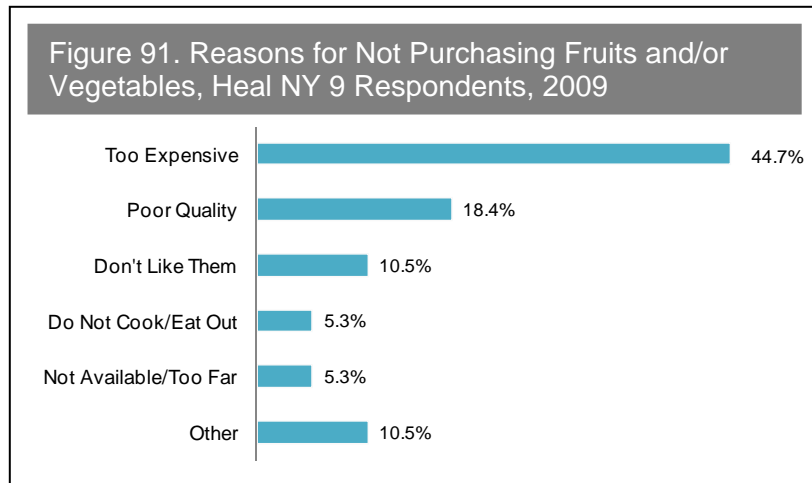
Among the 377 respondents who indicated how physically active they were, 83% responded that they were active at least 1-3 days a week. Over 30% answered that they were physically active everyday and 47.2% stated they were active either everyday or in the range of four to six days a week.

When probed further to assess the locations of physical activities, it is revealed that the respondents were generally active in all traditional locations, including outside (59.4%), parks or bike/walking paths (22.7%), gym (14.4%), recreation centers (4.2%), at work (24.6%), and home (47.3%) (categories are not mutually exclusive).



➤ Fruits and Vegetables

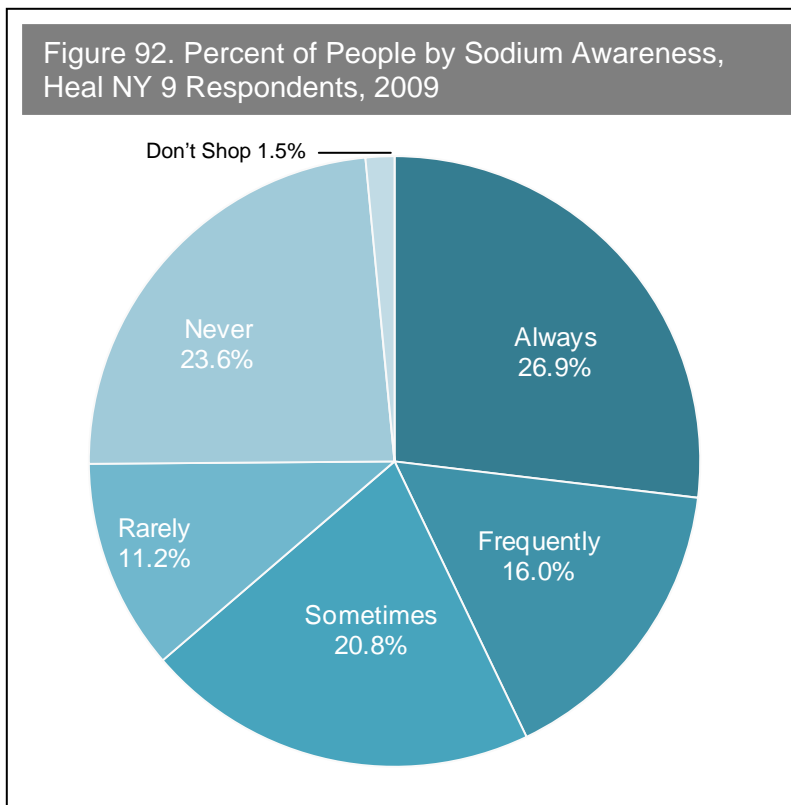
383 respondents answered the question: “How often do you or someone else in the household purchase fruits and/or vegetables?” Just below half (46.7%) of respondents reported that they always purchase fruits and/or vegetables, 73.1% of the respondents stated that they either always or frequently purchase fruits and/or vegetables. Less than 10% reported either rarely or never purchasing fruits and/or vegetables, only 1.3% reported that they never purchase fruits and/or vegetables.



The main reasons for rarely or never purchasing fruits and/or vegetables were:

- Too expensive – 17/38 (44.7%)
- Poor quality 7/38 (18.4%)
- Don't like them 4/38 (10.5%)
- Not available where I shop or in my community, too far - 2/38 (5.3%)
- I do not cook or only eat out 2/38 (5.3%)
- Other 4/38 (10.5%)

➤ Sodium



394 of the 405 respondents answered the question, “When you shop, how often do you look at the sodium or salt content of items before buying?” Among them, 106 (26.9%) answered always, 63 (16.0%) answered frequently, 82 (20.8%) sometimes, 44 (11.2%) rarely, 93 (23.6%) never, and 6 (1.5%) answered that they don't shop.

This question was followed by the question “When you shop, how likely are you to buy items labeled ‘no salt added’ or ‘low sodium’?”

The majority of those who stated that they always look at the sodium content answered that they either always (51%) or frequently (29.4%) buy the no-salt added or low-sodium goods. Less than 20% answered that sometimes (9.8%), rarely (2.9%) or never (4.9%) buy such goods.

Over two-thirds of those who stated that they frequently look at the sodium content answered that they either always (14.3%) or frequently (54.0%) buy the no-salt added or low-sodium items. About one-third answered that they either sometimes (22.2%), rarely (6.3%), or never (1.6%) purchased such items.

Among those who stated that they only sometimes looked at the sodium content, most of them rarely (31.8%) or do not (27.3%) buy the no-salt-added or low-sodium items.

➤ **Fast Food**

Among the 395 respondents who indicated their frequency of visiting a fast food establishment, 43.3% stated they eat at least once per week at a fast food restaurant. 6.8% stated that they eat 4 to 7 times per week at a fast food restaurant. Among those with normal body weight, 33.7% eat at fast food restaurants and among those who were overweight or obese, 49.0% eat at fast food restaurants.

➤ **Calorie Postings**

About half of the 375 respondents have seen calorie postings at food establishments. Among those who saw the postings, 48.9% stated that they purchased a lower calorie item after reading the calorie postings; 35.6% stated that the knowledge did not affect their purchasing decision and 13.9% stated that they ate less of the purchased item.

➤ **STD and HIV Testing**

348 respondents answered the question: “During the past 12 months, have you been tested for any STD?” Among them, 34.2% responded yes, 62.9% responded no, and the remaining 2.9% stated they did not know.

Among those who had STD testing, 46.2% got tested in a physician’s office, 31.1% in a health clinic, 12.6% at the County health department, 5.9% in a hospital, and 1.7% at a location outside of their county.

Among those who did not have a

STD test, 23.3% indicated they did not get tested because they were not sexually active, about 30% indicated they were not at risk, 3.2% did not have time, 6.4% could not afford, and 2.3% were afraid to go to get tested. Other reasons include language, distance, had test before, do not know where to go, and no medical insurance.

315 respondents answered the question: “During the past 12 months, have you been tested for HIV?” Among them, 115 (36.5%) responded yes, 189 (46.7%) responded no, and the remaining 2.7% responded they did not know.

Among those who have HIV tests, 47 (40.9%) got tested in a physician’s office, 37 (32.2%) in a health clinic, 21 (18.3%) at the County health department, 5 (4.3%) in a hospital, 2 (1.7%) at a location outside of their county.

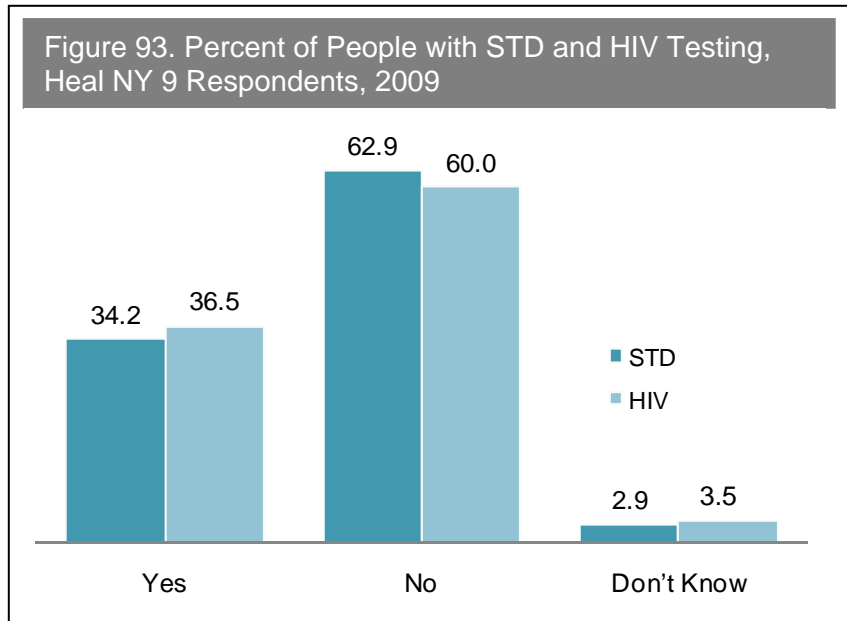
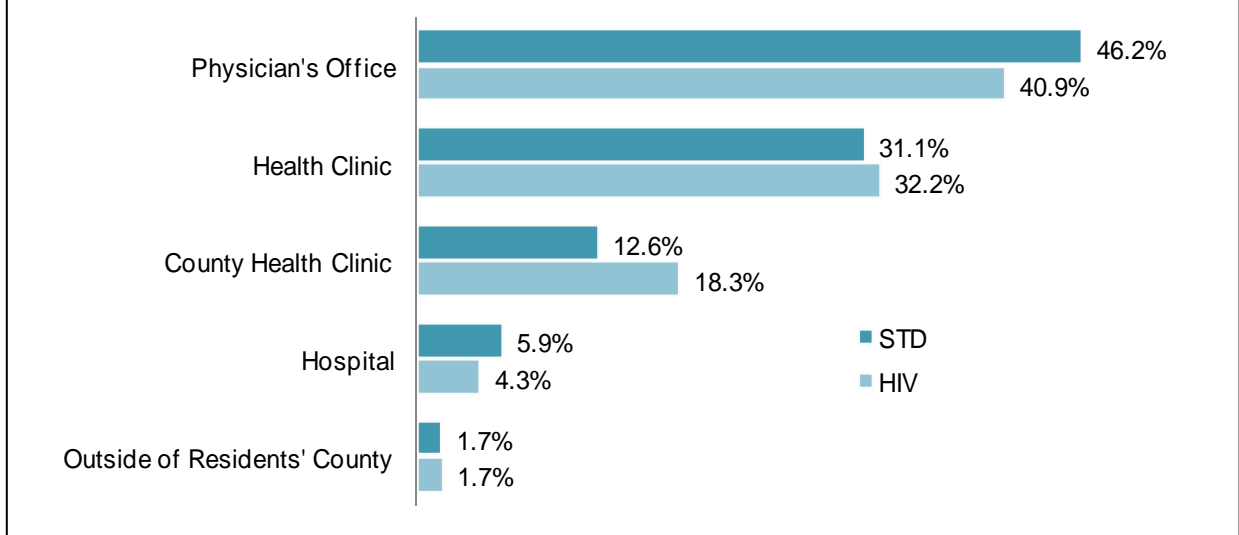
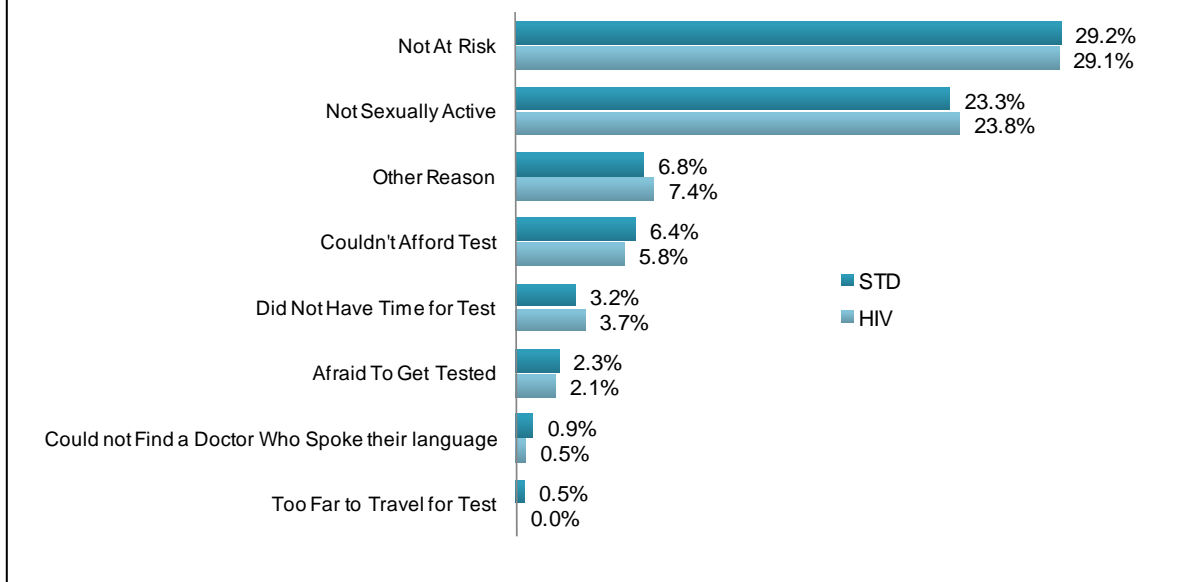


Figure 94. Percent of People by STD and HIV Testing Locations, Heal NY 9 Respondents, 2009



Among those who did not have an HIV test, 23.8% indicated that they were not sexually active. About 30% indicated that they were not at risk. 3.7% did not have time, 5.8% could not afford, 2.1% were afraid to get tested. Other reasons include language, no medical insurance, had tests before and tested negative.

Figure 95. Reasons for Not Testing STD and HIV, Heal NY 9 Respondents, 2009



Health Insurance and Access to Health Care

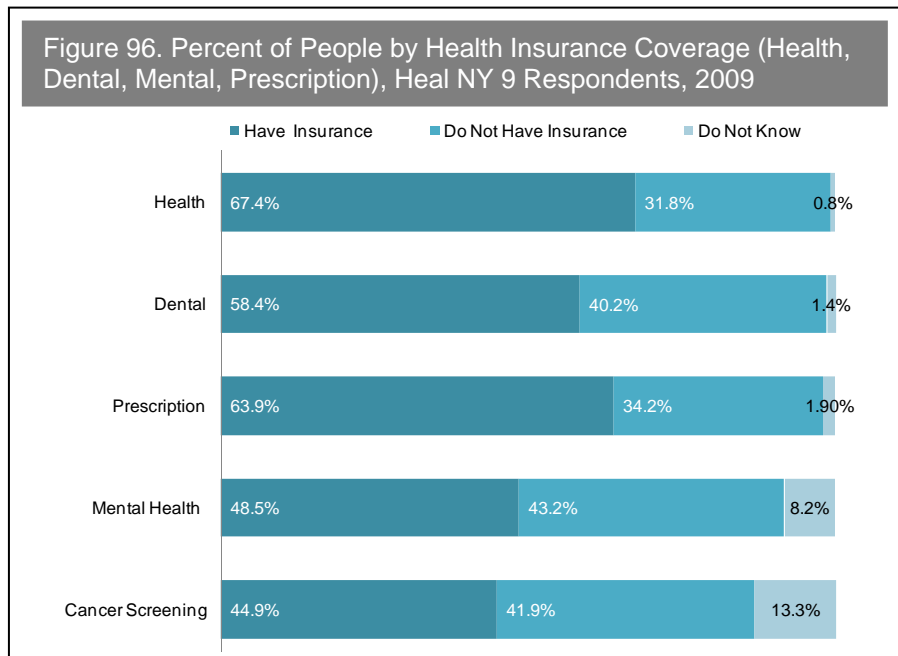
➤ Health Insurance

390 respondents indicated their status on health care insurance coverage. 67.4% had health insurance coverage, 31.8% did not have coverage and less than 1.0% did not know whether or not they had coverage.

Among those who did not have health care coverage, 14.9% stated that the employer did not offer it, 9.69% stated that the employer offered it but it was too expensive, and 75.0% stated they were not covered because they could not afford to purchase it on their own.

Among the 363 respondents who answered the question on dental care coverage, 58.4% had dental care insurance coverage, 40.2% were not covered for dental care and 1.4% was unaware of their dental coverage status. Most of those who do not have dental care coverage stated that they could not afford to purchase it on their own (76.9%), 17.1% stated their employer does not offer it, 7.1% stated their employer offered it but it was too expensive.

In terms of insurance coverage for prescription drugs, 63.9% of the 366 respondents had coverage, 34.2% did not have coverage, and 1.9% did not know their prescription drug coverage status. Over three-quarters (75.7%) of those without the prescription insurance stated that it was too expensive to purchase on their own, 17.8% indicated their employer did not offer and 6.5% indicated that although the employer offered it, it was too expensive for them to purchase.



About half (48.5%) of the 340 respondents indicating their status of mental health insurance coverage stated that they did have insurance and 43.2% stated they had no coverage. The remaining 8.2% did not know whether or not they had mental health insurance coverage.

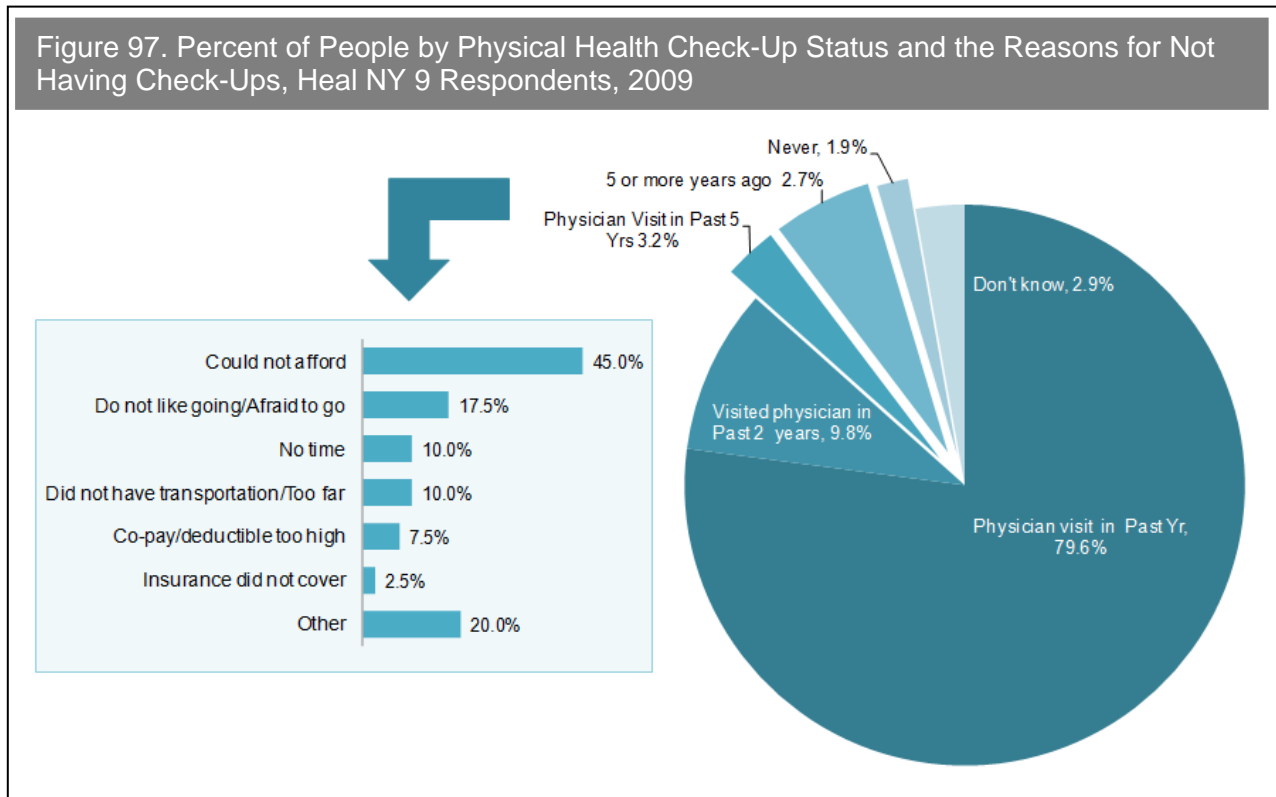
Three-quarters of those who did not have mental health coverage indicated that they could not afford to buy it on their own. 18.3% stated their employer did not offer it, and 6.1% stated their employer offered it but it was too expensive.

332 respondents answered the question on insurance coverage for cancer screening. 44.9% indicated they had coverage and 41.9% stated they had no coverage. The remaining 13.3% did not know if they had coverage for cancer screening.

Among those who did not have coverage, 19.1% stated their employer did not offer it, 6.1% stated that their employer did offer the insurance but it was too expensive, and 74.8% stated they could not afford to purchase it on their own.

➤ Routine Physical Exam and Check-up - Self

The majority of respondents (79.6%) have seen a physician in the past year. Another 9.8% stated they saw a physician in the past 2 years. Only 5.9% of those who responded stated they saw their physician in the past five years or more. 4.8% responded that they either never or did not know how long they have seen a



physician for a routine physician exam or check-up.

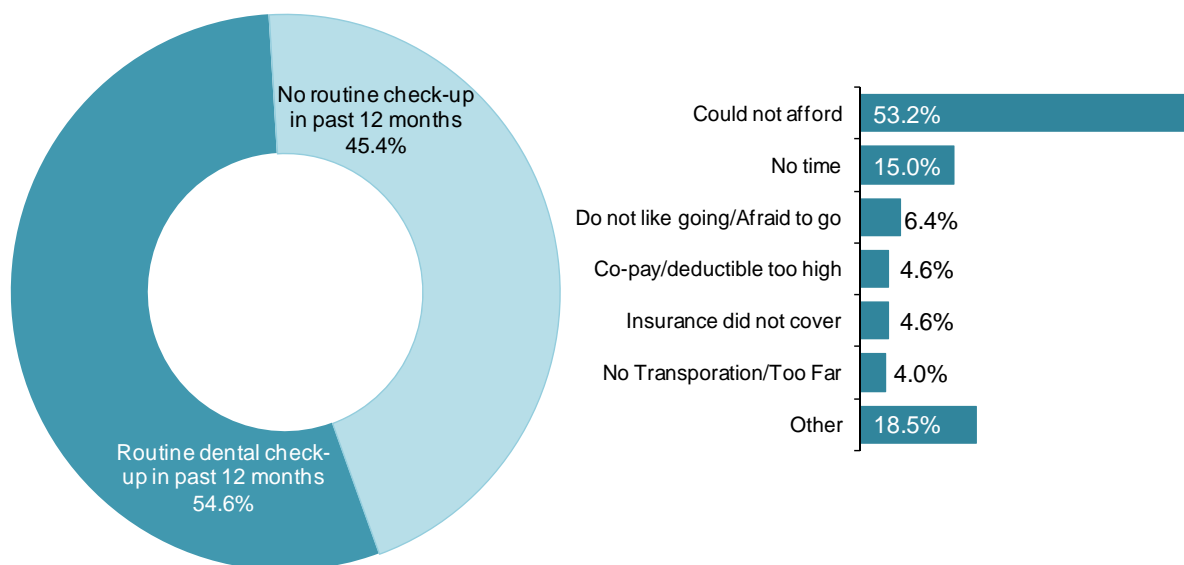
Among the 40 respondents who never or who had a routine exam or check-up in five or more years, the main reason given by the majority of respondents (45.0%) for not going was the inability to afford it.

The other reasons marked for not having a routine physical exam included: the co-pay or deductible was too high, insurance did not cover or no insurance, too far to travel, no transportation, did not have the time, language barrier, do not like going or afraid to go, did not have childcare or other.

Just over half (54.6%) of the respondents had a dental check-up in the past 12 months. 45.4% stated they did not have a dental check-up. The main reason given for not having a dental check-up was affordability (53.2%). Other top reasons for not having a routine dental check up were as follows:

- no time (N=26)
- do not like going or afraid to go (N=11)
- the co-pay or deductible was too high, no money (N=10)
- insurance did not cover or no insurance (N=12)

Figure 98. Percent of People by Dental Health Check-Up Status and the Reasons for Not Having Check-Ups, Heal NY 9 Respondents, 2009



Regarding paying for prescription medicine:

- 49 respondents stated they had no prescriptions to fill
- 124 respondents had their prescriptions paid for by their insurance
- 112 respondents paid for their medication via insurance plus co-pay
- 92 respondents paid out of pocket for their prescription
- 15 respondents stated they could not afford to fill their prescription.

➤ Routine Physical Exam and Check-up - Children under 18

About half of the population surveyed stated they had children under the age of 18 years. The majority of them (86.4%) stated that their children had health insurance coverage, 7.4% indicated that they did not have health insurance for their children and the remaining 6.2% stated that only some of their children had health insurance coverage or they did not know.

About three-quarters of the respondents stated that they were aware of the low cost health insurance programs available for children, Child Health Plus/Medicaid.

The majority (91.0%) of those with children indicated that they were able to take all of their children to get a routine physical exam or check up. About 4% stated that only some of their children were able to get a routine exam or check up and 5.1% did not take their children for a routine exam.

Similar to adults, the numbers decreased for dental care. Only 72.0% of respondents with children under the age of 18 took their children for a routine dental check-up. 22.3% did not take their children for a routine dental check up and 5.7% indicated they were only able to take some of their children under the age of 18 for a routine dental check up.

➤ Pregnancy and Prenatal Care

147 respondents had pregnancies within the past 5 years. Among them, about 14% were 20 or younger at the most recent pregnancy. The majority (80.8%) had health insurance during the pregnancy and about 68.3% had either Medicaid or PCAP. Over 80% of these received prenatal care.

Among those who did receive prenatal care, 63.4% stated that they started the prenatal care during the first trimester, 17.9% during the second trimester, and 6.0% during the third trimester.

129 respondents answered the question, “Did the mother lose PCAP health insurance after the birth of a baby in the past five years?” Half of the respondents indicated that they did lose PCAP after giving birth and a quarter of these who lost PCAP reapplied for Medicaid. However, 67.2% of those who lost PCAP after giving birth indicated that they did not reapply for Medicaid.

➤ Outside County for Medical Services

363 respondents answered the question, “In the past 12 months, have you or any member of your family traveled outside your county to get health care services?” Only 12.1% (44) stated that they did travel outside of Westchester County for health care services. The type of services these respondents obtained from outside of the county include:

- Primary care service 13/44 or 39.5%
- Dental service 7/44 or 15.9%
- Obstetrical/Gynecological service 9/44 or 20.5%
- Family Planning service 3/44 or 6.8%
- Pediatric service 4/44 or 9.1%
- Specialty service 4/44 or 9.1%
- Hospital care 3/44 of 6.8%
- Other service 7/44 or 15.9%, such as checking defibrillator, heart, diabetes care, mammogram, hematology/oncology.

The main reasons that the respondents chose to seek care outside the County were as follows:

- No provider in my county provides the service 7/44 or 15.9%
- To see a provider closer to my home/work 4/44 or 9.1%
- To get better care 14/44 or 31.8%
- Other reason 11/44 or 25.0%

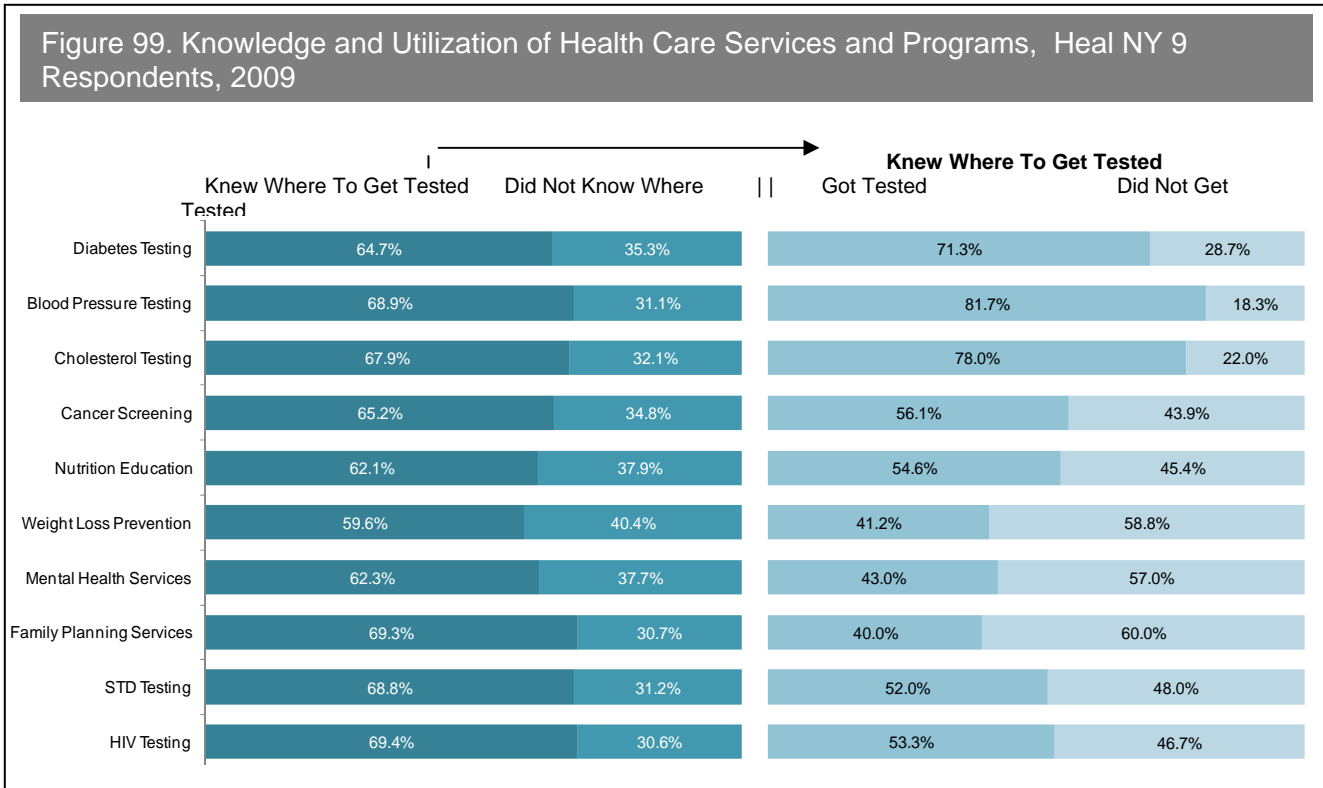
Nine of the eleven other reasons were specified and are as follows: cost, disease specialist, saw a free of charge sign, recommendation, physician is in the family, expert, employer provided the service, follow up from original service, doctor practice.

Twenty-five (56.8%) stated they went to New York City to receive their health care service. 6.8% went to Connecticut, 13.6% went to another New York State County, and 4.5% specified other and 18.2% did not indicate where they received their care.

Knowledge of Health Care Services

➤ **Chronic Disease Screening**

202 respondents stated they knew where to get tested for diabetes and 71.3% of those who knew where to get tested indicated being tested in the past 12 months for diabetes.



219 respondents stated they knew where to get their blood pressure tested and 81.7% indicated getting their blood pressure tested in the past 12 months.

209 respondents indicated they knew where to get cholesterol testing and 78.0% got tested for their cholesterol in the past 12 months.

189 respondents indicated they knew where to go for cancer screening and 56.1% indicated that they had been screened for cancer during the past 12 months.

➤ **Nutrition Education**

174 respondents stated they knew where to go for nutrition education and 54.6% indicated that they had gone and received nutrition education in the past 12 months.

➤ **Weight Loss Programs**

165 respondents indicated they knew where in the County to go for weight loss programs with 68 indicating they had gone to a weight loss program in the past 12 months.

➤ Mental Health Services

172 respondents knew where in the County to receive mental health services; and 74 indicated receiving mental health services in the past 12 months.

➤ STD and HIV Testing

When asked if they knew where in the County to go for an STD test and/or an HIV test, 196 respondents indicated that they knew where to receive an STD test and 102 were tested in the past 12 months; 195 indicated that they knew where to get an HIV test and 104 indicated being tested for HIV in the past 12 months.

➤ Family Planning Services

190 respondents knew where in the County to receive family planning services; and 76 indicated receiving family planning services in the past 12 months.

SECTION TWO

HEALTH PROFILES

Part III. Age Group Profile

Age Profiles

This section includes the health status profiles by age group. The profiles present the basic demographic information such as total population, sex, and race/ethnicity, and the rates of communicable diseases, emergency room visits, hospitalizations, and deaths for the whole age group as well as for males and females and specific race/ethnicity groups. In addition, the top three communicable diseases and the top three causes of emergency room visits, hospitalizations and deaths for each age group are highlighted. The age groups presented are:

- Children under 1, age 1-4, 5-9, and 10-14,
- Teenagers and young adults, age 15-17, and 18-24,
- Middle-aged adults, age 25-44, 45-64, and
- Older adults, age 65-74, and 75 and older.

AGE PROFILE

AGE GROUP: Total

	2000 Census		2005-07 ACS	
	N	%	N	%
Total Population	923,459	100.0	949,041	100.0
Male	441,722	47.8	457,328	48.2
Female	481,737	52.2	491,713	51.8
White	658,858	71.3	648,667	68.3
Black	131,132	14.2	132,140	13.9
Other	133,469	14.5	168,234	17.7
Hispanic*	144,124	15.6	175,405	18.5

* Hispanic may be of any race.

General Health Status	Total	Males	Females	White	Black	Hispanic*
Communicable Diseases	5,260	2,166	3,074	993	1,409	925
<i>Rate (per 100,000)</i>	<i>570</i>	<i>490</i>	<i>638</i>	<i>151</i>	<i>1,074</i>	<i>642</i>
Emergency Room Visits (N)	295,123	139,562	155,555	159,351	71,516	62,499
<i>Rate (per 10,000)</i>	<i>3,196</i>	<i>3,159</i>	<i>3,229</i>	<i>2,419</i>	<i>5,454</i>	<i>4,336</i>
Hospitalizations	111,638	48,372	63,238	71,579	19,662	15,299
<i>Rate (per 10,000)</i>	<i>1,209</i>	<i>1,095</i>	<i>1,313</i>	<i>1,086</i>	<i>1,499</i>	<i>1,062</i>
<i>Excl. Newborns & Obstetrics</i>	<i>89,963</i>	<i>43,197</i>	<i>46,765</i>	<i>59,831</i>	<i>16,092</i>	<i>9,764</i>
<i>Rate (per 10,000)</i>	<i>974</i>	<i>978</i>	<i>971</i>	<i>908</i>	<i>1,227</i>	<i>677</i>
Deaths	6,805	3,084	3,721	5,637	895	364
<i>Rate (per 100,000)</i>	<i>737</i>	<i>698</i>	<i>772</i>	<i>856</i>	<i>683</i>	<i>253</i>

* Hispanic may be of any race.

Top Communicable Diseases	N	%
1 Chlamydia	2,545	48.4
2 Gonorrhea	376	7.1
3 Syphilis	186	3.5

Top Causes of Emergency Room Visits	N	%
1 Injuries	71,070	24.1
2 Acute respiratory infections	14,845	5.0
3 Mental disorders	10,560	3.6

Top Causes of Hospital Admission*	N	%
1 Diseases of the circulatory system	15,570	17.3
2 Mental disorders	8,881	9.9
3 Diseases of the digestive system	8,880	9.9

* Excluding Newborns & Obstetrics

Top Causes of Death	N	%
1 Major cardiovascular diseases	2,725	40.0
2 Malignant neoplasms	1,678	24.7
3 Chronic lower respiratory diseases (COPD)	313	4.6

AGE PROFILE

AGE GROUP: Under 1

	2000 Census		2000 Births		2007 Births	
	N	%	N	%	N	%
Total Population	12,528	100.0	13,283	100.0	11,857	100.0
Male	6,415	51.2	6,817	51.3	6,012	50.7
Female	6,113	48.8	6,466	48.7	5,845	49.3
White	8,241	65.8	10,158	76.5	7,010	59.1
Black	1,792	14.3	2,111	15.9	1,688	14.2
Other	2,495	19.9	1,014	7.6	3,159	26.6
Hispanic*	2,835	22.6	3,121	23.5	3,812	32.1

* Hispanic may be of any race.

General Health Status*	Total	Males	Females	White	Black	Hispanic*
Communicable Diseases	5	2	3	1	0	2
Rate (per 100,000)	40	31	49	12	0	71
Emergency Room Visits	7,411	4,065	3,345	3,167	1,689	3,271
Rate (per 10,000)	5,916	6,337	5,472	3,843	9,425	11,538
Hospitalizations	11,316	5,823	5,466	6,213	1,759	2,902
Rate (per 10,000)	9,033	9,077	8,942	7,539	9,816	10,236
Excluding Newborns	1,145	648	497	567	194	352
Rate (per 10,000)	914	1,010	813	688	1,083	1,242
Deaths	57	35	22	29	21	17
Rate (per 1,000)	4.5	5.5	3.6	3.5	11.7	6.0

* 2000 Census data were used in calculating the rates. The 2000 and 2007 births are listed for references.

** Hispanic may be of any race.

Communicable Diseases (1 case each)

Congenital Syphilis

Haemophilus Influenza Type B

Influenza A

Salmonellosis

Strep Group B, Invasive

Top Causes of Emergency Room Visits

	N	%
1 Acute respiratory infection	1,489	20.1
2 Fever	838	11.3
3 Injuries	613	8.3

Top Causes of Hospital Admission*

	N	%
1 Diseases of the respiratory system	287	25.1
2 Conditions originating in the perinatal period	265	23.1
3 Congenital anomalies	126	11.0

* Excluding newborns.

Top Causes of Death

	N	%
1 Conditions originating in the perinatal period	35	61.4
2 Congenital anomalies	9	15.8
3 Diseases of the digestive system	3	5.3

AGE PROFILE

AGE GROUP: 1-4

	2000 Census (1-4)		2000 Census (0-4)*		2005-07 ACS (0-4)*	
	N	%	N	%	N	%
Total Population	51,714	100.0	64,242	100.0	60,791	100.0
Male	26,369	51.0	32,784	51.0	30,796	50.7
Female	25,345	49.0	31,458	49.0	29,995	49.3
White	34,269	66.3	42,510	66.2	36,548	60.1
Black	7,528	14.6	9,320	14.5	9,456	15.6
Other	9,917	19.2	12,412	19.3	14,787	24.3
Hispanic**	10,551	20.4	13,386	20.8	17,577	28.9

* Population 1-4 is not available from the AVS estimates. Therefore the population 0-4 from the 2000 Census and the 05-07 ACS estimates are listed for references.

** Hispanic may be of any race.

General Health Status	Total	Males	Females	White	Black	Hispanic*
Communicable Diseases	129	68	60	47	7	27
<i>Rate (per 100,000)</i>	249	258	237	137	93	256
Emergency Room Visits	19,763	10,901	8,862	8,797	4,112	8,130
<i>Rate (per 10,000)</i>	3,822	4,134	3,497	2,567	5,462	7,705
Hospitalizations	1,381	815	566	711	237	427
<i>Rate (per 10,000)</i>	267	309	223	207	315	405
Deaths	7	3	4	4	1	5
<i>Rate (per 100,000)</i>	14	11	16	12	13	47

* Hispanic may be of any race.

Top Communicable Diseases

	N	%
1 Salmonellosis	22	17.1
2 Campylobacteriosis	18	14.0
3 Giardiasis	9	7.0

Top Causes of Emergency Room Visits

	N	%
1 Injuries	4,942	25.0
2 Acute respiratory infections	2,771	14.0
3 Suppurative otitis media	1,701	8.6

Top Causes of Hospital Admission

	N	%
1 Diseases of the respiratory system	477	34.5
2 Endocrine, nutritional, metabolic, & immunologic disorders	179	13.0
3 Congenital anomalies	68	4.9

Causes of Death for the Seven Cases (1 case of each)

Congenital anomalies	Diseases of the nervous system
Diseases of the respiratory system	Homicide
Neoplasms	Pneumonia
Endocrine, nutritional & metabolic diseases	

AGE PROFILE

AGE GROUP: 5-9

	2000 Census		2005-07 ACS	
	N	%	N	%
Total Population	67,993	100.0	63,284	100.0
Male	34,853	51.3	32,809	51.8
Female	33,140	48.7	30,475	48.2
White	45,074	66.3	40,763	64.4
Black	11,035	16.2	9,591	15.2
Other	11,884	17.5	12,930	20.4
Hispanic*	12,833	18.9	13,357	21.1

* Hispanic may be of any race.

General Health Status	Total	Males	Females	White	Black	Hispanic*
Communicable Diseases	134	75	58	28	3	9
<i>Rate (per 100,000)</i>	<i>197</i>	<i>215</i>	<i>175</i>	<i>62</i>	<i>27</i>	<i>70</i>
Emergency Room Visits	14,211	7,948	6,263	6,534	3,279	4,727
<i>Rate (per 10,000)</i>	<i>2,090</i>	<i>2,280</i>	<i>1,890</i>	<i>1,450</i>	<i>2,971</i>	<i>3,683</i>
Hospitalizations	922	534	388	450	166	213
<i>Rate (per 10,000)</i>	<i>136</i>	<i>153</i>	<i>117</i>	<i>100</i>	<i>150</i>	<i>166</i>
Deaths	8	5	3	3	4	2
<i>Rate (per 100,000)</i>	<i>12</i>	<i>14</i>	<i>9</i>	<i>7</i>	<i>36</i>	<i>16</i>

* Hispanic may be of any race.

Top Communicable Diseases	N	%
1 Haemophilus Influenza Type B	23	17.2
2 Salmonellosis	14	10.4
3 Pertussis	9	6.7

Top Causes of Emergency Room Visits	N	%
1 Injuries	4,874	34.3
2 Acute respiratory infections	1,546	10.9
3 Infectious & parasitic diseases	855	6.0

Top Causes of Hospital Admission	N	%
1 Diseases of the respiratory system	196	21.3
2 Disease of the nervous system & sensory organs	129	14.0
3 Injury & poisoning	107	11.6

Top Causes of Death	N	%
1 Congenital anomalies	3	42.9
2 Malignant neoplasms	1	14.3
3 Major cardiovascular diseases	1	14.3

AGE PROFILE

AGE GROUP: 10-14

	2000 Census		2005-07 ACS	
	N	%	N	%
Total Population	63,757	100.0	66,821	100.0
Male	32,933	51.7	33,695	50.4
Female	30,824	48.3	33,126	49.6
White	42,065	66.0	43,089	64.5
Black	11,239	17.6	10,599	15.9
Other	10,453	16.4	13,133	19.7
Hispanic*	11,481	18.0	13,589	20.3

* Hispanic may be of any race.

General Health Status	Total	Males	Females	White	Black	Hispanic*
Communicable Diseases	137	59	76	34	27	17
<i>Rate (per 100,000)</i>	215	179	247	81	240	148
Emergency Room Visits	13,978	7,963	6,015	7,106	3,319	3,512
<i>Rate (per 10,000)</i>	2,192	2,418	1,951	1,689	2,953	3,059
Hospitalizations	1,321	719	602	654	288	264
<i>Rate (per 10,000)</i>	207	218	195	155	256	230
<i>Excluding Obstetrics</i>	1,313	719	594	652	285	261
<i>Rate (per 10,000)</i>	206	218	193	155	254	227
Deaths	6	2	4	3	3	0
<i>Rate (per 100,000)</i>	9	6	13	7	27	0

* Hispanic may be of any race.

Top Communicable Diseases	N	%
1 Chlamydia	38	27.7
2 Campylobacteriosis	9	6.6
3 Salmonellosis	8	5.8

Top Causes of Emergency Room Visits	N	%
1 Injuries	6,515	46.6
2 Mental disorders	817	5.8
3 Acute respiratory infections	752	5.4

Top Causes of Hospital Admission	N	%
1 Mental disorders	405	30.7
2 Diseases of the digestive system	163	12.3
3 Injury & poisoning	145	11.0

Top Causes of Death	N	%
1 Congenital anomalies	1	16.7
2 Malignant neoplasms	1	16.7
3 Major cardiovascular diseases	1	16.7

AGE PROFILE

AGE GROUP: 15-17

	2000 Census		2005-07 ACS	
	N	%	N	%
Total Population	34,805	100.0	41,447	100.0
Male	18,308	52.6	21,546	52.0
Female	16,497	47.4	19,901	48.0
White	22,160	63.7	26,875	64.8
Black	6,495	18.7	7,464	18.0
Other	6,150	17.7	7,108	17.1
Hispanic*	6,820	19.6	7,837	18.9

* Hispanic may be of any race.

General Health Status	Total	Males	Females	White	Black	Hispanic*
Communicable Diseases	458	118	339	43	212	95
<i>Rate (per 100,000)</i>	<i>1,316</i>	<i>645</i>	<i>2,055</i>	<i>194</i>	<i>3,264</i>	<i>1,393</i>
Emergency Room Visits	11,258	5,927	5,331	5,547	2,918	2,626
<i>Rate (per 10,000)</i>	<i>3,235</i>	<i>3,237</i>	<i>3,231</i>	<i>2,503</i>	<i>4,493</i>	<i>3,850</i>
Hospitalizations	1,377	648	729	672	308	311
<i>Rate (per 10,000)</i>	<i>396</i>	<i>354</i>	<i>442</i>	<i>303</i>	<i>474</i>	<i>456</i>
<i>Excluding Obstetrics</i>	<i>1,221</i>	<i>648</i>	<i>573</i>	<i>616</i>	<i>257</i>	<i>241</i>
<i>Rate (per 10,000)</i>	<i>351</i>	<i>354</i>	<i>347</i>	<i>278</i>	<i>396</i>	<i>353</i>
Deaths	8	5	3	5	3	2
<i>Rate (per 100,000)</i>	<i>23</i>	<i>27</i>	<i>18</i>	<i>23</i>	<i>46</i>	<i>29</i>

* Hispanic may be of any race.

Top Communicable Diseases	N	%
1 Chlamydia	372	81.2
2 Gonorrhea	38	8.3
3 Campylobacteriosis	7	1.5

Top Causes of Emergency Room Visits	N	%
1 Injuries	4,773	42.4
2 Mental disorders	889	7.9
3 Acute respiratory infections	559	5.0

Top Causes of Hospital Admission	N	%
1 Mental disorders	449	32.6
2 Injury & poisoning	157	11.4
3 Diseases of the digestive system	134	9.7

Top Causes of Death	N	%
1 Homicide	2	25.0
2 Major cardiovascular diseases	2	25.0
3 AIDS	1	12.5

AGE PROFILE

AGE GROUP: 18-24

	2000 Census		2005-07 ACS	
	N	%	N	%
Total Population	66,520	100.0	81,407	100.0
Male	33,392	50.2	40,431	49.7
Female	33,128	49.8	40,976	50.3
White	39,499	59.4	50,353	61.9
Black	11,799	17.7	13,552	16.6
Other	15,222	22.9	17,502	21.5
Hispanic*	18,728	28.2	19,343	23.8

* Hispanic may be of any race.

General Health Status	Total	Males	Females	White	Black	Hispanic*
Communicable Diseases	1,716	541	1,174	250	662	389
<i>Rate (per 100,000)</i>	<i>2,580</i>	<i>1,620</i>	<i>3,544</i>	<i>633</i>	<i>5,611</i>	<i>2,077</i>
Emergency Room Visits	28,361	12,538	15,823	12,234	8,695	7,594
<i>Rate (per 10,000)</i>	<i>4,264</i>	<i>3,755</i>	<i>4,776</i>	<i>3,097</i>	<i>7,369</i>	<i>4,055</i>
Hospitalizations	5,270	1,648	3,622	2,475	1,329	1,508
<i>Rate (per 10,000)</i>	<i>792</i>	<i>494</i>	<i>1,093</i>	<i>627</i>	<i>1,126</i>	<i>805</i>
<i>Excluding Obstetrics</i>	<i>3,017</i>	<i>1,648</i>	<i>1,369</i>	<i>1,529</i>	<i>686</i>	<i>614</i>
<i>Rate (per 10,000)</i>	<i>454</i>	<i>494</i>	<i>413</i>	<i>387</i>	<i>581</i>	<i>328</i>
Deaths	43	35	8	25	10	12
<i>Rate (per 100,000)</i>	<i>65</i>	<i>105</i>	<i>24</i>	<i>63</i>	<i>85</i>	<i>64</i>

* Hispanic may be of any race.

Top Communicable Diseases

	N	%
1 Chlamydia	1,406	81.9
2 Gonorrhea	174	10.1
3 Syphilis	20	1.2

Top Causes of Emergency Room Visits*

	N	%
1 Injuries	7,641	26.9
2 Acute respiratory infections	1,635	5.8
3 Mental disorders	1,503	5.3

* Excluding childbirth and reproduction care (1,886 cases).

Top Causes of Hospital Admission*

	N	%
1 Mental disorders	962	31.9
2 Injury & poisoning	433	14.4
3 Diseases of the digestive system	400	13.3

* Excluding obstetrics

Top Causes of Death

	N	%
1 Accident	10	23.3
2 Suicide	6	14.0
3 Malignant neoplasms	6	14.0

AGE PROFILE

AGE GROUP: 25-44

	2000 Census		2005-07 ACS	
	N	%	N	%
Total Population	280,500	100.0	246,785	100.0
Male	135,835	48.4	121,575	49.3
Female	144,665	51.6	125,210	50.7
White	190,269	67.8	150,106	60.8
Black	41,002	14.6	35,920	14.6
Other	49,229	17.6	60,759	24.6
Hispanic*	53,712	19.1	64,623	26.2

* Hispanic may be of any race.

General Health Status	Total	Males	Females	White	Black	Hispanic*
Communicable Diseases	1,394	617	775	256	356	309
<i>Rate (per 100,000)</i>	497	454	536	135	868	575
Emergency Room Visits	75,667	33,949	41,717	34,192	21,991	19,198
<i>Rate (per 10,000)</i>	2,698	2,499	2,884	1,797	5,363	3,574
Hospitalizations	21,681	6,333	15,348	11,250	4,740	4,605
<i>Rate (per 10,000)</i>	773	466	1,061	591	1,156	857
<i>Excluding Obstetrics</i>	12,643	6,333	6,310	6,190	3,436	2,595
<i>Rate (per 10,000)</i>	451	466	436	325	838	483
Deaths	222	142	80	140	62	38
<i>Rate (per 100,000)</i>	79	105	55	74	151	71

* Hispanic may be of any race.

Top Communicable Diseases	N	%
1 Chlamydia	690	49.5
2 Gonorrhea	142	10.2
3 Syphilis	63	4.5

Top Causes of Emergency Room Visits	N	%
1 Injuries	18,178	24.0
2 Acute respiratory infections	3,523	4.7
3 Mental disorders	3,398	4.5

* Excluding childbirth and reproduction care (4,398 cases).

Top Causes of Hospital Admission*	N	%
1 Mental disorders	3,141	24.8
2 Diseases of the digestive system	1,605	12.7
3 Injury & poisoning	1,172	9.3

* Excluding obstetrics

Top Causes of Death	N	%
1 Malignant neoplasms	50	22.5
2 Accident	45	20.3
3 Major cardiovascular diseases	44	19.8

AGE PROFILE

AGE GROUP: 45-64

	2000 Census		2005-07 ACS	
	N	%	N	%
Total Population	216,678	100.0	255,998	100.0
Male	101,962	47.1	122,334	47.8
Female	114,716	52.9	133,664	52.2
White	166,205	76.7	191,094	74.6
Black	28,166	13.0	31,730	12.4
Other	22,307	10.3	33,174	13.0
Hispanic*	21,333	9.8	31,005	12.1

* Hispanic may be of any race.

General Health Status	Total	Males	Females	White	Black	Hispanic*
Communicable Diseases	847	487	356	187	97	64
<i>Rate (per 100,000)</i>	<i>391</i>	<i>478</i>	<i>310</i>	<i>113</i>	<i>344</i>	<i>300</i>
Emergency Room Visits	66,558	32,080	34,476	37,805	17,354	9,776
<i>Rate (per 10,000)</i>	<i>3,072</i>	<i>3,146</i>	<i>3,005</i>	<i>2,275</i>	<i>6,161</i>	<i>4,583</i>
Hospitalizations	26,143	13,496	12,646	16,211	5,753	2,930
<i>Rate (per 10,000)</i>	<i>1,207</i>	<i>1,324</i>	<i>1,102</i>	<i>975</i>	<i>2,043</i>	<i>1,373</i>
<i>Excluding Obstetrics</i>	<i>26,094</i>	<i>13,496</i>	<i>12,597</i>	<i>16,173</i>	<i>5,749</i>	<i>2,922</i>
<i>Rate (per 10,000)</i>	<i>1,204</i>	<i>1,324</i>	<i>1,098</i>	<i>973</i>	<i>2,041</i>	<i>1,370</i>
Deaths	994	566	428	702	227	101
<i>Rate (per 100,000)</i>	<i>459</i>	<i>555</i>	<i>373</i>	<i>422</i>	<i>806</i>	<i>473</i>

* Hispanic may be of any race.

Top Communicable Diseases

	N	%
1 Syphilis	54	6.4
2 Campylobacteriosis	43	5.1
2 Chlamydia	37	4.4

Top Causes of Emergency Room Visits

	N	%
1 Injuries	14,056	21.1
2 Diseases of the cardiovascular system	8,779	13.2
3 Diseases of the musculoskeletal & nervous systems	6,393	9.6

Top Causes of Hospital Admission

	N	%
1 Diseases of the circulatory system	4,321	16.5
2 Mental disorders	3,041	11.6
3 Diseases of the digestive system	2,612	10.0

Top Causes of Death

	N	%
1 Malignant neoplasms	397	39.9
2 Major cardiovascular diseases	262	26.4
3 Accidents	51	5.1

AGE PROFILE

AGE GROUP: 65-74

	2000 Census		2005-07 ACS	
	N	%	N	%
Total Population	66,785	100.0	65,091	100.0
Male	29,428	44.1	28,860	44.3
Female	37,357	55.9	36,231	55.7
White	56,199	84.1	51,415	79.0
Black	6,925	10.4	7,995	12.3
Other	3,661	5.5	5,681	8.7
Hispanic*	3,800	5.7	5,015	7.7

* Hispanic may be of any race.

General Health Status	Total	Males	Females	White	Black	Hispanic*
Communicable Diseases	186	86	96	57	24	8
<i>Rate (per 100,000)</i>	279	292	257	101	347	211
Emergency Room Visits	19,948	9,314	10,634	13,149	3,976	2,033
<i>Rate (per 10,000)</i>	2,987	3,165	2,847	2,340	5,742	5,350
Hospitalizations	13,667	6,606	7,061	9,528	2,249	1,066
<i>Rate (per 10,000)</i>	2,046	2,245	1,890	1,695	3,248	2,805
Deaths	940	500	440	728	167	35
<i>Rate (per 100,000)</i>	1,408	1,699	1,178	1,295	2,412	921

* Hispanic may be of any race.

Top Communicable Diseases	N	%
1 Syphilis	26	14.0
2 Salmonellosis	10	5.4
3 Strep Group B, Invasive	9	4.8

Top Causes of Emergency Room Visits	N	%
1 Diseases of the cardiovascular system	3,840	19.3
2 Injuries	3,186	16.0
3 Diseases of the respiratory system	1,923	9.6

Top Causes of Hospital Admission	N	%
1 Diseases of the circulatory system	3,104	22.7
2 Diseases of the digestive system	1,251	9.2
3 Neoplasms	1,218	8.9

Top Causes of Death	N	%
1 Malignant neoplasms	398	42.3
2 Major cardiovascular diseases	281	29.9
3 Chronic lower respiratory diseases	41	4.4

AGE PROFILE

AGE GROUP: 75+

	2000 Census		2005-07 ACS	
	N	%	N	%
Total Population	62,179	100.0	67,417	100.0
Male	22,227	35.7	25,282	37.5
Female	39,952	64.3	42,135	62.5
White	54,877	88.3	58,424	86.7
Black	5,151	8.3	5,833	8.7
Other	2,151	3.5	3,160	4.7
Hispanic*	2,031	3.3	3,059	4.5

* Hispanic may be of any race.

General Health Status	Total	Males	Females	White	Black	Hispanic*
Communicable Diseases	234	105	126	87	20	3
<i>Rate (per 100,000)</i>	376	472	315	159	388	148
Emergency Room Visits	37,968	14,877	23,089	30,820	4,183	1,632
<i>Rate (per 10,000)</i>	6,106	6,693	5,779	5,616	8,121	8,035
Hospitalizations	28,560	11,750	16,810	23,415	2,833	1,073
<i>Rate (per 10,000)</i>	4,593	5,286	4,208	4,267	5,500	5,283
Deaths	4,520	1,791	2,729	3,998	397	152
<i>Rate (per 100,000)</i>	7,269	8,058	6,831	7,285	7,707	7,484

* Hispanic may be of any race.

Top Communicable Diseases	N	%
1 Strep Group B, Invasive	27	11.5
2 Syphilis	22	9.4
3 Haemophilus Influenza Type B	17	

Top Causes of Emergency Room Visits	N	%
1 Diseases of the cardiovascular system	8,103	21.3
2 Injuries	6,292	16.6
3 Diseases of the respiratory system	3,913	10.3

Top Causes of Hospital Admission	N	%
1 Diseases of the circulatory system	7,204	25.2
2 Injury & poisoning	2,637	9.2
3 Diseases of the digestive system	2,485	8.7

Top Causes of Death	N	%
1 Major cardiovascular diseases	2,128	47.1
2 Malignant neoplasms	824	18.2
3 Chronic lower respiratory diseases	244	5.4

SECTION TWO

HEALTH PROFILES

Part IV. Region Profile

Region Profiles

This section includes the health status profiles for Westchester County, each of the six Health Planning Regions (HPR), and select towns and areas in the county based on data availability from the 2005-2007 American Community Survey (ACS). The profiles present the basic geographic information and demographic characteristics such as total population, sex, race/ethnicity, family structure, country of origin, language spoken at home, education, median household income, and poverty rate in the reference regions. The 2007 vital information such as total number of births and deaths, mother's demographic and socioeconomic characteristics, and the major causes of death are presented. The top five communicable diseases and sexually transmitted diseases in the regions are listed.

In addition, the numbers and rates of emergency room visits and hospitalizations, the top causes of emergency room visits and hospitalizations, and insurance type are presented for each region. The information on emergency room visits and hospitalization is extracted from the New York State Statewide Planning and Research Cooperative System (SPARCS). The geographic information for each region is based on the patients' residence ZIP codes. If a ZIP code serves multiple regions, the emergency room visit and hospitalization cases are allocated to the corresponding regions according to the geographic locations and population densities of the regions. In some areas with high population densities, the assumption of homogeneity distribution of such cases within the ZIP code is applied.

Also included in the region profiles are the Prevention Quality Indicators (PQI) adapted by the New York State Department of Health. The Prevention Quality Indicators are a set of measures developed by the federal Agency for Healthcare Research and Quality (AHRQ) intended to assess the quality of outpatient care for "ambulatory care sensitive conditions." With adequate outpatient care, such conditions can be monitored and prevented from developing into further complications or more severe diseases, therefore avoiding unnecessary hospitalizations.

The AHRQ has selected 12 conditions in four categories to calculate the Prevention Quality Indicators. These conditions are:

- Diabetes Related
 - Short-term complications
 - Long-terms complications
 - Lower limb amputations

- Uncontrolled
- Respiratory Related
 - Asthma
 - Chronic obstructive pulmonary diseases (COPD)
- Circulatory Related
 - Angina
 - Congestive heart failure
 - Hypertension
- Acute Condition Related
 - Bacterial pneumonia
 - Dehydration
 - Urinary tract infection

The Prevention Quality Indicators are defined as the rates of admission to the hospital for these conditions in a given population, adjusted for age and sex in the area. The population used in such calculations is derived from the population estimates by Clarita, a national demographic research firm. The indicators are extracted from the New York State Department of Health's Prevention Quality Indicators website.

REGION PROFILE

WESTCHESTER COUNTY

DEMOGRAPHICS

	2000	2005-07
Population	923,459	949,041
Sex		
Male	441,722	457,328
Female	481,737	491,713

Age	2000	2005-07
0-4	64,242	60,791
5-9	67,993	63,284
10-14	63,757	66,821
15-17	34,805	41,447
18-24	66,520	81,407
25-44	280,500	246,785
45-64	216,678	255,998
65-74	66,785	65,091
75+	62,179	67,417

WESTCHESTER COUNTY



Region Area: 450.5 sq miles

Race & Ethnicity	2000	2005-07
White	658,858	648,667
Black	131,132	132,140
Other	133,469	168,234
Hispanic*	144,124	175,405
Non-Hispanic	779,335	773,636

* Hispanic may be of any race.

Family Structure	2000	2005-07
Total Family Households	235,201	231,842
Families with Own Children < 18	114,677	119,722
Single Mother Families	21,174	23,691

Country of Origin	2000	2005-07
U.S.	718,030	720,433
Foreign Countries	205,429	228,608
Non-Citizen (%)	58.4	54.4

Health Planning Regions (HPR) Municipalities & ZIP codes in the County

- 6 Health Planning Regions (HPR)
- 43 Municipalities
 - 6 Cities
 - 17 Towns (3 towns which are totally comprised of their incorporated villages)
 - 23 incorporated villages (3 villages are totally within their corresponding towns)
- Over 80 ZIP codes, including
 - 4 P.O. Box ZIP codes
 - 6 ZIP codes serving special rural communities and/or locations

Language Spoken at Home (5+)	2000	2005-07
Non-English (%)	28.4	30.0

Education (25+)	2000	2005-07
High School or Less	242,270	232,228
Some College (no degree)	95,004	82,313
Associate Degree	34,743	36,819
Bachelor's Degree	132,557	142,328
Graduate/Professional Degree	124,367	141,603

Income	1999	2005-07
Median Household Income (\$)	63,582	77,856
Poverty Rate (%)	8.8	7.4

REGION PROFILE

WESTCHESTER COUNTY

BIRTHS (2007)

Total Births	11,857
Birth Rate	12.8 per 1,000
Average Maternal Age	30.8

Mother's Race/Ethnicity	N	%
White	7,010	59.1
Black	1,688	14.2
Other	3,159	26.6
<i>Hispanic*</i>	<i>3,812</i>	<i>32.1</i>
<i>Non-Hispanic</i>	<i>8,045</i>	<i>67.9</i>

** Hispanic may be of any race.*

Mother's Education	N	%
Less than High School	2,201	18.6
High School or GED	1,854	15.6
Some College (no degree)	2,234	18.8
Bachelor's Degree	2,754	23.2
Graduate/Prof. Degree	2,786	23.5

Mother's Country of Origin	N	%
U.S.	6,710	56.6
Foreign	5,147	43.4

Prenatal Care*	N	%
Late or No Prenatal Care	471	4.5

** With valid prenatal care information.*

Teen Mothers	N	%
Mother < 20	522	4.4

DEATHS (2007)

	Total	Male	Female
Total Deaths	6,805	3,084	3,721
Death Rate (per 100,000)	736.9	698.2	772.4

Infant Mortality Rate 4.8 per 1,000 live birth

Average Age at Death	Total	Male	Female
Total	76.5	72.7	79.7
White	78.4	74.7	81.3
Black	68.2	63.3	71.9
Other	66.5	62.1	71.7
<i>Hispanic*</i>	<i>62.2</i>	<i>58.4</i>	<i>65.8</i>

** Hispanic may be of any race.*

Top Five Causes of Death	N	%
1 Major Cardiovascular Disease	2,725	40.0
2 Malignant Neoplasms	1,678	24.7
3 Chronic Lower Respiratory	313	4.6
4 Accidents	202	3.0
5 Pneumonia	186	2.7

COMMUNICABLE DISEASES (2008)

Top Five Reported Diseases	N	Rate*
1 Chlamydia	2,499	270.6
2 Gonorrhea	365	39.5
3 Syphilis	182	19.7
4 Salmonellosis	148	16.0
5 Campylobacteriosis	147	15.9

** Per 100,000 population.*

SEXUALLY TRANSMITTED DISEASES (2008)

	Cases (N)		Rate (per 100,000)	
	Male	Female	Male	Female
Chlamydia	707	1,792	160.1	372.0
Gonorrhea	184	181	41.7	37.6
Syphilis (all stages)	109	73	24.7	15.2

REGION PROFILE

WESTCHESTER COUNTY

EMERGENCY ROOM VISITS (2008)

	N	Rate (per 10,000)
Total	295,123	3,196
Male	139,562	3,159
Female	155,555	3,229
White	159,351	2,419
Black	71,516	5,454
Other	64,256	4,814
Hispanic*	62,499	4,336
Non-Hispanic	232,624	2,985
<i>* Hispanic may be of any race.</i>		
Under 5	27,174	4,230
5-9	14,211	2,090
10-14	13,978	2,192
15-17	11,258	3,235
18-24	28,361	4,264
25-44	75,667	2,698
45-64	66,558	3,072
65-74	19,948	2,987
75+	37,968	6,106

HOSPITALIZATIONS (2008)

	N	Rate (per 10,000)
Total	111,638	1,209
Male	48,372	1,095
Female	63,238	1,313
White	71,579	1,086
Black	19,662	1,499
Other	20,397	1,528
Hispanic*	15,299	1,062
Non-Hispanic	96,339	1,236
<i>* Hispanic may be of any race.</i>		
Under 5*	2,526	393
5-9	922	136
10-14	1,321	207
15-17	1,377	396
18-24	5,270	792
25-44	21,681	773
45-64	26,143	1,207
65-74	13,667	2,046
75+	28,560	4,593
<i>* Excluding 10,171 newborns.</i>		

Top Five Causes of ER Visits

	N
1 Injuries	71,070
2 Acute respiratory infections	14,845
3 Mental disorders	10,560
4 Infectious & parasitic diseases	10,276
5 Discomfort in chest	9,220

Top Five Causes of Hospitalization*

	N
1 Diseases of circulatory system	15,570
2 Mental disorders	8,881
3 Diseases of digestive system	8,880
4 Diseases of respiratory system	7,773
5 Injury & poisoning	7,704

** Excluding newborns & obstetrics.*

Insurance Type

	N	%
Private	148,469	50.3
Medicare	55,845	18.9
Medicaid	43,881	14.9
Other	6,469	2.2
Self-Pay	40,459	13.7

Insurance Type

	N	%
Private	52,460	47.0
Medicare	15,389	13.8
Medicaid	38,781	34.7
Other	893	0.8
Self-Pay	4,115	3.7

ZIP Codes Included the Region for Tabulations of Emergency Visits and Hospitalizations

All ZIP Codes are included.

REGION PROFILE

WESTCHESTER COUNTY

PREVENTION QUALITY INDICATORS (PQI)

	Hospital Admissions	Admission Rate ¹	Statewide Rate	As % of Expected ²			
				All	White ³	Black ³	Hispanic ³
Diabetes-Related	1,566	210	283	74	50	228	73
Short-Term Complications	285	40	52	78	47	241	75
Long-Term Complications	885	117	155	76	54	223	71
Lower Limb Amputation	214	28	37	76	60	206	66
Uncontrolled	181	24	39	63	27	249	81
Respiratory Related	2,007	267	351	76	64	154	83
Asthma	937	127	174	73	41	212	107
COPD	1,069	140	178	79	83	88	48
Circulatory-Related	3,368	439	554	79	67	181	63
Angina	277	37	50	73	59	150	74
Congestive Heart Failure	2,735	356	443	80	71	169	58
Hypertension	356	47	61	77	40	287	83
Acute Condition Related	4,538	597	666	90	85	122	73
Bacterial Pneumonia	2,536	332	381	87	82	127	66
Dehydration	966	127	116	109	106	154	71
Urinary Tract Infection	1,036	138	169	82	77	91	90

ZIP Codes Included the Region for PQI

10510, 10502, 10504, 10506, 10507, 10510, 10511, 10514, 10518, 10520, 10522, 10523, 10526, 10527, 10528, 10530, 10532, 10533, 10535, 10536, 10538, 10543, 10546, 10547, 10548, 10549, 10550, 10552, 10553, 10560, 10562, 10566, 10567, 10570, 10573, 10576, 10577, 10578, 10580, 10583, 10588, 10589, 10590, 10591, 10594, 10595, 10597, 10598, 10601, 10603, 10604, 10605, 10606, 10607, 10701, 10703, 10704, 10705, 10706, 10707, 10708, 10709, 10710, 10801, 10803, 10804, 10805

¹ Region admission rates are defined as hospital admissions per 100,000 population, adjusted for age and sex. The population used in such calculations is derived from the 2006 ZIP code population estimated by Claritas, a national demographic research firm. According to Claritas, the population included in this report for Westchester County was 710,945.

² Expected rate is defined as the statewide rate, adjusted for age and sex unless otherwise defined.

³ White, black, and Hispanic categories are mutually exclusive.

REGION PROFILE

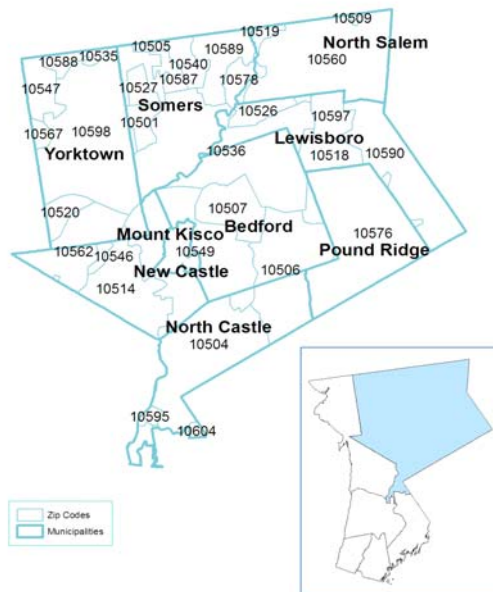
NORTHEAST Health Planning Region

DEMOGRAPHICS

	2000	2005-07
Population	133,343	..
Sex		
Male	64,482	..
Female	68,861	..

Age	2000	2005-07
0-4	9,669	..
5-9	11,094	..
10-14	10,392	..
15-17	5,661	..
18-24	6,655	..
25-44	38,140	..
45-64	35,356	..
65-74	9,065	..
75+	7,311	..

NORTHEAST HPR



Region Area: 239.8 sq miles

Race & Ethnicity	2000	2005-07
White	121,160	..
Black	3,979	..
Other	8,204	..
Hispanic*	8,024	..
Non-Hispanic	125,319	..

* Hispanic may be of any race.

Family Structure	2000	2005-07
Total Family Households	35,978	..
Families with Children < 18	18,707	..
Single Mother Families	1,599	..

Country of Origin	2000	2005-07
U.S.	116,872	..
Foreign Countries	16,471	..
Non-Citizen (%)	45.6	..

Language Spoken at Home (5+)	2000	2005-07
Non-English (%)	16.5	..

Municipalities Included in Region

Bedford (T)	North Salem (T)
Lewisboro (T)	Pound Ridge (T)
Mount Kisco (T/V)	Somers (T)
New Castle (T)	Yorktown (T)
North Castle (T)	

Education (25+)	2000	2005-07
High School or Less	23,619	..
Some College (no degree)	13,046	..
Associate Degree	5,275	..
Bachelor's Degree	24,692	..
Graduate/Professional Degree	23,474	..

ZIP Codes Serving the Region

10501 10504 10505 10506 10507 10514 10518 10519 10526
10527 10535 10536 10540* 10546 10547* 10549 10560 10562*
10576 10578 10587 10588 10589 10590 10597 10598 10603*

* Also serve other regions.

Income	1999	2005-07
Median Household Income (\$)	94,457	..
Poverty Rate (%)	3.5	..

REGION PROFILE

NORTHEAST Health Planning Region

BIRTHS (2007)

Total Births	1371
Birth Rate (per 1,000)	10.3
Average Maternal Age	33.1

Mother's Race/Ethnicity	N	%
White	1223	89.2
Black	23	1.7
Other	125	9.1
<i>Hispanic*</i>	214	15.6
<i>Non-Hispanic</i>	1,157	84.4

* Hispanic may be of any race.

Mother's Education	N	%
Less than High School	128	9.3
High School or GED	115	8.4
Some College (no degree)	219	16.0
Bachelor's Degree	424	30.9
Graduate/Prof. Degree	480	35.0

Mother's Country of Origin	N	%
U.S.	1,042	76.0
Foreign	329	24.0

Prenatal Care*	N	%
Late or No Prenatal Care	23	1.9

* With valid prenatal care information.

Teen Mothers	N	%
Mother < 20	23	1.7

DEATHS (2007)

	Total	Male	Female
Total Deaths	844	368	476
Death Rate (per 100,000)	633	570.7	691.2

Infant Mortality Rate (per 1,000 live birth) 2.2

Average Age at Death	Total	Male	Female
Total	78.3	75.2	80.6
White	78.7	76.0	80.8
Black	72.2	59.4	78.7
Other	68.4	63.8	73.9
<i>Hispanic*</i>	61.4	56.8	66.7

* Hispanic may be of any race.

Top Five Causes of Death	N	%
1 Major Cardiovascular Disease	323	38.3
2 Malignant Neoplasms	226	26.8
3 Chronic Lower Respiratory	41	4.9
4 Accidents	24	2.8
5 Septicemia	19	2.3

COMMUNICABLE DISEASES (2008)

Top Five Reported Diseases	N	Rate*
1 Chlamydia	133	99.7
2 Salmonellosis	29	21.7
3 Campylobacteriosis	26	19.5
4 Babesiosis	20	15.0
5 Giardiasis	17	12.7

* Per 100,000 population.

SEXUALLY TRANSMITTED DISEASES (2008)

	Cases (N)		Rate (per 100,000)	
	Male	Female	Male	Female
Chlamydia	45	88	69.8	127.8
Gonorrhea	8	6	12.4	8.7
Syphilis (all stages)	7	3	10.9	4.4

REGION PROFILE

NORTHEAST Health Planning Region

EMERGENCY ROOM VISITS (2008)

	N	Rate (per 10,000)
Total	32,697	2,452
Male	16,277	2,524
Female	16,420	2,385
White	26,259	2,167
Black	1,630	4,097
Other	4,808	5,861
Hispanic*	3,095	3,857
Non-Hispanic	29,602	2,362
<small>* Hispanic may be of any race.</small>		
Under 5	2,394	2,476
5-9	1,701	1,533
10-14	1,992	1,917
15-17	1,796	3,173
18-24	2,674	4,018
25-44	6,464	1,695
45-64	7,880	2,229
65-74	2,538	2,800
75+	5,258	7,192

HOSPITALIZATIONS (2008)

	N	Rate (per 10,000)
Total	13,262	995
Male	5,800	899
Female	7,462	1,084
White	11,029	910
Black	518	1,302
Other	1,715	2,090
Hispanic*	769	958
Non-Hispanic	12,493	997
<small>* Hispanic may be of any race.</small>		
Under 5*	1,401	1,449
5-9	106	96
10-14	156	150
15-17	162	286
18-24	458	688
25-44	2,171	569
45-64	3,091	874
65-74	1,839	2,029
75+	3,878	5,304
<small>* Excluding 10,171 newborns.</small>		

Top Five Causes of ER Visits

	N
1 Injuries	10,311
2 Discomfort in chest	1,153
3 Infectious & parasitic diseases	1,039
4 Acute respiratory infections	1,039
5 Abdominal pain	1,003

Top Five Causes of Hospitalization*

	N
1 Diseases of circulatory system	2,020
2 Diseases of digestive system	1,147
3 Injury & poisoning	1,025
4 Diseases of respiratory system	947
5 Cancer	835

* Excluding newborns & obstetrics.

Insurance Type

	N	%
Private	21256	65.0
Medicare	6925	21.2
Medicaid	1465	4.5
Other	584	1.8
Self-Pay	2467	7.5

Insurance Type

	N	%
Private	7191	54.2
Medicare	4929	37.2
Medicaid	684	5.2
Other	175	1.3
Self-Pay	283	2.1

ZIP Codes Included the Region for Tabulations of Emergency Visits and Hospitalizations

10501 10504 10506 10507 10514 10518 10519 10526 10527 10535 10536 10546 10547 (2/3) 10549 10560 10576 10578 10587 10588 10589 10590 10597 10598 10603 (10%), representing 96.8% of the region population according to 2000 Census.

REGION PROFILE

NORTHEAST Health Planning Region

PREVENTION QUALITY INDICATORS (PQI)

	Hospital Admissions	Admission Rate ¹	Statewide Rate	As % of Expected ²			
				All	White ³	Black ³	Hispanic ³
Diabetes-Related	116	110	283	39	39	..	31
Short-Term Complications	12	12	52	24	25	..	..
Long-Term Complications	78	73	155	47	46	..	58
Lower Limb Amputation	21	19	37	51	54	..	31
Uncontrolled	4	4	39	10	7	..	..
Respiratory Related	188	179	351	51	47	..	58
Asthma	58	56	174	32	22	..	62
COPD	130	124	178	70	70	..	51
Circulatory-Related	305	298	554	54	51	..	24
Angina	30	27	50	54	45	..	62
Congestive Heart Failure	262	260	443	59	57	..	19
Hypertension	13	12	61	20	15	..	18
Acute Condition Related	533	525	666	79	76	..	44
Bacterial Pneumonia	323	320	381	84	80	..	55
Dehydration	96	97	116	84	83	..	26
Urinary Tract Infection	102	106	169	63	62	..	32

ZIP Codes Included the Region for PQI

10501 10504 10506 10507 10514 10518 10526 10527 10535 10536 10546 10547 10549 10560 10576 10578 10588 10589 10590 10597 10598, representing 97.5% of the region population according to 2000 census.

¹ Region admission rates are defined as hospital admissions per 100,000 population, adjusted for age and sex. The population used in such calculations is derived from the 2006 ZIP code population estimated by Claritas, a national demographic research firm. According to Claritas, the population included in this report for this region was 97,965.

² Expected rate is defined as the statewide rate, adjusted for age and sex unless otherwise defined.

³ White, black, and Hispanic categories are mutually exclusive.

REGION PROFILE

CORTLANDT TOWN

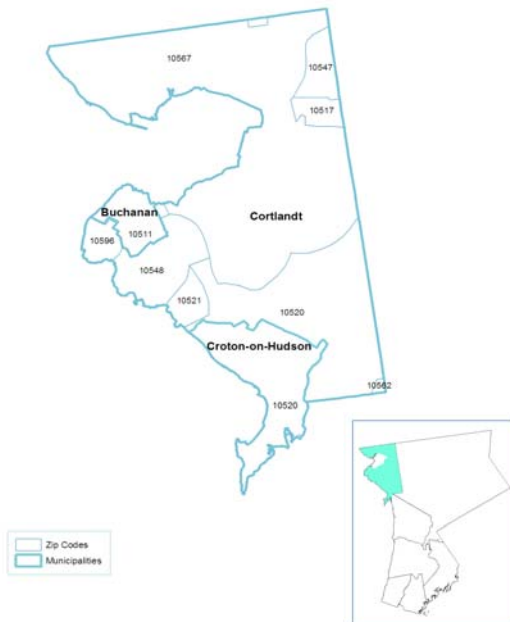
Health Planning Region: NORTHWEST

DEMOGRAPHICS

	2000	2005-07
Population	38,467	41,677
Sex		
Male	18,820	20,747
Female	19,647	20,930

Age	2000	2005-07
0-4	2,864	2,773
5-9	3,058	3,170
10-14	2,785	3,758
15-17	1,496	1,698
18-24	2,023	2,844
25-44	11,574	9,954
45-64	9,729	12,307
65-74	2,507	2,597
75+	2,431	2,576

CORTLANDT TOWN



Region Area: 41.1 sq miles

Race & Ethnicity	2000	2005-07
White	34,082	34,201
Black	1,765	2,039
Other	2,620	5,437
Hispanic*	2,766	5,745
Non-Hispanic	35,701	35,932

* Hispanic may be of any race.

Family Structure	2000	2005-07
Total Family Households	10,138	10,372
Families with Children < 18	5,318	5,619
Single Mother Families	562	528

Country of Origin	2000	2005-07
U.S.	34,096	..
Foreign Countries	4,371	..
Non-Citizen (%)	44.8	..

Municipalities Included in Region

Buchanan (V)
 Croton-on-Hudson (V)
 Cortlandt (TOV)

Language Spoken at Home (5+)	2000	2005-07
Non-English (%)	16.3	20.8

Education (25+)	2000	2005-07
High School or Less	9,258	9,137
Some College (no degree)	4,471	4,590
Associate Degree	1,732	2,001
Bachelor's Degree	5,734	6,107
Graduate/Professional Degree	5,117	5,599

ZIP Codes Serving the Region

10511 10517 10520* 10521 10547* 10548
 10562* 10566* 10567* 10596

* Also serve other regions.

Income	1999	2005-07
Median Household Income (\$)	75,442	93,215
Poverty Rate (%)	4.5	4.6

REGION PROFILE

CORTLANDT TOWN

Health Planning Region: NORTHWEST

BIRTHS (2007)

Total Births	429
Birth Rate (per 1,000)	11.2
Average Maternal Age	32.4

Mother's Race/Ethnicity	N	%
White	298	69.5
Black	22	5.1
Other	109	25.4
Hispanic*	93	21.7
Non-Hispanic	336	78.3

* Hispanic may be of any race.

Mother's Education	N	%
Less than High School	24	5.6
High School or GED	55	12.8
Some College (no degree)	89	20.7
Bachelor's Degree	131	30.5
Graduate/Prof. Degree	127	29.6

Mother's Country of Origin	N	%
U.S.	289	67.4
Foreign	140	32.6

Prenatal Care*	N	%
Late or No Prenatal Care	10	2.5

* With valid prenatal care information.

Teen Mothers	N	%
Mother < 20	11	2.6

DEATHS (2007)

	Total	Male	Female
Total Deaths	364	176	188
Death Rate (per 100,000)	946.3	935.2	956.9

Infant Mortality Rate (per 1,000 live birth) 2.3

Average Age at Death	Total	Male	Female
Total	78.6	75.1	81.9
White	79.1	75.7	82.2
Black	70.3	64.6	78.1
Other	77.7	80.4	71.0
Hispanic*	70.7	84.0	54.8

* Hispanic may be of any race.

Top Five Causes of Death	N	%
1 Major Cardiovascular Disease	148	40.7
2 Malignant Neoplasms	78	21.4
3 Chronic Lower Respiratory	21	5.8
4 Septicemia	11	3.0
5 Pneumonia	9	2.5
5 Nephritis, Nephritic Syndrome	9	2.5

COMMUNICABLE DISEASES (2008)

Top Five Reported Diseases	N	Rate*
1 Chlamydia	45	117.0
2 Campylobacteriosis	9	23.4
3 Strep Group B, Invasive	8	20.8
4 Babesiosis	6	15.6
5 Gonorrhea	5	13.0

* Per 100,000 population.

SEXUALLY TRANSMITTED DISEASES (2008)

	Cases (N)		Rate (per 100,000)	
	Male	Female	Male	Female
Chlamydia	8	37	42.5	188.3
Gonorrhea	2	3	10.6	15.3
Syphilis (all stages)	1	1	5.3	5.1

REGION PROFILE

CORTLANDT TOWN

Health Planning Region: NORTHWEST

EMERGENCY ROOM VISITS (2008)

	N	Rate (per 10,000)
Total	14,715	3,825
Male	7,183	3,817
Female	7,529	3,832
White	11,180	3,280
Black	1,145	6,487
Other	2,390	9,122
Hispanic*	1,503	5,434
Non-Hispanic	13,212	3,701
<i>* Hispanic may be of any race.</i>		
Under 5	981	3,425
5-9	706	2,309
10-14	847	3,041
15-17	606	4,051
18-24	1,193	5,897
25-44	3,269	2,824
45-64	3,697	3,800
65-74	1,102	4,396
75+	2,314	9,519

HOSPITALIZATIONS (2008)

	N	Rate (per 10,000)
Total	5,323	1,384
Male	2,435	1,294
Female	2,888	1,470
White	4,181	1,227
Black	317	1,796
Other	825	3,149
Hispanic*	359	1,298
Non-Hispanic	4,964	1,390
<i>* Hispanic may be of any race.</i>		
Under 5*	497	1,735
5-9	50	164
10-14	72	259
15-17	58	388
18-24	215	1,063
25-44	911	787
45-64	1,279	1,315
65-74	668	2,665
75+	1,573	6,471
<i>* Excluding 10,171 newborns.</i>		

Top Five Causes of ER Visits

	N
1 Injuries	4,149
2 Acute respiratory infections	617
3 Infectious & parasitic diseases	548
4 Discomfort in chest	500
5 Mental disorders	433

Top Five Causes of Hospitalization*

	N
1 Diseases of circulatory system	772
2 Diseases of digestive system	460
3 Diseases of respiratory system	421
4 Injury & poisoning	412
5 Mental disorders	372

** Excluding newborns & obstetrics.*

Insurance Type

	N	%
Private	9,020	61.3
Medicare	3,213	21.8
Medicaid	1,015	6.9
Other	356	2.4
Self-Pay	1,111	7.6

Insurance Type

	N	%
Private	2756	51.8
Medicare	2055	38.6
Medicaid	324	6.1
Other	58	1.1
Self-Pay	130	2.4

ZIP Codes Included the Region for Tabulations of Emergency Visits and Hospitalizations

10511 10517 10520 10521 10548 10567 10596, representing 95.3% of the region population according to 2000 census.

REGION PROFILE

CORTLANDT TOWN Health Planning Region: NORTHWEST

PREVENTION QUALITY INDICATORS (PQI)

	Hospital Admissions	Admission Rate ¹	Statewide Rate	As % of Expected ²			
				All	White ³	Black ³	Hispanic ³
Diabetes-Related	60	193	283	68	61	..	..
Short-Term Complications	7	24	52	47	57	..	..
Long-Term Complications	37	117	155	76	65	..	..
Lower Limb Amputation	11	34	37	92	83	..	..
Uncontrolled	4	13	39	33	29	..	..
Respiratory Related	68	219	351	62	65	..	..
Asthma	22	72	174	41	40	..	..
COPD	45	144	178	81	89	..	..
Circulatory-Related	120	374	554	68	65	..	..
Angina	8	25	50	49	54	..	..
Congestive Heart Failure	105	328	443	74	73	..	..
Hypertension	7	22	61	36	21	..	..
Acute Condition Related	216	686	666	103	99	..	..
Bacterial Pneumonia	133	419	381	110	107	..	..
Dehydration	43	136	116	117	109	..	..
Urinary Tract Infection	40	129	169	77	73	..	..

ZIP Codes Included the Region for PQI

10511, 10520, 10548, 10567, representing 69.7% of the region population according to the 2000 census.

¹ Region admission rates are defined as hospital admissions per 100,000 population, adjusted for age and sex. The population used in such calculations is derived from the 2006 ZIP code population estimated by Claritas, a national demographic research firm. According to Claritas, the population included in this report for this region was 28,907.

² Expected rate is defined as the statewide rate, adjusted for age and sex unless otherwise defined.

³ White, black, and Hispanic categories are mutually exclusive.

REGION PROFILE

MOUNT PLEASANT TOWN

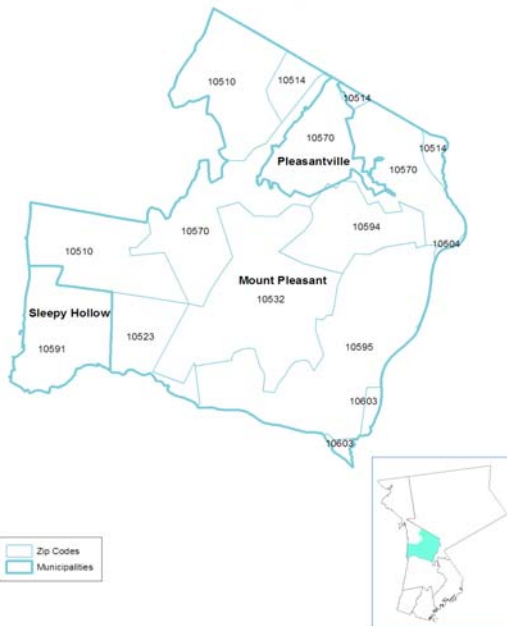
Health Planning Region: NORTHWEST

DEMOGRAPHICS

	2000	2005-07
Population	43,221	42,442
Sex		
Male	21,933	21,148
Female	21,288	21,294

Age	2000	2005-07
0-4	2,978	2,835
5-9	3,055	2,842
10-14	3,194	2,766
15-17	1,983	2,191
18-24	3,584	3,321
25-44	13,276	11,303
45-64	9,789	12,056
65-74	2,915	2,175
75+	2,447	2,953

MOUNT PLEASANT TOWN



Region Area: 28.68 sq miles

Race & Ethnicity	2000	2005-07
White	36,415	35,229
Black	2,191	1,841
Other	4,615	5,372
Hispanic*	6,057	5,903
Non-Hispanic	37,164	36,539

* Hispanic may be of any race.

Family Structure	2000	2005-07
Total Family Households	10,528	10,409
Families with Children < 18	5,259	5,313
Single Mother Families	524	580

Country of Origin	2000	2005-07
U.S.	35,381	..
Foreign Countries	7,840	..
Non-Citizen (%)	54.6	..

Municipalities Included in Region

- Briarcliff Manor (V)*
- Mt. Pleasant (TOV)
- Pleasantville (V)
- Sleepy Hollow (V)

* 8% of its surface area and 9% of its population.

ZIP Codes Serving the Region

10510* 10514* 10532 10570 10591* 10594 10595

* Also serve other regions.

Language Spoken at Home (5+)	2000	2005-07
Non-English (%)	25.0	25.8

Education (25+)	2000	2005-07
High School or Less	10,425	9,617
Some College (no degree)	3,883	3,176
Associate Degree	1,672	1,618
Bachelor's Degree	6,633	7,279
Graduate/Professional Degree	5,888	6,797

Income	1999	2005-07
Median Household Income (\$)	81,072	103,657
Poverty Rate (%)	4.9	3.7

REGION PROFILE

MOUNT PLEASANT TOWN

Health Planning Region: NORTHWEST

BIRTHS (2007)

Total Births	431
Birth Rate (per 1,000)	10.0
Average Maternal Age	32.2

Mother's Race/Ethnicity	N	%
White	294	68.2
Black	10	2.3
Other	127	29.5
<i>Hispanic*</i>	133	30.9
<i>Non-Hispanic</i>	298	69.1

* Hispanic may be of any race.

Mother's Education	N	%
Less than High School	59	13.7
High School or GED	51	11.8
Some College (no degree)	68	15.8
Bachelor's Degree	121	28.1
Graduate/Prof. Degree	132	30.6

Mother's Country of Origin	N	%
U.S.	277	64.3
Foreign	154	35.7

Prenatal Care*	N	%
Late or No Prenatal Care	13	3.3

* With valid prenatal care information.

Teen Mothers	N	%
Mother < 20	13	3.0

DEATHS (2007)

	Total	Male	Female
Total Deaths	286	140	146
Death Rate (per 100,000)	661.7	638.3	685.8

Infant Mortality Rate (per 1,000 live birth) 4.6

Average Age at Death	Total	Male	Female
Total	77.8	74.0	81.5
White	78.5	75.1	81.5
Black	70.7	68.3	75.5
Other	65.4	61.1	84.5
<i>Hispanic*</i>	62.4	44.8	80.0

* Hispanic may be of any race.

Top Five Causes of Death	N	%
1 Major Cardiovascular Disease	106	37.1
2 Malignant Neoplasms	70	24.5
3 Chronic Lower Respiratory	14	4.9
4 Pneumonia	12	4.2
5 Septicemia	11	3.8

COMMUNICABLE DISEASES (2008)

Top Five Reported Diseases	N	Rate*
1 Chlamydia	75	173.5
2 Gonorrhea	11	25.5
3 Campylobacteriosis	7	16.2
4 Salmonellosis	6	13.9
5 Tuberculosis	3	6.9

* Per 100,000 population.

SEXUALLY TRANSMITTED DISEASES (2008)

	Cases (N)		Rate (per 100,000)	
	Male	Female	Male	Female
Chlamydia	20	55	91.2	258.4
Gonorrhea	3	8	13.7	37.6
Syphilis (all stages)	1	0	4.6	0.0

REGION PROFILE

MOUNT PLEASANT TOWN

Health Planning Region: NORTHWEST

EMERGENCY ROOM VISITS (2008)

	N	Rate (per 10,000)
Total	12,717	2,942
Male	6,635	3,025
Female	6,082	2,857
White	8,998	2,471
Black	1,145	5,226
Other	2,574	5,577
Hispanic*	1,814	2,995
Non-Hispanic	10,903	2,934
<i>* Hispanic may be of any race.</i>		
Under 5	931	3,126
5-9	558	1,827
10-14	710	2,223
15-17	730	3,681
18-24	1,093	3,050
25-44	2,943	2,217
45-64	3,079	3,145
65-74	801	2,748
75+	1,872	7,650

HOSPITALIZATIONS (2008)

	N	Rate (per 10,000)
Total	5,059	1,170
Male	2,370	1,081
Female	2,689	1,263
White	3,895	1,070
Black	345	1,575
Other	819	1,775
Hispanic*	385	636
Non-Hispanic	4,674	1,258
<i>* Hispanic may be of any race.</i>		
Under 5*	488	1,639
5-9	58	190
10-14	80	250
15-17	162	817
18-24	178	497
25-44	917	691
45-64	1,231	1,258
65-74	575	1,973
75+	1,370	5,599
<i>* Excluding 10,171 newborns.</i>		

Top Five Causes of ER Visits

	N
1 Injuries	3,432
2 Mental disorders	653
3 Acute respiratory infections	401
4 Infectious & parasitic diseases	355
5 Disorders of back, neck or spine	351

Top Five Causes of Hospitalization*

	N
1 Diseases of circulatory system	676
2 Mental disorders	594
3 Injury & Poisoning	404
4 Diseases of digestive system	378
5 Diseases of respiratory system	318

** Excluding newborns & obstetrics.*

Insurance Type

	N	%
Private	7005	55.1
Medicare	2577	20.3
Medicaid	1424	11.2
Other	544	4.3
Self-Pay	1167	9.2

Insurance Type

	N	%
Private	2457	48.6
Medicare	1798	35.5
Medicaid	550	10.9
Other	114	2.3
Self-Pay	140	2.8

ZIP Codes Included the Region for Tabulations of Emergency Visits and Hospitalizations

10532 10570 10594 10595 10591 (50%), representing 96.4% of the region population according to 2000 census.

REGION PROFILE

MOUNT PLEASANT TOWN

Health Planning Region: NORTHWEST

PREVENTION QUALITY INDICATORS (PQI)

	Hospital Admissions	Admission Rate ¹	Statewide Rate	As % of Expected ²			
				All	White ³	Black ³	Hispanic ³
Diabetes-Related	31	128	283	45	35	..	..
Short-Term Complications	10	42	52	82	44	..	..
Long-Term Complications	15	61	155	40	38	..	..
Lower Limb Amputation	3	12	37	32	36	..	..
Uncontrolled	2	8	39	21	6	..	..
Respiratory Related	56	233	351	66	60	..	..
Asthma	18	76	174	44	31	..	..
COPD	37	151	178	85	86	..	..
Circulatory-Related	79	321	554	58	51	..	..
Angina	9	37	50	73	77	..	..
Congestive Heart Failure	63	253	443	58	52	..	..
Hypertension	6	25	61	40	26	..	..
Acute Condition Related	141	580	666	87	76	..	..
Bacterial Pneumonia	70	286	381	75	68	..	..
Dehydration	32	131	116	113	103	..	..
Urinary Tract Infection	38	159	169	94	76	..	..

ZIP Codes Included the Region for PQI

10532 10570 10594 10595, representing 71.5% of the region population according to the 2000 census.

¹ Region admission rates are defined as hospital admissions per 100,000 population, adjusted for age and sex. The population used in such calculations is derived from the 2006 ZIP code population estimated by Claritas, a national demographic research firm. According to Claritas, the population included in this report for this region was 23,401.

² Expected rate is defined as the statewide rate, adjusted for age and sex unless otherwise defined.

³ White, black, and Hispanic categories are mutually exclusive.

REGION PROFILE

OSSINING TOWN

Health Planning Region: NORTHWEST

DEMOGRAPHICS

	2000	2005-07
Population	36,534	36,241
Sex		
Male	18,808	18,955
Female	17,726	17,286

Age	2000	2005-07
0-4	2,288	2,157
5-9	2,331	1,898
10-14	2,163	2,765
15-17	1,179	1,327
18-24	2,856	3,003
25-44	12,591	10,680
45-64	8,360	9,494
65-74	2,385	2,258
75+	2,381	2,659

OSSINING TOWN



Region Area: 11.72 sq miles

Race & Ethnicity	2000	2005-07
White	25,667	26,223
Black	5,217	4,082
Other	5,650	5,936
Hispanic*	7,282	8,139
Non-Hispanic	29,252	28,102

* Hispanic may be of any race.

Family Structure	2000	2005-07
Total Family Households	8,543	8384
Families with Children < 18	4,092	4,402
Single Mother Families	678	757

Country of Origin	2000	2005-07
U.S.	27,700	..
Foreign Countries	8,834	..
Non-Citizen (%)	67.6	..

Municipalities Included in Region

- Briarcliff Manor (V)*
- Ossining (V)
- Ossining (TOV)

* 92% of its surface area and 91% of its population.

Language Spoken at Home (5+)	2000	2005-07
Non-English (%)	30.1	32.1

Education (25+)	2000	2005-07
High School or Less	10,577	9,275
Some College (no degree)	3,295	3,729
Associate Degree	1,260	1,156
Bachelor's Degree	5,506	4,854
Graduate/Professional Degree	5,146	6,077

ZIP Codes Serving the Region

10510* 10545 10562

* Also serve other regions.

Income	1999	2005-07
Median Household Income (\$)	65,485	77,753
Poverty Rate (%)	8.4	6.6

REGION PROFILE

OSSINING TOWN

Health Planning Region: NORTHWEST

BIRTHS (2007)

Total Births	484
Birth Rate (per 1,000)	13.3
Average Maternal Age	30.4

Mother's Race/Ethnicity	N	%
White	216	44.6
Black	34	7.0
Other	234	48.3
<i>Hispanic*</i>	218	45.0
<i>Non-Hispanic</i>	266	55.0

* Hispanic may be of any race.

Mother's Education	N	%
Less than High School	133	27.5
High School or GED	79	16.3
Some College (no degree)	61	12.6
Bachelor's Degree	97	20.0
Graduate/Prof. Degree	114	23.6

Mother's Country of Origin	N	%
U.S.	215	44.4
Foreign	269	55.6

Prenatal Care*	N	%
Late or No Prenatal Care	11	2.4

* With valid prenatal care information.

Teen Mothers	N	%
Mother < 20	25	5.2

DEATHS (2007)

	Total	Male	Female
Total Deaths	244	111	133
Death Rate (per 100,000)	667.9	590.2	750.3

Infant Mortality Rate (per 1,000 live birth) 2.1

Average Age at Death	Total	Male	Female
Total	78.6	74.2	82.3
White	79.6	75.6	82.5
Black	75.1	74.6	76.2
Other	67.9	56.3	84.2
<i>Hispanic*</i>	68.4	66.0	73.8

* Hispanic may be of any race.

Top Five Causes of Death	N	%
1 Major Cardiovascular Disease	91	37.3
2 Malignant Neoplasms	68	27.9
3 Pneumonia	11	4.5
4 Chronic Lower Respiratory	10	4.1
5 Septicemia	4	1.6
5 Nephritis, Nephritic Syndrome	4	1.6

COMMUNICABLE DISEASES (2008)

Top Five Reported Diseases	N	Rate*
1 Chlamydia	88	240.9
2 Campylobacteriosis	14	38.3
3 Salmonellosis	8	21.9
4 Tuberculosis	7	19.2
5 Strep Group B Invasive	5	13.7

* Per 100,000 population.

SEXUALLY TRANSMITTED DISEASES (2008)

	Cases (N)		Rate (per 100,000)	
	Male	Female	Male	Female
Chlamydia	25	63	132.9	355.4
Gonorrhea	2	2	10.6	11.3
Syphilis (all stages)	3	0	16.0	0.0

REGION PROFILE

OSSINING TOWN

Health Planning Region: NORTHWEST

EMERGENCY ROOM VISITS (2008)

	N	Rate (per 10,000)
Total	11,347	3,106
Male	5,655	3,007
Female	5,692	3,211
White	6,649	2,590
Black	1,606	3,078
Other	3,092	5,473
Hispanic*	2,819	3,871
Non-Hispanic	8,528	2,915
<i>* Hispanic may be of any race.</i>		
Under 5	1,209	5,284
5-9	547	2,347
10-14	562	2,598
15-17	379	3,215
18-24	999	3,498
25-44	2,909	2,310
45-64	2,453	2,934
65-74	750	3,145
75+	1,539	6,464

HOSPITALIZATIONS (2008)

	N	Rate (per 10,000)
Total	4,397	1,204
Male	2,017	1,072
Female	2,378	1,342
White	3,087	1,203
Black	494	947
Other	816	1,444
Hispanic*	610	838
Non-Hispanic	3,787	1,295
<i>* Hispanic may be of any race.</i>		
Under 5*	553	2,417
5-9	44	189
10-14	44	203
15-17	55	466
18-24	208	728
25-44	922	732
45-64	1,011	1,209
65-74	458	1,920
75+	1,102	4,628
<i>* Hispanic may be of any race.</i>		

Top Five Causes of ER Visits

	N
1 Injuries	3,025
2 Acute respiratory infections	484
3 Abdominal pain	363
4 Mental disorders	344
5 Infectious & parasitic diseases	320

Top Five Causes of Hospitalization*

	N
1 Diseases of circulatory system	540
2 Diseases of digestive system	398
3 Injury & poisoning	376
4 Diseases of respiratory system	300
5 Mental disorders	285

** Excluding newborns & obstetrics.*

Insurance Type

	N	%
Private	5860	51.6
Medicare	2144	18.9
Medicaid	1498	13.2
Other	404	3.6
Self-Pay	1441	12.7

Insurance Type

	N	%
Private	1979	45.0
Medicare	1436	32.7
Medicaid	704	16.0
Other	81	1.8
Self-Pay	197	4.5

ZIP Codes Included the Region for Tabulations of Emergency Visits and Hospitalizations

10510 (90%) 10545 10562 (90%), over representing the region population by 1.0% according to 2000 census.

REGION PROFILE

OSSINING TOWN

Health Planning Region: NORTHWEST

PREVENTION QUALITY INDICATORS (PQI)

	Hospital Admissions	Admission Rate ¹	Statewide Rate	As % of Expected ²			
				All	White ³	Black ³	Hispanic ³
Diabetes-Related	70	218	283	77	58	..	18
Short-Term Complications	6	19	52	36	42	..	..
Long-Term Complications	48	150	155	97	70	..	23
Lower Limb Amputation	12	37	37	100	70	..	..
Uncontrolled	3	9	39	24	12	..	48
Respiratory Related	49	156	351	44	42	..	66
Asthma	18	57	174	33	19	..	62
COPD	31	99	178	56	61	..	71
Circulatory-Related	124	382	554	69	67	..	33
Angina	17	52	50	104	114	..	44
Congestive Heart Failure	97	300	443	68	65	..	26
Hypertension	10	31	61	50	43	..	56
Acute Condition Related	166	516	666	78	79	..	43
Bacterial Pneumonia	81	251	381	66	66	..	34
Dehydration	42	130	116	112	114	..	38
Urinary Tract Infection	42	132	169	78	82	..	66

ZIP Codes Included the Region for PQI

10510 10562, over representing the region population by 12.2% according to the 2000 census.

¹ Region admission rates are defined as hospital admissions per 100,000 population, adjusted for age and sex. The population used in such calculations is derived from the 2006 ZIP code population estimated by Claritas, a national demographic research firm. According to Claritas, the population included in this report for this region was 31,580.

² Expected rate is defined as the statewide rate, adjusted for age and sex unless otherwise defined.

³ White, black, and Hispanic categories are mutually exclusive.

REGION PROFILE

PEEKSKILL

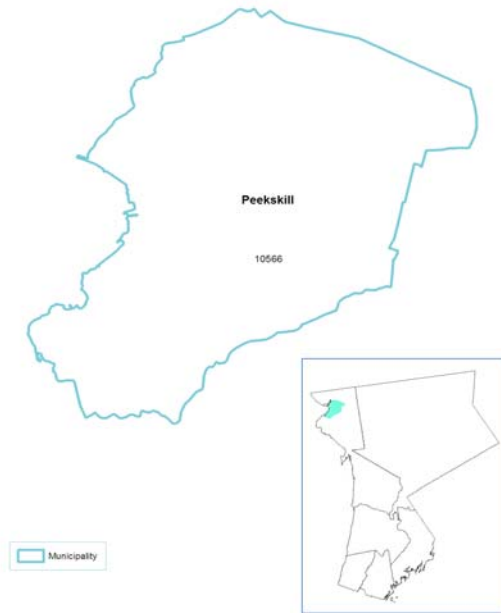
Health Planning Region: NORTHWEST

DEMOGRAPHICS

	2000	2005-07
Population	22,441	25,691
Sex		
Male	10,887	13,263
Female	11,554	12,428

Age	2000	2005-07
0-4	1,706	2,027
5-9	1,669	1,015
10-14	1,366	1,128
15-17	730	530
18-24	1,866	2,644
25-44	7,835	9,232
45-64	4,684	6,082
65-74	1,351	1,037
75+	1,234	1,996

PEEKSKILL



Region Area: 4.6 sq miles

Race & Ethnicity	2000	2005-07
White	12,819	13,847
Black	5,732	5,256
Other	3,890	6,588
Hispanic*	4,920	9,979
Non-Hispanic	17,521	15,712

* Hispanic may be of any race.

Family Structure	2000	2005-07
Total Family Households	5,344	5887
Families with Children < 18	2,656	2,527
Single Mother Families	846	634

Country of Origin	2000	2005-07
U.S.	17,926	..
Foreign Countries	4,515	..
Non-Citizen (%)	71.8	..

Language Spoken at Home (5+)	2000	2005-07
Non-English (%)	26.9	42.3

Municipalities Included in Region

Peekskill (City)

Education (25+)	2000	2005-07
High School or Less	7,924	11,090
Some College (no degree)	2,915	2,879
Associate Degree	920	878
Bachelor's Degree	1,834	2,035
Graduate/Professional Degree	1,444	1,465

ZIP Codes Serving the Region

10566

* Also serve other regions.

Income	1999	2005-07
Median Household Income (\$)	47,177	55,953
Poverty Rate (%)	13.7	14.6

REGION PROFILE

PEEKSKILL

Health Planning Region: NORTHWEST

BIRTHS (2007)

Total Births	425
Birth Rate (per 1,000)	18.9
Average Maternal Age	28.9

Mother's Race/Ethnicity	N	%
White	137	32.2
Black	75	17.6
Other	213	50.1
<i>Hispanic*</i>	225	52.9
<i>Non-Hispanic</i>	200	47.1

* Hispanic may be of any race.

Mother's Education	N	%
Less than High School	142	33.4
High School or GED	85	20.0
Some College (no degree)	97	22.8
Bachelor's Degree	57	13.4
Graduate/Prof. Degree	43	10.1

Mother's Country of Origin	N	%
U.S.	191	44.9
Foreign	234	55.1

Prenatal Care*	N	%
Late or No Prenatal Care	24	5.8

* With valid prenatal care information.

Teen Mothers	N	%
Mother < 20	20	4.7

DEATHS (2007)

	Total	Male	Female
Total Deaths	180	79	101
Death Rate (per 100,000)	802.1	725.6	874.2

Infant Mortality Rate (per 1,000 live birth) 7.1

Average Age at Death	Total	Male	Female
Total	74.1	70.1	77.2
White	79.4	76.9	81.3
Black	58.8	55.1	62.5
Other	57.3	49.0	65.6
<i>Hispanic*</i>	56.7	56.3	57.5

* Hispanic may be of any race.

Top Five Causes of Death	N	%
1 Major Cardiovascular Disease	77	42.8
2 Malignant Neoplasms	45	25.0
3 Septicemia	8	4.4
4 Pneumonia	7	3.9
4 Chronic Lower Respiratory	7	3.9
5 Accidents	6	3.3

COMMUNICABLE DISEASES (2008)

Top Five Reported Diseases	N	Rate*
1 Chlamydia	72	320.8
2 Gonorrhea	5	22.3
3 Campylobacteriosis	3	13.4
4 Tuberculosis	3	13.4
5 Amebiasis	3	13.4

* Per 100,000 population.

SEXUALLY TRANSMITTED DISEASES (2008)

	Cases (N)		Rate (per 100,000)	
	Male	Female	Male	Female
Chlamydia	11	61	101.0	528.0
Gonorrhea	1	4	9.2	34.6
Syphilis (all stages)	2	0	18.4	0.0

REGION PROFILE

PEEKSKILL

Health Planning Region: NORTHWEST

EMERGENCY ROOM VISITS (2008)

	N	Rate (per 10,000)
Total	11,843	5,277
Male	5,381	4,943
Female	6,462	5,593
White	4,775	3,725
Black	3,673	6,408
Other	3,395	8,728
Hispanic*	2,936	5,967
Non-Hispanic	8,907	5,084
<i>* Hispanic may be of any race.</i>		
Under 5	1,217	7,134
5-9	578	3,463
10-14	453	3,316
15-17	386	5,288
18-24	1,222	6,549
25-44	3,404	4,345
45-64	2,801	5,980
65-74	623	4,611
75+	1,159	9,392

HOSPITALIZATIONS (2008)

	N	Rate (per 10,000)
Total	3,340	1,488
Male	1,359	1,248
Female	1,979	1,713
White	1,633	1,274
Black	823	1,436
Other	884	2,272
Hispanic*	624	1,268
Non-Hispanic	2,716	1,550
<i>* Hispanic may be of any race.</i>		
Under 5*	445	2,608
5-9	21	126
10-14	25	183
15-17	40	548
18-24	192	1,029
25-44	715	913
45-64	852	1,819
65-74	346	2,561
75+	704	5,705
<i>* Excluding 10,171 newborns.</i>		

Top Five Causes of ER Visits

	N
1 Injuries	2,804
2 Acute respiratory infections	676
3 Abdominal pain	513
4 Disorders of back, neck or spine	433
5 Discomfort in chest	414

Top Five Causes of Hospitalization*

	N
1 Diseases of circulatory system	450
2 Mental disorders	299
3 Injury & Poisoning	247
4 Diseases of digestive system	244
5 Diseases of respiratory system	208

** Excluding newborns & obstetrics.*

Insurance Type

	N	%
Private	5686	48.0
Medicare	2005	16.9
Medicaid	1903	16.1
Other	313	2.6
Self-Pay	1936	16.3

Insurance Type

	N	%
Private	1483	44.4
Medicare	1082	32.4
Medicaid	586	17.5
Other	32	1.0
Self-Pay	157	4.7

ZIP Codes Included the Region for Tabulations of Emergency Visits and Hospitalizations

10566, representing 100% of the region population according to 2000 census.

REGION PROFILE

PEEKSKILL

Health Planning Region: NORTHWEST

PREVENTION QUALITY INDICATORS (PQI)

	Hospital Admissions	Admission Rate ¹	Statewide Rate	As % of Expected ²			
				All	White ³	Black ³	Hispanic ³
Diabetes-Related	60	347	283	123	132	..	..
Short-Term Complications	10	55	52	106	101	..	..
Long-Term Complications	32	188	155	121	133	..	..
Lower Limb Amputation	15	90	37	241	266	..	..
Uncontrolled	2	11	39	29	29	..	..
Respiratory Related	68	400	351	114	147	..	..
Asthma	27	151	174	87	102	..	..
COPD	40	247	178	139	186	..	..
Circulatory-Related	89	539	554	97	86	..	..
Angina	4	23	50	46	55	..	..
Congestive Heart Failure	79	486	443	110	100	..	..
Hypertension	5	29	61	47	..	..	..
Acute Condition Related	147	886	666	133	154	..	..
Bacterial Pneumonia	100	604	381	159	179	..	..
Dehydration	23	139	116	120	136	..	..
Urinary Tract Infection	24	144	169	85	111	..	..

ZIP Codes Included the Region for PQI

10566, representing 100% of the region population according to the 2000 census.

¹ Region admission rates are defined as hospital admissions per 100,000 population, adjusted for age and sex. The population used in such calculations is derived from the 2006 ZIP code population estimated by Claritas, a national demographic research firm. According to Claritas, the population included in this report for this region was 18,172.

² Expected rate is defined as the statewide rate, adjusted for age and sex unless otherwise defined.

³ White, black, and Hispanic categories are mutually exclusive.

REGION PROFILE

NORTHWEST Health Planning Region

DEMOGRAPHICS

	2000	2005-07
Population	140,663	146,051
Sex		
Male	70,448	74,113
Female	70,215	71,938

Age	2000	2005-07
0-4	9,836	9,792
5-9	10,113	8,925
10-14	9,508	10,417
15-17	5,388	5,746
18-24	10,329	11,812
25-44	45,276	41,169
45-64	32,562	39,939
65-74	9,158	8,067
75+	8,493	10,184

NORTHWEST HPR



Region Area: 86.1 sq miles

Race & Ethnicity	2000	2005-07
White	108,983	109,500
Black	14,905	13,218
Other	16,775	23,333
Hispanic*	21,025	29,766
Non-Hispanic	119,638	116,285

* Hispanic may be of any race.

Family Structure	2000	2005-07
Total Family Households	34,553	35,052
Families with Children < 18	17,325	17,861
Single Mother Families	2,610	2,499

Country of Origin	2000	2005-07
U.S.	115,103	..
Foreign Countries	25,560	..
Non-Citizen (%)	60.5	..

Language Spoken at Home (5+)	2000	2005-07
Non-English (%)	24.3	28.8

Municipalities Included in Region

Briarcliff Manor (V)	Ossining (TOV)
Buchanan (V)	Ossining (V)
Cortlandt (TOV)	Peekskill (City)
Croton-on-Hudson (V)	Pleasantville (V)
Mt. Pleasant (TOV)	Sleepy Hollow (V)

Education (25+)	2000	2005-07
High School or Less	38,184	39,119
Some College (no degree)	14,564	14,374
Associate Degree	5,584	5,653
Bachelor's Degree	19,707	20,275
Graduate/Professional Degree	17,595	19,938

ZIP Codes Serving the Region

10510 10511 10514* 10517 10520* 10521 10532
10545 10547* 10548 10562* 10566* 10567* 10570
10591* 10594 10595 10596

* Also serve other regions.

Income	1999	2005-07
Median Household Income (\$)	71,528	..
Poverty Rate (%)	7.1	6.6

REGION PROFILE

NORTHWEST Health Planning Region

BIRTHS (2007)

Total Births	1769
Birth Rate (per 1,000)	12.6
Average Maternal Age	31.0

Mother's Race/Ethnicity	N	%
White	945	53.4
Black	141	8.0
Other	683	38.6
Hispanic*	669	37.8
Non-Hispanic	1,100	62.2

* Hispanic may be of any race.

Mother's Education	N	%
Less than High School	358	20.2
High School or GED	270	15.3
Some College (no degree)	315	17.8
Bachelor's Degree	406	23.0
Graduate/Prof. Degree	416	23.5

Mother's Country of Origin	N	%
U.S.	972	54.9
Foreign	797	45.1

Prenatal Care*	N	%
Late or No Prenatal Care	58	3.4

* With valid prenatal care information.

Teen Mothers	N	%
Mother < 20	69	3.9

DEATHS (2007)

	Total	Male	Female
Total Deaths	1074	506	568
Death Rate (per 100,000)	763.5	718.3	808.9

Infant Mortality Rate (per 1,000 live birth) 4.0

Average Age at Death	Total	Male	Female
Total	77.6	73.8	81.0
White	79.1	75.6	81.9
Black	66.5	64.5	69.4
Other	66.3	61.2	75.7
Hispanic*	64.5	64.0	65.4

* Hispanic may be of any race.

Top Five Causes of Death	N	%
1 Major Cardiovascular Disease	422	39.3
2 Malignant Neoplasms	261	24.3
3 Chronic Lower Respiratory	52	4.8
4 Pneumonia	39	3.6
5 Septicemia	34	3.2

COMMUNICABLE DISEASES (2008)

Top Five Reported Diseases	N	Rate*
1 Chlamydia	280	199.1
2 Campylobacteriosis	33	23.5
3 Gonorrhea	25	17.8
4 Salmonellosis	20	14.2
5 Tuberculosis	15	10.7

* Per 100,000 population.

SEXUALLY TRANSMITTED DISEASES (2008)

	Cases (N)		Rate (per 100,000)	
	Male	Female	Male	Female
Chlamydia	64	216	90.8	307.6
Gonorrhea	8	17	11.4	24.2
Syphilis (all stages)	7	1	9.9	1.4

REGION PROFILE

NORTHWEST Health Planning Region

EMERGENCY ROOM VISITS (2008)

	N	Rate (per 10,000)
Total	50,622	3,599
Male	24,854	3,528
Female	25,765	3,669
White	31,602	2,900
Black	7,569	5,078
Other	11,451	6,826
Hispanic*	9,071	4,314
Non-Hispanic	41,551	3,473
<small>* Hispanic may be of any race.</small>		
Under 5	4,338	4,410
5-9	2,389	2,362
10-14	2,572	2,705
15-17	2,101	3,899
18-24	4,507	4,363
25-44	12,525	2,766
45-64	12,029	3,694
65-74	3,275	3,576
75+	6,885	8,107

HOSPITALIZATIONS (2008)

	N	Rate (per 10,000)
Total	18,118	1,288
Male	8,181	1,161
Female	9,934	1,415
White	12,795	1,174
Black	1,978	1,327
Other	3,345	1,994
Hispanic*	1,978	941
Non-Hispanic	16,140	1,349
<small>* Hispanic may be of any race.</small>		
Under 5*	1,983	2,016
5-9	173	171
10-14	222	233
15-17	315	585
18-24	792	767
25-44	3,464	765
45-64	4,374	1,343
65-74	2,047	2,235
75+	4,748	5,590
<small>* Excluding 10,171 newborns.</small>		

Top Five Causes of ER Visits

	N
1 Injuries	13,410
2 Acute respiratory infections	2,178
3 Mental disorders	1,753
4 Abdominal pain	1,701
5 Discomfort in chest	1,601

Top Five Causes of Hospitalization*

	N
1 Diseases of circulatory system	2,438
2 Mental disorders	1,550
3 Diseases of digestive system	1,480
4 Injury & Poisoning	1,439
5 Diseases of respiratory system	1,248

* Excluding newborns & obstetrics.

Insurance Type

	N	%
Private	27,571	54.5
Medicare	9,939	19.6
Medicaid	5,840	11.5
Other	1,618	3.2
Self-Pay	5,654	11.2

Insurance Type

	N	%
Private	8675	47.9
Medicare	6370	35.2
Medicaid	2165	11.9
Other	284	1.6
Self-Pay	624	3.4

ZIP Codes Included the Region for Tabulations of Emergency Visits and Hospitalizations

10510 10511 10517 10521 10532 10545 10548 10562 (90%) 10566 10567 10570 10591 (50%) 10594 10595 10596, representing 97.9% of the region population according to 2000 census.

REGION PROFILE

NORTHWEST Health Planning Region

PREVENTION QUALITY INDICATORS (PQI)

	Hospital Admissions	Admission Rate ¹	Statewide Rate	As % of Expected ²			
				All	White ³	Black ³	Hispanic ³
Diabetes-Related	222	212	283	75	61	236	40
Short-Term Complications	34	33	52	64	54	194	60
Long-Term Complications	133	127	155	82	67	253	44
Lower Limb Amputation	43	41	37	109	87	409	54
Uncontrolled	11	10	39	27	18	90	31
Respiratory Related	241	233	351	66	67	95	50
Asthma	86	83	174	48	39	115	55
COPD	155	150	178	84	92	70	42
Circulatory-Related	413	391	554	71	65	153	42
Angina	39	36	50	73	77	105	28
Congestive Heart Failure	344	327	443	74	68	160	37
Hypertension	29	27	61	45	26	151	78
Acute Condition Related	670	641	666	96	94	120	59
Bacterial Pneumonia	385	366	381	96	94	126	68
Dehydration	140	134	116	115	112	165	31
Urinary Tract Infection	145	140	169	83	81	76	58

ZIP Codes Included the Region for PQI

10510 10511 10520 10532 10548 10562 10566 10567 10570 10594 10595, representing 86.1% of the region population according to 2000 census.

¹ Region admission rates are defined as hospital admissions per 100,000 population, adjusted for age and sex. The population used in such calculations is derived from the 2006 ZIP code population estimated by Claritas, a national demographic research firm. According to Claritas, the population included in this report for this region was 102,060.

² Expected rate is defined as the statewide rate, adjusted for age and sex unless otherwise defined.

³ White, black, and Hispanic categories are mutually exclusive.

REGION PROFILE

SOMERS TOWN

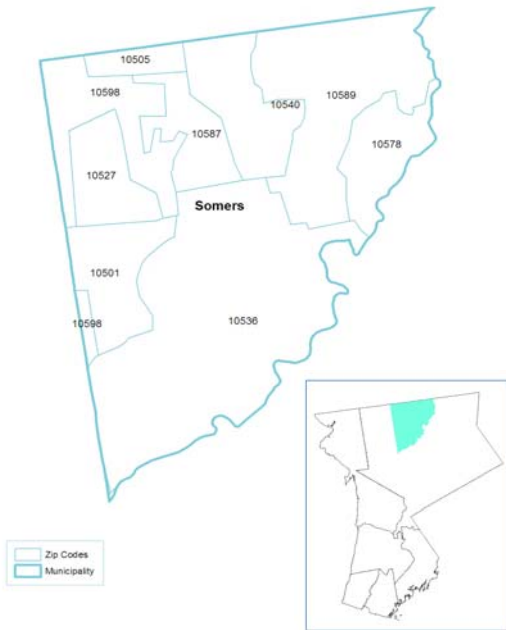
Health Planning Region: NORTHEAST

DEMOGRAPHICS

	2000	2005-07
Population	18,346	20,934
Sex		
Male	8,757	10,183
Female	9,589	10,751

Age	2000	2005-07
0-4	1,235	1,154
5-9	1,277	1,353
10-14	1,229	1,401
15-17	782	1,156
18-24	770	1,215
25-44	4,719	3,743
45-64	4,803	6,200
65-74	1,872	2,014
75+	1,659	2,698

SOMERS TOWN



Region Area: 32.1 sq miles

Race & Ethnicity	2000	2005-07
White	17,400	19,209
Black	313	89
Other	633	1,636
Hispanic*	543	..
Non-Hispanic	17,803	..

* Hispanic may be of any race.

Family Structure	2000	2005-07
Total Family Households	5,167	5979
Families with Children < 18	2,245	2,477
Single Mother Families	142	200

Country of Origin	2000	2005-07
U.S.	16,425	..
Foreign Countries	1,921	..
Non-Citizen (%)	35.2	..

Language Spoken at Home (5+)	2000	2005-07
Non-English (%)	12.8	14.8

Municipalities Included in Region

Somers (T)

Education (25+)	2000	2005-07
High School or Less	3,451	4,027
Some College (no degree)	2,168	2,315
Associate Degree	845	958
Bachelor's Degree	3,482	4,228
Graduate/Professional Degree	3,094	3,127

ZIP Codes Serving the Region

10501 10505* 10519* 10527 10526* 10540*
10578 10587 10589

* Also serve other regions.

Income	1999	2005-07
Median Household Income (\$)	89,528	101,421
Poverty Rate (%)	2.0	1.4

REGION PROFILE

SOMERS TOWN

Health Planning Region: NORTHEAST

BIRTHS (2007)

Total Births	152
Birth Rate (per 1,000)	8.3
Average Maternal Age	34.4

Mother's Race/Ethnicity	N	%
White	141	92.8
Black	1	0.7
Other	10	6.6
<i>Hispanic*</i>	10	6.6
<i>Non-Hispanic</i>	142	93.4

** Hispanic may be of any race.*

Mother's Education	N	%
Less than High School	0	0.0
High School or GED	12	7.9
Some College (no degree)	29	19.1
Bachelor's Degree	47	30.9
Graduate/Prof. Degree	64	42.1

Mother's Country of Origin	N	%
U.S.	127	83.6
Foreign	25	16.4

Prenatal Care*	N	%
Late or No Prenatal Care	1	0.7

** With valid prenatal care information.*

Teen Mothers	N	%
Mother < 20	1	0.7

DEATHS (2007)

	Total	Male	Female
Total Deaths	193	68	125
Death Rate (per 100,000)	1052	776.5	1304

Infant Mortality Rate (per 1,000 live birth) 0.0

Average Age at Death	Total	Male	Female
Total	81.9	78.7	83.7
White	81.8	78.7	83.5
Black	86.5	..	86.5
Other	..	..	..
<i>Hispanic*</i>	89.0	86.0	92.0

** Hispanic may be of any race.*

Top Five Causes of Death	N	%
1 Major Cardiovascular Disease	75	38.9
2 Malignant Neoplasms	58	30.1
3 Chronic Lower Respiratory	12	6.2
4 Pneumonia	6	3.1
5 Septicemia	5	2.6

COMMUNICABLE DISEASES (2008)

Top Five Reported Diseases	N	Rate*
1 Chlamydia	17	92.7
2 Salmonellosis	7	38.2
3 Campylobacteriosis	4	21.8
4 Gonorrhea	2	10.9
5 Giardiasis	2	10.9

** Per 100,000 population.*

SEXUALLY TRANSMITTED DISEASES (2008)

	Cases (N)		Rate (per 100,000)	
	Male	Female	Male	Female
Chlamydia	11	6	125.6	62.6
Gonorrhea	1	1	11.4	10.4
Syphilis (all stages)	0	0	0.0	0.0

REGION PROFILE

SOMERS TOWN

Health Planning Region: NORTHEAST

EMERGENCY ROOM VISITS (2008)

	N	Rate (per 10,000)
Total	4,901	2,671
Male	2,415	2,758
Female	2,486	2,593
White	4,346	2,498
Black	211	6,741
Other	344	5,434
Hispanic*	157	2,891
Non-Hispanic	4,744	2,665
<i>* Hispanic may be of any race.</i>		
Under 5	199	1,611
5-9	187	1,464
10-14	281	2,286
15-17	319	4,079
18-24	251	3,260
25-44	684	1,449
45-64	1,044	2,174
65-74	510	2,724
75+	1,426	8,596

HOSPITALIZATIONS (2008)

	N	Rate (per 10,000)
Total	2,471	1,347
Male	1,076	1,229
Female	1,395	1,455
White	2,267	1,303
Black	52	1,661
Other	152	2,401
Hispanic*	38	700
Non-Hispanic	2,433	1,367
<i>* Hispanic may be of any race.</i>		
Under 5*	135	1,093
5-9	15	117
10-14	11	90
15-17	25	320
18-24	43	558
25-44	232	492
45-64	479	997
65-74	389	2,078
75+	1,142	6,884
<i>* Excluding 10,171 newborns.</i>		

Top Five Causes of ER Visits

	N
1 Injuries	1,507
2 Discomfort in chest	176
3 Infectious & parasitic diseases	150
4 Abdominal pain	135
5 Mental disorders	118

Top Five Causes of Hospitalization*

	N
1 Diseases of circulatory system	461
2 Diseases of digestive system	242
3 Diseases of respiratory system	231
4 Injury & poisoning	182
5 Cancer	153

** Excluding newborns & obstetrics.*

Insurance Type

	N	%
Private	2615	53.4
Medicare	1810	36.9
Medicaid	222	4.5
Other	59	1.2
Self-Pay	195	4.0

Insurance Type

	N	%
Private	981	39.7
Medicare	1415	57.3
Medicaid	37	1.5
Other	6	0.2
Self-Pay	32	1.3

ZIP Codes Included the Region for Tabulations of Emergency Visits and Hospitalizations

10501 10527 10536 (50%) 10540 10578 10587 10589, representing 83.2% of the region population according to the 2000 census.

REGION PROFILE

SOMERS TOWN

Health Planning Region: NORTHEAST

PREVENTION QUALITY INDICATORS (PQI)

	Hospital Admissions	Admission Rate ¹	Statewide Rate	As % of Expected ²			
				All	White ³	Black ³	Hispanic ³
Diabetes-Related	23	107	283	38	37	..	..
Short-Term Complications	2	11	52	22	24	..	..
Long-Term Complications	14	62	155	40	41	..	..
Lower Limb Amputation	4	17	37	46	55	..	..
Uncontrolled	..	..	39	..	..	..	..
Respiratory Related	44	198	351	56	54	..	..
Asthma	5	24	174	14	14	..	..
COPD	39	163	178	92	87	..	..
Circulatory-Related	85	370	554	67	64	..	..
Angina	7	31	50	63	57	..	..
Congestive Heart Failure	76	327	443	74	71	..	..
Hypertension	2	9	61	15	16	..	..
Acute Condition Related	143	642	666	96	85	..	..
Bacterial Pneumonia	79	349	381	92	78	..	..
Dehydration	23	103	116	89	77	..	..
Urinary Tract Infection	41	191	169	113	107	..	..

ZIP Codes Included the Region for PQI

10501 10527 10536 10578 10589, over representing the region population by 11.1% according to the 2000 census.

¹ Region admission rates are defined as hospital admissions per 100,000 population, adjusted for age and sex. The population used in such calculations is derived from the 2006 ZIP code population estimated by Claritas, a national demographic research firm. According to Claritas, the population included in this report for this region was 18,086.

² Expected rate is defined as the statewide rate, adjusted for age and sex unless otherwise defined.

³ White, black, and Hispanic categories are mutually exclusive.

REGION PROFILE

YORKTOWN TOWN

Health Planning Region: NORTHEAST

DEMOGRAPHICS

	2000	2005-07
Population	36,318	37,262
Sex		
Male	17,501	18,778
Female	18,817	18,484

Age	2000	2005-07
0-4	2,522	2,333
5-9	2,945	2,681
10-14	2,879	3,121
15-17	1,661	1,688
18-24	1,972	2,716
25-44	10,333	8,354
45-64	9,161	11,275
65-74	2,440	2,384
75+	2,405	2,710

YORKTOWN TOWN



Region Area: 39.5 sq miles

Race & Ethnicity	2000	2005-07
White	32,919	32,097
Black	1,103	1,271
Other	2,296	3,894
Hispanic*	2,112	..
Non-Hispanic	34,206	..

* Hispanic may be of any race.

Family Structure	2000	2005-07
Total Family Households	9,830	10153
Families with Children < 18	5,138	4,966
Single Mother Families	417	446

Country of Origin	2000	2005-07
U.S.	32,513	..
Foreign Countries	3,805	..
Non-Citizen (%)	37.0	..

Municipalities Included in Region

Yorktown (T)

Language Spoken at Home (5+)	2000	2005-07
Non-English (%)	14.8	19.2

Education (25+)	2000	2005-07
High School or Less	8,027	7,297
Some College (no degree)	4,194	4,278
Associate Degree	1,790	1,233
Bachelor's Degree	5,703	5,765
Graduate/Professional Degree	4,750	6,150

ZIP Codes Serving the Region

10535 10547* 10562* 10588 10598*

* Also serve other regions.

Income	1999	2005-07
Median Household Income (\$)	83,819	105,253
Poverty Rate (%)	2.9	2.1

REGION PROFILE

YORKTOWN TOWN

Health Planning Region: NORTHEAST

BIRTHS (2007)

Total Births	369
Birth Rate (per 1,000)	10.2
Average Maternal Age	32.7

Mother's Race/Ethnicity	N	%
White	318	86.2
Black	9	2.4
Other	42	11.4
Hispanic*	46	12.5
Non-Hispanic	323	87.5

* Hispanic may be of any race.

Mother's Education	N	%
Less than High School	9	2.4
High School or GED	33	8.9
Some College (no degree)	88	23.8
Bachelor's Degree	107	29.0
Graduate/Prof. Degree	131	35.5

Mother's Country of Origin	N	%
U.S.	295	79.9
Foreign	74	20.1

Prenatal Care*	N	%
Late or No Prenatal Care	7	2.0

* With valid prenatal care information.

Teen Mothers	N	%
Mother < 20	6	1.6

DEATHS (2007)

	Total	Male	Female
Total Deaths	275	116	159
Death Rate (per 100,000)	757.2	662.8	845

Infant Mortality Rate (per 1,000 live birth) 2.7

Average Age at Death	Total	Male	Female
Total	79.6	76.4	81.9
White	80.0	77.3	81.9
Black	78.4	72.0	83.6
Other	58.2	56.3	..
Hispanic*	50.7	33.0	..

* Hispanic may be of any race.

Top Five Causes of Death	N	%
1 Major Cardiovascular Disease	108	39.3
2 Malignant Neoplasms	61	22.2
3 Chronic Lower Respiratory	11	4.0
4 Septicemia	10	3.6
5 Pneumonia	9	3.3

COMMUNICABLE DISEASES (2008)

Top Five Reported Diseases	N	Rate*
1 Chlamydia	48	132.2
2 Gonorrhea	8	22.0
3 Salmonellosis	6	16.5
4 Invasive Strep Pneumoniae	5	13.8
5 Babesiosis	5	13.8

* Per 100,000 population.

SEXUALLY TRANSMITTED DISEASES (2008)

	Cases (N)		Rate (per 100,000)	
	Male	Female	Male	Female
Chlamydia	20	28	114.3	148.8
Gonorrhea	4	4	22.9	21.3
Syphilis (all stages)	1	1	5.7	5.3

REGION PROFILE

YORKTOWN TOWN Health Planning Region: NORTHEAST

EMERGENCY ROOM VISITS (2008)

	N	Rate (per 10,000)
Total	10,467	2,882
Male	5,193	2,967
Female	5,274	2,803
White	8,608	2,615
Black	489	4,433
Other	1,370	5,967
Hispanic*	690	3,267
Non-Hispanic	9,777	2,858
<small>* Hispanic may be of any race.</small>		
Under 5	637	2,526
5-9	458	1,555
10-14	596	2,070
15-17	511	3,076
18-24	991	5,025
25-44	2,128	2,059
45-64	2,549	2,782
65-74	795	3,258
75+	1,802	7,493

HOSPITALIZATIONS (2008)

	N	Rate (per 10,000)
Total	4,111	1,132
Male	1,804	1,031
Female	2,307	1,226
White	3,487	1,059
Black	113	1,024
Other	511	2,226
Hispanic*	170	805
Non-Hispanic	3,941	1,152
<small>* Hispanic may be of any race.</small>		
Under 5*	417	1,653
5-9	26	88
10-14	32	111
15-17	49	295
18-24	154	781
25-44	668	646
45-64	956	1,044
65-74	537	2,201
75+	1,272	5,289
<small>* Excluding 10,171 newborns.</small>		

Top Five Causes of ER Visits

	N
1 Injuries	3,142
2 Acute respiratory infections	399
3 Discomfort in chest	368
4 Abdominal pain	352
5 Infectious & parasitic diseases	317

Top Five Causes of Hospitalization*

	N
1 Diseases of circulatory system	643
2 Diseases of digestive system	367
3 Injury & poisoning	342
4 Diseases of respiratory system	290
5 Musculoskeletal system & connective tissue	262

* Excluding newborns & obstetrics.

Insurance Type

	N	%
Private	6731	64.3
Medicare	2348	22.4
Medicaid	451	4.3
Other	226	2.2
Self-Pay	711	6.8

Insurance Type

	N	%
Private	2286	55.6
Medicare	1562	38.0
Medicaid	145	3.5
Other	42	1.0
Self-Pay	76	1.8

ZIP Codes Included the Region for Tabulations of Emergency Visits and Hospitalizations

10535 10547 (2/3) 10588 10598, over representing the region population by 3.2% according to 2000 census.

REGION PROFILE

YORKTOWN TOWN Health Planning Region: NORTHEAST

PREVENTION QUALITY INDICATORS (PQI)

	Hospital Admissions	Admission Rate ¹	Statewide Rate	As % of Expected ²			
				All	White ³	Black ³	Hispanic ³
Diabetes-Related	48	152	283	54	53	..	..
Short-Term Complications	6	20	52	39	46	..	..
Long-Term Complications	34	106	155	69	67	..	..
Lower Limb Amputation	7	21	37	58	51	..	..
Uncontrolled	..	..	39	..	..	..	..
Respiratory Related	86	273	351	78	79	..	..
Asthma	23	74	174	42	39	..	..
COPD	63	198	178	112	117	..	..
Circulatory-Related	114	358	554	65	64	..	..
Angina	8	24	50	49	38	..	..
Congestive Heart Failure	101	319	443	72	73	..	..
Hypertension	5	16	61	25	20	..	..
Acute Condition Related	201	643	666	97	98	..	..
Bacterial Pneumonia	139	441	381	116	116	..	..
Dehydration	34	109	116	94	101	..	..
Urinary Tract Infection	27	88	169	52	54	..	..

ZIP Codes Included the Region for PQI

10535 10547 10588 10598, over representing the region population by 11.1% according to the 2000 census.

¹ Region admission rates are defined as hospital admissions per 100,000 population, adjusted for age and sex. The population used in such calculations is derived from the 2006 ZIP code population estimated by Claritas, a national demographic research firm. According to Claritas, the population included in this report for this region was 29,530.

² Expected rate is defined as the statewide rate, adjusted for age and sex unless otherwise defined.

³ White, black, and Hispanic categories are mutually exclusive.

REGION PROFILE

WEST CENTRAL

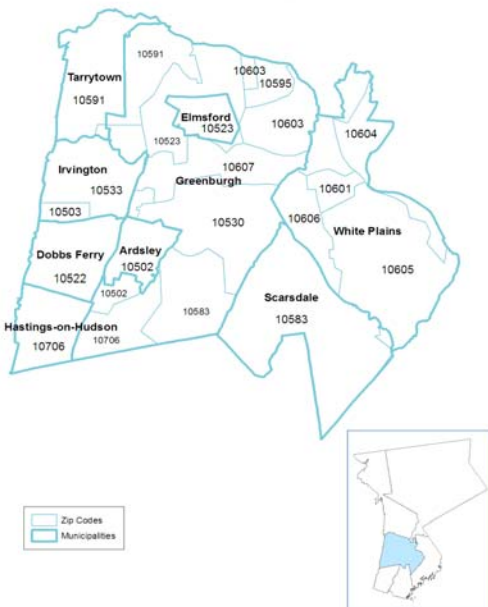
Health Planning Region

DEMOGRAPHICS

	2000	2005-07
Population	157,664	..
Sex		
Male	74,935	..
Female	82,729	..

Age	2000	2005-07
0-4	10,172	..
5-9	11,060	..
10-14	10,653	..
15-17	5,775	..
18-24	9,813	..
25-44	47,039	..
45-64	40,374	..
65-74	12,088	..
75+	10,690	..

WEST CENTRAL HPR



Region Area: 47.0 sq miles

Race & Ethnicity	2000	2005-07
White	11,279	..
Black	20,059	..
Other	126,326	..
Hispanic*	20,768	..
Non-Hispanic	136,896	..

* Hispanic may be of any race.

Family Structure	2000	2005-07
Total Family Households	40,783	..
Families with Children < 18	19,212	..
Single Mother Families	2,699	..

Country of Origin	2000	2005-07
U.S.	120,681	..
Foreign Countries	36,983	..
Non-Citizen (%)	58.7	..

Language Spoken at Home (5+)	2000	2005-07
Non-English (%)	28.4	..

Municipalities Included in Region

Ardsley (V)	Irvington (V)
Dobbs Ferry (V)	Scarsdale (T/V)
Elmsford (V)	Tarrytown (V)
Greenburgh (TOV)	White Plains (City)
Hastings-on-Hudson (V)	

Education (25+)	2000	2005-07
High School or Less	31,348	..
Some College (no degree)	15,868	..
Associate Degree	5,785	..
Bachelor's Degree	27,493	..
Graduate/Professional Degree	30,066	..

ZIP Codes Serving the Region

10502 10503 10522 10523 10530 10533 10583*
 10591* 10601 10602 10603* 10604* 10605
 10606 10607 10706

* Also serve other regions.

Income	1999	2005-07
Median Household Income (\$)	92,087	..
Poverty Rate (%)	5.8	..

REGION PROFILE

WEST CENTRAL

Health Planning Region

BIRTHS (2007)

Total Births	1958
Birth Rate (per 1,000)	12.4
Average Maternal Age	31.5

Mother's Race/Ethnicity	N	%
White	1055	53.9
Black	198	10.1
Other	705	36.0
<i>Hispanic*</i>	576	29.4
<i>Non-Hispanic</i>	1,382	70.6

** Hispanic may be of any race.*

Mother's Education	N	%
Less than High School	265	13.5
High School or GED	260	13.3
Some College (no degree)	306	15.6
Bachelor's Degree	526	26.9
Graduate/Prof. Degree	596	30.4

Mother's Country of Origin	N	%
U.S.	1,033	52.8
Foreign	925	47.2

Prenatal Care*	N	%
Late or No Prenatal Care	70	3.9

** With valid prenatal care information.*

Teen Mothers	N	%
Mother < 20	62	3.2

DEATHS (2007)

	Total	Male	Female
Total Deaths	1128	482	646
Death Rate (per 100,000)	715.4	643.2	780.9

Infant Mortality Rate (per 1,000 live birth) 5.1

Average Age at Death	Total	Male	Female
Total	77.5	73.8	80.3
White	78.9	75.5	81.4
Black	73.4	69.6	75.6
Other	66.6	59.5	75.6
<i>Hispanic*</i>	59.8	51.0	71.8

** Hispanic may be of any race.*

Top Five Causes of Death	N	%
1 Major Cardiovascular Disease	429	38.0
2 Malignant Neoplasms	295	26.2
3 Chronic Lower Respiratory	53	4.7
4 Pneumonia	35	3.1
5 Accidents	30	2.7

COMMUNICABLE DISEASES (2008)

Top Five Reported Diseases	N	Rate*
1 Chlamydia	348	220.7
2 Gonorrhea	45	28.5
3 Campylobacteriosis	30	19.0
4 Salmonellosis	25	15.9
5 Syphilis	18	11.4

** Per 100,000 population.*

SEXUALLY TRANSMITTED DISEASES (2008)

	Cases (N)		Rate (per 100,000)	
	Male	Female	Male	Female
Chlamydia	106	242	141.5	292.5
Gonorrhea	19	26	25.4	31.4
Syphilis (all stages)	11	7	14.7	8.5

REGION PROFILE

WEST CENTRAL

Health Planning Region

EMERGENCY ROOM VISITS (2008)

	N	Rate (per 10,000)
Total	46,233	2,932
Male	22,210	2,964
Female	24,012	2,902
White	25,702	22,787
Black	8,882	4,428
Other	11,649	922
Hispanic*	9,133	4,398
Non-Hispanic	37,100	2,710
<small>* Hispanic may be of any race.</small>		
Under 5	4,200	4,129
5-9	2,186	1,976
10-14	2,297	2,156
15-17	2,015	3,489
18-24	3,920	3,995
25-44	10,957	2,329
45-64	10,560	2,616
65-74	3,348	2,770
75+	6,742	6,307

HOSPITALIZATIONS (2008)

	N	Rate (per 10,000)
Total	18,057	1,145
Male	7,888	1,053
Female	10,169	1,229
White	12,014	10,652
Black	2,523	1,258
Other	3,520	279
Hispanic*	2,140	1,030
Non-Hispanic	15,917	1,163
<small>* Hispanic may be of any race.</small>		
Under 5*	2,050	2,015
5-9	127	115
10-14	215	202
15-17	258	447
18-24	777	792
25-44	3,266	694
45-64	4,117	1,020
65-74	2,258	1,868
75+	4,989	4,667
<small>* Excluding 10,171 newborns.</small>		

Top Five Causes of ER Visits

	N
1 Injuries	12,037
2 Acute respiratory infections	1,955
3 Mental disorders	1,614
4 Infectious & parasitic diseases	1,559
5 Discomfort in chest	1,327

Top Five Causes of Hospitalization*

	N
1 Diseases of circulatory system	2,480
2 Diseases of digestive system	1,469
3 Mental disorders	1,440
4 Injury & Poisoning	1,277
5 Diseases of respiratory system	1,172

* Excluding newborns & obstetrics.

Insurance Type

	N	%
Private	26850	58.1
Medicare	9506	20.6
Medicaid	3208	6.9
Other	1,150	2.5
Self-Pay	5519	11.9

Insurance Type

	N	%
Private	8802	48.7
Medicare	6647	36.8
Medicaid	1889	10.5
Other	121	0.7
Self-Pay	598	3.3

ZIP Codes Included the Region for Tabulations of Emergency Visits and Hospitalizations

10502 10503 10522 10523 10530 10533 10583 (60%) 10591 (50%) 10601 10602 10603 (90%) 10604 (1/3) 10605 10606 10607 10706, representing 97.9% of the region population according to 2000 Census.

REGION PROFILE

WEST CENTRAL

Health Planning Region

PREVENTION QUALITY INDICATORS (PQI)

	Hospital Admissions	Admission Rate ¹	Statewide Rate	As % of Expected ²			
				All	White ³	Black ³	Hispanic ³
Diabetes-Related	210	154	283	54	41	166	55
Short-Term Complications	41	33	52	64	44	196	75
Long-Term Complications	124	89	155	57	43	187	48
Lower Limb Amputation	30	21	37	57	52	77	92
Uncontrolled	15	11	39	29	15	129	18
Respiratory Related	265	191	351	54	47	118	62
Asthma	120	90	174	52	29	172	92
COPD	145	101	178	57	63	63	17
Circulatory-Related	489	345	554	62	57	141	35
Angina	27	19	50	38	35	83	15
Congestive Heart Failure	415	292	443	66	62	140	39
Hypertension	46	33	61	54	38	197	26
Acute Condition Related	830	597	666	90	87	133	64
Bacterial Pneumonia	433	309	381	81	79	127	52
Dehydration	203	146	116	125	117	233	73
Urinary Tract Infection	194	142	169	84	84	77	83

ZIP Codes Included the Region for PQI

10502 10522 10523 10530 10533 10583 10601 10603 10605 10606 10607 10706, representing 99.7% of the region population according to 2000 census.

¹ Region admission rates are defined as hospital admissions per 100,000 population, adjusted for age and sex. The population used in such calculations is derived from the 2006 ZIP code population estimated by Claritas, a national demographic research firm. According to Claritas, the population included in this report for this region was 124,886.

² Expected rate is defined as the statewide rate, adjusted for age and sex unless otherwise defined.

³ White, black, and Hispanic categories are mutually exclusive.

REGION PROFILE

GREENBURGH TOWN

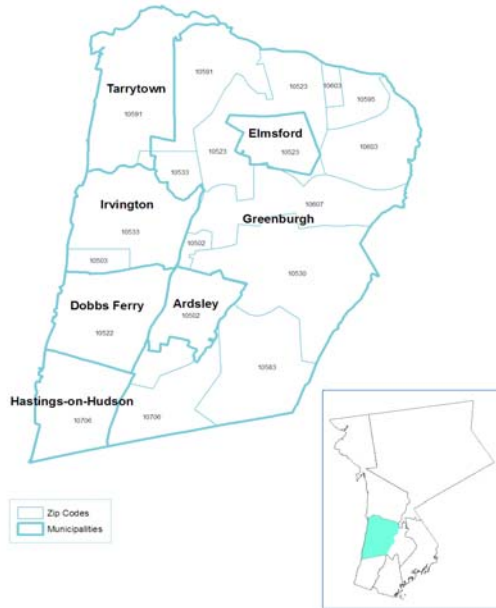
Health Planning Region: WEST CENTRAL

DEMOGRAPHICS

	2000	2005-07
Population	86,764	95,945
Sex		
Male	41,170	44,223
Female	45,594	51,722

Age	2000	2005-07
0-4	5,498	4,775
5-9	5,965	6,424
10-14	5,953	6,895
15-17	3,144	5,054
18-24	5,119	8,959
25-44	25,734	22,659
45-64	22,707	27,979
65-74	6,881	6,701
75+	5,763	6,499

GREENBURGH TOWN



Race & Ethnicity	2000	2005-07
White	62,825	64,041
Black	11,344	12,653
Other	12,595	19,251
Hispanic*	7,825	12,233
Non-Hispanic	78,939	83,712

* Hispanic may be of any race.

Family Structure	2000	2005-07
Total Family Households	23,083	23,161
Families with Children < 18	10,693	11,407
Single Mother Families	1,490	1,698

Country of Origin	2000	2005-07
U.S.	68,569	72,535
Foreign Countries	18,195	23,410
Non-Citizen (%)	54.0	50.8

Language Spoken at Home (5+)	2000	2005-07
Non-English (%)	25.1	27.8

Municipalities Included in Region

Ardsley (V) Irvington (V)
 Dobbs Ferry (V) Tarrytown (V)
 Elmsford (V)
 Greenburgh (TOV)
 Hastings-on-Hudson (V)

Education (25+)	2000	2005-07
High School or Less	15,995	16,246
Some College (no degree)	9,023	7,837
Associate Degree	3,351	3,090
Bachelor's Degree	16,105	16,884
Graduate/Professional Degree	16,841	19,781

ZIP Codes Serving the Region

10502 10503 10522 10523 10530 10533 10583*
 10591* 10603* 10607 10706

* Also serve other regions.

Income	1999	2005-07
Median Household Income (\$)	80,379	97,147
Poverty Rate (%)	3.9	4.8

REGION PROFILE

GREENBURGH TOWN

Health Planning Region: WEST CENTRAL

BIRTHS (2007)

Total Births	1007
Birth Rate (per 1,000)	11.6
Average Maternal Age	32.1

Mother's Race/Ethnicity	N	%
White	594	59.0
Black	111	11.0
Other	302	30.0
<i>Hispanic*</i>	206	20.5
<i>Non-Hispanic</i>	801	79.5

* Hispanic may be of any race.

Mother's Education	N	%
Less than High School	99	9.8
High School or GED	98	9.7
Some College (no degree)	167	16.6
Bachelor's Degree	302	30.0
Graduate/Prof. Degree	338	33.6

Mother's Country of Origin	N	%
U.S.	599	59.5
Foreign	408	40.5

Prenatal Care*	N	%
Late or No Prenatal Care	33	3.6

* With valid prenatal care information.

Teen Mothers	N	%
Mother < 20	21	2.1

DEATHS (2007)

	Total	Male	Female
Total Deaths	625	267	358
Death Rate (per 100,000)	720.3	648.5	785.2

Infant Mortality Rate (per 1,000 live birth) 5.0

Average Age at Death	Total	Male	Female
Total	77.4	73.6	80.3
White	78.9	75.7	81.3
Black	71.5	66.6	74.7
Other	67.0	58.1	78.0
<i>Hispanic*</i>	57.5	49.7	67.9

* Hispanic may be of any race.

Top Five Causes of Death	N	%
1 Major Cardiovascular Disease	229	36.6
2 Malignant Neoplasms	164	26.2
3 Chronic Lower Respiratory	32	5.1
4 Pneumonia	23	3.7
5 Accidents	21	3.4

COMMUNICABLE DISEASES (2008)

Top Five Reported Diseases	N	Rate*
1 Chlamydia	177	204.0
2 Gonorrhea	30	34.6
3 Salmonellosis	15	17.3
4 Campylobacteriosis	12	13.8
5 Giardiasis	11	12.7

* Per 100,000 population.

SEXUALLY TRANSMITTED DISEASES (2008)

	Cases (N)		Rate (per 100,000)	
	Male	Female	Male	Female
Chlamydia	60	117	145.7	256.6
Gonorrhea	12	18	29.1	39.5
Syphilis (all stages)	4	2	9.7	4.4

REGION PROFILE

GREENBURGH TOWN

Health Planning Region: WEST CENTRAL

EMERGENCY ROOM VISITS (2008)

	N	Rate (per 10,000)
Total	25,124	2,896
Male	12,071	2,932
Female	13,051	2,862
White	15,808	2,516
Black	4,043	3,564
Other	5,273	4,187
Hispanic*	3,839	4,906
Non-Hispanic	21,285	2,696
<i>* Hispanic may be of any race.</i>		
Under 5	2,007	3,650
5-9	1,177	1,973
10-14	1,383	2,323
15-17	1,296	4,122
18-24	2,077	4,057
25-44	5,646	2,194
45-64	5,729	2,523
65-74	1,859	2,702
75+	3,950	6,854

HOSPITALIZATIONS (2008)

	N	Rate (per 10,000)
Total	9,829	1,133
Male	4,286	1,041
Female	5,543	1,216
White	6,937	1,104
Black	1,104	973
Other	1,788	1,420
Hispanic*	884	1,130
Non-Hispanic	8,945	1,133
<i>* Hispanic may be of any race.</i>		
Under 5*	1,043	1,897
5-9	74	124
10-14	121	203
15-17	166	528
18-24	380	742
25-44	1,651	642
45-64	2,198	968
65-74	1,252	1,820
75+	2,944	5,108
<i>* Excluding 10,171 newborns.</i>		

Top Five Causes of ER Visits

	N
1 Injuries	7,065
2 Acute respiratory infections	981
3 Mental disorders	845
4 Infectious & parasitic diseases	815
5 Discomfort in chest	706

Top Five Causes of Hospitalization*

	N
1 Diseases of circulatory system	1,385
2 Diseases of digestive system	794
3 Injury & poisoning	738
4 Mental disorders	737
5 Diseases of respiratory system	622

** Excluding newborns & obstetrics.*

Insurance Type

	N	%
Private	14959	59.5
Medicare	5352	21.3
Medicaid	1613	6.4
Other	664	2.6
Self-Pay	2536	10.1

Insurance Type

	N	%
Private	4865	49.5
Medicare	3809	38.8
Medicaid	797	8.1
Other	71	0.7
Self-Pay	287	2.9

ZIP Codes Included the Region for Tabulations of Emergency Visits and Hospitalizations

10502 10503 10522 10523 10530 10533 10583 (15%) 10591 (50%) 10603 (65%) 10607 10706, over representing the region population by 0.4% according to the 2000 census.

REGION PROFILE

GREENBURGH TOWN Health Planning Region: WEST CENTRAL

PREVENTION QUALITY INDICATORS (PQI)

	Hospital Admissions	Admission Rate ¹	Statewide Rate	As % of Expected ²			
				All	White ³	Black ³	Hispanic ³
Diabetes-Related	101	154	283	54	45	129	20
Short-Term Complications	19	32	52	61	58	131	14
Long-Term Complications	62	92	155	60	47	154	20
Lower Limb Amputation	11	16	37	43	47	32	29
Uncontrolled	9	14	39	35	20	122	23
Respiratory Related	136	204	351	58	51	114	72
Asthma	65	100	174	58	31	166	113
COPD	71	104	178	58	67	61	14
Circulatory-Related	276	411	554	74	70	142	35
Angina	15	22	50	44	34	104	39
Congestive Heart Failure	235	350	443	79	78	134	37
Hypertension	26	39	61	64	41	223	17
Acute Condition Related	440	668	666	100	102	114	73
Bacterial Pneumonia	224	337	381	88	91	99	68
Dehydration	104	158	116	136	131	212	44
Urinary Tract Infection	112	174	169	103	106	83	100

ZIP Codes Included the Region for PQI

10502 10522 10523 10530 10533 10603 10607 10706, representing 87.8% of the region population according to the 2000 census.

¹ Region admission rates are defined as hospital admissions per 100,000 population, adjusted for age and sex. The population used in such calculations is derived from the 2006 ZIP code population estimated by Claritas, a national demographic research firm. According to Claritas, the population included in this report for this region was 60,479.

² Expected rate is defined as the statewide rate, adjusted for age and sex unless otherwise defined.

³ White, black, and Hispanic categories are mutually exclusive.

REGION PROFILE

WHITE PLAINS

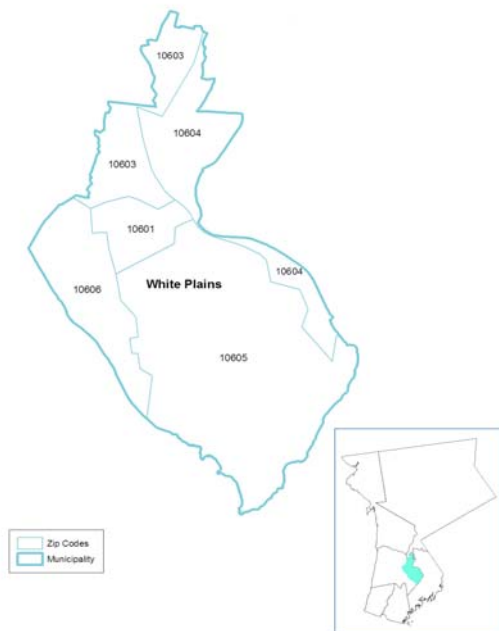
Health Planning Region: WEST CENTRAL

DEMOGRAPHICS

	2000	2005-07
Population	53,077	52,802
Sex		
Male	25,110	24,961
Female	27,967	27,841

Age	2000	2005-07
0-4	3,317	3,119
5-9	3,252	2,341
10-14	2,985	2,952
15-17	1,708	2,407
18-24	3,974	4,268
25-44	17,239	16,236
45-64	12,544	13,709
65-74	4,053	3,833
75+	4,005	3,937

WHITE PLAINS



Region Area: 9.9 sq miles

Race & Ethnicity	2000	2005-07
White	34,465	33,357
Black	8,444	7,197
Other	10,168	12,248
Hispanic*	12,476	15,127
Non-Hispanic	40,601	37,675

* Hispanic may be of any race.

Family Structure	2000	2005-07
Total Family Households	12,704	12,368
Families with Children < 18	5,631	4,773
Single Mother Families	1,062	1,253

Country of Origin	2000	2005-07
U.S.	37,505	36,117
Foreign Countries	15,572	16,685
Non-Citizen (%)	64.2	58.4

Language Spoken at Home (5+)	2000	2005-07
Non-English (%)	35.9	37.4

Municipalities Included in Region

White Plains (City)

Education (25+)	2000	2005-07
High School or Less	14,352	12,228
Some College (no degree)	5,851	4,153
Associate Degree	2,158	2,083
Bachelor's Degree	8,089	9,532
Graduate/Professional Degree	7,533	9,719

ZIP Codes Serving the Region

10601 10602** 10605 10606 10603* 10604*

* Also serve other regions. ** PO Box.

Income	1999	2005-07
Median Household Income (\$)	58,545	73,744
Poverty Rate (%)	9.8	9.5

REGION PROFILE

WHITE PLAINS

Health Planning Region: WEST CENTRAL

BIRTHS (2007)

Total Births	823
Birth Rate (per 1,000)	15.5
Average Maternal Age	30.2

Mother's Race/Ethnicity	N	%
White	359	43.6
Black	85	10.3
Other	379	46.1
<i>Hispanic*</i>	<i>363</i>	<i>44.1</i>
<i>Non-Hispanic</i>	<i>460</i>	<i>55.9</i>

** Hispanic may be of any race.*

Mother's Education	N	%
Less than High School	166	20.2
High School or GED	160	19.4
Some College (no degree)	134	16.3
Bachelor's Degree	169	20.5
Graduate/Prof. Degree	192	23.3

Mother's Country of Origin	N	%
U.S.	348	42.3
Foreign	475	57.7

Prenatal Care*	N	%
Late or No Prenatal Care	37	5.0

** With valid prenatal care information.*

Teen Mothers	N	%
Mother < 20	41	5.0

DEATHS (2007)

	Total	Male	Female
Total Deaths	436	180	256
Death Rate (per 100,000)	821.4	716.8	915.4

Infant Mortality Rate (per 1,000 live birth) 6.1

Average Age at Death	Total	Male	Female
Total	77.2	73.1	80.2
White	78.4	74.0	81.6
Black	75.3	73.8	76.5
Other	65.3	61.4	71.0
<i>Hispanic*</i>	<i>61.1</i>	<i>52.0</i>	<i>75.2</i>

** Hispanic may be of any race.*

Top Five Causes of Death	N	%
1 Major Cardiovascular Disease	172	39.4
2 Malignant Neoplasms	112	25.7
3 Chronic Lower Respiratory	18	4.1
4 Septicemia	12	2.8
5 Pneumonia	9	2.1
5 Accidents	9	2.1
5 Diabetes	9	2.1

COMMUNICABLE DISEASES (2008)

Top Five Reported Diseases	N	Rate*
1 Chlamydia	158	297.7
2 Gonorrhea	15	28.3
3 Campylobacteriosis	12	22.6
4 Syphilis	12	22.6
5 Tuberculosis	8	15.1

** Per 100,000 population.*

SEXUALLY TRANSMITTED DISEASES (2008)

	Cases (N)		Rate (per 100,000)	
	Male	Female	Male	Female
Chlamydia	44	114	175.2	407.6
Gonorrhea	7	8	27.9	28.6
Syphilis (all stages)	7	5	27.9	17.9

REGION PROFILE

WHITE PLAINS

Health Planning Region: WEST CENTRAL

EMERGENCY ROOM VISITS (2008)

	N	Rate (per 10,000)
Total	18,223	3,433
Male	8,736	3,479
Female	9,487	3,392
White	7,574	2,198
Black	4,764	5,642
Other	5,885	5,788
Hispanic*	5,178	4,150
Non-Hispanic	13,045	3,213
<i>* Hispanic may be of any race.</i>		
Under 5	1,993	6,008
5-9	839	2,580
10-14	739	2,476
15-17	588	3,443
18-24	1,634	4,112
25-44	4,809	2,790
45-64	4,180	3,332
65-74	1,244	3,069
75+	2,197	5,486

HOSPITALIZATIONS (2008)

	N	Rate (per 10,000)
Total	6,776	1,277
Male	2,980	1,187
Female	3,796	1,357
White	3,880	1,126
Black	1,391	1,647
Other	1,505	1,480
Hispanic*	1,215	974
Non-Hispanic	5,561	1,370
<i>* Hispanic may be of any race.</i>		
Under 5*	845	2,547
5-9	43	132
10-14	65	218
15-17	74	433
18-24	357	898
25-44	1,376	798
45-64	1,615	1,287
65-74	823	2,031
75+	1,578	3,940
<i>* Excluding 10,171 newborns.</i>		

Top Five Causes of ER Visits

	N
1 Injuries	4,031
2 Acute respiratory infections	895
3 Mental disorders	686
4 Discomfort in chest	535
5 Abdominal pain	521

Top Five Causes of Hospitalization*

	N
1 Diseases of circulatory system	883
2 Mental disorders	644
3 Diseases of digestive system	556
4 Diseases of respiratory system	463
5 Injury & poisoning	423

** Excluding newborns & obstetrics.*

Insurance Type

	N	%
Private	9953	54.6
Medicare	3434	18.8
Medicaid	1556	8.5
Other	440	2.4
Self-Pay	2840	15.6

Insurance Type

	N	%
Private	3097	45.7
Medicare	2276	33.6
Medicaid	1070	15.8
Other	47	0.7
Self-Pay	286	4.2

ZIP Codes Included the Region for Tabulations of Emergency Visits and Hospitalizations

10601 10605 10606 10603 (25%) 10604 (1/3), representing 93.7% of the region population according to 2000 census.

REGION PROFILE

WHITE PLAINS Health Planning Region: WEST CENTRAL

PREVENTION QUALITY INDICATORS (PQI)

	Hospital Admissions	Admission Rate ¹	Statewide Rate	As % of Expected ²			
				All	White ³	Black ³	Hispanic ³
Diabetes-Related	87	224	283	79	52	..	79
Short-Term Complications	20	55	52	107	58	..	122
Long-Term Complications	50	126	155	82	55	..	68
Lower Limb Amputation	12	31	37	82	74	..	108
Uncontrolled	4	10	39	27	6	..	16
Respiratory Related	93	235	351	67	57	..	57
Asthma	41	107	174	62	27	..	81
COPD	52	127	178	72	80	..	22
Circulatory-Related	149	358	554	65	57	..	37
Angina	10	25	50	51	57	..	..
Congestive Heart Failure	125	296	443	67	59	..	43
Hypertension	14	35	61	57	46	..	35
Acute Condition Related	259	624	666	94	86	..	63
Bacterial Pneumonia	140	339	381	89	81	..	47
Dehydration	67	160	116	137	121	..	94
Urinary Tract Infection	52	126	169	74	72	..	79

ZIP Codes Included the Region for PQI

10601 10605 10606, representing 79.4% of the region population according to 2000 census.

¹ Region admission rates are defined as hospital admissions per 100,000 population, adjusted for age and sex. The population used in such calculations is derived from the 2006 ZIP code population estimated by Claritas, a national demographic research firm. According to Claritas, the population included in this report for this region was 36,691.

² Expected rate is defined as the statewide rate, adjusted for age and sex unless otherwise defined.

³ White, black, and Hispanic categories are mutually exclusive.

REGION PROFILE

EAST CENTRAL

Health Planning Region

DEMOGRAPHICS

	2000	2005-07
Population	111,956	..
Sex		
Male	54,182	..
Female	57,774	..

Age	2000	2005-07
0-4	8,142	..
5-9	8,531	..
10-14	7,598	..
15-17	3,959	..
18-24	8,099	..
25-44	34,760	..
45-64	24,884	..
65-74	8,125	..
75+	7,858	..

EAST CENTRAL HPR



Region Area: 37.3 sq miles

Race & Ethnicity	2000	2005-07
White	92,133	..
Black	3,603	..
Other	16,220	..
Hispanic*	19,764	..
Non-Hispanic	92,192	..

* Hispanic may be of any race.

Family Structure	2000	2005-07
Total Family Households	28,784	..
Families with Children < 18	14,188	..
Single Mother Families	1,650	..

Country of Origin	2000	2005-07
U.S.	83,653	..
Foreign Countries	28,303	..
Non-Citizen (%)	66.2	..

Language Spoken at Home (5+)	2000	2005-07
Non-English (%)	32.3	..

Municipalities Included in Region

Harrison (T/V)	Port Chester (V)
Larchmont (V)	Rye (City)
Mamaroneck (V)	Rye Brook (V)
Mamaroneck (TOV)	

Education (25+)	2000	2005-07
High School or Less	27,057	..
Some College (no degree)	10,325	..
Associate Degree	3,687	..
Bachelor's Degree	17,565	..
Graduate/Professional Degree	17,636	..

ZIP Codes Serving the Region

10528 10538 10543 10573 10577 10580 10583*
10604*

Income	1999	2005-07
Median Household Income (\$)	75,463	..
Poverty Rate (%)	6.5	..

REGION PROFILE

EAST CENTRAL

Health Planning Region

BIRTHS (2007)

Total Births	1435
Birth Rate (per 1,000)	12.8
Average Maternal Age	31.8

Mother's Race/Ethnicity	N	%
White	931	64.9
Black	40	2.8
Other	464	32.3
<i>Hispanic*</i>	485	33.8
<i>Non-Hispanic</i>	950	66.2

** Hispanic may be of any race.*

Mother's Education	N	%
Less than High School	257	17.9
High School or GED	204	14.2
Some College (no degree)	202	14.1
Bachelor's Degree	372	25.9
Graduate/Prof. Degree	398	27.7

Mother's Country of Origin	N	%
U.S.	801	55.8
Foreign	634	44.2

Prenatal Care*	N	%
Late or No Prenatal Care	26	3.0

** With valid prenatal care information.*

Teen Mothers	N	%
Mother < 20	55	3.8

DEATHS (2007)

	Total	Male	Female
Total Deaths	603	265	338
Death Rate (per 100,000)	538.6	489.1	585

Infant Mortality Rate (per 1,000 live birth) 1.4

Average Age at Death	Total	Male	Female
Total	79.4	74.9	82.9
White	79.4	74.8	83.1
Black	80.1	76.7	82.8
Other	77.9	82.7	76.3
<i>Hispanic*</i>	70.3	71.9	68.0

** Hispanic may be of any race.*

Top Five Causes of Death	N	%
1 Major Cardiovascular Disease	241	40.0
2 Malignant Neoplasms	154	25.5
3 Chronic Lower Respiratory	27	4.5
4 Accidents	19	3.2
5 Pneumonia	15	2.5

COMMUNICABLE DISEASES (2008)

Top Five Reported Diseases	N	Rate*
1 Chlamydia	171	152.7
2 Salmonellosis	28	25.0
3 Campylobacteriosis	25	22.3
4 Gonorrhea	18	16.1
5 Syphilis	16	14.3

** Per 100,000 population.*

SEXUALLY TRANSMITTED DISEASES (2008)

	Cases (N)		Rate (per 100,000)	
	Male	Female	Male	Female
Chlamydia	42	129	77.5	223.3
Gonorrhea	9	9	16.6	15.6
Syphilis (all stages)	13	3	24.0	5.2

REGION PROFILE

EAST CENTRAL

Health Planning Region

EMERGENCY ROOM VISITS (2008)

	N	Rate (per 10,000)
Total	14,127	1,262
Male	7,003	1,292
Female	7,124	1,233
White	9,701	1,053
Black	1,176	3,264
Other	3,250	2,004
Hispanic*	3,100	1,569
Non-Hispanic	11,027	1,196

* Hispanic may be of any race.

Under 5	1,265	1,554
5-9	595	697
10-14	613	807
15-17	447	1,129
18-24	1,324	1,635
25-44	3,377	972
45-64	3,098	1,245
65-74	1,037	1,276
75+	2,364	3,008

HOSPITALIZATIONS (2008)

	N	Rate (per 10,000)
Total	7,651	683
Male	3,394	626
Female	4,255	736
White	5,768	626
Black	390	1,082
Other	1,493	920
Hispanic*	1,138	576
Non-Hispanic	6,513	706

* Hispanic may be of any race.

Under 5*	969	1,190
5-9	90	105
10-14	106	140
15-17	97	245
18-24	407	503
25-44	1,456	419
45-64	1,632	656
65-74	908	1,118
75+	1,985	2,526

* Excluding 10,171 newborns.

Top Five Causes of ER Visits

	N
1 Injuries	3,380
2 Mental disorders	682
3 Acute respiratory infections	463
4 Discomfort in chest	445
5 Infectious & parasitic diseases	434

Top Five Causes of Hospitalization*

	N
1 Diseases of circulatory system	1,025
2 Mental disorders	607
3 Injury & poisoning	559
4 Diseases of digestive system	554
5 Cancer	507

* Excluding newborns & obstetrics.

Insurance Type

	N	%
Private	7580	53.7
Medicare	3196	22.6
Medicaid	1259	8.9
Other	271	1.9
Self-Pay	1821	12.9

Insurance Type

	N	%
Private	3579	46.8
Medicare	2572	33.6
Medicaid	1192	15.6
Other	36	0.5
Self-Pay	272	3.6

ZIP Codes Included the Region for Tabulations of Emergency Visits and Hospitalizations

10528 10538 10543 10573 10577 10580 10604 (2/3), representing 100.0% of the region population according to 2000 Census.

REGION PROFILE

EAST CENTRAL

Health Planning Region

PREVENTION QUALITY INDICATORS (PQI)

	Hospital Admissions	Admission Rate ¹	Statewide Rate	As % of Expected ²			
				All	White ³	Black ³	Hispanic ³
Diabetes-Related	81	88	283	31	26	..	22
Short-Term Complications	13	15	52	29	33	..	11
Long-Term Complications	47	50	155	32	27	..	28
Lower Limb Amputation	14	15	37	40	34	..	25
Uncontrolled	6	6	39	17	7	..	19
Respiratory Related	76	82	351	23	24	..	21
Asthma	24	26	174	15	14	..	21
COPD	52	55	178	31	33	..	22
Circulatory-Related	180	188	554	34	32	..	16
Angina	14	15	50	30	28	..	8
Congestive Heart Failure	160	166	443	37	36	..	19
Hypertension	6	6	61	11	10	..	7
Acute Condition Related	286	300	666	45	44	..	20
Bacterial Pneumonia	163	170	381	45	44	..	16
Dehydration	72	75	116	65	59	..	23
Urinary Tract Infection	51	54	169	32	32	..	27

ZIP Codes Included the Region for PQI

10528 10538 10543 10573 10577 10580 10604, over representing the region population by 3.1% according to 2000 census.

¹ Region admission rates are defined as hospital admissions per 100,000 population, adjusted for age and sex. The population used in such calculations is derived from the 2006 ZIP code population estimated by Claritas, a national demographic research firm. According to Claritas, the population included in this report for this region was 88,570.

² Expected rate is defined as the statewide rate, adjusted for age and sex unless otherwise defined.

³ White, black, and Hispanic categories are mutually exclusive.

REGION PROFILE

HARRISON TOWN/VILLAGE

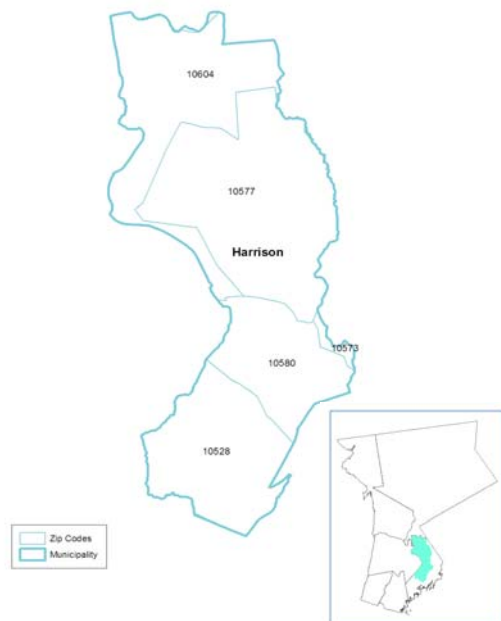
Health Planning Region: EAST CENTRAL

DEMOGRAPHICS

	2000	2005-07
Population	24,154	28,817
Sex		
Male	11,386	12,907
Female	12,768	15,910

Age	2000	2005-07
0-4	1,618	1,607
5-9	1,847	1,990
10-14	1,634	1,735
15-17	817	1,173
18-24	2,322	5,087
25-44	7,097	7,078
45-64	5,282	6,230
65-74	1,831	1,911
75+	1,706	2,006

HARRISON TOWN/VILLAGE



Region Area: 17.4 sq miles

Race & Ethnicity	2000	2005-07
White	21,686	23,613
Black	345	747
Other	2,123	4,457
Hispanic*	1,618	..
Non-Hispanic	22,536	..

* Hispanic may be of any race.

Family Structure	2000	2005-07
Total Family Households	6,187	6534
Families with Children < 18	2,965	3,047
Single Mother Families	319	337

Country of Origin	2000	2005-07
U.S.	19,634	..
Foreign Countries	4,520	..
Non-Citizen (%)	56.0	..

Municipalities Included in Region

Harrison (T/V)

Language Spoken at Home (5+)	2000	2005-07
Non-English (%)	26.7	29.3

Education (25+)	2000	2005-07
High School or Less	5,498	5,894
Some College (no degree)	2,424	2,121
Associate Degree	761	788
Bachelor's Degree	3,895	4,881
Graduate/Professional Degree	3,314	3,541

ZIP Codes Serving the Region

10528 10577 10580* 10604*

* Also serve other regions.

Income	1999	2005-07
Median Household Income (\$)	80,738	100,681
Poverty Rate (%)	5.6	3.1

REGION PROFILE

HARRISON TOWN/VILLAGE

Health Planning Region: EAST CENTRAL

BIRTHS (2007)

Total Births	220
Birth Rate (per 1,000)	9.1
Average Maternal Age	32.7

Mother's Race/Ethnicity	N	%
White	180	81.8
Black	6	2.7
Other	34	15.5
Hispanic*	27	12.3
Non-Hispanic	193	87.7

* Hispanic may be of any race.

Mother's Education	N	%
Less than High School	9	4.1
High School or GED	31	14.1
Some College (no degree)	43	19.5
Bachelor's Degree	64	29.1
Graduate/Prof. Degree	73	33.2

Mother's Country of Origin	N	%
U.S.	162	73.6
Foreign	58	26.4

Prenatal Care*	N	%
Late or No Prenatal Care	2	1.5

* With valid prenatal care information.

Teen Mothers	N	%
Mother < 20	7	3.2

DEATHS (2007)

	Total	Male	Female
Total Deaths	117	65	52
Death Rate (per 100,000)	484.4	570.9	407.3

Infant Mortality Rate (per 1,000 live birth) 9.1

Average Age at Death	Total	Male	Female
Total	79.6	76.5	81.2
White	78.5	76.4	81.2
Black	..	..	..
Other	82.5	..	82.5
Hispanic*	90.5	..	..

* Hispanic may be of any race.

Top Five Causes of Death	N	%
1 Major Cardiovascular Disease	50	42.7
2 Malignant Neoplasms	29	24.8
3 Chronic Lower Respiratory	5	4.3
4 Accidents	5	4.3
5 Nephritis, Nephritic Syndrome	4	3.4

COMMUNICABLE DISEASES (2008)

Top Five Reported Diseases	N	Rate*
1 Chlamydia	35	144.9
2 Gonorrhea	8	33.1
3 Salmonellosis	6	24.8
4 Campylobacteriosis	6	24.8
5 Syphilis	5	20.7

* Per 100,000 population.

SEXUALLY TRANSMITTED DISEASES (2008)

	Cases (N)		Rate (per 100,000)	
	Male	Female	Male	Female
Chlamydia	11	24	96.6	188.0
Gonorrhea	3	5	26.3	39.2
Syphilis (all stages)	2	3	17.6	23.5

REGION PROFILE

HARRISON TOWN/VILLAGE

Health Planning Region: EAST CENTRAL

EMERGENCY ROOM VISITS (2008)

	N	Rate (per 10,000)
Total	4,012	1,661
Male	1,951	1,714
Female	2,061	1,614
White	2,803	1,293
Black	340	9,855
Other	869	4,093
Hispanic*	627	3,875
Non-Hispanic	3,385	1,502
<small>* Hispanic may be of any race.</small>		
Under 5	290	1,792
5-9	184	996
10-14	205	1,255
15-17	154	1,885
18-24	477	2,054
25-44	889	1,253
45-64	849	1,607
65-74	311	1,699
75+	646	3,787

HOSPITALIZATIONS (2008)

	N	Rate (per 10,000)
Total	1,870	774
Male	852	748
Female	1,017	797
White	1,491	688
Black	127	3,681
Other	252	1,187
Hispanic*	134	828
Non-Hispanic	1,736	770
<small>* Hispanic may be of any race.</small>		
Under 5*	188	1,162
5-9	21	114
10-14	27	165
15-17	28	343
18-24	99	426
25-44	348	490
45-64	384	727
65-74	254	1,387
75+	521	3,054
<small>* Excluding 10,171 newborns.</small>		

Top Five Causes of ER Visits

	N
1 Injuries	1,031
2 Mental disorders	191
3 Discomfort in chest	138
4 Acute respiratory infections	132
5 Abdominal pain	124

Top Five Causes of Hospitalization*

	N
1 Diseases of circulatory system	283
2 Mental disorders	164
3 Diseases of digestive system	143
4 Injury & poisoning	141
5 Cancer	124

* Excluding newborns & obstetrics.

Insurance Type

	N	%
Private	2398	59.8
Medicare	845	21.1
Medicaid	223	5.6
Other	81	2.0
Self-Pay	465	11.6

Insurance Type

	N	%
Private	976	52.2
Medicare	664	35.5
Medicaid	168	9.0
Other	9	0.5
Self-Pay	53	2.8

ZIP Codes Included the Region for Tabulations of Emergency Visits and Hospitalizations

10528 10577 10580 (10%) 10604 (2/3), over representing the region population by 1.0% according to 2000 census.

REGION PROFILE

HARRISON TOWN/VILLAGE

Health Planning Region: EAST CENTRAL

PREVENTION QUALITY INDICATORS (PQI)

	Hospital Admissions	Admission Rate ¹	Statewide Rate	As % of Expected ²			
				All	White ³	Black ³	Hispanic ³
Diabetes-Related	16	75	283	27	22	..	..
Short-Term Complications	2	10	52	18	12	..	..
Long-Term Complications	9	42	155	27	26	..	..
Lower Limb Amputation	4	19	37	50	36	..	..
Uncontrolled	..	..	39	..	..	..	..
Respiratory Related	26	122	351	35	37	..	..
Asthma	12	57	174	33	33	..	..
COPD	14	65	178	36	40	..	..
Circulatory-Related	70	326	554	59	54	..	..
Angina	4	19	50	38	39	..	..
Congestive Heart Failure	64	297	443	67	62	..	..
Hypertension	..	..	61	..	..	..	..
Acute Condition Related	101	470	666	71	68	..	..
Bacterial Pneumonia	62	288	381	76	71	..	..
Dehydration	20	94	116	81	78	..	..
Urinary Tract Infection	19	89	169	53	53	..	..

ZIP Codes Included the Region for PQI

10528 10577 10604, over representing the region population by 8.5% according to the 2000 census.

¹ Region admission rates are defined as hospital admissions per 100,000 population, adjusted for age and sex. The population used in such calculations is derived from the 2006 ZIP code population estimated by Claritas, a national demographic research firm. According to Claritas, the population included in this report for this region was 20,805.

² Expected rate is defined as the statewide rate, adjusted for age and sex unless otherwise defined.

³ White, black, and Hispanic categories are mutually exclusive.

REGION PROFILE

MAMARONECK TOWN & RYE TOWN

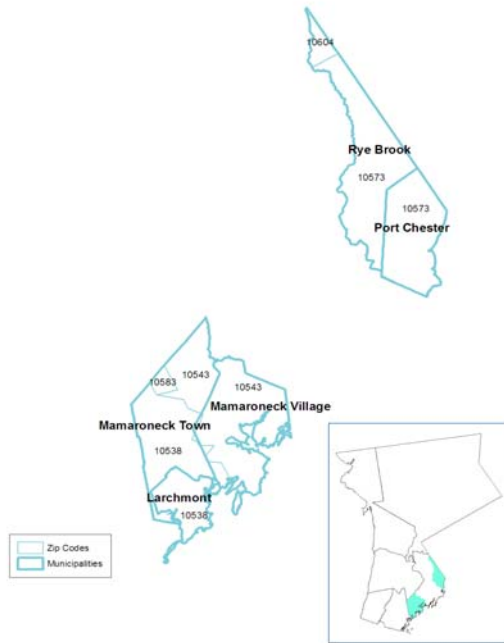
Health Planning Region: EAST CENTRAL

DEMOGRAPHICS

	2000	2005-07
Population	72,847	72,090
Sex		
Male	35,593	36,150
Female	37,254	35,940

Age	2000	2005-07
0-4	5,224	5,214
5-9	5,255	4,702
10-14	4,745	4,308
15-17	2,638	2,539
18-24	5,210	5,178
25-44	23,222	20,032
45-64	16,119	19,176
65-74	5,238	4,840
75+	5,196	6,101

MAMARONECK TOWN & RYE TOWN



Region Area: 13.8 sq miles

Race & Ethnicity	2000	2005-07
White	57,046	54,276
Black	3,068	2,884
Other	12,733	14,930
Hispanic*	17,428	17,470
Non-Hispanic	55,419	54,620

* Hispanic may be of any race.

Family Structure	2000	2005-07
Total Family Households	18,570	18,385
Families with Children < 18	9,067	8,516
Single Mother Families	1,195	862

Country of Origin	2000	2005-07
U.S.	52,278	..
Foreign Countries	20,569	..
Non-Citizen (%)	68.3	..

Language Spoken at Home (5+)	2000	2005-07
Non-English (%)	36.3	38.1

Municipalities Included in Region

Larchmont (V)
Mamaroneck (V)
Mamaroneck (TOV)
Port Chester (V)
Rye Brook (V)

Education (25+)	2000	2005-07
High School or Less	20,038	18,531
Some College (no degree)	6,767	5,703
Associate Degree	2,368	2,503
Bachelor's Degree	10,248	11,098
Graduate/Professional Degree	10,815	12,314

ZIP Codes Serving the Region

10538 10543 10573 10583* 10604*

* Also serve other regions.

Income	1999	2005-07
Median Household Income (\$)	..	..
Poverty Rate (%)	14.6	4.7

REGION PROFILE

MARONECK TOWN & RYE TOWN

Health Planning Region: EAST CENTRAL

BIRTHS (2007)

Total Births	1022
Birth Rate (per 1,000)	14.0
Average Maternal Age	31.1

Mother's Race/Ethnicity	N	%
White	586	57.3
Black	31	3.0
Other	405	39.6
Hispanic*	449	43.9
Non-Hispanic	573	56.1

* Hispanic may be of any race.

Mother's Education	N	%
Less than High School	244	23.9
High School or GED	167	16.3
Some College (no degree)	139	13.6
Bachelor's Degree	217	21.2
Graduate/Prof. Degree	254	24.9

Mother's Country of Origin	N	%
U.S.	496	48.5
Foreign	526	51.5

Prenatal Care*	N	%
Late or No Prenatal Care	23	3.5

* With valid prenatal care information.

Teen Mothers	N	%
Mother < 20	47	4.6

DEATHS (2007)

	Total	Male	Female
Total Deaths	412	172	240
Death Rate (per 100,000)	565.6	483.2	644.2

Infant Mortality Rate (per 1,000 live birth) 0.0

Average Age at Death	Total	Male	Female
Total	79.5	74.9	82.8
White	79.6	74.8	83.1
Black	78.6	74.1	81.5
Other	77.0	82.7	74.6
Hispanic*	68.8	70.6	66.2

* Hispanic may be of any race.

Top Five Causes of Death	N	%
1 Major Cardiovascular Disease	158	38.3
2 Malignant Neoplasms	108	26.2
3 Chronic Lower Respiratory	18	4.4
4 Accidents	12	2.9
5 Pneumonia	12	2.9
5 Nephritis, Nephritic Syndrome	7	1.7

COMMUNICABLE DISEASES (2008)

Top Five Reported Diseases	N	Rate*
1 Chlamydia	131	179.8
2 Salmonellosis	14	19.2
3 Syphilis	14	19.2
4 Campylobacteriosis	13	17.8
5 Gonorrhea	12	16.5

* Per 100,000 population.

SEXUALLY TRANSMITTED DISEASES (2008)

	Cases (N)		Rate (per 100,000)	
	Male	Female	Male	Female
Chlamydia	31	100	87.1	268.4
Gonorrhea	6	6	16.9	16.1
Syphilis (all stages)	11	3	30.9	8.1

REGION PROFILE

MARONECK TOWN & RYE TOWN

Health Planning Region: EAST CENTRAL

EMERGENCY ROOM VISITS (2008)

	N	Rate (per 10,000)
Total	9,152	1,256
Male	4,545	1,277
Female	4,607	1,237
White	6,114	1,072
Black	800	2,608
Other	2,238	1,758
Hispanic*	2,403	1,379
Non-Hispanic	6,749	1,218
<i>* Hispanic may be of any race.</i>		
Under 5	912	1,746
5-9	369	702
10-14	356	750
15-17	261	989
18-24	765	1,468
25-44	2,306	993
45-64	2,041	1,266
65-74	645	1,231
75+	1,497	2,881

HOSPITALIZATIONS (2008)

	N	Rate (per 10,000)
Total	5,087	698
Male	2,180	612
Female	2,906	780
White	3,662	642
Black	250	815
Other	1,175	923
Hispanic*	981	563
Non-Hispanic	4,106	741
<i>* Hispanic may be of any race.</i>		
Under 5*	719	1,376
5-9	55	105
10-14	52	110
15-17	58	220
18-24	281	539
25-44	993	428
45-64	1,100	682
65-74	567	1,082
75+	1,262	2,429
<i>* Excluding 10,171 newborns.</i>		

Top Five Causes of ER Visits

	N
1 Injuries	2,131
2 Mental disorders	448
3 Acute respiratory infections	302
4 Infectious & parasitic diseases	287
5 Discomfort in chest	286

Top Five Causes of Hospitalization*

	N
1 Diseases of circulatory system	647
2 Mental disorders	398
3 Diseases of digestive system	357
4 Injury & poisoning	357
5 Cancer	327

** Excluding newborns & obstetrics.*

Insurance Type

	N	%
Private	4642	50.7
Medicare	2087	22.8
Medicaid	967	10.6
Other	181	2.0
Self-Pay	1275	13.9

Insurance Type

	N	%
Private	2223	43.7
Medicare	1656	32.6
Medicaid	981	19.3
Other	28	0.6
Self-Pay	199	3.9

ZIP Codes Included the Region for Tabulations of Emergency Visits and Hospitalizations

10538 10543 10573, representing 99.5% of the region population according to 2000 census.

REGION PROFILE

MARONECK TOWN & RYE TOWN

Health Planning Region: EAST CENTRAL

PREVENTION QUALITY INDICATORS (PQI)

	Hospital Admissions	Admission Rate ¹	Statewide Rate	As % of Expected ²			
				All	White ³	Black ³	Hispanic ³
Diabetes-Related	59	102	283	36	31	..	23
Short-Term Complications	11	20	52	38	52	..	13
Long-Term Complications	35	60	155	39	31	..	30
Lower Limb Amputation	8	14	37	37	30	..	29
Uncontrolled	5	9	39	22	12	..	11
Respiratory Related	46	79	351	22	23	..	22
Asthma	10	17	174	10	7	..	20
COPD	36	61	178	34	36	..	26
Circulatory-Related	95	156	554	28	27	..	11
Angina	9	15	50	31	30	..	..
Congestive Heart Failure	81	132	443	30	29	..	11
Hypertension	4	7	61	11	11	..	8
Acute Condition Related	162	268	666	40	39	..	18
Bacterial Pneumonia	88	145	381	38	39	..	15
Dehydration	46	76	116	65	59	..	22
Urinary Tract Infection	27	45	169	27	28	..	21

ZIP Codes Included the Region for PQI

10538 10543 10573, representing 99.5% of the region population according to 2000 census.

¹ Region admission rates are defined as hospital admissions per 100,000 population, adjusted for age and sex. The population used in such calculations is derived from the 2006 ZIP code population estimated by Claritas, a national demographic research firm. According to Claritas, the population included in this report for this region was 55,774.

² Expected rate is defined as the statewide rate, adjusted for age and sex unless otherwise defined.

³ White, black, and Hispanic categories are mutually exclusive.

REGION PROFILE

RYE CITY

Health Planning Region: EAST CENTRAL

DEMOGRAPHICS

	2000	2005-07
Population	14,955	..
Sex		
Male	7,203	..
Female	7,752	..

Age	2000	2005-07
0-4	1,300	..
5-9	1,429	..
10-14	1,219	..
15-17	504	..
18-24	567	..
25-44	4,441	..
45-64	3,483	..
65-74	1,056	..
75+	956	..

RYE CITY



Region Area: 6.1 sq miles

Race & Ethnicity	2000	2005-07
White	13,401	..
Black	190	..
Other	1,364	..
Hispanic*	718	..
Non-Hispanic	14,237	..

* Hispanic may be of any race.

Family Structure	2000	2005-07
Total Family Households	4,027	..
Families with Children < 18	2,156	..
Single Mother Families	136	..

Country of Origin	2000	2005-07
U.S.	11,741	..
Foreign Countries	3,214	..
Non-Citizen (%)	67.3	..

Municipalities Included in Region

Rye (City)

Language Spoken at Home (5+)	2000	2005-07
Non-English (%)	22.0	..

Education (25+)	2000	2005-07
High School or Less	1,521	..
Some College (no degree)	1,134	..
Associate Degree	558	..
Bachelor's Degree	3,424	..
Graduate/Professional Degree	3,507	..

ZIP Codes Serving the Region

10580

Income	1999	2005-07
Median Household Income (\$)	110,894	..
Poverty Rate (%)	2.5	..

REGION PROFILE

RYE CITY

Health Planning Region: EAST CENTRAL

BIRTHS (2007)

Total Births	193
Birth Rate (per 1,000)	12.9
Average Maternal Age	34.9

Mother's Race/Ethnicity	N	%
White	165	85.5
Black	3	1.6
Other	25	13.0
Hispanic*	9	4.7
Non-Hispanic	184	95.3

* Hispanic may be of any race.

Mother's Education	N	%
Less than High School	4	2.1
High School or GED	6	3.1
Some College (no degree)	20	10.4
Bachelor's Degree	91	47.2
Graduate/Prof. Degree	71	36.8

Mother's Country of Origin	N	%
U.S.	143	74.1
Foreign	50	25.9

Prenatal Care*	N	%
Late or No Prenatal Care	1	1.6

* With valid prenatal care information.

Teen Mothers	N	%
Mother < 20	1	0.5

DEATHS (2007)

	Total	Male	Female
Total Deaths	74	28	46
Death Rate (per 100,000)	494.8	388.7	593.4

Infant Mortality Rate (per 1,000 live birth) 0.0

Average Age at Death	Total	Male	Female
Total	80.0	71.5	85.2
White	79.6	70.1	84.9
Black	94.5	..	..
Other	..	..	..
Hispanic*	..	..	..

* Hispanic may be of any race.

Top Five Causes of Death	N	%
1 Major Cardiovascular Disease	33	44.6
2 Malignant Neoplasms	17	23.0
3 Chronic Lower Respiratory	4	5.4
4 Septicemia	3	4.1
5 Pneumonia	2	2.7
5 Nephritis, Nephritic Syndrome	2	2.7
5 Chronic Liver Diseases	2	2.7

COMMUNICABLE DISEASES (2008)

Top Five Reported Diseases	N	Rate*
1 Campylobacteriosis	6	40.1
2 Salmonellosis	6	40.1
3 Chlamydia	5	33.4
4 Giardiasis	2	13.4
5 Syphilis	1	6.7

* Per 100,000 population.

SEXUALLY TRANSMITTED DISEASES (2008)

	Cases (N)		Rate (per 100,000)	
	Male	Female	Male	Female
Chlamydia	0	5	0.0	64.5
Gonorrhea	0	0	0.0	0.0
Syphilis (all stages)	1	0	13.9	0.0

REGION PROFILE

RYE CITY

Health Planning Region: EAST CENTRAL

EMERGENCY ROOM VISITS (2008)

	N	Rate (per 10,000)
Total	963	644
Male	507	704
Female	456	588
White	784	585
Black	36	1,895
Other	143	1,048
Hispanic*	70	975
Non-Hispanic	893	627
<i>* Hispanic may be of any race.</i>		
Under 5	63	485
5-9	42	294
10-14	52	427
15-17	32	635
18-24	82	1,446
25-44	183	412
45-64	208	597
65-74	81	767
75+	220	2,301

HOSPITALIZATIONS (2008)

	N	Rate (per 10,000)
Total	694	464
Male	363	504
Female	331	427
White	616	460
Black	13	684
Other	65	477
Hispanic*	23	320
Non-Hispanic	671	471
<i>* Hispanic may be of any race.</i>		
Under 5*	62	477
5-9	14	98
10-14	27	221
15-17	11	218
18-24	26	459
25-44	115	259
45-64	149	428
65-74	87	824
75+	203	2,123
<i>* Excluding 10,171 newborns.</i>		

Top Five Causes of ER Visits	N
1 Injuries	218
2 Disorders of back, neck or spine	45
3 Mental disorders	42
4 Acute respiratory infections	29
5 Abdominal pain	22

Top Five Causes of Hospitalization*	N
1 Diseases of circulatory system	95
2 Musculoskeletal system & connective tissue	68
3 Injury & Poisoning	61
4 Cancer	56
5 Diseases of digestive system	54

** Excluding newborns & obstetrics.*

Insurance Type	N	%
Private	541	56.2
Medicare	264	27.4
Medicaid	68	7.1
Other	9	0.9
Self-Pay	81	8.4

Insurance Type	N	%
Private	380	54.8
Medicare	252	36.3
Medicaid	42	6.1
Other	0	0.0
Self-Pay	20	2.9

ZIP Codes Included the Region for Tabulations of Emergency Visits and Hospitalizations

10580 (90%), over representing the region population by 0.7% according to 2000 census.

REGION PROFILE

RYE CITY

Health Planning Region: EAST CENTRAL

PREVENTION QUALITY INDICATORS (PQI)

	Hospital Admissions	Admission Rate ¹	Statewide Rate	As % of Expected ²			
				All	White ³	Black ³	Hispanic ³
Diabetes-Related	5	38	283	13	13	..	..
Short-Term Complications	..	..	52	..	..	..	..
Long-Term Complications	3	22	155	14	13	..	..
Lower Limb Amputation	5	38	37	103	103	..	..
Uncontrolled	..	..	39	..	..	..	..
Respiratory Related	4	30	351	8	9	..	..
Asthma	2	15	174	9	10	..	..
COPD	2	14	178	8	9	..	..
Circulatory-Related	15	109	554	20	21	..	..
Angina	..	..	50	..	..	..	..
Congestive Heart Failure	14	102	443	23	24	..	..
Hypertension	..	..	61	..	..	..	..
Acute Condition Related	23	171	666	26	24	..	..
Bacterial Pneumonia	13	96	381	25	23	..	..
Dehydration	5	37	116	32	34	..	..
Urinary Tract Infection	4	31	169	18	19	..	..

ZIP Codes Included the Region for PQI

10580, over representing the region population by 11.9% according to 2000 census.

¹ Region admission rates are defined as hospital admissions per 100,000 population, adjusted for age and sex. The population used in such calculations is derived from the 2006 ZIP code population estimated by Claritas, a national demographic research firm. According to Claritas, the population included in this report for this region was 11,991.

² Expected rate is defined as the statewide rate, adjusted for age and sex unless otherwise defined.

³ White, black, and Hispanic categories are mutually exclusive.

REGION PROFILE

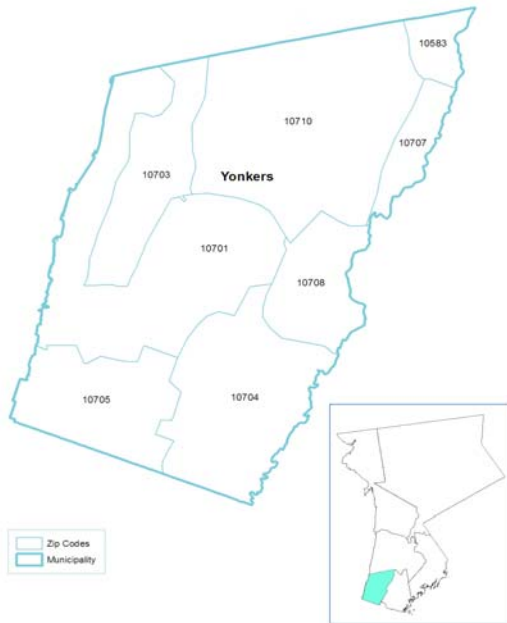
YONKERS SOUTHWEST Health Planning Region

DEMOGRAPHICS

	2000	2005-07
Population	196,086	195,817
Sex		
Male	92,132	93,853
Female	103,954	101,964

Age	2000	2005-07
0-4	13,702	12,923
5-9	13,919	12,724
10-14	12,945	12,956
15-17	7,148	7,372
18-24	17,335	17,592
25-44	60,082	53,339
45-64	41,578	50,114
65-74	15,006	14,494
75+	14,371	14,303

YONKERS / SOUTHWEST HPR



Region Area: 18.4 sq miles

Race & Ethnicity	2000	2005-07
White	118,007	110,927
Black	32,575	36,752
Other	45,504	48,138
Hispanic*	50,852	58,102
Non-Hispanic	145,234	137,715

* Hispanic may be of any race.

Family Structure	2000	2005-07
Total Family Households	49,290	46,576
Families with Children < 18	23,001	21,264
Single Mother Families	7,200	6,356

Country of Origin	2000	2005-07
U.S.	144,399	140,676
Foreign Countries	51,687	55,141
Non-Citizen (%)	56.4	49.0

Language Spoken at Home (5+)	2000	2005-07
Non-English (%)	39.0	41.0

Municipalities Included in Region

Yonkers (City)

Education (25+)	2000	2005-07
High School or Less	69,268	67,557
Some College (no degree)	22,591	17,401
Associate Degree	7,179	9,733
Bachelor's Degree	19,142	21,644
Graduate/Professional Degree	13,569	15,915

ZIP Codes Serving the Region

10583* 10701 10702** 10703 10704 10705
10707* 10708* 10710

* Also serve other regions. ** PO Box.

Income	1999	2005-07
Median Household Income (\$)	44,663	53,320
Poverty Rate (%)	15.5	13.1

REGION PROFILE

YONKERS

SOUTHWEST Health Planning Region

BIRTHS (2007)

Total Births	2888
Birth Rate (per 1,000)	14.7
Average Maternal Age	29.0

Mother's Race/Ethnicity	N	%
White	1876	65.0
Black	592	20.5
Other	420	14.5
<i>Hispanic*</i>	<i>1233</i>	<i>42.7</i>
<i>Non-Hispanic</i>	<i>1,655</i>	<i>57.3</i>

* Hispanic may be of any race.

Mother's Education	N	%
Less than High School	728	25.2
High School or GED	619	21.4
Some College (no degree)	703	24.3
Bachelor's Degree	470	16.3
Graduate/Prof. Degree	363	12.6

Mother's Country of Origin	N	%
U.S.	1,510	52.3
Foreign	1,378	47.7

Prenatal Care*	N	%
Late or No Prenatal Care	190	7.0

* With valid prenatal care information.

Teen Mothers	N	%
Mother < 20	209	7.2

DEATHS (2007)

	Total	Male	Female
Total Deaths	1573	753	820
Death Rate (per 100,000)	802.2	817.3	788.8

Infant Mortality Rate (per 1,000 live birth) 5.5

Average Age at Death	Total	Male	Female
Total	74.7	71.2	77.9
White	77.0	73.3	80.5
Black	61.8	57.8	65.0
Other	66.6	65.9	67.2
<i>Hispanic*</i>	<i>61.8</i>	<i>58.7</i>	<i>64.5</i>

* Hispanic may be of any race.

Top Five Causes of Death	N	%
1 Major Cardiovascular Disease	671	42.7
2 Malignant Neoplasms	360	22.9
3 Chronic Lower Respiratory	73	4.6
4 Accidents	50	3.2
5 Pneumonia	41	2.6

COMMUNICABLE DISEASES (2008)

Top Five Reported Diseases	N	Rate*
1 Chlamydia	718	366.2
2 Gonorrhea	98	50.0
3 Syphilis	76	38.8
4 Salmonellosis	28	14.3
5 Campylobacteriosis	13	6.6

* Per 100,000 population.

SEXUALLY TRANSMITTED DISEASES (2008)

	Cases (N)		Rate (per 100,000)	
	Male	Female	Male	Female
Chlamydia	213	505	231.2	485.8
Gonorrhea	52	46	56.4	44.3
Syphilis (all stages)	44	32	47.8	30.8

REGION PROFILE

YONKERS

SOUTHWEST Health Planning Region

EMERGENCY ROOM VISITS (2008)

	N	Rate (per 10,000)
Total	84,696	4,319
Male	38,995	4,233
Female	45,701	4,396
White	36,752	3,114
Black	21,830	6,701
Other	26,114	5,739
Hispanic*	27,992	5,505
Non-Hispanic	56,704	3,904
<small>* Hispanic may be of any race.</small>		
Under 5	9,001	6,569
5-9	4,212	3,026
10-14	3,683	2,845
15-17	2,907	4,067
18-24	9,284	5,356
25-44	24,122	4,015
45-64	17,947	4,316
65-74	4,979	3,318
75+	8,561	5,957

HOSPITALIZATIONS (2008)

	N	Rate (per 10,000)
Total	29,951	1,527
Male	12,926	1,403
Female	17,010	1,636
White	17,070	1,447
Black	5,663	1,738
Other	7,218	1,586
Hispanic*	7,146	1,405
Non-Hispanic	22,805	1,570
<small>* Hispanic may be of any race.</small>		
Under 5*	3,572	2,607
5-9	228	164
10-14	332	256
15-17	345	483
18-24	1,647	950
25-44	6,324	1,053
45-64	7,122	1,713
65-74	3,532	2,354
75+	6,849	4,766
<small>* Excluding 10,171 newborns.</small>		

Top Five Causes of ER Visits

	N
1 Injuries	17,672
2 Acute respiratory infections	5,547
3 Mental disorders	3,034
4 Discomfort in chest	2,492
5 Abdominal pain	2,457

Top Five Causes of Hospitalization*

	N
1 Diseases of circulatory system	4,231
2 Mental disorders	2,595
3 Diseases of respiratory system	2,339
4 Diseases of digestive system	2,294
5 Injury & poisoning	1,879

* Excluding newborns & obstetrics.

Insurance Type

	N	%
Private	39071	46.1
Medicare	12774	15.1
Medicaid	16448	19.4
Other	2,069	2.4
Self-Pay	14334	16.9

Insurance Type

	N	%
Private	14219	47.5
Medicare	9309	31.1
Medicaid	4704	15.7
Other	154	0.5
Self-Pay	1565	5.2

ZIP Codes Included the Region for Tabulations of Emergency Visits and Hospitalizations

10583 (15%) 10701 10703 10704 10705 10707 (1/3) 10708 (50%) 10710, over representing the region population by 0.4% according to 2000 census.

REGION PROFILE

YONKERS SOUTHWEST Health Planning Region

PREVENTION QUALITY INDICATORS (PQI)

	Hospital Admissions	Admission Rate ¹	Statewide Rate	As % of Expected ²			
				All	White ³	Black ³	Hispanic ³
Diabetes-Related	469	342	283	121	79	312	130
Short-Term Complications	92	69	52	133	83	331	117
Long-Term Complications	260	188	155	121	87	299	128
Lower Limb Amputation	42	31	37	82	53	245	93
Uncontrolled	74	55	39	141	72	385	186
Respiratory Related	720	516	351	147	124	280	150
Asthma	379	278	174	160	97	342	199
COPD	341	239	178	135	145	198	77
Circulatory-Related	1,063	746	554	135	113	283	127
Angina	100	74	50	148	106	283	179
Congestive Heart Failure	822	571	443	129	115	251	110
Hypertension	141	102	61	168	103	469	174
Acute Condition Related	1,197	837	666	126	119	181	119
Bacterial Pneumonia	647	454	381	119	110	189	108
Dehydration	241	168	116	145	147	194	113
Urinary Tract Infection	308	215	169	127	119	155	148

ZIP Codes Included the Region for PQI

10701 10703 10704 10705 10710, representing 90.1% of the region population according to the 2000 census.

¹ Region admission rates are defined as hospital admissions per 100,000 population, adjusted for age and sex. The population used in such calculations is derived from the 2006 ZIP code population estimated by Claritas, a national demographic research firm. According to Claritas, the population included in this report for this region was 134,761.

² Expected rate is defined as the statewide rate, adjusted for age and sex unless otherwise defined.

³ White, black, and Hispanic categories are mutually exclusive.

REGION PROFILE

SOUTHEAST Health Planning Region

DEMOGRAPHICS

	2000	2005-07
Population	183,747	..
Sex		
Male	85,543	..
Female	98,204	..

Age	2000	2005-07
0-4	12,721	..
5-9	13,276	..
10-14	12,661	..
15-17	6,874	..
18-24	14,289	..
25-44	55,203	..
45-64	41,924	..
65-74	13,343	..
75+	13,456	..

SOUTHEAST HPR



Region Area: 21.9 sq miles

Race & Ethnicity	2000	2005-07
White	106,296	..
Black	56,011	..
Other	21,440	..
Hispanic*	23,691	..
Non-Hispanic	160,056	..

* Hispanic may be of any race.

Family Structure	2000	2005-07
Total Family Households	45,813	..
Families with Children < 18	22,244	..
Single Mother Families	5,416	..

Country of Origin	2000	2005-07
U.S.	137,322	..
Foreign Countries	46,425	..
Non-Citizen (%)	58.8	..

Language Spoken at Home (5+)	2000	2005-07
Non-English (%)	26.5	..

Municipalities Included in Region

Bronxville (V)	Pelham (V)
Eastchester (TOV)	Pelham Manor (V)
Mount Vernon (City)	Tuckahoe (V)
New Rochelle (City)	

Education (25+)	2000	2005-07
High School or Less	52,794	..
Some College (no degree)	18,610	..
Associate Degree	7,233	..
Bachelor's Degree	23,956	..
Graduate/Professional Degree	22,027	..

ZIP Codes Serving the Region

10538* 10550 10551** 10552 10553 10583*
 10707* 10708* 10709 10801 10802** 10803
 10804 10805

* Also serve other regions. ** PO Box.

Income	1999	2005-07
Median Household Income (\$)	51,548	..
Poverty Rate (%)	10.4	..

REGION PROFILE

SOUTHEAST

Health Planning Region

BIRTHS (2007)

Total Births	2384
Birth Rate (per 1,000)	13.0
Average Maternal Age	30.5

Mother's Race/Ethnicity	N	%
White	953	40.0
Black	687	28.8
Other	744	31.2
Hispanic*	615	25.8
Non-Hispanic	1,769	74.2

* Hispanic may be of any race.

Mother's Education	N	%
Less than High School	449	18.8
High School or GED	376	15.8
Some College (no degree)	483	20.3
Bachelor's Degree	547	22.9
Graduate/Prof. Degree	522	21.9

Mother's Country of Origin	N	%
U.S.	1,321	55.4
Foreign	1,063	44.6

Prenatal Care*	N	%
Late or No Prenatal Care	104	4.7

* With valid prenatal care information.

Teen Mothers	N	%
Mother < 20	99	4.2

DEATHS (2007)

	Total	Male	Female
Total Deaths	1461	653	80.8
Death Rate (per 100,000)	795.1	763.4	82.28

Infant Mortality Rate (per 1,000 live birth) 6.7

Average Age at Death	Total	Male	Female
Total	75.2	71.0	78.7
White	78.5	74.8	81.4
Black	68.7	63.6	72.6
Other	65.0	59.5	72.1
Hispanic*	61.0	54.2	65.4

* Hispanic may be of any race.

Top Five Causes of Death	N	%
1 Major Cardiovascular Disease	605	41.4
2 Malignant Neoplasms	349	23.9
3 Chronic Lower Respiratory	62	4.2
4 Accidents	47	3.2
5 Septicemia	45	3.1

COMMUNICABLE DISEASES (2008)

Top Five Reported Diseases	N	Rate*
1 Chlamydia	845	459.9
2 Gonorrhea	165	89.8
3 Syphilis	54	29.4
4 Giardiasis	21	11.4
5 Invasive Strep Pneumoniae	19	10.3

* Per 100,000 population.

SEXUALLY TRANSMITTED DISEASES (2008)

	Cases (N)		Rate (per 100,000)	
	Male	Female	Male	Female
Chlamydia	234	611	273.5	622.2
Gonorrhea	88	77	102.9	78.4
Syphilis (all stages)	27	27	31.6	27.5

REGION PROFILE

SOUTHEAST Health Planning Region

EMERGENCY ROOM VISITS (2008)

	N	Rate (per 10,000)
Total	66,752	3,633
Male	30,217	3,532
Female	36,534	3,720
White	29,336	2,760
Black	30,428	5,433
Other	6,988	3,259
Hispanic*	10,107	4,266
Non-Hispanic	56,645	3,539
<i>* Hispanic may be of any race.</i>		
Under 5	5,965	4,689
5-9	3,126	2,355
10-14	2,817	2,225
15-17	1,991	2,896
18-24	6,653	4,656
25-44	18,221	3,301
45-64	15,043	3,588
65-74	4,770	3,575
75+	8,162	6,066

HOSPITALIZATIONS (2008)

	N	Rate (per 10,000)
Total	24,236	1,319
Male	9,999	1,169
Female	14,230	1,449
White	12,650	1,190
Black	8,551	1,527
Other	3,035	1,416
Hispanic*	2,103	888
Non-Hispanic	22,133	1,383
<i>* Hispanic may be of any race.</i>		
Under 5*	2,693	2,117
5-9	194	146
10-14	288	227
15-17	198	288
18-24	1,169	818
25-44	4,907	889
45-64	5,692	1,358
65-74	3,048	2,284
75+	6,047	4,494
<i>* Excluding 10,171 newborns.</i>		

Top Five Causes of ER Visits

	N
1 Injuries	14,259
2 Acute respiratory infections	3,662
3 Mental disorders	2,562
4 Infectious & parasitic diseases	2,375
5 Discomfort in chest	2,202

Top Five Causes of Hospitalization*

	N
1 Diseases of circulatory system	3,340
2 Mental disorders	2,098
3 Diseases of digestive system	1,645
4 Diseases of respiratory system	1,500
5 Injury & poisoning	1,107

** Excluding newborns & obstetrics.*

Insurance Type

	N	%
Private	26137	39.2
Medicare	13506	20.2
Medicaid	15660	23.5
Other	786	1.2
Self-Pay	10663	16.0

Insurance Type

	N	%
Private	9806	40.5
Medicare	8851	36.5
Medicaid	4709	19.4
Other	114	0.5
Self-Pay	756	3.1

ZIP Codes Included the Region for Tabulations of Emergency Visits and Hospitalizations

10550 10552 10553 10583 (15%) 10707 (2/3) 10708 (1/2) 10709 10801 10803 10804 10805, over representing the region population by 0.8% according to 2000 Census.

REGION PROFILE

SOUTHEAST Health Planning Region

PREVENTION QUALITY INDICATORS (PQI)

	Hospital Admissions	Admission Rate ¹	Statewide Rate	As % of Expected ²			
				All	White ³	Black ³	Hispanic ³
Diabetes-Related	403	306	283	108	55	224	71
Short-Term Complications	83	66	52	127	50	245	138
Long-Term Complications	203	152	155	98	53	207	42
Lower Limb Amputation	49	37	37	100	60	199	61
Uncontrolled	67	51	39	132	64	286	64
Respiratory Related	448	332	351	95	82	132	69
Asthma	243	184	174	106	60	194	81
COPD	205	149	178	84	100	65	53
Circulatory-Related	778	556	554	100	81	168	32
Angina	53	40	50	80	64	125	42
Congestive Heart Failure	618	437	443	99	86	154	27
Hypertension	106	79	61	129	50	301	52
Acute Condition Related	813	581	666	87	86	100	58
Bacterial Pneumonia	465	333	381	88	85	107	47
Dehydration	166	118	116	101	105	106	72
Urinary Tract Infection	182	129	169	77	75	81	73

ZIP Codes Included the Region for PQI

10550 10552 10553 10707 10709 10801 10803 10804 10805, representing 91.1% of the region population according to 2000 census.

¹ Region admission rates are defined as hospital admissions per 100,000 population, adjusted for age and sex. The population used in such calculations is derived from the 2006 ZIP code population estimated by Claritas, a national demographic research firm. According to Claritas, the population included in this report for this region was 127,124.

² Expected rate is defined as the statewide rate, adjusted for age and sex unless otherwise defined.

³ White, black, and Hispanic categories are mutually exclusive.

REGION PROFILE

EASTCHESTER TOWN Health Planning Region: SOUTHEAST

DEMOGRAPHICS

	2000	2005-07
Population	31,318	33,401
Sex		
Male	14,629	16,125
Female	16,689	17,276

Age	2000	2005-07
0-4	2,120	2,258
5-9	2,253	2,276
10-14	2,104	2,679
15-17	991	1,708
18-24	1,700	1,990
25-44	9,329	8,375
45-64	7,586	9,019
65-74	2,621	2,328
75+	2,614	2,768

EASTCHESTER TOWN



Region Area: 5.0 sq miles

Race & Ethnicity	2000	2005-07
White	27,355	28,636
Black	878	865
Other	3,085	3,900
Hispanic*	1,402	..
Non-Hispanic	29,916	..

* Hispanic may be of any race.

Family Structure	2000	2005-07
Total Family Households	8,412	8559
Families with Children < 18	3,960	4,473
Single Mother Families	494	508

Country of Origin	2000	2005-07
U.S.	26,079	..
Foreign Countries	5,239	..
Non-Citizen (%)	56.5	..

Language Spoken at Home (5+)	2000	2005-07
Non-English (%)	22.2	18.7

Municipalities Included in Region

Bronxville (V)
Eastchester (TOV)
Tuckahoe (V)

Education (25+)	2000	2005-07
High School or Less	5,968	5,751
Some College (no degree)	3,355	2,307
Associate Degree	1,255	1,112
Bachelor's Degree	5,973	6,875
Graduate/Professional Degree	5,607	6,445

ZIP Codes Serving the Region

10583* 10707* 10708* 10709

* Also serve other regions.

Income	1999	2005-07
Median Household Income (\$)	78,224	101,425
Poverty Rate (%)	4.2	2.8

REGION PROFILE

EASTCHESTER TOWN Health Planning Region: SOUTHEAST

BIRTHS (2007)			DEATHS (2007)				
Total Births	397		Total	Male	Female		
Birth Rate (per 1,000)	12.7		Total Deaths	236	108	128	
Average Maternal Age	33.7		Death Rate (per 100,000)	753.6	738.3	767	
Mother's Race/Ethnicity	N	%	Infant Mortality Rate (per 1,000 live birth) 2.5				
White	318	80.1	Average Age at Death				
Black	12	3.0	Total	Male	Female		
Other	67	16.9	Total	77.2	73.4	80.5	
Hispanic*	26	6.5	White	77.7	73.8	80.8	
Non-Hispanic	371	93.5	Black	72.8	70.8	74.5	
<small>* Hispanic may be of any race.</small>			Other	69.2	67.6	..	
			Hispanic*	71.6	77.5	63.7	
			<small>* Hispanic may be of any race.</small>				
Mother's Education	N	%	Top Five Causes of Death				
Less than High School	5	1.3		N	%		
High School or GED	21	5.3	1 Major Cardiovascular Disease	95	40.3		
Some College (no degree)	49	12.3	2 Malignant Neoplasms	72	30.5		
Bachelor's Degree	166	41.8	3 Chronic Lower Respiratory	9	3.8		
Graduate/Prof. Degree	156	39.3	4 Accidents	8	3.4		
			5 Septicemia	7	3.0		
Mother's Country of Origin	N	%	COMMUNICABLE DISEASES (2008)				
U.S.	290	73.0	Top Five Reported Diseases				
Foreign	107	27.0		N	Rate*		
			1 Chlamydia	23	73.4		
			2 Salmonellosis	5	16.0		
			3 Gonorrhea	3	9.6		
			4 Campylobacteriosis	2	6.4		
			5 Syphilis	1	3.2		
			<small>* Per 100,000 population.</small>				
Prenatal Care*	N	%	SEXUALLY TRANSMITTED DISEASES (2008)				
Late or No Prenatal Care	5	1.4	Cases (N)		Rate (per 100,000)		
<small>* With valid prenatal care information.</small>			Male	Female	Male	Female	
			Chlamydia	6	17	41.0	101.9
			Gonorrhea	2	1	13.7	6.0
			Syphilis (all stages)	1	0	6.8	0.0
Teen Mothers	N	%					
Mother < 20	1	0.3					

REGION PROFILE

EASTCHESTER TOWN Health Planning Region: SOUTHEAST

EMERGENCY ROOM VISITS (2008)

	N	Rate (per 10,000)
Total	6,300	2,012
Male	2,946	2,014
Female	3,354	2,010
White	4,965	1,815
Black	390	4,442
Other	945	3,063
Hispanic*	428	3,053
Non-Hispanic	5,872	1,963
<i>* Hispanic may be of any race.</i>		
Under 5	417	1,967
5-9	267	1,185
10-14	289	1,374
15-17	198	1,998
18-24	444	2,612
25-44	1,354	1,451
45-64	1,461	1,926
65-74	556	2,121
75+	1,309	5,008

HOSPITALIZATIONS (2008)

	N	Rate (per 10,000)
Total	3,417	1,091
Male	1,415	967
Female	2,000	1,198
White	2,762	1,010
Black	149	1,697
Other	506	1,640
Hispanic*	160	1,141
Non-Hispanic	3,257	1,089
<i>* Hispanic may be of any race.</i>		
Under 5*	386	1,821
5-9	21	93
10-14	31	147
15-17	27	272
18-24	81	476
25-44	621	666
45-64	739	974
65-74	443	1,690
75+	1,068	4,086
<i>* Excluding 10,171 newborns.</i>		

Top Five Causes of ER Visits

	N
1 Injuries	1,702
2 Discomfort in chest	210
3 Mental disorders	195
4 Acute respiratory infections	191
5 Abdominal pain	173

Top Five Causes of Hospitalization*

	N
1 Diseases of circulatory system	468
2 Diseases of digestive system	289
3 Cancer	246
4 Injury & Poisoning	238
5 Diseases of respiratory system	232

** Excluding newborns & obstetrics.*

Insurance Type

	N	%
Private	4002	63.5
Medicare	1582	25.1
Medicaid	197	3.1
Other	107	1.7
Self-Pay	412	6.5

Insurance Type

	N	%
Private	1927	56.4
Medicare	1278	37.4
Medicaid	115	3.4
Other	21	0.6
Self-Pay	76	2.2

ZIP Codes Included the Region for Tabulations of Emergency Visits and Hospitalizations

10583 (15%) 10707 (2/3) 10708 (50%) 10709, over representing the region population by 3.6% according to 2000 census.

REGION PROFILE

EASTCHESTER TOWN Health Planning Region: SOUTHEAST

PREVENTION QUALITY INDICATORS (PQI)

	Hospital Admissions	Admission Rate ¹	Statewide Rate	As % of Expected ²			
				All	White ³	Black ³	Hispanic ³
Diabetes-Related	21	131	283	46	39	..	..
Short-Term Complications	..	..	52	..	..	..	..
Long-Term Complications	18	109	155	70	53	..	..
Lower Limb Amputation	2	12	37	32	36	..	..
Uncontrolled	..	..	39	..	..	..	..
Respiratory Related	48	292	351	83	81	..	..
Asthma	18	117	174	67	56	..	..
COPD	30	172	178	97	102	..	..
Circulatory-Related	70	403	554	73	66	..	..
Angina	5	31	50	62	42	..	..
Congestive Heart Failure	59	334	443	75	70	..	..
Hypertension	5	31	61	50	52	..	..
Acute Condition Related	113	661	666	99	96	..	..
Bacterial Pneumonia	54	313	381	82	80	..	..
Dehydration	35	204	116	176	180	..	..
Urinary Tract Infection	24	144	169	85	73	..	..

ZIP Codes Included the Region for PQI

10707 10709, representing 59.2% of the region population according to the 2000 census.

¹ Region admission rates are defined as hospital admissions per 100,000 population, adjusted for age and sex. The population used in such calculations is derived from the 2006 ZIP code population estimated by Claritas, a national demographic research firm. According to Claritas, the population included in this report for this region was 14,149.

² Expected rate is defined as the statewide rate, adjusted for age and sex unless otherwise defined.

³ White, black, and Hispanic categories are mutually exclusive.

REGION PROFILE

MOUNT VERNON

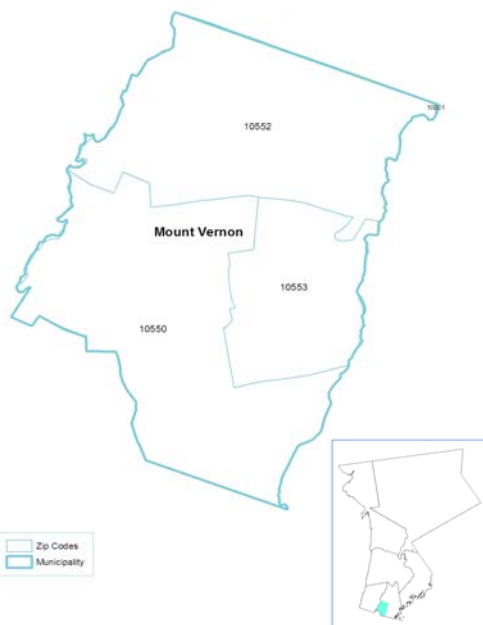
Health Planning Region: SOUTHEAST

DEMOGRAPHICS

	2000	2005-07
Population	68,381	65,759
Sex		
Male	30,861	29,626
Female	37,520	36,133

Age	2000	2005-07
0-4	4,827	4,563
5-9	5,016	4,356
10-14	4,777	4,343
15-17	2,698	2,939
18-24	5,672	6,257
25-44	21,239	18,284
45-64	15,309	16,310
65-74	4,441	4,937
75+	4,402	3,770

MOUNT VERNON



Region Area: 4.4 sq miles

Race & Ethnicity	2000	2005-07
White	19,577	17,177
Black	40,743	39,627
Other	8,061	8,955
Hispanic*	7,083	8,419
Non-Hispanic	61,298	57,340

* Hispanic may be of any race.

Family Structure	2000	2005-07
Total Family Households	16,669	15,136
Families with Children < 18	8,004	7,383
Single Mother Families	3,170	3,122

Country of Origin	2000	2005-07
U.S.	48,499	46,369
Foreign Countries	19,882	19,390
Non-Citizen (%)	55.9	55.5

Language Spoken at Home (5+)	2000	2005-07
Non-English (%)	23.3	23.2

Education (25+)	2000	2005-07
High School or Less	23,834	20,890
Some College (no degree)	7,621	7,857
Associate Degree	3,192	3,645
Bachelor's Degree	6,600	6,411
Graduate/Professional Degree	4,458	4,498

Municipalities Included in Region

Mt. Vernon (City)

ZIP Codes Serving the Region

10550 10551** 10552 10553

** PO Box.

Income	1999	2005-07
Median Household Income (\$)	41,128	49,705
Poverty Rate (%)	14.2	11.3

REGION PROFILE

MOUNT VERNON

Health Planning Region: SOUTHEAST

BIRTHS (2007)

Total Births	932
Birth Rate (per 1,000)	13.6
Average Maternal Age	28.9

Mother's Race/Ethnicity	N	%
White	167	17.9
Black	519	55.7
Other	246	26.4
Hispanic*	195	20.9
Non-Hispanic	737	79.1

* Hispanic may be of any race.

Mother's Education	N	%
Less than High School	206	22.1
High School or GED	204	21.9
Some College (no degree)	254	27.3
Bachelor's Degree	156	16.7
Graduate/Prof. Degree	107	11.5

Mother's Country of Origin	N	%
U.S.	490	52.6
Foreign	442	47.4

Prenatal Care*	N	%
Late or No Prenatal Care	53	5.9

* With valid prenatal care information.

Teen Mothers	N	%
Mother < 20	54	5.8

DEATHS (2007)

	Total	Male	Female
Total Deaths	544	238	306
Death Rate (per 100,000)	795.5	771.2	815.6

Infant Mortality Rate (per 1,000 live birth) 11.8

Average Age at Death	Total	Male	Female
Total	71.8	66.4	75.9
White	79.8	75.5	82.8
Black	65.3	59.7	69.7
Other	65.7	60.1	73.3
Hispanic*	61.1	52.2	67.2

* Hispanic may be of any race.

Top Five Causes of Death	N	%
1 Major Cardiovascular Disease	217	39.9
2 Malignant Neoplasms	120	22.1
3 Diabetes	23	4.2
4 Chronic Lower Respiratory	20	3.7
4 Accidents	20	3.7
5 Septicemia	16	2.9
5 Pneumonia	16	2.9

COMMUNICABLE DISEASES (2008)

Top Five Reported Diseases	N	Rate*
1 Chlamydia	592	865.7
2 Gonorrhea	128	187.2
3 Syphilis	37	54.1
4 Invasive Strep Pneumoniae	8	11.7
5 Salmonellosis	6	8.8

* Per 100,000 population.

SEXUALLY TRANSMITTED DISEASES (2008)

	Cases (N)		Rate (per 100,000)	
	Male	Female	Male	Female
Chlamydia	173	419	560.6	1,116.7
Gonorrhea	65	63	210.6	167.9
Syphilis (all stages)	20	24	64.8	64.0

REGION PROFILE

MOUNT VERNON

Health Planning Region: SOUTHEAST

EMERGENCY ROOM VISITS (2008)

	N	Rate (per 10,000)
Total	32,636	4,773
Male	14,163	4,589
Female	18,472	4,923
White	7,088	3,621
Black	22,512	5,525
Other	3,036	3,766
Hispanic*	3,694	5,215
Non-Hispanic	28,942	4,722
<i>* Hispanic may be of any race.</i>		
Under 5	2,898	6,004
5-9	1,516	3,022
10-14	1,315	2,753
15-17	937	3,473
18-24	3,561	6,278
25-44	10,072	4,742
45-64	7,511	4,906
65-74	2,107	4,744
75+	2,719	6,177

HOSPITALIZATIONS (2008)

	N	Rate (per 10,000)
Total	10,199	1,491
Male	4,063	1,317
Female	6,132	1,634
White	2,787	1,424
Black	6,178	1,516
Other	1,234	1,531
Hispanic*	792	1,118
Non-Hispanic	9,407	1,535
<i>* Hispanic may be of any race.</i>		
Under 5*	1,141	2,364
5-9	85	169
10-14	140	293
15-17	83	308
18-24	612	1,079
25-44	2,322	1,093
45-64	2,623	1,713
65-74	1,209	2,722
75+	1,984	4,507
<i>* Excluding 10,171 newborns.</i>		

Top Five Causes of ER Visits

	N
1 Injuries	5,591
2 Acute respiratory infections	1,345
3 Mental disorders	958
4 Infectious & parasitic diseases	943
5 Discomfort in chest	822

Top Five Causes of Hospitalization*

	N
1 Diseases of circulatory system	1,323
2 Mental disorders	926
3 Diseases of respiratory system	736
4 Diseases of digestive system	731
5 Injury & poisoning	536

** Excluding newborns & obstetrics.*

Insurance Type

	N	%
Private	11715	35.9
Medicare	5212	16.0
Medicaid	8838	27.1
Other	429	1.3
Self-Pay	6442	19.7

Insurance Type

	N	%
Private	3936	38.6
Medicare	3144	30.8
Medicaid	2592	25.4
Other	45	0.4
Self-Pay	482	4.7

ZIP Codes Included the Region for Tabulations of Emergency Visits and Hospitalizations

10550 10552 10553, representing 99.9% of the region population according to 2000 census.

REGION PROFILE

MOUNT VERNON

Health Planning Region: SOUTHEAST

PREVENTION QUALITY INDICATORS (PQI)

	Hospital Admissions	Admission Rate ¹	Statewide Rate	As % of Expected ²			
				All	White ³	Black ³	Hispanic ³
Diabetes-Related	243	473	283	167	68	238	145
Short-Term Complications	53	104	52	201	50	264	253
Long-Term Complications	116	225	155	145	67	209	100
Lower Limb Amputation	28	55	37	148	66	208	166
Uncontrolled	45	87	39	225	99	338	108
Respiratory Related	262	497	351	142	144	147	157
Asthma	168	316	174	182	117	220	197
COPD	94	180	178	101	162	64	103
Circulatory-Related	401	760	554	137	99	185	43
Angina	26	50	50	100	93	129	23
Congestive Heart Failure	293	554	443	125	98	165	34
Hypertension	81	153	61	252	11	357	115
Acute Condition Related	332	625	666	94	94	96	84
Bacterial Pneumonia	189	359	381	94	88	104	65
Dehydration	61	114	116	98	90	108	121
Urinary Tract Infection	82	152	169	90	109	74	102

ZIP Codes Included the Region for PQI

10550 10552 10553, representing 99.9% of the region population according to 2000 census.

¹ Region admission rates are defined as hospital admissions per 100,000 population, adjusted for age and sex. The population used in such calculations is derived from the 2006 ZIP code population estimated by Claritas, a national demographic research firm. According to Claritas, the population included in this report for this region was 51,476.

² Expected rate is defined as the statewide rate, adjusted for age and sex unless otherwise defined.

³ White, black, and Hispanic categories are mutually exclusive.

REGION PROFILE

NEW ROCHELLE

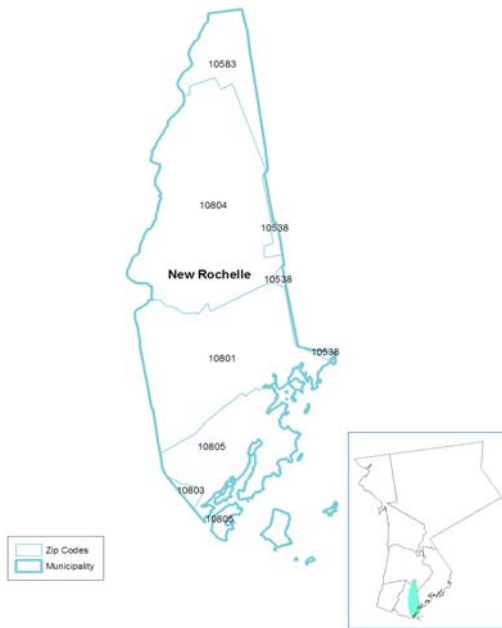
Health Planning Region: SOUTHEAST

DEMOGRAPHICS

	2000	2005-07
Population	72,182	72,585
Sex		
Male	34,322	34,843
Female	37,860	37,742

Age	2000	2005-07
0-4	4,879	5,273
5-9	4,988	4,109
10-14	4,806	4,349
15-17	2,678	3,248
18-24	6,311	8,674
25-44	21,281	18,298
45-64	16,054	17,556
65-74	5,468	5,415
75+	5,717	5,663

NEW ROCHELLE



Region Area: 10.4 sq miles

Race & Ethnicity	2000	2005-07
White	49,001	46,014
Black	13,848	13,317
Other	9,333	13,254
Hispanic*	14,492	17,122
Non-Hispanic	57,690	55,463

* Hispanic may be of any race.

Family Structure	2000	2005-07
Total Family Households	17,541	16,212
Families with Children < 18	8,566	7,948
Single Mother Families	1,564	1,715

Country of Origin	2000	2005-07
U.S.	52,460	50,818
Foreign Countries	19,722	21,767
Non-Citizen (%)	63.1	59.4

Municipalities Included in Region

New Rochelle (City)

Language Spoken at Home (5+)	2000	2005-07
Non-English (%)	33.2	34.7

Education (25+)	2000	2005-07
High School or Less	21,091	20,568
Some College (no degree)	6,710	5,631
Associate Degree	2,347	2,360
Bachelor's Degree	9,120	9,023
Graduate/Professional Degree	9,604	9,350

ZIP Codes Serving the Region

10538* 10583* 10801 10802** 10803* 10804 10805

* Also serve other regions. ** PO Box.

Income	1999	2005-07
Median Household Income (\$)	55,513	64,756
Poverty Rate (%)	10.5	9.5

REGION PROFILE

NEW ROCHELLE

Health Planning Region: SOUTHEAST

BIRTHS (2007)

Total Births	911
Birth Rate (per 1,000)	12.6
Average Maternal Age	30.4

Mother's Race/Ethnicity	N	%
White	347	38.1
Black	150	16.5
Other	414	45.4
<i>Hispanic*</i>	387	42.5
<i>Non-Hispanic</i>	524	57.5

* Hispanic may be of any race.

Mother's Education	N	%
Less than High School	234	25.7
High School or GED	143	15.7
Some College (no degree)	156	17.1
Bachelor's Degree	179	19.6
Graduate/Prof. Degree	197	21.6

Mother's Country of Origin	N	%
U.S.	422	46.3
Foreign	489	53.7

Prenatal Care*	N	%
Late or No Prenatal Care	44	5.3

* With valid prenatal care information.

Teen Mothers	N	%
Mother < 20	44	4.8

DEATHS (2007)

	Total	Male	Female
Total Deaths	603	269	334
Death Rate (per 100,000)	835.4	783.8	882.2

Infant Mortality Rate (per 1,000 live birth) 4.4

Average Age at Death	Total	Male	Female
Total	77.2	73.3	80.4
White	78.2	74.5	81.2
Black	75.9	72.0	78.9
Other	61.5	54.0	68.9
<i>Hispanic*</i>	57.2	46.5	63.1

* Hispanic may be of any race.

Top Five Causes of Death	N	%
1 Major Cardiovascular Disease	266	44.1
2 Malignant Neoplasms	137	22.7
3 Chronic Lower Respiratory	31	5.1
4 Accidents	17	2.8
5 Septicemia	13	2.2

COMMUNICABLE DISEASES (2008)

Top Five Reported Diseases	N	Rate*
1 Chlamydia	221	306.2
2 Gonorrhea	32	44.3
3 Campylobacteriosis	12	16.6
4 Giardiasis	10	13.9
5 Group B Strep Invasive	9	12.5

* Per 100,000 population.

SEXUALLY TRANSMITTED DISEASES (2008)

	Cases (N)		Rate (per 100,000)	
	Male	Female	Male	Female
Chlamydia	53	168	154.4	443.7
Gonorrhea	21	11	61.2	29.1
Syphilis (all stages)	6	3	17.5	7.9

REGION PROFILE

NEW ROCHELLE

Health Planning Region: SOUTHEAST

EMERGENCY ROOM VISITS (2008)

	N	Rate (per 10,000)
Total	25,397	3,518
Male	11,978	3,490
Female	13,419	3,544
White	15,445	3,152
Black	7,254	5,238
Other	2,698	2,891
Hispanic*	5,776	3,986
Non-Hispanic	19,621	3,401
<i>* Hispanic may be of any race.</i>		
Under 5	2,483	5,089
5-9	1,227	2,460
10-14	1,072	2,231
15-17	726	2,711
18-24	2,447	3,877
25-44	6,223	2,924
45-64	5,542	3,452
65-74	1,880	3,438
75+	3,797	6,642

HOSPITALIZATIONS (2008)

	N	Rate (per 10,000)
Total	9,584	1,328
Male	4,056	1,182
Female	5,527	1,460
White	6,263	1,278
Black	2,159	1,559
Other	1,162	1,245
Hispanic*	1,102	760
Non-Hispanic	8,482	1,470
<i>* Hispanic may be of any race.</i>		
Under 5*	1,052	2,156
5-9	78	156
10-14	97	202
15-17	63	235
18-24	452	716
25-44	1,788	840
45-64	2,104	1,311
65-74	1,230	2,249
75+	2,720	4,758
<i>* Excluding 10,171 newborns.</i>		

Top Five Causes of ER Visits

	N
1 Injuries	5,591
2 Acute respiratory infections	1,345
3 Mental disorders	958
4 Infectious & parasitic diseases	943
5 Discomfort in chest	822

Top Five Causes of Hospitalization*

	N
1 Diseases of circulatory system	1,381
2 Diseases of digestive system	808
3 Mental disorders	760
4 Injury & Poisoning	664
5 Diseases of respiratory system	629

** Excluding newborns & obstetrics.*

Insurance Type

	N	%
Private	8981	35.4
Medicare	6176	24.3
Medicaid	6424	25.3
Other	213	0.8
Self-Pay	3603	14.2

Insurance Type

	N	%
Private	3385	35.3
Medicare	4023	42.0
Medicaid	1947	20.3
Other	47	0.5
Self-Pay	182	1.9

ZIP Codes Included the Region for Tabulations of Emergency Visits and Hospitalizations

10538 10583 (10%) 10801 10803 10804 10805, over representing the region population by 10.0% according to 2000 census.

REGION PROFILE

NEW ROCHELLE Health Planning Region: SOUTHEAST

PREVENTION QUALITY INDICATORS (PQI)

	Hospital Admissions	Admission Rate ¹	Statewide Rate	As % of Expected ²			
				All	White ³	Black ³	Hispanic ³
Diabetes-Related	128	232	283	82	61	191	42
Short-Term Complications	27	51	52	99	66	196	103
Long-Term Complications	64	114	155	73	53	199	12
Lower Limb Amputation	18	32	37	86	75	191	17
Uncontrolled	19	35	39	90	75	150	52
Respiratory Related	126	223	351	63	65	87	31
Asthma	54	99	174	57	47	116	31
COPD	72	123	178	69	80	60	30
Circulatory-Related	274	453	554	82	81	129	31
Angina	21	38	50	76	77	85	57
Congestive Heart Failure	235	381	443	86	87	129	28
Hypertension	18	32	61	52	27	158	29
Acute Condition Related	329	541	666	81	82	107	46
Bacterial Pneumonia	199	329	381	86	89	115	42
Dehydration	60	98	116	84	86	98	45
Urinary Tract Infection	69	113	169	67	61	94	56

ZIP Codes Included the Region for PQI

10801 10804 10805, representing 94.8% of the region population according to the 2000 census.

¹ Region admission rates are defined as hospital admissions per 100,000 population, adjusted for age and sex. The population used in such calculations is derived from the 2006 ZIP code population estimated by Claritas, a national demographic research firm. According to Claritas, the population included in this report for this region was 52,935.

² Expected rate is defined as the statewide rate, adjusted for age and sex unless otherwise defined.

³ White, black, and Hispanic categories are mutually exclusive.

REGION PROFILE

PELHAM TOWN

Health Planning Region: SOUTHEAST

EMERGENCY ROOM VISITS (2008)

	N	Rate (per 10,000)
Total	2,419	2,039
Male	1,130	1,972
Female	1,289	2,101
White	1,838	1,774
Black	272	5,018
Other	309	3,215
Hispanic*	209	2,927
Non-Hispanic	2,210	1,982

* Hispanic may be of any race.

Under 5	167	1,866
5-9	116	1,138
10-14	141	1,448
15-17	130	2,564
18-24	200	3,300
25-44	572	1,705
45-64	530	1,782
65-74	227	2,792
75+	336	4,647

HOSPITALIZATIONS (2008)

	N	Rate (per 10,000)
Total	1,037	874
Male	465	811
Female	571	931
White	838	809
Black	64	1,181
Other	135	1,405
Hispanic*	49	686
Non-Hispanic	988	886

* Hispanic may be of any race.

Under 5*	114	1,274
5-9	10	98
10-14	20	205
15-17	25	493
18-24	24	396
25-44	176	525
45-64	226	760
65-74	166	2,042
75+	276	3,817

* Excluding 10,171 newborns.

Top Five Causes of ER Visits

	N
1 Injuries	687
2 Acute respiratory infections	85
3 Discomfort in chest	79
4 Mental disorders	73
5 Abdominal pain	71

Top Five Causes of Hospitalization*

	N
1 Diseases of circulatory system	168
2 Cancer	94
3 Diseases of digestive system	84
4 Injury & poisoning	62
5 Musculoskeletal system & connective tissue	61

* Excluding newborns & obstetrics.

Insurance Type

	N	%
Private	1439	59.5
Medicare	537	22.2
Medicaid	201	8.3
Other	36	1.5
Self-Pay	206	8.5

Insurance Type

	N	%
Private	558	53.8
Medicare	406	39.2
Medicaid	55	5.3
Other	2	0.2
Self-Pay	16	1.5

ZIP Codes Included the Region for Tabulations of Emergency Visits and Hospitalizations

10803, over representing the region population by 2.2% according to 2000 census.

REGION PROFILE

PELHAM TOWN

Health Planning Region: SOUTHEAST

PREVENTION QUALITY INDICATORS (PQI)

	Hospital Admissions	Admission Rate ¹	Statewide Rate	As % of Expected ²			
				All	White ³	Black ³	Hispanic ³
Diabetes-Related	10	109	283	39	32	..	..
Short-Term Complications	2	24	52	45	70	..	..
Long-Term Complications	5	54	155	35	20	..	..
Lower Limb Amputation	..	..	37	..	..	..	..
Uncontrolled	..	..	39	..	..	..	..
Respiratory Related	12	131	351	37	29	..	..
Asthma	3	33	174	19	11	..	..
COPD	8	86	178	49	46	..	..
Circulatory-Related	33	359	554	65	62	..	..
Angina	..	..	50	..	..	..	..
Congestive Heart Failure	31	339	443	77	75	..	..
Hypertension	..	..	61	..	..	..	..
Acute Condition Related	39	433	666	65	68	..	..
Bacterial Pneumonia	22	241	381	63	65	..	..
Dehydration	9	100	116	86	99	..	..
Urinary Tract Infection	7	80	169	47	55	..	..

ZIP Codes Included the Region for PQI

10803, over representing the region population by 2.2% according to 2000 census.

¹ Region admission rates are defined as hospital admissions per 100,000 population, adjusted for age and sex. The population used in such calculations is derived from the 2006 ZIP code population estimated by Claritas, a national demographic research firm. According to Claritas, the population included in this report for this region was 8,544.

² Expected rate is defined as the statewide rate, adjusted for age and sex unless otherwise defined.

³ White, black, and Hispanic categories are mutually exclusive.

SECTION TWO

HEALTH PROFILES

Part V. Major Health Status Achievements and Gaps by

Healthy People 2010 Standard and

New York State Prevention Agenda

Healthy People 2010 Major Health Status Indicators

Healthy People 2010 is a comprehensive set of disease prevention and health promotion objectives for the United States of America to achieve over the first decade of the 21st century. Its two overarching goals are to increase the quality and years of healthy life and to eliminate health disparities. Healthy People 2010 identifies 467 specific measurable health objectives within 28 focus areas which were developed by leading Federal agencies in collaboration with over 600 national, state, and local agencies. To achieve these national objectives, participation must occur at all levels of both governmental and non-governmental health organizations.

The Healthy People 2010 targets were finalized and made available to the public in 2000 by the Office of Disease Prevention and Health Promotion, an agency of the United States Department of Health and Human Services (HHS). Each indicator was calculated according to definitions provided by the Centers of Disease Control on the CDC Wonder website (<http://wonder.cdc.gov/data2010/focusod.htm>). Some of the 2010 targets were revised during the 2005 Midcourse Review and the analysis in this publication reflects these changes. The updated targets were accessed via spreadsheets dated 5/27/2008 at <http://wonder.cdc.gov/data2010/ftpselec.htm>.

Many of the 467 national health objectives are to be measured at the national or state level only. Provided access to local data sources, an assessment of the general health status of Westchester County residents was performed by comparing the calculated Westchester County health indicator with the respective Healthy People 2010 target. The comparisons are presented in the order of the twenty-eight Healthy People 2010 objectives, with the serial number listed along with the specific objectives, the Healthy People targets, the Westchester County indicators for each year starting from 2000 to 2008 (when available), and the data sources. Westchester County indicators that fall below the 2010 objectives are marked in red. For those indicators obtained from surveys, a difference is marked only when it is statistically significant.

Certain objectives were calculated slightly differently from the specifications provided by Healthy People 2010 due to data limitations. These particular objectives were identified in the table with corresponding notation explaining the exact difference in calculation of the statistics.

Data for these health indicators come from various sources, including the New York State Department of Health Statewide Planning and Research Cooperative System (SPARCS), the New York State Department of Health Vital Statistics, the Behavior Risk Factor Surveillance System (BRFSS), as well as the Westchester County Department of Health's internal databases. Age-adjusted rates were calculated for certain Healthy People 2010 objectives as specified by the Centers for Disease Control (<http://wonder.cdc.gov/data2010/focusod.htm>). All age-adjusted rates are adjusted by the 2000 United States Standard Population.

Major Health Status Indicators Compared With Healthy People 2010

Operational Definition		Healthy People 2010 Target	Westchester County Indicators by Year of Data Source									Data Source	
			2000	2001	2002	2003	2004	2005	2006	2007	2008		
1	Access to Quality Health Services												
1.1	Increase the proportion of persons with health insurance (%)	100.0	N/A	N/A	N/A	85.4 *	N/A	N/A	N/A	N/A	N/A	91.0 *	BRFSS
1.5	Increase the proportion of persons with a usual primary care provider (%)	85.0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	85.5	
1.9	Reduce hospitalization rates for three ambulatory-care-sensitive conditions—pediatric asthma, uncontrolled diabetes, and immunization-preventable pneumonia and influenza (discharges per 10,000)												SPARCS
1.9a	Pediatric asthma—persons under age 18 years	17.3	15.9	14.4 *	14.2 *	16.7	16.6	15.7	16.2	14.4 *	16.6		
1.9b	Uncontrolled diabetes—persons aged 18 to 64 years	5.4	5.7	5.1	5.6	6.1 *	6.1 *	6.0	6.5 *	6.3 *	6.4 *		
1.9c	Immunization-preventable pneumonia or influenza—persons aged 65 years and older	7.9 □	6.2 *	4.3 *	4.3 *	3.6 *	3.9 *	5.0 *	1.8 *	1.7 *	3.1 *		
1.11	Increase the proportion of persons who have access to rapidly responding prehospital emergency medical services (%)												WCEOC
1.11a	Population covered by basic life support	100	100	100	100	100	100	100	100	100	100	100	
1.11b	Population covered by advanced life support	85	100	100	100	100	100	100	100	100	100	100	
1.11c	Population covered by helicopter	83	100	100	100	100	100	100	100	100	100	100	
1.11d	Pre-hospital access to on-line medical control	86	100	100	100	100	100	100	100	100	100	100	
1.11e	Population covered by basic 9-1-1	81	100	100	100	100	100	100	100	100	100	100	
1.11f	Population covered by enhanced 9-1-1	79	100	100	100	100	100	100	100	100	100	100	
1.11g	Population two way communication between hospitals	75	100	100	100	100	100	100	100	100	100	100	
2	Arthritis, Osteoporosis, and Chronic Back Conditions												
2.1	Reduce the proportion of adults who are hospitalized for vertebral fractures associated with osteoporosis (age-adjusted rate per 10,000 standard population)	14.0	8.2 *	5.3 *	7.1 *	6.4 *	11.9 *	12.9	14.0	15.3	13.5		SPARCS
3	Cancer												
3.1	Reduce the overall cancer death rate (age-adjusted rate per 100,000 standard population)	158.6 □	185.1 *	172.1 *	176.6 *	180.4 *	178.7 *	171.6 *	176.6 *	165.1	N/A		Vital Statistics
3.2	Reduce the lung cancer death rate (age-adjusted rate per 100,000 standard population)	43.3 □	44.2	42.2	41.8	44.2	42.7	39.1 *	42.2	41.1	N/A		
3.3	Reduce the breast cancer death rate (females) (age-adjusted rate per 100,000 standard population)	21.3 □	27.9 *	24.8	23.3	28.9 *	27.5 *	28.7 *	22.9	24.3	N/A		
3.4	Reduce the death rate from cancer of the uterine cervix (females) (age-adjusted rate per 100,000 standard population)	2.0	1.2	1.7	2.6	2.2	1.7	3.3	0.7 *	2.9	N/A		

□ Revised target from 2005 Midcourse Review.

* difference from Healthy People 2010 target statistically significant ($\alpha=0.05$).

Major Health Status Indicators Compared With Healthy People 2010

Operational Definition	Healthy People 2010 Target	Westchester County Indicators by Year of Data Source										Data Source
		2000	2001	2002	2003	2004	2005	2006	2007	2008		
§ WC Indicator slightly different from HP 2010 operational definition (difference described in italics).												
3	Cancer (<i>continued</i>)											
3.5	Reduce the colorectal cancer death rate (age-adjusted rate per 100,000 standard population)	13.7 □	21.4 *	16.7 *	20.1 *	19.8 *	19.5 *	17.5 *	17.3 *	15.5	N/A	Vital Statistics
3.6	Reduce the oropharyngeal cancer death rate (age-adjusted rate per 100,000 standard population)	2.4 □	3.1	2.1	1.5	2.0	2.1	1.5	2.6	1.2 *	N/A	
3.7	Reduce the prostate cancer death rate (males) (age-adjusted rate per 100,000 standard population)	28.2 □	33.0	29.1	28.5	23.0	18.5 *	25.2	27.8	16.0 *	N/A	
3.8	Reduce the rate of melanoma cancer deaths (age-adjusted rate per 100,000 standard population)	2.3 □	2.4	2.3	2.1	1.9	2.5	2.5	2.7	2.6	N/A	
3.11	Increase the proportion of women who receive a Pap test (%)											BRFSS
3.11a	Women aged 18 years and up who have ever received a Pap test (age-adjusted percentage)	97.0	N/A	N/A	N/A	95.5	N/A	N/A	N/A	N/A	93.0	
3.11b	Women aged 18 years and up who received a Pap test within the preceding 3 years (age-adjusted percentage)	90.0	N/A	N/A	N/A	86.9	83.1	N/A	N/A	N/A	86.4	
3.12	Increase the proportion of adults who received a colorectal cancer screening examination											
3.12a	Adults aged 50+ who have received a fecal occult blood test within the preceding 2 yrs (%) (age-adjusted percentage)	33.0	N/A	N/A	N/A	29.5	25.6	N/A	N/A	N/A	24.4 *	
3.12b	Adults aged 50+ who have ever received a sigmoidoscopy or colonoscopy (%) (age-adjusted percentage)	50.0	N/A	N/A	N/A	61.9	62.3	N/A	N/A	N/A	71.2	
3.13	Increase the proportion of women aged 40 years and older who have received a mammogram within the preceding 2 yrs (%) (age-adjusted percentage)	70.0	N/A	N/A	N/A	79.3	76.7	N/A	N/A	N/A	77.9	
5	Diabetes											
5.3	Reduce the overall rate of diabetes that is clinically diagnosed (age-adjusted rate per 1,000 standard population)	25	N/A	N/A	N/A	N/A	N/A	32	N/A	N/A	N/A	BRFSS
5.5	Reduce the diabetes death rate (age-adjusted rate per 100,000 standard population)	46 □	14 *	13 *	15 *	16 *	14 *	16 *	13 *	14 *	N/A	Vital Statistics
6	Disability and Secondary Conditions											
6.8	Eliminate disparities in employment rates between working aged adults with and without disabilities aged 18-64 years (%)	80	65 *	N/A	N/A	N/A	N/A	40 *	34 *	39 *	N/A	USC-ACS

□ Revised target from 2005 Midcourse Review.

* difference from Healthy People 2010 target statistically significant ($\alpha=0.05$).

Major Health Status Indicators Compared With Healthy People 2010

Operational Definition	Healthy People 2010 Target	Westchester County Indicators by Year of Data Source										Data Source
		2000	2001	2002	2003	2004	2005	2006	2007	2008		
§ WC Indicator slightly different from HP 2010 operational definition (difference described in italics).												
8	Environmental Health											
8.11	Eliminate elevated blood lead levels ($\geq 10\mu\text{g}/\text{dL}$) in children ages 1-5 (%)	0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0.4	N/A	WCDH
8.12	Minimize the risks to human health and the environment posed by hazardous sites (1998 baseline: 6 sites)											
8.12d	Brownfield properties	1470 (2% decrease)	8 * ($\uparrow 33.0\%$)	9 * ($\uparrow 50.0\%$)	9 * ($\uparrow 50.0\%$)	12 * ($\uparrow 100.0\%$)	14 * ($\uparrow 133.3\%$)	15 * ($\uparrow 150.0\%$)	17 * ($\uparrow 183.3\%$)	16 * ($\uparrow 166.7\%$)	16 * ($\uparrow 166.7\%$)	NYSDEC
9	Family Planning											
9.2	Reduce the proportion of births occurring <i>within 24 months</i> of a previous live birth for women aged 15-44 years	6	13 *	12 *	14 *	14 *	17 *	17 *	16 *	17 *	N/A	Vital Statistics
9.7	Reduce <i>pregnancies</i> among adolescent females aged 15-17 (per 1,000)	39 □	31 *	25 *	30 *	27 *	25 *	33 *	33 *	30 *	N/A	
10	Food Safety											
10.1	Reduce infections caused by key foodborne pathogens (cases per 100,000)											WCDH
10.1a	Campylobacteriosis	12.3	15.1 *	9.0 *	12.6	13.5	13.1	14.3	16.9 *	18.8 *	15.9 *	
10.1b	E. coli (O157:H7)	1.0	5.5 *	1.5	2.3 *	1.1	1.3	1.0	0.6	2.9 *	2.4 *	
10.1c	Listeriosis	0.24 □	1.30 *	0.32	0.76 *	0.65	1.08 *	0.87 *	0.43	0.43	0.76 *	
10.1d	Salmonellosis	6.8	11.8 *	17.4 *	14.6 *	14.9 *	14.4 *	13.6 *	12.1 *	16.9 *	16.0 *	
12	Heart Disease and Stroke											
12.1	Reduce coronary heart disease deaths (age-adjusted rate per 100,000 standard population)	162 □	209 *	196 *	200 *	193 *	178 *	174 *	175 *	165	N/A	Vital Statistics
12.6	Reduce hospitalizations of older adults with congestive heart failure as the principal diagnosis (per 1,000)											
12.6a	Adults aged 65 to 74 years	6.5	9.4 *	7.9 *	8.0 *	8.2 *	8.6 *	7.6 *	7.9 *	5.6 *	2.6 *	SPARCS
12.6b	Adults aged 75 to 84 years	13.5	22.5 *	23.1 *	22.1 *	21.0 *	23.0 *	21.2 *	19.0 *	16.0 *	7.7 *	
12.6c	Adults aged 85 years and older	26.5	44.8 *	44.9 *	47.6 *	49.1 *	47.6 *	45.6 *	41.7 *	38.8 *	19.3 *	
12.7	Reduce stroke deaths (age-adjusted rate per 100,000 standard population)	50.0 □	40.3 *	38.8 *	41.0 *	32.5 *	35.6 *	33.8 *	35.6 *	29.6 *	N/A	Vital Statistics
12.9	Reduce the proportion of adults aged 20 and older w/high blood pressure (%)	14.0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	23.6 *	BRFSS
12.15	Increase the proportion of adults aged 18 and older who have had their blood cholesterol checked within the preceding 5 yrs (%)	80.0	N/A	N/A	N/A	78.7	N/A	N/A	N/A	N/A	85.4	

□ Revised target from 2005 Midcourse Review.

* difference from Healthy People 2010 target statistically significant ($\alpha=0.05$).

Major Health Status Indicators Compared With Healthy People 2010

Operational Definition	Healthy People 2010 Target	Westchester County Indicators by Year of Data Source										Data Source
		2000	2001	2002	2003	2004	2005	2006	2007	2008		
§ WC Indicator slightly different from HP 2010 operational definition (difference described in italics).												
13 HIV												
13.1 Reduce AIDS among adolescents and adults (ages 13+; per 100,000)	1.0	25.3 *	27.7 *	25.0 *	25.7 *	21.6 *	21.0 *	18.5 *	18.8 *	16.4 *		
13.2 Reduce the number of new AIDS cases among adolescent and adult men who have sex with men (1998 baseline: 40 cases)	12,274 □ (25% decrease)	33 (↓17.5%)	36 * (↓10.0%)	42 * (↑5.0%)	38 * (↓5.0%)	35 (↓12.5%)	34 (↓15.0%)	32 (↓20.0%)	43 (↑7.5%)	25 (↓37.5%)		NYS DOH Bureau of HIV/AIDS Epidemiology
13.3 Reduce the number of new AIDS cases among females and males who inject drugs (1998 baseline: 119 cases)	8,087 □ (25% decrease)	71 * (↓40.3%)	68 * (↓42.9%)	49 * (↓58.8%)	43 * (↓63.9%)	44 * (↓63.0%)	46 * (↓61.3%)	32 * (↓73.1%)	23 * (↓80.7%)	13 * (↓89.1%)		
13.4 Reduce the number of new AIDS cases among adolescent and adult men who have sex with men and inject drugs (1998 baseline: 8 cases)	1,889 □ (25% decrease)	15 * (↑87.5%)	14 * (↑75.0%)	5 (↓37.5%)	7 (↓12.5%)	5 (↓37.5%)	4 (↓50.0%)	4 (↓50.0%)	3 * (↓62.5%)	6 (↓25.0%)		
§ 13.11 Increase the proportion of adults with tuberculosis (TB) who have been tested for HIV aged 25-44 years (WCDH clinic data only) (%)	89	N/A	N/A	N/A	N/A	4 *	32 *	20 *	33 *	17 *		WCDH
13.14 Reduce deaths from HIV infection (age-adjusted rate per 100,000 standard population)	0.7	6.2 *	3.6 *	4.3 *	3.2 *	3.7 *	3.9 *	2.7 *	3.9 *	N/A		Vital Statistics
13.17 Reduce the number of new cases of perinatally acquired HIV/AIDS diagnosed each year and perinatally acquired AIDS.												NYS DOH Bureau of HIV/AIDS Epidemiology
13.17b Reduce new cases of perinatally acquired AIDS diagnosed (1998 baseline: 2 cases).	75 (27% decrease)	1 (↓50.0%)	0 * (↓100.0%)	0 * (↓100.0%)	0 * (↓100.0%)	2 (↓0.0%)	1 (↓50.0%)	1 (↓50.0%)	2 (↓0.0%)	N/A		
14 Immunization & Infectious Diseases												
14.1 Reduce or eliminate indigenous cases of vaccine-preventable diseases (# of cases)												
14.1a Congenital rubella syndrome (under age 1)	0	0	0	0	0	0	0	0	0	0		
14.1b Diphtheria (persons under age 35)	0	0	0	0	0	0	0	0	0	0		
14.1e Measles (persons all ages)	0	0	2 *	0	0	0	1 *	0	1 *	0		
14.1f Mumps (persons all ages)	0	1 *	0	0	0	1 *	0	0	3 *	1		
14.1g Pertussis (under age 7) (2000 baseline: 12 cases)	2,000 (41% decrease)	6 (↓50.0%)	1 (↓91.7%)	3 (↓75.0%)	19 (↑58.3%)	24 (↑100.0%)	16 (↑33.3%)	4 (↓66.7%)	1 (↓91.7%)	N/A		WCDH
14.1h Polio (wild-type virus) (persons all ages)	0	0	0	0	0	0	0	0	0	0		
14.1i Rubella (persons all ages)	0	0	1 *	0	0	0	0	0	0	0		
14.1j Tetanus (under age 35)	0	0	0	0	0	0	0	0	0	N/A		
14.3 Reduce hepatitis B (per 100,000)												
14.3a Age 19-24	1.8 □	0.0	10.6 *	8.8 *	21.2 *	35.4 *	23.0 *	21.2 *	17.7 *	N/A		
14.3b Age 25-39	5.2 □	2.5	13.3 *	17.7 *	40.3 *	65.4 *	32.0 *	56.1 *	38.9 *	N/A		
14.3c Age 40+	3.7 □	2.1	1.9	4.5	27.7 *	27.4 *	23.6 *	36.2 *	40.0 *	N/A		

□ Revised target from 2005 Midcourse Review.

* difference from Healthy People 2010 target statistically significant ($\alpha=0.05$).

Major Health Status Indicators Compared With Healthy People 2010

Operational Definition	Healthy People 2010 Target	Westchester County Indicators by Year of Data Source										Data Source
		2000	2001	2002	2003	2004	2005	2006	2007	2008		
§ WC Indicator slightly different from HP 2010 operational definition (difference described in italics).												
14	Immunization & Infectious Diseases <i>(continued)</i>											
14.6	Reduce hepatitis A (per 100,000)	4.3 □	3.6	3.8	2.8 *	1.6 *	2.4 *	1.6 *	1.3 *	1.4 *	1.5 *	WCDH
14.7	Reduce meningococcal disease (per 100,000)	1.0	0.5	0.5	0.9	0.3 *	0.3 *	0.1 *	0.5	0.1 *	0.1 *	
14.8	Reduce Lyme disease (per 100,000) (1992-1996 Baseline: 103.5)	9.7 (44% decrease)	47.4 * (↓54.2%)	43.1 * (↓58.4%)	43.1 * (↓58.4%)	43.7 * (↓57.8%)	51.4 (↓50.3%)	55.8 (↓46.1%)	51.5 (↓50.2%)	49.4 (↓52.3%)	41.4 (↓60.0%)	
14.9	Reduce hepatitis C (per 100,000)	1.0	0.1 *	0.0 *	0.2 *	0.0 *	0.0 *	0.0 *	0.1 *	0.2 *	0.0 *	
14.11	Reduce tuberculosis (per 100,000)	1	7 *	6 *	7 *	6 *	7 *	6 *	8 *	5 *	7 *	
14.17	Reduce hospitalizations caused by peptic ulcer disease (age adjusted per 100,000 standard population)	46	44	48	44	43	42 *	40 *	37 *	34 *	31 *	SPARCS
14.29	Increase the proportion of adults who are vaccinated annually against influenza and ever vaccinated against pneumococcal disease (%)											BRFSS
14.29a	Noninstitutional adults aged 65+ vaccinated against influenza annually	90.0	N/A	N/A	N/A	67.8 *	N/A	N/A	N/A	N/A	76.3 *	
14.29b	Noninstitutional adults aged 65+ ever vaccinated against pneumonia	90.0	N/A	N/A	N/A	53.0 *	N/A	N/A	N/A	N/A	66.8 *	
15	Injury and Violence Prevention											
15.1	Reduce hospitalization for nonfatal head injuries (per 100,000)	41.2 □	44.4	46.8 *	51.1 *	48.8 *	51.0 *	54.4 *	57.4 *	57.9 *	52.3 *	SPARCS
15.2	Reduce hospitalization for nonfatal spinal cord injuries (per 100,000)	2.4	4.2 *	2.4	3.0	2.6	3.7 *	3.0	3.4	2.9	2.9	
15.3	Reduce firearm-related deaths (per 100,000)	3.6 □	3.0	2.2 *	3.7	3.6	3.6	3.6	3.0	2.7	N/A	Vital Statistics
15.8	Reduce deaths caused by poisonings (per 100,000)	1.5	6.5 *	5.8 *	4.4 *	4.6 *	2.8 *	0.6 *	5.7 *	8.6 *	N/A	
15.9	Reduce deaths caused by suffocation (per 100,000)	3.3 □	2.9	2.8	2.7	3.5	2.5	2.6	3.1	2.7	N/A	
15.12	Reduce hospital emergency department visits caused by injuries (age-adjusted rate per 1,000 standard population)	108.0	N/A	N/A	N/A	N/A	N/A	N/A	81.5	78.2	N/A	ER SPARCS
15.13	Reduce deaths caused by unintentional injuries (per 100,000)	17.1 □	20.3 *	20.3 *	23.2 *	23.2 *	19.7	15.8	19.9 *	20.6 *	N/A	Vital Statistics
15.15	Reduce deaths caused by motor vehicle crashes											
15.15a	Death rate (per 100,000)	8.0 □	6.4	6.7	8.3	7.7	6.2	5.1 *	6.3	4.6 *	N/A	
15.27	Reduce deaths from falls (per 100,000)	3.3 □	4.4	4.1	4.9 *	4.7 *	5.0 *	3.9	3.8	5.0 *	N/A	
15.28	Reduce hip fractures among older adults (per 100,000)											SPARCS
15.28a	Females aged 65 years and older	416	890 *	822 *	883 *	824 *	780 *	856 *	728 *	739 *	617 *	
15.28b	Males aged 65 years and older	474	423	457	431	426	430	446	425	442	450	

□ Revised target from 2005 Midcourse Review.

Major Health Status Indicators Compared With Healthy People 2010

Operational Definition	Healthy People 2010 Target	Westchester County Indicators by Year of Data Source										Data Source
		2000	2001	2002	2003	2004	2005	2006	2007	2008		
* difference from Healthy People 2010 target statistically significant ($\alpha=0.05$).												
§ WC Indicator slightly different from HP 2010 operational definition (difference described in italics).												
15	Injury and Violence Prevention (continued)											
15.29	Reduce drownings (per 100,000)	0.7 □	0.3	0.7	0.4	0.1 *	0.4	0.3	1.5 *	0.5	N/A	Vital Statistics
15.30	Reduce hospital emergency department visits for nonfatal dog bite injuries (age-adjusted rate per 100,000 standard population)	114	N/A	N/A	N/A	N/A	N/A	N/A	77	71	N/A	ER SPARCS
16	Maternal, Infant, and Child Health											
16.1	Reduce fetal and infant deaths											
16.1a	Fetal deaths at 20 or more weeks of gestation (per 1,000 live births plus fetal deaths)	4.1	6.4 *	5.6 *	6.0 *	4.4	5.4 *	3.9	3.3	3.4	N/A	NYSDOH
16.1b	Perinatal mortality rate (28 weeks or more gestation to less than 7 days after birth) (per 1,000 live births plus fetal deaths)	4.4	5.0	3.7	4.7	4.1	4.8	4.1	3.4	4.0	N/A	
16.1c	All infant deaths (within 1 year) (per 1,000 live births)	4.5	4.8	3.6	4.5	4.7	4.4	5.0	4.2	4.8	N/A	Vital Statistics
16.1d	Neonatal deaths (aged 27 days and under) (per 1,000 live births)	2.9	3.2	2.1	2.9	2.8	3.1	3.1	2.9	3.6	N/A	
16.1e	Postneonatal deaths (between 28 days and 1 year) (per 1,000 live births)	1.2	1.5	1.6	1.6	1.7	1.3	1.9 *	1.3	1.1	N/A	
16.1f	Related to all birth defects (per 1,000 live births)	0.7 □	0.8	0.5	0.9	1.0	0.6	1.2	0.8	0.8	N/A	
16.1g	Related to congenital heart defects (per 1,000 live births)	0.23 □	0.30	0.32	0.47	0.23	0.16	0.50	0.34	0.17	N/A	
16.1h	From sudden infant death syndrome (SIDS) (per 1,000 live births)	0.23 □	0.38	0.16	0.31	0.16	0.16	0.08	0.17	0.08	N/A	
16.2	Reduce the rate of child deaths (per 100,000)											
16.2a	Children aged 1 to 4 years	20.0 □	19.3	19.3	7.7 *	19.3	23.2	15.5	17.4	13.5	N/A	
16.2b	Children aged 5 to 9 years	13.0 □	10.3	5.9	14.7	10.3	16.2	5.9	7.4	11.8	N/A	
16.3	Reduce deaths of adolescents and young adults (per 100,000)											
16.3a	Adolescents aged 10 to 14 years	13.0 □	11.0	7.8	11.0	12.5	6.3	12.5	7.8	9.4	N/A	
16.3b	Adolescents aged 15 to 19 years	38.0 □	33.1	27.6	53.3	35.0	38.6	27.6	40.5	33.1	N/A	
16.3c	Young adults aged 20 to 24 years	41.5 □	98.0 *	95.8 *	89.4 *	72.4 *	78.8 *	70.3 *	68.1 *	70.3 *	N/A	
16.4	Reduce maternal deaths (per 100,000 live births)	4.3 □	22.6 *	0.0	0.0	7.8	8.1	8.3	8.4	8.4	N/A	

□ Revised target from 2005 Midcourse Review.

Major Health Status Indicators Compared With Healthy People 2010

Operational Definition	Healthy People 2010 Target	Westchester County Indicators by Year of Data Source										Data Source
		2000	2001	2002	2003	2004	2005	2006	2007	2008		
* difference from Healthy People 2010 target statistically significant ($\alpha=0.05$).												
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16	Maternal, Infant, and Child Health <i>(continued)</i>											
16.5	Reduce maternal illness and complications due to pregnancy											
16.5a	Maternal complications during hospitalized labor and delivery (per 100 deliveries)	24.0	7.0 *	7.5 *	7.2 *	7.7 *	8.3 *	7.7 *	7.9 *	7.8 *	7.8 *	SPARCS
16.6	Increase the proportion of pregnant women who receive early and adequate prenatal care											
16.6a	Beginning in the first trimester of pregnancy (% of live births)	90.0	67.4 *	66.5 *	68.6 *	68.3 *	65.7 *	64.9 *	73.4 *	73.7 *	N/A	Vital Statistics
16.8	Increase the proportion of very low birth weight infants born at level III hospitals (%)	90.0	86.5	76.1 *	81.4 *	74.7 *	79.5 *	83.6 *	78.6 *	85.5	N/A	SPARCS
16.9	Reduce cesarean births among low-risk (full term, singleton, vertex presentation) women (% of live births)											
16.9a	Women giving birth for the first time	15.0	N/A	N/A	N/A	N/A	N/A	27.7 *	27.5 *	24.8 *	N/A	
16.9b	Prior cesarean birth	63.0	N/A	N/A	N/A	N/A	N/A	94.0 *	74.5 *	95.9 *	N/A	
16.10	Reduce low birth weight and very low birth weight (%)											
16.10a	Low birth weight (<2500 grams)	5.0	7.7 *	7.1 *	7.8 *	7.7 *	8.3 *	8.1 *	8.5 *	8.5 *	N/A	
16.10b	Very low birth weight (<1500 grams)	0.9	1.5 *	1.2 *	1.3 *	1.4 *	1.7 *	1.4 *	1.7 *	1.4 *	N/A	
16.11	Reduce preterm births (%)											
16.11a	Total preterm births (less than 37 weeks of gestation)	7.6	9.4 *	8.4 *	9.4 *	9.4 *	9.7 *	9.6 *	9.8 *	10.4 *	N/A	Vital Statistics
16.11b	Live births at 32 - 36 weeks of gestation.	6.4	7.8 *	7.0 *	8.0 *	7.8 *	8.1 *	8.1 *	8.2 *	8.7 *	N/A	
16.11c	Live births at less than 32 weeks of gestation.	1.1	1.6 *	1.3 *	1.4 *	1.6 *	1.6 *	1.5 *	1.5 *	1.6 *	N/A	
16.17	Increase abstinence from alcohol, cigarettes, and illicit drugs among pregnant women aged 15-44 years (%)											
§ 16.17a	Alcohol (<i>number of women having births / live births</i>)	95.0 □	99.7 *	99.6 *	99.6 *	99.5 *	99.6 *	99.7 *	99.7 *	99.8 *	N/A	
16.17b	Binge drinking (<i>live births</i>)	100	100	100.0	100.0	100.0	99.9	99.9	99.9	100.0	N/A	
§ 16.17c	Smoking (any) (<i>number of women having births / live births</i>)	99	97 *	96 *	97 *	97 *	98 *	98 *	99	99	N/A	
§ 16.17d	Illicit drugs (<i>number of women having births / live births</i>)	100	99.2 *	99.2 *	99.1 *	99.2 *	99.8	99.7	99.8	99.7	N/A	
16.21	Reduce hospitalization for sickle cell disease (rate per 100,000 African American children aged 9 yrs and under)	182.2	68.8 *	44.2 *	88.4 *	68.8 *	88.4 *	103.2 *	68.8 *	78.6 *	73.7 *	SPARCS
18	Mental Health and Mental Disorders											
18.1	Reduce the suicide rate (per 100,000)	4.8 □	5.5	6.6 *	5.4	4.5	4.4	4.3	5.0	5.4	N/A	Vital Statistics

□ Revised target from 2005 Midcourse Review.

Major Health Status Indicators Compared With Healthy People 2010

Operational Definition	Healthy People 2010 Target	Westchester County Indicators by Year of Data Source										Data Source
		2000	2001	2002	2003	2004	2005	2006	2007	2008		
* difference from Healthy People 2010 target statistically significant ($\alpha=0.05$).												
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19 Nutrition and Overweight (ages 20+)												
19.1 Increase the proportion of adults who are at a healthy weight (18.5 ≤ BMI < 25.0) (%)	60.0 (ages 20+)	N/A	N/A	N/A	N/A	N/A	47.8 *	N/A	N/A	N/A	N/A	BRFSS
19.2 Reduce the proportion of adults who are obese (BMI ≥ 30) (%)	15.0 (ages 20+)	N/A	N/A	N/A	15.4	N/A	N/A	N/A	N/A	N/A	19.9	
20 Occupational Safety and Health												
20.1 Reduce deaths from work-related injuries												BLS
20.1a All industries (per 100,000 workers, aged 16 years and over)	3.2	2.5	2.9	2.4	0.9 *	2.4	2.0	1.7	2.3	2.2		
20.7 Reduce the proportion of adults who have elevated blood lead levels - ≥25 micrograms/dL (per 100,000 employed, aged 16 years and over)	0.0	4.9 *	3.6 *	3.8 *	3.5 *	5.2 *	3.1 *	2.6 *	2.8 *	1.2 *	HMR/BLS	
21 Oral Health												
21.9 Increase the proportion of the U.S. population served by community water systems with optimally fluoridated water	75	80	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	WCDH
21.14 Increase the proportion of local health departments and community-based health centers with oral health components	75	N/A	N/A	N/A	N/A	N/A	N/A	N/A	73	73		
22 Physical Activity and Fitness (ages 18+)												
22.1 Reduce the proportion of adults who engage in no leisure-time physical activity (%)	20	N/A	N/A	N/A	20	N/A	N/A	N/A	N/A	N/A	21	BRFSS
24 Respiratory Diseases												
24.1 Reduce asthma deaths (per million)												Vital Statistics
24.1a Children under age 5 years	0.9 □	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	N/A	
24.1b Children aged 5 to 14 years	0.9 □	0.0	0.0	7.6	0.0	0.0	7.6	0.0	7.6	N/A		
24.1c Adolescents and adults aged 15 to 34 years	1.9 □	0.0	8.9	17.8 *	0.0	0.0	13.3	0.0	8.9	N/A		
24.1d Adults aged 35 to 64 years	8.0 □	16.1	2.7	29.4 *	18.7	8.0	16.1	2.7	5.4	N/A		
24.1e Adults aged 65 years and older	47.0 □	31.0	31.0	23.3	23.3	23.3	46.5	15.5	23.3	N/A		
24.2 Reduce hospitalizations for asthma (per 10,000)												SPARCS
24.2a Children under age 5 years	25	30 *	29	34 *	36 *	36 *	32 *	35 *	32 *	35 *		
24.2b Children and adults aged 5 to 64 years	7.7	10.1 *	9.1 *	9.4 *	10.7 *	10.4 *	10.5 *	11.4 *	10.6 *	11.1 *		
24.2c Adults aged 65 years and older	11	12	16 *	17 *	17 *	23 *	21 *	24 *	24 *	25 *		

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Major Health Status Indicators Compared With Healthy People 2010

Operational Definition	Healthy People 2010 Target	Westchester County Indicators by Year of Data Source										Data Source
		2000	2001	2002	2003	2004	2005	2006	2007	2008		
24 Respiratory Diseases (continued)												
24.3 Reduce hospital emergency department visits for asthma.												
24.3a Children under age 5 years.	80	N/A	N/A	N/A	N/A	N/A	N/A	N/A	156 *	136 *	N/A	ER SPARCS
24.3b Children and adults aged 5 to 64 years.	50	N/A	N/A	N/A	N/A	N/A	N/A	N/A	63 *	56 *	N/A	
24.3c Adults aged 65 years and older.	15	N/A	N/A	N/A	N/A	N/A	N/A	N/A	35 *	35 *	N/A	
24.10 Reduce deaths from chronic obstructive pulmonary disease (COPD) among adults aged 45 and older (per 100,000)	62.3 □	88.2 *	84.5 *	84.4 *	87.6 *	75.2 *	85.4 *	78.2 *	82.9 *		N/A	Vital Statistics
25 Sexually Transmitted Diseases												
25.2a Reduce gonorrhea (per 100,000)	19.0	32.2 *	39.2 *	50.8 *	63.6 *	46.8 *	42.9 *	47.1 *	40.4 *	40.9 *		WCDH
25.3 Eliminate sustained domestic transmission of primary and secondary syphilis (per 100,000)	0.2	0.3	0.6 *	1.0 *	0.6 *	2.3 *	1.4 *	2.4 *	3.2 *	2.8 *		
25.9 Reduce congenital syphilis (rate per 100,000 live births)	1	23 *	8	8	8	24 *	17 *	25 *	17 *	0		
25.13 Increase the proportion of Tribal, State, and local sexually transmitted disease programs that routinely offer hepatitis B vaccines to all STD clients	90	100	100	100	100	100	100	100	100	100		
26 Substance Abuse												
26.1 Reduce deaths and injuries caused by alcohol- and drug-related motor vehicle crashes (per 100,000)												Institute for Traffic Safety Management and Research
26.1a Alcohol-related deaths	4.0	1.8 *	1.6 *	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
26.2 Reduce cirrhosis deaths (per 100,000)	3.2 □	2.6	2.4	1.9 *	2.1	1.6 *	1.5 *	2.2	2.3	N/A		Vital Statistics
26.3 Reduce drug-induced deaths (per 100,000)	1.2 □	7.4 *	6.0 *	5.3 *	5.4 *	3.2 *	1.6	6.6 *	8.4 *	N/A		
26.11 Reduce the proportion of persons engaging in binge drinking of alcoholic beverages (%)												BRFSS
26.11c Adults aged 18 years and older	13.4	N/A	N/A	N/A	12.1	N/A	N/A	N/A	N/A	16.3		
27 Tobacco												
27.1 Reduce tobacco use by adults aged 18 and older (%)												BRFSS
27.1a Cigarette smoking	12.0	N/A	N/A	N/A	19.0 *	N/A	16.6	N/A	N/A	6.6		
27.5 Increase smoking cessation attempts by adult smokers aged 18 years and older	75.0	N/A	N/A	N/A	64.4	N/A	N/A	N/A	N/A	N/A		

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Data Source Acronyms and Respective Definitions

ACS: American Community Survey

BLS: Bureau of Labor Statistics

BRFSS: Behavioral Risk Factor Surveillance System

ER SPARCS: Statewide Planning and Research Cooperative System - Outpatient Data

HMR: Heavy Metals Registry

NYSDEC: New York State Department of Environmental Conservation

NYSDOH: New York State Department of Health

SPARCS: Statewide Planning and Research Cooperative System - Inpatient Data

USC: United States Census

WCDH: Westchester County Department of Health

WCDSS: Westchester County Department of Social Services

WCEOC: Westchester County Emergency Operations Center

New York State Department of Health Prevention Agenda Priority Areas

		Indicators				WC Indicators Worse			
		2013 Goal	U.S.	NYS	WC	2013 Goal	U.S.	NYS	
Access to Quality Health Care									
Adults with health care coverage (%) (HP2010 1.1)		100.0	85.5	86.5	91.0	2008	Y	N	N
Adults with regular health provider (%) (HP2010 1.5)		96.0	80.0	85.0	85.5		Y	N	N
Adults who have seen a dentist in the past year (%)		83.0	70.3	71.8	79.5		Y	N	N
Early stage cancer diagnosis (%)	Breast	80.0	63.0	63.0	64.0	2001-2005	Y	N	N
	Cervical	65.0	53.0	51.0	57.0		Y	N	N
	Colorectal	50.0	40.0	41.0	42.0		Y	N	N
Tobacco Use									
Cigarette smoking in adolescents (past month) (%)		12.0	23.0	16.3	..		..	..	..
Cigarette smoking in adults (%) (HP2010 27.1)		12.0	20.1	18.2	6.6	2008	N	N	N
COPD hospitalizations among adults (per 10,000)		31.0	23.0	39.7	32.8	2004-2006	Y	Y	N
Lung cancer incidence (per 100,000)	Male	62.0	85.3	80.8	66.5	2002-2006	Y	N	N
	Female	41.0	54.2	53.8	51.4		Y	N	N
Healthy Mothers/ Healthy Babies/ Healthy									
Early prenatal care (1st trimester) (%) (HP2010 16.6a)		90.0	83.9	74.9	73.7	2007	Y	Y	Y
Low birthweight births (%) (HP2010 16.10a)		5.0	8.2	8.3	8.5		Y	Y	Y
Infant mortality rate (per 1,000 live births) (HP2010 16.1c)		4.5	6.9	5.8	4.8		Y	N	N
Children receiving recommended vaccines (2 years) (%)		90.0	80.5	82.4	..		..	..	..
Had at least one lead screening by 3 (%)		96.0	..	82.8	100.2	2004 cohort	N	..	N
Prevalence of tooth decay in 3rd grade children (%)		42.0	53.0	54.1	52.3	2004	Y	N	N
Pregnancy rate among females ages 15-17 (per 1,000) (HP2010 9.7)		28.0	44.4	36.7	30.0	2007	Y	N	N
Physical Activity/ Nutrition									
Obese children in grades (BMI>=95th percentile)	2-4 years (WIC)	11.6	14.8	15.2	18.2	2004-2006	Y	Y	Y
	K	5.0	..	..	18.5	2008	Y	..	..
	Grade 2	5.0	..	..	18.9		Y	..	..
	Grade 4	5.0	..	..	20.5		Y	..	..
	Grade 7	5.0	..	..	21.5		Y	..	..
	Grade 10	5.0	..	..	15.8		Y	..	..
Obese adults (BMI > 30) (%) (HP2010 19.2)		15.0	25.1	22.9	19.9		Y	N	N

New York State Department of Health Prevention Agenda Priority Areas

	Indicators					WC Indicators Worse			
	2013 Goal	U.S.	NYS	WC		2013 Goal	U.S.	NYS	
Adults engaged in any leisure time physical activity (%) (HP2010 22.1)	80.0	77.4	74.0	79.3	2008	Y	N	N	
Adults eating 5+ fruits or vegetables per day (%)	33.0	23.2	27.4	31.6	2003	Y	N	N	
WIC mothers breastfeeding at 6 months (%)	50.0	24.3	38.6	51.8	2004-2006	N	N	N	
Unintentional Injury									
Unintentional injury mortality rate (per 100,000)	17.1	39.1	21.0	18.7	2004-2006	Y	N	N	
Unintentional injury hospitalizations (per 10,000)	44.5	..	64.7	61.5		Y	..	N	
Motor vehicle crash related mortality (per 100,000) (HP2010 15.15)	5.8	15.2	7.7	4.6	2007	N	N	N	
Pedestrian injury hospitalizations (per 10,000)	1.5	..	1.9	1.6	2004-2006	Y	..	N	
Fall related hospitalizations ages 65+ (per 10,000)	155.0		196.0	209.1		Y	..	Y	
Healthy Environment									
Children <72 months with confirmed BLL > 10ug/dl (per 100 tested) (Under 6) (HP2010 8.11)	0.0	..	1.3	0.7	2003-2005	Y	..	N	
Asthma related hospitalizations (per 10,000) (HP2010 1.9a)	Total	16.7	16.6	21.0	13.5	2004-2006	N	N	N
	Ages 0-17	17.3	22.6	31.5	16.6	2008	N	N	N
Work related hospitalizations (per 10,000 employed persons 16+)	11.5	..	16.0	13.0	2004-2006	Y	..	N	
BLL > 25 ug/dl per 100,000 employed persons 16+ (HP2010 20.7)	0.0	..	6.0	1.2	2008	Y	..	N	
Chronic Disease									
Diabetes prevalence in adults (%)	5.7	7.5	7.6	6.0	2008	Y	N	N	
Diabetes short-term complication hospitalization rate (per 10,000)	Age 6-17 years	2.3	2.9	3.0	2.2	2004-2006	N	N	N
	Age 18+ years	3.9	5.5	5.3	4.1		Y	N	N
Coronary heart disease hospitalization rate per 10,000 (ages 18+ years) (HP2010 12.1)	48.0	-	61.2	55.5	Y		-	N	
Congestive Heart Failure Hospitalization rate per 10,000 (age 18+ years) (HP2010 12.6)	33.0	48.9	46.3	42.2		Y	N	N	
Cerebrovascular (stroke) disease mortality (per 100,000) (HP2010 12.7)	24.0	46.6	30.5	32.4		Y	N	Y	

New York State Department of Health Prevention Agenda Priority Areas

		Indicators				WC Indicators Worse			
		2013 Goal	U.S.	NYS	WC	2013 Goal	U.S.	NYS	
Reduce cancer mortality (per 100,000)	Breast (female) (HP2010 3.3)	21.3	24.4	25.5	24.3	2007	Y	N	N
	Cervical (HP2010 3.4)	2.0	2.4	2.6	2.9		Y	Y	Y
	Colorectal (HP2010 3.5)	13.7	18.0	19.1	15.5		Y	N	N
Infectious Disease									
Newly diagnosed HIV case rate (per 100,000)		23.0	18.5	24.0	14.2	2004-2006	N	N	N
Gonorrhea case rate (per 100,000) (HP2010 25.2)		19.0	120.9	93.4	40.9	2008	Y	N	N
Tuberculosis cases rate (per 100,000) (HP2010 14.11)		1.0	4.4	6.8	7.0		Y	Y	Y
Adults 65 years and older with immunizations (%)	Flu shot past year (HP2010 14.29a)	90.0	69.6	64.7	76.3		Y	N	N
	Ever pneumonia (HP2010 14.29b)	90.0	66.9	61.0	66.8	Y	Y	N	
Community Preparedness									
Population living within jurisdiction with state approved ED preparedness plans (%)		100.0	-	100.0	100.0	2008	N	-	N
Mental Health/ Substance Abuse									
Suicide mortality rate (HP 18.1)		4.8	10.9	6.4	5.4	2008	Y	N	N
Percentage of adults reporting 14 or more days with poor mental health in last month		7.8	10.1	10.4	11.1		Y	Y	Y
Percentage binge drinking past 30 days (5+ drinks in a row) (HP2010 26.11c)		13.4	15.4	15.8	16.3		Y	Y	Y
Drug-related hospitalizations (per 10,000)		26.0	-	34.0	35.4	2004-2006	Y	..	Y

SECTION THREE

COMMUNITY RESOURCES

Part I. Westchester County Department of Health and

Collaborative Agencies

Westchester County Department of Health Services

Under the direction of the Commissioner of Health and the First Deputy Commissioner, the Westchester County Department of Health (WCDH) works to promote health, prevent diseases, and prolong meaningful life for Westchester County residents. The Commissioner of Health is vested with all of the powers and duties necessary under the mandates of the New York State Public Health Law to monitor and control the spread of diseases, to monitor and regulate air and water quality and land use, to enforce the state and local sanitary code, to promote and ensure local public health activities, and to assure the availability of community health services.

DIVISIONS AND STAFFING

The work of WCDH is carried out through seven divisions that are described below and include staff that possesses a wide range of skills and experience required to achieve the goals and mission of the Department.

In 2009, WCDH staff included 363 tax levy, state aid and grant supported positions with over one in five positions at WCDH (22%) supported by grant funds. WCDH continues to experience a declining workforce with the loss of grant and tax levy funded positions. Since the 2005 Community Health Assessment, WCDH has lost 14 positions resulting in a workforce loss of 3.8%. As a result of this decline, some services have been reduced or entirely eliminated. Consequently, many staff has been required to be cross trained to assume multiple functions. With these losses, the capacity and depth of WCDH has been impacted.

Division of Administration

Under the direction of the Deputy Commissioner of Administration, the Division of Administration is staffed by such positions as fiscal managers, accountants, clerks, program administrators, IT support, payroll and personnel support, contract managers and support staff. The Division of Administration is responsible for fiscal operations, grants and contracts, human resources, administration services and emergency preparedness coordination.

Division for Children with Special Needs

Under the direction of the Assistant Commissioner for Children with Special Needs, this division is staffed by such positions as program coordinators, EI educational specialists, analysts, accountants, account clerks, social workers, community health workers and support staff. The division is responsible for the Early Intervention Program, Preschool Special Education Program and Physically Handicapped Children's Program.

Division of Community Health

Under the direction of the Deputy Commissioner for Community Health, the Division of Community Health is staffed by such positions as physicians, public health nurses, nutritionists, a dentist, program administrative staff, health investigators, social workers, and support staff. The Division of Community Health is responsible for the Healthy Living Partnership Program, Lead Program, nutrition, including WIC, preventive dentistry, nursing and the Community Outreach Program.

Division of Disease Control

Under the direction of the Deputy Commissioner for Disease Control, the Division of Disease Control is staffed by such positions as physicians, nurses, epidemiologists, program administrative staff, health

investigators, and support staff. The Division of Disease Control is responsible for communicable diseases, including tuberculosis, STD/HIV, employee health, clinic operations, pharmacy and laboratory services.

Division of Environmental Health

Under the direction of the Deputy Commissioner of Environmental Health Services, this division is staffed by such positions as assistant commissioners, engineers, sanitarians, environmental health technicians, vector control specialists, entomologist, program coordinator, health investigator, and support staff. The division is responsible for public health protection, environmental health risk control, monitoring of environmental quality, and permits and enforcement.

Division of Planning and Evaluation

Under the direction of the Assistant Commissioner of Planning and Evaluation, the Division of Planning and Evaluation is staffed by such positions as research analysts, medical data analysts, management analysts, program administrative staff, community health workers, and support staff. The Division of Planning and Evaluation is responsible for community health planning and program evaluation, HIV/AIDS planning and evaluation (Ryan White Part A program), and health insurance planning and evaluation (Facilitated Enrollment).

Division of Public Health Information and Communications

Under the direction of the Director of Health Information and Communications, the Division of Public Health Information and Communication is staffed by a program administrator, community health education specialist, community health worker and support staff. The Division is responsible for public information, compliance with the Freedom of Information Law, receiving public complaints and staffing public reception.

SERVICES

(WCDH) provides an array of services that benefit Westchester County residents. The services contained in the Municipal Public Health Services Plan (MPHSP) cover five mandated service areas of Community Health Assessment, Family Health, Disease Control, Environmental Health and Health Education, as well as optional services provided by WCDH. In some instances, service areas are further delineated by program areas. Activities performed under the MPHSP all relate to one of the Ten Essential Public Health Services (with the exception of Research for New Insights and Innovative Solutions to Health Problems) that provide a working definition of public health and provide a guiding framework for the responsibilities of local public health systems and are a companion to the three core public health functions of assessment, policy development and assurance. Listed below are the services provided by WCDH specific to the nine essential services included in the MPHSP.

1. Monitor Health Status to Identify Community Health Problems

- Conduct community health assessments, including review of vital statistics for birth outcomes and causes of deaths for the County as a whole and for subpopulations that may be at higher risk.
- Track health-related events, such as disease patterns, hospitalizations and emergency department visits to identify trends and populations at risk.

- Evaluate results from population based health interviews such as the Behavioral Risk Factor Surveillance Survey.
- Identify community resources that support the local public health system, including but not limited to hospitals, health centers, Prenatal Care Providers, WIC sites, and certified home care providers to ensure the availability and accessibility of services.
- Monitor community health status and identify current public health needs, by collecting, managing, and interpreting data.
- Operate and maintain the Community Health Electronic Syndromic Surveillance system, which sorts patient chief complaint information from hospital emergency department visits into syndromic categories and analyzes the data against a recent historical baseline to identify any unusual patterns/trends.
- Prepare and publish various reports, including an Annual Data Book and the Community Health Assessment.
- Serve on the Westchester County Child Fatality Review Team, a multi-disciplinary child fatality review team that reviews the death of any child who dies in Westchester County whose death was the subject of a report made to the NYS Central Register of Child Abuse and Maltreatment, who at the time of death was in the care or under the supervision of the County's Department of Social Services or whose death the medical examiner determines to be unexplained, undetermined or suspicious.
- Participate on a number of task forces, workgroups and coalitions charged with addressing unmet needs and health problems/diseases affecting specific communities or populations.

2. Diagnose and Investigate Health Problems and Hazards in the Community

- Control the spread of communicable diseases, including vaccine-preventable diseases, enteric infections, rabies, tick-borne and arboviral diseases, tuberculosis, sexually transmitted diseases, HIV, bioterrorism-related health threats, and emerging infectious diseases, through surveillance programs, epidemiologic analysis, and case and outbreak investigations.
- Identify, notify, and evaluate relevant TB contacts and sexual partners/contacts of cases of syphilis, gonorrhea, chlamydia and HIV.
- Provide physician/medical epidemiological consultation and case management services for TB, rabies, potential bioterrorism events, and other reportable communicable diseases, as appropriate, 24 hours a day, 7 days a week.
- Provide comprehensive STD clinical services at three district offices (White Plains, Yonkers, and New Rochelle).
- Provide comprehensive TB clinical services at two district offices (White Plains, Yonkers) and provide targeted tuberculin skin testing at community sites.
- Provide HIV confidential counseling and testing services at three district offices (White Plains, Yonkers and New Rochelle).

- Maintain access with clinical, public health and environmental laboratory services capable of conducting rapid screening and high volume testing.
- Perform environmental investigations for all children on the WCDH Lead Registry (with confirmed elevated blood lead level $\geq 15\mu\text{g}/\text{dL}$) to assess lead hazards in the home and in significant secondary residences.
- Conduct investigations on all animal bites and all possible human exposures to rabid animals or suspect rabid animals to prevent the spread the rabies.
- Maintain a surveillance network of mosquito traps throughout the county to monitor mosquito populations and mosquito borne disease.
- Conduct mosquito vector surveillance program and larval mosquito population management in response to the presence of West Nile virus.
- Eliminate standing water where possible and apply mosquito larvicide to areas of standing water that cannot be eliminated to prevent mosquito breeding.
- Coordinate the Department's Public Health Complaint Bureau that responds to public health complaints daily and emergencies 24/7.
- Investigate and respond to public health emergencies.
- Review and exercise emergency response plans.
- Evaluate environmental risks and respond to hazard material exposures.
- Conduct environmental risk assessments and control.

3. Inform, Educate and Empower People about Health Issues

- Respond to press inquiries and provide the media with 24-hour access to public health officials for breaking public health issues.
- Develop and implement public health educational campaigns in conjunction with other WCDH divisions to educate members of the public on topical and critical public health issues.
- Write and develop press releases, public service announcements, public speeches, educational brochures, fact sheets, video scripts, graphic materials, brochures, scripts for cable television and radio presentations, scripts for the Public Health Information Line and other hotlines, health alerts and notices for provider groups and the medical community and materials for health fairs and community presentations to educate the public about topical health issues.
- Develop and maintain the Department's website utilizing up-to-date information from departmental programs and state and national agencies.
- Utilize technology, including broadcast fax and the geonotify outbound calling system to distribute critical public health information to key leaders, including medical providers and municipal officials.

- Coordinate the Departmental Public Health Information Line that provides round-the-clock information on public health issues and live phone access to departmental staff and community volunteers during public health crises.
- Process Freedom of Information Law requests.
- Obtain feedback from clients/consumers on an ongoing basis by conducting satisfaction questionnaires and needs assessments.
- Tailor programs and materials to meet the needs of the target groups, such as having materials appropriate for a low reading level, having materials available in languages other than English and having relevant programs and materials for various age groups (i.e., children, youth, adults, seniors).
- Direct the Fit Kids of Hudson Valley program, a NYSDOH-grant funded childhood obesity prevention program that has been adopted by numerous schools throughout Westchester County and the Hudson Valley, including Orange, Putnam and Dutchess Counties. Each school and school district is able to tailor the program to fit the needs of their students. This program helps school aged children to gain the knowledge, attitudes and skills needed to establish healthy eating and exercise habits, while promoting school wellness policies and sustainable environmentally healthy lifestyle changes.
- Promote Be Fit Westchester, a collaborative effort with the Department of Parks, the Youth Bureau and the Department of Senior Programs and Services to raise county-wide awareness of the importance of improving nutrition and increasing physical activity.
- Conduct community education and health promotion activities designed to raise awareness of preventable causes of chronic disease (i.e. heart disease, Type 2 diabetes, obesity).
- Promote tobacco prevention and awareness of smoking cessation services available through the NYS Quit Line and other community providers.
- Provide education and outreach to targeted populations at high risk for particular health conditions.
- Provide education and outreach to the general public, physicians and health care providers, in order to reduce the risk of communicable diseases.
- Promote public awareness of injury prevention, immunization requirements, lead poisoning prevention, prenatal services, primary and preventive child health services, facilitated enrollment and Early Intervention for children with disabilities.
- Promote preventive dental care for children and provide oral health education materials and presentations to students, parents, and relevant school health service personnel at schools participating in the school-based preventive dentistry program, to children participating in contracted day care centers/Head Start programs and in community venues and health fairs.
- Provide educational materials on HIV, STD, TB, and other communicable diseases to staff, the general public, and populations at risk.

- Provide pregnancy prevention, STD/HIV and substance abuse prevention education and education to promote healthy lifestyles to adolescents through the TeenAWARE program.
- Raise awareness on preventing mosquito-borne diseases including West Nile virus and tick-borne diseases including Lyme disease.
- Provide nutrition and healthy lifestyles education to low-income pregnant, postpartum, and breastfeeding women, and infants and children up to age five enrolled in the WCDH WIC program.
- Encourage residents to play an active role in decisions about their own health care through the It's My Health Care Initiative.
- Notify the public and impacted establishments on new laws/requirements, such as calorie posting, the trans-fat ban and well-water testing.
- Provide an annual workshop for children's camp operators and owners, to inform camp counselors about vaccine preventable diseases and prevention for rabies and arthropod-transmitted diseases.
- Provide annual workshops for certified county septic system contractors and certified septage haulers/collectors.

4. Mobilize Community Partnerships to Identify and Solve Health Problems

- Maintain working relationships with a host of providers/entities, including but not limited to: school districts, health care providers, managed care providers, community-based agencies, faith-based organizations, local building departments, water treatment plants, and other local, state and federal agencies.
- Participate and/or convene an array of coalitions, workgroups, task forces, steering committees, and partnerships in order to identify and solve health problems, including the following groups which are listed by topic area of focus:

Asthma

Hudson Valley Asthma Coalition

Cancer

Healthy Living Partnership (Cancer Services Program) of Westchester County
NYS Cancer Consortium

Children with Special Needs

Early Intervention and Preschool Provider Coalitions
Mount Vernon Early Childhood Mental Health Network
Port Chester Early Childhood Mental Health Network
White Plains Early Childhood Mental Health Network
New Rochelle Early Childhood Mental Health Network
Peekskill Early Childhood Mental Health Network
School Districts (41) Group
Westchester Autism Advisory Group

Westchester Local Early Intervention Coordinating Council
Yonkers Early Childhood Mental Health Network

Zero to Six Integrated Services Planning Group

Health Advisory Committee of the Early Childhood Program/WestCOP
DCMH Children's Advisory Committee

Children's Health Issues

Child Health Now Coalition
Child Health Advocacy Network (CHAN)
Integrated Services Planning Group for Children and Youth
Robert Wood Johnson's Covering Kids and Families Initiative
Westchester County Child Fatality Review Team
WestCOP Medical Advisory Committee

Dental

Ninth District Dental Association Access to Care Subcommittee
NYS Oral Health Coalition

Disease Control

Hospital Infection Control Meeting

Emergency Preparedness

Cities Readiness Initiative
Regional Bioterrorism Coordinators Workgroup
Local Emergency Planning Committee

HIV/AIDS

BOCES Health Education Center
Hair Salons HIV Prevention Partnership
Living Together
Mount Vernon AIDS Task Force
Mount Vernon School District Wellness Committee
MSM/HIV Prevention Coalition
Project WAVE (War Against the Virus Escalating)
Ryan White Part A and B Steering Committees, Workgroups and Part B Network
Westchester County AIDS Council
Yonkers HIV/AIDS Providers Task Force

Maternal/Child Health

Lower Hudson Valley Perinatal Network: Steering Committee
Regional Perinatal Forum (coalition)

Nutrition and Obesity Prevention

Fit Kids of Hudson Valley
God's Green Market partnership
Health Advisory Committee of the Early Childhood Program/WestCOP
Healthy Kids Northern Westchester Coalition
Rye YMCA Activate America coalition
Yonkers Community Health Coalition
Yonkers Early Childhood Initiative

Senior Health

Westchester County Department of Senior Programs & Services: Senior Health & Wellness Coalition
Livable Communities Initiative

Tobacco

POW’R Against Tobacco (Putnam, Orange, Westchester and Rockland Counties): steering committee
POW’R Against Tobacco Cessation Center Advisory Board

Women’s Health

Westchester County Women’s Health Task Force, Committee on Sexual Health and Well Being

Overall Health - Promoting Healthy Communities

Affiliate Medical Committee North - Planned Parenthood Hudson Peconic
Community Planning Council of Yonkers
Early Childhood Initiative
Health Jams/Housing Authority Partnership
Healthy Yonkers Initiative
Managed Care Plan Meeting
Mount Vernon Health Initiative
New Rochelle Village Team
Port Chester Health Network
Prevention Agenda Workgroup
United Way Westchester Planning Committee
United Way Community Impact Area Council
WCDH College Health Consortium
Westchester Community Foundation – Health Review Committee
Westchester County Department of Health’s Medical Directors’ Partnership
Westchester County Faith-based Health Initiative
Women Organized Around Wellness (WOW)
Yonkers Community Health Coalition

Environmental Health

Westchester County Association of Children's Camp Operators
Westchester County Pest Management Committee
Westchester County Restaurant Association
Westchester Water Works Conference
Westchester County Department of Planning’s Citizen Volunteer Monitoring Program
Westchester County Department of Planning’s Soil and Water Conservation District
Westchester Community College Education Opportunity Center
Westchester Chapter of the American Red Cross
Local Emergency Planning Committee

5. Develop Policies and Plans that Support Individual and Community Health Efforts

- Develop policies and plans that support individual and community health efforts by participating in community planning, promoting access to cost-effective quality health care, setting clear

objectives for public health problems, identifying priorities and unmet needs for high risk population groups, and advocating for policies and programs that promote improved health.

- Work with school districts, providers, and families to ensure access to services for preschool children three to five years of age with disabilities and/or developmental delays and to ensure that such children receive services in the least restrictive environment in a cost-effective manner in accordance with Section 4410 of the New York State Education Law of 1989.
- Coordinate and participate in HIV community planning for both Ryan White Part A and B, to support primary health care, dental, mental health and social support services for persons living with HIV and AIDS.
- Develop rules and regulations for new environmental health sanitary code amendments such as the 2009 enacted Gasoline Dispensing Site Vapor Recovery Program and the Construction Vehicle Diesel Retrofit Program.
- Revise rules and regulations for environmental health sanitary code amendments, such as the recently revised OWTS (On-site Waste Water Treatment System) Remediation and Repair Program.

6. Enforce Laws and Regulations that Protect Health and Ensure Public Safety

- Implement and enforce New York State and Westchester County Sanitary Code requirements, applicable laws and administrative rules and regulations to assure compliance with environmental quality and public health protection objectives, including tobacco enforcement, petroleum bulk storage, gasoline pump vapor recovery, food service sanitation, camp safety, water quality, air quality, pools, bathing beaches and oil or chemical spills.
- Bring all violators into compliance with local and State Sanitary Codes in accordance with the Public Health Law, including through citations, hearings and assessment of fines.
- Inspect, monitor, and regulate public water and sewage systems, private well and sewage disposal systems, public swimming pools, sources of air contamination, solid waste facilities, and radiological equipment.
- Monitor and regulate air and water quality.
- Review and approve realty subdivision plans and construction.
- Monitor and regulate food service establishments, hotels and motels, child day care facilities, day camps, swimming pools, housing and community sanitation, migrant labor camps, bathing beaches, mobile home parks, animal facilities, campgrounds, and petroleum bulk storage facilities.
- Provide technical assistance on individual water supplies to property owners, including provision for the performance of site evaluations and approval of water source locations, provision for inspection and/or testing water sources for quality and quantity and informing landlords and tenants of the results of such findings.
- Provide technical assistance on individual sewage systems to property owners, including provisions for evaluation of all proposed new individual sewage sites prior to system approval,

provision for approving only sites, plans, and new construction that conforms with NYSDOH standards, and provisions for conducting inspections or obtaining certifications by qualified professionals to assure conformance with plans/standards.

- Respond to complaints and enforce the public health law regarding the exposure to secondhand smoke, tobacco sales to adolescents and the Clean Indoor Air Act.
- Enforce the abatement of lead hazards. WCDH conducts environmental investigations and maintains case management of children with elevated blood lead levels.
- Sponsor free rabies vaccination clinics.

7. Link People to Needed Personal Health Services and Assure the Provision of Health Care when Unavailable

- Provide direct clinical services (including laboratory services) for STD, TB, immunization, and confidential HIV counseling and testing, partner notification and home health services. Lead testing is provided to children on the WCDH Lead Registry in need of follow-up lead testing who are uninsured and/or do not have a medical home.
- Provide nursing and environmental case management for children with elevated lead levels (>15µg/dL) in collaboration with the child's primary care provider.
- Refer clients without a medical home to one of the federally qualified neighborhood health centers.
- Provide WIC services (i.e., supplemental food vouchers, nutritional education, health education and referrals for health and social services) to eligible low-income pregnant, postpartum, and breastfeeding women, infants and children up to age five enrolled in the WCDH WIC program.
- Conduct influenza and pneumococcal vaccination clinics at community sites and senior centers for persons 50 years of age and older and for non-pregnant adults ages 18-49 years with chronic medical conditions.
- Refer all HIV infected persons identified through WCDH's counseling and testing services to the partner notification program and link to an HIV primary care provider.
- Provide preventive dental health services through school-based dental clinics onsite at schools participating in St. Joseph's Hospital/Spectrum program in Yonkers.
- Provide funding to the county's three federally-qualified health centers for the provision of primary and preventive health services to uninsured Westchester County residents consistent with Article 6 requirements.
- Refer Yonkers residents identified through the Healthy Neighborhoods Program to needed services such as smoking cessation services, health insurance, medical providers and to follow-up on persons found with asthma in the home.
- Coordinate with providers offering health screening activities (i.e., blood pressure, diabetes, STD and HIV testing) available at community events.

- Link high-risk pregnant mothers referred to the Healthy Beginnings program by the Westchester County Department of Social Services (i.e., preventive services, foster care, child protective service) to prenatal care and other health and social services. Refer clients' children and family members for health insurance and health and social services as needs are identified.
- Link eligible uninsured and underinsured Westchester County residents, identified through the Healthy Living Partnership (Cancer Services Program), to free breast, cervical and colorectal cancer screening. Link eligible individuals diagnosed with cancer to the Medicaid Cancer Treatment Program.
- Provide assistance through the Community-Based Facilitated Enrollment Program to families and individuals applying for publicly funded health insurance through Medicaid, Child Health Plus and Family Health Plus. Refer and link uninsured clients to the program through other WCDH programs, such as Early Intervention, Physically Handicapped Children's program, WIC, Healthy Neighborhoods and district offices.
- Provide directly observed therapy to active TB cases, regardless if being treated through WCDH clinics and provide directly observed preventive therapy to contacts of cases.
- Assure receipt of appropriate post-exposure prophylaxis for communicable diseases, as needed.
- Identify infants and toddlers from birth to age three with known or suspected disabilities and/or delays and to ensure that these children and their families receive appropriate evaluations, service coordination, and if eligible, services specified in the individualized family service plan.
- Work with school districts, providers, and families to ensure access to services for preschool children three to five years of age with disabilities and/or developmental delays.
- Determine eligibility and provide financial assistance to children between birth and 21 years of age for medical care and supportive services for children with severe health problems and chronic disabilities under the Physically Handicapped Children's Program.
- Provide needed services for infants and children at risk for developmental delay through the use of public health nurses who identify, screen, refer and follow-up on infants and children up to three years of age through the Child Find (also known as Infant-Child Health Assessment Program).
- Promote provider enrollment into the statewide immunization registry and conduct voluntary reviews of provider medical records to assess and improve immunization rates.
- Ensure that pregnant mothers are screened for Hepatitis B and that adequate treatment is provided to infants born to infected mothers through the Perinatal Hepatitis B Transmission Prevention Program.

8. Assure a Competent Public Health Workforce

- Recruit and retain qualified professionals, orient new staff, provide opportunities to participate in continuing education to staff, and promote cultural competency among staff.

- Provide opportunities to participate in professional development opportunities, such as continuing education, in-service training, attendance at professional conferences, and memberships in professional health education organizations, to ensure that programs and materials reflect current practice for effective health education and interventions.
- All new staff participates in web-based emergency preparedness training and is educated about HIPAA.
- All staff involved with HIV information attend annual confidentiality training.
- Staff receives Right To Know training.
- Maintain a system to periodically inform existing and new physicians of disease reporting requirements.
- Direct fiscal operations, including annual budget preparation and administering grant funding, state aid and third party reimbursement in order to maximize the delivery of health services.
- Manage resource allocation (personnel, funding and information technology) to help ensure the provision of high-quality services in an efficient and cost-effective manner.
- Draft legislative priorities and provide comment on proposed legislation relative to the professional qualifications necessary to ensure a well-trained public health workforce.
- Quality assurance of food service establishment inspectors is developed through the Food Safety Inspection Officer Certification program.

9. Evaluate Effectiveness, Accessibility and Quality of Personal and Population-Based Health Services

- Retain protocols for periodic internal quality assurance reviews and monitor the accuracy of data entry of relevant program information.
- Prepare routine reports on department programs, services and utilization trends, including the Annual Performance Report, as well as *ad hoc* data analysis and reports.
- Monitor and evaluate public and private resources to ensure the availability and accessibility of core services.
- Provide a listing on the Department's website of resources available in the community such as PCAP and WIC sites, hospitals, family planning clinics, HIV testing and services, including an on-line HIV and AIDS Services Resource Directory.

Westchester County Collaborative Agencies

Westchester County Department of Health (WCDH) works closely with a number of other Westchester County Departments and local municipalities to deliver and coordinate services for residents. For three departments/offices, the Westchester County Department of Health either supervises the office or has a Memorandum of Understanding defining the WCDH's role in reviewing the services or plans specific to public health that are included in WCDH's Municipal Public Health Services Plan. The services provided by these three departments are described below.

LABORATORIES

Westchester County provides both clinical laboratory and public health laboratory services. The public health laboratory services are provided by the Westchester County Department of Laboratories and Research (DL&R). The role of laboratory services is to:

- Monitor and control communicable and infectious diseases;
- Provide prompt quality diagnosis for medical treatment and care;
- Ensure safe drinking water;
- Test estuarine and stream water quality;
- Test sewage and waste treatment facilities and discharges;
- Test for the safety of food and dairy products and restaurants;
- Test the sanitary quality of swimming pools and bathing beaches;
- Identify hazardous wastes and spills;
- Monitor air quality; and
- Provide specialized clinical testing services for tuberculosis, sexually transmitted diseases, and viral infections not available at community hospital laboratories.

Clinical Laboratory Services

Clinical laboratory services are provided to patients utilizing services at WCDH District Offices. Testing is either performed on-site by WCDH staff or samples are taken and shipped to the Westchester County DL&R, the NYSDOH Wadsworth Center or a private contract laboratory depending on the tests required.

Clinical laboratory services support direct patient services provided through the Divisions of Community Health and Disease Control.

Public Health Laboratory Services

The DL&R, which provides public health laboratory services, consists of two divisions: the Environmental Laboratory Services and the Microbiological Services that provide diagnostic and analytical testing necessary to promote health and protect county citizens from communicable diseases and environmental health hazards of public health concern. In addition, the DL&R also serves as the regional Biodefense Laboratory serving Westchester, Rockland, Putnam, Dutchess, Orange, Ulster, and Sullivan counties.

- **Environmental Laboratory Services**

The Environmental Laboratory maintains certificates of approval from both New York State and Connecticut. In order to better serve the county, certifications from the New York State Department of Environmental Conservation's Laboratory Approval Program (covering water, solid waste, hazardous waste, air, emissions, and contract laboratory protocols) and the U.S. Environmental Protection Agency have been obtained. Under these two certifications, the laboratory is able to perform analyses to monitor and remediate hazardous waste sites in the county and New York State. The Environmental Laboratory also maintains its certification in the New York State Shellfish Sanitation Program for the monitoring of shellfish beds in the Long Island Sound.

The Environmental Laboratory includes bacteriological, radiological, inorganic testing and organic testing. It presently serves over 100 agencies, many of which are private, municipal, county or state facilities. In 2008, a total of 27,396 samples were tested. All samples brought to the Environmental Laboratories unit are taken according to methods that comply with the requirements of the NYSDOH Environmental Laboratory Approval Program (ELAP). All laboratory personnel are technically trained and proficient to assure good quality analytical results. Types of samples analyzed include:

- Drinking water (public supplies and private wells) for Radon and bacterial and chemical quality;
- Beaches for bacterial quality as well as marine plankton, algae, crustacea, scyphozoa, and nematode presence and identification;
- Pools and spas for bacterial quality;
- Estuarine (Hudson River and Long Island Sound) for bacterial, microbial and chemical quality;
- Lakes and streams (tributaries to local reservoirs) for bacterial, microbial and chemical quality;
- Sewage treatment plants (influent and effluent) for efficiency of treatment;
- Solids (soils, pottery, etc.) for heavy metals and organic chemical contamination;
- Hazardous waste for heavy metals and organic chemical contamination;
- Food for bacterial and chemical contamination;
- Paint for lead and metals, following findings of high blood lead levels in children;
- Dust from homes of children with high blood lead levels; and
- Air monitoring of solid waste and ashfill sites in county localities.

The Environmental Laboratory provides expertise and technical assistance to physicians, local public health officials, private businesses, engineering firms and private citizens on local and national health issues. The agencies utilizing the Environmental Laboratory Services include:

- Westchester County Department of Health
- Westchester County Department of Environmental Services
- Westchester and Rockland municipal water companies and suppliers (highest users at 46% of total samples tested)
- Wastewater treatment plants
- Private business, industry, engineering firms, laboratories and eating establishments
- Westchester Medical Center, other hospitals and nursing homes
- Westchester County Airport
- New York State Department of Transportation
- Rockland County Department of Health

- Westchester County District Attorney's Office, Environmental Crimes Unit
- Connecticut State Department of Health
- New York City Department of Environmental Protection
- Schools, Day Care Centers
- Private homeowners

The Environmental Laboratory includes a Director with a Master's Degree, supervisors with at least Bachelor's Degrees, chemists with at least Bachelor's Degrees and additional technical and clerical support staff.

- **Microbiological Laboratory Services**

The Microbiological Laboratory tests specimens for the diagnosis and control of communicable and infectious diseases and provides services to diverse agencies. The Microbiological Laboratory maintains certificates of approval from the NYSDOH, College of American Pathologists (and, consequently, CLIA) in the following categories:

- Virology (General)
- HIV (General Viral Identification)
- Mycobacteriology (General S)
- Bacteriology (General)
- Diagnostic Immunology (Diagnostic Services Serology)
- Mycology (General)
- Parasitology (General)

The Microbiological laboratory Services division tests specimens for the diagnosis and control of communicable and infectious diseases and provides services to diverse agencies.

This division also serves as a reference center for area hospitals and adjoining county health departments, particularly in the diagnosis of tuberculosis and viral and parasitic infections.

Its services include bacteriology, parasitology, mycology, mycobacteriology, virology, diagnostic immunology and syphilis serology. In 2008, a total of 35,261 samples were tested. The Virology laboratory serves as the regional WHO Collaborating Laboratory for influenza surveillance.

In addition, the Microbiological Laboratory unit maintains a laboratory information system (LIS) in which all laboratory data are stored. Epidemiological data for various diseases (TB, syphilis, gonorrhea, chlamydia, HIV, influenza, herpes, etc.) are retrieved from the LIS and reports for tracking these diseases are generated for the WCDH and other agencies. These retrievals and reports play an important role in the control of diseases and the maintenance of public health surveillance.

The agencies utilizing Microbiological Services include:

- Westchester County Department of Health
- Westchester Medical Center
- New York Medical College,
- Sound Shore Medical Center, Northern Westchester Hospital, Phelps Memorial Hospital, White Plains Hospital, other hospitals/institutions

- Private physicians
- Westchester County Correctional Facility
- Industry/business

The Microbiological Services unit includes a Director with a Ph.D., a Supervisor of Laboratories with a Master's Degree and American Society of Clinical Pathologists (ASCP) certification, microbiologists with at least Bachelors Degrees and other technical support personnel.

- **Biodefense Laboratory Services**

In response to Anthrax attacks in October 2001, The Public Health Laboratory utilized its resources to analyze environmental and clinical samples for Anthrax. In 2003, DL&R was selected by NYSDOH and CDC to serve as one of four laboratories in New York State designated as a Laboratory Response Network (LRN), a bio-safety level 3, serving Westchester, Rockland, Putnam, Dutchess, Orange, Ulster and Sullivan counties. The Biodefense Laboratory is certified by NYSDOH, CDC, USDA and APHIS to analyze environmental and clinical samples for agents of bioterrorism. In emergency situations, the Biodefense Laboratory will operate 24 hours a day 7 days a week. The laboratory participates in training First Responders in the seven county region for environmental sample collection, transport and in safety precautions and proper use of personal protective equipment.

The Biodefense laboratory is staffed by a Director with a Doctoral Degree, a Technical Director with a Master's Degree and ASCP certification, a Senior Microbiologist with a Master's Degree and ASCP certification a Microbiologist with a Bachelor's Degree. The laboratory has a contingency plan to employ other trained microbiologists if needed.

In summary, the Public Health Laboratories at the DL&R have the resources and expertise to help track and solve disease outbreaks in the county including food-borne and water-borne disease outbreaks. This service is provided to local health officials and area hospitals through collaboration with the NYSDOH and the CDC. The DL&R helps diagnose new and emerging pathogens and provides expertise and technical assistance to physicians, local public health officials, private businesses, engineering firms and private citizens on local and national health issues. The Environmental Laboratories unit has collaborated with the Environmental Crimes unit of the District Attorney's office, the New York City Department of Environmental Protection and the New York State DEC to investigate unlawful discharges and spills and perform environmental impact studies.

Public Health laboratory services are available daily including Saturday and Sunday mornings. The Laboratory's Board of Managers sets laboratory policies and approves laboratory fee schedules. The laboratory maintains a quality assurance program that monitors and qualifies all laboratory procedures and results.

The increased focus on cost containment has negatively affected the competitive position of laboratory services in the marketplace. The managed care environment has negatively impacted the utilization of the Public Health Laboratory. The continued loss will decrease the response capability of the laboratory.

EMERGENCY MEDICAL SERVICES (EMS)

Westchester County is committed to protecting the safety and well-being of county residents. The Westchester County Department of Health (WCDH) and the Department of Emergency Services (DES) work collaboratively to achieve this goal. On June 29, 2009, Westchester County Department of Health and Westchester County Department of Emergency Services signed a Memorandum of Understanding for Emergency Medical Services (EMS) in the county. The WCDH will review and ensure that the annual work plans of the DES are consistent with the public health goals reflected in the County's Municipal Public Health Services Plan.

EMS is provided to all individuals residing, working, or visiting in Westchester County when needed. The County is served by a large Enhanced 911 system that is connected to local Public Service Answering Points (PSAP). The Department of Emergency Services is facilitated by an Emergency Communications Center (ECC) known as "60 Control". The ECC provides a state of the art countywide radio system and Computer Aided Dispatch services. The ECC receives and processes 911 emergency calls and non-emergency calls. They function as a secondary Public Service Answering Point (PSAP) and dispatch a large number of Fire and Emergency Medical Service (EMS) agencies. The ECC also manages all mutual aid Fire and EMS requests within the County. This includes the assistance from the contiguous counties surrounding Westchester (Connecticut, Putnam, Rockland and NYC).

As a supplement to its Community Health Electronic Surveillance System, which monitors and analyzes patient and syndromic information from hospital emergency department visits to identify any unusual situations related to natural disease outbreaks, or a bioterrorist event, WCDH also utilizes the Westchester County EMS hospital diversion website that provides secure real-time hospital emergency department diversion status activities. This system can also track bed availability during a large scale event or Mass Casualty Incident. The DES works closely with the WCDH in planning and preparing for public healthcare emergencies.

In addition to the DES and its affiliated local agencies, the WCDH, local hospitals and other health care facilities are available to help achieve its goal of ensuring the safety of Westchester County residents. The DES enhances communications with all the hospitals in the County. A state of the art Voice over Internet Protocol (VoIP) telephony system was designed, built and used weekly with each 911 receiving hospital in the county. This system enables rapid communications between the ECC, WCDH and the 911 receiving hospitals within the County. This system is built to operate even if the Public Switched Telephone Network (PSTN) fails. The DES has also provided a UHF trunk radio transceiver to each 911 receiving hospital to enhance communications between the County and the EMS agencies within the county.

MEDICAL EXAMINER

The Office of the Medical Examiner serves the County of Westchester.

The office of the Medical Examiner consists of a staff of physicians, investigators, autopsy room personnel and a Histologist. The Office of the Medical Examiner investigates all deaths referred by local police agencies, hospitals and health care facilities. Under the law, the Medical Examiner must investigate all deaths occurring within Westchester County which appear to be of unnatural cause or manner, conclude the cause and manner of death, and prepare a death certificate in each case.

The Office of the Medical Examiner works with in-house Forensic Science and Toxicology personnel, the District Attorney, local and county police, local physicians, and hospitals in determining the cause and manner of death. Consultative resources are used in the fields of neuropathology, forensic odontology and anthropology.

The needs of the county are being fully and properly met in handling unnatural deaths, unidentified bodies, and legal matters arising from unnatural deaths.

SECTION THREE

COMMUNITY RESOURCES

Part II. Local Health Care Community

Local Health Care Community

- **Hospitals**

Westchester County is served by eleven general acute care and four specialty care hospitals, with the number of hospitals remaining steady since 2005. The current eleven acute care hospitals include a certified bed capacity of 2,859, a 5.6% or a 168 bed decline from 2005 and the four specialty hospitals include a certified bed capacity of 645, less than a 1% or 51 bed decline from 2005.

In addition to all the acute care hospitals in the county providing an array of services, certain hospitals have been granted operating certificates in specific areas. Some of these service areas, as well as other areas of special focus are as follows:

AIDS: Three hospitals (Westchester Medical Center, St. John's Riverside Hospital and Mount Vernon Hospital) have been designated as AIDS Care Centers.

Perinatal: The state offers this designation which applies to both maternity and neonatal services. There are three levels and a regional designation. One hospital (Westchester County Medical Center) serves as the regional perinatal center. Three hospitals (Northern Westchester, Sound Shore Medical Center and White Plains Hospital) have been designated as Level III hospitals, indicating their capacity to care for high risk pregnancies and newborns. Three hospitals have received Level II designations (Hudson Valley Hospital, Lawrence Hospital, and St. John's Riverside Hospital), which indicates their ability to care for moderately high risk pregnancies and newborns. One hospital (Phelps Memorial Hospital) is designated as a Level I center, which serves non-high risk pregnancies and newborns.

Poison Center: One hospital, Phelps Memorial Hospital Center, houses the Hudson Valley Poison Education Center, which provides poison education services to a 24-county region along the eastern part of the state from New York City to Canada.

Regional Resource Center/Emergency Preparedness: The Westchester Medical Center received a federal grant to assist the hospitals in the seven-county Hudson Valley region with disaster planning, including working together in the areas of decontamination, small pox, stock piles of antidotes, and planning for an all hazards emergency.

School- Based Health Program: St. Joseph's Medical Center operates a school based health program. This program provides primary care and dental services at five sites in Yonkers.

Stroke Center: All of the County's acute care hospitals, with the exception of Dobbs Ferry are designated as stroke centers, which were created to improve the standard and access to quality of care for patients with a presumptive diagnosis of stroke. The Westchester County Regional Emergency Medical Services Council participated in the implementation of these stroke centers.

Trauma: One hospital (Westchester Medical Center) serves the regional trauma center for the Hudson Valley and within Westchester, one hospital (Sound Shore Medical Center) is designated as an area trauma center.

Of the four specialty hospitals in Westchester, Blythedale Children's Hospital has the majority of its beds certified for physical medicine/rehabilitation with additional beds designated for intensive care, trauma brain injury and coma recovery. Burke Rehabilitation Hospital has the majority of its beds certified for physical medicine/rehabilitation with some beds designated for medical-surgical and traumatic brain

injury. The other two hospitals (New York Presbyterian Hospital and St. Vincent's Westchester) have beds certified for both psychiatric and alcohol rehabilitation with the majority of beds for psychiatric services. In addition to inpatient services, all four of these specialty care hospitals offer outpatient clinics.

- **Community Health Centers**

Westchester County is served by three federally qualified health centers. These three health centers have ten sites throughout Westchester County, which include: Greenburgh, Sleepy Hollow, Mount Kisco, Mount Vernon, Ossining, Peekskill, Rye Brook and Yonkers (3 sites). In addition to these sites Open Door operates four school-based health clinics in Port Chester. The health centers provide comprehensive primary, including dental, preventive, family planning and behavioral health services to all persons, regardless of insurance status and ability to pay. Service hours include evening and weekend coverage.

According to their Annual Cost Report, the total visits provided in 2007 were as follows:

Hudson River Community Health:	153,029*
Open Door Family Medical Center:	134,248
Mount Vernon Neighborhood Health Center:	<u>150,373**</u>
Total of All Centers:	437,650**

*Includes visits from HRCHs other seven sites outside Westchester

**Effective December 16, 2004, Greenburgh Health Center merged into the Mount Vernon Neighborhood Health Center and the visits reported for Mount Vernon Neighborhood Health Center include Greenburgh Health Center.

The total visits reported represent a 39.9% increase in total health center visits from 2002.

WCDH provides funding to the federally-qualified health centers for the provision of preventive, public and basic primary health services to uninsured persons in the county with STD and TB services being of highest priority.

- **Other Non-Hospital-Based Health Clinics**

In addition to the services offered by the three federally qualified health centers and hospital operated primary care clinics, two additional clinic providers in the County who serve under/uninsured include: Planned Parenthood of Hudson Peconic with sites in Mount Vernon, New Rochelle, White Plains and Yonkers; The Veterans Affairs Hudson Valley HealthCare System with sites in Montrose (HIV lab work and the infectious disease physician only at this sites) and White Plains. Planned Parenthood closed its Mount Kisco office in 2009. Besides these clinics, additional sites, including some private providers, may offer health care services to the under/uninsured residents of the county.

- **Nursing Homes**

There are 43 nursing homes in Westchester County with a total certified bed capacity of 6,696. This represents a loss of two nursing homes and 426 beds since 2005, a 6% decline in bed capacity.

- **Certified Home Health Agencies and Other Home Care Agencies**

There are currently ten Certified Home Health Agencies (CHHA) approved to operate in Westchester County, including WCDH's program. There is an additional nine programs that are located outside of

Westchester County that can serve Westchester County residents. Of the 19 CHHAs either serving or located in Westchester County, five are defined as special needs CHHAs and five are serving both long term and short-term patients.

Special needs CHHAs fall into two categories: pilot program home health agencies or a CHHA that has been approved to provide services to a population in their homes who would otherwise require care in a facility or program licensed by the Office of Mental Health or Office of Mental Retardation and Development Disabilities. Serving both long term and short-term patients means a home health agency that is also providing services to patients' enrolled in the Long Term Home Health Program.

Under Article 36 of the NYS Public Health Law, a CHHA must provide nursing services, home health aides, medical supplies and equipment, and physical, speech and occupational therapies. The CHHAs operating in Westchester County include both for profit and non-profit agencies.

In accordance with Section 763.11 (a) (11) of Title 10 of the New York State Compilation of Codes, Rules and Regulations, CHHAs must provide charity care in each fiscal year in an amount no less than two-percent of the total operating costs of the agency for private agencies and three and one-third percent for public agencies. Charity care is provided at no cost or reduced charge for those without insurance and with incomes less than 200% of the federal poverty level. The WCDH CHHA does serve the hard-to reach population and poses no financial barrier by accepting private health insurances, Medicaid, Medicare and offering services on a sliding fee scale.

Besides home health services offered thorough the CHHAs, these services are also provided by hospice and long term home health care programs. There are eleven Long-Term Home Health Care programs serving Westchester County with a total patient capacity of 2,233.

Five hospices serve Westchester County.

There are a total of 260 licensed home care agencies serving Westchester County with 76 based in Westchester County and 184 located outside the County.

- **Special Supplemental Nutrition Program for Women, Infants and Children (WIC)**

There are five agencies in the county that provide services under this program including the WCDH. Services are offered at ten locations throughout the county with hours of operation including some evenings and weekend availability. Services are available to New York State residents who are income eligible (gross income less than or equal to 185% of the federal poverty level) or those who have been certified as eligible for Food Stamps, Medicaid, Temporary Assistance for Needy Families (TANF), Free/Reduced Price School Lunch, or Head Start (income eligible). In addition, applicants must be at nutritional or medical risk and either pregnant, breastfeeding, or postpartum or have an infant or child up to five years of age.

A complete listing of the WIC agencies in Westchester County along with their site locations are contained in the Appendix.

- **Prenatal Care Assistance Program**

There are eleven Prenatal Care Assistance Providers (PCAP) in Westchester County. Some of these programs offer services at multiple site locations. While data were incomplete, seven of the PCAP programs had a total of 2,255 clients enrolled in PCAP as of 12/31/2008.

PCAP offers comprehensive prenatal care services to women and teens that live in New York State and meet eligibility income guidelines (up to 200% of the federal poverty level). Health care is provided to the woman for at least two months after delivery and to the baby for up to one year.

Given that individuals and not agencies are deputized by the local Department of Social Services to accept enrollment applications, a listing of enrollment sites is not included as the information could readily become outdated. A complete listing of agencies providing PCAP services is contained in the Appendix.

- **Pediatric Dental Services**

In addition to WCDH operating a school based dental clinic in Yonkers, services are offered by the community health centers, by a few hospitals and through private providers. One of the health centers also operates school-based dental clinics in Port Chester.

- **HIV Counseling and Testing Services**

There are 11 agencies at multiple locations that offer confidential HIV counseling and testing services, including services provided by WCDH. In addition, the New York State Department of Health (NYSDOH) offers anonymous testing. New advances with testing options, i.e., rapid testing services, have afforded people the opportunity to receive test results in approximately twenty minutes. In addition to these sites, a person may access testing services through their primary medical provider.

Publicly Funded Health Insurance

Medicaid

- According to the New York State Department of Health, there were 109,515 persons deemed Medicaid eligible, meaning enrolled in the program, as of March 2009. This represents 11.5% of the County’s 2007 estimated population. Of all those receiving Medicaid in March 2009, 42,711 or 39% were children under 19 years of age (excluding any children that may have been covered under the eligibility category of blind and disabled). This represents nearly one in five children receiving health care coverage through Medicaid.
- For persons deemed eligible for Medicaid, enrollment into managed care is mandatory for most populations with some exemptions permitted. As of March 2009, 55,121 (or 50.3%) Medicaid eligibles were enrolled in managed care up from 43.9% in June 2004. Medicaid managed care plans serve a high percentage of children.
- There are presently five managed care plans that offer Medicaid managed care enrollment in Westchester County. These plans and their present enrollment penetration levels as of March 2009 are as follows:

Health Plan	Total Enrolled	Percent of Total Enrolled
Affinity	9,804	17.8
GHI HMO Select ¹	1,443	2.6
Fidelis Care New York	8,080	14.7
Health Insurance Plan of Greater, NY (HIP) ¹	5,696	10.3
Hudson Health Plan	30,098	54.6
Total	55,121	100

¹Plans are underway for GHI to close and merge with HIP under a new name proposed as Emblem Health. As of September 2009, GHI is no longer accepting new members for CHP, FHP and Medicaid.

- Income eligibility for Medicaid is presently as follows:

Children under 1 Pregnant women	200% of the federal poverty level
Children 1-5	133% of the federal poverty level
Children 6-18	100% of the federal poverty level
Persons 19-20 Persons 21-64 with children Persons who are disabled	Medicaid income standard, which is below 100% of the federal poverty level
Persons 21-64 without children	Public Assistance standard

The eligibility level for children 6-18 will shortly be increased to 133% of the federal poverty level. Also the face-to face interview requirement for new applicants applying for Medicaid will be eliminated sometime in 2010.

Family Health Plus

- As of March 2009, 5,876 persons were enrolled in Family Health Plus, a 30% increase from June 2004. All persons enrolled in Family Health Plus, a Medicaid extension program, are required to access services through an approved managed care plan. There are presently five plans that offer this coverage. These plans and their enrollment penetration as of March 2009 are as follows:

Health Plan	Total Enrolled	Percent of Total Enrolled
Affinity	1,412	18.5
Fidelis Care New York	1,100	14.4
GHI HMO Select ¹	223	2.9
Health Insurance Plan of Greater, NY (HIP) ¹	843	11.1
Hudson Health Plan	4,044	53.1
Total	7,622	100.0

¹Plans are underway for GHI to close and merge with HIP under a new name proposed as Emblem Health. As of September 2009, GHI is no longer accepting new members for CHP, FHP and Medicaid.

- Income eligibility for Family Health Plus is presently as follows:

Persons with children under 21 Persons 19-20 years of age residing with parents	150% of federal poverty level
Persons 19-20 years of age living alone Persons 21-64 without children	100% of federal poverty level

Child Health Plus B

- For the uninsured children who are found ineligible for Medicaid, these children in most circumstances would be eligible for Child Health Plus. Like Family Health Plus, persons deemed eligible for this program are required to participate through an approved managed care plan. As of March 2009, there were a total of 21,185 children deemed eligible for this program, an 11% increase since June 2004. For this program, there are six managed care plans. These plans and their March 2009 enrollment penetration levels are as follows:

Health Plan	Total Enrolled	Percent of Total Enrolled
Affinity	2,414	11.4
Empire Blue Cross Blue Shield	3,398	16.0
Fidelis Care New York	1,698	8.0
GHI HMO Select ¹	223	1.1
Health Insurance Plan of Greater, NY (HIP) ¹	628	3.0
Hudson Health Plan	12,824	60.5
Total	21,185	100

¹Plans are underway for GHI to close and merge with HIP under a new name proposed as Emblem Health. As of September 2009, GHI is no longer accepting new members for CHP, FHP and Medicaid.

- Under Child Health Plus B, eligibility for a subsidized premium varies based on the gross household income as follows:

Income	Monthly Family Premium Contribution
<159% federal poverty level	\$0
160% - 222% federal poverty level	\$9 per child with maximum of \$27 per family
223% - 250% federal poverty level	\$15 per child with maximum of \$45 per family
251% - 300% federal poverty level	\$30 per child with maximum of \$90 per family
301% - 350% federal poverty level	\$45 per child with maximum of \$135 per family
351% - 400% federal poverty level	\$60 per child with maximum of \$180 per family
>400% federal poverty level	Full premium, rate varies by health plan, as of 7/2009 cost range: \$137.36 - \$208.49 per child

Service Access and Utilization

Each year NYSDOH releases the New York State Managed Care Plan Performance report which is based on certified data that is collected and audited from the Quality Assurance Reporting requirements (QARR) and Consumer Assessment of Healthcare providers and Systems data. The report provides information on quality of care and customer satisfaction. One limitation of the report is that the data are only available for the health plan's overall performance and does not provide performance measures specific to each County.

Access to Dental Care for Children:

The Performance Report includes a measure that evaluates the percentage of children and adolescents 2 – 21 years (2-18 years for Child Health Plus) who had at least one dental visit within the last year. In 2007, three of the health plans offering Child Health Plus in Westchester County were statistically below the statewide rate and two were statistically above the statewide rate. For Medicaid, half of the plans are above the statewide rate and the other half are below. One of the plans that is above for both Medicaid

and Child Health Plus serves the largest percentage of children enrolled in these programs in Westchester County.

Health Plan	Child Health Plus		Medicaid	
	Number Eligible	Percent Meeting Measure	Number Eligible	Percent Meeting Measure
Affinity	14,359	55	53,555	43
Empire Blue Cross Blue Shield	47,996	54	n/a	
Fidelis Care New York	24,802	59	58,079	54
Health Insurance Plan of Greater, NY (HIP) ¹	7,826	51	75,530	42
Hudson Health Plan	13,007	65	15,817	55
STATEWIDE RATE		57		45

The 2008 Managed Care Access and Utilization Report contains information of children’s access to care and complements the 2008 New York State Managed Care Plan Performance Report. One area examined is the percentage of enrollees in a managed care plan that had a visit with a primary care provider within the last year for children 12 months to 6 years and within the last two years for children 7 -19 years of age. Four age groups are reviewed: children 12-24 months, 25 months - 6 years, 7-11 years and 12-19 years (12-18 years for Child Health Plus).

Access to Primary Care Provider for Children

Data for the health plans that offer coverage for Child Health Plus (5 health plans) and Medicaid (4 health plans) in Westchester County, with the exception of GHI were reviewed. The results were as follows:

12 – 24 months: All plans except HIP for its Medicaid product line were not statistically different than the statewide average for this measure which was 98% for Child Health Plus and 95% for Medicaid. HIP, at 92%, was statistically below the statewide rate.

25 months – 6 years: All plans except Empire for its Child Health Plus product line were not statistically different than the statewide average for this measure which was 95% for Child Health Plus and 90% for Medicaid. Empire, at 98%, was statistically above the statewide rate.

7- 11 years: All plans except Empire and Hudson Health Plan for their Child Health Plus product lines were not statistically different than the statewide average for this measure which was 97% for Child Health Plus and 93% for Medicaid. Empire, at 99%, was statistically above the statewide rate and Hudson Health Plan, at 93%, was statistically below the statewide rate.

12 -19 years (18 for Child Health Plus): All plans except Empire for its Child Health Plus product line were not statistically different than the statewide average for this measure which was 93% for Child Health Plus and 88% for Medicaid. Empire, at 97%, was statistically above the statewide rate.

Collaborative Efforts

Collaboration with Westchester County Hospitals on the Prevention Agenda

In April 2008, New York State Health Commissioner Richard Daines, MD, launched a Prevention Agenda for the Healthiest State 2008-2013. This agenda sets ten statewide public health priorities and asks local health departments, hospitals and other community partners to collaborate on assessing community needs, identifying two to three local priorities from the Prevention Agenda and developing a plan to address these priorities as part of the local health departments' Community Health Assessment and the hospitals' Community Service Plans.

To help support and coordinate this collaboration, the Westchester County Department of Health invited all sixteen Westchester County hospitals to attend a kick-off meeting on January 29, 2009.

The meeting was facilitated by Westchester County Health Commissioner, Joshua Lipsman, MD, JD, MPH. The following 15 of 16 Westchester County hospitals were present at the meeting: Burke Rehabilitation Center, Blythedale Children's Hospital, Community Hospital at Dobbs Ferry at St. John's Riverside Hospital, Hudson Valley Hospital Center, Lawrence Hospital, NY Presbyterian Hospital/Westchester, Northern Westchester Hospital, Phelps Memorial Hospital Center, Sound Shore Medical Center, St. John's Riverside Hospital, St. Joseph's Medical Center, St. Vincent's Catholic Medical Center, the Mount Vernon Hospital, Westchester Medical Center, White Plains Hospital.

The Westchester County Department of Health (WCDH) and the local hospital representatives all shared examples of their prevention initiatives as well as ideas for new strategies on which hospitals and the health department might collaborate. Following the discussion and the generation of a list of ideas, each hospital was asked to select its top 2-3 priorities from the list. The results of the vote were as follows:

- Reducing Sodium Intake – 11
- Increasing Physical Activity (America On the Go) - 11
- It's My Health Care - 6
- Quit Smoking - 6
- Cancer Early Detection/Screening - 4
- Universal HIV Testing - 1
- Under Age Drinking – 1

Given that reducing sodium intake and physical activity received the largest number of votes, the group agreed to adopt these strategies as its priorities. The group then discussed how these strategies linked to the Prevention Agenda priorities and agreed that increasing physical activity related to Physical Activity/Nutrition and that reducing sodium intake related to Chronic Disease. The group then identified the statistical indicators in the Prevention Agenda that would be used for monitoring progress as follows:

- Increasing physical activity (Physical Activity/Nutrition):
 - % of adults engaged in leisure time activity
 - % obese adults

- % obese children
- Reducing sodium intake (Chronic Disease):
 - Rate of cerebrovascular (stroke) disease mortality
 - Rate of congestive heart failure hospitalizations
 - Rate of coronary heart disease hospitalizations

The group expressed interest in scheduling/organizing a press event announcing the collaboration and the overall plan to tackle the two identified priority areas.

Two additional meetings were held. The first meeting was on April 3, 2009 and included a sharing of current and new initiatives planned to address Westchester County's selected prevention priorities and suggestions of additional community partners for the project. Also discussed was planning of a joint May press event announcing the new partnership between the WCDH and Westchester County hospitals to help residents exercise more and cut their salt consumption to reduce the prevalence of chronic diseases. The press event was held on May 20, 2009 at Lawrence Hospital.

The third meeting was held on June 1, 2009 and focused on evaluation efforts and planning for future years. The group agreed to meet again sometime in the fall to assess progress and success of the project.

SECTION FOUR

CURRENT PUBLIC HEALTH PRIORITY AREAS

AND WCDH ACTIONS

Current Public Health Priority Areas and WCDH Actions

The following ten public health priority focus areas (listed in alphabetical order) were selected based on the findings from the health status profile, the unmet goals identified in the comparison of Westchester County health status indicators with both the Healthy People 2010 objectives and the New York State Department of Health's Prevention Agenda, as well as areas that are within the mission and scope of the Westchester County Department of Health.

The two priorities marked with an asterisk denote the two Prevention Agenda priorities that were selected in collaboration with the Westchester County hospitals.

The ten public health focus areas in Westchester County are as follows:

- Access to Health Care, including preventive dental care for children
- Asthma
- Chronic Disease* with focus on heart disease and diabetes
- Early Detection and Diagnosis of Cancer
- Healthy Mothers/Healthy Babies
- Immunization and Infectious Diseases, including Tuberculosis
- Injury Prevention
- Lead Poisoning Prevention
- Physical Activity/Nutrition*
- Sexually Transmitted Diseases and HIV/AIDS

This section outlines actions for addressing the above ten areas.

• Access to Health Care, including preventive dental care for children

Goal: To increase the proportion of persons in the County who have health insurance coverage and to ensure children receive routine annual dental check-ups.

On-going Action Strategies:

- Provide the public and community providers with information on publicly funded health insurance programs, including Child Health Plus, Family Health Plus and Medicaid, and offer referrals to the Healthy New York Program, WIC, PCAP, discounted prescription drug program and the neighborhood health centers.
- Collaborate and partner with community-based agencies, health plans, and the Westchester County Department of Social Services to assist applicants in the application and enrollment process.
- Refer individuals and families in need of health insurance who are served through various WCDH program such as WIC, Healthy Beginnings, Early Intervention and the Healthy Neighborhoods program to an enroller for application assistance.

- Support outreach efforts designed to increase knowledge on the availability of program services and application assistance.
- Encourage residents to play an active role in decisions about their own health care through the It's My Health Care Initiative.
- Provide funding to the County's federally-qualified health centers for the provision of primary and preventive health services, including dental services to uninsured Westchester County children and refer clients without a medical home to one of the federally qualified neighborhood health centers.
- Promote preventive dental care for children and provide oral health education materials and presentations to students, parents, and relevant school health service personnel at schools participating in the school-based preventive dentistry program, to children participating in contracted day care centers/Head Start programs and in community venues and health fairs.
- Provide preventive dental health services through school-based dental clinics onsite at schools participating in St. Joseph's Hospital/Spectrum program in Yonkers.

• Asthma

Goal: To prevent and reduce the burden of childhood asthma.

On-going Action Strategies:

- Provide education and referrals to families who have children with asthma through the Healthy Neighborhoods Program.
- Collaborate with healthcare and community partners to promote asthma management of school-aged children according to national asthma guidelines.
- Review and monitor the burden of asthma on different populations in the County.

• Chronic Disease with focus on heart disease and diabetes

Goal: To reduce sodium intake, the hospitalization rate for coronary heart disease, the disease mortality rate for stroke, and to reduce the prevalence of persons with diabetes and uncontrolled diabetes.

On-going Action Strategies:

- Conduct community education and health promotion activities designed to raise awareness of preventable causes of chronic disease (i.e. heart disease, Type 2 diabetes, obesity).
- Promote a heart healthy lifestyle, including regular physical activity and healthy eating habits.
- Recruit new schools to enroll in the NYSDOH grant-funded Fit Kids school-based obesity prevention program to promote wellness policies that promote healthy nutrition at schools. Approximately 60 Westchester County schools have been recruited to date.
- Promote schools' participation in annual No Junk Food Week (March).
- Promote sodium reduction and healthy nutrition through health education provided at schools, health fairs, cultural festivals, community events and nontraditional health settings (i.e., housing authority buildings, hair salons, faith-based organizations) by the Chronic Disease Prevention Program
- Promote sodium reduction and healthy nutrition to WCDH WIC clients through nutrition education and food demonstrations in the WIC waiting rooms.
- Promote sodium reduction and healthy nutrition among youth through the TeenAWARE program at community centers, residential facilities and in other venues where youth congregate
- Collaborate with the Department of Senior Programs and Services to promote sodium reduction and healthy nutrition through annual wellness activities
- Provide the general public with education and information to promote sodium reduction and healthy nutrition through the WCDH webpage.
- Undertake a community asset assessment that would locate or identify public options available for healthy food at the community level through HEAL NY 9 grant.
- Coordinate the Prevention Collaborative meeting with all 16 local hospitals in Westchester County.
- Direct the Healthy Communities Capacity Building Initiative to build infrastructure in the community for chronic disease prevention.

- **Early Detection and Diagnosis of Cancer**

Goal: To reduce the overall cancer death rate by increasing screening rates.

On-going Action Strategies:

- Link eligible uninsured and underinsured Westchester County residents, identified through the Healthy Living Partnership (Cancer Services Program), to free breast, cervical and colorectal cancer screening.
- Link eligible individuals diagnosed with cancer to the Medicaid Cancer Treatment Program.
- Work with community partners and coalitions to increase awareness of the importance of early cancer detection and to increase access to cancer screening services.

• Healthy Mothers/Healthy Babies

Goal: To ensure early access to prenatal care to improve birth outcomes and to reduce infant deaths.

On-going Action Strategies:

- Provide healthcare referrals to pregnant women to promote timely access to prenatal care
- Provide home visits, health and social services referrals and educational workshops to high-risk pregnant women referred from Department of Social Services' programs.
- Provide supplemental food, nutrition education and referrals for health care for eligible pregnant and breastfeeding women and for infants through the WIC program.
- Offer outreach and referral to encourage early and continuous prenatal care.
- Work with community partners on reducing teen pregnancy and on further strategies for improving birth outcomes.
- Provide home visits and periodic developmental screenings for infants at risk for developmental delay.
- Identify infants and toddlers from birth to age three with known or suspected disabilities and/or delays and to ensure that these children and their families receive appropriate evaluations, service coordination, and if eligible, services specified in the individualized family service plan.
- Work with neonatal intensive care units and their developmental follow-up clinics to early identify high risk infants to Early Intervention.
- Provide needed services for infants and children at risk for developmental delay through the use of public health nurses who identify, screen, refer and follow-up on infants and

children up to three years of age through the Child Find (also known as Infant-Child Health Assessment Program).

- **Immunization and Infectious Diseases, including Tuberculosis**

Goal: To ensure the timely immunization levels of all children and to control the spread of communicable diseases, including tuberculosis, vaccine-preventable diseases, and all other emerging infectious diseases.

On-going Action Strategies:

- Through the Vaccines for Children’s program, provide eligible children with immunizations at Health Department District Offices to prevent childhood diseases and decrease barriers to timely school enrollment.
- Promote and encourage provider enrollment into the statewide immunization registry (NYSIIS).
- Through the Immunization Action Program, conduct voluntary reviews of provider medical records to assess immunization rates and offer strategies for improving rates.
- Disseminate information on vaccine-preventable diseases to providers and the public.
- Provide education to hospitals to ensure that pregnant women are screened for Hepatitis B and that adequate treatment is provided to infants born to infected mothers.
- Offer Hepatitis vaccinations to all patients served at WCDH STD clinics.
- Offer influenza and pneumococcal vaccines to target populations during flu season.
- Provide and assure comprehensive and accessible medical services for individuals infected with tuberculosis and their contacts, including medical care by qualified physicians, diagnostic testing, laboratory services, and medications.
- Offer directly observed therapy (DOT) to all active tuberculosis cases.
- Provide physician and medical consultation and case management services for tuberculosis, rabies, and all other reportable communicable diseases 24 hours a day, 7 days a week.
- Conduct timely epidemiological investigations and interventions to further reduce communicable disease incidence.
- Strive to increase culturally and linguistically appropriate outreach and education to targeted populations on immunization and communicable diseases.

- Provide technical support for community organizations and relevant facilities for the prevention and education regarding TB and other communicable diseases.
- Increase education and communication with medical providers to assure the appropriate medical screening and management of sexual partners/contacts of infectious cases.

• Injury Prevention

Goal: To reduce preventable injuries.

On-going Action Strategies:

- Promote public awareness of injury prevention.
- Promote injury prevention through the It's My Healthcare Initiative and the WCDH website.
- Monitor emergency room and hospitalization data to assess the top preventable injuries occurring in Westchester County.
- Conduct in-home surveys and assessments through the Healthy Neighborhood's Program that help to identify and address safety hazards in the home (such as lack of smoke and carbon monoxide detectors).

• Lead Poisoning Prevention

Goal: To reduce/eliminate elevated blood lead levels in children

On-going Action Strategies:

- Perform environmental investigations for all children on the WCDH Lead Registry (with confirmed elevated blood lead level $\geq 15\mu\text{g/dL}$) to assess and reduce lead hazards in the home and in significant secondary residences.
- Enforce the abatement of lead hazards.
- Provide lead testing to children on the WCDH Lead Registry in need of follow-up lead testing who are uninsured and/or do not have a medical home.
- Provide nursing and environmental case management for children with elevated lead levels ($>15\mu\text{g/dL}$) in collaboration with the child's primary care provider.
- Provide lead prevention education to the public at community events and health fairs, to the public and providers upon request and through the WCDH webpage.

• Physical Activity/Nutrition

Goal: Improve the physical health and nutrition of Westchester County residents, and to reduce obesity, especially among children.

On-going Action Strategies:

- Improve the health and nutrition of pregnant women and children by promoting and providing WIC services.
- Educate the public about the general health benefits of good nutrition and increased physical activity, including dissemination of information regarding healthy eating and other health issues on WCDH's website.
- Increase public awareness regarding obesity among adults and children.
- Collaborate with local community organizations to raise awareness and to implement strategies for improving nutrition and increasing physical activity in the county.
- Work with schools in the county to help school aged children gain the knowledge, attitudes and skills needed to establish healthy eating and exercise habits.
- Recruit new schools to enroll in the NYSDOH grant-funded Fit Kids school-based obesity prevention program to promote wellness policies that increase physical activities at schools. Approximately 60 Westchester County schools have been recruited to date.
- Promote schools' participation in an annual TV Turn Off Week in April.
- Promote increased physical activity through health education provided at schools, health fairs, cultural festivals, community events and nontraditional health settings (i.e., housing authority buildings, hair salons, faith-based organizations) by the Chronic Disease Prevention Program.
- Promote increased physical activity to Westchester County Department of Health (WCDH) WIC clients through Fit WIC education and incentive items.
- Promote increased physical activity among youth through the TeenAWARE program at community centers, residential facilities and in other venues where youth congregate.
- Collaborate with the Department of Senior Programs and Services to promote increased physical activity through annual wellness activities.
- Support and promote annual employee Walk Teams (i.e., American Heart Association, American Diabetes Association, American Cancer Society, March of Dimes).
- Promote the County's Be Fit Westchester initiative through the Fit Mobile and Mall Walking club at the Westchester Mall.

- Undertake a community asset assessment that would locate or identify public options available for physical activity and healthy food at the community level through HEAL NY 9 grant.
- Coordinate the Prevention Collaborative meeting with all 16 local hospitals in Westchester County.
- Direct the Healthy Communities Capacity Building Initiative to build infrastructure in the community for chronic disease prevention.

• Sexually Transmitted Diseases and HIV/AIDS

Goal: To control the spread and reduce the risk of sexually transmitted diseases (STDs and HIV/AIDS)

On-going Action Strategies:

- Provide free, anonymous, comprehensive, and accessible services to assure the appropriate medical treatment of all infectious cases of syphilis, gonorrhea, Chlamydia, and other sexually transmitted diseases.
- Conduct surveillance, case management and investigation, including partner notification, to identify, notify, evaluate, and treat all active infectious cases of reportable STDs and their sexual contacts.
- Assure appropriate treatment of all reportable STD cases and contacts, and render cases non-infectious.
- Collaborate with private physicians, hospitals, community organizations, such as Planned Parenthood, community health centers, managed care organizations, ambulatory care clinics, schools, and correctional facilities in the surveillance, investigation, and intervention, including the assurance of appropriate and timely medical care, to control STDs.
- Work with relevant entities mentioned above to provide education and outreach regarding STDs, and referrals for appropriate medical screening and evaluation.
- Strive to increase culturally and linguistically appropriate outreach and education to targeted populations.
- Provide technical support for community organizations, substance abuse treatments centers, correctional facilities, schools, etc., for the prevention and education regarding STDs.

- Provide comprehensive prevention information to the general public through community-based activities, clinical services and the WCDH webpage to promote the importance of HIV testing and locations for clients to receive HIV counseling/testing services.
- Expand public awareness on HIV/AIDS related issues and the availability of services for people living with HIV/AIDS.
- Facilitate access to confidential and anonymous HIV counseling and testing services, including rapid HIV testing, to increase the number of people who know their HIV serostatus.
- Refer all HIV infected persons identified through WCDH's counseling and testing services to the partner services program and link to an HIV primary care provider.
- Assist medical providers and their patients in notifying partners about potential HIV exposure and to increase knowledge and utilization of the Partner Services Program.
- In partnership with the various AIDS Task Forces and Ryan White Network Committees and other community agencies, monitor the epidemiological trends of the epidemic for planning purposes and ensure that the continuum of HIV/AIDS health and support services contributes to better health outcomes and quality of life for people living with HIV/AIDS.

SECTION FIVE

APPENDICES

Appendix A1. Acute and Specialty Hospitals of Westchester County, 2009

Institution, Location, and Phone	Hospital Designation	Number of Beds	Acute Renal Dialysis	AIDS	Alcohol and/or Drug Services	Ambulance	Anatomical Laboratory	Anesthesia	Audiology	Blood Bank	Burn Care Unit	CT Scanner	Cardiac Catheterization Lab	Chemotherapy
Acute Care Hospitals														
Community Hospital at Dobbs Ferry 128 Ashford Avenue, Dobbs Ferry, NY 10522 (914) 693-0700		50	Y					Y	Y	Y		Y		
Hudson Valley Hospital Center 1980 Crompond Road, Cortlandt Manor, NY 10567 (914) 734-3611	Level 2 Perinatal Center Stroke Center	114			Y		Y	X		Y				
Lawrence Hospital Center 55 Palmer Avenue, Bronxville, NY 10708 (914) 787-1000	Level 2 Perinatal Center Stroke Center	181					Y	Y		Y				
Mount Vernon Hospital 12 North 7th Avenue, Mount Vernon, NY 10550 (914) 664-8000	AIDS Center Stroke Center	245		Y	Y		Y	X		Y				
Northern Westchester Hospital 400 East Main Street, Mount Kisco, NY 10549 (914) 666-1200	Level 3 Perinatal Center Stroke Center	259	X				YX	X		Y				
Phelps Memorial Hospital Association 701 North Broadway, Sleepy Hollow, NY 10591 (914) 366-3000	Level 1 Perinatal Center Regional Poison Education Center Stroke Center	235	X		Y		Y	Y	Y	Y		Y		Y
St. John's Riverside Hospital 976 North Broadway, Yonkers, NY 10701 (914) 964-4444	AIDS Center Level 2 Perinatal Center Stroke Center	385	Y		Y	X	Y		X	Y	X	Y	X	Y
Sound Shore Medical Center Of Westchester 16 Guion Place, New Rochelle, NY 10802 (914) 632-5000	Stroke Center	311	Y				Y	Y						
St. Joseph's Hospital 127 South Broadway, Yonkers, NY 10701 (914) 378-7000	Area Trauma Center Level 3 Perinatal Center Stroke Center	194	Y		Y		Y	YX		X				
Westchester Medical Center Grasslands Reservation, Valhalla, NY 10595 (914) 285-7017	Area Trauma Center Burn Center Regional Perinatal Center Regional Trauma Center Stroke Center	635	Y	Y		X	Y	Y	X	X	Y	Y	Y	Y
White Plains Hospital Center 41 East Post Road, White Plains, NY 10601 (914) 681-0600	Level 3 Perinatal Center Stroke Center	301	X				Y	X		Y				

Y Provided by staff.

X Provided by arrangement or agreement.

YX Provided by staff and through agreement.

Source: New York State Department of Health and UcompareHealthCare (<http://www.ucomparehealthcare.com>)

Appendix A1. Acute and Specialty Hospitals of Westchester County, 2009 (continued)

Institution, Location, and Phone	Chiropractic	Clinical Laboratory	Dedicated Emergency Department	Dental	Dietary	Emergency Services	Family Planning O/P	Gerontological Specialty	Home Health Services	Hospice	ICU Cardiac (non-surgical)	ICU Medical/Surgical	ICU Neonatal	ICU Pediatric	ICU Surgical	Maternity	MRI	Neonatal Nursery
Acute Care Hospitals																		
Community Hospital at Dobbs Ferry 128 Ashford Avenue, Dobbs Ferry, NY 10522 (914) 693-0700		Y	Y		Y	Y			Y	Y	Y	Y			Y			
Hudson Valley Hospital Center 1980 Crompond Road, Cortlandt Manor, NY 10567 (914) 734-3611		Y			YX	Y					Y	Y				Y		
Lawrence Hospital Center 55 Palmer Avenue, Bronxville, NY 10708 (914) 787-1000		Y		Y	Y	X	Y				Y	Y				Y		Y
Mount Vernon Hospital 12 North 7th Avenue, Mount Vernon, NY 10550 (914) 664-8000		Y		Y	Y	Y	Y				Y	Y				Y		
Northern Westchester Hospital 400 East Main Street, Mount Kisco, NY 10549 (914) 666-1200		Y			Y	Y			X	YX	Y	Y				Y		Y
Phelps Memorial Hospital Association 701 North Broadway, Sleepy Hollow, NY 10591 (914) 366-3000		Y	Y	Y	Y	Y		Y		Y	Y	Y				Y	X	Y
St. John's Riverside Hospital 976 North Broadway, Yonkers, NY 10701 (914) 964-4444		Y	YX	YX	Y	X	Y				Y	Y	Y	Y	Y	Y	X	Y
Sound Shore Medical Center Of Westchester 16 Guion Place, New Rochelle, NY 10802 (914) 632-5000		Y			Y	Y			Y		Y	Y				Y		YX
St. Joseph's Hospital 127 South Broadway, Yonkers, NY 10701 (914) 378-7000		Y		Y	YX	Y			X		Y	Y						
Westchester Medical Center Grasslands Reservation, Valhalla, NY 10595 (914) 285-7017	X	Y	Y	Y	X	X	Y		X		Y	Y	Y	Y	Y	Y	Y	Y
White Plains Hospital Center 41 East Post Road, White Plains, NY 10601 (914) 681-0600		Y		Y	X	Y			Y		Y	Y				Y		Y

Y Provided by staff.

X Provided by arrangement or agreement.

YX Provided by staff and through agreement.

Source: New York State Department of Health and UcompareHealthCare (<http://www.ucomparehealthcare.com>)

Appendix A1. Acute and Specialty Hospitals of Westchester County, 2009 (continued)

Institution, Location, and Phone	Neurosurgical	Nuclear Medicine	Obstetrics	Occupational Therapy	Operating Rooms	Optometric	Organ Bank	Organ Transplant	Outpatient	Outpatient Surgery Unit	PET Scan	Pediatric	Pharmacy	Physical Therapy	Postoperative Recovery Room	Prenatal	Psychiatric	Psychiatric - Child/Adolescent
Acute Care Hospitals																		
Community Hospital at Dobbs Ferry 128 Ashford Avenue, Dobbs Ferry, NY 10522 (914) 693-0700		Y			Y		Y		Y				Y	Y	Y			
Hudson Valley Hospital Center 1980 Crompond Road, Cortlandt Manor, NY 10567 (914) 734-3611		Y	Y	Y	Y				Y	Y		Y	Y	Y	Y			
Lawrence Hospital Center 55 Palmer Avenue, Bronxville, NY 10708 (914) 787-1000		Y	Y	Y	Y				Y	Y		Y	Y	Y	Y			
Mount Vernon Hospital 12 North 7th Avenue, Mount Vernon, NY 10550 (914) 664-8000		Y	Y	Y	Y				Y	Y		Y	Y	Y	Y		Y	
Northern Westchester Hospital 400 East Main Street, Mount Kisco, NY 10549 (914) 666-1200		YX	Y	X	Y				Y	Y		Y	Y	Y	Y		Y	
Phelps Memorial Hospital Association 701 North Broadway, Sleepy Hollow, NY 10591 (914) 366-3000	Y	Y	Y	Y	Y				Y	Y		Y	Y	Y	Y		Y	
St. John's Riverside Hospital 976 North Broadway, Yonkers, NY 10701 (914) 964-4444		X	Y		Y				Y	Y		Y	Y	Y	Y			
Sound Shore Medical Center Of Westchester 16 Guion Place, New Rochelle, NY 10802 (914) 632-5000		Y	Y	Y	Y				Y	Y		Y	Y	Y	Y		Y	
St. Joseph's Hospital 127 South Broadway, Yonkers, NY 10701 (914) 378-7000		Y	X	Y	Y	Y	X		Y	Y		Y	Y	Y	Y		Y	
Westchester Medical Center Grasslands Reservation, Valhalla, NY 10595 (914) 285-7017	Y	Y	Y	Y	Y	Y	X	Y	Y	Y	X	Y	Y	Y	Y		Y	Y
White Plains Hospital Center 41 East Post Road, White Plains, NY 10601 (914) 681-0600		Y	Y	Y	Y				Y	Y		Y	Y	Y	Y		Y	

Y Provided by staff.

X Provided by arrangement or agreement.

YX Provided by staff and through agreement.

Source: New York State Department of Health and UcompareHealthCare (<http://www.ucomparehealthcare.com>)

Appendix A1. Hospitals and Medical Centers of Westchester County, 2009 (continued)

Institution, Location, and Phone	Psychiatric - Emergency	Psychiatric - Forensic	Psychiatric - Geriatric	Psychiatric - Outpatient	Radiology - Diagnostic	Radiology - Therapeutic	Rehab - Inpatient (not CARF Accredited)	Rehab - Outpatient	Respiratory Care	Shock Wave Lithotripter	Social Services	Speech Pathology	Surgical Services Inpatient	Transplant Center Medicare	Urgent Care Center
Acute Care Hospitals															
Community Hospital at Dobbs Ferry 128 Ashford Avenue, Dobbs Ferry, NY 10522 (914) 693-0700	Y				Y				Y		Y	Y	Y		
Hudson Valley Hospital Center 1980 Crompond Road, Cortlandt Manor, NY 10567 (914) 734-3611					YX	YX	Y		Y		Y	YX	Y		
Lawrence Hospital Center 55 Palmer Avenue, Bronxville, NY 10708 (914) 787-1000					Y		Y		Y		Y	Y	Y		
Mount Vernon Hospital 12 North 7th Avenue, Mount Vernon, NY 10550 (914) 664-8000					Y	Y			Y		Y	X	Y		
Northern Westchester Hospital 400 East Main Street, Mount Kisco, NY 10549 (914) 666-1200					YX	YX	Y		Y		Y	X	Y		
Phelps Memorial Hospital Association 701 North Broadway, Sleepy Hollow, NY 10591 (914) 366-3000	Y			Y	Y	X	Y	Y	Y		Y	Y	Y		Y
St. John's Riverside Hospital 976 North Broadway, Yonkers, NY 10701 (914) 964-4444					YX	YX		YX	Y		Y	X	Y		
Sound Shore Medical Center Of Westchester 16 Guion Place, New Rochelle, NY 10802 (914) 632-5000					Y	Y	Y		Y		Y	Y	Y		
St. Joseph's Hospital 127 South Broadway, Yonkers, NY 10701 (914) 378-7000					Y		Y		Y		Y	Y	Y		
Westchester Medical Center Grasslands Reservation, Valhalla, NY 10595 (914) 285-7017	Y	Y	Y	Y	Y	Y	Y		Y	Y	Y	X	Y	Y	
White Plains Hospital Center 41 East Post Road, White Plains, NY 10601 (914) 681-0600					Y	X			Y		Y	Y	Y		

Y Provided by staff.

X Provided by arrangement or agreement.

YX Provided by staff and through agreement.

Source: New York State Department of Health and UcompareHealthCare (<http://www.ucomparehealthcare.com>)

Appendix A1. Acute and Specialty Hospitals of Westchester County, 2009 (continued)

Institution, Location, and Phone	Hospital Designation	Number of Beds	Acute Renal Dialysis	AIDS	Alcohol and/or Drug Services	Ambulance	Anatomical Laboratory	Anesthesia	Audiology	Blood Bank	Burn Care Unit	CT Scanner	Cardiac Catheterization Lab	Chemotherapy
Specialty Care Hospitals														
Blythedale Childrens Hospital 95 Bradhurst Avenue, Valhalla, NY 10595 (914) 592-7555	Pediatrics	92							Y					
Burke Rehabilitation Hospital 785 Mamaroneck Avenue, White Plains, NY 10605 (914) 597-2513	Physical Rehabilitation	150												
Four Winds Hospital 800 Cross River Road, Katonah, NY 10536 (914) 763-8151	Psychiatric / Behavioral (Private)	175			YX	X								
Hudson River Health Care Inc 1037 Main Street, Peekskill, NY 10556 (914) 734-2229	Outpatient	NA												
New York Presbyterian Hospital - Westchester 21 Bloomingdale Road, White Plains, NY 10605 (914) 682-9100	Psychiatric / Behavioral	270			Y									
Rye Hospital Center 754 Boston Post Road, Rye, NY 10580 (914) 967-4567	Psychiatric / Behavioral	34												
St. John's Riverside Hospital - Park Care Pavilion 2 Park Avenue, Yonkers, NY 10703 (914) 964-7300	General Medical & Rehabilitation	190		Y	Y									
St. Vincent's Westchester Catholic Medical Center 275 North Street, Harrison, NY 10528 (914) 967-6500	Psychiatric / Behavioral	500			Y									
Stony Lodge Hospital 40 Croton Dam Road, Ossining, NY 10562 (914) 941-7400	Psychiatric / Behavioral (Private, Children's)	61												
VA Hudson Valley Health Care System - FDR Campus 2094 Albany Post Road, Montrose, NY 10548 (914) 737-4400	Veterans' Services	291							Y					

Y Provided by staff.

X Provided by arrangement or agreement.

YX Provided by staff and through agreement.

Source: New York State Department of Health, New York State Office of Mental Health, US Dept of Veterans Affairs, and UcompareHealthCare (<http://www.ucomparehealthcare.com>)

Appendix A1. Acute and Specialty Hospitals of Westchester County, 2009 (continued)

Institution, Location, and Phone	Chiropractic	Clinical Laboratory	Dedicated Emergency Department	Dental	Dietary	Emergency Services	Family Planning O/P	Gerontological Specialty	Home Health Services	Hospice	ICU Cardiac (non-surgical)	ICU Medical/Surgical	ICU Neonatal	ICU Pediatric	ICU Surgical	Maternity	MRI	Neonatal Nursery
Specialty Care Hospitals																		
Blythedale Childrens Hospital 95 Bradhurst Avenue, Valhalla, NY 10595 (914) 592-7555		Y																
Burke Rehabilitation Hospital 785 Mamaroneck Avenue, White Plains, NY 10605 (914) 597-2513		YX		Y	YX													
Four Winds Hospital 800 Cross River Road, Katonah, NY 10536 (914) 763-8151		X		X	Y	X												
Hudson River Health Care Inc 1037 Main Street, Peekskill, NY 10556 (914) 734-2229				Y			Y							Y				
New York Presbyterian Hospital - Westchester 21 Bloomingdale Road, White Plains, NY 10605 (914) 682-9100		Y					Y											
Rye Hospital Center 754 Boston Post Road, Rye, NY 10580 (914) 967-4567		X		X	Y												X	
St. John's Riverside Hospital - Park Care Pavilion 2 Park Avenue, Yonkers, NY 10703 (914) 964-7300				Y														
St. Vincent's Westchester Catholic Medical Center 275 North Street, Harrison, NY 10528 (914) 967-6500		Y																
Stony Lodge Hospital 40 Croton Dam Road, Ossining, NY 10562 (914) 941-7400																		
VA Hudson Valley Health Care System - FDR Campus 2094 Albany Post Road, Montrose, NY 10548 (914) 737-4400				Y						Y								

Y Provided by staff.

X Provided by arrangement or agreement.

YX Provided by staff and through agreement.

Source: New York State Department of Health, New York State Office of Mental Health, US Dept of Veterans Affairs, and UcompareHealthCare (<http://www.ucomparehealthcare.com>)

Appendix A1. Acute and Specialty Hospitals of Westchester County, 2009 (continued)

Institution, Location, and Phone	Neurosurgical	Nuclear Medicine	Obstetrics	Occupational Therapy	Operating Rooms	Optometric	Organ Bank	Organ Transplant	Outpatient	Outpatient Surgery Unit	PET Scan	Pediatric	Pharmacy	Physical Therapy	Postoperative Recovery Room	Prenatal	Psychiatric	Psychiatric - Child Adolescent
Specialty Care Hospitals																		
Blythedale Childrens Hospital 95 Bradhurst Avenue, Valhalla, NY 10595 (914) 592-7555												Y	Y	Y				
Burke Rehabilitation Hospital 785 Mamaroneck Avenue, White Plains, NY 10605 (914) 597-2513				Y		Y			Y			Y	Y	Y				
Four Winds Hospital 800 Cross River Road, Katonah, NY 10536 (914) 763-8151						X	X		X			Y	Y				Y	Y
Hudson River Health Care Inc 1037 Main Street, Peekskill, NY 10556 (914) 734-2229												Y				Y		
New York Presbyterian Hospital - Westchester 21 Bloomingdale Road, White Plains, NY 10605 (914) 682-9100				Y													Y	
Rye Hospital Center 754 Boston Post Road, Rye, NY 10580 (914) 967-4567		X		Y		X							X				Y	
St. John's Riverside Hospital - Park Care Pavilion 2 Park Avenue, Yonkers, NY 10703 (914) 964-7300																Y		
St. Vincent's Westchester Catholic Medical Center 275 North Street, Harrison, NY 10528 (914) 967-6500				Y									Y				Y	
Stony Lodge Hospital 40 Croton Dam Road, Ossining, NY 10562 (914) 941-7400																		Y
VA Hudson Valley Health Care System - FDR Campus 2094 Albany Post Road, Montrose, NY 10548 (914) 737-4400						Y			Y	Y								

Y Provided by staff.

X Provided by arrangement or agreement.

YX Provided by staff and through agreement.

Source: New York State Department of Health, New York State Office of Mental Health, US Dept of Veterans Affairs, and UcompareHealthCare (<http://www.ucomparehealthcare.com>)

Appendix A1. Hospitals and Medical Centers of Westchester County, 2009 (continued)

Institution, Location, and Phone	Psychiatric - Emergency	Psychiatric - Forensic	Psychiatric - Geriatric	Psychiatric - Outpatient	Radiology - Diagnostic	Radiology - Therapeutic	Rehab - Inpatient (not CARF Accredited)	Rehab - Outpatient	Respiratory Care	Shock Wave Lithotripter	Social Services	Speech Pathology	Surgical Services Inpatient	Transplant Center Medicare	Urgent Care Center
Specialty Care Hospitals															
Blythedale Childrens Hospital 95 Bradhurst Avenue, Valhalla, NY 10595 (914) 592-7555					Y				Y		Y	Y			
Burke Rehabilitation Hospital 785 Mamaroneck Avenue, White Plains, NY 10605 (914) 597-2513					Y		Y		Y		Y	Y			
Four Winds Hospital 800 Cross River Road, Katonah, NY 10536 (914) 763-8151				Y	X						Y				
Hudson River Health Care Inc 1037 Main Street, Peekskill, NY 10556 (914) 734-2229															
New York Presbyterian Hospital - Westchester 21 Bloomingdale Road, White Plains, NY 10605 (914) 682-9100					Y						Y				
Rye Hospital Center 754 Boston Post Road, Rye, NY 10580 (914) 967-4567					X	X					Y				
St. John's Riverside Hospital - Park Care Pavilion 2 Park Avenue, Yonkers, NY 10703 (914) 964-7300											Y				
St. Vincent's Westchester Catholic Medical Center 275 North Street, Harrison, NY 10528 (914) 967-6500				Y	Y						Y				
Stony Lodge Hospital 40 Croton Dam Road, Ossining, NY 10562 (914) 941-7400															
VA Hudson Valley Health Care System - FDR Campus 2094 Albany Post Road, Montrose, NY 10548 (914) 737-4400											Y	Y			

Y Provided by staff.

X Provided by arrangement or agreement.

YX Provided by staff and through agreement.

Source: New York State Department of Health, New York State Office of Mental Health, US Dept of Veterans Affairs, and UcompareHealthCare (<http://www.ucomparehealthcare.com>)

Appendix A2. Nursing Homes in Westchester County, 2009

Name and Address	Phone	# Beds	Type of Organization				
			Voluntary--Not for Profit Corporation	Proprietary--Partnership	Proprietary--Business Corporation	Proprietary--LLC	Public--State
Andrus On Hudson 185 Old Broadway, Hastings-On-Hudson, NY 10706	(914) 478-3700	247	Y				
Bayberry Nursing Home 40 Keogh Lane, New Rochelle, NY 10805	(914) 636-3947	60		Y			
Bethel Nursing & Rehabilitation Center 67 Springvale Road, Croton-On-Hudson, NY 10520	(914) 739-6700	200	Y				
Bethel Nursing Home Company Inc 17 Narragansett Avenue, Ossining, NY 10562	(914) 941-7300	78	Y				
Cedar Manor Nursing & Rehabilitation Center Cedar Lane, P.O. Box 928, Ossining, NY 10562	(914) 762-1600	153			Y		
Cortlandt Healthcare LLC 110 Oregon Road, Peekskill, NY 10566	(914) 739-9150	120				Y	
Dumont Masonic Home 676 Pelham Road, New Rochelle, NY 10805	(914) 632-9600	196	Y				
Elant at Brandywine, Inc 620 Sleepy Hollow Road, Briarcliff Manor, NY 10510	(914) 941-1500	131	Y				
Field Home-Holy Comforter 2300 Catherine Street, Cortlandt Manor, NY 10567	(914) 739-2244	200	Y				
Glen Island Center for Nursing and Rehabilitation 490 Pelham Road, New Rochelle, NY 10805	(914) 636-2800	182			Y		
Hebrew Hospital Home of Westchester Inc 61 Grasslands Road, Valhalla, NY 10595	(914) 681-8400	160	Y				
Helen and Michael Schaffer Extended Care Center 16 Guion Place, New Rochelle, NY 10802	(914) 637-1200	150	Y				
Kendal On Hudson One Kendal Way, Sleepy Hollow, NY 10591	(914) 922-1000	42	Y				
King Street Home Inc 787 King Street, Port Chester, NY 10573	(914) 937-5800	120			Y		
Michael Malotz Skilled Nursing Pavilion 120 Odell Ave, Yonkers, NY 10701	(914) 964-3333	120	Y				
Nathan Miller Center for Nursing Care 37 Dekalb Avenue, White Plains, NY 10605	(914) 686-8239	65				Y	
New York State Veterans Home at Montrose 2090 Albany Post Rd, Montrose, NY 10548	(914) 788-6000	252					Y
North Westchester Restorative Therapy and Nursing Center 3550 Lexington Avenue, Mohegan Lake, NY 10547	(914) 528-2000	120				Y	
The Osborn 101 Theall Road, Rye, NY 10580	(914) 967-4100	84	Y				
Port Chester Nursing & Rehab Centre 1000 High St, Port Chester, NY 10573	(914) 937-1200	160			Y		
Regency Extended Care Center 65 Ashburton Avenue, Yonkers, NY 10701	(914) 963-4000	315			Y		
Rosary Hill Home 600 Linda Ave, Hawthorne, NY 10532	(914) 769-0114	72	Y				
Salem Hills Rehabilitation and Nursing Center 539 Route 22, P.O. Box 360, Purdys, NY 10578	(914) 277-3691	126				Y	

Source: New York State Department of Health

continued

Appendix A2. Nursing Homes in Westchester County, 2009 (continued)

Name and Address	Phone	# Beds	Type of Organization				
			Voluntary--Not for Profit Corporation	Proprietary--Partnership	Proprietary--Business Corporation	Proprietary--LLC	Public--State
Sans Souci Rehabilitation and Nursing Center 115 Park Avenue, Yonkers, NY 10703	(914) 423-9800	120				Y	
Sarah Neuman Center for Healthcare and Rehabilitation 845 Palmer Avenue, Mamaroneck, NY 10543	914) 698-6005	300	Y				
Schnurmacher Center for Rehabilitation and Nursing 12 Tibbits Avenue, White Plains, NY 10606	(914) 428-0910	225	Y				
Sky View Rehabilitation and Health Care Center, LLC 1280 Albany Post Road, Croton On Hudson, NY 10520	(914) 271-5151	192				Y	
Somers Manor Nursing Home Inc Route 100, Somers, NY 10589	(914) 232-5101	300			Y		
Sprain Brook Manor Nursing Home 77 Jackson Ave, Scarsdale, NY 10583	(914) 472-3200	121		Y			
St Cabrini Nursing Home 115 Broadway, Dobbs Ferry, NY 10522	(914) 693-6800	304	Y				
St Josephs Hosp Nursing Home of Yonkers N Y Inc 127 South Broadway, Yonkers, NY 10701	(914) 378-7358	200	Y				
St Mary's Rehabilitation Center For Children 15 Spring Valley Road, Ossining, NY 10562	(914) 333-7000	44	Y				
Sutton Park Center for Nursing and Rehabilitation 31 Lockwood Avenue, New Rochelle, NY 10801	(914) 576-0600	160				Y	
Tarrytown Hall Care Center 20 Wood Court, Tarrytown, NY 10591	(914) 631-2600	120				Y	
United Hebrew Geriatric Center 391 Pelham Road, New Rochelle, NY 10805	(914) 632-2804	270	Y				
United Nursing Home for the Aged Inc 391 Pelham Road, New Rochelle, NY 10805	(914) 632-2804	120	Y				
Victoria Home 25 N Malcolm Street, Ossining, NY 10562	(914) 941-2450	49	Y				
The Wartburg Home Bradley Avenue, Mount Vernon, NY 10552	(914) 699-0800	240	Y				
Waterview Hills Rehabilitation and Nursing Center 537 Route 22, P.O. Box 257, Purdys, NY 10578	(914) 277-3691	130				Y	
West Ledge Rehabilitation and Nursing Center 2000 E Main Street, Peekskill, NY 10566	(914) 737-8400	100				Y	
Westchester Center for Rehabilitation & Nursing 10 Claremont Ave, Mount Vernon, NY 10550	(914) 699-1600	240				Y	
Westchester Meadows 55 Grasslands Road, Valhalla, NY 10595	(914) 989-7800	20	Y				
White Plains Center for Nursing Care, LLC 220 West Post Road, White Plains, NY 10606	(914) 686-8880	88				Y	

Source: New York State Department of Health

continued

Appendix A2. Nursing Homes in Westchester County, 2009 (continued)

Name and Address	Services										
	Baseline	Dental/onsite to residents	Dietary/onsite to residents	Outpatient/Occupational Therapy	Outpatient/Physical Therapy	Outpatient/Speech Language Pathology Therapy	Adult Day Health Care	Clinical Laboratory Service	Respite Care (Short Term)	Radiology - Diagnostic	Ventilator Dependent
Andrus On Hudson 185 Old Broadway, Hastings-On-Hudson, NY 10706	Y										
Bayberry Nursing Home 40 Keogh Lane, New Rochelle, NY 10805	Y										
Bethel Nursing & Rehabilitation Center 67 Springvale Road, Croton-On-Hudson, NY 10520	Y			Y	Y	Y					
Bethel Nursing Home Company Inc 17 Narragansett Avenue, Ossining, NY 10562	Y						Y	Y	Y		
Cedar Manor Nursing & Rehabilitation Center Cedar Lane, P.O. Box 928, Ossining, NY 10562	Y									Y	
Cortlandt Healthcare LLC 110 Oregon Road, Peekskill, NY 10566	Y									Y	
Dumont Masonic Home 676 Pelham Road, New Rochelle, NY 10805	Y										Y
Elant at Brandywine, Inc 620 Sleepy Hollow Road, Briarcliff Manor, NY 10510	Y									Y	
Field Home-Holy Comforter 2300 Catherine Street, Cortlandt Manor, NY 10567	Y								Y		
Glen Island Center for Nursing and Rehabilitation 490 Pelham Road, New Rochelle, NY 10805	Y								Y		
Hebrew Hospital Home of Westchester Inc 61 Grasslands Road, Valhalla, NY 10595	Y					Y					
Helen and Michael Schaffer Extended Care Center 16 Guion Place, New Rochelle, NY 10802	Y					Y					
Kendal On Hudson One Kendal Way, Sleepy Hollow, NY 10591	Y			Y	Y	Y					
King Street Home Inc 787 King Street, Port Chester, NY 10573	Y									Y	
Michael Malotz Skilled Nursing Pavilion 120 Odell Ave, Yonkers, NY 10701	Y										Y
Nathan Miller Center for Nursing Care 37 Dekalb Avenue, White Plains, NY 10605	Y							Y		Y	
New York State Veterans Home at Montrose 2090 Albany Post Rd, Montrose, NY 10548	Y										
North Westchester Restorative Therapy and Nursing Center 3550 Lexington Avenue, Mohegan Lake, NY 10547	Y										
The Osborn 101 Theall Road, Rye, NY 10580	Y			Y	Y	Y					
Port Chester Nursing & Rehab Centre 1000 High St, Port Chester, NY 10573	Y										
Regency Extended Care Center 65 Ashburton Avenue, Yonkers, NY 10701	Y			Y	Y	Y			Y		
Rosary Hill Home 600 Linda Ave, Hawthorne, NY 10532	Y										
Salem Hills Rehabilitation and Nursing Center 539 Route 22, P.O. Box 360, Purdys, NY 10578	Y										

Source: New York State Department of Health

continued

Appendix A2. Nursing Homes in Westchester County, 2009 (continued)

Name and Address	Services										
	Baseline	Dental/onsite to residents	Dietary/onsite to residents	Outpatient/Occupational Therapy	Outpatient/Physical Therapy	Outpatient/Speech Language Pathology Therapy	Adult Day Health Care	Clinical Laboratory Service	Respite Care (Short Term)	Radiology - Diagnostic	Ventilator Dependent
Sans Souci Rehabilitation and Nursing Center 115 Park Avenue, Yonkers, NY 10703	Y										
Sarah Neuman Center for Healthcare and Rehabilitation 845 Palmer Avenue, Mamaroneck, NY 10543	Y			Y	Y	Y	Y	Y	Y	Y	
Schnurmacher Center for Rehabilitation and Nursing 12 Tibbits Avenue, White Plains, NY 10606	Y									Y	
Sky View Rehabilitation and Health Care Center, LLC 1280 Albany Post Road, Croton On Hudson, NY 10520	Y									Y	
Somers Manor Nursing Home Inc Route 100, Somers, NY 10589	Y									Y	
Sprain Brook Manor Nursing Home 77 Jackson Ave, Scarsdale, NY 10583	Y									Y	
St Cabrini Nursing Home 115 Broadway, Dobbs Ferry, NY 10522	Y	Y	Y				Y	Y	Y	Y	
St Josephs Hosp Nursing Home of Yonkers N Y Inc 127 South Broadway, Yonkers, NY 10701	Y							Y		Y	
St Mary's Rehabilitation Center For Children 15 Spring Valley Road, Ossining, NY 10562	Y										
Sutton Park Center for Nursing and Rehabilitation 31 Lockwood Avenue, New Rochelle, NY 10801	Y							Y			
Tarrytown Hall Care Center 20 Wood Court, Tarrytown, NY 10591	Y									Y	
United Hebrew Geriatric Center 391 Pelham Road, New Rochelle, NY 10805	Y										
United Nursing Home for the Aged Inc 391 Pelham Road, New Rochelle, NY 10805	Y									Y	
Victoria Home 25 N Malcolm Street, Ossining, NY 10562	Y									Y	
The Wartburg Home Bradley Avenue, Mount Vernon, NY 10552	Y						Y		Y	Y	
Waterview Hills Rehabilitation and Nursing Center 537 Route 22, P.O. Box 257, Purdys, NY 10578	Y			Y	Y	Y		Y			
West Ledge Rehabilitation and Nursing Center 2000 E Main Street, Peekskill, NY 10566	Y									Y	
Westchester Center for Rehabilitation & Nursing 10 Claremont Ave, Mount Vernon, NY 10550	Y										
Westchester Meadows 55 Grasslands Road, Valhalla, NY 10595	Y										
White Plains Center for Nursing Care, LLC 220 West Post Road, White Plains, NY 10606	Y							Y		Y	

Source: New York State Department of Health

Appendix A3. Certified Home Health Care Agencies Serving Westchester County, 2009

Name	Address	Phone	Types of Care					
			Baseline ¹	Nutritional	Physician Services	Personal Care	Short-Term and Long-Term Care	Special Needs
Calvary Hospital	1740 Eastchester Road, Bronx, NY 10461	718-430-9540	Y	Y	Y			Y
Datahr Home Health Care, Inc.	120 Kisco Avenue, Mount Kisco, NY 10549	914-242-1903	Y	Y		Y		Y
Dominican Sisters Family Health Service Inc.	299 North Highland Avenue, Ossining, NY 10562	914-941-1710	Y	Y			Y	
Empire State Home Care Services, Inc.	33 Irving Place, New York, NY 10003	212-358-4590	Y	Y			Y	
Gentiva Health Services	7-11 South Broadway, #104, White Plains, NY 10601	914-948-6565	Y	Y				
Lawrence Home Care of Westchester	69 Main Street, Tuckahoe, NY 10707	914-961-2818	Y					
Metropolitan Jewish Home Care, Inc.	440 Ninth Avenue, 14th Floor, New York, NY 10001	212-356-5500	Y					
Montefiore Medical Center Home Care and Extended Services	One Fordham Plaza, Suite 1100, Bronx, NY 10458	718-405-4400	Y		Y		Y	
Olom Home Care Inc / St. Mary's Metropolitan Home Care for Kids	172 South Broadway, 2nd Floor, White Plains, NY 10605	914-328-8822	Y					
PTS of Westchester, Inc.	7-11 South Broadway, White Plains, NY 10601	914-949-5150	Y					
Revival Home Health Care	5350 Kings Highway, Brooklyn, NY 11203	718-629-1000	Y	Y				Y
Saint Vincents Catholic Medical Centers Home Health Agency	95-25 Queens Blvd., Rego Park, NY 11374	718-830-4500	Y	Y			Y	
Visiting Nurse Association of Hudson Valley	540 White Plains Road, Tarrytown, NY 10591	914-666-7616	Y					
Visiting Nurse Service of New York Home Care	107 East 705h Street, New York, NY 10021	212-794-9200	Y				Y	
Visiting Nurse Services in Westchester, Inc.	360 Mamaroneck Avenue, White Plains, NY 10605	914-682-1480	Y					
Westchester County Department of Health	145 Huguenot Street, New Rochelle, NY 10801	914-813-5176	Y	Y				
White Plains Hospital Home Care Department	90 South Ridge Street, Rye Brook, NY 10573	914-681-1087	Y					
Willcare	700 Corporate Boulevard, Newburgh, NY 12550	845-561-3655	Y					Y
Yai Home Health Services	460 West 34th Street, New York, NY 10001	212-563-7474	Y					Y

Source: New York State Department of Health.

¹ Baseline services include home health aide, medical social services, nursing care, and occupational, physical, and speech therapy.

Appendix A4. Federally Qualified Neighborhood Health Centers, 2009

Name	Address	Phone
Greenburgh Health Center	330 Tarrytown Road, Greenburgh, NY 10607	(914) 989-7600
Hudson River Health Care, Inc.: (Peekskill)	1037 Main Street, Peekskill, NY 10566	(914) 734-8800
Hudson River Health Care, Inc.: Valentine	503 South Broadway, Yonkers, NY 10705	(914) 965-9771
Hudson River Health Care, Inc.: William E. Shands Community Health Center – Bohlman Towers	807 Main Street, Peekskill, NY 10566	(914) 788-5251
Hudson River Health Care, Inc.: Yonkers – Park Care	2 Park Avenue, Yonkers, NY 10703	(914) 964-7862
Mount Vernon Neighborhood Health Center	107 West Fourth Street, Mount Vernon, NY 10550	(914) 699-7200
Open Door Health Center (Mount Kisco)	30 West Main Street, Mount Kisco, NY 10549	(914) 666-3272
Open Door Health Center (Ossining)	615 Main Street, Ossining, NY 10562	(914) 941-1263
Open Door Health Center (Port Chester)	5 Grace Church Street, Port Chester, NY 10573	(914) 937-8899
Open Door Health Center (Sleepy Hollow)	80 Beekman Ave, Sleepy Hollow, NY 10591	(914) 631-4141
Open Door School Based Center, John F. Kennedy Elementary School	40 Olivia Street, Port Chester, NY 10573	(914) 939-1146
Open Door School Based Center, Thomas A. Edison School	132 Rectory Street, Port Chester, NY, 10573	(914) 939-1205
Open Door School Based Health Center, Port Chester Middle School	113 Bowman Avenue, Port Chester, NY, 10573	(914) 939-1477
Yonkers Community Health Center	30 South Broadway, Yonkers, NY 10701	(914) 968-4898

All Neighborhood Health Centers listed above operate full time and provide adult and pediatric health services for uninsured Westchester County residents.

Appendix A5. Prenatal Care Assistance Programs, Westchester County, 2009

Name	Address	Phone
Greenburgh Neighborhood Health Center	330 Tarrytown Road, White Plains, NY 10607	(914) 989-7606
Hudson River Health Care	1037 Main Street, Peekskill, NY 10566	(914) 734-8790
Mount Vernon Hospital	100 Stevens Avenue, 3rd Floor, Mount Vernon, NY 10550	(914) 664-8000
Mount Vernon Neighborhood Health Care	107 West Fourth Street, Mount Vernon, NY 10550	(914) 699-7200
Northern Westchester Hospital	400 East Main Street, Mount Kisco, NY 10549	(914) 666-1200
Ossining Open Door	165 Main Street, Ossining, NY 10562	(914) 941-1263
Phelps Memorial Hospital	701 North Broadway, Sleepy Hollow, NY 10591	(914) 366-3000
Planned Parenthood Hudson - Peconic	175 Tarrytown Road, White Plains, NY 10607	(914) 220-1037
Planned Parenthood New Rochelle	247 North Avenue, New Rochelle, NY 10801	(914) 632-4442
Planned Parenthood Yonkers	20 South Broadway #1108, Yonkers, NY 10701	(914) 965-1912
St. John's Riverside Hospital	967 North Broadway, Yonkers, NY 10701	(914) 964-7422
St. Joseph's Medical Center	127 South Broadway, Yonkers, NY 10701	(914) 375-3254
Sound Shore Medical Center	16 Guion Place, New Rochelle, NY 10802	(914) 632-5000
Valentine Lane Family Practice ¹	503 South Broadway, Suite 210, Yonkers, NY 10705	(914) 965-9771

¹ Valentine Lane Family Practice is operated by Hudson River Health Care, Inc.

Appendix A6. Women, Infants, and Children (WIC) Programs, Westchester County, 2009

Name	Address	Phone
Greenburgh Neighborhood Health Center WIC	330 Tarrytown Road, Greenburgh, NY 10607	(914) 989-7600
Hudson River Health Care - Peekskill	1037 Main Street, Peekskill, NY, 10566	(914) 734-8800
Mount Vernon Neighborhood Health Center WIC	107 West Fourth Street, Mount Vernon, NY 10550	(914) 699-7200
Open Door WIC - Ossining	165 Main Street, Ossining, NY, 10562	(914) 502-1310
Open Door WIC - Sleepy Hollow	80 Beekman Avenue, Tarrytown, NY, 10591	(914) 406-8150
Sound Shore Medical Center WIC	16 Guion Place, New Rochelle, NY 10802	(914) 637-1295
Yonkers Community Health Center WIC	30 South Broadway, Yonkers, NY 10701	(914) 968-4898
Westchester County Department of Health WIC - White Plains	112 East Post Road, White Plains, NY 10601	(914) 995-6350
Westchester County Department of Health WIC - Yonkers	20 South Broadway, Yonkers, NY, 10701	(914) 231-2510
Westchester County Department of Health WIC - Port Chester	1 Gateway Plaza, Port Chester, NY, 10573	(914) 813-7244

WIC programs funded as of September 14, 2009.

Appendix A7. Medical Professionals in Westchester County Hospitals and Medical Centers

	Community Hospital at Dobbs Ferry	Hudson Valley Hospital Center	Lawrence Hospital Center	Mount Vernon Hospital	Northern Westchester Hospital	Principals Memorial Hospital Arden	St John's Riverside Hospital	St Joseph's Hospital Yonkers	Sound Shore Medical Center	Westchester Medical Center	White Plains Hospital Center	Burke Rehabilitation Hospital	Total
Certified RN Anesthetists	0	0	0	0	564	0	0	1	5	0	0	0	570
Dieticians	1	0	4	8	6	5	6	6	5	1	0	3	45
LPN/VN Nurses	4	29	22	29	41	21	20	29	22	80	15	0	312
Medical Social Workers	1	7	3	5	9	5	11	19	7	72	3	8	150
Nurse Practitioners	0	0	0	0	0	6	10	0	0	89	0	0	105
Occupational Therapists	0	3	2	1	0	6	0	1	0	6	1	22	42
Other Personnel	107	336	531	548	564	749	830	605	705	1335	725	418	7453
Physicians	0	4	18	20	10	12	23	20	26	5	19	13	170
Physician Assistants	1	3	0	0	0	0	1	0	3	10	2	0	20
Physical Therapists	1	5	9	4	7	13	6	5	6	21	16	30	123
Psychologists	0	0	0	0	0	0	0	0	0	3	0	0	3
Registered Nurses	32	115	296	229	325	206	338	180	317	1117	302	89	3546
Registered Pharmacists	1	5	9	8	13	8	14	7	9	0	7	6	87
Residents (Physicians)	0	0	0	32	41	0	0	30	61	290	0	0	454
Respiratory Therapists	0	6	11	12	12	11	14	10	9	62	7	40	194
Speech Pathologists, Audiologi	0	0	1	0	0	4	0	3	2	5	1	7	23

Source: Hospital Quick Check Report, UCOmaoreHealthCare (www.ucomparehealthcare.com). Information not available on specialty hospitals, private hospitals, and Veterans hospitals.

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