

Westchester County Community Health Assessment



2019 - 2021

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George Latimer, County Executive
Sherlita Amler, MD, Commissioner
Department of Health

Acknowledgement

The Westchester County Department of Health would like to thank the following organizations and agencies for their contribution and partnership in developing and distributing the Community Health Needs Assessment Survey as well as in the process of the Community Health Assessment.

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Northwell Health

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Project Director: Jiali Li, Ph.D., Director of Research & Evaluation
Renee Recchia, MPH, Acting Deputy Commissioner of Administration

Project Staff: Camille Jimenez, Medical Data Analyst
Thomas Peer, Medical Data Analyst
With assistance and input from
Victor Arriaga, Elissa Cestone, Linda Hakim, Caren Halbfinger,
Heather McGill, Kevin Morrison, Jillian Pennacchio

Contact: Jiali Li, Ph.D.
Westchester County Department of Health, Planning & Evaluation
10 County Center Road, 2nd Floor, White Plains, New York, 10607

FOREWORD

The Westchester County Department of Health (WCDH) plays a leading role in promoting health, preventing disease, and prolonging meaningful life for Westchester County residents. The WCDH's ongoing mission involves monitoring and controlling the spread of diseases, regulating air and water quality, enforcing state and local sanitary codes, promoting and endorsing local public health activities, and ensuring the availability of community health services.

To comply with New York State Public Health Law, WCDH has collaborated with local hospitals and other community health partners to complete a *Community Health Assessment (CHA)* survey, which describes the current health status of Westchester County residents, identifies existing gaps and health care barriers, assesses the availability and accessibility of health care services, and specifies public health priorities in the county. The first section of this document describes the process of developing and conducting the *Community Health Needs Assessment (CHA)* survey among members of the public, as well as the key findings from this assessment among Westchester county respondents.

In addition to the community health assessment survey, the WCDH and local hospitals hosted a Health Summit on April 5th, 2019, in which nearly 80 stakeholders from local agencies and organizations participated. Four of the five priority areas of the New York State Prevention Agenda were discussed based on the preliminary findings of the CHA Survey:

1. Prevent Chronic Diseases
2. Promote a Healthy and Safe Environment
3. Promote Healthy Women, Infants and Children
4. Promote Well-being and Prevent Mental and Substance Use Disorders

The stakeholders reviewed the focus areas within each of the four priority areas, brainstormed the strengths and resources in each area, identified opportunities and gaps, and suggested action items and solutions. A summary report of the Summit prepared by Premier, the company that facilitated the discussions at the Summit, is included as an appendix in this document.

Based on the CHA findings and discussions from the Summit, a *Community Health Improvement Plan (CHIP)* was developed to lay out the specific objectives, goals, and actions of the Health Department which address the public health priorities identified in the Community Health Assessment. The Health Department elected two Prevention Agenda Priority Areas, a). prevent chronic diseases, and b). promote well-being and prevent mental and substance use disorders, in its Community Health

Improvement Plan (CHIP) for the next three years. The Community Health Improvement Plan is presented in detail in a separate document.

The second section of this document presents the regional profiles for each of the county's 25 towns. The profiles present information on demographic and socioeconomic characteristics, births and deaths, emergency room visits, hospitalizations, as well as communicable diseases.

Supplementing this document, six additional data reports provide detailed data addressing specific areas relevant to the county's community health status. These reports are:

- Westchester County Community Health Assessment Supplemental Data Report 1. Population (2013-2017 ACS)
- Westchester County Community Health Assessment Supplemental Data Report 2. Vital Statistics (2011-2017)
- Westchester County Community Health Assessment Supplemental Data Report 3. Communicable Diseases (2013-2018)
- Westchester County Community Health Assessment Supplemental Data Report 4. Cancer (2012-2016)
- Westchester County Community Health Assessment Supplemental Data Report 5. Emergency Room Visits (2012-2016)
- Westchester County Community Health Assessment Supplemental Data Report 6. Hospitalizations (2012-2016)

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**COMMUNITY HEALTH ASSESSMENT
SURVEY PROCESS AND FINDINGS**

OVERVIEW

In early 2018, the Westchester County Department of Health (WCDH) reconvened with the local county hospitals to develop an approach to undertake the upcoming Community Health Needs Assessment required by the New York State public health law. The Planning Group developed an updated survey for residents and local service providers to identify health priorities based on the proposed 2019- 2021 New York State Prevention Agenda. The survey was made available in paper-format and on-line through Survey Monkey, and was offered in English and Spanish. Paper forms were actively distributed and collected from various community agencies and organizations by WCDH staff onsite at service locations to assist and encourage underserved populations to complete the assessment. On-line links were distributed through *listservs* available to the WCDH, local hospitals, and community-based organizations.

During the survey process, WCDH shared weekly updates about the demographic characteristics of the respondents that completed the survey. This information was used by WCDH and the hospitals to refine and target outreach efforts to under-represented populations and communities. It was the intent of WCDH and the hospitals to obtain greater input from those from a lower socio-economic status. WCDH staff was deployed within the community to promote and to encourage Westchester County residents to complete the survey.

Surveys were conducted from January 28, 2019 through March 31, 2019 with a news release from the Office of Westchester County Executive George Latimer issued on January 29, 2019 to encourage public participation. A total of 1,873 on-line surveys and 1,651 paper surveys were collected. Among them 2,716 were from respondents with valid Westchester residence Zip codes (1,496 on-line and 1,220 paper).

The sample is skewed in terms of its demographic characteristics and geographic distributions. For example, over 70% of the respondents were women and about one-third identified themselves as Hispanic. A large proportion of the respondents reported as residing in the south part of the county. It is therefore necessary to weight the sample in order to draw any meaningful conclusions from the findings.

Age, sex, race/ethnicity, and ZIP codes are used for weighting adjustment of the sample. Ideally, the sample needs to be adjusted by a combined weight calculated from these four characteristics. However, due to data limitations, such as small sample size or zero respondents in certain ZIP codes, it is impossible to calculate a combined weight. Therefore, three separate weighting factors are calculated:

1. age and sex, 2. race/ethnicity and sex, and 3. ZIP codes and sex. The sample is weighted separated by these three weighting factors. The average from them is calculated to present the final findings.

Data from the 2013-2017 American Community Survey and the 2010 U.S. Census are used to develop the three weighting factors. In the original questionnaire, race and ethnicity (i.e., Hispanic or Latino origin) are two separate questions. Due to inconsistent response patterns and rates, these two variables are combined into one as race/ethnicity for the final report.

COMMUNITY HEALTH ASSESSMENT REPORT HIGHLIGHTS

- The Community Health Assessment survey reported here represents the responses collected from 2,716 respondents residing in Westchester County.
- Because the survey sample is not representative of the county population, the data presented in this report is weighted by age, sex, race/ethnicity and residents zip code.
- 53% of the respondents identified themselves as female and 47% as male.
- Half of the respondents identified as White non-Hispanic (52%), 14% identified as Black non-Hispanic, 8% were other non-Hispanic, and 26% were Hispanic (of any race).
- The majority of the survey respondents reported they spoke English (78.7%), 15.4% Spanish and 5.4% spoke another language in their home.
- Overall, Mental health was 39% of respondents' first area of health priority followed by chronic disease screening and care for conditions like asthma, diabetes, cancer and heart disease (30%), and Obesity (26.2%).
- The three actions reported by the respondents that would best improve the health of their communities were: mental health services (27.9%), affordable housing (26.5%), and exercise and weight loss programs (22.6).
- Respondents reported that older adults (38.9%) and teens (33.6%) needed the greatest attention in their communities.
- The three areas which respondents selected as being priority health issues for themselves were: physical activity (43.9%), food and nutrition (40.1%) and environments that promote well-being and active lifestyles (33.2%).
- Most respondents report that their health was either Good (36.0%) or Very good (34.7%).
- The majority of respondents (74.4%) reported having someone that they consider their personal doctors.
- About 19% of respondents reported being told by a health professional that they had hypertension, followed by arthritis (18%), depression/anxiety (15%), asthma (9.6%) and diabetes (9.6%).
- Fifteen percent of respondents reported that not being able to get an appointment was a factor of why they were not able to see a doctor, followed by cost (14%).
- More than half (56%) of the respondents reported using their employer or a family member's employer health insurance, followed by Medicare (23%) and Medicaid (13%). Seven percent of respondents reported they did not have health insurance.

Demographics of Survey Respondents

Table 1 represents the demographic and employment characteristics of the respondents compared to those of Westchester County. The survey sample is weighted by age, sex, race/ethnicity of the county population for this data report. In 2019, there were a total of 2,716 respondents to the Westchester County Community Health Survey.

Table 1. Demographic and Employment Characteristics of the Community Survey Sample Population compared to Westchester County, 2019.

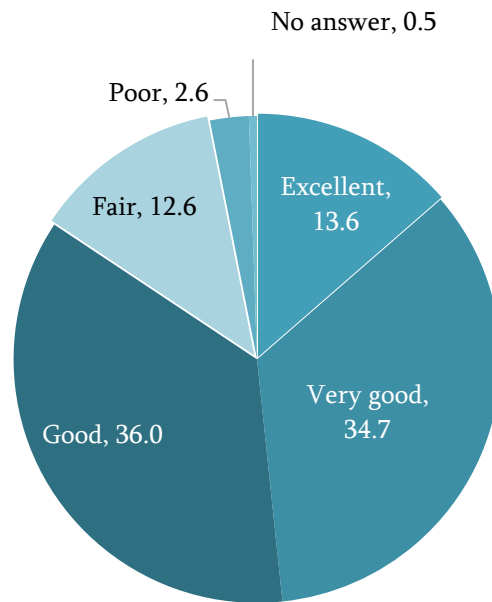
	Westchester Population ¹	Survey Sample	Weighted Sample
Total	753,672	2,716	753,847
Gender [18 + years old]			
Male	47.4	73.2	47.4
Female	52.6	25.5	52.6
Other	--	1.3	--
Age Group [18 + years old]			
18-24	11.4	7.5	8.1
25-34	14.8	17.3	14.9
35-44	16.7	17.4	16.1
45-54	19.7	16.7	17.9
55-64	17.0	18.6	19.2
65-74	11.0	13.4	14.1
75+	9.7	8.5	9.5
No Answer	--	0.7	0.2
Race/Ethnicity²			
White Non- Hispanic	56.6	44.6	52.0
Black Non-Hispanic	13.5	15.5	13.9
Other Non-Hispanic	7.9	8.2	7.9
Hispanic	22.0	30.3	25.6
No Answer	--	1.4	0.6
Primary Language Spoken at home [5 + years old]			
English	66.7	74.6	78.7
Spanish	18.7	19.1	15.4
Other	12.7	5.4	5.4
No Answer	---	0.4	0.9
Employment Status [16+ years old]			
In Labor Force			
Employed	61.3	60.7	63.3
Unemployed	4.3	8.7	7.4
Not In Labor Force			
Do not know	---	1.9	1.2

¹ Estimates from the 2013-2017 American Community Survey and the 2010 US Census.

General Health Status

Most of the respondents reported that their health was either good or very good (Figure 1), with some variation among those of different demographic and socioeconomic status (Figures 2-7).

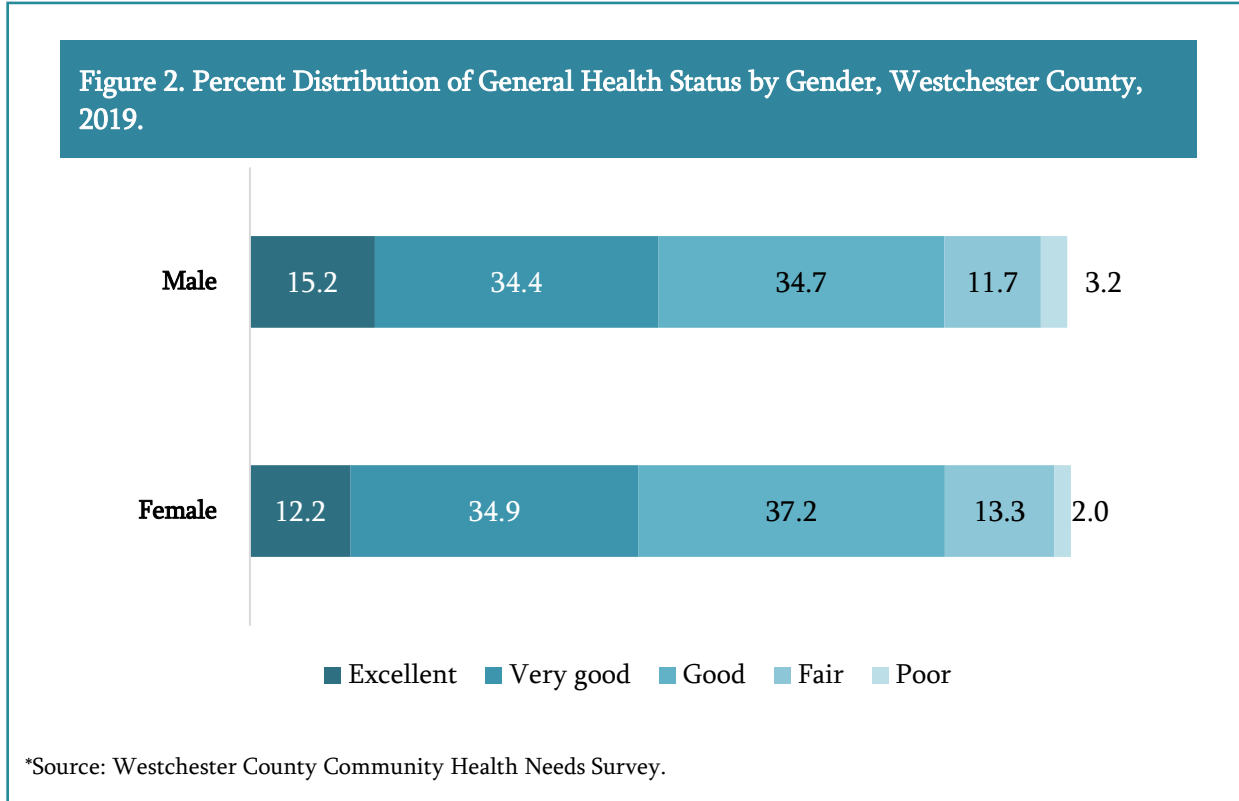
Figure 1. Percent Distribution of General Health Status, Westchester County, 2019.



*Source: Westchester County Community Health Needs Survey.

GENDER

More men than women (15.2% vs. 12.2%) reported having excellent health and more men than women (37.2% vs. 34.7%) reported having good health (Figure 2).



RACE/ETHNICITY

Non-Hispanic whites generally reported having very good health, whereas non-Hispanic blacks reported having good health. A higher percentage of Hispanics (24%) reported having fair health compared to all other race/ethnicity groups (Figure 3).

Figure 3. Percent Distribution of General Health Status by Race/ Ethnicity, Westchester County, 2019.

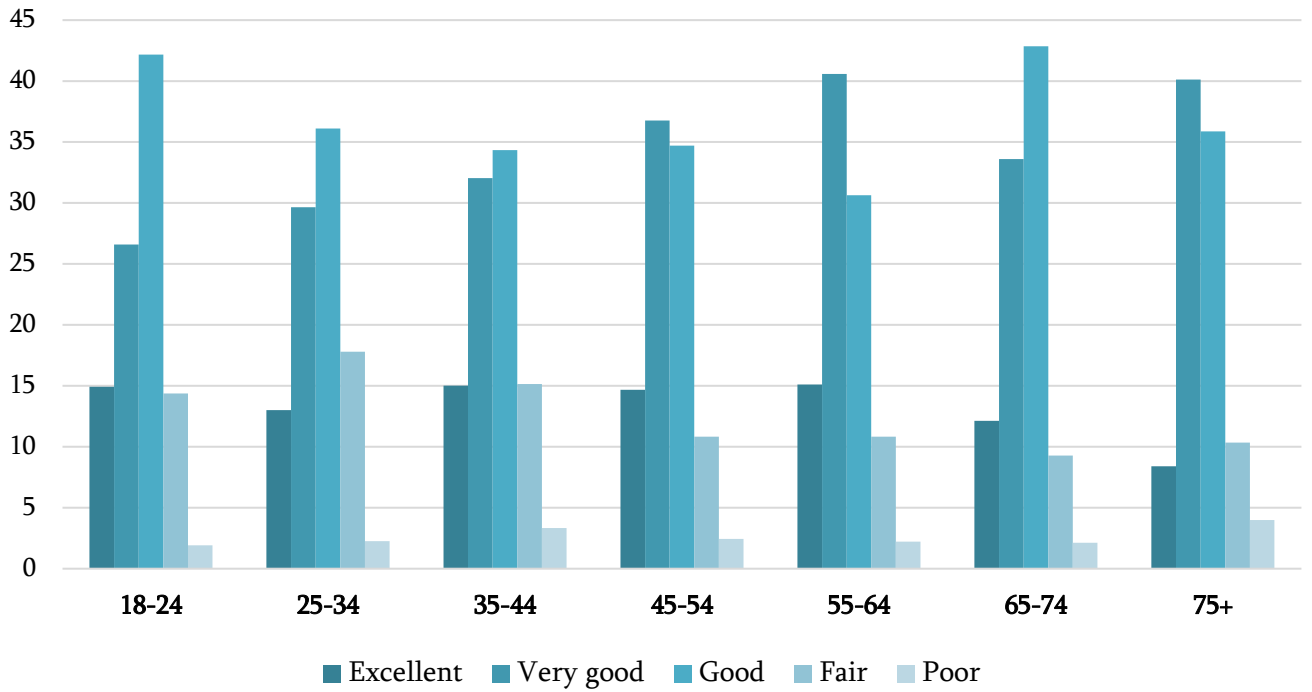


*Source: Westchester County Community Health Needs Survey.

AGE

Respondents 18-24 years old and 65-74 years old were more likely to report having good health compared to all other age groups (Figure 4).

Figure 4. Percent Distribution of General Health Status by Age, Westchester County, 2019.

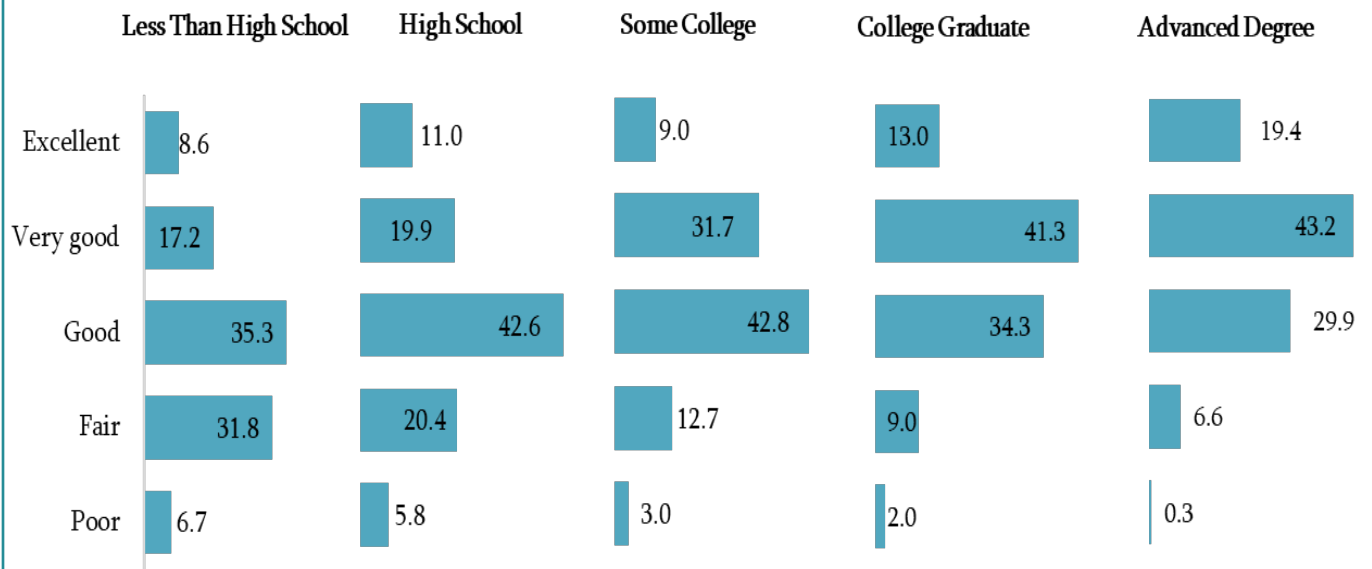


*Source: Westchester County Community Health Needs Survey.

EDUCATION

A higher percentage of respondents with some college education or greater stated they had very good health compared to those with a high school education or less (Figure 5).

Figure 5. Percent Distribution of General Health Status by Educational Attainment, Westchester County, 2019.



*Source: Westchester County Community Health Needs Survey.

LANGUAGE SPOKEN AT HOME

Most respondents who reported English as their primary language spoken at home stated their health was either very good (37.2%) or good (36.5%). Likewise, those who spoke a language other than English or Spanish reported their health was either very good (33.2%) or good (35.1%). Responses varied by those who reported Spanish as the primary language spoken at home (Figure 6).

Figure 6. Percent Distribution of General Health Status by Language Spoken at Home, Westchester County, 2019.

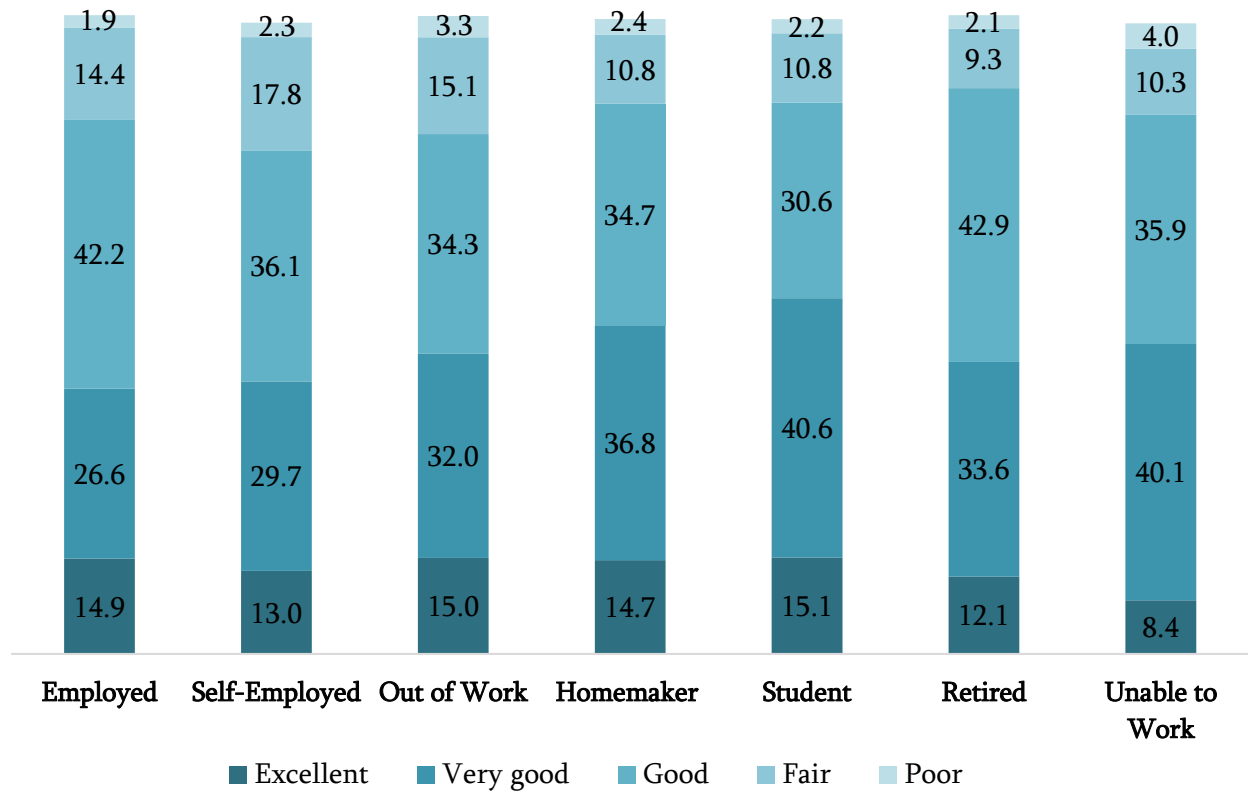


*Source: Westchester County Community Health Needs Survey.

EMPLOYMENT STATUS

Respondents who were employed or retired, were more likely to report very good or good health (Figure 7).

Figure 7. Percent Distribution of General Health Status by Employment Status, Westchester County, 2019.



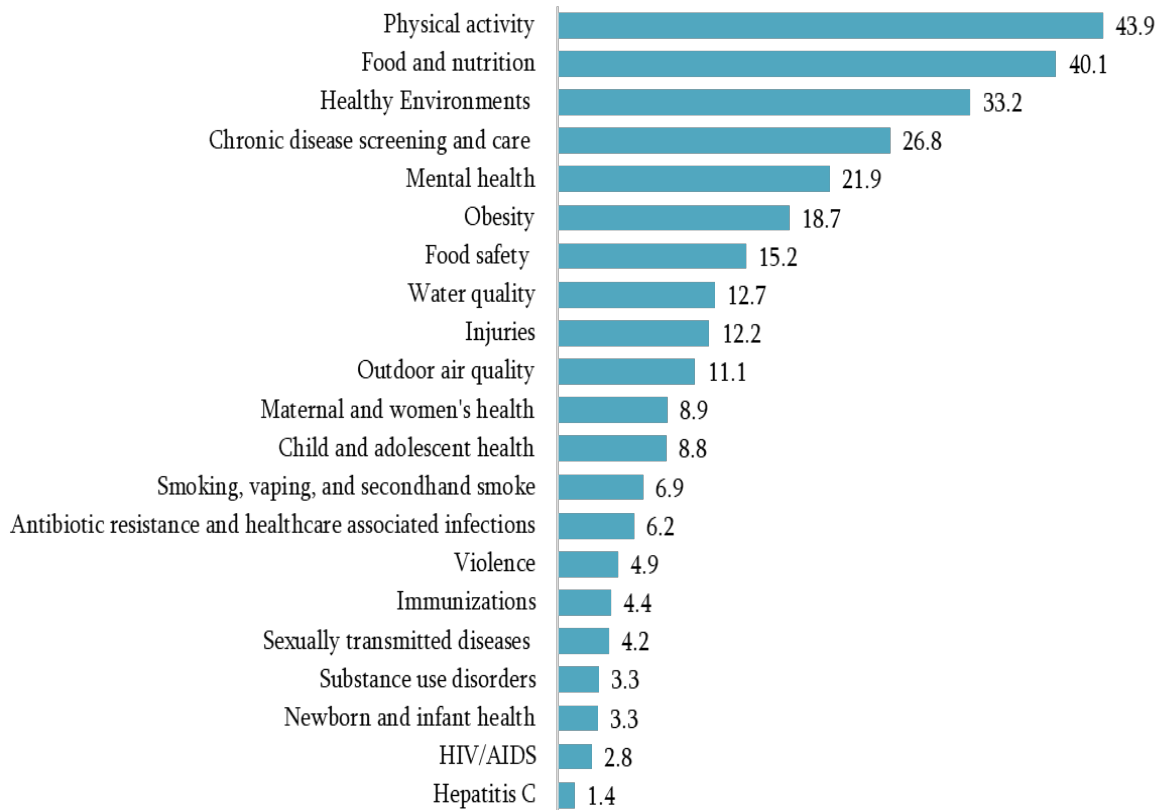
*Source: Westchester County Community Health Needs Survey.

Priority Health Issues For Self

43.9% of the respondents selected physical activity as one of their top three health issues for themselves followed by food and nutrition (40.1%) and healthy environments (33.2%) (Figure 8).

The top priority health issues for themselves selected vary by the respondent's demographic and socioeconomic characteristics (Figures 9-14).

Figure 8. Priority Health Issues* for Self (%), Westchester County, 2019.

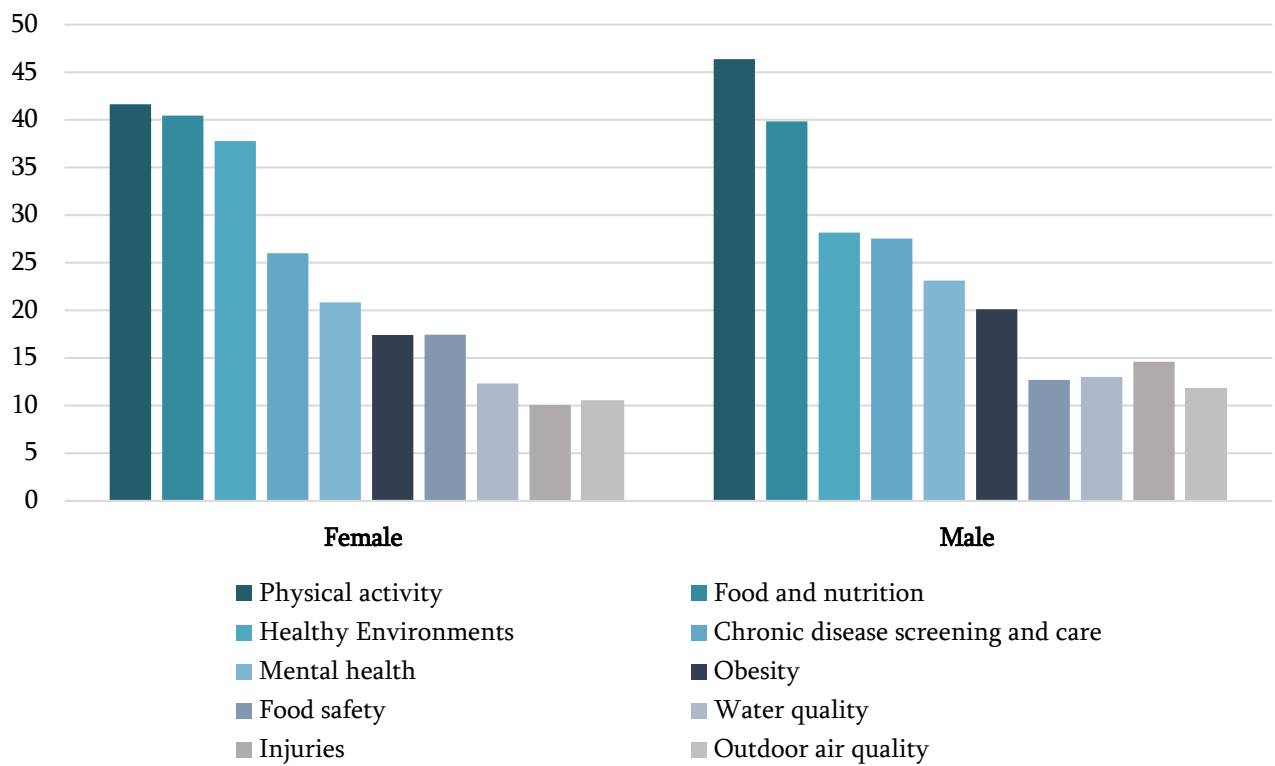


* Health issues are ranked by the percent of respondents who identified them as one of their top three choices out of 21 options.
Source: Westchester County Community Health Needs Survey.

GENDER

Men and women differ on their perceptions of areas of priority health issues for themselves. For example, more men than women reported physical activity as a top priority health issues whereas more woman than men reported healthy environments as one of the top priority health issue for themselves (Figure 9).

Figure 9. Priority Health Issues* for Self (%) by Gender, Westchester County, 2019.



* Health issues are ranked by the percent of respondents who identified them as one of their top three choices out of 21 options.
Source: Westchester County Community Health Needs Survey.

RACE/ETHNICITY

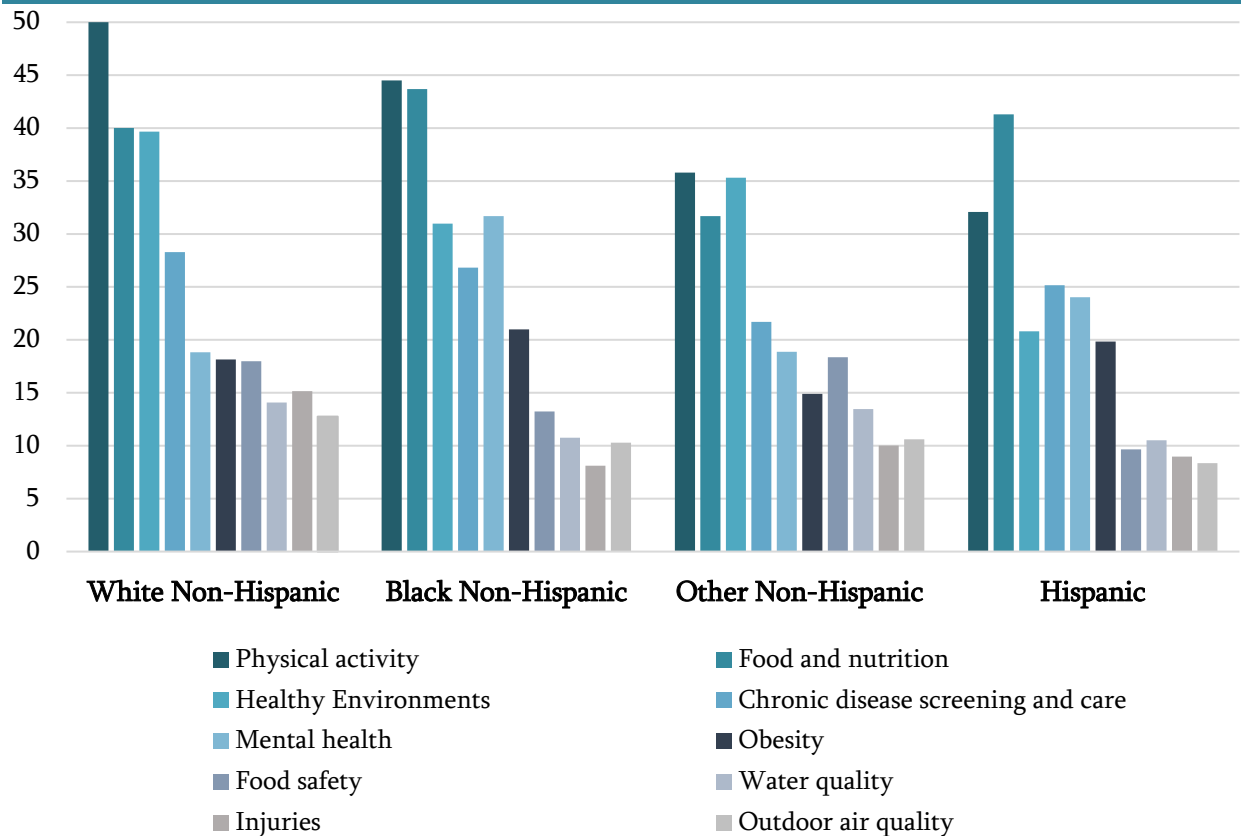
People of different race/ethnicity groups reported differently in terms of their perceptions of top health priorities.

Non-Hispanic whites and non-Hispanic blacks reported physical activity as a top priority health issue for themselves, whereas, Hispanics more frequently reported food and nutrition.

A higher percentage of non-Hispanic blacks reported mental health as one of the top priority health issues for themselves compared to all other race/ ethnicity groups.

Both non-Hispanic blacks and Hispanics were more likely to report food and nutrition as a top health priority compared to non-Hispanic whites and other non-Hispanics (Figure 10).

Figure 10. Priority Health Issues* for Self (%) by Race/Ethnicity, Westchester County, 2019.

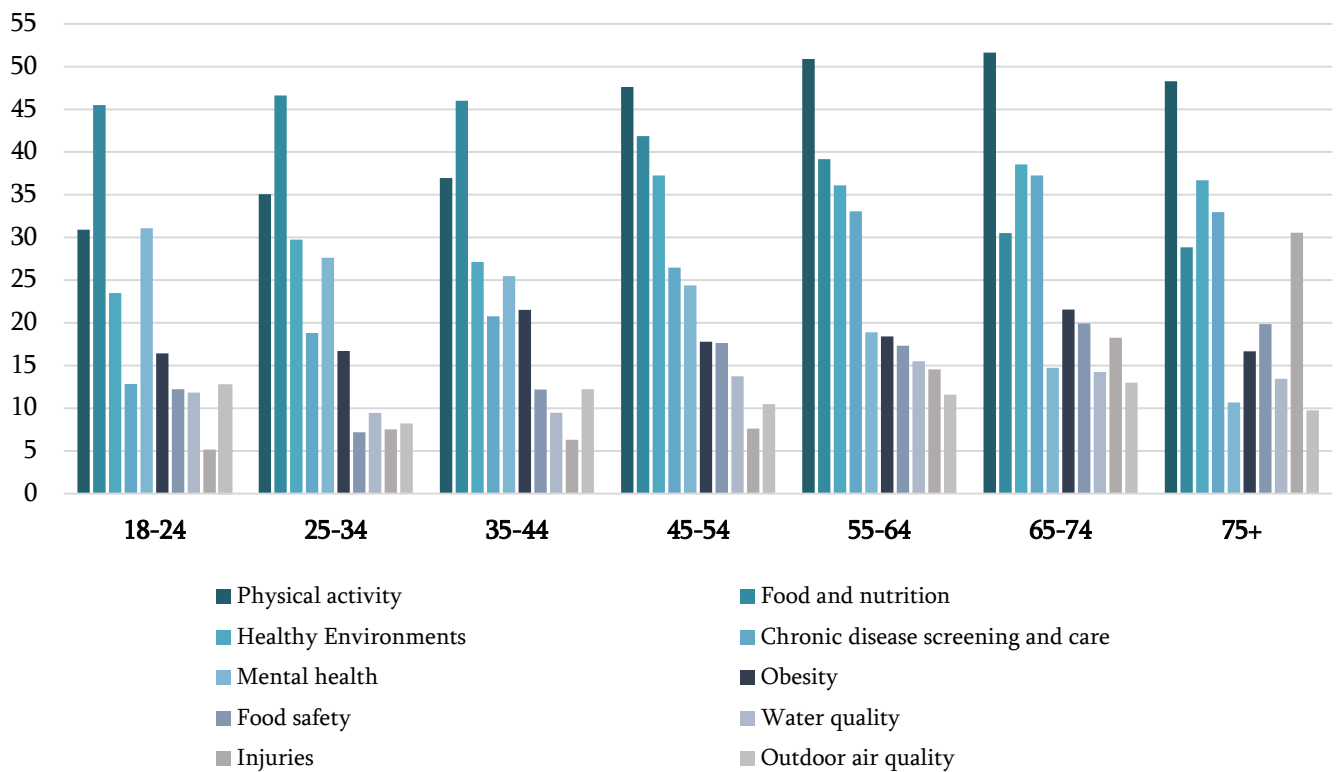


* Health issues are ranked by the percent of respondents who identified them as one of their top three choices out of 21 options.
Source: Westchester County Community Health Needs Survey.

AGE

A higher percent of adults 18-44 years old reported food and nutrition as a top health priority for themselves compared to all other age groups. Most respondents 45 years and older reported physical activity as a top priority for themselves when compared to all other age groups. Those 75 years and older had a higher percentage of respondents who selected Injuries (30.5%) as a top health priority compared to all other age groups (Figure 11).

Figure 11. Priority Health Issues* for Self (%) by Age, Westchester County, 2019.

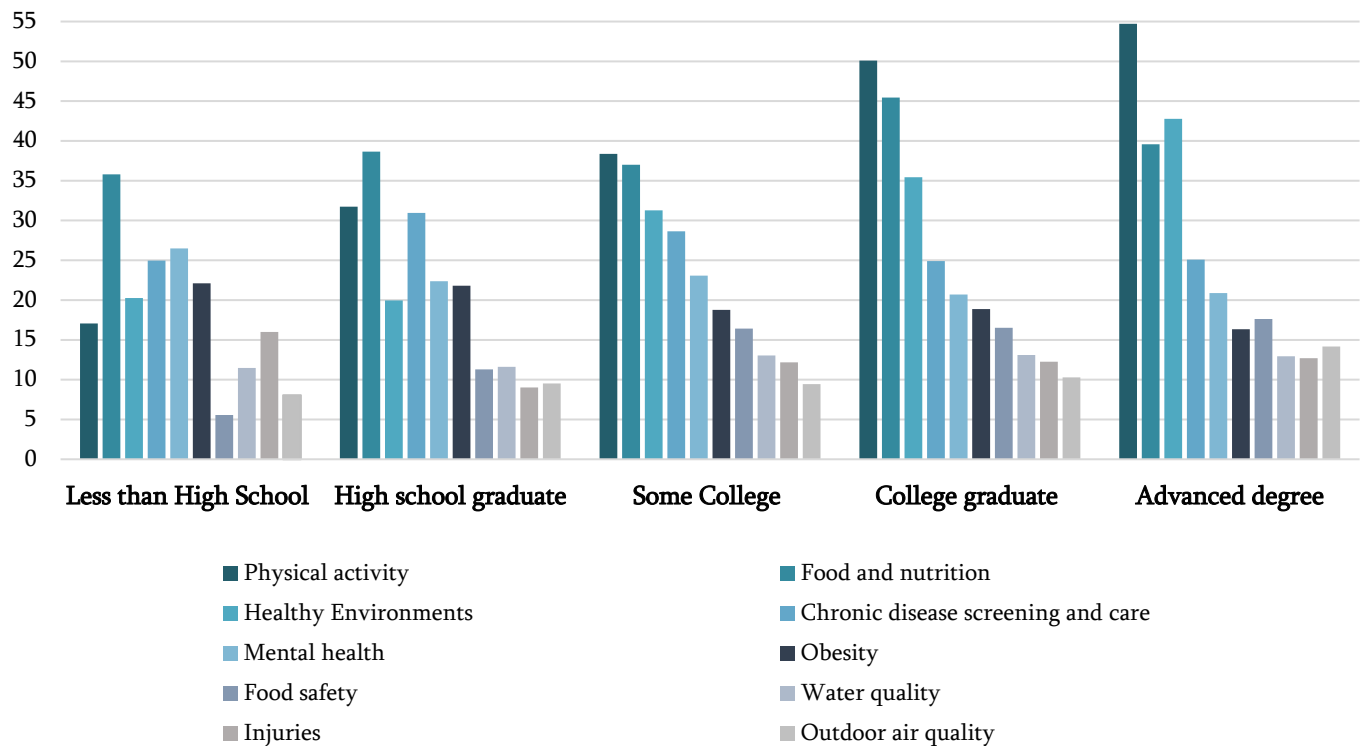


* Health issues are ranked by the percent of respondents who identified them as one of their top three choices out of 21 options.
Source: Westchester County Community Health Needs Survey.

EDUCATION

The higher the education level there was a trend towards an increase of reporting physical activity as a top health priority for self, whereas those with lower education levels prioritized food and nutrition more so than those with higher education levels (Figure 12).

Figure 12. Priority Health Issues* for Self (%) by Educational Attainment, Westchester County, 2019.

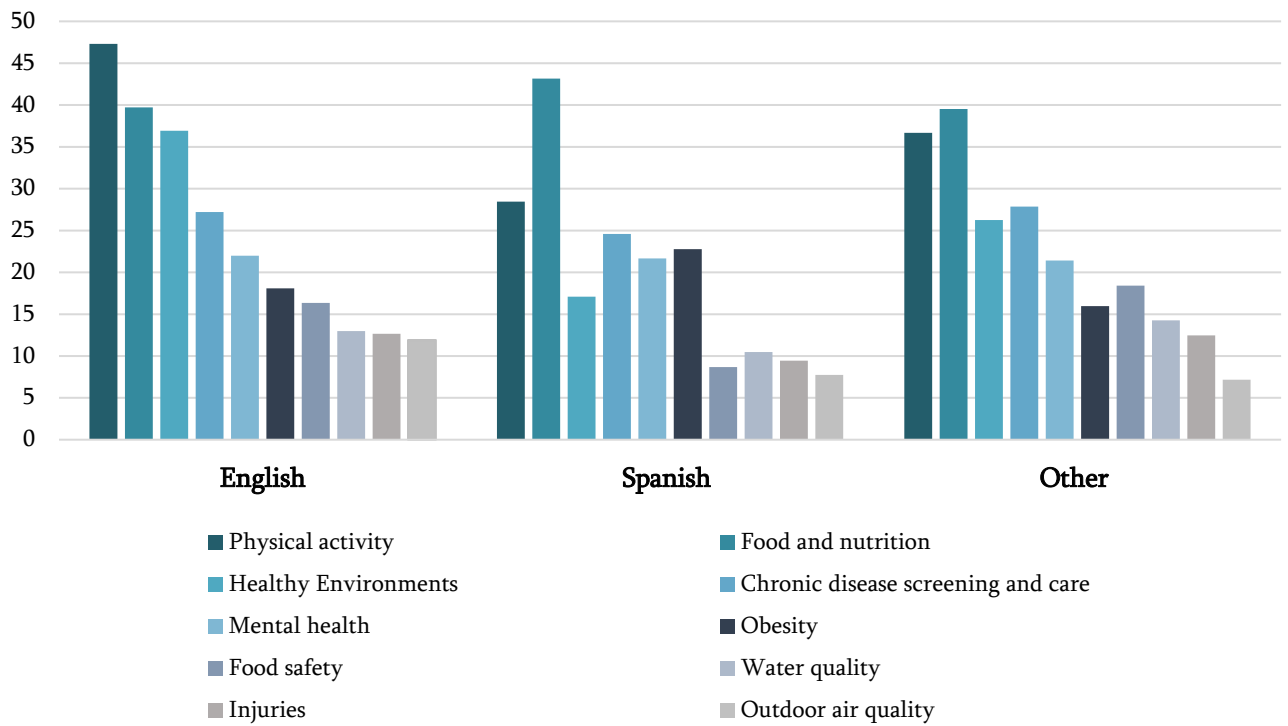


*Health issues are ranked by the percent of respondents who identified them as one of their top three choices out of 21 options.
Survey Source: Westchester County Community Health Needs.

LANGUAGE SPOKEN AT HOME

About 43% of respondents who reported Spanish as their primary language spoken at home selected food and nutrition as a top health priorities for themselves. The inverse was observed among English speakers (Figure 13).

Figure 13. Priority Health Issues* for Self (%) by Language Spoken at Home, Westchester County, 2019.

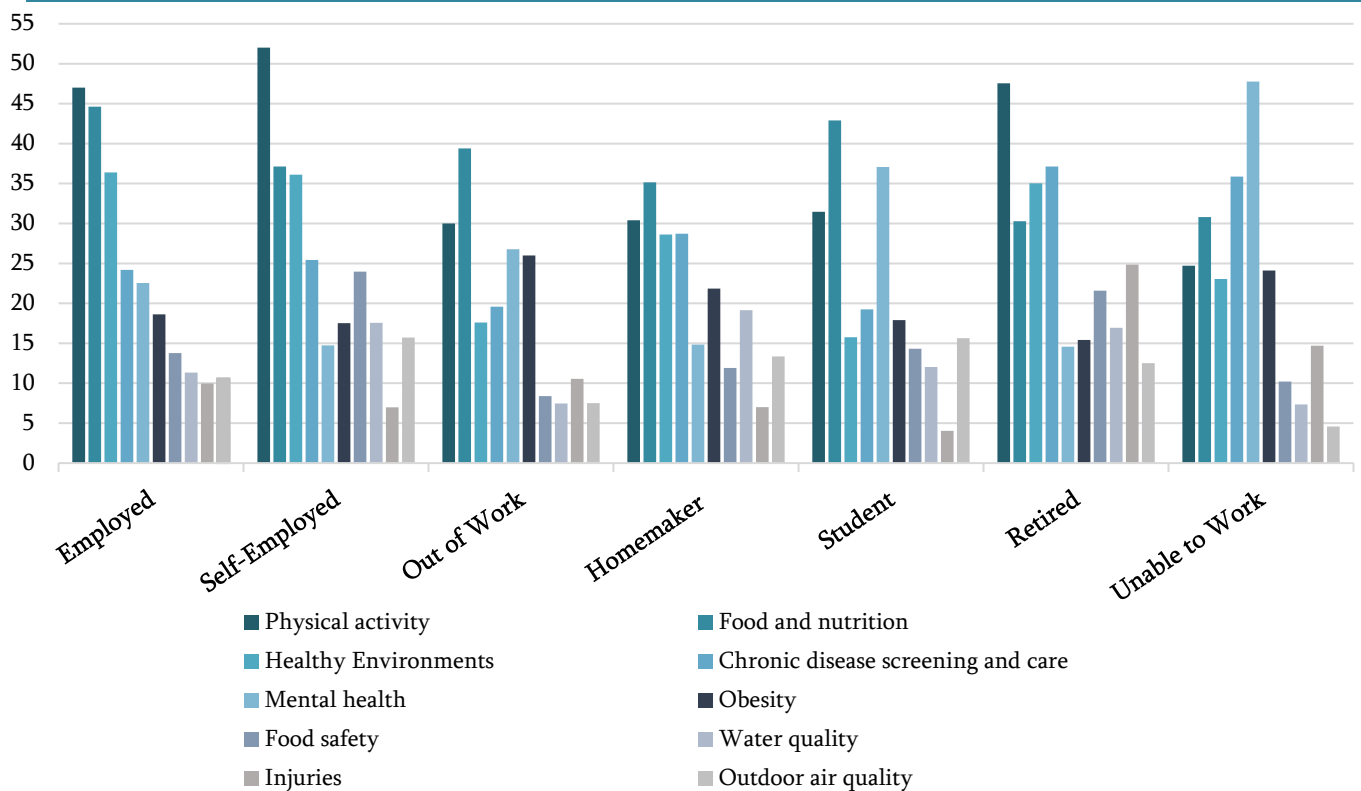


*Health issues are ranked by the percent of respondents who identified them as one of their top three choices out of 21 options.
Survey Source: Westchester County Community Health Needs.

EMPLOYMENT

Survey respondents who were employed or retired reported physical activity as a health priority. Those who were out of work or students reported food and nutrition as a top health priority more often than all other employment groups. Respondents who were unable to work were more likely to report chronic diseases screening and care and mental health as a top priority more frequently than other groups. Students also reported mental health as a top health priority for themselves (Figure 14).

Figure 14. Priority Health Issues* for Self (%) by Employment Status, Westchester County, 2019.



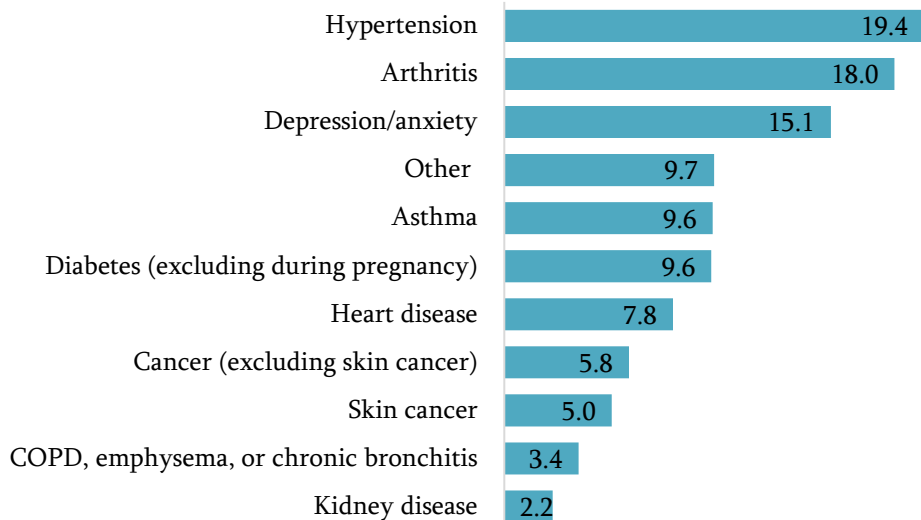
*Health issues are ranked by the percent of respondents who identified them as one of their top three choices out of 21 options.
Survey Source: Westchester County Community Health Needs.

Existing Health Issues

Of the ten health conditions listed, the three existing health issues most often reported by survey respondents were hypertension (19.4%), arthritis (18.0%), and depression/anxiety (15.1%) (Figure 15).

Existing health conditions vary by the respondent's demographic and socioeconomic characteristics (Figures 16-21).

Figure 15. Existing Health Issues Ranked by the Percent of Respondents with the Condition, Westchester County, 2019.

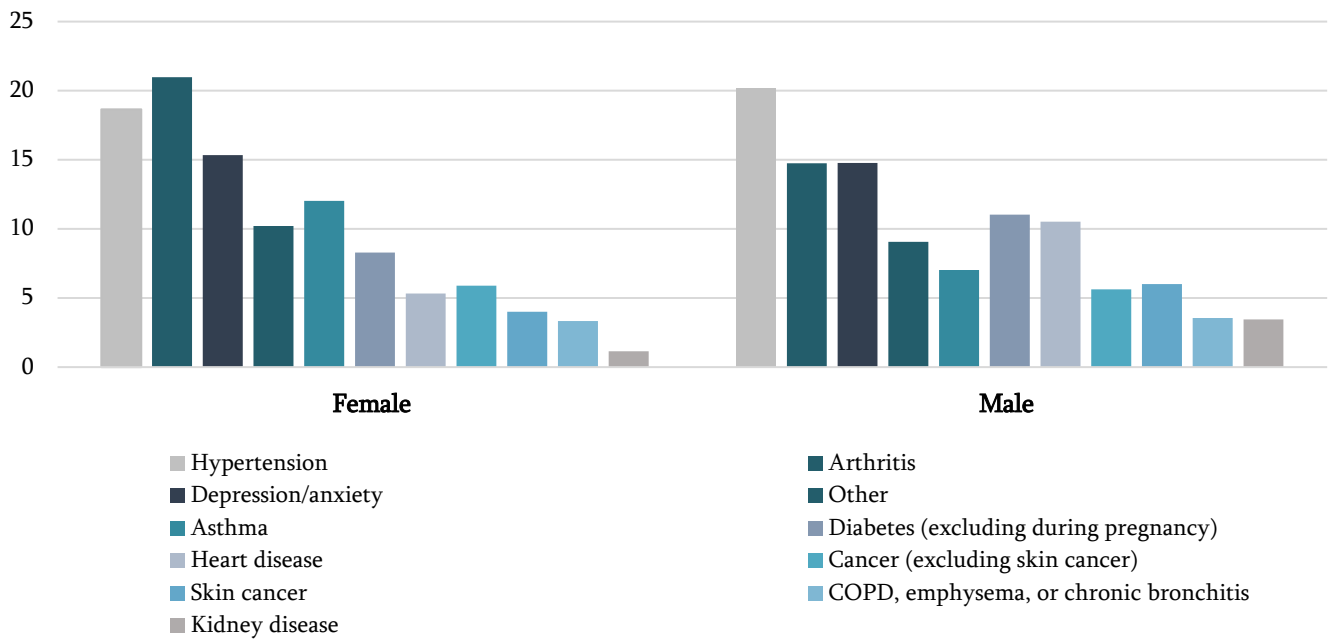


*Survey Source: Westchester County Community Health Needs.

GENDER

More females than males reported they have arthritis, whereas more males than females had heart disease (Figure 16).

Figure 16. Existing Health Issues (%) by Gender, Westchester County, 2019.

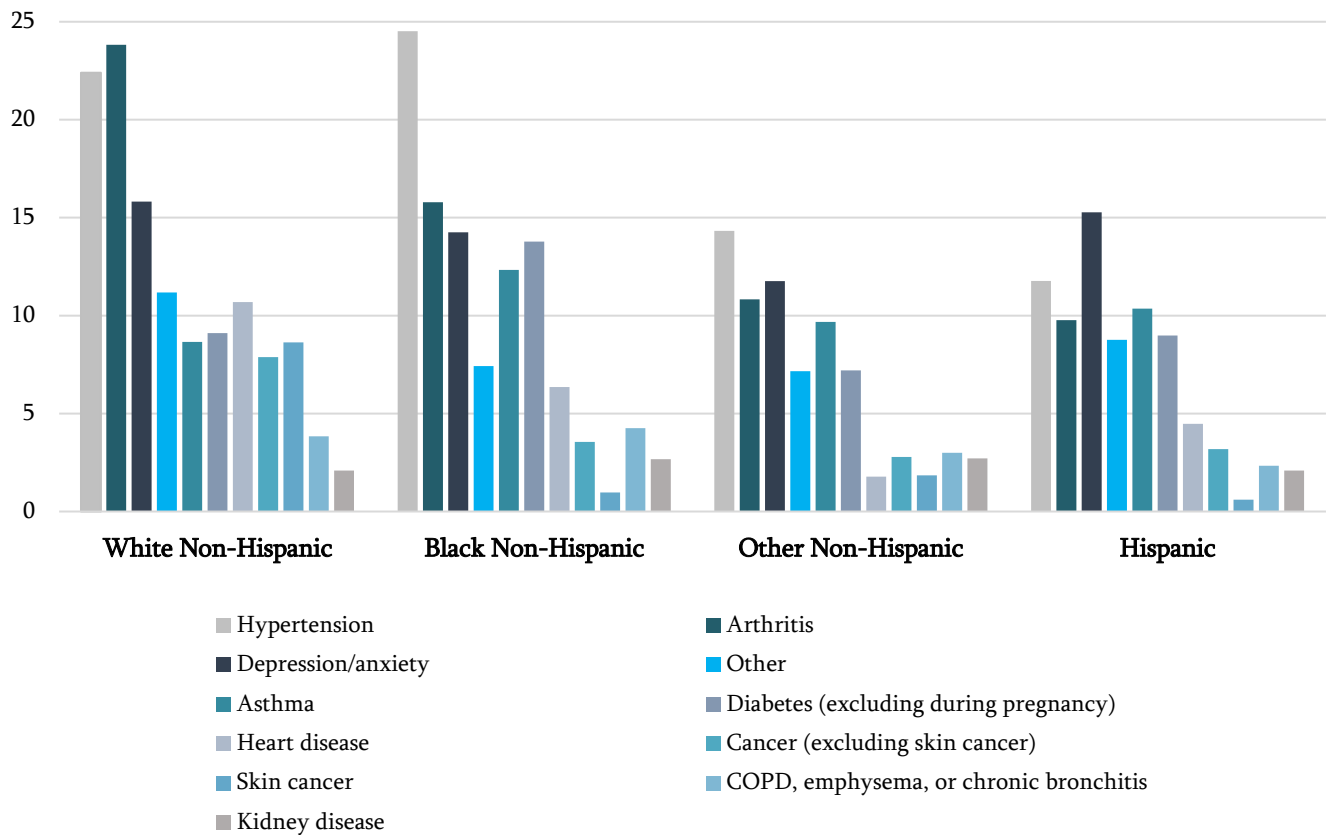


*Survey Source: Westchester County Community Health Needs.

RACE/ETHNICITY

More non-Hispanics whites were told they have arthritis compared to all other race/ethnicity groups. Non-Hispanic whites and blacks were told they have hypertension more often than Hispanics and other non-Hispanics (Figure 17).

Figure 17. Existing Health Issues (%) by Race/Ethnicity, Westchester County, 2019.

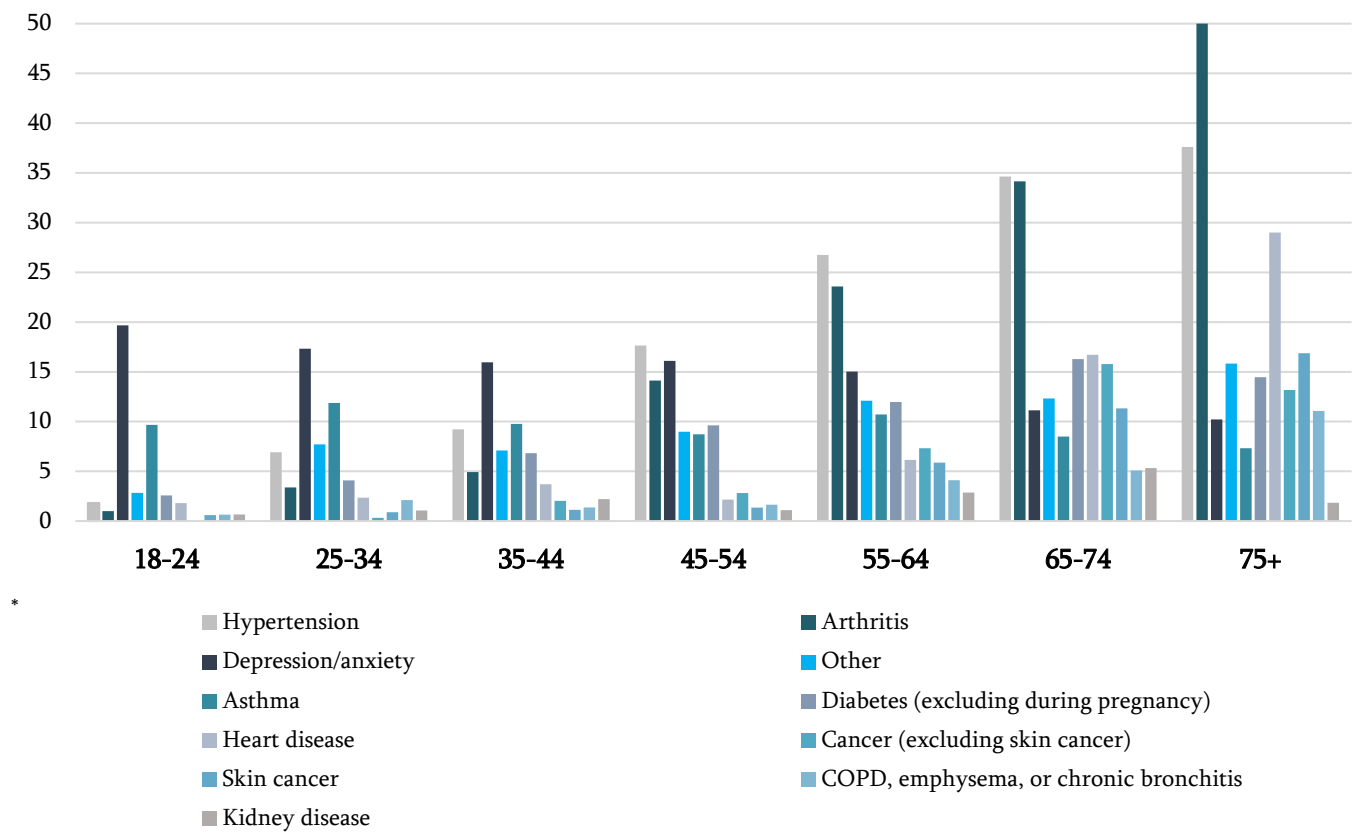


*Survey Source: Westchester County Community Health Needs.

AGE

A greater percentage of respondents who reported depression/anxiety were 18-24 years old (19.7%) followed by 25-34 year olds (17.3%). As age increased the frequency of reporting depression/anxiety as an existing health issues decreased (Figure 18).

Figure 18. Existing Health Issues (%) by Age, Westchester County, 2019.

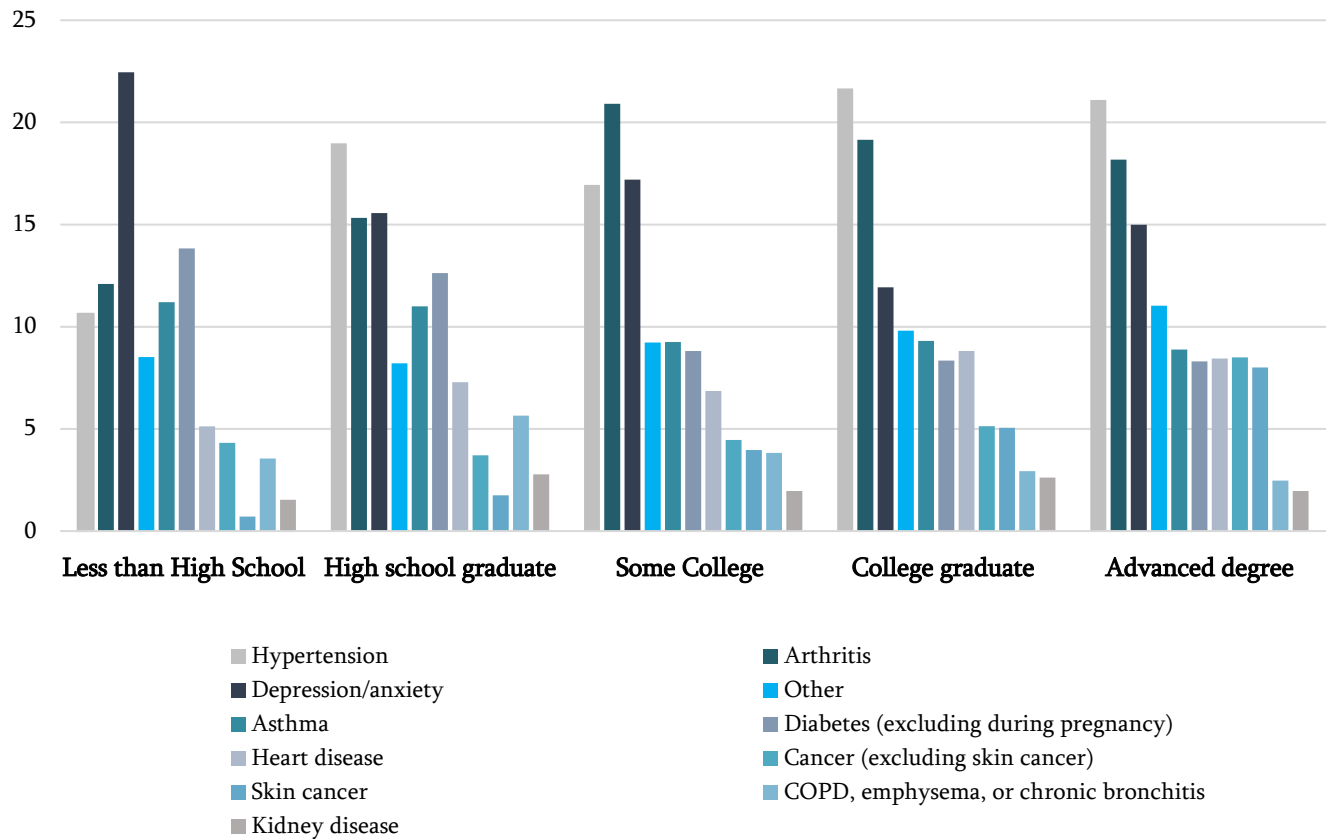


Survey Source: Westchester County Community Health Needs.

EDUCATIONAL ATTAINMENT

Respondents with less than a high school education reported the highest percentage of depression/anxiety (22.5%) and diabetes (excluding during pregnancy) (13.8%) compared to all other education levels. Those with higher educational attainment were more likely to report having been told they have hypertension than those with lower educational attainment (Figure 19).

Figure 19. Existing Health Issues (%) by Educational Attainment, Westchester County, 2019.

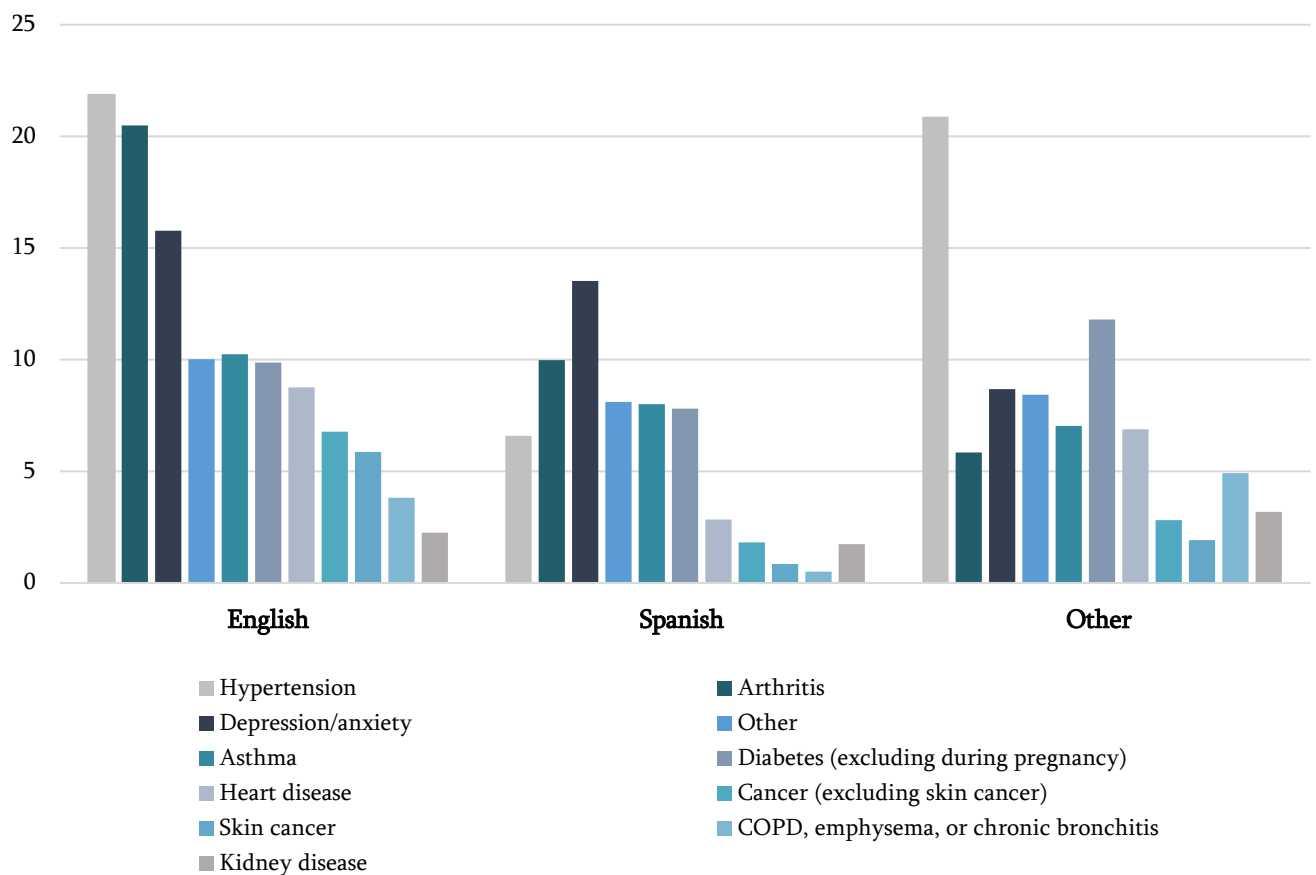


*Survey Source: Westchester County Community Health Needs.

LANGUAGE

The most frequently reported health issue from respondents who said Spanish was their primary language spoken at home was depression/anxiety, whereas, respondents who reported English and a language other than English and Spanish stated hypertension. Arthritis and depression were the second and third most common health issues among English speakers (Figure 20).

Figure 20. Existing Health Issues (%) by Language Spoken at Home, Westchester County, 2019.

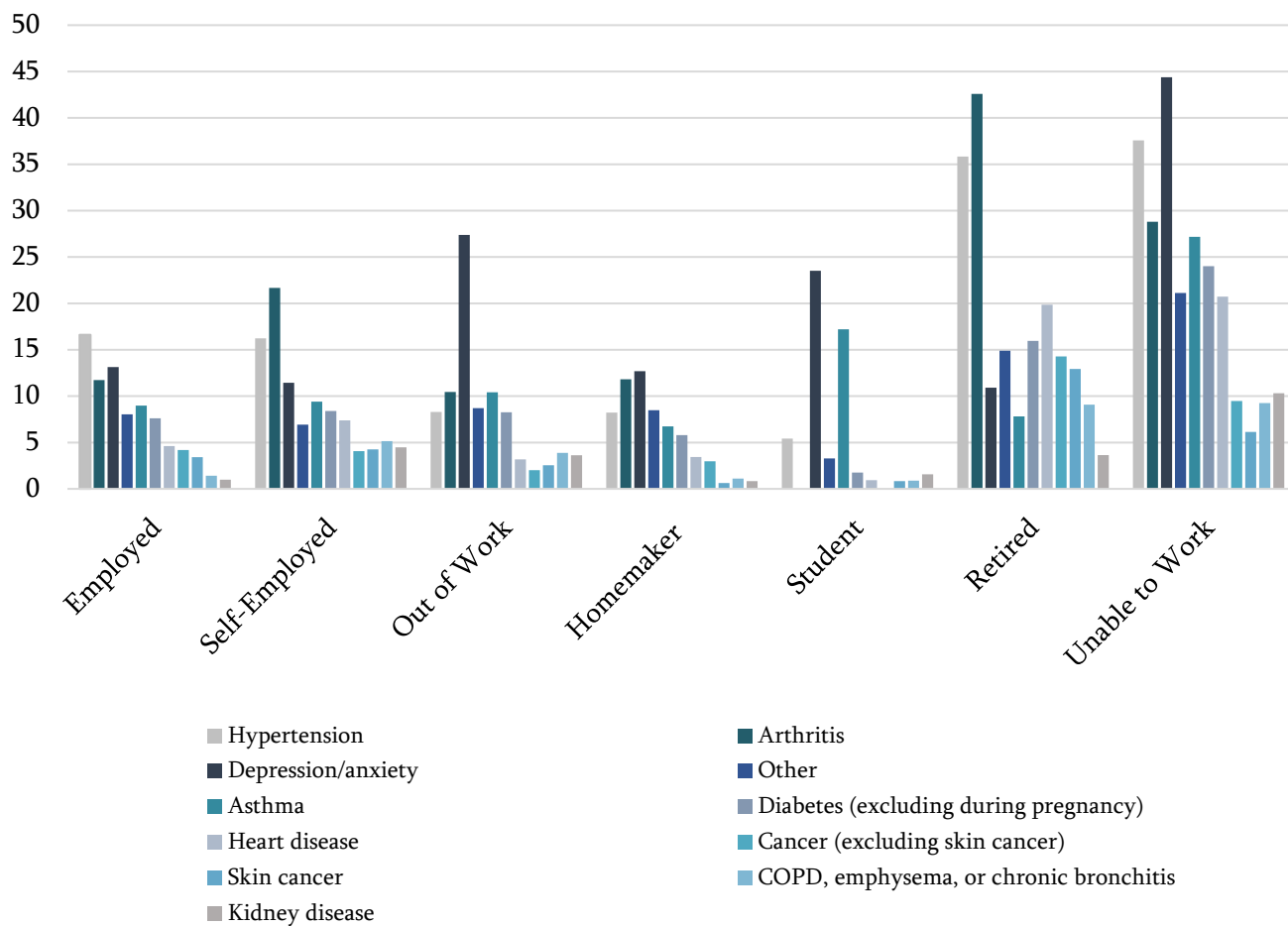


*Survey Source: Westchester County Community Health Needs.

EMPLOYMENT

About 45% of respondents who stated they were unable to work and 27.4% of respondents who reported being out of work had been told they have depression/anxiety. Those who were retired reported the greatest percentage of having arthritis compared to all other groups (Figure 21).

Figure 21. Existing Health Issues (%) by Employment Status, Westchester County, 2019.



*Survey Source: Westchester County Community Health Needs.

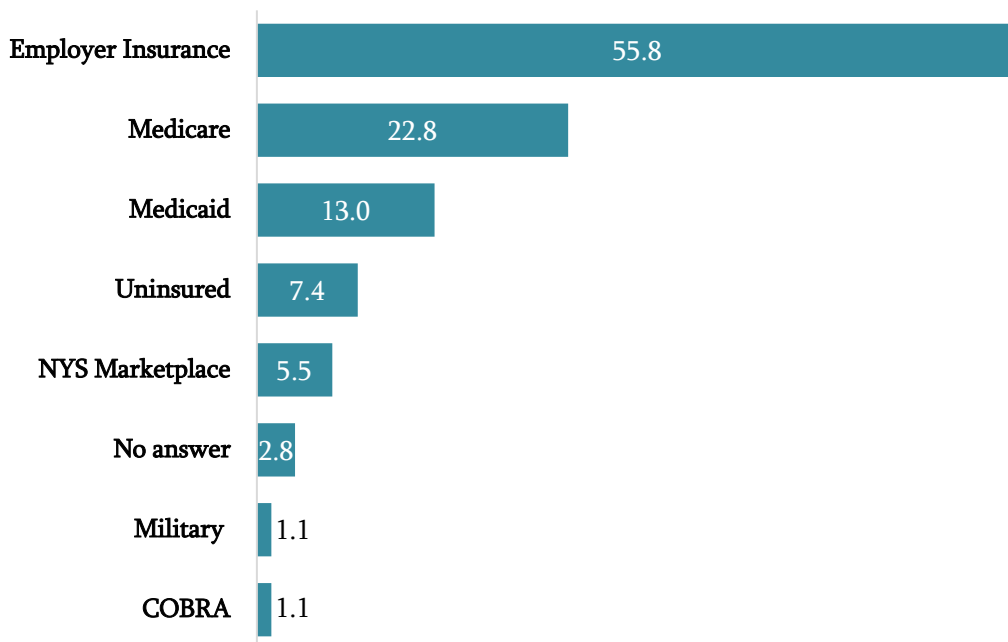
Access to Care

Health Insurance Type

More than half (56%) of the respondents reported using an employer or a family members employer health insurance. About a quarter of the respondents had Medicare (23%) and 13% had Medicaid. Seven percent of respondents reported they did not have health insurance (Figure 22).

Health insurance type varied by the respondent's demographic and socioeconomic characteristics (Figures 23-28).

Figure 22. Health Insurance used by Respondents (%), Westchester County, 2019.

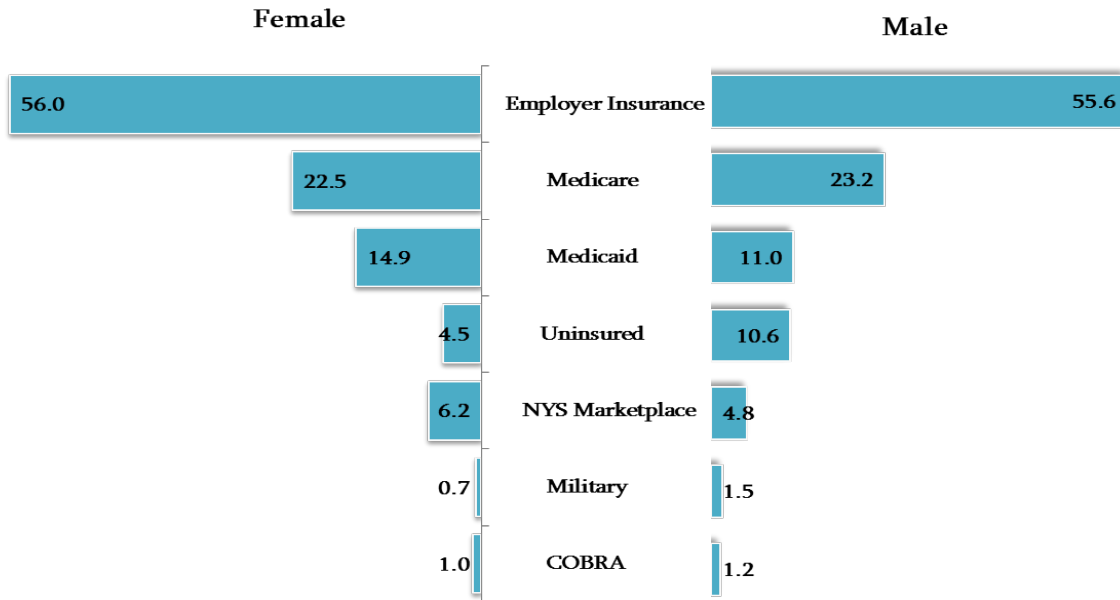


*Source: Westchester County Community Health Needs Survey.

GENDER

More women than men reported using Medicaid to pay for their medical bills whereas more men than women reported they did not have health insurance (Figure 23).

Figure 23. Health Insurance used by Respondents (%) by Gender, Westchester County, 2019.

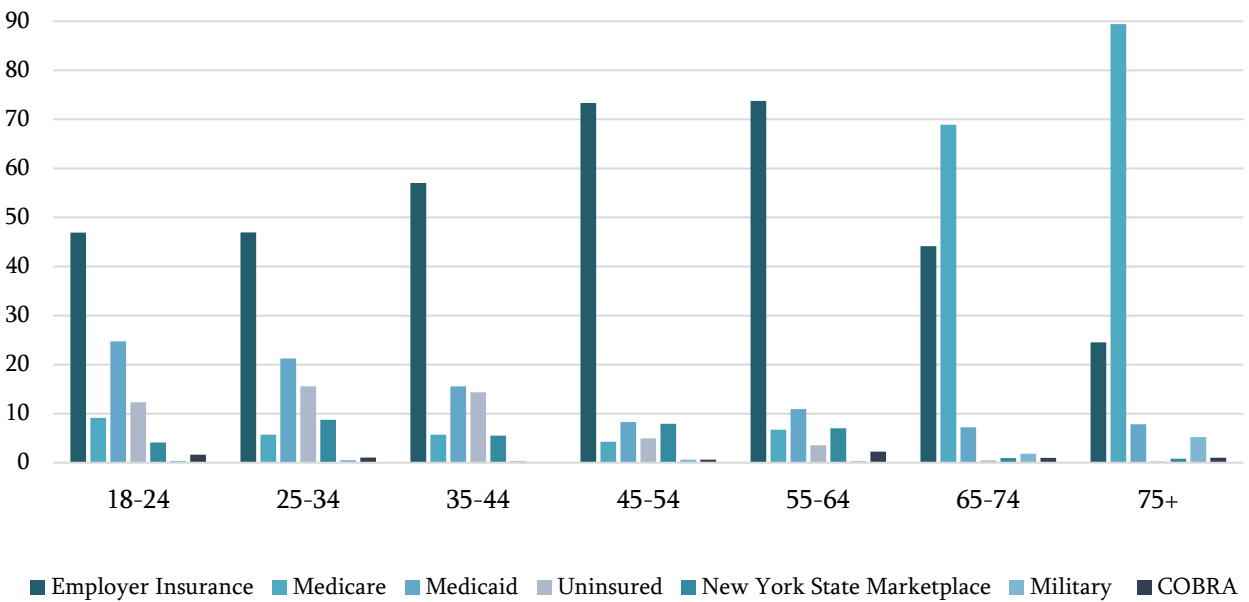


*Source: Westchester County Community Health Needs Survey.

AGE

A greater percentage of respondents between 45-64 years old reported they use insurance from their employer to pay for doctor or hospital bills. Respondents over the age of 65 were more likely to use Medicare as their insurance while those 18-24 and 25-34 years old were more likely to use Medicaid to pay for medical bills (Figure 24).

Figure 24. Health Insurance used by Respondents (%) by Age, Westchester County, 2019.

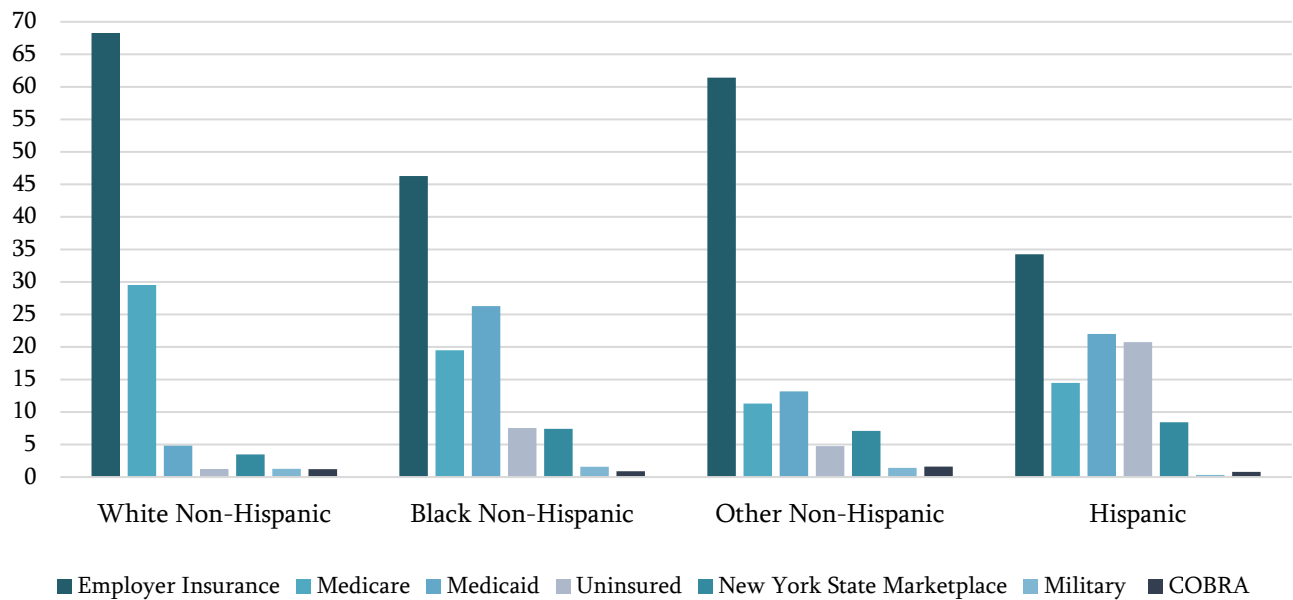


*Source: Westchester County Community Health Needs Survey.

RACE/ETHNICITY

A higher percentage of respondents who identified as white non-Hispanic and other non-Hispanic used employer provided insurance than black non-Hispanics and Hispanics. Moreover, white non-Hispanics were more likely than any other race/ethnicity group to report using Medicare as their insurance. Black Non-Hispanics and Hispanics reported using Medicaid more than white non-Hispanics and other non-Hispanics. A greater percentage of Hispanics reported not having health insurance compared to the other race/ethnicity groups (Figure 25).

Figure 25. Health Insurance used by Respondents (%) by Race/Ethnicity, Westchester County, 2019.

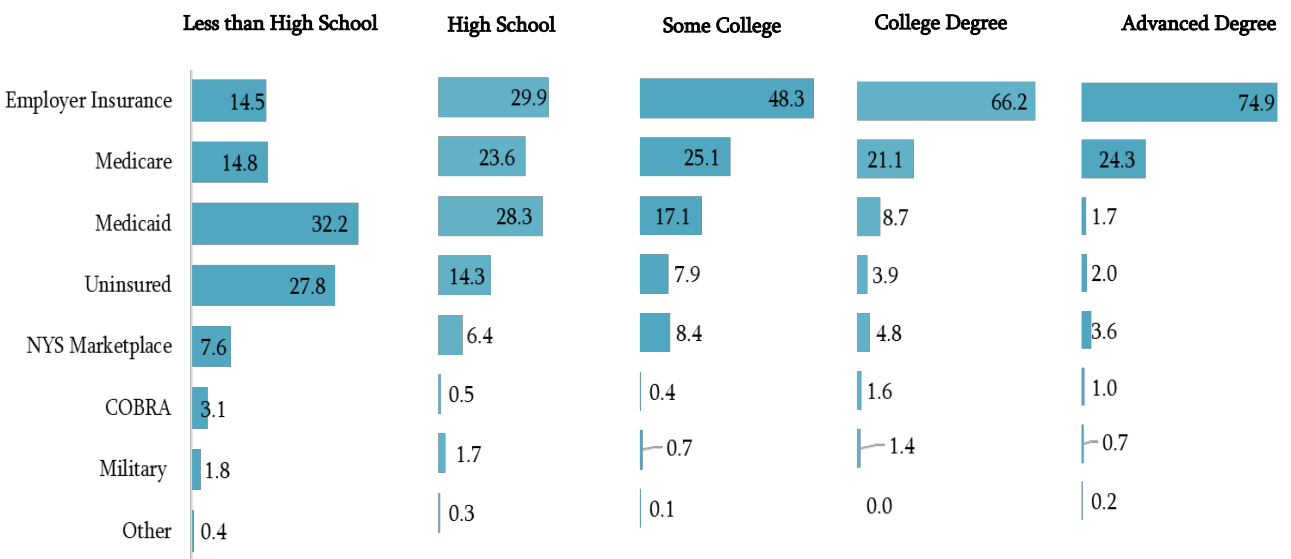


*Source: Westchester County Community Health Needs Survey.

EDUCATION

As educational attainment level increased there was a higher percentage of individuals who reported using employer insurance to pay their doctor or hospital bills. Whereas, the lower the educational attainment level the higher percentage respondents who used Medicaid. A higher percentage of those with less than a high school education or at least high school education reported not having health insurance compared to all other educational attainment levels (Figure 26).

Figure 26. Health Insurance used by Respondents (%) by Educational Attainment, Westchester County, 2019.

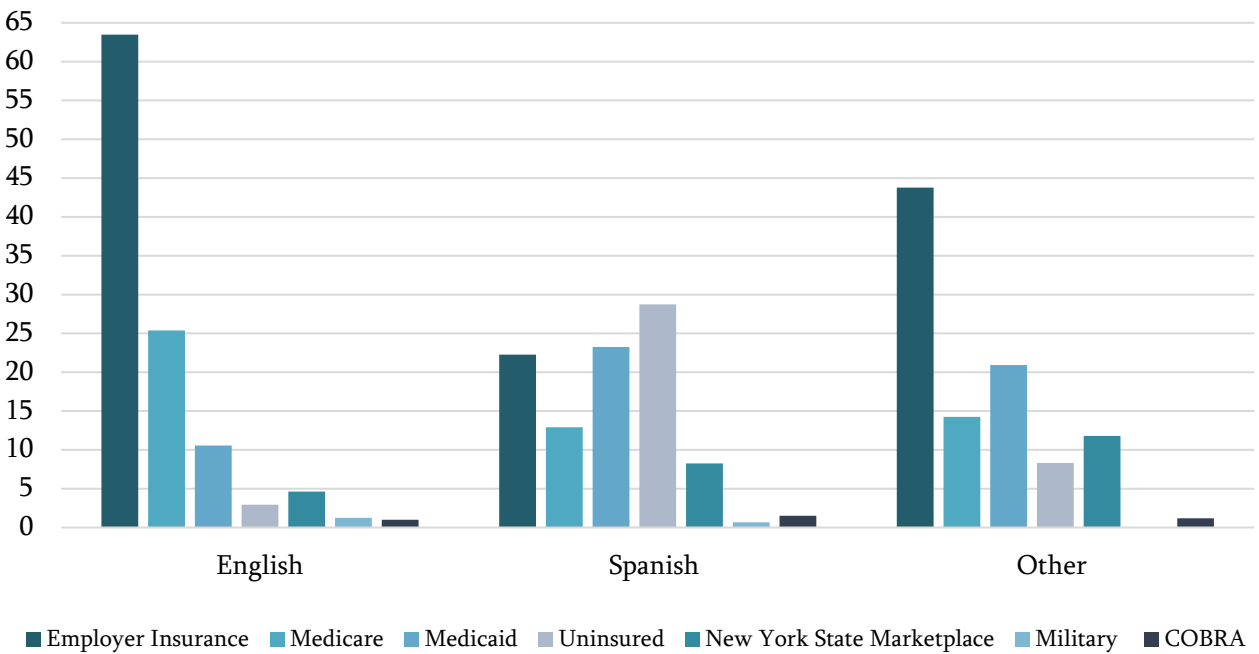


*Source: Westchester County Community Health Needs Survey.

LANGUAGE

Most (63.5%) respondents who said their primary language spoken at home was English reported using an employer's insurance. respondents who said their primary language spoken at home was Spanish reported that they either did not have health insurance (28.7%) or used Medicaid (23.3%) to pay for their doctor or hospital bills. Among those who report other as their primary language spoken at home reported using an employer's insurance (43.8%) and 20.9% reported using Medicare (Figure 27).

Figure 27. Health Insurance used by Respondents (%) by Language Spoken at Home, Westchester County, 2019.

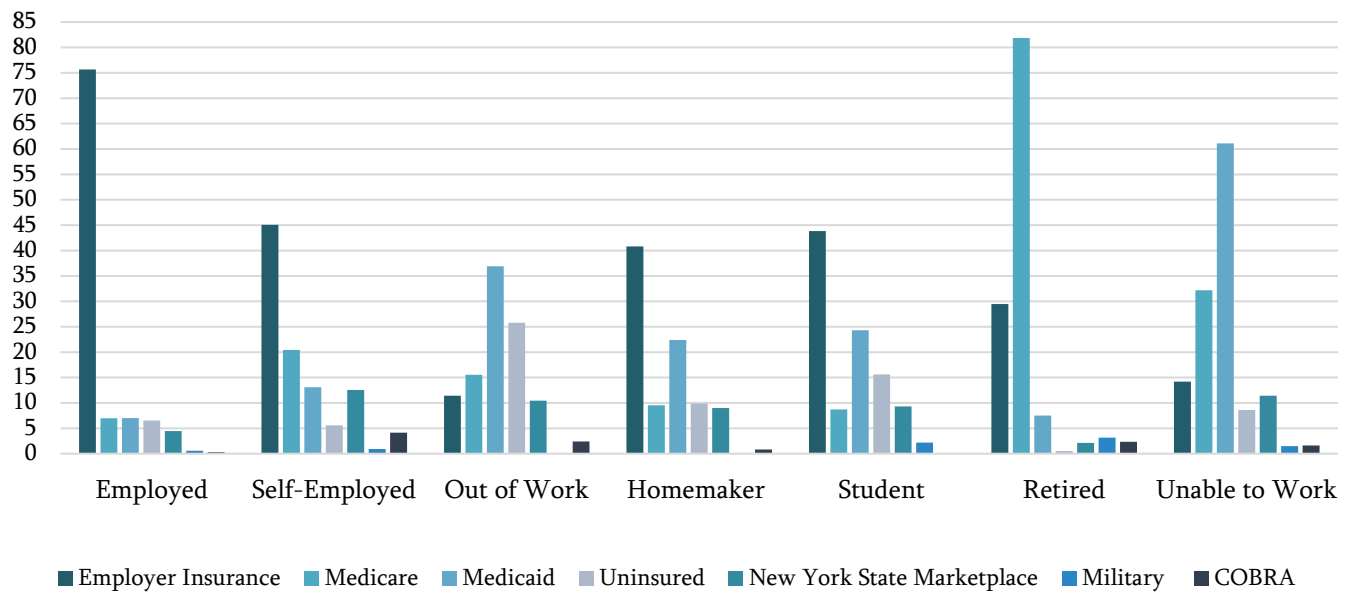


*Source: Westchester County Community Health Needs Survey.

EMPLOYMENT

A higher percentage of individuals who were unable to work, out of work, homemakers, or students reported using Medicaid to pay for their doctor or hospital bills (Figure 28).

Figure 28. Health Insurance used by Respondents (%) by Employment Status, Westchester County, 2019.



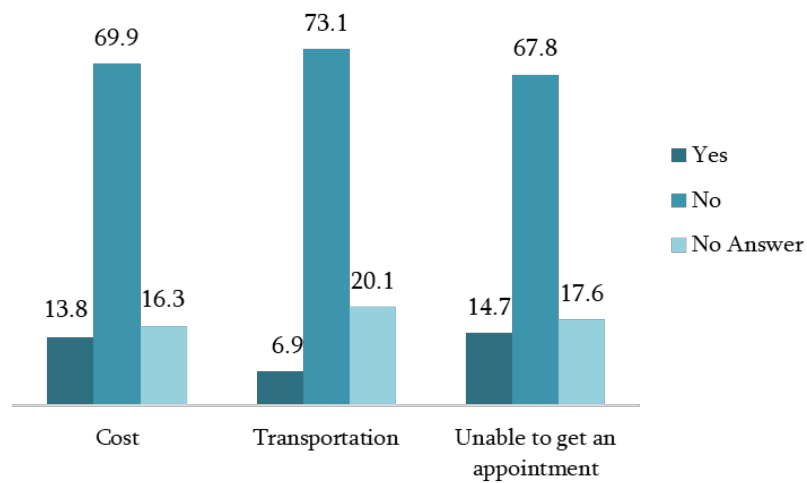
*Source: Westchester County Community Health Needs Survey.

Barriers to Obtaining Medical Care by a Health Care Provider

15% of respondents reported that not being able to get an appointment was a factor of why they were not able to see a doctor, followed by cost (14%) and transportation (6.9%) (Figure 29).

The percentage of and type of barriers encountered while seeking care vary by the respondent's age, sex, race/ethnicity and other socioeconomic characteristics (Figures 30-35).

Figure 29. Percent Distribution of Barriers to Obtaining Medical Care, Westchester County, 2019.

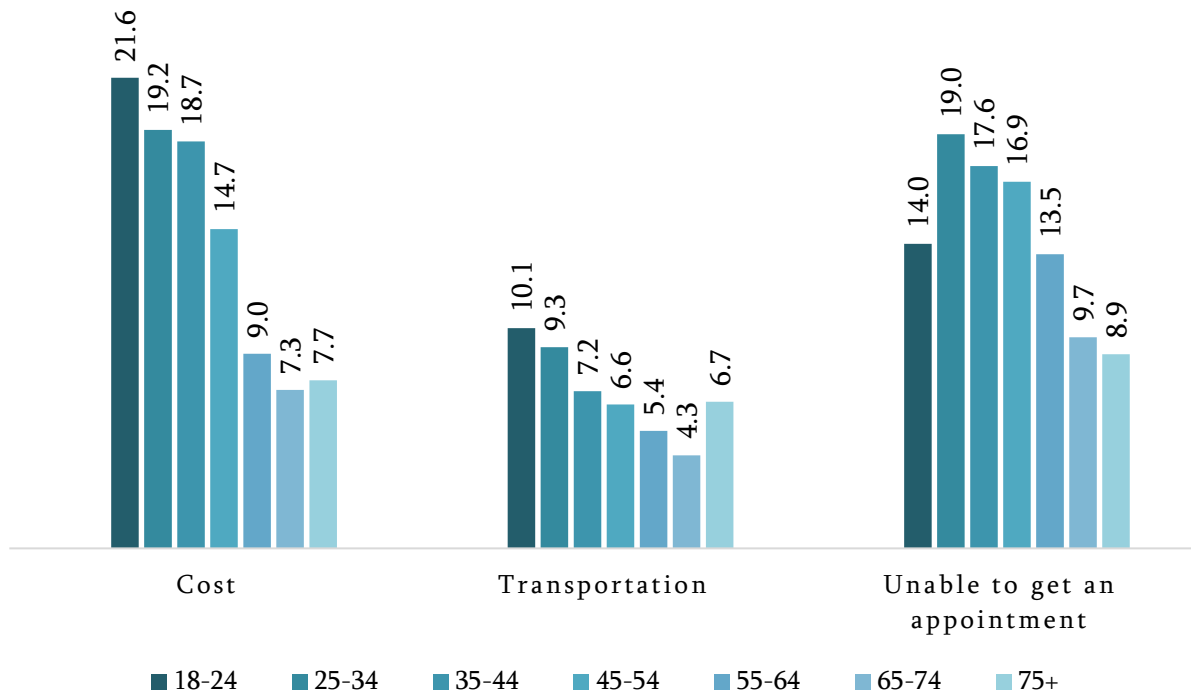


*Source: Westchester County Community Health Needs Survey.

AGE

About 22% of 18-24 year olds reported cost as a barrier to obtaining medical care. As age increased the percent of respondents who reported cost as a barrier decreased. Nearly 20% of adults 25-34 years old and 18% of 35-44 years old selected inability to get an appointment as a barrier to obtaining medical care (Figure 30).

Figure 30. Percent of Respondents who Reported Barriers to Obtaining Medical Care by Age, Westchester County, 2019.

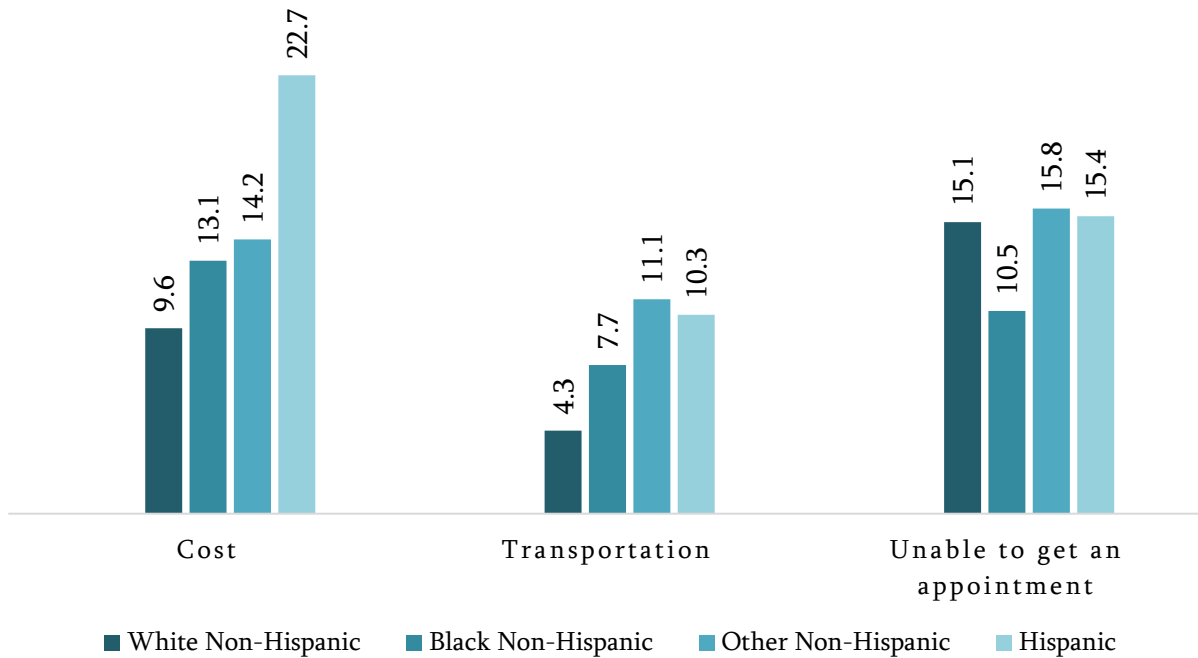


*Source: Westchester County Community Health Needs Survey.

RACE/ETHNICITY

Hispanics reported cost as a barrier to obtaining medical care more frequently than all other race/ethnicity groups (Figure 31).

Figure 31. Percent of Respondents who Reported Barriers to Obtaining Medical Care by Race/Ethnicity, Westchester County, 2019.

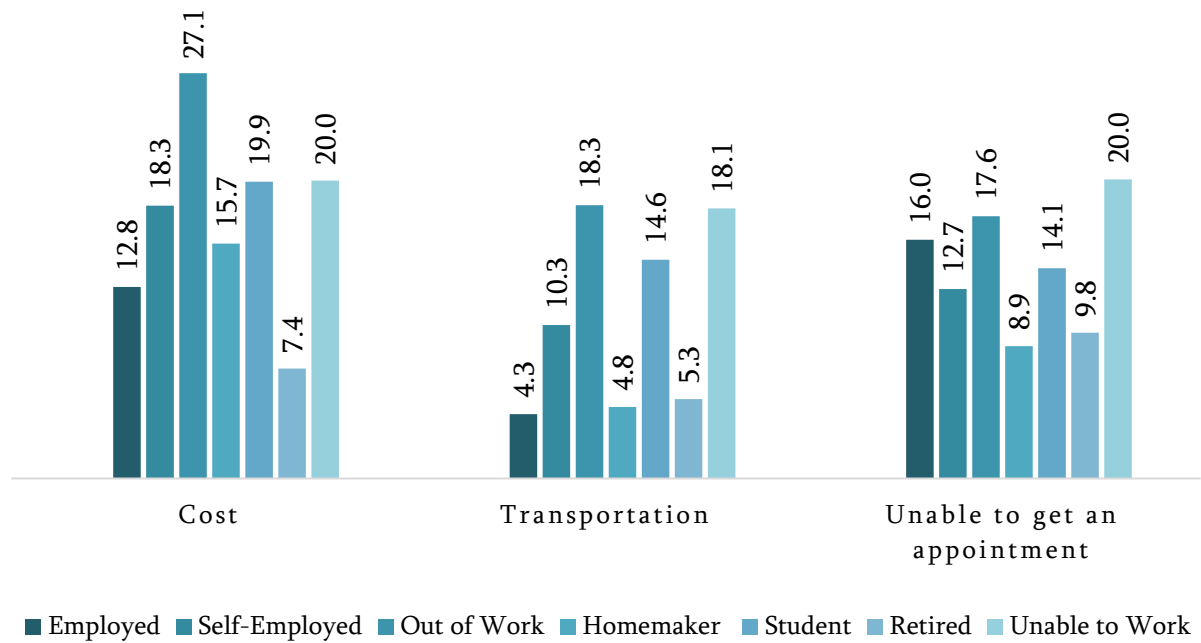


*Source: Westchester County Community Health Needs Survey.

EMPLOYMENT STATUS

A higher percentage of those who reported being out of work reported cost and transportation as a barrier to obtaining medical care by a provider. Additionally, those who were out of work or unable to work transportation as a barrier at the same rate (Figure 32).

Figure 32. Percent of Respondents who Reported Barriers to Obtaining Medical Care by Employment Status, Westchester County, 2019.

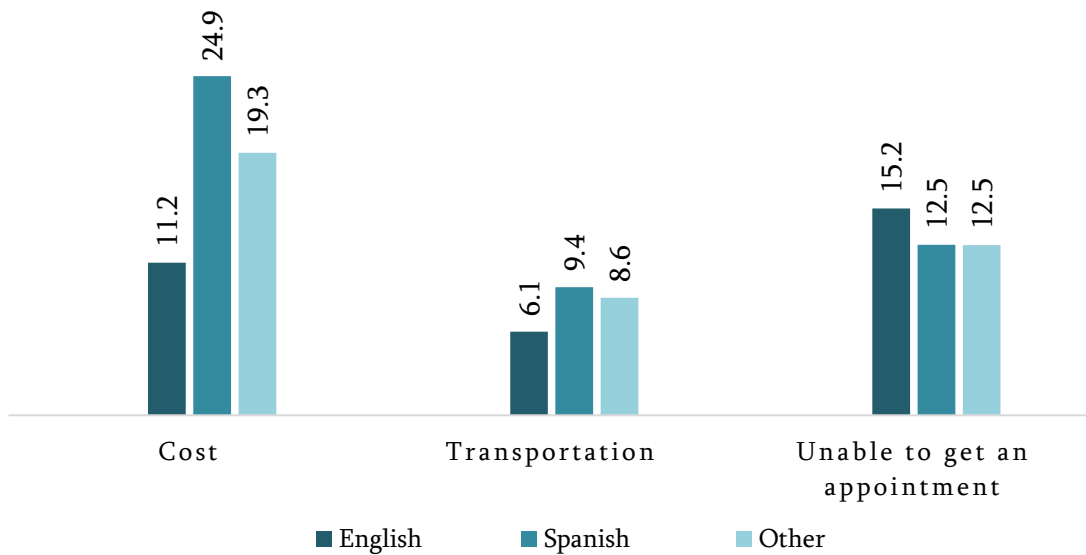


*Source: Westchester County Community Health Needs Survey.

LANGUAGE

A higher percentage of respondents who reported their primary language spoken at home was Spanish (24.9%) reported Cost as a reason for not being able to see a doctor. Respondents who said English (15.2%) was their primary language spoken at home reported that they were unable to get an appointment as the primary reason they could not see a doctor when they needed to (Figure 33).

Figure 33. Percent of Respondents who Reported Barriers to Obtaining Medical Care by Language Spoken at Home, Westchester County, 2019.

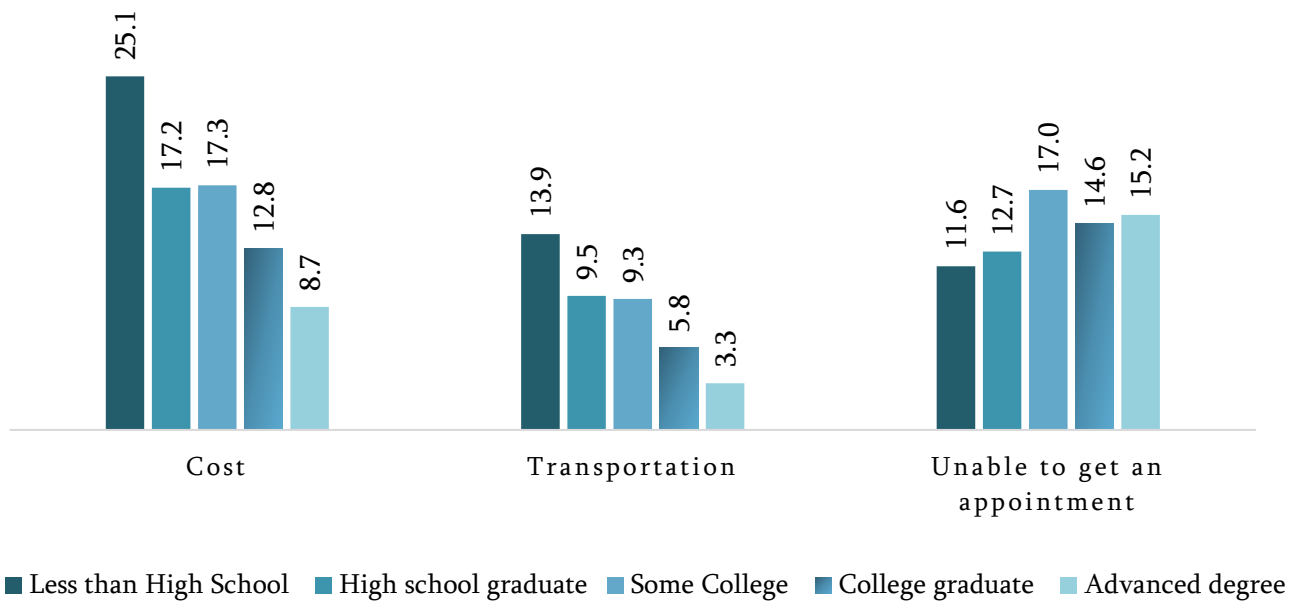


*Source: Westchester County Community Health Needs Survey.

EDUCATION

A higher percentage of respondents with less than a High School education reported cost and transportation as a barrier to obtaining medical care compared to all other education levels. Respondents who had some college education or greater reported that they were unable to get an appointment more often than those with less than college education. This trend increased with higher education level (Figure 34).

Figure 34. Percent of Respondents who Reported Barriers to Obtaining Medical Care by Educational Attainment, Westchester County, 2019.

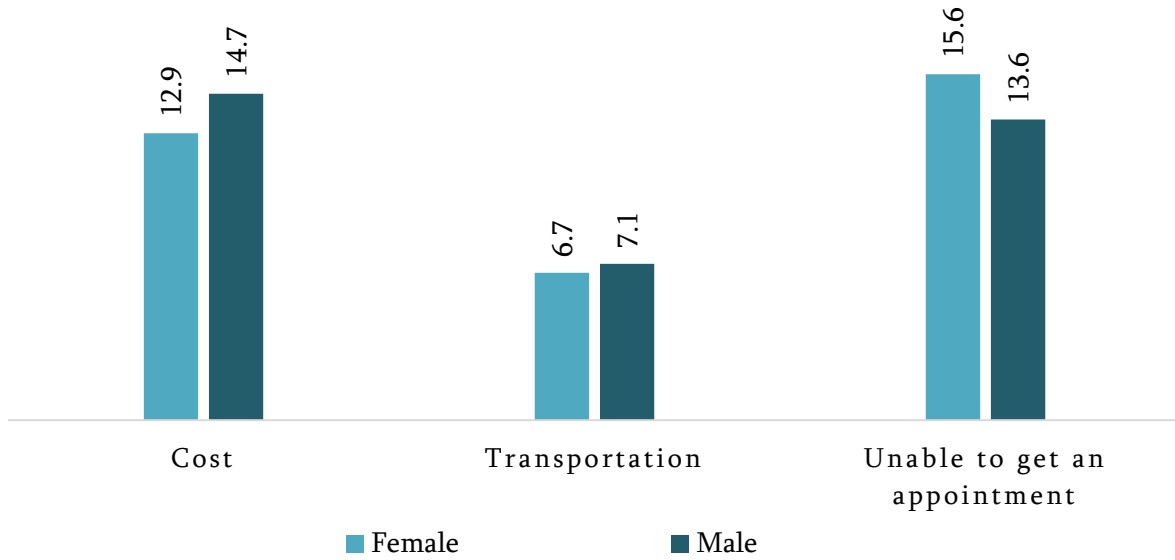


*Source: Westchester County Community Health Needs Survey.

GENDER

There were no differences between males and females (Figure 35).

Figure 35. Percent of Respondents who Reported Barriers to Obtaining Medical Care by Gender, Westchester County, 2019.

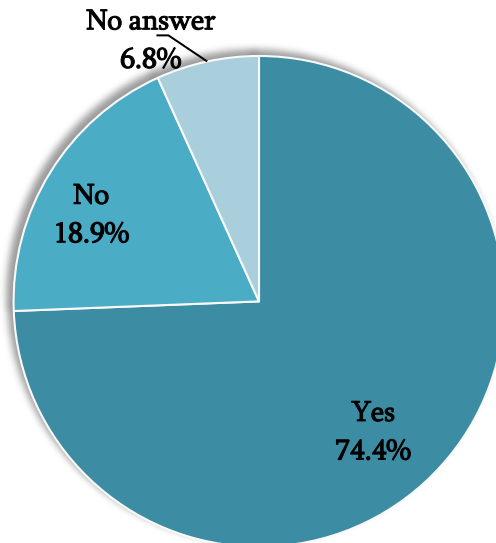


*Source: Westchester County Community Health Needs Survey.

Personal Health Care Provider

The majority of respondents (74.4%) reported having someone that they consider their personal doctor (Figure 36), with variation by respondent's demographics and socioeconomic characteristics (Figures 37-42).

Figure 36. Percent Distribution of Having a Primary Care Provider, Westchester County, 2019.

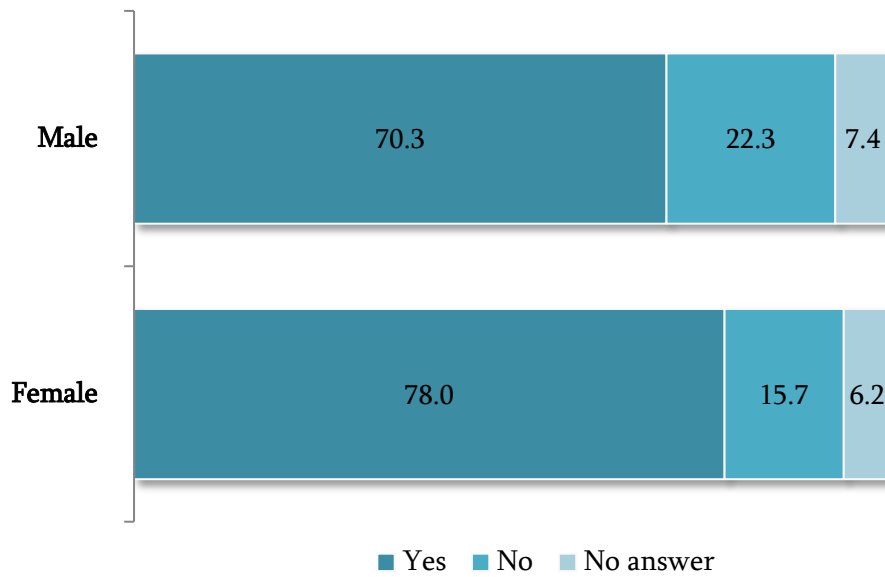


*Source: Westchester County Community Health Needs Survey.

GENDER

More woman than men reported having someone they considered a personal doctor or health care provider (Figure 37).

Figure 37. Percent Distribution of Having a Primary Care Provider by Gender, Westchester County, 2019.

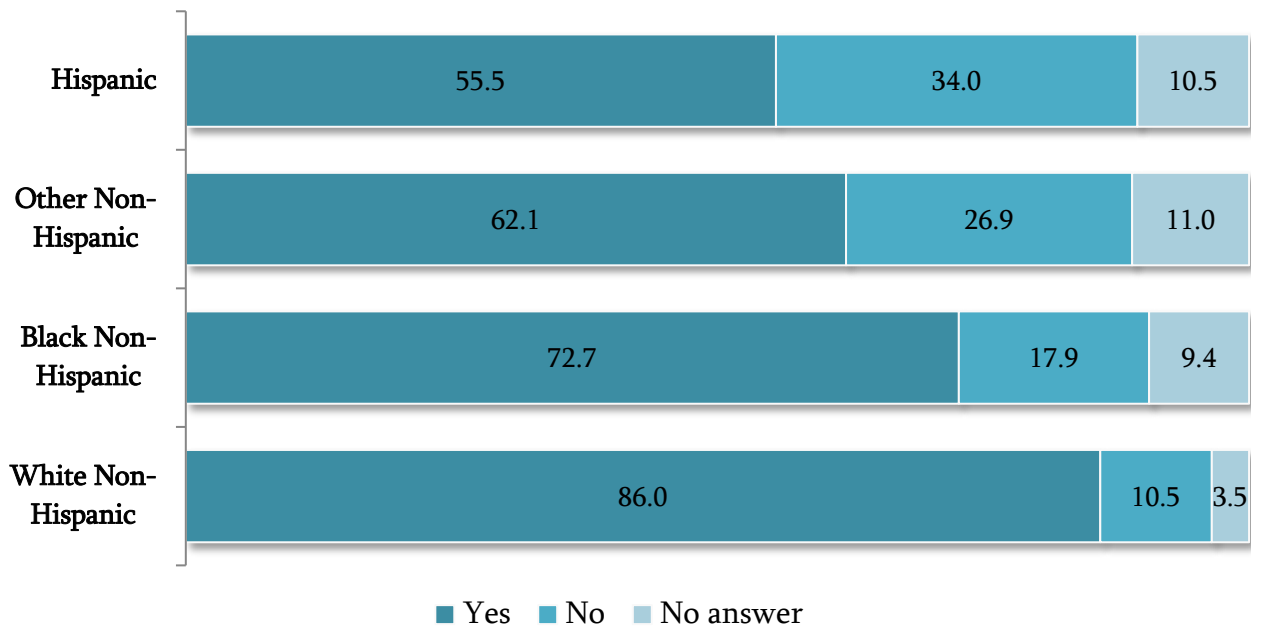


*Source: Westchester County Community Health Needs Survey.

RACE/ETHNICITY

Non-Hispanic white respondents reported a greater percentage of having a personal doctor or health care providers, followed by non-Hispanics blacks, other non-Hispanics and Hispanics (of any race-ethnicity) (Figure 38).

Figure 38. Percent Distribution of Having a Primary Care Provider by Race/Ethnicity, Westchester County, 2019.

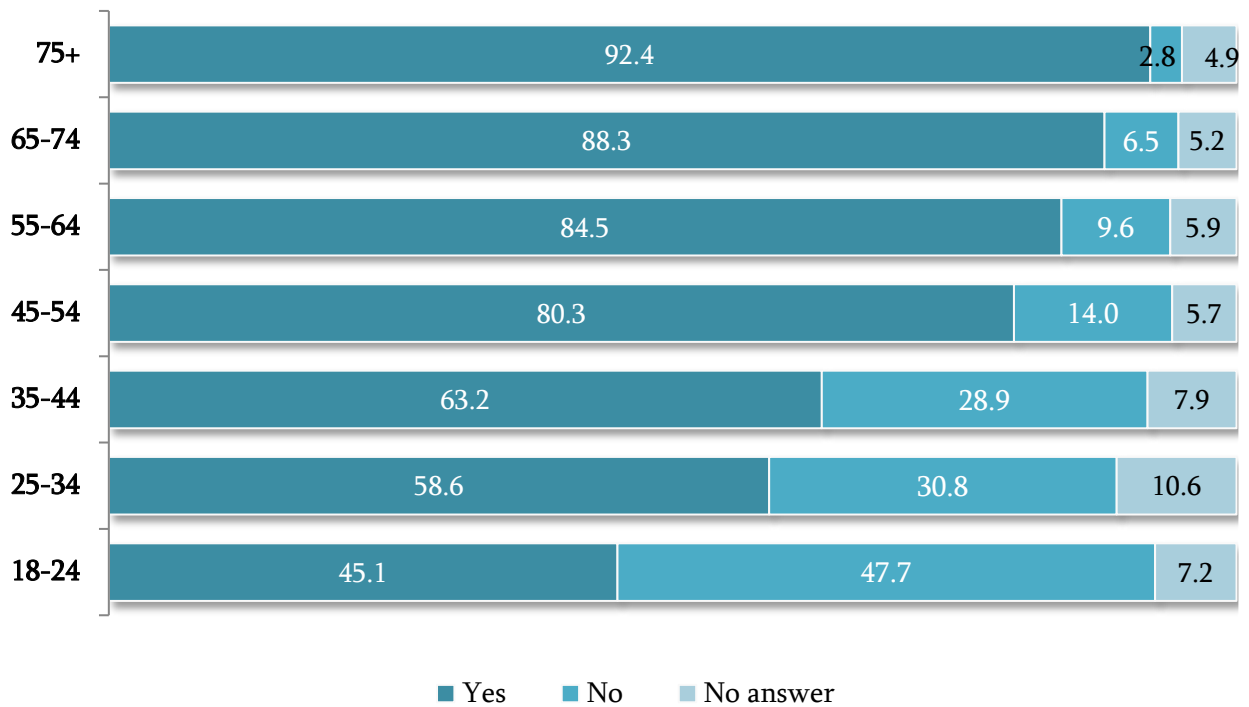


*Source: Westchester County Community Health Needs Survey.

AGE

Almost half (48%) of 18-24 years old reported not having a personal doctor or health care provider, compared to all other age groups. A greater percentage of adults, 45+ older reported having a personal doctor or health care providers compared to those less than 45 years old (Figure 39).

Figure 39. Percent Distribution of Having a Primary Care Provider by Age, Westchester County, 2019.

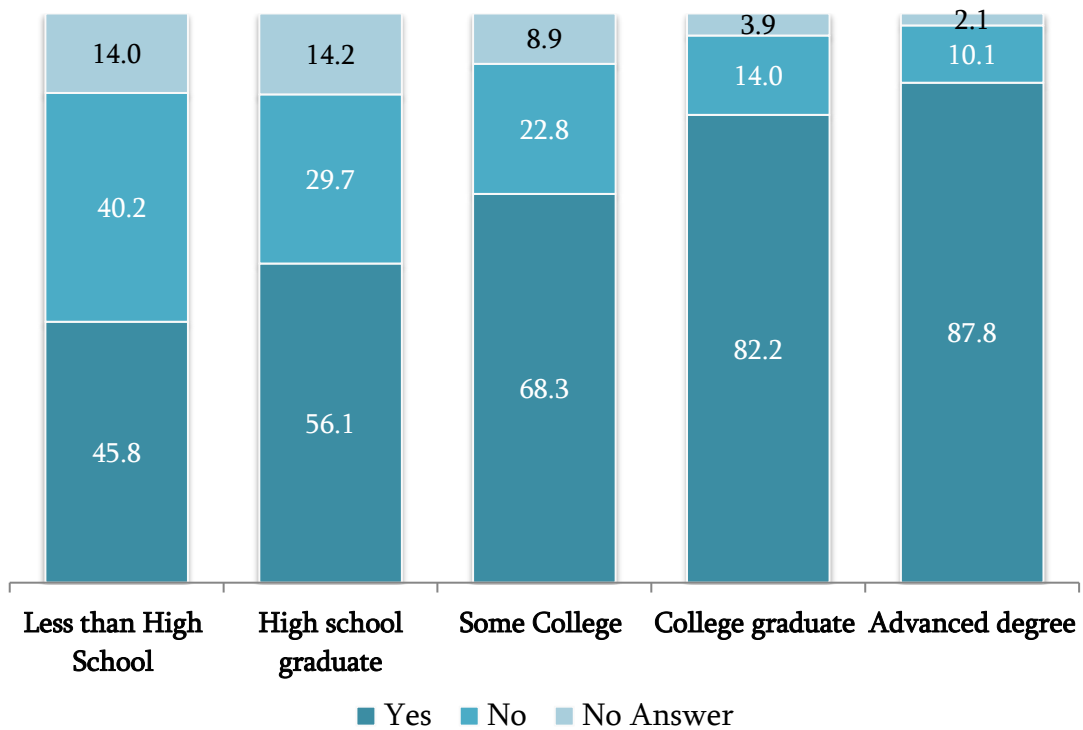


*Source: Westchester County Community Health Needs Survey.

EDUCATION

As education level increased the percent of respondents who reported having a personal health care provider increased (Figure 40).

Figure 40. Percent Distribution of Having a Primary Care Provider by Educational Attainment, Westchester County, 2019.

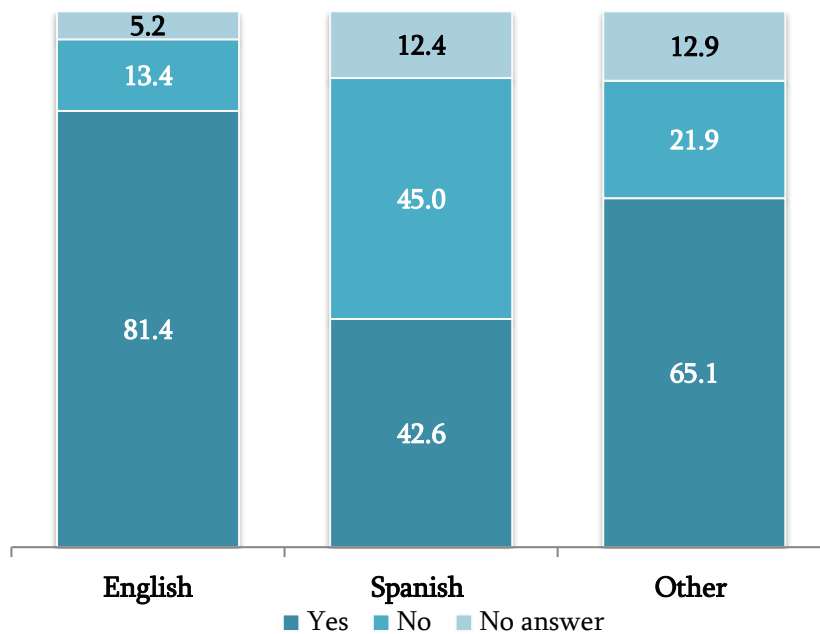


*Source: Westchester County Community Health Needs Survey.

LANGUAGE

The majority of respondents who reported English as the primary language spoken at home stated they have a personal doctor or health care provider (81.4%) versus only 42.6 % of those who said Spanish as the primary language spoken at home. More than half (65.1%) of respondents who spoke a language other than English or Spanish at home said they have someone who they think of as their personal doctor or health care provider (Figure 41).

Figure 41. Percent Distribution of Having a Primary Care Provider by Language Spoken at Home, Westchester County, 2019.

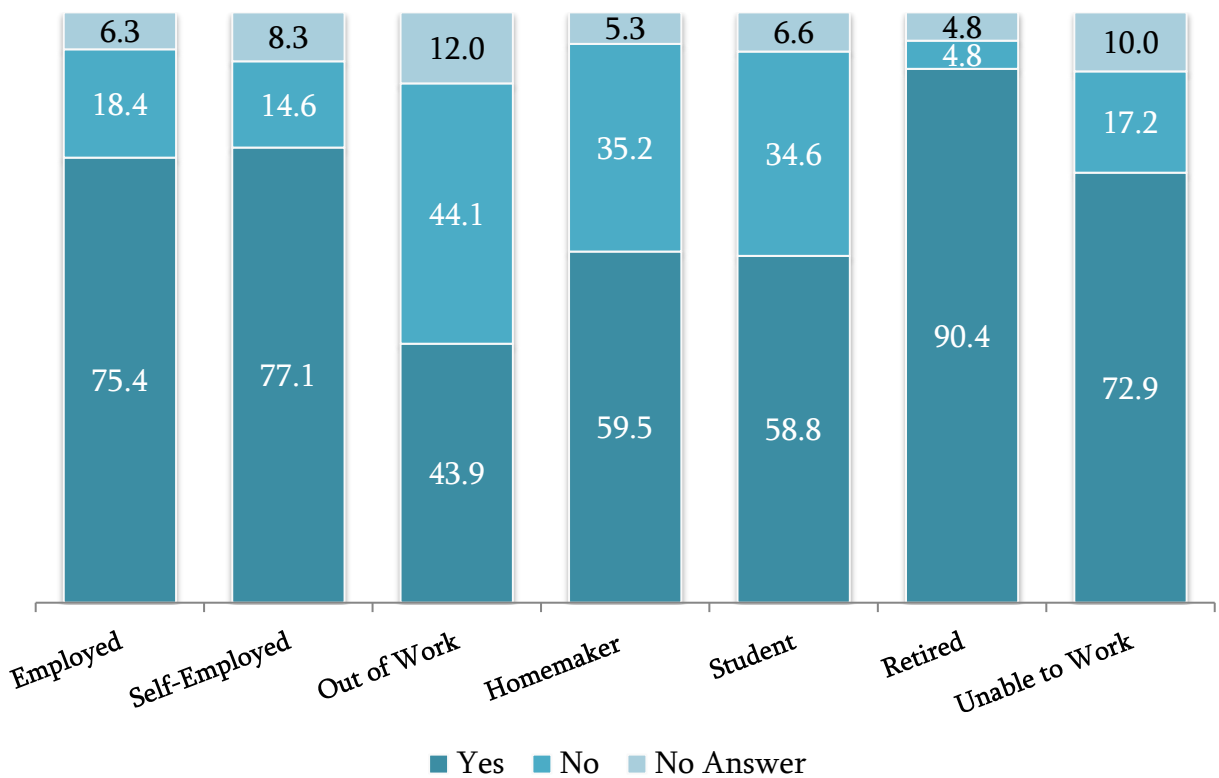


*Source: Westchester County Community Health Needs Survey.

EMPLOYMENT

A higher percentage of respondents who were employed or self-employed, retired or unable to work said they had a personal health care provider compared to home makers, students or those out of work (Figure 42).

Figure 42. Percent Distribution of Having a Primary Care Provider by Employment Status, Westchester County, 2019.



*Source: Westchester County Community Health Needs Survey.

Perceived Discrimination

Overall, 10.4% of respondents reported they felt emotionally upset based on treatment due to age, 4.4% due to gender identity, 11.6% due to race/ethnicity, 2.3% due to sexual orientation, 4.4% due to perceived immigration status, 4.0% due to religion, 4.2% due to disability.

The percent of respondents who reported discrimination varies by their demographic and socioeconomic characteristics (Table 2).

Table 2. Percent of Respondents Who Reported Feeling Emotionally Upset Based on Treatment due to: Age, Gender Identity, Race/Ethnicity, Sexual Orientation, Perceived Immigration Status, Religion and Disability, Westchester County, 2019.

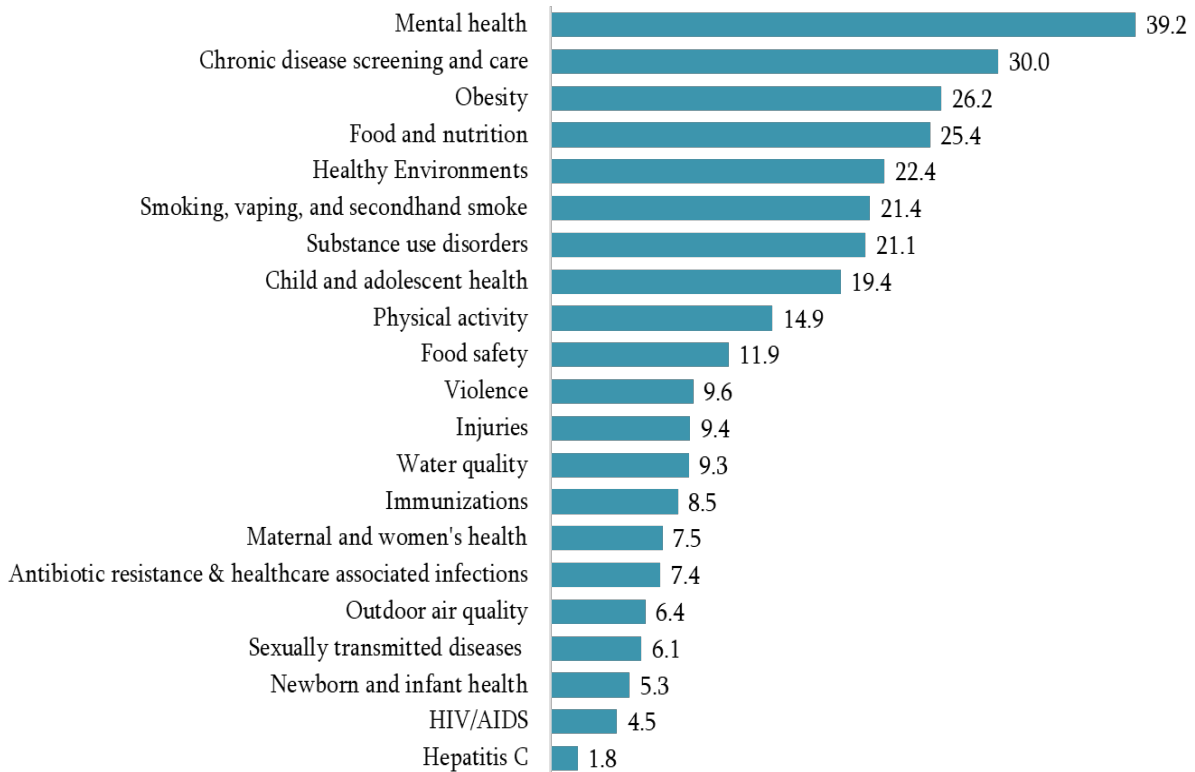
	AGE	GENDER IDENTITY	RACE/ ETHNICITY	SEXUAL ORIENTATION	PERCEIVED IMMIGRATION STATUS	RELIGION	DISABILITY
	%	%	%	%	%	%	%
Total	10.4	4.4	11.6	2.3	4.4	4.0	4.2
Gender							
Female	11.6	6.3	11.0	1.6	3.8	3.3	3.8
Male	9.0	2.3	12.1	3.1	5.0	4.8	4.7
Race/Ethnicity							
White Non-Hispanic	9.2	3.3	4.0	1.1	0.6	3.5	2.7
Black Non-Hispanic	8.9	4.5	21.7	1.4	2.5	2.2	5.9
Other Non-Hispanic	16.1	7.6	22.6	2.3	8.9	9.1	8.7
Hispanic	12.6	6.4	22.8	6.9	15.3	4.8	6.1
Age Group							
18-24	12.3	7.7	18.5	5.6	5.6	2.7	1.6
25-34	12.6	7.2	17.5	6.0	9.0	3.6	3.5
35-44	7.9	5.0	16.6	2.8	11.0	2.8	2.9
45-54	8.7	3.0	10.4	0.7	3.0	4.3	4.5
55-64	10.6	4.6	10.8	1.2	1.1	6.2	5.8
65-74	10.6	3.4	6.8	2.0	1.9	3.4	6.8
75+	12.7	1.8	1.8	0	--	3.3	2.0
Education							
< HS	14.9	6.3	12.3	5.1	18.1	4.4	7.6
HS graduate	9.3	5.5	16.1	3.3	11.4	5.6	7.1
Some college	10.7	3.6	13.5	2.5	2.7	1.9	5.7
College graduate	10.5	3.9	10.5	2.7	2.4	4.1	3.8
Advanced degree	9.9	4.6	9.7	1.2	2.5	4.3	2.3
Employment Status							
Employed	9.8	5.1	13.3	2.2	4.3	3.7	1.8
Self-employed	10.6	0.7	7.4	2.0	2.8	8.2	2.0
Out of work	18.3	4.6	16.2	3.8	16.6	3.3	12.9
Homemaker	1.3	3.5	5.8	--	7.2	2.9	4.1
Student	10.0	8.8	24.1	12.5	8.1	3.5	5.8
Retired	9.1	2.9	5.2	1.1	0.7	3.3	5.3
Unable to work	19.4	4.4	14.3	0.8	1.4	9.7	24.6
Primary Language Spoken at Home							
English	9.6	3.9	10.7	1.6	1.5	3.7	3.7
Spanish	15.1	8.6	17.6	5.4	24.0	6.0	4.9
Other	14.1	6.3	14.8	10.3	18.0	6.8	11.4

Priority Health Issues for the Community

When asked to select the top three priority health issues in the community, the first health priority area was mental health, measured by the percent of respondents who selected it, followed by chronic diseases screening and obesity (Figure 43).

The ranking of the priority health issues changes depending on the respondent's demographics and socioeconomic status (Figures 44-49).

Figure 43. Priority Health Issues* for the Community (%). Westchester County, 2019.

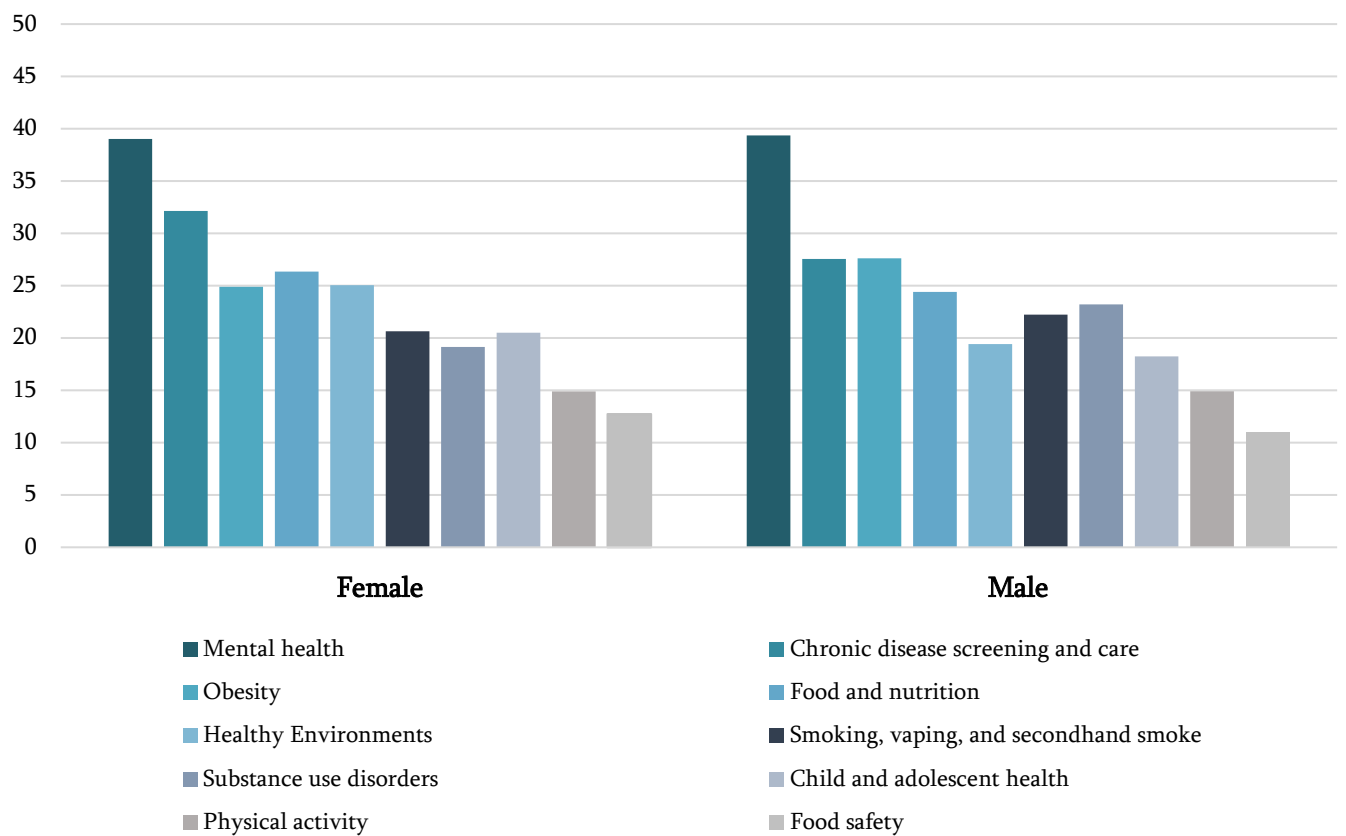


*Health issues are ranked by the percent of respondents who identified them as one of their top three choices out of 21 options.
Survey Source: Westchester County Community Health Needs.

GENDER

Both females and males reported mental health and chronic disease screening and care as priority health issues in the community. There were no considerable differences in the ranking of priority health issues for the community when comparing men and women (Figure 44).

Figure 44. Priority Health Issues* for the Community (%) by Gender, Westchester County, 2019.



*Health issues are ranked by the percent of respondents who identified them as one of their top three choices out of 21 options.

Survey Source: Westchester County Community Health Needs.

RACE/ETHNICITY

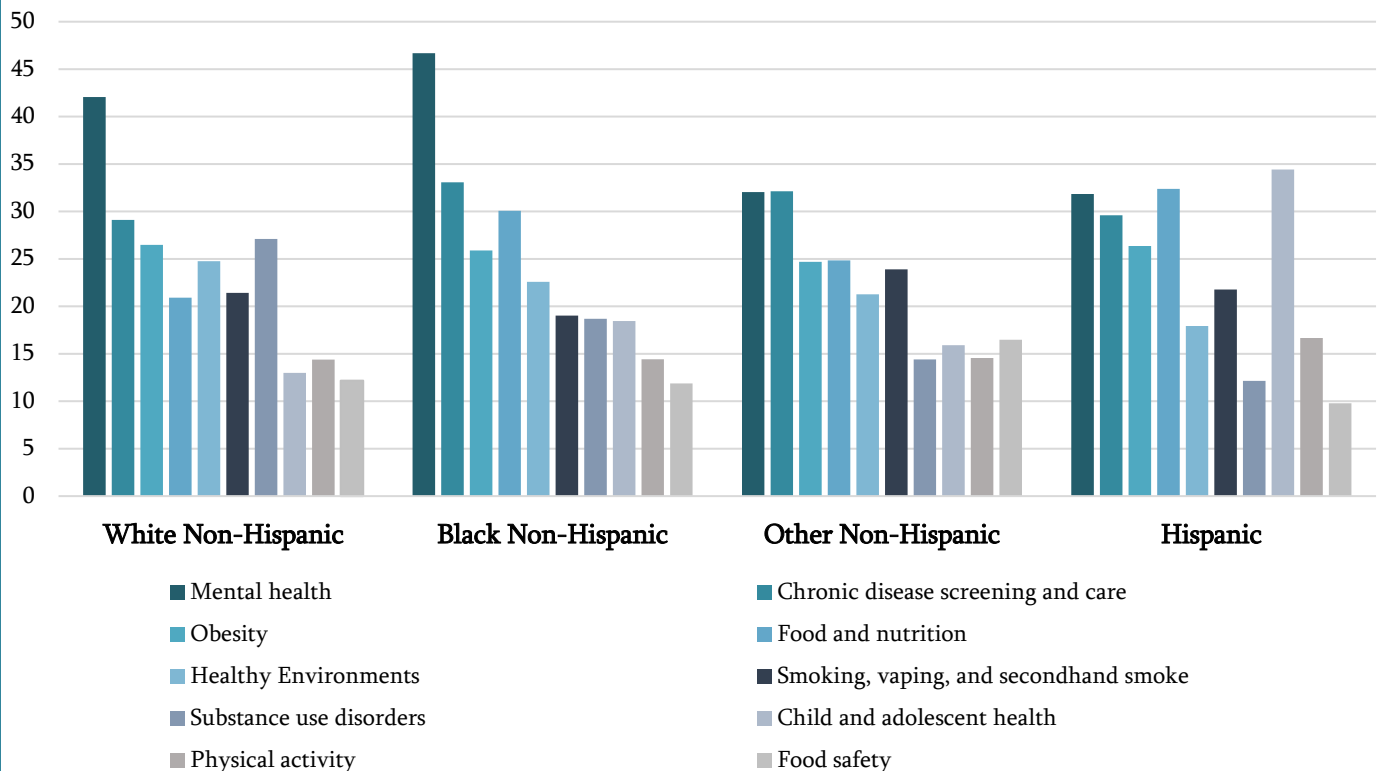
Non-Hispanic whites more often than non-Hispanic blacks and Hispanics reported substance use disorders as a health priority for the community. Hispanics more often than Non-Hispanic whites, blacks, and other non-Hispanics reported child and adolescent health as a top health priority for the community.

Respondents who identified as non-Hispanic white or non-Hispanic black reported mental health as the top priority health issue for the community followed by chronic disease screening.

Respondents who identified as other non-Hispanics reported chronic disease screening and care as the top priority for the community followed by mental health.

Hispanics reported child and adolescent health as the top priority for community followed by food and nutrition (Figure 45).

Figure 45. Priority Health Issues* for the Community (%) by Race/ Ethnicity, Westchester County, 2019.



*Health issues are ranked by the percent of respondents who identified them as one of their top three choices out of 21 options.

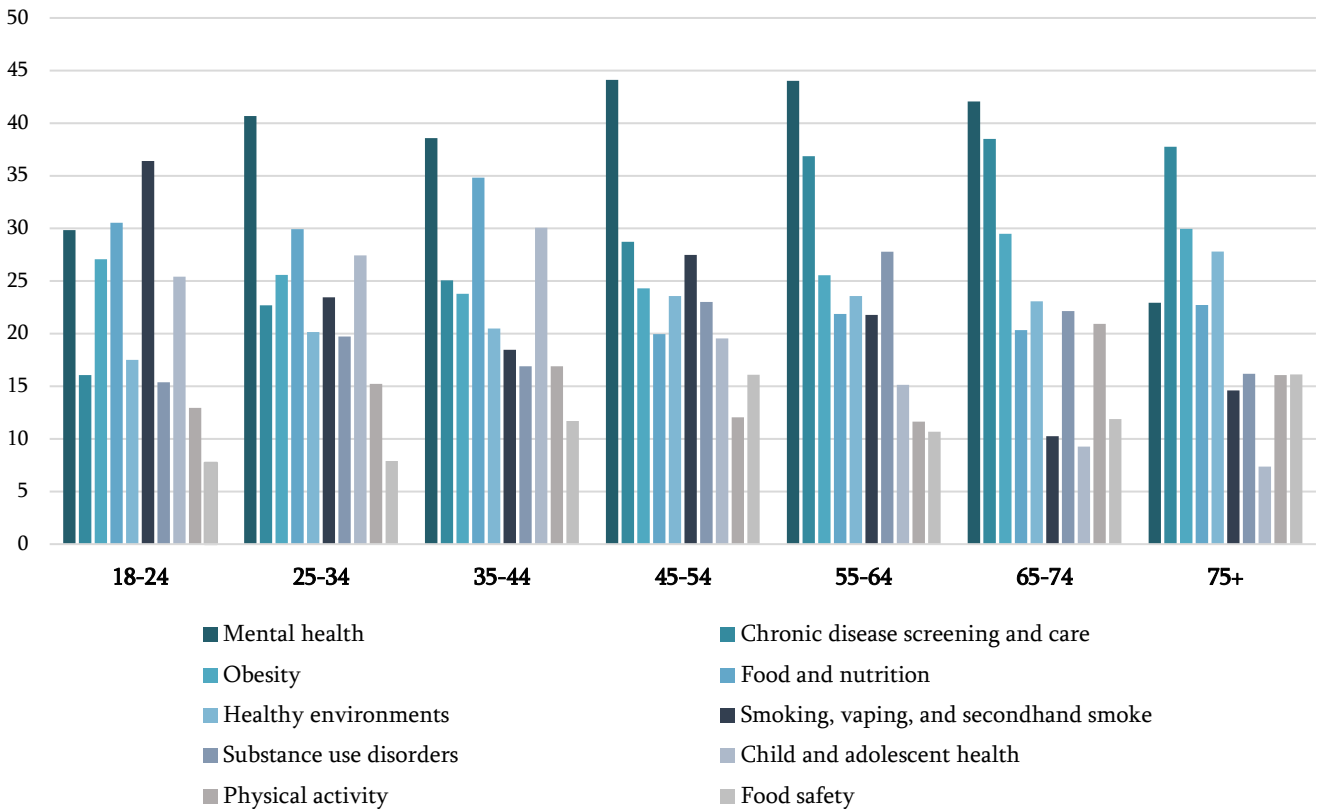
Survey Source: Westchester County Community Health Needs.

AGE

Respondents 18-24 years old reported smoking, vaping, and secondhand smoke as top priority in the community they lived in whereas those between 25-74 years old reported mental health and 75 and older reported chronic disease screening and care.

Respondents between 18-44 years old reported Child and adolescent health as a health priority in the community they lived in more often than older adults 45+ years old. Younger adults (18-24 years old) reported sexually transmitted diseases as health priority in the community lived compared to all other age groups (Figure 46).

Figure 46. Priority Health Issues* for the Community (%) by Age, Westchester County, 2019.

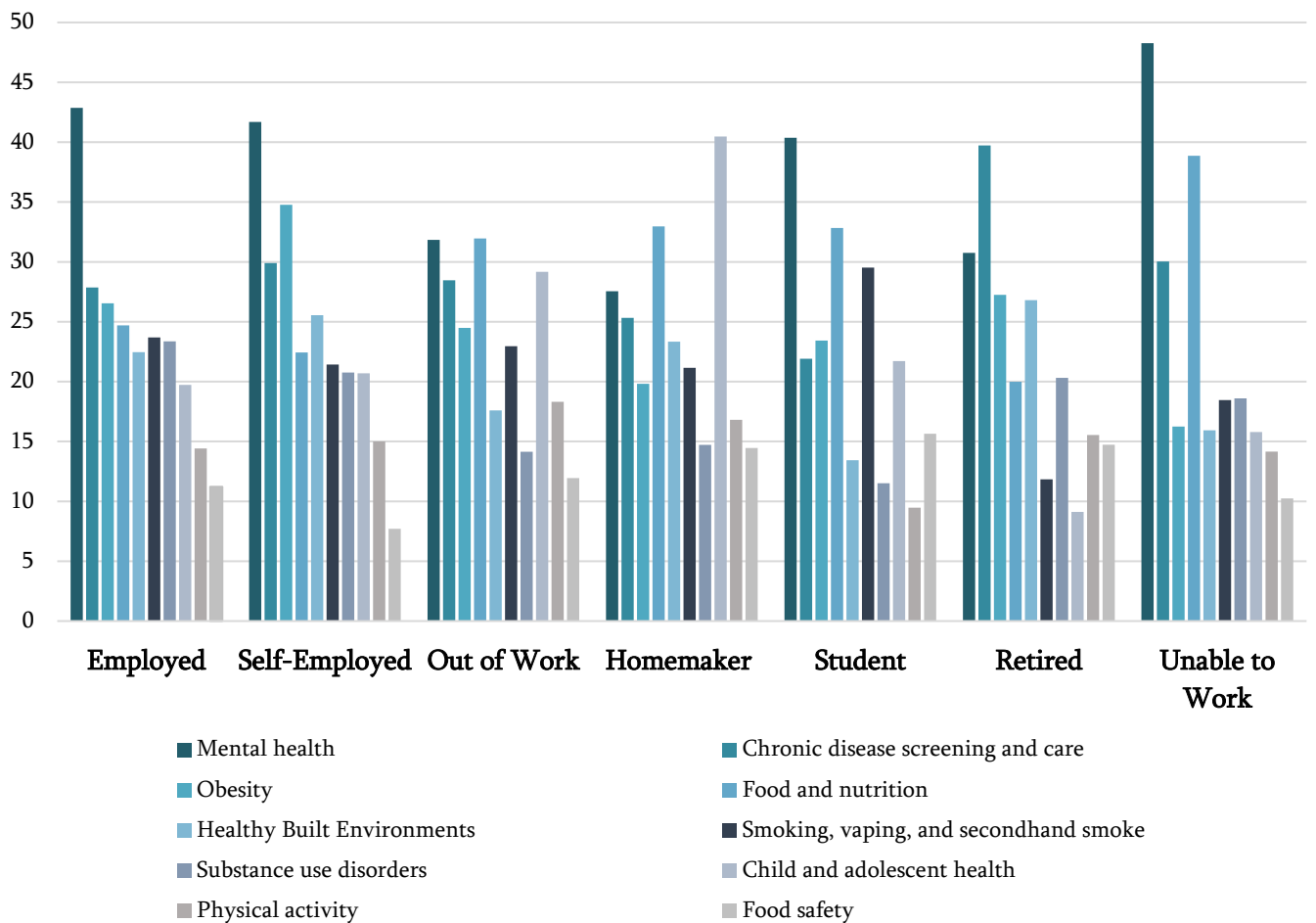


*Health issues are ranked by the percent of respondents who identified them as one of their top three choices out of 21 options.
 Survey Source: Westchester County Community Health Needs.

EMPLOYMENT

Those employed, students or unable to work reported mental health as a priority in their community. Homemakers reported child and adolescent health as one of the top health priorities for the community. Retirees reported chronic disease screening and care as one of the top health priorities for the community. Interestingly, students were more likely than any other employment group to report smoking, vaping and second hand smoke as a priority in the community (Figure 47).

Figure 47. Priority Health Issues* for the Community (%) by Employment Status, Westchester County, 2019.



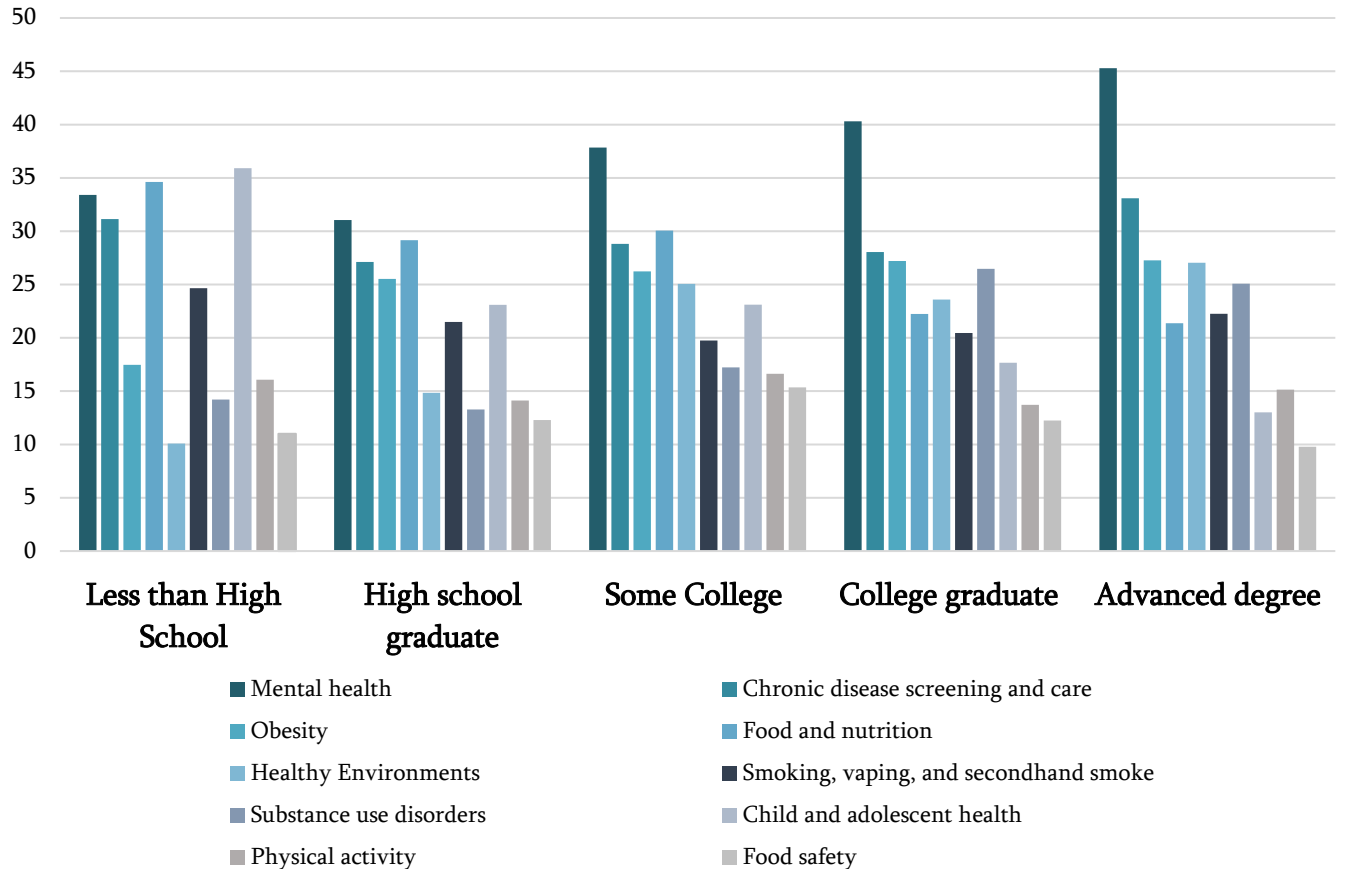
*Health issues are ranked by the percent of respondents who identified them as one of their top three choices out of 21 options.
Survey Source: Westchester County Community Health Needs.

EDUCATION

As education level increased the percent of respondents who reported mental health as a priority health issue for the community increased.

Respondents with less than a high school education selected food and nutrition (34.6%) and child and adolescent health (35.9%) as priority health issues for the community more often than respondents of other education levels (Figure 48).

Figure 48. Priority Health Issues* for the Community (%) by Educational Attainment, Westchester County, 2019.

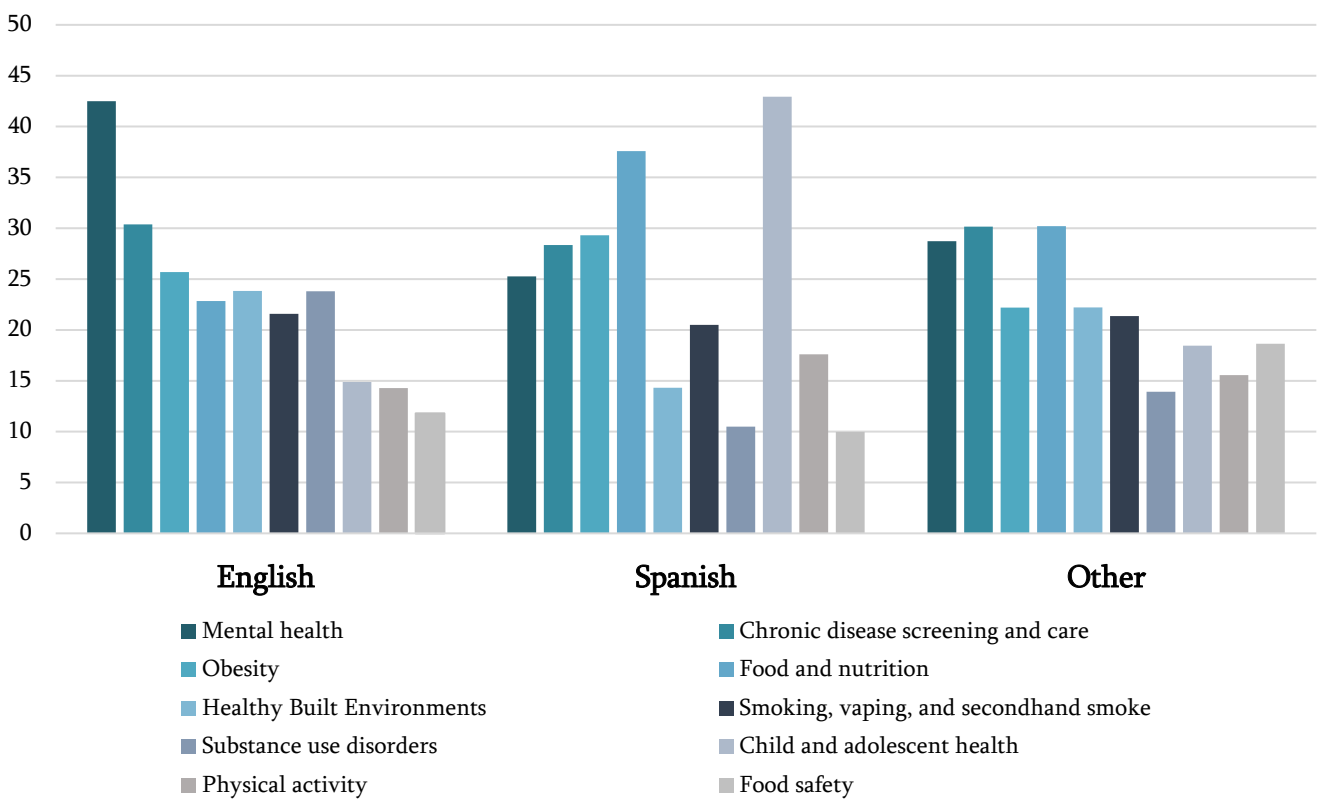


*Health issues are ranked by the percent of respondents who identified them as one of their top three choices out of 21 options.
Survey Source: Westchester County Community Health Needs.

LANGUAGE

Those who reported English as the primary language spoken at home reported mental health as a top priority health issue for the community followed by chronic disease screening and care. Among those who reported Spanish as the primary language spoken at home child and adolescent health was reported as a priority health issue for the community followed by food and nutrition (Figure 49).

Figure 49. Priority Health Issues* for the Community (%) by Language Spoken at Home, Westchester County, 2019.



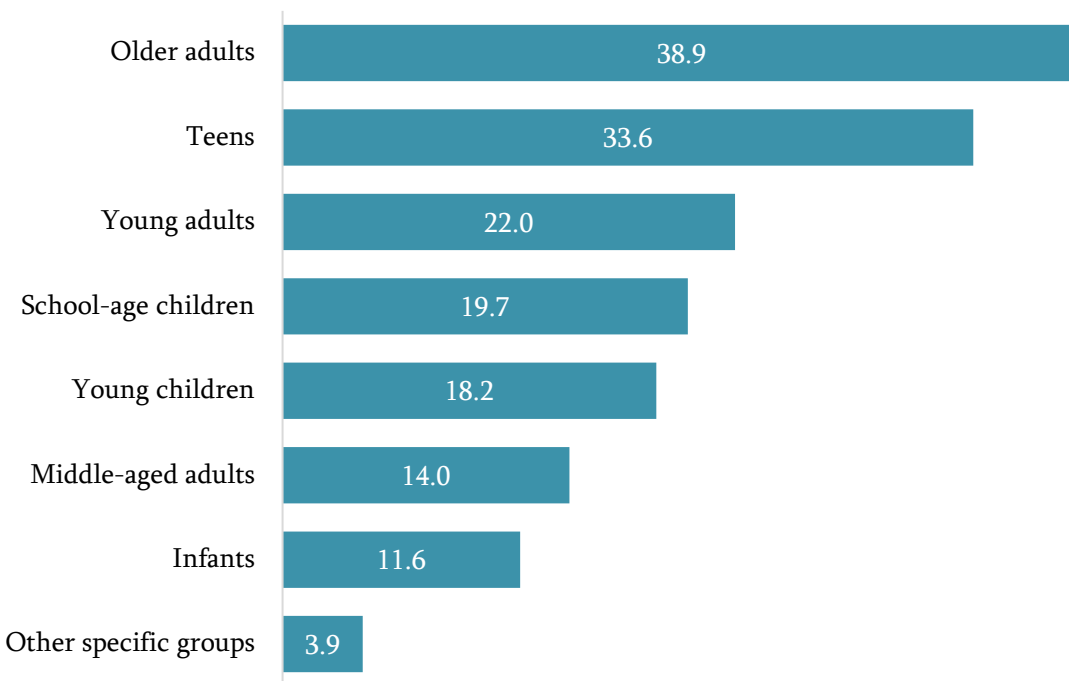
*Health issues are ranked by the percent of respondents who identified them as one of their top three choices out of 21 options.
Survey Source: Westchester County Community Health Needs.

Population Needing the Greatest Attention

Overall, respondents reported that older adults and teens need the greatest attention in their communities (Figure 50).

The ranking changes according to the respondent's demographic and socioeconomic characteristics (Figures 51-56).

Figure 50. Population Needing the Greatest Attention Ranked by Percent of Respondents Selections, Westchester County, 2019.

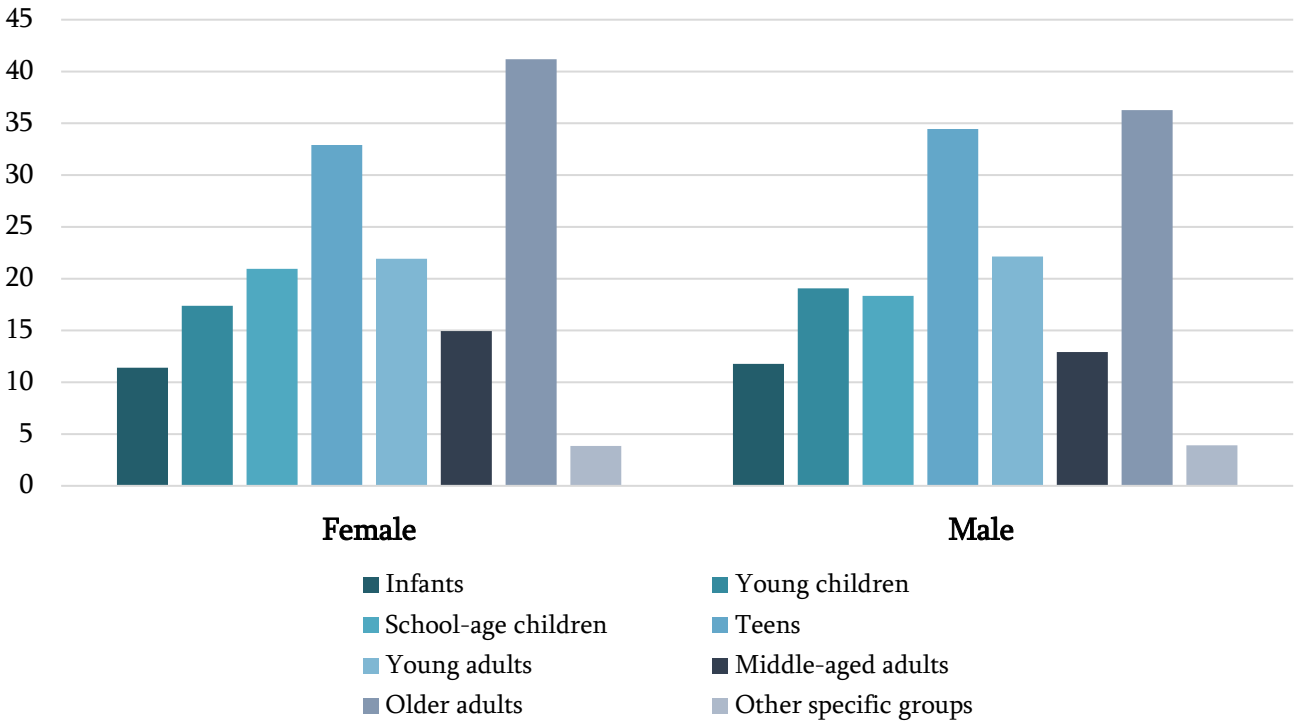


Survey Source: Westchester County Community Health Needs.

GENDER

Females and males did not differ by responses for top population needing the greatest attention (Figure 51).

Figure 51. Population Needing the Greatest Attention (%) by Gender, Westchester County, 2019.

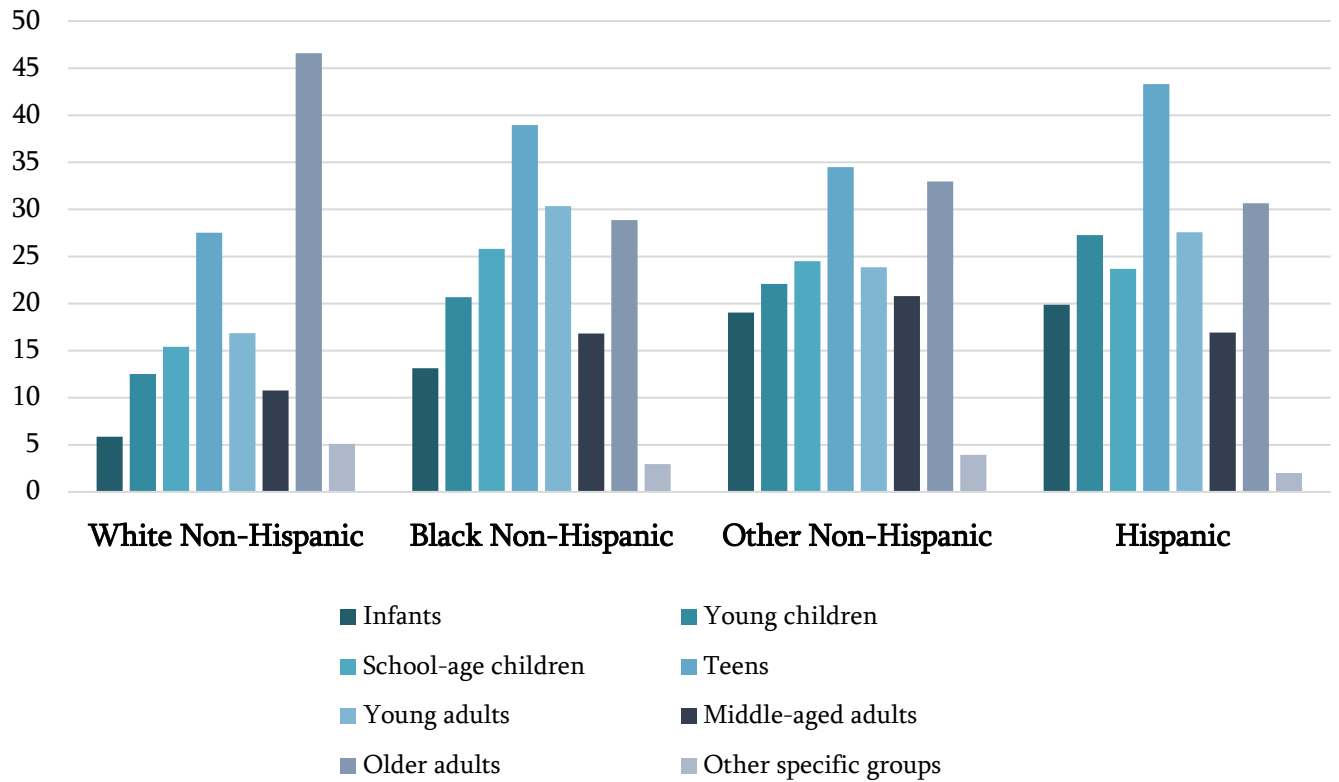


Survey Source: Westchester County Community Health Needs.

RACE/ETHNICITY

Almost 50% of non-Hispanic whites reported older adults as the population needing the greatest attention. A higher percentage of non-Hispanic blacks and Hispanics (of any race) stated teens population needing the greatest attention (Figure 52).

Figure 52. Population Needing the Greatest Attention (%) by Race/Ethnicity, Westchester County, 2019.

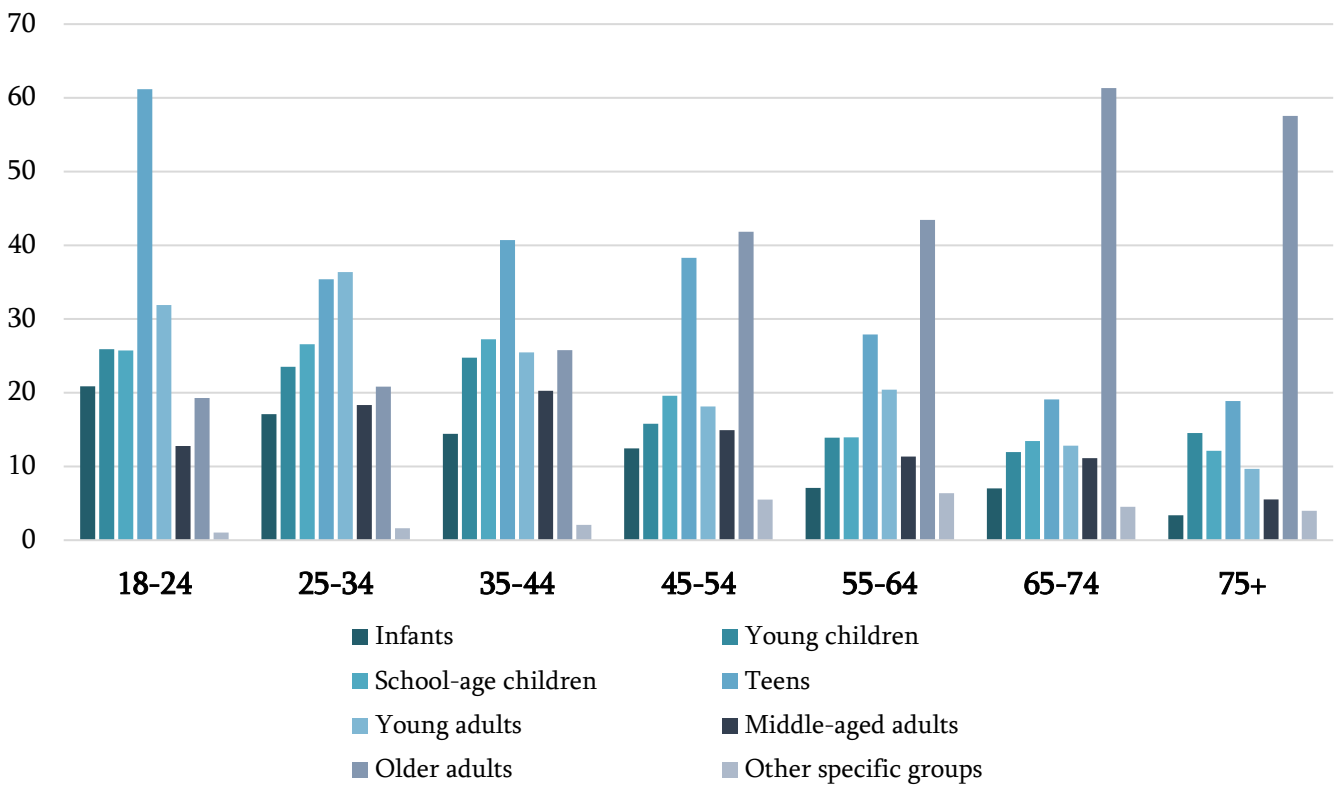


Survey Source: Westchester County Community Health Needs.

AGE

Individuals between the ages 35-44 years old reported teens were the populations with the greatest needs. While those who were 65 years and over reported older adults were the populations with the greatest needs. Those 25-34 years old had the highest percentage for young adults as the populations with the greatest needs (Figure 53).

Figure 53. Population Needing the Greatest Attention (%) by Age, Westchester County, 2019.

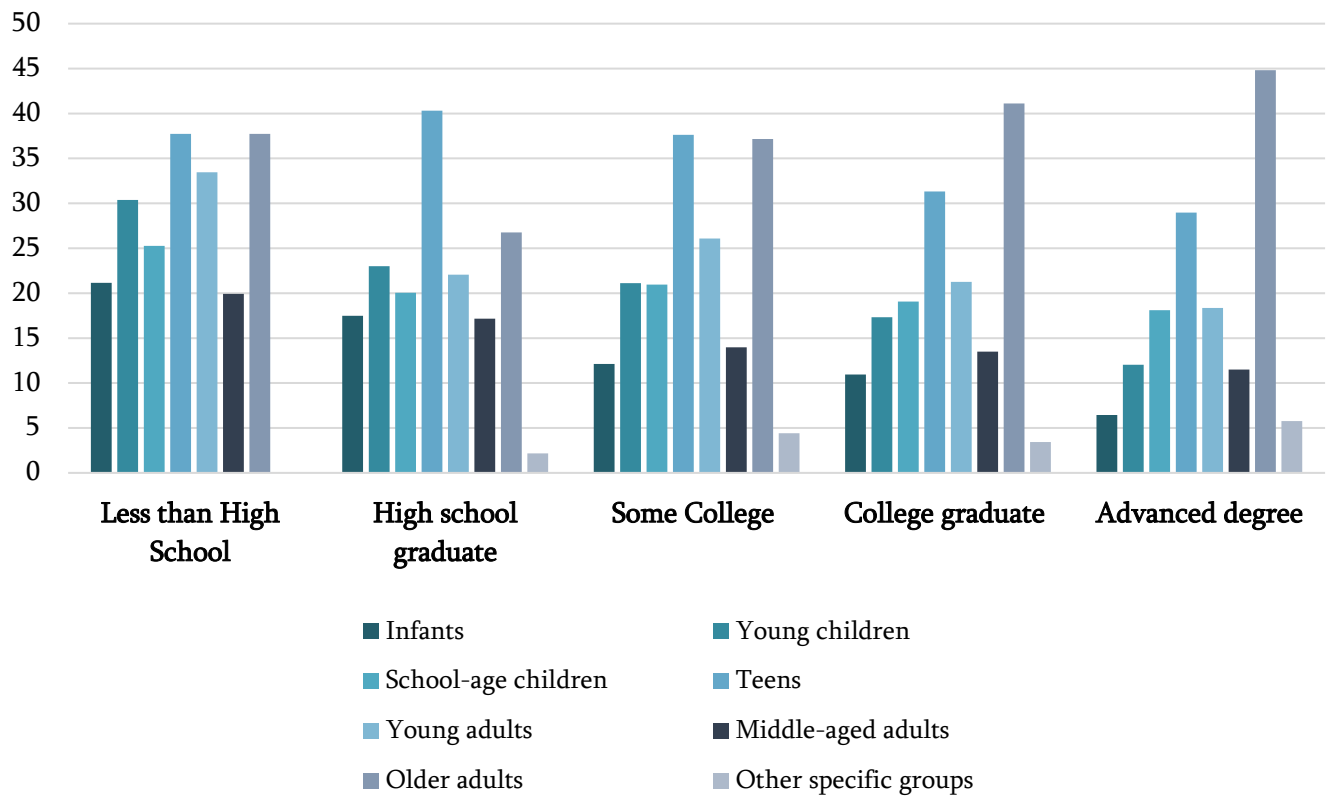


Survey Source: Westchester County Community Health Needs.

EDUCATION

Respondents with a college degree or advanced degree said older adults needed the greatest attention. Those with some college education stated teens and older adults equally needed the greatest attention (Figure 54).

Figure 54. Population Needing the Greatest Attention (%) by Educational Attainment, Westchester County, 2019.

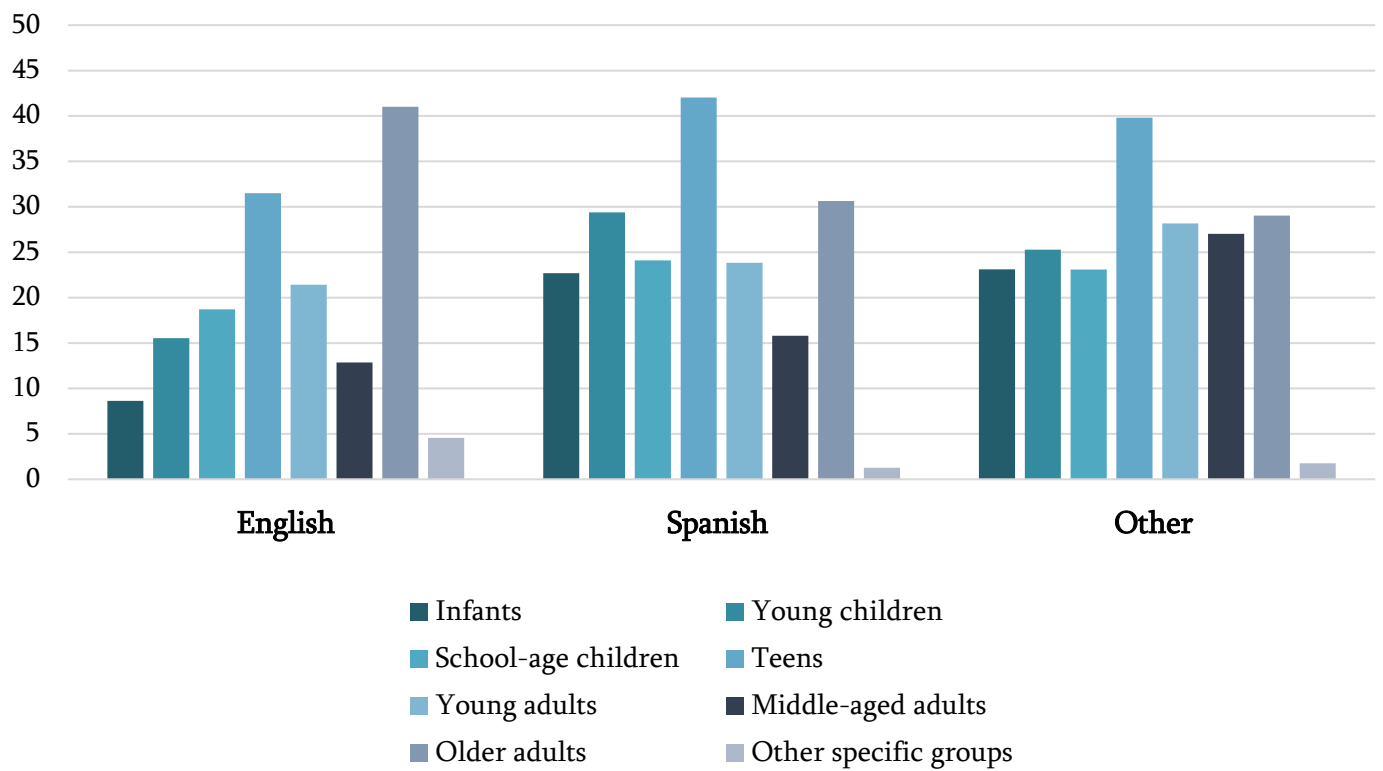


Survey Source: Westchester County Community Health Needs.

LANGUAGE

Those who reported Spanish (42%) and a language other (39.8%) than English or Spanish as the primary language spoken at home, said teens are the population that needs the greatest attention. Among those who reported English as the primary language spoken at home 41% said older adults are the population needing the greatest attention (Figure 55).

Figure 55. Population Needing the Greatest Attention (%) by Language Spoken at Home, Westchester County, 2019.

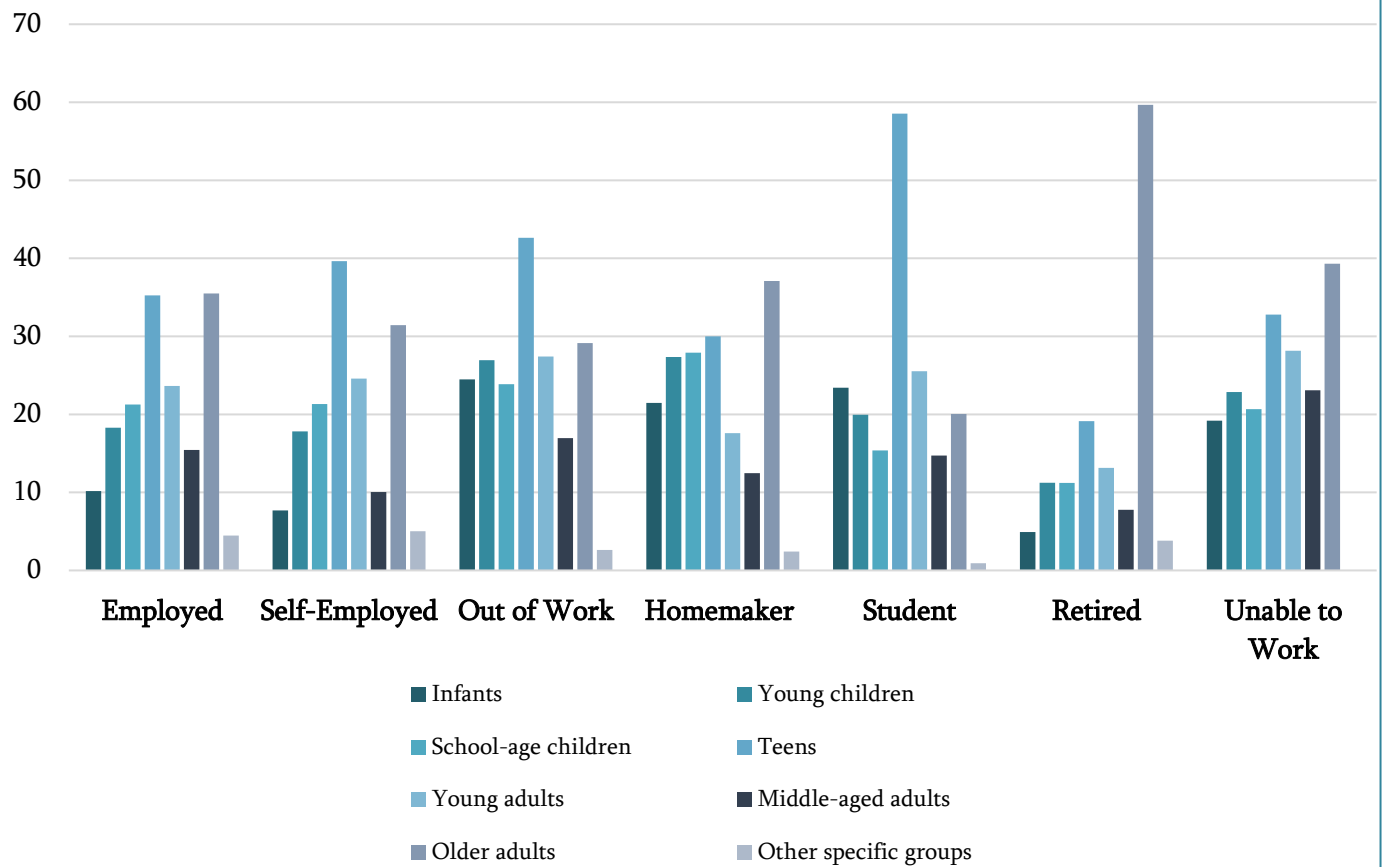


Survey Source: Westchester County Community Health Needs.

EMPLOYMENT

56% of students reported teens are the population needing the greatest attention while retired (60%) respondents reported older adults. There are no other appreciable differences between employment status and reported population with the greatest needs (Figure 56).

Figure 56. Population Needing the Greatest Attention (%) by Employment Status, Westchester County, 2019.



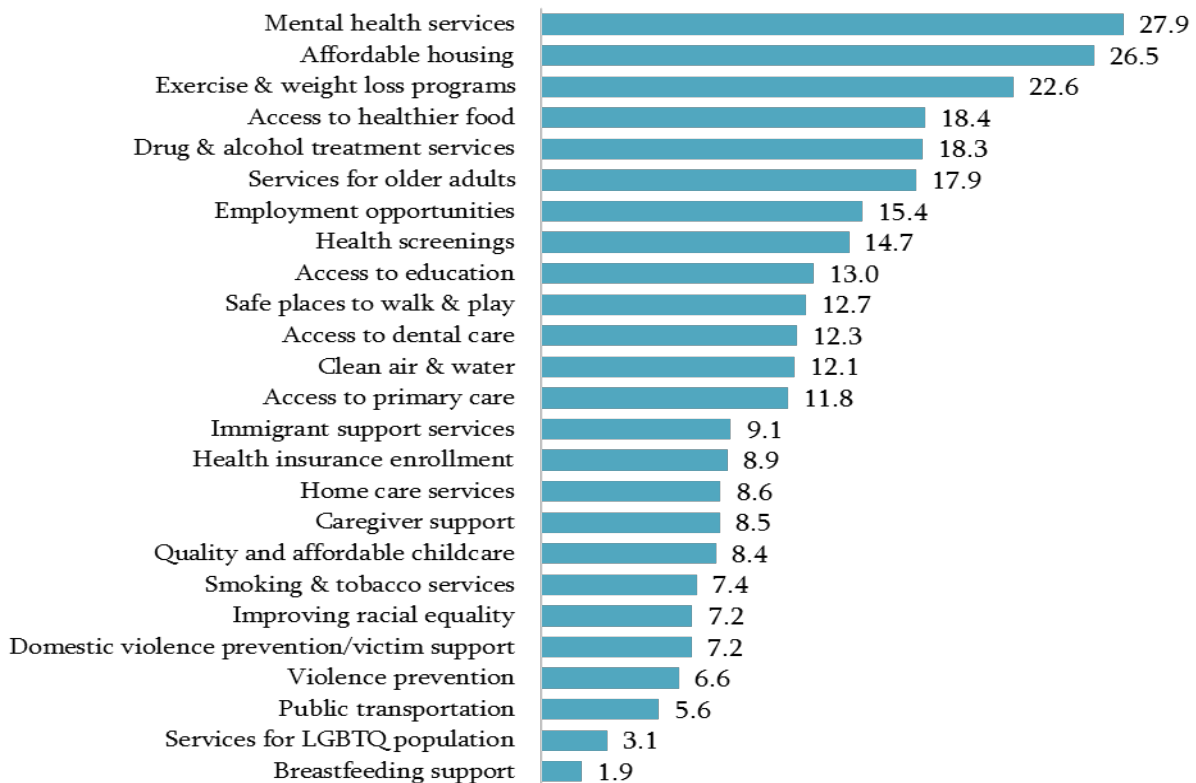
Survey Source: Westchester County Community Health Needs.

Actions Needed to Improve the Health of the Community

The top three actions that would best improve the health of the community were: mental health services with 27.9% of respondents listing it as one of the top three, affordable housing with 26.5% of respondents listing it as one of the top three, and exercise and weight loss programs with 22.6% of respondents listing it as one of the top three (Figure 57).

The ranking of actions needed to improve community health varied by respondent’s demographic and socioeconomic characteristics (Figures 58-63).

Figure 57. Actions Needed to Improve the Health of the Community* (%), Westchester County, 2019.



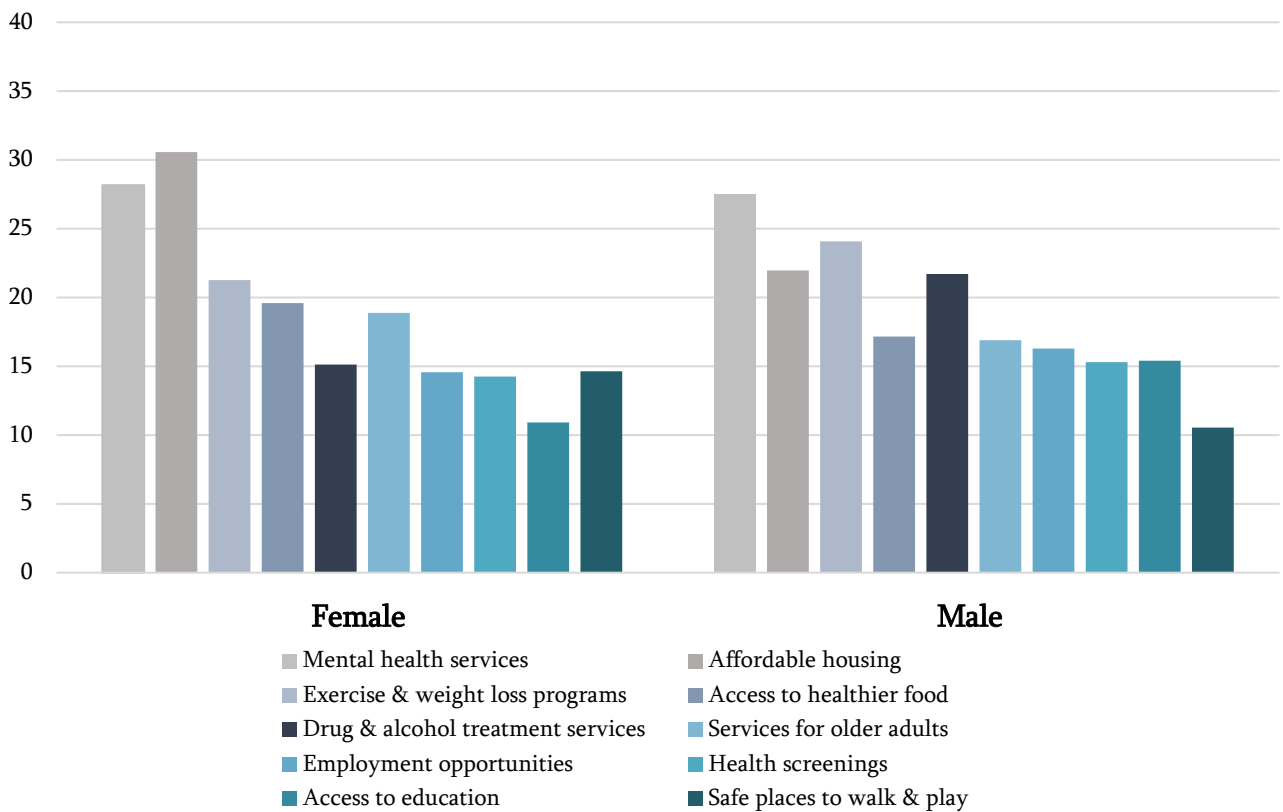
*Actions Needed to Improve the Health of the Community are ranked by the percent of respondents who identified them as one of their top three choices out of 25 options.

Source: Westchester County Community Health Needs Survey.

GENDER

More females than males (30.6% vs 22.0%, respectively) selected affordable housing to improve the health of the community and more males than females (21.7% vs 15.0%, respectively) selected drug and alcohol treatment services an action needed to improve the health of the community. There were no other appreciable differences between genders (Figure 58).

Figure 58. Actions Needed to Improve the Health of the Community* (%) by Gender, Westchester County, 2019.



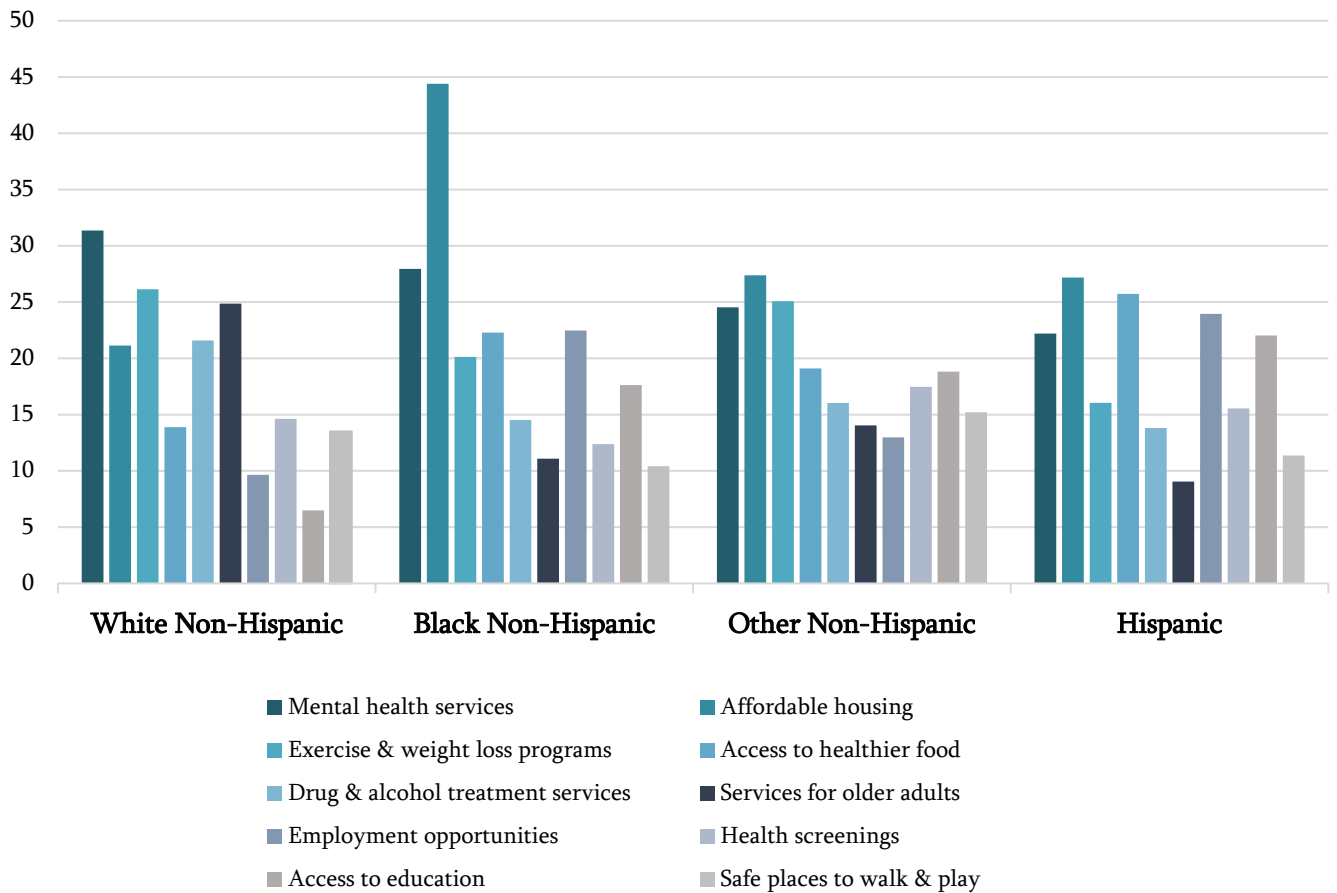
*Actions Needed to Improve the Health of the Community are ranked by the percent of respondents who identified them as one of their top three choices out of 25 options.

Source: Westchester County Community Health Needs Survey.

RACE/ETHNICITY

Non-Hispanic blacks were more likely to report affordable housing as top action to improve the health of the community compared to all other race/ethnicity groups. A higher percentage of non-Hispanic whites reported services for older adults as top action needed in the community compared to all other race/ethnicity groups (Figure 59).

Figure 59. Actions Needed to Improve the Health of the Community* (%) by Race/Ethnicity, Westchester County, 2019.



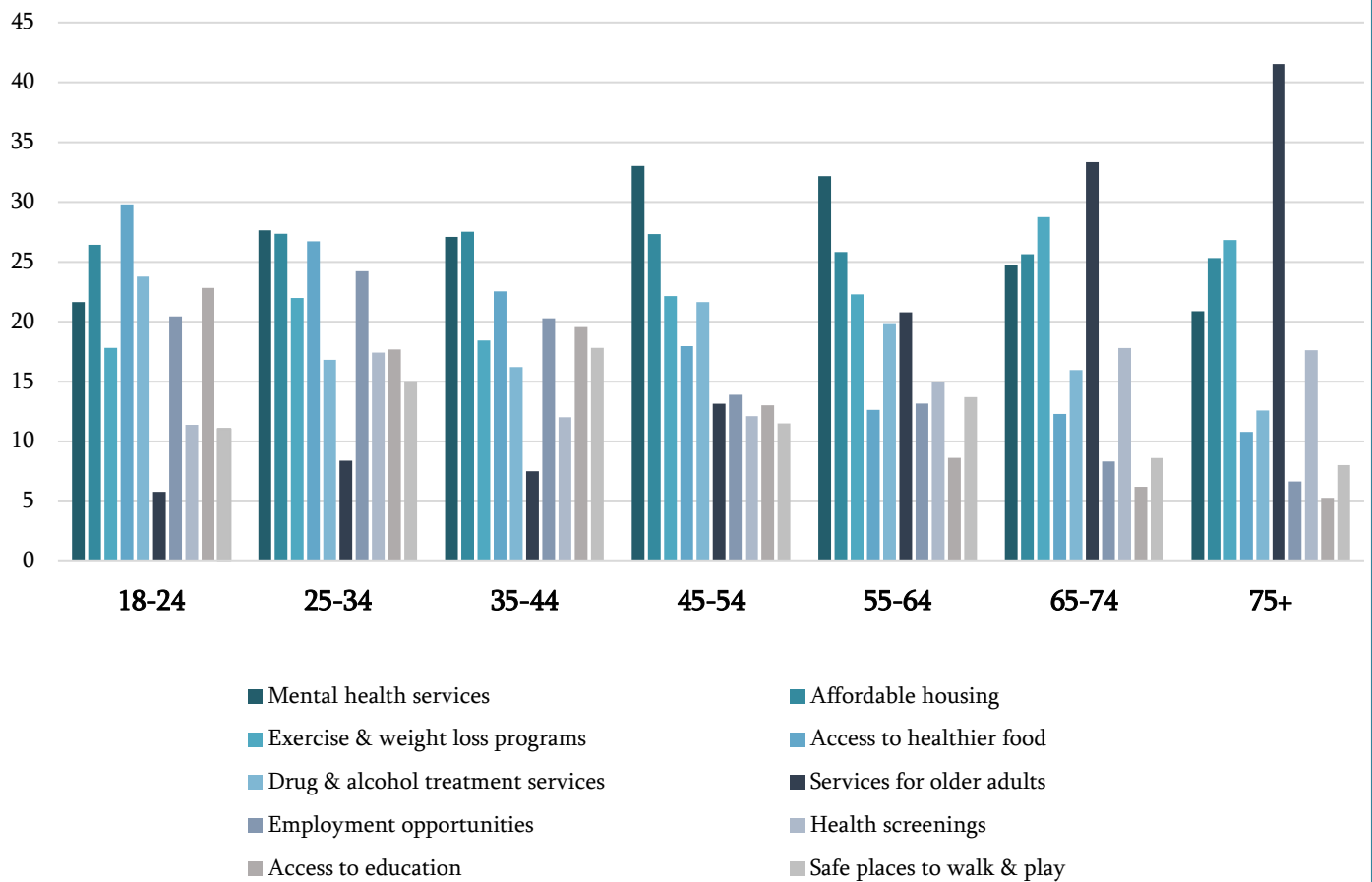
*Actions Needed to Improve the Health of the Community are ranked by the percent of respondents who identified them as one of their top three choices out of 25 options.

Source: Westchester County Community Health Needs Survey.

AGE

Older adults (65+) more frequently reported exercise and weight loss programs as an action needed in the community compared to all other age groups. Adults between the ages of 18-34 years old reported access to healthier food while 45-64 years old had a higher percentage of respondents report that mental health services are needed in the community (Figure 60).

Figure 60. Actions Needed to Improve the Health of the Community* (%) by Age, Westchester County, 2019.



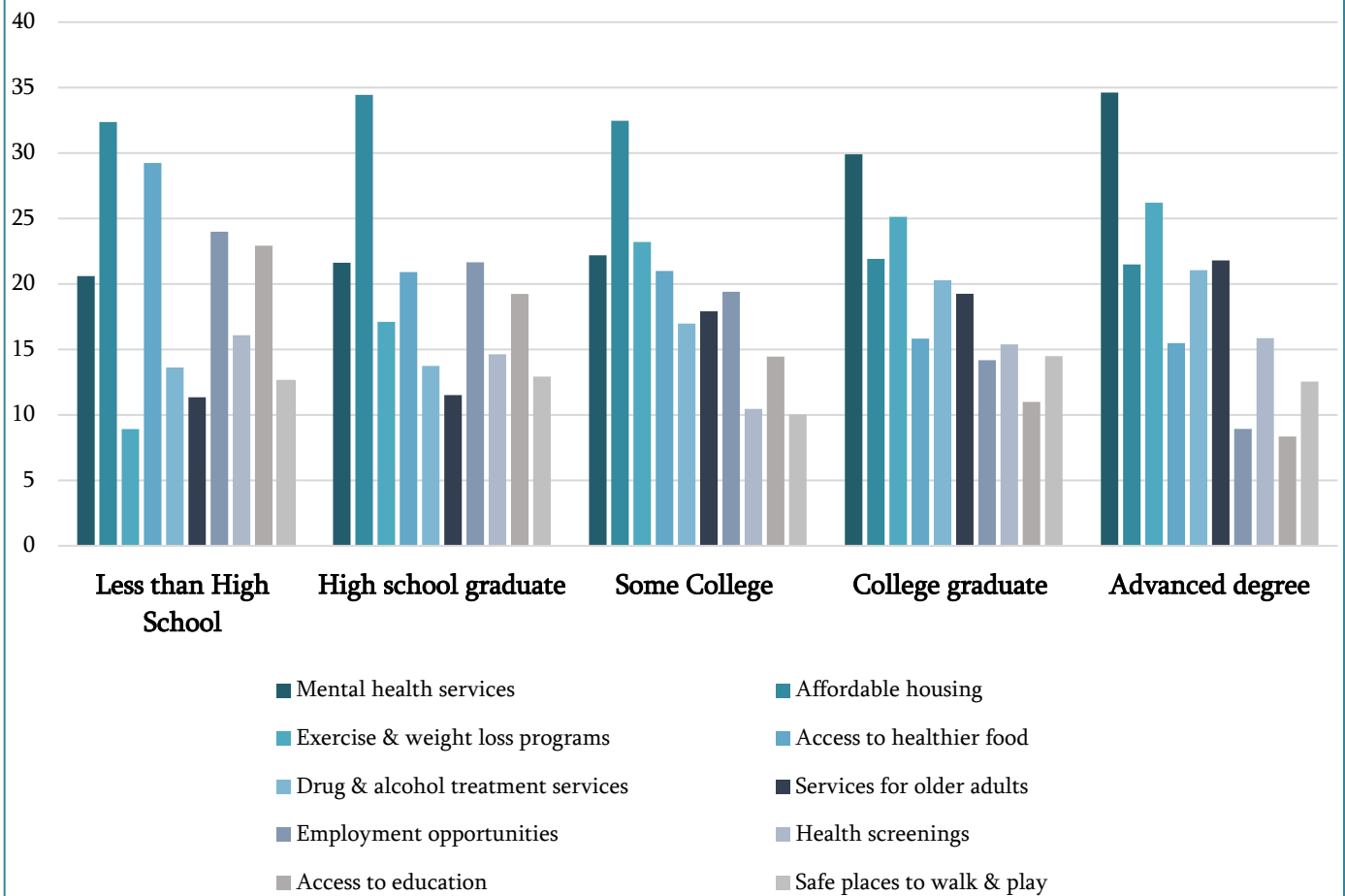
*Actions Needed to Improve the Health of the Community are ranked by the percent of respondents who identified them as one of their top three choices out of 25 options.

Source: Westchester County Community Health Needs Survey.

EDUCATION

Respondents with an advanced degree had the highest percentage response of mental health services as the most helpful action needed to improve the health of the community. Those with less than a high school education reported affordable housing and access to education as action needed to improve the health of the community. As education level increased the percent of respondents who selected mental health services increased whereas as education level increased the percent of respondents who selected affordable housing as an action needed decreased (Figure 61).

Figure 61. Actions Needed to Improve the Health of the Community* (%) by Educational Attainment, Westchester County, 2019.



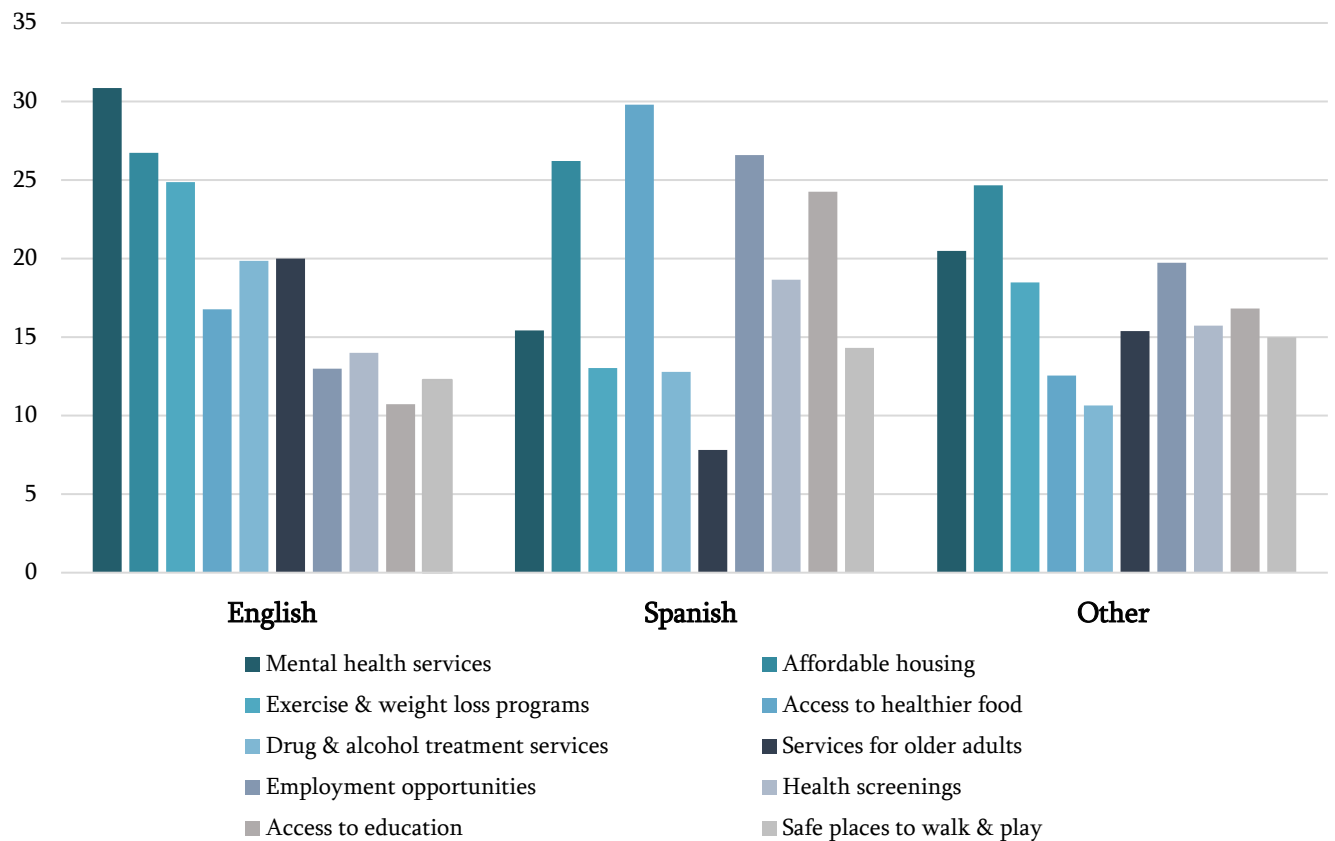
*Actions Needed to Improve the Health of the Community are ranked by the percent of respondents who identified them as one of their top three choices out of 25 options.

Source: Westchester County Community Health Needs Survey.

LANGUAGE

English speakers more frequently selected mental health services, primarily Spanish speakers chose access to healthier food and employment opportunities as actions needed to improve the health of the community (Figure 62).

Figure 62. Actions Needed to Improve the Health of the Community* by Language Spoken at Home, Westchester County, 2019.



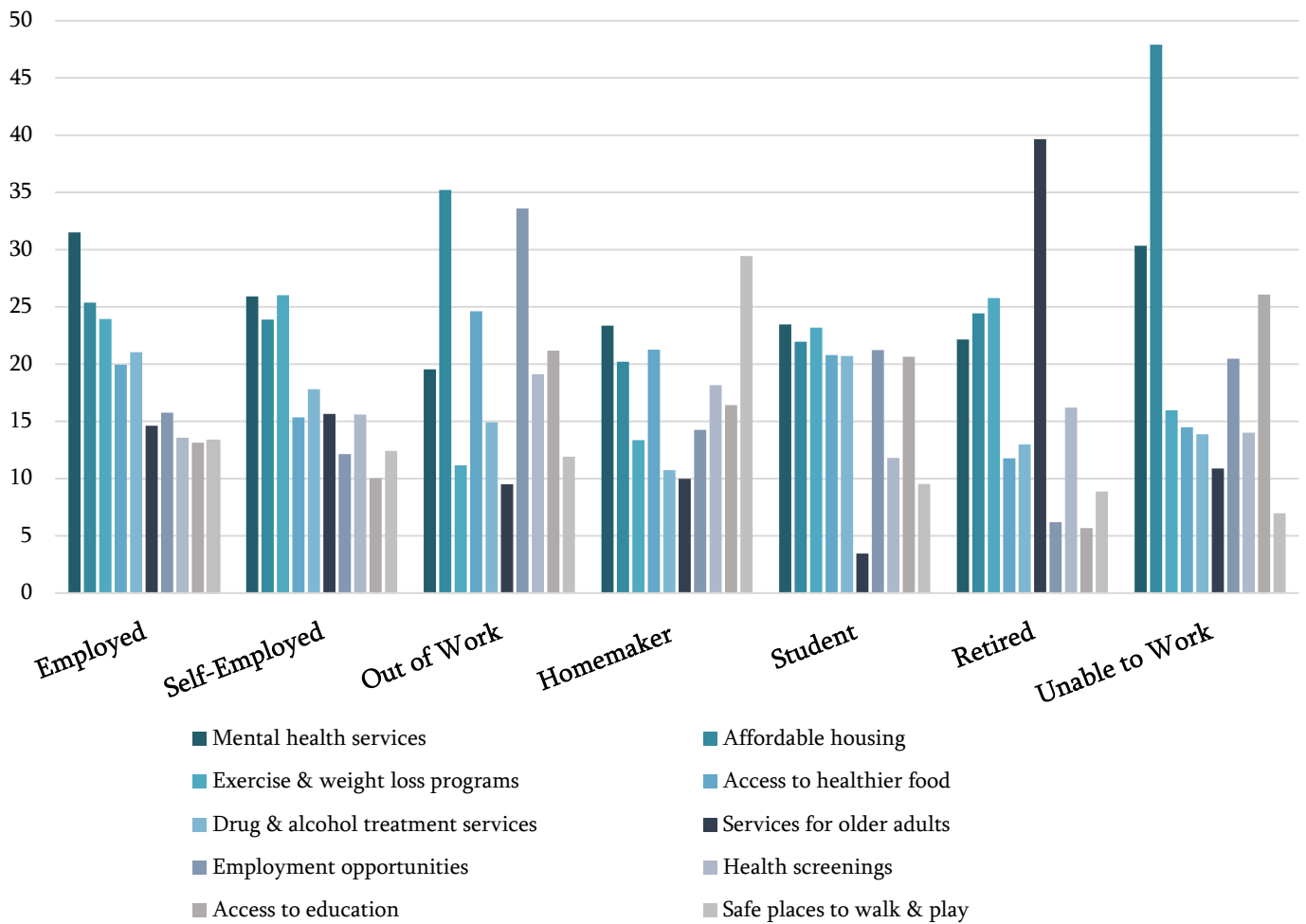
*Actions Needed to Improve the Health of the Community are ranked by the percent of respondents who identified them as one of their top three choices out of 25 options.

Source: Westchester County Community Health Needs Survey.

EMPLOYMENT

A higher percentage of individuals who are unable to work (47.9%) or out of work (35.2%) reported affordable housing as an action needed to improve the health of the community. Respondents who are employed (31.5%) or unable to work (30.3%) reported mental health services at the same frequency (Figure 63).

Figure 63. Actions Needed to Improve the Health of the Community* by Employment Status, Westchester County, 2019.



*Actions Needed to Improve the Health of the Community are ranked by the percent of respondents who identified them as one of their top three choices out of 25 options.

Source: Westchester County Community Health Needs Survey.

**COMMUNITY HEALTH ASSESSMENT
SURVEY QUESTIONNAIRES**

2019 WESTCHESTER COUNTY COMMUNITY HEALTH SURVEY

There are many areas where the healthcare system can make efforts to improve the community. We are interested to hear your thoughts on what issues should be a priority in your community and for your personal health. The Health Department and hospitals in Westchester County will use the results to help improve health programs. Please take a few minutes to fill out this survey if you are 18 years or older. Your responses are anonymous. Please return your finished responses to **Elissa Cestone, Department of Health, 10 County Center Road, 2nd Floor, White Plains, NY 10607. Phone #: 914-995-7499. email: eec9@westchestergov.com**

You may also take the survey online at: <https://www.surveymonkey.com/r/2019WCHealthSurvey>

Thank you for your participation!

The first few questions are about the health needs of the COMMUNITY WHERE YOU LIVE.

What THREE areas do you see as being priority health issues in the COMMUNITY WHERE YOU LIVE?

- | | |
|--|--|
| <input type="checkbox"/> Antibiotic resistance and healthcare associated infections | <input type="checkbox"/> Mental health |
| <input type="checkbox"/> Child and adolescent health | <input type="checkbox"/> Newborn and infant health |
| <input type="checkbox"/> Chronic disease screening and care for conditions like asthma, diabetes, cancer and heart disease | <input type="checkbox"/> Obesity |
| <input type="checkbox"/> Environments that promote well-being & active lifestyles | <input type="checkbox"/> Outdoor air quality |
| <input type="checkbox"/> Food and nutrition | <input type="checkbox"/> Physical activity |
| <input type="checkbox"/> Food safety and chemicals in consumer products | <input type="checkbox"/> Sexually transmitted diseases |
| <input type="checkbox"/> Hepatitis C | <input type="checkbox"/> Smoking, vaping, and secondhand smoke |
| <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> Substance use disorders |
| <input type="checkbox"/> Injuries, such as falls, work-injuries, or traffic-injuries | <input type="checkbox"/> Vaccinations/immunizations |
| <input type="checkbox"/> Maternal and women's health | <input type="checkbox"/> Violence |
| | <input type="checkbox"/> Water quality |

What THREE actions would be most helpful to improve the health of the COMMUNITY WHERE YOU LIVE?

- | | | |
|--|--|---|
| <input type="checkbox"/> Access to dental care | <input type="checkbox"/> Domestic violence prevention/victim support | <input type="checkbox"/> Mental health services |
| <input type="checkbox"/> Access to education | <input type="checkbox"/> Employment opportunities | <input type="checkbox"/> Public transportation |
| <input type="checkbox"/> Access to healthier food | <input type="checkbox"/> Exercise & weight loss programs | <input type="checkbox"/> Quality and affordable childcare |
| <input type="checkbox"/> Access to primary care | <input type="checkbox"/> Health insurance enrollment | <input type="checkbox"/> Safe places to walk & play |
| <input type="checkbox"/> Affordable housing | <input type="checkbox"/> Health screenings | <input type="checkbox"/> Services for LGBTQ population |
| <input type="checkbox"/> Breastfeeding support | <input type="checkbox"/> Home care services | <input type="checkbox"/> Services for older adults |
| <input type="checkbox"/> Caregiver support | <input type="checkbox"/> Immigrant support services | <input type="checkbox"/> Smoking & tobacco services |
| <input type="checkbox"/> Clean air & water | <input type="checkbox"/> Improving racial equality | <input type="checkbox"/> Violence prevention |
| <input type="checkbox"/> Drug & alcohol treatment services | | <input type="checkbox"/> Other _____ |

What population needs the greatest attention?

- | | | |
|--|---|--|
| <input type="checkbox"/> Infants | <input type="checkbox"/> Teens | <input type="checkbox"/> Older adults |
| <input type="checkbox"/> Young children | <input type="checkbox"/> Young adults | <input type="checkbox"/> Other specific groups _____ |
| <input type="checkbox"/> School-age children | <input type="checkbox"/> Middle-aged adults | |

The rest of the survey is about YOU and YOUR health needs

What THREE areas do you see as being priority health issues for YOURSELF?

- | | |
|--|--|
| <input type="checkbox"/> Antibiotic resistance and healthcare associated infections | <input type="checkbox"/> Mental health |
| <input type="checkbox"/> Child and adolescent health | <input type="checkbox"/> Newborn and infant health |
| <input type="checkbox"/> Chronic disease screening and care for conditions like asthma, diabetes, cancer and heart disease | <input type="checkbox"/> Obesity |
| <input type="checkbox"/> Environments that promote well-being & active lifestyles | <input type="checkbox"/> Outdoor air quality |
| <input type="checkbox"/> Food and nutrition | <input type="checkbox"/> Physical activity |
| <input type="checkbox"/> Food safety and chemicals in consumer products | <input type="checkbox"/> Sexually transmitted diseases |
| <input type="checkbox"/> Hepatitis C | <input type="checkbox"/> Smoking, vaping, and secondhand smoke |
| <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> Substance use disorders |
| <input type="checkbox"/> Injuries, such as falls, work-injuries, or traffic-injuries | <input type="checkbox"/> Vaccinations/immunizations |
| <input type="checkbox"/> Maternal and women's health | <input type="checkbox"/> Violence |
| | <input type="checkbox"/> Water quality |

Would you say that in general your health is:		
<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Poor
<input type="checkbox"/> Very good	<input type="checkbox"/> Fair	
Do you have somebody that you think of as your personal doctor or health care provider?		
		<input type="checkbox"/> Yes _____
		<input type="checkbox"/> No _____
Has a doctor, nurse or other health professional told you that you had any of the following (check all that apply)?		
<input type="checkbox"/> Arthritis	<input type="checkbox"/> COPD, emphysema, or chronic bronchitis	<input type="checkbox"/> Heart disease
<input type="checkbox"/> Asthma		<input type="checkbox"/> Kidney disease
<input type="checkbox"/> Cancer (excluding skin cancer)	<input type="checkbox"/> Depression/anxiety	<input type="checkbox"/> Hypertension
<input type="checkbox"/> Skin cancer	<input type="checkbox"/> Diabetes (excluding during pregnancy)	<input type="checkbox"/> Other _____
Was there a time in the past 12 months when you needed to see a doctor but could not because of the following?		
Cost	Transportation	Unable to get an appointment
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
What type of insurance do you use to pay for your doctor or hospital bills (check all that apply)?		
<input type="checkbox"/> Your employer or a family member's employer	<input type="checkbox"/> Medicare	<input type="checkbox"/> Other _____
<input type="checkbox"/> The New York State Marketplace (Exchange/Obamacare)	<input type="checkbox"/> Medicaid	<input type="checkbox"/> I don't have health insurance
	<input type="checkbox"/> Military (TriCare or VA)	
	<input type="checkbox"/> COBRA	
During the past 30 days, have you felt emotionally upset, for example, angry, sad, or frustrated, as a result of how you were treated based on any of the following...		
Age	Sexual orientation	Disability
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Gender identity	Perceived immigration status	Other
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Race/Ethnicity	Religion	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
The next set of questions will be used to describe who responds to the survey and will not be examined individually. Please remember that your responses are anonymous.		
What is your current gender identity?		
<input type="checkbox"/> Female	<input type="checkbox"/> Trans female/Trans woman	<input type="checkbox"/> Gender not listed (please state): _____
<input type="checkbox"/> Male	<input type="checkbox"/> Trans male/Trans man	
<input type="checkbox"/> Non-binary person/Gender non-conforming		
What is your age?		
<input type="checkbox"/> 18-24	<input type="checkbox"/> 45-54	<input type="checkbox"/> 75+
<input type="checkbox"/> 25-34	<input type="checkbox"/> 55-64	
<input type="checkbox"/> 35-44	<input type="checkbox"/> 65-74	
What is the highest grade or year of school you completed?		
<input type="checkbox"/> Less than high school	<input type="checkbox"/> Some college or technical school	<input type="checkbox"/> Advanced or professional degree
<input type="checkbox"/> High school grad/GED	<input type="checkbox"/> College graduate	
What is the ZIP Code where you currently live? _____		
Are you of Hispanic or Latino origin?		
		<input type="checkbox"/> Yes <input type="checkbox"/> No
Which one the following best describes your race?		
<input type="checkbox"/> White	<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Multi-racial
<input type="checkbox"/> Black/African American	<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Other _____
Are you currently?		
<input type="checkbox"/> Employed	<input type="checkbox"/> A homemaker	<input type="checkbox"/> Unable to work
<input type="checkbox"/> Self employed	<input type="checkbox"/> Student	<input type="checkbox"/> Other _____
<input type="checkbox"/> Out of work	<input type="checkbox"/> Retired	
What is the primary language spoken in your home?		
<input type="checkbox"/> English	<input type="checkbox"/> Portuguese	<input type="checkbox"/> Other _____
<input type="checkbox"/> Spanish	<input type="checkbox"/> Chinese	
<input type="checkbox"/> Italian	<input type="checkbox"/> French	

ENCUESTA COMUNITARIA DE SALUD DEL CONDADO DE WESTCHESTER 2019

Hay muchas áreas donde el sistema de salud puede hacer esfuerzos para mejorar la comunidad. Estamos interesados en escuchar su opinión sobre qué asuntos deben ser una prioridad en su comunidad y para su salud personal. El Departamento de Salud y los hospitales del Condado de Westchester usarán los resultados para ayudar a mejorar los programas de salud. Por favor tome unos pocos minutos para llenar esta encuesta si tiene 18 años o más. Sus respuestas serán confidenciales.

Si prefiere tomar esta encuesta en línea, por favor siga este enlace: <https://www.surveymonkey.com/r/2019WCHESPANOL>

¡Gracias por su participación!

Las primeras preguntas son sobre las necesidades de salud de la COMUNIDAD DONDE USTED VIVE.

¿Cuáles son las TRES áreas que usted considera como temas de salud prioritarios en la COMUNIDAD DONDE VIVE?

- | | |
|--|---|
| <input type="checkbox"/> Resistencia a antibióticos e infecciones asociadas al cuidado de la salud | <input type="checkbox"/> Salud mental |
| <input type="checkbox"/> Salud de niños y adolescentes | <input type="checkbox"/> Salud de recién nacidos y infantes |
| <input type="checkbox"/> Exámenes de enfermedades crónicas y cuidado de condiciones como asma, diabetes, cancer y enfermedades del corazón | <input type="checkbox"/> Obesidad |
| <input type="checkbox"/> Ambientes que promuevan el bienestar y estilos de vida activa | <input type="checkbox"/> Calidad del aire exterior |
| <input type="checkbox"/> Alimentación y nutrición | <input type="checkbox"/> Actividad física |
| <input type="checkbox"/> Seguridad alimenticia y químicos en productos de consumo | <input type="checkbox"/> Enfermedades de transmisión sexual |
| <input type="checkbox"/> Hepatitis C | <input type="checkbox"/> Fumar, cigarros electrónicos, y humo de segunda mano |
| <input type="checkbox"/> VIH/SIDA | <input type="checkbox"/> Trastornos por uso de sustancias |
| <input type="checkbox"/> Lesiones, como caídas, accidentes laborales, o accidentes de tráfico | <input type="checkbox"/> Vacunas/inmunizaciones |
| <input type="checkbox"/> Salud materna y de la mujer | <input type="checkbox"/> Violencia |
| | <input type="checkbox"/> Calidad del agua |

¿Cuáles son las TRES acciones más útiles para mejorar la salud de la COMUNIDAD DONDE VIVE?

- | | | |
|---|---|--|
| <input type="checkbox"/> Acceso al cuidado dental | <input type="checkbox"/> Prevención de violencia doméstica/ apoyo para víctimas | <input type="checkbox"/> Servicios de salud mental |
| <input type="checkbox"/> Acceso a la educación | <input type="checkbox"/> Oportunidades de empleo | <input type="checkbox"/> Transporte público |
| <input type="checkbox"/> Acceso a alimentos más saludables | <input type="checkbox"/> Programas de ejercicio y pérdida de peso | <input type="checkbox"/> Cuidado infantil de calidad y accesible |
| <input type="checkbox"/> Acceso al cuidado primario | <input type="checkbox"/> Inscripción en seguros de salud | <input type="checkbox"/> Lugares seguros para caminar y jugar |
| <input type="checkbox"/> Vivienda accesible | <input type="checkbox"/> Exámenes de salud | <input type="checkbox"/> Servicios para la población LGBTQ |
| <input type="checkbox"/> Apoyo a la lactancia materna | <input type="checkbox"/> Servicios de cuidado en el hogar | <input type="checkbox"/> Servicios para adultos mayores |
| <input type="checkbox"/> Apoyo del cuidador | <input type="checkbox"/> Servicio de ayuda al inmigrante | <input type="checkbox"/> Servicios para fumadores y tabaco |
| <input type="checkbox"/> Aire y agua limpios | <input type="checkbox"/> Servicio de ayuda al inmigrante | <input type="checkbox"/> Prevención de violencia |
| <input type="checkbox"/> Servicio y tratamiento para alcohol y drogas | <input type="checkbox"/> Mejoramiento de la igualdad racial | <input type="checkbox"/> Otros _____ |

¿Qué población cree usted que necesita mayor atención?

- | | | |
|--|--|--|
| <input type="checkbox"/> Infantes | <input type="checkbox"/> Adolescentes | <input type="checkbox"/> Adultos mayores |
| <input type="checkbox"/> Niños jóvenes | <input type="checkbox"/> Jóvenes adultos | <input type="checkbox"/> Otro grupo específico _____ |
| <input type="checkbox"/> Niños en edad escolar | <input type="checkbox"/> Adultos de mediana edad | |

El resto de la encuesta es sobre USTED y SUS necesidades de salud

¿Cuáles son las TRES áreas que considera como temas de salud prioritarios para su salud?

- | | |
|--|---|
| <input type="checkbox"/> Resistencia a antibióticos e infecciones asociadas al cuidado de la salud | <input type="checkbox"/> Salud mental |
| <input type="checkbox"/> Salud de niños y adolescentes | <input type="checkbox"/> Salud de recién nacidos y infantes |
| <input type="checkbox"/> Exámenes de enfermedades crónicas y cuidado de condiciones como asma, diabetes, cancer y enfermedades del corazón | <input type="checkbox"/> Obesidad |
| <input type="checkbox"/> Ambientes que promuevan el bienestar y estilos de vida activa. | <input type="checkbox"/> Calidad del aire exterior |
| <input type="checkbox"/> Alimentación y nutrición | <input type="checkbox"/> Actividad física |
| <input type="checkbox"/> Seguridad alimenticia y químicos en productos de consumo | <input type="checkbox"/> Enfermedades de transmisión sexual |
| <input type="checkbox"/> Hepatitis C | <input type="checkbox"/> Fumar, cigarros electrónicos, y humo de segunda mano |
| <input type="checkbox"/> VIH/SIDA | <input type="checkbox"/> Trastornos por uso de sustancias |
| <input type="checkbox"/> Lesiones, como caídas, accidentes laborales, o accidentes de tráfico | <input type="checkbox"/> Vacunas/inmunizaciones |
| <input type="checkbox"/> Salud materna y de la mujer | <input type="checkbox"/> Violencia |
| | <input type="checkbox"/> Calidad del agua |

Como considera su salud?		
<input type="checkbox"/> Excelente	<input type="checkbox"/> Buena	<input type="checkbox"/> Pobre
<input type="checkbox"/> Muy Buena	<input type="checkbox"/> Normal	
¿Tiene a alguien que usted considere como su medico personal?		
		<input type="checkbox"/> Si _____
		<input type="checkbox"/> No _____
¿Algún doctor, enfermera u otro profesional de salud le ha dicho que padece de alguna de las siguientes enfermedades? (marque todas las que apliquen)		
<input type="checkbox"/> Artritis	<input type="checkbox"/>	<input type="checkbox"/> Enfermedades del corazón
<input type="checkbox"/> Asma	<input type="checkbox"/> COPD, enfisema, o bronquitis crónica	<input type="checkbox"/> Enfermedades del riñón
<input type="checkbox"/> Cancer (excluyendo el cancer de piel)	<input type="checkbox"/> Depresión/ansiedad	<input type="checkbox"/> Hipertensión
<input type="checkbox"/> Cancer de piel	<input type="checkbox"/> Diabetes (excluyendo durante el embarazo)	<input type="checkbox"/> Otro _____
¿Hubo algún momento en los últimos 12 meses cuando necesitó ver a un doctor pero no pudo a causa de los siguientes?		
Dinero	<input type="checkbox"/> Si <input type="checkbox"/> No	Transporte
		<input type="checkbox"/> Si <input type="checkbox"/> No
		No pudo hacer una cita
		<input type="checkbox"/> Si <input type="checkbox"/> No
¿Qué tipo de seguro usa para pagar a su doctor o las facturas del hospital (marque todas las que apliquen)?		
<input type="checkbox"/> Su empleador o el empleador de un familiar	<input type="checkbox"/> Medicare	<input type="checkbox"/> Otro _____
<input type="checkbox"/> Seguro del Estado de Nueva York (Intercambio/Obamacare)	<input type="checkbox"/> Medicaid	<input type="checkbox"/> No tengo seguro de salud
	<input type="checkbox"/> Militar (TriCare o VA)	
	<input type="checkbox"/> COBRA	
Durante los últimos 30 días, se ha sentido emocionalmente molesto, por ejemplo, enojado, triste, o frustrado, como resultado de cómo fue tratado en base a los siguientes...		
Edad	<input type="checkbox"/> Si <input type="checkbox"/> No	Orientación sexual
		<input type="checkbox"/> Si <input type="checkbox"/> No
Identidad de género	<input type="checkbox"/> Si <input type="checkbox"/> No	Percepcion de estado migratorio
		<input type="checkbox"/> Si <input type="checkbox"/> No
Raza/Etnicidad	<input type="checkbox"/> Si <input type="checkbox"/> No	Religión
		<input type="checkbox"/> Si <input type="checkbox"/> No
Por favor recuerde que sus respuestas son confidenciales, El siguiente grupo de preguntas serán usadas para describir mejor quién responde a la encuesta y no serán examinadas individualmente.		
¿Cuál es su identidad de género?		
<input type="checkbox"/> Mujer	<input type="checkbox"/> Mujer transgénero	<input type="checkbox"/> Género no listado (por favor declare): _____
<input type="checkbox"/> Hombre	<input type="checkbox"/> Hombre transgénero	
<input type="checkbox"/> Género no binario/Género unconforme		
¿Cuál es su edad?		
<input type="checkbox"/> 18-24	<input type="checkbox"/> 45-54	<input type="checkbox"/> 75+
<input type="checkbox"/> 25-34	<input type="checkbox"/> 55-64	
<input type="checkbox"/> 35-44	<input type="checkbox"/> 65-74	
¿Cuál es su más alto grado de estudio o año de escuela que completó?		
<input type="checkbox"/> Menos que la secundaria	<input type="checkbox"/> Algo de universidad o escuela técnica	<input type="checkbox"/> Título profesional o avanzado
<input type="checkbox"/> Graduado de secundaria/GED	<input type="checkbox"/> Graduado de universidad	
¿Cuál es el Código postal donde usted vive actualmente? _____		
¿Usted es de origen Hispano o Latino?		
		<input type="checkbox"/> Si <input type="checkbox"/> No
¿Cuál de las siguientes describe mejor su raza?		
<input type="checkbox"/> Blanco	<input type="checkbox"/> Asiático/Isleño del Pacífico	<input type="checkbox"/> Multiracial
<input type="checkbox"/> Negro/Afro Americano	<input type="checkbox"/> Nativo Americano/Nativo de Alaska	<input type="checkbox"/> Otro _____
¿Está usted actualmente?		
<input type="checkbox"/> Empleado	<input type="checkbox"/> Cuida del hogar	<input type="checkbox"/> No puede trabajar
<input type="checkbox"/> Auto empleado	<input type="checkbox"/> Estudiante	<input type="checkbox"/> Otro _____
<input type="checkbox"/> Sin trabajo	<input type="checkbox"/> Jubilado	
¿Cuál es el lenguaje predominante que se habla en su casa?		
<input type="checkbox"/> Inglés	<input type="checkbox"/> Portugués	<input type="checkbox"/> Otro _____
<input type="checkbox"/> Español	<input type="checkbox"/> Chino	
<input type="checkbox"/> Italiano	<input type="checkbox"/> Francés	

**COMMUNITY HEALTH ASSESSMENT
SURVEY RESPONSES**

2019 WESTCHESTER COUNTY COMMUNITY HEALTH SURVEY

Survey Responses - Westchester ZIP codes only	Unweighted						Weighted average
	On-line		Paper		Total		
Total Respondents	1496	%	1220	%	2716	%	%
Q1. What THREE areas do you see as being priority health issues in the community where you live?							
<input type="checkbox"/> Antibiotic resistance and healthcare associated infections	117	7.8	64	5.2	181	6.7	7.4
<input type="checkbox"/> Child and adolescent health	227	15.2	348	28.5	575	21.2	19.4
<input type="checkbox"/> Chronic disease screening and care for conditions like asthma, diabetes, cancer and heart disease	516	34.5	326	26.7	842	31.0	30.0
<input type="checkbox"/> Environments that promote well-being & active lifestyles	394	26.3	222	18.2	616	22.7	22.4
<input type="checkbox"/> Food and nutrition	335	22.4	400	32.8	735	27.1	25.4
<input type="checkbox"/> Food safety and chemicals in consumer products	162	10.8	164	13.4	326	12.0	11.9
<input type="checkbox"/> Hepatitis C	4	0.3	49	4.0	53	2.0	1.8
<input type="checkbox"/> HIV/AIDS	15	1.0	102	8.4	117	4.3	4.5
<input type="checkbox"/> Injuries, such as falls, work-injuries, or traffic-injuries	110	7.4	142	11.6	252	9.3	9.4
<input type="checkbox"/> Maternal and women's health	84	5.6	164	13.4	248	9.1	7.5
<input type="checkbox"/> Mental health	683	45.7	349	28.6	1032	38.0	39.2
<input type="checkbox"/> Newborn and infant health	57	3.8	106	8.7	163	6.0	5.3
<input type="checkbox"/> Obesity	382	25.5	330	27.0	712	26.2	26.2
<input type="checkbox"/> Outdoor air quality	88	5.9	81	6.6	169	6.2	6.4
<input type="checkbox"/> Physical activity	221	14.8	185	15.2	406	14.9	14.9
<input type="checkbox"/> Sexually transmitted diseases	41	2.7	124	10.2	165	6.1	6.1
<input type="checkbox"/> Smoking, vaping, and secondhand smoke	285	19.1	281	23.0	566	20.8	21.4
<input type="checkbox"/> Substance use disorders	348	23.3	177	14.5	525	19.3	21.1
<input type="checkbox"/> Vaccinations/immunizations	120	8.0	93	7.6	213	7.8	8.5
<input type="checkbox"/> Violence	112	7.5	173	14.2	285	10.5	9.6
<input type="checkbox"/> Water quality	125	8.4	116	9.5	241	8.9	9.3
Q2. What THREE actions would be most helpful to improve the health of the community where you live?							
<input type="checkbox"/> Access to dental care	104	7.0	232	19.0	336	12.4	12.3
<input type="checkbox"/> Access to education	124	8.3	235	19.3	359	13.2	13.0
<input type="checkbox"/> Access to healthier food	254	17.0	290	23.8	544	20.0	18.4
<input type="checkbox"/> Access to primary care	168	11.2	130	10.7	298	11.0	11.8
<input type="checkbox"/> Affordable housing	393	26.3	397	32.5	790	29.1	26.5
<input type="checkbox"/> Breastfeeding support	22	1.5	47	3.9	69	2.5	1.9
<input type="checkbox"/> Caregiver support	167	11.2	67	5.5	234	8.6	8.5
<input type="checkbox"/> Clean air & water	152	10.2	176	14.4	328	12.1	12.1
<input type="checkbox"/> Drug & alcohol treatment services	299	20.0	139	11.4	438	16.1	18.3
<input type="checkbox"/> Domestic violence prevention/victim support	72	4.8	130	10.7	202	7.4	7.2
<input type="checkbox"/> Employment opportunities	167	11.2	271	22.2	438	16.1	15.4
<input type="checkbox"/> Exercise & weight loss programs	373	24.9	213	17.5	586	21.6	22.6
<input type="checkbox"/> Health insurance enrollment	122	8.2	127	10.4	249	9.2	8.9
<input type="checkbox"/> Health screenings	224	15.0	179	14.7	403	14.8	14.7
<input type="checkbox"/> Home care services	145	9.7	77	6.3	222	8.2	8.6
<input type="checkbox"/> Immigrant support services	95	6.4	163	13.4	258	9.5	9.1
<input type="checkbox"/> Improving racial equality	84	5.6	111	9.1	195	7.2	7.2
<input type="checkbox"/> Mental health services	508	34.0	214	17.5	722	26.6	27.9
<input type="checkbox"/> Public transportation	85	5.7	73	6.0	158	5.8	5.6

Continued

Q2. Continued								
<input type="checkbox"/>	Quality and affordable childcare	146	9.8	99	8.1	245	9.0	8.4
<input type="checkbox"/>	Safe places to walk & play	199	13.3	170	13.9	369	13.6	12.7
<input type="checkbox"/>	Services for LGBTQ population	33	2.2	38	3.1	71	2.6	3.1
<input type="checkbox"/>	Services for older adults	317	21.2	143	11.7	460	16.9	17.9
<input type="checkbox"/>	Smoking & tobacco services	103	6.9	85	7.0	188	6.9	7.4
<input type="checkbox"/>	Violence prevention	90	6.0	92	7.5	182	6.7	6.6
Q3. What population needs the greatest attention?								
<input type="checkbox"/>	Infants	113	7.6	231	18.9	344	12.7	11.6
<input type="checkbox"/>	Young children	216	14.4	303	24.8	519	19.1	18.2
<input type="checkbox"/>	School-age children	313	20.9	264	21.6	577	21.2	19.7
<input type="checkbox"/>	Teens	453	30.3	463	38.0	916	33.7	33.6
<input type="checkbox"/>	Young adults	309	20.7	302	24.8	611	22.5	22.0
<input type="checkbox"/>	Middle-aged adults	228	15.2	181	14.8	409	15.1	14.0
<input type="checkbox"/>	Older adults	677	45.3	373	30.6	1050	38.7	38.9
<input type="checkbox"/>	Other specific groups	81	5.4	20	1.6	101	3.7	3.9
Q4. What THREE areas do you see as being priority health issues for YOURSELF?								
<input type="checkbox"/>	Antibiotic resistance and healthcare associated infections	100	6.7	64	5.2	164	6.0	6.2
<input type="checkbox"/>	Child and adolescent health	72	4.8	223	18.3	295	10.9	8.8
<input type="checkbox"/>	Chronic disease screening and care for conditions like asthma, diabetes, cancer and heart disease	428	28.6	298	24.4	726	26.7	26.8
<input type="checkbox"/>	Environments that promote well-being & active lifestyles	633	42.3	278	22.8	911	33.5	33.2
<input type="checkbox"/>	Food and nutrition	600	40.1	505	41.4	1105	40.7	40.1
<input type="checkbox"/>	Food safety and chemicals in consumer products	281	18.8	141	11.6	422	15.5	15.2
<input type="checkbox"/>	Hepatitis C	2	0.1	31	2.5	33	1.2	1.4
<input type="checkbox"/>	HIV/AIDS	5	0.3	56	4.6	61	2.2	2.8
<input type="checkbox"/>	Injuries, such as falls, work-injuries, or traffic-injuries	168	11.2	123	10.1	291	10.7	12.2
<input type="checkbox"/>	Maternal and women's health	148	9.9	160	13.1	308	11.3	8.9
<input type="checkbox"/>	Mental health	334	22.3	248	20.3	582	21.4	21.9
<input type="checkbox"/>	Newborn and infant health	15	1.0	103	8.4	118	4.3	3.3
<input type="checkbox"/>	Obesity	262	17.5	242	19.8	504	18.6	18.7
<input type="checkbox"/>	Outdoor air quality	171	11.4	115	9.4	286	10.5	11.1
<input type="checkbox"/>	Physical activity	761	50.9	364	29.8	1125	41.4	43.9
<input type="checkbox"/>	Sexually transmitted diseases	10	0.7	93	7.6	103	3.8	4.2
<input type="checkbox"/>	Smoking, vaping, and secondhand smoke	62	4.1	125	10.2	187	6.9	6.9
<input type="checkbox"/>	Substance use disorders	29	1.9	53	4.3	82	3.0	3.3
<input type="checkbox"/>	Vaccinations/immunizations	45	3.0	71	5.8	116	4.3	4.4
<input type="checkbox"/>	Violence	34	2.3	97	8.0	131	4.8	4.9
<input type="checkbox"/>	Water quality	189	12.6	131	10.7	320	11.8	12.7
Q5. Would you say that in general your health is:								
<input type="checkbox"/>	Excellent	216	14.4	130	10.7	346	12.7	13.6
<input type="checkbox"/>	Very good	600	40.1	288	23.6	888	32.7	34.7
<input type="checkbox"/>	Good	497	33.2	509	41.7	1006	37.0	36.0
<input type="checkbox"/>	Fair	147	9.8	242	19.8	389	14.3	12.6
<input type="checkbox"/>	Poor	30	2.0	26	2.1	56	2.1	2.6
<input type="checkbox"/>	No answer	6	0.4	25	2.0	31	1.1	0.5

Q6. Do you have somebody that you think of as your personal doctor or health care provider?								
<input type="checkbox"/> Yes _____	1330	88.9	670	54.9	2000	73.6	74.4	
<input type="checkbox"/> No _____	141	9.4	369	30.2	510	18.8	18.9	
<input type="checkbox"/> No answer	25	1.7	181	14.8	206	7.6	6.8	
Q7. Has a doctor, nurse or other health professional told you that you had any of the following (check all that apply)?								
<input type="checkbox"/> Arthritis	338	22.6	154	12.6	492	18.1	18.0	
<input type="checkbox"/> Asthma	174	11.6	118	9.7	292	10.8	9.6	
<input type="checkbox"/> Cancer (excluding skin cancer)	112	7.5	33	2.7	145	5.3	5.8	
<input type="checkbox"/> Skin cancer	89	5.9	22	1.8	111	4.1	5.0	
<input type="checkbox"/> COPD, emphysema, or chronic bronchitis	42	2.8	44	3.6	86	3.2	3.4	
<input type="checkbox"/> Depression/anxiety	247	16.5	155	12.7	402	14.8	15.1	
<input type="checkbox"/> Diabetes (excluding during pregnancy)	142	9.5	109	8.9	251	9.2	9.6	
<input type="checkbox"/> Heart disease	111	7.4	61	5.0	172	6.3	7.8	
<input type="checkbox"/> Kidney disease	19	1.3	28	2.3	47	1.7	2.2	
<input type="checkbox"/> Hypertension	327	21.9	181	14.8	508	18.7	19.4	
<input type="checkbox"/> Other _____	191	12.8	75	6.1	266	9.8	9.7	
Q8. Was there a time in the past 12 months when you needed to see a doctor but could not because of the following?								
Cost	<input type="checkbox"/> Yes	167	11.2	221	18.1	388	14.3	13.8
	<input type="checkbox"/> No	1249	83.5	586	48.0	1835	67.6	69.9
	<input type="checkbox"/> No answer	80	5.3	413	33.9	493	18.2	16.3
Transportation	<input type="checkbox"/> Yes	80	5.3	112	9.2	192	7.1	6.9
	<input type="checkbox"/> No	1296	86.6	605	49.6	1901	70.0	73.1
	<input type="checkbox"/> No answer	120	8.0	503	41.2	623	22.9	20.1
Unable to get an appointment	<input type="checkbox"/> Yes	267	17.8	137	11.2	404	14.9	14.7
	<input type="checkbox"/> No	1151	76.9	606	49.7	1757	64.7	67.8
	<input type="checkbox"/> No answer	78	5.2	477	39.1	555	20.4	17.6
Q9. What type of insurance do you use to pay for your doctor or hospital bills (check all that apply)?								
<input type="checkbox"/> Your employer or a family member's employer	1065	71.2	365	29.9	1430	52.7	55.8	
<input type="checkbox"/> The New York State Marketplace (Ex	62	4.1	107	8.8	169	6.2	5.5	
<input type="checkbox"/> Medicare	336	22.5	253	20.7	589	21.7	22.8	
<input type="checkbox"/> Medicaid	107	7.2	322	26.4	429	15.8	13.0	
<input type="checkbox"/> Military (TriCare or VA)	14	0.9	9	0.7	23	0.8	1.1	
<input type="checkbox"/> COBRA	15	1.0	13	1.1	28	1.0	1.1	
<input type="checkbox"/> Other _____	3	0.2	3	0.2	6	0.2	0.2	
<input type="checkbox"/> I don't have health insurance	20	1.3	169	13.9	189	7.0	7.4	
<input type="checkbox"/> No answer	9	0.6	97	8.0	106	3.9	2.8	
Q10. During the past 30 days, have you felt emotionally upset, for example, angry, sad, or frustrated, as a result of how you were treated based on any of the following...								
Age	<input type="checkbox"/> Yes	167	11.2	78	6.4	245	9.0	8.8
	<input type="checkbox"/> No	1284	85.8	708	58.0	1992	73.3	75.6
	<input type="checkbox"/> No answer	45	3.0	434	35.6	479	17.6	15.6
Gender identity	<input type="checkbox"/> Yes	88	5.9	38	3.1	126	4.6	3.6
	<input type="checkbox"/> No	1337	89.4	711	58.3	2048	75.4	78.1
	<input type="checkbox"/> No answer	71	4.7	471	38.6	542	20.0	18.3
Race/Ethnicity	<input type="checkbox"/> Yes	180	12.0	97	8.0	277	10.2	9.6
	<input type="checkbox"/> No	1255	83.9	674	55.2	1929	71.0	73.4
	<input type="checkbox"/> No answer	61	4.1	449	36.8	510	18.8	17.0

Continued

<i>Q10. Continued</i>								
Sexual orientation	<input type="checkbox"/> Yes	28	1.9	24	2.0	52	1.9	1.9
	<input type="checkbox"/> No	1385	92.6	707	58.0	2092	77.0	79.0
	<input type="checkbox"/> No answer	83	5.5	489	40.1	572	21.1	19.2
Perceived immigration status	<input type="checkbox"/> Yes	40	2.7	64	5.2	104	3.8	3.6
	<input type="checkbox"/> No	1374	91.8	693	56.8	2067	76.1	78.3
	<input type="checkbox"/> No answer	82	5.5	463	38.0	545	20.1	18.2
Religion	<input type="checkbox"/> Yes	55	3.7	29	2.4	84	3.1	3.2
	<input type="checkbox"/> No	1362	91.0	692	56.7	2054	75.6	77.3
	<input type="checkbox"/> No answer	79	5.3	499	40.9	578	21.3	19.4
Disability	<input type="checkbox"/> Yes	45	3.0	44	3.6	89	3.3	3.4
	<input type="checkbox"/> No	1343	89.8	701	57.5	2044	75.3	77.3
	<input type="checkbox"/> No answer	108	7.2	475	38.9	583	21.5	19.2
Other	<input type="checkbox"/> Yes	31	2.1	20	1.6	51	1.9	1.6
	<input type="checkbox"/> No
	<input type="checkbox"/> No answer	1465	97.9	1200	98.4	2665	98.1	98.4
Q11. What is your current gender identity?								
<input type="checkbox"/> Female	1101	73.6	887	72.7	1988	73.2	52.6	
<input type="checkbox"/> Male	385	25.7	308	25.2	693	25.5	47.4	
<input type="checkbox"/> Non-binary person/Gender non-conforming	2	0.1	4	0.3	6	0.2	..	
<input type="checkbox"/> Trans female/Trans woman	2	0.1	2	0.2	4	0.1	..	
<input type="checkbox"/> Trans male/Trans man	2	0.1	3	0.2	5	0.2	..	
<input type="checkbox"/> Gender not listed (please state):	4	0.3	4	0.3	8	0.3	..	
<input type="checkbox"/> No answer	0	0.0	12	1.0	12	0.4	..	
Q12. What is your age?								
<input type="checkbox"/> 18-24	52	3.5	153	12.5	205	7.5	8.1	
<input type="checkbox"/> 25-34	150	10.0	320	26.2	470	17.3	14.9	
<input type="checkbox"/> 35-44	224	15.0	248	20.3	472	17.4	16.1	
<input type="checkbox"/> 45-54	294	19.7	159	13.0	453	16.7	17.9	
<input type="checkbox"/> 55-64	386	25.8	118	9.7	504	18.6	19.2	
<input type="checkbox"/> 65-74	252	16.8	111	9.1	363	13.4	14.1	
<input type="checkbox"/> 75+	138	9.2	92	7.5	230	8.5	9.5	
<input type="checkbox"/> No answer	0	0.0	19	1.6	19	0.7	0.2	
Q13. What is the highest grade or year of school you completed?								
<input type="checkbox"/> Less than high school	29	1.9	168	13.8	197	7.3	6.5	
<input type="checkbox"/> High school grad/GED	100	6.7	394	32.3	494	18.2	17.2	
<input type="checkbox"/> Some college or technical school	215	14.4	283	23.2	498	18.3	17.7	
<input type="checkbox"/> College graduate	430	28.7	223	18.3	653	24.0	25.4	
<input type="checkbox"/> Advanced or professional degree	712	47.6	111	9.1	823	30.3	32.1	
<input type="checkbox"/> No answer	10	0.7	41	3.4	51	1.9	1.0	
Q14. What is the ZIP Code where you currently live?								
	1496		1220		2716			
Q15. Are you of Hispanic or Latino origin?								
<input type="checkbox"/> Yes	222	14.8	625	51.2	847	31.2	..	
<input type="checkbox"/> No	1252	83.7	478	39.2	1730	63.7	..	
<input type="checkbox"/> No answer	22	1.5	117	9.6	139	5.1	..	

Q16. Which one the following best describes your race?								
<input type="checkbox"/>	White	1049	70.1	353	28.9	1402	51.6	..
<input type="checkbox"/>	Black/African American	213	14.2	244	20.0	457	16.8	..
<input type="checkbox"/>	Asian/Pacific Islander	54	3.6	39	3.2	93	3.4	..
<input type="checkbox"/>	American Indian/Alaskan Native	11	0.7	5	0.4	16	0.6	..
<input type="checkbox"/>	Multi-racial	68	4.5	85	7.0	153	5.6	..
<input type="checkbox"/>	Other	79	5.3	170	13.9	249	9.2	..
<input type="checkbox"/>	No answer	22	1.5	324	26.6	346	12.7	..
Q16A. Which one the following best describes your race/Ethnicity (Combining from Q15 & Q16)?								
<input type="checkbox"/>	White non-Hispanic	968	64.7	244	20.0	1212	44.6	52.0
<input type="checkbox"/>	Black non-Hispanic	192	12.8	228	18.7	420	15.5	13.9
<input type="checkbox"/>	Other non-Hispanic	109	7.3	113	9.3	222	8.2	7.9
<input type="checkbox"/>	Hispanic	219	14.6	605	49.6	824	30.3	25.6
<input type="checkbox"/>	No answer	8	0.5	30	2.5	38	1.4	0.6
Q17. Are you currently?								
<input type="checkbox"/>	Employed	975	65.2	541	44.3	1516	55.8	57.6
<input type="checkbox"/>	Self employed	78	5.2	55	4.5	133	4.9	5.7
<input type="checkbox"/>	Out of work	37	2.5	199	16.3	236	8.7	7.4
<input type="checkbox"/>	A homemaker	49	3.3	113	9.3	162	6.0	4.1
<input type="checkbox"/>	Student	17	1.1	54	4.4	71	2.6	2.8
<input type="checkbox"/>	Retired	280	18.7	159	13.0	439	16.2	17.5
<input type="checkbox"/>	Unable to work	52	3.5	56	4.6	108	4.0	3.8
<input type="checkbox"/>	No answer	8	0.5	43	3.5	51	1.9	1.2
Q18. What is the primary language spoken in your home?								
<input type="checkbox"/>	English	1371	91.6	654	53.6	2025	74.6	78.7
<input type="checkbox"/>	Spanish	78	5.2	440	36.1	518	19.1	15.4
<input type="checkbox"/>	Other	40	2.7	108	8.9	148	5.4	5.4
<input type="checkbox"/>	No answer	7	0.5	18	1.5	25	0.9	0.6

**COMMUNITY HEALTH
REGIONAL PROFILES**

WESTCHESTER COUNTY REGIONAL PROFILES

As part of the Community Health Assessment (CHA), the regional profile provides detailed information on geographic, demographic, socioeconomic, and health related indicators for the overall County, each of the six cities and 19 towns within the County.

Each profile contains four pages, presenting the following information:

1. Population, map boundaries and square mileage of the region. Municipalities and zip codes are listed for each region.
2. Population composition, including age, sex, race/ethnicity, country of origin, language spoken at home, education, family structure, income, employment, and commuting methods.
3. Births in the County, including number of births, births by mother's age, race/ethnicity, education, country of origin, prenatal care, health insurance coverage at delivery, and the infants' birthweight.
4. Deaths in the County, including number of deaths, infant mortality, average age at death, sex, race/ethnicity of the deceased, and major causes of death.
4. Top reported communicable diseases, and sexually transmitted diseases by sex, race and ethnicity.
5. Emergency Room visits and Hospitalizations by sex, age, race/ethnicity, top causes, major receiving hospitals, and insurance coverage.

REGION PROFILE DEFINITIONS & DATA SOURCES

Demographics: From the 2013-2017 American Community Survey (ACS) conducted by the U.S. Census Bureau.

Commuters Using Alternative Mode of Transportation: Including carpooling, public transportation, bicycling, walking, or telecommuting.

Births & Deaths (2016): Annual certificate records of live births and deaths of Westchester County residents. From New York State Department of Health Vital Statistics.

Birth Rate (per 1,000): Number of live births per 1,000 population.

Late or No Prenatal Care: Time starting prenatal care is measured by the number of months of the pregnancy at the time when prenatal care was initiated. Late prenatal care is defined as those starting prenatal care during the third trimester. The percentage calculation excludes those with no information.

Birthweight: Low birthweight is defined as a birthweight less than 2,500 grams.

Death Rate (per 100,000): Number of deaths per 100,000 population.

Infant Mortality Rate: Number of deaths under one year of age per 1,000 live births occurring during the year.

Communicable Diseases & Major Reportable STDs (2018): Per 100,000 population. From New York State Department of Health Communicable Disease Electronic Surveillance System (CDESS).

Emergency Room Visits (2016): Annual number of cases that received treatment from a hospital emergency room or ambulatory surgery service per 100,000 population. From New York Statewide Planning and Research Cooperative System (SPARCS).

Hospitalization (2016): Annual number of cases admitted to an acute-care or specialty hospital per 100,000 population. From New York Statewide Planning and Research Cooperative System (SPARCS).

Top Causes of ER Visits and Top Causes of Hospitalization: Defined by principal diagnosis. Excluding newborns and other obstetric cases.

Major Acute Care and Specialty Hospitals: Including general medical & surgical hospitals, psychiatric & substance abuse hospitals, and other specialty hospitals. Data from New York State Department of Health.

Race/Ethnicity: Data is from 2012 SPARCS, due to reporting errors and inconsistencies among hospitals during 2013-2016.

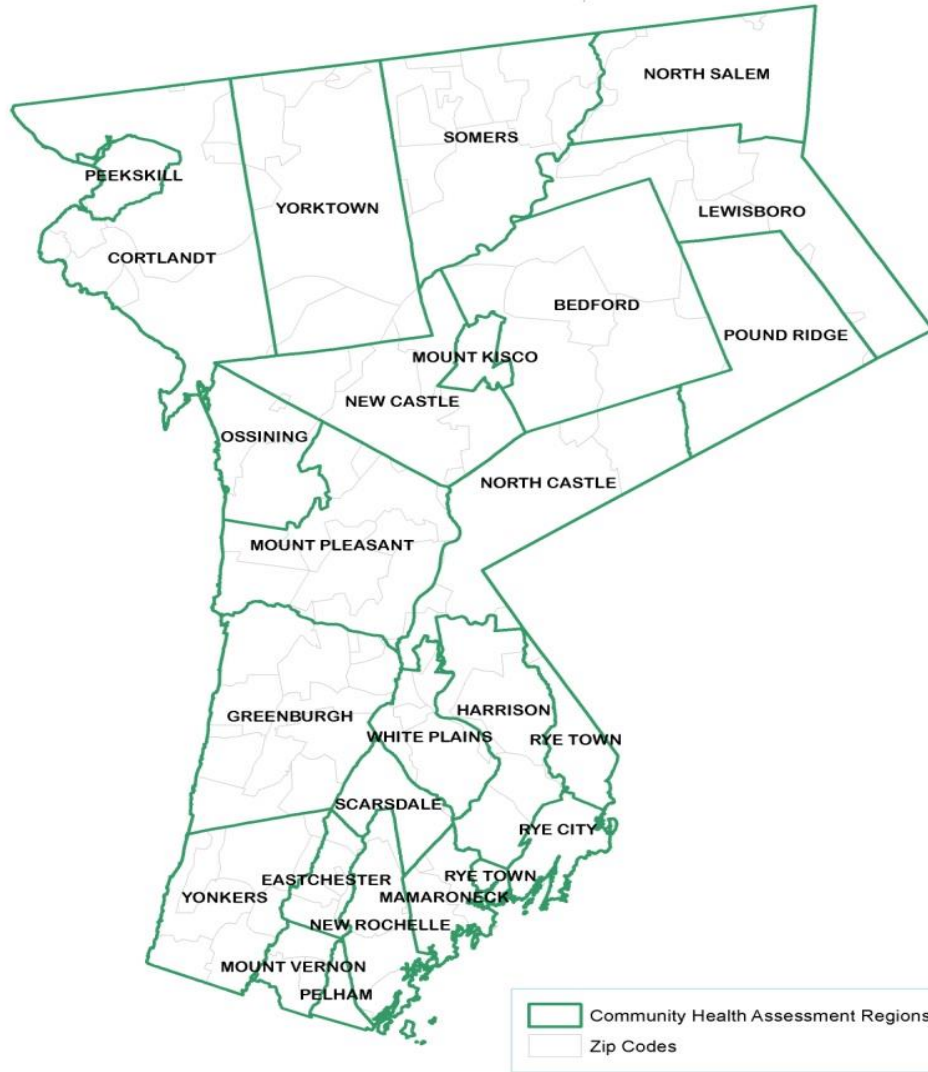
Townlines: The geographic information for each region is based on the patients' residence ZIP codes. If a ZIP code serves multiple regions, the emergency room visit and hospitalization cases are allocated to the corresponding regions according to the geographic locations and population densities of the regions. In some areas with high population densities, the assumption of homogeneity distribution of such cases within the ZIP code is applied.

REGION PROFILE DEFINITIONS & DATA SOURCES IN MAPS

Briarcliff and Mamaroneck Villages: Both villages overlap with multiple towns. Mamaroneck Village overlaps with Mamaroneck Town and Mount Pleasant Town. Briarcliff Village overlaps with Ossining Town and Rye Town. In order to create the best approximation for average maternal age and average age at death, cases were geocoded by zip and address to determine on which side of the town line they fell. For Mother's Age: geocoding was able to capture 99% of cases for Rye Town, 99% of cases for Ossining Town, 99% of cases for Mount Pleasant Town and 98% of cases for Mamaroneck Town. For Age at Death: geocoding was able to capture 97% of Rye Town cases, 97% of Ossining Town cases, 98% of Mount Pleasant Cases, and 98% of Mamaroneck Cases. These numbers are reflected in the data reported for the Region Profile.

REGION PROFILE

WESTCHESTER COUNTY



Region Area: 450.5 sq miles

Population: 975,321

County Municipalities & ZIP codes in the Region

45 Municipalities

6 Cities

19 Towns (3 of which are Town/Villages)

23 Incorporated Villages

82 Zip Codes

4 P.O. Box Zip Codes

6 zip codes serving special rural communities

REGION PROFILE

WESTCHESTER COUNTY

DEMOGRAPHICS (2013-2017 ACS)			Race/Ethnicity			
Sex	N	%		N	% ¹	
Male	471,874	48.4	White	637,798	65.4	
Female	503,447	51.6	Black	142,677	14.6	
Total	975,321	100.0	Other	194,846	20.0	
			Hispanic ¹	234,081	24.0	
			Non-Hispanic	741,240	76.0	

Age	Total	Male	Female	White	Black	Hispanic ¹
0-4	55,593	28,704	26,889	31,248	8,313	20,161
5-9	59,931	31,244	28,687	36,197	8,058	17,827
10-14	64,652	32,771	31,881	40,530	9,008	19,149
15-17	40,698	21,175	19,523	25,250	6,265	10,688
18-24	86,345	43,218	43,127	51,562	15,493	25,300
25-44	237,677	117,566	120,111	136,130	38,357	75,228
45-64	274,165	131,489	142,676	193,090	38,772	50,129
65-74	82,712	37,593	45,119	63,261	10,524	9,431
75+	73,548	28,114	45,434	60,530	7,887	6,168

Country of Origin	N	%	Language Spoken at Home (5+)	N	%
U.S.	727,351	74.6	English	613,330	66.7
Foreign Countries	247,970	25.4	Spanish	182,282	19.8
Non-Citizen	120,692	12.4	Other non-English	124,116	13.5

Education (25+)	Total	Male	Female
Less than High School	82,929	42,622	40,307
High School/GED	130,493	62,204	68,289
Some College/Associate Degree	135,807	63,177	72,630
Bachelor's Degree or Higher	318,873	146,759	172,114

Family Structure	Total	White	Black	Hispanic ¹
Total Family Households	239,896	165,244	31,442	51,379
Families with Own Children < 18	108,664	--	--	--
Single Mother Families with Own Children <18	20,302	--	--	--

Employment and Income	Total	Male	Female	White	Black	Hispanic ¹
Unemployment Rate	6.5	6.6	6.3	5.5	9.9	7.4
Median Household Income (\$)	89,968	--	--	104,724	56,859	57,809
Poverty Rate (%)	9.4	8.6	10.2	6.7	16.2	17.1

Commuters	N	%
Commuters Using Alternative Mode of Transportation ²	192,727	41.1

¹ Hispanic may be of any race.

² Including carpooling, public transportation, bicycling, walking, or telecommuting.

REGION PROFILE

WESTCHESTER COUNTY

BIRTHS (2016)			DEATHS (2016)		
Total Births	10273		Birthweight¹	N	%
Birth Rate (per 1,000)	10.6		Low Birthweight	808	7.9
Average Maternal Age	31.6				
Mother's Race/Ethnicity¹	N	%	Total	Male	Female
White	5606	54.6	Total Deaths	7094	3373
Black	1667	16.2	Death Rate (per 100,000)	731.9	720.2
Other	2997	29.2			3721
Hispanic ²	3597	35.0			742.9
			Infant Mortality Rate (per 1,000 live birth)		3.3
Mother's Education¹	N	%	Top Five Causes of Death	N	%
Less than High School	1401	13.7	1 Circulatory System Diseases	2572	36.3
High School or GED	1513	14.8	2 Neoplasms (any)	1716	24.2
Some College (no degree)	1988	19.4	3 Respiratory System Diseases	654	9.2
Bachelor's Degree or above	5349	52.2	4 External Causes	409	5.8
			5 Nervous System Diseases	326	4.6
Mother's Country of Origin¹	N	%	Average Age at Death	Total	Male
Foreign	4293	41.8	Total	78	74
			White	79	76
Mother's Age¹	N	%	Black	70	66
Teenage Mothers	279	2.7	Other	71	67
			Hispanic ²	69	65
Prenatal Care¹	N	%			
Late or No Prenatal Care	1978	19.3			
Financial Coverage at Birth¹	N	%	COMMUNICABLE DISEASES (2018)		
MEDICAID, Child Health Plus	3587	40.9	Top Five Reported Diseases	N	Rate³
Private or Other Insurance	5145	58.7	1 Chlamydia	3,927	402.6
Self Pay	34	0.4	2 Gonorrhea	765	78.4
			3 Hepatitis C Chronic	730	74.8
			4 Hepatitis B Chronic	253	25.9
			5 Campylobacteriosis	246	25.2

¹ Excluding unknown or not stated.

² Hispanics may be of any race.

MAJOR REPORTABLE SEXUALLY TRANSMITTED DISEASES (2018)

	Total	Male	Female	White	Black	Hispanic ⁴
Chlamydia	3,927	1476	2451	202	329	155
Gonorrhea	765	490	275	87	196	94
Syphilis (all stages)	242	197	45	61	47	57

REGION PROFILE

WESTCHESTER COUNTY

EMERGENCY ROOM VISITS (2016)¹

	N	Rate (per 10,000)
Total	349,563	3,606.6
Male	160,493	3,426.9
Female	189,063	3,774.5
White	160,617	2,499.4
Black	84,399	6,163.4
Other	93,755	5,493.4
Hispanic ²	76,791	3,705.6

HOSPITALIZATIONS (2016)¹

	N	Rate (per 10,000)
Total	101,664	1,048.9
Male	45,342	968.2
Female	56,320	1,124.4
White	63,296	985.0
Black	20,582	1,503.0
Other	27,017	1,583.0
Hispanic ²	17,123	826.3

Under 5	26,983	4,877.5
5-9	16,295	2,671.1
10-14	14,679	2,257.4
15-17	11,367	2,771.0
18-24	33,590	3,925.3
25-44	88,505	3,735.3
45-64	84,569	3,101.3
65-74	28,344	3,567.6
75+	45,231	6,264.2

Under 5 ³	11,163	2,017.9
5-9	1,019	167.0
10-14	1,322	203.3
15-17	1,232	300.3
18-24	4,158	485.9
25-44	18,456	778.9
45-64	23,713	869.6
65-74	14,149	1,780.9
75+	26,452	3,663.4

Top Causes of ER Visits	N	%
1 Injuries	66,681	19.1
2 Acute Respiratory Infections	16,875	4.8
3 Infectious And Parasitic Diseases	15,665	4.5
4 Mental Disorders	13,656	3.9
5 Abdominal Pain	11,715	3.4

Top Causes of Hospitalization ⁴	N	%
1 Circulatory System Diseases	13,379	13.2
2 Mental & Behavioral Disorders	9,271	9.1
3 Digestive System Diseases	8,630	8.5
4 Respiratory System Diseases	7,162	7.0
5 Infectious And Parasitic Diseases	6,627	6.5

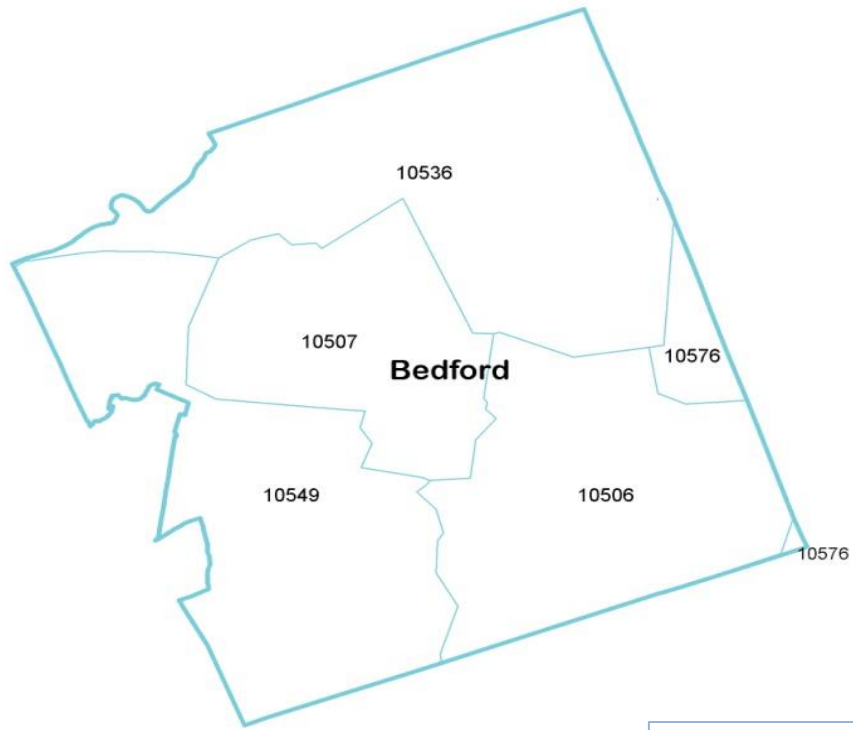
Top Receiving Hospitals	N	%
1 White Plains Hospital Center	44,454	12.7
2 SRJH - St. Johns Division	38,572	11.0
3 Westchester Medical Center	32,465	9.3

Top Receiving Hospitals	N	%
1 White Plains Hospital Center	14,364	14.1
2 Westchester Medical Center	11,085	10.9
3 SRJH - St. Johns Division	8,889	8.7

Insurance Type	N	%
Private	172,341	49.3
Medicare	74,787	21.4
Medicaid	64,326	18.4
Other	20,266	5.8
Self-Pay	17,843	5.1

Insurance Type	N	%
Private	46,595	45.8
Medicare	38,867	38.2
Medicaid	13,410	13.2
Other	1,598	1.6
Self-Pay	1,194	1.2

¹ Race/Ethnicity data is from 2012 Sparcs, due to reporting errors and inconsistencies among hospitals during 2013-2016. ² Hispanic may be of any race. ³ Includes 8,545 newborns. ⁴ Excludes obstetrics & newborns.



Region Area: 39.5 sq miles

Population: 17,955

ZIP Codes Serving the Region

10506* 10507 10536* 10549* 10576*

* Also serve other regions.

Municipalities Included in Region

Bedford (T)

REGION PROFILE

BEDFORD TOWN

DEMOGRAPHICS (2013-2017 ACS)			Race/Ethnicity			
Sex	N	%		N	% ¹	
Male	8,341	46.5	White	14,659	81.6	
Female	9,614	53.5	Black	744	4.1	
Total	17,955	100.0	Other	2,552	14.2	
			Hispanic ¹	2,845	15.8	
			Non-Hispanic	15,110	84.2	

Age	Total	Male	Female	White	Black	Hispanic ¹
0-4	867	519	348	645	18	185
5-9	1,082	541	541	862	17	195
10-14	1,511	782	729	1,261	0	262
15-17	944	544	400	786	4	190
18-24	1,373	648	725	1,132	104	168
25-44	4,469	1,927	2,542	2,987	392	1,334
45-64	5,192	2,161	3,031	4,604	179	449
65-74	1,515	828	687	1,406	30	47
75+	1,002	391	611	976	0	15

Country of Origin	N	%	Language Spoken at Home (5+)	N	%
U.S.	14,885	82.9	English	13,528	79.2
Foreign Countries	3,070	17.1	Spanish	2,151	12.6
Non-Citizen	2,025	11.3	(Other) non-English	1,409	8.2

Education (25+)	Total	Male	Female
Less than High School	1,431	674	757
High School/GED	1,770	530	1,240
Some College/Associate Degree	1,858	752	1,106
Bachelor's Degree or Higher	7,119	3,351	3,768

Family Structure	Total	White	Black	Hispanic ¹
Total Family Households	4,725	4,022	42	784
Families with Own Children < 18	2,180	--	--	--
Single Mother Families with Own Children <18	307	--	--	--

Employment and Income	Total	Male	Female	White	Black	Hispanic ¹
Unemployment Rate	5.2	5.4	5.0	4.4	0.0	13.8
Median Household Income (\$)	121,797	--	--	140,568	--	37,227
Poverty Rate (%)	5.3	5.5	5.2	5.6	7.8	9.1

Commuters	N	%
Commuters Using Alternative Mode of Transportation ²	3,128	41.5

¹ Hispanic may be of any race.

² Including carpooling, public transportation, bicycling, walking, or telecommuting.

REGION PROFILE

BEDFORD TOWN

BIRTHS (2016)			Birthweight ¹			
Total Births	185		Low Birthweight	N 12	% 6.5	
Birth Rate (per 1,000)	10.4					
Average Maternal Age	33.1					
			DEATHS (2016)			
			Total	Male	Female	
Mother's Race/Ethnicity¹						
	N	%	Total Deaths	84	43	41
White	141	76.2	Death Rate (per 100,000)	471.9	520.5	429.9
Black	5	2.7				
Other	39	21.1				
Hispanic ²	34	18.4				
			Infant Mortality Rate (per 1,000 live birth)			
			0.0			
Mother's Education¹			Top Five Causes of Death			
	N	%		N	%	
Less than High School	25	13.5	1 Circulatory System Diseases	39	46.4	
High School or GED	28	15.1	2 Neoplasms (any)	16	19.0	
Some College (no degree)	26	14.1	3 Respiratory System Diseases	7	8.3	
Bachelor's Degree or above	106	57.3	4 External Causes	6	7.1	
			5 Nervous System Diseases	3	3.6	
Mother's Country of Origin¹						
	N	%				
Foreign	37	20.0				
Mother's Age¹			Average Age at Death			
	N	%		Total	Male	Female
Teenage Mothers	1	0.5	Total	79	77	81
			White	79	77	81
			Black	--	--	--
			Other	--	--	--
			Hispanic ²	85	--	85
Prenatal Care¹						
	N	%				
Late or No Prenatal Care	23	12.4				
Financial Coverage at Birth¹			COMMUNICABLE DISEASES (2018)			
	N	%				
MEDICAID, Child Health Plus	40	24.4				
Private or Other Insurance	124	75.6				
Self Pay	0	0.0				
			Top Five Reported Diseases			
				N	Rate ³	
			1 Hepatitis C Chronic	63	350.9	
			2 Chlamydia	41	228.3	
			3 Anaplasmosis	15	83.5	
			4 Gonorrhea, Uncomplicated	8	44.6	
			5 Lyme Disease	6	33.4	

¹ Excluding unknown or not stated.

² Hispanics may be of any race.

MAJOR REPORTABLE SEXUALLY TRANSMITTED DISEASES (2018)

	Total	Male	Female	White	Black	Hispanic ⁴
Chlamydia	41	13	28	3	1	0
Gonorrhea	8	4	4	1	1	1
Syphilis (all stages)	4	2	2	4	0	1

REGION PROFILE

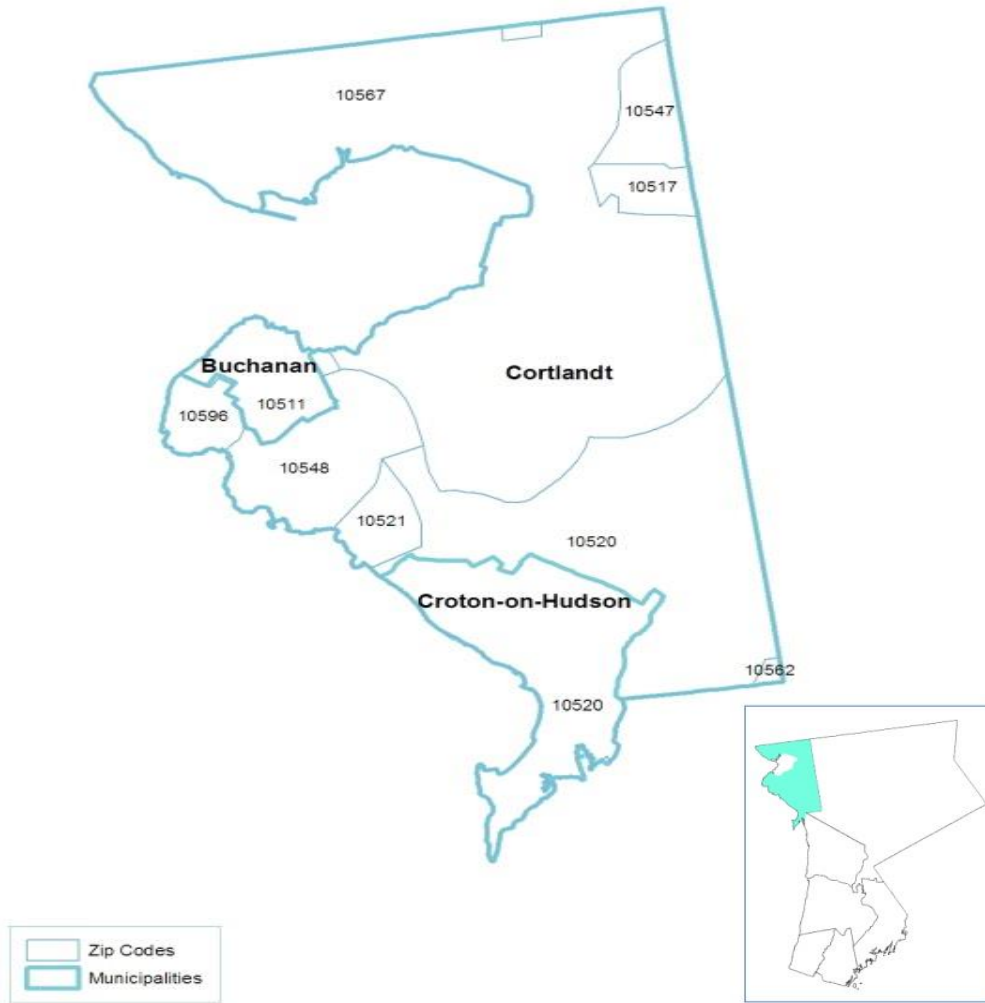
BEDFORD TOWN

EMERGENCY ROOM VISITS (2016) ¹			HOSPITALIZATIONS (2016) ¹		
	N	Rate (per 10,000)		N	Rate (per 10,000)
Total	4,067	2,284.8	Total	1,458	819.1
Male	1,787	2,162.9	Male	592	716.5
Female	2,280	2,390.4	Female	866	907.9
White	3,134	2,156.0	White	1,089	749.2
Black	406	3,380.5	Black	147	1,224.0
Other	1,053	6,282.8	Other	331	1,974.9
Hispanic ²	807	3,684.9	Hispanic ²	163	744.3
Under 5	275	3,005.5	Under 5	209	2,284.2
5-9	180	1,630.4	5-9	11	99.6
10-14	195	1,288.0	10-14	14	92.5
15-17	131	1,559.5	15-17	11	131.0
18-24	403	3,055.3	18-24	241	1,827.1
25-44	1,044	2,335.0	25-44	210	469.7
45-64	970	1,837.5	45-64	250	473.6
65-74	318	2,442.4	65-74	194	1,490.0
75+	551	5,217.8	75+	318	3,011.4
Top Causes of ER Visits	N	%	Top Causes of Hospitalization³	N	%
1 Injuries	891	21.9	1 Circulatory System Diseases	176	12.1
2 Abdominal Pain	189	4.6	2 Other ^A	111	7.6
3 Infectious And Parasitic Disease	132	3.2	3 Digestive System Diseases	108	7.4
4 Mental Disorders	126	3.1	4 Respiratory System Diseases	89	6.1
5 Acute Respiratory Infections	118	2.9	5 Mental & Behavioral Disorders	83	5.7
			^A Musculoskeletal System & Connective Tissue Diseases		
Top Receiving Hospitals	N	%	Top Receiving Hospitals	N	%
1 Northern Westchester Hospital	2,985	73.4	1 Northern Westchester Hospital	824	56.5
2 Westchester Medical Center	345	8.5	2 Westchester Medical Center	197	13.5
3 Mount Vernon Hospital	210	5.2	3 Mount Vernon Hospital	106	7.3
Insurance Type	N	%	Insurance Type	N	%
Private	1,606	39.5	Private	533	36.6
Medicare	852	20.9	Medicare	480	32.9
Medicaid	865	21.3	Medicaid	301	20.6
Other	467	11.5	Other	127	8.7
Self-Pay	277	6.8	Self-Pay	17	1.2

¹ Race/Ethnicity data is from 2012 Sparcs, due to reporting errors and inconsistencies among hospitals during 2013-2016. ¹ Hispanic may be of any race. ³ Excludes obstetrics & newborns.

Zip codes included in the region for tabulations of Emergency Room Visits and Hospitalizations:

10506 (50%) 10507 10536 (40%) 10549 (18%), representing 96.2% of the region population according to the 2012-2016 ACS.



Region Area: 41.1 sq miles

Population: 42,816

ZIP Codes Serving the Region

10511 10517 10520* 10521 10537* 10547* 10548
10562* 10567* 10596

* Also serve other regions.

Municipalities Included in Region

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

REGION PROFILE

CORTLANDT TOWN

DEMOGRAPHICS (2013-2017 ACS)			Race/Ethnicity			
Sex	N	%		N	% ¹	
Male	20,892	48.8	White	33,622	78.5	
Female	21,924	51.2	Black	2,764	6.5	
Total	42,816	100.0	Other	6,430	15.0	
			Hispanic ¹	7,068	16.5	
			Non-Hispanic	35,748	83.5	

Age	Total	Male	Female	White	Black	Hispanic ¹
0-4	2,201	984	1,217	1,578	73	732
5-9	2,378	1,270	1,108	1,608	158	705
10-14	3,279	1,734	1,545	2,218	314	890
15-17	1,987	1,042	945	1,568	169	317
18-24	3,813	1,856	1,957	3,040	272	452
25-44	8,369	4,040	4,329	5,871	629	1,991
45-64	13,785	6,711	7,074	11,463	711	1,627
65-74	3,890	1,939	1,951	3,444	267	180
75+	3,114	1,316	1,798	2,832	171	174

Country of Origin	N	%	Language Spoken at Home (5+)	N	%
U.S.	36,405	85.0	English	32,703	80.5
Foreign Countries	6,411	15.0	Spanish	4,631	11.4
Non-Citizen	1,949	4.6	(Other) non-English	3,281	8.1

Education (25+)	Total	Male	Female
Less than High School	1,905	931	974
High School/GED	5,862	2,756	3,106
Some College/Associate Degree	7,039	3,397	3,642
Bachelor's Degree or Higher	14,352	6,922	7,430

Family Structure	Total	White	Black	Hispanic ¹
Total Family Households	11,286	9,176	594	1,561
Families with Own Children < 18	5,205	--	--	--
Single Mother Families with Own Children <18	940	--	--	--

Employment and Income	Total	Male	Female	White	Black	Hispanic ¹
Unemployment Rate	6.2	7.4	4.9	6.0	14.5	4.8
Median Household Income (\$)	103,266	--	--	106,764	61,029	69,240
Poverty Rate (%)	5.5	5.6	5.4	5.0	8.9	10.7

Commuters	N	%
Commuters Using Alternative Mode of Transportation ²	6,215	29.7

¹ Hispanic may be of any race.

² Including carpooling, public transportation, bicycling, walking, or telecommuting.

REGION PROFILE

CORTLANDT TOWN

BIRTHS (2016)			Birthweight ¹			
Total Births	342		Low Birthweight	N 30	% 8.8	
Birth Rate (per 1,000)	8.0					
Average Maternal Age	32.7					
			DEATHS (2016)			
			Total	Male	Female	
Mother's Race/Ethnicity¹						
	N	%	Total Deaths	408	203	205
White	231	67.5	Death Rate (per 100,000)	958.3	975.9	941.5
Black	26	7.6				
Other	85	24.9				
Hispanic ²	83	24.3				
			Infant Mortality Rate (per 1,000 live birth)		5.8	
Mother's Education¹			Top Five Causes of Death			
	N	%		N	%	
Less than High School	22	6.5	1 Circulatory System Diseases	149	36.5	
High School or GED	36	10.6	2 Neoplasms (any)	78	19.1	
Some College (no degree)	63	18.6	3 Respiratory System Diseases	52	12.7	
Bachelor's Degree or above	218	64.3	4 External Causes	25	6.1	
			5 Nervous System Diseases	18	4.4	
Mother's Country of Origin¹			Average Age at Death			
	N	%		Total	Male	Female
Foreign	97	28.4	Total	77	73	82
			White	78	74	81
Mother's Age¹			Black	68	61	86
	N	%	Other	78	72	86
Teenage Mothers	6	1.8	Hispanic ²	64	56	73
Prenatal Care¹						
	N	%				
Late or No Prenatal Care	51	14.9				
Financial Coverage at Birth¹			COMMUNICABLE DISEASES (2018)			
	N	%	Top Five Reported Diseases			
MEDICAID, Child Health Plus	71	21.2		N	Rate ³	
Private or Other Insurance	263	78.5	1 Chlamydia	75	175.2	
Self Pay	1	0.3	2 Hepatitis C Chronic	31	72.4	
			3 Anaplasmosis	18	42.0	
			4 Babesiosis	14	32.7	
			5 Campylobacteriosis	14	32.7	

¹ Excluding unknown or not stated.
² Hispanics may be of any race.

MAJOR REPORTABLE SEXUALLY TRANSMITTED DISEASES (2018)						
	Total	Male	Female	White	Black	Hispanic ⁴
Chlamydia	75	37	38	9	2	2
Gonorrhea	14	12	2	1	2	4
Syphilis (all stages)	1	1	0	0	0	0

REGION PROFILE

CORTLANDT TOWN

EMERGENCY ROOM VISITS (2016)¹

	N	Rate (per 10,000)
Total	14,690	3,450.3
Male	7,036	3,382.4
Female	7,654	3,515.2
White	10,780	3,129.4
Black	1,093	4,613.8
Other	2,702	5,675.3
Hispanic ²	1,586	2,483.2

HOSPITALIZATIONS (2016)¹

	N	Rate (per 10,000)
Total	4,717	1,107.9
Male	2,272	1,092.2
Female	2,445	1,122.9
White	3,377	980.3
Black	240	1,013.1
Other	819	1,720.2
Hispanic ²	305	477.5

Under 5	770	3,163.5
5-9	509	2,105.0
10-14	707	2,210.8
15-17	520	2,701.3
18-24	1,279	4,098.0
25-44	2,907	3,376.7
45-64	3,846	2,753.2
65-74	1,480	3,751.6
75+	2,672	9,036.2

Under 5	392	1,610.5
5-9	14	57.9
10-14	55	172.0
15-17	48	249.4
18-24	510	1,634.1
25-44	499	579.6
45-64	934	668.6
65-74	782	1,982.3
75+	1,483	5,015.2

Top Causes of ER Visits	N	%
1 Injuries	3,343	22.8
2 Infectious And Parasitic Disease	625	4.3
3 Abdominal Pain	580	3.9
4 Acute Respiratory Infections	520	3.5
5 Mental Disorders	491	3.3

Top Causes of Hospitalization ³	N	%
1 Circulatory System Diseases	665	14.1
2 Infectious and Parasitic Disease	452	9.6
3 Digestive System Diseases	419	8.9
4 Other ⁴	357	7.6
5 Respiratory System Diseases	345	7.3

⁴ Musculoskeletal System & Connective Tissue Diseases

Top Receiving Hospitals	N	%
1 NY Presbyterian/Hudson Valley H	9,892	67.3
2 Phelps Memorial Hospital	1,902	12.9
3 Westchester Medical Center	1,169	8.0

Top Receiving Hospitals	N	%
1 NY Presbyterian/Hudson Valley H	2,219	47.0
2 Phelps Memorial Hospital	629	13.3
3 Westchester Medical Center	569	12.1

Insurance Type	N	%
Private	6,578	44.8
Medicare	4,408	30.0
Medicaid	2,491	17.0
Other	463	3.2
Self-Pay	750	5.1

Insurance Type	N	%
Private	1,806	38.3
Medicare	2,295	48.7
Medicaid	487	10.3
Other	87	1.8
Self-Pay	42	0.9

¹ Race/Ethnicity data is from 2012 Sparcs, due to reporting errors and inconsistencies among hospitals during 2013-2016. ² Hispanic may be of any race. ³ Excludes obstetrics & newborns.

Zip codes included in the region for tabulations of Emergency Room Visits and Hospitalizations: 10511 10517

10520 (85%) 10547 (1/3) 10548 10567 10596, representing 98.6% of the region population according to the 2012-2016 ACS.



Region Area: 5.0 sq miles
 Population: 33,183

ZIP Codes Serving the Region

10583* 10707* 10708* 10709

* Also serve other regions.

Municipalities Included in Region

Bronxville (V)
 Tuckahoe (V)
 Eastchester Unincorporated

REGION PROFILE

EASTCHESTER TOWN

DEMOGRAPHICS (2013-2017 ACS)			Race/Ethnicity			
Sex	N	%		N	% ¹	
Male	15,580	47.0	White	28,189	85.0	
Female	17,603	53.0	Black	909	2.7	
Total	33,183	100.0	Other	4,085	12.3	
			Hispanic ¹	2,471	7.4	
			Non-Hispanic	30,712	92.6	

Age	Total	Male	Female	White	Black	Hispanic ¹
0-4	1,681	823	858	1,342	28	191
5-9	2,373	1,194	1,179	1,858	57	108
10-14	2,156	942	1,214	1,730	68	92
15-17	1,243	599	644	1,083	20	52
18-24	2,560	1,449	1,111	2,081	102	278
25-44	7,782	3,832	3,950	6,192	246	966
45-64	9,511	4,418	5,093	8,474	306	582
65-74	2,963	1,280	1,683	2,679	69	135
75+	2,914	1,043	1,871	2,750	13	67

Country of Origin	N	%	Language Spoken at Home (5+)	N	%
U.S.	27,137	81.8	English	24,591	78.1
Foreign Countries	6,046	18.2	Spanish	1,771	5.6
Non-Citizen	2,678	8.1	(Other) non-English	5,140	16.3

Education (25+)	Total	Male	Female
Less than High School	1,347	614	733
High School/GED	3,126	1,286	1,840
Some College/Associate Degree	4,684	2,141	2,543
Bachelor's Degree or Higher	14,013	6,532	7,481

Family Structure	Total	White	Black	Hispanic ¹
Total Family Households	8,678	7,621	234	556
Families with Own Children < 18	3,966	--	--	--
Single Mother Families with Own Children <18	550	--	--	--

Employment and Income	Total	Male	Female	White	Black	Hispanic ¹
Unemployment Rate	5.7	6.7	4.6	5.5	8.4	2.7
Median Household Income (\$)	116,014	--	--	116,952	113,375	77,044
Poverty Rate (%)	3.2	2.5	3.8	2.9	3.2	8.4

Commuters	N	%
Commuters Using Alternative Mode of Transportation ²	6,928	42.8

¹ Hispanic may be of any race.

² Including carpooling, public transportation, bicycling, walking, or telecommuting.

REGION PROFILE

EASTCHESTER TOWN

BIRTHS (2016)			DEATHS (2016)		
Total Births	334		Birthweight¹	N	%
Birth Rate (per 1,000)	10.2		Low Birthweight	24	7.2
Average Maternal Age	33.6				
Mother's Race/Ethnicity¹	N	%	Total	Male	Female
White	268	80.2	Total Deaths	253	110
Black	7	2.1	Death Rate (per 100,000)	768.9	711.3
Other	59	17.7			143
Hispanic ²	39	11.7			820.0
Mother's Education¹	N	%	Infant Mortality Rate (per 1,000 live birth)	3.0	
Less than High School	3	0.9			
High School or GED	10	3.0	Top Five Causes of Death	N	%
Some College (no degree)	39	11.7	1 Circulatory System Diseases	87	34.4
Bachelor's Degree or above	281	84.4	2 Neoplasms (any)	58	22.9
Mother's Country of Origin¹	N	%	3 Respiratory System Diseases	20	7.9
Foreign	70	21.0	4 Nervous System Diseases	17	6.7
Mother's Age¹	N	%	5 External Causes	16	6.3
Teenage Mothers	1	0.3	Average Age at Death	Total	Male
Prenatal Care¹	N	%	Total	79	76
Late or No Prenatal Care	40	12.0	White	80	77
Financial Coverage at Birth¹	N	%	Black	71	65
MEDICAID, Child Health Plus	24	9.4	Other	60	65
Private or Other Insurance	229	90.2	Hispanic ²	55	55
Self Pay	1	0.4			--
COMMUNICABLE DISEASES (2018)			Top Five Reported Diseases	N	Rate³
			1 Chlymdia	55	165.7
			2 Hepatitis C Chronic	29	87.4
			3 Gonorrhea, Uncomplicated	15	45.2
			4 Hepatitis B Chronic	9	27.1
			5 Campylobacteriosis	8	24.1

¹ Excluding unknown or not stated.

² Hispanics may be of any race.

MAJOR REPORTABLE SEXUALLY TRANSMITTED DISEASES (2018)

	Total	Male	Female	White	Black	Hispanic ⁴
Chlamydia	55	22	33	3	4	1
Gonorrhea	15	9	6	2	1	1
Syphilis (all stages)	1	1	0	1	0	0

REGION PROFILE

EASTCHESTER TOWN

EMERGENCY ROOM VISITS (2016) ¹			HOSPITALIZATIONS (2016) ¹		
	N	Rate (per 10,000)		N	Rate (per 10,000)
Total	7,410	2,252.1	Total	3,165	961.9
Male	3,477	2,248.3	Male	1,431	925.3
Female	3,933	2,255.4	Female	1,734	994.4
White	6,307	2,277.8	White	2,884	1,041.6
Black	537	4,071.3	Black	181	1,372.3
Other	1,310	3,895.3	Other	595	1,769.3
Hispanic ²	666	2,696.4	Hispanic ²	180	728.7
Under 5	398	2,326.1	Under 5	315	1,841.0
5-9	259	1,089.2	5-9	28	117.7
10-14	285	1,209.7	10-14	31	131.6
15-17	236	2,247.6	15-17	28	266.7
18-24	548	2,121.6	18-24	293	1,134.3
25-44	1,372	1,772.2	25-44	350	452.1
45-64	1,722	1,865.5	45-64	523	566.6
65-74	822	2,889.3	65-74	472	1,659.1
75+	1,768	5,879.6	75+	1,125	3,741.3
Top Causes of ER Visits	N	%	Top Causes of Hospitalization³	N	%
1 Injuries	1,595	21.5	1 Circulatory System Diseases	457	14.4
2 Infectious And Parasitic Disease	295	4.0	2 Digestive System Diseases	282	8.9
3 Mental Disorders	264	3.6	3 Other ^A	240	7.6
4 Abdominal Pain	246	3.3	4 Respiratory System Diseases	199	6.3
5 Back, Neck, Or Spine Disorders	206	2.8	5 Mental and Behavioral Disorders	198	6.3
			^A Musculoskeletal System & Connective Tissue Diseases		
Top Receiving Hospitals	N	%	Top Receiving Hospitals	N	%
1 NY Presbyterian/Lawrence	3,704	50.0	1 NY Presbyterian/Lawrence	1,069	33.8
2 White Plains Hospital Center	1,533	20.7	2 White Plains Hospital Center	630	19.9
3 Westchester Medical Center	402	5.4	3 NY Presbyterian Columbia	212	6.7
Insurance Type	N	%	Insurance Type	N	%
Private	4,128	55.7	Private	1,495	47.2
Medicare	2,505	33.8	Medicare	1,498	47.3
Medicaid	299	4.0	Medicaid	103	3.3
Other	243	3.3	Other	38	1.2
Self-Pay	235	3.2	Self-Pay	31	1.0

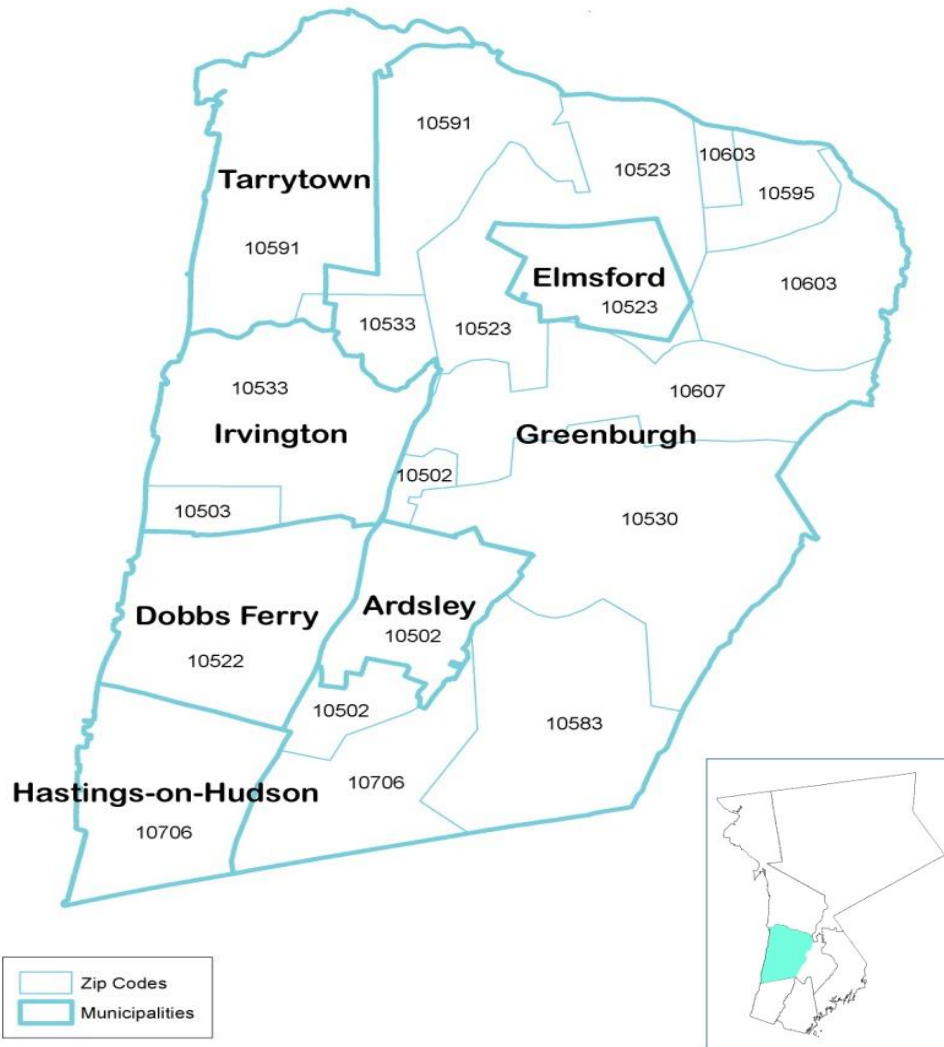
¹ Race/Ethnicity data is from 2012 Sparcs, due to reporting errors and inconsistencies among hospitals during 2013-2016. ² Hispanic may be of any race. ³ Excludes obstetrics & newborns.

Zip codes included in the region for tabulations of Emergency Room Visits and Hospitalizations:

10583 (15%) 10707 (67%) 10708 (50%) 10709, over representing the region population by 1.0% according to 2012-2016 ACS.

REGION PROFILE

GREENBURGH TOWN



Region Area: 30.4 sq miles

Population: 91,799

ZIP Codes Serving the Region

10502 10503 10522 10523 10530 10533 10583*
 10591* 10595* 10603* 10607 10706

* Also serve other regions.

Municipalities Included in Region

Ardsley (V)	Irvington (V)
Dobbs Ferry (V)	Tarrytown (V)
Elmsford (V)	Greenburgh (TOV)
Hastings-on-Hudson (V)	

REGION PROFILE

GREENBURGH TOWN

DEMOGRAPHICS (2013-2017 ACS)			Race/Ethnicity			
Sex	N	%		N	% ¹	
Male	44,572	48.6	White	62,582	68.2	
Female	47,227	51.4	Black	12,045	13.1	
Total	91,799	100.0	Other	17,172	18.7	
			Hispanic ¹	13,997	15.2	
			Non-Hispanic	77,802	84.8	

Age	Total	Male	Female	White	Black	Hispanic ¹
0-4	4,885	2,299	2,586	3,236	558	1,025
5-9	5,208	2,972	2,236	3,173	770	714
10-14	5,681	2,976	2,705	3,544	1,022	979
15-17	4,421	2,492	1,929	3,040	441	891
18-24	6,823	3,702	3,121	4,370	1,210	1,354
25-44	21,658	10,790	10,868	13,399	2,852	4,398
45-64	27,471	12,943	14,528	19,518	3,431	3,564
65-74	8,492	3,758	4,734	6,598	958	630
75+	7,160	2,640	4,520	5,704	803	442

Country of Origin	N	%	Language Spoken at Home (5+)	N	%
U.S.	70,886	77.2	English	62,529	71.9
Foreign Countries	20,913	22.8	Spanish	10,509	12.1
Non-Citizen	8,546	9.3	(Other) non-English	13,876	16.0

Education (25+)	Total	Male	Female
Less than High School	4,301	2,233	2,068
High School/GED	8,959	3,912	5,047
Some College/Associate Degree	11,773	5,704	6,069
Bachelor's Degree or Higher	39,748	18,282	21,466

Family Structure	Total	White	Black	Hispanic ¹
Total Family Households	23,062	16,317	2,896	2,958
Families with Own Children < 18	10,114	--	--	--
Single Mother Families with Own Children <18	1,312	--	--	--

Employment and Income	Total	Male	Female	White	Black	Hispanic ¹
Unemployment Rate	5.5	5.5	5.5	5.0	10.1	5.3
Median Household Income (\$)	120,256	--	--	126,440	92,546	89,366
Poverty Rate (%)	4.8	3.7	5.8	3.9	9.6	5.5

Commuters	N	%
Commuters Using Alternative Mode of Transportation ²	19,562	40.5

¹ Hispanic may be of any race.

² Including carpooling, public transportation, bicycling, walking, or telecommuting.

REGION PROFILE

GREENBURGH TOWN

BIRTHS (2016)			Birthweight ¹		
Total Births	883		Low Birthweight	<u>N</u> 61	<u>%</u> 6.9
Birth Rate (per 1,000)	9.7				
Average Maternal Age	33.2				
			DEATHS (2016)		
			Total	Male	Female
Mother's Race/Ethnicity¹			<u>N</u>	<u>%</u>	
White	516	58.4	Total Deaths	644	301 343
Black	85	9.6	Death Rate (per 100,000)	705.5	682.1 727.4
Other	282	31.9			
Hispanic ²	196	22.2			
			Infant Mortality Rate (per 1,000 live birth)		1.1
Mother's Education¹			<u>N</u>	<u>%</u>	
Less than High School	42	4.8	Top Five Causes of Death		
High School or GED	66	7.5		<u>N</u>	<u>%</u>
Some College (no degree)	126	14.3	1	Circulatory System Diseases	237 36.8
Bachelor's Degree or above	649	73.5	2	Neoplasms (any)	167 25.9
			3	Respiratory System Diseases	46 7.1
			4	External Causes	36 5.6
			5	Infectious Diseases	23 3.6
Mother's Country of Origin¹			<u>N</u>	<u>%</u>	
Foreign	328	37.1	Average Age at Death		
			<u>Total</u>	<u>Male</u>	<u>Female</u>
Mother's Age¹			<u>N</u>	<u>%</u>	
Teenage Mothers	6	0.7	Total	79	76 82
			White	81	78 83
			Black	73	69 78
			Other	68	66 69
			Hispanic ²	73	68 79
Prenatal Care¹			<u>N</u>	<u>%</u>	
Late or No Prenatal Care	107	12.1	COMMUNICABLE DISEASES (2018)		
Financial Coverage at Birth¹			<u>N</u>	<u>%</u>	
MEDICAID, Child Health Plus	121	15.6	Top Five Reported Diseases		
Private or Other Insurance	650	84.0		<u>N</u>	<u>Rate³</u>
Self Pay	3	0.4	1	Chlamydia	255 277.8
			2	Gonorrhea, Uncomplicated	65 70.8
			3	Hepatitis C Chronic	44 47.9
			4	Lyme Disease	24 26.1
			5	Campylobacteriosis	23 25.1

¹ Excluding unknown or not stated.

² Hispanics may be of any race.

MAJOR REPORTABLE SEXUALLY TRANSMITTED DISEASES (2018)

	Total	Male	Female	White	Black	Hispanic ⁴
Chlamydia	255	110	145	17	17	8
Gonorrhea	65	42	23	9	7	5
Syphilis (all stages)	10	9	1	3	1	0

REGION PROFILE

GREENBURGH TOWN

EMERGENCY ROOM VISITS (2016)¹

	N	Rate (per 10,000)
Total	26,836	2,939.9
Male	12,387	2,807.0
Female	14,449	3,064.2
White	16,222	2,595.8
Black	4,879	4,131.6
Other	6,787	4,704.7
Hispanic ²	5,141	4,663.5

HOSPITALIZATIONS (2016)¹

	N	Rate (per 10,000)
Total	9,125	999.6
Male	4,016	910.1
Female	5,109	1,083.5
White	6,560	1,049.7
Black	1,302	1,102.5
Other	2,227	1,543.7
Hispanic ²	1,166	1,057.7

Under 5	1,689	3,814.4
5-9	1,137	2,157.1
10-14	1,192	2,034.1
15-17	1,074	2,442.0
18-24	2,292	3,431.1
25-44	5,779	2,676.6
45-64	6,381	2,317.0
65-74	2,603	3,172.8
75+	4,689	6,413.6

Under 5	994	2,244.8
5-9	88	167.0
10-14	132	225.3
15-17	138	313.8
18-24	1,177	1,762.0
25-44	1,063	492.3
45-64	1,556	565.0
65-74	1,295	1,578.5
75+	2,682	3,668.4

Top Causes of ER Visits	N	%
1 Injuries	5,577	20.8
2 Infectious And Parasitic Disease	1,256	4.7
3 Mental Disorders	1,226	4.6
4 Abdominal Pain	895	3.3
5 Acute Respiratory Infections	895	3.3

Top Causes of Hospitalization ³	N	%
1 Circulatory System Diseases	1,167	12.8
2 Mental & Behavioral Disorders	885	9.7
3 Digestive System Diseases	743	8.1
4 Infectious And Parasitic Disease	618	6.8
5 Other ^A	602	6.6

^A Musculoskeletal System & Connective Tissue Diseases

Top Receiving Hospitals	N	%
1 White Plains Hospital Center	7,888	29.4
2 Westchester Medical Center	4,977	18.5
3 Phelps Memorial Hospital	4,737	17.7

Top Receiving Hospitals	N	%
1 White Plains Hospital Center	2,549	27.9
2 Westchester Medical Center	1,446	15.8
3 Phelps Memorial Hospital	1,196	13.1

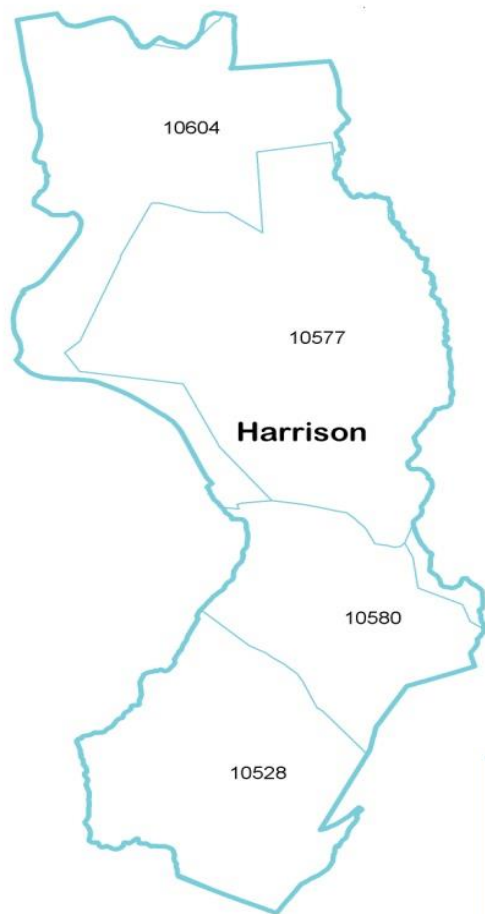
Insurance Type	N	%
Private	13,758	51.3
Medicare	7,087	26.4
Medicaid	3,951	14.7
Other	968	3.6
Self-Pay	1,072	4.0

Insurance Type	N	%
Private	4,380	48.0
Medicare	3,612	39.6
Medicaid	940	10.3
Other	108	1.2
Self-Pay	85	0.9

¹ Race/Ethnicity data is from 2012 Sparcs, due to reporting errors and inconsistencies among hospitals during 2013-2016. ² Hispanic may be of any race. ³ Excludes obstetrics & newborns.

Zip codes included in the region for tabulations of Emergency Room Visits and Hospitalizations:

10502 10503 10522 10523 10530 10533 10583 (11%) 10591 (62%) 10595 (1%) 10603 (60%) 10607 10706, representing 99.9% of the region population according to the 2012-2016 ACS.



Region Area: 17.4 sq miles
Population: 28,319

ZIP Codes Serving the Region

10528 10577 10580* 10604*

* Also serve other regions.

Municipalities Included in Region

Harrison (TOV)

REGION PROFILE

HARRISON TOWN/VILLAGE

DEMOGRAPHICS (2013-2017 ACS)			Race/Ethnicity			
Sex	N	%		N	% ¹	
Male	13,685	48.3	White	22,253	78.6	
Female	14,634	51.7	Black	1,288	4.5	
Total	28,319	100.0	Other	4,778	16.9	
			Hispanic ¹	3,511	12.4	
			Non-Hispanic	24,808	87.6	

Age	Total	Male	Female	White	Black	Hispanic ¹
0-4	1,360	674	686	1,013	50	301
5-9	1,522	772	750	1,024	5	182
10-14	2,083	1,050	1,033	1,514	119	321
15-17	1,162	627	535	949	59	76
18-24	5,250	2,264	2,986	3,717	695	953
25-44	5,869	3,077	2,792	4,425	215	813
45-64	7,152	3,504	3,648	5,975	143	629
65-74	1,867	841	1,026	1,718	1	172
75+	2,054	876	1,178	1,918	1	64

Country of Origin	N	%	Language Spoken at Home (5+)	N	%
U.S.	21,781	76.9	English	18,742	69.5
Foreign Countries	6,538	23.1	Spanish	2,255	8.4
Non-Citizen	3,769	13.3	(Other) non-English	5,962	22.1

Education (25+)	Total	Male	Female
Less than High School	1,414	779	635
High School/GED	3,167	1,322	1,845
Some College/Associate Degree	3,205	1,440	1,765
Bachelor's Degree or Higher	9,156	4,757	4,399

Family Structure	Total	White	Black	Hispanic ¹
Total Family Households	6,312	5,254	99	482
Families with Own Children < 18	2,996	--	--	--
Single Mother Families with Own Children <18	293	--	--	--

Employment and Income	Total	Male	Female	White	Black	Hispanic ¹
Unemployment Rate	7.5	8.6	6.1	7.2	12.6	8.5
Median Household Income (\$)	117,453	--	--	118,716	133,036	70,750
Poverty Rate (%)	6.6	6.5	6.8	6.0	19.3	16.9

Commuters	N	%
Commuters Using Alternative Mode of Transportation ²	5,263	41.5

¹ Hispanic may be of any race.

² Including carpooling, public transportation, bicycling, walking, or telecommuting.

REGION PROFILE

HARRISON TOWN/VILLAGE

BIRTHS (2016)			DEATHS (2016)		
Total Births	204		Birthweight¹	N	%
Birth Rate (per 1,000)	7.3		Low Birthweight	13	6.4
Average Maternal Age	33.2				
Mother's Race/Ethnicity¹	N	%	Total	Male	Female
White	154	75.5	Total Deaths	168	83
Black	7	3.4	Death Rate (per 100,000)	598.2	613.5
Other	43	21.1			85
Hispanic ²	37	18.1			584.1
Mother's Education¹	N	%	Infant Mortality Rate (per 1,000 live birth)	0.0	
Less than High School	3	1.5			
High School or GED	28	13.7	Top Five Causes of Death	N	%
Some College (no degree)	30	14.7	1 Circulatory System Diseases	65	38.7
Bachelor's Degree or above	143	70.1	2 Neoplasms (any)	38	22.6
Mother's Country of Origin¹	N	%	3 Respiratory System Diseases	18	10.7
Foreign	58	28.4	4 Nervous System Diseases	10	6.0
Mother's Age¹	N	%	5 External Causes	8	4.8
Teenage Mothers	1	0.5			
Prenatal Care¹	N	%	Average Age at Death	Total	Male
Late or No Prenatal Care	24	11.8	Total	79	78
			White	80	78
			Black	76	--
			Other	69	93
			Hispanic ²	63	79
					44
					47
Financial Coverage at Birth¹	N	%	COMMUNICABLE DISEASES (2018)		
MEDICAID, Child Health Plus	17	14.7	Top Five Reported Diseases	N	Rate³
Private or Other Insurance	99	85.3	1 Chlamydia	87	307.2
Self Pay	0	0.0	2 Gonorrhea, Uncomplicated	10	35.3
			3 Hepatitis C Chronic	9	31.8
			4 Campylobacteriosis	8	28.2
			5 Meningitis, Aseptic	4	14.1

¹ Excluding unknown or not stated.

² Hispanics may be of any race.

MAJOR REPORTABLE SEXUALLY TRANSMITTED DISEASES (2018)

	Total	Male	Female	White	Black	Hispanic ⁴
Chlamydia	87	33	54	8	3	3
Gonorrhea	10	10	0	1	0	2
Syphilis (all stages)	2	2	0	1	0	0

REGION PROFILE

HARRISON TOWN/VILLAGE

EMERGENCY ROOM VISITS (2016)¹

	<u>N</u>	<u>Rate (per 10,000)</u>
Total	4,267	1,519.5
Male	2,075	1,533.6
Female	2,191	1,505.6
White	2,930	1,326.2
Black	417	5,906.5
Other	1,138	2,486.3
Hispanic ²	916	2,158.3

HOSPITALIZATIONS (2016)¹

	<u>N</u>	<u>Rate (per 10,000)</u>
Total	1,741	620.0
Male	852	629.7
Female	889	610.9
White	1,357	614.2
Black	148	2,096.3
Other	390	852.1
Hispanic ²	198	466.5

Under 5	276	2,495.5
5-9	168	1,013.3
10-14	201	1,017.7
15-17	168	1,293.3
18-24	444	810.4
25-44	947	1,740.2
45-64	1,058	1,490.4
65-74	356	1,848.4
75+	649	3,093.4

Under 5	150	1,356.2
5-9	24	144.8
10-14	33	167.1
15-17	29	223.2
18-24	232	423.4
25-44	213	391.4
45-64	336	473.3
65-74	247	1,282.5
75+	477	2,273.6

Top Causes of ER Visits	<u>N</u>	<u>%</u>
1 Injuries	796	18.7
2 Mental Disorders	229	5.4
3 Abdominal Pain	175	4.1
4 Abuse of Drugs or Alcohol	163	3.8
5 Infectious and Parasitic Disease	159	3.7

Top Causes of Hospitalization³	<u>N</u>	<u>%</u>
1 Circulatory System Diseases	241	13.8
2 Mental & Behavioral Disorders	217	12.5
3 Digestive System Diseases	157	9.0
4 Other ^A	146	8.4
5 Respiratory System Diseases	134	7.7

^A Musculoskeletal System & Connective Tissue Diseases

Top Receiving Hospitals	<u>N</u>	<u>%</u>
1 White Plains Hospital Center	2,907	68.1
2 Westchester Medical Center	473	11.1
3 Montefiore New Rochelle	102	2.4

Top Receiving Hospitals	<u>N</u>	<u>%</u>
1 White Plains Hospital Center	890	51.1
2 Westchester Medical Center	173	9.9
3 St Vincents Westchester	103	5.9

Insurance Type	<u>N</u>	<u>%</u>
Private	2,515	58.9
Medicare	1,050	24.6
Medicaid	386	9.0
Other	130	3.0
Self-Pay	186	4.4

Insurance Type	<u>N</u>	<u>%</u>
Private	906	52.0
Medicare	674	38.7
Medicaid	123	7.1
Other	22	1.3
Self-Pay	16	0.9

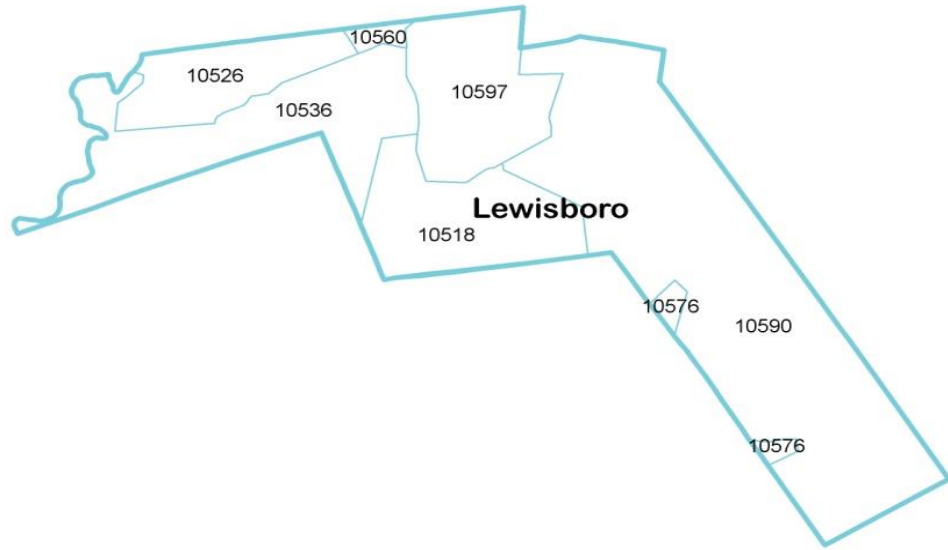
¹ Race/Ethnicity data is from 2012 Sparcs, due to reporting errors and inconsistencies among hospitals during 2013-2016. ² Hispanic may be of any race. ³ Excludes obstetrics & newborns.

Zip codes included in the region for tabulations of Emergency Room Visits and Hospitalizations:

10528 10577 10580 (9%) 10604 (63%), over representing the region population by 0.3% according to the 2012-2016 ACS.

REGION PROFILE

LEWISBORO TOWN



Region Area: 29.3 sq miles

Population: 12,741

ZIP Codes Serving the Region

10518 10526 10536* 10560* 10576* 10590
10597

* Also serve other regions.

Municipalities Included in Region

Lewisboro (T)

REGION PROFILE

LEWISBORO TOWN

DEMOGRAPHICS (2013-2017 ACS)			Race/Ethnicity			
Sex	N	%		N	% ¹	
Male	6,158	48.3	White	11,579	90.9	
Female	6,583	51.7	Black	423	3.3	
Total	12,741	100.0	Other	739	5.8	
			Hispanic ¹	734	5.8	
			Non-Hispanic	12,007	94.2	

Age	Total	Male	Female	White	Black	Hispanic ¹
0-4	655	347	308	532	33	130
5-9	788	433	355	741	23	24
10-14	889	364	525	834	0	52
15-17	565	229	336	428	63	36
18-24	942	488	454	933	0	0
25-44	2,173	984	1,189	1,867	103	360
45-64	4,566	2,257	2,309	4,202	188	110
65-74	1,361	633	728	1,277	13	22
75+	802	423	379	765	0	0

Country of Origin	N	%	Language Spoken at Home (5+)	N	%
U.S.	11,280	88.5	English	10,622	87.9
Foreign Countries	1,461	11.5	Spanish	338	2.8
Non-Citizen	359	2.8	(Other) non-English	1,126	9.3

Education (25+)	Total	Male	Female
Less than High School	258	93	165
High School/GED	861	475	386
Some College/Associate Degree	1460	734	726
Bachelor's Degree or Higher	6323	2995	3328

Family Structure	Total	White	Black	Hispanic ¹
Total Family Households	3,579	3,297	109	220
Families with Own Children < 18	1,526	--	--	--
Single Mother Families with Own Children <18	79	--	--	--

Employment and Income	Total	Male	Female	White	Black	Hispanic ¹
Unemployment Rate	5.2	5.5	4.9	5.3	4.6	0.0
Median Household Income (\$)	148,824	--	--	153,125	171,129	118,646
Poverty Rate (%)	3.7	4.8	2.7	3.7	3.1	1.4

Commuters	N	%
Commuters Using Alternative Mode of Transportation ²	1,883	30.1

¹ Hispanic may be of any race.

² Including carpooling, public transportation, bicycling, walking, or telecommuting.

REGION PROFILE

LEWISBORO TOWN

BIRTHS (2016)			Birthweight ¹			
Total Births	81		Low Birthweight	<u>N</u> 7	<u>%</u> 8.6	
Birth Rate (per 1,000)	6.4					
Average Maternal Age	33.1					
Mother's Race/Ethnicity ¹			DEATHS (2016)			
	<u>N</u>	<u>%</u>		<u>Total</u>	<u>Male</u>	<u>Female</u>
White	73	90.1	Total Deaths	63	32	31
Black	1	1.2	Death Rate (per 100,000)	497.3	509.3	485.5
Other	7	8.6				
Hispanic ²	5	6.2				
Mother's Education ¹			Infant Mortality Rate (per 1,000 live birth)			
	<u>N</u>	<u>%</u>	12.3			
Less than High School	1	1.2				
High School or GED	5	6.2				
Some College (no degree)	10	12.3				
Bachelor's Degree or above	65	80.2				
Mother's Country of Origin ¹			Top Five Causes of Death			
	<u>N</u>	<u>%</u>		<u>N</u>	<u>%</u>	
Foreign	11	13.6	1 Neoplasms (any)	21	33.3	
			2 Circulatory System Diseases	15	23.8	
			3 Respiratory System Diseases	6	9.5	
			4 Digestive System Diseases	4	6.3	
			5 External Causes	3	4.8	
Mother's Age ¹			Average Age at Death			
	<u>N</u>	<u>%</u>		<u>Total</u>	<u>Male</u>	<u>Female</u>
Teenage Mothers	1	1.2	Total	73	72	74
			White	74	74	74
			Black	--	--	--
			Other	0	0	--
			Hispanic ²	--	--	--
Prenatal Care ¹			COMMUNICABLE DISEASES (2018)			
	<u>N</u>	<u>%</u>				
Late or No Prenatal Care	10	12.3				
Financial Coverage at Birth ¹			Top Five Reported Diseases			
	<u>N</u>	<u>%</u>		<u>N</u>	<u>Rate³</u>	
MEDICAID, Child Health Plus	4	6.3	1 Chlamydia	19	149.1	
Private or Other Insurance	60	93.8	2 Babesiosis	6	47.1	
Self Pay	0	0.0	3 Pertussis	5	39.2	
			4 Campylobacteriosis	4	31.4	
			5 Anaplasmosis	3	23.5	

¹ Excluding unknown or not stated.

² Hispanics may be of any race.

MAJOR REPORTABLE SEXUALLY TRANSMITTED DISEASES (2018)

	<u>Total</u>	<u>Male</u>	<u>Female</u>	<u>White</u>	<u>Black</u>	<u>Hispanic⁴</u>
Chlamydia	19	8	11	3	0	0
Gonorrhea	2	1	1	0	0	0
Syphilis (all stages)	2	2	0	2	0	1

REGION PROFILE

LEWISBORO TOWN

EMERGENCY ROOM VISITS (2016)¹

	N	Rate (per 10,000)
Total	1,684	1,329.3
Male	828	1,317.8
Female	856	1,340.6
White	1,580	1,379.4
Black	64	5,120.0
Other	241	2,808.9
Hispanic ²	87	1,679.5

HOSPITALIZATIONS (2016)¹

	N	Rate (per 10,000)
Total	684	539.9
Male	315	501.4
Female	369	577.9
White	574	501.1
Black	17	1,360.0
Other	93	1,083.9
Hispanic ²	24	463.3

Under 5	94	1,587.8
5-9	56	638.5
10-14	88	953.4
15-17	77	1,112.7
18-24	147	1,458.3
25-44	290	1,398.9
45-64	486	1,052.9
65-74	193	1,595.0
75+	253	3,737.1

Under 5	67	1,131.8
5-9	9	102.6
10-14	4	43.3
15-17	4	57.8
18-24	78	773.8
25-44	82	395.6
45-64	149	322.8
65-74	130	1,074.4
75+	161	2,378.1

Top Causes of ER Visits	N	%
1 Injuries	422	25.1
2 Abdominal Pain	69	4.1
3 Infectious And Parasitic Disease	50	3.0
4 Acute Respiratory Infections	49	2.9
5 Mental Disorders	48	2.9

Top Causes of Hospitalization ³	N	%
1 Circulatory System Diseases	94	13.7
2 Other ^A	69	10.1
3 Neoplasms	58	8.5
4 Digestive System Diseases	53	7.7
5 Respiratory System Diseases	53	7.7

^A Musculoskeletal System & Connective Tissue Diseases

Top Receiving Hospitals	N	%
1 Northern Westchester Hospital	1,213	72.0
2 Westchester Medical Center	132	7.8
3 Putnam Hospital Center	92	5.5

Top Receiving Hospitals	N	%
1 Northern Westchester Hospital	398	58.2
2 Westchester Medical Center	80	11.7
3 Putnam Hospital Center	29	4.2

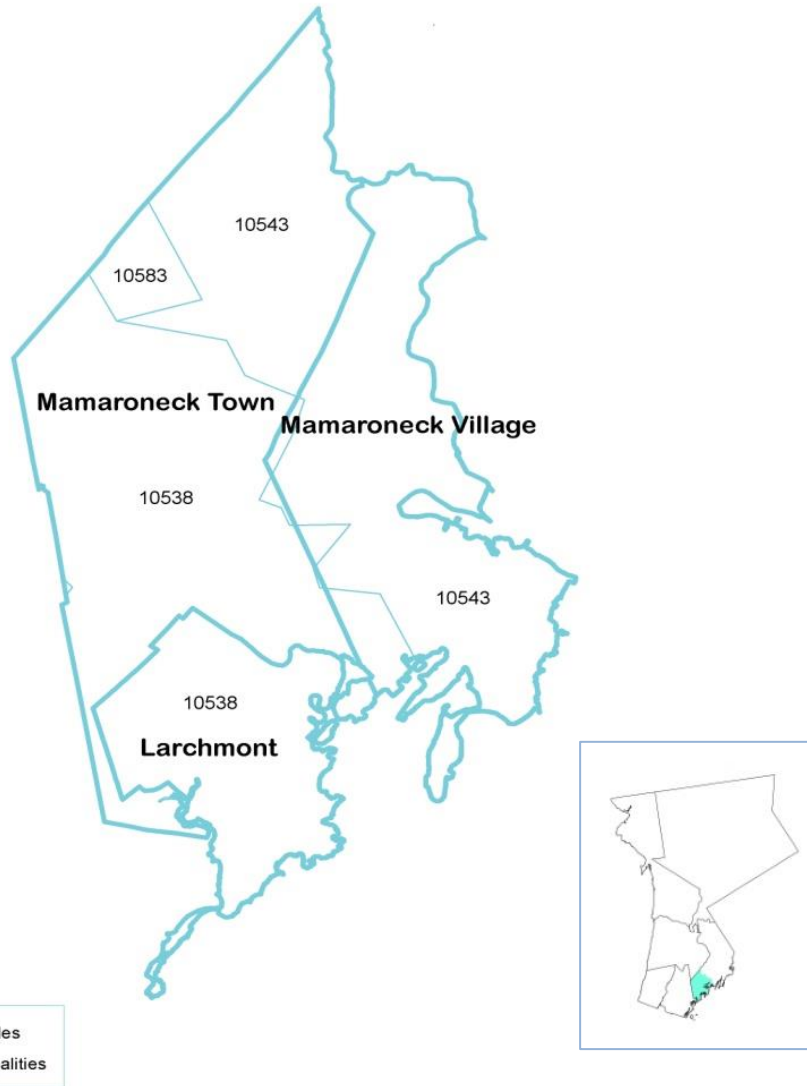
Insurance Type	N	%
Private	961	57.1
Medicare	439	26.1
Medicaid	203	12.1
Other	29	1.7
Self-Pay	52	3.1

Insurance Type	N	%
Private	351	51.3
Medicare	278	40.6
Medicaid	46	6.7
Other	4	0.6
Self-Pay	5	0.7

¹ Race/Ethnicity data is from 2012 Sparcs, due to reporting errors and inconsistencies among hospitals during 2013-2016. ² Hispanic may be of any race. ³ Excludes obstetrics & newborns.

Zip codes included in the region for tabulations of Emergency Room Visits and Hospitalizations:

10518 10526 10536 (10%) 10590 10597, representing 96.0% of the region population according to the 2012-2016 ACS.



Region Area: 6.6 sq miles

Population: 29,945

ZIP Codes Serving the Region

10538 10543* 10583*

* Also serve other regions.

Municipalities Included in Region

- Larchmont (V)
- Mamaroneck (V) (Mamaroneck part)
- Mamaroneck (TOV)

REGION PROFILE

MAMARONECK TOWN

DEMOGRAPHICS (2013-2017 ACS)			Race/Ethnicity			
Sex	N	%		N	% ¹	
Male	14,759	49.3	White	24,453	81.7	
Female	15,186	50.7	Black	1,175	3.9	
Total	29,945	100.0	Other	4,317	14.4	
			Hispanic ¹	5,308	17.7	
			Non-Hispanic	24,637	82.3	

Age	Total	Male	Female	White	Black	Hispanic ¹
0-4	2,197	1,145	1,052	1,629	56	484
5-9	1,989	1,082	907	1,494	27	265
10-14	2,485	1,260	1,225	2,030	83	566
15-17	1,194	809	385	992	45	259
18-24	1,791	838	953	1,500	20	529
25-44	7,376	3,607	3,769	5,584	377	1,577
45-64	8,508	4,058	4,450	7,246	448	1,265
65-74	2,134	1,073	1,061	1,866	55	145
75+	2,271	887	1,384	2,112	64	218

Country of Origin	N	%	Language Spoken at Home (5+)	N	%
U.S.	23,062	77.0	English	19,922	71.8
Foreign Countries	6,883	23.0	Spanish	3,940	14.2
Non-Citizen	3,451	11.5	(Other) non-English	3,886	14.0

Education (25+)	Total	Male	Female
Less than High School	1,614	839	775
High School/GED	2,163	843	1,320
Some College/Associate Degree	2,860	1,371	1,489
Bachelor's Degree or Higher	13,652	6,572	7,080

Family Structure	Total	White	Black	Hispanic ¹
Total Family Households	7,619	6,377	193	1,148
Families with Own Children < 18	3,902	--	--	--
Single Mother Families with Own Children <18	408	--	--	--

Employment and Income	Total	Male	Female	White	Black	Hispanic ¹
Unemployment Rate	5.6	5.5	5.7	5.7	6.6	4.0
Median Household Income (\$)	121,261	--	--	128,652	74,653	59,649
Poverty Rate (%)	5.5	3.9	7.1	4.8	20.4	9.4

Commuters	N	%
Commuters Using Alternative Mode of Transportation ²	7,848	53.8

¹ Hispanic may be of any race.

² Including carpooling, public transportation, bicycling, walking, or telecommuting.

REGION PROFILE

MAMARONECK TOWN

BIRTHS (2016)			Birthweight ¹			
Total Births	304		Low Birthweight	N 18	% 5.9	
Birth Rate (per 1,000)	10.2		DEATHS (2016)			
Average Maternal Age	33.1			Total	Male	Female
Mother's Race/Ethnicity¹	N	%	Total Deaths	213	103	110
White	238	78.3	Death Rate (per 100,000)	701.4	714.7	717.1
Black	7	2.3	Infant Mortality Rate (per 1,000 live birth)			
Other	59	19.4	0.0			
Hispanic ²	61	20.1	Top Five Causes of Death			
Mother's Education¹	N	%		N	%	
Less than High School	25	8.2	1	Circulatory System Diseases	74	34.7
High School or GED	15	4.9	2	Neoplasms (any)	52	24.4
Some College (no degree)	25	8.2	3	Respiratory System Diseases	22	10.3
Bachelor's Degree or above	239	78.6	4	External Causes	13	6.1
Mother's Country of Origin¹	N	%	5	Infectious Diseases	8	3.8
Foreign	97	31.9	Average Age at Death			
Mother's Age¹	N	%		Total	Male	Female
Teenage Mothers	3	1.0	Total	79	76	82
Prenatal Care¹	N	%	White	80	77	83
Late or No Prenatal Care	40	13.2	Black	62	33	74
Financial Coverage at Birth¹	N	%	Other	67	63	71
MEDICAID, Child Health Plus	47	26.7	Hispanic ²	71	65	98
Private or Other Insurance	129	73.3	COMMUNICABLE DISEASES (2018)			
Self Pay	0	0.0		Total	Male	Female
Top Five Reported Diseases	N	Rate³	1	Chlamydia	66	220.4
1	Chlamydia	66	2	Hepatitis C Chronic	14	46.8
2	Hepatitis C Chronic	14	3	Gonorrhea, Uncomplicated	8	26.7
3	Gonorrhea, Uncomplicated	8	4	Giardiasis	6	20.0
4	Giardiasis	6	5	Campylobacteriosis	5	16.7
5	Campylobacteriosis	5				

¹ Excluding unknown or not stated.

² Hispanics may be of any race.

MAJOR REPORTABLE SEXUALLY TRANSMITTED DISEASES (2018)

	Total	Male	Female	White	Black	Hispanic ⁴
Chlamydia	66	29	37	7	1	0
Gonorrhea	8	6	2	3	1	1
Syphilis (all stages)	1	1	0	0	0	0

REGION PROFILE

MAMARONECK TOWN

EMERGENCY ROOM VISITS (2016)¹

	N	Rate (per 10,000)
Total	4,635	1,560.2
Male	2,152	1,495.6
Female	2,483	1,621.0
White	3,519	1,442.0
Black	339	7,865.4
Other	840	1,930.6
Hispanic ²	852	2,338.7

HOSPITALIZATIONS (2016)¹

	N	Rate (per 10,000)
Total	1,905	641.3
Male	895	622.0
Female	1,010	659.4
White	1,746	715.5
Black	85	1,972.2
Other	443	1,018.2
Hispanic ²	214	587.4

Under 5	226	1,098.2
5-9	186	847.0
10-14	185	730.1
15-17	149	1,176.0
18-24	356	1,888.6
25-44	1,168	1,720.9
45-64	1,135	1,383.8
65-74	408	1,752.6
75+	822	3,355.1

Under 5	197	957.2
5-9	16	72.9
10-14	27	106.6
15-17	20	157.9
18-24	220	1,167.1
25-44	290	427.3
45-64	318	387.7
65-74	265	1,138.3
75+	552	2,253.1

Top Causes of ER Visits	N	%
1 Injuries	971	20.9
2 Mental Disorders	255	5.5
3 Infectious And Parasitic Disease	195	4.2
4 Abdominal Pain	180	3.9
5 Abuse of Drugs or Alcohol	130	2.8

Top Causes of Hospitalization ³	N	%
1 Circulatory System Diseases	241	12.7
2 Digestive System Diseases	176	9.2
3 Mental & Behavioral Disorders	174	9.1
4 Other ^A	143	7.5
5 Neoplasms	124	6.5

^A Musculoskeletal System & Connective Tissue Diseases

Top Receiving Hospitals	N	%
1 White Plains Hospital Center	1,831	39.5
2 Montefiore New Rochelle	1,328	28.7
3 Westchester Medical Center	368	7.9

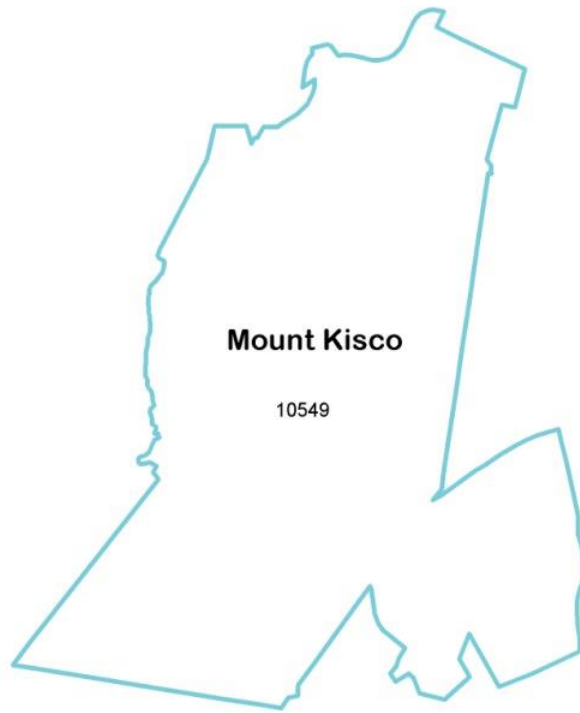
Top Receiving Hospitals	N	%
1 White Plains Hospital Center	660	34.6
2 Montefiore New Rochelle	268	14.1
3 Westchester Medical Center	110	5.8

Insurance Type	N	%
Private	2,735	59.0
Medicare	1,171	25.3
Medicaid	354	7.6
Other	264	5.7
Self-Pay	111	2.4

Insurance Type	N	%
Private	1,019	53.5
Medicare	716	37.6
Medicaid	118	6.2
Other	33	1.7
Self-Pay	19	1.0

¹ Race/Ethnicity data is from 2012 Sparcs, due to reporting errors and inconsistencies among hospitals during 2013-2016. ² Hispanic may be of any race. ³ Excludes obstetrics & newborns.

Zip codes included in the region for tabulations of Emergency Room Visits and Hospitalizations: 10538 10543 (63%), over representing the region population by 0.1% according to 2012-2016 ACS.



Region Area: 214 sq miles

Population: 10,994

ZIP Codes Serving the Region

10549*

* Also serve other regions.

Municipalities Included in Region

Mount Kisco (T)

REGION PROFILE

MOUNT KISCO TOWN/VILLAGE

DEMOGRAPHICS (2013-2017 ACS)			Race/Ethnicity			
Sex	N	%			N	%
Male	5,948	54.1	White		7,271	66.1
Female	5,046	45.9	Black		602	5.5
Total	10,994	100.0	Other		3,121	28.4
			Hispanic ¹		4,776	43.4
			Non-Hispanic		6,218	56.6

Age	Total	Male	Female	White	Black	Hispanic ¹
0-4	542	385	157	313	0	393
5-9	521	199	322	302	25	400
10-14	802	526	276	567	20	333
15-17	540	299	241	343	43	249
18-24	898	616	282	531	74	463
25-44	3,024	1,750	1,274	1,454	159	1,863
45-64	3,169	1,543	1,626	2,479	236	902
65-74	774	322	452	643	45	64
75+	724	308	416	639	0	109

Country of Origin	N	%	Language Spoken at Home (5+)	N	%
U.S.	6,853	62.3	English	5,212	49.9
Foreign Countries	4,141	37.7	Spanish	4,174	39.9
Non-Citizen	2,891	26.3	(Other) non-English	1066	10.2

Education (25+)	Total	Male	Female
Less than High School	1,408	911	497
High School/GED	1,548	706	842
Some College/Associate Degree	1,587	780	807
Bachelor's Degree or Higher	3,148	1,526	1,622

Family Structure	Total	White	Black	Hispanic ¹
Total Family Households	2,561	1,843	213	879
Families with Own Children < 18	1,306	--	--	--
Single Mother Families with Own Children <18	203	--	--	--

Employment and Income	Total	Male	Female	White	Black	Hispanic ¹
Unemployment Rate	3.7	4.0	3.2	4.5	0.0	4.5
Median Household Income (\$)	77,801	--	--	87,344	69,583	56,231
Poverty Rate (%)	9.5	8.7	10.4	5.1	13.3	13.7

Commuters	N	%
Commuters Using Alternative Mode of Transportation ²	2,309	38.1

¹ Hispanic may be of any race.

² Including carpooling, public transportation, bicycling, walking, or telecommuting.

REGION PROFILE

MOUNT KISCO TOWN/VILLAGE

BIRTHS (2016)			Birthweight ¹		
Total Births	131		Low Birthweight	<u>N</u> 8	<u>%</u> 6.1
Birth Rate (per 1,000)	11.8		DEATHS (2016)		
Average Maternal Age	31.8			<u>Total</u>	<u>Male</u>
					<u>Female</u>
Mother's Race/Ethnicity¹	<u>N</u>	<u>%</u>	Total Deaths	63	33
White	46	35.1	Death Rate (per 100,000)	569.5	545.6
Black	1	0.8			30
Other	84	64.1			598.3
Hispanic ²	80	61.1			
			Infant Mortality Rate (per 1,000 live birth)		0.0
Mother's Education¹	<u>N</u>	<u>%</u>	Top Five Causes of Death	<u>N</u>	<u>%</u>
Less than High School	51	38.9	1 Circulatory System Diseases	22	34.9
High School or GED	18	13.7	2 Neoplasms (any)	19	30.2
Some College (no degree)	14	10.7	3 Respiratory System Diseases	9	14.3
Bachelor's Degree or above	48	36.6	4 External Causes	4	6.3
			5 Nervous System Diseases	3	4.8
Mother's Country of Origin¹	<u>N</u>	<u>%</u>	Average Age at Death	<u>Total</u>	<u>Male</u>
Foreign	82	62.6	Total	76	71
			White	78	73
Mother's Age¹	<u>N</u>	<u>%</u>	Black	68	62
Teenage Mothers	3	2.3	Other	48	--
			Hispanic ²	46	39
Prenatal Care¹	<u>N</u>	<u>%</u>			
Late or No Prenatal Care	20	15.3			
			COMMUNICABLE DISEASES (2018)		
Financial Coverage at Birth¹	<u>N</u>	<u>%</u>	Top Five Reported Diseases	<u>N</u>	<u>Rate³</u>
MEDICAID, Child Health Plus	76	60.3	1 Chlamydia	51	463.9
Private or Other Insurance	50	39.7	2 Hepatitis C Chronic	6	54.6
Self Pay	0	0.0	3 Lyme Disease	5	45.5
			4 Babesiosis	4	36.4
			5 Campylobacteriosis	3	27.3

¹ Excluding unknown or not stated.

² Hispanics may be of any race.

MAJOR REPORTABLE SEXUALLY TRANSMITTED DISEASES (2018)

	<u>Total</u>	<u>Male</u>	<u>Female</u>	<u>White</u>	<u>Black</u>	<u>Hispanic⁴</u>
Chlamydia	51	23	28	5	0	3
Gonorrhea	3	3	0	0	0	0
Syphilis (all stages)	1	1	0	1	0	0

REGION PROFILE

MOUNT KISCO TOWN/VILLAGE

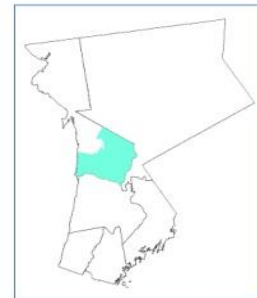
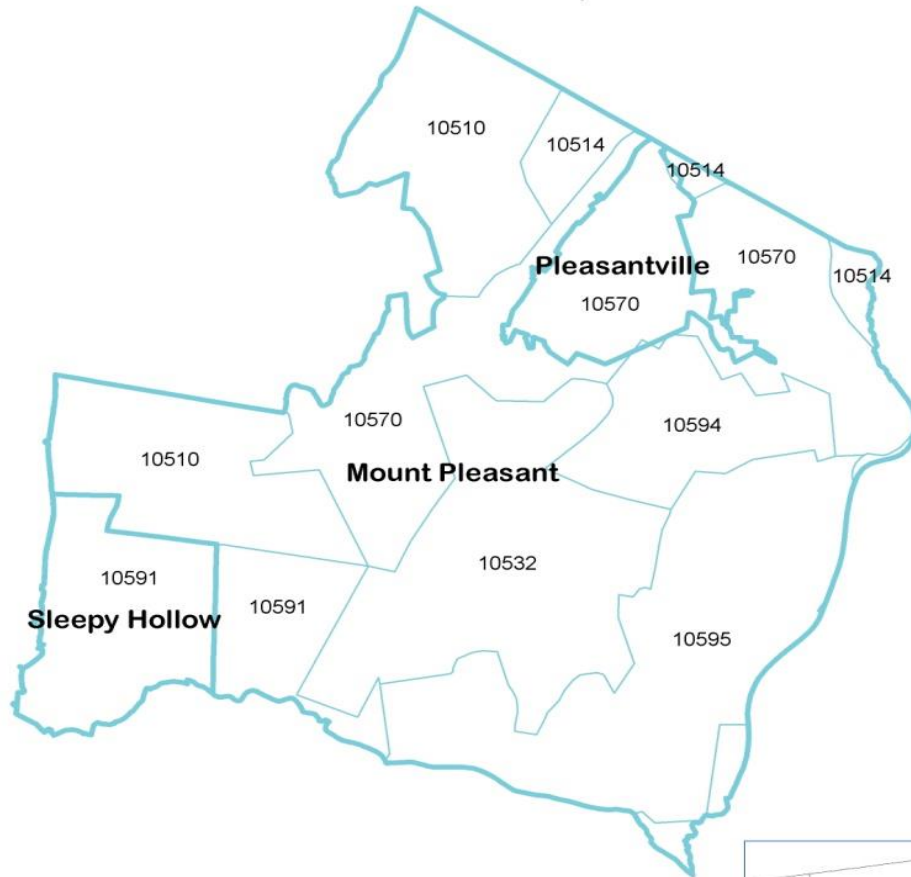
EMERGENCY ROOM VISITS (2016) ¹			HOSPITALIZATIONS (2016) ¹		
	N	Rate (per 10,000)		N	Rate (per 10,000)
Total	3,217	2,908.2	Total	1,038	938.3
Male	1,663	2,749.7	Male	483	798.6
Female	1,554	3,099.3	Female	555	1,106.9
White	2,118	3,068.7	White	809	1,172.1
Black	251	3,438.4	Black	69	945.2
Other	1,279	3,968.4	Other	302	937.0
Hispanic ²	1,093	2,634.4	Hispanic ²	205	494.1
Under 5	298	4,203.1	Under 5	157	2,214.4
5-9	158	2,920.5	5-9	7	129.4
10-14	152	2,313.5	10-14	7	106.5
15-17	115	1,982.8	15-17	5	86.2
18-24	256	2,617.6	18-24	139	1,421.3
25-44	796	2,362.7	25-44	131	388.8
45-64	740	2,679.2	45-64	167	604.6
65-74	229	2,920.9	65-74	124	1,581.6
75+	473	6,935.5	75+	301	4,413.5
Top Causes of ER Visits	N	%	Top Causes of Hospitalization³	N	%
1 Injuries	665	20.7	1 Circulatory System Diseases	127	12.2
2 Abdominal Pain	145	4.5	2 Respiratory System Diseases	85	8.2
3 Infectious And Parasitic Disease	125	3.9	3 Digestive System Diseases	78	7.5
4 Acute Respiratory Infections	120	3.7	4 Other ^A	75	7.2
5 Abuse of Drugs and Alcohol	111	3.5	5 Infectious and Parasitic Disease	69	6.6
			^A Musculoskeletal System & Connective Tissue Diseases		
Top Receiving Hospitals	N	%	Top Receiving Hospitals	N	%
1 Northern Westchester Hospital	2,747	85.4	1 Northern Westchester Hospital	746	71.9
2 Westchester Medical Center	180	5.6	2 Westchester Medical Center	87	8.4
3 Phelps Memorial Hospital	40	1.2	3 NY Presbyterian Columbia	29	2.8
Insurance Type	N	%	Insurance Type	N	%
Private	1,123	34.9	Private	359	34.6
Medicare	754	23.4	Medicare	425	40.9
Medicaid	913	28.4	Medicaid	235	22.6
Other	91	2.8	Other	11	1.1
Self-Pay	336	10.4	Self-Pay	8	0.8

¹ Race/Ethnicity data is from 2012 Sparcs, due to reporting errors and inconsistencies among hospitals during 2013-2016. ² Hispanic may be of any race. ³ Excludes obstetrics & newborns.

Zip codes included in the region for tabulations of Emergency Room Visits and Hospitalizations: 10549 (65%), representing 97.3% of the region population according to the 2012-2016 ACS.

REGION PROFILE

MOUNT PLEASANT TOWN



Region Area: 30.2 sq miles

Population: 44,635

ZIP Codes Serving the Region

10510* 10514* 10532 10570 10591* 10594
 10595*

* Also serve other regions.

Municipalities Included in Region

Briarcliff Manor (V) (Mount Pleasant part)
 Pleasantville (V)
 Sleepy Hollow (V)
 Mount Pleasant (TOV)

REGION PROFILE

MOUNT PLEASANT TOWN

DEMOGRAPHICS (2013-2017 ACS)			Race/Ethnicity			
Sex	N	%		N	% ¹	
Male	22,194	49.7	White	34,735	77.8	
Female	22,441	50.3	Black	1,890	4.2	
Total	44,635	100.0	Other	8,010	17.9	
			Hispanic ¹	9,586	21.5	
			Non-Hispanic	35,049	78.5	

Age	Total	Male	Female	White	Black	Hispanic ¹
0-4	2,387	1,312	1,075	1,623	24	700
5-9	2,973	1,526	1,447	2,328	89	714
10-14	3,088	1,527	1,561	2,320	129	808
15-17	1,881	923	958	1,478	138	283
18-24	4,832	2,295	2,537	3,422	363	1,497
25-44	10,138	5,358	4,780	7,034	588	2,784
45-64	12,704	6,389	6,315	10,457	458	2,058
65-74	3,698	1,565	2,133	3,328	20	435
75+	2,934	1,299	1,635	2,745	81	307

Country of Origin	N	%	Language Spoken at Home (5+)	N	%
U.S.	35,510	79.6	English	29,882	70.7
Foreign Countries	9,125	20.4	Spanish	7,447	17.6
Non-Citizen	4,335	9.7	(Other) non-English	4,919	11.6

Education (25+)	Total	Male	Female
Less than High School	3,462	2,151	1,311
High School/GED	5,549	2,793	2,756
Some College/Associate Degree	5,333	2,669	2,664
Bachelor's Degree or Higher	15,130	6,998	8,132

Family Structure	Total	White	Black	Hispanic ¹
Total Family Households	11,056	9,049	132	2,147
Families with Own Children < 18	4,937	--	--	--
Single Mother Families with Own Children <18	583	--	--	--

Employment and Income	Total	Male	Female	White	Black	Hispanic ¹
Unemployment Rate	5.6	5.2	6.0	5.1	12.1	6.2
Median Household Income (\$)	111,023	--	--	122,878	--	45,185
Poverty Rate (%)	8.3	7.4	9.2	5.6	32.0	22.2

Commuters	N	%
Commuters Using Alternative Mode of Transportation ²	7,148	34.7

¹ Hispanic may be of any race.

² Including carpooling, public transportation, bicycling, walking, or telecommuting.

REGION PROFILE

MOUNT PLEASANT TOWN

BIRTHS (2016)			Birthweight ¹		
Total Births	459		Low Birthweight	<u>N</u> 32	<u>%</u> 7.0
Birth Rate (per 1,000)	10.3		DEATHS (2016)		
Average Maternal Age	32.4			<u>Total</u>	<u>Male</u>
					<u>Female</u>
Mother's Race/Ethnicity¹	<u>N</u>	<u>%</u>	Total Deaths	285	141
White	310	67.5	Death Rate (per 100,000)	615.3	627.6
Black	12	2.6			144
Other	137	29.8			655.2
Hispanic ²	144	31.4			
			Infant Mortality Rate (per 1,000 live birth)		0.0
Mother's Education¹	<u>N</u>	<u>%</u>	Top Five Causes of Death	<u>N</u>	<u>%</u>
Less than High School	43	9.4	1 Circulatory System Diseases	112	39.3
High School or GED	53	11.5	2 Neoplasms (any)	67	23.5
Some College (no degree)	83	18.1	3 Respiratory System Diseases	25	8.8
Bachelor's Degree or above	280	61.0	4 External Causes	18	6.3
			5 Kidney Diseases	13	4.6
Mother's Country of Origin¹	<u>N</u>	<u>%</u>	Average Age at Death	<u>Total</u>	<u>Male</u>
Foreign	157	34.2	Total	79	75
			White	80	78
Mother's Age¹	<u>N</u>	<u>%</u>	Black	64	64
Teenage Mothers	10	2.2	Other	73	72
			Hispanic ²	63	61
Prenatal Care¹	<u>N</u>	<u>%</u>			
Late or No Prenatal Care	68	14.8			
			COMMUNICABLE DISEASES (2018)		
Financial Coverage at Birth¹	<u>N</u>	<u>%</u>	Top Five Reported Diseases	<u>N</u>	<u>Rate³</u>
MEDICAID, Child Health Plus	112	27.7	1 Chlamydia	168	376.4
Private or Other Insurance	292	72.1	2 Gonorrhea, Uncomplicated	39	87.4
Self Pay	1	0.2	3 Hepatitis C Chronic	30	67.2
			4 Campylobacteriosis	13	29.1
			5 Syphilis	17	38.1

¹ Excluding unknown or not stated.

² Hispanics may be of any race.

MAJOR REPORTABLE SEXUALLY TRANSMITTED DISEASES (2018)

	<u>Total</u>	<u>Male</u>	<u>Female</u>	<u>White</u>	<u>Black</u>	<u>Hispanic⁴</u>
Chlamydia	168	59	109	10	30	6
Gonorrhea	39	19	20	6	6	2
Syphilis (all stages)	15	12	3	2	3	4

REGION PROFILE

MOUNT PLEASANT TOWN

EMERGENCY ROOM VISITS (2016)¹

	N	Rate (per 10,000)
Total	13,020	2,925.4
Male	6,505	2,897.3
Female	6,514	2,953.5
White	9,125	2,527.1
Black	1,157	6,305.2
Other	2,531	4,336.9
Hispanic ²	2,097	2,506.0

HOSPITALIZATIONS (2016)¹

	N	Rate (per 10,000)
Total	4,409	990.6
Male	2,100	935.3
Female	2,308	1,046.5
White	3,400	941.6
Black	332	1,809.3
Other	851	1,458.2
Hispanic ²	499	596.3

Under 5	722	3,084.2
5-9	456	1,541.1
10-14	826	2,615.6
15-17	973	4,872.3
18-24	1,317	2,682.3
25-44	2,665	2,703.1
45-64	3,078	2,398.3
65-74	1,039	2,952.5
75+	1,944	6,634.8

Under 5	450	1,922.3
5-9	53	179.1
10-14	144	456.0
15-17	200	1,001.5
18-24	651	1,325.9
25-44	535	542.7
45-64	772	601.5
65-74	509	1,446.4
75+	1,095	3,737.2

Top Causes of ER Visits	N	%
1 Injuries	2,967	22.8
2 Mental Disorders	991	7.6
3 Infectious and Parasitic Disease	483	3.7
4 Abdominal Pain	390	3.0
5 Acute Respiratory Infections	363	2.8

Top Causes of Hospitalization ³	N	%
1 Mental & Behavioral Disorders	728	16.5
2 Circulatory System Diseases	508	11.5
3 Digestive System Diseases	333	7.6
4 Other ^A	277	6.3
5 Injury and Poisoning	274	6.2

^A Musculoskeletal System & Connective Tissue Diseases

Top Receiving Hospitals	N	%
1 Westchester Medical Center	4,818	37.0
2 Phelps Memorial Hospital	3,945	30.3
3 Northern Westchester Hospital	1,514	11.6

Top Receiving Hospitals	N	%
1 Westchester Medical Center	1,395	31.6
2 Phelps Memorial Hospital	877	19.9
3 Northern Westchester Hospital	600	13.6

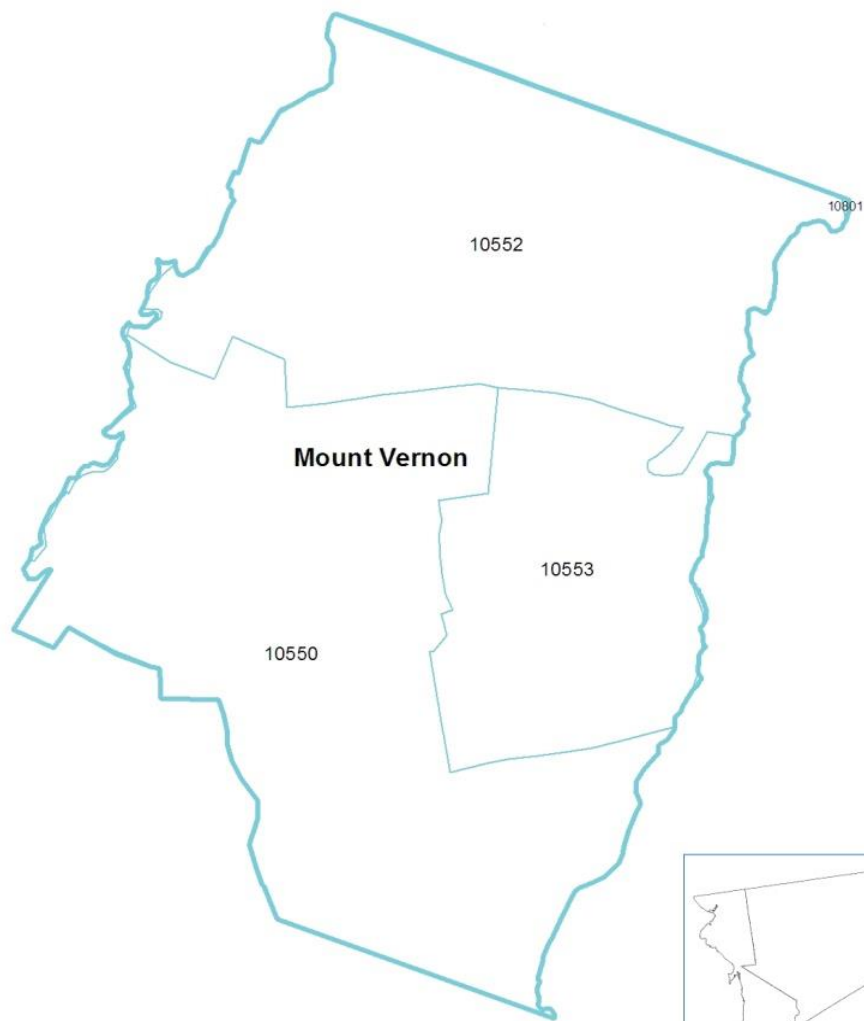
Insurance Type	N	%
Private	5,471	42.0
Medicare	3,154	24.2
Medicaid	3,123	24.0
Other	719	5.5
Self-Pay	553	4.2

Insurance Type	N	%
Private	1,815	41.2
Medicare	1,595	36.2
Medicaid	861	19.5
Other	94	2.1
Self-Pay	44	1.0

¹ Race/Ethnicity data is from 2012 Sparcs, due to reporting errors and inconsistencies among hospitals during 2013-2016. ² Hispanic may be of any race. ³ Excludes obstetrics & newborns.

Zip codes included in the region for tabulations of Emergency Room Visits and Hospitalizations:

10510 (30%) 10532 10570 10591 (38%) 10594 10595 (99%), representing 97.8% of the region population according to the 2012-2016 ACS.



Region Area: 4.4 sq miles

Population: 68,671

ZIP Codes Serving the Region

10550, 10551** 10552, 10553

** PO Box

Municipalities Included in Region

Mount Vernon (C)

REGION PROFILE

MOUNT VERNON CITY

DEMOGRAPHICS (2013-2017 ACS)			Race/Ethnicity			
Sex	N	%		N	% ¹	
Male	31,233	45.5	White	15,146	22.1	
Female	37,438	54.5	Black	45,832	66.7	
Total	68,671	100.0	Other	7,693	11.2	
			Hispanic ¹	10,549	15.4	
			Non-Hispanic	58,122	84.6	

Age	Total	Male	Female	White	Black	Hispanic ¹
0-4	4,831	2,529	2,302	829	3,260	1,297
5-9	3,968	1,873	2,095	643	2,725	954
10-14	3,386	1,521	1,865	490	2,520	738
15-17	2,145	1,099	1,046	329	1,490	344
18-24	6,534	3,202	3,332	1,028	4,699	1,088
25-44	19,091	8,752	10,339	3,597	13,093	3,311
45-64	18,344	8,053	10,291	4,343	12,300	2,025
65-74	5,633	2,576	3,057	1,703	3,476	529
75+	4,739	1,628	3,111	2,184	2,269	263

Country of Origin	N	%	Language Spoken at Home (5+)	N	%
U.S.	45,990	67.0	English	48,355	75.7
Foreign Countries	22,681	33.0	Spanish	7,883	12.3
Non-Citizen	9,519	13.9	(Other) non-English	7,602	11.9

Education (25+)	Total	Male	Female
Less than High School	7,594	3,492	4,102
High School/GED	13,889	6,784	7,105
Some College/Associate Degree	12,751	5,536	7,215
Bachelor's Degree or Higher	13,573	5,197	8,376

Family Structure	Total	White	Black	Hispanic ¹
Total Family Households	15,538	3,574	10,310	2,350
Families with Own Children < 18	6,350	--	--	--
Single Mother Families with Own Children <18	2,810	--	--	--

Employment and Income	Total	Male	Female	White	Black	Hispanic ¹
Unemployment Rate	8.7	10.3	7.4	6.0	9.9	7.6
Median Household Income (\$)	54,573	--	--	64,286	51,448	49,938
Poverty Rate (%)	14.8	14.0	15.5	13.5	14.9	22.7

Commuters	N	%
Commuters Using Alternative Mode of Transportation ²	15,053	45.7

¹ Hispanic may be of any race.

² Including carpooling, public transportation, bicycling, walking, or telecommuting.

REGION PROFILE

MOUNT VERNON CITY

BIRTHS (2016)			DEATHS (2016)		
Total Births	897		Birthweight¹	N	%
Birth Rate (per 1,000)	13.1		Low Birthweight	90	10.0
Average Maternal Age	29.8				
Mother's Race/Ethnicity¹	N	%	Total Deaths	Total	Male
White	154	17.2	Death Rate (per 100,000)	483	237
Black	584	65.3		708.0	761.7
Other	157	17.5			246
Hispanic ²	198	22.1			663.1
Mother's Education¹	N	%	Infant Mortality Rate (per 1,000 live birth)		6.7
Less than High School	138	15.5	Top Five Causes of Death	N	%
High School or GED	213	23.9	1 Circulatory System Diseases	171	35.4
Some College (no degree)	261	29.3	2 Neoplasms (any)	123	25.5
Bachelor's Degree or above	280	31.4	3 Respiratory System Diseases	43	8.9
Mother's Country of Origin¹	N	%	4 External Causes	29	6.0
Foreign	443	49.4	5 Infectious Diseases	21	4.3
Mother's Age¹	N	%	Average Age at Death	Total	Male
Teenage Mothers	31	3.5	Total	73	68
Prenatal Care¹	N	%	White	80	73
Late or No Prenatal Care	287	32.0	Black	69	65
Financial Coverage at Birth¹	N	%	Other	69	69
MEDICAID, Child Health Plus	528	63.2	Hispanic ²	74	68
Private or Other Insurance	302	36.2	COMMUNICABLE DISEASES (2018)		
Self Pay	5	0.6	Top Five Reported Diseases	N	Rate³
<i>¹ Excluding unknown or not stated.</i>			1 Chlamydia	721	1049.9
<i>² Hispanics may be of any race.</i>			2 Gonorrhea, Uncomplicated	164	238.8
			3 Hepatitis C Chronic	67	97.6
			4 Syphilis, All Stages	45	65.5
			5 Hepatitis B Chronic	41	59.7

MAJOR REPORTABLE SEXUALLY TRANSMITTED DISEASES (2018)

	Total	Male	Female	White	Black	Hispanic ⁴
Chlamydia	721	263	458	5	122	10
Gonorrhea	164	100	64	4	66	10
Syphilis (all stages)	45	37	8	5	24	6

REGION PROFILE

MOUNT VERNON CITY

EMERGENCY ROOM VISITS (2016)¹

	<u>N</u>	<u>Rate (per 10,000)</u>
Total	42,451	6,222.9
Male	18,195	5,847.5
Female	24,256	6,537.8
White	6,810	3,841.2
Black	26,073	6,331.2
Other	4,264	5,014.7
Hispanic ²	4,857	4,663.9

HOSPITALIZATIONS (2016)¹

	<u>N</u>	<u>Rate (per 10,000)</u>
Total	9,152	1,341.6
Male	3,748	1,204.5
Female	5,404	1,456.6
White	2,317	1,306.9
Black	6,173	1,499.0
Other	1,537	1,807.6
Hispanic ²	1,056	1,014.0

Under 5	3,432	6,720.2
5-9	1,940	5,031.1
10-14	1,454	3,776.6
15-17	1,014	4,565.5
18-24	4,643	7,324.5
25-44	12,385	6,547.0
45-64	11,279	6,202.0
65-74	2,904	5,631.2
75+	3,400	7,417.1

Under 5	1,077	2,108.9
5-9	75	194.5
10-14	89	231.2
15-17	77	346.7
18-24	1,435	2,263.8
25-44	1,380	729.5
45-64	2,025	1,113.5
65-74	1,131	2,193.1
75+	1,863	4,064.1

Top Causes of ER Visits	<u>N</u>	<u>%</u>
1 Injuries	7,331	17.3
2 Acute Respiratory Infections	2,406	5.7
3 Infectious And Parasitic Diseases	1,795	4.2
4 Mental Disorders	1,421	3.3
5 Abdominal Pain	1,381	3.3

Top Causes of Hospitalization³	<u>N</u>	<u>%</u>
1 Circulatory System Diseases	1,277	14.0
2 Mental & Behavioral Disorders	868	9.5
3 Digestive System Diseases	735	8.0
4 Respiratory System Diseases	683	7.5
5 Neoplasms	458	5.0

Top Receiving Hospitals	<u>N</u>	<u>%</u>
1 Mount Vernon Hospital	17,431	41.1
2 NY Presbyterian Lawrence	8,699	20.5
3 Montefiore New Rochelle	5,433	12.8

Top Receiving Hospitals	<u>N</u>	<u>%</u>
1 NY Presbyterian Lawrence	2,017	22.0
2 Montefiore Mount Vernon	1,939	21.2
3 Montefiore New Rochelle	1,046	11.4

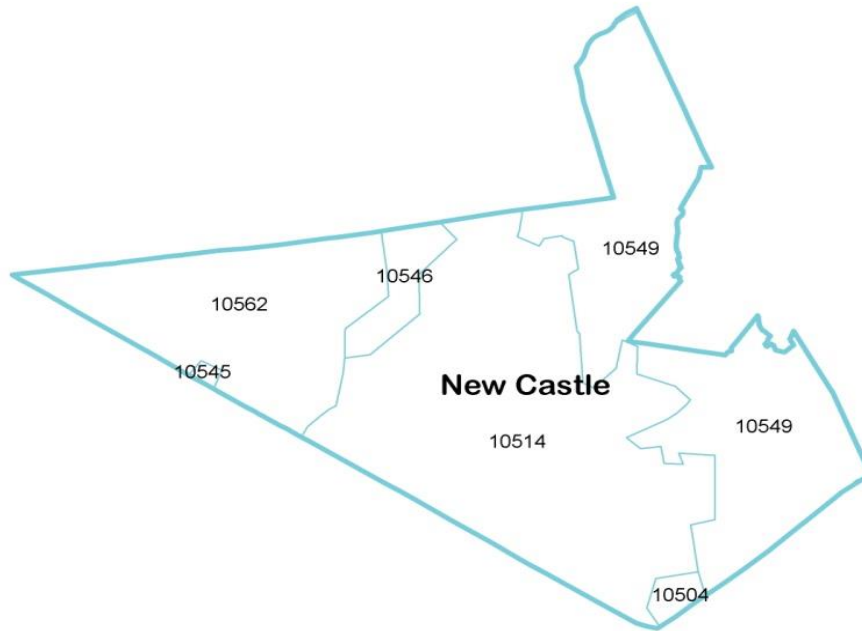
Insurance Type	<u>N</u>	<u>%</u>
Private	26,330	62.0
Medicare	5,574	13.1
Medicaid	4,991	11.8
Other	3,898	9.2
Self-Pay	1,658	3.9

Insurance Type	<u>N</u>	<u>%</u>
Private	5,039	55.1
Medicare	2,606	28.5
Medicaid	1,223	13.4
Other	142	1.6
Self-Pay	142	1.6

¹ Race/Ethnicity data is from 2012 Sparcs, due to reporting errors and inconsistencies among hospitals during 2013-2016. ² Hispanic may be of any race. ³ Excludes obstetrics & newborns.

Zip codes included in the region for tabulations of Emergency Room Visits and Hospitalizations:

10550 10552 10553, representing 99.5% of the region population according to the 2012-2016 ACS.



Region Area: 23.5 sq miles

Population: 18,035

ZIP Codes Serving the Region

10504* 10514* 10545* 10546 10549* 10562*

* Also serve other regions.

Municipalities Included in Region

New Castle (T)

REGION PROFILE

NEW CASTLE TOWN

DEMOGRAPHICS (2013-2017 ACS)			Race/Ethnicity			
Sex	N	%		N	% ¹	
Male	9,367	51.9	White	15,657	86.8	
Female	8,668	48.1	Black	320	1.8	
Total	18,035	100.0	Other	2,058	11.4	
			Hispanic ¹	593	3.3	
			Non-Hispanic	17,442	96.7	

Age	Total	Male	Female	White	Black	Hispanic ¹
0-4	1,017	536	481	795	35	22
5-9	1,461	769	692	1,207	30	53
10-14	1,622	1,042	580	1,391	52	159
15-17	1,056	647	409	952	31	15
18-24	1,409	800	609	1,184	13	43
25-44	2,986	1,438	1,548	2,514	61	47
45-64	6,006	2,847	3,159	5,370	71	205
65-74	1,417	753	664	1,292	20	9
75+	1,061	535	526	952	7	40

Country of Origin	N	%	Language Spoken at Home (5+)	N	%
U.S.	15,671	86.9	English	14,644	86.1
Foreign Countries	2,364	13.1	Spanish	298	1.8
Non-Citizen	628	3.5	(Other) non-English	2,076	12.2

Education (25+)	Total	Male	Female
Less than High School	210	115	95
High School/GED	606	284	322
Some College/Associate Degree	1,079	573	506
Bachelor's Degree or Higher	9,575	4,601	4,974

Family Structure	Total	White	Black	Hispanic ¹
Total Family Households	5,096	4,461	49	93
Families with Own Children < 18	2,515	--	--	--
Single Mother Families with Own Children <18	113	--	--	--

Employment and Income	Total	Male	Female	White	Black	Hispanic ¹
Unemployment Rate	4.9	4.1	6.0	4.8	0.0	2.7
Median Household Income (\$)	211,105	--	--	212,175	161,875	--
Poverty Rate (%)	2.0	2.2	1.8	2.1	5.4	2.8

Commuters	N	%
Commuters Using Alternative Mode of Transportation ²	3,586	43.7

¹ Hispanic may be of any race.

² Including carpooling, public transportation, bicycling, walking, or telecommuting.

REGION PROFILE

NEW CASTLE TOWN

BIRTHS (2016)			DEATHS (2016)		
Total Births	136		Birthweight¹	N	%
Birth Rate (per 1,000)	7.6		Low Birthweight	11	8.1
Average Maternal Age	34.5				
Mother's Race/Ethnicity¹	N	%	Total	Male	Female
White	113	83.1	Total Deaths	74	40
Black	1	0.7	Death Rate (per 100,000)	412.2	435.2
Other	22	16.2			34
Hispanic ²	12	8.8			388.0
Mother's Education¹	N	%	Infant Mortality Rate (per 1,000 live birth)	0.0	
Less than High School	7	5.1			
High School or GED	10	7.4	Top Five Causes of Death	N	%
Some College (no degree)	6	4.4	1 Neoplasms (any)	26	34.7
Bachelor's Degree or above	113	83.1	2 Circulatory System Diseases	22	29.3
Mother's Country of Origin¹	N	%	3 Nervous System Diseases	6	8.6
Foreign	22	16.2	4 Respiratory System Diseases	5	6.3
Mother's Age¹	N	%	5 External Causes	5	6.8
Teenage Mothers	1	0.7	Average Age at Death	Total	Male
Prenatal Care¹	N	%	Total	76	72
Late or No Prenatal Care	10	7.4	White	75	72
Financial Coverage at Birth¹	N	%	Black	92	--
MEDICAID, Child Health Plus	16	13.0	Other	92	--
Private or Other Insurance	107	87.0	Hispanic ²	77	77
Self Pay	0	0.0			--
COMMUNICABLE DISEASES (2018)			Top Five Reported Diseases	N	Rate³
			1 Chlamydia	35	194.1
			2 Hepatitis B Chronic	7	38.8
			3 Anaplasmosis	5	27.7
			4 Hepatitis C Chronic	5	27.7
			5 Campylobacteriosis	5	27.7

¹ Excluding unknown or not stated.

² Hispanics may be of any race.

MAJOR REPORTABLE SEXUALLY TRANSMITTED DISEASES (2018)

	Total	Male	Female	White	Black	Hispanic ⁴
Chlamydia	35	13	22	0	1	2
Gonorrhea	2	2	0	0	1	0
Syphilis (all stages)	1	1	0	0	0	1

REGION PROFILE

NEW CASTLE TOWN

EMERGENCY ROOM VISITS (2016) ¹			HOSPITALIZATIONS (2016) ¹		
	N	Rate (per 10,000)		N	Rate (per 10,000)
Total	3,458	1,926.0	Total	1,171	652.2
Male	1,706	1,856.0	Male	538	585.3
Female	1,752	1,999.5	Female	633	722.4
White	2,885	1,908.2	White	945	625.0
Black	253	8,754.3	Black	68	2,352.9
Other	835	3,790.3	Other	280	1,271.0
Hispanic ²	531	7,878.3	Hispanic ²	103	1,528.2
Under 5	281	3,008.6	Under 5	163	1,745.2
5-9	208	1,337.6	5-9	29	186.5
10-14	241	1,381.1	10-14	21	120.3
15-17	147	1,504.6	15-17	24	245.6
18-24	284	2,015.6	18-24	142	1,007.8
25-44	673	2,153.6	25-44	152	486.4
45-64	834	1,399.1	45-64	198	332.2
65-74	311	2,347.2	65-74	165	1,245.3
75+	479	5,189.6	75+	277	3,001.1
Top Causes of ER Visits	N	%	Top Causes of Hospitalization³	N	%
1 Injuries	888	25.7	1 Circulatory System Diseases	137	11.7
2 Acute Respiratory Infections	122	3.5	2 Other ^A	106	9.1
3 Abdominal Pain	121	3.5	3 Digestive System Diseases	99	8.5
4 Infectious And Parasitic Disease	120	3.5	4 Neoplasms	76	6.5
5 Mental Disorders	97	2.8	5 Respiratory System Diseases	75	6.4
			^A Musculoskeletal System & Connective Tissue Diseases		
Top Receiving Hospitals	N	%	Top Receiving Hospitals	N	%
1 Northern Westchester Hospital	2,130	61.6	1 Northern Westchester Hospital	537	45.9
2 Phelps Memorial Hospital	459	13.3	2 Westchester Medical Center	127	10.8
3 Westchester Medical Center	381	11.0	3 Phelps Memorial Hospital	105	9.0
Insurance Type	N	%	Insurance Type	N	%
Private	1,911	55.3	Private	623	53.2
Medicare	741	21.4	Medicare	393	33.6
Medicaid	545	15.8	Medicaid	133	11.4
Other	84	2.4	Other	14	1.2
Self-Pay	177	5.1	Self-Pay	8	0.7

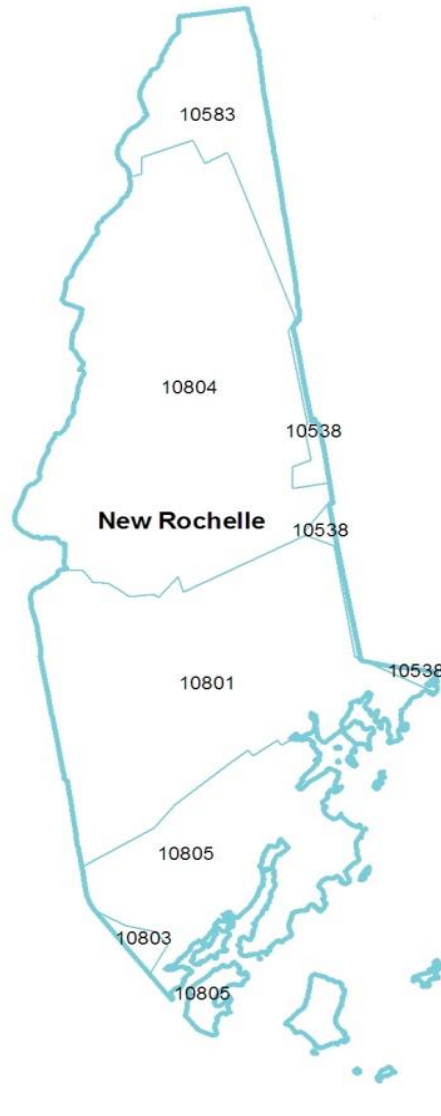
¹ Race/Ethnicity data is from 2012 Sparcs, due to reporting errors and inconsistencies among hospitals during 2013-2016. ² Hispanic may be of any race. ³ Excludes obstetrics & newborns.

Zip codes included in the region for tabulations of Emergency Room Visits and Hospitalizations:

10514 10546 10549 (15%) 10562 (5%), over representing the region population by 1.3% according to the 2012-2016 ACS.

REGION PROFILE

NEW ROCHELLE CITY



Region Area: 10.4 sq miles

Population: 79,877

ZIP Codes Serving the Region

10538* 10583* 10801 10802** 10803* 10804
10805

* Also serve other regions. ** PO Box

Municipalities Included in Region

New Rochelle (C)

REGION PROFILE

NEW ROCHELLE CITY

DEMOGRAPHICS (2013-2017 ACS)			Race/Ethnicity			
Sex	N	%		N	% ¹	
Male	39,365	49.3	White	47,894	60.0	
Female	40,512	50.7	Black	15,941	20.0	
Total	79,877	100.0	Other	16,042	20.1	
			Hispanic ¹	23,473	29.4	
			Non-Hispanic	56,404	70.6	

Age	Total	Male	Female	White	Black	Hispanic ¹
0-4	4,400	2,367	2,033	2,601	457	2,237
5-9	4,566	2,375	2,191	2,609	654	1,939
10-14	4,690	2,395	2,295	2,685	904	1,707
15-17	2,931	1,668	1,263	1,415	830	896
18-24	9,388	4,489	4,899	5,200	2,264	3,115
25-44	19,470	10,043	9,427	10,276	3,581	7,669
45-64	21,281	10,429	10,852	13,809	4,397	4,678
65-74	6,343	2,954	3,389	4,348	1,468	711
75+	6,808	2,645	4,163	4,951	1,386	521

Country of Origin	N	%	Language Spoken at Home (5+)	N	%
U.S.	56,213	70.4	English	45,340	60.1
Foreign Countries	23,664	29.6	Spanish	18,955	25.1
Non-Citizen	12,758	16.0	(Other) non-English	11,182	14.8

Education (25+)	Total	Male	Female
Less than High School	9,280	5,023	4,257
High School/GED	10,479	5,442	5,037
Some College/Associate Degree	10,400	4,977	5,423
Bachelor's Degree or Higher	23,743	10,629	13,114

Family Structure	Total	White	Black	Hispanic ¹
Total Family Households	19,211	11,775	3,680	5,221
Families with Own Children < 18	8,392	--	--	--
Single Mother Families with Own Children <18	1,278	--	--	--

Employment and Income	Total	Male	Female	White	Black	Hispanic ¹
Unemployment Rate	7.3	6.8	8.0	7.0	7.7	9.5
Median Household Income (\$)	77,320	--	--	84,018	64,915	59,022
Poverty Rate (%)	11.2	10.7	11.7	8.8	12.5	18.1

Commuters	N	%
Commuters Using Alternative Mode of Transportation ²	17,332	45.0

¹ Hispanic may be of any race.

² Including carpooling, public transportation, bicycling, walking, or telecommuting.

REGION PROFILE

NEW ROCHELLE CITY

BIRTHS (2016)			DEATHS (2016)		
Total Births	897		Birthweight¹	N	%
Birth Rate (per 1,000)	11.3		Low Birthweight	49	5.5
Average Maternal Age	30.8				
Mother's Race/Ethnicity¹	N	%	Total	Male	Female
White	377	42.0	Total Deaths	677	312
Black	157	17.5	Death Rate (per 100,000)	853.7	798.1
Other	363	40.5			365
Hispanic ²	418	46.6			907.9
Mother's Education¹	N	%	Infant Mortality Rate (per 1,000 live birth)	1.1	
Less than High School	157	17.6			
High School or GED	162	18.2	Top Five Causes of Death	N	%
Some College (no degree)	157	17.6	1 Circulatory System Diseases	268	39.6
Bachelor's Degree or above	416	46.6	2 Neoplasms (any)	149	22.0
Mother's Country of Origin¹	N	%	3 Respiratory System Diseases	63	9.3
Foreign	460	51.3	4 External Causes	36	5.3
Mother's Age¹	N	%	5 Nervous System Diseases	36	5.3
Teenage Mothers	36	4.0	Average Age at Death	Total	Male
Prenatal Care¹	N	%	Total	79	74
Late or No Prenatal Care	219	24.4	White	80	76
Financial Coverage at Birth¹	N	%	Black	74	67
MEDICAID, Child Health Plus	343	50.0	Other	80	78
Private or Other Insurance	338	49.3	Hispanic ²	74	73
Self Pay	5	0.7			
COMMUNICABLE DISEASES (2018)			Top Five Reported Diseases	N	Rate³
			1 Chlamydia	347	434.4
			2 Gonorrhea, Uncomplicated	66	82.6
			3 Hepatitis C Chronic	52	65.1
			4 Syphilis, All Stages	24	30.0
			5 Hepatitis B Chronic	18	22.5

¹ Excluding unknown or not stated.

² Hispanics may be of any race.

MAJOR REPORTABLE SEXUALLY TRANSMITTED DISEASES (2018)

	Total	Male	Female	White	Black	Hispanic ⁴
Chlamydia	347	125	222	24	14	9
Gonorrhea	66	47	19	10	18	8
Syphilis (all stages)	24	23	1	3	4	5

REGION PROFILE

NEW ROCHELLE CITY

EMERGENCY ROOM VISITS (2016) ¹			HOSPITALIZATIONS (2016) ¹		
	N	Rate (per 10,000)		N	Rate (per 10,000)
Total	31,378	3,956.9	Total	8,326	1,050.0
Male	14,561	3,724.5	Male	3,791	969.7
Female	16,817	4,182.9	Female	4,535	1,128.0
White	16,040	3,083.7	White	5,635	1,083.3
Black	8,568	5,809.2	Black	2,220	1,505.2
Other	3,423	3,320.1	Other	1,656	1,606.2
Hispanic ²	7,996	3,999.6	Hispanic ²	1,701	850.8
Under 5	2,249	4,960.3	Under 5	847	1,868.1
5-9	1,336	2,895.5	5-9	55	119.2
10-14	1,216	2,634.3	10-14	104	225.3
15-17	952	3,106.0	15-17	89	290.4
18-24	3,480	3,951.4	18-24	1,100	1,249.0
25-44	7,965	3,998.1	25-44	933	468.3
45-64	7,288	3,417.1	45-64	1,500	703.3
65-74	2,668	4,533.6	65-74	1,344	2,283.8
75+	4,224	6,470.6	75+	2,354	3,606.0
Top Causes of ER Visits	N	%	Top Causes of Hospitalization³	N	%
1 Injuries	6,436	20.5	1 Circulatory System Diseases	1,160	13.9
2 Acute Respiratory Infections	1,751	5.6	2 Mental & Behavioral Disorders	792	9.5
3 Infectious And Parasitic Disease	1,621	5.2	3 Digestive System Diseases	740	8.9
4 Mental Disorders	1,175	3.7	4 Infectious and Parasitic Disease	570	6.8
5 Abdominal Pain	883	2.8	5 Respiratory System Diseases	555	6.7
Top Receiving Hospitals	N	%	Top Receiving Hospitals	N	%
1 Montefiore New Rochelle	21,701	69.2	1 Montefiore New Rochelle	3,408	40.9
2 White Plains Hospital Center	2,564	8.2	2 White Plains Hospital Center	1,099	13.2
3 Westchester Medical Center	1,327	4.2	3 Westchester Medical Center	487	5.8
Insurance Type	N	%	Insurance Type	N	%
Private	18,499	59.0	Private	4,189	50.3
Medicare	6,018	19.2	Medicare	3,158	37.9
Medicaid	3,403	10.8	Medicaid	801	9.6
Other	2,928	9.3	Other	111	1.3
Self-Pay	530	1.7	Self-Pay	67	0.8

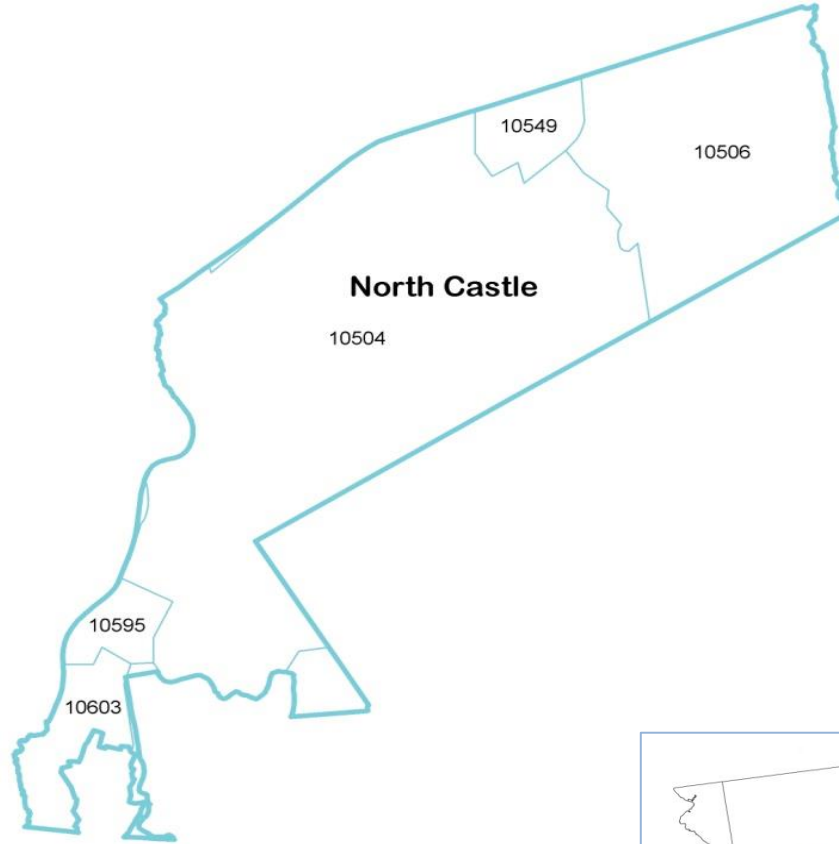
¹ Race/Ethnicity data is from 2012 Sparcs, due to reporting errors and inconsistencies among hospitals during 2013-2016. ² Hispanic may be of any race. ³ Excludes obstetrics & newborns.

Zip codes included in the region for tabulations of Emergency Room Visits and Hospitalizations:

10583 (10%) 10801 10804 10805, representing 100.0% of the region population according to 2012-2016 ACS.

REGION PROFILE

NORTH CASTLE TOWN



Region Area: 26.2 sq miles

Population: 12,309

ZIP Codes Serving the Region

10504* 10506* 10549* 10595* 10603*

* Also serve other regions.

Municipalities Included in Region

North Castle (T)

REGION PROFILE

NORTH CASTLE TOWN

DEMOGRAPHICS (2013-2017 ACS)			Race/Ethnicity			
Sex	N	%			N	%
Male	6,004	48.8	White		10,950	89.0
Female	6,305	51.2	Black		275	2.2
Total	12,309	100.0	Other		1,084	8.8
			Hispanic ¹		1,223	9.9
			Non-Hispanic		11,086	90.1

Age	Total	Male	Female	White	Black	Hispanic ¹
0-4	599	300	299	514	16	36
5-9	893	473	420	736	14	81
10-14	1,080	620	460	976	39	79
15-17	751	274	477	676	33	66
18-24	843	378	465	771	14	105
25-44	2,164	1,031	1,133	1,802	54	399
45-64	4,311	2,088	2,223	3,845	94	379
65-74	1,028	543	485	999	11	60
75+	640	297	343	631	0	18

Country of Origin	N	%	Language Spoken at Home (5+)	N	%
U.S.	10,712	87.0	English	9,289	79.3
Foreign Countries	1,597	13.0	Spanish	1,011	8.6
Non-Citizen	509	4.1	(Other) non-English	1,410	12.0

Education (25+)	Total	Male	Female
Less than High School	233	86	147
High School/GED	789	265	524
Some College/Associate Degree	1,074	571	503
Bachelor's Degree or Higher	6,047	3,037	3,010

Family Structure	Total	White	Black	Hispanic ¹
Total Family Households	3,561	3,240	71	307
Families with Own Children < 18	1,725	--	--	--
Single Mother Families with Own Children <18	155	--	--	--

Employment and Income	Total	Male	Female	White	Black	Hispanic ¹
Unemployment Rate	5.0	3.5	6.7	4.2	25.5	3.6
Median Household Income (\$)	180,859	--	--	185,139	139,028	92,679
Poverty Rate (%)	2.0	2.2	1.8	2.0	0.0	0.6

Commuters	N	%
Commuters Using Alternative Mode of Transportation ²	2,034	33.6

¹ Hispanic may be of any race.

² Including carpooling, public transportation, bicycling, walking, or telecommuting.

REGION PROFILE

NORTH CASTLE TOWN

BIRTHS (2016)			DEATHS (2016)		
Total Births	94		Birthweight¹	N	%
Birth Rate (per 1,000)	7.7		Low Birthweight	3	3.2
Average Maternal Age	34.1				
Mother's Race/Ethnicity¹	N	%	Total	Male	Female
White	72	76.6	Total Deaths	55	31
Black	2	2.1	Death Rate (per 100,000)	450.9	512.1
Other	20	21.3			24
Hispanic ²	10	10.6			390.6
Mother's Education¹	N	%	Infant Mortality Rate (per 1,000 live birth)	0.0	
Less than High School	3	3.2			
High School or GED	2	2.1	Top Five Causes of Death	N	%
Some College (no degree)	13	13.8	1 Circulatory System Diseases	18	32.7
Bachelor's Degree or above	76	80.9	2 Neoplasms (any)	14	25.5
Mother's Country of Origin¹	N	%	3 Nervous System Diseases	5	9.1
Foreign	23	24.5	4 Diabetes	5	9.1
Mother's Age¹	N	%	5 External Causes	4	7.3
Teenage Mothers	0	0.0	Average Age at Death	Total	Male
Prenatal Care¹	N	%	Total	81	81
Late or No Prenatal Care	9	9.6	White	82	81
Financial Coverage at Birth¹	N	%	Black	46	--
MEDICAID, Child Health Plus	8	12.7	Other	70	--
Private or Other Insurance	55	87.3	Hispanic ²	--	--
Self Pay	0	0.0	COMMUNICABLE DISEASES (2018)		
Excluding unknown or not stated.			Top Five Reported Diseases	N	Rate³
Hispanics may be of any race.			1 Chlamydia	28	227.5
			2 Hepatitis C Chronic	7	56.9
			3 Babesiosis	6	48.7
			4 Lyme Disease	4	32.5
			5 Campylobacteriosis	3	24.4

MAJOR REPORTABLE SEXUALLY TRANSMITTED DISEASES (2018)

	Total	Male	Female	White	Black	Hispanic ⁴
Chlamydia	28	8	20	4	0	2
Gonorrhea	2	1	1	0	0	0
Syphilis (all stages)	1	1	0	0	0	0

REGION PROFILE

NORTH CASTLE TOWN

EMERGENCY ROOM VISITS (2016) ¹			HOSPITALIZATIONS (2016) ¹		
	N	Rate (per 10,000)		N	Rate (per 10,000)
Total	2,125	1,742.1	Total	778	637.8
Male	1,084	1,790.6	Male	378	624.4
Female	1,041	1,694.3	Female	400	651.0
White	2,024	1,930.0	White	664	633.2
Black	77	2,730.5	Black	20	709.2
Other	299	2,815.4	Other	132	1,242.9
Hispanic ²	139	1,868.3	Hispanic ²	30	403.2
Under 5	115	1,975.9	Under 5	72	1,237.1
5-9	92	1,050.2	5-9	8	91.3
10-14	88	850.2	10-14	9	87.0
15-17	88	1,074.5	15-17	6	73.3
18-24	212	2,646.7	18-24	75	936.3
25-44	319	1,450.0	25-44	80	363.6
45-64	478	1,134.3	45-64	119	282.4
65-74	215	2,069.3	65-74	117	1,126.1
75+	518	8,196.2	75+	292	4,620.3
Top Causes of ER Visits	N	%	Top Causes of Hospitalization³	N	%
1 Injuries	519	24.4	1 Circulatory System Diseases	129	16.6
2 Abdominal Pain	87	4.1	2 Other ^A	62	8.0
3 Infectious And Parasitic Disease	78	3.7	3 Digestive System Diseases	59	7.6
4 Mental Disorders	61	2.9	4 Respiratory System Diseases	57	7.3
5 Acute Respiratory Infections	61	2.9	5 Neoplasms	53	6.8
			^A Musculoskeletal System & Connective Tissue Diseases		
Top Receiving Hospitals	N	%	Top Receiving Hospitals	N	%
1 Northern Westchester Hospital	1,425	67.1	1 Northern Westchester Hospital	401	51.5
2 White Plains Hospital Center	267	12.6	2 White Plains Hospital Center	95	12.2
3 Westchester Medical Center	162	7.6	3 Westchester Medical Center	69	8.9
Insurance Type	N	%	Insurance Type	N	%
Private	1,156	54.4	Private	346	44.5
Medicare	693	32.6	Medicare	377	48.5
Medicaid	190	8.9	Medicaid	47	6.0
Other	44	2.1	Other	6	0.8
Self-Pay	42	2.0	Self-Pay	2	0.3

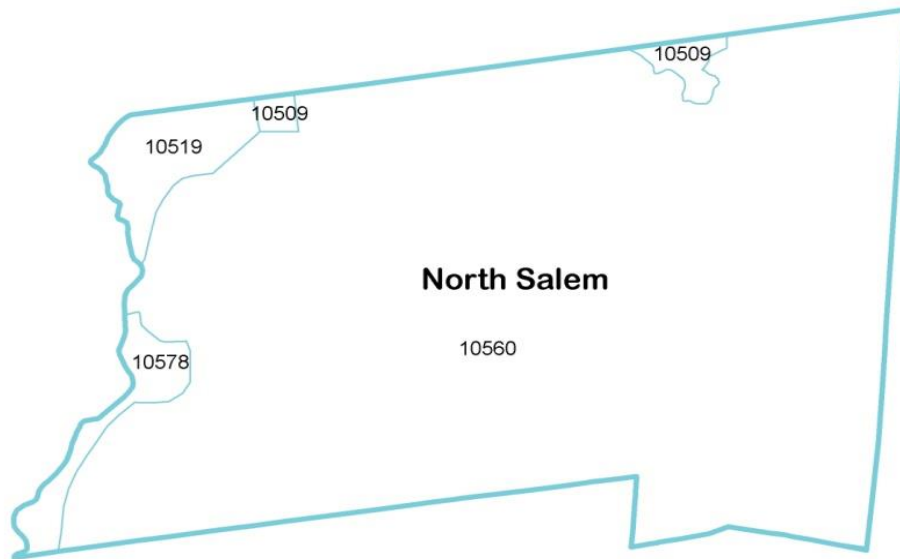
¹ Race/Ethnicity data is from 2012 Sparcs, due to reporting errors and inconsistencies among hospitals during 2013-2016. ² Hispanic may be of any race. ³ Excludes obstetrics & newborns.

Zip codes included in the region for tabulations of Emergency Room Visits and Hospitalizations:

10504 10506 (50%) 10549 (2%) 10603 (2%), representing 94.8% of the region population according to the 2012-2016 ACS.

REGION PROFILE

NORTH SALEM TOWN



Region Area: 23.4 sq miles
Population: 5,205

ZIP Codes Serving the Region

10509 10519 10560* 10578*

* Also serve other regions.

Municipalities Included in Region

North Salem (T)

REGION PROFILE

NORTH SALEM TOWN

DEMOGRAPHICS (2013-2017 ACS)						
Sex	N	%	Race/Ethnicity			
Male	2,473	47.5	White	4,562	87.6	
Female	2,732	52.5	Black	182	3.5	
Total	5,205	100.0	Other	461	8.9	
			Hispanic ¹	417	8.0	
			Non-Hispanic	4,788	92.0	
Age	Total	Male	Female	White	Black	Hispanic¹
0-4	135	88	47	111	0	11
5-9	325	159	166	233	11	29
10-14	322	174	148	240	28	24
15-17	297	169	128	225	0	15
18-24	366	113	253	347	0	69
25-44	823	339	484	656	70	87
45-64	1,878	960	918	1,723	47	146
65-74	549	297	252	549	0	0
75+	510	174	336	478	26	36
Country of Origin	N	%	Language Spoken at Home (5+)			
U.S.	4,438	85.3	English	4,342	85.6	
Foreign Countries	767	14.7	Spanish	249	4.9	
Non-Citizen	238	4.6	(Other) non-English	479	9.4	
Education (25+)	Total	Male	Female			
Less than High School	148	83	65			
High School/GED	654	219	435			
Some College/Associate Degree	704	358	346			
Bachelor's Degree or Higher	2,254	1,110	1,144			
Family Structure	Total	White	Black	Hispanic¹		
Total Family Households	1,404	1,292	29	104		
Families with Own Children < 18	529	--	--	--		
Single Mother Families with Own Children <18	31	--	--	--		
Employment and Income	Total	Male	Female	White	Black	Hispanic¹
Unemployment Rate	2.9	3.5	2.3	2.8	0.0	4.0
Median Household Income (\$)	137,414	--	--	136,897	--	130,556
Poverty Rate (%)	5.2	5.6	4.9	5.5	7.3	22.6
Commuters	N	%				
Commuters Using Alternative Mode of Transportation ²	775	29.5				
			¹ Hispanic may be of any race.			
			² Including carpooling, public transportation, bicycling, walking, or telecommuting.			

REGION PROFILE

NORTH SALEM TOWN

BIRTHS (2016)			Birthweight ¹			
Total Births	43		Low Birthweight	<u>N</u> 3	<u>%</u> 7.0	
Birth Rate (per 1,000)	8.3					
Average Maternal Age	31.8					
Mother's Race/Ethnicity ¹			DEATHS (2016)			
	<u>N</u>	<u>%</u>		<u>Total</u>	<u>Male</u>	<u>Female</u>
White	36	83.7	Total Deaths	48	20	28
Black	2	4.7	Death Rate (per 100,000)	927.0	809.1	1034.7
Other	5	11.6				
Hispanic ²	9	20.9	Infant Mortality Rate (per 1,000 live birth)			0.0
Mother's Education ¹			Top Five Causes of Death			
	<u>N</u>	<u>%</u>		<u>N</u>	<u>%</u>	
Less than High School	2	4.7	1 Circulatory System Diseases	22	45.8	
High School or GED	2	4.7	2 Neoplasms (any)	7	14.6	
Some College (no degree)	7	16.3	3 Nervous System Diseases	7	14.6	
Bachelor's Degree or above	32	74.4	4 Respiratory System Diseases	6	12.5	
			5 External Causes	3	6.3	
Mother's Country of Origin ¹			Average Age at Death			
	<u>N</u>	<u>%</u>		<u>Total</u>	<u>Male</u>	<u>Female</u>
Foreign	5	11.6	Total	86	82	88
			White	86	82	88
			Black	89	89	--
			Other	--	--	--
			Hispanic ²	--	--	--
Mother's Age ¹			COMMUNICABLE DISEASES (2018)			
	<u>N</u>	<u>%</u>		<u>N</u>	<u>Rate³</u>	
Teenage Mothers	1	2.3	Top Five Reported Diseases			
			1 Chlamydia	10	192.1	
			2 Hepatitis C Chronic	7	134.5	
			3 Babesiosis	6	115.3	
			4 Campylobacteriosis	4	76.8	
			5 Anaplasmosis	3	57.6	
Prenatal Care ¹						
	<u>N</u>	<u>%</u>				
Late or No Prenatal Care	4	9.3				
Financial Coverage at Birth ¹						
	<u>N</u>	<u>%</u>				
MEDICAID, Child Health Plus	7	18.4				
Private or Other Insurance	31	81.6				
Self Pay	0	0.0				

¹ Excluding unknown or not stated.

² Hispanics may be of any race.

MAJOR REPORTABLE SEXUALLY TRANSMITTED DISEASES (2018)

	<u>Total</u>	<u>Male</u>	<u>Female</u>	<u>White</u>	<u>Black</u>	<u>Hispanic⁴</u>
Chlamydia	10	4	6	0	0	0
Gonorrhea	1	0	1	0	0	0
Syphilis (all stages)	0	0	0	0	0	0

REGION PROFILE

NORTH SALEM TOWN

EMERGENCY ROOM VISITS (2016)¹

	N	Rate (per 10,000)
Total	1,056	2,039.4
Male	467	1,889.2
Female	589	2,176.6
White	575	1,207.2
Black	17	1,666.7
Other	398	15,607.8
Hispanic ²	60	1,892.7

HOSPITALIZATIONS (2016)¹

	N	Rate (per 10,000)
Total	398	768.6
Male	168	679.6
Female	230	850.0
White	223	468.2
Black	3	294.1
Other	114	4,470.6
Hispanic ²	17	536.3

Under 5	62	4,335.7
5-9	38	1,092.0
10-14	36	1,309.1
15-17	24	745.3
18-24	121	3,324.2
25-44	194	2,477.7
45-64	327	1,763.8
65-74	108	1,806.0
75+	146	2,973.5

Under 5	47	3,286.7
5-9	8	229.9
10-14	4	145.5
15-17	2	62.1
18-24	49	1,346.2
25-44	30	383.1
45-64	104	560.9
65-74	67	1,120.4
75+	87	1,771.9

Top Causes of ER Visits	N	%
1 Injuries	274	25.9
2 Acute Respiratory Infections	42	4.0
3 Abdominal Pain	40	3.8
4 Infectious And Parasitic Disease	29	2.7
5 Mental Disorders	25	2.4

Top Causes of Hospitalization ³	N	%
1 Circulatory System Diseases	62	15.6
2 Other ^A	45	11.3
3 Digestive System Diseases	35	8.8
4 Neoplasms	23	5.8
5 Injury and Poisoning	23	5.8

^A Musculoskeletal System & Connective Tissue Diseases

Top Receiving Hospitals	N	%
1 Northern Westchester Hospital	453	42.9
2 Putnam Hospital Center	395	37.4
3 Westchester Medical Center	51	4.8

Top Receiving Hospitals	N	%
1 Northern Westchester Hospital	178	44.7
2 Putnam Hospital Center	93	23.4
3 Westchester Medical Center	29	7.3

Insurance Type	N	%
Private	553	52.4
Medicare	258	24.4
Medicaid	173	16.4
Other	25	2.4
Self-Pay	47	4.5

Insurance Type	N	%
Private	205	51.5
Medicare	144	36.2
Medicaid	40	10.1
Other	7	1.8
Self-Pay	2	0.5

¹ Race/Ethnicity data is from 2012 Sparcs, due to reporting errors and inconsistencies among hospitals during 2013-2016. ² Hispanic may be of any race. ³ Excludes obstetrics & newborns.

Zip codes included in the region for tabulations of Emergency Room Visits and Hospitalizations:

10519 10560 10578 (10%), representing 99.5% of the region population according to 2012-2016 ACS.



Region Area: 10.2 sq miles

Population: 38,257

ZIP Codes Serving the Region

10510* 10545 10562*

* Also serve other regions.

Municipalities Included in Region

Briarcliff Manor (V) (Ossining Part)
 Ossining (V)
 Ossining (TOV)

REGION PROFILE

OSSINING TOWN

DEMOGRAPHICS (2013-2017 ACS)			Race/Ethnicity			
Sex	N	%		N	% ¹	
Male	19,600	51.2	White	21,441	56.0	
Female	18,657	48.8	Black	4,748	12.4	
Total	38,257	100.0	Other	12,068	31.5	
			Hispanic ¹	13,389	35.0	
			Non-Hispanic	24,868	65.0	

Age	Total	Male	Female	White	Black	Hispanic ¹
0-4	2,175	1,104	1,071	860	251	1,311
5-9	2,038	1,201	837	1,112	275	892
10-14	2,779	1,299	1,480	1,083	236	1,505
15-17	1,562	914	648	730	108	642
18-24	2,655	1,250	1,405	1,444	350	916
25-44	10,774	6,027	4,747	4,839	1,611	5,232
45-64	10,783	5,538	5,245	6,938	1,400	2,449
65-74	2,768	1,161	1,607	2,171	258	326
75+	2,723	1,106	1,617	2,264	259	116

Country of Origin	N	%	Language Spoken at Home (5+)	N	%
U.S.	26,475	69.2	English	20,965	58.1
Foreign Countries	11,782	30.8	Spanish	11,386	31.6
Non-Citizen	7,149	18.7	(Other) non-English	3,731	10.3

Education (25+)	Total	Male	Female
Less than High School	4,735	2,729	2,006
High School/GED	5,338	2,958	2,380
Some College/Associate Degree	5,212	2,671	2,541
Bachelor's Degree or Higher	11,763	5,474	6,289

Family Structure	Total	White	Black	Hispanic ¹
Total Family Households	8,961	5,594	758	2,898
Families with Own Children < 18	4,328	--	--	--
Single Mother Families with Own Children <18	809	--	--	--

Employment and Income	Total	Male	Female	White	Black	Hispanic ¹
Unemployment Rate	5.3	7.0	3.4	4.9	6.0	5.2
Median Household Income (\$)	82,645	--	--	106,756	72,407	60,314
Poverty Rate (%)	8.9	7.3	10.4	7.1	6.7	14.5

Commuters	N	%
Commuters Using Alternative Mode of Transportation ²	8,167	43.5

¹ Hispanic may be of any race.

² Including carpooling, public transportation, bicycling, walking, or telecommuting.

REGION PROFILE

OSSINING TOWN

BIRTHS (2016)			DEATHS (2016)		
Total Births	409		Birthweight¹	N	%
Birth Rate (per 1,000)	10.7		Low Birthweight	36	8.8
Average Maternal Age	31.6				
Mother's Race/Ethnicity¹	N	%	Total Deaths	Total	Male
White	181	44.3	Death Rate (per 100,000)	268	130
Black	42	10.3		737.9	683.1
Other	186	45.5			138
<i>Hispanic²</i>	210	51.3			719.9
			Infant Mortality Rate (per 1,000 live birth)		7.3
Mother's Education¹	N	%	Top Five Causes of Death	N	%
Less than High School	92	22.5	1 Circulatory System Diseases	86	32.1
High School or GED	67	16.4	2 Neoplasms (any)	65	24.3
Some College (no degree)	82	20.0	3 Respiratory System Diseases	28	10.4
Bachelor's Degree or above	168	41.1	4 External Causes	18	6.7
			5 Infectious Diseases	17	6.3
Mother's Country of Origin¹	N	%	Average Age at Death	Total	Male
Foreign	225	55.0	Total	77	75
			White	79	77
Mother's Age¹	N	%	Black	66	62
Teenage Mothers	8	2.0	Other	73	66
			<i>Hispanic²</i>	65	60
Prenatal Care¹	N	%			
Late or No Prenatal Care	70	17.1			
Financial Coverage at Birth¹	N	%	COMMUNICABLE DISEASES (2018)		
MEDICAID, Child Health Plus	165	41.3	Top Five Reported Diseases	N	Rate³
Private or Other Insurance	235	58.8	1 Chlamydia	110	287.5
Self Pay	0	0.0	2 Hepatitis C Chronic	29	75.8
			3 Campylobacteriosis	19	49.7
			4 Babesiosis	14	36.6
			5 Gonorrhea, Uncomplicated	12	31.4

¹ Excluding unknown or not stated.

² Hispanics may be of any race.

MAJOR REPORTABLE SEXUALLY TRANSMITTED DISEASES (2018)

	Total	Male	Female	White	Black	Hispanic ⁴
Chlamydia	110	49	61	11	14	1
Gonorrhea	12	7	5	2	3	1
Syphilis (all stages)	6	6	0	1	1	3

REGION PROFILE

OSSINING TOWN

EMERGENCY ROOM VISITS (2016)¹

	N	Rate (per 10,000)
Total	13,698	3,591.0
Male	6,354	3,336.3
Female	7,344	3,845.0
White	7,479	3,046.1
Black	2,020	5,151.7
Other	3,971	4,302.3
Hispanic ²	3,713	3,072.1

HOSPITALIZATIONS (2016)¹

	N	Rate (per 10,000)
Total	4,164	1,091.6
Male	1,861	977.2
Female	2,303	1,205.8
White	2,554	1,040.2
Black	490	1,249.7
Other	1,059	1,147.3
Hispanic ²	793	656.1

Under 5	1,242	5,758.0
5-9	708	2,971.0
10-14	664	2,553.8
15-17	416	3,001.4
18-24	1,091	3,987.6
25-44	3,274	3,097.4
45-64	2,987	2,727.4
65-74	1,169	4,366.8
75+	2,147	7,999.3

Under 5	540	2,503.5
5-9	53	222.4
10-14	56	215.4
15-17	43	310.2
18-24	544	1,988.3
25-44	515	487.2
45-64	690	630.0
65-74	566	2,114.3
75+	1,157	4,310.7

Top Causes of ER Visits	N	%
1 Injuries	2,993	21.8
2 Infectious And Parasitic Disease	752	5.5
3 Acute Respiratory Infections	550	4.0
4 Abdominal Pain	456	3.3
5 Mental Disorders	437	3.2

Top Causes of Hospitalization ³	N	%
1 Circulatory System Diseases	452	10.9
2 Digestive System Diseases	385	9.2
3 Infectious and Parasitic Disease	354	8.5
4 Other ^A	317	7.6
5 Respiratory System Diseases	282	6.8

^A Musculoskeletal System & Connective Tissue Diseases

Top Receiving Hospitals	N	%
1 Phelps Memorial Hospital	8,349	61.0
2 Westchester Medical Center	2,740	20.0
3 Northern Westchester Hospital	704	5.1

Top Receiving Hospitals	N	%
1 Phelps Memorial Hospital	1,871	44.9
2 Westchester Medical Center	872	20.9
3 Northern Westchester Hospital	397	9.5

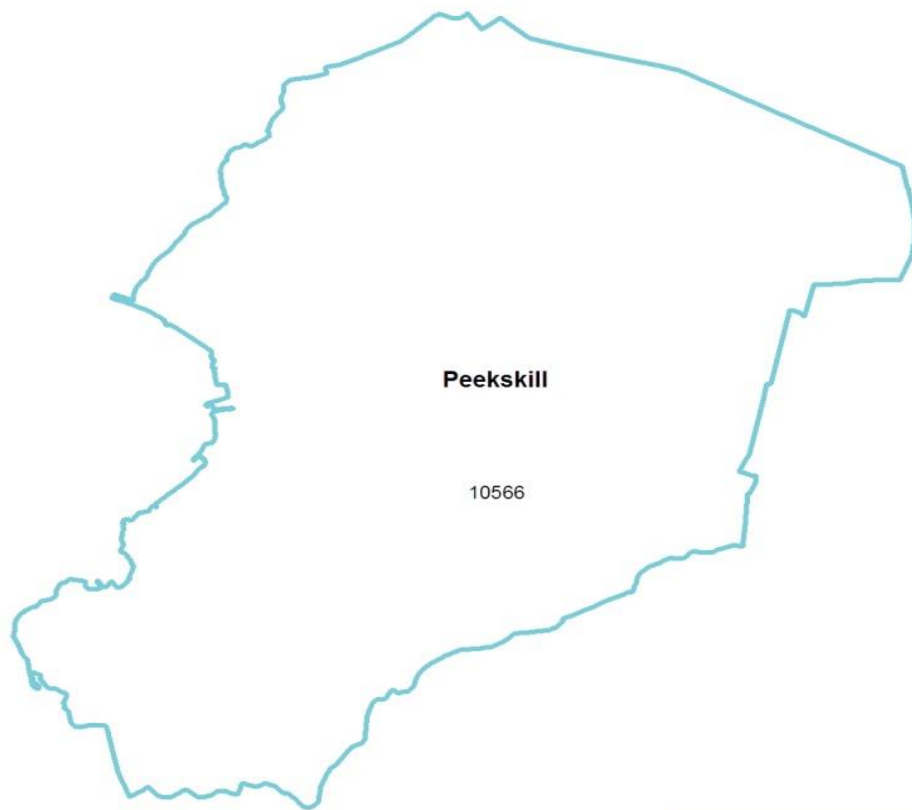
Insurance Type	N	%
Private	4,722	34.5
Medicare	3,434	25.1
Medicaid	3,815	27.9
Other	731	5.3
Self-Pay	996	7.3

Insurance Type	N	%
Private	1,403	33.7
Medicare	1,693	40.7
Medicaid	867	20.8
Other	139	3.3
Self-Pay	62	1.5

¹ Race/Ethnicity data is from 2012 Sparcs, due to reporting errors and inconsistencies among hospitals during 2013-2016. ² Hispanic may be of any race. ³ Excludes obstetrics & newborns.

Zip codes included in the region for tabulations of Emergency Room Visits and Hospitalizations:

10510 (70%) 10545 10562 (95%), representing 98.5% of the region population according to the 2010 Census. according to 2012-2016 ACS.



Region Area: 4.6 sq miles

Population: 24,111

ZIP Codes Serving the Region

10566

* Also serve other regions.

Municipalities Included in Region

Peekskill (C)

REGION PROFILE

PEEKSKILL CITY

DEMOGRAPHICS (2013-2017 ACS)			Race/Ethnicity			
Sex	N	%		N	% ¹	
Male	11,756	48.8	White	10,086	41.8	
Female	12,355	51.2	Black	5,148	21.4	
Total	24,111	100.0	Other	8,877	36.8	
			Hispanic ¹	9,523	39.5	
			Non-Hispanic	14,588	60.5	

Age	Total	Male	Female	White	Black	Hispanic ¹
0-4	1,636	745	891	551	218	1,127
5-9	1,832	1,100	732	595	441	830
10-14	1,311	486	825	363	271	623
15-17	680	413	267	137	252	339
18-24	1,796	1,099	697	455	418	993
25-44	6,734	3,403	3,331	2,670	1,213	3,095
45-64	6,339	3,120	3,219	2,766	1,698	1,862
65-74	2,259	906	1,353	1,265	487	411
75+	1,524	484	1,040	1,284	150	243

Country of Origin	N	%	Language Spoken at Home (5+)	N	%
U.S.	17,541	72.8	English	14,186	63.1
Foreign Countries	6,570	27.2	Spanish	6,768	30.1
Non-Citizen	4,458	18.5	(Other) non-English	1,521	6.8

Education (25+)	Total	Male	Female
Less than High School	3,645	1,777	1,868
High School/GED	5,017	2,622	2,395
Some College/Associate Degree	3,624	1,605	2,019
Bachelor's Degree or Higher	4,570	1,909	2,661

Family Structure	Total	White	Black	Hispanic ¹
Total Family Households	5,694	2,809	1,035	2,033
Families with Own Children < 18	2,673	--	--	--
Single Mother Families with Own Children <18	772	--	--	--

Employment and Income	Total	Male	Female	White	Black	Hispanic ¹
Unemployment Rate	6.8	6.1	7.6	3.5	7.6	6.8
Median Household Income (\$)	54,839	--	--	73,435	51,341	45,710
Poverty Rate (%)	13.0	11.4	14.5	9.5	12.2	18.3

Commuters	N	%
Commuters Using Alternative Mode of Transportation ²	4,997	42.8

¹ Hispanic may be of any race.

² Including carpooling, public transportation, bicycling, walking, or telecommuting.

REGION PROFILE

PEEKSKILL CITY

BIRTHS (2016)			DEATHS (2016)		
Total Births	328		Birthweight¹	N	%
Birth Rate (per 1,000)	13.7		Low Birthweight	23	7.0
Average Maternal Age	30.1				
Mother's Race/Ethnicity¹	N	%	Total	Male	Female
White	93	28.4	Total Deaths	192	91
Black	56	17.1	Death Rate (per 100,000)	800.8	756.5
Other	179	54.6			101
Hispanic ²	182	55.5			845.3
			Infant Mortality Rate (per 1,000 live birth)		0.0
Mother's Education¹	N	%	Top Five Causes of Death	N	%
Less than High School	94	29.0	1 Circulatory System Diseases	76	39.6
High School or GED	78	24.1	2 Neoplasms (any)	42	21.9
Some College (no degree)	65	20.1	3 Respiratory System Diseases	26	13.5
Bachelor's Degree or above	87	26.9	4 External Causes	12	6.3
			5 Nervous System Diseases	6	3.1
Mother's Country of Origin¹	N	%	Average Age at Death	Total	Male
Foreign	164	50.0	Total	79	77
			White	81	78
Mother's Age¹	N	%	Black	70	72
Teenage Mothers	9	2.7	Other	71	71
			Hispanic ²	75	67
Prenatal Care¹	N	%			
Late or No Prenatal Care	93	28.4			
Financial Coverage at Birth¹	N	%	COMMUNICABLE DISEASES (2018)		
MEDICAID, Child Health Plus	190	58.1	Top Five Reported Diseases	N	Rate³
Private or Other Insurance	136	41.6	1 Chlamydia	124	514.3
Self Pay	1	0.3	2 Gonorrhea, Uncomplicated	41	170.0
			3 Hepatitis C Chronic	18	74.7
			4 Campylobacteriosis	9	37.3
			5 Lyme Disease	7	29.0

¹ Excluding unknown or not stated.

² Hispanics may be of any race.

MAJOR REPORTABLE SEXUALLY TRANSMITTED DISEASES (2018)

	Total	Male	Female	White	Black	Hispanic ⁴
Chlamydia	124	45	79	12	15	3
Gonorrhea	41	25	16	8	12	7
Syphilis (all stages)	9	8	1	1	0	4

REGION PROFILE

PEEKSKILL CITY

EMERGENCY ROOM VISITS (2016)¹

	<u>N</u>	<u>Rate (per 10,000)</u>
Total	15,280	6,372.8
Male	6,727	5,592.3
Female	8,553	7,158.5
White	4,950	4,575.3
Black	4,096	7,409.6
Other	4,834	6,694.4
Hispanic ²	4,037	4,543.6

HOSPITALIZATIONS (2016)¹

	<u>N</u>	<u>Rate (per 10,000)</u>
Total	3,294	1,373.8
Male	1,371	1,139.7
Female	1,923	1,609.5
White	1,512	1,397.5
Black	813	1,470.7
Other	994	1,376.5
Hispanic ²	686	772.1

Under 5	1,629	9,932.9
5-9	863	5,017.4
10-14	698	6,139.0
15-17	406	5,420.6
18-24	1,527	7,654.1
25-44	4,140	5,878.2
45-64	3,506	5,667.6
65-74	1,137	5,358.2
75+	1,374	9,920.6

Under 5	401	2,445.1
5-9	28	162.8
10-14	32	281.4
15-17	42	560.7
18-24	541	2,711.8
25-44	439	623.3
45-64	664	1,073.4
65-74	415	1,955.7
75+	732	5,285.2

Top Causes of ER Visits	<u>N</u>	<u>%</u>
1 Injuries	2,803	18.3
2 Acute Respiratory Infections	945	6.2
3 Abdominal Pain	702	4.6
4 Infectious and Parasitic Disease	568	3.7
5 Back, Neck, Or Spine Disorders	563	3.7

Top Causes of Hospitalization³	<u>N</u>	<u>%</u>
1 Circulatory System Diseases	418	12.7
2 Digestive System Diseases	283	8.6
3 Respiratory System Diseases	264	8.0
4 Mental & Behavioral Disorders	248	7.5
5 Infectious and Parasitic Disease	234	7.1

Top Receiving Hospitals	<u>N</u>	<u>%</u>
1 NY Presbyterian Hudson Valley	12,466	81.6
2 Westchester Medical Center	1,229	8.0
3 Phelps Memorial Hospital	586	3.8

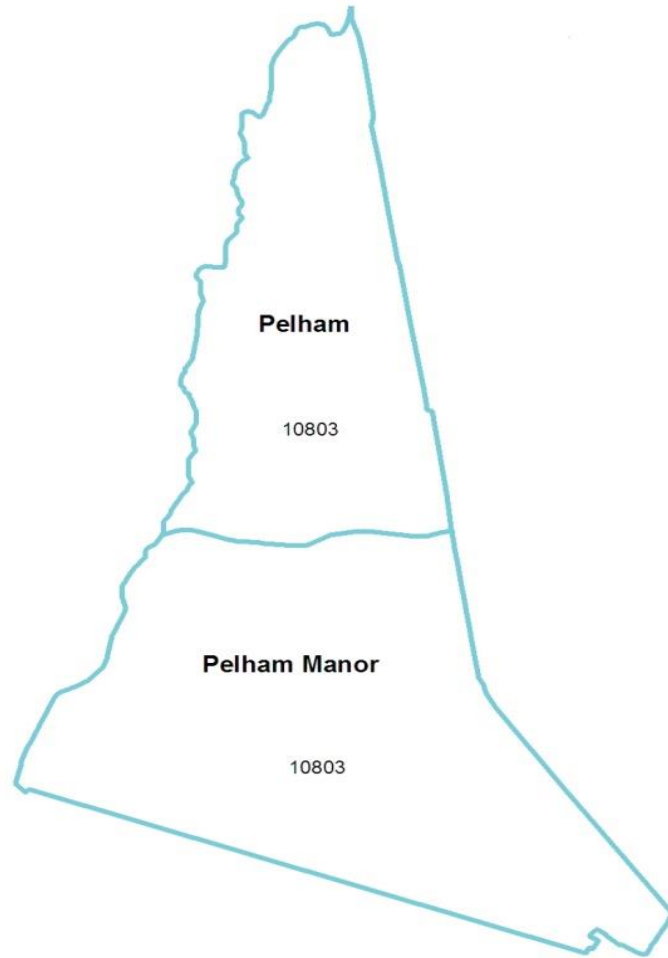
Top Receiving Hospitals	<u>N</u>	<u>%</u>
1 NY Presbyterian Hudson Valley	2,049	62.2
2 Westchester Medical Center	500	15.2
3 Phelps Memorial Hospital	173	5.3

Insurance Type	<u>N</u>	<u>%</u>
Private	3,868	25.3
Medicare	3,161	20.7
Medicaid	6,147	40.2
Other	439	2.9
Self-Pay	1,665	10.9

Insurance Type	<u>N</u>	<u>%</u>
Private	907	27.5
Medicare	1,297	39.4
Medicaid	952	28.9
Other	50	1.5
Self-Pay	88	2.7

¹ Race/Ethnicity data is from 2012 Sparcs, due to reporting errors and inconsistencies among hospitals during 2013-2016. ² Hispanic may be of any race. ³ Excludes obstetrics & newborns.

Zip codes included in the region for tabulations of Emergency Room Visits and Hospitalizations:
10566, representing 100.0% of the region population according to the 2012-2016 ACS.



 Municipalities

Region Area: 2.1 sq miles

Population: 12,650

ZIP Codes Serving the Region

10803*

* Also serve other regions.

Municipalities Included in Region

Pelham (V)
Pelham Manor (V)

REGION PROFILE

PELHAM TOWN

DEMOGRAPHICS (2013-2017 ACS)			Race/Ethnicity			
Sex	N	%			N	%
Male	6,278	49.6	White		9,973	78.8
Female	6,372	50.4	Black		1,005	7.9
Total	12,650	100.0	Other		1,672	13.2
			Hispanic ¹		1,458	11.5
			Non-Hispanic		11,192	88.5

Age	Total	Male	Female	White	Black	Hispanic ¹
0-4	749	469	280	559	54	95
5-9	918	641	277	664	109	126
10-14	1,238	544	694	943	110	209
15-17	692	362	330	528	44	65
18-24	1,011	396	615	624	156	200
25-44	2,723	1,266	1,457	2,238	197	285
45-64	3,580	1,776	1,804	2,916	267	360
65-74	899	474	425	733	43	92
75+	840	350	490	768	25	26

Country of Origin	N	%	Language Spoken at Home (5+)	N	%
U.S.	10,723	84.8	English	9,674	81.3
Foreign Countries	1,927	15.2	Spanish	839	7.0
Non-Citizen	705	5.6	(Other) non-English	1,388	11.7

Education (25+)	Total	Male	Female
Less than High School	422	227	195
High School/GED	1,447	762	685
Some College/Associate Degree	1,085	411	674
Bachelor's Degree or Higher	5,088	2,466	2,622

Family Structure	Total	White	Black	Hispanic ¹
Total Family Households	3,275	2,685	225	331
Families with Own Children < 18	1,735	--	--	--
Single Mother Families with Own Children <18	269	--	--	--

Employment and Income	Total	Male	Female	White	Black	Hispanic ¹
Unemployment Rate	5.3	3.9	6.8	3.7	17.0	3.2
Median Household Income (\$)	146,833	--	--	150,556	90,357	156,667
Poverty Rate (%)	3.6	3.1	4.0	3.4	0.0	10.1

Commuters	N	%
Commuters Using Alternative Mode of Transportation ²	2,986	49.4

¹ Hispanic may be of any race.

² Including carpooling, public transportation, bicycling, walking, or telecommuting.

REGION PROFILE

PELHAM TOWN

BIRTHS (2016)			Birthweight ¹			
Total Births	122		Low Birthweight	N 4	% 3.3	
Birth Rate (per 1,000)	9.7					
Average Maternal Age	34.5					
Mother's Race/Ethnicity ¹			DEATHS (2016)			
	N	%		Total	Male	Female
White	86	70.5	Total Deaths	72	38	34
Black	6	4.9	Death Rate (per 100,000)	573.2	598.6	547.3
Other	30	24.6				
Hispanic ²	14	11.5				
Mother's Education ¹			Infant Mortality Rate (per 1,000 live birth)			
	N	%	0.0			
Less than High School	2	1.6				
High School or GED	5	4.1				
Some College (no degree)	13	10.7				
Bachelor's Degree or above	102	83.6				
Mother's Country of Origin ¹			Top Five Causes of Death			
	N	%		N	%	
Foreign	43	35.2	1 Circulatory System Diseases	25	34.7	
			2 Neoplasms (any)	24	33.3	
			3 Respiratory System Diseases	5	6.9	
			4 Digestive System Diseases	5	6.9	
			5 Kidney Disease	3	4.2	
Mother's Age ¹			Average Age at Death			
	N	%		Total	Male	Female
Teenage Mothers	1	0.8	Total	76	78	74
			White	77	78	76
			Black	66	76	60
			Other	68	--	68
			Hispanic ²	--	--	--
Prenatal Care ¹			COMMUNICABLE DISEASES (2018)			
	N	%				
Late or No Prenatal Care	18	14.8				
Financial Coverage at Birth ¹			Top Five Reported Diseases			
	N	%		N	Rate ³	
MEDICAID, Child Health Plus	9	10.5	1 Chlamydia	27	213.4	
Private or Other Insurance	76	88.4	2 Gonorrhea, Uncomplicated	7	55.3	
Self Pay	1	1.2	3 Giardiasis	4	31.6	
			4 Campylobacteriosis	3	23.7	
			5 Hepatitis C Chronic	3	23.7	

¹ Excluding unknown or not stated.

² Hispanics may be of any race.

MAJOR REPORTABLE SEXUALLY TRANSMITTED DISEASES (2018)

	Total	Male	Female	White	Black	Hispanic ⁴
Chlamydia	27	9	18	1	0	1
Gonorrhea	7	4	3	0	2	1
Syphilis (all stages)	1	1	0	1	0	0

REGION PROFILE

PELHAM TOWN

EMERGENCY ROOM VISITS (2016)¹

	<u>N</u>	<u>Rate (per 10,000)</u>
Total	2,568	2,044.6
Male	1,215	1,914.0
Female	1,353	2,178.0
White	1,886	1,907.2
Black	341	3,639.3
Other	393	2,530.6
Hispanic ²	342	3,100.6

HOSPITALIZATIONS (2016)¹

	<u>N</u>	<u>Rate (per 10,000)</u>
Total	877	698.2
Male	435	685.3
Female	442	711.5
White	772	780.7
Black	85	907.2
Other	185	1,191.2
Hispanic ²	56	507.7

Under 5	172	2,308.7
5-9	139	1,441.9
10-14	133	1,155.5
15-17	89	1,234.4
18-24	252	2,863.6
25-44	493	1,743.9
45-64	673	1,891.0
65-74	245	2,692.3
75+	372	4,632.6

Under 5	111	1,489.9
5-9	10	103.7
10-14	13	112.9
15-17	11	152.6
18-24	99	1,125.0
25-44	113	399.7
45-64	161	452.4
65-74	131	1,439.6
75+	228	2,839.4

Top Causes of ER Visits	<u>N</u>	<u>%</u>
1 Injuries	648	25.2
2 Acute Respiratory Infections	111	4.3
3 Infectious and Parasitic Disease	109	4.2
4 Mental Disorders	83	3.2
5 Abdominal Pain	62	2.4

Top Causes of Hospitalization³	<u>N</u>	<u>%</u>
1 Circulatory System Diseases	111	12.7
2 Digestive System Diseases	77	8.8
3 Neoplasms	64	7.3
4 Other ^A	62	7.1
5 Respiratory System	56	6.4

^A Musculoskeletal System & Connective Tissue Diseases

Top Receiving Hospitals	<u>N</u>	<u>%</u>
1 Montefiore New Rochelle	1,035	40.3
2 NY Presbyterian Lawrence	577	22.5
3 White Plains Hospital Center	203	7.9

Top Receiving Hospitals	<u>N</u>	<u>%</u>
1 Montefiore New Rochelle	165	18.8
2 NY Presbyterian Lawrence	134	15.3
3 White Plains Hospital Center	96	10.9

Insurance Type	<u>N</u>	<u>%</u>
Private	1,663	64.8
Medicare	510	19.9
Medicaid	149	5.8
Other	170	6.6
Self-Pay	76	3.0

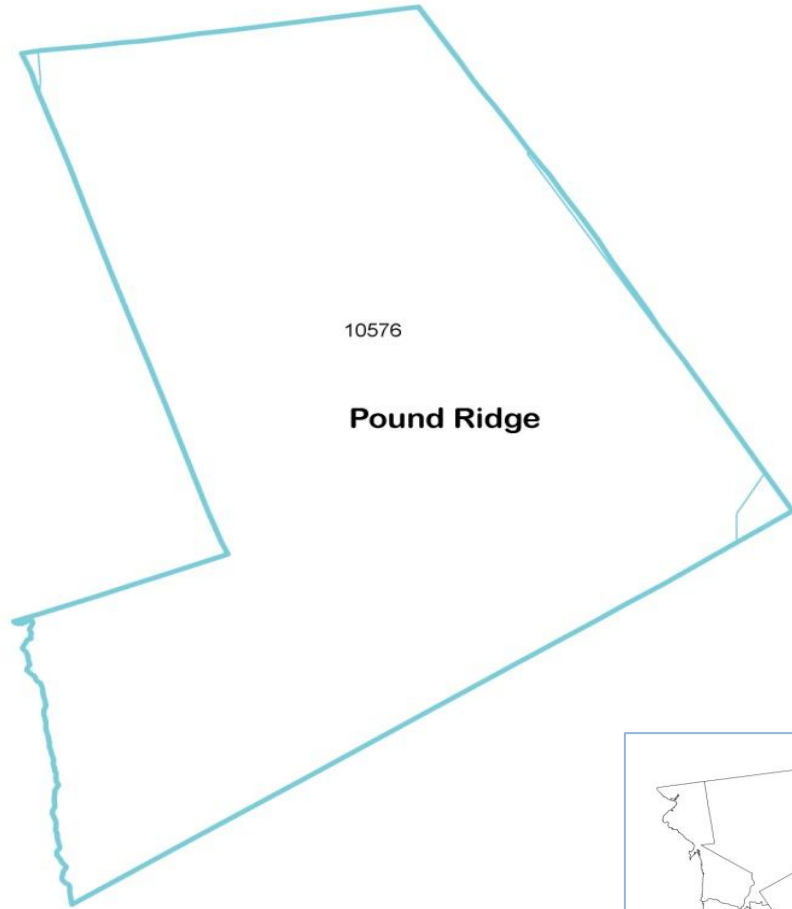
Insurance Type	<u>N</u>	<u>%</u>
Private	545	62.1
Medicare	289	33.0
Medicaid	35	4.0
Other	3	0.3
Self-Pay	5	0.6

¹ Race/Ethnicity data is from 2012 Sparcs, due to reporting errors and inconsistencies among hospitals during 2013-2016. ² Hispanic may be of any race. ³ Excludes obstetrics & newborns.

Zip codes included in the region for tabulations of Emergency Room Visits and Hospitalizations: 10803, representing 100.0% of the region population according to 2012-2016 ACS.

REGION PROFILE

POUND RIDGE TOWN



Region Area: 23.2 sq miles

Population: 5,230

ZIP Codes Serving the Region

10576*

* Also serve other regions.

Municipalities Included in Region

Pound Ridge (T)

REGION PROFILE

POUND RIDGE TOWN

DEMOGRAPHICS (2013-2017 ACS)			Race/Ethnicity			
Sex	N	%		N	%	
Male	2,382	45.5	White	4,874	93.2	
Female	2,848	54.5	Black	78	1.5	
Total	5,230	100.0	Other	278	5.3	
			Hispanic ¹	106	2.0	
			Non-Hispanic	5,124	98.0	

Age	Total	Male	Female	White	Black	Hispanic ¹
0-4	118	52	66	78	0	0
5-9	306	139	167	250	0	0
10-14	372	196	176	354	11	9
15-17	285	107	178	273	12	0
18-24	338	114	224	338	0	15
25-44	580	272	308	515	12	10
45-64	2,054	1,000	1,054	1,937	10	72
65-74	817	369	448	780	22	0
75+	360	133	227	349	11	0

Country of Origin	N	%	Language Spoken at Home (5+)	N	%
U.S.	4,747	90.8	English	4,637	90.7
Foreign Countries	483	9.2	Spanish	49	1.0
Non-Citizen	138	2.6	(Other) non-English	426	8.3

Education (25+)	Total	Male	Female
Less than High School	27	15	12
High School/GED	339	108	231
Some College/Associate Degree	566	247	319
Bachelor's Degree or Higher	2,879	1,404	1,475

Family Structure	Total	White	Black	Hispanic ¹
Total Family Households	1,618	1,513	20	40
Families with Own Children < 18	588	--	--	--
Single Mother Families with Own Children <18	57	--	--	--

Employment and Income	Total	Male	Female	White	Black	Hispanic ¹
Unemployment Rate	2.7	1.4	4.3	2.9	0.0	0.0
Median Household Income (\$)	198,500	--	--	200,119	--	>250K
Poverty Rate (%)	0.7	1.0	0.4	0.8	0.0	0.0

Commuters	N	%
Commuters Using Alternative Mode of Transportation ²	1,028	41.0

¹ Hispanic may be of any race.

² Including carpooling, public transportation, bicycling, walking, or telecommuting.

REGION PROFILE

POUND RIDGE TOWN

BIRTHS (2016)			Birthweight ¹			
Total Births	26		Low Birthweight	N 0	% 0.0	
Birth Rate (per 1,000)	5.0					
Average Maternal Age	34.7					
Mother's Race/Ethnicity ¹			DEATHS (2016)			
	N	%		Total	Male	Female
White	21	80.8	Total Deaths	14	8	6
Black	1	3.8	Death Rate (per 100,000)	268.5	346.6	206.5
Other	4	15.4				
Hispanic ²	2	7.7	Infant Mortality Rate (per 1,000 live birth)			0.0
Mother's Education ¹			Top Five Causes of Death			
	N	%		N	%	
Less than High School	0	0.0	1 Neoplasms (any)	4	28.6	
High School or GED	2	7.7	2 Circulatory System Diseases	3	21.4	
Some College (no degree)	1	3.8	3 Respiratory System Diseases	2	14.3	
Bachelor's Degree or above	23	88.5	4 External Causes	1	7.1	
Mother's Country of Origin ¹						
	N	%	5 Nervous System Diseases	1	7.1	
Foreign	6	23.1				
Mother's Age ¹			Average Age at Death			
	N	%		Total	Male	Female
Teenage Mothers	1	3.8	Total	76	72	82
			White	76	72	82
			Black	--	--	--
			Other	--	--	--
			Hispanic ²	--	--	--
Prenatal Care ¹			COMMUNICABLE DISEASES (2018)			
	N	%				
Late or No Prenatal Care	4	15.4	Top Five Reported Diseases	N	Rate ³	
			1 Chlamydia	10	191.2	
			2 Babesiosis	4	76.5	
			3 Anaplasmosis	3	57.4	
			4 Campylobacteriosis	3	57.4	
			5 Hepatitis B Chronic	2	38.2	
Financial Coverage at Birth ¹						
	N	%				
MEDICAID, Child Health Plus	4	22.2				
Private or Other Insurance	14	77.8				
Self Pay	0	0.0				

¹ Excluding unknown or not stated.

² Hispanics may be of any race.

MAJOR REPORTABLE SEXUALLY TRANSMITTED DISEASES (2016)

	Total	Male	Female	White	Black	Hispanic ⁴
Chlamydia	10	2	8	0	0	0
Gonorrhea	0	0	0	0	0	0
Syphilis (all stages)	1	1	0	0	0	0

REGION PROFILE

POUND RIDGE TOWN

EMERGENCY ROOM VISITS (2016)¹

	N	Rate (per 10,000)
Total	880	1,687.8
Male	433	1,876.1
Female	447	1,538.2
White	929	1,987.2
Black	23	2,948.7
Other	101	2,885.7
Hispanic ²	46	1,479.1

HOSPITALIZATIONS (2016)¹

	N	Rate (per 10,000)
Total	337	646.3
Male	184	797.2
Female	153	526.5
White	301	643.9
Black	10	1,282.1
Other	43	1,228.6
Hispanic ²	10	321.5

Under 5	30	1,333.3
5-9	25	822.4
10-14	58	1,446.4
15-17	45	1,500.0
18-24	73	2,552.4
25-44	117	1,700.6
45-64	252	1,289.0
65-74	81	1,114.2
75+	199	6,067.1

Under 5	21	933.3
5-9	3	98.7
10-14	5	124.7
15-17	7	233.3
18-24	29	1,014.0
25-44	25	363.4
45-64	72	368.3
65-74	38	522.7
75+	137	4,176.8

Top Causes of ER Visits	N	%
1 Injuries	247	28.1
2 Mental Disorders	46	5.2
3 Infectious And Parasitic Disease	32	3.6
4 Abdominal Pain	32	3.6
5 Back, Neck, Or Spine Disorders	27	3.1

Top Causes of Hospitalization ³	N	%
1 Circulatory System Diseases	55	16.3
2 Other ^A	44	13.1
3 Digestive System Diseases	31	9.2
4 Mental & Behavioral Diseases	30	8.9
5 Infectious and Parasitic Disease	22	6.5

^A Musculoskeletal System & Connective Tissue Diseases

Top Receiving Hospitals	N	%
1 Northern Westchester Hospital	669	76.0
2 Westchester Medical Center	44	5.0
3 White Plains Hospital Center	21	2.4

Top Receiving Hospitals	N	%
1 Northern Westchester Hospital	172	51.0
2 Westchester Medical Center	30	8.9
3 Mount Sinai Hospital	19	5.6

Insurance Type	N	%
Private	522	59.3
Medicare	262	29.8
Medicaid	58	6.6
Other	14	1.6
Self-Pay	24	2.7

Insurance Type	N	%
Private	156	46.3
Medicare	163	48.4
Medicaid	16	4.7
Other	1	0.3
Self-Pay	1	0.3

¹ Race/Ethnicity data is from 2012 Sparcs, due to reporting errors and inconsistencies among hospitals during 2013-2016. ² Hispanic may be of any race. ³ Excludes obstetrics & newborns.

Zip codes included in the region for tabulations of Emergency Room Visits and Hospitalizations: 10576, representing 93.6% of the region population according to the 2012-2016 ACS.



Region Area: 6.1 sq miles

Population: 16,004

ZIP Codes Serving the Region

10580*

* Also serve other regions.

Municipalities Included in Region

Rye (C)

REGION PROFILE

RYE CITY

DEMOGRAPHICS (2013-2017 ACS)

Sex	N	%
Male	7,770	48.6
Female	8,234	51.4
Total	16,004	100.0

Race/Ethnicity	N	%
White	14,399	90.0
Black	145	0.9
Other	1,460	9.1
Hispanic ¹	977	6.1
Non-Hispanic	15,027	93.9

Age	Total	Male	Female	White	Black	Hispanic ¹
0-4	925	458	467	738	14	54
5-9	1,334	761	573	1,200	0	26
10-14	1,771	943	828	1,626	0	51
15-17	801	319	482	694	0	92
18-24	1,001	554	447	871	0	69
25-44	2,724	1,197	1,527	2,330	79	172
45-64	4,977	2,528	2,449	4,613	30	393
65-74	1,009	491	518	976	0	65
75+	1,462	519	943	1,351	22	55

Country of Origin	N	%
U.S.	13,416	83.8
Foreign Countries	2,588	16.2
Non-Citizen	1,311	8.2

Language Spoken at Home (5+)	N	%
English	12,318	81.7
Spanish	829	5.5
(Other) non-English	1,932	12.8

Education (25+)	Total	Male	Female
Less than High School	422	175	247
High School/GED	941	425	516
Some College/Associate Degree	1,330	457	873
Bachelor's Degree or Higher	7,479	3,678	3,801

Family Structure	Total	White	Black	Hispanic ¹
Total Family Households	4,108	3,807	13	206
Families with Own Children < 18	2,211	--	--	--
Single Mother Families with Own Children <18	106	--	--	--

Employment and Income	Total	Male	Female	White	Black	Hispanic ¹
Unemployment Rate	3.6	3.8	3.3	3.7	0.0	5.0
Median Household Income (\$)	172,422	--	--	183,220	41,719	91,106
Poverty Rate (%)	3.2	1.8	4.5	2.9	11.7	5.2

Commuters	N	%
Commuters Using Alternative Mode of Transportation ²	3,379	50.8

¹ Hispanic may be of any race.
² Including carpooling, public transportation, bicycling, walking, or telecommuting.

REGION PROFILE

RYE CITY

BIRTHS (2016)			DEATHS (2016)		
Total Births	107		Birthweight¹	N	%
Birth Rate (per 1,000)	6.7		Low Birthweight	7	6.5
Average Maternal Age	35.0				
Mother's Race/Ethnicity¹	N	%	Total	Male	Female
White	94	87.9	Total Deaths	110	55
Black	1	0.9	Death Rate (per 100,000)	689.7	702.1
Other	12	11.2			55
Hispanic ²	6	5.6			677.8
Mother's Education¹	N	%	Infant Mortality Rate (per 1,000 live birth)		0.0
Less than High School	1	0.9			
High School or GED	3	2.8	Top Five Causes of Death	N	%
Some College (no degree)	4	3.7	1 Circulatory System Diseases	43	39.1
Bachelor's Degree or above	99	92.5	2 Neoplasms (any)	21	19.1
Mother's Country of Origin¹	N	%	3 Nervous System Diseases	10	9.1
Foreign	21	19.6	4 Respiratory System Diseases	6	5.5
Mother's Age¹	N	%	5 External Causes	5	4.5
Teenage Mothers	0	0.0	Average Age at Death	Total	Male
Prenatal Care¹	N	%	Total	84	79
Late or No Prenatal Care	11	10.3	White	84	79
Financial Coverage at Birth¹	N	%	Black	82	82
MEDICAID, Child Health Plus	3	9.4	Other	97	--
Private or Other Insurance	29	90.6	Hispanic ²	70	70
Self Pay	0	0.0			--
COMMUNICABLE DISEASES (2018)			Top Five Reported Diseases	N	Rate³
			1 Chlamydia	26	162.5
			2 Hepatitis C Chronic	7	43.7
			3 Campylobacteriosis	4	25.0
			4 Anaplasmosis	4	25.0
			5 E. Coli Shiga	4	25.0

¹ Excluding unknown or not stated.

² Hispanics may be of any race.

MAJOR REPORTABLE SEXUALLY TRANSMITTED DISEASES (2018)

	Total	Male	Female	White	Black	Hispanic ⁴
Chlamydia	26	12	14	3	0	0
Gonorrhea	1	1	0	0	0	0
Syphilis (all stages)	3	3	0	0	0	1

REGION PROFILE

RYE CITY

EMERGENCY ROOM VISITS (2016)¹

	N	Rate (per 10,000)
Total	1,075	674.0
Male	504	643.3
Female	571	703.6
White	726	512.8
Black	36	2,011.2
Other	163	1,184.6
Hispanic ²	56	503.1

HOSPITALIZATIONS (2016)¹

	N	Rate (per 10,000)
Total	571	358.0
Male	280	357.4
Female	291	358.6
White	531	375.1
Black	12	670.4
Other	165	1,199.1
Hispanic ²	19	170.7

Under 5	60	676.4
5-9	55	385.4
10-14	63	358.6
15-17	51	607.1
18-24	117	1,273.1
25-44	154	545.7
45-64	278	573.8
65-74	67	623.8
75+	230	1,669.1

Under 5	39	439.7
5-9	11	77.1
10-14	19	108.1
15-17	15	178.6
18-24	56	609.4
25-44	75	265.8
45-64	116	239.4
65-74	76	707.6
75+	164	1,190.1

Top Causes of ER Visits	N	%
1 Injuries	208	19.3
2 Mental Disorders	53	4.9
3 Infectious and Parasitic Disease	47	4.4
4 Abdominal Pain	44	4.1
5 Abuse of Drugs or Alcohol	28	2.6

Top Causes of Hospitalization ³	N	%
1 Circulatory System Diseases	78	13.7
2 Other ⁴	67	11.7
3 Mental & Behavioral Disorders	54	9.5
4 Neoplasms	51	8.9
5 Respiratory System Diseases	44	7.7

⁴ Musculoskeletal System & Connective Tissue Diseases

Top Receiving Hospitals	N	%
1 White Plains Hospital Center	530	49.3
2 Westchester Medical Center	161	15.0
3 NY Presbyterian Weill Cornell	46	4.3

Top Receiving Hospitals	N	%
1 White Plains Hospital Center	190	33.3
2 Westchester Medical Center	50	8.8
3 NY Presbyterian Columbia	40	7.0

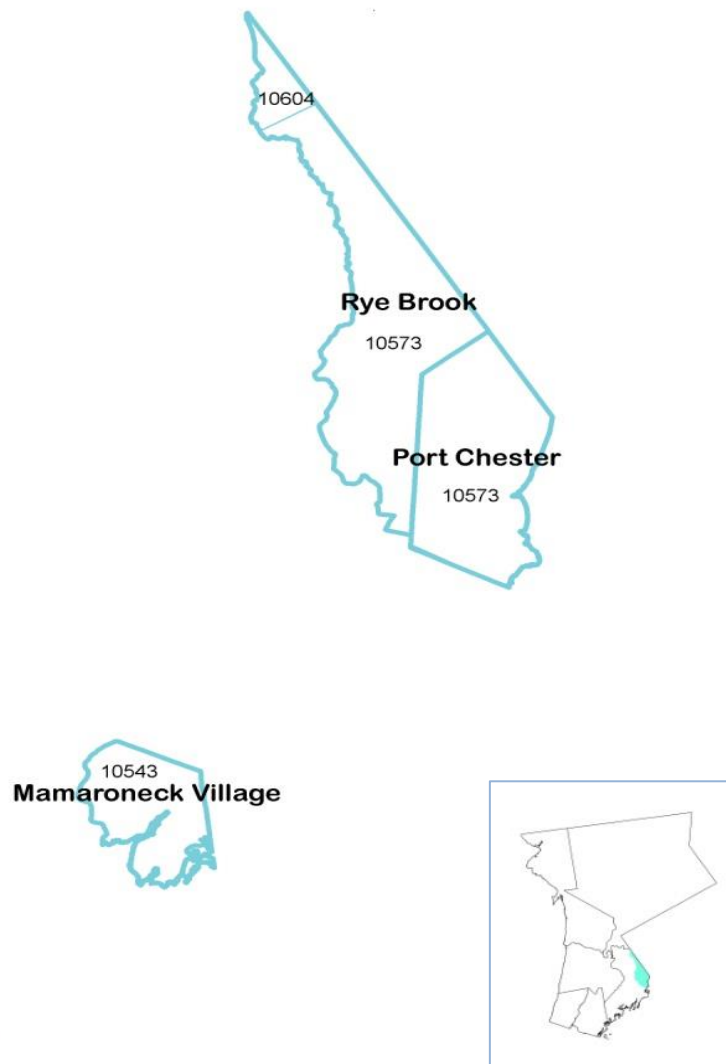
Insurance Type	N	%
Private	682	63.4
Medicare	287	26.7
Medicaid	52	4.8
Other	29	2.7
Self-Pay	25	2.3

Insurance Type	N	%
Private	325	56.9
Medicare	210	36.8
Medicaid	27	4.7
Other	8	1.4
Self-Pay	1	0.2

¹ Race/Ethnicity data is from 2012 Sparcs, due to reporting errors and inconsistencies among hospitals during 2013-2016. ² Hispanic may be of any race. ³ Excludes obstetrics & newborns.

Zip codes included in the region for tabulations of Emergency Room Visits and Hospitalizations:

10580 (91%), representing 98.5% of the region population according to the 2012-2016 ACS.



Region Area: 6.9 sq miles
 Population: 46,978

ZIP Codes Serving the Region

10543* 10538* 10573 10604*

* Also serve other regions.

Municipalities Included in Region

Mamaroneck (V) (Rye part)
 Port Chester (V)
 Rye Brook (V)

REGION PROFILE

RYE TOWN

DEMOGRAPHICS (2013-2017 ACS)			Race/Ethnicity			
Sex	N	%		N	% ¹	
Male	23,704	50.5	White	30,450	64.8	
Female	23,274	49.5	Black	2,094	4.5	
Total	46,978	100.0	Other	14,434	30.7	
			Hispanic ¹	21,669	46.1	
			Non-Hispanic	25,309	53.9	

Age	Total	Male	Female	White	Black	Hispanic ¹
0-4	2,929	1,637	1,292	1,597	105	1,792
5-9	3,450	1,738	1,712	2,067	211	1,747
10-14	3,095	1,589	1,506	1,786	162	1,698
15-17	2,032	925	1,107	1,295	108	804
18-24	3,584	2,271	1,313	2,308	131	2,133
25-44	13,531	7,146	6,385	7,473	600	8,007
45-64	12,066	6,015	6,051	8,532	433	4,402
65-74	3,286	1,391	1,895	2,818	209	528
75+	3,005	992	2,013	2,574	135	558

Country of Origin	N	%	Language Spoken at Home (5+)	N	%
U.S.	29,516	62.8	English	21,200	48.1
Foreign Countries	17,462	37.2	Spanish	18,328	41.6
Non-Citizen	11,622	24.7	(Other) non-English	4,521	10.3

Education (25+)	Total	Male	Female
Less than High School	7,016	3,955	3,061
High School/GED	7,364	3,625	3,739
Some College/Associate Degree	5,747	2,493	3,254
Bachelor's Degree or Higher	11,761	5,471	6,290

Family Structure	Total	White	Black	Hispanic ¹
Total Family Households	11,188	7,712	420	4,625
Families with Own Children < 18	5,719	--	--	--
Single Mother Families with Own Children <18	1,176	--	--	--

Employment and Income	Total	Male	Female	White	Black	Hispanic ¹
Unemployment Rate	6.8	6.0	7.7	5.7	18.0	6.0
Median Household Income (\$)	78,245	--	--	94,158	31,928	55,800
Poverty Rate (%)	10.0	9.7	10.4	7.2	22.0	14.3

Commuters	N	%
Commuters Using Alternative Mode of Transportation ²	9,220	39.4

¹ Hispanic may be of any race.

² Including carpooling, public transportation, bicycling, walking, or telecommuting.

REGION PROFILE

RYE TOWN

BIRTHS (2016)			Birthweight ¹		
Total Births	538		Low Birthweight	<u>N</u> 46	<u>%</u> 8.6
Birth Rate (per 1,000)	11.5		DEATHS (2016)		
Average Maternal Age	31.2			<u>Total</u>	<u>Male</u>
					<u>Female</u>
Mother's Race/Ethnicity¹	<u>N</u>	<u>%</u>	Total Deaths	314	139
White	235	43.7	Death Rate (per 100,000)	682.4	601.7
Black	17	3.2			175
Other	286	53.2			743.8
Hispanic ²	343	63.8			
			Infant Mortality Rate (per 1,000 live birth)		3.7
Mother's Education¹	<u>N</u>	<u>%</u>	Top Five Causes of Death	<u>N</u>	<u>%</u>
Less than High School	147	27.3	1 Circulatory System Diseases	103	32.8
High School or GED	98	18.2	2 Neoplasms (any)	81	25.8
Some College (no degree)	81	15.1	3 Respiratory System Diseases	32	10.2
Bachelor's Degree or above	212	39.4	4 External Causes	19	6.1
			5 Infectious Diseases	15	4.8
Mother's Country of Origin¹	<u>N</u>	<u>%</u>	Average Age at Death	<u>Total</u>	<u>Male</u>
Foreign	335	62.3	Total	79	75
			White	80	75
Mother's Age¹	<u>N</u>	<u>%</u>	Black	73	71
Teenage Mothers	27	5.0	Other	76	68
			Hispanic ²	70	61
Prenatal Care¹	<u>N</u>	<u>%</u>			
Late or No Prenatal Care	89	16.5			
			COMMUNICABLE DISEASES (2018)		
Financial Coverage at Birth¹	<u>N</u>	<u>%</u>	Top Five Reported Diseases	<u>N</u>	<u>Rate</u>
MEDICAID, Child Health Plus	206	57.5	1 Chlamydia	145	308.7
Private or Other Insurance	152	42.5	2 Gonorrhea, Uncomplicated	34	72.4
Self Pay	0	0.0	3 Hepatitis C Chronic	20	42.6
			4 Campylobacteriosis	18	38.3
			5 Salmonellosis	7	14.9

¹ Excluding unknown or not stated.

² Hispanics may be of any race.

MAJOR REPORTABLE SEXUALLY TRANSMITTED DISEASES (2018)

	<u>Total</u>	<u>Male</u>	<u>Female</u>	<u>White</u>	<u>Black</u>	<u>Hispanic⁴</u>
Chlamydia	145	49	96	25	2	11
Gonorrhea	34	24	10	10	1	7
Syphilis (all stages)	7	3	4	4	0	3

REGION PROFILE

RYE TOWN

EMERGENCY ROOM VISITS (2016)¹

	N	Rate (per 10,000)
Total	5,831	1,249.3
Male	2,757	1,192.1
Female	3,072	1,304.5
White	2,733	1,013.9
Black	587	1,870.0
Other	2,174	1,375.8
Hispanic ²	2,316	1,227.9

HOSPITALIZATIONS (2016)¹

	N	Rate (per 10,000)
Total	2,675	573.1
Male	1,194	516.3
Female	1,481	628.9
White	1,541	571.7
Black	215	684.9
Other	1,099	695.5
Hispanic ²	946	501.6

Under 5	540	1,924.4
5-9	216	675.0
10-14	206	661.3
15-17	180	945.9
18-24	539	1,436.2
25-44	1,748	1,316.4
45-64	1,350	1,089.1
65-74	441	1,378.6
75+	611	2,019.2

Under 5	438	1,560.9
5-9	31	96.9
10-14	40	128.4
15-17	40	210.2
18-24	527	1,404.2
25-44	387	291.4
45-64	439	354.2
65-74	309	965.9
75+	464	1,533.4

Top Causes of ER Visits	N	%
1 Injuries	956	16.4
2 Mental Disorders	346	5.9
3 Infectious And Parasitic Disease	268	4.6
4 Abdominal Pain	265	4.5
5 Back, Neck, Or Spine Disorders	194	3.3

Top Causes of Hospitalization ³	N	%
1 Mental & Behavioral Disorders	313	11.7
2 Circulatory System Diseases	294	11.0
3 Digestive System Diseases	182	6.8
4 Neoplasms	159	5.9
5 Other ^A	154	5.8

^A Musculoskeletal System & Connective Tissue Diseases

Top Receiving Hospitals	N	%
1 White Plains Hospital Center	2,773	47.6
2 Westchester Medical Center	1,281	22.0
3 Montefiore New Rochelle	584	10.0

Top Receiving Hospitals	N	%
1 White Plains Hospital Center	858	32.1
2 Westchester Medical Center	519	19.4
3 Phelps Memorial Hospital	334	12.5

Insurance Type	N	%
Private	2,784	47.7
Medicare	1,107	19.0
Medicaid	1,339	23.0
Other	282	4.8
Self-Pay	319	5.5

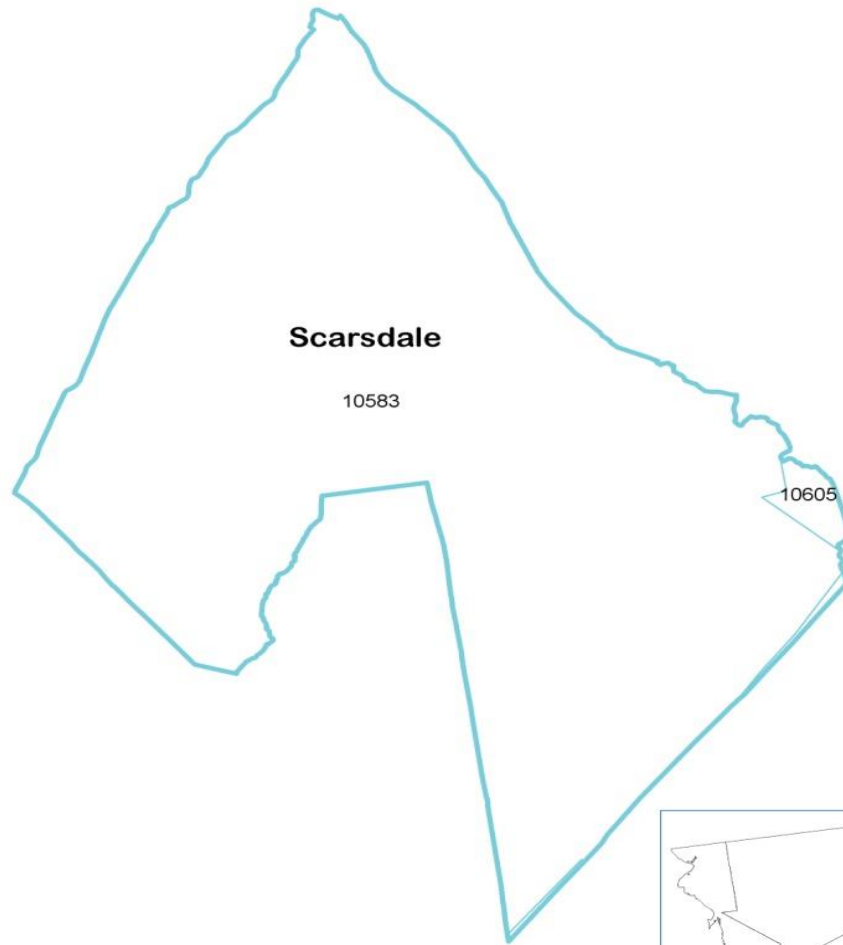
Insurance Type	N	%
Private	1,039	38.8
Medicare	789	29.5
Medicaid	778	29.1
Other	31	1.2
Self-Pay	38	1.4

¹ Race/Ethnicity data is from 2012 Sparcs, due to reporting errors and inconsistencies among hospitals during 2013-2016. ² Hispanic may be of any race. ³ Excludes obstetrics & newborns.

Zip codes included in the region for tabulations of Emergency Room Visits and Hospitalizations:
10543 (37%) 10573, representing 99.8% of the region population according to the 2012-2016 ACS.

REGION PROFILE

SCARSDALE TOWN/VILLAGE



Region Area: 6.7 sq miles

Population: 17,856

ZIP Codes Serving the Region

10583* 10605*

* Also serve other regions.

Municipalities Included in Region

Scarsdale (T/V)

REGION PROFILE

SCARSDALE TOWN/VILLAGE

DEMOGRAPHICS (2013-2017 ACS)			Race/Ethnicity			
Sex	N	%		N	%	
Male	8,444	47.3	White	14,354	80.4	
Female	9,412	52.7	Black	161	0.9	
Total	17,856	100.0	Other	3,341	18.7	
			Hispanic ¹	794	4.4	
			Non-Hispanic	17,062	95.6	

Age	Total	Male	Female	White	Black	Hispanic ¹
0-4	936	381	555	773	7	28
5-9	1,833	829	1,004	1,391	0	47
10-14	1,687	886	801	1,335	32	57
15-17	1,167	528	639	905	0	114
18-24	951	477	474	767	12	111
25-44	2,901	1,299	1,602	2,091	16	103
45-64	5,784	2,877	2,907	4,957	71	276
65-74	1,445	707	738	1,170	10	29
75+	1,152	460	692	965	13	29

Country of Origin	N	%	Language Spoken at Home (5+)	N	%
U.S.	13,778	77.2	English	12,828	75.8
Foreign Countries	4,078	22.8	Spanish	597	3.5
Non-Citizen	1,855	10.4	(Other) non-English	3,495	20.7

Education (25+)	Total	Male	Female
Less than High School	175	77	98
High School/GED	413	112	301
Some College/Associate Degree	657	231	426
Bachelor's Degree or Higher	10,037	4,923	5,114

Family Structure	Total	White	Black	Hispanic ¹
Total Family Households	4,921	4,114	40	209
Families with Own Children < 18	2,798	--	--	--
Single Mother Families with Own Children <18	108	--	--	--

Employment and Income	Total	Male	Female	White	Black	Hispanic ¹
Unemployment Rate	3.2	2.6	4.0	3.2	0.0	1.9
Median Household Income (\$)	>250,000	--	--	>250,000	64,167	178,162
Poverty Rate (%)	2.5	2.0	2.9	1.7	31.7	7.3

Commuters	N	%
Commuters Using Alternative Mode of Transportation ²	4,567	58.2

¹ Hispanic may be of any race.

² Including carpooling, public transportation, bicycling, walking, or telecommuting.

REGION PROFILE

SCARSDALE TOWN/VILLAGE

BIRTHS (2016)			Birthweight ¹			
Total Births	92		Low Birthweight	N 8	% 8.7	
Birth Rate (per 1,000)	5.2					
Average Maternal Age	35.5					
Mother's Race/Ethnicity ¹			DEATHS (2016)			
	N	%		Total	Male	Female
White	70	76.1	Total Deaths	73	28	45
Black	0	0.0	Death Rate (per 100,000)	412.8	332.7	485.5
Other	22	23.9				
Hispanic ²	6	6.5	Infant Mortality Rate (per 1,000 live birth) 0.0			
Mother's Education ¹			Top Five Causes of Death			
	N	%		N	%	
Less than High School	0	0.0	1 Circulatory System Diseases	27	37.0	
High School or GED	0	0.0	2 Neoplasms (any)	19	26.0	
Some College (no degree)	3	3.3	3 External Causes	5	6.8	
Bachelor's Degree or above	89	96.7	4 Nervous System Diseases	4	5.5	
			5 Infectious Diseases	3	4.1	
Mother's Country of Origin ¹			Average Age at Death			
	N	%		Total	Male	Female
Foreign	30	32.6	Total	83	77	86
			White	82	77	86
Mother's Age ¹			Black	87	87	86
	N	%	Other	90	75	104
Teenage Mothers	0	0.0	Hispanic ²	92	92	--
Prenatal Care ¹			COMMUNICABLE DISEASES (2018)			
	N	%		Total	Male	Female
Late or No Prenatal Care	11	12.0	Top Five Reported Diseases	N	Rate ³	
			1 Chlamydia	29	162.4	
Financial Coverage at Birth ¹			2 Hepatitis B Chronic	17	95.2	
	N	%	3 Hepatitis C Chronic	17	95.2	
MEDICAID, Child Health Plus	2	2.7	4 Campylobacteriosis	7	39.2	
Private or Other Insurance	73	97.3	5 E. Coli Shiga	4	22.4	
Self Pay	0	0.0				

¹ Excluding unknown or not stated.

² Hispanics may be of any race.

MAJOR REPORTABLE SEXUALLY TRANSMITTED DISEASES (2018)

	Total	Male	Female	White	Black	Hispanic ⁴
Chlamydia	29	9	20	1	0	0
Gonorrhea	1	0	1	0	0	0
Syphilis (all stages)	0	0	0	0	0	0

REGION PROFILE

SCARSDALE TOWN/VILLAGE

EMERGENCY ROOM VISITS (2016)¹

	N	Rate (per 10,000)
Total	2,853	1,613.3
Male	1,398	1,661.1
Female	1,455	1,569.9
White	2,663	1,890.4
Black	140	5,982.9
Other	572	1,964.3
Hispanic ²	162	2,198.1

HOSPITALIZATIONS (2016)¹

	N	Rate (per 10,000)
Total	1,215	687.1
Male	565	671.3
Female	650	701.3
White	1,201	852.6
Black	55	2,350.4
Other	295	1,013.0
Hispanic ²	44	597.0

Under 5	156	1,673.8
5-9	136	730.4
10-14	162	1,001.2
15-17	120	987.7
18-24	217	2,363.8
25-44	470	1,620.1
45-64	650	1,150.4
65-74	303	2,086.8
75+	639	5,625.0

Under 5	118	1,266.1
5-9	13	69.8
10-14	18	111.2
15-17	18	148.1
18-24	116	1,263.6
25-44	148	510.2
45-64	176	311.5
65-74	183	1,260.3
75+	425	3,741.2

Top Causes of ER Visits	N	%
1 Injuries	668	23.4
2 Infectious And Parasitic Disease	129	4.5
3 Mental Disorders	125	4.4
4 Abdominal Pain	112	3.9
5 Acute Respiratory Infections	62	2.2

Top Causes of Hospitalization ³	N	%
1 Circulatory System Diseases	162	13.3
2 Digestive System Diseases	109	9.0
3 Other ^A	96	7.9
4 Infectious and Parasitic Disease	89	7.3
5 Mental & Behavioral Disorders	85	7.0

^A Musculoskeletal System & Connective Tissue Diseases

Top Receiving Hospitals	N	%
1 White Plains Hospital Center	1,509	52.9
2 NY Presbyterian Lawrence	373	13.1
3 Westchester Medical Center	228	8.0

Top Receiving Hospitals	N	%
1 White Plains Hospital Center	482	39.7
2 NY Presbyterian Lawrence Hospit:	132	10.9
3 Westchester Medical Center	67	5.5

Insurance Type	N	%
Private	1,794	62.9
Medicare	866	30.4
Medicaid	79	2.8
Other	61	2.1
Self-Pay	53	1.9

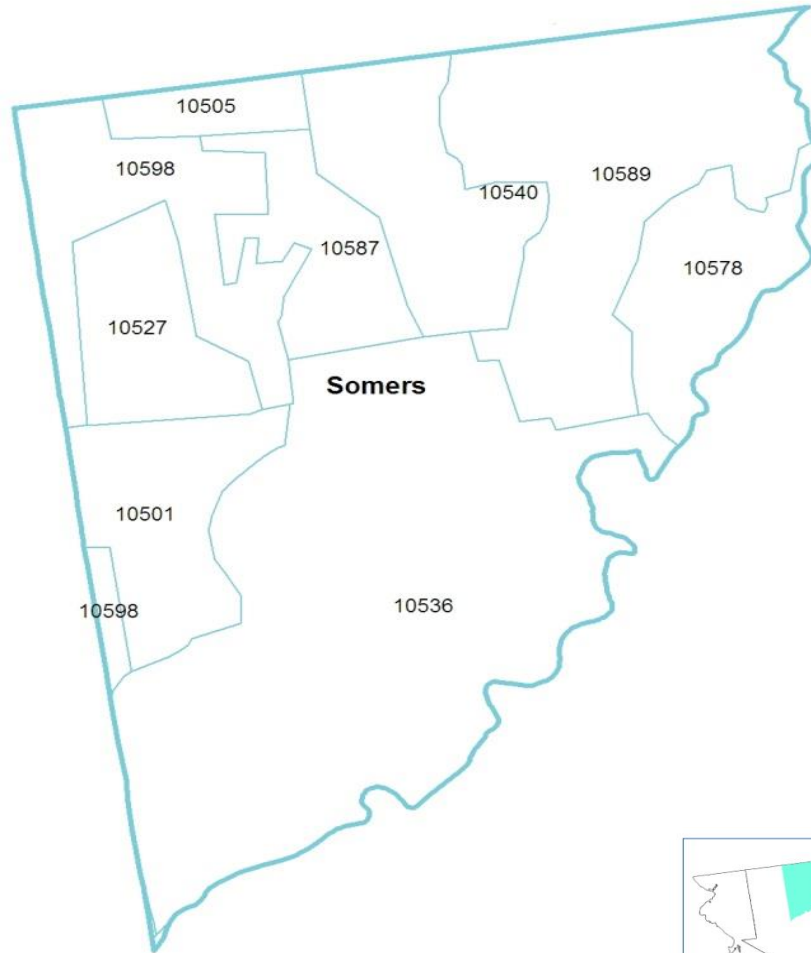
Insurance Type	N	%
Private	639	52.6
Medicare	530	43.6
Medicaid	26	2.1
Other	14	1.2
Self-Pay	6	0.5

¹ Race/Ethnicity data is from 2012 Sparcs, due to reporting errors and inconsistencies among hospitals during 2013-2016. ² Hispanic may be of any race. ³ Excludes obstetrics & newborns.

Zip codes included in the region for tabulations of Emergency Room Visits and Hospitalizations: 10583 (44%), representing 99.7% of the region population according to the 2012-2016 ACS.

REGION PROFILE

SOMERS TOWN



Region Area: 32.1 sq miles

Population: 21,448

ZIP Codes Serving the Region

10501 10505* 10527 10536* 10540* 10578*
10587 10589 10598*

* Also serve other regions.

Municipalities Included in Region

Somers (T)

REGION PROFILE

SOMERS TOWN

DEMOGRAPHICS (2013-2017 ACS)						
Sex	N	%	Race/Ethnicity			
Male	10,327	48.1	White	19,739	92.0	
Female	11,121	51.9	Black	262	1.2	
Total	21,448	100.0	Other	1,447	6.7	
			Hispanic ¹	1,723	8.0	
			Non-Hispanic	19,725	92.0	
Age	Total	Male	Female	White	Black	Hispanic¹
0-4	641	314	327	597	0	114
5-9	1,331	622	709	1,230	0	221
10-14	1,581	953	628	1,413	41	137
15-17	1,176	608	568	974	83	104
18-24	1,298	761	537	1,163	3	204
25-44	3,501	1,552	1,949	3,143	30	293
45-64	6,444	3,153	3,291	5,998	37	444
65-74	2,566	1,157	1,409	2,399	43	93
75+	2,910	1,207	1,703	2,822	25	113
Country of Origin	N	%	Language Spoken at Home (5+)			
U.S.	19,044	88.8	English	18,261	87.8	
Foreign Countries	2,404	11.2	Spanish	676	3.2	
Non-Citizen	607	2.8	(Other) non-English	1,870	9.0	
Education (25+)	Total	Male	Female			
Less than High School	638	307	331			
High School/GED	2,641	1,110	1,531			
Some College/Associate Degree	3,643	1,606	2,037			
Bachelor's Degree or Higher	8,499	4,046	4,453			
Family Structure	Total	White	Black	Hispanic¹		
Total Family Households	5,929	5,546	37	424		
Families with Own Children < 18	2,333	--	--	--		
Single Mother Families with Own Children <18	213	--	--	--		
Employment and Income	Total	Male	Female	White	Black	Hispanic¹
Unemployment Rate	4.2	4.2	4.2	4.2	0.0	10.8
Median Household Income (\$)	118,098	--	--	118,299	141,071	102,727
Poverty Rate (%)	2.3	1.9	2.7	2.1	7.4	3.8
Commuters	N	%				
Commuters Using Alternative Mode of Transportation ²	1,980	20.4				
			¹ Hispanic may be of any race.			
			² Including carpooling, public transportation, bicycling, walking, or telecommuting.			

REGION PROFILE

SOMERS TOWN

BIRTHS (2016)			DEATHS (2016)		
Total Births	115		Birthweight¹	N	%
Birth Rate (per 1,000)	5.4		Low Birthweight	6	5.2
Average Maternal Age	33.3				
Mother's Race/Ethnicity¹	N	%	Total	Male	Female
White	103	89.6	Total Deaths	206	96
Black	4	3.5	Death Rate (per 100,000)	974.9	949.9
Other	8	7.0			110
Hispanic ²	10	8.7			997.8
Mother's Education¹	N	%	Infant Mortality Rate (per 1,000 live birth)	0.0	
Less than High School	3	2.6			
High School or GED	6	5.2	Top Five Causes of Death	N	%
Some College (no degree)	11	9.6	1 Circulatory System Diseases	84	40.8
Bachelor's Degree or above	95	82.6	2 Neoplasms (any)	39	18.9
Mother's Country of Origin¹	N	%	3 Respiratory System Diseases	24	11.7
Foreign	14	12.2	4 Nervous System Diseases	15	7.3
Mother's Age¹	N	%	5 External Causes	13	6.3
Teenage Mothers	2	1.7			
Prenatal Care¹	N	%	Average Age at Death	Total	Male
Late or No Prenatal Care	9	7.8	Total	81	79
			White	81	79
			Black	93	93
			Other	79	79
			Hispanic ²	--	--
Financial Coverage at Birth¹	N	%			
MEDICAID, Child Health Plus	11	11.1	COMMUNICABLE DISEASES (2018)		
Private or Other Insurance	88	88.9	Top Five Reported Diseases	N	Rate³
Self Pay	0	0.0	1 Chlamydia	44	205.1
			2 Lyme Disease	10	46.6
			3 Babesiosis	7	32.6
			4 Hepatitis C Chronic	6	28.0
			5 Anaplasmosis	4	18.6

¹ Excluding unknown or not stated.

² Hispanics may be of any race.

MAJOR REPORTABLE SEXUALLY TRANSMITTED DISEASES (2018)

	Total	Male	Female	White	Black	Hispanic ⁴
Chlamydia	44	31	13	0	3	0
Gonorrhea	4	3	1	1	0	0
Syphilis (all stages)	1	1	0	0	0	0

REGION PROFILE

SOMERS TOWN

EMERGENCY ROOM VISITS (2016)¹

	N	Rate (per 10,000)
Total	5,671	2,683.9
Male	2,736	2,707.3
Female	2,935	2,662.4
White	4,234	2,240.0
Black	159	5,445.2
Other	1,598	12,662.4
Hispanic ²	222	2,932.6

HOSPITALIZATIONS (2016)¹

	N	Rate (per 10,000)
Total	2,397	1,134.4
Male	1,055	1,043.9
Female	1,342	1,217.3
White	1,940	1,026.3
Black	47	1,609.6
Other	536	4,247.2
Hispanic ²	67	885.1

Under 5	212	2,924.1
5-9	137	937.7
10-14	235	1,423.4
15-17	220	2,107.3
18-24	360	3,146.9
25-44	726	1,991.8
45-64	1,188	1,901.1
65-74	647	2,864.1
75+	1,946	6,592.1

Under 5	145	2,000.0
5-9	5	34.2
10-14	13	78.7
15-17	15	143.7
18-24	150	1,311.2
25-44	146	400.5
45-64	365	584.1
65-74	399	1,766.3
75+	1,159	3,926.2

Top Causes of ER Visits	N	%
1 Injuries	1,308	23.1
2 Infectious And Parasitic Disease	259	4.6
3 Abdominal Pain	176	3.1
4 Mental Disorders	151	2.7
5 Back, Neck, Or Spine Disorders	144	2.5

Top Causes of Hospitalization ³	N	%
1 Circulatory System Diseases	448	18.7
2 Other ^A	224	9.3
3 Digestive System Diseases	222	9.3
4 Infectious And Parasitic Disease	212	8.8
5 Respiratory System Diseases	211	8.8

^A Musculoskeletal System & Connective Tissue Diseases

Top Receiving Hospitals	N	%
1 Northern Westchester Hospital	2,800	49.4
2 Putnam Hospital Center	1,259	22.2
3 NY Presbyterian Hudson Valley	644	11.4

Top Receiving Hospitals	N	%
1 Northern Westchester Hospital	1,174	49.0
2 Putnam Hospital Center	397	16.6
3 Westchester Medical Center	212	8.8

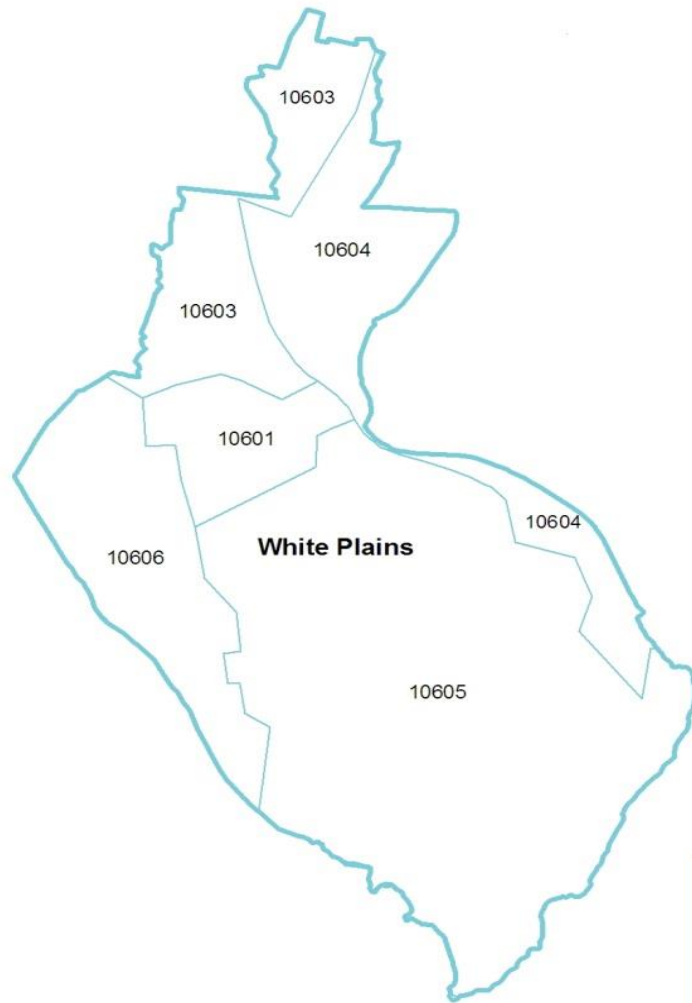
Insurance Type	N	%
Private	2,245	39.6
Medicare	2,629	46.4
Medicaid	497	8.8
Other	154	2.7
Self-Pay	146	2.6

Insurance Type	N	%
Private	725	30.2
Medicare	1,528	63.7
Medicaid	116	4.8
Other	20	0.8
Self-Pay	8	0.3

¹ Race/Ethnicity data is from 2012 Sparcs, due to reporting errors and inconsistencies among hospitals during 2013-2016. ² Hispanic may be of any race. ³ Excludes obstetrics & newborns.

Zip codes included in the region for tabulations of Emergency Room Visits and Hospitalizations:

10501 10505 10527 10536 (50%) 10578 (90%) 10589 10598 (9%), representing 99.4% of the region population according to the 2012-2016 ACS.



Region Area: 9.9 sq miles

Population: 58,404

ZIP Codes Serving the Region

10601 10602** 10603* 10604* 10605 10606

* Also serve other regions. ** PO Box

Municipalities Included in Region

White Plains (C)

REGION PROFILE

WHITE PLAINS CITY

DEMOGRAPHICS (2013-2017 ACS)			Race/Ethnicity			
Sex	N	%		N	% ¹	
Male	28,026	48.0	White	34,870	59.7	
Female	30,378	52.0	Black	7,324	12.5	
Total	58,404	100.0	Other	16,210	27.8	
			Hispanic ¹	19,411	33.2	
			Non-Hispanic	38,993	66.8	

Age	Total	Male	Female	White	Black	Hispanic ¹
0-4	3,478	1,705	1,773	1,622	454	1,392
5-9	3,236	1,852	1,384	1,717	312	1,615
10-14	3,198	1,666	1,532	1,601	410	1,456
15-17	1,958	887	1,071	935	290	893
18-24	5,032	2,482	2,550	2,407	900	2,168
25-44	17,233	8,722	8,511	9,528	1,455	6,600
45-64	15,134	7,205	7,929	10,143	2,159	4,273
65-74	4,328	1,745	2,583	3,269	520	631
75+	4,807	1,762	3,045	3,648	824	383

Country of Origin	N	%	Language Spoken at Home (5+)	N	%
U.S.	40,396	69.2	English	31,098	56.6
Foreign Countries	18,008	30.8	Spanish	16,664	30.3
Non-Citizen	10,893	18.7	(Other) non-English	7,164	13.0

Education (25+)	Total	Male	Female
Less than High School	5,566	2,671	2,895
High School/GED	6,994	3,324	3,670
Some College/Associate Degree	8,053	3,845	4,208
Bachelor's Degree or Higher	20,889	9,594	11,295

Family Structure	Total	White	Black	Hispanic ¹
Total Family Households	13,337	8,474	1,534	3,929
Families with Own Children < 18	5,669	--	--	--
Single Mother Families with Own Children <18	1,088	--	--	--

Employment and Income	Total	Male	Female	White	Black	Hispanic ¹
Unemployment Rate	7.0	6.4	7.7	5.2	12.9	9.0
Median Household Income (\$)	87,550	--	--	98,239	52,615	60,396
Poverty Rate (%)	11.9	10.8	12.9	8.4	25.0	16.3

Commuters	N	%
Commuters Using Alternative Mode of Transportation ²	12,096	40.1

¹ Hispanic may be of any race.

² Including carpooling, public transportation, bicycling, walking, or telecommuting.

REGION PROFILE

WHITE PLAINS CITY

BIRTHS (2016)			DEATHS (2016)		
Total Births	667		Birthweight¹	N	%
Birth Rate (per 1,000)	11.5		Low Birthweight	51	7.6
Average Maternal Age	31.6				
Mother's Race/Ethnicity¹	N	%	Total	Male	Female
White	317	47.5	Total Deaths	427	198
Black	77	11.5	Death Rate (per 100,000)	737.2	710.8
Other	273	40.9			229
Hispanic ²	242	36.3			761.6
Mother's Education¹	N	%	Infant Mortality Rate (per 1,000 live birth)	9.0	
Less than High School	82	12.3			
High School or GED	91	13.7	Top Five Causes of Death	N	%
Some College (no degree)	120	18.0	1 Circulatory System Diseases	148	34.7
Bachelor's Degree or above	373	56.0	2 Neoplasms (any)	86	20.1
Mother's Country of Origin¹	N	%	3 Nervous System Diseases	32	7.5
Foreign	326	48.9	4 Respiratory System Diseases	29	6.8
Mother's Age¹	N	%	5 Digestive System Diseases	24	5.6
Teenage Mothers	26	3.9			
Prenatal Care¹	N	%	Average Age at Death	Total	Male
Late or No Prenatal Care	105	15.7	Total	78	75
			White	79	76
			Black	75	69
			Other	66	66
			Hispanic ²	69	69
Financial Coverage at Birth¹	N	%			
MEDICAID, Child Health Plus	171	29.2	COMMUNICABLE DISEASES (2018)		
Private or Other Insurance	412	70.3	Top Five Reported Diseases	N	Rate³
Self Pay	3	0.5	1 Chlamydia	244	417.8
			2 Hepatitis C Chronic	55	94.2
			3 Gonorrhea, Uncomplicated	34	58.2
			4 Hepatitis B Chronic	19	32.5
			5 Campylobacteriosis	14	24.0

¹ Excluding unknown or not stated.

² Hispanics may be of any race.

MAJOR REPORTABLE SEXUALLY TRANSMITTED DISEASES (2018)

	Total	Male	Female	White	Black	Hispanic ⁴
Chlamydia	244	88	156	15	21	35
Gonorrhea	34	26	8	5	10	5
Syphilis (all stages)	16	15	1	5	0	2

REGION PROFILE

WHITE PLAINS CITY

EMERGENCY ROOM VISITS (2016)¹

	<u>N</u>	<u>Rate (per 10,000)</u>
Total	20,139	3,476.7
Male	9,328	3,348.8
Female	10,991	3,655.1
White	8,489	2,316.5
Black	5,539	7,682.4
Other	7,157	5,542.9
Hispanic ²	6,291	3,574.8

HOSPITALIZATIONS (2016)¹

	<u>N</u>	<u>Rate (per 10,000)</u>
Total	6,514	1,124.6
Male	2,847	1,022.1
Female	3,667	1,219.5
White	3,725	1,016.5
Black	1,422	1,972.3
Other	1,915	1,483.1
Hispanic ²	1,371	779.1

Under 5	1,602	4,612.7
5-9	943	2,927.7
10-14	827	2,401.3
15-17	556	2,955.9
18-24	1,757	3,606.3
25-44	5,248	2,990.0
45-64	4,877	3,318.4
65-74	1,765	4,295.4
75+	2,744	5,868.3

Under 5	745	2,145.1
5-9	84	260.8
10-14	86	249.7
15-17	71	377.5
18-24	924	1,896.6
25-44	886	504.8
45-64	1,196	813.8
65-74	850	2,068.6
75+	1,672	3,575.7

Top Causes of ER Visits	<u>N</u>	<u>%</u>
1 Injuries	3,414	17.0
2 Mental Disorders	1,011	5.0
3 Infectious And Parasitic Disease	947	4.7
4 Abdominal Pain	893	4.4
5 Acute Respiratory Infections	783	3.9

Top Causes of Hospitalization³	<u>N</u>	<u>%</u>
1 Mental & Behavioral Disorders	734	11.3
2 Circulatory System Diseases	728	11.2
3 Digestive System Diseases	578	8.9
4 Respiratory System Diseases	483	7.4
5 Infectious And Parasitic Disease	456	7.0

Top Receiving Hospitals	<u>N</u>	<u>%</u>
1 White Plains Hospital Center	15,494	76.9
2 Westchester Medical Center	2,105	10.5
3 St Vincents Westchester	260	1.3

Top Receiving Hospitals	<u>N</u>	<u>%</u>
1 White Plains Hospital Center	3,896	59.8
2 Westchester Medical Center	673	10.3
3 St Vincents Westchester	297	4.6

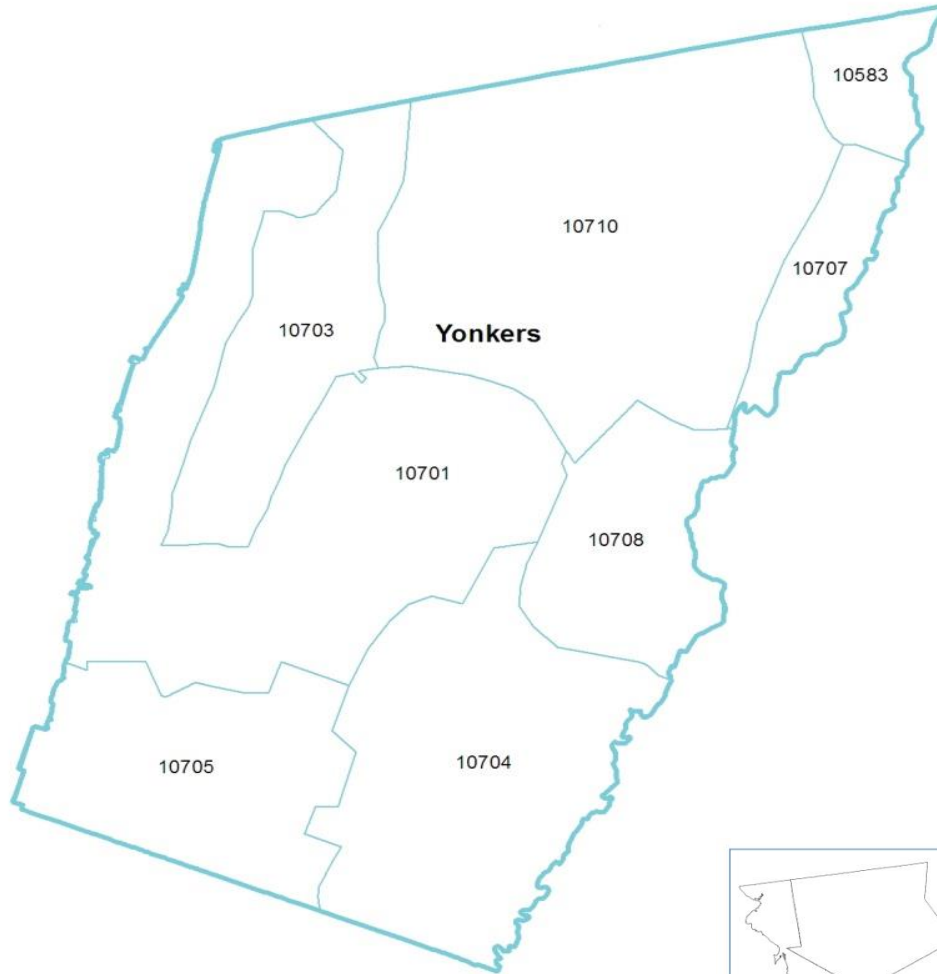
Insurance Type	<u>N</u>	<u>%</u>
Private	11,037	54.8
Medicare	5,009	24.9
Medicaid	2,375	11.8
Other	572	2.8
Self-Pay	1,326	6.6

Insurance Type	<u>N</u>	<u>%</u>
Private	3,169	48.6
Medicare	2,533	38.9
Medicaid	645	9.9
Other	88	1.4
Self-Pay	79	1.2

¹ Race/Ethnicity data is from 2012 Sparcs, due to reporting errors and inconsistencies among hospitals during 2013-2016. ² Hispanic may be of any race. ³ Excludes obstetrics & newborns.

Zip codes included in the region for tabulations of Emergency Room Visits and Hospitalizations:

10601 10603 (38%) 10604 (37%) 10605 10606, over representing the region population by 0.2% according to the 2012-2016 ACS.



Region Area: 18.4 sq miles

Population: 200,999

ZIP Codes Serving the Region

10583* 10701 10702** 10703 10704 10705
10707* 10708* 10710

* Also serve other regions. ** PO Box

Municipalities Included in Region

Yonkers (C)

REGION PROFILE

YONKERS CITY

DEMOGRAPHICS (2013-2017 ACS)			Race/Ethnicity			
Sex	N	%		N	%	
Male	94,936	47.2	White	113,087	56.3	
Female	106,063	52.8	Black	35,737	17.8	
Total	200,999	100.0	Other	52,175	26.0	
			Hispanic*	72,945	36.3	
			Non-Hispanic	128,054	63.7	

Age	Total	Male	Female	White	Black	Hispanic ¹
0-4	12,488	6,442	6,046	5,705	2,551	6,041
5-9	11,689	5,767	5,922	5,624	1,987	5,595
10-14	11,893	5,669	6,224	6,100	2,249	5,877
15-17	7,459	3,727	3,732	3,289	1,886	3,543
18-24	19,089	9,278	9,811	9,576	3,538	7,899
25-44	54,304	26,255	28,049	27,655	10,409	22,537
45-64	51,149	24,192	26,957	30,691	9,169	15,547
65-74	18,244	8,173	10,071	12,677	2,430	3,809
75+	14,684	5,433	9,251	11,770	1,518	2,097

Country of Origin	N	%	Language Spoken at Home (5+)	N	%
U.S.	139,505	69.4	English	100,106	53.1
Foreign Countries	61,494	30.6	Spanish	57,434	30.5
Non-Citizen	26,179	13.0	(Other) non-English	30,971	16.4

Education (25+)	Total	Male	Female
Less than High School	24,157	12,025	12,132
High School/GED	35,039	17,040	17,999
Some College/Associate Degree	34,006	15,598	18,408
Bachelor's Degree or Higher	45,179	19,390	25,789

Family Structure	Total	White	Black	Hispanic ¹
Total Family Households	47,589	27,441	8,318	16,721
Families with Own Children < 18	20,870	--	--	--
Single Mother Families with Own Children <18	6,106	--	--	--

Employment and Income	Total	Male	Female	White	Black	Hispanic ¹
Unemployment Rate	8.0	8.3	7.7	7.1	10.7	8.5
Median Household Income (\$)	62,399	--	--	68,794	50,232	49,680
Poverty Rate (%)	16.4	15.3	17.4	13.1	23.2	23.0

Commuters	N	%
Commuters Using Alternative Mode of Transportation ²	41,494	45.0

¹ Hispanic may be of any race.

² Including carpooling, public transportation, bicycling, walking, or telecommuting.

REGION PROFILE

YONKERS CITY

BIRTHS (2016)			DEATHS (2016)		
Total Births	2583		Birthweight¹	N	%
Birth Rate (per 1,000)	12.9		Low Birthweight	251	9.7
Average Maternal Age	30.1				
			Total	Male	Female
Mother's Race/Ethnicity¹	N	%	Total Deaths	1563	750
White	1454	56.3	Death Rate (per 100,000)	782.6	796.8
Black	554	21.5			813
Other	574	22.2			769.9
Hispanic ²	1196	46.3			
			Infant Mortality Rate (per 1,000 live birth)		4.3
Mother's Education¹	N	%	Top Five Causes of Death	N	%
Less than High School	451	17.5	1 Circulatory System Diseases	564	36.1
High School or GED	492	19.1	2 Neoplasms (any)	408	26.1
Some College (no degree)	690	26.7	3 Respiratory System Diseases	138	8.8
Bachelor's Degree or above	948	36.7	4 External Causes	89	5.7
			5 Diabetes	70	4.5
Mother's Country of Origin¹	N	%	Average Age at Death	Total	Male
Foreign	1172	45.4	Total	75	71
			White	78	74
Mother's Age¹	N	%	Black	66	63
Teenage Mothers	101	3.9	Other	67	60
			Hispanic ²	68	63
Prenatal Care¹	N	%			
Late or No Prenatal Care	618	23.9			
			COMMUNICABLE DISEASES (2018)		
Financial Coverage at Birth¹	N	%	Top Five Reported Diseases	N	Rate³
MEDICAID, Child Health Plus	1371	58.2	1 Chlamydia	1,105	549.8
Private or Other Insurance	974	41.3	2 Gonorrhea, Uncomplicated	213	106.0
Self Pay	11	0.5	3 Hepatitis C Chronic	199	99.0
			4 Syphilis, All Stages	77	38.3
			5 Hepatitis B Chronic	76	37.8

¹ Excluding unknown or not stated.

² Hispanics may be of any race.

MAJOR REPORTABLE SEXUALLY TRANSMITTED DISEASES (2018)

	Total	Male	Female	White	Black	Hispanic ⁴
Chlamydia	1105	388	717	29	77	55
Gonorrhea	213	133	80	20	63	35
Syphilis (all stages)	77	59	18	22	14	26

REGION PROFILE

YONKERS CITY

EMERGENCY ROOM VISITS (2016)¹

	N	Rate (per 10,000)
Total	108,975	54,562.5
Male	49,353	52,435.7
Female	59,620	56,456.2
White	33,717	30,833.7
Black	26,077	69,999.7
Other	43,390	87,032.4
Hispanic ²	31,635	47,073.1

HOSPITALIZATIONS (2016)¹

	N	Rate (per 10,000)
Total	27,227	13,632.2
Male	11,924	12,668.8
Female	15,302	14,490.0
White	14,450	13,214.3
Black	5,836	15,665.9
Other	10,084	20,226.7
Hispanic ²	6,915	10,289.6

Under 5	9,854	78,706.1
5-9	5,979	51,028.4
10-14	4,325	37,162.7
15-17	3,266	42,399.1
18-24	11,011	56,757.7
25-44	31,267	58,183.1
45-64	25,470	49,735.4
65-74	7,514	43,318.3
75+	10,289	71,199.2

Under 5	3,124	24,952.1
5-9	334	2,850.6
10-14	337	2,895.7
15-17	271	3,518.1
18-24	4,287	22,097.9
25-44	3,805	7,080.5
45-64	5,434	10,611.0
65-74	3,576	20,615.7
75+	6,059	41,927.9

Top Causes of ER Visits	N	%
1 Injuries	18,285	16.8
2 Acute Respiratory Infections	6,789	6.2
3 Infectious And Parasitic Disease	5,043	4.6
4 Mental Disorders	4,054	3.7
5 Back, Neck, Or Spine Disorders	3,390	3.1

Top Causes of Hospitalization ³	N	%
1 Circulatory System Diseases	3,576	13.1
2 Mental & Behavioral Disorders	2,631	9.7
3 Digestive System Diseases	2,321	8.5
4 Respiratory System Diseases	2,098	7.7
5 Infectious And Parasitic Disease	1,638	6.0

Top Receiving Hospitals	N	%
1 SJRH St Johns Division	35,267	32.4
2 Saint Joseph's Hospital Yonkers	29,664	27.2
3 NY Presbyterian Lawrence	14,349	13.2

Top Receiving Hospitals	N	%
1 SJRH - St. John's Division	7,586	27.9
2 NY Presbyterian Lawrence	3,877	14.2
3 Saint Joseph's Hospital Yonkers	2,974	10.9

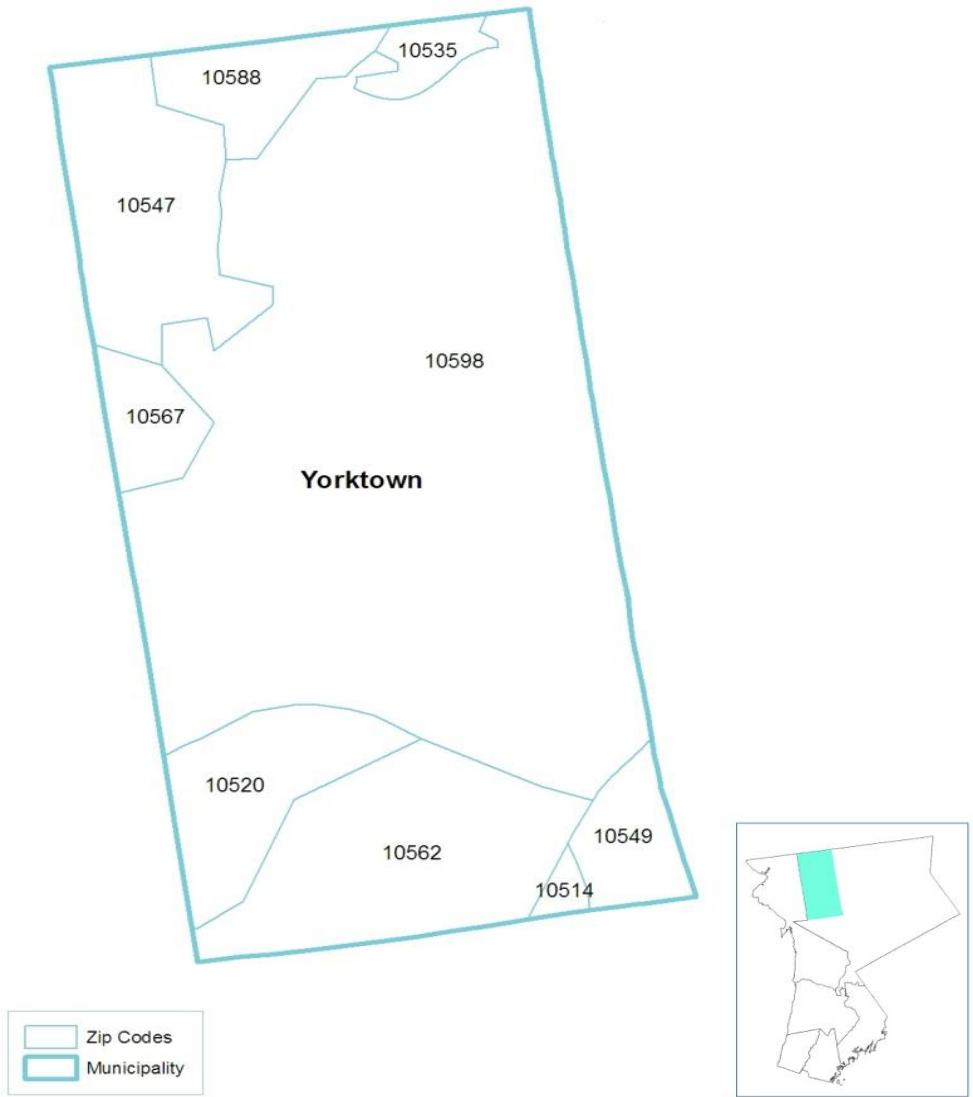
Insurance Type	N	%
Private	50,200	46.1
Medicare	18,938	17.4
Medicaid	26,026	23.9
Other	7,122	6.5
Self-Pay	6,689	6.1

Insurance Type	N	%
Private	12,919	47.4
Medicare	9,511	34.9
Medicaid	4,036	14.8
Other	384	1.4
Self-Pay	377	1.4

¹ Race/Ethnicity data is from 2012 Sparcs, due to reporting errors and inconsistencies among hospitals during 2013-2016. ² Hispanic may be of any race. ³ Excludes obstetrics & newborns.

Zip codes included in the region for tabulations of Emergency Room Visits and Hospitalizations:

10583 (20%) 10701 10703 10704 10705 10707 (33%) 10708 (50%) 10710, over representing the region population by 1.8% according to 2012-2016 ACS.



Region Area: 39.5 sq miles
Population: 36,900

ZIP Codes Serving the Region

10514* 10520* 10535 10547* 10549 10562*
10567* 10588 10598*

* Also serve other regions.

Municipalities Included in Region

Yorktown (T)

REGION PROFILE

YORKTOWN TOWN

DEMOGRAPHICS (2013-2017 ACS)			Race/Ethnicity			
Sex	N	%		N	% ¹	
Male	18,080	49.0	White	30,973	83.9	
Female	18,820	51.0	Black	1,585	4.3	
Total	36,900	100.0	Other	4,342	11.8	
			Hispanic ¹	5,535	15.0	
			Non-Hispanic	31,365	85.0	

Age	Total	Male	Female	White	Black	Hispanic ¹
0-4	1,761	1,089	672	1,407	51	463
5-9	1,917	956	961	1,529	118	365
10-14	2,653	1,627	1,026	2,126	188	517
15-17	1,769	964	805	1,226	116	403
18-24	2,768	1,398	1,370	2,353	155	478
25-44	7,280	3,459	3,821	5,990	315	1,295
45-64	11,977	5,724	6,253	10,091	489	1,432
65-74	3,427	1,657	1,770	3,153	69	308
75+	3,348	1,206	2,142	3,098	84	274

Country of Origin	N	%	Language Spoken at Home (5+)	N	%
U.S.	31,387	85.1	English	28,356	80.7
Foreign Countries	5,513	14.9	Spanish	3,100	8.8
Non-Citizen	2,120	5.7	(Other) non-English	3,683	10.5

Education (25+)	Total	Male	Female
Less than High School	1,521	640	881
High School/GED	5,538	2,501	3,037
Some College/Associate Degree	6,077	3,010	3,067
Bachelor's Degree or Higher	12,896	5,895	7,001

Family Structure	Total	White	Black	Hispanic ¹
Total Family Households	9,588	8,251	391	1,153
Families with Own Children < 18	4,097	--	--	--
Single Mother Families with Own Children <18	536	--	--	--

Employment and Income	Total	Male	Female	White	Black	Hispanic ¹
Unemployment Rate	4.4	5.8	2.8	4.3	5.7	8.7
Median Household Income (\$)	115,732	--	--	113,112	129,712	125,227
Poverty Rate (%)	3.3	2.3	4.2	3.0	1.7	5.9

Commuters	N	%
Commuters Using Alternative Mode of Transportation ²	3,749	20.5

¹ Hispanic may be of any race.

² Including carpooling, public transportation, bicycling, walking, or telecommuting.

REGION PROFILE

YORKTOWN TOWN

EMERGENCY ROOM VISITS (2016)¹

	<u>N</u>	<u>Rate (per 10,000)</u>
Total	10,810	2,936.7
Male	5,080	2,844.7
Female	5,729	3,022.9
White	8,448	2,611.8
Black	671	6,476.8
Other	2,090	7,488.4
Hispanic ²	922	2,680.2

HOSPITALIZATIONS (2016)¹

	<u>N</u>	<u>Rate (per 10,000)</u>
Total	3,753	1,019.6
Male	1,711	958.1
Female	2,042	1,077.5
White	2,976	920.1
Black	165	1,592.7
Other	699	2,504.5
Hispanic ²	188	546.5

Under 5	595	3,679.7
5-9	361	1,724.0
10-14	439	1,558.4
15-17	345	1,887.3
18-24	828	2,771.1
25-44	2,076	2,971.2
45-64	2,941	2,468.9
65-74	1,184	3,377.1
75+	2,041	6,667.8

Under 5	338	2,090.3
5-9	19	90.7
10-14	23	81.6
15-17	16	87.5
18-24	397	1,328.6
25-44	400	572.5
45-64	734	616.2
65-74	674	1,922.4
75+	1,152	3,763.5

Top Causes of ER Visits	<u>N</u>	<u>%</u>
1 Injuries	2,367	21.9
2 Abdominal Pain	461	4.3
3 Infectious And Parasitic Disease	415	3.8
4 Mental Disorders	363	3.4
5 Back, Neck, Or Spine Disorders	347	3.2

Top Causes of Hospitalization³	<u>N</u>	<u>%</u>
1 Circulatory System Diseases	571	15.2
2 Digestive System Diseases	347	9.2
3 Other ⁴	313	8.3
4 Infectious And Parasitic Disease	290	7.7
5 Respiratory System Diseases	252	6.7

⁴ Musculoskeletal System & Connective Tissue Diseases

Top Receiving Hospitals	<u>N</u>	<u>%</u>
1 NY Presbyterian Hudson Valley	6,142	56.8
2 Northern Westchester Hospital	1,952	18.1
3 Westchester Medical Center	855	7.9

Top Receiving Hospitals	<u>N</u>	<u>%</u>
1 NY Presbyterian Hudson Valley	1,443	38.4
2 Northern Westchester Hospital	901	24.0
3 Westchester Medical Center	390	10.4

Insurance Type	<u>N</u>	<u>%</u>
Private	4,990	46.2
Medicare	3,509	32.5
Medicaid	1,556	14.4
Other	277	2.6
Self-Pay	478	4.4

Insurance Type	<u>N</u>	<u>%</u>
Private	1,492	39.8
Medicare	1,858	49.5
Medicaid	324	8.6
Other	44	1.2
Self-Pay	35	0.9

¹ Race/Ethnicity data is from 2012 Sparcs, due to reporting errors and inconsistencies among hospitals during 2013-2016. ² Hispanic may be of any race. ³ Excludes obstetrics & newborns.

Zip codes included in the region for tabulations of Emergency Room Visits and Hospitalizations:

10520 (15%) 10535 10547 (2/3) 10588 10598 (91%) , over representing the region population by 1.0% according to the 2012-2016 ACS.

**APPENDIX:
HEALTH SUMMIT SUMMARY REPORT
BY PREMIER**

OVERVIEW

Representing the Westchester County Health Planning Coalition, Westchester County Department of Health took the lead in writing a Request For Proposal (RFP) to solicit an organization or educational institution to facilitate a Community Health Summit in Westchester. Three hospital networks, Montefiore, New York Presbyterian, and Northwell, provided the funding for the awarded agency, Premier. The Westchester County provided the space for the event.

The half-day Health Summit, hosted by WCDH and the local hospitals for community, government, and health and social service providers, was held in White Plains, a central location in the County, on April 5th, 2019. About eighty stakeholders from local agencies and organizations participated. Four of the five priority areas of the New York State Prevention Agenda were discussed based on the preliminary findings of the CHA Survey:

1. Prevent Chronic Diseases
2. Promote a Healthy and Safe Environment
3. Promote Healthy Women, Infants and Children
4. Promote Well-being and Prevent Mental and Substance Use Disorders

The stakeholders reviewed the focus areas within each of the four priority areas, brainstormed the strengths and resources in each area, identified opportunities and gaps, and suggested action items and solutions. A summary report of the Summit was presented by Premier.

May 31, 2019

Westchester County Department of Health

Attn: Renee Recchia
10 County Center Road, 2nd floor
White Plains, NY 10607
rro3@westchestergov.com

RE: Final Presentation Westchester County Health Summit 2019

Westchester County Department & Hospital Executives,

Thank you for the opportunity to partner with your teams to complete the 2019 Westchester County Health Summit. The engagement was a great opportunity for our team to engage your community in order to memorialize their voice to address unmet healthcare and non-healthcare needs. I hope the finalized document is a comprehensive report that allows you the ability to develop strategies and/or meet expectations of the community health needs assessment(s) for your area.

Your ongoing engagement and feedback provided valuable opportunities for our team to revise our plans for the event as well as revise the structure and language for the final report. We are grateful for each hospital representative and county department representative's time to discuss draft documents which allowed the final document to reflect a collaborative product that each organization can use as they see fit.

Again, thank you for the opportunity. I look forward to seeing the great strategies that are to come to benefit the patrons of Westchester County. I can be reached via phone or email if you have any additional needs.

Sincerely,

Amanda Simmons

Principal Performance Partner

Amanda_Simmons@Premierinc.com

(713) 859-9683 Cell



Westchester County 2019 Health Summit Report

APRIL 5, 2019



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EXECUTIVE SUMMARY

The Westchester County Health Planning Coalition collaboratively hosted a Community Health Summit on April 5, 2019 in White Plains, NY. The purpose of this meeting was to elicit feedback from the local community, government and health and social service providers related to their perspective on the health and social needs of their clients with the goal of advancing the New York State Department of Health's 2019-2024 Prevention Agenda (NYSPA) to:

1. Improve the health of New Yorkers in five priority areas; and
2. Reduce health disparities for racial, ethnic, disability and low socioeconomic groups, as well as other populations who experience them.

Over 70 attendees across health and community based organizations participated in the Premier facilitated breakout sessions and a Gallery Walk intended to promote conversation focused upon four of the New York State Department of Health's 2019-2024 Prevention Agenda (NYSPA):

1. Prevent Chronic Diseases - chronic disease continues to be a major burden including heart diseases, cancers, diabetes, and asthma
2. Promote a Healthy and Safe Environment - in the past several years, water quality has become a major issue that warrants attention and broader environmental factors impact health
3. Promote Healthy Women, Infants and Children – there continue to be disparities related to infant mortality, preterm birth, and maternal mortality
4. Promote Well-being and Prevent Mental and Substance Use Disorder - opioid overdose has become a major issue, over the past few years

While familiarity with the topics varied between individuals, all were engaged and focused upon identifying concerns and proposing actionable solutions.

Although the facilitated breakout sessions were convened around four very different Priority Areas, common themes emerged across these discussions:

There are many strengths & resources existing in the community.

- Schools and many other non-traditional organizations in the County provide important settings for the delivery of resources for education, training and other needed assistance
- Healthcare organizations across the County were identified as expert resources and critical to coordinate and collaborate with to meet essential needs
- Health providers and Community Based Organizations are skilled at fostering connections, building coalitions, developing networks and collaboration (e.g. this Community Health Summit)
- There is a solid foundation from which to integrate existing and launch new programs

Identification of barriers and gaps is the first step to improvement.

- Begin education and training for healthy behaviors as young as possible (target children and adolescents)
- Observed inconsistent and fragmented education across the community
- Develop culturally specific guidance and messaging (e.g. healthy eating) that is essential for effective communication
- Create safe environments for persons seeking help (undocumented, family violence, mental health disorder stigmas, etc.)
- Understand and align current programs as a first step before building new programs
- Inventory the community's current programs/assets and publish a resource directory in a centralized location that is easily accessible to residents (website, a dedicated phone line, etc.)
- Lack of funding (solo efforts are more challenging to start and to resource thus requiring partnership and collaboration)

There are action items which could benefit all four Priority Areas.

- Utilize social media for education, increased awareness and communication
- Improve transitions and coordination across entire continuum of health providers and community based organizations
- Embrace a person-centric language that is universal to all to increase awareness and reduce stigma, for all too common health needs (mental health, substance use disorders, reproductive health, domestic violence, etc.)
- Include in the care planning process all categories of provider, family and caregiver
- Focus efforts on the basic needs, before trying to address other needs

Social Determinants of Health must be considered when developing strategies.

- Jobs are needed and employers should promote health, offer childcare, and more
- Economic status inequality exists
- Affordable, healthy food is needed and there is a lack of green/farmers markets
- Public transportation is limited across the Westchester County
- There is a need in the community for affordable housing (both permanent and transitional purposes)
- Air quality is inconsistent, and pollutants are carried by the wind from Ohio
- Water quality is threatened due to improper disposal of pharmaceuticals
- Undocumented status frequently restricts outreach to resources due to fear
- Safe places are needed for all to walk, play, exercise and socially engage
- Disparities range across race, gender and age
- Language barriers exist

The session for each prevention agenda topic allowed clinical and non-clinical providers to offer an engaged depiction of the needs of the community and included:

NYSPA #1: Prevent Chronic Diseases

- Chronic diseases were acknowledged as primarily cancer, cardiovascular disease and diabetes.
- Education begins at school to create healthy choices and habits and is critical throughout the age spectrum to promote healthy lifestyle behaviors.
- Economic and “safety” disparities remain throughout the county.
- There are adequate and appropriate resources across the county, but coordination is lacking.

ACTION: Support and leverage existing community resources across homes, schools, churches, CBOs, etc. to address chronic diseases.

NYSPA #2: Promote a Healthy and Safe Environment

- There is an increased recognition that health improvement requires broader approaches addressing social, economic and environmental factors.
- An environment of trust and culturally safe communication must exist between the community and its residents to affect change.
- Ease of access will continue to impact choice and utilization.
- There is need to change the financial incentive structure of public assistance to pay for healthy food options.
- Work is needed with local organizations to increase access to healthier food options.

ACTION: Address currently fragmented and inconsistent education and communication.

NYSPA #3: Promote Healthy Women, Infants and Children

- The health of women, infants, children and families is fundamental to overall community health.
- There is an abundance of existing resources, but there is a lack of coordination for a communal and publicly accessible platform.

ACTION: Design community awareness campaigns and messaging focused upon prenatal and infant care.

ACTION: Health systems need a holistic care approach that eliminates silos across the continuum.

NYSPA #4: Promote Well-being & Prevent Mental and Substance Use Disorders

- Mental health and substance use disorder was a more popular topic than promoting well-being.
- Inclusivity is needed for extending care planning to family and caregivers and promoting a multidisciplinary approach in treatment.
- There are geographical and affordability barriers to access of mental health care.

ACTION: Break down silos and collaborate through forums such as the 2019 Health Summit.

The results of this report will be used by the Westchester County Health Planning Coalition to help drive this engaged group of community advocates' strategic plan for community health and wellness improvement via a three year community service plan.

The sections that follow include an overview of the event planners, participants and methodology as well as detailed findings for each NYSPA topic area.

INTRODUCTION

Community Health Summit Planners, Purpose and Participants

The Westchester County Department of Health (WCDOH) and the sixteen local Westchester County Hospitals, known as the Westchester County Health Planning Coalition (WCHPC), collaboratively hosted a Community Health Summit (the “Summit”) on April 5, 2019 in White Plains, NY. The WCHPC was formed in response to the New York State Department of Health’s (NYSDOH) appeal that each county’s local health department, hospitals/hospital systems and other community partners collectively work together to identify and address local health priorities associated with the New York State Prevention Agenda (NYSPA). Their ultimate goal is advancing the health and wellness of Westchester County residents.

The purpose of the Summit was to convene local community, government and health and social service providers with the objective of discussing community health and social needs related to the NYSPA. This report will be integrated into a Community Health Needs Assessment (CHNA) that is required by the NYSDOH and is an element in the Community Health Improvement Plan (CHIP), which all local health departments must develop.

This report provides a summary of opinions shared by attendees at the Summit. These opinions are not intended to represent the community hospitals nor the WCDOH.

The following organizations participated in this event:

African American Men of Westchester	Leukemia Lymphoma Society
American Heart Association	Lexington Center for Recovery
American Lung Association	Lifting Up Westchester
ANDRUS	Lower Hudson Valley Perinatal Network
Arms Acres & Conifer Park	Montefiore Mount Vernon & New Rochelle Hospitals
Blind Brook Community Coalition	Mount Vernon Neighborhood Health Center
Blythedale Children’s Hospital	Neighbors Link
Brannan Solutions Group	Northwell Phelps & Northern Westchester Hospitals
Burke Rehabilitation Center	NYC Poison Control Center
Caritas of Port Chester, Inc.	New York Medical College
Child Care council of Westchester	New York Presbyterian Hudson Valley & Lawrence Hospitals
Family Ties of Westchester	Open Door Family Medical Center
Feeding Westchester	Peekskill Youth Bureau
Hudson River Health Care	Rivertowns Pediatrics PC
Independent Living, Inc.	Rye YMCA
Inter-Care, Ltd	
John A. Coleman School	

St. Christopher's Inn
 St. John's Riverside Hospital
 St. Joseph's Hospital
 Student Assistance Services
 Sunshine Children's Home and Rehab Center
 The LOFT LGBT Community Center
 The Mental Health Association of Westchester
 The Sharing Community
 United Way 2-1-1
 Urban League of Westchester
 Volunteers of America Greater New York
 Westchester Children's Association
 Westchester Chiropractic and Wellness

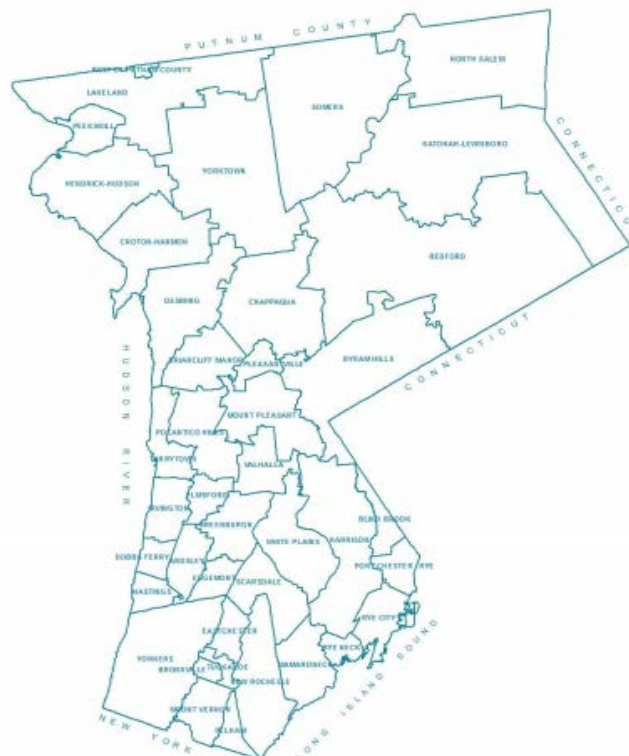
Westchester County Board of Health
 Westchester County Department of Health
 Westchester County Department of Community Mental Health
 Westchester County Department of Senior Programs and Services
 Westchester Medical Center Health PPS and Network
 WestCOP
 White Plains Hospital
 White Plains Youth Bureau
 Westchester Jewish Community Services
 Yonkers Office for the Aging
 YWCA of White Plains & Central Westchester

Overview of Westchester County

Westchester County's population grew by 3% from 923,459 to 949,113 between the 2000 and 2010 Census, a higher rate of growth than the New York State average of 2% during this period but lower than the nation's growth at 10%. The population percent change between April 1, 2010 and July 1, 2018 is estimated at 1.9%.¹

An estimated 22.2% of the population is under 18 years of age and 16.6% of the population is 65 years of age and over.²

The RWJ County Health Rankings scored Westchester County out of 62 New York State counties fairly well on most indicators (lower ranking is more favorable): Length of Life – 2; Health Behaviors – 2; Health Outcomes – 3; Health Factors – 4; Social & Economic Factors – 6; Clinical Care – 17; Quality of Life – 19; Physical Environment – 60.³



Source: Westchester County Department of Health






¹ U.S. Census Bureau

² U.S. Census Bureau

³ Robert Wood Johnson (RWJ) County Health Rankings

New York State Department of Health’s Prevention Agenda (NYSPA)

The NYSPA is the blueprint for state and local action to 1) improve the health of New Yorkers in five priority areas; and 2) reduce health disparities for racial, ethnic, disability and low socioeconomic groups, as well as other populations who experience them. The prevention agenda was utilized as the event framework for discussions during the Summit.

 <p>PREVENT CHRONIC DISEASE</p>	 <p>PROMOTE A HEALTHY AND SAFE ENVIRONMENT</p>	 <p>HEALTHY WOMEN, INFANTS AND CHILDREN</p>	 <p>PROMOTE WELL-BEING AND PREVENT MENTAL AND SUBSTANCE USE DISORDER</p>	 <p>PREVENT COMMUNICABLE DISEASE</p>
<ul style="list-style-type: none"> • Healthy eating and food security • Physical activity • Tobacco prevention • Preventive care and management 	<ul style="list-style-type: none"> • Injuries, violence and occupational health • Outdoor air quality • Build and indoor environment • Water quality • Food and consumer products 	<ul style="list-style-type: none"> • Maternal & women’s health • Perinatal & infant health • Child & adolescent health • Cross cutting healthy women, infants & children 	<ul style="list-style-type: none"> • Promote well-being • Prevent mental and substance use disorders 	<ul style="list-style-type: none"> • Vaccine-preventable diseases • Human immunodeficiency virus (HIV) • Sexually transmitted infections (STIs) • Hepatitis C virus • Antibiotic resistance and healthcare associated infections

Source: New York State Department of Health

Please refer to Appendix A for the full list of NYSPA Priority Areas, Focus Areas and Goals.

For additional information on the NYSPA please visit the NYS Department of Health website and/or https://www.health.ny.gov/prevention/prevention_agenda/2019-2024.

Methodology

Topic Areas of Identified Community Need

The Westchester County Department of Health administered a 2019 Community Health Survey between January 29, 2019 and March 31, 2019, in English and Spanish, asking County residents 18 and older to assess their own health as well as the health of their community. This anonymous online and paper survey sought to identify the top priority health issues for Westchester residents and their community, the most needed services and the largest obstacles that prevent access to care.

Final responses numbered over 3,500 but based upon the preliminary results of the survey the four Priority Areas listed below were selected for discussion at the Westchester County 2019 Health Summit.

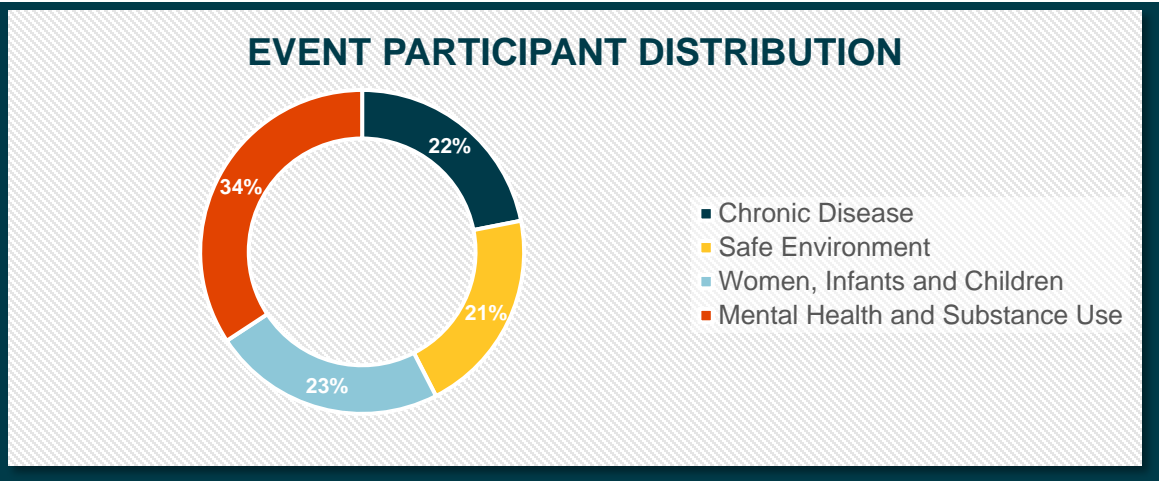
1. Prevent Chronic Diseases
2. Promote a Healthy and Safe Environment
3. Promote Healthy Women, Infants and Children
4. Promote Well-being and Prevent Mental and Substance Use Disorder

The fifth NYSPA Priority Area - Prevent Communicable Diseases – was not a focus of discussion for this specific meeting.

Registration

Electronic invitations were widely distributed by all Westchester County Health Planning Coalition members (the Westchester County Department of Health and the local Westchester County Hospitals). Please refer to Appendix B for the event invitation.

So that there would be a balanced number of attendees in each discussion group, members were asked to pre-register and to self-report their preference in rank-order among the four NYSPA Priority Areas. There were 81 final pre-registrants and approximately 67 sign-ins the day of the event – April 5, 2019. The self-assigned distribution by prevention agenda priority follows.



Source: Westchester County Department of Health

Facilitation

Premier, Inc. was engaged to facilitate the breakout sessions and Gallery Walk at the direction of event planners representative of the Westchester County Department of Health, Montefiore Health System, New York Presbyterian Healthcare System and Northwell, Inc. Premier partnered with the event planners to design the strategy for the meeting inclusive of breakout sessions and a Gallery Walk. Breakout sessions were recommended in order to obtain open conversation & feedback and allow an opportunity for each participant to speak in smaller convened groups. A Gallery Walk was included to ensure that all participants could be involved in the discussions for all the Priority Areas and offer additive input into the process.

Premier is a provider-driven healthcare performance improvement company uniting an alliance of approximately 4,000 U.S. hospitals and more than 165,000 other provider organizations. Premier operates a nationally recognized healthcare consulting organization, co-innovating solutions with its members to reduce costs, improve quality and produce better patient outcomes. Premier’s mission is simple: To improve the health of communities.

Event Activities

Attendees were assigned to a single breakout session corresponding to one of the four NYSPA Priority Areas based upon their pre-registered self-selected preference. Four facilitators from Premier were engaged to lead each of the four one-hour breakout sessions, using the below questions to guide discussions.

1. Describe the 3-5 year goal for health improvement, for this priority area.
2. What are the top issues and barriers to achieving this goal?
3. Are there specific populations impacted more than others?
4. What initiatives/interventions are needed to address the issues and barriers?
5. What community resources are available to support this goal?

Social determinants of health and health inequalities were incorporated into all discussions at the request of Westchester County Health Department leaders.

The four breakout sessions were conducted in English only, and were not recorded so that participants would not feel either inhibited or intimidated in discussion. Notes memorializing conversations were captured on flip charts within each breakout session.

After a short break, attendees were asked to participate in a “Gallery Walk” exercise. Attendees rotated through each of the other three breakout rooms in succession. The facilitator in each room gave an initial summary of the baseline group’s discussions. Participants were then asked to provide additional input and perspectives to the topics and questions previously recorded, building upon the discussions that had already taken place. The objective of the Gallery Walk was to create generative discussions around the topics with reinforcing as well as additive input. Conversations were added to the flip charts. Gallery Walks occurred in 20-minute discussions, totaling 60 minutes. By the time the gallery walk was completed, each attendee had the opportunity to engage in dialogs for all four NYSPA Priority Areas across one 60-minute breakout session and three 20-minute Gallery Walk rotations.

Please refer to Appendix C for the event agenda.

CONCLUSIONS BY PRIORITY AREA

In the pages that follow are the takeaways, key ideas and essential elements of the combined discussions held within each of the four breakout sessions and from the additional feedback provided by all attendees of other sessions during the Gallery Walk activity. These reflect the concepts and action items which received the most discussion and where there was greater consensus around specific subjects and ideas expressed. Please refer to Appendix D for the complete notes collected within each of these four areas.

The graphic below includes the top 24 words most frequently used during the Summit.



PRIORITY AREA 1: PREVENT CHRONIC DISEASES

- Focus Area 1: Healthy Eating and Food Security
- Focus Area 2: Physical Activity
- Focus Area 3: Tobacco Prevention
- Focus Area 4: Preventive Care and Management

The “Prevent Chronic Disease” breakout group referred to the sub-goals identified for each of the four Focus Areas in this Priority Area (as outlined in the Introduction above) as specified in the New York State Prevention Agenda 2019 – 2024. These are considered the three-to-five-year goals for the Priority Area.

Focus Areas 1 and 2 in this Priority Area have the same Overarching Goal: **“Reduce obesity and the risk of chronic illness”**.

Chronic diseases were acknowledged as primarily cancer, cardiovascular disease and diabetes. The group discussed a study reported by USA Today in the April 4, 2019 edition entitled “Global Burden of Disease Analysis” published in The Lancet. The peer reviewed study suggests that one in five deaths worldwide (approximately 11 million) are linked to unhealthy eating habits. This study affirms what many have thought for several years – that “poor diet is responsible for more deaths than any other risk factor in the world” according to the study’s author, Dr. Christopher Murray of the University of Washington. The deaths included about 10 million from cardiovascular disease, 913,000 from cancer and almost 339,000 from Type 2 diabetes. The study was funded by the Bill and Melinda Gates Foundation.

Discussion commenced by asking each participant to identify the most important issues that should be top priorities for achieving the stated goals. These ideas were shared and reinforced by other group members, and this continued throughout the session for each of the question areas discussed. Overall conclusions are stated as follows:

Conclusion – Home focused educational efforts with support initiatives from schools and other entities are crucial for improvement. A clear conclusion from discussions among all participants engaging in the discussion in this session is that home and school focused efforts to create healthy behaviors, choices and habits among children beginning at early ages are at the base of creating a generation of health-aware children. Education and developing good habits at a very early age is acknowledged as essential regarding healthy food choices, increased physical activity and

“Schools are the best resource outside of the home for providing youths with access to healthy, balanced, “attractive” meals and snacks...”

-Retreat Participant

personal care priorities. Education for people of all ages is important (especially parents of youth), and a balanced effort among all community resources is essential to create consistent messaging and provide behavior-reinforcing support that will result in improved life conditions, well-being and personal satisfaction.

Conclusion – Align conflicting economic incentives. Economic realities and implications were acknowledged as paramount to address in the quest to prevent chronic diseases in the County. This includes economic and behavioral aspects of shopping, including advertising and “quick fixes” associated with convenience stores, fast food availability and ease of access and lack of healthy food options generally, and specifically in colder weather seasons. Product placement on store shelves and at check-out of unhealthy food items puts young consumers in conflict with immediate gratification versus realizing long-term benefits of avoiding obesity, chronic diseases (e.g., diabetes, heart disease, stroke) and poor nutrition.

Conclusion – Encourage healthy lifestyle choices through constant awareness of basic indicators. Another takeaway and key action item identified and endorsed wholeheartedly by participants was to initiate a campaign that encourages everyone (especially men) to know their “golden three numbers.” That is, every male over age 21 knows their cholesterol level, blood pressure numbers, and blood sugar levels, updated every year. Awareness of these three numbers as “entry level” measures of health status would be a non-threatening way of consistently monitoring basic health indicators that will influence decisions over time that can preserve and enhance health, wellness and personal life satisfaction.

Conclusion – Safety is paramount for community well-being. The community needs “safe” groups, spaces and places for children, adults, women and others that are safe havens for activity, refuge and recovery. These exist in some areas; however, there is a need to expand and promote these resources more broadly throughout the County. (Note: The safe spaces concept should extend to undocumented individuals as well.)

Conclusion – Maximize existing resources through coordinated efforts. Participants agreed that adequate and appropriate resources exist across the County to address the four focus areas of concern. What is lacking is coordination across all entities concerned with prevention, health maintenance, wellness, disease detection, diagnosis and treatment (outpatient, inpatient, post-acute and home care). This includes CBOs (Community Benefit Organizations), who were acknowledged as essential resources already in place throughout the County and should be more proactively and assertively included and engaged as cooperative partners in addressing access issues related to nutrition, food choices, diet, education, physical activity and other capabilities and resources. It was recommended that in preventive care efforts that the “Stanford Chronic Disease Program” should be used as a model for chronic disease related behavior change (specifically targets diabetes prevention). This is an evidence-based program, and Medicare payment should be explored for SCDP participation.

Conclusion – Tobacco prevention and elimination will be difficult and require consistent education and awareness efforts. Youth are being targeted and enticed by advertising, easy

access, a “cool” factor among peers and examples of adults. Electronic cigarettes, electronic vaping, juuls, flavored products and other gateway means of attraction and addiction are pervasive. These elements will require consistent education and awareness-building efforts to combat.

Top Action(s) Discussed

Participants in each of the four sessions (baseline group and Gallery Walk groups) from all the various organizations represented strongly emphasized the need to support and leverage existing community resources as a top priority and seek collaboration in support of education efforts in homes, schools, churches, CBOs and other appropriate settings:

“It’s never too early to educate individuals regarding good health behaviors and choices.”
-Retreat Participant

“We often start too late in teaching children good health and wellness behaviors.”
-Retreat Participant

- Schools and many other non-traditional healthcare organizations in the County provide important settings for the delivery of resources for education, training and other needed assistance. School efforts should be more uniform, coordinated and supported.
 - More effective collaboration is needed among schools, public health entities, hospitals, and other health and wellness organizations across the continuum of health/wellness interests and should be proactively pursued and supported.
 - Local companies and employers should be engaged (and actively reached out to) to identify and cooperatively support solutions in balanced, unified efforts; they need to be reinforced that it is in their interests to be involved in these efforts.
-
- Ensure that education curriculums reinforce short- and long-term benefits and value of healthy decisions (around nutrition, obesity prevention, tobacco use, etc.)
 - Teaching good financial skills (debt prevention and resource management) must be integrated with teaching health and wellness behaviors
 - Use social media much more effectively and intensively to meet children “at their interest level”
 - Address issues that impact healthy food and physical activity such as education, home, schools, transportation, finances, access to healthy food, safety and structural realities



PRIORITY AREA 2: PROMOTE A HEALTHY AND SAFE ENVIRONMENT

- Focus Area 1: Injuries, Violence, and Occupational Health
- Focus Area 2: Outdoor Air Quality
- Focus Area 3: Built and Indoor Environments
- Focus Area 4: Water Quality
- Focus Area 5: Food and Consumer Products

Efforts to improve health traditionally focus on the health care system as the key driver of health and health outcomes. However, there has been increased recognition that improving health and achieving health equity requires broader approaches that address social, economic and environmental factors that influence health. Although Westchester County is perceived to be one of the wealthiest counties in the United States, a portion of this community’s residents still struggle with having their basic needs met on a daily basis. Approximately 10 percent of the County’s residents live below the federal poverty level, and there are affordable housing units in every municipality except two.⁴ To this end, retreat participants recognized the importance of strengthening relationships across local organizations with the objective of collaboratively addressing the five focus areas to minimize inequities across the County.

Conclusion – Culture will continue to influence the process, and communication and education must be delivered in a way that is understandable and meaningful to our diverse communities. Culture will continue to be a large influence on health, and the degree to which individuals seek assistance for services and/or issues related to their health and wellness. Residents hesitate to use available services due to their citizenship status, lack of trust and/or fear of eviction due to multi-family dwelling. While opportunities exist to leverage programs that are already in place, it is important to note that a culturally sensitive education and communication plan will be needed to establish a relationship of trust with these residents; a balanced effort among all community resources is essential to creating consistent messaging and providing behavior-reinforcing support that will result in improved life conditions. Further, the populations served rely upon a variety of different languages and communication channels. For example, elderly patients rely upon information received from their physician’s office, radio or television, while younger populations rely upon social media platforms. Examples of challenges faced by the community, as well as programs that are already in place to address these challenges, are provided below.

⁴ Westchester County Department of Planning

- According to the Office of the Surgeon General, the leading *preventable* causes of death, disease and disability are asthma, lead poisoning, deaths in house fires, falls on stairs and from windows, burns and scald injuries and drowning in bathtubs and pools. Further, indoor radon is the second-leading cause of lung cancer in the United States. The Surgeon General has taken a proactive role in helping Americans protect themselves from health hazards in their homes, where we spend 85 percent to 95 percent of our time – especially in communities that lack ample and accessible green space.⁵ Specific to Westchester County, programs are in place in portions of the County (e.g., Healthy Neighborhoods Program in Yonkers) that focus on improving home safety. However, the success of these programs is often tempered due to cultural barriers, as many residents forego assistance in fear of deportation or eviction.
- Frail and elderly individuals are at-risk for a variety of challenges, including health conditions related to poor air quality, fall-related injuries and poor air quality, and addressing these issues was identified as high importance among retreat attendees. Opportunities exist to collaborate with the community’s healthcare organizations to:
 - Assure that the appropriate communication vehicles are utilized to alert these populations when an issue arises (e.g., alerts from physician office related to poor air quality).
 - Utilize screening tools to accurately identify individuals that are at-risk for a fall-related injury (e.g., Does the screening tool ask the question, “Have you ever fallen before?”).
 - Develop a coordinated approach for home assessments that provides education to families and caregivers and involves them in an effective manner to mitigate the risk of falls. Best practices should be leveraged from existing programs, including the Stepping On Program, Matters of Balance Program, among others.
- Dietary habits and choices develop early, with culture and society playing a critical role in shaping a person’s diet.
 - Research suggests that children learn eating behaviors by observing the eating habits of others, and opportunities exist to provide healthy eating education in elementary schools through consistent, coordinated programs.
 - Further, there is great need to develop a coordinated, culturally sensitive healthy eating education program to emphasize health and wellness, and address the high prevalence of obesity and chronic diseases (e.g., diabetes, high blood pressure, cholesterol) across

“The Healthy Neighborhoods Program in Yonkers has so much potential. But a lot of residents won’t answer the door when they show up for a free inspection of their home. They are afraid they will get deported or evicted because there are generations living together in such small apartments.”

-Retreat Participant

⁵ Office of the Surgeon General. Healthy Homes Reports and Publications. Accessed on May 14, 2019. <https://www.hhs.gov/surgeongeneral/reports-and-publications/healthy-homes/index.html>

minority populations (e.g., Latinos). This program should include education on: 1) the importance of breastfeeding to impact newborn health and wellness; 2) nutritional value and benefits of food, inclusive of an inventory of food items that would serve as healthier alternatives to traditional food staples (e.g., white rice, tortillas) that these residents are accustomed to.

Conclusion – Access will continue to impact choice and utilization. Portions of Westchester County are challenged with limited green space, outdoor walkways, and public transportation and poor air and water quality. Consequently, residents often select options that are easier to access, such as selecting fast food located within a few blocks versus taking multiple bus transfers to a grocery store, or disposing of medications at home versus at designated drop boxes.

- Access to healthy food options for frail and/or vulnerable populations was noted as a critical need by retreat participants. There is a need to leverage existing programs that are currently offered on a limited basis (e.g., Meals on Wheels for senior citizens), and expand these offerings more broadly to vulnerable populations throughout the County.

“Some of my patients have to take multiple bus transfers to get to a grocery store. With small children and a baby, it is just so hard for them to get fresh food.”

-Retreat Participant

- Water quality is directly linked to the appropriate disposal of prescription medications. Designated drop boxes are available at the Health Department, as well as local police stations, hospitals, and pharmacies. However, these locations are not always easily accessible by residents, particularly by those who rely on public transportation. Further, some residents are not comfortable going to police stations due to their immigration status, criminal history or other related factors. There is a need to collaborate with local healthcare organizations to provide patients with education regarding the appropriate disposal of medication (e.g., include as part of discharge instructions from hospital), and the importance of adhering to this process.

Conclusion – Financial incentives must be aligned to promote healthy behaviors. Retreat participants acknowledged that financial incentives directly influence healthy behaviors. Portions of the County are designated as food swamps or food deserts with little access to

“I used to work across the street from a women’s shelter. Every day, I would see kids go to the deli next door to get breakfast. And they would come out with chips and soda, because their SNAP cards would not pay for healthier options like egg whites or fresh fruit.”

-Retreat Participant

farmers markets, thereby resulting in limited access to healthy food options. This challenge, combined with the fact that public assistance programs (e.g., food stamps) will provide financial reimbursement for processed, unhealthy food options and not fresh, healthy foods, results in poor eating habits that directly impact the health and wellness of the County’s residents. The Health Department had previously received a grant to partner with selected convenience stores on an initiative that would

promote healthier food options (e.g., convenient placement and visible pricing for healthier food options), and retreat participants indicated that this program was met with success. There is a need to deploy a multi-factorial approach that involves: 1) changing the financial incentive structure so that public assistance pays for healthy food options; and 2) working with local organizations to increase access to healthier food options.

Conclusion – An environment of trust must exist between the community and its residents to affect change. In addition to experiencing health inequities, lower income populations are often at a greater risk for work-related injuries and domestic violence. These populations often have lower levels of education and therefore work in manual labor positions. Often these individuals forego care when experiencing a work-related injury due to the potential loss of income associated with missed days of work. Further, these residents forego care completely due to fear associated with a domestic violence incident or their immigration status. Retreat participants noted a need to collaborate with community health organizations to:

- Develop a coordinated occupational health program that is designed to treat these populations and avoid prolonged workplace-related injuries
- Create a culture of trust and safe environments for these individuals to seek care

Top Action(s) Discussed

Participants across the numerous organizations represented identified the need to address education and communication which is currently fragmented and inconsistent.

- With education being fragmented and inconsistent across the county, participants suggested partnering with local healthcare providers to assure that a consistent system is in place to alert vulnerable populations when air quality is poor. Additionally, in response to inconsistent nutrition education across school sites participants promote beginning education earlier with young students and expanding awareness and education through collaboration with local organizations (e.g., local coalitions, town halls) and via social media.
- Tailoring education to specific population cohorts was also discussed. For example, including ethnic-specific healthy food options as part of education, as well as guidance on healthy food preparation is a must.
- Participants also recognized that there are programs already in place that have a demonstrated impact on healthy food choices. These programs should be expanded (e.g. Meals on Wheels for seniors and local initiative to stock vending machines with healthier food options).



PRIORITY AREA 3: PROMOTE HEALTHY WOMEN, INFANTS AND CHILDREN

- Focus Area 1: Maternal & Women’s Health
- Focus Area 2: Perinatal & Infant Health
- Focus Area 3: Child & Adolescent Health
- Focus Area 4: Cross Cutting Healthy Women, Infants, & Children

Participants in this facilitated discussion session strongly emphasized that the health of women, infants, children, and their families is fundamental to overall community health. This priority area

“There needs to be stronger community campaigns and messaging on prenatal care.”
-Retreat Participant

“Encourage addressing early entry into pre-natal care.”
-Retreat Participant

also aligns directly with the Maternal and Child Health Services Block Grant (Title V) Program, whose mission is to improve the health and well-being of the nation’s mothers, infants, children and youth, including children and youth with special care needs, and their families. Addressing the significant needs of New York State’s families requires strong partnerships and collaboration on the state and community level. The need to support and leverage existing community resources and collaboration with community based organizations is a top priority to improve the well-being of mothers, infants and children.

Conclusion – Education and awareness should have a broad audience and focus. Participants identified community campaigns and messaging focused on prenatal care and the various infant factors to be a necessary key action item. Not only educating and increasing awareness to the maternal community but also encouraging men to know their role in and embrace public health efforts to promote the health of women, infants, and children over the life course.

Disparities exist that could benefit from education and awareness. Between 2011-2013, the percentage of live births with low birthweight were higher among Non-Hispanic African American mothers, 12.7%, and Non-Hispanic Asian mothers, 8.8% than Non-Hispanic White mothers, 6.8%. Hispanic mothers reported the lowest percentage at 6.7%. During this same time, Non-Hispanic African American mothers also had premature births at a higher percentage, 15.7%, than other mothers – Hispanic, 11.1%, Non-Hispanic White, 10.6% and Non-Hispanic Asian, 10.6%.⁶

Conclusion – Aggregate and collate existing resources through coordinated effort. Participants agreed that the Westchester community has an abundance of resources that exist

⁶ 2019-2024 NYS Prevention Agenda and Westchester County Community Health Assessment

across the County to address their areas of concern. However, the information sources are scattered and there needs to be one source of truth or directory that integrates all existing resources that is easily accessible to the public so that individuals are aware of what is available to them and what they are eligible for. There needs to be a coordinated effort to develop a single platform to house all resources available for the community.

Top Action(s) Discussed

Discussions touched upon each of the four Prevention Agenda focus areas for promoting healthy women, infants and children, but less individually and more often as a collective concern. However, participants identified that while there are notable community collaborations there are still disparities and room to improve processes community wide.

- Participants agreed that it was necessary to provide consistent education to increase awareness among multiple factors that impact health. Specific to the Priority Area, cultural barriers and related disparities for low birthweight, breastfeeding and safe sleep practices should be addressed.
- The attendees discussed how the health system needs a more holistic care approach that eliminate care silos. Specifically, the community needs better systemness, connections, care coordination, handoffs and transition among different care providers and institutions.

“We need to offer and recommend that young mothers have access to caregiver support groups, parenting classes within the community centers...i.e. Mommy and Me groups.”

-Retreat Participant



PRIORITY AREA 4: PROMOTE WELL-BEING AND PREVENT MENTAL AND SUBSTANCE USE DISORDER

- Focus Area 1: Promote Well Being
- Focus Area 2: Prevent Mental & Substance Use Disorder

“The community is skilled at fostering connections, building coalitions, developing networks and collaboration.”

-Retreat Participant

Mental health and substance use disorder was a popular topic amongst the session participants. While doing introductions, it was evident those in attendance were very engaged, representing a wide variety of community organizations and areas of expertise. The number one opportunity from the group discussion was the importance of beginning

to break down silos and connect the dot across existing community programs through forums such as the 2019 Health Summit. There was agreement that these are important topics to discuss “and mental health affects all populations in Westchester County”, but also recognition that the wider community perceives an associated stigma to mental health and substance use disorder that serves as a challenge to improve.

Conclusion – Be patient-centered and include caregivers in the care planning / treatment process.

Often the care planning process only includes the patient and does not include the role of the caregiver for the patient seeing treatment. Understanding the capacity of the caregiver is essential in building a treatment plan that is realistic and sustainable. Increasing awareness, developing ‘no-stigma’ messaging and providing consistent education about prevention are required when developing a care plan. In addition, focusing on meeting the basic needs for the patients, families and caregivers should be prioritized, before identifying treatment plans that are otherwise not possible. All providers who are part of the care team should be included in the conversation and endorse the care/treatment plan.

“It’s important to use a language that is patient-centered and universal to all.”

-Retreat Participant

Conclusion – Treating co-occurring disorders is complex and requires a multidisciplinary approach to promote optimal outcomes.

Mental health can sometimes fall to the back-burner due to other social determinate barriers. Early detection, prevention and treatment are key areas of focus when identifying and treating mental health and substance use disorder. Long-term treatment with a focus on sustainability, not just meeting the immediate need, is a much-needed paradigm shift for healthcare providers. One participant discussed the importance of

“Identify trauma and build resilience”

-Retreat Participant

treating all substances together, not replacing one substance for another, which sparked a series of additional conversations with the other stakeholders.

Promoting community support and social acceptance increases well-being. Stigma and prejudice may be reduced by multi-faceted interventions that include education, media campaigns, personal contacts, peer services, protest and advocacy and policy and legislative changes.⁷

Conclusion – Despite an array of community resources available, access to affordable mental health care remains a barrier. In some areas of the community there are affordable mental health providers that do not require insurance but are not readily accessible. In other areas of the community, there is limited or no access to mental healthcare, some of which are very costly. Some organizations have qualified field personnel, which could be leveraged, but additional resources are needed to scale the services. Better integration of mental health services into primary care offices is an area that could be leveraged to increase the availability of mental health services. There are multiple community partners that form a solid foundation from which to integrate existing and launch new programs.

“We must embrace multiple pathways to recovery.”
-Retreat Participant

Adverse Childhood Experiences and many mental, emotional, behavioral (MEB) disorders, such as substance abuse and depression, have lifelong effects that include high psychosocial and economic costs for people, their families, schools and communities. The financial costs nationally in terms of treatment services and lost productivity are estimated at \$467 billion in 2012, and \$442 billion for misuse of prescription drugs, illicit drugs and alcohol.⁸

Top Action(s) Discussed

Discussions around this Priority Area were broad, but focused around the idea of inclusivity.

- The participants agreed that mental health affects all populations in Westchester County and that a ‘no-stigma’ education for the community at large is needed. The stigma of mental or substance abuse disorders continues to be a barrier to seeking care and promoting and encouraging early detection, intervention, prevention and treatment is necessary.
- An inventory of existing community assets should be created and made widely available and services should be integrated across organizations. Partners for health improvement collaboration must include schools, faith-based organizations and civic organizations.

⁷ Contributing Causes of Health Challenges and 2019-2024 NYS Prevention Agenda

⁸ 2019-2024 NYS Prevention Agenda

https://www.health.ny.gov/prevention/prevention_agenda/2019-2024/docs/ship/nys_pa.pdf

- Clinicians themselves must be engaged and partnerships with primary care providers should be strengthened. Expand family members and other caregivers in patient care plans and treatment plans. Healthcare organizations have a role in making improvements too. Participants highlighted the need to provide medication reconciliation 72-hours post ED discharge, promote early intervention while patient is admitted and improve transitional homes and finding appropriate housing post-hospitalization.

Appendix A: New York State Prevention Agenda Priorities, Focus Areas and Goals

PRIORITY AREA: PREVENT CHRONIC DISEASES
<p>Focus Area 1: Healthy Eating and Food Security</p> <p>Overarching Goal: Reduce obesity and the risk of chronic diseases</p> <ul style="list-style-type: none"> Goal 1.1: Increase access to healthy and affordable foods and beverages Goal 1.2: Increase skills and knowledge to support healthy food and beverage choices Goal 1.3: Increase food security
<p>Focus Area 2: Physical Activity</p> <p>Overarching Goal: Reduce obesity and the risk of chronic diseases</p> <ul style="list-style-type: none"> Goal 2.1: Improve community environments that support active transportation and recreational physical activity for people of all ages and abilities Goal 2.2: Promote school, child care, and worksite environments that support physical activity for people of all ages and abilities Goal 2.3: Increase access, for people of all ages and abilities, to safe indoor and/or outdoor places for physical activity
<p>Focus Area 3: Tobacco Prevention</p> <ul style="list-style-type: none"> Goal 3.1: Prevent initiation of tobacco use, including combustible tobacco and electronic vaping products (electronic cigarettes and similar devices) by youth and young adults Goal 3.2: Promote tobacco use cessation, especially among populations disproportionately affected by tobacco use including: low SES; frequent mental distress/substance use disorder; LGBT; and disability Goal 3.3: Eliminate exposure to secondhand smoke and exposure to secondhand aerosol/emissions from electronic vapor products
<p>Focus Area 4: Preventive Care and Management</p> <ul style="list-style-type: none"> Goal 4.1: Increase cancer screening rates for breast, cervical, and colorectal cancer Goal 4.2: Increase early detection of cardiovascular disease, diabetes, prediabetes and obesity Goal 4.3: Promote the use of evidence-based care to manage chronic diseases Goal 4.4: Improve self-management skills for individuals with chronic conditions
PRIORITY AREA: PROMOTE A HEALTHY AND SAFE ENVIRONMENT
<p>Focus Area 1: Injuries, Violence and Occupational Health</p> <ul style="list-style-type: none"> Goal 1.1: Reduce falls among vulnerable populations Goal 1.2: Reduce violence by targeting prevention programs particularly to highest risk populations Goal 1.3: Reduce occupational injuries and illness Goal 1.4: Reduce traffic related injuries for pedestrians and bicyclists
<p>Focus Area 2: Outdoor Air Quality</p> <ul style="list-style-type: none"> Goal 2.1: Reduce exposure to outdoor air pollutants
<p>Focus Area 3: Built and Indoor Environments</p> <ul style="list-style-type: none"> Goal 3.1: Improve design and maintenance of the built environment to promote healthy lifestyles, sustainability, and adaptation to climate change Goal 3.2: Promote healthy home and school environments
<p>Focus Area 4: Water Quality</p> <ul style="list-style-type: none"> Goal 4.1: Protect water sources and ensure quality drinking water

Goal 4.2: Protect vulnerable waterbodies to reduce potential public health risks associated with exposure to recreational water

Focus Area 5: Food and Consumer Products

Goal 5.1: Raise awareness of the potential presence of chemical contaminants and promote strategies to reduce exposure

Goal 5.2: Improve food safety management

PRIORITY AREA: PROMOTE HEALTHY WOMEN, INFANTS AND CHILDREN

Focus Area 1: Maternal & Women’s Health

Goal 1.1: Increase use of primary and preventive health care services by women of all ages, with a focus on women of reproductive age

Goal 1.2: Reduce maternal mortality and morbidity

Focus Area 2: Perinatal & Infant Health

Goal 2.1: Reduce infant mortality and morbidity

Goal 2.2: Increase breastfeeding

Focus Area 3: Child & Adolescent Health

Goal 3.1: Support and enhance children and adolescents’ social-emotional development and relationships

Goal 3.2: Increase supports for children and youth with special health care needs

Goal 3.3: Reduce dental caries among children

Focus Area 4: Cross Cutting Healthy Women, Infants, & Children

Goal 4.1: Reduce racial, ethnic, economic, and geographic disparities in maternal and child health outcomes and promote health equity for maternal and child health populations

PRIORITY AREA: PROMOTE WELL- BEING AND PREVENT MENTAL AND SUBSTANCE USE DISORDERS

Focus Area 1: Promote Well-Being

Goal 1.1: Strengthen opportunities to build well-being and resilience across the lifespan

Goal 1.2: Facilitate supportive environments that promote respect and dignity for people of all ages

Focus Area 2: Prevent Mental and Substance Use Disorders

Goal 2.1: Prevent underage drinking and excessive alcohol consumption by adults

Goal 2.2: Prevent opioid and other substance misuse and deaths

Goal 2.3: Prevent and address adverse childhood experiences (ACEs)

Goal 2.4: Reduce the prevalence of major depressive disorders

Goal 2.5: Prevent suicides

Goal 2.6: Reduce the mortality gap between those living with serious mental illness and the general population

PRIORITY AREA: PREVENT COMMUNICABLE DISEASES

Focus Area 1: Vaccine-Preventable Diseases

Goal 1.1: Improve vaccination rates

Goal 1.2: Reduce vaccination coverage disparities

Focus Area 2: Human Immunodeficiency Virus (HIV)

Goal 2.1: Decrease HIV morbidity (new HIV diagnoses)

Goal 2.2: Increase viral suppression

Focus Area 3: Sexually Transmitted Infections (STIs)

Goal 3.1: Reduce the annual rate of growth for STIs

Focus Area 4: Hepatitis C Virus (HCV)

Goal 4.1: Increase the number of persons treated for HCV

Goal 4.2: Reduce the number of new HCV cases among people who inject drugs

Focus Area 5: Antibiotic Resistance and Healthcare-Associated Infections

Goal 5.1: Improve infection control in healthcare facilities

Goal 5.2: Reduce infections caused by multidrug resistant organisms and *C. difficile*

Goal 5.3: Reduce inappropriate antibiotic use

Source: New York State Department of Health

Appendix B: Westchester County 2019 Health Summit Invite

Come Join Us

Help shape Westchester's three year
health priorities and goals

2019 Health Summit

April 5, 2019

*Westchester County Center
White Plains, N.Y.*

8:30 a.m. to 1:00 p.m.

Advanced registration required
<https://tinyurl.com/WestchesterHealthSummit>

Northern Westchester Hospital
Northwell Health

NewYork-Presbyterian

Montefiore
DOING MORE

Phelps Hospital
Northwell Health

BURKE
Rehabilitation Hospital

Saint Joseph's
Medical Center

WP
White Plains
Hospital

ST. JOHN'S
RIVERSIDE
HOSPITAL

Blythedale
Children's Hospital

Westchester
gov.com

Appendix C: Westchester County 2019 Health Summit Agenda

Westchester County 2019 Health Summit

Location: Westchester County Center, White Plains

Date: April 5, 2019

Time: 9:00 am - 1:00 pm

Agenda Items

8:30 am - 9:00 am	Registration & Continental Breakfast	
9:00 am - 9:15 am	Welcome, Introductions & Objectives	Sherlita Amler, MD Westchester Health Commissioner
9:15 am - 9:55 am	State of the County: Accomplishments, Data, Outcomes & Expectations of Summit	Renee Recchia WCDH, Acting Deputy Commissioner for Administration
9:55 am - 10:00 am	Outline Breakout Process & Gallery Walk Process	Premier
10:00 am - 10:10 am	County Executive Remarks	George Latimer Westchester County Executive
10:15 am - 11:15 am	Concurrent Breakout Sessions: Prevent Mental & Substance Use Disorders Promote a Healthy & Safe Environment Prevent Chronic Diseases Promote Healthy Women, Infants & Children	Room C Room E Room F Room G
11:15 am - 11:25 am	Break	
11:25 am - 12:30 pm	Gallery Walk	Premier
12:30 pm - 1:00 pm	Recap Overall Findings & Outline Next Steps	Premier & WCDH
1:00 pm	Adjourn	



Appendix D: Facilitated Breakout Session Notes

Priority Area 1: Prevent Chronic Diseases

Focus Area 1: Healthy Eating and Food Security

Focus Area 2: Physical Activity

Focus Area 3: Tobacco Prevention

Focus Area 4: Preventive Care and Management

STRENGTHS & RESOURCES

- Schools are the best resource outside of the home for providing youth's access to healthy, balanced, "attractive" meals and snacks that incentivize and support healthy food choices and alternatives
 - Menu varieties built around healthy options
 - Ensure that children receive education about diet, nutrition, and benefits of making healthy food choices
 - Health literacy and education programs to reinforce healthy behaviors
- Schools have significant existing infrastructure and resources outside of the home for providing preventive education around tobacco use (including combustible tobacco and electronic vaping products)
- CBOs (Community Benefit Organizations) are in place in many locations throughout the County and should be more assertively engaged as cooperative partners in addressing access issues related to nutrition, food choices, diet, education and physical activity
- Several walking clubs are currently available in surrounding communities; we need to find ways to support, promote, and encourage participation in these formal and informal groups to increase the level of physical activity of the community
 - Encourage and support the formation of new groups in neighborhoods and communities
- The community needs "Safe" groups, spaces and places for children, adults, and women are areas that are safe havens for activity, refuge and recovery. These exist in some areas; however there is a need to look to expand and promote these resources more broadly
 - The safety spaces concept should extend to undocumented individuals as well
- Existing comprehensive private and public healthcare infrastructure and resources are available through area hospitals, ambulatory and diagnostic settings, emergency services, clinics, physician services, pre- and post-acute, behavioral health, therapeutic, exercise, wellness and many others across the continuum of care.
 - There is a perceived opportunity to better coordinate resources to provide increased access to coordinated quality healthcare in the community at every level of care need (e.g., prevention, diagnostic, screening, inpatient, outpatient, telehealth, others)

- This perceived need extends to preventive care and management resources and services including screening, testing, care management, and improved self-management skills
- Evidence-based information and practices ensure that decisions made about health promotion, intervention, and care management programs is evidence-based in order to yield optimal outcomes
- Start engaging, at a higher level, the companies and employers in the community to help promote healthy eating, food access, and physical activity among their employees and families
 - Encourage companies to provide incentives to their employees and families to engage in more health oriented and promoting activities
 - Incentivize companies to become more involved in promoting healthy lifestyles and choices for their employees as well as in the broader community as responsible corporate citizens

OPPORTUNITIES & GAPS

- There is a need to find better ways to leverage schools in order to:
 - Effectively address ACEs (Adverse Childhood Experiences) - traumatized children
 - Teach better self-care practices
 - Build upon parent and home support activities
 - Teach parents to be more assertive and accountable for providing home-based support around good habits (teach by example)
- There is opportunity to find ways to teach, support, and reinforce “replacement behaviors” as part of change management to develop and maintain healthy lifestyles and practices
 - Learning and adopting new habits
 - Maintaining good behavior
- “We often start too late in teaching children good behaviors.” Take advantage of opportunities to teach youth healthy behaviors from very young ages, as has been successfully done in other areas:
 - Children’s car seat use
 - Seat belt use, all ages
 - DARE program
 - Others
- Examine and address social determinants of health that impact healthy food and exercise choices (education, home, schools, transportation, finances, access to healthy food, safety, structural realities others)
- “We know the “what,” we must discover the best “how” in addressing these issues in coordinated, integrated ways, across all types of interventions, care settings, and resources

ACTION ITEMS / SOLUTIONS

- Ensure that school curriculums reinforce healthy decisions
 - Learn from the DARE program to create tobacco-free children; and to incent and reinforce healthy food choices
- Use social media to meet children “at their interest level”
 - Have “youth speak to youth” for positive and effective peer messaging
- Use the “Stanford Chronic Disease Program” as a model for chronic disease related behavior change (specifically targets diabetes prevention); this is an evidence-based program
 - Explore payment from Medicare related to SCDP participation
- Create campaigns around every adult knowing their important up-to-date basic health screening “measures” (e.g., blood pressure, cholesterol level, blood sugar levels)
- Begin education at a young age regarding health and financial skills (including obesity prevention, debt prevention and resource management)
- Standardize health messages across all schools in the County
- Ensure better and more effective collaboration among schools, public health entities, hospitals, and other health and wellness organizations
- Take measures to ensure healthy and affordable food option access especially in poor areas
- Create positive ways to “activate” people to take responsibility for their own health and choices
- Teach children “cause and effect,” and be honest with them regarding health, diet, fitness, smoking, vaping, and other harmful activities
- Ensure that communities create and maintain safe places to walk, play, exercise, dance, and engage in other health lifestyle activities
 - Help patients advocate for themselves

POTENTIAL BARRIERS

- For profit companies continue to derive revenue from unhealthy products of all types
- There is product placement of unhealthy products that attract attention and promises instant gratification (e.g., unhealthy foods at eye level, near check-out stands, on sale, enticing packaging)
- There is a lack of funding support around initiatives for individual organizations don’t have sufficient funding to solve problems on their own. There needs to be a combined effort of multiple interested parties needed to create critical mass of resources in order to start making a difference
- There is opportunity to help address how to encourage individuals to make healthy lifestyle choices as a priority in their lives
- Undocumented individuals are fearful and often reluctant to step forward to access resources that are available
- There is a lack in green markets and farmers markets throughout the year

Priority Area 2: Promote a Healthy and Safe Environment

Focus Area 1: Injuries, Violence, and Occupational Health

Focus Area 2: Outdoor Air Quality

Focus Area 3: Built and Indoor Environments

Focus Area 4: Water Quality

Focus Area 5: Food and Consumer Products

STRENGTHS & RESOURCES

Focus Area 1: Injuries, Violence, and Occupational Health

- Screening tools should be leveraged to identify potential victims of domestic violence:
 - Ask the question “Do you feel safe at home?”
- There are opportunities to leverage existing resources to reduce the risk of falls across frail and elderly populations in Westchester County
 - Personal emergency response systems
 - Home assessments should include the question “have you ever fallen before?”
- Community-based programs are in place that can be leveraged to address injuries, violence, and occupational health needs:
 - Stepping On Program
 - Matters of Balance Program
 - Safe Kids Program (childhood injury program)
 - Caregiver education and outreach programs

Focus Area 2: Outdoor Air Quality

- Local organizations currently provide education on the following; however, retreat participants noted that education is fragmented and not consistent across the County
 - Detriment of idling cars
 - Use of clean energy
 - Access to public transportation resources
 - Alternative options for transportation (e.g., bicycles) to promote physical activity and health
- Vulnerable populations are alerted by healthcare providers and other local organizations when air quality is poor. However, this communication is also fragmented and inconsistent
- There are American Lung Association programs in place that are dedicated to supporting healthy lungs and clean air within safe boundaries

- Publishes an annual State of the Air report that analyzes data from official air quality monitors to easily compare and understand the air quality in local communities, and what can be done to help improve air quality
- Community-based organizations leverage the American Lung Association's Freedom From Smoking® program to promote smoke-free lives across Westchester County

Focus Area 3: Built and Indoor Environments

- Healthy Neighborhoods Program is designed to reduce housing-related illness and injury. It is funded by a grant from the New York State Department of Health and is offered in currently only offered in Yonkers. The program offers free home safety assessments by health department staff to residents in Yonkers. The goals of the Healthy Neighborhoods Program include:
 - Increase Radon Testing
 - Prevent Indoor Air Pollution/Reduce Asthma Triggers
 - Prevent Lead Poisoning
 - Prevent Home Fire Hazards
 - Decrease Environmental Health Hazards in the Home
- Complete Streets Policy in Yonkers incorporates active transportation into the planning, design and operation of all future City streets projects, whether new construction, reconstruction, rehabilitation or pavement maintenance. This policy is premised upon the fact that active transportation attempts to better integrate physical activity through increased emphasis on walking, bicycling, and public transportation. Active transportation improves public health, reduces traffic congestion, enhances air quality, and supports local economic development
 - Complete streets are streets that are planned, designed, operated, and maintained to enable safe access for all users, and upon which pedestrians, bicyclists, transit users, persons with disabilities, and motorists of all ages and abilities are able to safely move along and across
- Housing Authorities are increasingly focusing on resident safety
- Local organizations are increasingly offering to collect residential HVAC filters and test air quality

Focus Area 4: Water Quality

- Health Department, police stations, hospitals, and pharmacies have disposal sites for prescription drugs in place
- Healthy Neighborhoods Program provides a resource to test water quality; however, limitations exist since this program is exclusively based in Yonkers

Focus Area 5: Food and Consumer Products

- Breastfeeding continues to be the preferred nutrition for newborns/infants
- Meals on Wheels provides healthy meal options to senior residents (limited access)
- Health Department had previously received a grant to partner with selected convenience stores on an initiative that would promote healthier food options. The grant has ended, but some convenience stores have continued this initiative's efforts (e.g., convenient placement of healthier food options)
- An initiative is underway to stock vending machines with healthy food options
- Education on healthy food choices is provided in schools; however, education is inconsistent across all school sites and opportunities exist to begin this education earlier in childhood to enforce healthy behaviors

OPPORTUNITIES & GAPS

Focus Area 1: Injuries, Violence, and Occupational Health

- Injuries, violence, and occupational health needs have a widespread impact on health status, and physical and mental health
 - Individuals engaged in manual labor have high rates of workplace-related injuries
 - Higher rates of domestic violence exist in cities, particularly in lower-income households
 - Falls represent a widespread health concern for frail and elderly populations. Opportunities exist to assure that these individuals have appropriate resources at home to prevent falls

Focus Area 2: Outdoor Air Quality

- What is considered to be high quality air?
- Portions of the community have high concentrations of air pollutants due to:
 - Construction in high development/growth areas
 - Tobacco use continues to be a challenge outdoors
 - Pollutants from Ohio-based factories are carried by the wind, impacting air quality in portions of Westchester County

Focus Area 3: Built and Indoor Environments

- Opportunities exist to expand safe places to walk and play. Many areas lack safe places to walk, bike lanes, and ample green space. This has resulted in both children and adults spending more time indoors
- Residential safety is a widespread concern, specific to:
 - Air quality/cleanliness (e.g., HVAC filter changes, presence of asbestos)
 - Lead poisoning
 - Fire and carbon monoxide safety
 - Rodent infestations

Focus Area 4: Water Quality

- Health status (e.g., breast cancer incidence) is directly linked to water quality. Opportunities exist to improve water quality through appropriate disposal of pharmaceutical drugs

Focus Area 5: Food and Consumer Products

- Access to affordable, healthy food is limited across selected portions of the County
 - Presence of food deserts and food swamps
- Education on healthy eating must be tailored to specific population cohorts (e.g., cookie cutter approach does not apply to all)
 - Include ethnic-specific healthy food options as part of education, as well as guidance on healthy food preparation
 - Education must start during childhood years (e.g., schools, etc.) before poor eating habits are adopted
- There is opportunity to reinforce the importance of breastfeeding for newborns/infants

ACTION ITEMS / SOLUTIONS

Focus Area 1: Injuries, Violence, and Occupational Health

- Leverage community-based programs that are already in place to address injuries, violence, and occupational health needs:
 - Stepping On Program
 - Matters of Balance Program
 - Safe Kids Program (childhood injury program)
 - Caregiver education and outreach programs
- Collaborate with healthcare organizations (e.g., hospitals, others) to:
 - Assure that assessments include the appropriate questions (e.g., Do you feel safe at home? Have you ever fallen before?)
 - Apply evidence-based programs that will reduce the risk of falls, and mitigate workplace injuries

Focus Area 2: Outdoor Air Quality

- Expand outdoor tobacco-free spaces and access to smoking cessation programs
- Collaborate with local organizations to assure that consistent education is provided on the following:
 - Detriment of idling cars
 - Use of clean energy
 - Access to public transportation resources

- Alternative options for transportation (e.g., bicycles) to promote physical activity and health
- Partner with local healthcare providers to assure that a consistent system is in place to alert vulnerable populations when air quality is poor
- Expand awareness and education through:
 - Collaboration with local organizations (e.g., local coalitions, town halls)
 - Social media

Focus Area 3: Built and Indoor Environments

- Explore opportunities to expand Healthy Neighborhoods Program beyond Yonkers to other locations in Westchester County
- Expand awareness and education through:
 - Collaboration with local organizations (e.g., local coalitions, town halls)
 - Social media

Focus Area 4: Water Quality

- Partner with local hospitals to assure that education on appropriate disposal of pharmaceuticals is provided as part of the patient's discharge instructions
- Educate community-based health workers on the importance of appropriate medication disposal so that they can educate patients on this topic. For example, retreat participants suggested that this be included in NARCAN training
- Assess opportunities to expand access to medication disposal sites that are conveniently located for residents:
 - Collaborate with local hospital pharmacies to increase awareness of drop boxes
 - Through mobile solutions (e.g., mobile van with oversight/sponsorship by police)
- Expand awareness and education through:
 - Collaboration with local organizations (e.g., local coalitions, town halls)
 - Social media

Focus Area 5: Food and Consumer Products

- Partner with hospitals and local healthcare organizations to continue providing education that emphasizes the nutritional importance of breastfeeding on newborns/infants
- Expand culture-specific (e.g., Hispanic) education/programs on health eating
 - What does fat free really mean on a labeled product?
- Provide education in schools on healthy eating across Westchester County
- Expand programs already in place that have a demonstrated impact on healthy food choices
 - Continue to work with corner stores to display healthier food options at affordable prices
 - Expand access for seniors to Meals on Wheels

- Expand initiative to stock vending machines with healthier food options
- Expand awareness and education through:
 - Collaboration with local organizations (e.g., local coalitions, town halls)
 - Social media

POTENTIAL BARRIERS

- Undocumented status of individuals is a barrier (people are often reluctant to step forward to access resources out of fear)
- There is a lack of funding around initiatives and individual organizations do not have sufficient funding to solve problems alone.
 - There needs to be a combined effort of multiple interested parties to create critical mass of resources to begin to make a difference
- There is a lack of awareness and education of importance, and the understanding that resources are available to residents to address these issues
- There is limited public transportation is available in pockets across Westchester County
- Existence of multi-family dwelling will temper utilization of community resources that assure safe indoor environments due to fear of eviction and/or rent increases
- Denial and the impact of cultural influences
 - Some ethnic cohorts prefer not to acknowledge challenges and/or seek assistance from public and/or community-based organizations
 - Culture greatly influences diet and food choices
- Pharmaceutical disposal sites must be in secure, monitored locations
 - Complex collection and disposal process make it difficult to expand/add more disposal sites. Access and convenience for residents will be paramount to increase compliance with appropriate disposal
 - Residents may be reluctant to dispose of pharmaceuticals at police stations
 - These secure resources are difficult to access for home-bound patients, or individuals with limited access to transportation
- There is opportunity in frequency of testing (e.g., air, water), and adherence to a regular testing schedule that will assure that quality is within normal ranges
- The presence of uncontrollable external forces (e.g., pollutants carried by wind from Ohio-based factories) continue to be a barrier
- Healthy food is expensive; however, access to affordable and conveniently located healthy food is a challenge
 - Presence of food deserts and food swamps across the County make it difficult to access affordable, healthy food options
- There is product placement of unhealthy products that attracts attention, promises instant gratification (e.g., unhealthy foods at eye level, near check-out stands, on sale, enticing packaging)
- There is a lack of green markets and farmers markets throughout the year, combined with the fact that many foods have pollutants and there is a need for increased access to organic food options

- Existence of profit-making companies that derive revenue from unhealthful products of all types (e.g., branding as family friendly does not necessarily mean that it is healthy)
- Food stamps and Electronic Benefit Transfer (EBT) cards do not always provide funding for healthy food options (e.g., will pay for chips but not egg whites at deli)
- How can we address and help individuals make healthy lifestyle and food choices as a priority in their lives?

Priority Area 3: Promote Healthy Women, Infants and Children

Focus Area 1: Maternal & Women's Health

Focus Area 2: Perinatal & Infant Health

Focus Area 3: Child & Adolescent Health

Focus Area 4: Cross Cutting Healthy Women, Infants, & Children

STRENGTHS & RESOURCES

- There is a collective passion for promoting health women, infants and children in the community
 - Community resiliency
- There are permanent housing options available to single women
 - Collaboration with mental health and other community health partners to provide co-location services.
- There are workshops with community-based organizations to collaborate with providers to address social determinants of health
- The IMPLICIT Pregnancy model of improving prenatal care provides education and promotes regular visits to their health care provider throughout the patient's duration of pregnancy
 - Group prenatal care support for pregnancy care
- There are Mobile Health Centers available with Behavioral Health collaboration
- John A. Coleman School / Elizabeth Seton Pediatric Center is a great resource
 - Approved and funded by NYS Dept. of Health offering early childhood and special education services in center-based and community settings to children from over 40 school districts in Westchester, Putnam and the Bronx.
 - White Plains Campus
 - Yonkers Campus
- Providers and local health agency meet to collaborate regularly
 - Regular meetings with county health department and hospitals
- There are various state programs and coalitions currently available to eligible individuals
 - Health Department Navigator Program
 - Health insurance access
 - Women, Infant and Children (WIC) and coalitions
 - Great resource for people who are eligible, enrolled and are aware about it

- Education and promotion of healthy diet
- Some organizations have a “Sliding fee scale” in place to meet the needs of the uninsured or underinsured
- Some additional community assets are:
 - Integrate free health clinics within the local schools
 - Free distribution of feminine products within the schools
 - Working to address the unfunded mandate

OPPORTUNITIES & GAPS

- There is a gap in meeting basic needs for patients, families and caregivers (Social Determinants of Health)
 - Affordable housing, jobs, food insecurity, transportation
- There are significant patient population among the underinsured and those who lack health insurance
 - Financial literacy
 - Undocumented individuals
- There is opportunity around biases, mis-information, and addressing racism
 - Implicit bias and racial disparities
- There are disparities in behavioral health among children
 - Often extremely difficult to get adolescents placed when inpatient is needed
- There is opportunity around breast cancer screening for African American women due to the higher death rate than Caucasian women
- Increase in the aging population and caring for young children continues to be an issue
 - Young mothers at work or unable to look after their own children
- There is opportunity to address abuse, substance abuse and domestic violence
 - Stigma with regards to the opioid epidemic which is also creating stigma for women in particular
- There are lack of resources and access to specialty physicians, mental health, and primary care (pediatrics)
- There are cultural barriers and disparities such as:
 - Low birthweight
 - Breastfeeding
 - Safe sleep practices
- There is a high mortality rate among African American women
- There is a need for screening and early intervention for all women, maternal, infants, children and adolescents
 - Early detection, intervention, prevention, and continued care throughout the lifespan
- Technology can also be a barrier as more young mothers leverage their phones and IT as an escape and the potential impacts this may have on the child
- There are silos in providing care, and there needs to be a more holistic care approach
 - Need better systemness, connections, care coordination, handoffs, transition among different care providers and institutions

- Access
 - Increasing service hours and access; lack of time with physician
 - Transportation for young teens/adolescents
 - E.g.: going to and from work
- There's opportunity with regards to cost of care and lack of or under funding of programs

ACTION ITEMS / SOLUTIONS

Maternal, Perinatal & Infant Health

- Offer caregivers and baby friendly programs and classes at local community centers
 - Recommend young mothers have access support groups, parenting classes, mommy & me group
 - Addressing early entry into pre-natal care
 - Post-partum & home visits
- Promote community campaigns and messaging on prenatal care (maternal, weight gain, blood pressure, blood sugar) and infant factors:
 - Sleep durations
 - Weight gains
 - Breastfeeding
- Promote breastfeeding programs offered through local hospitals
- Ensure that all eligible individuals are enrolled in the special supplemental nutrition program for Women, Infants, and children (WIC) and Supplemental Nutrition Assistance Program (SNAP)
 - Help patients advocate for themselves

Awareness & Education

- Provide, gather and maintain a resource directory (211)
 - Develop a single platform with integrated information
 - Healthify
 - Nowpow
 - 211
 - Cross-pollination of resources among local health agencies and local community-based organizations
- Develop an early literacy program targeting children and adolescents
- Provide consistent education to increase awareness
 - Use faith-based institutions, local schools, agencies, and community-based organizations for outreach and education
- Promote peer-educators and counseling services to engage, empower, and promote breastfeeding
- Utilize child mental health and substance use screenings
 - Deploy screenings for early detection, intervention, and referrals

Person-Centered Care & Provider Engagement

- Provide volunteer clinics to allow providers to offer access and treatment
 - Partner with providers to develop a direct primary care program that is not restricted to insurance
 - Faith-based institutions & community-based organizations opening their facilities to allow for patients to see and receive care
 - This allows clinicians to go out directly to the community and overall more affordable with lower overhead costs

Priority Area 4: Promote Well-Being and Prevent Mental and Substance Use Disorders

Focus Area 1: Promote Well Being

Focus Area 2: Prevent Mental & Substance Use Disorder

STRENGTHS & RESOURCES

- There is a collective passion for mental health and substance use disorder
- There are culturally and linguistically diverse services and expertise
- There are evidence-based treatments and philosophy to care
- The community is skilled at fostering connections, building coalitions, developing networks and collaboration
 - Drug free coalitions (new & existing)
- There are multiple community care partners
 - Solid foundation from which to integrate existing and launch new programs
 - Awareness, education, continuum of care, outreach/prevention
 - Home & community-based services
 - Drop boxes throughout the county
- There is integration of mental health into primary care
 - Integration of BH / PCP and SUD treatment
- Qualified field personnel can be scaled with additional support
- Provide education to the community that reduces the stigma associated with mental health

OPPORTUNITIES & GAPS

- There is a need to meet the basic needs for people, families and caregivers (Social Determinants of Health)
 - Affordable housing, jobs, food
- There is a limited focus on 'family and caregivers' and not just the person seeking treatment
- Promote and encourage early detection, intervention, prevention and treatment

- Opportunities with identification through the school system (guidance counselors)
- There is opportunity around treating co-occurring disorders
 - Adverse childhood events (ACEs)
 - Pediatric psychiatric care (inpatient and outpatient)
- Mental health tends to fall to the ‘back-burner’
- Promote fostering better relationships with faith-based organizations and civic organizations
- Create access to affordable mental health care and providers:
 - Providers available who are affordable (i.e. those that do not take insurance) but they’re difficult to locate
 - In some areas limited or no providers and many who are very costly
 - Barriers to providers ‘accepting’ certain patients
- Develop better engagement with providers
- Provide medication reconciliation 72-hours post ED discharge
- Promote early intervention while patient is admitted
- Improve transitional homes and finding appropriate housing post-hospitalization
 - Short term options sometimes available
 - Longer term options more challenging to secure (i.e. after 21 days)
 - Some communities with no short-term resources available
- Push to legalize recreational marijuana based on current opioid epidemic will intensify the issues and create challenges long term; limited or no evidence on medical marijuana treatment
- Push for immigration reform
 - Undocumented population fearful to identify and receive services / legal barriers
- There is a lack of agencies providing therapies for Spanish speaking demographics; long wait times to gain access

ACTION ITEMS / SOLUTIONS

Population Segmentation:

- Solutions should be inclusive - “Mental health affects **ALL** populations in Westchester County”
 - Mental health
 - Co-occurring
 - Substance Abuse Disorder
- Specifically address these sub-populations (if required to select):
 - Minorities
 - Undocumented
 - Families (not just the person seeking active treatment)

Awareness & Education:

- Employ a language that is person-centered and universal to all
 - No-stigma messaging
- Increase awareness
- Provide education and outreach broadly
- Deploy screenings for early detection
- Provide consistent education about prevention
 - Use county buildings and schools for outreach and education
- Utilize child mental health and substance use screenings

Communication & Collaboration Across Existing Community Assets:

- Connect the dots – break down silos vertically and horizontally within/across organizations through forums like the Summit
- Engage civic, community and faith-based organizations
 - Deploy reliable outreach strategies
 - Partner together to identify resources
 - Leverage resources such as 211
 - Strengthen wrap-around services
 - Address inconsistency among available community resources
 - Deploy crisis intervention at police departments
- Inform community about available services
 - Focus on homeless shelters
- Explore education and partnerships with schools
 - Target guidance counselors for education to help with early-identification
- Create partnerships with primary care providers
- Market to the private sector
- Leverage existing initiatives such as Trauma informed Care (TIC)

Person-Centered Care:

- Focus long-term treatment on sustainability
- Include family/caregivers in the treatment and care planning
- Treat all substances together
- Enhance focus on long-term treatment
- Offer group visits
- Identify trauma and build resilience

Provider Engagement and Treatment:

- Include providers in the conversation
- Partner with PCPs and providers to assist with endorsing the conversation
- Determine strategies to utilize ICD-10 codes to allow providers (primary care and specialty care) to bills for services; incentive alignment
- Embrace multiple pathways to recovery

- Enhance transitional housing availability

Resources & Team Development:

- Secure and livable wages for field staff
- Provide staff support / professional development & education
 - Training on psychological disorders available
- Provide appropriate funds (on the federal level) to address issues
- Allocate funds to focus on prevention services