CHENANGO COUNTY

COMMUNITY HEALTH ASSESSMENT
&
COMMUNITY HEALTH NEEDS ASSESSMENT

2016 – 2018

A collaborative report by

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Executive Summary

The Chenango County Department of Health and UHS Chenango Memorial Hospital collaborated to prepare the following health needs assessment for Chenango County. The assessment was prepared with the most recent information available to provide the most accurate representation possible. Based on this information and limited financial and human resources, the following priorities were identified to achieve the greatest impact.

Priority	Disparity	Evidence-Based Interventions/Strategies/Activities
Prevention of Chronic Disease – Reduce Obesity in Children and Adults	Socio - economic	UHS - Stay Healthy Kids Program
Promote Healthy Women, Infants and Children – Promote exclusive breastfeeding	Socio - economic	Baby Friendly Facilities Creation of Baby Nook CLC Home Visitation

Other Prevention Agenda Initiatives:

Priority	Disparity	Evidence-Based Interventions/Strategies/Activities
Promote Healthy Women, Infants and children – Promote healthy full term births	Socio - economic	Baby & Me – Tobacco Free Program Restructure of Childbirth Classes Prenatal Yoga
Promote Healthy Women, Infants and children – Reduce smoking among the antepartum population	Socio – economic	Baby & Me – Tobacco Free Program
Promote a Healthy and Safe Environment	age	Stepping On Program and STEADI Program
Promote Mental Health and Prevent Substance Abuse – Strengthen infrastructure across systems	Socio - economic	Needle Exchange Program Take Back Medication Events Suboxone Treatment/Education

Since the selection of our 2013 priorities we have learned that Chenango County ranks number one in childhood obesity and our adult rates are not far behind. With this realization, community stakeholders and/or partners agreed with the Health Department and Hospital that

obesity needed to be one of our priority areas for the 2016-2018 period. The decision for the second priority initiative resulted from feedback received from participants involved the 2013 initiative focused on Promoting Healthy Women, Infants and Children. During the implementation and evaluation phase of the 2013 initiative, participants voiced the need for expanded breastfeeding support. This feedback and a letter to the hospital received from the NYS Dept. of Health Director of Policy and Research Translation Unit Division of Chronic Disease Prevention (Appendix A) were the primary factors for choosing to address exclusive breastfeeding as the second priority initiative.

In 2016-2018 we will continue to monitor, evaluate and make changes as necessary to the Priority Initiatives started in 2013. The work within the existing initiatives has proven to be beneficial to our target populations (See Appendix E). In addition to the obesity and exclusive breastfeeding initiatives, we are taking a proactive approach at preventing increased hospitalizations due to falls by launching the Stepping On and STEADI Programs. This is due to the rapidly aging population in Chenango County.

Research clearly supports the priority initiatives for 2016-2018 and continues to support our work on the existing initiatives begun in 2013. Data review included material from the NYS Prevention Dashboard, Mothers & Babies Perinatal Network Reports, Community Foundation for South Central New York, DSRIP Community Needs Assessment, US Census and community surveys along with other data sets referenced throughout the body of this document. Prevention Agenda Priorities chosen were made with DSRIP initiatives in mind. The intent was to complement each other's work and prevent duplication of effort.

All of the initiatives discussed above will continue to create stronger alliances among community partners in Chenango County. The Community Health Assessment/Community Health Needs Assessment Worksheet starting on page 65 illustrates the ongoing community involvement

as indicated in the Partner Resources column. Engagement of the broad community occurs continuously using multiple strategies. The hospital and LHD together provide training to providers and clinic coordinators throughout the county regarding program options and the process for making referrals. Program notifications go out to the public via press releases, print media, billboards, Facebook and websites. Promotional materials are distributed via agency staff and community partners on an ongoing basis. Training days are provided to target audiences with programming included in the day's agenda. Staff attends numerous community events throughout the year to showcase program initiatives.

As noted in the tables previously, we have identified specific evidence-based interventions/ strategies/activities to impact change. After speaking with agencies currently using the programs, Program Directors, and reviewing supporting evidence, it was decided each program was a good fit given our population and disparity needs.

Prevent Chronic Disease: Reduce Obesity in Children

A team with representatives from the hospital, LHD, UHS and YMCA meet every other week to launch the UHS Stay Healthy Kids program in Norwich, NY and eventually in Sidney, NY. Minutes are taken and reviewed with action items assigned.

Referrals to the program, attendance during the program, and number of "graduates" will be monitored closely. Referrals that didn't come to fruition will be reported back to the referring provider for follow-up. The LHD will work with families that may have missed a program session. Referring providers will receive a notification from UHS Stay Healthy confirming a patient has completed the program. Families are given a course survey at the last session so the program can be fine-tuned as needed.

Ultimately, the target will be to reduce the number of obese school-age children in Chenango County and start moving toward the NYS PA goal. This initiative will be a multi-year

project but success over the next 3 years will be to launch the program, encourage providers to refer patients, and to move those patients through the program to help them live a healthier lifestyle.

Promote Health Women, Infants and Children: Breastfeeding

Several groups are meeting regularly to work on achieving the NYS PA and Healthy People 2020 breastfeeding goals. In addition, a reporting system has been established using the hospital's Electronic Medical Record (EMR) system for pediatric out-patient well visits at approximately 3 and 6 months. It is the hospital's goal to establish initial benchmarks as of the 4th quarter of 2016 to measure progress in 2017 and beyond. Of particular focus will be the Sidney office – the hospital's busiest pediatric practice.

Chenango County pediatric patients that do not come to CMH for services will be tracked by their respective LHD based on residency. The LHDs will follow-up with moms by phone call to gather information about breastfeeding and offer support whenever possible. A Certified Lactation Counselor will be on-site in Sidney once a week to assist nursing moms with breastfeeding and the transition back to work.

Breastfeeding rates at discharge are already being tracked on the hospital's maternity unit and this is reported on a monthly basis against the NYS Prevention Agenda (NYS PA) and Healthy People 2020 goals.

Other Initiatives

Whenever possible, statistical analysis will be used to measure progress against the NYS PA goals. Regularly scheduled meetings will be held to monitor all aspects of the initiative and, when available, survey results will be reviewed for participant feedback. This feedback may be used to adjust the program and/or identify other needs.

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Introduction

Community health is the practice of promoting health, preventing disease, and prolonging life in the community through education, communication, and collaboration. The Community Health Assessment (CHA) and the Community Health Needs Assessment (CHNA) are snapshots of the community's strengths and weaknesses in many areas including population, health, and socioeconomics. The information contained within the CHA is the driving force behind the creation of the Community Health Improvement Plan (CHIP) and the Community Service Plan (CSP). The New York State Department of Health oversees and monitors the CHIP and CSP that are required as part of the community health initiatives. It is the responsibility of the local health department and UHS Chenango Memorial Hospital to plan and implement projects and programs to address disparities as identified in this assessment. Each project must meet certain criteria, be evidence based, and measureable.

Chenango County also participates in the Delivery System Reform Incentive Payment (DSRIP) Program. This county is represented by the Care Compass Network of DSRIP, which addresses issues within the Southern Tier Region. The DSRIP initiative evolved from federal savings generated by Medicaid Redesign reforms. The monies saved created a waiver funding system that allows states to reinvest monies to address critical issues throughout the state and allows for comprehensive reform in several areas. DSRIP promotes community level collaborations and focuses on system reform, specifically a goal to achieve a 25% reduction in avoidable hospital use over five years. Although DSRIP initiatives are not included in this assessment, DSRIP initiatives are referenced throughout this report. Prevention Agenda Priorities chosen were made with DSRIP initiatives in mind in order to complement each other's work and prevent duplication of effort.

The report that follows details the health status of Chenango County residents based on the most recent data available. This report was created with mutual collaboration between Chenango County Department of Health Nursing Division and UHS Chenango Memorial Hospital. Chenango Health Network collected some of the data within the report.

Public Dissemination of the Needs Assessment

This combined Community Health Assessment and Community Health Needs Assessment for UHS Chenango Memorial Hospital and the Chenango County Department of Health will be available on the hospital's website at: https//ww.uhs.net/about-us/community-service-reports/ and the CCDH's website at https://www.co.chenango.ny.us.

Overview

Chenango County has within its borders both assets and deficits which affect the health of the community at large. County residents enjoy the benefits of country living such as clean air, low crime rates, access to parks and playgrounds, and undeveloped land use. 90% of the county's land use is agricultural or forest; while 5% of the county's land area is developed in commercial, industrial or residential use.

When considering the county's health status, several disparities stand out which inhibit county residents' opportunity for optimal health status. Some of these disparities include:

- Lack of transportation, private and public
- High percent of persons living at or below the poverty threshold
- An aging population
- Rural living
- Government based payer population seeking medical care
- Access to health care (health, dental, mental)
- Chenango County designation as a medical provider shortage area for Primary Care, Dental Care, and Mental Health Care
- Recruitment and retention of health care providers to the area
- Lack of adequate housing for defined populations
- Lack of rehabilitation facilities/care for the substance abuse population
- Lack of community knowledge for preventative lifestyles

The above disparities create the following concerns affecting health status:

- Lack of transportation for residents to pursue specialty care outside of the county
- Lack of financial resources to afford medications, treatments not covered by insurance
- Senior citizens facing isolation; lack of geriatric specialty care within the county
- Lack of senior housing as the elderly population transitions from home owners to renters
- Substance abuse population without access to rehab facilities
- Ratio imbalance of available health care providers to number of patients creating a strain on the existing health care system

A common theme to the disparities listed above and throughout this report is the issue of lack of access to health care for Chenango County residents. Chenango County is located in the Southern Tier Region of Central New York. UHS Chenango Memorial Hospital, located in Norwich, N.Y., is a NYS designated rural hospital and is the only hospital in the county. The majority (60%) of residents live within 10 miles of Norwich, making Norwich a good location for timely care. The remaining 40% live in more remote areas of the county, deterred by geography as a physical barrier to access.

The hospital provides quality care while being challenged by physician recruitment, remote geography and aging facilities. Recruiting physicians, nurses, and allied health professionals has been an ongoing challenge for CMH, hampered by a region considered geographically undesirable. Recruiting and keeping talented staff is an ongoing struggle to ensure service to the community. This puts further demand on the primary care services that are available at the hospital and throughout the county. The hospital continuously recruits but the pull of metropolitan areas, warmer climates, larger institutions, and higher paying specialties significantly reduces the pool of candidates.

In addition, Chenango County lacks curative care services, such as dialysis, drug treatment, and specialty cancer treatment. Due to the significant investment required to offer these services and the relatively low volume of patients, the reimbursement stream doesn't make these services self-supportive. Therefore, residents must travel to other counties to receive this care. And, as mentioned previously, lack of transportation to medical services has been and continues to be a barrier for patients, particularly for the low socio-economic and aged populations. These disparities are detailed in the report that follows.

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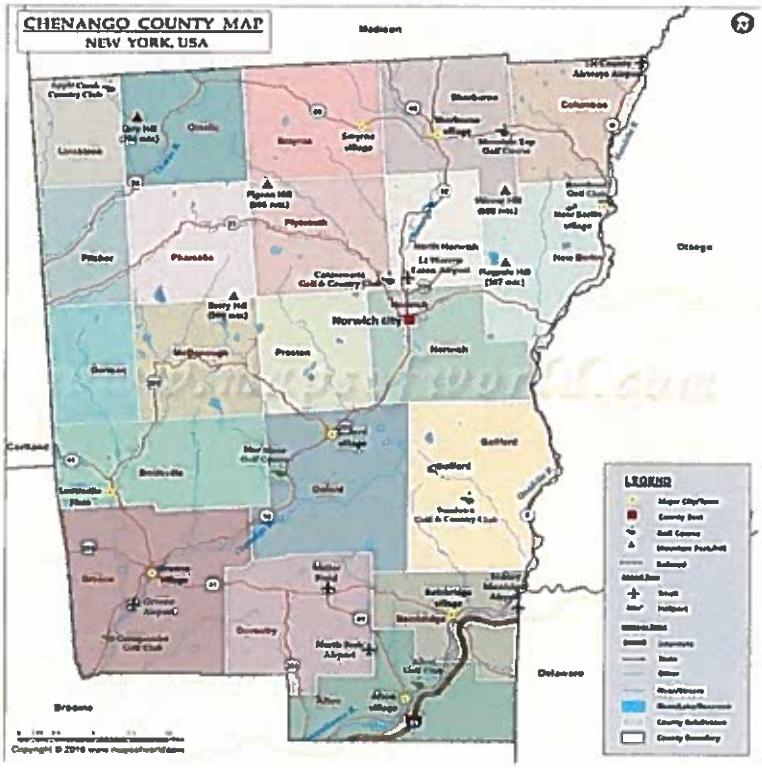
Section I: Description of Chenango County

Chenango County is a rural county located in south – central New York State in the area referred to as the Southern Tier. The county is also located in the Appalachian Region of the United States. Per *Google maps*, Chenango County is 126.5 miles west of Albany, New York State's capital and 211 miles northwest of New York City. Per the *US Census Bureau*, its land area encompasses 894.36 square miles with 56.5 persons per square mile. Contiguous counties are Madison County on the north, Otsego and Delaware Counties on the east, Broome County on the south and Cortland County on the west.

There are 21 towns, eight villages and one city in Chenango County. The city of Norwich is the county seat where the largest segment of the population resides. The remaining population resides in rural areas. The county's larger population centers are located along NYS Route 12 and the Chenango and Unadilla Rivers which run north to south through the center of Chenango County. Greene, Norwich, and Sherburne are the most populous towns situated along the Route 12 corridor.



www.mapsofworld.com

There are two interstate highways accessible to Chenango County residents: I -88 and I-81. Interstate 88 intersects with Chenango County at Bainbridge and is accessible from Delaware and Broome Counties. Interstate 81 is accessible from Broome and Cortland Counties. New York State Route 12 bisects the county and is the major north-south route.

The Chenango and Unadilla Rivers run north to south through the center of Chenango County. The county's larger population centers are located along NYS Route 12 and the two rivers. The majority of health care services are also located along Route 12.

There are two state parks offering camping facilities and recreation. In addition, there are 35 parks, 25 with playgrounds owned by either the village or town where they are located. Nine schools within the county also provide playground space available to the public.

Morrisville State College Norwich Campus is the only college or university located in the county. The campus offers associate degree programs in career and technical areas as well as offering a liberal arts transfer program.

Section IA: Demographics

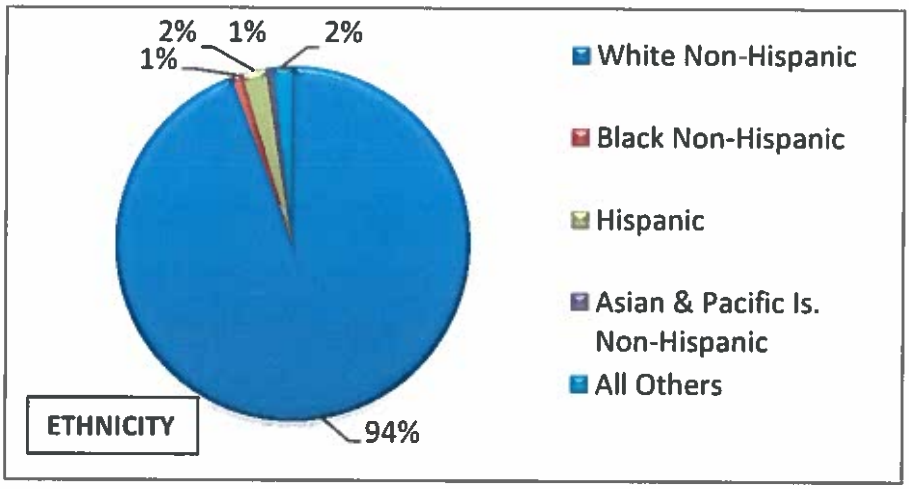
Section IA1: Population

Demographically, 94% of the county's population (49,868) is predominantly white non-Hispanic. The remaining population includes Hispanic, Latino, or persons who identify as being of two or more races. 85.8% of the county's population is categorized as living in rural areas. Chenango County is 49th in total population among the 62 counties in New York State. Chenango County has been experiencing a steady decline in its overall population. Based on US Census population estimates for 2012, the county's population has declined 2.98% since 2000. The City of Norwich has seen a decline in population but the Town of Norwich has seen a slight increase in population. Of the 21 townships, 17 have seen a decrease in population while 4 have seen an increase in population.

Chenango County Population per Age and Gender

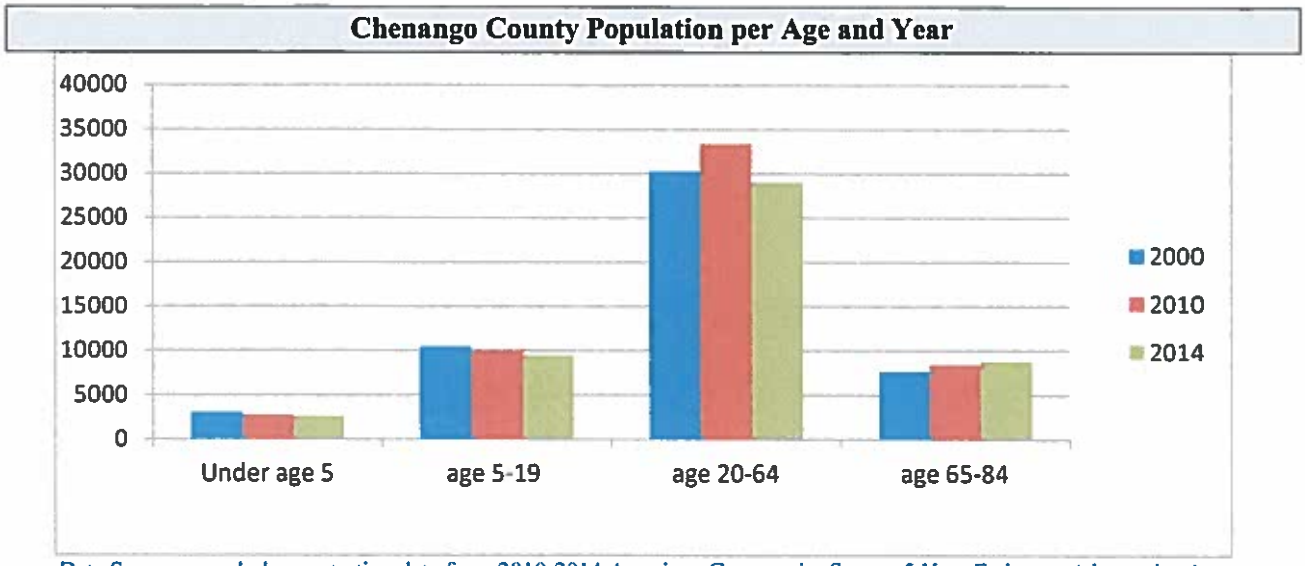
Age group	Male	Percent	Female	Percent	Total	Percent
Under age 5	1,323	2.7%	1,265	2.5%	2588	5.2%
5 – 19	4,913	9.8%	4,529	9.1%	9,442	18.9%
20 – 64	14,490	29.1%	14,539	29.1%	29,029	58.2%
65-84	3,615	7.2%	4,019	8.1%	7,634	15.3%
85 and older	477	1.0%	698	1.4%	1,175	2.4%

Excerpt from 2010-2014 American Community Survey 5-year Estimates



Data source: US Census Bureau

The age of the county's residents has been changing as well. The median age in 2014 was 43.5 years while the median age in 2000 was 38.4 years. The percentage of persons 65 years and older has increased by 15.1% since 2000 while the percentage of persons age 25 – 64 has decreased by 3.9% since 2000. An aging population coupled with rural living creates unique disparities such as lack of public transportation, difficult access to health care, and lack of or inadequate housing for senior citizens. This shift in age and population is demonstrated in the following graph.



Data Source: graph demonstrating data from 2010-2014 American Community Survey 5 Year Estimates (above chart)
Data Source: Censusviewer 2000

Section IA2: Income, Poverty and Unemployment

Income: The median family income for Chenango County was $44,427 in comparison to the rest of New York State with an average family income of $58,878. Men earned more than their female counterparts except for those men and women working in the social services and private not-for-profit sector. Poor economic status is often associated with poor health outcomes as those without means are not in a position to make lifestyle changes to promote good health. In Chenango County managing expenses related to food, housing, clothing, transportation, child care and health care is a major stressor for individuals particularly with families and senior adults.

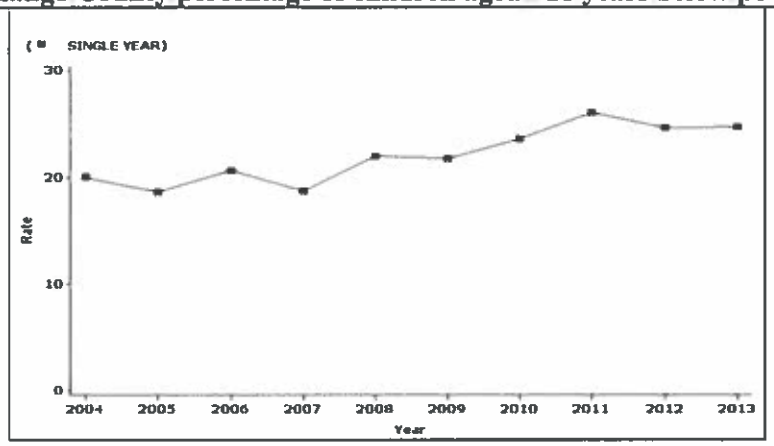
Unemployment: The majority of jobs available to Chenango County residents are in the education, health and human service sectors. Manufacturing and retail trade are the next largest sectors for employment. The percentage of unemployed residents of Chenango County for 2010-2014 was 8.6% compared to New York State's unemployment rate of 8.9% during the same time frame.

Income and Poverty Comparison, Chenango County & New York State		
	Chenango County	NYS
Median Income Family Income (2014)	$44,427	$58,878
% Population below poverty level (2013)	16.8	16.0
% Children and youth 0-17 years below poverty level (2014)	24.6	22.9
% Children and youth 0-17 years receiving SNAP (2014)	26.3	26.8
% Children and youth grades K-6 eligible for free and reduced lunches (2010-2011)	56.4	52.4
% Children 0-17 years receiving SSI (2012)	2.6	2.1
% Unemployed (2014)	8.6	8.9

Source: US Census ACS 2010-14; NYS Department of Health; Kids Well-being Indicator Clearinghouse 2013

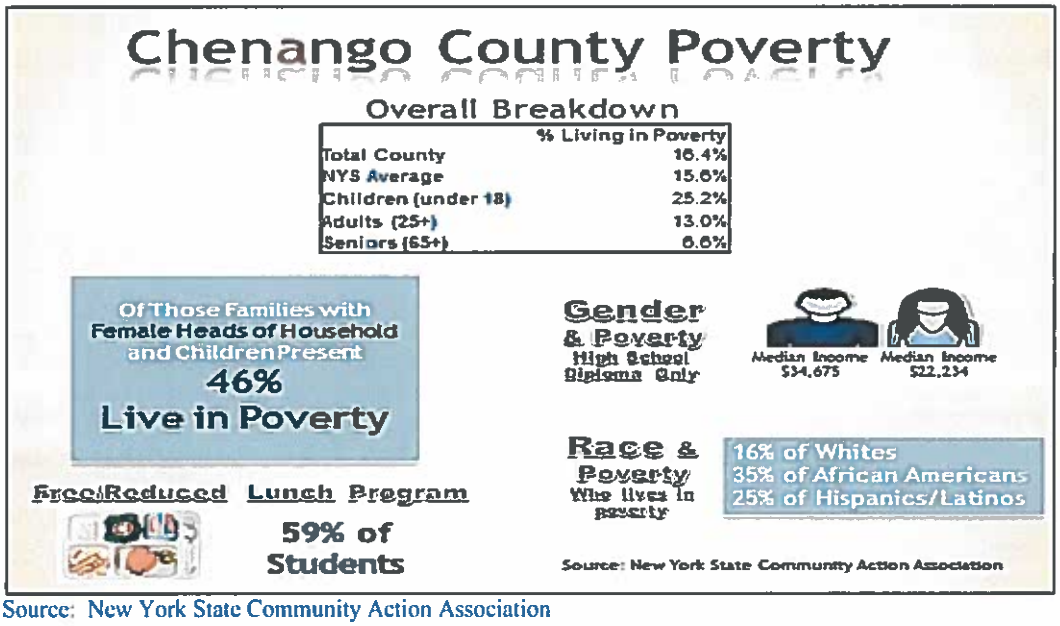
Poverty: Chenango County is a poor county with 16.8% of its population living below the Federal Poverty Level and 24% of its children in the county living in poverty. The number of children aged 0-17 living below the poverty level increased from 18.6% in 2005 to 24.6% in 2014, an increase of 6%. The number of children in grades K-6 who are eligible for free or reduced lunches increased from 49.2% in 2005-06 to 56.4% in 2010-11; an increase of 7.2%. This increase is also above the NYS level of 52.4%.

Chenango County percentage of children aged <18 years below poverty



Source: NYSDOH

The county is experiencing a decrease in the youth population due to fewer births and families relocating out of the area. The number of youth living in poverty hasn't increased markedly but instead now represents a larger percentage of the population that remains.



Source: New York State Community Action Association

Food Insecurity: Chenango County's poverty levels bring to focus food insecurities for that population. One of the issues of generational poverty (families and individuals living in poverty generation to generation) that is evident in the county is the utilization of food pantries. ***Residents with food insecurity live day-to-day to provide for themselves and their families; they focus on day-to-day survival versus developing strategies to prevent food insecurity and other health concerns.*** The charts below are two examples of the reliability on food pantries by county residents for food access.

2015 Families Served: Our Daily Bread Food Pantry (Chenango County)						
2015	**# families**	**Children 0-17**	**Adults 18-64**	**Seniors 65+**	**Total Persons**	**Total Meals**
Yearly total:	2372	2873	4901	611	8386	75465

Source: Our Daily Bread Food Pantry (Chenango County) statistics 2015

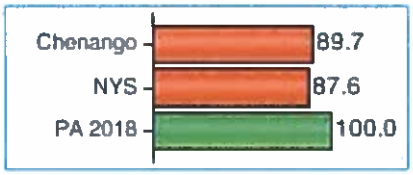
2015 Families Served: Roots and Wings (Chenango County)			
2015	**Households Served**	**People Served**	**Seniors >65**
Yearly total:	5763	16513	1208

Source: Roots and Wings (Chenango County) statistics 2015

Section IA3. Health Insurance Status

According to the 2013-2018 NYS Prevention Agenda, 89.7% of adults in the county have insurance which is above the New York State rate of 84.7%. This is an improvement of 32.6% since 2013.

Percent of County (adults) with health insurance compared to NYS and Prevention Agenda goals



Source: NYS Prevention Agenda County Dashboard 2016

According to the American Community Survey 2011-2013 of all persons in the county, 22.6% are insured by Medicaid and 10.4% are uninsured. The survey also indicates that 44.2% of the population is insured through government programs (Medicare and Medicaid).

Type of Insurance	Chenango County	New York State
Commercial/Private	45.4%	51.0%
Medicare	21.6%	15.5%
Medicaid	22.6%	22.5%
Uninsured	10.4%	11.0%
TOTAL	100.0%	100.0%

Source: American Community Survey 2011 - 2013

The 19 to 25 year old age group is the largest sector without health insurance at 21.9% while 7.4% of the population under 18 years of age does not have any health insurance.

Health Insurance Coverage	Chenango County	New York State
Total Population		
Insured	89.6%	89.0%
Uninsured	10.4%	11.0%
Under 18 Years of Age		
Insured	92.6%	95.9%
Uninsured	7.4%	4.1%
19 to 25 Years of Age		
Insured	78.1%	81.5%
Uninsured	21.9%	18.5%
18 to 64 Years of Age		
Insured	85.6%	84.5%
Uninsured	14.4%	15.5%
65 Years and Older		
Insured	99.9%	98.9%
Uninsured	0.1%	1.1%

Source: American Community Survey 2011-2013

UHS Chenango Memorial Hospital's financial statistics related to their billing show a similar story as indicated in the chart below; 76% of their inpatients are insured by Medicaid or Medicare. With the Affordable Care Act, combined with growing poverty and elderly population, the influence of government payers will continue to grow.

Chenango Memorial Hospital Payer Mix: 2010 to 2015		
	2010	**2015**
Medicare*	55%	55%
Medicaid*	20%	21%
Commercial	20%	19.6%
Self Pay	4.3%	3.5%
Other	0.7%	0.9%
*Government payers (Medicare and Medicaid) make up 76% of CMH's inpatient population.		
*With the Affordable Care Act, combined with growing poverty and elderly population, the influence of government payers will continue to grow.		

Source: Chenango Memorial Hospital Financials

Section IA4: Access to Health Care

Eight hospitals serve Chenango County residents; UHS Chenango Memorial Hospital is the only hospital located within the county. This hospital, located in Norwich, offers inpatient and outpatient

services. In addition the county has fourteen health centers located throughout the townships. There are no psychiatric inpatient facilities in Chenango County. The county has a very low ratio of health care providers to patients, with **1 provider for every 2081 residents** (see chart below). Because of this low ratio, Chenango County has been designated as a Health Professional Shortage Area according to the U.S. Department of Health and Human Services for low income primary health care, dental care, and mental health care. The ratio of population to providers places Chenango County in the bottom half of counties in NYS for primary care physicians. Other barriers to access to care include lack of specialty care within the county and lack of transportation services to that care located both in and out of the county. These barriers are also true for dental and mental health care.

Ratio of Patients to Provider in Chenango County Compared to NYS

Provider Type	Chenango County	New York State
Primary Care Physicians	2,081: 1	1,210:1
Dentists	2,912:1	1,580:1
Mental Health Providers	611:1	552:1

Source: Community Foundation for South Central NY (CFSCNY) Needs Assessment Chenango County, Horn Research, revised 1/19/16

UHS Chenango Memorial Hospital (CMH) is a state designated rural hospital. In addition, CMH is a Medicare Dependent Hospital (MDH) meaning that it is a hospital with less than 100 acute beds; is not classified as a Sole Community Hospital; and at least 60% of inpatient discharges consist of Medicare beneficiaries or equivalent.

Limited sources of transportation in this rural area, along with a shortage in all forms of healthcare services (e.g., urgent care, primary care, and specialty care) result in having to travel long distances to access services. Patients seeking specialty care, in particular, must travel to Syracuse, Utica, Binghamton, or Johnson City.

Travel Distances to Nearest Hospitals from Chenango County

Hospital	Location	Miles	Minimum Travel Time
A.O. Fox Hospital	Oneonta, NY	32	45 minutes
M.I.Bassett Healthcare	Cooperstown, NY	44	1 hour
Community Memorial Hospital (critical access)	Hamilton, NY	22	30 minutes
Crouse Hospital	Syracuse, NY	58	1 hour, 15 minutes
Mohawk Valley Medical Health System	Utica, NY	47	1 hour
Our Lady of Lourdes Hospital	Johnson City, NY	42	1 hour
St. Joseph's Hospital	Syracuse, NY	58	1 hour, 15 minutes
UHS Hospitals	Binghamton, NY	43	1 hour
Upstate University Hospital	Syracuse, NY	58	1 hour, 15 minutes

The only Emergency Room (ER) in Chenango County is located at CMH. The ER is physician staffed 24/7 and there are over 18,000 visits per year. Plans are underway to address space constraints, improve workflows, and ensure privacy to enhance the patient experience.

According to the DSRIP Community Health Assessment, the Emergency Room (ER) is viewed by some residents as an "always available" option for health and dental services and is often visited because of convenience and accessibility. Some residents consider the ER as an acceptable location to receive "any type" of medical care, not just when life-threatening healthcare is needed. Key drivers to ER use are (1) its 24/7 access for everyone, (2) ability to always "be seen by a doctor", (3) lack of knowledge as to where else to go to receive care, (4) shortage of other healthcare resources (providers), and (5) no out of pocket, up-front costs. Other significant drivers include: ready transportation to the ER, one-stop shopping with multiple services available (x-ray, lab, specialists, medications) all under one roof, and residents who have an existing relationship with the ER provider(s). Members of a focus group of the DSRIP Community Health Assessment admitted that they, themselves, had visited an ER with a non-life threatening condition.

Potentially preventable emergency visits (PPV) are a measure to identify ED visits due to ambulatory sensitive conditions, which would be classified as non-emergent, emergent but primary care treatable, or emergent/ED care needed/preventable-avoidable. These are visits in the ED which could be reduced or eliminated with adequate patient monitoring and follow-up in the outpatient setting. As shown in the PPV chart that follows, the Medicaid PPV rate for Chenango County is significantly higher compared to the all payor rate for Chenango County and Statewide (134% and 238% respectively. In addition, the Chenango Medicaid PPV rate is 121% of the Statewide PPV rate. The Chenango County all payor PPV rate is 177% of the Statewide all payor rate.

Emergency Department Visit Rate (all payors) per 10,000 Population	
Chenango County	New York State
5,602.1	4,033.3

Source: 2011-2013 SPARCS Data

Potentially Preventable Emergency Visits		
	All Payors	Medicaid
Chenango County	40.98	54.99
New York State	23.13	45.31

Note: Risk-adjusted rate per 100 population
Source: 2013 SPARCS Data

Savvy users of the ER with commercial insurance have learned to go to the ER rather than their primary care provider for non-emergent care. After their co-pay, costs for ancillary needs (x-rays, labs, etc.) during that ER visit are often covered. An identical visit to their primary care provider can result in out-of-pocket costs of hundreds of dollars depending on the plan. Medicaid patients have a nominal co-pay for visits but are not required to pay it. Therefore, there is no disincentive for Medicaid patients to visit the ER and partially explains the disproportionate level of PPV's.

Section IA5: Education

There are eight school districts in the county with all of these districts experiencing a downward trend in their enrollment. In addition to the eight school districts, there are three private schools. Delaware Chenango Madison Otsego Board of Cooperative Education Services (DCMA BOCES) serves Chenango County. Chenango County Head Start offers both Early and Preschool Head Start programs through 6 centers and home-based programs. There has been a 12.6% decrease in overall school enrollment since 2009 through 2014 which translates to 1,050 less students in the school population. This does correspond with decreasing population in the school age group and parent age group as indicated in population data previously mentioned.

According to the New York State Report Card 2015, the average graduation rate in the county in 2015 was 94% and of those graduating, 94.6% graduated with a Regents diploma. 71.5% of county graduates were college bound.

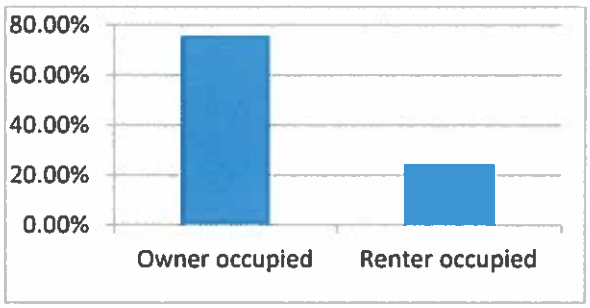
2014-2015 EDUCATION DATA BY DISTRICT

District	Total Enrolled #	Total Seniors #	Total Grads #	Regents Diploma %	College Bound %
Afton	532	47	47	95	69
Bainbridge-Guilford	810	63	64	97	78
Georgetown-So. Otselic	327	25	23	91	62
Greene	979	77	69	100	80
Norwich	1,805	160	136	96	66
Oxford	728	52	51	89	75
Sherburne-Earlville	1,337	100	91	89	72
Unadilla Valley	758	45	54	94	70

Source: New York State Report Cards 2015; US Census 2010; US Census ACS 2007-11

Section IA6: Housing Issues

Approximately 75% of Chenango County residents own and occupy their home, while 25% of county residents rent their home. The majority of housing units (64%) are single units. The next most common type of housing are mobile home units (20.9%). 28.9% of homeowners and 48.4% of renters have monthly housing costs that are at least 30% of their total household income, according to the Horn Research CFSCNY Needs Assessment. This indicates a large sub-group of the population for whom housing is generally unaffordable.



Source: US Census ACS 2010-2014

Per the Horn Research assessment, Chenango County lacks supportive housing for people with mental health disabilities and the developmentally delayed population. The Horn Research assessment suggests that funding would be needed to support affordable housing, financial assistance for seniors for weatherization, repairs and home modifications, and financial assistance for low income families to make repairs. Other housing issues in the county include a lack of assistive living units for elderly and disabled as well as a lack of housing for residents transitioning from incarceration into the community. Chenango County also does not have a homeless shelter or a domestic violence shelter available for those populations.

Section1A7: Households

Many of Chenango County's families and households are either single parents who are raising children and/or have adult members who are at least 65 years old. 8.6% of the total number of families living in Chenango County are one parent families with children under 18 years old, and of these single parent families, 6.2% are female and 2.4% are male. 12.4% of households are adults 65 years or older who live alone. 30.4% of all households have one or more persons who are 65 years or older.

Households by Type, Chenango County	Number	Percent
TOTAL HOUSEHOLDS	19,560	100
FAMILY HOUSEHOLD	12,645	64.6
Families with own children under 18 years	4,895	25.0
Married-couple family	9,616	49.2
Married-couple with own children under 18 years	3,207	16.4
Male-no wife present	907	4.6
Male with no wife present and with children under 18 years	468	2.4
Female-no husband present	2,122	10.8
Female with no husband present and with children under 18 years	1,220	6.2
NONFAMILY HOUSEHOLD	6,915	35.4
Householder living alone	5,423	27.7
Male householder living alone	2,567	13.1
Male householder 65+ years living alone	880	4.5
Female householder living alone	2,856	14.6
Female householder 65+ years living alone	1,553	7.9
Households with individuals under 18 years	5,551	28.4
Households with individuals 65 years and older	5,939	30.4
Average household size	2.51	
Average family size	3.07	
Source: US Census ACS 2010-2014		

42.5% of county residents report a level of stress related to being able to afford their rent or mortgage. This exceeds the rest of New York State (excluding New York City) by a significant margin as illustrated in the following exhibit.

Percent of adults who report being always, usually, or sometimes stressed about having enough money for their rent or mortgage.		
County Sub-population	**Percentage**	**95% Confidence Interval**
Total		
Chenango County	42.5	(35.1 - 49.9)
Southern Tier	33.7	(30.3 - 37.1)
New York State (excluding NYC)	36.6	(35.2 - 37.9)
New York State	43.4	(40.8 - 46.1)

Data Source: NYS 2013-2014 Expanded Behavioral Risk Factor Surveillance Survey (eBRFSS)

Section 1A8: Transportation

Public transportation is very limited in Chenango County. First Transit provides a fixed route bus service within the county. There are two taxi services available to residents. The county does not have access to a city bus or rail system. The nearest commercial airports are located in Broome and Onondaga Counties. Travel to and from work, school, health care services, shopping and recreation are key issues for county residents. Travel time, cost, limited public transportation services and/or lack of a reliable personal vehicle create barriers increase stress and define the way residents make choices about how to use their time, spend their money, and gain access to health care. Door-to-door non-emergency medical transportation is a significant problem with limited or no personal means of transportation. Public transportation routes and schedules are not always convenient when individuals need door-to-door assistance or who live in the most geographically distant locations of the county. This lack of reliable transportation prevents residents from accessing health care and food sources and creates social isolation for residents without a means to attend social events and gatherings.

The Care Compass Network of DSRIP is researching the county's transportation issues to see how this issue could be addressed.

Section IB: Health Status & Health Issues

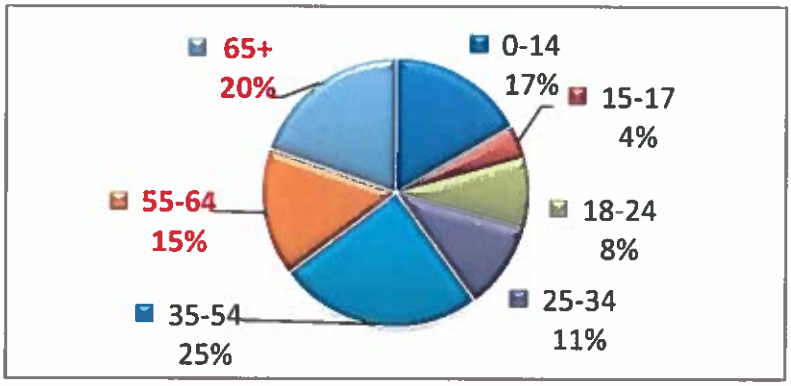
According to the NYS 2016 County Health Rankings, of the 62 New York Counties, Chenango County is 32nd in health ranking. This is an average based on the following health rankings:

Chenango County Ranking	(of 62 counties)
Overall Health Outcomes	32nd
Length of Life	49th
Quality of Life	13th
Health Factors	42nd
Health Behaviors	50th
Clinical Care	47th
Social & Economic Factors	30th
Physical Environment	8th

Source: 2016 County Health Rankings New York

While the county ranks above most counties in physical environment (measured by and in comparison to other counties in areas such as air pollution, drinking water, driving alone to work, long commutes, and severe housing problems) and quality of life (health status, poor physical health days, poor mental health days, low birth weight), it ranks poorly when measuring health behaviors, health factors, clinical care access, and as a result, length of life when compared to other counties. This disparity demonstrates that while the potential of Chenango County's physical environment to support healthy living is present, other health related barriers prevent a healthy outcome. Some of these barriers include lack of health care providers, lack of access to care, social and economic barriers to care, as well as a lack of community knowledge of preventative lifestyles.

Access to care is a common theme to all barriers that define health issues. This is especially true in Chenango County where 20% of the population is aged 65 and over. Combined with those aged 55-64, 35% of the population is now over 55 years old, as demonstrated in the chart below. This segment of the population will put pressures on an already stretched local healthcare system.



Source: US Census Bureau

Health Issues:

Again, access to care is a common theme when defining health issues. As previously identified, Chenango County's age 65 and older population is increasing with the anticipation that this trend will continue. There are no geriatric specialists practicing in Chenango County. As a result, as the population continues to age, doctors with an understanding of the complexities of aging will not be available in the county. This will have an impact on the quality and appropriateness of the care that seniors receive. In addition to this lack of specialty care, Chenango County lacks curative care services, such as dialysis, drug treatment and specialty cancer treatment. Residents must travel to other counties to receive this care. Lack of transportation to these areas continues to be a barrier in receiving appropriate and timely treatment.

Health Status:

The percentage of premature deaths (before age 75) for Chenango County residents is 39.6%, slightly lower than New York State's rate of 39.9%. According to the NYS Department of Health, the leading causes of premature deaths from 2011 – 2014 in Chenango County were cancer, heart disease, unintentional injury, chronic lower respiratory diseases, and tied for 5th were liver disease and stroke.

Five Leading Causes of Premature Death in Chenango County Compared to Surrounding Counties, 2014

County	Heart Disease	Malignant Neoplasms	Chronic Lower Respiratory Disease	Cerebrovascular Disease	Injury/Accidents
Chenango	188	121	45	20	18
Cortland	96	92	24	22	17
Delaware	124	127	46	20	25
Madison	138	144	47	29	27
Otsego	148	129	43	28	19
Broome	513	438	107	82	94

Source: NYS Department of Health

Section IB1: Prevent Chronic Disease

The New York State Prevention Agenda focus area of preventing chronic disease includes reducing obesity in children and adults, reducing illness, disability and death related to tobacco use and secondhand smoke exposure, and increasing access to high quality chronic disease preventive care and management in clinical and community settings. As indicated in the following charts, these areas of focus are identified in Chenango County. Chronic diseases are addressed in Chenango County's Community Health Incentive Programs (CHIP) and the hospital's Community Service Plan, while other areas will be addressed through the Care Compass Network of the Delivery System Reform Incentive Program (DSRIP) as previously mentioned. DSRIP initiatives are noted in

the following pages of this section while CHIP/CSP initiatives are described in detail under Section II of this document.

Cardiac: Chenango County's mortality rates for cardiovascular disease, coronary heart disease, congestive heart failure and stroke exceed rates for all of New York State. This includes both deaths considered premature, (persons age 34 – 65), and pre-transport mortality (death before transport to a health care facility). Although hospitalization rates for stroke and hypertension are lower for the county compared to NYS, the age adjusted percent of adults in the county who have ever been diagnosed with high blood pressure is higher than NYS.

CARDIOVASCULAR DISEASE		
Indicator	**County Rate**	**NYS Rate**
Cardiovascular disease mortality rate per 100,000		
Age Adjusted HIGHEST IN NYS	300.3	228.0
Pretransport Mortality 3RD HIGHEST IN NYS	268.1	146.7
Disease of the heart mortality rate per 100,000		
Age Adjusted HIGHEST IN NYS	257.7	185.4
Pretransport Mortality HIGHEST IN NYS	242.1	126.3
Disease of the heart hospitalization rate per 10,000		
Crude	124.4	108.5
Coronary heart disease mortality rate per 100,000		
Age adjusted 3rd HIGHEST IN NYS	206.7	146.2
Pretransport mortality HIGHEST IN NYS	205.9	103.6
Heart Attack (acute MI) hospitalization rate per 10,000		
Crude HIGHEST IN NYS	30.5	17.1
Heart Attack (acute MI) mortality rate per 100,000		
Age Adjusted HIGHEST IN NYS	140.5	31.3
Hypertension emergency department visit rate per 10,000 (age 18 and older 3RD HIGHEST IN NYS	41.4	32.9
Hypertension emergency department visit rate per 10,000 (any diagnosis) Age 18 and older 3RD HIGHEST IN NYS	1331.4	896.6
Source: NYSDOH County Health Assessment Indicators (CHAI)		

The Care Compass Network of the local DSRIP program has identified Chronic Disease Management - Cardiovascular Disease as one of their projects.

Cancer: The county's incidence and mortality rates for all cancers also exceed those for NYS. Specific cancers which have a higher incidence and mortality rate than that of NYS include lip, oral cavity and pharynx, colon and rectum, lung and bronchus, ovarian, and prostate cancers. The cancers which impact the largest number of county residents are female breast, prostate, lung and bronchus, and colon and rectum. In addition, Chenango County's rate for finding breast cancer at a

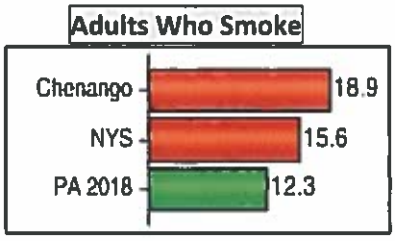
late stage of development is the fourth highest in the state. Many of these cancers can be tied to tobacco use. Chenango County has a high rate of adults who smoke, as detailed in the next exhibit.

CANCER			
Indicator		**County Rate**	**NYS Rate**
ALL CANCERS			
Crude incidence rate per 100,000	4th HIGHEST IN NYS	705.7	550.9
Crude mortality rate per 100,000		249.2	180.7
COLON CANCER AND RECTAL CANCER			
Age adjusted incidence rate per 100,000	3RD HIGHEST IN NYS	53.7	41.4
LUNG AND BRONCHUS CANCER			
Crude mortality rate per 100,000	HIGHEST IN NYS	103.0	69.6
Source: NYSDOH County Health Assessment Indicators (CHAI)			

Integrating palliative care services within the primary care medical home/primary care setting is an initiative of the Care Compass Network of the local DSRIP program.

Tobacco use: Per the NYSDOH PednSS annual report 2014, Chenango County ranks 61 of 62 counties in households with a smoker. According to the Prevention Agenda Dashboard, the percent of adults who smoke in Chenango County exceeds the NYS average as well as the Prevention Agenda goals. In addition to high smoking rates in adults in general, the tobacco use rates while pregnant exceed the rest of the state by a large margin.

Of note, the closest smoking cessation program (NY Quit line) is located in Broome County. The NY Quit line is a toll free number to the NYS Dept. of Health where people can obtain assistance with smoking cessation through an educational, support, and referral process. Chenango Health Network's grant for a smoking cessation educational program funded by the state was lost to Chenango County in 2015 when the program was regionalized and relocated to Cortland County with the intent to serve all counties in the designated region. Cortland County has completed 28 events/presentations in Chenango County since January 1, 2015, per the Bureau of Tobacco Control Advancing Tobacco Free Communities Community Activity Tracking Report data provided by Cortland County.



Source: NYS Prevention Agenda Dashboard 2016

Smoking & Pregnant			
Chenango county 2015	**Rest of State**	**NYS**	**2020 HP goal**
29.3%	13.7%	8%	1.4%

Source: excerpt from Mother & Babies Perinatal Network 2015 data source

Respiratory, Liver Disease & Diabetes: The mortality rate from chronic lower respiratory diseases is significantly higher than that for NYS although the mortality rate from asthma is equal to the NYS rate. The mortality rate for liver disease is significantly higher than that for NYS while the hospitalization rate is lower. The county's mortality rate for diabetes is lower than NYS. However, while the hospitalization rate for diabetes equals that of NYS, the hospitalization rate due to short term complications from diabetes is higher for adults. In addition, the rate for adults diagnosed with diabetes is greater in Chenango County than NYS.

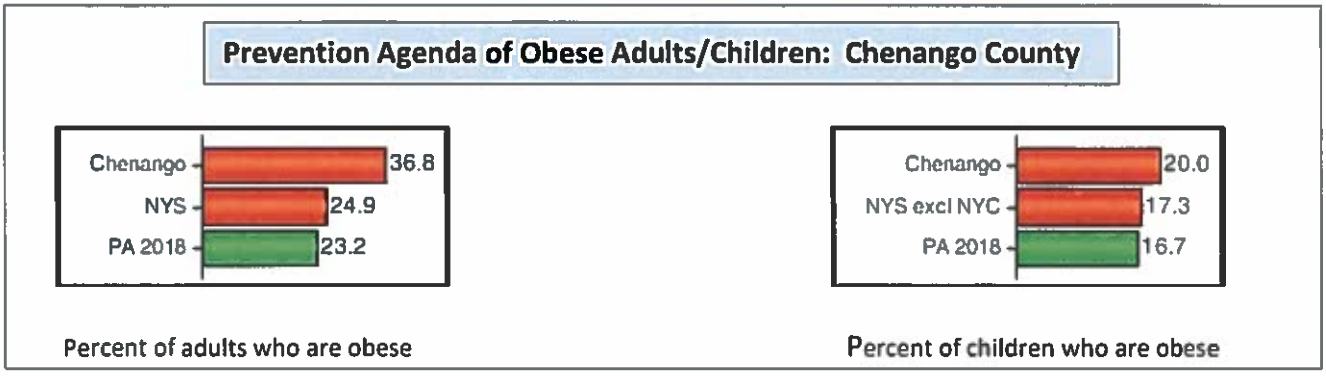
CIRRHOSIS AND DIABETES		
Indicators	**County Rate**	**NYS Rate**
Cirrhosis mortality rate per 100,000		
Age Adjusted	10.9	6.7
Diabetes hospitalization rate per 10,000 (any diagnosis)		
Crude	264	244.1
Diabetes short term complications hospitalization rate per 10,000		
Aged 18 and older **3rd HIGHEST IN NYS**	9.9	6.3
Source: NYSDOH County Health Assessment Indicators (CHAI)		

The Care Compass Network of the local DSRIP program has a goal of increasing access to high quality COPD preventative care as part of their Chronic Disease Management – COPD Prevention initiative

Obesity: Chenango County's obesity rate is higher than any other county in the state. According to the NYS DOH County Health Assessment indicators, Chenango County ranks highest in overweight or obese middle and high school age students and 3rd highest in overweight middle and high school age students. The county also ranks 2nd highest in overweight adults. Overweight is defined as a BMI of 25+ and Obese is defined as a BMI of 30 or higher according to the 2013-2014 report. The high incidence of overweight/obesity in the county directly affects health outcomes such as diabetes, cardiovascular disease, and cancer. In light of this, it is no coincidence that cardiovascular disease is one of the leading causes of premature death in Chenango County and that diabetes contributes to the high rate of hospitalizations in the county. For further detail, refer to the exhibit that follows.

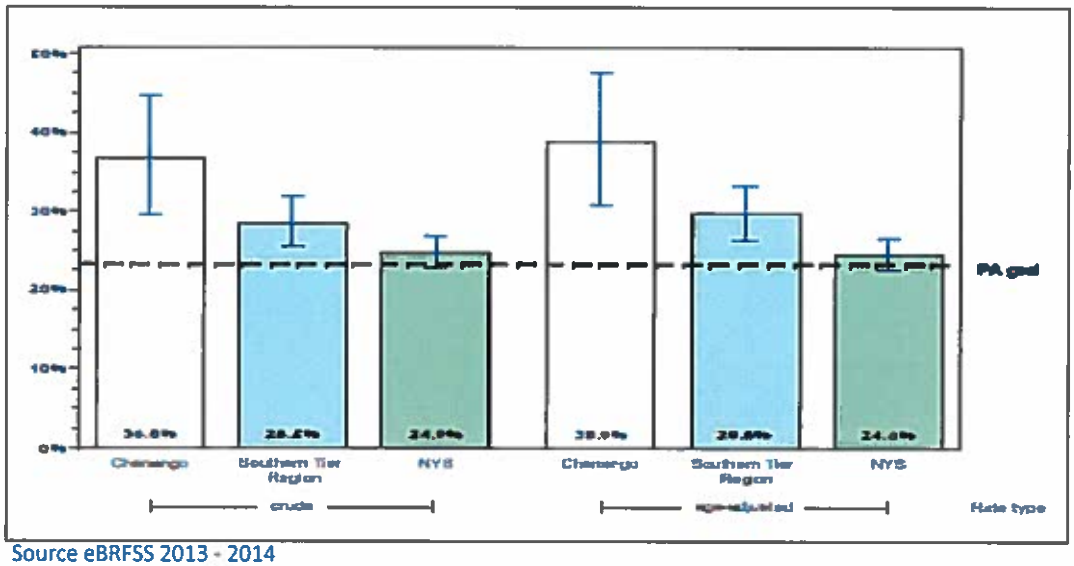
OBESITY		
Indicator (2012-2014)	**County Rate**	**NYS Rate**
All Students with weight status (grades Pre K, K 2nd, 4th, 7th, 7th, 10th)		
% obese (95th percentile or higher)	20	N/A
% overweight or obese (85th percentile or higher)	38.1	N/A
Elementary students with weight status (grades pre K, K, 2nd and 4th)		
% overweight but not obese (85th to 95th percentile or higher)	18.3	N/A
% overweight or obese (85th percentile or higher)	36.8	N/A
Middle and High School students with weight status (grades 7th and 10th)		
% obese (95th percentile or higher) 3rd HIGHEST IN NYS	24.1	N/A
% overweight or obese (85th percentile or higher) HIGHEST IN NYS	42.1	N/A
Adults with weight status information in SWSCRS		
Age adjusted % of adults overweight or obese (BMI 25+) (2013-2014)	72.3	N/A
Age adjusted % of adults obese (BMI 30+) 2ND HIGHEST IN NYS	38.9	N/A
Source: NYSDOH County Health Assessment Indicators (CHAI)		

According to the New York State Prevention Agenda Dashboard, the percent of obese adults (36.8%) and children (20.0%) exceeds the prevention agenda goals for 2018 as well as giving Chenango County the number one ranking in obesity in the state



Chenango County far exceeds the obesity percent of its residents when compared to the Southern Tier Region as well as NYS in both crude data and age adjusted data as demonstrated in the following chart. According to the New York State Prevention Agenda Dashboard, the percent of obese adults (36.8%) and children (20.0%) exceeds the prevention agenda goals for 2018 as well as giving Chenango County the number one ranking in obesity in the state

Chenango County Obesity Percent of Residents



Source eBRFSS 2013 - 2014

Section IB2: Promote a Healthy and Safe Environment

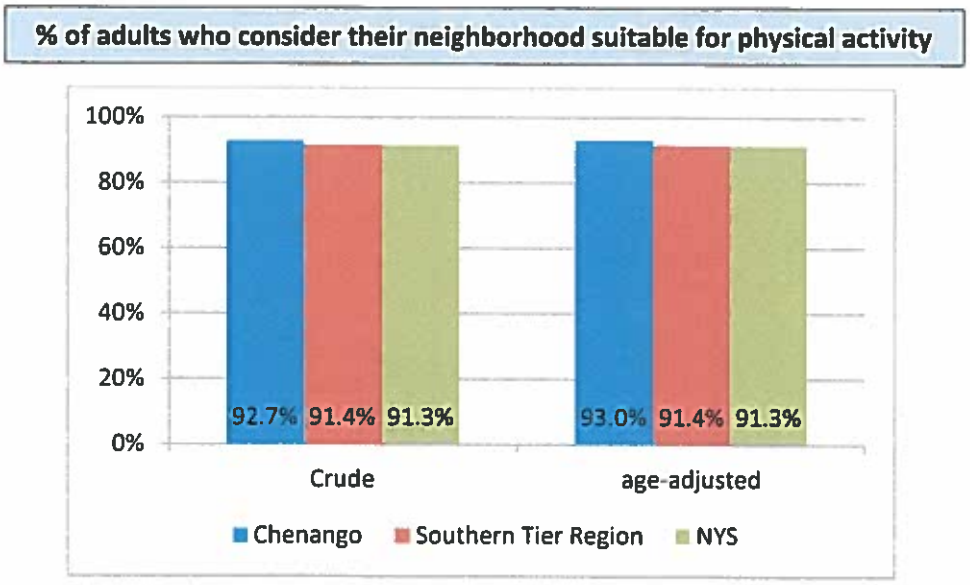
The New York State Prevention Agenda focus area promoting a healthy and safe environment includes outdoor air quality, water quality, environment, injuries, violence, and occupational health. Chenango County has identified the following environmental concerns.

Environment: Chenango County is a geographically large county. Within its borders are two state parks offering camping facilities and recreation. In addition, there are 35 parks, 25 with playgrounds, and nine schools that also provide playground space available to the public. Two parks and 1 playground are designated as smoke-free. Eight worksites within the county have smoke free policies. There are no plans to develop parks, playgrounds or recreational facilities in underserved areas of the county. Complete Streets is a transportation policy adopted by localities that requires streets to be planned, designed, operated, and maintained to enable safe, convenient and comfortable travel and access for users of all ages and ability regardless of their mode of transportation. This initiative has not been adopted within the county. In addition, there are no policies in place to address grocery stores in underserved areas or a policy to reduce sugar sweetened beverage consumption.

Physical Activity and Nutrition Policies, Chenango County 2013					
Policy	**County**	**City**	**Town**	**Village**	**Total (Possible: 31)**
Joint Use Agreements—Building Use and Extended Use	0	0	7	1	8
To develop parks, playgrounds and recreational facilities in underserved areas of the county.	0	0	0	0	0
Land use policies to promote and facilitate physical activity or access to healthy foods.	0	0	1	0	1
Complete streets.	0	0	0	0	0
Procurement policies establishing preference for purchasing healthier meals or ingredients for food in public venues.	0	0	1	1	2
To reduce sugar sweetened beverage consumption.	0	0	0	0	0
To promote grocery stores in underserved areas.	0	0	0	0	0
To establish or promote farmers markets.	0	1	0	1	2

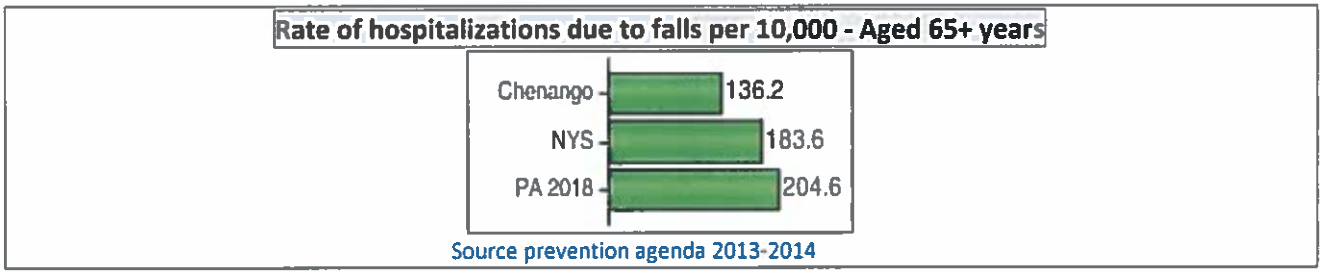
Source: Chenango Health Network Survey 2013

According to the eBRFSS survey, most adults in Chenango County consider their neighborhood suitable for walking and physical activity. The 2016 County Rankings show Chenango County ranks 8th in physical environment even though the county is ranked 29th in overall health status. This indicates that while the physical environment is conducive to healthy lifestyles, the actual health status of the population demonstrates barriers and shortcomings preventing healthy outcomes as outlined in this report.



Source: eBRFSS 2013-14

Falls: Promoting a Healthy and Safe Environment includes reducing the risk of falls and associated hospitalizations. As the chart below indicates, Chenango County has met the Prevention Agenda goal in regard to falls in the age 65+ population. Fall prevention is still a concern, however, because this age group coupled with the age 55+ group currently makes up 35% of the county's population. To keep the fall rate stable, it is beneficial to proactively implement program and policy to address the fall risks of this segment of the population.



Source prevention agenda 2013-2014

As the following chart indicates, Chenango County's population between the ages of 45 to 65+ is already at 48.7%. This trend is projected to continue in future years and demonstrates the need to address the issues surrounding health care and an aging population within the current time span to meet the health demands of the population in the future.

Age projection of Chenango County residents in 5 year increments

Age	2014		2020		2025		2030	
45 to 64	14,729	29.8%	13,531	28.1%	11,767	25.3%	10,503	23.6%
65+	9,342	18.9%	10,514	21.8%	11,696	25.2%	12,211	27.5%
Total age 45 – 65+	24,071	48.7%	24,045	49.9%	23,463	50.5%	22,714	51.1%
Total Population	49,426		48,154		46,503		44,497	

Source: Cornell Program on Applied Demographics

IV Drug use: Another area of concern for Chenango County involves the growing IV drug use epidemic in this country which has also affected Chenango County and the safety of our physical environment. IV drug users often dispose of their used needles on sidewalks, streets, and in parks increasing the disease risk caused by blood borne pathogens to the population in general. Until recently there were no protocols in place to address this problem. Chenango County did not have a fixed or mobile needle exchange site. In 2013, according to a local health department phone survey of the 9 county pharmacies, only one participated in needle exchange. The same phone survey was completed in 2016. Of the 9 pharmacies, one continues to participate in a needle exchange program.

All pharmacies continue to sell up to 10 syringes with or without a prescription. This is unchanged since 2013 demonstrating a need for increased service to this population of IV drug users with a goal to protect this vulnerable population from blood borne disease such as HIV and Hepatitis as well as to decrease secondary risks to the general population exposed to improperly disposed of drug paraphanelia.

Section IB3: Promote Healthy Women, Infants and Children

The New York State Prevention agenda encourages the promotion of healthy women, infants, and children. As quoted by the Prevention Agenda overview:

> *"Maternal, infant and child mortality and morbidity are key indicators of the health of a society. These measures are a reflection of the current health status of a large segment of the U.S. population and a predictor of the health of the next generation. Maternal and child health must continue to remain a priority in New York State (NYS)."*
>
> *"The cost of poor maternal, infant and child health is significant. According to one study, [1] the total socio economic burden associated with preterm birth is at least $26.2 billion, an average of $51,600 for each preterm infant. In another study, [2] the cost of neonatal care for infants of mothers who smoked is estimated to be $367 million nationwide, with New York State's cost estimated to be about $23 million." Prevention Agenda 2013 – 2018*

1. Behrman RE, Butler AS, ed., Preterm birth: causes, consequences and prevention. Washington, DC: National Academies Press,2007
2. Adams EK, Miller VP, Ernst C, Nishimura BK, Melvin R Neonatal health care costs related to smoking during pregnancy.

In Chenango County, the Prevention Agenda goals for Maternal/Infant/Child health demonstrate a need to focus on this population to maximize their health and wellness from both a health and socioeconomic perspective. Three of these areas include smoking cessation during pregnancy, increasing the rate of exclusive breast feeding, and childbirth education.

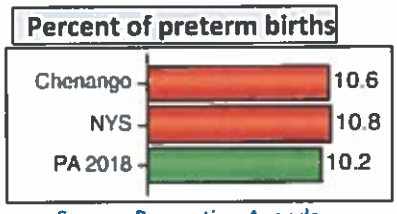
Smoking cessation during and after pregnancy promotes maternal health, fetal health, and a safe smoke free environment for infants and children with an end result of a healthier community now and in the future. According to the NYS DOH PednSS annual report 2014, Chenango County ranks 61 of 62 counties in households with a smoker. Because smoking is directly related to preterm birth rates, smoking cessation should decrease this rate, as well.

Exclusive breast feeding continues to be an initiative in Chenango County to promote an early start on the health of our infant population. This initiative is detailed later in this report.

Childbirth Classes: One of the initiatives to accomplish prenatal education in the county was to restructure the current childbirth classes to include community partners as well as education on

smoking cessation, breast feeding, and prenatal health as well as the usual preparation for childbirth. This was accomplished in 2014 with a collaborative community partner approach to the childbirth class restructure.

In Chenango County, the percent of preterm births is slightly better than the NYS overall percentage but does fall behind the 2018 Prevention Agenda goals for 2018. Preterm birth is defined by delivery at less than 37 weeks gestation.



Source: Prevention Agenda

Maternal Child Health statistics provided by Mothers & Babies Perinatal Network indicate an increase in mothers who use tobacco during pregnancy from 27.1% in 2013 to 31.9% in 2014. However, 2015 shows a decline to 29.3% which corresponds to the Health Department's initiation of the Baby and Me, Tobacco Free program in 2015. These statistics are also supported through UHS Chenango Memorial Hospital's maternity data which show that in 2014 approximately 35% of pregnant moms smoked in the first trimester and 27% smoked at time of delivery demonstrating a quit rate of 8%. In 2015, 29% of pregnant moms smoked in the first trimester and 24% smoked at time of delivery demonstrating a quit rate of 5%. While these quit rates meet the county's goal of a 5% reduction in smoking while pregnant, the county rate continues to exceed the rates of the rest of the state (ROS) and the NYS level by a large margin. See chart below.

CHENANGO DATA: Birth Data Source: NYS SPDS Data Child Abuse Data Source: OCFS Warehouse	2013 County	2014 County (preliminary)	2014 SCNY 8 County (preliminary average)	2015 County (preliminary)	ROS 2013	NYS 2013	HP 2020 Obj.
Tobacco Use During Pregnancy	27.1%	31.9%	26.2%	29.3%	13.7%	8.0%	<1.4%

Source: excerpt from Mother & Babies Perinatal Network 2015 data source

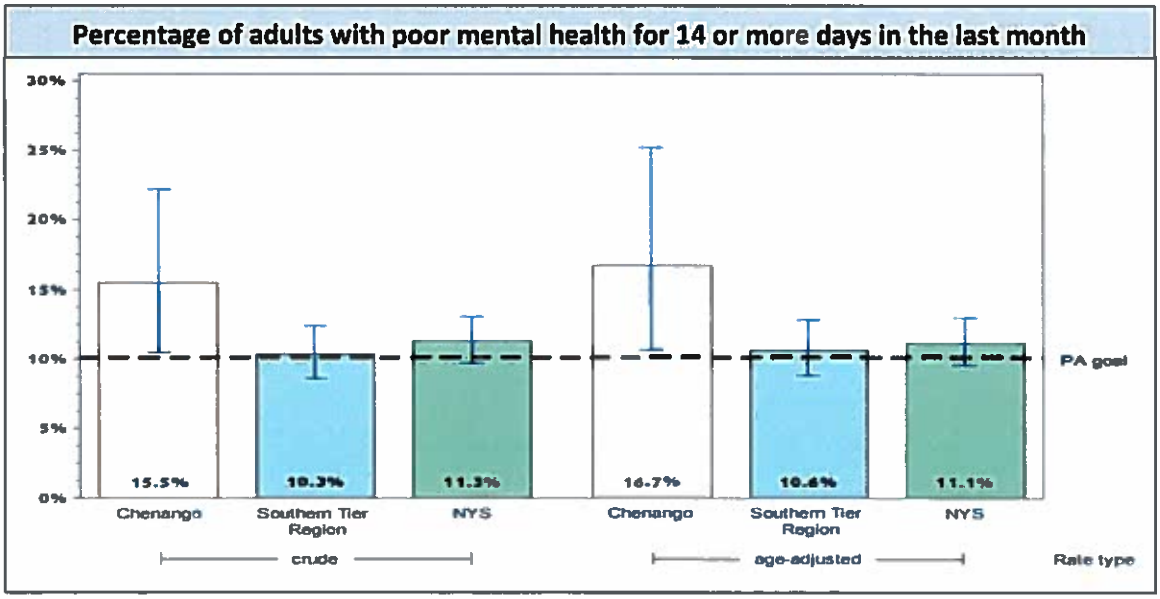
Chenango County was identified through the eBRFSS report to be number one in the state in obesity rates in both the child and adult population, as previously mentioned in this report. Exclusive breast feeding promotion is a key element in encouraging total nutrition and healthy intake starting at birth. The chart that follows, provided by Mothers and Babies Perinatal Network, gives a general overview of live birth data for Chenango County in 2012, 2013, and 2014 as compared to NYS and the rest of the state (ROS). When comparing the 2013 rates to the 2013 rates of the rest of the state, Chenango County demonstrates higher rates of tobacco use in pregnancy, higher unplanned pregnancy rates, and higher teenage pregnancy rates.

2014 Chenango County Maternal Child Health Statistics								
LIVE BIRTH OUTCOME DATA & TEEN PREGNANCY / BIRTH (FERTILITY) RATES[1]		**Co. '12**	**Co. '13**	**SCNY8 Co. '13**	**ROS '13**	**NYS '13**	**Co. '14 (Jan - Sept)[3]** Provisional	**HP '20[2]**
Live Births to Residents[1]		542	499	6,253	119,276	234,942	404	n/a
First Trimester Prenatal Care[1]		82.1%	79.6%	78.8%	74.2%	72.6%	60.6%	≥77.9%
Medicaid/Family Health Plus Paid Births[1] Reported at birth. Eligibility may change. As of Feb 2013, data includes MA as secondary.		53.5%	44.5%	42.5%	39.6%	49.0%	48.3%	n/a
Preterm Births at <37 weeks gestation[1]		9.2%	9.8%	10.4%	10.8%	10.8%	9.7%	≤11.4%
Low Birthweight at <2500 g. / < 5.5 lbs. [1]		5.5%	6.2%	7.5%	7.5%	7.9%	6.9*%	≤7.8%
Very Low Birthweight at <1500 g. / < 3.3 lbs. [1]		0.7%	0.6%	1.5%	1.3%	1.4%	0.7%	≤1.4%
Breastfeeding[1] Hosp. discharge, usually highest occurance.	**Any** = "Exclusive" + "Both Bmilk & Formula"'	75.4%	77.2%	78.3%	78.1%	82.8%	80.0%	≥81.9%
	Exclusive	61.7%	61.7%	65.9%	48.4%	39.9%	64.6%	n/a
Unintended Pregnancies[1] Wanted to be pregnant "later" or "never".		32.0%	37.8%	32.9%	27.3%	25.4%	[1]NYS DOH. M&BPN calculations when applicable. DOH calculates rates. *Teen Rates per 1,000 of same age group. [2]Healthypeople.gov. [3]Variants may appear in upcoming years as NYC/out-of-state data processed.	
Pregnancy Rates of Teens - Ages 15-17[1*]		16.7	16.8	15.6	13.0	19.3		
Pregnancy Rates of Teens - Ages 18-19[1*]		101.9	81.5	45.9	43.5	60.4		
Pregnancy Rates of Teens - Ages 15-19[1*]		47.3	39.6	28.5	26.1	36.8		
Birth Rates of Teens - Ages 15-19[1*]		33.4	27.5	18.3	15.8	17.6		

Source: excerpt from Broome County Mothers & Babies.org annual report

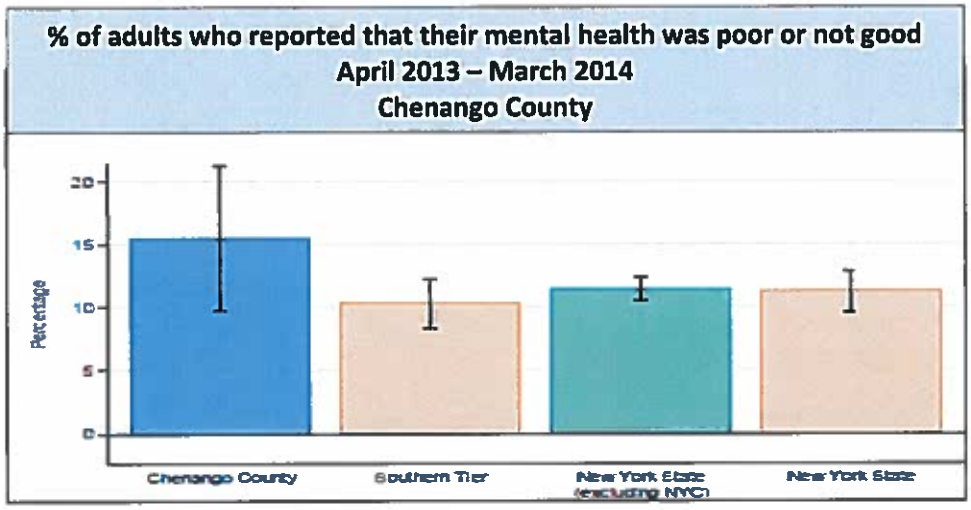
Section IB4: Promote Mental Health and Prevent Substance Abuse

Mental Health Status: The mental health status of an individual often is the basis of their overall health status and the ability to overcome physical and mental health issues is directly related to the patient's ability to cope with the stressors of life. In Chenango County the mental health status of its population varies by demographics such as age and socioeconomic status. Per the 2013-2014 Expanded Behavioral Risk Factor Surveillance Survey (eBRFSS), the percentage of Chenango County adults who had poor mental health 14 or more days within the past month exceeds that of New York State (17.1% versus 11.2%).



Source: 2013-2014 Expanded Behavioral Risk Factor Surveillance Survey (eBRFSS)

While the previous chart indicates county residents who indicated poor mental health for 14 or more days in the last month, the same indicator is present when looking at the percentage of adults who reported that their mental health was poor over the course of a year, as indicated in the chart below. Chenango County exceeds the rest of NYS in these mental health measures.



Source: 2013-2014 Expanded Behavioral Risk Factor Surveillance Survey (eBRFSS)

As shown in the Utilization of Behavioral Health Services chart on the next page, Chenango County shows disparity in outpatient and inpatient use for mental health issues. It should be noted that in the age 18 to 64 cohort, the in-patient rate use is lower than the statewide rate, while the outpatient use rate is higher than the statewide rate. Although this would seem to indicate less inpatient and more outpatient service use for this group, **the reality is that less inpatient and more outpatient use is a direct result of the closure of facilities and/or the decrease or elimination of available beds for mental health treatment of the County's population.**

Utilization of Behavioral Health Services		
Rate of Service - per 100,000 population (2013)	Chenango County	New York State
Inpatient – Age 8 and Below	20	6
Inpatient – Age 9 to 17	119	73
Inpatient – Age 18 to 64	36	66
Inpatient – Age 65 and Older	45	40
Outpatient – Age 8 and Below	326	330
Outpatient – Age 9 to 17	971	1025
Outpatient – Age 18 to 64	730	675
Outpatient – Age 65 and Older	191	326
Emergency – Age 8 and Below	0	6
Emergency – Age 9 to 17	17	33
Emergency – Age 18 to 64	13	25
Emergency – Age 65 and Older	0	65

Source: 2013 Patient Characteristics Survey, New York State Office of Mental Health

According to the CFSCNY Needs Assessment, Horn Research 2016, five organizations provide mental health services in Chenango County through a total of 27 programs. The most frequently available programs are care coordination and general support programs.

Program Type	Number
Care Coordination	8
General Support	6
Crisis	3
Self-Help	2
Treatment Program	2
Unlicensed Housing	2
Vocational	2
Clinic Treatment	1
Residential Treatment Facility	1

Source: CFSCNY Needs Assessment – Chenango County Horn Research LLC www.hornresearch.com

Program type	Number
Family support services	3
Individual residence alternative	2
Community habilitation	2
Day habilitation	1
Work shop	1
Prevocational	1

State of New York Open Data, Local Mental Health Programs, https://data.ny.gov/ State of New York Open Data, Directory of Developmental Disabilities Service Provider Agencies, https://data.ny.gov/

The Chenango County Department of Community Mental Hygiene Services offers a wide array of programs and support for the population in need of mental health services. Chenango County has one psychiatrist and one psychiatric nurse practitioner for 50,000 residents; the county does not have a child or adolescent psychiatrist. Chenango County does have a residential treatment facility providing inpatient treatment for children and adolescents, but inpatient treatment is not available for adults. The following services are offered through the Chenango County Community Mental Hygiene Services division:

- Assessment and Treatment for Mental Health, Substance Use and Co-Occurring Disorders
- Crisis Intervention
- Emotional/Behavioral Screenings for Children and Adolescents
- School-Based Prevention and Counseling Services
- Individual, Couples, Group and Family Therapy
- Medication Therapy
- Case Management for Children
- Forensic Services
- Vocational Support and Services
- Chenango Club
- Single Point of Accessibility (SPOA) for Adults and Children
- Consultation Services

In addition to these services, residents of Chenango County have emergency crisis access to the Mobile Crisis Assessment Team (MCAT). This mobile unit covers emergency mental health services in Schoharie, Otsego, Delaware and Chenango Counties. The service is available on an emergency basis 24 hours a day, 7 days a week. The purpose of the MCAT response team is to offer crisis intervention while diverting patients away from emergency room visits for mental health issues.

With the closing of inpatient facilities throughout the state, another service emerged through the NYS Office of Mental Health Services. The Southern Tier Mobile Integration Teams (MIT) through the Greater Binghamton Health Center was created to assist with crisis intervention. The Southern Tier MIT team covers a 15 county region, including Chenango County.

Although Chenango County has a wide array of services available to its residents, there is also a wide variety of issues affecting the availability of mental health services in the county. Some of these issues include:

1. The State of New York moved forward with the closure of inpatient facilities in the state without having an alternative infrastructure in place to accommodate patients returning to the community. Local level burdens with this move include:

    - Lack of housing, either individual or group for transition of care
    - Lack of transportation to services located outside of the county borders
    - Lack of outpatient facilities and staffing
    - Lack of child/adolescent psychiatrist available in county
    - Lack of provider care, or the imbalance of patient to provider ratio (611:1 per CFSCNY assessment)
    - Decrease of number of beds available for those in need of inpatient services

2. Mental Health care traditionally has had a disconnect with primary care providers in the following ways:

    - Primary Care Providers are not adequately trained to treat mental health disorders
    - Primary Care Providers do not routinely screen for mental health issues
    - Patient care is fragmented into mental health or physical health care without coordination of services between the mental health and primary care provider.

3. Medical and behavioral health care providers are not always willing to or comfortable treating people with intellectual/developmental disabilities (I/DD).

    - This necessitates a need for outpatient and crisis behavioral health services which serve co-occurring disorders as well as a "no wrong door" approach to screening patients for services.

4. The emergence of substance abuse as a community health concern has increased the complexity of care with these individuals. In Chenango County, the Community Mental Hygiene Dept. estimates that 90% of substance abusers have a mental health issue as a co-morbidity. However, mental health providers often do not screen for substance abuse and substance abuse counsellors do not screen for mental health issues. The substance abuse crisis brings to light the following disparities in the county:

    - Lack of services for families dealing with opioid addictions
    - Need for prevention programs focused on youth
    - Lack of residential opportunity for this population
    - Lack of rehabilitation services/facilities within the county
    - Insurance barriers to cover addiction treatment

5. There is a lack of coordination of approach to issues that affect, or may affect in the future, the mental health of the individual, such as:
    - Prevention education early in childhood/adolescence
    - Early intervention
    - Diagnosis and Treatment
    - Integration of services adopting a holistic approach to care among care providers

In addition to these preventative and intervention measures, more basic issues of the individual need to be addressed, such as

- Generational poverty
- Food insecurities
- Environmental constraints
- Access to care

It should be noted that Chenango County has begun to address some of the disparities noted above. In April of 2016 the County's Alcohol and Drug Abuse Services division physically relocated their office to the same building that houses the Community Mental Hygiene Services division. This co-location has enabled the two divisions to work more closely together in defining and addressing the co-morbidity of substance abuse and mental health issues. Counsellors from both divisions are working toward the goal of screening for both morbidities and cross communicating to allow for more immediate and thorough treatment for the patient. In addition, the patient benefits from having the two divisions located in the same area, thus decreasing travel and appointment burdens for this population. The County's Community Mental Hygiene Service division has also recently instituted a "no appointment necessary, walk in" policy for those individuals in need of immediate assistance with a mental health related issue.

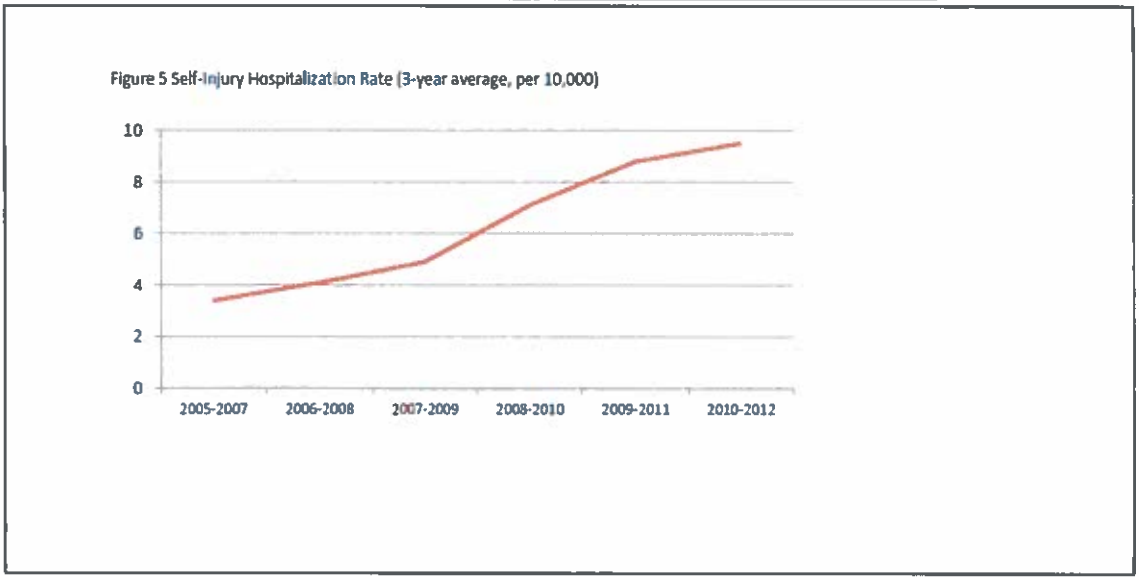
The Care Compass DSRIP initiative is addressing this issue with a plan to move toward integration of services. The plan is to integrate mental health screenings and services into the primary care setting as well as provide a primary care provider at mental health clinics. This integration will enable both mental health and primary care providers to look at the individual holistically and address physical as well as mental issues of a patient utilizing a comprehensive approach to care and encompassing the entire well-being of the patient.

Suicide: Another mental health disparity in the county is the issue of suicide. Data from NYSDOH shows that Chenango County has a higher than average suicide mortality rate that has remained consistent over time. In addition, self injury rates have more than doubled from 2004 – 2011 in Chenango County. Chenango County does have in existence a newly formed Suicide Prevention Coalition that is beginning to address this issue and offer support through a post intervention team for families of victims of suicide.

Chenango County Suicide Mortality Rates			
Indicator	**Prevention Agenda 2017 Objectives**	**NYS**	**Chenango County**
Suicide mortality rate per 100,000	5.9	8	10.1
% of adults reporting 14 or more days with poor mental health in last month	10.1%	11.2%	17.1%

Source: Community Foundation for South Central NY (CFSCNY) needs Assessment , Horn Research 2016

Chenango County Self Injury Hospitalization Rates



Source: Community Foundation for South Central NY (CFSCNY) Needs Assessment Chenango County, Horn Research, revised 1/19/16

Substance Abuse: According to the American Society of Addiction Medicine, drug overdose is the leading cause of accidental death in the United States, with 47,055 lethal drug overdoses in 2014. Opioid addiction is driving this epidemic with 18,893 overdose deaths related to prescription pain relievers and 10,574 overdose deaths related to heroin in 2014. Of the 21.5 million Americans 12 and older that had a substance use disorder in 2014, 1.9 million had a substance use disorder involving prescription pain relievers and 586,000 had a substance use disorder involving heroin.

The story of substance abuse includes an array of single events, when linked, can result in a downward spiral toward heroin use and addiction. The use of opioids to control patients' chronic and acute pain was a common medical practice with the intent that controlling pain was an important component of recuperation and recovery. The prescribing of opioids for this use led to overuse and addiction to the narcotic. The addicted user utilized several means to continue the opioid use, including obtaining prescriptions from several doctors at once or within weeks of prescriptions running out. **In 2012, to curb the overuse of opioids, the I-STOP law was passed as part of the Prescription Drug Reform Act of 2012.** This law required real time submission of

dispensed controlled substance data, authorized system access for pharmacists, and mandated its use by any practitioner writing prescriptions for controlled substances. **This law restricted the user's ability to doctor shop and stockpile opioids.** According to the Joint Senate Task Force on Heroin and Opioid Addiction, this law resulted in an 82% drop in the number of doctor shoppers. **With opioids not readily obtainable, the user turned to heroin, which was more readily available and much cheaper to obtain illegally.**

The substance abuse trend seen nationwide is also seen in Chenango County. Chenango County demonstrates a steady problem with alcohol abuse, as illustrated below. Arrests for driving while intoxicated (DWI) have fluctuated but remain high. However, felony drug arrests have increased dramatically since 2006.

Chenango County Adult Arrests

ADULT ARRESTS: 2006 - 2015

Arrest County/Region	Top Arrest Category	Arrest Year									
		2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Chenango	Total Arrests	1,188	1,114	1,055	1,167	1,105	1,132	1,177	1,047	988	803
	Felony Total	283	234	209	266	285	331	268	255	266	250
	Drug	13	17	14	43	25	22	22	33	50	52
	Violent	57	48	37	48	47	72	43	47	51	38
	DWI	37	31	22	26	34	35	27	35	18	17
	Other	176	138	136	149	179	202	176	140	147	143
	Misdemeanor Total	905	880	846	901	820	801	909	792	722	553
	Drug	39	30	38	43	54	63	87	69	86	58
	DWI	239	216	203	213	182	176	151	142	100	104
	Property	249	254	232	261	234	244	344	284	266	188
	Other	378	380	373	384	350	318	327	277	270	203

Source: DCJS, Computerized criminal history system)as of 1/21/2016)

In addition to an increase in drug arrests, Chenango County has seen a steady occurrence of overdose events in the county. This chart represents the number of calls received through the EMT system that were categorized as an overdose call. Calls in which the patient, for example, is unresponsive, may be categorized differently, so this data is not exact, but does indicate a steady rise in this type of emergency.

Chenango County EMS calls

2013 overdose calls	2014 overdose calls	2015 overdose calls	2016 overdose calls to date
86	82	103	63

Source: data collected through Chenango County EMS system

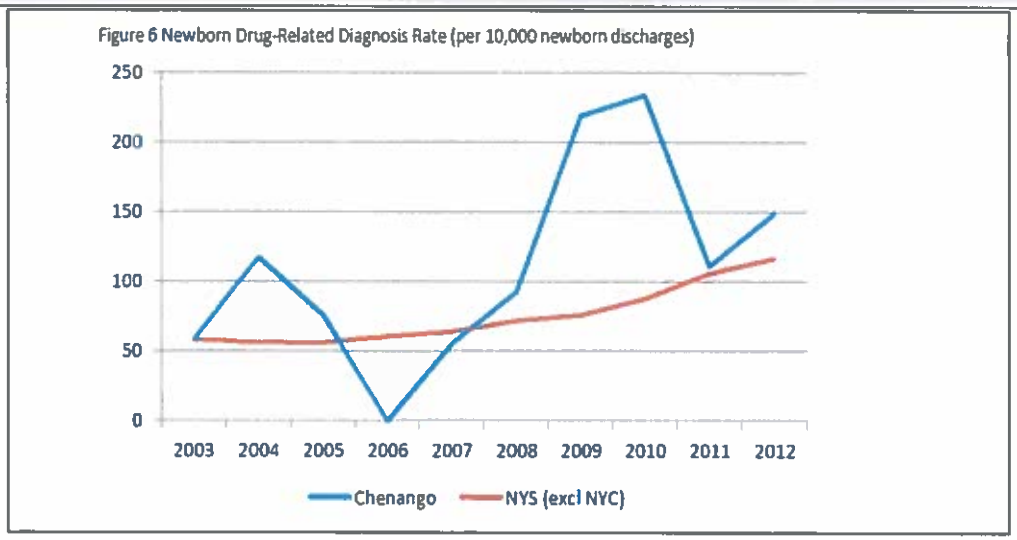
Chemical Dependency: The Horn Research CFSCNY Needs Assessment report for Chenango County made the following statement:

"Indicators from the NYSDOH on substance abuse in Chenango County show lower rates of binge drinking and fewer drug related hospitalizations than the NYS rate. However, information stakeholders consistently remarked on the growing heroin problem in Chenango County and other data indicate that substance abuse is an increasing issue in the county." The report also stated: *"Of particular note is the growing rate of newborns with a drug related diagnosis. In Chenango County, the number increased 156% from 58.1 per 10,000 newborn discharges in 2003 to 148.7 in 2012 with a high of 234.0 in 2010."*

Indicator	Prevention Agenda 2017 Objective	NYS	Chenango County
Drug related hospitalizations per 10,000	26.0	24.8	16.8
% binge drinking past 30 days (5+ drinks in a row)	18.4	17.8	11.8
Alcohol related motor vehicle injuries & death per 100,000		33.9	61.8

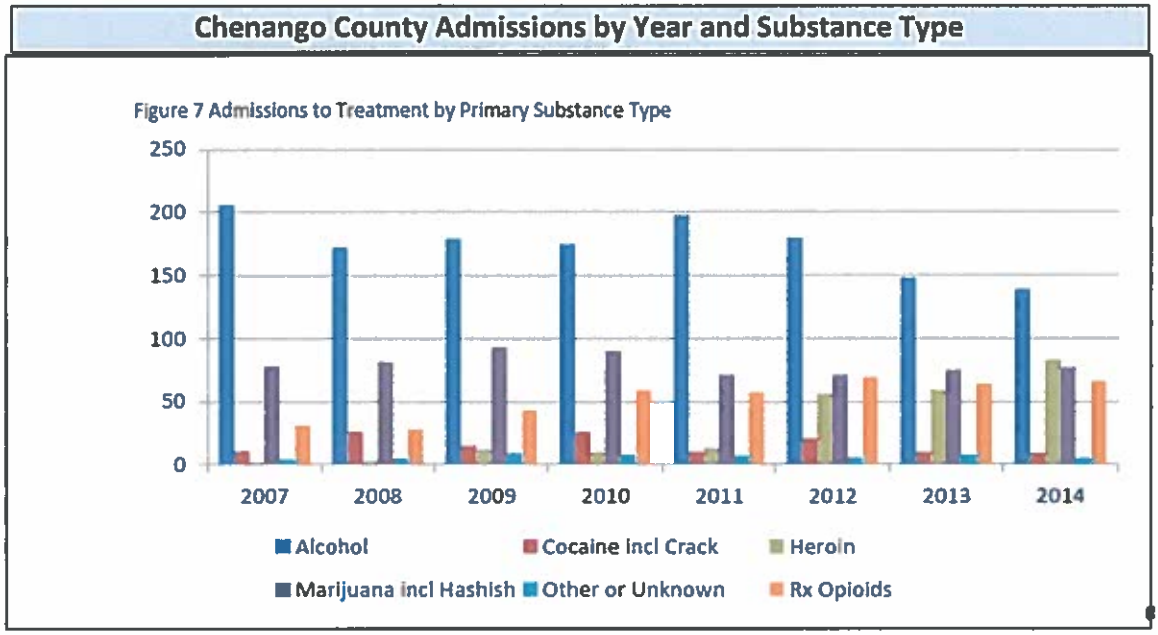
Source: CFSCNY Needs Assessment Chenango County 2016, Horn research

Chenango County Newborn Drug Related Diagnosis



Source: CFSCNY Needs Assessment Chenango County 2016, Horn research

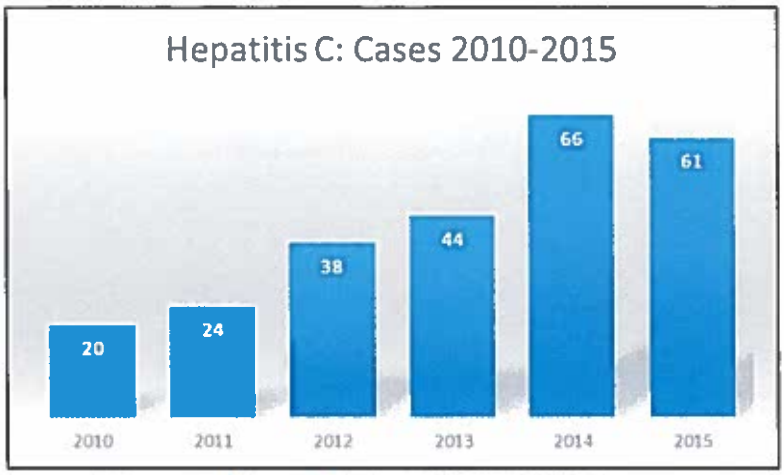
Hospitalizations for alcohol related illnesses remains high while admissions for heroin and opioid use have steadily increased as shown below.



Source: Community Foundation for South Central NY (CFSCNY) needs Assessment , Horn Research 2016

Also according to the CFSCNY Needs Assessment the number of admissions to treatment type supports the perception of the opioid epidemic in Chenango County. Admissions for heroin treatment increased by 405% from 2 in 2007 to 83 in 2014 and the admissions for prescription opioids increased 113% from 31 in 2007 to 66 in 2014.
(Source: NYS Open Data, chemical Dependence Treatment Program Admissions Beginning 2007)

Hepatitis C: The issue of IV drug use in Chenango County had an additional fall out affecting the County. In 2013 the Communicable Disease staff of the local health department noted an increase in Hepatitis C cases in Chenango County. The initial thought was that this increase was a result of a new health care directive which encouraged "baby boomer" aged adults to be tested for Hepatitis C as a routine screen. As the health department's communicable disease staff investigated the increase in Hepatitis C, it became apparent, through patient interviews, the increase in Hepatitis C was in the IV drug user population and not the baby boomer population. Since 2013, as the chart follows demonstrates, Hepatitis C cases continue to be on the rise. This has necessitated an increased community partner collaboration to address harm reduction for the addict as well as for the community in general.



Source: LHD statistical data provided by NYSDOH CDESS data

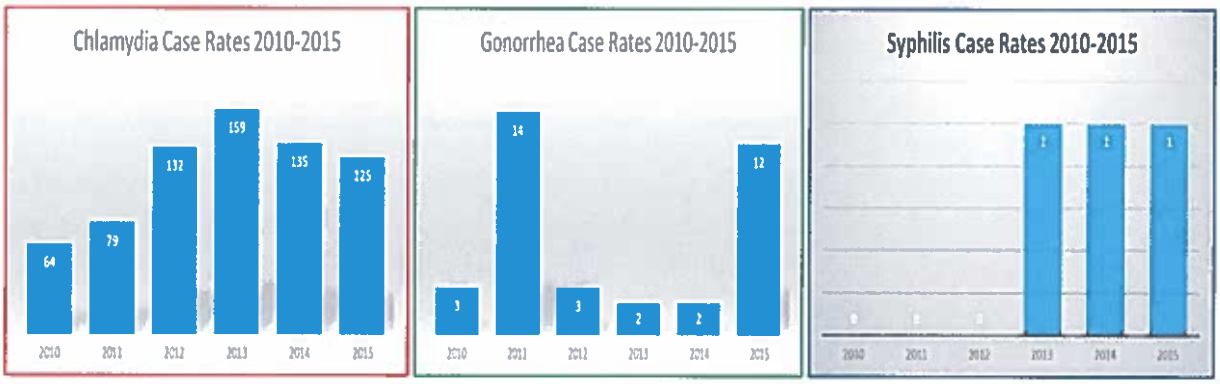
Section IB5: HIV, STD, Vaccine Preventable Disease and Health Care Associated Infections

HIV: The growing IV drug use epidemic in this country not only impacts diseases such as Hepatitis C, but also increases the incidence of HIV/AIDs in this population due to unsafe drug use practices such as sharing of needles/syringes. According to the Bureau of HIV/AIDS Epidemiology AIDS Institute of NYSDOH, (2013 data) Chenango County had 22 cases of HIV and 36 cases of AIDS for a total of 58 individuals with either HIV or AIDS. The County's HIV/AIDs rates are low when compared to NYS.

HIV Indicator	Prevention Agenda 2017 Objective	NYS	Chenango County
Newly Diagnosed HIV case rates per 100,000	16.1	19.1	4.7

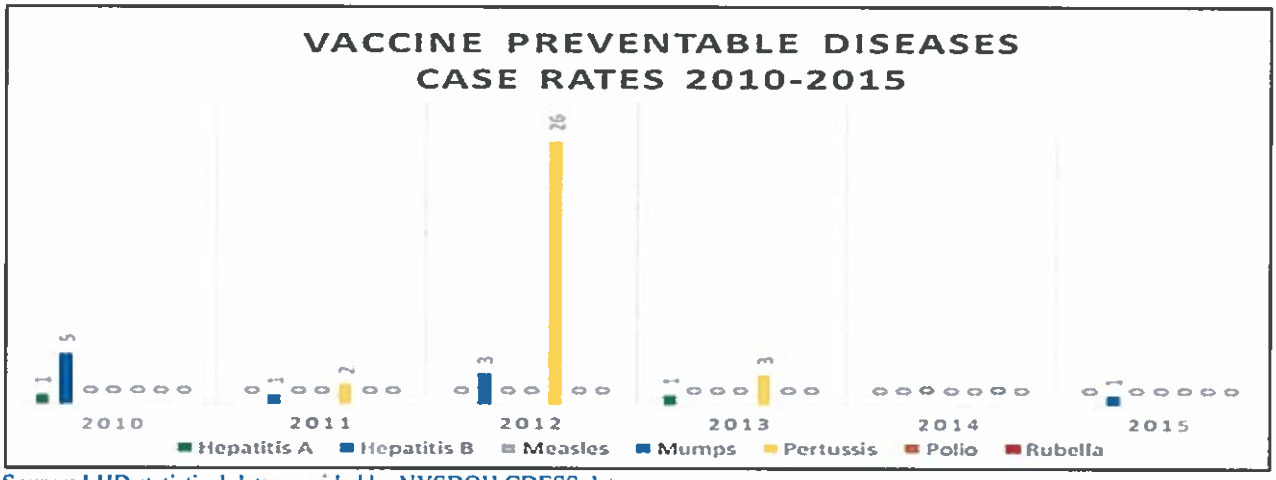
Source: CFSCNY Needs Assessment, Horn Research, updated 2016

STD: Chlamydia; Gonorrhea; Syphilis: Sexually transmitted disease, specifically chlamydia, has seen an increase in the number of cases in the county. Chlamydia cases increased significantly in 2012 and peaked in 2013. However, the numbers continue to be high although relatively stable. Gonorrhea cases have also increased since 2012 while syphilis cases have remained low and stable since 2013. Please see the charts on the following page.



Source: LHD statistical data provided by NYSDOH CDESS data

Vaccine Preventable Diseases: Vaccine Preventable Diseases (VPD) historically trend according to outbreaks in various areas of the world/nation. Chenango County's incidences of VPD are relatively low with the exception of a pertussis outbreak in 2012 which corresponds with increased pertussis cases throughout the nation. A vigorous nationwide campaign to encourage parents of newborns to obtain the vaccine, Tdap (tetanus, diphtheria, acellular pertussis) has successfully decreased the number of pertussis cases overall, and as demonstrated below, within Chenango County.



Source: LHD statistical data provided by NYSDOH CDESS data

Section II: Main Health Challenges

Section IIA: Identification of 2016 – 2018 Priorities

Section IIA1: Prevent Chronic Disease

Priority:	**Prevent Chronic Disease: Reduce Obesity in Children**
Focus Area:	Reduce Obesity in Children and Adults
Goal:	Prevent childhood obesity through early child care and schools
Objective:	Reduce the percentage of children and adolescents who are obese by 5% so the percentage of public school children in New York State (outside NYC) who are obese is reduced from 17.6% (2010-12) to 16.7%. (Data Source: Student Weight Status Category Reporting)

Identifying the Need and Defining the Scope of the Project

The Daily Star, an area newspaper located in Oneonta, NY, published an article on April 7, 2015, titled "Study: Chenango is N.Y.'s Most-Obese County". At that time, Chenango County ranked No. 1 in New York in the percentage of residents considered obese (38.9 %) of New York's 62 counties. It went on to say "Of particular concern to health experts is the fact that the prevalence of obesity among children and teenagers in the U.S. has tripled in the past 25 to 30 years." In addition, according to the NYS Prevention Agenda Dashboard, approximately 20% of Chenango County's 7,000 students are obese. That translates into 1,400 kids.

To conquer the monumental task of reducing this number takes committed medical providers, devoted community resources, and time. To begin, UHS Chenango Memorial Hospital (CMH) and the local health department (LHD) collaborated to define the scope of a project where we could "move the needle". We also contacted UHS Stay Healthy, a community health program with its roots in Broome County, to assist us. Stay Healthy had been running the evidence based *Stay Healthy Kids* program aimed at addressing pediatric obesity in the Southern Tier with great success.

Stay Healthy Kids started as a collaborative effort of UHS Hospitals (Binghamton General Hospital in Binghamton, NY, and Wilson Memorial Hospital in Johnson City, NY), the Broome County Health Department and the Binghamton YMCA and is overseen by an Institutional Review Board. The Stay Healthy Kids Program is designed to address the problems of lack of knowledge relating to nutrition, activity, and screen time and creating a referral system to an innovative parent-child education program that uses science-based strategies to encourage healthy lifestyles for families.

The *Stay Healthy Kids* program has two main strategies:

1. Establish a referral mechanism between local pediatric and family practice offices in which children who are identified as being overweight or at risk for being overweight by their doctors receive a referral to a community-based education program that focuses on healthy lifestyles.

2. Establish a community-based education program for children who are overweight or at risk for overweight and their parent(s)/guardian(s) that uses evidenced-based strategies to help adopt healthier lifestyles, i.e. *5-2-1-0 Let's Go* program (www.letsgo.org).

The program consists of four sessions with each session focusing on specific topics:

Session 1

- Program introduction, review *5-2-1-0 Let's Go*
- Establish the child's goals as well as the family's goals.

Sessions 2 & 3

- Nutrition
- How to read a food label
- Portion control, types of hunger, etc.

Session 4

- Exercising at home
- Ways to schedule physical activity
- 114 screen free activities, etc.

Each session is family oriented with free giveaways. *Stay Healthy Kids* is a family oriented program encompassing the whole family; therefore, siblings are welcome to attend. The program is also educational for the parent(s) (who may also have weight challenges) to understand how to buy food, what to buy, how to fix it, and how to balance their eating habits with physical activity, screen time, and hunger cues. This is important because it is the parent(s) who do the grocery shopping and the cooking. The referred child cannot succeed without the parent's understanding and support. Everyone benefits as long as the family is committed.

After some education of the CMH and LHD teams along with the Medical Director of Primary Care Services and the Director of Pediatric Services at the hospital, it was decided this was a program we could use at CMH. The referral system was put in place and forms finalized. The next step was to identify a place to have the sessions. Because Norwich, NY, is a small community, it was decided a neutral location would be sought so there would not be any "stigma by association" if a family was spotted entering the hospital, for example, because everyone knew this was the night for *Stay Healthy Kids*. The team reached out to the local YMCA and the Executive Director was very

enthusiastic in supporting the program and offering space to have it. *Stay Healthy Kids* was now ready for implementation.

Process used to maintain engagement: Representatives from the hospital, LHD, UHS and YMCA have been meeting every other week since the spring of 2016 to launch the Stay Healthy Kids program in Norwich, NY. Minutes are taken and reviewed with action items assigned as needed during each meeting. It is during these meetings that challenges and logistics around the program are discussed. Meetings will continue every other week well into 2017. At that point, the group may drop back to meeting monthly.

Please refer to the Community Health Assessment/Health Needs Assessment Worksheet at the end of this section for specific information regarding goals, objectives, strategies, process measures, and disparity addressed for this initiative.

Section IIA1: Prevent Chronic Disease

Priority:	**Prevent Chronic Disease: Reduce Obesity in Adults**
Focus Area:	Adult Obesity
Goal:	Reduce Adult Obesity
Objective:	Provide exercise and challenge activities to support healthy lifestyles
	Educate county population on ways to combat obesity

Identifying the Need and Defining the Scope of the Project

In addition to initiating the *Stay Healthy Kids* program to combat childhood obesity, the Health Department took on the task of addressing the adult obesity problem in the county. According to the N.Y.S. Dept. of Health's County Health Assessment Indicators (CHAI), Chenango County ranks #1 in percent of population who are obese and ranks 2nd highest in the state for the percent of adults who are overweight or obese at 72% compared to New York State's rate of 60%.

Area stakeholders, representing 10 plus agencies and organizations, met and determined that an effort needed to be put forth to address adult obesity in the county. As a result of this meeting, it was decided to form the "Building a Healthy Community" coalition. The goal of this coalition was to promote exercise and healthy lifestyles within the county's environmental constraints. The slogan "Eat Smart, Play More" was adopted. Three projects were identified to kick start the coalition.

The first project was a fund raising effort to purchase exercise "stations", called Fit Paths, to be placed in a City of Norwich Park. The funding was obtained through a local business, the Chobani Corporation. The stations will be purchased and installed in the spring of 2017. Future plans include expanding Fit Paths to parks in other townships within the county.

The second project was a community wide "competition" in which teams competed against one another in exercise completion projects by earning points for efforts made. The winners would receive cash donations to a charity of their choice. The Chobani Corporation sponsored this initiative, and the project called "The Chobani Challenge" launched in June, and completed in September. Over 200 participants on 36 teams completed the challenge. Future plans are to make this an annual event. All teams who completed the program showed an aggregate loss in BMI. Many individuals who did not see a change in BMI said they felt better and they noticed that their clothes fit better. Community health and nutrition partners all reported a spike in program utilization. Future plans are to make this an annual event.

The third project was to launch an outreach campaign aimed at educating the public on how to combat adult obesity with a goal of decreasing our #1 ranking of the most obese county in the state. Radio, print, and social media advertising has been used to promote the message. A brochure is being developed highlighting local health and nutrition resources in the area. This brochure will be

ready for distribution in the Fall of 2016. The goal of the brochure is to increase utilization of existing programs to promote healthy lifestyles in the community.

Process used to maintain engagement: The Coalition met monthly to establish goals and plan events. Subgroups met more frequently to work on details of the endeavors. The plan is for the coalition to continue to meet at least quarterly. The goal of the coalition is to offer the community competition next year as well as to expand Fit Stations to other geographic areas within the county.

SECTION IIA2: Promote a Healthy and Safe Environment

Priority: **Promote a Healthy and Safe Environment: Falls**
Focus Area: Injuries, Violence and Occupational Health
Goal: Reduce fall risks among the most vulnerable populations
Objective: Stop the annual increase of the rate of hospitalizations due to falls among residents ages 65 and over by maintaining the rate at 202.7 per 10,000 residents (2007-2009).

Identifying the Need and Defining the Scope of the Project

As mentioned previously, Chenango County is aging. Currently, 20% of the population is over 65 years of age and another 15% is 55-64 years old. According to the Cornell Program on Applied Demographics, the 65 and older demographic will continue to increase through 2030 when it's estimated that 27.5% of the population will be 65 or older.

Population/Age Predictions Chenango County

Age	2014		2020		2025		2030	
	Number	%	Number	%	Number	%	Number	%
Under 20	12,020	24.3%	11,487	23.9%	10,993	23.6%	10,413	23.4%
20 to 24	2,568	5.2%	2,304	4.8%	2,164	4.6%	2,060	4.6%
25 to 44	10,767	21.8%	10,318	21.4%	9,883	21.3%	9,310	20.9%
45 to 64	14,729	29.8%	13,531	28.1%	11,767	25.3%	10,503	23.6%
65+	9,342	18.9%	10,514	21.8%	11,696	25.2%	12,211	27.5%
Total Population	49,426	100.0%	48,154	100.0%	46,503	100.0%	44,497	100.0%

Source: Cornell Program on Applied Demographics

Currently, Chenango County is exceeding the NYS PA objective of 202.7 hospitalizations due to falls per 10,000 residents age 65 and over. This could change over the next several years if proactive measures are not initiated. As a result, the Chenango County Department of Health and UHS Chenango Memorial have collaborated with the Chenango County Area Agency on Aging to develop a comprehensive program to prevent falls.

- In 2016, the hospital implemented the STEADI (Stopping Elderly Accidents, Deaths & Injuries) program – a program UHS had already implemented. It is an evidence-based program developed by the Centers for Disease Control Prevention/Division of Unintentional Injury Prevention and Control. It is an annual screening process for patients 65 years old and

over based on biological, behavioral and environmental risks. While in the office, the patient is asked about their fall history over the last year, any gait or balance problems, and is given a self-risk assessment which asks more specific questions regarding their risk for falling. The provider inputs this information into the patient's electronic medical record on a screen devoted to fall risk assessment.

- Once the screening process has been completed and the need for fall prevention identified, the provider makes a referral to the Chenango County Area Agency on Aging (AAoA). A representative from the office reviews the referral and contacts the patient to discuss services offered including the Stepping On program. This discussion may also result in a referral from AAoA to NY Connects for further assistance with additional services.

- The Area Agency on Aging in partnership with the LHD plan to offer a Stepping On program periodically in Chenango County. This evidence-based program meets for 2 hours each week for 7 weeks. With the assistance of Registered Nurses, Physical Therapists, and Pharmacists, the participants learn about strength and balance training exercises; vision changes and medications that can affect balance; and ideas to improve home safety, bone health, nutrition and footwear as well as other topics. AAoA provides written follow-up to providers regarding the outcome of each referral.

Process used to maintain engagement: Representatives from the hospital, LHD, UHS, and Office of the Aging have been meeting twice a month since June 2016. Minutes are taken of successes and challenges. Action items are assigned as needed. With the successful launch of the STEADI program and the first Stepping On Program filled to capacity, both in September, the group will begin to meet monthly.

Please refer to the Community Health Assessment/Health Needs Assessment Worksheet at the end of this section for specific information regarding goals, objectives, strategies, process measures, and disparity addressed for this initiative.

Section IIA3: Promote Healthy Women, Infants and Children

Priority:	**Promote Healthy Women, Infants, and Children: Breastfeeding**
Focus Area:	Maternal and Infant Health
Goal:	Increase the proportion of NYS babies who are breastfed
Objective:	Increase the percentage of infants exclusively breastfed in the hospital by 10% to 48.1%.

NYS PA Goal:	Exclusively breastfed at discharge: 48.10%
Healthy People 2020 Goal:	Increase the proportion of infants who are breastfed
Healthy People 2020 Objectives:	
	Generally breastfed ever: 81.9%
	Generally breastfed at 6 months: 60.6%
	Exclusively breastfed through 3 months: 46.20%
	Exclusively breastfed through 6 months: 25.50%

Identifying the Need and Defining the Scope of the Project

On January 8, 2016, Barbara A. Dennison, M.D., Director, Policy and Research Translation Unit, Division of Chronic Disease Prevention of the New York State Department of Health, sent a letter (see Appendix A) to UHS Chenango Memorial Hospital that included the following excerpts:

> *"When your hospital's 2013 data for **formula supplementation of breastfed infants** are compared with other hospitals that provide the same level of perinatal care, **your hospital is in the low-performing group** (i.e., the percentage of breastfed infants receiving formula supplementation is too high)."*
>
> *"Preliminary analysis finds that even after risk-adjustment, **your hospital continues to be in the low-performing group.**"*

Coincidentally, the LHD and UHS Chenango Memorial Hospital had already recognized our challenges and had begun developing initiatives to improve breastfeeding rates. We had also received feedback from participants in the childbirth education classes, both during the classes and on the surveys, that they wanted more information on breastfeeding. It was a simple decision, therefore, to focus on breastfeeding, particularly exclusive breastfeeding, as an initiative for this Needs Assessment.

In May 2015, the LHD called together the first meeting of the Breastfeeding Partners of Chenango County. Membership includes representatives from several agencies in Chenango County with a vested interest in breastfeeding rates:

- Chenango County Department of Health
- UHS Chenango Memorial Hospital
- WIC
- Mothers and Babies Perinatal Network
- Opportunities for Chenango & Headstart
- Cooperative Extension

Breastfeeding Partners of Chenango County Mission Statement

> *Our mission is to improve the health of our community by working in partnership to encourage, promote, and support breastfeeding in Chenango County.*

The group meets monthly to identify and work on initiatives to improve breastfeeding rates in the county. The most high-profile achievement was the creation and grand opening of the Baby Nook Lactation Room and Weigh Station in January 2016. The Nook is located in the Chenango County office building in the center of Norwich and frequently has Certified Lactation Counselors (CLC) available to help moms with breastfeeding. The hospital makes referrals to the Nook of all moms breastfeeding at discharge. After a slow start, the number of moms visiting the Nook has increased over recent months.

The group has also emphasized the training of additional CLC's. Due to a CLC training course in Binghamton, several nurses became certified in 2015. Since then, no training has been scheduled in the area.

The coalition is currently assisting with another major initiative to increase breastfeeding rates. UHS Chenango Memorial has a large pediatric practice in Sidney. A well-established pediatrician in that office is forecasted to see over 7,000 patients in 2016 after seeing nearly 7,500 in 2015. Due to heavy staff turnover in that office and the unlikely prospect of getting anyone trained as a CLC in the near-term, the hospital reached out to the coalition for help.

Due to its geographic location, the Sidney office provides care to patients from Chenango, Delaware, and Otsego counties. The coalition recommended that representatives from the Delaware Department of Health join the group. Two representatives did so in the Spring of 2016 as it dove-tailed with their breastfeeding initiative as well. The coalition then set up a schedule of lactation counselors in Chenango and Delaware Counties to do a rotation once a

week starting in September 2016. The program was presented to the Sidney staff on August 8, 2016.

A reporting system will be developed using the hospital's Electronic Medical Record (EMR) system for pediatric out-patient well visits at approximately the 3 and 6-month marks. It is the hospital's goal to establish initial benchmarks as of 4Q 2016 to measure progress in 2017 toward the NYS PA and Healthy People goals for breastfeeding. Of particular focus will be the Sidney practice. Moms coming in for their 6-week post-partum visit in the hospital's Women's Health Center will also be monitored.

Chenango County pediatric patients that do not come to CMH for services will be tracked by the respective DOH's based on their county of residence. The DOH's will follow-up with moms by phone call to gather information about breastfeeding. All of this information will be reported and analyzed to measure progress, understand where additional resources are necessary and/or identify obstacles.

A reporting system has already been established in the hospital for breastfeeding rates at discharge. After 2 years of steady work, the rates for general breastfeeding and exclusive breastfeeding have shown marked improvement and are meeting and exceeding the NYS PA and Healthy People 2020 goals. These rates will continue to be monitored as part of this initiative.

Process used to maintain engagement: The breastfeeding initiative is discussed during these forums:

- Monthly Chenango County Breastfeeding Coalition meeting.
- Monthly meeting with the hospital and Chenango and Delaware DOH representatives.
- Monthly meeting with the Sidney clinical staff that includes representatives from hospital administration, Chenango DOH and Delaware DOH to discuss progress and identify challenges.
- Quarterly meetings with the maternity staff, hospital administration and the Chenango DOH.
- The hospital's monthly Quality Council meeting attended by CMH's CEO, nursing and medical management.

Minutes are taken of all of these meetings except the Sidney staff meeting. The unit coordinator from that office attends the Coalition meeting and reports out progress and challenges to that group.

Please refer to the Community Health Assessment/Health Needs Assessment Worksheet at the end of this section for specific information regarding goals, objectives, strategies, process measures, and disparity addressed for this initiative.

Section IIA3: Promote Healthy Women, Infants and Children

Priority:	**Promote Healthy Women, Infants, & Children: Reduce Premature Births in NYS**
Focus Area:	Maternal and Infant Health
Goal:	Reduce premature births in NYS.
Objective:	Identify and promote educational messages and formats that have demonstrated to improve knowledge, attitudes, skills and/or behavior related to preterm birth among target populations, including high-risk pregnant women, women of childbearing age and women with disabilities.

Identifying the Need and Defining the Scope of the Project

The LHD and UHS Chenango Memorial will renew our commitment to continue enhancing and monitoring the child birth education classes held at the hospital that was an initiative in our 2013 Needs Assessment. Birth rates over the last three years reinforce the need to continue this initiative and are indicated in the exhibit that follows.

Family Planning/Birth Rate		
% of births to teens – 4th Quartile in NYS	**County Rate**	**NYS Rate**
Aged 15-17 years	2.4	1.4
Aged 15-19 years **HIGHEST IN NYS**	10.6	5.2
Fertility rate per 1,000 females		
Aged 15-19 years (births to mothers aged 15-19 years/females aged 15-19 years) **3rd HIGHEST in NYS**	34.5	19.5
Aged 18-19 years (births to mothers aged 18-19 years/females aged 18-19 years) **2nd HIGHEST IN NYS**	76.9	33.5
Pregnancy rate per 1,000 (all pregnancies/females aged 15-44 years)	78.3	87.9
Teen pregnancy rate per 1,000		
Aged 15-19 years	47.8	41.3
Aged 18-19 years	100.2	67.2

Source NYS DOH County Health Assessment Indicators (CHAI).

Of the total obstetric discharges at CMH in 2015, 55% were covered by Medicaid and 5.5% were either uninsured or self pay for a total in this socio-economic disparity of approximately 60.5%. This is somewhat improved from the approximately 75% that fell in this category as reported in the 2013 Needs Assessment. The specific birth rates at CMH and Chenango County are in the next exhibit.

CMH Birth Rates		
Year	**CMH**	**Chenango County**
2013	282	533
2014	310	581
2015	249	482
Average	**280**	**532**

Source: CMH and LHD statistical data

All of this information confirms what we're already seeing in the hospital: That a large proportion of the mothers are young and/or poor. Therefore, it is as important as ever to continue to offer child birth education classes free of charge for any mothers, especially first-time moms. These 3-session classes cover the birthing experience, breastfeeding and community resources, and care of the newborn and labor preparation. The classes include speakers from the community such as the LHD, WIC, and the Sheriff's Department who discusses car seat safety.

Surveys are completed by class participants at the end of each session. Consistently, all sections of the classes have scored 4 or better on a scale of 5 being the highest and 1 being the lowest. The surveys have also served as a catalyst for adjusting the curriculum based on the moms' feedback on topics where they wanted more information, particularly breastfeeding and labor preparation.

Since the updated childbirth education classes were launched in the spring of 2014, nearly 100 moms have attended at least one session with an average of 31 per year completing all three sessions. We are on track to exceed that number in 2016.

Process used to maintain engagement: Quarterly meetings will continue indefinitely with representatives from the maternity staff, hospital administration, the hospital's Women's Health Center, and the Chenango County DOH to review class feedback, adjust curriculum, and monitor participation. Minutes will be taken and reviewed at each meeting.

Please refer to the Community Health Assessment/Health Needs Assessment Worksheet at the end of this section for specific information regarding goals, objectives, strategies, process measures, and disparity addressed for this initiative.

Section IIA3: Promote Healthy Women, Infants and Children

Priority:	**Promote Healthy Women, Infants, and Children: Tobacco Use in Pregnancy**
Focus Area:	Maternal and Infant Health
Goal:	Reduce premature birth
Objective:	Ask all pregnant women about tobacco use and provide augmented pregnancy-tailored counseling for those who smoke

Identifying the Need and Defining the Scope of the Project

The LHD and UHS Chenango Memorial will renew our commitment to address tobacco use during pregnancy by continuing the "Baby and Me Tobacco Free Program" and other initiatives as identified in our 2013 Needs Assessment.

As indicated in Section IB3 of the Health Status and Health Issues narrative, it was noted that Chenango County has a higher percent of women smoking during pregnancy (18.9%) than the NYS rate of 15.6% or the NYS PA Agenda goal of 12.3%. At the hospital, the numbers are more challenging as indicated in the charts below:

Smoking Cessation Analysis at CMH: Patients Who Smoked – 1st Trimester		
2014	**2015**	**YTD 2016**
35.53%	29.32%	30.37%

Smoking Cessation Analysis at CMH: Patients who smoked at time of delivery		
2014	**2015**	**YTD 2016**
26.97%	23.29%	23.70%

The good news is that fewer moms are coming in who are smokers at their first appointment. The challenge is to get smoking moms to want to quit.

CMH Patients Who Quit During Pregnancy		
2014	**2015**	**YTD 2016**
8.55%	6.02%	6.67%

The LHD continues to offer the "Baby and Me, Tobacco Free" program, a nationwide initiative designed to help expecting mothers and the next generation of children become healthier through tobacco cessation and quitting the habit. The LHD offers the program at no charge to any referrals and annually holds an in-service at the hospital for anyone interested in the program. This event has been attended by WIC, Department of Social Services, Head Start, Family Planning of South Central New York, UHS Chenango Memorial and other agencies.

"Baby and Me, Tobacco Free" is an evidence-based prenatal program designed to help women quit smoking during pregnancy and stay quit after delivery. Participants are given the positive support they need to become smoke free for themselves and for the health of their unborn baby. If successful, the participants receive vouchers for free diapers each month for 6 months as long as she continues to be smoke free.

In January 2015, program administrators recognized the important role an expecting mother's support system plays in dropping the habit by extending the benefits of the program to support partners – which can be anyone who lives with the pregnant mom. If both parties remain smoke free, both the mom and the supporting partner will receive a voucher for free diapers each month for 6 months.

Baby and Me, Tobacco Free Program Statistics			
Program Launched February 2014			
Referrals	**2014**	**2015**	**YTD 2016**
CMH		17	16
WIC		34	19
Headstart		0	1

Source: LHD statistical data

Please refer to the Community Health Assessment/Health Needs Assessment Worksheet at the end of this section for specific information regarding goals, objectives, strategies, process measures, and disparity addressed for this initiative.

Process used to maintain engagement: Quarterly meetings will continue indefinitely with representatives from the maternity staff, hospital administration, the hospital's Women's Health center, and the Chenango DOH to review referrals to the Baby and Me, Tobacco and Me Program and their outcomes. Minutes will be taken and reviewed at each meeting.

Section IIA3: Promote Mental Health and Prevent Substance Abuse

Priority:	**Promote Mental Health and Prevent Substance Abuse: Hepatitis C**
Focus Area:	Reduce the number of Chronic Hepatitis C cases by reducing heroin and opioid addiction
Goal:	Continue multi-agency coalition Reduce the number of newly diagnosed chronic Hepatitis C cases
Objectives:	Reduce the number of newly diagnosed Hepatitis C cases by 5% per year

Identifying the Need and Defining the Scope of the Project:

Opioid and Heroin use is a growing epidemic in this country. Some facts about substance abuse, according to the American Society of Addiction Medicine include:

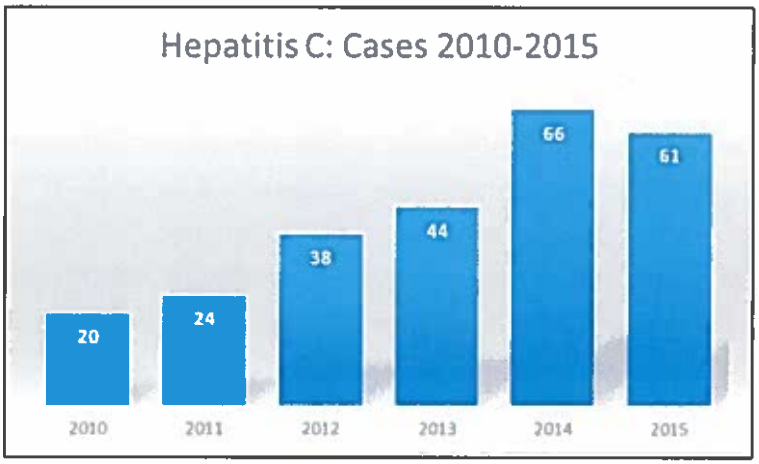
Opioid Addiction

- Opioids are a class of drugs that include the illicit drug heroin as well as the licit prescription pain relievers: oxycodone, hydrocodone, codeine, morphine, fentanyl and others.
- Opioids are chemically related and interact with opioid receptors on nerve cells in the brain and nervous system to produce pleasurable effects and relieve pain.
- Addiction is a primary, chronic and relapsing brain disease characterized by an individual pathologically pursuing reward and/or relief by substance use and other behaviors.
- Of the 21.5 million Americans 12 or older that had a substance use disorder in 2014, 1.9 million had a substance use disorder involving prescription pain relievers and 586,000 had a substance use disorder involving heroin.
- It is estimated that 23% of individuals who use opioids develop a heroin addiction.
- Drug overdose is the leading cause of accidental death in the US, with 47,055 lethal drug overdoses in 2014. Opioid addiction is driving this epidemic, with 18,893 overdose deaths related to prescription pain relievers, and 10,574 overdose deaths related to heroin in 2014.
- From 1999 to 2008, overdose death rates, sales and substance use disorder treatment admissions related to prescription pain relievers increased in parallel. The overdose death rate in 2008 was nearly four times the 1999 rate; sales of prescription pain relievers in 2010 were four times those in 1999; and the substance use disorder treatment admission rate in 2009 was six times the 1999 rate.
- In 2012, 259 million prescriptions were written for opioids, which is more than enough to give every American adult their own bottle of pills.
- Four in five new heroin users started out misusing prescription painkillers.
- 94% of respondents in a 2014 survey of people in treatment for opioid addiction said they chose to use heroin because prescription opioids were "far more expensive and harder to obtain."

Chenango County Statistics:

In the fall of 2014 the Nursing Division of Chenango County Health Department identified a surge in the number of Chronic Hepatitis C cases. Initially it was thought that the surge in Hepatitis C was a result of increased testing in the baby boomer age group due to a new directive from the NYSDOH to offer testing to this population. As the Nursing Division conducted their Hepatitis C investigations it was discovered that the Hepatitis C cases were being diagnosed in a much younger population whose common denominator was IV drug use. This discovery led to Health Department discussions and it was suggested that a community round table be held to address this issue. While this was disconcerting news to the members of the round table discussion, it was recognized that substance abuse was an emerging nationwide public health crisis. As a result of the initial round table discussion, The Chenango Substance Abuse Prevention Coalition (CSAPC) was formed in September 2014 and has remained active and vital to this date with 52 member agencies.

Hepatitis C Cases In Chenango County

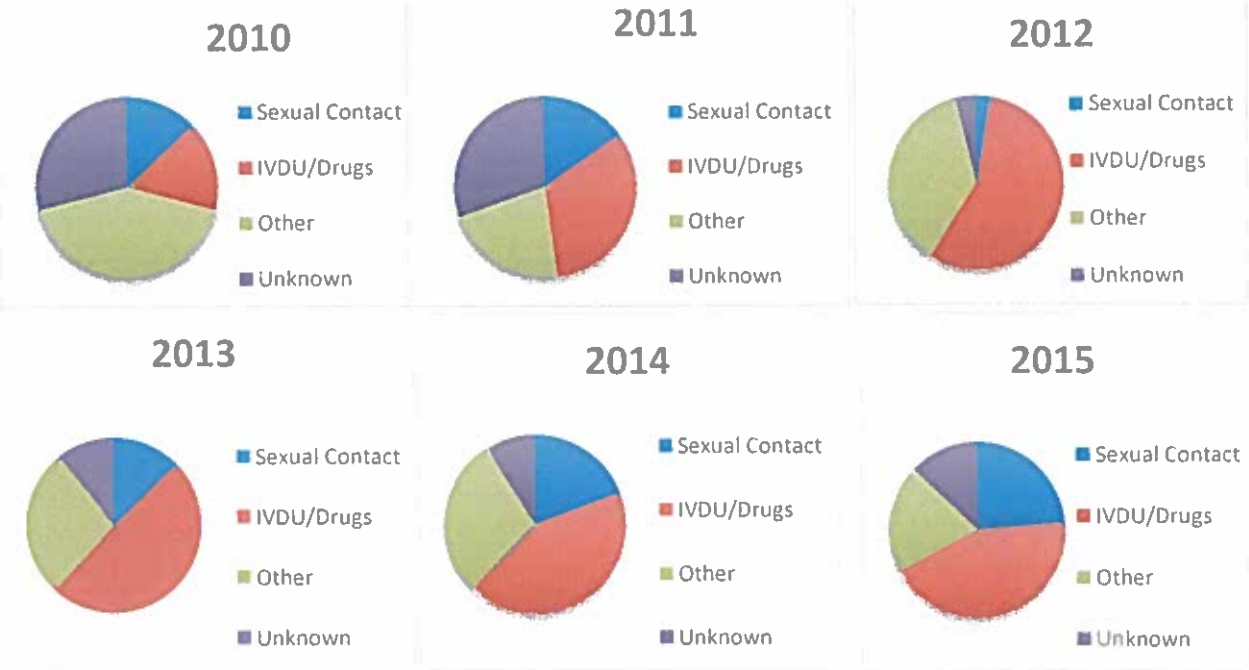


Source: Chenango County Health Department Statistics

As the chart to the left indicates, the Number of Hepatitis C cases tripled in Chenango County from 2010 to 2015. This dramatic increase from years past was the defining factor that influenced the Health Department to take a pro-active stance to address this problem and resulting in the formation of the round table discussion as mentioned above.

Another indication of the rising drug problem in Chenango County (as well as across the country) are the demographics (risk factors/causes) for Hepatitis C infections. In 2010 IV drug use and sexual contact accounted for about one-third of the cases of Hepatitis C. By 2015 that number doubled with IV drug use and sexual contact accounting for two-thirds of the Hepatitis cases investigated. This is illustrated dramatically by the following charts.

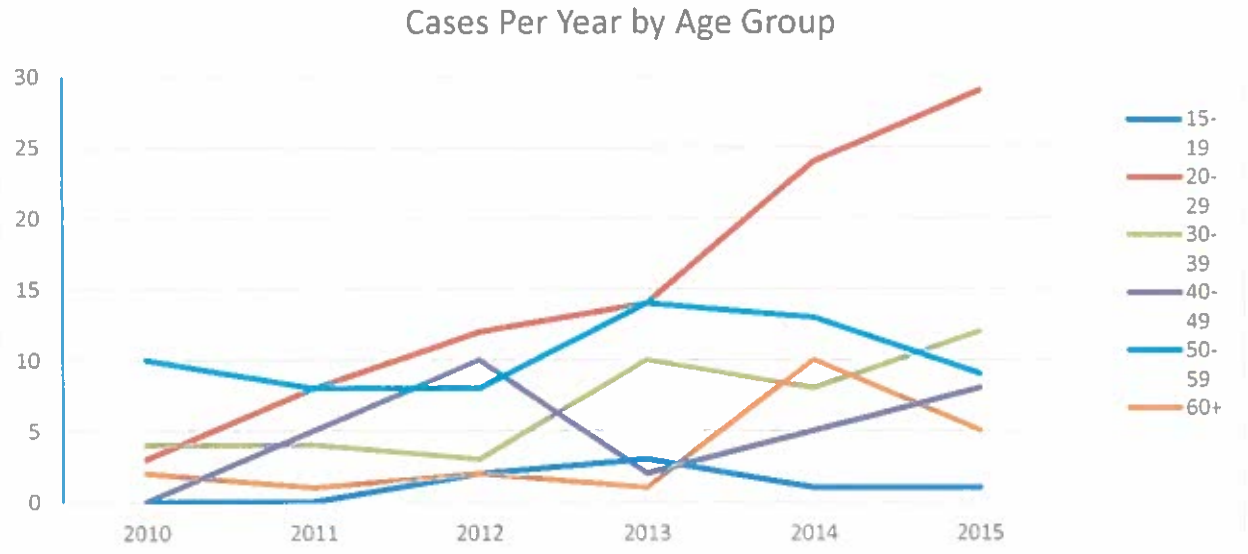
Risk Factors by Year: Chenango County



Source: Chenango County Health Department Statistics

And, finally, the most revealing data was in the age group of newly diagnosed cases of Hepatitis C. As the chart below indicates, the 20-29 year old cohort accounts for a majority of the cases; which has been on the rise since 2012 and continues to climb.

Age of newly diagnosed Hepatitis C cases in Chenango County



Source: Chenango County Health Dept. Statistics

The Chenango County Substance Abuse Prevention Coalition (CCSAPC) mission is as follows:

The Coalition Mission
"The Coalition brings together individuals and organizations to promote a clean, safe and addiction-free community."

Bylaws were developed and adopted with a governance model of a Steering Committee made up of seven members: Schools, Law Enforcement, Public Health, Mental Health, Community Service Organization, Elected County Official, and Medical Practitioner. The Steering Committee reflects the make-up of the larger Coalition membership which is a broad cross-section of the community.

The Harm Reduction Workgroup of the CSAPC has implemented and continues to support:

- The Needle Exchange Program
- HIV and Hepatitis C Testing
- Hepatitis A & B vaccinations
- Needle Exchange Kiosks

The Southern Tier Aids Program (STAP) has a presence now in Chenango County with leased space in the Eaton Center in Norwich. This workgroup supports local police departments in education regarding the Gloucester Model of referring heroin offenders to care in lieu of arrest. STAP also offers Narcan training to the community at large. In addition to these efforts, the Harm Reduction Workgroup secured a grant from the RC Smith Foundation for $7,500. This money will be used to sponsor monthly take back events throughout the county. The Sheriff's Department secured a $25,000 grant through Senator Akshar's office to fund fixed medication kiosks throughout the county. The money includes oversite and upkeep of kiosks.

The Treatment Workgroup of the CSAPC has implemented and continues to support:

- access to treatment and responsible medications
- increase the number of Suboxone prescribers in Chenango County

In addition, the Chair of the Treatment Workgroup has testified before the NYS Joint Senate Heroin Taskforce Committee. The Steering Committee has also met with Senator Seward to discuss the heroin epidemic, has formed an ad hoc Safe Housing Committee and formed a Communications Committee to develop a Public Relations campaign.

Process used to maintain engagement: The Steering Committee meets quarterly and as needed while the large group meetings are four times a year. The subgroups of Treatment and Harm Reduction meet monthly and/or as needed dependent on the task at hand.

Please refer to the Community Health Assessment/Health Needs Assessment Worksheet at the end of this section for specific information regarding goals, objectives, strategies, process measures, and disparity addressed for this initiative.

Section III: Summary of Assets & Resources

Department of Health

The Chenango County Department of Health receives its legal authority to operate through licensure by the New York State Department of Health. The Chenango County Board of Supervisors oversees the continued operation of the department. A full-time Public Health Director (who is also the Early Intervention Official) is authorized to manage the department's four divisions: Nursing, Environmental Health, Children with Special needs and Codes Enforcement. The department also employs a part time Emergency Preparedness Coordinator. A financial officer provides budgetary support to each of the divisions.

Chenango County contracts with a local physician affiliated with the Bassett Healthcare Network to serve as the Department's Medical Director. The Medical Director consults with all divisions within the Health Department. The Medical Director is responsible for medical policy and procedure review; providing medical opinions on population-based programming and risk; providing medical management recommendations for victims of mass casualty; chairing the Health Services Advisory Committee, authorizing plan-of-action care for the Children with Special Needs Program; providing medical consultation on communicable disease outbreaks, and providing staff in-service training. The Medical Director is also responsible for the Health Department's Quality Assurance Program.

The Nursing Division full time staff includes 9 RN's, 1 Health Educator, and 2 Supervising Administrators (DPS and SCHN) as well as 12 per diem nurses, contracted Medical Social Workers and a Nutritionist. The Nursing Division management participates in 15 County Coalitions and Advisory Committees in partnership with many local agencies and organizations (Appendix B).

The Department collaborates routinely with local institutions including schools, churches, physicians, pharmacists, businesses and organizations in order to improve the health status of county residents. The Public Health Department maintains linkages with an array of health and human service providers as a means for expanding and strengthening the local public health system. Because Chenango County is a small, rural county, many of the collaborating partners participate in several coalitions and planning groups. These agencies and groups face decreasing funding and staffing, but continue to be held to more regulation and mandates.

The Nursing Division works very closely with the Environmental Division in several programs and projects. The two divisions collaborate on food borne outbreaks, arthropod investigations, rabies case management, health education topics, and environmental safety issues. Environmental staff participate in community immunization & flu clinics as the need arises.

In addition to this collaboration, the Nursing Division is responsible for the implementation and oversite of 20 division programs, 13 new nursing initiatives and projects, 3 clinical areas in immunization, flu, and tuberculosis, and 10 work plans involving reports to the NYSDOH. Nursing staff hold certifications in 7 areas including lactation counselors, fall prevention programs, Baby and Me Tobacco Free counselors, and car seat technicians (Appendix C).

Hospitals

UHS Chenango Memorial Hospital is a 138-bed facility located in Norwich, NY, and is affiliated with United Health Services. The hospital provides acute care services such as medical/surgical, intensive care, maternity, 13 ambulatory services such as emergency room, ambulatory surgery, laboratory, and imaging, physician services in 14 primary and specialty care clinics as well as a residential health care facility within its operating certificate. All services provided are outlined in the appendices section of this report (Appendix D).

The hospital operates the only Emergency Department in Chenango County. It is physician staffed 24/7 and had over 18,000 visits in 2015. The hospital also contracts for on-site oncology and GI services on a part-time basis.

UHS Chenango Memorial Hospital is a major employer in the county employing 481 individuals, 395 of which work full-time. The hospital contracts with an additional 84 people to provide security, dietary, housekeeping and therapy services. It should be noted that UHS Chenango Memorial's footprint extends into Delaware County with a health center in Sidney. Delaware Valley Hospital is located in Walton, also in Delaware County, and is affiliated with United Health Services as well.

Other Medical Services in Chenango County

Primary Care Offices

In addition to the hospital's outpatient offices, UHS maintains a primary care center in Greene and Bassett Health Care Network has family health centers in Sherburne and Norwich as well as school-based clinics in the Sherburne-Earlville and Unadilla Valley school districts. Family Planning of South Central New York maintains a clinic in Norwich; the Albany Stratton VA maintains an outpatient clinic in Bainbridge; and a privately owned family health center is located in Afton (Afton Family Health Center).

Dental Care

There are seventeen general dentists, three orthodontists and no pediatric dentists practicing in Chenango County. UHS Chenango Memorial's UHS Dental Center and one private practice are the only providers which accept Medicaid. Chenango County NYSARC maintains an Article 16 dental clinic through a satellite arrangement with the Broome Developmental Disabilities Service Office.

Long-Term Care

UHS Chenango Memorial is one of the few hospitals in New York State that includes a skilled nursing facility. There are a total of five residential health facilities in the county, all of which maintain Medicaid and Medicare certifications. UHS Chenango Memorial is licensed for 80 long-term care beds. Some of the beds are used for short-term rehab.

There are no NYSDOH-licensed assisted living facilities in Chenango County. There are seven adult residential care facilities, four of which are licensed by New York State.

Rural Health Network

Established in 1995, Chenango Health Network (CHN) is a community-based, not-for-profit rural health network whose mission is to bring together health and human services professionals, business people and consumers to strengthen health care in Chenango County. CHN is dedicated to improving access to health services for Chenango County residents. As a result, CHN focuses much of its efforts assisting the uninsured, underinsured and medically underserved populations of Chenango County.

The organization is governed by a Board of Directors consisting of 7-16 members who represent senior level management of health and human service providers and businesses as well as community members. Members bring the perspective of their particular profession and organization, the ability to make policy level decisions, an understanding of issues and community, influence among their peer group and community in general, willingness to work collaboratively and a strong commitment to the purpose and goals of the network. CHN convenes and facilitates meetings among representatives of the local public health system to assist with program development, implementation and evaluation; to collaborate on specific initiatives; to coordinate services; and to carry out specific activities in Chenango County.

The Chenango Health Network offers the following services:

- Insurance navigation
- Community health advocacy
- Prescription assistance
- The Every Woman Counts in Chenango County Campaign
- Financial assistance for breast and GYN cancer patients

Current board members include:

- Chenango County Public Health Director, Chair
- UHS Chenango Memorial Hospital VP of Operations
- Commissioner of Chenango County DSS
- Director of Chenango County Area Agency on Aging
- Director of Chenango County Behavioral Health Services
- CEO of Family Planning of SCNY
- Executive Director of Chenango Hospice & Palliative Care
- Executive Director of Chenango Valley Home & Apartments
- HR Director of Golden Artist Colors
- Doctor of Pharmacy with local pharmacy
- Two retired school administrators
- Community member

Other Community Partners

Other community partners include:

- United Health Services (UHS)
- Delaware County Department of Health
- NBT Bank, NA
- Mothers & Babies Perinatal Network
- Norwich YMCA
- Cornell Cooperative Extension
- Catholic Charities
- Liberty Partnership
- New York Connects
- Public Libraries
- Various Community Foundations

Section IV: Documentation of process used to determine initiatives

The process for determining the new priority initiatives proved to be significantly easier than in 2013. The work carried out as a result of the 2013 initiatives has served to extend and strengthen already existing partnerships. UHS Chenango Memorial Hospital representatives and the Nursing Division of the Local Health Department (LHD) meet 6-8 times per month to work on current as well as future initiatives. Included in the meetings are community partners involved in each specific initiative. Current work being carried out jointly with various partners includes:

- Chenango County Breastfeeding Coalition
- Chenango County Substance Abuse Prevention and Healthy Communities Forum
- STEADI and Stepping On Programs
- Stay Healthy Kids Program
- Promotion of Healthy Women, Infants and Children
    - Childbirth Education Classes
    - Baby & Me – Tobacco Free Program

One of our priority initiatives for 2016-2018 surfaced as a result of our 2013-2015 work in Improving the Health of Women, Infant and Children. The new focus will be to promote exclusive breastfeeding.

Pulling our community stakeholders around the table to discuss community needs and added initiatives was easily incorporated into the frequent collaborative activities already going on in Chenango County. On December 3, 2015 the local rural health network, Chenango Health Network (CHN), hosted a workshop for a group of community stakeholders. The group came together to discuss the development of a new Community Health Assessment and the LHD's plan to create a document that would be useful to any community partners making program decisions. In preparation for the workshop the Population Health Improvement Coordinator, employed by Chenango Health Network, did extensive research in the community to determine awareness and to gather feedback regarding local services. This work consisted of focus groups, on-site assessments, surveys and interviews with community agencies, etc.

Agencies represented at the workshop were:

- UHS Chenango Memorial Hospital
- Family Planning of CNY
- Chenango County Behavioral Health Services
- Chenango County Hospice and Palliative Care Services
- Chenango County Department of Social Services
- Area Agency on Aging
- Population Health Improvement Program
- Chenango Health Network
- Chenango County Department of Public Health
- Chenango County Catholic Charities (written feedback only)

The common request was to produce a document that would connect the dots in regard to the data that had been gathered. Because Chenango County had been identified as #1 in obesity, the group agreed this was a priority health concern and decided to develop an initiative to address obesity. A discussion around the fact that Chenango County is an aging population resulted in an agreement that fall prevention strategies would be an area to address especially with the DSRIP focus of reducing ER use and hospitalizations. Discussion also included such topics as developing our data collection around drug addicted babies, the rise in child abuse rates, lack of transportation options, aging population and their needs, food availability, the fact that a third of the county population is developmentally impaired and what that population's needs are, adequate choices to support healthy living such as employment options, food, housing, health care providers, and the heroin epidemic.

Health Department staff completed interviews and survey activities as a means of obtaining community member input. On July 12, 2016 an interview with a Medicaid worker from Social Services was conducted. She was asked if Medicaid participants share with her their hardships, unmet needs or common complaints. She replied with the following list:

- Lack of personal care aides
- Transition from Medicaid to Medicare is not a smooth process and the cost is a hardship
- Medicaid transportation is a "HUGE" problem
- Lack of specialty care such as dialysis
- Difficulty obtaining diabetic supplies

Participants also state "It is too expensive to eat healthy, especially on food stamps". Additional concerns include lack of providers for eye glasses and dental, and health care providers having difficulty receiving reimbursement. In the month of April 2016 the Maternal Child staff of the LHD's Nursing Division conducted a family health survey at two grocery store sites. 158 people completed the survey. The survey questions and responses were as follows:

1. What information is of interest to you?
    - Nutrition/meal planning (79%)
    - Obesity (51%)
    - Parenting Skills (44%)
    - All topics (40%).
    - Other suggested topics included: Post - Concussion Syndrome, Special Needs, Drugs, Elderly Care, Immunizations, Zika, and Fibromyalgia.

2. Are you interested in learning more about topics concerning family health?
    - Yes (71%)
    - No (29%)

3. What is your biggest concern for families in this community?
    - Drugs/Addiction/Rehab (22%)
    - Parenting/stable home environment (10%)
    - Healthy food/eating (8%)
    - Poverty/lack of food/low income (4%)
    - Health insurance/prescriptions coverage (3%)
    - Activities for children (3%)

Other responses included homelessness, mental health/finding help/resources, home aides, transportation, lead paint, CPR, birth control, diabetes, bullying, smoking in home, breastfeeding duration, and elderly/senior housing.

The LHD, along with participating in various coalitions mentioned previously, is an active member on the following review boards:

- Professional Advisory Committee of Chenango County Department of Public Health
- Chenango County Behavioral Health Services
- Chenango County Catholic Charities
- Long Term Care Counsel of Chenango County
- Head Start of Chenango County

Lastly, the LHD works closely with community partners such as WIC, Interagency Care Council, Mothers & Babies Perinatal Network, Southern Tier Aids Program, Hospice, Palliative Care, Liberty Resources, Bassett Healthcare Network, Area Agency on Aging, Department of Social Services, Family Planning, Local Law Enforcement, court systems, Emergency Response System, United Way, Chamber of Commerce, schools, churches, UHS Chenango Memorial Hospital and the T-Free Zone (Tobacco Cessation Group for Cortland, Tompkins and Chenango) to list a few.

Through ongoing networking we are able to track services currently provided, identify gaps in care, identify priority initiatives and work with already existing service providers to enhance existing programming. As a result of our strong partner relationships, we can use a multi-system approach selecting new initiatives. We have developed strong collaborations with our primary and secondary partners who have helped promote new programming with the focus of better serving the aging and lower socio-economic disparities.

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COMMUNITY HEALTH ASSESSMENT (CHA)

AND

COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA)

WORKSHEET

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Priority/Focus Area: Prevent Chronic Disease – Reduce obesity in children and adults

Goal	Outcome Objectives	Interventions/Strategies/Activities	Process Measures	Partner Role	Partner Resources	By When	Will Action Address Disparity
Strengthen infrastructure across systems Promote Evidence-based care Expand the role of health service providers and insurers in obesity prevention	CMH/CCDPH: Reduce the percentage of children and adolescents who are obese by 5% so that the percentage of public school children in New York State (outside NYC) who are obese is reduced from 17.6% to 16.7%	CMH/CCDPH: • Implement Stay Healthy Kids Program in Norwich • Outreach to physician groups every 6 months and as needed CMH: • Implement Stay Healthy Kids in the Sidney area	CMH/CCDPH: Launch Program in Norwich Tracking # referred to program # enrolled in program # completing program Survey participants to evaluate program benefit Annual visits to clinics to talk about the program and referral process CMH: Launch Program in Sidney	CMH/CCDPH: Implementer Evaluator Data Collection Promotion CMH: Facilitator, staff training Physicians- referral Source Procedural changes	CMH/CCDPH: Staff time Reports Web resources Printing CMH: Meeting space Staff Training Program materials	October 2016 August 2016 March 2017	Yes – Socio-economic

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Priority/Focus Area: Prevent Chronic Disease – Reduce obesity in children and adults

Goal	Outcome Objectives	Interventions/Strategies/Activities	Process Measures	Partner Role	Partner Resources	By When	Will Action Address Disparity
		CCDPH: • Educate families on areas available to promote physical activity (parks, walk trails, bike trails, camping) • Visit school nurses 1:1 to educate regarding program and the referral process • Provide program outreach to school nurses in the 8 school districts at the annual Spring Fever Training put on by the CCDPH		CCDPH: Community outreach UHS: Stay Healthy Kids Program Coordinator Staff Training Schools: Promotion YMCA: Participant of workgroup	CCDPH: Physical space UHS: Facilitator Staff time Reports Materials Printing Schools: Refer YMCA: Physical space Incentives	April 2017 Nov. 2016 March 2017	

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Community Health Assessment (CHA) and Community Health Needs Assessment (CHNA)

Priority/Focus Area: Prevent Chronic Disease – Reduce obesity in children and adults

Goal	Outcome Objectives	Interventions/Strategies/Activities	Process Measures	Partner Role	Partner Resources	By When	Will Action Address Disparity
CCDPH : Create a coalition to improve the health of our community	Coalition: Increase healthy behaviors in the community Increase access and utilization of community health and wellness resources Decrease county wide obesity Create a culture of health amongst participants Promote healthy life style changes and local opportunities to make healthy decisions	Coalition: **Outreach:** • Utilize traditional and social media platforms to raise awareness of the problem. • Develop and execute 12-14 week media calendar to advertise coalition efforts and promote agenda **Fit path:** • Installation of 18 fitness stations in a central public location that is easily accessible to all members of the community regardless of the demographic or physical ability level • Seek community support to launch project. Similar installations have been shown to increase park user ship.	Coalition: Track # of Ads run # of people reached via social media # of fit stations installed Ability to proceed with programming based on usage	Coalition Members CCDPH: Coalition Lead agency Coalition oversight Fiscal Cornell Coop Ext: Technical expertise Logistical Facility support Programmatic Support Leverage support Foster participation Opp. For Chenango: Technical expertise in crafting messaging Distributor of Materials Logistics	CCDPH: Staff Meeting space Printing Web support Promotion Funds Cornell Coop Ext.: Staff time Meeting space Opp. For Chenango: Staff Printing	**Outreach:** Sept. 2016 Sept. 2017 Sept. 2018 **Fit path:** Secure fiscal and political support – Dec. 2016 Design, order and install Spring 2017 Advertise. develop etc. 2018	Yes – Socio-economic

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Priority/Focus Area: Prevent Chronic Disease – Reduce obesity in children and adults

Goal	Outcome Objectives	Interventions/Strategies/Activities	Process Measures	Partner Role	Partner Resources	By When	Will Action Address Disparity
		Challenge: • Sponsor, support and facilitate a 12 week fitness competition where groups of 4-8 people work together to earn points by completing fitness and nutrition challenges. At the end of the campaign the team(s) with the most points will be awarded a cash prize to be given to the local charity of their choice	# of participants Participation levels (program participant or indirectly involved through a participant-expanded reach) Before and after BMIs # of organizations impacted by cash prize	United Way: Fiscal conduit for grant Grant implementation Logistics Fund raising Technical expertise Leverage support Foster participation City of Norwich: Logistical Political Physical site for Fit path Technical expertise Long term maintenance of equipment	United Way: Volunteers Staff time Political City of Norwich: Staff time Mechanical equipment	Challenge: Summer 2016 Summer 2017 Summer 2018	

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Priority/Focus Area: Prevent Chronic Disease – Reduce obesity in children and adults

Goal	Outcome Objectives	Interventions/Strategies/Activities	Process Measures	Partner Role	Partner Resources	By When	Will Action Address Disparity
				Chobani: Fiscal Technical expertise Leverage support Foster participation Chenango Health Network: Technical expertise Leverage support Foster participation CNY Fit (running club): Support Technical expertise Leverage support Foster participation Other Members: YMCA, Bull thistle Hiking Club, Greenway Conservancy, NBT Bank Technical expertise Foster participation	Chobani: In-kind donations Incentives Funds Staff time Volunteers Chenango Health Network: Staff time volunteers CNY Fit (running club): Volunteers Other Members: YMCA, Bull thistle Hiking Club, Greenway Conservancy, NBT Bank Volunteers Staff time	Challenge: Summer 2016 Summer 2017 Summer 2018	

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Priority/Focus Area: Promote Healthy Women, Infants, and Children – Promote exclusive breastfeeding

Goal	Outcome Objectives	Interventions/Strategies/Activities	Process Measures	Partner Role	Partner Resources	By When	Will Action Address Disparity
Increase the proportion of NYS babies who are breastfed	CMH/CCDPH: Increase the number of infants being breastfed at 3 mos. to 46.2% to meet the Healthy People 2020 goals Increase the number of infants being breastfed at 6 mos. to 25.5% to meet the Healthy People 2020 goals CMH: Increase the percentage of infants exclusively breastfed at discharge in the hospital by 10% to 48.1% to meet the NYS Prevention Agenda Goal Reduce the proportion of breastfeeding newborns who receive formula supplementation within the first 2 days of life	CMH: • To provide CLC support to new breastfeeding moms in the office setting (Norwich and Sidney sites)	CMH/CCDPH: Discuss breastfeeding during childbirth education classes Support CLC certification training CMH: Track general and exclusive breastfeeding rates at time of discharge and 3 days post discharge Track general and exclusive breastfeeding rates at 3 mos. and 6 mos. for clients receiving services with a CMH provider to align with the NYS Prevention Agenda or Healthy People 2020 Goal	CMH/CCDPH: Evaluator Staff training Data collection Procedural change Promotion CMH: Referral source to the Baby Nook	CMH/CCDPH: Meeting space Staff time Web resource Reports Funding	Sept. 2016	Yes – Socio-economic

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Priority/Focus Area: Promote Healthy Women, Infants, and Children – Promote exclusive breastfeeding

Goal	Outcome Objectives	Interventions/Strategies/Activities	Process Measures	Partner Role	Partner Resources	By When	Will Action Address Disparity
	CCDPH: Increase the general breastfeeding rates post-discharge to 81.9% to meet Healthy People 2020 goals 20% of all referrals to the baby nook Coalition: Increase the proportion of employers that have worksite lactation support programs Campaign/Educate providers into becoming BF supporters	CCDPH: • Sustainment of the Breastfeeding Coalition started May of 2015 • Continuation of the Baby Nook Services – a weigh station for moms to come and weigh their infants and receive 1:1 breastfeeding counsel from a CLC Coalition: • Increase/maintain the number of Certified Lactation Counselors in Chenango County • Form a support network for BF moms • Campaign/educate providers in becoming breastfeeding advocates • breastfeeding messaging • Provide resources in the Sidney office to support a breastfeeding friendly atmosphere	CCDPH: Track BF at 3 mos. and 6 mos. for clients not receiving follow-up care with a CMH provider to align with the NYS Prevention Agenda or Healthy People 2020 Coalition: Track # of CLC in Chenango County Create and maintain an information and support call system for nursing moms and their families	CCDPH: Lead agency for the Breastfeeding Coalition Outreach – CLC in home visits Coalition: Chenango and Delaware BF coalition – onsite BF support to physician offices Outreach Promotion of BF Support network	CCDPH: Printing Physical space Educational Material development	Ongoing Nov. 2015 Ongoing Ongoing March 2017 Ongoing Sept. 2016	

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Priority/Focus Area: Promote Healthy Women, Infants, and Children – Promote exclusive breastfeeding

Goal	Outcome Objectives	Interventions/Strategies/Activities	Process Measures	Partner Role	Partner Resources	By When	Will Action Address Disparity
		• Reach out to primary care providers outside the CMH network to encourage breastfeeding friendly practices • Work with employers/business organizations in becoming baby friendly facilities	Survey # of breast feeding friendly employers/business organizations Encourage 5 new employers to become breastfeeding friendly in 2017	WIC: Referral source to the Baby Nook Coalition Member Mothers & Babies Perinatal Network Breastfeeding Educ. Coalition member	Local Business: Breastfeeding space	2017 August 2016 2017	

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Other NYS Prevention Agenda Initiatives, Promote Healthy Women, Infants, and Children – Promote healthy full term births

Goal	Outcome Objectives	Interventions/Strategies/Activities	Process Measures	Partner Role	Partner Resources	By When	Will Action Address Disparity
Reduce Premature births in NYS	CMH/CCDPH: Identify and promote educational messages and formats that have demonstrated to improve knowledge, attitudes, skills and/or behavior related to preterm birth among target populations, including high-risk pregnant women, women of childbearing age and women with disabilities	CMH/CCDPH: • Sustain the current Childbirth Class (CBC) offered by CMH and CCDPH CMH: • First time pregnant women receiving services at CMH will be referred for pre-natal classes • Work with providers at the Women's Health Center to be a cheerleader for referring into CBC • Distribute Baby & Me Books made available through the Mothers & Babies Perinatal Network • Office nurses review content at each appt.	CMH: Sustain and increase participation by first time moms Conduct participant surveys to ensure content is relevant and get feedback on modifications to the program	CMH/CCDPH: Facilitator Evaluation Data collection CMH: Women's Health Center – referral source	CMH/CCDPH: Staff time Printing Reports Web resources CMH: Physical space Child Birth Class instruction	Ongoing Ongoing Ongoing Ongoing Ongoing	Yes – Socio-economic

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Other NYS Prevention Agenda Initiatives, Promote Healthy Women, Infants, and Children – Promote healthy full term births

Goal	Outcome Objectives	Interventions/Strategies/Activities	Process Measures	Partner Role	Partner Resources	By When	Will Action Address Disparity
		CCDPH: • Continue to develop and produce an easy-to-read booklet of resources that CMH can distribute to pregnant and post-partum women and their family Mothers & Babies Perinatal network: • Available in the Women's Health Center to provide 1:1 education to Prenatal patients and to refer to other community resources as needed		Mothers & Babies Perinatal network: Counseling Referrals to other community resources WIC: Instruction at Childbirth classes Sheriff Dept. Car seat safety program: Instruction at Childbirth classes	CCDPH: Resource Guide-printing Mothers & Babies Perinatal network: Staff time Resource materials WIC: Staff time Sheriff Dept. Car seat safety program: Staff time	Ongoing Ongoing	

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Other NYS Prevention Agenda Initiatives, Promote Healthy Women, Infants, and Children – Reduce smoking among the antepartum population

Goal	Outcome Objectives	Interventions/Strategies/Activities	Process Measures	Partner Role	Partner Resources	By When	Will Action Address Disparity
Reduce Premature births in NYS	CMH/CCDPH: Ask all Pregnant women about tobacco use and promote augmented pregnancy tailored counseling for those who smoke	CMH/CCDPH: • Increase referrals to the NYS Quit line CMH: • Providers to ask all pregnant women about tobacco use and if appropriate refer them to the Baby & Me Tobacco Program CCDPH: • Offer the Baby & Me – Tobacco Free Program for antepartum/ postpartum patients and their support • Outreach education to providers and community partners annually and as needed to promote program referrals • Provide augmented pregnancy tailored counseling for those moms who smoke	CMH: 100% referral rate to the NYS Quit line CCDPH: Continue to monitor referrals from various partners Continue to monitor # of clients who complete the program 100% referral rate to the NYS Quit line for Baby & Me – Tobacco Free Participants	CMH: Referral source (Peds/OB) Host – M & BPN staff counseling in WHC clinic waiting room CCDPH: Training Outreach Evaluator Data collection	CMH: Meeting space CCDPH: Funding Location Printing Reports	Ongoing Ongoing Ongoing Ongoing Ongoing	Yes – Socio-economic

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Other NYS Prevention Agenda Initiatives, Promote Healthy Women, Infants, and Children – Reduce smoking among the antepartum population

Goal	Outcome Objectives	Interventions/Strategies/Activities	Process Measures	Partner Role	Partner Resources	By When	Will Action Address Disparity
			100% referral rate to the Mothers & Babies Quit Kit Program for Baby & Me – Tobacco Free participants	WIC: Referral source Head Start: Referral source DSS: Referral source Family Planning: Referral source Mothers & Babies Perinatal Network: Offers Stay Quit Program Counsel Referral Source	Mothers & Babies Perinatal Network: Staff time Materials		

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Other NYS Prevention Agenda Initiatives, Promote a Healthy and Safe Environment – Reduce fall risks among our senior population

Goal	Outcome Objectives	Interventions/Strategies/Activities	Process Measures	Partner Role	Partner Resources	By When	Will Action Address Disparity
Promote Evidence-based care Reduce factors that increase the risk of falls, particularly among the elderly	CMH/CCDPH: Reduce Fall risks among one of the most vulnerable populations Reduce fall related hospital admissions and ER visits Promote quality of life for our Senior population enhancing their ability to remain at home	CMH: • Providers to complete a fall risk assessment on all at risk patient's • CMH providers to offer the Stepping On program to all applicable patients and generate the referral • Provide physical therapy resources to the Stepping On Program	CMH: 85% of patients 65+ who visit their primary care provider will be screened in 2016, 90-100% in 2017 and beyond	CMH: UHS STEADI - referral source Support staff – Physical Therapist Provider Outreach	CMH/CCDPH: Meeting Space	September 2016 September 2016 September 2016	Yes - Age

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Other NYS Prevention Agenda Initiatives, Promote a Healthy and Safe Environment – Reduce fall risks among our senior population

Goal	Outcome Objectives	Interventions/Strategies/Activities	Process Measures	Partner Role	Partner Resources	By When	Will Action Address Disparity
		CCDPH/AAOA: • Bring the Stepping On Program to Chenango County Senior Residents • Offer in home Fall Assessments • Partner with EMS, CMH, and other Community Partners for referrals Provider outreach education about the program to Provider offices and Community Partners	CCDPH: Implement program in Norwich area Offer program in outreach locations	CCDPH: Facilitator Implementer Evaluator Data collection Community outreach	CCDPH: Staff time Reports	September 2016 September 2016 September 2016 September 2016 and Ongoing	

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Other NYS Prevention Agenda Initiatives, Promote a Healthy and Safe Environment – Reduce fall risks among our senior population

Goal	Outcome Objectives	Interventions/Strategies/Activities	Process Measures	Partner Role	Partner Resources	By When	Will Action Address Disparity
		AAOA: • Develop and promote class schedule		AAOA: Administrator Facilitator Community Partners: Staff time	AAOA: Funding Printing Staff time Materials YMCA, Senior Housing sites, Church Community: Physical space Private Pharmacist: Staff time Traffic Safety Board : Staffing time Blind Assoc.: Staffing support EMS: Referral source	August 2016	

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Other NYS Prevention Agenda Initiatives, Promote Mental Health and Prevent Substance Abuse – Strengthen infrastructure across systems

Goal	Outcome Objectives	Interventions/Strategies/Activities	Process Measures	Partner Role	Partner Resources	By When	Will Action Address Disparity
Support collaboration among professionals working in fields of mental, emotional, behavioral health promotion and chronic disease prevention, treatment and recovery Address the many issues surrounding addiction to begin to impact change among the Heroin addicted population and to lower the incidence of Hep C	CCDPH: Sustain the Chenango Substance Abuse Prevention Coalition (CSAPC) in an effort to impact needed Programs, Services and Policy as it relates to the Heroin Epidemic	CMH: Improve provider/treatment options for people diagnosed with Hepatitis C CCDPH: CSAPC to be operational via the Community Health Network	CMH: Have a NP on site 1-2 days per week CCDPH: Sustain membership at 40 -50 members	CMH: Working on provider options for Hepatitis C patients Involvement in CSAPC Assist Hep C patients with testing, counselling and treatment CCDPH: CD investigation Data tracking Hep A & B vaccine administration at fixed syringe site Lead agency for CSAPC	CMH: Coalition representation Provider work Staff time CCDPH: Coalition representation Staff time Vaccines Meeting space Printing Web support Grant writing Set meetings Reports	Dependent on Provider Recruitment Ongoing	Addiction crosses all Soci-economic classes including the rural poor These actions will address the disparity of rural poor from multiple approaches over time

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Other NYS Prevention Agenda Initiatives, Promote Mental Health and Prevent Substance Abuse – Strengthen infrastructure across systems

Goal	Outcome Objectives	Interventions/Strategies/Activities	Process Measures	Partner Role	Partner Resources	By When	Will Action Address Disparity
	Coalition: Reduce drug overdose incidence Reduce prescription drugs in homes Provide heightened education and support around safe syringe practices Provide increased Hepatitis C testing options Heighten efforts to offer Hepatitis A & B vaccines to at risk populations	Coalition: • Quarterly CSAPC meetings to keep site of the problem, direction we need to move, and areas to be addressed • Increase Narcan trainings and dispensing • Provide monthly Medication Take Back Events • Set up a fixed Syringe site along with the mobile unit • Education around safer drug practices	Coalition: Quarterly coalition mtgs. # of Providers available to follow and treat Hepatitis C cases # of Narcan trainings offered annually # of Narcan kits provided annually # of people accessing Medication Take Back Events Track the poundage of medications taken back # of individuals accessing the Fixed site annually	Coalition: Harm Reduction Group - Take Back Events Work with other Community Forums	Coalition: Provide letters of Supports Impact Policy Change Join Community Forums to support changed behaviors	June 2016 2017 2017 July 2016 Fixed Syringe Exchange Site Ongoing Ongoing	

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Other NYS Prevention Agenda Initiatives, Promote Mental Health and Prevent Substance Abuse – Strengthen infrastructure across systems

Goal	Outcome Objectives	Interventions/Strategies/Activities	Process Measures	Partner Role	Partner Resources	By When	Will Action Address Disparity
	Coalition: Information, engagement and transitional services regarding mental health and substance use programs for individuals with behavioral health needs who are correctly in the County Jail and who will be released to the community Provide safe, clean housing for those recovering from addiction Provide better support for individuals seeking treatment and the impact stigmas have on this population as it pertains to getting help	Coalition: • Support for individuals ready to enter treatment Break down the stigmas around addiction • Work at transitional options – housing, employment, and support • Offer education programming in the schools • Provide sober/drug free activities for adults in the community	Coalition: # of individuals accessing the mobile syringe van annually % return on syringes given out annually # of individuals tested annually with results Coalition: Communications Group to provide community forums/educational materials Bill passed to support treatment options Housing options increased	Coalition: Support other groups work around the issue drug addiction Lead the fight against addiction		Ongoing CSAPC providing letters of support for legislative initiatives and housing pilot projects Ongoing 2017 2017	

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Other NYS Prevention Agenda Initiatives, Promote Mental Health and Prevent Substance Abuse – Strengthen infrastructure across systems

Goal	Outcome Objectives	Interventions/Strategies/Activities	Process Measures	Partner Role	Partner Resources	By When	Will Action Address Disparity
		• Improve access to responsible Suboxone providers • Work with Community Partners to get individual in treatment • Reduce stigmas around drug addiction • Support Community Partners in their work to address transitional housing, employment and support for drug addicted individuals • Work with other Community forums to educate the community about drug addiction. And the impact stigmas have on this population as it pertains to getting the help they need	# of forums offered annually and to whom			2017 Ongoing CSAPC provided letters of support July 2016 Ongoing	

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Other NYS Prevention Agenda Initiatives, Promote Mental Health and Prevent Substance Abuse – Strengthen infrastructure across systems

Goal	Outcome Objectives	Interventions/Strategies/Activities	Process Measures	Partner Role	Partner Resources	By When	Will Action Address Disparity
				STAP: Provide fixed and mobile syringe sites Data collection Involvement in CSAPC Mental Health: Programming and treatment Data collection Involvement on CSAPC Participant in Community Forums Catholic Charities: Submission of RFP for housing options Involvement in CSAPC	STAP: Staff time Reports Directs Harm Reduction Group for CSAPC Physical space Supplies Mental Health: Staff time Reports Directs Treat Group for CSAPC Catholic Charities: Staff time		

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Other NYS Prevention Agenda Initiatives, Promote Mental Health and Prevent Substance Abuse – Strengthen infrastructure across systems

Goal	Outcome Objectives	Interventions/Strategies/Activities	Process Measures	Partner Role	Partner Resources	By When	Will Action Address Disparity
				Community Health Network: Coalition Oversight Track Membership Grant writing Support Multiple Community Partners: Involvement in CSAPC	Community Health Network: Set Policy and Procedures Physical space Staff time Set meetings Agenda writing Minute taking Grant implementation Storage space Supply ordering Multiple Community Partners: Staff time		

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APPENDICES

Appendix A

Letter: Division of Chronic Disease Prevention of the New York State Department of Health

NEW YORK STATE OF OPPORTUNITY. | Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

January 8, 2016

Dear Hospital CEO:

We are writing you to encourage your hospital to participate in the ***NYS Breastfeeding Quality Improvement in Hospitals (BQIH) Learning Collaborative*** and work towards improving your hospital's low performance in providing breastfeeding support. This is your last chance to participate in this successful learning collaborative, as this will be our final cohort. The collaborative is scheduled for April 2016 – December 2017.

When your hospital's 2013 data for **formula supplementation of breastfed infants** are compared with other hospitals that provide the same level of perinatal care, **your hospital is in the low-performing group** (i.e., the percentage of breastfed infants receiving formula supplementation is too high). (See: http://profiles.health.ny.gov/measures/all_state/16543.

Since 2009, the New York State Department of Health (NYSDOH) has included infant feeding practice statistics (breast milk feeding and formula supplementation of breastfed infants) as part of the maternity information available about NY hospitals.
Because infant feeding practices are influenced by patient demographics, maternal health conditions and infant health factors, we have risk-adjusted hospital-level infant supplemental rates. Preliminary analysis finds that even after risk-adjustment, **your hospital continues to be in the low-performing group**. We will share these findings with hospitals once finalized. We wanted to give you a heads up and allow your hospital the opportunity to sign up to improve your hospital's future performance.

The health benefits of breastfeeding, especially exclusive breastfeeding during the first 6 months of life, are well-documented. Because breastfeeding is initiated in the hospital, hospital maternity care policies and practices play a critical role in supporting breastfeeding success. During the past five years, we've seen a 10% increase in the percentage of NY infants fed any breast milk during the birth hospitalization (85.1%).
The prevalence of exclusive breastfeeding, however, remains low, with more than half of all NY newborn infants who receive breast milk being supplemented with formula during the birth hospitalization.

The NYSDOH has worked with hospitals to improve maternity care policies and practices over the last several years. Since 2010, NYSDOH has been partnering with the National Institute for Children's Health Quality (NICHQ) through the ***NYS BQIH Learning Collaborative***. The *BQIH* provides training, support and resources to hospitals to improve their maternity care practices to better support women in meeting their breastfeeding goals. If interested in participating, please email nysbqih@nichq.org.

Important Dates for Participation:

- **January 2016:** Enrollment period begins
- **January 11, 2016:** Applications will be available online
- **January 25 & February 22, 2016:** Informational webinars will take place
- **March 10, 2016:** Applications will be due

In addition, effective January 1, 2016, the Joint Commission has lowered the threshold to a minimum of 300 births per year (from 1,100 births annually) for requiring mandatory reporting of the Perinatal Care performance measure set, which includes exclusive breast milk feeding. Your participation in the ***NYS BQIH Learning Collaborative*** would help your hospital increase the percentage of newborn infants who are fed exclusively breast milk, improve your Joint Commission reporting, and improve the health of women and infants in your community.

Please feel free to contact us or to send any questions to: promotebreastfeeding@health.ny.gov or nysbqih@nichq.org.

Sincerely,

BA Dennison, MD

Barbara A. Dennison, M.D.
Director, Policy and Research Translation Unit Division of Chronic Disease Prevention

cc: Director of Maternity Services Chief of Obstetrics
Chief of Pediatrics Breastfeeding Coordinator

Appendix B

Health Dept. Nursing Division Coalition Participation

Chenango County Dept. of Health Nurse Management Coalition Participation	
Head Start Professional Advisory Committee (SCHN)	Area Agency on Aging Long Term Care Counsel (DPS)
S-E Schools Professional Advisory Committee (SCHN)	Area Agency on Aging No Wrong Door Transition team (SCHN)
Mental Health Subcommittee (DPS)	Breast Feeding Coalition (DPS, SCHN, staff)
Central Region Immunization Coalition (SCHN)	Building a Healthier Community (SCHN, staff)
Chenango Substance Abuse Coalition (DPS, SCHN, staff)	NYLinks Central Region Coalition (SCHN)
Chenango Child Advocacy Center Advisory Com. (DPS)	Harm Reduction Subgroup Co Chair (DPS)
Early Intervention Coordinating Council (DPS)	Interagency Care Counsel (staff)
United Way Planning Committee (DPS, SCHN)	

Appendix C

Health Dept. Nursing Division Program Oversight

Chenango County Health Dept. (Nursing Division) Programs	Chenango County Health Dept. (Nursing Division) Projects
Lead Poisoning Prevention Program	Baby and Me, Tobacco Free (smoking cessation)
Communicable Disease Investigation, Case Management	Creation of "Baby Nook" (breast feeding support/families)
STD investigation, Case Management, Project Venus	Prenatal Yoga (supports healthy birth outcomes)
Arthropod Investigation, Case Management	Stepping On (Fall prevention program for Senior Citizens)
Tuberculosis Investigation, Case Management	Stay Healthy Kids (program to combat childhood obesity)
Rabies post exposure prophylaxis and follow-up	Needle Exchange (STAP) Nursing Div. identified need
Immunization Program	NYC Program Expansion
Family Health Promotion (Maternal, Child, Family)	Immunization billing development & implementation
Maternal Child Health Visitation Program	Safe Sleep project
Nurse Educator Projects; County wide initiatives	Cooking Matters (educational nutrition for Sr. Citizens)
Health Educator Projects; Community wide initiatives	Take Back Medication Project (coming in 2016/2017)
Personal Care Services Case Management	CLC home visiting program
New York Connects Options Counselling	4 Community Health Improvement Plans (CHIPs)
PRI/Screening for Nursing Home placement	
Annual PRI/Screenings for Preston Manor Residents	**Staff Certifications/Training**
Traumatic Brain Injury Waiver Program care plans	Certified Lactation Counselors
Care At Home Waiver Program care plans	Certified Trainers: Stepping On Fall Prevention
Nursing Home Transition/Diversion Waiver care plans	Certified Car Seat Technicians
Emergency Preparedness trainings/PODS	Certified PRI/Screen screeners
State reportable Action Plans, such as: Ebola, Zika, H1N1	Baby and Me Tobacco Free Counselors
	Cooking Matters program nutrition counseling
Nursing Division Clinics	UAS computer assessment training
Weekly Immunization clinic	Peer Place computer assessment training
Outreach Community Flu Clinics (26+ clinics)	Emergency Shelter Staff training
TB patient Chest Clinic (every other month)	Disease outbreak incident command
	Ebola response training
Work plans/State Reporting	**New Work Plans/State Reporting**
Lead work plan, deliverables, & quarterly reports	Prevention Agenda Reports
Immunization, work plan, deliverables, & reports	Community Health Improvement Plan reports
TB program quarterly reports	Communicable disease Performance Incentive reporting
NYC program quarterly reports	Emerging Disease Action Plans and reporting(Zika, Ebola)
Emerging Disease Action Plan/Reporting to State (H1N1)	
Annual Report/ Nursing Division	

Appendix D

Chenango Memorial Hospital Services Provided

Acute Services	
Medical/Surgical	Observation
Intensive Care	Swing Bed Program
Maternity	

Ambulatory Services		
Emergency Room	Physical Therapy	Mammography
Ambulatory Surgery	Occupational Therapy	Cat Scan
Special Procedures	Speech Therapy	Nuclear Medicine
Clinical Laboratory	Magnetic Resonance Imaging	Imaging - Diagnostic
	Ultrasound	

Physician Services		
UHS Pediatrics – Norwich	CMH Dental	UHS Primary Care - Sidney
UHS Primary Care - Norwich	CMH OB/GYN	GI Clinic
UHS Primary Care - Oxford	CMH General Surgery	Orthopedics
UHS Primary Care - Sherburne	Heart Center	Pain Management Clinic
Geriatrics	ENT	

Residential Health Care Facility	
Long Term Care	Short Term Rehab

Appendix E

2013-2015 Priority Initiatives Update

Community Health Needs Assessment & Community Health Assessment

2013-2015 *Priority Initiative Update Through 2015*

Initiative #1
Prevent Chronic Disease – Reduce Tobacco Use

Strategy Objective: Decrease the smoking rate among antepartum patients in Chenango County.

– Tactics

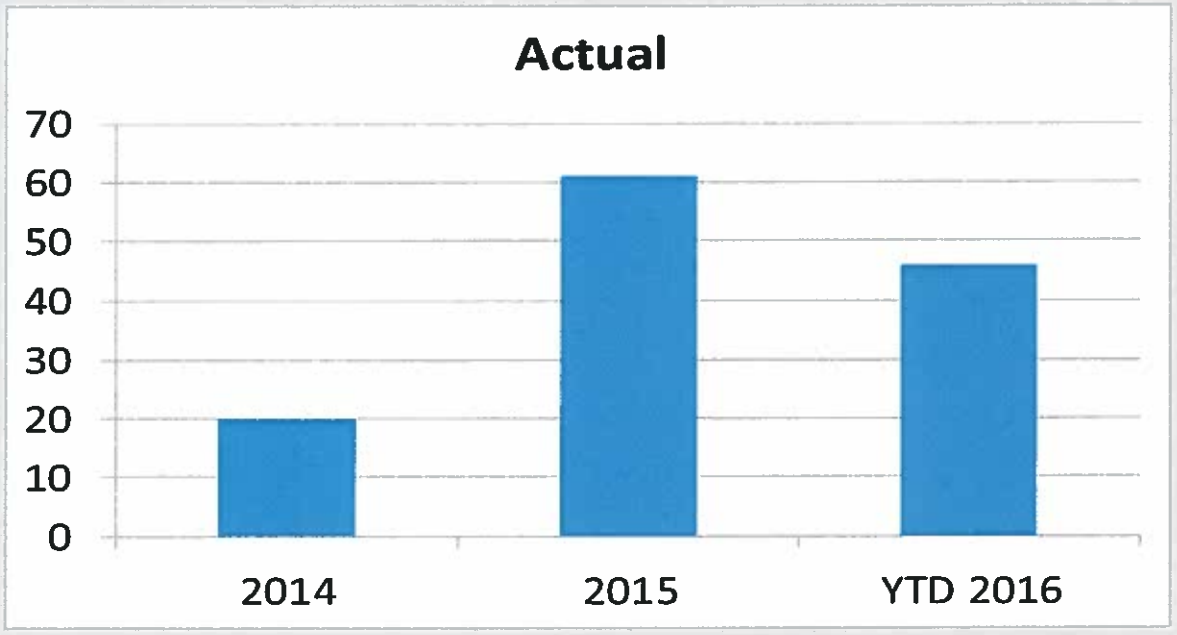
- CMH and local DOH refer to the NYS Quit Line.
- Partner referrals made to the local DOH's "Baby and Me Tobacco Free" program.
- CMH discusses smoking cessation during office visits and local DOH discusses during home visits.
- CMH and local DOH tracks number of moms still smoking at time of delivery.

Community Health Needs Assessment & Community Health Assessment Update

Initiative #1

Prevent Chronic Disease – Reduce Tobacco Use

Partner Referrals to "Baby and Me Tobacco Free"



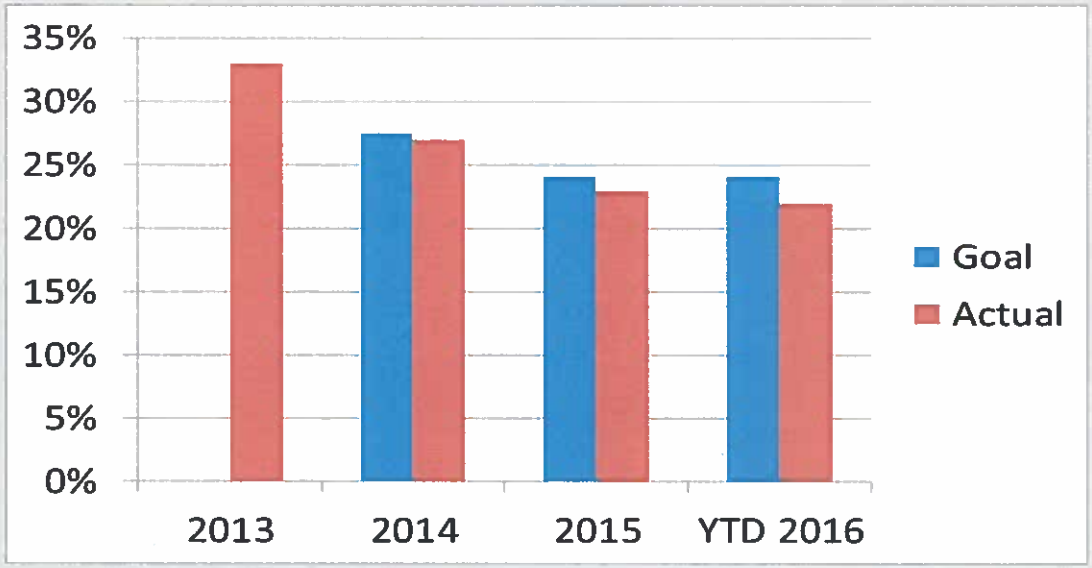
Data provided by the Chenango County Department of Health

Community Health Needs Assessment & Community Health Assessment Update

Initiative #1

Prevent Chronic Disease – Reduce Tobacco Use

Mothers Smoking at Time of Delivery at CMH



Goal: To decrease smoking rate by 5% in 2014 and another 5% in 2015.

Initiative #2
Promote Healthy Women, Infants and Children

Strategy Objective: Provide education and support to pregnant women, particularly those women considered high risk and covered by Medicaid.

– Tactics

- Pre-natal education program to include speakers from community agencies.
- Develop a survey for participants.
- Host a representative from the Mothers & Babies Perinatal Network in the Women's Health Center waiting room.
- Increase the rate of breastfeeding.

Initiative #2
Promote Healthy Women, Infants & Children
Results to Date

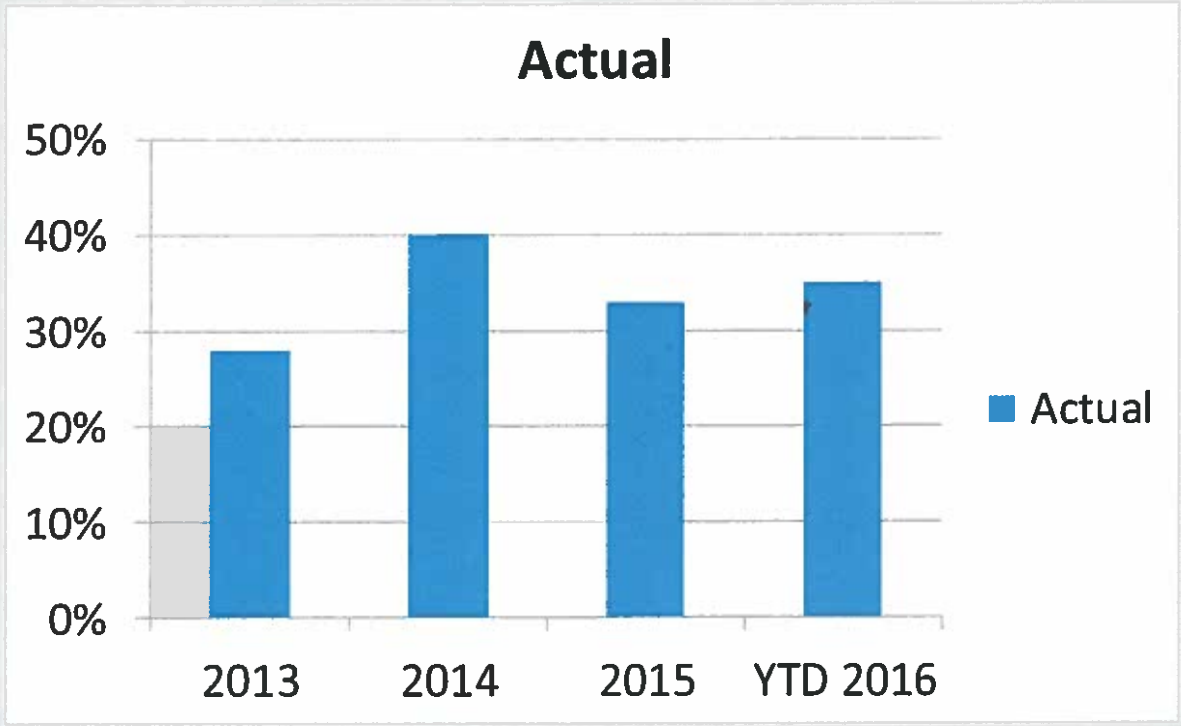
1. Childbirth education classes have been redesigned and expanded to three 2-hour sessions with community partner participation.
2. Surveys have been developed and all classes score 4 or more on a scale of 1-5.
3. A representative from Mothers & Babies is in the waiting room once a week.

Community Health Needs Assessment & Community Health Assessment Update

Initiative #2

Promote Healthy Women, Infants & Children

Class Attendance – First Time Moms

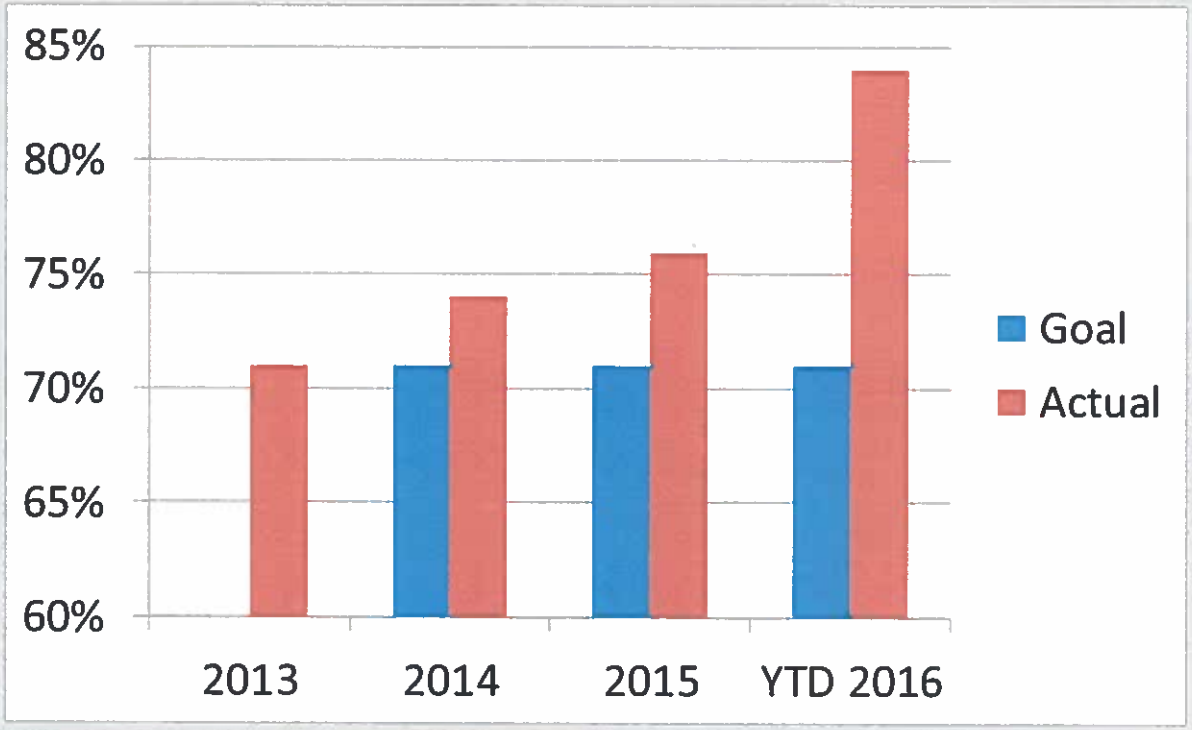


Community Health Needs Assessment & Community Health Assessment Update

Initiative #2

Promote Healthy Women, Infants & Children

Breastfeeding Rate at Discharge from CMH



UHS Chenango Memorial Hospital
Resolution of Approval

UHS CHENANGO MEMORIAL HOSPITAL

BOARD RESOLUTION

WHEREAS, the Board of Directors at their regular meeting on December 5, 2016 reviewed and approved the 2016-2018 Community Health Needs Assessment as well as the 2016-2018 Community Service and Implementation Plan completed in collaboration with the Chenango County Department of Health.

BE IT RESOLVED, that the Board of Directors of the Hospital hereby approves said documents as submitted.

John M. Kwasnik
Secretary, Board of Directors
UHS Chenango Memorial Hospital