

2016-  
2018

Delaware County:  
Community Health Needs  
Assessment and Improvement Plan  
and Community Service Plans

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## Delaware County

### 2016-2018 Community Health Needs Assessment and Improvement Plan and Community Service Plans

Local Health Department:

**Delaware County Public Health**

Amanda Walsh, MPH, Public Health Director  
99 Main Street, Delhi, NY 13856  
607-832-5200  
[mandy.walsh@co.delaware.ny.us](mailto:mandy.walsh@co.delaware.ny.us)

Heather Warner, Health Education Coordinator  
99 Main Street, Delhi, NY 13856  
607-832-5200  
[heather.warner@co.delaware.ny.us](mailto:heather.warner@co.delaware.ny.us)

Hospitals:

**UHS Delaware Valley Hospital**

Dotti Kruppo, Community Relations Director  
1 Titus Place Walton, NY 13856  
607-865-2409  
[dotti\\_kruppo@uhs.org](mailto:dotti_kruppo@uhs.org)

**Margaretville Hospital**

Laurie Mozian, Community Health Coordinator  
42084 NY Route 28, Margaretville, NY 12455  
845-338-2500  
[laurie.mozian@hahv.org](mailto:laurie.mozian@hahv.org)

Mark Pohar, Executive Director  
42084 NY Route 28, Margaretville, NY 12455  
845-586-2631  
[mark.pohar@hahv.org](mailto:mark.pohar@hahv.org)

**O'Connor Hospital**

Amy Beveridge, Director of Operational Support  
460 Andes Road, Delhi, NY 13753  
607-746-0331  
[amy.beveridge@oconnorhosp.org](mailto:amy.beveridge@oconnorhosp.org)

**Tri-Town Regional Hospital**

Amy Beveridge, Director of Operational Support  
43 Pearl Street W., Sidney, NY 13838  
607-746-0331  
[amy.beveridge@oconnorhosp.org](mailto:amy.beveridge@oconnorhosp.org)

*Community Health Assessment update completed with the assistance of the HealthlinkNY Community Network, the regional Population Health Improvement Program (PHIP) in the Southern Tier. Support provided by Emily Hotchkiss and Mary Maruscak.*

# 2016-2018 Community Health Needs Assessment and Improvement Plan for Delaware County

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## Executive Summary

Delaware County's Community Health Assessment and Improvement Plan and four Community Service Plans represent a collaborative work process to bring unity to public health and population health activities within the county. This document includes information from a variety of data sources including stakeholder interviews and consumer focus groups conducted by the HealthlinkNY Community Network of the Southern Tier's (Population Health Improvement Program (PHIP)) regional assessment, information collected through the Community Needs Assessments for each of the three Performing Provider Systems (PPSs) which intersect in Delaware County, data from the New York State Department of Health's Prevention Agenda dashboard, information from the County Health Rankings, and other local datasets.

The participating organizations, Delaware County Public Health (DCPH) and the four hospitals within the county: Delaware Valley Hospital (DVH), an affiliate of United Health Services (UHS) system; Margaretville Hospital (MH), which is a part of the HealthAlliance of the Hudson Valley and a member of the Westchester Medical Center Health Network; O'Connor Hospital (OCH) and Tri-Town Regional Hospital (TRH), both members of the Bassett Healthcare Network; selected the Prevention Agenda priority areas of *Prevent Chronic Diseases* and *Promote Mental Health and Prevent Substance Abuse*. Based on the available demographic and health indicator data, the disparate population to be addressed throughout these plans is **low income residents living in rural areas of Delaware County**.

These priority areas represent a continuation of the 2013-2017 Community Health Improvement Plan (CHIP), however, changes have been made to the specific activities selected. Notably, the five entities working to support the CHIP and four Community Service Plans (CSPs) modified each of their plans to work collectively to impact specific issues, utilizing evidence-based practices. Additional partnering entities have been and will continue to be engaged through community coalitions, work groups and task forces.

**Prevent Chronic Disease:**

DCPH will sustain efforts on breastfeeding promotion through NYS Breastfeeding Friendly designations for practices and focusing on daycare centers and child care settings to adopt breastfeeding friendly practices. These areas of focus represent a streamlining of previous work to target sectors which demonstrated the most improvement and promise.

Promotion of Complete Streets policies remains prominent in the plans for DCPH, OCH, and TRH. Initial work completed during the last CHIP and CSP timeframe laid the groundwork for objectives outlined in the 2016-2018 time period.

Several of the hospitals, including DVH, OCH, and TRH will work in coordination with the PPSs active in the county to provide support for Chronic Disease Self-Management Program (CDSMP) activities for the region’s residents.

MH’s Wellness Committee has identified a need for healthier worksites and will initiate these activities internally to demonstrate their commitment to creating a healthier community.

**Promote Mental Health and Prevent Substance Abuse:**

A focal point across the CHIP and CSPs are suicide prevention and substance use prevention. The Delaware County Suicide Prevention Network engages stakeholders from each of the hospitals and many community organizations to collect information surrounding suicide. Data collection efforts will continue as they direct the population, geography and means requiring the most focus.

Both DVH and MH are working to increase the capacity, depth and breadth of behavioral health providers in Delaware County through telepsychiatry initiatives.

Nationwide, across the state, and locally, opioid use, consequent overdoses, and related impacts have become the most pressing emerging issue. Consequently, this marks a change from the previous CHIPs and CSPs. Numerous community coalitions have appeared across the county in response to the rising opioid epidemic. The coalitions have support from the hospitals and public health as well as community buy-in. Through this work, the plans all outline activities such as prescription take back programs, prescription drug monitoring programs, and community and provider education. Additionally, DCPH will explore the possibility of a needle exchange program.

The four hospitals and DCPH are committed to continued engagement and will actively participate in the work group formed for the purposes of measuring impact and monitoring progress with local partners for the duration of the plan; meeting on, at minimum, a quarterly basis. Progress will be tracked by the work group and mid-course correction will be implemented through continual review of the CHIP and CSPs.

Additionally, anecdotal feedback will be gathered through work group meetings, meetings involving health and wellness groups including the Rural Health Alliance, and from patients and individuals participating in interventions. Periodic public notices will be posted on websites to collect additional feedback. Finally, as available, the local, state and national health status indicators will be reviewed as identified in the CHA and CSPs.

### **Environmental Changes**

Over the last decade, New York State has created a healthcare alignment model with the goal of improving population health, transforming healthcare delivery and eliminating health disparities centered on the “Triple Aim” for all New Yorkers: improved health, better health care quality and consumer experience, and lower costs. This includes the State Health Innovation Plan (SHIP), the Population Health Improvement Program (PHIP), Delivery System Reform Incentive Payment Program (DSRIP)

and the Prevention Agenda. The SHIP is the roadmap for achieving the triple aim. The PHIP includes supporting the SHIP, Prevention Agenda and DSRIP by working within existing systems and identifying strategies to improve health. Delaware County is located within the HealthlinkNY Community Network Southern Tier (PHIP) region, 1 of 11 in NYS (Chenango, Delaware, Broome, Tioga, and Tompkins). DSRIP is a Medicaid Redesign initiative, the goal of which is to reduce avoidable hospital use by 25% over 5 years. The DSRIP model includes Performing Provider Systems (PPS) made up of hospital systems, local Health Departments, and Community Based Organizations working together to transform the NYS health care system into a financially viable, high performing system. Delaware County falls into the regions of three PPSs: Care Compass Network (UHS and Lourdes), Leatherstocking Collaborative Health Partners (Bassett), and Westchester Medical Center Health Network. DSRIP principles include patient centered, transparent, collaborative, accountability and value driven care.



## Acknowledgements

### **Community Health Assessment updated by:**

Emily Hotchkiss and Mary Maruscak

### **Community Health Improvement Plan written by:**

Amanda Walsh, Amy Beveridge, Dotti Kruppo, Laurie Mozian, Mark Pohar, Heather Warner

This document was prepared with the involvement of Delaware County's four hospitals: Delaware Valley Hospital, Margaretville Hospital, O'Connor Hospital, and Tri-Town Regional Hospital. Thank you to our public, private, and community partners.

## Introduction

Delaware County Public Health strives to achieve the vision mission and core values outlined below. The four hospitals that serve Delaware County operate to uphold similar values. Each hospital's mission and vision can be found in the Community Services Plans located in appendices C-F.

### **A. Vision:**

Healthy People Living in Healthy and Thriving Communities

### **B. Mission:**

Protect, promote and improve the health and well-being of people of all generations and create healthy places to live, learn, work and play.

### **C. Core Values:**

**Collaboration:** Working in partnership with individuals, the community and organizations to strengthen our resources and achieve a common goal.

**Equity:** Fostering policies and programs that promote fairness, social justice, equality and cultural competence.

**Excellence:** Sustaining a knowledgeable and competent Public Health workforce providing high quality services to the community.

**Innovation:** Applying technology, knowledge and research to implement creative and progressive interventions.

**Integrity:** Adhering to high ethical and professional standards in the workplace to ensure transparent and accountable performance.

**Respect:** Embracing the dignity and diversity of individuals, groups and communities

**Science:** Supporting and promoting evidence-based practice.

## **D. Background and Purpose**

New York State Department of Health charged each local county health department with the responsibility to conduct a community health assessment and develop a local community health improvement plan, working with hospitals, other public/government agencies and community partners. Stakeholders participated in a process to prioritize improving the health of the county in a few key focus groups and workgroups by collectively selecting measurable objectives and identifying strategies to meet the objectives.

The 2016-2018 Community Health Assessment and Community Health Improvement Plan is an update to the previously created 2013-2017 Community Health Assessment and Community Health Improvement Plan. As such, it serves as a roadmap for improving population based health across Delaware County. The document highlights findings from the community health assessment, outlines the process by which the public health priorities were chosen, and describes the goals, objectives, and action plans for the New York State Prevention Agenda priority focus areas chosen.

## **Community Health Assessment Update**

### **I. Data Mining and Review**

An initial meeting was held in February 8, 2016 at Delaware County Public Health's office in Delhi, NY to discuss guidance from NYS on updating the Community Health Assessment. Partners included representatives from Delaware Valley Hospital, Margaretville Hospital, O'Connor Hospital, Tri-Town Regional Hospital, and the Southern Tier Population Health Improvement Program (PHIP) also known as the HealthlinkNY Community Network. This preliminary meeting reviewed the data collected through the Regional Needs Assessment and discussed the need to bring additional partners on board.

Partners met on a monthly to bimonthly basis to evaluate pre-determined Health Indicator Focus Areas as related to current data from SPARCS, HealthlinkNY Community Network, Delivery System Reform Incentive Payment (DSRIP) Program Needs Assessments, County Health Rankings and resources for demographic data. Preliminary findings allowed the group to: 1) understand which data sources would be most useful, and 2) determine additional community partners and organizations to further include in the process.

Upon review of the findings, the group decided to focus their efforts on an update of original 2013-2017 priority areas of Prevent Chronic Diseases and Prevent Substance Abuse and Promote Mental Health from the New York State Prevention Agenda priority list.

### **II. Identify and Review Primary and Secondary Data**

To identify areas of need and county disparities, primary and secondary data was reviewed from a variety of sources:

- Care Compass Network Community Needs Assessment, 2014
- Delaware County Alcohol and Drug Abuse Services data

- Delaware County Agricultural & Farmland Protection Plan 2013
- Delaware County Department of Mental Health Annual Reports, 2013-2015
- Delaware County Public Health Services 2013-2015 Annual Reports
- Leatherstocking Collaborative Health Partners Community Needs Assessment, 2014
- NYS Data Center Affiliates (www.citimelt.com)
- NYSDOH, County Health Rankings 2015 data
- NYSDOH, Information for Healthy New York website, 2011-2013
- NYSDOH, New York State Cancer Registry, 2009-2013
- NYS Department of Labor Population Change, 2000-2010
- NYS Education Department, Child Nutrition Management System, School Year '15-'16
- NYS Expanded Behavioral Risk Factor Surveillance System, 2013-2014
- NYS Office of Alcoholism and Substance Abuse Services Admission Reports 2014-2016
- Southern Tier Population Health Improvement Program 2016 Regional Assessment
- U.S. Census Bureau, 2010 Census
- U.S. Census Bureau, American Community Survey data
- Westchester Medical Center Health Network 2014 Community Needs Assessment

The following section is a review of primary and secondary data describing the health of Delaware County. The first section looks at the geographic, demographic and socioeconomic background of the county and the second portion of this review assesses the County's health in terms of two of the five Prevention Agenda Priority Focus Areas. The third and final section examines Delaware County's health in relation to the County Health Rankings data.

## **Section I: Delaware County: Demography, Socioeconomics, Morbidity and Mortality**

### **A. Geography and Demography**

The local health care environment in Delaware County is greatly influenced by specific aspects of the physical, legal, social, and economic environment within the county. It is located on the eastern border of upstate New York's Southern Tier Region covering 1446.37 square miles.

The county is characterized by a mountainous terrain and winding, twisting, two lane roads, making travel difficult and even hazardous during the winter months. The lack of public transportation makes access to care challenging and although a few private transport services have begun to service the area, the costs are exorbitant.

Geographically, it is the fourth largest of New York's 62 counties and is the fifth most rural. The population density is only 32.3 persons per square mile. The large size of the county is reflected in the fact that it borders seven counties (Broome, Chenango, Greene, Otsego, Schoharie, Sullivan, and Ulster) as well as the State of Pennsylvania.

The county includes the Catskill/Delaware Watershed, which is the largest unfiltered drinking water supply in the United States. It supplies up to 1.5 billion gallons of unfiltered drinking water per day to more than 9 million persons in New York City and parts of Westchester, Putnam, Orange and Ulster Counties. The watershed region encompasses the central and eastern sections of Delaware County and

includes roughly 65% of the county’s land area and 11 of its 19 townships. Approximately 55% of Delaware County’s population lies within the Watershed. Overall, the watershed covers approximately 2,000 miles. In terms of physical environment, Delaware County is an expansive, isolated rural area with 2 of the largest reservoirs in the watershed.

The western rim of the county, which includes most of the Town of Sidney, lies outside the watershed and is where most of the county’s manufacturing businesses are located. Accordingly, healthcare, government, schools and social services agencies comprise much of the employment opportunities located in the county (Table 1-6).

These factors combine to shape the county’s health status history and current conditions.

**Figure 1-1: Delaware County Region**



**Table 1-1**

**Counties with Lowest Population Density in New York State, 2013**

<b>Geographic Area</b>	<b>Population Density*</b>	<b>Rank</b>
Hamilton County	2.7	1
Lewis County	21.3	2
Essex County	21.6	3
Franklin County	31.7	4
<b>Delaware County</b>	<b>32.3</b>	<b>5</b>
Schoharie County	51.2	6
New York State	416.9	--

\*Density per square mile

[http://www.health.ny.gov/statistics/vital\\_statistics/2013/table02.htm](http://www.health.ny.gov/statistics/vital_statistics/2013/table02.htm)

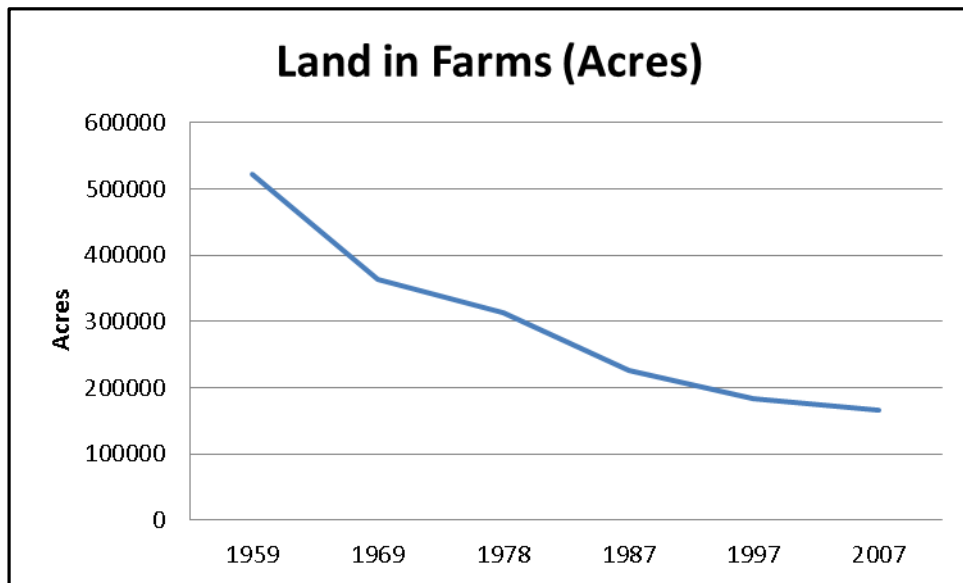
As Table 1-1 shows, the county is ranked the fifth most rural county in New York State, in terms of population density. As of 2013, Delaware County ranked 53<sup>rd</sup> in total population among the 62 counties in New York State.

In 1997 the Catskill Watershed Corporation (CWC) was created based on a coalition of entities including New York State, the City of New York, the Environmental Protection Agency, and communities within the watershed based on the New York City Filtration Avoidance Determination (FAD). The CWC has worked to preserve and safeguard the watershed from environmental degradation by means of restrictions and regulations on land use within and surrounding the watershed.

The initial impact of the watershed on Delaware County has been to limit economic development which prevents expansion of the tax base. Because of the environmental ecosystem of the watershed, there have been strict regulations pertaining to agricultural pollution and building construction. Limiting infrastructure growth results in decreased employment opportunities. These unique circumstances result in the social, economic, and health care related challenges for the county’s residents. These limitations also impact the local health and social service agencies and organizations.

Individuals who live in the beautiful, lush green county have begun to think “outside the box” when finding alternatives to stimulating economic growth. Delaware County farmers have started specialty industries. This is reflected in the increased number of specialty farms. Other economic developments are taking the form of tourism (e.g. bed and breakfast), recreation facilities compatible with the environment (e.g. golf, skiing, hiking, hunting and fishing), low pollution farming, and professional/business services businesses.

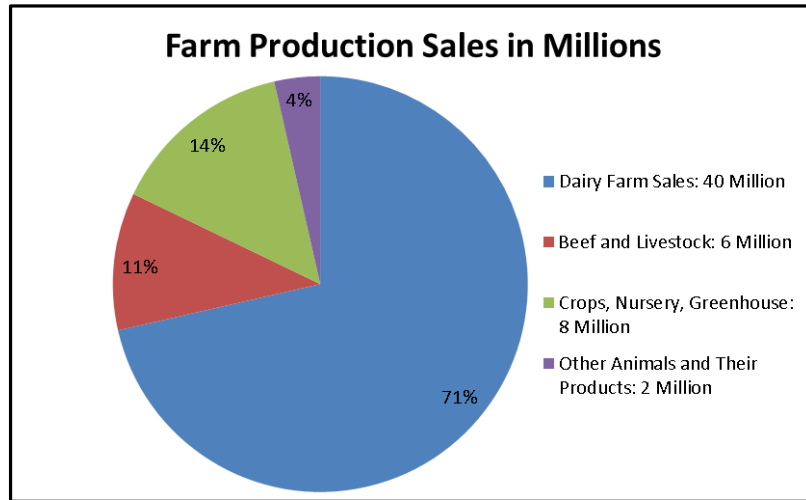
**Graph 1-1**



Source: New York Agricultural Statistics Service  
<http://www.agcensus.usda.gov>

In 1959, Delaware County had 520,000 acres of farmland. This was almost 65% of the counties total acreage. Since then the total farmland has decreased to 165,572 acres in 2007. This is a decline of nearly 72%, as shown in Graph 1-1.

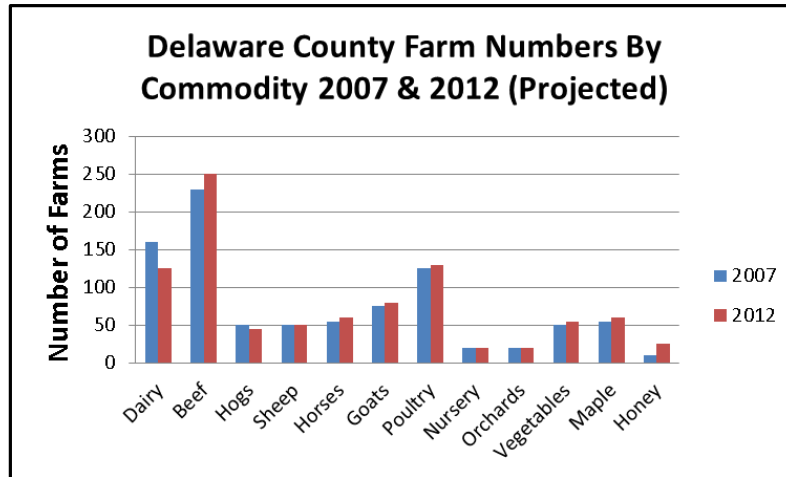
**Graph 1-2**



Source: Delaware County Agricultural and Farmland Protection Plan draft 2013

Between 1997 and 2007, Delaware County lost 121 dairy farms. In spite of this, dairy farming is still the top agricultural enterprise in the county (over 80% of agricultural receipts). As the number of dairy farms declined, the number of specialty farms increased. Dairy farmers are choosing to diversify instead of going out of business. Innovative farmers have branched out and now provide multiple and/or varied products. For example, diversified farms that raise livestock may also produce maple products or berries.

**Graph 1-3**



Source: Delaware County Agricultural and Farmland Protection Plan draft 2013

In the same time period of the decline in dairy farms, there was an increase of 31 beef farms. Delaware County is now third in the state in beef production. Farms raising goats, sheep, poultry, vegetables, maple and honey all increased in that time period, also. Various niche products are being developed and marketed. Niche products are mostly cheese, *DC 2013 Agricultural and Farmland Protection Plan draft*.

**Table 1-2  
Population Change in Delaware County, 2010 – 2013**

<b>Geographic Area</b>	<b>2010</b>	<b>2013</b>	<b>Percent Change 2010-2013</b>
<b>Delaware County</b>	47,840	46,772	- 2.3%
<b>New York State</b>	19,378,102	19,795,791	+2.15%

Sources: <http://www.fedstats.gov/qf/states/36/36025.html>  
<http://quickfacts.census.gov/qfd/states/36/36025.html>

As Table 1-2 shows, from 2010-2013 the county population has decreased from 47,840 to 46,772, a decrease rate of 2.3%. During the same years New York State experienced a population increase of 2.15 percent. Delaware County’s towns are parochial in nature, and no population center exists. Also, there is no central location that offers shopping opportunities. Most residents travel out of the county to access larger stores.

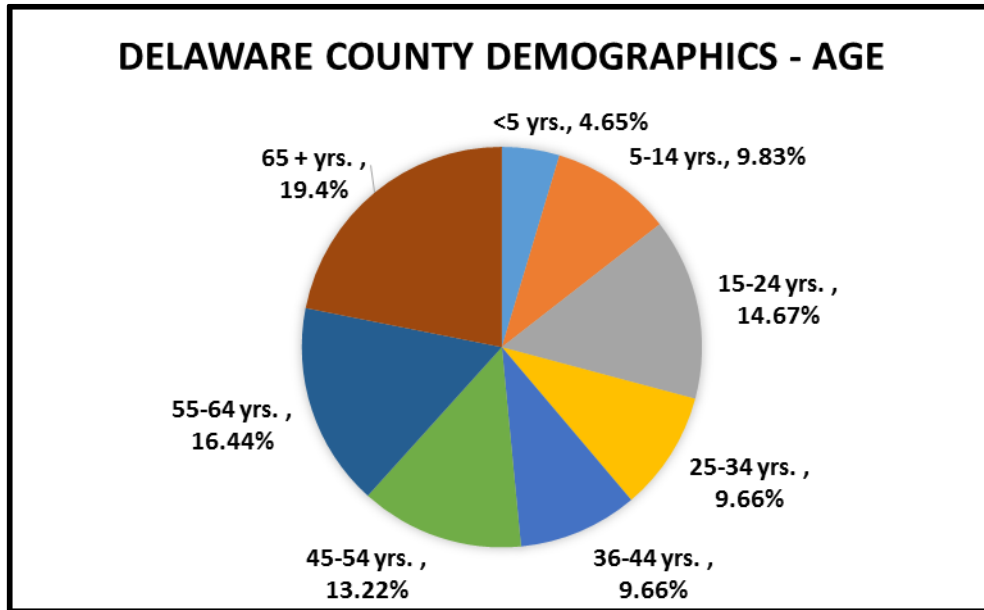
**Table 1-3  
Population Size of Delaware County Towns**

<b>Towns</b>	<b>Population</b>	<b>&lt;1,000</b>	<b>1,000- 1,999</b>	<b>2,000- 2,999</b>	<b>3,000 and Over</b>	<b>Percent of County Population</b>
<b>Bovina</b>	633	•				1.3
<b>Tompkins</b>	1247		•			2.6
<b>Hamden</b>	1323		•			2.8
<b>Andes</b>	1301		•			2.7
<b>Masonville</b>	1320		•			2.8
<b>Meredith</b>	1529		•			3.2
<b>Harpersfield</b>	1577		•			3.3
<b>Kortright</b>	1675		•			3.5
<b>Deposit</b>	1712		•			3.6
<b>Stamford</b>	2267			•		4.7
<b>Colchester</b>	2077			•		4.3
<b>Roxbury</b>	2502			•		5.2
<b>Franklin</b>	2411			•		5.0
<b>Davenport</b>	2965			•		6.2
<b>Hancock</b>	3224				•	6.7
<b>Middletown</b>	3750				•	7.8
<b>Delhi</b>	5117				•	10.7
<b>Walton</b>	5576				•	11.6
<b>Sidney</b>	5774				•	12.0

Source: U.S. Bureau of the Census, Census 2010.

Table 1-3 provides a profile of the population of towns in Delaware County from the 2010 U.S. Census. Of the county’s 19 towns: nine, or 47%, have a population of less than 2,000. The largest towns include Hancock, Middletown, Delhi, Walton and Sidney.

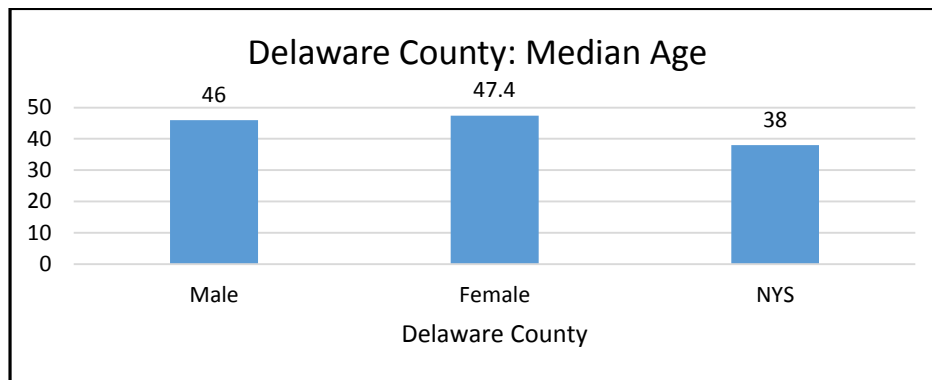
Graph 1-4



Source: U.S. Census Bureau, American Factfinder 2010

Graph 1-4 shows the distribution of median age in Delaware County. As shown, the largest percentage of the county’s ages fall within the “65 +” category at 19.4%. This is higher than Delaware’s neighboring counties of Otsego (16.5%), Broome (16.4%), and Chenango (16.6%), and higher than the NYS percentage of 13.5%.

Graph 1-5



Sources: <http://www.empire.state.ny.us/nysdc/data.population.asp>  
<http://nysdca.blogspot.com/2009/11/citymeltcom.html>  
<http://www.citymelt.com/county/New-York/Delaware-County-NY.html>.

Graph 1-5 shows the median age for men and women in Delaware County, both of which are higher than the NYS median.



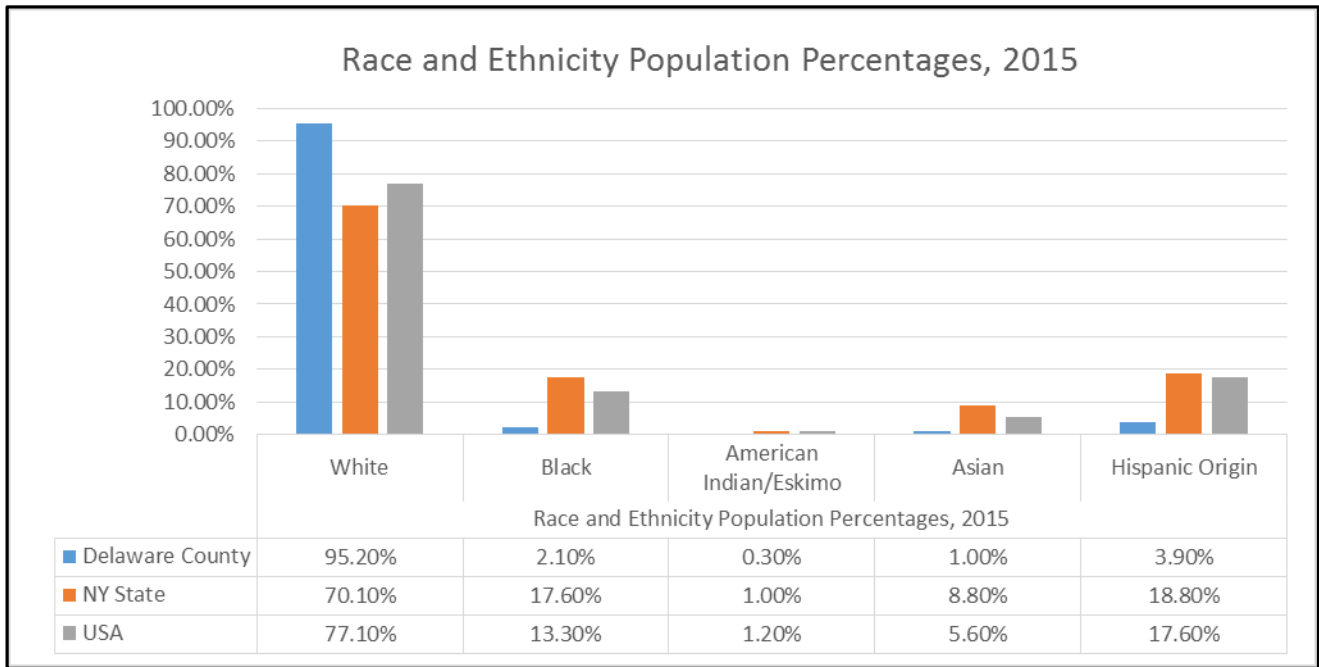
**Table 1-4  
Populations of Delaware County by Race, 2011-2014**

Year	White	Black	American Indian/Eskimo	Asian	Hispanic Origin
<b>2011</b>	95.6%	1.9%	0.3%	0.9%	3.4%
<b>2014</b>	95%	1.9%	0.2%	0.8%	3.4%
<b>Change</b>	- 4.7%	N/A	- .29%	- .89%	N/A

Source: CHA 2010-2013; American Community Survey (ACS) estimates U.S. Bureau of the Census, 2010-2014.

Table 1-4 shows that the modest growth rate within the Hispanic and Black populations that our previous CHA reported have begun to decline, according to the American Communities Survey 2010-2014 5-year estimates. This is notable because small, marginal increases and decreases in racial and ethnic diversity can have significant implications for the delivery of health and human services.

**Graph 1-6**

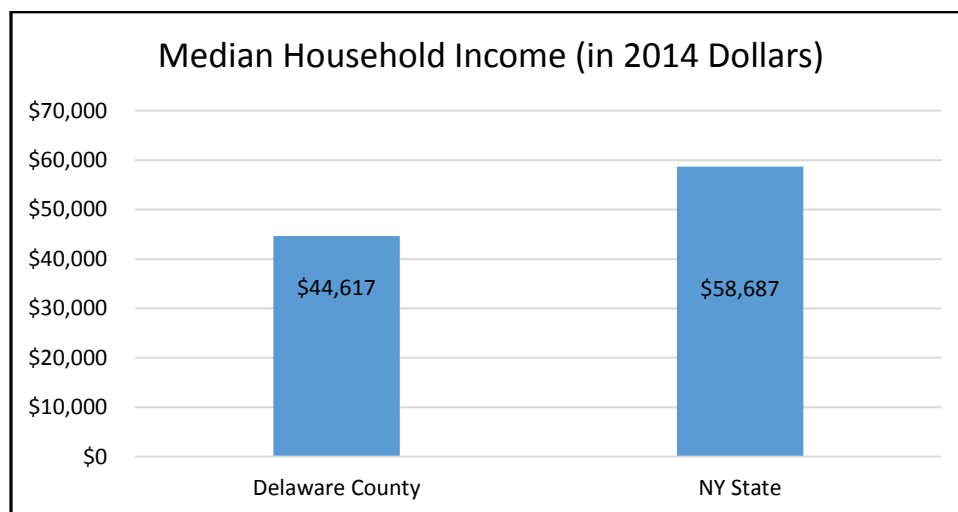


Source: U.S. Census Bureau, American Factfinder, 2015

Based on the US Census, 95.2% of the Delaware County population is White. This is significantly higher than the NYS and US averages.

## A. Socio-Economic

Graph 1-7



Source: US Census Bureau QuickFacts 2015

Graph 1-7 shows that the median household income in Delaware County is less than that of New York State. Lower wages create a need for dual family incomes and hinder attempts to employ and retain young people, as well as attract professionals from out of the area with new expertise.

Table 1-5

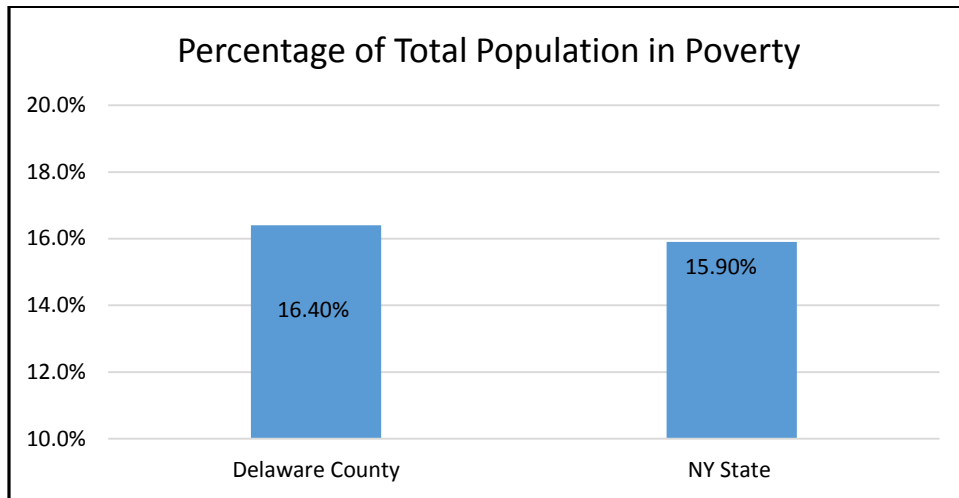
### Household Income in Delaware County

	<b>Delaware County Total Households: 19,370</b>	<b>NYS Total Households: 7,255,528</b>	<b>USA Total Households: 116,211,092</b>
Less than 10,000	<b>7.2%</b>	<b>7.7%</b>	<b>7.2%</b>
\$10,000 to \$14,999	<b>6.9%</b>	<b>5.3%</b>	<b>5.3%</b>
\$15,000 to \$24,999	<b>14%</b>	<b>9.9%</b>	<b>10.7%</b>
\$25,000 to \$34,999	<b>12.5%</b>	<b>9.0%</b>	<b>10.2%</b>
\$35,000 to \$44,999	<b>15.2%</b>	<b>11.8%</b>	<b>13.5%</b>
\$45,000 to \$74,999	<b>18.9%</b>	<b>16.4%</b>	<b>17.8%</b>
\$75,000 to \$99,999	<b>11.5%</b>	<b>12.0%</b>	<b>12.2%</b>
\$100,000 to \$149,999	<b>10.6%</b>	<b>14.3%</b>	<b>13.0%</b>
\$150,000 to \$199,999	<b>1.9%</b>	<b>6.3%</b>	<b>5.0%</b>
\$200,000 or more	<b>1.9%</b>	<b>7.3%</b>	<b>5.0%</b>

Sources: US Census Bureau 2010-2014 Social Characteristics American Communities Survey 5-year Estimates  
US Census Bureau QuickFacts

Household income comparisons in Table 1-5 show a higher proportion of low-income earners in Delaware County as compared the New York State and the U.S and a much lower percentage of high-income earners (\$75,000 and above) in comparison to State and U.S. percentages.

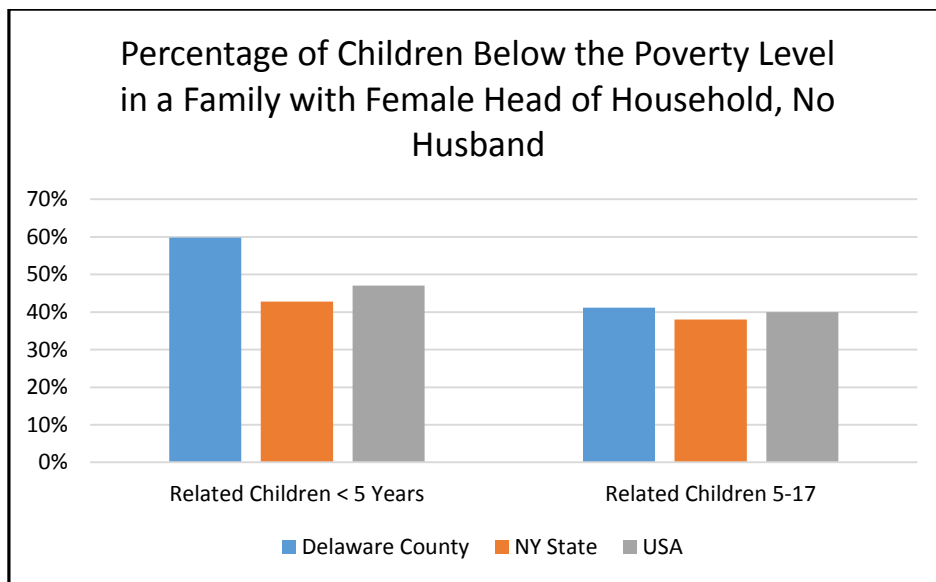
**Graph 1-8**



Source: NYS Poverty Report March 2015; US Census Bureau QuickFacts

While Delaware County’s poverty rate has dropped since the 2013 CHA (17.1%), at 16.4%, the percentage remains higher than that of New York State, 15.9%.

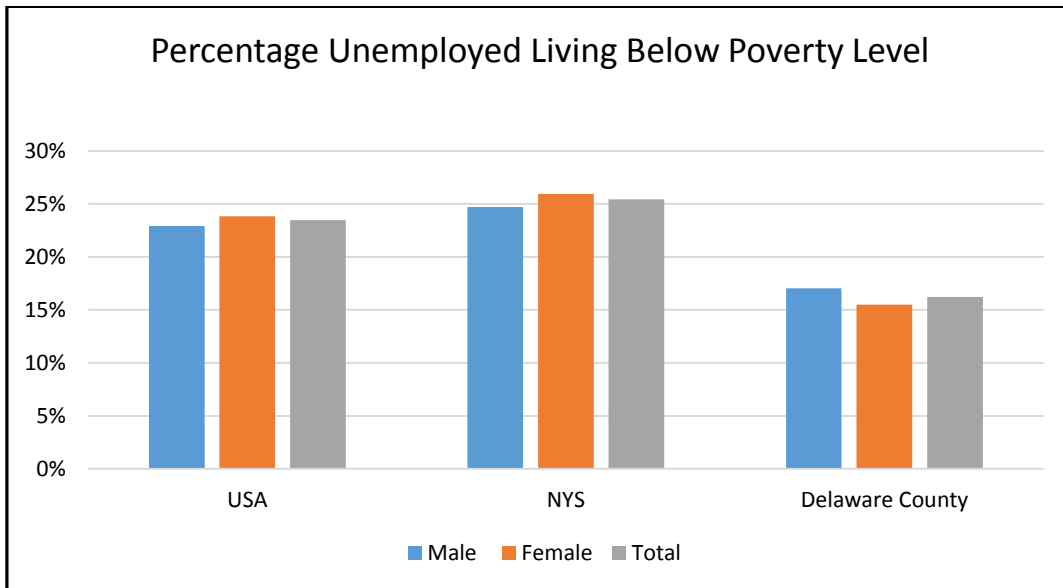
**Graph 1-9**



Source: US Census Bureau 2010-2014 American Community Survey 5-Year Estimates  
Poverty Status in the Past 12 Months

According to the 2010-2014 American Community Survey, the percentage of related children living below the poverty level with a female head of household, no husband present is 59.8% for children under 5 years of age in Delaware County. While this percentage has dropped very slightly since the 2013 CHA, which referenced the 2009-2011 ACS, this is still well above the New York State and U.S. comparisons of 42.8% and 47%, respectively.

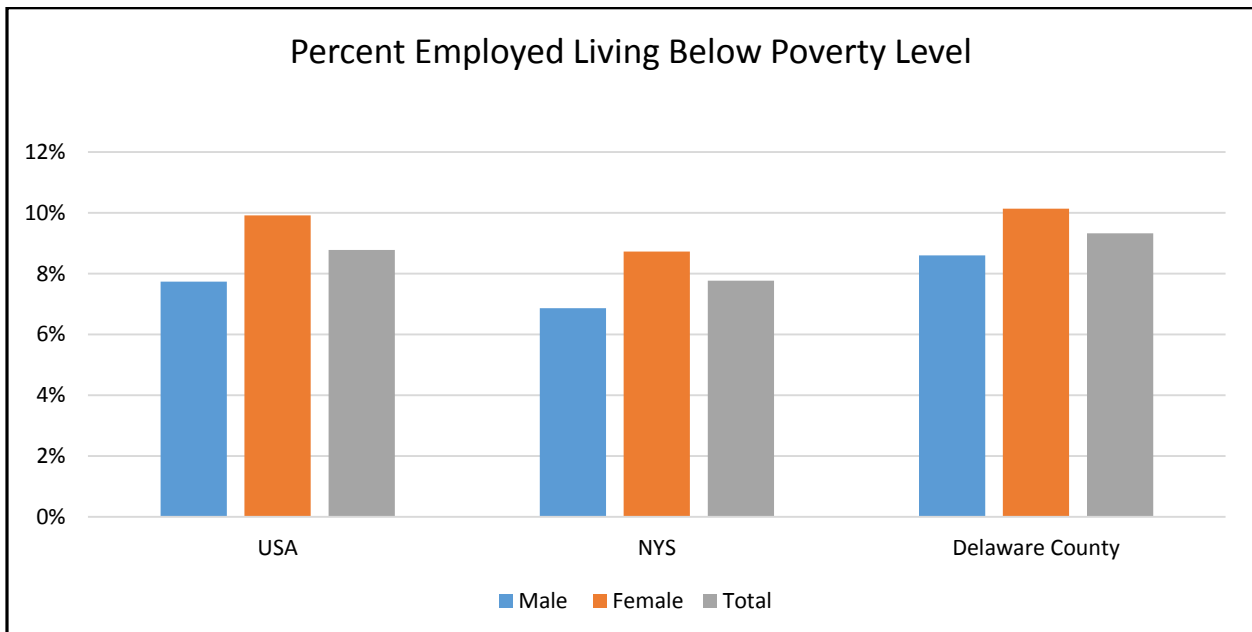
**Graph 1-10**



Source: <http://factfinder.census.gov>

According to Graph 1-10, 15.50% of unemployed females live below the poverty level in Delaware County, compared to 17.04% of unemployed males, for a total of 16.21% of those unemployed living below the poverty level. This is lower than both NY State and United States trends.

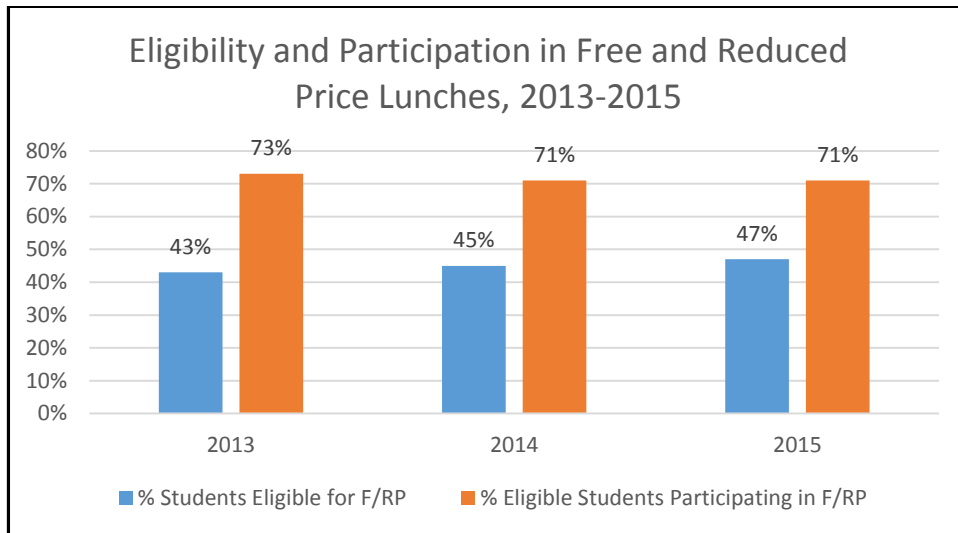
**Graph 1-11**



Source: <http://factfinder.census.gov>

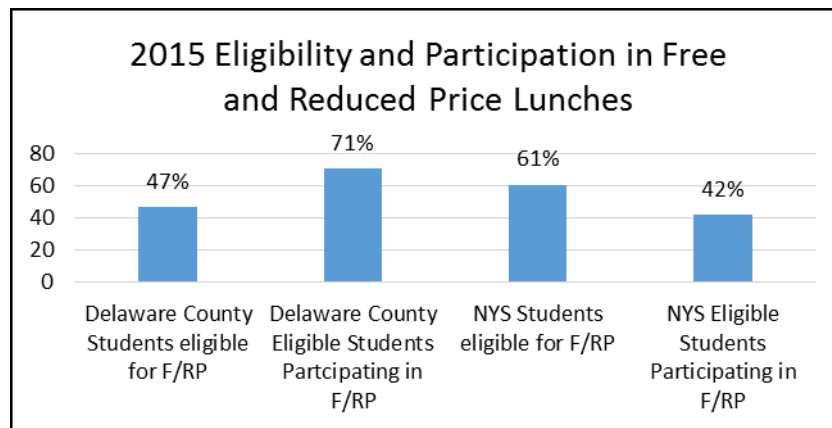
Graph 1-11 shows that there is a greater percentage of employed females (10.14%) living below the poverty level than males (8.6%). Lack of jobs providing a living wage, layoffs, lack of full time employment, and increased cost of living are all factors that may be associated with these rates.

**Graph 1-12**



Source: Hunger Solutions NY

**Graph 1-13**



Source: Hunger Solutions NY

Graph 1-12 shows students eligible for free and reduced price lunches through the National School Lunch Program in Delaware County (in the years 2013, 2014, and 2015), and then compares, of those eligible students, the percentage actually participating in the program. As noted in the graph, only 71 to 73% of eligible students participated in the program during those years.

Graph 1-13 compares the eligibility and participation numbers for 2015 to the NY State percentages for the same factors. As shown, Delaware County's rate of participation within the eligible population is considerably higher than the state percentage.

**Table 1-6**  
**2010-2014 Delaware County Employment by Industry**

Numbers are based on civilian employed population 20,131 people aged 16 and over

<b>Industry</b>	<b>Persons employed</b>	<b>Percent of labor force</b>
Agriculture, forestry, fishing, and hunting, mining	879	4.4%
Construction	1,778	8.8%
Manufacturing	2,726	13.0%
Wholesale trade	340	1.7%
Retail trade	2,170	10.8%
Transportation and warehousing, and utilities	841	4.2%
Information	260	1.3%
Finance and insurance, and real estate and rental and leasing	796	4.0%
Professional, scientific, and management, and administrative and waste management services	1,228	6.1%
Educational services, and health care and social assistance	5,507	27.4%
Arts and entertainment, and recreation, accommodation, and food services	1,763	8.8%
Other services, except public administration	987	4.9%
Public administration	955	4.7%

Source: U.S. Census Bureau, 2010-2014 American Community Survey,  
Selected Economic Characteristics 5-Years Estimates

The estimated population from 2010-2014 aged 16 years and over was 39,527 with 22,392 in the civilian labor force. There were 20,131 people employed and 2,261 people unemployed. There were 17,128 (43.3%) not in the labor force, which includes children less than age 16, retired individuals, and disabled individuals.

Table 1-6 shows that the top four fields in which persons 16 and over were employed: Educational services/health care/social assistance, Manufacturing, Retail trade, and Construction. With 43% of the population NOT in the labor force and nearly 6% of the county unemployed, this puts a strain on the existing labor force of 51% to generate income in Delaware County.

These numbers are consistent with those reported in the 2013-2017 CHA, although the unemployment rate in Delaware County over the past three years has declined slightly.

**Table 1-7  
Unemployment 2010-2015**

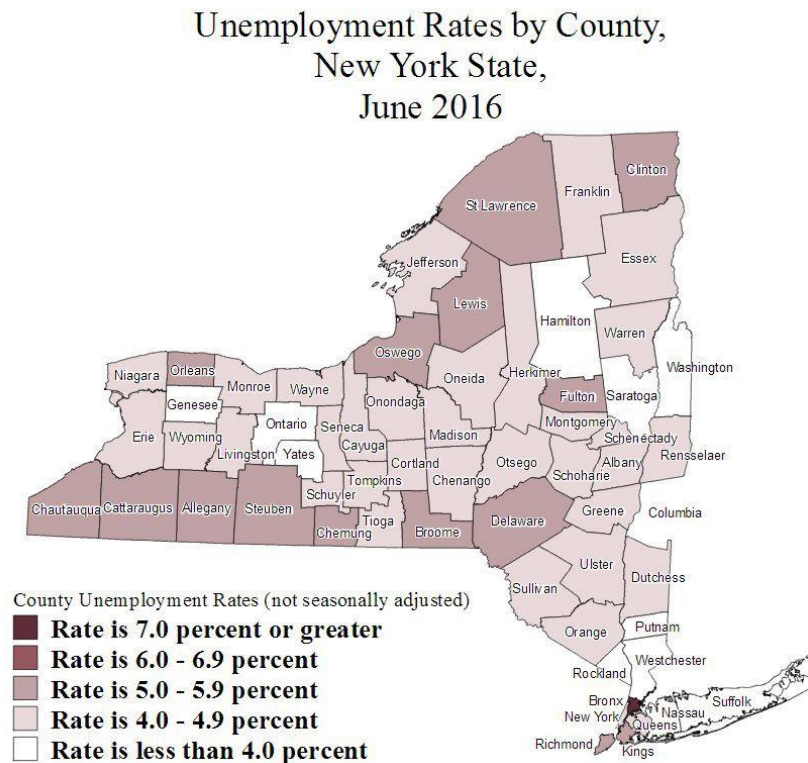
<b>Unemployment</b>	<b>November 2011</b>	<b>November 2012</b>	<b>November 2013</b>	<b>November 2014</b>	<b>November 2015</b>
Delaware County	8.3%	8.3%	6.9%	6%	5.3%
New York State	8.2%	7.7%	7%	5.7%	4.7%

Source: New York State Department of Labor

Unemployment percentages in Delaware County have steadily declined between 2011 and 2015, however the rates remain higher than the NY State percentages (Table 1-7).

The NY State Department of Labor’s June 2016 *Unemployment Rates by County* map shows that Delaware County’s unemployment rate is higher than 6 of its 7 contiguous NYS counties, as shown in Figure 1-2.

**Figure 1-2**



**Table 1-8  
Delaware County Socio-Economic Status Indicators**

<b>Behavior/Risk Indicator</b>	<b>Delaware County Rate</b>	<b>NY State Rate</b>
% adults with 18-64 health insurance 2013	85.8%	84.7%
% adults that did not receive medical care because of cost 2013-2014	7.9%	13.6%

Source: [www.health.ny.gov/statistics/chac/chai/docs/ses\\_12.htm](http://www.health.ny.gov/statistics/chac/chai/docs/ses_12.htm)

The percent of adults with health insurance in Delaware County is slightly higher than the NY State rate, and the percentage of adults who did not receive medical care due to cost is considerably lower. This is an improvement from the numbers reported in 2013, and implies that the increase in employment may be a related factor.

**Table 1-9  
Comparison of Delaware County and NYS  
Education Attainment 2010-2014, for persons over 25**

	<b>Delaware County</b>	<b>NYS</b>
High School graduate or higher	87.5%	85.4%
College 4 or more years, graduate	20.5%	33.7%

Source: <https://www.census.gov/quickfacts/table/PST045215/36,36025>

Table 1-9 shows that Delaware County has a 2.1% higher percentage of people over the age of 25 who are high school graduates than NY State. However, the percentage of people who have attained a Bachelor's Degree or higher is much lower the NY State percentage.

**Table 1-10  
Delaware County Educational Attainment, 2013**

<b>Educational Attainment</b>	<b>Male</b>	<b>Female</b>
High School graduate or equivalency	37.34%	37.37%
Some college, no degree	10.21	11.45%
Associate's degree	7.91%	9.88%
Bachelor's degree	9.17%	9.79%
Graduate degree	5.06%	5.46%

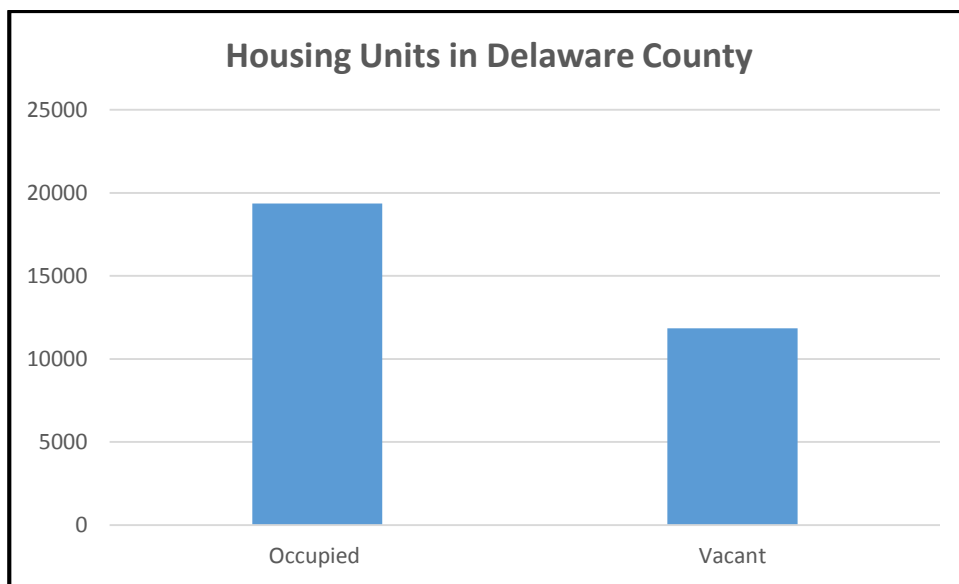
Source: <https://www.census.gov/quickfacts/table/EDU685214/36025>



2013 data, shown in Table 1-10, indicate that over 37% of Delaware County’s male and female population have completed high school but have not pursued higher education. In the 2013-2017 CHA, we reported that females had higher percentages for all categories **except** for those with a graduate degree. While this is no longer the case, (females have a higher percentage in all categories, as shown in Table 1-10), the rate of individuals with a graduate degree has declined for both males and females.

Two factors may explain why the county has a lower number of college graduates. First, the county economy lacks a concentration of high-tech or information based industries that would attract and retain highly educated workers. Second, given the lack of economic opportunities (in terms of jobs requiring advanced education), many young people leave the area for college and fail to return, impacting the economic, social, and cultural advancement of the county.

**Graph 1-14**

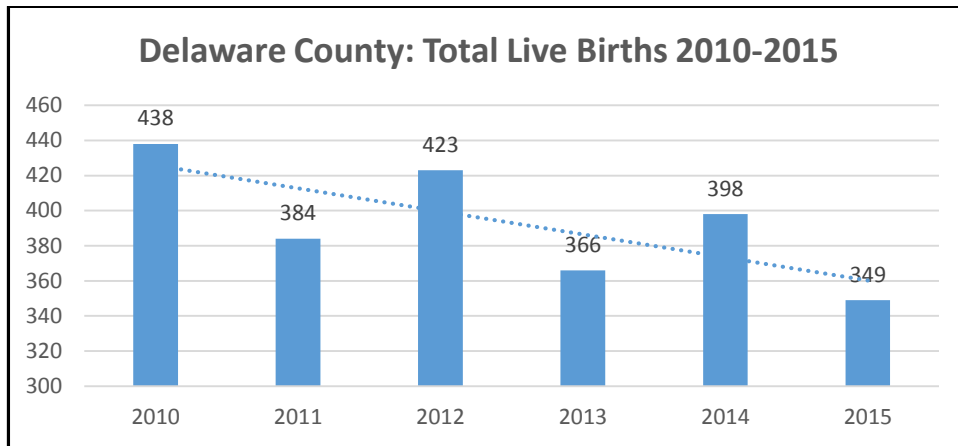


Source: U.S. Census Bureau 2010-2014 American Community Survey 5-year Estimates Selected Housing Characteristics

County data identifies 31,222 total housing units in Delaware County. 19,370 (62%) of those are occupied, and 11,852 (38%) are vacant, as shown in Graph 1-14.

It is difficult to estimate the true value or effect on housing costs because there is a high number of second homeowners who do not claim residency in Delaware County. It is assumed, however, that this is a factor in the elevation of costs for primary residents.

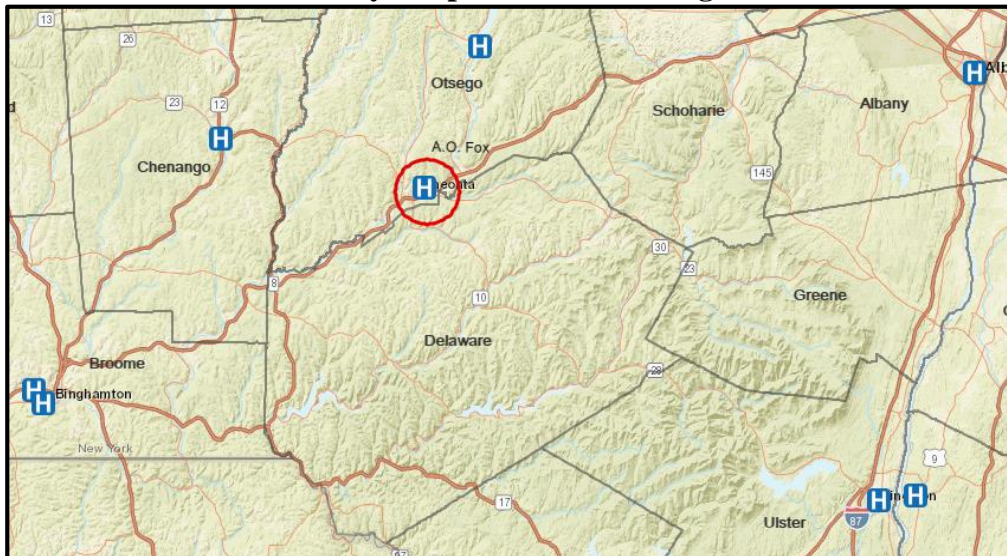
**Graph 1-15**



Sources: Delaware County Public Health Services (DCPHS) Annual Reports, 2010-2015

In the 2013-2017 CHA, we reported that Delaware County births had been on the decline. The largest sector of the population in Delaware County is those aged 65 and older. Additionally, the median age of females in county is 47.4. Both of these factors could contribute to the declining birth rate.

**Figure 1-3**  
**Out of County Hospitals with Birthing Services**



Delaware County does not have any hospitals with maternity wards located within the county. With the exception of A.O. Fox Hospital in Oneonta, the hospitals are a considerable distance from Delaware County as depicted in the map above (Figure 1-3). A.O. Fox Memorial Hospital intends to close their maternity ward December 31, 2016. This will present a challenge to expecting mothers residing in Delaware County.

**Table 1-11  
Delaware County Births by Hospital**

Hospital	2012	%	2013	%	2014	%	2015	%
Albany	23	5.25	19	4.94	16	3.78	17	4.87
Bassett	103	23.6	104	27.0	130	30.73	109	31.23
Catskill Regional Medical	5	1.14	4	1.04	5	1.18	6	1.72
Chenango Memorial	16	3.65	19	4.94	22	5.20	13	3.72
Crouse Hospital	0	0	4	1.04	5	1.18	1	0.29
A.O. Fox	172	39.26	153	39.84	148	34.98	95	27.22
Kingston Hospital	10	2.28	6	1.56	2	0.47	2	0.57
Lourdes	23	5.25	28	7.29	18	4.25	25	7.16
Northern Dutchess	7	1.59	6	1.56	12	2.83	13	3.72
Wilson-UHS	69	15.75	49	12.76	56	13.23	53	15.19
Other	15	3.42	1	0.26	18	4.25	8	2.29
Home Birth	4	0.91	13	3.39	6	1.41	7	2.01
<b>TOTALS</b>	<b>438</b>		<b>384</b>		<b>423</b>		<b>349</b>	

Source: DCPHS Annual Reports: 2012 - 2015

Table 1-11 shows that in 2012, slightly more than 60% of live births occurred in Otsego County with more than 39% taking place at A.O. Fox Hospital in Oneonta, and more than 23% taking place at Bassett Hospital of Cooperstown. In 2013, 58.7% of live births occurred in Otsego County, and in 2014 that percentage rose to more than 63%. A.O. Fox is the most centrally located hospital for all of Delaware County excluding the Southeastern and the Southwestern edges of the county. As identified in Figure 1-3, Delaware County is presented with a large challenge because A.O. Fox Hospital intends to close its maternity ward December 31, 2016. Expecting mothers will need to travel farther distances to receive prenatal care as well as to deliver.

Table 1-12

<b>Births By Town of Residence</b>				
<b>Town</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>
Andes	11	3	6	9
Bovina	2	1	3	3
Colchester	10	9	6	11
Davenport	33	28	37	30
Delhi	32	41	42	20
Deposit	16	10	14	11
Franklin	16	9	15	16
Hamden	13	14	13	5
Hancock	30	17	27	20
Harpersfield	3	2	4	5
Kortright	13	19	11	9
Masonville	9	8	6	11
Meredith	13	11	10	12
Middletown	29	19	30	17
Roxbury	22	14	22	12
Sidney	66	71	64	73
Stamford	32	21	36	23
Tompkins	1	13	3	6
Walton	72	56	48	56
Unknown	0	0	1	0
<b>TOTALS</b>	<b>423</b>	<b>366</b>	<b>398</b>	<b>349</b>

Source: DCPHS Annual Report 2012-2015

Table 1-12 compares the number of births from 2012 through 2015 in each of the county's towns. In total, Sidney is home to the highest number of births with Bovina having the fewest over this time period.

**Table 1-13  
Infant Mortality 2011-2013 (3-year average)**

Age of Death	Number of Deaths	
	Del. Co.	NYS
Infant (less than 1 year)	2	1,179
Neonatal	2	815
Post Natal	0	364

Source: New York State Kids' Well-being Indicators Clearinghouse – Infant Mortality

Table 1-13 shows that rates for Delaware County represent fewer than 5 deaths in any one category, making calculated rates unstable. Compared with New York State, infant and neonatal mortality numbers were low.

**Table 1-14  
Child and Adolescent Health Indicators, 2011-2013**

Indicator	Childhood Mortality – Per 100,000		
	1-4 Years	5-9 Years	10-14 Years
Delaware County Rate	17.4*	0.0*	26.5*
NYS Rate – exc. NYC	21.1	9.7	11.8
Sig. Dif.	No	Yes	No

\*: Fewer than 10 events in the numerator; therefore the rate is unstable  
Source: [https://www.health.ny.gov/statistics/chac/chai/docs/cah\\_12.htm](https://www.health.ny.gov/statistics/chac/chai/docs/cah_12.htm)

Delaware County's childhood mortality rates are not significantly different than the Upstate NY rates due to fewer than 10 events per category, except in the case of the 5-9 age group. This indicates that there is a 95% probability that the county rate is either higher or lower than the NYS rate.

**Table 1-15  
Primary Care Provider related Behaviors**

Reported Health Care Behavior	Delaware County	NY State
Adults with regular health care provider	82.1%	84.5%
Cost prevented visit to doctor with in the past year (among adults)	7.9%	13.6%
Visited doctor for routine checkup with the past year (among adults)	62.2%	70.9%

Source: NYS Expanded Behavioral Risk Factor Surveillance System 2013-2014 indicators

Table 1-15 shows that just over 82% of Delaware County adults report having a regular healthcare provider which is slightly lower than the rate in New York State. Although fewer adults visited a doctor for a routine checkup in Delaware County, a lower percentage of respondents reported cost as a barrier to seeking care when compared with the rest of the State.

**Table 1-16  
Delaware County Causes of Death**

<b>Cause of Death</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>
<b>Accidents</b>	14	16	12	14	8
<b>AIDS Related Illness</b>	1	1	1	0	0
<b>Alzheimer's</b>	8	1	0	0	0
<b>Cancer</b>	78	106	109	105	105
<b>Chronic Obstructive Pulmonary Disease (COPD)</b>	20	36	31	40	42
<b>Cirrhosis of the Liver</b>	1	5	4	5	5
<b>Congenital Anomalies</b>	0	0	0	1	3
<b>Dementia</b>	24	27	21	36	26
<b>Diabetes Mellitus</b>	4	0	1	1	4
<b>Drug Overdose</b>	2	2	0	2	5
<b>Gastritis, Enteritis, Colitis, Diverticulitis</b>	0	0	1	1	2
<b>Heart &amp; Circulatory Diseases</b>	207	200	213	155	135
<b>Homicide &amp; Legal Intervention</b>	1	1	1	0	0
<b>Multiple Organ Failure</b>	10	10	3	5	5
<b>Neurologic Disease</b>	2	8	1	3	6
<b>Pending Investigation (Sent for Autopsy)</b>	4	7	3	1	4
<b>Pneumonia/Diseases Pulmonary Circulation</b>	23	47	42	41	67
<b>Renal Failure</b>	19	12	15	18	18
<b>Septicemia</b>	6	13	16	19	8
<b>Suicide</b>	9	10	9	9	5
<b>Tuberculosis</b>	0	1	0	0	0
<b>All Other Causes</b>	38	14	11	13	10
<b>TOTAL DEATHS</b> *Deaths are reported to the county in which a person resides.	471	517	494	469	459

Source: DCPHS Annual report 2011-2015

The leading causes of death in Delaware County include heart and circulatory disease, followed by cancer. Chronic disease prevention and care strategies remain necessary activities needed by the Delaware County population.

## Section II: New York State Prevention Agenda Priority Areas

### 1. Prevent Chronic Diseases

Table 2-1  
Heart Disease and Stroke Indicators, 2011-2013 Delaware County

Indicator	CARDIOVASCULAR DISEASE			
	Hospitalization Per 10,000 (age-adjusted)	MORTALITY RATES - Per 100,000		
		Age Adjusted	Premature death (ages 35-64)	Pretransport mortality
County Rate	118.3	282.8	146.9	245.8
NYS Rate – exc NYC	136.0	228.2	96.8	162.3
Sig Dif	Yes	Yes	Yes	Yes

Source: [http://www.health.ny.gov/statistics/chac/chai/docs/chr\\_12.htm](http://www.health.ny.gov/statistics/chac/chai/docs/chr_12.htm)

Table 2-2  
Heart Disease and Stroke Indicators, 2011-2013 Delaware County

Indicator	DISEASE OF THE HEART			
	Hospitalization Per 10,000 (age-adjusted)	MORTALITY RATES - Per 100,000		
		Age Adjusted	Premature death (ages 35-64)	Pretransport mortality
County Rate	86.0	238.3	131.4	218.3
NYS Rate – exc NYC	91.4	182.8	79.9	134.7
Sig Dif	Yes	Yes	Yes	Yes

Source: [http://www.health.ny.gov/statistics/chac/chai/docs/chr\\_12.htm](http://www.health.ny.gov/statistics/chac/chai/docs/chr_12.htm)

Table 2-3  
Heart Disease and Stroke Indicators, 2011-2013 Delaware County

Indicator	CORONARY HEART DISEASE			
	Hospitalization Per 10,000 (age-adjusted)	MORTALITY RATES - Per 100,000		
		Age Adjusted	Premature death (ages 35-64)	Pretransport mortality
County Rate	30.9	176.9	112.4	172.4
NYS Rate – exc NYC	32.5	131.5	60.7	100.0
Sig Dif	No	Yes	Yes	Yes

Source: [http://www.health.ny.gov/statistics/chac/chai/docs/chr\\_12.htm](http://www.health.ny.gov/statistics/chac/chai/docs/chr_12.htm)

Delaware County hospitalization rates for heart disease are lower than Upstate New York rates. There is a significantly greater number of people in Delaware County dying of heart disease than the Upstate New York Rates. Of special significance are the pretransport mortality rates for

Delaware County. (See Tables 2-1, 2-2 & 2-3) In some instances, people in Delaware County live in towns where they must travel a great distance to get to a hospital. Most ambulance services in the county are volunteer services. Ambulance squads have a limited number of basic life support Emergency Medical Technicians (EMTs) and advanced life support EMTs. Lack of recognition of cardiac symptoms and individuals living without a caregiver may be factors inhibiting a person's request for 911 services.

**Table 2-4**  
**Heart Disease and Stroke Indicators, 2011-2013 Delaware County**

Indicator	CONGESTIVE HEART FAILURE			
	Hospitalization Per 10,000 (age-adjusted)	MORTALITY RATES - Per 100,000		
		Age Adjusted	Premature death (ages 35-64)	Pretransport mortality
County Rate	27.3	20.4	5.2*	17.0
NYS Rate – exc NYC	23.4	16.1	2.3	12.4
Sig Dif	Yes	Yes	No	No

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

Source: [http://www.health.ny.gov/statistics/chac/chai/docs/chr\\_12.htm](http://www.health.ny.gov/statistics/chac/chai/docs/chr_12.htm)

**Table 2-5**  
**Heart Disease and Stroke Indicators, 2011-2013 Delaware County**

Indicator	CEREBROVASCULAR DISEASE (STROKE)			
	Hospitalization Per 10,000 (age-adjusted)	MORTALITY RATES - Per 100,000		
		Age Adjusted	Premature death (ages 35-64)	Pretransport mortality
County Rate	16.2	30.2	10.4*	14.8
NYS Rate – exc NYC	23.6	29.8	10.1	17.0
Sig Dif	Yes	No	No	No

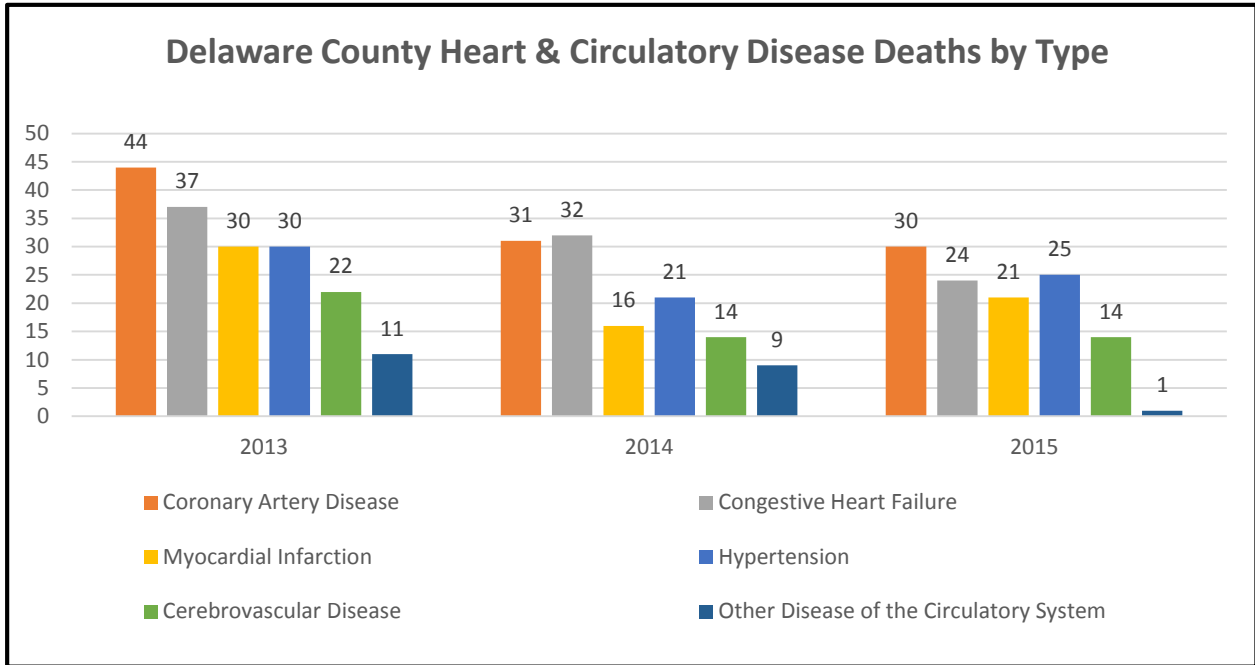
\*: Fewer than 10 events in the numerator; therefore the rate is unstable Source:

[http://www.health.ny.gov/statistics/chac/chai/docs/chr\\_12.htm](http://www.health.ny.gov/statistics/chac/chai/docs/chr_12.htm)

When compared with New York State, Delaware County residents have a higher rate of death from congestive heart failure occurring before they arrive at a hospital, but a lower pretransport mortality rate from stroke. The same factors mentioned under Table 2-3 may be contributing to these rates. On a larger scale, obesity, poor nutrition, lack of physical activity, high blood pressure, and inadequate health care coverage are all factors that contribute to diseases of the heart and circulatory system.



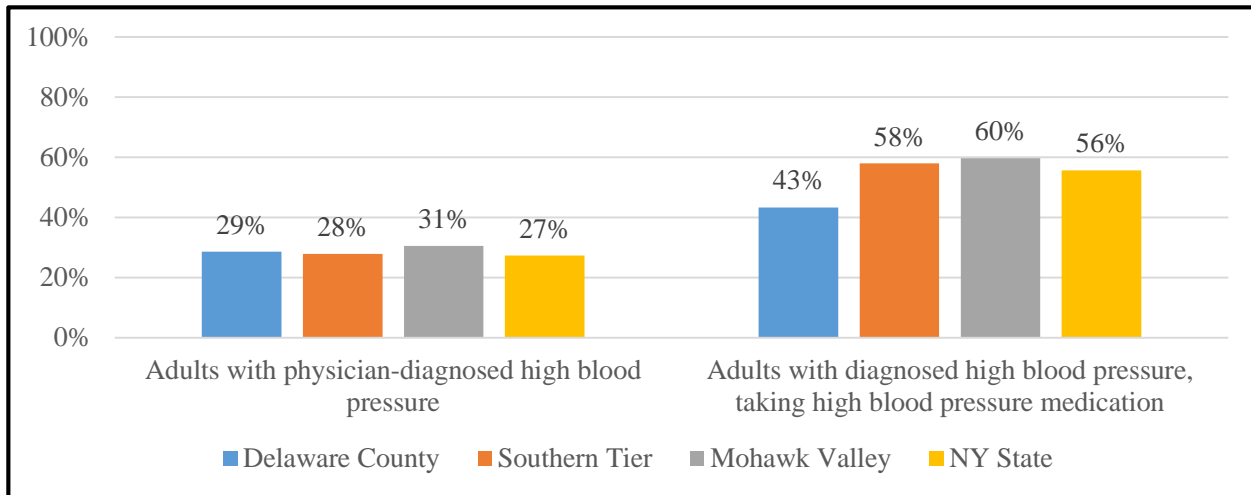
**Graph 2-1**



Source: DCPHS Annual Report 2013-2015

Graph 2-1 shows as the leading cause of heart related deaths in Delaware County from 2013 through 2015. The leading causes in almost all cases were coronary artery disease and congestive heart failure. Other causes of heart related death not documented in the graph include cardiac arrhythmia (50, 41, and 21 for the respective years) and cardiopulmonary (Two in 2014 and 46 in 2015). These causes are not included in the graph as database changes occurred in how deaths were categorized between 2013 and 2015. Heart and circulatory disease deaths accounts for a high number of mortalities in Delaware County.

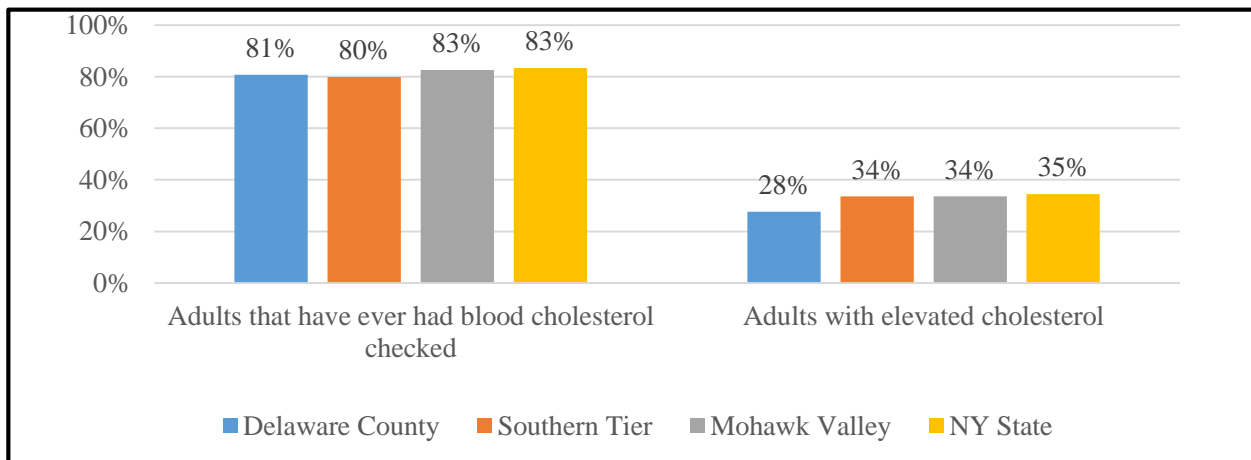
**Graph 2-2: Adults with High Blood Pressure, 2013-2014**



Source: eBRFSS, 2013-2014

Graphs 2-2 & 2-3. Slightly more Delaware County adults were told they had high blood pressure but less adults were on blood pressure medication compared to New York State and the Southern Tier.<sup>1</sup> Compared to New York State and the Mohawk Valley region, a slightly lower percentage of adults in Delaware County had their cholesterol screened.<sup>2</sup> Poor medical coverage, lapses in medical coverage, poor prescription coverage and lack of transportation to medical visits may contribute to these rates. Delaware County needs to continue to work on addressing chronic diseases prevention.

**Graph 2-3: Adults with Elevated Blood Cholesterol, 2013-14**



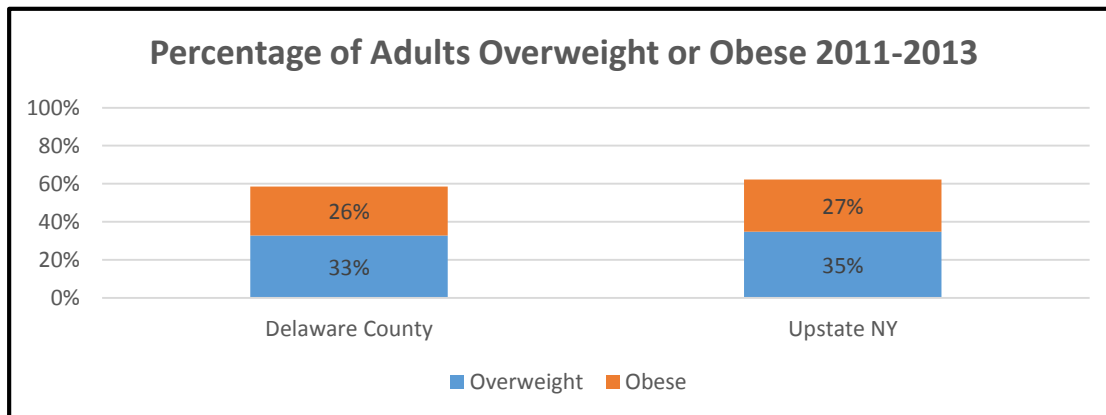
Source: eBRFSS, 2013-2014

<sup>1</sup> The Southern Tier region consists of Broome, Chenango, Delaware, Tioga and Tomkins counties.

<sup>2</sup> The Mohawk Valley region consists of Fulton, Herkimer, Montgomery, Otsego and Schoharie counties.

*Obesity, Physical Activity and Nutrition*

**Graph 2-4**



Source: [http://www.health.ny.gov/statistics/chac/chai/docs/obs\\_12.htm](http://www.health.ny.gov/statistics/chac/chai/docs/obs_12.htm)

Delaware County has a lesser percentage of adults with a BMI of 25-30 (overweight) and BMI of 30+ (obese) than Upstate NY.

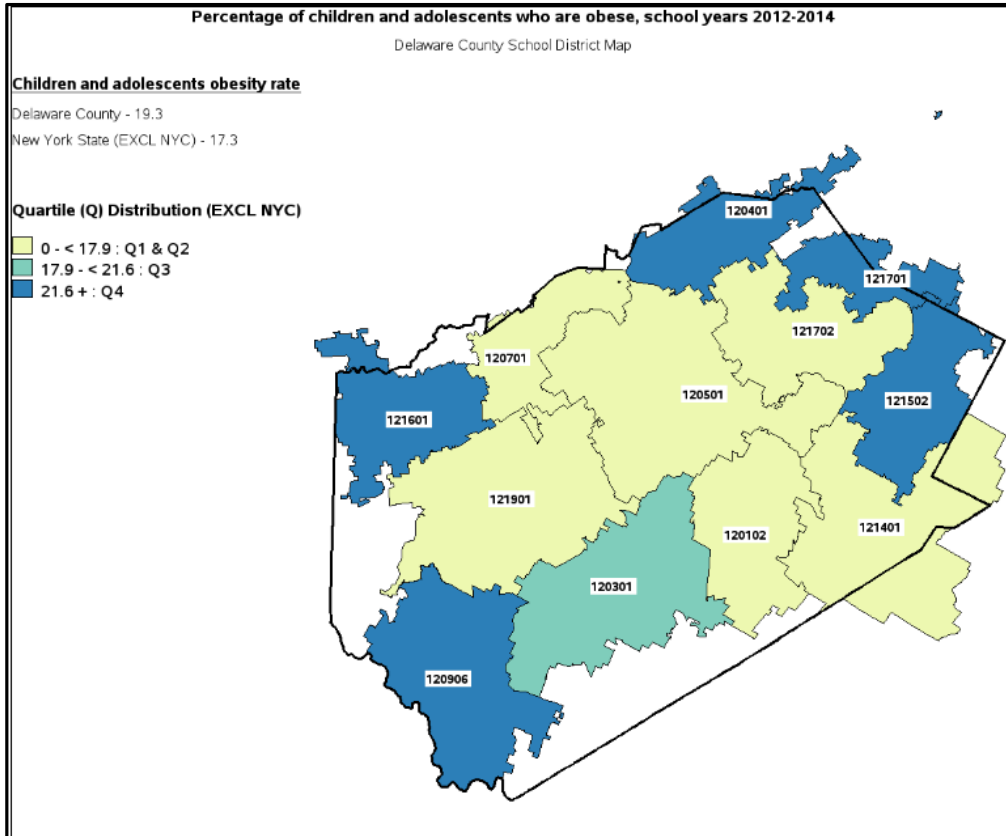
Table 2-6

<b>Obesity Data 2011-2013</b>		
<b>Indicator</b>	<b>Delaware County</b>	<b>NYS Excluding NYC</b>
All Students: Pre-K through 10th grade. Overweight or obese. >85th Percentile	37.7%	33.9%
Pre-K, K, 2nd and 4th grades. Overweight or obese. >85th Percentile	36.1%	33.1%
Middle and High School Students (7th and 10th grades). Overweight or obese. >85th percentile	39.6%	35.2%
% of pregnant women in WIC who were pre-pregnancy obese (BMI>30)	30.4%	28.0%

Source: [http://www.health.ny.gov/statistics/chac/chai/docs/obs\\_12.htm](http://www.health.ny.gov/statistics/chac/chai/docs/obs_12.htm)

Delaware County has a higher percentage of overweight or obese children in the all age brackets than Upstate NY. The percent of pregnant women who are pre-pregnancy obese is 30.4% which is greater than Upstate NY. The NYS Prevention Agenda 2017 Objective for children and adolescents who are obese is 16.7%. Delaware County’s obesity rate is 19.3% further demonstrating that childhood obesity is a health indicator that should be considered. Figure 2-1 shows the distribution of childhood obesity throughout Delaware County. Areas shaded in blue and turquoise have the highest rates.

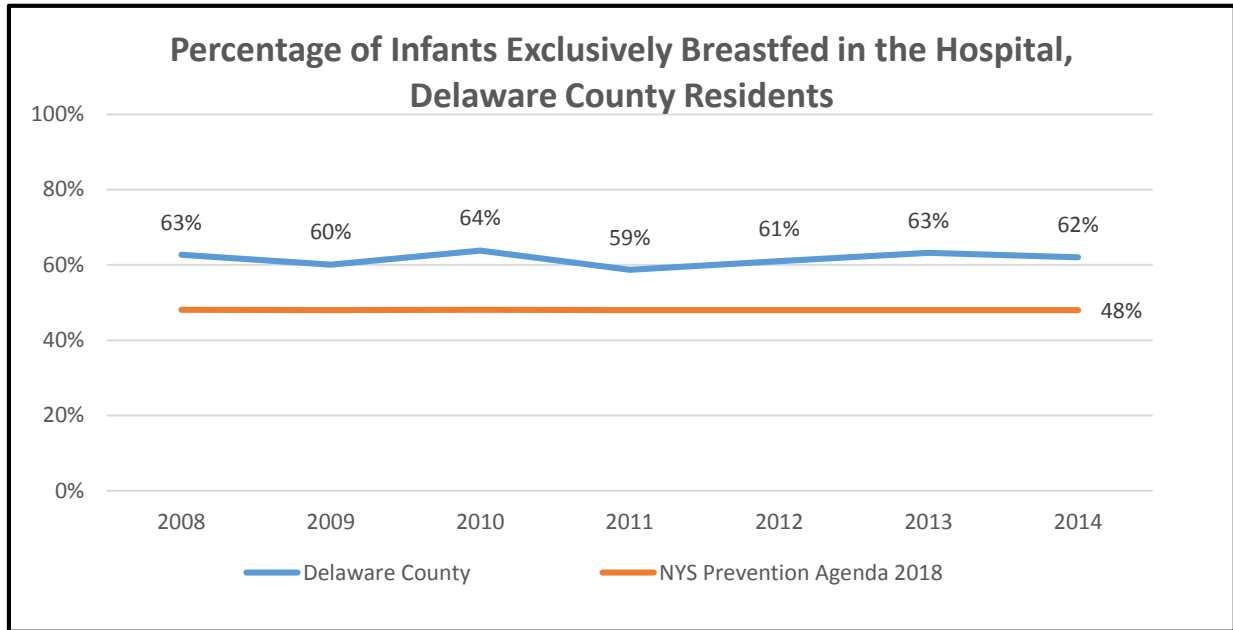
Figure 2-1:  
Percentage of Children and Adolescents who are obese, school years 2012-2014



School District Code	School District Name	Percentage Obese
120102	Andes Central School District	0.0*
120401	Charlotte Valley Central School District	29.1
120501	Delhi Central School District	13.3
120301	Downsville Central School District	21.2
120701	Franklin Central School District	0.0*
120906	Hancock Central School District	30.4
121401	Margaretville Central School District	0.0*
121502	Roxbury Central School District	23.5
121601	Sidney Central School District	21.8
121702	South Kortright Central School District	15.9
121701	Stamford Central School District	22.8
121901	Walton Central School District	15.2

\*Fewer than 10 events in the numerator, therefore the rate/percentage is unstable.  
Source: NYS Prevention Agenda Dashboard, 2012-2014

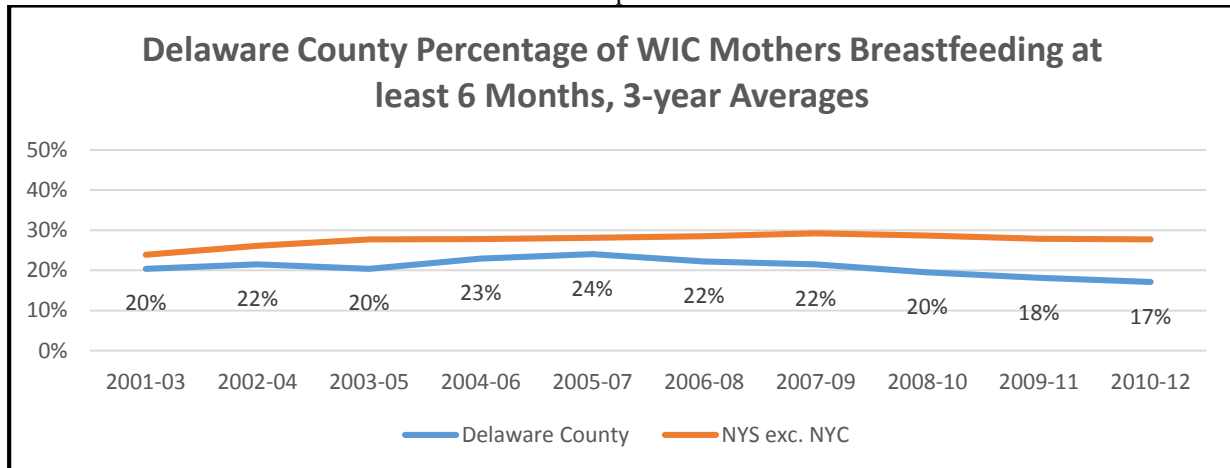
Graph 2-5



Source: [http://www.health.ny.gov/prevention/prevention\\_agenda/2013-2017/](http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/)

Breastfeeding has been linked with decreasing obesity in both mothers and their children. Delaware County has exceeded the NYS Prevention Agenda goal of 48% of infants being exclusively breastfed at the hospital (Graph 2-5). In 2014, 62% of infants were exclusively breastfed in the hospital.

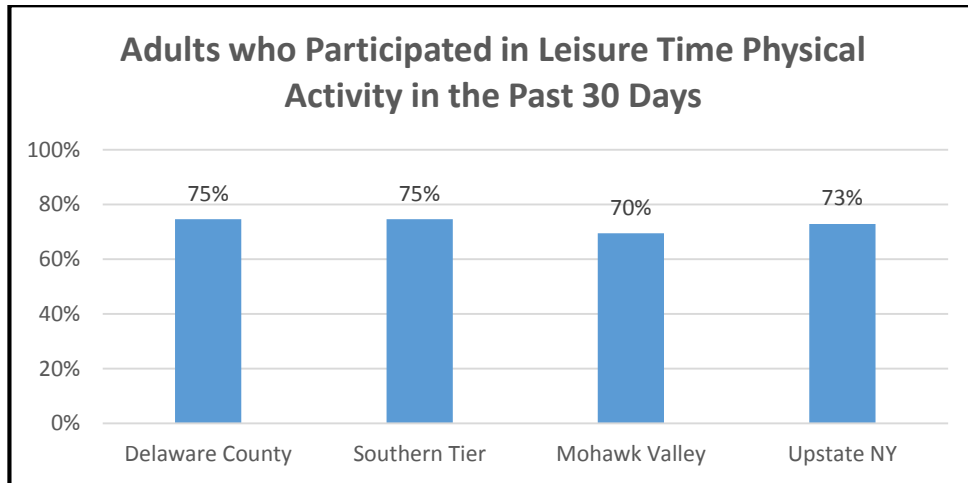
Graph 2-6



Source: [http://www.health.ny.gov/statistics/chac/chai/docs/mih\\_12.htm](http://www.health.ny.gov/statistics/chac/chai/docs/mih_12.htm)

Women, Infants, and Children (WIC) is a program designed to assist low-income mothers with healthy habits. Graph 2-6 demonstrates that breastfeeding rates until the infant reaches 6 month of age are decreasing among WIC participants.

Graph 2-7



Source: eBRFSS, 2013-2014

Graph 2-7 shows that a greater percentage of Delaware County survey respondents participate in physical activity than Upstate NY and the Mohawk Valley region.

Table 2-8  
Delaware County Diabetes Indicators, 2011-2013

Indicator	DIABETES		
	Hospitalization per 10,000 Diabetes mentioned in dx (age-adjusted)	Hospitalization per 10,000 Primary dx: Diabetes (age-adjusted)	Mortality per 100,000 (age-adjusted)
County Rate	169.3	9.4	14.5
NYS Rate – exc NYC	188.6	14.2	15.7
Sig Dif	Yes	Yes	Yes

Source: [http://www.health.ny.gov/statistics/chac/chai/docs/dia\\_12.htm](http://www.health.ny.gov/statistics/chac/chai/docs/dia_12.htm)

Delaware County’s diabetes mortality rate and hospitalization rates are less than New York State excluding New York City. This marks an improvement when compared to the previous Community Health Assessment where Delaware County was underperforming the state.

**Table 2-9  
Delaware County Cancer Incidence by Gender, 2009-2013**

Site of cancer	Incidence			
	Males		Females	
	Avg. Annual Cases	Rate per 100,000	Avg Ann Cases	Rate per 100,000
All Invasive Malignant Tumors	173.2	504.3	152.8	436.5
Oral cavity and pharynx	5.8	17.0	2.4	7.9
Esophagus	4.8	13.2	0.8	2.0
Stomach	2.4	6.2	1.4	4.4
Colorectal	16.8	48.1	15.4	41.8
Colon excluding rectum	11.6	33.8	12.0	30.3
Rectum & rectosigmoid	5.2	14.3	3.4	11.5
Liver/intrahepatic bile duct	3.2	8.7	0.8	1.9
Pancreas	4.8	13.4	4.4	11.7
Larynx	2.6	6.8	0.4	1.0
Lung and bronchus	28.8	79.2	22.4	61.2
Melanoma of the skin	8.8	27.4	5.4	15.2
Female breast			37.4	105.4
Cervix uteri			0.8	2.4
Corpus uterus and NOS			12.0	36.8
Ovary			6.0	18.0
Prostate	32.4	89.1		
Testis	0.8	4.9		
Urinary bladder (incl. in situ)	16.8	50.0	3.8	10.1
Kidney and renal pelvis	8.4	24.2	3.6	9.2
Brain and other nervous system	2.8	10.6	2.4	8.3
Thyroid	2.4	9.3	6.2	25.0
Hodgkin lymphoma	0.6	2.1	0.6	2.4
Non-Hodgkin lymphomas	6.2	18.1	6.8	17.4
Multiple myeloma	2.2	6.5	1.6	3.9
Leukemias	6.0	17.8	3.8	11.3

Source: NYSDOH, New York State Cancer Registry, 2009-2013

According to Table 2-9, breast cancer in females and prostate cancer in males account for the types of cancer most frequently affecting the population. Males and females share lung and colorectal cancers as the second and third most common types of cancer. The fourth leading incidence for males is urinary bladder and uterine for females. There is much higher incidence of bladder cancer among males than females.

**Table 2-10  
Delaware County Cancer Mortality by Gender, 2009-2013**

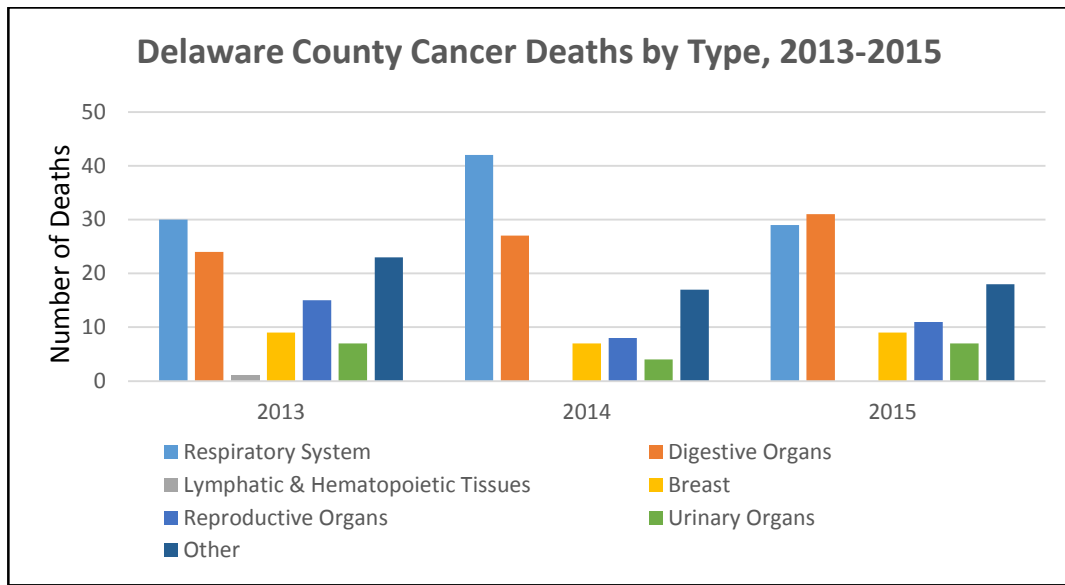
Site of cancer	Mortality			
	Males		Females	
	Avg Ann Deaths	Rate per 100,000	Avg Ann Deaths	Rate per 100,000
All Invasive Malignant Tumors	62.6	184.7	51.6	135.0
Oral cavity and pharynx	0.8	2.0	0.8	2.1
Esophagus	3.6	10.4	1.0	2.3
Stomach	1.4	4.2	0.2	0.6
Colorectal	5.2	14.5	4.4	10.2
Colon excluding rectum	4.0	11.3	4.2	9.6
Rectum & rectosigmoid	1.2	3.2	0.2	0.6
Liver/intrahepatic bile duct	2.0	5.2	0.6	1.5
Pancreas	3.6	10.6	4.0	10.5
Larynx	0.8	2.0	0.4	1.0
Lung and bronchus	18.4	53.7	14.0	37.6
Melanoma of the skin	1.6	5.1	0.6	1.3
Female breast			7.2	18.5
Cervix uteri			0.4	0.8
Corpus uterus and NOS			0.8	2.1
Ovary			3.8	10.0
Prostate	5.2	16.4		
Testis	0.0	0.0		
Urinary bladder (incl. in situ)	4.2	12.3	0.8	1.9
Kidney and renal pelvis	1.8	4.7	0.4	0.9
Brain and other nervous system	1.6	5.8	1.0	2.8
Thyroid	0.0	0.0	0.6	1.3
Hodgkin lymphoma	0.0	0.0	0.8	2.7
Non-Hodgkin lymphomas	2.4	7.4	2.4	6.4
Multiple myeloma	1.0	3.2	0.8	2.1
Leukemias	2.4	6.4	1.2	3.4

Source: NYSDOH, New York State Cancer Registry, 2009-2013

Per Table 2-10, lung cancer is the leading cause of cancer death among men and women in Delaware County. The second leading cause is prostate for men and breast cancer for women. Cancer death is the second leading cause of death in Delaware County. The smoking rate in Delaware County is higher than that of New York State, which may contribute to the number of lung cancer deaths among males and females. Cancer statistics further reinforce the need for chronic disease prevention measures as a priority in Delaware County.



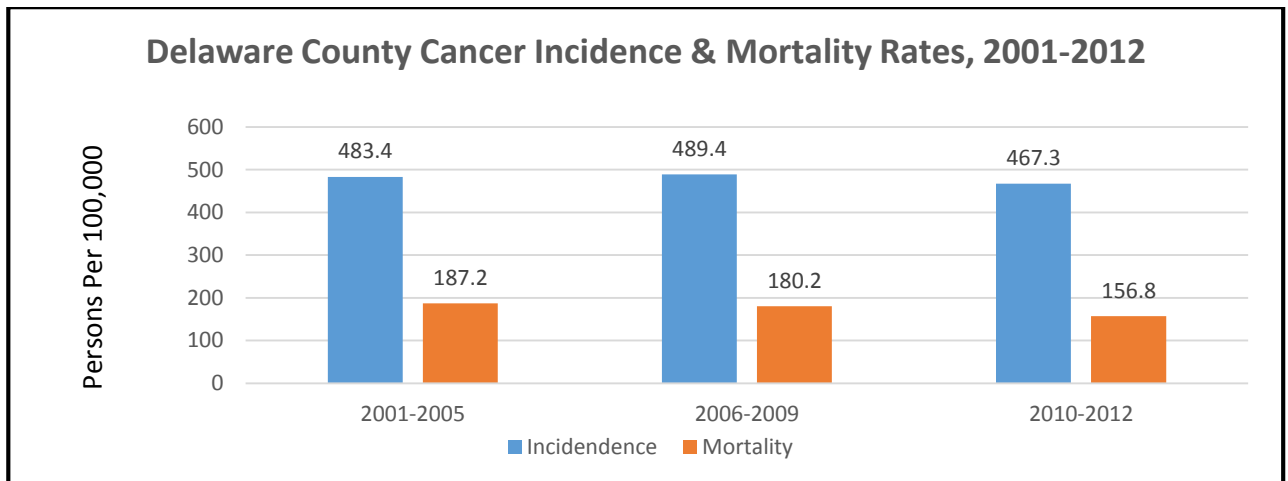
Graph 2-8



Source: Delaware County Public Health Services Annual Report 2013-2015

Cancers of the respiratory system were the leading cause of mortality among cancers in 2013 and 2014 in Delaware County, closely followed by those in digestive organs. In 2015, the reverse was true, with more deaths associated with digestive organ cancers than respiratory systems.

Graph 2-9

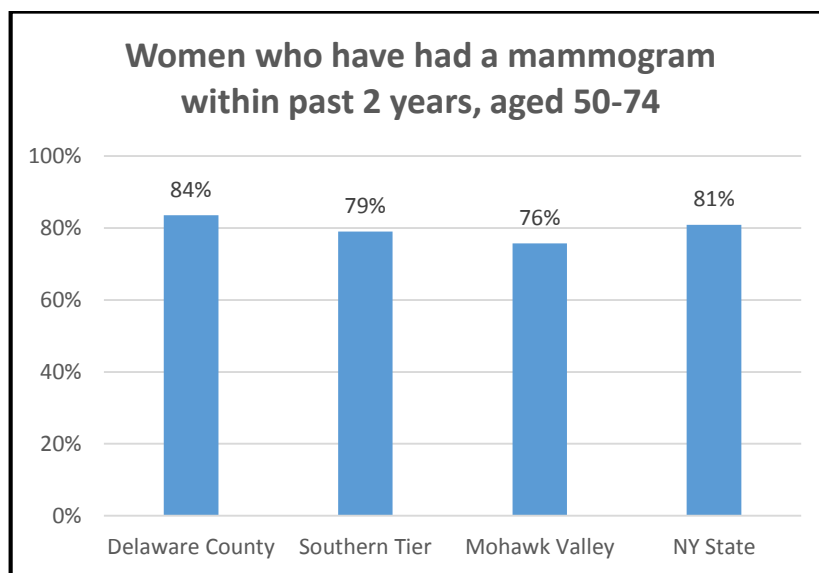


\*Note: Rates are per 100,000, age-adjusted to the 2010 US Standard Population

Source: [http://www.health.ny.gov/statistics/chac/chai/docs/can\\_12.htm](http://www.health.ny.gov/statistics/chac/chai/docs/can_12.htm)

Both the incidence and mortality rates for cancers in Delaware County are decreasing. More individuals are diagnosed and living with cancer throughout the time period examined.

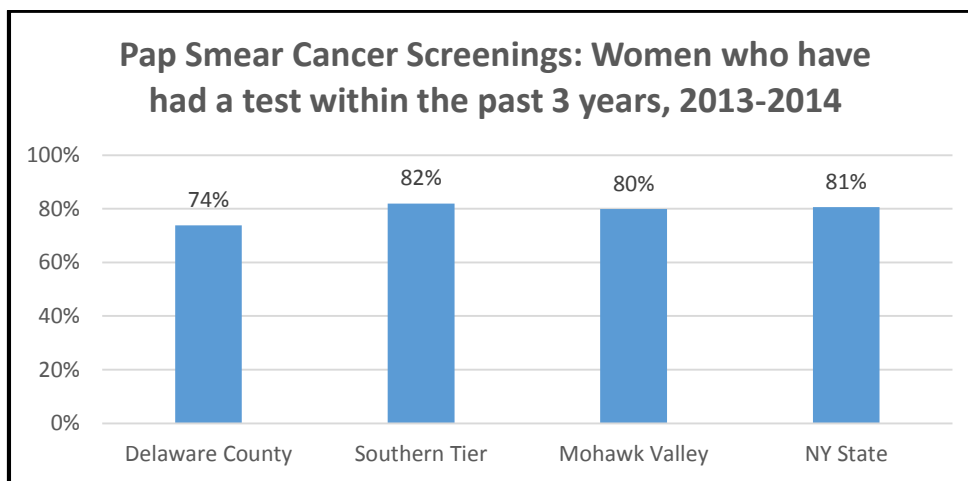
Graph 2-10



Source: eBRFSS, 2013-2014

Regular mammograms are the best tests doctors have to find breast cancer early, sometimes up to three years before it can be felt. When their breast cancer is found early, many women go on to live long and healthy lives. Delaware County’s breast cancer screening rate for women aged 50-74 is higher than both the Southern Tier and Mohawk Valley regions (Graph 2-10).

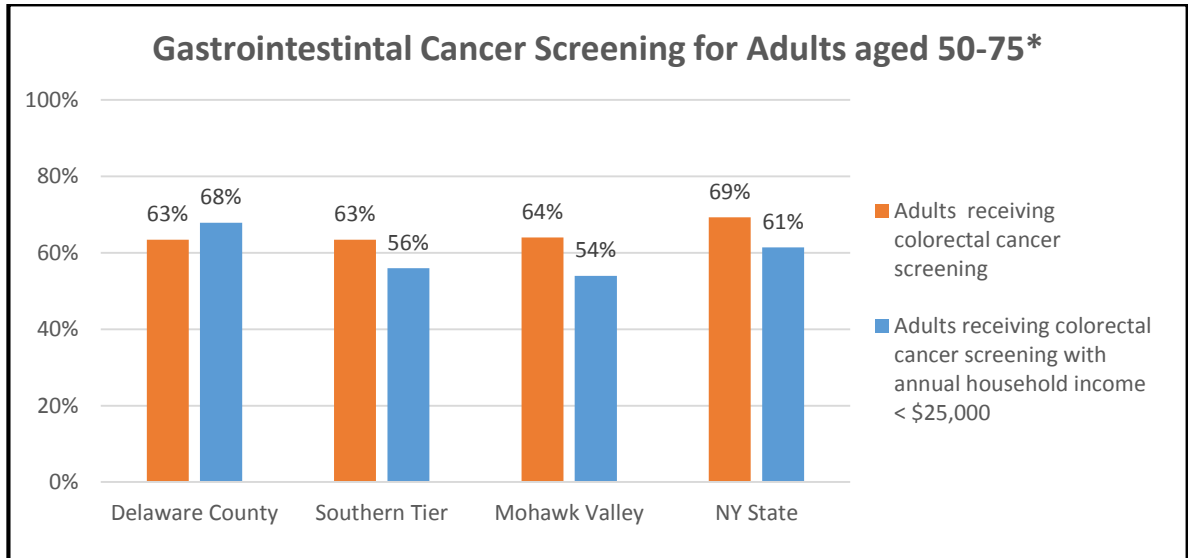
Graph 2-11



Source: eBRFSS, 2013-2014

Delaware County has slightly lower cervical cancer screening rates than the Southern Tier and Mohawk Valley regions as well as NY State as a whole (Graph 2-11).

Graph 2-12



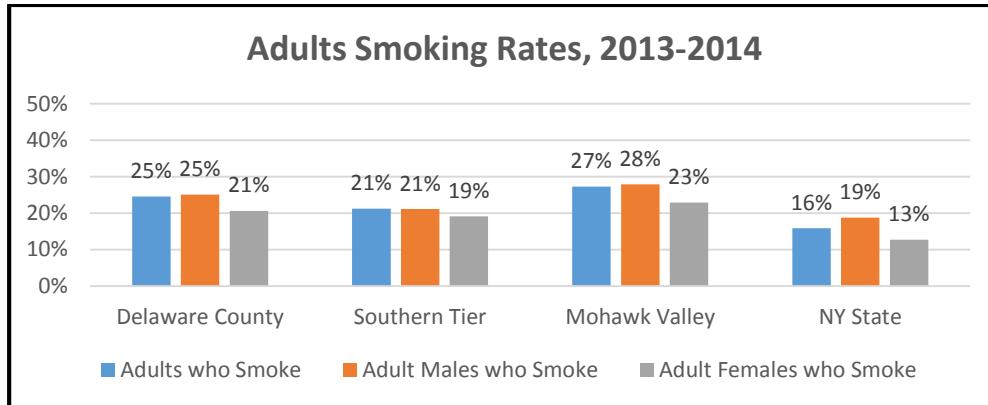
Source: eBRFSS, 2013-2014

\*Blood stool test within 1 year, or sigmoidoscopy within 5 years with blood stool test within 3 years, or colonoscopy within 10 years.

Colorectal screening rates are lower in Delaware County compared to New York State and compared to the NYS 2017 Objective of 71.4%. However, among households with annual income of less than \$25,000, Delaware County has a higher screening rate than the Southern Tier, Mohawk Valley and New York State (Graph 2-12). All regions are not achieving the NYS Prevention Agenda 2018 goal of 80% of adults aged 50-75 receiving colorectal cancer screening based on the most recent guidelines.

Tobacco

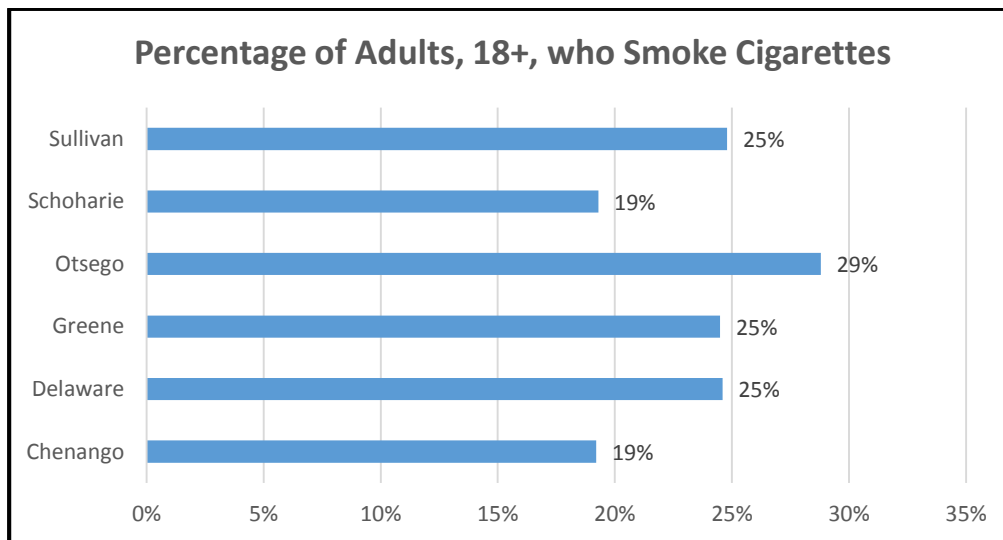
Graph 2-13



Source: eBRFSS, 2013-2014

Delaware County has a greater percentage of adults who smoke compared to New York State and the Southern Tier, but less than the Mohawk Valley region (Graph 2-13). Across all regions, females smoke less than their male counterparts. The rate is also greater than the NYS Prevention Agenda 2018 Objective of 12.3%.

Graph 2-14



Source: 2013-2014 eBRFSS

When comparing the individual county-level smoking rates of the five surrounding counties, Delaware County has a lower rate than Otsego, similar rates to Sullivan and Greene, and higher rate than Schoharie and Chenango (Graph 2-14).

Table 2-11  
Respiratory Diseases Indicators, 2011-2013 Delaware County

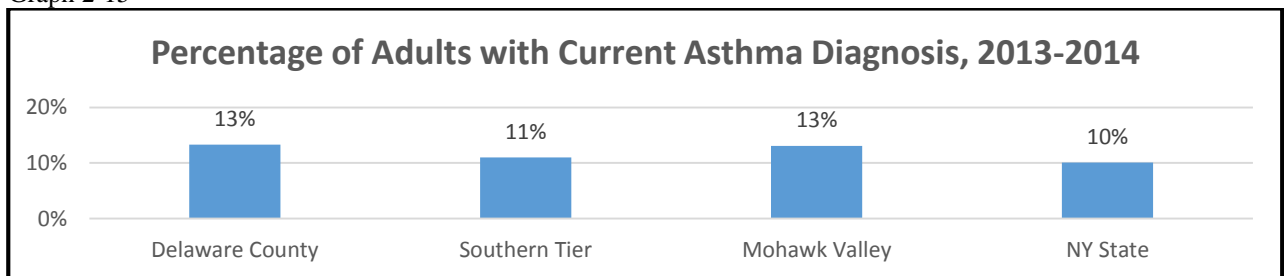
Indicator	Chronic Lower Respiratory Disease		Asthma	
	Hospitalization per 10,000 (age-adjusted)	Mortality per 100,000 (age-adjusted)	Hospitalization per 10,000 (age-adjusted)	Mortality per 100,000 (age-adjusted)
County Rate	33.1	46.6	8.9	0.0*
NYS Rate – exc NYC	28.6	36.8	10.9	0.8
Sig Dif.	Yes	Yes	Yes	Yes

Source: [http://www.health.ny.gov/statistics/chac/chai/docs/res\\_12.htm](http://www.health.ny.gov/statistics/chac/chai/docs/res_12.htm)

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

More people are hospitalized and mortality rates are higher for Chronic Lower Respiratory Disease in Delaware County as compared to New York State. Asthma hospitalization rates are significantly lower than the New York State rate. Delaware County's high smoking rate may be a factor in rates shown in Table 2-11.

Graph 2-15



Source: eBRFSS, 2013-2014

Table 2-12  
Delaware County Asthma Hospitalization by Age, 2011-2013

Indicator	Delaware County Rate	NYS Rate exc NYC	Sig Dif
0-4 years	20.1	30.2	No
5-14 years	10.4	10.4	No
0-17 years	11.2	14.2	No
5-64 years	8.2	8.5	No
65+ years	10.9	17.7	Yes
<b>Total Population- (age adjusted)</b>	<b>8.9</b>	<b>10.9</b>	<b>Yes</b>

Source: [http://www.health.ny.gov/statistics/chac/chai/docs/res\\_12.htm](http://www.health.ny.gov/statistics/chac/chai/docs/res_12.htm)

Both Graph 2-15 and Table 2-12 indicate that Delaware County older adult asthma hospitalization rates are similar to Upstate NY. The only age group with a significantly lower rate within Delaware County is adults 65 and older.

## 2. Promote Mental Health and Prevent Substance Abuse

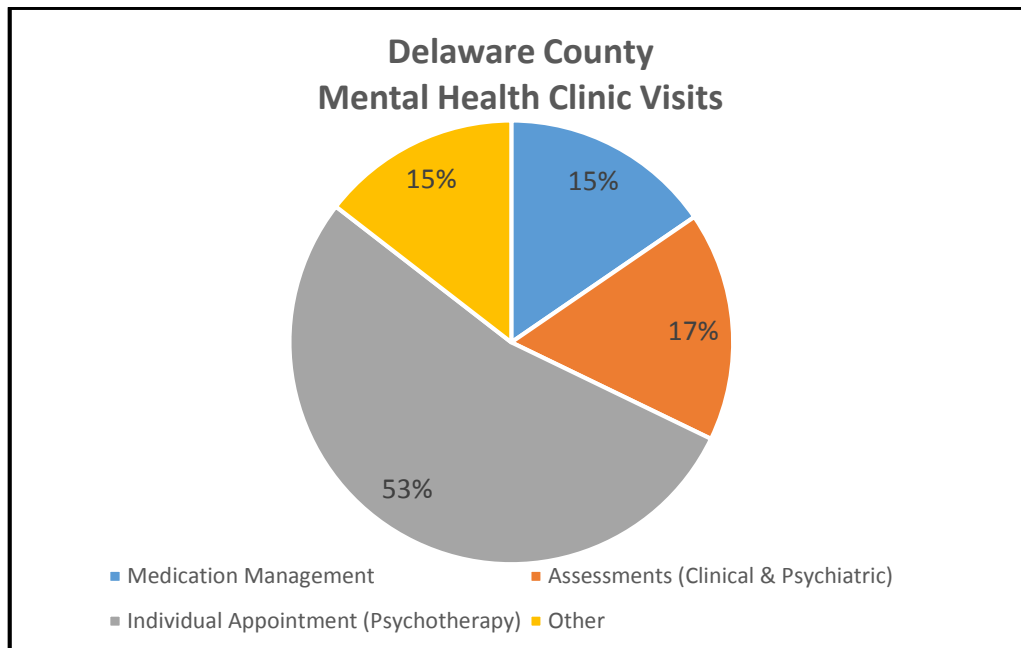
Approximately one in five Americans will have a mental health problem in any given year, yet only a little over one in three people with a mental health problem will receive mental health services. Of the more than six million people served by state mental health authorities across the nation, only 21 percent are employed (SAMHSA mental health statement 2011).

NYS Office of Alcoholism and Substance Abuse Services (OASAS) estimates that nearly 2 million people in NYS have a substance use disorder (OASAS Treatment System Report 2011).

Over 38,000 Americans died by suicide in 2010, making the number who die by suicide more than double the number who died by homicide (SAMHSA mental health statement 2011).

### Mental Health Services

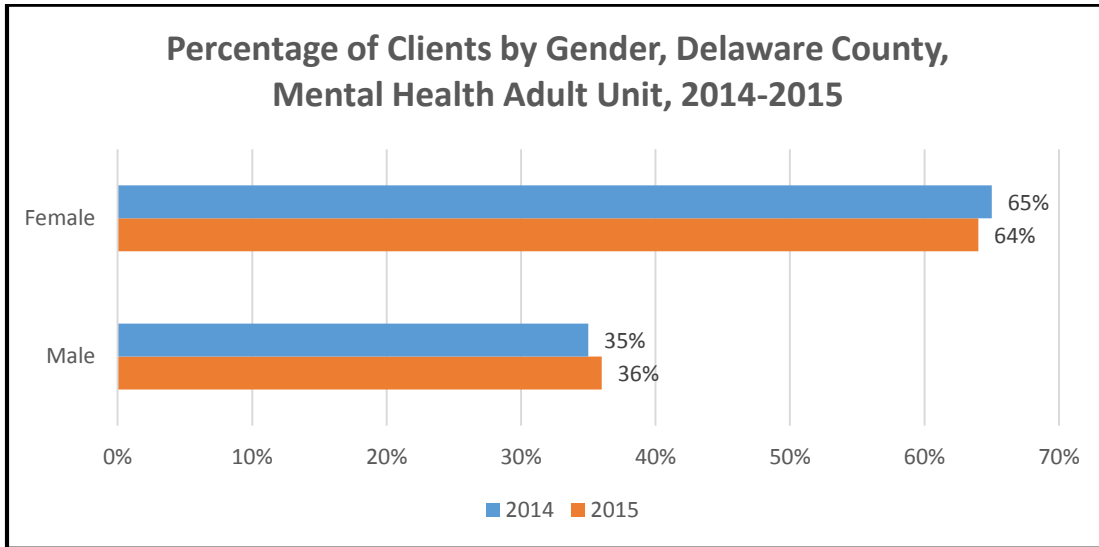
Graph 2-16



Source: Delaware County Department of Mental Health 2015 statistics

The Mental Health Clinic, located in Walton, NY serves individuals across the county through satellite offices in four communities. Of the services offered, individual psychotherapy makes up over half of the appointments in 2015. Medication management and assessments are 15% and 17% respectively. The other category, which includes group therapy, family sessions, and crisis interventions make up the remaining 15% (Graph 2-16).

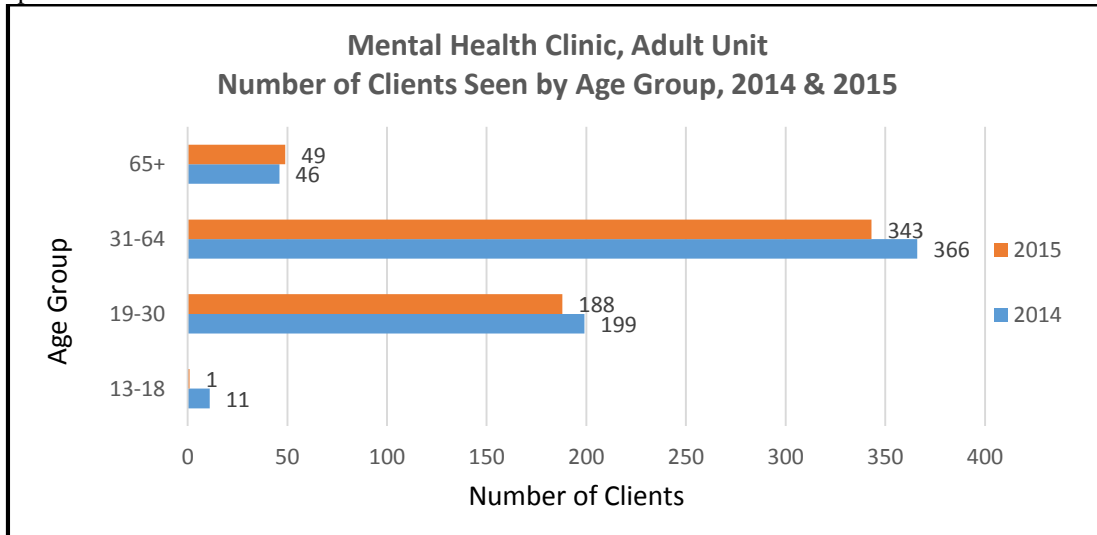
Graph 2-17



Source: Delaware County Department of Mental Health Annual Reports (2014, 2015)

According to Graph 2-17, a greater number of females than males in Delaware County are accessing Mental Health Clinic services. A large portion of individuals attending the clinic are seeking psychotherapy.

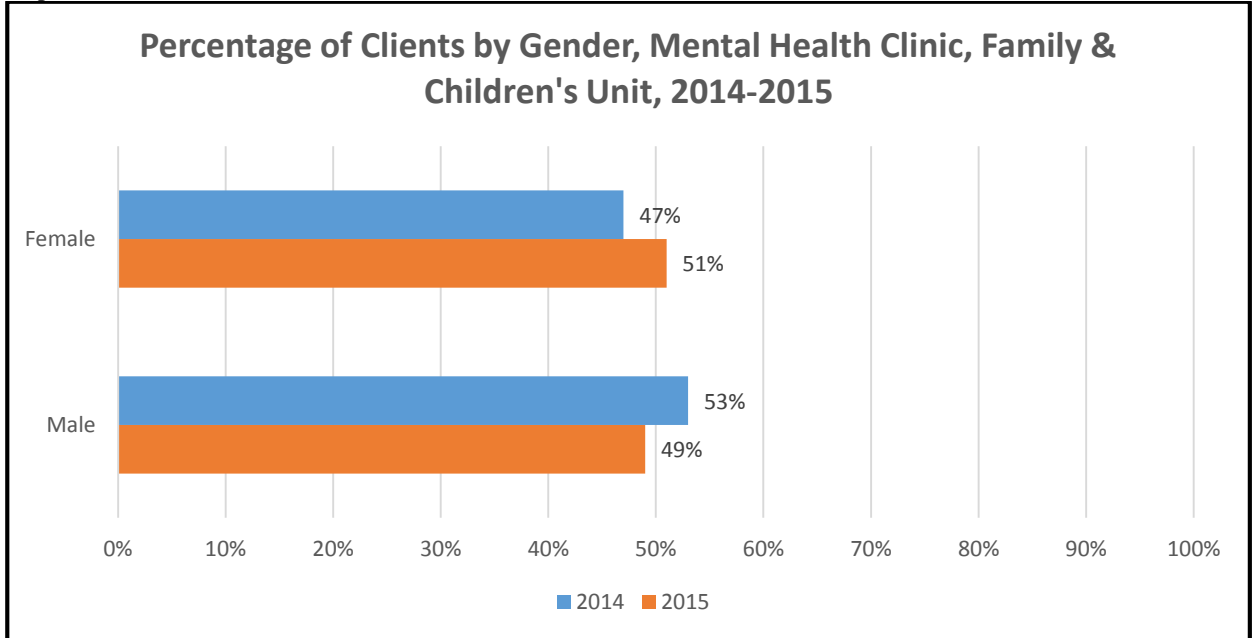
Graph 2-18



Source: Delaware County Department of Mental Health Annual Reports (2014, 2015)

Most of the patients seen at the Mental Health Clinic are adults ages 31-64. There was an increase in the number individuals seen from 2014 to 2015 among persons ages 19-64. A full-time staff person retired between 2014 and 2015 which reduced the Mental Health Clinic capacity. The demand continues to increase, but due to staffing shortages, the clinic is not able to meet the need (Graph 2-18).

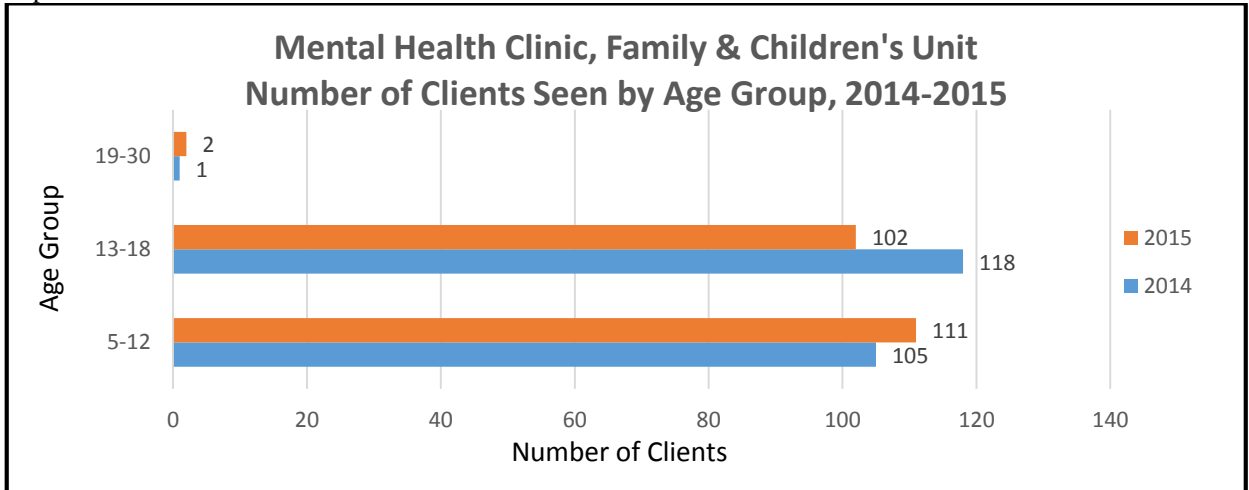
Graph 2-19



Source: Delaware County Department of Mental Health Annual Reports (2014, 2015)

In 2014, more males than females were seen for mental health services at the Family and Children’s Unit. The reverse is true in 2015 (Graph 2-19).

Graph 2-20

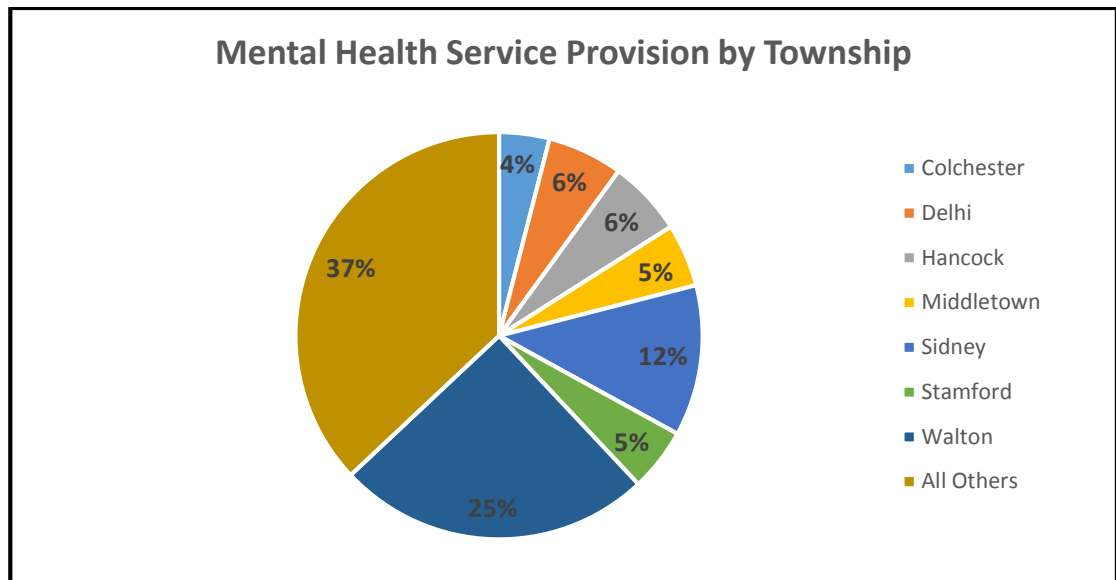


Source: Delaware County Department of Mental Health Annual Reports (2014, 2015)

According to Graph 2-20, the number of adolescents seen at the Family and Children’s Unit fluctuated between 2014 and 2015 with greater numbers of children aged 5-12 seen in 2015 and more aged 13-18 seen in 2014. One-half of all chronic mental illness begins by the age of 14. – National Alliance on Mental Illness 2013



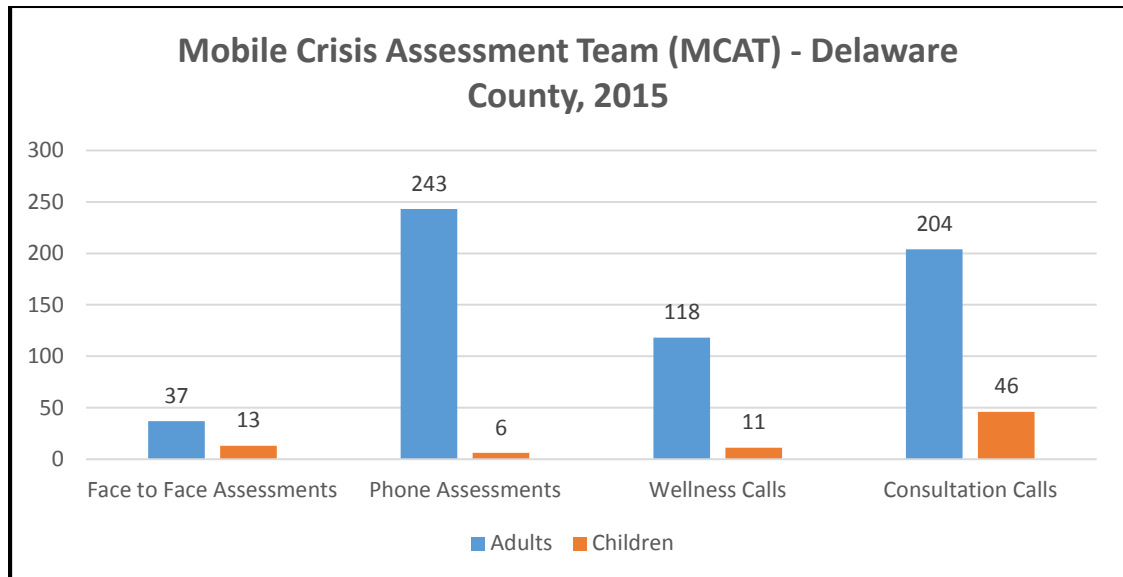
Graph 2-21



Source: Delaware County Department of Mental Health Annual Reports (2015)

Graph 2-21 shows that the town of Walton, followed by Sidney utilized the largest amount of County Mental Health services. Walton and Sidney are the two most populated towns and the Mental Health Clinic is located in Walton.

Graph 2-22



Source: Delaware County Department of Mental Health Annual Report (2015)

The Mobile Crisis Assessment Team (MCAT) provides crisis services to individuals, children and families in Delaware County. MCAT seeks to de-escalate crisis situations, prevent harm, and avoid psychiatric hospitalizations when appropriate.

Self-Inflicted Injury

Table 2-13

Self-Inflicted Injury Discharge Rate Per 10,000 Pop. Age 15-19		Self-Inflicted Injury Discharge Rate Per 10,000 Pop.	
Discharges	Rate	Discharges	Rate
Delaware	8.3*	Delaware	5.5
NY State excl NYC	12.5	NY State excl NYC	7.0

Source: <http://www.healthy.ny.gov/statistics>

Table 2-13 indicates that Delaware County’s self-inflicted injury rates are similar to those of Upstate New York.

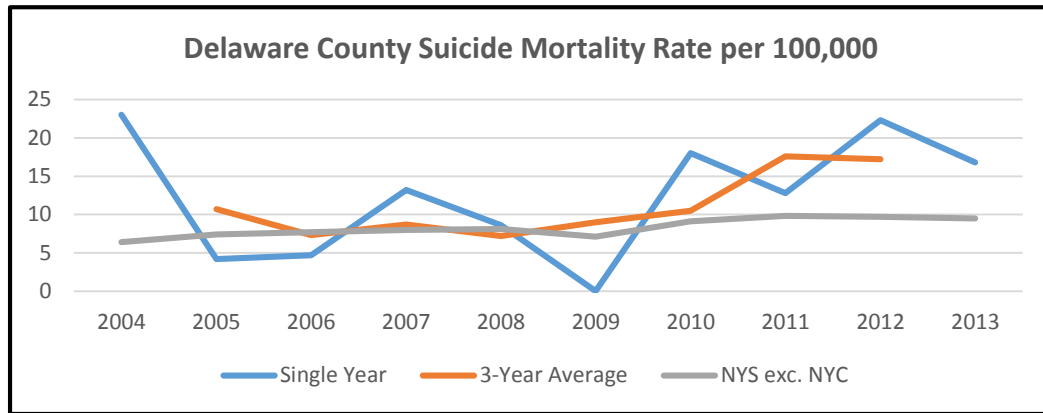
Table 2-14  
Delaware County Injury Indicators, 2011-2013

Indicator (age adjusted)	Delaware County Rate	NYS Rate - exc NYC
Age-Adjusted Suicide Death Rate***	17.2	9.6
Self-Inflicted Injury Hospitalization**	5.5	7.0

\*\* : Rate per 10,000, \*\*\*: Rate per 100,000

Source: <http://www.healthy.ny.gov/statistics>

Graph 2-23



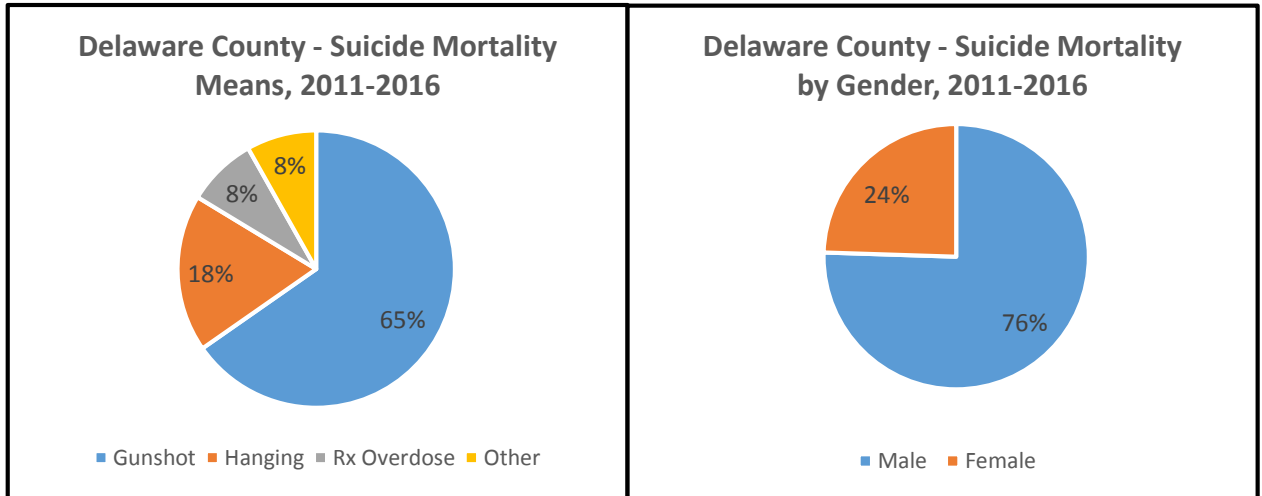
Source: <http://www.health.ny.gov/statistics/chac>

Delaware County’s suicide death rate is much higher than Upstate NY and the NYS 2018 Prevention Agenda objective of 5.9 (Table 2-14 and Graph 2-23). In 2014, the data states the age-adjusted rate is as high as 18.5 suicide deaths per 100,000.

Suicide prevention and intervention should be considered when addressing importance health issues as a County. Graphs 2-24 and 2-25 indicate that over three quarters of the suicide deaths in Delaware County are among men, and the most common means is gunshot, followed by hanging, prescription overdose and other methods.

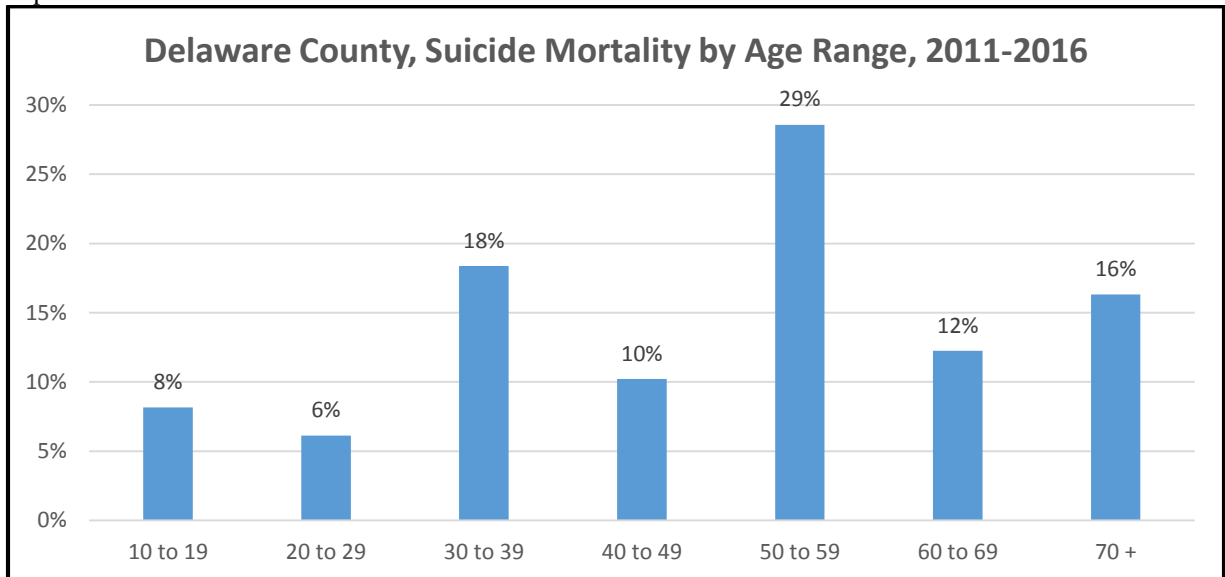
Graph 2-24

Graph 2-24



Source: Delaware County Public Health Annual Reports, 2011-2016

Graph 2-26

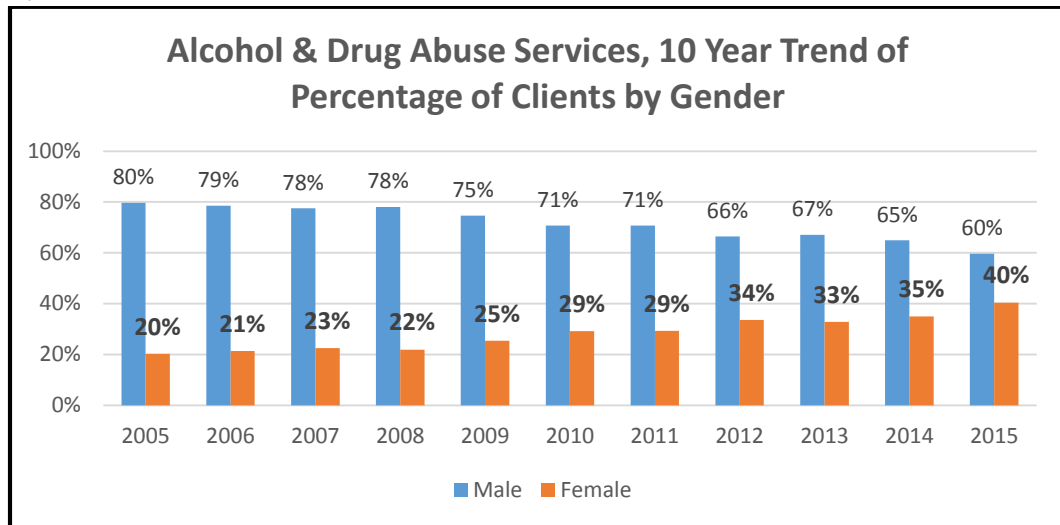


Source: Delaware County Public Health Annual Reports, 2011-2016

Suicide mortality is most common among adults between the ages of 50-59 followed by those 30-39 in Delaware County (Graph 2-26). Interventions aiming to reduce suicide mortalities should consider the age, gender, and means.

## Substance Use

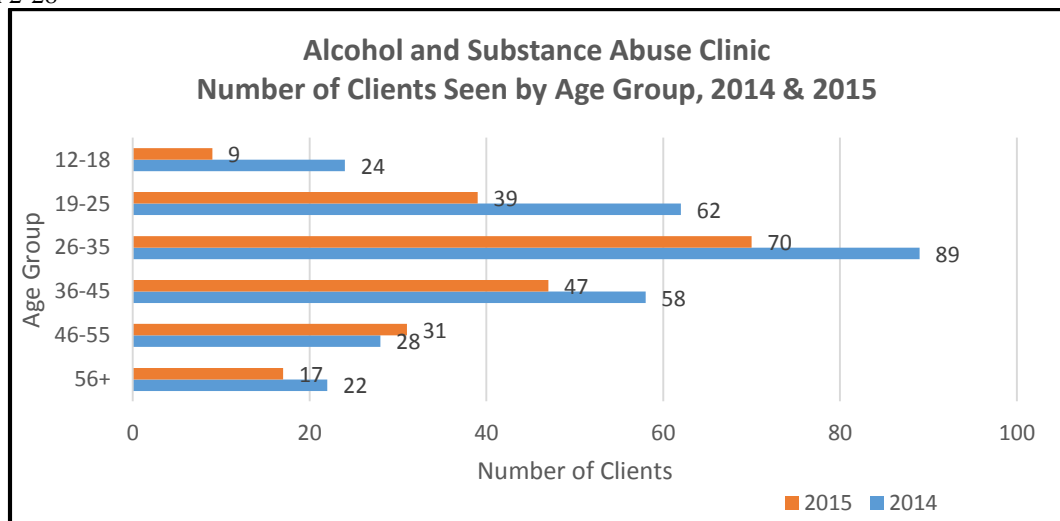
Graph 2-27



Source: Delaware County Alcohol and Drug Abuse Services statistics

Since 2005, the percentage of women admitted to the outpatient Alcohol and Drug Abuse Treatment Program has increased while the percentage of men in outpatient treatment has remained level or decreased slightly (Graph 2-27).

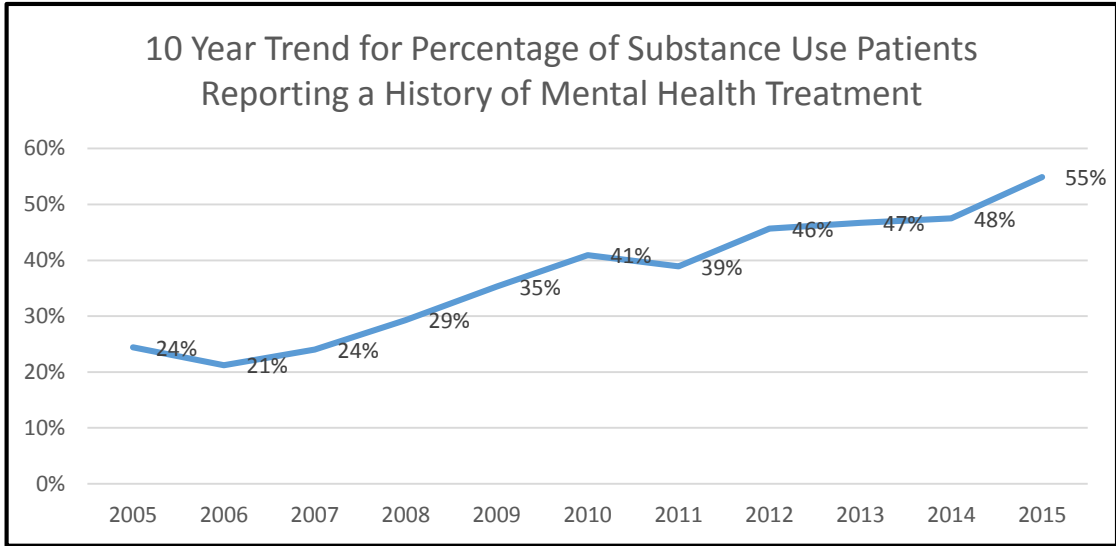
Graph 2-28



Source: Delaware County Department of Mental Health Annual Reports (2014, 2015)

At the time of the previous Community Health Assessment (2013), adults ages 19-35 was the highest utilization population for substance use services. Currently, the older portion of the population, those aged 26-35, are making up a greater portion of the clients seeking services through the clinic as seen in Graph 2-28. This young age group is of concern as the younger generation is the future of Delaware County.

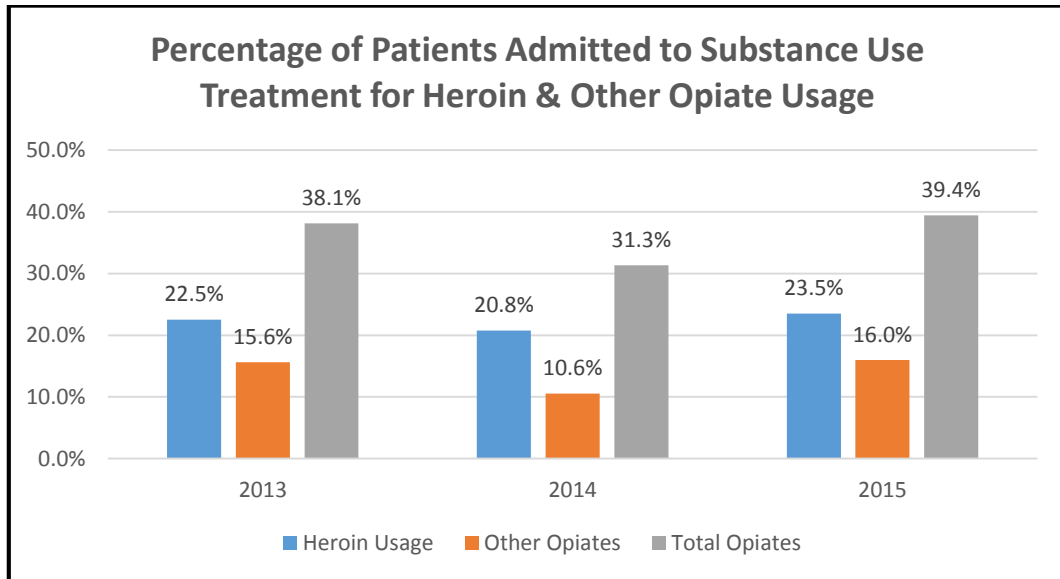
Graph 2-29



Source: Delaware County Alcohol and Drug Abuse Services statistics

Since 2005, the number of patients admitted to substance use treatment programs in Delaware County with a history of mental health treatment has doubled, suggesting that patients may have more chronic mental illness (Graph 2-29).

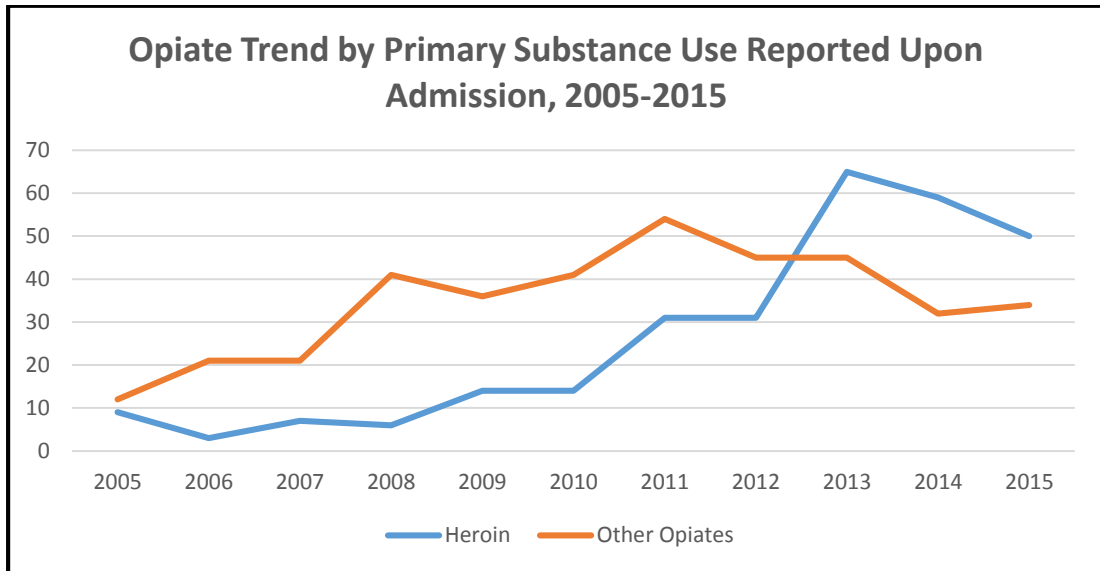
Graph 2-30



Source: Delaware County Alcohol and Drug Abuse Services statistics (2013-2015)

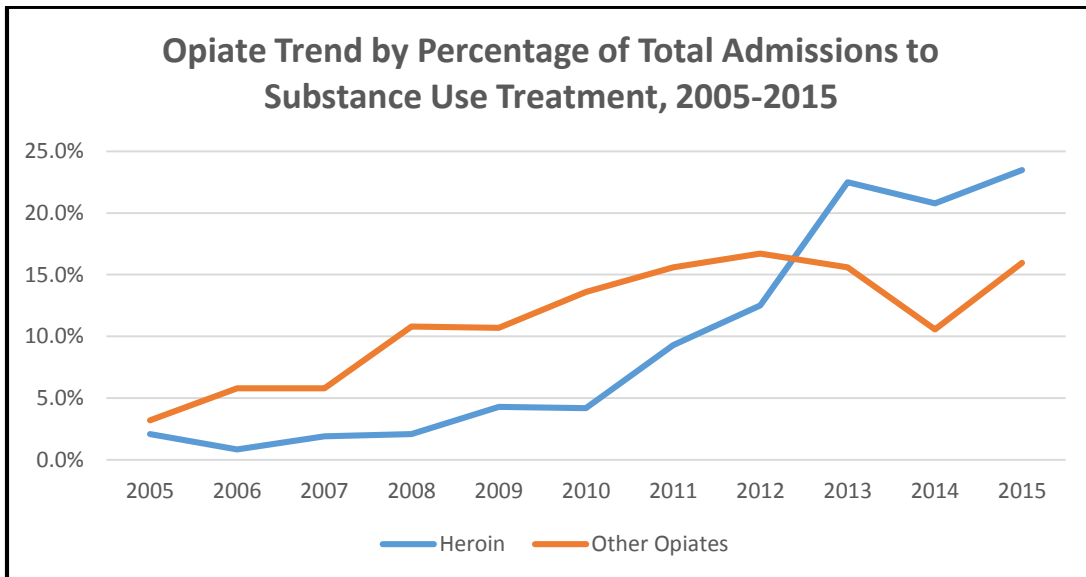
The number of individuals admitted to the Delaware County Alcohol and Drug Abuse Services program for heroin and other opiate usage has been increasing over the last ten years (Graph 2-31). The trend has begun to stabilize in the last few years. However, heroin and opiate users still represent a greater percentage of patients than previously (Graph 2-30).

Graph 2-31



Source: Delaware County Alcohol and Drug Abuse Services statistics (2005-2015)

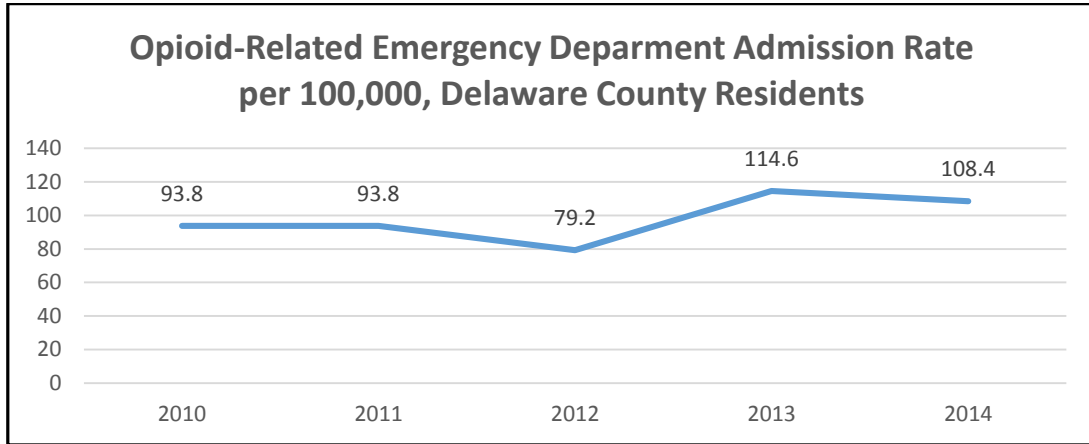
Graph 2-32



Source: Delaware County Alcohol and Drug Abuse Services statistics (2005-2015)

Graph 2-32 shows that opiate use in general has risen with heroin becoming a primary opiate of choice. Approximately 39% percent of individuals seen by Delaware County Drug and Alcohol Abuse Services in 2015 use opiates.

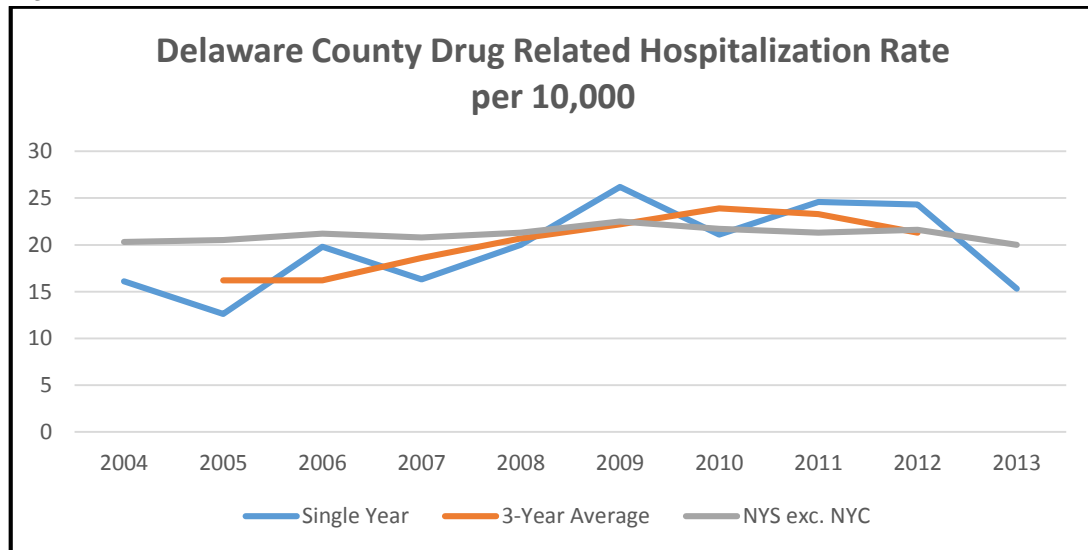
Graph 2-33



Source: SPARCS, July 2015

Opioid-related Emergency Department (ED) admission rate of Delaware County residents increased between 2010 and 2014 (Graph 2-33). The changes in ED usage over this time period represents a 15.6% increase compared to a 73.1% increase in New York State. Although this increase is less than what is being seen in the rest of New York State, it represents an opportunity to intervene before the epidemic progresses.

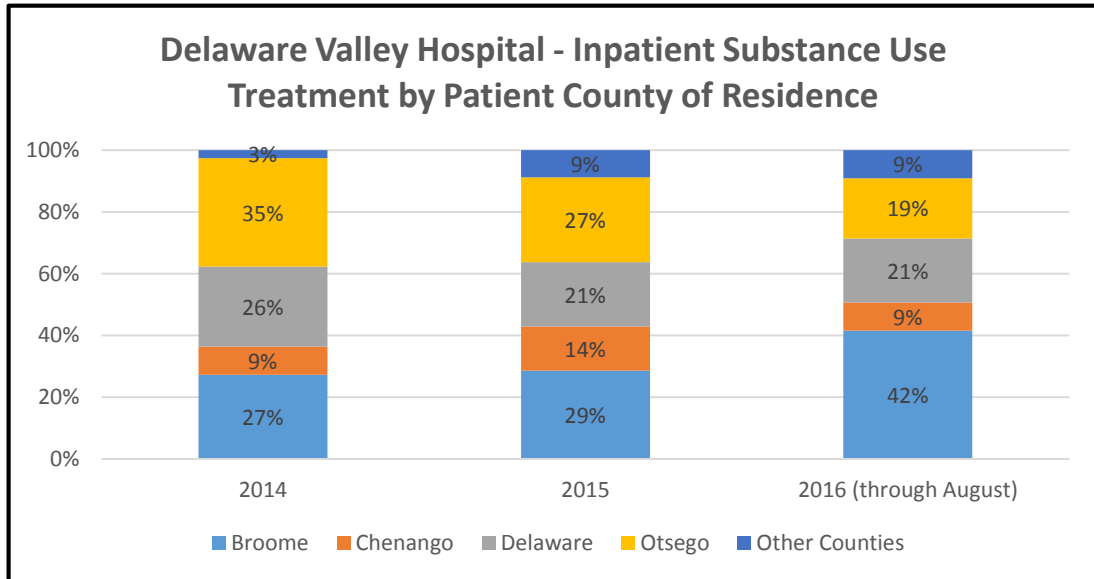
Graph 2-34



Source: [http://www.health.ny.gov/statistics/chac/hospital/h45\\_12.htm](http://www.health.ny.gov/statistics/chac/hospital/h45_12.htm)

Delaware County's drug related hospitalization rate increased over the past 8 years but has begun to decrease in 2013 as can be seen in Graph 2-34. Delaware Valley Hospital is the only hospital located in Delaware County which has inpatient beds for addiction treatment. The data on inpatient hospitalization must be interpreted with caution as out-of-county patients often seek treatment away from home and county residents may seek treatment elsewhere.

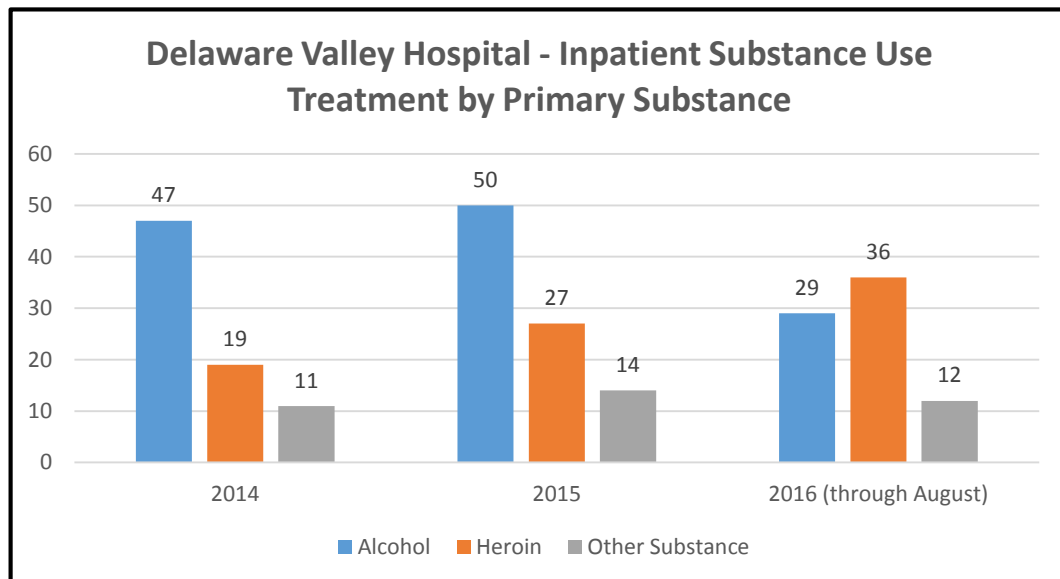
Graph 2-35



Source: OASAS Admission Item Statistics Report, 2014-2016

Graphs 2-35 and 2-36 depict the changes in annual usage of the inpatient substance use treatment beds at Delaware Valley Hospital. Anywhere from 75-80% of the patients are from out of the county. Since 2014, the number of patients with a primary substance of alcohol has decreased while the number treated for heroin use has risen.

Graph 2-36



Source: OASAS Admission Item Statistics Report, 2014-2016

Other substances include: cocaine, crack, marijuana, methamphetamine, other opiates/synthetics, other sedative/hypnotic, and OxyContin.



Table 2-15

<b>Opioid Overdose data per 100,000 population (data as of August, 2016)</b>						
<b>Deaths</b>						
	<b>2014</b>		<b>2015*</b>		<b>1<sup>st</sup> Quarter 2016*</b>	
	<b>Number</b>	<b>Crude Rate</b>	<b>Number</b>	<b>Crude Rate</b>	<b>Number</b>	<b>Crude Rate</b>
All Opioid Overdoses	1	2.1	5	10.9	1	2.2
Heroin Overdoses	0	0.0	2	4.3	0	0.0
Overdoses Involving Opioid Pain Relievers	1	2.1	2	4.3	0	0.0
<b>Emergency Department Visits</b>						
All Opioid Overdoses	12	25.8	7	15.2	s	s
Heroin Overdoses	8	17.2	s	s	s	s
Opioid Overdoses Excluding Heroin	s	s	s	s	s	s
<b>Hospitalizations</b>						
All Opioid Overdoses	s	s	6	13	0	0.0
Heroin Overdoses	s	s	s	s	0	0.0
Opioid Overdoses Excluding Heroin	s	s	s	s	0	0.0

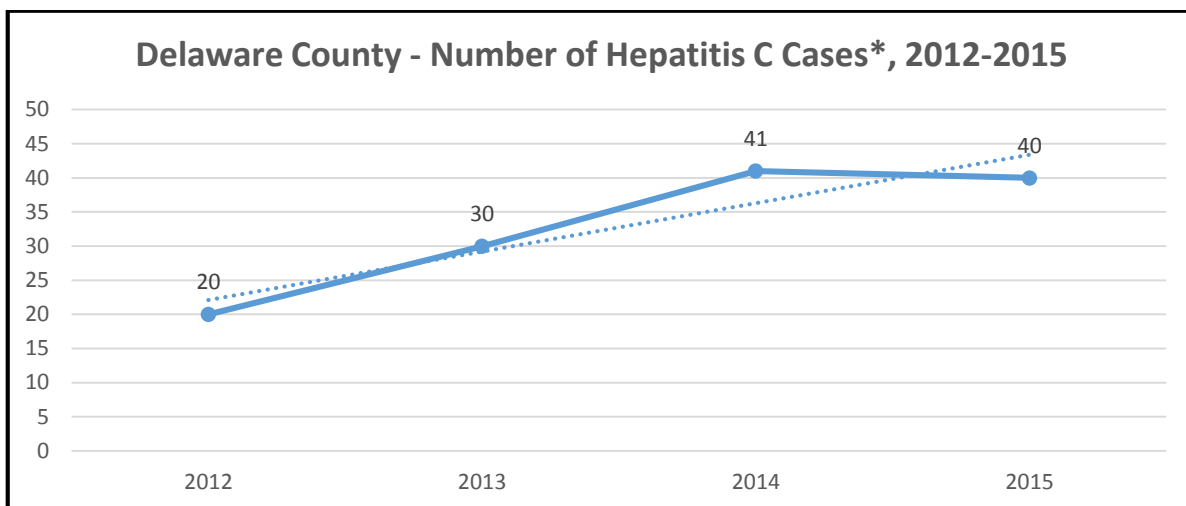
Source: NYSDOH – County Opioid Quarterly Report 2014-16

s: Data for indicators related to hospitalizations and emergency departments are suppressed for confidentiality purposes if there are less than 6 discharges.

\*: 2015-2016 data are incomplete due to lag time in confirming overdose data. Data may change as deaths, hospitalizations, and ED visits are confirmed and reported.

Although this data is preliminary, this information establishes a baseline of opioid related deaths, emergency department visits and hospitalization in Delaware County (Table 15).

Graph 2-37



Source: Delaware County Public Health Annual Reports 2012-2015  
 \*Hepatitis C cases represent the number of newly diagnosed cases.

Heroin is often injected through a needle. Heroin users sometimes share and reuse needles which can lead to an increase in hepatitis C cases, a blood-borne virus. From 2012 to 2015 the number of newly identified Hepatitis C cases doubled from 20 to 40 in Delaware County (Graph 2-37). The rapid increase in the number of cases suggests that this trend will continue. A needle exchange program which would reduce the reuse of old needles would most likely help reduce the transmission of hepatitis C.

Table 2-16

**Deaths Due to Drug Overdose in Delaware County, 2009-2013**

	Mean Annual Frequency	Crude Rate per 100,000 Residents	Age-Adjusted Rate per 100,000 Residents
Drug Overdose, Any	5	10.8	12.4
Heroin	*	*	*
Opioid Analgesics	2	4.7**	5.9**

Source: NYSDOH, Bureau of Occupation Health and Injury Prevention Vital Statistics Death File, June 2015.  
[www.health.ny.gov/prevention/injury\\_prevention](http://www.health.ny.gov/prevention/injury_prevention)

\*Data based on five-year totals with less than six occurrences are not reported.

\*\* Caution: Rates calculated using frequencies of less than 20 (five-year total) are unstable.

Overdoses account for approximately five deaths per year from 2009-2013 in Delaware County. Although not reported, both heroin and opioid analgesics are responsible for the drug overdoses. Naloxone, also called Narcan®, is a medication that can reverse overdoses caused by heroin, oxycodone, hydrocodone, and morphine (NYSDOH, AIDS Institute, Naloxone Program for Law Enforcement Data Brief #1). Law enforcement, emergency medical services personnel and community members can be trained in Narcan® administration to prevent overdose deaths.

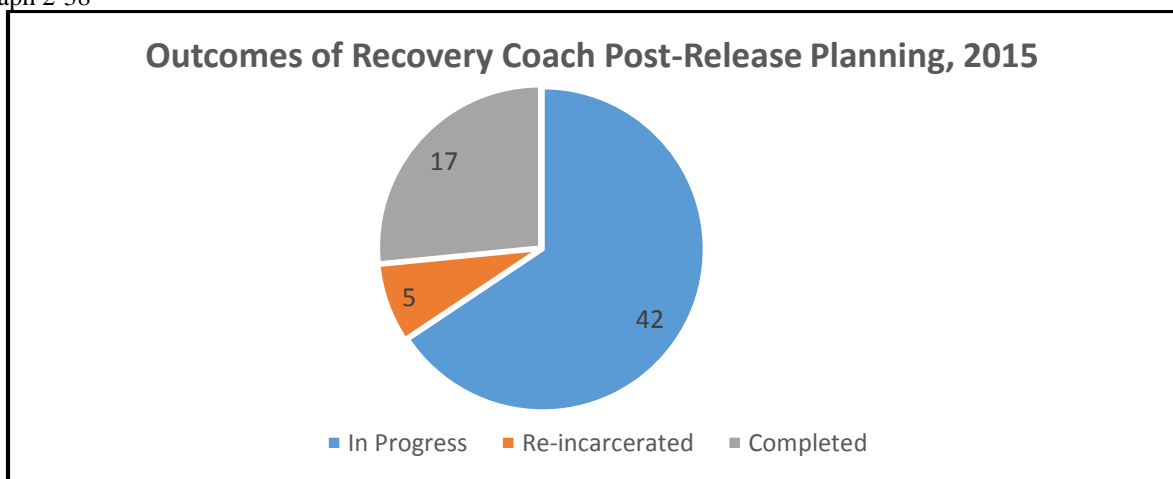
The Delhi Village Police Department’s Opioid Overdose Prevention Program received certification from the Department of Health on May 19, 2015. At this time law enforcement

officers from the following partner agencies have received training and are issued naloxone through this program: Delhi Village Police Department, University Police at SUNY Delhi, Hancock Village Police Department, Colchester Town Police Department, Sidney Village Police Department and the Delaware County Sheriff’s Office (Personal Correspondence with Chief Michael Mills, Delhi Village Police Department).

Additionally, the New York State Police run a prevention program, providing training and issuing naloxone to their Troopers and the Department of Environmental Protection (DEP) Watershed Police force is scheduled to have their officers trained by October of 2016.

In 2015, naloxone was administered by law enforcement twice in Delaware County (NYSDOH, AIDS Institute, Office of Program Evaluation and Research). Through August 2016, naloxone was used three times by partner agencies. As more law enforcement personnel is trained to carry and administer Narcan, one can expect the utilization rates to rise.

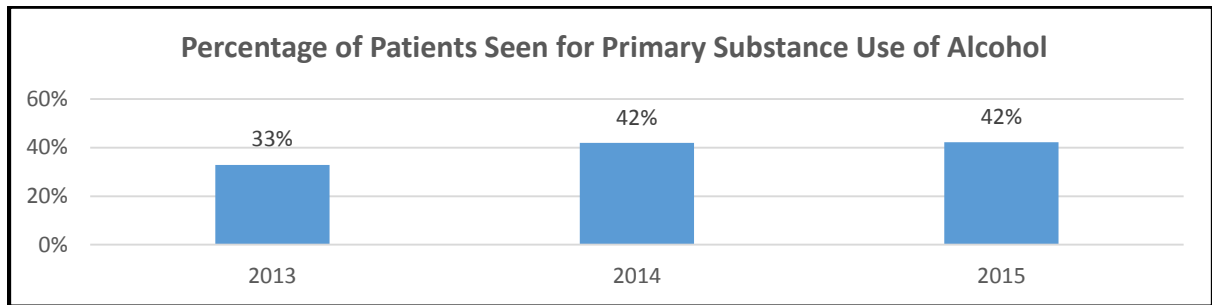
Graph 2-38



Source: Delaware County Department of Mental Health Annual Report (2015)

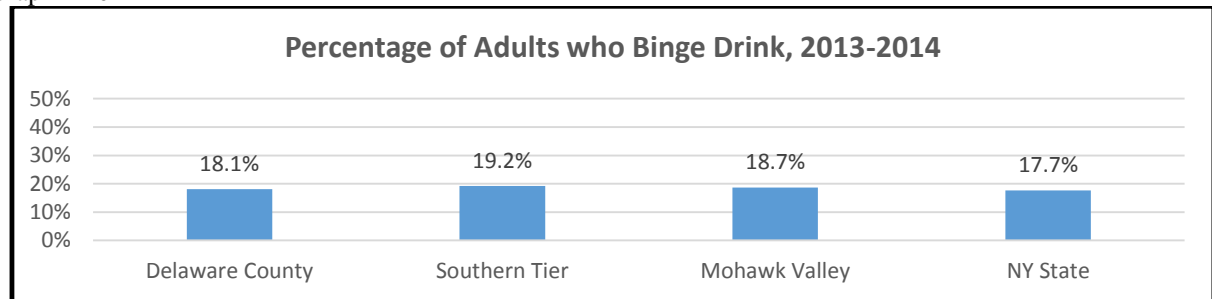
Initiated in 2014, the Alcohol and Drug Abuse Council has a Recovery Coach program that works with incarcerated individuals due to substance related offenses. Recoverees are approached and offered the opportunity to create post-release plans for continued recovery through enrollment in the program. The coach will assist the recoverees while still incarcerated and with transportation and adherence to the plan for up to six months post release. In 2015, the program assisted 64 individuals in total, 17 of whom completed the program (Graph 2-38).

Graph 2-39



Source: Source: Delaware County Alcohol and Drug Abuse Services statistics

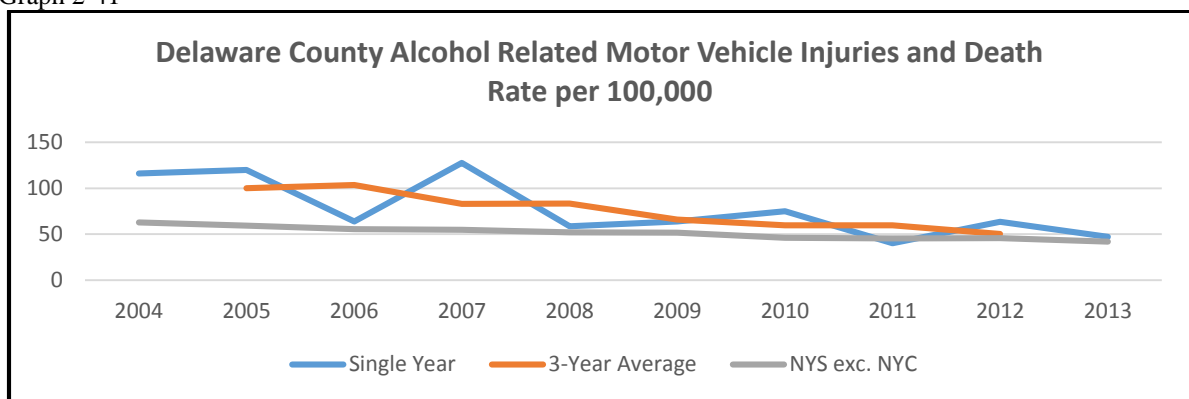
Graph 2-40



Source: <http://www.health.ny.gov/statistics>

According to Graph 2-39, alcohol as a primary substance has increased as a reason for seeking substance use treatment. Binge drinking, defined as men who have five or more drinks, women having four or more drinks on one occasion in the last month, in Delaware County is congruent with regional binge drinking rates, but higher than New York State. 18.1% is less than the NYS Prevention Agenda 2018 Objective of 18.4% (Graph 2-40).

Graph 2-41



Source: <http://www.health.ny.gov/statistics>

Per Graph 2-41, alcohol related motor vehicle injury and deaths rates are decreasing in Delaware County and approaching the Upstate NY rate.

## Section III: County Health Rankings

The County Health Rankings is a measurement of the health of all counties in the nation and each county is ranked within its state. The County Health Rankings data is provided through collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. The Rankings are developed using a variety of national data sources such as vital statistics, sexually transmitted infections data and Behavioral Risk Factor Surveillance System (BRFSS) survey data. The goal of the Rankings is to raise awareness about factors that influence health and that health varies from place to place. Counties in each of the 50 states are ranked according to summaries of a variety of health measures. Those having high ranks, e.g. 1 or 2, are considered to be the “healthiest.” Counties are ranked relative to the health of other counties in the same state. The rank is calculated from scores in the following categories:

1. Health Outcomes
2. Length of Life
3. Quality of Life
4. Health Factors
5. Health Behaviors
6. Clinical Care
7. Social & Economic Factors
8. Physical Environment

### **Health Outcomes**

In terms of the County Health Rankings, health outcomes refers to how long people live and how healthy people feel while alive. Length of Life is measured using causes of death in the population before age 75. Quality of Life is measured using health related data and birth outcomes.

### **Health Factors**

#### **Health Behaviors**

##### *Alcohol Use*

The ranking combines two measures to assess alcohol use in a county: percent of excessive drinking in the adult population and the crude motor vehicle death rate per 100,000 people.

##### *Built Environment*

This rates is calculated using the following three measurements: the percent of the population living with limited access to healthy foods, the percent of the population that is food insecure, and the percent of the population with adequate access to locations for physical activity.

##### *Diet and Exercise*

Obesity, defined as the percentage of the adult population that has a body mass index greater than or equal to 30 serves as a proxy for diet. Physical inactivity, defined as the percent of the adult population that during the past month, other than a regular job, did not participate in any physical activity or exercise such as running, calisthenics, golf, gardening, or walking for exercise.

### *Sexual Activity*

The County Health Rankings uses two measures to represent the sexual activity focus area: teen birth rates and chlamydia incidence rates. Specifically, the rankings reports the birth rate per 1,000 female population ages 15-19. The chlamydia rate is the number of incidences per 100,000 population. By measuring teen birth and chlamydia incidence rates, the County Health Rankings provides communities with a sense of the level of risky sexual behavior in their county compared to other counties in their state.

### *Tobacco Use*

The measure used examines the number of current adult smokers who have smoked at least 100 cigarettes in their lifetime.

### Clinical Care

#### *Access to Care*

Data for this measure comes from the Census Bureau's Small Area Health Insurance Estimates (SAHIE), which provide model-based estimates of health insurance coverage for all states and counties in the United States, specifically looking at the percentage of the population under age 65 without health insurance. Health Resources and Services Administration (HRSA) is used to report the ratio of the population to primary care physicians in a county (i.e. the number of people per primary care physician) and the ratio of the population to dentists in a county.

#### *Quality of Care*

Three measures are used to report healthcare quality: preventable hospital stays, or the hospitalization rate for ambulatory care sensitive conditions per 1,000 Medicare enrollees; the percent of diabetic Medicare enrollees that receive HbA1c screening and the percent of female Medicare enrollees age 67-69 having at least one mammogram over a two-year period.

### Socioeconomic Factors

#### *Community Safety*

Community safety is assessed by looking at the number of violent crimes in a county, defined as those offenses which involve force or threat of force.

#### *Education*

Education is assessed by comparing the percent of ninth graders who graduate high school in four years as well as the estimated percentage of adults age 25-44 with some post-secondary education.

#### *Employment*

This factor is assessed using the annual average unemployment rate for ages 16 and older.

#### *Social Support*

Social support is calculated using the percentage of adults without social/emotional support. This

county level measure is calculated using the percentage of people with inadequate social support and the percent of children living in family households with a single parent.

### *Income*

This measure is calculated using the percent of children living in poverty, as defined by the federal poverty threshold. Additionally, the measure examined the degree of income inequality within a county through a ratio of household income at the 80<sup>th</sup> percentile to income at the 20<sup>th</sup> percentile.

### Physical Environment

#### *Built Environment*

Other factors of the built environment are included under the physical environment section. These include the percentage of severe housing problems, the percentage of people who driving alone to work, and the percent who have a long commute to work.

#### *Environmental Quality*

The average daily fine particulate matter defined as the average daily measure of fine particulate matter in micrographs per cubic meter in a county and drinking water safety are used to assess environmental quality

## **Delaware County Health Rankings**

Delaware County ranked 42 for overall health outcomes out of 62 counties in New York State, where a higher number signifies worse outcomes. For the purposes of this report, Delaware County will be compared with 5 counties: Chenango, Essex, Livingston, Otsego, and Sullivan. Counties for comparison were chosen based on similarities with Delaware County in location, size, rank status, and population similarities.

Delaware County ranked 45 for mortality or length of life. The premature death rate for Delaware County is 6,600 per 100,000, which is higher than the New York State rate of 5,400 and the National Benchmark at 5,200. Delaware County's rank is higher than all of the comparison counties with the exception of Sullivan County.

Delaware County's quality of life ranking was 35, which is higher than Essex and Sullivan counties, but lower than Chenango, Livingston and Otsego. The table below shows the information used to determine the quality of life ranking (Table 3-1).

Delaware County has the lowest percentage of people experiencing poor or fair health among the comparison counties. For all of the other indicators, poor physical health days, poor mental health days, and low birth weight, Delaware County falls somewhere in the middle. Since the 2013 Community Health Assessment, the only factor that appears to have made noticeable change is that of Poor Mental Health Days. In 2013, Delaware County showed only 2.3 poor mental health days (Table 3-1)

Table 3-1

Quality of Life 2016 County Health Rankings							
	New York	Delaware	Chenango	Livingston	Essex	Otsego	Sullivan
Quality of Life Rank	N/A	35	29	10	43	25	60
Poor or Fair Health	17%	12%	13%	13%	12%	13%	15%
Poor Physical Health Days	3.6	3.4	3.5	3.3	3.3	3.5	3.8
Poor Mental Health Days	3.7	3.6	3.7	3.6	3.4	3.7	3.8
Low Birth weight	8%	7%	7%	6%	9%	6%	9%

Health Factors overall were as follows: Delaware 36, Chenango 37, Essex 27, Livingston 23, Otsego 20, and Sullivan 59. The following tables, Tables 3-2, 3-3, 3-4 and 3-5, contain the health indicators that are utilized to determine these rankings.

Delaware County performs well on health behaviors compared with the other counties. Delaware County has one of the lowest adult smoking rates, adult obesity rates, and one of the best food environments when comparing it to other similar counties (Table 3-2). The teen birth rate and sexually transmitted infections are both lower than three of the other counties and the New York State rate overall.

Table 3-2

Health Behaviors 2016 County Health Rankings							
	New York	Delaware	Chenango	Livingston	Essex	Otsego	Sullivan
Health Behaviors	N/A	17	45	28	20	25	48
Adult Smoking	14%	15%	15%	15%	14%	16%	16%
Adult Obesity	24%	26%	33%	30%	29%	26%	31%
Food Environment Index	7.9	8.3	8.3	7.6	8.1	7.4	7.5
Physical Inactivity	24%	25%	27%	24%	27%	21%	23%
Excessive Drinking	17%	18%	18%	19%	19%	19%	17%
Alcohol-Impaired Driving Deaths	23%	26%	21%	31%	30%	24%	27%
Sexually Transmitted Infections	489.5	255.9	328.4	188.2	177.1	343.5	316.4
Teen Birth Rate	23	18	32	12	20	11	29



In contrast, Delaware County has one of the lowest rankings for clinic care. The score is likely due to the ratio of primary care physicians to residents, ratio of dentists to residents and the number of preventable hospital stays. Among the comparison counties, only Sullivan County is ranked lower than Delaware County for Clinical Care (Table 3-3). These ratios do not account for Nurse Practitioners and Physicians Assistants which make a large portion of the health care practitioners in rural counties.

Table 3-3

Clinical Care 2016 County Health Rankings							
	New York	Delaware	Chenango	Livingston	Essex	Otsego	Sullivan
Clinical Care	N/A	56	36	40	41	25	59
Uninsured	12%	12%	10%	9%	11%	12%	14%
Primary Care Physicians	1,200:1	2,460:1	2,250:1	2,230:1	2,420:1	890:1	2,320:1
Dentists	1,280:1	2,910:1	2,910:1	2,150:1	3,220:1	2,110:1	2,450:1
Preventable Hospital Stays	53	72	61	57	60	55	55
Diabetic Screening	86%	87%	88%	86%	86%	86%	89%
Mammography Screening	62%	63%	62%	54%	69%	68%	54%

According to the social and economic factors, Delaware County has mixed performance. The High School Graduation rate is relatively high, however the percentage of individuals with some college is relatively low. These factors, combined with an average unemployment rate, high rates of child poverty and single-parent households, lead to Delaware County receiving a rank of 37. Again, Sullivan County is the only one of the comparison counties which falls below Delaware (Table 3-4).

Table 3-4

Social & Economic Factors 2016 County Health Rankings							
	New York	Delaware	Chenango	Livingston	Essex	Otsego	Sullivan
Social & Economic Factors	N/A	37	34	13	28	22	57
High School Graduation	77%	84%	83%	89%	85%	79%	75%
Some College	66%	56%	56%	59%	58%	61%	52%
Unemployment	6.3%	6.5%	6.2%	5.8%	6.9%	5.7%	6.7%
Children in Poverty	23%	23%	25%	19%	18%	22%	25%
Children in Single-Parent Households	35%	35%	35%	34%	33%	32%	36%
Violent Crime Rate	400	140	122	76	122	176	258

Physical environment is the last of the health factors. Among these rural counties with a relatively low population density, Delaware County performs better than two: Livingston and Sullivan. Among these counties, only Chenango County is without drinking water violations. Delaware County has one of the lowest rates of driving alone to work, with only Otsego out-performing (Table 3-5). Delaware County's rank for physical environment has changed drastically from the last Community Health Assessment. However, care should be used when comparing change over time as the data used to calculate rank has also changed since the last assessment.

Table 3-5

Physical Environment 2016 County Health Rankings							
	New York	Delaware	Chenango	Livingston	Essex	Otsego	Sullivan
Physical Environment	N/A	35	5	59	19	33	53
Daily Fine Particulate Matter	11.7	11.5	11.7	12.5	11.1	11.5	11.4
Drinking Water Violations	N/A	Yes	No	Yes	Yes	Yes	Yes
Severe Housing Problems	24%	16%	14%	14%	17%	17%	22%
Driving Alone to Work	54%	74%	76%	80%	76%	71%	77%
Long Commute – Driving Alone	36%	32%	31%	42%	26%	30%	37%

### **III. Community Partner Involvement & Process**

Obtaining community agencies' and community members' perspectives about the most pressing health issues in Delaware County is an integral portion of the Community Health Assessment process. From 2014-2016, numerous Community Needs Assessments (CNAs) were conducted which collected information from healthcare providers, community agencies, and community members. The primary sources are through the Population Health Improvement Program (PHIP) and Delivery System Reform Incentive Payment (DSRIP) Program. Delaware County specific results from these assessments were utilized to inform the Community Health Assessment update. Additionally, input was sought through interaction in various forums throughout Delaware County.

#### **a. Population Health Improvement Program**

The Population Health Improvement Program (PHIP) is a New York State Department of Health funded initiative aimed at improving regional health. In the Southern Tier, PHIP covers five counties including Delaware County. In order to inform the direction of the Southern Tier PHIP, also known as HealthlinkNY Community Network the team conducted a regional health assessment utilizing stakeholder interviews and consumer focus groups.

From June 2015 through January 2016, a total of 238 one-on-one structured interviews were conducted with professionals working in diverse fields such as health care, education, transportation, economic development, mental health, law enforcement, elected officials, among others. The interview questions, 10 key questions and 5 secondary questions, centered on health disparities, key barriers to addressing them, and gaps in service provision.

Key terms or themes were identified from the narrative responses and classified into standardized categories across the counties. The information from each interview was entered in county-specific excel spreadsheets which captured the three main issues identified as well as associated responses. The results of this data collection was then analyzed for trends and associations.

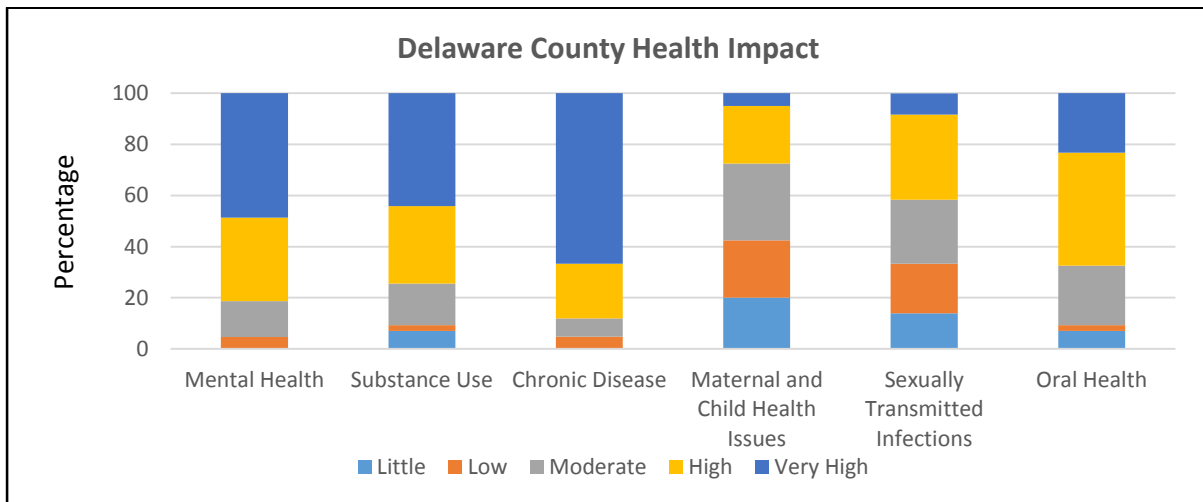
Consumers' input was sought through focus groups which were conducted from January through March of 2016. Population Health Coordinators met with pre-existing groups including support groups, service clubs, parent groups, and senior meals. HealthlinkNY Community Network conducted 16 focus groups with 130 participants; they were asked about their experiences with health and health care delivery. Responses from the focus groups were collected by note-takers and summarized qualitatively by the Population Health Coordinators.

In Delaware County, a total of 43 stakeholder interviews were conducted and five consumer focus groups with a total 37 participants.

## Stakeholder Interviews

Stakeholders were asked to rate on a scale of 1 to 5 the impact diseases have on health within their community, with 1 being little and 5 being very high. Graph 4-1 depicts the responses from Delaware County stakeholders. Chronic Disease has the highest percentage of very high impact and combined high and very high impact. Chronic Disease is followed closely by Mental Health and Substance Use as the health issues having the largest impact in Delaware County. Oral Health, Sexually Transmitted Infections, and Maternal and Child Health were all considered to be less impactful on community health.

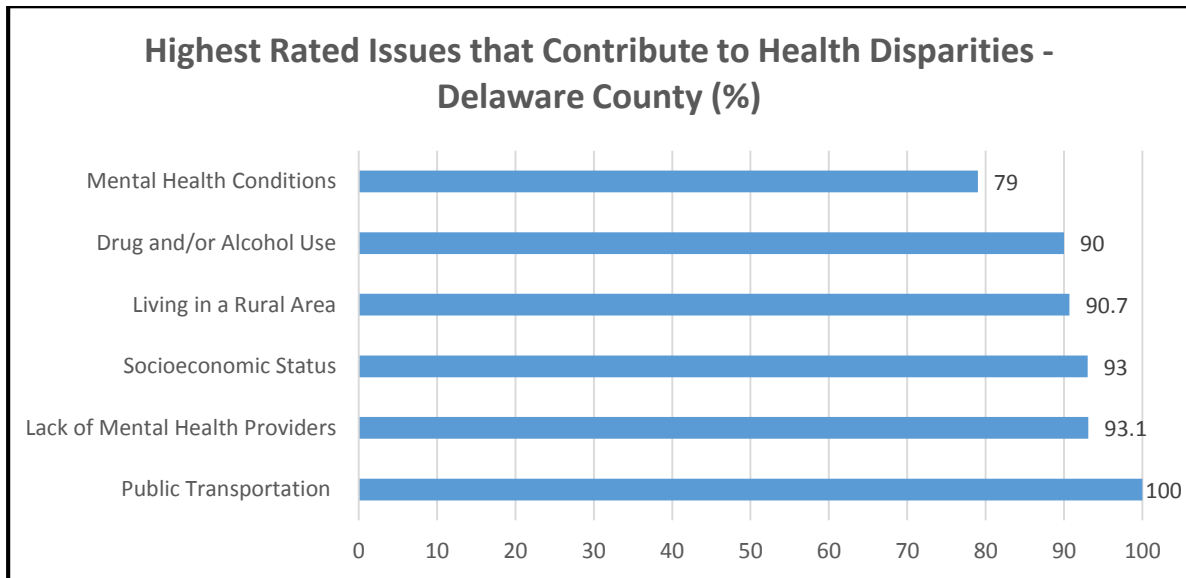
Graph 4-1



Source: HealthlinkNY Community Network, 2015-2016 Regional Assessment

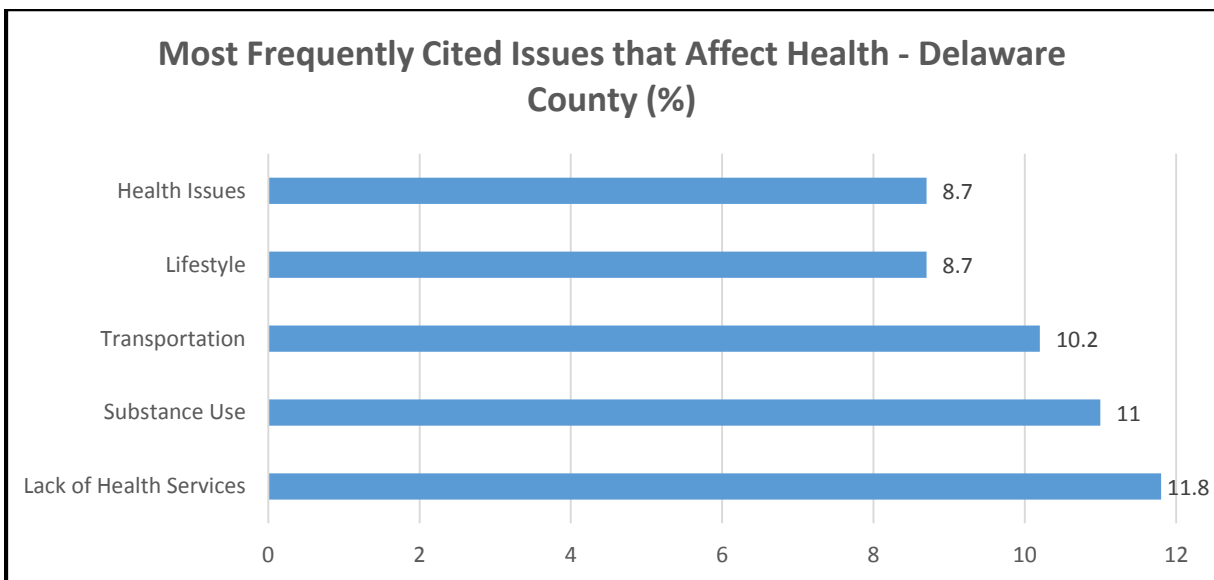
Stakeholders were asked to say whether a long list of issues contributed to health disparities within their county or service area. In Delaware County, all of the stakeholders felt that lack of public transportation was an issue that contributes to health disparities. Additionally, the lack of mental health providers, socioeconomic status, the challenges of living in a rural area, drug and alcohol use, as well as mental health conditions were all found to be factors contributing to health disparities (Graph 4-2).

Graph 4-2



Source: HealthlinkNY Community Network, 2015-2016 Regional Assessment

Graph 4-3

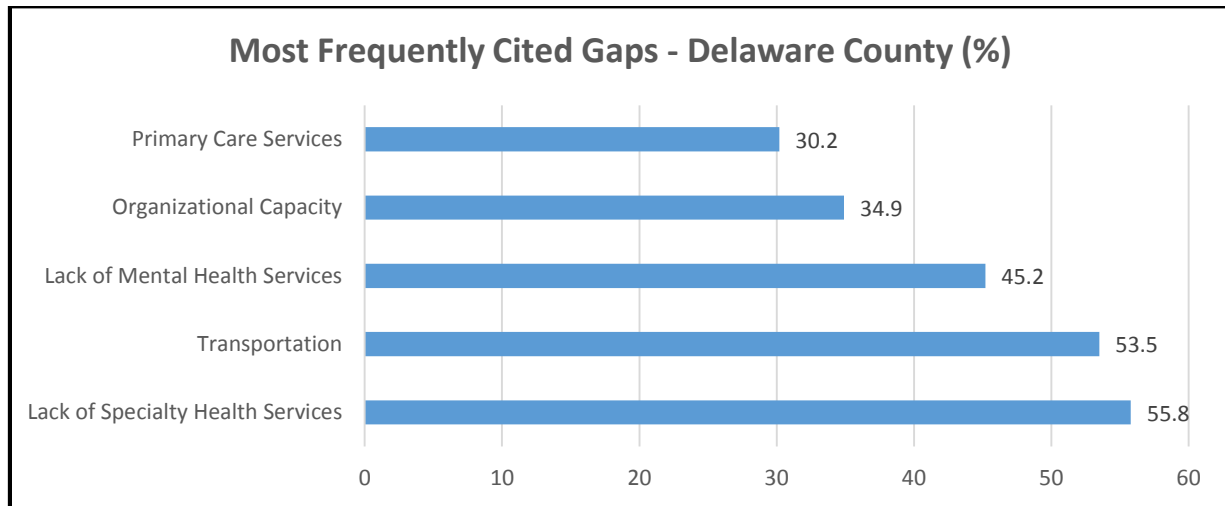


Source: HealthlinkNY Community Network, 2015-2016 Regional Assessment

The results of Graph 4-3 are from a question which asked stakeholders to name the top three issues that affect health in their county. Of the 127 responses (stakeholders could provide a maximum of three), 11.8% of the responses referred to a lack of health services being available in the county. This was closely followed by the high amount of substance use and challenges surrounding transportation and access. Stakeholders also felt that the lifestyle an individual

chooses to live, whether it is how one eats, if one chooses to exercise, etc., this is also a factor affecting health in Delaware County. Finally, stakeholders identified coping with a health issues as an issue that affects health. If an individual already has an illness, it will disproportionately make it more challenging to achieve good health.

Graph 4-4



Source: HealthlinkNY Community Network, 2015-2016 Regional Assessment

Gaps in services refer to the services that are not available or are not sufficient to meet the need of Delaware County residents. Over 55% of stakeholders identified “specialty health services”, or health services beyond primary care, as a major gap in Delaware County (Graph 4-4). This was closely followed by transportation and mental health services. The fourth most frequently cited gap was organizational capacity; the services exist in Delaware County, but due to lack of funding, personnel and vast service areas, the capacity of these programs does not meet the need in Delaware County.

Focus Groups

Table 4-1  
HealthlinkNY Community Network – Delaware County Focus Groups

Date	Location	Population	Participants
1/26/2016	Tri County Senior Club, Sidney	Seniors	2
2/10/2016	Rehabilitation Support Services, Walton	Mental Health	6
2/18/2016	Walton Lions Club, Walton	Service Club	12
2/23/2016	Hobart Senior Center, Hobart	Seniors	11
3/1/2016	Soup it Up, Community Meal, Walton	Low Income	6

## Community Member Perspectives:

### *Motivation for Being Healthy*

Focus group participants spoke about family members, friends, and pets as being some of the biggest motivators to being healthy as well as a desire to live the best possible life, also stating that they wanted to stay mobile, and not have to rely on others. Some mentioned a family history of diseases such as cancer, diabetes, heart-related issues, and stated that they did not want to repeat what they had watched family members go through.

### *Accessibility*

Participants spoke often about the inaccessibility of various locations due to the presence of stairs, lack of ramps and elevators. Some mentioned a lack of connection between service workers and the availability of such resources; there might be an elevator at the library, but it is not offered or pointed out to individuals who might benefit from its use.

### *Transportation*

Transportation was the number one issue identified by both stakeholders and consumers. Lack of services available locally and the poor dissemination of information about the resources were emphasized. Word of mouth has been the best way to find out about things in Delaware County. Many consumers discussed problems with transportation services, stating that Medicaid cabs were not efficient: long wait times, need to schedule way ahead of time, and occasionally forget to pick them up. Additionally, the services that are available are for a limited population (mental health, veterans, disabled, seniors) and not usually accessible for people with children.

Some consumers felt that law enforcement officials overstepped their boundaries in determining when someone should stop driving. Without access to public transportation or nearby family supports, the impact of prohibiting an individual to drive is great and should not be done offhandedly.

### *Quality of Care*

Individuals felt that the quality of care they received was good, but only from their own provider. When speaking in general about the quality of care, many felt that it is poor or could be significantly improved upon.

A notable difference exist between individuals who are from the area versus those who have relocated from another location. Those who have relocated seems to be less satisfied by the number, type and quality of services when compared to those who have always been in Delaware County and the surrounding areas.

### *Health Insurance*

Consumers felt disenfranchised by the entire health insurance system. They did not feel as though it was there to service them. They felt that there was a breakdown in communication between providers, insurance companies, and pharmacies about what services and medications were covered and/or approved. A few mentioned that this leads to a lack of communication with the patient.

Both consumers and stakeholders identified a negative impact from the increased involvement of health insurance companies in making decisions about care and medications.

### *Health Care Services*

Participants often spoke about a lack of available health care services in their communities. Specifically, consumers mentioned a lack of walk-in urgent care, few specialists, as well as the transiency of providers. It is challenging to develop trust and rapport with a provider if they are constantly changing.

### *Other Barriers to Good Health*

Focus groups participants emphasized that life skills education is necessary for people to be able to overcome their circumstances and it is something that is lacking in Delaware County.

Drug usage was also identified as a large problem. The fact that a large pharmaceutical manufacturer is within the county does not help the situation.

Federal and State level decision-makers do not understand the needs of the poor or the local needs. When they make decisions and propose solutions, they do not fit the needs of those living in Delaware County.

Consumers spoke of isolation of elderly and low socioeconomic families in rural parts of the county. Several cited the impacts this can have on physical, mental and emotional health.

## **b. Delivery System Reform Incentive Payment (DSRIP) Program**

The Delivery System Reform Incentive Payment (DSRIP) program's purpose is to "fundamentally restructure the health care delivery system by reinvesting in the Medicaid program, with the primary goal of reducing avoidable hospital use by 25% over 5 years. Up to \$6.42 billion dollars are allocated to the DSRIP program with payouts based upon achieving predefined results in system transportation, clinical management, and population health." (Care Compass Network, 2016).

Prior to application to the DSRIP program, each region, aligned with hospital system service areas, completed a community needs assessment to determine the projects that would have the greatest impact on the Medicaid population in that area. As such, three regional projects, called Performing



Provider Systems (PPS), included Delaware County in their Community Needs Assessment (CNA): Care Compass Network, Leatherstocking Collaborative Health Partners, and Westchester Medical Center Health Network PPS.

As a baseline, all of the assessments found that the total number of Medicaid enrollees in 2013 was 9,746 in Delaware County or approximately 20% of the population.

### **Care Compass Network Community Needs Assessment**

The CNA conducted for Care Compass Network PPS, by Research & Marketing Strategies (RMS), corresponded to the following counties: Broome, Cayuga, Chemung, Chenango, Cortland, Delaware, Schuyler, Steuben, Tioga and Tompkins. The assessment consisted of an online survey, in-depth interviews and focus groups. All three methodologies worked to receive equitable feedback from the counties based on the portion of the Medicaid population living in that county. The following information comes directly from the CNA.

The online survey received feedback from three different groups: health care professionals, community – non-clinical professionals, and community residents, which included individuals with private insurance, Medicaid, and uninsured. The in-depth interviews focused on the first two of those groups, whereas the focus groups included Medicaid recipients only.

### **Overall Recommendations from CNA:**

- 1) Promote awareness of community based organizations, assistance organizations and the 2-1-1 helpline among the Medicaid and uninsured.
- 2) Consider working with Medicaid to create more availability of taxi vouchers or improving no or low cost and convenient travel options to non-ED related medical facilities.
- 3) Work to align financial benefits and lifestyle benefits to encourage recipient to remove themselves from Medicaid.
- 4) Emergency Department usage requires no upfront fees for the Medicaid population, whereas primary care requires up front out of pocket fees. The fees are a major motivator for the Medicaid population, signifying that these benefits are misaligned with the goals of DSRIP.
- 5) Online or telephone navigator resources to assist Medicaid and uninsured recipient in searching for healthcare options, finding solutions and receiving treatment are supported.
- 6) Training and education of physicians on the importance of provider-to-patient communication will improve overall patient satisfaction.
- 7) Recruit talented physicians and specialists, especially in the fields of dental and mental health.
- 8) Preventive behavior and promoting healthy lifestyles among the Medicaid and uninsured populations should begin in schools.

- 9) Promote the dissemination of Patient-Centered Medical Home model of care among providers in the PPS to improve quality, cost and the experience of the patient.

#### Selected Online Survey Results – Delaware County

Access to mental health services and education/prevention were identified as the most pressing needs across the region. For the Medicaid population, the same two services and transportation were the most frequently cited needs.

When asked if **these needs differ in Delaware County in any particular way**, a respondent answered in the following manner:

- *“Delaware County is 90 miles from end to the other and it’s a mountain region. There is a general lack of trust from any government involvement in government services. The biggest problem is transportation.”*

#### Selected In-Depth Interview Results – Delaware County

In response to the barriers indicated in the online survey, interviewees were asked, “**What needs to be done to overcome these barriers for the Medicaid and uninsured populations?**” The responses below are from Delaware County.

- *“Give more incentive to health care providers to accept Medicaid and make the process of providing transportation a bit easier to the Medicaid population.”*
- *“Increase in employment opportunities; the rural area is vulnerable, and transportation needs.”*
- *“Some type of public transportation that would help and some type of regional urgent care services.”*

Another question asked, “**Are there unique challenges that the Medicaid and uninsured populations face with regard to managing chronic conditions?**”

- *“Medicaid populations may or may not use their prescribed medicines and waste supplies; they don't take care seriously, so Medicaid dollars are wasted. The uninsured work for what they have. They don't waste and they use medicines and medical advice to the best of their ability.”*

#### Selected Focus Group Themes – Chenango and Delaware Counties:

Overall the focus group findings among these two counties were consistent with what was learned across all the counties. It was clear that these participants were aware that there are healthcare resources tied to the Bassett Healthcare system that directed them towards Oneonta and Albany and there were healthcare services from UHS and Lourdes that directed them towards the Binghamton area. In both situations, people had to leave the area and drive to receive more comprehensive healthcare “out-of-the area.” This was not the preference, however participants understood that there were a limited number of providers available within the local community.

There were some comments that the Bassett, UHS and Lourdes providers could work more closely together and incorporate “best practices.”

The participants in these counties seemed to need specialty care and mental health resources at a slightly lesser volume than the participants from the other eight counties. However, dental care services, dieticians and sites for chemical dependence detoxification (additional treatment locations) were identified as being a significant need within the region.

The majority of participants did not know of an urgent care facilities and this is why many went to the ED, knowing that their condition was not a true emergency. Others stated that the hours associated with an urgent care facility were not convenient.

- *“There is no urgent care here (in Delhi).”*
- *“They try to get us to use Fox Care but guess what? If I don’t have transportation, I can call an ambulance and I can go to the emergency room.”*

Participants indicated long waiting lists, closed practices, long appointment wait times and limited supply of primary care physicians accepting “new patients” and a barrier to receiving routine and or non-urgent care.

Participants stated that they liked the idea of a facility that offered multiple services under one roof for walk-in and urgent care. They also wanted it to be like the ER in that you did not need an appointment to go.

Several participants indicated that they use the Internet and social media to stay abreast of their health appointments, learn about healthcare issues and to tap into resources that might help them with their healthcare needs.

- *“Yeah, Bassett now has a website you can connect to your doctors and everything. You can renew your prescriptions.”*
- *“I get a text message and I just got opted into the women’s clinic in Fox Care. I can now see my test results at the same time my doctor does and if they have a message for me it will be emailed to me.”*

There is minimal awareness of available healthcare focused community resources within the two counties, beyond knowing of specific churches that provide outreach and food pantry resources.

- *“There’s no community resources right now. You’re almost out there floundering unless you have the time and the patience to call and call. God forbid if you’re sitting at your desk trying to do your job and things are only open Monday through Friday nine to five and those are your working hours.”*

The concept of a centralized advocacy resource or resource material to help individuals identify and navigate the healthcare system was well received by all participants.

Those participants without health insurance stated that they are going to pay the fine rather than go and purchase health insurance from the exchange. They stated that the insurance cost is still unaffordable to them and the fine is much less expensive. They also approach healthcare providers directly and try and work out a lower cost and payment schedule.

Participants within these counties stated physicians were quick to use prescriptions to treat conditions. This was not always appreciated. Many felt that this medication approach is a means hurry the patient out of the office (so that the doctor can see someone else), and leads to over utilization of prescription drugs.

Overall, any out of pocket costs were a deterrent to receiving medical care. Some participants indicated that they are hesitant to share any income information for fear that this will be reported and “disqualify” them from a particular program.

The results of the assessment led to the Care Compass Network choosing the following projects specifically related to behavioral health and chronic disease:

1. Evidence-Based Strategies for Disease Management (3bi)
2. Chronic Disease Preventative Care and Management – Chronic Obstructive Pulmonary Disease (4bii)
3. Care Transitions for Chronic Diseases (2biv)
4. Integration of Behavioral Health and Primary Care (3ai: Model 1 & Model 2)
5. Strengthen Mental Health and Substance Abuse Infrastructure (4aiii)
6. Crisis Stabilization (3aii)

### **Leatherstocking Collaborative Health Partners Community Needs Assessment**

Chenango, Delaware, Herkimer, Madison, Oneida, Otsego, and Schoharie counties are all part of the Leatherstocking Collaborative Health Partners PPS. The Community Needs Assessment performed in this region, by Bassett Research Institute’s Center for Rural Community Health, included a review of demographic and health data, in-depth telephone interviews with providers, health consumer surveys, as well as focus groups with residents.

The surveys were administered to low-income clients from 6 organizations across all seven of the counties. A total of 290 surveys were completed in order to compliment the findings of the population-based data already collected. Of the three focus groups conducted, two were conducted in conjunction with the Care Compass Network CNA.

#### **Key Findings:**

The stakeholder and community engagement process revealed basic social needs affecting health such as access to healthy foods, adequate shelter and information about resources for health and the healthcare system. Limited sources of transportation in rural areas where all forms of healthcare services (e.g. urgent care, primary care, specialty services) are in short supply and span significant

travel distances lead to ambulance transport and ED use as alternative options. Other cited challenges to access and quality of care include practices not accepting new patients, urgent care and walk-in clinics not being open when care is needed, delay in when appointments are available to see providers, too little time with providers (and feeling rushed during the appointment), inadequate continuity of care or co-ordination among multiple providers being seen (e.g. when providers rotate within a site), and deficiencies in the patient/provider relationship (i.e. insufficient cultural competence in provision of care) for Medicaid enrollees, the uninsured and the mentally ill. Difficulties with Medicaid enrollment and reimbursement were expressed by both consumers and providers.

The results of the CNA led to the selection of the following projects that focus on Chronic Disease and Behavioral Health:

1. Navigation Program (2ci)
2. Integration of Primary Care and Behavioral Health Services (3ai)
3. Withdrawal Management (3aiv)
4. Asthma Management (3diii)
5. Strengthen Mental Health and Substance Abuse Infrastructure across Systems (4aiii)
6. Tobacco Cessation (4bi)

### **Westchester Medical Center Health Network PPS Community Needs Assessment**

The Westchester Medical Center Health Network PPS covers portions of Delaware, Dutchess, Orange Putnam, Rockland, Sullivan, Ulster, and Westchester counties. The assessment included focus groups, a consumer survey, as well as a review of the community demographics. The Delaware County specific information gathered from the focus groups and consumer survey is limited as only a small portion of Delaware County falls within this PPS.

### **Summary of Key Findings: Westchester Medical Center Health Network Community Needs Assessment**

1. Capacity to provide care across the continuum varies throughout the region; there are insufficient resources for lower-income groups and many higher-risk patients do not qualify for care management services.
2. Current hospital bed capacity will more than satisfy minor anticipated growth in regional demand; there is a growing need for ambulatory services.
3. Many patients are readmitted to acute care within 30 days; this is particularly true for substance abuse and mental health patients.

4. There are increasing levels of uninsured within the region and a significant number of patients who are low utilizers of key prevention services (e.g. adult with routine check-ups). ED utilization also reveals the need to better activate patients.
5. Behavioral Health disease is prevalent within the region; medical and BH preventable readmission and ER visits are significant in this group and are due to insufficient care alternatives within the community (e.g. mobile crisis outreach, peer supports).
6. Data suggest high rates of diabetes especially among higher-risk patients in the region. Community survey results indicate that 58% of respondents consider diabetes to be a top five health issue in their community; few respondents reported accessing nutrition or weight loss programs and less than half reported accessing diabetes testing services within the past 12 months.
7. When asthma and COPD are examined large numbers of hospitalizations and ED visits are evident, especially among children in specific geographic areas.
8. There are high volumes of COPD/Bronchiectasis prevalent throughout the region with clusters of respiratory cancer hospitalization rates. Five counties have much higher adult tobacco use compared to the 2017 Prevention Agenda; adults with BH conditions average smoking rates of 32%.
9. Low cancer screening rates are found in the northern region of the Hudson Valley for breast, cervical and colorectal cancers. Hospitalization rates for respiratory cancer suggest a need for lung cancer screening.
10. There are over 3500 homeless in the region. Focus group participants indicate that housing and services that help people stay in their homes are critical supports for vulnerable populations including the disabled and those with behavioral health and substance abuse challenges.
11. The general area of western Orange and southern Sullivan revealed elevated risk for both pre-term and low birth weight, which was also consistent with a higher risk for late or no prenatal care. Lower Westchester also revealed a consistent elevated risk for these same outcomes, particularly in Yonkers and Mount Vernon. Orange County has low rates of children with immunization series.

The results of the CNA led to the selection of the following projects that focus on Chronic Disease and Behavioral Health:

1. Integration of Primary Care and Behavioral Health Services (3ai)
2. Behavioral Health Community – Crisis Stabilization (3aai)
3. Diabetes Management ( 3ci)
4. Asthma Care Management (3diii)
5. Tobacco Cessation (4bi)
6. Cancer Screening (4bii)

Table 4-2

**Delivery System Reform Incentive Payment Program Projects in Delaware County**

Project	Care Compass Network PPS	Leatherstocking Collaborative Health Partners PPS	Westchester Medical Center PPS
<b>2ai Integrated Delivery System</b>	X		X
<b>2aii Patient Centered Medical Homes (PCMH)</b>		X	
<b>2aiii: Health Home At-Risk Intervention Program</b>			X
<b>2aiv Create Medical Village</b>			X
<b>2biv Care Transitions for Chronic Diseases</b>	X		X
<b>2bvii INTERACT: Interventions to Reduce Acute Care Transfers</b>	X	X	
<b>2bviii Hospital- Home Care Collaboration</b>		X	
<b>2ci Community Navigation Program</b>	X	X	
<b>2di Patient Activation</b>	X	X	X
<b>3ai Integration of Primary Care and Behavioral Health Services</b>	X	X	X
<b>3aii Behavioral Health Community – Crisis Stabilization</b>	X		X
<b>3aiv Withdrawal Management</b>		X	
<b>3bi Evidence-Based Strategies for Disease Management</b>	X		
<b>3ci Diabetes Management</b>			X
<b>3diii Asthma Care Management</b>		X	X
<b>3gi Palliative Care</b>	X	X	
<b>4aiii Strengthen Mental Health and Substance Abuse Infrastructure across Systems</b>	X	X	
<b>4bi Tobacco Cessation</b>		X	X
<b>4bii Chronic Obstructive Pulmonary Disease</b>	X		
<b>4bii Cancer Screening</b>			X

### **c. Delaware County Coalitions, Task Forces and Work Groups**

As Delaware County is a large, rural county, community agencies, governmental bodies, and businesses work together to create a healthier community. In order to achieve these goals, many work groups, task forces, and coalitions meet on regular basis. Representatives from Delaware County Public Health and each of the four hospitals in Delaware County regularly attend and participate in many of these groups.

The list on the following pages catalogs the groups that meet on a regular basis, the lead agency, and which of the hospitals and or Public Health attend. In order to solicit additional input for the Community Health Assessment, representatives that attended meetings between the months of January and June, 2016 shared that the assessment was underway and that any community agency or community member who wished to provide suggestions for the Community Health Assessment was encouraged to do so. Through this methodology, the Community Health Assessment team was able to reach a majority of the agencies operating within Delaware County.



<b>Delaware County Coalitions, Task Forces, and Work Groups</b>		
<b>Name</b>	<b>Lead Agency</b>	<b>Participation</b>
Rural Health Care Alliance of Delaware County	Cornell Cooperative Extension Delaware County	DCPH, DVH, MH, OCH, TRH
Mental Health Committee	Cornell Cooperative Extension Delaware County	OCH, DVH
Wellness Committee	Cornell Cooperative Extension Delaware County	OCH, DVH
Complete Streets	Cornell Cooperative Extension Delaware County	TRH, OCH
Delaware County Care Transitions Coalition	DC Office For Aging	OCH
Delaware County Long Term Care Council	DC Office For Aging	DCPH, DVH, OCH
Suicide Prevention Network of Delaware County	DCPH	DCPH, OCH
Delaware County Breastfeeding Coalition	DCPH	DCPH
Office for the Aging Advisory Board	DC Office For Aging	DCPH
Health Services Advisory Board	DCPH	DCPH, MH
Community Health Services Board (Mental Health)	DC Community Health Services	DCPH, DVH, MH, OCH, TRH
Substance Abuse Committee	DC Community Health Services	DCPH
Care Compass Network PPS	Care Compass Network	DCPH, DVH
East Regional Performing Unit	Care Compass Network	DCPH, DVH
Leatherstocking Collaborative Health Partners PPS	Leatherstocking Collaborative Health Partners	DCPH, OCH, TRH
Asthma Action Pilot	Leatherstocking Collaborative Health Partners	OCH
Withdrawal Management	Leatherstocking Collaborative Health Partners	DVH
Healthy Families/WIC/Child Care Resource and Referral/Head Start Advisory Board	Delaware Opportunities	DCPH
Chenango County Breastfeeding Coalition	Chenango Co. Public Health & Chenango Mem. Hospital	DCPH
Broome County Breastfeeding Coalition	Lourdes Hospital	DCPH
Bassett Breastfeeding Coalition	Bassett Healthcare Network	DCPH
HealthlinkNY Community Network Steering Committee	HealthlinkNY	DCPH, OCH, TRH
Transportation Work Group	HealthlinkNY	DCPH, OCH, TRH
Mental Health Work Group	HealthlinkNY	OCH
Mothers and Babies Perinatal Network	Mothers and Babies Perinatal Network	DCPH
Delaware County BNICER Committee	DCPH	DCPH, DVH, OCH, TRH
Rural Adult Immunization Coalition	Rotates – 17 County Coalition	DCPH

**DCPH** = Delaware County Public Health

**DVH** = UHS Delaware Valley Hospital

**MH** = Health Alliance of the Hudson Valley's Margaretville Hospital

**OCH** = Bassett Health Network O'Connor Hospital

**TRH** – Bassett Health Tri-Town Regional Hospital

<b>Delaware County Coalitions, Task Forces and Work Groups - Continued</b>		
<b>Name</b>	<b>Lead Agency</b>	<b>Participation</b>
American Legion – Delhi	American Legion	OCH
Bassett Research Institute	Bassett Healthcare Network	OCH, TRH
5-2-1-0 Program	Bassett Healthcare Network	OCH
Healthy Heart Screening	Bassett Healthcare Network	OCH, TRH
Fall Risk Assessment	Bassett Healthcare Network	OCH
Creating Healthy School and Communities	Bassett Healthcare Network/ SUNY Cobleskill	OCH, TRH
Regional Trauma Advisory Committee	Lifestar Regional Trauma System	OCH
Sidney Taskforce on Heroin	Community Coalition/ LK (Lorraine Keckeisen) Consulting	TRH
Margaretville Hospital Wellness Committee	Margaretville Hospital	MH
Westchester Medical Center Health Network Psychiatry and Psychology	Westchester Medical Center Health Network	MH
Walton Central School Community Committee	Walton Central School District	DVH
Local Early Intervention Coordinating Council (LEICC)	DCPH	DCPH
County Early Intervention and Preschool Administrators Committee (CEIPAC)	Rotates – 17 County Coalition	DCPH
Capital District Region Hospital Emergency Preparedness Coalition	NYS Department of Health	DCPH, OCH, DVH
Rural Health Network of South Central New York (RHNSCNY) Board of Directors	RHNSCNY	DVH

**DCPH** = Delaware County Public Health

**DVH** = UHS Delaware Valley Hospital

**MH** = Health Alliance of the Hudson Valley's Margaretville Hospital

**OCH** = Bassett Health Network O'Connor Hospital

**TRH** = Bassett Health Tri-Town Regional Hospital

## **IV. Conclusions**

Delaware County Public Health in collaboration with the four hospitals that serve Delaware County utilized many strategies to assess the health of the population. Data mining of primary and secondary data sources was conducted throughout the process and presented to the core group of stakeholders for discussion and review. Representatives from Delaware County Public Health, Delaware Valley Hospital, Margaretville Hospital, O'Connor Hospital, and Tri-Town Regional Hospital attended a number of county, regional, and state level meetings to gather additional input on the Community Health Assessment. The list of coalitions, work groups, and task forces found on pages 80-81 outlines the different venues where input was sought. The Community Needs Assessments conducted by the Southern Tier Population Health Improvement Program and three Performing Provider Systems (PPSs) contributed to the information considered when analyzing the status of community health.

The disparate population selected is the rural population. Delaware County has a small population and a large geographic area that lacks adequate transportation services which contributes to difficulty in accessing health care resources, prolonging Emergency Medical Services response times, and leading to poorer economic opportunities. Based on the socioeconomic data, the disparate population was further narrowed to **low income residents living in rural areas of Delaware County.**

### *Identified Priority Focus Areas*

#### **Focus Area 1 – Prevent Chronic Diseases**

Prevent Chronic Diseases was chosen as a priority area in Delaware County based on the health data indicating a rise in obesity and related health outcomes. Chronic diseases are the leading causes of death nationwide and are burdensome in terms of cost, time, and quality of life. In Delaware County, the factors that most contribute to the high prevalence of chronic disease are the aging population, lack of exercise, high tobacco and alcohol usage, as well as poor dietary habits.

Delaware County is home to many institutions, organizations and programs that are already working to address these issues and can be expanded to further combat these epidemics. Greater collaboration between county organizations and agencies will advance the work on chronic disease prevention.

Delaware County is fortunate to have two foundations in the area. The A. Lindsay and Olive B. O'Connor Foundation and the Robinson Broadhurst Foundation focus on providing funding for quality of life programs. Since obesity and chronic diseases impacts quality of life, engaging these two foundations may be beneficial in the follow through and success of new programs.

#### **Focus Area 2 – Promote Mental Health and Prevent Substance Abuse**

Mental and emotional well-being is essential of overall health. Recently, Delaware County has seen an increase in the substance use for both opiates and alcohol as well as an increase in the number of days people are experiencing poor mental health. Combined, these trends indicate a need to focus on this area.

Delaware County agencies and organizations have been working to address these issues. Additional support may come to the county in the form of two state initiatives. All three PPSs in Delaware County have chosen behavioral health projects that aim to integrate primary care and behavioral health, which would greatly expand access to behavioral health services in Delaware County. Additionally, the Southern Tier Population Health Improvement Program has selected Mental Health as a focus and will lend support in this area.

## Delaware County Community Health Improvement Plan 2016-2018

### Stakeholder Outreach and Input

The Delaware County goals and strategies reflect the priorities of the Delaware County Public Health Department, the four hospital systems serving Delaware County, and the Southern Tier Population Health Improvement Program (PHIP). These entities took into consideration data, both quantitative and qualitative, from the following stakeholder engagement activities: 43 Stakeholder interviews including health and human services leadership and direct services providers across Delaware County; five consumer and community member focus groups which engaged a total of 37 people. In addition, the prioritization process included data gleaned from the Community Health Needs Assessments of the three DSRIP Performing Provider Systems (PPSs) which intersect in Delaware County, which included large-scale survey, interview, and focus group data collection processes. Based on statistical data, the priorities already in process from the 2013-2017 Community Health Improvement Plan, and relevance toward the county and state prevention agenda, two priority areas were selected: **Prevent Chronic Diseases** and **Promote Mental Health and Prevent Substance Abuse**.

**Table 1**

Outreach Mechanism	Description
<p><b>Meetings with four hospitals, Public Health, and Southern Tier Population Health Improvement Program were held on:</b> 2/8/16, 5/19/16, 6/14/16, 7/19/16, 8/25/16, 9/7/16, and 9/15/16.</p>	<p>These meetings were held to discuss NY State’s guidance on updating the Community Health Improvement Plan and to come to agreement on the level of integration between Delaware County’s Community Health Assessment/Community Health Improvement Plan with the Community Service Plans of the four hospital systems serving Delaware County, in the context of the NYS Prevention Agenda.</p> <p>This process included a team effort to determine the extent to which the priorities of the entities would align for the purposes of a combined Improvement Plan/Community Service Plan; to determine the outreach plan to include community stakeholders and community members; to determine the most effective primary data gathering methods and the best secondary data sources to support the chosen priority areas.</p>
<p><b>Community Focus Groups</b></p>	<p>Consumers’ input was sought through focus groups which were conducted from January through March of 2016. HealthlinkNY Community Network Population Health Coordinators met with pre-existing groups including support groups, service clubs, parent groups, professionals and community business owners, and at senior</p>

	meal sites. HealthlinkNY Community Network of the Southern Tier conducted five focus groups with a total 37 participants in Delaware County; they were asked about their experiences with health and health care delivery. Responses from the focus groups were collected by note-takers and summarized qualitatively by the Population Health Coordinators.
<b>Professionals/Stakeholders</b>	<p>Because of the overlap of three different PPSs in Delaware County, as well as the Southern Tier PHIP, stakeholders and professionals meet on a more regular basis than they have had the opportunity to do in recent years. DSRIP projects and the PHIP give opportunities for health and human services professionals to collaborate across sectors and regions, and to examine the feasibility of shared methodologies and resource allocation. The conversations and partnerships that emerge from these meetings have been an integral part of developing this plan. Listed below are some of the opportunities that have arisen through these processes, and that have utilized in making decisions about the priorities contained within this plan:</p> <ul style="list-style-type: none"> <li>• Three distinct health systems, including four hospitals, examine what can realistically be done given available resources, and who has the capacity to take on various roles within partnerships;</li> <li>• Data sharing;</li> <li>• All entities learn more about the data, trends, and arising concerns across both the county and the region;</li> <li>• Cross-sector and cross-county partnerships are becoming more common.</li> </ul>

### **Disparate Population**

The disparate population selected is the rural population. Delaware County has a small population and a large geographic area that lacks adequate transportation services which contributes to difficulty in accessing health care resources, prolonging Emergency Medical Services response times, and leading to poorer economic opportunities. Based on the socioeconomic data, the rates of children living in poverty, free and reduced school lunches and other indicators of low socioeconomic status, the disparate population was further narrowed to **low income residents living in rural areas of Delaware County**. This population was chosen for both of the Public Health priorities.

### **Priorities to Improve Health and Wellness for Delaware County Residents**

The priority focus areas of *Promote Mental Health and Prevent Substance Abuse and Preventing Chronic Diseases* were selected based on input from the Public Health Department, four Hospital Systems, and the

Southern Tier Population Health Improvement Program (PHIP). There was universal agreement between members of this group that these priorities impacted the services provided by all of the above stakeholders. The priorities were evaluated against the following criteria: alignment with data including a higher than state average suicide rate; higher than state average obesity rates; consistency with findings of county experts in the fields listed above; and feasibility within current resources.

### ***Preventing Chronic Diseases***

This priority area was evaluated against the following criteria: analysis of health related data including the Delaware County Indicators for tracking Public Health priority areas, BRFSS and YRBS data, SPARCS data; alignment with input from experts in health care and supportive care in Delaware County; association with leading causes of death; and feasibility within current resources. The 2015/2016 Population Health Improvement Program regional assessment identified chronic disease as a strong contributor to health disparities and community health outcomes, and the Community Health Needs Assessments completed by all three DSRIP Performing Provider Systems overlapping in Delaware County supported the need for further strategies and interventions around this priority area.

## **Focus Area 1: Reduce Obesity in Adults and Children**

### **Complete Streets**

Delaware County can support the Prevention Agenda goal of Reducing Chronic Disease by increasing access to environments that facilitate physical activity and active living as an effective method of addressing low levels of physical activity. Complete Streets policies require that transportation planners and engineers consistently plan, design, and build the roadway with all users in mind – including bicyclists, public transportation vehicles, and pedestrians of all ages and abilities. Complete Streets allows all users of the road to travel safely. New York has a Complete Streets law, but studies show that policies are important to ensure adequate implementation across all New York roads.

The US. Department of Transportation reports that Complete Streets policy implementation can result in health benefits by:

- Addressing chronic diseases (e.g., asthma, diabetes, heart disease)
- Increasing physical activity
- Improving safety
- Reducing human exposure to transportation-related emissions
- Reduce motor vehicle-related injuries and fatalities
- Reduce transportation contribution to air pollution

The Prevention Agenda's DASH NY fact sheet, Promoting Complete Streets, lists several reasons to address Complete Streets:

- Many New Yorkers—both adult and youth—are not meeting physical activity recommendations. Less than half (49%) of adult New Yorkers reported being physically active for 30 minutes per

day and only 64% of New York high school youth are meeting the recommended 60 minutes of daily physical activity.

- Between 2000 and 2009, over 3,000 people were killed while walking in New York State. A disproportionate number of these fatalities were children, older adults, and racial/ethnic minorities. The mortality rate of pedestrians older than 65 is significantly higher than younger pedestrians (4.6 per 100,000 vs. 1.2 per 100,000), putting New York 4<sup>th</sup> in the nation for fatality rate for pedestrians over 65.
- Many studies have found that people who live in neighborhoods with greater infrastructure to accommodate walking and bicycling have higher participation in active modes of transportation and lower risk of obesity.

## **Breastfeeding**

Delaware County recognizes the role of health care providers in supporting breastfeeding and the role in of breastfeeding in obesity prevention. On their list of Obesity Prevention Programs and Activities, the New York State Department of Health encourages the implementation of Breastfeeding Friendly Practices Designations and Breastfeeding Friendly Child Care.

### **Breastfeeding Friendly Practices**

The American Academy of Pediatrics states that: *“As the breastfeeding rates in the US increase, there is now, more than ever, a need for health professionals who are able to care for and support breastfeeding families in their practices.”* Studies indicate that breastfed children have a lower risk of childhood obesity than those were not breastfed. The New York State Department of Health has released the “Ten Steps to a Breastfeeding Friendly Practice Implementation Guide” (February, 2016), which outlines each step from developing Breastfeeding Friendly policies to providing education, counseling, and support to new mothers.

### **Breastfeeding Friendly Childcare**

The New York State Department of Health’s Obesity Prevention Program encourages new mothers to breastfeed their infants, and Delaware County recognizes the importance of supporting childcare centers in implementing breastfeeding friendly environments.

According to the Centers for Disease Control and Prevention’s (CDC) 2014 Breastfeeding Report Card, breastfeeding rates continue to rise in the United States. In 2011, 79% of newborn infants started to breastfeed. However, breastfeeding did not continue for as long as recommended. Of infants born in 2011, 49% were breastfeeding at 6 months and 27% at 12 months. In NY State, 55.8% of babies were breastfeeding at 6 months and 31% were breastfeeding at 12 months. Delaware County data shows that in 2012, only 17% of babies were breastfeeding at 6 months of age. However, in 2014, 62% of babies were breastfed exclusively while still in the hospital, above and beyond the Prevention Agenda’s goal of 48%.

This data supports the need for proactive methods such as Breastfeeding Friendly Practices and Childcare, both of which provide education to expecting and new mothers as well as support and a healthy learning environment in the postnatal period.

Goal	Outcome objectives	Interventions/ strategies/ activities	Process Measures	Partner role	Partner Resources	By when	Will action address disparity?
Create community environments that promote and support healthy food and beverage choices and physical activity.	Three (3) municipalities will pass Complete Streets policies by 12.31.18.	Increase the number of municipalities that have Complete Streets policies.	Number and percent of residents that reside in jurisdiction with Complete Streets policies, plans, and practices.	DCPH - Collaborator TRH - Collaborator OCH – Lead TRH & OCH – Facilitate and evaluate	TRH and OCH employee time to plan, facilitate and track meetings.  DCPH will advocate with local county and municipal leaders.	Through December 31, 2018	Yes, creating safer walking and biking environments helps low income individuals to safely get groceries, medical care, and day to day activities.
			Percent of roads in a jurisdiction that become subject to Complete Streets policies, plans, and practices.				
			Number of municipalities where new or enhanced policies, plans and practices that promote Complete Streets are proposed.				
		Advocate for and advertise newly constructed on maintained safe sidewalks, bike lanes, recreational facilities, parks, and other amenities.	Number of newly constructed infrastructure to support alternative transportation.	DCPH - Collaborator TRH - Collaborator OCH – Lead, facilitate, evaluate	TRH and OCH employee time to plan, facilitate and track meetings.  DCPH will advocate with local county and municipal leaders.	Through December 31, 2018	Yes
			Number of municipalities who have implemented strategies that support cycling and walking.				
		Sustain utilization of <i>Prescription Trails Program</i> through: 1) promotion of Get Out and Walk website; 2) implementation of a tracking system which uses smart	Number of EMR systems which implement tracking system.	DCPH - Collaborator TRH - Collaborator OCH - Leader DVH - Collaborator	DCPH staff will mark/designate trails in municipalities.	Through 2018	Yes
			Number of times the smart phrases are found in the patients’ medical records.				
			Number of trails that have been identified and marked.				



Goal	Outcome objectives	Interventions/ strategies/ activities	Process Measures	Partner role	Partner Resources	By when	Will action address disparity?
		phrases in the Electronic Medical Record (EMR); and 3) identification and demarcation of existing trails.	Number of visits to the Get Out and Walk website.	MH - Collaborator			
Expand the role of health care, health services providers and insurers in obesity prevention.	By December 2018, one (1) healthcare practice will become breastfeeding friendly.	Encourage and recruit pediatricians, obstetricians, and gynecologists and other primary care provider practices and clinic offices to become NYS Breastfeeding Friendly Practices.	Number of practices designated as NYS Breastfeeding Friendly.	DCPH - Collaborator	DCPH will work with healthcare practices and partners on creating Breastfeeding Friendly Communities, contingent on Broome County Health Department grant award.	December 31, 2018	Yes, the physician office is located in a community that has a higher rate of obesity and low SES.
	By December 2018, two (2) Daycare Centers or childcare settings will be breastfeeding friendly.	Encourage and recruit daycare centers and other childcare settings to become Breastfeeding Friendly.	Number of daycare and childcare settings that become Breastfeeding Friendly.	DCPH – Coordinator	Training and outreach coordinated by DCPH	December 31, 2018	All daycares in Delaware County will be recruited.
			Number and demographics of women reached by policies and practices to support breastfeeding.				

## ***Promote Mental Health and Prevent Substance Abuse***

### **Focus Area 2: Prevent Substance Abuse and Other Mental Emotional Behavioral Disorders**

Approximately one in five Americans will have a mental health problem in any given year, yet just over one in three people will receive mental health services. Community Health Assessments focusing on Delaware County have acknowledged a serious lack of accessible mental health and substance use services available in the county and the surrounding areas. Since 2005, the number of patients admitted to substance use treatment programs in Delaware County who also have a history of mental health treatment has doubled from 24% to 55%, suggesting that patients may have more chronic illness.

The Mental Health Clinic, located in Walton, NY serves individuals across the county through satellite offices in four communities. Of the services offered, individual psychotherapy makes up over half of the appointments in 2015. Medication management and assessments are 15% and 17% respectively. The other category, which includes group therapy, family sessions, and crisis interventions make up the remaining 15%. There has been an increase in demand for services, particularly in the 31-64 age group, from 343 individuals in 2014 to 366 individuals in 2015.

Low levels of household income are associated with several lifetime mental disorders and suicide attempts, and a decrease in income is associated with a higher risk of anxiety, substance use, and mood disorders, according to an April 2011 report in the issue of *Archives of general Psychiatry, Journal of the American Medical Association*. The rural disparity makes it difficult to access both in county and out of county services.

According to the National Alliance on Mental Illness, one-half of all chronic mental illness begins by the age of 14. The number of adolescents seen at the Family and Children's Unit of the Delaware County Mental Health Clinic saw greater number of children between the ages of 5-12 in 2015 than in 2014.

### **Substance Abuse**

Like many other areas of the nation, substance use is an ongoing concern. The Delaware County Alcohol and Drug Abuse Treatment Program reports that between 2005 and 2015, the percentage of women admitted to their outpatient program has increased by 100%. In 2014, adults aged 26-35 made up the majority of people seeking services through the clinic.

Since the previous Community Health Improvement Plan, the abuse of opiates and heroin has become of great concern to health and human services sectors across the county and the region. Over the last decade, the number of individuals admitted to the Delaware County Alcohol and Drug Abuse Services program for heroin usage and other opiates has increased. Opiate use in general has risen with heroin becoming a primary opiate of choice. Approximately 39% percent of individuals seen by Delaware County Drug and Alcohol Abuse Services in 2015 use opiates. Additionally, heroin users sometimes share and reuse needles which can lead to an increase in hepatitis C cases, a blood-borne virus. From 2012 to 2015 the number of newly identified Hepatitis C cases doubled from 20 to 40 in Delaware County (Graph 2-37). The rapid increase in the number of cases suggests that this trend will continue. A needle exchange program which would reduce the reuse of needles would most likely help reduce the transmission of hepatitis C.

The Delaware County Public Health Department intends to strengthen efforts between entities listed in the table below to better understand and address substance abuse in Delaware County. The most primary way to build that understanding is to take a team approach to aggregating and analyzing data, and to use that data toward strengthening community activation and coalition building; enhance provider education to increase responsible prescribing activities; to provide patient pain services and drug safety; implement harm reduction programs such as Naloxone trainings and to investigate the reality of a needle exchange program; and offer community based prevention education.

## **Suicide Prevention**

Delaware County's suicide death rate is much higher than that of Upstate NY and the NYS 2018 Prevention Agenda Objective. Over three quarters of the suicide deaths in Delaware County are among men, and the most common means is gunshot, followed by hanging, prescription overdose, and other methods. It is for this reason that the Delaware County Public Health Department has chosen to work with Delaware County gun shop and sporting goods retailers to implement the Gun Shop project, which is a partnership between public health and mental health practitioners and firearms retailers to disseminate materials aimed at reducing suicides by this means.

Similar to the efforts focused on substance abuse prevention, the Delaware County Public Health Department will work with partnering entities, including the hospital systems representing Delaware County and Delaware County Mental Health to aggregate data on suicide and suicidal ideation. The agreement between entities will be to share information for the purposes of strengthening suicide prevention efforts and collaboration around the issue. Additionally, this data will

An additional strategy to reach the disparate population identified in Delaware County will be to offer Gatekeeper trainings including four Question, Persuade, and Refer (QPR) trainings (which is a 1-2 hour educational program designed to teach law and professional "gatekeepers" the warning signs of a suicide crisis and how to respond) per year; one Applied Suicide Intervention Skills Training (ASIST) training (which is for anyone 16 or older – regardless of prior experience – who wants to be able to provide suicide first aid) per year; and one SafeTalk (Suicide Awareness for Everyone) training (a half-day alertness training that prepares anyone over the age of 15 – regardless of prior experience – to become a suicide alert helper), per year. Finally, the Public Health Department will offer a Let's Talk Mental Health and Suicide Prevention training once per year, which will raise awareness about mental health and suicide in Delaware County communities.

Goal	Outcome objectives	Interventions/ strategies/activities	Process Measures	Partner role	Partner Resources	By when	Will action address disparity?
Prevent underage drinking, non-medical use of prescription pain relievers by youth, and excessive alcohol consumption by adults.	Establish baseline data on opioid overdose and abuse.	Work to establish baseline data on opioid overdose and abuse.  County hospital systems will sustain efforts around prescription drug monitoring program (I-STOP).	Incidence of opioid overdose	DCPH – Collaborator  TRH – Collaborator and/or facilitator	OCH pharmacy reviews PDMP (I-STOP) prior to filling any prescription. Logs applicable prescriptions in system.	Standard practice of care.	This action supports decreasing opioid use and overdoses across all ages, genders, and ethnicities living in Delaware County.
			Percent of providers participating in prescription drug monitoring program.	OCH – Collaborator and/or facilitator	OCH and TRH-providers review I-STOP prior to writing any prescription.		
	Increase the number of prescription drop boxes by two (2) by 12.31.2018.	Work to prevent drug overdose deaths through: 1) community activation and coalition building; 2) prescriber education and behavior; 3) pain patient services and drug safety; 4) drug treatment and demand reduction; 5) harm reduction including Naloxone training; 6) community-based prevention education.	Percent participation in safe prescription drug programs, take-back events, drop boxes, safe storage education, and law enforcement diversion efforts.	DCPH - Coordinator  OCH - Collaborator	OCH outpatient pharmacy is defining how it can support this initiative.  TRH currently disperses safe storage containers and is defining support for this initiative.	Ongoing review.	
			Number of agencies involved in safe needle exchange.	DCPH - Coordinator	DCPH to coordinate partnership. Catholic Charities will start a need exchange program in Delaware County.		
Catholic Charities will start a needle exchange program in Delaware County.	Explore the feasibility of a needle exchange program located in Delaware County.						

Goal	Outcome objectives	Interventions/ strategies/activities	Process Measures	Partner role	Partner Resources	By when	Will action address disparity?
Prevent suicides among youth and adults	Decrease the age-adjusted suicide rate in Delaware County by 10% from 18.5 to 16.65 per 100,000 by 12.31.2018	Share data on suicide, suicide attempts, and prevention efforts, death certificate data pertaining to suicide; means, age, gender.	Number and/or percent of agencies with which a data sharing agreement was established for individuals who have expressed suicide, died by suicide, or expressed suicidal ideation.	DCPH - Lead TRH - Collaborator OCH - Collaborator MH - Collaborator DVH - Collaborator	DCPH shares data on age, gender, and means of suicide deaths with the DC Suicide Prevention Network. OCH will collect number of suicide attempt and ideation statistics from all Emergency Departments in Delaware County. Data will be reported to the DC Suicide Prevention Network. DVH, TRH & MH will report # of suicide attempt and suicide ideation cases to OCH.	Monthly, Annually	Suicide prevention addresses all ages, gender and ethnicity at risk for suicide in Delaware County.
		Facilitate monthly Suicide Prevention Network meetings	Number of meetings per year, number of members participating in the Suicide Prevention Network meetings.	DCPH - Lead	DCPH will facilitate, coordinate, record minutes and share with members.	Monthly	

Goal	Outcome objectives	Interventions/ strategies/activities	Process Measures	Partner role	Partner Resources	By when	Will action address disparity?
		Offer Gatekeeper Trainings in Delaware County: <ul style="list-style-type: none"> <li>• 4 QPR per year</li> <li>• 1 ASIST per year</li> <li>• 1 SafeTalk per year</li> </ul>	Number and/or percent of specified individuals trained as Gatekeepers.  Number of professionals trained in specific screening for suicide risk. (Primary Care, substance abuse disorder treatment, social workers, school counselors.)	DCPH – Coordinator OCH - Collaborator DVH - Facilitator	DCPH will coordinate the trainings with the Suicide Prevention Council and trainers. OCH has one QPR trainer. DVH will offer a venue for trainings held in Walton, NY.	Quarterly through December 2018.	
		Train four (4) Suicide Prevention Network members in QPR.	By December of 2016, four (4) people will be trained in QPR from Delaware County	DCPH – Coordinator	Rural Health Care Alliance will fund the training	December 2016	
		Offer a Let’s Talk Mental Health and Suicide Prevention training once per year.	Number of trainings offered and number of participants completing training.	DCPH - Coordinator	DCPH and Suicide Prevention Network will coordinate the event.	Annually	

Goal	Outcome objectives	Interventions/ strategies/activities	Process Measures	Partner role	Partner Resources	By when	Will action address disparity?
		Work with Rod and Gun clubs and Gun shop owners to implement the <b>Gun Shop Project</b> to target high risk populations: middle aged and elderly males; and the most prevalent means: gun-shot inflicted injury and death.	By December of 2018, one (1) Gun Shop or Rod and Gun Club will participate in the <b>Gun Shop Project</b> .	DCPH – Lead	DCPH to outreach and educate Rod and Gun Clubs and Gun Shops on gun safety.	December 2018	

## **Community Engagement Strategy**

Local partners are crucial to ensuring the success of the community health improvement plan and maintaining the health and wellbeing of Delaware County. Community will be engaged through a dissemination of the plan and active participation in the many county level work groups, coalitions and task forces.

## **Dissemination Plan**

Strategies for disseminating and educating professional organizations, governmental agencies, stakeholders and the community on the Community Health Assessment and the Community Health Improvement Plan are as outlined below.

A press release announcing publication of the 2016-2018 CHA/CHIP and four CSPs will be provided to the local print and radio media and will include a link to the Public Health website. Printed hard copies and electronic versions of the documents will be provided to the stakeholders included in the CHIP. County, Town and Village government will be provided with both a hard and electronic copy. The New York State assemblymen and senators representing Delaware County will be sent a letter and link to access the documents on the Public Health website. The CHA/CHIP will be available on the Public Health website and social media sites.

A letter with a link to the CHA/CHIP on the Public Health website will also be sent to area businesses, educational institutions, nursing homes, libraries and community wellness groups.

A presentation will be given to the Delaware County Health Services Advisory Board, the Rural Healthcare Alliance and the County Board of Supervisors. Public Health representatives will be available to speak to community organizations, planning groups and concerned citizens upon request.



## Appendix A: Summary of Assets and Resources

Profile of Community Resources Available to Meet Health-Related Needs of the County. The Delaware County Resource Directory, published in July 2015 catalogs these resources. It can be found online at [www.uhs.net](http://www.uhs.net) and hard copies are available at Delaware Valley Hospital.

**Alcohol and Drug Abuse Council of Delaware County (ADAC) (Delhi)** – the Council is an incorporated public agency funded by New York State Office of Alcohol and Substance Abuse Services (OASAS). The Council provides information, referral, and educational services to individuals and families to promote personal growth and informed choices. The Council provides prevention education programs for schools, teaches the Drinking Driver Rehabilitation Program, provides drug-free workplace programs for businesses, conducts interventions, and publishes a quarterly newsletter for its members.

**Alcoholics Anonymous (AA), Narcotics Anonymous (NA) and Al-Anon (various sites)** – nonprofit organizations providing support groups and education about alcoholism and/or drug abuse to support groups and provides education about alcoholism. Weekly meetings are held in Andes, Delhi, Deposit, Hamden, Hancock, Margaretville, Masonville, Meridale, Roxbury, Sidney, South Kortright, Stamford and Walton.

**A. Lindsay and Olive B. O'Connor Foundation** – proposals are restricted to those that have direct impact on the quality of life in Delaware and contiguously surrounding counties in rural upstate New York.

**Alzheimer's Association of Northeast New York (Cooperstown)** -a nonprofit organization which provides advocacy, education, support and support groups to individuals and families. A 24/7 helpline is available

**American Red Cross - Southern Tier Chapter (Endicott)** – a nonprofit organization that provides civil or natural disaster assistance to families and individuals including food, clothing and shelter. Manages Project Share, funded by NYSE&G, which provides financial assistance to the elderly and disabled with electric or fuel shutoff. The Chapter coordinates bloodmobile schedule.

**American Diabetes Association of Central New York (Utica)** – a nonprofit organization that provides information on healthy diet and diabetes workshops.

**American Heart Association (Binghamton)** – Offers public education programs to aid in the fight against heart disease and stroke. Classroom and online courses are available for first aid and CPR training.

**American Lung Association of Mid-New York (Albany, NY)** – a nonprofit organization that provides research, education and advocacy about asthma, COPD, pulmonary diseases and smoking cessation. The Association also provides education about indoor air quality including radon information.

**A.O. Fox Memorial Hospital-** is a 100-bed acute care facility located in Oneonta, New York. In addition to inpatient hospital services, Fox also provides a broad spectrum of outpatient health care to the Oneonta region including emergency services, urgent care, family medicine/primary care, OB/GYN, and dental, as well as a retail pharmacy, fitness center and other specialty care.

Outpatient services are provided in several satellite offices including the FoxCare Center and other Oneonta locations, as well as in Sidney, Stamford and Worcester. On January 1, 2010, the Board of Trustees for Fox and Bassett approved agreements making Fox an affiliate hospital within the Bassett Healthcare Network. The affiliation allows Bassett and Fox to collaborate on the delivery of health care to people in the region.

**A.O. Fox Nursing Home (Oneonta)**- A not – for- profit nursing home with 130 beds plus “Short Stay Rehabilitation” requiring Physical Therapy, Occupational Therapy, Speech Therapy, wound care and /or Intravenous Therapy(PICCS, Infusa Port). It also provides Hospice and wound care services. An adult day care program is provided off site at 21 Ford Avenue, Oneonta.

**The ARC of Delaware County (Walton)** – a nonprofit organization providing community living services, THRIVE resources for industry, residential services, family support services, and transportation for their clients. Provides job development and skill building through the Resources for Industry (RFI) program. Carousel Children’s Services provides developmental evaluations and services to preschool children.

**Association for Vision Rehabilitation and Employment, Inc. (Binghamton)** – a nonprofit organization that provides education and training programs for individuals, children and families who are blind or have visual impairment.

**Asthma Coalition of the Southern Tier A.C.O.S.T-** A coalition partially funded by the American Lung Association and the NYS Health Department. The coalition goal is to reduce the burden of asthma by providing no cost asthma education to schools, medical providers, hospitals, people with asthma and their families.

**At Home Care, Inc.** - a not-for-profit Article 36 Medicare-certified home health agency in partnership with Bassett Healthcare Network. AHC provides in home professional and paraprofessional services in Herkimer, Delaware, Otsego and Chenango Counties.

**Bassett Healthcare Network** – a network of physicians, providers, hospitals, and 20 community health centers located in nine counties in central New York. Bassett Healthcare is based at The Mary Imogene Bassett Hospital in Cooperstown, NY which is a 180-bed, acute care inpatient teaching facility providing 24-hour emergency and trauma care, comprehensive cancer care, as well as a wide range of medical and surgical specialties. It provides primary care services (internal medicine, family medicine, pediatrics, and obstetrics), as well as medical and surgical specialty care including cancer care, trauma care and dialysis. The Cooperstown campus also has the Bassett Clinic, an outpatient primary and specialty care center. Bassett Healthcare is affiliated with O’Connor Hospital in Delhi and Tri Town Hospital in Sidney. Bassett Healthcare manages outpatient centers in Delhi, Sidney, Stamford, and Walton. Bassett Healthcare operates four school based health centers in Delaware County, located in Delhi, South Kortright, Stamford and Sidney providing primary care, counseling and limited dental care. Bassett Health Care also operates the New York Center for Agricultural Medicine and Health (NYCAMH), a program to enhance agricultural and rural health by preventing and treating occupational injury and illness.

**Berkshire Farm Center & Services for Youth- (Binghamton and Oneonta)** –non-profit organization providing therapeutic and treatment foster Care for children from birth to 21 years of age as an alternative to placement in a group home or residential setting. Their mission is "to strengthen children and families so they can live safely, independently, and productively within their home communities.”

**Broome Developmental Services-High Risk Births Clinic (Binghamton)** – a non-profit organization serving providing diagnostic and treatment services for developmentally disabled children (ages birth to 6) and their

families. Services include physical and occupational therapy, special education, speech therapy, psychological services, social work, and medical evaluation as needed.

**Broome Developmental Disabilities Service Offices-** a unit of the New York State Office for People with Developmental Disabilities providing services in partnership with local governments and voluntary not-for-profit providers for people of all ages with developmental disabilities and their families. The local office, Delaware Regional Center is located in Masonville.

**Cancer Screening Services of Delaware, Otsego & Schoharie Counties-** provides no cost comprehensive cancer screenings to men 50 and over & women 40 and over who are without health insurance coverage. Other services include diagnostic service, referral to facilitated enroller, link to community support services and treatment through the cancer Medicaid Treatment Program for breast, cervical, colorectal and prostate cancer. Bassett Healthcare is the lead agency.

**Catholic Charities of Delaware & Otsego Counties (Oneonta and Delhi)** – a nonprofit organization providing a variety of services and programs including emergency services and referral, Dispute Resolution Center, AIDS Services, Community Maternity Services, Drug Treatment Court Case Management, Alternatives to Incarceration, and Victim Impact Panels and Child Care Support Services.

**Catskill Area Hospice and Palliative Care, Inc. (Delhi and Oneonta)** – a nonprofit certified home health agency providing a variety of in-home palliative care services including nursing, therapy and home health aide services. They also provide bereavement counseling and operate Camp For-Get-Me-Not for children.

**Catskill Center for Independence (Oneonta)** - a nonprofit organization based in Oneonta providing advocacy and support programs to persons with disabilities including peer counseling referrals, benefits advisement, personal care attendant referrals, systemic and personal advocacy, and independent living skills training

**Cornell Cooperative Extension Association of Delaware County (Hamden)** – The mission is to continue to serve as a fundamental catalyst for promoting the quality of life in Delaware County by linking university-based research and innovative land-grant university programming with the talents, enthusiasm and goals of community groups, agencies, institutions, volunteers and our program staff through pro-active planning focused programming and on-going partnering. The focus is on agriculture and natural resources; human ecology and 4-H youth development.

**Delaware County Alcohol and Drug Abuse Services (Hamden)** – an agency licensed by the NYS Office of Alcoholism and Substance Abuse Services providing consultation, evaluation, assessment/referral, education, individual treatment, specialized support groups (e.g. stress management, recovery skills, etc.), family treatment, continuing care services, and acupuncture. The agency has satellite services in Margaretville, Sidney, Stamford, and SUNY Delhi campus.

**Delaware County Chamber of Commerce (Delhi)** – a not-for-profit organization which promotes economic development in Delaware County, promotes tourism and provides health care insurance to its membership of small businesses

**Delaware County Council of Churches** – a coalition of churches in Delaware County that provides funding and volunteer support to operate the county food bank network providing emergency food assistance.

**Delaware County Department of Social Services (Delhi)** – county agency providing economic assistance and social service support to eligible families and individuals.

**Delaware County Drug Treatment Court**- the Mission of the Delaware County Treatment Court is to create opportunities for individuals to improve their quality of life and break the cycle of crime associated with addiction. Through the mutual efforts of the Judge, Prosecutor, Defense Bar, Probation and Parole Department and Treatment Providers, the Treatment Court Team will increase long-term abstinence by holding participants accountable and ultimately reducing drug related crimes and recidivism, which will create stronger families and safer communities.

**Delaware County Economic/Industrial Development** - county agency supporting the growth of existing businesses, while encouraging the development of new small business enterprises in Delaware County.

**Delaware County Emergency Medical Services** – 23 Towns or villages provide volunteer EMS services. EMS training is coordinated by the County Emergency Management Department. Most volunteer services are having difficulty with recruitment and retention of trained volunteers.

Cooperstown Medical Transport (CMT) is the only private sector provider and CMT bills for services.

Andes

Bloomville Paramedic

Bovina

CMT Paramedic- The only private paid ambulance service

Davenport

Delhi Paramedic

Downsville Paramedic

East Branch

East Meredith

Franklin

Grand Gorge

Hancock

Hobart

Margaretville Hospital Paramedic

Masonville

Meridale

Pindars Corners

Roxbury

Sidney

Sidney Center

Stamford Paramedic

Treadwell

Trout Creek

Walton Paramedic

**Delaware County Fire Departments:** There are 30 volunteer fire departments in Delaware County.

**Delaware County Long Term Care Advisory Council** – NY Connects – provides education regarding long term care choices.

**Delaware County Mental Health Clinic (Walton)** – county agency providing comprehensive outpatient mental health services including evaluation, diagnosis and treatment for residents of Delaware County. Services include individual and group therapy; family therapy, psychiatric services, children and youth services, crisis intervention/emergency services, treatment team and forensics.

**Delaware County Office for the Aging (OFA) (Delhi)** – county agency providing health-related services including Lifeline, transportation to medical appointments, health and wellness programs, expanded in-home services for the elderly (EISEP) and senior dining program to improve the quality of life of elderly citizens. OFA provides Medicare education through the Health Insurance Counseling and Advocacy Program (HICAP).

**Delaware County Office of Emergency Services (Delhi)** – county agency responsible for emergency preparedness and disaster management. Responsible for the coordination of EMS training.

**Delaware County Office of Long Term Care (Delhi)** – Under the Delaware County Department of Social Services provides assistance with home care management for Medicaid recipients.

**Delaware County Planning Department** – county agency providing professional decision-making support to citizens and other agencies regarding land use, watershed protection and sustainable community development. Responsible for providing technical assistance through programs including the Town Planning Advisory Service, Environmental Planning and Geographic Information Systems.

**Delaware County Public Health Services (Delhi)** – county agency providing population based services to residents of Delaware County. Recently the focus of the agency has shifted from direct service provision to strategic planning, building and maintaining partnerships and building coalitions to promote healthy living in Delaware County. The agency provides direct maternal child health services including home visits for antepartum, postpartum and newborn clients. The agency is responsible for the Early Intervention Program for infants and toddlers and the Preschool Program for children with special needs. Other programs include lead poisoning prevention, Children with Special Health Care Needs (CSHCN), immunization, communicable disease investigation, injury control and Public Health Preparedness.

**Delaware County Rural Healthcare Alliance (Hamden)** – a state funded, county-based rural health network that operates under the auspices of Cornell Cooperative Extension of Delaware County. The goals of the Alliance are to promote a formal network of health care providers to improve the healthcare delivery system; expand and integrate preventive and wellness health services into community based primary care systems; educate consumers and the community regarding health and wellness issues in the county; promote shared network services; and explore collaborative financing strategies to insure sustainability of the network. The 4 hospitals, SUNY Delhi, Mental Health Clinic, ADAC, OFA, Alzheimer’s Association, Cooperative Extension, School Based Health, hospice, Public Health and Emergency Management are among the county agencies and organizations that are represented in the network.

**Delaware County Schools** – There are 13 Public School Districts located within Delaware County.

Andes Central School District

Charlotte Valley Central School District

Delaware Academy Central School District at Delhi  
Deposit Central School District (Also Serves Broome County) Downsville Central School District  
Franklin Central School District Hancock Central School District Margaretville Central School District  
Roxbury Central School District Sidney Central School District  
South Kortright Central School District Stamford Central School District Walton Central School District

Two Boards of Cooperative Educational Services (BOCES) serve Delaware County: Otsego Northern Catskill (ONC) BOCES in Grand Gorge and the Delaware, Chenango, Madison, Otsego (DCMO) BOCES in Norwich and Masonville. BOCES is a regional educational agency providing services in partnership local school districts to offer programs to students and teachers, as well as administrators, and the community.

There are 4 private schools located within Delaware County

Lotus School-Special Program Emphasis (Delhi) (Seventh-Day Adventist) 6 Students Gr. 5-9 Allynwood Academy -Special Program Emphasis-80 students | Gr. 9-12 (Hancock)

Islamberg School- (Islamic) Roods Creek (Hancock)-82 students | Gr. K-11

Helion Hall-gheez Academy (Long Eddy) (Seventh Day Adventist) 4 students | Gr. 5-8

There are a number of families providing home schooling for their children. This is a small but important part of the education system in the county.

**Delaware Opportunities, Inc. (Delhi)** – a not-for-profit, private corporation community action agency that contracts with Delaware County and local municipalities to help people achieve self-sufficiency and attain a better quality of life. Services and programs include WIC, Head Start, Safe Against Violence, Big Buddy, transportation, food pantry, senior dining, healthy families, parent aide, child care resource and referral, respite, weatherization and services coordination.

**Delaware Valley Hospital – DVH- (Walton)** – a not-for-profit, 25 bed, critical access hospital affiliated with the UHS System in Binghamton. The hospital offers 24 hour emergency care, inpatient short-term acute care, inpatient physical rehabilitation, and inpatient addiction treatment. Diagnostic and testing services includes lab, cardiopulmonary and radiology services, including mammography, ultrasound, CT scan and mobile MRI. Physical, occupational and speech therapy are available as well as a cardiac pulmonary rehabilitation program. Dietary counseling, occupational health and care coordination services are also available. Visiting specialists provide cardiology, general surgery consultations, endoscopy, colonoscopy and podiatry. Its three primary care centers are located in Walton, Downsville and Roscoe. Family medicine, pediatrics, women’s health, wound care, sports medicine and osteopathic manipulation are offered. Opiate addiction services are offered at the Walton site. Rounding out the services is an outpatient pharmacy and wellness programming.

**Delaware Valley Hospital Inpatient Alcohol and Substance Abuse Rehabilitation Unit (Walton)** – a medically managed detoxification, inpatient treatment, and general medical services unit that is part of Delaware Valley Hospital. UHS Delaware Valley Hospital's inpatient addiction unit provides intensive treatment of the disease of alcoholism and other drug addictions. The unit provides a safe and confidential environment in which individuals can begin the recovery process with a focus on assisting patients in the development of internal motivation to sustain their recovery through involvement in outpatient treatment and community self-help programs after discharge.

**Delaware Valley Humane Society (Sidney)** - Provides food, shelter and medical care to unwanted cats and dogs and finds homes for them. Areas served are: Sidney, Sidney Center, Unadilla, Otego, Franklin and parts of Deposit and Sanford. Shelter animals are brought in by dog control or animal control officers. Will accept surrendered animals as space allows.

**Family Planning of South Central New York, Inc. (Oneonta)** – a nonprofit organization serving Delaware County from health care sites in Oneonta, Sidney and Walton. Their mission is ” to advocate and provide individuals, families and organizations in our region with information, education and health care services pertaining to human sexuality and reproductive health in a private and confidential manner, respectful of all beliefs, supporting individual freedom of choice and responsibility”. Patient services include pregnancy testing, HIV testing, teen services, contraception services, cancer screening including pap tests, breast exams and rectal/genital exams. Education programs addressing a full range of sexual health topics are available.

**Family Resource Network, Inc. (Oneonta)** – a non-profit organization providing family support services to families who have a child with special needs. Programs include advocacy, training and education, support groups and autism awareness.

**Family Service Association (Oneonta)** – a nonprofit organization which assists low income people and families in acquiring medical devices, information on parenting, recycled clothing and household goods, paying for emergency medical prescriptions, and provision of food.

**Farmers Markets** – Farmers markets are operating in Delhi, Franklin, Hancock, Stamford, Deposit, Margaretville/Roxbury, Sidney and Walton. WIC participants and seniors are able to use food coupons at local farmers markets. The location of the farmers markets makes a difference in WIC coupon redemption rates. WIC and the farmers markets have partnered to be present together to increase use of the coupons.

**Friends of Recovery (FOR-DO)** is an educational and support program which uses the center as a day program for people recovering from addiction.

**Handicapped Children’s Association of Southern New York Inc. (Johnson City)** – a non-profit organization which provides education and outpatient therapy for children with disabilities, as well as multidisciplinary evaluations for children from birth to age 12. Also, provides respite care, parent support groups, and residential services for developmentally disabled adolescents.

**HCR Home Care-** (local office in Delhi) a proprietary licensed and certified home health agency operating in upstate New York including Delaware County.

**Heart of the Catskills Humane Society (Delhi)** - Provides food, shelter and medical care to unwanted cats and dogs and finds homes for them. Areas served: Andes, Bovina, Colchester, Davenport, Delhi, Hamden, Hancock, Harpersfield, Jefferson, Kortright, Masonville, Meredith, Maryland, Margaretville, Middletown, Roxbury, Stamford, Summit and Walton. Provides quarantine space for animals. Shelter animals are brought in by dog control or animal control officers. Will accept surrendered animals as space allows.

**Hepatitis C Support Group (Delhi)** - for individuals and families coping with chronic Hepatitis C.

**Joshua House, Inc. (Sidney)** – a nonprofit organization that provides day rehabilitation for adults. It operates three 24/7 hour care residences located in Sidney and Sidney Center.

**Kirkside of Roxbury**– an assisted living facility providing care to elderly people who need help with daily tasks such as meal preparation, mobility, bathing or dressing. Assisted living offers intermediate care for individuals who cannot reside on their own in an independent living, but do not need the full- time health care services of a nursing home.

**Law Enforcement** – Troup C NYS Police in Sidney and Margaretville; Delaware County Sheriff’s Department in Delhi; Village police departments in Delhi, Sidney, Walton and Hancock; Village Constables.

**Legal Aid Society of Mid-New York, Inc. (Oneonta)** – a nonprofit organization which provides litigation services to low income people regarding clarification and payment of medical bills.

**Local Early Intervention Coordinating Council (Delhi)** – an advisory council which serves the needs of children with disabilities (birth to 3 years of age). The Council works to promote awareness, education, and monitors the capacity of agencies and organizations to provide needed services.

**Local Libraries** – there are 11 Public Libraries in county. The cyber mobile stops at 12 additional sites one day per week.

**Margaretville Hospital-MH (Margaretville)** – Affiliated with Health Alliance of the Hudson Valley, MH is a not-for-profit critical access hospital with 15 acute care beds and a Swing- Bed program providing rehabilitative services. MH provides Emergency Department 24-hour coverage and a 24-hour, trained ambulance service. Other services offered by the hospital include ambulatory surgery, respiratory therapy, physical, occupational, and speech rehabilitation services, as well as routine diagnostic fluoroscopy, mammography, ultrasound and full-time CT scanner services. There are two out-patient clinics located in Margaretville and Roxbury.

**Margaretville Health Foundation** - seeks to provide funding for Margaretville Hospital and Mountainside Residential Care Center through a program of Planned Giving and the development of an Endowment Fund. The Foundation’s vision is for our community to have access to the highest quality health care. The mission is ensuring quality health care for the people of the Central Catskills.

**MARK Project Inc.**-a 501-c-3 not-for-profit, tax-exempt rural development company that unites efforts and secures resources to build and revitalize our communities. Communities served: Arkville, Bovina, Fleischmanns, Halcottsville, Margaretville, New Kingston, and Roxbury.

**Media-** Catskill Mountain News, County Shopper, Daily Star, Delaware County Times, Deposit Courier, Dispatch, Hancock Herald, Mountain Eagle Newspaper, Pennysaver, Towne Crier, Tri-Town News, Walton Reporter, Watershed News, Townsquare Media, WIOX Radio, and WCDO Radio.

**Medical Answering Services, LLC (MAS)** is a New York State corporation located in Syracuse, New York. MAS provides Medicaid Transportation Management and Prior Authorization Services for New York State Department of Health as well as a number of New York State Counties including Delaware.



**Mental Health Association of Ulster County** – Not for profit United Way agency funded by Ulster, Delaware, Chenango, Otsego and Broome Mental Health Services and also by Ulster County Youth Bureau, NYS Office of Mental Health, OPWDD, Ulster County Department of Social Services, United Way, VESID, individual contributions and membership. Advocates to focus community attention on problems related to mental health and to initiate needed services for children and families, and adults. Provides applied suicide intervention skills training (ASIST).

**Mountainside Residential Care Center (Margaretville)** –82 bed nursing home facility located on the hospital campus. Mountainside Residential Care Center is supported by the Margaretville Health Foundation.

**Mothers & Babies Perinatal Network of South Central New York, Inc. (Binghamton)** - a not-for- profit, community based organization which seeks to improve birth outcomes through community education, promoting collaboration among groups to identify gaps in service delivery and developing solutions. The Network provides services to seven counties in south central New York. Facilitates enrollment in Medicaid Managed Care, Child Health Plus and New York Cares (Health Benefit Exchange

**National Alliance on Mentally Illness- NAMI** - Local chapters of NAMI raise awareness around mental illness and provide no cost education, advocacy and support group programs. NAMI members are concerned families and friends of people who suffer from psychiatric illnesses, offering mutual support to those coping with the issues and needs of a loved one with a mental illness.

**National Multiple Sclerosis Society Upstate New York Chapter (Binghamton)** – a not-for profit organization that provides self-help groups, education, counseling, fitness, recreation, adult health care services, accessible housing, advocacy and lending library.

**New Horizons Alcohol Rehabilitation (Binghamton)** – a United Health Services (UHS) not-for- profit substance abuse treatment center.

**O’Connor Hospital- OCH - (Delhi)** – a not-for-profit, critical access hospital affiliated with Bassett Healthcare with 23 beds and a swing bed rehabilitation program. OCH provides 24-hour emergency services. OCH provides radiology services (CT scan, mammography, ultrasound, fluoroscopy and x- ray), physical therapy, cardiopulmonary diagnosis and treatment, and ambulatory surgery. The hospital also provides secondary specialty clinics in cardiology, general surgery, orthopedics, ophthalmology, optometry, ear, nose and throat, urology, podiatry, mental Health and operates dental clinic. OCH operates a primary care center in Delhi.

## **Parks/Trails/Outdoor Clubs (Town, Village and State)**

**Catskill Mountain Club Association**– founded in 2004. For people who like to hike, camp fish, hunt, canoe, kayak, bike, climb, and other non-motorized outdoor recreational pursuits. Club members build and maintain trails while protecting the environment.

**Catskill Mountaineer** – organization dedicated to helping people learn about and enjoy the Catskill Mountains.

**Catskill 3500 Club** – Earn membership in this club by hiking to the summits of each of the 35 Catskill peaks that have greater than 3500 feet elevation.

Catskill Park – 300 miles of marked, maintained hiking trails on public Forest Preserve land. Stewardship and development of these trails is shared by the NYS Forest Rangers and local chapters of hiking clubs such as the New York/New Jersey Trail Conference and the Adirondack Mountain Club.

Catskill Scenic Trail – owned and maintained by the Catskill Revitalization Corporation, a not-for-profit organization funded by contributions from the public. Donations are tax-deductible and matched by a grant that doubles all donations. Donations are used to improve trails, maintain bridges, build more benches and provide visitor information such as brochures and a website.

Robert V. Riddell State Park – Davenport- more than 1,000 acres of fields and forested woodlands which offers a variety of family-friendly passive recreational opportunities. Is part of an extensive statewide trail network and is a preferred destination for hikers and other outdoor enthusiasts.

Additional activities include bird-watching, snowshoeing and fishing. Schenevus Creek crosses the north side of the park and is a popular location for trout fishing. Hiking trails allow visitors to explore the wooded southern portion of the park.

**Reality Check** is a statewide youth program. Founded in 2001, the goal of the program is to educate teens about the manipulative marketing practices used by the tobacco industries to get teens to smoke. Thousands of youth across New York have participated in Reality Check activities, which operate in partnership with more than a dozen youth organizations across the state. The SUNY Cobleskill Research Foundation holds the grant that serves Delaware, Otsego and Schoharie Counties.

**Rehabilitation Support Services (RSS)** – Addresses needs of individuals with psychiatric and substance abuse disorders. Provides housing, employment, care coordination, treatment, socialization and wellness programs. Services strive to encourage meaningful emotional, social, vocational and educational growth. Operates Otsego County Warmline.

**Rehabilitation Support Services (RSS)** - Elmwood Ave. Community Residence – OMH licensed 8 bed group home for 12-18 year olds with mental health issues.

**Robinson Broadhurst Foundation** - a private foundation operating and granting funds at the complete discretion of the trustees, to fund charitable 501 (c) (3) organizations in providing a better quality of life for all community members. Provides support for historical preservation; quality education for all ages; support projects that promote community spirit and cooperation; Support community volunteer organizations; Support youth programs that encourage responsibility, community interest, citizenship and healthy life styles; Support religious organizations in their service to the community; Support municipalities to improve and maintain infrastructures; Support efforts to improve public safety.

**Robinson Terrace (Stamford)** - 122 bed nursing home in northern Delaware County offers rehabilitation, hospice and respite services, full gym therapy and pool (water aerobics) as well as long term placement. .

**Robinson Terrace Senior Living (Stamford)** - Adult Homes and Assisted Living Programs serve residents over the age of 65 who require minimal care assistance, and who are not appropriate for a skilled nursing facility.

Robinson Terrace Senior Living Facility will offer both adult home and assisted living levels of care. The adult home/assisted living center has 60 beds.

**Roscoe Nursing Home** an 85 bed nursing home offering rehabilitation and short term respite service for caregivers. On site Adult Day Health Care is provided six days per week for patients who need medical care including administration of medications, therapy and dressing changes.

**Rural Health Network of South Central New York Inc. (Whitney Point)** – The Rural Health Network is a not-for-profit organization working to optimize individual and community health and wellness by (1) helping individuals obtain adequate and affordable health care; (2) improve accessibility, efficiency, and collaboration within the health service delivery system; (3) reducing health disparities for underserved populations; and (4) encouraging healthy lifestyle choices. RHNSCNY opened a part time office in Delaware County, located at UHS Delaware Valley Hospital in Walton, NY.

**Rural Three for Tobacco Free Communities** -a coalition of local organizations and individuals committed to encouraging a tobacco free environment with members from Delaware, Otsego, and Schoharie Counties. Coalition activities are planned with the objectives of changing community attitudes, practices, and policies regarding smoking/tobacco use and focus on schools, worksites, healthcare settings, community groups, and community events.

**Salvation Army (Oneonta)** – a nonprofit, religious sponsored organization providing services that range from disaster and emergency assistance, shelters, soup kitchens, food pantries, and youth and senior citizen programs in cities to assistance with meals, clothes, school supplies, utility bills and prescription costs in small communities.

**Southern Tier AIDS Program (Binghamton)** – a nonprofit organization which provides AIDS counseling, advocacy, case management, and education.

**Southern Tier Independence Center, STIC (Binghamton)** – a nonprofit organization that assists people with disabilities of all ages TRAIID (Technology Related Assistance for Individuals with Disabilities) Interpreter Services, qualified sign language interpreters, readers or scribes.

**Students Against Destructive Decisions (SADD)** – SADD units are located throughout Delaware County and are organized by school students who advocate against driving while intoxicated.

**SUNY Binghamton University** - The O’Connor Office of Rural Health Studies at the Decker School of Nursing was established in 1997 by an endowment from the A. Lindsay and Olive B. O’Connor Foundation. The purpose of the Office is to support rural health care and research in Delaware and surrounding counties. The Office holds more than 350 documents that are used in rural research.

Specifically the office is responsible for: Promoting heart health in rural women

FAST program - Facts for Action to Stroke Treatment - is a community intervention to increase knowledge and awareness of the risk of stroke, the 3rd largest killer of Americans

Directing activities to facilitate the identification of health care needs in rural areas

Designing nursing strategies to meet those needs

Acting as a resource for information and knowledge about health care problems in rural areas

Offering a yearly symposium/conference focusing on rural health needs for people in Delaware and surrounding counties.

**SUNY College of Technology at Delhi** – offers both two and four year degrees on campus. On line programs available in some majors. Counseling and Health Center

**The Turning Point Center** – Located at: 167 Main Street in Delhi and 22 Elm Street in Oneonta.

**The Visiting Nurse Service of At-Home Care, Inc. (Oneonta)** – a nonprofit organization, certified home health agency sponsored by Bassett Healthcare and Fox Hospital. The Service provides at-home acute care nursing based on direct referrals from hospitals, private doctors, health clinics, families, and HMOs. People of all income levels can use this service provided they are homebound and payment is possible using many health care plans

**Tri Town Boys and Girls Club in Sidney** – 21 Liberty Street. Provides homework assistance and indoor recreational activities for school aged children.

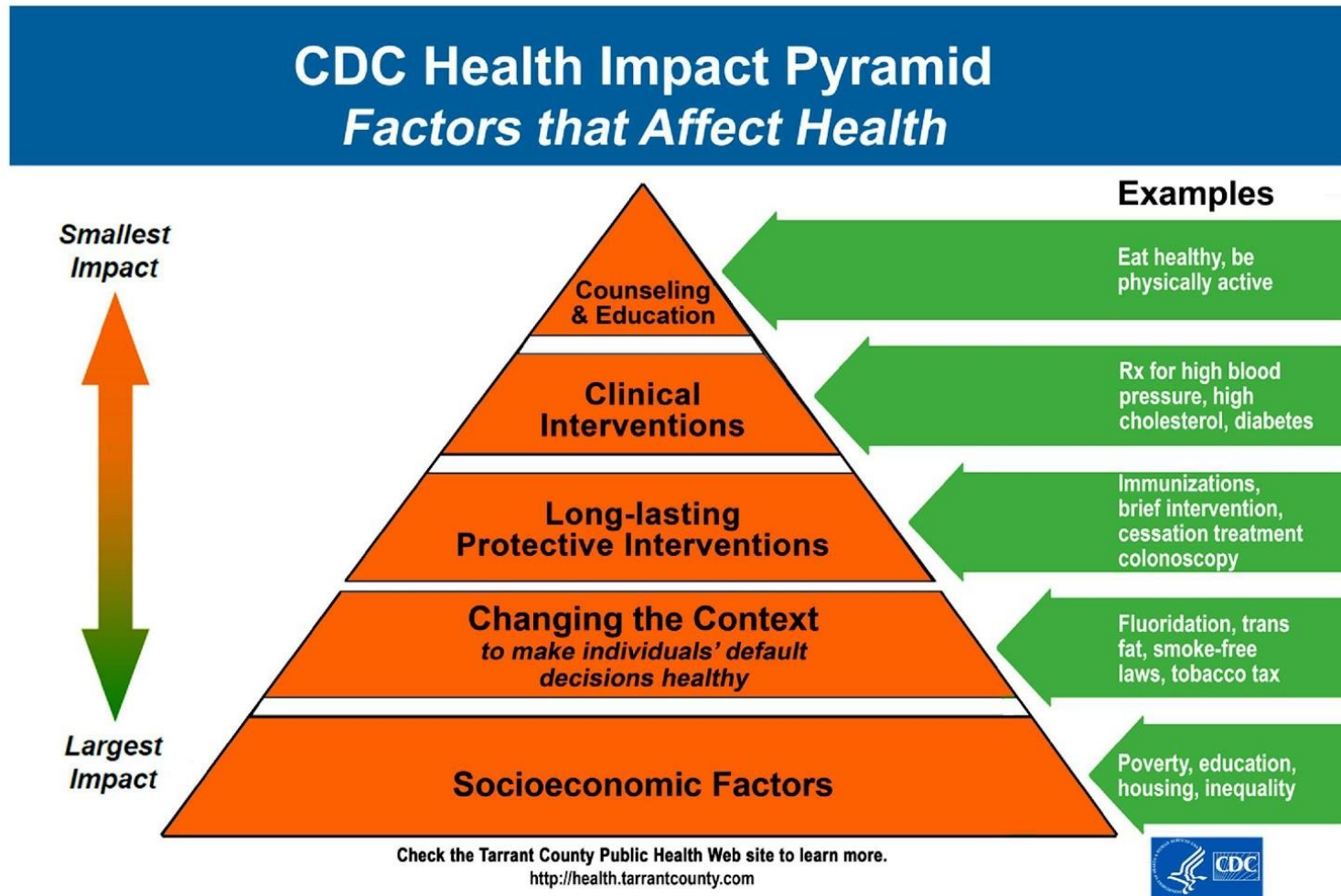
**Tri Town Regional Hospital** – a not-for-profit hospital that offers 24-hour comprehensive emergency services with 4 beds for 23 hour observation, 3 beds for emergency and 1 bed for trauma. It also provides radiology services (CT scan, cancer screening coach from Bassett), ultrasound and x-ray and outpatient laboratory services.

**Twin Tier Home Health, Inc. (Vestal)** a non-profit home care agency based at 4401 Vestal Parkway in Vestal, NY which provides home care services in the southwestern part of Delaware County.

**United Health Services – (UHS)** - UHS is a locally owned, not-for-profit, 916-bed hospital and healthcare system serving NY's southern tier counties. Founded in 1981, UHS provides a full range of trauma, medical, surgical, rehabilitative and long-term care services from more than 60 locations around New York's Southern Tier. In Delaware County, UHS Delaware Valley Hospital is the gateway to UHS services and providers. UHS Chenango Memorial Hospital operates a primary care center in Sidney.

**United Way of Delaware and Otsego Counties (Oneonta)** – a nonprofit agency that provides financial assistance to organizations that deliver health and human services to residents of Delaware and Otsego Counties. United Way provides funds to: Catholic Charities of Delaware and Otsego Counties, Catskill Area Hospice, Delaware Opportunities, Inc., Family Service Association, LEAF Council on Alcohol & Addictions, Inc., Legal Aid Society of Mid-New York, Inc., and The Salvation Army.

## Appendix B: Health Impact Pyramid



**APPENDIX C:**  
**UHS Delaware Valley Hospital**  
**Community Service Plan**

2016-  
2018

UHS Delaware Valley Hospital  
Community Service Plan



## *Our Vision*

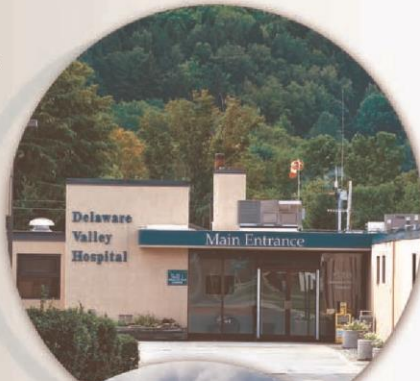
UHS, the region's leading integrated healthcare system, will demonstrate exceptional value in the delivery of coordinated, patient-centered care.

## *Our Mission*

As a critical access hospital and member of the UHS healthcare system, UHS Delaware Valley Hospital's mission is to provide the community with the high quality, patient-centered services that are most often needed; thereby improving access to care and reducing the need to travel long distances.

We do this by offering emergency care, inpatient short-term acute care, physical rehabilitative care and addiction treatment. In addition, we provide high quality primary care; a wide range of diagnostic and treatment services; access to local specialty care and an outpatient pharmacy.

UHS Delaware Valley Hospital also serves as the gateway for patients to access the state-of-the-art technology and highly qualified specialists of the UHS system, when more specialized care is needed.



uhs.net



UHS Wilson Medical Center  
UHS Blingharrison General Hospital  
UHS Physician Practices

UHS Chesnags Memorial Hospital  
UHS Delaware Valley Hospital  
UHS Senior Living at Ideal

UHS Medical Group  
UHS Home Care  
UHS Foundation

**UHS Delaware Valley Hospital complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.**



**Area Covered in Service Plan:** UHS Delaware Valley Hospital's (DVH) Community Service Plan covers the hospital's service area, most of which is located in Delaware County, NY.

The plan was created through collaboration with our local Delaware County Health Department, and other hospitals, located in Delaware County, which includes O'Connor Hospital, Delhi, NY, Tri-Town Regional Hospital in Sidney, NY and Margaretville Community Hospital in Margaretville, NY.

**Contact Information of Community Health Assessment and Community Service Plan Collaborating Partners**

**UHS Delaware Valley Hospital**

Dotti Kruppo, Community Relations Director  
1 Titus Place  
Walton, NY 13856  
607-865-2409  
[Dotti\\_kruppo@uhs.org](mailto:Dotti_kruppo@uhs.org)

**Delaware County Public Health Department**

Amanda Walsh, MPH, Public Health Director  
99 Main Street  
Delhi, NY 13753  
607-832-5200  
[Mandy.walsh@co.delaware.ny.us](mailto:Mandy.walsh@co.delaware.ny.us)

**O'Connor Hospital**

Amy Beveridge, Director of Operational Support  
460 Andes Road  
Delhi, NY 13753  
607-746-0331  
[Amy.beveridge@oconnorhosp.org](mailto:Amy.beveridge@oconnorhosp.org)

**Tri-Town Regional Hospital**

Amy Beveridge, Director of Operational Support  
43 Pearl Street W  
Sidney, NY 13838  
607-746-0331  
[Amy.beveridge@oconnorhosp.org](mailto:Amy.beveridge@oconnorhosp.org)

**Margaretville Hospital**

Laurie Mozian, Community Health Coordinator  
42084 NY Route 28, Margaretville, NY 12455  
845-338-2500 x-4061  
[Laurie.mozian@hahv.org](mailto:Laurie.mozian@hahv.org)

**HealthlinkNY Community Network of the Southern Tier  
Regional Population Health Improvement Program (PHIP)**

Emily Hotchkiss, MPH  
Rural Health Network of South Central New York, Inc.  
607-651-9150  
[ehotchkiss@rhnsncy.org](mailto:ehotchkiss@rhnsncy.org)

Mary Maruscak, MPA  
Rural Health Network of South Central New York, Inc.  
607-972-0329  
[mmaruscak@rhnsncy.org](mailto:mmaruscak@rhnsncy.org)

## Executive Summary

At UHS Delaware Valley Hospital we will be working on the following three prevention agenda priorities:

- Prevent Chronic Disease
- Promote a Healthy and Safe Environment
- Promote Mental Health and Prevent Substance Abuse

The disparity chosen was rural, low-income residents of Delaware County.

In terms of changes regarding the priorities we selected, there is only one. We added promoting a healthy and safe environment because we have been conducting *Matter of Balance* classes since 2014 and working with the county Office for the Aging to bring Tai Chi classes to our service area in 2015. Because the response has been positive, we will continue those efforts.

We also changed our focus to conducting evidence based programming rather than other programming. This is to be realistic regarding the hospital's staffing resources and time. This should ensure that what we do will have a greater impact on the residents we serve.

Working with Delaware County Public Health, O'Connor Hospital, Tri-Town Regional Hospital, Margaretville Hospital and members of HealthlinkNY Community Network, the regional Population Health Improvement Program (PHIP) in the Southern Tier, we reviewed the needs assessments conducted by all three DSRIP PPS' in Delaware County, the regional assessment conducted by PHIP, the county health rankings, 2010 US Census data and the eBRFSS, 2013-2014. Through this review the priorities were selected. Based on that research, we will be working with Delaware County Public Health, Delaware County Office for the Aging, Delaware County Mental Health Clinic, O'Connor Hospital, UHS Stay Healthy Center and the Care Compass Network to further our projects.

By working with other agencies and hospitals we can expand the reach of programming to a greater geographic area. This will allow us to garner broad community interest in the initiatives. Our own staff will also refer appropriate patients to programming.

We will be promoting tobacco cessation classes in conjunction with UHS' certified tobacco cessation counselors. This will be possible once DVH and UHS video-conferencing capabilities go live. Delaware County residents will be able to participate in the classes, from DVH's Wellness Room, through the video-conferencing voice and face recognition capabilities.

Over the course of the next three years, Stanford University's evidence-based Chronic Disease Self-Management Program will be offered, as well as their Diabetes Self-Management program and Chronic Pain Self-Management Program. The evidence-based Matter of Balance program, developed at the Roybal Center at Boston University will be conducted. These programs were chosen based on the prevalence of chronic disease and diabetes in the community; the use of opiates for pain control and the abuse of these medications; and the aging population, who are at a higher risk for falls.

One of UHS Delaware Valley's greatest strategic initiatives is pioneering the use of telemedicine in our rural area. DVH is working closely with UHS to develop the use of this technology to enhance access to mental health and other specialty care, as well as, enhancing access to educational opportunities for not only the public, but for its staff members also.

DVH will be measuring the number of programs it offers, as well as the attendance and graduation rate of participants. DVH will be meeting, at minimum, on a quarterly basis with its partners to assess the success of programming or to adjust the work plan to better address the priorities.

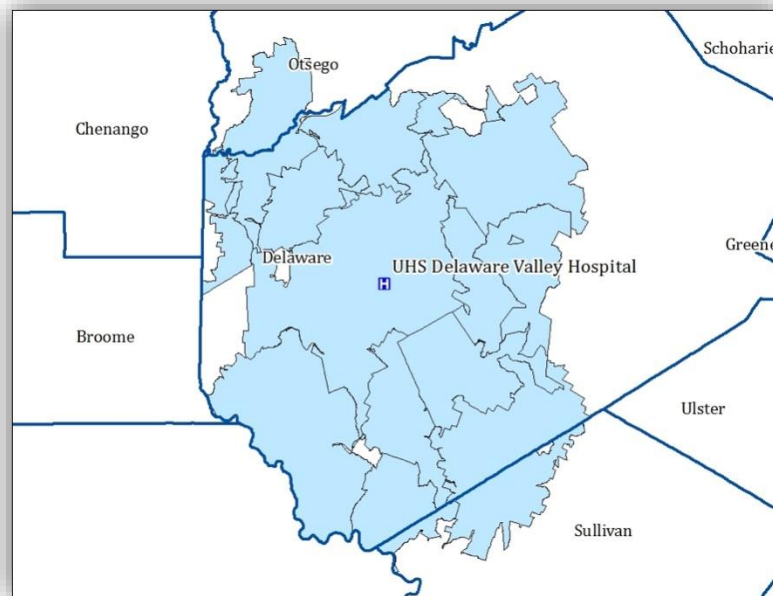


# Report

## Definition and Brief Description of Community Served

UHS Delaware Valley Hospital serves the residents of southwestern Delaware County and northwestern Sullivan County. It encompasses approximately a 30 miles radius with 33,000 residents. More specifically, for 2015, the primary service area, (the area where 80% of discharges originated, include the following locations (listed from largest population to lowest): Walton, Delhi, Unadilla, Sidney, Hancock, Roscoe, Franklin, Sidney Center, Hamden, Downsville, Delancey, Long Eddy, East Branch, Treadwell, Masonville, and Meridale. This represents a change in that Franklin and Delancey are back on the list, while Oneonta and Binghamton have been removed. The communities of Treadwell, Meridale and Masonville are also new to the list.

**Map 1: Delaware Valley Hospital Service Area**



In 2015, the median family income in Delaware County, (\$44,617), is less than New York State's at \$58,687. According to the NYS Poverty Report released in March 2015, the population below the poverty line was 16.4%, higher than the rate of 15.9% for New York. Notably, the percentage of children living below the poverty line has increased between 2000 and 2013 from 18% to 22%. The communities of Davenport (33.8%) and Walton (35.1%) have the highest rates of child poverty in Delaware County (U.S. Census Bureau, 2009-2013 American Community Survey).

## Data Review

In creating its Community Service Plan, UHS Delaware Valley Hospital has taken into account input from persons who represent the broad interests of the communities it serves. Through collaboration with Delaware County Public Health, the three other hospitals serving Delaware County, and the Southern Tier Population Health Improvement Program, DVH chose to primarily focus on three Prevention Agenda priorities.

The primary proactive means for receiving community input was through the Regional Assessment conducted by the Southern Tier Population Health Improvement Program (PHIP). In the Southern Tier, PHIP covers five counties including Delaware County. In order to inform the direction of the Southern Tier PHIP, also known as HealthlinkNY Community Network, the team conducted a regional health assessment utilizing stakeholder interviews and consumer focus groups. The information from this assessment that specifically refers to Delaware County was utilized to direct the selection of the public health priorities for DVH.

From June 2015 through January 2016, a total of 43 one-on-one structured interviews, in Delaware County, were conducted with professionals working in diverse fields such as health care, education, transportation, economic development, mental health, law enforcement, elected officials, among others. The interview questions, 10 key questions and 5 secondary questions centered on health disparities, key barriers to addressing them, and gaps in service provision.

Consumers' input was sought through focus groups which were conducted from January through March of 2016. Population Health Coordinators met with pre-existing groups including support groups, service clubs, parent groups, and senior meals. HealthlinkNY Community Network conducted 5 focus groups with 37 participants in Delaware County; they were asked about their experiences with health and health care delivery. Responses from the focus groups were collected by note-takers and summarized qualitatively by the Population Health Coordinators.

The Needs Assessments of the three Delivery System Reimbursement Incentive Program (DSRIP) Performing Provider Systems (PPS) that serve Delaware County were also reviewed. These include the Care Compass Network, of which DVH is a member; Leatherstocking Network (Bassett Healthcare), and the Westchester Medical Center Health Network.

The NYS Prevention Agenda Dashboard and County Health Rankings were also used in deciding which priorities would be a focus.

### **Assessment and Selection of Public Health Priorities**

Following the public participation and input period, a work group was convened by the Delaware County Public Health Department which included Margaretville Memorial Hospital affiliated with HealthAlliance of the Hudson Valley, Delaware Valley Hospital affiliated with United Health Services, and the Bassett Healthcare Network's O'Connor Hospital and Tri Town Regional Hospital, as well as the Southern Tier PHIP. The group held regular meetings throughout 2016 and chose the health priorities based upon the application of the following five criteria:

1. The priority area was identified by at least two of three of the primary information sources.
2. The priority area was consistent with the current NYS Department of Health Prevention Agenda Areas;
3. The priority area was supported by data showing health status indicators
4. The degree of aberration from National Healthy People 2020 goals and / or from NYS Prevention Agenda objectives; and
5. The priority area was identified/ recommended during the public input process.

After identification of the criteria for priority selection, the data from the community engagement sessions, as well as the hospital and county health department community health assessments, were aligned with the priorities outlined by the NYS 2013-2017 Prevention Agenda.

Additionally, the rationale for choice of priorities was based on available resources and capacity to address the priority. Opportunity for development of collaborative interventions by the group and other community partners was also considered.

Based on the data collected the group decided that the health disparate population to be addressed: Low-income residents of rural areas in Delaware County.

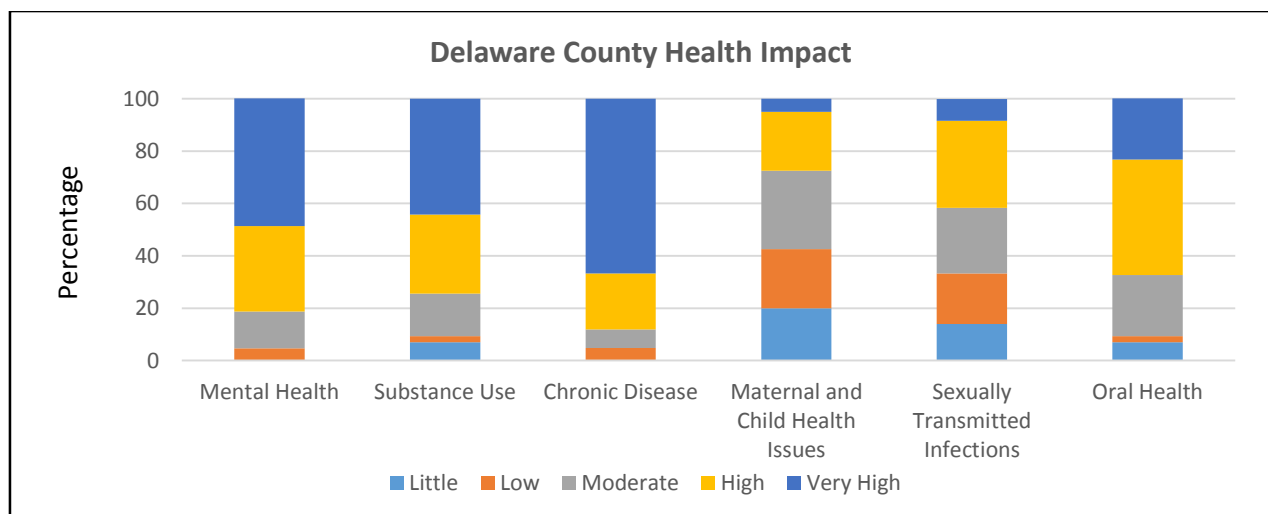
### **Delaware Valley Hospital's Assessment and Selection of Prevention Agenda Priorities**

Delaware Valley looked at these key findings from the assessments conducted and health status of the population.

## Key Findings from Assessments

- Lack of transportation-** Delaware County is the size of Rhode Island with a mountainous terrain and winding, twisting two-lane roads. There is no public transportation and accessing care can be extremely difficult. Transportation was the one issue that was defined by every single group from which input was sought.
- The population is aging-** A full 19.4% of the population is 65 years of age or older. This is a far larger percentage (approx. 3%) than Delaware's neighboring counties or the NYS average of 13.5%.
- Poverty-** 16.4% lives in poverty. The median household income is \$ 44,617, which is \$14,000 less than the NYS average.
- Leading Causes of Death-** Heart and Circulatory Diseases, Cancer (most deaths attributable to lung cancer), COPD and Pneumonia/Diseases of Pulmonary Circulation.
- Hypertension and Cholesterol –** 29% of adults have been diagnosed with hypertension, but only 43% of them are taking medication for the condition. 28% of adults have elevated cholesterol.
- Weight-** 33% of adults are overweight while 26% are obese. While this is less than that of the upstate NY composite, it is still of concern.
- Mental Health-** In 2015, there was an increase in individuals being seen between the ages of 19-64. Most of the patients seen at the county's mental health clinic were from Walton and then Sidney. The clinic lost a provider to retirement in 2015 and finds it difficult to recruit to our rural area. Delaware County's suicide death rate far exceeds that of NYS, excluding NYC (17.2 per 100,000 vs. 9.6). New York State Prevention Agenda data indicates that the suicide rate for Delaware County has been on an upward trend since 2008.
- Smoking-** 25% of adults smoke. This exceeds that of NYS at 16% and the Southern Tier at 21%.
- Substance Abuse-** The use of heroin and other opiates has been increasing and the number of patients being admitted to substance abuse treatment programs, with a history of mental health treatment has doubled.

During the public participation phase of the assessment, participants cited transportation, mental health and substance abuse, chronic disease and access to specialty care and living in a rural area as issues that affect health, access to healthcare or is a gap in their healthcare needs. According to the HealthlinkNY Community Network/PHIP Regional Assessment, Delaware County stakeholders felt that Chronic Disease has the highest impact on health, followed closely by Mental Health and Substance Use (See Graph below).



Source: HealthlinkNY Community Network, 2015-2016 Regional Assessment

DVH then considered the collaborative process with Delaware County Public Health and the other 3 hospitals serving Delaware County. In addition, DVH also considered its current collaboration with the Care Compass Network, DVH's organizational strategic plan; current grant awards, human and financial resources in its decision making process. DVH selected three 2016-2018 NYS Prevention Agenda Priorities:

- a. Prevent Chronic Disease
- b. Promote a Healthy and Safe Environment
- c. Promote Mental Health and Prevent Substance Abuse

## 2016-2018 Plan

### Prevention Strategy: Prevent Chronic Disease

#### *Focus Area 2: Reduce Illness, Disability, and Death related to Tobacco Use and Secondhand Smoke Exposure*

**Goal: Promote tobacco use cessation, especially among low SES populations and those with poor mental health**

**Objective:** Provide Delaware County residents with access to tobacco cessation classes through video-conferencing, eliminating the need to travel long distances.

**Strategy:** DVH will offer smoking cessation classes to be implemented with UHS Stay Healthy staff through the use of video conferencing. This technology is currently in the development stage and is slated to be completed by mid-2017. There are no smoking cessation classes in Delaware County at this time. DVH will advertise tobacco cessation programming to area residents in collaboration with other hospitals, the county health department, and health care providers. Classes will begin to be offered in fall of 2017. The class will be offered at least once per year.

**Measure:** Through this partnership, which includes not only the Delaware County-based providers but also the larger UHS hospital system, the number of participants participating in and completing tobacco cessation classes will be measured.

Goal	Outcome Objectives	Interventions/ strategies/activities	Process measures	Partner role	Partner resources	By When	Will action address disparity?
Promote tobacco cessation	Delaware County residents will have access to tobacco cessation classes.	Offer smoking cessation classes, at least once per year, given with UHS Stay Healthy staff through the use of video conferencing.	Number of participants initiating and completing tobacco cessation classes.	UHS – Facilitator  DVH – Coordinator, venue	UHS has program leaders and video-conferencing capability.  DVH advertises classes to area residents and notifies other hospitals and health care providers of the opportunity. DVH also has video-conferencing capability and wellness center venue to hold classes.	Video-conferencing capabilities are in the development stage and are slated to be completed by mid-2017. Classes will begin to be offered in Fall of 2017.	Yes, all rural residents will have access.



**Focus Area 3: Increase Access to High Quality Chronic Disease Preventive Care and Management in both Clinical and Community Settings**

**Goal: Promote culturally relevant chronic disease self-management education**

**Objective:** Patients and caregivers will learn disease-management strategies.

**Strategy 1.** Promote the use of evidence-based interventions to prevent or manage chronic diseases through patient meetings with DVH's RN Patient Care Coordinator and/or certified dietician/nutritionist.

**Measure:** Number of chronic disease patient visits with DVH patient care coordinator and/or dietician/nutritionist for education and/or help in eliminating barriers to care.

**Strategy 2:** DVH and O'Connor Hospital will utilize resources as their disposal through their respective hospital systems to implement the Stanford University's evidence-based Chronic Disease Self-Management Program (CDSMP). Between DVH and O'Connor, there are currently four trained Peer Leaders for CDSMP. The approach to this goal will be to co-lead programs within the service areas of either entity, and to utilize the resources of the Care Compass Network PPS (which also has an additional trained Peer Leader), as needed.

Each entity will promote the use of this evidence-based strategy to prevent or manage chronic diseases, and the program will be offered twice each year. This will begin in the Spring of 2017.

**Measure:** The number of CDSMP programs offered and the number of individuals participating in and completing the program.

**Strategy 3:** Once each of the hospitals' Peer Leaders holds two public CDSMP programs, they will earn their Master Training Certification and will be able to train others to become Peer Leaders, which would increase the availability of this programming, throughout the service area, as well as, the Care Compass Network area. DVH will hold at least one CDSMP Peer Leader Training per year.

**Measure:** Number of programs and number of peer leaders successfully trained.

**Strategy 4:** In addition, DVH and O'Connor plan to have up to four people trained in the Stanford University Diabetes Self-Management Program (DSMP). DVH intends to pay for the training from a VAP grant it had secured. Once completed, area residents will have the opportunity to take part in the DSMP.

**Measure:** Number of peer trainers in DSMP

**Strategy 5:** DVH will offer the DSMP program to area residents at least once per year, beginning in the Spring of 2018.

**Measure:** Number of classes offered and number of participants beginning and successfully completing the program.

**Strategy 6:** Residents will be offered opportunity to participate in the evidence-based *LifeSteps®* program. This program will be offered twice each year interest permitting.

**Measure:** The number of participants beginning and completing the course and the total weight loss for the group will be reported

Goal	Outcome Objectives	Interventions/ strategies/activities	Process measures	Partner role	Partner resources	By When	Will action address disparity?
Promote culturally relevant chronic disease self-management education	Patients with Chronic Disease or and/or their caregivers will learn ways to manage their disease.	Promote the use of evidence-based interventions to prevent or manage chronic diseases through DVH's RN Patient Care Coordinator and/or certified dietician/nutritionist.	Number of chronic disease patient visits with DVH patient care coordinator and/or dietician/nutritionist for education and/or help in eliminating barriers to care.	DVH - Lead	DVH has a Patient Care Coordinator who is an RN and certified dietician/nutritionist	Begins January 2017	Yes, all chronic disease patients will have access.
		Two six week Stanford University Chronic Disease Self-Management programs (CDSMP) will be offered annually.	Number of CDSMP programs offered.	DVH – Lead, Facilitator, Venue  OCH – Co-lead, Facilitator	DVH has 3 trained facilitators; will co-lead, offer venue, and advertise.  OCH has 1 trained facilitator; will co-lead and advertise.	Begins Fall 2016	Yes, open to all residents
			Number of participants initiating and completing program.				
		Hold at least 1 Chronic Disease Self-Management Program Peer Leader Training.	Number of participants completing peer leaders training	DVH – Facilitator and Venue Care Compass Network (CCN) – co-facilitate	DVH will co-lead trainings and offer venue for training as it has 3 trained facilitators. CCN will co-lead programs with one trained facilitator.	Spring 2018	Yes, development of Peer Leaders will increase access to residents throughout the area.
Complete the Stanford University Diabetes Self-Management Program	Number of individuals and partners completing course	DVH - Facilitator and venue	DVH will pay for up to 4 trainers to complete	Begins Summer 2017	Yes, because this program will then be available for area residents.		

				OCH - Participant	online course. (DVH will have two, OCH will have one). DVH has 3 leaders trained in CDSMP, OCH has 1: a prerequisite.		
		Offer Diabetes Self-Management classes.	Number of classes held.	DVH – Facilitator, Venue	DVH will have two trainers, will lead program, offer venue, and advertise.	Spring 2018	Yes, because it will be open to all area residents
			Number of participants beginning and completing classes.				
		Continue to offer the LifeSteps® program to encourage healthy living.	Number of programs offered and number of participants beginning and completing the course.	DVH – Facilitator, Venue	DVH will offer course through certified dietician nutritionist and venue.	Spring and Fall of each year (interest permitting).	Yes, offered to all area residents
			Total pounds lost by participants during the course of the program.				

## Prevention Strategy: Promote a Healthy and Safe Environment

### *Focus Area 4: Injuries, Violence, and Occupational Health*

#### **Goal: Reduce risk of falls, particularly among the elderly**

**Objective:** Evidence based fall prevention programming will be available to area residents

**Strategy 1.** Promote community-based programs for falls prevention utilizing the evidence-based *Matter of Balance* program.

DVH will provide opportunities throughout the community, in partnership with the Delaware County Public Health Department and the Delaware County Office for the Aging (OFA), to participate in an evidence-based falls prevention program: *Matter of Balance*.

DVH has one certified *Matter of Balance* leader. It will work with both OFA and the County Health Department to partner and offer one program each year at its Wellness Center. One of its Physical Rehabilitation staff members will conduct the session focusing on physical aids and how to get up after a fall. OFA will assist with identifying and recruiting the target population, senior citizens, and also holds the Master Trainer license. With this license, OFA has the opportunity to train new facilitators for the *Matter of Balance* class. DVH will also offer its site for use for additional programs.

**Measure:** The number of participants, number of graduates and number of programs will be reported.

**Strategy 2:** Sustain sponsorship of Del Co Office for Aging's Tai Chi Classes

DVH will continue to sponsor Tai Chi classes for Delaware County's Office for the Aging (OFA). Although DVH does not have the physical or human resources to independently offer this program, it does want to see the program available to area residents so DVH will sponsor the classes by paying for the use of the venues selected by OFA. The hospital will sponsor up to 4 programs each year, conducted in its service area. OFA will continue their role in recruiting both trainers and participants.

**Measure:** The impact for this activity will be shown through the number of programs sponsored.

Goal	Outcome Objectives	Interventions/ strategies/activities	Process measures	Partner role	Partner resources	By When	Will action address disparity?
Reduce risk of falls, particularly among the elderly	Evidence based fall prevention programming will be available to area residents	Continue to offer the evidence-based Matter of Balance program once per year	Number of participants beginning and completing class	DVH – Co-leader and venue DVH PT will speak at Matter of Balance class  DCPH – Co-lead  Office for the Aging (OFA) will recruit attendees and trainers.	DVH Rehabilitation department Physical Therapist will present to matter of balance class when needed. DVH has one trainer. DCPH has one trainer. OFA has access to seniors to target the appropriate audience and has the Master Trainer license to train new trainers.	Spring each year beginning 2017.	Yes, offered to all area residents
			Number of participants starting and completing program.				
		Sustain sponsorship of up to four (4) Del. Co. Office for Aging's Tai Chi Programs	Number of programs sponsored	DVH OFA	DVH will pay for venue. OFA access to trainers and target audience.	Ongoing	Yes, offered to all area residents

## **Prevention Strategy: Promote Mental Health and Prevent Substance Abuse**

### ***Focus Area 2: Prevent Substance Abuse and other Mental Emotional and Behavioral Disorders***

#### **Goal: Prevent suicides among youth and adults**

**Objective:** By sharing information, patterns and trends, if any can be identified and addressed

**Strategy 1:** Share data on suicide, suicide attempts, and prevention efforts.

DVH will work closely with the Delaware County Suicide Prevention Network, made up of several health and human services providers across Delaware County, to aggregate data on completed suicides, suicide attempts, and suicidal ideation. The objective of sharing and aggregating data in partnership with the Delaware County Suicide Prevention Network will be to identify and address patterns and trends. The collective impact on the community and the identified health disparate population will be to utilize the information to develop mitigation strategies, preventing future suicides among youth and adults.

**Measure:** DVH will share this data on a monthly basis.

**Strategy 2:** In addition, DVH will offer a venue, as needed, for the Delaware County Public Health Department to coordinate and schedule Gatekeeper Trainings, evidence-based suicide prevention programs such as ASIST, Safe Talk, and QPR (Question, Persuade, Refer).

These trainings will serve as an avenue for community members and providers alike to increase tools designed to prevent suicides. They develop individuals' knowledge, attitudes, and skills to identify those at risk, and make referrals when necessary.

**Measure:** Gatekeeper trainings will be measured by the number of trainings held at the DVH venue.

<b>Goal</b>	<b>Outcome Objectives</b>	<b>Interventions/ strategies/activities</b>	<b>Process measures</b>	<b>Partner role</b>	<b>Partner resources</b>	<b>By When</b>	<b>Will action address disparity?</b>
Prevent suicides among youth and adults	Identifying and addressing trends by sharing information.	Share data on suicide, suicide attempts and prevention efforts	Share DVH data on the number of patients reporting to its ED with a suicide attempt or ideation to the Delaware County Suicide Prevention Network (DCSPN)	DVH - Collaborator	DVH will collect the data from its ED and report to DCSPN	Ongoing, monthly basis	Yes, measures include all patients
		Offer venue for Gatekeeper trainings (ASIST, Safe Talk, QPR) if needed in Walton	Number of programs held at DVH	DVH - Collaborator  DCPH – Lead, Collaborator	Venue for programming  Coordination and scheduling of programming	Ongoing starting January, 2017	Yes, open to general public



**Goal: Prevent Substance Abuse**

**Strategy 1:** Bring Stanford University's evidence-based Chronic Pain Self-Management Program (CPSMP) to Delaware County residents.

DVH will support and facilitate the training of up to two peer leaders to participate in the evidence-based Stanford University Pain Self-Management Course in the summer of 2017. This has been an ongoing objective, as DVH already has three peer leaders trained in CDSMP, which is a pre-requisite for the online Pain-Management training program.

**Measure:** Number of peer leaders successfully completing training

**Strategy 2:** Once those peer leaders are trained, DVH will offer the Chronic Pain Self-Management Course, beginning in fall of 2017, and intends to offer at least 1 class per year.

**Measure:** Number of classes held and number of participants beginning and successfully completing class.

Goal	Outcome Objectives	Interventions/ strategies/activities	Process measures	Partner role	Partner resources	By When	Will action address disparity?
Prevent suicides among youth and adults	By sharing information, patterns and trends, if any can be identified and addressed	Share data on suicide, suicide attempts and prevention efforts	Share DVH data on the number of patients reporting to its ED with a suicide attempt or ideation to the Delaware County Suicide Prevention Network (DCSPN)	DVH Collaborator	DVH will collect the data from its ED and report to DCSPN	Ongoing, monthly basis	Yes, measures include all patients
		Offer venue for Gatekeeper trainings (ASIST, Safe Talk, QPR) if needed in Walton	Number of programs held at DVH	DVH- Collaborator DCPH- Lead Agency, Coordinator	Venue for programming Coordination and scheduling of programming	Ongoing starting January, 2017	Yes, open to general public
Prevent Substance Abuse	Secure trainers for the Stanford University Chronic Pain Self-Management course	Complete the Stanford University Pain Self-Management Course	Number of trainers completing course	DVH will pay for up to 2 trainers to take on-line course	DVH has 3 trained leaders in CDSMP, a pre-requisite to taking Chronic Disease Self-Management Course	Summer, 2017	Yes, eventually as program will be available to all patients

	Patients completing the chronic pain self-management program will have skills to prevent or reduce the use of pain medications	Offer the Chronic Pain Self-Management Classes at least once per year	Number of classes held  Number of participants beginning and completing classes	DVH will lead program, offer venue for program, advertise program	DVH will have 2 trainers	Beginning Fall, 2017	Yes, will be open to all chronic pain patients
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### **Focus Area 3: Strengthen Infrastructure**

#### **Goal: Strengthen the mental health infrastructure**

**Objective:** Increase availability of mental, emotional, and behavioral health services through the use of telemedicine technology.

**Strategy 1:** Telemedicine technology is being developed at DVH and will be used to provide MEB services utilizing out-of-area providers to strengthen infrastructure. Delaware Valley Hospital is working closely with the larger UHS system to finalize plans for telemedicine technology so that patients have increased access to mental health professionals by Spring 2017. While DVH develops systems for referrals and partnerships with mental health providers, UHS will deliver the required IT infrastructure.

**Measure:** DVH will measure the number of times per month the services are available to patients, the number of visits completed through telemedicine each month, and the number of unique patients utilizing the service.

**Strategy 2:** DVH seeks to strengthen the infrastructure not only within the hospital, but also in the community by working with the Delaware County Office of Mental Health (DCMH) on this objective. Discussions have been ongoing through partnerships developed, in part, by the Care Compass Network PPS to integrate primary care and Mental, Emotional, Behavioral (MEB) health services.

DVH, which provides a high level of expertise and service through their primary care practices, and DCMH, which brings the expertise of MEB providers, will continue conversations regarding the integration of primary care and MEB services. While these are difficult systems to integrate due to regulatory issues that need to be worked out, the facilities remain committed to strategizing ways to share the resources necessary to provide more holistic services to patients.

**Measure:** Success for this activity will be measured by the number of meetings

Goal	Outcome Objectives	Interventions/ strategies/ activities	Process measures	Partner role	Partner resources	By When	Will action address disparity?
Strengthen the Mental Health infrastructure	Increase availability of mental, emotional, and behavioral health services through the use of telemedicine technology.	Finalize plans to utilize telemedicine technology to access mental health professionals	Number of times per month services are available to patients	DVH- Facilitator, Coordinator UHS- IT infrastructure capability Mental Health professional(s) – Clinical care	DVH- telemedicine technology, provider referrals UHS- IT expertise Mental Health Professional- MEB expertise	Spring 2017	Yes- will be available to all patients needing the service
			Number of visits completed through utilization of the service each month				
Number of unique patients utilizing the service each month							
		Continue discussions with the Del. Co. Mental Health regarding screening and integrating primary care and MEB services.	Number of meetings	DVH- Co-collaborator  DCMH- Co-collaborator	DVH- primary care providers and centers  DCMH- MEB providers	Ongoing	Yes, eventually as infrastructure will be strengthened.

## **Process to Maintain Engagement, Track Progress, and Make Mid-Course Corrections**

For the community based strategies, DVH will continue to actively participate in the work group consisting of the Public Health Department and three other local hospitals for the purposes of maintaining engagement with local partners over the next three-year period; meeting on, at minimum, a quarterly basis.

Progress will be tracked by the work group. Mid-course corrections will be made based on the discussions surrounding the review of the Community Service Plan and detailed tasks. Anecdotal feedback will be obtained from work group meetings, meetings involving health and wellness groups such as the Rural HealthAlliance, and from patients and individuals participating in interventions. Finally, as available, local, state and national health status indicators will be reviewed.

## **Dissemination to the Public**

This Community Service Plan was approved by the Delaware Valley Hospital, Inc. Board of Directors, at the October 25, 2016 meeting.

The Plan will be emailed to all DVH Board members, staff and will be shared with the DVH Volunteers at their November meeting.

The Community Service Plan is made available to the public through a link on the website <https://www.uhs.net/about-us/community-service-reports/> or uhs.net and click on the About Us section. The report is downloadable in Adobe Acrobat format (PDF) and information is provided regarding how to obtain a free hard copy.

## **2016 Progress**

**Promote a Healthy and Safe Environment** – DVH was unable to offer the *Matter of Balance* program in 2015 because the second trained facilitator no longer works at DVH. However, DVH has spoken with Delaware County Public Health and the Office for the Aging and have identified potential partners for future programming. The hospital also worked with Office for the Aging so they could hold Tai Chi programs in the Walton area. We sponsored the programming by paying for the venue. They held 3 programs so far in 2016. Because we don't have the physical space or the staff to commit to facilitating a Tai Chi program, we felt this was the best way to help ensure it would be available to area residents.

**Promote Mental Health** – DVH has continued its work toward bringing Mental Health Services to area residents through a telemedicine program. Policies and procedures, contracts and forms have been approved, credentialing and billing aspects have been researched and are understood, a designated room has been created in the Walton Primary Care Center and an exam room in the Roscoe Primary Care Center has been designated for the service. Working with its partner, Binghamton University, the hospital has received 3 telemedicine carts. DVH and UHS has formed a team that is working out the logistics of the IT component so that by the first quarter of 2017, this should be in place. DVH is simultaneously working with UHS to ensure UHS Stay Healthy Center programming can be brought to DVH through teleconferencing. This too should be in place by the first quarter.

A DVH staff member sits on the County's Mental Health Committee and has regular conversations with the Mental Health Director regarding integrating primary care and mental health. In 2015, one of DVH's primary care physicians agreed to see mental health office clients who had no primary care physician and were clinically stable in terms of their mental health. By doing this, some appointments are now available for new clients or unstable clients at the mental health clinic.

DVH also took part in community seminar regarding suicide, mental health and warning signs that was held at the Walton Central School auditorium in March.

**Prevent Chronic Disease** – DVH continued to offer the LifeSteps® program. In addition, the hospital sponsored a week-long Master Trainer training program from the Stanford University's Chronic Disease Self-Management program. 9 people attended and completed the program. DVH had 3 of those graduates. Another was from O'Connor Hospital. Two came from the Rural Health Network of South Central NY and two from Care Compass Network. One other came from out of the area.

DVH also hired a registered nurse who performs care coordination for patients needing extra guidance or assistance in helping to manage their chronic conditions. Much of her focus has been given to diabetic patients whose HgA1c levels fall above 7 and have not seen a physician recently, or who would benefit from a dietary consultation.

## **Rationale for Foregoing Some Priority Areas**

### **Prevent Chronic Disease- Focus Area 1: Reduce Obesity in Children and Adults**

DVH's certified dietitian/nutritionist continues to offer the LifeSteps® program. In prior years, DVH had reached out to schools to participate in after school programming, but it never came to fruition. The hospital had also offered cooking classes and while they were very well received, they only reached a very limited number of people. Therefore, DVH has decided to shift its focus to evidence based chronic disease management programming as it contains nutrition and exercise information in the curriculum and would provide participants with a better understanding of their disease overall.

### **Promote a Healthy and Safe Environment**

Air and water quality are not a serious issue in our area.

#### **Built Environment**

The hospital did help secure both the Walton Village Board and the Town of Colchester's Board agreement to adopt Complete Streets policies. And it continues to promote the Prescription Trails program.

### **Promote Healthy Women, Infants and Children**

DVH does not offer OB/GYN care or delivery care. As a matter of fact, no hospitals offer these services in Delaware County. Women are traveling outside of the county to seek this care. It is felt that their providers will encourage breast feeding, as does Delaware County Public Health and the WIC office in Delaware County is very supportive.

### **Prevent HIV, STDs, Vaccine Preventable Diseases and Health Care Associated Infections**

DVH does promote vaccination of children through its primary care practices and flu shots for all residents. DVH's Infection Control nurse continually provides information regarding PPE, hand washing, and immunizations. This is done as a part of DVH's normal business and is not considered to be a special initiative. The hospital did provide hand washing education at the county fair for the past two years. A hand wash station was set up, participants washed their hands, then applied a special gel and looked at their hands under a black light to see where they may have missed.

**APPENDIX D:**  
**Margaretville Hospital**  
**Community Service Plan**





**Margaretville  
Hospital**

Westchester Medical Center Health Network

Margaretville Hospital  
2016-2018  
COMMUNITY SERVICE PLAN

42084 NY-28, Margaretville, NY 12455

# Margaretville Hospital

## 2016-2018 Community Service Plan

### Contact Information:

Mark Pohar, Executive Director  
42084 NY Route 28, Margaretville, NY 12455  
845-586-2631  
[mark.pohar@hahv.org](mailto:mark.pohar@hahv.org)

Laurie Mozian, Community Health Coordinator  
42084 NY Route 28, Margaretville, NY 12455  
845-338-2500 ext. 4061  
[laurie.mozian@hahv.org](mailto:laurie.mozian@hahv.org)

### Collaborating Partners:

#### **Delaware County Public Health**

Amanda Walsh, MPH, Public Health Director  
99 Main Street, Delhi, NY 13856  
607-832-5200  
[mandy.walsh@co.delaware.ny.us](mailto:mandy.walsh@co.delaware.ny.us)

#### **UHS Delaware Valley Hospital**

Dotti Kruppo, Community Relations Director  
1 Titus Place Walton, NY 13856  
607-865-2409  
[dotti\\_kruppo@uhs.org](mailto:dotti_kruppo@uhs.org)

#### **O'Connor Hospital**

Amy Beveridge, Director of Operational Support  
460 Andes Road, Delhi, NY 13753  
607-746-0331  
[amy.beveridge@oconnorhosp.org](mailto:amy.beveridge@oconnorhosp.org)

#### **Tri-Town Regional Hospital**

Amy Beveridge, Director of Operational Support  
43 Pearl Street W., Sidney, NY 13838  
607-746-0331  
[amy.beveridge@oconnorhosp.org](mailto:amy.beveridge@oconnorhosp.org)

## **Margaretville Hospital**

### **1. Mission Statement**

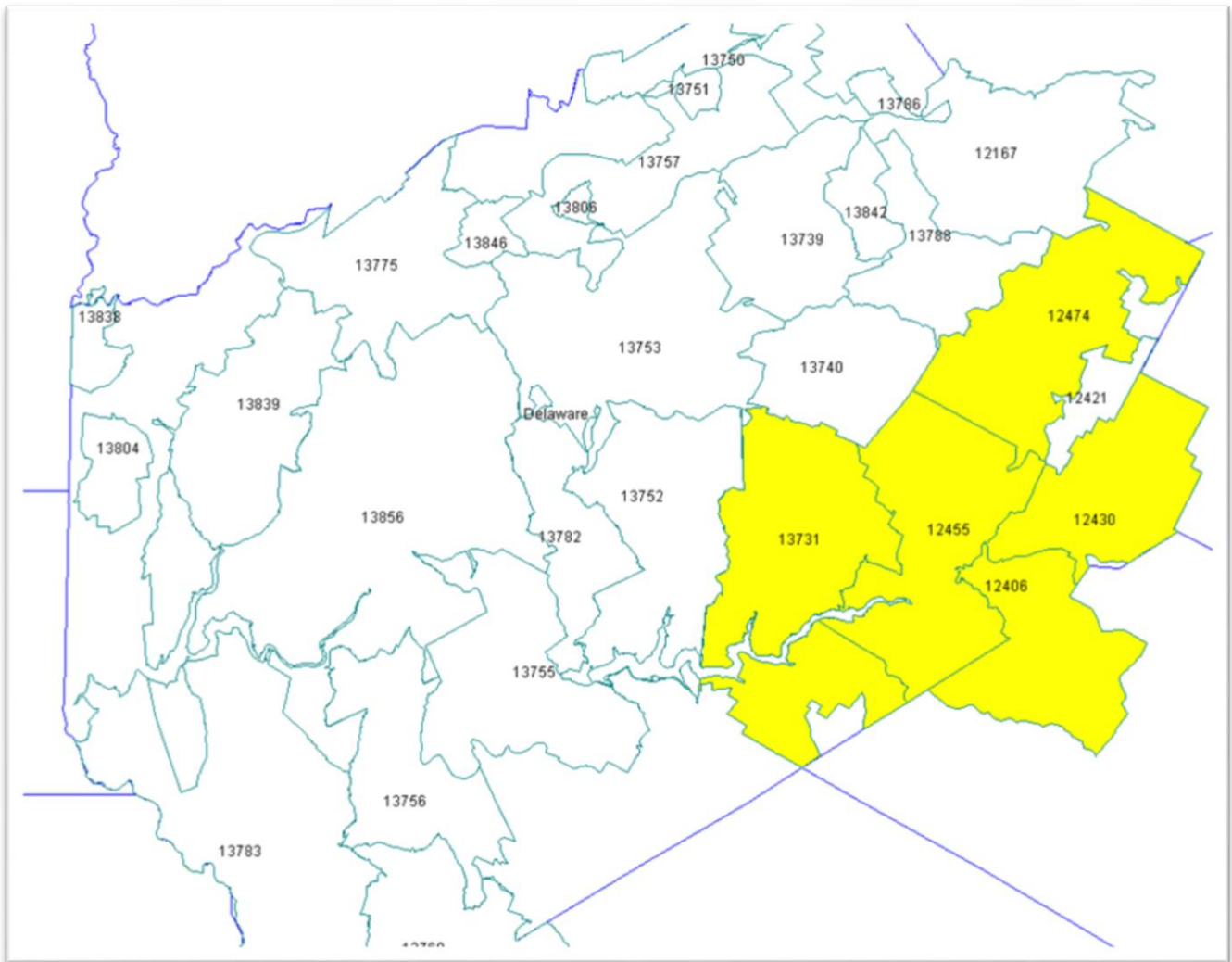
Margaretville Hospital (Margaretville Hospital), a member of HealthAlliance of the Hudson Valley and the Westchester Medical Center Health Network (WMCHHealth) is a rural Critical Access Hospital whose mission is to provide immediate access to high quality medical care and diagnostic testing services to medically underserved areas in the Catskill Mountains. Margaretville Hospital provides linkages to high tech and specialty medical care through an active relationship with HealthAlliance and WMCHHealth.

Margaretville Hospital is the Delaware County affiliate of HealthAlliance of the Hudson Valley (HealthAlliance), a multi-campus health care system consisting of HealthAlliance Hospital's Mary's Ave. and Broadway campuses in Kingston, NY, and Margaretville Hospital, which is co-located on a single campus in Margaretville, NY (Delaware County), with the Mountainside Residential Care Center, a skilled nursing facility.

### **2. Definition and Brief Description of Community Served**

HealthAlliance defines its primary service area by a federal definition that consists of the top 75% of hospital discharges from the lowest number of contiguous zip codes. Margaretville hospital serves the communities of Margaretville, Arkville, Andes, Fleischmanns, Roxbury, Halcott Center, Halcottsville, and New Kingston. Due to the geographical location of acute care hospitals affiliated with HealthAlliance, there are two distinct primary services areas within Ulster and Delaware Counties, though not encompassing all of each county. For operational and community needs development, HealthAlliance regards these two service areas as a single primary service area with the predominant population in Ulster County. However, for the purposes of this document, which will align with the Delaware County Community Health Assessment and the Community Health Improvement Plan, we will present the information pertaining to the Margaretville Hospital service area, located in Delaware County and described in the beginning of this section.

**Map 1: Margaretville Hospital's Service Area**



Other community health services and resources available in Delaware County include 20 ambulance services, mostly consisting of volunteer membership. In addition to Margaretville Hospital, there are three other hospitals, operated by two other healthcare systems: Delaware Valley Hospital affiliated with United Health Services, as well as O'Connor Hospital and Tri-Town Hospital, both affiliated with the Bassett Healthcare Network. Additionally, there are two nursing homes in the county, 15 primary care offices including health centers and private physician offices, 15 locations and 9 full-time equivalent dentists, and two mental health clinics with multiple locations within the county.

Delaware County covers 1,446 square miles in upstate New York, belonging to both the Southern Tier region and the Catskill Mountain range. Delaware County is the fourth largest county in New York by area and is the sixth most rural with a population density of 32.3 persons per square mile.

The county includes the Catskill/Delaware Watershed, which is the largest unfiltered drinking water supply in the United States. The watershed region encompasses the central and eastern sections of

Delaware County and includes roughly 65% of the county’s land area and 11 of its 19 townships. Approximately 55% of Delaware County’s population lies within the Watershed.

Based on the 2010 Census, the population of Delaware County is 47,840, 50.2% male and 49.8% female. In 2013, the population decreased to 46,772, representing a 2.3% reduction in population (Table 1). At the time of the 2010 Census, 9,405 people were less than 18 (19.6%), 38,575 were 18 and over (80.4%) and 9,331, were 65 and over (19.4%). It is estimated that 46.5% of the total population is 45 years of age or older.

**Table 1: Population Change in Delaware County, 2010 – 2013**

<b>Geographic Area</b>	<b>2010</b>	<b>2013</b>	<b>Percent Change 2010-2013</b>
<b>Delaware County</b>	47,840	46,772	- 2.3%
<b>New York State</b>	19,378,102	19,795,791	+2.15%

Source: <http://www.fedstats.gov/qf/states/36/36025.html>  
<http://quickfacts.census.gov/qfd/states/36/36025.html>

A majority of Delaware County residents over the age of 15 are married (72.5%), followed by never married (42%); separated (2.8%), widowed (2%), and divorced (1.8%) make up a smaller portion of the population. Delaware County’s population is 95% White, 1.9% African-American, 0.2% American Indian/Eskimo, 0.8% Asian, and 3.4% of Hispanic Origin (U.S. Census Bureau, 2010-2014 American Community Survey).

In 2015, the median family income in Delaware County, \$44,617, is less than New York State’s at \$58,687. According to the NYS Poverty Report released in March 2015, the population below the poverty line was 16.4%, higher than the rate of 15.9% for New York. Notably, the percentage of children living below the poverty line has increased between 2000 and 2013 from 18% to 22%. The communities of Davenport (33.8%) and Walton (35.1%) have the highest rates of child poverty in Delaware County (U.S. Census Bureau, 2009-2013 American Community Survey).

Based on the NYS Department of Health Behavioral Health Survey from 2013-2014, 83.9% of the population has healthcare coverage compared to 88.7% in the Southern Tier and 84.7% in the Mohawk Valley region, with only 62.2% of Delaware County adults aged 18-64 visiting a doctor for a routine checkup. Accordingly, 8.7% of residents reported not receiving medical care in the past year because of cost, compared to 10.0% in the Southern Tier, 12.2% in the Mohawk Valley region, and 13.1% in New York State.

### **3. Public Participation**

The Community Service Plan has taken into account input from persons who represent the broad interests of the community served by Margaretville Hospital. Through collaboration with Delaware County Public Health, the three other hospitals representing Delaware County, and the Southern Tier Population Health Improvement Program, Margaretville Hospital aligned together to address two Prevention Agenda priorities.

The primary proactive means for receiving community input was through the Regional Assessment conducted by the Southern Tier Population Health Improvement Program (PHIP). In the Southern Tier, PHIP covers five counties including Delaware County. In order to inform the direction of the Southern Tier PHIP, also known as HealthlinkNY Community Network, the team conducted a regional health assessment utilizing stakeholder interviews and consumer focus groups. The information from this assessment that specifically refers to Delaware County was utilized to direct the selection of the public health priorities for Margaretville Hospital.

From June 2015 through January 2016, a total of 43 one-on-one structured interviews in Delaware County were conducted with professionals working in diverse fields such as health care, education, transportation, economic development, mental health, law enforcement and elected officials, among others. The interview questions, 10 key questions and five secondary questions, centered on health disparities, key barriers to addressing them, and gaps in service provision.

Consumers' input was sought through focus groups which were conducted from January through March of 2016. Population Health Coordinators met with pre-existing groups including support groups, service clubs, parent groups and senior meals. HealthlinkNY Community Network/PHIP Southern Tier conducted five focus groups with 37 participants in Delaware County. They were asked about their experiences with health and health care delivery. Responses from the focus groups were collected by note-takers and summarized qualitatively by the Population Health Coordinators.

In addition, Margaretville Hospital is an active participant in Delaware County's Community Health Improvement Plan process. This process included input and suggestions from Delaware County Public Health, Delaware Valley Hospital, Margaretville Hospital, O'Connor Hospital, and the HealthlinkNY Community Network.

#### **4. Assessment and Selection of Public Health Priorities**

Following the public participation and input period, the health priorities were chosen based upon the application of the following five criteria:

1. The priority area was identified by at least two of three of the primary information sources: Margaretville Hospital Community Service Plan, Delaware County's Community Health Assessments or the Westchester Medical Center Health Network Performing Provider System Community Needs Assessment;
2. The priority area was consistent with the current NYS Department of Health Prevention Agenda Areas;
3. The priority area was supported by data showing health status indicators or health needs were either below the averages for New York State or for the Margaretville service area based on the Westchester PPS Community Needs Assessment.
4. The degree of aberration from National Healthy People 2020 goals and/or from NYS Prevention Agenda objectives; and
5. The priority area was identified/ recommended during the public input process.

After identification of the criteria for priority selection, a work group was convened by the Delaware County Public Health Department which included Margaretville Hospital, Delaware Valley Hospital,

O'Connor Hospital and Tri-Town Regional Hospital, as well as the HealthlinkNY Community Network. Through this work group, the data from the community engagement sessions, as well as the hospital and county health department community health assessments, were aligned with the priorities outlined by the NYS 2013-2017 Prevention Agenda.

Additionally, the rationale for choice of priorities was based on available resources and capacity to address the priority. Opportunity for development of collaborative interventions by Margaretville Hospital, the Delaware County Public Health Department and other community partners, was also considered.

Through the collaboration described above with county public health and community-based organizations, Margaretville Hospital aligned together to select two Prevention Agenda Priorities.

- a. Prevent Chronic Disease
- b. Promote Mental Health and Prevent Substance Abuse

Both of these 2016 priorities are from the NYS Prevention Agenda 2016-2018. Margaretville Hospital participated in a workgroup consisting of the three local health systems and the county Public Health department to identify focus areas, and objectives for each of the Agenda Priorities jointly identified by the hospital and collaborators:

**1. Prevention Strategy: Prevent Chronic Disease**

*Focus Area 1: Reduce obesity in children and adults.*

**Goal 1.1: Create community environments that promote and support health food and beverage choices and physical activity.**

Objective 1.0.1: Reduce the percentage of adults ages 18 and older who are obese.

**Goal: Expand the role of public and private employers in obesity prevention.**

Objective 1.0.2: Increase the percentage of small and medium worksites that offer a comprehensive worksite wellness program for all employees.

**2. Promote Mental Health and Prevent Substance Abuse**

*Focus Area 2: Prevent Substance Abuse and other Mental Emotional Behavioral (MEB) Disorders.*

**Goal 3.2: Strengthen infrastructure for MEB health promotion and MEB disorder prevention.**

Objective: Establish systemic enhancements to telemedicine and referral platforms.

**Goal: Prevent suicides among youth and adults.**

Objective: Decrease the age-adjusted suicide rate.

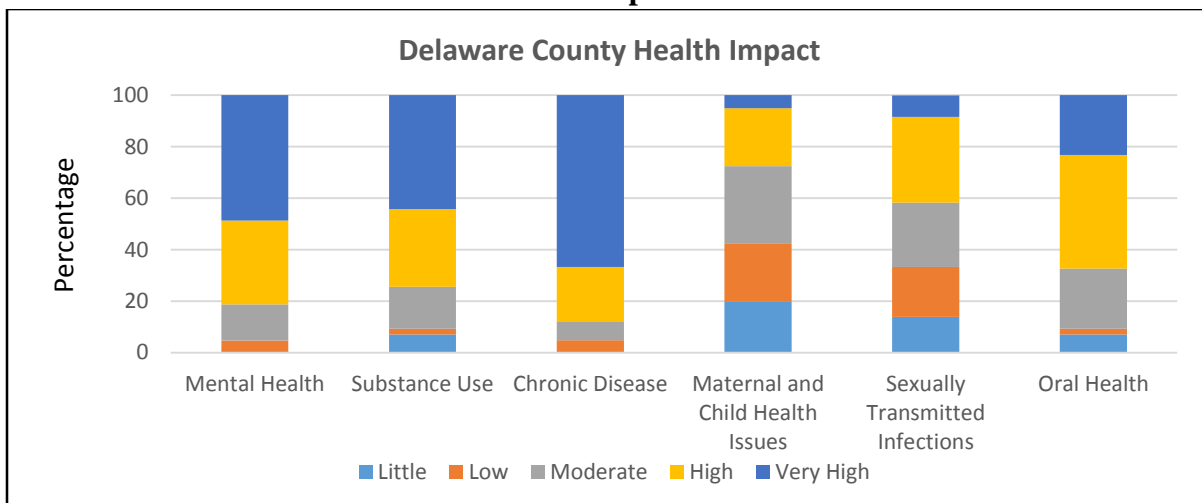
The disparate population to be addressed: Low-income residents of rural areas in Delaware County.

Data to support the rationale behind the choice of priorities, focus areas, objectives and the disparity to be addressed include:

- Delaware County is the sixth most rural county in New York with a population density of 32.3 persons per square mile; median family income in Delaware County, \$44,617, is less than New York State's at \$58,687, a difference of \$14,000.

- According to the HealthlinkNY Community Network Regional Assessment, Delaware County stakeholders felt that chronic disease has the highest impact on health, followed closely by Mental Health and Substance Use (Graph 1).

**Graph 1**



Source: HealthlinkNY Community Network, 2015-2016 Regional Assessment

- According to the New York State Prevention Agenda Dashboard, 33% of adults are overweight, and 26% of adults are obese in Delaware County, whereas 37.7% of children Pre-K to 10<sup>th</sup> grade are considered overweight or obese. Moreover, the New York State Expanded Behavioral Risk Factor Surveillance Survey reports that 25% of Delaware County adults do not participate in leisure time physical activity.
- New York State Prevention Agenda data indicates that the suicide rate for Delaware County has been on an upward trend since 2008, far surpassing upstate New York with a rate of 18.5 suicide deaths per 100,000 in 2014. Usage of the Drug Abuse Clinic and Mental Health Clinic in Delaware County has steadily increased, which a greater percentage of patients seeking treatment for opiate addiction.

### **Rationale for Priority Areas Not Chosen**

After a review of the Community Needs Assessment done by WMCHealth, the stakeholder interviews and consumer focus groups done by the PHIP, and Margaretville Hospital’s previous experiences with providing community services coordination, the executive director of Margaretville Hospital and the quality coordinator who interfaced with the Margaretville Hospital Wellness Committee, by consensus selected the priorities to address. This decision took into account the collaborative process of the four area hospitals and the Delaware County Health Department group. Also taken into account was the severity of the issues at hand, the service area of the hospital system, and the hospital’s capacity to address the need influenced by the decision. With regard to chronic disease prevention and obesity prevention, the choice was made to select an environmental intervention rather than an educational outreach, which was attempted in the last Community Service



Plan but had a less than optimal turnout by the community. The priority areas not chosen for this Community Service Plan were:

- Healthy and Safe Environment
- Promote Healthy Women, Infants and Children
- Prevent HIV, STDs, Vaccine Preventable Diseases and Health Care Associated Infections

## **5. Information Gaps Limiting Hospital Facility’s Ability to Assess the Community’s Health Needs**

Three major and distinct health systems serve sections of Delaware County – Delaware Valley Hospital affiliated with United Health Services, Margaretville Hospital affiliated with HealthAlliance, and O’Connor and Tri-Town Hospitals affiliated with Bassett Healthcare Network. The challenges of communication across systems can lead to care management issues for patients with complex health conditions. Additionally, there is little to no communication between mental health, hospital or primary care providers, further inhibiting communication between systems.

These challenges in communication for patient care translate to difficulties in assessing the community’s health needs. As there are three Delivery System Reform Incentive Payment (DSRIP) Program Performing Provider Systems (PPS) aligned with the hospital systems, this creates further difficulty in determining assets, needs and community priorities. All three PPS performed Community Needs Assessments which include Delaware County, all of which produced different results. These PPS are now participating in different projects, which create challenges in coordination across Delaware County.

## **6. Three Year Plan of Action**

### **Priority Area 1: Prevent Chronic Diseases**

#### **Focus Area 1: Reduce obesity in children and adults.**

**Goal 1:** Create community environments that promote and support health food and beverage choices, and physical activity.

Outcome Objective: Reduce the percentage of adults ages 18 and older who are obese.

#### **Community Based Strategy:**

Margaretville Hospital will work with the communities in their service area to increase retail availability of affordable healthy foods that meet the needs of communities, especially those with limited access to nutritious foods.

#### **Margaretville Hospital Strategy, Impacts and Commitment of Resources:**

The Margaretville Hospital Wellness Committee will recommend healthy vending guidelines that will be adopted by the hospital and impact employees, patients and visitors at the Margaretville Hospital and Mountainside Residential Care Center. Currently under review are vending policies implemented in other locales. Ulster County and the City of Kingston, the primary home of HealthAlliance, have adopted a Healthy Vending Policy. Through this action, Margaretville Hospital expects that the percentage of adults who are obese, ages 18 years and older, will have the option to select lower calorie foods when dining at

Margaretville Hospital and Mountainside Residential Care Center. This strategy will help to drive a reduction in obesity statistics. Margaretville Hospital staff will assess the food that is being offered to ensure adherence with newly adopted nutrition vending standards.

**Goal 2:** Expand the role of public and private employers in obesity prevention.

Outcome Objective: Increase the percentage of small and medium worksites that offer a comprehensive worksite wellness program for all employees.

The hospital has begun to implement an evidence-based wellness program for all employees in cooperation with the participating health plan and community partnerships that include but are not limited to increased opportunities for physical activity; access to and promotion of healthful foods and beverages, and health benefit coverage and/or incentives for obesity prevention.

The hospital will implement nutrition and beverage standards in public institutions, worksites and other key locations such as Margaretville Hospital and Mountainside Nursing Home.

As a role model, HealthAlliance has begun to implement system-wide changes that incentivize employee participation in a personal health assessment (PHA), annual physical and the adoption of at least one healthy behavior by structuring health insurance rates favorably for those that participate in wellness activities. This may serve as a template for other community organizations that are interested in creating worksite wellness programs.

### **Impacts and Commitment of Resources**

The HealthAlliance administration will review and report data aggregated by CDPHP on employee participation and success. In partnership with the HealthAlliance Employee Wellness Committee, HealthAlliance will offer healthy eating classes and gym memberships at reduced rates.

Goal	Outcome Objectives	Interventions/ Strategies/Activities	Process measures	Partner role	Partner resources	By When	Will action address disparity?
Goal #1.1: Create community environments that promote and support healthy food and beverage choices and physical activity.	By December 31, 2018, reduce the percentage of adults ages 18 years and older who are obese from 24.5% (2011) to 23.2% among all adults.	Increase retail availability of affordable healthy foods that meet the needs of communities, especially those with limited access to nutritious foods.  Implement nutrition and beverage standards in public institutions, worksites and other key locations such as Margaretville Hospital and Mountainside Residential Care Center.	Number and type of key community locations that adopt and/or implement nutrition and beverage standards.	Margaretville Hospital is the lead agency. Margaretville Hospital Wellness Committee will recommend healthy vending guidelines that will impact employees, patients and visitors at the Margaretville Hospital and Mountainside Residential Care Center.	Under review are vending policies implemented in other locales. Under consideration for adoption are Ulster County/ City of Kingston's Healthy Vending Policy.	December 2017	Yes, the existing disparity for the 2016-2018 Community Health Improvement Plan is "low income residents in rural areas in Delaware County." This can benefit a large portion of the Margaretville Hospital service area, as the average weekly wage rate for Delaware County is \$775 (2015), which is 34% below the NYS rate of \$1180.
Expand the role of public and private employers in obesity prevention.	By December 31, 2018, increase by 10% the percentage of small to medium worksites that offer a comprehensive worksite wellness program for all employees that is fully	Implement evidence-based wellness programs for all public and private employees, retirees and their dependents through collaborations with unions, health plans and community partnerships that include but are not limited to increased opportunities for physical activity; access to and promotion of healthful foods and beverages; and health benefit coverage and/or incentives for obesity prevention and treatment,	Collection of a baseline number of employees that participate in the Personal Health Assessment (PHA), annual physical and	HealthAlliance Administration creates a system-wide change and is the lead agency.  CDPHP collaborates by providing aggregate data from their website on employees that complete the PHA and engage in	The HealthAlliance Administration  The HealthAlliance Employee Wellness Committee - In kind  CDPHP-website administration	Starts December 2017, with continuous monitoring of data until the end of 2018	Yes, the existing disparity for the 2016-2018 Community Health Improvement Plan is "low income residents in rural areas in Delaware County." This can benefit a large portion of the Margaretville Hospital service area, as the average weekly wage rate for Delaware County is \$775 (2015), which is 34% below the NYS rate of \$1180.

	<p>accessible to people with disabilities.</p>	<p>including breastfeeding support.</p> <p>As a role model, HealthAlliance will implement system-wide changes that incentivize employee participation in a personal health assessment (PHA), annual physical and the adoption of at least one healthy behavior by structuring health insurance rates favorably for those that participate in wellness activities. This will serve as a template for other community organizations that are interested in creating worksite wellness programs.</p>	<p>healthy behaviors.</p>	<p>healthy behavior opportunities.</p> <p>Data is reviewed and reported by HealthAlliance.</p>			
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## **Priority Area 4: Promote Mental Health and Prevent Substance Abuse**

### **Focus Area 3: Strengthen infrastructure across systems.**

**Goal 1:** Strengthen infrastructure for MEB health promotion and MEB disorder prevention.

Outcome Objective: Enhance telemedicine and referral systems to build infrastructure of psychiatric services.

### **Focus Area 2: Prevent Substance Abuse and other Mental Emotional Behavioral Disorders**

**Goal 2:** Prevent suicides among youth and adults.

Outcome Objective: Decrease age-adjusted suicide rates.

Outcome Objective: Decrease the number of suicide attempts.

#### **Community Based Strategy:**

With regard to DSRIP and Domain 4 Margaretville Hospital will work with the following entities to achieve the goal of preventing suicides among youth and adults – Delaware County Public Health, O’Connor Hospital, Tri-Town Regional Hospital and Delaware Valley Hospital. These entities will share data on suicides, attempted suicides and suicidal ideation strengthening the infrastructure for mental health and substance abuse across systems.

#### **Margaretville Hospital Strategy:**

Margaretville Hospital will establish telemedicine capabilities with input from WMCHHealth to bring psychiatric services to the Delaware County community. Utilizing resources from HealthAlliance and WMCHHealth, and with referrals provided to the Margaretville and Roxbury schools, Margaretville Hospital foresees high value and potential in meeting the needs of the identified disparate population.

#### **Impacts and Commitment of Resources:**

##### **Suicide Prevention:**

The entities described above will take responsibility for the following:

- Delaware County Public Health will share data on gender, age and means of suicide deaths with the Delaware County Suicide Prevention Network;
- O’Connor Hospital will collect the numbers of suicide attempts and ideation statistics from all Emergency Departments in Delaware County. This data will also be reported to the Delaware County Suicide Prevention Network; and
- Margaretville Hospital, Tri-Town Regional Medical Center and Delaware Valley Hospital will report the numbers of suicide attempts and suicide ideation to O’Connor Hospital, where the complete data will be aggregated.

The intended impact behind the collaboration of resources will be to decrease the age-adjusted suicide rate in Delaware County by 10% (from 17.2 to 15.5) per 100,000, and to decrease the number of suicide attempts in Delaware County by December 31, 2018.

**Strengthen Infrastructure for MEB Health Promotion and MEB Behavior Prevention:**

Margaretville Hospital will partner with community organizations and coalitions, as well as the Margaretville Hospital Wellness Committee, Westchester Medical Center Health Network psychiatry and psychology departments, the Margaretville and Roxbury schools and potentially other school districts. Also included in this partnership will be Delaware County Public Health and Mental Health.

Telemedicine equipment will be operational, and a system for gathering referrals from the Delaware County community will be in place. A staff person at Margaretville Hospital will be dedicated to this work. Margaretville Hospital will expect numbers of individuals utilizing the telepsychiatry services to increase each quarter of year one, with 10 people the first quarter, 20 people the second quarter, and 30 people the third quarter.

Goal	Outcome Objectives	Interventions/ strategies/activities	Process measures	Partner role	Partner resources	By When	Will action address disparity?
Goal #3.2: Strengthen infrastructure for MEB health promotion and MEB disorder prevention.	Telemedicine equipment will be operational and a system for gathering referrals from the Delaware County community will be established by a dedicated responsible party at Margaretville Hospital.	Margaretville Hospital will establish relations with a visiting psychologist and telemedicine capabilities with input from WMCHHealth to bring psychiatric services to the Delaware County community.	<p>Psychologist/Program Coordinator is hired *</p> <p>Equipment is operational **</p> <p>Referral system is operational</p> <p>Number of individuals meeting with the psychologist and utilizing the telepsychiatry services.</p>	Margaretville Hospital is the lead agency	<p>HealthAlliance VAP Grant For Rural Communities</p> <p>Margaretville Hospital, Westchester Medical Center Health Network and HealthAlliance will contribute telemedicine</p> <p>Margaretville and Roxbury Schools will contribute in-kind referrals</p>	<p>*Begins first quarter of 2017</p> <p>** Begins second quarter of 2017</p>	Yes- Please see Table 1.9 in CHA. Low income children and adults in rural areas in Delaware County.

Goal	Outcome Objectives	Interventions/ strategies/activities	Process measures	Partner role	Partner resources	By When	Will action address disparity?
Prevent suicides among youth and adults.	<p>Decrease the age-adjusted suicide rate in Delaware County by 10% from 18.5 to 16.65 per 100,000 by 12.31.2018</p> <p>Decrease the number of suicide attempts in Delaware County by 12.31.2018.</p>	Share data on suicide, suicide attempts and prevention efforts.	Share Margaretville Hospital Emergency Department (ED) data on the number of patient reporting to EDs with suicide attempt or ideation to the Delaware County Suicide Prevention Network.	<p>Delaware County Public Health – Lead agency</p> <p>Collaborate with:</p> <ul style="list-style-type: none"> <li>-Tri-Town Regional Hospital</li> <li>-O’Connor Hospital</li> <li>-Margaretville Hospital</li> <li>-Delaware Valley Hospital</li> </ul>	<p>Delaware County Public Health shares data on age, gender and means of suicide deaths with the Delaware County Suicide Prevention Network.</p> <p>O’Connor Hospital will collect the number of suicide attempt and ideation statistics from all Emergency Departments in Delaware County. Data will be reported to the Delaware County Suicide Prevention Network.</p> <p>Delaware Valley Hospital, Tri-Town Regional Hospital and Margaretville Hospital will report the number of suicide attempts and suicide ideation cases to O’Connor Hospital.</p>	Monthly, Annually	Yes- Please see Table 1.9 in CHA. Low income children and adults in rural areas in Delaware County.



## **7. Dissemination to the Public**

Margaretville Hospital will post the Hospital Community Service Plan on HealthAlliance's website. News and events related to the interventions will also be posted. The Community Health component of the hospital system's website can be found at: <http://www.hahv.org/healthy-neighborhood/community-health/>

## **8. Process to Maintain Engagement, Track Progress and Make Mid-Course Corrections**

For the community based strategies, Margaretville Hospital will continue to actively participate in a work group consisting of the Public Health Department and three other local hospitals for the purposes of maintaining engagement with local partners over the next three-year period.

Progress will be tracked by the work group. Mid-course corrections will be made based on the discussions surrounding the review of the Community Service Plan and detailed tasks. Anecdotal feedback will be obtained from work group meetings, meetings involving health and wellness groups such as the Rural HealthAlliance, and from patients and individuals participating in interventions. Finally, as available, local, state and national health status indicators will be reviewed.

### **2016 Progress**

This has been a year of much change for HealthAlliance and Margaretville Hospital. This year we engaged in assessment and planning for the 2016-2018 Community Service Plan.

On March 30, 2016, Westchester County Health Care Corp. became the sole corporate member of HealthAlliance. This adoption has the potential to significantly increase resources – particularly in terms of mental health resources that can be brought to the community. On May 19, 2016, Margaretville Hospital hired a new executive director, Mark Pohar. Mr. Pohar works with the Community Health Coordinator and the Margaretville Hospital Wellness Committee to gain agreement with regard to the plans for the 2016-2018 Community Service Plan.

Margaretville Hospital's mobile van conducted community outreach at the following community events:

Spring on Main Street: 5/14

Fleischmann's Memorial Day Street Fair: 5/28

Margaretville Auxiliary Antique Flea Market: 8/6

Kansas City Society Barbeque Contest/Fleischmann: 8/27

Cauliflower Festival: 9/24

The Margaretville Hospital Executive Director and the Community Health Coordinator met several times between July and October 2016 to plan for the 2016-2018 Community Service Plan contributions of Margaretville Hospital and HealthAlliance.

Health Fair Prevention Efforts took place on October 7, 2016, and included flu shots, fasting blood sugars, respiratory assessments, bone density testing and community introductions to telemedicine.

Also in October 2016, the following activities have taken place to contribute to the impact of the previous Community Service Plan:

The Margaretville Hospital executive director has initiated meetings with the school administration of Margaretville schools to discuss the availability of mental health services in the community.

A new psychologist has been hired, and will begin November 1, 2016. This person will work with the Margaretville Hospital community based on referrals from local school districts and the community.

The release of a public announcement, alerting the community to a new telemedicine program which links Margaretville Hospital to Westchester Medical Center Health Network to bring psychiatric services to the community.

**APPENDIX E:**  
**O'Connor Hospital**  
**Community Service Plan**

O'CONNOR HOSPITAL  
2016-2018  
COMMUNITY SERVICE PLAN

460 Andes Road, Delhi, NY 13753

**O'Connor Hospital, Inc. (dba O'Connor Hospital)**  
**2016-2018 Community Service Plan**

**Contact Information:**

**O'Connor Hospital**

Amy Beveridge, Director of Operational Support  
460 Andes Road, Delhi, NY 13753  
607-746-0331  
[amy.beveridge@oconnorhosp.org](mailto:amy.beveridge@oconnorhosp.org)

**Collaborating Partners:**

**Delaware County Public Health**

Amanda Walsh, MPH, Public Health Director  
99 Main Street, Delhi, NY 13856  
607-832-5200  
[mandy.walsh@co.delaware.ny.us](mailto:mandy.walsh@co.delaware.ny.us)

**UHS Delaware Valley Hospital**

Dotti Kruppo, Community Relations Director  
1 Titus Place Walton, NY 13856  
607-865-2409  
[dotti\\_kruppo@uhs.org](mailto:dotti_kruppo@uhs.org)

**Margaretville Hospital**

Laurie Mozian, Community Health Coordinator  
42084 NY Route 28, Margaretville, NY 12455  
845-338-2500  
[laurie.mozian@hahv.org](mailto:laurie.mozian@hahv.org)

Mark Pohar, Executive Director  
42084 NY Route 28, Margaretville, NY 12455  
845-586-2631  
[mark.pohar@hahv.org](mailto:mark.pohar@hahv.org)

**Tri-Town Regional Hospital**

Amy Beveridge, Director of Operational Support  
43 Pearl Street W., Sidney, NY 13838  
607-746-0331  
[amy.beveridge@oconnorhosp.org](mailto:amy.beveridge@oconnorhosp.org)

## **1. Mission Statement**

Bassett Healthcare Network O'Connor Hospital's mission is to provide our community with quality healthcare which the community values in the pursuit of health.

O'Connor Hospital (OCH) is a critical access hospital in Delhi, NY, providing a full range of acute and preventative health care services, including acute inpatient care, restorative/rehabilitative (swing bed) care, an emergency services department, same-day surgery, radiology, laboratory services, an outpatient pharmacy, outpatient physical and occupational therapy, dietary consultations, an Eye Wear Center, and a wide range of specialty services. O'Connor has been at its current location since 1957.

O'Connor Hospital is an affiliate of the Bassett Healthcare Network. The Network is an integrated health care system that provides care and services to people living in an eight-county region covering 5,600 square miles in upstate New York. The organization includes six corporately affiliated hospitals, as well as skilled nursing facilities, community and school-based health centers, and health partners in related fields.

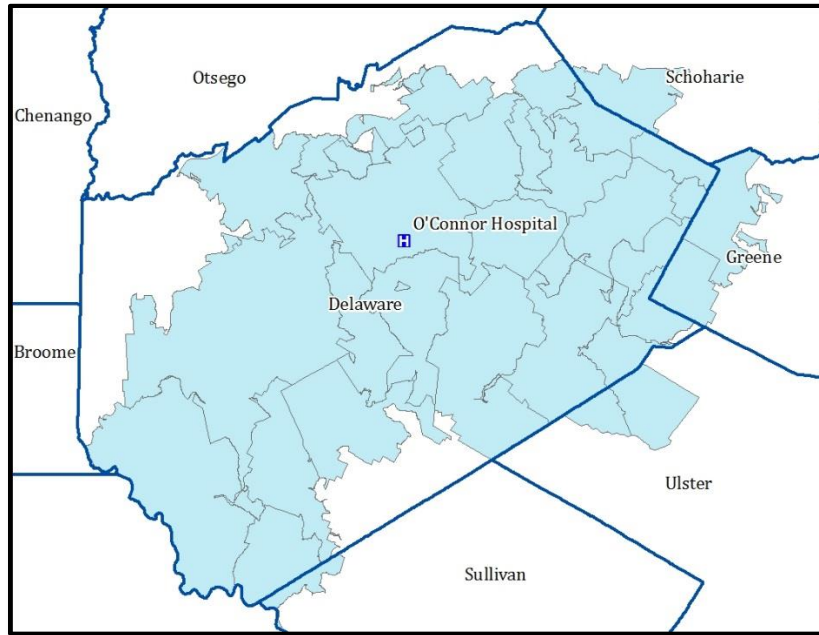
The affiliated hospitals in addition to O'Connor Hospital include Bassett Medical Center in Cooperstown, A.O. Fox Memorial Hospital in Oneonta, Cobleskill Regional Hospital in Cobleskill, Tri-Town Regional in Sidney and Little Falls Hospital in Little Falls. Other affiliates include Valley Health Services a 160-bed long term care and rehabilitation facility in Herkimer; First Community Care of Bassett, a home care equipment, supplies and related services provider in a surrounding seven-county area; and At Home Care, a certified home health care agency serving a surrounding four-county area. The Network also includes more than two dozen network health centers in a surrounding eight-county area.

## **2. Definition and Brief Description of Community Served**

O'Connor Hospital's service area includes much of Delaware County. The communities served include: Andes, Arkville, Bloomville, Bovina Center, Davenport Center, De Lancey, Delhi, Denver, Downsville, East Branch, East Meredith, Fishs Eddy, Fleishmanns, Franklin, Grand Gorge, Halcottsville, Hamden, Hancock, Harpersfield, Hobart, Margaretville, Meridale, New Kingston, Roxbury, South Kortright, Stamford, Treadwell, Walton, and West Davenport. Communities served from the surrounding counties of Greene and Sullivan include Long Eddy and Prattsville. The service area was determined through an analysis of zip codes of residence of patients using hospital services. Map 1 shows the service area for O'Connor Hospital.

Other community health services and resources available in Delaware County include 20 ambulance services, mostly consisting of volunteer membership. In addition to O'Connor Hospital, there are three other hospitals, operated by two other healthcare systems: Delaware Valley Hospital affiliated with United Health Services, Margaretville Hospital affiliated with HealthAlliance of the Hudson Valley and Westchester Medical Center Health Network, and Tri-Town Regional Hospital affiliated with Bassett Healthcare Network. Additionally, there are two nursing homes in the county, 15 primary care offices including health centers and private physician offices, 15 locations and nine full time equivalent dentists, and two mental health clinics with multiple locations within the county.

**Map 1: O'Connor Hospital's Service Area**



Delaware County covers 1,446 square miles in upstate New York, belonging to both the Southern Tier region and the Catskill Mountain range. Delaware County is the fourth largest county in New York by area and is the sixth most rural with a population density of 32.3 persons per square mile.

The county includes the Catskill/Delaware Watershed, which is the largest unfiltered drinking water supply in the United States. The watershed region encompasses the central and eastern sections of Delaware County and includes roughly 65% of the county's land area and 11 of its 19 townships. Approximately 55% of Delaware County's population lies within the Watershed.

Based on the 2010 Census, the population of Delaware County is 47,840, 50.2% male and 49.8% female. In 2013, the population decreased to 46,772, representing a 2.3% reduction in population (Table 1). At the time of the 2010 Census, 9,405 people were under 18 (19.6%), 38,575 were 18 and over (80.4%) and 9,331 were 65 and over (19.4%). It is estimated that 46.5% of the total population is 45 years of age or older.

**Table 1: Population Change in Delaware County, 2010 – 2013**

<b>Geographic Area</b>	<b>2010</b>	<b>2013</b>	<b>Percent Change 2010-2013</b>
<b>Delaware County</b>	47,840	46,772	- 2.3%
<b>New York State</b>	19,378,102	19,795,791	+2.15%

Source: <http://www.fedstats.gov/qf/states/36/36025.html>  
<http://quickfacts.census.gov/qfd/states/36/36025.html>

A majority of Delaware County residents over the age of 15 are married (72.5%), followed by never married (42%), separated (2.8%), widowed (2%), and divorced (1.8%) make up a smaller portion of the population. Delaware County's population is 95% White, 1.9% African-American, 0.2% American

Indian/Eskimo, 0.8% Asian, and 3.4% of Hispanic Origin (U.S. Census Bureau, 2010-2014 American Community Survey).

In 2015, the median family income in Delaware County, \$44,617, was less than New York State's median family income, \$58,687. According to the NYS Poverty Report released in March 2015, the population below the poverty line was 16.4%, higher than the rate of 15.9% for New York State. Notably, the percentage of children living below the poverty line has increased between 2000 and 2013 from 18% to 22%. The communities of Davenport (33.8%) and Walton (35.1%) have the highest rates of child poverty in Delaware County (U.S. Census Bureau, 2009-2013 American Community Survey).

Based on the NYS Department of Health Behavioral Health Survey from 2013-2014, 83.9% of the population has healthcare coverage compared to 88.7% in the Southern Tier and 84.7% in the Mohawk Valley region, with only 62.2% of Delaware County adults aged 18-64 visiting a doctor for a routine checkup. Accordingly, 8.7% of residents reported not receiving medical care in the past year because of cost, compared to 10.0% in the Southern Tier, 12.2% in the Mohawk Valley region, and 13.1% in New York State.

### **3. Public Participation**

The Community Service Plan (also referred to as the Implementation Strategy) has taken into account input from persons who represent the broad interests of the community served by O'Connor Hospital. The primary proactive means for receiving community input was through the Regional Assessment conducted by the Southern Tier Population Health Improvement Program (PHIP). In the Southern Tier, PHIP covers five counties including Delaware County. In order to inform the direction of the Southern Tier PHIP, also known as HealthlinkNY Community Network, the team conducted a regional health assessment utilizing stakeholder interviews and consumer focus groups. The information from this assessment that specifically refers to Delaware County was utilized to direct the selection of the public health priorities for O'Connor Hospital.

From June 2015 through January 2016, a total of 43 one-on-one structured interviews in Delaware County were conducted with professionals working in diverse fields such as health care, education, transportation, economic development, mental health, law enforcement, public office, among others. The interview questions, 10 key questions and 5 secondary questions, centered on health disparities, key barriers to addressing them, and gaps in service provision.

Consumers' input was sought through focus groups which were conducted from January through March of 2016. Population Health Coordinators met with pre-existing groups including support groups, service clubs, parent groups, and senior meal sites. HealthlinkNY Community Network conducted five focus groups with 37 participants in Delaware County; they were asked about their experiences with health and health care delivery. Responses from the focus groups were collected by note-takers and summarized qualitatively by the Population Health Coordinators.

In addition, O'Connor Hospital is an active participant in Delaware County's Community Health Improvement Plan process. This process included input and suggestions from Delaware County Public



Health, Delaware Valley Hospital, Margaretville Hospital, Tri-Town Regional Hospital, and HealthlinkNY Community Network.

#### **4. Assessment and Selection of Public Health Priorities**

Following the public participation and input period the health priorities were chosen based upon the application of the following five criteria:

1. The priority area was identified by at least two of three of the primary information sources: O'Connor Hospital Community Service Plan, Delaware County's Community Health Assessments or the Leatherstocking Collaborative Health Partners Community Needs Assessment;
2. The priority area was consistent with the current NYS Department of Health Prevention Agenda Areas;
3. The priority area was supported by data showing health status indicators or health needs were either below the averages for New York State or for the seven county Bassett Healthcare Network service area based on the Leatherstocking Collaborative Health Partners Community Needs Assessment;
4. The degree of aberration from National Healthy People 2020 goals and/or from NYS Prevention Agenda objectives; and
5. The priority area was identified/ recommended during the public input process.

After identification of the criteria for priority selection, a work group was convened by Delaware County Public Health Department which included Margaretville Hospital affiliated with Health Alliance of the Hudson Valley, Delaware Valley Hospital affiliated with United Health Services, Bassett Healthcare Network O'Connor Hospital, Bassett Healthcare Network Tri Town Regional Hospital as well as the HealthlinkNY Community Network. Through this work group, the data from the community engagement sessions, as well as the hospital and county health department community health assessments, were aligned with the priorities outlined by the NYS Prevention Agenda 2016-2018.

Additionally, the rationale for choice of priorities was based on available resources and capacity to address the priority. Opportunity for development of collaborative interventions by O'Connor Hospital, Bassett Healthcare Network, Delaware County Public Health Department and other community partners was also considered.

O'Connor Hospital has selected two health priorities which are also addressed in the Community Health Needs Assessment (CHNA) Implementation Strategy 2013 report:

- a. Prevent Chronic Diseases
- b. Promote Mental Health and Prevent Substance Abuse

Both of the CHNA 2016 priorities are from the NYS Prevention Agenda 2016-2018. O'Connor Hospital participated in a workgroup consisting of the three local health systems and the county Public Health department to identify focus areas, and objectives for each of the Agenda Priorities jointly identified by the Hospital and collaborators:

### 3. Prevent Chronic Diseases

*Focus Area 1: Reduce obesity in children and adults*

**Goal:** Create community environments that promote and support healthy food and beverage choices and physical activity

Objective 1.0.1: Three municipalities will pass Complete Streets policies by 12.31.18.

Objective 1.0.2: One municipality will complete a Complete Streets project by 12.31.18.

Objective 1.0.3: Increase percentage of adults that participate in leisure time physical activity from 75% to 76% by 12.31.18.

*Focus Area 3: Increase Access to High Quality Chronic Disease Preventive Care and Management in both Clinical and Community Settings*

**Goal:** Promote culturally relevant chronic disease self-management education

Objective 3.0.1: Two (2) six-week Chronic Disease Self-Management Programs will be offered in Delaware County annually in 2017 and 2018.

### 4. Promote Mental Health and Prevent Substance Abuse

*Focus Area 2: Prevent Substance Abuse and other Mental Emotional Behavioral Disorders*

**Goal:** Prevent suicides among youth and adults

Objective 2.0.1: Decrease the age-adjusted suicide rate in Delaware County by 10% from 17.2 to 15.5 per 100,000 by 12.31.2018.

Objective 2.0.2: Decrease the number of suicide attempts in Delaware County by 12.31.2018.

**Goal:** Prevent underage drinking, non-medical use of prescription pain relievers by youth, and excessive alcohol consumption by adults

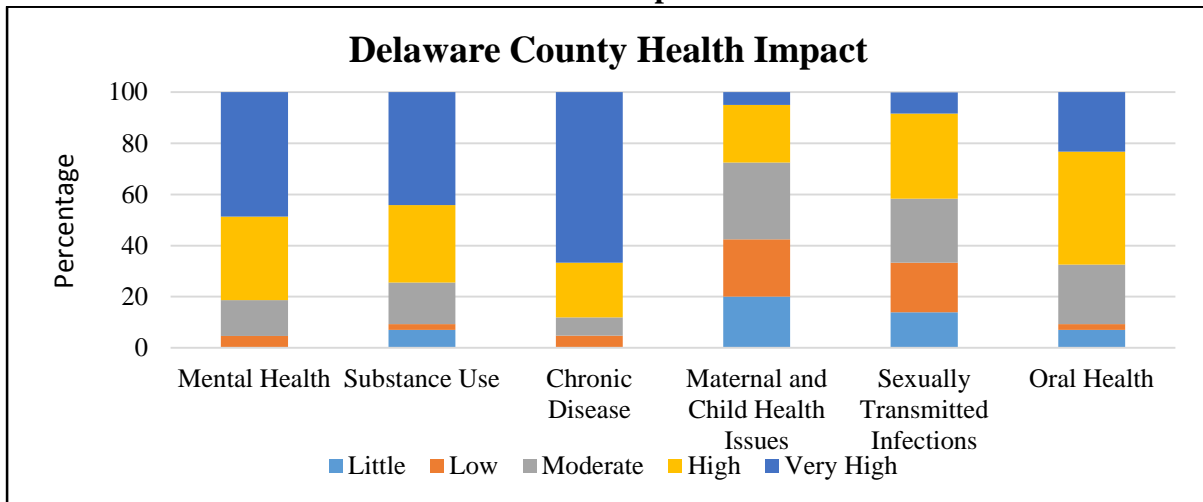
Objective 2.1.1: Promote community activation and coalition building by participating in newly formed heroin and substance abuse coalitions.

The disparate population to be addressed is *low-income children and adults of rural areas in Delaware County*.

Data to support the rationale behind the choice of priorities, focus areas, objectives, and the disparity to be addressed include:

- Delaware County is the 6<sup>th</sup> most rural county in New York with a population density of 32.3 persons per square mile; median family income in Delaware County, \$44,617, is less than New York State's at \$58,687, a difference of \$14,000.
- According to the HealthlinkNY Community Network Regional Assessment, Delaware County stakeholders felt that Chronic Disease has the highest impact on health, followed closely by Mental Health and Substance Use (Graph 1).

Graph 1



Source: HealthlinkNY Community Network, 2015-2016 Regional Assessment

- According to the New York State Prevention Agenda Dashboard, 33% of adults are overweight, and 26% of adults are obese in Delaware County, whereas 37.7% of children Pre-K to 10<sup>th</sup> grade are considered overweight or obese. Moreover, the New York State Expanded Behavioral Risk Factor Surveillance Survey reports that 25% of Delaware County adults do not participate in leisure time physical activity.
- New York State Prevention Agenda data indicates that the suicide rate for Delaware County has been on an upward trend since 2008, far surpassing Upstate New York with a rate of 18.5 suicide deaths per 100,000 in 2014. Usage of the Drug Abuse Clinic and Mental Health Clinic in Delaware County has steadily increased, which a greater percentage of patients seeking treatment for opiate addiction.

The New York State Prevention Agenda outlines three other priority areas that were not selected as priorities for the O'Connor Hospital 2016-2018 Community Service Plan: Promote a Healthy and Safe Environment, Promote Health Women, Infants and Children, and Prevent HIV, STDs, Vaccine Preventable Diseases and Health-Care Associated Infections. Although all of these areas merit focus for improving population health they were not selected due to the limited amount of resources available to address these issues and the relative severity of need demonstrated for the priority areas that were chosen.

### 5. Information Gaps Limiting Hospital Facility's ability to assess the community's health needs

Three major and distinct health systems serve sections of Delaware County: Delaware Valley Hospital affiliated with United Health Services, Margaretville Hospital affiliated with Health Alliance of the Hudson Valley, and Tri-Town Regional Hospital and O'Connor Hospital both affiliated with Bassett Healthcare Network. The challenges of communication across systems can lead to care management issues for patients with complex health conditions. Additionally, there is little to no communication between mental health and hospital or primary care providers, further inhibiting communication between systems.

These challenges in communication for patient care translate to difficulties in assessing the community's health needs. As there are three Delivery System Reform Incentive Payment (DSRIP) Program Performing Provider Systems (PPSs), aligned with each of the hospitals systems, this creates further difficulty in determining assets, needs, and community priorities. All three of the PPSs performed Community Needs Assessments which include Delaware County, all of which produced different results. These PPSs are now participating in different projects which creates challenges in coordination across Delaware County.

## **6. Three Year Plan of Action: 2016-2018**

### **Prevent Chronic Diseases**

#### *Focus Area 1: Reduce obesity in children and adults*

**Goal:** Create community environments that promote and support healthy food and beverage choices and physical activity

Objective 1.0.1: Three municipalities will pass Complete Streets policies by 12.31.18.

Objective 1.0.2: One municipality will complete a Complete Streets project by 12.31.18.

Objective 1.0.3: Increase percentage of adults that participate in leisure time physical activity from 75% to 76% by 12.31.18.

#### *Focus Area 3: Increase Access to High Quality Chronic Disease Preventive Care and Management in both Clinical and Community Settings*

**Goal:** Promote culturally relevant chronic disease self-management education

Objective 3.0.1: Two (2) six-week Chronic Disease Self-Management Programs will be offered in Delaware County annually in 2017 and 2018.

### **Community Based Strategy:**

O'Connor Hospital has selected to continue a previous strategy that has proven successful. O'Connor Hospital will collaborate with community partners including the three other hospitals and Delaware County Public Health Department to encourage county and town governments to adopt, strengthen, and implement local policies and guidelines that facilitate increased physical activity for residents of all ages and abilities including, but not limited to: adopting complete streets policies, implementing traffic enforcement programs to improve safety for pedestrians and bicyclists, considering pedestrian and non-auto transport in site plan reviews and ensuring that accessibility for people with disabilities and the elderly is a priority when adopting active design guidelines.

Additionally, O'Connor Hospital will work with the same community partners to engage health care practitioners to encourage their patients to attend Chronic Disease Self-Management Program (CDSMP) classes. CDSMP is an evidenced-based intervention that consists of 10-15 adults attending a six week course on the best practices in self-motivation and self-management that can be used with individuals with a range of health conditions, including: diabetes, Chronic Obstructive Pulmonary Disease (COPD), among others. O'Connor Hospital will partner with Delaware Valley Hospital to ensure the availability of these programs throughout the county.

Lastly, O'Connor Hospital will continue its prescription trails program promoting physical activity in the hospital's service area through by maintaining the [getoutandwalk.org](http://getoutandwalk.org) website. Promoting, marking, and mapping walking routes. Building and maintaining a fitness trail on the hospital's 7 acre property which includes fitness stations. O'Connor Hospital will also continue to sponsor local events that promote regular sustained physical activity such as and not limited to: the Delhi Covered Bridge Run and Fitness Challenges such as the 1K mile challenge to walk 1,000 miles in the calendar year.

### **Impacts and Commitment of Resources:**

An O'Connor Hospital director, currently the director of operational support, will oversee the community health programs. A portion of the director's time will be allocated to oversight of programs and progress reported to the leadership team and the board of trustees. As appropriate the director will engage other O'Connor Hospital staff and administration to complete the Complete Street initiatives. O'Connor Hospital will continue to support the [getoutandwalk.org](http://getoutandwalk.org) website, sponsor local races and related events that promote physical activity, and market programs such as prescription trails which engage patients and community members in regular sustained physical activity. Currently, one staff person is trained to facilitate Chronic Disease Self-Management programs. This person will report progress to the director. O'Connor Hospital will support the salary of the person facilitating the chronic disease self-management classes and offer meeting space and class materials.

In 2016, O'Connor Hospital hosted Complete Street meetings for local health advocates and representatives from local municipalities to discuss potential Complete Street projects in the O'Connor Hospital service area. As a result O'Connor Hospital has completed the following; promoting a new system of walking routes and newly constructed sidewalks on the State University of New York (SUNY) at Delhi college campus to community members. A community walking trail map was produced by the campus and is being distributed throughout Delhi, NY. O'Connor Hospital completed the first phase of building a .5 mile fitness trail on the hospital campus. An employee participated in the New York State walkability conference held in September in Syracuse, NY and staff has attended several webinar's hosted by [americawalk.org](http://americawalk.org) and [americantrails.org](http://americantrails.org).

To further its efforts of promoting regular sustained physical activity, O'Connor Hospital hosted its second annual 1K mile challenge. The hospital created a website to collect 1K challenge registration and track participation and hosts a Facebook page for the challenge where health and wellness tips are posted weekly. O'Connor Hospital sponsored the Delhi Covered Bridge Run, 4H Clover 5K, and the Catskill Mountain Cycling Challenge.

**Priority: Prevent Chronic Disease**

**Focus Area 1: Reduce Obesity in Adults and Children**

Goals	Outcome objectives	Interventions/ strategies/activities	Process measures	Partner role	Partner resources	By when	Will action address disparity?
Create community environments that promote and support healthy food and beverage choices and physical activity.	Three (3) municipalities will pass Complete Streets policies by 12.31.18.	Increase the number of municipalities that implement Complete Streets policies.  Advocate for county-wide passage of a Complete Streets policies.	Number and percent of residents that reside in a jurisdiction with Complete Streets policies, plans, and practices.	TRH - Collaborator OCH - Lead DCPH - Collaborator	TRH and OCH employee time to plan, facilitate and track meetings and presentations to key leaders.  DCPH will advocate with local county and municipal leaders.	Through December 2018	Yes, creating safer walking and biking environments helps low income individuals be able to safely get groceries, medical care and day to day activities.
			Percent of roads in a jurisdiction that become subject to Complete Streets policies, plans, and practices.				
			Number of municipalities where new or enhanced policies, plans and practices that promote Complete Streets are proposed.				
			Number of municipalities that adopt and implement policies, plans, and practices that promote Complete Streets.				
	Increase percentage of adults who participate in leisure time physical activity from 75% to 76% by 12.31.18.	Advocate for and advertise newly constructed or maintained safe sidewalks, bike lanes, recreational facilities, parks and other amenities.	Number of newly constructed infrastructure to support alternative transportation.	TRH - Collaborator OCH - Lead DCPH – Collaborator	TRH and OCH employee time to plan, facilitate and track meetings and presentations to key leaders.	Through December 2018	Yes, improves infrastructure for better access to services.
			Number of municipalities who have implemented strategies that support cycling and walking.				
			Sustain utilization of <i>Prescription Trails Program</i> through: 1) promotion of Get Out and Walk website; 2)				
	Number of EMR systems which implement tracking system.						
			Number of times the smart phrases are found in the patients’ medical records.				
		Number of trails that have been identified and marked.					

		implementation of a tracking system which uses smart phrases in the Electronic Medical Record (EMR); and 3) identification and demarcation of existing trails.	Number of visits to the Get Out and Walk website.		new and existing trails and paths.		
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**Priority: Prevent Chronic Disease**

**Focus Area 3: Increase Access to High Quality Chronic Disease Preventive Care and Management in both Clinical and Community Settings**

<b>Goal</b>	<b>Outcome Objectives</b>	<b>Interventions/ strategies/activities</b>	<b>Process measures</b>	<b>Partner role</b>	<b>Partner resources</b>	<b>By When</b>	<b>Will action address disparity?</b>
Promote culturally relevant chronic disease self-management education.	Two (2) six week CDSM programs will be offered in Delaware County annually in 2017 and 2018.	Promote the use of evidence-based interventions to prevent or manage chronic diseases	Number of participants who have attended a self-management program. Number and type of programs offered.	OCH - Facilitator DVH – Collaborator/ Coordinator	OCH has 1 trained facilitator; will co-lead and advertise.  DVH has 3 trained facilitators; will co-lead, offer venue, and advertise.	At least two classes annually	Yes, classes will be promoted in a variety of ways and open to the public.

## **Promote Mental Health and Prevent Substance Abuse**

### *Focus Area 2: Prevent Substance Abuse and other Mental Emotional Behavioral Disorders*

**Goal:** Prevent suicides among youth and adults

Objective 2.0.1: Decrease the age-adjusted suicide rate in Delaware County by 10% from 17.2 to 15.5 per 100,000 by 12.31.2018.

Objective 2.0.2: Decrease the number of suicide attempts in Delaware County by 12.31.2018.

**Goal:** Prevent underage drinking, non-medical use of prescription pain relievers by youth, and excessive alcohol consumption by adults

Objective 2.1.1: O'Connor Hospital will promote community activation and coalition building surrounding non-medical use of prescription pain relievers.

### **Community Based Strategy:**

Behavioral Health practitioners have recognized the increase in suicide ideation, attempts, and deaths within Delaware County. O'Connor Hospital will work to support ongoing efforts within the county led by the Delaware County Public Health's Suicide Prevention Network. O'Connor Hospital will assist with data collection surrounding mental health and suicide as well commit to train staff on strategies, such as QPR, to screen for suicide. QPR, or Question, Persuade, Refer, is an evidenced based screening tool that allows individuals to assess the mental state of a patient with the ultimate goal of linking the patient to assistance.

O'Connor Hospital will also work in coordination with Delaware County Public Health and the other three hospitals to combat substance use within the County. O'Connor Hospital will continue efforts to educate health care providers and community members on the proper use of Naloxone to prevent drug overdose death. Additionally, O'Connor Hospital will work to assist in the removal of unsafe and unused drugs from the community by participating in a newly forming community heroin taskforce in Delhi, NY.

### **Impacts and Commitment of Resources:**

An O'Connor Hospital director, currently the director of operational support, will oversee the community health programs. A portion of the director's time will be allocated to oversight of programs and progress is reported to the leadership team. O'Connor Hospital will commit staff to participate on the Delaware County Suicide Prevention Network and the hospital will commit staff to conduct classes and trainings such as and not limited to mental health first aid classes and QPR trainings.

In 2016, O'Connor Hospital has collected emergency room data from all four hospitals in Delaware County on the cases of suicide ideation and suicide attempt. One employee, the Transitional Care Coordinator, participates in Delaware County Suicide Prevention Coalition meetings. This individual will be trained to facilitate QPR training in October 2016. This individual will then train employees as well as community members.

Through the process of producing the Community Health Needs Assessment O'Connor Hospital has recognized the need for the hospital to be active in any community interventions which prevent non-medical use of prescription pain relievers. O'Connor Hospital is researching interventions to determine what actions are viable and how the hospital can participate. Take back events, safe prescription drug storage, and law enforcement priorities continue to be considered for implementation in 2017 and 2018.



**Priority: Promote Mental Health and Prevent Substance Abuse**

**Focus Area 2: Prevent Substance Abuse and other Mental Emotional Behavioral Disorders**

<b>Goal</b>	<b>Outcome Objectives</b>	<b>Interventions/ strategies/activities</b>	<b>Process measures</b>	<b>Partner role</b>	<b>Partner resources</b>	<b>By When</b>	<b>Will action address disparity?</b>
Prevent suicides among youth and adults.	Decrease the age-adjusted suicide rate in Delaware County by 10% from 18.5 to 16.65 per 100,000 by 12.31.2018.	Share data on suicide, suicide attempts, and prevention efforts.	Share OCH and TRH ED data on the number of patient reporting to EDs with suicide attempt or ideation to the Delaware County Suicide Prevention Network.	TRH - Collaborator OCH – Collaborator and coordinator for data collection MH - Collaborator DVH - Collaborator DCPH - Lead	DCPH will share data on age, gender, and means of suicide deaths with the DC Suicide Prevention Network. OCH will collect number of suicide attempt and ideation statistics from all Emergency Departments in Delaware County. Data will be reported to the DC Suicide Prevention Network. DVH, TRH & MH will report number of suicide attempt and suicide ideation cases to OCH.	Annually	Yes, suicide prevention addresses all ages, gender and ethnicity at risk for suicide in Delaware County.
	Decrease the number of suicide attempts in Delaware County by 12.31.2018.	Offer Gatekeeper Trainings in Delaware County: QPR, a 1.5 hour training, will be offered four times a year throughout the County.	Number and/or percent specified individuals (school employees, community members, students, etc.) trained as gatekeepers using a specified program (e.g., ASIST QPR, etc.).	OCH - Facilitator	OCH has one trainer who will conduct QPR trainings for staff and community members.	Through December 2018	Yes, classes will be promoted in a variety of ways and open to the public.

Prevent underage drinking, non-medical use of prescription pain relievers by youth, and excessive alcohol consumption by adults.	Promote community activation and coalition building surrounding non-medical use of prescription pain relievers.	Actively participate in newly formed heroin and substance abuse coalition(s) and initiatives in the service area.	Participation in coalition meetings.	TRH – Collaborator and/or facilitator OCH – Collaborator and/or facilitator	OCH employees will attend coalition meetings.	Through December 2018	Yes, this action supports decreasing opioid use and overdoses across all ages, genders, and ethnicities living in Delaware County.
			Participation in safe prescription opiate disposal programs, take-back events, drop boxes, safe storage, and education.	TRH – Collaborator and/or facilitator OCH – Collaborator and/or facilitator	Train employees in prevention initiatives such as Naloxone training, importance of take back events, safe prescription opiate disposal programs, and law enforcement diversion efforts.	Through December 2018	
			Number of professionals or community members participating in Naloxone training or education.			Through December 2018	

## **7. Dissemination to the Public**

O'Connor Hospital will post the Hospital Community Service Plan on its website. News and events related to the interventions will also be posted. O'Connor Hospital's website address is <http://www.bassett.org/oconnor-hospital/>.

## **8. Process to Maintain Engagement, Track Progress, and Make Mid-Course Corrections**

For the community based strategies, O'Connor Hospital will continue to actively participate in a work group consisting of the Public Health Department and three other local hospitals for the purposes of maintaining engagement with local partners over the next three year period. Initially, meetings will be held on a quarterly basis, however frequency will be revisited throughout the timeframe to ensure that the meetings are meeting the needs of all partners.

Progress will be tracked by the work group O'Connor Hospital is actively participating in. Now in its infancy stages this group is in the process of establishing clear action items and defining time frames. Mid-course correction plan consists of continually reviewing the Community Service Plan and detailed tasks now being determined. Antidotal feedback will be work group meetings, meetings involving health and wellness groups such as the Rural Health Alliance, and from patients and individuals participating in interventions. Periodic public notices will be posted on the hospital website. Finally, as available, local, state and national health status indicators will be reviewed.

**APPENDIX F:**  
**Tri-Town Regional Hospital**  
**Community Service Plan**

TRI-TOWN REGIONAL HOSPITAL  
2016-2018  
COMMUNITY SERVICE PLAN

43 Pearl Street W., Sidney, NY 13838

**Tri-Town Regional Healthcare, Inc. (dba. Tri-Town Regional Hospital)**  
**2016-2018 Community Service Plan**

**Contact Information:**

**Tri-Town Regional Hospital**  
Amy Beveridge, Director of Operational Support  
43 Pearl Street W., Sidney, NY 13838  
607-746-0331  
[amy.beveridge@oconnorhosp.org](mailto:amy.beveridge@oconnorhosp.org)

**Collaborating Partners:**

**Delaware County Public Health**  
Amanda Walsh, MPH, Public Health Director  
99 Main Street, Delhi, NY 13856  
607-832-5200  
[mandy.walsh@co.delaware.ny.us](mailto:mandy.walsh@co.delaware.ny.us)

**UHS Delaware Valley Hospital**  
Dotti Kruppo, Community Relations Director  
1 Titus Place Walton, NY 13856  
607-865-2409  
[dotti\\_kruppo@uhs.org](mailto:dotti_kruppo@uhs.org)

**Margaretville Hospital**  
Laurie Mozian, Community Health Coordinator  
42084 NY Route 28, Margaretville, NY 12455  
845-338-2500  
[laurie.mozian@hahv.org](mailto:laurie.mozian@hahv.org)

Mark Pohar, Executive Director  
42084 NY Route 28, Margaretville, NY 12455  
845-586-2631  
[mark.pohar@hahv.org](mailto:mark.pohar@hahv.org)

**O'Connor Hospital**  
Amy Beveridge, Director of Operational Support  
460 Andes Road, Delhi, NY 13753  
607-746-0331  
[amy.beveridge@oconnorhosp.org](mailto:amy.beveridge@oconnorhosp.org)

## **1. Mission Statement**

Tri-Town Regional Hospital exists to serve the Tri-Town area (Sidney, Bainbridge and Unadilla, NY) by providing high quality, patient-focused emergency and clinical support services in partnership with Bassett Healthcare.

Tri-Town Regional Hospital (TRH) is located in Sidney, NY. It has a physician-staffed emergency department with the capacity to hold observation patients. In addition to emergency services, TRH provides diagnostic X-ray, diagnostic ultrasound, vascular ultrasound, CT imaging, digital mammography, MRI and clinical lab services. Also available on the TRH campus is access to outpatient general surgery, oncology, orthopedics, plastics, podiatry, urology, and vascular services.

Tri-Town Regional Hospital is an affiliate of the Bassett Healthcare Network. The Network is an integrated healthcare system that provides care and services to people living in an eight-county region covering 5,600 square miles in upstate New York. The organization includes six corporately affiliated hospitals as well as skilled nursing facilities, community and school-based health centers and health partners in related fields.

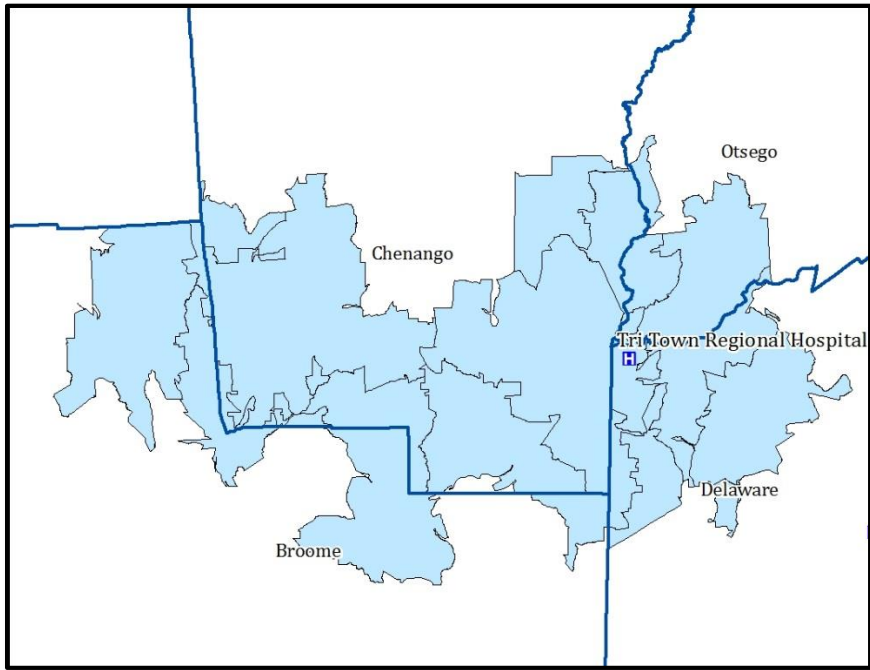
The affiliated hospitals in addition to Tri-Town Regional Hospital include Bassett Medical Center in Cooperstown, A.O. Fox Memorial Hospital in Oneonta, Cobleskill Regional Hospital in Cobleskill, O'Connor Hospital in Delhi and Little Falls Hospital in Little Falls. Other affiliates include Valley Health Services a 160-bed long term care and rehabilitation facility in Herkimer; First Community Care of Bassett, a home care equipment, supplies and related services provider in a surrounding seven-county area; and At Home Care, a certified home health care agency serving a surrounding four-county area. The Network also includes more than two dozen network health centers in a surrounding eight-county area.

## **2. Definition and Brief Description of Community Served**

Tri Town Regional Hospital's service area includes Sidney, Unadilla and Bainbridge, as well as more than a dozen surrounding communities in Delaware, Broome, Chenango and Otsego counties. These include: Afton, Chenango Forks, Greene, Guilford, Harpursville, Masonville, Mount Upton, Sidney Center, Smithville Flats, Trout Creek, Wells Bridge, and Whitney Point. The service area was determined through an analysis of zip codes of residence of patients using hospital services. Map 1 depicts the service area by zip code for Tri-Town Regional Hospital.

Other community health services and resources available in Delaware County include 20 ambulance services, mostly consisting of volunteer membership and one paid not for profit ambulance service in Sidney, NY. In addition to Tri-Town Regional Hospital, there are three other hospitals, operated by two other healthcare systems: Delaware Valley Hospital affiliated with United Health Services, Margaretville Hospital affiliated with HealthAlliance of the Hudson Valley, and O'Connor Hospital affiliated with Bassett Healthcare Network. Additionally, there are two nursing homes in the county, 15 primary care offices including health centers and private physician offices, 15 locations and nine full time equivalent dentists, and two mental health clinics with multiple locations within the county.

**Map 1: Tri-Town Regional Hospital’s Service Area**



Delaware County covers 1,446 square miles in upstate New York, belonging to both the Southern Tier region and the Catskill Mountain range. Delaware County is the fourth largest county in New York by area and is the sixth most rural with a population density of 32.3 persons per square mile.

The county includes the Catskill/Delaware Watershed, which is the largest unfiltered drinking water supply in the United States. The watershed region encompasses the central and eastern sections of Delaware County and includes roughly 65% of the county’s land area and 11 of its 19 townships. Approximately 55% of Delaware County’s population lies within the Watershed.

Based on the 2010 Census, the population of Delaware County is 47,840, 50.2% male and 49.8% female. In 2013, the population decreased to 46,772, representing a 2.3% reduction in population (Table 1). At the time of the 2010 Census, 9,405 people were less than 18 (19.6%), 38,575 were 18 and over (80.4%) and 9,331, were 65 and over (19.4%). It is estimated that 46.5% of the total population is 45 years of age or older.

**Table 1: Population Change in Delaware County, 2010 – 2013**

<b>Geographic Area</b>	<b>2010</b>	<b>2013</b>	<b>Percent Change 2010-2013</b>
<b>Delaware County</b>	47,840	46,772	- 2.3%
<b>New York State</b>	19,378,102	19,795,791	+2.15%

Source: <http://www.fedstats.gov/qf/states/36/36025.html>  
<http://quickfacts.census.gov/qfd/states/36/36025.html>

A majority of Delaware County residents over the age of 15 are married (72.5%), followed by never married (42%); separated (2.8%), widowed (2%), and divorced (1.8%) make up a smaller portion of the population. Delaware County’s population is 95% White, 1.9% African-American, 0.2% American



Indian/Eskimo, 0.8% Asian, and 3.4% of Hispanic Origin (U.S. Census Bureau, 2010-2014 American Community Survey).

In 2015, the median family income in Delaware County, \$44,617, is less than New York State's at \$58,687. According to the NYS Poverty Report released in March 2015, the population below the poverty line was 16.4%, higher than the rate of 15.9% for New York. Notably, the percentage of children living below the poverty line has increased between 2000 and 2013 from 18% to 22%. The communities of Davenport (33.8%) and Walton (35.1%) have the highest rates of child poverty in Delaware County (U.S. Census Bureau, 2009-2013 American Community Survey).

Based on the NYS Department of Health Behavioral Health Survey from 2013-2014, 83.9% of the population has healthcare coverage compared to 88.7% in the Southern Tier and 84.7% in the Mohawk Valley region, with only 62.2% of Delaware County adults aged 18-64 visiting a doctor for a routine checkup. Accordingly, 8.7% of residents reported not receiving medical care in the past year because of cost, compared to 10.0% in the Southern Tier, 12.2% in the Mohawk Valley region, and 13.1% in New York State.

### **3. Public Participation**

The Community Service Plan (also referred to as the Implementation Strategy) has taken into account input from persons who represent the broad interests of the community served by TRH. The primary proactive means for receiving community input was through the Regional Assessment conducted by the Southern Tier Population Health Improvement Program (PHIP). In the Southern Tier, PHIP covers five counties including Delaware County. In order to inform the direction of the Southern Tier PHIP, also known as HealthlinkNY Community Network, the team conducted a regional health assessment utilizing stakeholder interviews and consumer focus groups. The information from this assessment that specifically refers to Delaware County was utilized to direct the selection of the public health priorities for Tri-Town Regional Hospital.

From June 2015 through January 2016, a total of 43 one-on-one structured interviews in Delaware County were conducted with professionals working in diverse fields such as health care, education, transportation, economic development, mental health, law enforcement, elected officials, among others. The interview questions, 10 key questions and 5 secondary questions, centered on health disparities, key barriers to addressing them, and gaps in service provision.

Consumers' input was sought through focus groups which were conducted from January through March of 2016. Population Health Coordinators met with pre-existing groups including support groups, service clubs, parent groups, and senior meals. HealthlinkNY Community Network conducted 5 focus groups with 37 participants in Delaware County; they were asked about their experiences with health and health care delivery. Responses from the focus groups were collected by note-takers and summarized qualitatively by the Population Health Coordinators.

In addition, Tri-Town Regional Hospital is an active participant in Delaware County's Community Health Improvement Plan process. This process included input and suggestions from Delaware County Public

Health, Delaware Valley Hospital, Margaretville Hospital, O'Connor Hospital, and HealthlinkNY Community Network.

#### **4. Assessment and Selection of Public Health Priorities**

Following the public participation and input period the health priorities were chosen based upon the application of the following five criteria:

1. The priority area was identified by at least two of three of the primary information sources: Tri-Town Regional Hospital Community Service Plan, Delaware County's Community Health Assessments or the Leatherstocking Collaborative Health Partners Community Needs Assessment;
2. The priority area was consistent with the current NYS Department of Health Prevention Agenda Areas;
3. The priority area was supported by data showing health status indicators or health needs were either below the averages for New York State or for the seven county Bassett Healthcare Network service area based on the Leatherstocking Collaborative Health Partners Community Needs Assessment;
4. The degree of aberration from National Healthy People 2020 goals and / or from NYS Prevention Agenda objectives; and
5. The priority area was identified/ recommended during the public input process.

After identification of the criteria for priority selection, a work group was convened by Delaware County Public Health Department which included Margaretville Hospital affiliated with Health Alliance of the Hudson Valley, Delaware Valley Hospital affiliated with United Health Services, Bassett Healthcare Network O'Connor Hospital, Bassett Healthcare Network Tri Town Regional Hospital as well as the HealthlinkNY Community Network. Through this work group, the data from the community engagement sessions, as well as the hospital and county health department community health assessments, were aligned with the priorities outlined by the NYS Prevention Agenda 2016-2018.

Additionally, the rationale for choice of priorities was based on available resources and capacity to address the priority. Opportunity for development of collaborative interventions by Tri-Town Regional Hospital, Bassett Healthcare Network, Delaware County Public Health Department and other community partners was also considered.

Tri-Town Regional Hospital has selected two health priorities both were also addressed in the Community Health Needs Assessment (CHNA) Implementation Strategy 2013 report:

- a. Prevent Chronic Diseases
- b. Promote Mental Health and Prevent Substance Abuse

Both of the CHNA 2016 priorities are from the NYS Prevention Agenda 2016-2018. Tri-Town Regional Hospital participated in a workgroup consisting of the three local health systems and the county Public Health department to identify focus areas, and objectives for each of the Agenda Priorities jointly identified by the Hospital and collaborators:

## 5. Prevent Chronic Diseases

*Focus Area 1: Reduce obesity in children and adults*

**Goal:** Create community environments that promote and support healthy food and beverage choices and physical activity

Objective 1.0.1: Three municipalities will pass Complete Streets policies by 12.31.18.

Objective 1.0.2: One municipality will complete a Complete Streets project by 12.31.18.

Objective 1.0.3: Increase percentage of adults who participate in leisure time physical activity from 75% to 76% by 12.31.18.

## 6. Promote Mental Health and Prevent Substance Abuse

*Focus Area 2: Prevent Substance Abuse and other Mental Emotional Behavioral Disorders*

**Goal:** Community activation and coalition building

Objective 2.0.1: Promote community activation and coalition building surrounding non-medical use of prescription pain relievers.

**Goal:** Prevent suicides among youth and adults

Objective 2.1.1: Decrease the age-adjusted suicide rate in Delaware County by 10% from 17.2 to 15.5 per 100,000 by 12.31.2018.

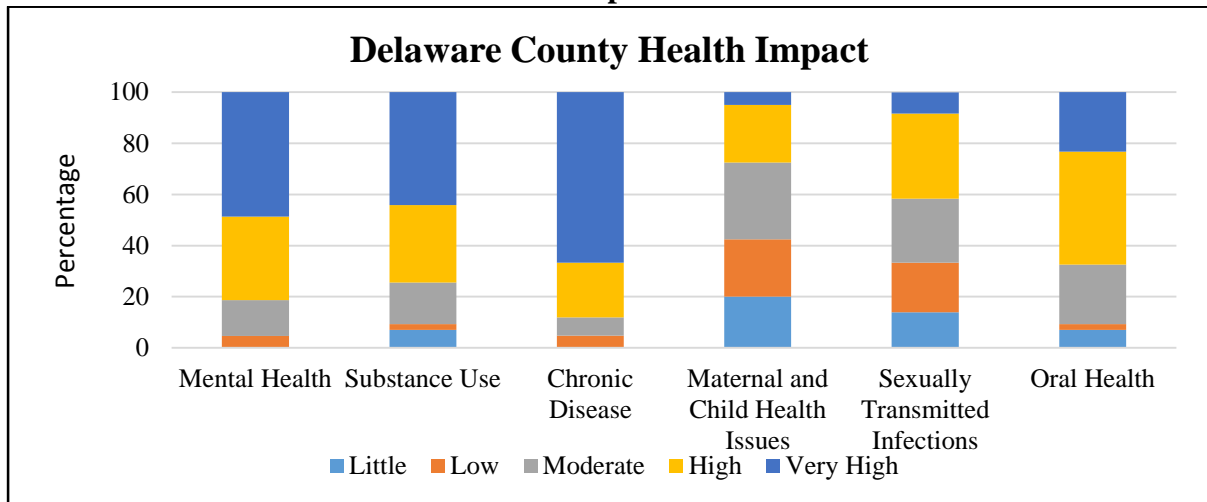
Objective 2.1.2: Decrease the number of suicide attempts in Delaware County by 12.31.2018.

The disparate population to be addressed is: *low-income children and adults of rural areas in Delaware County.*

Data to support the rationale behind the choice of priorities, focus areas, objectives, and the disparity to be addressed include:

- Delaware County is the 6<sup>th</sup> most rural county in New York with a population density of 32.3 persons per square mile; median family income in Delaware County, \$44,617, is less than New York State's at \$58,687, a difference of \$14,000.
- According to the HealthlinkNY Community Network Regional Assessment, Delaware County stakeholders felt that Chronic Disease has the highest impact on health, followed closely by Mental Health and Substance Use (Graph 1).

**Graph 1**



Source: HealthlinkNY Community Network, 2015-2016 Regional Assessment

- According to the New York State Prevention Agenda Dashboard, 33% of adults are overweight, and 26% of adults are obese in Delaware County, whereas 37.7% of children Pre-K to 10<sup>th</sup> grade are considered overweight or obese. Moreover, the New York State Expanded Behavioral Risk Factor Surveillance Survey reports that 25% of Delaware County adults do not participate in leisure time physical activity.
- New York State Prevention Agenda data indicates that the suicide rate for Delaware County has been on an upward trend since 2008, far surpassing Upstate New York with a rate of 18.5 suicide deaths per 100,000 in 2014. Usage of the Drug Abuse Clinic and Mental Health Clinic in Delaware County has steadily increased, which a greater percentage of patients seeking treatment for opiate addiction.

The New York State Prevention Agenda outlines three other priority areas that were not selected as priorities for the Tri-Town Regional Hospital Community Service Plan: Promote a Healthy and Safe Environment, Promote Health Women, Infants and Children, and Prevent HIV, STDs, Vaccine Preventable Diseases and Health-Care Associated Infections. Although all of these areas merit focus for improving population health they were not selected due to the limited amount of resources available to address these issues and the relative severity of need demonstrated for the priority areas that were chosen.

### **5. Information Gaps Limiting Hospital Facility’s ability to assess the community’s health needs**

Three major and distinct health systems serve sections of Delaware County: Delaware Valley Hospital affiliated with United Health Services, Margaretville Hospital affiliated with Health Alliance of the Hudson Valley, and O’Connor Hospital and Tri-Town Regional Hospital both affiliated with Bassett Healthcare Network. The challenges of communication across systems can lead to care management issues for patients with complex health conditions. Additionally, there is little to no communication

between mental health and hospital or primary care providers, further inhibiting communication between systems.

These challenges in communication for patient care translate to difficulties in assessing the community's health needs. As there are three Delivery System Reform Incentive Payment (DSRIP) Program Performing Provider Systems (PPSs), aligned with the hospitals systems, this creates further difficulty in determining assets, needs, and community priorities. All three of the PPSs performed Community Needs Assessments which include Delaware County, all of which produced different results. These PPSs are now participating in different projects which create challenges in coordination across Delaware County.

## **6. Three Year Plan of Action: 2016-2018**

### **Prevent Chronic Diseases**

#### *Focus Area 1: Reduce obesity in children and adults*

**Goal:** Create community environments that promote and support healthy food and beverage choices and physical activity

Objective 1.0.1: Three municipalities will pass Complete Streets policies by 12.31.18.

Objective 1.0.2: One municipality will complete a Complete Streets project by 12.31.18.

Objective 1.0.3: Increase percentage of adults who participate in leisure time physical activity from 75% to 76% by 12.31.18.

### **Community Based Strategy:**

Tri-Town Regional Hospital has selected to continue a previous strategy that has proven successful. The hospital will collaborate with community partners including the O'Connor Hospital, Creating Healthy Schools and Communities grantee, and the Delaware County Public Health Department to encourage county and town governments to adopt, strengthen, and implement local policies and guidelines that facilitate increased physical activity for residents of all ages and abilities including, but not limited to: adopting complete streets policies, implementing traffic enforcement programs to improve safety for pedestrians and bicyclists, considering pedestrian and non-auto transport in site plan reviews and ensuring that accessibility for people with disabilities and the elderly is a priority when adopting active design guidelines.

Additionally, Tri-Town Regional Hospital will continue the prescription trails program promoting physical activity in the hospital's service area through by maintaining the getoutandwalk.org website. Promoting, marking, and mapping walking routes. Tri Town Regional Hospital will collaborate with Creating Healthy Schools and Communities partners to foster initiatives that promote physical activity in the tri-town area.

**Impacts and Commitment of Resources:**

A Tri-Town Regional Hospital director, currently the director of operational support, will oversee the community health programs. A portion of the director's time will be allocated to oversight of programs and progress reported to the leadership team and the board of trustees. As appropriate the director will engage other TRH staff and administration to complete the Complete Street initiatives.

In 2016, Tri Town Regional Hospital has partnered with the Creating Healthy Schools and Communities grantee to ask for local municipalities to sign Complete Street policies and worked to identify potential projects that encourage regular and sustained physical activity for children and adults in the community as well as on the hospital campus.

**Focus Area: Prevent Chronic Disease**

**Priority Area 1: Reduce Obesity in Children and Adults**

Goals	Outcome objectives	Interventions/ strategies/activities	Process measures	Partner role	Partner resources	By when	Will action address disparity?
Create community environments that promote and support healthy food and beverage choices and physical activity.	Three (3) municipalities will pass Complete Streets policies by 12.31.18.  One (1) municipality will complete a Complete Streets project by 12.31.18.	Increase the number of municipalities that implement Complete Streets policies.  Advocate for county-wide passage of a Complete Streets policies.	Number and percent of residents that reside in a jurisdiction with Complete Streets policies, plans, and practices.	TRH – Collaborator / facilitator OCH – Lead DCPH – Collaborator	TRH and OCH employee time to plan, facilitate and track meetings and presentations to key leaders.  DCPH will advocate with local county and municipal leaders.	Through December 2018	Yes, creating safer walking and biking environments helps low income individuals be able to safely get groceries, medical care and day to day activities.
			Percent of roads in a jurisdiction that become subject to Complete Streets policies, plans, and practices.				
			Number of municipalities where new or enhanced policies, plans and practices that promote Complete Streets are proposed.				
			Number of municipalities that adopt and implement policies, plans, and practices that promote Complete Streets.				
	Increase percentage of adults who participate in leisure time physical activities from 75% to 76% by 2018.	Advocate for and advertise newly constructed or maintained safe sidewalks, bike lanes, recreational facilities, parks and other amenities.	Number of newly constructed infrastructure to support alternative transportation.	TRH - Collaborator OCH - Lead DCPH - Collaborator	Through December 2018		
			Number of municipalities who have implemented strategies that support cycling and walking.				
		Sustain utilization of <i>Prescription Trails Program</i> through: 1) promotion of Get Out and Walk website; 2) implementation of a tracking system which uses smart phrases in the Electronic Medical Record; and 3) identification and demarcation of existing trails.	Number of EMR systems which implement tracking system.	TRH - Collaborator OCH - Lead DCPH - Collaborator	TRH or OCH staff to promote and update website. Promote Rx Trails, promote new and existing trails and paths.	Through December 2018	

## **Promote Mental Health and Prevent Substance Abuse**

*Focus Area 2: Prevent Substance Abuse and other Mental Emotional Behavioral Disorders*

**Goal:** Community activation and coalition building

Objective 2.0.1: Participate on the Tri Town Coalition on Substance Abuse

**Goal:** Prevent suicides among youth and adults

Objective 2.1.1: Decrease the age-adjusted suicide rate in Delaware County by 10% from 17.2 to 15.5 per 100,000 by 12.31.2018.

Objective 2.1.2: Decrease the number of suicide attempts in Delaware County by 12.31.2018.

### **Community Based Strategy:**

Behavioral Health practitioners have recognized the increase in suicide ideation, attempts, and deaths within Delaware County. Tri-Town Regional Hospital will work to support ongoing efforts within the county led by the Suicide Prevention Network, a coalition housed in Delaware County Public Health. The hospital will assist with the collection of statistical information surrounding mental health and suicide as well commit to train staff on strategies to screen for suicide, such as QPR – Question, Persuade, Refer. QPR is an evidenced based screening tool that allows individuals to assess the mental state of a patient with the ultimate goal of linking the patient to appropriate assistance.

Tri-Town Regional Hospital, will also work in coordination with Delaware County Public Health and the other three hospitals to combat substance use within the County. Hospital staff will actively participate in the newly formed Tri-Town Coalition on Substance Abuse in Sidney, NY. Additionally, TRH will continue to distribute safe storage boxes and provide community education on the importance of properly disposing of unused and unwanted prescription medications. Finally, Tri-Town Regional Hospital will continue efforts to educate health care providers and community members on the proper use of Naloxone to prevent drug overdose death.

### **Impacts and Commitment of Resources**

A Tri-Town Regional Hospital director, currently the director of operational support, will oversee the community health programs. A portion of the director's time will be allocated to oversight of programs and progress is reported to the leadership team. TRH will commit staff to participate on the Delaware County Suicide Prevention Network and the hospital will commit staff to conduct classes and trainings such as and not limited to mental health first aid classes and QPR trainings.

In 2016, Tri-Town Regional Hospital has collected and provided emergency room data on the cases of suicide ideation and suicide attempt. Staff and community members will be trained in QPR.

Through the process of producing the Community Health Needs Assessment, TRH has recognized the need for the hospital to be active in any community interventions which prevent non-medical use of prescription pain relievers. TRH is actively participating in the Tri-Town Heroin and Substance Abuse Coalition in Sidney. Additionally, TRH is researching interventions to determine what actions are viable and how the hospital can participate. Take back events, safe prescription drug storage, and law enforcement priorities continue to be considered for implementation in 2017 and 2018.



**Priority: Promote Mental Health and Prevent Substance Abuse**

**Focus Area 2: Prevent Substance Abuse and other Mental Emotional Behavioral Disorders**

Goal	Outcome Objectives	Interventions/ strategies/activities	Process measures	Partner role	Partner resources	By When	Will action address disparity?
Prevent underage drinking, non-medical use of prescription pain relievers by youth, and excessive alcohol consumption by adults.	Promote community activation and coalition building surrounding non-medical use of prescription pain relievers.	Actively participate in newly formed Tri-Town Heroin and Substance Abuse coalition in Sidney, NY.	Participation in coalition meetings	TRH - Collaborator	TRH employee will attend coalition meetings	Through December 2018	Yes, this action supports decreasing opioid use and overdoses across all ages, genders, and ethnicities living in Delaware County.
			Participation in safe prescription opiate disposal programs, i.e.: take-back events, drop boxes, safe storage education, and law enforcement diversion efforts.		TRH distributes safe storage containers/ education.	Through December 2018	
			Number of professionals or community participating in Naloxone training.		TRH will train employees in naloxone training.	Through December 2018	
Prevent suicides among youth and adults	Decrease the age-adjusted suicide rate in Delaware County by 10% from 18.5 to 16.65 per 100,000 by 12.31.2018  Decrease the number of suicide attempts in Delaware County by 12.31.2018.	Share data on suicide, suicide attempts, and prevention efforts.	Share OCH and TRH ED data on the number of patient reporting to EDs with suicide attempt or ideation to the Delaware County Suicide Prevention Network.	TRH - Collaborator OCH - Coordinator MH - Collaborator DVH – Collaborator DCPH - Lead	DCPH will share data on age, gender, and means of suicide deaths with the DC Suicide Prevention Network.  OCH will collect number of suicide attempt and ideation statistics from all Emergency Departments in Delaware County. Data will be reported to the DC Suicide Prevention Network.  DVH, TRH & MH will report # of suicide attempt and suicide ideation cases to OCH.	Annually, through 2018	Yes, suicide prevention addresses all ages, gender and ethnicity at risk for suicide in Delaware County.

		Offer Gatekeeper Trainings in Delaware County: QPR, a 1.5 hour training, will be offered four times a year throughout the County.	Number of specified individuals (school employees, community members, students, etc.) trained as gatekeepers using a specified program (e.g., ASIST, QPR, etc.).		OCH and TRH train staff and community members in QPR.	Annually, through 2018	Yes, classes will be promoted in a variety of ways and open to the public.
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## **7. Dissemination to the Public**

Tri-Town Regional Hospital will post the Hospital Community Service Plan on its website. News and events related to the interventions will also be posted. Tri-Town Regional Hospital's website address is <http://www.bassett.org/tri-town-hospital/>.

## **8. Process to Maintain Engagement, Track Progress, and Make Mid-Course Corrections**

For the community based strategies, Tri-Town Regional Hospital will continue to actively participate in a work group consisting of the Public Health Department and three other local hospitals for the purposes of maintaining engagement with local partners over the next three year period. Initially, meetings will be held on a quarterly basis, however frequency will be revisited throughout the timeframe to ensure that the meetings are meeting the needs of all partners

Progress will be tracked by the work group Tri-Town Regional Hospital is actively participating in. Now in its infancy stages this group is in the process of establishing clear action items and defining time frames. Mid-course correction plan consists of continually reviewing the Community Service Plan and detailed tasks now being determined. Antidotal feedback will be work group meetings, meetings involving health and wellness groups such as the Rural Health Alliance, and from patients and individuals participating in interventions. Periodic public notices will be posted on the hospital website. Finally, as available, local, state and national health status indicators will be reviewed.