

Delaware County, NY
Community Health Assessment
Community Health Improvement Plan
Community Service Plans 2019-2021



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Delaware County

2019-2021 Community Health Assessment and Improvement Plan and Community Service Plans

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2019-2021 Community Health Assessment and Improvement Plan for Delaware County

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Executive Summary

Delaware County's Community Health Assessment and Improvement Plan and three 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 community surveys, roundtable discussions, updates on the work 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 three hospitals within the county: Delaware Valley Hospital (DVH), an affiliate of United Health Services (UHS) system; Margaretville Memorial Hospital (MMH), which is a part of the Health Alliance of the Hudson Valley and a member of the Westchester Medical Center Health Network; and O'Connor Hospital (OCH), of the Bassett Healthcare Network, selected the Prevention Agenda priority areas of *Prevent Chronic Diseases* and *Promote Well-Being and Prevent Mental and Substance Use Disorders*. 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 full Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP), and the 2016-2018 updated assessment and plan. However, changes have been made to the specific activities selected. Notably, the four entities working to support the CHIP and the three Community Service Plans (CSPs) modified each of their plans to work collectively to impact specific issues, work within each organization's resources, and by 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 promote physical activity by mapping the walking and biking trails in Delaware County in order to make the numerous trails more accessible and identifiable to everyone.

Continuation of Complete Streets policies and design elements remains prominent in the plans for OCH, with modifications to include age friendly community design elements. Initial work completed during the last two CHIP and CSP timeframes laid the groundwork for objectives outlined in the 2019-2021 time period.

All three hospitals seek to expand access to self-management tools for those with chronic disease, and 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. Additionally, OCH, DVH, and DCPH will promote preventive care and management through increasing cancer screening rates, the former for breast and respiratory cancers, and the latter two for colorectal cancer.

Both MMH and OCH have identified a need for tobacco use cessation initiatives through messaging and communications, and to promote healthy eating and food insecurity. MMH and OCH will promote food security among inpatients through evidence-based screening tools and facilitating referrals. Additionally, OCH will seek to increase employee access to fresh fruit and vegetables and increase employee physical activity through evidence-based worksite wellness programs.

Promote Well-Being and Prevent Mental and Substance Use Disorders:

Delaware Valley Hospital will work to build resilience across the lifespan by convening a coalition of stakeholders to begin to incorporate the eight domains of livability and age friendly principles. Delaware

County is the fourth largest of 62 counties in New York State, and the fifth most rural. Coupled with the aging trend throughout Delaware County, accessing necessary services and remaining in one's community poses a challenge to a significant proportion of the population. These difficulties are augmented by other social determinants of health, such as the absence of a public transit system and the fact that most older adults eventually age out of driving. In order to increase support for older adults in Delaware County to age in place and remain involved in their community, DVH will disseminate information on the eight domains of livability through a workshop series to be held in Walton, follow up with participants, and establish committees to work towards each domain through community initiatives. Age friendly principles will also be integrated into existing initiatives, such as Complete Streets, which is support by OCH under the priority area Prevent Chronic Disease, and the Transportation Committee.

DCPH will support the age friendly initiative by attending the age friendly workshops conducted by DVH with the goal of increasing the proportion of adults who report an inclusive social environment.

A focal point across the CHIP and CSPs are suicide prevention and substance use prevention. O'Connor will continue to address substance use disorder by strengthening interventions and support systems for opioid users, increasing referrals to treatment, and increasing the availability of and access to Naloxone. This also includes participating in the Delaware County Opioid Task Force and Catskills Addiction Coalition, and sharing data with Delaware County Public Health.

MMH will similarly reduce opioid overdose by building and participating in collaborative community support systems to care for opioid users and those at risk of overdosing. MMH will also prevent and address adverse childhood experiences (ACEs) through engaging the community with free trainings for staff and community partners.

DCPH, MMH, and OCH seek to reduce suicide mortality by identifying and supporting people at risk, including treatment for those who have previously attempted suicide and offering annual gatekeeper trainings such as question, persuade, refer (QPR). Additionally, DCPH will introduce a means reduction

initiative in the community with the measurable goals of forming a workgroup, forming partnerships with gun owner groups, and offer a means reduction awareness conference in the community.

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 healthcare 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 Southern Tier PHIP region, 1 of 11 in NYS, and includes Broome, Chenango, Delaware, Tioga, and Tompkins Counties. DSRIP is NY State’s Medicaid Redesign initiative, the goal of which is to reduce avoidable hospital use by 25% over 5 years. The DSRIP model is made up of Performing Provider Systems (PPS) which include 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, Leatherstocking Collaborative Health Partners, and Westchester Medical Center. DSRIP principles include accountability and patient-centered, transparent, collaborative, and value-driven care.

Acknowledgements

Community Health Assessment updated by:

Evan Heaney, Stephanie Wright and Mary Maruscak

Community Health Improvement Plans written by:

Amanda Walsh, Amy Beveridge, Dotti Kruppo, Marilyn Donnelly, Heather Warner

This document was prepared with the involvement of Delaware County's three hospitals: Delaware Valley Hospital, Margaretville Memorial Hospital, O'Connor Hospital, and Public Health Department. 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, D, and E.

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 charges each local County Health Department to complete a Community Health Assessment and develop a local Community Health Improvement Plan. Additional guidance states that the local health departments should work closely with the hospital systems represented in the county, and the hospitals also have a federal requirement to complete a Community Health Needs Assessment and Community Service Plan every three years. Community Service Plans are included in the 2019-2021 Community Health Assessment/ Community Health Improvement Plan as appendices, giving the hospitals the flexibility to adjust as needed to meet their federal requirements.

Stakeholders across the health and human services sector participate in the Assessment process as well, to prioritize improving the health of the county by collectively selecting measurable objectives and identifying strategies to meet those objectives.

The 2019-2021 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, 2016-2018 update, and includes the three representative hospitals' Community Service Plans as appendices. 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 that were selected.

Community Health Assessment Update

I. Data Mining and Review

Representatives from Delaware County Public Health, O'Connor Hospital, Delaware Valley Hospital, Margaretville Hospital, and the Southern Tier Population Health Improvement Program (PHIP) met in fall of 2018 to begin discussing the next full Delaware County Community Health Assessment, Community Health Improvement Plan, and the hospital Community Service Plans, and set up a monthly meeting schedule to continue until submission of the full document in December 2019.

A review and update of data in the Community Health Assessment was completed in October 2019, using county, regional, and New York State secondary data sources including Behavioral Risk Factor Surveillance System, census data, and local data sources including the Delaware County Public Health Annual Report, the Delaware County Office for the Aging's Annual Assessment and Report, and the Delaware County Community Services Annual Assessment and Plan. See section II for a comprehensive list of data sources.

As a method to collect primary data from the county at large, two surveys were developed: the first was sent electronically to Delaware County health and human services providers to gain their perspectives on the Prevention Agenda Priority Areas and the associated focus areas most in need of improvement. The second survey was sent electronically to community members to identify primary strengths and weaknesses of service provision, determinants of health in need of addressing, and general quality of health and life in

the county. More information about this data collection process and its results, as relevant to the Community Health Assessment, can be found in Section III.

Preliminary findings allowed the group to: 1) understand which data sources and information would be most useful, 2) determine community partners, organizations, and other existing assessments to include in the process, and 3) explore best practice activities and interventions to include in the CHIPs and the Community Service Plans.

Delaware County recognizes the same principle priorities as the Health Across All Policies initiative, which was launched to support the Prevention Agenda goal of becoming the healthiest state in the nation. Throughout the Community Health Assessment, references are made to data and action planning related to social determinants of health including the natural and built environments, urban planning, education, transportation, community cohesion, the health sector, housing, and economic development. Consequently, in the Community Health Improvement Plan and the Community Service Plans, steps are taken to describe strategies to employ the following cross-cutting principles:

- Focusing on addressing social determinants of health and health disparities
- Incorporating a Health Across All Policies Approach
- Emphasizing healthy aging across the lifespan
- Promoting community engagement and collaboration across sectors
- Maximizing impact with evidence-based interventions
- Advocating for increased investments in prevention from all sources
- Concentrating on primary and secondary prevention

II. Identification and Review of 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
- County Health Rankings and Roadmaps, 2019
- Delaware County Agricultural and Farmland Protection Plan, 2013
- Delaware County Alcohol and Substance Abuse Services statistics for years 2007-2018
- Delaware County Department of Mental Health Annual report, 2018
- Delaware County Department of Planning and Watershed Affairs
- Delaware County Emergency Medical Services
- Delaware County Public Health Services Annual Reports for years 2013-2018
- Hunger Solutions NY
- Leatherstocking Collaborative Health Partners Community Needs Assessment, 2014
- NYSDOH, New York State Cancer Registry for years 2012-2016
- NYSDOH, County Opioid Quarterly Reports for years 2017-2019
- NYSDOH PedNSS Annual Report, 2017
- NYSDOH, Bureau of Occupational Health and Injury Prevention Vital Statistics Death File, June 2015
- NYS Expanded Behavioral Risk Factor Surveillance System, 2016 Indicators
- NYS Office of Alcoholism and Substance Abuse Services Admission Reports, 2014-2016
- NYS Opioid Data Dashboard

- NYS Prevention Agenda Dashboard
- NYS Poverty Report, March 2018
- NYS Vital Statistics, 2017
- Southern Tier Population Health Improvement Program 2016 Regional Assessment
- United Way ALICE Report
- US Census Bureau, American Community Survey 5 Year Estimates 2013-2017: Social Characteristics, Poverty in the Past 12 Months, Selected Housing Characteristics, Selected Economic Characteristics,
- US Census Bureau, Factfinder
- US Census Bureau, Population Estimates, 2018
- US Census Bureau, Quickfacts, 2018
- USDA Agricultural Census, The Market Administrator's Annual Statistics Bulletin: Northeast Milk Marketing Area 2018
- USDA Agricultural Census Highlights for Delaware County, 2017
- Westchester Medical Center 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. The second section assesses the County's health in relation 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 healthcare 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 1,467 square miles, of which 1,442 miles are land and 25 miles are water.

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 County has no public transportation system, making access to care challenging. Although a few private transport services have become available in the area, regular use is cost prohibitive.

Geographically, Delaware County is the fourth largest of New York's 62 counties and is the fifth most rural. The population density is only 31.56 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 NYC 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, 2016

Geographic Area	Population Density*	Rank
Hamilton County	2.64	1
Lewis County	21.08	2
Essex County	21.24	3
Franklin County	30.94	4
Delaware County	31.56	5
Schoharie County	50.36	6
New York State	418.99	--

*Density per square mile

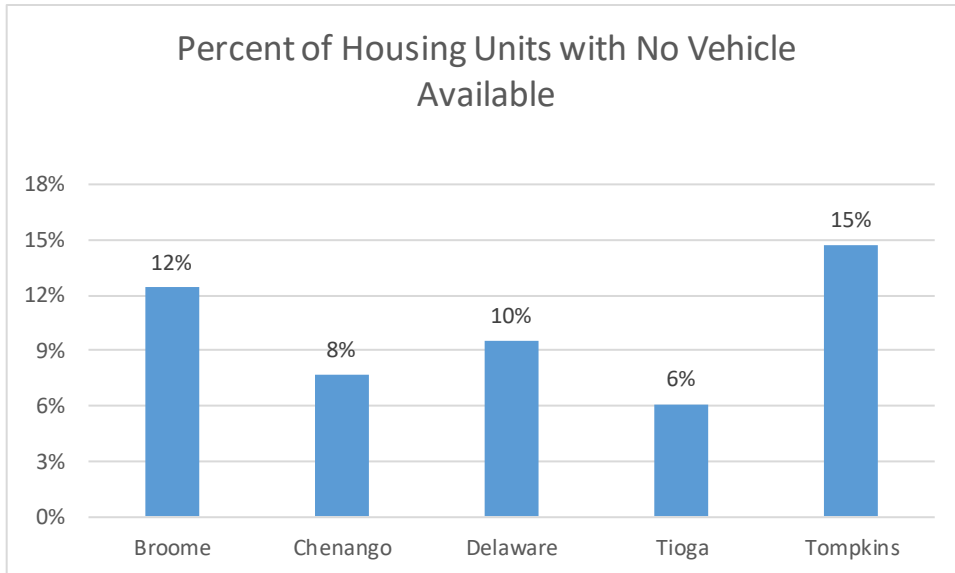
Source: New York State Community Health Indicator Reports (CHIRS)

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 2017, Delaware County ranked 53rd 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 healthcare-related challenges for the county’s residents. These limitations also impact the local health and social service agencies and organizations.

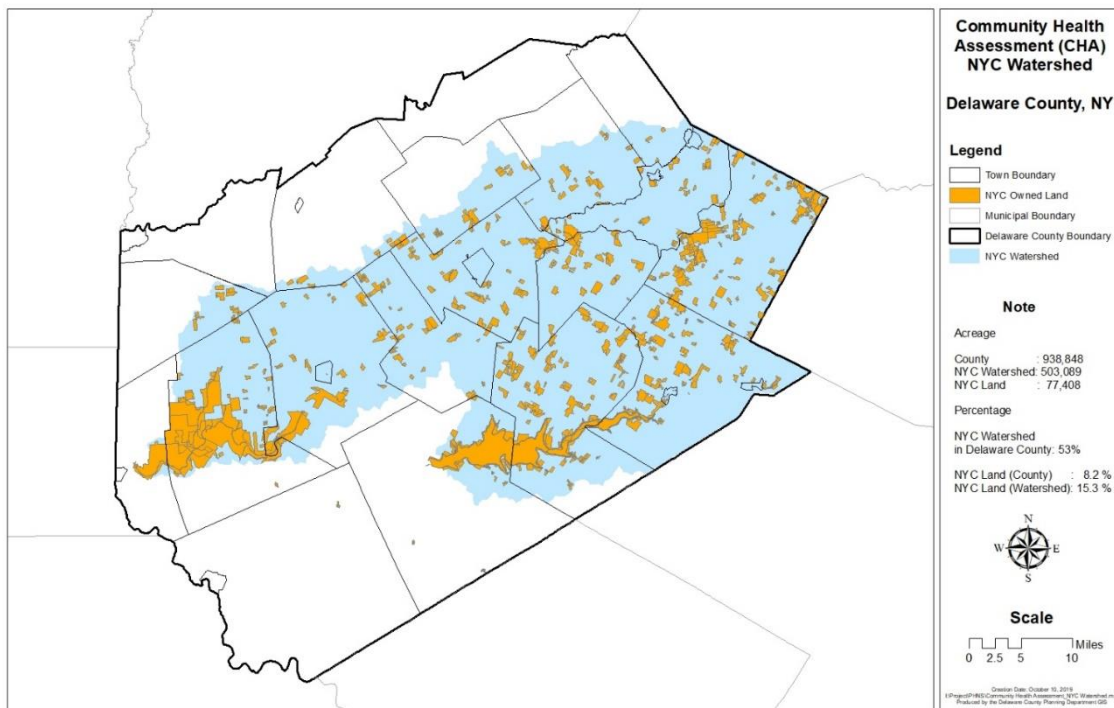
Graph 1-1



Source: U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates

Graph 1-1 shows the percent of housing units with no vehicle available by county. 10% of households in Delaware County do not have a vehicle available to them. In a largely rural county with a low population density and no public transit system, this can pose a significant challenge to maintaining employment, accessing care, and reducing social isolation. Transportation is an important social determinant of health, and lack of access to consistent and reliable transportation can have repercussions for health and wellbeing.

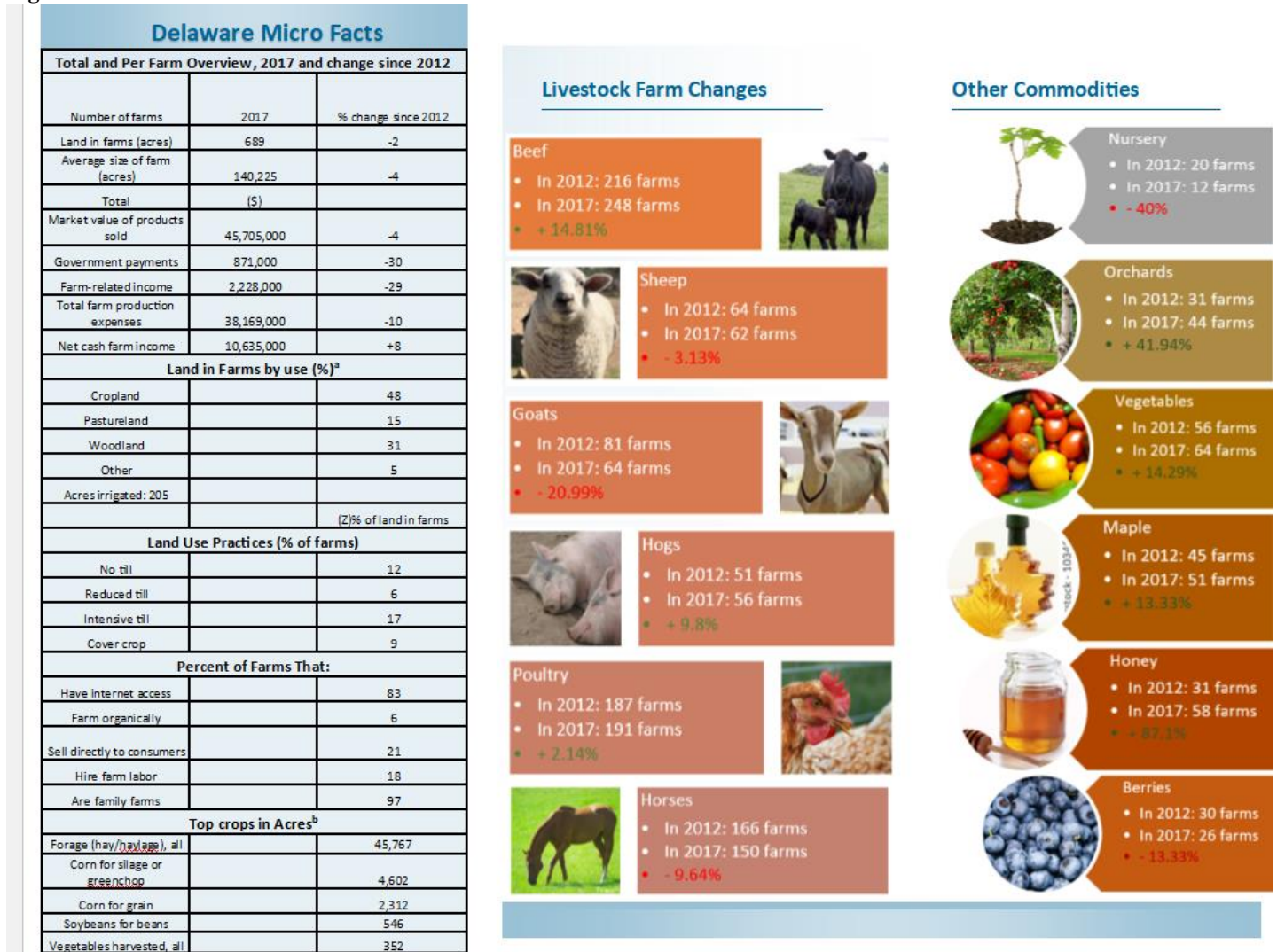
Figure 1-2



Source: Delaware County Department of Planning and Watershed Affairs

Figure 1-2 is a map of the NYC Watershed, showing that it covers 53% of Delaware County. 8.2% of the Watershed located within the county is owned by NYC. The land owned by NYC is not taxable.

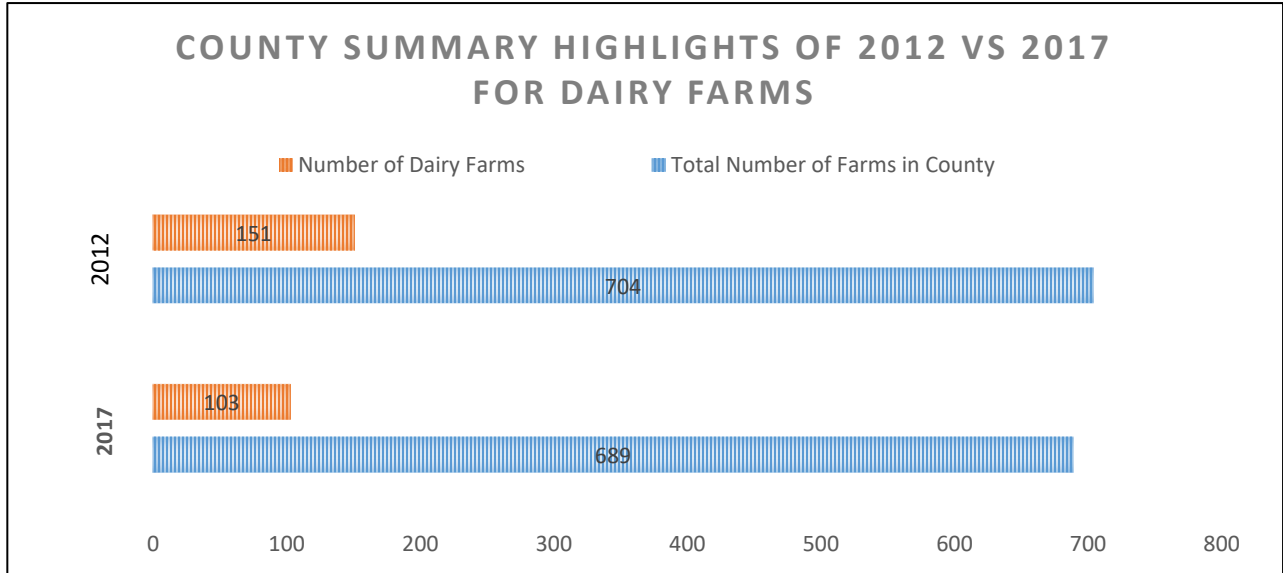
Figure 1-3



Sources: Brochure - *Quick Facts about Delaware County Agriculture*, Delaware County Cornell Cooperative Extension
 USDA Agricultural Census, The Market Administrator's Annual Statistical Bulletin: Northeast Milk Marketing Area 2018

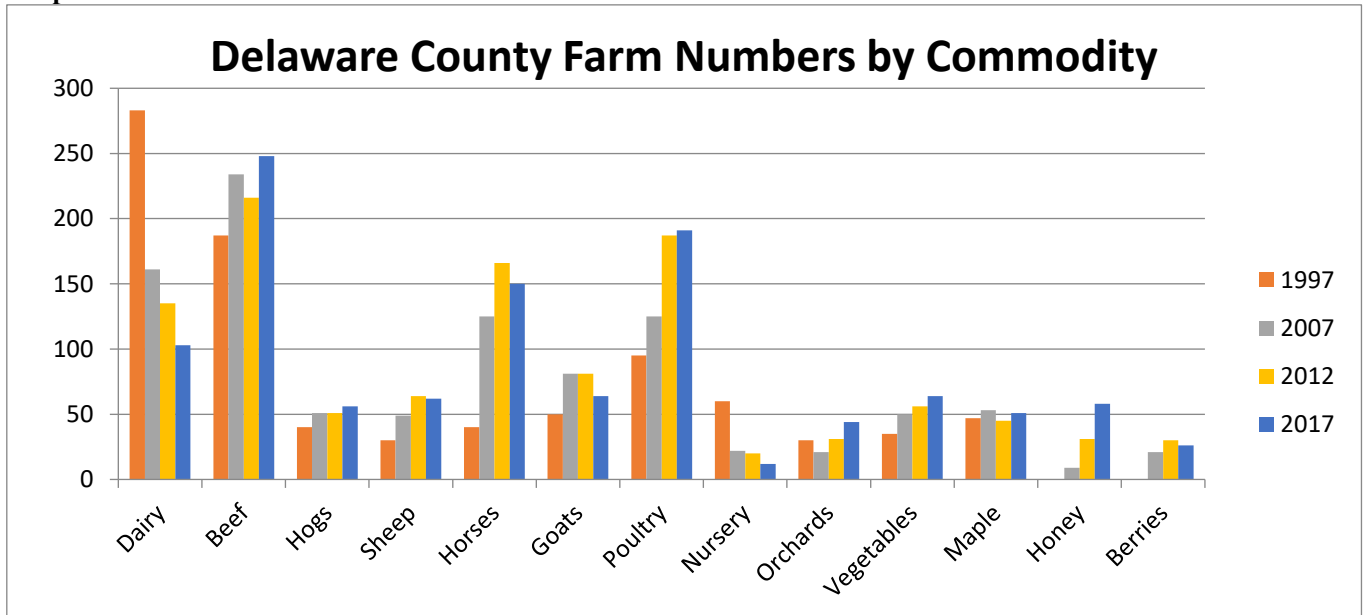
Individuals who live in the beautiful, lush green county have begun to think “outside the box” when finding alternatives to stimulating economic growth. Delaware County farmers have started specialty industries. This is reflected in the increased number of specialty farms. Other economic developments are taking the form of tourism (e.g. bed and breakfast), recreation facilities compatible with the environment (e.g. golf, skiing, hiking, hunting, paddling and fishing), low pollution farming, and professional/business services businesses. See Figure 1-3 for more detailed information.

Graph 1-2



Source: USDA Agricultural Census Highlights for Delaware County, 2017

Graph 1-3



Source: USDA Agricultural Census Highlights for Delaware County, 2017

As Graph 1-2 shows, Delaware County lost 48 dairy farms between 2012 and 2017. Despite this steady decline and the proliferation of other types of farms, dairy farming is still the top agricultural enterprise in the county, accounting for over 80% of agricultural receipts. As the number of dairy farms declined, the number of specialty farms increased, as shown in Graph 1-3. 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.

As shown in Graph 1-2, the total number of farms decreased by 15 from 2012 to 2017. Graph 1-3 illustrates the change in composition of farms in Delaware County with information provided from 2017 Agricultural Census data. Dairy farms numbered 103 and beef farms numbered just below 250. Small livestock production has remained mostly stable with more orchards, vegetable, maple, and honey operations.

Overall, there is great interest in food production from new farmers who may be changing careers or moving to the area. Smaller, niche enterprises are keeping the farmland in use and keeping agribusiness strong. Agricultural infrastructure businesses such as feed companies, equipment dealers, veterinarians, breeders, and others have seen some decline in the last 10 years, but the ones that remain are busy. Women-owned farms continue to rise with 317 principal operators being female.

Table 1-2

Population Change in Delaware County, 2013 – 2017

Geographic Area	2013	2017	Percent Change 2013-2017
Delaware County	46,772	45,951	-1.7%
New York State	19,795,791	19,849,339	+0.27%

Source: U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates

As Table 1-2 shows, from 2013-2017 the county population has decreased from 46,772 to 45,951, a percent change of 1.7%. Delaware County’s towns are parochial in nature, and no population center exists. Also, there is no central location that offers shopping opportunities, which effects local economy as residents travel outside of the county to access larger stores. The decentralized nature of this rural county can impact other social determinants of health by creating challenges in meeting basic needs for many residents, especially those who live in the most rural parts of the county, do not have vehicles, cannot afford to travel longer distances to meet their personal needs, accessing healthcare including specialists, etc.

Table 1-3

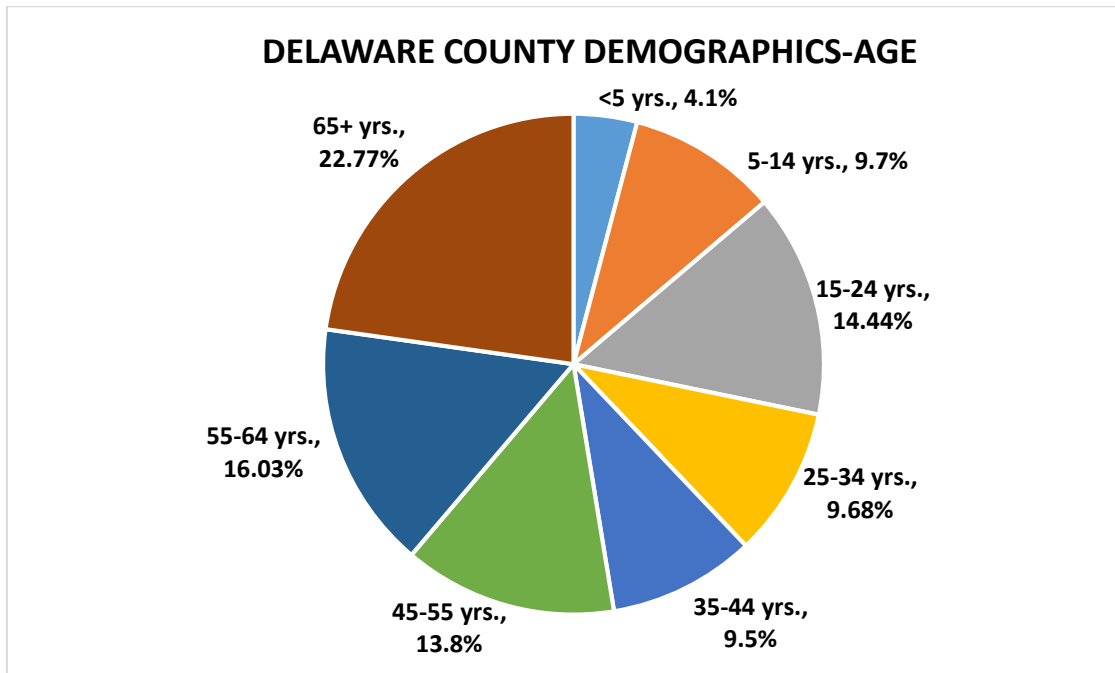
Current Ranking	Towns	Previous ranking	Population in 2018	Change since 2017	Change since 2010
#3	Hobart, village	#11	395	-1.3% (-5)	-9.2% (-40)
#6	Walton, village	#22	2815	-1.3% (-37)	-8.6% (-266)
#8	Fleischmans, village	#25	317	-1.2% (-4)	-8.4% (29)
#9	Hancock, village	#23	944	-1.3% (-12)	-8.3% (-85)
#13	Stamford, village	#40	1029	-1.2% (-13)	-7.5% (-84)
#17	Sidney, village	Unranked	3607	-1.3% (-47)	-7.35 (-282)
#18	Deposit, village	Unranked	1538	-1.0% (-16)	-7.2% (-119)

Source: US Census Bureau 2018 Population Estimates

US Census estimates show that year after year, people are leaving New York State, and in 2018 the state’s population dropped by 48,500 people. Seven Delaware County towns and villages fall into the

top 20 fastest shrinking communities in the state, as shown in Table 1-3. Factors that may contribute to this are related to the fact that Delaware County, like many other upstate counties, is aging at a rapid rate while young professionals continue to leave. See below for aging demographics beginning with Graph 1-4.

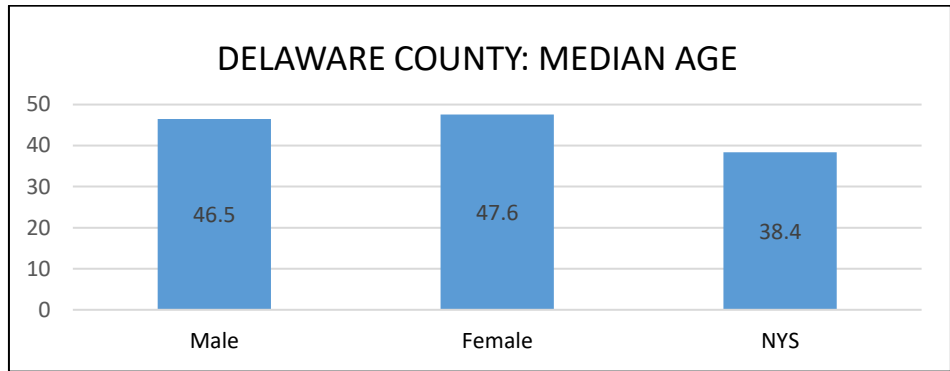
Graph 1-4



Source: U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates

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 22.77%. This is a nearly 15% increase since the 2016 CHA update, the data for which was accessed from the 2010 census. This is higher than Delaware’s neighboring counties of Otsego (19.3%) and Chenango (19.2%), and higher than the NYS percentage of 15.2%. It should be noted, however, that the percentage of population for people aged 65 years and older has increased in each of the neighboring counties listed as well.

Graph 1-5



Source: U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates

Graph 1-5 shows the median age for men (46.5 years) and women (47.6 years) in Delaware County, both of which are much higher than the NYS median.

Table 1-4

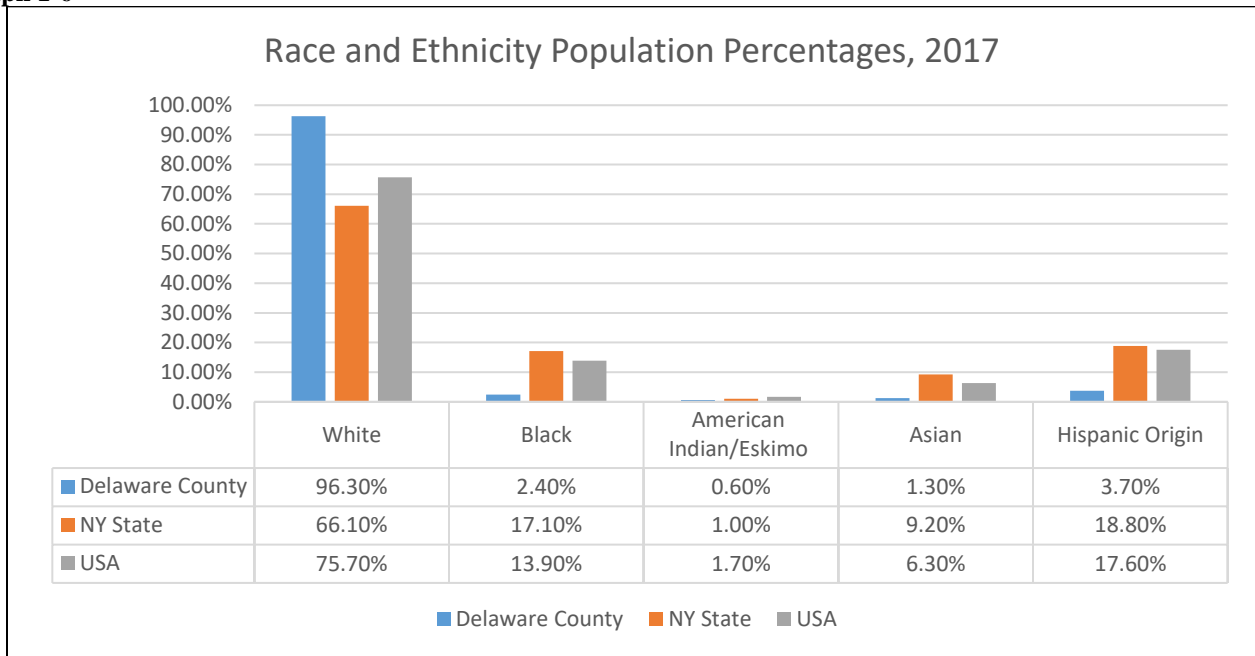
Population of Delaware County by Race, 2014-2017

Year	White	Black	American Indian/Eskimo	Asian	Hispanic Origin
2014	95%	1.9%	0.3%	0.8%	3.4%
2017	95%	2%	0.1%	0.7%	3.7%
Change	N/A	+ .1%	- .2%	- 1%	+ .3%

Source: CHA 2010-2013; American Community Survey (ACS) estimates U.S. Bureau of the Census, 2013-2017.

In the 2013 CHA report, we showed that there was a modest growth rate within the Hispanic and Black populations. By the time we completed the 2016 assessment, that number had begun to decline, according to the American Communities Survey 2010-2014 5-year estimates. This is notable because marginal increases and decreases in racial and ethnic diversity can have strong implications for the delivery of health and human services. The ACS 2013-2017 shows those numbers continue to decline by fractions of a percentage point with the exception of Black and Hispanic populations, which have increased slightly.

Graph 1-6

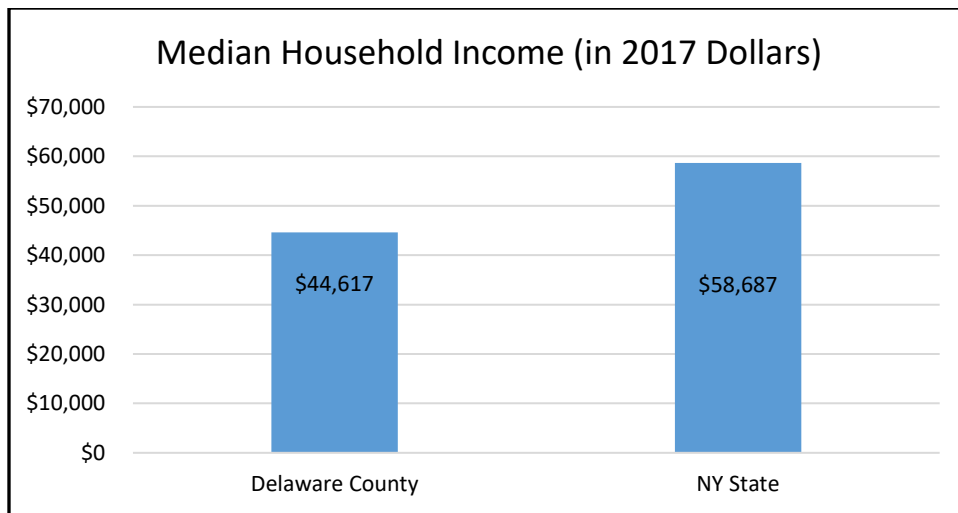


Source: U.S. Census Bureau, American Community Survey estimate 2013-2017

Based on the US Census, 96.3% of the Delaware County population is White. This is significantly higher than the NYS (66.1%) and U.S. (75.7%) averages.

B. Socio-Economic

Graph 1-7



Source: US Census Bureau QuickFacts, 2018

Graph 1-7 shows that the median household income in Delaware County is less than that of New York State by about \$14,000. Lower wages create a need for dual family incomes and hinder attempts to employ

and retain young people, but makes it extremely difficult to attract professionals from out of the area with new expertise. Financial well-being is a social determinant of health that can shape quality of life, including child care, access to nutritious food, access to care, quality of housing, and ability to afford a personal vehicle.

Table 1-5

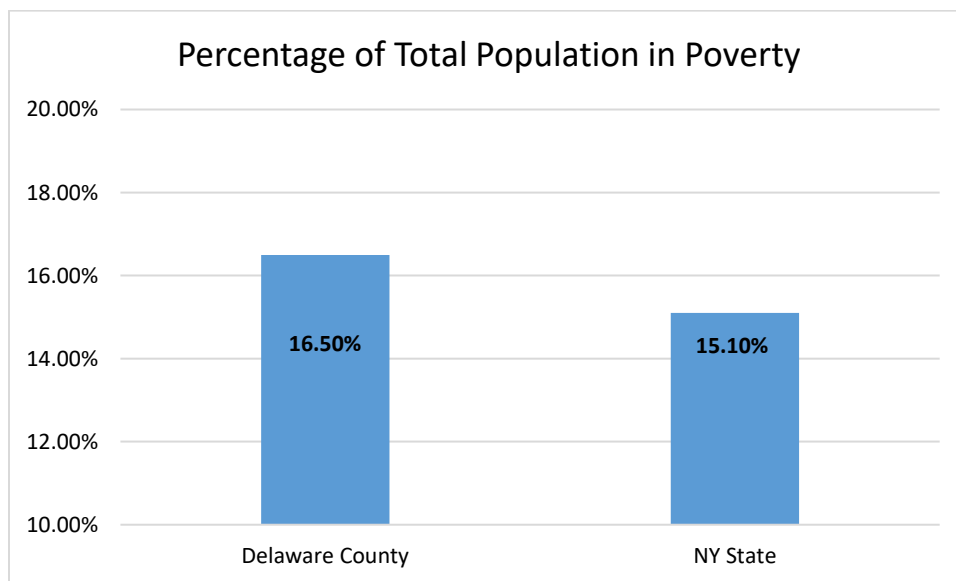
Household Income in Delaware County

	Delaware County Total Households: 19,098	NYS Total Households: 7,056,860	USA Total Households: 105,480,101
Less than 10,000	7.1%	7.1%	6.7%
\$10,000 to \$14,999	7.2%	5.3%	4.9%
\$15,000 to \$24,999	13.4%	9.1%	9.8%
\$25,000 to \$34,999	11%	8.5%	9.5%
\$35,000 to \$24,999	13%	11.4%	13%
\$50,000 to \$74,999	21.1%	15.9%	17.7%
\$75,000 to \$99,999	11.2%	11.9%	12.3%
\$100,000 to \$149,999	11.8%	15%	14.1%
\$150,000 to \$199,999	2.1%	7.2%	5.8%
\$200,000 or more	2%	8.9%	6.3%

Sources: US Census Bureau 2013-2017 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 to 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.

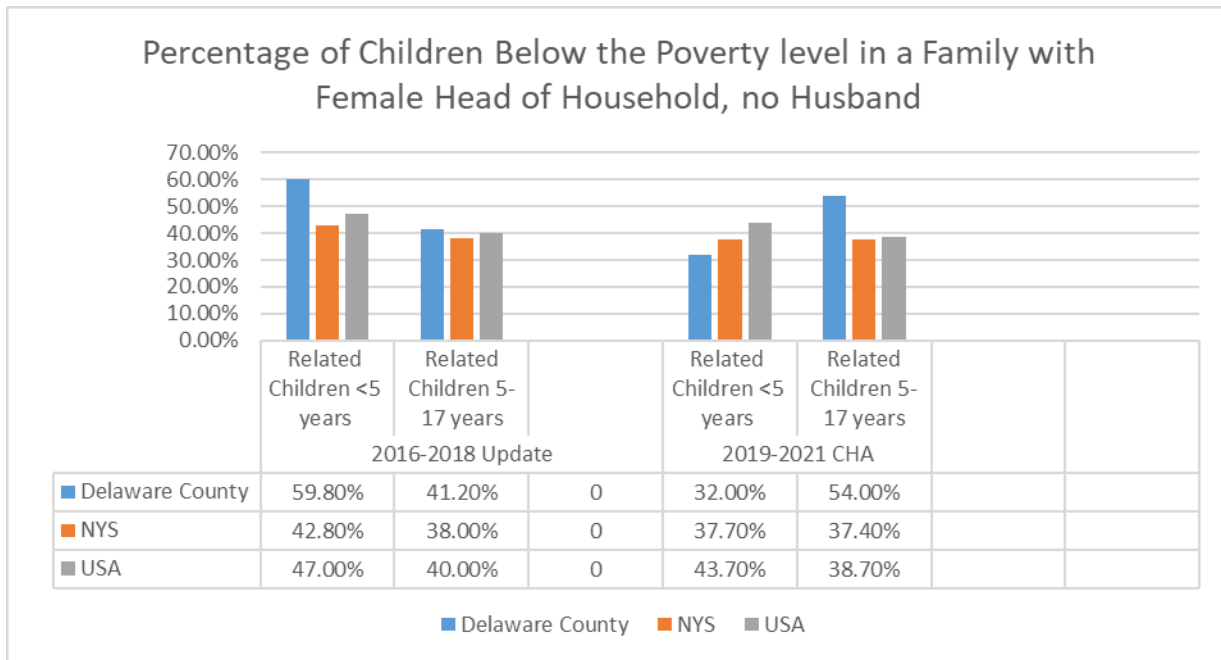
Graph 1-8



Source: NYS Poverty Report, March 2018; US Census Bureau QuickFacts

Delaware County’s 2013 CHA reported that the poverty rate was 17.1%, and we saw a decrease in that rate to 16.4% in the 2016 update. For this report, we can see that the percentage of total population in poverty has remained mostly consistent, with a slight increase to 16.5%. The New York State rate has decreased from 15.9% in the 2016 update to 15.1% as of March 2018. The Delaware County rate remains higher.

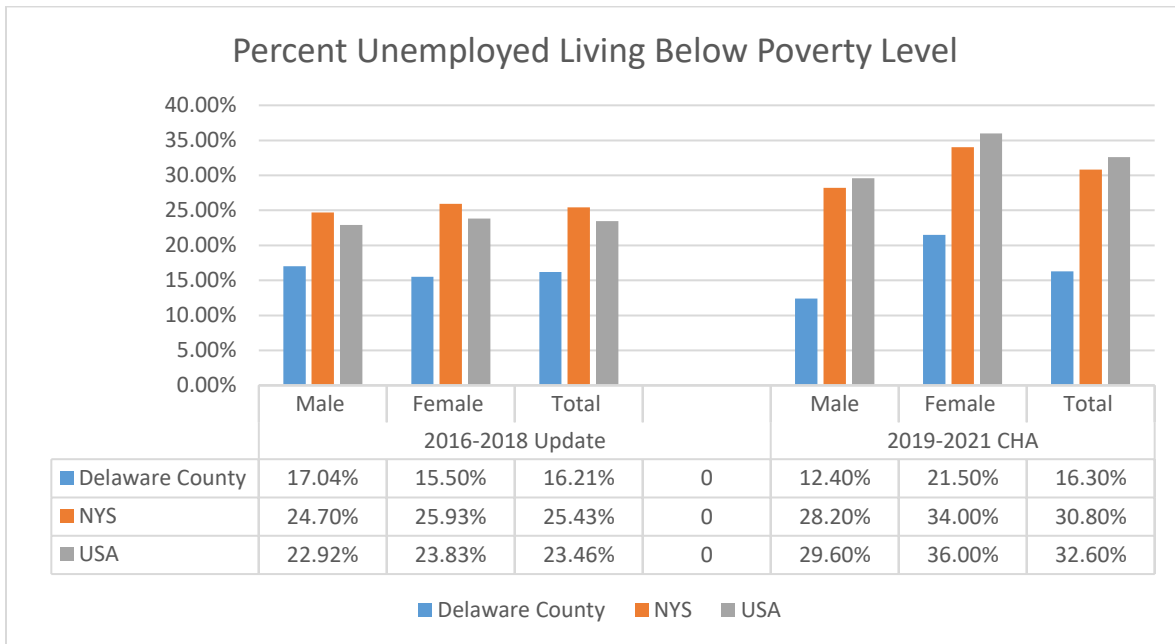
Graph 1-9



Source: US Census Bureau 2010 – 2014 and 2013-2017 American Community Survey 5-Year Estimates
Poverty Status on the Past 12 Months

According to the 2014-2017 American Community Survey, the percentage of related children living below the poverty level with a female head of household, no husband present is 32.3% for related children under 5 years of age in Delaware County. This number has decreased since the 2016 CHA update, when the number was 59.8%.

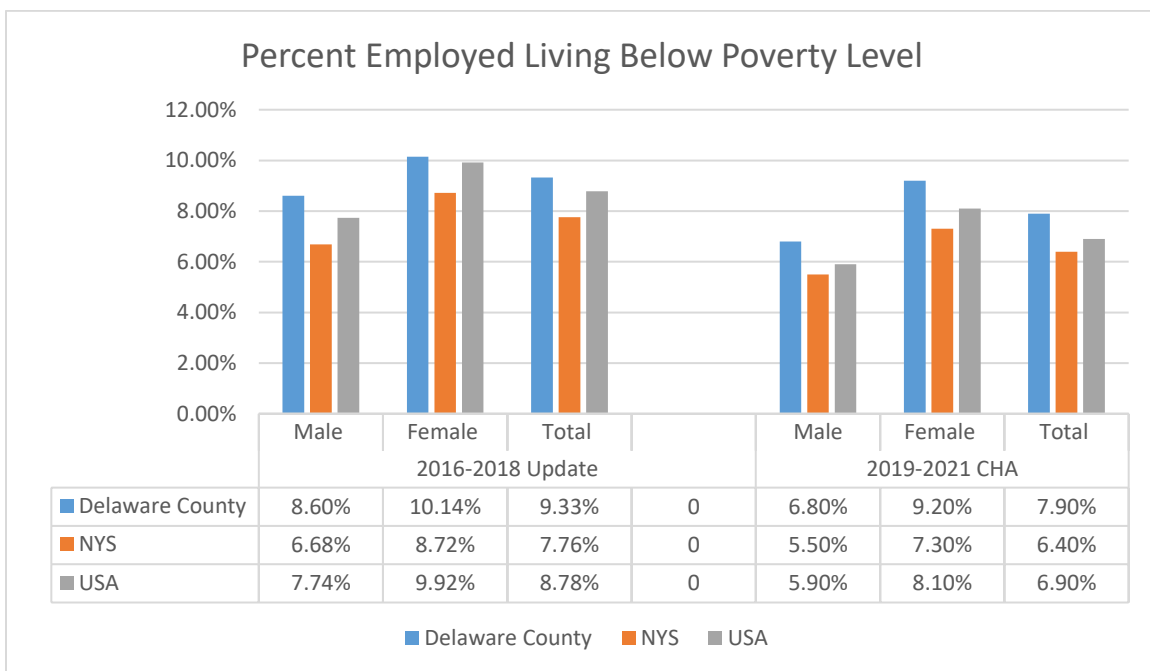
Graph 1-10



Source: U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates

According to Graph 1-10, 21.5% of unemployed females live below the poverty level in Delaware County, compared to 12.4% of unemployed males, for an average of 16.3% of those unemployed living below the poverty level. This is lower than both NY State and U.S. trends.

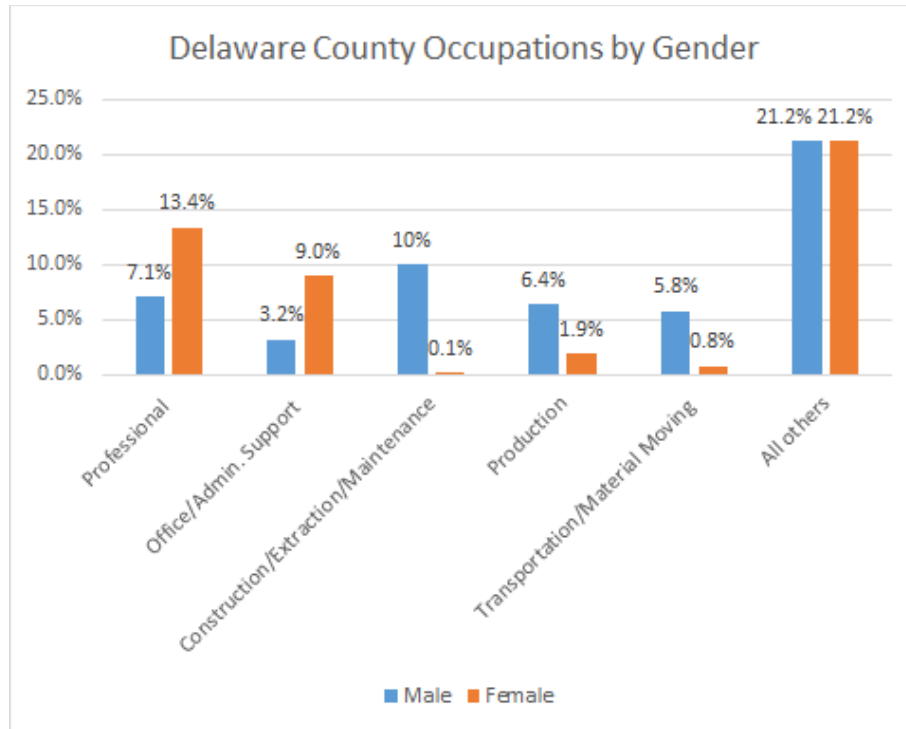
Graph 1-11



Sources: U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates

Graph 1-11 shows that there is a greater percentage of employed females (9.2%) living below the poverty level than males (6.8%). 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



Sources: U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates

Graph 1-12 illustrates gender stratification across the most common professions in the County. Professional and Related Occupations and Office and Administrative Support Occupations employ more women, while Construction, Extraction, and Maintenance Occupations, Production Occupations, and Transportation and Material Moving Occupations employ more men. According to the Bureau of Labor Statistics, the median wages for Office and Administrative Support Occupations are \$35,760, \$35,070 for Production Occupations, and \$35,850 for Transportation and Material Moving Occupations, while the median wage for Construction is \$44,730. The fact that Construction, Extraction, and Maintenance Occupations have the highest median wage as well as the largest gender disparity may in part account for the concentration of poverty among single female households.

In addition to census data, it is important to examine ALICE (Asset Limited, Income Constrained, Employed) data to better understand the full scope of the challenges that families in Delaware County face when it comes to poverty and related factors. The ALICE Project was initiated by United Way of Northern New Jersey several years ago to bring focus to the families and individuals who work but whose salaries

do not provide sufficient resources to meet basic needs. The Project developed a methodology using publicly available census, employment, wage, cost of living, and other data to help to understand the extent of ALICE in our communities, those who are above the federal poverty level, but below a sustainable wage. The ALICE Project is now implemented in 18 states, with New York joining in 2016. The following information on pages 25-28 are directly accessed from: www.unitedforalice.org/newyork County Pages.

ALICE in Delaware County 2016 Point-in-Time Data

Population: 46,480

Number of households: 18,817

Median Household Income: \$46,055 (state average: \$62,909)

Unemployment Rate: 8.3% (state average: 5.9%)

ALICE Households: 32% (state average: 31%)

Households in Poverty: 16% (state average: 14%)

How has the number of ALICE households changed over time?

ALICE is an acronym for Asset Limited, Income Constrained, Employed - households that earn more than the Federal Poverty Level, but less than the basic cost of living for the county (the ALICE threshold). Combined, the number of ALICE and poverty-level households equals the total population struggling to afford basic needs. The number of households below the ALICE threshold changes over time; households move in and out of poverty and ALICE status as their circumstances improve or worsen. The recovery, which started in 2010, has been uneven across the state. Conditions have improved for some families, but with rising costs, many still find themselves struggling (Graph 1-13).

What types of households are struggling?

The way Americans live is changing. There are more different family and living combinations than ever before, including more adults living alone, with roommates, or with their parents. Families with children are changing: There are more non-married cohabiting parents, same-sex parents, and blended families with remarried parents. The number of senior households is also increasing. Yet all types of households continue to struggle: ALICE and poverty-level households exist across all of these living arrangements (Graph 1-14).

Why do so many households struggle?

The cost of living continues to increase...

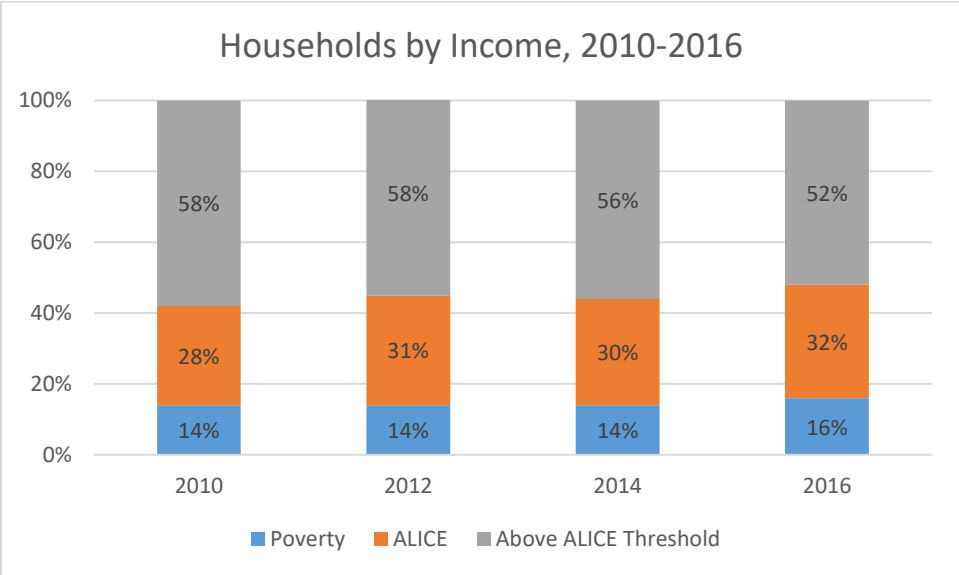
The Household Survival Budget reflects the bare minimum that a household needs to live and work today. It does not include savings for emergencies or future goals like college. In 2016, costs were well above the Federal Poverty Level of \$11,880 for a single adult and \$24,300 for a family of four. Family costs increased by 22% statewide from 2010-2016, compared to 9% inflation nationally (Table 1-6).

... and wages lag behind.

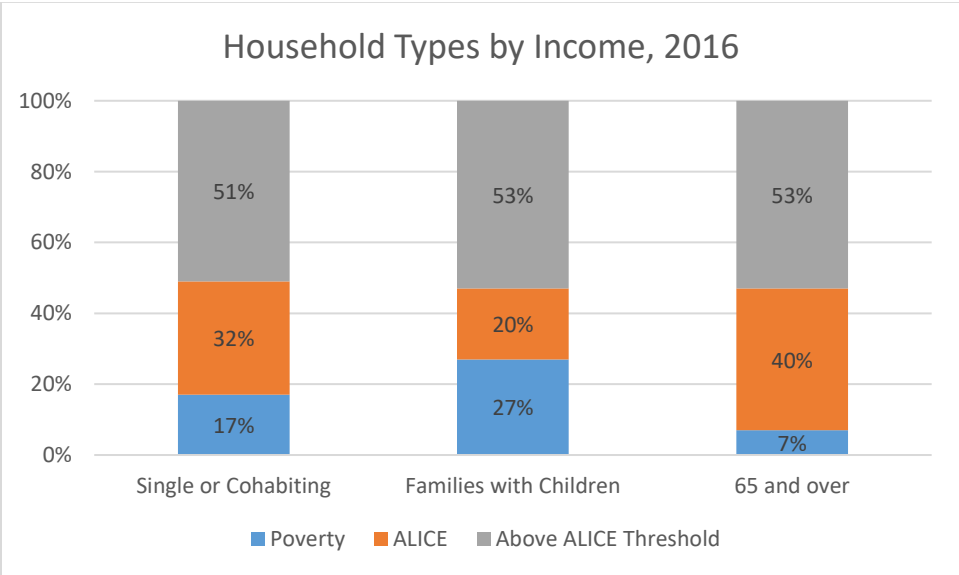
Employment and wages vary by location; firms generally pay higher wages in areas with a higher cost of living, although wages still do not always cover basic needs. Employment and wages also vary by firm size: large firms tend to offer higher wages and more job stability; smaller businesses can account for more

jobs overall, especially in rural areas, but may pay less and offer less stability. Medium-size firms pay more but typically employ the fewest workers (Graph 1-15).

Graph 1-13



Graph 1-14



Graph 1-15

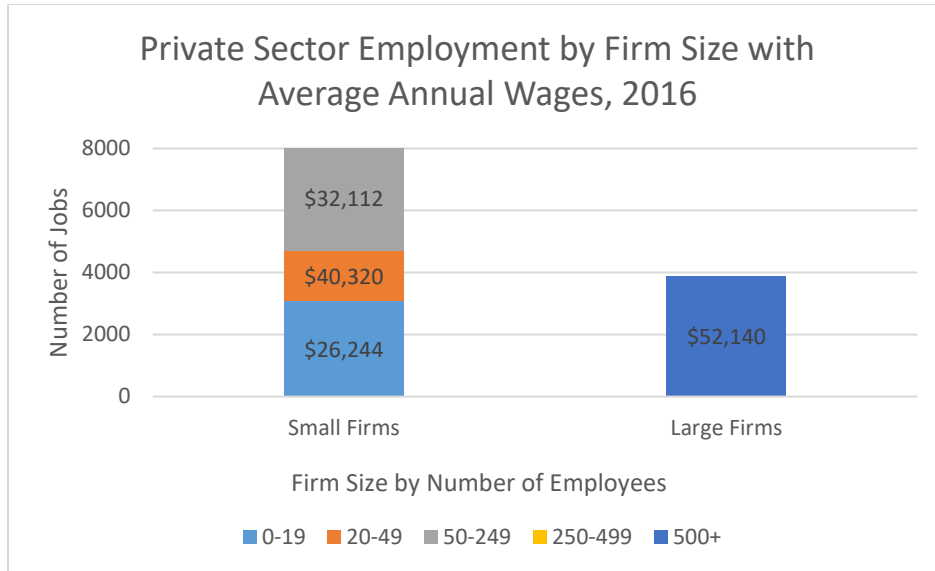


Table 1-6

Household Survival Budget, Delaware County		
	Single Adult	2 Adults, 1 Infant, 1 Preschooler
Monthly Costs		
Housing	\$576	\$729
Child Care	\$--	\$1,250
Food	\$182	\$603
Transportation	\$341	\$682
Health Care	\$213	\$792
Technology	\$55	\$75
Miscellaneous	\$164	\$475
Taxes	\$278	\$619
Monthly Total	\$1,809	\$5,225
Annual Total	\$21,708	\$62,700
<i>Hourly Wage</i>	<i>\$10.85</i>	<i>\$31.35</i>

Table 1-7

Delaware County, 2016		
Town	Total HH	% ALICE and Poverty
Andes (SD)	502	44%
Andes CDP (P)	128	27%
Bovina (SD)	244	37%
Colchester (SD)	864	45%
Davenport (SD)	1,187	51%

Davenport Center CDP (P)	127	61%
Delhi (P)	660	52%
Delhi (SD)	1,402	44%
Deposit (SD)	697	51%
Downsville CDP (P)	270	66%
Fleischmanns (P)	123	68%
Franklin (P)	159	40%
Franklin (SD)	902	35%
Hamden (SD)	502	41%
Hancock (P)	484	69%
Hancock (SD)	1,251	49%
Harpersfield (SD)	660	39%
Hobart (P)	171	57%
Kortright (SD)	564	39%
Margaretville (P)	306	63%
Masonville (SD)	527	39%
Meredith (SD)	619	35%
Middletown (SD)	1,763	49%
Roxbury (SD)	949	49%
Sidney (P)	1,702	55%
Sidney (SD)	2,434	55%
Stamford (P)	581	54%
Stamford (SD)	986	51%
Tompkins (SD)	398	38%
Walton (P)	1,221	65%
walton (SD)	2,366	59%

Table 1-8

2013-2017 Delaware County Employment by Industry

Numbers are based on civilian employed population 21,434 people aged 16 and over

Industry	Persons employed	Percent of labor force
Agriculture, forestry, fishing, and hunting, mining	739	3.7%
Construction	1,715	8.6%
Manufacturing	2,766	13.9%
Wholesale trade	427	2.1%
Retail trade	2,172	10.9%
Transportation and warehousing, and utilities	759	3.8%
Information	334	1.7%
Finance and insurance, and real estate and rental and leasing	700	3.5%
Professional, scientific, and management, and administrative and waste management services	1,241	6.2%
Educational services, and health care and social assistance	5,221	26.2%
Arts and entertainment, and recreation, accommodation, and food services	1,912	9.6%
Other services, except public administration	916	4.6%
Public administration	1017	5.1%

Source: U.S. Census Bureau, 2013-2017 American Community Survey,
Selected Economic Characteristics 5-Years Estimates

The estimated population from 2013-2017 aged 16 years and over was 39,157 with 21,434 in the civilian labor force. Of those in the labor force, there were 19,919 people employed and 1,515 people unemployed. There were 17,715 (42.25%) not in the labor force, which includes children less than age 16, retired individuals, and disabled individuals.

Table 1-8 shows that the top four fields in which persons 16 and over were employed: Educational services, health care and social assistance; Manufacturing; Retail trade; and Arts and entertainment recreation, accommodation, and food services. With 45.2% of the population NOT in the labor force and nearly 6% of the county unemployed, this puts a strain on the remaining labor force of 49.7% to generate income in Delaware County. While unemployment among those in the labor force has declined, the percentage of county residents NOT in the labor force has increased.

Table 1-9

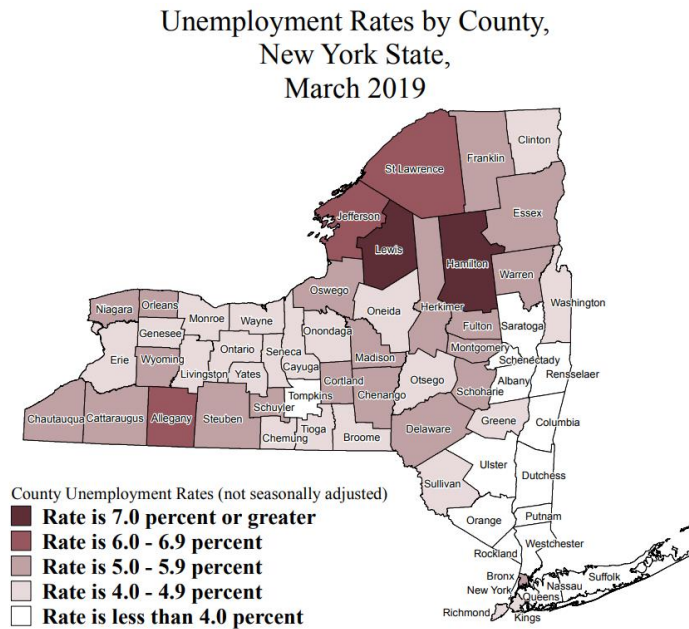
Unemployment 2015-2019

Unemployment	March 2015	March 2016	March 2017	March 2018	March 2019
Delaware County	6.9%	6.1%	6.1%	6.1%	5.1%
New York State	5.6%	5.0%	4.7%	4.6%	4.1%

Source: New York State Department of Labor

Unemployment percentages in Delaware County remained static for the years 2016-2018 after a decline from 2015, but March 2019 shows a decline. The rate, however, remains higher than the NY State rate, which also decline in 2019 (Table 1-9).

Figure 1-4



The NY State Department of Labor’s March 2019 *Unemployment Rates by County* map (Figure 1-4) shows that Delaware County’s unemployment rate is higher than or similar to each of its 7 contiguous NYS counties.

An important point is that these numbers are not seasonally adjusted. January, February and March consistently have higher unemployment rates, and this tends to decline as tourism season nears. This is a unique factor for a county in the Southern Tier region, but not so unique for a county on the edge of the Catskill Mountains.

Table 1-10

Percentage of the Population Living with a Disability, 2016

	Delaware County	NY State
Disability	25.80%	22.90%
Cognitive Disability	10.70%	8.70%
Hearing Disability	4%	3.90%
Vision Disability	3.50%	3.70%
Self-Care Disability	5.90%	3.50%
Mobility Disability	13.30%	13.90%
Independent Living Disability	9.40%	3.90%

Source: BRFSS

Delaware County has a higher percentage of persons with a disability among each category, except for vision disability and mobility disability (Table 1-8). Persons with a disability are a distinct demographic group experiencing health disparities that can be addressed by tailored policy interventions.

Table 1-11

Delaware County Socio-Economic Status Indicators, 2016

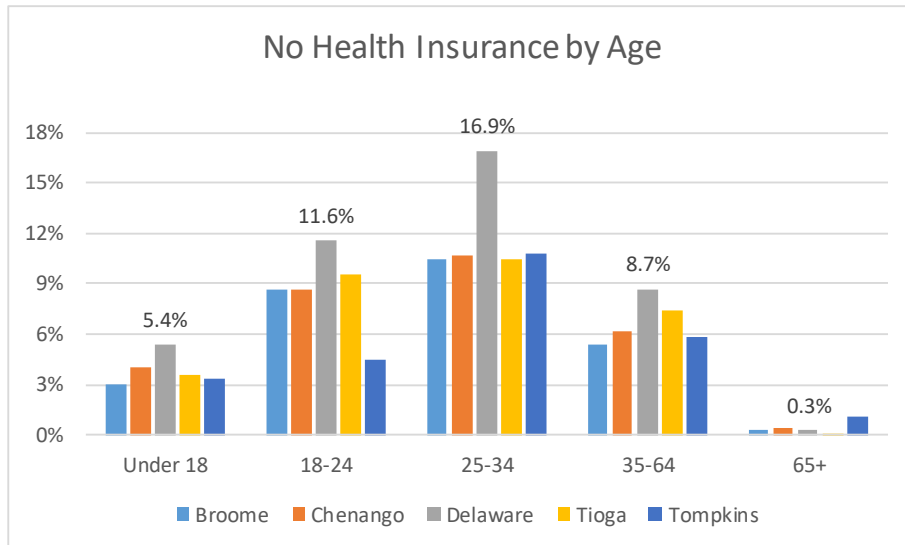
Behavior/Risk Indicator	Delaware County Rate	NY State Rate
% adults 18-64 with health insurance, 2018	92.4%	91.4%
% adults that did not receive medical care because of cost, 2016	8.5%	11.5%

Source: New York State Community Health Indicator Reports (CHIRS)

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 in the 2016 CHA update, and implies that the decrease in unemployment may be a related factor.

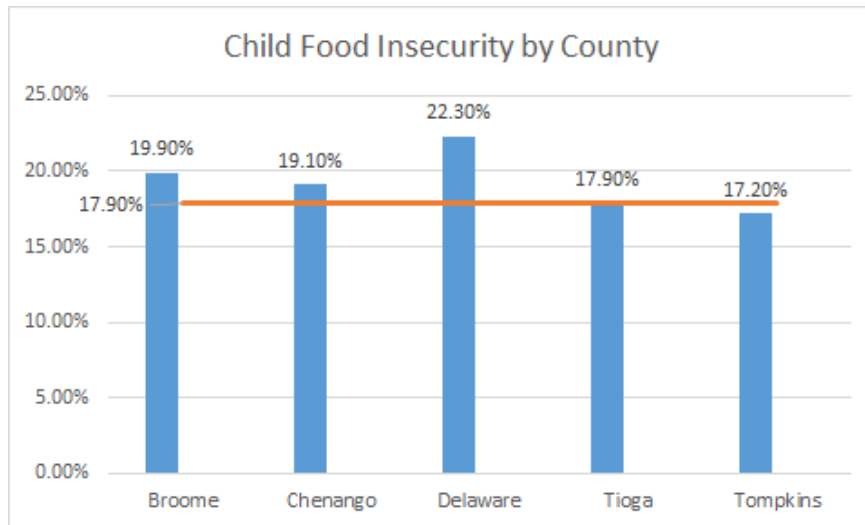
Graph 1-16



Source: U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates

Graph 1-16 shows the percent of the population with no health insurance for each age bracket in each county in the Southern Tier. Although Delaware County has a slightly higher rate of all person age 18-64 with health insurance than the state (as indicated in Table 1-11), Delaware County leads every other county in the Southern Tier with the highest rates of uninsured among all ages except for 65+. Among all counties, rates of uninsured are highest among the 25-34 age bracket. This could be because individuals are getting off their parents’ insurance at age 26 and may not have obtained insurance through an employer yet. Health insurance is a social determinant of health in that lack of insurance can impact access to care and cause uninsured individuals to delay or avoid treatment.

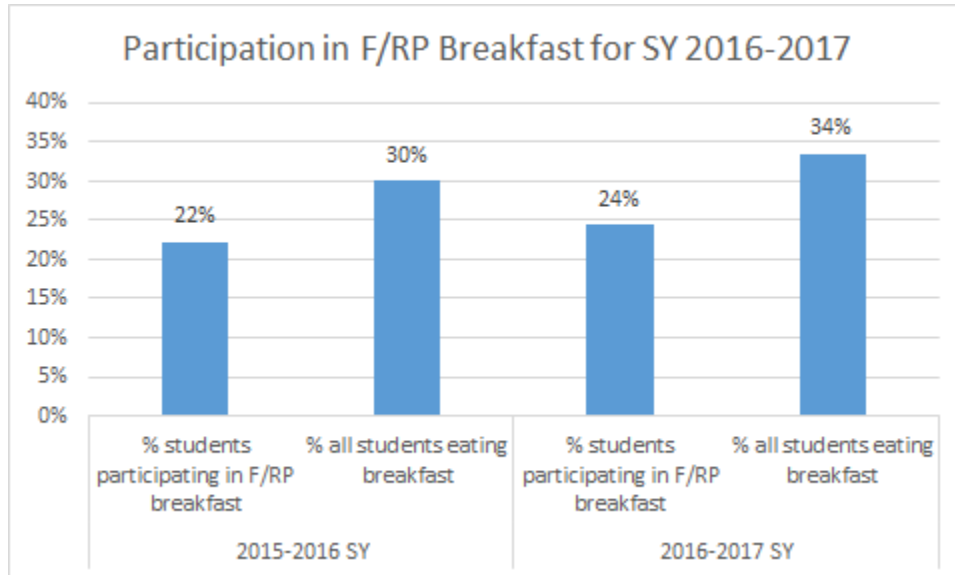
Graph 1-17



Source: Hunger Solutions NY

Graph 1-17 shows rates of child food insecurity are much higher than the rest of the counties in the Southern Tier, as well as the state rate (represented by the orange line).

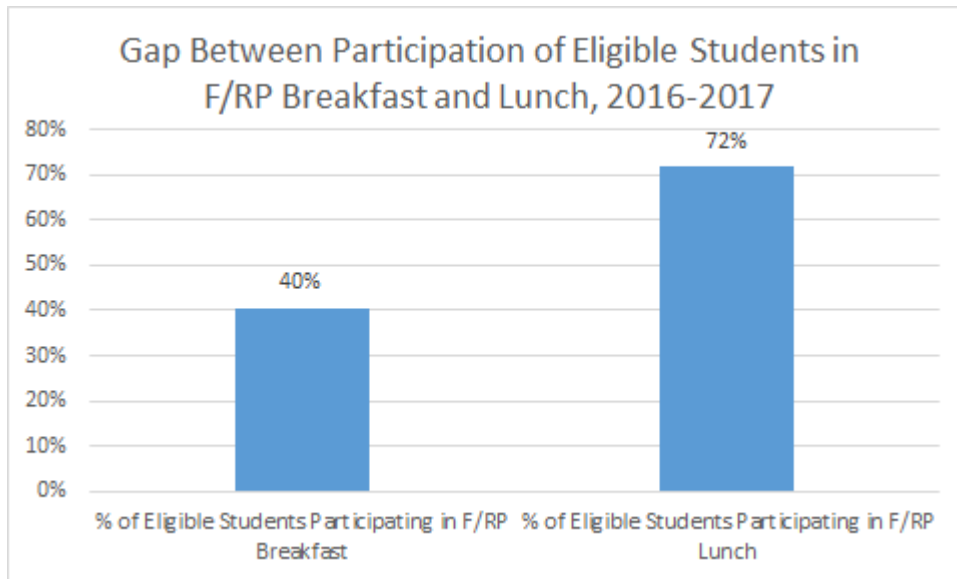
Graph 1-18



Source: Hunger Solutions NY

Graph 1-18 shows the percentage of students participating in free and reduced price breakfast through the School Breakfast Program in Delaware County in the 2015-2016 and 2016-2017 school years as compared to the overall percentage of students eating breakfast at school. As shown, both participation in free and reduced price breakfast and the overall student population eating breakfast increased between the two school years. It is also worth noting that the percent of students participating in free and reduced price meals align with rates of child food insecurity.

Graph 1-19

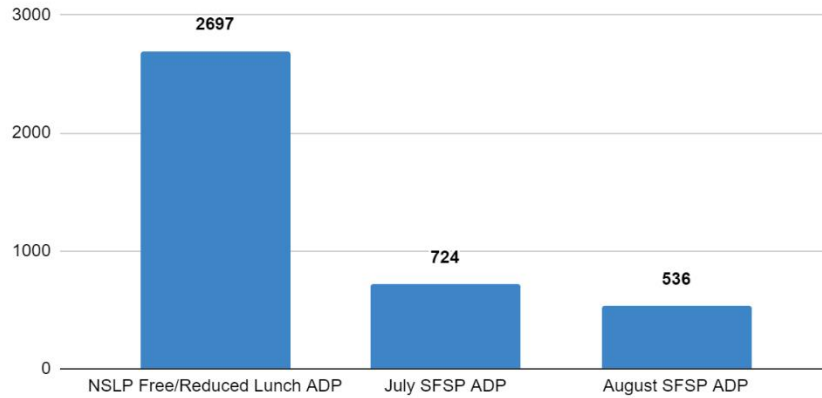


Source: Hunger Solutions NY

Graph 1-19 compares the percentage of eligible students participating in free and reduced price breakfast to the percent of eligible students participating in free and reduced price lunch. Only about 56% of students who participate in the School Breakfast Program also participate in the National School Lunch Program. Beginning the school day without breakfast can impact academic performance, memory, and concentration.

Graph 1-20

Average Daily Participation in NSLP Free/Reduced Lunch (2016-2017 SY) Compared to Participation in Summer Food Service Program (2017)



Source: Hunger Solutions NY

Graph 1-20 compares the daily participation in the National School Lunch Program to the average daily participation in the Summer Food Service Program by month. Participation shows a significant decrease in the inactive school-year months of July and August. Compared to the normal school-year daily participation, Summer Food Service Programs in the months of July and August serve only 23 and 20 percent of the normal school year daily meals, respectively.

Table 1-12

2018-2019 School Year Participation in Community Eligibility Provision

Numbers based on Schools and School Districts in Delaware County participating in NYS Community Eligibility Provision

School District/School	Identified Student Percentage	Community Eligibility Provision	Student enrollment
Charlotte Valley School District	57	YES	413
Andes School District	*	*	*
Delaware Academy Consolidated School District at Delhi- Elementary School	35	NO	345
Delaware Academy Consolidated School District at Delhi- High School	30	NO	421

Deposit Consolidated School District	52	YES	489
Downsville Consolidated School District	42	YES	229
Franklin Consolidated School District	33	NO	263
Hancock Elementary School	45	NO	114
Hancock Junior/Senior High School	31	NO	213
Margaretville School District	*	*	*
Roxbury School District	*	*	*
Sidney Elementary School	49	YES	669
Sidney High School	49	YES	481
Stamford School District	*	*	*
Walton Elementary School	49	YES	457
Walton High School	49	YES	489

Source: Food and Research Access Center, Eligibility for Community Eligibility Provision 2018-2019 SY
 *data unavailable for ISP/CEP status

Table 1-12 shows the Identified Student Percentage (ISP) of each school/school district with available data in Delaware County. Identified students include those certified for free school meals through data-matching because their households receive assistance from the Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), or the Food Distribution Program on Indian Reservations (FDPIR). New York State also follows a Medicaid direct certification demonstration, which automatically enrolls children receiving Medicaid.

Any school, collection of schools or school district with an ISP of 40% or higher is eligible for Community Eligibility Provision, a non-pricing meal service for school food programs. Missing values may indicate the school/district may be above qualifying for FRAC data collection, or the ISP was unavailable at collection date (May 1, 2018).

The participation of Community Eligibility Provision in six out the fifteen identified schools/school districts in Delaware County is important to note when analyzing the rate participation and eligibility data for free/reduced school lunch programs within the county.

Additionally, schools approaching the qualifying Identified Student Percentage may be within range for participating Community Eligibility Provision in the 2019-2020 school year. The NYS Kids' Well-being Indicators Clearinghouse notes that the percentage of students participating in

the School Lunch Program is commensurate of student poverty and its concentration in public schools.

Table 1-13

**Comparison of Delaware County and NYS
Education Attainment 2013-2017, for persons over 25**

	Delaware County	NYS
High School graduate or higher	87.7%	86.1%
College 4 or more years, graduate	21.6%	35.3%

Source: U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates

Table 1-13 shows that Delaware County has a 1.6% 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 13.7% lower the NY State percentage.

Table 1-14

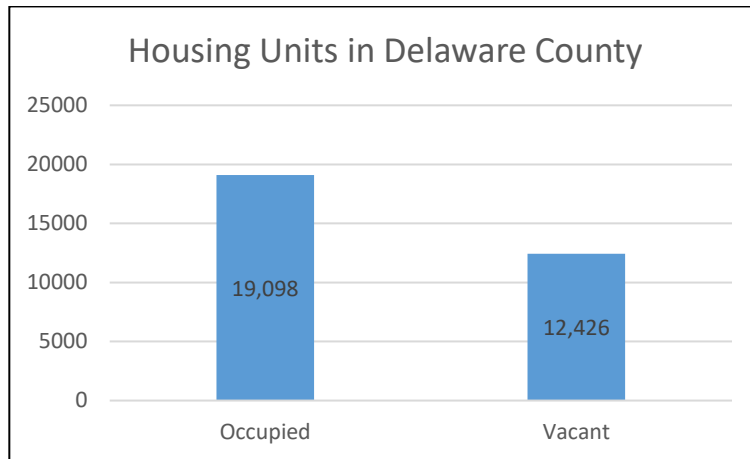
Delaware County Educational Attainment, 2017

Educational Attainment	Male	Female
High School graduate or equivalency	39.1%	36.2%
Some college, no degree	15.7%	16.5%
Associate’s degree	11.8%	12.9%
Bachelor’s degree	11.9%	12.4%
Graduate degree	7.9%	11%

Source: U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates

Table 1-14 indicates that over 39% of the male and 36% of the female population in Delaware County has completed high school but has 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, but by the 2016 CHA update this was no longer the case, as females had a higher percentage in *all* categories except for high school graduation rates. The current data shows that the percentages above have increased in all categories since 2016.

Graph 1-21



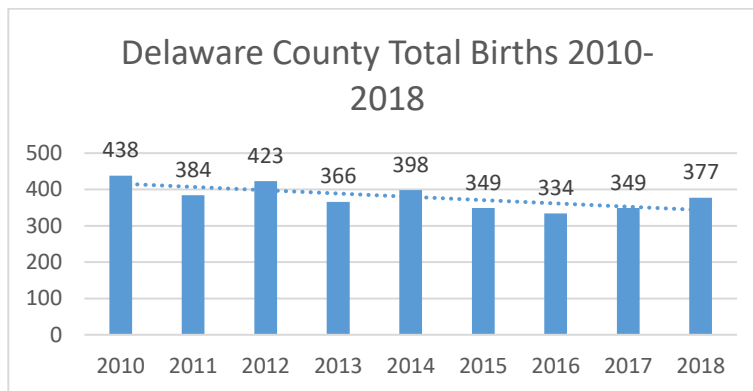
Source: U.S. Census Bureau 2013-2017 American Community Survey 5-year Estimates Selected Housing Characteristics

County data identifies 31,524 total housing units in Delaware County. 19,098 (60%) of those are occupied, and 12,426 (40%) are vacant, as shown in Graph 1-21. Compared to the 2016 CHA update, more housing units have become vacant.

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 likely that this is a factor in the elevation of costs for primary residents.

C. Morbidity and Mortality

Graph 1-22



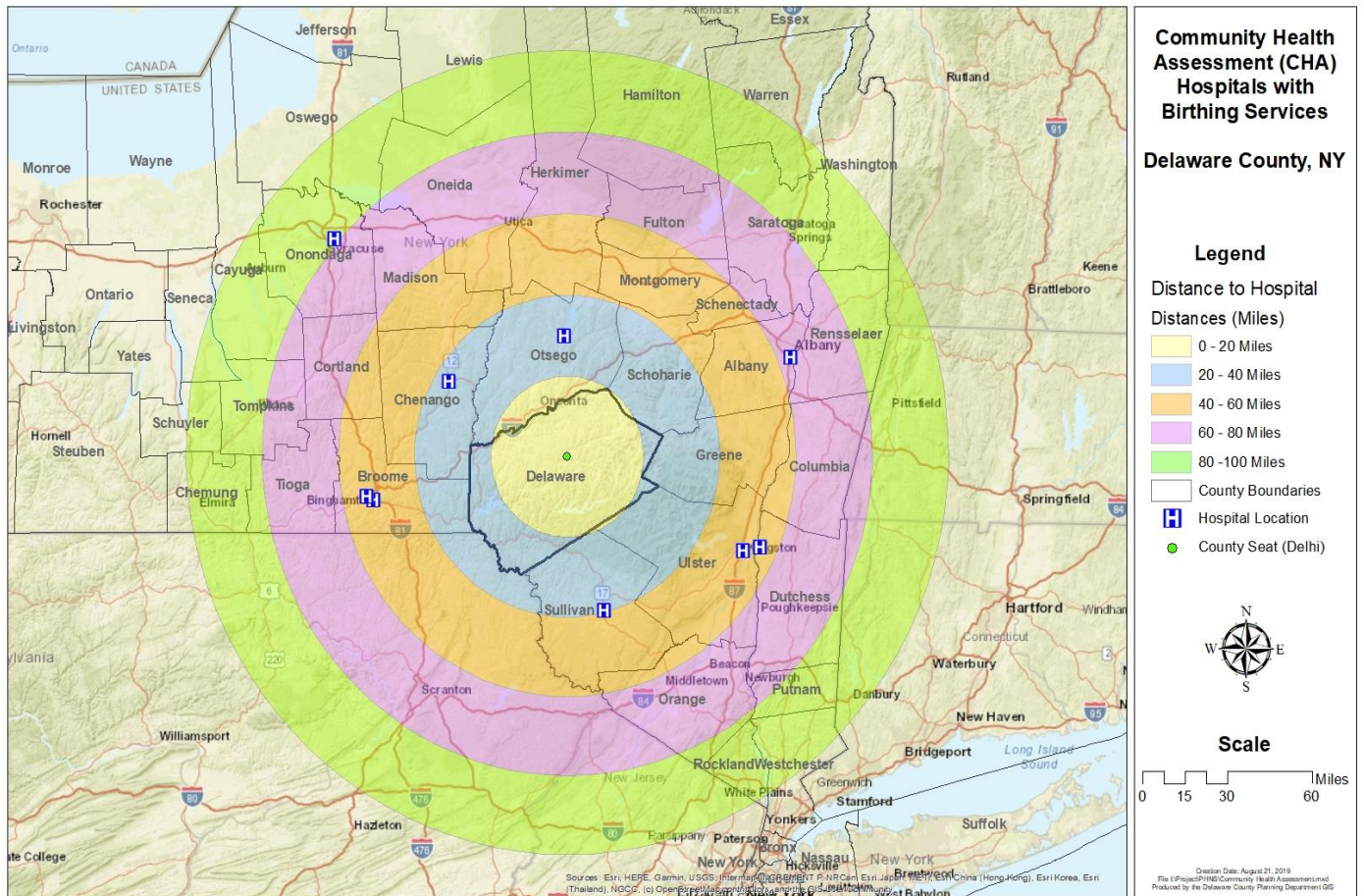
Sources: Delaware County Public Health Services (DCPHS) Annual Reports, 2010-2018

In the 2013-2017 CHA, we reported that Delaware County births had been on the decline. The number continued to decline until an increase in 2014 and again in 2017, which continued in

2018. Despite this modest increase, the most populous age bracket in Delaware County is those aged 65 and older.

Figure 1-5

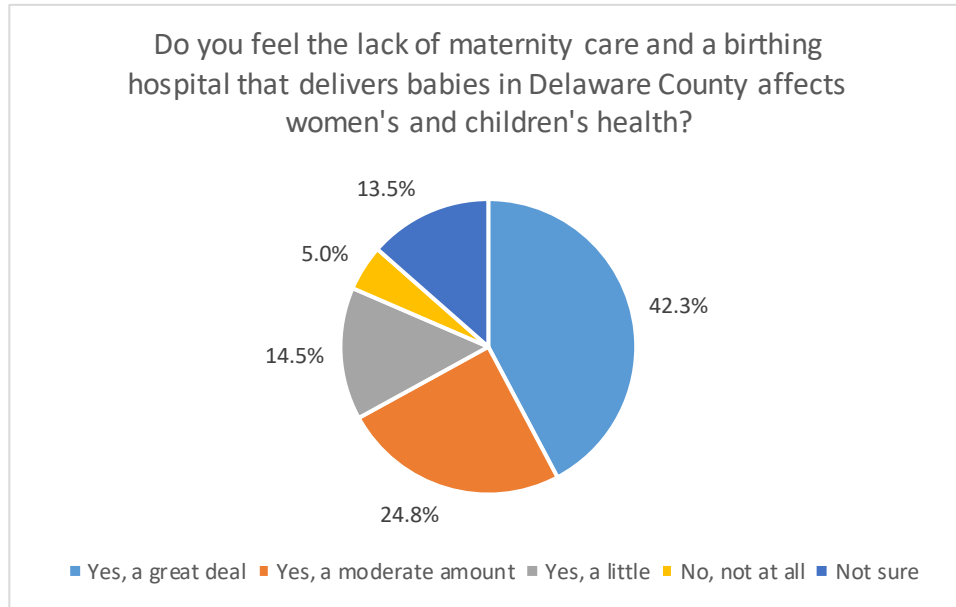
Out of County Hospitals with Birthing Services



Source: Delaware County Department of Planning

Figure 1-5 illustrates distance to the nearest hospital with birthing services from Delhi, the county seat. As shown, Delaware County does not have any hospitals with birthing services located within the county. A.O. Fox Hospital in Oneonta (Otsego County), was the closest available location when we updated the CHA in 2016, but their maternity department was closed on December 31 of that year. This continues to pose a challenge to expecting mothers residing in Delaware County.

Graph 1-23



Source: Delaware County Community Survey, 2019

A community survey with 400 respondents was conducted in Delaware County from March to June of 2019. 81.5% of respondents to the Delaware County Community Survey felt the lack of birthing services in the county has some level of negative impact on the health of women and children.

Table 1-15

Delaware County Births by Hospital

Hospital	2014	%	2015	%	2016	%	2017	%	2018	%
Albany	16	4.02	17	4.87	10	2.99	15	4.3	28	7.4
Bassett	130	32.66	109	31.32	120	35.9	177	50.7	186	49
Catskill Regional Medical	5	1.25	6	1.72	8	2.3	14	4	11	2.9
Chenango Memorial	22	5.52	13	3.72	12	3.5	24	6.9	30	7.96
Crouse Hospital	3	.75	1	.29	0	0	0	0	2	0.5
A.O. Fox	110	27.63	95	27.22	72	21.56	0	0	0	0
Kingston Hospital	2	.5	2	.57	8	2.39	1	.29	9	2.4

Lourdes	18	4.52	25	7.16	27	8.08	30	8.59	6	1.6
Northern Dutchess	12	3.01	13	3.72	6	1.79	11	3.15	25	6.7
Wilson-UHS	56	14.07	53	15.19	52	15.56	67	19.19	8	2.1
Other	18	4.52	8	2.29	4	1.19	4	1.14	65	17.2
Home Birth	6	1.5	7	2.01	15	4.49	6	1.17	7	1.9
TOTALS	398		349		334		349		377	

Source: DCPHS Annual Reports, 2014, 2015, 2016, 2017, 2018

There are no hospitals with prenatal, maternity, and birthing services in Delaware County. Pregnant women find it necessary to travel outside of the county for their care. Table 1-15 shows that in 2014, 60% of live births occurred in Otsego County with more than 27% taking place at A.O. Fox Hospital in Oneonta, and more than 33% taking place at Bassett Hospital of Cooperstown. In 2015, 58.5% of live births occurred in Otsego County, and in 2016 that percentage was 57%. A.O Fox was the most centrally located hospital for all of Delaware County excluding the Southeastern and the Southwestern edges of the county. At the end of 2016, A.O. Fox Hospital closed its maternity and birthing services and the need for expecting mothers to travel even farther distances to receive prenatal care and to deliver grew. In 2017 and 2018, just under half of all births to residents of Delaware County took place in Otsego County. Figure 1-5 shows the distance to hospitals with birthing services, all of which are located outside of the county.

Table 1-16

Births By Town of Residence					
Town	2014	2015	2016	2017	2018
Andes	6	9	1	7	3
Bovina	3	3	1	3	2
Colchester	6	11	8	14	14
Davenport	37	30	29	26	24
Delhi	42	20	25	26	30
Deposit	14	11	17	19	17
Franklin	15	16	23	18	20
Hamden	13	5	5	8	14
Hancock	27	20	25	25	19
Harpersfield	4	5	2	4	9
Kortright	11	9	9	7	7
Masonville	6	11	8	13	13
Meredith	10	12	12	18	15

Middletown	30	17	20	13	25
Roxbury	22	12	13	14	22
Sidney	64	73	65	57	64
Stamford	36	23	22	19	27
Tompkins	3	6	4	7	4
Walton	48	56	45	51	48
Unknown	1	0	0	0	0
TOTALS	398	349	334	349	377

Source: DCPHS Annual Report 2014, 2015, 2016, 2017, 2018

Table 1-16 compares the number of births from 2014 through 2017 to mothers residing 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 1-17

Infant Mortality (per 1,000 live births) 2014-2016 (3-year average)

Age of Death	Number of Deaths	
	Del. Co.	NYS (exc. NYC)
Infant (less than 1 year)	3.6*	5
Neonatal	1.8*	3.6
Post-neonatal	1.8*	1.5

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

Source: New York State Community Health Indicator Reports (CHIRS)

Table 1-17 shows that infant mortality rates for Delaware County have fewer than 10 events in the numerators, making calculated rates unstable and precluding a comparison to Upstate NY.

Table 1-18

Child and Adolescent Health Indicators, 2014-2016

Indicator	Childhood Mortality – Per 100,000		
	1-4 Years	5-9 Years	10-14 Years
Delaware County Rate	0.0*	14.7*	29.9*
NYS Rate – exc. NYC	20.2	9.1	10.9
Sig. Dif.	No	No	No

*: Fewer than 10 events in the numerator; therefore the rate is unstable
 Source: New York State Community Health Indicator Reports (CHIRS)

Delaware County’s childhood mortality rates are not significantly different than the Upstate NY rates, but with fewer than 10 events in the numerator, the rate is unstable.

Table 1-19

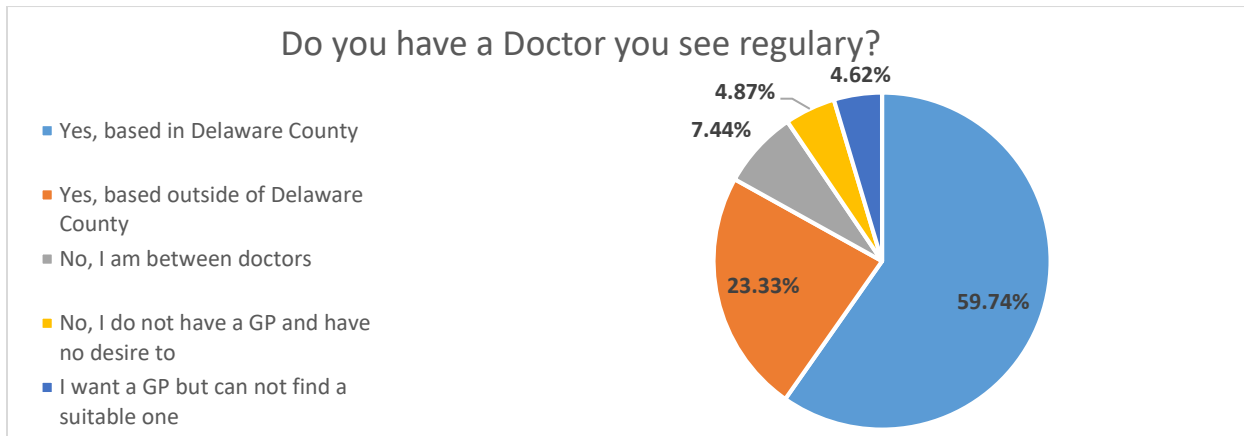
Primary Care Provider-Related Behaviors, 2016

Reported Health Care Behavior	Delaware County	NYS (exc. NYC)
Adults with regular health care provider	86.9%	84.4%
Cost prevented visit to doctor with in the past year (among adults)	8.5%	10.6%
Visited doctor for routine checkup with the past year (among adults)	70.0%	70.2%

Source: NYS Expanded Behavioral Risk Factor Surveillance System 2016 indicators

Table 1-19 shows age adjusted rates for primary care provider-related behaviors. Just over 86.9% of Delaware County adults report having a regular healthcare provider which is higher than the rate in New York State. This marks an improvement from the previous report, where fewer adults in Delaware County had a regular healthcare provider than adults in Upstate New York. A lower percentage of respondents reported cost as a barrier to seeking care when compared with the rest of the State.

Graph 1-24



Source: Delaware County Community Survey, 2019

The 2019 Community Survey had similar results to the BRFSS. About 83% of respondents to the survey have a general practitioner either in county or out of county that they see on a regular

basis. The survey also revealed cost to be more of a factor than demonstrated by the BRFSS: 18% of respondents said they needed medical care that they did not receive in the past year, and 32% of those attributed it to cost.

Table 1-20

Delaware County Causes of Death

Cause of Death	2014	2015	2016	2017	2018
Accidents	14	8	7	11	17
AIDS Related Illness	0	0	0	0	1
Alzheimer's	0	0	0	0	0
Cancer	105	105	119	77	92
Chronic Obstructive Pulmonary Disease (COPD)	40	42	26	16	41
Cirrhosis of the Liver	5	5	9	5	0
Congenital Anomalies	1	3	0	0	0
Dementia	36	26	18	18	26
Diabetes Mellitus	1	4	1	4	0
Drug Overdose	2	5	10	6	10
Gastritis, Enteritis, Colitis, Diverticulitis	1	2	3	1	4
Heart & Circulatory Diseases	155	135	210	160	163
Homicide & Legal Intervention	0	0	0	0	1
Multiple Organ Failure	5	5	7	5	8
Neurologic Disease	3	6	4	4	1
Pending Investigation (Sent for Autopsy)	1	4	0	2	1
Pneumonia/Diseases Pulmonary Circulation	41	67	16	55	46
Renal Failure	18	18	13	11	17
Septicemia	19	8	16	9	22
Suicide	9	5	13	7	7
Tuberculosis	0	0	0	0	0
All Other Causes	13	10	16	5	11
TOTAL DEATHS *Deaths are reported to the county in which a person resides.	469	458	488	396	468

Source: DCPHS Annual Reports: 2014, 2015, 2016, 2017, 2018

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.

Table 1-21

Delaware County Emergency Medical Services Summary

Agency	Type	Ambulance/First Responder	Paid/Volunteer	Certified First Responder	Emergency Medical Technician	Advanced EMT	Critical Care	Paramedic	Totals	Agency License Type/Level of Care
Andes	Fire	AMB	Vol		7				7	EMT
Bloomville	Fire	AMB	Vol		1	1	2	2	6	EMT-P
Bovina	Fire	AMB	Vol		6	1			7	AEMT
Davenport	Fire	FR	Vol	1	2			2	5	AEMT
Delhi	Fire	AMB	Vol		8		2	3	13	EMT-P
Downsville	Fire	AMB	Vol		5			3	8	EMT-P
East Meredith	Fire	FR	Vol		5				5	EMT
Franklin	Fire	AMB	Vol	1	8				9	EMT
Grand Gorge	Fire	AMB	Vol		7		1	1	9	EMT-P
Hancock	VAC	AMB	Paid		4		3	4	11	EMT-P
Hancock Fire	Fire	FR	Vol							EMT
Hobart	Fire	AMB	Vol		3	1	1		5	EMT-CC
Margaretville	Hospital	AMB	Paid	0	9	0	1	6	16	EMT-P
Meridale	Fire	AMB	Vol		7				7	EMT
Pindar's Corners	Fire	FR	Vol							EMT
Roxbury	Fire	AMB	Vol		7				7	EMT
Sidney Fire	Fire	FR	Vol		2				2	EMT

Sidney	NFP	AMB	Paid		18	2	5	8	33	EMT-P
Stamford Fire	Fire	FR	Vol		6			1	7	AEMT
Treadwell	Fire	AMB	Vol		4			2	6	EMT
Trout Creek					1				1	EMT
Walton	Fire	AMB	Vol		19		1	1	21	EMT-P

Source: Delaware County Emergency Medical Services

Table 1-21 summarizes the status of Emergency Services in Delaware County. While Delaware County Emergency Services does not provide oversight directly to the agencies themselves, county EMS provides oversight to the EMS Mutual Aid Plan. As shown, only 4 of 22 (18%) programs which responded to a 2018 survey have paid staff while the rest are volunteers, and nearly 87% of emergency medical providers represented here are volunteers. These numbers are higher than national averages. A national survey conducted of local EMS providers across the US showed an average of 53% of isolated small rural EMS providers are staffed solely by volunteers. A high volunteer workforce can create challenges in rural counties like Delaware, where there can be great distances between communities. Volunteer emergency personnel may have jobs or other obligations which can slow response times. Lack of funding and paid support can create challenges with high levels of advanced care certifications. In Delaware County, only 3 EMS programs have personnel with Advanced EMT Certification, which includes additional instruction in procedures such as administering intravenous fluids or certain medications. Six programs report a total of 10 EMTs with Critical Care Certification, which is the level required to administer Advanced Life Support (ALS).

Nine of 22 programs (40.9%) report having Paramedics, the highest level of EMS certification. Just one of those programs have paid staff. This means that individuals at the highest level of EMS certification are utilizing those skills on a voluntary basis, and may not always be available when needed. It should be noted, however, that individuals may achieve a higher certification than their agency is certified to provide by the New York State Department of Health Bureau of Emergency Medical Services (BEMS). Thus, when they are working under their agency, emergency medical personnel can provide the highest level of care they are certified to provide, granted it is not above the agency's.

Section II: New York State Prevention Agenda Priority Areas

A. Prevent Chronic Diseases

Table 2a-1
Heart Disease and Stroke Indicators, 2014-2016 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	112.9	235	132.5	222.5
NYS Rate – exc NYC	129.6	221.4	99.3	167.7
Sig Dif	Yes	Yes	Yes	Yes

Source: New York State Community Health Indicator Reports (CHIRS)

Table 2a-2
Heart Disease and Stroke Indicators, 2014-2016 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	82.7	190.1	111.1	190.9
NYS Rate – exc NYC	86.7	177.2	81.6	139.4
Sig Dif	No	Yes	Yes	Yes

Source: New York State Community Health Indicator Reports (CHIRS)

Table 2a-3
Heart Disease and Stroke Indicators, 2014-2016 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	28.8	135.4	86	139.9
NYS Rate – exc. NYC	29.6	124.3	60.7	101.7
Sig Dif	No	Yes	Yes	Yes

Source: New York State Community Health Indicator Reports (CHIRS)

Delaware County hospitalization rates for heart disease are lower than Upstate New York rates. Of special significance are the pretransport mortality rates for Delaware County. (See Tables 2a-

1, 2a-2 & 2a-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 with limited numbers of Advanced Life Support certification. This creates delays in response time among emergency personnel. Lack of recognition of cardiac symptoms and individuals living without a caregiver may be factors inhibiting a person's request for 911 services.

Cardiovascular disease includes the heart as well as all of the blood vessels in the body, while disease of the heart is specific to the heart, and includes coronary heart disease, heart failure, valve abnormalities, and abnormal heart rhythms. Coronary heart disease is a disease specific to the heart's major blood vessels. Cardiovascular disease includes codes for both disease of the heart and coronary heart disease.

**Table 2a-4
Heart Disease and Stroke Indicators, 2014-2016 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	25.8	16	3.6*	15.1
NYS Rate – exc NYC	22.8	16.9	3.1	13.9
Sig Dif	Yes	Yes	No	No

*: Fewer than 10 events in the numerator; therefore the rate is unstable
Source: New York State Community Health Indicator Reports (CHIRS)

**Table 2a-5
Heart Disease and Stroke Indicators, 2014-2016 Delaware County**

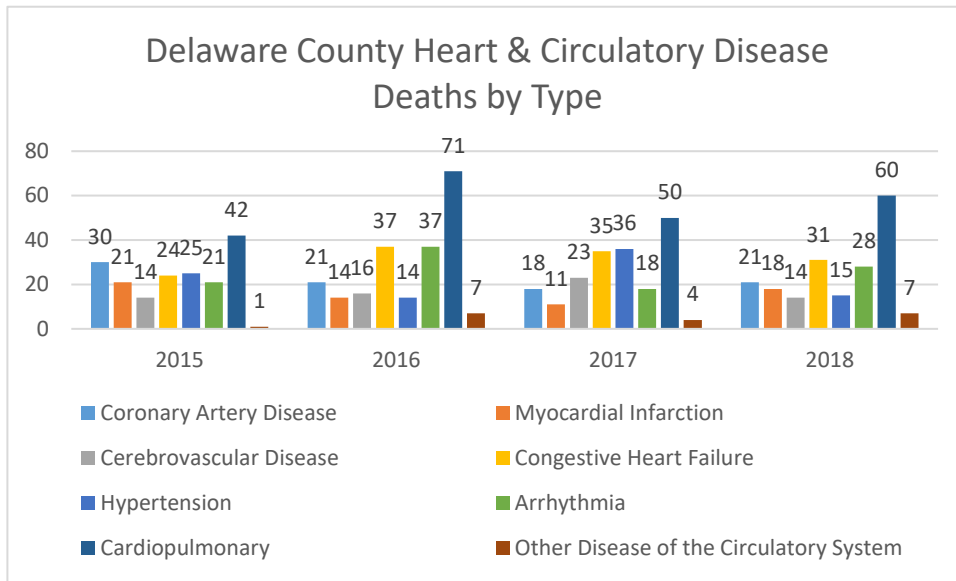
Indicator	CEREBROVASCULAR DISEASE (STROKE)			
	Hospitalization Per 10,000 (age-adjusted)	MORTALITY RATES - Per 100,000		
		Age Adjusted	Premature death (ages 35-64)	Pretransport mortality
County Rate	16.4	30.2	14.3*	12.9
NYS Rate – exc NYC	22.9	28.6	10.1	16.9
Sig Dif	Yes	Yes	No	No

*: Fewer than 10 events in the numerator; therefore the rate is unstable
Source: New York State Community Health Indicator Reports (CHIRS)

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 2a-3 may be contributing to these rates. On a larger scale, obesity, poor nutrition, lack of physical activity, smoking, high blood pressure, and inadequate health care coverage are all factors that contribute to diseases of

the heart and circulatory system.

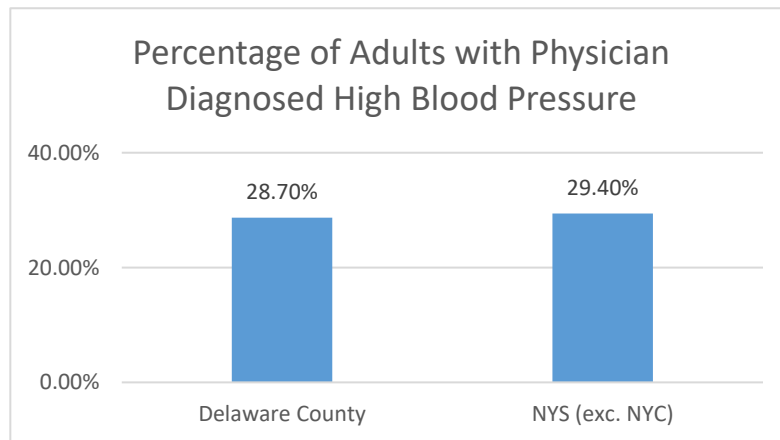
Graph 2a-1



Source: DCPHS Annual Reports: 2015, 2016, 2017, 2018

Graph 2a-1 shows cardiopulmonary disease due to aging as the leading cause of heart-related deaths in Delaware County from 2015 through 2018. Other leading causes of death from heart and circulatory disease include congestive heart failure, hypertension, and arrhythmia. Heart and circulatory disease deaths accounts for a high number of mortalities in Delaware County.

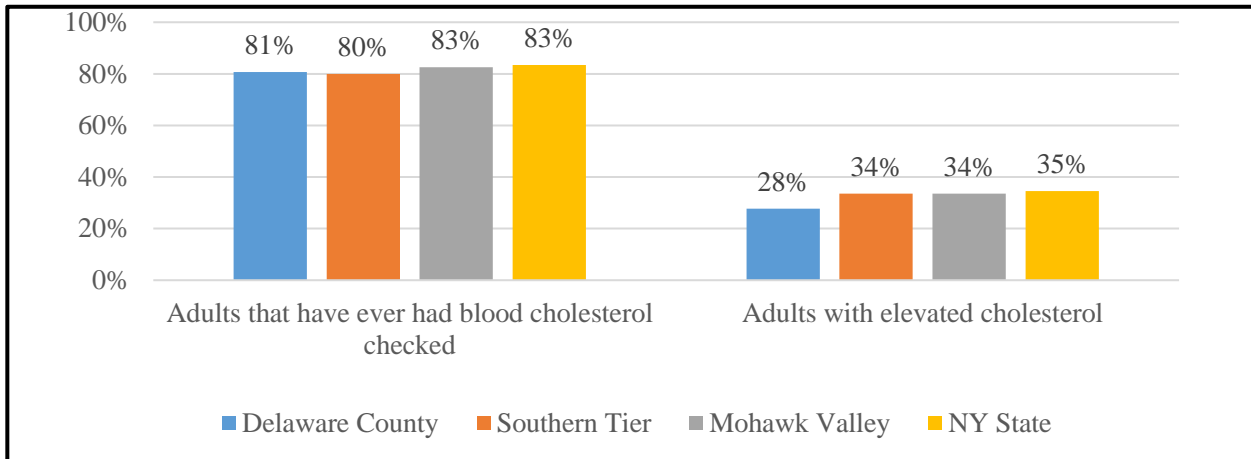
Graph 2a-2



Source: BRFSS, 2016

Graph 2a-3

Adults with Elevated Blood Cholesterol, 2013-14

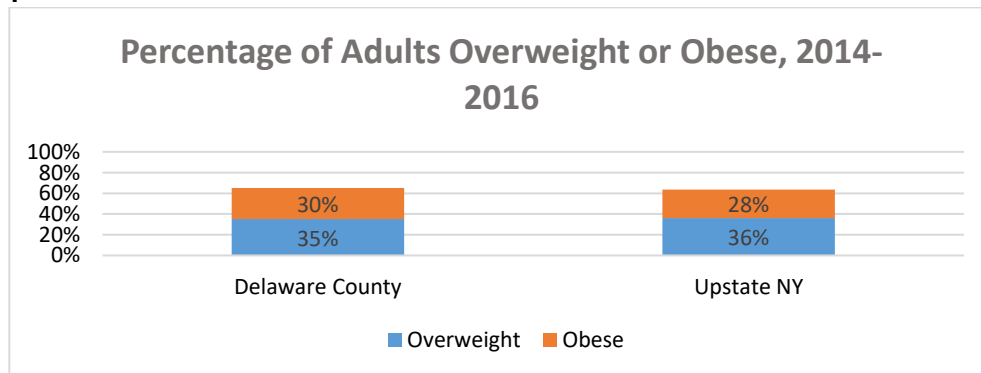


Source: BRFSS, 2013-2014

When compared to NYS, slightly less Delaware County adults were told by a physician they have high blood pressure (Graph 2a-2). Compared to New York State and the Mohawk Valley region, a slightly lower percentage of adults in Delaware County had their cholesterol screened (Graph 2a-3).² Poor medical coverage, lapses in medical coverage, poor prescription coverage, lack of transportation to medical visits, and poor health education may contribute to these rates. Delaware County needs to continue to work on addressing chronic diseases prevention. 2016 data has not yet been made available for these two indicators at the time of writing.

Obesity, Physical Activity and Nutrition

Graph 2a-4



Source: New York State Community Health Indicator Reports (CHIRS)

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

Delaware County has a lesser percentage of adults with a BMI of 25-30% (overweight), but a higher rate of adults with a BMI of 30+ (obese) than Upstate NY.

Table 2a-6

Obesity Data 2014-2016		
Indicator	Delaware County	NYS Excluding NYC
All Students: Pre-K through 10th grade. Overweight or obese. >85th Percentile	34.1%	33.8%
Pre-K, K, 2 nd , 3 rd , and 4th grades. Overweight or obese. >85th Percentile	33.3%	32.2%
Middle and High School Students (7th and 10th grades). Overweight or obese. >85th percentile	34.2%	35.8%
% of pregnant women in WIC who were pre-pregnancy obese (BMI>30), 2010-2012	30.4%	28.0%

Source: New York State Community Health Indicator Reports (CHIRS)

Delaware County has a higher percentage of overweight or obese children in elementary school, but not in middle and high school, when compared to Upstate NY. The percentage of pregnant women who are pre-pregnancy obese is also greater than Upstate NY. The NYS Prevention Agenda 2017 Objective for children and adolescents who are obese is 16.7%, while Delaware County's obesity rate is 19.3%. Given these differences, it is clear childhood obesity is an important health indicator and should be considered. Figure 2a-1 (below) 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 2014-2016

Delaware County School District Map

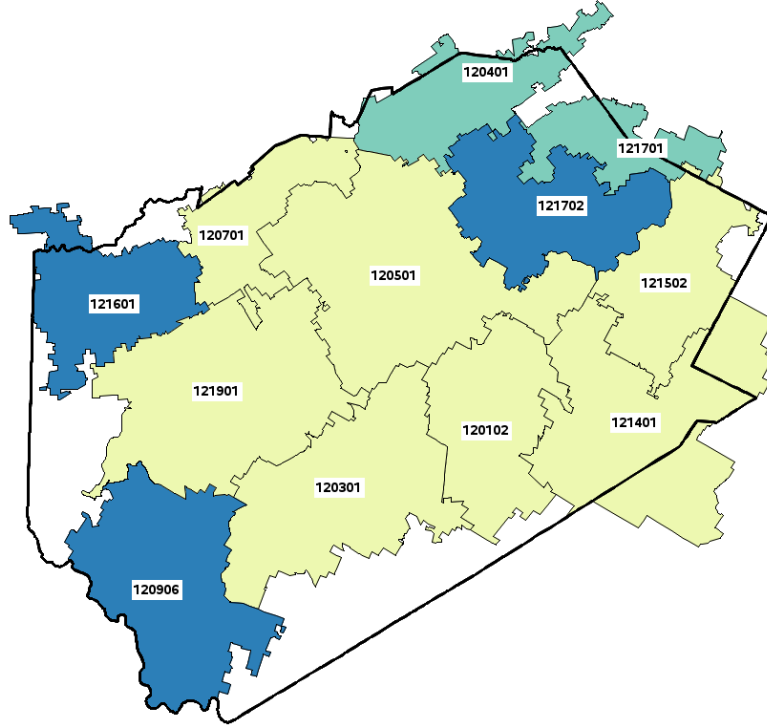
Children and adolescents obesity rate

Delaware County - 17.3

New York State (Excl NYC) - 17.3

Quartile (Q) Distribution (Excl NYC)

- 0 < 17.6 : Q1 & Q2
- 17.6 -< 21.5 : Q3
- 21.5+ : Q4

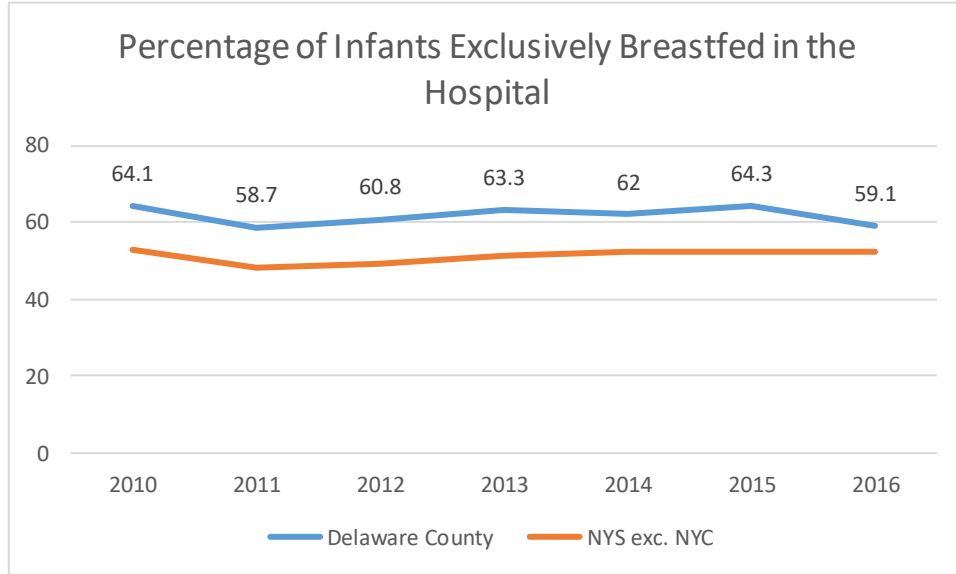


School District Code	School District Name	Percentage Obese
120102	Andes Central School District	0.0*
120401	Charlotte Valley Central School District	29.1
120501	Delhi Central School District	13.3
120301	Downsville Central School District	21.2
120701	Franklin Central School District	0.0*
120906	Hancock 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
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*Fewer than 10 events in the numerator, therefore the rate/percentage is unstable.
 Source: NYS Prevention Agenda Dashboard, 2012-2014

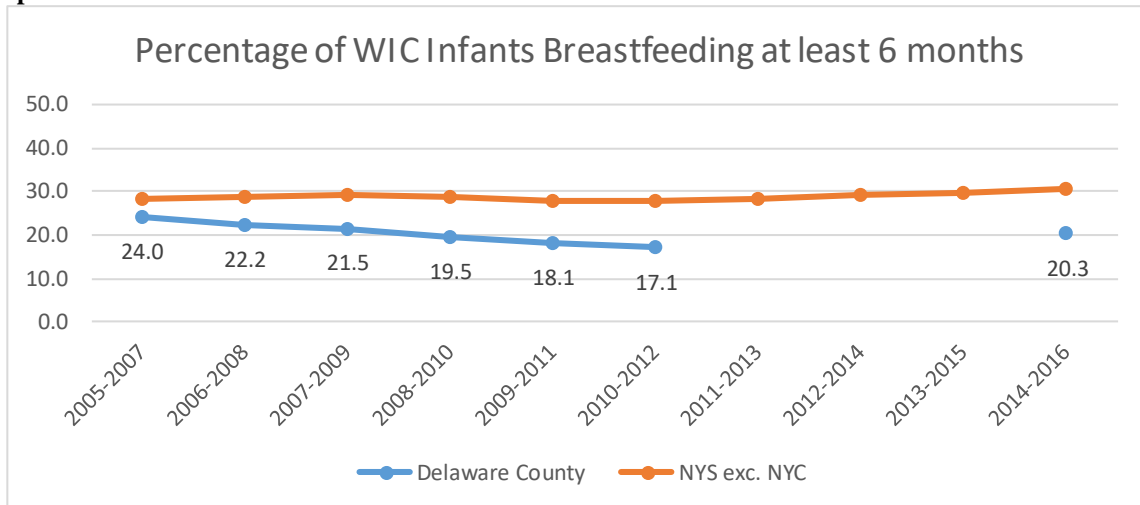
Graph 2a-5



Source: New York State Community Health Indicator Reports (CHIRS)

Delaware County has exceeded the NYS Prevention Agenda goal of 48.1% of infants being exclusively breastfed at the hospital (Graph 2a-5) with 59.1% of infants exclusively breastfed in the hospital in 2016. Although this is still above the Prevention Agenda goal, there has been a downward trend in hospital breastfeeding rates in Delaware County in recent years.

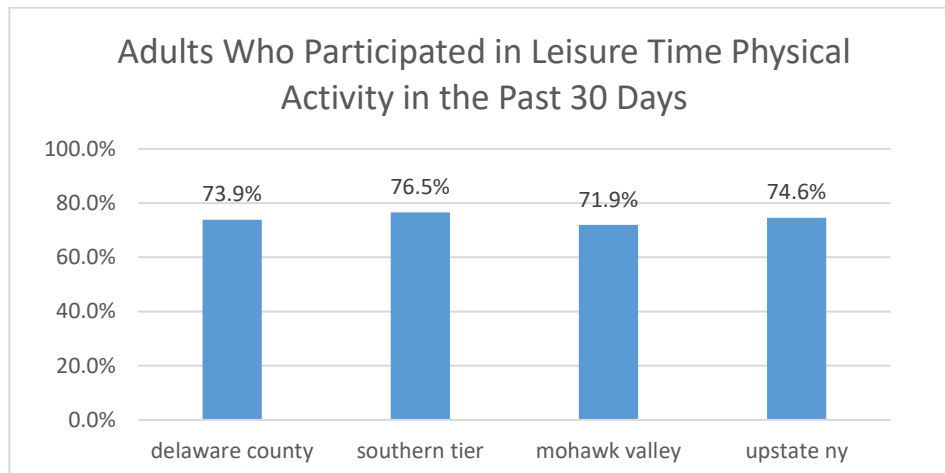
Graph 2a-6



Source: New York State Community Health Indicator Reports (CHIRS)
*Break in the graph indicates no data available

Women, Infants, and Children (WIC) is a program designed to assist low-income mothers with healthy habits. Graph 2a-6 demonstrates that breastfeeding rates until the infant reaches 6 month of age decreased among WIC participants in Delaware County until around 2012. While data are not available between for 2011-2013, 2012-2014, and 2013-2015, the data show an increase at some point for 2014-2016. This aligns with an upward trend in NYS (excluding NYC) for the same time period.

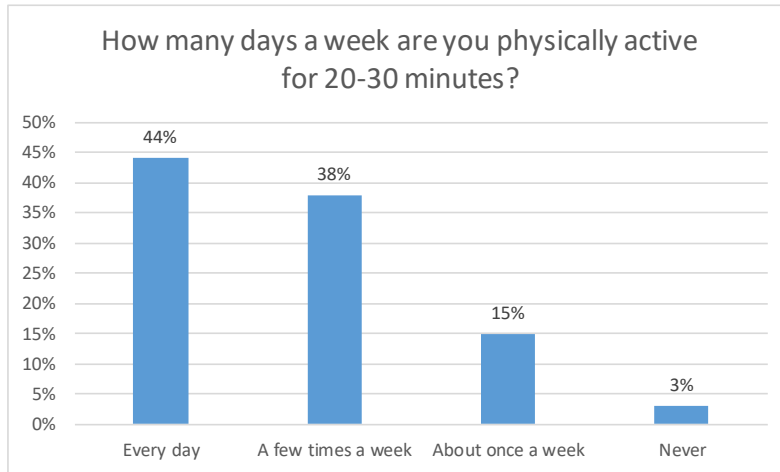
Graph 2a-7



Source: BRFSS, 2016

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

Graph 2a-8



Source: Delaware County Community Survey

Graph 2a-8 shows that the vast majority of survey respondents are active at least once a week, and about 45% are active every day. This question considered physical activity to be both voluntary exercise and work-related physical activity.

Table 2a-7

Delaware County Diabetes Indicators, 2014-2016

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	176.3	13.9	21.6
NYS Rate – exc. NYC	209.9	15.9	17
Sig Dif	Yes	Yes	Yes

Source: New York State Community Health Indicator Reports (CHIRS)

Delaware County’s diabetes hospitalization rates are significantly lower than Upstate NY, but mortality rates are significantly higher. This decrease in hospitalization rates marks an improvement from the previous Community Health Assessment when Delaware County hospitalization rates were higher than the state.

Cancer

Table 2a-8

Delaware County Cancer Incidence by Gender, 2012-2016

Site of cancer	Incidence			
	Males		Females	
	Avg. Annual Cases	Rate per	Avg Ann	Rate per
All Invasive Malignant Tumors	173.6	490.3	164.4	469.8
Oral cavity and pharynx	8.6	23.8	3	10.6
Esophagus	3.6	9.4	.4	.9
Stomach	2.2	5.6	1	2.7
Colorectal	17.6	50.8	14.6	37.9
Colon excluding	11.4	34.9	10.4	26.5
Rectum &	6.2	15.9	4.2	11.4
Liver/intrahepatic bile duct	4.0	10.2	0.6	2.5
Pancreas	4.0	10.6	4.0	10.5
Larynx	2.8	7.5	.4	1.3
Lung and bronchus	28.8	78.6	23.4	62.1
Melanoma of the skin	8.2	25.3	6.0	18.9
Female breast			38.6	108.0
Cervix uteri			1.0	3.3
Corpus uterus and NOS			13.4	39.5
Ovary			5.6	15.9
Prostate	31.8	82.3		
Testis	1.8	9.6		
Urinary bladder (incl. in situ)	16.2	45.5	5.4	13.3
Kidney and renal pelvis	6.2	19.4	5.0	14.3
Brain and other nervous system	1.4	4.4	2.2	8.0
Thyroid	2.0	8.0	5.8	25.2
Hodgkin lymphoma	0.4	1.4	1.2	5.2
Non-Hodgkin lymphomas	6.6	17.9	6.8	17.5
Multiple myeloma	3.2	8.8	3.2	7.5
Leukemias	6.6	21.5	5.4	15.6

Source: NYSDOH, New York State Cancer Registry, 2012-2016

According to Table 2a-8, 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 as the second most common types of cancer. The third is uterine for women colorectal for men. The fourth leading incidence for males is urinary bladder and colorectal for females. There is much higher incidence of various types of cancer among males than females: males have more than double the oral cancer; 10 times the rate of esophageal; double the stomach cancer; almost 7 times the larynx; almost 5 times the melanoma; almost 4 times the bladder; and 16.5 times higher rate of lung cancer and 6 times higher rate for leukemia. Females, on the other hand, have almost double the brain cancer rate and 17 times a higher rate of thyroid cancer.

Table 2a-9

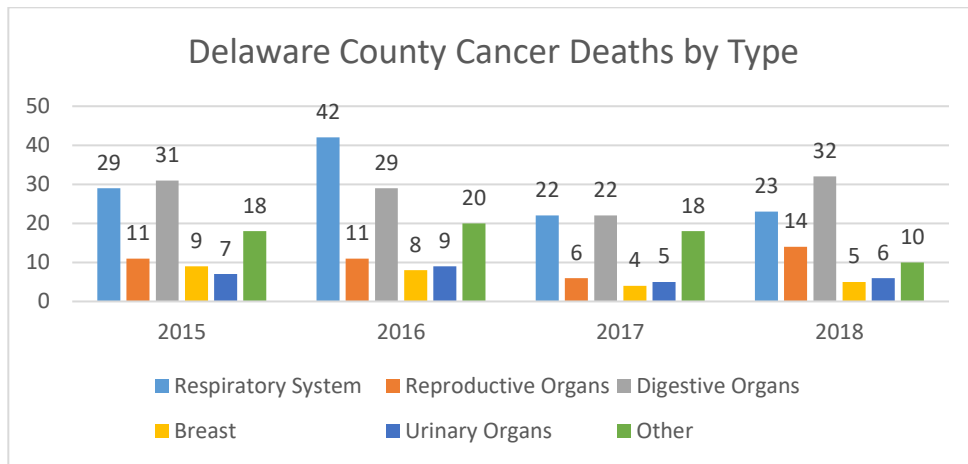
Delaware County Cancer Mortality by Gender, 2012-2016

Site of cancer	Mortality			
	Males		Females	
	Avg Ann Deaths	Rate per 100,000	Avg Ann Deaths	Rate per 100,000
All Invasive Malignant Tumors	65.6	185.0	56.8	143.7
Oral cavity and pharynx	1.6	4.2	1.0	3.1
Esophagus	3.2	8.9	1.2	2.8
Stomach	0.6	1.5	0.4	1.0
Colorectal	5.6	16.0	4.6	10.6
Colon excluding rectum	4.2	12.0	3.8	8.7
Rectum & rectosigmoid	1.4	4.1	0.8	1.8
Liver/intrahepatic bile duct	2.8	6.9	0.6	1.4
Pancreas	4.2	12.1	2.4	5.8
Larynx	1.0	2.7	0.0	0.0
Lung and bronchus	21.2	57.4	15.0	38.2
Melanoma of the skin	0.8	2.3	0.2	0.5
Female breast			7.8	19.8
Cervix uteri			0.4	0.9
Corpus uterus and NOS			1.2	3.0
Ovary			4.0	10.0
Prostate	6.0	18.4		
Testis	0.0	0.0		
Urinary bladder (incl. in situ)	3.0	8.5	0.8	2.3
Kidney and renal pelvis	1.4	3.5	1.2	2.6
Brain and other nervous system	1.0	3.3	1.6	4.9
Thyroid	0.0	0.0	0.0	0.0
Hodgkin lymphoma	0.0	0.0	0.8	2.5
Non-Hodgkin lymphomas	2.2	6.1	2.0	4.6
Multiple myeloma	0.6	2.0	1.6	4.0
Leukemias	3.0	9.5	2.6	7.1

Source: NYSDOH, New York State Cancer Registry, 2012-2016

Per Table 2a-19, lung cancer is the leading cause of cancer death among men and women 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. 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. Cancer statistics further reinforce the need for chronic disease prevention measures as a priority in Delaware County.

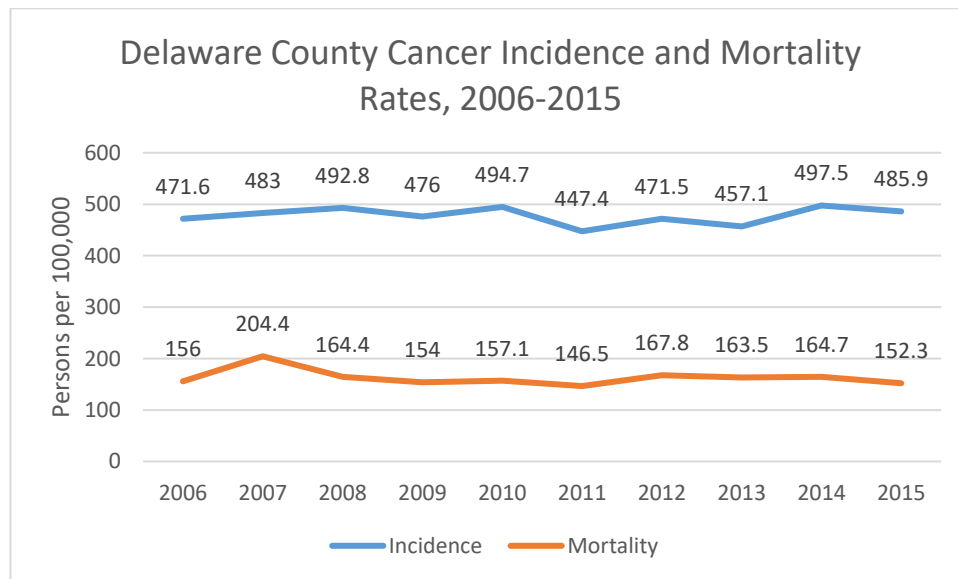
Graph 2a-9



Source: Delaware County Public Health Services Annual Report 2015, 2016, 2017, 2018

Cancers of the respiratory system and digestive organs were the leading cause of mortality among cancers 2015-2018 in Delaware County. In 2017, there were about equal rates of respiratory and digestive cancer deaths, with deaths from cancer of the digestive organs surpassing respiratory cancer in 2018.

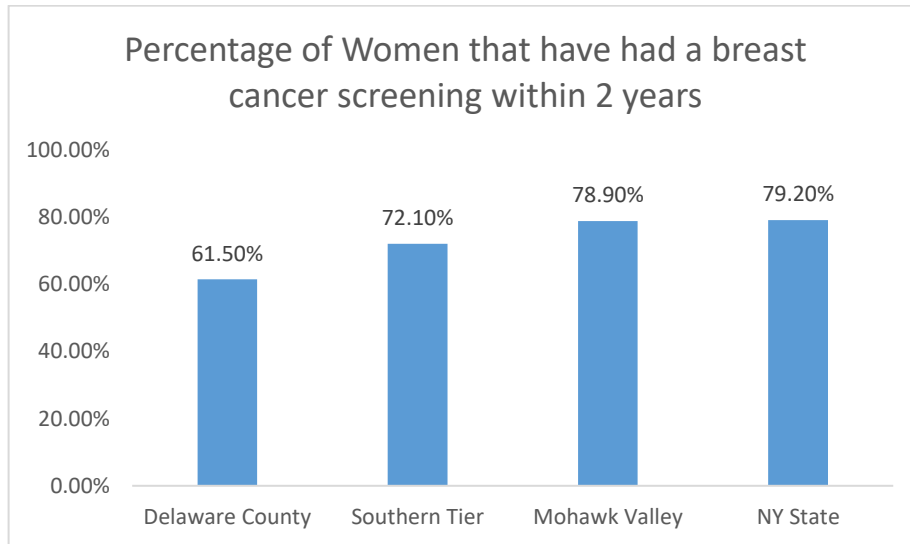
Graph 2a-10



*Note: Rates are per 100,000, age-adjusted to the 2010 US Standard Population
 Source: New York State Community Health Indicator Reports (CHIRS)

Incidence rates of cancer saw a sharp spike in 2014 after a mostly downward trend, followed by a decrease again in 2015. Mortality rates have remained relatively steady in the last few years.

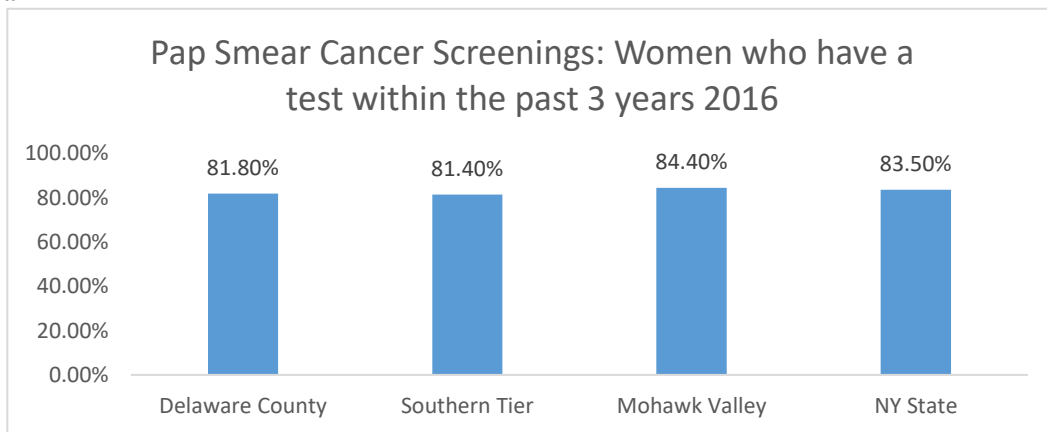
Graph 2a-11



Source: BRFSS, 2016

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 much lower than the Southern Tier and Mohawk Valley regions, and New York State as a whole (Graph 2a-11). Although breast screenings are much less frequent among the female older adult population in Delaware County, breast cancer is the second leading cause of cancer-related deaths among female Delaware County residents

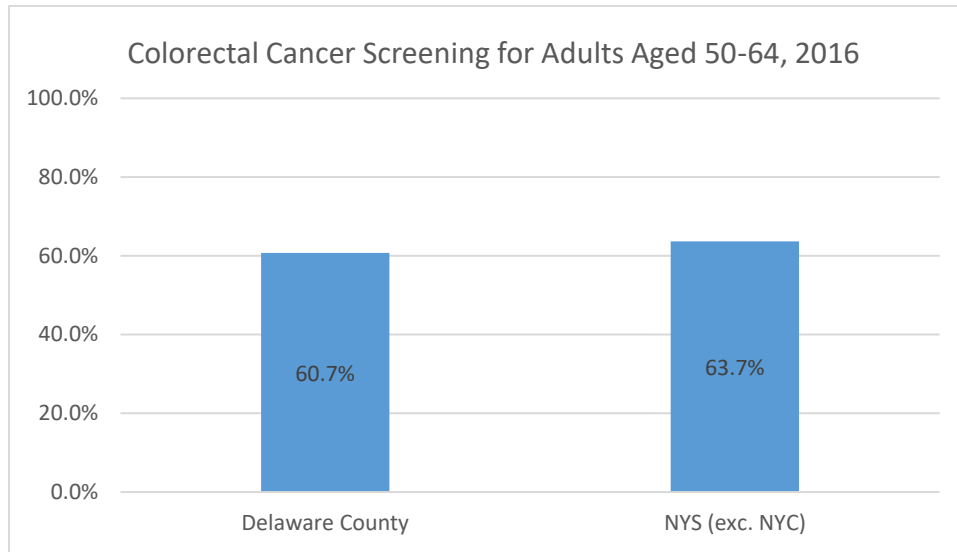
Graph 2a-12



Source: BRFSS, 2016

Delaware County has slightly lower cervical cancer screening rates than the Mohawk Valley region as well as NY State as a whole (Graph 2a-12), but a slightly higher rate than the rest of the Southern Tier.

Graph 2a-13



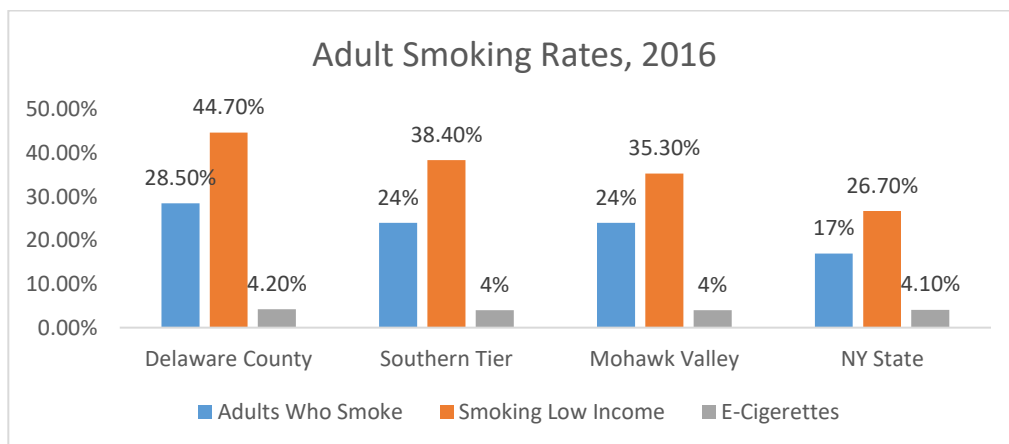
Source: eBRFSS, 2016

*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 slightly lower in Delaware NYS excluding NYC (Graph 2a-13). Neither are achieving the NYS Prevention Agenda 2018 goal of 80% of adults aged 50-75 receiving colorectal cancer screening based on the most recent guideline\

Tobacco

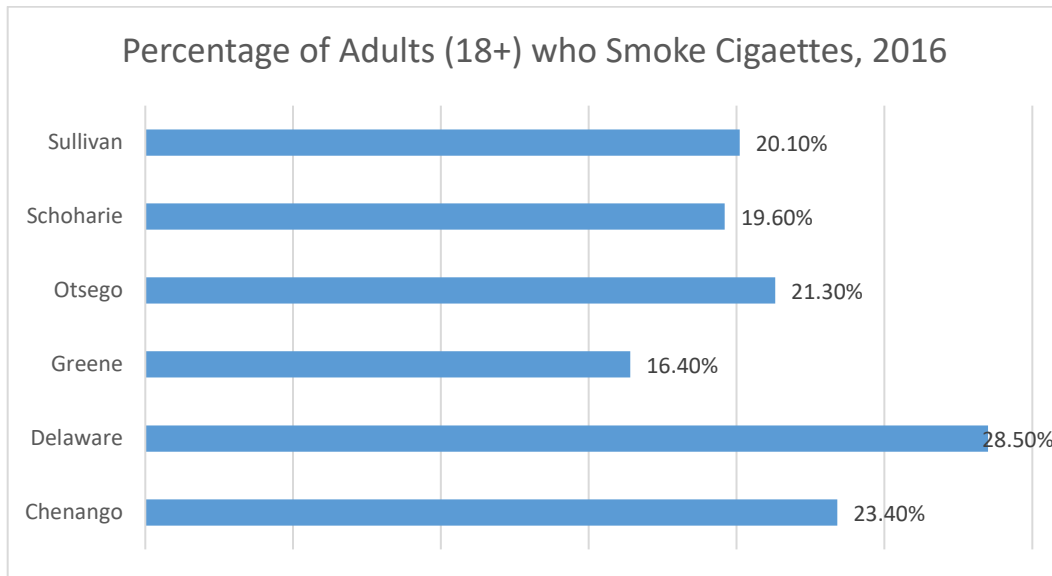
Graph 2a-14



Source: BRFSS, 2016

Delaware County has a greater percentage of adults who smoke compared to New York State, and the Southern Tier and Mohawk Valley regions (Graph 2a-14). The rate is also much greater than the NYS Prevention Agenda 2018 Objective of 12.3%. When adult smoking rates are isolated among low-income residents, the disparity between Delaware County and the Southern Tier, Mohawk Valley, and NYS is even more apparent.

Graph 2a-15



Source: BRFSS

When comparing the individual county-level smoking rates of the five surrounding counties, Delaware County continues to have the highest rate of adult smokers in the region (Graph 2a-15).

Table 2a-10

Respiratory Diseases Indicators, 2014-2016

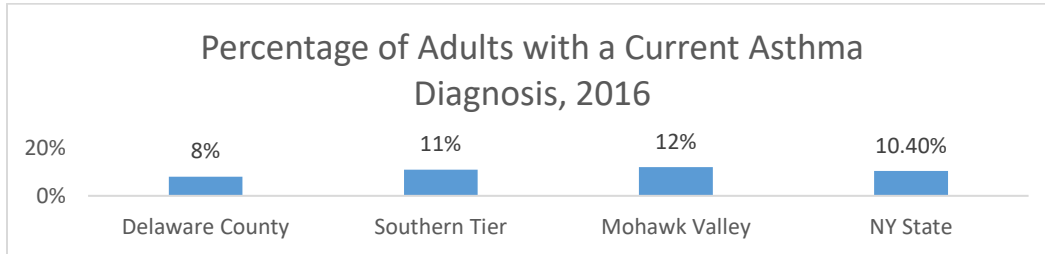
Indicator	Chronic Lower Respiratory Disease		Asthma	
	Hospitalization per 10,000 (age-adjusted)	Mortality per 100,000 (age-adjusted)	Hospitalization per 10,000 (age-adjusted)	Mortality per 100,000 (age-adjusted)
County Rate	21.8	54.5	2.6	1.1*
NYS Rate – exc NYC	27.6	28.9	11.4	1.3
Sig Dif.	Yes	Yes	Yes	Yes

Source: New York State Community Health Indicator Reports (CHIRS)

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

Significantly less people are hospitalized, but mortality rates are significantly higher for Chronic Lower Respiratory Disease in Delaware County when compared to New York State. Asthma hospitalization rates are significantly lower than the New York State rate. Asthma mortality rates are unstable for the county.

Graph 2a-16



Source: eBRFSS, 2016

Table 2a-11

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
Total Population- (age adjusted)	8.9	10.9	Yes

Source: New York State Community Health Indicator Reports (CHIRS)

Both Graph 2a-16 and Table 2a-11 indicate that Delaware County older adult asthma hospitalization rates are lower than Upstate NY. The only significant difference in asthma hospitalizations occur in the 65+ age bracket. The data have been suppressed among all age brackets for 2012-2016.

B. Promote Well-Being and Prevent Mental and Substance Use Disorders

In 2018, an estimated 47.6 million adults aged 18 or older (19.1 percent) had any mental illness (AMI) in the past year. An estimated 4.6% of all US adults had serious mental illness (SMI) in the past year. Individuals experiencing mental illness often have multiple mental disorders, co-occurring substance use disorders, have a substantially elevated risk for suicide, and are at increased risk for homelessness and involvement with the criminal justice system. Yet, despite the well-documented health and social impacts of mental health issues on individuals, families, and communities, only a fraction of individuals with these disorders receive the evidence-based care they need.

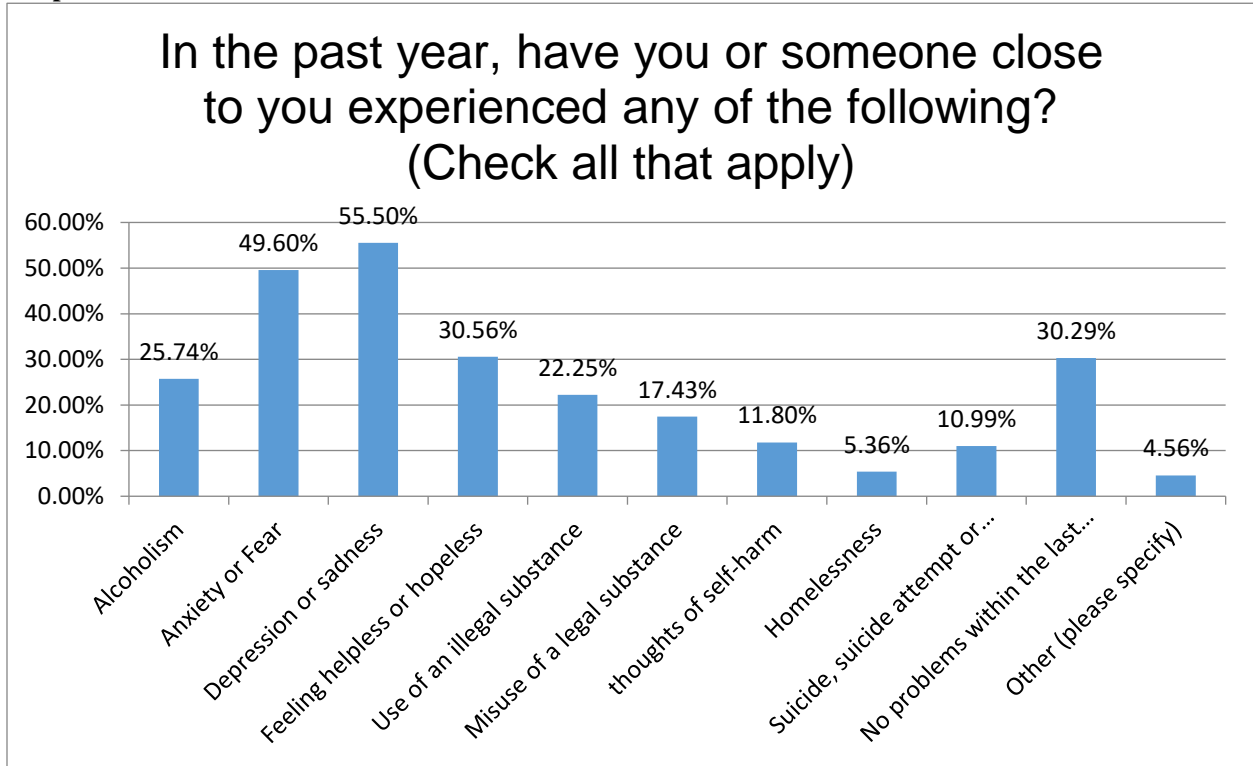
Approximately 358,000 adolescents (1.5 percent of all adolescents) had a substance use disorder and a major depressive episode in 2018, while an estimated 9.2 million adults aged 18 or older (3.7 percent of all adults) had both any mental illness and substance use disorder in the past year.

Triggers for co-occurring diagnoses of mental illness and substance use disorder include toxic stress, biological vulnerability, or self-medication. Only a little over 50% of adults with any mental illness and a substance use disorder received treatment for one or the other in 2018, with about 5% receiving treatment for both (SAMHSA, Key Substance Use and Mental Health Indicators in the United States, 2018).

The National Survey on Drug Use and Health (NDUH) estimates show that more than 1.3 million New Yorkers (7.7%) suffer from a substance use disorder (SAMHSA, National Survey on Drug Use and Health, 2015-2017).

In 2017, more than 47,000 people in the United States died by suicide, and increase of more than 9,000 in 2011 (SAMHSA, Key Substance Use and Mental Health Indicators in the United States, 2018). For comparison, 19,510 people died by homicide in 2018 (CDC, FastStats).

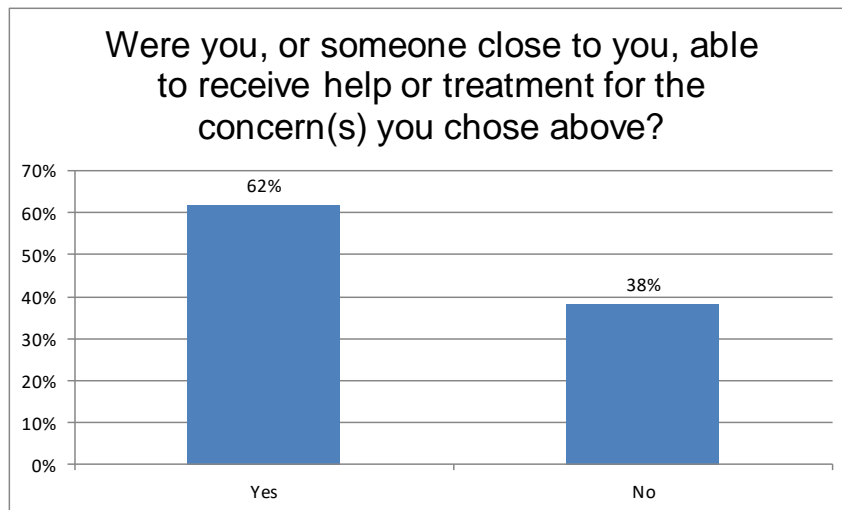
Graph 2b-1



Source: Delaware County Community Survey, 2019

Graph 2b-1 illustrates, 70% of survey respondents reported mental health issues with either themselves or someone close to them in the past year. This need contrasts with the limited availability of mental health services throughout the county.

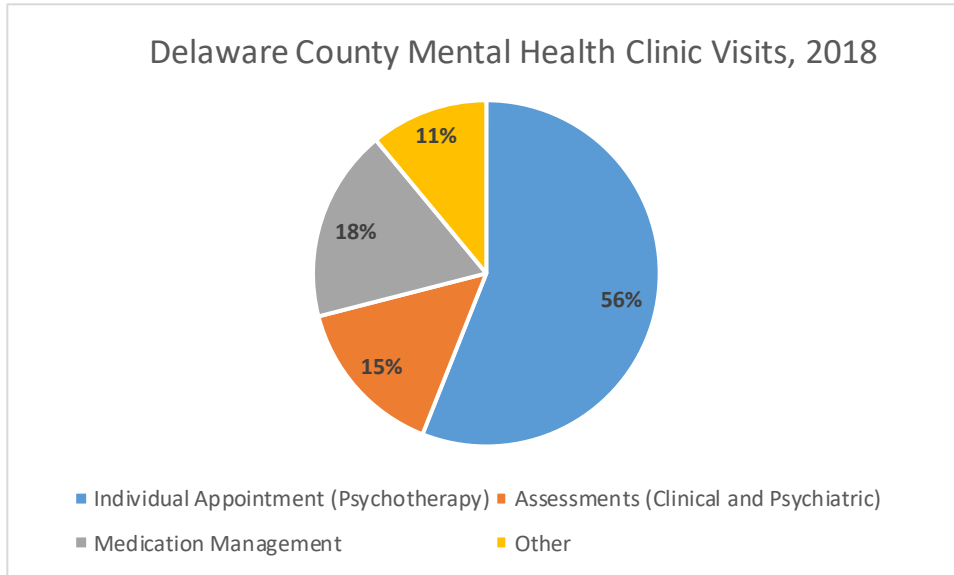
Graph 2b-2



Source: Delaware County Community Survey, 2019

Although 70% of survey respondents reported a mental health issue, almost 40% were unable to receive treatment. Survey respondents reported barriers to accessing treatment as including stigma, embarrassment, and denial, transportation, and lack of mental health providers.

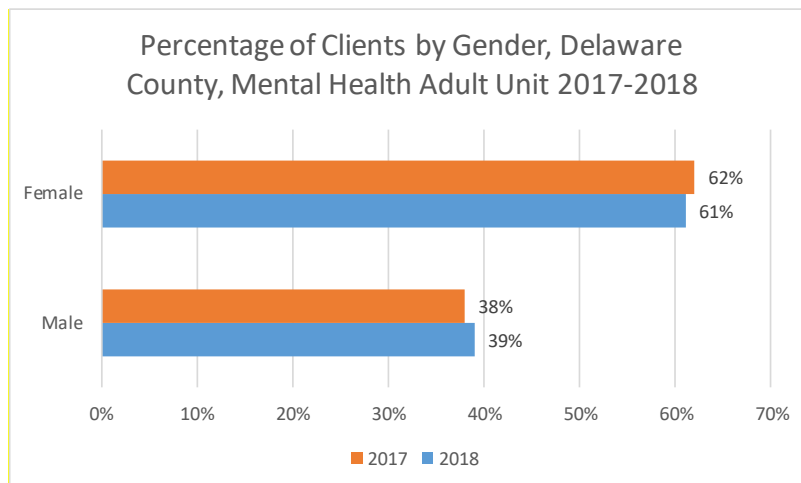
Graph 2b-3



Source: Delaware County Department of Mental Health Annual Report, 2018

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 2018. Medication management and assessments are 18% and 15% respectively. The other category, which includes group therapy, family sessions, and crisis interventions make up the remaining 11% (Graph 2b-3).

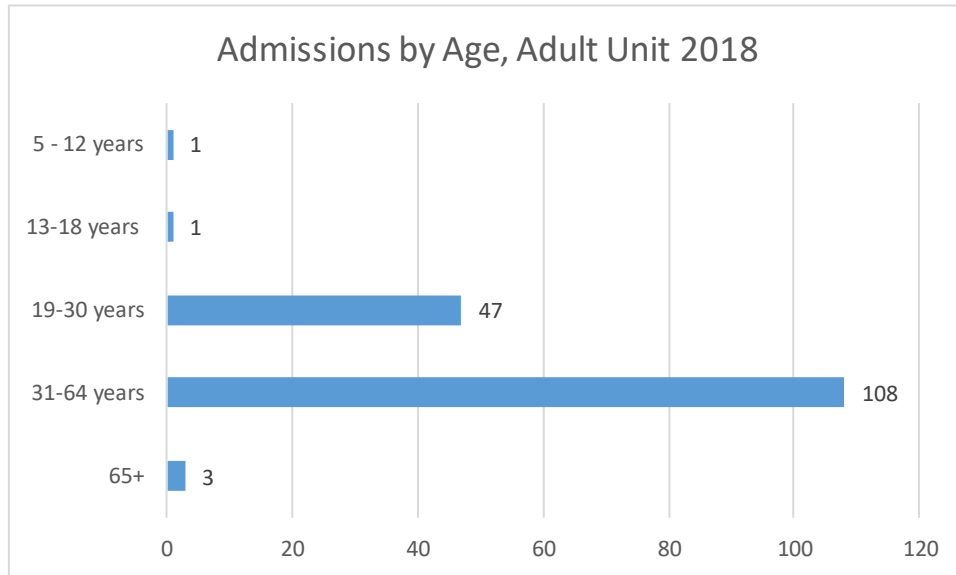
Graph 2b-4



Source: Delaware County Department of Mental Health Annual Reports (2017, 2018)

According to Graph 2b-4, a greater number of females than males in Delaware County are accessing Mental Health Clinic services in the Adult Unit. A large portion of individuals attending the clinic are seeking psychotherapy, as evidenced by graph 2b-3.

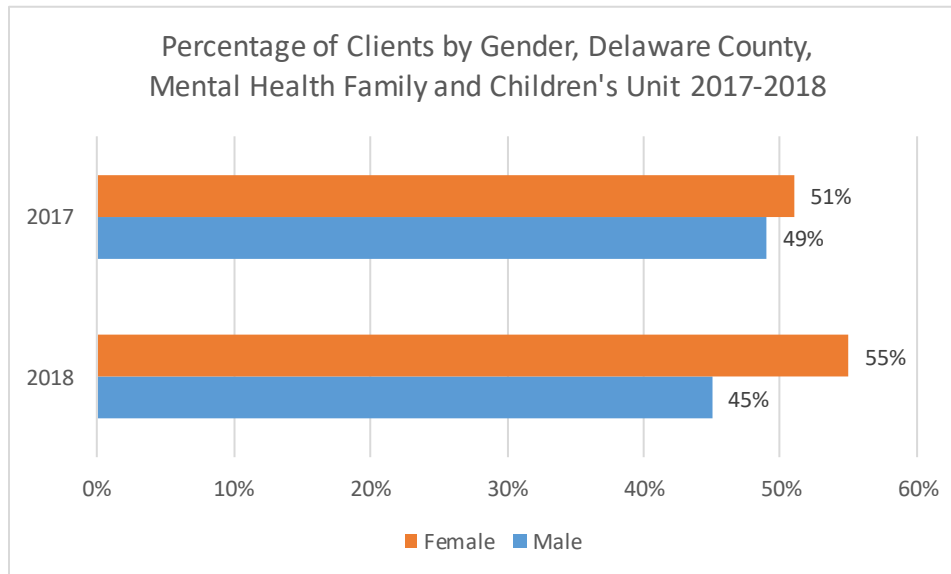
Graph 2b-5



Source: Delaware County Department of Mental Health Annual Reports (2018)

A total of 160 clients were admitted in 2018. Most of the patients admitted into the Adult Unit are adults ages 31-64.

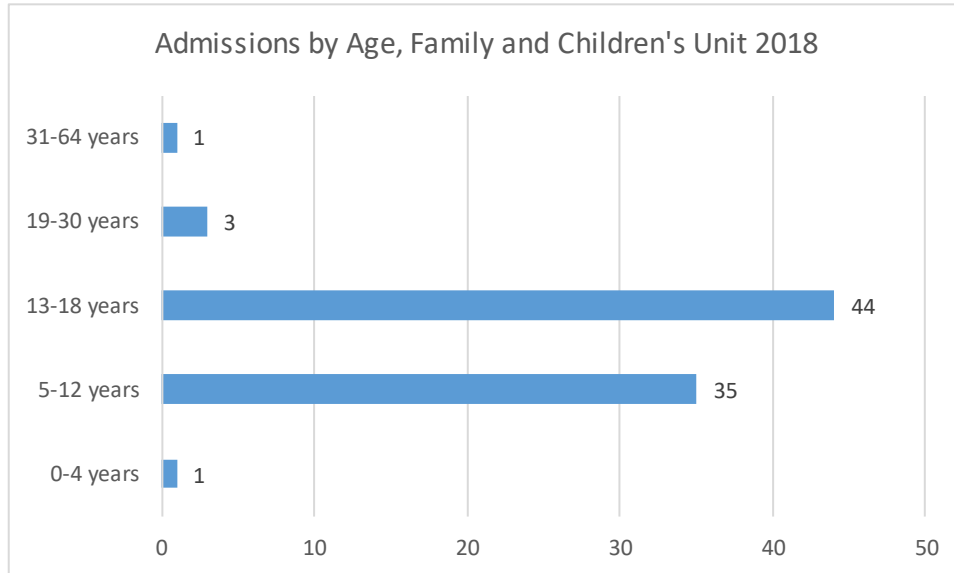
Graph 2b-6



Source: Delaware County Department of Mental Health Annual Reports (2017,2018)

In 2017 and 2018, more females than males were seen for mental health services at the Family and Children’s Unit. Although the percent distribution was about equal in 2017, the gap has widened in 2018. This gender gap, however, remains smaller than in the Adult Unit (Graph 2b-6).

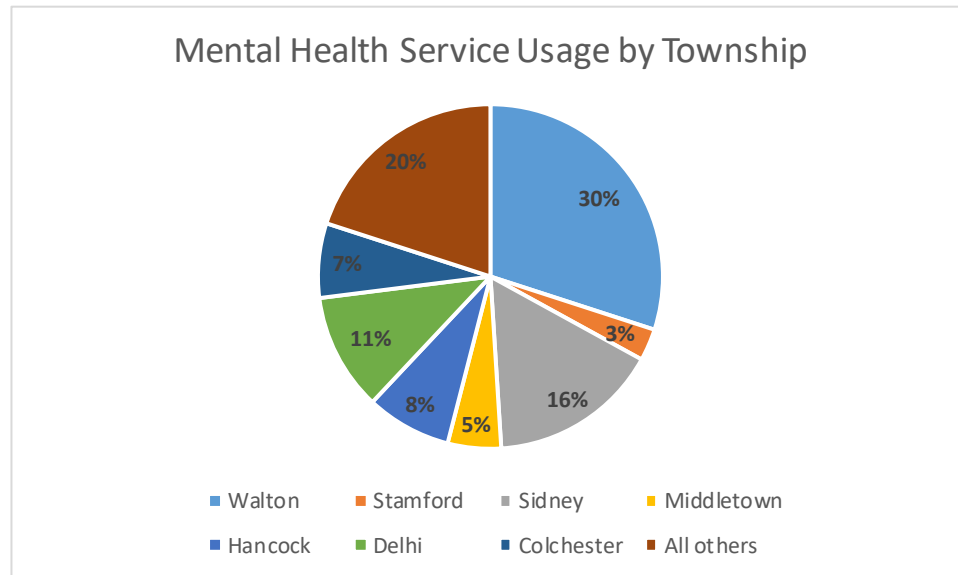
Graph 2b-7



Source: Delaware County Department of Mental Health Annual Reports (2018)

According to Graph 2b-7, a total of 84 clients were admitted into the Family and Children’s Unit in 2018. Children ages 13-18 are the most represented age with 44 admissions in 2018. The second highest is the 5-12 age range, with 35 admissions. One-half of all chronic mental illness begins by the age of 14 (National Alliance on Mental Illness 2013).

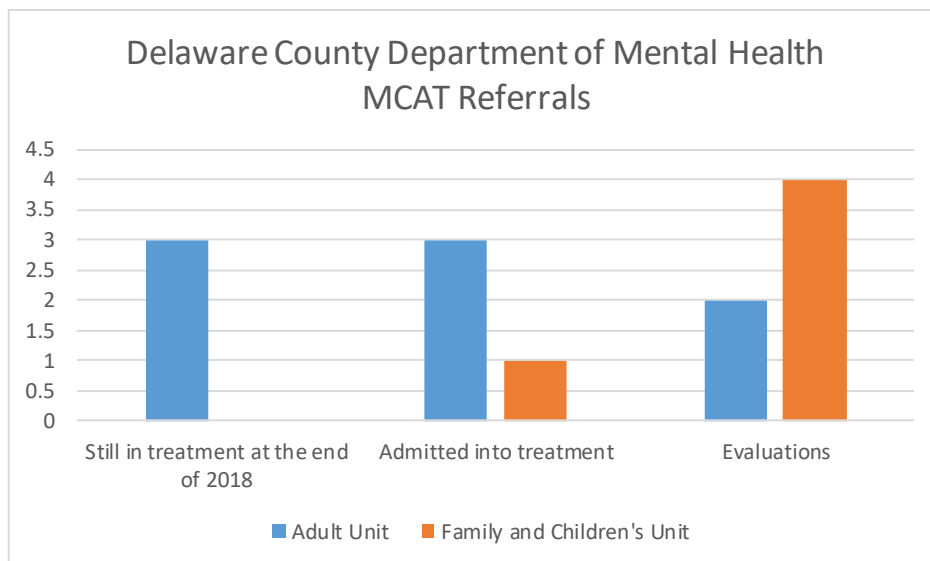
Graph 2b-8



Source: Delaware County Department of Mental Health Annual Reports (2018)

Graph 2b-8 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. Lower usage rates in the other townships are not necessarily indicative of lower need, but of the distance between the other townships and the office in Walton which could negatively impact usage of mental health services, especially given the transportation issues in the county.

Graph 2b-9



Source: Delaware County Department of Mental Health Annual Report (2018)

The Mobile Crisis Assessment Team (MCAT) provides crisis services to individuals, children

and families in Delaware County. MCAT seeks to de-escalate crises, prevent harm, and avoid psychiatric hospitalizations when appropriate. At the end of 2018, patients who had been referred to MCAT were either admitted into treatment or being evaluated.

Self-Inflicted Injury

Table 2b-1

Self-Inflicted Injury Discharge Rates, 2014-2016

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 exc. NYC	12.5	NY State exc. NYC	7.0

Source: New York State Community Health Indicator Reports (CHIRS)

Table 2b-1 indicates that Delaware County’s self-inflicted injury rates are lower than that of Upstate New York. Self-inflicted injury includes self-harm and attempted suicide.

Table 2b-2

Delaware County Injury Indicators, 2014-2016

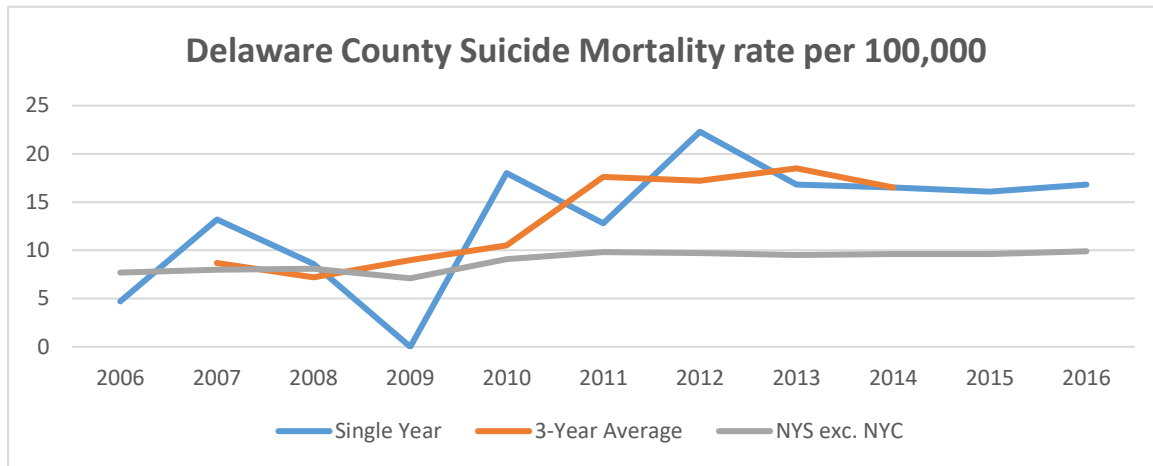
Indicator (age adjusted)	Delaware County Rate	NYS Rate - exc. NYC
Age-Adjusted Suicide Death Rate***	17.2	9.6
Self-Inflicted Injury Hospitalization**	5.5	7.0

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

Source: New York State Community Health Indicator Reports (CHIRS)

Table 2b-2 shows that suicide death rate in Delaware County is higher than NYS, but that the self-inflicted injury hospitalization rate is lower. This could in part be attributed to delays in response due to the size of the county and distance to the nearest hospital.

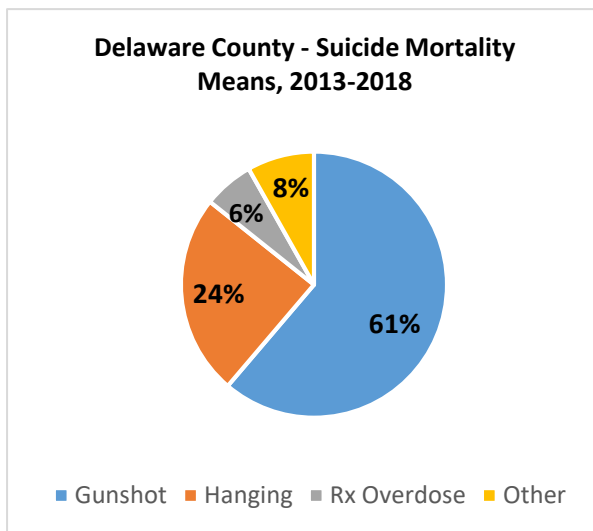
Graph 2b-10



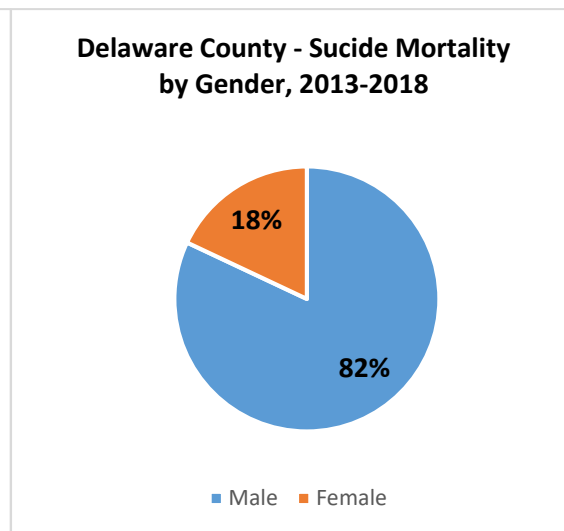
Source: New York State Community Health Indicator Reports (CHIRS)

Delaware County’s suicide death rate is much higher than Upstate NY and the NYS 2018 Prevention Agenda objectives 2.5.1 and 2.5.2 (Table 2b-2 and Graph 2b-10). In 2014, the data states the age-adjusted rate was as high as 18.5 suicide deaths per 100,000.

Graph 2b-11



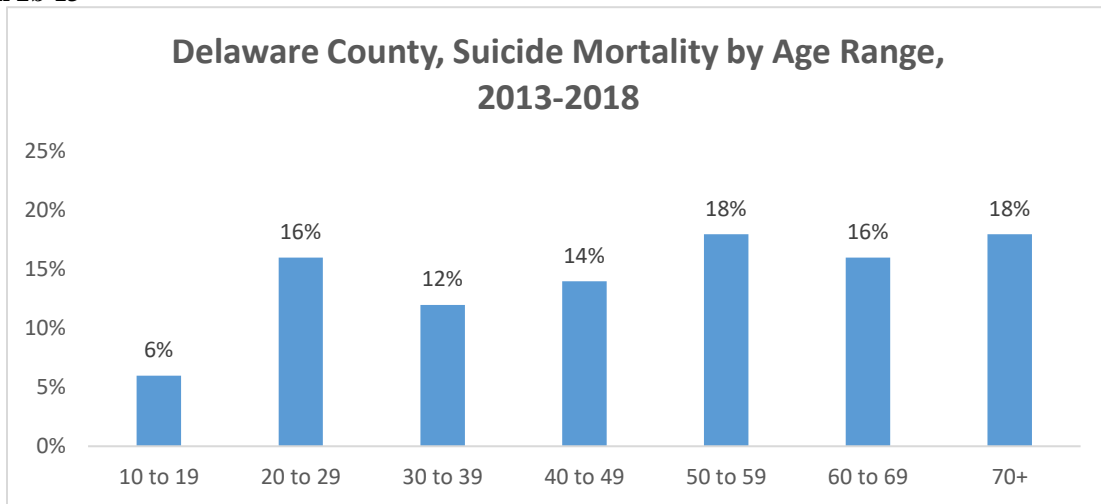
Graph 2b-12



Source: Delaware County Public Health Annual Reports, 2013-2018

Graphs 2b-11 and 2b-12 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 and prescription overdose. Suicide prevention and intervention should be considered when addressing important health issues as a County.

Graph 2b-13

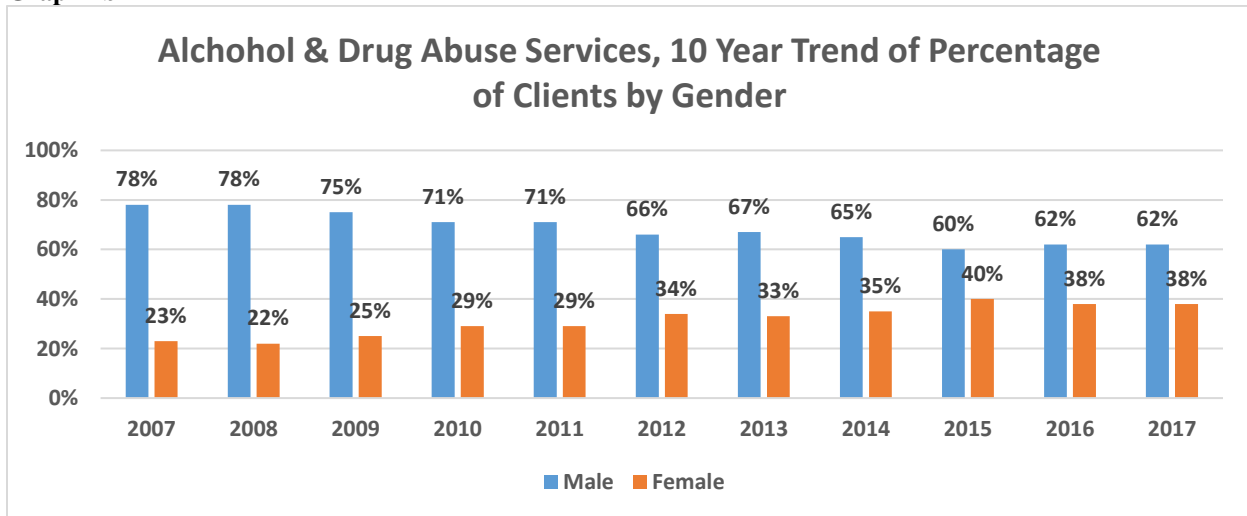


Source: Delaware County Public Health Annual Reports, 2013-2018

Suicide mortality is most common among adults between the ages of 50-59 and 70+, followed by those 60-69 and 20-29 in Delaware County (Graph 2b-13). Interventions aiming to reduce suicide mortalities should consider the age, gender, and means.

Substance Use

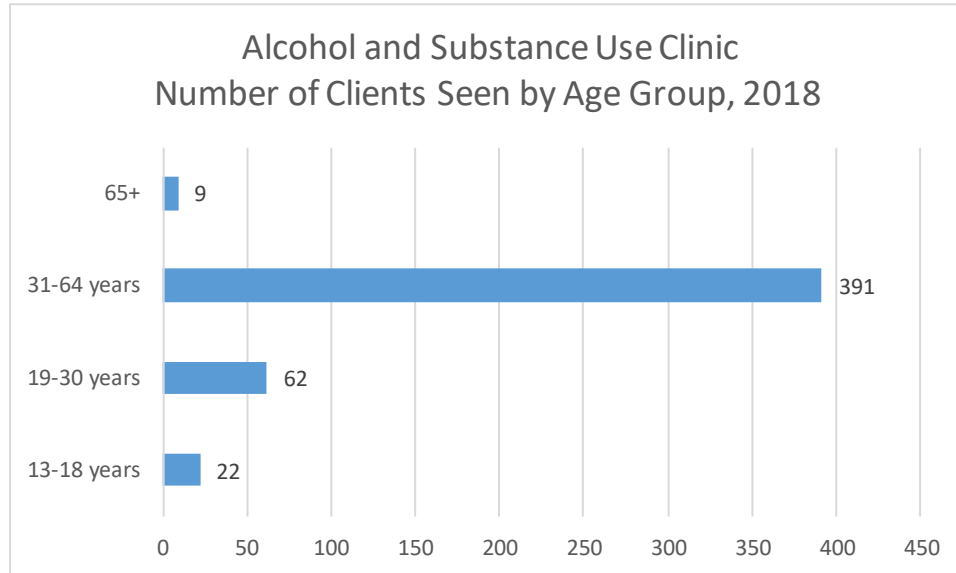
Graph 2b-14



Source: Delaware County Alcohol and Drug Abuse Services statistics

Since 2007, the percentage of women admitted to the outpatient Alcohol and Drug Abuse Treatment Program has steadily increased until a slight decline in 2016, while the percentage of men in outpatient treatment has decreased over time (Graph 2b-14).

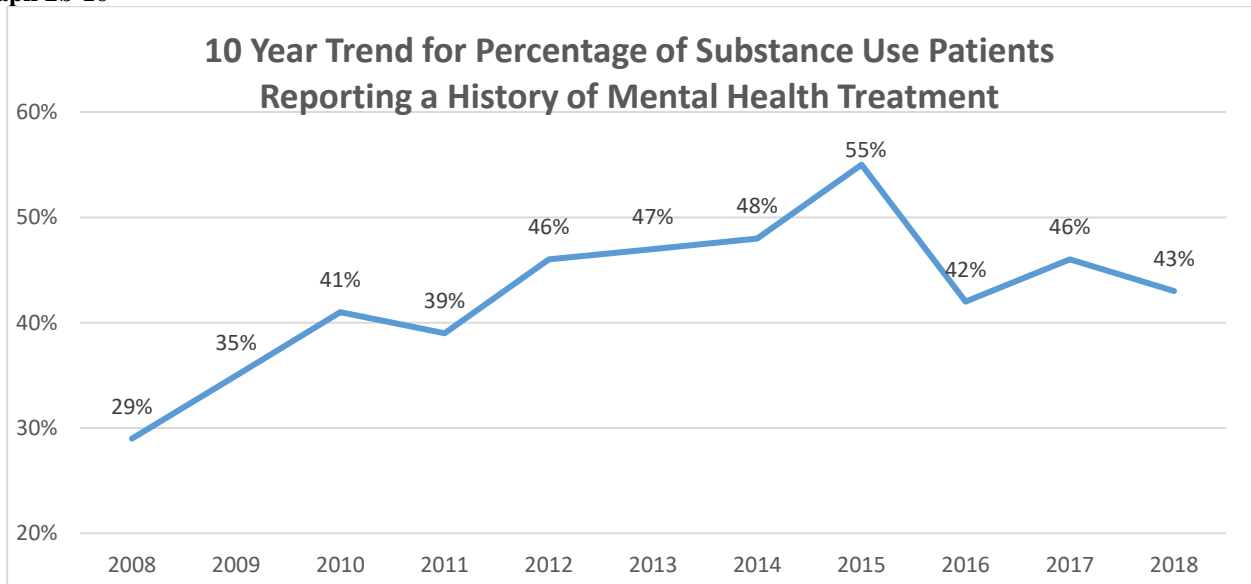
Graph 2b-15



Source: Delaware County Department of Mental Health Annual Reports (2018)

As seen in Graph 2b-15, the majority of clients seen are in the 31-64 age range, with 13% of clients in the 19-30 age bracket, and 4.5% ages 13-18. Less than 2% of clients are 65 and older.

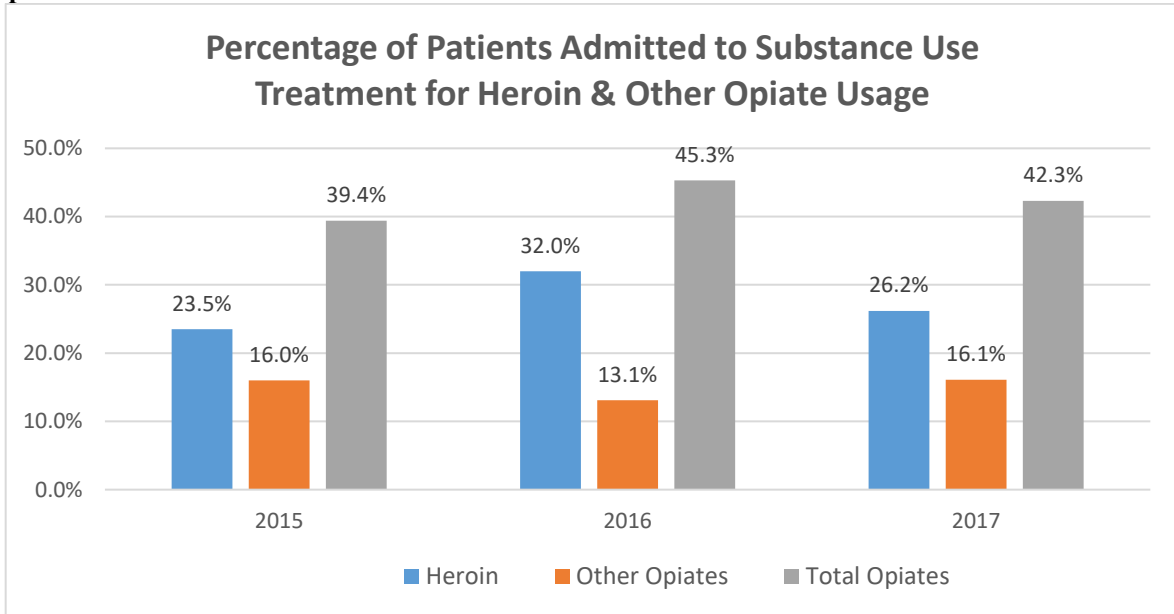
Graph 2b-16



Source: Delaware County Alcohol and Drug Abuse Services statistics

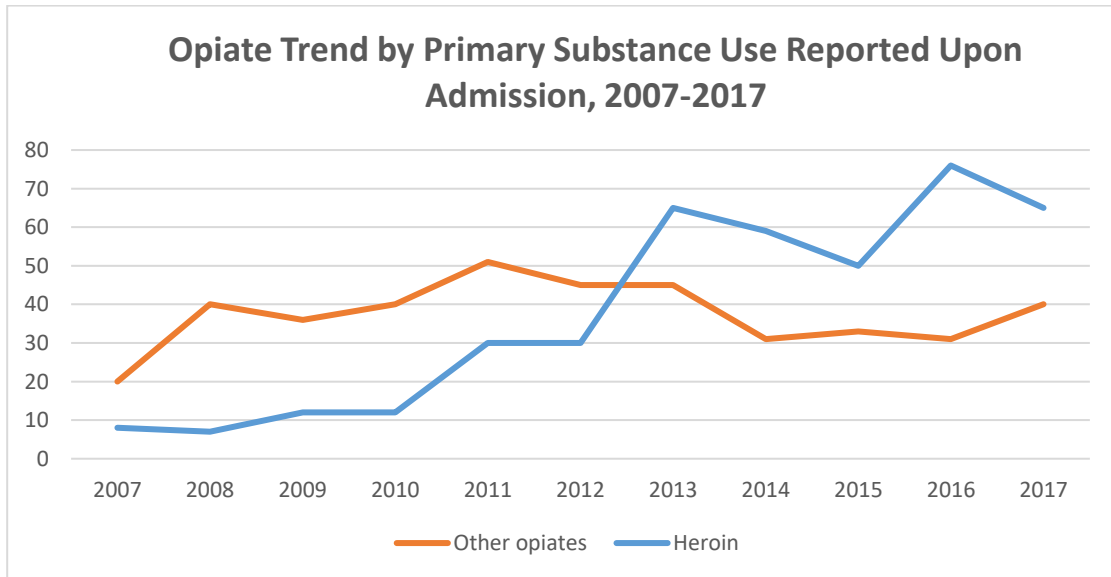
Since 2005, the number of patients admitted to substance use treatment programs in Delaware County with a history of mental health treatment has doubled, suggesting that patients may have more chronic mental illness (Graph 2b-16).

Graph 2b-17



Source: Delaware County Alcohol and Drug Abuse Services statistics (2015-2017)

Graph 2b-18

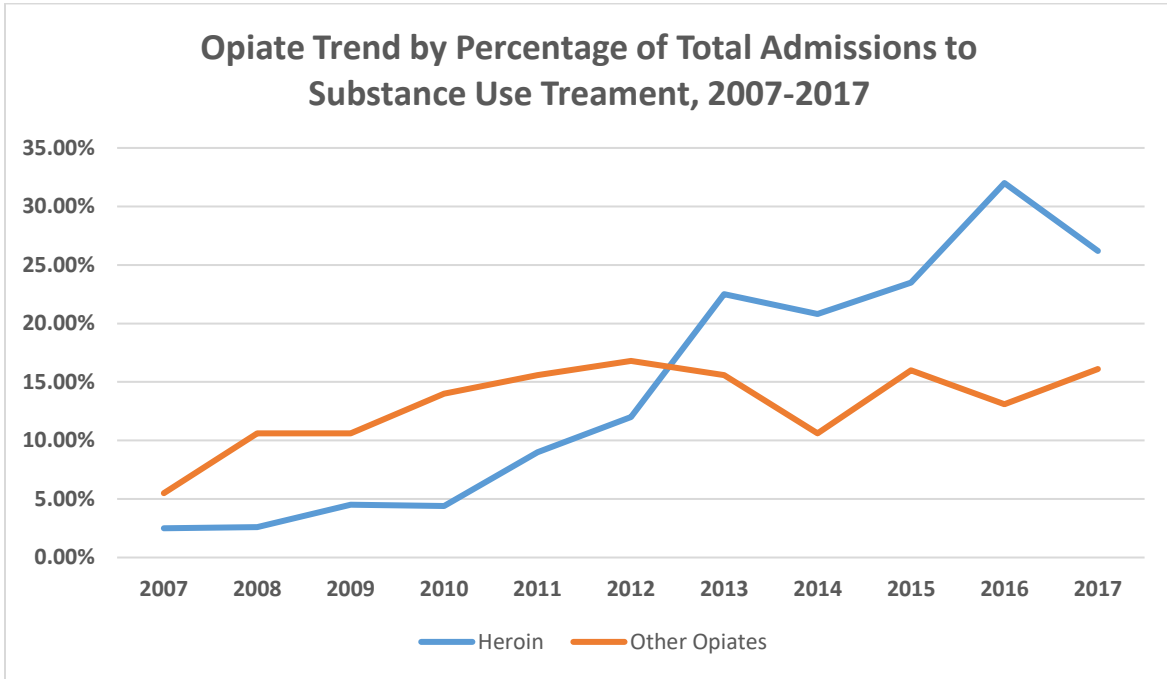


Source: Delaware County Alcohol and Drug Abuse Services statistics (2007-2017)

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, but has begun to stabilize in the last few years (Graph 2b-17). Heroin and opiate users still compose a

little more than 42% of patients admitted into treatment for substance use (Graph 2b-18).

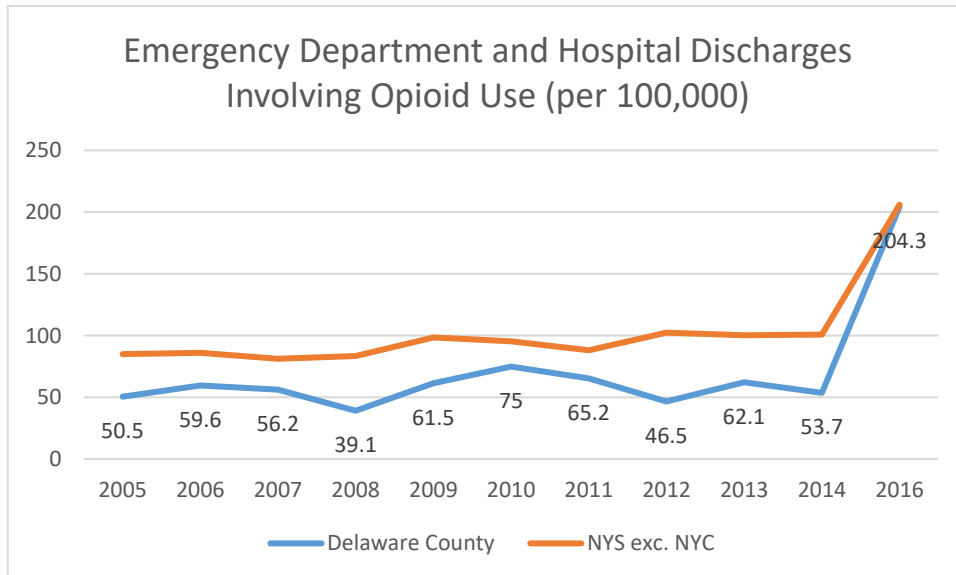
Graph 2b-19



Source: Delaware County Alcohol and Drug Abuse Services statistics (2007-2017)

Graph 2b-19 shows that opiate use in general has risen with heroin becoming a primary opiate of choice as of 2013. In 2017, the number of admissions for heroin decreased while the admission for all other opiates increased.

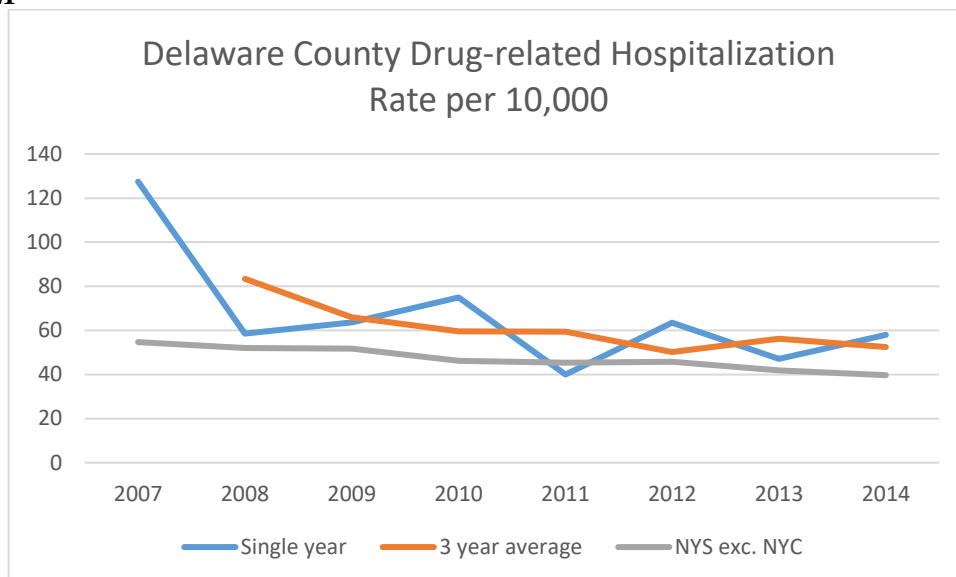
Graph 2b-20



Source: NYS Opioid Data Dashboard
*Note: there is no data available for 2015

Opioid-related Emergency Department (ED) and hospital discharge rate of Delaware County residents has remained relatively stable for the last ten years, despite an increase between 2008 and 2012 (Graph 2b-20). During this time period, the Delaware County rate has remained well below that of Upstate New York until a sharp increase (both at the county and state level) in 2016 brought them to the same level.

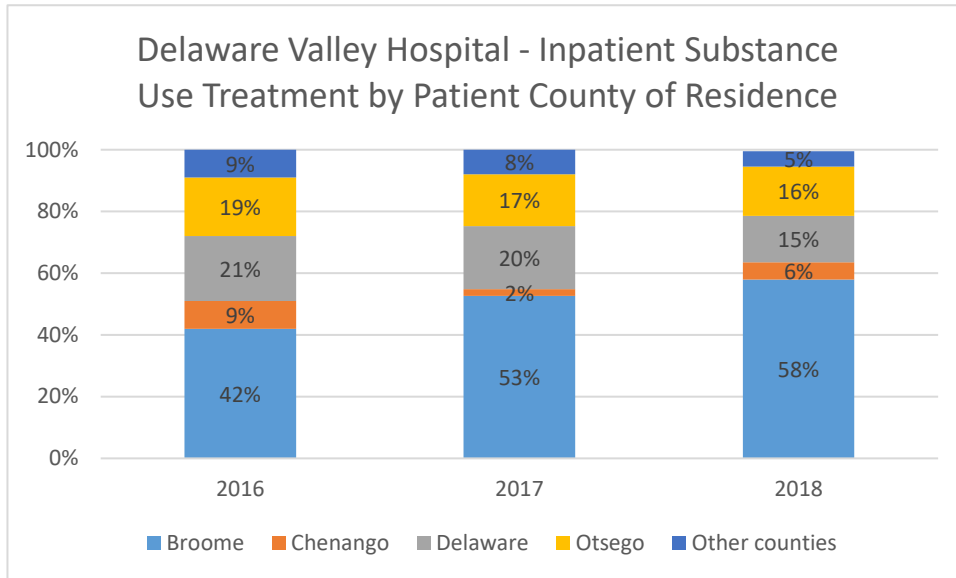
Graph 2b-21



Source: New York State Community Health Indicator Reports (CHIRS)

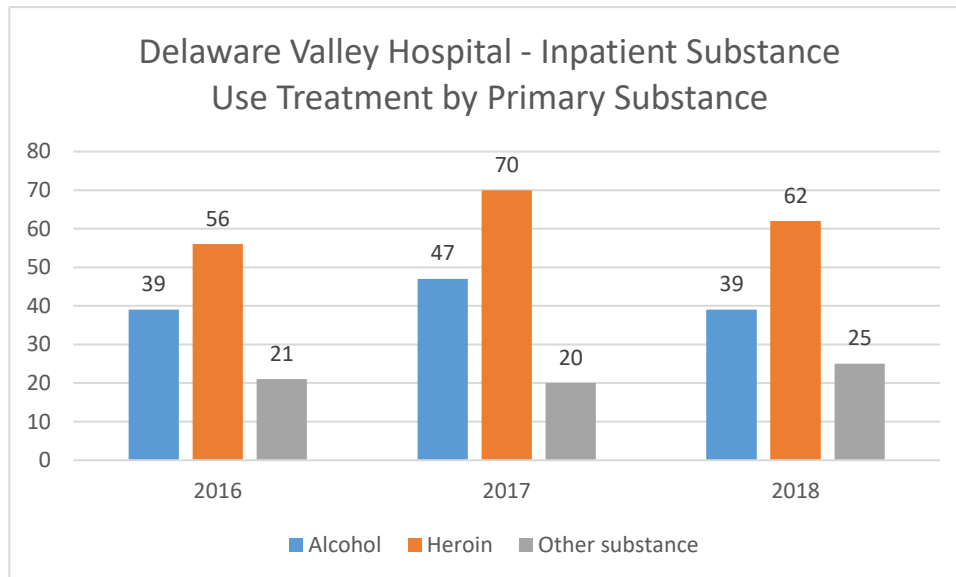
Delaware County’s drug related hospitalization rate increased over the past 8 years but has begun to decrease in 2013 as can be seen in Graph 2b-21. Delaware Valley Hospital is the only hospital located in Delaware County which has inpatient beds for addiction treatment. The data on inpatient hospitalization must be interpreted with caution as out-of-county patients often seek treatment away from home and county residents may seek treatment elsewhere.

Graph 2b-22



Source: OASAS Admission Item Statistics Report, 2016-2018

Graph 2b-23



Source: OASAS Admission Item Statistics Report, 2015-2017

Graphs 2b-22 and 2b-23 depict the changes in annual usage of the inpatient substance use treatment beds at Delaware Valley Hospital. Anywhere from 80-85% of the patients are from out of the county. Although the overall number of patients seen decreased in 2018, Heroin remains the most common primary substance. Other substances include: cocaine, crack, marijuana, methamphetamine, other opiates/ synthetics, other sedative/hypnotic, and

OxyContin.

Table 2b-3

Opioid Overdose data per 100,000 population (data as of February, 2019)						
Deaths						
	2015*		2016*		2017*	
	Number	Crude Rate	Number	Crude Rate	Number	Crude Rate
All Opioid Overdoses	6	13.0	10	21.7	7	15.4
Heroin Overdoses	2	4.3	5	10.9	4	8.8
Overdoses Involving Opioid Pain Relievers	3	6.3	6	13.0	5	11.0
Emergency Department Visits						
All Opioid Overdoses	9	19.5	24	52.1	20	43.9
Heroin Overdoses	s	s	14	30.4	17	37.3
Opioid Overdoses Excluding Heroin	7	15.2	10	21.7	s	s
Hospitalizations						
All Opioid Overdoses	6	13.0	10	21.7	15	33.0
Heroin Overdoses	s	s	s	s	s	s
Opioid Overdoses Excluding Heroin	s	s	7	15.2	10	22.0

Source: NYSDOH – County Opioid Quarterly Report 2017-19

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

*: 2015-2017 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 2b-3).

Table 2b-4

Deaths Due to Drug Overdose, 2016

	Crude rate per 100,000 residents			Age adjusted rate per 100,000 residents		
	Delaware County	Southern Tier	NYS	Delaware County	Southern Tier	NYS

Drug overdose, any	24.2	27.1	18.9	28.9	29	18.4
Heroin	11	8.4	6.7	11.9	9.2	6.6
Opioid pain relievers (inc. illicitly produced opioids)	13.2	12.6	12.1	16.4	13.8	12

Source: NYS Department of Health Opioid Data Dashboard

Rates of overdose deaths per 100,000 are higher in Delaware County than the Southern Tier and New York State for heroin and opioid pain relievers. Overdose deaths among any drug are higher in Delaware County than NYS, but slightly lower than the Southern Tier.

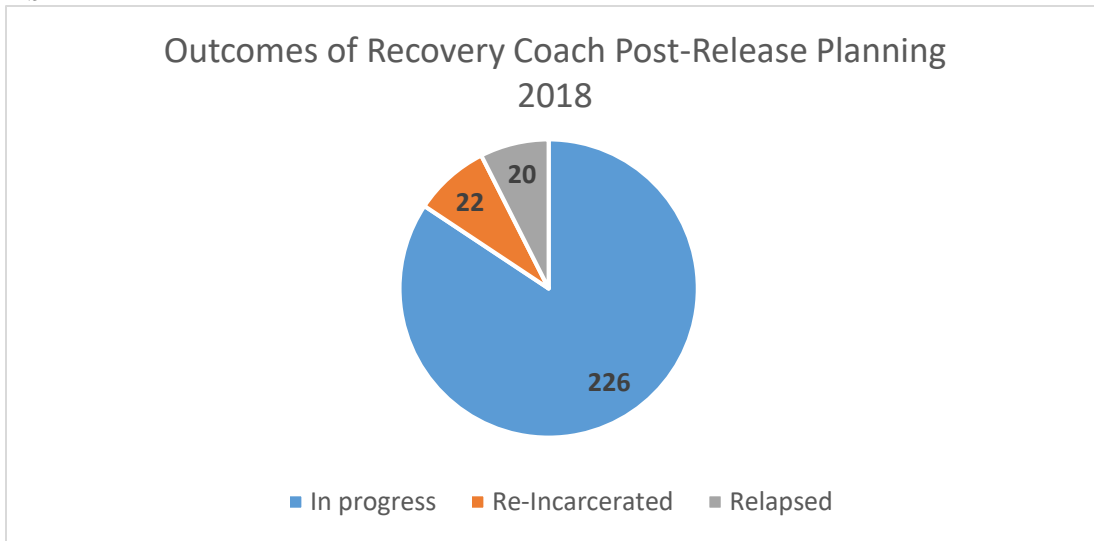
Naloxone, also called Narcan®, is a medication that can reverse overdoses caused by heroin, oxycodone, hydrocodone, and morphine (NYSDOH, AIDS Institute, Naloxone Program for Law Enforcement Data Brief #1). Law enforcement, emergency medical services personnel and community members can be trained in 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. 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. Naloxone was administered 4 times by law enforcement in 2017 and 3 times in 2018 (NYSDOH AIDS Institute). Note that these numbers only capture administration events reported electronically, and actual numbers may be higher`.

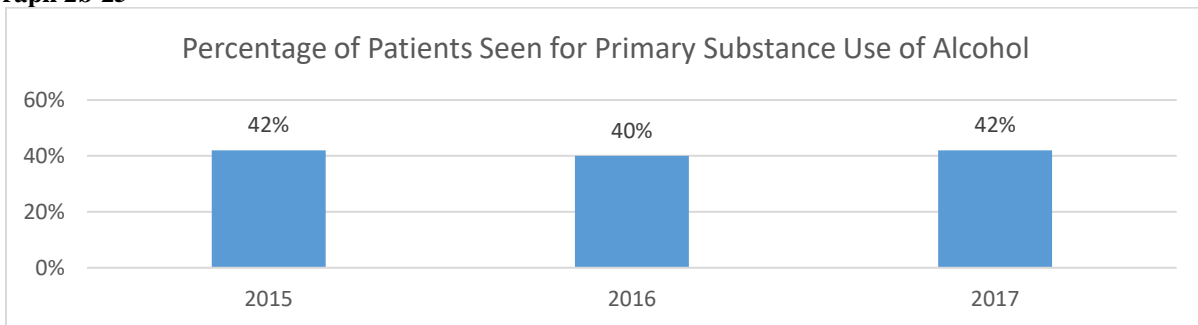
Graph 2b-24



Source: Delaware County Department of Mental Health Annual Report (2018)

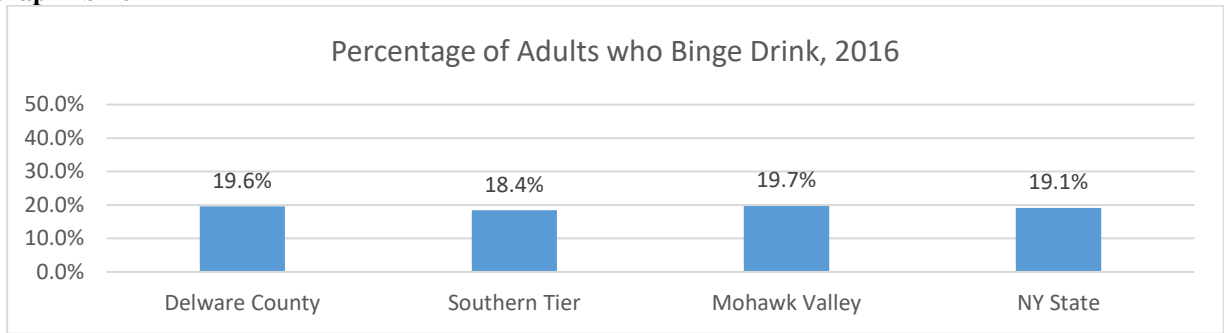
Initiated in 2014, the Alcohol and Drug Abuse Council has a Recovery Coach program that works with incarcerated individuals due to substance related offenses. Recoverees are approached and offered the opportunity to create post-release plans for continued recovery through enrollment in the program. The coach will assist the recoverees while still incarcerated and with transportation and adherence to the plan for up to six months post-release. In 2018, the program assisted a total of 268 individuals (Graph 2b-24).

Graph 2b-25



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

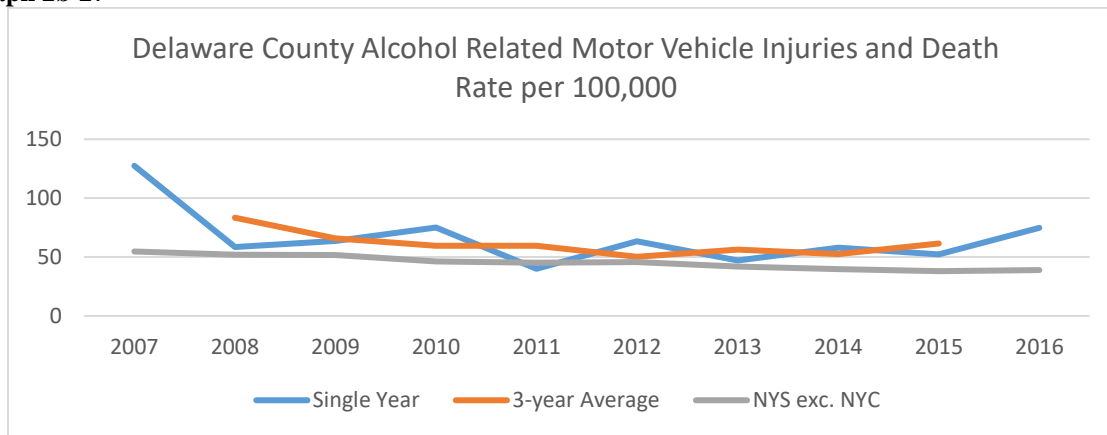
Graph 2b-26



Source: New York State Community Health Indicator Reports (CHIRS)

According to Graph 2b-25, the percentage of people seeking treatment for substance use of alcohol has remained relatively stable over the last few years. 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 commensurate with Mohawk Valley binge drinking rates, but higher than the Southern Tier and New York State. Delaware County’s rate of 19.6% is close to meeting the NYS Prevention Agenda 2019-2024 Objective of 19.5% (Graph 2b-26).

Graph 2b-27



Source: New York State Community Health Indicator Reports (CHIRS)

Per graph 2b-27, alcohol-related motor vehicle injury and deaths rates are decreasing in Delaware County and approaching the Upstate NY rate. This trend was offset by an increase in 2016.

C. Promote a Healthy and Safe Environment

Table 2c-1

Occupational Health Indicators, 2014-2016 Delaware County

Indicator	Delaware County Rate	NYS Rate exc. NYC	Sig. Dif.
Incident of malignant mesothelioma per 100,000 persons ages 15 +	1.6*	1.6	No
Pneumoconiosis hospitalization rate per 100,000 persons ages 15 +	17.7*	10.9	No
Elevated blood lead levels (> 10mcg/dL) per 100,000 employed persons ages 16+	19.8*	18.5	No
Work Related Hospitalizations per 100,000 Employed Persons Age 16+	158.5	167.2	No
Fatal Work-related Injuries per 100,000 Employed Persons Age 16+	9.0*	3.5	No

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

Source: New York State Community Health Indicator Reports (CHIRS)

The Delaware County rates are not significantly different than those of New York State. Although incidents of malignant mesothelioma, pneumoconiosis hospitalization, and blood lead levels have all decreased since 2008-2010, work-related hospitalizations and fatal work-related injuries have increased.

Table 2c-2

Delaware County Injury Indicators, 2014-2016 Delaware County

Indicator (age adjusted)	Delaware County Rate	NYS Rate Exc. NYC	Sig. Dif.
Assault Hospitalization**	1.5*	2.1	Yes
Falls Hospitalization**	37.6	41.6	Yes
Homicide Mortality***	0.0*	2.7	Yes

Motor Vehicle Mortality***	11.5*	7.1	No
Non-Motor Vehicle Mortality***	38.4	32.8	No
Poisoning Hospitalization Rate**	7.7	8.5	No
Traumatic Brain Injury Hospitalization**	9.1	9.1	No
Unintentional Injury Mortality***	49.9	39.9	No
Unintentional Injury Hospitalization total**	64.1	68.7	No
Unintentional Injury Hospitalization Ages 25-64**	41.8	43.4	No
Unintentional Injury Hospitalization Ages 65 and over**	170.1	240.6	No

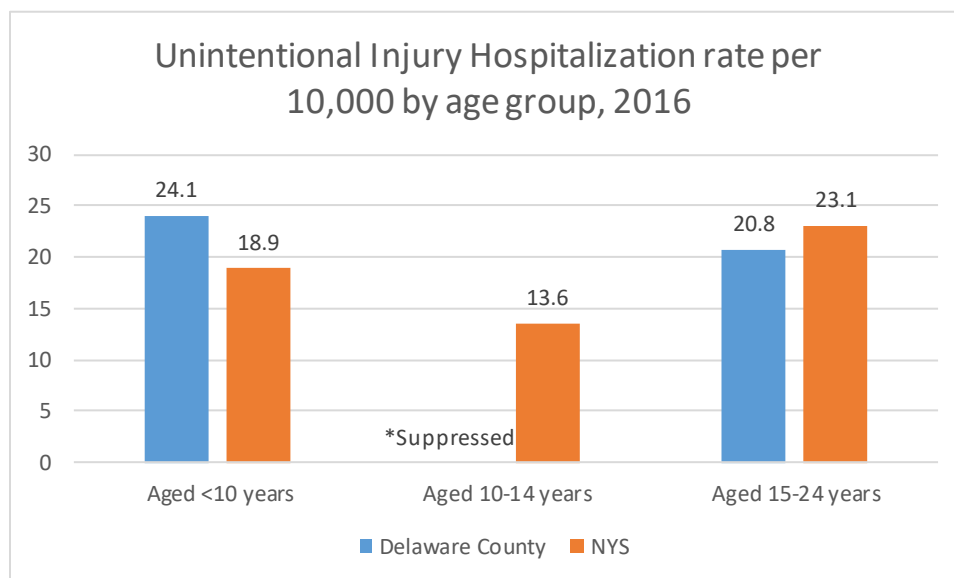
*: Fewer than 10 events in the numerator, therefore the rate is unstable.

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

Source: New York State Community Health Indicator Reports (CHIRS)

Aside from assault hospitalization, falls hospitalization, and homicide mortality, which are all significantly lower than Upstate New York, injury indicators do not significantly differ from the state. In 2008-2010, injury indicators were significantly higher in Delaware County than Upstate New York.

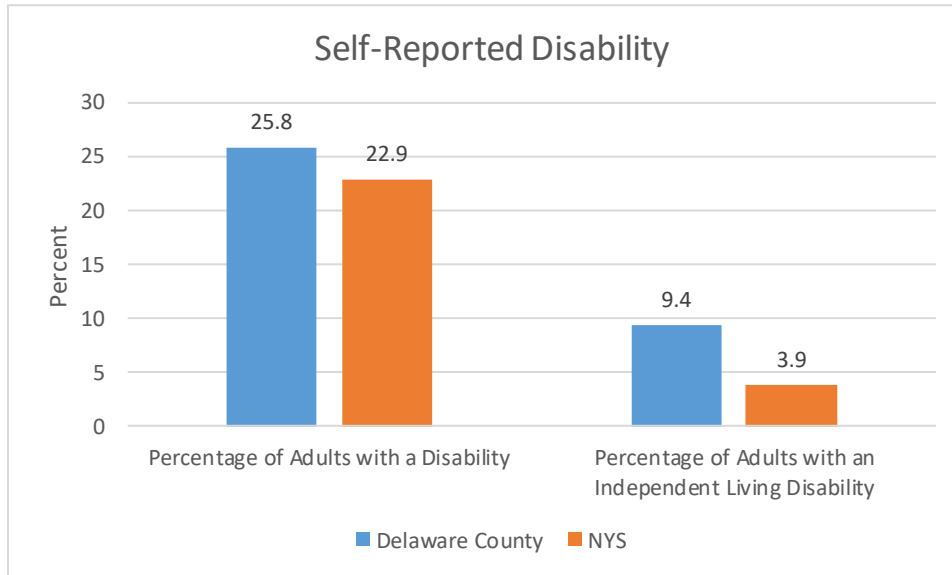
Graph 2c-1



Source: New York State Community Health Indicator Reports (CHIRS)

The unintentional injury hospitalization rate for children less than 10 years of age is significantly higher for Delaware County when compared to New York State. The unintentional injury hospitalization rate for those aged 15-24 years is lower in Delaware County than the state. Data for children 10-14 years of age has been suppressed. Similarly, the data for these age groups for falls hospitalization has either been suppressed or is not meaningful for distribution.

Graph 2c-2

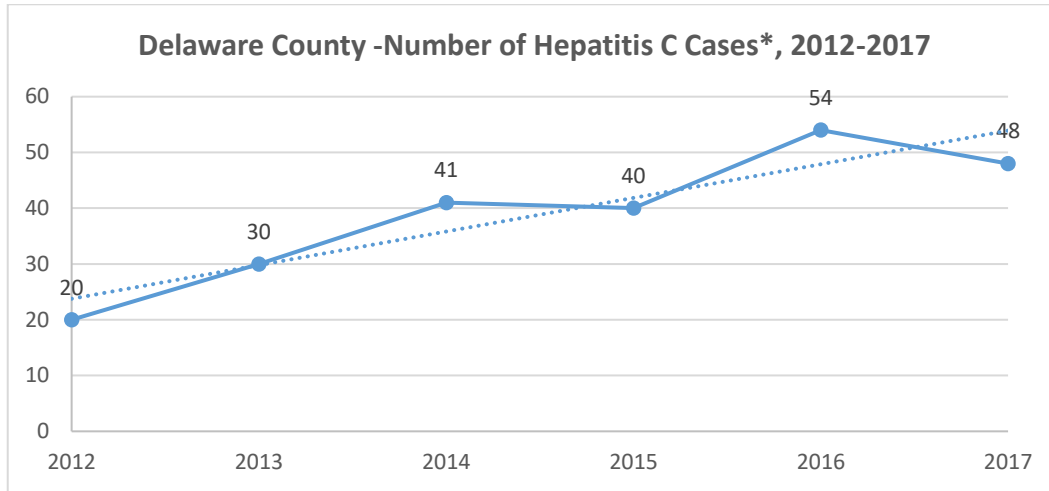


Source: BRFSS

According to data from BRFSS for 2016, rates of self-reported disability, including those that impair an individual's ability to live independently, are higher in Delaware County than New York State.

D. Prevent Communicable Diseases

Graph 2d-1



Source: Delaware County Public Health Annual Reports 2012-2017

*Hepatitis C cases represent the number of newly diagnosed cases.

Heroin is often injected through a needle, which are sometimes shared and reused and 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, and continued to increase into 2016, followed by a decrease in 2017 (Graph 2d-1). A needle exchange program which would reduce the reuse of old needles would most likely help reduce the transmission of hepatitis C.

Table 2d-1

Sexually Transmitted Diseases

Disease	Total 2017		Total 2018	
	Reports	Cases	Reports	Cases
Chlamydia	99	85	102	95
Gonorrhea	7	6	7	6
Syphilis	63	1	50	0

Source: DCPHS 2018 annual report

There was a 10% increase in reports of positive chlamydia cases from 2017-2018. Reports of gonorrhea remained the same, while reports of syphilis decreased.

Table 2d-2

Delaware County STD Indicators, 2014-2016

Indicator	Delaware County Rate	NYS Rate exc. NYC	Sig. Dif.

Early Syphilis rate per 100,000	0.7*	7.9	Yes
Gonorrhea rate per 100,000			
Males, 15-44	25.3	189.2	Yes
Females, 15-44	27.4*	173.2	Yes
All, 15-19 years	58.6*	209.9	Yes
Chlamydia rate per 100,000			
Males			
15-44	472.1	569.5	Yes
15-19 years	647.2*	607.9	No
20-24 years	1108.3	1199.7	No
Females			
15-44	1057.9	1300.3	Yes
15-19 years	1709.6	2300.5	Yes
20-24 years	2376.2	2833.9	No
Pelvic Inflammatory Disease (PID) Hospitalization rate per 10,000 women ages 15-44 years	0.0*	1.8	Yes

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

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

Source: New York State Community Health Indicator Reports (CHIRS)

Delaware County has significantly lower rates of Syphilis, Gonorrhea, and Chlamydia than New York State excluding NYC, except chlamydia among males age 15-19 which is slightly higher than NYS.

Table 2d-3

Delaware County HIV/AIDS Indicators, 2014-2016

Indicator	Delaware County Rate	NYS Rate exc. NYC	Sig. Dif.
AIDS case rate per 100,000	s	3.3	N/A
HIV case rate per 100,000	s	6.9	N/A

AIDS mortality rate per 100,000	0.0*	1.1	Yes
AIDS mortality rate age-adjusted per 100,000	0.0*	0.9	Yes

s: data do not meet reporting criteria

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

Source: New York State Community Health Indicator Reports (CHIRS)

Data for Delaware County did not meet reporting requirements for case rates of AIDS/HIV, and the AIDS mortality rates are unstable.

Table 2d-4

Delaware County HIV Testing

	2016	2017	2018
HIV Test	34	33	17
Positive	0	0	0

Source: DCPHS annual reports, 2016, 2017, and 2018

There have been no positive HIV tests administered by Delaware County Public Health in recent years, although the total number of tests administered declined from 2017 to 2018.

Table 2d-5

Immunization and Infectious Diseases Indicators, 2014-2016 Delaware County

Indicator	Delaware County Rate	NYS Rate exc. NYC	Sig. Dif.
Pneumonia/flu hospitalizations in adults 65+ years per 10,000 (ICD9 480-487)	110.6	96.9	No
Pertussis incidence per 100,000	8.7*	6.5	No
Mumps incidence per 100,000	0.0*	0.7	Yes
Meningococcal incidence per 100,000	0.0*	0.1*	Yes
H. Influenza incidence per 100,000	1.4*	1.7	No
Hepatitis A incidence per 100,000	0.0*	0.4	Yes
Acute Hepatitis B incidence per 100,000	0.0*	0.3	Yes

Tuberculosis incidence per 100,000	0.7*	1.7	No
E. Coli incidence per 100,000	1.4*	1.9	No
Salmonella incidence per 100,000	14.5*	12.0	No
Shigella incidence per 100,000	0.7*	2.5	No
Lyme disease incidence per 100,000	92.6	58.6	Yes

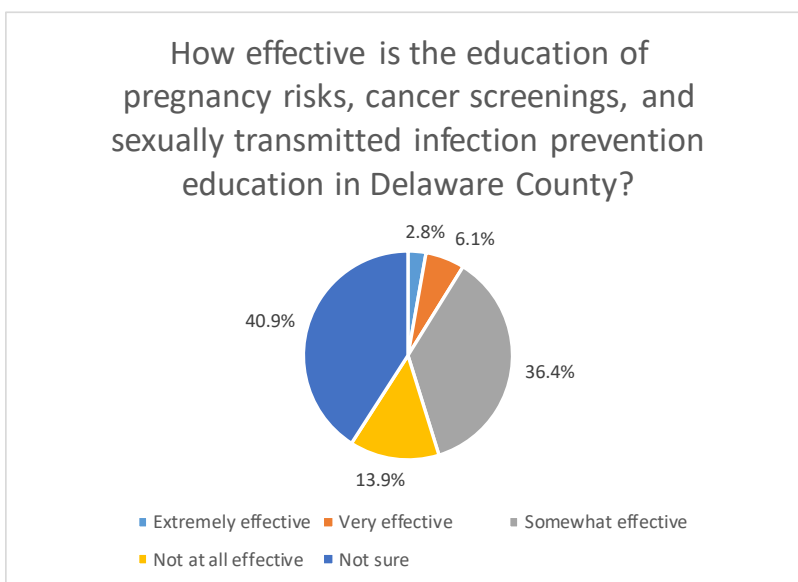
*: Fewer than 10 events in the numerator, therefore the rate is unstable.

Source: New York State Community Health Indicator Reports (CHIRS)

There is either no significant difference between rates of immunization and infectious disease indicators in Delaware County and Upstate New York, or the rates are significantly lower in Delaware County, among all indicators except for Lyme disease. Diagnosed incidence of Lyme disease have spiked in recent years. This could be due to increased awareness among the public, as well as increased testing.

It is also worth noting that while rates of pneumonia and flu hospitalizations among adults 65+ do not differ significantly, they are higher in Delaware County. Geographic proximity to health centers and hospitals may contribute to persons not seeking early treatment or follow-up, especially on rural roads during winter. The 65+ population may also have other medical conditions.

Graph 2d-2



Source: Community Health Survey

Over 50% of respondents to the Delaware County Community Health Survey felt that education on pregnancy risks, cancer screenings, and sexually transmitted infections is either somewhat or not at all effective. About 41% of respondents were not sure.

E. Promote Healthy Women, Infants, and Children

Table 2e-1

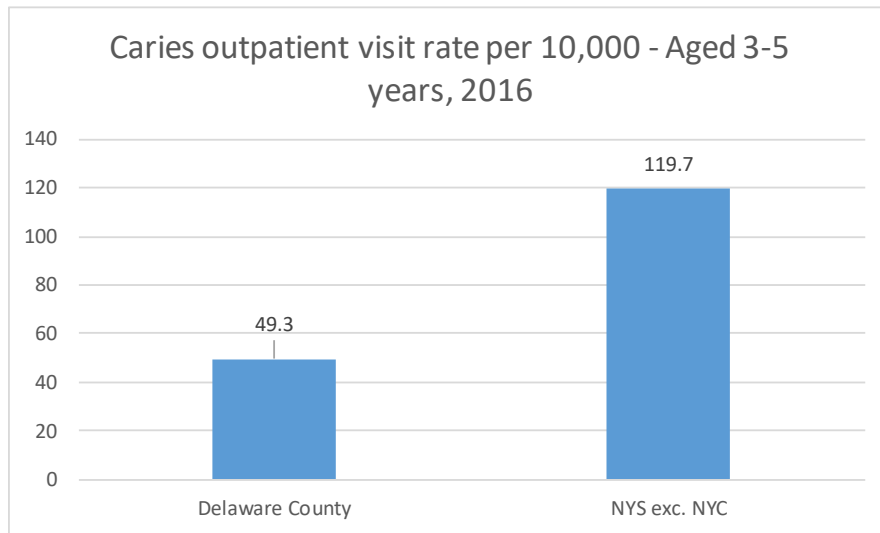
Oral Health Indicators, Delaware County, 2009-2011			
Indicator	County Rate	NYS exc. NYC Rate	Sig. Dif.
Percentage of 3rd Grade Children...			
With caries experience	48.7	45.4	Yes
With dental sealants (all)	57.3	41.9	Yes
With dental insurance	83.2	81.8	Yes
With at least 1 dental visit last year (all)	76.5	83.4	Yes
Reported taking fluoride tablets on a regular basis (all)	59.7	41.9	Yes
Adults			
Age adjusted % of adults who had a dentist visit within the past year (2016)	66.8	69.6	No
Medicaid Oral Health (2015-2017)			
% enrollees with at least one dental visit within the past year	33.6	32.7	Yes
% enrollees (ages 2-20) who had at least one dental visit within the past year	47	48	No

Source: New York State Community Health Indicator Reports (CHIRS)

Although third grade children in Delaware County experience significantly higher rates of caries and dental sealants, they are significantly less likely to visit the dentist at least once per year, indicating a lack of preventive dental care among children. This can be attributed to the fact that there is no pediatric dentist in Delaware County. Unfortunately, despite the demonstrated need, the most recent data available from the NYS Department of Health are from 2009-2011.

There is not a significant difference between the percent of adults who have visited the dentist in the past year. There has been a significant increase in the percent of Medicaid enrollees with at least one dental visit in the past year from 2009-2011 (when visitation rates were 27.8% for all Medicaid enrollees, and 38.8% for enrollees 2-20 years old) to 2015-2017. Despite this, there is still a great need for dentists who accept Medicaid both in Delaware County and in Upstate New York.

Graph 2e-1



Source: New York State Community Health Indicator Reports (CHIRS)

As noted in Table 2e-1, there is a significant difference between the caries experience among children in Delaware County and New York State (excluding NYC). However, Graph 2e-1 illustrates that the outpatient visit rate for caries among children aged 3-5 years in Delaware County is more than half that of the state.

Table 2e-2

Delaware County Birth Statistics, 2014-2016

Indicator	Delaware County Rate	NYS exc. NYC	Sig. Dif.
Pregnancy rate per 1,000 all females aged 15-44	61.9	72.8	Yes
% Births to teens ages 15-17	0.9*	1.0	No
% Births to teens 15-19	4.3*	4.2	No
% of births to women 25 years and older without a high school education	8.0	10.3	No
Birthweight <2500g	6.1	7.6	No
Babies 5 minute APGAR	0.5*	0.8	No
% Births with Prenatal Care - 1st Trimester	77.0	77.0	No

% Births with Prenatal Care - 3rd Trimester or none	3.3*	4.2	No
Gestation < 37 weeks	6.8	8.9	Yes
% Births delivered by cesarean section	31.9`	34.2	No
% in WIC who were pre-pregnancy overweight but not obese	25.0	26.3	No
% in WIC who were pre-pregnancy obese (BMI 30 or higher)	30.4	28.0	No

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

Source: New York State Community Health Indicator Reports (CHIRS)

There is no significant difference between any of the above birth statistics except for gestation less than 37 weeks, which is significantly lower in Delaware County than Upstate.

Table 2e-3

Maternal and infant health indicators, 2014-2016

Indicator	Delaware County	NYS exc. NYC	Sig. Dif.
% of births to out of wedlock mothers	51.0	38.7	Yes
% first births	34.2	38.9	Yes
% of births that were multiple births	2.7	4.0	Yes
% adequate prenatal care (Kotelchuck Index)	83.6	75.7	Yes
% Pregnant Women in WIC with Early (1st Trimester) Prenatal Care (2009-2011)	89.0	86.9	No
% of Infants in WIC Who Were Breastfeeding at 6 Months	20.3	30.7	Yes
Mortality Rates (per 1,000 births)			
Infant (<1 year)	3.6*	5.0	No
Neonatal (<28 days)	1.8*	3.6	No
Post-neonatal (1 month to 1 year)	1.8*	1.5	No

Fetal death (>20 weeks gest)	3.6*	4.3	No
Perinatal (20 weeks gest – <28 days of life)	5.4*	7.9	No
Perinatal (28 weeks gest – 7 days of life)	3.6*	5.3	No
Maternal mortality rate per 100,000 births	0.0*	20.4	Yes
% very low birthweight (<1.5 Kg)	0.9*	1.3	No
% very low birthweight singleton births	0.6*	1.0	No
% low birthweight singleton births	4.9	5.7	No

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

Source: New York State Community Health Indicator Reports (CHIRS)

While Delaware County mothers are significantly more likely to have babies born out of wedlock, they also have significantly higher rates of adequate prenatal care. Delaware County babies are also significantly less likely to be first births, twins, or a WIC infant breastfeeding at 6 months. The maternal mortality rate is unstable, prohibiting a comparison to the rest of the state.

Table 2e-4

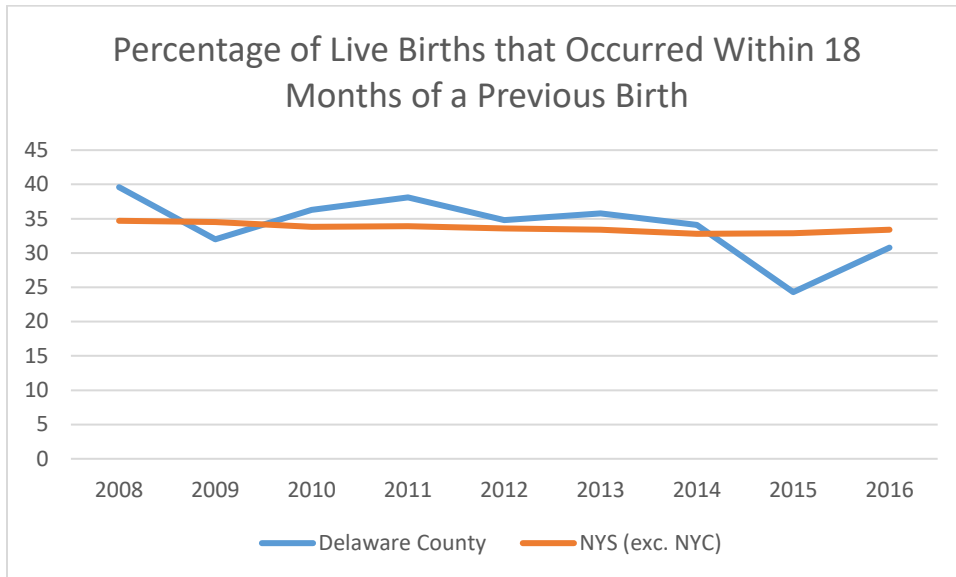
WIC Mothers Who Initiated Breastfeeding

Fiscal Year	# Infants	Delaware County Initiation	NYS Initiation
2016	734	75.60%	84.80%
2017	656	77.3%	85.3%

Source: PedNSS Annual Report, 2017

Table 2- shows that almost ten percent less mothers receiving NYS Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) initiated breastfeeding in Delaware County in 2016 than in the whole state. Although the gap decreased slightly in 2017, the county rate remains behind the state.

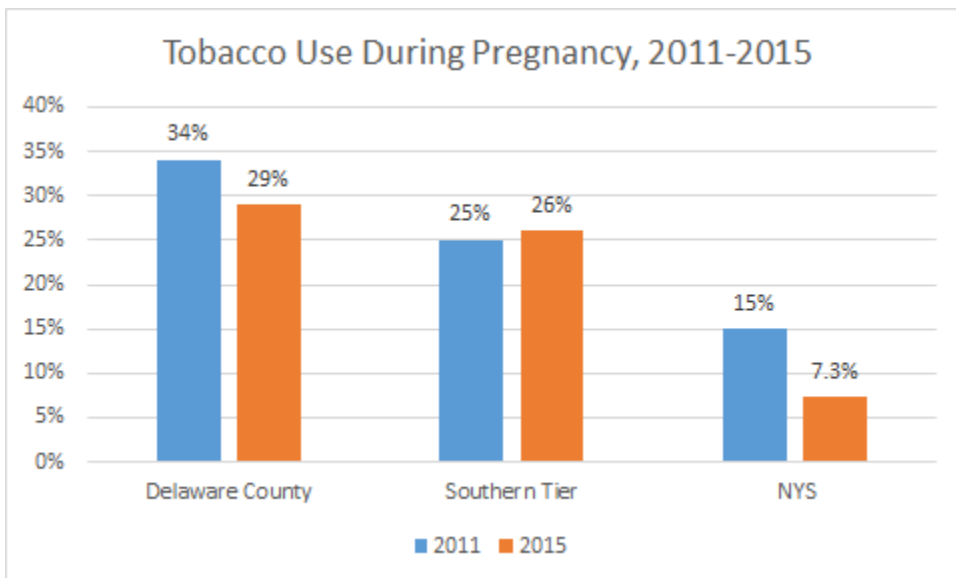
Graph 2e-2



Source: New York State Community Health Indicator Reports (CHIRS)

Delaware County has a lower rate of live births that occur within 18 months of a previous birth when compared to the state. The reverse was true 2010-2014.

Graph 2e-3



Source: Mothers and Babies Perinatal Network, 2017 report

Although the percent of women smoking during pregnancy decreased by 5% in Delaware County from 2011 to 2015, it still remains higher than both the Southern Tier and New York State.

Table 2e-5

**Family Planning/Natality Indicators, 2014-2016
Delaware County**

Indicator	Delaware County Rate	NYS Exc. NYC Rate	Sig. Dif.
% of births to women 35+ years	14.3	20.2	Yes
Fertility rate per 1,000 (all births/female population 15-44)	49.9	57.2	Yes
Teen fertility rate per 1,000 (births to mothers aged 10-14)	0.0*	0.2	Yes
Teen fertility rate per 1,000 (births to mothers aged 15-19)	9.9*	13.3	No
Pregnancy Rate per 1,000 (all pregnancies/female population 15- 44 years)	61.9	72.8	Yes
Teen Pregnancy Rate per 1,000 -			
10-14 years	0.0*	0.4	Yes
15-17 years	8.3	11.0	No
15-19 years	15.8	22.3	Yes
Abortion Ratio (induced abortions per 100 live births) -			
15-19 years	595.7	652.3	No
All ages	222.3	231.6	No

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

Source: New York State Community Health Indicator Reports (CHIRS)

All rates are lower in Delaware County than the Upstate NY average. This trend was the same in 2008-2010, except the 2014-2016 date illustrates a significantly stronger difference.

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

Health outcomes in the County Health Rankings represent measures of how long people live and how healthy people feel. Length of life is measured by premature death (years of potential life lost before age 76) and quality of life is measured by self-reported health status (percent of people reporting poor or fair health and the number of physically and mentally unhealthy days within the last 30 days) and the % of low birth weight newborns.

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 alcohol-impaired driving death rate per 100,000 people.

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. Food environment index, defined by limited access to health foods and food insecurity. Access to exercise opportunities is measured by the percentage of individuals in a county who live reasonably close to a location for physical activity.

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 and mental health providers 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 that involve force or threat of force; and injury deaths from planned and unplanned injuries per 100,000 population.

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 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 80th percentile to income at the 20th percentile.

Physical Environment

Housing and Transit

Housing and transit is measured by homeownership of occupied housing units, the total number of owner-occupied housing units, and the total occupied housing units in the county.

Delaware County Health Rankings

Delaware County ranked 25 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 46 for mortality or length of life. The premature death rate for Delaware County is 6,300 per 100,000, which is higher than the New York State rate of 5. 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 21, which is lower than Sullivan, Chenango and Otsego Counties, but higher than Livingston and Essex. The table below shows the information used to determine the quality of life ranking (Table 3-1).

For the indicators including poor or fair health, poor physical health days, poor mental health days, and low birth weight, Delaware County falls in the middle of the comparison counties. 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), and in the 2016 update we reported 3.6. That number has now risen to 3.8.

Table 3-1

Quality of Life 2019 County Health Rankings							
	New York	Delaware	Chenango	Livingston	Essex	Otsego	Sullivan
Quality of Life Rank	N/A	21	25	12	20	23	60
Poor or Fair Health	16%	15%	15%	14%	13%	15%	19%

Poor Physical Health Days	3.6	3.6	3.8	3.8	3.6	3.6	4.4
Poor Mental Health Days	3.6	3.8	4	4	3.7	3.9	4.1
Low Birth weight	8%	7%	7%	6%	7%	7%	9%

Health Factors rates overall were as follows: Delaware 48, Chenango 30, Essex 13, Livingston 16, Otsego 15, and Sullivan 50. 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’s adult smoking rate has risen since the 2016 update, from 15% to 19%. The adult obesity rate has increased as well, from 26% to 30%. Excessive drinking has increased, however the rate of alcohol-impaired driving deaths has decreased. The teen birth rate and the rate of sexually transmitted infections have decreased and are lower than 3 of the 5 comparison counties and the NY State rate (Table 3-2).

Table 3-2

Health Behaviors 2019 County Health Rankings							
	New York	Delaware	Chenango	Livingston	Essex	Otsego	Sullivan
Health Behaviors	N/A	33	40	21	14	24	34
Adult Smoking	14%	19%	19%	17%	17%	17%	18%
Adult Obesity	26%	30%	36%	35%	28%	29%	32%
Food Environment Index	9.1	8.6	8.6	8.3	8.8	7.9	8.3
Physical Inactivity	25%	26%	24%	22%	22%	23%	27%
Excessive Drinking	19%	20%	19%	20%	22%	20%	18%
Alcohol-Impaired Driving Deaths	21%	18%	13%	19%	18%	27%	16%
Sexually Transmitted Infections	552.8	225.8	210.9	200.9	129.9	475	345.9
Teen Birth Rate	16	12	28	8	20	8	22

Delaware County has one of the lowest rankings for clinical 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 2019 County Health Rankings							
	New York	Delaware	Chenango	Livingston	Essex	Otsego	Sullivan
Clinical Care	N/A	43	32	23	16	12	52
Uninsured	7%	7%	5%	5%	5%	6%	7%
Primary Care Physicians	1,200:1	2845:1	2699:1	1380:1	2540:1	884:1	2992:1
Dentists	1230:1	4091:1	2815:1	1933:1	3163:1	1821:1	2516:1
Preventable Hospital Stays	4141	3664	3790	4051	3459	3907	3914
Mammography Screening	41%	45%	43%	45%	46%	49%	33%

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 54. All comparison counties fall below Delaware County's rank (Table 3-4).

Table 3-4

Social & Economic Factors 2019 County Health Rankings							
	New York	Delaware	Chenango	Livingston	Essex	Otsego	Sullivan
Social & Economic Factors	N/A	54	30	16	21	44	51
High School Graduation	82%	87%	85%	89%	91%	86%	78%
Some College	68%	53%	57%	59%	59%	64%	54%
Unemployment	4.7%	5.6%	5.4%	5.1%	5.6%	5.1%	4.9%
Children in Poverty	20%	30%	18%	15%	17%	20%	25%
Children in Single-Parent Households	34%	41%	34%	34%	35%	31%	35%
Violent Crime Rate	379	193	183	123	167	148	261

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. This is consistent with trends from the 2013 CHA and the 2016 update. 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 Otsego and Essex out-performing (Table 3-5).

Table 3-5

Physical Environment 2019 County Health Rankings							
	New York	Delaware	Chenango	Livingston	Essex	Otsego	Sullivan
Physical Environment	N/A	35	5	43	9	29	51
Daily Fine Particulate Matter	8.5	7.9	8.2	8.5	6.6	7.8	8.4
Drinking Water Violations	N/A	Yes	No	Yes	Yes	Yes	Yes
Severe Housing Problems	24%	18%	14%	15%	15%	17%	20%
Driving Alone to Work	53%	76%	77%	81%	79%	74%	81%
Long Commute – Driving Alone	38%	32%	34%	40%	27%	30%	37%

Social Determinants of Health

Social determinants of health are factors aside from family history and genetics that impact health, and are the conditions in which people live, learn, work, and play that can affect a wide range of health outcomes. It is estimated that up to 50% of a person’s health is impacted by the individual’s physical environment and other socioeconomic factors (AHIP). By addressing social determinants of health, the opportunity to be healthy begins long before a clinical diagnosis. While multiple social determinants can interact with one another to increase the likelihood of negative health outcomes, social determinants of health alone are not a predictor of health.

Under the County Health Rankings, social determinants of health are accounted for under socioeconomic factors (community safety, education, employment, social support, and income; ranked 54/62) and physical environment (housing and transit; ranked 35/62). It is important to consider how multiple factors in an individual’s life intersect to influence their health in a unique way.

Social determinants of health can not only directly impact health outcomes (e.g. quality of housing, access to clean drinking water, and location can contribute to asthma and other respiratory conditions), but can indirectly influence health outcomes by hindering the individual’s ability to adopt healthy behaviors.

Transportation: Delaware County does not have a public transit system, and about 10% of households in the county do not have a vehicle available (Graph 1-1). Given the size and rurality of the county, not having access to consistent and reliable transportation can pose significant challenges to accessing services. The county has a markedly higher percentage of residents over 60 than the state average and considering older adults are more likely to develop multiple chronic conditions that require more specialized care, older adults may be reluctant to give up driving or need to rely more on networks of family and friends.

Neighborhood and built environment: Having adequately maintained sidewalks, bikeable roads, and public parks can not only facilitate social cohesion, but contribute to physical activity. In the 2019 Community Survey, although 94% of respondents felt physical activity was somewhat to extremely important, 18% of respondents rated the community as a place for children to play outdoors as below to far below average, 39% rated the county as below to far below average for after school activities for children and families, and 28% rated the county as below to far below average as a place for adults to keep active.

As part of their identified prevention strategies, O'Connor Hospital will continue to support the complete streets initiative by revamping the coalition and facilitating meetings. The ultimate goal of Complete Streets is to increase the walkability and bikeability of communities for people of all ages and mobility, thus encouraging and promoting physical activity. Delaware County Public Health will endeavor to map the county's walking and biking trails in order to make them more easily accessible and identifiable for county residents and visitors.

Health and healthcare: Health and healthcare can be impacted by health literacy, or the ability to obtain, read, understand, and use healthcare information in order to make appropriate health decisions and follow instructions for treatment. Access to healthcare can also be impacted by financial well-being and employment status. While 92.4% of county residents 18-64 have health insurance (Table 1-11), the rate of those who are uninsured is as high as 16.9% in the 25-34 age bracket (Graph 1-16). 70% of adults in the county visited the doctor for a routine check up in the past year, and 86.9% of county adults have a regular healthcare providers. Both of these are commensurate with state averages.

Social and community context: Social isolation is a serious issue that affects many residents of rural areas, particularly older adults. Lack of socialization opportunities or inability to travel to such opportunities can compound perceptions of social isolation. Social isolation has been linked to adverse health outcomes, including depression, anxiety, cardiovascular disease and high blood pressure, rehospitalization, and higher rates of mortality.

Education: Access to higher education can be impacted by the household's financial status. A higher education degree increases access to job opportunities. While 37.5% of adults in the county have attained a high school diploma or its equivalent, less than 20% of residents have attained a Bachelor's degree or higher (Table 1-14). Although SUNY Delhi is located within the County, many young professionals opt to leave following graduation.

Financial well-being: Financial well-being can impact the ability to pay copays, access to specialized care including medical equipment, ability to afford alternate modes of transportation, and access to a wide range of nutritious food. Financial status can also affect the ability to pay unexpected expenses, build a savings, and plan for emergencies, and may contribute to an unwillingness to take time off from work to attend routine doctor appointments.

Household income comparisons in Table 1-5 show a higher proportion of low-income earners in Delaware County as compared to 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. As of March 2018, 16.5% of the total population is reported to be living in poverty (Graph 1-8). When only looking at children living in poverty with a single female head of household, this number jumps to 32% for children under the age of 5 and 54% for children 5-17 years old (Graph 1-9). When considering the number of households living close to but just above the poverty level, the combined average of ALICE households and households living in poverty is 48%.

Food insecurity among the total population is 11.6%, with child food insecurity is almost double at 22.3% (Graph 1-17). Given the effect of poor nutrition on health outcomes, food insecure households spend 45% more on healthcare, further straining household budgets. This may cause those who are food insecure and/or not financially stable to not seek out or delay treatment in order to avoid medical bills. Similarly, about 8.5% of adults in the county report not having received medical care because of cost (Table 1-11). However, in the Community Survey, 44% of respondents reported not having been able to obtain dental or medical care in the past year. Of those, about 73% attributed this to cost.

Age friendly: The age friendly movement serves as a catalyst to educate local leaders (both elected officials and engaged residents) and encourage them to implement the types of changes that make communities more livable for people of all ages, especially, but not limited to, older adults. The 8 Domains of Livability framework is used by many of the towns, cities, counties and states enrolled in the AARP Network of Age-Friendly States and Communities to organize and prioritize their work. These 8 Domains also encompass many of the social determinants of health outlined above. As part of their community health improvement plan, Delaware Valley Hospital will hold a workshop series on the eight domains of livability to increase awareness of age friendly principles and engage community stakeholders at all levels.

The age friendly workshop series not only provides an opportunity for the Town of Walton to apply for the AARP age friendly designation in the future, but to enhance the livability of the community for people of all ages and abilities by increasing collaborative opportunities. Age friendly principles are supported by many existing initiatives within the county, including Complete Streets (facilitated by OCH) and the Transportation Committee. The integration of age friendly principles more fully into these initiatives will enhance the linkages between them.

The eight domains of livability include:

1. Outdoor Spaces and Buildings

2. Transportation
3. Housing
4. Social Participation
5. Respect and Social Inclusion
6. Civic Participation and Employment
7. Communication and Information
8. Community and Health Services

III. Community Partner Involvement & Process

Obtaining community agencies' and community members' perspectives about the most pressing health issues in Delaware County is an integral part of the Community Health Assessment process. The following is a description of a community partnership that helped to inform the 2019 Community Health Assessment and invited Delaware County health and human services professionals and community members to provide input, feedback, and guidance to the process.

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. The Southern Tier PHIP covers five counties, including Delaware County.

Beginning in 2015, the Southern Tier PHIP collected data across the region to assist with capacity building and technical assistance to meet priority health needs, and it has been a natural fit in Delaware County to assist with the Community Health Assessment process.

Since 2016, the Southern Tier PHIP has coordinated with Delaware County's CHA committee to complete the following:

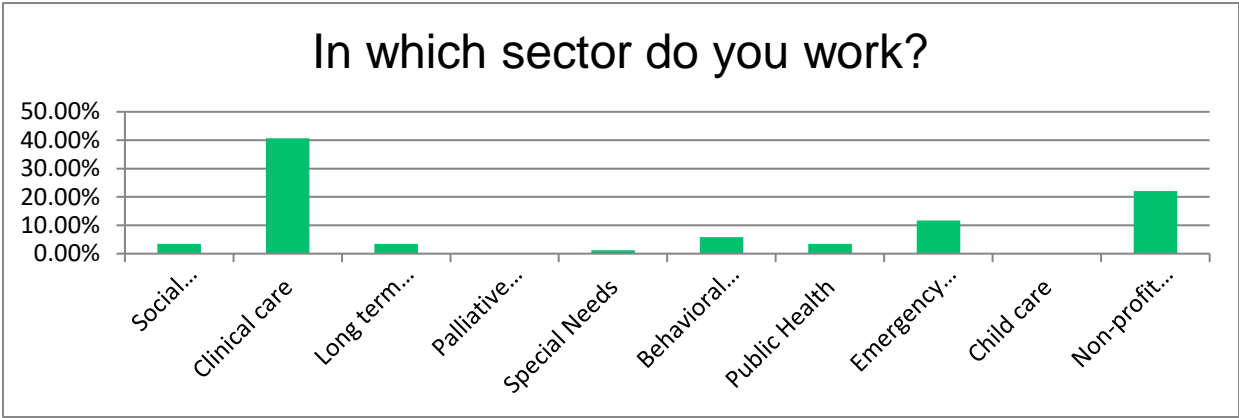
2016: Updated secondary data within the CHA document and assisted with the development of the CHIP. Explored additional county and regional assessments to contribute to the CHA, and sought out new sources of information. Facilitated a coordinated effort between Delaware County Public Health and three hospital systems to develop one document which encompassed the CHA, the CHIP, and hospital CSPs.

2017-2018: Coordinated quarterly CHIP/CSP update meetings with the committee, tracked progress on interventions and activities.

2019: Developed and implemented primary data collection activities within Delaware County, updated secondary data, continued to facilitate a coordinated effort among entities. Scheduled monthly working meetings to meet CHA/CHIP/CSP deliverables.

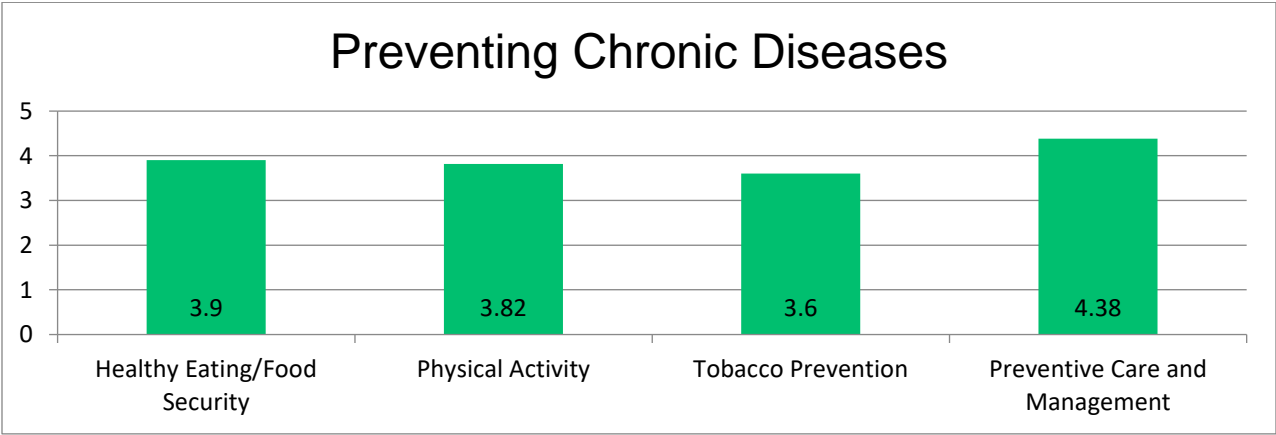
In the first quarter of 2019, the PHIP Population Health Coordinators developed and conducted two surveys. The first survey was sent out via email to various list serves with the intention of reaching the health and human services workforce at all levels, as well as those representing county offices (such as town supervisors, etc.). That survey yielded 87 responses, with 40.7% identifying “Clinical care” as the sector in which they work and 22% identifying “Non-profit community based organization”. The additional sectors are shown in Graph 3-1.

Graph 3-1

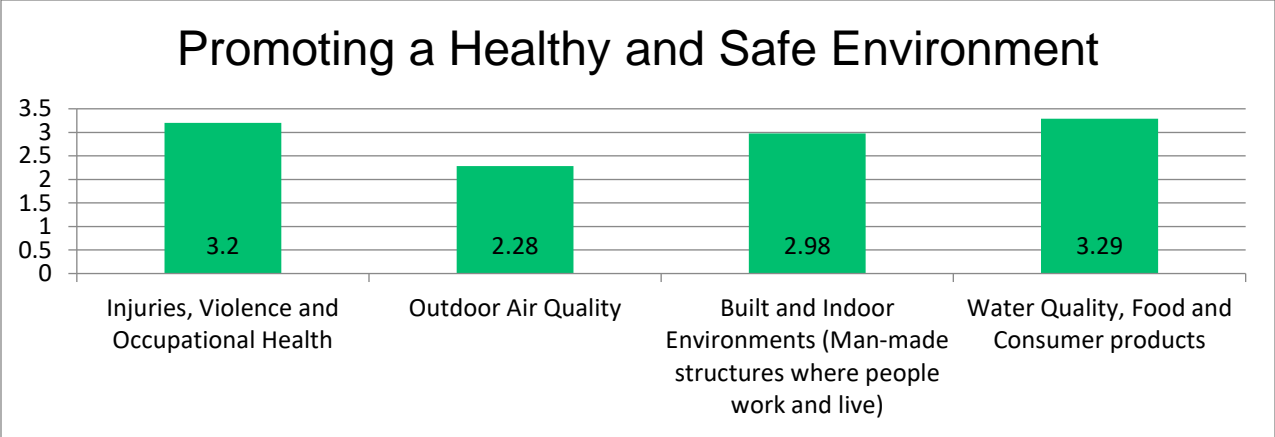


Respondents were asked to identify, within each Prevention Agenda Priority Area, which focus areas were most in need of greater support. The responses for each priority area were as follows:

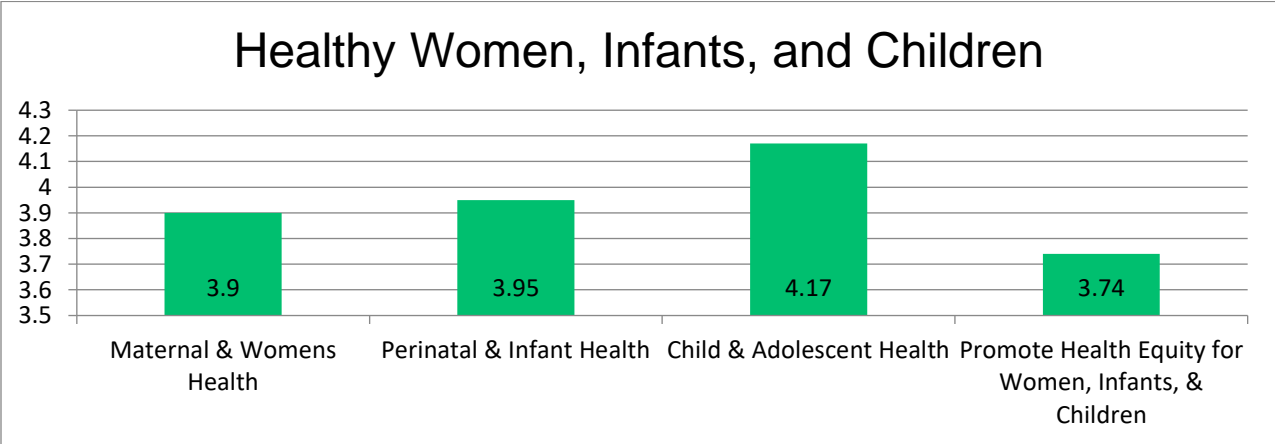
Graph 3-2



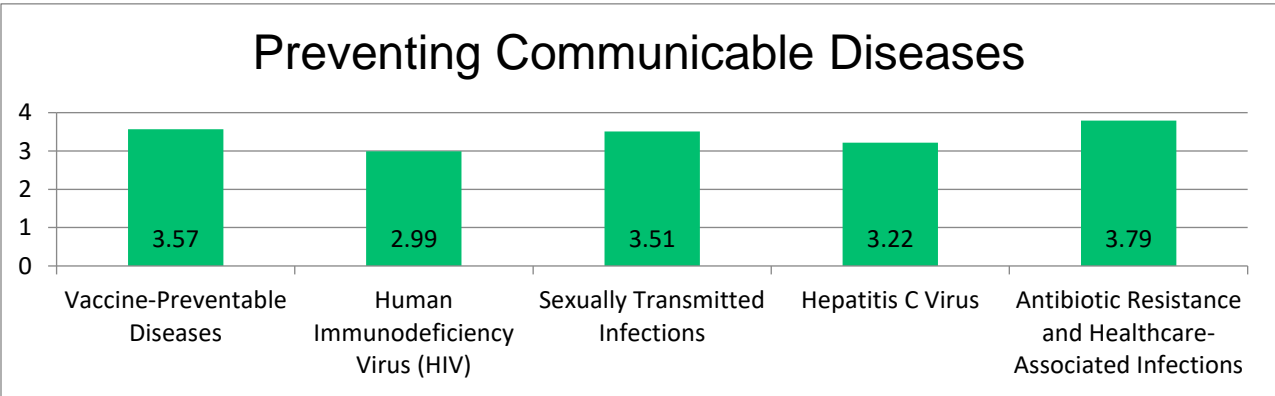
Graph 3-3



Graph 3-4

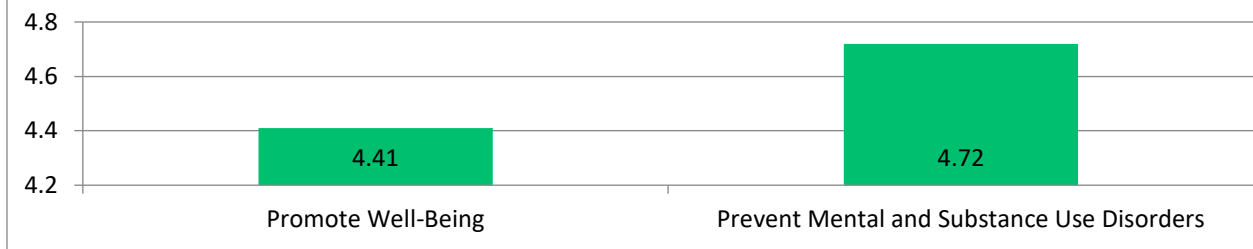


Graph 3-5



Graph 3-6

Promote Well-Being and Prevent Mental and Substance Use Disorders



Respondents were asked, in their opinion and experience, what the greatest strengths and health-related concerns were in Delaware County. The top four strengths were: Natural Resources (59%), Agriculture (56.6%), Charitable Organizations (49.4%), and Educational Services (38.55%), with County Government, Healthcare, Businesses, and Other following closely behind. The top four health-related concerns were: Drug use (84.9%), Mental Health/Mental Illness (83.7%), Transportation Challenges (77.9%), and Obesity (74.4%).

The second survey distributed was intended to be completed by residents of Delaware County. 400 responses were received. The majority of respondents identified as female (82.5%), White or Caucasian (93.75%), and nearly 50% said they were between the ages of 45 and 64. Most respondents had graduated from college, with 17.6% completing graduate school. The greatest percentage of respondents (23%) said that their Household Income was \$50,000-\$74,999.

The group recognizes the limitations of the survey as evidenced by the demographics of the respondents. Multiple media markets and outlets made it difficult to publicize the survey. While broadband access is better than some other rural counties in NY State, access to cellular service and internet could have made knowledge of the survey and/or participation challenging for some county residents. No incentive to complete the survey was offered, due to budgetary limitations. Healthy people may have been more likely to participate in the survey than unhealthy individuals.

This group was asked, in their opinion and experience, what the greatest strengths and health-related concerns were, for Delaware County. Similarly to the Health and Human Services providers, county residents said that Agriculture (63%), Natural Resources (55.25%), and Charitable Organizations (29.5%) were the top three, with Privacy coming in fourth (23.5%) for strengths. The top health-related concerns were: Drug Use (82%), Transportation Challenges (69.75%), Mental Health/Mental Illness (57%), and Medical Provider Shortages (56.5%).

The primary data collected, when combined with the secondary data available, indicates that continuity of interventions with similar focus areas would be beneficial. Chronic disease, mental health, and substance use disorder continue to be great concerns in Delaware County, and there are resources available for within the county and the hospitals available for these priority areas.

In May of 2019, the PHIP Population Health Coordinators worked with the Delaware County committee to hold a community roundtable event at SUNY Delhi, located in Delhi NY, Delaware County. All Health and Human Services providers that received the survey were invited, as well as the community residents who provided their names and contact information electronically via the survey. The event was also promoted via email and social media communications. Hospital and Public Health representatives shared the invitation with their Boards of Directors. The roundtable event was attended by 40 people, and included a presentation on the survey data by the PHIP Coordinators. In addition, Delaware County’s Director of Public Health and the Director of Operational Support from O’Connor Hospital (located in Delhi and affiliated with the Bassett Healthcare system) presented on the NY State and Federal requirements for completion of the Community Health Assessment, Community Health Improvement Plan, and the hospitals’ Community Service Plans.

The roundtable event included breakout groups for the chosen Prevention Agenda priority areas to give attendees further opportunity to provide input on the interventions and activities to place in the next 3-year cycle.

Delivery System Reform Incentive Payment (DSRIP) Program

The Delivery System Reform Incentive Payment (DSRIP) program’s purpose since its inception has been 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 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.

Table 3-6

DSRIP Measurement Year Periods	Calendar Year Periods
MY0	July 2013 to June 2014
MY1	July 2014 to June 2015
MY2	July 2015 to June 2016

MY3	July 2016 to June 2017
MY4	July 2017 to June 2018

Care Compass Network

The Community Needs Assessment 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.

Across Care Compass Network’s nine-county region, specific projects were identified, specific 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)

From early in Measurement Year One, Care Compass Network was divided into 4 primary regions (Regional Performing Units, or RPUs) to best approach needs identified in the CNA and to recognize the unique needs of each county:

East RPU: Delaware and Chenango Counties

West RPU: Chemung, Steuben, and Schuyler Counties

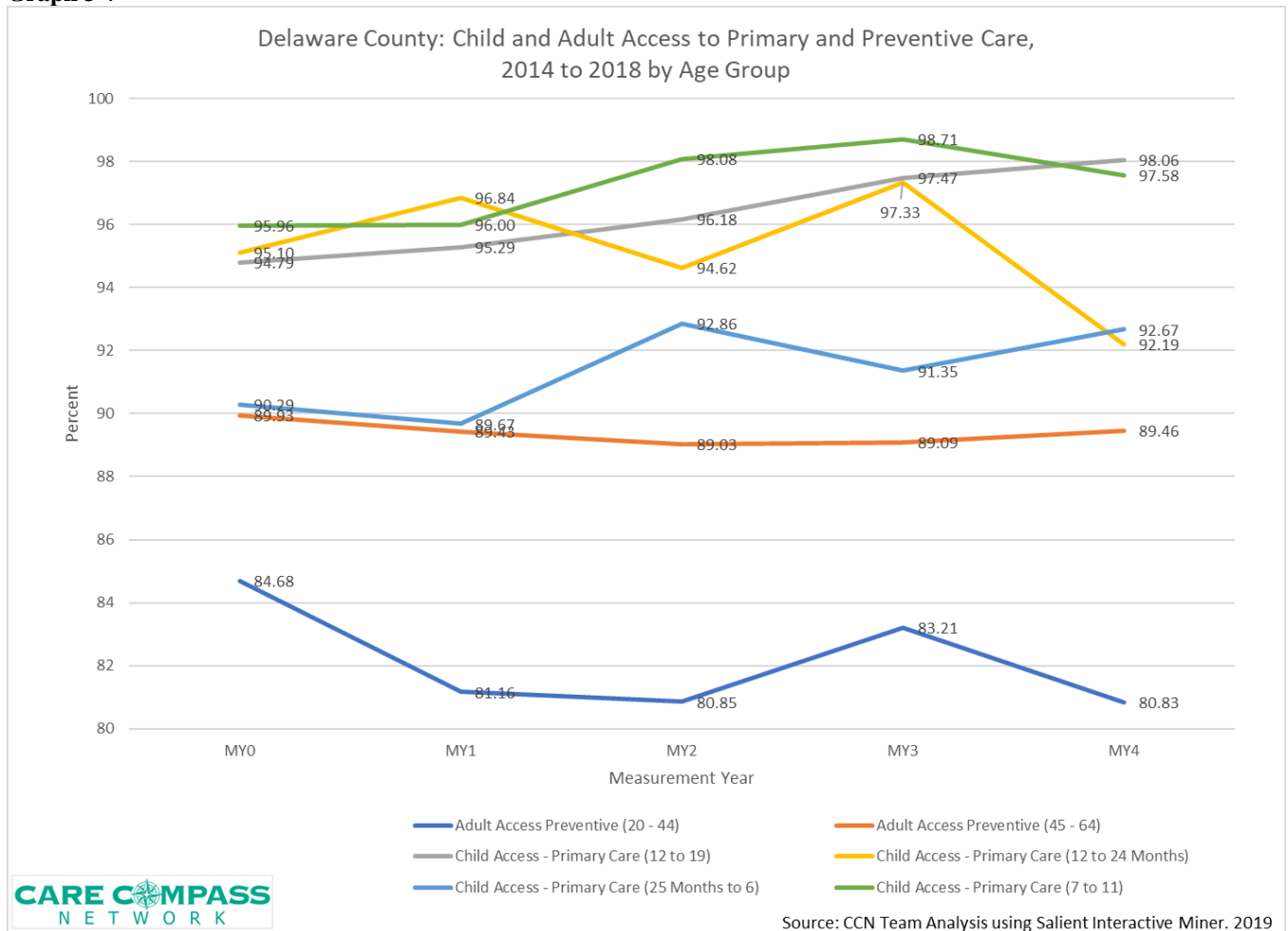
North RPU: Cortland and Tompkins Counties

South RPU: Broome and Tioga Counties

Several Delaware County clinical, community based, and county government providers participate in the East RPU, which meets monthly and develops projects specific to identified needs within the two counties.

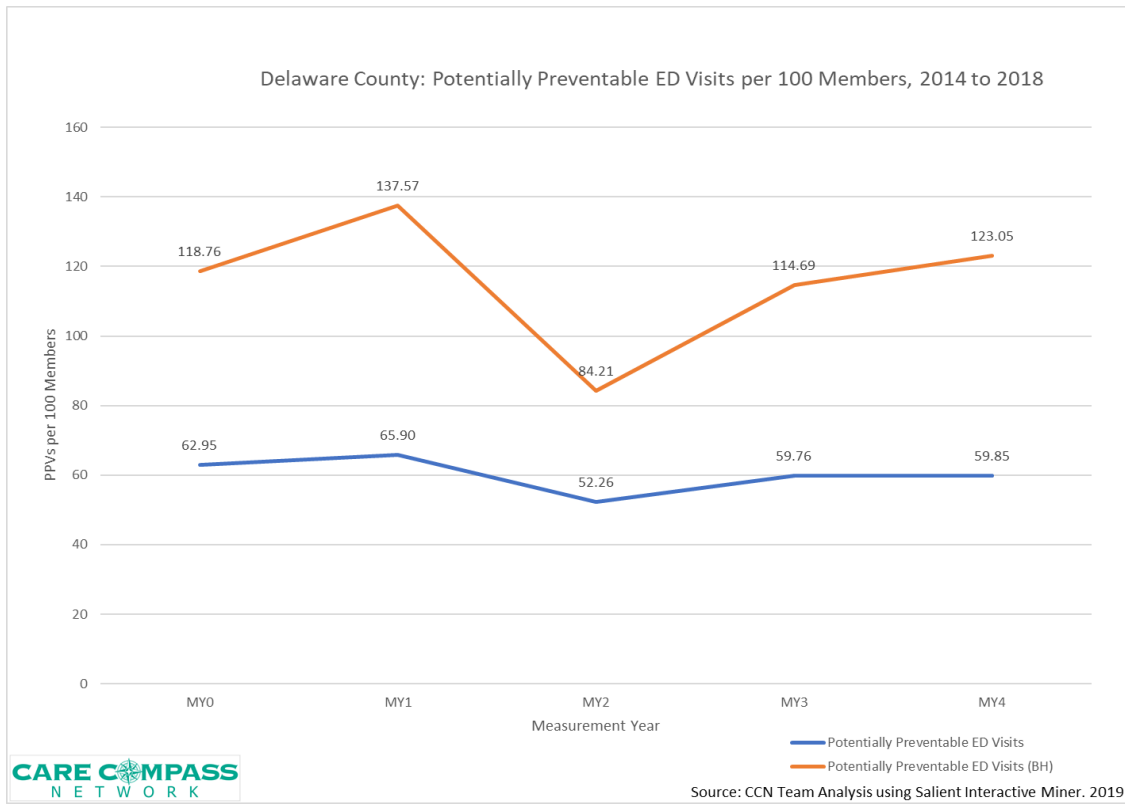
Care Compass Network provided the following information about impacts made in Delaware County as a result of their work.

Graph 3-7

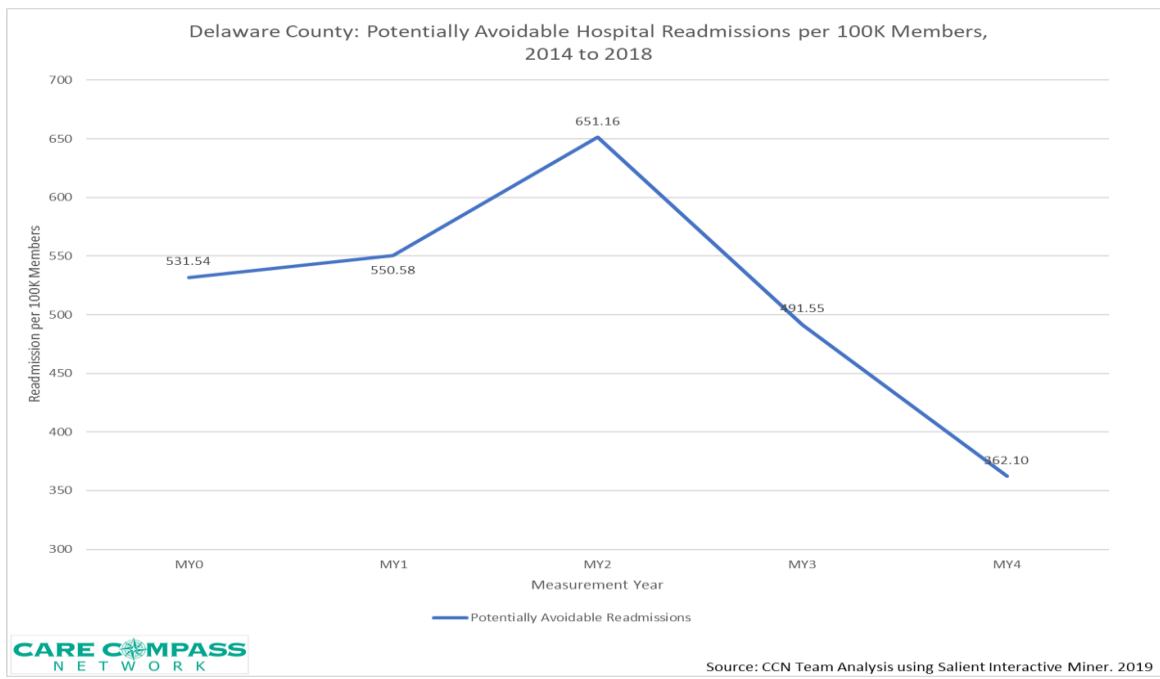


As shown in Graph 3-7, adult access to preventive care (the percentage of people who had an ambulatory or preventive care visit during the measurement year) for ages 20-44 has decreased; however, that same indicator has stayed the same for the 45-64 age group. Primary care for children (percent of children who has a visit with primary care provider during the measurement) ages 12-24 months has decreased, and for children 25 months to 6 years, 7 to 11 years and 12 to 19 years has increased. Note: these results are specific to Medicaid members in Delaware County.

Graph 3-8

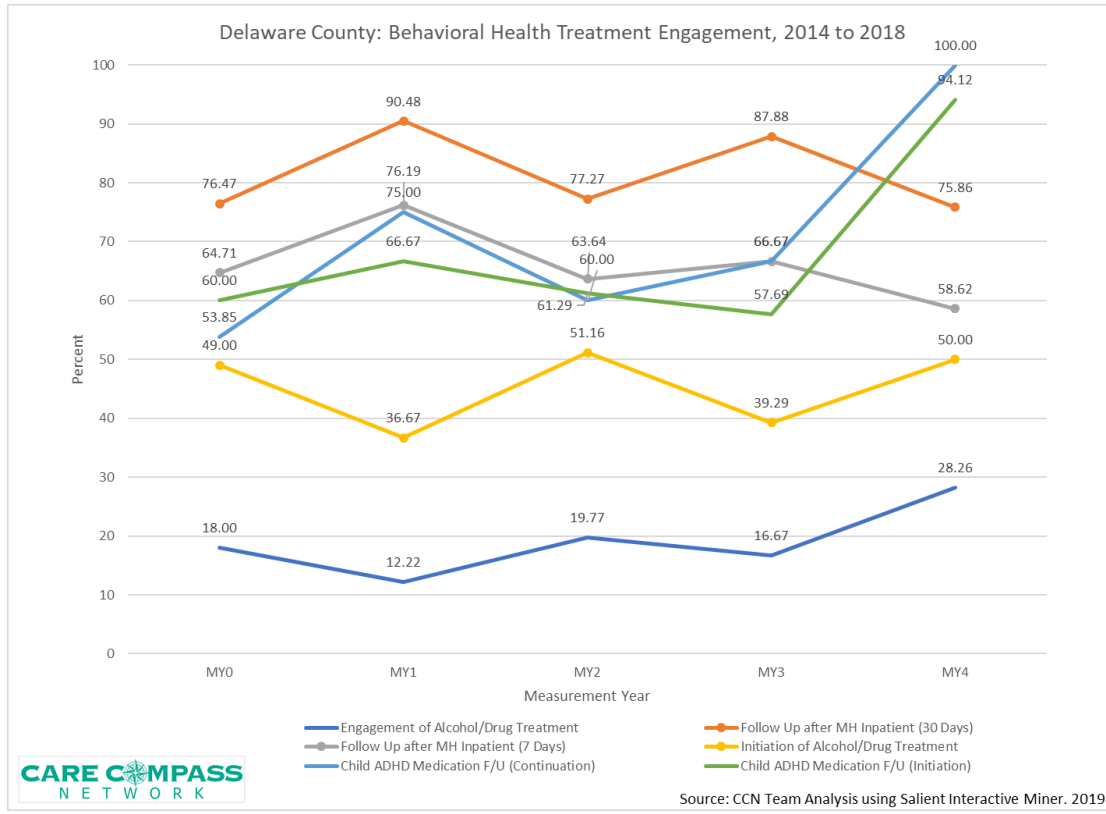


Graph 3-9



Graph 3-8 shows that potentially preventable ED visits overall have stayed relatively consistent from 2014-2018, aside from a dip in visits among Medicaid members with behavioral health concerns in Measurement Year 2. However, potentially avoidable *readmissions* have reduced significantly (Graph 3-9). This decline is consistent with regional patterns.

Graph 3-10



Graph 3-10 shows behavioral health treatment engagement. The number of people who initiated alcohol/drug treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter, or partial hospitalization within 14 days of the index episode, while approximately the same rate as it was in 2014, showed dips in measurement years 1 and 3. Similar dips occurred in engagement of alcohol and drug treatment, (measured by the number of people who initiated treatment AND who had two or more additional services with a diagnosis of AOD within thirty days of the initiation visit), however that number has increased. While there have been some increases over the course of the DSRIP initiative in 7-day and 30-day follow up after inpatient mental health care, the rates at the beginning of Measurement Year 0 and Measurement Year 4 were similar. There have been significant increases in child ADHD medication initiation and continuation.

Leatherstocking Collaborative Health Partners

Leatherstocking Collaborative Health Partners (LCHP) administers the NY Medicaid Redesign Initiative in Otsego, Schoharie, Madison, Herkimer and Delaware Counties.

LCHP has adopted the model of regional approach to impact performance due to the differences in resources and needs in each county.

Each LCHP Performance Hub aligns its community of service providers to improve patient outcomes through sustained & self-guided collaboration.

Delaware County makes up 12% of Leatherstocking Collaborative Health Partners’ (LCHP) attribution.

*LCHP Selected Clinical Projects

Table 3-7

Domain	Number	Name	Description
2: System Transformation	2.a.ii.	Patient Centered Medical Homes (PCMH)	Increase Certification of Primary Care Practitioners with PCMH Certification and/or Advanced Primary Care Models (as developed under the NYS Health Innovation Plan (SHIP)). Click here to learn more about this project.
2: System Transformation	2.b.vii	INTERACT in Skilled Nursing Facilities (SNF)/Long-Term Care (LTC)	Implementing the INTERACT Project (Inpatient Transfer Avoidance Program for SNF). Click here to learn more about this project.
2: System Transformation	2.b.viii	Hospital-Home Care Collaboration	Hospital-Home Care Collaboration Solutions. Click here to learn more about this project.
2: System Transformation	2.c.i	Navigation Program	To Develop a Community Based Health Navigation Service to Assist Patients to Access Healthcare Services Efficiently. Click here to learn more about this project.
2: System Transformation	2.d.i	Patient Activation Measure (PAM) for Uninsured	Implementation of Patient Activation Activities to Engage, Educate and Integrate the uninsured and low/non-utilizing Medicaid populations into Community Based Care. Click here to learn more about this project.
3: Clinical Improvement	3.a.i	Behavioral Health	Integration of Primary Care and Behavioral Health Services. Click here to learn more about this project.

3: Clinical Improvement	3.a.iv	Withdrawal Management	Development of Withdrawal Management (e.g., ambulatory detoxification, ancillary withdrawal service) Capabilities and Appropriate Enhanced Abstinence Services within Community-Based Addiction Treatment Programs. Click here to learn more about this project.
3: Clinical Improvement	3.d.iii	Asthma	Implementation of Evidence Based Medicine Guidelines for Asthma Management. Click here to learn more about this project.
3: Clinical Improvement	3.g.i	Palliative Care	Integration of Palliative Care into the PCMH Model. Click here to learn more about this project.
4: Population – Wide	4.a.iii	Mental Health and Substance Abuse (MHSA)	Strengthen Mental Health and Substance Abuse Infrastructure across Systems. Click here to learn more about this project.
4: Population – Wide	4.b.i	Tobacco Cessation	Promote tobacco use cessation, especially among low SES populations and those with poor mental health. Click here to learn more about this project.

Delaware County Performance Hub Goals

Measure: Potentially Preventable ED Visits for people with Behavioral Health diagnosis (PPV-BH)

Focus: Reduce PPV-BH for pediatric residents of Sidney by 50%.

Measure: Patients failing multiple DSRIP Medicaid claims-based performance measures

Focus 1: Reduce the ED visits for failing patients by 50% using in-home care coordination interventions.

Focus 2: Engage Fidelis in Delaware County to combine effort and work on the identified population collaboratively.

Measure: Access to Care

Focus: Improve collaboration among the three hospitals in Delaware County to improve patient access.

In addition to its 11 Clinical Projects*, LCHP has funded the following programs which have directly benefitted patients in Delaware County:

Psychiatric Nurse Practitioner for O'Connor Hospital, Delhi, NY

O'Connor Hospital

A lack of Mental Health and Substance Use Disorder Services in Delaware County specifically Delhi, have lead O'Connor Hospital and The Bassett Primary Care Clinic in Delhi to collaborate to hire a Psych NP to serve Delhi and the surrounding areas. Psych NP will be embedded into Bassett's Primary Care Office in Delhi to improve access to mental health and substance use disorder provider to a service area that does not currently have adequate resources. Psych NP will obtain "x" license to provide medication assisted treatment in addition to Psychiatric medication. By having co-located services, it will eliminate the need for multiple visits to multiple locations to see a prescribing provider, reduce transportation barriers, and lessen the burden on the Delaware County mental Health Clinic and Delaware County Drug and Alcohol Clinics.

Patient Impact: 2,400 total lives per year (10 visits/day x 5 days/week x 52 weeks, minus 20 days PTO)

Workforce Impact: 1.0 FTE

Nurse Educators

Bassett Healthcare Network

Nurses are particularly key in handling DSRIP initiatives for PCPs. Two Nurse Educators were hired to support change management across the PPS, concentrating on quality measures and process improvements to positively influence patient outcomes. They are available to work with all practices and all PPCs. Ambulatory Nurse Educators will create a curriculum that supports newer concepts in nursing education to align with value-based payment structure and standards of care.

Workforce Impact: 2 FTEs

Mental Health First Aid Training to Law Enforcement

The Neighborhood Center

This project addresses the need to educate law enforcement and community first-responders in mental health first aid and to enhance their skills in dealing with individuals with mental illness or who are under the influence of substances and in crisis.

14 classes for first responders

Workforce Impact: 3 PT staff to conduct trainings throughout the 5 PPS counties, including Delaware.

Living Well Program

Rural Health Education Network

Through LCHP funding, RHENSOM provides this Chronic Disease Self-Management Program throughout the PPS and in Delaware County at the Tri-Town Campus of A.O. Fox Hospital. The program successfully encourages patients with chronic conditions such as diabetes, hypertension, heart disease, musculoskeletal conditions and mental health conditions to increase engagement in their health care. Chronic pain self-management is also addressed.

Patient Impact: 116, all payors

Workforce Impact: 1 FTE; 15 peer leaders trained in chronic disease self-management, 11 in diabetes self-management and 16 in chronic pain self-management.

In Home Palliative Care for IPOS Patients

Catskill Area Hospice and Palliative Care

The Catskill Area Hospice and Palliative Care (CAHPC) “In Home Palliative Care Services” proposal has a number of identified values to LCHP, and the achievement of our Pay-4-Performance measures. The proposal is ideally structured for future Value Based Purchasing arrangements as it is cost-reducing, community based, and structured between a safety net and non-safety net partner in a downstream Fee For Service arrangement.

Patient Impact: 50 Medicaid Lives

Community Health Navigators

Bassett Healthcare Network

The Bassett Community Health Navigation team has been serving the interests of DSRIP and LCHP attributed patients since the beginning of the program. Referral to Health Home is a primary intervention for our most at-risk patients and may be the most common intervention stemming from Performance Hubs in 2018.

Patient Impact: 160 Medicaid lives

Workforce Impact: 4 FTE Navigators, 1 FTE Supervisor

Pulmonary Rehabilitation

A.O. Fox Memorial Hospital – Tri-Town Campus, Sidney, NY

AO Fox Hospital's Tri-Town ED has identified high utilizers diagnosed with asthma or COPD. Of 1308 visits, 668, or 51%, were Medicaid patients. This proposal seeks to provide pulmonary rehabilitation/home-based management to these patients followed by enrollment in the LCHP-funded chronic disease self-management program, Living Well. The COPD Assessment test will be administered to each patient followed by spirometry to evaluate medication efficacy. Patients will attend 6 biweekly classes spanning over 12 weeks. They then will be referred to the Living Well program which is also offered at Tri-Town. It is expected that this will positively impact patients' avoidable use of the Tri-Town ED and result in significant savings.

Patient Impact: Patients with 3 or more visits will be targeted with a focus on reducing the total number of ED visits (668) by 10%, or about 67 visits.

Workforce Impact: 2 FTE – respiratory therapists

Transportation Voucher Program

Rural Health Network of South Central NY

Mobility Management of The Rural Health Network of South Central New York works with LCHP in Otsego and Delaware Counties to strategically distribute vouchers to Medicaid patients in need of transportation not currently covered by Medicaid. This service often helps avoid personal health crises which frequently contribute to unnecessary ED visits and hospital readmissions.

Patient Impact: Year One - 200 vouchers distributed

Year Two – 350 Vouchers distributed.

Youth Mental Health First Aid Training

Chenango Health Network, Family Planning of South Central NY

Chenango Health Network seeks funding to provide Youth Mental Health First Aid training to Fire Departments, 911 Dispatchers, Emergency Medical Technicians, Medics, Law Enforcement, School Administrators, Teachers, and other individuals on effective handling on mental health situation involving a young person in Delaware County. Youth Mental Health First Aid is a training course designed to teach individuals methods of asking a young person who may be in the early stages of developing a mental health problem or in a mental health crisis. The training teaches

compassion, listening skills, the types of mental health help that is available, and combats the stigma surrounding mental health that prevents many individuals from accessing the help they need.

Patient Impact: Projected 500 Youth in Crisis in Delaware County.

Westchester Medical Center Health Network

Following the Delaware County Community Health Assessment (2016-2018), the three Performing Provider Systems (PPS) actively implementing the Delivery System Reform Payment (DSRIP) projects in the area, agreed to implement activities that would support identified focus areas:

- Focus area 1: Prevent Chronic Diseases
- Focus area 2: Promote Well-Being and Prevent Mental and Substance Use Disorders

For WMCHHealth PPS in particular, the priority focus areas coincided with the DSRIP projects selected; among them are:

- Integration of Primary Care and Behavioral Health (3ai)
- Health Home at-risk Intervention program (3aiii)
- Behavioral Health Community-Crisis Stabilization (3aii)
- Diabetes management (3ci)
- Asthma Care Management (3diii)
- Cancer Screening (4bii)

Under a comprehensive umbrella project integrating the care delivery network, WMCHHealth PPS focused on supporting primary care providers in the area in becoming Patient Centered Medical Home (PCMH) practices. A standard of care delivery in healthcare, the PCMH recognition by the National Committee on Quality Assurance (NCQA), ensures the recognized practice is able to address the needs of the patients, especially the high needs patients: screening patients for depression and other behavioral health needs, identifying patients for health home enrollment & care navigation, coordinating care for them with the specialists, the area hospitals and other post-acute care providers etc. The PCMH transformation also incorporated the DSRIP projects (Asthma & Diabetes management, cancer screening, Health Home at-risk) in order to help address those patients' needs further by having the practice team provide up-to-date care plans for effective chronic disease management.

WMCHHealth PPS outreached primary care providers in the network in Delaware County to provide patient-centered practice transformation services; Llobet Medical with practice locations in Kingston and Margaretville accepted the offer and was successful in achieving NCQA's 2014 PCMH Level 3 (the highest level) status. Llobet Medical serves the patient population that utilize

the Health Alliance of Hudson Valley hospital sites in Kingston and Margaretville, and were one of the initial practices to participate in all the DSRIP projects. By providing disease-specific information to the patients in a culturally competent and the appropriate level of health literacy (another hallmark of a PCMH recognized practice), Llobet Medical is able to connect with patients much more effectively and thus able to avoid potential unnecessary emergency room use. Patients utilizing the hospitals in the region and who were not connected with a primary care provider, were able to be connected with Llobet Medical much more quickly and able to maintain the relationship with their providers.

The work that the PPS had initiated and continues to do under the Medicaid Accelerated eXchange (MAX) Series (focus: Improving care for Inpatient High Utilizers) at the Health Alliance Hospital, extends to the patient flow and experience at Margaretville Hospital. Those patients defaulting to use the Emergency Department in the area in lieu of Primary Care, or behavioral health services were identified and connected to appropriate care. Every effort is being to continue the identification of such patients and providing the necessary care.

As part of DSRIP work, all the hospitals in the WMCHHealth network were connected via HIT; connections were established with Qualified Entity (QE)/Regional Health Information Organization (RHIO) to facilitate communication with hospitals and community providers. In 2017, WMCHHealth network hospitals, including Margaretville Hospital, implemented systems in place to connect area lead Health Homes with patients found eligible for related services. Health Homes services, including intensive care management, are available for active Medicaid beneficiaries who are diagnosed with two or more chronic conditions.

Participation in DSRIP project 3aiii (Health Home at-risk) helped practices and hospitals further identify patients who were *at-risk* of developing a second chronic condition and be able to connect them with appropriate care.

In order to promote well-being and prevent mental and substance use disorders, there was concerted work done with the community-based organizations in the county such as the NYSARC Inc. Delaware County chapter and the Alcohol and Drug Abuse Council of Delaware County. WMCHHealth PPS conducted several Mental Health Awareness program campaigns as part of this work, including convening on the Opioid Response planning grant process.

Delaware County Coalitions, Task Forces and Work Groups

Given the size and rurality of Delaware 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 three 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, 2019 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.

Table 3-8**Delaware County Coalitions, Task Forces, and Work Groups**

Name	Lead Agency	Participation
Rural Health Care Alliance of Delaware County	Cornell Cooperative Extension Delaware County	DCPH, DVH, MMH, OCH
ACES Committee	Cornell Cooperative Extension Delaware County	OCH, DVH, DCPH
Workforce Development Committee	Cornell Cooperative Extension Delaware County	OCH, DVH
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
Action for Older Persons Committee	Action for Older Persons (AOP)	OCH
Mobility Management of South Central NY Transportation	Rural Health Network of SCNY	OCH
Office for the Aging Advisory Board	DC Office For Aging	DCPH
Health Services Advisory Board	DCPH	DCPH, MMH
Community Health Services Board (Mental Health)	DC Community Health Services	DCPH, DVH, MMH, OCH
Substance Abuse Committee	DC Community Health Services	DCPH, DVH
Substance Use Prevention Task Force	DCPH	DCPH, OCH, MMH
Prevention and Education Subcommittee	DCPH	DCPH
Data Subcommittee	DCPH	DCPH, OCH, MMH
Treatment Subcommittee	DCPH	DCPH, OCH, MMH
Response Subcommittee	DCPH	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
Withdrawal Management	Leatherstocking Collaborative Health Partners	DVH
WIC Advisory Board/Head Start Advisory Board	DCPH	DCPH
Mothers and Babies Perinatal Network	Mothers and Babies Perinatal Network	DCPH
Delaware County BNICER Committee	DCPH	DCPH, DVH, OCH
Rural Adult Immunization Coalition Delaware County BNICER Committee	Rotates – 17 County Coalition	DCPH
Rural Adult Immunization Coalition	Rotates – 17 County Coalition	DCPH

Delaware County Coalitions, Task Forces and Work Groups - Continued		
Name	Lead Agency	Participation
American Legion – Delhi	American Legion	OCH
Bassett Research Institute	Bassett Healthcare Network	OCH
Healthy Heart Screening	Bassett Healthcare Network	OCH
Fall Risk Assessment	Bassett Healthcare Network	OCH
Creating Healthy School and Communities	Bassett Healthcare Network/ SUNY Cobleskill	OCH
Complete Streets	O’Connor Hospital	OCH, DCPH
Regional Trauma Advisory Committee	Lifestar Regional Trauma System	OCH
Margaretville Hospital Wellness Committee	Margaretville Memorial Hospital	MMH
Westchester Medical Center Psychiatry and Psychology	Westchester Medical Center	MMH
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	DCPH
Catskills Addiction Coalition	Catskills Addiction Coalition	DCPH
Delaware County Transportation Committee	Delaware Opportunities	DCPH
Rural Telehealth Consortium	Decker School of Nursing	DVH
Southern Tier Regional Planning Consortium	NYS OMH	DVH
External Advisory Committee	SUNY Delhi School of Nursing	DVH
Telehealth Workgroup	HANYS	DVH

DCPH = Delaware County Public Health

DVH = UHS Delaware Valley Hospital

MMH = Health Alliance of the Hudson Valley’s Margaretville Memorial Hospital

OCH= Bassett Health Network O’Connor Hospital

IV. Conclusions

Delaware County Public Health in collaboration with the three 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 Memorial Hospital, O'Connor Hospital, and 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 121-122 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 Well-Being and Prevent Mental and Substance Use Disorders

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

2019-2021

Stakeholder Outreach and Input

The Delaware County goals and strategies reflect the priorities of the Delaware County Public Health Department, the three hospitals serving Delaware County, and the Southern Tier Population Health Improvement Program (PHIP). These entities took into consideration both quantitative and qualitative data gathered from the distribution of two surveys (one for community residents and one for health and human service providers), community assessments from local government and regional organizations, and data from state dashboards. Based on statistical data, the priorities already in process from the 2013-2017 and 2016-2018 Community Health Improvement Plans, and relevance toward the county and state prevention agenda, two priority areas were selected: *Prevent Chronic Diseases* and *Promote Well-being and Prevent Mental and Substance Use Disorders*.

Table 1

Outreach Mechanism	Description
Meetings with 3 hospitals, Public Health, and the Southern Tier Population Health Improvement Program were held on: 1/31/19; 2/28/19; 3/28/19; 4/25/19; 5/30/19; 7/12/19; 7/25/19; 8/29/19; 10/13/19; 10/31/19; 11/22/19; 12/16/19	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. 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>Community Survey</p>	<p>In the first quarter of 2019, the PHIP Population Health Coordinators developed and conducted two surveys. The first survey was sent out via email to various list serves with the intention of reaching the health and human services workforce at all levels, as well as those representing county offices (such as town supervisors, etc.). That survey yielded 87 responses, with 40.7% identifying “Clinical care” as the sector in which they work and 22% identifying “Non-profit community based organization”. The second survey was designed to solicit input from residents of Delaware County and 400 responses were received. In both surveys, respondents were asked to identify, within each Prevention Agenda Priority Area, which focus areas were most in need of greater support, and what, in their opinion and experience, the greatest strengths and health-related concerns are for Delaware County.</p>
<p>Community Roundtable</p>	<p>In May of 2019, the PHIP Population Health Coordinators worked with the Delaware County committee to hold a community roundtable event at SUNY Delhi, located in Delhi, Delaware County. All Health and Human Services providers that received the survey were invited, as well as the community residents who provided their names and contact information electronically via the second survey. The roundtable event was attended by 40 people, and included a presentation on the survey data by the PHIP Coordinators. Delaware County’s Director of Public Health and the Director of Operational Support from O’Connor Hospital (located in Delhi and affiliated with the Bassett Healthcare system) presented on the NY State and Federal requirements for completion of the CHA, CHIP, and the hospitals’ CSPs. The roundtable event included breakout groups for the chosen Prevention Agenda priority areas to give attendees further opportunity to provide input on the interventions and activities to take place in the next 3-year cycle.</p>

<p>Professionals/Stakeholders</p>	<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"> • Three distinct health systems, including three hospitals, examine what can realistically be done given available resources, and who has the capacity to take on various roles within partnerships; • Data sharing; • All entities learn more about the data, trends, and arising concerns across both the county and the region; • Cross-sector and cross-county partnerships are becoming more common.
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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 Well-Being and Prevent Mental and Substance Use Disorders and Preventing Chronic Diseases* were selected based on input from the Public Health Department, three 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

Focus Area 1: Physical Activity

Goal 2.1 Improve community environments that support active transportation and recreational physical activity for people of all ages and abilities.

Objective: 1.4 - Decrease the percentage of adults ages 18 and older with obesity (all adults)

Interventions: Implement and/or promote a combination of community walking, wheeling, or biking programs, Open Streets programs, joint use agreements with schools and community facilities, Safe Routes to School programs, increased park and recreation facility safety and decreased incivilities (dogs off leash, litter, graffiti, unmaintained equipment), new or upgraded park or facility amenities or universal design features (playgrounds and structures; walking loops, recreation fields; gymnasiums, pools; outdoor fitness stations, picnic areas, pet waste stations); supervised activities or programs combined with onsite marketing, community outreach, and safety education.

Community Based Strategy and Commitment of Resources: Complete Streets is a transportation and design approach that requires streets and trails to be planned, designed, operated, and maintained to enable safe, convenient and comfortable travel and access for users of all ages and abilities regardless of their mode of transportation. A local Complete Streets group was formed in 2013. The groups achievements include; securing joint use agreements with the Town of Delhi, Village of Delhi and Delhi Central School District to open 400 acres of public land for the Catskill Mountain Club to build 4 miles of hiking trails for walking and hiking. Eleven municipalities, the State University of New York at Delhi and Delaware County all approved Complete Street policies. Share the road signs were purchased and posted in the Town of Delhi, walking audits in the villages of Delhi, Sidney and Walton have been completed and publicized to elected officials. Radar signs for the hamlet of Sidney Center were purchased by the Safe Routes to Schools program, the Town of Sidney insured and the units were installed by Delaware County Public Works Department. In year two and three of the Community Service plan the Complete Street group will seek continued funding support from the Rural Health Alliance of Delaware County, facilitated by Cornell Cooperative Extension, to support small municipality based projects that promote Complete Street and age-friendly community design concepts. (Age-Friendly is loosely defined as enabling people of all ages to actively participate in community activities and treats everyone with respect, regardless of their age). The group will encourage municipalities to implement the following types of projects; increased park and recreation facility safety and decreased incivilities (i.e. litter, graffiti, dogs off leash, unmaintained equipment), new or upgraded park or facility amenities or universal design features (i.e. playgrounds and structures; walking loops, recreation fields, gymnasiums, pools; outdoor physical activity equipment, fitness stations or zones; skate zones; picnic areas; pet waste stations); supervised activities or programs combined with onsite marketing, community outreach, and safety education. (Note: Parks can include mini-parks, pocket parks, or parklets; neighborhood parks, community parks, sports complexes; and natural resources). The group will also encourage joint use agreements and public and private partnerships to accomplish the types of projects listed above. The group will promote its work and the resources in the county through the use of the www.getoutandwalk.org website and Social Media pages. The Article 6 State funding will support Public Health staff time as well as local grant funding to support project initiatives.

Focus Area 4: Preventive care and Management

Goal 4.1 Increase cancer screening rates

4.1.3 - Increase the percentage of adults who receive a colorectal cancer screening based on the most recent guidelines (ages 50-75 years).

4.1.3 - Use small media such as videos, printed materials (letters, brochures, newsletters) and health communications to build public awareness and demand.

Community Based Strategy and Commitment of Resources: Public Health will work to address the low colorectal cancer screening rates in Delaware County by implementing a media campaign and working with local businesses and employers to encourage employees to be screened for colorectal cancer. In 2020 Colorectal cancer screening awareness inserts will be disseminated to Delaware County employees' paychecks during the month of March (Colorectal Cancer Awareness month). Public Health will look to expand to additional employers in Delaware County each year. Partners include local hospitals, primary care providers, The Cancer Services Program and employers. Article 6 funding will support Public Health programming and interventions to increase colorectal screening rates.

Promote Well-Being and Prevent Mental and Substance Use Disorders

Focus Area 2: Prevent Mental and Substance User Disorders

Goal 2.2 Prevent opioid overdose deaths

Objective 2.2.1 Reduce the age-adjusted overdose deaths involving any opioid by 7% to 14.0 per 100,000

Interventions 2.2.2 - Increase availability of/access to overdose reversal (Naloxone) trainings to prescribers, pharmacists and consumers.

Community Based Strategy and Commitment of Resources: In 2018, public health received opioid crisis funding from NYSDOH; funding will continue up to 2022. Public Health formed a Substance Use Prevention Task force that includes members of law enforcement, mental health, substance use services agencies, other human services agencies. Public Health works with Friends of Recovery of Delaware and Otsego (FOR-DO) to conduct naloxone trainings in Delaware County. Article 6 State Aid, Opioid Grant Funding and local grant funding support this initiative.

Focus Area 2: Prevent Mental and Substance User Disorders

Goal 2.3 Prevent and address adverse childhood experiences

Objective: 2.3.3 Increase communities reached by opportunities to build resilience by at least 10%

Interventions: 2.3.1 - Integrate principles of trauma informed care ACES to Public Health Programming

Community Based Strategy and Commitment of Resources: According to the CDC Adverse Childhood Experiences, or ACEs, are potentially traumatic events that occur in childhood (0-17 years) such as experiencing violence, abuse, or neglect; witnessing violence in the home; and having a family member attempt or die by suicide. Also included are aspects of the child's environment that can undermine their sense of safety, stability, and bonding such as growing up in a household with substance misuse, mental health problems, or instability due to parental separation or incarceration of a parent, sibling, or other member of the household.

Adverse Childhood Experiences have been linked to risky health behaviors, chronic health conditions, low life potential, and early death. As the number of ACEs increases, so does the risk for these outcomes. Public Health will integrate principles of trauma informed care ACES to Public Health programming. The Rural Health Care Alliance formed a county-ACES committee in 2019-2020. In 2021 Trauma informed ACES approach will be incorporated into Early Intervention, Maternal/Infant Child Health Polices and Public Health Administrative polices as appropriate. Trainings are currently supported by community agencies and The Rural Health Care Alliance of Delaware County. Public Health will support the strategies and interventions with Article 6 state aid, and local grants.

Focus Area 2: Prevent Mental and Substance User Disorders

Goal 2.5 Prevent suicides

Objective 2.5.2 Reduce the age-adjusted suicide mortality rate by 10% to 7 per 100,000

Intervention 2.5.3 - By year 2021 a means reduction initiative will be introduced in the community; 1. means reduction workgroup will be formed 2. partnerships will be formed with gun owner groups 3. means reduction awareness conference will be offered to the community

Community Based Strategy and Commitment of Resources: 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 on a means reduction project. In 2016, Public Health had planned to work on means reduction with no success. Public Health will try to address this by engaging gun ownership groups in a training/workshop in 2020. Public Health will continue to chair the Suicide Prevention Network to meet with partners to implement means reduction strategies, share and report aggregate data on suicide and suicide ideation, and outreach to schools, employers, and agencies promoting mental health resources. Public Health will support these efforts with public health article 6 funding, grants and support from Suicide Network partners.

Focus Area 2: Prevent Mental and Substance Use Disorders

Goal 2.5 Prevent suicides

Objective 2.5.2 Reduce the age-adjusted suicide mortality rate by 10% to 7 per 100,000

Intervention 2.5.4 Provide two Gatekeeper trainings per year to community groups, schools, and professional agencies.

Community Based Strategy and Commitment of Resources: Delaware County will be to offer two Gatekeeper trainings per year. Gatekeeper trainings include: 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); 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 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). Public will support these efforts with public health Article 6 funding and support from Suicide Network Partners.

Focus Area 1: Promote Well-Being

Goal 1.1: Strengthen opportunities to build well-being and resilience across the lifespan

Objective 1.1.1.3 Increase proportion of adults who report an inclusive social environment by 5% (baseline to be set in 2020)

Interventions: Implement Age Friendly practices throughout the county utilizing AARP Livable Communities. Reach consensus on best practice interventions, core measures and roles of stakeholders • Recruit and form committee(s) of community residents, which is representative of the population and also includes appropriate community based organizations, agencies and government entities to focus on at least two priorities identified.

Community Based Strategy and Commitment of Resources: Public Health will be working with hospitals, municipalities, county and community service agencies on AARP Livable Communities. Workshops will be attended in 2020 and priorities will be identified and committees formed for year 2021. AARP Livable Communities supports the efforts of neighborhoods, towns, cities and rural areas to be great places for people of all ages. Livable Communities mission aligns with social determinants of health- by addressing safe, walkable streets; age-friendly housing and transportation options; access to needed services; and opportunities for residents of all ages to participate in community life. Article 6 State Aid and local grant money will support the focus area.

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 and community 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 2019-2021 CHA/CHIP and three CSPs will be provided to the local print, radio media, social 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.

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 organizations.

A presentation will be given to the Delaware County Health Services Advisory Board, and the Rural Healthcare Alliance. 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

Action for Older Persons, Inc. (Vestal): The Long Term Care Nursing Home Ombudsman Program advocates for persons in nursing and adult homes in Broome and Delaware Counties. NYS certified volunteers visit homes regularly to help with questions or concerns on behalf of residents, family, and staff.

American Cancer Society: Provides programs to educate adults on proper nutrition to prevent cancer.

Adult Career and Continuing Education Services – Vocational Rehabilitation (ACCESS-VR) (Binghamton): Provides vocational counseling and rehabilitation services that result in successful employment outcomes for individuals with disabilities and their employers.

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), Al-Anon/Al-Ateen): nonprofit organizations providing support groups and education about alcoholism and/or substance use 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.

Alzheimer’s Association of Northeastern NY (Cooperstown): Provides programs for people with Alzheimer’s disease, their families, caregivers, & professional care providers. Offers a Helpline, care consultations, support groups, education, training, and safety services.

American Red Cross – Southern Tier Chapter (Endicott): The Red Cross responds to disasters, providing shelter, food, health and mental health services to help families and entire communities get back on their feet.

American Cancer Society (Johnson City): Provides information and resources related to all forms of cancer.

American Diabetes Association of Central NY (Utica): The American Diabetes Association provides information and resources about diabetes.

American Heart Association (Binghamton): The American Heart Association provides public health education, information and resources to fight cardiovascular disease and stroke.

American Lung Association of Mid-New York (Albany): The American Lung Association provides health education, information & resources related to lung disease.

AM/PM Home Care (East Meredith): Provides home care services including skilled nursing, grocery shopping, meal prep, transportation, light housekeeping, laundry, respite care, and pet care.

A.O. Fox Memorial Hospital (Oneonta): 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.

Article 16 Clinics Broome Developmental Disabilities Regional Offices (DDRO) Front Door (Binghamton): The Office for People with Development Disabilities (OPWDD)-certified treatment facilities that provide clinical services to individuals with developmental disabilities. Services may include: rehabilitation/habilitation; medical/dental services; and health care services.

Around the Clock In-Home Care Referrals (Delhi): Around the Clock In Home Care refers in home personal and/or nursing care to those in need, including medication and treatment administration, personal care, meal preparation, and accompaniment to medical and non-medical destinations. Short term care is also available for patients following a surgery.

Aspen Dental (Oneonta): Free exams and x-rays to new patients without insurance, payment plans

Association for Vision Rehabilitation and Employment, Inc. (Binghamton): AVRE offers a range of learning, living, and working options for people of all ages with sustained and severe vision loss.

At Home Care (Oneonta): Provides in home professional and para-professional services including nursing care, telehealth, rehabilitation therapy, personal care, and lifeline services.

Lifeline is an easy-to-use personal response service that ensures that older adults living at home get quick assistance whenever it is needed 24 hours a day, 365 day a year.

Bassett Healthcare Delhi - Dental Office (Delhi): The Bassett Healthcare Delhi - Dental Office offers general dentistry services for both children and adults. The practice serves patients with and without insurance, including Medicaid.

Bassett Medical Center (Cooperstown): 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. Women’s health needs are also addressed. Patients have access to experienced professionals who offer care in every aspect of a woman’s life. Bassett Healthcare Network offers breast cancer treatment, bone density scans, mammograms, well visits, family planning, nutritional counseling and much more. The care team can provide the total care needed at convenient locations. Bassett Healthcare Network also offers comprehensive care and support for transgender health.

Bassett Medical Center Inpatient Psychiatry Unit (Cooperstown): Bassett's Department of Psychiatry provides inpatient and outpatient psychiatric care. Bassett Medical Center has an Inpatient Psychiatry Unit that offers psychiatric assessment, evaluation and treatment to adults who require acute care hospitalization. Outpatient services include assessment and treatment planning, individual psychotherapy for children and adults, marital therapy and medication management.

Broome Developmental Disabilities Regional Offices (DDRO) Front Door (Binghamton): a unit of the New York State Office for People with Developmental Disabilities (OPWDD) providing services in partnership with local governments and voluntary non-for-profit providers for people of all ages with developmental disabilities and their families. The local office, Delaware Regional Center, is located in Masonville. Services include a Community Residential (CR) program which provides both supervised and supportive living environments; a Family Care program, provided by the OPWDD, providing community-based residential housing to individuals of all ages who are developmentally disabled and unable to live independently; an Individualized Residential Alternative (IRA), a type of community residence that provides room, board, and individualized service options with 24 hour staff support and supervision; an Intermediate Care Facility (ICF), which serves individuals who are unable to care for their own basic needs; a children's waiver (III/IV/VI) program, provides supports and services that enable adults and children with developmental disabilities to live in the community. Service Coordination assists personal with developmental disabilities and their families in gaining access to services and supports appropriate to their needs.

Broome DDSO Delaware County State Operations Office (Masonville): Provides evaluations, in home visits, and individualized service plans to assist with residential placement and/or day program placement, as well as other information and referrals.

Cancer Services Program: The Cancer Services Program (CSP) provides breast, cervical and colorectal cancer screenings at no cost to women and men who do not have health insurance or have health insurance that does not cover the cost of these screenings. Income guidelines and age requirements apply. Services are provided in local clinics, health centers, doctors' offices and hospitals in every county by health care providers participating in the CSP.

Catskill Center for Independence (Oneonta): Provides a variety of services to individuals with disabilities with information, training and other disability related assistance to the family. *The Traumatic Brain Injury Medicaid Waiver* -TBI Waiver program provides specialized services to individuals with a traumatic brain injury (between the ages of 18-64), in their home, to prevent or circumvent nursing home placement. *The Nursing Home Transition and Division Waiver*- NHTD Waiver program is available to individuals with disabilities and seniors, in order to receive supportive services in the community, rather than be placed in a nursing home. *The Center* provides individuals with information about the latest technology available in assistive and adaptive equipment, as well as referrals to adaptive equipment providers.

Catskill Neighbors (Fleischmanns): Catskill Neighbors is a group of volunteers serving the areas of Fleischmanns, Arkville, and Margaretville, with the goal of helping elders live comfortably at home. Volunteers can assist with such needs as local transportation, accompanying someone on a shopping excursion, running errands, friendly visiting, respite, or caring for a pet.

Catholic Charities of Delaware, Otsego, and Schoharie Counties (Oneonta): Caring Connections is offered to individuals and families who are struggling to meet their basic needs. Financial assistance can include: assistance with utilities including electric shut-offs, housing assistance, transportation assistance, and assistance with paying for essential medical costs. The Dispute Resolution Center offers alternative dispute resolution services including arbitration, conciliation, facilitation, mediation and scribing for any type of dispute. Commonly mediated disputes include custody/visitation, divorce, lemon law, special education, agricultural and community disputes.

Chenango Health Network (Norwich): The Health Insurance Assistance Program helps area residents to obtain health insurance through the NY State of Health Insurance Marketplace. Navigators guide individuals through the enrollment process, help them find the right health insurance based on their needs, and work with them to determine if they can get financial assistance to reduce the cost of coverage. As of 8/1/2019, there

will no longer be a site in Delaware County. Individuals requesting assistance must go to the Norwich location.

Chestnut Park Rehabilitation & Nursing Center (Oneonta): Chestnut Park is an 80 bed sub-acute rehabilitation and nursing facility provide short term rehabilitation therapy, Alzheimer's / dementia care, and long-term care through a comprehensive range of services.

Community Health Navigation Bassett Healthcare Network (Delhi): Specifically for Medicaid recipients with at least one chronic illness, Community Health Navigation assists patients by coordinating all primary, acute, behavioral health, and long-term services and supports to treat the whole person.

Consumer Directed Personal Assistance Program (CDPAP) (West Haverstraw and Utica): CDPAP is a Medicaid program that provides services to chronically ill or physically disabled individuals who have a medical need for help with activities of daily living (ADLs) or skilled nursing services, and choose to self-direct their own services, including full responsibility for hiring, training, supervising, and, if need be, terminating the employment of persons providing the services.

Consumer Fraud and Protection Bureau (Binghamton): Helps consumers with various complaints such as landlord/tenant disputes, housing discrimination, automobile, and fraud.

Cornell Cooperative Extension (Hamden): The mission is to continue to serve as a fundamental catalyst for promoting the quality of life in Delaware County by linking the university-based research and innovative land grant programming with community partners, stakeholders, and residents. Farmers' markets have been established for the convenience and health of local residents, including the Farmers' Market Nutrition Program (FMNP), with aFMNP coupons available through Delaware County's Office for Aging. The Community Energy Engagement Program (CEEP), makes support available to help residents and businesses reduce energy consumption. Through the EFNEP and Eat Smart New York programs, women can be involved in nutrition education lessons to help them make healthy eating and lifestyle choices, prepare them to successfully breastfeed, enjoy gardening and preserve their own food supply. 4-H programs are available to youth from 5 to 19 years old.

DCMO BOCES (Sidney Center): The DCMO BOCES offers daycare to the public which is available Monday through Friday from 7:00am-5:00pm, serving children 3 to 5 years of age. DCMO BOCES partners with local school districts to provide a broad range of educational programs and services that help meet the evolving educational needs of students.

Delaware County Alcohol and Drug Abuse Services (Hamden): Peer Recovery Coach and Recovery Advocates - Provide support to individuals with substance abuse and behavioral health issues who are in recovery. A medically supervised addictions outpatient treatment program serving those whose lives have been affected by the abuse of alcohol and/or drugs. Services provided include consultation, assessment, referrals, addiction education, individual and family treatment, after care services, and specialized groups.

Delaware County Department of Social Services (Delhi): County agency providing economic assistance and social service support to eligible families and individuals. Foster Care provides children with a temporary home when it is necessary to remove a child from his or her present home due to the inability of a parent to ensure the health and safety of a child, neglect or abuse of a child by a caretaker, or placement by Delaware County Family Court for a Persons In Need of Supervision (PINS) or Juvenile Delinquency case. Adoption Services are available to assist families interested in adopting children in need of safe, nurturing and permanent homes.

Delaware County Drug Treatment Court (Delhi): The goal of Drug Treatment Court is to significantly reduce criminal activity in Delaware County by empowering treatment court participants to achieve life-long recovery and become responsible, productive members of the community.

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

Delaware County Emergency Services (Delhi): In the event of an emergency (flood, severe winter storm, etc.), the DCES web page will contain up-to-date information regarding the location of the emergency, state of emergency, road closures, shelter locations, school closures, and any other news that is important for residents to know. Information is also available to help with emergency preparedness.

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

Delaware County Employment and Training- CDO Workforce Career Center (Delhi and Sidney): The Workforce Career Centers provide a variety of services for job seekers, workers, and businesses in the Chenango, Delaware, and Otsego Area. Services include assessment, case management, on-the-job training, classroom training, re-employment services, and youth employment.

Delaware County Mental Health Clinic (Walton): Provides evaluation, diagnosis and treatment to adults, families, adolescents and children residing within Delaware County. Programs and services include: Children and Youth Services, Crisis Intervention/Emergency Services, Family Therapy, Forensics Program, Individual and Group Therapy, Intensive Case Management, and Psychiatric Services. *The Single Point of Access (SPOA) HCBS Waiver for Children with Severe Emotional Disturbances (SED)* allows Medicaid to pay for services not normally provided through Medicaid, including care coordination, respite, family support services, intensive in-home services, and skill building.

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 Legacy Corps* is a community-based volunteer program offering a range of support and services to caregivers throughout the county. Caregiver Respite Program – Delaware County Legacy Corps provides unpaid family caregivers a personal break. Volunteers can provide friendly visiting or transportation for family member to get to appointments and/or to run errands. Older adults are encouraged to participate in water exercise, aerobic exercise, weightlifting, tai-chi classes, walking programs, Matter of Balance and water exercise. *The Home Energy Assistance Program (HEAP)* is a federally funded program that assists eligible households in meeting their home energy needs. Persons age 60 and older may apply for HEAP through the Office for the Aging. *Expanded In-home Services for the Elderly (EISEP)* program is designed to provide non-medical in-home services to individuals. It assists with activities such as housekeeping, dishwashing, shopping, meal preparation, running errands, or assistance with bathing, shampooing, shaving, and walking. *Link to Life* provides emergency help 24 hours a day by simply pushing a help button. The Office for the Aging can assist individuals in obtaining and installing a unit. *Legal Aid Society* of Mid-New York assists older persons with legal counseling in several areas of law, such as Medicare, Medicaid, landlord/tenant disputes, wills, and Health Care Proxy. *NY Connects* provides free information and assistance exploring long-term care resources, including many services that help people of all ages remain in the community and independent. *HIICAP* provides Medicare eligible people with assistance in enrolling in Medicare, selecting and enrolling in secondary insurance, Part D plans, application for EPIC, Medicare Savings Programs/Extra Help and billing and complaint assistance. Presentations and educational materials on the above topics are also available. *The Health Insurance Information, Counseling, and Assistance Program (HIICAP)* provides information, education and counseling about Medicare and other health insurances, including Part D prescription plans, and assistance programs such as Extra Help and EPIC. Registered dietitians counsel clients on specific nutritional concerns and special diets. If your doctor has advised you to follow a special diet or you feel you require some help meeting your nutritional needs, personal sessions can be scheduled (home visits are available). *The AARP Tax-Aide Program* offers specially trained volunteer Tax Counselors to assist seniors in completing federal and state income tax returns. The program is available February through April 15th. The Office for the Aging operates a coach-type bus with handicapped accessibility which serves most of Delaware County. Different fixed routes, operating three days a week have been established to help riders meet their shopping, medical and social needs. Volunteers

are also available to provide door-to-door transportation for medical appointments. *AARP driving courses* are available for people 50 years of age and older to help improve driver safety. Most insurance companies offer a premium discount for drivers who have successfully completed this course.

Delaware County Public Health (Delhi): County agency providing population based services to residents of Delaware County. Services include: *Early intervention* provides developmental monitoring/screening and early intervention services as needed for infants and toddlers under the age of three who are at risk for or who are suspected to have developmental delays or have confirmed developmental delays. *Children and Youth with Special Health Care Needs Program* (birth-21) is an information and referral service designed to assist the families of physically challenged or chronically ill children from birth through age 21 years. *Physically Handicapped Children's Program* (Birth-21) The PHCP assists families in paying medical bills for children with severe chronic illnesses and/or physical disabilities, between birth and 21 years of age, who live in Delaware County and meet medical and financial eligibility criteria. *Preschool Special Education Program* (3-5 years) helps children with developmental delays and disabilities achieve the best outcomes later in life. Evaluations and specially planned individual or group instructional services or programs are provided to eligible children who have a disability that affects their learning. *Immunizations:* Childhood immunization clinics and information on adult immunizations. *Nurses* in the Maternal Child Health Program provide home visits to pregnant women, new mothers and newborn infants. Education on pregnancy, nutrition, labor and delivery, family planning, infant care, breast-feeding and parenting is provided. Public Health partners with community agencies and individuals to provide programs, projects and institute policies in Delaware County to improve the health of the community.

Delaware County Rural Healthcare Alliance

Cornell Cooperative Extension

34570 State Highway 10, Hamden, NY
13782.....Phone: (607) 865-6531 <https://ccedelaware.org/alliance/>

The Delaware County Rural Healthcare Alliance funds Girls on the Run, fitness trails development and senior Tai Chi/ Matter of Balance programs offered through the Office of the Aging in Delaware County. The Alliance brings together healthcare and healthcare related organizations to share information, conduct assessments, develop plans and fund projects to address health education and awareness. The Alliance promotes improved access to quality health and wellness services for Delaware County, NY residents.

Delaware County Veterans Service Agency

1 Gallant Ave, Highway Annex, Suite A, Delhi, NY 13753.....Phone: (607) 832-5345
www.co.delaware.ny.us/departments/vet/vet.htm

The Delaware County Veterans Service Agency is responsible for administrating and coordinating a broad spectrum of federal, state, local and private benefits and services affecting Veterans and their families. Services include medical transportation, advocacy, information and referral, and benefit assistance.

Delaware County Warm Line

Rehabilitation Support Services, Inc

132 Delaware Street, Walton, NY 13856.....Phone: (607) 865-3156

Available Tuesdays, Wednesdays, and Thursdays, 5pm – 8pm.....Toll free: (844) 865-3156

The Warm Line offers a confidential peer-support phone line for people seeking non-judgmental support from an individual, who can empathize with them from a personal experience perspective. Warm Line provides an ear to listen, information useful to the caller concerning services available in the community, and outreach services via prearranged calls to individuals.

Delaware Dental Office

210 Delaware Street, Walton, NY 13856.....Phone: (607) 865-9330

Delaware Opportunities, Inc. (Hamden): A not-for-profit private corporation Community Action agency which contracts with Delaware County and local municipalities to help people achieve self-sufficiency and attain a better quality of life. Services and programs include: *Respite Care* for a disabled family members to

permit primary care givers time for work, social/recreational activities, etc.; *Emergency Services*, which provides assistance to families and individuals faced with emergencies such as emergency food and shelter; *The Better Employment and Skills Training (BEST) program* assists in developing resumes, gaining computer skills and otherwise preparing for employment; *Service Coordination* helps consumers and families access social, medical, clinical, educational, vocational, residential, and other services and supports; *Child Care Resource and Referral (CCR & R)* provides services to childcare providers, businesses, community and families through information and referrals, training, advocacy and education; *Head Start* promotes school readiness for income eligible children ages 3-5; *Safe Against Violence* offers comprehensive services for victims of domestic violence, sexual assault and other crimes; the *Emergency Food Pantry Network* provides a 3-4-day supply of food to Delaware County residents who are temporarily without food or money; *Women, Infants, and Children (WIC)* provides supplemental foods, health care referrals, and nutrition education for low-income pregnant, breastfeeding, and non-breastfeeding postpartum women, and to infants and children up to age five; *Food Stamp Advocacy* is available to help people apply for Food Stamps (SNAP), WIC and other nutrition assistance programs through application assistance and advocacy; and *Senior Meals*: The Office for the Aging contracts with Delaware Opportunities, Inc to provide nutrition services for Delaware County residents age 60 and older, and their spouses. Nutritious meals are available at the Senior Dining sites, and Home Delivered Meals are provided to seniors who are unable to get to the dining centers; Section 8 and *Family Self Sufficiency (FSS)* are rental subsidy programs designed to help low income individuals and families pay rent, thus allowing them to live in safe, sanitary and healthy conditions; *Access to Home* is a program designed to permit persons with disabilities to maintain residence or achieve residence either in their own homes or in rental units where other assistance is not available; The *Home Ownership Program* provides assistance to first time homeowners to provide home ownership counseling to individuals interested in purchasing homes in Delaware County; the *Emergency Services Program* provides assistance to families and individuals faced with emergencies; the *CDBG Housing Rehabilitation Program*, and the *HOME Program* are available to assist low to moderate income homeowners in making necessary repairs to their home; Delaware Opportunities partners with Legal Services of Central New York to provide a *free legal clinic two days a month* for issues related to housing, education, public benefits, consumer debt, or access to healthcare; the *Parent Aide* service offers home visitors who provide parent education and support to strengthen families and improve parent/child interaction; the *Car Seat Safety Program* provides child car seat awareness, education and installation; transportation is provided to individuals on Medicaid for health-related appointments and to senior citizens for medical appointments.

Delhi Fuel Bank (Delhi): The Delhi Fuel Bank is a heating fuel assistance fund available to help community members who are experiencing unexpected financial difficulties and require assistance purchasing home heating fuel. Applications for assistance are available through Office for the Aging, Department of Social Services, the Delhi Diner, the Law Offices of Bishop and Hill, the Delhi Telephone Company, the Delaware County Electric Cooperative, or Delaware Opportunities.

Delhi Rehabilitation & Nursing Center (Delhi): Delhi Rehabilitation and Nursing Center is a new state-of-the-art skilled nursing and rehabilitation facility providing both short-term and long-term quality care and services.

Deposit Foundation (Deposit): Volunteers provide transportation for non-emergency medical appointments and shopping trips. Available to Deposit residents only.

Deposit Senior Center (Deposit):

Disability Rights New York (Albany): Disability Rights New York (DRNY) is the Protection & Advocacy System and Client Assistance Program (P&A/CAP) for persons with disabilities in New York. As the P&A/CAP for New York, DRNY advocates for the civil and legal rights for New Yorkers with disabilities.

Eating Disorders Awareness/ Prevention Hotline.....Phone: (800) 931-2237

Eddy Alzheimer's Services (Cohoes): Together Eddy Alzheimer's Services and its grant partners, Catholic Charities Senior & Caregiver Support Services and the Alzheimer's Association of Northeastern New York, provide a wide range of free support and respite services for caregivers across a 10-county region, including: Care consultation, family consultation, Education, support groups, Respite care, Alzheimer's care teams.

EmPower New York: EmPower New York provides no-cost energy efficiency solutions to income-eligible New Yorkers, such as air sealing, insulation, replacement of inefficient refrigerators and freezers, new energy-efficient lighting, and free health and safety checks of smoke detectors, appliances and more.

Environmental Modifications Access to Independence (Cortland): Provides a comprehensive source of consultation, design, planning, construction, and project management services to meet the unique needs and specialized requirements of individuals, families, and businesses.

Fairview Recovery Services.....Phone: (607) 722-8987

Family Home (East Branch): A Family Type Adult Home for up to four residents, with rooms upstairs. Private pay accepted.

Family Planning of South-Central NY (Oneonta): Reproductive health care for women, men and teens serving Broome, Chenango, Delaware and Otsego counties. Comprehensive sexuality education. And as always, advocacy for reproductive choice and freedom.

Family Resource Network, Inc. (Oneonta): Offers the following services: Advocacy Program, Autism Conferences, Information and Referral, Service Access, Social Skills Program for Youth with Autism Spectrum Disorders, Trainings/Support Groups.

Fidelis Care at Home (East Syracuse): Fidelis Care at Home is a managed long-term care (MLTC) product for people who need long-term care services and have or are eligible for New York State Medicaid.

Fox Adult Day Center (Oneonta): The Adult Day Center provides complete care for anyone with a chronic health condition. As a medical-model program, the program serves the whole person through a range of services.

Fox Care Dental

1 Foxcare Drive # 304, Oneonta, NY 13820.....Phone: (607) 433-1778

Friends of Recovery of Delaware and Otsego Counties, Inc. (Oneonta, Delhi): Offers the Butt Stops Here smoking cessation program, which is a seven-week series designed to provide the support and assistance needed to quit smoking. Peer-led support groups, Recovery Coaching, telephone support services, referrals, life skills classes, health and wellness classes, education and career planning.

Functional Needs Registry www.totalvisibilitysolution.com: Delaware County has developed the Functional Needs Registry for residents with limited mobility or special needs, in order to provide individual notification during in an evacuation, and to alert and enable emergency personnel to assist such individuals in the event of an emergency.

Greater Binghamton Health Center (Binghamton): The Geriatric Mobile Team (GMT) has the capacity to travel and visit clients in their own homes, or adult care and nursing homes for the purpose of making assessments, monitoring the client's response to treatments, and providing emotional support to the client and/or family members.

Habitat for Humanity (Delhi): Habitat for Humanity in Delaware County builds and repairs simple, decent, affordable houses with those who lack adequate shelter. A Brush with Kindness assists low-income homeowners who struggle to maintain the exterior of their homes by providing home repair services such as painting, minor exterior repairs, landscaping, and exterior clean-up. The program uses volunteers, donated

materials and no-interest loans to make repairs affordable, helping low-income homeowners continue to live independently and securely in their homes.

Habitat for Humanity Western Catskills Community Revitalization Council, Inc. (Stamford): Funding to assist owner-occupied housing rehabilitation is available to eligible residents living in Harpersfield, Kortright, Middletown, Roxbury, and Stamford.

Hampshire House (Oneonta): Hampshire House is licensed by the New York Department of Health and the services are tailored to the individual needs and requirements of seniors, including a flexible adult day care, and respite stays for up to six weeks. A memory care unit is also available for individuals with Alzheimer’s and other dementias.

Hancock Community Education Center (Hancock): The mission of The Hancock Community Education Foundation is to provide educational support from birth to post graduation and to encourage a greater percentage of students to go on to higher education.

HCR Home Care (Oneonta): Provides home health services including bathing and hygiene, meal planning and preparation, laundry and light housekeeping in conjunction with skilled nursing and physical therapy. Licensed Personal Care Providers (PCA) are also available.

Helios Care (formally Catskill Area Hospice and Palliative Care) (Oneonta): strives to meet all of a patient's needs. Hospice provides guidance regarding the physical aspects of an illness, as well as the emotional, social and spiritual impact on the patient and the patient's family and friends. Provides monthly bereavement support groups for all ages (children, teens and adults), as well as individual bereavement counseling. Operates Camp Forget-Me-Not, a two-day camp for grieving children and teens.

Heritage at the Plains at Parish Homestead (Oneonta): Heritage at the Plains at Parish Homestead is an active adult community which offers a variety of housing options; Independent Living, Assisted Living, and Memory Care.

HIV Hotline.....*NY State:* (800) 541-2437
*Syracuse:* (800) 562-9423

Kaatskill Eldercare (Roxbury): Provides respite, companion and overnight care, daily living assistance, comfort care, transportation, meal preparation, housekeeping, and healthcare navigation services.

Lions Eye Care

Deposit Lions Club	Contact: Frances Wright	Phone: (607) 727-3266
Walton Lions Club	Contact: Ed Snow	Phone: (607) 434-5813
Oneonta Lions Club	Contact: Rosanne Aikens	Phone: (607) 746-0574

Local Lions Clubs provide financial assistance to help purchase eye glasses for eligible individuals who have no insurance.

Literacy Volunteers of Otsego and Delaware Counties (Oneonta): Provides confidential, free tutoring to adults over the age of 16 in either Basic Literacy or ESL.

Loan Closets

Offer various medical equipment for loan, including walkers, wheelchairs, canes, crutches, commodes, etc.

*American Legion Auxiliary
American Legion Downsville
Catskill Center for Independence
Deposit's Closet
Elijah's Closet
First Congregational Church*

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. *The Respite Care program* is offered through Hospice and provides a break for caregivers for a minimum of 30 days, while assuring quality healthcare for the patients. Patients in the program receive 24-hour nursing care and are placed under the supervision of the attending physician at the hospital. *Lifeline* is an easy-to-use personal response service that ensures that older adults living at home get quick assistance whenever it is needed 24 hours a day, 365 days a year. Assistance is available for those unable to pay the full cost. Lifeline is offered from the Kingston Facility.

Mark Project (Arkville): The Homeownership Assistance Program provides assistance with down payment and partial closing costs for the purchase of single-family homes to those at or below 112% of the HUD Median Income Limits for Delaware County. The program will also provide assistance with mandatory rehabilitation costs to bring the homes up to NY State Building Code and will incorporate energy efficiency measures when possible. Grants for home repairs in the Town of Roxbury & Middletown

Medical Answering Services, LLC (Syracuse): To schedule local Medicaid Transportation Services.

Medical Equipment

*American Home Patient
Symphony Medical Supply
Sunshine PRN
UHS Home Care
First Community Care of Bassett
Lincare, Inc.*

Medical Orders for Life-Sustaining Treatment (MOLST)

NYS Department of Health..... www.health.ny.gov/professionals/patients/patient_rights/molst

Medical Providers

UHS Primary Care

*Deposit, NY 53 Pine Street, 13754..... Phone: (607) 467-4195
Downsville, NY 28315 State Highway 206, 13755..... Phone: (607) 363-2517
Roscoe, NY 1982 Old Route 17, 12776..... Phone: (607) 498-4800
Sidney, NY 44 Pearl Street, 13838..... Phone: (607) 561-2200
Walton, NY 2 Titus Place, 13856.....Phone: (607) 865-2400*

Bassett Health Centers

*Andes, NY 245 Lower Main St, 13731.....Phone: (845) 676-3663
Delhi, NY 460 Andes Road, 13753.....Phone: (607) 746-0550
Sidney, NY 39 Pearl Street, 13838.....Phone: (607) 561-2021
Stamford, NY 28650 Highway 23, 12167.....Phone: (607) 652-2537*

Walton, NY 130 North Street, 13856.....Phone: (607) 865-6541

Lourdes Primary Care

Hancock, NY 39 East Main Street, 13783.....Phone: (607) 637-5700

Family Planning of South Central New York, Inc.

Sidney, NY 37 Pleasant Street, 13838.....Phone: (607) 432-2250

Walton, NY 130 North Street, 13856.....Phone: (607) 432-2250

Medicare (Baltimore, MD.): Medicare is health insurance for individuals age 65 and over, people under age 65 with disabilities, or people with end-stage renal disease. Medicare Part A helps cover inpatient hospital care, skilled nursing care, Hospice, and home health care; Part B helps cover doctor’s services, hospital outpatient care, home health care, and some preventative services; and Part D helps cover prescription drugs.

Medication Disposal:

These locations provide drop boxes for county residents to drop off their unused and unwanted bottled prescription medication.

Delaware County Sheriff’s Office

Delaware Valley Hospital Community Pharmacy

Deposit Police Department

New York State Police Troop C

Margaretville Hospital Pharmacy

O’Connor Hospital Pharmacy

Mental Health Association Ulster County.....Phone: (877) 369-6699

Michael Freedus, DDS: 53 Chestnut St, Oneonta, NY 13820.....Phone: (607) 432-3564

Mobile Crisis Assessment Team (MCAT) (Walton): MCAT is available to anyone seeking crisis intervention services for children and adults in Delaware County. Services are available 24/7 by phone and in person Monday – Friday 9am to 5pm. and provide mental health assessments, crisis de-escalation, debriefing, linkage and follow up to services. Services are coordinated with schools, medical/mental health providers, and other agencies to provide crisis intervention and help monitor clients who are at risk.

Mothers and Babies Perinatal Network (Binghamton): The Health Insurance Assistance Program helps area residents to obtain health insurance through the NY State of Health Insurance Marketplace. Navigators guide individuals through the enrollment process, help them find the right health insurance based on their needs, and work with them to determine if they can get financial assistance to reduce the cost of coverage.

Family Planning of South-Central New York (Sidney):

Mountainside Residential Care Center (Margaretville): Mountainside Residential Care Center is an award-winning 82-bed skilled nursing facility, providing semi-private and private rooms for people requiring short-term (sub-acute) rehabilitation or long-term care.

Nascenstia Health Options

Nascenstia Health Options (formerly known as VNA Homecare Options) is a managed long-term care (MLTC) Medicaid plan that provides care for people who wish to remain in their homes.

National Domestic Violence 24 Hour Hotline:.....Phone:(800) 799-7233

NYS Coalition Against Sexual Assault..... Phone: (518) 482-4222

NYS Department of Labor (Oneonta, Albany): Provides information and resources to job seekers, workers, and the unemployed.

New York Medicaid Choice (Maximus) New York Medicaid Choice is New York State’s managed care enrollment program. This number should be contacted for Medicaid clients to access Level 2 in-home personal care services in Delaware County.

NYSEG Energy Assistance Program (EAP) (Binghamton): EAP monthly bill credits are available automatically to any customer who has a HEAP grant applied directly to an active NYSEG account. Once enrolled a credit will be listed as a line item on your regular NYSEG bill. If HEAP is supplied to another fuel vendor, a copy of your HEAP award letter can be provided to NYSEG to enroll in EAP.

New York State Domestic and Sexual Violence 24 Hour Hotline:.....Phone: (800) 942-6906

NYS Office of Children and Family Services (Rensselaer): The Division of Child Care Services provides a database of regulated child care providers in New York State. This search engine will allow you to look up a specific provider by name, or all the providers in a particular county or even zip code.

National Runaway Hotline.....Phone: (800) 621-4000

New Horizon- UHS Binghamton.....Phone: (607) 762-3232

New York State Kinship Navigator (Rochester): The NYS Kinship Navigator is an information, referral and advocacy program for kinship caregivers in New York State. A kinship caregiver is an individual that is caring for a child that is not biologically their own. The Navigator seeks to assist these caregivers by providing information on financial assistance, legal information and referrals, and other types of issues that caregivers face when raising children.

New York State Lifeline Discounted Telephone Service: An assistance program offered by many telephone providers, including some wireless and cable companies, to help income-eligible consumers save money on their phone bills. In order to apply, households should contact their telephone provider directly.

New York State Office for People with Developmental Disabilities (Albany): The New York State OPWDD is responsible for coordinating services for individuals with developmental disabilities, providing services directly, and through a network of partner agencies.

New York State Office for the Prevention of Domestic Violence (OPDV) (Albany): OPDV has three primary areas of focus: 1) advise the governor and legislature on policies and practices for the State; 2) train NYS professionals from all areas about the intersection of domestic violence in their daily practice; and 3) serve as a resource regarding the issue of domestic violence.

NYS Prevent Child Abuse NY - Parent Helpline (Albany): Parent Helpline is an information and referral service for parents, professionals, and others who want to find help and support for families. It is a free, confidential, and multilingual line, available for anyone in New York State. Services are available 7 days a week from 9 a.m. to 10 p.m. After 10 p.m., you can leave a message with our live answering service and a Helpline Specialist will return your call the following morning.

NY State of Health – Healthy NY: The NY State of Health website is the official healthcare marketplace to shop, compare and enroll in a low-cost quality health plan. Financial assistance is also available, based on income, to lower health plan costs.

New York Relay Service 7-1-1: New York Relay Service is a statewide service that connects standard (voice) telephone users with deaf, hard-of-hearing, deaf-blind, speech-disabled, or late-deafened people who use text telephones (TTYs) or voice carry-over (VCO) phones. Just dial 7-1-1 to reach a Relay Operator. CapTel users dial the 10-digit number directly.

New York State Health Care Proxy - NYS Department of Health
www.health.ny.gov/professionals/patients/health_care_proxy

New York Statewide Senior Action Council, Inc. Healthcare & Patient Rights Helpline (Albany) ge
Statewide has experienced and certified insurance counselors available to provide assistance to seniors and

their caregivers, to help people understand Medicare options and prescription drug coverage. Assistance is available to help consumers review options, select a plan, and answer any questions regarding Medicare and other related services.

New York State Smokers' Quitline.....www.nysmokefree.com

The New York State Smokers' Quitline is free and confidential service that provides effective stop smoking services to New Yorkers who want to stop smoking.

New York State Talking Book and Braille Library (Albany): The New York State Talking Book and Braille Library (TBBL) lends audio and braille books and magazines, and the necessary playback equipment, to residents of the 55 upstate counties of New York State who are unable to use standard printed materials due to a visual or physical disability.

New York Statewide Senior Action Council, Inc. (Albany): New York Statewide Senior Action Council is a statewide membership organization of older New Yorkers who advocate for their interests and needs regarding services, programs and policies effecting older persons.

New York State Veterans' Home (Oxford): The New York State Veterans' Home at Oxford is a 242-bed facility that provides state of the art medical, nursing, psychosocial, and rehabilitative services to residents.

Non-Hospital DNR

NYS Department of Health.....www.health.ny.gov/forms/doh-3474.pdf

O'Connor Hospital (OCH) (Delhi): a not-for-profit, critical access hospital affiliated with 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, cardio-pulmonology diagnosis and treatment, and ambulatory surgery. The hospital also provides secondary specialty clinics in cardiology, general surgery, orthopedics, ophthalmology, optometry, ear, nose and throats, urology, podiatry, mental health and operates a dental clinic. OCH operates a primary care center in Delhi. Services also include a diabetic support group and a Parkinson's Disease support group, and NAMI, the National Alliance of Mental Illness group.

ONC BOCES Adult Education (Oneonta): Classes are offered in Adult Basic Education, High School Equivalency, and English as a Second Language, and many free programs are available for students over age 21 who are also enrolled in High School Equivalency classes.

ONC BOCES – Northern Catskills Occupational Center (Grand Gorge): The Career and Technical Education Center provides workforce preparation training in career specific areas for high school students and adults.

RAINN (Rape, Abuse & Incest National Network)Phone: (800) 656-4673

Our Place Social Adult Enrichment Center (Lake Delaware, Walton): Our Place offers a range of enriching, thought-provoking and entertaining programs for adults, including musical performances, cooking classes, exercise classes, lectures, art demonstrations, and historical programs. The center activities help to keep members active, promote friendship and socialization, while also providing caregivers the opportunity for respite.

Project Independence, Inc. (Hobart): Services include residential services (IRA, SAP) for persons 18 and older, recreation, family support and Medicaid Service Coordination.

Power of Attorney - NYS Bar association: Provides a sample Power of Attorney form. These forms can be obtained at the Office for the Aging or local attorney offices for free.

Prescription Assistance

These programs provide a combination of resource and referral, counseling, information and assistance programs to link individuals and families to low cost prescription services.

NeedyMeds, Inc.

Delaware County Office for the Aging

Delaware Valley Hospital Community Pharmacy

Social Security Administration - Extra Help

EPIC (Elderly Pharmaceutical Insurance Coverage)

Rural Health Network of South Central NY

Partnership for Prescription Assistance

Margaretville Hospital Pharmacy

O'Connor Hospital Pharmacy

Rehabilitation Support Services, Inc. (Walton): RSS strives to enrich and empower the lives of individuals with psychiatric and substance abuse disorders by providing services and opportunities for meaningful emotional, social, vocational and educational growth. Through housing, employment, care coordination, treatment, socialization and wellness programs, individuals are provided with experiences that will equip them to lead productive and fulfilling lives in their communities. *Rehabilitation Support Services, Inc. (RSS)*, provides housing services to individuals with a mental health diagnosis including community residences, licensed apartment programs, and MICA residential services. *Supported Apartments* are Non-licensed apartment living with rental assistance and case management housing support services provided to help individuals secure and maintain successful community living. *Care Coordination* is a service to assist individuals with psychiatric and substance abuse disorders, who reside in a community setting or are transitioning to a community setting, to gain access to needed medical, social, educational, and other services and supports, such as housing, transportation and entitlement programs. Services are provided to children and youth ages 5-18 and adults ages 18 and up.

Robinson Terrace Rehabilitation and Nursing Center (Stamford): Respite care is designed to give families temporary relief of caregiving responsibilities, whether for a couple of days or a few weeks. Patients in the program receive 24-hour nursing care and are under the supervision of the attending physician. Robinson Terrace Skilled Nursing Facility is a 120-bed facility separated into three different units, Courtyard, Mountainview and Bathgate, and each unit offers clean and comfortable semi-private and private rooms. The Pavilion at Robinson Terrace offers private studios, as well as one and two bedroom apartment style rooms with private baths. Many rooms have kitchenettes, in addition to private living areas.

Robynwood (Oneonta): Robynwood is an assisted living facility offering companionship, housekeeping, nutritional meal preparation, assistance with personal needs, shopping, errands, and medication assistance and monitoring.

Robynwood Home Care Service Agency (Oneonta): The Respite Care program provides a break for caregivers while assuring quality healthcare for their family member. Respite is provided to private pay individuals, or through Traumatic Brain Injury (TBI) or Nursing Home Transition and Diversion (NHTD) Medicaid Waiver programs. Provides in-home services including light housekeeping, meal preparation, personal care assistance, medication assistance, shopping and errands. Robynwood also provides Traumatic Brain Injury (TBI) Medicaid Waiver Services, and Nursing Home Transition and Diversion (NHTD) Medicaid Waiver Services.

Roscoe Nursing & Rehabilitation Center (Roscoe): Caregivers who need a break can select respite care from one to 30 days. This break can benefit the primary caregiver's emotional, mental and physical health. Roscoe Community Nursing Home is an 85-bed skilled nursing facility with rooms that are private and semi-private with full baths.

Rural Health Network of South-Central NY (RHNSCNY) (Binghamton): RHNSCNY's mission is to advance the health and well-being of rural people and communities. Services include: *Community Health Education*, providing evidence-based health education which focuses both on serving community members in the Southern Tier and the professional development of community partners and stakeholders; *Community Health Services*, utilizing a Community Health Worker workforce to assist people with navigating complex

healthcare and social services programs through direct services, home visits, and resource and referral based on evidence-based screening processes; the *Food and Health Network SCNY* is an 8-county coalition of diverse stakeholders, supporting programs and policies that bridge connections between local agriculture, food access, and health care so that all community members have access to nutritious food and local farms and businesses remain viable; the *GetThere* Call Center provides free trip planning, travel training, and transportation education services to people throughout the region and beyond. GetThere is staffed by four Mobility and Transportation Advocates who are well-versed in the area's transportation options and eager to assist anyone with travel needs or questions; the *Rural Health Service Corps* is an AmeriCorps National Service Program, placing dozens of AmeriCorps and AmeriCorps VISTA members at partner host site organizations across the region; creating meaningful service and learning opportunities for people committed to improving the health and lives of those living in South Central NY State; and RHNSCNY's capacity building and technical assistance work provides opportunities to work at the local and regional level to provide assistance with health related needs assessments, planning and project implementation, including the Population Health Improvement Program and the Social Determinants of Health Measurements Project.

Rural Law Center of New York, Inc. (Plattsburg): The Rural Law Center provides critical legal assistance for many problems facing low-income, rural individuals. Assistance is provided in the areas of family law, consumer debt, and housing.

Salvation Army: Through a voucher system, the Salvation Army offers temporary assistance for emergency needs such as lodging, food, clothing, utilities and medical co-pays. Several service units are located within the County. In disaster relief operations, The Salvation Army's first aim is to meet the basic needs of those affected. They are available in all facets of disaster, including emergency preparedness, immediate emergency response, long-term disaster recovery, and emotional and spiritual care.

Self-Mutilators Anonymous (SMA): A fellowship of men and women who share their experience, strength, and hope with each other, that they may solve their common problem and help others to recover from self-harm/self-injury. Self-mutilation refers to the act of deliberately causing injury without the intent of ending one's life.

Skywold Manor (Delhi): A Family Type Adult Home for up to four residents/2 boarders, with rooms upstairs. Private pay accepted.

Social Security Administration (Oneonta): Social Security pays disability benefits to an individual and certain member of the family if the individual has worked long enough and has a medical condition that has prevented work or is expected to prevent working for at least 12 months or end in death. *Supplemental Security Income (SSI)* pays benefits to disabled adults and children who have limited income and resources.

Solutions to End Homelessness Program (STEHP): STEHP is an emergency assistance program to provide short term assistance to help stabilize housing. Homeless Prevention assistance is available to prevent an eviction, and Rapid Re-housing can assist homeless individuals in obtaining permanent housing.

Southern Tier Drug Abuse Treatment Center.....Phone: (607) 762-2800

Southern Tier Independence Center (STIC) (Binghamton): STIC is a community-based advocacy and service organization for children and adults with all types of disabilities. Provides professional psychological counseling to people with physical disabilities and their families, with a focus on disabled persons with emotional problems related to disability. Special emphasis is given for newly-diagnosed or newly acquired disabling conditions.

Springbrook (Oneonta): Springbrook offers respite to those caring for a family member with special needs. Respite care provides short-term breaks that can relieve stress, restore energy, and promote balance in a caregiver’s life. Springbrook provides lifelong support to people of all ages with developmental disabilities, ranging from both residential and day education programs at the School at Springbrook, to residential support in our Community Homes program, and a host of options between. *Kids Unlimited Preschool at Springbrook*: children of all abilities, with and without special needs, learn from each other, the world around them, and their teachers. Tuition is all-inclusive, meaning children aged 3 to 5 have access to the 9am – 2:30pm program and before and after school daycare if needed. Tuition rates vary for children entering the program through their school district (special needs) or private pay.

Stamford Dental Associates

32-34 Main St # 1, Stamford, NY 12167.....Phone: (607) 652-7342

Suicide Prevention Lifeline: Prevention Lifeline provides free and confidential emotional support to people in suicidal crisis or emotional distress 24 hours a day, 7 days a week. Since its inception, the Lifeline has engaged in a variety of initiatives to improve crisis services and advance suicide prevention.

SUNY Delhi Child Care Center (Delhi): The Delhi Campus Child Care Center, Inc. (DC-4) offers year-round childcare services for infants, toddlers, preschoolers, and school-age children of SUNY Delhi students, State employees, faculty, staff, and community residents. Tuition is based on a sliding fee scale according to income.

The Arc of Delaware County (Walton): Arc of Delaware County helps children and adults with disabilities live personally fulfilling lives through a variety of innovative supports and services. *The Carousel Children's Services* program provides a variety of individualized services to children, birth to age 5. Special Education Teachers and Certified Therapists work individually with each child and his or her parents in our integrated nursery school, the child’s home, or other natural settings.

The Brain Injury Association of New York State (Albany): Offers brain injury education, advocacy and training for individuals, families, educators, and community agencies; family support; outreach and prevention programs; and counseling and assistance to help families locate appropriate services in the community.

The Cullman Child Development Center (Sidney): The Center provides services to children between the ages of 6 weeks and 12 years including before and after school care, an in-house summer program for children ages 5-8, and a summer camp program for children ages 8-12.

The Legal Aid Society of Mid-New York, Inc. (Binghamton): The Legal Aid Society of Mid-New York is a not-for-profit law office providing free legal information, advice and representation on civil (non-criminal) cases to people who can't afford a lawyer.

The New York Extension Disaster Education Network (NY EDEN): A collaborative educational network based at Cornell University, dedicated to educating New York residents about preventing, preparing for and recovering from emergencies and disasters that could affect their families and communities. NY EDEN is affiliated with both the national USDA Extension Disaster Education Network (EDEN) and with Cornell University Cooperative Extension.

The Trevor Project (LGBTQ suicide prevention hotline).....Phone: (866) 488-7386

The Southern Tier Mobile Integration Team (MIT): MIT is designed to provide the clinical intervention and support necessary for adults with serious mental illness and youth with serious emotional disturbances to not only remain in the community, but also continue moving forward on their recovery journey

The Suicide Prevention Network of Delaware County (Delhi): Led by a certified Social Worker, this is a support group for suicide attempt survivors and those who have lost a loved one to suicide. Meets monthly at SUNY Delhi Foreman Hall (use side door).

Tri-Town Nursery School (Sidney): Pre-School education offering programs for 2-year old, 3-year old and 4-year old, pre-K students

United Health Services Health System (Binghamton): 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, medial, surgical, rehabilitative, and long-term care services form more than 60 locations. 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. *Comprehensive Psychiatric Emergency Program*: Videoconference with UHS Binghamton General staff. *UHS Binghamton General Hospital* (Binghamton): UHS' New Horizons Alcohol and Chemical Dependency Treatment Center provides inpatient and outpatient services, including confidential assessment services, 24-hour emergency crisis intervention, a detoxification unit, and family programming. *Addiction Treatment Program*: The Addiction Treatment Program provides intensive inpatient treatment 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. *Outpatient Suboxone Clinic*: The Outpatient Suboxone Clinic is designed to help patients struggling with opioid addiction. *Lung Matters Support Group*: Lung Matters Support Group meets every month on the second Friday of the month. Education through guest speakers, sharing of ideas and the benefits that come from playing harmonica are all encompassed in this group. Group is open to anyone in the public with a lung condition or breathing problems or those who care for someone with a lung condition and/or breathing problems. *UHS Home Care* (Norwich): UHS Home Care offers a wide array of services, including highly skilled, specialized nursing care, monitors and nutritional supplies, durable medical equipment and many therapies. *UHS Nurse Direct* (Johnson City): Communicate directly with a registered nurse by calling Nurse Direct, 8:00 am to 8:00 pm, seven days a week UHS Delaware Valley Hospital, Inc. *The UHS Stay Healthy Center* has many available opportunities for individuals who wish to quit tobacco use and to stop smoking. Services are available via telephone, or at the UHS Stay Healthy Center or through videoconferencing at UHS Delaware Valley Hospital's Wellness Room, 20 West Street Walton, NY 13856.

UHS Primary Care, Roscoe
1982 Old Rt. 17, Roscoe, NY 12776.....Phone: (607) 498-4800
www.uhs.net/dvh

The Outpatient Suboxone Clinics are designed to help patients struggling to overcome opioid addiction through outpatient treatment and medication assistance.

UHS Primary Care, Walton
2 Titus Place, Walton, NY 13856.....Phone: (607) 865-2400
www.nyuhs.org/

Provides mental health care with clinical social workers and nurse practitioner using videoconferencing.

UHS Wilson Medical Center
33-57 Harrison Street, Johnson City, NY 13790..... Phone (607) 763-6000
www.nyuhs.org

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.

US Care Systems, Inc. (Oneonta): Respite services are available in the home. Home care services are provided including homemaker and companion care, personal care, respite, nursing services, consumer directed care, and medication set-up. Traumatic Brain Injury (TBI) Medicaid Waiver Services, and Nursing Home Transition and Diversion (NHTD) Medicaid Waiver Services available.

USDA Section 504 Repair Program USDA Rural Development (Schoharie): Provides financing to qualified very low-income homeowners to help make repairs or improvements to their home, such as health and safety hazards, home weatherization, or manufactured homes.

Veterans Crisis Line: The Veterans Crisis Line is a free, confidential resource that’s available to anyone, even if you’re not registered with VA or enrolled in VA health care. The caring, qualified responders at the Veterans Crisis Line are specially trained and experienced in helping Veterans of all ages and circumstances through a confidential toll-free hotline, online chat, or text. Veterans and their loved ones can call, chat online, or send a text message to 838255 to receive confidential support 24 hours a day, 7 days a week, 365 days a year, even if they are not registered with VA or enrolled in VA health care.

Veterans’ Outpatient Clinic (Bainbridge): Provides primary care and behavioral health care services, as well as smoking cessation and laboratory services to Veterans in Delaware and surrounding counties.

Veterans’ Outpatient Clinic (Binghamton): Provides primary care and behavioral health care services, as well as smoking cessation, laboratory services, and specialty services including Radiology, Optometry, Podiatry and Gastro-intestinal clinics.

Visiting Nurses Home Care of Cobleskill (Cobleskill): Home care services are available including personal care, homemaking, hospital and nursing home-based care, as well as live-in services.

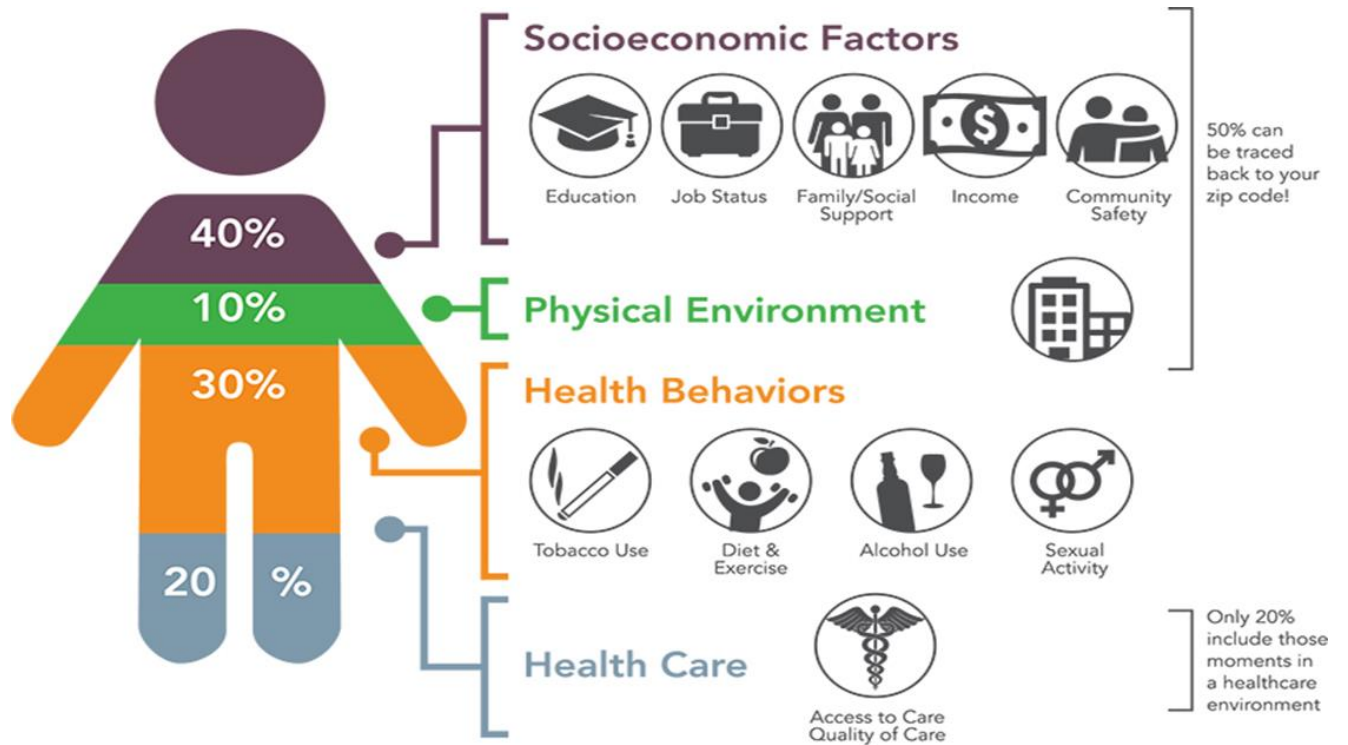
VNSNY CHOICE (New York): VNSNY CHOICE MLTC, a health plan from the Visiting Nurse Service of New York, provides Medicaid-covered home care and long-term care services.

Walton Dental

38 West St, Walton, NY 13856.....Phone: (607) 865-40

William B. Ogden Library (Walton):
42 Gardiner Place, Walton, NY 13856

Appendix B: Social Determinants of Health



Source: Institute for Clinical Systems Improvement, Going Beyond Clinical Walls: Solving Complex Problems (October 2014)

Appendix C:
Delaware Valley Hospital Community Services Plan



2019-2021 Community Service Plan
Delaware County Service Area

1 Titus Place
Walton, NY 13856
607-865-2100

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 developed through collaboration with our local Delaware County Health Department, and other hospitals, located in Delaware County, which includes O'Connor Hospital, Delhi, NY and Margaretville Community Hospital in Margaretville, NY.

Contact Information of Collaborating Partners

UHS Delaware Valley Hospital

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99 Main Street
Delhi, NY 13753
607-832-5200
Mandy.walsh@co.delaware.ny.us

Delaware County Public Health Department

Heather Warner, Public Health Programs Manager
99 Main Street
Delhi, NY 13753
607-832-5200
Heather.warner@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

Margaretville Memorial Hospital

Marilyn Donnelly, RN
42084 NY Route 28, Margaretville, NY 12455
845-338-2500 x-4061
Marilyn.donnelly@hahv.org

Community Health Assessment update completed with the assistance of the Southern Tier Regional Population Health Improvement Program (PHIP). Support provided by Mary Maruscak, Evan Heaney, and Stephanie Wright.

Over the course of 2019, UHS Delaware Valley Hospital, has worked with its partners, Delaware County Public Health, O'Connor Hospital, and Margaretville Hospital to complete a needs assessment and develop our respective Community Service Plans. Population Health Coordinators with the Southern Tier Regional Population Health Improvement Program (PHIP) also assisted in updating the assessment. Updates to the needs assessment used a variety of national and state sources to obtain local-level data. In addition, a review of the Delaware County Office for the Aging's and Community Services Department's Annual Assessments and Plans informed some needs as well as potential opportunities to work together to address identified needs. In order to solicit community input from a range of stakeholders, two surveys were developed. The first was sent electronically to fellow health and human service providers throughout the county to gain their perspective regarding the prevention agenda and associated priorities. The second survey was developed for the public. It too, was sent electronically and provided the team with the community's thoughts about the needs and challenges facing the community in terms of health and accessing services. Additionally, a group roundtable event was held in May of 2019 with a wide variety of health and human service providers in attendance. Breakout sessions provided attendees with an opportunity to share their thoughts in which priority areas were most important. After review of the data, the group decided to continue to focus on the priority areas of *Prevent Chronic Diseases* and *Promote Well-Being* and *Prevent Mental and Substance Use Disorders*. The disparate population all three hospitals and Delaware County Public Health will focus on is *low-income residents living in rural areas of Delaware County*; however, our focus will not be solely limited to residents who meet these criteria. This decision is based on the notable health disparities among rural residents in this socioeconomic group.

Prevent Chronic Diseases

Diseases of the heart, cancer, and lung conditions are, in that order, the biggest killers of our neighbors. The Delaware Valley Hospital's primary care providers will focus on measures dealing with proper management of chronic disease. The focus will be: seeing more patients for an annual wellness exam; patients diagnosed with high blood pressure will have their pressure controlled; diabetic patients will have had an annual Hga1b test, with a reading of less than 8; patients will receive colorectal screening; prescriptions for medications used to manage chronic disease will be written for 90 days in order to foster better compliance. The effectiveness of each objective will be measured by the percentage of the appropriate patient population that either had the recommended screening, and/or had their condition adequately controlled. The intervention that will be used to achieve the above objectives will be to work with primary care providers and staff to put in place systems that will provide both providers and patients with screening reminders through EHR alerts, mail, phone calls, email, and/or e-chart notifications. For the prescription objective, EHR alerts will be used and the percentage of chronic disease prescriptions that have been written for 90 days will be measured. Because it is equally important to give patients the opportunity to learn basic tools to help them self-manage their condition(s) there are two objectives that address this issue.

Goal 4.4 In the community setting, improve self-management skills for individuals with chronic diseases, including asthma, arthritis, cardiovascular disease, diabetes and prediabetes and obesity

Objective: *A healthcare provider or human service agency will have referred more participants to the Chronic Disease Self- Management Workshop. DVH will continue to offer opportunities for those with chronic disease to learn self-management skills.* The intervention that will be used to increase referrals will be to work with marketing staff, primary care provider offices and local human service agencies to put systems in place to assure awareness of the availability of the chronic disease self-management program. The measures for these objectives will be the percentage of participants referred by a healthcare provider or human service agency and the number of workshops held.

Delaware Valley Hospital has chosen to focus much of its work over the next few years in the Walton community. The high percentage of aging, disabled, and those living in poverty or the low-income employed necessitates intervention. The Walton community has suffered through two major and two moderate floods since 1996. These events led to a sense of victimization throughout the community and its residents. All of these factors had led DVH to believe that to really make an impact on the health of its own community, it needs to better address social determinants of health. However, not much headway can be made without the cooperation of the community's organizations, school, government, and residents. Some new initiatives to beautify the community by several local groups; new-to-area and/or younger residents in both school board, government, and other leadership positions; and a new foundation that was created from the estate of a couple who were long-standing members of the community have all coalesced into a force of positivity. Based on the renewed sense of community and positivity among Walton residents, DVH discussed the presentation of a series of workshops (for the entire county) based on the AARP Age-Friendly Communities Program, which includes 8 Domains of Livability: 1) Outdoor Spaces and Buildings; 2) Transportation; 3) Housing; 4) Social Participation; 5) Respect and Social Inclusion; 6) Civic Participation and Employment; 7) Communication and Information; and 8) Community and Health Services. Care Compass Network (CCN) has agreed to fund the series. The county's Mental Health Department is collaborating with DVH to present the programs. We believe that progress in the areas of communication and information, social participation, and respect and social inclusion, we will be able to make strides, over time, in reducing the feelings of anxiety, fear, depression, sadness or the feeling of hopelessness or helplessness. Discussions with others included Delaware County Rural Healthcare Alliance members; Walton Central School Community Committee, town and village officials, Walton Ministerium, Board of Education, Chamber of Commerce resulted in unanimous enthusiasm and support. Further discussion took place with the program coordinator for stream program. The stream program of the county's soil and water conservation department is working on flood mitigation and the plan includes development of an area of Walton adjoining the Delaware River, called Water Street. The ultimate plan can include places for socialization, physical activity and events. Some of the work is funded and a grant application is pending to build a trail. It was agreed this was the perfect time to work together to ensure the best possible use of the area. The first workshop of the series will be held January 30 and will feature Esther Greenhouse, nationally renowned expert on built environments. Organizations, from across Delaware County, will be invited to all the workshops. However, DVH and its local partners intend to focus our efforts on the Walton community and any countywide efforts, such as transportation that may come out of the series. Based on this our efforts will be as follows:

Focus Area 1: Promote Well-Being

Goal 1.1: Strengthen opportunities to build well-being and resilience across the lifespan

Objective 1.1.1: *By December 31, 2020, at least one community within the DVH service area will be actively working to become an age-friendly community* Interventions: Build community wealth by serving as the catalyst to create inclusive, healthy public spaces and Inter-generational socialization opportunities

Measures: Improvement in accessibility, socialization, and well-being measures. In 2020, we will hold series of workshops based AARP's *Road to Livability* program, then follow-up meetings between interested parties from Walton area to create a coalition of community members. This committee will prioritize initiatives; identify next steps and potential committee members to address each initiative. Members will recruit and form subcommittee(s) of residents, focused on at least two priorities identified. Subcommittees will formulate their respective objectives, develop work plans and create timelines to achieve the objectives and choose a representative to sit on the community coalition. Working with the subcommittees the coalition will reach consensus on best practice interventions, core measures and roles of stakeholders

Objective 1.1.2 *Increase accessibility of physical environment by 5% (baseline to be set in 2020)*

Interventions: Develop consensus on development of Water Street through flood mitigation project and other funding.

Measures: Accessibility of physical environment. In 2020, the coalition will review previous walk audit done by Rural Health group. It will complete a walk audit of both Walton's Water Street and Delaware Street to assess the accessibility from one to the other, as Delaware Street is the main business district of the community, and the streets run parallel to each other. Survey and complete discussions of suggested use of Water Street property.

Finally, Objective 1.1.4: *By December 31, 2021, increase the percentage of adults who report ongoing participation in at least one socialization opportunity other than work. (baseline to be set in 2020)*

Interventions: Survey community members through social media, events, print media, workplace, being mindful be inclusive of new-to-area residents.

Measures: Number of people participating at socialization opportunities. In 2020, focus coalition and committee work on identifying socialization opportunities and identify and implement ways to disseminate the information to help foster feelings of well-being through inclusion and participation.

Ongoing Participation

Delaware Valley Hospital staff (Community Relations Director) will play an integral role, with Care Compass Network staff to ensure appropriate stakeholders from across the county are invited to the various Age-Friendly workshops and that the Walton coalition is developed and functioning. Delaware Valley staff will be the catalyst to ensure Walton community stakeholders hold follow-up meetings and formulate subcommittees to focus on specific interventions, based on the consensus of the group. DVH will maintain representation on the coalition and other sub-committee(s) as appropriate; work to ensure walk audits are completed and results reviewed and follow-up decisions made. Working with Delaware County Mental Health Department, the survey of socialization opportunities and participation will be formulated and DVH will tabulate and report results to the coalition and subcommittee members. If necessary, DVH will assist in providing support in writing any grant requests.

DVH is a non-profit, Article 28 General Hospital and has been designated as a Critical Access Hospital. DVH is affiliated with United Health Services (UHS) of Binghamton. United Health Services, Inc. is the sole corporate member and parent corporation of Delaware Valley Hospital, Inc.

Mission Statement

As a trusted partner, we listen, educate, value and inspire our patients as we deliver the high quality care and services needed most often. Delaware Valley Hospital also serves as the gateway for patients to access the specialists and state-of-the-art technology available within the UHS system.

This Mission Statement was adopted on December 17, 2019 by the Delaware Valley Hospital Board of Directors.

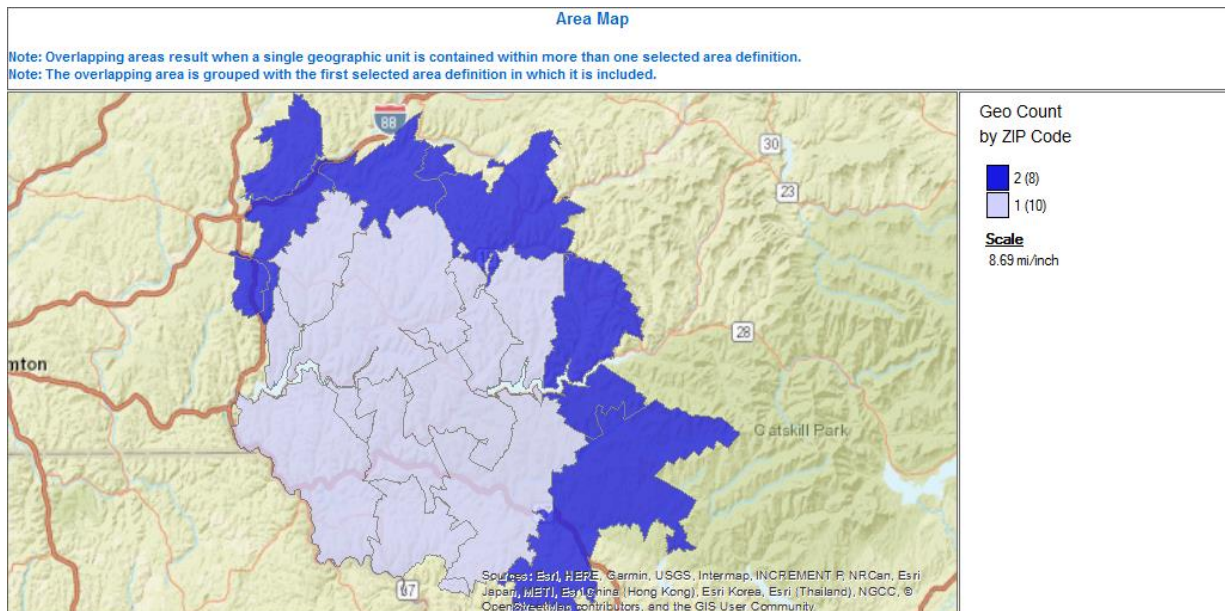
Description of Service Area

The local healthcare 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 1,467 square miles, of which 1,442 miles are land and 25 miles are water.

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 county has no public transportation system, making access to care challenging. Although a few private transport services have become available in the area, regular use is cost prohibitive.

Geographically, Delaware County is the fourth largest of New York's 62 counties and is the fifth most rural. The population density is only 31.56 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.

UHS Delaware Valley Hospital serves the residents of southwestern Delaware County and northwestern Sullivan County. It encompasses approximately a 30 miles radius with approximately 33,000 residents. More specifically, for 2018, the primary service area, (the area where 80% of discharges originated, include the following locations: Walton, Roscoe, Hamden, Delancey, Hancock, Long Eddy, Downsville, Sidney Center, Fremont Center and East Branch. The secondary service area includes Unadilla, Delhi, Franklin and Masonville, Livingston Manor, White Sulphur Springs, Andes, Treadwell,

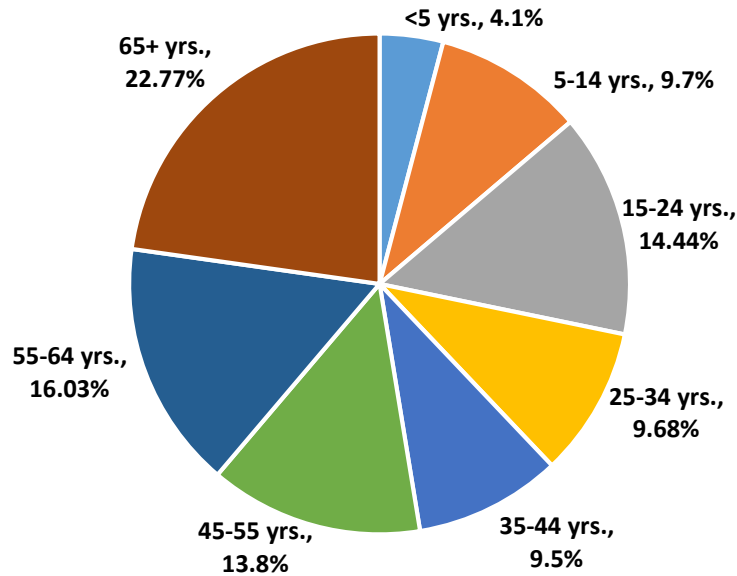


Population

According to <https://factfinder.census.gov> Delaware County has a population of 45,951, which is a 1.7% decrease since 2013. Seven Delaware County towns and villages fall into the top 20 fastest shrinking communities in the state. Factors that may contribute to this are related to the fact that Delaware County, like many other upstate counties, is aging at a rapid rate while young professionals continue to leave. On a subjective note, the hospital's service area has long attracted tourists, sportsmen and women from the downstate or NJ area. This increases the population during the spring through fall seasons. In addition, many of these visitors purchase or build homes planning to eventually retire to this area. Once they do, they often have left their children and many friends behind and have little support system in place. Without those supports, as they age, they often become isolated and have limited access to transportation and therefore socialization and shopping opportunities. Because many do not qualify for Medicaid, they also lack access to medical care if they cannot drive themselves or find an alternate means of transportation.

Age: Almost 23% of the population is age 65 and over, making the age group the largest within Delaware County. This is nearly a 15% increase from the last report, which cited the 2010 census figures. The median age for both men at 46.5 and women at 47.6 are well above that of NYS at 38.4. Walton's median age is slightly lower than that of the county at 43.7: men at 42.8 and women at 44.6. However, the according to Census Bureau, 2013-2017 American Community Survey 5-Year Estimates 31.3% of Walton's population is 65 or older, substantially higher than the 23% for the county.

DELAWARE COUNTY DEMOGRAPHICS-AGE



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

Gender:

The population is almost evenly divided between male and female: 24,096 male and 23,884 female

Race/Ethnicity:

Based on the US Census, 96.3% of the Delaware County population is White. This is significantly higher than the NYS (66.1%) and U.S. (75.7%) averages.

Disability:

Percentage of the Population Living with a Disability, 2016

	Delaware County	NY State
Disability	25.80%	22.90%
Cognitive Disability	10.70%	8.70%
Hearing Disability	4%	3.90%
Vision Disability	3.50%	3.70%
Self-Care Disability	5.90%	3.50%
Mobility Disability	13.30%	13.90%
Independent Living Disability	9.40%	3.90%

Source: Behavioral Risk Factor Surveillance System (BRFSS)

Delaware County has a higher percentage of persons with a disability among each category, except for vision disability and mobility disability. Persons with a disability are a distinct demographic group experiencing health disparities that can be addressed by tailored policy interventions. Most likely, because of the many

housing and support resources for the disabled population are available in the Walton community, 15% of men and 11.1% of the women are estimated to be disabled according to <https://factfinder.census.gov>

Education:

**Comparison of Delaware County and NYS
Education Attainment 2013-2017, for persons over 25**

	Delaware County	NYS
High School graduate or higher	87.7%	86.1%
College 4 or more years, graduate	21.6%	35.3%

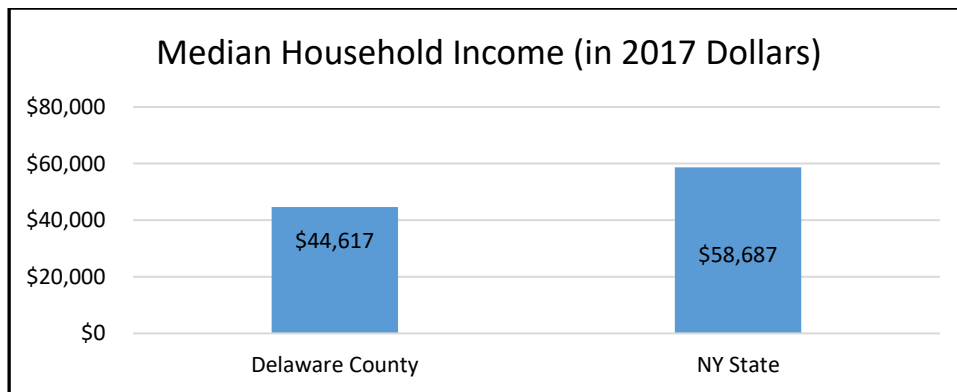
Source: <https://www.census.gov/quickfacts/table/PST045215/36,36025>

The above table shows that Delaware County has a 1.6% 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 13.7% lower the NY State percentage.

In Walton, 13.4% of residents 25 years of age and older do not have a high school diploma, however in those age 18-24, 100% have graduated from high school (or equivalency) and almost 14% of them have a bachelor's degree or higher.

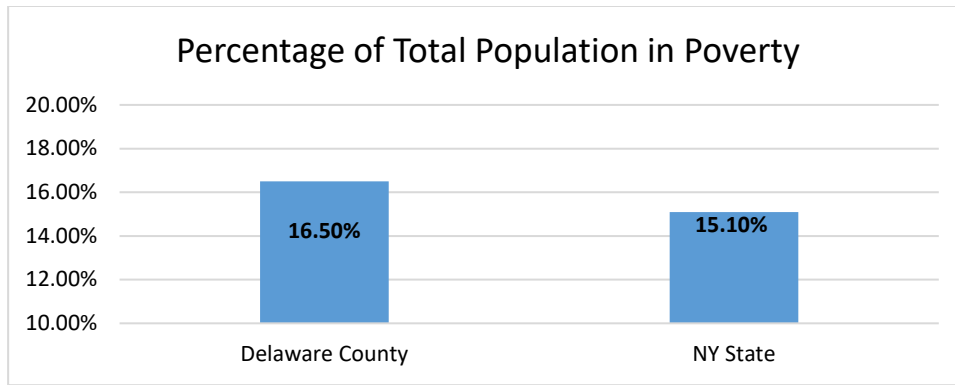
Socio-economic:

The unemployment rate in Delaware County as of October 2019 is 4.0%



Source: US Census Bureau QuickFacts, 2018

The graph shows that the median household income in Delaware County is less than that of New York State by about \$14,000. Lower wages create a need for dual family incomes and hinder attempts to employ and retain young people, but makes it extremely difficult to attract professionals from out of the area with new expertise. Financial well-being is a social determinant of health that can shape quality of life, including access to care, housing, and ability to afford a personal vehicle.



Source: NYS Poverty Report, March 2018; US Census Bureau QuickFacts

Delaware County's 2013 CHA reported that the poverty rate was 17.1%, and we saw a decrease in that rate to 16.4% in the 2016 update. For this report, we can see that the percentage of total population in poverty has remained mostly consistent, with a slight increase to 16.5%. The New York State rate has decreased from 15.9% in the 2016 update to 15.1% now. The Delaware County rate remains higher.

The poverty rate of related children, under 5 years of age, living in female head of household with no husband has decreased since the 2016-2018 report, from 59.8% to 32.3%. However, children between the ages of 5-17 has increased to 54% from 41.2%.

Although the median income for Walton is higher than that of Delaware County at \$48,300, the U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates the income of 25.8% of all households in Walton have, in the past 12 months, been below the poverty level.

When looking at the socio-economic demographics of the employed vs. the unemployed, 7.9% of employed individuals live in poverty, while 12.4% of the unemployed do. This led us to research the United Way's ALICE (Asset Limited, Income Constrained, Employed) data to better understand the full scope of the challenges that families in Delaware County face when it comes to poverty and related factors.

The ALICE Project was initiated by United Way of Northern New Jersey several years ago to bring focus to the families and individuals who work but whose salaries do not provide sufficient resources to meet basic needs. The Project developed a methodology using publicly available census, employment, wage, cost of living, and other data to help to understand the extent of ALICE in our communities, those who are above the federal poverty level, but below a sustainable wage. The ALICE Project is now implemented in 18 states, with New York joining in 2016. The chart below was developed with information taken directly from: www.unitedforalice.org/newyork County Pages for Delaware, Otsego and Sullivan Counties.

As you will see, of the 10 communities that fall within the hospital's service area, only Franklin, Tompkins and Masonville have less than 40% of their households considered to be an ALICE household or in poverty, the rest are all over 40% and Walton and Rockland are well over 50%. Walton and Rockland are two communities where Delaware Valley Hospital has a physical presence.

**ALICE Data – 2016 Delaware, Otsego and Sullivan County Data –
Delaware Valley Hospital Primary & Secondary Service Area**

Town (by County Subdivision)	Households	Percent ALICE & Poverty
Delhi (includes Delancey)	1402	44%
Colchester (includes Downsville)	864	45%
Franklin	902	35%
Tompkins	398	38%
Unadilla (Otsego County)	1723	42%

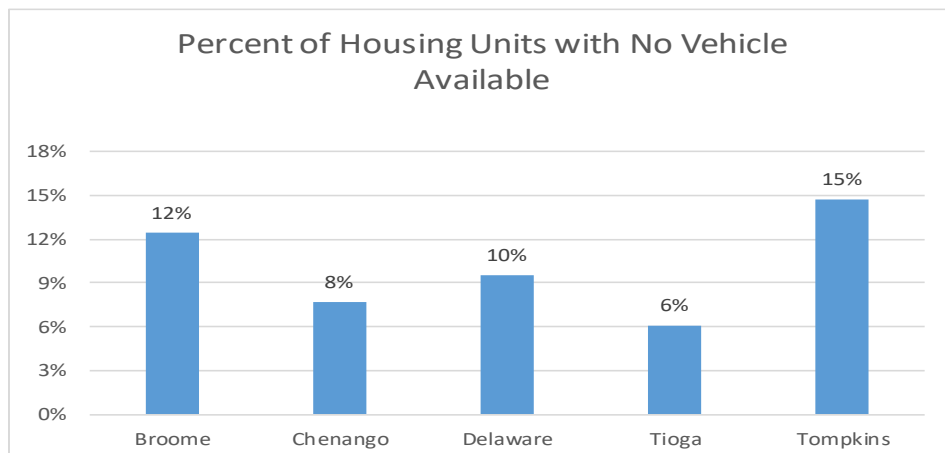
Walton	2366	59%
Rockland (Sullivan County- includes Roscoe and Livingston Manor)	1451	56%
Andes	502	44%
Hancock (includes East Branch)	1251	49%
Masonville	527	39%

ALICE Data- 2016 Delaware County

Housing Occupancy	Housing Units	Percent of Total
Total Housing Units	31,222	100
Occupied Housing Units	19,898	63.7
Vacant Housing Units	11,324	36.3
For Rent	565	1.8
Rented, not occupied	36	0.1
For sale only	446	1.4
Sold, not occupied	117	0.4
For seasonal. recreational or occasional use	9,276	29.7
All other vacant	884	2.8

According to U.S. Census Bureau, 2010 Census there are 3,106 housing units in Walton. Almost 77% are occupied and 23% or 705 are unoccupied. Of the unoccupied units, 449 or 63.7% are for seasonal, recreational or occasional use. Most likely demonstrating the large number of part-time residents.

Housing



The graph shows the percent of housing units with no vehicle available by county. 10% of households in Delaware County do not have a vehicle available to them. In a largely rural county with a low population density and no public transit system, this can pose a significant challenge to maintaining employment, accessing care, and reducing social isolation. Transportation is an important social determinant of health, and lack of access to consistent and reliable transportation can have repercussions for health and wellbeing. Another subjective observation: although many senior citizens may have a vehicle available, they no longer use the vehicle or use it very limitedly.

Employment:

2013-2017 Delaware County Employment by Industry

Numbers are based on civilian employed population 21,434 people aged 16 and over

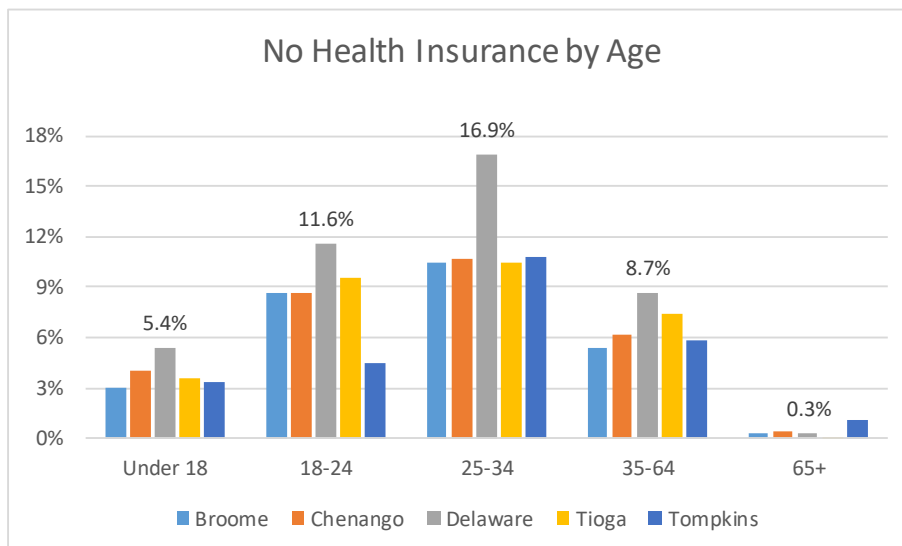
Industry	Persons employed	Percent of labor force
Agriculture, forestry, fishing, and hunting, mining	739	3.7%
Construction	1,715	8.6%
Manufacturing	2,766	13.9%
Wholesale trade	427	2.1%
Retail trade	2,172	10.9%
Transportation and warehousing, and utilities	759	3.8%
Information	334	1.7%
Finance and insurance, and real estate and rental and leasing	700	3.5%
Professional, scientific, and management, and administrative and waste management services	1,241	6.2%
Educational services, and health care and social assistance	5,221	26.2%
Arts and entertainment, and recreation, accommodation, and food services	1,912	9.6%
Other services, except public administration	916	4.6%
Public administration	1017	5.1%

Source: U.S. Census Bureau, 2013-2017 American Community Survey,

In Delaware County, the estimated population from 2013-2017 aged 16 years and over was 39,157 with 21,434 in the civilian labor force. Of those in the labor force, there were 19,919 people employed and 1,515 people unemployed. There were 17,715 (42.25%) not in the labor force, which includes children less than age 16, retired individuals, and disabled individuals.

Table shows that the top five fields in which persons 16 and over were employed: Educational services, health care and social assistance; Manufacturing; Retail trade; and Arts and entertainment recreation, accommodation, and food services and Construction. With 45.2% of the population NOT in the labor force and nearly 6% of the county unemployed, this puts a strain on the remaining labor force of 49.7% to generate income in Delaware County. While the percentage of unemployment has declined, the percentage NOT in the labor force has increased.

In Walton, there are 4,080 age 16 and over. 1,803 (44.19%) not in the labor force and 2,277 in the labor force. Of those 2,102 are employed and 175 are not. Educational services and health care and social assistance is the field in which most of the residents are employed (431); followed by 419 in manufacturing; arts, entertainment, and recreation and accommodation and food services employ 186; 139 work in Other services, except public administration; 112 work in the field of professional, scientific and management and administrative and waste management services. All other categories have less than 100 employed in those fields.



In Walton 93.3% have health insurance coverage but 45.3% have public coverage (49%) and 6.7% have no coverage. Source: U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates

Health Status:

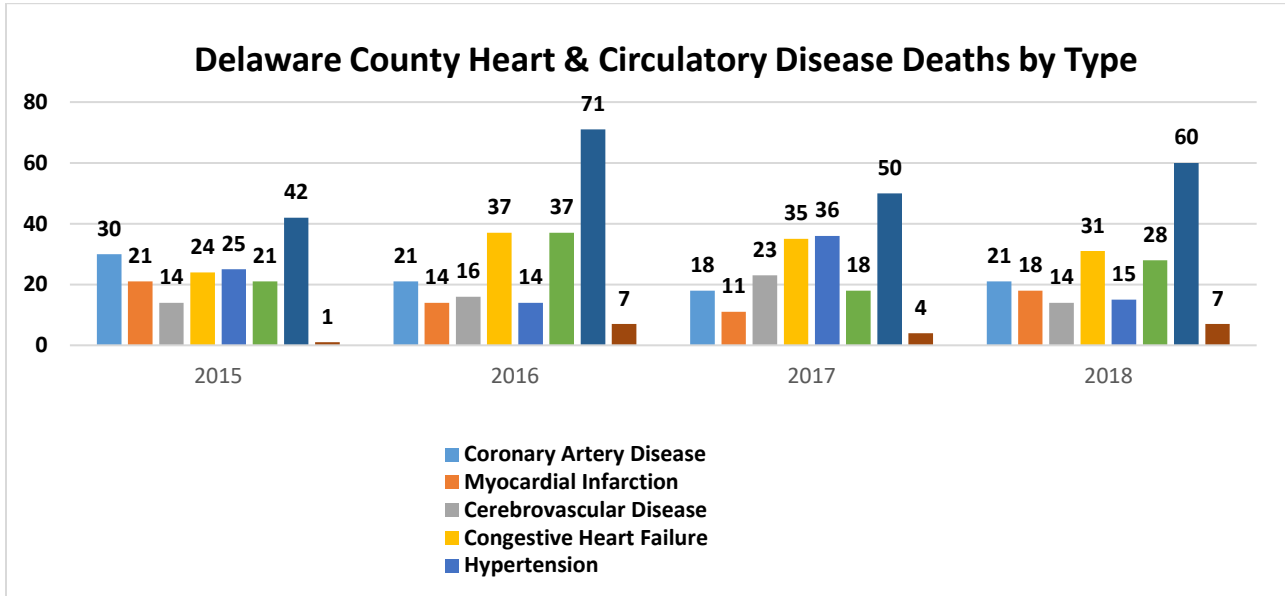
Delaware County Causes of Death

Cause of Death	2014	2015	2016	2017	2018
Accidents	14	8	7	11	17
AIDS Related Illness	0	0	0	0	1
Alzheimer's	0	0	0	0	0
Cancer	105	105	119	77	92
Chronic Obstructive Pulmonary Disease (COPD)	40	42	26	16	41
Cirrhosis of the Liver	5	5	9	5	0
Congenital Anomalies	1	3	0	0	0
Dementia	36	26	18	18	26
Diabetes Mellitus	1	4	1	4	0
Drug Overdose	2	5	10	6	10
Gastritis, Enteritis, Colitis, Diverticulitis	1	2	3	1	4
Heart & Circulatory Diseases	155	135	210	160	163
Homicide & Legal Intervention	0	0	0	0	1
Multiple Organ Failure	5	5	7	5	8
Neurologic Disease	3	6	4	4	1
Pending Investigation (Sent for Autopsy)	1	4	0	2	1
Pneumonia/Diseases Pulmonary Circulation	41	67	16	55	46
Renal Failure	18	18	13	11	17
Septicemia	19	8	16	9	22
Suicide	9	5	13	7	7
Tuberculosis	0	0	0	0	0
All Other Causes	13	10	16	5	11

TOTAL DEATHS *Deaths are reported to the county in which a person resides.	469	458	488	396	468
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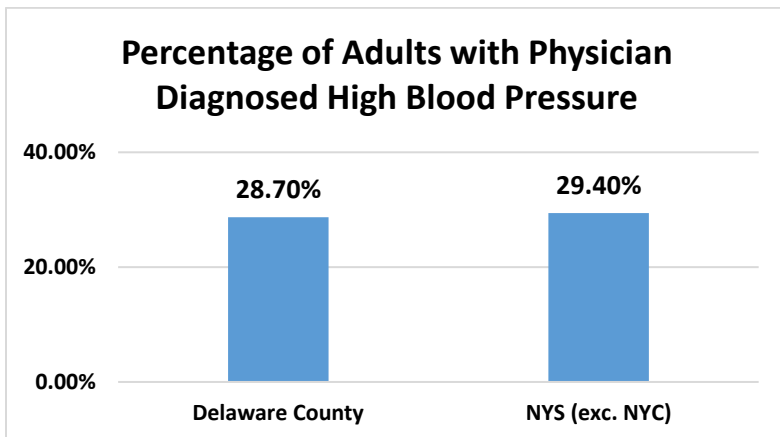
Source: DCPHS Annual Reports: 2014, 2015, 2016, 2017, 2018

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



Source: DCPHS Annual Reports: 2015, 2016, 2017, 2018

Graph shows cardiopulmonary disease due to aging as the leading cause of heart-related deaths in Delaware County from 2015 through 2018. Other leading causes of death from heart and circulatory disease include congestive heart failure, hypertension, and arrhythmia. Heart and circulatory disease deaths accounts for a high number of mortalities in Delaware County.

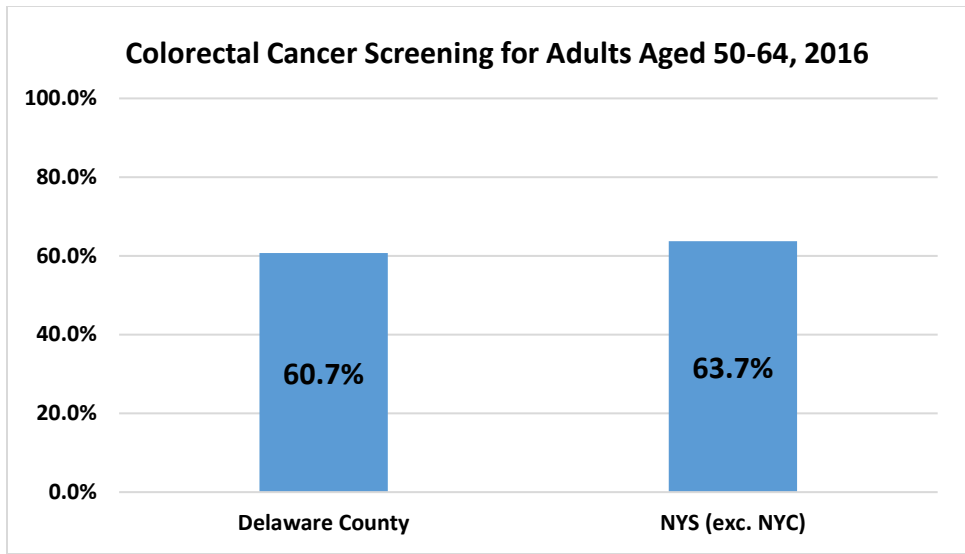


Delaware County Cancer Incidence by Gender, 2012-2016

Site of cancer	Incidence			
	Males		Females	
	Avg. Annual Cases	Rate per 100,000	Avg Ann Case	Rate per 100,000
All Invasive Malignant Tumors	173.6	490.3	164.4	469.8
Oral cavity and pharynx	8.6	23.8	3	10.6
Esophagus	3.6	9.4	.4	.9
Stomach	2.2	5.6	1	2.7
Colorectal	17.6	50.8	14.6	37.9
Colon excluding	11.4	34.9	10.4	26.5
Rectum & rectosigmoid	6.2	15.9	4.2	11.4
Liver/intrahepatic bile duct	4.0	10.2	0.6	2.5
Pancreas	4.0	10.6	4.0	10.5
Larynx	2.8	7.5	.4	1.3
Lung and bronchus	28.8	78.6	23.4	62.1
Melanoma of the skin	8.2	25.3	6.0	18.9
Female breast			38.6	108.0
Cervix uteri			1.0	3.3
Corpus uterus and NOS			13.4	39.5
Ovary			5.6	15.9
Prostate	31.8	82.3		
Testis	1.8	9.6		
Urinary bladder (incl. in situ)	16.2	45.5	5.4	13.3
Kidney and renal pelvis	6.2	19.4	5.0	14.3
Brain and other nervous system	1.4	4.4	2.2	8.0
Thyroid	2.0	8.0	5.8	25.2
Hodgkin lymphoma	0.4	1.4	1.2	5.2
Non-Hodgkin lymphomas	6.6	17.9	6.8	17.5
Multiple myeloma	3.2	8.8	3.2	7.5
Leukemias	6.6	21.5	5.4	15.6

Source: NYSDOH, New York State Cancer Registry, 2012-2016

According to table, 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 as the second most common types of cancer. The third is uterine for women colorectal for men. The fourth leading incidence for males is urinary bladder and colorectal for females. There is much higher incidence of various types of cancer among males than females: males have more than double the oral cancer; 10 times the rate of esophageal; double the stomach cancer; almost 7 times the larynx; almost 5 times the melanoma; almost 4 times the bladder; and 16.5 times higher rate of lung cancer and 6 times higher rate for leukemia. Females, on the other hand, have almost double the brain cancer rate and 17 times a higher rate of thyroid cancer.



Source: eBRFSS, 2016

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

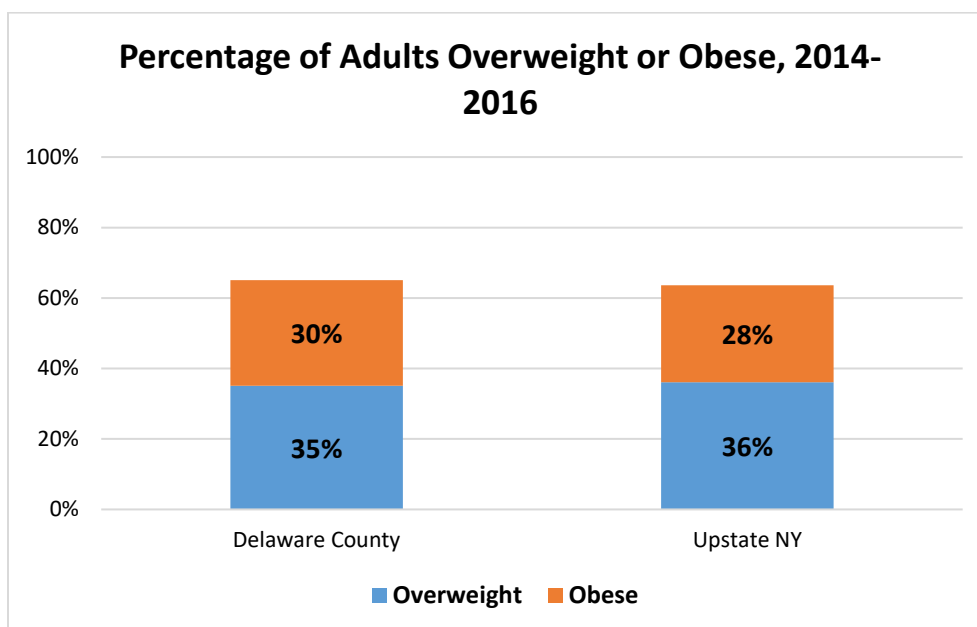
Colorectal screening rates are slightly lower in Delaware NYS excluding NYC. Neither are achieving the NYS Prevention Agenda 2018 goal of 80% of adults aged 50-75 receiving colorectal cancer screening based on the most recent guidelines.

Delaware County Diabetes Indicators, 2014-2016

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-
County Rate	176.3	13.9	21.6
NYS Rate – exc. NYC	209.9	15.9	17
Sig Dif	Yes	Yes	Yes

Source: http://www.health.ny.gov/statistics/chac/chai/docs/dia_12.htm

Delaware County’s diabetes hospitalization rates are significantly lower than Upstate NY, but mortality rates are significantly higher. This decrease in hospitalization rates marks an improvement from the previous Community Health Assessment when Delaware County hospitalization rates were higher than the state.

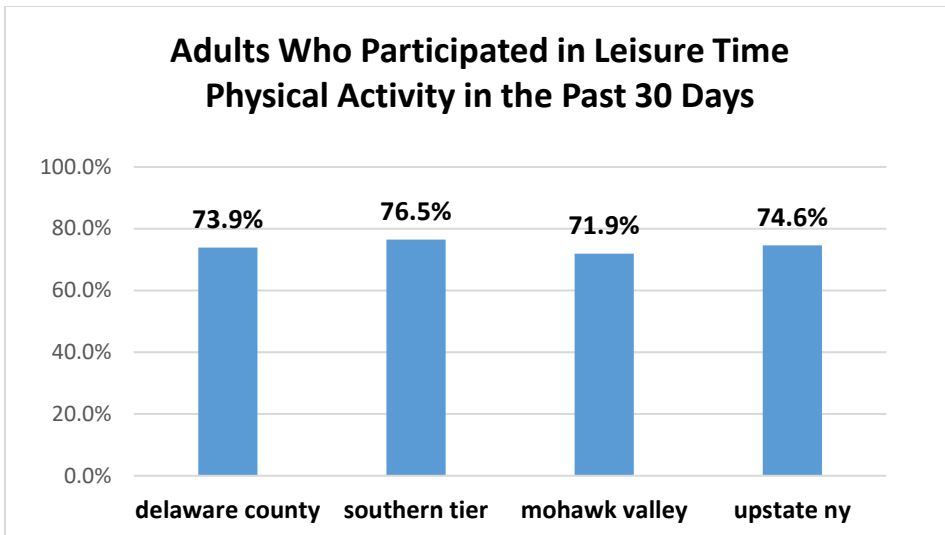


School District Code	School District Name	Percentage Obese
120102	Andes Central School District	0.0*
120401	Charlotte Valley Central School District	29.1
120501	Delhi Central School District	13.3
120301	Downsville Central School District	21.2
120701	Franklin Central School District	0.0*
120906	Hancock 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.

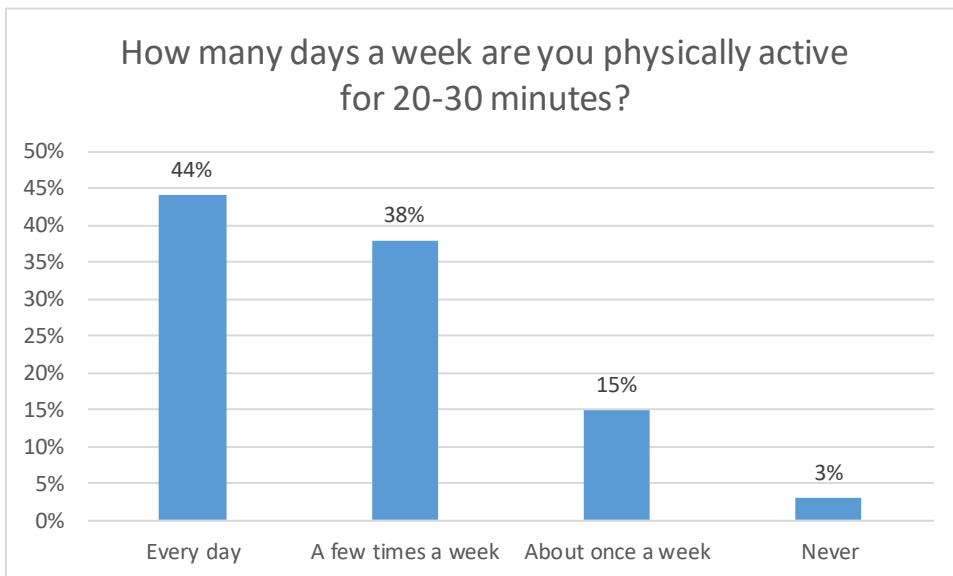
Source: NYS Prevention Agenda Dashboard, 2012-2014

Highlighted schools are located within the hospital's service area. Hancock school has the highest percentage of obese children out of the 12 schools in the county. Within the service area, Downsville has the next highest, followed by Walton, Delhi and Franklin.



Source: eBRFSS, 2016

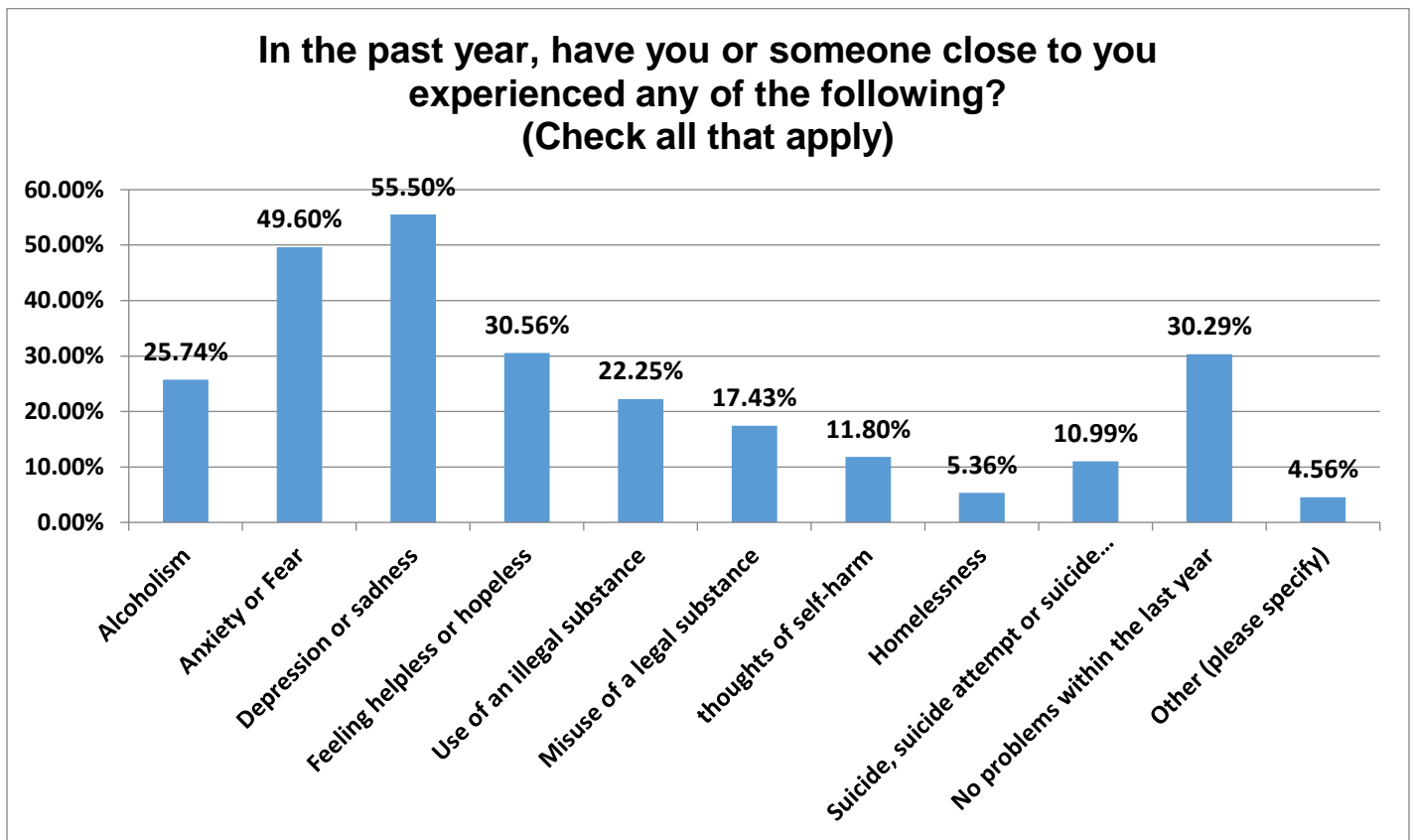
Graph shows that a greater percentage of Delaware County survey respondents participate in physical activity than the Mohawk Valley region, but less than the Southern Tier and Upstate NY.



Source: Delaware County Community Survey

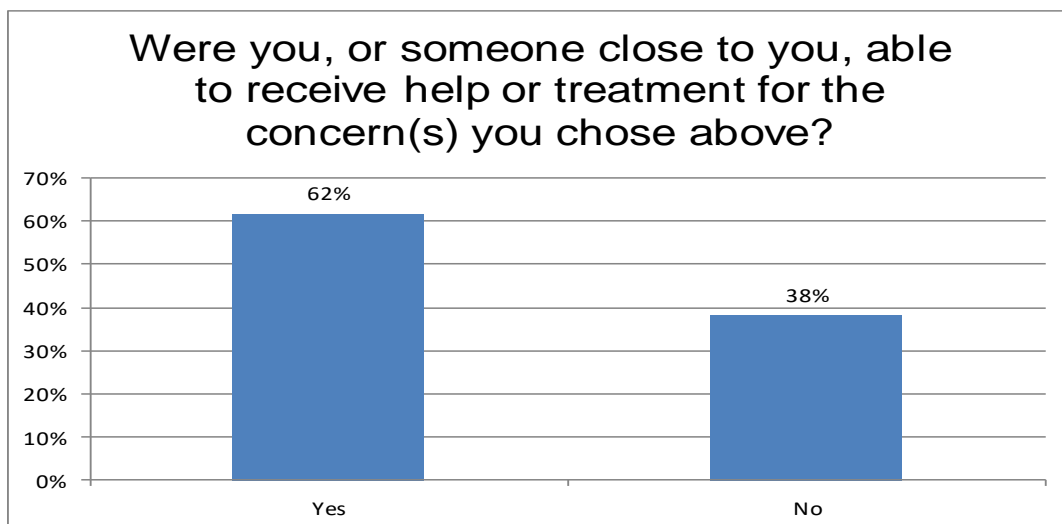
Graph shows that the vast majority of survey respondents are active at least once a week, and about 45% are active every day. This question considered physical activity to be both voluntary exercise and work-related physical activity.

Mental Health Status



Source: Delaware County Community Survey, 2019

Graph illustrates 70% of survey respondents reported mental health issues with either themselves or someone close to them in the past year. This need contrasts with the limited availability of mental health services throughout the county.

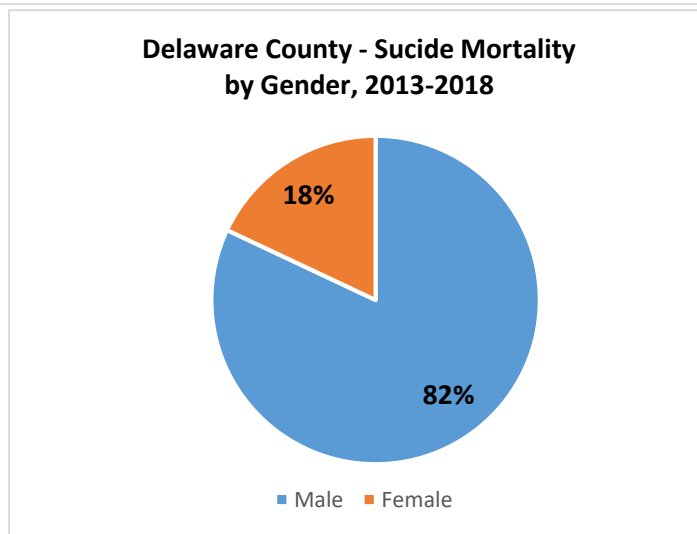
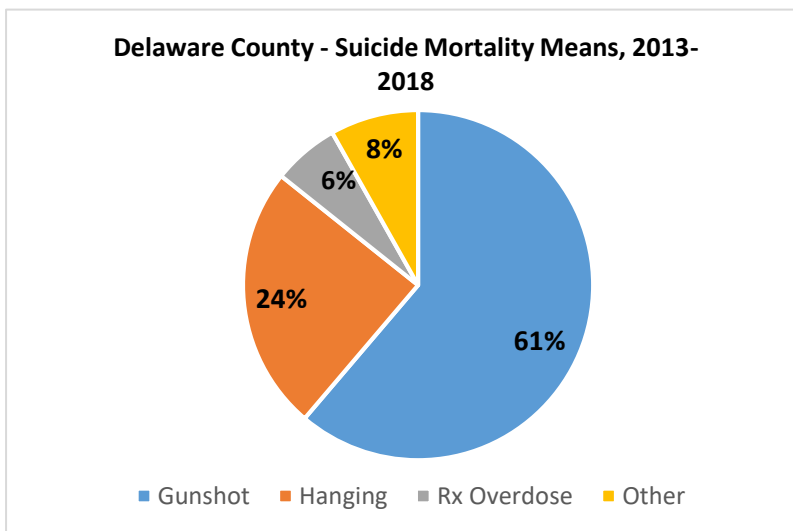


Source: Delaware County Community Survey, 2019

Although 70% of survey respondents reported a mental health issue, almost 40% were unable to receive treatment. Survey

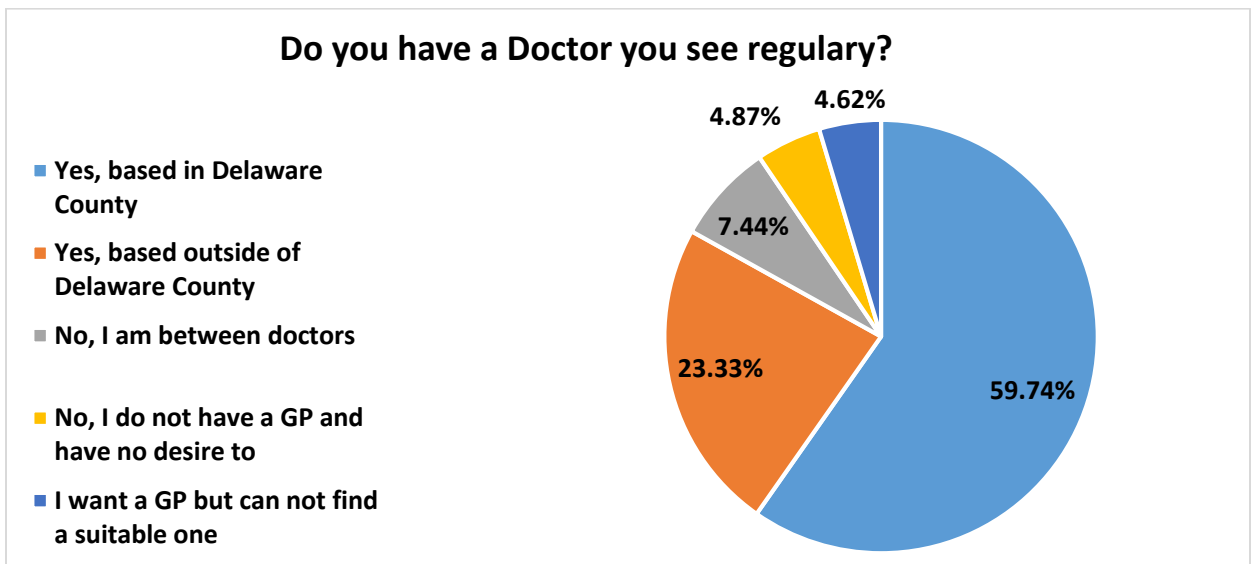
respondents reported barriers to accessing treatment as including stigma, embarrassment, and denial, transportation, and lack of mental health providers.

Delaware County's suicide death rate is much higher than Upstate NY and the NYS 2018 Prevention Agenda objectives 2.5.1 and 2.5.2. In 2014, the data states the age-adjusted rate was as high as 18.5 suicide deaths per 100,000.



Source: Delaware County Public Health Annual Reports, 2013-2018

Graphs 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 and prescription overdose. Suicide prevention and intervention should be considered when addressing important health issues as a County.



Source: Delaware County Community Survey, 2019

The 2019 Community Survey had similar results to the BRFSS. About 83% of respondents to the survey have a general practitioner either in county or out of county that they see on a regular basis. The survey also revealed cost to be more of a factor than demonstrated by the BRFSS: 18% of respondents said they needed medical care that they did not receive in the past year, and 32% of those attributed it to cost.

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 categories listed in the following chart. The chart does not include all measures used in determining ranking.

Delaware County Health Rankings – Key Measures – Higher the rank the worse the measures

	Delaware County	NYS	Note
Overall Health Outcomes Rank	25/62		
Length of Life	25/62		
Quality of Life	21/62		
Poor or fair health	15%	16%	2016 BRFSS – Self -reported
Poor physical health	3.6 days/30	3.6	2016 BRFSS – Self -reported
Poor mental health	3.8/30	3.6	2016 BRFSS – Self-reported
Low birth weight	7%	8%	
Not included in overall Quality of life rank			
Frequent physical distress	12%	11%	2016 BRFSS – Self-reported
Frequent mental distress	12%	11%	2016 BRFSS – Self reported

Diabetes prevalence	10%	10%	
Health Factors	48/62		
Health Behaviors	33/62		
Adult Smoking	19%	14%	
Adult Obesity	30%	26%	20 yrs and over with BMI over 30
Physical Inactivity	26%	25%	20 yrs and over no leisure time activity
Access to exercise opportunities	61%	93%	
Not included in overall Health Behaviors Rank			
Food insecurity	12%	12%	Lack of adequate access to food
Limited access to healthy food	1%	2%	Low income & don't live near grocery store
Insufficient sleep	32%	37%	< 7 hrs of sleep on average
Clinical Care	43/62		See below for information on HPSA scores
Uninsured	7%	7%	
Primary Care Physicians	2850:1	1200:1	
Mental Health Professionals	870:1	370:1	
Not included in overall Clinical Care Rank			
Other Primary Care Providers	1184:1	944:1	
Social & Economic Factors	54/62		
Children in Poverty	30%	20%	
% Children Living in Single-Parent Households	41%	34%	
Not included in overall Social & Econ Factors			
Disconnected Youth	6%	7%	Age 16-19 neither working or in school
Median Household Income	\$45,400	\$64,800	
Children eligible for free or reduced lunch prices	58%	53%	
Physical Environment	35/62		
Severe housing problem	18%	24%	Having 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen and/or plumbing facilities
Long commute (>30 mins)- drive alone	32%	38%	
Not included in overall Physical Environment			
# households with severe cost burden	2,704= 15%	20%	Spend > 50% of household income on housing

Note: Clinical Care

The Health Professional Shortage Area (HPSA) scores range from 0-26—the higher the score the higher the priority.

In Delaware County, the following HPSA designation and scores exist:

Primary Care-

- East Delaware County is a geographic designated HPSA and scores 9
- Walton Service area is designated low income and scores 17
- Dental- Medicaid eligible in Delaware County scores 18

- Mental Health – Medicaid Eligible in Del Co scores 17

Comparative Data

Delaware County ranked 25 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. Additional data is provided in the Needs Assessment.

Comparison Chart (rank out of 62)	Delaware	Chenango	Livingston	Essex	Otsego	Sullivan
Overall Health Outcomes	25 (3 rd)	46	12	10	32	61
Length of Life	25 (3 rd)	58	12	10	39	60
Quality of Life	21 (3 rd)	25	12	20	23	60
Health Factors	48 (5 th)	30	16	13	23	50
Health Behaviors	33 (4 th)	40	21	14	24	34
Clinical Care	43 (5 th)	32	23	16	12	52
Social & Economic Factors	54 (5 th)	30	16	21	44	51
Physical Environment	35 (4 th)	5	43	9	29	51

Challenges

The sheer size, topography and parochial nature of the communities within Delaware County pose huge challenges in the delivery of health care. There are many challenges but for Delaware Valley’s plan, the key findings are below:

Key Findings from the Assessment

- Lack of Transportation
- Aging Population
- Poverty
- Prevalence of Chronic Disease
- Prevalence of Mental Health Needs

Access

DVH has begun to address many of these issues in a variety of ways. The hospital has expanded the hours that its primary care offices are open. Both the Downsville and Roscoe offices are now open 5 days per week. The Walton office is open until 7 PM, Mondays through Thursdays and until 5 PM on Friday. Recently Saturday morning hours have been added. The hospital's retail pharmacy is open 7 days a week. The imaging and lab departments offer evening and weekend appointments. The hospital's outpatient rehabilitation department offers early morning and evening appointments. By extending hours, patients have the opportunity to receive care without having to take time off from work. Many aging parents rely on their children or neighbors/friends for transportation to health care appointments. This allows the caregivers the ability to schedule those appointments at a more convenient time.

Delaware Valley also has a representative on the county's transportation committee.

The hospital also created an office for two representatives from the Rural Health Network of South Central NY. The organization serves Delaware County, yet had no physical presence in the area. Their office was based approximately 1 hour away: central to their coverage area but challenging when trying to reach the far corners of their territory. Because they have no budget for a second office, DVH provides the space, phone, supplies at no charge to the organization. This helps them provide Delaware County residents with many referral, navigation, and social service-type supports.

Prevalence of Chronic Disease

Three DVH staff members are certified leaders of the Stanford University evidence-based Chronic Disease Self-Management Program. The program is offered at least twice per year and also is offered both during the day and in the evening for convenience.

DVH has also hired a Care Coordinator RN who works closely with the primary care providers to help patients who are high risk for admission to the hospital due to their chronic disease. She offers 1:1 guidance and support based on their needs. She also works very closely with the certified dietitian/nutritionist who also offers individualized guidance. The dietitian also works with approximately 20 SNAP recipients each year in conjunction with the Rural Health Network of South Central NY's Prescription Rx program.

The providers began to track, and will continue to track various metrics regarding chronic disease throughout this three-year plan. As DVH is in the process, with the entire UHS system, in preparing to implement the Epic electronic health record in April 2020, it is believed that the program's features will enhance the providers' efforts to serve as the patients' medical home and guide their care.

Tele-endocrinology

Working with UHS, DVH offers videoconferencing appointments with a UHS nurse practitioner specializing in diabetes care. This not only provides further care for its diabetic patients but also eases the access to care.

Prevalence of Mental Health Needs

Tele-mental Health

Working closely with the Delaware County Mental Health Department over several years, Delaware Valley instituted a tele-mental health program to help increase access to mental health professionals. The hospital contracts with a vendor who supplies a psychiatric nurse practitioner and two licensed clinical social workers. Patients see providers through videoconferencing at the hospital's primary care office in Walton. DVH is currently in the process of requesting an additional LCSW, as there is still unmet need. The stigma that some patients feel can be reduced because they are coming to a primary care facility as opposed to a mental health facility.

CPEP in ED

Working with UHS' Comprehensive Psychiatric Emergency Program (CPEP) DVH was able to institute videoconferencing in its ER so that UHS' mental health professionals can actually see the patients prior to them being sent to UHS (1 hour away) only to find they actually don't need hospitalization. This will reduce the unnecessary use of resources: ambulance and crew; a second ER visit and the need to find the patient a ride back home after the assessment has taken place at UHS.

Assets and Resources

Delaware Valley Hospital has chosen to focus much of its work over the next few years to the Walton community.

Walton's population consists of 31.3% of residents age 65 and over, compared to the county's 23%. 26% of the population is disabled. Over the past 12 months, 25.8% of all households have been below the poverty level. 59% of the households fit the definition of poverty or of ALICE (Asset Limited, Income Constrained, Employed). 45.3% of the population has public insurance coverage and 6.7% have no coverage at all.

The Walton community has suffered through two major floods. One in 1996 and the second in 2006. Two smaller events, considered moderate flooding, took place in 2010 and 2011. These events led to a sense of victimization throughout the community and its residents. All of these factors had led DVH to believe that to really make an impact on the health of its own community, it needs to address many of the social determinants of health. However, it could not make much headway without the cooperation of the community's organizations, school and government and residents.

Some new initiatives from a local 4H club to beautify the community; the formation of a new art group that sponsored an art walk with activities and a created community mural entitled, *Walton Rising*; new younger residents in both government and chamber of commerce leadership positions; and a new foundation that was created from the estate of a couple, who were long-standing members of the community have all coalesced into a force of positivity. The school administration is also comprised of younger residents who have grown up in Walton and want to see it thrive.

The hospital is an active member of the chamber and the community committee of the school. It has also actively participated in many of the activities that have been taking place.

Over the past several years, DVH has also been an active participant in Care Compass Network with its Delivery System Reform Incentive Payment Program (DSRIP) Performing Provider System (PPS). Through this participation, both new and existing relationships with area organizations has been strengthened.

Based on all of the activity and renewed sense of community and positivity among the residents, DVH discussed the possibility of presenting a series of workshops (for the entire county) based on the AARP Age-Friendly Communities Program, which is based on the World Health Organization's 8 Domains of Livability. They include:

- Outdoor Spaces and Buildings
- Transportation Options
- Housing- appropriately designed or modified and affordable
- Social Participation
- Respect and Social Inclusion
- Civic Participation and Employment
- Communication and Information
- Community and Health Services

Discussion was held with the Care Compass Network East Regional Performing Unit, which is comprised of hospitals and organizations and agencies from both Delaware and Chenango County. The series had been presented in Binghamton area, but while it was of great interest to many in Delaware and Chenango counties, they were unable to make time in

their schedule to attend, as attending would involve 2 hours of travel time in addition to the time needed to attend the workshops. The idea was well received and Care Compass agreed to fund the series.

DVH staff has spoken with many county agencies and the county's Community Services Department is serving as a partner to present the programs. The consensus is that if we can make progress in any of the areas, but especially in communication and social participation, respect and inclusion, we will be able to make strides, over time in reducing the feelings of anxiety, fear, depression, sadness or the feeling of hopelessness or helplessness.

Further discussion took place with the county's Delaware County Rural Healthcare Alliance members. They also were enthusiastic about the initiative. At a Community Committee meeting of the Walton Central School, the initiative was discussed and received overwhelming enthusiasm from the school administration and board members, both town and village officials (supervisor and mayor, respectively), the fire department, and the Walton Ministerium. Further discussion took place with the mayor, supervisor, chamber president and the program coordinator for stream program. The stream program of the county soil and water conservation department is actively working on flood mitigation and the plan includes development of an area of Walton adjoining the Delaware River, called Water Street. The ultimate plan can include places for socialization, physical activity and events. Some of the work is funded; a grant application is pending to build a trail. It was agreed this was the perfect time to work together to ensure the best possible use of the area.

The first workshop has been scheduled for January 30 in Walton and will be presented by Esther Greenhouse, nationally renowned expert on built environments. Organizations, agencies and healthcare providers from across Delaware County, or those that serve Delaware County will be invited to all the workshops. However, DVH and its local partners intend to focus our efforts to the Walton community and possibly the neighboring communities of Downsville and Hamden, if the community has interest. Both of these communities have very few resources in their own towns and their residents travel to Walton for some of these like grocery shopping for instance.

Community Service Plan

Prevent Chronic Disease

Focus Area 4: Preventive Care and Management

Disparity: Unless otherwise noted the disparity for all of the following will be: DVH Primary Care patients fitting demographics as described in Objectives.

Interventions: Unless otherwise noted the interventions will be as follows for all of the following: *Work with primary care providers and staff to put systems in place to provide both providers and patients reminders through EHR alerts, mail, phone calls, email and/or e-chart notifications*

Measures: Unless otherwise noted the measure will be as follows for all of the following: Percentage of DVH patients, as described, who comply screening guidelines.

Goal 4.1 Increase Cancer Screening rates

4.1.1 Objective: By December 31, 2021, the percentage of adults, age 50-75 years old, receiving a colorectal screening will increase.

Interventions *Work with primary care providers and staff to put systems in place to provide both providers and patients reminders through EHR alerts, mail, phone calls, email and/or e-chart notifications*

Year 1 Projected (or completed) Intervention: As of September 2019 64.4% of DVH patients, who had an interaction with DVH within the last two years, and are between the ages of 50-75 had appropriate colorectal screening. 70% is the goal for 2019.

Year 2 This will be determined by the UHS system members based on performance in 2019.

Year 3 This will be determined by the UHS system members based on performance in 2020.

Goal 4.3 Promote evidence-based care to prevent and manage chronic diseases including asthma, arthritis, cardiovascular disease, diabetes and prediabetes and obesity.

4.3.1 Objective: By December 31, 2021 the percentage of adults, age 50-85 years old, having an annual well care visit will increase.

Year 1 Projected (or completed) Intervention: As of September 2019 36.5% of DVH patients, between the ages of 50-85 had an annual well care visit. 50% is the goal for 2019.

Year 2 This will be determined by the UHS system members based on performance in 2019.

Year 3 This will be determined by the UHS system members based on performance in 2020.

4.3.2 Objective: By December 31, 2021 the percentage of adults, age 18-85 years old, diagnosed with hypertension who have their condition adequately controlled will increase.

Year 1 Projected (or completed) Intervention: As of September 2019 71.7% of DVH patients, between the ages of 18-85 who have been diagnosed with hypertension, had their blood pressure adequately controlled (<140/90). The target for 2019 is 71%.

Year 2 This will be determined by the UHS system members based on performance in 2019.

Year 3 This will be determined by the UHS system members based on performance in 2020.

4.3.3 Objective: By December 31, 2021 the percentage of adults, age 18-75, with diabetes, who have had HbA1c testing within a year with a result of <8.0% will increase.

Year 1 As of September 2019 at least 69.5% of patients age 18-75 years of age, with diabetes, will have had HbA1c testing within a year and the result will be <8.0%. Goal is 67.2% for 2019.

Year 2 This will be determined by the UHS system members based on performance in 2019.

Year 3 This will be determined by the UHS system members based on performance in 2020.

4.3.4 Objective: By December 31, 2021 most prescriptions for chronic disease management will be written for 90 days in order to foster better patient compliance and convenience

Year 1 As of September 2019, 72.6% of prescriptions, written for the chronic conditions of patients who have had any interaction with DVH within the last 2 years, will be written for a 90 day supply. Medication types included in the measure: ACE inhibitor/ARB medications, diabetes, beta-blocker, high and moderate and low intensity statin medications. Goal is 72% for 2019.

Year 2 This will be determined by the UHS system members based on performance in 2019.

Year 3 This will be determined by the UHS system members based on performance in 2020.

Goal 4.4 In the community setting, improve self-management skills for individuals with chronic diseases, including asthma, arthritis, cardiovascular disease, diabetes and prediabetes and obesity.

4.4.1 Objective: A healthcare provider or human service agency will have referred more participants to the Chronic Disease Self- Management Workshop.

Disparity: Community members with chronic disease

Measures: The percentage of participants referred by primary care providers or human service agencies

Interventions: Work with marketing staff, primary care provider offices and local human service agencies to put systems in place to assure awareness of the availability of the chronic disease self-management program.

Year 1 Recognized that most participants are learning of the program through one sole provider or through advertising. There is a need to create more widely-based knowledge of the program.

Year 2 Systems will be in place and utilized by the fall of 2020.

Year 3 At least 25% of the participants will have been referred from an agency or provider.

4.4.2 Objective: Access to Chronic Disease Self-Management Workshops will continue.

Disparity: Community members with chronic disease

Measure: Number of series of workshops offered

Interventions: Hold chronic disease self-management workshops

Year 1 During 2019, 3 series of workshops were held.

Year 2 During 2020, at least two workshops will be held

Year 3 During 2021, at least two workshops will be held.

Promote Well-Being and Prevent Mental and Substance Use Disorders

Focus Area 1: Promote Well-Being

Goal 1.1: Strengthen opportunities to build well-being and resilience across the lifespan

1.1.1 Objective: By December 31, 2020 at least one community within the DVH service area will be actively working to become an age-friendly community.

Interventions: Build community wealth by serving as the catalyst to create inclusive, healthy public spaces and inter-generational socialization opportunities

Measures: Improvement in accessibility, socialization, and well-being measures

Year 1: Researched building Age Friendly communities through AARP - discussed concept with potential stakeholders including local officials, organizations, agencies, schools, potential community partners and garnered support to move project forward.

Requested and secured funding from Care Compass Network to hold series of workshops regarding Age Friendly communities - set dates, secured venue, caterers and developed invite list

Year 2: Hold series of workshops based on a blend of AARP's *Road to Livability* program and NY State's *Livable NY* program which incorporates the importance of the social determinants of health

Hold follow-up meetings with appropriate interested parties from Walton area to create a coalition of community members to prioritize potential Age Friendly Community initiatives; identify next steps and identify potential committee members to address each initiative.

Measures: Two committees will be formed or existing committees, integrated into addressing at least two components of the Age Friendly Community

Recruit and form committee(s) of community residents, which is representative of the population and also includes appropriate community based organizations, agencies and government entities to develop an action plan and timeline to address at least two components of becoming an Age Friendly Community.

Measures: Committee objectives and timelines will be developed

Committees will formulate their respective objectives, based on Age Friendly series and develop a workplan and create a timeline to achieve those objectives and choose a representative to sit on the community coalition.

Measures: Best practice, core measures and stakeholder roles will be determined

Committees will reach consensus on best practice interventions, core measures and roles of stakeholders

Year 3: To be determined based on 2020 results/decisions.

Objective 1.1.2 Increase accessibility of physical environment by 5% (baseline to be set in 2020)

Intervention: Develop consensus on development of Water Street through flood mitigation project and other funding

Measures: Accessibility of physical environment

Year 1: Held discussion with Town Supervisor, Village Mayor, Project Manager for Water Street project, and Chamber of Commerce President to assess feasibility of having an impact on Water Street use and development.

Year 2: Review previous walk audit done by Rural Health group

Complete walk audit of Water Street and Delaware Street in Walton NY

Year 3: To be determined based on 2020 results/decisions.

Objective 1.1.3: By December 31, 2021 decrease the % of adults who report feeling anxiety or fear, depression or sadness, helpless or hopeless

Interventions: Survey community members

Year 1: Delaware County Community Survey completed. Question- In the past year, have you or someone close to you experienced any of the following: Results of these measures included: Anxiety or fear 49.6% - Depression or sadness 55.5% - Feeling helpless or hopeless 30.56%

Year 2: Focus committee work on socialization opportunities to help foster feelings of wellbeing

Year 3: To be determined based on 2020 results/decisions.

Objective 1.1.4 By December 31, 2021 increase the % of adults who report ongoing participation in at least one socialization opportunity other than work. (baseline to be set in 2020)

Interventions: Survey community members

Measures: Number of people participating at socialization opportunities

Year 1: Discussions centered around correlation of isolation and feelings

Year 2: Develop a survey to get sense of socialization activities and participation throughout the community. Focus committee work on socialization opportunities to help foster feelings of well-being

Year 3: To be determined based on 2020 results/decisions

Delaware Valley Hospital staff will play an integral role, with Care Compass Network staff to ensure appropriate stakeholders from across the county are invited to the various Age-Friendly workshops. DVH staff will also secure the venue and caterer for each workshop.

Delaware Valley staff will be the catalyst and champion to ensure Walton community stakeholders hold follow-up meetings and formulate committees to focus on specific interventions, based on the consensus of the group. DVH will maintain representation on the steering committee and any other sub-committee that is appropriate.

DVH will work with Delaware County Mental Health to create survey of socialization activities.

If necessary, DVH will assist in providing support in writing any grant applications.

In addition, DVH will continue to meet regularly with Delaware County Public Health staff and staff from both O'Connor Hospital and Margaretville Hospital to continue dialogue regarding our activities so we can identify opportunities to work together.

Dissemination of Report

The report was provided to the hospital's Board of Directors for review and approval on December 16, 2019. It will be disseminated to the staff of DVH through email; hard copies will be provided to the hospital's senior management team. An overview will be presented to the hospital managers and volunteers. It will be located on the UHS website and a news release will direct the public to the site at <https://www.nyuhs.org/about-us/community-service-reports/>.

Appendix D:
Margaretville Memorial Hospital Community Services Plan



Margaretville Hospital

Westchester Medical Center Health Network

Margaretville | 42084 NY-28, Margaretville, NY 12455

2019 - 2021

COMMUNITY SERVICE PLAN

Margaretville Memorial Hospital 2019 - 2021 Community Service Plan

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Margaretville Memorial Hospital

1. Mission Statement

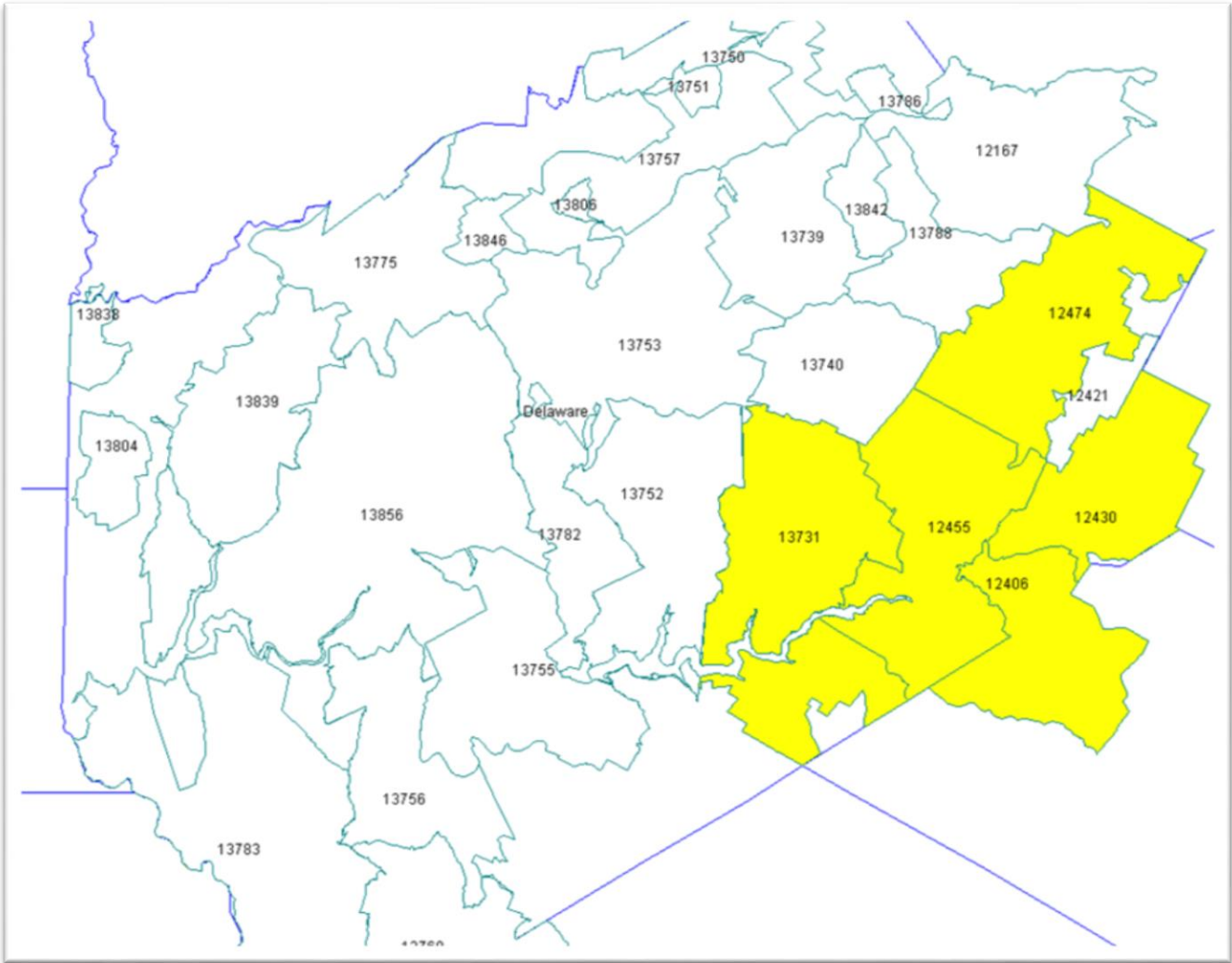
Margaretville Memorial Hospital (Margaretville Hospital), an affiliate of HealthAlliance of the Hudson Valley (HealthAlliance), a member of the Westchester Medical Center Health Network (WMC Health) is a rural Critical Access Hospital whose mission is to provide immediate access to high quality medical 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 WMC Health.

Margaretville Hospital is the Delaware County affiliate of 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 23 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 affiliated with the Bassett Healthcare Network. Additionally, there are three 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 1,442 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 33 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

Geographic Area	2010	2013	Percent Change 2010-2013
Delaware County	47,840	46,772	- 2.3%
New York State	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, 2.1% Black or African-American, 0.4% American Indian/Eskimo, 0.10% Asian, and 4% of Hispanic Origin (U.S. Census Bureau Population Estimates July 2018).

In 2018, 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

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 Health Action Priorities Network (HAPN), 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 2018 through January 2019, 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 2019. Population Health Coordinators met with pre-existing groups including support groups, service clubs, parent groups and senior meals. HAPN/PHIP Southern Tier conducted focus groups 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 Southern Tier PHIP.

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 and Delaware County's Community Health Assessments.
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 Delaware County Community Health Improvement Plan.
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.

Margaretville Hospital involved key members of the Hospital Team in the assessment and selection of its health priorities. After identification of the criteria for priority selection, a work group was convened by the Delaware County Public Health Department which included Margaretville Hospital affiliated with Health Alliance of the Hudson Valley and Westchester Medical Center Health, Delaware Valley Hospital affiliated with United Health Services, Bassett Healthcare Network O'Connor Hospital, as well as the Southern Tier PHIP. 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 2019-2024 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 the Community Health Needs Assessment (CHNA) 2019 priorities are from the NYS Prevention Agenda 2019-2024. 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:

Priority 1: Prevent Chronic Disease

Focus Area 1: Healthy eating and food security

Goal 1.3: Increase food security

Objective 1.13: Increase the % of adults with perceived food security.

Focus Area 3: Tobacco Prevention

Goal 3.2: Promote tobacco use cessation

Objective: 3.2.2 Use health communications and media opportunities to promote the treatment of tobacco dependence by targeting smokers with emotional evocative and graphic messages to encourage evidence-based quit attempts, to increase awareness of available cessation benefits.

Focus Area 4: Preventive Care and management.

Goal 4.4: In the community setting, improve self-management skills for individuals with chronic diseases, including asthma, arthritis, cardiovascular disease, diabetes and pre-diabetes and obesity.

Objective 4.4.1: Increase the % of adults with chronic conditions who have taken a course or class to learn how to manage their condition.

Priority 2: Promote Well-Being and Prevent Mental Health and Substance Use Disorders

Focus Area 2: Mental and Substance Use Disorders Prevention

Goal 2.2: Prevent opioid and other substance misuse and deaths.

Objective 2.2.4: Reduce all E.D. visits (including outpatient and admitted patients) involving one opioid overdose.

Focus Area 2: Mental and Substance Use Disorders Prevention

Goal 2.3: Prevent and address adverse childhood experiences (ACES)

Objective 2.3.3: Increase communities reached by opportunities to build resilience by at least 10 percent

Focus Area 2: Mental and Substance Use Disorders Prevention

Goal 2.5: Prevent Suicides

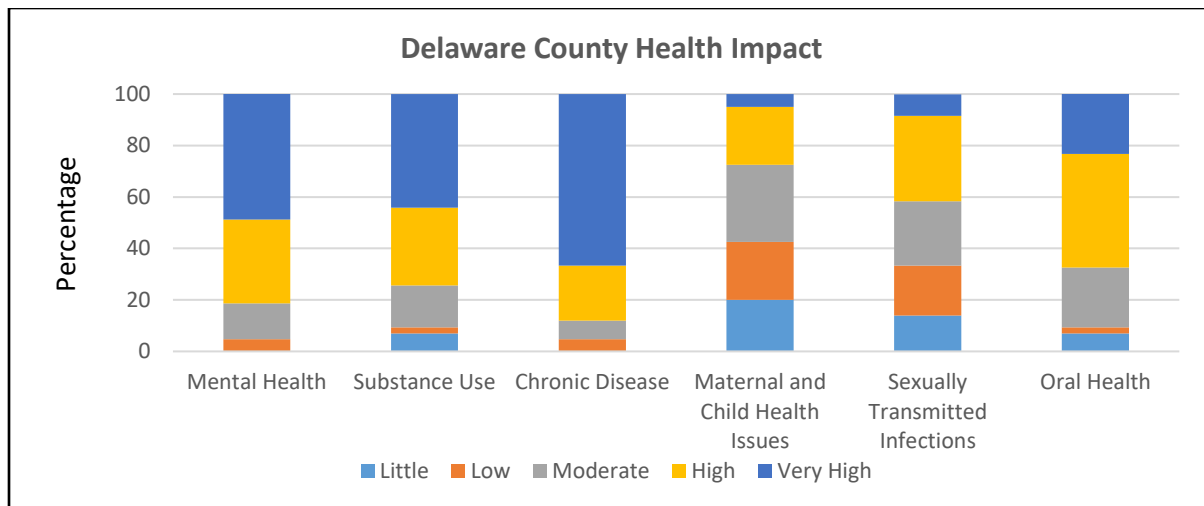
Objective 2.5.4: Build support systems to care for opioid users or at risk of an overdose

The disparate population to be addressed in our efforts includes 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 5th 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 Southern Tier HAPN/PHIP 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: Southern Tier Health Action Priorities 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 10th 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. The data points mentioned led to our focus on chronic disease.
- Cancer death is the second leading cause of death in Delaware County. Lung cancer is the leading cause of cancer death among men and women in Delaware County. The second leading cause of death in women is breast cancer.
- The number of individuals admitted to the Delaware County Alcohol and Drug Abuse Services program for heroin and other opiate use has been increasing over the last ten years. 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.
- 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

The New York State Prevention Agenda outlines three other priority areas that were not selected as priorities for the Margaretville hospital 2019-2021 Community Service Plan: Promote a Healthy and Safe Environment, Promote Healthy Women, Infants and Children, and Prevent Communicable Diseases. Although all of these 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.

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 WMC Health and O’Connor affiliated with Bassett Healthcare Network. The challenges of communication across systems can lead to care coordination 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 patients 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. Implementation Three Year Plan

Priority 1: Prevent Chronic Disease

Focus Area 1: Healthy eating and food security

Goal 1.3: Increase food security

Objective 1.13: Increase the % of adults with perceived food security.

Community Based Strategy and Commitment of Resources: The dietary department at Margaretville Hospital/MRCC will design and implement a food program designed to address food insecurity for inpatients (acute, observation and swing bed). The goal is for the dietitians, upon interview and screening, to identify patients with limited food access or possible food insecurity. They will establish a patient referral process to public health nutrition program such as WIC, SNAP or local food emergency services or food pantry prior to patients discharge.

Focus Area 3: Tobacco Prevention

Goal 3.2: Promote tobacco use cessation

Objective: 3.2.2 Use health communications and media opportunities to promote the treatment of tobacco dependence by targeting smokers with emotional evocative and graphic messages to encourage evidence-based quit attempts, to increase awareness of available cessation benefits.

Community Based Strategy and Commitment of Resources: Margaretville Hospital will partner with the HealthAlliance Marketing Department and Tobacco-Free Action Coalition to develop annual campaigns targeting current tobacco users in the community and our own facilities on the harm of smoking. In addition, we provide information through various messaging channels to include email, social media, earned media, and message boards.

Focus Area 4: Preventive Care and management.

Goal 4.4: In the community setting, improve self-management skills for individuals with chronic diseases, including asthma, arthritis, cardiovascular disease, diabetes and pre-diabetes and obesity.

Objective 4.4.1: Increase the % of adults with chronic conditions who have taken a course or class to learn how to manage their condition.

Community Based Strategy and Commitment of Resources: Margaretville Hospital will provide COPD education classes including a focus on self-management. Margaretville Hospital will also promote and support the Chronic Disease Self-Management Program (CDSMP) classes taking place in Delaware County.

Priority 2: Promote Well-Being and Prevent Mental Health and Substance Use Disorders

Focus Area 2: Mental and Substance Use Disorders Prevention

Goal 2.2: Prevent opioid and other substance misuse and deaths.

Objective 2.2.4: Reduce all E.D. visits (including outpatient and admitted patients) involving one opioid overdose.

Community Based Strategy and Commitment of Resources: Margaretville Hospital will actively participate in the Catskills Addiction Coalition as the fiduciary member and recipient of the Rural Communities Opioid Response Planning grant for 2019 to 2020. In addition, the hospital will participate in the Delaware County Opioid Task Force and openly share OCH data with the Delaware County Public Health Department on number of patients reporting to E.D. with substance abuse issues for collaboration and appropriate access to services among community partners. Additionally, work towards receiving a three-year HRSA implementation grant to implement programs of the Catskills Addiction Coalition. Devote resources and attention of staff and leadership to collaborating with other community organizations on creative solutions.

Focus Area 2: Mental and Substance Use Disorders Prevention

Goal 2.3: Prevent and address adverse childhood experiences (ACES)

Objective 2.3.3: Increase communities reached by opportunities to build resilience by at least 10 percent

Community Based Strategy and Commitment of Resources: Margaretville Hospital will partner with HealthAlliance’s Youth Mental Health First Aid Program to deliver the training to a variety of organizations and overall public through a variety of outreach and network building. In addition, the ultimate goal is to help drive referrals of youth needing additional support from clinicians.

Focus Area 2: Mental and Substance Use Disorders Prevention

Goal 2.5: Prevent Suicides

Objective 2.5.4: Build support systems to care for opioid users or at risk of an overdose

Community Based strategy and Commitment of Resources: Margaretville Hospital will host QPR training at least once annually for Margaretville Hospital staff and four times annually throughout Delaware County in conjunction with the Delaware County Suicide Prevention. We will seek to train to identify and refer to appropriate community organizations and internal staff for preventative steps to be taken.

7. Dissemination to the Public

Margaretville Hospital will post the Hospital Community Service Plan on its website. News and events related to the interventions will also be posted. Margaretville Hospital’s website address is <https://www.hahv.org/community-health-needs-assessments>

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. 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 Margaretville Hospital is actively participating in. Annually hospital leadership presents an update to the hospital’s board of trustees noting specific achievements and barriers to implementation. Antidotal feedback will be in work group meetings, meetings involving health and wellness groups such as the Suicide Prevention Network of Delaware County, and from patients and individuals participating in interventions, allowing continual review of the Community Service Plan tasks and mid-course corrections when required. Periodic public notices will be posted on the hospital website. Finally, as available, local, state and national health status indicators will be reviewed.

Margaretville Hospital Board Approval on Thursday, November 7, 2019.

Appendix E:
O'Connor Hospital Community Services Plan



Bassett Healthcare Network
O'Connor Hospital

O'CONNOR HOSPITAL
2019-2021 COMMUNITY
SERVICE PLAN

460 Andes Road, Delhi, NY 13753

O'Connor Hospital, Inc. (dba O'Connor Hospital)

2019-2021 Community Service Plan

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1. Mission Statement

O'Connor Hospital, part of Bassett Healthcare Network, upholds its mission to improve the health of our patients and the well-being of our communities.

O'Connor Hospital (OCH) is a critical access hospital (CAH) in Delhi, NY, providing a full range of acute and preventive health care services, including acute inpatient care, restorative/rehabilitative (swing bed) care, emergency services, same-day surgery, radiology, laboratory services, an outpatient pharmacy, outpatient physical and occupational therapy, dietary consultations, an eyewear center, and a wide range of specialty services.

Bassett Healthcare 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 five corporately affiliated hospitals, more than two dozen community-based health centers, 20 school-based health centers, two skilled nursing facilities, and health partners in related fields.

In addition to O'Connor Hospital, Bassett Healthcare Network's hospitals include Bassett Medical Center in Cooperstown, A.O. Fox Memorial Hospital in Oneonta, Cobleskill Regional Hospital in Cobleskill, 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.

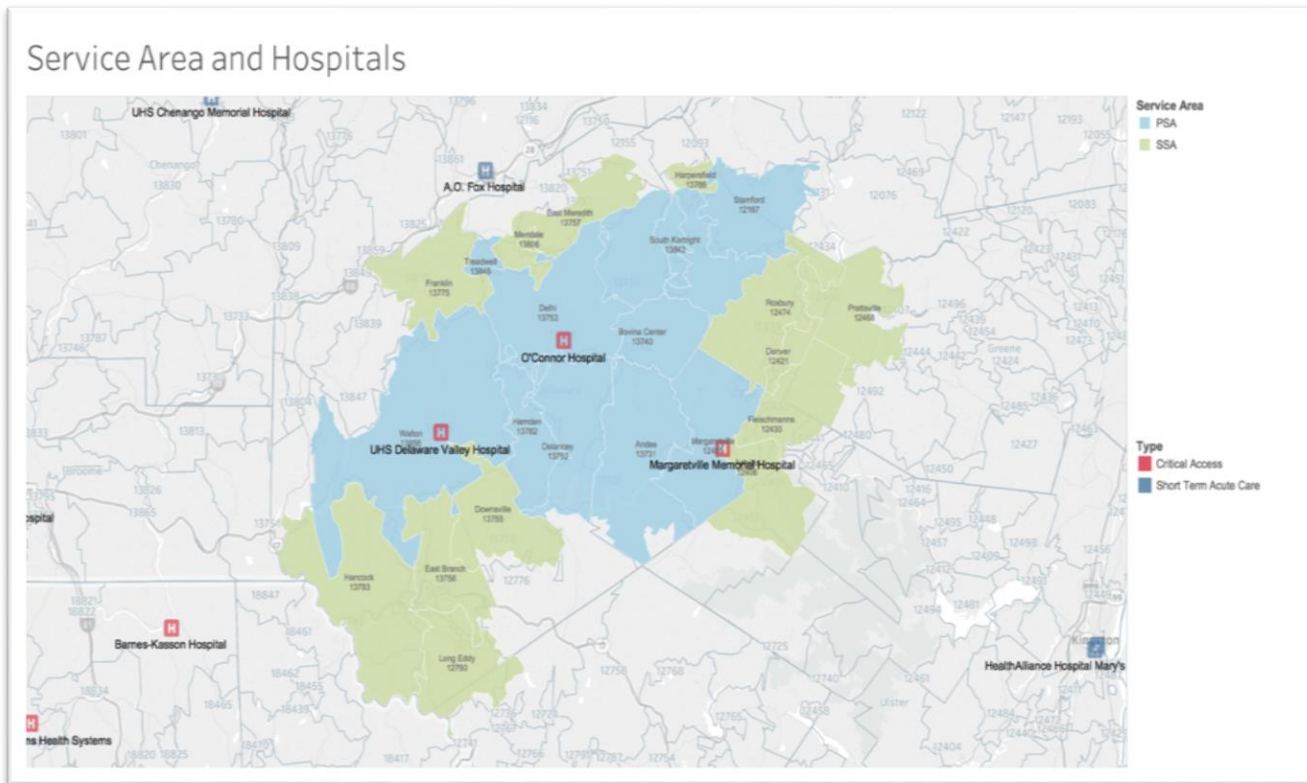
2. Definition and Brief Description of Community Served

O'Connor Hospital's service area includes much of Delaware County, NY. The primary service area of 11 zip codes includes Andes, Bloomville, Bovina Center, Delancey, Delhi, Hamden, Hobart, Margaretville, South Kortright, Stamford, and Walton. The secondary service area is reflective of 12 zip codes and includes Denver, Downsville, East Branch, East Meredith, Fleishmans, Franklin, Hancock, Harpersfield, Long Eddy, Meridale, Pratsville, and Roxbury. Map 1 shows the primary service area in blue and the secondary service area in green.

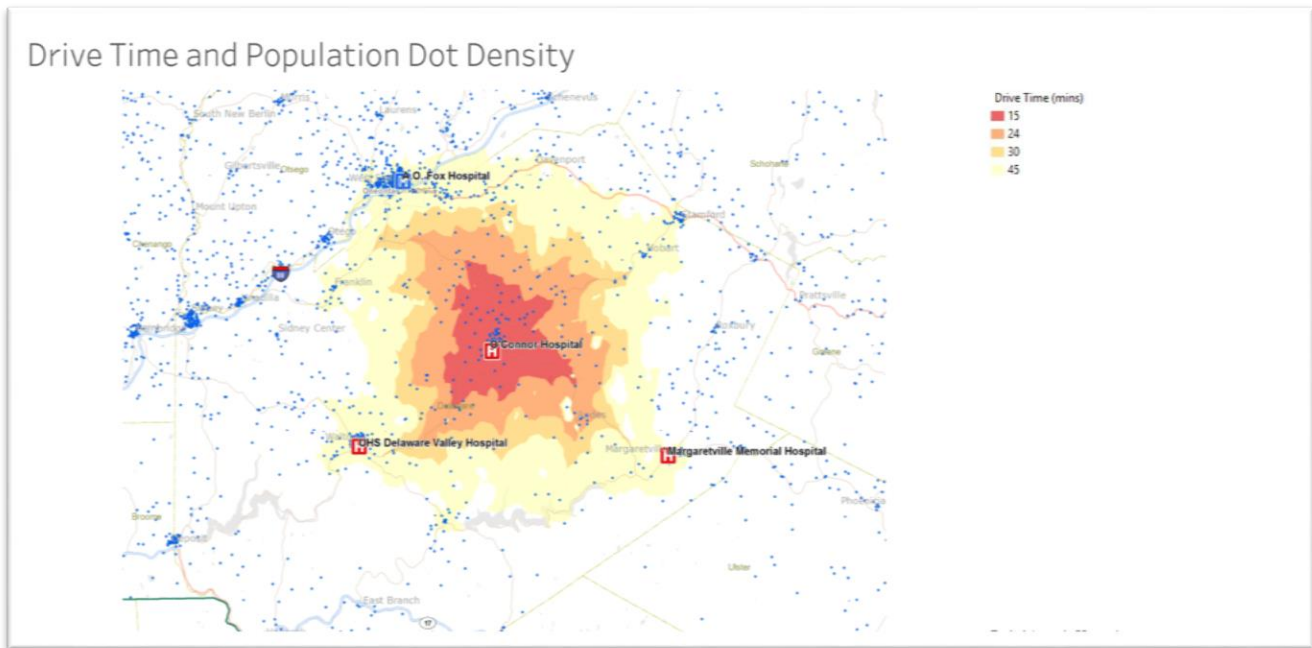
Map 2 includes the population density and drive time for patients. The greatest population lives within 15 minutes driving time to O'Connor Hospital. As the driving time increases the amount of people choosing O'Connor Hospital decreases.

Map 1 and Map 2 were provided by Stroudwater Associations, a national healthcare consulting firm that conducted a Master Facility Plan / Cost Report Impact report on behalf of O'Connor Hospital in early 2019.

Map 1: O'Connor Hospital's Service Area



Map 2: Driving Time and Population Dot Density



Other community health services and resources available in Delaware County include 18 ambulance services, mostly consisting of volunteer membership. In addition to O'Connor Hospital, there are three other Critical Access Hospitals, operated by two other healthcare systems: Delaware Valley Hospital affiliated with United Health Services, and Margaretville Memorial Hospital affiliated with Health Alliance of the Hudson Valley and Westchester Medical Center, all three hospitals are listed on map 1. Additionally, there are three nursing homes

in the county, 16 primary care offices including health centers and private physician offices, 11 dental offices, and two mental health clinics with multiple locations within the county.

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 and the western boarder of the Catskill Mountains covering 1,467 square miles, of which 1,442 miles are land and 25 miles are water.

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 31.56 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 NYC Watershed, which is the largest unfiltered drinking water supply in the United States. In terms of physical environment, Delaware County is an expansive, isolated rural area with 2 of the largest reservoirs in the watershed. (Map 3).

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.

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

Map 3 is of the NYC Watershed, showing that it covers 53% of Delaware County, and 8.2% of the Watershed is located within the county and is owned by NYC.

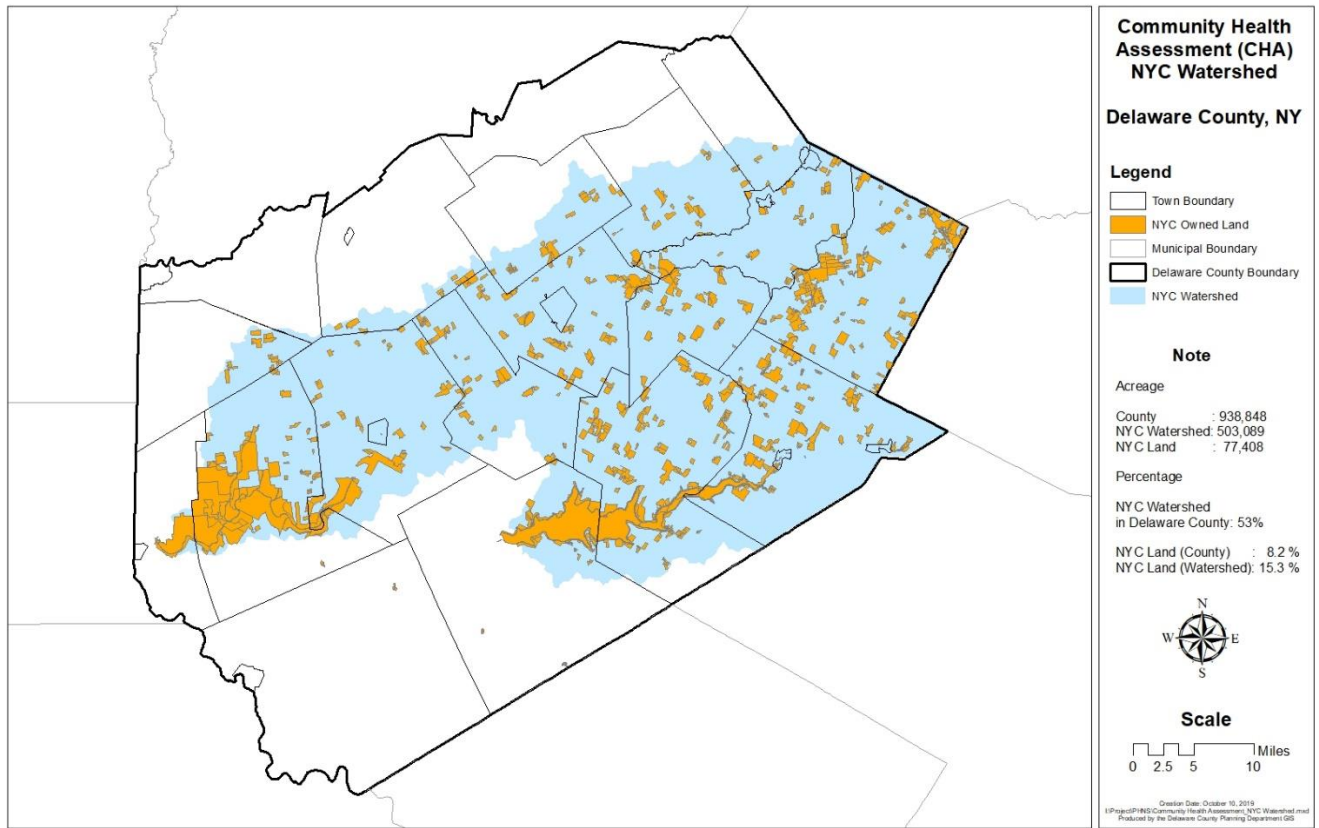


Table 1

Population Change in Delaware County, 2013 – 2017

Geographic Area	2013	2017	Percent Change 2013-2017
Delaware County	46,772	45,951	-1.7%
New York State	19,795,791	19,849,339	+0.27%

Sources: <https://factfinder.census.gov>
 2013-2017 American Community Survey 5 year estimate

As Table 1 shows, from 2013-2017 the county population has decreased from \$46,772 to 45,951, a decrease rate of 1.7%. Delaware County’s towns are parochial in nature, and no population center exists. Also, there is no central location that offers shopping opportunities, which effects local economy as residents travel outside of the county to access larger stores. This again can create challenges for residents who live in the most rural parts of the county, who do not have vehicles, and cannot afford to travel longer distances to meet their personal needs.

Table 2

Table 2 Shows Delaware County towns that made the list of top 20 fastest shrinking communities in New York (NY) State.

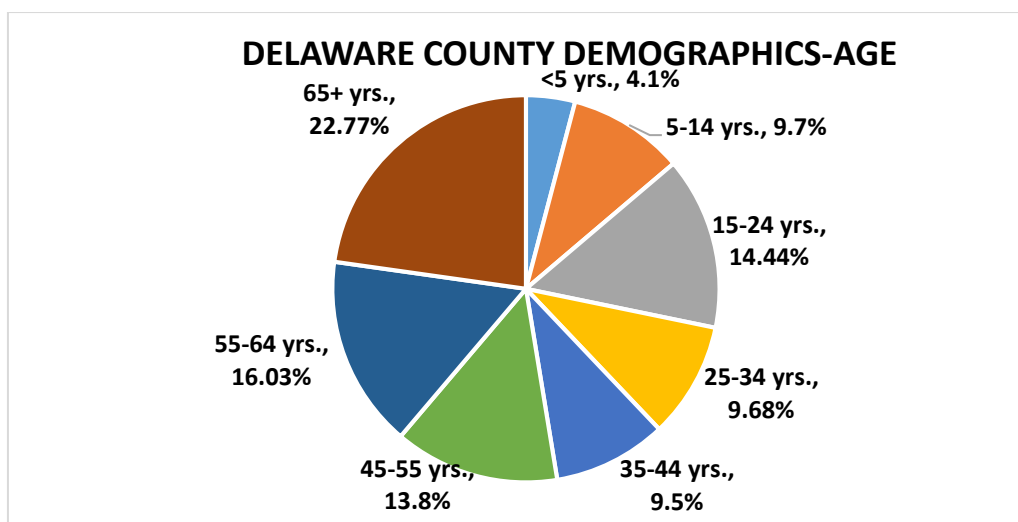
Current Ranking	Towns	Previous ranking	Population in 2018	Change since 2017	Change since 2010
#3	Hobart, village	#11	395	-1.3% (-5)	-9.2% (-40)
#6	Walton, village	#22	2815	-1.3% (-37)	-8.6% (-266)

#8	Fleischmans, village	#25	317	-1.2% (-4)	-8.4% (29)
#9	Hancock, village	#23	944	-1.3% (-12)	-8.3% (-85)
#13	Stamford, village	#40	1029	-1.2% (-13)	-7.5% (-84)
#17	Sidney, village	Unranked	3607	-1.3% (-47)	-7.35 (-282)
#18	Deposit, village	Unranked	1538	-1.0% (-16)	-7.2% (-119)

Source: US Census Bureau 2018 Population Estimates

US Census estimates show that year after year, people are leaving NY State, and in 2018 the state’s population dropped by 48,500 people. Seven Delaware County towns and villages fall into the top 20 fastest shrinking communities in NY State, as shown in Table 2. Factors that may contribute to this are related to the fact that Delaware County, like many other upstate counties, is aging at a rapid rate. See aging demographics beginning with Graph 1.

Graph 1: Distribution of median age in Delaware County



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

American Community Survey 5 year Estimate, 2013-2017

Graph 1 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 22.77%. This is a nearly 15% increase since the 2016 CHA update, the data for which was accessed from the 2010 census. This is higher than Delaware’s neighboring counties of Otsego (19.3%) and Chenango (19.2%), and higher than the NYS percentage of 15.2%. It should be noted, however, that the percentage of population for people aged 65 years and older has increased in each of the neighboring counties listed, as well.

A majority of Delaware County residents over the age of 15 are married (48.2 %), followed by never married (30.3%), separated (2.6%), widowed (7.7%), and divorced (11.3%) make up a smaller portion of the population. (U.S. Census Bureau, 2013-2017 American Community Survey). Delaware County’s population is 96.3% White, 2.4% Black or African-American, 0.6% American Indian and Alaska Native, 1.3% Asian, and 3.7% of Hispanic or Latino (U.S. Census Bureau American Community Survey 2013-2017).

In 2018, 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 2018, the population below the poverty

line was 16.5%, higher than the rate of 15.1% for New York State. Notably, the percentage of children living below the poverty line has increased from the 2010-2014 ACS estimates from 22% to 30.7% in the 2013-2017 estimates. The communities of Kortright (44.5%) and Walton (50.8%) have the highest rates of child poverty in Delaware County (U.S. Census Bureau, 2003-2017 American Community Survey).

Slight improvements are seen in Delaware County for the number of individuals with healthcare coverage and reporting having a regular healthcare provider. The reported percent of people not accessing healthcare because of cost remain relatively unchanged. 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 (64.9% in the Southern Tier and 71.8% in Mohawk Valley). 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 11.2% in Upstate New York.

In 2016 The New York State (NY) Department of Health reported that 92.4% of adults had coverage. While the NY Behavioral Risk Factor Surveillance System (BRFSS) reported 91.9% had healthcare coverage for the same year. The BRFSS also reported in 2016 that 70% of adults visited a doctor for routine checkup with in the last year compared to the Upstate NY average of 70.2%. Accordingly, 9.3% of residents reported that cost prevented a visit to the doctor in Delaware County and 9.8% in upstate NY.

3. Public Participation

Representatives from Delaware County Public Health, O'Connor Hospital, Delaware Valley Hospital, Margaretville Hospital, and the Southern Tier Population Health Improvement Program (PHIP) met in fall of 2018 to begin discussing the next full Delaware County Community Health Assessment, Community Health Improvement Plan, and the hospital Community Service Plans, and set up a monthly meeting schedule to continue until submission of the full document in December 2019.

A review and update of data in the Community Health Assessment was completed in July 2019, using county, regional and New York state secondary data sources including BRFSS, Census data, and local data sources including the Delaware County Public Health Annual Report, the Delaware County Office for Aging's Annual Assessment and Report the Delaware County Community Services Annual Assessment and Plan.

As a method to collect primary data from the county at large, two surveys were developed: the first was sent electronically to Delaware County health and human services providers to gain their perspectives on the Prevention Agenda Priority Areas and the associated focus areas most in need of improvement. The second survey was sent electronically to community members to identify primary strengths and weaknesses of service provision, social determinants of health in need of addressing, and general quality of health and life in the county.

Preliminary findings allowed the group to: 1) understand which data sources and information would be most useful, 2) determine community partners, organizations, and other existing assessments to include in the process, 3) explore best practice activities and interventions to include in the Community Service Plan.

In May of 2019, the PHIP Population Health Coordinators worked with the Delaware County committee to hold a community roundtable event at the State University of New York (SUNY) Delhi, located in Delhi NY, Delaware County. All Health and Human Services providers that received the survey were invited, as well as the community residents who provided their names and contact information electronically via the survey. The event was also promoted via email and social media communications. Hospital and Public Health

representatives shared the invitation with their Boards of Directors. The roundtable event was attended by 40 people, and included a presentation on the survey data by the PHIP Coordinators. In addition, Delaware County's Director of Public Health and the Director of Operational Support from O'Connor Hospital (located in Delhi and affiliated with the Bassett Healthcare system) presented on the NY State and Federal requirements for completion of the Community Health Assessment, Community Health Improvement Plan, and the hospitals' Community Service Plans.

The roundtable event included breakout groups for the chosen Prevention Agenda priority areas to give attendees further opportunity to provide input on the interventions and activities to place in the next 3-year cycle.

O'Connor Hospital involved its Senior Operations Team (OPS) and three members of the hospital Board of Trustees in the assessment and selection of its health priorities. On May 30th, three board members and two OPS members participated in the Delaware County Health Assessment Roundtable and discussion, described above. Following the roundtable, the three board members and the OPS team met to discuss the hospital's operational strategies and available resources for addressing health priorities in Delaware County.

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 in 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 or health needs were either below the averages for New York State, contiguous counties, or averages for upstate New York
4. The priority area was identified/ recommended during the public input process.
5. The availability of resources for the hospital to commit to the priority
6. Opportunity for development of collaborative interventions by O'Connor Hospital, Delaware County Public Health Department and its other community work group partners was also considered.
7. O'Connor Hospital has selected two health priorities which are also addressed in the Community Health Needs Assessment (CHNA) Implementation Strategy 2013 and 2016 reports:
 - a. Prevent Chronic Diseases
 - b. Promote Well-Being and Prevent Mental and Substance Use Disorders

Both of these Community Service Plan priorities are from the New York State Prevention Agenda 2019-2024. O'Connor Hospital will focus on the following priorities, goals, and objectives:

Prevent Chronic Diseases

Focus Area 1: Healthy eating and food security

Goal: 1.1 Increase access to healthy and affordable foods and beverages

Objective 1.9 Decrease the % of adults who consume less than one fruit and less than one vegetable per day (among all adults).

Goal: 1.3 Increase food security

Objective 1.13 Increase the % of adults with perceived food security.

Focus Area 2: Physical Activity

Goal: 2.2 Promote school, child care and worksite environments that increase physical activity

Objective 1.17 Increase the % of adults age 18 years and older who participate in leisure-time physical activity (among all adults)

Goal: 2.3 Increase access, for people of all ages and abilities, to indoor and / or outdoor places for physical activity

Objective 1.4 Decrease the percentage of adults ages 18 years and older with obesity (among all adults)

Focus Area 3: Tobacco Prevention

Goal: 3.2 Promote tobacco use cessation

Objective: 3.2.1 Increase the % of smokers who received assistance from a healthcare provider to quit smoking by 13.1% from 53.1% to 60.1%.

Focus Area 4: Preventive Care and Management

Goal: 4.1: Increase cancer screening rates

Objective: increase percent of adults who receive cancer screening for respiratory and breast cancers.

Goal: 4.4: In the community setting, improve self-management skills for individuals with chronic diseases, including asthma, arthritis, cardiovascular disease, diabetes, and prediabetes and obesity

Objective 4.4.1 Increase the percentage of adults with chronic conditions who have taken a course or class to learn how to manage their condition.

Promote Well-Being and Prevent Mental Health and Substance Use Disorders

Focus Area 2: Prevent Mental and Substance Use Disorders

Goal: 1.2: Facilitate Supportive environments that promote respect and dignity for people of all areas.

Objective 1.2.4: Use thoughtful messaging on mental illness and substance use: Expert opinion in messaging about Mental, Emotional and Behavioral Health humanize the experiences and struggles of persons living with disorders: highlight structural barriers: avoid blaming people for their disorder or associate disorder with violence.

Goal: 2.1 Strengthen opportunities to build well-being and resilience across the lifespan.

Objective 2.1.2 Reduce the age adjusted % of adult (age 18 and older) binge drinking (5 drinks or more for men during one occasion, and 4 or more drinks for women during one occasion) during the past month by 10% to no more than 16.7%.

Goal: 2.2 Prevent opioid overdose deaths

Objective 2.2.1 reduce the age adjusted overdose deaths involving any opioid.

Objective 2.2.2 Increase the age-adjusted Buprenorphine prescribing rate for substance use disorder.

Objective 2.2.4 Reduce all E.D. Visits (including outpatient and admitted patients) involving one opioid overdose.

Goal: 2.5 Prevent Suicides

Objective 2.5.2 Reduce the age adjusted suicide mortality rate by 10% to 7 per 100,000.

The disparate population to be addressed is *low-income children and adults of rural areas in Delaware County*.

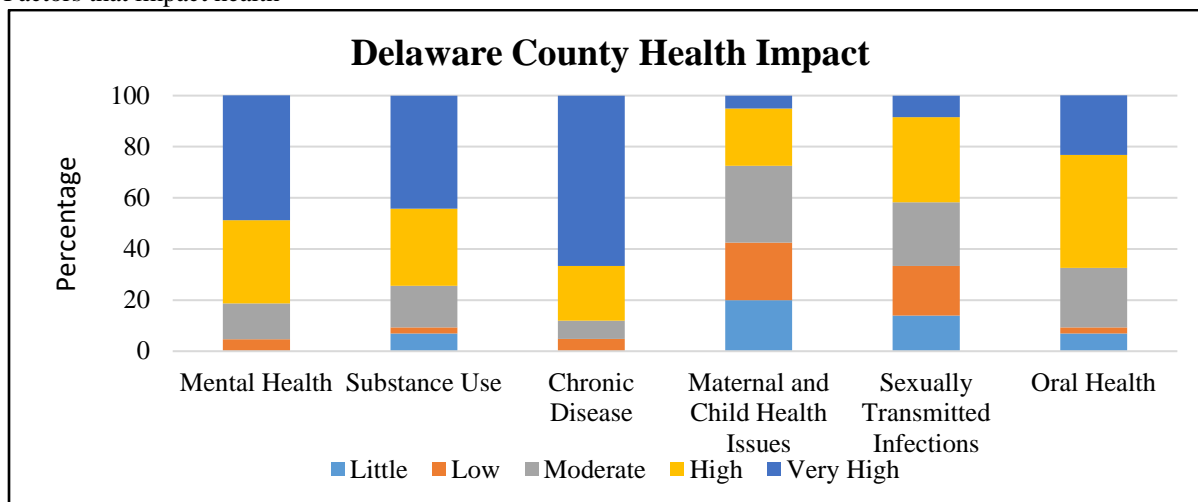
Data to support the rationale behind the choice of priorities, focus areas, objectives, and the disparity include the following;

- Delaware County is the 5th most rural county in New York with a population density of 31.56 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 PHIP Regional Assessment, Delaware County stakeholders felt that Chronic Disease has the highest impact on health, followed closely by Mental Health and Substance Use (Graph 2).
- According to the New York State Prevention Agenda Dashboard, 35% of adults are overweight, and 30% of adults are obese in Delaware County, whereas 34.1% of children Pre-K to 10th grade are considered overweight or obese. Moreover, the New York State Expanded Behavioral Risk Factor Surveillance Survey reports that 26.1% of Delaware County adults do not participate in leisure time physical activity, warranting the focus on chronic disease.

- Cancer death is the second leading cause of death in Delaware County. As seen in table 3 lung cancer is the leading cause of cancer death among men and women in Delaware County. The second leading cause of death in women is breast cancer. (Table 3)
- Graph 3 represents referrals to the Bassett Cancer Institute Lung Cancer Screening Program by region. In May 2019 O'Connor Hospital became a lung cancer screening location. As lung cancer is the leading cause of cancer mortality O'Connor Hospital will increase the number of scans performed at the hospital.
- Graph 5 shows the number of new Lung Cancer Screening patient visits and scans by Bassett Healthcare Network location January – September 2019. The program was implemented in May 2019 in Delhi.
- The Bassett Healthcare Network Cancer Screening Coach performed 414 screening mammograms between January –September 2019. Of these 31 were called back out of the 414. 19 were negative, 9 patients were called for 6 month follow ups and 3 biopsies were called (2 negative, 1 went to a 6 month follow up), 0 cancers were found.
- In a 2019 survey developed by the Population Health Improvement Plan Population Health Coordinators, survey respondents identified which New York State Prevention Agenda focus areas were in need of the greatest support. Respondents identified that Preventing Chronic Disease was a high priority. As shown in graph 6, Healthy eating/ food security, physical activity, tobacco prevention and preventative care and management were all ranked high.
- Additionally, survey respondents rated Promoting Well-Being and Preventing Mental and Substance Use Disorders as a high priority for Delaware County.(Graph 7)
- The number of patients admitted to substance use treatment programs in Delaware County with a history of mental health treatment had increase, suggesting that patients may have more chronic mental illness. (graph 8)
- 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 9) 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 10).
- 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 2019-2021 Community Service Plan: Promote a Healthy and Safe Environment, Promote Healthy Women, Infants and Children, and Prevent Communicable Diseases. 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.

Graph 2: Factors that impact health



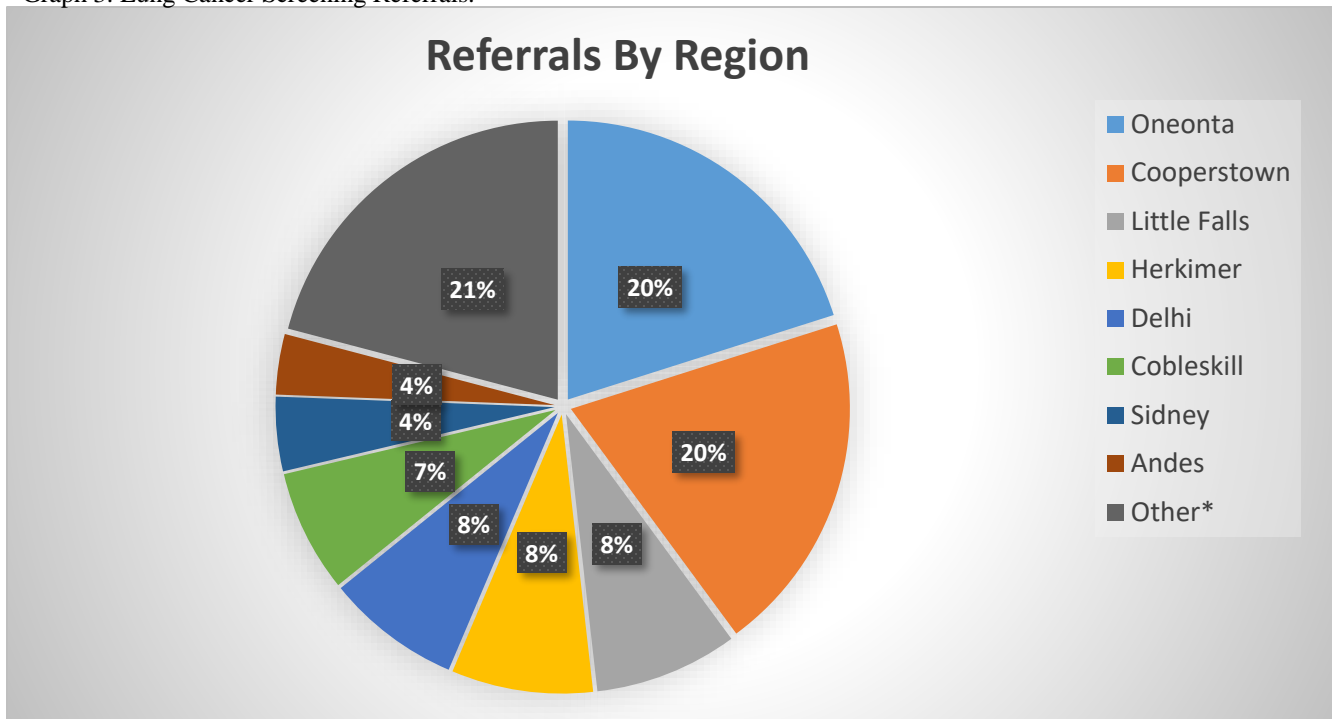
Source: Southern Tier Population Health Improvement Plan, 2015-2016 Regional Assessment

Table 3: Delaware County Cancer Mortality by Gender, 2012-2016

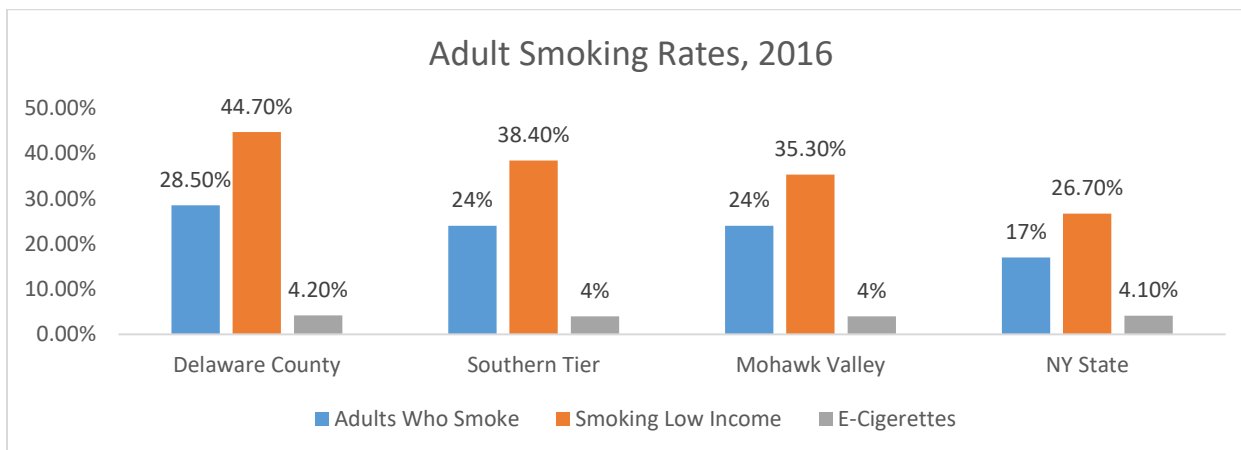
Site of cancer	Mortality			
	Males		Females	
	Avg Ann Deaths	Rate per 100,000	Avg Ann Deaths	Rate per 100,000
All Invasive Malignant Tumors	65.6	185.0	56.8	143.7
Oral cavity and pharynx	1.6	4.2	1.0	3.1
Esophagus	3.2	8.9	1.2	2.8
Stomach	0.6	1.5	0.4	1.0
Colorectal	5.6	16.0	4.6	10.6
Colon excluding rectum	4.2	12.0	3.8	8.7
Rectum & rectosigmoid	1.4	4.1	0.8	1.8
Liver/intrahepatic bile duct	2.8	6.9	0.6	1.4
Pancreas	4.2	12.1	2.4	5.8
Larynx	1.0	2.7	0.0	0.0
Lung and bronchus	21.2	57.4	15.0	38.2
Melanoma of the skin	0.8	2.3	0.2	0.5
Female breast			7.8	19.8
Cervix uteri			0.4	0.9
Corpus uterus and NOS			1.2	3.0
Ovary			4.0	10.0
Prostate	6.0	18.4		
Testis	0.0	0.0		
Urinary bladder (incl. in situ)	3.0	8.5	0.8	2.3
Kidney and renal pelvis	1.4	3.5	1.2	2.6
Brain and other nervous system	1.0	3.3	1.6	4.9
Thyroid	0.0	0.0	0.0	0.0
Hodgkin lymphoma	0.0	0.0	0.8	2.5
Non-Hodgkin lymphomas	2.2	6.1	2.0	4.6
Multiple myeloma	0.6	2.0	1.6	4.0
Leukemias	3.0	9.5	2.6	7.1

Source: NYSDOH, New York State Cancer Registry, 2012-2016

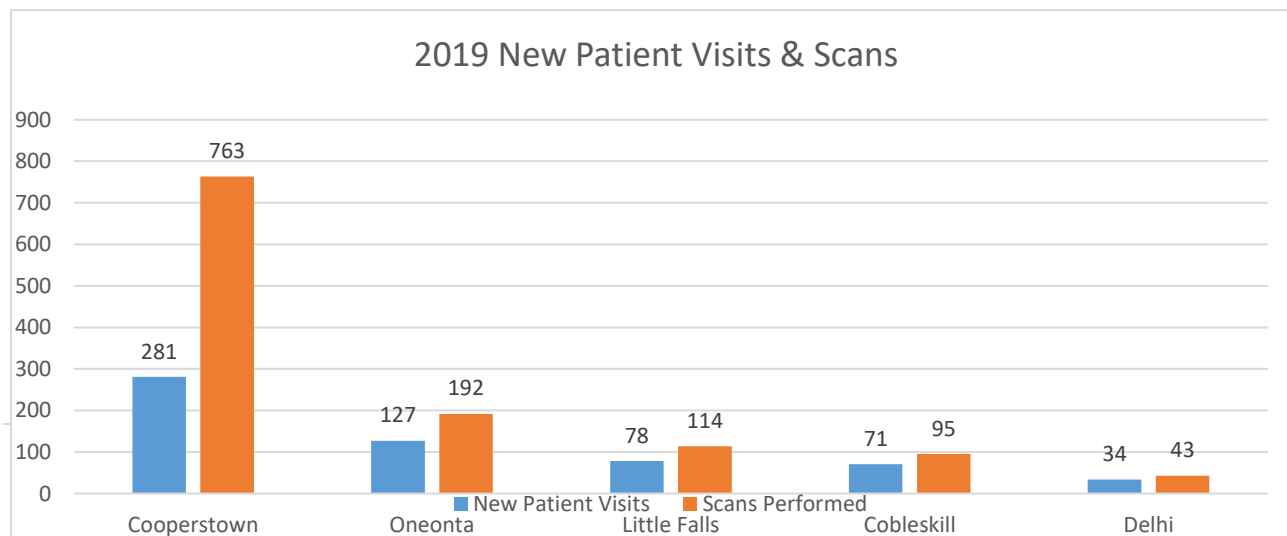
Graph 3: Lung Cancer Screening Referrals.



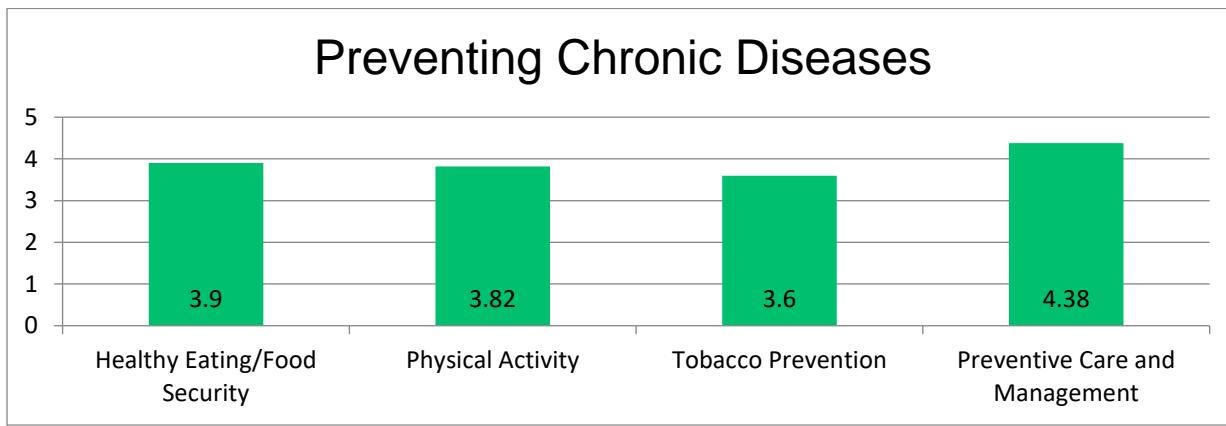
Graph 4: Adults Smoking Rates are higher than upstate averages.



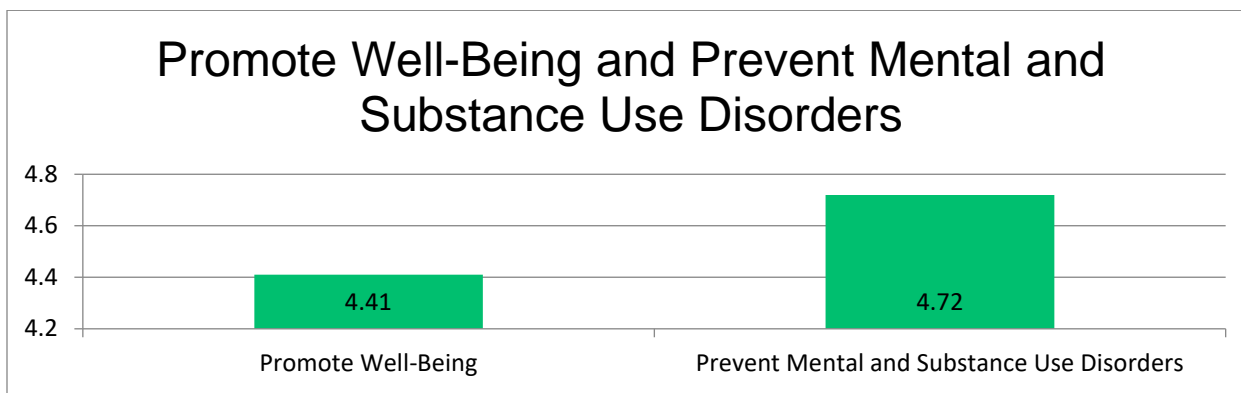
Graph 5: Lung Cancer screening exams performed by location.



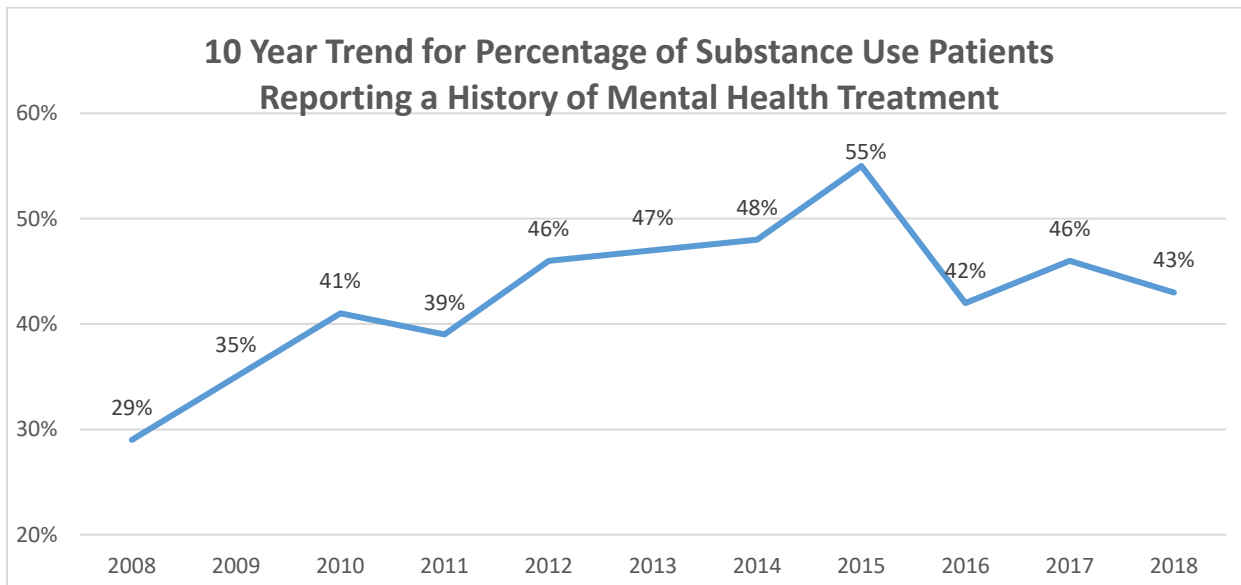
Graph 6: community survey ranking importance in preventing chronic disease.



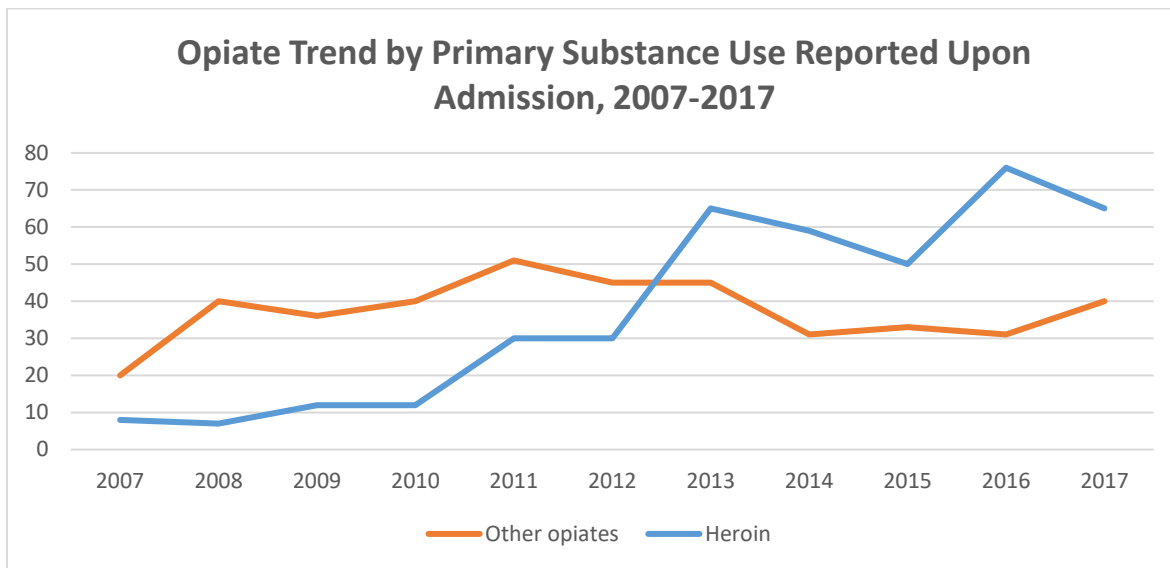
Graph 7: Community survey ranking focus on mental health and substance abuse



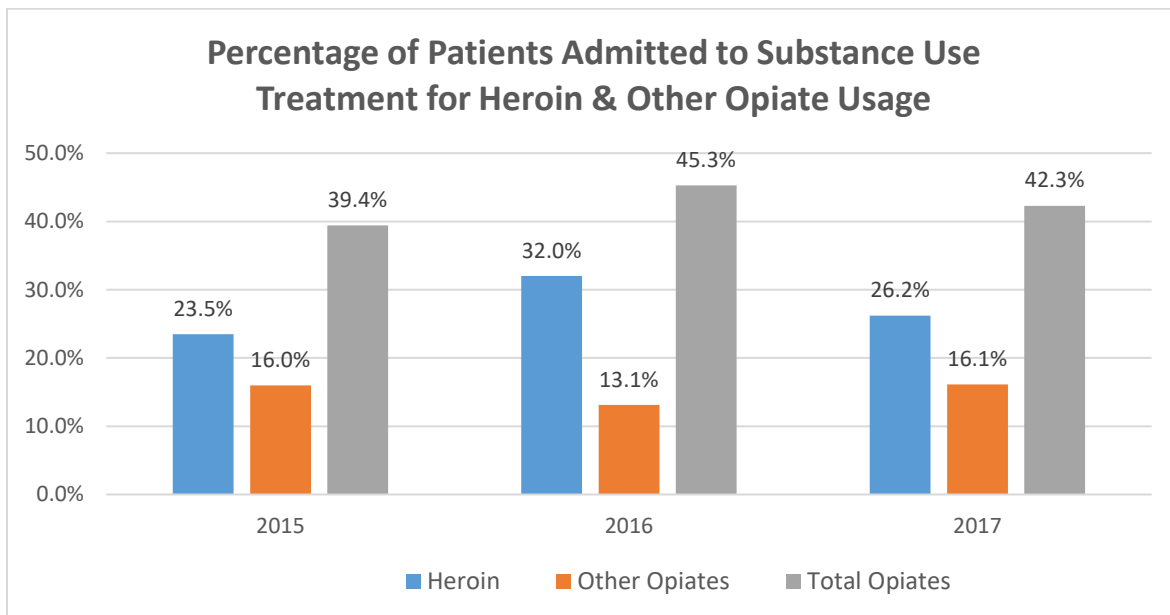
Graph 8: Delaware County substance use clinic patients reporting a history of mental health.



Graph 9: Delaware County Substance Use clinic patients reporting opiate use upon admission.



Graph 10: Delaware County Substance use clinic patients admitted for heroin & other opiate usage.



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 Memorial Hospital affiliated with Health Alliance of the Hudson Valley and O’Connor Hospital affiliated with Bassett Healthcare Network. (The locations are of three hospitals are shown on map 1). The challenges of communication across systems can lead to lack of care coordination 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.

6. Three Year Plan of Action: 2019-2021

Prevent Chronic Diseases

Focus Area 1: Healthy eating and food security

Goal: 1.1 Increase access to healthy and affordable foods and beverages

Objective 1.9 Decrease the % of adults who consume less than one fruit and less than one vegetable per day (among all adults).

Intervention 1.03 Local health departments, hospitals and others can implement wellness programs at their own worksites as part of a comprehensive work site wellness program. Recommended components include education, conducting activities that target thoughts and social factors to influence behavior change and changing physical or organization structure to make the healthy choice the easy choice.

Community Based Strategy and Commitment of Resources O'Connor Hospital will address goal 1.1 by offering employees a worksite wellness nutritional program designed to influence behavior change and make the healthy choice the easy choice. In year one (2019) the hospital's Events and Wellness committee conducted an employee wellness survey. In the survey staff were asked to identify the health topics they are most interested in, how likely they are to participate in employer offered wellness activities, and the type of activities that staff would support. 70% of survey participants wanted increases in healthy food and drink options in the cafeteria and vending machines. 36% of participants wanted a decrease of unhealthy food and drink options in the cafeteria and vending machines. 28% want a policy for encouraging healthy foods for catered meetings. In keeping with the New York State prevention agenda goal and to satisfy employee requests in years 2 and 3 of this community service plan the hospital will offer employees 24/7 availability of fresh fruits and vegetables in the hospital vending machines and café. The Events and Wellness Committee will work collaboratively with the dietary manager on the types and availability of fresh fruits and vegetables offered. The dietary manager has ultimate responsibility for this intervention and will track his/her hours spent working with the Events and Wellness committee, on menu planning, and for ordering and pricing food. The dietary manager is responsible for the dietary budget and assessing the impact of this initiative on the budget. The dietary manager will report their annual assessment to their operational director and the Events and Wellness committee. The hospital will support the dietary managers salary and food costs related to this initiative.

Goal: 1.3 Increase food security

Objective 1.13 Increase the % of adults with perceived food security.

Intervention 1.06 Screen for food insecurity, facilitate and actively support referrals.

Community Based Strategy and Commitment of Resources

The dietetics department at O'Connor Hospital will design and implement a food program designed to address food insecurity for inpatients (acute, observation and swing bed). The goal is for registered dietitians, upon interview and screening, to identify patients with limited food access or possible food insecurity, a food box will then be offered for them to take home. The food box will be within diet compliance to the individual's diet (Heart Healthy, Diabetes, or Renal) and will be offered as a start until additional community services can be utilized for assistance. Each distributed food box will contain healthy nonperishable foods or beverages, as approved for the patient by the Registered Dietitian.

As part of the program proposal the dietetics department will identify a budget and seek outside financial support to implement and sustain the program. The proposal will be approved by the Senior Operations Team. The proposal will include the establishment of a patient referral process to public health nutrition program such as WIC, SNAP, or local food emergency services or food pantry. The hospital will support salary expense for staff working on this initiative.

Focus Area 2: Physical Activity

Goal 2.2 Promote school, child care and worksite environments that increase physical activity

Objective 1.17 Increase the % of adults age 18 years and older who participate in leisure-time physical activity (among all adults)

Intervention; 2.2.3 by implementing a combination of worksite based physical activity policies, programs or best practices through multi component worksite physical activity and / or nutrition programs; environmental supports or prompts to encourage walking and/or taking the stairs; or structured walking based programs focusing on overall physical activity that include goal setting, activity monitoring, social support, counseling, and health promotion and information messaging.

Community Based Strategy and Commitment of Resources

In year one, the hospital's Events & Wellness Committee will assess employee interest in employer sponsored wellness programs. The Events & Wellness committee conducted a wellness survey of employees in 2019. 32% of survey participants were interested in the hospital offering activities that promoted physical activity. 58% wanted safe, accessible, walking routes (indoors or outdoors). 34% wanted a hospital policy encouraging walking meetings when applicable as well as safe accessible and inviting stair wells. In the second and third years of this Community Service Plan the hospital Events and Wellness Committee will develop a proposal to be approved by senior leadership for an annual structured employee worksite wellness activity. Hospital leadership will identify a budget which the committee will work within, the program will allow for participation of 1st, 2nd, and 3rd shift employees and promote participation in leisure time physical activity!

Goal 2.3 Increase access, for people of all ages and abilities, to indoor and / or outdoor places for physical activity

Objective 1.4 Decrease the percentage of adults ages 18 years and older with obesity (among all adults)

Intervention 2.3.1 Implement and / or promote a combination of community walking, wheeling, or biking programs, open streets programs, joint use agreements with schools and community facilities, Safe Routes to Schools programs increased park and recreation facility safety and decreased incivilities (i.e. unmaintained equipment), new or universal design features (i.e. playgrounds and structures: walking loops, recreation fields, pools, outdoor physical activity equipment, fitness stations or zones; picnic areas); supervised activities or programs combined with onsite marketing, community outreach, or safety education.

Community Based Strategy and Commitment of Resources

O'Connor Hospital has elected to continue a previous strategy that has proven successful. O'Connor Hospital will continue to host the Delaware County Complete Street group meetings quarterly. Complete Streets is a transportation and design approach that requires streets and trails to be planned, designed, operated, and maintained to enable safe, convenient and comfortable travel and access for users of all ages and abilities regardless of their mode of transportation. The local Complete Streets group formed in 2013. The group's

achievements include; securing joint use agreements with the Town of Delhi, Village of Delhi and Delhi Central Schools to open 400 acres of public land for the Catskill Mountain Club to build 4 miles of hiking trails for walking and hiking. 11 municipalities, the State University of New York at Delhi and Delaware County all approved Complete Street policies. Share the road signs were purchased and posted in the Town of Delhi, walking audits in the villages of Delhi, Sidney and Walton have been completed and publicized to elected officials. A fitness trail was funded and built on the O'Connor Hospital campus. In 2019, year one of this plan, an intergenerational "play" station was built in a municipal park in the village of Delhi. Radar signs for the hamlet of Sidney Center were purchased by the Safe Routes to Schools program, the Town of Sidney insured and the units were installed by Delaware County Public Works Department. In year two and three of the Community Service plan the Complete Street group will seek continued funding support from the Rural Health Alliance of Delaware County, facilitated by Cornell Cooperative Extension, to support small municipality based projects that promote Complete Street and age-friendly community design concepts. (Age-Friendly is loosely defined as enabling people of all ages to actively participate in community activities and treats everyone with respect, regardless of their age). The group will encourage municipalities to implement the following types of projects; increased park and recreation facility safety and decreased incivilities (i.e. litter, graffiti, dogs off leash, unmaintained equipment), new or upgraded park or facility amenities or universal design features (i.e. playgrounds and structures; walking loops, recreation fields, gymnasiums, pools; outdoor physical activity equipment, fitness stations or zones; skate zones; picnic areas; pet waste stations); supervised activities or programs combined with onsite marketing, community outreach, and safety education. (Note: Parks can include mini-parks, pocket parks, or parklets; neighborhood parks, community parks, sports complexes; and natural resources). The group will also encourage joint use agreements and public and private partnerships to accomplish the types of projects listed above. The group will promote its work and the resources in the county through the use of the www.getoutandwalk.org website and Social Media pages. The hospital will support staff expense to participate in the Complete Street group, provide meeting space, meeting materials, and provide public letters of support and endorsement of the Complete Street work group.

Focus Area 3: Tobacco Prevention

Goal 3.2 Promote tobacco use cessation

Objective: 3.2.1 Increase the % of smokers who received assistance from a healthcare provider to quit smoking by 13.1% from 53.1% to 60.1%.

Intervention 3.2.2 use health communications and media opportunities to promote the treatment of tobacco dependence by targeting smokers with emotional, evocative and graphic messages to encourage evidence-based quit attempts, to increase awareness of available cessation benefits.

Community Based Strategy and Commitment of Resources

The hospital will use health communications and media opportunities to promote the treatment of tobacco dependence by targeting employees who use tobacco with emotional, evocative and graphic messages to encourage evidenced-based quit attempts and increase awareness of available tobacco cessation programs. The outpatient pharmacy located on the hospital's campus will assist employees in receiving nicotine replacement therapy medications (NRT) at no cost.

O'Connor Hospital will partner with the Bassett Healthcare Network Corporate Communications department to support an annual campaign targeting current tobacco users in the community to make quit attempts. This messaging will use emotional and evocative messages and stories using email, social media, earned media, and message boards.

Focus Area 4: Preventive Care and management

Goal 4.1: Increase cancer screening rates

Objective. Increase the percent of adults who receive screening for breast and lung cancer.

Intervention: Collaborate with the Bassett Cancer Institute to offer lung and breast cancer screening radiologic exams at O'Connor Hospital. Continue promoting the Cancer Screening Services program to low income residents who are under or not insured. To promote access to cancer screening services and programs.

In May 2019, year one of this community service plan, the hospital partnered with the Bassett Healthcare Network Cancer Institute to be a radiology screening location for the Bassett Lung Cancer Screening program. In years two and three of this community service plan. O'Connor Hospital will continue to collaborate with the Bassett Cancer Institute as a screening location. Additionally, the hospital has and will continue to partner with the Bassett Cancer Institute and the Cancer Services Program of the Central Region to promote cancer screenings, and programs that offer cancer screening to under and non-insured individuals. The hospital will focus its screening promotion efforts on lung and breast cancers. Cancer is the second leading cause of death in Delaware County. Cancer of the respiratory system is the leading cause of mortality among cancers in Delaware County and breast cancer is the second leading cause of mortality for cancer types among females.

Goal 4.4: In the community setting, improve self-management skills for individuals with chronic diseases, including asthma, arthritis, cardiovascular disease, diabetes, and prediabetes and obesity

Objective 4.4.1 Increase the percentage of adults with chronic conditions who have taken a course or class to learn how to manage their condition.

Intervention 4.4.2 Expand access to evidence-based self-management intervention for individuals with chronic disease.

Community Based Strategy and Commitment of Resources O'Connor Hospital will work collaboratively with the Bassett Healthcare Network Research Institute Center for Community Health to offer Living Well workshops, Chronic Disease Self-Management Program (CDSMP), in Delaware County. 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. Stephanie Munro, DPT, Supervisor Rehabilitation certified facilitator will offer CDSMP classes annually. The hospital will support the staffing expense, meeting space, class room materials, and refreshments. The Center for Community Health will promote and advertise the classes, track registration, seek referrals from local primary care offices, and set the class time and schedule.

Promote Well-Being and Prevent Mental Health and Substance Use Disorders

Focus Area 2: Prevent Mental and Substance Use Disorders

Goal 2.1: Strengthen opportunities to build well-being and resilience across the lifespan.

Objective 2.1.2 Reduce % of adults who binge drink (5 drinks or more for men during one occasion and 4 or more drinks for women during one occasion)

Intervention 2.1.5 Implement screening, Brief Intervention & Referral to treatment (SBIRT) electronic screening and brief interventions using electronic devices (computers, telephones, or mobile devices to facilitate delivery of key elements of transitional SBIRT).

Community Based Strategy and Commitment of Resources

In year one of this plan O'Connor hospital will implement SBIRT screening in the emergency department. This SBIRT tool is imbedded in the electronic health record making it a streamlined effort that staff can access and complete at the bedside. At least weekly the hospital social worker will review the emergency department log and make calls backs to patients who are appropriate for substance use follow up. In year 2 the hospital social worker will collaborate with Friends of Recovery of Delaware and Otsego Counties (FORDO) on a program proposal for FORDO to provide a Recovery Coach in O'Connor Hospital. The program proposal will include hours of availability, a sustainability plan, and funding source(s). By year 3 the hospital predicts to have a Recovery Coach working collaboratively with the emergency department and inpatient unit to provide peer supports to patients as needed and referrals to local substance use community programs. The hospital will support these efforts by including oversight of this program in the roles and responsibilities of the hospital social worker. Hospital leadership will support a collaboration with FORDO by signing an MOU and providing an encouraging environment in which staff, on all hospital shifts, are comfortable and agreeable to partnering with outside personnel to accomplish patient-centered outcomes.

Goal 2.2 Prevent opioid overdose deaths

Objectives 2.2.1 Reduce the age adjusted overdose deaths involving any opioid.

Intervention 2.2.2 Increase availability of / access to overdose reversal / Naloxone training to prescribers, pharmacists and consumers.

Community Based Strategy and Commitment of Resources

In years one, two and three, O'Connor Hospital will promote on its social media channels local naloxone trainings. The hospital will maintain a supply of Naloxone in the outpatient pharmacy. The hospital will make available at no charge Naloxone to employees requesting it.

Goal 2.2 Prevent opioid overdose deaths

Objective 2.2.5 Establish additional permanent safe disposal sites for prescription drugs and organized take-back days.

Intervention 2.2.5 Establish additional permanent safe disposal sites for prescription drugs and organized take-back days.

Community Based Strategy and Commitment of Resources

The hospital will continue participation in a New York State Department of Environmental Conservation (DEC) pilot Pharmaceutical Take-Back Program. The hospital partnered with DEC in July 2018. Under the pilot program DEC pays for the compliant medication collection box, liners, and the cost of pick up, transport and destruction of all collected pharmaceutical waste for two years. Under the project the hospital is responsible for ensuring proper operation of the collection box including periodic monitoring, removing and replacing the inner liner, arranging for liner pick up and securely storing the liner until it is retrieved by a disposal contractor. The hospital must maintain required records, ensure proper signage, and notify the vendor if there is any damage to the collection box. The hospital will participate in the pilot program through 2020, at which time the hospital will transition its Take-Back Program to the DOH overseeing drug collection program pursuant to the Drug Take-

Back Act which passed in 2018. Annually the hospital participates in Drug Take-Back events and promotes these events to its outpatient pharmacy customers and employees.

Goal 2.2 Prevent opioid overdose deaths

Objectives 2.2.2 Increase the age-adjusted Buprenorphine prescribing rate for substance use disorder.

Intervention 2.2.1 Increase the availability of / access and linkages to medication–assisted treatment (MAT) including Buprenorphine.

Community Based Strategy and Commitment of Resources

The O’Connor Hospital service area is a provider shortage area. O’Connor Hospital has identified the first step in addressing this intervention to increase the prescribing rate for substance use disorder, as prioritizing practitioner recruitment and retention. In year one (2019) O’Connor Hospital will support the recruitment and retention efforts of the Bassett Healthcare Network provider group in Delaware County. The hospital will use grant funding to support retention payments to current social workers, nurse practitioners, physician assistants, and medical doctors practicing at Bassett Healthcare Network locations in Delaware County. Additionally, the hospital will support recruitment expense; advertising, travel costs, and sign-on payments to providers interviewing to join a Bassett Healthcare Network location in Delaware County.

As part of its recruitment efforts O’Connor Hospital had small success with an educational assistance program for employees interested in furthering their education and practicing in rural Delaware County. The hospital piloted an education assistance program funded by private donation and grants, educational related expenses for two former employees currently pursuing advanced degrees. Both students signed a contract to return to the area upon graduation and practice in the O’Connor Hospital service area for at least 3 years post-graduation. In years 2 and 3 of this community service program O’Connor Hospital will formalize the educational assistance program criteria and seek additional private donations and grants.

Goal 2.2 Prevent opioid overdose deaths

Objective 2.2.4 Reduce all E.D. Visits (including outpatient and admitted patients) involving one opioid overdose.

Intervention 2.2.4 Build support systems to care for opioid users or at risk of an overdose.

Community Based Strategy and Commitment of Resources

The hospital will continue to support the salary of the hospital’s social worker and include in their job responsibilities actively participating in local community organizations and groups committed to building support systems for opioid users and individuals at risk for overdose. Such groups include but are not limited to the Suicide Prevention Network of Delaware County, Senior Care Counsel, Delaware County Community Services Board, among others. In addition to supporting staff time to participate in group meetings the hospital will share data on the number of patients reporting to the emergency department with substance use issues. The hospital will also promote access to substance use disorder treatment services in Delaware County through referral services by the hospital’s Social Worker and Case Manager.

The hospital will support a local Community-Based Organization (CBO) called Friends of Recovery of Delaware and Otsego Counties (FORDO) in seeking a funding to support an on-call recovery coach to support the hospital’s emergency department and inpatient unit with 24 hour support. (This intervention was explained in greater detail above under intervention 2.1.5)

Goal 2.5 Prevent Suicides

Objective 2.5.2 Reduce the age adjusted suicide mortality rate by 10% to 7 per 100,000.

Intervention 2.5.3 Create protective environments; reduce access to lethal means among person at risk of suicide; integrate trauma informed approaches, reduce excessive alcohol use.

Community Based Strategy and Commitment of Resources

The CMS hospital Condition of Participation establishes the rights of all patients to receive care in a safe setting and is intended to provide protection for a patient's emotional health and safety as well as physical safety. In order to provide care in a safe setting hospitals should identify patients who are at risk for intentionally harming themselves or others, identify environmental safety risks for such patients, and provide environmental safety education and training for employees and volunteers. In accordance with the CMS Condition of Participation and the NYS DOH prevention agenda interventions to create protective environments and reduce the access to lethal means of suicide the hospital will conduct a ligature risk assessment annually starting year one. The hospital will assess its environment for creating a protective environment and reducing access to lethal means i.e. access to medical device cords, tubing, and sharps. The hospital will include in the assessment a plan to mitigate the environmental hazards in its environment.

Continuing on its activities to create protective environments the hospital, in partnership with the Bassett Healthcare Network, will assess the availability of and viability of expanding mental health, crisis, and psychiatric services available. In year one a consulting firm conducted an analysis of the need for such services in the hospital's service area. The firm's marketing analysis suggested that O'Connor Hospital invest in offering of telemedicine/ telepsychiatry for mental health patients in the emergency department in crisis and a cardio pulmonary rehabilitation program that has a behavioral health component. In year two and three, O'Connor Hospital will seek Bassett Healthcare Network approval to initiate both services on the hospital campus.

Goal 2.5 Prevent Suicides

Objective 2.5.2 Reduce the age adjusted suicide mortality rate by 10% to 7 per 100,000.

Intervention 2.5.4 Identify and support people at risk; gate keeper training, crisis intervention, treatment for people at risk of suicide, treatment to prevent re-attempts, postvention safe reporting and messaging about suicide.

Community Based Strategy and Commitment of Resources

The Suicide Prevention Network of Delaware County, a not for profit group, was established in 2014 with the mission to create a community of hopefulness, safety, and shared responsibility to prevent suicide by increasing awareness, promoting resiliency and connecting to resources and support. The coalition comprises of hospitals, public health, community-based organizations, law enforcement, clergy, survivors, care givers, and interested community members. The groups achievements include offering training and workshops including: QPR (question, persuade and refer), safe TALK (tell, ask, listen, and keep safe), and ASIST (applied suicide intervention skills training). Creating and publicizing a multi media campaign called #Be the 1. Which consists of several videos and complimentary materials focused on different aspects of suicide awareness, education, and support. The hospital supports the salary of the hospital social worker and includes in the social worker's responsibilities to take a leadership role in the Suicide Prevention Network. Specifically the hospital supports the social workers' salary to co-facilitate Question, Persuade, Refer (QPR) training at least once annually for O'Connor Hospital staff and four times annually throughout Delaware County. The hospital uses its public media promotion methods and internal communication channels to promote the activities and interventions of

the Suicide Prevention Network. The hospital openly shares its data on the number of patients reporting to emergency departments with suicide attempt or ideation to the Suicide Prevention Network.

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 the two 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. Annually hospital leadership presents an update to the hospital's board of trustees noting specific achievements and barriers to implementation. Antidotal feedback will be in work group meetings, meetings involving health and wellness groups such as the Suicide Prevention Network of Delaware County, and from patients and individuals participating in interventions. Allowing continual review of the Community Service Plan tasks and mid course corrections when required. Periodic public notices will be posted on the hospital website. Finally, as available, local, state and national health status indicators will be reviewed.