

**2022-2024**

**COMMUNITY  
HEALTH  
ASSESSMENT**

**Delaware County, NY**



**Public Health**  
Prevent. Promote. Protect.  
Delaware County  
Public Health Services



Bassett Healthcare Network  
**O'Connor Hospital**



**Margaretville  
Hospital**

Westchester Medical Center Health Network

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## Acknowledgements

### Delaware County

## 2022-2024 Community Health Assessment and Improvement Plan and Community Service Plans

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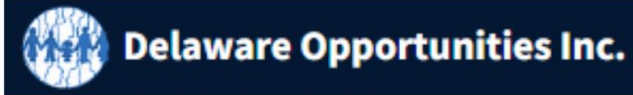
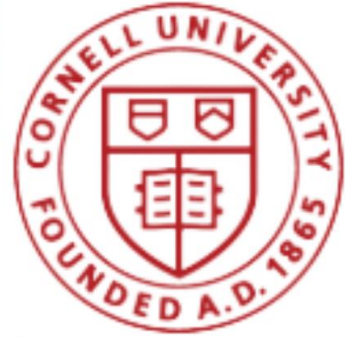
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# ADAC

Delaware County



Bassett Healthcare Network  
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## Table of Contents

Acknowledgements .....	3
Table of Contents.....	5
Executive Summary .....	6
Introduction .....	7
Vision .....	7
Mission.....	7
Core Values .....	7
Background and Purpose .....	8
COVID Summary .....	8
Housing Summary.....	9
Community Health Assessment Update.....	10
A. Data Mining and Review.....	10
B. Identification and Review of Primary and Secondary Data.....	11
1. Section I: Delaware County: Demography, Socioeconomics, Morbidity and Mortality.....	12
2. Section II: New York State Prevention Agenda Priority Areas.....	44
3. Section III: County Health Rankings.....	96
C. Community and Health Services Community Partner Involvement & Process.....	104
1. Stakeholder Community Engagement Summary .....	104
2. Community Engagement Survey Summary .....	105
3. Delaware County Coalitions, Task Force and Work Groups .....	105
D. Conclusions .....	107
Community Health Improvement Plan 2022 - 2024.....	108
E. Prevent Chronic Diseases .....	108
F. Promote a Healthy and Safe Environment .....	109
G. Promote Well-Being and Prevent Mental and Substance Use Disorders .....	109
Community Engagement Strategy.....	110
Dissemination Plan .....	110
Community Service Plans.....	111
A. DVH.....	111

B. MH .....	164
C. OCH.....	211
Community Engagement Strategy.....	234
Dissemination Plan .....	234
Appendices .....	234
D. <b>Appendix A: Summary of Assets and Resources</b> .....	234
1. Mental Health Resources.....	234
2. Substance Abuse Services.....	235
E. <b>Appendix B: Community Engagement Survey Report</b> .....	236
F. <b>Appendix C: Stakeholder Engagement Survey Report</b> .....	242

## 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, data from the New York State Department of Health’s Prevention Agenda dashboard, information from the County Health Rankings, and other local, state and national 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 aka Margaretville Hospital (MH), 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*, *Promote a Healthy and Safe Environment*, *Promote Healthy Women, Infants and Children* 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.

### **Prevent Chronic Disease:**

DCPH and OCH will continue to promote physical activity through collaboration with complete streets partners by expanding Complete Streets initiatives to focus on trail and park clean up continue to promote and increase community access.

OCH and DVH plan to institute a community gardens and greenhouse projects on the hospital grounds with a goal of increase residents’ access to healthy foods year-round to assist with food insecurity.

MH will focus on prevention and treatment of Chronic Lower Respiratory Diseases (CLRD) such as asthma and COPD.

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

DCPH will identify cooling centers and other resources to prepare for extreme heat events. Cooling centers are one component of an overall strategy for preventing heat-related morbidity and mortality, by providing a cool location for people who do not have access to air-conditioning during a heat event.

Additionally, DCPH will explore building a community health planning group to explore the Adopt a Highway prevention campaign, to encourage walking to improve health, while promoting a healthy community environment through clean-up efforts.

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

OCH has partnered with the Rescue Divas program to encourage school-aged females to emergency medicine occupations. It promotes health literacy and provides the participants with CPR/First Aid/AED Certification.

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

DCPH will continue with the goal of preventing suicides. DCPH will persist to chair the Suicide Prevention Network and promote and encourage Gatekeeper training for community agencies.

DCPH will also engage with and become a partner on the Delaware County Housing Committee with a mission of identifying and helping to stabilize housing issues in the county.

MH will continue to focus on prevention and management of opioid and alcohol use through their current substance use and harm reduction activities.

## 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.

### Vision

Healthy People Living in Healthy and Thriving Communities

### 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.

### 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.

### 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 2022-2024 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.

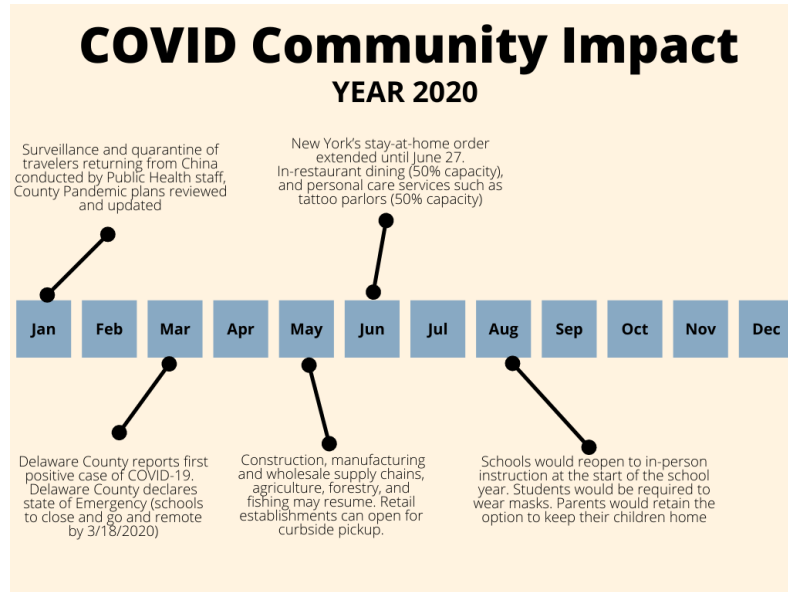
The 2022-2024 Community Health Assessment and Community Health Improvement Plan is an update to the previously created 2019-2021 Community Health Assessment and Community Health Improvement Plan and includes the three representative hospitals' Community Service Plans as appendices. As such, it serves 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.

### COVID Summary

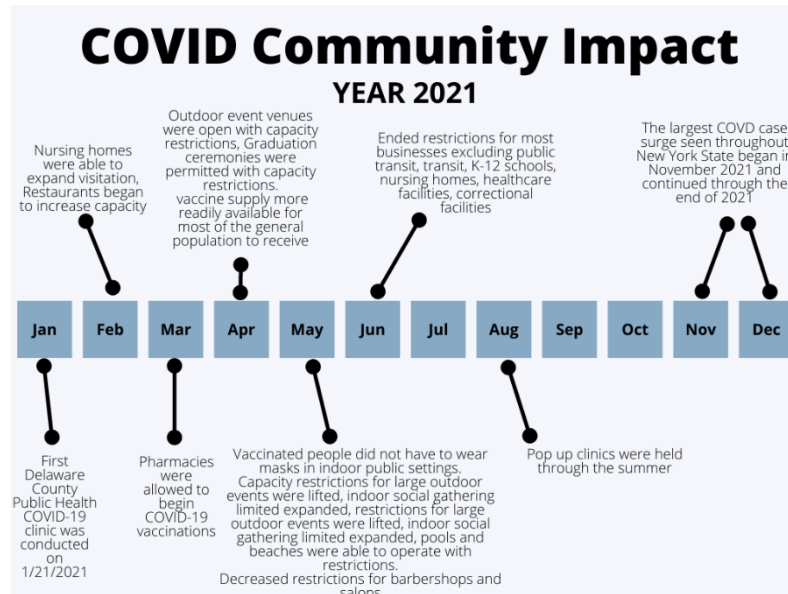
The spread of the coronavirus (COVID-19) and the efforts to slow it have impacted communities across the nation. The scale of this impact has varied across different communities and settings. The challenges faced by urban locations varied from its suburban and rural counterparts.

Like many other counties, Delaware county had its first positive case of COVID-19 in March of 2020. Thus, beginning the evolving journey of what COVID-19 looked like for our community. There were rapid changes adopted by public health and the community alike.





It was a year of adaptation, new skills and considering alternate paths to reach our goals. This did not change much for 2021. The public health department and hospitals were heavily focused on COVID-19 response activities. Along with the virtual call venter (VCC) the public health department provided guidance, education and information, while hospital systems continued to provide patient care. This was also the year that the NYS vaccination plan was underway.



### Housing Summary

Over the past years there has been a shift in the housing market across the nation as well as in Delaware county. During the pandemic there was a large shift of individuals relocating from urban

locations to suburban and rural areas for a myriad of reasons. It is anticipated that data will continue to show, over the years, the effect on the housing market from the pandemic.

From the 2020 census data Delaware county had 31,624 total housing units. Of these 31,624 units, 75% are 1-unit homes, 12.3% are mobile homes, and 12.5% are homes with 2 or more family units per structure. In 2020 75.5% of homes were owner occupied and 24.5% were renter occupied.

It has been shown from the 2016-2020 census data that median household income in Delaware county is \$49,945 yet the median household income reported for housing units with a mortgage is \$76,528. Of those households, 46.7% are married couple family households and 38.79% are non-family households and 14.4% are single parent households. It appears from the data that it is becoming more difficult to afford a home unless it is a multiple-income household and there is an upward trend in vacancy rates in the county.

It will be an insightful review over the next year to compare data to anecdotal reports of the housing difficulties and challenges in the region.

## Community Health Assessment Update

### A. Data Mining and Review

Representatives from Delaware County Public Health, Delaware Valley Hospital, O'Connor Hospital, and Margaretville Hospital began meeting in 2022 to work on the Community Health Assessment, Community Health Improvement Plan, and hospital Community Service Plans. Meetings were held to develop community surveys, review data, and determine Community Health Improvement Plan and Community Service Plan objectives and activities. A review and update of data in the Community Health Assessment was completed during the summer of 2022, 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

#### B. 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:

- Delaware County Agricultural and Farmland Protection Plan, 2013
- Delaware County Cornell Cooperative Extension
- Delaware County Alcohol and Substance Abuse Services statistics for years 2018-2021
- Delaware County Department of Mental Health Annual reports, 2018, 2019, 2020, 2021
- Delaware County Department of Planning and Watershed Affairs, 2022
- Delaware County Emergency Medical Services, 2022
- Delaware County Public Health Services Annual Reports for years 2019-2021
- FeedingAmerica.org
- Hunger Solutions NY, 2020
- Maternal Child Health Statistics, Delaware County: 2017-2019
- National Institute of Mental Health
- NYS County Health Rankings and Roadmaps, 2022
- NYS Community Health Indicator Reports (CHIRS) 2017-2019
- NYSDOH, New York State Cancer Registry for years 2015-2019
- NYSDOH, County Opioid Quarterly Reports for years 2019-2021
- NYSDOH PedNSS Annual Report, 2017
- NYSDOH Vital Statistics
- NYS Behavioral Risk Factor Surveillance System, Prevention Agenda Dashboard, 2019-2024
- NYS Office of Alcoholism and Substance Abuse Services Admission Reports, 2018-2021
- NYS Opioid Data Dashboard, 2019
- SAMHSA, Key Substance Use and Mental Health Indicators in the United States – Results from the 2020 National Survey on Drug Use and Health

- United Way ALICE in New York, 2020 NY Report
- US Census Bureau, American Community Survey 5 Year Estimates Data Profiles and Subject Tables 2019-2020:
- US Census Bureau, Factfinder
- US Census Bureau, Quickfacts, 2021
- US Census ACS Why We Ask Each Question/Vehicles
- USDA Agricultural Census, The Market Administrator’s Annual Statistics Bulletin: Northeast Milk Marketing Area 2018
- USDA Agricultural Census Highlights for Delaware County, 2017

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.

1. 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 30.6 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. See figure 1a-1 below.

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, educational

services, healthcare, and public services agencies comprise much of the employment opportunities located in the county, followed by manufacturing and retail trade. (Table 1b-6).

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

Figure 1a-1: Delaware County Region

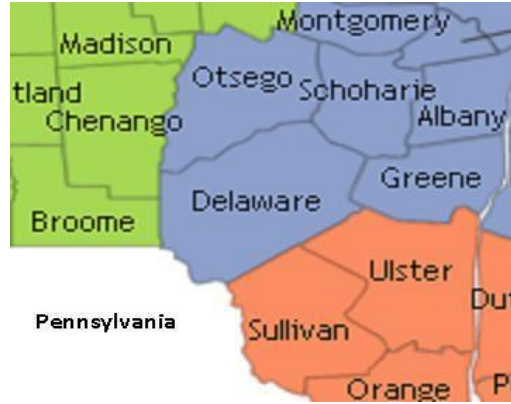


Table 1a-1

**Counties with Lowest Population Density in New York State, 2019**

Geographic Area	Population Density*	Rank
Hamilton County	2.57	1
Lewis County	20.63	2
Essex County	20.56	3
Delaware County	30.60	4
Franklin County	30.70	5
St. Lawrence County	40.20	6
New York State	412.80	--

\*Density per square mile

Source: [health.ny.gov/statistics/vital\\_statistics/2019/table02.htm](http://health.ny.gov/statistics/vital_statistics/2019/table02.htm)

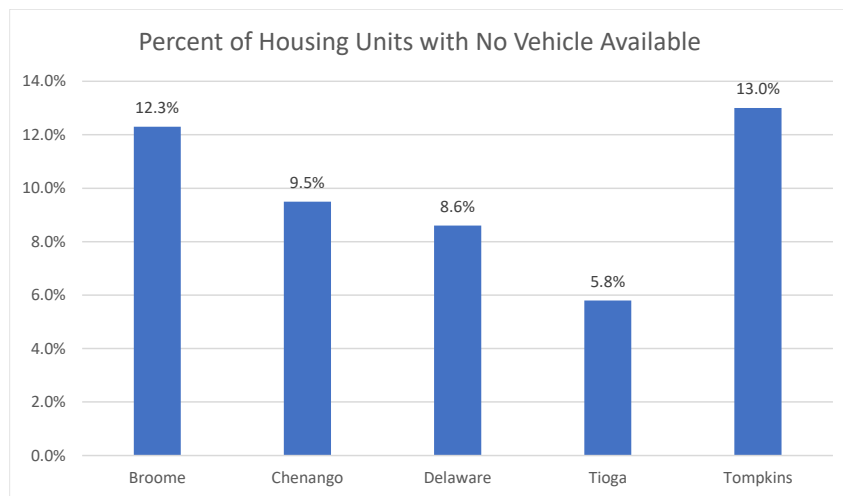
As Table 1a-1 shows, the county is ranked the fourth most rural county in New York State, in terms of population density. As of 2019, Delaware County ranked 53<sup>rd</sup> in total population among the 62 counties in New York State.

In 1997 the Catskill Watershed Corporation (CWC) was created based on a coalition of entities including New York State, the City of New York, the Environmental Protection Agency, and communities within the watershed based on the New York City Filtration Avoidance Determination

(FAD). The CWC has worked to preserve and safeguard the watershed from environmental degradation by means of restrictions and regulations on land use within and surrounding the watershed.

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

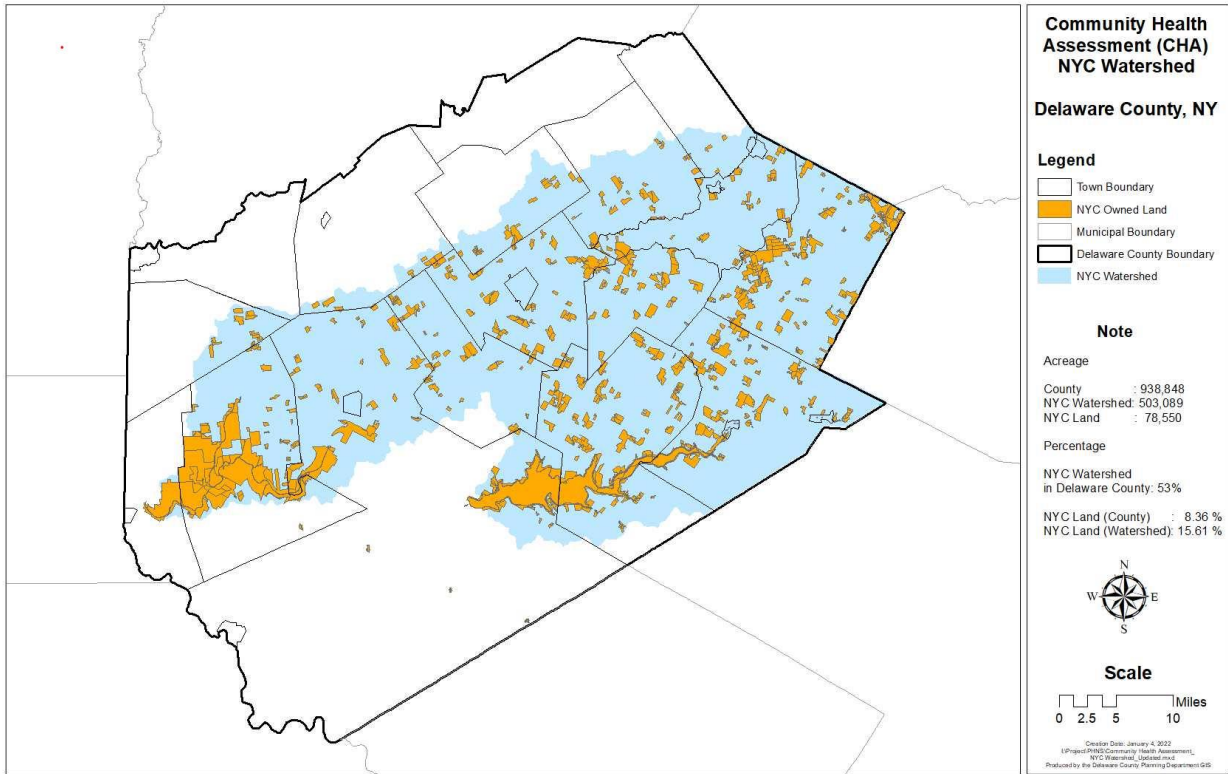
Graph 1a-1



Source: [census.gov/acs/www/about/why-we-ask-each-question/vehicles](https://census.gov/acs/www/about/why-we-ask-each-question/vehicles)

Graph 1a-1 shows the percent of housing units with no vehicle available by county. 8.6% 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 1a-2



Source: Delaware County Department of Planning and Watershed Affairs, 2022

Figure 1a-2 is a map of the NYC Watershed, showing that it covers 53% of Delaware County. 8.36% of the Watershed located within the county is owned by NYC. The land owned by NYC is not taxable.

Figure 1a-3

Delaware Micro Facts		
Total and Per Farm Overview, 2017 and change since 2012		
Number of farms	2017	% change since 2012
Land in farms (acres)	689	-2
Average size of farm (acres)	140,225	-4
Total	(\$)	
Market value of products sold	45,705,000	-4
Government payments	871,000	-30
Farm-related income	2,228,000	-29
Total farm production expenses	38,169,000	-10
Net cash farm income	10,635,000	+8
Land in Farms by use (%) <sup>a</sup>		
Cropland		48
Pastureland		15
Woodland		31
Other		5
Acres irrigated: 205		(Z)% of land in farms
Land Use Practices (% of farms)		
No till		12
Reduced till		6
Intensive till		17
Cover crop		9
Percent of Farms That:		
Have internet access		83
Farm organically		6
Sell directly to consumers		21
Hire farm labor		18
Are family farms		97
Top crops in Acres <sup>b</sup>		
Forage (hay/haylage), all		45,767
Corn for silage or greenchop		4,602
Corn for grain		2,312
Soybeans for beans		546
Vegetables harvested, all		352



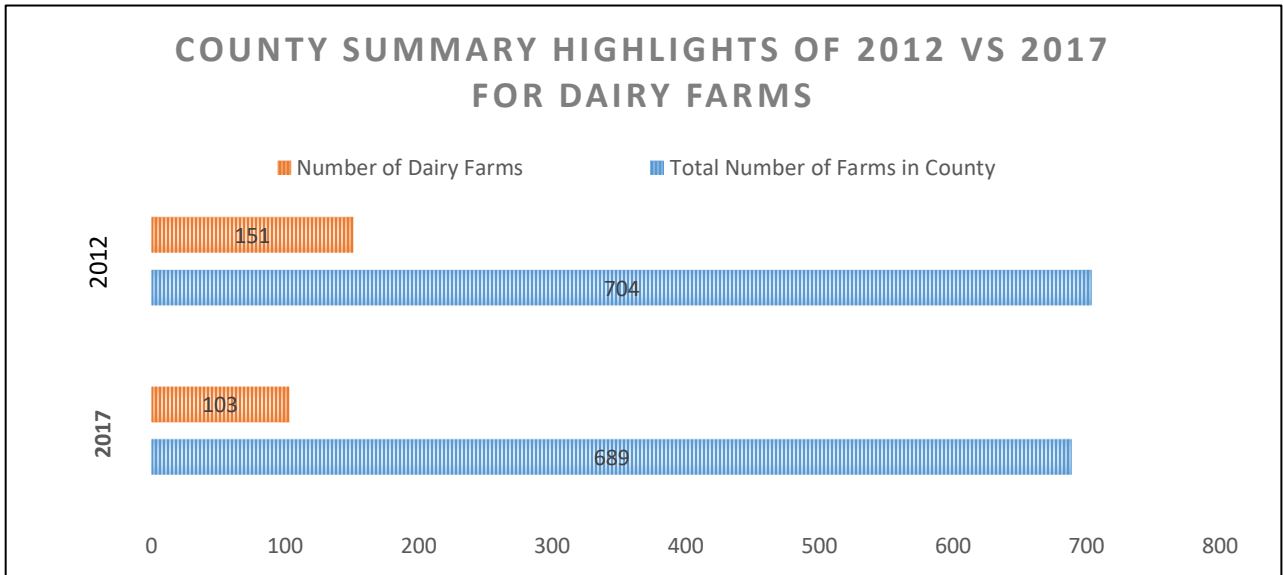
Sources: Brochure - *Quick Facts about Delaware County Agriculture*, Delaware County Cornell Cooperative Extension

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), recreational facilities compatible with the environment (e.g., golf, skiing, hiking, hunting, paddling, and fishing), low pollution farming, and professional/business services businesses. See Figure 1a-3 for more detailed information.

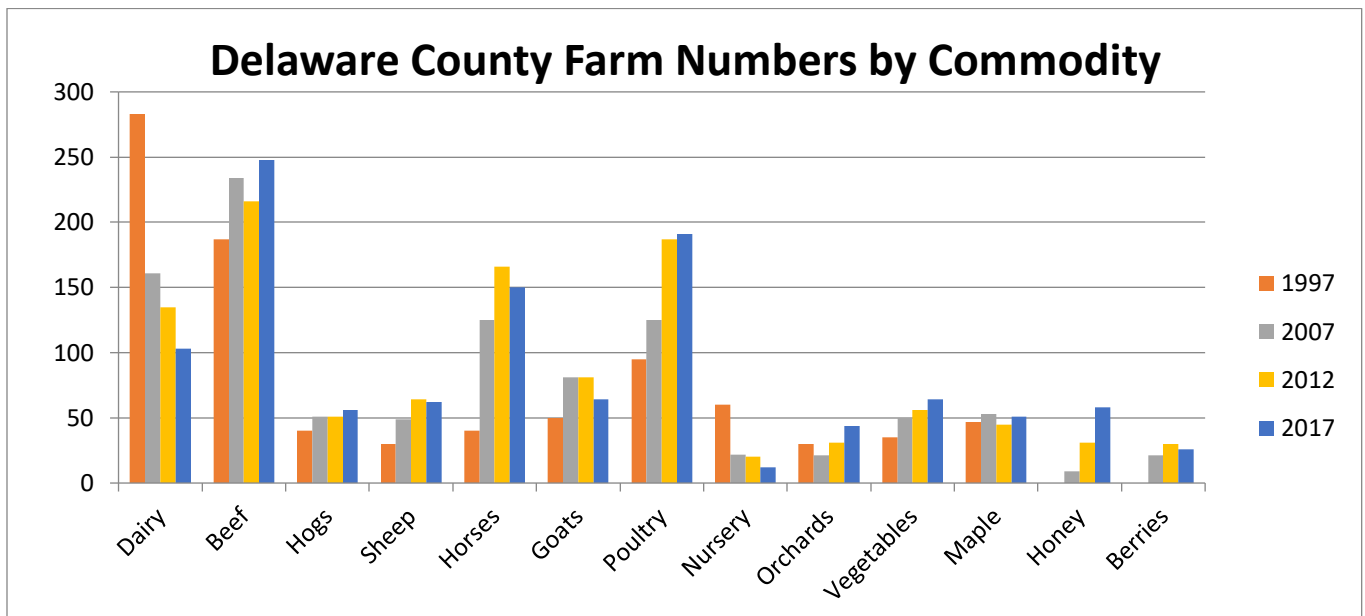


Graph 1a-2



Source: USDA Agricultural Census Highlights for Delaware County, 2017

Graph 1a-3



Source: USDA Agricultural Census Highlights for Delaware County, 2017

As Graph 1a-2 shows, Delaware County lost 48 dairy farms between 2012 and 2017. As of 2022, there are only 60 dairy farms in Delaware county. The USDA Farm Survey will be updated again in 2024 and it is likely that there will be new data for the Community Health Assessment at that time. As the number of dairy farms declined between 2012 and 2017, the number of specialty farms increased, as shown in Graph 1a-3. Dairy farmers chose 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 1a-2, the total number of farms decreased by 15 from 2012 to 2017. Graph 1a-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 1a-2

**Population Change in Delaware County, 2017 – 2021**

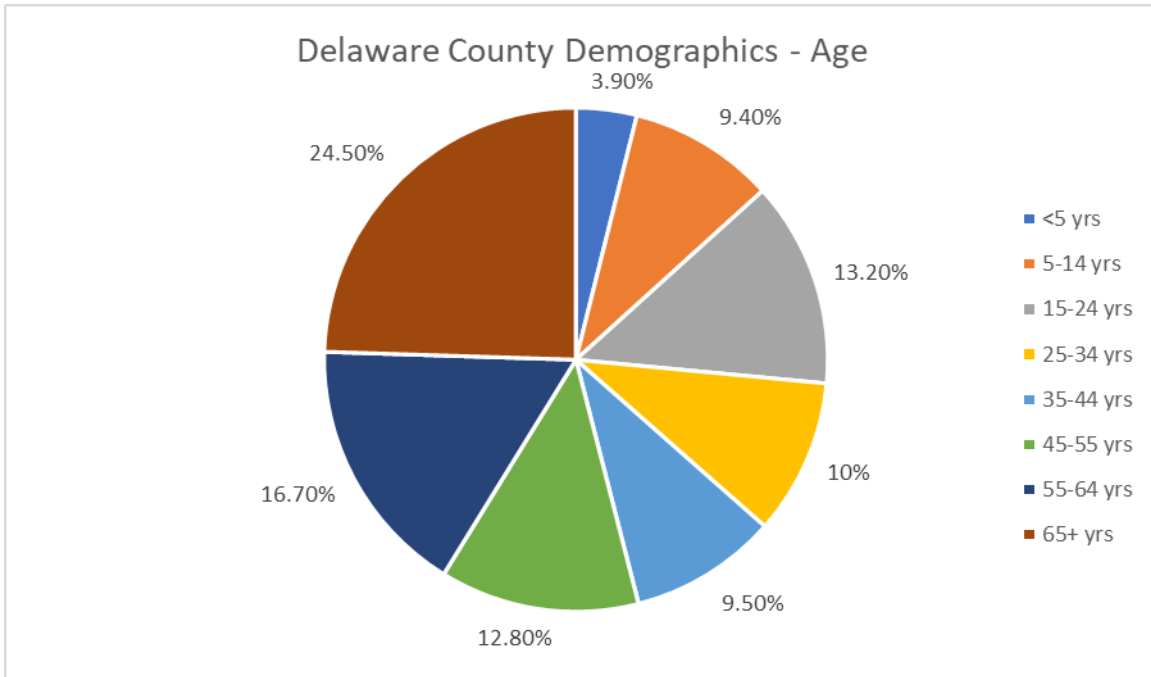
Geographic Area	2017	2021	Percent Change 2017-2021
Delaware County	45,951	44,378	-3.4%
New York State	19,849,339	19,835,913	-0.07%

Source: U.S. Census Bureau, 2020 American Community Survey 5-Year Estimates

As Table 1a-2 shows, from 2017-2021 the county population has decreased from 45,951 to 44,378, a percent change of -3.4%. 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.

US Census estimates show that year after year, people are leaving New York State, and the data shows that the state’s population has dropped by 365,336 from 2020 to 2021. 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 1a-4.

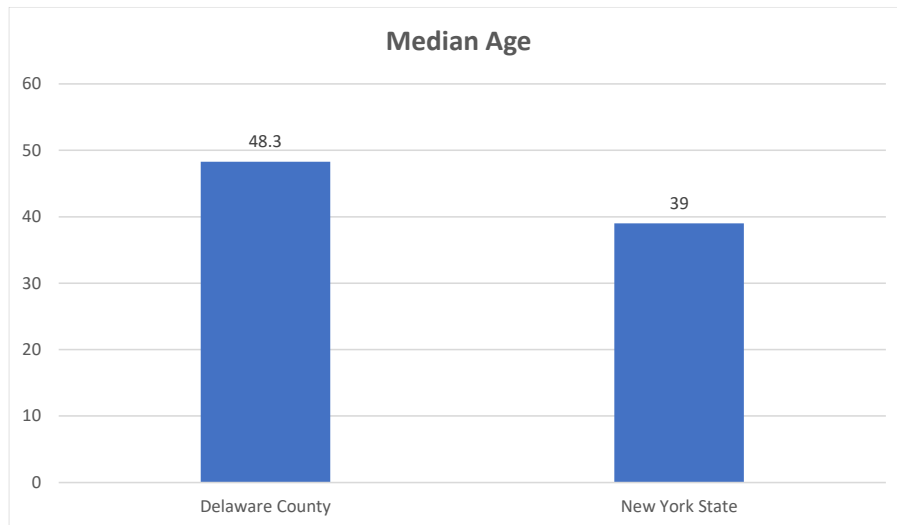
Graph 1a-4



Source: U.S. Census Bureau, 2020 American Community Survey 5-Year Estimates Data Profiles

Graph 1a-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 24.50%. This is a 1.73% increase since the last CHA update.

Graph 1a-5



Source: U.S. Census Bureau 2020 American Community Survey 5-Year Estimates Data Profile

Graph 1a-5 shows the median age in Delaware County is 48.3 which is much higher than the NYS median of 39.

Table 1a-3

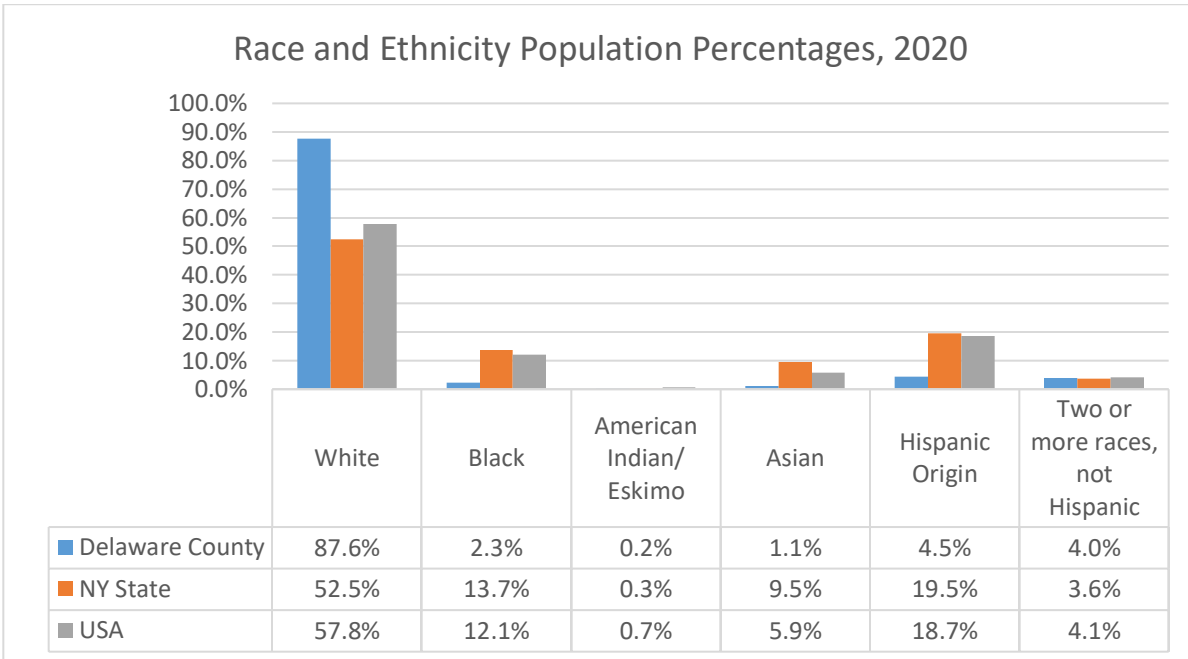
**Population of Delaware County by Race, 2017-2021**

Year	White	Black	American Indian/Eskimo	Asian	Hispanic Origin	
2017	95%	2%	0.1%	0.7%	3.7%	
2021	91.8%	2.2%	0.4%	1.1%	4.0%	
Change	- 3.2%	+ 0.2%	+ 0.3%	+ 0.4%	+ 0.3%	

Source: CHA 2019-2021; US Census Bureau Quickfacts 2021

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 2019-2021 5-year estimates shows a 3.2% decrease in the white population and slight increases in all other categories.

Graph 1a-6

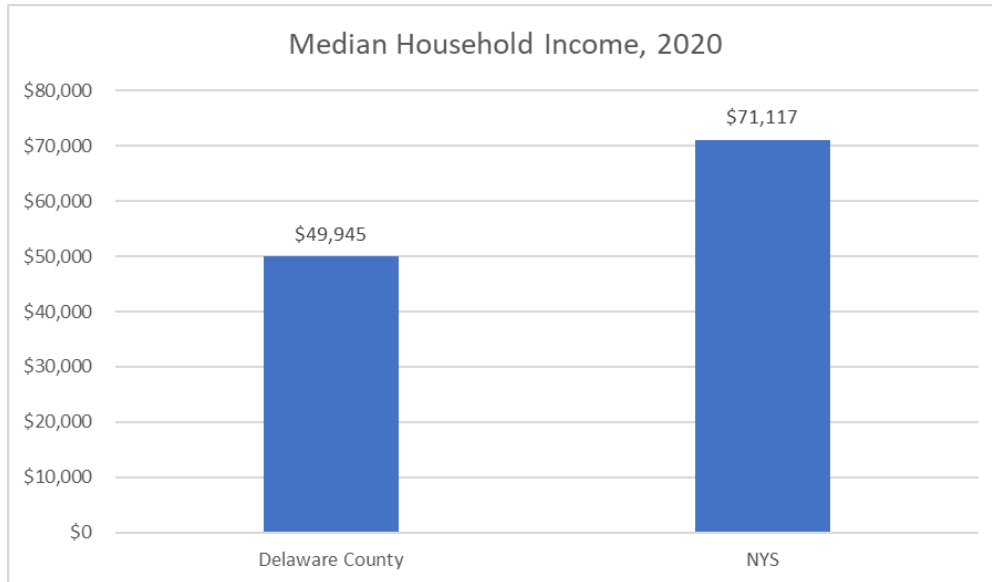


Source: U.S. Census Bureau, Racial and Ethnic Diversity in the U. S.: 2010 Census and 2020 Census

Based on the US Census, 87.6% of the Delaware County population is White. This is significantly higher than the NYS (52.5%) and U.S. (57.8%) averages.

b) Socio-Economic

Graph 1b-1



Source: US Census Bureau Quickfacts, 2021

Graph 1b-1 shows that the median household income in Delaware County is less than that of New York State by about \$21,172. 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 childcare, nutritious food, care, quality of housing, and ability to afford a personal vehicle.

Table 1b-1

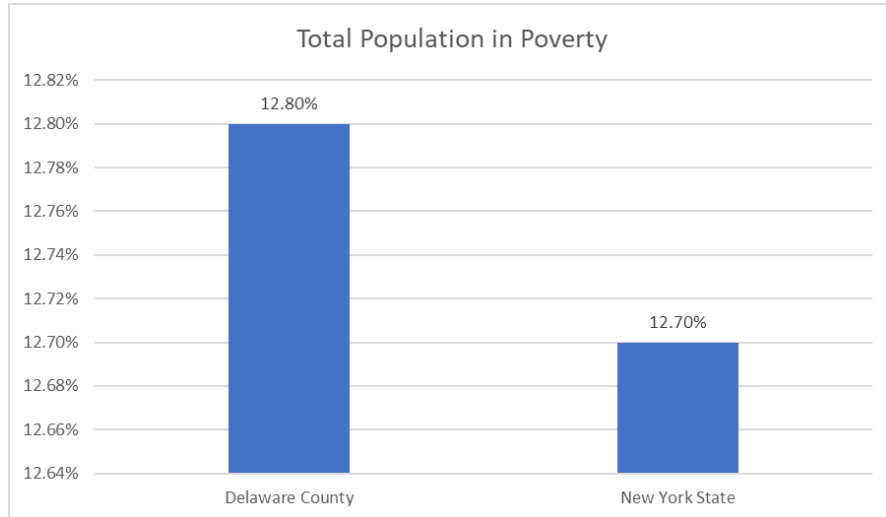
Household Income in Delaware County

	Delaware County Total Households: 18,930	NYS Total Households: 7,417,224	USA Total Households: 122,354,219
Less than 10,000	6.1%	6.4%	5.8%
\$10,000 to \$14,999	6.8%	4.6%	4.1%
\$15,000 to \$24,999	11.6%	8.1%	8.5%
\$25,000 to \$34,999	10.6%	7.6%	8.6%
\$35,000 to \$49,999	15.1%	10.4%	12.0%
\$50,000 to \$74,999	18.6%	15.1%	17.2%
\$75,000 to \$99,999	12.1%	12.0%	12.8%
\$100,000 to \$149,999	12.3%	16.0%	15.6%
\$150,000 to \$199,999	4.2%	8.4%	7.1%
\$200,000 or more	2.7%	11.5%	8.3%

Sources: US Census Bureau 2020 American Communities Survey 5-year Estimates Data Profile

Household income comparisons in Table 1b-1 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.

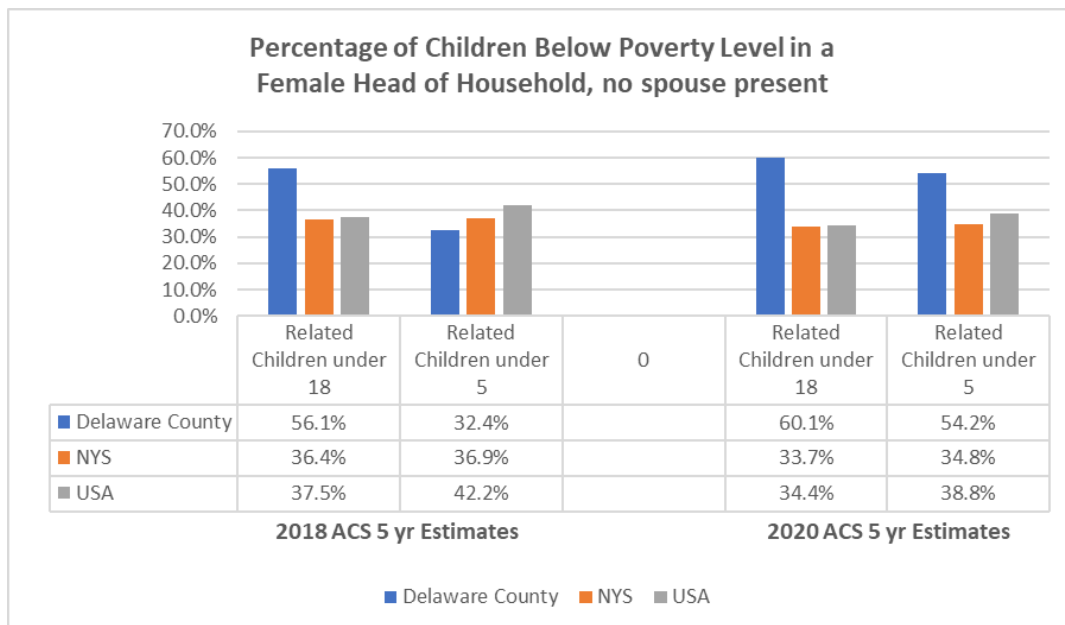
Graph 1b-2



Source: US Census Bureau QuickFacts 2021

Delaware County’s 2016 CHA reported that the poverty rate was 16.4%, and we saw a slight increase in that rate to 16.5% in the 2018 update. For this report, we can see that the percentage of total population in poverty had a decrease to 12.8%. The New York State rate has decreased from 15.1% in March 2018 to 12.7% in 2021. The Delaware County rate remains slightly higher.

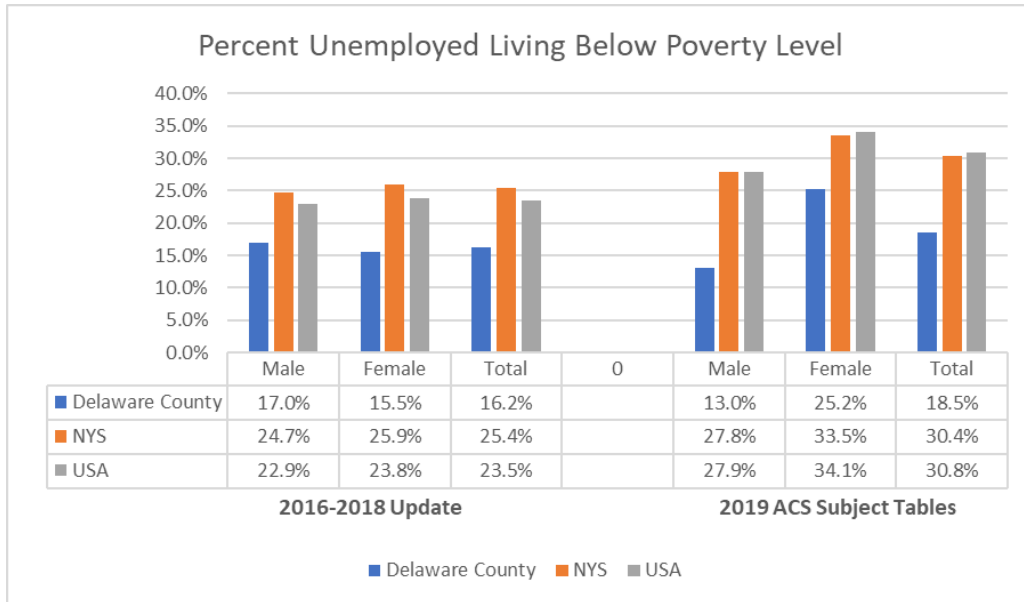
Graph 1b-3



Source: US Census Bureau 2018 ACS 5-year Estimates Data Profile and 2020 ACS 5-Year Estimates Data Profile

According to the 2018 American Community Survey, the percentage of related children living below the poverty level with a female head of household, no spouse present is 32.4% for related children under 5 years of age in Delaware County. This number had decreased since the 2016 CHA update, when the number was 59.8%, but has now increased in 2020 to 54.2%. For related children under 18 category the graph shows that Delaware County has significantly higher percentages of children below the poverty level than NYS or the USA in both 2018 estimates and the 2020 estimates.

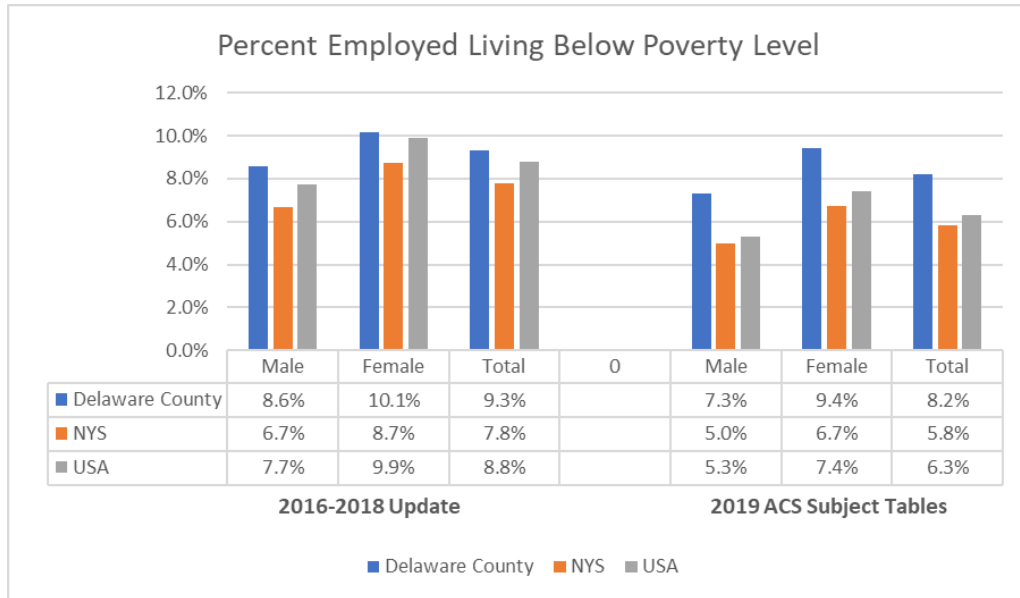
Graph 1b-4



Source: U.S. Census Bureau, 2019 American Community Survey 5-Year Estimates Subject Table

According to Graph 1b-4, in the 2016-2018 update, 15.5% of unemployed females lived below the poverty level in Delaware County, compared to 17.0% of unemployed males, for an average of 16.2% of those unemployed living below the poverty level. This is lower than both NY State and U.S. trends. In the 2019 ACS Subject Tables, data shows a significant increase in unemployed females living below poverty level when compared to unemployed males. These number continue to be lower than both NY and U.S. trends.

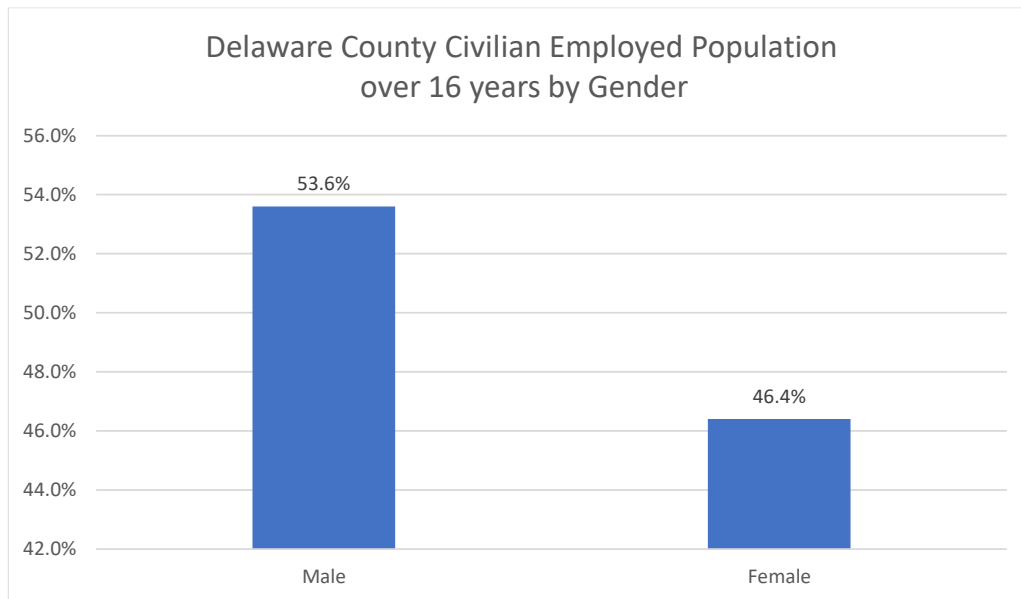
Graph 1b-5



Sources: U.S. Census Bureau, 2019 American Community Survey 5-Year Estimates Subject Tables

Graph 1b-5 shows in both the 2016-2018 Update and the 2019 ACS Subject Tables that there is a greater percentage of employed females (10.1% and 9.4%) living below the poverty level than males (8.6% and 7.3%). Unlike the unemployed living below poverty level in Graph 1b-4, these numbers are higher than both NY and U.S trends. 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 1b-6





U.S. Census Bureau, 2020 ACS 5-year Estimates

Table 1b-2 shows civilian employed population over 16 years by gender. The 2020 U.S. Census Bureau shows that 53.6% of Delaware County employees are male and 46.4% are female.

Table 1b-2

**2020 Delaware County Employment by Occupation: Total Employed and by Gender**

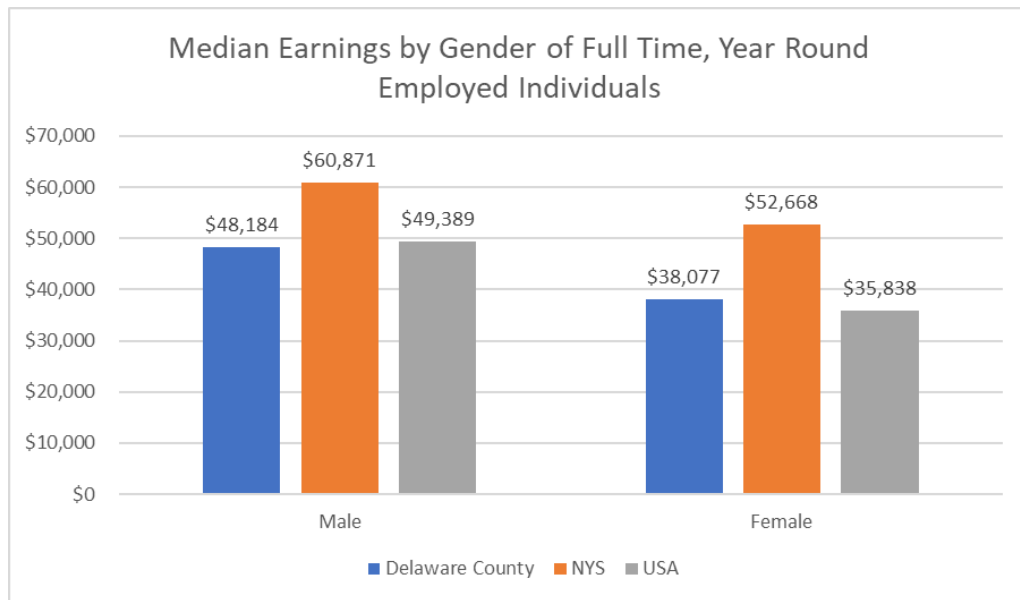
Numbers are based on civilian employed population 19,905 people aged 16 and over

Occupation	# Total	% Total	# Male	% Male	# Female	% Female
Management, Business, Science, and Arts	6,221	33.3%	2,709	43.5%	3,512	56.5%
Service Occupations	3,929	19.7%	1,832	46.6%	2,097	53.4%
Sales and Office Occupations	3,891	19.5%	1,061	27.3%	2,830	72.7%
Natural Resources, Construction, and Maintenance	2,358	11.8%	2,260	95.8%	98	4.2%
Production, Transportation, and Material Moving	3,506	17.6%	2,799	79.8%	707	20.2%

Sources: U.S. Census Bureau, 2020 American Community Survey 5-Year Estimates

Table 1b-2 illustrates gender stratification across the most common professions in the County. Management, Business, Science, Arts, Service Occupations, Sales, and Office Occupations employ more women, while Natural Resources, Construction, Maintenance, Production, Transportation, and Material Moving employ more men. Disparity in median wages of the above listed industries as well as the large gender disparity in these industry categories may in part account for the concentration of poverty among single female households

Graph 1b-7



Sources: U.S. Census Bureau, 2020 American Community Survey 5-year Estimates

Graph 1b-7 shows that there is about a \$10,000 gap between males and females who work full time in Delaware County. Data for New York shows a smaller gap (\$8,203) while US data shows a wider gap (\$13,551).

Table 1b-3 **2020 Delaware County Employment by Industry**  
 Numbers are based on civilian employed population 19,905 people aged 16 and over

Industry	Persons employed	Percent of labor force
Agriculture, forestry, fishing, and hunting, mining	793	4.0%
Construction	1628	8.2%
Manufacturing	2502	12.6%
Wholesale trade	307	1.5%
Retail trade	2165	10.9%
Transportation and warehousing, and utilities	854	4.3%
Information	345	1.7%
Finance and insurance, and real estate and rental and leasing	735	3.7%
Professional, scientific, and management, and administrative and waste management services	1635	8.2%
Educational services, and health care and social assistance	5090	25.6%
Arts and entertainment, and recreation, accommodation, and food services	1600	8.0%
Other services, except public administration	1262	6.3%
Public administration	989	5.0%

Source: U.S. Census Bureau, 2020 American Community Survey 5-year estimates Data Profile

The estimated population from 2020 aged 16 years and over was 38,365 with 20,792 in the civilian labor force. Of those in the labor force, there were 19,905 people employed and 887 people unemployed. There were 17,573 (45.8%) not in the labor force, which includes children less than age 16, retired individuals, and disabled individuals.

Table 1b-3 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 Professional, scientific, and management, and administrative and waste management services. With 45.8% of the population NOT in the labor force and nearly 2.3% of the county unemployed, this puts a strain on the remaining labor force of 51.9% 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.

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 27-29 are directly accessed from: [www.unitedforalice.org/newyork](http://www.unitedforalice.org/newyork) County Pages.

**ALICE in Delaware County**  
2018 Point-in-Time Data

*Population:* 45,502

*Number of households:* 19,030

*Median Household Income:* \$48,827 (state average: \$67,844)

*Unemployment Rate:* 5.1% (state average: 5.0%)

*ALICE Households:* 30% (state average: 31%)

*Households in Poverty:* 15% (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. The 2020 ALICE Report shows that 3.2 million of New York's 7.37 million households were ALICE in 2018, a record number even before the arrival of the COVID-19 pandemic. With rising costs, many are struggling (Graph 1b-8).

**What types of households are struggling?**

The way Americans live continues to change. There are more diverse families 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 with the highest numbers in the 65+ households (Graph 1b-9).

**Why do so many households struggle?**

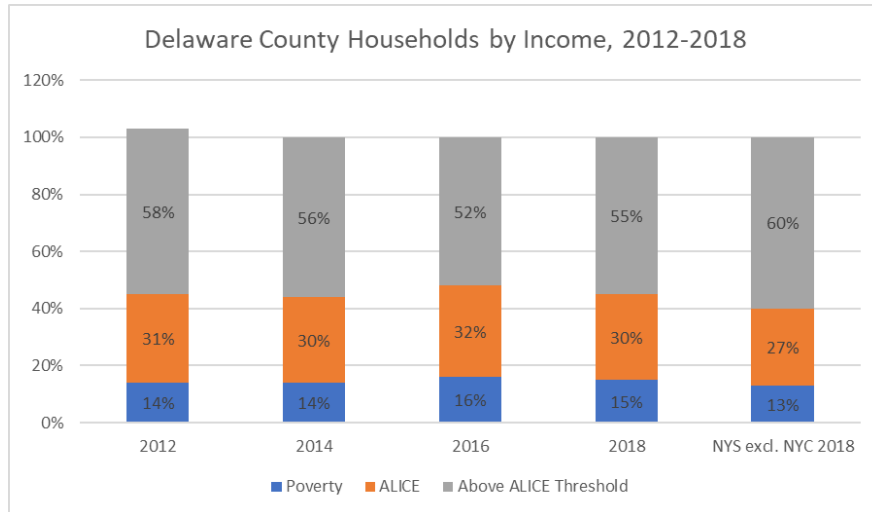
*The cost of living continues to increase...*

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 2018, costs were well above the Federal Poverty Level of \$12,140 for a single adult and \$25,100 for a family of four. Survival budgets for a single adult is \$27,312 and \$78,156 for a family of four. (Table 1b-4).

... and wages lag.

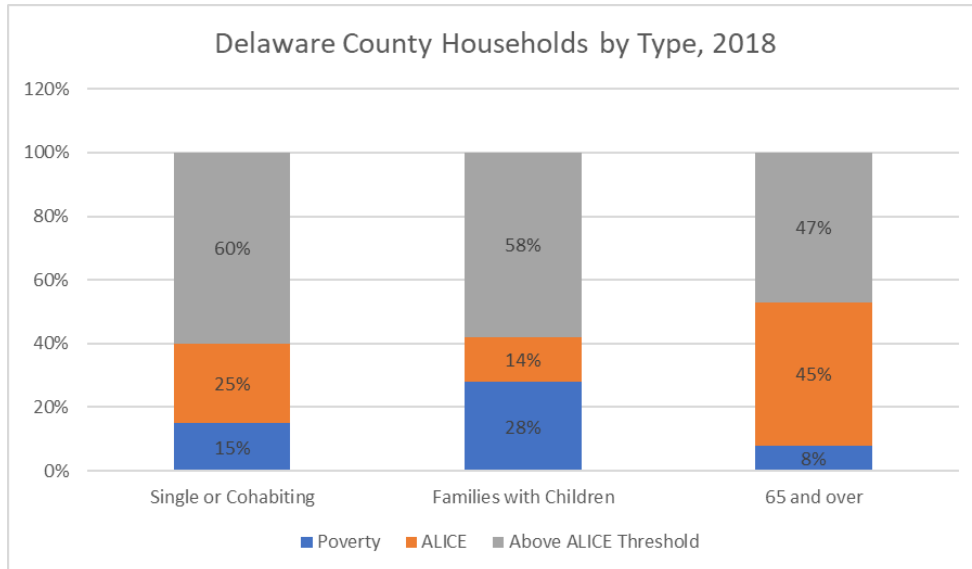
Employment and wages vary by location; firms generally pay higher wages in areas with a higher cost of living, although wages still do not always cover basic needs. Employment and wages also vary by firm size: large firms tend to offer higher wages and more job stability; smaller businesses can account 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 1b-8



Source: ALICE in New York, 2020 New York Report

Graph 1b-9



Source: ALICE in New York, 2020 New York Report

Table 1b-4

2018 Household Survival Budget		
Delaware County		
Monthly Costs	Single Adult	2 Adults, 2 in childcare
Housing	\$810	\$1091
Child Care	\$ --	\$1,485
Food	\$284	\$861
Transportation	\$334	\$757
Health Care	\$212	\$705
Technology	\$55	\$75
Miscellaneous	\$207	\$592
Taxes	\$374	\$947
Monthly Total	\$2,276	\$6,513
Annual Total	\$27,312	\$78,156
<i>Hourly Wage</i>	<i>\$13.66</i>	<i>\$39.08</i>

Source: ALICE in New York, 2020 New York Report

Table 1b-5

### Unemployment 2016-2022

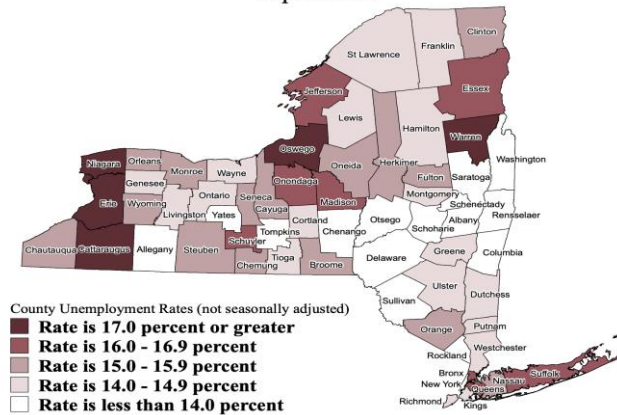
Unemployment	March 2016	March 2017	March 2018	March 2019	March 2020	March 2021	March 2022
Delaware County	6.1%	6.1%	6.1%	5.1%	6.3%	6.3%	4.0%
New York State	5.0%	4.7%	4.6%	4.1%	4.8%	8.3%	4.7%

Source: New York State Department of Labor

Unemployment percentages in Delaware County remained static for the years 2016-2018 but March 2019 shows a decline. The rate increases in 2020 and 2021 but drops again in 2022. Rates are lower in Delaware County than the NY State rate in 2021 and 2022. (Table 1b-5).

Figure 1b-1

**Unemployment Rates by County,  
New York State,  
April 2020**



The NY State Department of Labor’s April 2020 *Unemployment Rates by County* map (Figure 1b-1) shows that Delaware County’s unemployment rate is similar to 4 and lower than 3 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 1b-6

**Percentage of the Population Living with a Disability, 2019**

	Delaware County	NY State
Disability	17.2%	11.5%
Cognitive Disability	5.8%	4.5%
Hearing Disability	4.8%	2.8%
Vision Disability	2.3%	2.1%
Self-Care Disability	3.6%	2.7%
Mobility Disability	9.4%	6.7%
Independent Living Disability	7.4%	5.6%

Source: U.S. Census 2019 ACS 5 yr. Estimates Subject Tables

Delaware County has a higher percentage of persons with a disability among each category. (Table 1b-6). Persons with a disability are a distinct demographic group experiencing health disparities that can be addressed by tailored policy interventions.

Table 1b-7

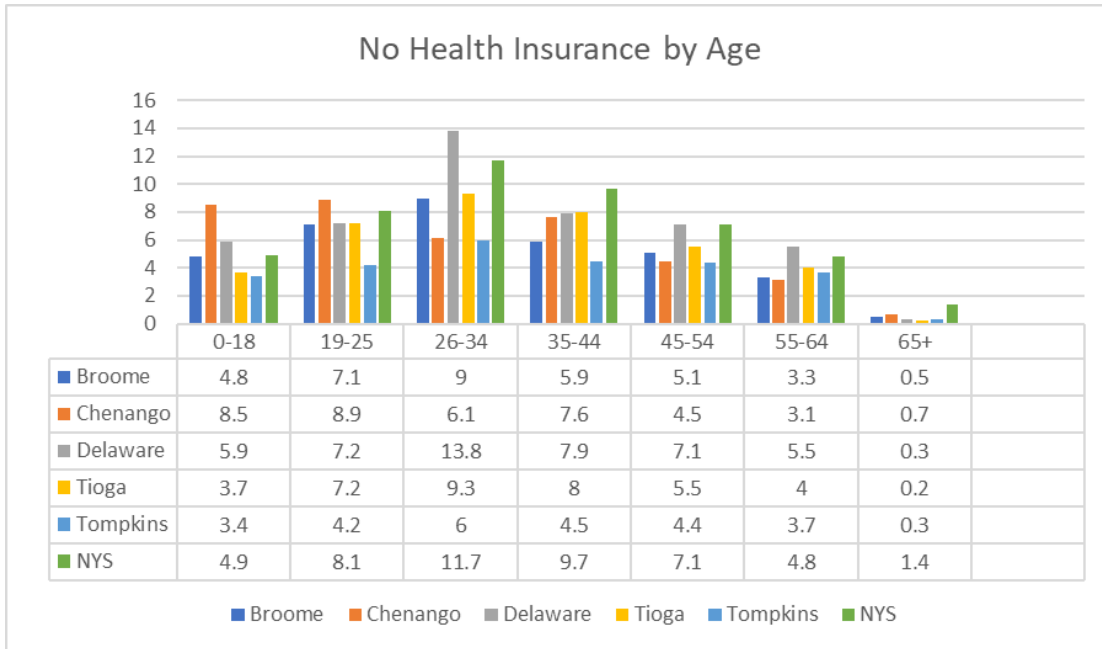
**Delaware County Socio-Economic Status Indicators, 2018**

Behavior/Risk Indicator	Delaware County Rate	NY State Rate
% Adults 18-64 with health insurance, 2019	93.5%	92.5%
% Adults that did not receive medical care because of cost, 2018	6.1%	11.3%

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.

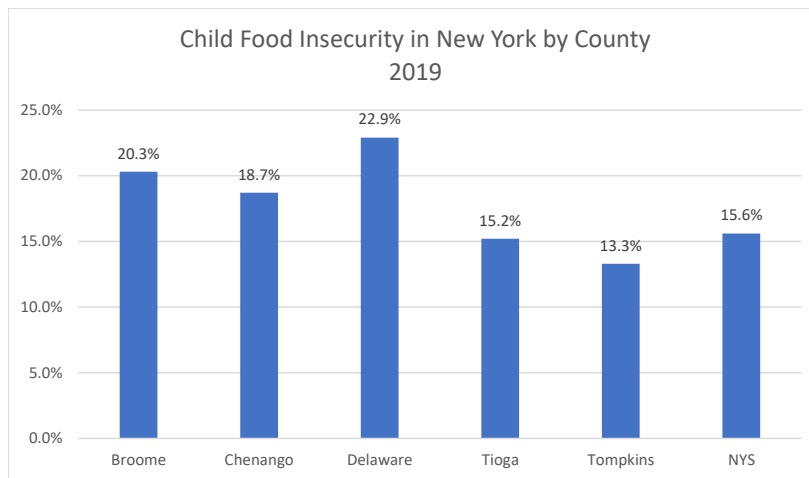
Graph 1b-10



Source: U.S. Census Bureau, 2019 American Community Survey 5-Year Estimates Subject Tables

Graph 1b-10 shows the percent of the population with no health insurance for each age bracket in each county in the Southern Tier. 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 1b-11

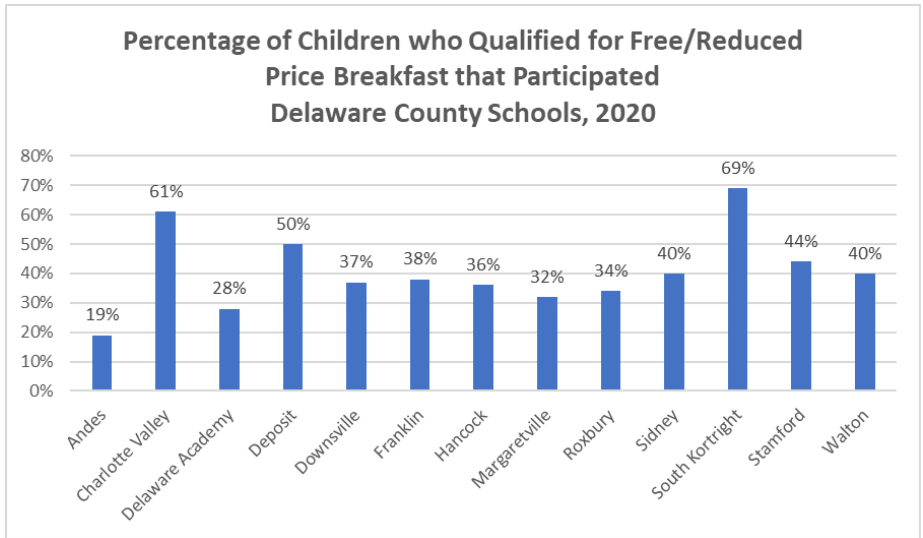


Source: Feeding America.org

Graph 1b-11 shows rates of child food insecurity are higher than the rest of the counties in the Southern Tier, as well as the state rate.

Graph 1b-12

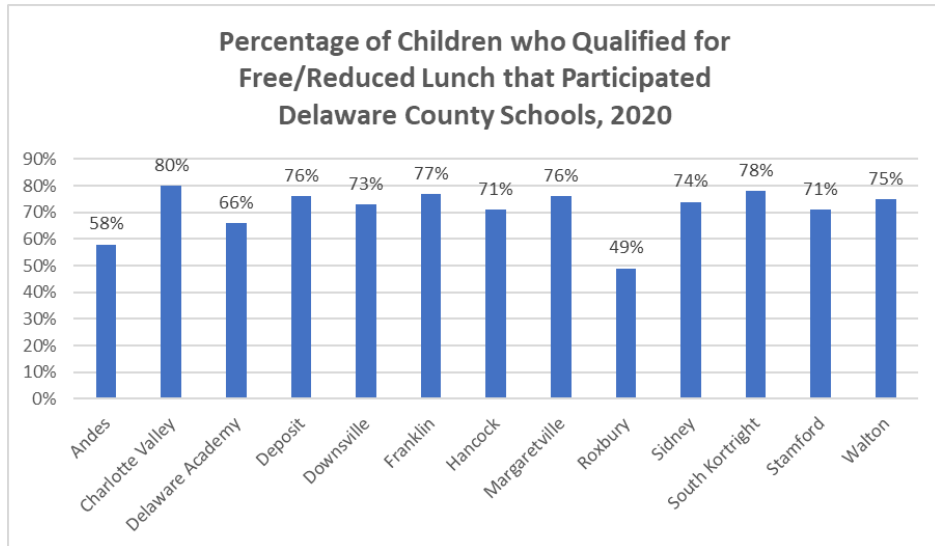




Source: Hunger Solutions NY, 2020

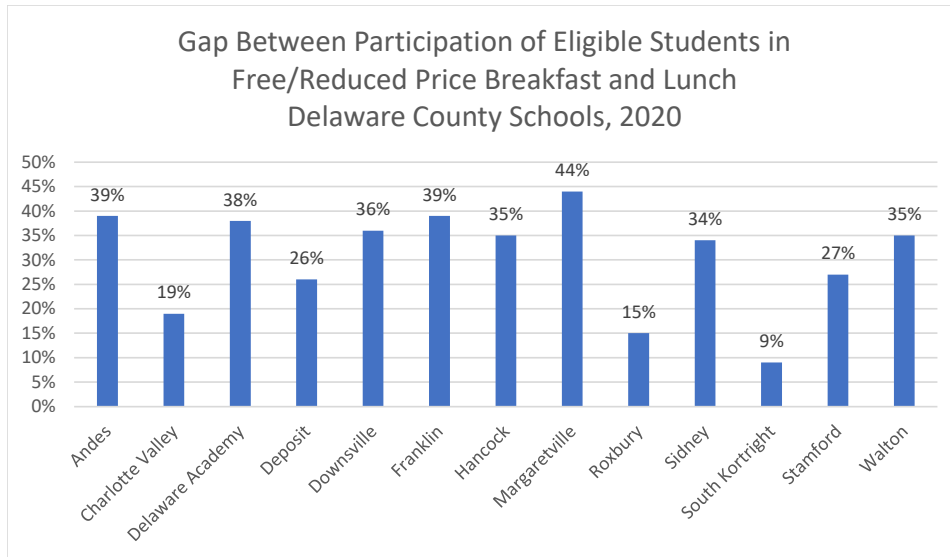
Graphs 1b-12 and 1b-13 shows the percentage of students participating in free and reduced-price breakfast through the School Breakfast Program and the free and reduced-price Lunch Program in Delaware County in the 2020 school year.

Graph 1b-13



Source: Hunger Solutions NY, 2020

Graph 1b-14



Source: Hunger Solutions NY, 2020

Graph 1b-14 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. On average, only about 30% of students who participated 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.

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 1b-8

**Comparison of Delaware County and NYS  
Education Attainment 2016-2020, for persons over 25**

	Delaware County	NYS
High School graduate or higher	89.5%	87.2%
College 4 or more years, graduate	22.1%	37.5%

Source: U.S. Census Bureau, Quickfacts, Population Estimates, July 1, 2021

Table 1b-8 shows that Delaware County has a 2.3% 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 15.4% lower the NY State percentage.

Table 1b-9

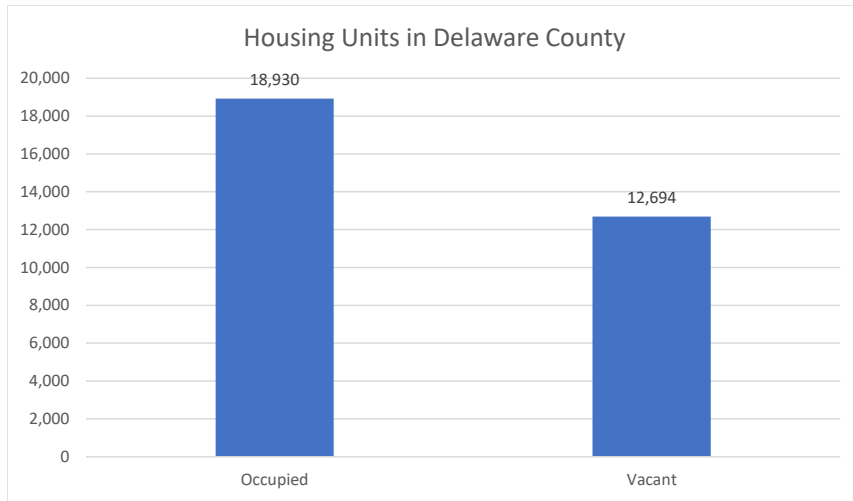
### Delaware County Educational Attainment, 2020

Educational Attainment	Delaware County	NYS
High School graduate or equivalency	39.2%	25.5%
Some college, no degree	16.6%	15.5%
Associate’s degree	11.5%	8.9%
Bachelor’s degree	11.8%	20.9%
Graduate or Professional degree	10.3%	16.5%

Source: U.S. Census Bureau, 2020 American Community Survey 5-Year Estimates Data Profiles

Table 1b-9 indicates that over 39% of the Delaware County population completed high school but did not pursue higher education. Delaware county has higher percentages of the first three categories but much lower percentages for attaining a bachelor’s degree or graduate/professional degree than New

Graph 1b-15



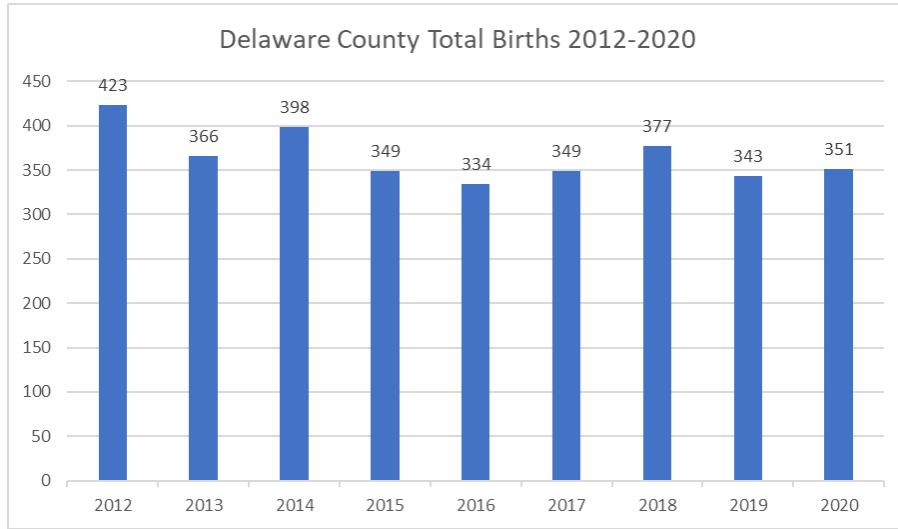
Source: U.S. Census Bureau 2020 American Community Survey 5-year Estimates Selected Housing Characteristics

County data identifies 31,624 total housing units in Delaware County. 18,930 (60%) of those are occupied, and 12,694 (40%) are vacant, as shown in Graph 1b-15. 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 1c-1

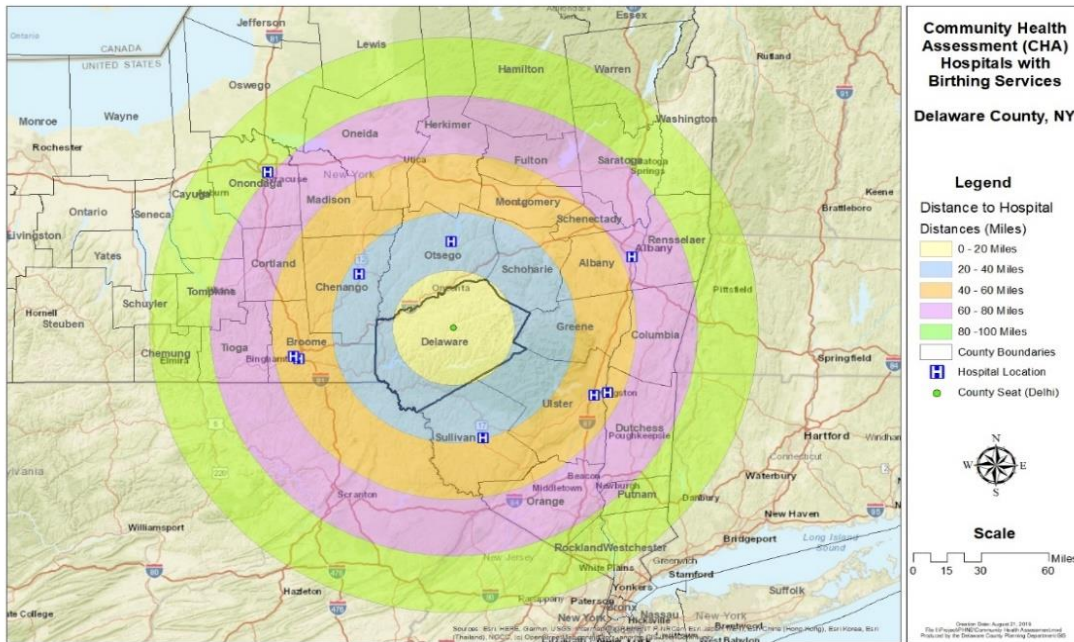


Sources: Delaware County Public Health Services (DCPHS) Annual Reports, 2012-2020

From 2012 to 2020 Delaware County births remain on a decline.

Figure 1c-1

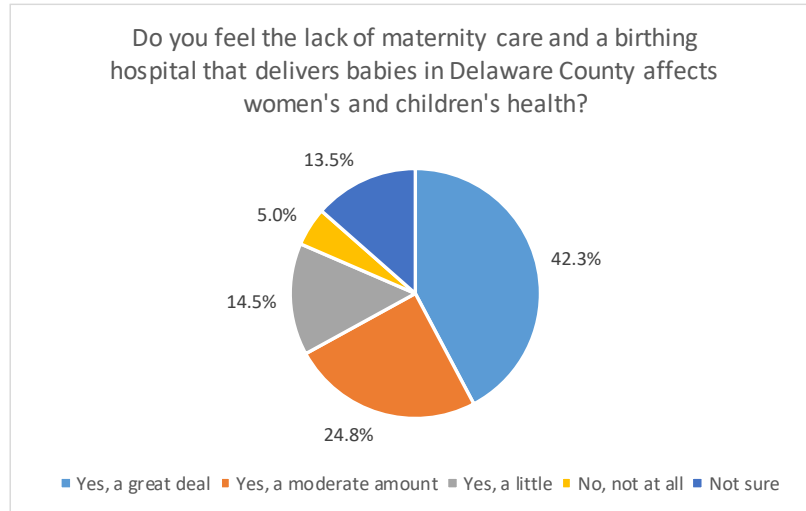
**Out of County Hospitals with Birthing Services**



Source: Delaware County Department of Planning

Figure 1c-1 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. This continues to pose a challenge to expecting mothers residing in Delaware County.

Graph 1c-2



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 1c-1

**Delaware County Births by Hospital**

Hospital	2016	%	2017	%	2018	%	2019	%	2020	%	2021	%
Albany	10	3	15	4	28	7	34	10	34	10	30	9
Bassett	120	36	177	51	186	49	149	43	164	47	150	43
Catskill Regional Medical	8	2	14	4	11	3	8	2	4	1	10	3
Chenango Memorial	12	4	24	7	30	8	18	5	16	5	13	4
Crouse Hospital	0	0	0	0	2	1	3	1	3	1	2	.5
A.O. Fox	72	22	0	0	0	0	2	1	0	0	2	.5
Kingston Hospital	8	2	1	1	9	2	4	1	4	1	6	2
Lourdes	27	8	30	9	6	2	32	9	25	7	24	7
Northern Dutchess	6	2	11	3	25	7	6	2	17	5	16	5
Westchester	-	-	-	-	-	-	-	-	-	-	2	.5
Wilson-UHS	52	16	67	19	8	2	76	22	65	19	75	21
Vassar	-	-	-	-	-	-	-	-	-	-	2	.5
Other	4	1	4	1	65	17	6	2	8	2	7	2
Home Birth	15	4	6	1	7	2	5	2	11	3	11	3
<b>TOTALS</b>	<b>334</b>		<b>349</b>		<b>377</b>		<b>343</b>		<b>351</b>		<b>350</b>	

Source: DCPHS Annual Reports, 2016, 2017, 2018, 2019, 2020, 2021

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 1c-1 shows that from 2016 to 2021, the highest percentage of births occurred at Bassett Hospital of Cooperstown. The second highest percentage of births took place at Wilson Hospital in Johnson City, third highest at Lourdes Hospital in Binghamton, and fourth highest in Albany. Figure 1c-1 shows the distance to hospitals with birthing services, all of which are located outside of the county.

Table 1c-2

Births By Town of Residence						
Town	2016	2017	2018	2019	2020	2021
Andes	1	7	3	3	4	8
Bovina	1	3	2	3	3	5
Colchester	8	14	14	8	9	18
Davenport	29	26	24	29	22	22
Delhi	25	26	30	20	36	25
Deposit	17	19	17	19	10	12
Franklin	23	18	20	20	23	16
Hamden	5	8	14	7	10	11
Hancock	25	25	19	21	22	27
Harpersfield	2	4	9	5	8	4
Kortright	9	7	7	9	12	8
Masonville	8	13	13	8	12	8
Meredith	12	18	15	13	10	14
Middletown	20	13	25	15	19	20
Roxbury	13	14	22	15	13	17
Sidney	65	57	64	71	53	63
Stamford	22	19	27	15	21	23
Tompkins	4	7	4	8	5	5
Walton	45	51	48	54	59	44
Unknown	0	0	0	0	-	-
TOTALS	334	349	377	343	351	350

Source: DCPHS Annual Report 2016, 2017, 2018, 2019, 2020, 2021

Table 1c-2 compares the number of births from 2016 through 2021 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 1c-3

**Infant Mortality (per 1,000 live births) 2017-2019 (3-year average)**

Age of Death	Number of Deaths	
	Del. Co.	NYS (exc. NYC)
Infant (less than 1 year)	5.4*	4.4
Neonatal (<28 days)	2.7*	2.9
Post-neonatal (1mo. to 1yr.)	2.7*	1.5

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

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

Table 1c-3 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 1c-4

**Child and Adolescent Health Indicators, 2017-2019**

Indicator	Childhood Mortality – Per 100,000		
	1-4 Years	5-9 Years	10-14 Years
Delaware County Rate	46.5*	0.0*	0.0*
NYS Rate – exc. NYC	17.7	10.3	12.4

\*: 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 1c-5

**Primary Care Provider-Related Behaviors, 2018**

Reported Health Care Behavior	Delaware County	NYS (exc. NYC)
Adults with regular health care provider	78.9%	79.1%
Cost prevented visit to doctor within the past year (among adults)	6.1%	11.3%
Visited doctor for routine checkup with the past year (among adults)	70.0%	70.2%

Source: NYS Expanded Behavioral Risk Factor Surveillance System 2018 indicators, Data as of 2020 NYS Community Health Indicator Reports (CHIRS)

Table 1c-5 shows age adjusted rates for primary care provider-related behaviors. 78.9% of Delaware County adults report having a regular healthcare provider which is lower than the rate in New York State. A lower percentage of respondents reported cost as a barrier to seeking care when compared with the rest of the State.



Table 1c-6

**Delaware County Causes of Death**

Cause of Death	2016	2017	2018	2019	2020	2021
Accidents	7	11	17	8	7	2
AIDS Related Illness	0	0	1	0	0	1
Alzheimer's	0	0	0	0	0	0
Alcohol Related	-	-	-	4	0	0
Cancer	119	77	92	89	78	75
Chronic Obstructive Pulmonary Disease (COPD)	26	16	41	34	35	36
Cirrhosis of the Liver	9	5	0	6	4	5
Congenital Anomalies	0	0	0	0	1	0
*Covid-19 & Covid-19 Related	N/A	N/A	N/A	N/A	N/A	44
Dementia	18	18	26	18	31	24
Diabetes Mellitus	1	4	0	4	2	2
Drug Overdose / Opioid Related	10	6	10	6	9	13
Gastritis, Enteritis, Colitis, Diverticulitis	3	1	4	0	2	1
Heart & Circulatory Diseases	210	160	163	171	185	157
Homicide & Legal Intervention	0	0	1	0	2	1
Influenza	-	-	-	-	2	-
Multiple Organ Failure	7	5	8	8	6	11
Natural Aging	-	-	-	-	1	4
Neurologic Disease	4	4	1	1	2	4
Pending Investigation (Sent for Autopsy)	0	2	1	3	2	1
Pneumonia/Diseases Pulmonary Circulation	16	55	46	64	19	22
Cause of Death	2016	2017	2018	2019	2020	2021

Renal Failure	13	11	17	8	12	12
Septicemia	16	9	22	16	23	24
Suicide	13	7	7	6	7	6
Tuberculosis	0	0	0	0	0	0
All Other Causes	16	5	11	1	1	2
Total Deaths	488	396	468	447	431	447
*Deaths are reported to the county in which a person becomes deceased.						
COVID positive patients receiving higher levels of care would have been sent to larger hospitals outside of Delaware County						

Source: DCPHS Annual Reports: 2016, 2017, 2018, 2019, 2020, 2021

The leading causes of death in Delaware County include heart and circulatory disease, followed by cancer. Up until 2020, COPD was the third leading cause. In 2021 COVID-19 and Covid-19 related deaths took third place with COPD in fourth place. Chronic disease prevention and care strategies remain necessary activities needed by the Delaware County population.

Table 1c-7

Delaware County Emergency Medical Services Summary									
Source: Delaware County Emergency Medical Services									
Agency	Type	Ambulance / First Responder	Paid / Volunteer	Certified First Responder	Emergency Medical Technician	Advanced EMT	Critical Care	Paramedic	Totals
AMR	Com	AMB	Paid						
Andes	Fire	AMB	Vol		6				6
Bloomville	Fire	AMB	Vol		1	1	2	2	6
Bovina	Fire	AMB	Vol		6	1		1	8
Davenport	Fire	FR	Vol	1	2			2	5
Delhi	Fire	AMB	Vol		8		2	3	13
Downsville	Fire	AMB	Vol		5			3	8
East Meredith	Fire	FR	Vol		12				12
Franklin	Fire	AMB	Vol	1	8				9
Grand Gorge	Fire	AMB	Vol		7		1	1	9
Hancock	VAC	AMB	Paid		4		3	4	11
Hancock Fire	Fire	FR	Vol		7				7
Hobart	Fire	AMB	Vol		3	1	1		5
Margaretville	Hospital	AMB	Paid		6	2	0	6	14
Masonville	CLOSED								0
Meridale	Fire	AMB	Paid		6				6
Pindars Corners	Fire	FR	Vol						0
Roxbury	Fire	AMB	Vol		7				7
Sidney Fire	Fire	FR	Vol		2				2
Sidney	NFP	AMB	Paid						0
Sidney Center	Fire	AMB			1				1
Stamford Fire	Fire	FR	Vol		9			1	10
Treadwell	Fire	AMB	Vol		4			2	6
Trout Creek	Fire	AMB	Vol		6				6
Walton	Fire	AMB	Vol		13		1	1	15
								Total	166

Table 1c-7 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 5 of 24 (21%) program have paid staff while the rest are volunteers, and approximately 88% of emergency medical providers represented here are volunteers. These numbers are higher than national averages. 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 4 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).

Eleven of 24 programs (46%) report having Paramedics, the highest level of EMS certification. Just two 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.

2. Section II: New York State Prevention Agenda Priority Areas
  - a) *Prevent Chronic Diseases*

Table 2a-1

**Heart Disease and Stroke Indicators, 2017-2019 Delaware County**

Indicator	CARDIOVASCULAR DISEASE			
	Hospitalization Per 10,000 (age-adjusted)	MORTALITY RATES - Per 100,000		
		Age Adjusted	Premature death (ages 35-64)	Pre transport mortality
County Rate	114.6	246.6	172.4	275.5
NYS Rate – exc. NYC	125.0	210.8	104.2	163.6

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

Table 2a-2

**Heart Disease and Stroke Indicators, 2017-2019 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)	Pre transport mortality
County Rate	82.8	194.7	139.8	228.6
NYS Rate – exc. NYC	84.2	169.4	83.9	138.7

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

Table 2a-3

**Heart Disease and Stroke Indicators, 2017-2019 Delaware County**

Indicator	CORONARY HEART DISEASE			
	Hospitalization Per 10,000 (age- adjusted)	MORTALITY RATES - Per 100,000		
		Age Adjusted	Premature death (ages 35-64)	Pre transport mortality
County Rate	26.8	124.4	99.6	152.6
NYS Rate – exc. NYC	25.2	131.0	66.4	112.4

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

Delaware County hospitalization rates for heart disease and cardiovascular disease are lower than Upstate New York rates but higher for coronary heart disease. Of special significance are the premature death rates and pre transport 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 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, 2017-2019 Delaware County**

	CONGESTIVE HEART FAILURE			
	Hospitalization Per 10,000	MORTALITY RATES - Per 100,000		
			Premature death (ages 35-64)	Pre transport mortality
County Rate	30.6	19.5	5.7	25.3
NYS Rate – exc. NYC	41.3	11.1	2.4	8.7

\*: 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, 2017-2019 Delaware County**

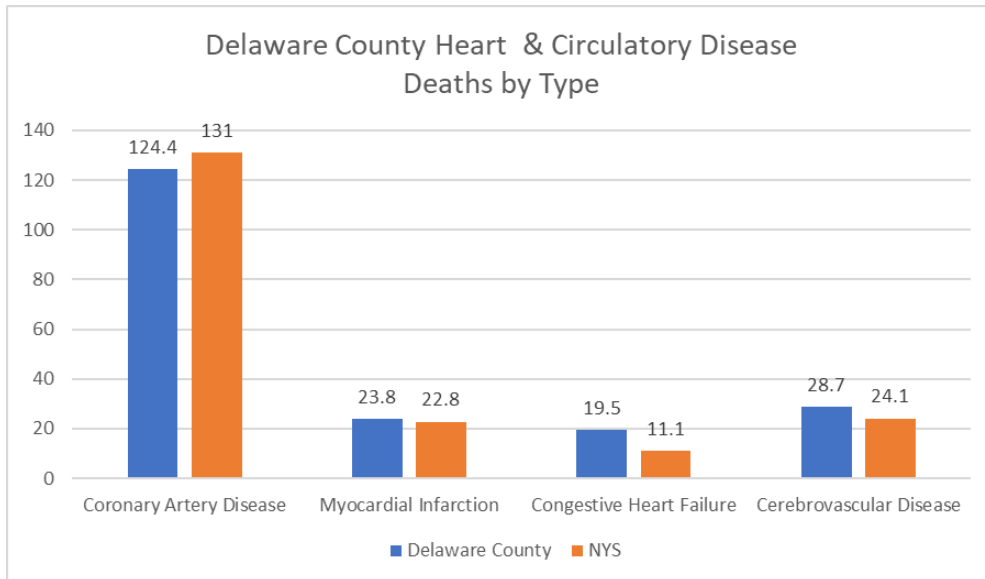
Indicator	CEREBROVASCULAR DISEASE (STROKE)			
	Hospitalization Per 10,000 (Age-adjusted)	MORTALITY RATES – Per 100,000		
		Age Adjusted	Premature death (ages 35-64)	Pre transport mortality
County Rate	15.8	28.7	17.2	22.3
NYS Rate – exc. NYC	21.3	24.1	10.8	13.2

\*: 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, and a higher pre transport 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.

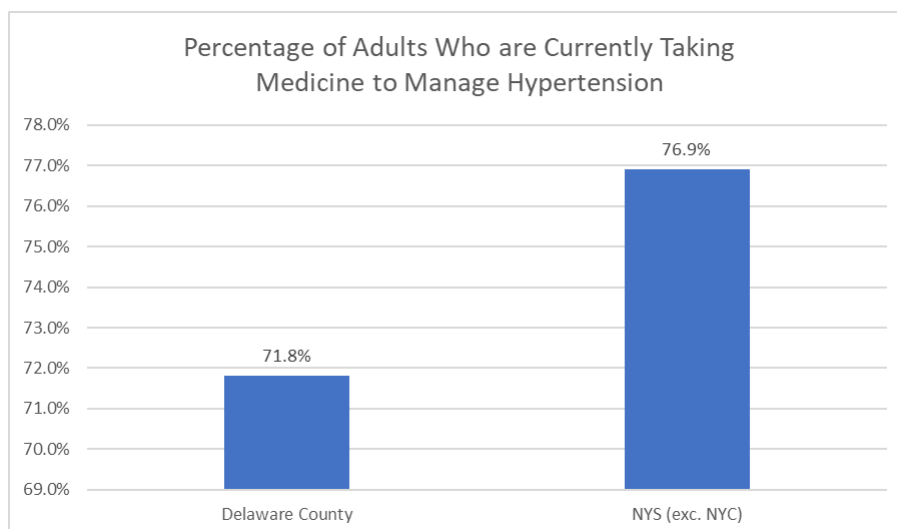
Graph 2a-1



Source: CHIRS 2017-2019

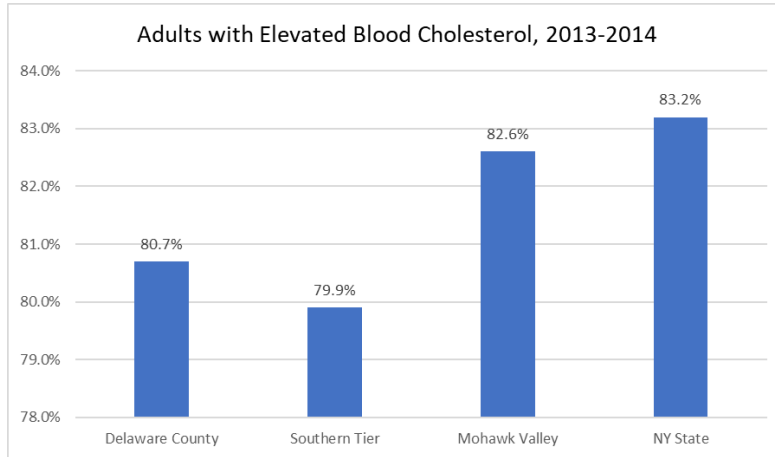
Graph 2a-1 shows cardiopulmonary disease due to aging as the leading cause of heart-related deaths in Delaware County from 2017 through 2019. Other leading causes of death from heart and circulatory disease include congestive heart failure, cerebrovascular disease, and myocardial infarction. Heart and circulatory disease deaths accounts for a high number of mortalities in Delaware County.

Graph 2a-2



Source: BRFSS, 2016 (PA 2019-2024 Objective 80.7)

Graph 2a-3

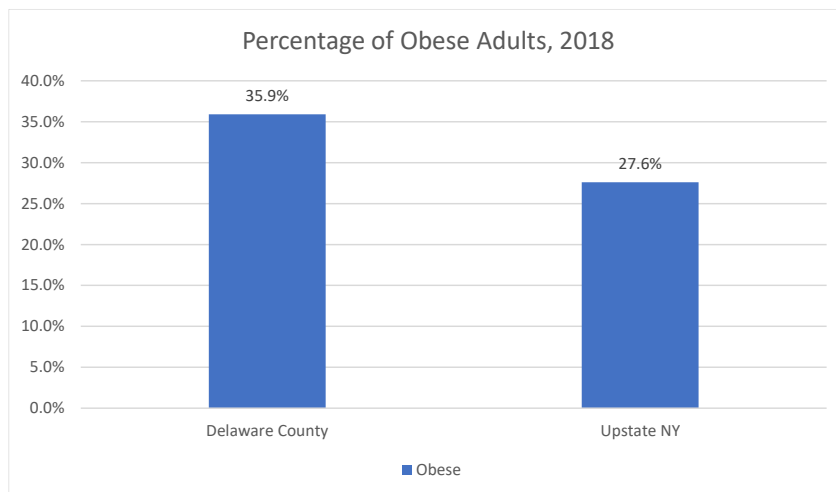


Source: NYS Community Health Indicator Reports (CHIRS) 2013-2014

When compared to NYS, there are about 5% less adults in Delaware County taking medication to control their hypertension (Graph 2a-2). Compared to New York State and the Mohawk Valley region, there is a lower percentage of adults in Delaware County who have elevated blood cholesterol. (Graph 2a-3). Southern Tier data shows a slightly lower percentage than Delaware County. 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. 2020 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 BRFSS Data as of 2020 (PA 2024 goal 24.2)



Delaware County has a much higher percentage of adults with obesity (35.9%) than Upstate NY (27.6%).  
 (See Table 2a-4)

Table 2a-6

Obesity Data 2017-2019		
Indicator	Delaware County	NYS Excluding NYC
All Students: Pre-K through 10th grade. Overweight or obese. >85th Percentile	34.9%	33.8%
Pre-K, K, 2 <sup>nd</sup> , 3 <sup>rd</sup> , and 4th grades. Overweight or obese. >85th Percentile	31.5%	31.9%
Middle and High School Students (7th and 10th grades). Overweight or obese. >85th percentile	38.3%	36.6%
% Of pregnant women in WIC who were pre-pregnancy obese (BMI>30). 2010-2012	33.2%	26.6%

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

Delaware County has a slightly lower 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. 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 2a-1

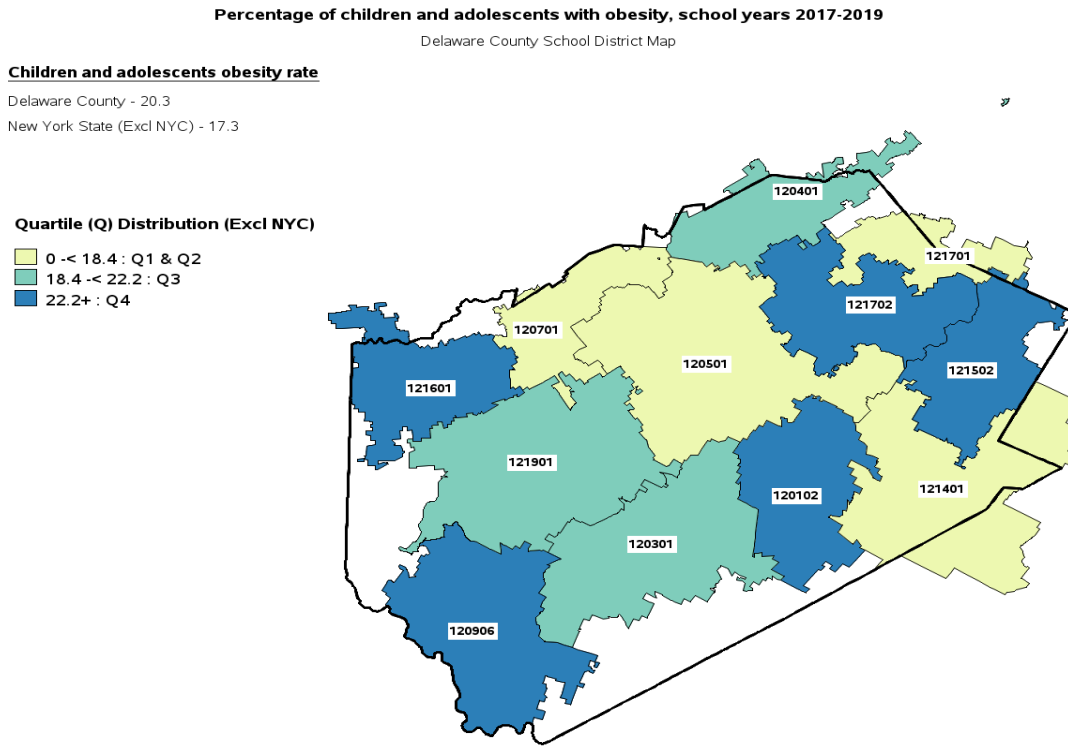


Table 2a-7

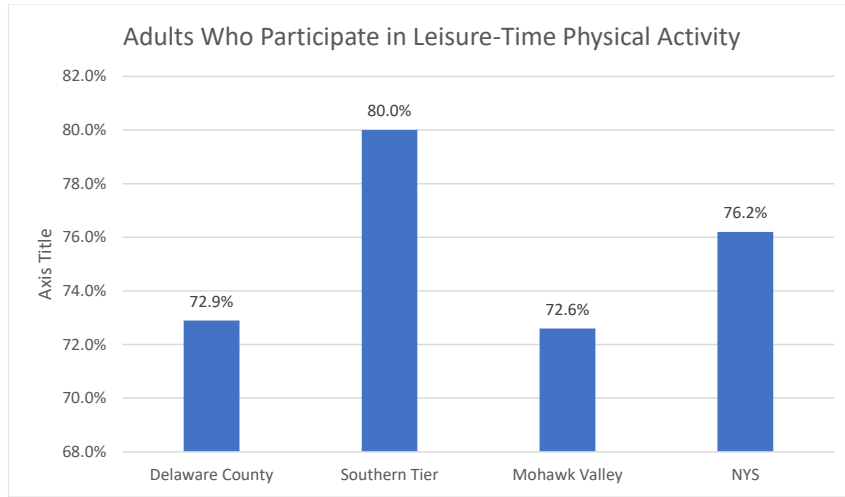
School District Code	School District Name	Percentage Obese
120102	Andes Central School District	25.0
120401	Charlotte Valley Central School District	20.0
120501	Delhi Central School District	14.3
120301	Downsville Central School District	19.5
120701	Franklin Central School District	12.7
120906	Hancock Central School District	29.0
121401	Margaretville Central School District	0.0*
121502	Roxbury Central School District	24.7
121601	Sidney Central School District	22.9
121702	South Kortright Central School District	25.7
121701	Stamford Central School District	8.0*
121901	Walton Central School District	20.9

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

Source: NYS Prevention Agenda Dashboard, 2017-2019

Top 4 obesity rates for children by school district are Hancock, South Kortright Central, Andes Central, and Roxbury.

Graph 2a-5



Source: BRFSS, 2018

Graph 2a-5 shows that a slightly 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.

Table 2a-8

**Delaware County Diabetes Indicators, 2016-2018**

	DIABETES		
	Hospitalization per 10,000 Diabetes mentioned in dx (age-adjusted)	Hospitalization per 10,000 Primary dx: Diabetes	Mortality per 100,000 (age-
County Rate	178.8	12.4	31.3
NYS Rate – exc. NYC	214.2	18.9	22.5

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 discrepancy may reflect the barriers to care experienced by Delaware County residents due to lack of local providers, cost of care, and transportation barriers.

Cancer

Table 2a-9

**Delaware County Cancer Incidence by Gender, 2015-2019**

	Incidence			
	Males		Females	
	Avg. Annual Cases	Rate per 100,000	Avg. Annual Cases	Rate per 100,000
All Invasive Malignant Tumors	176.4	491.8	163.6	467.8
Oral cavity and pharynx	7.8	21.7	2.2	7.3
Esophagus	3.2	7.7	.6	1.2
Stomach	3.0	7.1	1.4	3.5
Colorectal	15.2	45.1	13.4	34.8
Colon excluding rectum	10.6	31.4	9.4	24.4
Rectum & rectosigmoid	4.6	13.7	4.0	10.3
Liver/intrahepatic bile duct	2.6	6.1	1.6	6.7
Pancreas	5.2	15.4	4.4	10.8
Larynx	2.4	6.9	0.8	2.1
Lung and bronchus	28.2	75.2	21.8	55.8
Melanoma of the skin	8.0	23.7	7.6	28.5
Female breast			42.2	119.8
Cervix uteri			2.2	10.6
Corpus uterus and NOS			12.4	35.4
Ovary			4.6	11.7
Prostate	36.0	87.9		
Testis	2.2	12.8		
Urinary bladder (incl. in situ)	14.6	37.8	5.4	12.2
Kidney and renal pelvis	5.8	18.4	4.4	13.8
Brain and other nervous system	1.0	3.4	1.2	5.5
Thyroid	1.8	5.6	4.8	23.3
Hodgkin lymphoma	1.4	5.7	0.8	2.9
Non-Hodgkin lymphomas	7.6	21.0	5.8	14.4
Multiple myeloma	3.6	9.6	2.8	6.4
Leukemias	9.0	27.9	5.8	13.7

Source: NYSDOH, New York State Cancer Registry, 2015-2019

According to Table 2a-9, breast cancer in females and prostate cancer in males account for the types of cancer most frequently affecting the population. Males and females share lung as the second most common types of cancer and colorectal as the third. The fourth leading incidence for males is urinary bladder and uterine for females. There is much higher incidence of various types of cancer among males than females. However, incidents of brain and other nervous system is slightly higher in females than males and thyroid cancer incident is significantly higher in females.

Table 2a-10

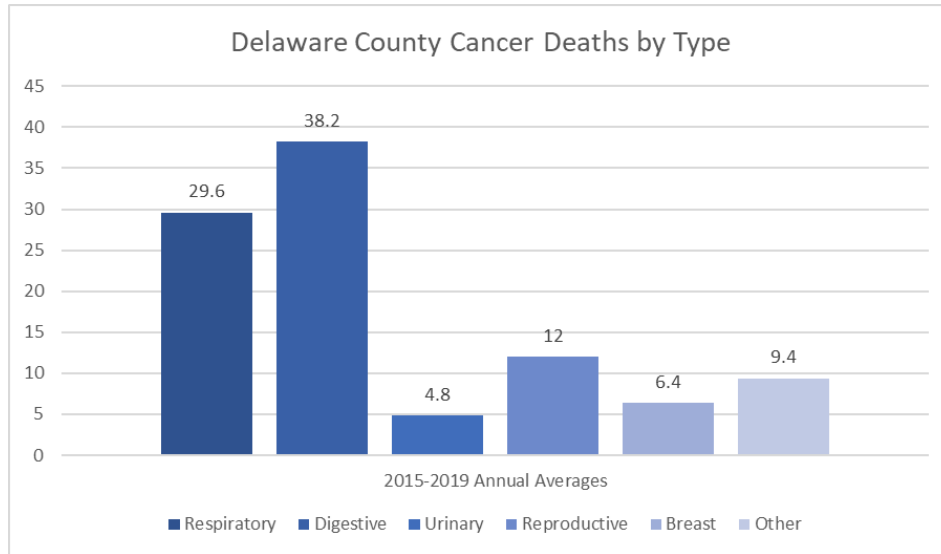
**Delaware County Cancer Mortality by Gender, 2015-2019**

	Mortality			
	Males		Females	
	Avg Ann Deaths	Rate per 100,000	Avg Ann Deaths	Rate per 100,000
All Invasive Malignant Tumors	63.6	174.3	52.4	128.5
Oral cavity and pharynx	1.6	4.6	0.8	2.5
Esophagus	2.6	6.9	0.8	1.8
Stomach	0.6	1.5	0.6	1.3
Colorectal	6.2	16.1	3.8	9.4
Colon excluding rectum	4.6	12.4	2.8	7.1
Rectum & rectosigmoid	1.6	3.8	1.0	2.3
Liver/intrahepatic bile duct	2.8	8.2	1.2	3.1
Pancreas	3.6	11.4	3.6	8.3
Larynx	0.8	2.1	0.0	0.0
Lung and bronchus	15.6	41.9	13.2	32.0
Melanoma of the skin	0.4	2.1	0.4	1.5
Female breast			6.4	16.1
Cervix uteri			0.2	0.5
Corpus uterus and NOS			1.8	4.1
Ovary			3.8	9.3
Prostate	6.4	17.8		
Testis	0.0	0.0		
Urinary bladder (incl. in situ)	4.0	10.5	1.2	3.1
Kidney and renal pelvis	0.8	1.8	1.8	4.8
Brain and other nervous system	1.0	2.4	0.8	2.6
Thyroid	0.4	1.2	0.2	0.5
Hodgkin lymphoma	0.0	0.0	0.2	0.5
Non-Hodgkin lymphomas	2.8	7.2	1.0	2.1
Multiple myeloma	1.0	2.9	1.0	2.2
Leukemias	3.4	10.2	2.2	5.3

Source: NYSDOH, New York State Cancer Registry, 2015-2019

Per Table 2a-10, 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.

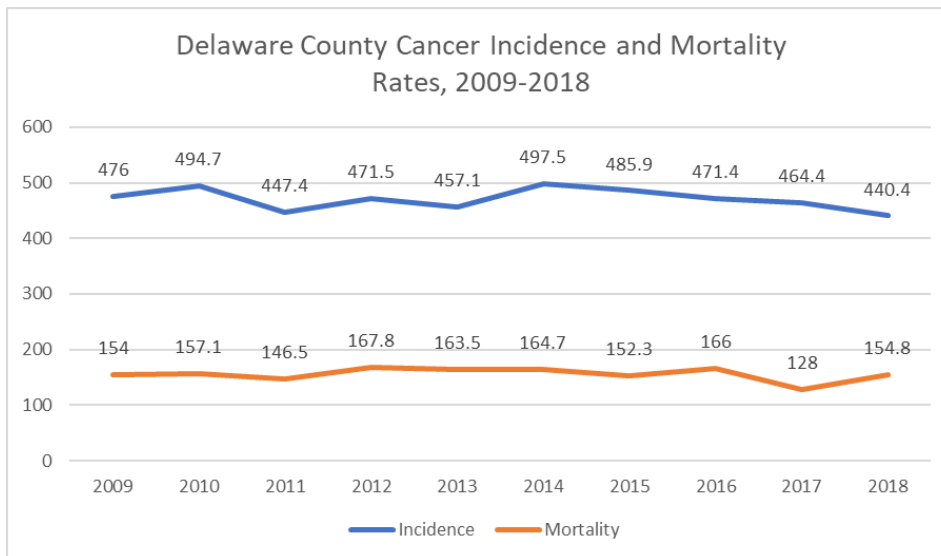
Graph 2a-6



Source: New York State Cancer Registry 2015-2019 Average Annual Deaths Delaware County

Cancers of the respiratory system and digestive organs were the leading cause of mortality among cancers 2015-2019 in Delaware County.

Graph 2a-7

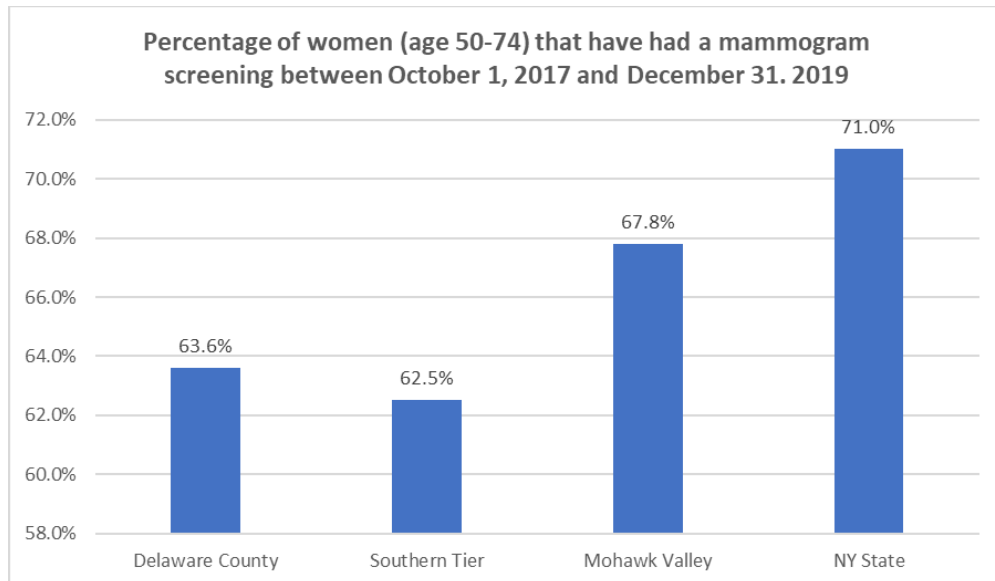


\*Note: Rates are per 100,000, age-adjusted to the 2010 US Standard Population

Source: New York State Community Health Indicator Reports (CHIRS) Data Years 2016-2018

Incidence rates of cancer saw a sharp spike in 2014 after a mostly downward trend, followed by a continuous downward trend until 2018. Mortality rates have remained relatively steady until a decrease in 2017 followed by an increase in numbers in 2018.

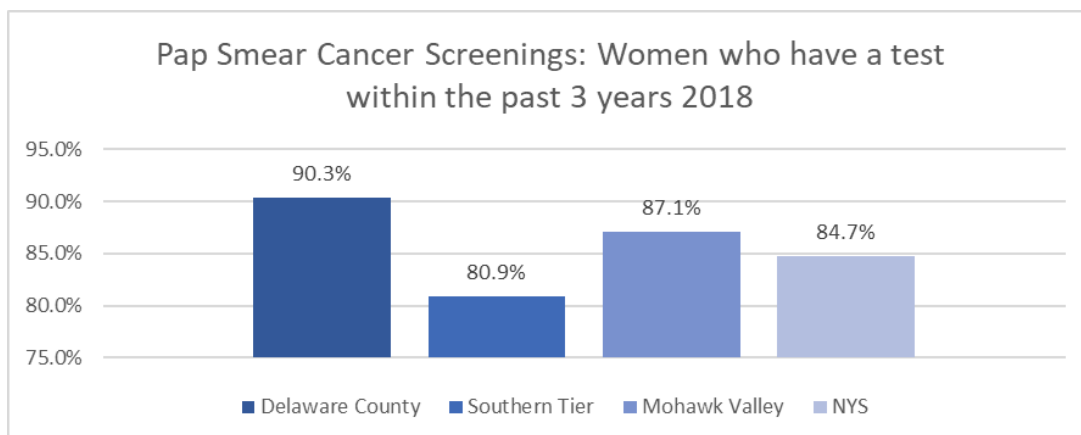
Graph 2a-8



Source: BRFSS, 2018

Delaware County’s breast cancer screening rate for women aged 50-74 is a little bit higher than the Southern Tier but much lower than Mohawk Valley regions, and New York State as a whole (Graph 2a-8). 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

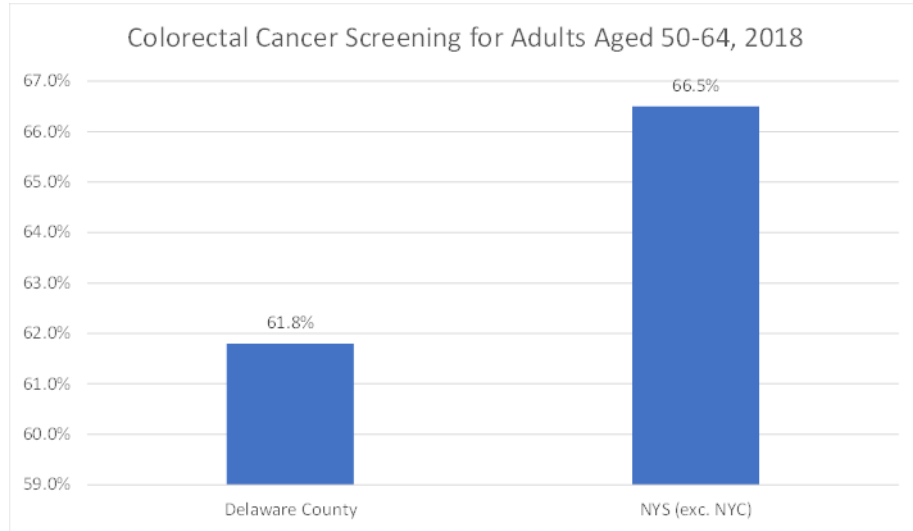
Graph 2a-9



Source: BRFSS, 2018

Delaware County has a higher rate of cervical cancer screenings than the Southern Tier region, Mohawk Valley region, and NY State as a whole (Graph 2a-9).

Graph 2a-10

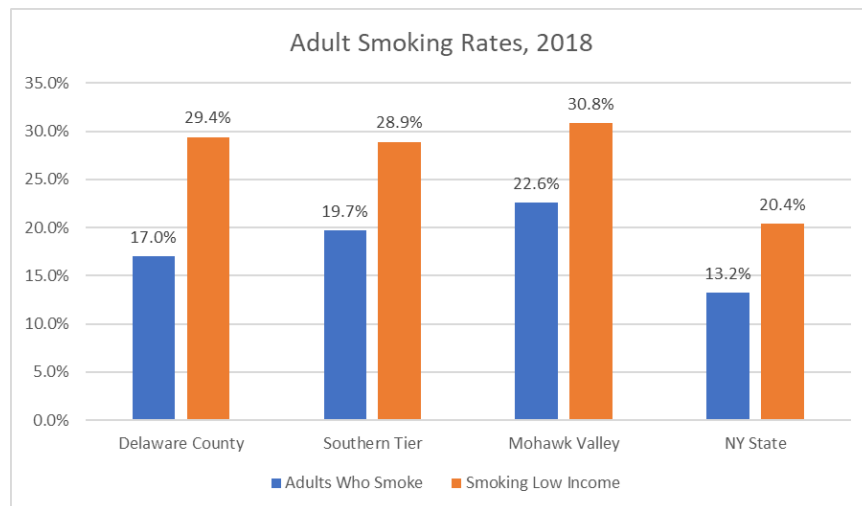


Source: BRFSS, 2018

Colorectal screening rates are slightly lower in Delaware NYS excluding NYC (Graph 2a-10) and is not achieving the NYS Prevention Agenda 2024 goal of 66.3% while the NYS is slightly above the goal.

*Tobacco*

Graph 2a-11



Source: BRFSS, 2018



Delaware County has a greater percentage of adults who smoke compared to New York State, and the Southern Tie region but lower than Mohawk Valley regions (Graph 2a-11). The rate is also much greater than the NYS 2019-2024 Prevention Agenda Objective of 11.0% by 2024. When adult smoking rates are isolated among low-income residents, the disparity between Delaware County and NYS is even more apparent.

Table 2a-11

**Percentage of Adults (18+) Who Smoke Cigarettes**

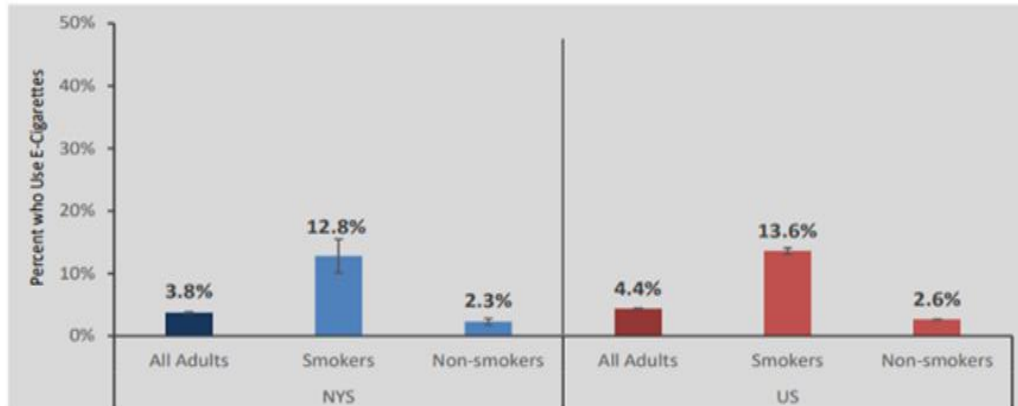
County	2016	2018
Chenango	23.4%	15.9%
Delaware	28.5%	16.8%
Greene	16.4%	18.5%
Otsego	21.3%	16.5%
Schoharie	19.6%	18.7%
Sullivan	20.1%	21.0%

BRFSS 2016 and 2018

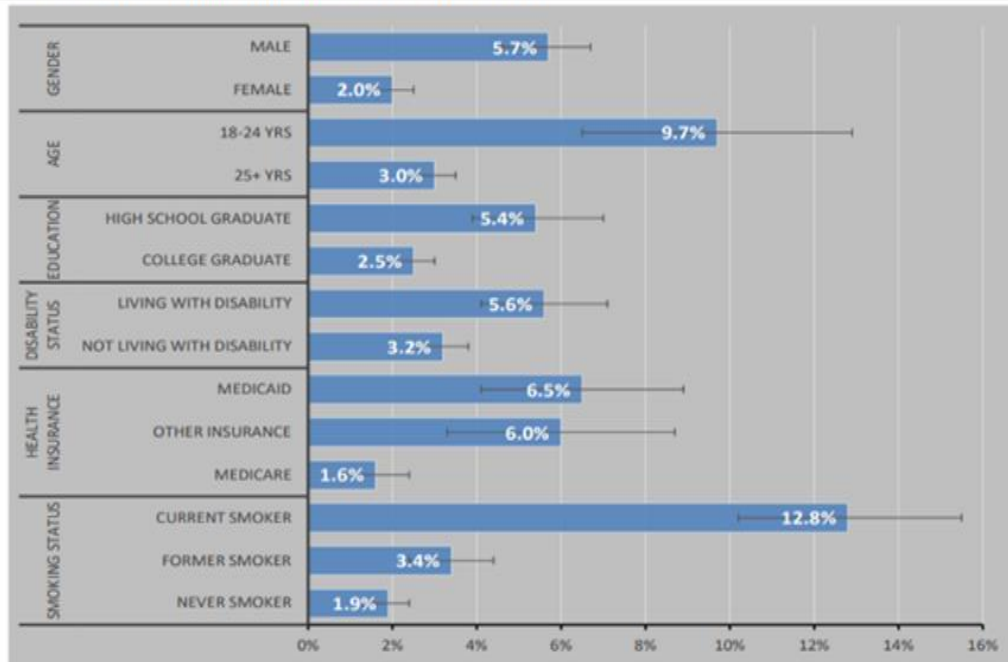
When comparing the individual county-level smoking rates in 2016 and 2018 between five surrounding counties, Delaware County had the highest rate in 2016 but a marked decrease in 2018. In 2018, Delaware County took had the fourth highest of the six counties. (Table 2a-11).

Graph 2a-12

**Figure 1. Percent of Current E-Cigarette Use among Adults 18 Years of Age and Older by Smoking Status, NYS BRFSS 2017 and US BRFSS 2017<sup>4</sup>**



**Figure 2. Percent of Current E-Cigarette Use among Adults 18 Years of Age and Older by Select Demographic Indicators, NYS BRFSS 2017**



Source: BRFSS Brief E-Cigarette Use NYS Adults, 2017

In NYS 3.8% of the state’s adult population aged 18 years and older, currently use e-cigarettes every day or some days. Among NYS adults, current use of e-cigarettes is highest among smokers (12.8%); young adults 18-24 years of age (9.7%); adults enrolled in Medicaid (6.5%); adults reporting frequent mental distress, defined as adults who report problems with stress, depression, or emotions on at least 14 of

the previous 30 days (formerly referred to as poor mental health) (6.4%); and adults who are unemployed(6.3%) (Figures 1 and 2 in Graph 2a-12).

There are no significant differences in current e-cigarette use between NYS and the US, or by region, race or Hispanic ethnicity, income, employment status, or frequent mental distress at the statewide level.

Table 2a-12

**Respiratory Diseases Indicators, 2017-2019**

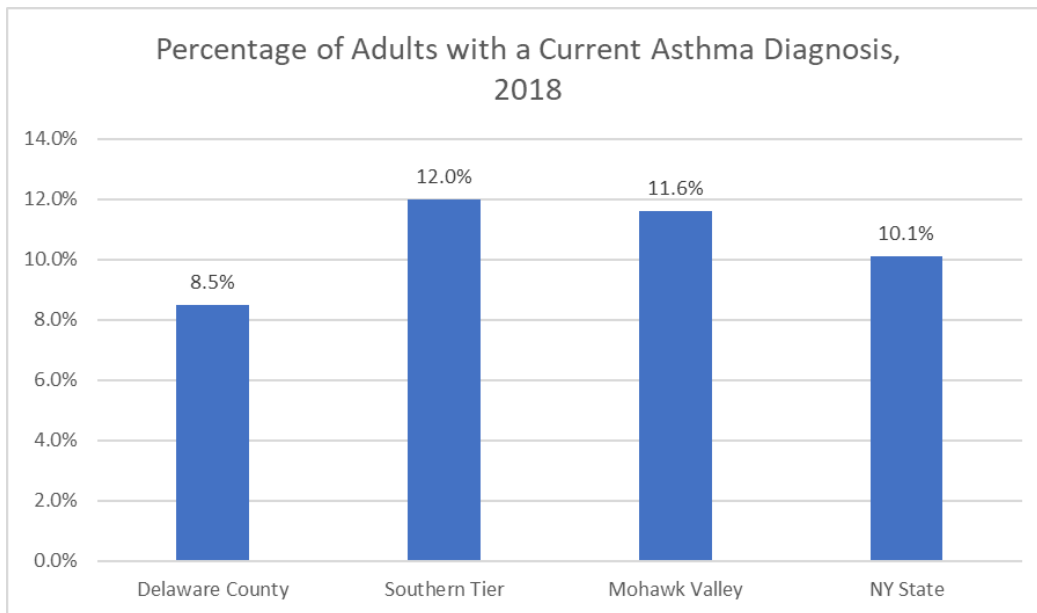
	Chronic Lower Respiratory Disease		Asthma	
	Hospitalization per 10,000 (age-adjusted)	Mortality per 100,000 (age-adjusted)	Hospitalization per 10,000 (age-adjusted)	Mortality per 100,000 (age-adjusted)
County Rate	21.2	41.6	3.7	0.4*
NYS Rate – exc. NYC	25.8	28.3	10.3	1.2

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-13



Source: BRFSS, 2018

Graph 2a-13 shows Delaware County with a lower percentage of adults with a current asthma diagnosis than Southern Tier region, Mohawk Valley region, or New York State.

Table 2a-13

**Delaware County Asthma Hospitalization by Age, 2017-2019**

Indicator (per 10,000)	Delaware County Rate	NYS Rate exc. NYC
0-4 years	11.1	35.6
5-14 years	4.7*	16.6
0-17 years	5.3	20.3
5-64 years	3.0	8.0
65+ years	3.7	9.3
<b>Total Population- (age adjusted)</b>	<b>3.7</b>	<b>10.3</b>

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

Table 2a-13 indicates that Delaware County asthma hospitalization rates are significantly lower than Upstate NY. The data has been suppressed for ages 5-14 years for 2017-2019.

*b) Promote Well-Being and Prevent Mental and Substance Use Disorders*

Mental Health

The following data and definitions are from the National Institute of Mental Health at <https://www.nimh.nih.gov/health/statistics/mental-illness> :

Any Mental Illness (AMI) is defined as a mental, behavioral, or emotional disorder. AMI can vary in impact, ranging from no impairment to mild, moderate, and even severe impairment (e.g., individuals with serious mental illness as defined below).

Serious Mental Illness (SMI) is defined as a mental, behavioral, or emotional disorder resulting in serious functional impairment, which substantially interferes with or limits one or more major life activities. The burden of mental illnesses is particularly concentrated among those who experience disability due to SMI.

In 2020, an estimated 59.9 million adults aged 18 or older (21.0% of all US adults) had any mental illness (AMI) in the past year. An estimated 14.2 million adults aged 18 or older (5.6% 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 receives the evidence-based care they need. In 2020, among the 52.9 million adults with AMI, only 24.3 million (46.2%) received mental health services in the past year. Data shows more

females with AMI (51.2%) received services than males with AMI (37.4%). Young adults, 18-25, who received services (42.1%) was lower than the 26-49 group (46.6%) or the 50+ age group (48.0%)

Among adults aged 18 or older in 2020, 21.0 million people (8.4%) had a past year major depressive episode (MDE). 14.8 million people (6.0%) had a past year MDE with severe impairment. Percentages were highest among young adults aged 18-25, followed by adults aged 26 to 49, then by adults aged 50 or older.

Among adolescents aged 12-17 in 2020, 4.1 million people (17.0%) had a past year MDE, and 2.9 million people (12.0%) had a past year MDE with severe impairment.

Substance Use Disorders (SUD) - The following data was taken from the SAMHSA, Key Substance Use and Mental Health Indicators in the United States- Results from the 2020 National Survey on Drug Use and Health:

In 2020, 40.3 million people aged 12 or older (or 14.5%) had an SUD in the past year, including 28.3 million who had alcohol use disorder, 18.4 million who had an illicit drug use disorder, and 6.05 million people who had both alcohol use disorder and an illicit drug use disorder.

#### Co-Occurring Mental Health Issues and Substance Use Disorder

Triggers for co-occurring diagnoses of mental illness and substance use disorder include toxic stress, biological vulnerability, or self-medication.

Among adolescents aged 12 to 17 in 2020, 644,000 people (2.7%) had both an MDE and an SUD in the past year.

Among adults aged 18 or older in 2020, 17.0 million people (6.7%) had both AMI and SUD.

Among adults aged 18 or older in 2020, 5.7 million people (2.2%) had both SMI and an SUD.

Only a little over 50.5% of adults with any mental illness and a substance use disorder received treatment for one or the other in 2020, with about 5.7% receiving treatment for both.

#### Suicide

In 2020, 45,979 people died from suicide in the United States. The number of people who think about or attempt suicide is even higher. In 2020, an estimated 12.2 million American adults seriously thought about suicide, 3.2 million planned a suicide attempt, and 1.2 million attempted suicide.

In 2020, suicide was among the top 9 leading causes of death for people ages 10-64. Suicide was the second leading cause of death for people ages 10-14 and 25-34.

In Delaware County there were 6 deaths by suicide in 2019, 7 in 2020 and 6 in 2021 as per the 2021 annual report.

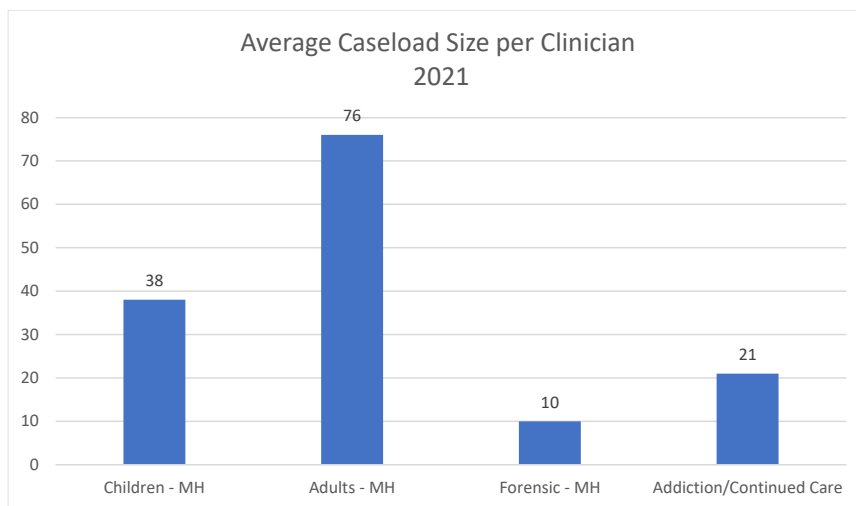
(From [cdc.gov/suicide/facts/index.html](https://cdc.gov/suicide/facts/index.html))

### *Mental Health Services*

According to the 2021 Delaware County Community Services Annual Report there were unprecedented incidences of anxiety and depression within the community during the pandemic. Throughout this time, the mental health agency struggled to fill workforce vacancies while working hard to continue providing quality care to those in need.

In 2021, a total of 555 individuals were evaluated. This is an average of 46 evaluations a month. There were 317 adults and 102 children admitted and on 12/31/21 there were approximately 465 adult open cases, and 88 children open cases receiving services. The total number of individual sessions and group appointments by the end of the year was 7,544. These services included phone, virtual, and in-person contacts.

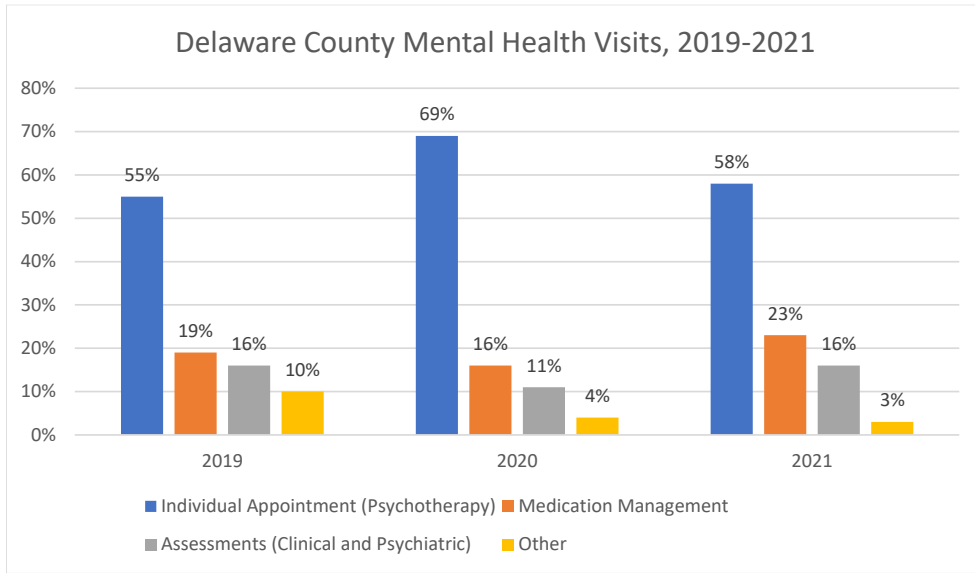
Graph 2b-1



Source: Delaware County Community Services Annual Report 2021

Graph 2b-1 reflects the case load or number of individuals that are provided services by a clinician on average through the 2021 year. Delaware County's rural location and finding candidates to replace workforce after staff members resign can create a real challenge to ensure ongoing support to those in need.

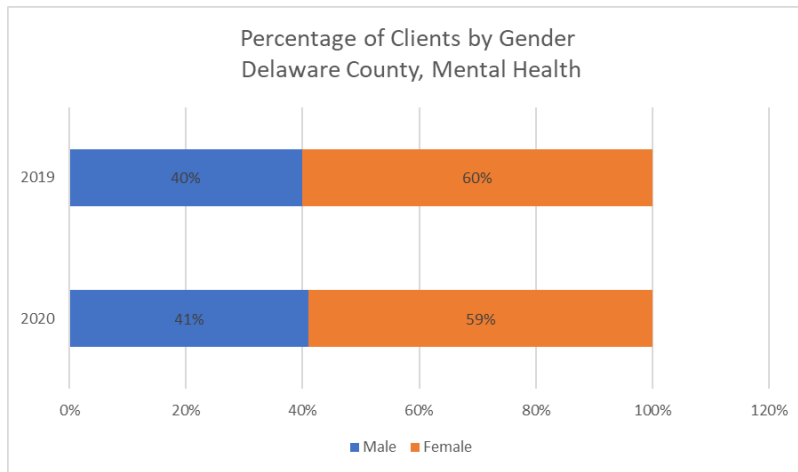
Graph 2b-2



Source: Delaware County Department of Mental Health statistics, 2019-2021

Of the services offered by Delaware County Community Services, individual psychotherapy makes up over half of the appointments in 2019-2021. Medication management is the second highest service provided, followed by assessments, and then the “other” category. Group therapy, family sessions, and crisis interventions make up the remaining percentages in the “other” category. (Graph 2b-2).

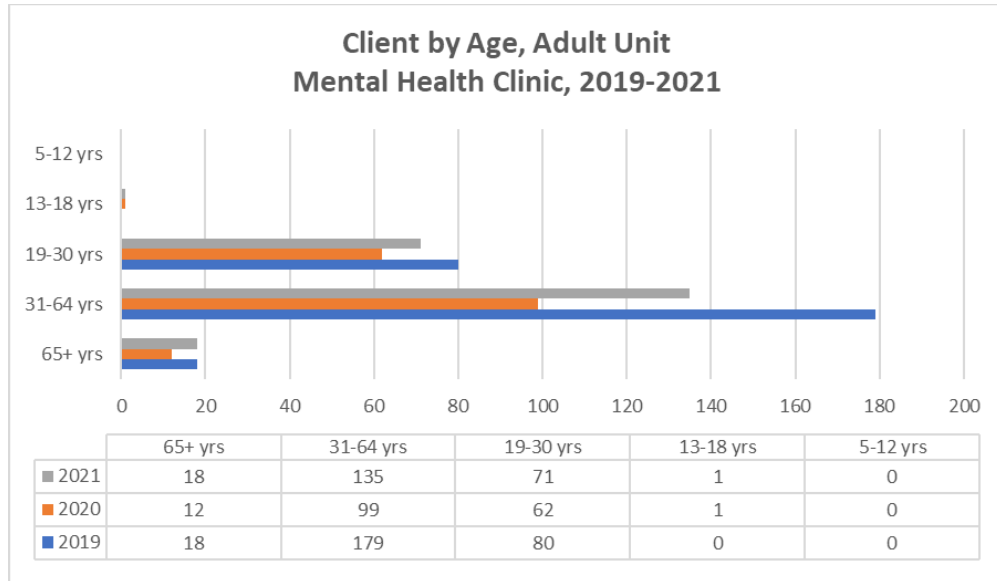
Graph 2b-3



Source: Delaware County Department of Mental Health Annual Reports (2019, 2020)

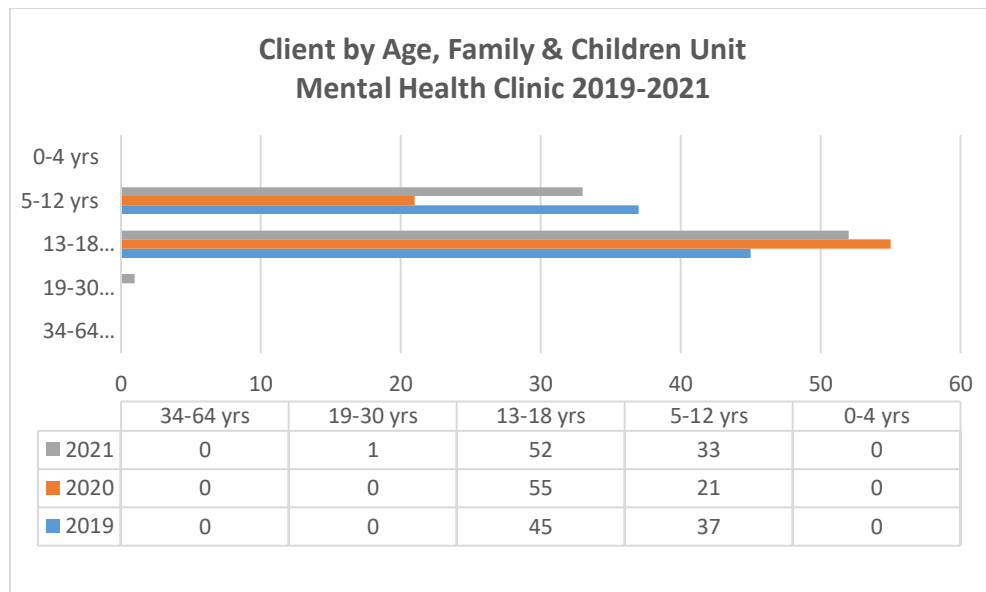
According to Graph 2b-3, a greater number of females than males in Delaware County are accessing Mental Health Clinic services. A large portion of individuals attending the clinic are seeking psychotherapy, as evidenced by Graph 2b-2.

Graph 2b-4



Source: Delaware County Department of Mental Health statistics 2019-2021

Graph 2b-5

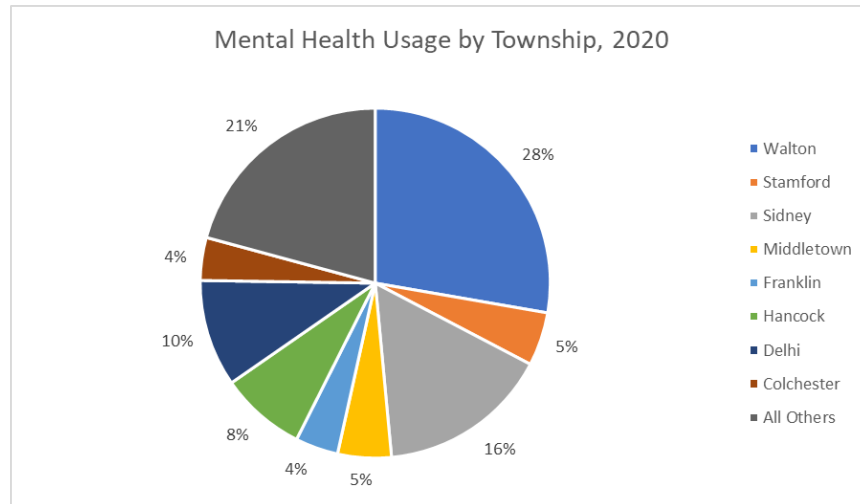


Source: Delaware County Department of Mental Health statistics 2019-2021



Graphs 2b-4 and 2b-5 show disbursement of services in different age groups over a 3-year period. Numbers are consistently higher over the 3-year period for age groups of 31-64 in the Adult Unit and ages 13- 18 in the Family and Children Unit. The 2020 data shows a marked decrease for ages 31-64 in the Adult Unit but a marked increase in the 13-18 group in the same year.

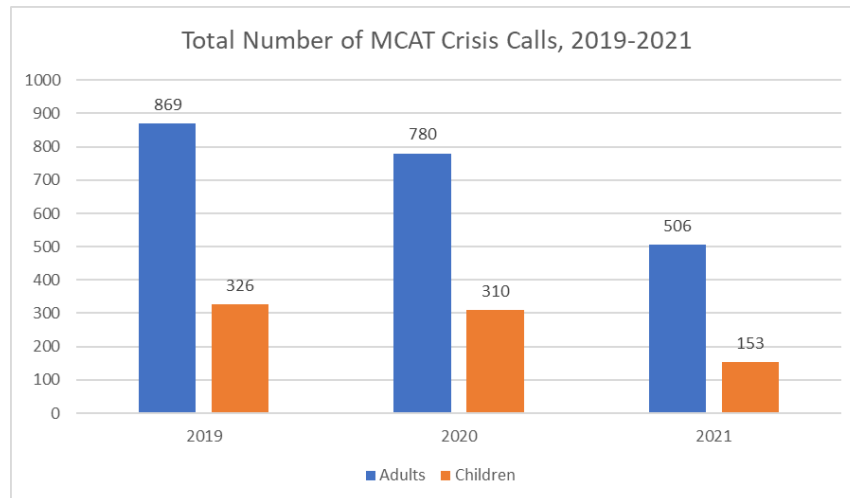
Graph 2b-6



Source: Delaware County Department of Mental Health Annual Report (2020)

Graph 2b-6 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 Behavioral 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-7

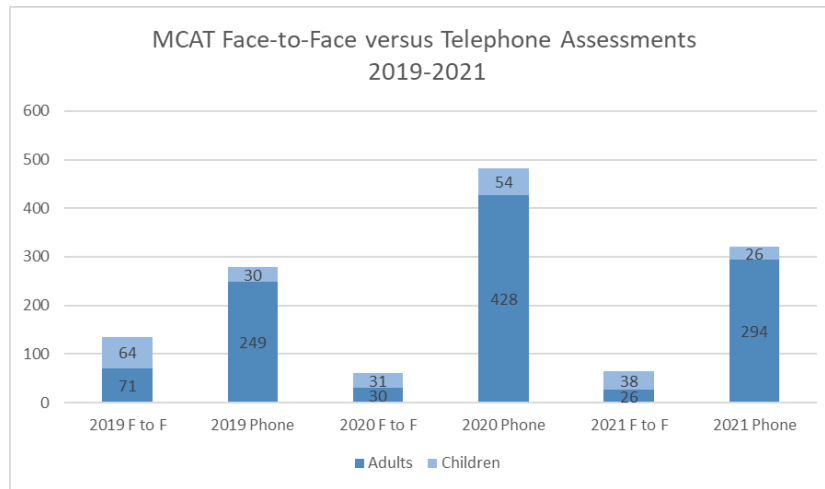


Source: Delaware County Mobile Crisis Assessment Team Monthly Reports, 2019-2021

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. Graph 2b-7 shows the volume of calls from 2019-2021 and reflects that there are consistently about 2/3 more adults receiving these services than children over the three-year period.

Referrals to MCAT may come from any source but most referrals from 2019-2021 were from schools, family/guardians/friends, or hospitals.

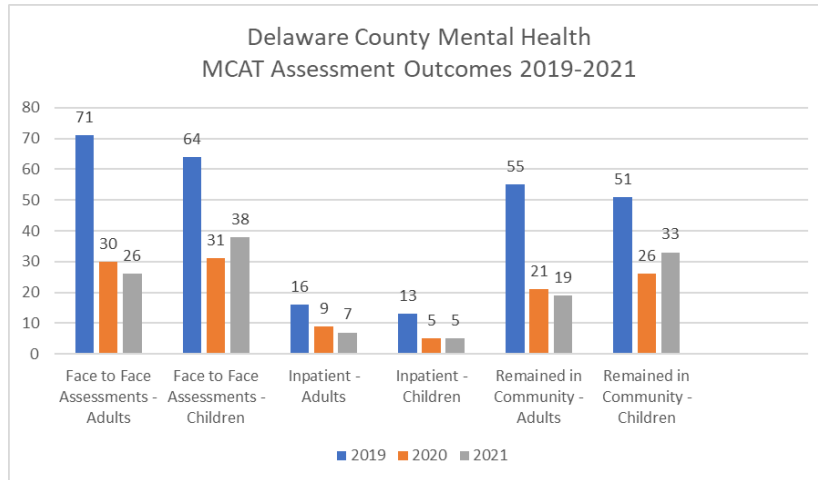
Graph 2b-8



Source: Delaware County Mobile Crisis Assessment Team Monthly Reports, 2019-2021

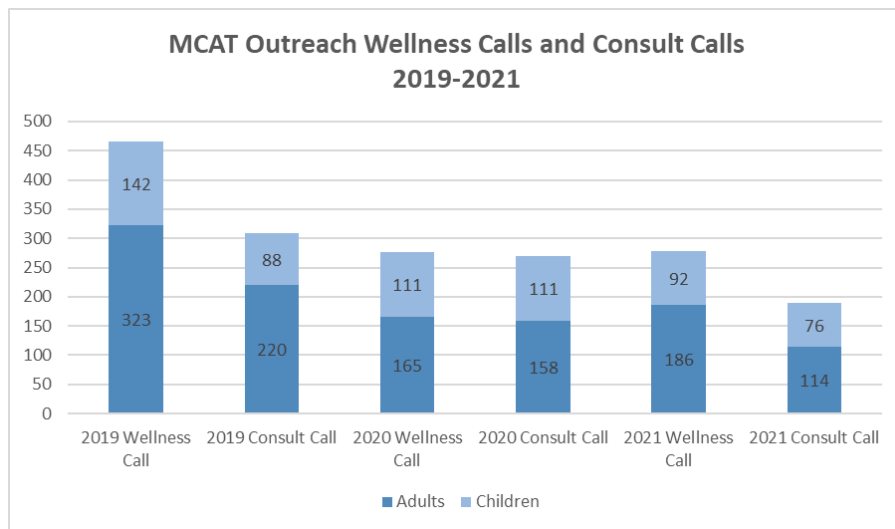
Crisis calls are answered 24/7 and from these calls, assessments are completed on the person in crisis. This occurs either face-to-face or may be a telephone assessment, depending on the professional judgment of the person taking the call. Graph 2b-8 shows the breakdown of face-to-face vs. telephone assessments over the three-year period. Telephone assessments show a significant increase in numbers due to the Covid-19 pandemic.

Graph 2b-9



Source: Delaware County Department of Mental Health Monthly Report Logs 2019-2021  
 Graph 2b-9 shows face-to-face assessment outcomes for hospitalizations versus those who remained in the community from 2019-2021. Inpatient numbers remained consistently low over the three-year period.

Graph 2b-10



Source: Delaware County Department of Mental Health Monthly Report Logs 2019-2021

MCAT ensures that high risk individuals are contacted for wellness checks. Graph 2b-10 shows the volume of these calls made to ensure outreach support is provided and individuals are monitored. MCAT also fields professional consult calls from community partners who are looking for guidance to support individuals they are serving.

*Self-Inflicted Injury*

Table 2b-1

**Self-Inflicted Injury Hospitalization Rates  
2017-2019**

Self-Inflicted Injury Hospitalization Rate Per 10,000 Pop.		Self-Inflicted Injury Hospitalization Rate Per 10,000 Pop.	
	Rate		Rate
Delaware	6.3	Delaware	4.1
NY State exc. NYC	9.0	NY State exc. NYC	3.7

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

Table 2b-1 indicates that Delaware County’s self-inflicted injury rates are lower for the 15-19 age group but a little higher for the all-age group data when compared to Upstate New York. Self-inflicted injury includes self-harm and attempted suicide.

Table 2b-2

**Delaware County Injury Indicators, 2017-2019**

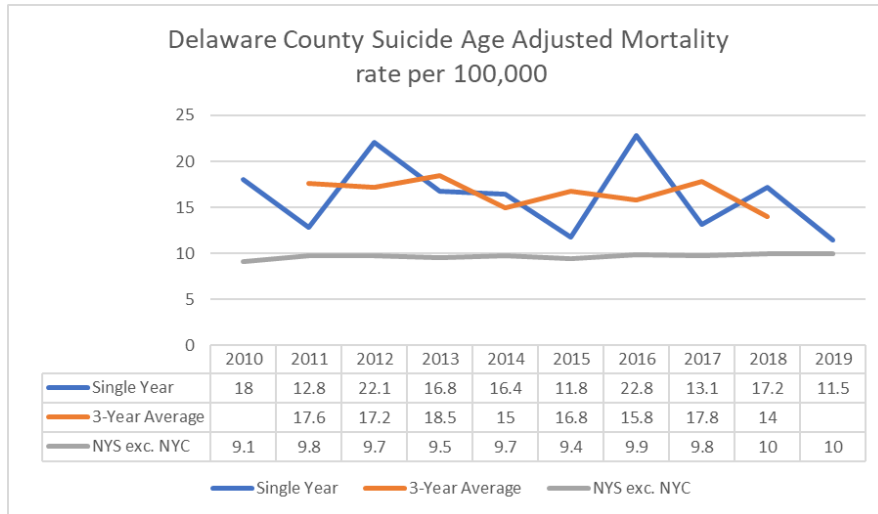
	Delaware County Rate	NYS Rate
Age-Adjusted Suicide Death Rate***	14.0	8.2
Self-Inflicted Injury Hospitalization**	4.1	3.7

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

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

Table 2b-2 shows that the average over 3 years of suicide death rate in Delaware County is higher than Upstate NY, and that the self-inflicted injury hospitalization rate is slightly higher.

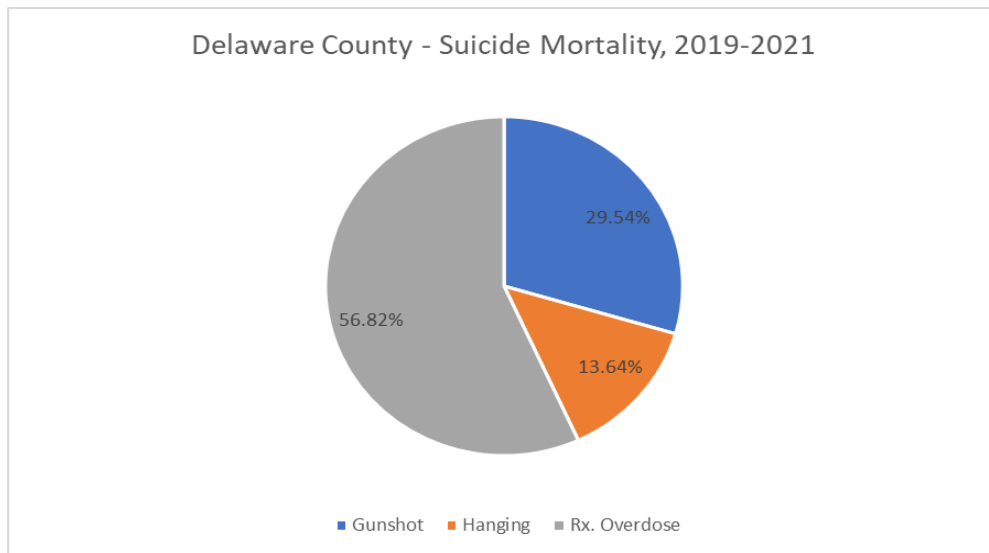
Graph 2b-11



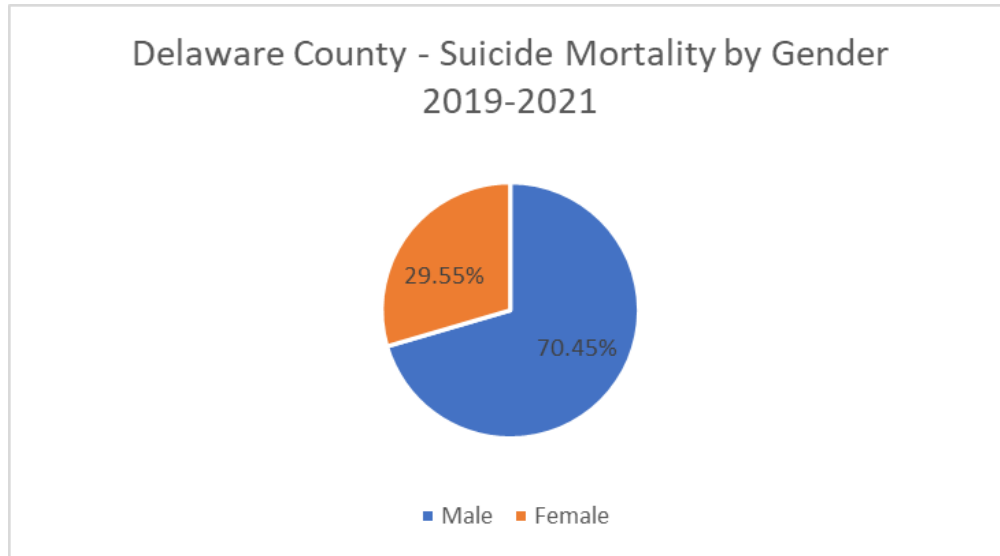
Source: New York State Community Health Indicator Reports (CHIRS)

Delaware County’s suicide death rate is much higher than Upstate NY and the NYS 2024 Prevention Agenda objective of 7.0. (Table 2b-2 and Graph 2b-11). In 2016, the data states the age-adjusted rate was as high as 22.8 suicide deaths per 100,000.

Graph 2b-12



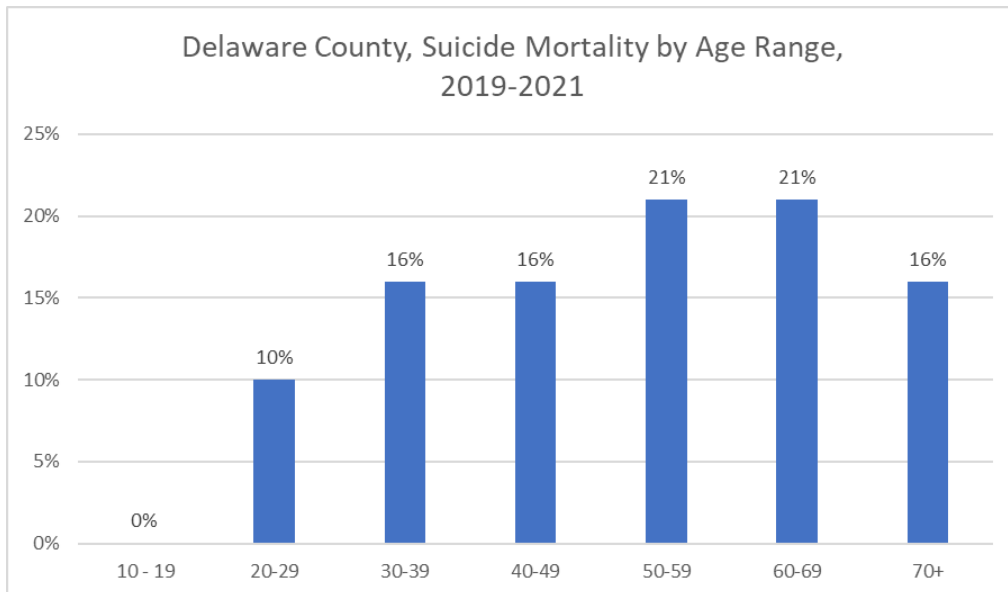
Graph 2b-13



Source: Delaware County Public Health Spreadsheet of Overdose and Suicide Mortality 2019-2021

Graphs 2b-12 and 2b-13 indicate that most of the suicide deaths in Delaware County are among men, and the most common means is drug overdose, followed by gunshot and hanging. Suicide prevention and intervention should be considered when addressing important health issues as a County.

Graph 2b-14



Source: Delaware County Public Health Spreadsheet of Overdose and Suicide Mortality 2019-2021

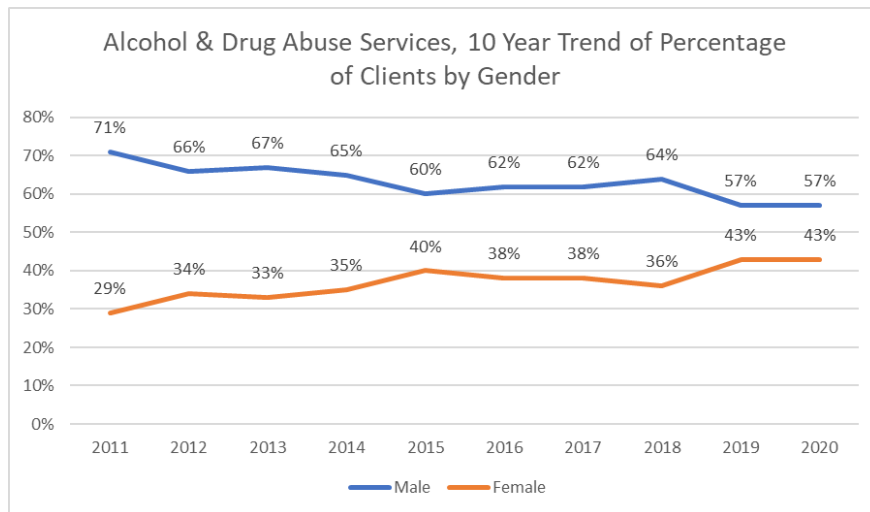
Suicide mortality is most common among adults between the ages of 50-69, followed by those 30-49 and 70+ in Delaware County (Graph 2b-14). Interventions aiming to reduce suicide mortalities should consider the age, gender, and means.

### Substance Use

In 2021 clinicians were able to provide on-site services again with more regularity and more satisfactory outcomes expressed by clients. Efforts are ongoing after Covid to continue moving into normal operations.

In 2021, a total of 353 individuals were assessed for alcohol and drug abuse problems with an average of 29 new assessments per month. There were 102 open cases in 2021 with 2,828 total contacts. The total number of individual sessions and group appointments by the end of the year was 2,381. These services included phone, virtual, and in-person contacts.

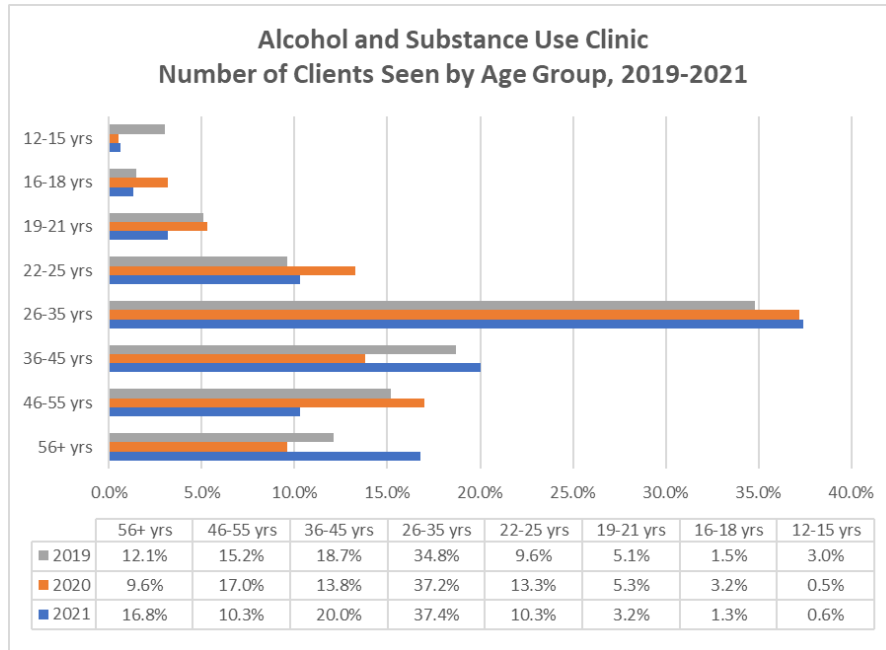
Graph 2b-15



Source: Delaware County Community Services Annual Reports, 2018, 2019, 2020

Since 2011, the percentage of women admitted to the outpatient Alcohol and Drug Abuse Treatment Program has steadily increased until a slight decline in 2016 through 2018 and then an increase in 2019. The percentage of men in outpatient treatment has decreased over time (Graph 2b-15)

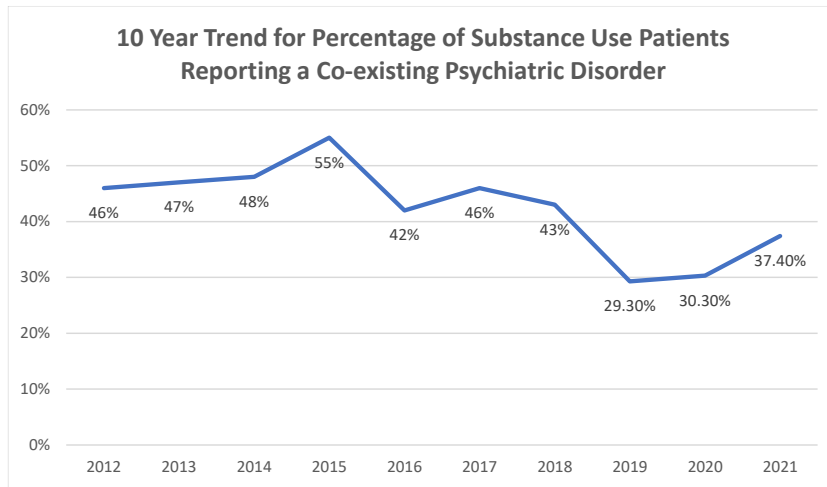
Graph 2b-16



Source: NYS OASAS LGU/County Admission Item Statistics Reports, 2019-2021

As seen in Graph 2b-16, the majority of clients seen from 2019 to 2021 are in the 26-35 age range, with the next highest in the 36-45 age bracket, 46-55, 56 + and then decreasing numbers in the 22-25, 19-21, and 16-18 age ranges.

Graph 2b-17

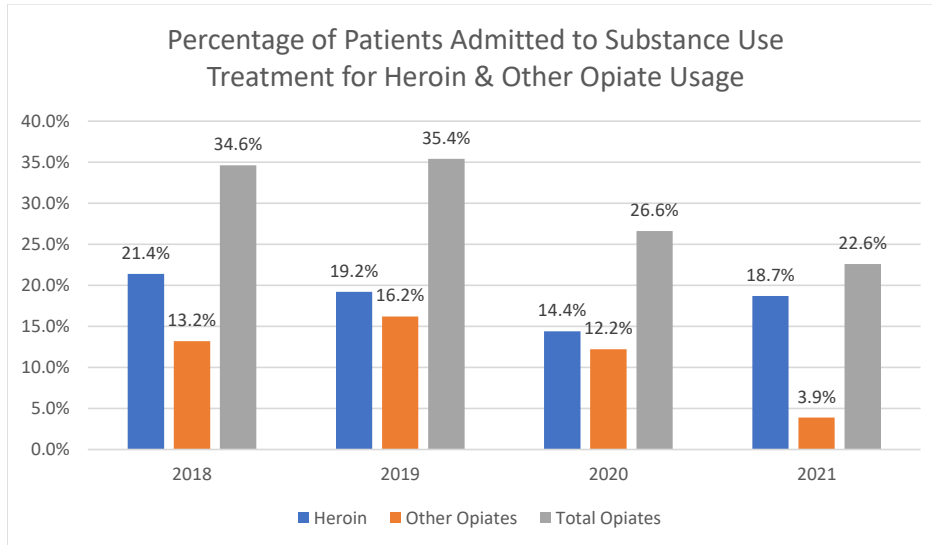


Source: NYS OASAS LGU/County Admission Item Statistics Reports, 2019-2021



Since 2012, the number of patients admitted to substance use treatment programs in Delaware County with a history of mental health treatment increased until 2015 and then began decreasing until 2019. There has been an increase in these numbers from 2019-2021 (Graph 2b-17).

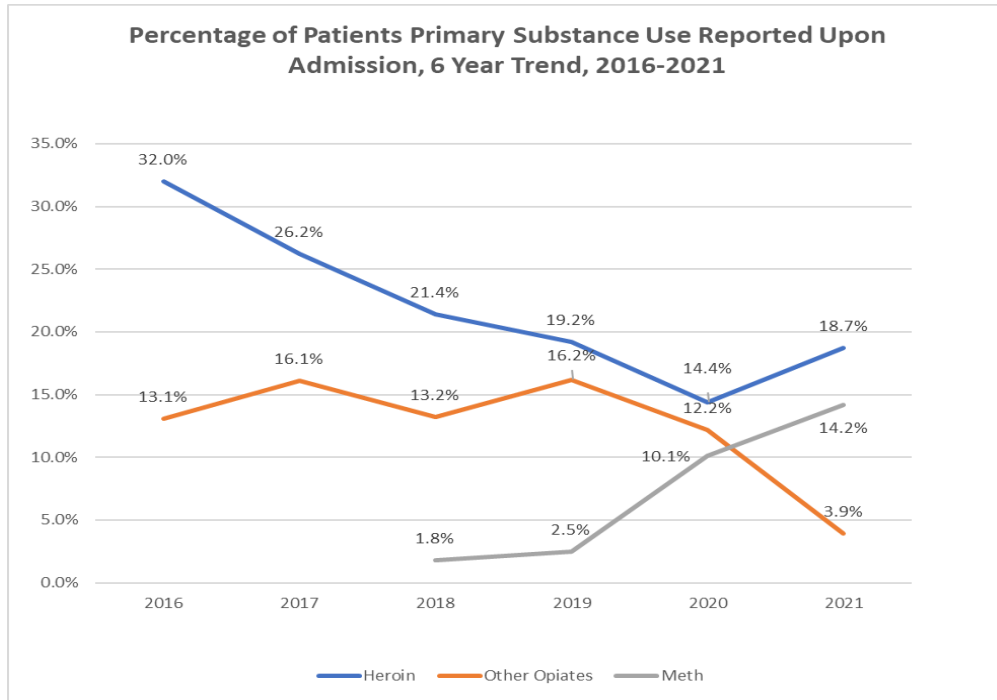
Graph 2b-18



Source: NYS OASAS LGU/County Admission Item Statistics Reports, 2018-2021

The number of individuals admitted to the Delaware County Alcohol and Drug Abuse Services program for total opiate usage has been decreasing over the last three years. (Graph 2b-18).

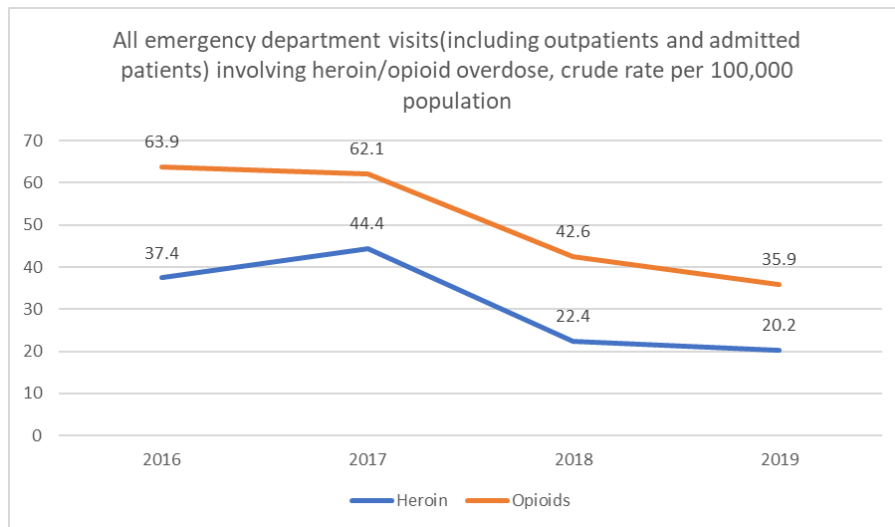
Graph 2b-19



Source: NYS OASAS LGU/County Admission Item Statistics Reports, 2018-2021

Heroin shows a steady decrease until 2020 and then increases in 2021. Other opiate use continues a downward trend right into 2021. Meth is showing a steady increase in use starting in 2018 on Graph 2b-19.

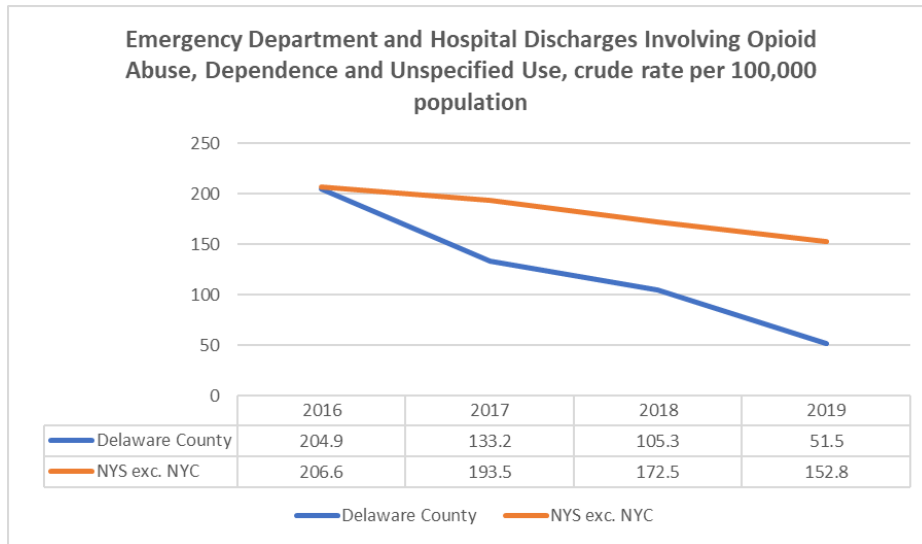
Graph 2b-20



Source: NYS Opioid Data Dashboard

Graph 2b-20 shows that opiate use in general started a decline in 2017 with heroin on the incline and then both opiates and heroin continue with marked decreases in 2018 and 2019.

Graph 2b-21

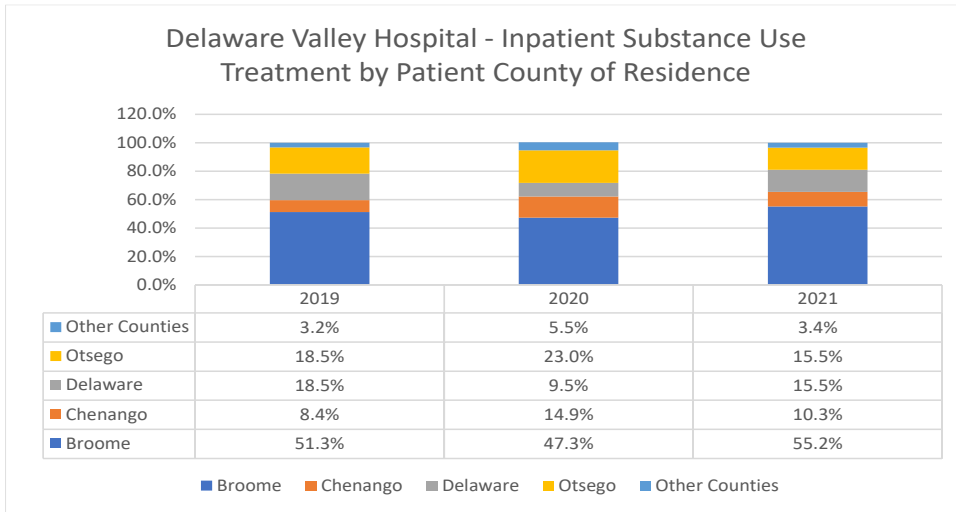


Source: NYS Opioid Data Dashboard

Opioid-related Emergency Department (ED) and hospital discharge rate of Delaware County residents has declined from 2016 - 2019 with Delaware County showing a more marked decrease than Upstate NY (Graph 2b-21).

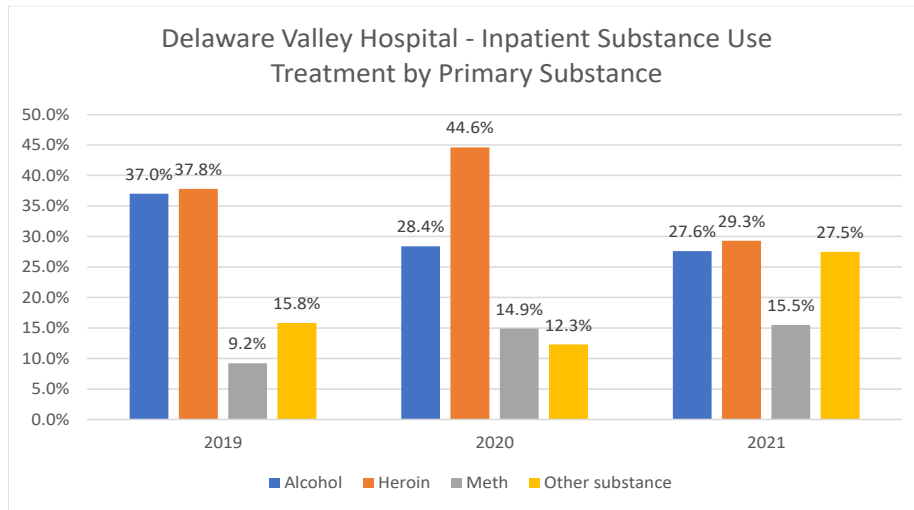
Delaware Valley Hospital is the only hospital located in Delaware County which has inpatient beds for addiction treatment. The data on inpatient hospitalization must be interpreted with caution as out-of-county patients often seek treatment away from home and county residents may seek treatment elsewhere.

Graph 2b-22



Source: OASAS Admission Item Statistics Report, 2019-2021

Graph 2b-23



Source: OASAS Admission Item Statistics Report, 2019-2021

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 81-91% of the patients are from out of the county. Heroin remains the most common primary substance with alcohol secondary, and meth third. “Other substances” include cocaine, crack, marijuana, methamphetamine, other opiates/ synthetics, another sedative/hypnotic, and OxyContin.

Table 2b-3

<b>Opioid Overdose data per 100,000 population (data as of June 2020 and May 2021)</b>						
<b>Deaths<sup>1</sup></b>						
	2018		2019		2020	
	Number	Crude Rate	Number	Crude Rate	Number	Crude Rate
All Opioid Overdoses	13	29.2	2	4.4	9	19.8
Heroin Overdoses	3	6.7	1	2.2	4	8.8
Overdoses Involving Opioid Pain Relievers	11	24.7	1	2.2	9	19.8
<b>Emergency Department Visits</b>						
All Opioid Overdoses	14	31.4	11	24.2	25	54.9
Heroin Overdoses	9	20.2	6	13.2	17	37.3
Opioid Overdoses Excluding Heroin	s	s	s	s	8	17.6
<b>Hospitalizations</b>						
All Opioid Overdoses	6	13.5	6	13.2	s	s
Heroin Overdoses	s	s	0	0	s	s
Opioid Overdoses Excluding Heroin	s	s	6	13.2	s	s

Source: NYSDOH – County Opioid Quarterly Reports June 2020, May 2021

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

<sup>1</sup> Indicators are not mutually exclusive. Decedents and patients may have multiple substances in their system. Thus, overdoses involving heroin and overdoses involving opioid pain relievers will not add up to the overdoses involving all opioids.

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, 2019**

	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	13.4	18.8	18.6	16.7	21.4	18.3
Heroin	4.5	3.0	5.8	6.2	3.8	5.6
Opioid pain relievers (inc. illicitly produced opioids such as fentanyl)	4.5	11.0	14.1	6.2	12.7	13.9

Source: NYS Department of Health Opioid Data Dashboard, Data year 2019

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

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.

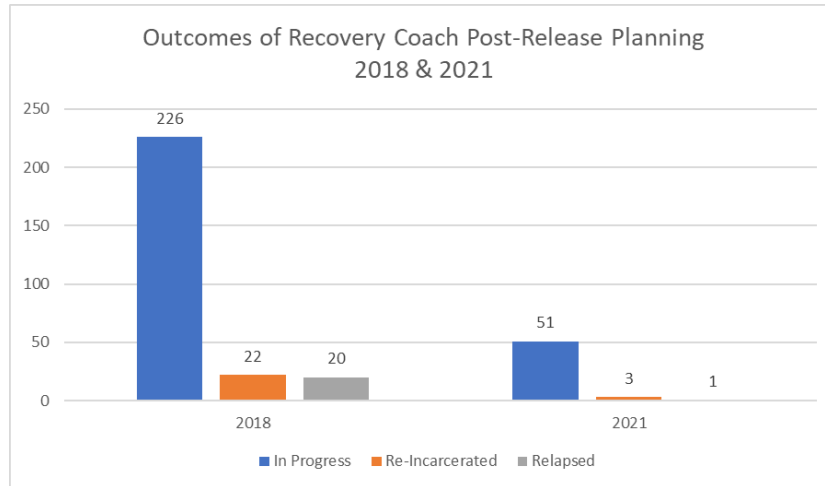
The Delhi Village Police Department's Opioid Overdose Prevention Program received certification from the Department of Health on May 19, 2015. At this time law enforcement officers from the following partner agencies have received training and are issued naloxone through this program: Delhi Village Police 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).

Other agencies that are Narcan trained are the Delaware County Mental Health and Drug Abuse clinics, Friends of Recovery of Delaware/Otsego, Alcohol and Drug Abuse Council of Delaware County. For more information on Narcan trained sources go to <https://thepointny.org/>. The Point is a NYS locator tool for

harm reduction material (e.g., sterile syringes, disposal sites of used syringes and drugs, naloxone, and free HCV testing).

According to the NYS Opioid dashboard, as of November 2021, there were 2.2 unique naloxone administrations by EMS agencies (crude rate per 1,000 unique 911 EMS dispatches) in Delaware County which was lower than Upstate New York’s rate of 5.4.

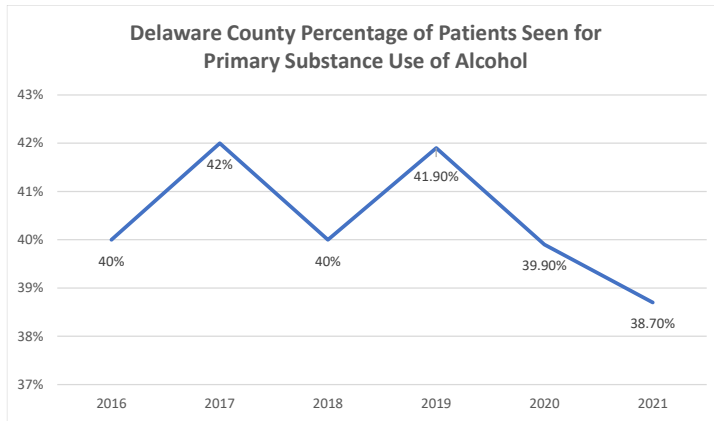
Q Graph 2b-24



Source: Delaware County Alcohol and Drug Abuse Council (2018 & 2021)

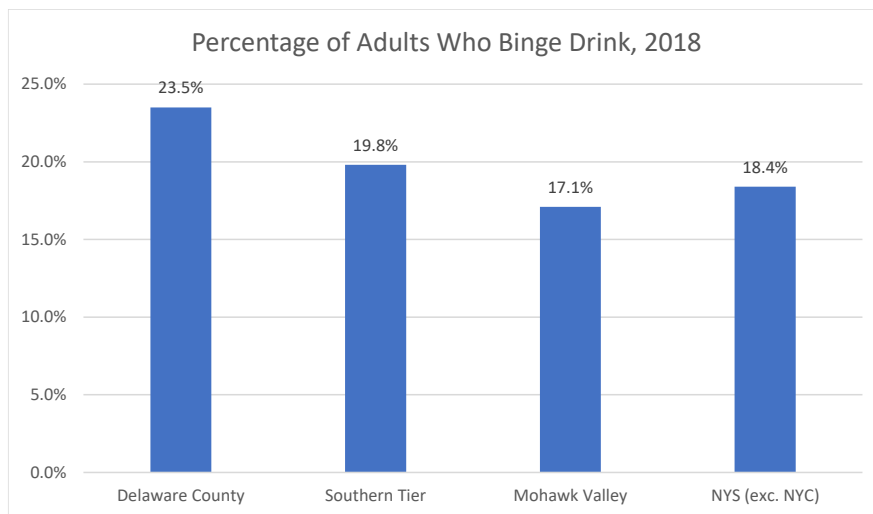
Initiated in 2014, the Alcohol and Drug Abuse Council has a Recovery Coach program that works with incarcerated individuals due to substance related offenses. Recoverees are approached and offered the opportunity to create post-release plans for continued recovery through enrollment in the program. The 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. In 2021, there is a marked decrease in numbers due to both COVID and bail reform. The program assisted only 54 individuals in 2021, a decrease of 213. (Graph 2b-24).

Graph 2b-25



Source: NYS OASAS LGU/County Admission Item Statistics Reports, 2019-2021

Graph 2b-26



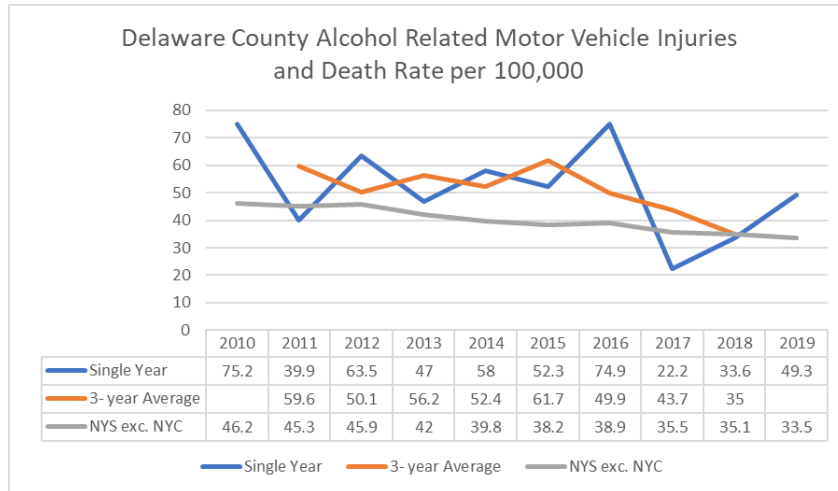
Source: New York State Prevention Agenda Dashboard 2019-2024

PA 2024, 16.4

According to Graph 2b-25, the percentage of people seeking treatment for substance use of alcohol has remained relatively stable over 2016-2019 and then shows a decrease from 2019-2021. Binge drinking is defined as men who have five or more drinks or women having four or more drinks on one occasion in the last month. Delaware County numbers are higher than Southern Tier, Mohawk Valley or New York State data. The NYS Prevention Agenda 2024 Objective is 16.4% (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 were decreasing in Delaware County and approaching the Upstate NY rate. This trend was offset by an increase in 2016 with a sharp decrease in 2017. Numbers started going back up in 2018 and 2019.

c) *Promote a Healthy and Safe Environment*

Table 2c-1

**Occupational Health Indicators, 2017-2019  
Delaware County**

Indicator	Delaware County Crude Rate	Southern Tier Crude Rate	NYS excl. NYC Crude Rate
Incident of malignant mesothelioma per 100,000 persons ages 15 +	s	1.3*	1.1
Pneumoconiosis hospitalization rate per 100,000 persons ages 15 +	18.1	5.0	6.6
Elevated blood lead levels (> 10mcg/dL) per 100,000 employed persons ages 16+	22.2	14.3	16.8
Work Related Hospitalizations per 100,000 Employed Persons Age 16+	158.9	113.8	145.9
Fatal Work-related Injuries per 100,000 Employed Persons Age 16+	12.9*	6.0	3.1

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

S: Data do not meet reporting criteria

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

The Delaware County data rates are unstable for malignant mesothelioma and fatal work-related injuries. Rates for Pneumoconiosis hospitalization rates, elevated blood lead levels and work-related

hospitalization rates are higher in Delaware county than both the Southern Tier region and Upstate New York.

Table 2c-2

**Delaware County Injury Indicators, 2017-2019**  
**Delaware County**

Indicator (age adjusted)	Delaware County Rate	Southern Tier	NYS Rate Excl. NYC
Assault Hospitalization** (age adjusted)	0.9	1.5	3.1
Falls Hospitalization** (age adjusted)	32.9	33.6	34.2
Homicide Mortality*** (age adjusted)	1.8*	1.7	3.1
Motor Vehicle Mortality*** (age adjusted)	16.0	7.8	5.1
Non-Motor Vehicle Mortality*** (age adjusted)	41.1	39.8	29.3
Poisoning Hospitalization Rate** (age adjusted)	6.3	7.1	7.6
Traumatic Brain Injury Hospitalization** (age adjusted)	7.9	6.8	7.5

Unintentional Injury Mortality*** (age adjusted)	57.2	47.6	34.4
Unintentional Injury Hospitalization total** (crude rate)	58.6	61.5	61.5
Unintentional Injury Hospitalization Ages 25-64** (crude rate)	50.3	51.1	48.1
Unintentional Injury Hospitalization Ages 65 and over** (crude rate)	218.3	255.0	249.9

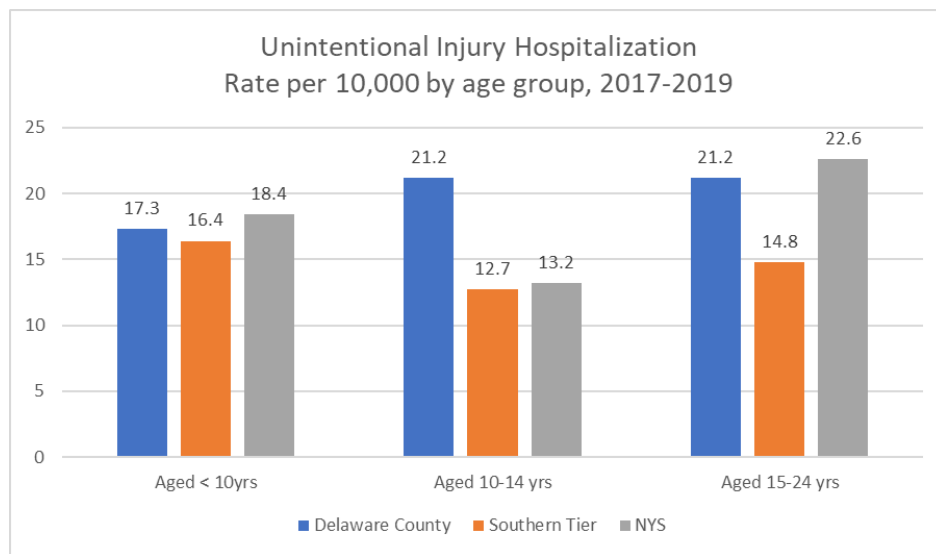
\*: Fewer than 10 events in the numerator, therefore the rate is unstable.

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

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

Table 2c-2 shows that in 6 of the criteria, data indicates that Delaware County has lower numbers than Southern Tier and Upstate New York. In 4 of the criteria, Delaware County has higher numbers than Southern Tier or Upstate New York. Unintentional Injury hospitalizations for Delaware County are higher than Upper New York but lower than Southern Tier.

Graph 2c-1

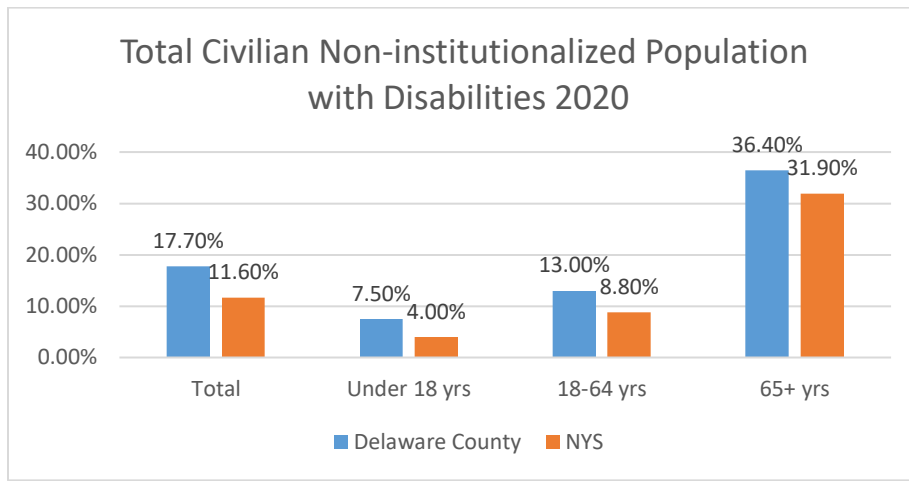


Source: New York State Community Health Indicator Reports (CHIRS)

The unintentional injury hospitalization rate for children less than 10 years of age is lower for Delaware County when compared to New York State but a little higher when compared to Southern Tier region. The unintentional injury hospitalization rate for those aged 10-14 years is much higher than Southern Tier

or New York State data. Data for children 15-24 years of age shows much higher than Southern Tier but lower than New York State. (Graph 2c-1)

Graph 2c-2

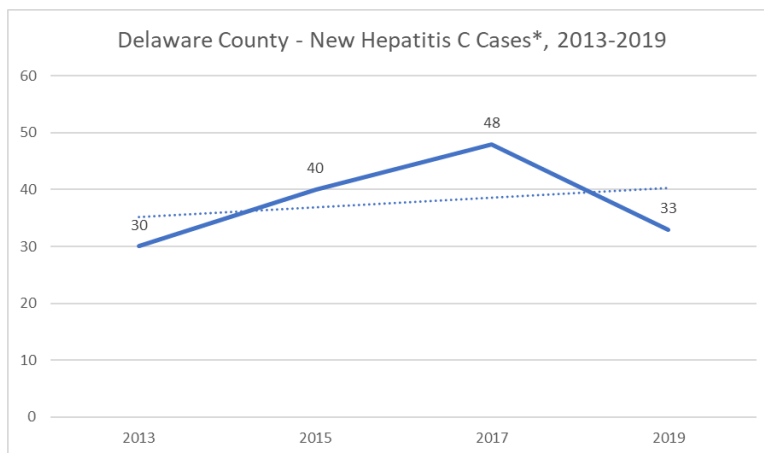


Source: U.S. Census – American Community Survey 2020 5-yr, Estimates Data Profile

According to data from BRFSS for 2020, 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 2013-2019

\*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 2013 to 2017 the number of newly identified Hepatitis C cases increased from 30 to 48 in Delaware County, and then started a downward trend to 33 in 2019. (Graph 2d-1). Needle exchange programs which reduce the reuse of old needles help reduce the transmission of hepatitis C. For more information on access to sterile syringes and disposal, go to

<https://thepointny.org/>. The Point is a NYS locator tool for harm reduction material (e.g., sterile syringes, disposal sites of used syringes and drugs, naloxone, and free HCV testing).

Table 2d-1

**Sexually Transmitted Diseases**

Disease	Total 2017		Total 2018		Total 2019		Total 2021	
	Reports	Cases	Reports	Cases	Reports	Cases	Reports	Cases
Chlamydia	99	85	102	95	106	95	85	83
Gonorrhea	7	6	7	6	17	11	15	12
Syphilis	63	1	50	0	79	4 (+/-1)	74	6

Source: DCPHS 2017-2021 Annual Reports

Chlamydia remains the highest STD in Delaware County.

Table 2d-2

**Delaware County STD Indicators, 2017-2019**

Indicator	Delaware County Rate	Southern Tier	NYS Rate exc. NYC
Early Syphilis rate per 100,000	2.2*	6.8	11.1
Gonorrhea rate per 100,000			
Males, 15-44	48.0	197.9	263.8
Females, 15-44	42.9*	147.0	220.4
All, 15-19 years	63.5*	166.9	244.7
Chlamydia rate per 100,000			
Males			
15-44	379.7	559.1	733.7
15-19 years	462.8	479.9	802.4
20-24 years	918.1	919.9	1499.1
Females			
15-44	854.2	1030.7	1463.5
15-19 years	1733.0	1751.7	2674.6
20-24 years	1512.3	1682.0	3249.0
Pelvic Inflammatory Disease (PID) Hospitalization rate per 10,000 women ages 15-44 years	s	1.2	1.9

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

s: data do not meet reporting criteria

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

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

Delaware County has significantly lower rates of all STDs than the Southern Tier region or New York State excluding NYC. Some of Delaware County indicators have unstable data.

Table 2d-3

**Delaware County HIV/AIDS Indicators, 2017-2019**

Indicator	Delaware County Rate	Southern Tier	NYS Rate exc. NYC
HIV case rate per 100,000	4.0*	5.0	5.6
AIDS mortality rate per 100,000	1.5*	0.8	2.2
AIDS mortality rate age-adjusted per 100,000	0.7*	0.8	0.9

s: data does 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)

There have been no positive HIV tests administered by Delaware County Public Health in recent years. The total number of tests administered declined from 2017 to 2018 but increased in 2019.

Table 2d-4

**Immunization and Infectious Diseases Indicators, 2017-2019 Delaware County**

Indicator	Delaware County Rate	Southern Tier	NYS Rate exc. NYC
Pneumonia/flu hospitalizations in adults 65+ years per 10,000 (ICD9 480-487)	108.1	107.4	106.6
Pertussis incidence per 100,000	8.2	7.0	3.3
Mumps incidence per 100,000	0.0*	0.8	0.6
Meningococcal incidence per 100,000	0.0*	0.5	0.1

H. Influenza incidence per 100,000	2.2*	2.3	2.1
Hepatitis A incidence per 100,000	1.5*	0.4	0.9
Acute Hepatitis B incidence per 100,000	0.7*	0.4	0.3
Tuberculosis incidence per 100,000	0.0*	1.1	1.7
E. Coli incidence per 100,000	9.7	3.7	2.3
Salmonella incidence per 100,000	17.9	11.6	13.2
Shigella incidence per 100,000	1.5*	1.1	4.6
Lyme disease incidence per 100,000	276.2	184.4	44.7

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

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

In the 12 infectious diseases listed in Table 2d-4, 7 of Delaware County’s numbers have unstable rates. The remaining infectious disease indicators, incidents of pertussis, E. coli, Salmonella, and Lyme disease, all have rates that are higher than the Southern Tier region or Upper New York.

Rates of pneumonia and flu hospitalizations among adults 65+ 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.

e) *Promote Healthy Women, Infants, and Children*

Table 2e-1

**Oral Health Indicators, Delaware County, 2017-2019**



Indicator	Delaware County	Southern Tier	NYS excl. NYC
Adults (2018-2020)			
Age adjusted % of adults who had a dentist visit within the past year (2018)	66.9	67.9	71.3
Medicaid Oral Health: (2018-2020)			
% Enrollees with at least one dental visit within the past year	26.5	30.7	28.0
% Enrollees (ages 2-20) with at least 1 preventive visit in past year	42.9	42.3	47.4
% Enrollees (ages 2-20) who had at least one dental visit within the past year	47.6	46.4	37.5
% Of children (ages 2-20) with at least 1 dental visit in government sponsored programs	63.4	61.8	64.2

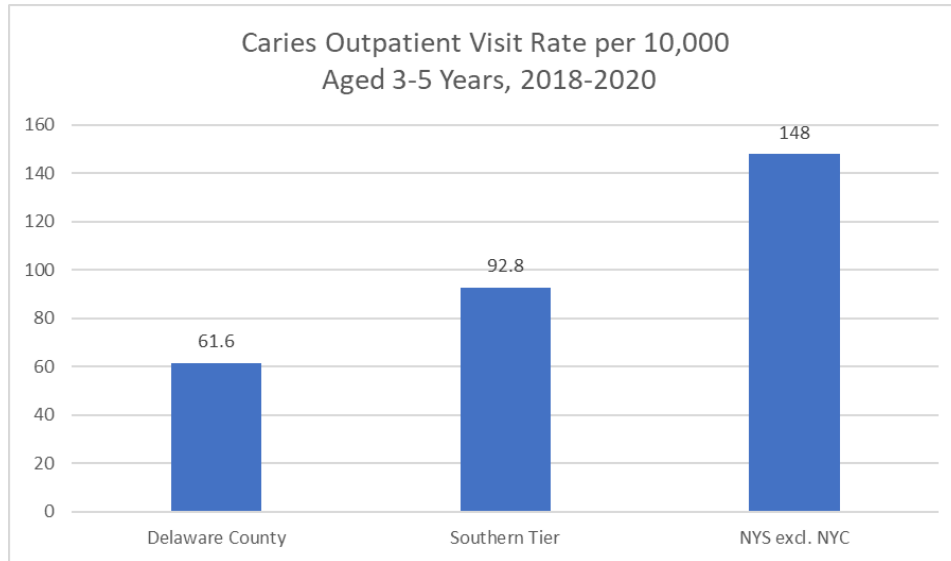
Source: New York State Community Health Indicator Reports (CHIRS)

The percentage of adults who had a dentist visit within the past year is lower than both the Southern Tier region and Upper New York. Access to local services, cost of dental care, and transportation issues may delay or prevent access to these services. There are also no pediatric dentists in Delaware County and access to these services requires large travel distances.

There has been a significant increase in the percent of Medicaid enrollees with at least one dental visit in the past year from 2017-2019. Visitation rates were 26.5% for all Medicaid enrollees, and 47.6% for enrollees 2-20 years old who had at least one dental visit within the past year. The percentage of children (ages 2-20) with at least one dental visit in government sponsored programs (63.4%) was higher than the Southern Tier region rate (61.8%) but lower than the Upper New York rate (64.2%).

There continues to be a great need for pediatric dentists and 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)

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. This may reflect the barriers to access of dental care in Delaware County.

Table 2e-2

**Delaware County Birth Statistics, 2017-2019**

Indicator	Delaware County Rate	Southern Tier	NYS exc. NYC
Pregnancy rate per 1,000 all females aged 15-44	65.6	59.5	72.0
% Births to teens ages 15-17	0.7*	1.0	0.8
% Births to teens 15-19	4.4	4.8	3.4
% Of births to women 25 years and older without a high school education	6.7	6.3	9.6
Birthweight <2.5 kg births	6.8	7.3	7.7
% Births with 5-minute APGAR < 6	1.1	0.9	0.9
% Births with Prenatal Care - 1st Trimester	64.8	72.3	78.6
% Births with Prenatal Care - 3rd Trimester or none	3.6	4.8	4.2
% Gestation < 37 weeks	8.0	8.6	9.0
% Births delivered by cesarean section	28.3	30.4	34.4
% In WIC who were pre-pregnancy overweight but not obese	27.2	-	27.0
% In WIC who were pre-pregnancy obese (BMI 30 or higher)	33.2	-	31.2

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

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

In Table 2e-2, data shows that the percentage of births with a 5-minute APGAR of less than 6 is higher than either Southern Tier or Upstate New York. There is a lower percentage of births with prenatal care

in the first trimester in Delaware County (64.8%) compared to Southern Tier (72.3%) or Upstate New York (78.6%). This a reflection of the lack of local obstetrical care available to women in Delaware County.

Table 2e-3

**Maternal and infant health indicators, 2017-2019**

Indicator	Delaware County	Southern Tier	NYS exc. NYC
% Of births to out of wedlock mothers	51.6	46.4	38.1
% First births	37.4	38.8	39.0
% Of births that were multiple births	4.3	3.6	3.7
% Adequate prenatal care	80.2	81.2	77.3
% Pregnant Women in WIC with Early (1st Trimester) Prenatal Care (2015-2017)	91.8	-	91.7
% Of Infants in WIC Who Were Breastfeeding at 6 Months	23.1	-	31.5
Mortality Rates (per 1,000 births)			
Infant (< 1 year)	5.4*	5.5	4.9
Neonatal (< 28 days)	2.7*	3.5	3.4
Post-neonatal (1 month to 1 year)	2.7*	2.0	1.6
Fetal death (> 20 weeks gest)	5.4*	3.8	5.0
Perinatal (20 weeks gest – < 28 days of life)	8.1*	7.2	8.4
Perinatal (28 weeks gest – < 7 days of life)	5.4*	3.8	5.3

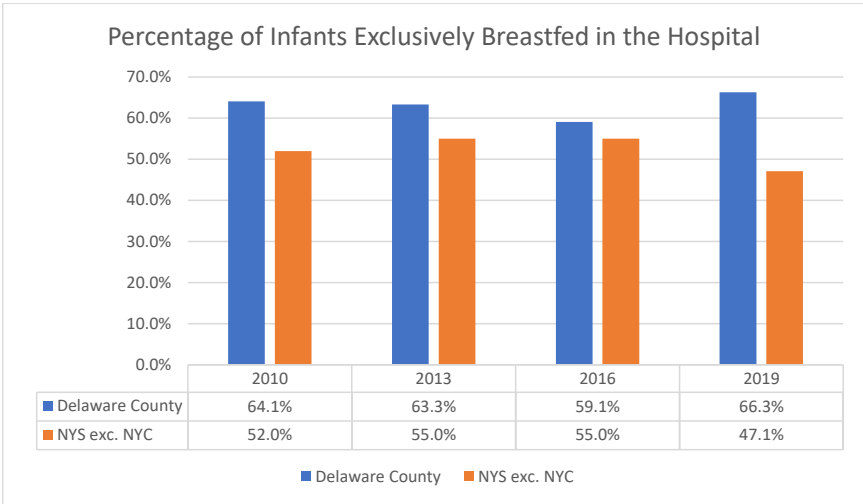
Maternal mortality rate per 100,000 births	0.0*	0.0	20.6
% Very low birthweight (< 1.5 Kg)	1.0	1.1	1.3
% Very low birthweight singleton births	0.7*	0.8	1.0
% Low birthweight singleton births	5.0	5.6	5.9

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

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

Table 2e-3 shows that Delaware County mothers have a higher rate of births out of wedlock (51.6%) than either the Southern Tier region (46.4%) or Upstate New York (38.1%). The table also reflects that they have a higher rate of adequate prenatal care (80.2%) than Upstate New York (77.3%) but a lower rate than the Southern Tier region (81.2%). The percentage of infants in WIC who were breastfeeding at 6 months is much lower in Delaware County (23.1%) when compared to Upstate New York (31.5%). In the table, 8 of the indicators for Delaware County had unstable rates so were unable to be used for comparison to the rest of the table.

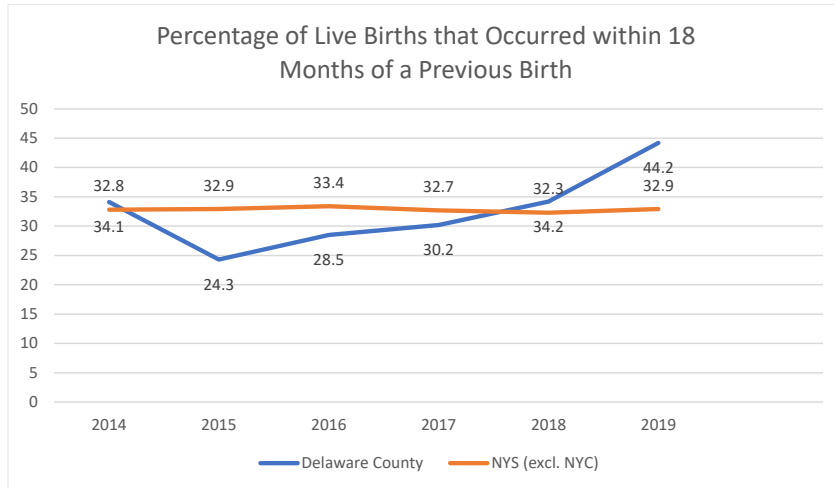
Graph 2e-2



Source: New York State Community Health Indicator Reports (CHIRS) 2017-2019 Average PA 2024 Goal 51.7%

Delaware County has exceeded the NYS Prevention Agenda goal of 51.7% of infants being exclusively breastfed at the hospital (Graph 2a-5) with 66.3% of infants exclusively breastfed in the hospital in 2019.

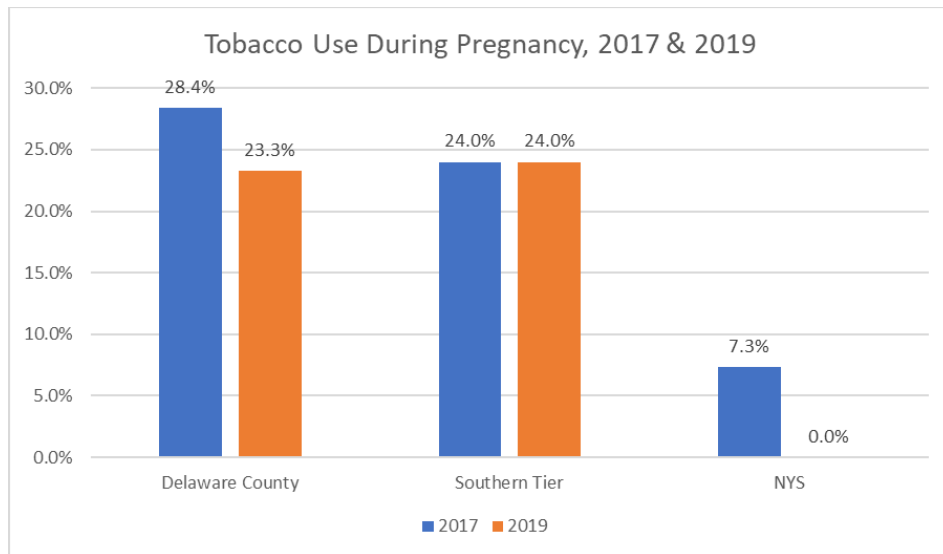
Graph 2e-3



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

Delaware County has a lower rate than Upstate New York of live births that occur within 18 months of a previous birth from 2015-2017. The reverse was true from 2018 to 2019.

Graph 2e-4



Source: Mothers and Babies Perinatal Network, 2017 & 2019 Reports

Although the percent of women smoking during pregnancy decreased by 5.1% in Delaware County from 2017 to 2019, it still was higher than New York State and the Southern Tier in 2017 but is now lower than the Southern Tier region in 2019. NYS data was not available for 2019.

Table 2e-4

**Family Planning/Natality Indicators, 2017-2019**  
**Delaware County**

Indicator	Delaware County Rate	Southern Tier	NYS Exc. NYC Rate
% Of births to women 35+ years	15.1	16.4	22.3
Fertility rate per 1,000 (all births/female population 15-44)	52.7	45.8	57.0
Teen fertility rate per 1,000 (births to mothers aged 10-14)	0.0*	0.18	0.10
Teen fertility rate per 1,000 (births to mothers aged 15-19)	11.5	11.2	11.1
Pregnancy Rate per 1,000 (all pregnancies/female population 15- 44 years)	65.6	59.5	72.0
Teen Pregnancy Rate per 1,000 -			
< 18 years	2.4	4.8	3.6
15-19 years	15.5	19.2	18.8
Abortion Ratio (induced abortions per 1000 live births) -			
All ages	223.7	269.2	219.4

\*: 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 except for teen fertility rate for mothers aged 15-19 and the abortion ratio. Delaware County rates are higher than Southern Tier region for fertility rates for women all births/ages 15-44, teen fertility rates for mothers 15-19 years, and pregnancy rates for all pregnancies/female population 15-44 years.

### 3. 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 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:

Health Outcomes  
Health Behaviors  
Length of Life  
Clinical Care  
Quality of Life  
Social & Economic Factors  
Health Factors  
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.

Delaware County Health Rankings [Least healthy for health outcomes (0-25%); Lower Middle for health factors (25-50%)]

Delaware County ranked 50 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 57 for mortality or length of life. The premature death rate for Delaware County is 8,100 per 100,000, which is higher than the New York State rate of 6,000. Delaware County’s rank is higher than all the comparison counties except Chenango and Sullivan County.

Delaware County’s quality of life ranking was 28, which is lower than Sullivan and Chenango Counties, but higher than Livingston, Otsego, and Essex. The table below shows the information used to determine the quality-of-life ranking (Table 3a-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 for poor or fair health and poor physical health days but is one of the highest ranked for poor mental health days. Since the 2019 Community Health Assessment, Delaware County’s poor mental health days jumped from 3.8 to 5.0. Low birth weight dropped from 7% to 6%.

Table 3a-1

Quality of Life 2022 County Health Rankings							
	New York	Delaware	Chenango	Livingston	Essex	Otsego	Sullivan
Length of Life Rank	N/A	57	60	10	17	26	62
Premature death rate	6,000	8,100	8,600	5,800	6,200	6,500	8,700
Quality of Life Rank	N/A	28	48	17	18	19	59
Poor or Fair Health	16%	19%	19%	17%	16%	17%	20%
Poor Physical Health Days	3.6	4.2	4.3	3.9	3.8	4.0	4.1
Poor Mental Health Days	3.9	5.0	5.1	4.8	4.7	4.9	4.7
Low Birth Weight	8%	6%	7%	7%	7%	6%	8%

Source: NYS County Health Rankings 2022

Health Factors

Health Factors rates overall were as follows: Delaware 50, Chenango 57, Essex 19, Livingston 11, Otsego 21, and Sullivan 61. The following tables, Tables 3a-2, 3a-3, 3a-4 and 3a-5, contain the health indicators that are utilized to determine these rankings.

Delaware County’s adult smoking rate has risen since the 2019 update, from 19% to 21%. The adult obesity rate has increased as well, from 30% to 32%. Excessive drinking has increased from 20% to 22%, however the rate of alcohol-impaired driving deaths has decreased from 18% to 16%. The rate of sexually transmitted infections has decreased and is lower than 4 of the 5 comparison counties and the NY State rate. Teen birth rates have dropped (10%) and is lower than 3 of the 5 comparison counties and the NY State rate (Table 3a-2).

Table 3a-2

Health Behaviors 2022 County Health Rankings							
	New York	Delaware	Chenango	Livingston	Essex	Otsego	Sullivan
Health Behaviors	N/A	39	51	19	22	37	40
Adult Smoking	13%	21%	21%	19%	18%	20%	19%
Adult Obesity	27%	32%	34%	32%	31%	30%	34%
Food Environment Index	9.0	7.8	8.2	8.5	8.6	7.5	8.3
Physical Inactivity	27%	30%	29%	27%	28%	26%	31%
Excessive Drinking	19%	22%	24%	22%	24%	23%	20%
Alcohol-Impaired Driving Deaths	20%	16%	16%	15%	25%	35%	24%
Sexually Transmitted Infections	640.6	217.5	218.2	267.0	173.5	458.9	375.2
Teen Birth Rate	13	10	21	6	16	7	18

Source: NYS County Health Rankings 2022

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 mental health providers 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 3a-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 3a-3

Clinical Care 2022 County Health Rankings							
	New York	Delaware	Chenango	Livingston	Essex	Otsego	Sullivan
Clinical Care	N/A	48	41	28	18	15	56
Uninsured	6%	6%	5%	5%	5%	5%	6%
Primary Care Physicians	1180:1	3150:1	2950:1	2520:1	2630:1	890:1	2900:1
Dentists	1190:1	3990:1	2920:1	2010:1	3070:1	1890:1	2770:1
Mental Health Providers	310:1	740:1	510:1	760:1	600:1	480:1	510:1
Preventable Hospital Stays	3717	3406	4023	3941	3000	4091	4066
Mammography Screening	43%	46%	46%	47%	45%	50%	38%
Flu Vaccinations	49%	47%	47%	52%	52%	51%	50%

Source: NYS County Health Rankings 2022

According to the social and economic factors, Delaware County has mixed performance. The High School Graduation rate has increased from 87% to 89%, however the percentage of individuals with some college is relatively low, although there was an increase from 53% to 55% since the last ranking. These factors, combined with an increased average unemployment rate (5.6% -7.2%), high rates of child poverty and single-parent households, lead to Delaware County receiving a rank of 36. There are three new ranking indicators in this table this year: income inequality, social associations, and injury deaths. These show Delaware County with the second highest percentages compared to the comparison counties. New York has the highest rating for income inequality at 5.7 but all other new indicator scores are lower than New York in the comparison counties. All comparison counties except Sullivan County (59) fall below Delaware County's rank of 36 (Table 3a-4).

Table 3a-4

Social & Economic Factors 2022 County Health Rankings							
	New York	Delaware	Chenango	Livingston	Essex	Otsego	Sullivan
Social & Economic Factors	N/A	36	25	7	23	12	59
High School Graduation	87%	89%	88%	92%	90%	93%	87%
Some College	70%	55%	55%	63%	56%	68%	56%
Income Inequality	5.7	4.7	4.3	3.9	4.1	4.3	4.8
Social Associations	8.1	12.9	11.2	11.9	15.2	12.4	10.6
Unemployment	10.0%	7.2%	6.9%	7.1%	8.1%	7.2%	8.8%
Children in Poverty	17%	19%	16%	12%	15%	17%	21%
Children in Single-Parent Households	26%	22%	21%	22%	19%	21%	25%
Violent Crime Rate	379	193	183	123	167	148	261
Injury Deaths	53	74	66	68	55	61	97

Source: NYS County Health Rankings 2022

Physical environment is the last of the health factors. Among these rural counties with a relatively low population density, Delaware County performs better than three: Sullivan, Livingston, and Otsego. Unlike the 2019 ranking data, in this 2022 ranking, Delaware County does not have drinking water violations. Air pollution particulate matter numbers have dropped from 7.9 to 6.6. This comes in third to the comparison counties. Delaware County has the lowest rates of driving alone to work of all comparison counties (Table 3a-5).

Table 3a-5

Physical Environment 2022 County Health Rankings							
	New York	Delaware	Chenango	Livingston	Essex	Otsego	Sullivan
Physical Environment	N/A	16	12	53	1	41	58
Air Pollution Particulate Matter	6.9	6.6	6.5	6.7	3.4	6.4	7.2
Drinking Water Violations	N/A	No	No	Yes	No	Yes	Yes
Severe Housing Problems	23%	16%	13%	15%	13%	16%	17%
Driving Alone to Work	52%	75%	80%	80%	77%	76%	81%
Long Commute (> 30 min.) – Driving Alone	39%	33%	34%	40%	31%	29%	37%

Source: NYS County Health Rankings 2022

### 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 report 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 aged 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 aged 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 80<sup>th</sup> percentile to income at the 20<sup>th</sup> percentile.

## Physical Environment

### *Housing and Transit*

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

#### *a) 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 36/62) and physical environment (housing and transit; ranked 16/62). 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 8.6% of households in the county do not have a vehicle available (Graph 1a-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 2022 Community Survey, 20.63% of respondents rated roads that are safe for people who walk or ride their bikes as most important for a healthy community. 12.70% of the respondents felt that parks and outdoor places to exercise and play were most important for a healthy community.

The Complete Streets Coalition includes partners from hospitals, public health, local municipalities and community members. The 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. The coalition works with local municipalities and NYS DOT to assist with incorporating complete streets policies and changes when a locality (state, county, town or village) is planning to make improvements to streets and roadways. The coalition has facilitated walkability studies and has mapped walking and biking trails that exist within the County to allow for easier access and better identification for the 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 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 93.5% of county residents 18-64 have health insurance (Table 1b-7), the rate of those who are uninsured is as high as 13.8% in the 26-34 age bracket (Graph 1b-10). 70% of adults in the county visited the doctor for a routine checkup in the past year, and 78.9% of county adults have a regular healthcare provider. (Table 1c-5) 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. In the 2022 Community Survey, 17.46% of respondents felt that social connectedness was most important for a healthy community. 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 89.5% of adults in the county have attained a high school diploma or its equivalent, less than 23% of residents have attained a bachelor's degree or higher (Table 1b-8). 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 1b-1 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 (\$100,000 and above) in comparison to State and U.S. percentages. As of 2021, 12.80% of the total population is reported to be living in poverty (Graph 1b-2). When only looking at children living in poverty with a single female head of household, this number jumps to 54.2% for children under the age of 5 and 60.1% for children under 18 years old (Graph 1b-3, 2020 estimates). 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 45%.

Food insecurity among the total population is 13.6%, with child food insecurity significantly higher at 22.9% (Graph 1b-11). 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 6.1% of adults in the county report not having received medical care because of cost (Table 1b-7). In the 2022 Community Survey, 18.76% of respondents reported that high cost prevented them from seeking care. 27.23% of respondents had difficulty or didn't get to an appointment due to location, and 20.37% couldn't find a provider who accepted their insurance. All of these reflect the financial struggles experienced by this community.

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 Eight 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 eight domains also encompass many of the social determinants of health outlined above. Delaware Valley Hospital hosted an Age Friendly workshop in 2019, examining the Eight Domains of Livability. The goal was to increase awareness of age friendly principles and engage community stakeholders and increase collaborative opportunities. 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

#### C. Community and Health Services Community Partner Involvement & Process

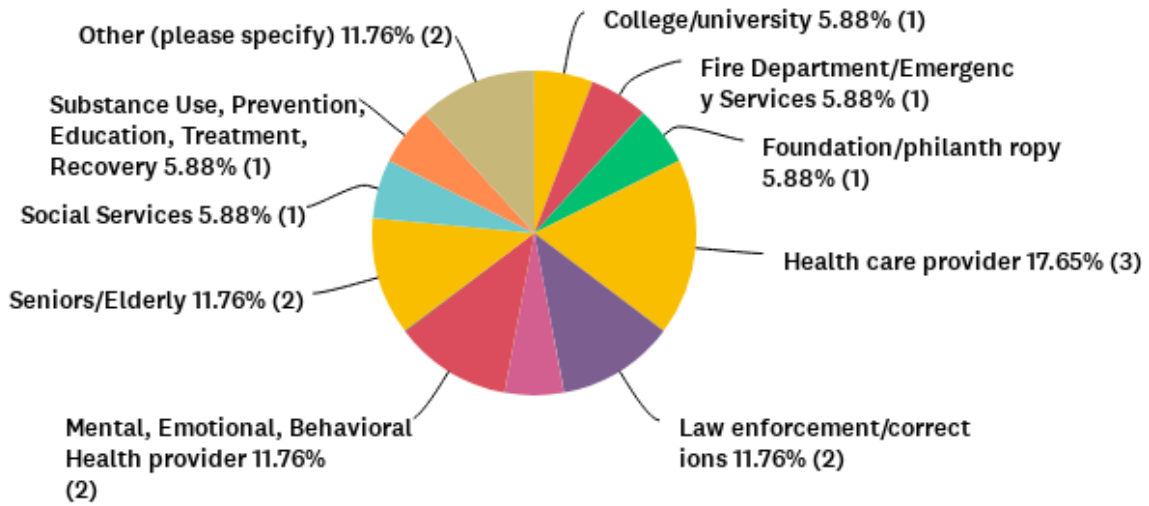
Obtaining community agencies' and community members' perspectives about the most pressing health issues in Delaware County is an integral part of the Community Health Assessment process. The following is a description of a community partnership that helped to inform the 2022 Community Health Assessment and invited Delaware County health and human services professionals and community members to provide input, feedback, and guidance to the process.

##### 1. Stakeholder Community Engagement Summary

On May 17th a Community Engagement Survey was released and promoted via social media. That survey yielded responses from the below organizations:

Stakeholder survey:





## 2. Community Engagement Survey Summary

On May 17th the Community Engagement Survey was posted online. The survey was closed on June 23rd after receiving 442 responses.

The demographics (highest numbers) for respondents were as follows:

- Live in Delaware County (99.77%)
- Most were female (80.54%)
- Most were white (92.99%) and not Hispanic or Latino (90.93%)
- Ages of respondents were 50-64 years of age (38.32%) followed by 35-49 (26.08%) and Over 65 (24.94%)

## 3. Delaware County Coalitions, Task Force and Work Groups

Delaware County Coalitions, Task Forces and Work Groups	
Name	Participation
Rural Health Care Alliance of Delaware County	DCPH, DVH, MH, OCH
Delaware County Long Term Care Council	DCPH, DVH, OCH
Suicide Prevention Network of Delaware County	DCPH, OCH
Action for Older Persons Committee	OCH
Mobility Management of South-Central NY Transportation	OCH
Office for the Aging Advisory Board	DCPH
Health Services Advisory Board	DCPH, MH
Community Health Services Board (Mental Health)	DCPH, DVH, MH, OCH
Substance Abuse Committee	DCPH, DVH
Substance Use Prevention Task Force	DCPH, OCH, MH
Prevention and Education Subcommittee	DCPH

Data Subcommittee	DCPH, OCH, MH
Treatment Subcommittee	DCPH, OCH, MH
Response Subcommittee	DCPH
WIC Advisory Board/Head Start Advisory Board	DCPH
Mothers and Babies Perinatal Network	DCPH, DVH, OCH
Delaware County BNICER Committee	DCPH
American Legion – Delhi	OCH
Bassett Research Institute	OCH
Healthy Heart Screening	OCH
Fall Risk Assessment	OCH
Complete Streets	OCH, DCPH
Regional Trauma Advisory Committee	OCH
Margaretville Hospital Wellness Committee	MH
Westchester Medical Center Psychiatry and Psychology	MH
Walton Central School Community Committee	DVH
Local Early Intervention Coordinating Council (LEICC)	DCPH
County Early Intervention and Preschool Administrators Committee (CEIPAC)	DCPH
Capital District Region Hospital Emergency Preparedness Coalition	DCPH, OCH, DVH, MH
Rural Health Network of South-Central New York (RHNSCNY) Board of Directors	DCPH
Rural Telehealth Consortium	DVH
Southern Tier Regional Planning Consortium	DVH
External Advisory Committee	DVH
Telehealth Workgroup	DVH
Community Organizations Active in Disaster (COAD)	DCPH

DCPH = Delaware County Public Health  
MH = WMC Margaretville Hospital

DVH = UHS Delaware Valley Hospital  
OCH= Bassett Health Network O’Connor Hospital

## D. 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 Hospital, O'Connor Hospital, and attended several 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 104-105 outlines the different venues where input was sought.

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.

Adequate housing is problematic in Delaware County. 44.22% of respondents of the 2022 Community Health Survey cited safe and affordable housing as a significant issue. This was the third most concerning issue after access to care (66.44%) and fresh, healthy, affordable foods close to where you live (46.71%). Besides these concerns, there are 18,930 occupied housing units in Delaware County and 12,694 that are vacant (see Graph 1b-15).

### *Identified Priority Areas*

#### Priority 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.

#### Priority 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.

#### Priority Area 3 – Promote a Healthy and Safe Environment

New York State is experiencing increasing temperatures and extreme heat events. A few hours of air-conditioning during an extreme heat event can prevent or reduce the impact of heat on health. Cooling centers are one component of an overall strategy for preventing heat-related morbidity and mortality, by providing a cool location

for people who do not have access to air-conditioning during a heat event. DCPH will identify and promote these centers for the community.

#### Priority Area 4 – Promote Healthy Women, Infants and Children

The health of women, infants, children, and their families is critical component to population health and the healthcare continuum. OCH has partnered with the Rescue Divas program to encourage school-aged females to emergency medicine occupations. This project promotes health literacy and provides the participants with CPR/First Aid/AED Certification.

## Community Health Improvement Plan 2022 - 2024

The Delaware County Public Health’s priority areas, goals and strategies reflect the discussion and collaboration with the three hospitals serving Delaware County. This agency 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 2019-2021 Community Health Improvement Plan, and relevance toward the county and state prevention agenda, three priority areas were selected: ***Prevent Chronic Diseases, Promote Well-being and Prevent Mental and Substance Use Disorders and Promote a Healthy and Safe Environment***. The priorities were evaluated against the following criteria: alignment with data; consistency with findings of county experts in the fields listed above; and feasibility within current resources.

### **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 all Public Health priorities.

#### E. Prevent Chronic Diseases

### **Focus Area 2: Physical Activity**

Overarching Goal: Reduce obesity and the risk of chronic diseases

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

Goal 2.3 Increase access, for people of all ages and abilities, to indoor and/or outdoor places for physical activity.

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 School programs, 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; concessions or food vendors; and 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 and large urban parks; sports complexes; and natural resource areas.)

Continue to promote physical activity by working with O'Connor Hospital and complete streets partners to expand Complete Streets initiatives with a focus on community trail and park clean-up, safety and joint use agreements. Re-engage community partners and resume Complete Streets Committee meetings. Explore partnership with Friends of Recovery Delaware Otsego for clean-up and safety projects.

Adopt a Highway is a prevention campaign that provides communities and organizations the opportunity to promote physical activity while beautifying the roadways. Cleaner roadways allow for safer pedestrian and biker use as well as better safety for individuals who work on the roads. This initiative focuses on walking to improve health, while promoting a healthy community environment.

Build a community health planning group including NYSDOT to explore the Adopt a Highway Program.

By December 31, 2024, at least one municipality or community organization will have adopted a highway.

## F. Promote a Healthy and Safe Environment

### **Focus Area 3. Built and Indoor Environments**

Goal 3.1 Improve design and maintenance of the built environment to promote healthy lifestyles, sustainability, and adaptation to climate change

Intervention 3.1.2 Identify and promote the availability and use of cooling centers and other resources to prepare for extreme heat events. NYS is experiencing increasing temperatures and extreme heat events. A few hours of air-conditioning during an extreme heat event can prevent or reduce the impact of heat on health. Cooling centers are one component of an overall strategy for preventing heat-related morbidity and mortality, by providing a cool location for people who do not have access to air-conditioning during a heat event. As of Summer 2018, 37 counties reported cooling center information to the NYSDOH (NYC maintains a separate cooling center website). It would be prudent for all counties to prepare for extreme heat events by identifying locations that could be used as cooling centers if needed.

Resource and feasibility assessment to be conducted with local libraries in Delaware County. Work with local libraries to enlist participation as cooling centers during extreme heat events. By December 31, 2024, at least 1 local library will be committed to being a designated cooling, center in Delaware County and be listed on NYSDOH cooling center information page.

## G. Promote Well-Being and Prevent Mental and Substance Use Disorders

### **Focus Area 2: Prevent Mental and Substance Use Disorders**

Goal 2.5 Prevent suicides

Objectives: By December 31, 2024

Intervention 2.5.1 Strengthen economic supports: strengthen household financial security; policies that stabilize housing

Participate on the Housing Committee with Planning, Office for the Aging, Economic Development, Delaware Opportunities, and Department of Social Services; to identify and address housing issues in Delaware county.

Intervention 2.5.2 Identify and support people at risk: Gatekeeper Training, crisis intervention, treatment for people at risk of suicide, treatment to prevent re-attempts, postvention, safe reporting and messaging about suicides

Delaware County Public Health will continue to chair the Suicide Prevention Network.

One Gatekeeper training will be conducted annually to a community group, schools, or community service agencies. Gatekeeper training teaches people to identify individuals who are showing warning signs of suicide risk and help these individuals get the services they need.

## 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 2022-2024 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. Electronic versions of the documents will be provided to the stakeholders included in the CHIP. County, Town, and Village government will be provided with a link to access an electronic copy of the document.

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

## Community Service Plans

A. DVH



2022-2024 Community Service Plan Delaware Valley Hospital Service Area

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

## Table of Contents

<b>Topic</b>	<b>Page(s)</b>
<b>Acknowledgement</b>	2
<b>Executive Summary</b>	3-4
<b>Community Health Assessment</b>	
<b>Mission/Vision/Values</b>	5
<b>Description of Service Area</b>	6
<b>Demographics of Population</b>	
Age/Race/Disabilities	7-8
Education	9
Income/Poverty	9-12
Housing Units	13-14
Employment/Health Insurance	15-16
<b>Health Status</b>	
Deaths	17
Heart Disease/Hypertension	8-19
Diabetes/Cancer	20-21
Obesity	22-23
<b>Mental Health Status</b>	
Graphs from Community Survey, 2019	24-25
Suicide	25-26
Mental Health Services- Usage	26-27
<b>Substance Use</b>	27-28
<b>Health Behaviors</b>	29
<b>County Health Rankings</b>	30-33
<b>Social Determinants of Health</b>	34-35
<b>Stakeholder and Community Engagement Surveys</b>	
Stakeholder Results	36
Community Results	37-42
<b>COVID-19 Response</b>	43-44
<b>Key Findings from Community Health Assessment</b>	44-45
<b>Community Service Plan</b>	
Prevent Chronic Disease	45-46
Promote Well-being and Prevent Mental and Substance Use Disorders	47-48
<b>Ongoing Participation</b>	48



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

The plan was developed through collaboration with our local Delaware County Public Health Department, and other hospitals, located in Delaware County, which include O'Connor Hospital, Delhi, NY and Margaretville Memorial Hospital in Margaretville, NY.

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## UHS Delaware Valley Hospital Community Service Plan 2022-2024

### Executive Summary

Over the course of 2022, UHS Delaware Valley Hospital, has collaborated 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. Updates to the needs assessment used a variety of national, state, and local sources to obtain local-level data. In addition, a review of the Delaware County Community Services Department's Annual Assessment and Plan informed some needs as well as potential opportunities to work together to address identified needs.

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, which determinants of health needed more focus, and the 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, is included in this document.

The group decided to continue to focus on the priority areas of *Prevent Chronic Diseases, Promote a Healthy and Safe Environment, Promote Healthy Women, Infants and Children, and Promote Well-Being and Prevent Mental and Substance Use Disorders*. The disparate population of 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.

Delaware Valley Hospital's focus will continue to be on *Prevent Chronic Diseases and Promote Well-Being and Prevent Mental and Substance Use Disorders*.

The information contained in this report contains excerpts and charts from the *2022-2024 Community Health Assessment, Delaware County, NY*. The full assessment will be made available in conjunction with this report.

### *Prevent Chronic Diseases*

Diseases of the heart and cancer are, in that order, the biggest killers of our neighbors. Up until 2020, COPD ranked third but COVID-19 and COVID related deaths took third place, moving COPD to the fourth place. The Delaware Valley Hospital's primary care providers will focus on measures dealing with proper management of chronic disease and colon cancer screening. The focuses will be on ensuring patients diagnosed with hypertension will have their blood pressure controlled; diabetic patients will have an annual HgA1c test, with a reading of less than 8; and patients will receive appropriate colorectal screening. 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. Because it is equally important to give patients the opportunity to learn the basic aspect of these conditions and screening, information will be secured and distributed throughout all DVH facilities.

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

Delaware Valley Hospital has once again, chosen to focus much of its work over the next few years on the Walton community. The hospital has realized that its previous initiatives, such as screenings, health fairs and chronic disease management programs have utilized an abundant amount of scarce resources and did little to move the needle in terms of the health and well-being of community residents. The lack of participation and interest made DVH realize that its resources would be better spent assessing the entire community through an Age-Friendly lens, looking at the 8 Domains of Livability and the social determinants of health. The Walton community is comprised of 16% over 65 years of age, 23% of the population lives in poverty; while 42% live below the Asset Limited, Income Constrained, Employed (ALICE) threshold. The town 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. Walton residents comprise 28% of all the Delaware County mental health visits. 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. Prior to the pandemic, some new and exciting initiatives were getting underway. Several local groups were making efforts to beautify the community. New-to-area and/or younger residents are now holding seats on the school board, in the local government, and other leadership positions. A new foundation that was established from the estate of a couple who were long-standing members of the community. All had coalesced into a force of positivity. While some ground was lost due to the pandemic, DVH feels that the renewed sense of community and the positivity among Walton residents can be restored.

DVH had sponsored (for the entire county) a full-day event regarding the AARP Age Friendly Communities Program. The program centers around the World Health Organization's 8 Domains of Livability:

Outdoor Spaces and Buildings

Transportation

Housing

Social Participation

Respect and Social Inclusion

Civic Participation and Employment

Communication and Information

Community and Health Services

Delaware Valley and the county's Mental Health Department collaborated regarding how best to address the mental health issues of Delaware County residents. We felt that progress in the areas of communication and information, social participation, and respect and social inclusion, would enable us 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.

The hospital's Director of Community relations submitted a successful grant on behalf of the Walton Chamber of Commerce, to have the county landscape designer create a streetscape for the main thoroughfare through the Village of Walton. That work is underway and is being done with an eye toward age-friendly design and socialization opportunities. This Community Service Plan will take up these same initiatives, largely put aside by the COVID pandemic, and move them forward.

Delaware Valley Hospital, Inc. (DVH) is a 25-bed Critical Access Hospital (CAH) located in Delaware County, Walton, NY, on the western edge of the Catskill Mountains. DVH is a non-profit, Article 28 General Hospital which 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.



## Our **Vision**

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

## Our **Mission**

As a 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.

## Our **Values**



Compassion



Trust



Respect



Teamwork



Innovation



### Description of Service Area



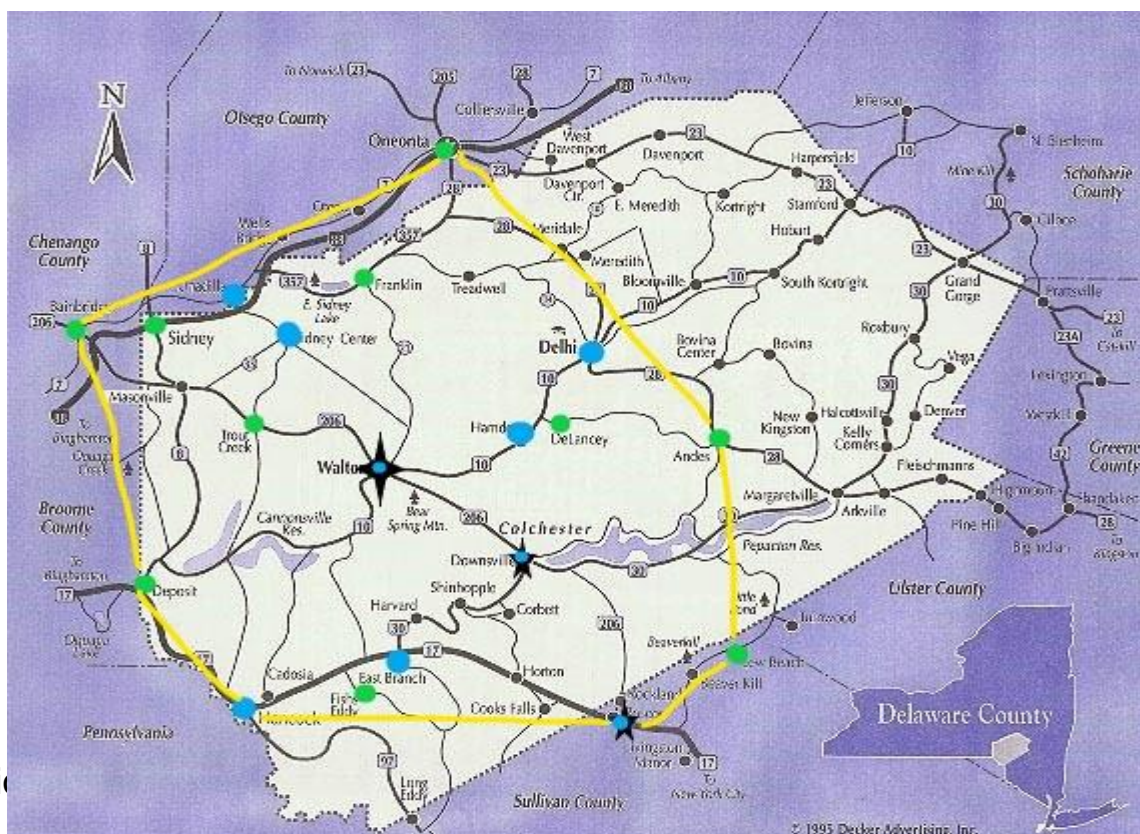
The local healthcare environment in Delaware County is greatly influenced by specific aspects of the physical, legal, social, and economic environment within the county. It is located on the eastern border of upstate New York's Southern Tier Region covering 1,467 square miles, of which 1,442 miles are 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 fourth most rural. The population density is only 30.6 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.

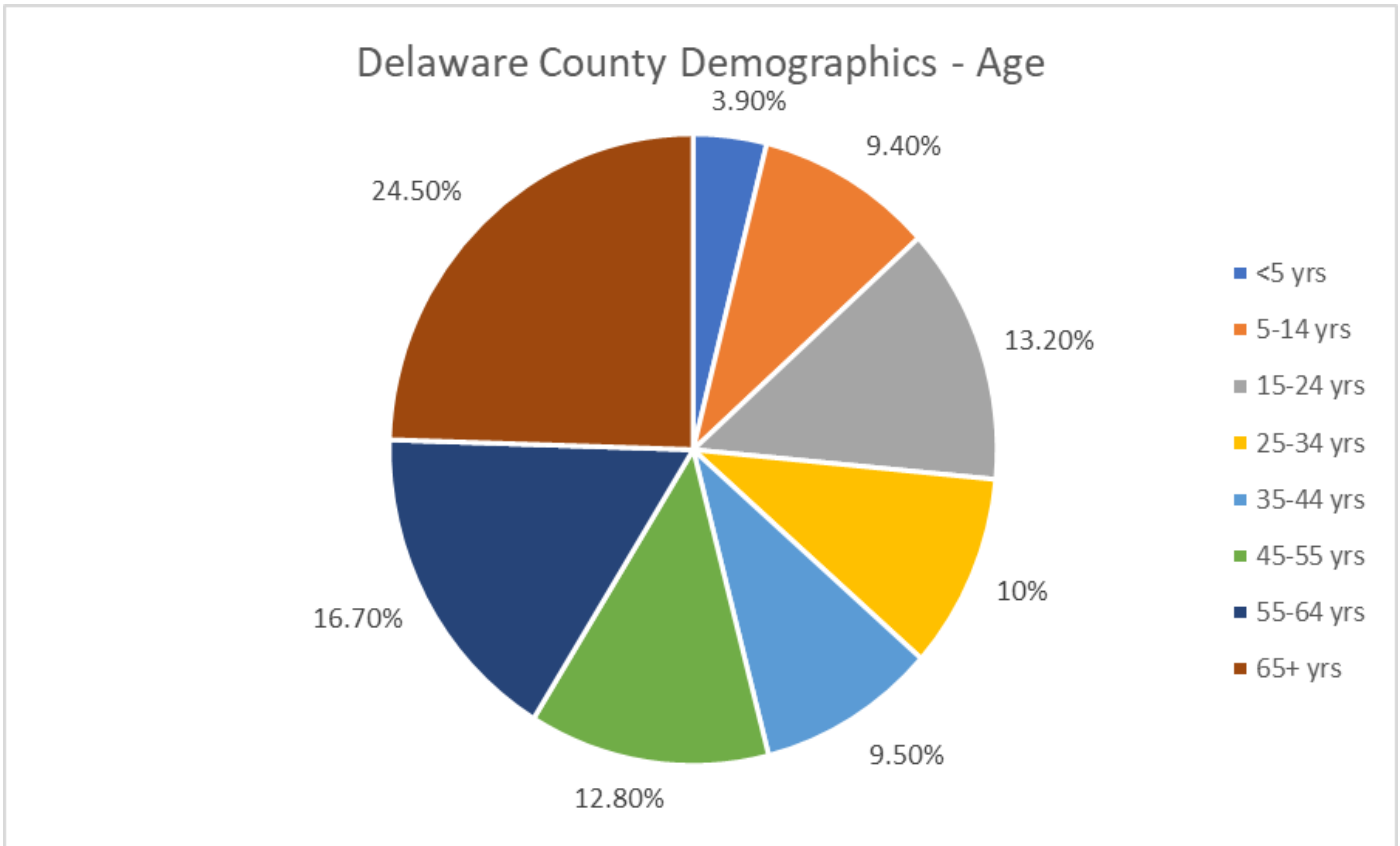
UHS Delaware Valley Hospital serves the residents of southwestern Delaware County and northwestern Sullivan County. It encompasses approximately a 30-mile radius with approximately 33,000 residents.

More specifically, for 2021, the primary service area, (the area where 80% of outpatients reside), includes the following locations: Walton, Downsville, Roscoe, Sidney Center, Delhi, Hamden, Hancock, East Branch and Unadilla. The secondary service area (the next 10.4%) includes Sidney, Franklin Delancey, Oneonta, Bainbridge, Deposit, Trout Creek, Lew Beach, Andes, and Fishs Eddy. This has changed over the past 3 years. Unadilla and Delhi came off the secondary list and were added to the primary service area list. Long Eddy and Fremont Center came off the list entirely, having been on the primary service area list; while Masonville, Livingston Manor, White Sulphur Springs and Treadwell came off the secondary list. However, Bainbridge, Deposit, Fishs Eddy, Lew Beach, Oneonta, Sidney and Trout Creek are all new additions to the list.



According to <https://www.census.gov/quickfacts/delawarecountynyork> Delaware County has a population of 44,378, which is a 0.2% decrease from April 2020. 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:** 26% of the population is age 65 and over, making the age group the largest within Delaware County. This is nearly a 1.73% increase from the last report. The median age for Delaware county is 48.3, well above that of NYS at 39. Walton's median age is slightly lower than that of the county at 45.8 However, according to the Census Bureau, Quick Facts Population Estimates July 1, 2021, 17.1% of Walton's population is 65 or older, which is substantially smaller than the 2013-2017 American Community Survey 5-year Estimates of 31.5% quoted in the 2019-2022 plan. This is a dramatic change from the historical demographic.



Source: U.S. Census Bureau, 2020 American Community Survey 5-Year Estimates Data Profiles

**Race/Ethnicity:**

Based on the US Census, 87.6% of the Delaware County population is White; a decrease of 8.7%, yet this is still significantly higher than the NYS (52.5%) and U.S. (57.8%) averages.

**Disability:**

**Percentage of the Population Living with a Disability, 2019**

	Delaware County	NY State
Disability	17.2%	11.5%
Cognitive Disability	5.8%	4.5%
Hearing Disability	4.8%	2.8%
Vision Disability	2.3%	2.1%
Self-Care Disability	3.6%	2.7%
Mobility Disability	9.4%	6.7%
Independent Living Disability	7.4%	5.6%

Source: U.S. Census 2019 ACS 5 yr. Estimates Subject Tables

Delaware County has a higher percentage of persons with a disability among each category; Persons with a disability are a distinct demographic group experiencing health disparities that can be addressed by tailored policy interventions. Most likely, because many housing and support resources for the disabled population are available in the Walton community, 15.3% under the age of 65 have a disability, according to US Census, QuickFacts, Town of Walton.

**Education:**

**Comparison of Delaware County and NYS  
Education Attainment 2016-2020, for persons over 25**

	Delaware County	NYS
High School graduate or higher	89.5%	87.2%
College 4 or more years, graduate	22.1%	37.5%

Source: U.S. Census Bureau, QuickFacts, Population Estimates, July 1, 2021

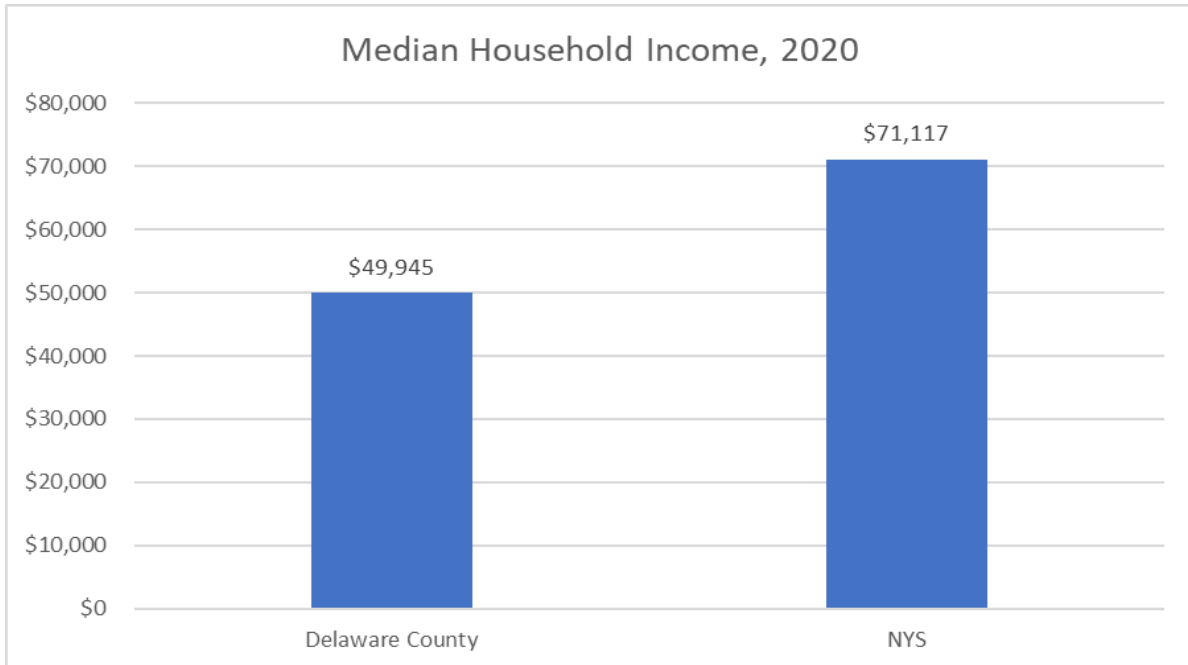
The above table shows that Delaware County has a 2.3% higher percentage of people over the age of 25 who are high school graduates than NY State. However, the percentage of people who have attained a bachelor’s degree or higher is 15.4% lower the NY State percentage.

According to the US Census QuickFacts 2017-2021, in Walton, 86.3% of persons aged 25 years are high school graduates as compared to Delaware County at 90.1% and NYS at 87.4%. 18.9% of persons 25 years, 2017-2021, have a bachelor’s degree or higher. This is also less than the 23% in Delaware County and 38.1% in NYS.



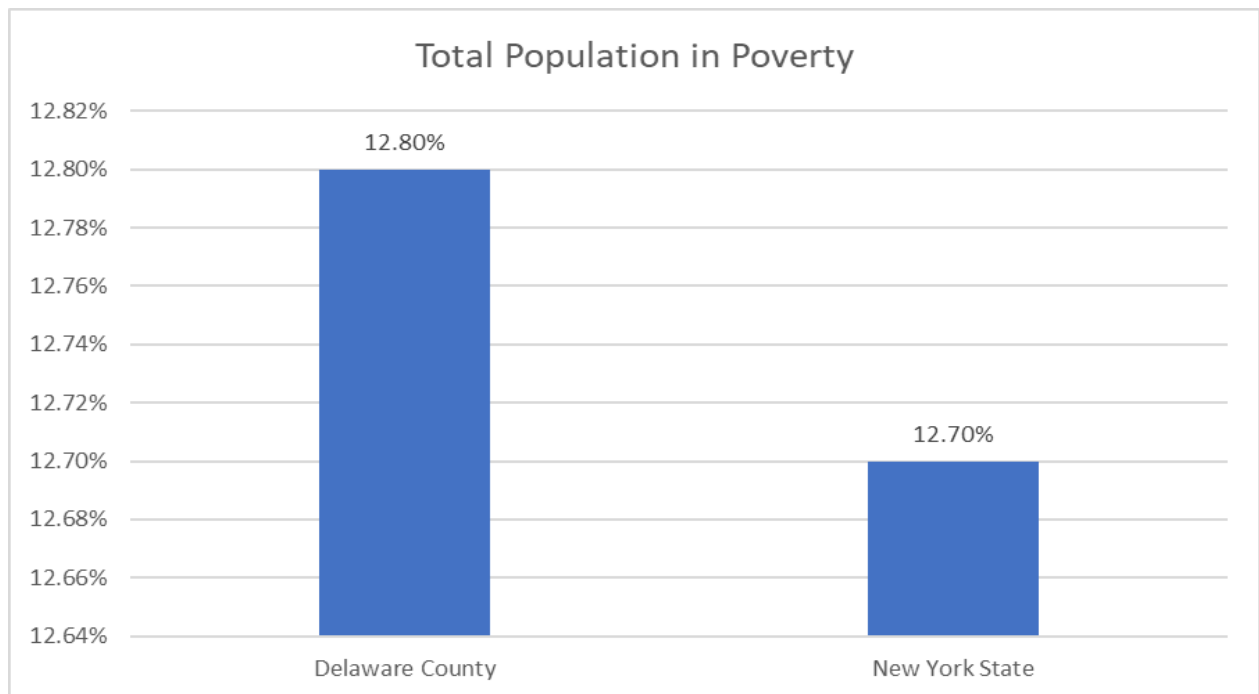
**Socio-economic:**

The unemployment rate in Delaware County as of 2022 is 4.0%



Source: US Census Bureau Quick facts, 2021

The graph shows that the median household income in Delaware County is less than that of New York State by about \$21,172. Lower wages create a need for dual family incomes and hinder attempts to employ and retain young people and 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, nutritious food, and ability to afford a personal vehicle.



Source: US Census Bureau QuickFacts 2021

Delaware County's 2016 CHA reported that the poverty rate was 16.4%, and we saw a slight increase in that rate to 16.5% in the 2018 update. For this report, we can see that the percentage of total population in poverty had a decrease to 12.8%. The New York State rate has decreased from 15.1% in March 2018 to 12.7% in 2021. The Delaware County rate remains slightly higher.

According to the 2018 American Community Survey, the percentage of related children living below the poverty level with a female head of household, no spouse present is 32.4% for related children under 5 years of age in Delaware County. This number had decreased since the 2016 CHA update, when the number was 59.8%, but has now increased in 2020 to 54.2%. For related children under 18 category the graph shows that Delaware County has significantly higher percentages of children below the poverty level than NYS or the USA in both 2018 estimates and the 2020 estimates.

The median household income for Walton at \$45,250, is lower than that of Delaware County (\$52,757). The U.S. Census Bureau, 2017-2021 American Community Survey 5-Year Estimates the income of 22.9% of all households in Walton have, in the past 12 months, been below the poverty level, as opposed to 15.9% in Delaware County.

This led us to begin accessing 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](http://www.unitedforalice.org/newyork) County Pages for Delaware, Otsego and Sullivan Counties.

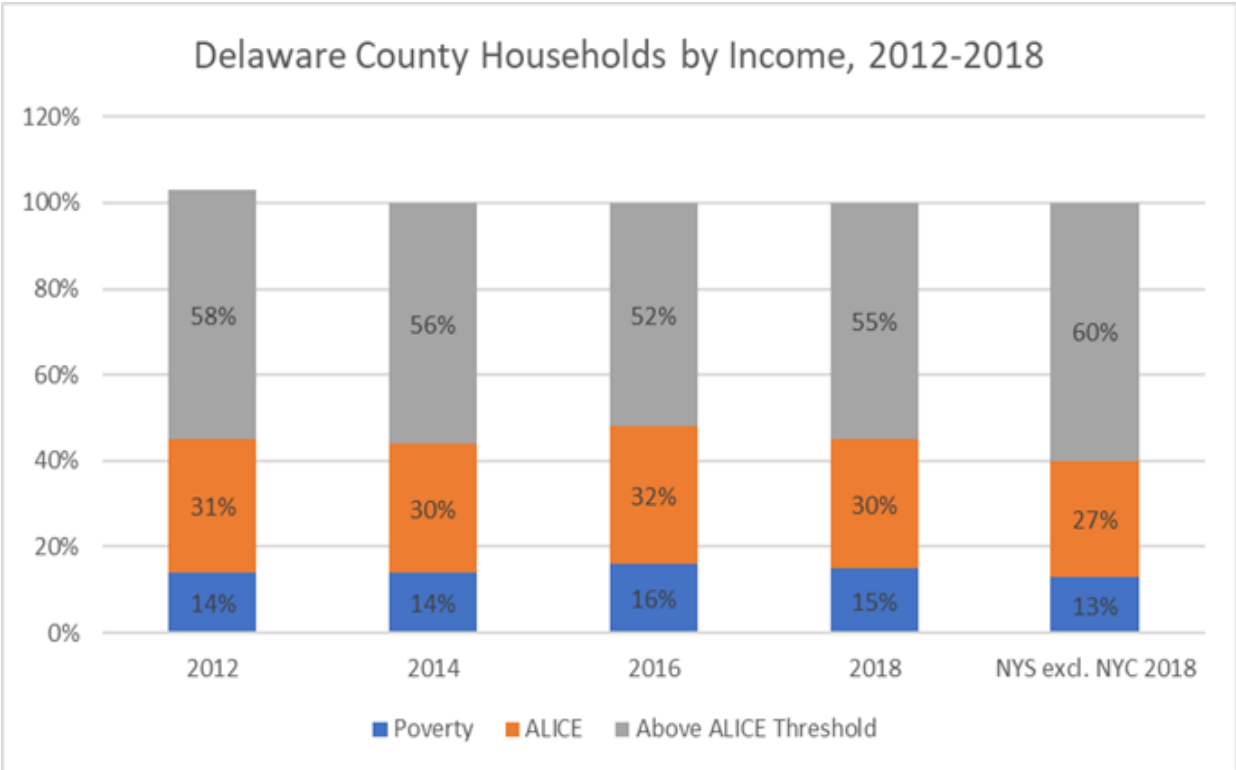
As you will see, of the 14 communities that fall within the hospital's service area, only Roscoe, Delhi, Hamden, Delancey and Lew Beach have less than 40% of their households considered to be an

ALICE household or in poverty, the rest are all over 40% and Hancock and Sidney are over 50% or higher. Walton and Rockland are two communities where Delaware Valley Hospital has a physical presence.

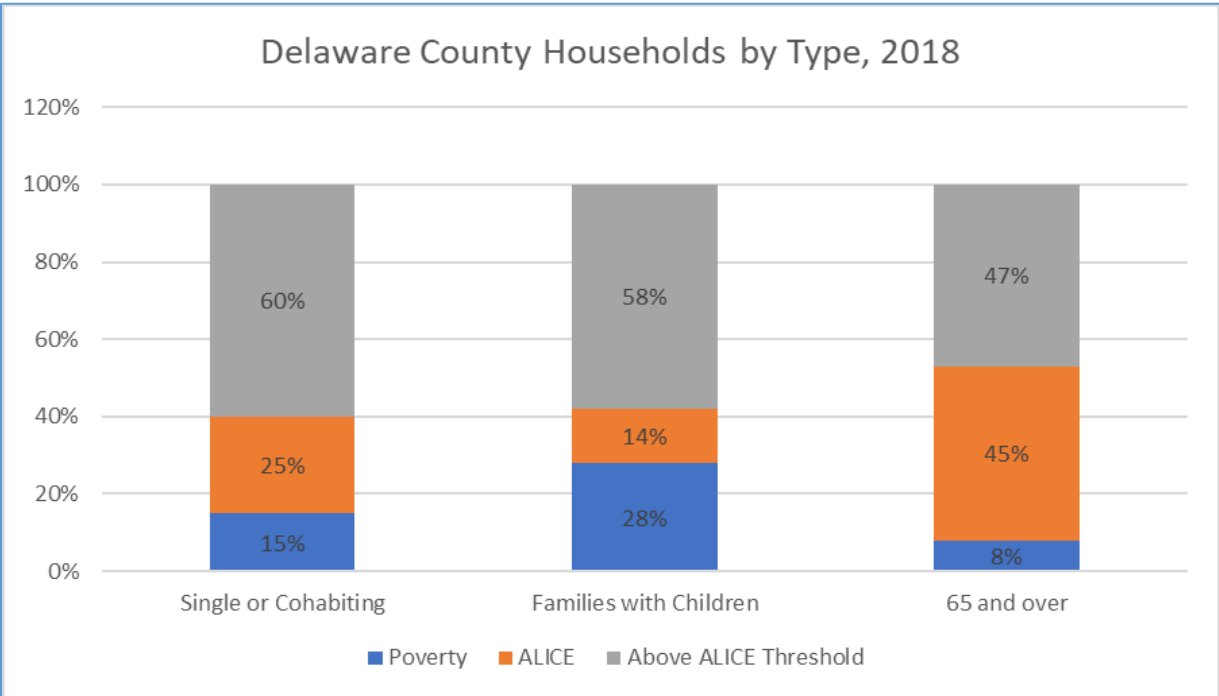
Of the towns that were in the service area as of last report, there has been improvement. Only Franklin and Hancock have increased.

**Percent of Households in DVH Service Area Falling Below ALICE Threshold**

<b>Primary Service Area</b>	<b>Town</b>	<b>Number of Households</b>	<b>% Below ALICE Threshold</b>
	Roscoe	936	35
	Delhi	1854	39
	Downsville	508	43
	East Branch	189	41
	Hamden	289	39
	Hancock	1124	50
	Sidney Center	455	46
	Walton	2605	42
<b>Secondary Service Area</b>			
	Andes	441	49
	Delancey	311	35
	Franklin	718	42
	Sidney	1864	54
	Lew Beach	1584	39
	Oneonta	7687	48



Source: ALICE in New York, 2020 New York Report

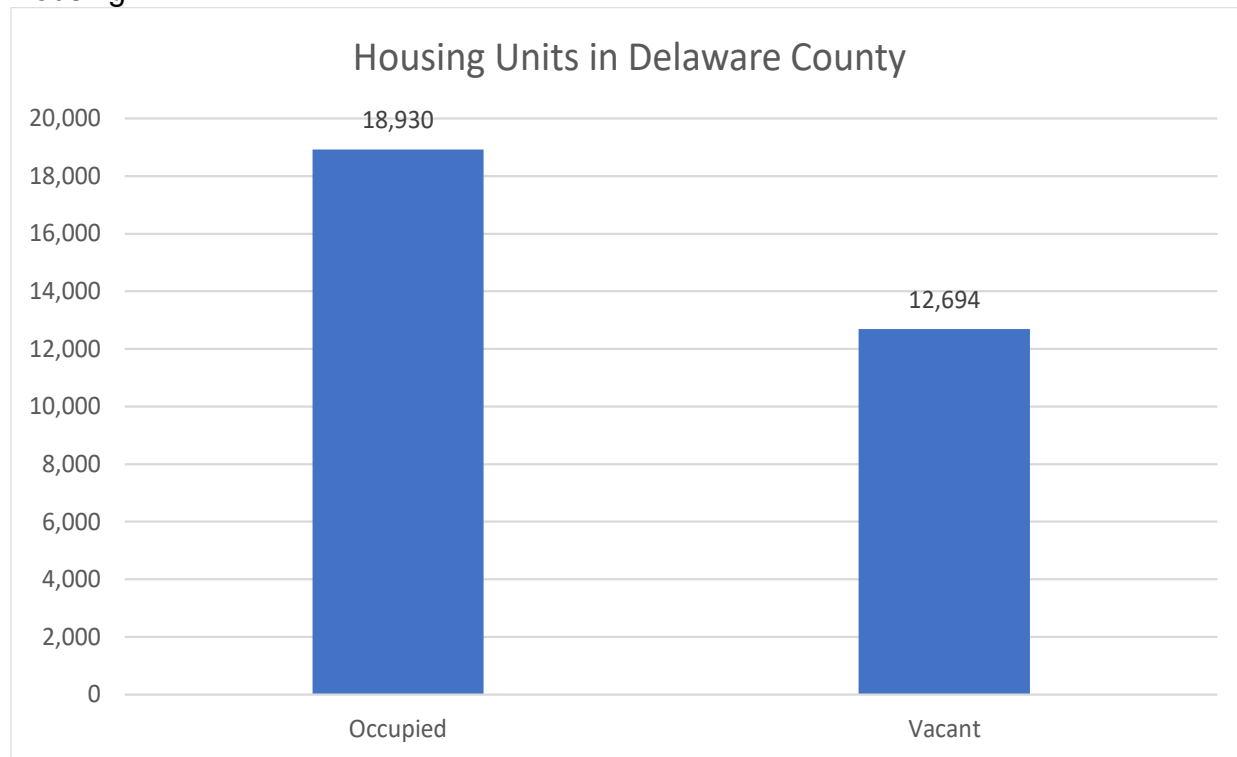


Source: ALICE in New York, 2020 New York Report

2018 Household Survival Budget		
Delaware County		
Monthly Costs	Single Adult	2 Adults, 2 in childcare
Housing	\$810	\$1091
Child Care	\$ --	\$1,485
Food	\$284	\$861
Transportation	\$334	\$757
Health Care	\$212	\$705
Technology	\$55	\$75
Miscellaneous	\$207	\$592
Taxes	\$374	\$947
Monthly Total	\$2,276	\$6,513
Annual Total	\$27,312	\$78,156
Hourly Wage	\$13.66	\$39.08

Source: ALICE in New York, 2020 New York Report

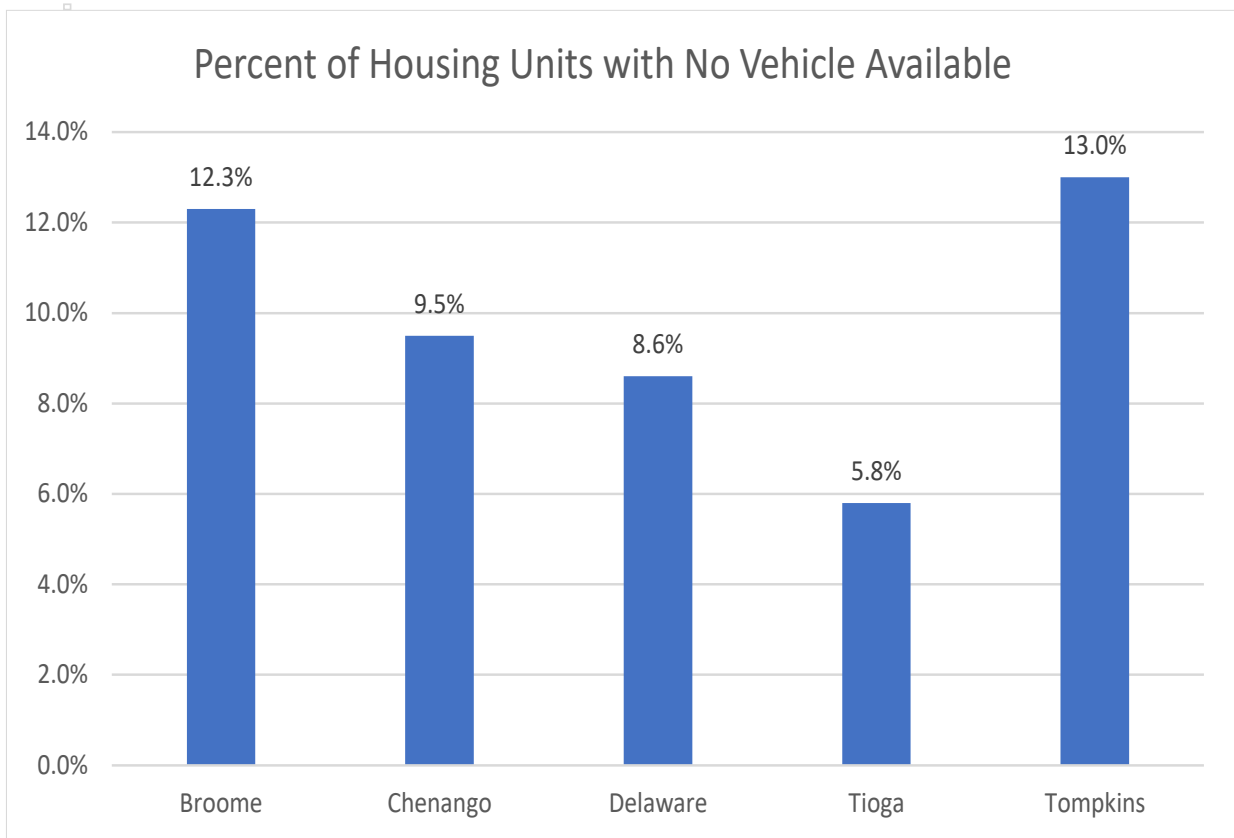
## Housing



Source: U.S. Census Bureau 2020 American Community Survey 5-year Estimates Selected Housing Characteristics

According to HomeTown Locator (see source information below), as of July 1, 2022, there are 2,983 housing units in Walton. 52.2% are owner-occupied and 25.7% are renter occupied. 658 are vacant or 22.1% are unoccupied. Many of the unoccupied units are most likely for seasonal, recreational or occasional use; almost certainly demonstrating the large number of part-time residents.

**HomeTown Source:** The annual census demographic estimates and 5-year forecasts are based upon data produced by [Esri Demographics](#). Their estimates and forecasts use the latest US Census Bureau annual American Community Survey (ACS) as a starting point. They then combine additional data from multiple sources including residential postal delivery counts from the USPS, a time series of county-to-county migration patterns from the IRS, building permits, housing starts and local data sources that tested well against the most recent census. For more detailed information: [Methodology Statement: 2022/2027 Esri Updated Demographics](#).



Source: [census.gov/acs/www/about/why-we-ask-each-question/vehicles](https://census.gov/acs/www/about/why-we-ask-each-question/vehicles)

The graph shows the percent of housing units with no vehicle available by county. 8.6% 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 well-being. Another subjective observation: although many senior citizens may have a vehicle available, they no longer use the vehicle or use it on a limited basis.

## Employment:

### 2020 Delaware County Employment by Industry

Numbers are based on civilian employed population 19,905 people aged 16 and over

Industry	Persons employed	Percent of labor force
Agriculture, forestry, fishing, and hunting, mining	793	4.0%
Construction	1628	8.2%
Manufacturing	2502	12.6%
Wholesale trade	307	1.5%
Retail trade	2165	10.9%
Transportation and warehousing, and utilities	854	4.3%
Information	345	1.7%
Finance and insurance, and real estate and rental and leasing	735	3.7%
Professional, scientific, and management, and administrative and waste management services	1635	8.2%
Educational services, and health care and social assistance	5090	25.6%
Arts and entertainment, and recreation, accommodation, and food services	1600	8.0%
Other services, except public administration	1262	6.3%
Public administration	989	5.0%

Source: U.S. Census Bureau, 2020 American Community Survey 5-year estimates Data Profile

The estimated population from 2020 aged 16 years and over was 38,365 with 20,792 in the civilian labor force. Of those in the labor force, there were 19,905 people employed and 887 people unemployed. There were 17,573 (45.8%) not in the labor force, which includes children less than age 16, retired individuals, and disabled individuals.

The table above 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 Professional, scientific, and management, and administrative and waste management services. With 45.8% of the population NOT in the labor force and nearly 2.3% of the county unemployed, this puts a strain on the remaining labor force of 51.9% 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.

### Walton, NY Demographics:

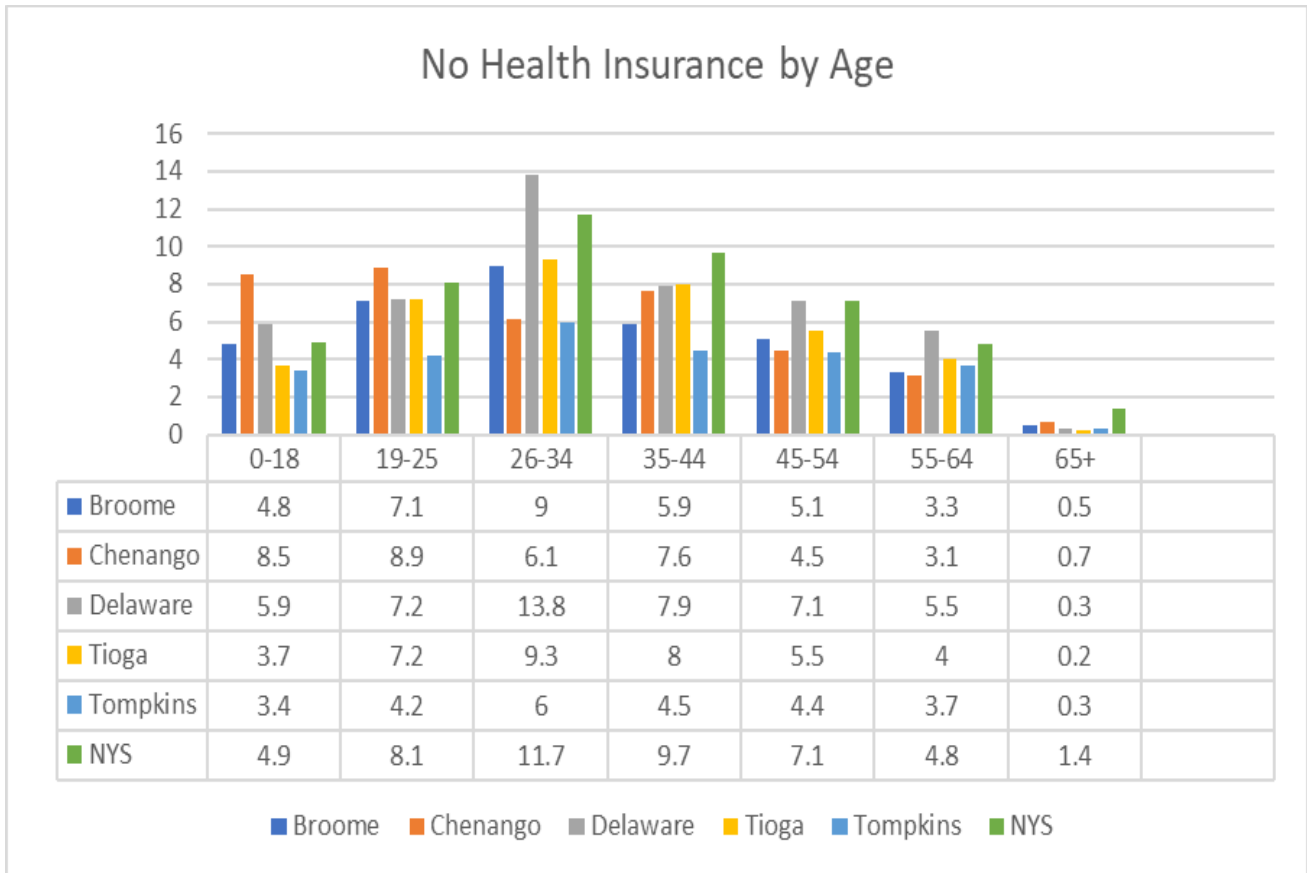
The population in the Town of Walton, as of July 1, 2022, according to US Census QuickFacts is 5,236. 17.1% is age 65 and over and 50.9% are females. According to DataUSA, within the Village of Walton, the population is 3,020 which is a 7.31% decline from 2020. DataUSA only includes facts regarding the population of the village of Walton. The median age is 45.8 years which is an increase of 10.1% over 2019.

The Walton economy supports 1,300 jobs. However, that does not mean they are all held by Walton residents. Most are in retail trade (263), but the highest paying jobs are in education, healthcare and social assistance and

transportation /warehousing and utilities: \$91,189; \$90,305 and \$55,052 respectively. The occupations of the people of Walton, however, are mostly in the Building, Grounds and Maintenance (263); Management Occupations (172); and Food Preparation and Serving Related (141). The industries that employ the largest numbers of Walton residents are Retail Trade (269), Other Services Except Public Administration (223); Transportation/Warehousing (130); Educational Services (125). Administrative and Support and Waste Management (121); Manufacturing (105) and Accommodation and Food Service (98). All other industries have well below 100 persons working in that field. The Walton workforce commutes 14.3 miles to work and 63% travel alone.

The median household income (Village households – 1,450) is \$40,341. However, the income of 10.3% of the households (149) is \$10,000 while 12.5% is \$15,000; meaning almost 23% of the households live on \$15,000 or less.

### Insurance Status



Source: U.S. Census Bureau, 2019 American Community Survey 5-Year Estimates Subject Tables

### Health Status:

#### Delaware County Causes of Death



<b>Cause of Death</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>
Accidents	7	11	17	8	7	2
AIDS Related Illness	0	0	1	0	0	1
Alzheimer's	0	0	0	0	0	0
Alcohol Related	-	-	-	4	0	0
Cancer	119	77	92	89	78	75
Chronic Obstructive Pulmonary Disease (COPD)	26	16	41	34	35	36
Cirrhosis of the Liver	9	5	0	6	4	5
Congenital Anomalies	0	0	0	0	1	0
*Covid-19 & Covid-19 Related	N/A	N/A	N/A	N/A	N/A	44
Dementia	18	18	26	18	31	24
Diabetes Mellitus	1	4	0	4	2	2
Drug Overdose / Opioid Related	10	6	10	6	9	13
Gastritis, Enteritis, Colitis, Diverticulitis	3	1	4	0	2	1
Heart & Circulatory Diseases	210	160	163	171	185	157
Homicide & Legal Intervention	0	0	1	0	2	1
Influenza	-	-	-	-	2	-
Multiple Organ Failure	7	5	8	8	6	11
Natural Aging	-	-	-	-	1	4
Neurologic Disease	4	4	1	1	2	4
Pending Investigation (Sent for Autopsy)	0	2	1	3	2	1
Pneumonia/Diseases Pulmonary Circulation	16	55	46	64	19	22
<b>Cause of Death</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>
Renal Failure	13	11	17	8	12	12
Septicemia	16	9	22	16	23	24
Suicide	13	7	7	6	7	6
Tuberculosis	0	0	0	0	0	0
All Other Causes	16	5	11	1	1	2

Total Deaths	488	396	468	447	431	447
*Deaths are reported to the county in which a person becomes deceased.						
COVID positive patients receiving higher levels of care would have been sent to larger hospitals outside of Delaware County						

Source: DCPHS Annual Reports: 2016, 2017, 2018, 2019, 2020, 2021

The leading causes of death in Delaware County include heart and circulatory disease, followed by cancer. Up until 2020, COPD was the third leading cause. In 2021 COVID-19 and Covid-19 related deaths took third place with COPD in fourth place. Chronic disease prevention and care strategies remain necessary activities needed by the Delaware County population.

### Heart Disease

Delaware County hospitalization rates for heart disease and cardiovascular disease are lower than Upstate New York rates but higher for coronary heart disease. Of special significance are the premature death rates and pre transport mortality rates for Delaware County. (See Tables below). 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 run by volunteers. These crews have limited members with 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 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.

#### Heart Disease and Stroke Indicators, 2017-2019 Delaware County

Indicator	CARDIOVASCULAR DISEASE			
	Hospitalization Per 10,000 (age-adjusted)	MORTALITY RATES - Per 100,000 Age Adjusted	Premature death (ages 35-64)	Pre transport mortality
County Rate	114.6	246.6	172.4	275.5
NYS Rate – exc. NYC	125.0	210.8	104.2	163.6

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

#### Heart Disease and Stroke Indicators, 2017-2019 Delaware County

	DISEASE OF THE HEART
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Indicator	Hospitalization Per 10,000 (age-adjusted)	MORTALITY RATES - Per 100,000		
		Age Adjusted	Premature death (ages 35-64)	Pre transport mortality
County Rate	82.8	194.7	139.8	228.6
NYS Rate – exc. NYC	84.2	169.4	83.9	138.7

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

#### Heart Disease and Stroke Indicators, 2017-2019 Delaware County

Indicator	CORONARY HEART DISEASE			
	Hospitalization Per 10,000 (age-adjusted)	MORTALITY RATES - Per 100,000		
		Age Adjusted	Premature death (ages 35-64)	Pre transport mortality
County Rate	26.8	124.4	99.6	152.6
NYS Rate – exc. NYC	25.2	131.0	66.4	112.4

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

#### Heart Disease and Stroke Indicators, 2017-2019 Delaware County

Indicator	CONGESTIVE HEART FAILURE			
	Hospitalization Per 10,000 (Age-adjusted)	MORTALITY RATES - Per 100,000		
		Age Adjusted	Premature death (ages 35-64)	Pre transport mortality
County Rate	30.6	19.5	5.7	25.3
NYS Rate – exc. NYC	41.3	11.1	2.4	8.7

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

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

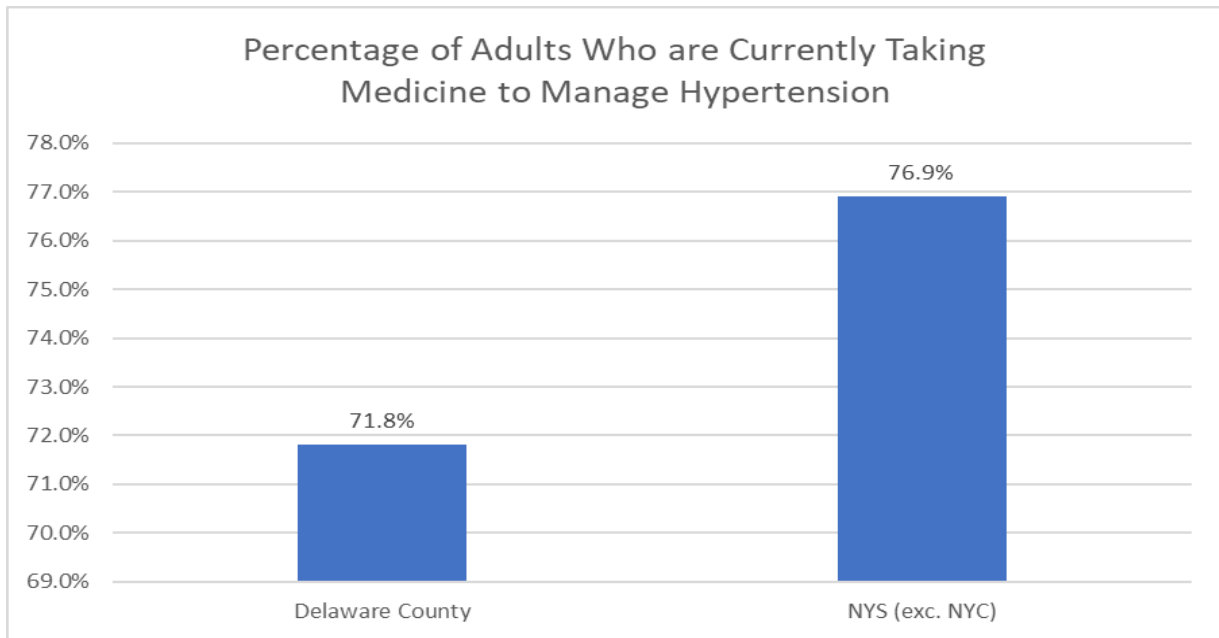
When compared with New York State, Delaware County residents have a higher rate of death from congestive heart failure occurring before they arrive at a hospital, and a higher pre transport mortality rate from stroke. The same factors mentioned under Table 2a-3 may be contributing to these rates. On 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.

#### Heart Disease and Stroke Indicators, 2017-2019 Delaware County

Indicator	CEREBROVASCULAR DISEASE (STROKE)			
	Hospitalization Per 10,000 (Age-adjusted)	MORTALITY RATES – Per 100,000		
		Age Adjusted	Premature death (ages 35-64)	Pre transport mortality
County Rate	15.8	28.7	17.2	22.3
NYS Rate – exc. NYC	21.3	24.1	10.8	13.2

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

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



Source: BRFSS, 2016 (PA 2019-2024 Objective 80.7)

When compared to NYS, there are about 5% less adults in Delaware County taking medication to control their hypertension (See Table above). 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. 2020 data has not yet been made available for these two indicators at the time of writing.

#### Delaware County Diabetes Indicators, 2016-2018

	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	178.8	12.4	31.3
NYS Rate – exc. NYC	214.2	18.9	22.5

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

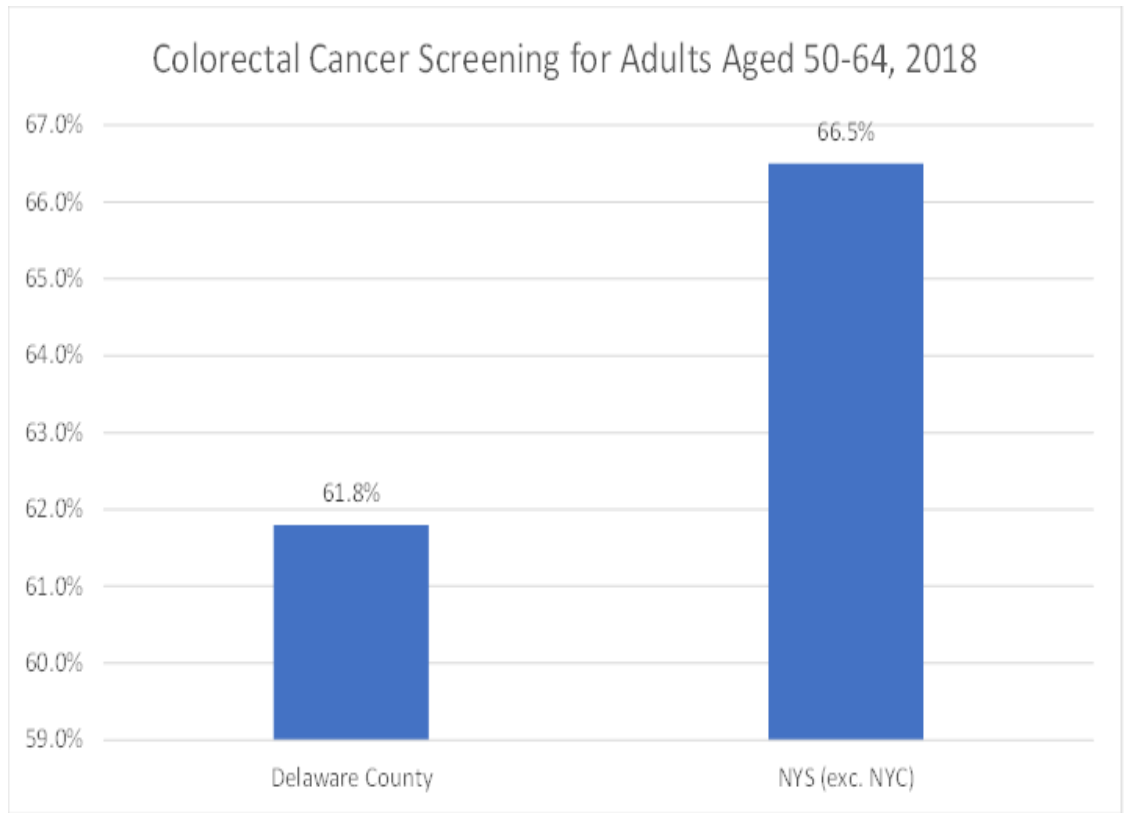
Delaware County’s diabetes hospitalization rates are significantly lower than Upstate NY, but mortality rates are significantly higher. This discrepancy may reflect the barriers to care experienced by Delaware County residents due to lack of local providers, cost of care, and transportation barriers.

### Delaware County Cancer Incidence by Gender, 2015-2019

	Incidence			
	Males		Females	
	Avg. Annual Cases	Rate per 100,000	Avg. Annual Cases	Rate per 100,000
All Invasive Malignant Tumors	176.4	491.8	163.6	467.8
Oral cavity and pharynx	7.8	21.7	2.2	7.3
Esophagus	3.2	7.7	.6	1.2
Stomach	3.0	7.1	1.4	3.5
Colorectal	15.2	45.1	13.4	34.8
Colon excluding rectum	10.6	31.4	9.4	24.4
Rectum & rectosigmoid	4.6	13.7	4.0	10.3
Liver/intrahepatic bile duct	2.6	6.1	1.6	6.7
Pancreas	5.2	15.4	4.4	10.8
Larynx	2.4	6.9	0.8	2.1
Lung and bronchus	28.2	75.2	21.8	55.8
Melanoma of the skin	8.0	23.7	7.6	28.5
Female breast			42.2	119.8
Cervix uteri			2.2	10.6
Corpus uterus and NOS			12.4	35.4
Ovary			4.6	11.7
Prostate	36.0	87.9		
Testis	2.2	12.8		
Urinary bladder (incl. in situ)	14.6	37.8	5.4	12.2
Kidney and renal pelvis	5.8	18.4	4.4	13.8
Brain and other nervous system	1.0	3.4	1.2	5.5
Thyroid	1.8	5.6	4.8	23.3
Hodgkin lymphoma	1.4	5.7	0.8	2.9
Non-Hodgkin lymphomas	7.6	21.0	5.8	14.4
Multiple myeloma	3.6	9.6	2.8	6.4
Leukemias	9.0	27.9	5.8	13.7

Source: NYSDOH, New York State Cancer Registry, 2015-2019

According to the table above, 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 and colorectal as the third. The fourth leading incidence for males is urinary bladder and uterine for females. There is a much higher incidence of various types of cancer among males than females. However, incidents of brain and other nervous system cancers is slightly higher in females than males and thyroid cancer incident is significantly higher in females.



Source: BRFSS, 2018

Colorectal screening rates are slightly lower in Delaware than in NYS excluding NYC (Table above) and is not achieving the NYS Prevention Agenda 2024 goal of 66.3% while the NYS percentage is slightly above the goal.

## Obesity

### Percentage of Children and adolescents with obesity, school years 2017-2019

School District Code	School District Name	Percentage Obese
120102	Andes Central School District	25.0
120401	Charlotte Valley Central School District	20.0
120501	Delhi Central School District	14.3
120301	Downsville Central School District	19.5
120701	Franklin Central School District	12.7
120906	Hancock Central School District	29.0
121401	Margaretville Central School District	0.0*
121502	Roxbury Central School District	24.7
121601	Sidney Central School District	22.9
121702	South Kortright Central School District	25.7
121701	Stamford Central School District	8.0*
121901	Walton Central School District	20.9

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

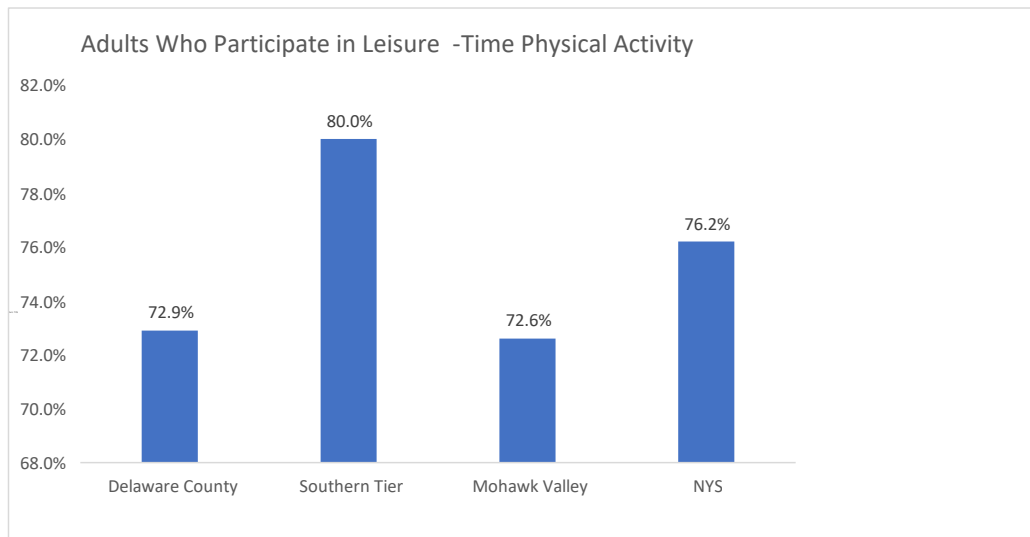
Source: NYS Prevention Agenda Dashboard, 2017-2019

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, Walton has the next highest, followed by Downsville, Delhi and Franklin.

Obesity Data 2017-2019		
Indicator	Delaware County	NYS Excluding NYC
All Students: Pre-K through 10th grade. Overweight or obese. >85th Percentile	34.9%	33.8%
Pre-K, K, 2 <sup>nd</sup> , 3 <sup>rd</sup> , and 4th grades. Overweight or obese. >85th Percentile	31.5%	31.9%
Middle and High School Students (7th and 10th grades). Overweight or obese. >85th percentile	38.3%	36.6%
% Of pregnant women in WIC who were pre-pregnancy obese (BMI>30), 2010-2012	33.2%	26.6%

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

Delaware County has a slightly lower 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. Given these differences, it is clear childhood obesity is an important health indicator and should be considered.

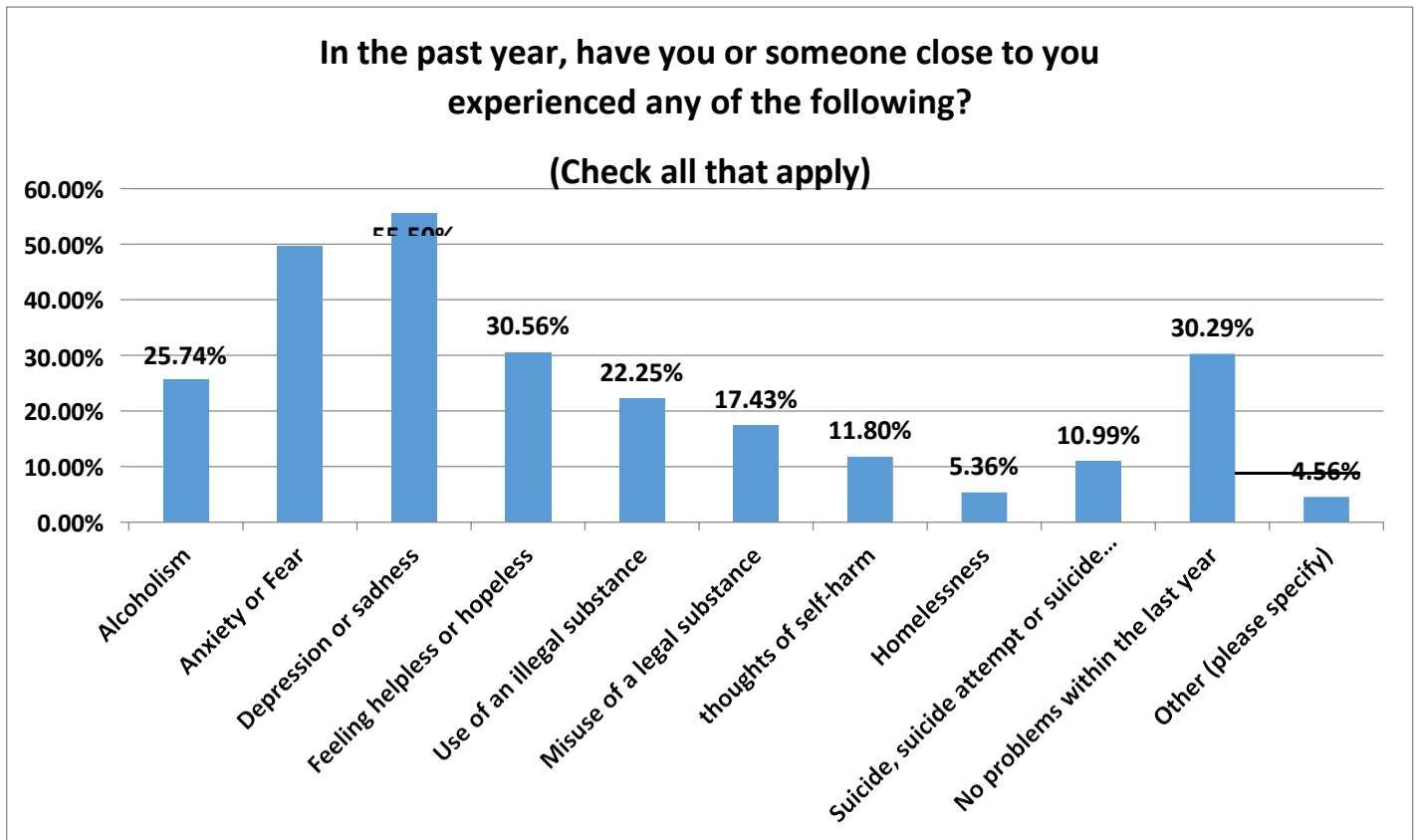


Source: BRFSS, 2018

This table shows that a slightly 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.

## Mental Health Status

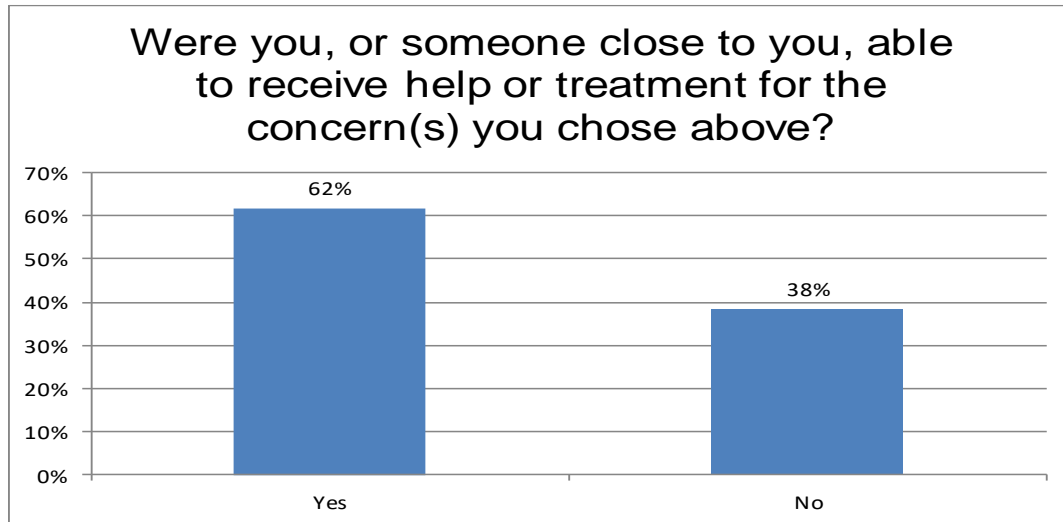
The graphs below show results from the community survey done as part of the 2019-2021 Community Health Needs Assessment. We do not have more recent survey results than what is graphed below. However, we do know that the COVID-19 pandemic and the resulting isolation only served to create or escalate a multitude of behavioral health issues.



Source: Delaware County Community Survey, 2019

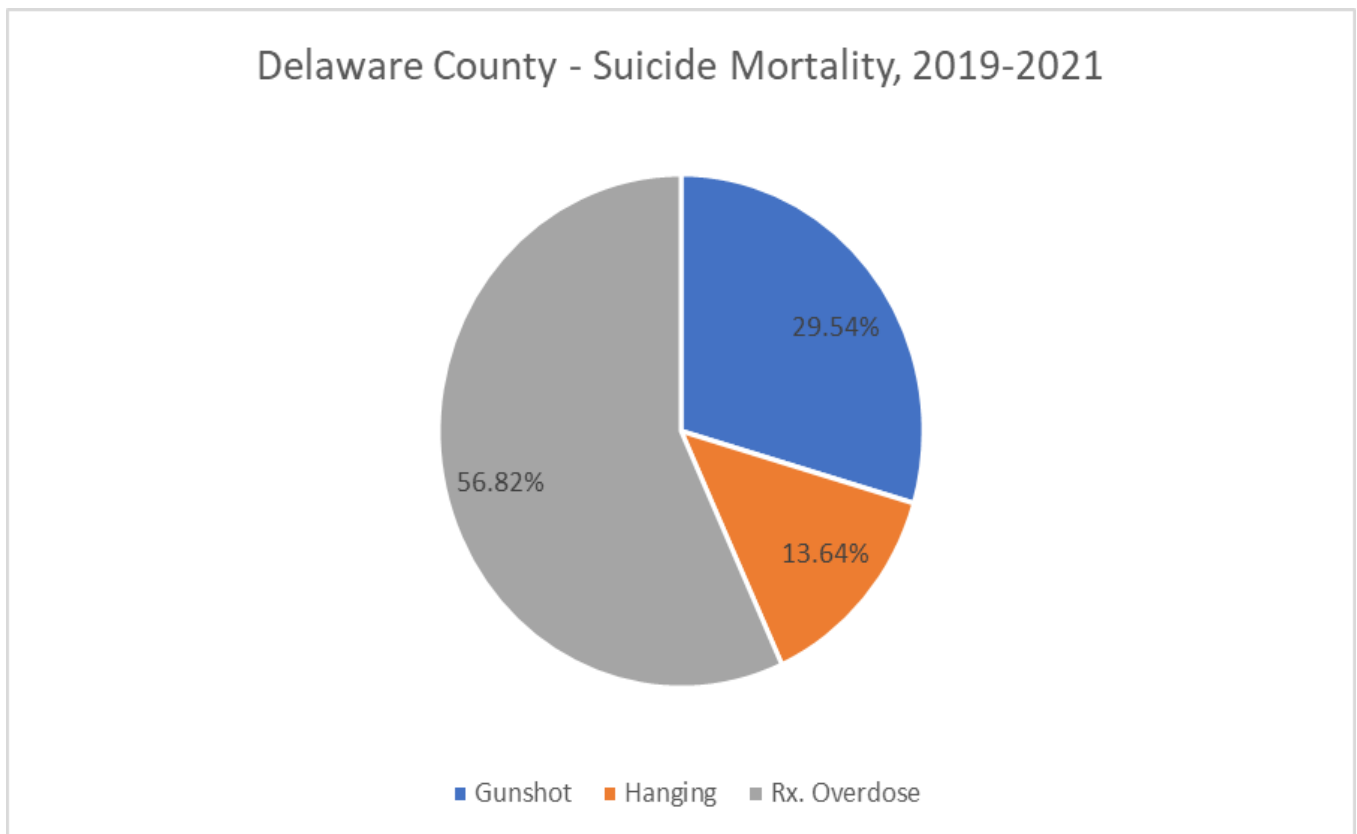
The graph illustrates 70% of the respondents to the 2019 survey reported mental health issues with either themselves or someone close to them within the past year as of 2019. This need highlights the need for more access to mental health services throughout the county. We do not have more recent survey results than these. However, we do know that the COVID-19 pandemic and the resulting isolation only served to create or escalate a multitude of behavioral health issues.





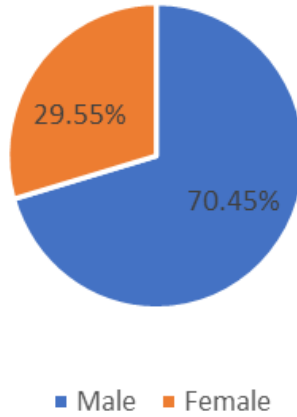
Although 70% of survey respondents reported a mental health issue, almost 40% were unable to receive treatment. Survey respondents reported barriers to accessing treatment as including stigma, embarrassment, and denial, transportation, and lack of mental health providers.

Delaware County's suicide death rate is much higher than Upstate NY and the NYS 2024 Prevention Agenda objective of 7.0. (Tables below). In 2016, the data states the age-adjusted rate was as high as 22.8 suicide deaths per 100,000. In Delaware County there were 6 deaths by suicide in 2019, 7 in 2020 and 6 in 2021 as per the 2021 annual report.



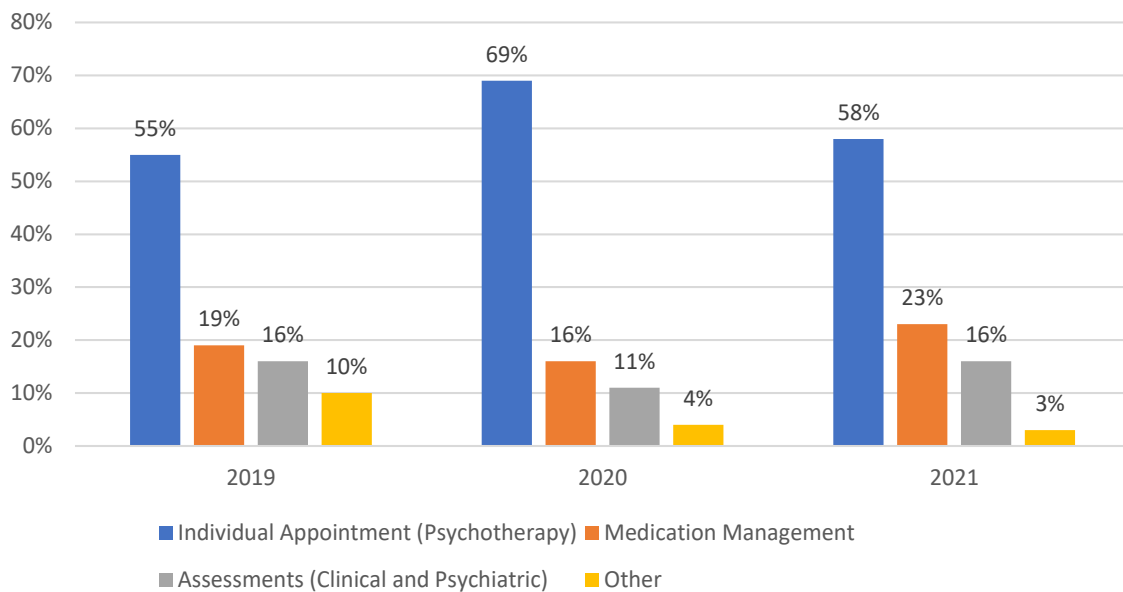
Graphs indicate that most of the suicide deaths in Delaware County are among men, and the most common means is drug overdose, followed by gunshot and hanging. Suicide prevention and intervention should be considered when addressing important health issues as a County.

## Delaware County - Suicide Mortality by Gender 2019-2021



Suicide mortality is most common among adults between the ages of 50-69, followed by those 30-49 and 70+ in Delaware County. Interventions aiming to reduce suicide mortalities should consider the age, gender, and means.

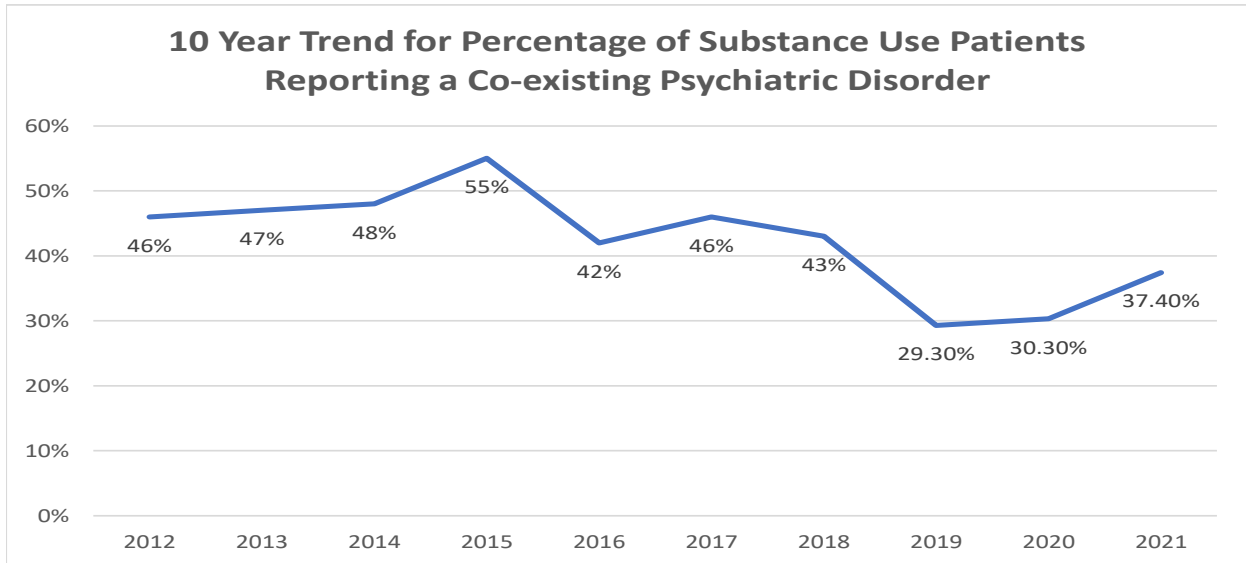
## Delaware County Mental Health Visits, 2019-2021



Of the services offered by Delaware County Community Services, individual psychotherapy makes up over half of the appointments in 2019-2021. Medication management is the second highest service provided, followed by assessments, and then the “other” category. Group therapy, family sessions, and crisis interventions make up the remaining percentages in the “other” category. (Graph above).

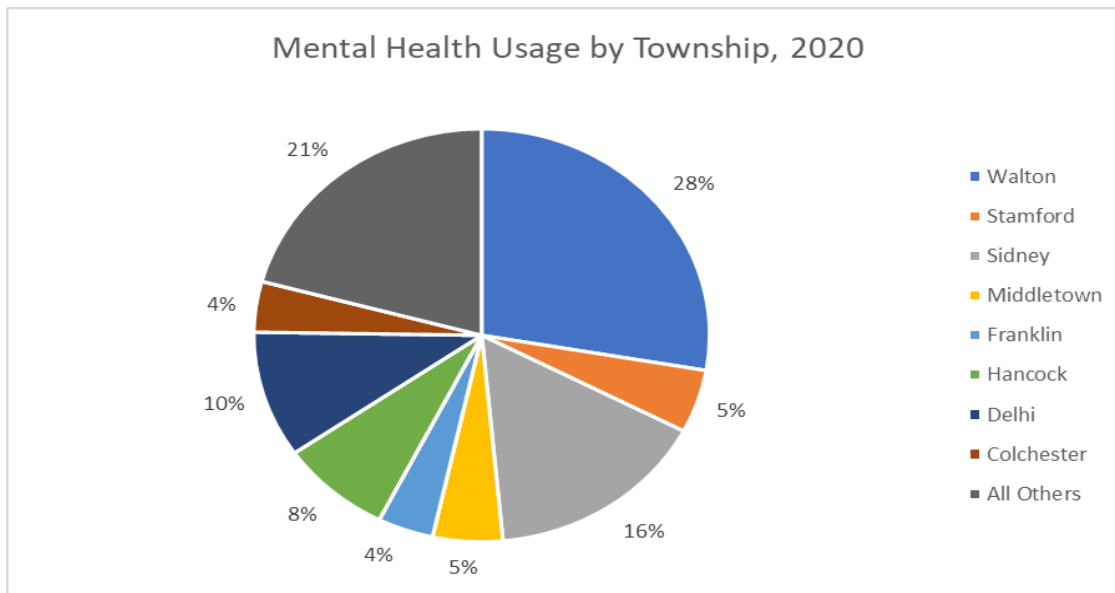
Delaware Valley Hospital has worked to address access to behavioral health services by contracting with a telehealth psychiatry firm for both NPP and LCSW professionals since January 2019. Working closely with the

Delaware County Mental Health Clinic Director, we interviewed and successfully credentialed a NPP and had several LCSWs. The results were mixed. Retaining social workers was challenging as they all had their own private practices in addition to their telehealth work. When those demands increased, they would, understandably, opt to devote their time to their private practice clients. As of this writing, Delaware Valley Hospital has successfully recruited a full-time psychiatric nurse practitioner who began in October and a full time LCSW, who will begin in February 2023.



Source: NYS OASAS LGU/County Admission Item Statistics Reports, 2019-2021

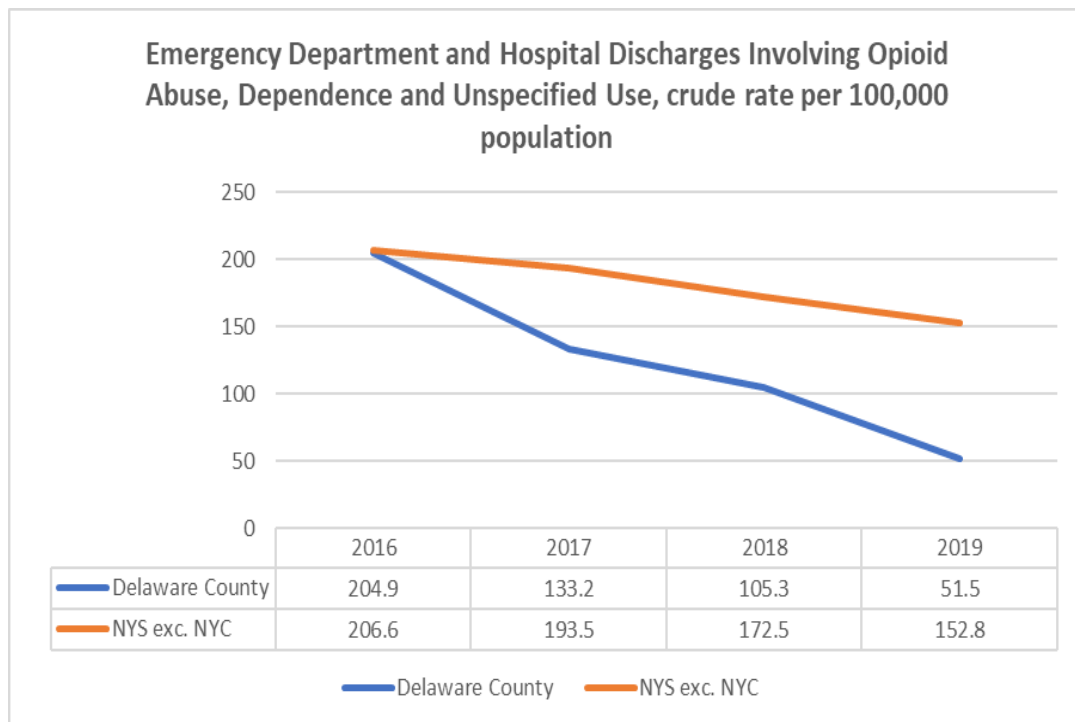
Since 2012, the number of patients admitted to substance use treatment programs in Delaware County with a history of mental health treatment increased until 2015 and then began decreasing until 2019. There has been an increase in these numbers from 2019-2021 (Graph above).



The above graph 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 Behavioral 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.

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The telepsych visit volume was as follows: 2019- 698 visits; 2020-890 visits; 2021- 422 visits; and through November 2022- 466 visits. In late 2020, we lost LCSW's due to the COVID-19 pandemic and the need for them to help their clients in the NYC and Long Island area. We were not able to successfully find replacements due to the dramatic need in the downstate NY area. In late 2021, we found a new provider, but unfortunately, she became ill in mid-2022 and passed. We believe by having our own providers, who are local to our area, we will be able to begin to provide care to more patients and augment the county services to help meet more of the need.



Opioid-related Emergency Department (ED) and hospital discharge rate of Delaware County residents has declined from 2016 - 2019 with Delaware County showing a more marked decrease than Upstate NY (Graph above). Delaware Valley Hospital was the only hospital located in Delaware County which had 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.

The inpatient addiction treatment program at Delaware Valley Hospital was seeing a steep decline in volumes, prior to the

COVID-19 pandemic. However, COVID meant that the drug courts, which had been a main referral source for clients, shut down. The need for social distancing resulted in Delaware Valley cutting its 10-bed unit to 5 beds. The volumes were as follows: 2019-115 discharges; 2020- 72 discharges; 2021- 65 discharges. The unit was temporarily closed in September 2021, due to inability to appropriately staff, low volumes and need to re-deploy existing staff to the medical

unit to care for the influx of patients due to the pandemic. In September 2022, the NYS Office of Addiction Services and Supports (OASAS) approved the permanent closure of the unit.

Although volume is down somewhat, Delaware Valley Hospital does, however, continue its outpatient buprenorphine program. Volumes have been as follows: 2020- 1,614; 2021- 1,283; and through November 2022- 1,072.

### Primary Care Provider-Related Behaviors, 2018

Reported Health Care Behavior	Delaware County	NYS (exc. NYC)
Adults with regular health care provider	78.9%	79.1%
Cost prevented visit to doctor within the past year (among adults)	6.1%	11.3%
Visited doctor for routine checkup with the past year (among adults)	70.0%	70.2%

Source: NYS Expanded Behavioral Risk Factor Surveillance System 2018 indicators,

Data as of 2020 NYS Community Health Indicator Reports (CHIRS)

The table shows age adjusted rates for primary care provider-related behaviors. 78.9% of Delaware County adults report having a regular healthcare provider which is lower than the rate in New York State. A lower percentage of respondents reported cost as a barrier to seeking care when compared with the rest of the State.

### 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.

### Comparative Data

<b>Quality of Life 2022 County Health Rankings – NY has 62 counties</b>							
	New York	Delaware	Chenango	Livingston	Essex	Otsego	Sullivan
Length of Life Rank	N/A	57	60	10	17	26	62
Premature death rate	6,000	8,100	8,600	5,800	6,200	6,500	8,700
Quality of Life Rank	N/A	28	48	17	18	19	59
Poor or Fair Health	16%	19%	19%	17%	16%	17%	20%
Poor Physical Health Days	3.6	4.2	4.3	3.9	3.8	4.0	4.1
Poor Mental Health Days	3.9	5.0	5.1	4.8	4.7	4.9	4.7
Low Birth Weight	8%	6%	7%	7%	7%	6%	8%

Source: NYS County Health Rankings 2022

<b>Health Behaviors 2022 County Health Rankings</b>							
	New York	Delaware	Chenango	Livingston	Essex	Otsego	Sullivan
Health Behaviors	N/A	39	51	19	22	37	40
Adult Smoking	13%	21%	21%	19%	18%	20%	19%
Adult Obesity	27%	32%	34%	32%	31%	30%	34%
Food Environment Index	9.0	7.8	8.2	8.5	8.6	7.5	8.3
Physical Inactivity	27%	30%	29%	27%	28%	26%	31%
Excessive Drinking	19%	22%	24%	22%	24%	23%	20%
Alcohol-Impaired Driving Deaths	20%	16%	16%	15%	25%	35%	24%
Sexually Transmitted Infections	640.6	217.5	218.2	267.0	173.5	458.9	375.2
Teen Birth Rate	13	10	21	6	16	7	18

Source: NYS County Health Rankings 2022

**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 report 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.

<b>Clinical Care 2022 County Health Rankings</b>							
	New York	Delaware	Chenango	Livingston	Essex	Otsego	Sullivan
Clinical Care	N/A	48	41	28	18	15	56
Uninsured	6%	6%	5%	5%	5%	5%	6%
Primary Care Physicians	1180:1	3150:1	2950:1	2520:1	2630:1	890:1	2900:1
Dentists	1190:1	3990:1	2920:1	2010:1	3070:1	1890:1	2770:1
Mental Health Providers	310:1	740:1	510:1	760:1	600:1	480:1	510:1
Preventable Hospital Stays	3717	3406	4023	3941	3000	4091	4066
Mammography Screening	43%	46%	46%	47%	45%	50%	38%
Flu Vaccinations	49%	47%	47%	52%	52%	51%	50%

Source: NYS County Health Rankings 2022

### **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 aged 67-69 having at least one mammogram over a two-year period.

**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-

- Medicaid eligible population HPSA and scores 16
- Dental- Medicaid eligible in Delaware County scores 18
- Mental Health – Medicaid Eligible in Del Co scores 17

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 mental health providers 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 above). These ratios do not account for Nurse Practitioners and Physicians Assistants, which make a large portion of the health care practitioners in rural counties.

Social & Economic Factors 2022 County Health Rankings							
	New York	Delaware	Chenango	Livingston	Essex	Otsego	Sullivan
Social & Economic Factors	N/A	36	25	7	23	12	59
High School Graduation	87%	89%	88%	92%	90%	93%	87%
Some College	70%	55%	55%	63%	56%	68%	56%
Income Inequality	5.7	4.7	4.3	3.9	4.1	4.3	4.8
Social Associations	8.1	12.9	11.2	11.9	15.2	12.4	10.6
Unemployment	10.0%	7.2%	6.9%	7.1%	8.1%	7.2%	8.8%
Children in Poverty	17%	19%	16%	12%	15%	17%	21%
Children in Single-Parent Households	26%	22%	21%	22%	19%	21%	25%
Violent Crime Rate	379	193	183	123	167	148	261
Injury Deaths	53	74	66	68	55	61	97

Source: NYS County Health Rankings 2022

**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 aged 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.

According to the social and economic factors, Delaware County has mixed performance. The High School Graduation rate has increased from 87% to 89%, however the percentage of individuals with some college is relatively low, although there was an increase from 53% to 55% since the last ranking. These factors, combined with an increased average unemployment rate (5.6% -7.2%), high rates of child poverty and single-parent households, lead to Delaware County receiving a rank of 36. There are three new ranking indicators in this table this year: income inequality, social associations, and injury deaths. These show Delaware County with the second highest percentages compared to the comparison counties. New York has the highest rating for income inequality at 5.7 but all other new indicator scores are lower than New York in the comparison counties. All comparison counties except Sullivan County (59) fall below Delaware County's rank of 36 (Table above)

Physical Environment 2022 County Health Rankings							
	New York	Delaware	Chenango	Livingston	Essex	Otsego	Sullivan

Physical Environment	N/A	16	12	53	1	41	58
Air Pollution Particulate Matter	6.9	6.6	6.5	6.7	3.4	6.4	7.2
Drinking Water Violations	N/A	No	No	Yes	No	Yes	Yes
Severe Housing Problems	23%	16%	13%	15%	13%	16%	17%
Driving Alone to Work	52%	75%	80%	80%	77%	76%	81%
Long Commute (> 30 min.) – Driving Alone	39%	33%	34%	40%	31%	29%	37%

Source: NYS County Health Rankings 2022

## **Physical Environment**

### ***Housing and Transit***

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

Physical environment is the last of the health factors. Among these rural counties with a relatively low population density, Delaware County performs better than three: Sullivan, Livingston, and Otsego. Unlike the 2019 ranking data, in this 2022 ranking, Delaware County does not have drinking water violations. Air pollution particulate matter numbers have dropped from 7.9 to 6.6. This comes in third to the comparison counties. Delaware County has the lowest rates of driving alone to work of all comparison counties (Table above).

## **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 36/62) and physical environment (housing and transit; ranked 16/62). 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 8.6% of households in the county do not have a vehicle available. 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 2022 Community Survey, 20.63% of respondents rated roads that are safe for people who walk or ride their bikes as most important for a healthy community. 12.70% of the respondents felt that parks and outdoor places to exercise and play were most important for a healthy community.

**Health and healthcare:** Health and healthcare can be impacted by health literacy, or the ability to obtain, read, understand, and use healthcare information 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 93.5% of county residents 18-64 have health insurance, the rate of those who are uninsured is as high as 13.8% in the 26-34 age bracket. 70% of adults in the county visited the doctor for a routine checkup in the past year, and 78.9% of county adults have a regular healthcare provider. 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. In the 2022 Community Survey, 17.46% of respondents felt that social connectedness was most important for a healthy community. 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 89.5% of adults in the county have attained a high school diploma or its equivalent, less than 23% of residents have attained a bachelor's degree or higher. 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 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 (\$100,000 and above) in comparison to State and U.S. percentages. As of 2021, 12.80% of the total population is reported to be living in poverty. When only looking at children living in poverty with a single female head of household, this number jumps to 54.2% for children under the age of 5 and 60.1% for children under 18 years old (2020 estimates). 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 45%.

**Food insecurity:** among the total population is 13.6%, with child food insecurity significantly higher at 22.9%. 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 6.1% of adults in the county report not having received medical care because of cost. In the 2022 Community Survey, 18.76% of respondents reported that high cost prevented them from seeking care. 27.23% of respondents had difficulty or didn't get to an appointment due to location, and 20.37% couldn't find a provider who accepted their insurance. All of these reflect the financial struggles experienced by this community.

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. What follows are the results of both surveys. They were used to help inform the direction of the hospitals and public health's plans.

## **Stakeholder Engagement Survey Results**

There were 17 respondents from across a variety of community service organizations and healthcare facilities.

When asked to rank the NYS Prevention Agenda priorities that they felt, if addressed locally, would have the greatest impact on the health and well-being of the residents they serve, they overwhelmingly chose Promote Well Being and Prevent Mental and Substance Use Disorders, 62.5%. The second highest was Prevent Chronic Diseases at 25%.

When asked what they felt the top 5 health concerns affecting the people they serve were, the 17 responses turned up

Mental Health/Substance Use; Opioid Use at 66.67%.

Mental Health/Substance Use Street substance abuse at 42.86% and finally,

Mental Health/Substance Use: Mental Health conditions at 36.36%

They felt the top contributing factors to health concerns included: lack of mental health services; socio-economic: poverty and finally self-care/mental health/addiction issues: stress (work, family, school etc.).

Regarding the social determinants of health, impacting those they serve: they were asked to rate them from very poor to excellent.

25% rated health and health care as excellent, but 31.25% rated it as very poor.

Economic stability (consider poverty, employment, food security, housing stability) was rated poorly with 71.43% rating it very poor or poor.

Education scored much better with 46.67% scoring it very good or excellent.

Social and Community Context (consider social cohesion, civic participation, perceptions of discrimination and equity, incarceration and institutionalization) 46.67% very poor or poor; 26.67% mid-range and only 26.67% as very good or excellent.

Finally, the results regarding neighborhood and built environment (access to healthy foods and beverages, quality of housing, crime and violence, environmental conditions and transportation) were more evenly divided. 41.18% thought very poor or poor, 11.76% were mid-range and 47.06% as very good or excellent.

This group felt that those residents with mental health issues and those who lived at or near the federal poverty level experienced the poorest health outcomes.

Just over one-third felt their organization/agency could best help preventing chronic diseases by increasing access to healthy and affordable foods and beverages; promoting tobacco cessation; promoting evidence-based care for individuals with chronic disease; and improving self-management skills of people with chronic diseases.

Approximately 30% felt they could help by improving community environments to support transportation and recreational physical activity.

Just under one-quarter thought they could help improve food and beverage choices, increase food security, promote childcare, school and worksite physical activity; and prevent initiation of tobacco use.

12% felt they could help eliminate exposure to second-hand smoke and increase early detection of cardiovascular disease, diabetes, pre-diabetes and obesity.

Only about 6% felt they could help increase access for people of all ages and abilities, to indoor and outdoor places for physical activity or help to increase cancer rates.

They were also asked what top three goals their organization/agency could assist with to achieve successful outcomes.

13 of the 17 said they could facilitate supportive environments that promote respect and dignity for all ages.

9 thought they could assist with preventing suicide.

8 could help with preventing opioid and other substance misuse and deaths, reducing the mortality gap between those living with serious mental illness and the general population.

Reducing the prevalence of major depressive disorders, was something 7 of the respondents felt they could assist with and finally,

6 thought they could help prevent and address adverse childhood experiences (ACES).

On May 17th the Community Engagement Survey was posted online. The survey was closed on June 23rd after receiving 442 responses.

The demographics (highest numbers) for respondents were as follows:

Live in Delaware County (99.77%)

Most were female (80.54%)

Most were white (92.99%) and not Hispanic or Latino (90.93%)

Ages of respondents were 50-64 years of age (38.32%) followed by 35-49 (26.08%) and Over 65 (24.94%)

This chart reflects the towns where most of the respondents live. The communities that are not listed had under 10 respondents each.

Town	Number of Respondents
Delhi	71
Walton	63
Franklin	46
Sidney	26
Margaretville	26
Downsville	18
Roxbury	17
East Meredith	14
Bovina Center	13
Delancey	12
Hamden	11
Hancock	11

258 of the 442 responses, or 58.37% came from community members living in Delaware Valley Hospital's primary or secondary service area. Their responses were given the highest regard when formulating the Community Service Plan for Delaware Valley Hospital.

### Five Features the Respondent Believes are the Most Important for a Healthy Community

	Answer Choices--(442 Respondents)	Responses in %
1	Access to health care (family doctor, hospitals, etc.)	66.44%
2	Fresh, healthy, and affordable foods close to where you live	46.71%
3	Safe and Affordable Housing	44.22%
4	A clean environment (no pollution/trash in public spaces including parks, playgrounds, and lakes)	43.76%
5	Low crime rates	43.76%
6	A healthy economy/good jobs	43.08%
7	Good schools	31.52%
8	Strong infrastructure (roads, bridges, water pipes, etc.)	28.34%
9	Social policies and programs (parental leave, social security, employment health insurance, etc.)	24.04%
10	Roads that are safe for people who walk or ride their bike	20.63%
11	Social Connectedness (a strong sense of community)	17.46%
12	Positive race/ethnic relations	16.55%
13	Public spaces and events that are accessible to people of all physical abilities	14.29%
14	Public Transportation (buses, trains, taxis, etc.)	13.83%
15	Family and other social supports	12.70%
16	Parks and outdoor places to exercise and play	12.70%
17	High quality, affordable day care	12.24%
18	Arts and cultural events	6.12%
19	Religious or spiritual values	5.90%
20	Other: (16 responses) - Included access to health care (mental and physical), broadband access, senior services, childcare, rec centers for kids, some respondents chose all of the choices as important, acceptance of new people, jobs that don't destroy natural resources, and concern over bail reform	3.63%

There were 172 additional comments offered as feedback on what respondents believe make a healthy community. There were a very large number (about ¼) indicated the need for a community that comes together, whether a native of Delaware County or a newcomer, to improve the health of the community.

There were also a lot of comments and suggestions regarding the importance of mental health services. The 2021 Delaware County Community Services Annual Report reflects these concerns and states there has been unprecedented incidence of anxiety and depression within the community.

There were many comments about needing community programs and events. Recreational events were mentioned as well as the need for safe child and senior care programs to help support those who work.

Lack of transportation was a strong theme also. There was a call for local jobs that provide a living wage. Economic limitations prevent residents from buying quality food to maintain their health or to access health care due to the distance to obtain it or the high cost of the care, whether insured or uninsured.

Tied to lack of transportation is the barrier to medical and specialty health care. Distance to these services is a challenge for many county residents. Some may not have a vehicle and there is no public transportation available. Access to care is an ongoing issue.

Better communication, better education, and better government programs to support the community were all mentioned (as well as suggestions for less government involvement).

All comments reflect the major issues that a rural, underserved community is faced with and were presented in a way that showed that a lot of thought had been put into providing helpful recommendations.



### Five Biggest Health Problems the Respondent Believes Their Community is Currently Facing

	Answer Choices--(442 Respondents)	Responses in %
1	Addiction to alcohol or drugs	71.95%
2	Mental health issues	68.55%
3	Obesity in adults	55.88%
4	Heart disease and stroke	35.97%
5	Obesity in children	34.84%
6	Diabetes	34.39%
7	Cancer	28.51%
8	Diseases spread by insects (Lyme disease, EEE, West Nile virus, etc.)	23.98%
9	Infectious diseases (flu, Covid, hepatitis, TB, etc.)	23.76%
10	High blood pressure	23.53%
11	Chronic stress	22.40%
12	Problems with teeth and gums	20.14%
13	Suicide	15.38%
14	Alzheimer's disease, dementia, or memory loss	12.90%
15	Asthma or other breathing problems	9.05%
16	Developmental delays in children	7.69%
17	Other: (16 responses) -access to care issues (preventive care, female healthcare, lack of doctors), health issues (mental health, COVID)	3.62%
18	Secondhand smoke	2.26%
19	Injury/falls	2.04%
20	Teenage pregnancy	1.58%
21	Sexually transmitted diseases	1.36%
22	Unsafe drinking water	1.36%
23	Air pollution	1.13%
24	Accidents at work	0.90%
25	Lead poisoning in children or homes	0.68%
26	HIV/AIDS	0.45%
27	Babies born too small or too soon	0.45%

There are 117 additional comments offered. Comments were somewhat in line with the percentages in the answer choice table above. However, mental health and drug addiction took second and third place to lack of access to local medical, specialty, and dental services.

The need for preventive education was a frequent comment as well as access to healthy sources of food.

Barriers caused by lack of transportation and economic struggle were also frequently mentioned.

**Five Health Behaviors or Social Factors the Respondent Believes is the Biggest Problem  
for their Community**

	Answer Choices--(442 Respondents)	Responses in %
1	Illegal drug use	68.25%
2	Unhealthy eating	58.96%
3	Abuse (emotional/physical/sexual)	47.17%
4	Not enough physical activity	43.34%
5	Smoking or tobacco use (cigarettes, hookah, chewing tobacco, etc.)	36.51%
6	Drinking and driving	33.11%
7	Social isolation	35.65%
8	Food insecurity (not enough to eat)	29.93%
9	Not getting vaccines (shots)	28.12%
10	Texting and driving	21.32%
11	Binge drinking (having many alcoholic drinks in a short period of time)	20.18%
12	Discrimination (based on age, gender, physical ability, race, religious beliefs, sexual preference, etc.)	19.73%
13	Electric cigarette use (vaping)	13.61%
14	Homelessness	9.52%
15	Not using birth control	7.71%
16	Lack of medical care during pregnancy	7.03%
17	Other: (30 responses) – 9 Socio-economic concerns, 8 Medical/MH such as access, quality, vaccine injuries, 3 social concerns, 3 lack of education concerns, 3 government overreach concerns.	6.80%
18	Sexual assault (including rape)	5.67%
19	Violence (guns, gang/neighborhood/drug violence)	4.99%

There were 88 additional comments provided as feedback to answer what the respondents believe is the biggest health behaviors and social factors that are problematic for their community.

The need for preventive education was a strong theme throughout the 88 comments as was the need for mental health support, socio-economic struggles, as well as lack of settings for socialization events.

Comments regarding inadequate communication by community agencies was mentioned several times.

Lack of transportation options is a common comment.

Drug and alcohol abuse was written as additional feedback (also the number 1 answer choice for this category. See table).

### Five Health Systems the Respondent Believes is the Biggest Problem for their Community

	Answer Choices--(442 Respondents)	Responses in %
1	High cost of healthcare	73.70%
2	Access to mental health services	66.44%
3	High cost of prescription medications	58.73%
4	Access to a dentist	52.38%
5	Access to a regular doctor or health care provider	48.98%
6	Lack of transportation to medical appointments (car, bus, ride from a friend, etc.)	46.49%
7	Lack of health insurance coverage	40.36%
8	Access to drug or alcohol abuse treatment	35.60%
9	Not understanding health information from a provider (after leaving the hospital or during a medical appointment)	22.68%
10	Access to services that can prevent diseases or find it earlier (vaccines, screening tests, etc.)	20.41%
11	Lack of empathy from providers	12.70%
12	Discrimination or bias from medical providers	7.94%
13	Other: (33 responses) 17 out of 33 responses are about healthcare access issues, 4 are about the quality of existing health care, 7 socioeconomic issues over cost of care, insurance and prescriptions	7.48%
14	Access to language translators	2.27%

There were 107 additional comments provided by respondents on what they think the health system issues are in their community.

Most of the additional comments had to do, again, with access to health care, whether primary care provider, specialist, lab work, dental care, or mental health care. Access issues included both financial as well as transportation barriers. Comments mentioned having to travel hours for care. One respondent reports a two-hour trip for a medical telehealth contact. Besides issues with distance, there were comments regarding insurance company interference with access to certain providers and care options.

There were also many comments and concerns regarding quality of care that is offered by local providers.

**Which of the following have you, or your family, experienced when seeking medical care in the last 3 years?**

	<b>Answer Choices---(442 Respondents)</b>	<b>Responses in %</b>
1	Having difficulty because too long a wait to get an appointment	44.62%
2	Difficulty or not getting to a medical appointment due to location	27.23%
3	Difficulty or not getting to a medical appointment due to office hours	25.40%
4	Feeling like your provider is not listening	20.59%
5	Having difficulty because couldn't find provider who accepts your insurance	20.37%
6	Difficulty or not getting to a medical appointment due to fear of Covid exposure	19.22%
7	Having difficulty because high cost prevented you from seeking care	18.76%
8	Feeling like your provider is not spending enough time with you	17.85%
9	Feeling like your provider does not understand you or your experience	16.48%
10	None of the above	15.10%
11	Feeling like your provider is not providing continuous care from the same provider at each visit	14.65%
12	Difficulty or not getting to a medical appointment due to delay because Covid testing is required first	12.81%
13	Difficulty or not getting to a medical appointment due to not having sick leave at work	12.59%
14	Difficulty or not getting to a medical appointment due to lack of transportation	10.98%
15	Having difficulty because wait time in the providers' office impacted your ability to meet your obligations (work, family, etc.)	10.53%
16	Other: (44 responses) – 27 responses were regarding access to care, 7 were about quality of health care, 4 insurance issues/billing – overreach by insurance companies, need for better health care system (single payer) poor billing practices by provider, need for better senior care housing options	10.07%
17	Feeling like your provider is judging you (stigma or discrimination)	9.38%
18	Feeling like your provider is not providing a clear explanation of health information	8.24%
19	Having difficulty because not having health insurance	7.55%
20	Difficulty or not getting to a medical appointment due to lack of childcare	6.86%
21	Feeling like your provider is not providing language or translation needs	0.23%

Additional feedback was not collected for this section but there were 44 “other” responses that respondents provided that showed thoughtful consideration of this section.

## **Covid-19 Pandemic**

Throughout the pandemic, DVH has been continually implementing strategies to keep patients, visitors, and staff safe. The hospital was heavily focused on this throughout 2020, 2021 and to a lesser extent in 2022, as life with COVID-19 begins to become more the new “normal.”

### **Access Response**

- Pre-entry screening was put into effect
- Glass canopies were added over walkways to provide protection to visitors and patients from the weather as they wait for screening.
- Visitation was restricted or paused as necessary and virtual visitation was implemented
- Clear barriers were installed at all registration areas to keep both staff and patients/visitors safe.
- Appointments were staggered to lessen the number of people in a waiting room
- Waiting rooms were re-configured to allow for social distancing
- Virtual and telephonic visits were instituted at all Primary Care locations.

### **COVID-19 Care**

- DVH continues testing, vaccinations and treatment as appropriate and allowed.
- Surge plan was developed, and some offices were reverted back to patient rooms.
- The creation of space for additional beds assisted the UHS system by giving DVH the capability and flexibility to take more swing bed patients and/or keep patients who otherwise may have been sent to UHS. This freed up beds critically needed for more seriously ill patients at UHS Binghamton General Hospital and UHS Wilson Medical Center.
- The addition of an outdoor staff annex to house supplies and PPE gives staff a place to get out of the weather but still have access to patients as they perform drive-through COVID testing.
- Implementation of a hospitalist model of care
- Communication is available through signage, the nyuhs.org website and voice mail messages.
- System-wide transition to the Epic EHR took place in September 2020

### **Environmental Response**

- UV wand and air ionizer were put into use to reduce the time to sanitize rooms and equipment between patients.
- EVS increased cleaning of high touch areas.
- Power sprayer/fogger and Virex Plus utilized, which lessens the wet time for disinfection.
- Negative air pressure was installed in all ER rooms and most medical floor rooms.
- Negative pressure rooms were created in each of the three Primary Care Centers.
- UVC lights installed in air handlers to increase their filtering capabilities.

### **Supply Chain**

- Supply chain staff processed additional orders, tracked back orders, conducted inventory of PPE, worked with UHS colleagues to find alternatives for supply chain constraints.
- EVS increased linen and chemical orders to address needs associated with increased patient volumes.
- Infection control procedures included hand sanitizer distribution, use of disposable cups and plastic bag for ice.
- PPE supplies increased and maintained so it would be available to staff.

## **Caring for Staff**

- Daily safety huddle with hospital-wide departmental participation to share information that could affect patient care and/or staff and visitors.
- Daily UHS system huddle with system-wide participation
- Communication through a weekly update or more often if necessary
- CEO began monthly update regarding all issues, not just COVID-19 issues
- Attention to the mental health of staff
- Wellness room created for employees, with massage chair for a place to renew energy
- Therapy dog brought in for staff
- Nursing staff was augmented by hiring additional Certified Nursing Assistants
- Creation of an in-house “agency nursing” model led to staff covering more open shifts by working as a team. If all shifts got covered within the monthly schedule, the nurse covering that shift was paid at “agency nursing rate” for that shift.
- COVID vaccination events held at all hours to accommodate staff.

## **Findings and How Delaware Valley Hospital is Working to Address Needs**

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 have not changed from the previous Community Health Needs Assessment, and are below:

### **Key Findings from the Assessment**

- **Access to all types of care**
- **Importance of mental health services**
- **Preventive education**
- **Lack of transportation**
- **Need for better communication**
- **A coming together of native and newcomer residents**
- **Community events and programs**

The following is a description of the ways Delaware Valley Hospital is helping to address the concerns listed above.

### **Access**

Access to care is a huge concern for Delaware Valley Hospital. In fact, the hospital’s mission statement addresses access: “As a trusted partner, we listen, educate, value and inspire our patients as we deliver the high-quality care and services needed most often. ...also serves as the gateway for patients to access the specialists and .... technology available within the UHS system.

DVH began to address many of these issues in a variety of ways. The pandemic created challenges in regard to access, but Delaware Valley continues to keep access to care uppermost in its strategic planning. The hospital continues expanded hours at its Walton primary care site and both the Downsview and Roscoe offices are open 5 days per week. 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, it is hoped 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.

Through its affiliation with United Health Services, the hospital and UHS staff continually work together to bring specialty services to Delaware Valley. Cardiology, gastroenterology, orthopedics and vascular surgery are now available at Delaware Valley Hospital. In addition, DVH has brought nuclear medicine, echocardiograms and mobile MRI to its Walton location, reducing the need for patients to travel long distances for these types of testing.

### **Importance of Mental Health Services**

Delaware Valley had integrated behavioral health services, through the use of telehealth, into its primary care office in Walton. It has just hired a full-time psychiatric nurse practitioner and a full-time social worker to further expand its mental health capabilities. The nurse practitioner is on-site, while the social worker will be serving patients via video-conferencing. The Community Service Plan (CSP) addresses the need to expand access to GI services.

### **Preventive Education**

The Community Service Plan allows for the dissemination of educational materials for hypertension, diabetes and colorectal cancer and screening.

### **Lack of transportation**

Delaware County has commissioned a consulting firm to perform a transportation study and develop a plan to begin offering public transportation in various areas of the county. A committee of agency and organizational stakeholders has been formed to work with the firm. Delaware Valley Hospital has a representative on the committee.

### **Need for better communication**

#### **A coming together of native and newcomer residents**

#### **Community events and programs**

These three concerns can begin to be addressed through the community survey that will be done in Walton, the resulting report and the review and identification of how best to communicate with the public about local events and activities, as well as any activities that may be wanted and are not currently available. This will help foster better communication and opportunities for all residents, regardless of their longevity in the community, to interact in events they enjoy.

## **COMMUNITY SERVICE PLAN**

*The disparity for all the following objectives will be low-income residents living in rural Delaware County.*

### **Priority: Prevent Chronic Disease**

#### **Focus Area 4: Preventive care and management**

##### **Goal 4.1 Increase cancer screening rates**

##### **Objective:**

The percentage of DVH patients, age 50-75 years receiving a colorectal screening will increase.

**Interventions:**

- Work with primary care providers and staff to utilize the tools within the new Epic EHR, to ensure both providers and patients receive appropriately spaced reminders through EHR alerts, mail, phone calls, email and/or
- e-chart notifications.
- Work to secure additional access to GI specialty care and colonoscopy procedures.
- Marketing staff will secure or create additional educational materials regarding colorectal cancer so the general public can gain a higher awareness of the importance of screening.

**Family of Measures:**

- The percent of compliance with screening guidelines among DVH patients
- Number of days GI consultation and colonoscopies are available at DVH.
- Materials regarding colorectal cancer are more accessible to the public

**By December 2023, we will have completed...**

- The percentage of patients receiving screening will increase to 32.5% from 31.2%
- Options assessed to create additional access to GI specialty care and colonoscopy procedures
- Colorectal cancer information will be available in all DVH facilities' brochure racks

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

- Increase the percentage of patients, age 18-75 years, with adequately controlled blood pressure
- To increase the percentage of diabetic patients, age 18-75 years who have an HbA1c test, within the past year with a result <8%

**Interventions:**

- Work with primary care providers and staff to utilize the tools within the new Epic EHR, to ensure both providers and patients receive reminders through EHR alerts, mail, phone calls, email and/or e-chart notifications to have follow-up visits
- Marketing staff will secure or create additional educational materials regarding hypertension and its risk so general public can gain a better awareness of the importance of ongoing screening and role diet plays in maintaining healthy blood pressure.
- Marketing staff will secure or create additional educational materials regarding diabetes and its risk so the general public can gain a higher awareness of the importance of glucose and HgA1c screening and the role diet plays in maintaining healthy blood sugar levels.

**Family of Measures:**



- The percentage of patients who have adequately controlled blood pressure.
- Hypertension information will be more accessible to the public.
- The percentage of diabetic patients who have had an HgA1c reading of <8% within the past year.
- Diabetes, dietary and HgA1c testing information will be more accessible to the public.

**By December 2023, we will have completed...**

- The percentage of patients with adequately controlled blood pressure will increase from 73.7% to 78%
- Hypertension information will be available in all DVH facilities' brochure racks
- The percentage of diabetic patients who have had a HgA1c with a result of <8%, within the past year will rise from 74.7% to 78%
- Diabetes information will be available in all DVH facilities' brochure racks

**Priority Area: Promote Well-Being and Prevent Mental and  
Substance Use Disorders**

*The disparity for all the following will be Low-income residents and isolated residents living in rural areas of Walton, NY*

**Focus Area 1: Promote Well-Being**

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

**Objective: Identify and work to alleviate barriers to accessing socialization opportunities, reducing isolation and the behavioral health issues that can occur because of it.**

**Interventions:**

- Survey Walton NY community members regarding their socialization practices
- Survey Walton NY organizations, businesses, churches, school, library, theater, clubs etc. regarding what they offer in terms of activities and events throughout the year.
- Compile results of both surveys
- Create a resource booklet and internet page where residents can research opportunities
- Share the community members responses with the community organizations
- Create a work group consisting of both community and organizational stakeholders

**Family of Measures**

- Will present the survey to at least 5 groups to encourage participation as individuals
- Report of the results of both surveys will be produced
- Resource book and internet page is available and distributed
- A plan for quick hit strategies will be formed, as well as a list of further interventions that are needed to reduce isolation.

**By December 2023, we will have completed...**

- Collected and collated all the residents' and organizations' responses
- Using the report, we will identify the barriers to accessing socialization opportunities. Also identify those activities that residents would like to see, but currently don't exist. Identify how most receive their information about what is going on in the community.
- Identify the opportunities local groups offer for socialization. Identify when they are held, who is the target audience and how they promote the activities.
- Design and format will be decided and how to distribute will also be decided.
- Community organizations will be made aware of how to better target and promote their activities and begin to integrate them into their planning.
- The quick hit plan will be implemented, and further interventions prioritized, and a strategy formed to deal with each intervention

## **Goal 1.2: Facilitate supportive environments that promote respect and dignity for people of all ages.**

**Objective: A streetscape plan will be developed for Delaware Street (The main street through the village of Walton) and interventions prioritized, and an action plan developed**

### **Interventions:**

- A streetscape plan that will enhance the appeal, the walkability and create age-friendly accessibility will be developed in conjunction with Del Co Planning, Walton Chamber and Village of Walton government representative
- The design is shared with stakeholders, reviewed and a prioritized action plan developed

### **Family of Measures:**

- Plan is presented to interested community members and organizations

### **By December 2023, we will have completed...**

- Quick-hit improvements will be identified and funded. NYS DOT will be contacted and told of plans and work to develop a timeline. Longer-term or more expensive strategies will be identified, potential funding sources identified, and an action plan developed to make improvements.

## **Ongoing Participation**

The Director of Primary Care Services will oversee the progress of the interventions regarding chronic disease care and management.

Delaware Valley Hospital staff (Community Relations Director) will play an integral role and serve as the catalyst to bring the Walton stakeholders together to ensure the survey is completed, the report shared, and the streetscape design is completed. DVH will maintain representation on the Walton Chamber of Commerce and other committee(s) as appropriate. If necessary, DVH will assist in providing support in writing any grant requests necessary to fund selected initiatives.

## **Dissemination of Report**

Dissemination of the report will be to the hospital's Board of Directors, senior management team and staff through email. Hard copies can be obtained by request from the hospital's Community Relations Department. An overview will be presented to department managers and the hospital's volunteers. It will be located on the United Health Services website and a news release will direct the public to the site at

<https://www.nyuhs.org/why-choose-us/community-service-reports>

B. MH



# Margaretville Hospital

Westchester Medical Center Health Network

## MARGARETVILLE MEMORIAL HOSPITAL

### COMMUNITY SERVICE PLAN

2022-2024



Margaretville Memorial Hospital  
42084 NY-28, Margaretville, NY 12455

## Margaretville Memorial Hospital 2022 - 2024 Community Service Plan

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## TABLE OF CONTENTS

<b>Executive Summary .....</b>	<b>4</b>
<b>Hospital Description, Mission, and Vision .....</b>	<b>6</b>
<b>Facility Service Area and Description of Community .....</b>	<b>7</b>
<b>Health Needs Assessment Process .....</b>	<b>10</b>
<b>Priority Health Needs .....</b>	<b>16</b>
<b>Implementation Strategy .....</b>	<b>30</b>
<b>Dissemination Plan .....</b>	<b>37</b>
<b>Governing Board Approval .....</b>	<b>38</b>

## Executive Summary:

As required by the New York State Department of Health (NYSDOH), Margaretville Memorial Hospital (aka Margaretville Hospital) is reaffirming its commitment to improve population health for all patients and communities it serves in Delaware County, as presented in this **2022-2024 Community Service Plan** (CSP). The CSP is the culmination of a year-long community health needs assessment process, a collaborative effort of multi-sectoral partner providers including four principal entities, the Delaware County Public Health (DCPH) and three critical access hospitals: Margaretville Hospital (MH), part of the HealthAlliance of the Hudson Valley and a member of the Westchester Medical Center Health Network (WMCHealth); Delaware Valley Hospital (DVH), an affiliate of United Health Services (UHS) system; and O'Connor Hospital (OCH) of the Bassett Healthcare Network. Also included as part of the CSP is Margaretville Hospital's adopted **Implementation Plan**, which outlines MH's action plans to address the identified health needs in Delaware County. Since the NYSDOH recommends that the community health needs assessment serves as a joint effort for the creation of the Delaware County Community Health Improvement Plan (CHIP) and the hospitals' CSPs, Margaretville Hospital will highlight key events, findings, and interventions from its perspective in this document. A detailed, county-wide comprehensive health data report is included in the Delaware County 2022-2024 CHIP, which is publicly available.

At the conclusion of the community health needs assessment process, Margaretville Hospital aligned its action plans with the 2022-2024 Delaware County

CHIP and NYS Prevention Agenda by targeting two public health prevention priorities:

- **Priority I: Prevent Chronic Disease**

- *Focus Area 4:* Preventive care and management

- **Priority II: Promote Well-Being and Prevent Mental Health & Substance Use Disorders**

- *Focus Area 2:* Prevent Mental and Substance User Disorders.

Specifically, for Priority I, MH plans to 1) promote evidence-based care to prevent and manage chronic lower respiratory diseases (CLRD), including asthma and chronic obstructive pulmonary disease (COPD) and 2) improve self-management skills for individuals with CLRD in the community setting. To achieve these goals by December 2024, MH will identify, track, and provide pulmonary screening and care coordination to 100 new CLRD patients, provide education and training to four cohorts of CLRD patients, and host community workshops and health fairs to increase the public knowledge in the prevention and self-management of CLRD conditions. MH will also provide training to a minimum of 80% of all nursing and provider staff members to generate a well-informed workforce in the recognition and referral process for patients to be screened for CLRD at MH.

For Priority II, by December 2024, MH's goals are to 1) prevent opioid overdose deaths by reducing overdose deaths by 7% and 2) reducing all emergency department visits for opioid overdose by 5%. MH will achieve these goals by increasing the availability of/access to overdose reversal (naloxone) trainings to



prescribers, pharmacists and consumers, promoting and encouraging prescriber education and familiarity with opioid prescribing guidelines, establishing additional permanent safe disposal sites for prescription drugs and organizing take-back days, and integrating trauma-informed approaches in training staff.

Margaretville Hospital recognizes the importance and solemnity of these commitments to its patients and residents of Delaware County in order to achieve health equity for all.

## I. Hospital Description, Mission, and Vision

Margaretville Memorial Hospital (Margaretville Hospital), an affiliate of HealthAlliance of the Hudson Valley (HealthAlliance), a member of Westchester Medical Center Health Network (WMCHHealth)

Margaretville Memorial Hospital (Margaretville Hospital) 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 in NYS. Margaretville Hospital is the Delaware County affiliate of HealthAlliance, a multi-campus health care system consisting of HealthAlliance Hospital Mary's Ave and Broadway campuses in Kingston, NY. Margaretville Hospital is co-located on a single campus in Margaretville, NY (Delaware County) with the Mountainside Residential Care Center, a skilled nursing facility, and Advanced Physician Services (APS), an outpatient medical group practice. Margaretville Hospital provides linkages to high tech and specialty medical care through an active relationship with HealthAlliance and WMCHHealth.

### *About Westchester Medical Center Health Network*

The Westchester Medical Center Health Network (WMCHHealth) is a 1,700-bed healthcare system headquartered in Valhalla, New York, with nine hospitals on seven campuses spanning 6,200 square miles of the Hudson Valley. WMCHHealth employs more than 12,000 people and has nearly 3,000 attending physicians. From Level 1, Level 2 and Pediatric Trauma Centers, the region's only acute care children's hospital, an academic medical center, several community hospitals,

dozens of specialized institutes and centers, skilled nursing, assisted living facilities, homecare services and one of the largest mental health systems in New York State, today WMCHHealth is the pre-eminent provider of integrated healthcare in the Hudson Valley.

## **II. Facility Service Area and Description of Community**

Margaretville Hospital serves all residents of Delaware County, NY but 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 primarily serves the communities of Margaretville, Arkville, Andes, Fleischmanns, Roxbury, Halcott Center, Halcottsville, and New Kingston within the county. In addition to Margaretville Hospital, there are three other hospitals, operated by two other healthcare systems in the area: Delaware Valley Hospital affiliated with United Health Services, as well as O'Connor Hospital and A.O. Fox Hospital, affiliated with the Bassett Healthcare Network. Additionally, there are two other nursing homes in the county, 14 primary care offices including health centers and private physician offices.

Delaware County is home to 44,676 residents, almost evenly divided by male and female, with 94% White, 2% Black, 1% Asian; 4% identified as Hispanic. A landlocked, yet isolated rural community located on the eastern border of upstate New York's Southern Tier Region with a total land area of 1,467 mi<sup>2</sup>, the county has

a low population density of 32 people/mi<sup>2</sup>.<sup>1</sup> Delaware County is the fourth largest of New York's 62 counties, the fifth most rural and 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.

The county prominently includes the New York City (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 NYC and parts of Westchester, Putnam, Orange and Ulster counties. The watershed region comprises roughly 65% of the county's land area, covering about 2,000 miles, 11 of its 19 townships, and where approximately 55% of Delaware County's population reside. Because of the environmental ecosystem of the watershed, there have been strict regulations pertaining to agricultural pollution and building construction. Despite the limited economic opportunities, the county has found alternative economic prospects in both specialty and diversified farming, tourism, and seasonal recreational activities, taking advantage of its natural beauty and life-rich environment. Accordingly, while health care, government, schools and social services agencies comprise much of the employment opportunities located in the county, there are niche enterprises that continue to support the local

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<sup>1</sup> US Census, ACS Narrative Profile (2016-2020) - <https://www.census.gov/acs/www/data/data-tables-and-tools/narrative-profiles/2020/>

economy. Consequently, the combination of the county’s history, geography, and social economic factors shapes the county’s health status and current conditions.<sup>2</sup>

**Table 1:** Demographic Data<sup>3</sup>

	US	New York State	Delaware County
<b>Total Population</b>	326.6M	19.5M	44,676
<b>Female (n, %)</b>	165.8M (50.8)	10M (51.5)	22,123 (49.5)
<b>Male (n, %)</b>	160.8M (49.2)	9.5M (48.5)	22,553 (50.5)
<b>Median Age</b>	38.2	39.0	<b>48.3</b>
<b>White (%)</b>	70.4	62.3	93.7
<b>Black (%)</b>	12.6	15.4	1.8
<b>Asian (%)</b>	5.6	8.6	0.8
<b>Hispanic (%)</b>	18.2	19.1	4.0
<b>Population 65+ (%)</b>	16.0	16.5	<b>24.5</b>
<b>Education (% Bachelor's +)</b>	32.9	37.5	<b>22.1</b>
<b>Employed (% 16 years old +)</b>	59.6	59.3	<b>51.9</b>
<b>Median Income</b>	\$64,994	\$71,117	<b>\$49,945</b>
<b>Poverty (%)</b>	12.8	13.6	<b>16.2</b>
<b>Disability (%)</b>	12.7	11.6	<b>17.7</b>
<b>Broadband internet (%)</b>	85.2	85.2	<b>79.4</b>

Demographic data based on the latest US Census indicate that residents in Delaware County are older; 41% of all households have one or more adults 65 or older. The county also has a significantly higher percentage of people 65+, at 24.5%, compared to NYS (16.5%) and the US (16%). An older and aging population signifies an increased risk of people living with chronic diseases and disability, and

<sup>2</sup> Delaware County Community Health Improvement Plan (CHIP) 2022-2024 - <http://delawarecountypublichealth.com/>

<sup>3</sup> US Census. Ibid, 7

Delaware County has a higher rate of disability compared to NYS, at 17.7% vs. 11.6%. With a median age of 48.3 vs. 39 for NYS, Delaware County also has a considerably lower number of residents with a post-secondary degree, 22% compared to NYS at 38%. Similarly, NYS has a 150% higher rate of employment than the county, while Delaware has a higher rate of poverty compared to the state and the nation. This finding is expected since the county has a median income of \$49,945 vs \$71,117 for NYS. See *Table 1*.

In addition to the US census data, examination of the ALICE threshold data (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 - provide a better understanding of the breadths and scope of challenges families face when it comes to poverty and related factors. Based on 2018 ALICE data, 30% of Delaware County met the ALICE threshold compared to NYS at 27%. Among households of those 65+ living in the county in the same year, the threshold increased to 45%, compared to 25% for single/cohabiting, and 14% for families with children. The data reflect the struggles many households face due to rising living costs and lagging wages,<sup>4</sup> exacerbated for those with fixed incomes such as the elderly and retired populations. Lack of economic opportunities and an aging population result in another challenge for the county, population decline. Over the years, with a -6.9% population change from 2010 to 2020,<sup>5</sup> Delaware County has

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<sup>4</sup> Delaware County CHIP. Ibid, 8.

<sup>5</sup> Towncharts.com - <https://www.towncharts.com/New-York/Demographics/Delaware-County-NY-Demographics-data.html>

one of the highest population declines in the state and faces higher social, economic, and health disparity needs for a more vulnerable population.

### **III. Health Needs Assessment Process**

Representatives from Delaware County Public Health (DCPH) and three critical access hospitals in Delaware County, Margaretville Hospital (MH), Delaware Valley Hospital (DVH), and O'Connor Hospital (OCH), formed the Community Health Needs Assessment (CHNA) workgroup and began meeting in 2022 to work on the Community Health Assessment, Delaware County Community Health Improvement Plan (CHIP), and hospital Community Service Plans (CSPs). Meetings were held monthly to develop community surveys, review data, and determine CHIP and CSP objectives and activities. Led by DCPH, a review and update of national, state, regional, and county data in the Community Health Assessment was completed in August 2022.

Primary data were collected and analyzed via two surveys, the *Stakeholder* and the *Community Engagement* surveys. Both surveys were electronically disseminated with the former sent to the county's health and human services providers to gain their perspectives on the NYS Prevention Agenda priorities and the related focus areas most in need of improvement. The latter was disseminated 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.

Margaretville Hospital, along with other hospitals' representatives, further facilitated survey distribution efforts to ensure all segments of the county's

population were provided a chance to voice their health needs and concerns, especially those underserved and underrepresented. The hospital posted the Community Engagement survey link on its public facing webpage and publicized the survey opportunity through its social media platforms, including Instagram and Twitter. MH also disseminated the survey to all employees for their participation and input, conducted community outreach at community events, and promoted the survey link via a QR code for ease of participation. Through collaborative efforts, the survey was announced across Delaware County in late spring of 2022, from May 17 – June 23, receiving 442 responses. For the Stakeholder survey, MH shared the survey link via email to encourage participation among its provider partners. The data collection phase for the Stakeholder survey was completed in September 2022 and yielded 16 responses, representing the education sector, emergency service providers, health care providers, law enforcement, social services, senior/elderly service providers, mental health providers, and substance use, prevention, treatment, and recovery service providers.

In addition, as the county has historically established a strong network among community agencies, governmental bodies, healthcare providers, and businesses to work together to create a healthier community, many work groups, task forces, and coalitions, listed in *Table 2*, met on a regular basis to provide valuable feedback on the most pressing health issues in Delaware County. They were an integral part in helping to inform the 2022 Community Health Assessment.



**Table 2:** Delaware County Coalitions, Task Forces, and Work Groups<sup>6</sup>

NAME	LEAD AGENCY	PARTICIPATION
ACES Committee	Cornell Cooperative Extension Delaware County	OCH, DVH, DCPH
Action for Older Persons Committee	Action for Older Persons (AOP)	OCH
American Legion – Delhi	American Legion	OCH
Bassett Research Institute	Bassett Healthcare Network	OCH
Capital District Region Hospital Emergency Preparedness Coalition	NYS Department of Health	DCPH, OCH, DVH
Care Compass Network PPS	Care Compass Network	DCPH, DVH
Catskills Addiction Coalition	Catskills Addiction Coalition	DCPH
Community Health Services Board (MH)	DC Community Health Services	DCPH, DVH, OCH
Complete Streets	O’Connor Hospital	OCH, DCPH
County Early Intervention and Preschool Administrators Committee (CEIPAC)	Rotates – 17 County Coalition	DCPH
Creating Healthy School and Communities	Bassett Healthcare Network/ SUNY Cobleskill	OCH
Delaware County BNICER Committee	DCPH	DCPH, DVH, OCH
Delaware County Breastfeeding Coalition	DCPH	DCPH
Delaware County Long Term Care Council	DC Office For Aging	DCPH, DVH, OCH
Delaware County Transportation Committee	Delaware Opportunities	DCPH
East Regional Performing Unit	Care Compass Network	DCPH, DVH
External Advisory Committee	SUNY Delhi School of Nursing	DVH
Fall Risk Assessment	Bassett Healthcare Network	OCH
Health Services Advisory Board	DCPH	DCPH
Healthy Heart Screening	Bassett Healthcare Network	OCH
Local Early Intervention Coordinating Council (LEICC)	DCPH	DCPH
Margaretville Hospital Wellness Committee	Margaretville Hospital	MH
Mobility Management of South-Central NY Transportation	Rural Health Network of SCNY	OCH
Mothers and Babies Perinatal Network	Mothers and Babies Perinatal Network	DCPH
Office for the Aging Advisory Board	DC Office For Aging	DCPH
Regional Trauma Advisory Committee	Lifestar Regional Trauma System	OCH
Rural Adult Immunization Coalition	Rotates – 17 County Coalition	DCPH
Rural Adult Immunization Coalition Delaware County BNICER Committee	Rotates – 17 County Coalition	DCPH

<sup>6</sup> Delaware County CHIP. Ibid, 8.

Rural Health Care Alliance of Delaware County	Cornell Cooperative Extension Delaware County	DCPH, DVH, MH, OCH
Rural Health Network of South-Central New York (RHNSCNY) Board of Directors	RHNSCNY	DCPH
Rural Telehealth Consortium	Decker School of Nursing	DVH
Southern Tier Regional Planning Consortium	NYS OMH	DVH
Substance Abuse Committee	DC Community Health Services	DCPH, DVH
Substance Use Prevention Task Force	DCPH	DCPH, OCH, MH
Prevention & Education Subcommittee	DCPH	DCPH
Data Subcommittee	DCPH	DCPH, OCH, MH
Treatment Subcommittee	DCPH	DCPH, OCH
Response Subcommittee	DCPH	DCPH
Suicide Prevention Network of Delaware County	DCPH	DCPH, OCH
Telehealth Workgroup	HANYS	DVH
Walton Central School Community Committee	Walton Central School District	DVH
Westchester Medical Center Psychiatry and Psychology	Westchester Medical Center	MH
WIC Advisory Board/Head Start Advisory Board	DCPH	DCPH
Workforce Development Committee	Cornell Cooperative Extension Delaware County	OCH, DVH

DCPH = Delaware County Public Health

DVH = UHS Delaware Valley Hospital

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

OCH= Bassett Health Network O'Connor Hospital

In addition to the primary data collection and analyses, secondary data analyses were also conducted from trustworthy sources, including:

- Delaware County Agricultural and Farmland Protection Plan, 2013
- Delaware County Cornell Cooperative Extension
- Delaware County Alcohol and Substance Abuse Services statistics for years 2018-2021
- Delaware County Department of Mental Health Annual reports, 2018-2021
- Delaware County Department of Planning and Watershed Affairs, 2022
- Delaware County Emergency Medical Services, 2022

- Delaware County Public Health Services Annual Reports for years 2019-2021
- FeedingAmerica.org
- Hunger Solutions NY, 2020
- Maternal Child Health Statistics, Delaware County: 2017-2019
- National Institute of Mental Health
- NYS County Health Rankings and Roadmaps, 2022
- NYS Community Health Indicator Reports (CHIRS) 2017-2019
- NYSDOH, New York State Cancer Registry for years 2015-2019
- NYSDOH, County Opioid Quarterly Reports for years 209-2021
- NYSDOH PedNSS Annual Report, 2017
- NYSDOH Vital Statistics
- NYS Behavioral Risk Factor Surveillance System, Prevention Agenda, 2019-2024
- NYS Office of Alcoholism and Substance Abuse Services Admission Reports, 2018-2021
- NYS Opioid Data Dashboard, 2019
- SAMHSA, Key Substance Use and Mental Health Indicators in the US 2020
- United Way ALICE in New York, 2020 NY Report
- US Census Bureau, American Community Survey 5 Year Estimates 2019-2020
- US Census Bureau, Factfinder
- US Census Bureau, Quickfacts, 2021
- US Census ACS Why We Ask Each Question/Vehicles

- USDA Agricultural Census, The Market Administrator's Annual Statistics, 2018
- USDA Agricultural Census Highlights for Delaware County, 2017

Through the community health needs assessment process, the workgroup honed in on the most valuable data sources, collaborated with various community partners and organizations, incorporated other reliable, publicly available assessments, and explored the best practice activities and interventions to be included in the CHNA. Moreover, the group recognized that social determinants of health (SDOH) factors, the conditions in the environments where people are born, live, learn, work, play, worship, and age, were the underpinnings of most health issues. The group therefore took into consideration, where possible, barriers and challenges related to economic stability, education access and quality, health care access and quality, and neighborhood and built environment, within the appropriate social and community context. Consequently, in the county CHIP and the hospital CSPs, steps are taken to emphasize strategies that employ the following cross-cutting principles:

- Focusing on addressing SDOH 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.<sup>7</sup>

Key findings for Delaware County are listed below. For detailed data analyses and results, see the Delaware County CHIP at <http://delawarecountypublichealth.com/>.

1. A rise in obesity and related health outcomes;
2. A high prevalence of chronic disease among an aging population, due to the lack of exercise, high tobacco and alcohol usage, as well as poor dietary habits;
3. An increase in substance use for both opiates and alcohol, as well as an increase in the number of days people are experiencing poor mental health.
4. Identification of the top five biggest health problems respondents believe their community is currently facing, from high to low: addiction to alcohol and drugs, mental health issues, obesity in adults, heart disease and stroke, and obesity in children.
5. Identification of the top five needs respondents considered the most important for a healthy community, from high to low: access to healthcare, access to fresh, affordable and healthful food, access to safe and affordable housing, access to clean built environment, and living in low-crime communities.

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<sup>7</sup> Delaware County CHIP. Ibid, 8.

Based on the findings from the community needs assessment and with the aim of effectively and efficiently aligning collaborating partners' collective resources to achieve NYS 2019-2024 Prevention Agenda goals, two **NYS Prevention Agenda Priority Areas** for Delaware County were chosen:

- **Priority I: Prevent Chronic Disease**
  - *Focus Area 4:* Preventive care and management
- **Priority II: Promote Well-Being and Prevent Mental Health & Substance Use Disorders**
  - *Focus Area 2:* Prevent Mental and Substance User Disorders.

## IV. Priority Health Needs

Key findings from the community health needs assessment indicate that the prevention of chronic diseases, mental health, and substance use disorders, and the promotion of well-being are the areas of highest needs in Delaware County. Nationally, rural residents face longstanding health care access challenges that contribute to well-documented health disparities compared to urban areas. In rural counties such as Delaware County, almost all human services are provided through the county and employment opportunities are few and far between. Existing research shows that rural Americans, similar to the reported health indicators for Delaware County residents, are more likely to die from heart disease, cancer, CLRD, and stroke than are those living in urban areas. These disparities are also closely tied to the SDOH. Contributors to rural health disparities include economic factors such as higher rates of poverty and limited job opportunities, health care access factors including lower rates of health insurance and limited access to health care providers, and environmental factors such as geographic isolation and lack of public transportation.<sup>8</sup> After a year-long health needs assessment process, Margaretville Hospital concurs with these priority selections, and plans to address the prevention of CLRD, which includes both chronic obstructive pulmonary disease (COPD) and asthma, under Priority I.

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<sup>8</sup> Carter, Beth, and Olivia Dean. *Rural-Urban Health Disparities among US Adults Ages 50 and Older*. Washington, DC: AARP Public Policy Institute, October 2021. <https://doi.org/10.26419/ppi.00151.001>

## **Priority I: Chronic Lower Respiratory Diseases (CLRD)**

CLRD is a classification of diseases that affect the lungs and respiratory tract that includes COPD and asthma. COPD refers to a group of diseases that cause airflow blockage and breathing-related problems. It includes emphysema and chronic bronchitis. According to the CDC, COPD makes breathing difficult for the 16 million Americans who have this disease. Reports from the CDC also suggest that rural populations may have more COPD-related issues due to higher smoking rates, increased exposure to secondhand smoke, and less access to smoking cessation programs compared to people living in more urban areas.<sup>9</sup> Asthma, similarly, is caused by airway restriction in the lungs resulting in difficulty breathing, wheezing, chest tightness, and coughing. It can be caused by a variety of factors that may be genetic, environmental, or stress related. In many cases, people are unaware they have asthma, and there is no definitive cure for the potentially fatal disease. Geographic disparities in health outcomes related to asthma have also been well-documented, with people living in rural areas typically having worse outcomes compared to their urban counterparts. Residents of rural communities are more likely to live in areas lacking hospital access, experiencing shortages in subspecialty care, preventive services and health care workforce, which require them to travel long distances for specialty or emergency care.

The latest CDC data indicate a national COPD rate of 4.1% and 5% for NYS. Margaretville Hospital's service area has an estimated 10% prevalence rate.

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<sup>9</sup> Croft JB, Wheaton AG, Liu Y, et al. [Urban-Rural County and State Differences in Chronic Obstructive Pulmonary Disease — United States, 2015](#). MMWR Morb Mortal Wkly Rep 2018;67:205–211.



Similarly, about 8% of adult Americans are living with asthma as of 2020. While the percentage varies across NYS, approximately 10% of the adult population in the MH service area suffers from asthma. Over a ten-year period, 2009-2018, CLRD was consistently the third leading cause of death in Delaware County and was also the third leading cause of premature death. Specifically, age adjusted CLRD mortality rate per 100,000 (2017-2019) for Delaware County was 41.6 compared to NYS’ rate of 28.3. While significantly less people were hospitalized for CLRD, mortality rates were significantly higher for CLRD in Delaware County when compared to NYS.<sup>10</sup>

**Table 3: CLRD Indicators, 2017-2019<sup>11</sup>**

	Delaware County	NYS – exc. NYC
Hospitalization per 10,000 (age-adjusted)	21.2	25.8
Mortality per 100,000 (age-adjusted)	<b>41.6</b>	28.3

This assessment for CLRD was also supported by the CDC Foundation’s PLACES<sup>12</sup> project, where for the first time, small area estimates of actual patient population at the ZIP code level in the service area were tabulated and analyzed.

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<sup>10</sup> NYS Community Health Indicator Reports (CHIRS) - <https://www.health.ny.gov/statistics/chac/indicators/>

<sup>11</sup> New York State Community Health Indicator Reports (CHIRS). Ibid, 17.

<sup>12</sup> CDC PLACES – Local Data for Better Health - <https://www.cdc.gov/places/>

Pertinent information to this CSP is presented in *Table 4* under Health Outcomes, Health Risk Behaviors, and Prevention.

**Table 4:** – Small Area Estimates for Delaware County (2019)

		Health Outcomes		Health Risk Behaviors	Prevention		
	Total Population	Asthma (18+)	COPD (18+)	Smoking (18+)	Routine check-up past year (18+)	Up to date on core set of clinical preventive services (male, 65+)	Up to date on core set of clinical preventive services. (Female, 65+)
<b>Delaware County</b>	<b>44,135</b>	4,546 (10.3%)	4,281 (9.7%)	8,165 (18.5%)	36,014 (81.3%)	9,533 (21.6%)	12,314 (27.9%)

Given the high 65+ population in Delaware County, Margaretville Hospital will have opportunities not only to screen high acuity CLRD patients but will also serve as a conduit to equitably link them to preventive and primary care within MH’s established provider network, given that only about one-fourth of this population has adequately met the standard of care. According to the CDC report, *The State of Aging and Health in America 2013*, the population 65 years and older is expected to double over the next 25 years. The report also identifies chronic disease as a burden on older adults that impacts both quality of life and health care costs. Addressing this health need as described in the CSP will result in a cross-section of agencies dedicated to the health and well-being of the elderly in the county to jointly plan a coordinated, comprehensive, and community-based plan to reduce CLRD. Margaretville Hospital will foster interventions to address

individual health behaviors, as well as population-based activities, which will promote and reinforce healthy lifestyles and reduce CLRD.

### **Addressing Health Disparities in Delaware County**

Addressing CLRD in Delaware County will bring to the forefront the county's subpopulations who have historically suffered from poorer health outcomes, health disparities, and other inequities. These are persons with disabilities, persons adversely affected by persistent poverty such as the aging (65+) and the rapidly aging population with health illiteracy challenges, those who have unmet SDOH needs and a lack of access to critical health services, and those living in isolated, rural areas. Despite these challenges, relevant health services in the MH service area have not increased over time to keep pace with these needs, but instead have recently declined. Due to COVID-19 and healthcare labor shortages, Margaretville Hospital had to drastically reduce similar services offered to patients compared to the pre-COVID era. Compounding the issue, another major primary care provider in the area, Maverick Family Health in Boiceville, NY, has recently ceased to operate and moved their offices to Woodstock, NY, nearly 40 miles away, leaving a wide gap in services behind their closed doors. The CLRD health needs are still there for the target population, exacerbated by COVID-19, yet the services and support for this vulnerable population is in dire need more than ever. A chronic shortage of physicians in the area also hinders health care access as a result of longer wait times and delayed care and diagnosis. County Health Rankings & Roadmaps, a program

of the University of Wisconsin Population Health Institute,<sup>13</sup> ranked Delaware County 48 out of the 62 counties in NYS for overall health outcomes. Data from the Institute also include the ratios of residents to health care providers for each county; Delaware County ratios are significantly worse compared to NYS (*Table 5*).

**Table 5** – 2022 Clinical Care County Health Ranking & Clinical Provider Ratio

	NYS	Delaware County
<b>Clinical Care 2022 County Health Ranking</b>	N/A	48 (out of 62)
<b>Primary Care Physicians</b>	1180:1	<b>3150:1</b>
<b>Dentists</b>	1190:1	<b>3990:1</b>
<b>Mental Health Providers</b>	310:1	<b>740:1</b>

CLRD risk factors were also assessed by the Institute, including adult smoking, adult obesity, level of physical inactivity, and access to exercise opportunities (*Table 6*). Regrettably, Table 6 shows Delaware County did poorly across all risk factors compared to NYS, making this health equity prevention objective, specifically targeting the most at-risk populations, more critical than ever. This view is supported by the new report from the World Health Organization, which finds that the lack of exercise will exact a heavy toll on the population by 2030 and estimates a significant increase in new cases of chronic diseases due to physical inactivity across the globe.<sup>14</sup>

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<sup>13</sup> County Health Rankings & Roadmaps - University of Wisconsin Population Health Institute  
<https://www.countyhealthrankings.org>

<sup>14</sup> Costa Santos, Andreia and Willumsen, Juana and Meheus, Filip and Ilbaw, Andre and Bull, Fiona C., The Cost of Inaction on Physical Inactivity to Healthcare Systems (06/27/2022). Available at SSRN: <https://ssrn.com/abstract=4248284> or <http://dx.doi.org/10.2139/ssrn.4248284>

**Table 6** – 2022 Health Behaviors<sup>15</sup>

	<b>NYS</b>	<b>Delaware County</b>
<b>Adult Smoking</b>	13%	<b>21%</b>
<b>Adult Obesity</b>	27%	<b>32%</b>
<b>Physical Inactivity</b>	27%	<b>30%</b>
<b>Access to exercise opportunities</b>	93%	<b>61%</b>

**COVID-19 Pandemic:**

COVID-19 is an infectious disease caused by the SARS-CoV-2 virus. Since early 2020, the pandemic has shed a new light on the impact of health care disparities and brought to surface the inequalities that the poor, marginalized, minorities, and rural residents experience in this country. Two years after the onset of the biggest global health challenge in modern history, it has been recognized that rural communities bear a greater burden from the coronavirus. Despite the concentrated cases and deaths in large urban centers at the beginning of the pandemic, as COVID progressed, rural communities have experienced higher death rates for many months. NYS, unfortunately, was the pandemic epicenter in March of 2020. Given that COVID-19 is disproportionately fatal for the elderly, people living with chronic diseases and obesity, as the pandemic transitions to an endemic, MH joins the call to action to improve the quality of and access to respiratory care, increase health literacy through patient education, as well as the dissemination of trusted health information to Delaware County residents.

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<sup>15</sup> County Health Rankings & Roadmaps, Ibid, 19.

## **Priority II: Promote Well-Being and Prevent Mental Health & Substance Use Disorders**

According to SAMHSA (Substance Abuse and Mental Health Services Administration), in 2020, 40.3 million people aged 12 or older (14.5%) had a Substance Use Disorder/Opioid Use Disorder (SUD/OD) in the past year, including 28.3 million who had an alcohol use disorder, 18.4 million who had an illicit drug use disorder, and 6.05 million people who had both alcohol use disorder and an illicit drug use disorder in the US.<sup>16</sup> Generally, many individuals who develop SUD are also diagnosed with mental health disorders, and vice versa; several national population surveys have found that about half of those who experience a mental illness during their lives will also experience a substance use disorder as a comorbidity. Common mental illness comorbidities with SUD include anxiety disorders, depression and bipolar disorder, attention-deficit hyperactivity disorder (ADHD), psychotic illness, borderline personality disorder, and antisocial personality disorder.<sup>17</sup>

The high prevalence of comorbidity between substance use disorders and other mental illnesses does not necessarily mean that one caused the other. However, common triggers for co-occurring diagnoses of SUD and mental illness include toxic stress, biological vulnerability, exposure to trauma and adverse

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<sup>16</sup> SAMHSA, Key Substance Use and Mental Health Indicators in the United States- Results from the 2020 National Survey on Drug Use and Health: <https://www.samhsa.gov/data/sites/default/files/reports/rpt35325/NSDUHFFR1PDFWHTMLFiles2020/2020NSDUHFFR1PDFW102121.pdf>

<sup>17</sup> Common Comorbidities with Substance Use Disorders Research Report. Bethesda (MD): National Institutes on Drug Abuse (US); 2020 Apr. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK571451/>

childhood experience, or self-medication. Research also suggests that youths are particularly vulnerable to this vicious cycle as their brains continue to develop through adolescence, and adolescents with SUD have high rates of co-occurring mental illness, while untreated childhood mental illnesses can increase the risk for later drug problems.<sup>18</sup> Despite these findings, roughly 50% of adults with any mental illness and a substance use disorder received treatment for one or the other in 2020, and a mere 5.7% receive treatment for both nationally.<sup>19</sup>

Similar to the national trend on SUD/ODU, Delaware County has also 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. According to the Delaware County Community Services Annual Reports for 2018-2020, the number of women admitted to the outpatient Alcohol and Drug Abuse Treatment Program has increased since 2019, while the number of men decreased over the same period. For treatment by age group, the NYS 2019-2021 OASAS LGU/County Admission Item Statistics Reports indicate that the majority of clients seen from 2019 to 2021 were in the 26-35 age range, with the next highest age brackets in the 36-45 and 46-55 age ranges. The reports further show the number of patients admitted to substance use treatment programs in Delaware County with a history of mental health treatment increased from 29.3% to 37.4%, and that the type of

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<sup>18</sup> Ross S, Peselow E. Co-occurring psychotic and addictive disorders: neurobiology and diagnosis. *Clin Neuropharmacol.* 2012;35(5):235–243. doi:10.1097/WNF.0b013e318261e193.

<sup>19</sup>SAMHSA, *Ibid*, 22.

reported primary substance use differed, with heroin and methamphetamine showing an increase in 2021 while other opiates use decreased.<sup>20</sup>

Data on emergency department (ED) visits, including outpatients and admitted patients involving heroin/opioid overdose per 100,000 show markedly decreased rates from 2016-2019, the last year of available data. Opioids, for example, went from 63.9 to 35.9, while heroin went from 37.4 to 20.2. per 100,000.<sup>21</sup> Conversely, inpatient substance use treatment data, indicate an increase between 2020 and 2021 for methamphetamine and especially for “other substances,” such as cocaine, crack, marijuana, methamphetamine, other opiates/synthetics, other sedative/hypnotic, and OxyContin, which surged from 12.3% in 2020 to 27.5% in 2021, a trend observed nationally in the COVID-19 era. It should be noted, however, that as the Delaware Valley Hospital (DVH) is the only hospital located in the 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, likewise, county residents may seek treatment elsewhere, see *Figure 1*.<sup>22</sup>

**Figure 1**: Inpatient Substance Use Treatment by Primary Source at DVH

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<sup>20</sup> Delaware County CHIP. Ibid, 6.

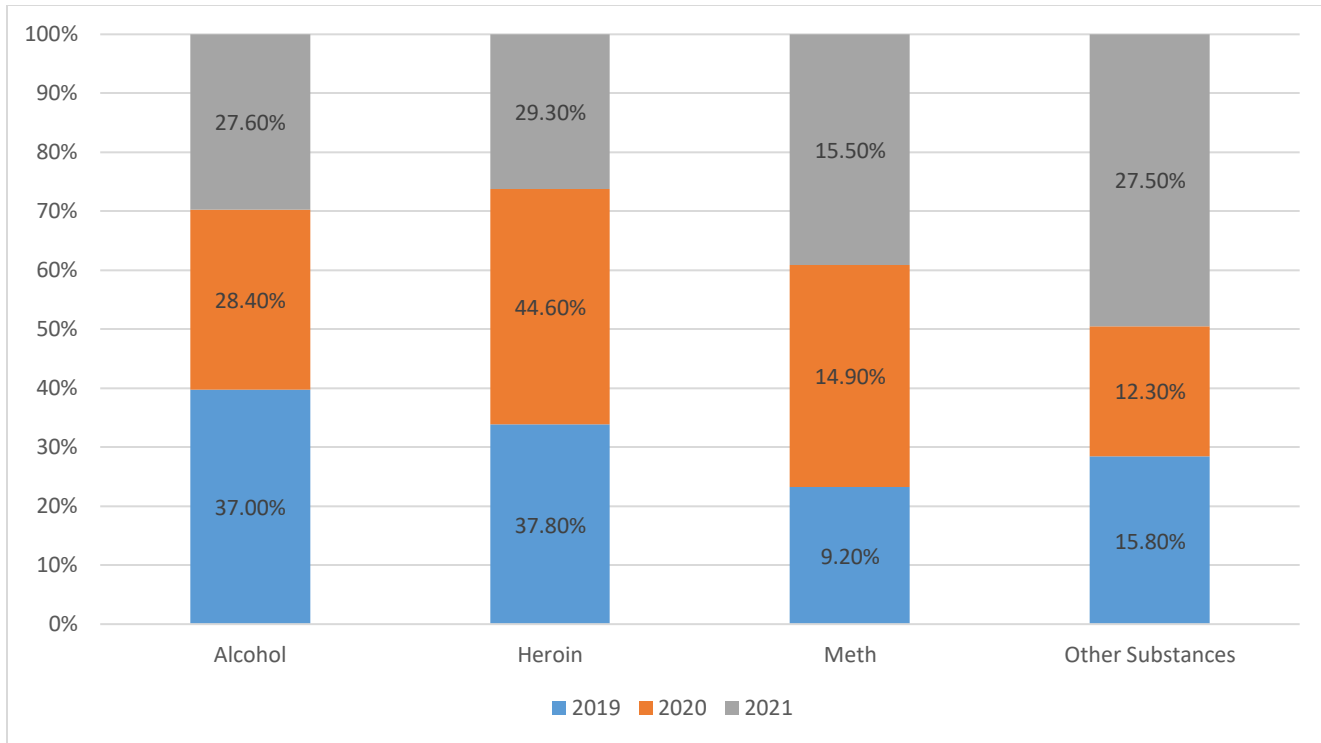
<sup>21</sup> NYS Opioid Data Dashboard:

[https://webbi1.health.ny.gov/SASStoredProcess/guest?\\_program=/EBI/PHIG/apps/opioid\\_dashboard/op\\_dashboard&p=sh](https://webbi1.health.ny.gov/SASStoredProcess/guest?_program=/EBI/PHIG/apps/opioid_dashboard/op_dashboard&p=sh)

<sup>22</sup> OASAS Admission Item Statistics Report, 2019-2021 -

[https://apps.oasas.ny.gov/portal/page/portal/OASAS\\_APPS](https://apps.oasas.ny.gov/portal/page/portal/OASAS_APPS)





Source: OASAS Admission Item Statistics Report, 2019-2021

Opioid overdose rate per 100,000, along with ED visits overdose data for Delaware County from 2018-2020 are also presented here. All crude rates increased in 2020 compared to 2019. A two-year look back to 2018 shows a similar trend with the exception of overdoses involving Opioid Pain Relievers, and All Opioid Overdoses (*Table 7*). Also presented here are the 2019 deaths due to drug overdose. For age-adjusted deaths due to drug overdose (per 100,000), Delaware County had a higher heroin death rate compared to the Southern Tier and NYS. The county's rates of deaths due to any drug overdose and opioid pain relievers, however, were lower than the Southern Tier and NYS (*Table 8*).<sup>23</sup>

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<sup>23</sup> Delaware County CHIP. Ibid, 8.

**Table 7:** Opioid Overdose data per 100,000 population for Delaware

County<sup>‡</sup>

	2018		2019		2020	
	Number	Crude Rate	Number	Crude Rate	Number	Crude Rate
<b>All Opioid Overdoses</b>	13	29.2	2	4.4	9	<b>19.8</b>
<b>Heroin Overdoses</b>	3	6.7	1	2.2	4	<b>8.8</b>
<b>Overdoses Involving Opioid Pain Relievers</b>	11	24.7	1	2.2	9	<b>19.8</b>
<b>Emergency Department Visits</b>						
<b>All Opioid Overdoses</b>	14	31.4	11	24.2	25	<b>54.9</b>
<b>Heroin Overdoses</b>	9	20.2	6	13.2	17	<b>37.3</b>

Source: NYSDOH – County Opioid Quarterly Reports June 2020 - May 2021

<sup>‡</sup>Indicators are not mutually exclusive. Decedents and patients may have multiple substances in their system. Thus, overdoses involving heroin and overdoses involving opioid pain relievers will not add up to the overdoses involving all opioids.

**Table 8:** 2019 Age-adjusted death due to Drug Overdose, rate per 100,000 residents

	Delaware County	Southern Tier	NYS
<b>Drug overdose, any</b>	16.7	21.4	18.3
<b>Heroin</b>	<b>6.2</b>	3.8	5.6
<b>Opioid pain relievers (inc. illicitly produced opioids such as fentanyl)</b>	6.2	12.7	13.9

Source: NYS Department of Health Opioid Data Dashboard, Data year 2019

## **Existing SUD/ODU Services**

In addition to SUD/ODU mortality and morbidity data for Delaware County, information about available provider and treatment services in the county was also assessed. DVH is located at the western end of the catchment area in the town of Walton, which is 72 miles from Margaretville Hospital, and as mentioned, the only provider with inpatient care for SUD/ODU. DVH is home to a 10-bed inpatient addiction treatment program that accepts Medicaid and has one in-patient Suboxone® clinic to serve 250 patients at full capacity. As of 2021, the program employs a credentialed alcohol and substance abuse counselor (CASAC) and several counselors but relies mainly on clinicians in its parent hospital in Binghamton. When patients are discharged, they are referred to an outpatient provider or to the Medication-Assisted Treatment (MAT) Program (methadone clinic). Many local residents in need of treatment and their families within MH service area, including many children and adolescents, therefore, have limited transportation and cannot access this care.

Current Out-patient SUD/ODU services and resources have also been severely limited in the Margaretville Hospital area. The closest outpatient mental health clinic is 34 miles away. Although the clinic operates three satellite offices one day a week, they are under-utilized, and patients must first visit the main clinic before utilizing the satellites, sometimes having to travel long distances to the clinic. Other service providers include the Rehabilitation Support Services, Inc. (RSS), which provides community-based mental health and substance use services in Delaware, Ulster, and Sullivan counties. RSS offers rehabilitation services aimed

at addressing the needs of persons with co-conditions of both mental illness and substance use. RSS employs a peer that specializes in both mental health and substance use and care coordination and in-home stabilization for people in crisis. In addition, the SAMHSA MAT Provider Database<sup>24</sup> indicates there are only 12 providers with waivers to prescribe buprenorphine within a 25-mile radius of Margaretville. It is notable that while there are waived buprenorphine physicians in the area, they tend to locate in the metropolitan centers instead of in the more rural parts of the county. Furthermore, Alcohol and Drug Abuse Services of Delaware County also provides consultations, drug, and alcohol assessment in cooperation with the local court and probation systems, and individual and family treatment for substance use issues. It is notable that this agency does not provide access to MAT.

Certified recovery peer advocates (CRPAs) who also serve this population are not available easily and accessible throughout the region. They are available only at the Delhi Turning Point Center during business hours free of charge, while Samadhi Recovery Community Outreach Center, a private non-profit in Kingston, Ulster County, operates a walk-in center and a 24-hour call line that connects people in need to CRPAs. Finally, there are only twelve pharmacies in the Catskills region which have standing orders to distribute naloxone (Narcan®), and the local

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<sup>24</sup> SAMHSA MAT Provider Database - <https://www.samhsa.gov/medication-assisted-treatment/find-treatment/treatment-practitioner-locator>

chain pharmacy in Margaretville does not participate in the take back unused opioids program.

Despite facing numerous challenges, healthcare providers, public and private organizations, local government, and the community at large in Delaware County have contributed in the efforts to combat SUD/ODU over the years with promising results. Narcan<sup>®</sup>, for example, is a medication that can reverse overdoses caused by heroin, oxycodone, hydrocodone, and morphine. Law enforcement, emergency medical services personnel and community members can be trained in Narcan<sup>®</sup> administration to prevent overdose deaths. The Delhi Village Police Department's Opioid Overdose Prevention Program received certification from the Department of Health in 2015 and at the time of this report, law enforcement officers from the following partner agencies have received training and are dispensing 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. Other agencies that are Narcan<sup>®</sup> trained are the Delaware County Mental Health and Drug Abuse clinics, Friends of Recovery of Delaware/Otsego, and Alcohol and Drug Abuse Council of Delaware County.<sup>25</sup>

While progress has been made, there are still undeniable gaps and unmet needs for the residents of Delaware County. As of November 2021, there were still only 2.2 unique naloxone administrations by EMS agencies (crude rate per 1,000

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<sup>25</sup> Delaware County CHIP. Ibid, 8.

unique 911 EMS dispatches) in the county, which was lower than upstate New York's rate of 5.4, indicating additional trainings are absolutely needed in Delaware County. The lack of mental health and peer services, the lack of drug take-back services, the lack of transportation and affordable, recovery-friendly housing, and the unavailable buprenorphine induction services, all point to the urgency of addressing this public health priority.

Margaretville Hospital intends to implement an Opioid Prevention, Treatment, and Recovery intervention with an overall objective of providing evidence-based, harm reduction-focused services and education to individuals living in rural communities who are at risk for or diagnosed with SUD/ODU, and their caregivers/families, through leveraging existing resources and expanding capacity in the areas of prevention, treatment, and recovery.

### **Other Health Needs Not Addressed in the Margaretville Hospital Implementation Plan**

The NYS Prevention Agenda outlines three other priority areas that were not selected as priorities for the Margaretville hospital 2022-2024 CSP: *Promote a Healthy and Safe Environment, Promote Healthy Women, Infants and Children, and Prevent Communicable Diseases*, as a result of the public input and ranking system process. Within the selected priorities, Margaretville Hospital acknowledges the wide range of significant health needs that were identified but cannot be addressed by the hospital's focus areas due to the lack of resources, expertise, or level of priority. Presently there are various institutions, organizations, and programs in Delaware County that are actively working to advance the prevention of chronic

diseases, such as cardiovascular disease and stroke. 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 which support obesity and chronic disease prevention efforts.

On the expressed SDOH needs, including food insecurity, lack of affordable housing and transportation, and residents' concerns about crime, Margaretville Hospital is committed to joining its efforts with other organizations to combat these complex issues. The Office of Aging and the Delaware County Mental Health Clinic provides transportation services to the individuals they serve, somewhat easing the burden for these vulnerable residents. For affordable housing, which in itself is a multifaceted problem, spanning housing needs for the working professionals, such as those identified by the ALICE threshold, and aging seniors who wish to age in place, or the homeless population, the county's Housing Committee is planning to integrate these needs within the county's economic development plans. In addition, O'Connor Hospital's promising interventions on increasing health literacy and volunteerism with middle school youths through a learning camp, with first-hand exposure to different health service providers, is an investment that will span generations. OCH's plan of also providing year-round fresh, healthful food to the community through a community garden is another strategy directly addressing an identified SDOH need.

## V. Implementation Strategy

Margaretville Hospital plans to address the two selected Prevention Agenda priorities as follows:

### Priority 1: Prevent Chronic Diseases

#### *Focus Area 4: Chronic Disease Preventive Care and Management*

- Goal 4.3 Promote evidence-based care to prevent and manage CLRD
  - Objective 4.3.1: Increase early detection of CLRD for 100 new patients
    - Intervention 1: Identify, track, and provide pulmonary screening and care coordination to CLRD patients
- Goal 4.4: In the community setting, improve self-management skills for individuals with CLRD
  - Objective 4.4.1: Increase the percentage of adults with CLRD who have taken a course or class to learn how to manage their condition (70% of those diagnosed/screened positive for CLRD, starting in 2023)
    - Intervention 2: Provide education and training to CLRD patients to increase their knowledge in self-managing CLRD conditions
    - Intervention 3: Provide training to nursing and provider staff members, including future staff, to generate a well-informed and confident provider workforce



Specifically, for Intervention 1, by December 2024, MH plans to screen and enroll a minimum of 100 new CLRD patients, provide all undiagnosed patients a pulmonary function test and/or a chest x-ray to document disease stage and diagnosis, follow up to baseline respiratory status with Peak Flow measurements and spirometry readings every six months, and conduct a SDOH assessment for all enrollees at intake and provide care coordination to address identified SDOH needs.

Data that will be collected about enrolled patients include:

- ❖ Diagnosis of CLRD/pulmonary function screening;
- ❖ Demographic data on race, ethnicity, gender, age and other background data;
- ❖ SDOH needs;
- ❖ Referral source to the program; and
- ❖ Type of connectivity/care coordination provided.

For Interventions 2 and 3, MH will host quarterly community workshops, both virtually and in-person at Margaretville Hospital. Community workshop topics include:

- COPD/Emphysema Management
- CPAP Maintenance
- O2 Concentrator Maintenance
- Asthma Management
- Smoking/Vaping Prevention/Cessation.

MH will also host health fairs at local events, conduct education program for four cohorts of patients, train a minimum of 80% of Margaretville nursing and provider staff, and external providers online to recognize and refer patients to be screened for CLRD at MH.

Data that will be collected include:

- ❖ Number of participating patients enrolled in and graduated from the training program
- ❖ Number of CLRD exacerbation flare-ups or ED visits
- ❖ Changes in patient knowledge, attitude, behavior, health status, and health care utilization.
- ❖ Number of staff trained
- ❖ Trained staff's feedback as part of the PDSA (Plan, Do, Study, Act) process.

Margaretville Hospital will engage its provider partners, such as the Delaware County Office for the Aging, the Ulster County Office for the Aging, and the Catskill Hudson Area Health Education Center, to work collaboratively with Margaretville Hospital through regular meetings, community events, and outreach efforts to raise awareness for the community at large about these services.

## **Priority 2: Promote Well-Being and Prevent Mental 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 2.2.1: Reduce the age-adjusted overdose deaths involving any opioid by 7%, using 2022 baseline

- Intervention 2.2.2: Increase availability of/access to overdose reversal (naloxone) trainings to prescribers, pharmacists and consumers.
- Objective 2.2.4: Reduce all emergency department visits (including outpatients and admitted patients) involving any opioid overdose by 5%, using 2022 baseline
  - Intervention 2.2.3: Promote and encourage prescriber education and familiarity with opioid prescribing guidelines and limits as imposed by NYS statutes and regulations
  - Intervention 2.2.5: Establish additional permanent safe disposal sites for prescription drugs and organized take-back days
  - Intervention 2.2.6: Integrate trauma-informed approaches in training staff and implementing program and policy

For Intervention 2.2.2, MH will engage the following provider partners to achieve the proposed goal:

- **CAC** – Catskill Addiction Coalition – will place a Certified Recovery Peer Advocate (CPRA) at the food pantry to screen and refer People Who Inject Drugs (PWUD) to treatment. CAC also actively provides criminal justice education to law enforcement personnel and are designed to teach appropriate methods of working with people who use drugs, how to screen for substance use and behavioral health disorders, and how to refer individuals to treatment services

- **PSP** – Project Safe Point - provides community opioid overdose prevention training, a syringe exchange program, peer and community health worker support, and Law Enforcement Assisted Diversion (LEAD).

- **SUNY Delhi School of Nursing** - provides nursing students with professional development opportunities including internships, special projects, and continuing education possibilities. Lunch-and-learn programming will also be offered to train mental health workers and substance use workers about each other's discipline. In addition, they will provide ongoing collection and reporting of data and activities.

Data that will be collected include:

- ❖ Number of providers, paraprofessional staff, and community members (non-providers) who participated in direct substance use disorder education or training activities including: Mental health first-aid, naloxone training, Opioid prescribing guidelines, and Stigma reduction.
- ❖ Number of providers who have a Drug Addiction Treatment Act 2000 (DATA) waiver to prescribe buprenorphine-containing products for medication-assisted treatment (MAT)
- ❖ Number of providers who have prescribed medications used to treat OUD
- ❖ Number of non-fatal opioid overdoses
- ❖ Number of fatal opioid overdoses
- ❖ Number of patients receiving MAT (with or without psychosocial therapy)
- ❖ Number of patients with SUD/OUD treatment other than MAT

- ❖ Number of service delivery sites that offered harm reduction services including: naloxone access, syringe services, fentanyl test strips, sex worker services, and safe smoking kits.

For the final three interventions under Objective 2.2.4, MH will engage the following provider partners:

- **ADAC** – Alcohol and Drug Abuse Council - provides trauma-informed care training conducted in schools and for the community so people can recognize the signs for SUD/ODU, suicide, and mental illness
- **CHAHEC** – Catskill Hudson Area Health Education Center - will host an annual symposium that offers professional development and training opportunities for all levels of the nursing profession, as well as healthcare professionals, health professions educators, and health professions students
- **PSP** – as described above
- **Samadhi** - provides evidence-based, mindfulness-based addiction recovery curriculum and trauma-informed care trainings by certified trauma-informed instructors. In addition, they provide trauma-informed meditation and relapse prevention programs
- **SUNY Delhi School of Nursing** – as described above.

MH participation in community events within its service area is a long-standing practice. During the summer of 2022, for example, representatives from MH attended the following events:

- Hope Rocks, Saugerties NY (footprint of event reached into Delaware County) 8/21/22 – Behavioral health outreach/ Narcan® training
- Pakatakan Market 9/17/22, Halcottsville, NY – MAT, neonatal abstinence syndrome (NAS) information disseminated
- Cauliflower Festival 9/24/22, Margaretville NY – Substance abuse and Behavioral Health outreach conducted.

Data that will be collected include:

- ❖ Number of providers, paraprofessional staff, and community members (non-providers) who participated in direct substance use disorder education or training activities including: Trauma-informed care training, Mental health first-aid, Naloxone training, Opioid prescribing guidelines, and Stigma reduction.
- ❖ Number of permanent safe disposal sites for prescription
- ❖ Number of SUD/ODU hospitalizations and/or ED visits
- ❖ Number of service delivery sites that offer prevention, or recovery service, including: Prevention services (not including naloxone); Screening and/or assessment services, Infectious disease testing (i.e., HIV or HCV), Mental health treatment, and Recovery support services.
- ❖ Total number of individuals screened for SUD/ODU including those screened positive for alcohol or SUD/ODU, opioid overuse/misuse, methamphetamine overuse/misuse, and other substance overuse/misuse

- ❖ Number of patients diagnosed with alcohol, substance, or methamphetamine use disorder
- ❖ Number of patients with a diagnosis of SUD who were referred for treatment
- ❖ Number of patients with a diagnosis of SUD who were referred to support services, including: Childcare, Employment services, Recovery housing, Transportation to treatment, Community Support Services (i.e., FORDO, Wellness Coordinators, CRPAs, etc.), and Other than OUD/SUD Treatment (Inpatient, HCV, detox, etc.)
- ❖ Number of individuals who received recovery support services.

In conclusion, the interventions for these two NYS Prevention Agenda priorities will serve to enhance and grow existing services and will positively impact the community-at-large, including community members, local government agencies, and social service providers, by increasing their awareness of these community issues and creating opportunities for community-wide coordination of services and care. MH intends to provide great benefit to area providers as the hospital operationalizes and shares the evidence-based interventions described in the ***Implementation Plan***.

Margaretville Hospital, as a result of a thorough health needs assessment process, with the support of robust health data indicators and identified SDOH needs, is cognizant of the health care needs and disparities for at-risk individuals with CLRD and SUD/ODU in Delaware County. The hospital is ready and committed

to addressing these issues as evidenced by the strategies outlined in this section and described more fully in the ***Implementation Plan***.



## VI. Dissemination Plan

Margaretville Hospital will disseminate its 2022-2024 Community Health Needs Assessment/Community Service Plan and Implementation Plan to the general public, professional organizations, government agencies, and stakeholders as follows:

- Publish a press release upon completion;
- Post the documents on Margaretville Hospital's public facing website: <https://www.margaretvillehosp.org/>;
- Publicize the information through Margaretville Hospital's social media platforms;
- Broadcast the documents via Margaretville Hospital's intranet channel, ***TheBeat***, to make it accessible to the entire workforce;
- Circulate the documents to our community partners via email and make available upon request; and
- Provide an electronic copy to the Delaware County Public Health to be published as an appendix within the county's 2022-2024 Community Health Improvement Plan, which is available to all residents of Delaware County.

## **VII. Governing Board Approval**

Both the Community Health Needs Assessment/Community Service Plan and the Implementation Plan were approved by the Margaretville Memorial Hospital Board on November 3, 2022.

C. OCH



Bassett Healthcare Network  
**O'Connor Hospital**

## 2022-2024 Community Service Plan

**O'Connor Hospital, Inc. (dba O'Connor Hospital)  
2022-2024 Community Service Plan**

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## 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. OCH provides 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.

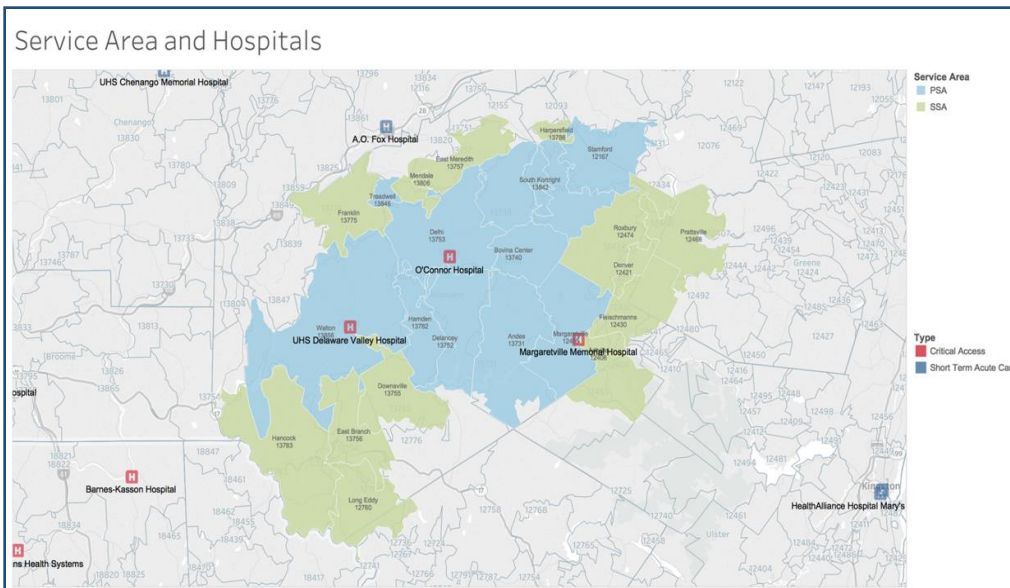
OCH is part of a large health network called Bassett Healthcare Network, an integrated healthcare system that provides care and services to people living in a nine-county region covering 5,600 square miles in upstate New York. The organization includes five corporately affiliated hospitals, more than 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.

## Definition and Brief Description of Community Served

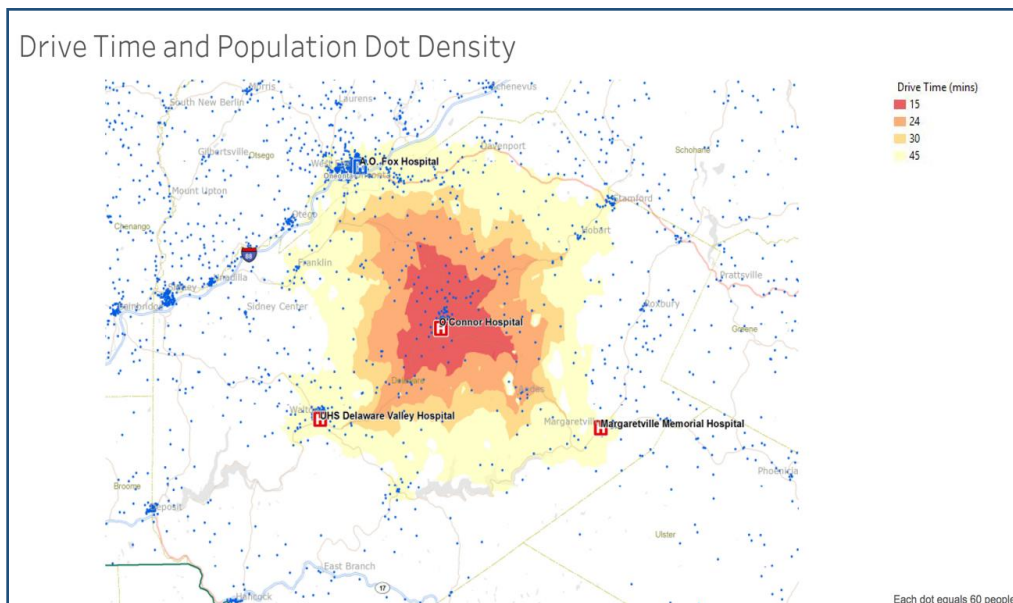
O'Connor Hospital's service area includes much of Delaware County, NY. The primary service area of 11 zip codes includes Andes, Bloomville, Bovina Center, Delancey, Delhi, Hamden, Hobart, Margaretville, South Kortright, Stamford, and Walton. The secondary service area is reflective of 12 zip codes and includes Denver, Downsville, East Branch, East Meredith, Fleishmans, Franklin, Hancock, Harpersfield, Long Eddy, Meridale, Prattsville, and Roxbury. The below map reflects the primary service area for O'Connor Hospital in blue and the secondary service area in green.





Source: Stroudwater Associates (2019); O'Connor Hospital Service Area

The greatest population density lives within 15 minutes (driving time) of O'Connor Hospital. As the driving time increases, the number of people choosing O'Connor Hospital decreases. The below density map reflects the Drive Time and Population density of the area.



Source: Stroudwater Associates (2019); Drive Time and Population Dot Density

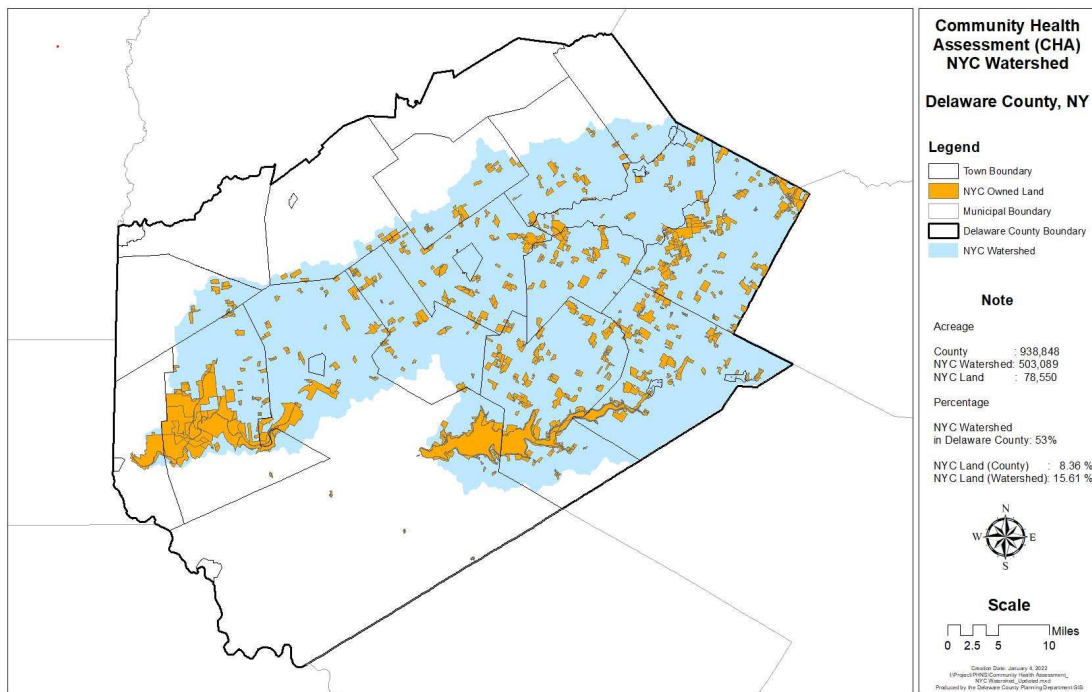
The local healthcare environment in Delaware County is greatly influenced by specific aspects of the physical, legal, social, and economic environment within the county. It is located on the eastern border of upstate New York's Southern Tier region and the western border of the Catskill Mountains covering 1,467 square miles, of which 1,442sq/mi is land and 25 sq/mi is water.

The county can be characterized as having mountainous terrain with winding, two-lane roads, making travel difficult and even hazardous during the winter months. The lack of public transportation makes access to care challenging.

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. In terms of the physical environment, Delaware County is an expansive, isolated rural area with 2 of the largest reservoirs in the watershed. The NYC Watershed covers 53% of Delaware County; land owned by NYC is not taxable.

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. Census data shows healthcare, government, schools, and social services agencies industry for employment in the county.



Source: Delaware County Department of Planning and Watershed Affairs, 2022

## Community Health Needs Assessment Overview

Bassett Healthcare Network, O’Connor Hospital, in collaboration with Delaware County Public Health, Margaretville Memorial Hospital, and UHS Delaware Valley Hospital, developed a Community Service

plan to address the health inequities defined in the Community Health Needs Assessment for Delaware County, NY, also a collaborative effort.

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, and O'Connor Hospital held several county, regional, and state-level meetings to gather additional input on the Community Health Needs Assessment (CHNA). The list of coalitions, work groups, and task forces is provided in the CHNA.



## **Social Determinants of Health (SDOH)**

Social Determinants of Health (SDOH) are “the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks” (HealthyPeople2030, 2022). There are five domains of SDOH:

### **Healthcare Access and Quality**

- Access to health care
- Access to primary care
- Access to dental care
- Access to mental health
- Health coverage
- Health literacy
- Quality of Care
- Provider cultural and linguistic competency

### **Social and Community Context**

- Social isolation
- Civic participation
- Social cohesion
- Social acceptance
- Population density

### **Economic Stability**

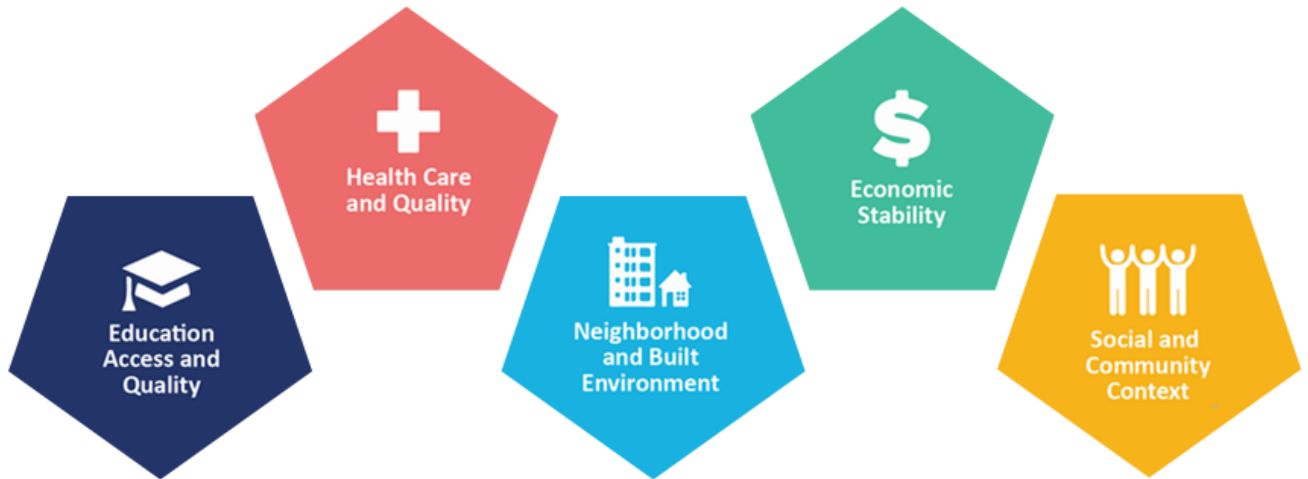
- Socio-economic status (SES)
- Employment
- Food Insecurity
- Housing Instability

### **Neighborhood and Built Environment**

- Community planning (walkability)
- Access to healthy food
- Crime & Violence
- Quality of housing
- Cost of housing
- Access to public transportation
- Access to personal vehicle
- Environmental conditions
- Population Density

### **Education Access and Quality**

- Early childhood education and development
- Access to education
- Language and literacy
- High school graduation
- Quality of education



### Delaware County, NY CHNA Summary



Lack of Primary Care physicians  
 Lack of Dental providers  
 Lack of Mental Health providers  
 Low Health Literacy  
 Poor Health status



Low population density  
 Social Isolation  
 Aging in place population



Low rate of college diploma



No public transportation  
 Low personal vehicle access  
 Presence of substandard housing  
 Cost burdened housing  
 Areas of low access to healthy food  
 Environmental conditions  
 Low quality housing  
 Low internet connectivity



- Income inequality among genders
- High rate of children living in poverty
- Cost burdened housing
- Food insecurity
- Low income
- Cost burdened childcare

The Community Service Plan is a comprehensive 3-year plan to address the health equity disparities found in the CHNA through collaborative community health initiatives.

New York State Prevention Agenda 2019-2024

Organizations creating the CSP are provided the NYS Prevention Agenda 2019-2024, which is a blueprint for New York State’s health improvement plan for state and local action to improve the health and well-being of all New Yorkers and promote health equity across populations who experience disparities. The blueprint provides acceptable priority areas to focus on based on the evidence found.

There are five main priority areas in the NYSDOH Prevention Agenda 2019-2024.

- Prevent Chronic Disease
- Promote a Healthy and Safe Environment
- Promote Health for Women, Infants, and Children
- Promote Well-Being and Prevent Mental and Substance Use Disorders
- Prevent Communicable disease

Of the Priority areas, there are associated Focus Areas and Goals; see the below table for a list of those associated items.

NYS Prevention Agenda 2019-2024	
Priorities, Focus Areas and Goals	
	<p><b>Focus Area 1: Healthy Eating and Food Security</b></p> <p><b>Overarching Goal: Reduce obesity and the risk of chronic diseases</b></p>
	<p>Goal 1.1: Increase access to healthy and affordable foods and beverages</p>

Priority Area: Prevent Chronic Diseases	Goal 1.2: Increase skills and knowledge to support healthy food and beverage choices
	Goal 1.3: Increase food security
	<b>Focus Area 2: Physical Activity</b>
	<b>Overarching Goal: Reduce obesity and the risk of chronic diseases</b>
	Goal 2.1: Improve community environments that support active transportation and recreational physical activity for people of all ages and abilities
	Goal 2.2: Promote school, childcare, and worksite environments that support physical activity for people of all ages and abilities
	Goal 2.3: Increase access, for people of all ages and abilities, to safe indoor and/or outdoor places for physical activity
	<b>Focus Area 3: Tobacco Prevention</b>
	Goal 3.1: Prevent initiation of tobacco use, including combustible tobacco and electronic vaping products (electronic cigarettes and similar
	Goal 3.2: Promote tobacco use cessation, especially among populations disproportionately affected by tobacco use, including low SES; frequent mental distress/substance use disorder; LGBT; and disability
	Goal 3.3: Eliminate exposure to secondhand smoke and exposure to secondhand aerosol/emissions from electronic vapor products
	<b>Focus Area 4: Preventive Care and Management</b>
	Goal 4.1: Increase cancer screening rates for breast, cervical, and colorectal cancer
	Goal 4.2: Increase early detection of cardiovascular disease, diabetes, prediabetes, and obesity
	Goal 4.3: Promote the use of evidence-based care to manage chronic diseases
	Goal 4.4: Improve self-management skills for individuals with chronic conditions
<b>Focus Area 1: Injuries, Violence, and Occupational Health</b>	
Goal 1.1: Reduce falls among vulnerable populations	
Goal 1.2: Reduce violence by targeting prevention programs, particularly to the highest risk populations	
Goal 1.3: Reduce occupational injuries and illness	

Priority Area: Promote a Healthy and Safe Environment	Goal 1.4: Reduce traffic related injuries for pedestrians and bicyclists
	<b>Focus Area 2: Outdoor Air Quality</b>
	Goal 2.1: Reduce exposure to outdoor air pollutants
	<b>Focus Area 3: Built and Indoor Environments</b>
	Goal 3.1: Improve design and maintenance of the built environment to promote healthy lifestyles, sustainability, and adaptation to climate change
	Goal 3.2: Promote healthy home and school environments
	<b>Focus Area 4: Water Quality</b>
	Goal 4.1: Protect water sources and ensure quality drinking water
	Goal 4.2: Protect vulnerable waterbodies to reduce potential public health risks associated with exposure to recreational water
	<b>Focus Area 5: Food and Consumer Products</b>
	Goal 5.1: Raise awareness of the potential presence of chemical contaminants and promote strategies to reduce exposure
	Goal 5.2: Improve food safety management

Priority Area: Promote Healthy Women, Infants and Children	<b>Focus Area 1: Maternal &amp; Women’s Health</b>
	Goal 1.1: Increase use of primary and preventive health care services by women of all ages, with a focus on women of reproductive age
	Goal 1.2: Reduce maternal mortality and morbidity
	<b>Focus Area 2: Perinatal &amp; Infant Health</b>
	Goal 2.1: Reduce infant mortality and morbidity
	Goal 2.2: Increase breastfeeding
	<b>Focus Area 3: Child &amp; Adolescent Health</b>
	Goal 3.1: Support and enhance children and adolescents’ social-emotional development and relationships
	Goal 3.2: Increase supports for children and youth with special health care needs

	Goal 3.3: Reduce dental caries among children
	Focus Area 4: Cross Cutting Healthy Women, Infants, & Children
	Goal 4.1: Reduce racial, ethnic, economic, and geographic disparities in maternal and child health outcomes and promote health equity for maternal and child health populations
<b>Priority Area: Promote Well-Being and Prevent Mental and Substance Use Disorders</b>	Focus Area 1: Promote Well-Being
	Goal 1.1: Strengthen opportunities to build well-being and resilience across the lifespan
	Goal 1.2: Facilitate supportive environments that promote respect and dignity for people of all ages
	Focus Area 2: Prevent Mental and Substance Use Disorders
	Goal 2.1: Prevent underage drinking and excessive alcohol consumption by adults
	Goal 2.2: Prevent opioid and other substance misuse and deaths
	Goal 2.3: Prevent and address adverse childhood experiences (ACEs)
	Goal 2.4: Reduce the prevalence of major depressive disorders
	Goal 2.5: Prevent suicides
	Goal 2.6: Reduce the mortality gap between those living with serious mental illness and the general population
<b>Priority Area: Prevent Communicable Diseases</b>	Focus Area 1: Vaccine-Preventable Diseases
	Goal 1.1: Improve vaccination rates
	Goal 1.2: Reduce vaccination coverage disparities
	Focus Area 2: Human Immunodeficiency Virus (HIV)
	Goal 2.1: Decrease HIV morbidity (new HIV diagnoses)
	Goal 2.2: Increase viral suppression
	Focus Area 3: Sexually Transmitted Infections (STIs)
	Goal 3.1: Reduce the annual rate of growth for STIs
	Focus Area 4: Hepatitis C Virus (HCV)
	Goal 4.1: Increase the number of persons treated for HCV
	Goal 4.2: Reduce the number of new HCV cases among people who inject drugs
	Focus Area 5: Antibiotic Resistance and Healthcare-Associated Infections

Goal 5.1: Improve infection control in healthcare facilities
Goal 5.2: Reduce infections caused by multidrug resistant organisms and C. difficile
Goal 5.3: Reduce inappropriate antibiotic use

*Note: New York State Prevention Department of Health (2021); The New York State Prevention Agenda 2019-2024*

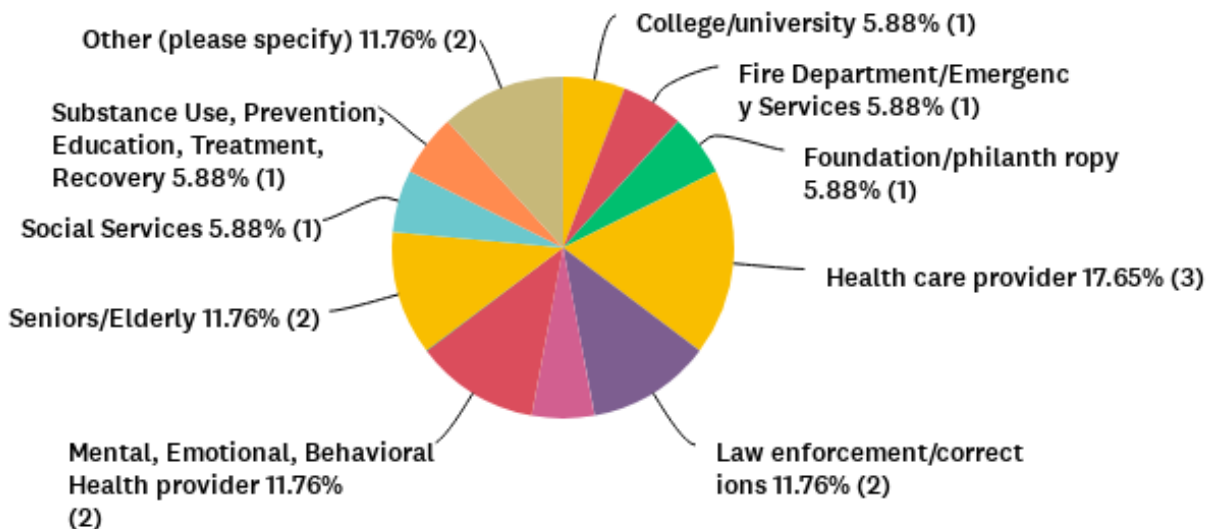
**Identification of Priorities**

A crucial part of assessing the health of our communities is not only collecting objective data but also subjective perceptions of the county’s health status (CHNA) from the community member and stakeholders. The Delaware County Community Health Needs Assessment leveraged electronic surveys targeted at community members and stakeholders. A web link was distributed through email and social media, inviting participants to participate.

Stakeholder Community Engagement Summary

On May 17, 2022, a Community Engagement Survey was released and promoted via social media and email. That survey yielded responses from the following organization types:

Stakeholder survey:



Which have the greatest and smallest impact on improving health and well-being of the residents of the counties your organization/agency serves. Please rank 1 through 5 (1 having the greatest impact, having the least impact)	
Priority Area	Rank
Prevent Chronic Disease	2
Promote a Healthy and Safe Environment	4
Promote Healthy Women, Infants and Children	3
Promote Well-Being and Prevent Mental and Substance Use Disorders	1
Prevent Communicable Diseases	5

What are the top five health concerns affecting Delaware county residents that your organization/agency serves?	
Topic	Rank
Socio-economic: Lack of social support for community residents	1
Safety: Exposure to tobacco smoke/emissions from electronic vapor products	1
Self-Care/ Mental Health/ Addiction Issues: Poor eating/dietary practices	1
Self-Care/ Mental Health/ Addiction Issues: Addiction to nicotine	2
Socio-economic: Healthcare Costs	2



<b>Which Social Determinants of Health are impacting the residents of the counties that your organization/ agency serves? 1 (most) - 5 (least)</b>	
<b>Topic</b>	<b>Rank</b>
Economic Stability	1
Social and Community Context	2
Health Care Access and Quality	3
Neighborhood and Built Environment	4
Education Access and Quality	5

<b>Which population in Delaware County experiences the poorest health outcomes?</b>	
Individuals living with mental health issues	35.29%
Individuals living at or near the federal poverty level	29.41%
Seniors/ Elderly	11.76%
Individuals living in rural areas	11.76%
Specific racial or ethnic groups	5.88%
Children/adolescents	0.00%
Females of reproductive age	0.00%
Individuals with disability	0.00%
Migrant workers	0.00%
Other	5.88%

<b>Chronic Disease: Top goals your organization/ agency can assist with</b>
Increase access to healthy and affordable foods and beverages
Promote tobacco use cessation
Promote evidence-based care to prevent and manage chronic diseases, including asthma, arthritis, cardiovascular disease, diabetes, prediabetes, and obesity
In the community setting, improve self-management skills for individuals with chronic diseases, including asthma, arthritis, cardiovascular disease, diabetes, prediabetes, and obesity

<b>Healthy and Safe Environment: Top goals your organization/ agency can assist with</b>
Promote a healthy home and school environment
Reduce violence by targeting prevention programs, particularly for highest risk populations
Reduce falls among vulnerable populations
Reduce occupational injury and illness

Improve food safety management
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<b>Well-Being and Prevent Mental and Substance Use Disorders: Top goals your organization/ agency can assist with</b>
Facilitate supportive environments that promote respect and dignity for people of all ages
Prevent Suicides
Prevent opioid and other substance misuse and deaths
Reduce the mortality gap between those living with serious mental illness and the general population

<b>Communicable Disease: Top goals your organization/ agency can assist with</b>
Increase education and outreach for improving overall immune health (preventive hygiene, clean diet, clean water, supportive nutritional supplementation)
Improve vaccination rates
Reduce the annual rate of growth for STIs

Community Engagement Survey Summary

On May 17, 2022, the Community Engagement Survey was posted online. The survey was closed on June 23, 2022, after receiving 442 responses.

Respondent demographics:

Live in Delaware County (99.77%)

Primarily female (80.54%)

Primarily white (92.99%) and not Hispanic or Latino (90.93%)

Highest age group representation: 50-64 yrs of age (38.32%), 35-49 (26.08%), and over 65 (24.94%)

<b>Five Features the Respondent Believes are the Most Important for a Healthy Community</b>
Access to health care (family doctor, hospitals, etc.)
Fresh, healthy, and affordable foods close to where you live
Safe and Affordable Housing
A clean environment (no pollution/trash in public spaces including parks, playgrounds, and lakes)
Low crime rates

There were a very large number of written comments that indicated the need for a community that comes together, the importance of mental health services, a need for community programs and recreational events, socioeconomic struggles, access to healthcare, and lack of transportation.

<b>Five Biggest Health Problems the Respondent Believes Their Community is Currently Facing</b>
Addiction to alcohol or drugs
Mental health issues
Obesity in adults
Heart disease and stroke
Obesity in children

Additional written comments discussed concerns regarding access to healthy food, mental health, drug addiction and access to health/dental care.

<b>Five Health Behaviors or Social Factors the Respondent Believes is the Biggest Problem for their Community</b>
Illegal drug use
Unhealthy eating
Abuse (emotional/physical/sexual)
Not enough physical activity
Smoking or tobacco use (cigarettes, hookah, chewing tobacco, etc.)

Written comments discussed the lack of transportation, socioeconomic related concerns, limited mental health, and a lack of socialization events.

<b>Five Health Systems the Respondent Believes is the Biggest Problem for their Community</b>
High cost of healthcare
Access to mental health services
High cost of prescription medications
Access to a dentist
Access to a regular doctor or health care provider

<b>Which of the following have you, or your family, experienced when seeking medical care in the last 3 years?</b>
Having difficulty because too long a wait to get an appointment
Difficulty or not getting to a medical appointment due to location
Difficulty or not getting to a medical appointment due to office hours
Feeling like your provider is not listening
Having difficulty because couldn't find provider who accepts your insurance

**Identified Priority Focus Areas**

O'Connor Hospital leadership has agreed to the adoption of these interventions for the identified priorities.

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.

Prevent Chronic Disease: O'Connor Hospital Interventions

<p><b>Priority Area:</b> Prevent Chronic Disease</p> <p><b>Focus Area 4:</b> Preventive Care and Management</p> <p><b>Goal 4.4:</b> Improve self-management skills for individuals with chronic conditions</p> <p><b>Target Demographic:</b> Delaware County, NY Residents</p> <p><b>Intervention:</b> A mobile health assessment van will go to low access to care areas to perform basic screening of chronic disease. Individuals with a chronic disease will be forwarded to a Health Educator who will facilitate a one-on-one training or enroll the patient in a health education class</p>
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<b>Target SDOH</b>	<ul style="list-style-type: none"> <li>• Healthcare Access and Quality</li> <li>• Health Literacy</li> </ul>
<b>Process Measures:</b>	<ul style="list-style-type: none"> <li>• Measure the number of patients screened</li> <li>• Measure the number of individuals identified as having a chronic disease who also had a successful Health Education referral</li> </ul>

Focus Area 2 – Promote Well-Being and Prevent Mental and Substance Use Disorders

Mental and emotional well-being is essential to overall health. Recently, Delaware County has seen an increase in substance use of both opiates and alcohol, as well as an increase in the number of days people are experiencing poor mental health.

Promote Well-Being and Prevent Mental and Substance Use Disorders: O’Connor Hospital Interventions

<b>Priority Area:</b> Promote Well-Being and Prevent Mental and Substance Use Disorders	
<b>Focus Area 2:</b> Prevent Mental and Substance Use Disorders	
<b>Goal 2.2:</b> Prevent opioid and other substance misuse and deaths	
Target Demographic: Delaware County Bassett Healthcare Network primary care patients	
<b>Intervention:</b> Patients arriving in Bassett Primary Care facility will be referred to FORDO for connective addiction services.	
<b>Target SDOH</b>	<ul style="list-style-type: none"> <li>• Healthcare Access and Quality</li> <li>• Social and Community Context</li> <li>• Neighborhood and Built Environment</li> </ul>
<b>Process Measures:</b>	<ul style="list-style-type: none"> <li>• Measure the number of successful referrals</li> </ul>

<b>Priority Area:</b> Promote Well-Being and Prevent Mental and Substance Use Disorders	
<b>Focus Area 1:</b> Promote Well Being	
<b>Goal 1.1:</b> Strengthen opportunities to build well-being and resilience across the lifespan	
<b>Target Demographic:</b> Middle school-aged females (6 <sup>th</sup> , 7 <sup>th</sup> , and 8 <sup>th</sup> graders)	

**Intervention:** A summer day camp targeting females in 6<sup>th</sup>, 7<sup>th</sup>, and 8<sup>th</sup> grade to give exposure to emergency services careers. Bassett Healthcare Network, Little Falls Hospital, and Herkimer County Public Health will partner with local organizations in the areas of Police, Fire, EMS, 911 Dispatch, Life Flight, Search and Rescue, and Emergency Rooms to provide hands-on experience in these fields. Participants will walk away with

- Increased health literacy
- Exposure to volunteer opportunities
- Exposure to emergency service careers
- Training in CPR, First Aid, and AED use

**Target SDOH:**

- Education Access and Quality
- Social and Community Context
- Economic Stability
- Healthcare Access and Quality

**Process Measures:**

- Pre and Post assessment of participant health literacy
- Pre and Post assessment of future career and volunteer plans
- Post-measurement of the number of individuals completing CPR, AED, and First Aid certification

**Evidence-Based Support:** Similar program to Rescue Divas, WI: <https://rescuedivas.org/>

**Priority Action Plan**

<b>NYS Prevention Agenda Priority: Promote Well-Being and Prevent Mental and Substance Use Disorders</b>		
<b>Focus Area 1:</b> Promote Well Being		
<b>Goal 1.1:</b> Strengthen opportunities to build well-being and resilience across the lifespan		
<b>Objective:</b> Increase health literacy of at least 70% of participants		
<b>Objective:</b> Increase the likelihood of pursuing local participation in emergency services of 50% of attendees		
<b>Target Demographic:</b> Middle school-aged children (6 <sup>th</sup> , 7 <sup>th</sup> , and 8 <sup>th</sup> graders)		
<b>Intervention</b>	<b>Process Measures</b>	<b>Partner Roles and Resources</b>
<p>A summer day camp targeting females in 6<sup>th</sup>, 7<sup>th</sup>, and 8<sup>th</sup> grade to give exposure to emergency services careers. Bassett Healthcare Network, Little Falls Hospital, and Herkimer County Public Health will partner with local organizations in the areas of Police, Fire, EMS, 911 Dispatch, LifeFlight, Search and Rescue, and Emergency Rooms to provide hands-on experience in these fields. Participants will walk away with</p> <ul style="list-style-type: none"> <li>• Increased health literacy</li> </ul>	<p>Pre and Post assessment of participant health literacy</p> <p>Pre and Post assessment of future career and volunteer plans</p> <p>Post-measurement of the number of individuals completing CPR, AED, and First Aid certification</p>	<p><b>Delaware County Public Health</b></p> <ul style="list-style-type: none"> <li>• Work with local government for support</li> <li>• Community engagement</li> </ul> <p><b>Bassett Healthcare Network</b></p> <ul style="list-style-type: none"> <li>• Facilitate local community meetings</li> <li>• Overall camp coordination</li> <li>• Collaboratively work with emergency services partners to schedule camp experience</li> </ul> <p><b>Delaware County School District</b> Help with recruiting student</p> <p><b>O'Connor Hospital</b></p>

<ul style="list-style-type: none"> <li>• Exposure to volunteer opportunities</li> <li>• Exposure to emergency service careers</li> <li>• Training in CPR, First Aid, and AED use</li> </ul>		<ul style="list-style-type: none"> <li>• Provide staffing for Emergency services experience</li> </ul> <p><b>Delaware County EMS, Police, and Fire</b></p> <ul style="list-style-type: none"> <li>• Provide staffing for Emergency services experience</li> </ul>
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<b>NYS Prevention Agenda Priority: Promote Well-Being and Prevent Mental and Substance Use Disorders</b>		
<b>Focus Area 2:</b> Prevent Mental and Substance Use Disorders		
<b>Goal 2.2:</b> Prevent opioid and other substance misuse and deaths		
<b>Objective:</b> Successful referral of 20% of Primary Care patients presenting with an addiction disorder to FORDO.		
<b>Target Demographic:</b> Delaware County Bassett Healthcare Network primary care patients		
<b>Intervention</b>	<b>Process Measures</b>	<b>Partner Roles and Resources</b>
Patients arriving in Bassett Primary Care facility will be referred to FORDO for connective addiction services.	Measure the number of successful referrals	<p><b>Bassett Healthcare Network</b></p> <ul style="list-style-type: none"> <li>• Provide referral workflow</li> <li>• Count the number of individuals referred</li> <li>• Coordinate collaboration</li> </ul> <p><b>O’Connor Hospital</b></p> <ul style="list-style-type: none"> <li>• Provide referral workflow</li> </ul> <p><b>FORDO</b></p> <ul style="list-style-type: none"> <li>• Provide training when needed</li> <li>• Count successful referrals</li> <li>• Connect with patient’s post-clinic interaction</li> </ul>

<b>NYS Prevention Agenda Priority: Prevent Chronic Disease</b>
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<b>Focus Area:</b> Preventive Care and Management		
<b>Goal:</b> Improve self-management skills for individuals with chronic conditions		
<b>Objective:</b> Increase the number of adults with chronic disease who have taken a class to learn about their disease management; at least 50% of mobile clinic participants with chronic disease will receive disease management training		
<b>Target Demographic:</b> Delaware County Residents		
<b>Intervention</b>	<b>Process Measures</b>	<b>Partner Roles and Resources</b>
A mobile health assessment van will go to low access to care areas to perform a basic screening of chronic diseases. Individuals with a chronic disease will be forwarded to a Health Educator who will facilitate a one-on-one training or enroll the patient in a health education class.	<p>Measure the number of patients screened</p> <p>Measure the number of individuals identified as having a chronic disease who also had a successful Health Educator referral</p>	<p><b>Bassett Healthcare Network</b></p> <ul style="list-style-type: none"> <li>Facilitate planning</li> <li>Data tracking</li> <li>Coordinate referrals</li> <li>Serve as linkage to health services when needed</li> </ul> <p><b>O’Connor Hospital</b></p> <ul style="list-style-type: none"> <li>Attend planning sessions</li> <li>Provide resources (financial and supplies)</li> <li>Location identification</li> </ul> <p><b>Health Works: New York Center for Agricultural Medicine and Health (NYCAMH)</b></p> <ul style="list-style-type: none"> <li>Provide van and staff</li> <li>Perform clinics</li> </ul> <p><b>Rural Health Network of South-Central NY</b></p> <ul style="list-style-type: none"> <li>Provide educators</li> <li>Perform training</li> <li>Support documentation</li> </ul> <p><b>Delaware County Public Health</b></p> <ul style="list-style-type: none"> <li>Location identification</li> <li>Linkage to local government when needed</li> </ul>

### Stakeholder Engagement

Bassett Healthcare Network O’Connor Hospital, UHS Delaware Valley Hospital, Margaretville Hospital, and Delaware County Public Health, acting on their integrated, community-oriented culture, will collaborate with their community partners to focus on each focus area. Additionally, yearly updates will be publicly made available on their websites to ensure public transparency and ongoing stakeholder engagement. If necessary, mid-course corrections will be documented through the New York State Department of Health’s yearly tracking report.

### Plan Dissemination



The 2022-2024 Community Health Needs Assessment/Community Health Assessment and the combined Community Service Plan/Community Health Improvement Plan will be posted on the public-facing websites of the Bassett Healthcare Network O'Connor Hospital, UHS Delaware Valley Hospital, Margaretville Hospital, and Delaware County Public Health. Key Informants involved with the priority selection and NYS Prevention Agenda activities will be emailed a copy of the combined plan. Hard copies of the combined plan will be provided to the community upon request.

## 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 2022-2024 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. Electronic versions of the documents will be provided to the stakeholders included in the CHIP. County, Town, and Village government will be provided with a link to access an electronic copy of the document.

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

## Appendices

### D. **Appendix A:** Summary of Assets and Resources

#### 1. Mental Health Resources

The Delaware County Mental Health Clinic provides the following services for their community:

Individual Psychotherapy

Crisis Intervention

Psychiatric Evaluation

Medication Management

Case Management

Court Evaluations

Group Therapy (including sex offender treatment groups and anger management groups)

SPOA (Single Point of Access/Single Point of Accountability)

Satellite Services in Sidney and Margaretville Hospital

## 2. Substance Abuse Services

The Delaware County Alcohol and Drug Abuse Clinic provides the following services for their community:

Individual Treatment

Family Treatment

Consultation

Medication Assisted  
Treatment

Assessment/Referral

Addiction Education

After Care Services

Assessment (Impaired  
Driving, Court, Probation,  
NYS Parole)

Evidence-Based Specialized  
Groups:

Early Recovery Skills Group

Relapse Prevention Group

Relationship and Recovery

Reducing Recidivism

Margaretville Hospital (MH), while not providing inpatient services, does provide services focused on substance use disorder to Delaware County and surrounding areas. These services are operated under federal grants from the Health Resources and Services Administration.

Services for Individuals with Substance Use Disorder and Opioid Use Disorder

The MAT program operates out of the hospital’s emergency department where an individual can go to receive treatment for their SUD as well as be met by a CRPA to assist them through the process.

Hospital Peer Recovery Advocates (CRPA) provide various services to individuals with substance use disorder. This includes substance use disorder counseling, referrals to treatment and other recovery support options, transportation assistance, advocacy, and readily accessible contact methods.

Harm Reduction Services

Two Narcan boxes have been put up on the front of the main hospital entrance and the main entrance to the opioid department. These boxes are accessible 24/7 and Narcan is free to anyone who needs it. Other harm reduction supplies can be accessed through hospital staff.

Outreach and education are provided by hospital staff includes Narcan and harm reduction training for the community. MH maintains contact with other organizations, such as Project Safe Point, local law enforcement agencies, SAMADHI (Recovery Community Organization), and others to offer swift emergency housing, treatment options, transportation, MAT, and additional services as needed.

E. **Appendix B: Community Engagement Survey Report**

**Delaware County 2022 Community Engagement Survey Summary**

On May 17<sup>th</sup> the Community Engagement Survey was posted online. The survey was closed on June 23<sup>rd</sup> after receiving 442 responses.

The demographics (highest numbers) for respondents were as follows:

- Live in Delaware County (99.77%)
- Most were female (80.54%)
- Most were white (92.99%) and not Hispanic or Latino (90.93%)
- Ages of respondents were 50-64 years of age (38.32%) followed by 35-49 (26.08%) and Over 65 (24.94%)

**Five Features the Respondent Believes are the Most Important for a Healthy Community  
(442 Respondents)**

	<b>Answer Choices</b>	<b>Responses in %</b>
1	Access to health care (family doctor, hospitals, etc.)	66.44%
2	Fresh, healthy, and affordable foods close to where you live	46.71%
3	Safe and Affordable Housing	44.22%
4	A clean environment (no pollution/trash in public spaces including parks, playgrounds, and lakes)	43.76%
5	Low crime rates	43.76%
6	A healthy economy/good jobs	43.08%

7	Good schools	31.52%
8	Strong infrastructure (roads, bridges, water pipes, etc.)	28.34%
9	Social policies and programs (parental leave, social security, employment health insurance, etc.)	24.04%
10	Roads that are safe for people who walk or ride their bike	20.63%
11	Social Connectedness (a strong sense of community)	17.46%
12	Positive race/ethnic relations	16.55%
13	Public spaces and events that are accessible to people of all physical abilities	14.29%
14	Public Transportation (buses, trains, taxis, etc.)	13.83%
15	Family and other social supports	12.70%
16	Parks and outdoor places to exercise and play	12.70%
17	High quality, affordable day care	12.24%
18	Arts and cultural events	6.12%
19	Religious or spiritual values	5.90%
20	<b>Other:</b> (16 responses) - Included access to health care (mental and physical), broadband access, senior services, childcare, rec centers for kids, some respondents chose all of the choices as important, acceptance of new people, jobs that don't destroy natural resources, and concern over bail reform	3.63%

There were 172 additional comments offered as feedback on what respondents believe make a healthy community. There were a very large number of comments that indicated the need for a community that comes together, whether a native of Delaware County or a newcomer, to improve the health of the community. About a quarter of the comments related to this.

There were also a lot of comments and suggestions regarding importance of mental health services. The 2021 Delaware County Community Services Annual Report for the Mental Health Department reflects these concerns and states there has been unprecedented incidence of anxiety and depression within the community. Throughout the pandemic, the mental health agency struggled to fill workforce vacancies while working hard to continue providing quality care to those in need.

There were many comments about needing community programs and events. Recreational events were mentioned as well as the need for safe child and senior care programs to help support those who work.

Lack of transportation was a strong theme throughout the comments. There was a call for local jobs that provide a living wage. Economic limitations prevent residents from buying quality food to maintain their health or to access health care due to the distance to obtain it or the high cost of the care, whether insured or uninsured.

Tied to lack of transportation is the barrier to medical and specialty health care. Distance to these services is a challenge for many county residents. Some may not have a vehicle and there isn't public transportation available. Access to care is an ongoing issue.

Better communication, better education, and better government programs to support the community were all mentioned (as well as suggestions for less government involvement).

All comments reflect the major issues that a rural, underserved community is faced with and were presented in a way that showed that a lot of thought had been put into providing helpful recommendations.

**Five Biggest Health Problems the Respondent Believes Their Community is Currently Facing  
(442 Respondents)**

	<b>Answer Choices</b>	<b>Responses in %</b>
1	Addiction to alcohol or drugs	71.95%
2	Mental health issues	68.55%
3	Obesity in adults	55.88%
4	Heart disease and stroke	35.97%
5	Obesity in children	34.84%
6	Diabetes	34.39%
7	Cancer	28.51%
8	Diseases spread by insects (Lyme disease, EEE, West Nile virus, etc.)	23.98%
9	Infectious diseases (flu, Covid, hepatitis, TB, etc.)	23.76%
10	High blood pressure	23.53%
11	Chronic stress	22.40%
12	Problems with teeth and gums	20.14%
13	Suicide	15.38%
14	Alzheimer’s disease, dementia, or memory loss	12.90%
15	Asthma or other breathing problems	9.05%
16	Developmental delays in children	7.69%
17	<b>Other:</b> (16 responses) -access to care issues (preventive care, female healthcare, lack of doctors), health issues (mental health, COVID)	3.62%
18	Secondhand smoke	2.26%
19	Injury/falls	2.04%
20	Teenage pregnancy	1.58%
21	Sexually transmitted diseases	1.36%
22	Unsafe drinking water	1.36%
23	Air pollution	1.13%
24	Accidents at work	0.90%
25	Lead poisoning in children or homes	0.68%
26	HIV/AIDS	0.45%
27	Babies born too small or too soon	0.45%

There are 117 additional comments offered as feedback on what respondents felt are the biggest health problems their community is currently facing.

Comments were somewhat in line with the percentages in the answer choice table above. However, mental health and drug addiction took second and third place to lack of access to local medical, specialty, and dental services.

The need for preventive education was a frequent comment as well as access to healthy sources of food.

Barriers caused by lack of transportation and economic struggle were also frequently mentioned.

**Five Health Behaviors or Social Factors the Respondent Believes is the Biggest Problem  
for their community (442 Respondents)**

	Answer Choices	Responses in %
1	Illegal drug use	68.25%
2	Unhealthy eating	58.96%
3	Abuse (emotional/physical/sexual)	47.17%
4	Not enough physical activity	43.34%
5	Smoking or tobacco use (cigarettes, hookah, chewing tobacco, etc.)	36.51%
6	Drinking and driving	33.11%
7	Social isolation	35.65%
8	Food insecurity (not enough to eat)	29.93%
9	Not getting vaccines (shots)	28.12%
10	Texting and driving	21.32%
11	Binge drinking (having many alcoholic drinks in a short period of time)	20.18%
12	Discrimination (based on age, gender, physical ability, race, religious beliefs, sexual preference, etc.)	19.73%
13	Electric cigarette use (vaping)	13.61%
14	Homelessness	9.52%
15	Not using birth control	7.71%
16	Lack of medical care during pregnancy	7.03%
17	<b>Other:</b> (30 responses) – 9 Socio-economic concerns, 8 Medical/MH such as access, quality, vaccine injuries, 3 social concerns, 3 lack of education concerns, 3 government overreach concerns.	6.80%
18	Sexual assault (including rape)	5.67%
19	Violence (guns, gang/neighborhood/drug violence)	4.99%

There were 88 additional comments provided as feedback to answer what the respondents believe is the biggest health behaviors and social factors that are problematic for their community.

The need for preventive education was a strong theme throughout the 88 comments as was the need for mental health support, socio-economic struggles, as well as lack of settings for socialization events.

Comments regarding inadequate communication by community agencies was mentioned several times.

Lack of transportation options is a common comment.

Drug and alcohol abuse was written as additional feedback (also the number 1 answer choice for this category. See table).

**Five Health Systems the Respondent Believes is the Biggest Problem  
for their Community (442 Respondents)**

	Answer Choices	Responses in %
1	High cost of healthcare	73.70%
2	Access to mental health services	66.44%

3	High cost of prescription medications	58.73%
4	Access to a dentist	52.38%
5	Access to a regular doctor or health care provider	48.98%
6	Lack of transportation to medical appointments (car, bus, ride from a friend, etc.)	46.49%
7	Lack of health insurance coverage	40.36%
8	Access to drug or alcohol abuse treatment	35.60%
9	Not understanding health information from a provider (after leaving the hospital or during a medical appointment)	22.68%
10	Access to services that can prevent diseases or find it earlier (vaccines, screening tests, etc.)	20.41%
11	Lack of empathy from providers	12.70%
12	Discrimination or bias from medical providers	7.94%
13	<b>Other:</b> (33 responses) 17 out of 33 responses are about healthcare access issues, 4 are about the quality of existing health care, 7 socioeconomic issues over cost of care, insurance and prescriptions	7.48%
14	Access to language translators	2.27%

There were 107 additional comments provided by respondents on what they think the health system issues are in their community.

Most of the additional comments had to do, again, with access to health care, whether primary care provider, specialist, lab work, dental care, or mental health care. Access issues were financial as well as transportation barriers. Comments mention having to travel hours for care. One respondent reports a two-hour trip for a medical telehealth contact. Besides issues with distance, there were comments regarding insurance company interference with access to certain providers and care options.

There were also many comments and concerns regarding quality of care that is offered by local providers.

**Which of the following have you, or your family, experienced when seeking medical care in the last 3 years? (442 Respondents)**

	Answer Choices	Responses in %
1	Having difficulty because too long a wait to get an appointment	44.62%
2	Difficulty or not getting to a medical appointment due to location	27.23%
3	Difficulty or not getting to a medical appointment due to office hours	25.40%
4	Feeling like your provider is not listening	20.59%
5	Having difficulty because couldn't find provider who accepts your insurance	20.37%
6	Difficulty or not getting to a medical appointment due to fear of Covid exposure	19.22%
7	Having difficulty because high cost prevented you from seeking care	18.76%
8	Feeling like your provider is not spending enough time with you	17.85%
9	Feeling like your provider does not understand you or your experience	16.48%
10	None of the above	15.10%
11	Feeling like your provider is not providing continuous care from the same provider at each visit	14.65%



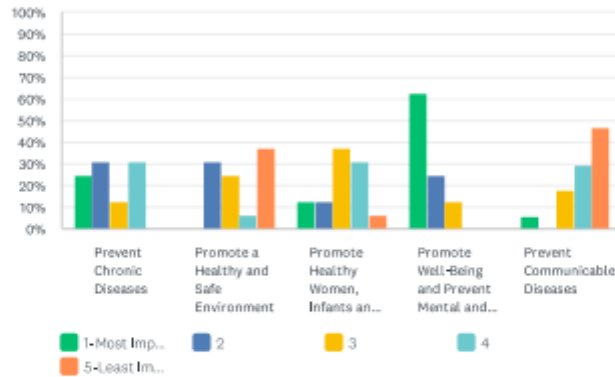
12	Difficulty or not getting to a medical appointment due to delay because Covid testing is required first	12.81%
13	Difficulty or not getting to a medical appointment due to not having sick leave at work	12.59%
14	Difficulty or not getting to a medical appointment due to lack of transportation	10.98%
15	Having difficulty because wait time in the providers' office impacted your ability to meet your obligations (work, family, etc.)	10.53%
16	<b>Other:</b> (44 responses) – 27 responses were regarding access to care, 7 were about quality of health care, 4 insurance issues/billing – overreach by insurance companies, need for better health care system (single payer) poor billing practices by provider, need for better senior care housing options	10.07%
17	Feeling like your provider is judging you (stigma or discrimination)	9.38%
18	Feeling like your provider is not providing a clear explanation of health information	8.24%
19	Having difficulty because not having health insurance	7.55%
20	Difficulty or not getting to a medical appointment due to lack of childcare	6.86%
21	Feeling like your provider is not providing language or translation needs	0.23%

Additional feedback was not collected for this section but there were 44 “other” responses that respondents provided that showed thoughtful consideration of this section.

F. **Appendix C: Stakeholder Engagement Survey Report**

**Q6 Please rank, by indicating 1 through 5, the priority areas that, if addressed locally, would have the greatest to the smallest impact on improving the health and well-being of the residents of the counties your organization/agency serves. (#1 ranked priority area would have the most impact; #5 ranked priority would have the least impact.)**

Answered: 17 Skipped: 0



	1-MOST IMPACT	2	3	4	5-LEAST IMPACT	TOTAL	WEIGHTED AVERAGE
Prevent Chronic Diseases	25.00% 4	31.25% 5	12.50% 2	31.25% 5	0.00% 0	16	2.50
Promote a Healthy and Safe Environment	0.00% 0	31.25% 5	25.00% 4	6.25% 1	37.50% 6	16	3.50
Promote Healthy Women, Infants and Children	12.50% 2	12.50% 2	37.50% 6	31.25% 5	6.25% 1	16	3.06
Promote Well-Being and Prevent Mental and Substance Use Disorders	62.50% 10	25.00% 4	12.50% 2	0.00% 0	0.00% 0	16	1.50
Prevent Communicable Diseases	5.88% 1	0.00% 0	17.65% 3	29.41% 5	47.06% 8	17	4.12

**Q7 In your opinion, what are the top five health concerns affecting the residents of Delaware county that your organization/agency serves? Please rank the health concerns from 1 (highest) to 5 (lowest).**

Answered: 17 Skipped: 0

	1- HIGHEST CONCERN	2	3	4	5- LOWEST CONCERN	TOTAL	WEIGHTED AVERAGE
Mental Health / Substance Use: Mental Health conditions	36.36% 4	54.55% 6	0.00% 0	9.09% 1	0.00% 0	11	1.82
Mental Health / Substance Use: Street substance abuse	42.86% 3	14.29% 1	28.57% 2	14.29% 1	0.00% 0	7	2.14
Safety: Emergency services	20.00% 1	0.00% 0	40.00% 2	0.00% 0	40.00% 2	5	3.40
Chronic condition: Heart Disease	0.00% 0	50.00% 2	25.00% 1	25.00% 1	0.00% 0	4	2.75
Chronic condition: Overweight or obesity	0.00% 0	0.00% 0	50.00% 2	25.00% 1	25.00% 1	4	3.75
Chronic condition: Respiratory disease (asthma, COPD, etc.)	0.00% 0	0.00% 0	25.00% 1	75.00% 3	0.00% 0	4	3.75
Mental Health / Substance Use: Tobacco use/nicotine addiction-smoking / vaping / chewing	0.00% 0	50.00% 2	0.00% 0	25.00% 1	25.00% 1	4	3.25
Socio-economic: Adverse childhood experiences	33.33% 1	0.00% 0	0.00% 0	33.33% 1	33.33% 1	3	3.33
Socio-economic: Hunger	0.00% 0	33.33% 1	33.33% 1	33.33% 1	0.00% 0	3	3.00
Mental Health / Substance Use: Opioid Use	66.67% 2	0.00% 0	0.00% 0	0.00% 0	33.33% 1	3	2.33
Mental Health / Substance Use: Prescription drug abuse	0.00% 0	33.33% 1	33.33% 1	33.33% 1	0.00% 0	3	3.00
Mental Health / Substance Use: Suicide	0.00% 0	0.00% 0	66.67% 2	33.33% 1	0.00% 0	3	3.33
Mental Health / Substance Use: Underage drinking/excessive adult drinking	0.00% 0	33.33% 1	0.00% 0	0.00% 0	66.67% 2	3	4.00
Chronic condition: Diabetes	50.00% 1	0.00% 0	50.00% 1	0.00% 0	0.00% 0	2	2.00
Chronic condition: High Blood Pressure	0.00% 0	100.00% 2	0.00% 0	0.00% 0	0.00% 0	2	2.00
General Health: Infant/child/adolescent emotional health	0.00% 0	0.00% 0	0.00% 0	0.00% 0	100.00% 2	2	5.00
Socio-economic: Social connectedness	50.00% 1	0.00% 0	0.00% 0	0.00% 0	50.00% 1	2	3.00
Safety: Domestic Abuse/violence	0.00% 0	0.00% 0	0.00% 0	50.00% 1	50.00% 1	2	4.50
Chronic condition: Alzheimer's disease / dementia	100.00% 1	0.00% 0	0.00% 0	0.00% 0	0.00% 0	1	1.00
Chronic condition: Cancers	0.00% 0	0.00% 0	100.00% 1	0.00% 0	0.00% 0	1	3.00
Communicable disease: Sexually transmitted infections	100.00% 1	0.00% 0	0.00% 0	0.00% 0	0.00% 0	1	1.00
General Health: Infant/child/adolescent physical health	0.00% 0	0.00% 0	0.00% 0	0.00% 0	100.00% 1	1	5.00

General Health: Maternal health	0.00% 0	0.00% 0	100.00% 1	0.00% 0	0.00% 0	1	3.00
General Health: Dental health	0.00% 0	0.00% 0	0.00% 0	100.00% 1	0.00% 0	1	4.00
Socio-economic: Unintended teen pregnancy	0.00% 0	100.00% 1	0.00% 0	0.00% 0	0.00% 0	1	2.00
Safety: Drinking water quality	0.00% 0	0.00% 0	0.00% 0	100.00% 1	0.00% 0	1	4.00
Safety: Exposure to air and water pollutants/hazardous materials	0.00% 0	0.00% 0	100.00% 1	0.00% 0	0.00% 0	1	3.00
Safety: Falls	100.00% 1	0.00% 0	0.00% 0	0.00% 0	0.00% 0	1	1.00
Safety: Food safety	0.00% 0	0.00% 0	0.00% 0	0.00% 0	100.00% 1	1	5.00
Safety: Motor vehicle safety (impaired / distracted driving)	0.00% 0	0.00% 0	0.00% 0	100.00% 1	0.00% 0	1	4.00
Safety: Sexual assault/rape	0.00% 0	0.00% 0	100.00% 1	0.00% 0	0.00% 0	1	3.00
Chronic condition: Arthritis	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0	0.00
Chronic condition: Autism	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0	0.00
Chronic condition: Disability	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0	0.00
Chronic condition: "Long-haul" Covid	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0	0.00
Chronic condition: Stroke	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0	0.00
Communicable disease: Infectious disease/emerging infectious disease (Covid, Ebola, zika, tick, mosquito transmitted, etc.)	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0	0.00
Communicable disease: Hepatitis C	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0	0.00
Communicable disease: HIV/AIDS	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0	0.00
General Health: Senior health	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0	0.00
General Health: LGBTQ health	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0	0.00
Safety: Pedestrian/bicyclist accidents	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0	0.00
Safety: Violence (assault, firearm related)	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0	0.00

**Q8 In your opinion, what are top five (5) contributing factors to the health concerns you chose in question #7. Please rank the contributing factors from 1 (highest) to 5 (lowest).**

Answered: 17 Skipped: 0

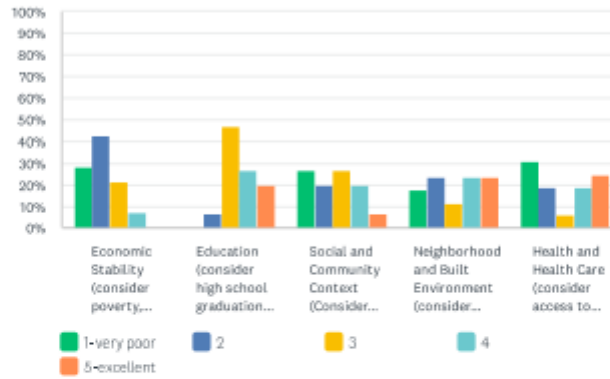
	1-HIGHEST CONTRIBUTING FACTOR	2	3	4	5-LOWEST CONTRIBUTING FACTOR	TOTAL	WEIGHTED AVERAGE
Access: Lack of mental health services	77.78% 7	11.11% 1	11.11% 1	0.00% 0	0.00% 0	9	1.33
Socio-economic: Poverty	22.22% 2	22.22% 2	22.22% 2	11.11% 1	22.22% 2	9	2.89
Self-Care / MH / Addiction Issues: Stress (work, family, school, etc.)	12.50% 1	25.00% 2	12.50% 1	12.50% 1	37.50% 3	8	3.38
Access: Lack of specialty care and treatment	0.00% 0	40.00% 2	20.00% 1	20.00% 1	20.00% 1	5	3.20
Self-Care / MH / Addiction Issues: Addiction to illicit drugs	0.00% 0	25.00% 1	25.00% 1	25.00% 1	25.00% 1	4	3.50
Access: Lack of substance use disorder services	0.00% 0	66.67% 2	0.00% 0	33.33% 1	0.00% 0	3	2.67
Socio-economic: Changing family structures (increased foster care, grandparents as parents, etc.)	0.00% 0	66.67% 2	0.00% 0	33.33% 1	0.00% 0	3	2.67
Socio-economic: Food insecurity	0.00% 0	33.33% 1	0.00% 0	66.67% 2	0.00% 0	3	3.33
Socio-economic: Transportation problems (unreliable, unaffordable)	33.33% 1	0.00% 0	33.33% 1	33.33% 1	0.00% 0	3	2.67
Access: Lack of dental/oral health care services	50.00% 1	0.00% 0	0.00% 0	0.00% 0	50.00% 1	2	3.00
Access: Poor referral to health care, specialty care, and community-based support services	50.00% 1	50.00% 1	0.00% 0	0.00% 0	0.00% 0	2	1.50
Access: Poor access to public places for physical activity and recreation	0.00% 0	0.00% 0	50.00% 1	50.00% 1	0.00% 0	2	3.50
Socio-economic: Age of residents	50.00% 1	0.00% 0	50.00% 1	0.00% 0	0.00% 0	2	2.00
Socio-economic: Health care costs	0.00% 0	0.00% 0	0.00% 0	50.00% 1	50.00% 1	2	4.50
Socio-economic: Homelessness	0.00% 0	0.00% 0	50.00% 1	0.00% 0	50.00% 1	2	4.00
Socio-economic: Inadequate/unaffordable housing options	0.00% 0	0.00% 0	50.00% 1	0.00% 0	50.00% 1	2	4.00
Socio-economic: Poor health literacy (ability to comprehend health information)	0.00% 0	0.00% 0	50.00% 1	50.00% 1	0.00% 0	2	3.50
Socio-economic: Lack of social supports for community residents	0.00% 0	0.00% 0	0.00% 0	0.00% 0	100.00% 2	2	5.00
Safety: Crime/violence	50.00%	0.00%	0.00%	50.00%	0.00%		

community blight	1	0	0	1	0	2	2.50
Safety: Domestic violence and abuse	0.00% 0	0.00% 0	50.00% 1	50.00% 1	0.00% 0	2	3.50
Self-Care / MH / Addiction Issues: Inadequate physical activity	0.00% 0	100.00% 2	0.00% 0	0.00% 0	0.00% 0	2	2.00
Self-Care / MH / Addiction Issues: Addiction to nicotine	0.00% 0	0.00% 0	0.00% 0	50.00% 1	50.00% 1	2	4.50
Access: Lack of employment options	0.00% 0	0.00% 0	100.00% 1	0.00% 0	0.00% 0	1	3.00
Access: Lack of chronic diseases screening, treatment and self-management services	0.00% 0	0.00% 0	100.00% 1	0.00% 0	0.00% 0	1	3.00
Access: Lack of preventive/primary health care services (screenings, annual check-ups)	100.00% 1	0.00% 0	0.00% 0	0.00% 0	0.00% 0	1	1.00
Access: Problems with internet access (absent, unreliable, unaffordable)	0.00% 0	0.00% 0	100.00% 1	0.00% 0	0.00% 0	1	3.00
Socio-economic: Lack of intergenerational connections within communities	0.00% 0	0.00% 0	0.00% 0	100.00% 1	0.00% 0	1	4.00
Socio-economic: Poor educational attainment	0.00% 0	0.00% 0	100.00% 1	0.00% 0	0.00% 0	1	3.00
Socio-economic: Poor community engagement and connectivity	0.00% 0	100.00% 1	0.00% 0	0.00% 0	0.00% 0	1	2.00
Socio-economic: Religious or spiritual values	0.00% 0	0.00% 0	0.00% 0	100.00% 1	0.00% 0	1	4.00
Safety: Exposure to tobacco smoke/emissions from electronic vapor products	0.00% 0	0.00% 0	0.00% 0	0.00% 0	100.00% 1	1	5.00
Self-Care / MH / Addiction Issues: Poor eating/dietary practices	100.00% 1	0.00% 0	0.00% 0	0.00% 0	0.00% 0	1	1.00
Self-Care / MH / Addiction Issues: Addiction to alcohol	0.00% 0	0.00% 0	0.00% 0	0.00% 0	100.00% 1	1	5.00
Access: Lack of educational, vocational or job-training options for adults	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0	0.00
Access: Lack of health insurance	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0	0.00
Access: Lack of opportunities for health for people with physical limitations or disabilities	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0	0.00
Access: Poor access to healthy food and beverage options	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0	0.00
Socio-economic:	0.00%	0.00%	0.00%	0.00%	0.00%		

Discrimination/racism	0	0	0	0	0	0	0.00
Socio-economic: Lack of cultural and enrichment programs	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0	0.00
Socio-economic: Shortage of child care options	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0	0.00
Socio-economic: Quality of schools	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0	0.00
Socio-economic: Unemployment/low wage	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0	0.00
Safety: Deterioration infrastructure (roads, bridges, water systems, etc.)	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0	0.00
Safety: Environmental quality	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0	0.00
Safety: Pedestrian safety (roads, sidewalks, buildings, etc.)	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0	0.00
Self-Care / MH / Addiction Issues: Inadequate sleep	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0	0.00
Self-Care / MH / Addiction Issues: Late or no prenatal care	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0	0.00
Self-Care / MH / Addiction Issues: Excessive screen time	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0	0.00

**Q9 Social Determinants are health care conditions in the places where people live, learn, work and play that affect a wide range of health risks and outcomes. Please rate the following Social Determinants of Health impacting the residents of the counties that your organization/agency serves using a scale of (1) very poor to (5) excellent.**

Answered: 17 Skipped: 0

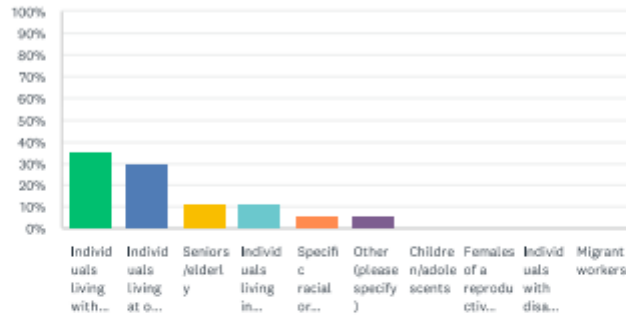


	1-VERY POOR	2	3	4	5-EXCELLENT	TOTAL	WEIGHTED AVERAGE
Economic Stability (consider poverty, employment, food security housing stability).	28.57% 4	42.86% 6	21.43% 3	7.14% 1	0.00% 0	14	2.07
Education (consider high school graduation, enrollment, in higher education, language and literacy, early childhood education and development).	0.00% 0	6.67% 1	46.67% 7	26.67% 4	20.00% 3	15	3.60
Social and Community Context (Consider social cohesion, civic participation, perceptions of discrimination and equity, incarceration, and institutionalization).	26.67% 4	20.00% 3	26.67% 4	20.00% 3	6.67% 1	15	2.60
Neighborhood and Built Environment (consider access to healthy foods and beverages, quality of housing, crime and violence, environmental conditions and transportation).	17.65% 3	23.53% 4	11.76% 2	23.53% 4	23.53% 4	17	3.12
Health and Health Care (consider access to primary care, access to specialty care, health literacy).	31.25% 5	18.75% 3	6.25% 1	18.75% 3	25.00% 4	16	2.88



**Q10 In your opinion, what population in Delaware County that your organization/agency serves, experiences the poorest health outcomes?  
(Please pick one population.)**

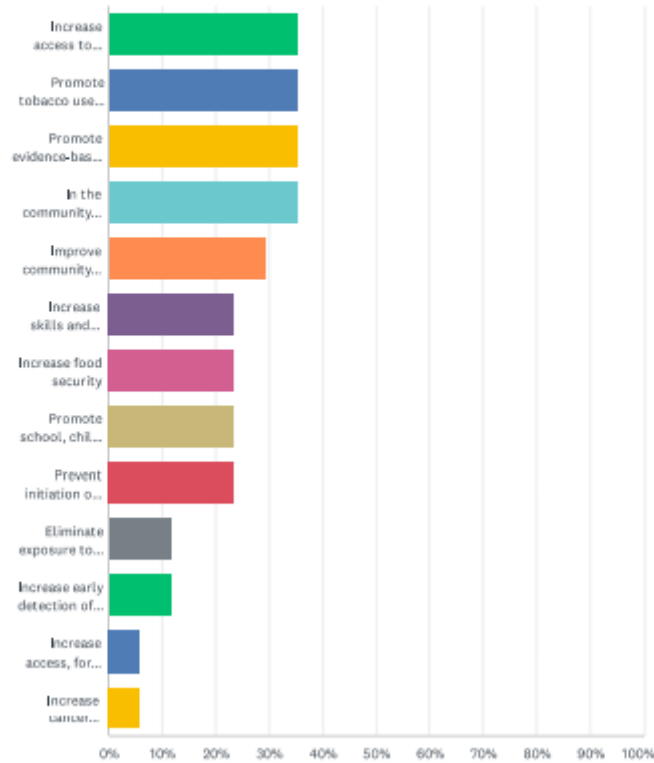
Answered: 17 Skipped: 0



ANSWER CHOICES	RESPONSES	
Individuals living with mental health issues	35.29%	6
Individuals living at or near the federal poverty level	29.41%	5
Seniors/elderly	11.76%	2
Individuals living in rural areas	11.76%	2
Specific racial or ethnic groups	5.88%	1
Other (please specify)	5.88%	1
Children/adolescents	0.00%	0
Females of a reproductive age	0.00%	0
Individuals with disability	0.00%	0
Migrant workers	0.00%	0
<b>TOTAL</b>		<b>17</b>

**Q11 In regards to the health priority of preventing chronic diseases, please select the top three (3) goals that your organization/agency can assist with to achieve successful outcomes in the counties it serves:**

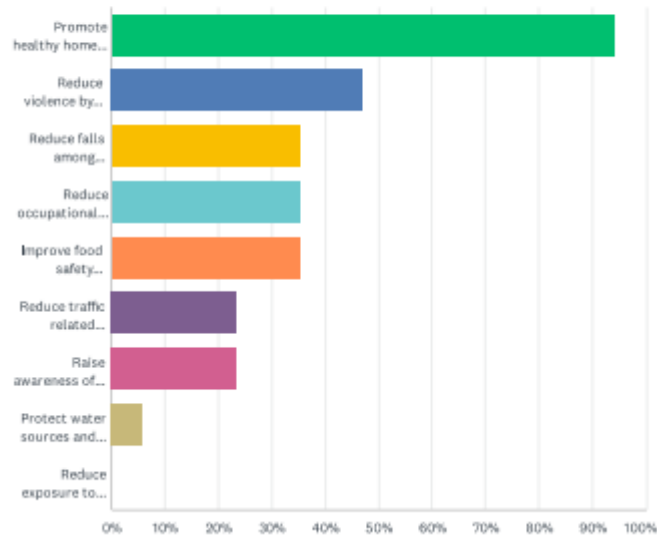
Answered: 17 Skipped: 0



ANSWER CHOICES	RESPONSES
Increase access to healthy and affordable foods and beverages	35.29% 6
Promote tobacco use cessation	35.29% 6
Promote evidence-based care to prevent and manage chronic diseases including asthma, arthritis, cardiovascular disease, diabetes, prediabetes, and obesity	35.29% 6
In the community setting, improve self-management skills for individuals with chronic diseases, including asthma, arthritis, cardiovascular disease, diabetes, prediabetes, and obesity.	35.29% 6
Improve community environments that support active transportation and recreational physical activity for people of all ages and abilities	29.41% 5
Increase skills and knowledge to support healthy food and beverage choices	23.53% 4
Increase food security	23.53% 4
Promote school, child care and worksite environments that increase physical activity	23.53% 4
Prevent initiation of tobacco use	23.53% 4
Eliminate exposure to secondhand smoke	11.76% 2
Increase early detection of cardiovascular disease, diabetes, prediabetes, and obesity	11.76% 2
Increase access, for people of all ages and abilities, to indoor and/or outdoor places for physical activity	5.88% 1
Increase cancer screening rates	5.88% 1
Total Respondents: 17	

**Q12 In regards to the health priority of promoting a healthy and safe environment, please select the top three (3) goals that your organization/agency can assist with to achieve successful outcomes in the counties it serves:**

Answered: 17 Skipped: 0



ANSWER CHOICES	RESPONSES
Promote healthy home and school environment	94.12% 16
Reduce violence by targeting prevention programs particularly to highest risk populations	47.06% 8
Reduce falls among vulnerable populations	35.29% 6
Reduce occupational injury and illness	35.29% 6
Improve food safety management	35.29% 6
Reduce traffic related injuries for pedestrians and bicyclists	23.53% 4
Raise awareness of the potential presence of chemical contaminants and promote strategies to reduce exposure (food-water-air)	23.53% 4
Protect water sources and ensure quality drinking water	5.88% 1
Reduce exposure to outdoor air pollutants	0.00% 0
Total Respondents: 17	

**Q13 In regards to the health priority of promoting healthy women, infants, and children, please select the top three (3) goals that your organization/agency can assist with to achieve successful outcomes in the counties it serves:**

Answered: 17 Skipped: 0

ANSWER CHOICES	RESPONSES
Increase use of primary and preventive health care services among women of all ages, with special focus on women of reproductive age	76.47% 13
Support and enhance children and adolescents' social-emotional development and relationship	76.47% 13
Reduce racial, ethnic, economic, and geographic disparities in maternal and child health outcomes, and promote health equity for maternal and child health populations	64.71% 11
Increase supports for children and youth with special health care needs	47.06% 8
Reduce maternal mortality & morbidity	11.76% 2
Increase breastfeeding	11.76% 2
Reduce infant mortality & morbidity	5.88% 1
Reduce dental caries among children	5.88% 1
Total Respondents: 17	

**Q14 In regards to the health priority of promoting well-being and preventing mental and substance use disorders, please select the top three (3) goals that your organization/agency can assist with to achieve successful outcomes in the counties it serves:**

Answered: 17 Skipped: 0

ANSWER CHOICES	RESPONSES
Facilitate supportive environments that promote respect and dignity for people of all ages	76.47% 13
Prevent suicides	52.94% 9
Prevent opioid and other substance misuse and deaths	47.06% 8
Reduce the mortality gap between those living with serious mental illness and the general population	47.06% 8
Reduce the prevalence of major depressive disorders	41.18% 7
Prevent and address adverse childhood experiences (ACES)	35.29% 6
Total Respondents: 17	

**Q15 In regards to the health priority of preventing communicable diseases, please select the top three (3) goals that your organization/agency can assist with to achieve successful outcomes in the counties it serves:**

Answered: 17 Skipped: 0

ANSWER CHOICES	RESPONSES
Increase education and outreach for improving overall immune health (preventive hygiene, clean diet, clean water, supportive nutritional supplementation)	82.35% 14
Improve vaccination rates	70.59% 12
Reduce the annual rate of growth for STIs	47.06% 8
Improve infection control in healthcare facilities	29.41% 5
Increase the identification of persons with Hepatitis C Virus (HCV) for treatment	23.53% 4
Increase viral suppression (environmental hygiene practices)	17.65% 3
Decrease HIV morbidity (new HIV diagnoses)	11.76% 2
Reduce infections caused by multidrug resistant organisms and C. difficile	11.76% 2
Reduce inappropriate antibiotic use (humans and livestock food sources)	5.88% 1
Reduce the number of new HCV cases among people who inject drugs	0.00% 0
Total Respondents: 17	

**Q16 Based on the goals you selected in questions 11-15, please identify the primary assets/resources your organization/agency can contribute toward achieving the goals you have selected:**

Answered: 17 Skipped: 0

ANSWER CHOICES	RESPONSES
Participate on committees work groups, coalitions to help achieve the selected goals	76.47% 13
Provide subject-matter knowledge and expertise	52.94% 9
Share knowledge of community resources (e.g. food, clothing, housing, transportation, etc.)	52.94% 9
Promote health improvement activities/events through social media and other communication channels your organization/agency operates	52.94% 9
Provide letters of support for planned health improvement activities	52.94% 9
Facilitate access to populations your organization/agency serves (to encourage participation in programs, provide feedback about health improvements)	47.06% 8
Provide staff time to help conduct goal related activities	41.18% 7
Facilitate access to committees, work groups, coalitions, currently working to achieve the selected goals	35.29% 6
Share program-level data to help track progress in achieving goals	35.29% 6
Provide in-kind space for health improvement meetings/events	35.29% 6
Offer periodic organizational/program updates to community stakeholders	35.29% 6
Offer health related-educational materials	35.29% 6
Provide knowledge of and/or access to potential sources of funding (grants, philanthropy)	29.41% 5
Sign partnership agreements related to community level health improvement efforts	29.41% 5
Assist with data analysis	23.53% 4
Other (please specify)	5.88% 1
Total Respondents: 17	