2013 Comprehensive Three-Year Community Service Plan

Bassett Healthcare Network
A.O. Fox Hospital
A.O. Fox Memorial Hospital

2013 Comprehensive CSP
Due on November 15, 2013

Prepared to meet requirements of The New York State Public Health Law which, requires applicable facilities to submit a comprehensive 3-year plan.

This plan should be linked to the state’s Prevention Agenda 2013-17, as described in the guidance that was issued in December 2012.
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2013 Comprehensive Community Service Plan

I. Mission statement:

A.O. Fox Memorial Hospital's mission is to provide the residents of Oneonta and the surrounding counties with high quality primary care services. A core set of specialty services will be delivered directly through Fox or through relationships with other hospitals or physician groups. Patient-centered quality care and financial feasibility will be guiding principles for both the establishment and continuation of services.

In addition to inpatient hospital services, Fox also provides a broad spectrum of outpatient health care to the Oneonta region including emergency services, urgent care, family medicine/primary care, OB/GYN, and dental, as well as a retail pharmacy, fitness center and other specialty care. Outpatient services are provided in several satellite offices including the FoxCare Center and other Oneonta locations, as well as in Sidney, Stamford and Worcester.

II. Community Served

A.O Fox Memorial Regional Hospital Service Area:
A.O. Fox Memorial Hospital is a 100-bed acute care facility located in Oneonta, New York. In addition to inpatient hospital services, Fox also provides a broad spectrum of outpatient health care to the Oneonta region including emergency services, urgent care, family medicine/primary care, OB/GYN, and dental, as well as a retail pharmacy, fitness center and other specialty care. Outpatient services are provided in several satellite offices including the FoxCare Center and other Oneonta locations, as well as in Sidney, Stamford and Worcester. On January 1, 2010, the Board of Trustees for Fox and Bassett approved agreements making Fox an affiliate hospital within the Bassett Healthcare Network. The affiliation allows Bassett and Fox to collaborate on the delivery of health care to people in the region.

In 2011, Fox Hospital admitted 3847 patients, treated over 17,097 patients in emergency services, and had over 112,912 patient visits to its primary centers. The current staffing complement of A.O. Fox includes 761.3 full time equivalents (938 employees) and over 61 active and 61 courtesy medical staff. This includes 11 Fox based physicians and 50 Bassett based physicians.

A.O. Fox Memorial Hospital is affiliated with the Bassett Healthcare Network. The Network is an integrated health care system that provides care and services to people living in an eight-county region covering 5,600 square miles in upstate New York. The organization includes six corporately affiliated hospitals, as well as skilled nursing facilities, community and school-based health centers, and health partners in related fields. The affiliated hospitals in addition to A.O. Fox Memorial Hospital include Bassett Medical Center in Cooperstown, Cobleskill Regional Hospital in Cobleskill, O’Connor Hospital in Delhi, Tri-Town Regional in Sidney and Little Falls Hospital in Little Falls. Other affiliates include Valley Health Services a 160-bed long term care and rehabilitation facility in Herkimer; First Community Care of Bassett, a home care equipment, supplies and related services provider in a surrounding four-county area. The Network also includes more than two dozen network health centers in a surrounding eight-county area. This includes Centers in Canajoharie, Cobleskill, Cherry Valley, Clinton, Cooperstown, Delanson, Delhi, Edmeston-Burlington, Hamilton, Hartwick Seminary Specialty Services, Herkimer, Little Falls, Middleburgh, Morris, Norwich, Oneonta, Richfield Springs, Schoharie, Sharon Springs, Sherburne, Sidney, St. Johnsville, Stamford, Unadilla, Walton and West Winfield. Other community health services and resources available in Delaware and Otsego Counties include the Otsego County Department of Health, Otsego County Department of Social Services, Otsego County Emergency Services, Opportunities for Otsego, Inc., Planned Parenthood, Safe Kids of Otsego County, Springfield, Head Start, Catskill Area Hospice & Palliative Care, United Way, ARC of Otsego, and Mental Health Clinic.

The primary service area for Fox Hospital encompasses the City of Oneonta and surrounding communities in Otsego and Delaware counties. Based on utilization data, the service area for Fox Hospital includes 25 ZIP codes: Charlottesville, Otsego, East Worcester, Portlandville, Jefferson, South Kortright, Maryland, Treadwell, Schenevus, Wells Bridge, Stamford, West Oneonta, Worcester, Westford, Bloomville, Davenport, Davenport Center, East Meredith, Franklin, Harpersfield, Holbart, Laurens, Meridale, Morris, and Oneonta.

The population of Otsego County in 2010 was 62,259 in 2010, according to the U.S. Census Bureau. The population grew by 9.8% between 1970 and 2000, but growth slowed between 2000 and 2005 and has declined since. In 2010, the adult population (18 years and older) constituted 81.3 percent of the population and 16.5 percent were 65 years and older. Of the total population, 48.4 percent are male, while 51.6 percent are female. Nearly ninety-four percent of the population is Caucasian, 1.6 percent Black or African-American, 1.0 percent Asian, 0.3 percent American Indian and Alaska Native, and 2.3 percent Hispanic or Latino. In terms of languages spoken in the home, 6.5% (of ages 5 and above) of the population reported a language other than English spoken at home.
The unemployment rate has increased from 5.1% in May 2008 to 7.5% in April 2009, and then fell to 6.8% in May 2009 according to the New York State Department of Labor, Division of Research and Statistics. Based on the 2005-2007 American Community Survey, the percent of persons below poverty in Otsego County at 15.7 percent was higher than for New York State at 13.8 percent and for the nation at 13 percent.

Otsego County is lower socioeconomically than New York State as a whole. Indicators such as median household income ($44,423 versus state: $52,944), home value ($121,900 vs. state: $293,400), and proportion of adults with bachelor’s degree or higher (25.9 percent vs. state: 31.2 percent) are all below state figures.

III. Public Participation:
A. Participants involved in assessing community health needs and their role
The process for developing this Community Health Needs Assessment entailed the completion of a fourteen-step process over a period from April 2012 to March 2013. The process began with the development and agreement on a work plan for the project that defined both its scope and time frame. It involved gaining a common understanding of the project and the necessary buy-in for its completion and included charging a Bassett network-wide advisory group with providing overall guidance for developing the CHNA. This group included representation from each of the six hospitals. In addition to providing overall guidance during the process, the advisory group was charged with:

Agreeing on a common template for a Community Health Needs Assessment as a method for integrating the data and information from the Community Services Plans and County Community Health Assessments;
Considering current health priorities of the Community Service Plan and related County Community Health Assessments;
Considering the data and findings from the Upstate Health and Wellness Survey;
Selection of future health priorities for this Community Health Needs Assessment;
Identifying targeted objectives for addressing selected health priorities;
Approving the CHNA and recommendation for publication and dissemination;
Considering public and key stakeholder input on the CHNA;
Reviewing and advising on Implementation Strategies based on the CHNA; and
Approving a final CHNA and IS report for submission to the respective Boards of the six Bassett Healthcare Network hospitals.

Once the draft CHNA was approved by the Bassett network-wide advisory group, it was published on each respective hospital's web site as well as on the Bassett Healthcare Network website. It was also distributed to key stakeholders in the area. This was followed by a meeting with key stakeholders in the A.O. Fox Memorial Hospital service area. Key stakeholders included representatives of area communities, social services, public health, hospitals and other area health providers.

Primary Information and Data Sources
This community health needs assessment is based on and incorporates efforts of A.O. Fox Memorial Hospital, Bassett Medical Center and county health departments in its service area to identify community health needs as required by the New York State Department of Health. Specifically through A. O. fox Memorial Hospital's Community Service Plan for 2010-12 and Otsego and Delaware Counties' Community Health Assessment for 2010-2013. It also draws upon the Upstate Health and Wellness Survey conducted in 2009 by Bassett's Rural Research Institute. The Upstate Health and Wellness Survey provides a primary data source for identifying the health status of residents in a seven county area served by Bassett Healthcare Network and its affiliate hospitals and other providers (Chenango, Delaware, Herkimer, Madison, Montgomery, Otsego, and
Schoharie). The Upstate Health & Wellness Survey, conducted in 2009 by the Bassett Healthcare Research Institute consisted of separate surveys covering the topics of: (1) household health; (2) access to health care; (3) child lifestyle and behavior choices; (4) adult lifestyle and behavior choices; and (5) health and health needs of the rural elderly. The survey was designed to provide baseline data to: 1) assess the rural region in terms of 27 priority health indicators established in 2008 by the Commissioner of the New York State Department of Health; 2) identify key geospatial, social and demographic factors related to living in rural areas that may explain rural-urban health differences; and 3) identify the need for existing and new community health promotion programs throughout the region. The five separate surveys were each designed to meet additional aims. Different sampling frames were used for the five surveys conducted in 2009. Three of the surveys (Household Health; Access to Health Care; Child Lifestyle and Behavior Choices) were administered to random samples of households in the seven-county study region based on a list of household addresses. The sampling frames for the other two surveys (Adult Lifestyle and Behavior Choices; Health and Health Needs of the Rural Elderly) were derived from a random sample of the roster of participants in a previous Health Census conducted in 1999. A random sample of individuals with a BMI value from the 1999 Health Census was selected for the survey on adult lifestyle and behavior choices. The sample for the survey on the rural elderly included all farmers from prior health censuses conducted in 1989 and 1999 who would be at least 50 years of age in 2009 and a random sample of non-farmers from the 1989 or 1999 Health Census who met the same age criterion. The random household surveys conducted in each of the seven counties of Bassett’s service area are shown in the table below. The surveys conducted in Otsego and Delaware included 2,633 and 1,373 respondents, respectively, for the household survey, 80 and 545 respondents for the access survey and 163 and 125 respondents for the child lifestyle and behavioral choices survey. In addition, for the purposes of this assessment, the survey data was re-aggregated along the service area for A.O Fox Memorial Hospital as defined by zip-codes.

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<tr>
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<th>Household Health</th>
<th>Access to Care</th>
<th>Child Lifestyle</th>
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<tbody>
<tr>
<td></td>
<td>All Respondents</td>
<td>Respondents 18+</td>
<td>Primary</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Respondent</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Kids 2-18</td>
</tr>
<tr>
<td>Region</td>
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<tr>
<td>Schoharie</td>
<td>13,226</td>
<td>11,009</td>
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<tr>
<td>Otsego</td>
<td>2,663</td>
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<tr>
<td>Montgomery</td>
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<td>Madison</td>
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<tr>
<td>Herkimer</td>
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<tr>
<td>Delaware</td>
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<td>1,153</td>
<td>545</td>
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<tr>
<td>Chenango</td>
<td>1,989</td>
<td>1,667</td>
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While the overall goal of determining the general health status of Bassett’s rural service region remained constant, the 2009 Upstate Health & Wellness Survey expanded on previous efforts by: 1) undertaking an extensive pre-study collaborative planning process with local health departments and the public, 2) collaborating with public health researchers from area universities, and 3) including physical measurements on some participants to confirm the validity of self-reports. In addition to providing descriptive epidemiologic data on the prevalence of health behaviors and conditions, the 2009 Survey was designed to test a number of hypotheses in the areas of obesity, aging, health care access, chronic disease, mental health, and other concerns identified by the community.

B. Community Participation and Input:
This Community Health Needs Assessment has taken into account input from persons who represent the broad interests of the community served by A.O. Fox Memorial Hospital. All organizations providing input into this assessment, including the name and title of those individuals representative of the organization, is provided in Appendix 1. This included input from individuals
with expertise in public health, specifically Theresa Oellrich from the County Health Department. Those individuals are listed by name, title, and affiliation in Appendix 1. A brief description of their special knowledge or expertise is also provided.

In addition to community comments and input gathered in response to posting of the community health needs assessment of both the hospital's and Bassett Healthcare Network's websites, the primary proactive means for receiving community input was through a community-wide stakeholder meeting hosted by A.O. Fox Memorial Hospital on October 31, 2012. The purpose of the stakeholder meeting was threefold: 1) to elicit general comments on the draft CHNA; 2) to seek community input on the priority health needs identified by the CHNA; and 3) to seek community input on potential implementation strategies. A summary of the stakeholder session is provided in Appendix 2. Thirteen individuals representing 9 area health providers and community services organizations attended the session (see Appendix 1). A summary of comments on the CHNA and the area's health priorities is provided in Section V of this assessment. A summary of suggested implementation strategies is provided in the Implementation Strategy for this CHNA.

In addition to the process and community participation specifically used in developing this community health needs assessment, significant processes and community participation were involved in compiling the 2010-2012 A.O. Fox Memorial Hospital Community Services Plan and the 2010-2013 Otsego and Delaware Counties’ Health Assessments. Each of these efforts included their own process and methods for identifying community health needs. Each also provided numerous opportunities for community input and participation in reviewing and influencing the selection of priority health needs.

The 2010-2012 Community Service Plan for A.O. Fox Hospital and the 2010-2013 Community Health Assessment for Otsego County were developed in tandem. The development process involved a range of community partners including County Departments (health, social services, and emergency services), as well as County, Town and City representatives; Opportunities for Otsego; New York Connects of Otsego County; Planned Parenthood; Safe Kids; two central schools; Cornell Cooperative Extension; Rural Three for Tobacco Free; Catskill Area Hospice; Springbrook; The ARC Otsego; United Way; At Home Care, Inc.; Bassett Medical Center; and AO Fox Hospital. A detailed description of the process and level of community participation in the development of the community services plan is provided in Appendix 3.

The 2010-2013 Delaware County Community Health Assessment was prepared by the Delaware County Public Health Service (DCPH). DCPH conducted a countywide information-gathering initiative with the goal of understanding public health priorities. This involved collaborative efforts among Delaware County Public Health Nursing Services (DCPH), hospitals, healthcare providers, other community-based organizations, and consumers. A detailed description of the process and level of community participation in the development of the county community health assessment is provided in Appendix 3.

C. Notification of sessions: The first CHNA stakeholder session, which served the dual purpose of also informing Fox’s CSP, was sponsored by Fox. Letters of explanation were sent out inviting individuals representing the broad interests of the community served by Fox Hospital’s to the October session. The resulting drafts CHNAs for each of the six hospitals in the Bassett Healthcare Network, including A.O. Fox hospital, were placed on the hospitals’ websites for public review and comment.

The September 4, 2013 regional CSP/Prevention Agenda meeting was a state DOH organized event and we received an email invitation to that from HealthConnections Health Planning. Finally, the October 4, 2013 CSP/CHA meeting was organized by Otsego County Public Health and invitations were emailed to health care, public health and other organizations around the region to discuss and determine common top health priorities and objectives.
IV. Assessment and Selection of Public Health Priorities

As part of the process of developing this community health needs assessment, hospital service are Hospital priorities identified in A.O. Fox Memorial Hospital service are Hospital Community Services Plan and the Otsego and Delaware Counties Community Health Assessments were reviewed.

The A.O. Fox Memorial Hospital Community Service Plan for 2010-2012 was a collaborative process that included the advisory group, a community focus group session and review of multiple databases. In addition to public and agency input, a variety of data from the NYS Department of Health Behavioral Risk Factor Surveillance System, Otsego County Community Health Assessment and other sources were used to identify health priorities. The process of developing the CSP, including through the Bassett Steering Committee, the Advisory Group, a community focus group Session and review of multiple data bases, led to the identification three priorities from the NYS Prevention Agenda. In rank order, they included:

- Improving Access to Quality Health Care;

Improving access to quality health care, and defining health care to include dental care, mental health, emergency care, emergency response, alternative and complimentary health care, community outreach by health care providers, at-home visits, transportation, education, and maintenance or follow-up / after-treatment care for chronic disease is a priority. Access should be affordable and not limited by SES eligibility guidelines that are too low, health insurance participation or reimbursement, office hours, or transportation in rural areas.

- Improving Mental Health and Substance Abuse Services; and

Improving the availability of mental health and substance abuse services, including identification of individuals in need, crisis-level intervention, and support services is a priority. This includes increasing the number of mental healthcare providers in the county and having services available, accessible and affordable for all populations and not limited by barriers of health insurance participation or reimbursement, office hours, or transportation in rural areas.

- Increasing Physical Activity and Good Nutrition Habits.

Increasing physical activity and good nutrition habits through interventions that reverse trends in chronic disease in Otsego County is a third priority. Proactive initiatives to counter childhood and adult obesity should be affordable and accessible, and should include recreational activities that are available in all four seasons and particularly during the summer months for students. Follow-up care is needed for children who are identified as obese and require individualized age/growth specific nutritional guidance from a dietitian and graduated, achievable physical activity goals designed to bring them into a healthy weight range. Psychological counseling to bolster self-esteem and counter any presumed or real bias should be available, and this continuing care should be coordinated between families, schools and health care providers. Similar services for other family members, including adults, who are identified as obese and need follow-up care, should be available. Education about the health benefits of physical activity and good nutrition should include information about the prevention of chronic disease.

A clear theme identified during the process was the interconnectedness of priority areas, and that health education cut across all of the priorities. Improving dental health and mental health services were the other areas that received support throughout the process.

Otsego County Community Health Assessment 2010-2013

As noted above the Otsego County Community Health Assessment for 2010-2013 was developed in tandem with the Community Service Plan for A.O. Fox Memorial Hospital, as a result, following the review of a variety of data from the NYS Department of Health and multiple other sources the same three priorities from the NYS Prevention Agenda identified in the Fox Community Service Plan were selected as a result of the Assessment (see above).
In addition to the three priorities, a number of other priorities were identified through the Otsego County Community Health Assessment. They included:

- Improving Community Preparedness
  Community preparedness should include flu pandemics and all hazards such as floods, blizzards, other natural disasters, terrorist attacks, and EMS preparedness. There is a lack of information in small communities and initiatives to increase education of the public about what emergency response support systems are in place as well as how we communicate to the public in times of disaster.

- Improving the Health of Mothers, Babies, and Children
  Prevention initiatives should include immunization, dental health for babies, and a healthy living / healthy ‘families’ campaign. Proactive health education is needed, and we should educate at an early age to cultivate prevention measures. Education should include information about planning, healthy weight gain during pregnancy, low birth weights, childhood obesity and vaccinations.

- Increasing immunization rates
  Another priority identified was to increase immunizations rates. Educational activities to prevent the spread of infectious diseases should be increased, particularly to prevent flu pandemics. A broad, coordinated strategy to disseminate information should be undertaken.

- Reducing Tobacco Use
  Increased and coordinated efforts are needed to disseminate information about the harms of tobacco use and promote/support cessation. Current tobacco cessation services that are already in place, including information about the short- and long-term health risks of smoking should be continued. In addition policies that decrease access to cigarettes through increased taxes and more smoke free zones should be expanded.

- Reducing Chronic Disease
  This priority includes obesity and diabetes. It calls for increased prevention measures to promote healthy lifestyles and increase health education for adults and children to prevent chronic diseases. Increase public education about the result from unhealthy behaviors like tobacco use, poor nutrition and decreased physical activity.

- Reducing Unintentional Injuries
  Reduction of unintentional injuries was also identified as a priority concern in Otsego County. Strategies identified to address this priority included: increasing information dissemination and education about unintentional injury; promoting the use of walkers and canes by the elderly; use of helmets by cyclists of all ages; promoting safety on the farm; and fixing known road or traffic hazards that put the public at risk.

- Improving a Healthy Environment
  Improving environmental health was also identified as an additional priority for Otsego County. Strategies identified to address this area included: decreasing the use of pesticides on farms and in home gardens; educating the public about alternatives to pesticides and their health benefits; disseminating information about the impacts of gas drilling in shale and making the public aware of sites currently being drilled in the county; and continuing to disseminate information to the public about radon and lead poisoning, rabies, as well as the quality of our air, water, and locally grown/produced food.

Delaware County Public Health and its community health care partners identified the two Prevention Agenda priorities as part of the Community Health Assessment. There was unanimity...
that Access to Quality Health Care was the top priority. The second consensus priority identified was Physical Activity & Nutrition. These two priorities were considered complementary and inter-related with regard to addressing local need. Factors in reaching the conclusion included analysis of all of the compiled county demographic data as well as other indicators gathered from open-ended consumer and service provider panel discussion data.

Improveing Access to Quality Health Care and Increasing Physical Activity & Good Nutrition Habits.

Along with the top two priorities, additional priorities were also identified, including:

Reducing Chronic Disease;
Reducing Tobacco Use; and

Improving Mental Health & Substance Abuse Services.

Selected Priorities and Targeted Objectives:

➢ Improving Access to Quality Health Care
Within the service area during 2009, 88.2% of adults had at least some form of health insurance (in comparison to the NYSPA and HP2020 goal of 100%). The percentage of adults with a primary care provider was 83.5% (compared to 96% and 95% for goals of NYSPA and HP2020, respectively). A larger gap between current status and goal was observed for utilization of dental services – 55.8% of adults had routine dental care during the previous 12 months, compared to the NYSPA goal of 83%.

➢ Increasing Physical Activity & Good Nutrition Habits.
A simple comparison between the NYSPA and HP2020 goals and the Upstate Health and Wellness Survey findings is not possible for physical activity. The report of the survey focused on regular leisure time exercise (3 or more times per week) instead of ever engaging in leisure time physical activity (the more modest goal set by the NYSPA and HP2020). The proportion of adults exercising 3 or more times per week was 28.9%; the prevalence was somewhat lower than the corresponding value for the entire region (31.5%). The prevalence of obesity in adults was higher in the service area (30.7%) than in the region (28.7%) and similar to the HP2020 goal (30.6%) but well above the NYSPA goal of 15%.

➢ Reducing Chronic Disease
The estimates of prevalence for diabetes and hypertension in the Upstate Health and Wellness Survey were 5.1% and 21.4%; both values are below the NYSPA goal for diabetes (5.7%) and the HP2020 goal for hypertension (26.9%). It should be acknowledged that estimates based on self-reported history of a provider’s diagnosis will not include prevalent but undiagnosed cases, which may account for the differences with goal values.

The estimates from the Upstate Health and Wellness Survey for cancer screening all fall below HP2020 goals. The percentage of women 18 years and older with a Pap smear in the previous 3 years was 72.8% (goal 93%), the percentage of women 40 years and older with a mammogram in the past 2 years was 68% (goal 81.1%) and the percentage of adults 50 years and older with a colonoscopy in the past 5 years was 53.8% (goal 70.5%). Levels of cancer screening in the A.O. Fox service area were similar to levels for the entire seven counties.

➢ Reducing Tobacco Use
The prevalence of smoking by adult residents of the service area was 16.4%, slightly lower than the prevalence for the entire region (17.5%) but exceeding the goal of 12% set by both the NYSPA and HP2020.
Improving the Health of Children

Data from the Upstate Health and Wellness Survey on children are not directly comparable to the NYSPA or HP2020 goals. The state and national goals for oral health are presented as prevalence of dental caries in 3rd grade children. The survey measured the percentage of children 4-18 years of age receiving routine dental care in the past year; this percentage was 79.0% in the A.O. Fox service area and 76.3% in the entire seven counties.

The NYSPA and HP2020 goals for child obesity are based on the percentage of children at or above the 95th percentile for BMI on the 2000 CDC growth charts, while the Upstate Health and Wellness Survey reported the percentage at or above the 85th percentile (which might be interpreted as a combination of obese and at risk for obesity). This percentage was 29.9% for the children in the A.O. Fox service area, somewhat below the percentage for the entire region (34.3%)

Improving Mental Health

The percentage of adults in the service area experiencing 14 or more days with poor mental health in the last month was estimated to be 4.2%. This value is below the NYSPA goal (7.8%) but should be interpreted with caution, since one key contact typically provided the survey information about all residents of the household. Data collected in this way may be most accurate for well-defined or observable characteristics (e.g. smoking, having a regular primary care provider).

B. Selection of Public Health Priorities:

The health priorities identified through this Community Health Needs Assessment were selected based upon the application of five criteria. They included:

1. The priority area was identified by at least two of three of the primary information sources: A.O. Fox Memorial Hospital Community Service Plan, Otsego and Delaware Counties' Community Health Assessments or supported by the findings of the Upstate Health and Wellness Survey;
2. The priority area was consistent with the current (See Appendix 4) and proposed (See Appendix 5) NYS Department of Health Prevention Agenda Areas;
3. The priority area was supported by data showing health status indicators or health needs were below either the averages for New York State or for the seven county Bassett Healthcare service area based on the Upstate Health and Wellness Survey;
4. The degree of aberration from National Healthy People 2020 goals and/or from NYS Prevention Agenda Objectives; and
5. The priority area was identified/recommended during the CHNA public input process.

The application of these criteria resulted in the selection of following three health priorities for A.O. Fox Memorial Hospital’s Community Health Needs Assessment. The health priorities have been stated in terms consistent with the new NYS Health Improvement Plan and guidance issued on December 10, 2012 for the development of the next iteration of hospital community service plans in 2013.

In addition, at the October 4, 2013 CHA/CSP stakeholder session organized by Otsego County Public Health, the workgroup (including Bassett Network affiliates Bassett Medical Center and A. O. Fox Hospital), agreed that the top two priority focus areas to be addressed are 1) Preventing Chronic Disease and 2) Promotion of Mental Health and Prevention of Substance Abuse. The decision to focus on Chronic Disease takes into account Bassett Medical Center’s continued commitment to expanding primary care access throughout its service region, which is expected to serve as a strategy for also combating chronic disease.

Improving Access to Quality Health Care
Improving access to care is the first priority identified through this CHNA. This priority was selected by A.O. Fox Memorial in its Community Services Plan, as well as by the Delaware and Otsego County Health Departments in their respective Community Health Assessments. In addition, the Upstate Health and Wellness Survey data supports the selection of this priority for the A.O. Fox service area, where less than 84 percent of adults had a primary care provider and less than 56 percent had routine dental care in the previous year. The focus in selecting this priority is to specifically improve access to both dental and primary care within the Fox service area.

- Preventing Chronic Diseases (common to Otsego County’s CHA)
  
  Disparity: Increase the percentage of adults (50-75 years) with an income of less than $25,000 who receive a colorectal cancer screening based on the most recent guidelines (blood stool test in the past year or a sigmoidoscopy in the past 5 years and a blood stool test in the past 3 years or a colonoscopy in the past 10 years) by 5% by 2017 (NYS Prevention Agenda Objective).
  
  - Otsego County’s median household income $45,334 vs. NYS $56,951
  - Persons below poverty 16.4% vs. NYS 14.5% [Data Source: US census.gov 2007-2011]
  - Otsego County adults 50-75 with an income <$25,000 with colorectal screening 59.4% [Data Source: NYS BRFSS 2008-2009]

Preventing Chronic Diseases is the second priority identified through this CHNA. Reducing chronic disease was recognized as an important area of concern, although not a priority, in both the Delaware and Otsego County’s Community Health Assessments. However, the Upstate and Wellness Survey data showed that in the Fox service area the rates of cancer screening for breast and colon cancer were significantly below national and New York target levels. As a result, one focus in selecting this priority is to improve the percent of women receiving breast cancer screenings and adults receiving colon cancer screenings.

In addition, consistent with the Fox Community Service Plan and the Delaware and Otsego County Community Health Assessments increasing physical activity and promoting good nutrition habits is identified as a long range strategy for preventing chronic disease. Based on the Upstate Health and Wellness Survey data which reported 30 percent of children in the A.O. Fox service area were obese or at risk for obesity, focus will be placed on obesity among children and adolescents.

Public input received on the CHNA suggested that diabetes should also be a focus area in dealing with the prevention of chronic disease. The NYS Department of Health’s Community Health Indicators Report showed that Delaware and Otsego Counties had average mortality rates for diabetes of 22.7 per 100,000 and 22.5, respectively over the period 2008-2010. These rates were well above regional (16.1 per 100,000) and state (16.6) rates.

- Promoting Mental Health and Preventing Substance Abuse;

Promoting mental health and preventing substance abuse is the third priority identified through this CHNA. This priority was identified in both the A.O. Fox Community Services Plan and the Otsego County Community Health Assessment. It was also considered an area of importance in the Delaware County Community Health Assessment. The focus in selecting this priority is to specifically reduce the rate of substance abuse in the service area.

**Fox’s Three Health Priorities**

- Health Priority - Improving Access to Quality Health Care

  Objective 1: To increase the percentage of adults in the A.O. Fox Hospital service area who have seen a dentist in the past year from under 56 percent to at least 65 percent by 2016 (working toward the NYS Prevention Agenda objective of 83 percent).
Objective 2: To increase the percentage of adults in the A.O. Fox Hospital service area with access to a primary care provider from 83.5 percent to at least 90 percent by 2016 (working toward the NYS Prevention Agenda of 96 percent).

- Health Priority – Preventing Chronic Disease

Objective 3: To increase the percentage of women 40 and older in the A.O. Fox Hospital service area with a mammogram in the past two years from 68 percent to 75 percent by 2016 (working toward the NYS Prevention Agenda objective of 81 percent).

Objective 4: To increase the percentage of adults 50-75 in the A.O. Fox Hospital service area who receive a colorectal cancer screening based on the most recent guidelines (blood stool test in the past year or a sigmoidoscopy in the past 5 years and a blood stool test in the past 3 years or a colonoscopy in the past 10 years by 5 percent by 2016 (NYS Prevention Agenda objective).*

Objective 5: To increase the percent of adults with diabetes whose blood glucose is in good control (hemoglobin A1C less than 8%) by 10 percent by 2016.

Objective 6: To reduce the percentage of adults who are obese in the A.O. Fox Hospital service area by 5% so that the age-adjusted percentage of adults ages 18 years and older who are obese is reduced in Delaware and Otsego Counties from 27.5 percent and 23.1 percent to 25 percent and 22 percent, respectively by 2016.

Objective 7: To reduce the percentage of children and adolescents who are obese in the A.O. Fox Hospital service area by 5 percent by 2016.

Objective 8: To increase the number of children and adolescents in the A.O. Fox Hospital service who receive fitness and obesity educational programs by 10 percent by 2016.

*Clinical standards for colorectal screening have been modified to include blood stool and sigmoidoscopy tests and increased from 5 to 10 years for colonoscopies. As a result measurement of this objective will require collection of additional and different data in the future.

- Health Priority – Promoting Mental Health and Preventing Substance Abuse

Objective 9: To increase screenings for substance abuse and referral rates for substance abuse services by 100 percent in the A.O. Fox Hospital service area by 2016.

V. Three Year Plan of Action

A. Goals & Objectives

Numerous strategies to address each of the selected community health priorities and to achieve targeted objectives related to those priorities were considered. Among others, Strategies considered included those identified in the A.O. Fox Memorial Hospital’s Community Service Plan, in its 2012 Annual Operational Plan, suggestions made by the public and key stakeholders in commenting on the CHNA and suggested as “intervention considerations” in the NYS Prevention Agenda Action Plan for 2013-2017. Strategies were identified on an A.O. Fox Hospital service area basis, as well as on a Bassett Healthcare Network wide basis.

- Strategies for Improving Access to Quality Health Care

Access to Dental Care

A cornerstone strategy for improving access to dental care services in the Fox service area will be reestablishing the Otsego County Oral Health Coalition. The Coalition will bring community partners together on advocacy efforts aimed at creating a shared vision and plan of action for
attracting more dentists to the area, as well as for tracking progress in improving access to dental services. A.O. Fox Hospital’s recruitment of dentists to the area will also continue as a strategy.

**Impacts and Commitment of Resources:** It is anticipated the result of pursuing this strategy will achieving an increase in the percent of adults seeing a dentist each year to 65 percent by 2016.

Bassett Medical Center will commit staff resources to re-establishing the Otsego County Oral Health Coalition. Specifically, Bassett will identify lead staff support for maintaining the Coalition. A.O. Fox Hospital maintains a full time recruiter position to recruit dentists and physicians to the area. A third full time dentist was recently placed at A.O. Fox’s Dental service. Fox will continue to dedicate staff and other resources to recruit additional dentists to the area. It also will commit staff resources to support re-establishing the Otsego County Oral Health Coalition.

**Access to Primary Care**

**Bassett Healthcare Network Strategies:** Improving access to primary care services in the A.O. Fox Memorial’s service area will require a continued effort to recruit additional practitioners to the area. Recruitment of additional primary care providers to both expand services and to replace current providers who are reaching retirement age will be pursued across the service area on an ongoing and methodical manner. A key step of this strategy will be a network wide effort working with Bassett Medical Center and its affiliate hospitals to develop a regional primary care development plan to promote a coordinated and integrated effort toward sustaining and enhancing the delivery of primary care throughout the service area. Efforts to recruit new primary care providers will seek to take advantage of existing Federal and State programs, including the Federal National Health Service Corp, NYS Doctors across New York initiative, NYS Vital Access Provider grant program and the NYS Primary Care Services Corp.

A second network wide area of focus by A.O. Fox and other Bassett affiliates in partnership with Excellus will be an initiative to develop medical home or team based care models at primary care delivery sites across the region that will place greater emphasis on wellness, prevention and screening and on coordination of care within a regional system of care.

Also on a network wide basis, A.O. Fox Memorial Hospital based primary care and other area providers will participate in the Bassett Healthcare Network initiative to develop medical home or team based care models that place greater emphasis on wellness, prevention and screening and on coordination of care across a regional delivery system.

Part and parcel of both the community and network wide strategies will be the continuation of efforts to improve linkage and coordination of services. Specifically, steps to implement and integrate electronic medical record systems will be completed. In addition, telemedicine capacities will be planned and developed to support and enhance clinical capacities of area emergency and primary care providers.

**Impacts and Commitment of Resources:** It is anticipated pursuit of these strategies will markedly improve access to primary care service in general, but also to a more comprehensive and coordinated range of primary care service throughout A.O. Fox’s and the Bassett Medical Center’s service areas. Measures of the impact will be increases in the percentage of adults who have regular access to primary care service, specifically an increase to 90 percent of adults with regular access in the A.O. Fox Hospital service area by 2016.

A.O. Fox Hospital will continue to maintain a full time physician recruiter on staff. It will also continue to assist its physician practices in gaining and maintaining certification from the National Committee for Quality Assurance (NCQA) as “medical home” providers. In addition, Fox will maintain its “free clinic”, the Oneonta Community Health Center, for uninsured residents who do
not qualify for any insurance. Bassett Medical Center will also continue to commit significant resources toward these strategies to assist A.O. Fox Hospital. It will provide lead staff support for the development of the regional primary care plan. Bassett will also continue to maintain dedicated staff (two full-time physician recruiters) for a regional recruitment function under its Department of Medical Staff Affairs. In terms of developing medical home models, Bassett Medical Center will continue to assist A.O. Fox and area physician practices in gaining and maintaining certification from the National Committee for Quality Assurance (NCQA) as “medical home” providers.

A.O. Fox Hospital has invested $7 million towards implementing an electronic medical records system and linking it to the Bassett EMR system. It is anticipated the system will become fully operational by the end of 2014. Over the next several years A.O Fox will continue to dedicate staff and operational resources to pursuing this strategy. It currently commits $2.5 million in annual operating funds to support its information technology department which includes 23 FTEs. In coming years, it will seek to optimize and expand the functionality of the EMR systems reporting, monitoring and strategic planning capacities and to meet meaningful use standards.

Bassett Medical Center will also continue to assist A.O. Fox Hospital in technology development, specifically in supporting development and integration of electronic medical records and telemedicine as part of a regional delivery system. This includes a Bassett investment of nearly $24 million between 2010 and 2013 to develop a regional EMR system linking it with its affiliates. Significant staff and technical assistance resources have been and will continue to be dedicated to meeting federal “meaningful use” standards for achieving a state-of-the-art EMR system. This will include an estimated annual operating budget of nearly $4 million and a supporting staff of over 37 FTEs.

- Strategies for Preventing Chronic Disease

**Cancer Screening**

**Community Based Strategy:** A collaborative strategy between A.O. Fox Memorial Hospital and the Bassett Cancer Institute will be pursued to improve access to cancer screening services for breast and colon cancer. A key aspect of the strategy will focus on improving the system of referrals for cancer screening in the area. Development and integration of electronic medical records systems will assist in improving referral and tracking of patients receiving cancer screenings.

**Bassett Healthcare Network Strategy:** A network wide strategy to develop medical home or team based models will be pursued to ensure that the cancer screening rates of the targeted objectives are achieved. The development of these models will result in a greater focus on wellness and prevention, including identification of patients who are obese or at risk of obesity, the other targeted objective related to this priority.

Another network strategy will be continued support for and operation of the Bassett Cancer Institute custom-built medical coach equipped with digital technology for mammography and other cancer screenings for men and women. The cancer screening services of the coach will be targeted to rural areas.

**Impacts and Commitment of Resources:** It is anticipated pursuit of these strategies will lead to increases in the percentage of population being screened for specific types of cancers by 2016, including reaching a level of 75 percent of all women receiving mammograms and a 5 percent increase in the number of adults receiving colon screenings.

A.O. Fox Hospital, to achieve these results, will continue to dedicate staff resources to the promotion of the full range of cancer screening programs. It will continue to support an ongoing
referral system for cancer screening through its five primary care sites in its service area. In addition it will continue to provide staffing for health screening booths at health fairs and other events throughout the service area. It will also continue to work closely with local health departments to support their efforts to promote cancer screenings.

A.O. Fox Hospital will also dedicate staff resources to increased monitoring and reporting of cancer screening through its EMR system. It will also continue to work with the Bassett Cancer Institute mobile medical coach for cancer screening to reach residents located in remote rural areas. The mobile coach has an annual operating budget of over $260,000 and staffing support of 5 from the Bassett Cancer Institute. In addition, Fox Hospital will continue to work with the Bassett Healthcare network to support the certification of area primary care practices as medical homes (see above description of resource commitments under access to primary care).

**Obesity**

**Community Based Strategy:** A cornerstone strategy for A.O. Fox Hospital to improve fitness and good nutrition and reduce obesity will be through the development of a “Get Fit Otsego” Program. The mission of the program will be to educate and empower children, their families and the community to adapt healthy lifestyles. The objectives of the program include: 1) providing tools and services to area providers to identify, assess and treat obese children or those at risk of obesity; 2) increase the percent of 2 year and older children who meet recommended physical activity levels, 3) promote positive eating environments and habits and 4) develop policies and environmental changes to support healthy lifestyles.

**Bassett Healthcare Network Strategy:** A network wide strategy directed at reducing obesity among children is currently underway through a five year NYS Department of Health Comprehensive School Health Policy grant. It provides resources, guidance and technical assistance to schools and school districts in Otsego, Delaware and Schoharie Counties for the development and implementation of, and compliance with, school health policies in the areas of tobacco use, nutrition and physical activity. The strategy entails working with schools to develop “seamless” policies between school, family and community-at-large. Over the period of the grant services will be provided to fifty percent of school districts in the three counties. Preference for participation in the program will be given to school districts with a high percentage of students eligible for the National School Lunch Program, no fully implemented policies, a relative lack of resources, and an established School Based Health Program relationship. Once completed, the experiences and lessons learned through the project will be shared with all school districts in the three counties.

**Impacts and Commitment of Resources:** It is anticipated that pursuit of these strategies will result in a reduction of the percentage of obese adults in Delaware and Otsego County to lows of 25 and 22 percent respectively by 2016. It will also lead to a 5 percent decrease in obesity among children and adolescents, as well as an increase in the number of students receiving fitness and obesity educational programs by 10 percent by 2016.

A.O. Fox Memorial Hospital, to achieve these results, will commit staff resources to supporting and realizing the objectives of the “Get Fit Otsego” program. Lead staff support will be provided by a member of A.O. Fox’s nutrition staff. In addition, the hospital and its volunteer services program will provide $10,000 to support the growth of the Program. Resources will also be used to support training of all area practices serving children in childhood obesity prevention, developing and distributing multi-media educational programs on the importance of fitness and conducting “family nights” promoting fitness.
Diabetes Monitoring

Community Based Strategy: A.O Fox Hospital will continue to pursue a strategy to improve monitoring of diabetes through its Outpatient Diabetes Management Program. The program involves referral of all diabetic discharged patients into the management program. It enables the provision of educational materials about diabetes prior to being discharged to home. It also introduces patients to an electronic referral and tracking system. In addition, the program supports the distribution of diabetes meters and coordination with pharmaceutical companies. This program will be expanded for emergency room patients diagnosed with diabetes (and not being admitted as an inpatient) prior to being sent home.

Impacts and Commitment of Resources: It is anticipated pursuit of this strategy will result in a 10 percent increase in adults with good control of their blood glucose levels.

A.O. Fox Hospital, to achieve this result, will continue and expand its Outpatient Diabetes Management Program. This program is coordinated by a certified diabetes educator and is recognized by the American Diabetes Association as meeting the National standards for Diabetes Self Management Education. The Program is supported by two FTE’s, including a Registered Dietitian and Registered Nurse. An electronic charting referral system will also continue to be supported and expanded to patients coming through Fox’s emergency room.

➤ Strategies for Promoting Mental Health & Preventing Substance Abuse

Community Based Strategy: A.O. Fox Hospital’s strategy to promote mental health and prevent substance abuse will be through a partnership between A.O. Fox Memorial Hospital, Bassett Medical Center and the Leatherstocking Education on Alcoholism/Addictions Foundations Inc. (LEAF). Through this collaboration, Continuing Medical Education training on substance abuse screening and referral will be provided to area primary care providers. In addition, through the partnership LEAF will update and distribute a list of mental health and substance abuse resources to all area primary care providers and will also work with the county health department to conduct a public health campaign about the risk factors associated with binge drinking and prescription drug abuse. LEAF also serves as a community educational resource on promoting mental health and preventing substance abuse.

Bassett Healthcare Network Strategy: A related network wide strategy of the Bassett Healthcare Network with its more than two dozen community health centers and 18 school-based health centers, as well as six hospitals, will be undertaking an initiative to train at least half of the Bassett primary care providers at community health centers in substance abuse screening and referral protocols. In addition, a screening tool (Guidelines for Adolescent Preventive Services, GAPS) to help identify at risk adolescents will continue to be used by the Bassett’s school-based health centers (SBHCs). This tool helps to identify whether an adolescent is at risk for suicide and/or depression.

Impacts and Commitment of Resources: It is anticipated that pursuit of these strategies will lead to improvements in screening and referral for mental health and substance abuse services; specifically they will result in a 100 percent increase in abuse screenings and referrals by 2016.

A.O. Fox Hospital, to achieve this result, will continue to commit staff resources to support LEAF Programs. This will include coordination and referral of patients in need of services to LEAF programs. In addition, Basset Medical Center will maintain and expand its commitment of resources to provide mental health counseling services through School-Based Health Center Program and train at least half of its primary care physicians in substance abuse screening and referral protocols by 2016.
B. Implementation Partnerships and Tracking:

This Implementation Strategy, following its completion and as a means of meeting requirements of the NYS Department of Health guidelines issued December 12, 2012 for Hospital Community Service Plans, will be made available for public review and comment. Similar to the CHNA development process, the Implementation Strategy, as part of the NYS Hospital Community Service Plan development process will be placed on A.O. Fox Memorial Hospital and the Bassett Healthcare Network websites. Public comments will be solicited with respect to the contents of the Implementation Strategy in general and on the individual strategies identified for addressing each community health priority and for achieving related health objectives. This process will also seek suggestions for additional strategies as well for modification and/or improvement of identified strategies.

In addition, a tracking and reporting system for monitoring progress in pursuing selected implementation strategies will be maintained. A Bassett Healthcare Network Advisory Group will be charged with tracking and reporting of progress. This will include periodic reporting to apprise the Network Advisory Group of activities and progress related to the implementation strategies. It will also include periodic updates on partnerships formed to implement specific strategies and/or achieve targeted objectives. The tracking and reporting system will include gathering information and data and making determinations of whether tasks and activities are being completed within the expected timeframes, identification of any issues or barriers that may be causing unexpected delays or problems in completing specified tasks and activities, whether the specified parties are carrying out assigned responsibilities or if the assistance of other parties may be necessary. The Network Advisory Group based on progress reports will be responsible for recommending mid-course corrections related to implementation strategies.

VI. Dissemination to the Public:

This Implementation Strategy, following its completion and as a means of meeting requirements of the NYS Department of Health guidelines issued December 12, 2012 for Hospital Community Service Plans, will be made available for public review and comment. Similar to the CHNA development process, the network’s CSPs will be placed on the A.O. Fox Hospital and the Bassett Healthcare Network websites, which can be found at www aofoxhospital org. Public notification of the availability of the CSP will be promoted through Bassett’s social media channels.

VII. Implementation Partnerships and Tracking:

A. Goals:

In addition, as part of the continuing NYS Hospital Community Service Plan process, partnership will be sought with other area provider and community services organizations. Initial outreach through the previously identified stakeholder sessions in 2013 indicate general support for selected strategies. Going forward, additional outreach will seek to identify the level of interest among area providers and community organizations in collaborating, where possible, to address selected health priorities and pursue strategies. This process will provide the foundation for future planning on how partners will be engaged in implementation activities. It will also lead to agreement on tasks and activities, shared resources and responsibilities, timelines and expected outcomes to be achieved through pursuit of each strategy.
B. Tracking:

In addition, a tracking and reporting system for monitoring progress in pursuing selected
implementation strategies will be maintained. A Bassett Healthcare Network Advisory Group will
be charged with tracking and reporting of progress. This will include periodic reporting to apprise
the Network Advisory Group of activities and progress related to the implementation strategies. It
will also include periodic updates on partnerships formed to implement specific strategies and/or
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out assigned responsibilities or if the assistance of other parties may be necessary. The Network
Advisory Group based on progress reports will be responsible for recommending mid-course
corrections related to implementation strategies.
# Appendix 1
## Key Stakeholder Participants

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Organization</th>
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<tbody>
<tr>
<td>John Remillard</td>
<td>President</td>
<td>A.O. Fox Memorial Hospital</td>
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<tr>
<td>Felecia Emilio</td>
<td>Director Mandatory Ed. &amp; Diabetes Educator</td>
<td>A.O. Fox Memorial Hospital</td>
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<tr>
<td>Robert Lancey, MD</td>
<td>Network Medical Director</td>
<td>Bassett Medical Center</td>
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<tr>
<td>Sarah Patterson</td>
<td>Vice Chair- Hospital Board</td>
<td>A.O. Fox Memorial Hospital</td>
</tr>
<tr>
<td>Becky Drake, RD</td>
<td>Chairperson</td>
<td>Get Fit Otsego</td>
</tr>
<tr>
<td>Susan Kurkowski</td>
<td>YMCA &amp; Oneonta School Board Member</td>
<td>Oneonta YMCA &amp; Oneonta School District</td>
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<tr>
<td>Frank Russo</td>
<td>Director</td>
<td>Oneonta YMCA</td>
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<tr>
<td>Barbara Sperling</td>
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<td>Oneonta Community Health Center</td>
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<tr>
<td>Theresa Oellrich</td>
<td>Director</td>
<td>Otsego Co. Health Department</td>
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<tr>
<td>Julie Dostal</td>
<td>Executive Director</td>
<td>LEAF Council</td>
</tr>
<tr>
<td>William Stamp</td>
<td>Executive Director, Marketing Corporate Communications &amp; Strategic Planning</td>
<td>Bassett Medical Center</td>
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Appendix 2
A.O. Fox Memorial Hospital
CHNA Stakeholder Session Summary
October 30, 2012

Attendance: John Remillard, President, A.O. Fox Memorial Hospital; Felecia Emilio, CHNA Representative, A.O. Fox Memorial Hospital; Robert Lancey, MD, Bassett Network Medical Director; Sarah Patterson, Vice Chair, A.O. Fox Memorial Hospital Board; Becky Drake, RD, Chair, Get Fit Otsego; Susan Kurkowski, YMCA & Oneonta School Boards; Frank Russo, Director, YMCA; Barbara Sperling, Oneonta Community Health Center; William Stamp, Executive Director, Marketing, Corporate Communications and Strategic Planning Bassett Healthcare; and Paul FitzPatrick, President, Rural Health Development. (Subsequently, on November 20, 2012, a conference call to gather additional stakeholder input was conducted between Theresa Oellrich, Director, Otsego County Health Department, Julie Dostal, Executive Director, LEAF Council, Felecia Emilio, A.O. Fox Hospital and Paul FitzPatrick, Rural Health Development).

Session Purposes: The purpose of the session was: 1) to elicit comments on the Draft CHNA; 2) to seek community input in the selection of CHNA health priorities and objectives; and 3) to assist in identification of current and potential opportunities to respond to health priorities.

CHNA Requirements: The requirement for developing a CHNA is based on the Patient Protection & Affordable Care Act (ObamaCare). It requires not-for-profit hospitals to prepare a CHNA and corresponding Implementation Strategy every three years. The Hospital’s tax exemption status depends on compliance. The CHNA must include input from individuals who represent the interests of the community, including those with knowledge of public health and the CHNA must be made widely available to the public.

CHNA Content: The CHNA must include a description of the community served and the process and methods used to conduct the assessment. It must also describe how input from the community was taken into account. The CHNA also must identify priority health needs of the community and facilities and other health care resources available to meet those needs.

Implementation Strategy Content: The implementation strategy must address each identified priority need. It must describe strategies to meet priority needs or explain why a priority need will not be addressed, i.e., insufficient resources and/or capacities to respond.

A.O. Fox Memorial Draft CHNA: The draft CHNA for A.O. Fox Hospital includes: 1) a description of hospital services, its service area and other available community health resources; 2) the process and methods used to develop the CHNA; 3) a description of the current health priorities of the hospital’s Community Services Plan (CSP) and County Community Health Assessments (CCHAs); 4) selection of community health priorities and targeted objectives to address those priorities; and 5) a description of current resources to being used to meet priority needs.

CHNA Development Process: The process of developing the CHNA began in March of 2012. The process began with charging a network-wide advisory group with overseeing the development of six CHNAs, including for Bassett Medical Center and its five affiliate hospitals. The process included: 1) developing a common template for the six CHNAs; 2) review of all current CSPs and related County CHAs; 3) consideration of the Upstate Health and Wellness Survey results; 4) selection of future health priorities each CHNA; 5) identification of targeted objectives for each priority; 6) publication of the draft CHNAs on the Bassett website and distribution of the draft to key stakeholders in each hospital's service area. Today's stakeholder session represents the second phase of the CHNA development process. It will include consideration of stakeholder comments.
and suggestions and all other input received from the public. Based on comments and suggestions received the CHNA will be finalized. Once completed, a process for developing an Implementation Strategy (IS) will be undertaken in early 2013. The final step of the IS process will be submission of the plan to the Board for approval.

**CHNA Data Sources:** The primary data sources for developing the A.O. Fox CHNA were: 1) the A.O. Fox CSP 2010-2012; 2) the Delaware County CHA for 2010-2013; 3) the Otsego County CHA for 2010-2013; and 4) the Upstate Health & Wellness Survey.

**Health Priority Selection Criteria:** The selection of future health priorities was based upon the application of five criteria: 1) the priority was identified by at least two of the primary information sources; 2) the priority was consistent with current or proposed NYS DOH health prevention agenda areas; 3) the priority was supported by health indicators showing the service area was below NYS or Bassett service area averages; 4) the degree of aberration from Healthy People 2020 or NYS Prevention Agenda Goals; and 5) the ability to respond, given available capacities and resources.

**CSP and CCHAs Health Priorities:** The priorities of the CSP and CCNAs were reviewed:

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<thead>
<tr>
<th><strong>A.O. Fox Community Service Plan (CSP) and County Community Health Assessment (CCHA) Priorities</strong></th>
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<tr>
<td><strong>NYS Prevention Agenda Priorities 2010-2013</strong></td>
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<td>Access to Quality Health Care</td>
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<td>Tobacco Use</td>
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<td>Unintentional Injury</td>
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✓ Priority
• Important

**Upstate Health and Wellness Survey Findings:** Findings of the Upstate Health and Wellness Survey were reviewed in the areas of: 1) access to care; 2) physical activity; 3) chronic diseases, 4) tobacco use; 5) mental health and children's health.

**Selected draft CHNA Health Priorities:** The draft CHNA identified four future health priorities: 1) improving access to quality health care; 2) increasing physical activity and good nutrition habits; 3) improving mental health and substance abuse services; and 4) reducing chronic diseases.

**Targeted objectives in draft CHNA:** The draft CHNA identified eight target objectives based upon the selection of future health priorities. They included: 1) to improve access to dental care and
primary care; 2) to reduce the rate of obesity and increase the fitness of adolescents; 3) to reduce substance abuse and increase referrals to substance abuse services; and 4) to increase cancer screenings for breast and colon cancer.

Stakeholder Comments on draft CHNA Priorities:

**General**

- There was agreement that the selected health priorities were on target.

- How often is the Upstate Health and Wellness Survey Updated? In the past it has been updated every ten years similar to the U.S. Census. In order for it to be used as a measurement tool for the CHNA will require sample updates at least every three years.

**Access to Care**

- A question was raised as to how to pay for increasing access to care.

- Improving access to primary and dental care will require a change in patient attitudes.

- The rate of access to dental care for children is better than for adults. The main issue is access to dental care for children who are Medicaid eligible. We need to find out what the standard for dental care for children is. The higher rate of dental access for children may, in part, be due to the Bassett school health program. Dr. Weber's plans to improve access to dental care through the Dental Coalition remain to be implemented.

**Physical Activity**

- What are the measures to meet physical fitness guidelines? The local school districts have physical fitness bench marks that students are supposed to meet. Most efforts to deal with improving fitness are directed at pre-school and school populations, yet there has been difficulty in gaining the support of local school districts. The fitness objective for adolescents seems too low.

**Mental Health & Substance Abuse**

- Should mental health and substance abuse be a priority for the CHNA and for A.O. Fox Hospital? It is a "huge" priority, but the question is whether it can be effectively addressed. Doctor’s frequently deal with patients in need of services but often have limited options without a structured program of response. Do we have the tools to address MH and SA needs? Perhaps it should be addressed by others. The entire NYS mental health system is in "shambles"! Maybe the focus should be on educational activities like the LEAF brochure on alcohol and substance abuse. Perhaps the focus should be on making residents aware of available services. It was suggested that the priority might be reworded to "Improve Access to MH and SA services". Strategies could focus on improving the design of the referral system. It was suggested that routine MH and SA Q&As should be incorporated in all patient physicals. MH and SA information should be integrated into electronic medical records systems like it has been for smoking cessation. While, it should be considered a priority, perhaps it is a lower priority among those selected.

**Chronic Disease**
Diabetes and Hypertension are priority concerns. The data may underestimate the severity of the problem. Prevention and manageability of diabetes and hypertension is more doable. The "medical home" model includes close monitoring for chronic diseases like diabetes and hypertension. It was suggested the focus on reducing cancer should be shifted to the improving access priority and focus on increasing screenings through better access to primary care.

**Stakeholder Comments on Targeted Objectives:**

**Access to Care**

- The dental objective should be achievable given the successful efforts to recruit a new dentist and of the school health programs.

- The Emergency room diversion efforts encouraging referrals to primary care providers and settings should be credited as an effective strategy to achieve objective.

- It was suggested that the primary care objective be changed to increasing the percent of resident with a source of primary care, say by ten percent, rather than increase it from current levels of 83 percent to 90 percent.

**Physical Activity**

- Obesity objective should narrow focus to enrolled populations. The objective as it is stated is not measurable. An alternative objective was suggested to develop a number of programs directed at reducing obesity. It was noted that objectives need to be achievement oriented rather than action oriented. It was suggested that the objective might be that some percent (60) of children receive education in the area of fitness and obesity. It was asked if the data showing 30 percent of area children were obese or at risk for obesity aligned with other data. Yes, generally the rates of obesity are around one-third of the population.

- Physical fitness objective is on target. The question is, knowing where the service area currently stands. It was suggested that the American Heart Association might be a good data source. There are targeted programs that have been developed to address this objective. An obstacle is getting school boards interested in this area. The Get Fit program is working on this objective.

**Chronic Disease**

- The objectives should be changed to focus on diabetes and hypertension. Current efforts to address diabetes and hypertension should be leveraged in terms of addressing objectives, for example, efforts to monitor AICs and hemoglobin levels of diabetes patients. It was suggested the cancer screening objectives be combined and addressed under access to care.

**Stakeholder Comments on Current and Potential Opportunities to Address Priorities:**

**Access to Care**

- Efforts to recruit a dentist and set up a dental practice have helped to address access to dental care for both children and adults. The Bassett school health program has improved access to both primary and dental care. The Oneonta School District has worked with the County Health Department to bring dental service to students. A private sector mobile dental clinic has improved access to services for some residents.
The Dental Coalition formed under Dr. Weber's leadership should be revitalized and supported in its efforts to improve dental care coordination, provide free dental care and improve access to care for Medicaid recipients. Funding and leadership should be sought to revitalize the coalition.

The ER referral program to primary care providers and setting should continue. An "open access" system should be encouraged among area primary care providers, which leaves open time for unscheduled visits.

Recruitment of additional primary care physicians should continue by A.O. Fox Hospital and others.

Electronic medical records should be used as a tool to measure increases in access to primary and preventive services, i.e. cancer screenings.

**Physical Activity**

- BMI screenings and referrals should become a routine part of primary care services.
- A new reimbursable Medicare initiative to increase wellness referrals and counseling should be supported.
- The efforts of the Get Fit Program should continue to be supported. The 5210 program. Activities of Get Fit and Bassett Research Institute should be coordinated.
- A reimbursement/funding strategy is needed to increase the focus on physical fitness and good nutrition.
- Additional Nutrition training programs need to be developed. NETLINKS is a good program but generally too costly for most to participate.

**Mental Health and Substance Abuse**

- Pursue educational efforts to reduce alcohol and substance abuse, i.e. distribute LEAF alcohol/substance abuse brochure.
- Increase efforts to develop and use screening tools for MH and SA. Seek information technology solutions, i.e. EMRs and electronic charting etc., to increase recognition and referrals related for MH and SA services.

**Chronic Disease**

- Continue support for and expand diabetes management program. Encourage use of electronic referral and I-track systems. Support diabetes meter distribution programs and work with pharmaceutical companies. Integrate management programs within "medical home" models being developed. The current inpatient referral system to Outpatient Diabetes Management Program sent should through the EMR system is a model for enabling educational materials and information to be provided to patients before discharge to home. A similar process should be established for ER patients that are not admitted but sent home.
Appendix 3
Community Services Plan and County Community Health Assessment Development Process and Community Participation

The Community Service Plan for A.O. Fox Hospital and the Community Health Assessment for Otsego County were developed in tandem. The process began with an invitation to community partners to attend a focus group. The focus group was attended by thirty-two community organization including various County Departments (health, social services, and emergency services), as well as County, Town and City representatives; Opportunities for Otsego; New York Connects of Otsego County; Planned Parenthood; Safe Kids; two central schools; Cornell Cooperative Extension; Rural Three for Tobacco Free; Catskill Area Hospice; Springbrook; The ARC Otsego; United Way; At Home Care, Inc.; Bassett Medical Center; and AO Fox Hospital.

The focus group was facilitated by two local health department staff and two staff from the Bassett's Rural Research Institute independently took notes. Each participant was given a worksheet listing ten NYS Prevention Priority Areas. A presentation showing data that illustrated where Otsego County stood relative to the NYS 2013 prevention agenda was made. This included presenting a sampling of related data and statistics. Participants then broke into eight groups and were asked to: 1) rank priorities on a work sheet listing each of the prevention agenda area; and 2) discuss each priority and list specific problems for each area. A summary of each group's rankings and discussions were then presented to the group as a whole and recorded. The worksheets for each group and recorded summaries were collected and a composite ranking of priorities with accompanying comments was prepared. This composite summary was reviewed alongside notes independently taken to further capture priority rankings, discussion points and organize themes during the focus group session. The summary reports were combined as a means to gain a group consensus on priority areas for Otsego County. The outcome of the focus group session was the consensus identification of three health priorities from the NYS Department of Health Prevention Agenda.

The Delaware County Community Health Assessment 2010-2013 was prepared by the Delaware County Public Health Service (DCPH). DCPH conducted a countywide information-gathering initiative with the goal of understanding public health priorities. Through collaborative efforts among Delaware County Public Health Nursing Services (DCPH), hospitals, healthcare providers, other community-based organizations, and consumers, data was gathered regarding current needs of the Delaware County community. The outreach effort established a framework for identifying priorities among the ten NYS Department of Health's Prevention Agenda in the context of local need.

An extensive effort was made to maximize community and provider participation in the development of the Delaware County Community Health Assessment for 2010-2013 (DCCHA). It included a multi-level planning process undertaken to engage a wide range of community participation. Local outreach included a call-for-participation publicity campaign, telephone questionnaires, surveys and the formation of discussion panels. A Consumer Discussion Panel (CDP) was formed and comprised of area health care consumers who approximated the demography of Delaware County. A Service Providers Discussion Panel (SPP) was formed and comprised of Delaware County health care providers and related agencies. Panel representation included hospitals, residential facilities, other health care, educational, and social services organizations. Following the deliberations of both panels, the results were reviewed at two separate public meetings convened by the DCPH and local hospitals. After careful consideration and much discussion, agreement was reached on two local health priorities of the ten NYS Department of Health Prevention Agenda priorities.
Consumer Discussion Panel - Priorities

The Consumer Discussion Panel was surveyed for their opinion on the NYS Prevention Agenda. Panel members were asked to choose and rank their top five priorities. This resulted in the unanimous (100%) selection of Access to Quality Health Care as the number one consumer priority. Four other priorities identified in order include: 1) Preventive Health Care; 2) Physical Activity & Nutrition; 3) Healthy Environment; and 4) Healthy Mothers, Babies and Children and Chronic Diseases (tied for fifth place). Following the survey process, the panel was divided into three teams and each priority was discussed in depth and re-ranked.

Service Providers Discussion Panel (SPP) - Priorities

The Service Providers Discussion Panel was organized as a forum for collaboration among local service providers. Objectives were to gather information about each participating agency's healthcare priorities. Twenty provider organizations participated in the panel discussions, fifteen completed the baseline questionnaire, ten completed a personal checklist, and sixteen contributed to a collaborative team survey. Panel members were surveyed for their opinion on the NYS Prevention Agenda. As the Consumer Panel was, the Provider Panel members were asked to choose and rank their top five priorities. The Panel identified Access to Quality Health Care, Chronic Diseases, and Physical Activity & Nutrition as their top three priorities. The SPP described its top three priorities—Access to Quality Health Care, Chronic Diseases, and Physical Activity & Nutrition as dynamic and inter-dependent.

Following these steps, the DCPH and the local hospitals met to discuss the State’s Prevention Agenda, the findings of the DCPH outreach campaign and panel discussions, and also participated in a dialogue on collaborative approaches to addressing area needs. Discussions centered on identifying and agreeing upon the county’s top two local priorities.
Appendix 4

Prevention Agenda - Toward the Healthiest State 2008-2013

The New York State Department of Health has launched a Prevention Agenda for the Healthiest State to support the goals of health care reform. This agenda sets ten statewide public health priorities and asks local health departments, hospitals and other community partners to work together to address them. The emphasis of this public health initiative is on prevention strategies to improve the health of all New Yorkers and foster healthy communities. Priority areas include:

- Access to Quality Health Care
- Chronic Disease
- Community Preparedness
- Healthy Environment
- Healthy Mothers, Healthy Babies, Healthy Children
- Infectious Disease
- Mental Health and Substance Abuse
- Physical Activity and Nutrition
- Tobacco Use

**Rationale – Why Public Health?**

Our health status is largely influenced by social circumstances, environmental conditions, behavioral patterns and access to health care. Public health efforts directed at each of these factors can lower the risk of adverse health outcomes. Primary prevention efforts promote healthy environments and behaviors that lower the risk of disease among susceptible people. Secondary prevention focuses on the early detection of diseases and conditions to enable a cure or better treatment outcome. There is ample evidence that state and local spending on community-based primary and secondary prevention can improve health outcomes and yield a return on investment through savings in health care costs and Medicaid budgets.

**Approach**

The Prevention Agenda establishes goals for each priority area and defines indicators to measure progress toward achieving these goals, including the elimination of racial, ethnic and socioeconomic health disparities. The Prevention Agenda calls on local health departments and hospitals to identify two or three of these priorities, and then work with community providers, insurers, community based organizations and others to take action in addressing them. Each health department will undertake a comprehensive Community Health Assessment and then develop a Municipal Public Health Services Plan for the period 2010-2013. Hospitals will describe their operational commitment to meet community needs in a Community Service Plan for a similar time period.
Appendix 5
Prevention Agenda 2013 - 2017

The Ad Hoc Committee to Lead New York’s State Prevention Agenda 2013 is the overall steering committee leading the development of the state’s plan for public health action for 2013-2017. The plan will consist of an assessment of progress on the 2008-2012 Prevention Agenda toward the Healthiest State, the identification of new public health priorities and a plan for multi-sector action on priority health issues. It will establish measurable objectives, evidence based policies and improvement strategies, and time-framed targets for each priority. The plan will designate public and private organizations that have accepted responsibility for implementing the strategies. Dr. Jo Ivey Boufford, President of the New York Academy of Medicine, and Chair of the NYS Public Health and Health Planning Council’s Public Health Committee, chairs the Ad Hoc Committee. Dr. Gus Birkhead, Deputy Commissioner, Office of Public Health, NYSDOH, and Sylvia Pirani, Director, Office of Public Health Practices.

The Ad Hoc Committee selected five priorities for the New York’s State Prevention Agenda 2013-2017 plan:

- Prevent Chronic Diseases: Focus on heart disease, cancer, respiratory disease, and diabetes and the shared risk factors of diet, exercise, tobacco, alcohol and associated obesity.

- Promote a Healthy and Safe Environment: Focus on environmental quality (air, water, etc.) and the physical environment where people live, work, play and learn.

- Promote Healthy Women, Infants and Children: Focus on improving the health of women and mothers, birth outcomes and child health, including oral health.

- Promote Mental Health and Prevent Substance Abuse: Focus on primary and secondary prevention and strategies for increasing screening to diagnose and connect people to needed services.

- Prevent HIV, STIs and Vaccine Preventable Diseases: focus on preventing HIV, sexually transmitted infections and vaccine preventable diseases via immunization.