O’CONNOR HOSPITAL
2019-2021 COMMUNITY SERVICE PLAN

460 Andes Road, Delhi, NY 13753
O’Connor Hospital, Inc. (dba O’Connor Hospital)

2019-2021 Community Service Plan

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1. Mission Statement

O’Connor Hospital, part of Bassett Healthcare Network, upholds its mission to improve the health of our patients and the well-being of our communities.

O’Connor Hospital (OCH) is a critical access hospital (CAH) in Delhi, NY, providing a full range of acute and preventive health care services, including acute inpatient care, restorative/rehabilitative (swing bed) care, emergency services, same-day surgery, radiology, laboratory services, an outpatient pharmacy, outpatient physical and occupational therapy, dietary consultations, an eyewear center, and a wide range of specialty services.

Bassett Healthcare Network is an integrated health care system that provides care and services to people living in an eight-county region covering 5,600 square miles in upstate New York. The organization includes five corporately affiliated hospitals, more than two dozen community-based health centers, 20 school-based health centers, two skilled nursing facilities, and health partners in related fields.

In addition to O’Connor Hospital, Bassett Healthcare Network’s hospitals include Bassett Medical Center in Cooperstown, A.O. Fox Memorial Hospital in Oneonta, Cobleskill Regional Hospital in Cobleskill, and Little Falls Hospital in Little Falls. Other affiliates include Valley Health Services, a 160-bed long term care and rehabilitation facility in Herkimer; First Community Care of Bassett, a home care equipment, supplies and related services provider in a surrounding seven-county area; and At Home Care, a certified home health care agency serving a surrounding four-county area.

2. Definition and Brief Description of Community Served

O’Connor Hospital’s service area includes much of Delaware County, NY. The primary service area of 11 zip codes includes Andes, Bloomville, Bovina Center, Delancey, Delhi, Hamden, Hobart, Margaretville, South Kortright, Stamford, and Walton. The secondary service area is reflective of 12 zip codes and includes Denver, Downsville, East Branch, East Meredith, Fleishmans, Franklin, Hancock, Harpersfield, Long Eddy, Meridale, Pratts, and Roxbury. Map 1 shows the primary service area in blue and the secondary service area in green.

Map 2 includes the population density and drive time for patients. The greatest population lives within 15 minutes driving time to O’Connor Hospital. As the driving time increases the amount of people choosing O’Connor Hospital decreases.

Map 1 and Map 2 were provided by Stroudwater Associations, a national healthcare consulting firm that conducted a Master Facility Plan / Cost Report Impact report on behalf of O’Connor Hospital in early 2019.
Map 1: O'Connor Hospital’s Service Area

Map 2: Driving Time and Population Dot Density
Other community health services and resources available in Delaware County include 18 ambulance services, mostly consisting of volunteer membership. In addition to O’Connor Hospital, there are three other Critical Access Hospitals, operated by two other healthcare systems: Delaware Valley Hospital affiliated with United Health Services, and Margaretville Memorial Hospital affiliated with Health Alliance of the Hudson Valley and Westchester Medical Center. All three hospitals are listed on map 1. Additionally, there are three nursing homes in the county, 16 primary care offices including health centers and private physician offices, 11 dental offices, and two mental health clinics with multiple locations within the county.

The local health care environment in Delaware County is greatly influenced by specific aspects of the physical, legal, social, and economic environment within the county. It is located on the eastern border of upstate New York’s Southern Tier region and the western border of the Catskill Mountains covering 1,467 square miles, of which 1,442 miles are land and 25 miles are water.

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

Geographically, it is the fourth largest of New York’s 62 counties and is the fifth most rural. The population density is only 31.56 persons per square mile. The large size of the county is reflected in the fact that it borders seven counties (Broome, Chenango, Greene, Otsego, Schoharie, Sullivan, and Ulster) as well as the State of Pennsylvania.

The county includes the NYC Watershed, which is the largest unfiltered drinking water supply in the United States. In terms of physical environment, Delaware County is an expansive, isolated rural area with 2 of the largest reservoirs in the watershed. (Map 3).

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

These factors combine to shape the county’s health status history and current conditions.
Map 3 is of the NYC Watershed, showing the watershed covers 53% of Delaware County, and 8.2% of the Watershed is owned by NYC.

![Map of NYC Watershed](image)

Table 1

<table>
<thead>
<tr>
<th>Geographic Area</th>
<th>2013</th>
<th>2017</th>
<th>Percent Change 2013-2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delaware County</td>
<td>46,772</td>
<td>45,951</td>
<td>-1.7%</td>
</tr>
<tr>
<td>New York State</td>
<td>19,795,791</td>
<td>19,849,339</td>
<td>+0.27%</td>
</tr>
</tbody>
</table>

Sources: [https://factfinder.census.gov](https://factfinder.census.gov)  
2013-2017 American Community Survey 5 year estimate

As Table 1 shows, from 2013-2017 the county population has decreased from 46,772 to 45,951, a decrease rate of 1.7%. Delaware County’s towns are parochial in nature, and no population center exists. Also, there is no central location that offers shopping opportunities, which effects local economy as residents travel outside of the county to access larger stores. This again can create challenges for residents who live in the most rural parts of the county, who do not have vehicles, and cannot afford to travel longer distances to meet their personal needs.
Table 2

Table 2 Shows Delaware County towns that made the list of top 20 fastest shrinking communities in New York (NY) State.

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

Source: US Census Bureau 2018 Population Estimates

US Census estimates show that year after year, people are leaving NY State, and in 2018 the state’s population dropped by 48,500 people. Seven Delaware County towns and villages fall into the top 20 fastest shrinking communities in NY State, as shown in Table 2. Factors that may contribute to this are related to the fact that Delaware County, like many other upstate counties, is aging at a rapid rate. See aging demographics beginning with Graph 1.
Graph 1 Distribution of median age in Delaware County.

Graph 1 shows the distribution of median age in Delaware County. As shown, the largest percentage of the county’s ages fall within the “65+” category at 22.77%. This is a nearly 15% increase since the 2016 CHA update, the data for which was accessed from the 2010 census. This is higher than Delaware’s neighboring counties of Otsego (19.3%) and Chenango (19.2%), and higher than the NYS percentage of 15.2%. It should be noted, however, that the percentage of population for people aged 65 years and older has increased in each of the neighboring counties listed, as well.

A majority of Delaware County residents over the age of 15 are married (48.2%), followed by never married (30.3%), separated (2.6%), widowed (7.7%), and divorced (11.3%) make up a smaller portion of the population. (U.S. Census Bureau, 2013-2017 American Community Survey). Delaware County’s population is 96.3% White, 2.4% Black or African-American, 0.6% American Indian and Alaska Native, 1.3% Asian, and 3.7% of Hispanic or Latino (U.S. Census Bureau American Community Survey 2013-2017).

In 2018, the median family income in Delaware County, $44,617, was less than New York State’s median family income, $58,687. According to the NYS Poverty Report released in March 2018, the population below the poverty line was 16.5%, higher than the rate of 15.1% for New York State. Notably, the percentage of children living below the poverty line has increased from the 2010-2014 ACS estimates from 22% to 30.7% in the 2013-2017 estimates. The communities of Kortright (44.5%) and Walton (50.8%) have the highest rates of child poverty in Delaware County (U.S. Census Bureau, 2003-2017 American Community Survey).

Slight improvements are seen in Delaware County for the number of individuals with healthcare coverage and reporting having a regular healthcare provider. The reported percent of people not accessing healthcare because of cost remain relatively unchanged. Based on the NYS Department of Health Behavioral Health Survey from 2013-2014, 83.9% of the population has healthcare
coverage compared to 88.7% in the Southern Tier and 84.7% in the Mohawk Valley region, with only 62.2% of Delaware County adults aged 18-64 visiting a doctor for a routine checkup (64.9% in the Southern Tier and 71.8% in Mohawk Valley). Accordingly, 8.7% of residents reported not receiving medical care in the past year because of cost, compared to 10.0% in the Southern Tier, 12.2% in the Mohawk Valley region, and 11.2% in Upstate New York.

In 2016 The New York State (NY) Department of Health reported that 92.4% of adults had coverage. While the NY Behavioral Risk Factor Surveillance System (BRFSS) reported 91.9% had healthcare coverage for the same year. The BRFSS also reported in 2016 that 70% of adults visited a doctor for routine checkup with in the last year compared to the Upstate NY average of 70.2%. Accordingly, 9.3% of residents reported that cost prevented a visit to the doctor in Delaware County and 9.8% in upstate NY.

3. Public Participation

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

A review and update of data in the Community Health Assessment was completed in July 2019, using county, regional and New York state secondary data sources including BRFSS, Census data, and local data sources including the Delaware County Public Health Annual Report, the Delaware County Office for Aging’s Annual Assessment and Report the Delaware County Community Services Annual Assessment and Plan.

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

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

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

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

O’Connor Hospital involved its Senior Operations Team (OPS) and three members of the hospital Board of Trustees in the assessment and selection of its health priorities. On May 30th, three board members and two OPS members participated in the Delaware County Health Assessment Roundtable and discussion, described above. Following the roundtable, the three board members and the OPS team met to discuss the hospital’s operational strategies and available resources for addressing health priorities in Delaware County.

4. Assessment and Selection of Public Health Priorities

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

1. The priority area was identified in the primary information sources.
2. The priority area was consistent with the current NYS Department of Health Prevention Agenda Areas;
3. The priority area was supported by data showing health status indicators or health needs were either below the averages for New York State, contiguous counties, or averages for upstate New York
4. The priority area was identified/recommended during the public input process.
5. The availability of resources for the hospital to commit to the priority
6. Opportunity for development of collaborative interventions by O’Connor Hospital, Delaware County Public Health Department and its other community work group partners was also considered.

O’Connor Hospital has selected two health priorities which are also addressed in the Community Health Needs Assessment (CHNA) Implementation Strategy 2013 and 2016 reports:

a. Prevent Chronic Diseases
b. Promote Well-Being and Prevent Mental and Substance Use Disorders

Both of these Community Service Plan priorities are from the New York State Prevention Agenda 2019-2024. O’Connor Hospital will focus on the following priorities, goals, and objectives:
Prevent Chronic Diseases

Focus Area 1: Healthy eating and food security

Goal: 1.1 Increase access to healthy and affordable foods and beverages
Objective 1.9 Decrease the % of adults who consume less than one fruit and less than one vegetable per day (among all adults).

Goal: 1.3 Increase food security
Objective 1.13 Increase the % of adults with perceived food security.

Focus Area 2: Physical Activity

Goal: 2.2 Promote school, child care and worksite environments that increase physical activity
Objective 1.17 Increase the % of adults age 18 years and older who participate in leisure-time physical activity (among all adults)

Goal: 2.3 Increase access, for people of all ages and abilities, to indoor and / or outdoor places for physical activity
Objective 1.4 Decrease the percentage of adults ages 18 years and older with obesity (among all adults)

Focus Area 3: Tobacco Prevention

Goal: 3.2 Promote tobacco use cessation
Objective: 3.2.1 Increase the % of smokers who received assistance from a healthcare provider to quit smoking by 13.1% from 53.1% to 60.1%.

Focus Area 4: Preventive Care and Management

Goal: 4.1: Increase cancer screening rates
Objective: increase percent of adults who receive cancer screening for respiratory and breast cancers.

Goal: 4.4: In the community setting, improve self-management skills for individuals with chronic diseases, including asthma, arthritis, cardiovascular disease, diabetes, and prediabetes and obesity
Objective 4.4.1 Increase the percentage of adults with chronic conditions who have taken a course or class to learn how to manage their condition.

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

Focus Area 2: Prevent Mental and Substance Use Disorders

Goal: 1.2: Facilitate Supportive environments that promote respect and dignity for people of all areas.

Objective 1.2.4: Use thoughtful messaging on mental illness and substance use: Expert opinion in messaging about Mental, Emotional and Behavioral Health humanize the experiences and struggles of persons living with disorders: highlight structural barriers: avoid blaming people for their disorder or associate disorder with violence.

Goal: 2.1 Strengthen opportunities to build well-being and resilience across the lifespan.
Objective 2.1.2 Reduce the age adjusted % of adult (age 18 and older) binge drinking (5 drinks or more for men during one occasion, and 4 or more drinks for women during one occasion) during the past month by 10% to no more than 16.7%.

Goal: 2.2 Prevent opioid overdose deaths
Objective 2.2.1 reduce the age adjusted overdose deaths involving any opioid.
Objective 2.2.2 Increase the age-adjusted Buprenorphine prescribing rate for substance use disorder.

Objective 2.2.4 Reduce all E.D. Visits (including outpatient and admitted patients) involving one opioid overdose.

**Goal: 2.5 Prevent Suicides**

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

The disparate population to be addressed is low-income children and adults of rural areas in Delaware County.

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

- Delaware County is the 5th most rural county in New York with a population density of 31.56 persons per square mile; median family income in Delaware County, $44,617, is less than New York State’s at $58,687, a difference of $14,000.
- According to the PHIP Regional Assessment, Delaware County stakeholders felt that Chronic Disease has the highest impact on health, followed closely by Mental Health and Substance Use (Graph 2).
- According to the New York State Prevention Agenda Dashboard, 35% of adults are overweight, and 30% of adults are obese in Delaware County, whereas 34.1% of children Pre-K to 10th grade are considered overweight or obese. Moreover, the New York State Expanded Behavioral Risk Factor Surveillance Survey reports that 26.1% of Delaware County adults do not participate in leisure time physical activity, warranting the focus on chronic disease.
- Cancer death is the second leading cause of death in Delaware County. As seen in table 3 lung cancer is the leading cause of cancer death among men and women in Delaware County. The second leading cause of death in women is breast cancer. (Table 3)
- Graph 3 represents referrals to the Bassett Cancer Institute Lung Cancer Screening Program by region. In May 2019 O’Connor Hospital became a lung cancer screening location. As lung cancer is the leading cause of cancer mortality O’Connor Hospital will increase the number of scans performed at the hospital.
- Graph 5 shows the number of new Lung Cancer Screening patient visits and scans by Bassett Healthcare Network location January – September 2019. The program was implemented in May 2019 in Delhi.
- The Bassett Healthcare Network Cancer Screening Coach performed 414 screening mammograms between January – September 2019. Of these 31 were called back out of the 414. 19 were negative, 9 patients were called for 6 month follow ups and 3 biopsies were called (2 negative, 1 went to a 6 month follow up), 0 cancers were found.
- In a 2019 survey developed by the Population Health Improvement Plan Population Health Coordinators, survey respondents identified which New York State Prevention Agenda focus areas were in need of the greatest support. Respondents identified that Preventing Chronic Disease was a high priority. As shown in graph 6, Healthy eating/ food security,
physical activity, tobacco prevention and preventative care and management were all ranked high.

- Additionally, survey respondents rated Promoting Well-Being and Preventing Mental and Substance Use Disorders as a high priority for Delaware County. (Graph 7)
- The number of patients admitted to substance use treatment programs in Delaware County with a history of mental health treatment had increase, suggesting that patients may have more chronic mental illness. (graph 8)
- The number of individuals admitted to the Delaware County Alcohol and Drug Abuse Services program for heroin and other opiate usage has been increasing over the last ten years. (Graph 9) The trend has begun to stabilize in the last few years. However, heroin and opiate users still represent a greater percentage of patients than previously (Graph 10).
- New York State Prevention Agenda data indicates that the suicide rate for Delaware County has been on an upward trend since 2008, far surpassing Upstate New York with a rate of 18.5 suicide deaths per 100,000 in 2014. Usage of the Drug Abuse Clinic and Mental Health Clinic in Delaware County has steadily increased, which a greater percentage of patients seeking treatment for opiate addition.

The New York State Prevention Agenda outlines three other priority areas that were not selected as priorities for the O’Connor Hospital 2019-2021 Community Service Plan: Promote a Healthy and Safe Environment, Promote Healthy Women, Infants and Children, and Prevent Communicable Diseases. Although all of these areas merit focus for improving population health they were not selected due to the limited amount of resources available to address these issues and the relative severity of need demonstrated for the priority areas that were chosen.

Graph 2 Factors that impact health

<table>
<thead>
<tr>
<th>Delaware County Health Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage</td>
</tr>
<tr>
<td>Mental Health</td>
</tr>
<tr>
<td>Substance Use</td>
</tr>
<tr>
<td>Chronic Disease</td>
</tr>
<tr>
<td>Maternal and Child Health</td>
</tr>
<tr>
<td>Issues</td>
</tr>
<tr>
<td>Sexually Transmitted Infections</td>
</tr>
<tr>
<td>Oral Health</td>
</tr>
</tbody>
</table>

Source: Southern Tier Health Action Priorities Network, 2015-2016 Regional Assessment
Table 3 Delaware County Cancer Mortality by Gender, 2012-2016

<table>
<thead>
<tr>
<th>Site of cancer</th>
<th>Males</th>
<th>Females</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Avg Ann Deaths</td>
<td>Rate per 100,000</td>
</tr>
<tr>
<td>All Invasive Malignant Tumors</td>
<td>65.6</td>
<td>185.0</td>
</tr>
<tr>
<td>Oral cavity and pharynx</td>
<td>1.6</td>
<td>4.2</td>
</tr>
<tr>
<td>Esophagus</td>
<td>3.2</td>
<td>8.9</td>
</tr>
<tr>
<td>Stomach</td>
<td>0.6</td>
<td>1.5</td>
</tr>
<tr>
<td>Colorectal</td>
<td>5.6</td>
<td>16.0</td>
</tr>
<tr>
<td>Colon excluding rectum</td>
<td>4.2</td>
<td>12.0</td>
</tr>
<tr>
<td>Rectum &amp; rectosigmoid</td>
<td>1.4</td>
<td>4.1</td>
</tr>
<tr>
<td>Liver/intrahepatic bile duct</td>
<td>2.8</td>
<td>6.9</td>
</tr>
<tr>
<td>Pancreas</td>
<td>4.2</td>
<td>12.1</td>
</tr>
<tr>
<td>Larynx</td>
<td>1.0</td>
<td>2.7</td>
</tr>
<tr>
<td>Lung and bronchus</td>
<td>21.2</td>
<td>57.4</td>
</tr>
<tr>
<td>Melanoma of the skin</td>
<td>0.8</td>
<td>2.3</td>
</tr>
<tr>
<td>Female breast</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cervix uteri</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Corpus uterus and NOS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ovary</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prostate</td>
<td>6.0</td>
<td>18.4</td>
</tr>
<tr>
<td>Testis</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Urinary bladder (incl. in situ)</td>
<td>3.0</td>
<td>8.5</td>
</tr>
<tr>
<td>Kidney and renal pelvis</td>
<td>1.4</td>
<td>3.5</td>
</tr>
<tr>
<td>Brain and other nervous system</td>
<td>1.0</td>
<td>3.3</td>
</tr>
<tr>
<td>Thyroid</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Hodgkin lymphoma</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Non-Hodgkin lymphomas</td>
<td>2.2</td>
<td>6.1</td>
</tr>
<tr>
<td>Multiple myeloma</td>
<td>0.6</td>
<td>2.0</td>
</tr>
<tr>
<td>Leukemias</td>
<td>3.0</td>
<td>9.5</td>
</tr>
</tbody>
</table>

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

Graph 3 Lung Cancer Screening Referrals.
Graph 4  Adults Smoking Rates are higher than upstate averages.

Graph 5  Lung Cancer screening exams performed by location.

Graph 6  Community survey ranking importance in preventing chronic disease.
Graph 7 Community survey ranking focus on mental health and substance abuse

Promote Well-Being and Prevent Mental and Substance Use Disorders

Graph 8 Delaware County substance use clinic patients reporting a history of mental health.

10 Year Trend for Percentage of Substance Use Patients Reporting a History of Mental Health Treatment
5. Information Gaps Limiting Hospital Facility’s ability to assess the community’s health needs

Three major and distinct health systems serve sections of Delaware County: Delaware Valley Hospital affiliated with United Health Services, Margaretville Memorial Hospital affiliated with Health Alliance of the Hudson Valley and O’Connor Hospital affiliated with Bassett Healthcare Network. (The locations are of three hospitals are shown on map 1). The challenges of communication across systems can lead to lack of care coordination for patients with complex
health conditions. Additionally, there is little to no communication between mental health and hospital or primary care providers, further inhibiting communication between systems.

6. Three Year Plan of Action: 2019-2021

Prevent Chronic Diseases

Focus Area I: Healthy eating and food security

Goal: 1.1 Increase access to healthy and affordable foods and beverages

Objective 1.9 Decrease the % of adults who consume less than one fruit and less than one vegetable per day (among all adults).

Intervention 1.03 Local health departments, hospitals and others can implement wellness programs at their own worksites as part of a comprehensive work site wellness program. Recommended components include education, conducting activities that target thoughts and social factors to influence behavior change and changing physical or organization structure to make the healthy choice the easy choice.

Community Based Strategy and Commitment of Resources O’Connor Hospital will address goal 1.1 by offering employees a worksite wellness nutritional program designed to influence behavior change and make the healthy choice the easy choice. In year one (2019) the hospital’s Events and Wellness committee conducted an employee wellness survey. In the survey staff were asked to identify the health topics they are most interested in, how likely they are to participate in employer offered wellness activities, and the type of activities that staff would support. 70% of survey participants wanted increases in healthy food and drink options in the cafeteria and vending machines. 36% of participants wanted a decrease of unhealthy food and drink options in the cafeteria and vending machines. 28% want a policy for encouraging healthy foods for catered meetings. In keeping with the New York State prevention agenda goal and to satisfy employee requests in years 2 and 3 of this community service plan the hospital will offer employees 24/7 availability of fresh fruits and vegetables in the hospital vending machines and café. The Events and Wellness Committee will work collaboratively with the dietary manager on the types and availability of fresh fruits and vegetables offered. The dietary manager has ultimate responsibility for this intervention and will track his/her hours spent working with the Events and Wellness committee, on menu planning, and for ordering and pricing food. The dietary manager is responsible for the dietary budget and assessing the impact of this initiative on the budget. The dietary manager will report their annual assessment to their operational director and the Events and Wellness committee. The hospital will support the dietary managers salary and food costs related to this initiative.

Goal: 1.3 Increase food security

Objective 1.13 Increase the % of adults with perceived food security.

Intervention 1.0.6 Screen for food insecurity, facilitate and actively support referrals.
Community Based Strategy and Commitment of Resources

The dietetics department at O’Connor Hospital will design and implement a food program designed to address food insecurity for inpatients (acute, observation and swing bed). The goal is for registered dietitians, upon interview and screening, to identify patients with limited food access or possible food insecurity, a food box will then be offered for them to take home. The food box will be within diet compliance to the individual’s diet (Heart Healthy, Diabetes, or Renal) and will be offered as a start until additional community services can be utilized for assistance. Each distributed food box will contain healthy nonperishable foods or beverages, as approved for the patient by the Registered Dietitian.

As part of the program proposal the dietetics department will identify a budget and seek outside financial support to implement and sustain the program. The proposal will be approved by the Senior Operations Team. The proposal will include the establishment of a patient referral process to public health nutrition program such as WIC, SNAP, or local food emergency services or food pantry. The hospital will support salary expense for staff working on this initiative.

Focus Area 2: Physical Activity

Goal 2.2 Promote school, child care and worksite environments that increase physical activity

Objective 1.17 Increase the % of adults age 18 years and older who participate in leisure-time physical activity (among all adults)

Intervention; 2.2.3 by implementing a combination of worksite based physical activity policies, programs or best practices through multi component worksite physical activity and/or nutrition programs; environmental supports or prompts to encourage walking and/or taking the stairs; or structured walking based programs focusing on overall physical activity that include goal setting, activity monitoring, social support, counseling, and health promotion and information messaging.

Community Based Strategy and Commitment of Resources

In year one, the hospital’s Events & Wellness Committee will assess employee interest in employer sponsored wellness programs. The Events & Wellness committee conducted a wellness survey of employees in 2019. 32% of survey participants were interested in the hospital offering activities that promoted physical activity. 58% wanted safe, accessible, walking routes (indoors or outdoors). 34% wanted a hospital policy encouraging walking meetings when applicable as well as safe accessible and inviting stair wells. In the second and third years of this Community Service Plan the hospital Events and Wellness Committee will develop a proposal to be approved by senior leadership for an annual structured employee worksite wellness activity. Hospital leadership will identify a budget which the committee will work within, the program will allow for participation of 1st, 2nd, and 3rd shift employees and promote participation in leisure time physical activity!
Goal 2.3 Increase access, for people of all ages and abilities, to indoor and/or outdoor places for physical activity

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

Intervention 2.3.1 Implement and/or promote a combination of community walking, wheeling, or biking programs, open streets programs, joint use agreements with schools and community facilities, Safe Routes to Schools programs increased park and recreation facility safety and decreased incivilities (i.e. unmaintained equipment), new or universal design features (i.e. playgrounds and structures: walking loops, recreation fields, pools, outdoor physical activity equipment, fitness stations or zones; picnic areas); supervised activities or programs combined with onsite marketing, community outreach, or safety education.

Community Based Strategy and Commitment of Resources

O'Connor Hospital has elected to continue a previous strategy that has proven successful. O'Connor Hospital will continue to host the Delaware County Complete Street group meetings quarterly. Complete Streets is a transportation and design approach that requires streets and trails to be planned, designed, operated, and maintained to enable safe, convenient and comfortable travel and access for users of all ages and abilities regardless of their mode of transportation. The local Complete Streets group formed in 2013. The groups achievements include; securing joint use agreements with the Town of Delhi, Village of Delhi and Delhi Central Schools to open 400 acres of public land for the Catskill Mountain Club to build 4 miles of hiking trails for walking and hiking. 11 municipalities, the State University of New York at Delhi and Delaware County all approved Complete Street policies. Share the road signs were purchased and posted in the Town of Delhi, walking audits in the villages of Delhi, Sidney and Walton have been completed and publicized to elected officials. A fitness trail was funded and built on the O'Connor Hospital campus. In 2019, year one of this plan, an intergenerational “play” station was built in a municipal park in the village of Delhi. Radar signs for the hamlet of Sidney Center were purchased by the Safe Routes to Schools program, the Town of Sidney insured and the units were installed by Delaware County Public Works Department. In year two and three of the Community Service plan the Complete Street group will seek continued funding support from the Rural Health Alliance of Delaware County, facilitated by Cornell Cooperative Extension, to support small municipality based projects that promote Complete Street and age-friendly community design concepts. (Age-Friendly is loosely defined as enabling people of all ages to actively participate in community activities and treats everyone with respect, regardless of their age). The group will encourage municipalities to implement the following types of projects: increased park and recreation facility safety and decreased incivilities (i.e. litter, graffiti, dogs off leash, unmaintained equipment), new or upgraded park or facility amenities or universal design features (i.e. playgrounds and structures; walking loops, recreation fields, gymnasiums, pools; outdoor physical activity equipment, fitness stations or zones; skate zones; picnic areas; pet waste stations); supervised activities or programs combined with onsite marketing, community outreach, and safety education. (Note: Parks can include mini-parks, pocket parks, or parklets; neighborhood parks, community parks, sports complexes; and natural resources). The group will also encourage joint use agreements and public
and private partnerships to accomplish the types of projects listed above. The group will promote its work and the resources in the county through the use of the www.getoutandwalk.org website and Social Media pages. The hospital will support staff expense to participate in the Complete Street group, provide meeting space, meeting materials, and provide public letters of support and endorsement of the Complete Street work group.

**Focus Area 3: Tobacco Prevention**

Goal 3.2 Promote tobacco use cessation

Objective: 3.2.1 Increase the % of smokers who received assistance from a healthcare provider to quit smoking by 13.1% from 53.1% to 60.1%.

Intervention 3.2.2 use health communications and media opportunities to promote the treatment of tobacco dependence by targeting smokers with emotional, evocative and graphic messages to encourage evidence-based quit attempts, to increase awareness of available cessation benefits.

**Community Based Strategy and Commitment of Resources**

The hospital will use health communications and media opportunities to promote the treatment of tobacco dependence by targeting employees who use tobacco with emotional, evocative and graphic messages to encourage evidence-based quit attempts and increase awareness of available tobacco cessation programs. The outpatient pharmacy located on the hospital’s campus will assist employees in receiving nicotine replacement therapy medications (NRT) at no cost.

O’Connor Hospital will partner with the Bassett Healthcare Network Corporate Communications department to support an annual campaign targeting current tobacco users in the community to make quit attempts. This messaging will use emotional and evocative messages and stories using email, social media, earned media, and message boards.

**Focus Area 4: Preventive Care and management**

Goal 4.1: Increase cancer screening rates

Objective. Increase the percent of adults who receive screening for breast and lung cancer.

Intervention: Collaborate with the Bassett Cancer Institute to offer lung and breast cancer screening radiologic exams at O’Connor Hospital. Continue promoting the Cancer Screening Services program to low income residents who are under or not insured. To promote access to cancer screening services and programs.

In May 2019, year one of this community service plan, the hospital partnered with the Bassett Healthcare Network Cancer Institute to be a radiology screening location for the Bassett Lung Cancer Screening program. In years two and three of this community service plan, O’Connor Hospital will continue to collaborate with the Bassett Cancer Institute as a screening location. Additionally, the hospital has and will continue to partner with the Basset Cancer Institute and the Cancer Services Program of the Central Region to promote cancer screenings, and programs that offer cancer screening to under and non-insured individuals. The hospital will focus its screening promotion efforts on lung and breast cancers. Cancer is the second leading cause of
death in Delaware County. Cancer of the respiratory system is the leading cause of mortality among cancers in Delaware County and breast cancer is the second leading cause of mortality for cancer types among females.

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

Objective 4.4.1 Increase the percentage of adults with chronic conditions who have taken a course or class to learn how to manage their condition.

Intervention 4.4.2 Expand access to evidence-based self-management intervention for individuals with chronic disease.

Community Based Strategy and Commitment of Resources O’Connor Hospital will work collaboratively with the Bassett Healthcare Network Research Institute Center for Community Health to offer Living Well workshops, Chronic Disease Self-Management Program (CDSMP), in Delaware County. CDSMP is an evidenced-based intervention that consists of 10-15 adults attending a six week course on the best practices in self-motivation and self-management that can be used with individuals with a range of health conditions, including: diabetes, Chronic Obstructive Pulmonary Disease (COPD), among others. Stephanie Munro, DPT, Supervisor Rehabilitation certified facilitator will offer CDSMP classes annually. The hospital will support the staffing expense, meeting space, class room materials, and refreshments. The Center for Community Health will promote and advertise the classes, track registration, seek referrals from local primary care offices, and set the class time and schedule.

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

Focus Area 2: Prevent Mental and Substance Use Disorders

Goal 2.1: Strengthen opportunities to build well-being and resilience across the lifespan.

Objective 2.1.2 Reduce % of adults who binge drink (5 drinks or more for men during one occasion and 4 or more drinks for women during one occasion)

Intervention 2.1.5 Implement screening, Brief Intervention & Referral to treatment (SBIRT) electronic screening and brief interventions using electronic devices (computers, telephones, or mobile devices to facilitate delivery of key elements of transitional SBIRT).

Community Based Strategy and Commitment of Resources

In year one of this plan O’Connor hospital will implement SBIRT screening in the emergency department. This SBIRT tool is imbedded in the electronic health record making it a streamlined effort that staff can access and complete at the bedside. At least weekly the hospital social worker will review the emergency department log and make calls backs to patients who are appropriate for substance use follow up. In year 2 the hospital social worker will collaborate with Friends of Recovery of Delaware and Otsego Counties (FORDO) on a program proposal for FORDO to provide a Recovery Coach in O’Connor Hospital. The program proposal will include
hours of availability, a sustainability plan, and funding source(s). By year 3 the hospital predicts to have a Recovery Coach working collaboratively with the emergency department and inpatient unit to provide peer supports to patients as needed and referrals to local substance use community programs. The hospital will support these efforts by including oversight of this program in the roles and responsibilities of the hospital social worker. Hospital leadership will support a collaboration with FORDO by signing an MOU and providing an encouraging environment in which staff, on all hospital shifts, are comfortable and agreeable to partnering with outside personnel to accomplish patient-centered outcomes.

Goal 2.2 Prevent opioid overdose deaths
Objectives 2.2.1 Reduce the age adjusted overdose deaths involving any opioid.

Intervention 2.2.2 Increase availability of / access to overdose reversal / Naloxone training to prescribers, pharmacists and consumers.

**Community Based Strategy and Commitment of Resources**
In years one, two and three, O’Connor Hospital will promote on its social media channels local naloxone trainings. The hospital will maintain a supply of Naloxone in the outpatient pharmacy. The hospital will make available at no charge Naloxone to employees requesting it.

Goal 2.2 Prevent opioid overdose deaths
Objective 2.2.5 Establish additional permanent safe disposal sites for prescription drugs and organized take-back days.

Intervention 2.2.5 Establish additional permanent safe disposal sites for prescription drugs and organized take-back days.

**Community Based Strategy and Commitment of Resources**
The hospital will continue participation in a New York State Department of Environmental Conservation (DEC) pilot Pharmaceutical Take-Back Program. The hospital partnered with DEC in July 2018. Under the pilot program DEC pays for the compliant medication collection box, liners, and the cost of pick up, transport and destruction of all collected pharmaceutical waste for two years. Under the project the hospital is responsible for ensuring proper operation of the collection box including periodic monitoring, removing and replacing the inner liner, arranging for liner pick up and securely storing the liner until it is retrieved by a disposal contractor. The hospital must maintain required records, ensure proper signage, and notify the vendor if there is any damage to the collection box. The hospital will participate in the pilot program through 2020, at which time the hospital will transition its Take-Back Program to the DOH overseeing drug collection program pursuant to the Drug Take-Back Act which passed in 2018. Annually the hospital participates in Drug Take-Back events and promotes these events to its outpatient pharmacy customers and employees.
Goal 2.2 Prevent opioid overdose deaths
Objectives 2.2.2 Increase the age-adjusted Buprenorphine prescribing rate for substance use disorder.
Intervention 2.2.1 Increase the availability of / access and linkages to medication–assisted treatment (MAT) including Buprenorphine.

Community Based Strategy and Commitment of Resources
The O’Connor Hospital service area is a provider shortage area. O’Connor Hospital has identified the first step in addressing this intervention to increase the prescribing rate for substance use disorder, as prioritizing practitioner recruitment and retention. In year one (2019) O’Connor Hospital will support the recruitment and retention efforts of the Bassett Healthcare Network provider group in Delaware County. The hospital will use grant funding to support retention payments to current social workers, nurse practitioners, physician assistants, and medical doctors practicing at Bassett Healthcare Network locations in Delaware County. Additionally, the hospital will support recruitment expense; advertising, travel costs, and sign-on payments to providers interviewing to join a Bassett Healthcare Network location in Delaware County. As part of its recruitment efforts O’Connor Hospital had small success with an educational assistance program for employees interested in furthering their education and practicing in rural Delaware County. The hospital piloted an education assistance program funded by private donation and grants, educational related expenses for two former employees currently pursing advanced degrees. Both students signed a contract to return to the area upon graduation and practice in the O’Connor Hospital service area for at least 3 years post-graduation. In years 2 and 3 of this community service program O’Connor Hospital will formalize the educational assistance program criteria and seek additional private donations and grants.

Goal 2.2 Prevent opioid overdose deaths
Objective 2.2.4 Reduce all E.D. Visits (including outpatient and admitted patients) involving one opioid overdose.
Intervention 2.2.4 Build support systems to care for opioid users or at risk of an overdose.

Community Based Strategy and Commitment of Resources
The hospital will continue to support the salary of the hospital’s social worker and include in their job responsibilities actively participating in local community organizations and groups committed to building support systems for opioid users and individuals at risk for overdose. Such groups include but are not limited to the Suicide Prevention Network of Delaware County, Senior Care Counsel, Delaware County Community Services Board, among others. In addition to supporting staff time to participate in group meetings the hospital will share data on the number of patients reporting to the emergency department with substance use issues. The hospital will also promote access to substance use disorder treatment services in Delaware County through referral services by the hospital’s Social Worker and Case Manager.
The hospital will support a local Community-Based Organization (CBO) called Friends of Recovery of Delaware and Otsego Counties (FORDO) in seeking a funding to support an on-call recovery coach to support the hospital’s emergency department and inpatient unit with 24 hour support. (This intervention was explained in greater detail above under intervention 2.1.5)

Goal 2.5 Prevent Suicides
Objective 2.5.2 Reduce the age adjusted suicide mortality rate by 10% to 7 per 100,000.

Intervention 2.5.3 Create protective environments; reduce access to lethal means among person at risk of suicide; integrate trauma informed approaches, reduce excessive alcohol use.

Community Based Strategy and Commitment of Resources

The CMS hospital Condition of Participation establishes the rights of all patients to receive care in a safe setting and is intended to provide protection for a patient’s emotional health and safety as well as physical safety. In order to provide care in a safe setting hospitals should identify patients who are at risk for intentionally harming themselves or others, identify environmental safety risks for such patients, and provide environmental safety education and training for employees and volunteers. In accordance with the CMS Condition of Participation and the NYS DOH prevention agenda interventions to create protective environments and reduce the access to lethal means of suicide the hospital will conduct a ligature risk assessment annually starting year one. The hospital will assess its environment for creating a protective environment and reducing access to lethal means i.e. access to medical device cords, tubing, and sharps. The hospital will include in the assessment a plan to mitigate the environmental hazards in its environment.

Continuing on its activities to create protective environments the hospital, in partnership with the Bassett Healthcare Network, will assess the availability of and viability of expanding mental health, crisis, and psychiatric services available. In year one a consulting firm conducted an analysis of the need for such services in the hospital’s service area. The firm’s marketing analysis suggested that O’Connor Hospital invest in offering of telemedicine/telepsychiatry for mental health patients in the emergency department in crisis and a cardio pulmonary rehabilitation program that has a behavioral health component. In year two and three, O’Connor Hospital will seek Bassett Healthcare Network approval to initiate both services on the hospital campus.

Goal 2.5 Prevent Suicides

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

Intervention 2.5.4 Identify and support people at risk; gate keeper training, crisis intervention, treatment for people at risk of suicide, treatment to prevent re-attempts, postvention safe reporting and messaging about suicide.

Community Based Strategy and Commitment of Resources

The Suicide Prevention Network of Delaware County, a not for profit group, was established in 2014 with the mission to create a community of hopefulness, safety, and shared responsibility to
prevent suicide by increasing awareness, promoting resiliency and connecting to resources and support. The coalition comprises of hospitals, public health, community-based organizations, law enforcement, clergy, survivors, care givers, and interested community members. The groups achievements include offering training and workshops including: QPR (question, persuade and refer), safe TALK (tell, ask, listen, and keep safe), and ASIST (applied suicide intervention skills training). Creating and publicizing a multi media campaign called #Be the 1, which consists of several videos and complimentary materials focused on different aspects of suicide awareness, education, and support. The hospital supports the salary of the hospital social worker and includes in the social workers responsibilities to take a leadership role in the Suicide Prevention Network. Specifically the hospital supports the social workers’ salary to co-facilitate Question, Persuade, Refer (QPR) training at least once annually for O’Connor Hospital staff and four times annually throughout Delaware County. The hospital uses its public media promotion methods and internal communication channels to promote the activities and interventions of the Suicide Prevention Network. The hospital openly shares its data on the number of patients reporting to emergency departments with suicide attempt or ideation to the Suicide Prevention Network.

7. Dissemination to the Public

O’Connor Hospital will post the Hospital Community Service Plan on its website. News and events related to the interventions will also be posted. O’Connor Hospital’s website address is http://www.bassett.org/oconnor-hospital/.

8. Process to Maintain Engagement, Track Progress, and Make Mid-Course Corrections

For the community-based strategies, O’Connor Hospital will continue to actively participate in a work group consisting of the Public Health Department and the two other local hospitals for the purposes of maintaining engagement with local partners over the next three year period. Initially, meetings will be held on a quarterly basis; however, frequency will be revisited throughout the timeframe to ensure that the meetings are meeting the needs of all partners.

Progress will be tracked by the work group O’Connor Hospital is actively participating in. Annually hospital leadership presents an update to the hospital’s board of trustees noting specific achievements and barriers to implementation. Antidotal feedback will be in work group meetings, meetings involving health and wellness groups such as the Suicide Prevention Network of Delaware County, and from patients and individuals participating in interventions. Allowing continual review of the Community Service Plan tasks and mid course corrections when required. Periodic public notices will be posted on the hospital website. Finally, as available, local, state and national health status indicators will be reviewed.