Community Health Needs Assessment

Prepared to meet requirements of the Internal Revenue Service and Patient Protection and Affordable Care Act

February 2013
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I. Introduction

The purpose of this Community Health Needs Assessment is threefold: 1) to assist in identifying priority health needs of the area served by O'Connor Hospital; 2) to comply with the requirements and guidelines of the NYS Department of Health for a Community Service Plan; and 3) to comply with newly established requirements promulgated by the Internal Revenue Service (IRS) based on the federal Patient Protection and Affordable Care Act enacted March 23, 2010 that all 501(c)(3) hospital organizations conduct a "community health needs assessment and prepare a corresponding implementation strategy once every three taxable years."

The remainder of this assessment includes six sections. Section II describes O'Connor Hospital, its services, service area and other community health resources. Section III describes the process and methods used for conducting this community health needs assessment, including steps taken, primary information sources and types and opportunities for community input in arriving at the findings and in selecting health priorities. Section IV describes priority health needs of the communities and populations served by O'Connor Hospital as identified by the hospital's 2010-2012 Community Services Plan and by the 2010-2013 Delaware County Community Health Assessment. Section V identifies priorities identified as a result of this community health needs assessment, as well as criteria used to select them. It also identifies target objectives for measuring future achievements made in addressing the selected priorities. Section VI describes services and resources available through O'Connor Hospital and other area providers in the service area to meet priority health needs identified by this assessment. Lastly, Section VII is a conclusion that sets the stage for the development of an Implementation Strategy required by the IRS.

II. O'Connor Hospital Services, Service Area and Other Community Health Resources

O'Connor Hospital is a critical access hospital in Delhi, N.Y., providing a full range of acute and preventative health care services, including acute inpatient care, restorative/rehabilitative (swing bed)care, an emergency services department where physicians have the ability to interface with board certified specialists in Cooperstown through telemedicine connections, same-day surgery, a state-of-the-art medical imaging suite, laboratory services, an outpatient pharmacy, physical and occupational therapy, dietary consultations, an Eye Wear Center, a Dental Clinic and a wide range of specialty services. O'Connor has served the Delhi community since 1922 and has been affiliated with Bassett since 1988.

O'Connor 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 O'Connor Hospital include Bassett Medical Center in Cooperstown, A.O. Fox Memorial Hospital in Oneonta, Cobleskill Regional Hospital in Cobleskill, Tri-Town Regional in Sidney and Little Falls Hospital in Little Falls. Other affiliates include Valley Health Services a 160-bed long term care and rehabilitation facility in Herkimer; First Community Care of Bassett, a home care equipment, supplies and related services provider in a surrounding seven-county area; and At Home Care, a certified home health care agency serving 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 County include 20 ambulance services (5 basic life support, 7 paramedic, 6 EMT certified for critical care, 2 EMT certified for intermediate). There are three other hospitals in Delaware County in addition to O'Connor Hospital, these are Delaware Valley, Margaretville Memorial Hospitals and Tri-Town Regional. There are only two nursing homes in the county with a total of 204 beds. A third nursing home closed as recently as October of 2012. Primary care services include 20 health centers and private physician offices. There are 15 sites that provide dental services and 9 full time equivalent dentists. Two mental health clinics, each with multiple sites are available in the county, one for mental health and the other provides alcohol and substance abuse services.

O'Connor Hospital's service area includes the Delhi community, as well as surrounding communities stretching from Grand Gorge, through Stamford, South Kortright, Bovina, Andes, Bloomville, Hamden and Franklin to Treadwell, and covering many hamlets in between. This large service area represents the eastern branch and areas of the northeastern part of Delaware County. Map 1, on the next page shows the service area for O'Connor Hospital.

In 2011, O'Connor Hospital admitted 434 patients, treated over 6,300 patients in emergency services, and had over 18,100 outpatient visits. The current staffing complement of O'Connor includes 150 full time equivalents and over 7 active and 107 courtesy (predominantly Bassett Medical Center physicians) medical staff.

Delaware County has experienced an evolving consolidation of its health care facilities over the last decade. All four hospitals located in the County are currently operated by out-of-county hospital systems including Bassett Healthcare (Cooperstown), United Health Services (Binghamton), and Health Alliance of Hudson Valley (Kingston). Three of the four county hospitals, Delaware Valley Hospital, Margaretville Memorial Hospital, and O'Connor Hospital, are designated as critical access hospitals; the fourth hospital, Tri-Town Regional Healthcare operates a 24 hour emergency care facility with 4 observation beds.
Delaware County is located on the eastern border of upstate New York’s Southern Tier Region and the northern western end of the Catskill Mountain range covering 1446 square miles. Geographically, Delaware County is the fourth largest of New York’s 62 counties. The County is the 5th most rural county in New York with a population density of only 32 persons per square mile.

Based upon the 2010 Census, the population of Delaware County is 47,980, 50.2 percent male and 49.8 percent female. In 2010, 9,405 people were less than 18 (19.6%), 38,575 were 18 and over (80.4%) and 9,321, were 65 and over (19.4%). It is estimated that 46.5 percent of the total population is 45 years of age or older. The population is 98.7 percent white and 1.6% African-American. At $41,862, the median family income in Delaware County is less than New York State's at $53,448. The percent of population below the poverty line was 14.2 percent based on the Census Bureau's American Community Survey 2005-2007, higher than the rate of 10.1
percent for upstate New York. In addition the percent of children (< 18) at 21.6 percent was significantly higher than comparative rate for Upstate New York at 13.6 percent. Based on the NYS Department of Health Behavioral Health Survey for 2005 – 2007, 86.8 percent of the population has health insurance coverage compared to 88.8 percent in Upstate New York. Also, 6.5 percent of residents reported not receiving medical care in the past year because of cost, compared to 5.4 percent in Upstate New York.

III. Processes and Methods for Conducting Community Health Needs Assessment

A. Community Health Needs Assessment Development Process

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:

1) 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;
2) Considering current health priorities of the Community Service Plan and related County Community Health Assessments;
3) Considering the data and findings from the Upstate Health and Wellness Survey;
4) Selection of future health priorities for this Community Health Needs Assessment;
5) Identifying targeted objectives for addressing selected health priorities;
6) Approving the CHNA and recommendation for publication and dissemination;
7) Considering public and key stakeholder input on the CHNA;
8) Reviewing and advising on Implementation Strategies based on the CHNA; and
9) 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 the 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 O'Connor Hospital service area. Key stakeholders included representatives of area communities, social services, public health, hospitals and other area health providers.
B. Primary Information and Data Sources

This community health needs assessment is based on and incorporates efforts of O'Connor Hospital, Bassett Healthcare and Delaware County Health Department to identify community health needs as required by the New York State Department of Health. Specifically through O'Connor Hospital's Community Service Plan for 2010-12 and Delaware County's 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 Delaware included 1,373 respondents for the household survey, 545 respondents for the access survey 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 O'Connor Hospital as defined by zip-codes.
<table>
<thead>
<tr>
<th>Region</th>
<th>Household Health</th>
<th>Access to Care</th>
<th>Child Lifestyle</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>All Respondents</td>
<td>Respondents 18+</td>
<td>Primary Respondent</td>
</tr>
<tr>
<td>Schoharie</td>
<td>13,226</td>
<td>11,009</td>
<td>1,784</td>
</tr>
<tr>
<td>Otsego</td>
<td>2,663</td>
<td>2,235</td>
<td>80</td>
</tr>
<tr>
<td>Montgomery</td>
<td>1,692</td>
<td>1,386</td>
<td>80</td>
</tr>
<tr>
<td>Madison</td>
<td>1,840</td>
<td>1,478</td>
<td>412</td>
</tr>
<tr>
<td>Herkimer</td>
<td>1,822</td>
<td>1,548</td>
<td>92</td>
</tr>
<tr>
<td>Delaware</td>
<td>1,373</td>
<td>1,153</td>
<td>545</td>
</tr>
<tr>
<td>Chenango</td>
<td>1,989</td>
<td>1,667</td>
<td>480</td>
</tr>
</tbody>
</table>

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.

**C. 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 O'Connor 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 Amanda Walsh, Epidemiologist and Heather Warner, Public Health Educator with the Delaware County Department of Health. 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 the both the hospital’s and Bassett's Network websites, the primary proactive means for receiving community input was through a communitywide stakeholder meeting hosted by O'Connor and Tri-Town Hospitals on November 5, 2012. The purpose of the stakeholder session 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. Seventeen individuals representing 10 area health provider 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 the Community Health Needs Assessment, significant processes and community participation were involved in compiling the O’Connor Hospital Community Services Plan and the Delaware County’s Community 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 Community Services Plans for O’Connor Hospital and Tri-Town Regional Hospital were developed as part of a multi-hospital planning process among the five hospitals in the Bassett Healthcare System. The process was guided by a steering committee that included representation from each of the four counties in which Bassett affiliated hospitals are located. 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.

IV. Health Needs Identified in the CSP and CCHAs

As part of the process of developing this community health needs assessment, priorities identified in O’Connor Hospital’s Community Services Plan and in the Otsego and Delaware Counties Community Health Assessments were reviewed.

A. O’Connor Hospital Community Service Plan for 2010-2012

The process of developing the CSP, including the analyses of local health indicators, input from the Bassett Steering Committee and review and input from area consumer and provider panels, was followed by agreement among Delaware County Public Health, O’Connor Hospital and Tri-Town Regional Hospital on two prevention agenda priorities:

- **Improving Access to Quality Healthcare** – specifically preventive care; and
- **Increasing Physical Activity & Good Nutrition Habits**

In addition, the Community Service Plans for O’Connor and Tri-Town Regional Hospitals identified five other areas of importance, including:
Reducing Chronic Disease;

Improving Women’s Health;

Improving Services for the Aging;

Reducing Tobacco Use; and

Reducing Unintentional Injury

B. Delaware County Community Health Assessment 2010-2013

Delaware County Public Health and its community health care partners identified the two Prevention Agenda priorities. 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. The two prevention agenda priorities included:

- Improving 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.
V. Selected Priorities and Targeted Objectives

The table below provides a summary of the current priorities identified in the Community Service Plan and County Community Health Assessments within the service area.

**O'Connor Community Service Plan (CSP) and Delaware County Community Health Assessment (CCHA) Priorities**

<table>
<thead>
<tr>
<th>NYS Prevention Agenda Priorities 2010-2013</th>
<th>O'Connor CSP</th>
<th>Delaware CCHA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to Quality Health Care</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>Chronic Disease</td>
<td>●</td>
<td>✔</td>
</tr>
<tr>
<td>Community Preparedness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Healthy Environment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Healthy Mothers, Healthy Babies, Healthy Children</td>
<td>●</td>
<td></td>
</tr>
<tr>
<td>Infectious Disease</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental Health and Substance Abuse</td>
<td></td>
<td>✔</td>
</tr>
<tr>
<td>Physical Activity and Nutrition</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>Tobacco Use</td>
<td>●</td>
<td>✔</td>
</tr>
<tr>
<td>Unintentional Injury</td>
<td>●</td>
<td></td>
</tr>
</tbody>
</table>

**Proposed NYS Prevention Agenda 2013-2017**

- Prevent Chronic Diseases
- Promote Healthy and Safe Environment
- Promote Healthy Women, Infants & Children
- Promote Mental Health & Prevent Substance Abuse
- Prevent HIV, STIs and Vaccine Preventable Diseases

- Priority
- Important

The selection of future health priorities also considered findings of the Upstate Health and Wellness Survey for the service area with respect to several health priority areas. The Survey provides primary data on a range of health indicators related to access to care, physical activity and nutrition, chronic disease, tobacco use, the health of children and mental health. The data are based on self-reports from a random sample of households in the defined service area of O'Connor Hospital, as well as comparable data from a random sample of households in the entire seven-county area served by the Bassett Healthcare Network. The survey data allow
comparison of levels of health indicators in the service area with the goals for these health indicators set by the New York State Prevention Agenda (NYSPA) and Healthy People 2020 (HP2020). Differences include the following:

- **Improving Access to Quality Health Care**

  Within the service area during 2009, 91.0% 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 81.5% (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 – 54.0% 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 34.4%; the prevalence was somewhat higher than the corresponding value for the entire region (31.5%). The prevalence of obesity in adults was lower in the service area (23.4%) than in the region (28.7%), clearly lower than 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 7.1% and 22.7%; in comparison, the NYSPA goal for diabetes is 5.7% and the HP2020 goal for hypertension is 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 have led to underestimates from the survey.

  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 74.0% (goal 93%), the percentage of women 40 years and older with a mammogram in the past 2 years was 73.1% (goal 81.1%) and the percentage of adults 50 years and older with a colonoscopy in the past 5 years was 57.0% (goal 70.5%). Levels of cancer screening in the O’Connor Hospital service area tended to be higher than levels for the entire seven counties.

- **Reducing Tobacco Use**

  The prevalence of smoking by adult residents of the service area was 16.6%, 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 71.0% in the O’Connor Hospital 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 37.5% for the children in the O’Connor Hospital service area, somewhat above 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 6.0%. 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).

A. Selected 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: O’Connor Hospital Community Service Plan, Delaware County’s Community Health Assessments or 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 three health priorities for O’Connor Hospital and the communities it serves. For the purpose of this CHNA, 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.

- **Improving Access to Quality Health Care**

Improving access to quality health care is the first priority selected through this community health needs assessment. This health priority was identified in the O'Connor Hospital Community Services Plan, as well as in the Delaware County Community Health Assessment. In addition, the selection of this priority for the O'Connor service area is supported by the Upstate Health and Wellness Survey support. The survey reported that less than 82 percent of adults reported having a primary care provider and only 54 percent of adults reported having had routine dental care in the prior year. In addition, through the CHNA public input process, because of recent losses of prenatal care services providers, there was strong support for improving access to early prenatal care service for mothers.

- **Promoting Mental Health and Preventing Substance Abuse**

Promoting mental health and preventing substance abuse was identified and recommended as a priority by several area providers and community services organizations during the public input phase of developing this CHNA. Specifically, representatives of the public health sector identified higher than average suicide and unintended injury rates experienced within the service area as a justification for making this a health priority. As a result of the public input, it was agreed that promoting mental health and preventing substance abuse should be added as the second CHNA health priority for O'Connor Hospital.

- **Preventing Chronic Disease**

Preventing chronic disease is the third priority identified by this CHNA. Preventing chronic disease was selected as a priority in the Delaware County Community Health Assessment and was considered an area of importance in the O'Connor Hospital's Community Services Plan. The selection of this priority for the service area is also supported by the Upstate Health and Wellness Survey. It reported the rates of cancer screening for cervical, breast and colon cancer were well below national and New York target levels. The percentage of women 18 years and older with a Pap smear in the prior 3 years was under 75 percent, the percentage of women 40 years and older with a mammogram in the prior 2 years was just over 73 percent and the percentage of adults 50 years and older with a colonoscopy in the prior 5 years was only 57 percent. The survey also reported over a 7 percent prevalence of diabetes in the service area, above the NYS target level. In addition, consistent with O'Connor Hospital's Community Services Plan, as well as the Delaware County Community Health Assessment, increasing physical activity and good nutrition habits and reducing tobacco uses were identified as important areas for focus in terms of preventing chronic diseases. The Upstate Health and Wellness Survey reported 37.5 percent of children in the service area were obese or at risk for obesity and 16.6 percent of adults were smokers.
B. Targeted Health Objectives

As a means to measure progress in addressing the health priorities for O'Connor Hospital and the communities' it serves, targeted objectives are identified. Objectives are identified in each priority area. Objectives were selected based on: goals identified in the Hospital's Community Service Plan; the US Department of Health and Human Services, Healthy People 2020 10-year national objectives; and the NYS Department of Health, Health Indicators for Tracking Public Health Priority Areas. Review of these sources allowed for a comparison between service area, State and National rates.

Based on findings of this community health needs assessment including public input on the assessment, eleven objectives are identified for three selected health priorities. This includes objectives to improve access to dental, primary care and prenatal care; decreasing poor mental health and suicide rates; increase screenings for breast, cervical and colon cancers; reduce obesity of children and tobacco use by adults.

Health Priority - Improving Access to Quality Health Care

Objective 1: To increase the percentage of adults in the O'Connor Hospital service area who have seen a dentist in the past year from 54 percent to 69 percent by 2016 (working toward the NYS Prevention Agenda objective of 83 percent).

Objective 2: To increase the percentage of adults in the O'Connor Hospital service area with access to a primary care provider from 82 percent to at least 89 percent by 2016 (working toward the NYS Prevention Agenda of 96 percent).

Objective 3: To increase the percentage of mothers in the O’Connor Hospital service area receiving early prenatal care from 75.7 percent to 83.0 percent by 2016 (working toward the NYS Prevention Agenda objective of 90 percent). To increase the percentage of mothers with access to early prenatal.

Health Priority – Promoting Mental Health and Preventing Substance Abuse

Objective 4: To decrease the age-adjusted percentage of adults with poor mental health (14 or more days in the last month) from 8.5 percent to 8.1 percent by 2016 (working toward the NYS Prevention Agenda objective of 7.8 percent).

Objective 5: To decrease the rate of suicides in the O’Connor Hospital service area from 9.2 per 100,000 to 7.0 per 100,000 (working toward the NYS Prevention Agenda objective of 4.8 per 100,000).
Health Priority – Preventing Chronic Disease

**Objective 6:** To decrease the prevalence of diabetes in the O'Connor Hospital service area from 7.1 percent to 6.6 percent by 2016 (working toward the NYS Prevention Agenda objective of 5.7 percent).

**Objective 7:** To increase the percentage of women 40 and older in the O'Connor Hospital service area with a mammogram in the past two years from less than 73 percent to 77 percent by 2016 (working toward the NYS Prevention Agenda objective of 81 percent).

**Objective 8:** To increase the percentage of women 18 and over with a pap smear in the three prior years in the O'Connor Hospital service area from under 75 percent to 84 percent by 2016 (working toward the NYS Prevention Agenda objective of 93 percent).

**Objective 9:** To increase the percentage of adults 50-75 in the O'Connor 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 10:** To reduce the percent of children in the O'Connor Hospital service area who are obese or at risk for obesity from 37.5 percent to 30 percent by 2016.

**Objective 11:** To reduce the percentage of adult smokers in the O'Connor Hospital's service area from 16.6 percent to 14.3 percent by 2016 (working toward the NYS Prevention Agenda objective of 12 percent).

*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.

**C. Public Comments on CHNA**

Community comments and input were gathered in response to posting of the community health needs assessment of both the Hospital's and Bassett's Healthcare Network's websites. In addition, community input was gathered through a community-wide stakeholder session hosted by O'Connor and Tri-Town Hospitals on November 5, 2012. The purpose of the stakeholder session 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 session is provided in Appendix 2.
In broad terms, public input supported the health priorities identified by this CHNA. Comments were made that the prevalence of diabetes might be underestimated. Three other areas were also supported as priorities: improving mental health services, improving the health of mothers and increasing the availability of long term care services. It was suggested that improving mental health and substance abuse service should be considered a priority based upon the high suicide and unintended injury rates experience within the service area. The lack of prenatal care for mothers should elevate improving the health of mothers to a priority and the recent closure of an area nursing home should make adding long term care services a priority as well.

Several comments were also received regarding the selected targeted objectives. A suggestion was made to refocus the dental access objective on improving access for Medicaid recipients because their access was the most limited and also to focus on the provision of preventive dental health services. With respect to the diabetes objective, it was suggested that the measurement tool for determining the prevalence of diabetes be based on pre-diagnosis rather than post-diagnosis. Lastly it was suggested that the focus of the tobacco use reduction objective be on adolescents rather than adults and also be expanded to include drug use.

VI. Resources to Meet Priority Needs

O’Connor Hospital's mission is to provide our community with quality healthcare which the community values in the pursuit of health.

O’Connor Hospital is a critical access hospital providing a full range of acute and preventative health care services, including acute inpatient care, restorative/rehabilitative (swing bed)care, an emergency services department where physicians have the ability to interface with board certified specialists in Cooperstown through telemedicine connections, same-day surgery, a state-of-the-art medical imaging suite, laboratory services, an outpatient pharmacy, physical and occupational therapy, dietary consultations, an Eye Wear Center, a Dental Clinic and a wide range of specialty services. O’Connor has served the Delhi community since 1922 and has been affiliated with Bassett since 1988. The affiliation/partnership with Bassett Healthcare has realized both increases in access to needed health care services but also has resulted in system savings through reduced purchasing costs, shared administrative services, joint facilities assessment and planning, and the development of regional physician staffing models. The affiliation allows Bassett and O’Connor to collaborate on the delivery of health care to people in the region.

O’Connor Hospital, often in partnership with other area health care providers including Bassett Healthcare and Delaware County Public Health in particular, has planned and implemented a number of programs that respond to the health priorities identified by this Community Health Needs Assessment. Noteworthy among these include:
• **Cancer Services Program of Delaware, Otsego & Schoharie Counties** – a New York State Department of Health partnership administered through Bassett offering free breast, cervical and colorectal screenings to people who qualify;

• **Bassett Cancer Institute medical screening coach** – a custom-built medical coach equipped with digital technology for mammography and other cancer screenings for men and women. The coach was placed in service with the goal of reducing the number of cancer deaths by increasing access to screening services in rural areas.

• **Bassett Dental Clinic** – operated through a partnership with Bassett Healthcare.

• **Bassett School-Based Health Clinics** – Dental health services are offered in two area schools (Delaware Academy and South Kortright).

• **Occupational health** – Through a program launched in 2009 in partnership with HealthWorks, part of Bassett’s New York Center for Agricultural Medicine & Health, O’Connor Hospital provides post-hire screenings to area employers and offers health screenings for firefighters and EMS personnel.

• **Support groups** – O’Connor Hospital provides space for diabetes, Alzheimer’s, mental health and Parkinson’s support groups on a monthly basis.

• **Flu clinics** – O’Connor Hospital offers spring and fall flu shot clinics.

• **Community education** – O’Connor Hospital provides free community assessments, screenings and educational events, including health fairs, blood pressure screenings, free eye screenings for children ages 1-5, in partnership with Lions, Inc.; balance assessment, fitness assessment tests for strength, and free Lunch and Learn workshops throughout the year.

• **Specialized rehabilitation services** – The Rehabilitation Services department of O’Connor Hospital provides a fall prevention program and a wheelchair clinic that includes the only FSA Pressure Mapping System in Delaware County.

### VII. Conclusion

This Community Health Needs Assessment has served to further focus the future efforts O’Connor Hospital and the area's cadre of supporting health care providers, services and resources. Specifically, it has re-emphasized the importance of targeting efforts to improve access to care; improve physical activity and good nutrition habits; reducing chronic diseases; and reducing tobacco use.

Plans and implementation strategies that expand upon existing programs and partnerships, as well as identify new programs are identified in a separate **Implementation Strategy (IS)** as
required by the Internal Revenue Service (IRS) based on the federal Patient Protection and Affordable Care Act enacted in March 23, 2010 that all 501(c)(3) hospital organizations conduct a "community health needs assessment and prepare a corresponding implementation strategy once every three taxable years. The IS includes two components: 1) a description of how the hospital plans to meet each priority community health need identified by this Community Health Needs Assessment; and 2) identification of priority community health need that the hospital does not intend to meet and why.
## Appendix 1
### Key Stakeholder Participants

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Organization</th>
</tr>
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<tbody>
<tr>
<td>Dan Ayres</td>
<td>CEO</td>
<td>O'Connor &amp; Tri-Town Hospitals</td>
</tr>
<tr>
<td>Amy Beveridge</td>
<td>Manager Fund Development</td>
<td>O'Connor Hospital</td>
</tr>
<tr>
<td>Debra Neale</td>
<td>CNO</td>
<td>O'Connor Hospital</td>
</tr>
<tr>
<td>Niki Dibble</td>
<td>Prevention Director</td>
<td>Delaware Alcohol &amp; Drug Abuse Council</td>
</tr>
<tr>
<td>Pamela Vogt</td>
<td>Administrative Manager</td>
<td>O'Connor Hospital</td>
</tr>
<tr>
<td>Marcy Miles</td>
<td>Director of Lab Services</td>
<td>Tri-Town Regional</td>
</tr>
<tr>
<td>Alisha Rule</td>
<td>Director of Quality</td>
<td>O'Connor &amp; Tri-Town Regional Hospitals</td>
</tr>
<tr>
<td>Danya Samsel-Powell</td>
<td>Director of Clinical Services</td>
<td>Tri-Town Regional</td>
</tr>
<tr>
<td>Judy Bailey</td>
<td>Director of Quality</td>
<td>Margaretville Hospital</td>
</tr>
<tr>
<td>Heather Warner</td>
<td>Public Health Educator</td>
<td>Delaware County Public Health</td>
</tr>
<tr>
<td>Amanda Walsh</td>
<td>Epidemiologist</td>
<td>Delaware County Public Health</td>
</tr>
<tr>
<td>Amy Verspoor</td>
<td>Manager</td>
<td>Delhi Dental Office</td>
</tr>
<tr>
<td>Jan Miller</td>
<td>Director of Quality &amp; Chair</td>
<td>Catskill Area Hospice &amp; Del. Co. Rural Health Alliance</td>
</tr>
<tr>
<td>Regina Krzyston</td>
<td>Quality Consultant</td>
<td>O'Connor &amp; Tri-Town Hospitals</td>
</tr>
<tr>
<td>Nan Cazzalla</td>
<td>Director</td>
<td>Delaware County Rural Health Alliance</td>
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<tr>
<td>Karen Huxtable-Hooker</td>
<td>Director Public &amp; Media Relations</td>
<td>Bassett Medical Center</td>
</tr>
<tr>
<td>Paul G. FitzPatrick</td>
<td>President</td>
<td>Rural Health Development</td>
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</table>
Appendix 2
O'Connor and Tri-Town Regional Hospitals
CHNA Stakeholder Session Summary
November 5, 2012

**Attendance:** Dan Ayres, CEO, O'Connor Hospital; Amy Beveridge, Manager of Fund Development, O'Connor Hospital; Debra Neale, CNO, O'Connor Hospital; Niki Dibble, Prevention Director, Delaware Alcohol & Drug Abuse Council; Pamela Vogt, Administrative Manager, O'Connor Hospital; Marcy Miles, Director of Laboratory Services, Tri-Town Regional; Alisha Rule, Director of Quality, O'Connor & Tri-Town Regional Hospitals; Danya Samsel-Powell, Director of Clinical Services, Tri-Town Regional; Judy Bailey, Director of Quality, Margaretville Hospital; Heather Warner, Public Health Educator, Delaware County Public Health; Amanda Walsh, Epidemiologist, Delaware County Public Health; Amy Verspoor, Manager, Dental Office; Jan Miller, Director of Quality, Catskill Area Hospice and Chair; Delaware County Rural Health Alliance; Regina Krzyston, Quality consultant, O'Connor & Tri-Town Hospitals; Nan Cazzalla, Delaware County Rural Health Alliance; Karen Huxtable-Hooker, Public & Media Relations Director, Bassett Medical Center; and Paul FitzPatrick, President, Rural Health Development.

**Session Purposes:** The purpose of the session was: 1) to elicit comments on the O'Connor and Tri-Town Regional 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 and steps to meet priority need (alone or with others) or explain why a priority need will not be addressed, i.e., insufficient resources and/or capacities to respond.
**Draft CHNA:** The draft CHNAs for 'Connor and Tri-Town Hospitals 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 hospitals' Community Services Plans (CSPs) and County Community Health Assessment (CCHA); 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 CHNAs 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 and adopted. Once completed, a process for developing an Implementation Strategy (IS) will be undertaken. This will occur in early 2013. The final step of the IS development process will be submission of the plan to the Board for approval.

**CHNA Data Sources:** The primary data sources for developing the CHNAs were: 1) the O'Connor CSP 2010-2012; 2) the Tri-Town CSP 2010-2012; 3) the Delaware 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 health priorities identified by the CSP and CHNAs were reviewed:
O’Connor & Tri-Town Community Service Plan (CSP) and County Community Health Assessment (CCHA) Priorities

<table>
<thead>
<tr>
<th>NYS Prevention Agenda Priorities</th>
<th>O’Connor CSP</th>
<th>Tri-Town CSP</th>
<th>Delaware CCHA</th>
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<tr>
<td>Access to Care</td>
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<td>Chronic Disease</td>
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<td>Healthy Mothers, Infants &amp; Children</td>
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<td>Infectious Disease</td>
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<td>Mental Health &amp; SA</td>
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<tr>
<td>Physical Activity &amp; Nutrition</td>
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<td>✓</td>
<td>✓</td>
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<tr>
<td>Tobacco Use</td>
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<tr>
<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 CHNAs identified four future health priorities: 1) improving access to quality health care; 2) increasing physical activity and good nutrition habits; 3) reducing chronic diseases; and 4) reducing tobacco use.

**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 among children; 3) to reduce the prevalence of diabetes and increase cancer screenings for breast cervical and colon cancer; and 4) to reduce the use of tobacco by adults.
Stakeholder Comments on draft CHNA Priorities:

**General**

- When was the last County Health Assessment done? Answer: In 2009. When will the next County Health Assessment be completed? Answer: September 2013.

- Will the Upstate Health and Wellness Survey be updated to allow measurement of progress? 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 CHNAs it will require sample updates at least every three years.

- Did the sample for the survey represent the actual demographics of Delaware County? Answer: Yes.

- Was a Spanish version of the survey used for those who speak Spanish as a primary language? Answer: Don't know.

- It is hopeful that in the future the timeframes for the CSPs, CCHAs and the CHNAs will be synchronized.

- The staggered time frames for the CSPs, CCHAs and CHNAs allow for a comparison of views with respect to community health priorities.

**Selected Health Priorities**

- The data for prevalence of diabetes reports only the numbers of people diagnosed. The Upstate survey represents self-reported information and as such may underestimate actual levels of diabetes. The measurement of diabetes based on prevalence (diagnosis) may not be the right indicator for measurement.

- Improving Mental Health and Substance Abuse service should be given consideration as a priority because of the high rates of suicide and unintended deaths in Delaware County. Does the Bassett School Health Program provide any insights with respect to the needs of children for Mental Health and Substance Abuse services? MH & SA services are considered within the "medical home" model which is being supported as a new delivery model.

- Is the lack of prenatal care a health priority? There is very limited capacity in Delaware County. Services have been reduced by the loss of providers.

- Does reduction of tobacco use include "chewing tobacco"? It is a more prevalent practice in rural areas. The Upstate survey asked about the use of tobacco and did not distinguish between smoking and chewing. (Subsequent to the Stakeholder Session, it
was found that the Upstate survey actually asked about 'smoking' not "tobacco use" as reported at the session, thus those who chew tobacco were not captured by the survey data). Data show that 34 percent of pregnant women in Delaware County smoke. The focus related to reducing smoking should be on children. Does the School Based Health Program focus on tobacco use prevention?

- Delaware County has closed a nursing home in Delhi. Should improving long term care services be a health priority?

- What can be done to address a priority like "increasing physical activity"? There are not a lot of available facilities in Delaware County. Schools in the County offer facilities for use to increase physical activities. The 5210 program focuses on both physical activity and good nutrition. It should be expanded.

- In the last two years, what has happened that would change health priorities? The loss of a major provider of long term care services with the closure of the Delhi nursing home. Women’s health services have been reduced due to the loss of practitioners. Births to residents of Delaware County declined from 425 in 2010 to 385 in 2011.

**Stakeholder Comments on Targeted Objectives:**

**Access to Care**

- If the NYS Prevention Agenda goal is 83% with a dental visit in the past, why not make it the CHNA objective as well. O'Connor’s Board established a 100% compliance goal. The acceptance of Medicaid patients by dentists is a barrier to achieving the 83% level. Financial access is the limitation to achieving the dental objective. Additional facilities and space for dental services is needed to achieve the objective. The focus for dental should be on prevention.

- Primary care services capacities have been doubled based on the recommendation of O'Connor Hospital's CSP. This should help achieve the PC access objective.

**Physical Activity and Good Nutrition**

- The focus on obesity among children is correct. The 5210 program is targeted on children and emphasizes increasing consumption of fruits and vegetables, recreational activities and elimination of sugar drinks. The objective also supports the other priority and objective related to reducing chronic diseases. Increasing walking, running and hiking in the community is doable and should be pursued. Reducing obesity will require getting kids to put down their technology based games and equipment.
Chronic Disease

- The measurement tool for reducing the prevalence of diabetes should be based on pre-diagnosis not post-diagnosis. Requirements to gain certification as a Diabetes Educator are extensive and lengthy. Why should diabetes be a priority over other diseases? Answer: Because it is preventable.

- The leading causes of death in Delaware County are Heart Disease, Cancer and Diabetes.

- Greater focus of resources needs to be placed on prevention rather than treatment if the objectives are to be achieved.

Tobacco Use

- Achieving the tobacco objective will support the reduction of other chronic diseases.

- Many other organizations are trying to address tobacco use. Should it also be a priority in the CHNA?

- The focus in reducing tobacco use should be placed children and teens. The focus should be extended to include drugs as well (both illicit and prescription drugs).

Stakeholder Comments on Current and Potential Opportunities to Address Priorities:

Access to Care

- Increased efforts should be placed on recruiting primary care physicians, nurse practitioners and physician's assistants.

- Incentives for advanced training for RNs to become NPs should be pursued.

- HPSA designations should be maintained or sought.

- Additional facilities for the delivery of primary care services should be built.

- The barriers created by the lack of transportation services in Delaware County must be addressed to improve access to care. The transportation initiative that was tried and failed should be revitalized. The Columbia County transportation service developed by the rural health network should be considered for replication in Delaware County.

- The expansion of dental services is being considered.
Pursue expansion of the service area of American Mobile Dental program in Oneonta to include Delaware County. Pursuit of this strategy while helpful in some respects has the limitation of only providing episodic care without adequate follow-up.

Achieving improvements in dental health would also serve to impact other chronic diseases such as diabetes and hypertension.

Physical Activity and Good Nutrition

Improve dietary programs in schools. Match the 5210 program requirements with the school menus. Many good changes are being implemented in school dietary programs, but more needs to be done. Strategies to improve nutrition in the home need to be developed and pursued. Parents need support to help improve dietary habits of children. Community garden programs should be introduced at all schools. Gardening programs are already in place in the South Kortright, Downsville and Margaretville School Districts. Support for the community garden program during the summer months is needed for them to be successful.

Chronic Disease

Strategies are needed to improve access to screening services that provide for early detection or prevention of chronic diseases.

There needs to be greater collaboration with primary care providers to ensure screening levels increase.

Systems of early notification of the need for screenings need to be put in place. Screening records should be as common as vaccine records.

Primary care delivery sites need to expand service hours to be more accessible for the working and family populations.

Information technologies, including electronic medical records should help improve screening levels.

Tobacco Use

Strategies to reduce tobacco use need to be pursued on multiple fronts including in schools, businesses and employers, insurance companies, communities and health facilities.

Small Step, a Cornell Cooperative Extension program, should be expanded and offered to more businesses, including small businesses.
The assistance of the Chamber of Commerce should be sought to support additional programming.

**Mental Health and Substance Abuse**

- Continue to support efforts to integrate mental health and substance services within the health care delivery system. The resource requirements of main streaming MH & SA services are significant.

- The focus on improving mental health services should be on providing additional educational resources to schools. The Alcohol and Substance Abuse Council provides educational programming in school districts. However, some school districts are not interested in bringing in external resources to address MH & SA issues preferring to use internal resources instead.

- Prevention education should be the focus of improving MH & SAs.

- The YRBS program, sponsored by the Rural Health Alliance, should be expanded.

- MH & SA services should be expanded using telehealth capacities.

- Additional crisis intervention services are needed particularly given the closure of crisis services in Oneonta.

- The Bassett School Based Health Center program has received a grant to expand MH & SA service in schools. The grant focus does not included Delaware County. If possible, it should be expanded to do so.

- Problems of bullying, coping and poor social skills need to be addressed for children.

- Strategies are needed to address the shortage of psychologists and psychiatrists. Rural areas are at a competitive disadvantage in the recruitment market place.

**General Strategies**

- Strategies to meet health needs and improve health services in Delaware County need to consider the large size and changing demographics of the county. Major industry and employment opportunities are limited. Agriculture, health care and education are the major employers in Delaware County.

- An umbrella perspective must be taken in developing strategies. Health improvement strategies must be developed in the context of the entirety of Delaware County, its communities and economies.
Strategies need to understand where is Delaware County heading, for example skilled retirees with an interest in helping is a growing population. This resource needs to be tapped into. Existing uses of resources need to be reconsidered and shifted to meet future needs.
Appendix 3
Community Services Plan and County Community Health Assessment
Development Process and Community Participation

The Community Services Plans for O'Connor Hospital and Tri-Town Regional Hospital were developed as part of a multi-hospital planning process among the five hospitals in the Bassett Healthcare System. The process was guided by a Steering Committee that included representation from each of the four counties in which Bassett affiliated hospitals are located. The Steering Committee included representation from all major health providers, public health services, colleges and others in each county. The CSPs for O’Conner and Tri-Town also involved a dual-level community participation process that included a Consumer Discussion Panel and a Service Providers Discussion Panel with participation of 20 members of the County’s Rural Health Alliance Advisory Council and affiliated organizations. This included participation of the Delaware County Public Health Nursing Services, Delaware Valley Hospital, Margaretville Memorial Hospital, O’Connor Hospital, Tri-Town Regional Hospital, Bassett School-Based Health Centers, Countryside Care Center, Mountainside Residential Care Center, Alzheimer’s Association, Catskill Area Hospice & Palliative Care, Cornell Cooperative Extension, County Office of the Aging, local emergency services and social services agencies, county sheriff’s department, Delaware Opportunities, New York State Police and members of the community-at-large. In addition to public, agency and focus group input, a variety of data from the NYS Department of Health, Delaware County Behavioral Risk Factor Surveillance System, Delaware County Public Health Nursing Services Community Health Assessment and other sources were used to analyze and identify health priorities for O'Connor Hospital.

The Consumer Discussion Panel (CDP) was made up of nine consumers representing seven different municipalities in Delaware County. The panel members were 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 included: 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.

The Service Providers Discussion Panel (SPP) was comprised of Delaware County health care providers and related agencies. It included representation from hospitals, residential facilities, other health care, educational, and social services organizations. Objectives of the panel were to gather information about each participating agency’s health care 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 with the consumer panel, the provider panel members were asked to choose and rank their top five priorities. As a result, they identified Access to Quality Health Care, Chronic Diseases,
and Physical Activity & Nutrition as their top three priorities. The SPP described their three priorities as dynamic and inter-dependent.

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 priorities based on the NYS Prevention Agenda for 2010-2013. This group also participated in a dialogue on collaborative approaches to addressing the top two local priorities.

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 the State’s Prevention Agenda priorities 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. Consumer and Service Provider Discussion Panels were formed to gather input on the views of area residents and health care providers on health priorities (see description of discussion panels under O’Connor Hospital Community Services Plan above). Following the deliberations of both panels, the results were reviewed at two separate public meetings convened by Delaware County Public Health and local hospitals. After careful consideration and much discussion, agreement was reached on two priorities based on the NYS Department of Health Prevention Agenda for 2010-2013.
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.