



2013-2017 Community Health Assessment and Community Health Improvement Plan for Delaware County



Submitted by:
Delaware County Public Health
November 2013

2013-2017 Community Health Assessment and Community Health Improvement Plan for Delaware County

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Executive Summary

The following document consists of Delaware County's Community Health Assessment and Community Health Improvement Plan. This report includes information from a variety of data sources including community and professional focus groups and stakeholder meetings. Key points of this report include the identification of low income children and adults in rural areas as a health disparate population, the influence the County's demographic, geographic and socio-economic factors have on health and wellness and the resources identified to address health concerns. The Public Health Prevention Agenda priority focus areas identified by key stakeholders include Preventing Chronic Diseases and Promote Mental Health and Prevent Substance Abuse.

Acknowledgements

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This document was prepared with the involvement of Delaware County's four hospitals; Delaware Valley Hospital, Margaretville Memorial Hospital, O'Connor Hospital and Tri-Town Regional Hospital. Thank you to our public, private and community partners.

Introduction

Vision:

Healthy People Living in Healthy and Thriving Communities

Mission:

Protect, promote and improve the health and well-being of people of all generations and create healthy places to live, learn, work and play.

Core Values

Collaboration: Working in partnership with individuals, the community and organizations to strengthen our resources and achieve a common goal.

Equity: Fostering policies and programs that promote fairness, social justice, equality and cultural competence.

Excellence: Sustaining a knowledgeable and competent Public Health workforce providing high quality services to the community.

Innovation: Applying technology, knowledge and research to implement creative and progressive interventions.

Integrity: Adhering to high ethical and professional standards in the workplace to ensure transparent and accountable performance.

Respect: Embracing the dignity and diversity of individuals, groups and communities

Science: Supporting and promoting evidence-based practice.

Background and Purpose

In June 2011, the Nation's first ever National Prevention and Health Promotion Strategy known as the National Prevention Strategy was developed as a critical component of the Affordable Care Act. This strategy was developed to move the United States from a system of sick care to one based on wellness and prevention. The National Prevention Strategy encourages partnerships among government, private sector, businesses, community agencies, faith based organizations and individuals to develop a cross-sector, integrated national strategy that identifies priorities for improving the health of Americans. In 2012, the New York State Department of Health completed a state health assessment which described the health status of the state's population, identified factors that contributed to health status and health challenges and identified assets that can be used to improve population health. The New York State Department of health built upon the 2008 prevention agenda to identify 5 priority areas for focus in 2013-2017.

New York State Department of Health charged each local county health department with the responsibility to conduct a community health assessment and develop a local community health improvement plan, working with hospitals, other public/government agencies and community partners. Stakeholders participated in a process to prioritize improving the health of the county in a few key focus groups and workgroups by collectively selecting measurable objectives and identifying strategies to meet the objectives.

The 2013-2017 Community Health Assessment and Community Health Improvement Plan is a roadmap for improving population based health across Delaware County. Delaware County Community Health Assessment and Community Health Improvement Plan highlights findings from the community health assessment, outlines the process by which the public health priorities were chosen, and describes the goals, objectives, and action plans for the New York State Prevention Agenda priority focus areas chosen.

COMMUNITY HEALTH ASSESSMENT

Assessment Process

I. Data Mining and Review

On March 25, 2013, Delaware County Public Health Services met with community partners in Walton, NY to discuss results of a SPARCS data analysis performed by United Health Services (UHS). Partners included representatives from Delaware Valley Hospital, Margaretville Memorial Hospital, O'Connor Hospital and Tri-Town Regional Hospital and UHS. The goal of the meeting was to utilize SPARCS data to review the Health Indicator Focus Areas to determine which areas may have the greatest need for attention in Delaware County. Preliminary findings also allowed the group to determine which additional community partners and organizations to further include in the process.

Upon review of the findings, the group unanimously decided to adopt the focus areas of Prevent Chronic Diseases and Prevent Substance Abuse and Promote Mental Health from the New York State Prevention Agenda priority list.

II. Identify and Review Primary and Secondary Data

To identify areas of need and county disparities, primary and secondary data was reviewed from a variety of sources:

- Bassett Health Care Network: Upstate Health & Wellness Survey, July 2009
- Community Needs Assessment & Strategic Plan, Delaware Opportunities, November 10, 2012
- Delaware County Alcohol and Drug Abuse Services data
- Delaware County Agricultural & Farmland Protection Plan 2013
- Delaware County Department of Mental Health Annual Reports, 2011 & 2012
- Delaware County Public Health Services 2010-2013 Annual Reports
- Delaware County Women, Infants and Children Program data
- Mothers & Babies Perinatal Network data
- NYSDOH County Health rankings website data
- NYSDOH Information for Healthy New York website, 2008-2010
- NYSDOH, New York State Cancer Registry 2006-2010
- NYS Expanded Behavioral Risk Factor Surveillance System, 2008-2009
- U.S. Bureau of the Census websites data
- www.citimelt.com website
- Youth Risk Behavioral Survey 2013 ó raw data (analysis results not available at the date of this writing)

The following section is a review of primary and secondary data describing the health of Delaware County. The first section looks at the geographic, demographic and socioeconomic background of the county and the second portion of this review assesses the County's health in terms of the five Prevention Agenda Priority Focus Areas. The third section examines Delaware County's health in relation to the NYSDOH County Health rankings data.

Section I – Demographic, Socioeconomic, Morbidity and Mortality Information

A. Geography and Demography

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 covering 1446.37 square miles. Geographically, it is the fourth largest of New York's 62 counties and is the sixth most rural.. The population density is only 33 persons per square mile. The large size of the county is reflected in the fact that it borders 7 counties (Broome, Chenango, Greene, Otsego, Schoharie, Sullivan, and Ulster) as well as the State of Pennsylvania.

The county includes the Catskill/Delaware Watershed, which is the largest unfiltered drinking water supply in the United States. It supplies up to 1.5 billion gallons of unfiltered drinking water per day to more than 9 million persons in New York City and parts of Westchester, Putnam, Orange and Ulster Counties. The watershed region encompasses the central and eastern sections of Delaware County and includes roughly 65% of the county's land area and 11 of its 19 townships. Approximately 55% of Delaware County's population lies within the Watershed. Overall, the watershed covers approximately 2,000 miles. In terms of physical environment, Delaware County is an expansive, isolated rural area with 2 of the largest reservoirs in the watershed.

The western rim of the county, which includes most of the Town of Sidney, lies outside the watershed and is where most of the county's manufacturing businesses are located.

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

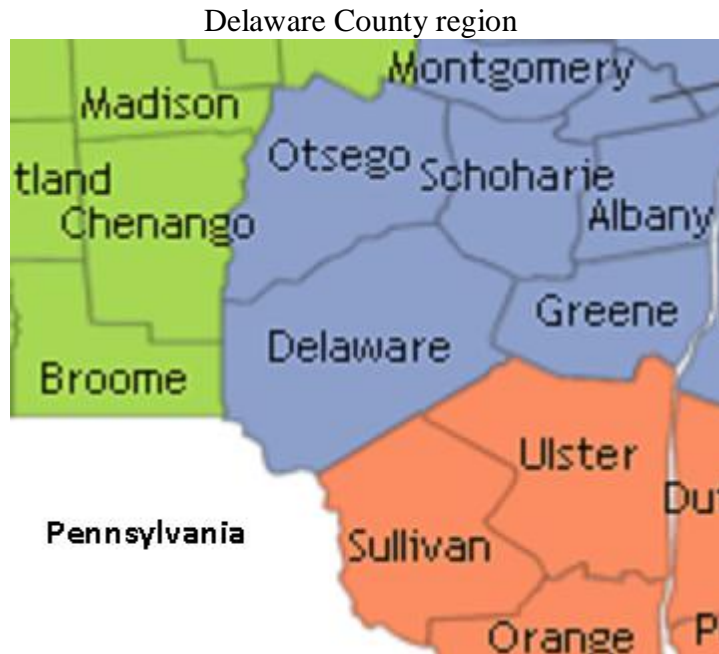


Table 1-1

Counties with Lowest Population Density in New York State, 2010

Geographic Area	Population Density*	Rank
Hamilton County	2.8	1
Lewis County	21.3	2
Essex County	21.9	3
Schoharie County	29.53	4
Franklin County	31.7	5
Delaware County	33.3	6
New York State	411.2	--

* Density per square mile

Source: <http://quickfacts.census.gov/qfd/states/36/36025.html>

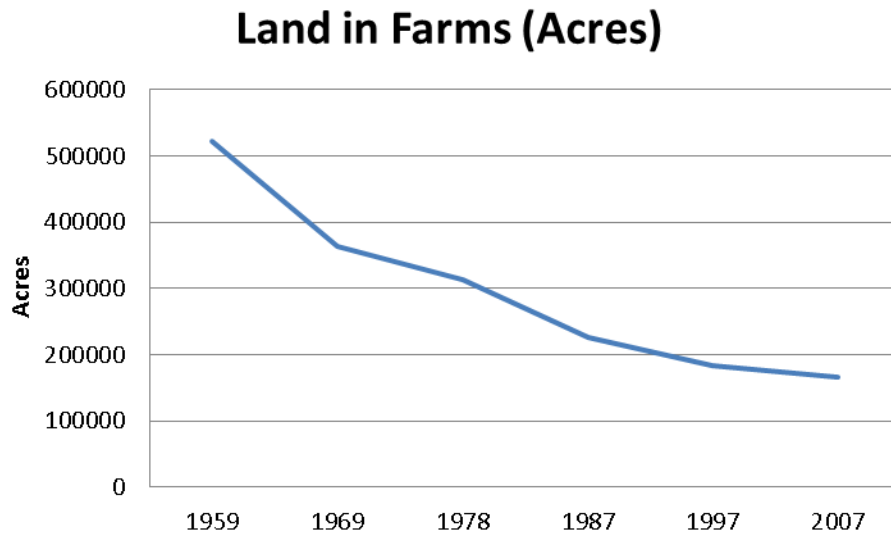
As Table 1-1 shows, the county is ranked sixth most rural county in New York State, in terms of population density. As of 2010, Delaware County ranked 53rd in total population among the 62 counties in New York State.

In 1997 the Catskill Watershed Corporation (CWC) was created based on a coalition of entities including New York State, the City of New York, the Environmental Protection Agency, and communities within the watershed based on the New York City Filtration Avoidance Determination (FAD). The CWC has worked to preserve and safeguard the watershed from environmental degradation by means of restrictions and regulations on land use within and surrounding the watershed.

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

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

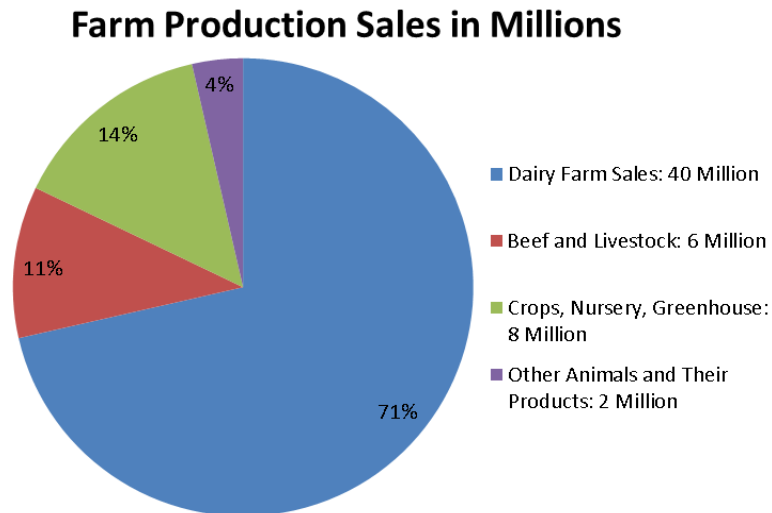
Graph 1-1



Source: New York Agricultural Statistics Service
<http://www.agcensus.usda.gov>

In 1959, Delaware County had 600,000 acres of farmland. This was almost 65% of the counties total acreage. Since then the total farmland has decreased to 165,572 acres in 2007. This is a decline of nearly 72%, as shown in Graph 1-1.

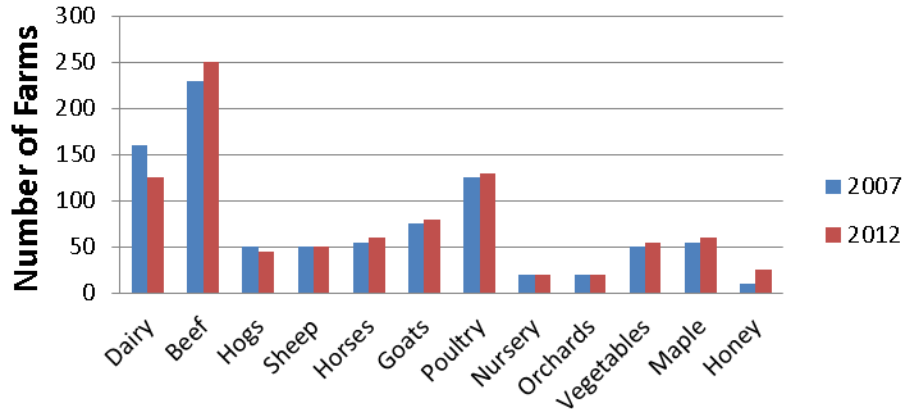
Graph 1-2



Source: Delaware County Agricultural and Farmland Protection Plan draft 2013

Between 1997 and 2007, Delaware County lost 121 dairy farms. In spite of this, dairy farming is still the top agricultural enterprise in the county (over 80% of agricultural receipts). As the number of dairy farms declined, the number of specialty farms increased. Dairy farms are choosing to diversify instead of going out of business. Innovative farmers have branched out and now provide multiple and/or varied products. For example, diversified farms that raise livestock may also produce maple products or berries.

Delaware County Farm Numbers By Commodity 2007 & 2012 (Projected)



In the same time period of the decline in dairy farms, there was an increase of 31 beef farms. Delaware County is now third in the state in beef production. Farm types with goats, sheep, poultry, vegetables, maple and honey all increased in that time period also. Various niche products are being developed and marketed. Niche products are mostly cheese. (DC 2013 Agricultural and Farmland Protection Plan draft)

Table 1-2

Population Change in Delaware County, 2008-2010

Geographic Area	2008	2010	Percent Change 2008-2010
Delaware County	46,085	47,980	+ 4.1%
New York State	19,490,287	19,378,102	- 1.0 %

Source: <http://www.fedstats.gov/qf/states/36/36025.html> (2008)
<http://quickfacts.census.gov/qfd/states/36/36025.html> (2010)

As Table 1-2 shows, from 2008-2010 the county population has increased from 46,085 to 47,980, a increase rate of 4.1%. During the same years New York State experienced a population decrease of 1.0 %.

Table 1-3

Population Size of Delaware County Towns

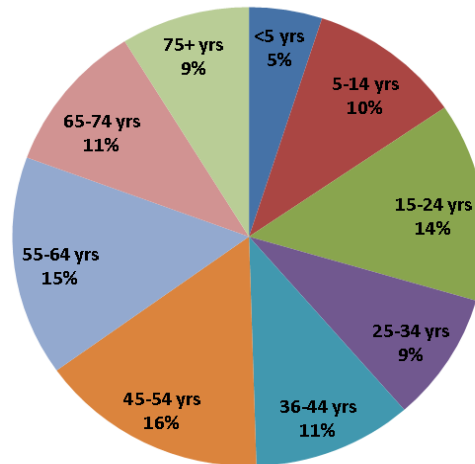
Towns	Population	<1,000	1,000-1,999	2,000-2,999	3,000 and Over	Percent of County Population
Bovina	633	É				1.3
Tompkins	1247		É			2.6
Hamden	1323		É			2.8
Andes	1301		É			2.7
Masonville	1320		É			2.8
Meredith	1529		É			3.2
Harpersfield	1577		É			3.3
Kortright	1675		É			3.5
Deposit	1712		É			3.6
Stamford	2267			É		4.7
Colchester	2077			É		4.3
Roxbury	2502			É		5.2
Franklin	2411			É		5.0
Davenport	2965			É		6.2
Hancock	3224				É	6.7
Middletown	3750				É	7.8
Delhi	5117				É	10.7
Walton	5576				É	11.6
Sidney	5774				É	12.0

Source: U.S. Bureau of the Census, Census 2010.

Table 1-3 provides a profile of the population of towns in Delaware County from the 2010 U.S. Census. Of the county’s 19 towns, 9, or 47%, have a population of less than 2,000. The largest towns include Hancock, Middletown, Delhi, Walton and Sidney.

Graph 1-4

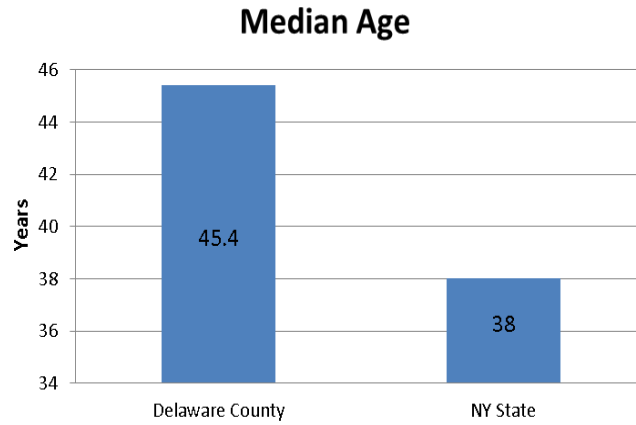
Delaware County Demographics



Source: U.S. Census Bureau, American Factfinder 2010

According to Graph 1-5, 35% of the Delaware County population is age 55 and over.

Graph 1-5



Sources: http://www.empire.state.ny.us/nysdc/data_population.asp
<http://nysdca.blogspot.com/2008/11/citymeltcom.html>
<http://www.citymelt.com/county/New-York/Delaware-County-NY.html>

The median age in Delaware County for all ethnicities is 45.4 years; this is higher than the New York State median age of 38.

Table 1-4

Population by Gender, 2011

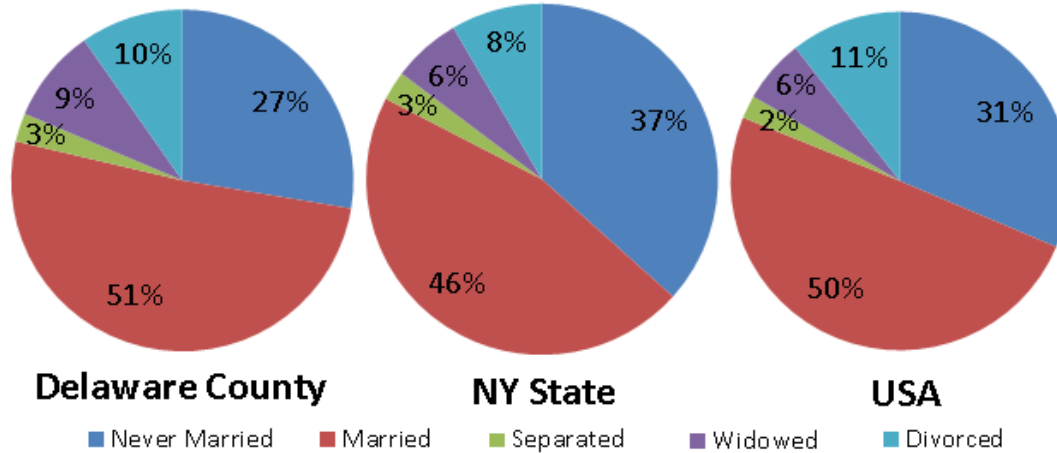
	Males	%	Females	%
Delaware County	24,133.94	50.3%	23,846	49.7%
New York State	9,398,379.5	48.5%	9,979,722.5	51.5%
United States	151,902,804.7	49.2%	156,842,733.3	50.8%

Source: U.S. Census Bureau

Delaware County has a slightly greater proportion of males than females compared with New York State and the United States.

Graph 1-6

Marital Status for Total Population Age 15+



Source: US Census Bureau, 2009-2011 Social Characteristics American Community Survey, 3-year estimates

Graph 1-7 shows marital status, separated by sex and based on population data for males and females, ages 15 and above. The top three reported status categories for Delaware County include married, divorced and never married.

Table 1-5

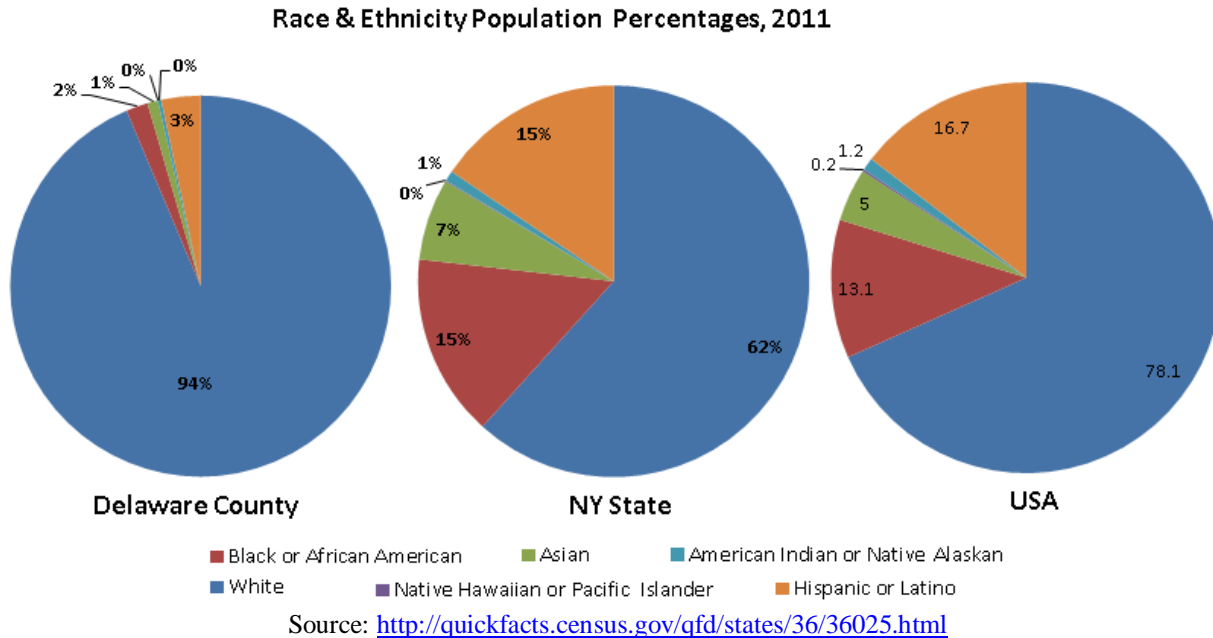
Population of Delaware County by Race, 2007-2011

Year	White	Black	American Indian/ Eskimo	Asian	Hispanic Origin
2007	96.5%	1.5	0.4	0.8	2.7
2011	95.6%	1.9	0.3	0.9	3.4
Change 2000-2007	- 0.9%	+ 0.4%	- 0.1%	+ 0.1%	+ 0.7%

Source: CHA 2010=2013; American Community Survey (ACS) estimates U.S. Bureau of the Census, 2005-2007 <http://quickfacts.census.gov/qfd/states/36/36025.html>

Table 1-5 shows that there was a 0.7% increase in persons of Hispanic origin, 0.4 % increase in the Black population and 0.1% increase in Asian persons from 2007-2011. Despite modest growth rates it must be recognized that because most town populations are small, marginal increases in their racial and ethnic diversity can have significant implications for the delivery of health and human services.

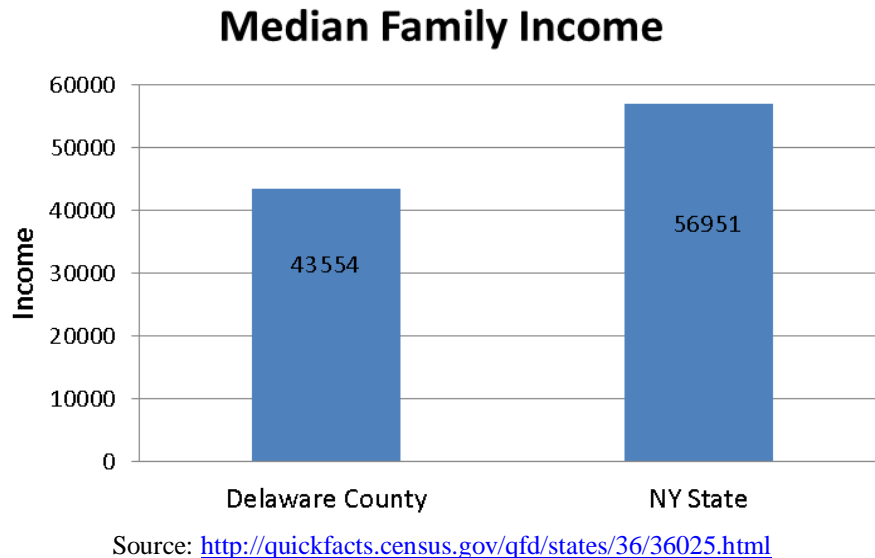
Graph 1-7



Based on the US Census, 94% of the population in Delaware County is white. This is significantly higher than the NYS and USA average. (see Graph 1-7)

B. Socio-Economic

Graph 1-8



Graph 1-8 shows that the median family income in Delaware County is less than that of New York State. Lower wages create a need for dual family incomes and hinder attempts to employ and retain young people as well as attract people from out of the area with new expertise.

Table 1-6

Household Income in Delaware County

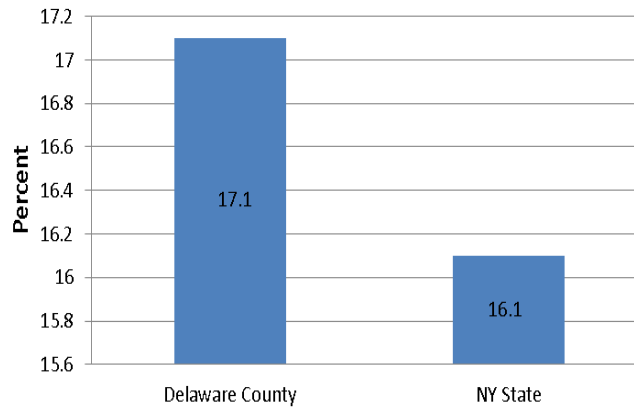
	Delaware County	NYS	USA
	Total Households 20,497	Total Households 7,219,316	Total Households 114,931,864
Less than \$10,000	6.3%	8.1%	7.4%
\$10,000 to \$14,999	7.9%	5.3%	5.6%
\$15,000 to \$24,999	13.5%	10.2%	11.0%
\$25,000 to \$34,999	12.5%	9.4%	10.6%
\$35,000 to \$49,999	16.8%	12.2%	13.9%
\$50,000 to \$74,999	20.6%	17.0%	28.3%
\$75,000 to \$99,999	11.3%	11.9%	12.0%
\$100,000 to \$149,999	9.3%	13.7%	12.3%
\$150,000 to \$199,999	1.0%	5.8%	4.5%
\$200,000 or more	0.8%	6.4%	4.3%

Source: US Census.gov American Community Survey 2009-2011, 3 year estimates

Table 1-6 household income comparisons show a higher proportion of low income earners in Delaware County compared to New York State and the U.S and a much lower percentage of high income earners in comparison to State and U.S. percentages.

Graph 1-9

Percent of Total Population in Poverty

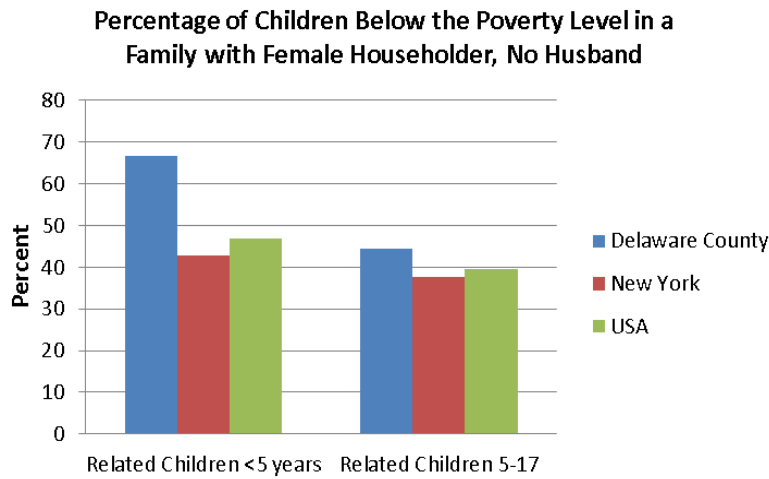


Source: NYC Watershed Study, 2009

US Census Bureau: 2010 and 2011 American Community Survey Briefs <http://quickfacts.census.gov/qfd/states/36/36025.html>

Delaware County's poverty rate is slightly higher than New York State.

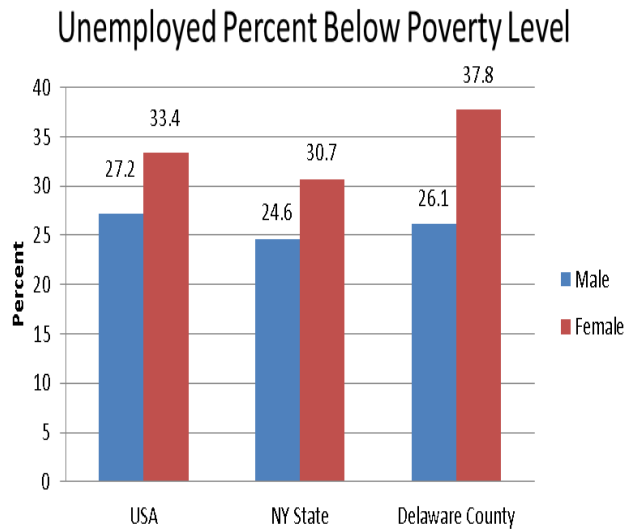
Graph 1-10



Source: U.S. Census Bureau, 2009-2011 American Community Survey, Economic Characteristics 3 year estimate

According to the 2009-2011 American Community Survey by the U.S. Census Bureau the percentage of related children living below the poverty level with a female head of household, no husband present has risen to 66.7% for children under 5 years of age in Delaware County. This is well above New York and United States comparisons of 42.8% and 47% respectively.

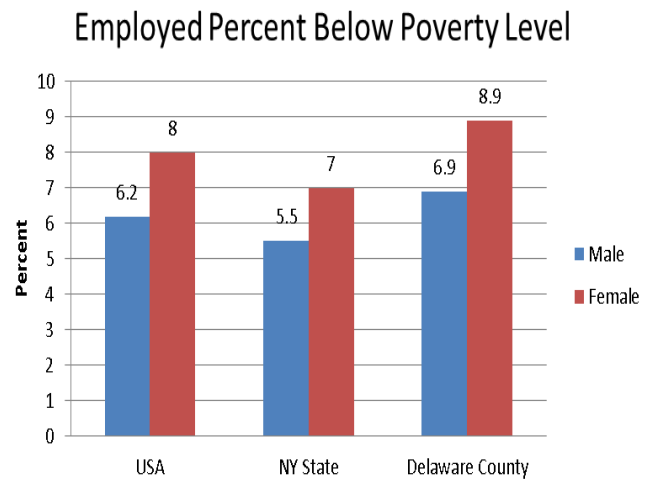
Graph 1-11



Source: U.S. Census Bureau, 2009-2011 American Community Survey, Poverty Status 3 year estimate

According to Graph 1-11, 37.8% of unemployed females are below the poverty level in Delaware County compared with 26.1% of unemployed males. This is consistent with New York State and United States trends but higher than both. There is an 11.7% difference in percent below the poverty level between males and females. There is also greater percentage of employed females below the poverty level than males. Lack of good wage earning jobs, lay

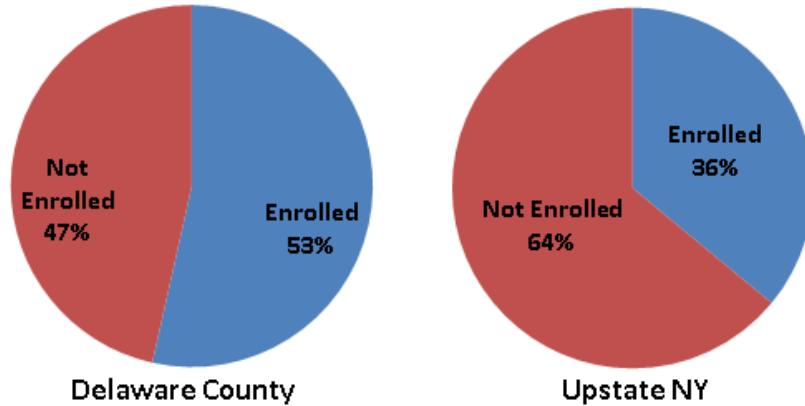
Graph 1-12



offs, poor economy, increased cost of living are factors that may be associated with these rates. Families unable to find work, with low paying jobs or living on a single-parent incomes may have challenges when it comes to accessing affordable health care, access health systems for medical and dental care and making lifestyle changes at home to improve health (physical activity, eating a healthy diet).

Graph 1-13

Students Participating in the Free or Reduced Lunch Program in 2012

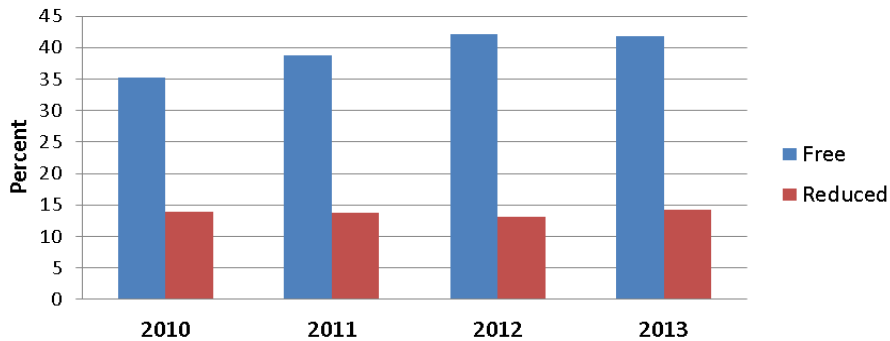


Source: NYS Ed Dept. Child Nutrition Management System, January 2012

When compared with New York State, Delaware County has 17.5% more children receiving free or reduced price lunch. Graph 1-13.

Graph 1-14

Percentage of Children Eligible for Free/Reduced Lunches in Delaware County



Source: NYS Ed Dept. Child Nutrition Management System

According to Graph 1-14, the number of children eligible for free lunch has increase from 2010-2013.

Table 1-8

2009-2011 Delaware County employment by industry

Numbers are based on civilian employed population of
21,066 of people 16 years and over

Industry	Persons Employed
Educational services/Health Care/ Social Services	5,908
Retail Trade	2,357
Manufacturing	2,245
Construction	1,770
Arts/Entertainment/Recreation/ Accommodation/ Food Services	1,765
Public Administration	1,265
Professional/Scientific/Management/ Administrative /Waste Management Services	1,219
Farm//Forestry/Fishing/Hunting/Mining	1,163
Transportation & Warehousing/Utilities	1,116
Other services, except Public administration	964
Finance/Insurance/Real Estate/ Rental/ Leasing	674
Wholesale Trade	330
Information	290

Source: U.S. Census Bureau, 2009-2011 American Community Survey,
Economic Characteristics 3 year estimate

The estimated population from 2009-2011 of people 16 years and over is 39,757 with 23,429 in the labor force. There were 21,066 people employed and 2,363 people unemployed. 16,328 were not in the labor force (41% - children less than 16, retired individuals, and disabled individuals)

As shown in Table 1-8, the top 4 fields in which persons 16 and over for employment include Educational services/Health Care/Social Services, Retail Trade, Manufacturing and Construction. With 41% of the population in Delaware County NOT in the labor force and 6% of the population unemployed, this puts a strain on the existing labor force of 53% to generate income in Delaware County.

Table 1-9

Unemployment 2008-2010

Unemployment	2008	2009	2010	Percent 2008-2010
Delaware County	1,358	1,942	1,923	7.8%
Northeastern NY region	41,649	59,266	60,316	7.0%
New York State	516,012	813,287	824,077	7.4%

Source: <http://www.health.ny.gov/statistics/chac/general/unemploy.htm>

Unemployment numbers in Delaware County rose from 2008-2010 with the sharpest increase from 2008-2009 and with a slight dip from 2009-2010 as shown in Table 1-9. Delaware County's percent unemployment exceeds both the New York State rate and the regional rate.

Table 1-10

Delaware County Socio-Economic Status Indicators, 2005-2007

Behavior/Risk Indicator (2003) Delaware, Otsego & Schoharie	Delaware County Rate	CI#	Upstate Rate	CI#
% of adults with health insurance	86.8	± 3.5	88.8	± 0.8
% of adults that did not receive medical care because of the cost	6.5	± 2.4	5.3	± 0.5

Source: http://www.health.state.ny.us/statistics/chac/chai/docs/ses_delaware.htm

The percent of adults with health insurance in Delaware County is slightly lower than Upstate New York. There were a greater percentage of adults in Delaware County who did not receive medical care because of the cost. Lack of health insurance or lack of adequate health insurance could contribute to this.

Table 1-11

**Comparison of Delaware County and NYS education attainment
2007-2011, for persons over 25**

	Delaware County	NYS
High School graduate or higher	86.8%	84.6%
College 4 or more years, graduate	18.8%	32.5%

Source: <http://quickfacts.census.gov/qfd/states/36/36025.html>

Table 1-11 shows that Delaware County has a 2.2% higher percentage of people over the age of 25 who are high school graduates or higher than the New York State percentage. However, there is a much lower percentage having attained a bachelor's degree or higher than the New York State percentage.

Table 1-12

Delaware County Educational Attainment, 2009

Educational Attainment	Male	Female
High school	37.34%	37.37%
Some college, no degree	16.04%	17.75%
Associate degree	7.91%	9.88%
Bachelor's degree	9.17%	9.79%
Graduate degree	5.91%	5.80%

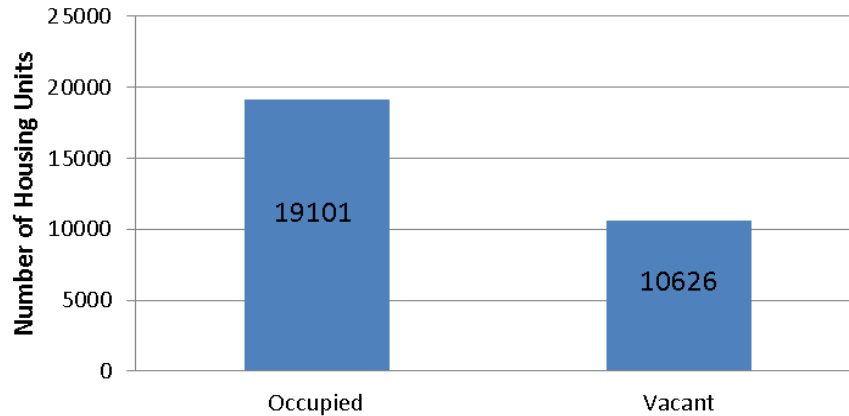
Source: <http://www.citymelt.com/county/New-York/Delaware-County-NY.html>

2009 data, shown in Table 1-12, indicate that over 37% of the county's male and female population have completed high school but have not pursued higher education; the female population has higher percentage rates for all areas except the graduate degree.

Two factors may explain why the county has a lower number of college graduates. First, the county economy lacks a concentration of high-tech or information based industries that would attract and retain highly educated workers. Second, given the lack of economic opportunities (in terms of jobs requiring advanced education), many young people go off to college and fail to return, impacting the economic, social and cultural advancement of the county.

Graph 1-15

Housing Units in Delaware County



Source: <http://www.citymelt.com/county/New-York/Delaware-County-NY.htm> - 2009

County data on the citymelt.com site identifies 29,727 housing units in Delaware County in 2009. 19,101 were occupied at that time and 10,626 (36%) were vacant, as shown in Graph 1-15.

Due to the high number of second homeowners who do not claim residency in Delaware County, it is difficult to estimate the true value or effect on housing costs, but it is assumed that it is a factor in the elevation of costs for primary residents.

Table 1-13

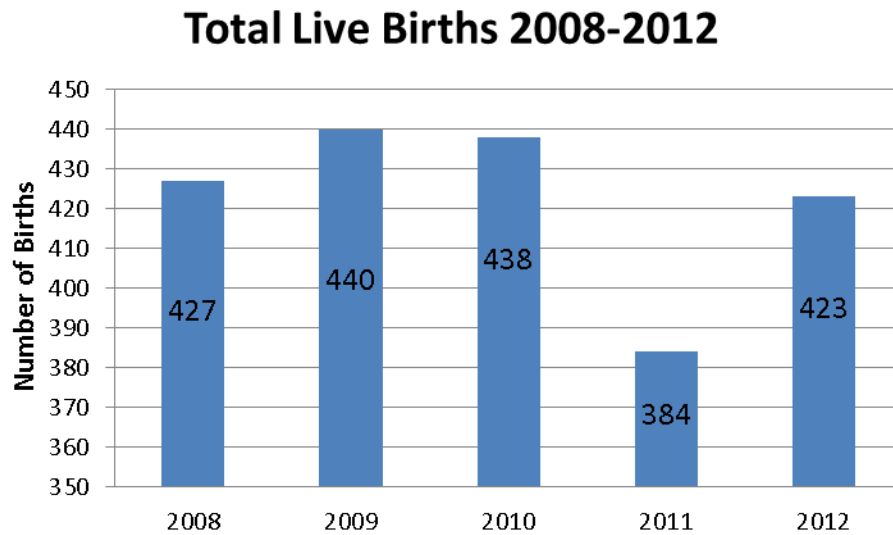
Reported Health Care Behavior	Delaware County	NY State
Adults with regular health care provider	83.2%	83%
Cost prevented visit to doctor within the past year among adults	14.8%	13.8%
Visited doctor for routine checkup within the past year among adults	66.8%	72.7%
Visited doctor for routine checkup within the past two years among adults	81.8%	85.7%

Source: NYS Expanded Behavioral Risk Factor Surveillance System July 2008-June 2009

According to Table 1-13, approximately 83% of Delaware County adults reported having a regular healthcare provider. There is a 5.9% difference in the percentage of adults visiting a doctor for an annual check-up and a 3.9% difference in Delaware County adults going for an annual check up every two years compared to New York State indicating that inadequate insurance coverage, high co-pays and other factors such as transportation could contribute to this.

C. Birth, Morbidity and Mortality

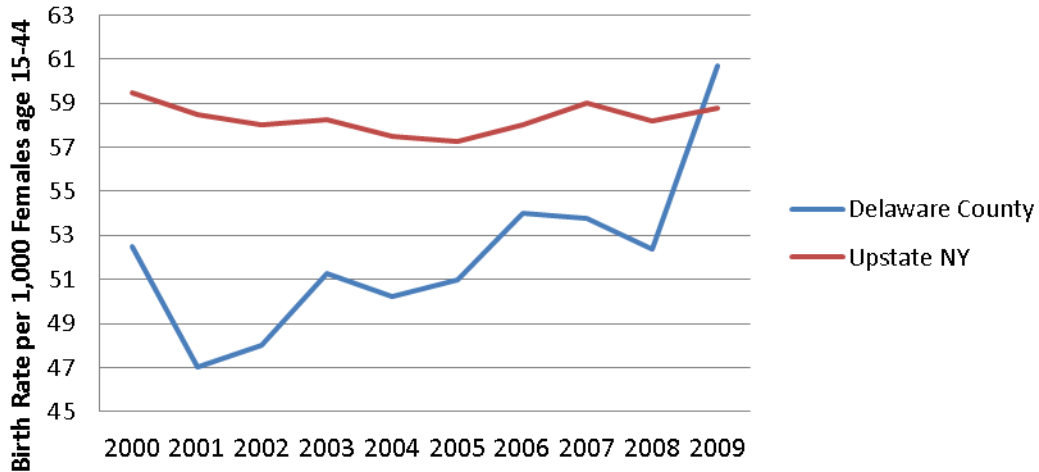
Graph 1-16



Sources: Delaware County Public Health Services (DCPHS) Annual Reports from 2010, 2011, 2012

According to Graph 1-16, Delaware County births have been slowly declining. The total number of births in 2006 was 469.

Delaware County Live Birth Rates Compared to Upstate NY

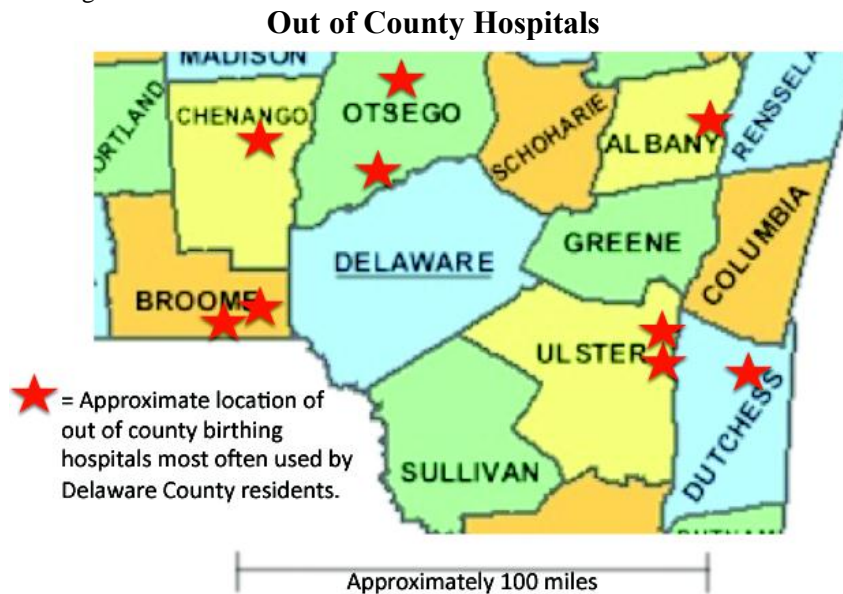


Source: <http://www.health.state.ny.us/statistics/chac/birth/births12.htm>

Delaware County's birth rates remain lower than the Upstate NY rates, overall.

With the exception of access to A.O. Fox Hospital in Oneonta from Delaware County's northern-most towns, all hospitals with birthing services are located at a considerable distance from Delaware County, as shown on the regional map.

Figure 1



Source: Google Maps

Table 1-14

Delaware County Births by Hospital/Home Births

Hospital	2010	%	2011	%	2012	%
Albany	12	2.73	20	5.21	23	5.44
Bassett	94	21.46	86	22.40	103	24.35
Catskill Regional Medical	3	0.68	2	0.52	5	1.18
Chenango Memorial	10	2.28	17	4.43	16	3.78
Crouse Hospital	1	0.23	1	0.26	0	0
Fox	172	39.27	153	39.84	148	34.99
Kingston Hospital	8	1.83	3	0.78	10	2.36
Lourdes	27	6.16	25	6.51	23	5.44
Northern Dutchess	13	2.97	5	1.30	7	1.65
Wilson-UHS	89	20.32	61	15.89	69	16.31
Other	7	1.60	10	2.60	15	3.55
Home Birth	2	0.46	1	0.26	4	0.95
TOTALS	438		384		423	

Source: DCPHS Annual Reports (2010, 2011, 2012)

Table 1-14 shows that in 2010, approximately 60 % of live births occurred in Otsego County with more than 39% of births at A.O. Fox Hospital and roughly 21% of births at Bassett Hospital of Cooperstown. In 2011, 62 % of live births occurred in Otsego County. In 2012, about 59% of births occurred in Otsego County. There are no birthing hospitals in the Delaware County, which limits the number of OB/GYN and pre-natal services available. A.O. Fox Hospital is the most centrally located hospital for all of Delaware County excluding the Southeastern edge and Southwestern edge of the county. There are only two physicians who provide obstetrical care in Delaware County. Dr. Manish Shah from UHS provides daily appointments at 44 Pearl Street in Sidney and Dr. Michael Moore from Fox Care provides appointments at 59 River Street in Sidney. This limited number of local providers contributes to expectant mothers to have extended travel time for prenatal care.

Table 1-15

Births by Town

TOWN & VILLAGE	BIRTHS 2010	BIRTHS 2011	BIRTHS 2012
Andes	7	5	11
Bovina	5	5	2
Colchester	6	12	10
Davenport	23	21	33
Delhi	19	26	32
Deposit	23	15	16
Franklin	19	15	16
Hamden	5	8	13
Hancock	30	34	30
Harpersfield	5	1	3
Kortright	16	12	13
Masonville	14	9	9
Meredith	13	9	13
Middletown	35	22	29
Roxbury	21	10	22
Sidney	78	69	66
Stamford	40	26	32
Tompkins	6	2	1
Walton	73	83	72
Totals	438	384	423

Source: DCPHS Annual Report 2012

Table 1-15 compares the number of births from 2010, 2011 and 2012 in each of the county's towns. Sidney had the highest rate of births in 2010. Walton took the lead in 2011 and 2012 with Sidney having the second highest.

Table 1-16

Infant Mortality, 2005-2009

	2005		2006		2007		2008		2009	
	DC	NYS	DC	NYS	DC	NYS	DC	NYS	DC	NYS
Number Deaths										
Infant	2	1415	2	1396	1	1382	3	1359	1	1296
Neonatal	2	984	2	940	1	909	2	919	1	886
Post Natal	0	431	0	456	0	473	1	440	0	410
Spontaneous Fetal	0	1695	1	1721	0	1674	2	1761	0	1711

Sources: <http://www.health.state.ny.us/statistics/chip/newyorkstate.htm>
<http://www.health.state.ny.us/statistics/chip/delaware.htm>

According to Table 1-16, Rates for Delaware County represent fewer than 5 deaths in any one category, making calculated rates unstable. Compared with New York State, infant and neonatal mortality numbers were low.

Table 1-17

**Child and Adolescent Health Indicators, 2008-2010
Delaware County**

Indicator	Childhood Mortality – per 100,000		
	1-4 years	5-9 years	10-14 years
Delaware County Rate	18.1*	14.8*	25.6*
NYS Rate- exc NYC	22.7	10.5	13.0
Sig. Dif.	No	No	No

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

Source: http://www.health.state.ny.us/statistics/chac/chai/docs/cah_delaware.htm

Delaware County's childhood mortality rates are not significantly different than the Upstate New York rates due to fewer than 10 events per age group.

Table 1-18

Delaware County Causes of Death

Cause of Death	2010	2011	2012
Accidents:	8	14	16
AIDS Related	0	1	1
Alzheimer's	5	8	1
Cancer	81	78	106
Chronic Obstructive Pulmonary Disease	33	20	36
Cirrhosis of the Liver	3	1	5
Congenital Anomalies	1	0	0
Dementia	22	24	27
Diabetes Mellitus	3	4	0
Drug Overdose	1	2	2
Gastritis, Enteritis, Colitis, Diverticulitis	1	0	0
Heart & Circulatory Diseases	171	207	200
Homicide and Legal Intervention	1	1	1
Multiple Organ Failure	12	10	10
Neurologic Disease	10	2	8
Pending Investigation (Sent for Autopsy)	4	4	7
Pneumonia/Diseases Pulmonary Circulation	23	23	47
Renal Failure	15	19	12
Septicemia	6	6	13
Suicide	10	9	10
Tuberculosis	0	0	1
All Other Causes	23	38	14
TOTAL DEATHS:	433	471	517

Source: DCPHS Annual Report (2012)

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

Section II - New York State Prevention Agenda Priority Areas

A. Preventing Chronic Diseases

Cardiovascular

Table 2-1

Heart Disease and Stroke Indicators, 2008-2010 Delaware County

Indicator	CARDIOVASCULAR DISEASE			
	Hospitalization Per 10,000 (age-adjusted)	MORTALITY RATES - Per 100,000		
		Age Adjusted	Premature death (ages 35-64)	Pretransport mortality
County Rate	142.7	283.0	140.1	274.4
NYS Rate – exc NYC	157.5	244.7	95.3	155.9
Sig Dif	Yes	Yes	Yes	Yes

Source: http://www.health.ny.gov/statistics/chac/chai/docs/chr_12.htm

Table 2-2

Heart Disease and Stroke Indicators, 2008-2010 Delaware County

Indicator	DISEASE OF THE HEART			
	Hospitalization Per 10,000 (age-adjusted)	MORTALITY RATES - Per 100,000		
		Age Adjusted	Premature death (ages 35-64)	Pretransport mortality
County Rate	103.5	234.8	124.3	235.7
NYS Rate – exc NYC	109.2	196.5	78.0	129.7
Sig Dif	Yes	Yes	Yes	Yes

Source: http://www.health.ny.gov/statistics/chac/chai/docs/chr_12.htm

Table 2-3

Heart Disease and Stroke Indicators, 2008-2010 Delaware County

Indicator	CORONARY HEART DISEASE			
	Hospitalization Per 10,000 (age-adjusted)	MORTALITY RATES - Per 100,000		
		Age Adjusted	Premature death (ages 35-64)	Pretransport mortality
County Rate	40.7	176.9	105.1	189.1
NYS Rate – exc NYC	43.7	145.1	59.9	99.0
Sig Dif	No	Yes	Yes	Yes

Source: http://www.health.ny.gov/statistics/chac/chai/docs/chr_12.htm

Delaware County hospitalization rates for heart disease are lower than Upstate New York rates. There is a significantly greater number of people in Delaware County dying of heart disease

than the Upstate New York Rates. Of special significance are the pretransport mortality rates for Delaware County. (See Tables 2-1, 2-2 & 2-3) In some instances, people in Delaware County live in towns where they must travel a large distance to get to a hospital. Most ambulance services in the county are volunteer services. Ambulance squads have a limited number of basic life support EMTs (Emergency Medical Technicians) and advanced life support EMTs. Lack of recognition of cardiac symptoms and individuals living without a caregiver may be factors in a person's request for 911 services.

Table 2-4

**Heart Disease and Stroke Indicators, 2008-2010
Delaware County**

Indicator	CONGESTIVE HEART FAILURE			
	Hospitalization Per 10,000 (age-adjusted)	MORTALITY RATES - Per 100,000		
		Age Adjusted	Premature death (ages 35-64)	Pretransport mortality
County Rate	31.1	20.5	0.0*	20.8
NYS Rate – exc NYC	26.9	15.5	2.0	10.9
Sig Dif	Yes	No	Yes	Yes

*s: Total suppressed for confidentiality

*: Fewer than 20 events in the numerator; therefore the rate is unstable

Source: http://www.health.ny.gov/statistics/chac/chai/docs/chr_12.htm

Table 2-5

**Heart Disease and Stroke Indicators, 2008-2010
Delaware County**

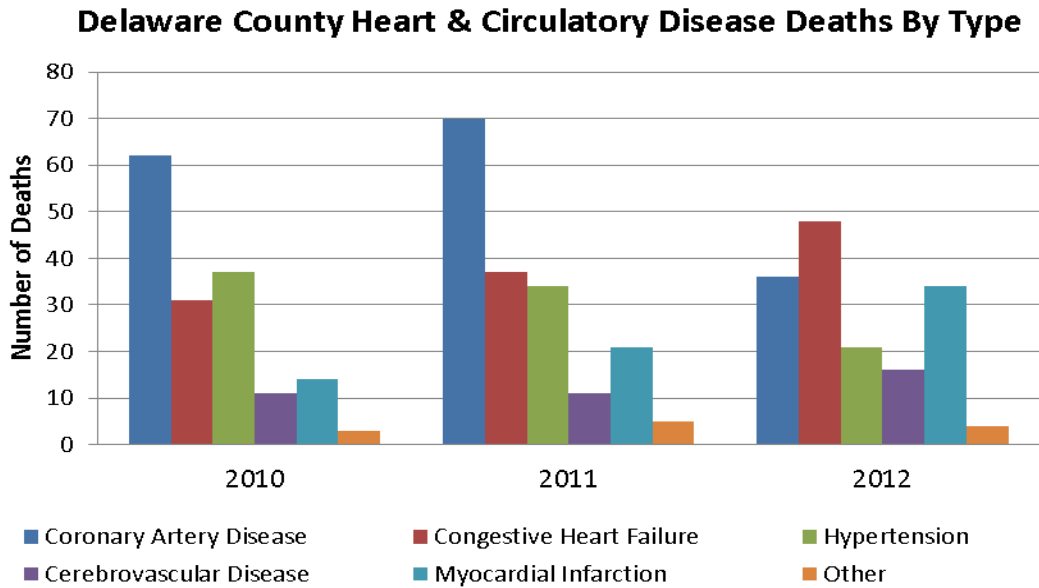
Indicator	CEREBROVASCULAR DISEASE (STROKE)			
	Hospitalization Per 10,000 (age-adjusted)	MORTALITY RATES - Per 100,000		
		Age Adjusted	Premature death (ages 35-64)	Pretransport mortality
County Rate	19.3	36.6	14.0*	26.5
NYS Rate – exc NYC	25.3	31.9	10.5	16.5
Sig Dif	Yes	No	No	Yes

*: Fewer than 20 events in the numerator; therefore the rate is unstable

Source: http://www.health.ny.gov/statistics/chac/chai/docs/chr_12.htm

When compared with New York State, Delaware County residents have a higher rate of stroke death and death from congestive heart failure occurring before they arrive at a hospital. The same factors mentioned under Table 2-3 may be contributing to these rates. On a larger scale, obesity, poor nutrition, lack of physical activity, high blood pressure and inadequate health care coverage are all factors that contribute to diseases of the heart and circulatory system.

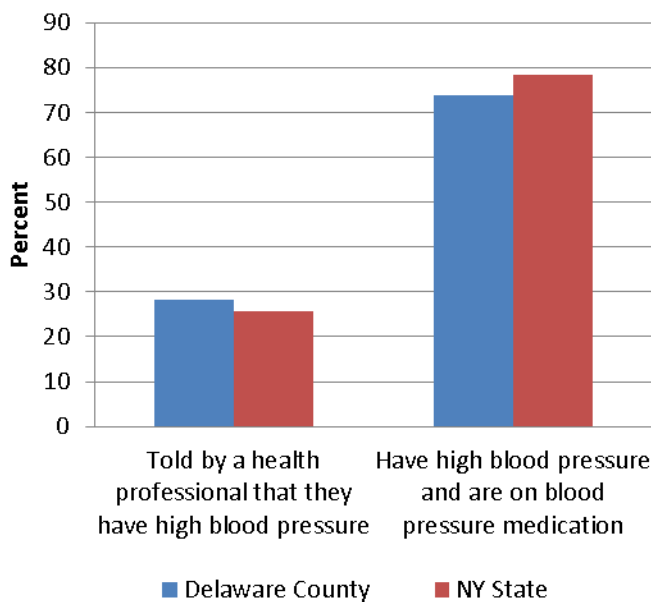
Graph 2-1



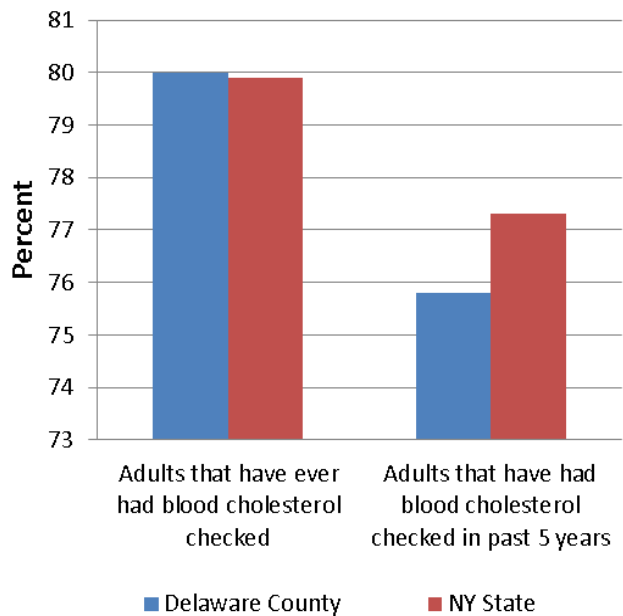
Source: DCPHS Annual Report 2010-2012

Graph 2-1 shows coronary artery disease as the largest cause of heart related deaths in Delaware County for 2010 and 2011, followed by congestive heart failure and hypertension. In 2012, congestive heart failure was the leading cause of heart related deaths followed by heart attack (myocardial infarction) and coronary artery disease. According to the American Heart Association, Cardio Vascular Disease takes the lives of more than 2,150 Americans each day, an average of 1 death every 40 seconds (my.americanheart.org).

Graph 2-2



Graph 2-3

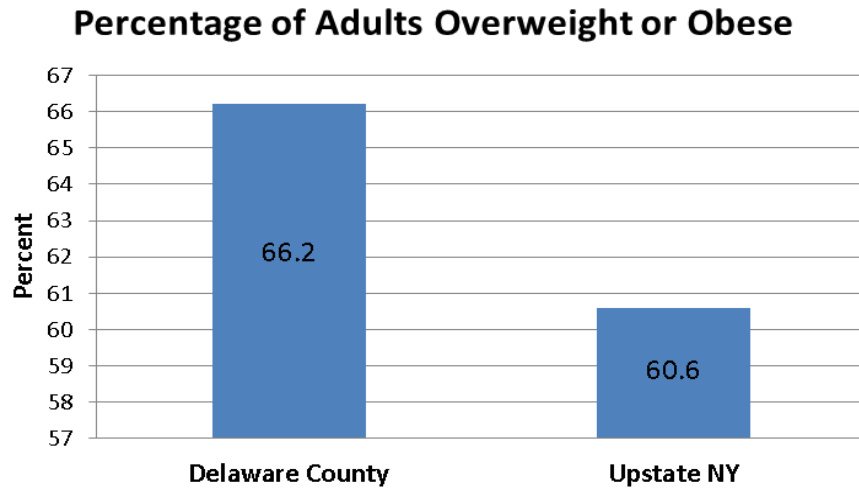


Source: BRFSS, 2008-2009

Graphs 2-2 & 2-3. Slightly more Delaware County adults were told they had high blood pressure but less adults were on blood pressure medication compared to New York State. A lower number of adults in Delaware County had their cholesterol screened. Poor medical coverage, lapses in medical coverage, poor prescription coverage and transportation to medical visit may contribute to these rates. Delaware County needs to continue to work on addressing chronic diseases prevention.

Obesity, Physical Activity and Nutrition

Graph 2-4



Source: http://www.health.ny.gov/statistics/chac/chai/docs/beh_12.htm

Delaware County has a greater percentage of adults with a BMI of 25+ than Upstate NY.

Table 2-6

Obesity Rate Comparison Numbers For Men and Women		
Age Adjusted Weight	1999	2009
Delaware County Males 18+ with BMI \times 30	25	27
7 County Region Males 18+ with BMI \times 30	21	29
Delaware County Females 18+ with BMI \times 30	21	27
7 County Region Females 18+ with BMI \times 30	20	28

Source: Bassett Healthcare Network, Upstate Health & Wellness Survey, July 2009

From 1999 to 2009, Delaware County's obesity rate, along with the 7 county region has increased in males and females ages 18 and older, indicating that obesity continues to be a health concern that should be focused on.

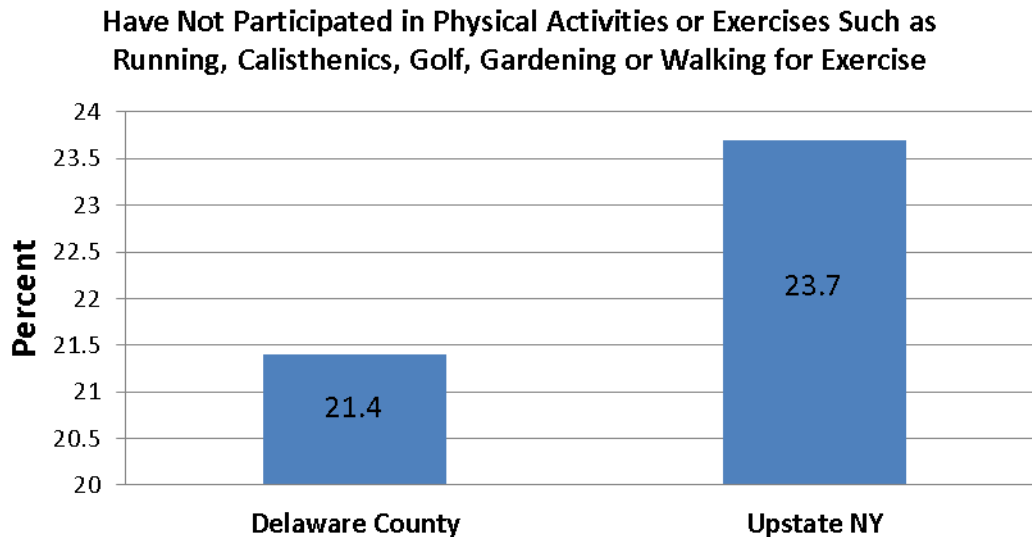
Table 2-7

Obesity Data		
Indicator	Delaware County Rate	NY State Rate (Excluding NYC)
All Students: Prek through 10th grade. Overweight or obese. >85th Percentile	29.7	31.3
Prek, K, 2nd and 4th grades. Overweight or obese. >85th percentile	31.8	28.5
Middle and High School Students (7th and 10th grades). Overweight or obese.>85th percentile	27.1	34.9
% of pregnant women in WIC who were pre-pregnancy obese (BMI>30)	31.2	26.7
Age adjusted % of adults eating 5 or more fruits or vegetables a day. (2008-2009)	24.2	27.7

Source: http://www.health.ny.gov/statistics/chac/chai/docs/obs_12.htm

Delaware County has a higher percentage of overweight or obese children in the younger age bracket (Prek-4th grade) than Upstate NY. The percent of pregnant women who are pre-pregnancy obese is 4.5% which greater than Upstate NY. The NYS 2017 Objective for children and adolescents who are obese is 15%. Delaware County's obesity rate is 21% further demonstrating that childhood obesity is a health indicator that should be considered.

Graph 2-5



Source: NYS BRFSS, 2008-2009

Graph 2-5 shows that more Delaware County survey respondents participate in physical activity than Upstate NY.

Delaware County Diabetes Indicators, 2008-2010

Indicator	DIABETES		
	Hospitalization per 10,000 Diabetes mentioned in dx (age-adjusted)	Hospitalization per 10,000 Primary dx: Diabetes (age-adjusted)	Mortality per 100,000 (age-adjusted)
County Rate	182.7	10.3	22.7
NYS Rate – exc NYC	198.2	14.3	14.9
Sig Dif	Yes	Yes	Yes

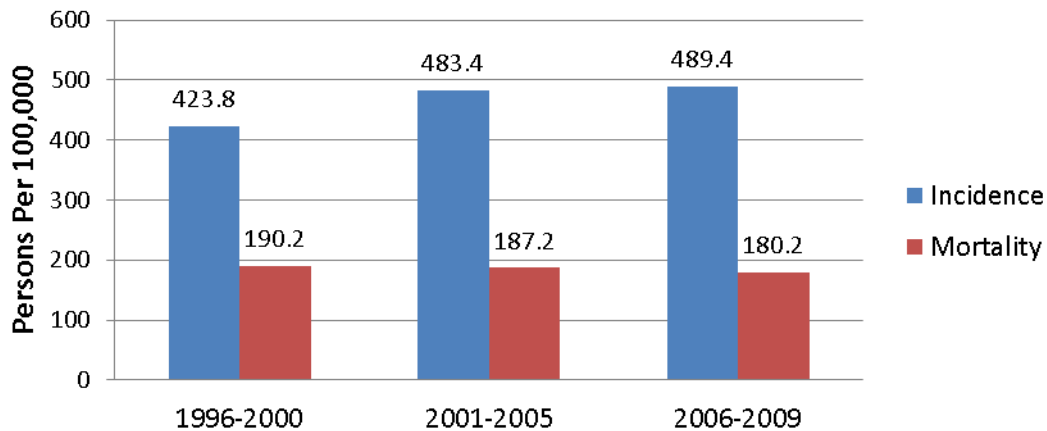
Source: http://www.health.ny.gov/statistics/chac/chai/docs/dia_12.htm

Delaware County's diabetes mortality rate is greater than New York State. Hospitalization rates for diabetes primary and secondary diagnosis are less than New York State. This could be due to less individuals in Delaware County being diagnosed with diabetes prior to death and possible individuals with poor diabetes management, including not seeking proper treatment for diabetes until it is too late.

Cancer

Graph 2-6

Delaware County Cancer Incidence & Mortality Rates, 1996-2009



*Note: Rates are per 100,000, age-adjusted to the 2000 US Standard Population
 Source: http://www.health.ny.gov/statistics/chac/chai/docs/can_12.htm

More individuals in Delaware County are diagnosed and living with cancer.

Table 2-9

Delaware County Cancer Incidence by Gender, 2006-2010

Site of cancer	Incidence			
	Males		Females	
	Avg Ann Cases	Rate per 100,000	Avg Ann Cases	Rate per 100,000
All Invasive Malignant Tumors	181.0	550.4	143.2	422.8
Oral cavity and pharynx	5.2	16.2	1.8	4.9
Esophagus	4.8	13.7	1.6	4.3
Stomach	3.0	9.3	1.2	3.3
Colorectal	16.4	49.7	15.2	41.4
Colon excluding rectum	10.6	31.5	11.8	31.7
Rectum & rectosigmoid	5.8	18.2	3.4	9.7
Liver/intrahepatic bile duct	1.0	3.0	0.6	1.4
Pancreas	5.0	15.3	3.4	9.4
Larynx	2.6	8.0	1.0	2.8
Lung and bronchus	33.0	96.5	20.6	56.6
Melanoma of the skin	9.2	27.9	5.4	15.7
Female breast			35.4	108.7
Cervix uteri			1.6	6.7
Corpus uterus and NOS			10.4	33.0
Ovary			3.6	9.7
Prostate	40.8	118.0		
Testis	1.0	4.0		
Urinary bladder (incl. in situ)	15.0	47.1	4.2	12.2
Kidney and renal pelvis	6.2	17.5	2.8	7.3
Brain and other nervous system	2.2	8.5	2.6	8.4
Thyroid	1.2	4.8	6.4	24.5
Hodgkin lymphoma	1.2	3.9	0.4	2.4
Non-Hodgkin lymphomas	7.6	24.7	5.8	17.6
Multiple myeloma	2.8	9.1	1.0	2.6
Leukemias	7.2	22.0	4.2	11.1

Source: NYSDOH, New York State Cancer Registry, 2006-2010

According to Table 2-9, breast cancer in females and prostate cancer in males account for the largest types of cancer affecting the population. Males and females share Lung and colorectal cancers as the 2nd and 3rd types of cancer. The 4th leading incidence for males is urinary bladder and uterine for females. There is much higher incidence of bladder cancer among males than females.

Table 2-10

Delaware County Cancer Mortality by Gender, 2006-2010

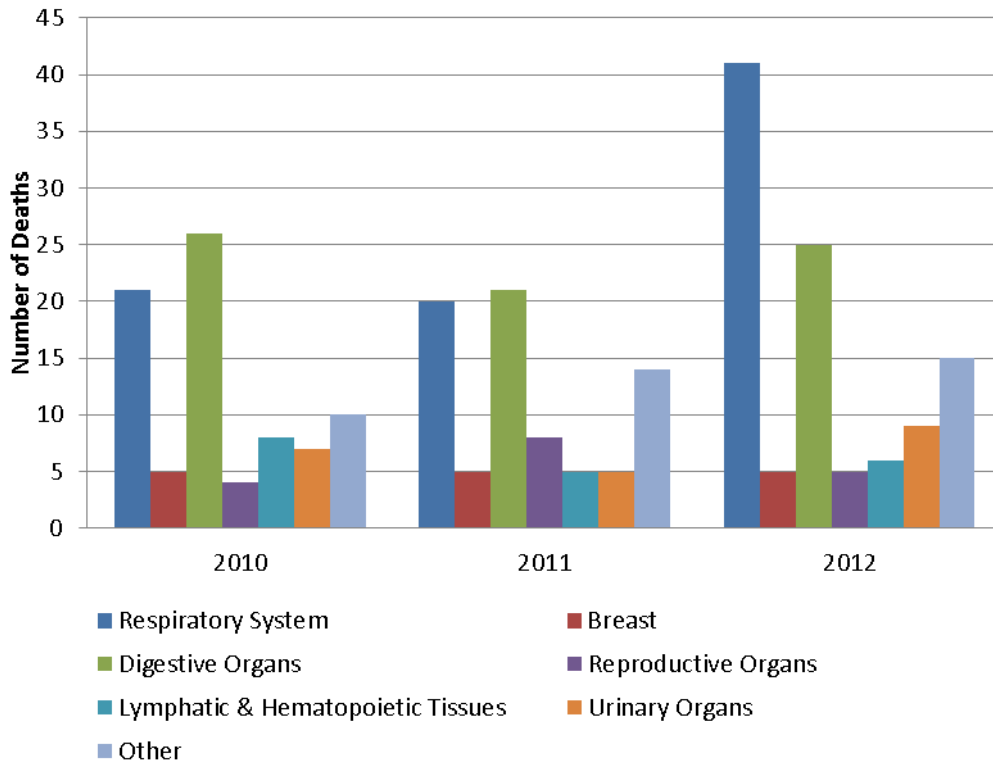
Site of cancer	Mortality			
	Males		Females	
	Avg Ann Deaths	Rate per 100,000	Avg Ann Deaths	Rate per 100,000
All Invasive Malignant Tumors	64.6	199.6	52.4	139.2
Oral cavity and pharynx	0.2	0.6	1.0	2.5
Esophagus	4.0	12.2	0.6	1.6
Stomach	2.0	6.0	1.2	3.8
Colorectal	6.2	19.0	5.6	13.3
Colon excluding rectum	5.2	16.2	5.2	12.2
Rectum & rectosigmoid	1.0	2.8	0.4	1.1
Liver/intrahepatic bile duct	1.6	4.7	0.8	2.4
Pancreas	4.6	13.5	3.4	9.1
Larynx	0.2	0.5	0.6	1.6
Lung and bronchus	20.8	62.9	13.0	35.7
Melanoma of the skin	1.4	5.5	0.6	1.6
Female breast			7.0	18.7
Cervix uteri			0.2	0.5
Corpus uterus and NOS			0.8	1.9
Ovary			3.6	9.0
Prostate	4.8	15.7		
Testis	0.0	0.0		
Urinary bladder (incl. in situ)	3.4	10.8	1.2	3.0
Kidney and renal pelvis	0.8	2.4	0.8	1.8
Brain and other nervous system	1.2	3.9	1.4	3.7
Thyroid	0.0	0.0	0.8	1.7
Hodgkin lymphoma	0.2	0.5	0.2	0.6
Non-Hodgkin lymphomas	2.8	9.2	1.8	5.1
Multiple myeloma	1.2	3.7	0.6	1.7
Leukemias	3.2	9.0	1.6	4.2

Source: NYSDOH, New York State Cancer Registry, 2006-2010

Per Table 2-10, lung cancer is the leading cause of cancer death among men and women in Delaware County. The second leading cause is colorectal for men and breast cancer for women. Cancer death is the second leading cause of death in Delaware County. The smoking rate in Delaware County is higher than that of New York State, which may contribute to the number of lung cancer deaths among males and females. Cancer statistics further reinforce the need for chronic disease prevention measures as a priority in Delaware County.

Graph 2-7

Delaware County Cancer Deaths by Type

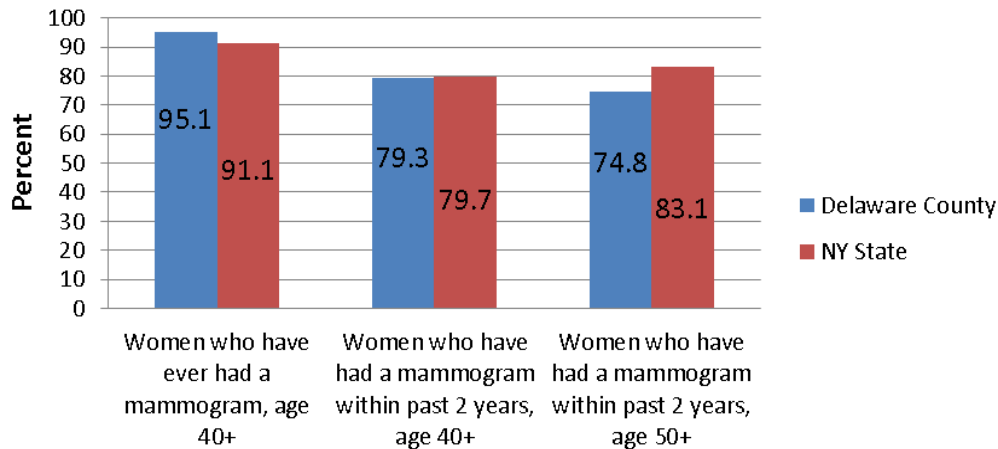


Source: Delaware County Public Health Services Annual Report 2012

Regular mammograms are the best tests doctors have to find breast cancer early, sometimes up to three years before it can be felt. When their breast cancer is found early, many women go on to live long and healthy lives.

Graph 2-8

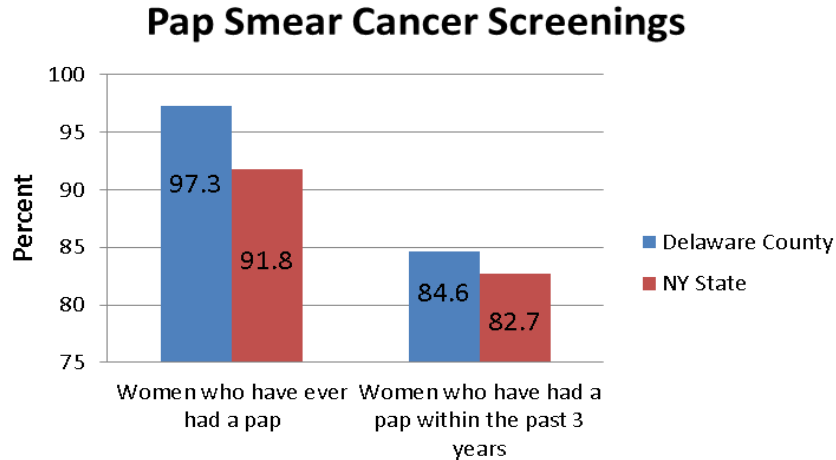
Mammogram Cancer Screenings



Source: BRFS, 2008-2009

The New York State breast cancer screening rate for women 50+ is higher than Delaware County. (see Graph 2-8).

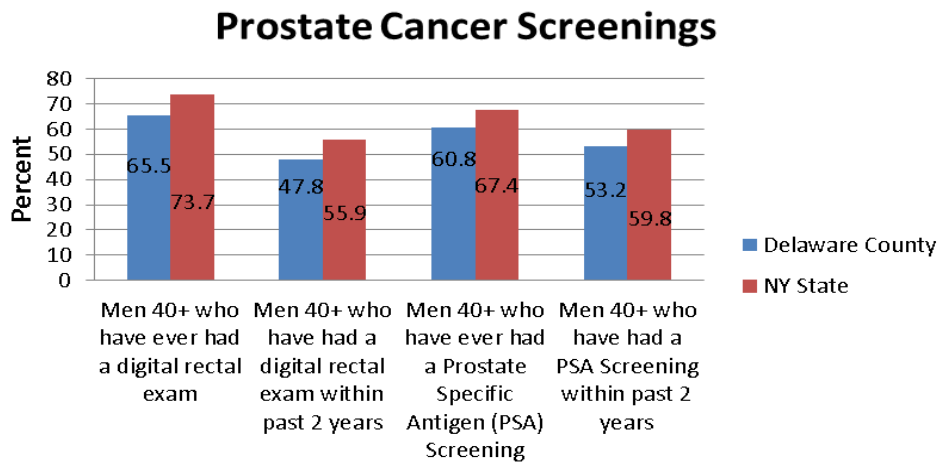
Graph 2-9



Source: BRFS, 2008-2009

Delaware County shows a minimal difference from New York State and the USA in reported screening rates for pap-tests and mammograms.

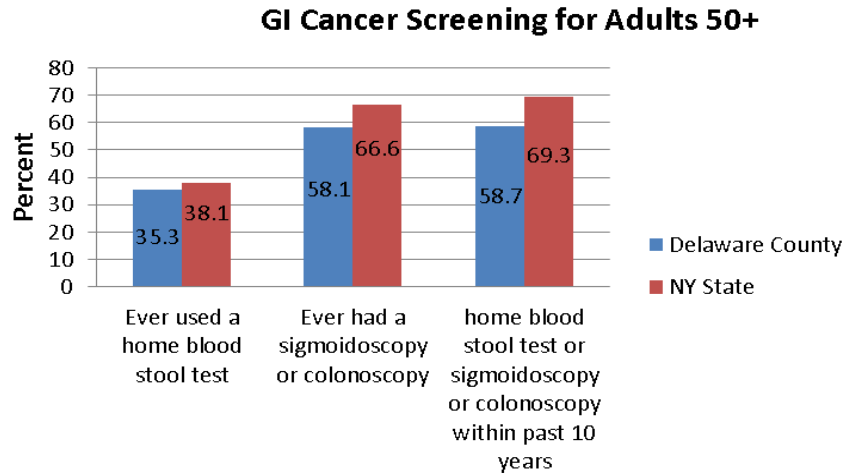
Graph 2-10



Source: BRFS, 2008-2009

Prostate screening rates are lower in Delaware County compared to New York State.

Graph 2-11

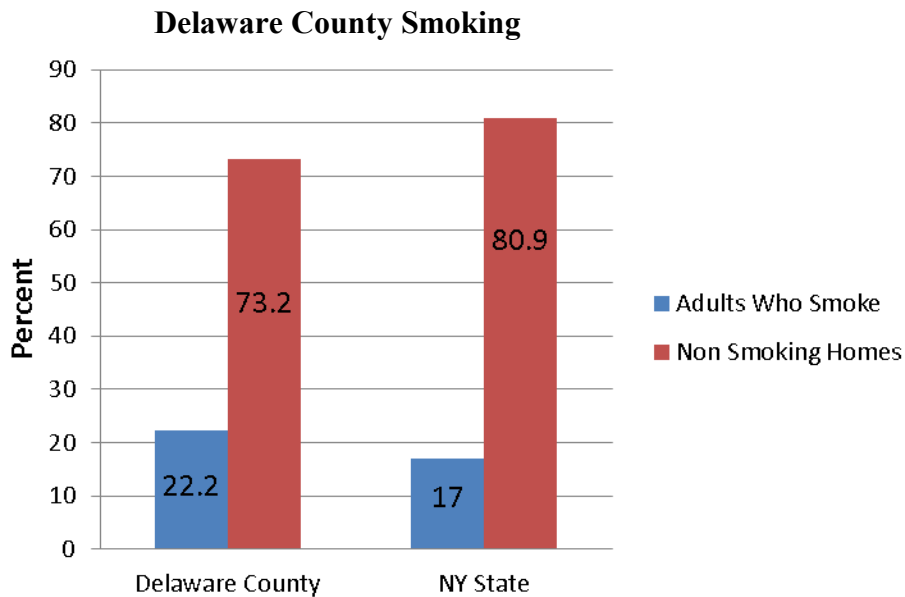


Source: BRFSS, 2008-2009

Colorectal screening rates are lower in Delaware County compared to New York State and compared to the NYS 2017 Objective of 71.4%.

Tobacco

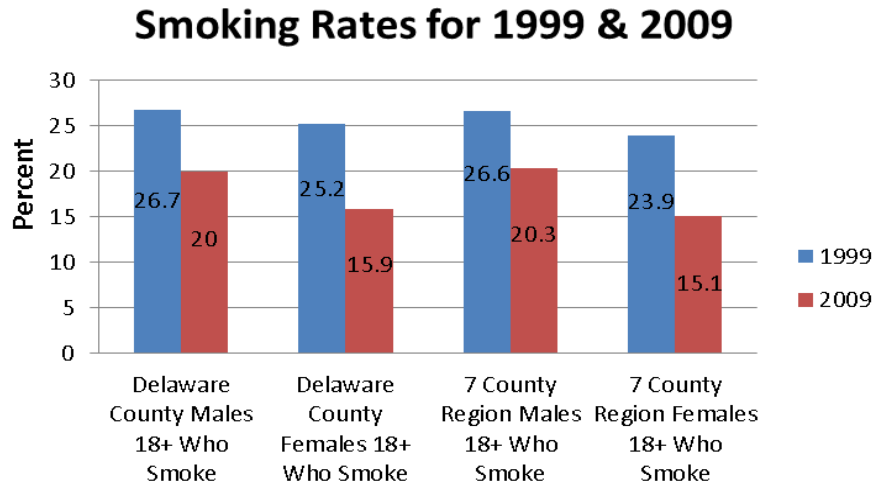
Graph 2-12



Source: BRFSS, 2008-2009

Delaware County has a greater # of adults who smoke compared to New York State. The rate is also greater than the NYS 2017 Objective of 15%.

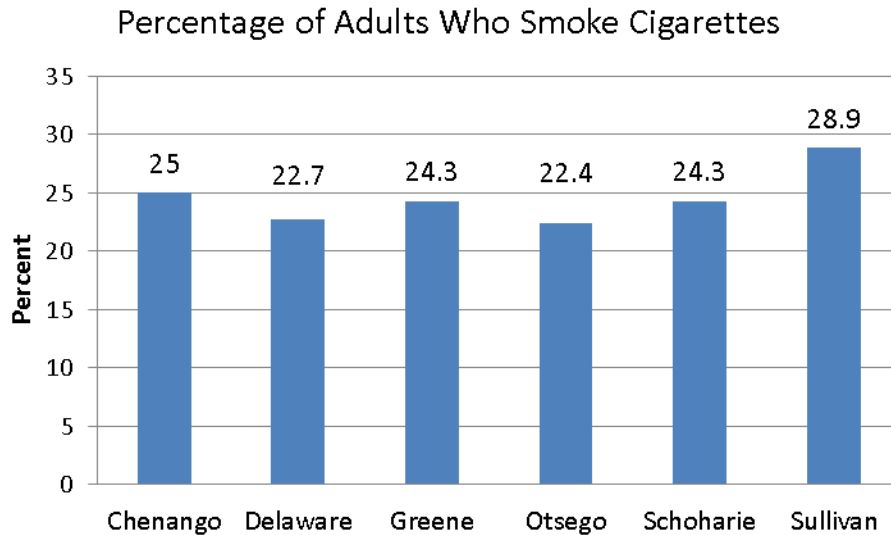
Graph 2-13



Source: Bassett Health Care Network: Upstate Health & Wellness Survey, July 2009

Delaware County's smoking rates have decreased from 1999-2009.

Graph 2-14



Source: 2008-2009 Expanded BRFS

Compared to 5 of its surrounding counties, Delaware County has the same rate as Otsego but is lower than the remaining 4 counties.

Table 2-11

**Respiratory Diseases Indicators, 2008-2010
Delaware County**

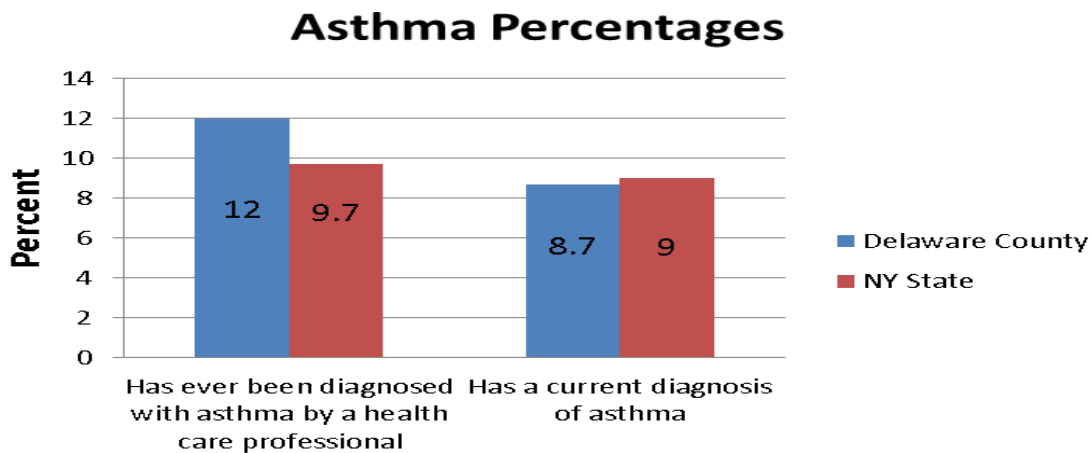
Indicator	COPD		Asthma	
	Hospitalization per 10,000 (age-adjusted)	Mortality per 100,000 (age-adjusted)	Hospitalization per 10,000 (age-adjusted)	Mortality per 100,000 (age-adjusted)
County Rate	39.4	45.1	9.8	0.6*
NYS Rate – exc NYC	31.7	38.5	12.3	0.7
Sig Dif.	Yes	No	Yes	No

Source: http://www.health.ny.gov/statistics/chac/chai/docs/res_12.htm

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

More people are hospitalized and mortality rates are higher for COPD in Delaware County as compared to New York State. Asthma hospitalization rates are significantly lower than the New York State rate. Delaware County's high smoking rate may be a factor in rates shown in Table 2-11.

Graph 2-12



Source: BRFSS, 2008 & 2009

Table 2-12

Delaware County Asthma Hospitalization by Age, 2008-2010

Indicator	Delaware County Rate	NYS Rate exc NYC	Sig Dif
0-4 years	23.2	36.1	No
5-14 years	6.2*	11.2	No
0-17 years	9.9	16.1	Yes
5-64 years	7.4	9.5	Yes
65+ years	17.7	19.2	No
Total Population- (age adjusted)	9.8	12.3	Yes

Source: http://www.health.ny.gov/statistics/chac/chai/docs/res_12.htm

Both Graph 2-12 and Table 2-12-47 indicate that Delaware County older adult asthma rates are similar to Upstate NY.

B. Promote a Healthy and Safe Environment

Table 2-13

Occupational Health Indicators, 2008-2010 Delaware County

Indicator	Delaware County Rate	NYS Rate exc NYC	Sig. Dif.
Incident of malignant mesothelioma per 100,000 persons ages 15 +	2.6*	1.7	No
Pneumoconiosis	37.1	32.8	No
Elevated blood lead levels (≥ 10 mcg/dL) per 100,000 employed persons ages 16+	33.9	24.0	No
Work Related Hospitalizations per 100,000 Employed Persons Age 16+	21.5	21.1	No
Fatal Work-related Injuries per 100,000 Employed Persons Age 16+	1.6*	2.3	No

*: Fewer than 20 events in the numerator; therefore the rate is unstable

Source: http://www.health.ny.gov/statistics/chac/chai/docs/occ_12.htm

The Delaware County rates are not significantly different than those of New York State.

Table 2-14

Delaware County Injury Indicators, 2008-2010

Indicator (age adjusted)	Delaware County Rate	NYS Rate - exc NYC	Sig. Dif.
Assault Hospitalization**	1.3	2.8	Yes
Falls Hospitalization**	34.7	36.8	No
Homicide Mortality***	1.5*	3.1	No
Motor Vehicle Mortality***	14.5	8.0	Yes
Non-Motor Vehicle Mortality ***	28.1	18.4	Yes
Poisoning Hospitalization**	16.0	10.2	Yes
Traumatic Brain Injury Hospitalization**	7.5	9.3	Yes
Unintentional Injury Mortality***	42.6	26.4	Yes
Unintentional Injury Hospitalization total**	79.0	65.1	Yes
Unintentional Injury Hospitalization Ages 25-64 years	67.6	46.4	Yes
Unintentional Injury Hospitalization Ages 65 years and over	313.1	276.6	Yes

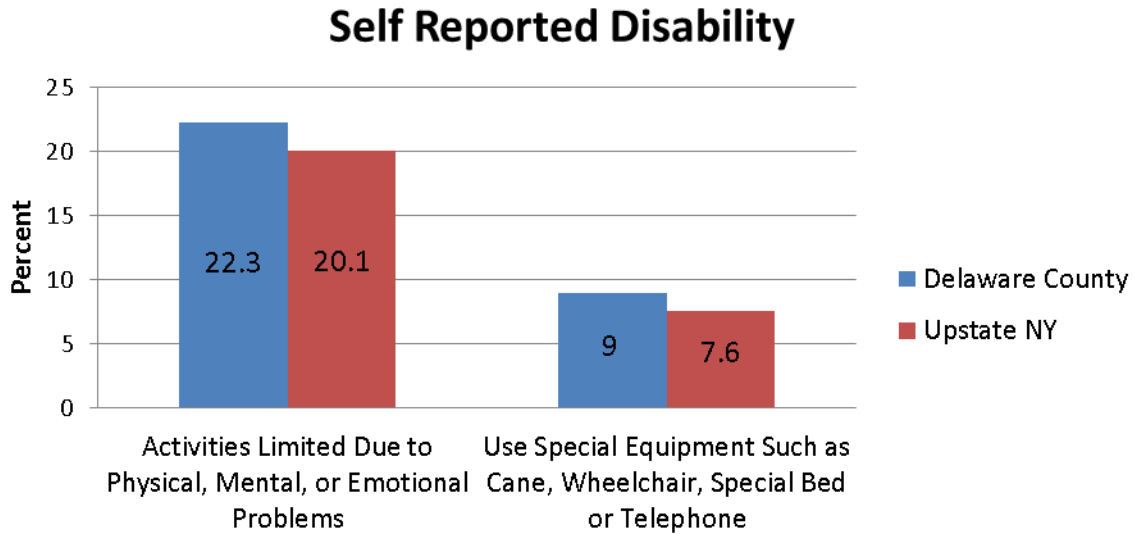
** : Rate per 10,000, ***: Rate per 100,000

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

Source: http://www.health.ny.gov/statistics/chac/chai/docs/inj_12.htm

Injury rates for Delaware County are significantly higher than Upstate New York rates (See Table 2-14)

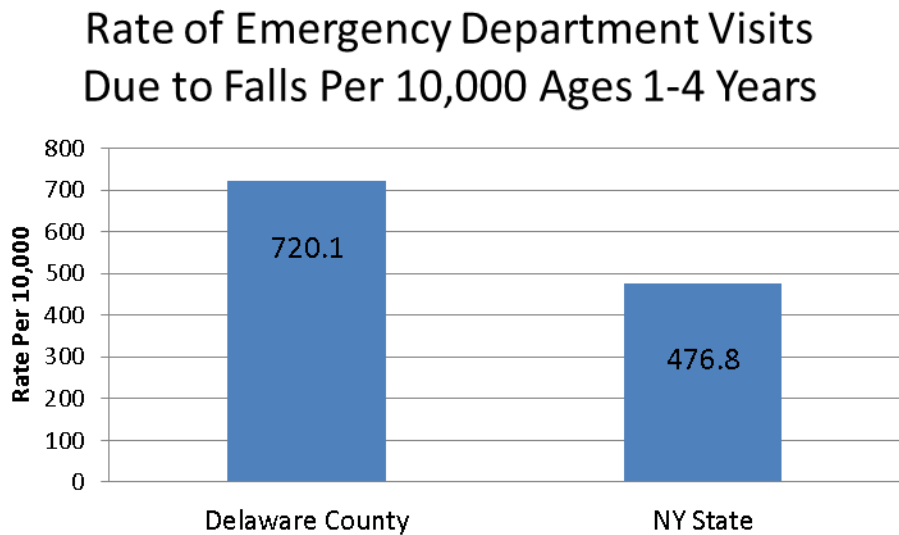
Graph 2-13



Source: New York State BRFSS, 2008-2009

According to BRFS data, the percentage of people reported to have disabilities is greater in Delaware County than in New York State.

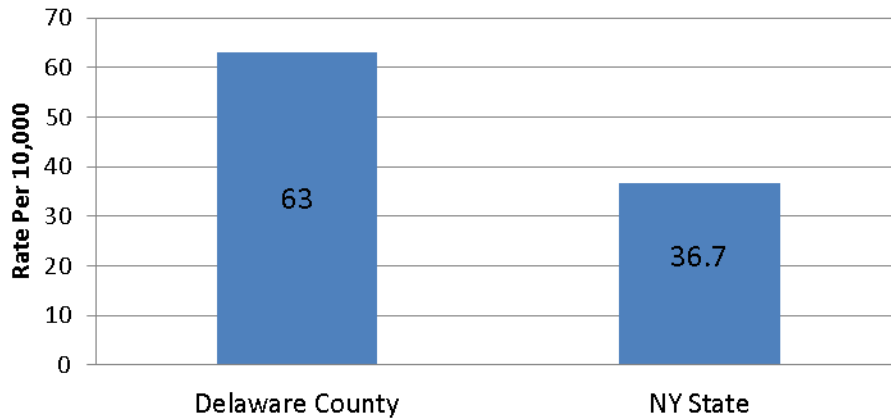
Graph 2-14



Source: http://www.health.ny.gov/statistics/chac/chai/docs/occ_12.htm

According to Graph 2-14, Delaware County's rates are significantly greater than New York State and well above the NYS 2017 Objective of 429.1%. This could be related to a higher percentage of the population being Medicaid eligible and seeking primary care through the ED and could also be due to the lack of office hours after 5pm and on weekends. There are no urgent care walk in centers in the county.

Rate of Occupational Injuries Treated in ED Per 10,000 Adolescents - Ages 15-19 Years



Source: http://www.health.ny.gov/statistics/chac/chai/docs/occ_12.htm

The adolescent occupational injury rate is much higher in Delaware County than New York State (See Graph 2-15). Minor are often given tasks to perform that are inappropriate for their bodies, such as heavy lifting, operating machinery, driving motor vehicles, and working long hours. Imbalance between equipment and physique can lead to equipment-related injuries, and working long hours causes fatigue and musculoskeletal overuse syndromes. Talking on cell phones and texting places youth at increased risk for injury while working. Workplace violence and bullying cause anxiety and stress and may go unrecognized. All of these place adolescents in danger while working ó Medscape Education Public Health and Prevention: Occupational Health and Safety in Young Workers, 4/1/2011.

C. Promote Healthy Women, Infants and Children

Table 2-15

Delaware County Oral Health, 2009-2011

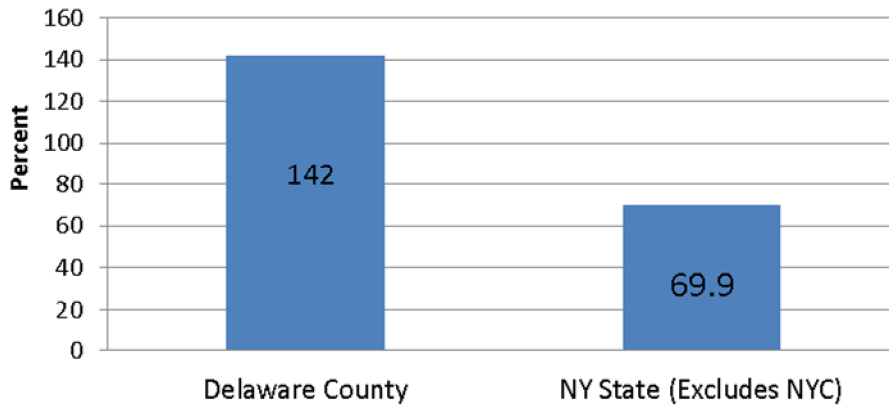
Indicator	County Rate	NYS Exc. NYC Rate	Sig. Dif.
Percentage of 3rd Grade Children...			
With caries experience	48.7	45.4	Yes
With evidence of untreated tooth decay	31.9	24.0	Yes
With dental sealants (all)	57.3	41.9	Yes
With dental insurance (all)	83.2	81.8	Yes
With at least 1 dental visit last year (all)	79.4	73.4	No
Reported taking fluoride tablets on a regular basis (all)	28.2	19.1	No
Adults			
Age adjusted % of adults who had a dentist visit within the past year (2008-2010)	65.8	72.7	Yes
Medicaid Oral Health			
% Medicaid enrollees with at least one dental visit within the last year. (2008-2010)	27.8	29.4	Yes
% Medicaid enrollees with at least one preventive dental visit within the last year. (2008-2012)	22.5	23.4	Yes
% of Medicaid enrollees (ages 2-20) who had at least one dental visit within the last year. (2008-2012)	38.8	40.5	Yes

Source: http://www.health.ny.gov/statistics/chac/chai/docs/ora_12.htm

According to Table 2-15 there is a lack of preventive dental care among children in Delaware County. While the rate of 3rd grade children with dental insurance is greater in Delaware County than New York State, the percent of Medicaid enrollees with dental visits is lower in Delaware County. This is due to the shortage of Medicaid dentists in Delaware County. There are no pediatric dentists located in Delaware County and the pediatric dentists that accept Medicaid are a significant driving distance outside of the County.

Graph 2-16

Dental Caries - Emergency Visit Rate Per 10,000 - Age 3-5 Years

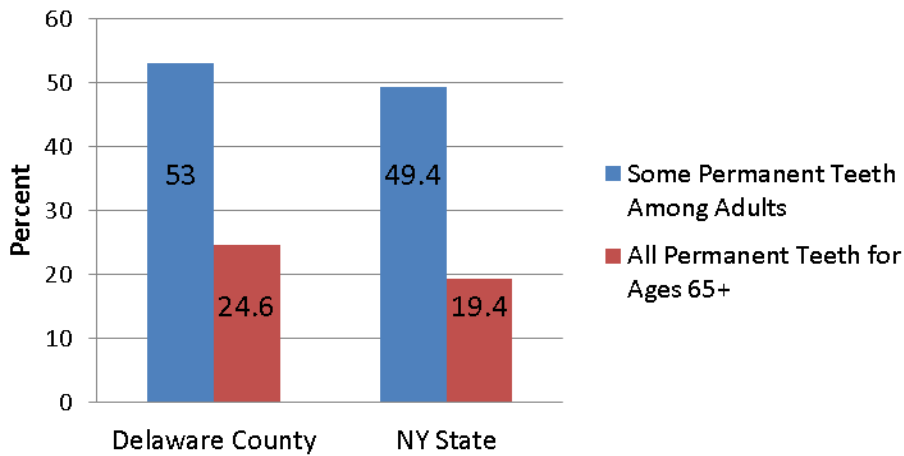


Source: http://www.health.ny.gov/statistics/chac/chai/docs/ora_12.htm
Oral Health 2009-2011

Lack of dental insurance, transportation costs and shortage of dentists who take Medicaid in Delaware County may contribute to the data provided in Table 2-15 and Graph 2-16. Delaware County has 13 school districts. There are 4 School Based Health Centers and 3 out of 4 provide dental health services.

Graph 2-17

Loss of Teeth Due to Dental Decay



Source: BRFSS, 2008-2009

In Graph 2-17, Delaware County adults seem to be receiving preventive dental care similar to Upstate NY and the USA. Dental Health in Delaware County still remains to be a concern, especially in children.

Table 2-16

Delaware County Birth Statistics 2008-2010

Birth Statistics	Delaware County	NYS Exc. NYC	Sig. Dif.
Total all births female ages 15-44	57.1	58.2	No
% Births to teens ages 15-17	1.8	1.9	No
% Births to teens ages 15-19	7.8	6.8	No
% of births to women 25 years and older without a high school education	5.6	10.3	Yes
Birthweight <2500g	7.2	7.7	No
Babies 5 minute APGAR < 6	0.4*	0.7	No
% Births with Prenatal Care - 1st Trimester	78.5	75.2	No
% Births with Prenatal Care - 3rd Trimester or none	3.6	4.3	No
Gestation < 37 weeks	9.8	11.2	No
% Births delivered by cesarean section	29.6	36.1	Yes
% in WIC who were pre-pregnancy overweight but not obese	21.9	26.3	Yes
% in WIC who were pre-pregnancy obese (BMI 30 or higher)	31.2	26.7	Yes

Source: http://www.health.ny.gov/statistics/chac/chai/docs/mih_12.htm

* Fewer than 10 in numerator therefore number is unstable

According to Table 2-16, the New York State rate for women over 25 without a high school education is significantly higher than Delaware County's. Birth by cesarean is higher for Upstate as is the % of women in WIC who were overweight pre-pregnancy. Delaware County has a significantly higher % of women in WIC who were obese pre-pregnancy.

Table 2-17

Delaware County Maternal and Infant Health Indicators, 2008-2010

Indicator	Delaware County Rate	NYS Exc. NYC Rate	Sig Dif
% of births to out of wedlock mothers	45.1	37.6	Yes
% first births	38.3	41.3	No
% of births that were multiple births	4.9	4.2	No
% adequate prenatal care (Kotelchuck Index)	75.7	68.2	Yes
% Pregnant Women in WIC with Early (1 st Trimester) Prenatal Care	89.9	86.3	No
% of Infants in WIC Who Were Breastfeeding at 6 Months	19.5	28.7	Yes
Mortality Rates (per 1,000 births)			
Infant (<1 year)	4.4*	5.7	No
Neonatal (<28 days)	3.7*	4.0	No
Postneonatal (1 month to 1 year)	0.7*	1.7	No
Fetal death (>20 weeks gest)	1.5*	4.8	No
Perinatal (20 weeks gest ó 28 days of life)	5.1*	8.8	No
Perinatal (28 weeks gest ó 7 days of life)	4.4*	5.7	No
Maternal mortality rate per 100,000 births	0.0*	17.6	Yes
% very low birthweight (<1.5 Kg)	1.7	1.4	No
% very low birthweight singleton births	0.8	1.0	No
% low birthweight singleton births	4.8	5.7	No
Newborn drug related discharge rate per 10,000 newborn discharges	34.0*	78.4	No

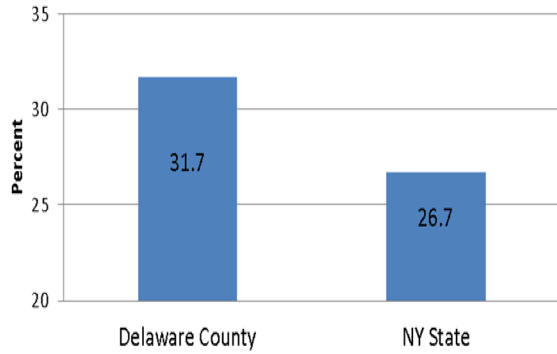
*: Fewer than 20 events in the numerator; therefore the rate is unstable

Source: http://www.health.ny.gov/statistics/chac/chai/docs/mih_12.htm

Table 1-34 shows that most health indicators for Delaware County are more favorable than the New York State rate except only 19.5 % of infants are breastfed at 6 months versus 28.7% for Upstate New York and the number of infants born to mothers out of wedlock is higher than the upstate average.

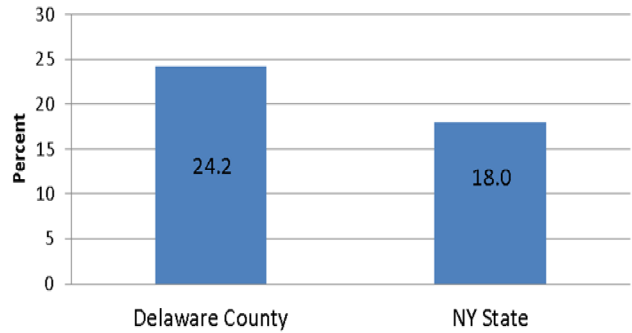
Graph 2-18

Percentage of Unintended Pregnancy Among Live Births



Graph 2-19

Percentage of Live Births that Occur Within 24 Months of a Previous Birth

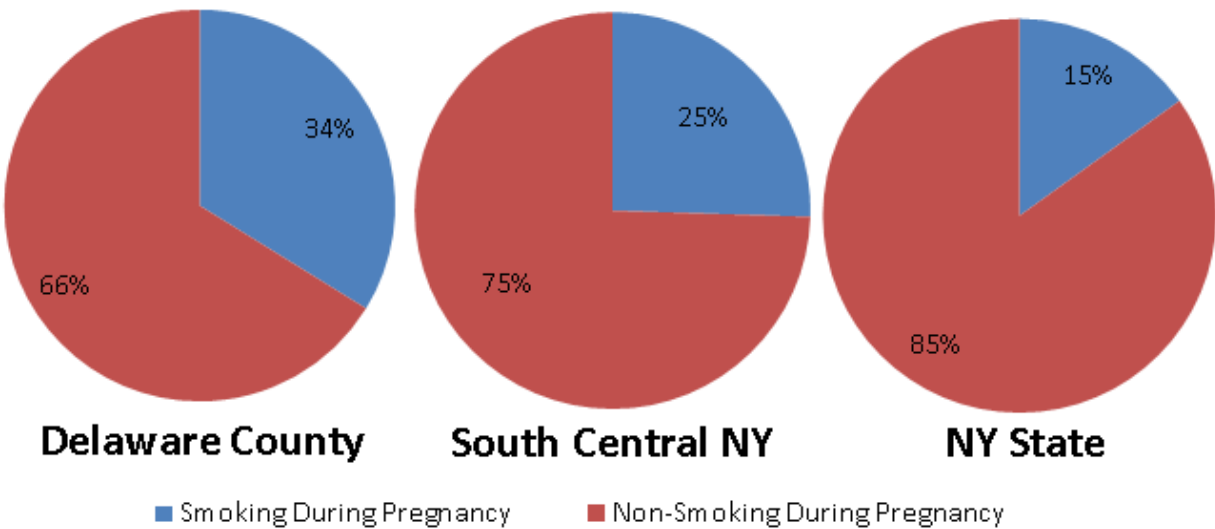


Source: <http://www.healthy.ny.gov>
 Delaware County Maternal and Infant Health Indicators, 2008-2010

Delaware County has a higher rate of unintended pregnancy and percent of births within 24 months of a previous birth.

Graph 2-20

Tobacco Use During Pregnancy



Source: Mothers & Babies Perinatal Network 2011

Graph 2-20 indicates that more mothers in Delaware County use tobacco during pregnancy than mothers in Upstate NY.

Table 2-18

Women Who Initiated Breastfeeding

Delaware County WIC Statistics				
Fiscal Year	# Infants	# Infants Breastfed in the First 48 Hours	Delaware County Initiation	NY State Initiation
Fiscal Year 2011 April 2010-March 2011	544	66%	62.1%	72.4%
Fiscal Year 2012 April 2011-March 2012	491	66.8%	64.8%	74.8%

Source: Delaware County Women, Infants and Children (WIC) Program

According to Table 2-18, Delaware County shows a lower percentage of breastfeeding initiation than New York State.

Table 2-19

Family Planning/Natality Indicators, 2008-2010 Delaware County

Indicator	3 Year Total	Delaware County Rate	NYS Exc. NYC Rate	Sig Dif
% of births to women 35+ years	152	11.1	19.0	Yes
Fertility rate per 1,000 (all births/female population 15-44)	1,368	57.1	58.2	No
Teen fertility rate per 1,000 (births to mothers aged 10-14)	2	0.5*	0.3	No
Teen fertility rate per 1,000 (births to mothers aged 15-19)	107	20.5	20.8	No
Pregnancy Rate per 1,000 (all pregnancies/female population 15-44 years)	1,729	72.1	77.0	Yes
Teen Pregnancy Rate per 1,000 -				
10-14 years	4	1.0*	0.8	No
15-17 years	44	16.2	20.4	No
15-19 years	163	31.2	37.4	Yes
Abortion Ratio (induced abortions per 100 live births) -				
15-19 years	54	50.5	75.7	Yes
All ages	323	23.6	27.7	Yes

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

Source: http://www.health.ny.gov/statistics/chac/chai/docs/fp_12.htm

Table 2-19. All rates are lower in Delaware County than the Upstate NY average.

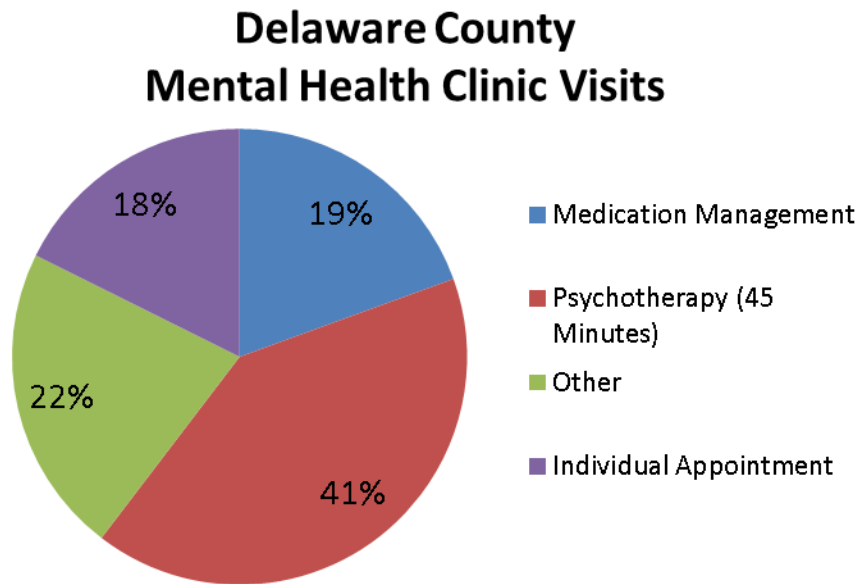
D. Promote Mental Health and Prevent Substance Abuse

Approximately one in five Americans will have a mental health problem in any given year, yet only a little over one in three people with a mental health problem will receive mental health services. Of the more than six million people served by state mental health authorities across the nation, only 21 percent are employed (SAMHSA mental health statement 2011).

NYS Office of Alcoholism and Substance Abuse Services (OASAS) estimates that nearly 2 million people in NYS have a substance use disorder (OASAS Treatment System Report 2011).

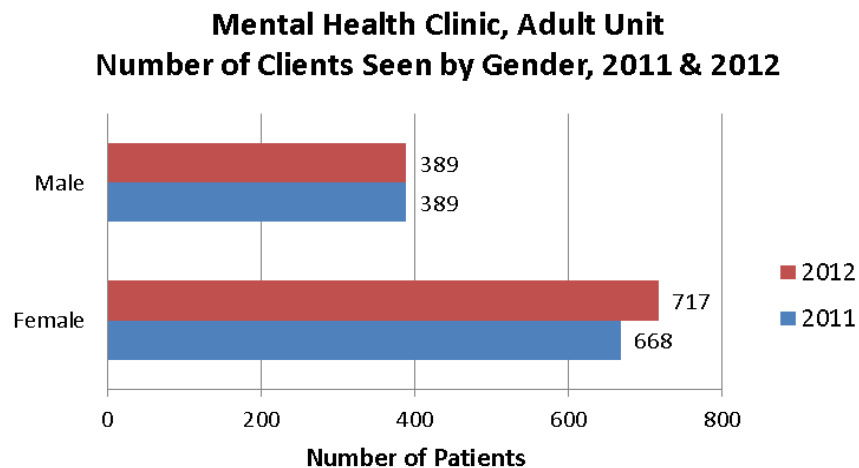
Over 38,000 Americans died by suicide in 2010, making the number who die by suicide more than double the number who died by homicide (SAMHSA mental health statement 2011).

Graph 2-21



Source: Delaware County Department of Mental Health 2012 statistics

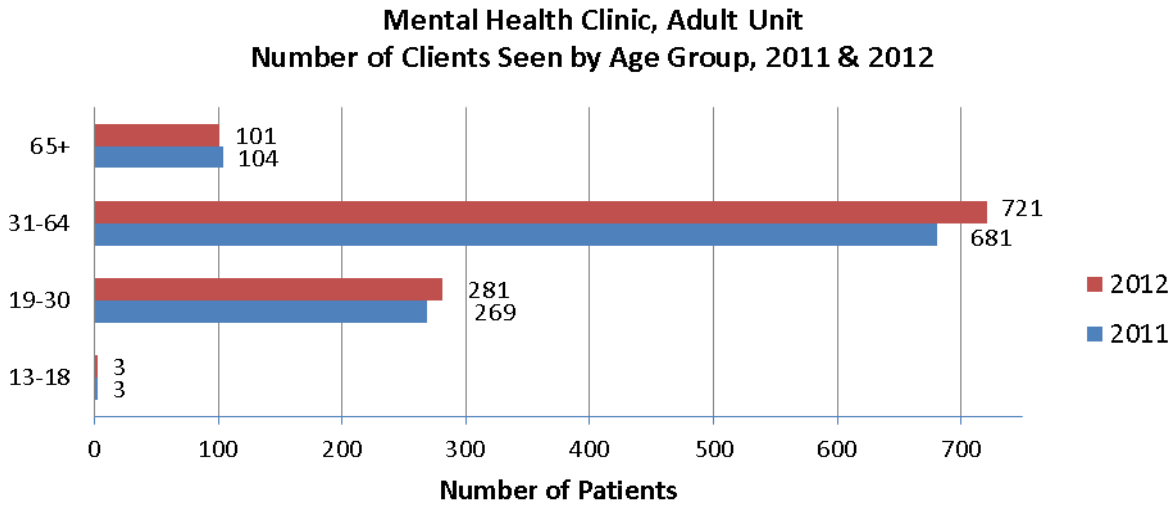
Graph 2-22



Source: Delaware County Department of Mental Health Annual Reports (2011, 2012)

According to Graph 2-22, a greater number of females than males in Delaware County are accessing Mental Health Clinic services. A large portion of individuals attending the clinic are seeking psychotherapy.

Graph 2-23

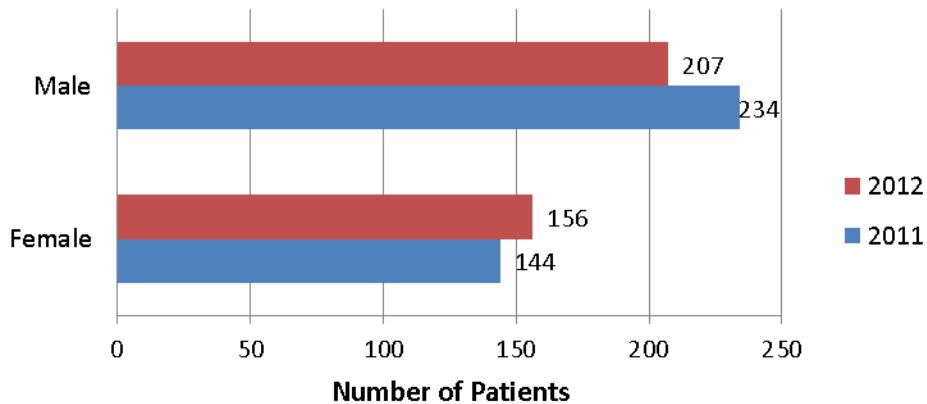


Source: Delaware County Department of Mental Health Annual Reports (2011, 2012)

Most of the patients seen at the Mental Health Clinic are adults ages 31-64. There was an increase in the number individuals seen from 2011 to 2012 among persons ages 19-64.

Graph 2-24

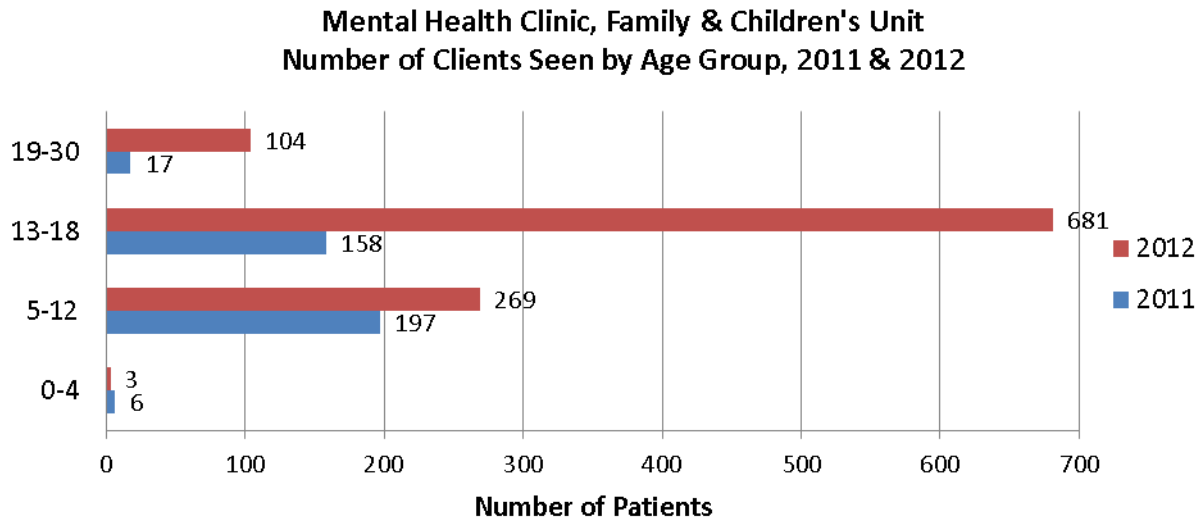
Mental Health Clinic, Family & Children's Unit
Number of Clients Seen by Gender, 2011 & 2012



Source: Delaware County Department of Mental Health Annual Reports (2011, 2012)

More males than females were seen for mental health services at the Family and Children's unit. Graph 2-24.

Graph 2-25

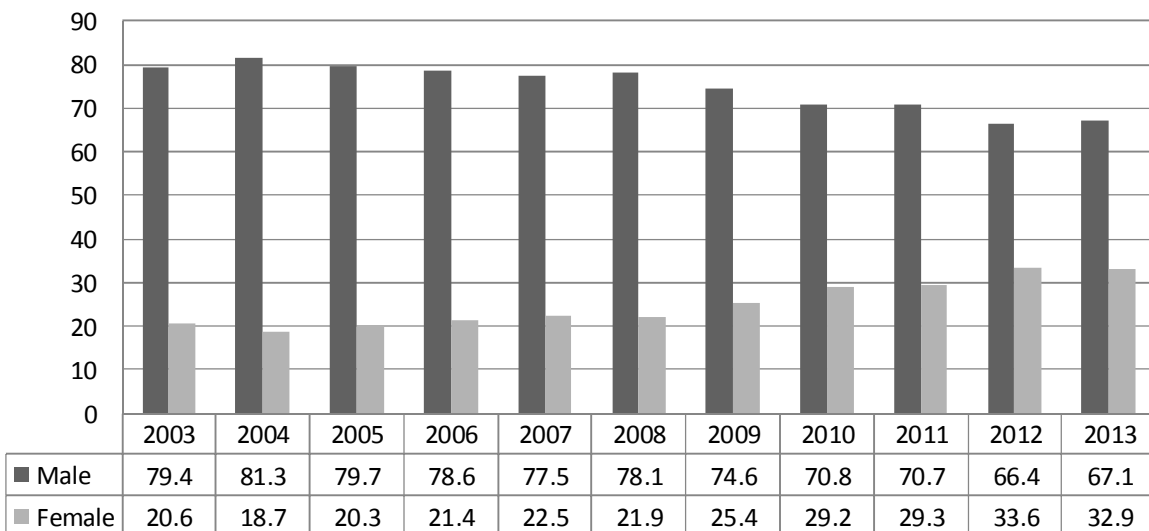


Source: Delaware County Department of Mental Health Annual Reports (2011, 2012)

According to Graph 2-25, the number of adolescents seen at the Family and Children's Unit in 2012 was 4 times number seen in 2011. There was an increase in all age categories for 2012 except 0-4 years. One-half of all chronic mental illness begins by the age of 14 ó National Alliance on Mental Illness 2013

Graph 2-26

10 Year Trend of Percentage of Admissions by Gender

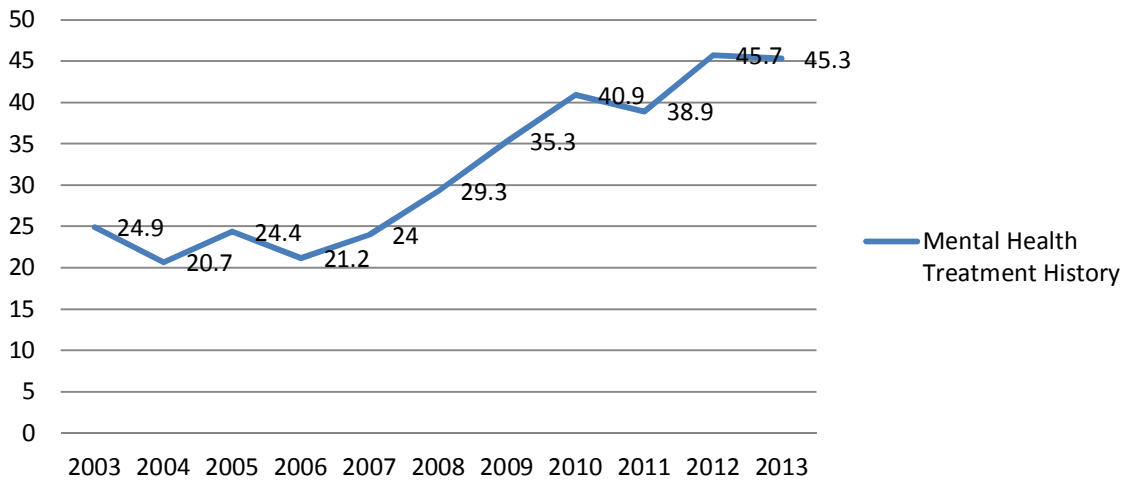


Source: Delaware County Alcohol and Drug Abuse Services statistics

Since 2004, the number of women admitted to the outpatient Alcohol and Drug Abuse Treatment Program has increased while the number of men in outpatient treatment has remained level or decreased slightly.

Graph 2-27

10 Year Trend for Percentage of Admissions of Patients Reporting a History of Mental Health Treatment

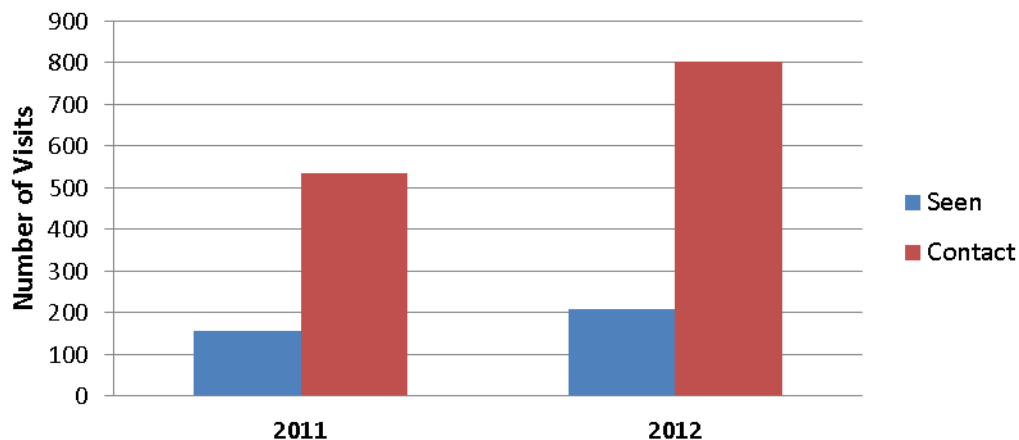


Source: Delaware County Department of Mental Health Annual Reports (2011, 2012)

Since 2003, the number of patients admitted to mental health programs in Delaware County with a history of mental health treatment has doubled, suggesting that patients may have more chronic mental illness. See Graph 2-27

Graph 2-28

Mental Health Visits at the Delaware County Jail

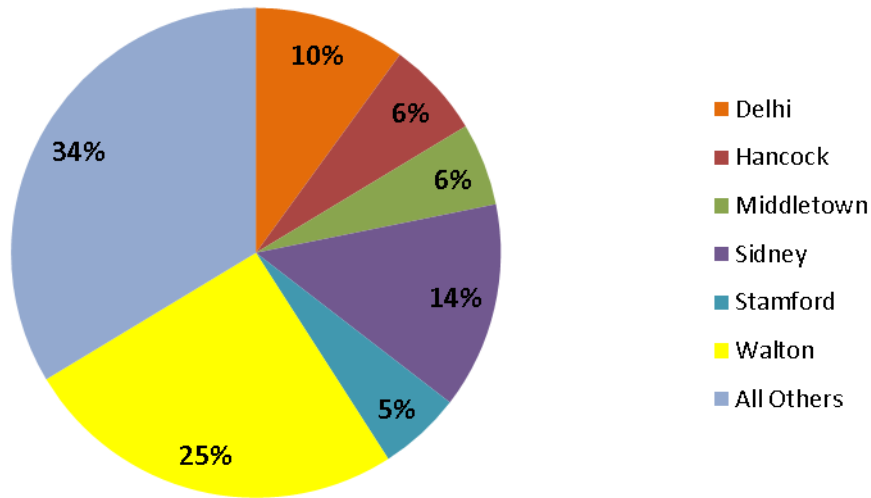


Source: Delaware County Department of Mental Health Annual Reports (2011, 2012)

From 2011-2012 the number of mental health based contact visits along with the total number of people seen has increased indicating that individuals may have more complicated mental health diagnoses and are in need of support.

Graph 2-29

Mental Health Department Service Provision by Township

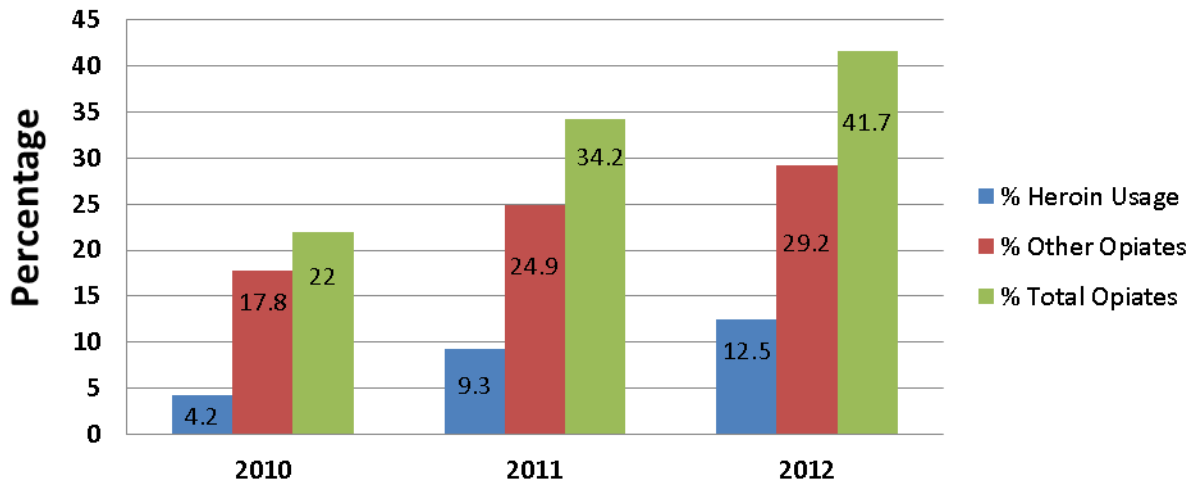


Source: Delaware County Department of Mental Health Annual Reports (2011, 2012)

Graph 2-29 shows that the town of Walton, followed by Sidney utilized the largest amount of County mental health services. Walton and Sidney are the two most populated towns and the Mental Health Clinic is located in Walton.

Graph 2-30

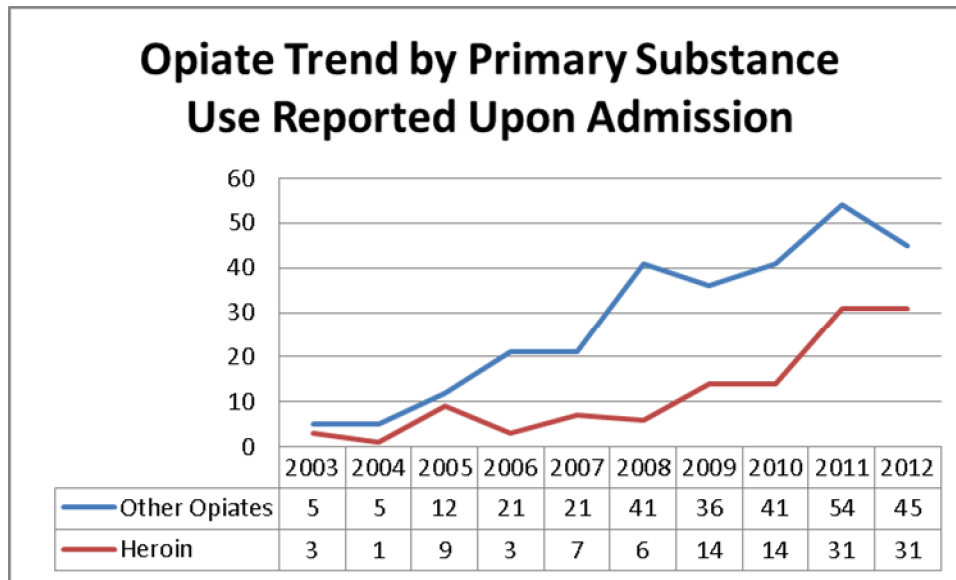
Percentage of Patients Admitted for Heroin/Other Opiate Usage



Source: Delaware County Alcohol and Drug Abuse Services statistics

The number of individuals admitted to the Delaware County OASIS program for heroin and other opiate usage has been increasing and opiate use appears to have doubled from 2010 to 2012. Graph 2-30

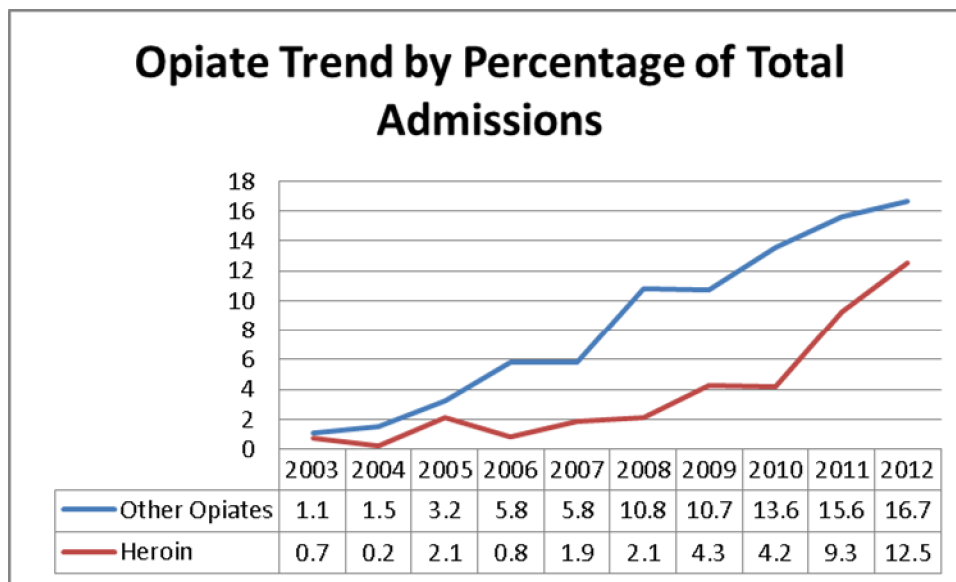
Graph 2-31



Source: Delaware County Alcohol and Drug Abuse Services statistics

Heroin use is clearly on the rise in Delaware County as seen by the 10 year trend in Graph 2-31.

Graph 2-32

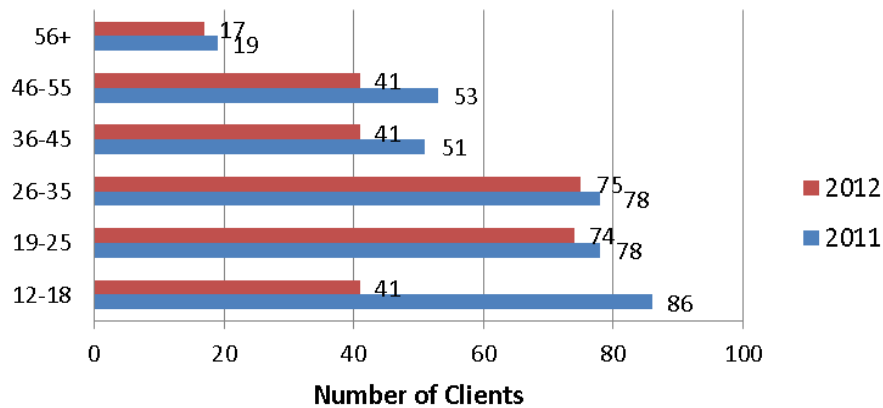


Source: Delaware County Alcohol and Drug Abuse Services statistics

Graph 2-32 shows that opiate use in general has risen with heroin becoming a primary opiate of choice. Approximately 36% percent of individuals seen by Delaware County Drug and Alcohol Abuse Services use opiates.

Graph 2-33

**Alcohol and Substance Abuse Clinic
Number of Clients Seen by Age Group, 2011 & 2012**

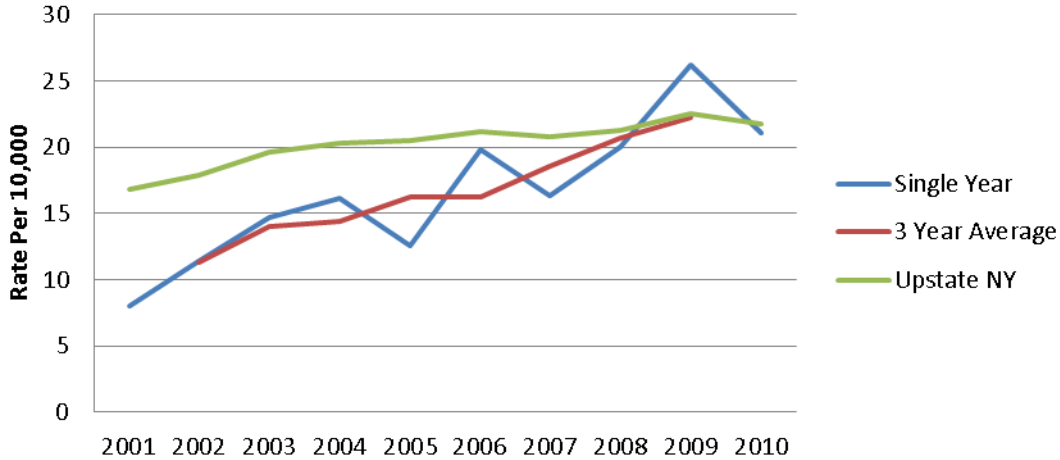


Source: Delaware County Department of Mental Health Annual Reports (2011, 2012)

Adults age 19-35 is the age population utilizing alcohol and substance abuse services. Graph 2-33. This young age group is of concern as the younger generation is the future of Delaware County.

Graph 2-34

Drug Related Hospitalization Rate Per 10,000

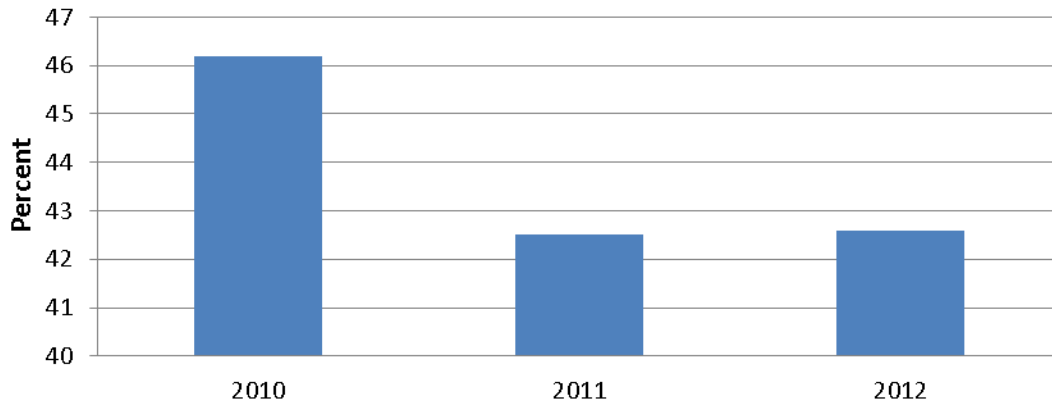


Source: <http://www.health.ny.us/statistics/chac/hospital>

In a single year Delaware County's drug related hospitalization rate exceeded Upstate New York.

Graph 2-35

Percentage of Patients Seen for Primary Substance Abuse of Alcohol

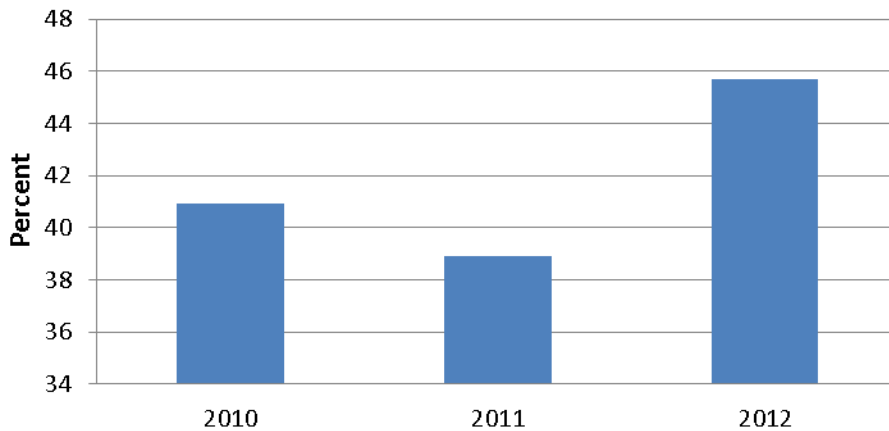


Source: Source: Delaware County Alcohol and Drug Abuse Services statistics

According to Graph 2-35, alcohol as a primary substance has declined indicating that other substances may be becoming the primary substance of addiction, such as opiates.

Graph 2-36

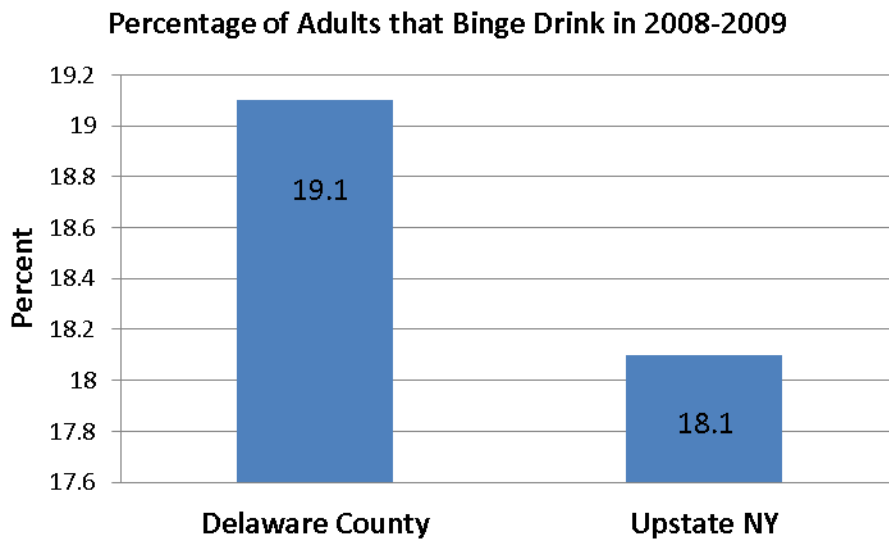
Percentage of Patients Seen for Alcohol Abuse That Have Ever Been Treated for Mental Health



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

The number of patients seen at the Alcohol and Substance Abuse Clinic, also presenting with a mental health diagnosis has increased to 45% indicating that the trends seems to be going from individuals treated for substance abuse only to individuals requiring multiple levels of care ó substance abuse and a mental health diagnosis. See Graph 2-36

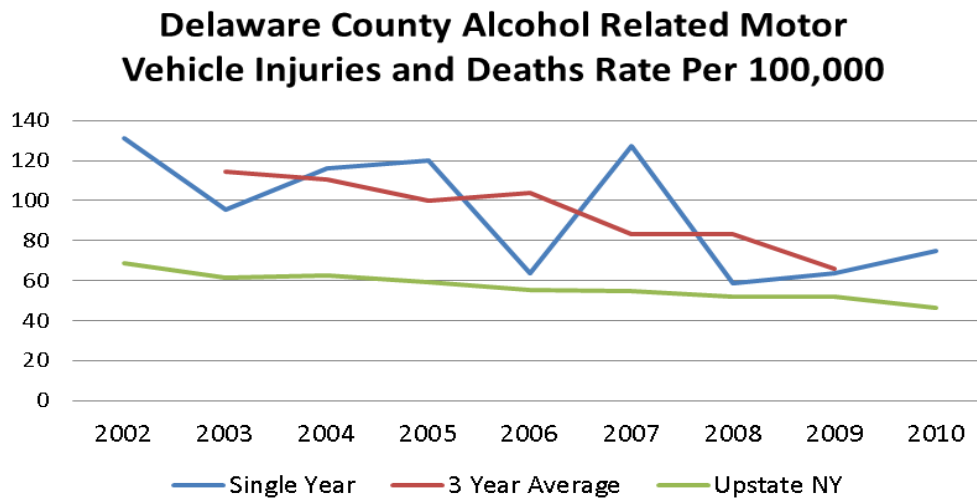
Graph 2-37



Source: <http://www.healthy.ny.gov/statistics>

Binge drinking in Delaware County is higher than New York State and remains an issue. 19.1% is greater than the NYS 2017 Objective of 18.4%. See Graph 2-38

Graph 2-38



Source: <http://www.healthy.ny.gov/statistics>

Per Graph 2-38, alcohol related motor vehicle injury and deaths rates are much higher than Upstate NY in single year and in the 3 year average.

Table 2-20

Self-Inflicted Injury Discharge Rate Per 10,000 Pop. Age 15-19	
Discharges	Rate
Delaware	9.9
NY State	9.2
Self-Inflicted Injury Discharge Rate Per 10,000 Pop.	
Discharges	Rate
Delaware	5.0
NY State	4.9

Source: <http://www.healthy.ny.gov/statistics>

Table 2-20 indicates that Delaware County's self-inflicted injury rates are similar to Upstate New York.

Table 2-21

Delaware County Injury Indicators, 2008-2010

Indicator (age adjusted)	Delaware County Rate	NYS Rate - exc NYC
Age-Adjusted Suicide Death Rate***	9.0	6.8
Self-Inflicted Injury Hospitalization**	4.9	6.2

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

Source: <http://www.healthy.ny.gov/statistics>

Delaware County's suicide death rate is much higher than Upstate NY and the NYS 2017 Objective of 5.9%. See Table 2-21. Suicide prevention and intervention should be considered when addressing importance health issues as a County.

E. Prevent HIV, STDs, Vaccine Preventable Diseases and Healthcare Associated Infections

Table 2-22

Disease	Total 2011		Total 2012	
	Reports	Cases	Reports	Cases
Chlamydia	58	53	86	78
Gonorrhea	3	2	5	4
Syphilis	26	0	11	2

Source: DCPHS Annual Reports (2011 & 2012)

Table 2-22 shows that Chlamydia remains one of the most common STDs diagnosed and treated in Delaware County.

Table 2-23

Delaware County STD Indicators, 2008-2010

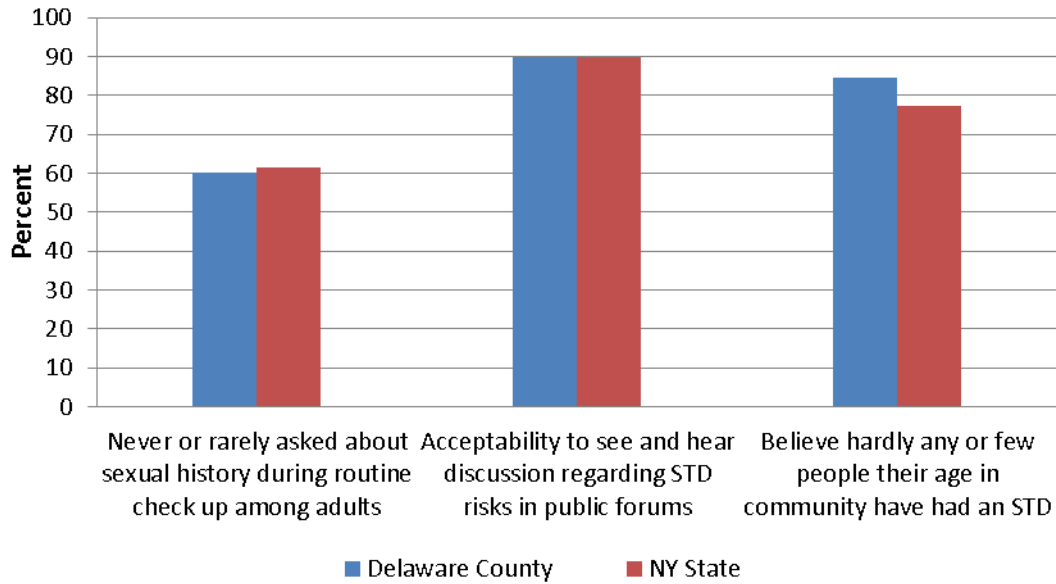
Indicator	Delaware County Rate	NYS Rate-exc NYC	Sig. Dif.
Early Syphilis rate per 100,000	0.00*	2.5	Yes
Gonorrhea rate per 100,000			
All Ages	7.2	55.7	Yes
15-19 years	35.5*	210.3	Yes
Chlamydia rate per 100,000			
Males			
All Ages	60.6	178.9	Yes
15-19 years	215.0	586.9	Yes
20-24 years	388.6	920.6	Yes
Females			
All Ages	196.4	426.2	Yes
15-19 years	1,013.6	2,334.5	Yes
20-24 years	1,268.2	2,200.4	Yes
Pelvic Inflammatory Disease (PID) Hospitalization rate per 10,000 women ages 15-44 yrs	1.3*	2.5	No

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

Source: http://www.health.ny.gov/statistics/chac/chai/docs/sti_12.htm

Table 2-23 shows overall, when compared to New York State, Delaware County has low rates of Syphilis, Chlamydia and Gonorrhea.

Graph 2-39



Source: NYS BRFSS, 2009

According to Graph 2-39, individuals surveyed indicated they are open to discussion regarding STD risks. The fact that they are not routinely asked about sexual history during routine medical examination indicates missed opportunities for educational discussion regarding the prevalence of STDs in their community. The rates are similar between Delaware County and NYS regarding the acceptability of open public discussion about STD risks. The Delaware County rates of inquiry by providers into sexual practices during routine checkups are similar to NYS.

Table 2-24

Delaware County HIV/AIDS Indicators, 2008-2010

Indicator	Delaware County Rate	NYS Rate-Exc NYC	Sig. Dif.
AIDS case rate per 100,000	4.3*	5.6	No
HIV case rate per 100,000	5.7*	7.4	No
AIDS mortality rate per 100,000	0.7*	1.7	No
AIDS mortality rate age-adjusted	1.1*	1.6	No

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

Source: http://www.health.ny.gov/statistics/chac/chai/docs/sti_12.htm

There is no significant difference in HIV case and mortality rates compared to Upstate NY. See Table 2-24

Table 2-25

Delaware County HIV Testing & STD Clinic Testing

	2009	2010	2011	2012
HIV Test	53	74	105	55
Positive	0	0	0	0
Chlamydia Test	36	44	47	38
Positive	19	7	2	6
Gonorrhea Test	36	44	46	37
Positive	2	0	0	0
Syphilis Test	16	25	28	25
Positive	0	0	1	0
Total # of Tests	141	187	226	155

Source: DCPHS Annual Reports (2011 & 2012)

Delaware County has low testing numbers for STDs and anonymous HIV testing in its contracted STD service clinics. See Table 2-25.

Table 2-26

**Immunization and Infectious Diseases Indicators, 2008-2010
Delaware County**

Indicator	3 Year Total	Delaware County Rate	NYS Rate-exc NYC	Sig. Dif.
Pneumonia/flu hospitalizations in adults 65+ years per 10,000 (ICD9 480-487)	502	185.4	140.1	Yes
Pertussis incidence per 100,000	1	0.7*	4.3	Yes
Mumps incidence per 100,000	1	0.7*	4.0	No
Meningococcal incidence per 100,000	1	0.7*	0.2	No
H. Influenza incidence per 100,000	2	1.4*	1.5	No
Hepatitis A incidence per 100,000	2	1.4*	0.5	No
Acute Hepatitis B incidence per 100,000	0	0.0*	0.6	Yes
Tuberculosis incidence per 100,000	1	0.7*	2.4	No
E. Coli incidence per 100,000	0	0.0*	0.8	Yes
Salmonella incidence per 100,000	12	8.6	12.9	No
Shigella incidence per 100,000	0	0.0*	3.2	Yes
Lyme disease incidence per 100,000	26	18.6	66.2	Yes

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

Source: http://www.health.ny.gov/statistics/chac/chai/docs/com_12.htm

Delaware County's pneumonia/flu hospitalizations rate in adults 65+ is significantly greater than the New York State rate. Geographic proximity to health centers and hospitals may contribute to persons not seeking early treatment or follow-up, especially on rural roads during winter. The 65+ population may also have other medical conditions. All other rates for the county are either unstable data or lower than the New York State rates. See Table 2-26.

Section III

A. County Health Rankings

The County Health Rankings is a measurement of the health of all counties in the nation and each county is ranked within its state. The County Health Rankings data is provided by collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. The Rankings are developed using a variety of national data sources such as vital statistics, sexually transmitted infections data and Behavioral Risk Factor Surveillance System (BRFSS) survey data. The goal of the Rankings is to raise awareness about factors that influence health and that health varies from place to place. Counties in each of the 50 states are ranked according to summaries of a variety of health measures. Those having high ranks, e.g. 1 or 2, are considered to be the "healthiest." Counties are ranked relative to the health of other counties in the same state. The rank is calculated from the 8 scores in the following categories:

1. Overall Health Outcomes
2. Health Outcomes ó Mortality
3. Health Outcomes ó Morbidity
4. Overall Health Factors
5. Health Factors ó Health behaviors
6. Health Factors ó Clinical care
7. Health Factors ó Social and economic factors
8. Health Factors ó Physical environment

Health Outcomes

In terms of the County health Rankings, health outcomes refers to how long people live (mortality) and how healthy people feel while alive (morbidity). Mortality is measured using causes of death in the population before age 75. Morbidity in this case is measured using health related quality of life data and birth outcomes.

Health Behaviors

Alcohol Use

The Ranking combine two measures to assess alcohol use in a county: percent of excessive drinking in the adult population and the crude motor vehicle death rate per 100,000 people.

Diet and Exercise

Obesity, defined as the percent of the adult population that has a body mass index greater or equal to 30, serves as a proxy for diet, exercise and physical inactivity; defined as the percent of the adult population that during the past month, other than a regular job, did not participate in any physical activity or exercise such as running, calisthenics, golf, gardening, or walking for exercise. The data for both measures comes from National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) in the Centers for Disease Control and Prevention and the Behavioral Risk Factor Surveillance System (BRFSS).

Sexual Activity

The *County Health Rankings* uses two measures to represent the sexual activity focus area: teen birth rates and chlamydia incidence rates. Specifically, the *Rankings* reports the birth rate per 1,000 female population ages 15-19 as measured and provided by the National Center for Health Statistics (NCHS). The chlamydia rate per 100,000 population was provided by the Centers for Disease Control and Prevention (CDC). By measuring teen births and chlamydia incidence rates, the *County Health Rankings* provides communities with a sense of the level of risky sexual behavior in their county compared to other counties in their state.

Tobacco Use

This is a measurement of the current adult smokers who have smoked at least 100 cigarettes in their lifetime taken from BRFSS.

Clinical Care

Access to Care

Data for this measure come from the Census Bureau's Small Area Health Insurance Estimates (SAHIE), which provides model-based estimates of health insurance coverage for all states and counties in the United States, specifically looking at the percentage of the population under age 65 without health insurance. Health Resources and Services Administration (HRSA) is used to report the ratio of the population to **primary care physicians** in a county (i.e., the number of people per primary care physician) and the ratio of population to **dentists** in a county.

Quality of Care

Three measures are used to report healthcare quality; Preventable hospital stays, or the hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees; the percent of diabetic Medicare enrollees that receive HbA1c screening and the percent of female Medicare enrollees age 67-69 having at least one mammogram over a two-year period. All data comes from the Dartmouth Atlas.

Socio and Economic Factors

Community Safety

The FBI's Uniform Crime Reports (UCR) data for **violent crime** rates is used. Violent crimes are defined as those offenses which involve force or threat of force.

Education

Data is collected from the Department of Education for the percent of the ninth graders who graduate high school in four years and from the American Community Survey (ACS) for the estimated percentage of adults age 25-44 with some post-secondary education.

Employment

The County Health Rankings use the annual average **unemployment** rate for ages 16 and older.

Social Support

This is calculated using the percentage of adults without social/emotional support. This county-level measure is calculated by the CDC using BRFSS data (inadequate social support) and the percent of children living in family households that are raised by a single parent (children in single-parent households). This data comes from the ACS.

Income

This measure is calculated using the percent of children living in poverty, as defined by the federal poverty threshold--based on data from the Census's Small Area Income and Poverty Estimates (SAIPE).

Physical Environment

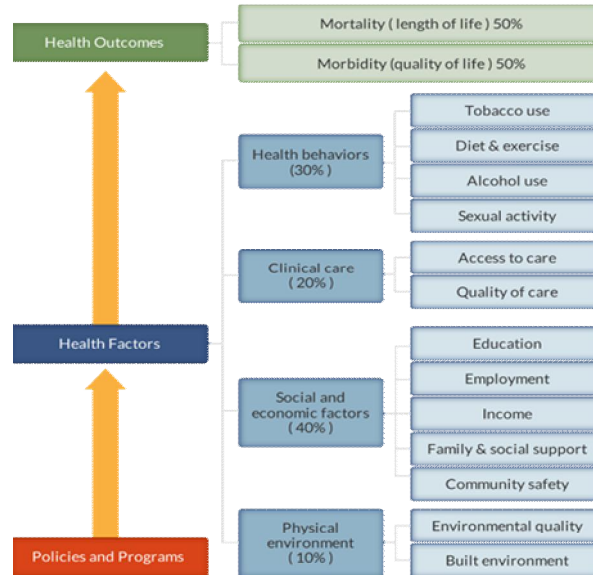
Built Environment

This rate is calculated using the following three measurements; the percent of the population living with **limited access to healthy foods**, measured using the U.S. Department of Agriculture Food Environment Atlas; the number of fast-food outlets over the total number of restaurants in a county; and the number of recreational facilities per 100,000 population (**access to recreational facilities**).

Environmental Quality

The average **daily fine particulate matter** defined as the average daily measure of fine particulate matter in micrograms per cubic meter (PM2.5) in a county and **drinking water safety** (the percentage of the population getting drinking water from public water systems with at least one health-based violation) are the measures used.

County Health Rankings Model



County Health Rankings model ©2012 (AWPH)

Delaware County Health Rankings

Delaware County ranked 25 for overall health outcomes out of 62 counties in New York State. Delaware County will be compared with 5 counties: Chenango, Essex, Livingston, Otsego and Sullivan. Counties for comparison were chosen based on location compare with Delaware County, size compared to Delaware County, rank status and population similarities.

The County ranked 45 for mortality. The premature death rate for Delaware County is 6,335 per 100,000, which is higher than New York State rate of 5,650 and higher than the National Benchmark at 5,317. Delaware County's rate is also higher than Livingston, Essex and Otsego but lower than Chenango and Sullivan counties.

The County's morbidity ranking was 14, which is a higher ranking than Essex, Otsego and Sullivan counties. The table below shows the information used to determine morbidity ranking:

Table 3-1

Morbidity 2013 County Health Rankings							
	New York	Delaware	Chenango	Livingston	Essex	Otsego	Sullivan
Morbidity Rank	NA	14	13	1	16	40	55
Poor or Fair Health	15%	12%	12%	10%	10%	14%	15%
Poor Physical Health Days	3.5	3.2	4.1	2.4	2.7	4.7	4.4
Poor Mental Health Days	3.4	2.3	2.6	1.8	3.2	4.3	3.4
Low Birthweight	8.2%	7.5%	6.7%	6.1%	7.8%	6.9%	8.8%

In terms of the percentage of people reporting poor or fair physical health, poor physical health days and poor mental health days, Delaware County has a lower percentage rate than New York State, Otsego, Chenango and Sullivan Counties. Delaware County has a lower percentage of low birth weight babies than New York State. Three of the compared counties are lower than Delaware.

Health factors overall were as follows; Delaware 46, Chenango 36, Livingston 12, Essex 19, Otsego 22, Sullivan 55.

Table 3-2

Health Behaviors 2013 County Health Rankings							
	New York	Delaware	Chenango	Livingston	Essex	Otsego	Sullivan
Health Behaviors	NA	26	43	11	16	27	54
Adult Smoking	18%	19%	24%	16%	15%	21%	29%
Adult Obesity	25%	28%	28%	28%	28%	28%	27%
Physical Inactivity	25%	28%	25%	25%	23%	25%	25%
Excessive Drinking	17%	12%	18%	13%	19%	18%	20%
Motor Vehicle Crash Death Rate	7	18	14	12	13	12	16
Sexually Transmitted Infections	516	138	133	185	122	257	343
Teen Birth Rate	25	22	31	13	19	11	32

The health behaviors rate for Delaware County is 26 which is lower than Chenango, Otsego and Sullivan Counties. The adult smoking rate is higher than Livingston and Essex Counties and a percentage point higher than New York State. Delaware County has a higher physical inactivity rate compared to New York State all counties in Table 1-2. Delaware County's adult obesity rate is higher than New York State but is equal to its compared counties. Delaware County's motor vehicle crash death rate is the highest of the counties in Table 1-2 and is higher than New York State. The reported excessive drinking rate for Delaware County is lower than all others listed in the table possibly indicating that alcohol is not the only factor contributing to the motor vehicle crash death rate in Delaware County. This may be linked with country roads, winter weather, lack of passing lanes and lack of major highways.

Table 3-3

Clinical Care 2013 County Health Rankings							
	New York	Delaware	Chenango	Livingston	Essex	Otsego	Sullivan
Clinical Care	NA	59	31	14	37	24	52
Uninsured	14%	13%	12%	11%	14%	13%	16%
Primary Care Physicians	1222:1	1840:1	2016:1	2042:1	3024:1	943:1	2279:1
Dentists	1414:1	3352:1	3413:1	2294:1	3815:1	2252:1	2710:1
Preventable Hospital Stays	66	95	64	63	67	77	61
Diabetic Screening	85%	82%	85%	90%	88%	85%	87%
Mammography Screening	66%	67%	66%	68%	71%	73%	61%

Delaware County ranks 59 for clinical care. This is due to the number of preventable hospital stays being much higher than New York State and the counties compared in Table 1-3. The diabetic screening rate is lower than all others in the table; the mammography screening rate is one percentage point higher than New York State but lower than Livingston, Essex and Otsego Counties. Delaware County is a dental and physician shortage area. Many of the practitioners physically located in Delaware County are nurse practitioners and physician assistants. As shown in Table 3-3 the ratio of individuals to dentists is much higher in Delaware County compared to New York State, Livingston, Otsego and Sullivan counties. Delaware has a better ratio of individuals to primary care physicians compared to Chenango, Livingston, Essex and Sullivan but a poor ratio than New York State and Otsego.

Table 3-4

Social Economic Factors 2013 County Health Rankings							
	New York	Delaware	Chenango	Livingston	Essex	Otsego	Sullivan
Social & Economic Factors	NA	44	42	10	32	22	57
High School Graduation	77%	86%	82%	87%	86%	78%	76%
Some College	64%	52%	53%	59%	54%	60%	49%
Unemployment	8.2%	8.6%	8.3%	7.8%	9.2%	7.6%	9.1%
Children in Poverty	23%	27%	26%	17%	22%	23%	25%
Inadequate Social Support	24%	23%	25%	19%	16%	18%	27%
Children in Single-Parent Households	34%	32%	37%	30%	29%	30%	33%
Violent Crime Rate	391	149	100	100	139	189	260

Delaware ranked 44 in the state for social and economic factors. High school graduation rate for Delaware was higher than New York State and Otsego and Sullivan counties and comparable to the other counties in Table 1-4. The percentage of individuals with some college was lower than New York State and all counties except Sullivan. The unemployment rate for Delaware was slightly higher than New York State, Livingston, Otsego and Chenango counties. Delaware's rate of children in poverty appears greater than New York State and the counties in Table 1-4. Delaware County households with inadequate social support and single-parent households with children are less than New York State but higher than Livingston, Essex and Otsego counties. Delaware's violent crime rate appears less than New York State, Otsego and Sullivan counties but similar to the other counties in the table.

Table 3-5

Physical Environment 2013 County Health Rankings							
	New York	Delaware	Chenango	Livingston	Essex	Otsego	Sullivan
Physical Environment	NA	13	4	61	2	26	40
Daily Fine Particulate Matter	10.9	10.7	10.8	11.9	9.9	10.6	11.1
Drinking Water Safety	4%	4%	0%	36%	28%	0%	0%
Access to Recreational Facilities	11	4	6	12	15	10	5
Limited Access to Health Foods	2%	1%	1%	9%	2%	10%	6%
Fast Food Restaurants	45%	36%	27%	41%	23%	32%	43%

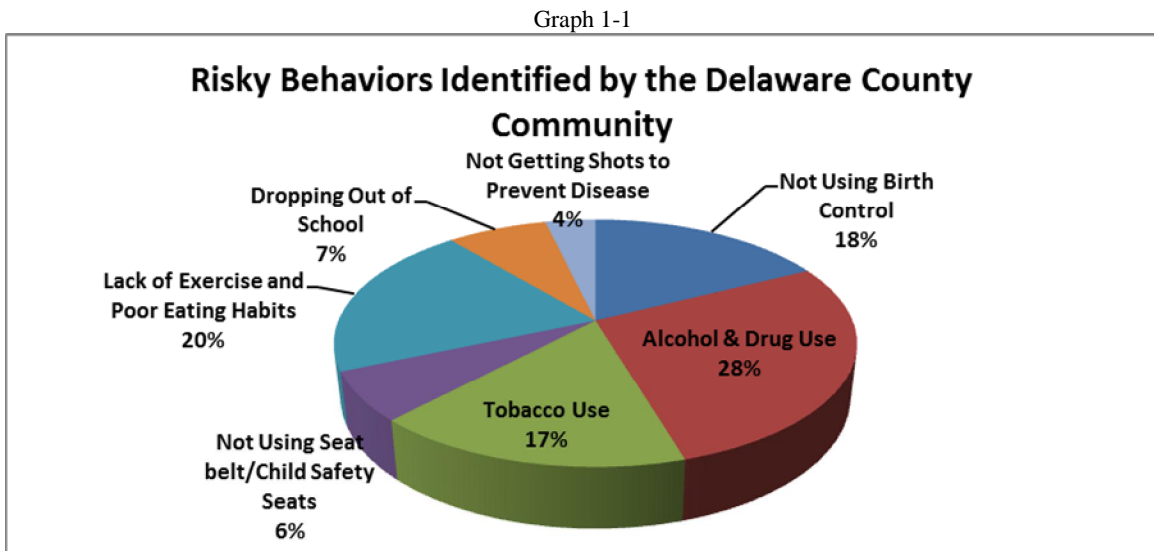
In terms of physical environment, Delaware County ranks 13 in New York State. Delaware has lower rates of daily fine particulate matter. The County has good drinking water quality. Compared to New York State and the other counties in Table 1-5 Delaware has the lowest access to recreational facilities. The Watershed contributes to this. While the county does have a number of summer camps and parks, the Watershed limits the ability to expand other types of recreation i.e. water parks, children's centers, etc. Delaware has a low percentage of population with limited access to health foods. Being a rural county, many families grow fruits and vegetables their own gardens. Farmer's markets are available during the summer months and into the fall selling food grown locally. Delaware County appears to have a higher percentage of fast-food restaurants than Otsego, Essex and Chenango counties but Otsego and Chenango counties have the cities of Oneonta and Norwich which yield a higher total number of restaurants in their county in the denominator for this percentage.

III. Focus Groups and Community Partner Involvement

To obtain perceptions of the county's needs based on the chosen priorities from the community, survey data was collected and focus groups were conducted. One community and two professional focus groups were held to gather valuable insights and suggestions from various agency and organization representatives from Delaware County.

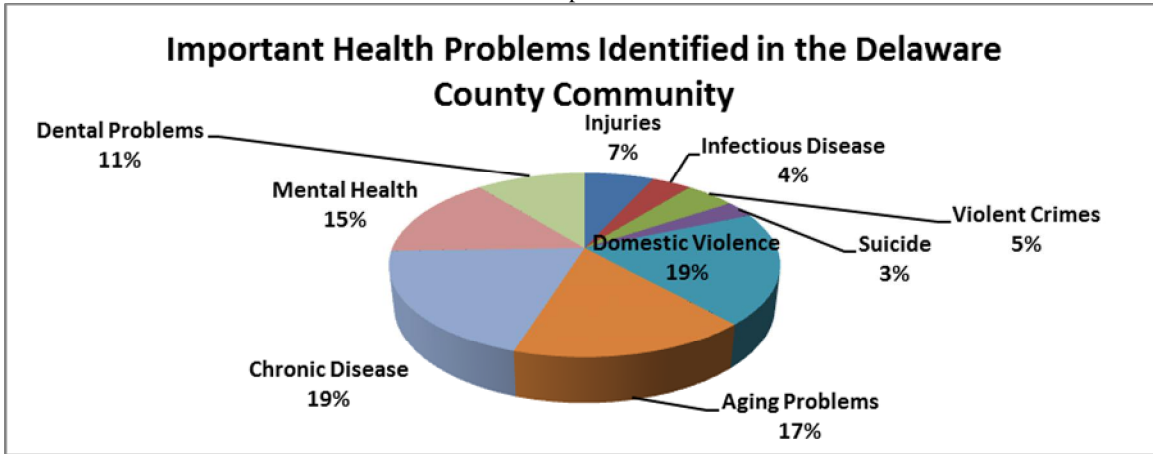
Delaware County Public Health conducted public information gathering in the spring of 2013 to determine what the community perceived as important health problems and risky behaviors. Public surveys were conducted at WIC sites and by internet and phone with a total of fourteen responders. Community behavior and health problem questions were taken from *the Achieving Healthier Communities through Mobilizing for Action through Planning and Partnerships (MAPP), A User's Handbook*. A community focus group was held in Walton. Focus group members were assembled from a sample of county consumers responding to a call for participation across a variety of media covering Delaware County including newspaper and radio advertisements, public service announcements, Facebook, and word of mouth. An incentive of a free breakfast and gift card were offered to encourage a variety of participants. Participants were asked to contact DCPH and were asked a series of questions as part of the screening process. Twenty-two consumers responded to the focus group advertisement. Using a prepared questionnaire, screeners collected self-reported information about age, residence, profession, household, occupation, attitudes toward healthcare services.

Community survey responders and potential focus group participants were asked to identify health problems and risky behaviors in Delaware County:



Graph 1-1 shows that 28% of survey participants identified alcohol and drug abuse as a risky behavior in the community. The second most common choice was lack of exercise and poor eating habits at 20%, followed by tobacco use at 17%.

Graph 1-2



When asked about health problems identified in Delaware County, chronic disease and domestic violence were the top choices with 19% of survey responders in each category. Aging problems at 17% and mental health at 15% were the next top choices. See Graph 1-2.

Survey responders were asked to identify three issues facing their family and three issues facing their community.

Issues facing family

- Financial: increased cost of living: food, housing, gas, childcare, medical costs
- Chronic medical conditions: pain, cardiovascular, arthritis, kidney, etc.
- Mental Health diagnosis ó bipolar, depression, dementia
- Access to mental health services
- Health insurance: lack of it, high deductibles, high co-pays, prescription costs
- Fear of illness due to lack of insurance
- Lack of jobs
- Dental issues
- Aging population
- Geographic isolation
- School district concerns
- Child custody
- Moving
- Smoking
- Poor economy
- Lack of nearby healthcare providers/changing providers/no specialists
- Transportation
- High taxes
- Not enough time with family

Issue facing community

- Economy: lack of businesses, tourism, jobs and services, recreational activities for children and families, nothing to entice people to remain
- Lack of jobs/unemployment
- Drug abuse
- Aging population
- Transportation
- Financial: increased cost of living: food, housing, gas, childcare, medical costs
- Poor eating habits/diet
- Obesity
- Alcohol abuse
- Crime
- Poor living conditions
- Low incomes
- Increase in taxes, high tax base
- Mental Health
- Tobacco use
- Future for young people and children
- School district concerns
- Hygiene
- Health in general
- Access to care: lack of nearby healthcare providers/changing providers/no specialists
- Fracking
- Health insurance: lack of it, high deductibles, high co-pays, prescription costs

Individual Pre-Focus Group Survey Data

Potential participants were asked the bulleted questions below:

- Do you belong to any community organizations?
- Do you/Does your family have health insurance?
- Do you/Do your family members have a doctor?
- In the past two years have you or anyone in your household used healthcare, mental health or counseling services **in** Delaware County? How often?
- In the past two years have you or anyone in your household used healthcare, mental health or counseling services **outside** of Delaware County? How often?
- Have you needed healthcare or mental health services in the past 2 years, but did not seek treatment. If yes, why not?

Survey responders reported participation in a variety of organizations: Social Services, Mental Health Club, Boy Scouts, Girls Scouts, Hospital Auxiliary, Helping Hands, Chamber of Commerce, Margaretville Women's Group, Democratic Committee in Andes, Meridale Community Church, local mother's group, Delhi Arts Group, Red Cross Preparedness Committee, Grand Gorge Action Program, Grand Gorge Food Bank, Lyme Disease Support Group, senior groups, libraries and churches.

Twenty-one out of twenty-two individuals reported having health insurance and a doctor for themselves and their family members. Nineteen out of twenty-two responders utilized healthcare and mental health services in Delaware County and reported usage 3-4 times per year with some older reporters using services more frequently. Sixteen out of twenty-two responders reported accessing services outside of the County with the need for specialist services in varied usage times from frequent to annual. Community members answering yes to not seeking treatment provided the following reasons: high deductibles on insurance, high insurance co-pays, travel distance and general financial burden.

A. Community Focus Group Priorities

Fifteen participants were selected to attend the focus group that was held on May 4, 2013.

Community Focus Group Participants

Age	Residence	Length of Residence	Gender
19	Delhi	19 years	Male
27	Walton	27 years	Female
31	Delhi	21 years	Male
40	Bovina	40 years	Female
40	Delhi	40 years	Male
46	Walton	7 years	Female
53	Delhi	5 years	Female
53	Hamden	3 years	Female
62	Sidney	9 years	Female
62	Stamford	62 years	Female
68	Middletown	2 ½ years	Female
70	Delhi	70 years	Female
70	Davenport	4 years	Male
72	Stamford	14 years	Female
73	Kortright	28 years	Female

The focus group was video recorded and prior to the start of the discussion all participants signed a consent form to be recorded. The focus group was facilitated by an outside consultant. The overall goal was for the focus group to identify what their collective *ideal vision* for a healthy Delaware County would be. Members participated in a group discussion answering eleven health and community based questions. Attitudes and behaviors were observed and recorded.

Community Focus Group ó Perceptions

Quality of Life

Participants were asked to define the quality of life in Delaware County. One community member described quality of life as the environment they live in, the support system surrounding them and the resources available. Another added that quality of life is affected by money, stress, activities and opportunities, and the resources available. Another participant reported that the physical environment of Delaware County made it a nice place to live; the landscape/view, air quality and little or no traffic. A fourth participant reported that they experienced less stress and the pace was slower.

Healthcare System

When asked about the healthcare system in Delaware County, one participant commented that there was a gap in communication from healthcare systems to the public and that education from physician to patient seemed to be lacking. A younger community member referred to her family as “*the working poor*” and expressed that even though she was working in a job that provided health insurance, the premiums were expensive and co-pays high. Individuals working öfall through the cracksö, the öworking poorö make too much money to qualify for Medicaid. One participant commented that there was no middle class. More than one participant agreed that transportation to healthcare was an issue. The group as a whole determined that there were a significant number of people lacking access to healthcare and most of the group could identify someone they knew who had difficulty accessing healthcare. One member mentioned that he had trouble finding a physician and with certain types of health insurance, travel was necessary to utilize healthcare providers covered under the plan. One member voiced the need for more healthcare providers. Another member stated öNobody will come to Delaware County to stayö. One of the group members observed that emergency rooms and clinics were short staffed. There was discussion about a shortage in medical specialty services offered within the county.

A younger member of the group revealed that he received a knee injury playing sports and the physician he was referred to in the area seemed to be öinconsistentö about what was wrong with his knee and what the course of action should be. Knee surgery had a wait time of over 2 months. His family drove two hours out of the area to see a specialist for a second opinion where he was seen on one day and then received knee surgery the following week. One member expressed the need for a walk in clinic in Delhi and other towns. Another person noted that at his doctor’s office there was a six month waiting period for a new patient to see a doctor for a physical exam.

Emergency Services

More than one member suggested that emergency services were limited in the county. Per one community member it took the ambulance 45 minutes to arrive at her home and the ambulance had to stop in another town to find another volunteer certified in advanced life support (ALS), trained to start an IV. One member of the group worked as a volunteer fireman and explained that in the past fire and EMS volunteers worked in the towns they lived in. With the decline in the economy and lack of jobs, volunteers now must travel to other towns and counties to work. This leaves a

gap in the number of volunteers available during a work day to assist in an emergency and leads to longer wait times for services.

Economy

The group remarked that the economy in Delaware County was "horrible". Three members pointed out that the economy does not entice health care providers to want to come and stay in the area. When asked what keeps people in Delaware County, the group wasn't sure. One participant remarked that "people are moving where the taxes were less and there are better job opportunities."

Raising Children, Support Networks, Growing Old in the Community

One community member observed that in terms of healthcare and children, he couldn't get healthcare for his kids in Delaware County, he and his wife traveled to Otsego County. One community member felt that churches were welcoming. Members mentioned that organizations such as Delaware Opportunities, Office for the Aging, the American Cancer Society, Catholic Charities and the Delaware County Department of Social Services were available to the community. One member reported that "the area is a difficult area to come to feel welcome or fit in". This member remarked that it took two years to feel welcome and not an outsider, "especially if you are from the city". Another mentioned there was a "dumping of elderly into senior housing". Some group members cited a need for more affordable retired housing and others remarked on the need for affordable housing in general for the population.

Ideal Community

When asked about what would make an "ideal community", members suggested the need for affordable healthcare, more medical specialty services, affordable housing, the need for better information about the current resources available in the community and the need for a stronger sense of community.

B. Professional Focus Group Findings – Nominal Group Technique (NGT)

One professional focus group was conducted by Pamela Stewart Fahs, PhD, of Binghamton University's Decker School of Nursing on May 22, 2013 at the Delaware County Public Safety Building in Delhi. The group was attended by 33 professionals from agencies and organizations located throughout Delaware County. The Nominal Group Technique (NGT) was used to gain agency stakeholder involvement. The primary value in using NGT is the wide range of ideas that might be considered by the collaborative group.

Participants were randomly broken into three table groups. The tasks of the group as a whole were to identify one disparate population and discuss intervention strategies for the Community Health Improvement Plan. Participants were provided with the chosen Prevention Agenda Priority focus areas; Preventing Chronic Diseases and Promote Mental Health and Prevent Substance Abuse. Professionals identified current resources available in the County and discussed additional resources needed to assist with the chosen focus areas.

Participants identified the following existing resources:

- Agencies and Offices
 - ARC of Delaware County
 - Cornell Cooperative Extension
 - Delaware Opportunities
 - Department of Social Services
 - Drug Court
 - Economic Development and Planning Services
 - Law Enforcement
 - Mental Health Services

- Office for Aging
- Public Health
- Rehabilitation Support Services (RSS)
- New York Connects
- Emergency Medical Services (EMS) & Fire Departments
- Educational Systems: K ó 12
 - BOCES ó Boards of Cooperative Educational Services
 - 12 School Districts with Services
- Educational Systems: Post-Secondary
 - Cornell University
 - University of Rochester
 - State University of New York ó Universities and Programs
 - Binghamton University School of Nursing, Psychiatric Mental Health and Rural Health programs.
 - SUNY College of Technology at Delhi, School of Nursing and other programs
- Faith Based Organizations
 - Churches
 - Catholic Charities
- Foundations: Local
 - O'Connell Foundation
 - Robinson Broadhurst
- National foundations interested in health care or rural populations.
- Health Care
 - Hospitals
 - Hospice
 - Mental Health Clinics
 - Private Home Care Providers
- Groups that Deal with Specific Health Issues
 - Alcoholics Anonymous
 - Alzheimer's Association
 - Family Resource Network (FRN) for families with child with special needs
- Groups that support specific populations
 - Boys and Girls Club
 - Mothers and Babies Perinatal Network
 - Rural Health Networks
 - Rural Health Care Alliance
 - Rural Health Network of South Central New York ASSIST
- Libraries
- Community Programs
 - 5210 Programs
 - Silver Sneakers
 - Volunteer programs
 - SPCA
 - Legacy Corp.
- Resources for Substance Use
 - Alcohol Drug Abuse Council (ADAC)
 - Friends of recovery
 - Recovery Centers
 - Recovery Coaches
 - Turning Point
 - Mental Health Clinic

Interventions - Possibilities

The following table is a list of possible interventions to be considered. The votes on the right side of the table reflect those ideas that garnered the most support from those who participated in the last step of casting their vote. Each person had the ability to cast 5 votes. Note if all 29 attendees had used all their votes the number of votes would equal 145. There were 135 votes cast so 93% of the key stakeholders voted. The voting allowed individuals to express their preference without pressure from others but in using the data, typically the planning committee works with as many ideas as feasible and indeed may find for community level interventions ideas without votes to have value. Each idea on this list was among the top 10 listed by each of the three professional group tables.

Possible Interventions
Increase the collaboration of all agencies and organizations.
Correlate multiple programs with affordable day care ó e.g. if parent seeing Mental Health provider or social services, have day care available
Technology to bridge geography i.e. telemedicine, telepsychiatry
Co-Location of multiple services with primary care - for example Mental Health
Parenting and or life skills classes
Transportation system/services. Improve Public transportation.
Sober houses
Decentralize services. i.e. òmobile units
Collective collaborative grants and partnership grants
More choices for Medicaid Managed Care insurance companies
Case management for transition - substance abuse to recovery
Community building and programs that benefit community
Create satellite offices for Substance Abuse and Mental Health
Increase mental health services for schools
Multi-disciplinary taskforce to look at opiate addiction
Wrap around process for child and adults in two or more systems
Warm lines for mental health
Substance Abuse and Mental Health Counseling for inmates
Adopting Smoke Free Grounds
More affordable fitness programs
Free clinics and screenings
Increase capacity of drug courts
Develop and implement anti stigma campaign for Mental Health Promotion
National health insurance
Affordable internet access
Increase access and reward local food production
Longer more sustainable programs
United approach to prevention addiction and recovery
Educational availability of resources and services
Quality affordable housing
Education on nutrition
Recruitment of MDs- Area qualifies for loan deferment
Para-professional peer model to help patients navigate the system
Primary care provider screening checklist for mental health
Summer youth programs
Suicide prevention coalition
Political advocacy for MH services
High public access to public education
Increased employment & local reinvestment
Insurance companies to cover wellness programs
Develop a 211 or 311 non-emergent system
Hire more Mental Health staff. i.e. Psychiatric Nurse Practitioners, Licensed Social Workers
More Employee Assistance Programs (EAP) for employers
Elder day care

Development of Nar-Anon and Alateen programs
Enrolling newly insured or reinsured in chronic disease prevention/management
Increase women's addiction services
Centralize mental health and substance abuse services- "one stop shopping"
Community Education on the availability on MH and Substance abuse services
Referral services for mental health and chronic disease available in industry, schools etc.
Increase judicial services to ensure clients get appropriate treatment of substance abuse, mental health
Pressure insurance companies to cover wellness services
Increase school based mental health and early identification

During the session, professional participants identified a variety of disparate populations that were possible but as group chose *rural* as the disparate population.

C. County Department Head Focus Group

A focus group meeting was held on July 17, 2013 with the Human Services Department Heads from Delaware County. The following departments participated: Public Health, Mental Health, Substance Abuse and Treatment, Drug Court, Planning, Veterans Affairs, Social Services, Probation, Stop DWI, Sheriff's Office, Emergency Services.

Discussion: People with mental health issues become marginalized, under increased stress and as stress increases negative behaviors increase. People with mental health issues often have chronic health issues and statistically have shorter lifespans than their counterparts without mental health issues.

There is an increase in young parents with substance use issues, domestic violence and a corresponding increase in the number of children placed in foster care. The increase in foster care is especially noted for very young children, often under age 5 as a direct result of addicted parents being unable to adequately care for their young children. This is in contrast to the foster care population several years ago when older or adolescent children in the Person in Need of Supervision (PINS) program were the primary children in foster care. The increase in children in foster care from around 50 to well over 100 children is increasing caseloads and outpacing the capacity of child protective staff to respond to these needs and provide documentation in a timely manner. There is also the need to locate and train new foster parents. Five new caseworker trainees are in the process of being hired and trained.

The Mental Health Clinic is dealing with families in crisis and does not have the resources to develop and implement the counseling and programming that is needed. The need for mental health services has outpaced the capacity of the current staff and additional staffing is needed.

There is an increase in Hepatitis C which may be attributed to the increase in IV drug use. Many heroin users have moved to sniffing/snorting and smoking rather than IV use. There was discussion of the possible need for a needle exchange program. The need for education of professionals on heroin use was also discussed.

According to the National Institute on Drug Abuse, researchers have observed a shift in heroin use patterns, from injection to sniffing and smoking. Sniffing/snorting heroin is now the most widely reported means of taking heroin among users admitted for drug treatment in New York. With the shift in heroin abuse patterns comes an even more diverse group of users. Older users (over 30) continue to be one of the largest user groups in most national data. However, the increase continues in new, young users across the country lured by inexpensive, high-purity heroin that can be sniffed or smoked instead of injected. Heroin has also been appearing in more affluent communities. (National Institute on Drug Abuse, November 2007)

There was discussion on the fast paced change in drug use in Delaware County. In the last five years, the use of opiates and corresponding drug addiction skyrocketed according to treatment providers. This increase far outpaced the capacity of existing services to develop and implement strategies designed to address issues related to drug use including substance use treatment, children's issues, violence and family dysfunction issues, emergency treatment and health issues and law enforcement concerns. In 2005 the use of heroin was virtually nonexistent in the county and there has been an increase of 300 people in treatment in the last five years.

Heroin is reported to be the number one opiate abused in Delaware County. Prescription narcotic addiction and the selling of prescription narcotics is also a big concern. In 2011 there were 3 Felony Drug arrests by the Sheriff's Department for drug possession or selling. In 2012 there were 58 and through May of 2013 there have been 58. More young women are involved in the drug arrests and the women's section of the jail which is usually only partially utilized is full.

According to law enforcement officials, concentrated efforts by law enforcement do work. As an example, there has been concentrated effort in the Walton/Sidney/Hancock areas and where it used to be easy for undercover law enforcement to purchase drugs, in the last effort, they could not get anyone to sell to them.

From a legal perspective, youth have been learning that drug use has consequences. The drug court has been successful in diverting some residents from jail to treatment and recovery programs. It was noted that when a person makes it through to the completion of the drug court process it can completely change their life. Part of the problem is that the system treats the dealer in the same way as the addict. Some major dealers, (often people who have moved in from urban areas) have learned to play up addiction to go to drug court rather than jail. Drug dealers set up shop in an area of the county and get a few local people interested/addicted to drugs. When these people have no money to purchase the drugs, they are given the opportunity to sell drugs for the dealer. Law enforcement reports that buyers are more apt to trust a local dealer.

EMS reported an increase in calls for drug overdose. Changes in protocol now allow narcan (a drug that reverses the effects of opiates and opiate overdose) to be administered at the basic EMT level. Alcohol and Drug Abuse Services is required to keep narcan on site and patients may be discharged with narcan. In many areas, law enforcement patrol cars have narcan available. This is not the current policy for Delaware County law enforcement.

The group noted that substance abuse and addiction is identified among our neighbors, school teachers, and people from all walks of the community and knows no geographic, socioeconomic, educational or other boundaries.

In the Probation area, staff is working with young women in their early twenties who are often high school drop outs with 2-3 children who have addiction issues and no job skills. They become smugglers/mules for drug dealers.

According to the White House Office of National Drug Control Policy, certain risk factors including low self-esteem, peer pressure and depression make women more vulnerable to substance abuse than men. It was further noted that substance use is a growing problem among females. There is also a need for more gender-specific substance use treatment services for women. (White House Office of National Drug Control Policy)

The group agreed that a multi-pronged approach was necessary to address all the concerns related to mental health and substance abuse issues. The Chairman of the Board of Supervisors requested that a task force be developed to look at all the issues surrounding substance use in a collaborative manner. This task force will include county departments, other agencies and members of the community. Possible strategies that have been identified in this and other focus groups include:

- Increase the number of DSS caseworkers
- Increase the number of Mental Health and substance use and treatment caseworkers.
- Hire Psychiatric Nurse Practitioners to work with the Psychiatrist at the Delaware County Mental Health Clinic.
- Continue with Drug Court
- Recognize that addicts need a different treatment programs than drug dealers.
- Recognize that women may need a different treatment approach than their male counterparts.
- Develop a program that includes a partnership with all agencies working together on this issue
- Start a suicide prevention coalition
- Start a warm line for people who would benefit from peer support for Mental Health issues.
- Increase the availability of groups such as Friends of Recovery and Narcotics Anonymous
- Concentrated efforts from law enforcement to keep major sellers/pushers off the street

Several of the strategies identified by this group translate into increasing the infrastructure in Delaware County in order to have the necessary resources available for implementation of evidenced based programs designed to address Mental Health Promotion and Substance Abuse Prevention issues as well as promote change on a larger scale.

IV. Conclusions

Delaware County used a variety of strategies to assess the health needs of the community and choose priorities. Data mining was conducted and the core group of stakeholders met to review the data. Stakeholder meetings, both formal and informal were held throughout the process to set deadlines and establish a planning timeframe. Primary and Secondary data was collected and reviewed based on the background of the County (demographics, socio-economics, morbidity and mortality, as well as the five New York State Prevention Agenda Priority List focus areas). Community surveys were gathered via phone and face to face and three focus groups were conducted; 1 community and 2 professional that included public, private and community partners. Delaware County used *MAPP* as well as the *County Health Rankings*. From this process *rural* was chosen as the disparate population and two New York State Prevention Agenda Priority list focus areas were identified as priorities for improving the health of Delaware County.

The rural population was chosen as a disparate population because Delaware County is geographically the size of the state of Rhode Island but is very rural, limiting access to health services and specialists, creating longer EMT response times and contributing to poorer socioeconomic conditions and making it more challenging to build up the health infrastructure. Based on socioeconomic and other data, *rural* was further narrowed by selecting ***low income children and adults of rural areas in Delaware County*** as the disparate population.

Identified Priority Focus Areas

Focus Area 1 – Prevent Chronic Diseases

Delaware has chosen this priority due to statistical data that reflects rising levels of chronic disease and obesity in the county. Chronic diseases are among the leading causes of death, disability and rising health care costs in New York State. Three major risk behaviors that are largely responsible for the incidence, severity and adverse outcomes of chronic disease include the lack of physical activity, poor nutrition and tobacco use.

Delaware County has many assets and resources that can be engaged and expanded to address the rising number of people with obesity or chronic diseases. Moving forward toward prevention of chronic disease, county organizations and agencies will need to work together to launch new programs for prevention or expand existing programs.

Delaware County is fortunate to have two foundations in the area. The A. Lindsay and Olive B. O'Connor Foundation and the Robinson Broadhurst Foundation focus on providing funding for quality of life programs. Since obesity and chronic disease impacts quality of life, engaging these two foundations may be beneficial in the follow through and success of new programs.

Focus Area 2 – Promote Mental Health and Prevent Substance Abuse

Mental and emotional well being is essential to overall health. Mental, Emotional and Behavioral (MEB) disorders cross all ages and all socio-economic classes. According to the National Alliance on Mental Illness (NAMI); one in four adult Americans experience mental illness in a given year. One in seventeen adults lives with a serious mental illness such as schizophrenia, major depression or bipolar disorder. Approximately 20 percent of youth ages 13-18 experience severe mental disorders in a given year.

“The best opportunities to improve the public’s mental health are interventions delivered before a disorder manifests itself, to prevent its development. About three-quarters of all MEB disorders are diagnosed between the ages of 14-24 years.” “Risk factors for MEB disorders are well-established, effective preventive interventions are available.” (New York State Prevention Agenda)

The most voted on intervention from the professional focus group was increased collaboration of all agencies and organizations. Based upon this assessment, Delaware County with all of its stakeholders needs to build a foundation for mental health infrastructure utilizing existing resources. With a more cohesive infrastructure in place, some of the specific needs related to mental health in the County can be addressed.

**COMMUNITY HEALTH IMPROVEMENT PLAN
2013-2017**

Stakeholder Outreach and Input

The Delaware County goals and strategies reflect the priorities of a diverse group of stakeholders. Individuals from agencies, the community, local government, Public Health and the four hospitals were actively engaged in the process of identifying community needs, resources and priorities. The process included the review of primary and secondary data, surveys, focus groups, planning groups and strategy meetings. MAPP and the Centers for Disease Control Health Impact Pyramid (see Appendix B) were also used. Based on statistical data and relevance towards a county and state prevention agenda two priority areas were selected. The two areas selected are Promote Mental Health and Prevent Substance Abuse; and Preventing Chronic Diseases. Table one describes the stakeholder activities.

Table 1

Outreach Mechanism	Description
Meetings with 4 hospitals and Public Health 3/25/13; 4/9/13; 8/27/13; 8/9/13; 8/27/13; 9/11/13;	These meetings were held to discuss the Community Health Assessment and the Community Service Plans in the context of the Prevention Agenda. This included collaboration on determining the outreach plans to include community stakeholders in the assessment of community needs and in identifying goals and strategies for the Health Improvement Plan.
Community Focus Group 5/4/13	Media was used to request participation and a focus group representing a wide range of county residents was assembled. A facilitated session was used to engage participants in discussion of needs, priorities and concerns.
Surveys April 2013	Public Surveys were conducted at WIC sites and via the internet and phone using MAPP
County Human Services Focus Group 7/17/13	Public Health Services facilitated discussion of Promoting Mental Health and Preventing Substance Abuse as a priority area for strategic planning. Group members included Department Heads from county human services and related services departments including Public Health, Mental Health, and Office for Aging, Probation, Social Services, Veterans Affairs, Law Enforcement, County Jail, Stop DWI, Substance Abuse and Treatment, Drug Court and Emergency Services. Possible strategies were identified. The Chairman of the Board of Supervisors requested that a task force be developed to address identified issues collaboratively.
Professionals Focus Group 5/22/13	This was a facilitated discussion of key stakeholders in government, county human services departments, educational services, healthcare providers and private agencies, using nominal group technique. Agencies present included: O'Connor Hospital, Margaretville Hospital, Delaware Valley Hospital, Robinson Terrace, Catholic Charities, Family Resource Network, Rural 3 for Tobacco Free Communities, Cornell

Outreach Mechanism	Description
	Cooperative Extension, Rural Health Care Alliance of Delaware County, Delaware Opportunities, Office for Aging, Rural Health Network of South Central NY, Delaware County Social Services, Watershed Affairs, Alcohol, and Drug Abuse Council, Mental Health, Alcohol and Drug Abuse Services, Drug Treatment Court, Planning, Roxbury Central School, Catskill Area Hospice, Delaware County EMS and Delaware County Sheriff's Department. The group identified resources and implementation strategies for the health improvement plan. The group identified possible disparate populations.
10/15/13 CHIP workgroup. Priority: Mental Health and Prevention of Substance Abuse	A workgroup comprised of a subset of individuals from the professional focus group met to identify goals for this priority that Delaware County as a community decided to work toward. Strategies and performance measures were developed. A disparate population was selected.
10/15/13 CHIP workgroup. Priority: Prevent Chronic Disease.	A workgroup comprised of a subset of individuals from the professional focus group met to identify the goals for this prevention agenda priority that Delaware County as a community elected to work toward. Strategies and performance measures were developed. A disparate population was selected.

Disparate Population

The disparate population identified by the workgroup includes rural. The same disparate group was identified for both Public Health Priorities. Delaware County is geographically the 4th largest of New York's 62 counties and the 6th most rural in New York State with a population density of 33 (2011 NYSDOH vital statistics). The county includes much of the environmentally protected Catskill/Delaware Watershed which limits economic growth. The terrain includes two large reservoirs and the Catskill Mountains. Access to health care is impacted by limited economic resources, lack of public transportation, the need to travel for specialty care, geography and weather. To make this more specific and select a disparate group, the agency looked at social economic status, children living in poverty, free and reduced school lunches and other indicators of low SES. To further narrow the disparate population from the broader designation of rural, *low income children and adults of rural areas in Delaware County* was selected as the disparate population.

Priorities to Improve Health and Wellness for Delaware County Residents

The priority focus areas of *Promote Mental Health and Prevent Substance Abuse and Preventing Chronic Diseases* were selected based on input from hospitals and community stakeholders. There was universal agreement among the group that these priorities impacted the services provided by all of the above stakeholders. These priorities were evaluated against the following criteria: alignment with data including a higher than state average suicide rate; higher than state average obesity rates; consistency with findings of county experts in the fields listed above; and feasibility within current resources.

Preventing Chronic Diseases

This priority was evaluated against the following criteria: analysis of health related data including the Delaware County Indicators for tracking Public Health Priority areas, BRFSS and YRBS data,

SPARCS data; consistency with experts in health care and supportive care in Delaware County; association with leading causes of death; and feasibility within current resources.

The relationship between obesity and socioeconomic status differs by sex and race and ethnicity group. County obesity rates are variable within states. In 2007-2008, more than one-third of United States adults were obese. Even states with the lowest prevalence of obesity have counties where many low-income children are obese and at risk for chronic disease. One of seven low-income, preschool-aged children is obese. Approximately 17% (or 12.5 million) of children and adolescents aged 2-19 years are obese. Among women, obesity prevalence increases as income decreases. Obese individuals are at increased risk of diabetes mellitus, cardiovascular disease, hypertension, and certain cancers (The Centers for Disease Control & www.cdc.gov).

Focus Area Goal 1.4 Expand the role of public and private employers in obesity prevention.

Goal: Increase breastfeeding exclusivity for the first 6 months of life, and continued breastfeeding duration for the first 12 months of life.

Objective 1.4.2: By 12/31/17, increase the 1% of employers with supports for breastfeeding at the worksite by 10%. Baseline to be determined. (Data source NYSDOH Healthy Heart Program Worksite Survey)

Delaware County can support the Prevention Agenda goal of Reducing Chronic Disease by increasing the proportion of babies who are breastfed exclusively and increasing the duration of breastfeeding in our county. Only 43% of New York State infants were exclusively breastfed while in the hospital and breastfeeding rates diminish post-hospital discharge and over time. Delaware County Public Health and its partners chose this initiative to expand the role of public and private employers in obesity prevention and supporting working breastfeeding mothers. According to Delaware County WIC data the initiation rate for women in Delaware County is 64.8%, compared to the breastfeeding rate at 6 months which declines to 19.5%

- Breast feeding, especially exclusive breastfeeding, has been shown to reduce the risk of asthma, gastroenteritis, obesity, respiratory infections and chronic conditions.
- Delaware County has a higher percentage of overweight or obese children in the younger age (Pre-K-4th grade) than Upstate NY.
- The percent of pregnant women who are pre-pregnancy obese is 31.2%, which is greater than upstate NY.
- For mothers, breastfeeding for a minimum of one year has been shown to reduce the risk of breast cancer, ovarian cancer, type 2 diabetes, cardiovascular disease, obesity and multiple other conditions.
- The incidence of breast cancer, cardiovascular diseases, and obesity is significantly higher in Delaware County.

Strategies/Interventions	Performance Measures	Organization Responsible
<p>Convene stakeholders Convene and educate partners who can build interest for adoption of breastfeeding friendly policies using the resource: Business Case for Breastfeeding. Include partners:</p> <ul style="list-style-type: none"> • Public Health • WIC • Rural Health Care Alliance • Cornell Cooperative Extension • Healthy Families • LaLeche League • Unions (CSEA, Teamsters) • Women's Business Organizations • Pediatrician • Planning 	<p>By December 31, 2014 a partnership will be established and convene quarterly.</p>	<p>Public Health Delaware Opportunities (WIC)</p>
<p>By December 31, 2014 survey 20 employers in Delaware County using the Lactation Program Assessment Form.</p>	<p>By December 31, 2015; at least 3 employers will be educated on breastfeeding friendly policies in the workplace.</p>	<p>Public Health</p>
<p>Provide support to identified Employers and employees</p> <ul style="list-style-type: none"> • Problem solve barriers to policy implementation • Assist with implementation plans • Provide best practice case studies and implementation examples • Educate employers on the NYS Nursing Mothers in the Workplace Act and implementation strategies 		<p>Partnership</p>

Strategies/Interventions	Performance Measures	Organization Responsible
<ul style="list-style-type: none"> Promote employers with newly adopted breastfeeding-friendly policies. Promotion would include radio, newspapers, and social media 		Partnership
<ul style="list-style-type: none"> Create an employer recognition program that promotes local worksites who adopt breastfeeding-friendly policies. 	By December 31, 2017, at least one employer will implement a breastfeeding friendly workplace policy.	Public Health, WIC, Rural Health Care Alliance, Cornell Cooperative Extension
<p>Monitor Adoption of breastfeeding-friendly policies and practices Track experiences of the employers and employees</p> <ul style="list-style-type: none"> Survey mothers on infant feeding practices and challenges to sustaining breastfeeding.(Lactation Support Feedback Form) Survey employers and employees on implementation successes and challenges.(Lactation Support Feedback Form) 	<ul style="list-style-type: none"> Breastfeeding rates of mothers with infants reported through state data sources Report from lactation support feedback form 	Public Health Delaware Opportunities (WIC)

Focus Area 1: Reduce obesity in children and adults

Goal 1.1: Create community environments that promote and support healthy beverage choices and physical activity.

Objective 1.1.3: By December 31, 2017, at least 1 municipality will have passed a complete streets policy.

Designing environments that facilitate physical activity and active living is an effective method of addressing low levels of physical activity. Complete Streets policies require that transportation planners and engineers consistently plan, design, and build the roadway with all users in mind including bicyclists, public transportation vehicles, and pedestrians of all ages and abilities. Complete Streets allow all users of the road to travel safely. New York State has a Complete Streets law, but a recent study shows that local policies are important to ensure adequate implementation across all New York roads.

Promoting Complete Streets – taken from DASH fact sheet

- Many New Yorkers both adult and youth are not meeting physical activity recommendations. Less than half (49%) of adult New Yorkers reported being physically active for 30 minutes per day and only 64% of New York high school youth are meeting the recommended 60 minutes of daily physical activity.

Between 2000 and 2009, over 3,000 people were killed while walking in New York State. A disproportionate number of these fatalities were children, older adults, and racial/ethnic minorities. The mortality rate of pedestrians older than 65 is significantly higher than younger pedestrians (4.6 per 100,000 vs. 1.2 per 100,000), putting New York 4th in the nation for fatality rate for pedestrians over 65.

Many studies have found that people who live in neighborhoods with greater infrastructure to accommodate walking and bicycling have higher participation in active modes of transportation and lower risk of obesity.

Designing environments that facilitate physical activity and active living is an effective method of addressing low levels of physical activity.

Complete Streets policies require that transportation planners and engineers consistently plan, design, and build the roadway with all users in mind including bicyclists, public transportation vehicles, and pedestrians of all ages and abilities. Complete Streets allow all users of the road to travel safely.

New York State has a Complete Streets law, but a recent study shows that local policies are important to ensure adequate implementation across all New York roads.

Prescription Trails

Prescription Trails is a program from Albuquerque, New Mexico designed to give all health care professionals tools to increase walking, targeting and promoting healthy lifestyles for families. This program identifies walking routes that are safe and accessible to patient and families to promote

healthy lifestyles. Healthcare professionals assess their patients for readiness to start or maintain a walking program and then write tailored prescriptions based on their current physical condition. Walking programs can contribute to the treatment and prevention of a number of chronic conditions such as diabetes, depression and high blood pressure (Prescription Trails, New Mexico fact sheet 2011).

Sample Population

Low income adults and children in rural areas will be the primary focus for the Complete Streets project. Free and reduced lunch statistics will be reviewed for each school district (13 school districts) to assist in determining which municipality(s) to target when focusing education and promotion efforts. For some low income adults and children in most municipalities of Delaware County, transportation to medical care, the grocery store and pharmacies is an issue. In some communities, due to the lack of transportation, older adults, persons with physical disabilities and families with small children walk in the community to access services. Creating safer walking environments allows people to access resources they need while promoting physical activity. In some cases community members are not aware of the current opportunities for walking and staying physically active in their town or village. This project will include building a work group with local stakeholders, the education of local government and planning boards as well as community engagement activities including: website promotion, targeted media outreach and town planning meetings.

Strategies/Interventions	Performance Measures	Organization Responsible
<p>Review the existing policy environment</p> <ul style="list-style-type: none"> • Review local policies, procedures, and plans that affect implementation of <i>Complete Streets</i> policies and strategies • Utilize the <i>North Country Complete Streets Guide Toolkit</i> 	<ul style="list-style-type: none"> • By 12/31/14, existing policies and laws in 5 municipalities will have been reviewed. 	<p>Public Health Planning Public Works</p>
<p>Convene stakeholders A stake holder list will be developed and a planning meetings convened. Include partners such as:</p> <ul style="list-style-type: none"> ○ Planning ○ Public Works ○ Local DOT ○ Local government officials ○ Public Health ○ Hospitals ○ women's business groups ○ Catskill Mountain Club 	<ul style="list-style-type: none"> • By 12/31/14, a stakeholder workgroup will be established and have regular meetings (at least 4-6 times per year). 	<p>Public Health Planning Public Works</p>

Strategies/Interventions	Performance Measures	Organization Responsible
<ul style="list-style-type: none"> ○ SUNY Delhi College ○ Delaware County Chamber of Commerce ○ Rural Healthcare Alliance 		
<p>Develop an Action Plan</p> <p>A. Increase the number of municipalities that have <i>Complete Streets</i> policies in Delaware County.</p> <p>Action Plan:</p> <ol style="list-style-type: none"> 1. Develop a Complete Streets workgroup with key stakeholders 2. Survey the 10 villages and 19 towns in Delaware County to determine which municipalities are more receptive to education about <i>Complete Streets</i> 3. Using survey results, target at least 1 municipality in 2014 and at least 3 municipalities in 2015 and 3 in 2016 to introduce and promote <i>Complete Streets</i> policies, plans and practices. 	<ul style="list-style-type: none"> • By December 31, 2016, at least 7 municipalities will have received education about new policies, plans and practices that promote Complete Streets. <p>É By December 31, 2017, at least 1 municipality will have passed a <i>Complete Streets</i> policy.</p> <p>É By December 31, 2017, at least 1 municipality will have adopted and implemented policies, plans and practices to promote <i>Complete Streets</i>.</p>	<p>Public Health Planning Public Works</p>
<p>B. Work with local hospitals and partners to support the use of <i>Prescription Trails program</i> in their clinic locations.</p> <p>Action Plan:</p> <ol style="list-style-type: none"> 1. Convene a Prescription Trails workgroup by March 31, 2014 2. Conduct a Trail Assessment utilizing the <i>Prescription Trails Assessment Worksheet</i> 3. Develop a prescription pad for medical providers to use at 	<ul style="list-style-type: none"> • By December 31, 2014, 35% of all existing and newly identified walking locations will have been assessed using the <i>Prescription Trails Assessment Worksheet</i>. (an evidence based assessment tool) An additional 35% will be identified in 2015 and the remainder in 2016. <p>É By December 31, 2015, a <i>Prescription Trails</i> website will be operational with walking trail information.</p> <p>É By December 31, 2015, <i>Prescription Trails</i> prescription pads will be available for medical providers and</p>	<p>Catskill Mountain Club Town and Village Public Works or Parks and Recreation Planning</p> <p>Delaware County Chamber of Commerce</p> <p>Hospitals and Primary Care Facilities</p>

Strategies/Interventions	Performance Measures	Organization Responsible
<p>clinic locations</p> <p>4. Work with partners (Catskill Mountain Club, Delaware County Chamber of Commerce, Planning) to identify and organize the information about existing trails and mapped out walking locations</p> <p>5. Identify new walking locations</p> <p>6. Work with the Delaware County Chamber of Commerce to centralize information about mapped miles, walking and hiking trails and planned activities available in Delaware County</p> <p>7. Develop a centralized website for the <i>Prescription Trails</i> program, housed by the Delaware County Chamber of Commerce</p>	<p>providers will be trained in the program.</p> <p>By December 31, 2016, <i>Prescription Trails</i> will be implemented in at least 3 hospital clinic locations.</p>	<p>Workgroup</p> <p>Delaware County Chamber of Commerce</p>

Promote Mental Health and Prevent Substance Abuse

The suicide rate in Delaware County is higher than the NYS average. Low income adults and children in rural areas would be the target population for this focus area. Low levels of household income are associated with several lifetime mental disorders and suicide attempts, and a decrease in income is associated with a higher risk for anxiety, substance use, and mood disorders, according to an April 2011 report in the issue of *Archives of General Psychiatry, Journal of the American Medical Association*. The rural disparity makes it difficult to access both in county and out of county services. There are many returning veterans with PTSD and other mental health diagnoses that are followed by the VA which does not have any services in county. Suicide of our military service members is the highest on record, rising for a fourth straight year and surpassing the suicide rate in the general population. (Uniformed Services University of the Health Sciences, Bethesda Bethesda, MD 20841-4799 www.usuhs.mil)

Goal 2.3 Prevent suicides among youth and adults

Objective 2.3.2: By 12/31/17, reduce the age-adjusted suicide mortality by 10% from 9.0 to 8.1 per 100,000 in Delaware County.

Strategies/Interventions	Performance Measures	Organization Responsible
Build a suicide prevention coalition comprised of professionals, human service providers, agencies NAMI, and community members	By 12/31/15 a suicide prevention coalition will be developed and meeting regularly	Public Health and Mental Health RSS
<p><i>Warm Line</i></p> <ul style="list-style-type: none"> Develop an implementation strategy for a countywide <i>Warm Line</i> by 12/31/15. <i>Warm Line</i> volunteers will be recruited and trained and the program will be operational by 12/31/16. <i>Warm Line</i> call in tracking system will be implemented and operational by 12/31/16. 	By 12/31/17, the number of people going to crisis center for care will be reduced by 25%.	Mental Health RSS Public Health Rural Healthcare Alliance
By 12/31/14, funding will be in place to start <i>Sources of Strength</i> , and evidence based program, in schools.	By 12/31/15, <i>Sources of Strength</i> program will be implemented in at least one school.	Cornell Cooperative Ext. of Delaware County
Implement suicide first aid programs in county such as the <i>Applied Suicide Intervention Skills Training (ASIST)</i>	By 12/31/15, first aid for suicide prevention classes will be available at least once per year in Delaware County.	Coalition

Warm Line

Recovery refers to the process by which a person with or impacted by a mental illness and/or addiction experiences and actively manages their disorder and reclaims their lives in the community. Recovery oriented care is what psychiatric treatment, addiction treatment and rehabilitation practitioners offer in support of the individual / family's recovery efforts (Otsego County Warm Line ó RSS Inc.)

A Warm Line is a confidential peer-support phone line for people seeking non-judgmental support from an individual who can empathize with them from a personal experience perspective. A Warm Line Provides: Peer Support, a sounding board for individuals trying to resolve issues or make decisions, referral to community services and outreach service to those who request it (Otsego County Warm Line ó RSS Inc.).

This project would include the expansion of the existing Warm Line in Otsego County into Delaware County. The Otsego County Warm Line is overseen by Rehabilitation Support Services Incorporated. The Warm Line expansion into Delaware County would be located at Rehabilitation Support Services Inc. in Delaware County and the training and coordination would be coordinated by this office.

Goal 3.2: Strengthen infrastructure for MEB health promotion and MEB disorder prevention

Objective 3.2.1: By 12/31/17, identify indicator data and establish baseline targets for data required to plan and monitor county-level, strengths-based efforts that promote MEB health and prevent substance abuse and other MEB disorders.

Strategies/Interventions	Performance Measures	Organization Responsible
<p>Build a coalition of health and mental health professionals, related service providers and community members:</p> <ol style="list-style-type: none"> By 12/31/15 the coalition will provide one presentation to the county board of supervisors about MEB infrastructure requirements. By 12/31/15 the coalition will disseminate PSAs aimed at decreasing stigma around MEB. 	<ul style="list-style-type: none"> By 12/31/14, a coalition will be established and have regular meetings (at least 4-6 times per year). By 12/31/14, at least one law enforcement designee will attend coalition meetings. 	<p>Public Health Mental Health Social Services Emergency Services</p>
<p>Action Plan:</p> <ol style="list-style-type: none"> Collect baseline data on MEB related EMS calls. Collect MEB related ED visits from 4 hospitals in county. Coalition will survey health care professionals to determine type of training most needed in year one. Provide training on MEB and Substance Abuse issues for health care professionals Integrate Mental Health services at primary care settings through telemedicine. <ul style="list-style-type: none"> Purchase telepsych 	<ul style="list-style-type: none"> By 12/31/14, 911 data related to drug overdose and other suicide related attempts from the previous 2 years will be analyzed. By 12/31/14, ED data related to suicide attempts from the previous 2 years will be analyzed. By 12/31/15, a 65% response rate for MEB training survey data of healthcare professionals at the 4 hospitals and their clinic locations will have been received. By 12/31/16, 1 professional training on MEB and Substance Abuse will be held in Delaware County. By 12/31/15, telepsych equipment will be in place and a social worker tele commute system will have been instituted in 5 Bassett Healthcare locations in Delaware County. 	<p>Emergency Services Public Health</p> <p>Hospitals</p> <p>Public Health Mental Health Alcohol and Drug Abuse Council Hospitals</p> <p>Rural Healthcare Alliance Public Health Mental Health</p> <p>Bassett Healthcare: O'Connor and Tri-Town Regional Hospitals School Based Health Clinics</p>

Strategies/Interventions	Performance Measures	Organization Responsible
equipment. Implement a system where social workers will meet on site with patients and they will tele commute to the psychiatrist for med reconciliation and other needs.		

Communication Strategy

Strategies for disseminating and educating professional organizations, governmental agencies, stakeholders and the community on the Community Health Assessment and the Community Health Improvement Plan are as outlined below.

A press release announcing publication of the 2013-2017 CHA/CHIP will be provided to the local print and radio media and will include a link to the Public Health website. A live radio interview will be conducted by WIOX in Roxbury on the Margaretville Wellness Hour. Printed hard copies and electronic versions of the documents will be provided to the four in county hospitals and stakeholders included in the CHIP. County, Town and Village Government will be provided with both a hard and electronic copy. The New York State assemblymen and senators representing Delaware County will be sent a letter and link to access the documents on the Public Health website. The CHA/CHIP will be available on the Public Health website and social media sites.

A letter with a link to the CHA/CHIP on the Public Health website will also be sent to area businesses, educational institutions, nursing homes, libraries and community wellness groups.

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

Appendix A: Summary of Assets and Resources

Profile of Community Resources Available to Meet Health-Related Needs of the County

Alcohol and Drug Abuse Council of Delaware County (ADAC) (Delhi) ó the Council is an incorporated public agency funded by New York State Office of Alcohol and Substance Abuse Services (OASAS). The Council provides information, referral, and educational services to individuals and families to promote personal growth and informed choices. The Council provides prevention education programs for schools, teaches the Drinking Driver Rehabilitation Program, provides drug-free workplace programs for businesses, conducts interventions, and publishes a quarterly newsletter for its members.

Alcohol and Drug Abuse Services of Delaware County (ADAS) (Hamden) - a medically supervised addictions outpatient treatment program serving the needs of all those whose lives have been affected by the abuse of alcohol and/or drugs.

Alcoholics Anonymous (AA), Narcotics Anonymous (NA) and Al-Anon (various sites) ó nonprofit organizations providing support groups and education about alcoholism and/or drug abuse to support groups and provides education about alcoholism. Weekly meetings are held in Andes, Delhi, Deposit, Hamden, Hancock, Margaretville, Masonville, Meridale, Roxbury, Sidney, South Kortright, Stamford and Walton.

A. Lindsay and Olive B. O'Connor Foundation ó proposals are restricted to those that have direct impact on the quality of life in Delaware and contiguously surrounding counties in rural upstate New York.

Alzheimer's Association of Northeast New York (Cooperstown) -a nonprofit organization which provides advocacy, education, support and support groups to individuals and families. A 24/7 helpline is available

American Red Cross - Southern Tier Chapter (Endicott) ó a nonprofit organization that provides civil or natural disaster assistance to families and individuals including food, clothing and shelter. Manages Project Share, funded by NYSE&G, which provides financial assistance to the elderly and disabled with electric or fuel shutoff. The Chapter coordinates bloodmobile schedule.

American Diabetes Association of Central New York (Utica) ó a nonprofit organization that provides information on healthy diet and diabetes workshops.

American Heart Association (Binghamton) ó Offers public education programs to aid in the fight against heart disease and stroke. Classroom and online courses are available for first aid and CPR training.

American Lung Association of Mid-New York (Albany, NY) – a nonprofit organization that provides research, education and advocacy about asthma, COPD, pulmonary diseases and smoking cessation. The Association also provides education about indoor air quality including radon information.

A.O. Fox Memorial Hospital- is a 100-bed acute care facility located in Oneonta, New York. In addition to inpatient hospital services, Fox also provides a broad spectrum of outpatient health care

to the Oneonta region including emergency services, urgent care, family medicine/primary care, OB/GYN, and dental, as well as a retail pharmacy, fitness center and other specialty care. Outpatient services are provided in several satellite offices including the FoxCare Center and other Oneonta locations, as well as in Sidney, Stamford and Worcester. On January 1, 2010, the Board of Trustees for Fox and Bassett approved agreements making Fox an affiliate hospital within the Bassett Healthcare Network. The affiliation allows Bassett and Fox to collaborate on the delivery of health care to people in the region.

A.O. Fox Nursing Home (Oneonta)- A not-for-profit nursing home with 130 beds plus Short Stay Rehabilitation requiring Physical Therapy, Occupational Therapy, Speech Therapy, wound care and/or Intravenous Therapy(PICCS, Infusa Port). It also provides Hospice and wound care services. An adult day care program is provided off site at 21 Ford Avenue, Oneonta.

The ARC of Delaware County (Walton) is a nonprofit organization providing community living services, THRIVE resources for industry, residential services, family support services, and transportation for their clients. Provides job development and skill building through the Resources for Industry (RFI) program. Carousel Children's Services provides developmental evaluations and services to preschool children.

Association for Vision Rehabilitation and Employment, Inc. (Binghamton) – a nonprofit organization that provides education and training programs for individuals, children and families who are blind or have visual impairment.

Asthma Coalition of the Southern Tier A.C.O.S.T- A coalition partially funded by the American Lung Association and the NYS Health Department. The coalition goal is to reduce the burden of asthma by providing no cost asthma education to schools, medical providers, hospitals, people with asthma and their families.

At Home Care, Inc. - a not-for-profit Article 36 Medicare-certified home health agency in partnership with Bassett Healthcare Network. AHC provides in home professional and paraprofessional services in Herkimer, Delaware, Otsego and Chenango Counties.

Bassett Healthcare (Cooperstown) – Bassett Healthcare (Cooperstown) is a network of physicians, providers, hospitals, and 20 community health centers located in nine counties in central New York. Bassett Healthcare is based at The Mary Imogene Bassett Hospital in Cooperstown, NY which is a 180-bed, acute care inpatient teaching facility providing 24-hour emergency and trauma care, comprehensive cancer care, as well as a wide range of medical and surgical specialties. It provides primary care services (internal medicine, family medicine, pediatrics, and obstetrics), as well as medical and surgical specialty care including cancer care, trauma care and dialysis. The Cooperstown campus also has the Bassett Clinic, an outpatient primary and specialty care center. Bassett Healthcare is affiliated with O'Connor Hospital in Delhi and Tri Town Hospital in Sidney. Bassett Healthcare manages outpatient centers in Delhi, Sidney, Stamford, and Walton. Bassett Healthcare operates four school based health centers in Delaware County, located in Delhi, South Kortright, Stamford and Sidney providing primary care, counseling and limited dental care. Bassett Health Care also operates the New York Center for Agricultural Medicine and Health (NYCAMH), a program to enhance agricultural and rural health by preventing and treating occupational injury and illness.

Berkshire Farm Center & Services for Youth- (Binghamton and Oneonta) –non-profit organization providing therapeutic and treatment foster Care for children from birth to 21 years of age as an alternative to placement in a group home or residential setting. Their mission is "to strengthen children and families so they can live safely, independently, and productively within their home communities.ö

Broome Developmental Services-High Risk Births Clinic (Binghamton)ó a non-profit organization serving providing diagnostic and treatment services for developmentally disabled children (ages birth to 6) and their families. Services include physical and occupational therapy, special education, speech therapy, psychological services, social work, and medical evaluation as needed.

Broome Developmental Disabilities Service Offices- a unit of the New York State Office for People with Developmental Disabilities providing services in partnership with local governments and voluntary not-for-profit providers for people of all ages with developmental disabilities and their families. The local office, Delaware Regional Center is located in Masonville.

Cancer Screening Services of Delaware, Otsego & Schoharie Counties- provides no cost comprehensive cancer screenings to men 50 and over & women 40 and over who are without health insurance coverage. Other services include diagnostic service, referral to facilitated enroller, link to community support services and treatment through the cancer Medicaid Treatment Program for breast, cervical, colorectal and prostate cancer. Bassett Healthcare is the lead agency.

Catholic Charities of Delaware & Otsego Counties (Oneonta and Delhi) – a nonprofit organization providing a variety of services and programs including emergency services and referral, Dispute Resolution Center, AIDS Services, Community Maternity Services, Drug Treatment Court Case Management, Alternatives to Incarceration, and Victim Impact Panels and Child Care Support Services.

Catskill Area Hospice and Palliative Care, Inc. (Delhi and Oneonta) – a nonprofit certified home health agency providing a variety of in-home palliative care services including nursing, therapy and home health aide services. They also provide bereavement counseling and operate Camp For-Get-Me-Not for children.

Catskill Center for Independence (Oneonta) - a nonprofit organization based in Oneonta providing advocacy and support programs to persons with disabilities including peer counseling referrals, benefits advisement, personal care attendant referrals, systemic and personal advocacy, and independent living skills training

Cornell Cooperative Extension Association of Delaware County (Hamden) ó The mission is to continue to serve as a fundamental catalyst for promoting the quality of life in Delaware County by linking university-based research and innovative land-grant university programming with the talents, enthusiasm and goals of community groups, agencies, institutions, volunteers and our program staff through pro-active planning focused programming and on-going partnering. The focus is on agriculture and natural resources; human ecology and 4-H youth development.

Delaware County Alcohol and Drug Abuse Services (Hamden) ó an agency licensed by the NYS Office of Alcoholism and Substance Abuse Services providing consultation, evaluation, assessment/referral, education, individual treatment, specialized support groups (e.g. stress management, recovery skills, etc.), family treatment, continuing care services, and acupuncture. The agency has satellite services in Margaretville, Sidney, Stamford, and SUNY Delhi campus.

Delaware County Chamber of Commerce (Delhi) – a not-for-profit organization which promotes economic development in Delaware County, promotes tourism and provides health care insurance to its membership of small businesses

Delaware County Council of Churches – a coalition of churches in Delaware County that provides funding and volunteer support to operate the county food bank network providing emergency food assistance.

Delaware County Department of Social Services (Delhi) – county agency providing economic assistance and social service support to eligible families and individuals.

Delaware County Drug Treatment Court- The Mission of the Delaware County Treatment Court is to create opportunities for individuals to improve their quality of life and break the cycle of crime associated with addiction. Through the mutual efforts of the Judge, Prosecutor, Defense Bar, Probation and Parole Department and Treatment Providers, the Treatment Court Team will increase long-term abstinence by holding participants accountable and ultimately reducing drug related crimes and recidivism, which will create stronger families and safer communities.

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

Delaware County Emergency Medical Services ó 23 Towns or villages provide volunteer EMS services. EMS training is coordinated by the County Emergency Management Department. Most volunteer services are having difficulty with recruitment and retention of trained volunteers. Cooperstown Medical Transport (CMT) is the only private sector provider and CMT bills for services.

Andes	
Bloomville	Paramedic
Bovina	
CMT	Paramedic- The only private paid ambulance service
Davenport	
Delhi	Paramedic
Downsville	Paramedic
East Branch	
East Meredith	
Franklin	
Grand Gorge	
Hancock	
Hobart	
Margaretville Hospital	Paramedic
Masonville	
Meridale	
Pindars Corners	
Roxbury	
Sidney	
Sidney Center	
Stamford	Paramedic
Treadwell	
Trout Creek	
Walton	Paramedic

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

Delaware County Long Term Care Advisory Council ó NY Connects ó provides education regarding long term care choices.

Delaware County Mental Health Clinic (Walton) ó county agency providing comprehensive outpatient mental health services including evaluation, diagnosis and treatment for residents of Delaware County. Services include individual and group therapy; family therapy, psychiatric services, children and youth services, crisis intervention/emergency services, treatment team and forensics.

Delaware County Office for the Aging (OFA) (Delhi) ó county agency providing health-related services including Lifeline, transportation to medical appointments, health and wellness programs, expanded in-home services for the elderly (EISEP) and senior dining program to improve the quality of life of elderly citizens. OFA provides Medicare education through the Health Insurance Counseling and Advocacy Program (HICAP).

Delaware County Office of Emergency Services (Delhi) ó county agency responsible for emergency preparedness and disaster management. Responsible for the coordination of EMS training.

Delaware County Office of Long Term Care (Delhi) ó Under the Delaware County Department of Social Services provides assistance with home care management for Medicaid recipients.

Delaware County Planning Department ó county agency providing professional decision-making support to citizens and other agencies regarding land use, watershed protection and sustainable community development. Responsible for providing technical assistance through programs including the Town Planning Advisory Service, Environmental Planning and Geographic Information Systems.

Delaware County Public Health Services (Delhi) ó county agency providing population based services to residents of Delaware County. Recently the focus of the agency has shifted from direct service provision to strategic planning, building and maintaining partnerships and building coalitions to promote healthy living in Delaware County. The agency provides direct maternal child health services including home visits for antepartum, postpartum and newborn clients. The agency is responsible for the Early Intervention Program for infants and toddlers and the Preschool Program for children with special needs. Other programs include lead poisoning prevention, Children with Special Health Care Needs (CSHCN), immunization, communicable disease investigation, injury control and Public Health Preparedness.

Delaware County Rural Healthcare Alliance (Hamden) – a state funded, county-based rural health network that operates under the auspices of Cornell Cooperative Extension of Delaware County. The goals of the Alliance are to promote a formal network of health care providers to improve the healthcare delivery system; expand and integrate preventive and wellness health services into community based primary care systems; educate consumers and the community regarding health and wellness issues in the county; promote shared network services; and explore collaborative financing strategies to insure sustainability of the network. The 4 hospitals, SUNY Delhi, Mental Health Clinic, ADAC, OFA, Alzheimer's Association, Cooperative Extension, School Based Health, hospice, Public Health and Emergency Management are among the county agencies and organizations that are represented in the network.

Delaware County Schools ó There are 13 Public School Districts located within Delaware County.

Andes Central School District
Charlotte Valley Central School District
Delaware Academy Central School District At Delhi
Deposit Central School District (Also Serves Broome County)
Downsville Central School District
Franklin Central School District
Hancock Central School District
Margaretville Central School District
Roxbury Central School District
Sidney Central School District
South Kortright Central School District
Stamford Central School District
Walton Central School District

Two Boards of Cooperative Educational Services (BOCES) serve Delaware County: Otsego Northern Catskill (ONC) BOCES in Grand Gorge and the Delaware, Chenango, Madison, Otsego (DCMO) BOCES in Norwich and Masonville. BOCES is a regional educational agency providing services in partnership local school districts to offer programs to students and teachers, as well as administrators, and the community.

There are 4 private schools located within Delaware County

Lotus School-Special Program Emphasis (Delhi) (Seventh-Day Adventist) 6 Students Gr. 5-9
Allynwood Academy -Special Program Emphasis-80 students | Gr. 9-12 (Hancock)
Islamberg School- (Islamic) Roods Creek (Hancock)-82 students | Gr. K-11
Helion Hall-gheez Academy (Long Eddy)(Seventh Day Adventist) 4 students | Gr. 5-8

There are a number of families providing home schooling for their children. This is a small but important part of the education system in the county.

Delaware Opportunities, Inc. (Delhi) ó a not-for-profit, private corporation community action agency that contracts with Delaware County and local municipalities to help people achieve self sufficiency and attain a better quality of life. Services and programs include WIC, Head Start, Safe Against Violence, Big Buddy, transportation, food pantry, senior dining, healthy families, parent aide, child care resource and referral, respite, weatherization and services coordination.

Delaware-Otsego-Schoharie Perinatal Network (Oneonta) – a multi-agency network which works collaboratively to improve prenatal care, childbirth education, labor, delivery, infant care and parenting skills in the region. The Network focuses on the needs of young families with children and addresses such issues as health care, addictions, nutrition, and breast feeding.

Delaware Valley Hospital – DVH-(Walton) – a not-for-profit, 25 bed, critical access hospital affiliated with the UHS System in Binghamton. A critical access hospital is a hospital that is located in a rural area, maintains no more than 25 inpatient beds and maintains an annual average length of stay of 96 hours per patient for acute inpatient care. DVH provides secondary specialty clinics in the areas of general surgery, cardiology and podiatry as well as a 24 hour emergency department, a medical patient unit, inpatient physical rehabilitation (swing bed), inpatient addiction treatment, radiology, cardiopulmonary, lab and ambulatory services. It also offers physical, occupational and speech therapy, dietary counseling, and occupational health services. DVH operates primary care centers in the towns of Colchester and Walton in Delaware County and in the town of Rockland in Sullivan County.

Delaware Valley Hospital Inpatient Alcohol and Substance Abuse Rehabilitation Unit (Walton) ó a medically managed detoxification, inpatient treatment, and general medical services unit that is part of Delaware Valley Hospital. UHS Delaware Valley Hospital's inpatient addiction unit provides intensive treatment of the disease of alcoholism and other drug addictions. The unit provides a safe and confidential environment in which individuals can begin the recovery process with a focus on assisting patients in the development of internal motivation to sustain their recovery through involvement in outpatient treatment and community self-help programs after discharge.

Delaware Valley Humane Society (Sidney) - Provides food, shelter and medical care to unwanted cats and dogs and finds homes for them. Areas served are: Sidney, Sidney Center, Unadilla, Otego, Franklin and parts of Deposit and Sanford. Shelter animals are brought in by dog control or animal control officers. Will accept surrendered animals as space allows.

Family Planning of South Central New York, Inc. (Oneonta) – a nonprofit organization serving Delaware County from health care sites in Oneonta, Sidney and Walton. Their mission is ö to advocate and provide individuals, families and organizations in our region with information, education and health care services pertaining to human sexuality and reproductive health in a private and confidential manner, respectful of all beliefs, supporting individual freedom of choice and responsibilityö. Patient services include pregnancy testing, HIV testing, teen services, contraception services, cancer screening including pap tests, breast exams and rectal/genital exams. Education programs addressing a full range of sexual health topics are available.

Family Resource Network, Inc. (Oneonta) – a non-profit organization providing family support services to families who have a child with special needs. Programs include advocacy, training and education, support groups and autism awareness.

Family Service Association (Oneonta) – a nonprofit organization which assists low income people and families in acquiring medical devices, information on parenting, recycled clothing and household goods, paying for emergency medical prescriptions, and provision of food.

Farmers Markets – Farmers markets are operating in Delhi, Franklin, Hancock, Stamford, Deposit, Margaretville/Roxbury, Sidney and Walton. WIC participants and seniors are able to use food coupons at local farmers markets. The location of the farmers markets makes a difference in WIC coupon redemption rates. WIC and the farmers markets have partnered to be present together to increase use of the coupons.

Friends of Recovery (FOR-DO) is an educational and support program which uses the center as a day program for people recovering from addiction.

Handicapped Children's Association of Southern New York Inc. (Johnson City) ó a non-profit organization which provides education and outpatient therapy for children with disabilities, as well as multidisciplinary evaluations for children from birth to age 12. Also, provides respite care, parent support groups, and residential services for developmentally disabled adolescents.

HCR Home Care- (local office in Delhi) A proprietary licensed and certified home health agency operating in upstate New York including Delaware County.

Heart of the Catskills Humane Society (Delhi) - Provides food, shelter and medical care to unwanted cats and dogs and finds homes for them. Areas served: Andes, Bovina, Colchester, Davenport, Delhi, Hamden, Hancock, Harpersfield, Jefferson, Kortright, Masonville, Meredith, Maryland, Margaretville, Middletown, Roxbury, Stamford, Summit and Walton. Provides quarantine space for animals. Shelter animals are brought in by dog control or animal control officers. Will accept surrendered animals as space allows.

Hepatitis C Support Group (Delhi)- for individuals and families coping with chronic Hepatitis C.

Joshua House, Inc. (Sidney) – a nonprofit organization that provides day rehabilitation for adults. It operates three 24/7 hour care residences located in Sidney and Sidney Center.

Kirkside of Roxbury ó an assisted living facility providing care to elderly people who need help with daily tasks such as meal preparation, mobility, bathing or dressing. Assisted living offers intermediate care for individuals who cannot reside on their own in an independent living, but do not need the full-time health care services of a nursing home.

Law Enforcement ó Troup C NYS Police in Sidney and Margaretville; Delaware County Sheriff's Department in Delhi; Village police departments in Delhi, Sidney, Walton and Hancock; Village Constables.

Legal Aid Society of Mid-New York, Inc. (Oneonta) – a nonprofit organization which provides litigation services to low income people regarding clarification and payment of medical bills.

Local Early Intervention Coordinating Council (Delhi) – an advisory council which serves the needs of children with disabilities (birth to 3 years of age). The Council works to promote awareness, education, and monitors the capacity of agencies and organizations to provide needed services.

Local Libraries ó there are 11 Public Libraries in county. The cybermobile stops at 12 additional sites one day per week.

Margaretville Memorial Hospital-MMH (Margaretville) ó Affiliated with Health Alliance of the Hudson Valley, MMH is a not-for-profit critical access hospital with 15 acute care beds and a Swing-Bed program providing rehabilitative services. MMH provides Emergency Department 24-hour coverage and a 24-hour, trained ambulance service. Other services offered by the hospital include ambulatory surgery, respiratory therapy, physical, occupational, and speech rehabilitation services, as well as routine diagnostic fluoroscopy, mammography, ultrasound and full-time CT scanner services. There are two out-patient clinics located in Margaretville and Roxbury.

Margaretville Health Foundation - seeks to provide funding for Margaretville Hospital and Mountainside Residential Care Center through a program of Planned Giving and the development of an Endowment Fund. The Foundation's vision is for our community to have access to the highest quality health care. The mission is ensuring quality health care for the people of the Central Catskills.

MARK Project Inc.-a 501-c-3 not-for-profit, tax-exempt rural development company that unites efforts and secures resources to build and revitalize our communities. Communities served: Arkville, Bovina, Fleischmanns, Halcottsville, Margaretville, New Kingston, and Roxbury.

Media- Catskill Mountain News, County Shopper, Daily Star, Delaware County Times, Deposit Courier, Dispatch, Hancock Herald, Mountain Eagle Newspaper, Pennysaver, Towne Crier, Tri-Town News, Walton Reporter, Watershed News, Townsquare Media, WIOX Radio, and WCDO Radio.

Medical Answering Services, LLC (MAS) is a New York State corporation located in Syracuse, New York. MAS provides Medicaid Transportation Management and Prior Authorization Services for New York State Department of Health as well as a number of New York State Counties including Delaware.

Mental Health Clinic- provides evaluation, diagnosis and treatment to adults, families, adolescents and children residing within Delaware County. The Clinic also offers consultation services to other county agencies. Crisis intervention and emergency care is provided.

Mental Health Association of Ulster County ó Not for profit United Way agency funded by Ulster, Delaware, Chenango, Otsego and Broome Mental Health Services and also by Ulster County Youth Bureau, NYS Office of Mental Health, OPWDD, Ulster County Department of Social Services, United Way, VESID, individual contributions and membership. Advocates to focus community attention on problems related to mental health and to initiate needed services for children and families, and adults. Provides applied suicide intervention skills training (ASIST).

Mountainside Residential Care Center (Margaretville) –82 bed nursing home facility located on the hospital campus. Mountainside Residential Care Center is supported by the Margaretville Health Foundation.

Mothers & Babies Perinatal Network of South Central New York, Inc. (Binghamton) - a not-for-profit, community based organization which seeks to improve birth outcomes through community education, promoting collaboration among groups to identify gaps in service delivery and developing solutions. The Network provides services to seven counties in south central New York. Facilitates enrollment in Medicaid Managed Care, Child Health Plus and New York Cares (Health Benefit Exchange)

National Alliance on Mentally Illness- NAMI - Local chapters of NAMI raise awareness around mental illness and provide no cost education, advocacy and support group programs. NAMI members are concerned families and friends of people who suffer from psychiatric illnesses, offering mutual support to those coping with the issues and needs of a loved one with a mental illness.

National Multiple Sclerosis Society Upstate New York Chapter (Binghamton) – a not-for profit organization that provides self-help groups, education, counseling, fitness, recreation, adult health care services, accessible housing, advocacy and lending library.

New Horizons Alcohol Rehabilitation (Binghamton) ó a United Health Services (UHS) not-for-profit substance abuse treatment center.

O'Connor Hospital- OCH - (Delhi) ó a not-for-profit, critical access hospital affiliated with Bassett Healthcare with 23 beds and a swing bed rehabilitation program. OCH provides 24-hour emergency services. OCH provides radiology services (CT scan, mammography, ultrasound, fluoroscopy and x-ray), physical therapy, cardiopulmonary diagnosis and treatment, and ambulatory surgery. The hospital also provides secondary specialty clinics in cardiology, general surgery, orthopedics, ophthalmology, optometry, ear, nose and throat, urology, podiatry, mental Health and operates dental clinic. OCH operates a primary care center in Delhi.

Parks/Trails/Outdoor Clubs (Town, Village and State)

Catskill Mountain Club Associationó founded in 2004. For people who like to hike, camp fish, hunt, canoe, kayak, bike, climb, and other non-motorized outdoor recreational pursuits. Club members build and maintain trails while protecting the environment.

Catskill Mountaineer ó organization dedicated to helping people learn about and enjoy the Catskill Mountains.

Catskill 3500 Club ó Earn membership in this club by hiking to the summits of each of the 35 Catskill peaks that have greater than 3500 feet elevation.

Catskill Park ó 300 miles of marked, maintained hiking trails on public Forest Preserve land. Stewardship and development of these trails is shared by the NYS Forest Rangers and local chapters of hiking clubs such as the New York/New Jersey Trail Conference and the Adirondack Mountain Club.

Catskill Scenic Trail ó owned and maintained by the Catskill Revitalization Corporation, a not-for-profit organization funded by contributions from the public. Donations are tax-deductible and matched by a grant that doubles all donations. Donations are used to improve trails, maintain bridges, build more benches and provide visitor information such as brochures and a website.

Robert V. Riddell State Park ó Davenport- more than 1,000 acres of fields and forested woodlands which offers a variety of family-friendly passive recreational opportunities. Is part of an extensive statewide trail network and is a preferred destination for hikers and other outdoor enthusiasts. Additional activities include bird-watching, snowshoeing and fishing. Schenevus Creek crosses the north side of the park and is a popular location for trout fishing. Hiking trails allow visitors to explore the wooded southern portion of the park.

Phoenix House (South Kortright) – is a nonprofit, long-term in-patient treatment center for alcohol and substance abuse with a residential program certified by OASAS.

Reality Check is a statewide youth program. Founded in 2001, the goal of the program is to educate teens about the manipulative marketing practices used by the tobacco industries to get teens to smoke. Thousands of youth across New York have participated in Reality Check activities, which operate in partnership with more than a dozen youth organizations across the state. The SUNY Cobleskill Research Foundation holds the grant that serves Delaware, Otsego and Schoharie Counties.

Rehabilitation Support Services (RSS) ó Addresses needs of individuals with psychiatric and substance abuse disorders. Provides housing, employment, care coordination, treatment, socialization and wellness programs. Services strive to encourage meaningful emotional, social, vocational and educational growth. Operate Otsego county Warmline.

Rehabilitation Support Services (RSS)- Elmwood Ave. Community Residence ó OMH licensed 8 bed group home for 12-18 year olds with mental health issues.

Robinson Broadhurst Foundation - a private foundation operating and granting funds at the complete discretion of the trustees, to fund charitable 501 (c) (3) organizations in providing a better quality of life for all community members. Provides support for historical preservation; quality education for all ages; support projects that promote community spirit and cooperation; Support community volunteer organizations; Support youth programs that encourage responsibility, community

interest, citizenship and healthy life styles; Support religious organizations in their service to the community; Support municipalities to improve and maintain infrastructures; Support efforts to improve public safety.

Robinson Terrace (Stamford) - 122 bed nursing home in northern Delaware County offers rehabilitation, hospice and respite services, full gym therapy and pool (water aerobics) as well as long term placement.

Robinson Terrace Senior Living (Stamford)- Adult Homes and Assisted Living Programs serve residents over the age of 65 who require minimal care assistance, and who are not appropriate for a skilled nursing facility. Robinson Terrace Senior Living Facility will offer both adult home and assisted living levels of care. The adult home/assisted living center has 60 beds.

Roscoe Nursing Home- An 85 bed nursing home offering rehabilitation and short term respite service for caregivers. On site Adult Day Health Care is provided six days per week for patients who need medical care including administration of medications, therapy and dressing changes.

Rural Health Network of South Central New York Inc. (Whitney Point) ó The Rural Health Network is a not-for-profit organization working to optimize individual and community health and wellness by (1) helping individuals obtain adequate and affordable health care; (2) improve accessibility, efficiency, and collaboration within the health service delivery system; (3) reducing health disparities for underserved populations; and (4) encouraging healthy lifestyle choices.

Rural Three for Tobacco Free Communities -a coalition of local organizations and individuals committed to encouraging a tobacco free environment with members from Delaware, Otsego, and Schoharie Counties. Coalition activities are planned with the objectives of changing community attitudes, practices, and policies regarding smoking/tobacco use and focus on schools, worksites, healthcare settings, community groups, and community events.

Salvation Army (Oneonta) ó a nonprofit, religious sponsored organization providing services that range from disaster and emergency assistance, shelters, soup kitchens, food pantries, and youth and senior citizen programs in cities to assistance with meals, clothes, school supplies, utility bills and prescription costs in small communities.

Southern Tier AIDS Program (Binghamton) – a nonprofit organization which provides AIDS counseling, advocacy, case management, and education.

Southern Tier Independence Center, STIC (Binghamton) – a nonprofit organization that assists people with disabilities of all ages TRAIID (Technology Related Assistance for Individuals with Disabilities) Interpreter Services, qualified sign language interpreters, readers or scribes.

Students Against Destructive Decisions (SADD) – SADD units are located throughout Delaware County and are organized by school students who advocate against driving while intoxicated.

SUNY Binghamton University - The O'Connell Office of Rural Health Studies at the Decker School of Nursing was established in 1997 by an endowment from the A. Lindsay and Olive B. O'Connell Foundation. The purpose of the Office is to support rural health care and research in Delaware and surrounding counties. The Office holds more than 350 documents that are used in rural research. Specifically the office is responsible for:

Promoting heart health in rural women

FAST program - Facts for Action to Stroke Treatment - is a community intervention to increase knowledge and awareness of the risk of stroke, the 3rd largest killer of Americans
Directing activities to facilitate the identification of health care needs in rural areas
Designing nursing strategies to meet those needs
Acting as a resource for information and knowledge about health care problems in rural areas
Offering a yearly symposium/conference focusing on rural health needs for people in Delaware and surrounding counties.

SUNY College of Technology at Delhi offers both two and four year degrees on campus. On line programs available in some majors. Counseling and Health Center

The Turning Point Center Located at: 167 Main Street in Delhi and 22 Elm Street in Oneonta.

The Visiting Nurse Service of At-Home Care, Inc. (Oneonta) – a nonprofit organization, certified home health agency sponsored by Bassett Healthcare and Fox Hospital. The Service provides at-home acute care nursing based on direct referrals from hospitals, private doctors, health clinics, families, and HMOs. People of all income levels can use this service provided they are homebound and payment is possible using many health care plans.

Tri Town Boys and Girls Club in Sidney 21 Liberty Street. Provides homework assistance and indoor recreational activities for school aged children.

Tri Town Regional Hospital a not- for profit hospital that offers 24-hour comprehensive emergency services with 4 beds for 23 hour observation, 3 beds for emergency and 1 bed for trauma. It also provides radiology services (CT scan, cancer screening coach from Bassett), ultrasound and x-ray and outpatient laboratory services.

Twin Tier Home Health, Inc (Vestal) a non-profit home care agency based at 4401 Vestal Parkway in Vestal, NY which provides home care services in the southwestern part of Delaware County.

United Health Services – (UHS) - New York Southern Tier health care provider with 200+ physicians and more than two dozen locations. UHS Wilson Medical Center in Johnson City, NY, is a 280-bed teaching hospital providing a full range of medical-surgical services, including cardiology, emergency medicine, neonatology, nephrology, maternity care, pediatrics, perinatology, pulmonary medicine, neuroscience, ophthalmology, and renal dialysis. UHS Binghamton General is a 200-bed facility. The UHS service area includes the Sidney, Deposit, Walton and Downsville areas of Delaware County.

United Way of Delaware and Otsego Counties (Oneonta) – a nonprofit agency that provides financial assistance to organizations that deliver health and human services to residents of Delaware and Otsego Counties. United Way provides funds to: Catholic Charities of Delaware and Otsego Counties, Catskill Area Hospice, Delaware Opportunities, Inc., Family Service Association, LEAF Council on Alcohol & Addictions, Inc., Legal Aid Society of Mid-New York, Inc., and The Salvation Army.

United Way of Sidney, New York (Sidney) – a nonprofit agency that provides financial assistance to organizations that provides health and human services to residents of the greater Sidney area.

Appendix B: Health Impact Pyramid

