HEALTHALLIANCE HOSPITAL

BROADWAY & MARY'S AVENUE CAMPUSES

COMMUNITY HEALTH NEEDS ASSESSMENT 2019 - 2021

HealthAlliance Hospital of the Hudson Valley
105 Mary's Avenue Kingston, NY 12401

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1. Executive Summary

Every three years, the New York State Department of Health requires Local Health Departments and hospitals to submit Community Health Improvement Plan (CHIP) and hospitals to submit Community Service Plans (CSP) which require a thorough Community Health Assessment (CHA) to be completed. In addition, the IRS requires all non-profit hospitals to conduct a Community Health Needs Assessment (CHNA) every three years and to adopt an implementation strategy to meet the identified community health needs. In its totality, these assessments and subsequent action plans are meant to meet the requirements of both New York State public health law and the Affordable Care Act.

In recent years, the New York State Department of Health has encouraged local hospitals and health departments to collaborate in the creation of joint CHIP/CSP documents in order to better serve their communities. In 2017, the seven Local Health Departments of the Mid-Hudson Region, including Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, and Westchester Counties, and HealtheConnections created the Local Health Department Prevention Agenda Collaborative with the endeavor of creating the first regional Community Health Assessment for the Mid-Hudson Region.

HealthAlliance Hospital contributed both funding and staff members to join the Collaborative in contact with Siena College Research Institute (SCRI). SCRI conducted a random digit dial regional community health survey to supplement the Regional Community Health Assessment and to gauge the perception of residents surrounding health and resources in their communities. Responses from 5,372 residents of the Mid-Hudson Region were collected. To further supplement the data collected from the community, Collaborative members held 12 focus groups with service providers to further understand the needs of specific communities and populations, and the barriers they face to achieving optimal health.

As guidance for the HealthAlliance Hospital Community Health Needs Assessment, all data gathered through the collaborative CHA process served as the required research and public input to identify public health needs and develop action plans necessary to address the specific needs

of the communities we serve. In this report, we have identified both internal and community-wide resources that will work together to address the identified health needs of our community. The implementation plan included in this document outlines evidence-based interventions, resources, partners, and intended outcomes.

In this document, we used information from our Mid-Hudson Regional Community Health Assessment in collaborations with a variety of partners to identify the needs of our community and the appropriate steps in how we, HealthAlliance Hospitals, will address them in the coming years through a variety of programs and services.

2. Hospital Description, Mission, & Vision

HealthAlliance of the Hudson Valley, a member of Westchester Medical Center Health Network

HealthAlliance of the Hudson Valley operates a 315-bed hospital bed health care system comprising HealthAlliance Hospital: Mary's Avenue Campus and HealthAlliance Hospital: Broadway Campus in Kingston, New York, and Margaretville Hospital in Margaretville, New York. It also operates Mountainside Residential Care Center, an 82-bed facility in Margaretville. As Ulster County's largest employer, HealthAlliance is committed to attracting the best-qualified medical and support staff; providing outstanding, responsive, coordinated, compassionate patient- and family-centered care; excelling in clinical outcomes and patient experiences; and ensuring patient rights, privacy and respect are honored at all times, while improving the overall health and well-being of the diverse communities it serves.

HealthAlliance's mission is to provide the highest quality health care services to all people in our communities with its vision to continue to be the destination of choice for regional health care services, centering on patient care and community health, while integrating HealthAlliance of the Hudson Valley's guiding principles of Quality, People, Stewardship and Growth.

HealthAlliance currently has two hospital campuses in Kingston, on Mary's Avenue and Broadway with an upcoming 127,000 – square – foot expansion and enhancement on Mary's Avenue campus in the City of Kingston where we broke ground on October 24, 2019.

Redeveloping the Mary's Avenue campus is the first component of a major, two-phase healthcare-advancement project. The effort includes the consolidation of all hospital services to the Mary's Avenue Campus and the conversion of the Broadway Campus into a walkable health village that combined is expected to cost $134.9 million, with $88.8 million coming from the New York State Capital Restructuring Financing Program.

About Westchester Medical Center Health Network

The Westchester Medical Center Health Network (WMCHealth) is a 1,700-bed health care system headquartered in Valhalla, New York, with 10 hospitals on eight campuses spanning 6,200 square miles of the Hudson Valley. WMCHealth employs more than 12,000 people and has nearly 3,000 attending physicians. From Level 1, Level 2 and Pediatric Trauma Centers, the region's only acute care children's hospital, an academic medical center, several community hospitals, dozens of specialized institutes and centers, skilled nursing, assisted living facilities, home care services and one of the largest mental health systems in New York State, today WMCHealth is the preeminent provider of integrated healthcare in the Hudson Valley.

3. Facility Service Area & Description of Community

HealthAlliance defines its primary service area (PSA) by a federal definition that consists of the top 75% of hospital discharges from the lowest number of contiguous zip-codes. Due to the geographical location of acute care hospitals under HealthAlliance, there are distinct primary service areas that lie within Ulster County, though not encompassing the entire county.

Ulster County is located in the southeast part of New York State, south of Albany and immediately west of the Hudson River. Bordered by Greene County to the north, Delaware County to the northwest, Sullivan to the southwest, and Orange to the south, and Dutchess County across the Hudson River to the east, much of Ulster County can be characterized as suburban and semi-rural. With only one major urban area, the city of Kingston, located in the eastern central portion of the County, and encompassing just 7.4 square miles of the County's total area, the rest of the County is comprised of 20 towns and three villages. Ulster County is home to 13 school districts and two colleges and universities within its 1,161-square mile area.

County	Zip-Code	Population	County	Zip-Code	Population
Ulster	12401	35,040	Ulster	12466	2,471
Ulster	12402	0	Ulster	12471	215
Ulster	12404	3,385	Ulster	12472	1,572
Ulster	12411	497	Ulster	12475	354
Ulster	12419	722	Ulster	12477	18,787
Ulster	12428	6,602	Ulster	12481	1,356
Ulster	12429	281	Ulster	12484	2,733
Ulster	12433	483	Ulster	12486	1,523
Ulster	12440	1,980	Ulster	12487	3,268
Ulster	12443	3,825	Ulster	12493	495
Ulster	12446	5,061	Ulster	12498	4,851
Ulster	12449	3,367	Ulster	12561	18,308
Ulster	12455	1,894			
Ulster	12456	639			

Ulster County's population since 2010 has declined 2.1% according to the Census Bureau. In the following pages, you will find more consistent and statistical data intended to frame the demographic characteristics of the county derived from the 2017 Census.

Population Demographic Characteristics			
	Population	Percentage of Mid-Hudson Region	Percentage of State
Ulster	180,129	7.7	0.9
Mid-Hudson	2,329,583	N/A	11.8
NYS	19,798,228	N/A	N/A

Population Stratified by Sex				
	Male		Female	
	N	%	N	%
Ulster	89,377	49.6	90,752	50.4

Mid-Hudson	1,145,334	49.2	1,184,249	50.8
NYS	9,604,111	48.5	10,194,117	51.5

Population Stratified by Age										
	<5 years		5-19 years		20-34 years		35-64 years		≥65 years	
	N	%	N	%	N	%	N	%	N	%
Ulster	8,066	4.5	30,074	16.7	33,918	18.8	75,650	42.0	32,421	18.0
Mid-Hudson	135,754	5.8	467,151	20.1	422,422	18.1	941,303	40.4	362,953	15.6
NYS	1,176,877	5.9	3,554,995	18.0	4,288,714	21.7	7,769,291	39.3	3,008,351	15.2

Population Stratified by Race/Ethnicity										
	Non-Hispanic White		Non-Hispanic Black		Non-Hispanic Asian		Hispanic		Non-Hispanic Other*	
	N	%	N	%	N	%	N	%	N	%
Ulster	143,781	79.8	9,317	5.2	3,802	2.1	17,714	9.8	5,515	3.2
Mid-Hudson	1,474,867	63.3	251,474	10.8	104,516	4.5	442,732	19.0	55,994	2.4
NYS	11,071,563	55.9	2,842,869	14.4	1,639,345	8.3	3,726,238	18.8	518,213	2.5

Population Stratified by Spoken Language												
	English		Language other than English		Spanish		Other Indo-European languages		Asian and Pacific Islander languages		Other languages	
	N	%	N	%	N	%	N	%	N	%	N	%
Ulster	152,931	88.9	19,132	11.1	9,977	5.8	5,859	3.4	2,193	1.3	1,103	0.6
Mid-Hudson	1,593,213	72.6	600,616	27.4	319,183	14.5	193,652	8.8	60,735	2.8	27,046	1.2
NYS	12,924,635	69.4	5,696,716	30.6	2,810,962	15.1	1,617,553	8.7	951,683	5.1	316,518	1.7

Population 25 years and older	
	Population
Ulster	129,659
Mid-Hudson	1,570,660

NYS	13,660,809

Population Stratified by Educational Attainment								
	Less than High School Graduate		High School Graduate		Some college, no degree		Associate's degree or higher	
	N	%	N	%	N	%	N	%
Ulster	12,106	9.4	39,462	30.4	24,219	18.7	53,872	41.6
Mid-Hudson	177,335	11.3	377,325	24.0	262,838	16.7	753,162	48.0
NYS	1,895,439	13.9	3,591,287	26.3	2,169,152	15.9	6,004,931	44.0

Total Households	
	Households
Ulster	69,662
Westchester	345,885
Mid-Hudson	811,321
NYS	7,302,710

Households Stratified by Income												
	<$10,000		$10,000-$24,999		$25,000-$49,999		$50,000-$74,999		$75,000-$99,999		>$100,000	
	N	%	N	%	N	%	N	%	N	%	N	%
Ulster	3,648	5.2	10,179	14.6	15,069	21.6	12,774	18.3	8,617	12.4	19,375	27.8
Mid-Hudson	36,649	4.5	91,125	11.2	135,356	16.7	119,400	14.7	95,259	11.7	333,532	41.1
NYS	516,085	7.1	1,055,677	14.4	1,440,269	19.8	1,160,508	15.9	865,640	11.9	2,264,531	31.1

Population Stratified by Veteran Status			
	Civilian Population 18 years and older	Civilian Veterans	
	N	N	%
Ulster	147,020	9,480	6.4
Mid-Hudson	1,787,887	93,489	5.2
NYS	15,571,733	757,900	4.9

In New York State, nearly one in four adults, or over 3.3 million people, have a disability. According to the World of Health Organization (WHO), disabilities can affect three aspects of life: impairment to body structure or mental function; activity limitation such as difficulty hearing, moving, or problem-solving; and participation restrictions in daily activities like working, engaging in social or recreational activities, or accessing healthcare or preventive services. Adults with a disability typically have a higher rate of chronic conditions such as obesity, heart disease, and diabetes. Structural and societal barriers can limit the ability to participate in work, recreation, and programs aimed at promoting healthy living in those living with a disability.

Various types of disabilities can affect an individual's quality of life. Types of disability include:

- Independent living disability – difficulty doing tasks or errands alone, like visiting a doctor's office or shopping due to a physical, mental, or emotional condition
- Cognitive disability – serious difficulty concentrating, remembering, or making decisions due to a physical, mental, or emotional condition
- Self-care disability – difficulty handling tasks such as dressing or bathing on one's own
- Mobility disability – difficulty moving around physically, such as walking or climbing stairs
- Hearing disability – deafness or serious difficulty hearing
- Vision disability – blindness or serious difficulty seeing (even when wearing glasses)

Population Stratified by Type of Disability							
	Adults Living with Any Disability	Independent Living Disability	Cognitive Disability	Self-care Disability	Mobility Disability	Hearing Disability	Vision Disability
Ulster	20.7%	6.1%	9.7%	2.9%	10.8%	3.6%	2.7%
NYS	22.9%	3.9%	8.7%	3.5%	13.3%	3.9%	3.7%

4. CHNA Methodology and Community Input

In 2017, HealthAlliance entered into a collaboratively 7-County partnership to create a regional Community Health Assessment (CHA) which was led by the representatives from HealtheConnections. This process included 17 local hospitals and 7 County Health Departments which ultimately developed the Regional Community Health Assessment Survey (***Appendix A***) for the purpose of creating the CHA and inform future health improvement efforts in the Mid-Hudson Region. The survey is ultimately designed to include questions to collect information on several initiatives put forward by the NYS Department of Health and NYS Prevention Agenda 2019-2024.

Survey data collection, analysis, and charting were provided by a team from SCRI who administered a random digit dial survey by phone which took place between April and September 2018, utilizing both landline and mobile phone numbers to reach respondents. Results were then weighted by gender, age, race, and regional according to the US Census.

Although the Mid-Hudson Region Community Health Survey collected responses from a randomized sample of over 5,000 Hudson Valley residents, there are some populations that may not be accounted for in this survey. Some of these underrepresented populations include low-income, veterans, seniors, people experiencing homelessness, LGBTQ members, and people with a mental health diagnosis. In order to ensure that the needs of these populations were met, focus groups were conducted with providers that serve these populations in each of the seven counties. The term “providers” refers to those who offer services such as mental health support, vocational programs, and programs for underserved populations.

Before the focus groups took place, a survey was sent out to providers within each county in order to supply additional insight around local factors influencing community health. This survey covered several topics including the populations the providers serve, the issues that affect health in the communities they serve, barriers to people achieving better health, and interventions that are used to address social determinants of health (***Appendix B***). Throughout the seven counties in the Mid-Hudson Region, 285 surveys were completed by service providers. The answers to the

survey varied throughout each county, and these differences were expanded upon in the focus groups.

For the purposes of aligning the county's collective resources to move towards achieving the NYS Prevention Agenda's goals, the chosen Priority Areas for Ulster County are:

1. Prevent Chronic Disease
2. Promote Healthy Women, Infants, and Children
3. Promote Well-Being and Prevent Mental and Substance Use Disorders

The Ulster County Health Summary Report is outlined in *Appendix C.*

5. Identified Community Health Needs

HealthAlliance Hospital involved key members of the hospital in the assessment and selection of its health priorities. After identifying each selected priority based on the criteria above, a work group was convened by the Ulster County Public Health Department which included HealthAlliance Hospital, Ellenville Regional Hospital, Institute of Family Health, Live Well Kingston, and number of other Community Based Organizations. Through this work group, the data from the community engagement sessions, as well as the hospital and county health department community health assessments, were aligned with the priorities outlined by the NYS 2019-2024 Prevention Agenda. Additionally, the rationales for choosing the specific priorities were also based on capacity and availability of internal resources to address such deficiency.

HealthAlliance Hospital's 2019-2021 CHNA Implementation Plan was developed using evidence based interventions as recommended by NYS Prevention Agenda 2019-2024. The overarching strategy is to improve the health and well-being of the entire population and achieve health equity. This strategy includes an emphasis on social determinants of health, defined by Health People 2020 as the condition in the environment in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. The Prevention Agenda presents the mechanism through which community health needs are prioritized which was used and administered effectively.

Through the collaboration and partnership with the Ulster County Department of Health and Mental Health, Ellenville Regional Hospital, and health and human service agencies, HealthAlliance Hospital has chosen the following Prevention Agenda goals to work towards over the next three years of the plan:

a. Prevent Chronic Disease
    - Prevent Imitation of Tobacco Use/Eliminate Exposure to Secondhand smoke
    - Increase Cancer Screenings
    - Promote Evidence-Based Care to Prevent & Manage Chronic Diseases

b. Promote Healthy Women, Infants, and Children
    - Increase Breastfeeding

c. Promote Mental Health and Prevent Substance Abuse
    - Prevent and Address Adverse Childhood Experiences (ACES)

6. Community Resources

Ulster County, NY is resource-rich location with an extensive network of health and human service agencies located throughout the county. In addition to these agencies, Ulster County is home to two area hospitals, various medical providers, two-year and four-year colleges, and several large Federally Qualified Health Centers. Throughout the CHA process, these community partners assisted the Health Department to assess and prioritize health needs and many have made commitments to work towards the health goals of the county.

HealthAlliance Hospital has chosen specific Prevention Agenda goals based on our internal expertise, resources, and the desire and commitment to improve the health and well-being of our community members. As no one entity can address all needs, community partners are essential to help achieve the Prevention Agenda goals.

HealthAlliance Hospital has a strong partnership with hundreds of organizations serving its residents, including two area hospitals, federally qualified health care centers, private medical providers, local two- and four-year colleges, community based organizations, and regional organizations serving broad variety of community needs. In partnership with the Ulster County

Departmetn of Health and Mental Health we established multiple countywide coalitions, including Health Ulster Council, Integrated Ulster, Human Services Coalition, SPEAK, Ulster County Opioid Prevention Task Force, and Ulster County Public Health Preparedness Taskforce. In addition, we have representation at local committees that include Live Well Kingston, Wawarsing Council of Community Agencies, Mano-a-Mano, Bringing Agencies Together, Maternal Infant Services Network, Ulster Prevention Council, and Tobacco Free Action Communities, among others. List of organizations can be found at the end of the document

7. Evaluation of Impact from Previous CHNA

Healthalliance Hospital's 2016 -2018 had the following impact:

THE HEALTHALLIANCE'S MULTIDISCIPLINARY CANCER COMMITTEE ESTABLISHED A PREVENTION GOAL FOR HEALTHALLIANCE'S COMMUNITY SERVICE PLAN 2016–2018 SEEKING TO REDUCE OBESITY TO DECREASE THE RISK OF CHRONIC DISEASES — INCLUDING CORONARY HEART DISEASE, TYPE 2 DIABETES, ASTHMA, HIGH CHOLESTEROL, OSTEOARTHRITIS, HIGH BLOOD PRESSURE AND SLEEP APNEA — AND CERTAIN TYPES OF CANCER. OVERWEIGHT AND OBESITY, TOGETHER ONE OF THE LEADING PREVENTABLE CAUSES OF DEATH IN THE UNITED STATES, HAVE REACHED EPIDEMIC PROPORTIONS IN THE HEALTHALLIANCE SERVICE AREA, AS WELL AS ACROSS COUNTRY AND AROUND THE WORLD.

- DEVELOPED A FREE WELLNESS AND WEIGHT MANAGEMENT SERIES IN THE REUNER HOUSE. THE SIX-SESSION PROGRAM BENEFITED FROM THE CLINICAL SERVICES OF A REGISTERED AND CERTIFIED DIETITIAN NUTRITIONIST OFFERING NUTRITIONAL EDUCATION AND FEATURED DYNAMIC DEMONSTRATIONS OF HEALTHY FOOD PREPARATION. THE GOALS OF THE PREVENTION PROGRAM WERE TO REDUCE THE BMI, OR BODY MASS INDEX, OF PARTICIPANTS WHO WERE OVERWEIGHT; DEVELOP PARTICIPANTS' DESIRE TO MAKE HEALTHIER FOOD CHOICES, INCLUDING REGULARLY EATING FRUITS AND VEGETABLES; AND INCREASE THEIR LEVELS OF EXERCISE SO THE PARTICIPANTS WOULD PROFIT FROM THE SCIENTIFICALLY PROVEN BENEFITS OF PHYSICAL ACTIVITY.
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- FOR THE COLON CANCER SCREENING PROGRAM, HEALTHALLIANCE CONDUCTED PUBLIC INFORMATION AND EDUCATION SESSIONS IN A VARIETY OF COMMUNITY SETTINGS TO IMPROVE SCREENING RATES. AT THOSE SETTINGS, SPECIALISTS CONNECTED UNINSURED AND UNDERINSURED PEOPLE WITH FREE COLON CANCER SCREENINGS OFFERED THROUGH COMMUNITY PARTNER CANCER SERVICES PROGRAM OF THE HUDSON VALLEY. CSP PROVIDED FREE TAKE-HOME COLON CANCER SCREENING TESTS (CALLED FIT KITS) TO MEN AND WOMEN AGE 50 AND OLDER. IF A SCREENING REQUIRED FOLLOW-UP DIAGNOSTIC TESTING, CSP PAID FOR THOSE SERVICES AS WELL. CLIENTS RECEIVING DIAGNOSTIC SERVICES WORKED WITH A CSP CARE COORDINATOR TO ENSURE THEY OBTAINED THE REQUIRED FOLLOW-UP CARE.
  SKIN CANCER: OF THE 22 PATIENTS SCREENED, 11 WERE FOUND TO HAVE CONDITIONS THAT NEEDED FOLLOW-UP WITH A DERMATOLOGIST. THREE PATIENTS WERE RECOMMENDED TO HAVE SKIN BIOPSIES TO RULE OUT BASAL-CELL CARCINOMA, THE MOST COMMON TYPE OF SKIN CANCER. EVERY PATIENT WAS GIVEN CONTACT INFORMATION FOR ALL THE DERMATOLOGISTS IN AND AROUND KINGSTON, AND ALL SUSPICIOUS FINDINGS WERE APPROPRIATELY FOLLOWED UP.
  THE PATIENT RESPONSE AND THE GRATITUDE THE EXPRESSED WERE SO GREAT THAT HEALTHALLIANCE AND DR. KIRCHER DECIDED TO MAKE THE FREE SATURDAY SCREENINGS AN ANNUAL SERVICE.

THE HEALTHALLIANCE'S DIABETES EDUCATION CENTER IS COMMITTED TO PROVIDING INDIVIDUALS WITH THE SKILLS AND KNOWLEDGE TO MANAGE DIABETES AND PREVENT DIABETIC COMPLICATIONS. THE DIABETES EDUCATION CENTER IS ALSO A COMMUNITY RESOURCE CENTER WHERE WE HOST TRAININGS AND EDUCATIONAL PROGRAMS AND OFFER INFORMATION RESOURCES FOR OUR COMMUNITY TO LEARN ABOUT DIABETES.

- THE CENTER HAS HELD TWICE A WEEK THE DIABETES SELF-MANAGEMENT CLASSES SERVING OVER 300 PATIENTS AND WITH A COMPLETION RATE OF 33%.
- EVERY MONTH, THE CENTER HOLDS A FREE, OPEN TO THE PUBLIC WORKSHOP, AND DISTINCTIVE SUPPORT GROUPS FOR TYPE 1 AND TYPE 2 DIABETES PATIENTS. IN 2017, THE CENTER HAD 385 CLASS VISITS AND OF THE 86 PATIENTS WITH SERIAL HGB A1C

VALUES, THERE WAS AN AVERAGE DECREASE OF 0.61%. 271 PATIENTS ATTENDED INDIVIDUAL APPOINTMENTS WITH DIABETES EDUCATORS. ADDITIONALLY, 97 PATIENTS ATTENDED DIABETES EDUCATION CLASSES. THE DIABETES EDUCATIOM CLASSES INCLUDED DIABETIC FOOT CARE WITH DR. MALONEY, TANDEM INSULIN PUMP UPDATE, RETINOPATHY WITH DR. CHEEMA, TYPE 2 TREATMENT OPTIONS WITH DR. LIPPERT, AND MEDTRONIC INSULIN PUMP UPDATE. 55 INDIVIDUALS ATTENDED THE PLANNING OUTREACH EVENT IN THE HUDSON VALLEY MALL ON 10/4/17. 88 PEOPLE ATTENDED FREE MONTHLY SUPPORT GROUPS. TOPICS INCLUDED INHALED INSULIN, CARDIOLOGY, NUTRITION; ACCESS TO LOCAL LOW COST FRUITS AND VEGETABLES, PHARMACY ISSUES, NEPHROLOGY, NUTRITION LABELING, OPHTHALMOLOGY AND A SESSION ON THE STRESS OF CHRONIC DISEASE LED BY A SOCIAL WORKER.

THE FAMILY BIRTH PLACE AT HEALTHALLIANCE HOSPITAL: BROADWAY CAMPUS, PROVIDES THE HIGHEST LEVEL OF CARE AND A RANGE OF CHOICES FOR EXPECTANT WOMEN IN A SECURE, YET FAMILY-FRIENDLY ENVIRONMENT WHERE THE WELL-BEING OF OUR MOTHERS AND BABIES IS OUR HIGHEST PRIORITY. THE FAMILY BIRTH PLACE OFFERS A LABOR, DELIVERY, RECOVERY, POSTPARTUM (LDRP) APPROACH TO OBSTETRIC CARE, WHERE YOU CAN GIVE BIRTH, RECOVER AND SPEND TIME WITH YOUR BABY ALL IN ONE HOMELIKE ROOM. THE FAMILY BIRTH PLACE CONTINUES TO OFFER PRENATAL CHILDBIRTH EDUCATION AND BREASTFEEDING CLASSES IN WHICH EXPECTANT MOTHERS AND THEIR PARTNERS ARE EDUCATED ABOUT THE BENEFITS OF BREASTFEEDING. MANY CLINICAL STAFF MEMBERS ARE CERTIFIED LACTATION COUNSELORS. CERTIFICATION HOLDERS DEMONSTRATE COMPETENCE IN LACTATION KNOWLEDGE, SKILLS AND ATTITUDES, AND AGREE TO COMPLY WITH THE ACADEMY OF LACTATION POLICY AND PRACTICE CODE OF ETHICS. THE FAMILY BIRTH PLACE IS A CRIBS-FOR-KIDS NATIONAL CERTIFIED GOLD SAFE SLEEP CHAMPION AND RECEIVED THE 2015 QUALITY IMPROVEMENT AWARD FROM THE NEW YORK STATE PERINATAL QUALITY COLLABORATIVE OBSTETRICAL IMPROVEMENT PROJECT.

- THE FAMILY BIRTH PLACE HAS MET AND EXCEEDED THE OBJECTIVE OF INCREASING THE PERCENTAGE OF INFANTS WHO ARE EXCLUSIVELY BREASTFED DURING BIRTH HOSPITALIZATION IN NEW YORK STATE HOSPITALS BY AT LEAST 10% TO 48.1%. IN 2016,

THE AVERAGE OF MOTHERS WHO BREASTFEED EXCLUSIVELY DURING HOSPITALIZATION WAS 51%.

- IN WORKING WITH THE COMMUNITY, THE FAMILY BIRTH PLACE PARTNERS WITH THE BREASTFEEDING INITIATIVE OF ULSTER COUNTY (BIUC), MEMBERS OF WHICH INCLUDE THE INSTITUTE FOR FAMILY HEALTH, THE ULSTER COUNTY DEPARTMENT OF HEALTH, THE ULSTER COUNTY WOMEN, INFANT AND CHILDREN (WIC) PROGRAM, AND THE MATERNAL INFANT SERVICES NETWORK (MISN). OUR STAFF ALSO COORDINATES THE BABY CARE TENT AT THE ULSTER COUNTY FAIR AND THE COMMUNITY BABY SHOWER AT THE WELLNESS EXPO+ DISTRIBUTING BREASTFEEDING INFORMATION AND ENGAGING WITH COMMUNITY MEMBERS.
- THE FAMILY BIRTH PLACE INCREASED THE NUMBER OF MOTHERS WHO EVER BREASTFED DURING THEIR HOSPITAL STAY TO 91%, EXCEEDING THE HEALTHALLIANCE 85% BENCHMARK. UNFORTUNATELY, THE NUMBER OF WOMEN WHO BREASTFEED EXCLUSIVELY DURING THEIR HOSPITAL STAY DECREASED FROM 51% IN 2016, TO 42% BY THE END OF 2018. (EXPLAIN HERE THAT WOMEN DIDN'T RECEIVE BREASTFEEDING EDUCATION BEFORE LABOR AND WE COULDN'T CONTROL THAT) HEALTHALLIANCE SEEKS TO INCREASE THE NUMBER OF CLC NURSES AT ALL TIMES IN THE FAMILY BIRTH PLACE AND PROMOTE BREASTFEEDING EDUCATION IN OUR RECENTLY OPENED OB/GYN OFFICE.

THE HEALTHALLIANCE EMPLOYEE WELLNESS PROGRAM IS A NEW INITIATIVE OF THE HEALTHALLIANCE OF THE HUDSON VALLEY COMMUNITY SERVICE PLAN FOR THE YEARS 2016-2018. THE GOAL IS TO ESTABLISH A COMPREHENSIVE WORKSITE WELLNESS PROGRAM FOR EMPLOYEES. HEALTHALLIANCE IMPLEMENTED AN EMPLOYEE WELLNESS PROGRAM FOR ALL EMPLOYEES, BUT MORE SPECIFICALLY FOR THOSE ENROLLED IN THE CDPHP HEALTH INSURANCE PLAN OBTAINED THROUGH HEALTHALLIANCE. ALL BENEFIT-ELIGIBLE EMPLOYEES ARE ENCOURAGED TO COMPLETE THREE ACTIVITIES, WHICH INCLUDE, COMPLETING A PERSONAL HEALTH ASSESSMENT, COMPLETING AN ANNUAL PHYSICAL AND PARTICIPATING IN AT LEAST ONE WELLNESS ACTIVITY BETWEEN JANUARY 1, 2016 AND DECEMBER 31, 2016. SUCH WELLNESS ACTIVITIES CAN INCLUDE GETTING AN ANNUAL FLU VACCINE, GETTING AN EYE EXAM, PARTAKING IN ALL SIX SESSIONS OF THE WELLNESS AND WEIGHT MANAGEMENT SERIES,

AND MORE. EMPLOYEES WHO COMPLETE ALL THREE REQUIREMENTS WILL RECEIVE A $15 WELLNESS CREDIT PER PAY PERIOD TOWARDS THEIR CDPHP HEALTH INSURANCE PREMIUM. IN ADDITION, HEALTHALLIANCE HAS STARTED IMPLEMENTING EMPLOYEE-SPECIFIC NUTRITION AND PHYSICAL ACTIVITY CLASSES ON CAMPUS AND HAS OPENED THE CAMPUS TO A MOBILE FARM STAND DURING THE GROWING SEASON. EMPLOYEES WHO HAVE ENABLED "QUICK CHECK" ON THEIR ID BADGES CAN USE THEIR BADGES TO PURCHASE THIS FRESH, LOCALLY GROWN PRODUCE.

2016 UPDATE

DURING THE 2016 BENEFIT YEAR, 49% OF KINGSTON-BASED EMPLOYEES COMPLETED THREE WELLNESS ACTIVITIES TO QUALIFY FOR A $15 WELLNESS CREDIT PER PAY PERIOD. THE FOLLOWING FITNESS CLASSES WERE ORGANIZED BY THE EMPLOYEE WELLNESS PROGRAM AND ATTENDED BY HEALTHALLIANCE EMPLOYEES.

- STRENGTH AND CONDITIONING CLASSES: 02.18.16 – 05.05.16
  - 26 EMPLOYEES
- TOTAL BODY CONDITIONING: 10.13.16 – 11.17.16
  - 26 EMPLOYEES
- KICKBOXING: 12.01.16 – 12.29.16
  - 21 EMPLOYEES
- FITNESS SEMINARS: 02.09.16
  - 11 EMPLOYEES

IMPLEMENTATION PLAN

HEALTHALLIANCE HOSPITAL
2019 – 2021 COMMUNITY HEALTH NEEDS ASSESSMENT IMPLEMENTATION PLAN

NYS PREVENTION AGENDA PRIORITY AREA: PREVENT CHRONIC DISEASES

FOCUS AREA 3: Tobacco Prevention

PREVENTION AGENDA GOAL 3.1: Prevent Initiation of Tobacco Use
OBJECTIVE 3.1.6: Increase the number of municipalities that adopt retail environment policies, including those that restrict the density of tobacco retailers, keep the price of tobacco products high, and prohibit the sale of flavored tobacco products
EVIDENCE BASED INTERVENTION:
3.1.3 Pursue policy action to reduce the impact of tobacco marketing in lower-income and racial/ethnic minority communities, disadvantaged urban neighborhoods and rural areas.
3.1.4 Keep the price of tobacco uniformly high by regulating tobacco company practices that reduce the real price of cigarettes through discounts.
3.1.5 Decrease the availability of flavored tobacco products including menthol flavors used in combustible and non-combustible tobacco products and flavored liquids including menthol used in electronic vapor products.
DISPARITY ADDRESSED: Low-income, racial/ethnic minorities, and disadvantaged urban and rural communities

Activities	Timeframe	Evaluation Measures	Internal Staff and Resources	Community Implementation Partners	Intended Outcome Product/Result
Strengthening the Ulster County Retailer License to prohibit new retailers sale in school zones, eliminate price promotions and flavored tobacco products.	January 2020 – December 2021	# of retailers in school zones, presentations completed and community orgs engaged for successful adoption of revised law.	Tobacco Free Action Communities Staff, Community Engagement,	Ulster County Department of Health and Mental Health, Ulster Prevention Programming Council	Reducing the number of tobacco retailers in school zones and prohibiting price promotions will help protect youth and eliminate a prime marketing tool that tobacco companies use to target youth.
Target specific communities through events, media activities, and social media to educate and inform on harm and regulations	January 2020 – December 2021	Actively Participate in Smokeout, KickButts Day, and World No Tobacco Day # of materials distributed and event participations	Tobacco Free Action Communities Staff, Community Engagement, Marketing Department	Reality Check, American Heart Association, Ulster County Department of Health and Mental Health, and numerous media and community partners	Reduce initiation of tobacco use by Ulster County youth and young adults, especially low SES populations Increase presence at local, community events targeting specific populations. Measure reach and frequency of paid media campaigns and successful earned media.

HEALTHALLIANCE HOSPITAL 2019 – 2021 COMMUNITY HEALTH NEEDS ASSESSMENT IMPLEMENTATION PLAN
NYS PREVENTION AGENDA PRIORITY AREA: PREVENT CHRONIC DISEASES
FOCUS AREA 4: Chronic Disease Preventative Care and Management
PREVENTION AGENDA GOAL 4.1: Increase Cancer Screening Rates **OBJECTIVE:** **4.1.1:** Increase the percentage of women with an annual household income less than $25,000 who receive a breast cancer screening based on most recent guidelines **4.1.5:** Increase the percentage of adults aged 50-64 who receive a colorectal cancer screening based on the most recent guidelines **INTERVENTION:** **4.1.2:** Conduct one-on-one (by phone or in-person) and group education (presentation or other interactive session in a church, home, senior center or other setting). **4.1.3:** Use small media such as videos, printed materials (letters, brochures, newsletters) and health communications to build public awareness and demand **DISPARITY ADDRESSED:** Low-income, racial/ethnic minorities, seniors and disadvantaged urban and rural communities

Activities	Timeframe	Evaluation Measures	Internal Staff and Resources	Community Implementation Partners	Intended Outcome Product/Result
Outreach to community organizations to educate about Cancer screenings and eligibility criteria for free cancer screenings through Cancer Service Program	January 2020 – December 2021	Number of referrals to Cancer Services Program Number of outreach efforts/partners	Oncology Support Program, Community Engagement,	Community Based Organizations, Faith-Based Community, Cancer Services Program	Increase level of awareness and screenings for the community, at large.

HEALTHALLIANCE HOSPITAL 2019 – 2021 COMMUNITY HEALTH NEEDS ASSESSMENT IMPLEMENTATION PLAN
NYS PREVENTION AGENDA PRIORITY AREA: PREVENT CHRONIC DISEASES
FOCUS AREA 4: Chronic Disease Preventative Care and Management
PREVENTION AGENDA GOAL 4.4: In the community setting, improve self-management skills for individuals with chronic diseases, including asthma, arthritis, cardiovascular disease, diabetes and prediabetes and obesity **OBJECTIVE 4.4.1:** Increase the percentage of adults with chronic conditions (arthritis, asthma, CVD, diabetes, CKD, cancer) who have taken a course or class to learn how to manage their condition **INTERVENTION:** **4.4.2** Expand access to evidence-based self-management interventions for individuals with chronic disease (arthritis, asthma, cardiovascular disease, diabetes, prediabetes, and obesity) whose condition(s) is not well-controlled with guidelines-based medical management alone. **DISPARITY ADDRESSED:** Low-income, racial/ethnic minorities, seniors and disadvantaged urban and rural communities

Activities	Timeframe	Evaluation Measures	Internal Staff and Resources	Community Implementation Partners	Intended Outcome Product/Result
Organize monthly free support groups on various diabetes self-management techniques	January 2020 – December 2021	Number of community members attending	Diabetes Education Center, Community Engagement	Various health professionals in Ulster County.	To increase awareness of diabetes related issues and support located in community.
Hold one-on-one appointments for diabetes and nutrition counseling and weekly group classes.	January 2020 – December 2021	Number patients seen during the one-on-one sessions	Diabetes Education Center	We receive referrals from various primary care and specialists.	To provide evidenced-based education interventions and assist patients with managing the various aspects of diabetes self-management.

HEALTHALLIANCE HOSPITAL 2019 – 2021 COMMUNITY HEALTH NEEDS ASSESSMENT IMPLEMENTATION PLAN
NYS PREVENTION AGENDA PRIORITY AREA: Promote Healthy Women, Infants, and Children
FOCUS AREA 2: Perinatal and Infant Health
PREVENTION AGENDA GOAL 2.2: Increase Breastfeeding **OBJECTIVE 2.2.1**: Increase the percentage of infants who are exclusively breastfed in the hospital by 10% from 47.0% (2016) to 51.7% among all infants **EVIDENCE BASED INTERVENTION:** **2.2.2:** Promote and implement maternity care practices consistent with the Baby Friendly Hospital Initiative - Ten Steps to Successful Breastfeeding **DISPARITY ADDRESSED:**

Activities	Timeframe	Evaluation Measures	Internal Staff and Resources	Community Implementation Partners	Intended Outcome Product/Result
Continue to educate Advanced OB-Gyn, The Institute of Family Health and Family Birth Place on importance of exclusive breastfeeding and strategies to increase and maintain exclusivity rates.	January 2020 – December 2021	Percentage increase of exclusive Breastfeeding rates	Lactation Coordinator, Perinatal Education, and FBP	Community midwives, family practice doctors, residents, IFH, and Advance OB-Gyn	Change practice and norms that will increase inclusive breastfeeding rates locally.

HEALTHALLIANCE HOSPITAL 2019 – 2021 COMMUNITY HEALTH NEEDS ASSESSMENT IMPLEMENTATION PLAN
NYS PREVENTION AGENDA PRIORITY AREA: Promote Well-Being and Prevent Mental and Substance Use Disorders
FOCUS AREA 2: Mental and Substance Use Disorders Prevention
PREVENTION AGENDA GOAL 2.3: Prevent and address adverse childhood experiences (ACES) **OBJECTIVE 2.3.3**: Increase communities reached by opportunities to build resilience by at least 10 percent **EVIDENCE BASED INTERVENTION:** **2.3.3:** Grow resilient communities through education, engagement, activation/mobilization and celebration **DISPARITY ADDRESSED:** Socio-economic, regional, and LGBTQ communities

Activities	Timeframe	Evaluation Measures	Internal Staff and Resources	Community Implementation Partners	Intended Outcome Product/Result
Train individuals in the community to identify and refer and improve the mental health outcomes for young people	January 2020 – December 2021	The number of individuals trained The number of reported referrals	Mental Health First Aid Training Staff, Community Engagement, Behavioral Health Department	Ulster County Department of Mental Health, Family of Woodstock, Ulster County Sheriff's Office, New Paltz Youth Program, and Ulster BOCES, an many others.	Train a total of 1800 individuals and capture all possible referrals of service throughout Ulster, Delaware, and Dutchess Counties

APPENDIX A

REGIONAL COMMUNITY HEALTH ASSESSMENT SURVEY

Hello, this is _____ for the Siena College Research Institute. We are working with local health departments and hospital systems to survey Hudson Valley residents to better understand the health status and health-related values of people who live in the community.

IF NEEDED:
You've been selected at random to be included in this survey. Your individual responses are confidential and no identifiable information about you will be shared with anyone—all responses are grouped together. The questions I am going to ask you to relate to your health and to your thoughts about health-related resources in your community. Again, your responses may really help to strengthen health policies and services.

IF NEEDED:
In total, the survey takes approximately ____ minutes to complete and you may refuse to answer any question that you do not want to answer. Are you able to help us with this important project? (NOW IS ALSO A TIME TO OFFER A CALL BACK AT A SPECIFIC, REQUESTED TIME AND PHONE NUMBER)

1. Overall, would you say that the quality of life in your community is excellent, good, fair or poor?
    A. Excellent
    B. Good
    C. Fair
    D. Poor

2. What State do you live in? [If not NY or CT, terminate]

3. What County do you live in? [If not Dutchess, Orange, Rockland, Putnam, Sullivan, Ulster Westchester or Litchfield CT (?), terminate]

4. What is your zip code? _____

5. How long have you lived in _____ County?
    a. Less than 1 year
    b. 1-5 years
    c. More than 5 years

6. I'm going to read you a series of statements that some people make about the area around where they live, that is, their community. For each, tell me if that statement is completely true of your community, somewhat true, not very true or not at all true for your community.
    A. There are enough jobs that pay a living wage.

B. Most people are able to access affordable food that is healthy and nutritious.
C. People may have a hard time finding a quality place to live due to the high cost of housing.
D. Parents struggle to find affordable, high-quality childcare.
E. There are sufficient, quality mental health providers.
F. Local government and/or local health departments, do a good job keeping citizens aware of potential public health threats.
G. There are places in this community where people just don't feel safe.
H. People can get to where they need using public transportation.

7. How important is it to you that the community where you live have the following?
    A. Accessible and convenient public transportation
    B. Affordable public transportation
    C. Well-maintained public transportation vehicles
    D. Safe public transportation stops or waiting areas
    E. Special transportation services for people with disabilities or older adults

8. Overall, how would you rate the community you live in as a place for people to live as they age?
    A. Excellent
    B. Good
    C. Fair
    D. Poor
    E. I don't know

9. For each of the following aspect of life, please rate it as excellent, good, fair, or poor in your community. Please let me know if you simply do not know enough to say.
    A. The availability of social/civic programs for seniors
    B. The quality of health care services for seniors
    C. The availability of programs and activities for youth outside school hours
    D. The quality of information from county agencies during public emergencies, such as weather events or disease outbreaks

10. In general, how would you rate your health? Would you say that your health is excellent, good, fair or poor?
    A. Excellent
    B. Good
    C. Fair
    D. Poor

11. Have you ever been told by a doctor or other health professional that you have any chronic health condition, such as high blood pressure, diabetes, high cholesterol, asthma or arthritis?
    A. Yes

B. No

12. If YES to 11--How confident are you that you can manage your physical health condition?
    A. Very Confident
    B. Somewhat Confident
    C. Not Very Confident
    D. Not at all confident

13. Mental health involves emotional, psychological and social wellbeing. How would you rate your overall mental health? Would you say that your mental health is excellent, good, fair or poor?
1. AS NEEDED: This includes things like hopefulness, level of anxiety and depression.
    A. Excellent
    B. Good
    C. Fair
    D. Poor

14. Have you ever experienced a mental health condition or substance or alcohol use disorder?
    A. Yes
    B. No

15. If YES to 14--How confident are you that you can manage your mental health condition?
    A. Very Confident
    B. Somewhat Confident
    C. Not Very Confident
    D. Not at all confident

16. Thinking back over the past 12 months, for each of the following statements I read, tell me how many days in an AVERAGE WEEK you did each. Over the past 12 months how many days in an average week did you… (responses are 0 days, 1-3 days, 4-6 days or all 7 days)
    A. Ate a balanced, healthy diet
    B. Exercised for 30 minutes or more a day
    C. Got 7-9 hours of sleep in a night

17. On an average day, how stressed do you feel?
2. AS NEEDED: Stress is when someone feels tense, nervous, anxious, or can't sleep at night because their mind is troubled.
    A. Not at all stressed
    B. Not very stressed
    C. Somewhat stressed
    D. Very stressed

18. In your everyday life, how often do you feel that you have quality encounters with friends, family, and neighbors that make you feel that people care about you? (IF NEEDED: For example, talking to friends on the phone, visiting friends or family, going to church or club meetings)
    A. Less than once a week
    B. 1-2 times a week
    C. 3-5 times a week
    D. More than 5 times a week

19. Have you smoked at least 100 cigarettes in your entire life?
    A. Yes
    B. No

20. If YES to 19, do you now smoke cigarettes every day, some days, or not at all?
    A. Everyday
    B. Some days
    C. Not at all

21. Pertaining to alcohol consumption, one drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the last 30 days, on the days when you drank, about how many drinks did you drink on average? [If respondent gives a range, ask for one whole number. Their best estimate is fine. If they do not drink, enter 0.]
3. _____ drinks

22. [If Q21>0] Considering all types of alcoholic beverages, how many times during the past 30 days did you have X [5 for men, 4 for women] or more drinks on an occasion?
    A. _____ number of times
    B. None

23. How frequently in the past year have you used an illegal drug or used a prescription medication for non-medical reasons?
    A. Never
    B. Less than once per month
    C. More than once per month, but less than weekly
    D. More than once per week, but less than daily
    E. Daily

24. In the past 12 months, have you or any other member of your household been unable to get any of the following when it was really needed? Please answer yes or no for each item.
    A. Food
    B. Utilities, including heat and electric
    C. Medicine

D. Any health care, including dental or vision
E. Phone
F. Transportation
G. Housing
H. Childcare

25. Have you visited a primary care physician for a routine physical or checkup within the last 12 months?
    A. Yes
    B. No

26. If NO to question 25, in the last 12 months, were any of the following reasons that you did not visit a primary care provider for a routine physical or checkup? (SELECT ALL THAT APPLY)
    A. I did not have insurance
    B. I did not have enough money (prompt if needed: for things like co-payments, medications, etc)
    C. I did not have transportation
    D. I did not have time
    E. I chose not to go
    F. Other_____

27. Have you visited a dentist for a routine check-up or cleaning within the last 12 months?
    A. Yes
    B. No

4. If NO to question 27, in the last 12 months, were any of the following reasons that you did not visit a dentist for a routine check-up or cleaning? (SELECT ALL THAT APPLY)
    A. I did not have insurance
    B. I did not have enough money (prompt if needed: for things like co-payments, medications, etc)
    C. I did not have transportation
    D. I did not have time
    E. I chose not to go
    F. Other_____

5. Sometimes people visit the emergency room for medical conditions or illnesses that are not emergencies; that is, for health-related issues that may be treatable in a doctor's office.
28. Have you visited an emergency room for a medical issue that was not an emergency in the last 12 months?
    A. Yes
    B. No

29. If YES to question 28, in the last 12 months, for which of the following reasons did you visit the emergency room for a non-health emergency rather than a doctor's office? (SELECT THE BEST (1) OPTION)
    A. I do not have a regular doctor/primary care doctor
    B. The emergency room was more convenient because of the location
    C. The emergency room was more convenient because of the cost
    D. The emergency room was more convenient because of the hours of operation
    E. At the time I thought it was a health-related emergency, though I later learned it was NOT an emergency

6. If yes to 13 (behavioral health condition)
30. Have you visited a mental health provider, such as a psychiatrist, psychologist, social worker, therapist for 1-on-1 appointments or group-sessions, etc. within the last 12 months?
    A. Yes
    B. No

31. If NO to question 30, in the last 12 months, were any of the following reasons that you did not visit a mental health provider? (SELECT ALL THAT APPLY)
    A. I did not have insurance
    B. I did not have enough money (prompt if needed: for things like co-payments, medications, etc)
    C. I did not have transportation
    D. I did not have time
    E. I chose not to go
    F. Other_____

32. How likely would you be to participate in the following types of programs aimed at improving your health? Would you be very likely, somewhat likely, not very likely or not at all likely?
    A. A mobile app based program on your smart phone
    B. An in person, one-on-one program
    C. An in person, group program
    D. An online, computer based, one-on-one program
    E. An online, computer based, group program

7. We are just about finished. These last few questions are about you.
33. Are you Hispanic?
    A. Yes
    B. No

34. What is your race?
    A. White
    B. Black

C. Asian
D. Other

35. Do you have health insurance?
    a. Yes
    b. No

36. What is your source of health insurance?
    a. Employer
    b. Spouse/Partner's employer
    c. NYS Health Insurance marketplace/Obamacare
    d. Medicaid
    e. Medicare
    f. None
    g. Other

37. What is your living arrangement? Do you…
    A. Rent an apartment or home
    B. Own your own
    C. Other living arrangement

38. What is your employment status?
    A. Employed full time
    B. Employed part-time
    C. Unemployed, looking for work
    D. Unemployed, not looking for work
    E. Retired

39. Are there children <18 living in your household?
    A. Yes
    B. No

40. Are you or anyone in your household a veteran or a member of active duty military service?
    A. Yes
    B. No

41. Do you or anyone in your household have a disability?
    A. Yes
    B. No

42. About how much is your total household income, before any taxes? Include your own income, as well as your spouse or partner, or any other income you may receive, such as through government benefit programs. (READ THE FOLLOWING OPTIONS)
    A. Less than $25,000
    B. $25,000 to $49,999
    C. $50,000 to $99,999
    D. $100,000 to $149,999
    E. $150,000 or more

43. What is your gender?
    A. Male
    B. Female
    C. Transgender/other gender

APPENDIX B

1. Stakeholder Interview Form
2. Name_____
3. Organization _____
4. Organization Website _____
5. Position_____

6. What is your service area?
    a. On website

_____
_____
_____
_____

7. Who do you serve? Please check all that apply
    a. Infants and toddlers
    b. Children
    c. Adolescents
    d. Adults
    e. Seniors
    f. Veterans
    g. English as a second language
    h. Women (services specifically for women)
    i. Men (services specifically for men)
    j. LGBTQ
    k. Those with a substance use disorder
    l. Those with a mental health diagnosis
    m. People with disabilities

n. People experiencing homelessness
o. Incarcerated or recently incarcerated
p. Low income
q. General population
r. All the above

8. Thinking about the populations that you serve, what are the top 3 issues that affect health in the communities you serve?
    a. Access to affordable nutritious food
    b. Access to affordable, decent and safe housing
    c. Access to affordable, reliable transportation
    d. Access to affordable, reliable public transportation
    e. Access to culturally sensitive health care providers
    f. Access to affordable health insurances
    g. Access to clean water and non-polluted air
    h. Access to medical providers
    i. Access to mental health providers
    j. Access to high quality education
    k. Access to specialty services/providers

9. Which of the following are the top 3 barriers to people achieving better health in the communities you serve?
    a. Knowledge of existing resources
    b. Geographic location – living in an urban area
    c. Geographic location – living in a rural area
    d. Health literacy
    e. Having someone help them understand insurance
    f. Having someone to help them understand their medical condition
    g. Having a safe place to play and/or exercise
    h. Quality of education
    i. Attainment of education
    j. Drug and/or alcohol use
    k. Cultural Customs
    l. Other (specify) _____

10. Besides lack of money, what are the underlying factors and barriers to solving the top 3 issues you identified in the communities you serve?
    _____
    _____
    _____
    _____
    _____

11. What evidence-based interventions (if any) do you use that target your populations to address the social determinants of health?

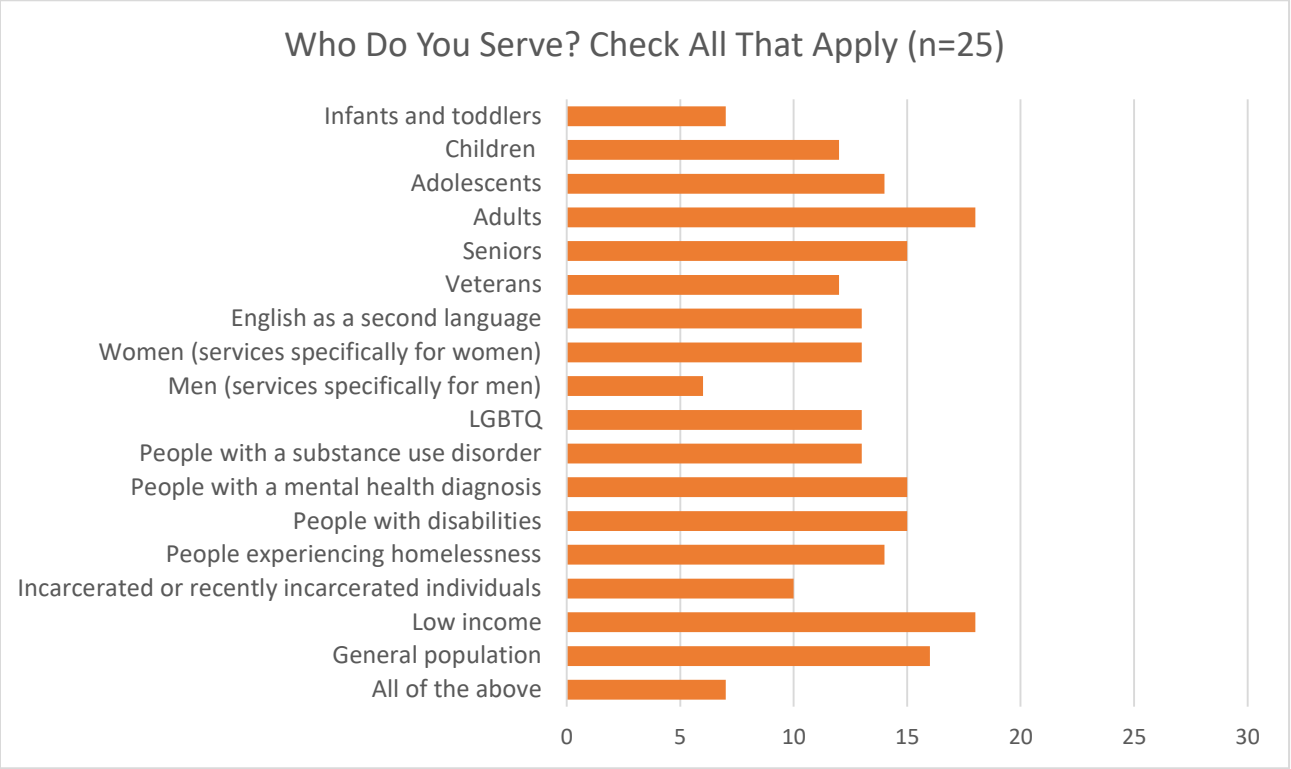
    _____
    _____
    _____
    _____
    _____

12. As we go through the following list of health issues, please rate from 1 to 5 the impact of the health issues in your service area with 1 being very little and 5 being highly impacted.

    a. Chronic Disease (e.g. heart disease, diabetes, asthma, obesity, cancer, etc.)
       (Very Little) 1 2 3 4 5 (Highly Impacted)
    b. Health Disparities
       (Very Little) 1 2 3 4 5 (Highly Impacted)
    c. Mental Health and Substance Use Issues
       (Very Little) 1 2 3 4 5 (Highly Impacted)
    d. Maternal and Child Health issues
       (Very Little) 1 2 3 4 5 (Highly Impacted)
    e. Environmental Factors (e.g. built environment, air/water quality, injuries, falls, food safety)
       (Very Little) 1 2 3 4 5 (Highly Impacted)
    f. Prevent Communicable diseases (e.g. sexually transmitted infections, hepatitis C, HIV, vaccine preventable disease, hospital acquired infections, etc.)
       (Very Little) 1 2 3 4 5 (Highly Impacted)

APPENDIX C

Ulster County



APPENDIX D

ULSTER COUNTY HEALTH SUMMARY

Ulster County is located in the southeast part of New York State, south of Albany and immediately west of the Hudson River. According to the U.S. Census Bureau, the County has a total area of 1,161 square miles, which is approximately the size of the State of Rhode Island. Much of Ulster County can be characterized as suburban and semi-rural, with only one major urban area, the city of Kingston, which is located in the eastern central portion of the County, and encompasses just 7.4 square miles of the County's total area. Ulster County is part of the Kingston Metropolitan Statistical Area.

According to the latest estimates available from the U.S. Census Bureau, Ulster County's population was 180,129 in 2017. The total number of households was 69,662, and approximately 33% of residents commute to employment outside the County.

AREAS OF FOCUS

The data point to several areas of focus for Ulster County. Ulster County has a high percentage of school-age children who are overweight or obese. The highest percentage is among middle and high school children, and this rate continues to increase.

Ulster County has the highest incidence of cardiovascular disease in the Region and versus New York State, including high mortality rates.

Ulster County's suicide mortality rate is exceeded only by one other county in the Region, and continues to be significantly higher than the Region and New York State.

Other areas of concern:

- Diabetes mortality and hospitalization rates are high, even though the incidence rate is among the lowest in the Region.
- Teen pregnancy rate for the non-Hispanic Black population is nearly three times that of the non-Hispanic White population, and more than twice the overall rate, in spite of overall falling rates.
- According to the Mid-Hudson Regional Community Health Survey, 83% of people said it
- The provider focus group indicated that public transportation is also a major issue, affecting geographically isolated people and making it difficult for people to get to the services they need.
- Cigarette smoking is prevalent among people who report poor mental health.
- Infant mortality rate is the highest in the Region, and higher than Healthy People 2020 goal.

population is nearly three times that of the non-Hispanic White population, and more than twice the overall rate, in spite of overall falling rates.

- According to the Mid-Hudson Regional Community Health Survey, 83% of people said it was "completely true" or "somewhat true" that it is difficult to find a quality place to live due to the high cost of housing. The provider focus group also confirmed that this is a top issue affecting the people of Ulster County.

need.

- Cigarette smoking is prevalent among people who report poor mental health.
- Infant mortality rate is the highest in the Region, and higher than Healthy People 2020 goal.
- Infant mortality rate for non-Hispanic Black population is nearly three times that of non-Hispanic White population, and more than twice the overall rate.

EMERGING ISSUES

In Ulster County, the data show a surge in binge drinking, going from 10.5% of adults reporting binge drinking in 2013-2014, to more than double that at 22.2% in 2016. Ulster County continues to show the highest rates of binge drinking compared to the Region and New York State.

Although cigarette use has been decreasing over time, the use of electronic vapor products, also known as e-cigarettes, has increased dramatically. Ulster County is monitoring the use of vaping, especially among the young people of the County. According to the NYSDOH, the use of e-cigarettes among high school youth increased 160% over the past 4 years.

Authorities in Ulster County have recently been focusing attention on the increasing incidence of opioid-related overdoses and deaths. Overdoses have more than doubled in the most recent five-year span measured. Overdose deaths have increased 447% since 2010, and most deaths occur in those aged 18-44 years.

COMMUNITY SURVEY DATA POINTS OF NOTE

As part of the CHA process, the Ulster County Department of Health and Mental Health (UCDOH-MH) participated in the Mid-Hudson Region Community Health Survey, in partnership with the six other Mid-Hudson local health departments, HealtheConnections and area hospitals, to collect data on 802 residents to help better characterize the needs of the community.

COMMUNITY SURVEY DATA POINTS OF NOTE

As part of the CHA process, the Ulster County Department of Health and Mental Health (UCDOH-MH) participated in the Mid-Hudson Region Community Health Survey, in partnership with the six other Mid-Hudson local health departments, HealtheConnections and area hospitals, to collect data on 802 residents to help better characterize the needs of the community.

Below are data points of note:

- 88% of residents making less than $25,000 per year responded "completely true" or "somewhat true" to the statement, "People may have a hard time finding a quality place to live due to the high cost of housing."
- 33% of urban residents answered "completely true" to the statement, "People can get to where then need using public transportation" versus 15% of rural residents responding "completely true."
- 54% of those making less than $24,000 have visited a dentist for a routine checkup in the 12 months versus 70% of Ulster County residents.
- 58% of those that reported that they have experienced a mental health condition or substance use disorder said that they had not visited a mental health provider in the past 12 months.
- 22% of rural residents when asked to rate their quality of life in their community rated it as "excellent" versus 11% of urban residents.
- 20% of respondents rated the availability of programs and activities for youth outside school hours as "poor."

In addition to participating in the Mid-Hudson Region Community Health Survey, a service provider survey and subsequent focus group were conducted in March 2019 to collect data on underrepresented populations, including low-income, veterans, persons experiencing homelessness, the aging population, LGBTQ community, and people with a mental health diagnosis or those with a substance use disorder. 25 responses were collected and three underlying issues that impact the health of the populations served by their agencies were identified as follows: 1) Access to affordable, decent and safe house; 2) Access to affordable, reliable public and personal transportation; and 3) Access to mental health providers.

UCDOH-MH also created a CHA Snap Shot and reviewed the most current secondary data indicators available from the NYSDOH Prevention Agenda areas for Ulster County and New York State. This document is available on the County website and was provided at the CHA Steering Committee Meetings for review in 2019. Over 13 partners, including hospitals, health care providers, and community-based organizations reviewed the most current data, selected the two Prevention Agenda Priorities for the 2019-2021 Community Health Improvement Plan (CHIP), and discussed both assets and barriers to addressing the two selected priority areas.

ASSETS AND RESOURCES

UCDOH-MH has strong community partnerships with hundreds of organizations serving its residents, including two area hospitals, federally qualified health care centers, private medical providers, local two-year and four-year colleges, a medical school, community-based organizations, and regional organizations serving a broad variety of community needs. UCDOH-MH has established multiple coalitions, including Healthy Ulster Council, Integrated Ulster, Human Service Coalition, SPEAK, Ulster County Opioid Prevention Task Force, and Ulster County Public Health Preparedness Task Force. In addition to participating in a large number of public health focused coalitions, UCDOH-MH also participates in Live Well Kingston, Wawarsing Council of Community Agencies, Mano-a-Mano, Bringing Agencies Together, Maternal Infant Services Network, Ulster Prevention Council, and Tobacco Free Action Communities, among others. These coalitions' partners and others will be mobilized to address the health areas of focus and emerging issues for the CHA/CHIP 2019-2021 cycle.

EFFORTS MOVING FORWARD

- Effort/Program 1: Ulster County has developed a comprehensive and integrated strategic action plan to address the opioid epidemic and has secured close to 5 million dollars in grant funding to support implementation.
- Effort/Program 2: Ulster County continues to make significant improvements in the built environment through a combination of Federal, State, and local funds. These include developing a world-class rail trail system throughout the County; pedestrian and bike friendly complete street initiatives; safe routes to schools; and others. All are designed to encourage physical activity; improve access to fresh and healthier foods; and increased social engagement to help prevent chronic diseases. This will also reduce our carbon footprint, while reducing air pollution.
- Effort/Program 3: Ulster County will continue to build on a strong foundation of tobacco prevention policy change by updating legislation and increasing the awareness of the risks of tobacco and vaping products.
- Effort/Program 4: One of the two major hospitals in Ulster County has initiated an in-depth study and prevention program to identify individuals at risk for heart disease, and work with them and their families to help prevent it.
- There are many other public health initiatives that Ulster County will be involved in to monitor and enhance the progress.

More details are available in the Ulster County CHIP.