SULLIVAN COUNTY, NY

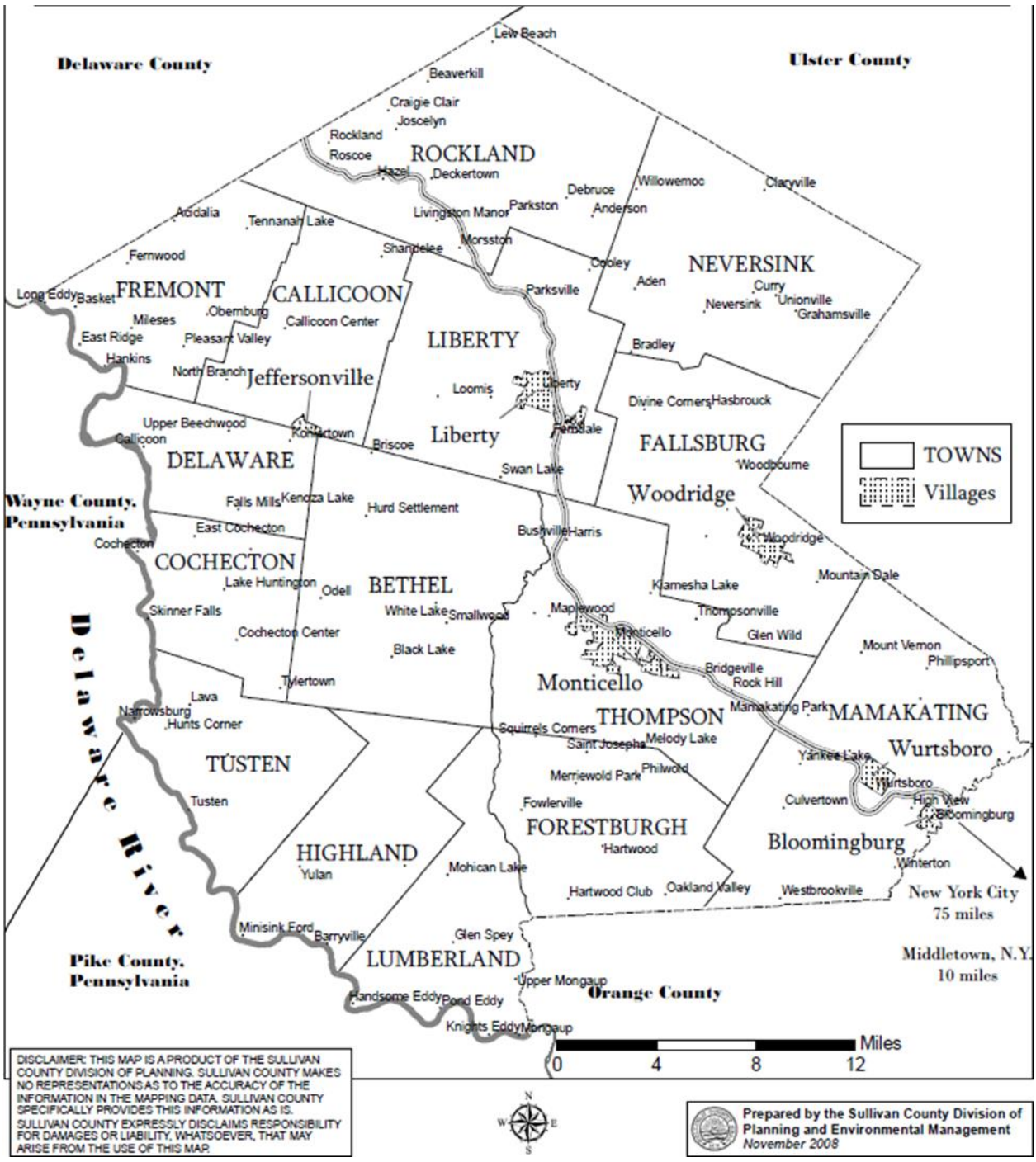
COMMUNITY HEALTH IMPROVEMENT PLAN

2016 - 2018

SULLIVAN COUNTY PUBLIC HEALTH SERVICES

50 Community Lane, Liberty, NY 12754

(845) 292-5910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Ulster County
Wayne County, Pennsylvania
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Orange County
Delaware River
New York City 75 miles
Middletown, N.Y. 10 miles
ROCKLAND
FREMONT
CALLICOON
LIBERTY
NEVERSINK
Jeffersonville
Liberty
DELAWARE
FALLSBURG
Woodridge
COCHECTON
BETHEL
Monticello
THOMPSON
MAMAKATING
Wurtsboro
TUSTEN
HIGHLAND
FORESTBURGH
Bloomingburg
LUMBERLAND
Lew Beach
Beaverkill
Craigie Clair
Joscelyn
Rockland
Roscoe
Hazel
Deckertown
Debruce
Willowemoc
Claryville
Livingston Manor
Parkston
Anderson
Adidalia
Tennanah Lake
Morsston
Shandelee
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Neversink
Parksville
Long Eddy
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Mileses
Oberndorf
Callicoon Center
East Ridge
Pleasant Valley
Hankins
North Branch
Bradley
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Divine Corners
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Upper Beechwood
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Briscoe
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Falls Mills
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Hurd Settlement
East Cochecton
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Glen Wild
Mount Vernon
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Mamakating Park
Squirrels Corners
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High View
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Prepared by the Sullivan County Division of Planning and Environmental Management
November 2008

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EXECUTIVE SUMMARY

Sullivan County Public Health Services completed a comprehensive Community Health Assessment (CHA) in 2013 to evaluate the health needs of individuals living in Sullivan County During 2016 in an effort to gather information for an updated Community Health Improvement Plan, new surveys were distributed and made available online in additional to focus groups were held throughout the county. The goal of the process was to identify whether the health priorities identified in 2013 continue to be top concerns and needs, and to identify any new or emerging issues.

Gathering new information enabled Sullivan County Public Health Services to take an in-depth look at the progress that has been made since 2013 as well as to identify growing concerns that need to be addressed going forward. The findings from this process were utilized to prioritize public health issues and develop a community health improvement plan focused on meeting community needs. Sullivan County Public Health Services is committed to the people it serves and the communities where they reside. Healthy communities lead to lower health care costs, robust community partnerships, and an overall enhanced quality of life. The following document serves as a summary of the identified health priorities in Sullivan County and the goals, objectives, strategies, and resources that comprise the community health improvement plan.

Prioritized Health Issues

Based on the feedback from community partners, including health care providers, public health experts, health and human service agencies, and other community representatives, Sullivan County Public Health Services plans to continue to focus community health improvement efforts on the following health priorities:

- Prevent chronic disease
- Promote healthy women, infants, and children
- Promote mental health and prevent substance abuse

Sullivan County Public Health Services and its partners throughout the county will continue to implement strategies that are based on best practices and continue to monitor health trends. They will also continue to engage community partners in their efforts to enact change and improve the overall health of the county. Sullivan County Public Health Services recognizes that no single organization has the capacity or resources needed to impact community health alone. They welcome and encourage community residents and organizations to join the community health improvement plan efforts.

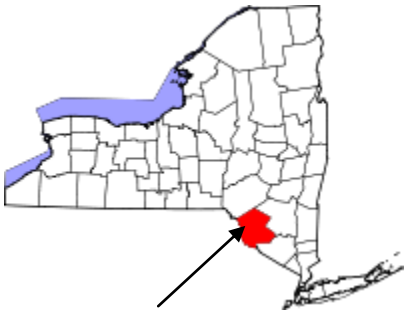
Documentation

The Community Health Assessment and Community Health Improvement Plan were developed and adopted by each appropriate authority and made public in November 2013. Both documents can be found at http://co.sullivan.ny.us/ on the tab for Departments / Public Health Services / Health Related Data and Reports.

THE STRATEGIC FRAMEWORK

Community Overview

Sullivan County is a rural community comprised of nearly 77,567residents. It is located approximately 75 miles northwest of New York City in the Catskill Mountains. Residents of Sullivan County are primarily White and English speaking. The county is known for its rich history, particularly in tourism, and natural beauty.



Despite its rich history and natural beauty, Sullivan County struggles economically. Nearly 17.5% of all individuals and 35.7% of households with children under age 18 in the county live in poverty. However, unemployment has decreased from a high of 10.4% in 2010 to 4.7% as of November 2016, as the economy is starting to improve with new businesses coming into the area, a wellness spa & resort, and a casino are being built, slated to open in 2018. Additional social indicators such as educational attainment and health insurance coverage (nearly 15% of those who are employed lack health insurance) are also areas of need in the community and impact overall health outcomes, as well as the geographical distance many people live from area health care providers and from the nearest hospital or emergency room.

Community Health Improvement Partners

Sullivan County Public Health Services is an active partner and lead agency of the Sullivan County Rural Health Network. The Rural Health Network is dedicated to improving the health status of Sullivan County residents by increasing access to coordinated, cost effective health care and human services. The Network, which is comprised of representatives from the community organizations listed below, was engaged in the community health improvement process through the development and distribution of the resident survey, focus group discussions, the prioritization of key community issues, and the development of the CHIP framework. The Rural Health Network organization representatives are presented below.

- Catskill Regional Medical Center
- Family Empowerment Council, Inc.
- Hospice of Orange & Sullivan Counties, Inc.
- Hudson River HealthCare, Inc.
- Hudson Valley Community Services
- Maternal Infant Services Network
- PRASAD Children's Dental Health Program
- Sullivan County BOCES
- Sullivan County Center for Workforce Development

- Sullivan County Dept of Family Services
- Sullivan County Child Care Council
- Sullivan County Community College
- Sullivan County Department of Community Services
- Sullivan County Office for the Aging
- Sullivan County Youth Bureau
- Catholic Charities of Orange and Sullivan Counties (formerly Recovery Center)
- Crystal Run HealthCare
- Sullivan Renaissance and Sullivan 180
- Sullivan County Human Rights Commission
- Senior Legislative Action Council (SLAC)
- Dialogue2Change
- Sullivan Agencies Leading Together (SALT)
- Greater Hudson Valley HealthCare System (GHVHCS) / CRMC

Sullivan County Public Health Services collaborated with Greater Hudson Valley Health System (which includes Catskill Regional Medical Center and Grover Hermann Hospital in Callicoon). The two partners shared resources and the results of their individual and joint research efforts, to avoid duplicating efforts and to work in coordinated manner. The partners will continue their collaborative efforts through the strategies presented in the CHIP and the hospital's Community Needs Assessment (in Appendix).

Community Focus Groups and Health Surveys

Sullivan County **Focus groups summary:**

Between October 19 to November 22, 2016, five focus groups were held in Sullivan County, NY. Four community focus groups had been planned throughout the county in Liberty, Monticello, Hortonville and Roscoe; however because only one person showed up for the Roscoe focus group, only the Liberty, Monticello and Hortonville groups were held. There were also two Public Health Services (PHS) staff focus groups which for the purposes of this report, are combined into one PHS group and last, one additional focus group was held with the Sullivan County Rural Health Network. A total of 53 people participated in all groups.

Three questions were asked of all groups:

1. What assets do we have that contribute or can contribute to improving community health?
2. What do you see as the biggest challenges facing Sullivan County residents regarding improving its overall health status?
3. If you had to pick one issue that Sullivan County could invest all its available resources in, what would it be?

Question 1: Assets

What assets do we have that contribute or can contribute to improving community health?
Four broad themes emerged: Environmental assets, Health assets, Social assets and Economic assets. Please note that some of the issues intersected and could have been categorized under more than one theme. For clarity, these issues were categorized under the theme that was seemed more representative to the writer. Analyzing and

categorizing the qualitative data in focus groups is by its nature often in shades of gray rather than in black and white. For example, Farmer's markets were repeatedly mentioned and could have been categorized under "environmental" or under "health", or even under "social" or "economic". In this case, the writer chose to add it under environmental because of the nature of farming offered in the county's natural rural environment.

Environmental:
Participants in all the focus groups listed the environment as an asset that contributes toward community health. Many mentions were made of clean air, reservoirs, lakes and rivers for recreational use, open spaces, undeveloped land, and other outdoor activities such as use of the Rails to Trails for hiking and walking and Holiday Mountain for winter activities. Also cited were smoke free parks, the rural nature of the county, the opportunity to grow food, the quiet, and beauty of the county. Several groups mentioned the availability of Farmer's Markets. Clearly, the rural and pristine natural environment of Sullivan County is seen by the focus group participants as a very positive influencer for health.

Health:
Assets mentioned relating to health went beyond health facilities and services. As expected, participants repeatedly listed the local health care providers including Catskill Regional Medical Center (CRMC), two large multi-provider physician practice groups, Public Health Services, one of the Federally Qualified Health Centers, and mobile dental and medical services. A variety of health related assets in the county were also mentioned by the participants including rural pharmacies, school nurses, the Pregnancy Support Center, Narcan administration by trained volunteers, school dietary improvements like salad bars, home delivery by two supermarkets, and health education for children. The participants also spoke about a changing political environment supporting an improvement in county health by dedicating assets such as human capital and financial support to the effort. Last, there were a few mentions of a new urgent care facility and a more diversified health workforce coming.

Social:
There was a collective sense of the value of living in a caring close-knit community like Sullivan County where people know and support each other. There was mention of community pride, leadership, grassroots networking, and a "how can I help" awareness. Among agencies and efforts mentioned were SALT (Sullivan Agencies Leading Together), the Kingfisher Project (an innovative public radio project to combat opioid addiction), the Dialog2Change initiative by the Human Rights Commission, a Dose of Kindness (community non-profit charitable organization based in Monticello), Ride 2 Survive (a community based organization to help cover transportation expenses for cancer patients in Sullivan County), EMS and Fire volunteers, Sullivan Renaissance (a charitable grant based local beautification project) as well as government sponsored programs like RSVP,

Seniors programs, Healthy Families, etc. Enjoyment and cultural development as a support to health and well-being was also discussed and included Bethel Woods, the Hurleyville Museum, the Rivoli theatre and the Sullivan County Dramatic Workshop. The spirit of volunteerism and the efforts of volunteers were admired.

Economic:

As the county is quite poor, there was excitement around several possibilities of upcoming economic development. Free school lunches (the free and reduced lunch program) were mentioned, but the primary discussion here was economic development centered broadly around the upcoming casino development and opportunities and potential for new business. A movie theater and additional industrial development and highway safety projects were discussed. BOCES as an economic engine as well as the transition from the community college to a four year college in nearby Orange County which could provide better career preparation for jobs with a resulting increase in income were topics of discussion. Although economic opportunity and its correlation to community health improvement was not discussed specifically, the sense is that there is understanding by the participants that poverty is connected with the poor health rankings of Sullivan County. Extensive education in regard to this correlation has been undertaken repeatedly by Pubic Health Services for the 5 year period of the Robert Wood Johnson county health rankings. The sense of PHS is that it has begun to sink in.

Question 2: Challenges

What do you see as the biggest challenges facing Sullivan County residents regarding improving its overall health status?

Four broad themes have emerged in analyzing the answers to this question and can be categorized as Service gaps, Economic challenges, Social issues, and Health Issues

Service gaps as a challenge to community health:

Transportation was the most mentioned recurring service gap; both the lack of public transportation to healthcare, shopping and other services as well as the need to have services delivered and the knowledge gap for seniors and those without cars of how to access transportation and how to arrange services to be brought to them. A lack of senior housing, assisted living housing, and lack of retirement communities in the county were also concerns expressed by the participants.

Economic challenges:

Economic challenges with regard to healthcare costs, childcare costs for working parents combined with the lack of after school programs, and the lack of safe, affordable housing all affect county health through creating severe daily life stressors. Costs related to medications, treatment and medical appliances such as hearing aids, and coverage for dentists creates an economic hardship especially for seniors. High health insurance premiums, a lack of good paying jobs in the county and the inability to afford insurance if not provided by the employer create economic stresses and an inability to pay for health care without ending up in poverty. Parents who need to work, whether single parents or both parents are in the home often could not afford to pay the cost of childcare. "Deep poverty" in the county, an "entitlement generation", "no personal

responsibility for health and personal growth" were phrases brought up in these groups. The need for a living wage in the county was an important mention as a way to improve health.

Social:
It could have been related to the ongoing current election cycle; there were numerous comments about polarization, mistrust, stereotypes and a loss of connectivity with neighbors. "We have lost the ability to agree to disagree". There were observations that many people need but do not have access to the internet, which can provide basic information about many resources. It was mentioned that seniors are often isolated, and also lack access to the internet. The social environment of bars, "vaping" shops, and too many fast food operations was mentioned as a challenge to health. Lack of family connections because of not enough time spent together was a concern. People having a "lack of downtime" was an interesting observation about social impact on health. The lack of volunteer EMS and Firefighters overall were concerns; has become more expensive and difficult to become a volunteer.

Health issues:
The most often mentioned concerns were in regard to mental health diagnosis and treatment, addiction and drug overdoses as well as the shortage of mental health providers and services for drug abuse in the county. Chronic disease prevalence in the county and a lack of many specialty providers as well as the geographic clustering of health care providers in some areas while leaving other areas with few or no providers was mentioned. Health policy challenges were also mentioned: the need for schools to require dental health certificates, for employers to create wellness programs and for there to be more legislation to control tobacco. A frequent comment in several focus groups was the need for a more walkable community: sidewalks, and also a lack of bike paths. A longer wait time for services in general, and a longer response time from EMS to reach the river corridor as well. Subtopics included a change in the personal relationship with doctors, leading to a lack of a personal relationship, less health education from the physician, and "doctor shopping". Last, getting heath education to people who need it was perceived as challenge.

Question 3: Choosing an issue
If you had to pick one issue that Sullivan County could invest all its available resources in, what would it be?
For this final question, four major themes were identified: Services, Education, Social issues and Health
Services:
The overwhelmingly repeated issue was the need to provide transportation. Whether for food, shopping or medical services, residents and service providers see this as a priority need in Sullivan County. The other items in this category were about getting services to

those in need, expanding accessibility to food including home delivery, and affordable housing.

Education:
Specifically and frequently remarked in the groups was the need to get health education to all age groups starting with children in the schools and ending with seniors. Suggested topics for health education included disease and substance abuse prevention, learning how to nurture a healthy self image and sense of self, learning how to access health services, and healthy cooking.

Social issues:
Participants offered the following thoughts: Incentivize people to take personal responsibility. Promote internal resilience and a sense of place, of community. Promote "A hand up, not a hand out" mentality. Develop safe places for community to work together; focus on developing vision and positivity. Address socioeconomic change; living wage to keep people in county; people need adequate income to meet needs and make better choices in their lives.

Health issues:
Again and again, the need for mental health and substance abuse prevention and treatment were identified as a priority place for which to dedicate resources. Chronic disease prevention was secondary, followed by suggestions for the local legislators and residents to become involved with policy decisions about health such as the NY Health Act: a bill to pass single payer healthcare in New York State.

Summary: Sullivan County residents represented in these focus groups, while concerned about the health and economic challenges here, clearly also see a lot of great things about the county due to its beauty, rural nature and close knit towns, as well as the quality of its residents. There is hope among them that things will be moving in a positive direction as evidenced by the many grassroots efforts that are growing in the county.

The comments and observations generated in these focus groups confirmed the three prevention agenda priority areas previously identified in Sullivan County: Substance abuse/mental health, maternal/child health, and chronic disease. Drug abuse and mental health topics were a clearly stated concern as well as the need for an approach to chronic disease which will incorporate healthier and more affordable food choices, bike paths, walkable communities, and more. Many concerns related to economic stresses were also a repeated area of focus. As public health professionals know well, health issues and health status are affected by many aspects other than how many health facilities are present in the county. The pervasive poverty in Sullivan County leading to so many poor health outcomes also affects the maternal child health area.

Some issues such as health education for children and dental health needs were specifically mentioned in regard to children and others can be assumed to affect children as well as women during pregnancy and childbirth. For example, a lack of transportation which was one of the most frequently named concerns can result in a pregnant woman missing prenatal appointments, or a parent not being able to get a child for preventive health visits. Similarly, the lack of affordable child care may result in children being left home alone.

Last, participants had some ideas for what should be done including provision of transportation, better access to mental health and addiction care, health education, a higher wage for better living, and development of both activism in regard to health policy and in becoming more socially responsible individually and collectively.

Secondary Data Profile Review

One of the initial undertakings of reviewing data for the CHIP was to compare the most recent secondary data profile. Secondary data is comprised of data obtained from existing reputable sources including the U.S. Census Bureau, Centers for Disease Control and Prevention (CDC), New York State Department of Health, and the Robert Wood Johnson Foundation's County Health Rankings website. It includes demographic and household statistics, education and income measures, morbidity and mortality rates, and health indicators, among other data points.

Community Representation

Community engagement and feedback were an integral part of the CHA process. Sullivan County Public Health Services sought community input through a community health survey, focus groups with community representatives, and inclusion of community leaders in the prioritization and improvement planning process. Public health and health care professionals shared knowledge and expertise about health issues, and leaders and representatives of non-profit and community-based organizations provided insight on the community, including the medically underserved, low income, and minority populations.

Research Partner

Sullivan County Public Health Services contracted with Health Promotion Strategies to review, analyze and synthesize survey and focus group reports. The firm provided the following assistance:

- Analyzed, summarized and interpreted data from the community surveys of both residents and providers
- Anaylyzed summaries of focus groups with community members for common themes
- Prepared summary reports for survey and focus group analyses

PUBLIC HEALTH PRIORITY ISSUES AND STRATEGIES

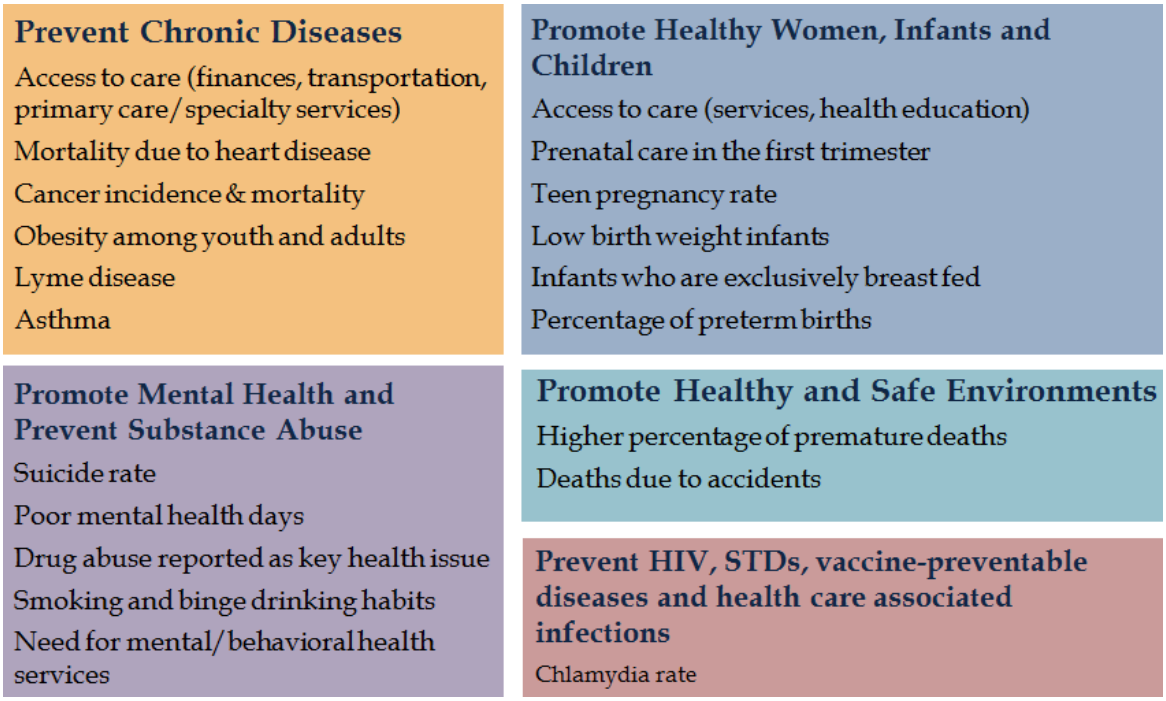
Selecting Priority Issues

In November 2016, approximately 20 individuals representing Sullivan County met during a Rural Health Network meeting to review the results of the Community Health Surveys and Focus Groups that were conducted. Among the attendees were representatives from local health and human service agencies, area non-profit organizations, health care providers, government, and public health representatives. The goal of the meeting was to discuss and prioritize key findings and to discuss any new or emerging key issues as well as to reaffirm current priorities. A list of Rural Health Network members can be found in Appendix A.

In a large-group format, attendees were then asked to share openly what they perceived to be the needs and areas of opportunity in the county. During this discussion, attendees were asked to consider five priority areas for community health improvement activities. The priority areas are part of the Prevention Agenda Objectives that are set by the state of New York as the blueprint for state and local action to improve the health of New Yorkers. Local health departments and hospitals in New York are required to select at least two of the priority areas and develop a plan that improves community health outcomes related to them. The priority areas are presented below in alphabetical order:

- Prevent chronic disease
- Prevent HIV, STDs, vaccine preventable diseases and health care associated infections
- Promote a healthy and safe environment
- Promote healthy women, infants, and children
- Promote mental health and prevent substance abuse

To aid the discussion around priority areas, a list of the needs that were identified through the 2013 CHA research components was created and then each need was grouped according to the priority area it aligned with. The following chart depicts the five priority areas and the community needs that correspond to them.



Attendees reviewed most recent data from the CHA based on the chart above and discussed cross-cutting approaches to impacting the priority areas. Ultimately, the following three priority areas for Sullivan County were reaffirmed for 2016-2018:

- Prevent Chronic Disease
- Promote Healthy Women, Infants, and Children
- Promote Mental Health and Prevent Substance Abuse

The following section examines the identified priorities in detail and the specific focus area(s) that Sullivan County Public Health Services and partner organizations will address. Additional areas of public health concern not specifically identified in this document (communicable disease control, injury prevention, etc.) will also continue to be addressed by Sullivan County Public Health Services, but the following are areas for more intense planning.

Sullivan County's detailed plan for improving each priority issue is included at the end of the section as a Community Health Planning Matrix. Included in the Community Health Planning Matrix are measurable objectives. Objectives represent the desired improvement for health indicators from their current status to their status at the end of the planning cycle, December 31, 2018.

Sullivan County 2016 community health survey responses - analysis and summary

A survey for Sullivan County community residents was created and made available online and in paper format between 9/12/2016 and 12/5/2016 as part of the data gathering information effort in updating the Community Health Assessment and Improvement Plan for Sullivan County. The online survey was distributed widely through a variety of health and human services email lists, social media, the county website, and was announced via radio and print media. The paper survey was used to gather information from community members who did not have computer access and was entered online by Public Health Services staff. A total of 374 survey responses were received, which is a good survey sample size for the 2015 population estimate in Sullivan County of 74,877 (US Census). This results in about a 95% confidence level with a margin of error of + or – 5.

The questions asked were:

1. What are the THREE biggest ongoing health concerns for the community where you LIVE?

2. What the THREE biggest ongoing health concerns for YOURSELF?

3. What THREE things would be most helpful to improve YOUR health concerns?

4. How would you describe your overall health?

5. How would you describe your overall mental health?

6. Do you suffer from any chronic health conditions (check all that apply)?

7. Do you have a health care provider for checkups and visits?

8. How long has it been since you visited a health care provider for a routine physical exam or checkup?

9. What FIVE main reasons have prevented you from getting medical care from a health care provider?

10. In the past 12 months, did you receive care in the emergency room?

11. If yes, what was the one main reason for your emergency room visit?

12. Where do you and your family get most of your health information (check all that apply)?

13 – 18: Questions about Gender, age, zip code, town, ethnicity, race and primary language

20-21: Education, and employment status questions

22: Types of health insurance

23: Knowledge about advanced care directives

Analysis of responses

Priority health concerns

1. *What are the THREE biggest ongoing health concerns for the community where you LIVE?*

Drug abuse was the most frequent response, at about 38% of responses, followed by overweight/obesity (about 29%), and access to primary care (about 26%). Of significant interest, because drug abuse and mental health are combined as one in the identified health priorities for the county prevention agenda, mental health/depression closely followed at about 25%. Below is a table showing all community health concerns in descending order listed by at least 15% of respondents, or 56 people:

Descending rank	Answer options	Percentage	#
1.	Drug abuse	38.1%	142
2.	Overweight/obesity	28.7%	107
3.	Access to primary health care	26.3%	98
4.	Mental health/depression	25.2%	94
5.	Care for the elderly	19.8%	74
6.	Dental care	19.3%	72
7.	Access to specialty care	18%	67

Perceived biggest community health concerns

2. *What the THREE biggest ongoing health concerns for YOURSELF?*

Interestingly enough, while 38% of respondents saw drug abuse as the biggest problem in their communities (question #1), only about 2% saw it as a problem that they personally were experiencing. The most frequent and second most frequent concerns were closely related to one another: nutrition/eating habits (27.5%) followed by overweight and obesity (24%). Access to specialty care came in as the third more frequent answer (23%) followed closely by dental care at 22.5%. In terms of how answers were ranked for the other prevention agenda priorities for this question: women's health was a top concern for 15.5% of respondents and mental health/depression for about 15%. Below is a table showing all personal health concerns in descending order listed by at least 15% of respondents, or 56 people:

Descending rank	Answer options	Percentage	#
1.	Nutrition/eating habits	27.5%	103
2.	Overweight/obesity	24.1%	90
3.	Access to specialty care	23%	86
4.	Dental care	22.5%	84
5.	Healthy environment	19.3%	72
6.	Care for the elderly	15.8%	59
7.	Women's health	15.5%	58
8.	Mental health/depression	15.2%	57

Biggest personal health concerns

3. *What THREE things would be most helpful to improve YOUR health concerns?*

The community often sees the need for solutions to their individual health concerns that are not directly related to health. For example, job opportunities and transportation were in the top 4 responses. This concurs with the public health's and growing community understanding that many negative heath outcomes are a direct result of poverty and environment and not necessarily a result of the lack of physician care. A similar table to those comprised for answers 1 and 2 follows:

Descending rank	Answer options	Percentage	#
1.	Exercise/weight loss programs	37.2%	139
2.	Access to healthier food	25.9%	97
3.	Job opportunities	21.4%	80
4.	Transportation	20.3%	76
5.	Access to dental care	20.1%	75
6.	Elder care services	16%	60

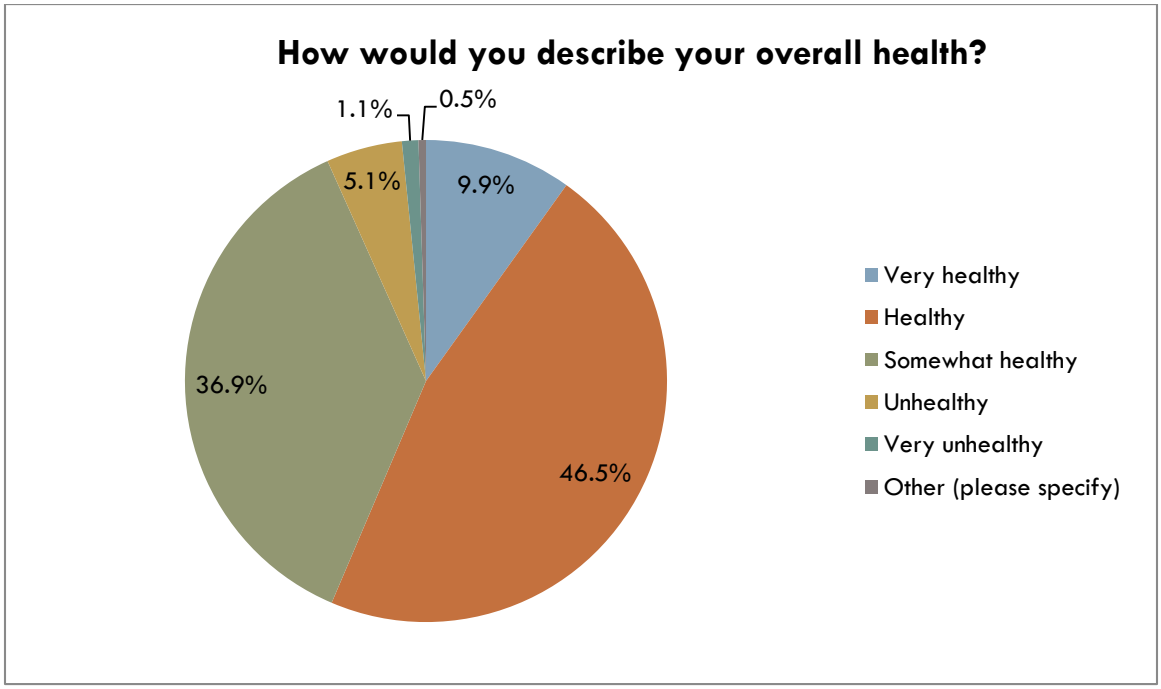
	Access to primary care	15.5%	58
8.	Safer places to walk and play	15.2%	57

Most desired to improve personal health

Personal health status:

4. *How would you describe your overall health?*

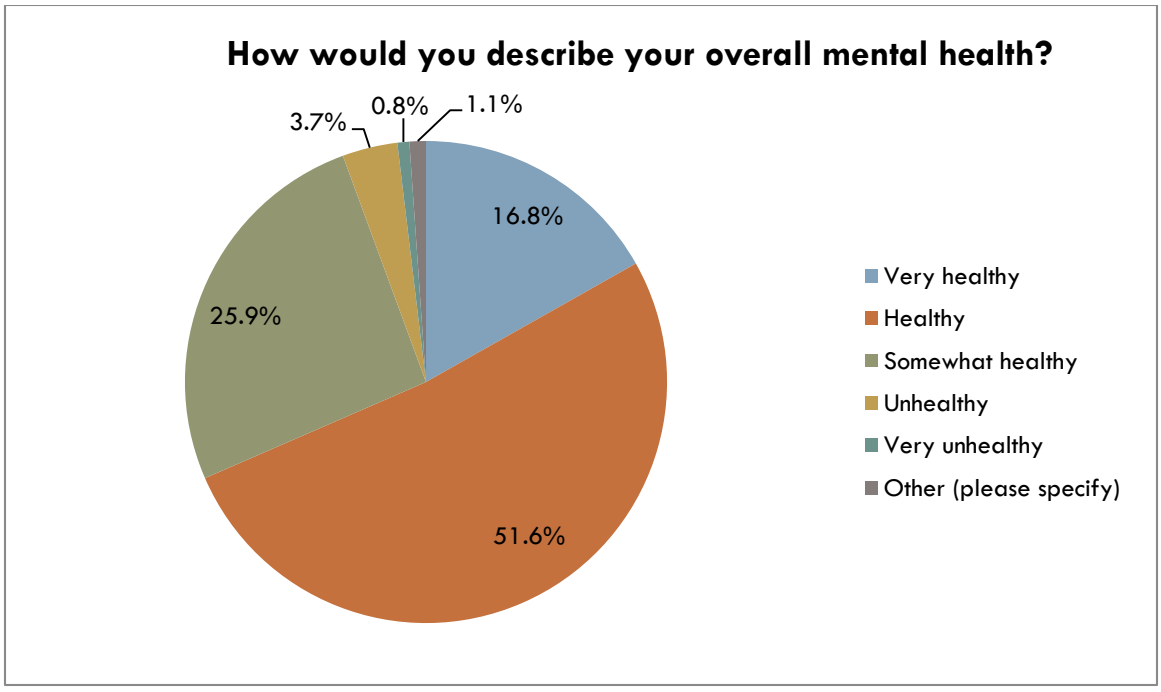
Almost 93% of respondents classified their health as ranging from "somewhat healthy" to "very healthy" while only about 6% described their health as "unhealthy" or "very unhealthy". (It is interesting to compare this with the professional survey, which albeit a small sample size, reflected the opinion of 46% of respondents that the community was "somewhat healthy" while about 54% stated the community was "unhealthy".)



Overall health status

5. *How would you describe your overall mental health?*

Almost 95% of respondents rated their mental health from somewhat healthy to very healthy. Less than 5% described their overall health as unhealthy or very unhealthy. The category of "somewhat healthy" at about 26% may also incorporate some people who have mental health issues that do not interfere with their everyday lives.



Overall mental health status

6. *Do you suffer from any chronic health conditions (check all that apply)?*

Only 23% stated that they had no chronic health conditions. The most common chronic health issue checked was overweight/obesity (29%) followed by high blood pressure (27.5%) and then by high cholesterol (21%). Diabetes and asthma/breathing problems ranked at 17% and 15.5% of responses. Below is a chart highlighting the top 8 conditions reported, comprising over 30 people reporting each. Disability, chosen by 37 people, is a category that is non-specific for any specific disease.

Descending rank	Answer options	Percentage	#
1.	Overweight/obesity	29.4%	110
2.	High blood pressure	27.5%	103
3.	High cholesterol	21.4%	80
4.	Diabetes	17.1%	64
5.	Asthma/ breathing problems	15.5%	58

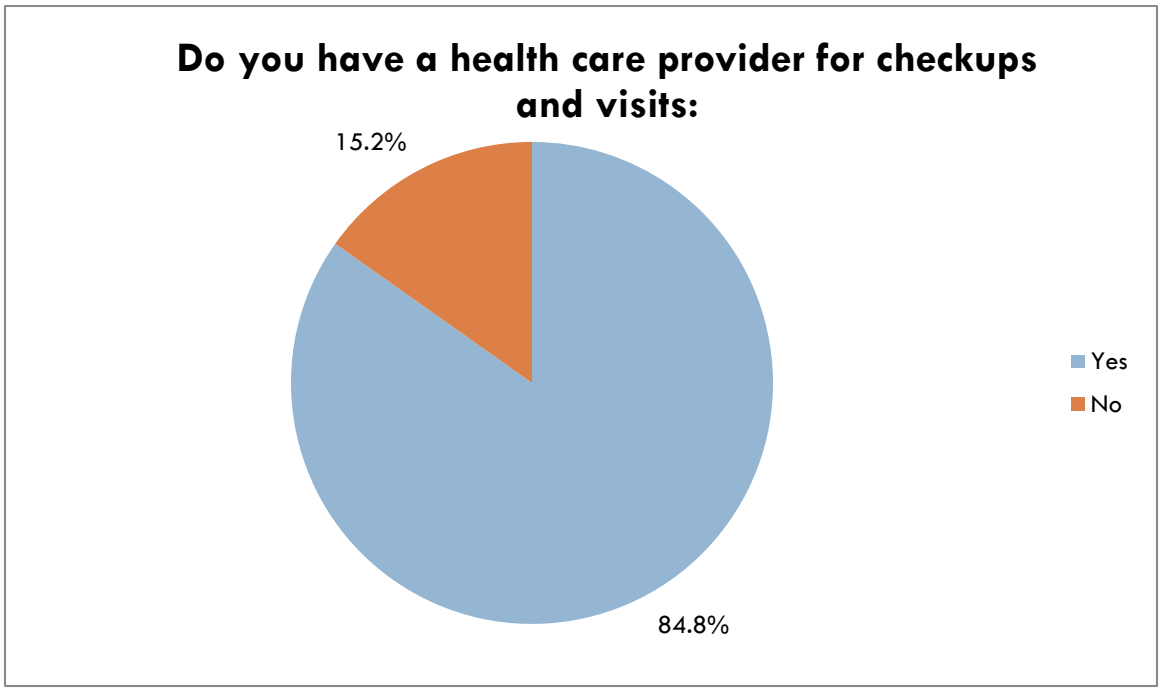
6.	Heart Disease	9.9%	37
7.	Mental Health	8.6%	32
8.	Disability	8.3%	31

Personal chronic health conditions

Access to health care:

7. *Do you have a health care provider for checkups and visits?*

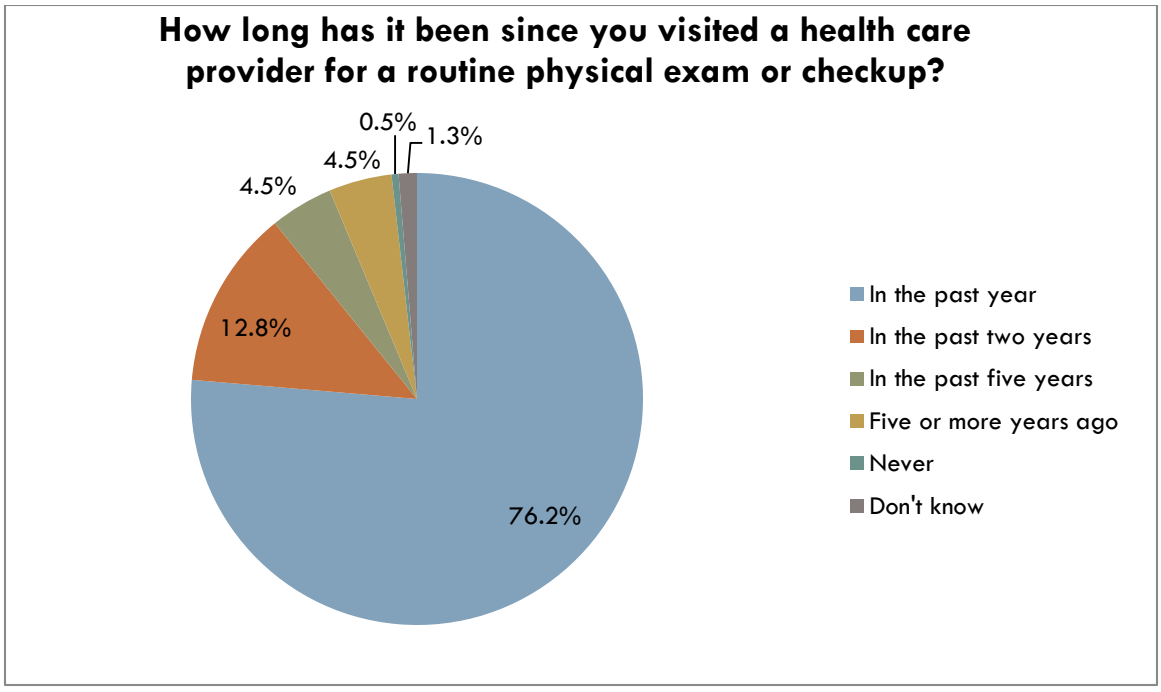
About 85% stated that have a regular health care provider while the remaining 15% did not.



Have a health care provider

8. *How long has it been since you visited a health care provider for a routine physical exam or checkup?*

Following up on the question about having a regular health provider, this question attempted to ascertain the level of preventive health care that respondents received. The news is good in that about 76% had received a routine exam within the last year, and another 13% within the last two years, reflecting 89% of respondents in total.



Last routine visit or checkup

9. *What FIVE main reasons have prevented you from getting medical care from a health care provider?*

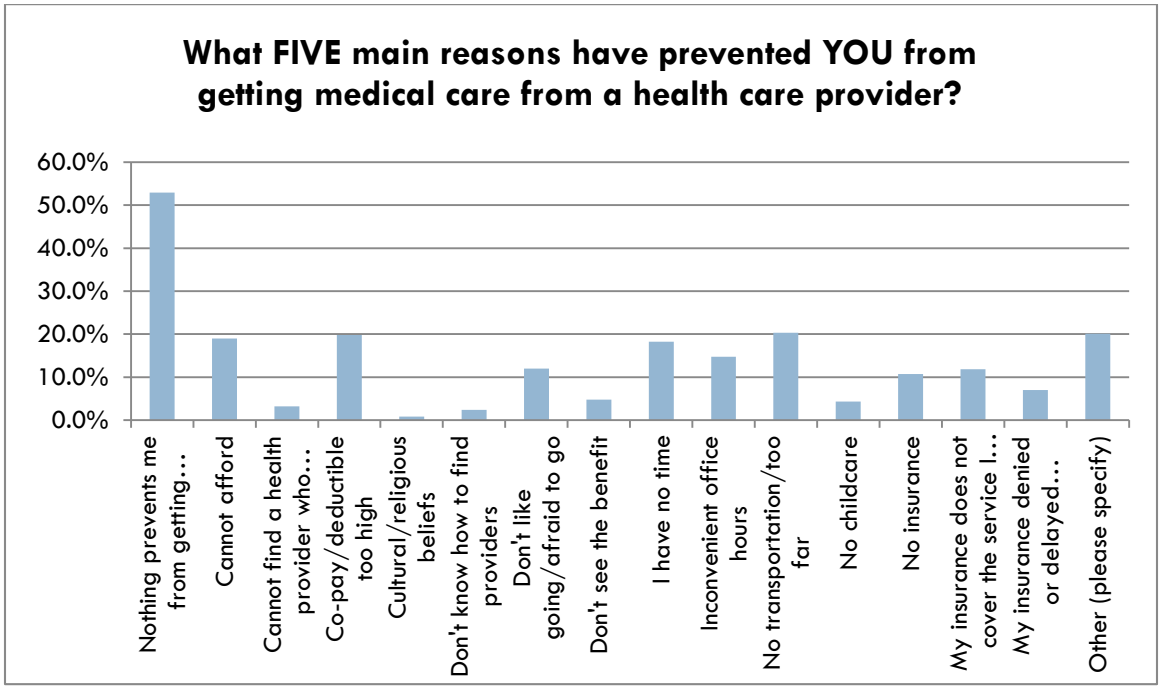
About 53% (198) stated that nothing prevents them from getting medical care. Out of the remaining 47% of respondents (176), the most frequent answer was "no transportation/too far" (76 respondents or 43% of those who were prevented from getting to care), followed by 'co-pay deductible too high' (74 or about 42% of those with access problems), followed by "cannot afford" (71 or 40%) after which "I have no time" was chosen (68 or 39%). The table below highlights the percentage of the top 8 responses from all that reported barriers. Note that people were free to choose multiple options, thus, the percentage exceeds 100%.

Descending rank	Answer options	Percentage out of 176 respondents with barriers (rounded)	#
1.	No transportation/too far	43%	76
2.	Co-pay/ deductible too high	42%	74
3.	Cannot afford	40%	71

4.	I have no time	39%	68
5.	Inconvenient office hours	31%	55
6.	Don't like going/ afraid to go	26%	45
7.	Insurance does not cover the service	25%	44
8.	No insurance	23%	40

Percentage of reasons among those encountering barriers to health care

The chart below indicates percentages as a portion of ALL 347 responses including the 198 or the 53% with no barriers. The bar of those with no barrier dwarves the remaining responses when examined in this light.



Top 5 reasons for inability to access medical care

10. *In the past 12 months, did you receive care in the emergency room?*

In the past year, almost 1/3 of respondents, or 31.8% reported receiving care in the emergency room.

11. *If yes, what was the one main reason for your emergency room visit?* The table below illustrates that the most common reason given was that the health care provider's office was closed, followed by that the responder thought the visit was too serious for a doctor's visit. Among "other" reasons cited were : " mental health, urgent care would not accept insurance, intravenous, work related, and others which could have been included in several of the options offered.

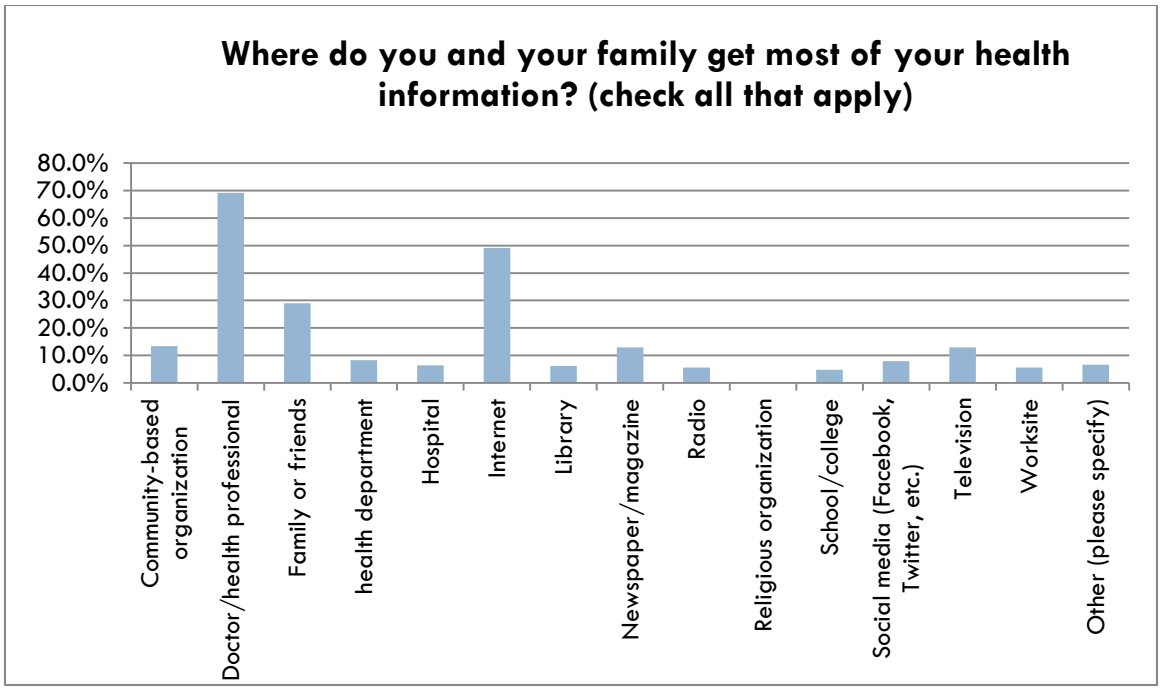
Descending rank	Answer options	Percentage (rounded) out of 142 respondents who had been in ER in the past year	#
1.	Doctor's office not open	37%	53
2.	Thought problem was too serious for a doctor's visit	23%	32
3.	No other place to go	15%	22
4.	Other	9%	13
5.	Health provider said to go to ER	7%	10
6.	ER is the closest provider	6%	8
7.	Receive most care in ER	2%	3
8.	Could not find HCP who speaks my language	0.7%	1

Reasons for use of Emergency Room

Access to health information:

12. *Where do you and your family get most of your health information (check all that apply)?*

The top three sources reported for health information were the Doctor or health professional (69%) the internet (49%), and family and friends (29%).



Sources of health information

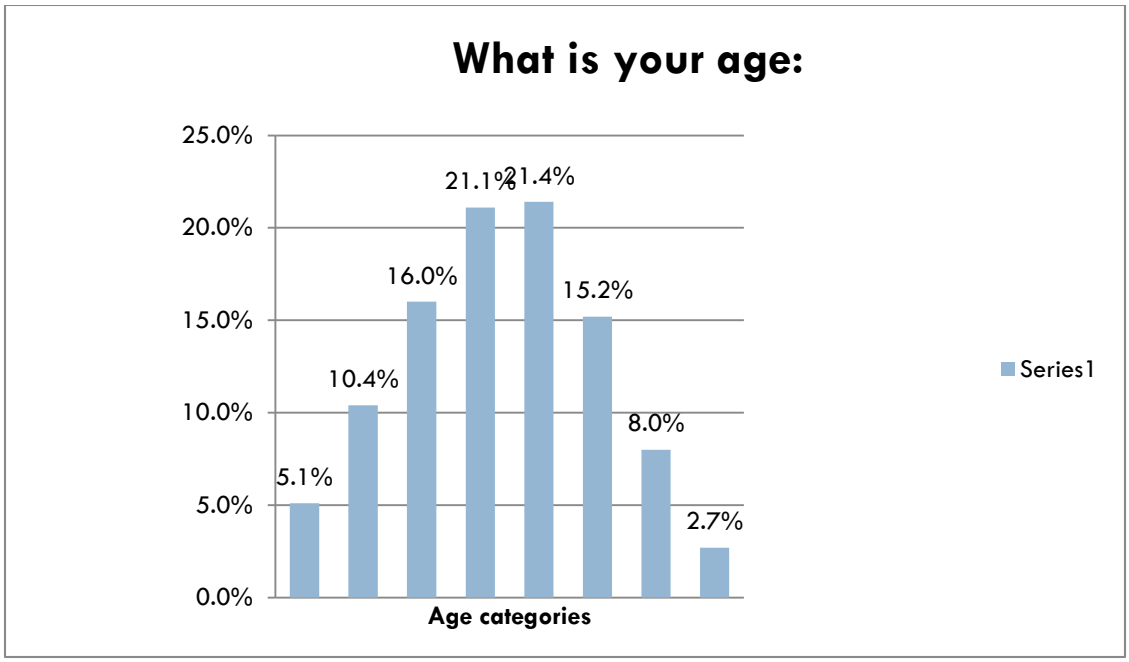
Demographics of respondents: Gender, age, zip code, town, ethnicity, race and primary language

13. *I identify as Male, Female, or other (please specify)*

About three quarters of the respondents were female (74.6%), with 24.1% male, and 1.3% (5 people) defining themselves as "other". Of these, two specified: one was "unaffiliated" and the other a "person of interest". Because of the well documented fact that women seek health care services more frequently than men, the survey answers in regard, particularly, to accessing health care can be expected to skew in the direction of more health care utilization.

14. *What is your age?*

There was a fairly normal distribution of responders by age as illustrated in the chart below.

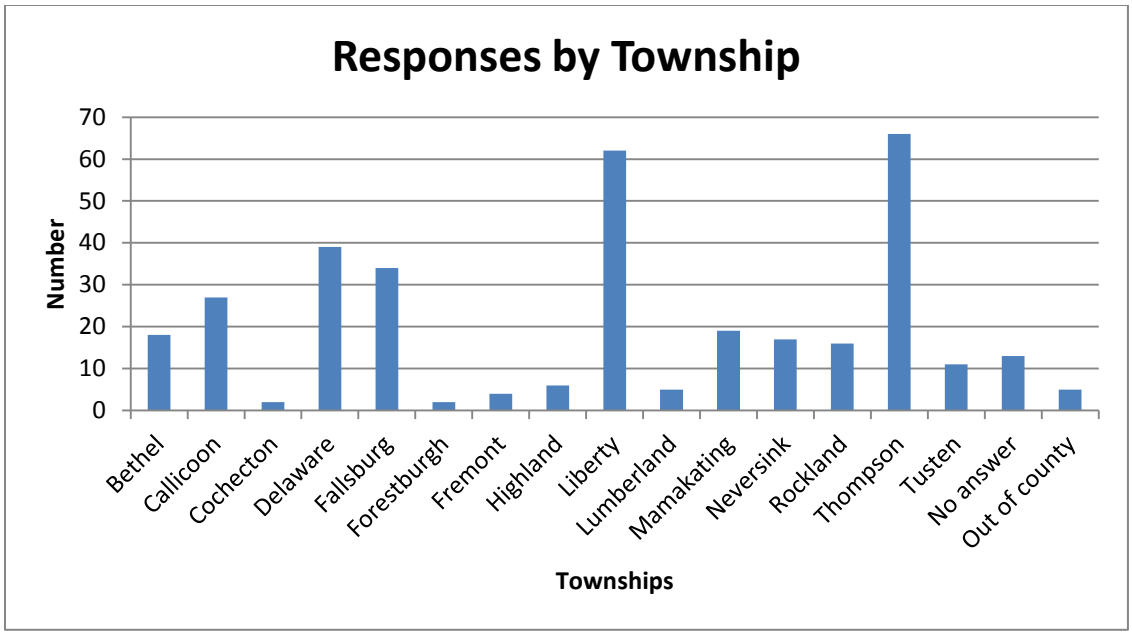


Age distribution of respondents

15: Zip code where I live, and 16: Town/city where I live:

Data from both of these answers were combined to compile detailed information and to create a chart of responses for all 15 Sullivan County Towns (see chart entitled "Responses by Township")

The greatest number of responses were from the towns of Thompson, then Liberty, followed by Delaware. The largest number of replies \ came from zip codes from the village of Monticello in Town of Thompson, village of Liberty in Town of Liberty, and the hamlet of Callicoon in the Town of Delaware. It may be confusing for those unfamiliar with the county when looking at the chart , because the hamlet of Callicoon is not in the Township of Callicoon as one might expect, but in the Town of Delaware. There were at least 2 responses from each Town, with the maximum number of 66 responses, from Thompson. Thirteen respondents did not identify where they lived, and 5 responses were from out of county.



Responses by Township

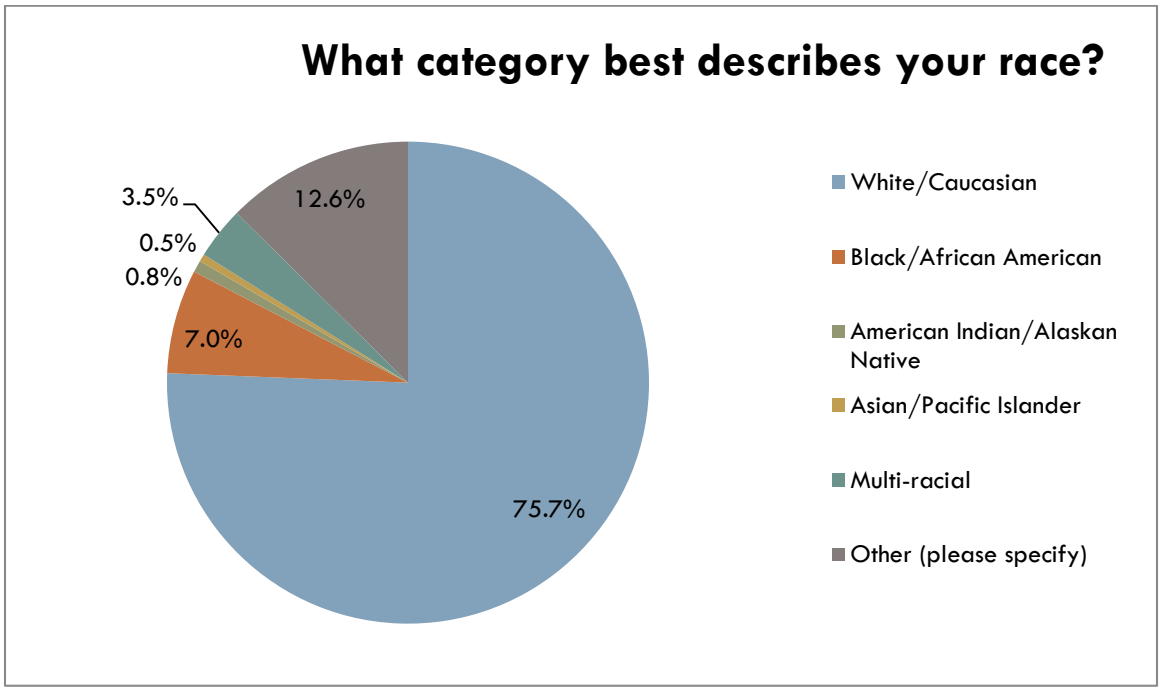
17. Are you Hispanic/Latino?

All answered this question: 16.8% stated yes; 83.2% no. For comparison, the Sullivan County census data from July 1, 2015 reported that 15.3% of residents of the county were Hispanic/Latino and 72.7% were white non-Hispanic.

18. What category best describes your race?

About three-quarters (75.7%) of respondents described their race as white, 7% black, 3.5% multi-racial, and 12.6% "other". In July, 2015 the US census data for the county reported "white alone" at 85.1%, white non-Hispanic at 72.7%, and black residents at 9.9%. In drilling down the 47 "other" answers, about 79% (37) chose not to specify what they intended by choosing other, 5 interpreted race as ethnicity and answered "Hispanic", one was white but answered "French Canadian/ WASP", one answered "Jamaican", one wrote "Does it matter", and one wrote "Why"?. The "other" category was high enough to skew the remaining data somewhat as answers in that

category were almost 13% of all answers. The pie chart that follows shows the breakdown of all responses:



Self-described race of respondents

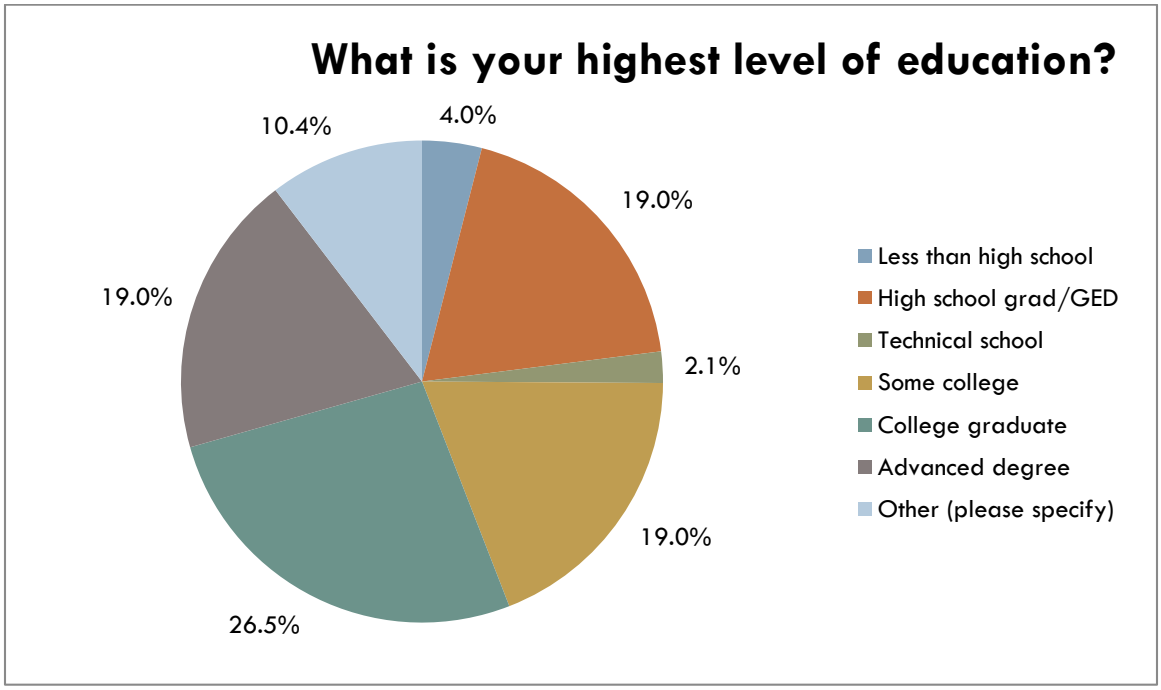
19. What is the primary language you speak?

Eighty-nine percent of respondents spoke English primarily, and 10.8% Spanish. One answered "other" but did not specify the language. This is comparable to the US census American Community Survey for Sullivan County for 2007-2011, which indicated that for those years, 9.1% of residents spoke Spanish at home.

20. What is your highest level of education?

Almost 65% of respondents reported that they attended some level of higher education. Of those who answered "other", 33 out of 39, or about 85%, did not further explain. Five of the other 6 did have some level of college, and a single person wrote "none". Comparing these

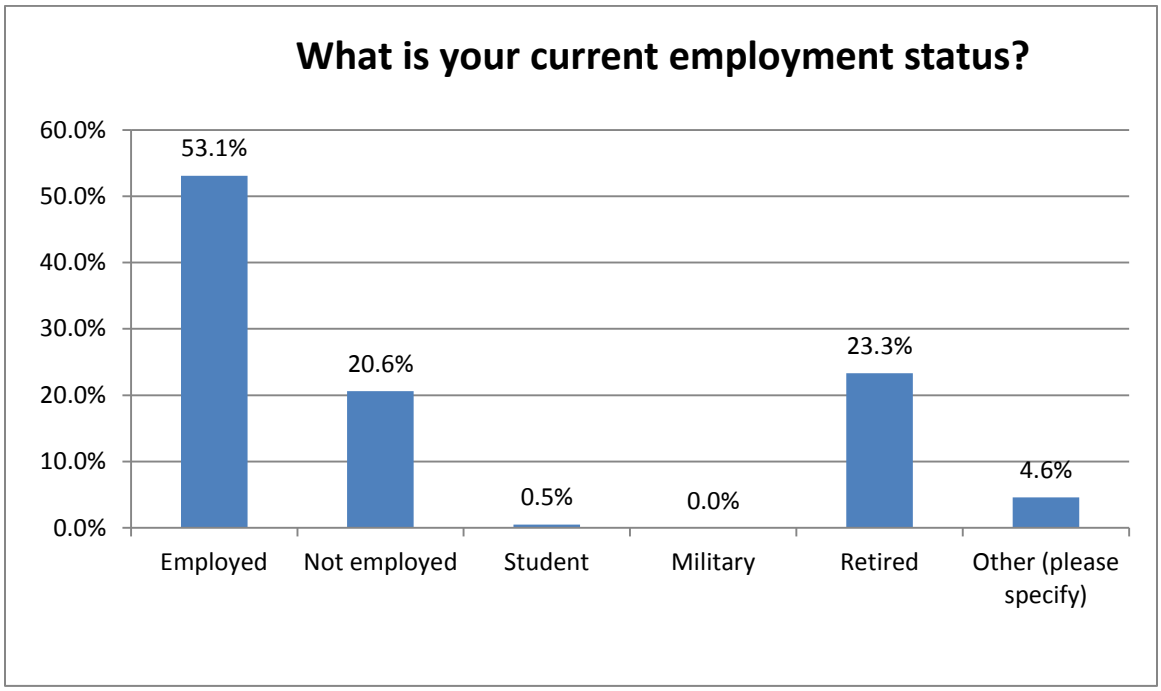
statistics to the census figures for the county as a whole for 2015, 50.5% of residents attended some level of higher education, indicating that this respondent group was more highly educated than the county as a whole. The pie chart shows the full breakdown for the survey respondents.



Highest level of education

21. What is your current employment status?

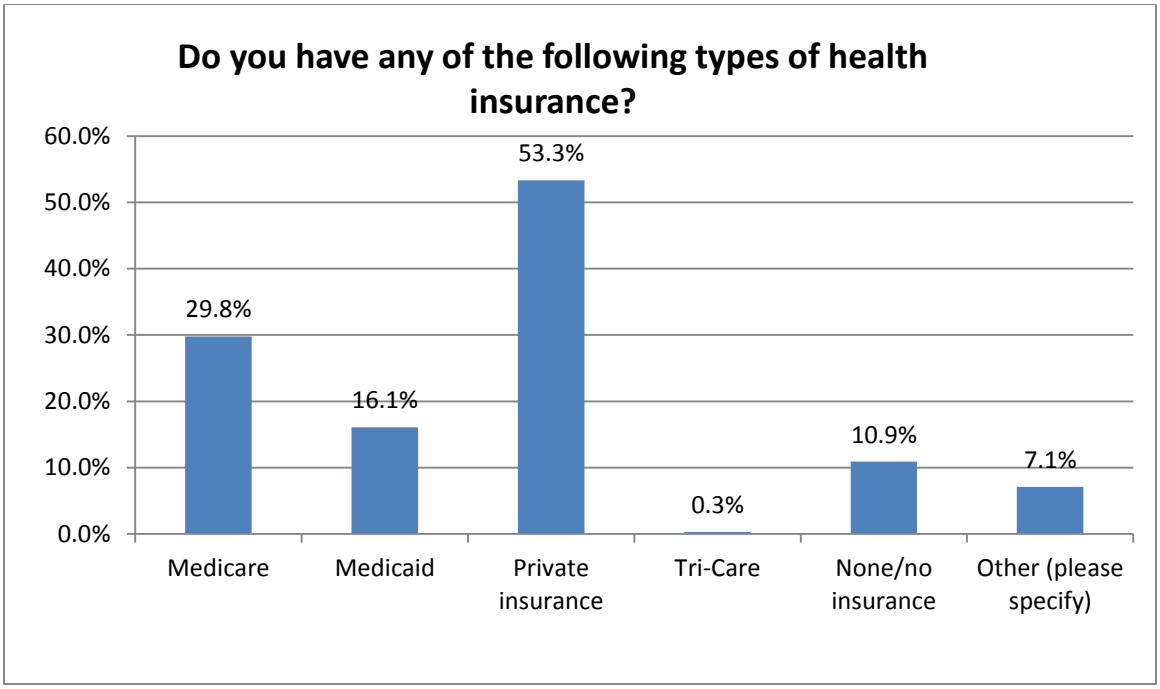
The chart entitled "current employment status" shows that over half the respondents were employed, and close to one quarter were retired. About 21% reported that they were unemployed although no further details are known about their unemployment status. This percentage is quite a bit higher than the county rate, which is only 4.7% according to an October 2016 report from the NYS Bureau of Labor Statistics., It is possible that many of those who indicated they were unemployed either were also retired, or were stay at home parents. For the "other" answer, when asked to specify, these were the answers: 7 were disabled, one just said "no", 2 volunteer, and the rest (10) did work, but worked either for themselves or worked part time and apparently did not see a place to enter that in the choices.



Current employment status

22. Do you have any of the following types of health insurance?

Choices included Medicaid, Medicare, TriCare, private, none, and other. The percentage of concern, of course, is 20.9%, or 40 people from this sample who do not have any health insurance. However If we remove people who have Medicare (109) and those who skipped the question (8) from the total who responded, the percentage of those with no insurance comes down to 16%. According to NYSDOH Prevention Agenda Dashboard, about 13% of adults 18-64 in the county have no health insurance.



Types of health insurance

23. Do you know about any of these advanced care directives? (Check all that apply)

This question assessed the level of familiarity with these four advanced health care planning tools available: Health care proxy, Living Will, MOLST (Medical orders for life-sustaining treatment), and

Five Wishes document (Aging with dignity). It should be noted that a great many people skipped answering this (117). Of those who chose to answer the question, most people were aware of the health care proxy and the living will, and most were not familiar with MOLST and the Five Wishes document. This is not a surprise as the first two have been available in the health care field for many years and much education has been done in regard to them. Unfamiliarity with the newer tools provides an educational opportunity for broadening familiarity to constituents in the county. The table below illustrated the detailed information on the responses:

Do you know about any of these advance care directives? (Check all that apply)		
Answer Options	**Response Percent**	**Response Count**
Health care proxy	91.1%	234
Living Will	82.5%	212
MOLST (Medical orders for life-sustaining treatment)	21.4%	55
Five Wishes document (Aging with dignity)	10.5%	27
Answered Question		**257**
Skipped Question		**117**

Summary:

Drug abuse, mental health and chronic disease continue to be areas of concern identified by Sullivan County residents. Seventy-seven percent of respondents stated they have at least one chronic health condition; the most common three were overweight/obesity, followed by high blood pressure and then high cholesterol. This is clearly a place where public and community health efforts can make a positive impact on health. Drug abuse was the most frequently identified concern about community health (38%), although almost no one (2%) cited it as a personal health concern. It is not possible to prove or disprove this low percentage of course, but the difference is striking.

Mental health issues were stated by about 15% of respondents to be affect them personally, roughly the same percent who stated women's health issues were a concern (3/4 of respondents were female). Dental care was cited as a community health and a personal health concern. The Oral Health Coalition in Sullivan County, spearheaded primarily by Sullivan County Public Health Services and the PRASAD Children's Dental Health Program have been tackling dental and oral health problems in children as a priority concern and recognize that this is a problem for adults in the county as well, particularly seniors and other special populations.

Not surprisingly, non-health topics were repeatedly cited as among the top things that could improve health. Specifically, they were job opportunities (#3 in priority of all things that could

improve health), transportation, and safer places to walk and play. The poverty in Sullivan County has a recognized and concerning impact on the health status of the residents and most likely contributes to the very poor county health rankings by the Robert Wood Johnson Foundation (next to last in New York State).

These survey results and results of an earlier 2016 Oral Health Needs Assessment support the continued choice of the three prevention agenda priority areas of: prevention of chronic Disease, promotion of healthy women, infants, and children and promotion of mental health and prevention of substance abuse.

Sullivan County Community Health Planning Matrix

Table 1. Goals and Objectives for Priority Issue #1: Prevent Chronic Disease

Priority	Focus Area	Goal	Objectives – By December 31, 2018
Prevent Chronic Disease	Reduce Obesity in Children and Adults	Create community environments that promote and support healthy food and beverage choices and physical activity	Increase the percentage of adults aged 18 and older who participate in leisure-time physical activity from 75.3% (2013) to 77.2% (Data source: Expanded BRFSS 2013-2014 Preliminary (4-month) Data Report: Sullivan County)
			Decrease the percentage of adults aged 18 and older who consume one or more sugary drinks per day from 27.0% (2013) to 26.3% (Data source: Expanded BRFSS 2013-2014 Preliminary (4-month) Data Report: Sullivan County)
			Increase the percentage of the population redeeming farmer's market coupons through the Women, Infants, and Children Food and Nutrition Service and the Senior Nutrition Program. (Baseline: <33%, USDA FMNP)
	Increase Access to High Quality Chronic Disease Preventive Care and Management in Both Clinical and Community Settings	Increase screening rates for cardiovascular disease, diabetes and breast, cervical and colorectal cancers	Increase the percentage of women aged 50 – 74 who had a mammogram within the past two years from 76.4% (2013) to 78.3% (Data source: Expanded BRFSS 2013-2014 Preliminary (4-month) Data Report: Sullivan County)
			Increase the percentage of adults aged 50 – 75 who had a colorectal cancer screening from 65.2% (2013) to 66.8% (Data source: Expanded BRFSS 2013-2014 Preliminary (4-month) Data Report: Sullivan County)
			Increase by 2.5% the percentage of women aged 21 – 65 who received a Pap test within the past three years. (Baseline: unknown)
			Increase the percentage of adults who had a diabetes test within the past three years from 52.6% (2013) to 53.9% (Data source: Expanded BRFSS 2013-2014 Preliminary (4-month) Data Report: Sullivan County)
			Increase by 2.5% the percentage of adults who are screened for hyptertension. (Baseline: unknown)

Table 2. Strategies for Improving Priority Issue #1 Focus Area: Reduce Obesity in Children and Adults

Priority Area #1: Prevent Chronic Disease			
Focus	Key Partners	Current Strategies/Approaches	Strategies/Approaches
Reduce Obesity in Children and Adults	• Sullivan County Division of Public Works • Town and Village Parks and Recreation Department • Catskill MountainKeeper • TrailsKeeper.org • Sullivan Renaissance • Cornell University Cooperative Extension Sullivan County (CCE) • Sullivan County Farmers Market Association • Sullivan County Youth Bureau • Hudson River HealthCare Inc. • Sullivan County Wellness Committee • School Food Service Managers • The PRASAD Children's Dental Health Project • Sullivan County Childcare Council • Sullivan County Department of Community and Rehabilitation Support Services	1. Promotion of physical activity and nutrition through community outreach and education. 2. Intervention and prevention strategies to promote healthy lifestyle behavior changes. 3. Engage community organizations to enact policy and environmental changes that improve access to physical activity and nutrition. 4. Provide access to healthy foods through sustained year-round farmer's markets. <u>Examples of Current Initiatives:</u> 1. Master Gardener Program (CCE) 2. Eat Smart New York (CCE) 3. Outdoor Club (CCE) 4. Walking Clubs (Sullivan County employees) 5. Eat Healthy. Move More. (Sullivan County Public Health) 6. School Nutrition Improvement Efforts (School Food Service Managers) 7. Nutrition Services at Hudson River HealthCare Inc. and WIC/PHS	1. Explore grant-funding opportunities and evidence-based practices for improving physical activity and healthy eating behaviors. 2. Collaborate with schools and worksites to adopt policies and implement practices to reduce overconsumption of sugary drinks and increase access to clean, portable water. 3. Educate the public regarding the risks associated with overconsumption of sugary drinks. 4. Promote local farmer's markets through a variety of communication tools, including social media, and explore the opportunity for expansion of farmer's markets (physical size, hours of operation, vendors, etc.). 5. Explore the opportunity for increasing the availability of farmer's markets in food desert areas and rural communities. 6. Increase access to safe public spaces where residents can be physically active. 7. Increase access to professional nutritional counseling.

Table 3. Strategies for Improving Priority Issue #1 Focus Area: Increase Access to High Quality Chronic Disease Preventive Care and Management in Both Clinical and Community Settings

Priority Area #1: Prevent Chronic Disease			
Focus	Key Partners	Current Strategies/Approaches	Strategies/Approaches
Increase Access to High Quality Chronic Disease Preventive Care and Management in Both Clinical and Community Settings	• United Way of Sullivan County • Catskill Regional Medical Center (CRMC) • American Cancer Society • Planned Parenthood • Hudson River HealthCare Inc. • Refuah Health Center • Crystal Run Healthcare • The PRASAD Children's Dental Health Project • Office for the Aging (OFA)	1. Provide access to screenings through free hospital and social service organization services. 2. Provide free access to health and human services information and referral. 3. Promotion of chronic disease prevention and screening through community outreach and education. <u>Examples of Current Initiatives:</u> 1. 2-1-1 program (United Way) 2. Cancer Services Program of Sullivan County (CRMC) 3. Health Information Library (CRMC) 4. Diabetes prevention education programs (CRMC) 5. Evidence-based Chronic Disease Self-Management Program (OFA)	1. Promote the importance and availability of free screenings through a variety of media and health communication tools. 2. Build community awareness and demand for services through continued outreach and education. 3. Collaborate with local health care organizations and providers to increase awareness of screening services and incentivize clinicians to screen. 4. Increase consumer access to health care coverage for preventative services. 5. Collaborate with local health care organizations and providers to improve health literacy.

Table 4. Goals and Objectives for Priority Issue #2: Promote Healthy Women, Infants, and Children

Priority	Focus Area	Goal	Objectives – By December 31, 2018
Promote Healthy Women, Infants, and Children	Maternal and Infant Health	Reduce premature births	Reduce the percentage of premature births in Sullivan County from 12.0% (2011) to 11.4% (Data source: 2011 New York State Vital Statistics Data)
			Improve racial, ethnic, and economic disparities among premature births in Sullivan County: • From a ratio of 1.65 (2008 – 2010) for Black, Non-Hispanics to White, Non-Hispanics to a ratio of 1.55. • From a ratio of 1.10 (2008 – 2010) for Hispanics to White, Non-Hispanics to a ratio of 1.03. • From a ratio of 0.85 (2008 – 2010) for Medicaid births to non-Medicaid births to a ratio of 0.79. (Data source: Sullivan County Indicators for Tracking Public Health Priority Areas, 2013-2017)
			Increase the percentage of mothers in Sullivan County who receive early prenatal care from 67.0% (2011) to 68.7% (Data source: 2011 New York State Vital Statistics Data)
			Improve racial, ethnic, and age disparities in Sullivan County mothers who receive early prenatal care: • From 64.7% (2011) to 66.3% for Black mothers • From 63.3% (2011) to 64.9% for Hispanic mothers • From 46.7% (2011) to 47.9% for mothers aged 15 to 17 (Data source: 2011 New York State Vital Statistics Data)

Table 4. Goals and Objectives for Priority Issue #2: Promote Healthy Women, Infants, and Children (cont'd)

Priority	Focus Area	Goal	Objectives – By December 31, 2018
Promote Healthy Women, Infants, and Children	Maternal and Infant Health	Increase the rate of Sullivan County babies who are breastfed	Increase the rate of infants born in Sullivan County who are exclusively breastfed in the hospital from 432.0 per 1,000 live births (2010) to 442.8 per 1,000 live births (Data source: 2008 – 2010 New York State Vital Statistics Data)
			Improve racial, ethnic, and economic disparities in the rate of infants born in Sullivan County who are exclusively breastfed in the hospital: • From a ratio of 0.66 (2008 – 2010) for Black, Non-Hispanics to White, Non-Hispanics to a ratio of 0.62. • From a ratio of 0.61 (2008 – 2010) for Hispanics to White, Non-Hispanics to a ratio of 0.56. • From a ratio of 0.62 (2008 – 2010) for Medicaid births to non-Medicaid births to a ratio of 0.57. (Data source: Sullivan County Indicators for Tracking Public Health Priority Areas, 2013-2017)
			Increase the percentage of WIC mothers in Sullivan County who breastfeed for at least six months from 26.7% (2009 - 2011) to 27.4% (Data source: 2009 – 2011 New York State Pediatric Nutrition Surveillance System Data)

Table 4. Goals and Objectives for Priority Issue #2: Promote Healthy Women, Infants, and Children (cont'd)

Priority	Focus Area	Goal	Objectives – By December 31, 2018
Promote Healthy Women, Infants, and Children	Reproductive, Preconception and Inter-Conception Health	Prevent unintended and adolescent pregnancy	Reduce the percentage of Sullivan County live births that result from unintended pregnancy from 33.6% (2011) to 32.8% (Data source: Sullivan County Indicators for Tracking Public Health Priority Areas, 2013-2017)
			Reduce racial, ethnic, and economic disparities in unintended pregnancies among live births: • From a ratio of 2.06 (2011) for Black, Non-Hispanics to White, Non-Hispanics to a ratio of 1.95 • From a ratio of 1.27 (2011) for Hispanics to White, Non-Hispanics to a ratio of 1.16. • From a ratio of 1.50 (2011) for Medicaid births to non-Medicaid births to a ratio of 0.8. (Data source: Sullivan County Indicators for Tracking Public Health Priority Areas, 2013-2017)
			Reduce the rate of pregnancy among Sullivan County adolescents from 42.3 per 1,000 females aged 15 to 19 (2011) to 41.2 per 1,000 females aged 15 to 19 (2.5% improvement). (Data source: 2011 New York State Vital Statistics Data)
			Reduce racial and ethnic disparities in adolescent pregnancy rates: • From a ratio of 1.97 (2008 - 2010) for Black, Non-Hispanics to White, Non-Hispanics to a ratio of 1.55. • From a ratio of 2.07 (2008 - 2010) for Hispanics to White, Non-Hispanics to a ratio of 1.54. (Data source: Sullivan County Indicators for Tracking Public Health Priority Areas, 2013-2017)

Table 5. Strategies for Improving Priority Issue #2 Focus Area: Maternal and Infant Health

Priority Area #2: Promote Healthy Women, Infants, and Children			
Focus	Key Partners	Current Strategies/Approaches	Strategies/Approaches
Maternal and Infant Health	• United Way of Sullivan County • Planned Parenthood • Catskill Regional Medical Center (CRMC) • Hudson River HealthCare Inc. • Maternal Infant Services Network (MISN) • Crystal Run Healthcare • New Hope Manor • The PRASAD Children's Dental Health Project	1. Promotion of the health and well-being of mothers and infants through pre- and post-natal education provided by community agencies and the medical community. 2. Provision of prenatal care referrals and services. <u>Examples of Current Initiatives:</u> 1. 2-1-1 Program (United Way) 2. Childbirth Classes for Expectant Mothers (CRMC) 3. Childbirth Education Series (MISN) 4. Breastfeeding 101 (MISN) 5. Baby Growing Nutrition Classes (MISN) 6. Prenatal Class for Expectant Parents (Crystal Run Health Care) 7. Women, Infants & Children (WIC) Program (SCPHS) 8. Maternal-Child Health Nursing (SCPHS)	1. Develop and conduct effective health communications/social marketing campaigns that promote norms of healthy behaviors before, between and during pregnancies, and that target women at risk for premature birth. Messages may include smoking cessation, nutrition, oral health, and healthy weight, in formats including social media, and settings such as WIC sites, home visits, preconception/inter-conception clinical health visits, prenatal care visits, and chronic disease prevention/management programs. 2. Utilize paraprofessionals such as peer counselors, lay health advisors and community health workers to reinforce health education and health care service utilization and enhance social support to high-risk pregnant women. 3. Collaborate with local health care organizations and providers to ensure that women who have experienced a preterm birth or other adverse pregnancy outcome receive inter-conception health care and other supportive services to prevent subsequent preterm births. 4. Support mechanisms to facilitate easy, expedited enrollment of low-income women in Medicaid, including presumptive eligibility for both prenatal care and family planning coverage. 5. Utilize community-based research to engage affected populations in raising awareness of health disparities and identifying, prioritizing, and developing collective solutions. 6. Implement well-tested social marketing campaigns to change attitudes, social norms and behaviors related to breastfeeding initiation, exclusivity and/or duration among target populations. 7. Train physicians, nurses, and other health care providers about the importance of breastfeeding and lactation support and reduce their distribution of instant formula in the health care setting. 8. Ensure that employers and other businesses/organizations create an environment to support breastfeeding/pumping and provide lactation support.

Table 6. Strategies for Improving Priority Issue #2 Focus Area: Reproductive, Preconception and Inter-Conception Health

Priority Area #2: Promote Healthy Women, Infants, and Children			
Focus	Key Partners	Current Strategies/Approaches	Potential Strategies/Approaches
Reproductive, Preconception and Inter-Conception Health	• United Way of Sullivan County • Planned Parenthood • Maternal Infant Services Network (MISN) • Sullivan County BOCES Prevention Services • Hudson River Healthcare • Crystal Run Healthcare • Area Primary Care Physicians and Pediatricians • The PRASAD Children's Dental Health Project	1. Promotion of teen pregnancy prevention through community outreach and education at school, community, and workplace locations. 2. Provision of pregnancy prevention services (contraceptives). <u>Examples of Current Initiatives:</u> 1. 2-1-1 Program (United Way) 2. Birth control services (Planned Parenthood) 3. Teen Pregnancy Prevention: The Empathy Belly and Real Care Baby infant simulator (MISN)	1. Expand current outreach and education efforts to include effective messages around delaying sexual activity, consistent contraceptive use, negotiating contraceptive use with partners, preventive health care, taking individual responsibility, and the male's role in preventing pregnancy. 2. Promote access to contraceptive counseling to teach women about the use of specific methods, and to increase their correct and consistent use. 3. Collaborate with local health care organizations and providers to increase knowledge of, and access to, emergency contraceptives, and ensure their availability to rape victims. 4. Collaborate with local health care organizations and providers to improve post-abortion counseling and contraceptive methods to prevent future unintended pregnancies. 5. Collaborate with local health care organizations and providers to screen for and address factors that increase the risk for and multiply the effects of teen pregnancy/parenting, such as depression, poor education and adverse childhood experiences. 6. Develop and provide media literacy programs for adolescents to counteract the prevalent media messages about sex. 7. Conduct research to support evaluation, adaptation, replication, dissemination, and implementation of evidence-based interventions to prevent unintended pregnancy.

Table 7. Goals and Objectives for Priority Issue #3: Promote Mental Health and Prevent Substance Abuse

Priority	Focus Area	Goal	Objectives – By December 31, 2018
Promote Mental Health and Prevent Substance Abuse	Promote Mental, Emotional, and Behavioral Well-Being in Communities	Promote mental, emotional, and behavioral well-being in communities	Increase the use of evidence-informed policies and evidence-based programs that are grounded on healthy development of children, youth, and adults. (Baseline: unknown)
			Reduce the percentage of adults aged 18 and older who had 14 or more days of poor mental health in the past month from 8.6% (2013) to 8.4% (Data source: Expanded BRFSS 2013-2014 Preliminary (4-month) Data Report: Sullivan County)
	Prevent Substance Abuse and other Mental Emotional Behavioral Disorders	Prevent underage drinking, non-medical use of prescription pain reliever drugs by young, and excessive alcohol consumption by adults	Reduce the percentage of youth in grades 9 – 12 reporting the use of alcohol on at least one day of the past 30 days. (Baseline: unknown)
			Reduce the percentage of youth aged 12 – 17 years reporting the use of non-medical use of painkillers. (Baseline: unknown)
			Reduce the percentage of adults aged 18 and older who participated in binge drinking (five drinks or more for men during one occasion, and four or more drinks for women during one occasion) during the past month from 15.3% (2013) to 14.9% (Data source: Expanded BRFSS 2013-2014 Preliminary (4-month) Data Report: Sullivan County)
		Prevent suicides among youth and adults	Reduce suicide attempts by Sullivan County adolescents (youth grades 9 to 12) who attempted suicide one or more times in the past year. (Baseline: unknown)
			Reduce the age-adjusted suicide mortality rate from 12.6 per 100,000 (2011) to 12.3 per 100,000 (Data source: 2011 New York State Vital Statistics Data)
		Promote tobacco use cessation among adult smokers	Decrease the prevalence of cigarette smoking by adults aged 18 years and older from 32.2% (2013) to 31.4% (Data source: Expanded BRFSS 2013-2014 Preliminary (4-month) Data Report: Sullivan County)
			Increase by 5% the utilization of smoking cessation benefits offered by the county. (Baseline: unknown)
			Increase by 5% the number of smoking cessation attempts by adult smokers. (Baseline: unknown)

Table 8. Strategies for Improving Priority Issue #3 Focus Area: Promote Mental, Emotional, and Behavioral Well-Being in Communities

Priority Area #3: Promote Mental Health and Prevent Substance Abuse			
Focus	Key Partners	Current Strategies/Approaches	Strategies/Approaches
Promote Mental, Emotional, and Behavioral Well-Being in Communities	• United Way of Sullivan County • Sullivan County Department of Community Services • Friends and Advocates for Mental Health (FAMH) • Sullivan County Youth Bureau • Dispute Resolution Center • Crystal Run Health Care • Refuah Health Center • The Center for Discovery • Rockland Children's Psychiatric Center • Recovery Center • Catskill Regional Medical Center (CRMC)	1. Provision of mental and behavioral health services. 2. Outreach and education through community agencies and the medical community. <u>Examples of Current Initiatives:</u> 1. 2-1-1 program (United Way) 2. Single Point of Access (SPOA) (Sullivan County Department of Community Services) 3. The BETTOR Choice (Recovery Center) 4. Compeer (companion/peer) Program (FAMH) 5. MICA (mentally ill, chemically addicted) Compeer Program (FAMH) 6. Stepping Stones (FAMH) 7. RISE (Rape Intervention and Education program) (CRMC)	1. Increase the availability and awareness of prescription drug dropboxes throughout Sullivan County. 2. Promote awareness of prescription drug abuse through continued outreach and education efforts. 3. Promote awareness of available mental and behavioral health services. 4. Increase the number of support groups available for individuals suffering from mental, emotional, and behavioral health issues, and their family members. 5. Explore opportunities for incorporating evidence-based preventive strategies that foster positive development such as the Good Behavior Game and the Positive Parenting Program. 6. Measure and make available local and state data on mental, emotional, and behavioral well-being and mental, emotional, and behavioral disorder prevention to increase transparency and quality on practice.

Table 9. Strategies for Improving Priority Issue #3 Focus Area: Prevent Substance Abuse and Other Mental Emotional Behavioral Disorders

Priority Area #3: Promote Mental Health and Prevent Substance Abuse			
Focus	Key Partners	Current Strategies/Approaches	Strategies/Approaches
Prevent Substance Abuse and other Mental Emotional Behavioral Disorders	• Boys & Girls Club of Sullivan County • Catskill Regional Medical Center (CRMC) • Council on Alcoholism and Drug Abuse of Sullivan County, Inc. • Sullivan County Cares Coalition, Inc. • Sullivan County Alcohol & Drug Abuse Services • United Way of Sullivan County • Hudson River HealthCare Inc. • Sullivan County Department of Community Services • Sullivan County Youth Bureau • Crystal Run Health Care • Refuah Health Center • The Center for Discovery • Friends and Advocates for Mental Health (FAMH) • Sullivan County Intergroup Association • Recovery Center • Family Empowerment Council, Inc.	1. Provision of mental and behavioral health services. 2. Outreach and education through community agencies and the medical community. 3. Youth programming as an alternative to substance abuse. <u>Examples of Current Initiatives:</u> 1. Daytop Village, Inc. Substance Abuse Treatment Centers 2. CRMC Bio-Chemical Dependency Unit 3. Sober Teens Outpatient Services (Recovery Center) 4. Day Treatment for Adolescents (Recovery Center) 5. High Intensity Program (Recovery Center) 6. Relapse Prevention Program (Recovery Center) 7. KIDS Klub (Recovery Center) 8. Dynamite Youth Community, Inc. Drug Free Therapeutic Community 9. New Hope Manor Residential Substance Abuse Treatment Center for Women 10. Liberty D.A.R.E. (Liberty Police Department) 11. 2-1-1 program (United Way) 12. MICA (mentally ill, chemically addicted) Compeer Program (FAMH)	1. Continue to support existing initiatives and identify areas where there are gaps in services, in order to increase the availability of mental health support services, substance abuse prevention services, and youth programs. 2. Utilize community-based research to engage at-risk populations in raising awareness of health disparities and identifying, prioritizing, and developing collective solutions. 3. Collaborate with school districts to implement evidence-based programs to increase positive social development and healthy lifestyles. 4. Collaborate with local health care organizations and providers and school districts to reduce stigma regarding mental health and substance abuse issues and suicide. 5. Promote awareness of available tobacco cessation programs using a variety of media and health communication tools. 6. Use media and health communication tools to highlight the dangers of tobacco and motivate tobacco users to quit. 7. Employ community-based environmental strategies (billboards, Public Service Announcements, etc.) to promote awareness of mental health and substance abuse issues, and the availability of services. 8. Expand the use of the Safe-Talk model for suicide prevention training to all school districts, and for both staff and students.

APPENDIX A: Prioritization Session Participants

Name	Title	Organization
Bruce Ellsweig, MD	Physician	Crystal Run HealthCare
Anita Parkhurst	Grant Administrator	Catskill Regional Medical Center
Rob Lee	Administrator	Greater Hudson Valley Health System
Jean-Paul Vallet	Director of Strategic Planning	Greater Hudson Valley Health System
Denise Frangipane	Executive Director	Sullivan Renaissance
Martha Scoppa	Point of Entry Coordinator	Sullivan County Office for the Aging
Susan Clark	Sullivan County Public Health Educator	Sullivan County Public Health Services
Laura Quigley	Director	Center for Workforce Development
Heide Padre	Compliance Officer	Refuah Health Center
Caren Fairweather	Executive Director	Maternal-Infant Services Network
Nancy McGraw	Public Health Director	Sullivan County Public Health Services
Cecilia Escarra	Administrator	PRASAD Children's Dental Health Program
Jill Hubert-Simon	Public Health Educator	Sullivan County Public Health Services
Amanda Langseder	Director of Community Health	Greater Hudson Valley Health System
Stephanie Brown, PHN	Public Health Nurse	Sullivan County Public Health Services
Joseph Todora	Director of Community Services, Commissioner of the Division of Health and Family Services	Sullivan County Government
Lise Kennedy, RN, MS	Director of Patient Services	Sullivan County Public Health Services/Certified Home Health Agency
Dan Grady	President & CEO	Hospital of Orange & Sullivan Counties, Inc.
Colleen Monoghan	Executive Director	Cornell Cooperative Extension of Sullivan County

APPENDIX B: Catskill Regional Medical Center Community Service Plan

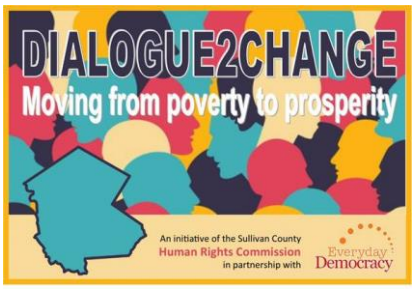
Members of the Sullivan County Rural Health Network, staff at Sullivan County Public Health Services and other partners participated in the prioritization and discussion sessions held by Catskill Regional Medical Center during 2016 in the development of its Community Services Plan.

The 2016 prioritized community health issues are consistent with and in alignment with the county's Community Health Improvement Plan for 2016-18 and are:

- Prevent chronic diseases/reduce obesity
- Promote healthy women, infants and children
    - Reduce teen pregnancy

While the hospital chose not to make mental health and substance abuse a priority area in its Community Services Plan, the physicians and emergency room plays a critical role in partnering with public health department, the Rural Health Network, area substance abuse and mental health providers, and local officials to identify ways to address the growing heroin and opioid overdose epidemic that is affecting our communities. Hospital staff and practitioners are actively engaged in the local health department's Health Services Advisory Board, Rural Health Network, Drug Abuse Prevention Task Force and Oral Health Coalition.

A complete copy of the Community Service Plan 2016 for Catskill Regional Medical Center / Greater Hudson Valley Health System can be found online at http://www.crmcny.org/wp-content/uploads/2015/11/2016-2018-CRMC-Community-Service-Plan-.pdf



Dialogue2Change

A Sullivan County

Human Rights Commission Initiative

BACKGROUND

MOVING FROM POVERTY TO PROSPERITY RESULTING IN A COMMUNITY OF SOLUTIONS!

Sullivan County has been struggling with issues manifesting in poverty for a long time.

Dialogue2Change will bring a diversity of citizens together to listen respectfully, to explore the assets and challenges that exist in their communities, and to develop workable ways of addressing poverty.

Dialogue sessions will be held in May and June in each of the county's legislative districts. Each group will meet five times, and with the help of a trained facilitator, develop strategies to address the collateral issues that result in poverty.

Poverty affects everyone, and outcomes will be dedicated to improving the quality of all who live in the County. The dialogue groups will a have diverse representation in terms of demographics and community sectors, i.e. Faith-based, Grassroots, Police, Business, etc. Facilitators will ensure that every participant feels respected as an ally in the process.

WE NEED YOUR HEART TO INVEST YOUR MIND!

Dialogue2Change is a grassroots movement created as a community-engagement initiative in Sullivan County.

Our goal is to reach people who are not typically heard, allowing all voices in need to be acknowledged, and ensuring sustainable progress.

We'll build civic capacity to engage community voice in determining what changes need to be in place in order to reduce the effects of poverty in Sullivan County. This initiative is especially important where racial and economic disparities are most pronounced.

PLANNED

POVERY TO PROSPERITY (planned)	*TIMEFRAME*
9 - Legislative Districts 15 - Townships and 6 Villages 2-3 - Facilitators per District 15 - Participants per District	• Outreach through mid-April 2016 • Train Facilitators mid-April 2106 • Host dialogues May to June 2016 • Action Plan Review in July 2016

Each district will have 8-15 community members, from diverse backgrounds, who will participate in the community dialogues.

Each district will develop 1-2 action plans to ameliorate poverty in that district.

Current available programs will be highlighted and connections will be made.

Dialogue groups will include topics such as racism, gangs, police/ community relations, etc. as they develop workable ways and strategies to address poverty

A trained core of facilitators will be made available to Sullivan County, as well as civically active community members, all working to empower others to identify and solve problems in their own communities.

ACTUAL

#			
88	Sullivan County Residents/Participants		
7	Towns dialogues held at • Fallsburg • Highland / Forestburgh • Hortonville • Liberty • Livingston Manor • Monticello/Rock Hill • Wurstboro		
8	Dialogue Coordinators		
21	Trained Facilitators		
5	Committees • Steering • Logistics • Communications • Outreach • Documentation & Evaluation		
25	Volunteers		
	CBO's • Bethel Woods • CACHE • Catholic Charities • Cornell Cooperative Extension • ENGN • Fallsburg Senior/Youth Center • Federation for the Homeless • First Baptist Church, South Fallsburg • Hortonville (Fire Dept.) • Livingston Manor Library • Mamakating Library • Monticello Library	**Local Businesses** • Ms. Monticello Diner **Sullivan County School Districts**	**Governmental Entities** • Sullivan County Legislature • Planning and Environmental Management • Center for Workforce Development • District Attorney • State Police • Health & Family

	• Rock Hill Ambulance Corps • Rock Hill YMCA • Sullivan Renaissance		Services

OUTCOME

ACTION FORUM

Approximately 125 participants attended an Action Forum at Bethel Woods on July 16, 2016. The top 3 action items from each dialogue group were compiled and synthesized into 4 main themes to address poverty in Sullivan County. Top 4 themes:

- **Transportation**
- **Youth Mentoring**
- **Communication**
- **Hours Exchange Program**

A steering committee made up of Human Rights Commission volunteers meets monthly to provide continued support to the dialogue groups that meet regularly engaging in the 4 themes outlined at the Action Forum.

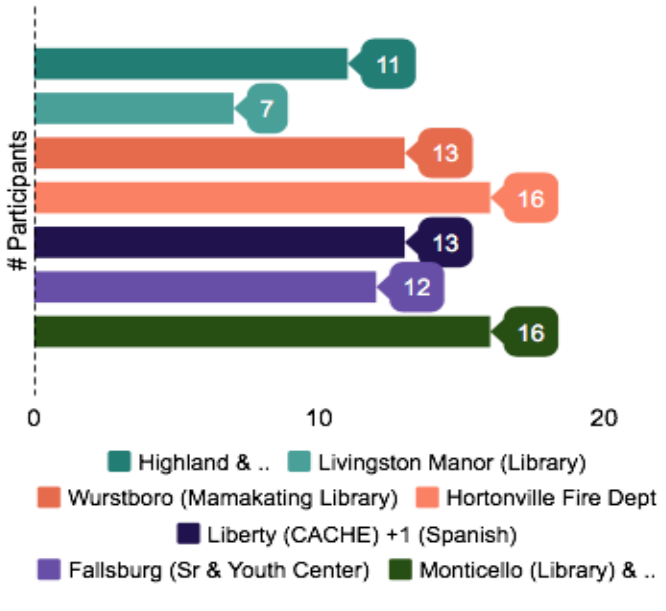
As of December 2016, many of the dialogues continue to meet and move forward on their action plans.

Media and press publicity by:

- Sullivan Democrat
- River Reporter
- Times Herald Record
- Time Warner Cable News
- WJFF

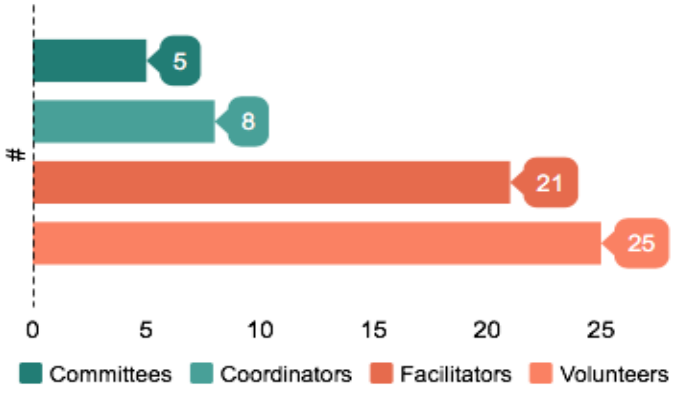
Sullivan County
Human Rights Commission
Dialogue 2 Change (D2C)

7 Districts / 88 Members

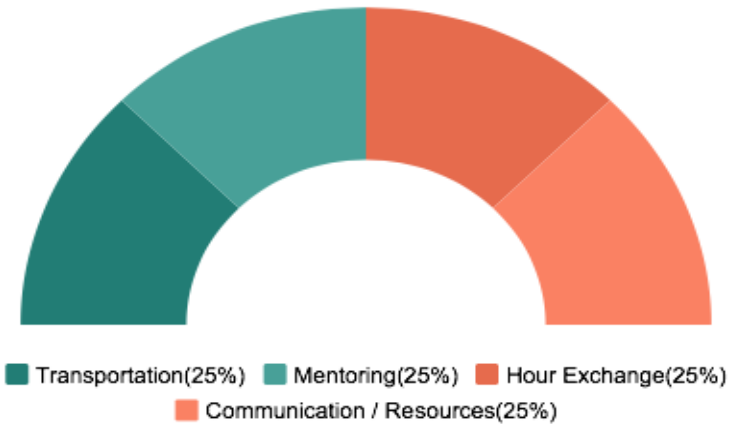


D2C Engagement

5 Committees
8 Coordinators
21 Trained Facilitators
25 Volunteers



D2C Action Forum
Bethel Woods
July 2016



100+ Participants

4 Themes

- Transportation
- Sullivan County Mentoring
- Hour Exchange
- Community Resources