Good Samaritan Hospital Community Health Needs Assessment

2019 - 2021

GOOD SAMARITAN HOSPITAL
255 LAFAYETTE AVENUE, SUFFERN, NY 10901

Good Samaritan Hospital
A Member of the Westchester Medical Center Health Network

Community Health Needs Assessment 2019-2021

EXECUTIVE SUMMARY

Every three years, the New York State Department of Health requires Local Health Departments to submit Community Health Improvement Plans (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. These assessments and subsequent action plans are meant to meet several requirements outlined by 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. To that end, beginning in 2017, the seven Local Health Departments of the Mid-Hudson Region, including Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, and Westchester Counties, along with HealtheConnections (the Regional Health Information Organization covering the Hudson Valley of New York) created the Local Health Department Prevention Agenda Collaborative with the goal of creating the first regional Community Health Assessment for the Mid-Hudson Region.

Good Samaritan Hospital contributed both funding and staff members to join the Collaborative in contract with Siena College Research Institute (SCRI). SCRI conducted a random digit dial regional community health survey to supplement the Regional Community Health Assessment. In order 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, members of the Collaborative held 12 focus groups with service providers to understand the needs of specific communities and populations, and the barriers they face to achieving optimal health.

As guidance for the Good Samaritan 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.

If you would like additional information on this CHNA, please email Barbara_Demundo@bshsi.org or call Good Samaritan Hospital at 845-368-5000.

FACILITY DESCRIPTION AND VISION

Good Samaritan Hospital:

Good Samaritan Hospital, Suffern, New York, a Member of the Westchester Medical Center Health Network, is a non-profit, 286-bed hospital providing emergency, medical, surgical, obstetrical / gynecological and acute care services to residents of Rockland and southern Orange Counties in New York; and northern Bergen County, New Jersey. Good Samaritan Hospital provides regional specialty services, including comprehensive cancer treatment services offering the most advanced radiation therapy available and cutting edge surgical oncology.

The hospital is home to one of the most comprehensive cardiovascular programs in the lower Hudson Valley area which includes, open heart surgery, cardiac catheterization laboratory, emergency angioplasty, electrophysiology, a pacemaker clinic and heart failure specialists. Good Samaritan offers a brand new Wound Care Center. Maternal/child services include a high level II special care nursery and the Children's Diagnostic Center, which utilizes the services of pediatric subspecialists from Westchester Medical Center.

The hospital also provides social, psychiatric and substance abuse services as well as a Certified Home Care Agency that provides home health care service to the residents of Rockland and Orange Counties, New York.

As a member of the Bon Secours Charity Health System, the Mission of Good Samaritan Hospital is to make visible God's love and to be Good Help to Those in Need, especially those who are poor, vulnerable and dying. As a system of caregivers, we commit ourselves to help bring people and communities to health and wholeness as part of the healing ministry of Jesus Christ and the Catholic Church.

As a prophetic Catholic Health ministry, we will partner with our communities to create a more humane world, build health equity and social justice for all, and provide exceptional value for those we serve. We will continue to strive to be the leading provider of quality, compassionate and regional community health care services in the Hudson Valley.

Westchester Medical Center Health Network:

The Westchester Medical Center Health Network (WMCHealth) is a 1,700-bed healthcare 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, homecare services and one of the largest mental health systems in New York State, today WMCHealth is the pre-eminent provider of integrated healthcare in the Hudson Valley.

FACILITY SERVICE AREA AND DESCRIPTION OF COMMUNITY

Good Samaritan Hospital serves populations of lower New York State, principally Rockland and Orange counties. Rockland County is located approximately 30 miles north of Manhattan on the West side of the Hudson River. The County is a popular residence for people who commute to work in nearby Westchester and Bergen Counties, as well as Manhattan. The County comprises approximately 115,000 acres and contains more than 35,000 acres of preserved open space and park land.

In Rockland County, there was substantial growth in all age cohorts 65 and older, a consistent trend nationally. Gender among the age groups is roughly equal from the early age cohorts through the 40s, but after age 65, women continue to outnumber men. Preliminary population projections through 2035 show that Rockland County's older population may double in size while those ages 30 to 44 may decrease in size.

21% of Rockland County's population was estimated to be foreign-born in 2010. Among the 63,058 Rockland county residents estimated to be foreign born in 2007, the largest group was born in the Latin America and the Caribbean (48%). One quarter of foreign-born residents (25%) originated from Asia. Approximately another quarter (23%) came from Europe and 3% from Africa. Countywide, 32.9% of persons over age five speak a language other than English at home.

Bon Secours Charity Health System, of which Good Samaritan Hospital is a part, has defined a service area by zip codes within Orange, Rockland and Sullivan Counties based on the volume of inpatients receiving care at our acute care facilities.

Bon Secours Charity Health System Service Area Zip Code Breakdown:

County	Zip-Code	Population	County	Zip-Code	Population
Rockland	10901	23,959	Rockland	10960	15,357
Orange	10916	4,265	Rockland	10965	15,149
Orange	10917	2,134	Orange	10969	1,403
Orange	10918	12,264	Rockland	10970	9,773
Rockland	10920	8,877	Orange	10973	2,322
Orange	10921	3,856	Rockland	10974	3,208
Rockland	10923	8,796	Orange	10975	291
Orange	10924	13,388	Rockland	10977	63,319
Orange	10925	4,061	Rockland	10980	13,997
Orange	10926	3,108	Rockland	10984	3,020
Rockland	10927	12,120	Orange	10987	3,280
Orange	10928	4,004	Rockland	10989	10,333
Orange	10930	8,784	Orange	10990	19,678
Rockland	10931	887	Rockland	10993	4,996
Orange	10940	49,194	Orange	10998	2,824
Orange	10941	13,242	Sullivan	12719	1,305
Orange	10950	49,712	Orange	12729	2,253
Rockland	10952	41,631	Sullivan	12737	2,074
Rockland	10954	23,226	Orange	12746	1,271
Rockland	10956	31,450	Orange	12771	14,061
Rockland	10960	15,357	Orange	12780	2,064

Bon Secours Charity Health System Service Area Patient Population Demographic Breakdown:

Population Demographic Characteristics			
	Population	Percentage of Mid-Hudson Region	Percentage of State
Orange	378,174	16.2	1.9
Rockland	325,027	14.0	1.6
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	%
Orange	189,437	50.1	188,737	49.9
Rockland	159,227	49.0	165,800	51.0
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	%
Orange	24,827	6.6	84,117	22.2	71,658	18.9	148,560	39.2	49,012	12.9
Rockland	24,718	7.6	73,931	22.7	59,130	18.2	118,160	36.3	49,088	15.1
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	%
Orange	247,267	65.4	36,590	9.7	9,728	2.6	74,643	19.7	9,946	2.5
Rockland	205,500	63.2	37,408	11.5	19,570	6.0	56,251	17.3	6,298	1.9
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	%
Orange	266,172	75.3	87,175	24.7	48,089	13.6	31,129	8.8	5,032	1.4	2,925	0.8
Rockland	185,140	61.6	115,169	38.4	40,495	13.5	58,243	19.4	11,489	3.8	4,942	1.6
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

Source: U.S. Census Bureau, 2017 American Community Survey 5-year estimates

Population 25 years and older	
	Population
Orange	240,447
Rockland	204,647
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	%
Orange	24,494	10.2	71,195	29.6	49,182	20.5	95,576	39.7
Rockland	26,017	12.7	45,439	22.2	33,875	16.6	99,316	48.6
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
Orange	126,460
Rockland	99,935
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	%
Orange	5,981	4.7	14,904	11.8	22,560	17.8	19,693	15.6	16,470	13.0	46,852	37.1
Rockland	3,841	3.8	11,329	11.4	15,062	15.1	13,270	13.3	11,497	11.5	44,936	45.0
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

Source: U.S. Census Bureau, 2017 American Community Survey 5-year estimates

Population Stratified by Veteran Status			
	Civilian Population 18 years and older	Civilian Veterans	
	N	N	%
Orange	276,321	19,967	7.2
Rockland	234,951	9,180	3.9
Mid-Hudson	1,787,887	93,489	5.2
NYS	15,571,733	757,900	4.9

Source: U.S. Census Bureau, 2017 American Community Survey 5-year estimates

In New York State, nearly one in four adults, over 3.3 million people, have a disability. 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 for 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 performing tasks or errands alone, such as 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)

In the Mid-Hudson Region, Rockland County had the lowest percentage of adults living with a disability and Orange County had the highest percentage of adults living with a self-care disability.

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
Orange	25.9%	7.0%	8.7%	4.8%	11.6%	6.6%	4.1%
Rockland	18.3%	5.1%	5.5%	4.0%	9.9%	2.6%	3.6%
NYS	22.9%	3.9%	8.7%	3.5%	13.3%	3.9%	3.7%

Source: NYSDOH Expanded Behavioral Risk Factor Surveillance System, 2018

CHNA METHODOLOGY AND COMMUNITY INPUT

Beginning in 2017, Good Samaritan Hospital entered into a collaborative 7-County partnership to create a regional Community Health Assessment (CHA) which was directed by Rockland County Epidemiologist Kevin McKay and representatives from HeltheConnections. This collaborative developed the Regional Community Health Assessment Survey (Appendix A) for the purposes of creating the CHA and to inform future health improvement efforts in the Mid-Hudson Region. This survey was designed to include questions to collect information around several initiatives and priorities put forward by the New York State Department of Health and the NYS Prevention Agenda 2019 -2024.

Survey data collection, analysis, and charting were provided by a team from Siena College Research Institute. SCRI administered a random digit dial survey by phone which took place between April and September of 2018, utilizing both landline and mobile phone numbers to reach respondents. Results were then weighted by gender, age, race, and region according to the U.S. Census 2010.

The Regional Community Health Assessment Survey collected responses from a randomized sample of over 5,000 Hudson Valley residents however, there were some populations that may not have been fully accounted for in the survey. Some of these underrepresented populations include those who are 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 by offering mental health support, vocational programs, nutritional and educational programs, and family and community support. Before these focus groups took place, a Stakeholder Interview Form (Appendix B) was sent out to these providers 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. 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.

The data from the CHA, Stakeholder Interview forms, and focus groups, along with BRFSS data, was presented at the Rockland County Community Health Forum in June of 2019, where 60 local health/human services providers and CBOs assisted in the selection of each county's CHIP/CSP Focus Areas. At this Forum, 2 Priority Areas for the county were chosen within the framework of the 2019-2024 NYS Prevention Agenda.

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 Rockland County are:
- Prevent Chronic Disease
- Promote Well-Being and Prevent Mental and Substance Use Disorders

The Rockland County Health Summary is presented in Appendix C.

IDENTIFIED COMMUNITY HEALTH NEEDS

To provide guidance for the Good Samaritan Hospital CHNA, a Bon Secours Charity Health System Community Needs Steering Committee was formed to direct the CHNA process.
This committee is responsible for prioritizing community needs and developing hospital-specific implementation plans to address the identified health needs. Committee members are also responsible for reporting outcomes on a yearly basis for the IRS 990 Schedule H.

Bon Secours Charity Health System Community Needs Steering Committee Members
Chief Executive Officer: Dr. Mary Leahy
Committee Co-chairs: Barbara Demundo and Jason Rashford
Executive Management Team Members: Sister Susan Evelyn, Patrick Schmincke
Finance Representative: David Albright
Population Health Representatives: Craig Dickman, Sapna Shah
Good Samaritan Hospital members: Dr. Adrienne Wasserman, Sheila Magee, Claudia Williams
Bon Secours Community Hospital members: Sophie Crawford, Mary Decker, Karen Murphy, Tobie Westward Milone
St. Anthony Community Hospital members: Anita Volpe, Dr. Mark Madis

The Good Samaritan Hospital 2019 – 2021 CHNA Implementation Plan was developed by using evidence based interventions as recommended by the NYS Prevention Agenda 2019 – 2024. The overarching strategy of the NYS Prevention Agenda is to implement public health approaches that improve the health and well-being of entire populations and achieve health equity. This strategy includes an emphasis on social determinants of health, defined by Healthy People 2020 as the conditions in the environments 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 also forms the important framework through which community health needs are prioritized.

The Prevention Agenda's five Priority Areas serve as the blueprint for state and local action to improve the health of New Yorkers. As per the NYSDOH requirements, Good Samaritan Hospital must choose a minimum of two health goals to address from among the following five priority areas:
- Prevent Chronic Diseases
- Promote a Healthy and Safe Environment
- Promote Healthy Women, Infants and Children
- Promote Well-Being and Prevent Mental and Substance Use Disorders
- Prevent Communicable Diseases

In partnership with the Rockland County Health Department, Rockland County hospitals, health and human service agencies, Good Samaritan Hospital has chosen the following Prevention Agenda goals to work towards over the next three years
- Increase cancer screening rates for breast, cervical, and colorectal cancers
- Prevent opioid and other substance misuse and deaths

COMMUNITY RESOURCES

While Rockland County, NY is a geographically small county, it is home to a wide variety of community resources and health and human service agencies. With three area hospitals, hundreds of medical providers, two-year and four-year colleges, and several large Federally Qualified Health Centers, Rockland County residents have access to varied and diverse resources. Several Community-based organizations and county coalitions assisted the Rockland County Health Department, Good Samaritan Hospital, and Montefiore Nyack Hospital to prioritize the community health needs of the county and many have made commitments to work towards the health goals of the county.

Good Samaritan Hospital has chosen specific Prevention Agenda goals based on our internal resources, expertise, and the commitment to improve the health and well-being of our community members. However, as no one entity can address all needs, community partners are essential to help achieve the Prevention Agenda goals. As an active member on many boards and coalitions within Rockland County, Good Samaritan Hospital works collectively with numerous community agencies to address the diverse needs within the county that the hospital could not do alone.

The following community agencies and coalitions are uniquely positioned to serve as community resources to meet both specific and diverse community needs:

ARC

Bikur Cholim

Catholic Charities

Center for Safety and Change

Community Collaboratives in Western Ramapo, Spring Valley, Haverstraw and Nyack

Epilepsy Society of Southern New York

HACSO Community Center

Hudson River Healthcare

Hudson Valley Perinatal Network

Immigration Coalition of Rockland

Independent Living, Inc.

Jawonio

Konbit Neg Lakay

Legal Services of the Hudson Valley

Maternal-Infant Services Network

Mental Health Association of Rockland County

NAMI Rockland

People to People

POWR against tobacco

Refuah Health Center

Rehabilitation Support Services, Inc.

Rockland County Office for the Aging

Rockland County School Nurses Association

Rockland Pride Center

United Way of Rockland

VCS, Inc.

EVALUATION OF IMPACT FROM PREVIOUS CHNA

Good Samaritan Hospital's 2016 – 2018 CHNA had the following impact:

Goal:
Increase Access to High-Quality Chronic Disease Preventive Care and Management in Clinical and Community Settings

Impact:
- GSH and the Rockland County Cancer Services Program have collaborated to increase the number of women screened for both breast and cervical cancer through displays at community events, print advertisements and social media
- GSH employs a navigator to call women who are overdue for an annual mammogram and assist with securing a prescription and scheduling the testing for each woman
- GSH employs a Genetics Counselor to identify high-risk women and increase rates for cancer screenings and to promote preventive care among that population.

Goal:
Reduce Illness, Disability and Death Related to Tobacco Use and Secondhand Smoke Exposure

Impact:
- In 2018, Rockland County passed the Tobacco Free Pharmacy Law.
- Rockland County parks are now smoke-free.
- GSH launched a multi-lingual "Let's Clear the Air" Smoke-Free Campus ad campaign
- GSH supported POWR Against Tobacco's efforts to make all multifamily dwellings smoke-free.
- Smoking cessation continues to be a hospital priority. Patients are asked about tobacco use and given cessation resources and support.
- Several hundred tobacco cessation and vaping education flyers, specifically geared towards parents and teenagers, were disseminated at community events throughout 2018

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IMPLEMENTATION PLAN

NYS PREVENTION AGENDA PRIORITY AREA: PREVENT CHRONIC DISEASES	

FOCUS AREA 4: Preventive Care and Management

PREVENTION AGENDA GOAL 4.1: Increase cancer screening rates for breast, cervical, and colorectal cancers, especially among disparate populations

OBJECTIVE: By 12/31/2021, increase % of adults receiving breast cancer, cervical, and colorectal cancer screenings based on the most recent screening guidelines by 5%. (Baselines: 72% Breast Cancer Screening; 79.1% Cervical Cancer Screening and 66.8% Colorectal Cancer Screening; Data Source: BRFSS, 2016)

EVIDENCE BASED INTERVENTIONS:
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 of other setting (Source: The Community Guide)
4.1.3: Use small media and health communications to build public awareness and demand (Source: The Community Guide)
DISPARITIES ADDRESSED: Low SES concentrated in areas with high racial/ethnic minorities; Education level

Activities	Timeframe	Intermediate Level Evaluation Measures	Internal Staff and Resources	Community Implementation Partners	Intended Outcome/Product/Result
Conduct community educations sessions about need for cancer screenings at local libraries, senior centers, and community events	March 2020-December 2021	Number of individuals reached through one-on-one or group education that were referred to health providers for cancer screenings Change in awareness of the importance of cancer screenings as a preventative measure	Bon Secours Medical Group (BSMG) Breast Navigator, Bon Secours Charity Health System (BSCHS) Community Engagement	BSMG providers NYS Cancer Services Program	Change in awareness of need for cancer screenings as part of preventative care Compliance with screening guidelines among individuals that were reached through one-on-one or group education Increase in the percentage of adults receiving cancer screenings
Develop consistent message across all entities to increase cancer screenings, esp. during awareness months for breast, cervical and colorectal cancers	January 2020-December 2020	Number and type of locations where posters were distributed Number of calls received about screening due to campaign	Good Samaritan Hospital (GSH) Radiology, BSCHS Community Engagement, BSMG providers	NYS Cancer Services Program	Change in knowledge and awareness of need for cancer screenings

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IMPLEMENTATION PLAN

Evaluate how patients have found cancer screenings through surveys (i.e. newspaper, mailings, flyers, word of mouth, social media or other)	December 2019-December 2020	Number of community members surveyed at community events Percentages of how patients found cancer screenings by media type	BSMG Breast Navigator, GSH Breast Navigator, BSCHS Community Engagement	BSMG Providers	Increased knowledge of how patients are learning about cancer screening services Ability to target areas and markets for greater impact and community awareness

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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 2.2: Prevent opioid and other substance misuse and deaths

OBJECTIVE: Reduce the age-adjusted overdose deaths involving any opioid by 7% to 14.0 per 100,000 population (Data Source: CDC WONDER)

EVIDENCE BASED INTERVENTIONS:

2.2.1: Increase availability of/access and linkages to medication-assisted treatment (MAT) including Buprenorphine (Source: Larochelle, M.R. et al (2018) Medication for Opioid Use Disorder After Nonfatal Opioid Overdose and Association With Mortality: A Cohort Study; FDA Drug Safety Communication: FDA urges caution about withholding opioid addiction medications)
2.2.2: Increase availability of/access to overdose reversal (Naloxone) trainings to prescribers, pharmacists and consumers (Source: Oregon Health and Science University: Best Practices in Naloxone Treatment Programs for Opioid Overdose)

Activities	Timeframe	Intermediate Level Evaluation Measures	Internal Staff and Resources	Community Implementation Partners	Intended Outcome/Product/Result
Develop internal policies/procedures for initiation of Buprenorphine administration in Emergency Department (ED)	August 2019- January 2020	Policy implemented and ED staff education completed	GSH ED Medical Director; BSCHS Behavioral Health Director	Rockland County Department of Mental Health	Buprenorphine treatment begun in GSH ED (with patient consent and as medically indicated)
Contracts in place with Peer Services for warm hand off for continued care	August 2019- March 2020	Number of patients referred to Peer Services	BSCHS Behavioral Health Director; WMC Legal	ADAC, Lexington Center for Recovery	Increased referrals to peer services; increased number of patients receiving appropriate care
Develop internal policies/procedures for distribution of Naloxone kits in ED	August 2019- March 2020	Percent of staff who completed naloxone administration training Number of kits distributed	GSH ED Medical Director; BSCHS Behavioral Health Director	Rockland County Department of Health	Increased access to naloxone kits in community

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?
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?
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.]
_____ 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)

       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

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)

       C. I did not have transportation

       D. I did not have time

       E. I chose not to go

       F. Other_____

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 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

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)

      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

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

Stakeholder Interview Form

1. Name_____
2. Organization _____
3. Organization Website _____
4. Position_____

5. What is your service area?
    - ☐ On website

_____
_____
_____

6. Who do you serve? Please check all that apply
    - ☐ Infants and toddlers
    - ☐ Children
    - ☐ Adolescents
    - ☐ Adults
    - ☐ Seniors
    - ☐ Veterans
    - ☐ English as a second language
    - ☐ Women (services specifically for women)
    - ☐ Men (services specifically for men)
    - ☐ LGBTQ
    - ☐ Those with a substance use disorder
    - ☐ Those with a mental health diagnosis
    - ☐ People with disabilities
    - ☐ People experiencing homelessness
    - ☐ Incarcerated or recently incarcerated
    - ☐ Low income
    - ☐ General population
    - ☐ All the above

7. Thinking about the populations that you serve, what are the top 3 issues that affect health in the communities you serve?

☐ Access to affordable nutritious food
☐ Access to affordable, decent and safe housing
☐ Access to affordable, reliable transportation
☐ Access to affordable, reliable public transportation
☐ Access to culturally sensitive health care providers
☐ Access to affordable health insurances
☐ Access to clean water and non-polluted air
☐ Access to medical providers
☐ Access to mental health providers
☐ Access to high quality education
☐ Access to specialty services/providers

8. Which of the following are the top 3 barriers to people achieving better health in the communities you serve?

☐ Knowledge of existing resources
☐ Geographic location – living in an urban area
☐ Geographic location – living in a rural area
☐ Health literacy
☐ Having someone help them understand insurance
☐ Having someone to help them understand their medical condition
☐ Having a safe place to play and/or exercise
☐ Quality of education
☐ Attainment of education
☐ Drug and/or alcohol use
☐ Cultural Customs
☐ Other (specify) _____

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

_____
_____
_____
_____

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

_____
_____
_____

11. 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.

Chronic Disease (e.g. heart disease, diabetes, asthma, obesity, cancer, etc.)

(Very Little) 1   2   3   4   5 (Highly Impacted)

Health Disparities

(Very Little) 1   2   3   4   5 (Highly Impacted)

Mental Health and Substance Use Issues

(Very Little) 1   2   3   4   5 (Highly Impacted)

Maternal and Child Health issues

(Very Little) 1   2   3   4   5 (Highly Impacted)

Environmental Factors (e.g. built environment, air/water quality, injuries, falls, food safety)

(Very Little) 1   2   3   4   5 (Highly Impacted)

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   ROCKLAND COUNTY HEALTH SUMMARY

Rockland is the smallest county by land area and third most dense in the State, outside of the five boroughs of New York City. It is home to an increasingly diverse population, with the third largest proportion of Hispanic residents, and the highest percentages of non-English speakers, Asians, and Jewish residents in the Region. The County population has shown steady growth annually, with the largest percentage increases observed in those 15 years and younger and those aged 50 years and older. In its entirety, the data for Rockland reflects a comparatively healthy county, as has been demonstrated in the annual Robert Wood Johnson Foundation County Health Rankings. Rockland County has regularly placed among the top three counties for overall health outcomes in New York since 2013. However, through the process of this Regional CHA, gaps were identified among unique sub-segments of the population. Specialized attention in several focus areas is necessary to advance wellness and improve general health conditions throughout the County.

AREA OF FOCUS

The greatest influence on overall morbidity and mortality among Rockland residents continues to be chronic illnesses, as has been the case for many years. A wide variety of factors play a role in the occurrence of these conditions, and it is an expressed goal among county health partners to address the core issues driving the current trends. For instance, the rate of childhood and adolescent obesity has reportedly been worsening in Rockland in the last few years. Additionally, there is a clear disparity along racial and ethnic lines for broad conditions, such as diabetes, stroke, and asthma, when it comes to the ratios of preventable hospitalizations and premature deaths between non-Hispanic White residents and those that are either non-Hispanic Black or Hispanic. Broader programs to reduce the impact of heart disease, diabetes, stroke and cancer are planned during this health improvement cycle to decrease the continuous influence of these conditions. The interventions are being developed to reach these special populations with culturally tailored programs, such as innovative school-based wellness enhancements, multi-lingual disease prevention, and self-management classes. Other areas that currently require attention with the same culturally sensitive lens are:

- Poor access and availability of mental health providers
- Increased rates of STIs (Chlamydia, Gonorrhea, Syphilis)

- Evidence of perinatal inequities by race/ethnicity (preterm birth and low birth weight infants)
- Poor cancer screening rates

EMERGING ISSUES

Certain health concerns in the Region have advanced rapidly in the last couple of years, progressing even faster than the data reviewed for this assessment can properly reflect due to reporting lag times. The community provider surveys in Rockland emphasized concerns around growing inequities with respect to mental health and substance use disorders. Data reviewed around this issue is either several years old, does not exist, and/or does not reflect the true impact being reported. Another emerging problem with a similar data deficiency is the increased incidence of vaccine preventable diseases in Rockland County residents. Suboptimal immunization rates in schools and among pediatric providers has unfortunately led to recent increases in vaccine preventable disease outbreaks. Community partners are working together to minimize the incidence and prevalence of these illnesses going forward.

Some of the specific issues recognized are the rise in opioid related hospitalizations and deaths, increase in usage of e-tobacco products among youth, vaccine preventable diseases, and the increase in suicide rates.

COMMUNITY SURVEY DATA POINTS OF NOTE

- Most of the 812 respondents completing the Mid-Hudson Region Community Health Survey reported that Rockland is a safe location to live, a good place to age, has an adequate transportation system, and has sufficient mental health providers available.

- The Survey also noted that the high cost of living is a major concern, and that hospital EDs are being utilized because of not having a regular primary care provider.

- The provider level survey gave partially conflicting results when compared to the Mid-Hudson Region Community Health Survey.

- Community service organizations were most concerned about minimal access to mental health providers; difficulties associated with public and private transportation; and a lack of affordable/nutritious food options available within all communities.

- A majority of the 67 participants identified that the leading barriers to care are minimal public knowledge about existing resources, lack of health literacy among community providers, and substance use issues.

ASSETS AND RESOURCES

Rockland is a resource rich county, considering that it is so dense and in the heart of the New York metropolitan area. The local stakeholders in the County have historically been eager, focused, and engaged. This was clearly demonstrated in the assessment process for this document. It is expected that this level of involvement will continue, possibly even increase, through 2021 and beyond. In order to affect change in the County, a coalition of organizations has mobilized to develop and employ a wide array of interventions. Plans are in place to primarily utilize facilities and staff at Bon Secours Good Samaritan Hospital, Montefiore Nyack Hospital, and Rockland County Department of Health to support the community health improvement strategies. Assistance in these efforts is also expected from the Federally Qualified Health Centers (Hudson River Health Care and Refuah), other county departments (Mental Health, Youth Bureau, Office of the Aging, Social Services, and Planning), as well as from the various community based organizations that have assisted in developing this assessment. Several active village collectives (notably the Spring Valley Collaborative, the Haverstraw Collaborative, and the Western Ramapo Collaborative) meet regularly in Rockland and provide opportunities for community-based networking, intervention deployment, and resident level feedback. A variety of smaller cultural associations also exists in the County. Increasing inclusivity of these groups to better support the health needs of the entire population is an expressed goal in this improvement cycle.

All of the organizations mentioned above were instrumental in conducting this assessment, as they were the partners who provided critical input during the community health focus groups. Their feedback on the factors most influencing health and the leading barriers to care at the neighborhood level allowed for a unique health perspective. The survey of those groups provided a means to gather information on sub-populations that are typically underrepresented in random digit dial surveys, such as the one conducted by Sienna College in 2018.

Following the primary data collection phase, secondary data sources were reviewed and analyzed. The pertinent findings were then delivered at a Community Health Priorities Forum in June of 2019. The public and community organizations were invited and asked to participate in a selection process for the determination of the highest priority prevention agenda areas to focus interventions within Rockland through 2021.

EFFORTS MOVING FORWARD

During the Community Health Priority Selection Forum, it was determined by an open vote that Rockland partners will be focusing on the "Preventing Chronic Diseases and the Promoting Well-Being" and "Preventing Mental and Substance Use Disorders" Prevention Agenda priority areas. The detailed Community Health Improvement Plan (CHIP) follows this assessment and contains higher level details, but a couple of the key activities planned at the time of this assessment are:

- The continuation of the Creating Healthy Schools and Communities (CHSC) grant work, with the expansion of additional comprehensive physical activity programs that support sustainable local school wellness activities.
- Development and support of a wider selection of multi-cultural, multi-lingual chronic disease prevention and self-management programs to be delivered in novel community locations across the County.
- Use of grant funding to increase the availability and access to medication-assisted treatment (MAT), mainly Buprenorphine, among a variety of Rockland County medical providers.
- Establishment of a new CHIP tracking process to increase effectiveness and accountability of collaborating organizations. Two CHIP workgroups will form and meet regularly to report on and track progress, which will enhance the efficacy of all interventions.