Ellenville Regional Hospital 2022-2024
Community Service Plan

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www.erhny.org

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2022-2024 Community Service Plan

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Executive Summary

As required by of the New York State Department of Health and IRS, Ellenville Regional Hospital (ERH) must every three-years conduct a thorough Community Health Assessment (CHA) and submit a Community Service Plan (CSP) outlining interventions designed to improve health outcomes in the service area. In recent years, the New York State Department of Health has encouraged local hospitals and health departments to collaborate in the creation of joint Community Health Improvement (CHIP)/CSP documents. Ulster County Department of Health (UCDOH) hosted a series of meetings with key stakeholder organizations in Ulster County to discuss the selection of priorities. ERH, with its partners, have jointly selected Preventing Chronic Diseases and Promote Well-Being and Prevent Mental Health and Substance Use Disorders as the two priority areas for the 2022-2024 CHIP/CSP. Community based organizations, health care providers, a number of County of Ulster Departments, and Ulster County Coalitions were also involved in the decision making process and will work to support the selected initiatives.

In 2017, the seven Local Health Departments of the Mid-Hudson Region, including Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, and Westchester Counties created the Local Health Department Prevention Agenda Collaborative with the endeavor of creating the first Regional CHA for the Mid-Hudson Region. The Collaborative contracted the Siena College Research Institute (SCRI) to conduct a random digit dial regional community health survey to supplement the Regional CHA and to gauge the perception of residents surrounding health and resources in their communities. In 2021, this group was brought back together and rebranded as the Mid-Hudson Public Health Collaborative. SCRI was once again contracted to collect community health surveys from the populations of all 7 counties (Included as attachment 1).

ERH, with its service area composed predominantly of the Town of Wawarsing (population 12,814), and the surrounding areas, has through the health assessment process, identified cancer and substance use disorder as two health conditions resulting in premature death and disparate impact in the service area. In Ulster County, the rate of cancer diagnoses is similar to that of New York State (468 per 100k in UC vs 484.8 per 100k in NYS), however cancer mortality rates are far higher in Ulster County (153.3 per 100k in UC vs. 138.4 per 100k in NYS). This indicates a need for earlier screenings to detect these cancer diagnoses and increase survival rates. Substance use has had an immediate impact on the rate of premature death in Ulster County, with 68 overdose fatalities in 2021.

ERH reviewed multiple data sources during the assessment process, including but not limited to, New York State Community Health Indicator Reports (CHIRS) and New York State Prevention Agenda Dashboard, Student Weight Status Category Reporting System (SWSCR), New York

State Education Department (NYSED), New York State Opioid Data Dashboard, New York State Vital Statistics, the Expanded Behavioral Risk Factor Surveillance System (Expanded BRFSS), and the results of the SCRI survey. Additionally, ERH conducted community surveys focused on seniors and their willingness to utilize tele-health as part of a separate project. This information was reviewed as part of the community needs assessment (Included as attachment 2).

Strategies included to address the selected priority areas are detailed in the attached work plan table. Interventions for the first priority area include the use of the evidence-based Community Health Worker Model and health education to increase the proportion of the population that is adhering to recommended guidelines for preventive cancer screenings, as well as increasing availability and access to nutrition counseling and tobacco cessation programs. For the second priority area, the use of Certified Peer Recovery Advocates, Medication Assisted Recovery accessible 24/7 (buprenorphine induction), harm reduction, medication take back, law enforcement assisted diversion, and detox services are all among the evidence based interventions intended to reduce the morbidity and mortality rate of not only opioids, but other substances including alcohol.

As described above, many partners worked together to assess the health needs of residents of Ulster County. Locally, under the umbrella of the Ellenville Regional Rural Health Network, a consortium jointly founded by ERH, the Institute for Family Health (Institute), and The Ulster County Departments of Health and Mental Health in 2017 to address population health and housed as a department of ERH, work together to collaboratively address health priorities. In addition to the three founding members, consortium partners who aid in program implementation include Cornell Cooperative Extension of Ulster County (CCE), Ellenville Central School District (ECSD), Ellenville/Wawarsing Youth Commission, The Rose Women's Care Service: Community Resource Center, Inc., Rondout Valley Growers Association, Ellenville Public Library and Museum, Planned Parenthood of the Mid-Hudson Valley, Catholic Charities of Orange, Sullivan, and Ulster, Step One, and Ellenville First Aid and Rescue Squad.

The ERRHN consortium meets monthly to review work plan and deliverables, and ERRHN staff continuously monitor project goals, presents monthly updates to partners, and annually evaluates program sustainability, workforce issues, emerging health disparities, and program impact.

Hospital Mission & Vision

ERH provides exceptional health care services to all people who live in, work in and visit the surrounding communities. This health care is delivered with compassion and respect based on our commitment to improving our community health through excellence, innovation, and state-of-the-art technologies.

Description of Community Served

Ellenville Regional Hospital (ERH) is a 25-bed rural critical access hospital that is also a teaching facility, located in the Village of Ellenville in the Town of Wawarsing, Ulster County NY. In terms of hospital patient volume, the Emergency Department has approximately 13,000 - 15,000 visits annually. In 2021, the hospital served a total of 11,681 unique patients who made 28,278 visits. Located within Ulster County, the Town of Wawarsing is situated in the Mid-Hudson Valley, approximately 90 miles northwest of New York City. The Town of Wawarsing has a population of 12,814, of which 4,209 reside within the Village of Ellenville, the largest population center (2017-2021 American Community Survey 5-Year Estimates). The ERH service area includes the top ten zip codes serviced by the hospital. There has been no major change to the parameters of the Ellenville Regional Hospital Service Area since the 2021 CSP update was submitted.

Demographics		
	Town of Wawarsing	Village of Ellenville
Race / Ethnicity		
White	66.4%	53.4%
Black or African American	10.1%	7.5%
American Indian and Alaska Native	0.3%	0
Asian	0.9%	1.0%
Other Races	9.3%	14.0%
Two or more Races	12.9%	24.1%
Hispanic of any race	25.9%	44.2%
Median Age	42 years	30.9 years
Age 62 or older	22.6%	21.9%
Median Household Income	$54,111	$53,846
Income Below Poverty Level	17.9%	18.9%

(Data from 2017-2021 American Community Survey 5-Year Estimates)

ERH's catchment area includes an impoverished population borne out by some of the statistics listed above. For example, Ellenville and Wawarsing have median household incomes (shown in chart) that are substantially lower than the Ulster County median household income of $78,938 and the NYS median household income of $74,314 (ACS 2017-2021). In addition, the Town of Wawarsing is designated a Medically Underserved Population (MUA/P) (78828). Both of these factors create a significant barrier for the uninsured and underinsured to be able to access quality healthcare, other than by utilizing those health care services available through ERH. Compared to 2021 statistics for the overall population of Ulster County (5.5% Black or African-American and

11.1% Hispanic or Latino), Ellenville and Wawarsing (statistics shown in chart) stand out as diverse rural communities made up of markedly higher percentages of African-American and Hispanic residents.

When looking at the health of the community in the Ellenville/Warwarsing area, it is important to note that the Ellenville Family Health Center (IFH), a primary care health center which is operated by The Institute for Family Health, one of the largest Federally Qualified Health Centers (FQHC) in New York State, is also located on the ERH campus. The Institute is committed to providing high-quality, affordable health care for all. It strives for excellence at each of its 26 practices, while accepting all patients regardless of their ability to pay. The Ellenville IFH offers primary care, mental health care, dental, and social work services, along with many other health services for patients of all ages. As part of a federally-qualified community health center network, it meets national standards for affordable, accessible and comprehensive health care services. The Center is accredited by the Joint Commission and recognized by the National Committee for Quality Assurance as a Level 3 patient-centered medical home, the highest recognition available. The IFH sees approximately 3,600 patients per year and offers same-day appointments. According to the Institute of Family Health, a Federally Qualified Healthcare Center's Ellenville Site data, nearly 59% of health center patients residing in the 12428 zip code receive Medicaid or other public insurance, and 7.6% are uninsured. Furthermore, roughly 10% of adults in the zip code have no usual source of care. The same percentage of adults have delayed or not sought care due to high cost.

Wawarsing and the Village of Ellenville were previously home to several manufacturing businesses, including Imperial Schrage and Hydro Aluminum, which employed many residents. The surrounding area also boasted several large resort hotels. However, since the mid-1990's, the Ellenville community has lost over 2,000 jobs, due in part to these businesses closing their doors and a significant decline in the tourist industry in the area. The Town and Village struggle with the issues that accompany poverty and unemployment in rural areas. Over 12% of residents in the Village are unemployed and major employers that continue to support the residents of the region are the NYS Department of Corrections, Ellenville Central School District, and Ellenville Regional Hospital.

An affordable Senior Housing project, which is a joint venture between the hospital and Warwick Properties, Inc., is located on the Ellenville Regional Hospital campus. All three phases of the project remain fully occupied, with approximately 156 senior citizens living independently in one-bedroom apartments. Funding was secured for the project from the New York State Division of Housing's Community Renewal Housing Trust Fund. The Partnership sponsoring the housing project is developing plans to build additional affordable housing close to the Hospital, targeting

seniors, special needs populations and possibly returning Vets.

Public Participation

To engage the community in the selection of health priorities for 2022-2024, the Ulster County Department of Health (UCDOH) took the lead, with partners Health Alliance of the Hudson Valley and Ellenville Regional Hospital, in the organization and execution of a county-wide Community Health Assessment (CHA) as UCDOH did in 2018. A Community Health Needs Assessment Survey was used to confirm existing priorities and to help develop new evidence-based strategies. Conducted by Siena College Research Institute, a 13-minute, random dial survey (70% landline, 30% cell) was conducted across the seven counties of the Hudson valley. In Ulster County, 647 individuals were surveyed, with Spanish speaking interviewers available. The three organizations (UCDOH, HA, and ERH) continued to meet throughout 2022, with additional representatives from organizations in the county including the Institute for Family Health, Cornell Cooperative Extension of Ulster County, and staff from other County departments, to continue the conversation around health priorities and initiatives to be included in the CHIP/CSP.

Ellenville Regional Rural Health Network (ERRHN), a newly formed department of Ellenville Regional Hospital (2017), had also been working on a planning project around senior health and access to healthcare throughout the period of the CHA. Through this project, additional surveying was done specifically on seniors in Wawarsing, and their attitudes towards telehealth and telehealth hub sites (attachment 2). The information gathered helped in the process of coordinating up to three Telehealth Hub Sites that will be dispersed throughout the hospitals service area. A plan for a potential pilot site in Wawarsing is still being conducted. In addition to these extra surveys, the ERRHN, along with its partners, also completed a senior focused gaps analysis for Wawarsing (attachment 3).

Additionally, the Healthy Ulster Council, a broad-based coalition formed by representatives from a variety of organizations and agencies in 2010, has been ongoing in its work of focusing on health problems in Ulster County and ways to improve health outcomes. Regular meetings of the Coalition, along with presentations and discussions, have kept the larger community, including Ellenville and the Town of Warwarsing, involved in the process of tracking health concerns and solutions.

Assessment and Selection of Public Health Priorities

A workgroup made up of key staff from UCDOH, HealthAlliance of the Hudson Valley and Ellenville Regional Hospital met regularly to review local health data in conjunction with the existing Community Health Improvement Plan and the Community Service Plans for the two hospitals. This workgroup reviewed the status of existing community interventions and best

practices, analyzed the results of the UC Community Health Needs Assessment, and presented findings to the three main community coalitions working in these priority areas. Following these efforts, the workgroup elected to continue working towards the two previously selected Priority Areas (PAs): Prevent Chronic Disease and Promote Well-Being and Prevent Mental and Substance Use Disorders for the next 2022-2024 years. The specific interventions selected for each hospital system will be jointly monitored by the workgroup and the larger coalitions.

With an emphasis on these two PAs, the partners are closely watching the upward trends in suicide rates, opioid overdose rates, adult smoking rates, exposure to secondhand smoke, tobacco marketing to youth, child poverty rates, food insecurity, teen pregnancy rates, child and adult obesity rates, hypertension rates, premature death rates, and preventable hospitalizations. At the same time, many positive programs to promote health are being developed or expanded by the partners, while they are also working on interventions and programs to prevent the development of chronic diseases.

For ERH specifically, the Focus Areas chosen within the two Prevention Agenda Priorities for the years 2022-2024 are to:

1) Prevent Chronic Diseases Focus Area 4: Preventive care and management
2) Promote Well-Being and Prevent Mental and Substance Use Disorders Focus Area 2: Prevent Mental and Substance User Disorders

For Prevent Chronic Diseases Focus Area 4, ERH and the Institute will work together to increase the rates of preventive cancer screenings for both agencies patient populations. Both agencies will host a care navigator or community health worker who will utilize the community health worker model to engage the population in education on the importance of preventive screenings while working to help them overcome barriers to care such as issues with transportation, insurance, or scheduling.

For Promote Well-Being and Prevent Mental and Substance Use Disorders Focus Area 2, ERH will continue to implement and expand Project RESCUE (24/7 buprenorphine induction with warm hand off to a Peer and treatment provider) and continue to supply harm reduction supplies and education on harm reduction to individuals seen in the ED and the community. Additionally ERH staff will continue to support the Ulster County Sheriffs ORACLE program (Opioid Response as County Law Enforcement) that aims to divert individuals from potential incarceration to detox and treatment services.

Data sources for this CSP include the NYS DOH Prevention Agenda Dashboard, the Community Health Indicator Reports, 2017-2021 American Community Survey 5-Year Estimates, the NYS Expanded Behavioral Risk Factor Surveillance Survey, New York State Opioid Data Dashboard, NYS Department of Education, and various US Census data sources. We have also drawn on

utilization data from Ellenville Regional Hospital and the Family Health Center, as well as results from the UC Community Health Needs Assessment Survey.

The New York State Community Health Indicator Reports (CHIRS) and New York State Prevention Agenda health indicators that are relevant to this local Community Service Plan and that support the need for chronic disease prevention in Ulster County include:

	Ulster County	**NYS**
Percentage of premature deaths (before age 65 years) (2019)	20.5%	22.7%
The percentage of adults who are obese (2018)	28.2%	27.6%
Percentage of children and adolescents who are obese (2017-2019)	20.5%	17.3%
Percentage of cigarette smoking among adults (2018)	13.4%	12.8%
Age-adjusted cardiovascular disease mortality rate per 100,000 (2017-2019)	207.0	210.8
Age-adjusted heart attack hospitalization rate per 10,000 (2017-2019)	15.3	13.4
Age-adjusted percentage of adults with physician diagnosed high blood pressure (2016)	29.4%	28.9%
Age-adjusted percentage of adults with physician diagnosed diabetes (2018)	8.0	10.0
Age-adjusted diabetes mortality rate per 100,000 (2017-2019)	15.0	17.6

Data indicating that Ellenville Regional Hospital is located in an economically depressed area with a high rate of cardiovascular disease and obesity, informed the decision-making that lead to the selection interventions intended to prevent the onset of cardiovascular disease, and to reduce and prevent obesity.

While data is not available specifically for Wawarsing or Ellenville, 2017-2019 age-adjusted suicide mortality rate per 100,000 (UC – 13.2; NYS – 8.2), and the poor mental health condition of 14+ days in the past month, 2018 (UC – 11.6%; NYS – 11.2%) are more prevalent in Ulster County than they are in New York State.

In 2021, there were 71 Overdose Deaths in Ulster County. Data from the New York State Opioid Data Dashboard includes valuable information on Outpatient ED Visits and Opioids. For all 2019 emergency department visits (including outpatients and admitted patients) involving any drug overdose, in NYS the age-adjusted rate is 178.8 per 100,000 population, 204.3 for NYS excluding NYC, and significantly higher in Ulster County with a rate of 273.0. For ED visits (outpatients) and hospital discharges involving opioid misuse, dependence and unspecified use, the crude rate per 100,000 population of NYS in 2019 was 179.9, it was 152.8 in NYS excluding NYC, and in Ulster County, it was significantly higher with a rate of 338.9.

The Emergency Department (ED) has historically been a critical point of access for emergent trauma, overdoses, and other medical crisis's. In 2021, the total number of opioid related ED visits at ERH was 192, and overdoses accounted for 49 of those visits. Ellenville First Aid and Rescue Squad transported 93 of these patients to ERH. As per the recent New York State County Opioid Quarterly Report (October 2022), Ulster County experienced 166 opioid overdose ED visits in 2021. Ulster County Medical Examiner data shows that there were 66 fatal opioid overdoses in 2020, and 71 in 2021, the County's highest on record. Since the start of the COVID-19 Pandemic in 2020, both the raw number of overdoses and the number of opioid fatalities have increased.

The burden of impact the community has experienced because of the opioid crisis, highlighted by the data presented, lead to the selection of preventing substance overdose and fatality as the second focus area.

Interventions

See attached work plan table for detailed description of interventions

Priority Area #1: Preventing Chronic Diseases

Focus Area 4: Preventive care and management

Goal 4.1: Increase cancer screening rates

Intervention 1 Summary: ERH is working to identify patients that are newly eligible for certain cancer screenings including lung cancer, colorectal cancer, breast cancer, and cervical cancer. Those that are eligible will receive education regarding the importance of these screenings, assistance with scheduling appointments, and assistance with overcoming barriers such as lack of insurance or transportation. All of this is done with the goal of early detection, treatment, and prevention.

Intervention 2 Summary: ERH is working to identify and recruit individuals who are interested in learning more about preventive care or cancer prevention. These individuals can actively work with a community health worker to practice healthy goal setting, increasing physical activity and building motivation. These individuals can also actively work with a nutritionist to help make lasting healthy lifestyle changes. All of these activities are provided at no direct cost and have a common goal of decreasing risk of developing some cancers or chronic diseases.

Intervention 3 Summary: ERH is working to identify current tobacco users to provide tobacco cessation counseling in an individual or group setting. This service is provided at no direct cost with a goal of decreasing risk of developing some cancers or chronic diseases.

Priority Area #2: Promote Well-Being and Prevent Mental and Substance Use Disorders

Focus Area 2: Prevent Mental and Substance Use Disorders

Goal 2.2: Prevent opioid overdose deaths

Intervention 1 Summary: Implement Project RESCUE, a collaborative partnership between ERH and Catholic Charities of Orange, Sullivan, and Ulster. Medication Assisted Recovery (MAR) (Buprenorphine) will be available in the ED for induction 24/7 (with assessment for withdrawal symptoms) with a warm hand off to a certified recovery peer advocate (CRPA) and a referral to start treatment. MAR is available for up to three days in the ED, with a guaranteed treatment start day with partnering agencies of day four. Continue to link inducted patients to the MAT Care Manager, as necessary.

Intervention 2 Summary: Provide necessary harm reduction supplies and guidance to prevent fatal overdoses and the occurrence, and transmission of infectious complications (i.e. HepC, HIV, Endocarditis).

Intervention 3 Summary: Support Ulster County Sheriff's Project ORACLE to facilitate law enforcement assisted diversion for substance use disorder by participating in the county wide "High-Risk Mitigation Team," a care-coordination model that aims to reduce rates of relapse, overdose, and death.

Goal 2.1: Prevent underage drinking and excessive alcohol consumption by adults

Intervention 3 Summary: Support Ulster County Sheriffs Project ORACLE to facilitate law enforcement assisted diversion for alcohol use disorder by providing detox services, peer support, and referral to treatment providers.

See attached work plan table for detailed description of interventions.

Attachments

Attachment 1: Community Survey

INT01:

Hello, this is _____from 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. Are you 18 years of age or older? IF DIALING LANDLINE: May I speak with the youngest person in the household age 18 or older? 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 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 10 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?

Continue with survey ..... OK
Call back at a later time 21
Appointment 22
Not a Private Residence 23
No Eligible Respondent 24
Soft Refusal 81
Hard Refusal 82
Do Not Call 83
Spanish Speaking 31
Not English or Spanish Speaking 32
No Male in Household 41

CELLPHONE:

Have I reached you on a cell phone?
Yes 1
No 2

SAFE:

Are you in a place where you can safely talk on the phone and answer my questions?
Yes 1
No 2

STATE2:

Do you live in New York state?
Yes 1
No 2
Refused 9

BUSCELL:

Is the cell phone I have reached you on used only for personal use, only for business use, or used for both personal and business use?
Personal use 1
Business use 2
Both 3
[DO NOT READ] Refused 9

COUNTY2:
What county in New York State do you live in?[DO NOT READ LIST]
Albany 001
Allegany 003
Bronx 005
Broome 007
Cattaraugus 009
Cayuga 011
Chautauqua 013
Chemung..... 015
Chenango 017
Clinton 019
Columbia 021
Cortland 023
Delaware 025
Dutchess 027
Erie 029
Essex 031
Franklin..... 033
Fulton 035
Genesee..... 037
Greene 039
Hamilton 041
Herkimer 043
Jefferson 045
Kings - Brooklyn 047
Lewis 049
Livingston 051
Madison 053
Monroe 055
Montgomery 057
Nassau 059
New York - Manhattan 061
Niagara 063
Oneida 065
Onondaga 067
Ontario 069
Orange 071
Orleans 073
Oswego 075
Otsego 077
Putnam 079
Queens 081
Rensselaer 083
Richmond - Staten Island..... 085
Rockland 087

St. Lawrence 089
Saratoga 091
Schenectady 093
Schoharie 095
Schuyler 097
Seneca 099
Steuben 101
Suffolk 103
Sullivan 105
Tioga..... 107
Tompkins 109
Ulster 111
Warren 113
Washington 115
Wayne 117
Westchester 119
Wyoming 121
Yates 123
Don't know/Refused 999

ZIPC:
What is your zip code?[ENTER 5 DIGIT ZIP CODE IN BOX AT BOTTOM OF SCREEN]
[DO NOT READ] Don't know/Refused 99999
Q4:
How long have you lived in <county2> County?
Less than 1 year 1
At least 1 year but less than 2 years 2
At least 2 years but less than 5 years 3
5 years or more 4
[DO NOT READ] Don't know/Refused 9
Q5KEY:
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.
Continue 1
Q5A:
There are enough jobs that pay a living wage.[IF NEEDED: Tell me if that statement is completely true of your community, somewhat true, not very true or not at all true for your community.]
Completely true 1
Somewhat true 2
Not very true 3
Not at all true 4
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9

Q5B:
Most people are able to access affordable food that is healthy and nutritious.[IF NEEDED: Tell me if that statement is completely true of your community, somewhat true, not very true or not at all true for your community.]
Completely true 1
Somewhat true 2
Not very true 3
Not at all true 4
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9
Q5C:
People may have a hard time finding a quality place to live due to the high cost of housing.[IF NEEDED: Tell me if that statement is completely true of your community, somewhat true, not very true or not at all true for your community.]
Completely true 1
Somewhat true 2
Not very true 3
Not at all true 4
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9
Q5D:
Parents struggle to find affordable, quality childcare.[IF NEEDED: Tell me if that statement is completely true of your community, somewhat true, not very true or not at all true for your community.]
Completely true 1
Somewhat true 2
Not very true 3
Not at all true 4
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9
Q5E:
There are sufficient, quality mental health providers.[IF NEEDED: Tell me if that statement is completely true of your community, somewhat true, not very true or not at all true for your community.]
Completely true 1
Somewhat true 2
Not very true 3
Not at all true 4
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9

Q5F:
Local government and/or local health departments, do a good job keeping citizens aware of potential public health threats.[IF NEEDED: Tell me if that statement is completely true of your community, somewhat true, not very true or not at all true for your community.]
Completely true 1
Somewhat true 2
Not very true 3
Not at all true 4
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9

Q5G:
There are places in this community where people just don´t feel safe.[IF NEEDED: Tell me if that statement is completely true of your community, somewhat true, not very true or not at all true for your community.]
Completely true 1
Somewhat true 2
Not very true 3
Not at all true 4
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9

Q5H:
People can get to where they need using public transportation.[IF NEEDED: Tell me if that statement is completely true of your community, somewhat true, not very true or not at all true for your community.]
Completely true 1
Somewhat true 2
Not very true 3
Not at all true 4
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9

Q6:
Overall, how would you rate the quality of information you receive from county agencies during public emergencies, such as weather events or disease outbreaks? Would you say it is excellent, good, fair or poor?
Excellent 1
Good 2
Fair 3
Poor 4
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9

Q7:
In general, how would you rate your physical health? Would you say that your physical health is excellent, good, fair or poor?
Excellent 1
Good 2
Fair 3
Poor 4
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9
Q8:
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?[IF NEEDED: including things like hopefulness, level of anxiety and depression.]
Excellent 1
Good 2
Fair 3
Poor 4
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9
Q9KEY:
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.
Continue 1
Q9A:
Over the past 12 months how many days in an average week did you eat a balanced, healthy diet?
0 days 1
1 to 3 days 2
4 to 6 days 3
All 7 days 4
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9
Q9B:
Over the past 12 months how many days in an average week did you exercise for 30 minutes or more a day?
0 days 1
1 to 3 days 2
4 to 6 days 3
All 7 days 4
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9

Q9C:
Over the past 12 months how many days in an average week did you get 7 to 9 hours of sleep in a night?
0 days 1
1 to 3 days 2
4 to 6 days 3
All 7 days 4
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9

Q10:
On an average day, how stressed do you feel?[IF NEEDED: Stress is when someone feels tense, nervous, anxious, or can´t sleep at night because their mind is troubled.]
Not at all stressed 1
Not very stressed 2
Somewhat stressed 3
Very stressed 4
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9

Q11:
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]
Less than once a week 1
1 to 2 times a week 2
3 to 5 times a week 3
More than 5 times a week 4
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9

Q12:
How frequently in the past year, on average, did you drink alcohol?[READ LIST]
Never 1
Less than once per month 2
More than once per month, but less than weekly 3
More than once per week, but less than daily 4
Daily 5
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9

Q13:
Do you currently drink alcohol less often than you did before the COVID-19 pandemic, more often than you did before the pandemic or about as often as you did before the pandemic?
Less often than you did 1
More often that you did 2
About as often as you did 3
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9
Q14:
How frequently in the past year have you used a drug whether it was a prescription medication or not, for non-medical reasons?
Never 1
Less than once per month 2
More than once per month, but less than weekly 3
More than once per week, but less than daily 4
Daily 5
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9
Q15:
Do you currently use any type of drug less often than you did before the COVID-19 pandemic, more often than you did before the pandemic or about as often as you did before the pandemic?
Less often than you did 1
More often that you did 2
About as often as you did 3
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9
Q16KEY:
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.
Continue 1
Q16A:
Food[IF NEEDED: Have you or any other member of your household been unable to get any of the following when it was really needed?]
Yes 1
No 2
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9

Q16B:
Utilities, including heat and electric[IF NEEDED: Have you or any other member of your household been unable to get any of the following when it was really needed?]
Yes 1
No 2
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9
Q16C:
Medicine[IF NEEDED: Have you or any other member of your household been unable to get any of the following when it was really needed?]
Yes 1
No 2
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9
Q16D:
Any healthcare, including dental or vision[IF NEEDED: Have you or any other member of your household been unable to get any of the following when it was really needed?]
Yes 1
No 2
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9
Q16E:
Phone[IF NEEDED: Have you or any other member of your household been unable to get any of the following when it was really needed?]
Yes 1
No 2
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9
Q16F:
Transportation[IF NEEDED: Have you or any other member of your household been unable to get any of the following when it was really needed?]
Yes 1
No 2
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9
Q16G:
Housing[IF NEEDED: Have you or any other member of your household been unable to get any of the following when it was really needed?]
Yes 1
No 2
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9

Q16H:
Childcare[IF NEEDED: Have you or any other member of your household been unable to get any of the following when it was really needed?]
Yes 1
No 2
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9
Q16I:
Access to the internet[IF NEEDED: Have you or any other member of your household been unable to get any of the following when it was really needed?]
Yes 1
No 2
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9
Q17:
Have you visited a primary care physician for a routine physical or checkup within the last 12 months?
Yes 1
No 2
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9
Q18:
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?INTERVIEWER: Read each choice and get a Yes or No response for each
I did not have insurance 01
I did not have enough money [IF NEEDED: For things like co-payments, medications, etc] 02 .....
I did not have transportation 03
I did not have time 04
I chose not to go due to concerns over COVID 05
I chose not to go for another reason 06
I couldn’t get an appointment for a routine physical or checkup 07
[DO NOT READ] Other (specify)..... 97
[DO NOT READ] Don't know 98
[DO NOT READ] Refused 99
Q19:
Have you visited a dentist for a routine check-up or cleaning within the last 12 months?
Yes 1
No 2
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9

Q20:
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?INTERVIEWER: Read each choice and get a Yes or No response for each
I did not have insurance 01
I did not have enough money [IF NEEDED: For things like co-payments, medications, etc] 02 .....
I did not have transportation 03
I did not have time 04
I chose not to go due to concerns over COVID 05
I chose not to go for another reason 06
I couldn't get an appointment for a routine check-up or cleaning 07
[DO NOT READ] Other (specify)..... 97
[DO NOT READ] Don't know 98
[DO NOT READ] Refused 99

Q21:
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.Have you visited an emergency room for a medical issue that was not an emergency in the last 12 months?
Yes 1
No 2
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9

Q22:
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?INTERVIEWER: Read each choice and get a Yes or No response for each
I do not have a regular doctor/primary care doctor 01
The emergency room was more convenient because of location 02
The emergency room was more convenient because of cost 03
The emergency room was more convenient because of hours of operation 04
At the time I thought it was a health-related emergency, though I later learned it was NOT an emergency 05 .....
My primary care doctor was not available due to COVID 06
COVID-19 Testing 07
[DO NOT READ] Don't know 98
[DO NOT READ] Refused 99

Q23:
Have you visited a mental health provider, such as a psychiatrist, psychologist, social worker, therapist for 1-on-1 appointments or group-sessions (either in-person or online), etc. within the last 12 months?
Yes 1
No 2
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9

Q24:
In the last 12 months, were any of the following reasons that you did not visit a mental health provider? [READ LIST]INTERVIEWER: Read each choice and get a Yes or No response for each
I did not have a need for mental health services 01
I did not have insurance 02
I did not have enough money [IF NEEDED: For things like co-payments, medications, etc] 03 .....
I did not have transportation 04
I did not have time 05
I chose not to go 06
A mental health provider was not available due to COVID 07
[DO NOT READ] Other (specify)..... 97
[DO NOT READ] Don't know 98
[DO NOT READ] Refused 99

Q25:
During COVID, have you had a tele-health appointment with any healthcare provider?
Yes 1
No 2
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9

Q26:
Which of the following were reasons that you did not have a tele-health appointment?
I did not have a need for tele-health services 01
My doctor did not offer tele-health 02
I don’t have access to the internet 03
I didn’t know how to set up or participate in a tele-health appointment 04
I prefer in person so I didn’t set up a tele-health appointment..... 05
I put off all medical care during the pandemic 06
[DO NOT READ] Other (specify)..... 97
[DO NOT READ] Don't know 98
[DO NOT READ] Refused 99

Q27:
Have you ever had COVID?
Yes 1
No 2
[DO NOT READ] Not sure 8
[DO NOT READ] Refused 9

Q28:
And what about the other members of your household, has any other member of your household had COVID?
Yes 1
No 2
[DO NOT READ] Don't have any other household members 7
[DO NOT READ] Not sure 8
[DO NOT READ] Refused 9
Q29:
Have you or any other household member had ongoing COVID symptoms that have lasted more than four weeks - otherwise known as long-COVID?
Yes 1
No 2
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9
Q30KEY:
Consider the impact of COVID on each of the following and indicate whether it has improved over the course of the pandemic, worsened or stayed the same?
Continue 1
Q30A:
Your physical health[IF NEEDED: Has this improved over the course of the pandemic, worsened or stayed the same?]
Improved..... 1
Worsened 2
Stayed the same 3
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9
Q30B:
Your mental health[IF NEEDED: Has this improved over the course of the pandemic, worsened or stayed the same?]
Improved..... 1
Worsened 2
Stayed the same 3
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9
Q30C:
Your ability to obtain affordable food that is nutritious[IF NEEDED: Has this improved over the course of the pandemic, worsened or stayed the same?]
Improved..... 1
Worsened 2
Stayed the same 3
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9

Q30D:
Your ability to maintain employment that pays at least a living wage[IF NEEDED: Has this improved over the course of the pandemic, worsened or stayed the same?]
Improved..... 1
Worsened 2
Stayed the same 3
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9
Q30E:
Your ability to afford housing[IF NEEDED: Has this improved over the course of the pandemic, worsened or stayed the same?]
Improved..... 1
Worsened 2
Stayed the same 3
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9
Q30F:
Your ability to find available, quality childcare[IF NEEDED: Has this improved over the course of the pandemic, worsened or stayed the same?]
Improved..... 1
Worsened 2
Stayed the same 3
[DO NOT READ] Don't need childcare 7
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9
Q30G:
Your ability to obtain care or to care for any member of your household that has a disability or chronic illness[IF NEEDED: Has this improved over the course of the pandemic, worsened or stayed the same?]
Improved..... 1
Worsened 2
Stayed the same 3
[DO NOT READ] Don't need this type of care 7
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9
Q31:
Have you been vaccinated for COVID?
Yes 1
No 2
[DO NOT READ] Refused 9

Q32:
Thinking back to when you got vaccinated, did you get it as soon as you were eligible or were you somewhat hesitant to get the COVID vaccine?
Got it as soon as eligible 1
Somewhat hesitant 2
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9
Q33:
Why did you end up getting the vaccine? INTERVIEWER: Read all choices and get a yes or no to each response.
You were required to by your job 01
You were required to for some other reason 02
You or someone you know got sick or died with COVID 03
Faith-based community encouraged me 04
Family or friends encouraged me 05
Learned more about the vaccine 06
Your doctor recommended it 07
[DO NOT READ] Other (specify)..... 97
[DO NOT READ] Don't know 98
[DO NOT READ] Refused 99
CELLLL:
Is there at least one telephone INSIDE your home that is currently working and is not a cell phone?
No (Landline Only) 1
Yes 2
No 3
[DO NOT READ] Refused 9
LLCELL:
Do you have a working cell phone?
Yes 2
No 1
No (Cell Phone Only) 3
[DO NOT READ] Refused 9
PHONETYP:
Landline or Cell Phone
Landline Only 1
Landline and Cell Phone 2
Cell Phone Only 3
[DO NOT READ] Refused 9

HISP:
Are you of Hispanic origin or descent, such as Mexican, Dominican, Puerto Rican, Cuban, or some other Spanish background?
Yes 1
No 2
[DO NOT READ] Refused 9
RACE:
Would you consider yourself:[IF "Biracial" or "Multi-racial" ask: "What races would that be?"]
African American or Black 1
American Indian or Alaska Native 2
Asian 3
Native Hawaiian or Other Pacific Islander 4
White 5
[DO NOT READ] Other/Something else (specify) 7
[DO NOT READ] Refused 9
BYR2:
In what year were you born?INTERVIEWER: ENTER ALL FOUR DIGITS OF THE RESPONDENT'S BIRTH YEAR IN BOX AT BOTTOM OF SCREEN[IF NEEDED: This is just used to compute your age.]
REFUSAL ..... RF
OWN:
What is your living arrangement? Do you...
Rent an apartment or home 1
Own your home 2
Other living arrangement 3
[DO NOT READ] Refused 9
EMPLOY:
Which of the following categories best describes your current employment situation?[IF self-employed: "Would that be full-time or part-time?"]
Employed full-time 1
Employed part-time 2
Underemployed, below my skill or pay level 3
Unemployed, looking for work 4
Unemployed, not looking for work..... 5
Retired 6
Vol: Disabled 7
Other (specify) 8
[DO NOT READ] Refused 9

CHILD:
Are there children under the age of 18 living in your household?
Yes 1
No 2
[DO NOT READ] Refused 9
MILITARY:
Are you or anyone in your household a veteran or a member of active duty military service?
Yes 1
No 2
[DO NOT READ] Refused 9
DISABILITY:
Do you or anyone in your household have a disability?
Yes 1
No 2
[DO NOT READ] Refused 9
INCOME:
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.[IF NEEDED: "I just want to remind you that you are completely anonymous. We only use this information in aggregate form to ensure we have a representative group of New Yorkers."]
Less than $25,000 1
$25,000 to just under $50,000 2
$50,000 to just under $100,000 3
$100,000 to just under $150,000 4
$150,000 or more 5
[DO NOT READ] Refused 9
GENDER:
How do you describe your gender? Do you..
Identify as a man..... 1
Identify as a woman 2
Identify as gender queer, gender nonconforming or non-binary 3
Identify as transgender, man 4
Identify as transgender, woman 5
Identify as transgender, gender non-conforming 6
Identify as another Gender not listed, please specify..... 7
[DO NOT READ]Don't know/Refused 9

Attachment 2: Senior Focused Survey

Telewellness Hub (TWH) Survey

We are conducting this survey to collect information on telewellness hubs and the impact they have on the community. Telewellness Hubs are any easily accessible location where health or wellness services can be easily accessed virtually, through either phone or video conferencing with a healthcare provider. Ellenville Regional Hospital Rural Health Network is specifically focusing on community members who reside in the towns of Wawarsing, Mamakating, and Crawford. If you do not live in any of these areas, please do not fill out this survey. Thank you for your anticipated participation!

Have you ever heard of a Telewellness Hub (TWH)/Telehealth Hub site?

☐ Yes ☐ No

Please indicate your zip code in the following areas:

- ☐ **Wawarsing** (12420, 12428, 12435, 12446, 12458, 12483, 12489, 12566, 12740)
- ☐ **Mamakating** (10940, 12483, 12566, 12721, 12722, 12763, 12769, 12777, 12781, 12785, 12790)
- ☐ **Crawford** (10915, 10919, 10941, 10985, 12549, 12566, 12586, 12589, 12721)
- ☐ Other: *You do not need to complete this survey if you do not live in the above areas*

What age group do you fall into?

- ☐ 18-24
- ☐ 25-34
- ☐ 35-44
- ☐ 45-54
- ☐ 55-64
- ☐ 65 and over

Have you ever utilized a Telewellness Hub? If so, please write the location you used the TWH:

☐ Yes ☐ No

Location of TWH if utilized one before:

Why haven't you used a Telewellness Hub?

- ☐ I don't know of any
- ☐ I don't think I could use the technology
- ☐ I didn't know if I could afford it
- ☐ I don't have transportation to get to one
- ☐ Other:

_____

Do you feel that using a TWH would be more time efficient than coming in person? If no, please explain:

☐ Yes ☐No

Comment:

Do you think that using technology for a virtual visit would be challenging for you?

☐ Yes ☐No

If yes, why?

Would you be open to using a Telewellness Hub if there were staff available to help you with it?

☐ Yes ☐ No

Comment:

What services would you be comfortable receiving at a Telewellness Hub? (Select all that apply):

- ☐ Primary Care
- ☐ Mental Health
- ☐ Counseling
- ☐ General Health/Wellness
- ☐ Resource Sharing/Gathering
- ☐ Other: _____

How far do you travel to see your Primary Care Physician (PCP)?

- ☐ Less than 30 min.
- ☐ 30-1 Hour

- ☐ More than 1 Hour

How do you currently get to your appointments?

- ☐ I drive myself
- ☐ I walk myself
- ☐ Rely on a friend or family member to drive me
- ☐ Use public transportation

How often do you see a doctor (Primary/Specialty) for appointments (Annuals/Wellness/Treatments/Nonemergent) per year?

- ☐ 0-1 times per year
- ☐ 1-3 times per year
- ☐ More than 5 times a year
- ☐ Other: _____

I would follow up more with my provider if I had the option to do it virtually:

- ☐ True
- ☐ False

Comment:

Would having a Telewellness Hub make it more or less likely that you would attend follow up visits?

- ☐ More likely
- ☐ Less likely

I think TWH in more rural areas would be beneficial to the following target populations: (Select all that apply):

- ☐ Seniors
- ☐ Adults
- ☐ Adolescents/Children

- ☐ Disabled
- ☐ LGBTQ Community

Comment:

Any other suggestions or comments about Telewellness Hub Services:

Thank you for your feedback, this information will be utilized in a project planning grant to help implement more Telewellness Hubs in rural areas in the future.

Attachment 3: Senior Focused Gaps Analysis

Area of Consideration	Number of adults aged 55+ that visit their Primary Care Physician (PCP) for a routine check-up at least once every 12 months. We are **not** considering number of adults aged 55+ who visited an urgent care or emergency room in the last 12 months.		
Current State	**Desired State**	**Action Steps**	**Notes**
1. 89% of all Ulster County residents reports 89% of adults aged 55+ answered yes. - Siena survey	1. 95% of Ellenville/Wawarsing residents' reports 95% of adults aged 55+ answered yes. - Siena survey	1. Education on the importance of visiting PCP yearly 2. Improving access to PCP's through telehealth 3. Improving number of seniors enrolled in Medicare and therefore able to afford routine visits 4. Improving education on The Institute for Family Health's "sliding scale" payment system for PCP appointments	4. IFH's "sliding scale" payment system allows patients to adjust their bill based on their income, creating more affordability for the patient

Area of Consideration	Percentage of adults aged 65+ with annual influenza and pneumonia immunizations. We are **not** considering COVID vaccinations.		
Current State	**Desired State**	**Action Steps**	**Notes**
1. 69.2% of Ulster County residents aged 65+ got flu shots within the past year. - Ulster County Indicators For Tracking Public Health Priority Areas (NYSDOH - Ulster County Indicators For Tracking Prevention Agenda Priority Areas (ny.gov))	1. 90% - Prevention Agenda 2013 Objective. 2. 90% - Prevention Agenda 2013 Objective.	1. Education on the importance of immunizations and disease prevention/severity 2. Improving access to education and immunization resources at TeleWellness Hubs 3. Increasing number of seniors enrolled in Medicare for immunization coverage	4.UCDOH offers seasonal influenza/pneumonia vaccination clinics

2. 63.5% of Ulster County residents aged 65+ had pneumonia vaccine in the past year. - Ulster County Indicators For Tracking Public Health Priority Areas (NYSDOH - Ulster County Indicators For Tracking Prevention Agenda Priority Areas (ny.gov))		4. Increase awareness of Ulster County Department of Health seasonal flu and pneumonia vaccination clinics 5. Have UCDOH utilize TWH sites for clinics.	

Area of Consideration	Percentage of adults 65+ who participate in leisure-time physical activity.		
Current State	**Desired State**	**Action Steps**	**Notes**
1. 73.0% of Ulster County adults aged 65+ participate in leisure-time physical activity. - NYS Prevention Agenda Dashboard – County Level: Ulster County (New York State Prevention Agenda Dashboard (ny.gov))	1. 75.9% - Prevention Agenda 2024 Objective	1. Education on importance of participating in leisure-time physical activity. 2. Improving access to education and resources at TeleWellness Hubs (TWH). 3. Making physical activity more easily accessible for Ulster County residents.	3.Offer physical activity classes at TWH sites or at more areas throughout the county.

Area of Consideration	Percentage of adults aged 45+ who had a test for high blood pressure or diabetes within the past three years. We are **not** considering those who are already diagnosed with HTN or diabetes.		
Current State	**Desired State**	**Action Steps**	**Notes**
1. 57.4% of Ulster County adults aged 45+ have had a test for high blood pressure or diabetes within the past three years.	1. 71.7% - Prevention Agenda 2024 Objective	1. Education on importance of testing for high blood pressure and diabetes. 2. Education on disease prevention/severity.	3.Care Connection for Aging Services in Osceola, Warsaw, and Wheatland, MO has TWH spaces

- NYS Prevention Agenda Dashboard – County Level: Ulster County (New York State Prevention Agenda Dashboard (ny.gov))		3. Improving access to testing for high blood pressure and diabetes at TWH sites. 4. Improving access to PCP's through telehealth for routine health screenings.	which include instruments to measure vital signs (blood pressure, oxygen level, heart rate, and weight). Could also include blood glucose meters in our sites.

Area of Consideration	Percentage of premature deaths (before age 65 years).		
Current State	**Desired State**	**Action Steps**	**Notes**
1. 29.7% of premature deaths (before 65 years) in Wawarsing. - NYS Prevention Agenda Dashboard – County Level: Ulster County (New York State Prevention Agenda Dashboard (ny.gov))	1. 22.1% of premature deaths (before 65 years) in Ulster County. - NYS Prevention Agenda Dashboard – County Level: Ulster County (New York State Prevention Agenda Dashboard (ny.gov))	1. Improving access to education and resources for achieving optimal health and preventing chronic disease at TWH sites. 2. Improving access to PCP's through telehealth for routine health screenings. 3. Improving number of people enrolled in insurance plans to cover cost of medical bills. 4. Offer wellness classes at TWH sites to promote optimal health. 5. Identify those who are eligible for cancer screenings and refer to PSS to assist with making appointments for early detection.	5.Current QI grant

Area of Consideration	Percentage of adults with chronic conditions (arthritis, asthma, CVD, diabetes, CKD, cancer) who have taken a course or class to learn how to manage their condition.		
Current State	**Desired State**	**Action Steps**	**Notes**
1. 10.2% of adults with chronic conditions in Ulster County have taken a course or class to learn how to manage their condition. - NYS Prevention Agenda Dashboard – County Level: Ulster County (New York State Prevention Agenda Dashboard (ny.gov))	1. 10.6% - Prevention Agenda 2024 Goal	1. Improving access to disease management resources 2. Offer disease management courses at TWH sites 3. Improving access to testing for high blood pressure and diabetes management at TWH sites. 4. Improving access to PCP's and specialists through telehealth for routine health screenings and disease management appointments.	1.Chronic Disease Self-Management Programs 3.Care Connection for Aging Services in Osceola, Warsaw, and Wheatland, MO has TWH spaces which include instruments to measure vital signs (blood pressure, oxygen level, heart rate, and weight). Could also include blood glucose meters in our sites. 3. Host events at TWH sites with ERH staff to screen for chronic conditions.

Area of Consideration	Knowledge of mental health providers in Ulster County.		
Current State	**Desired State**	**Action Steps**	**Notes**
1. 13.6% of adults in Ulster County reporting 14 or more days with poor mental health in last month. - Ulster County Indicators For Tracking Public Health Priority Areas (NYSDOH - Ulster County Indicators For	1. 7.8% of adults in Ulster County reporting 14 or more days with poor mental health in last month. - Prevention Agenda 2013 Objective 2. 24% 55+ Ulster County residents	1. Increase community knowledge of mental health resources in Ulster County. 2. Offer mental wellness programs in TWH sites.	52% in Ulster County think access to MH providers is a top-rated issue that affects health. Community Health Survey (most recent) MH partners in HAC UCDOMH trainings

Tracking Prevention Agenda Priority Areas (ny.gov)) 2. 32% 55+ Ellenville residents think that there aren't a sufficient, quality amount of MH providers - Siena Community Survey	think that there aren't a sufficient, quality amount of MH providers - Siena Community Survey	3. Improve access to mental health providers through telehealth. 4. Offer mental health support services via TWH 5. Increase the proportion of PCP visits where adults screened for depression. 6. Promote partners programs (MHA support groups, IFH therapists)	Mobile Mental Health, Suicide Prevention Lifeline, NAMI Mid-Hudson, etc. Healthy People 2030 focuses on prevention, screening, assessment, and treatment of mental disorders and behavioral conditions. Ulster County actively has 115 Mental Health Counselors, 6 Psychoanalysts Orange County has 125 MH Counselors from op.nysef.gov

Area of Consideration	Fall-related hospitalizations age 65+ years (per 10,000). We are **not** considering fall-related hospitalizations <65 years.		
Current State	**Desired State**	**Action Steps**	**Notes**
1. 211.5 in Ulster County - Ulster County Indicators For Tracking Public Health Priority Areas (NYSDOH - Ulster County Indicators For Tracking Prevention Agenda Priority Areas (ny.gov))	1. 155.0 - Prevention Agenda 2013 Objective	1. Improving access to education and resources related to fall prevention at TWH sites. 2. Improving access to PCP's through telehealth for routine health screenings. 3. Offer wellness classes at TWH sites to promote optimal health and prevent falls. 4. Provide home visits to assess for fall risk.	CHW home visits Lecture "Prevent Future Falls"

Area of Consideration	Percentage of adults with obesity. We are **not** considering those with obesity <18.		
Current State	**Desired State**	**Action Steps**	**Notes**
1. 28.2% obese adults in Ulster County. - NYS Prevention Agenda Dashboard – County Level: Ulster County (New York State Prevention Agenda Dashboard (ny.gov))	1. 24.2% - Prevention Agenda 2024 Goal	1. Improving access to healthy food options 2. Improving access to education and resources related to obesity prevention and nutritious food sources 3. Offer nutrition consultations at TWH sites and at outside sites 4. Offer physical activity classed at TWH sites. 5. Improving access to PCP's through telehealth for routine health screenings and obesity prevention.	1.Farm-acy, FVRx program w/ CCE. 2.Ulster county food pantries and other resources.