Bon Secours Community Hospital Community Health Needs Assessment

2022 - 2024

BON SECOURS COMMUNITY HOSPITAL

160 EAST MAIN STREET, PORT JERVIS, NY 12771

Bon Secours Community Hospital
A Member of the Westchester Medical Center Health Network
Community Health Needs Assessment 2022-2024

<u>EXECUTIVE SUMMARY</u>

The Bon Secours Community Hospital 2022-2024 Community Health Needs Assessment (CHNA) is the product of an ongoing, collaborative partnership between the hospital, the Orange County (NY) Health Department, other county hospitals, health and human service agencies, and the community at large from within the greater Orange County area. The common goal of improving the health of the area residents is at the core of this CHNA.

The New York State Health Department requires Local Health Departments to submit a Community Health Improvement Plan (CHIP) and hospitals to submit a Community Service Plan (CSP) every three years. Additionally, 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 health needs. This CHNA and subsequent action plans meet the requirements outlined by both New York State public health law and the Affordable Care Act.

The research and analysis that went into choosing the health priorities for the next 3 years was extensive and the areas of focus that are identified within this report were chosen with the goal of improving the health and wellbeing of all county residents. From March - May 2022, hospitals and the seven Local Health Departments of the Mid-Hudson (NY) Region: Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, and Westchester, partnered with the Siena College Research Institute (SCRI) to conduct a public opinion survey of 5,699 Hudson Valley NY state residents. Residents aged 18 and older were interviewed from within the above mentioned counties to ensure representative county-wide samples.

SCRI contacted respondents via landline telephone, cell phone, an online panel, online surveys at various in-person events, and other community partnerships to enhance representation from across the region. To further supplement the data collected, several community focus group sessions were held. In the summer of 2022, a community health summit was hosted to gather input on prioritization of areas of identified need and health disparities. This combination of data gathering and prioritization offered valuable insight into the needs of specific communities and populations, and the barriers they face to achieving optimal health. As guidance for the Bon Secours Community Hospital CHNA, 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 the hospital serves.

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 please contact Bon Secours Community Hospital at 845-858-7000.

<u>ACILITY DESCRIPTION AND VISION</u>

Bon Secours Community Hospital:

For nearly a century, Bon Secours Community Hospital in Port Jervis, NY, has served western Orange County, NY, Pike County, PA, and northern Sussex County, NJ, as the area's premier healthcare provider. A member of the Westchester Medical Center Health Network, the 122-bed hospital provides acute-care and medical-surgical services, a 24-hour emergency department, long-term care and rehabilitation, a dedicated bariatric surgery unit, and behavioral health and outpatient services.

The expanding Radiology Department now offers three-dimensional mammography and the $40 million Medical Village project, a collaboration with New York State, WMCHealth and local partners to reimagine community health, is well underway.

As a member of the Bon Secours Charity Health System, the Mission of Bon Secours Community 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-Delaware 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. For more information visit WMCHealth.org

FACILITY SERVICE AREA AND DESCRIPTION OF COMMUNITY

Bon Secours Community Hospital is located in the City of Port Jervis, NY which is situated in the westernmost part of Orange County and bordered by the states of Pennsylvania and New Jersey. Orange County begins approximately 40 miles north of New York City, and is positioned between the Hudson River in the east and the Delaware River in the west, the only county in New York State to border both rivers. Ulster and Sullivan Counties border Orange County on the north, and Rockland County is located to the south. Orange County is 839 square miles and is a diverse mix of rural, farmland, suburban, and urban areas.

Orange County continues to experience steady population growth and the county had a population of 401,310 residents in 2020. Of Orange County residents, 50.1% are male, 68.5% are non-Hispanic White, 9.7% are non-Hispanic Black and 19.7% are Hispanic. Orange County is a mix of urban, suburban, farmland and rural areas. 24.0% of the population resides n rural areas, twice the average of New York State. Agriculture is a leading industry in Orange County and constitutes more than half of the County's open space.

Poverty rates in Orange County vary greatly based on municipality. Poverty rates exceeding 25% for families with related children under 18 are found in Orange County's three cities of Middletown, Newburgh, and Port Jervis, as well as in the town of Monroe.

Bon Secours Community Hospital 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 (Appendix A). The City of Port Jervis is one of the three cities within Orange County and is the most remote of the three. There is a lack of affordable public transportation which contributes to the economic challenges residents face. There are few opportunities for employment that provide a living wage and healthcare benefits outside of Bon Secours Community Hospital, the local school district and one manufacturing plant. There is no full service grocery store within the City of Port Jervis for the residents without transportation.

CHNA METHODOLOGY AND COMMUNITY INPUT

Beginning in March, 2022 through May, 2022, the Siena College Research Institute (SCRI), on behalf of seven Hudson Valley New York health departments and area hospitals, conducted the Regional Community Health Survey (Appendix B). This was a public opinion survey of 5,699 Hudson Valley residents. The Hudson Valley is comprised of Rockland, Orange, Sullivan, Dutchess, Ulster, Putnam and Westchester Counties in New York.

Residents aged 18 and older were interviewed from within the above mentioned counties to ensure representative county-wide samples. The margin of error for the total sample of 5,699 is +/- 2.1% including the design effects resulting from weighting with a 95% confidence interval. This ensures that in 95 out of every 100 samples of the same size and type, the results obtained would vary by no more than plus or minus 2.1 percentage points from what the result would be if every member of the population was interviewed. The overall sample of 5,699 was weighted by age, gender, reported race/ethnicity, income and county using the 2015-2020 American Community Survey 5-year estimates to ensure statistical representation.

Respondents were contacted via landline telephone, cell phone, an online panel, and online recruitment from each county at various in-person events and other community partnerships to enhance representation and meet budget constraints. The design of the landline sample was conducted so as to ensure the selection of both listed and unlisted telephone numbers, using random digit dialing. The cell phone sample was drawn from a sample of dedicated wireless telephone exchanges from within New York State. Respondents were screened for residence in New York State and specified counties. Data from all four sources were combined and weighted as one to produce a accurate representative sample of Hudson Valley residents.

Calls were made between the hours of 1pm and 9pm Monday through Thursday, and between 2pm and 8pm on Sundays. Landline telephone numbers were purchased from ASDE Survey Sampler. Cell phone telephone numbers were purchased from Dynata (formerly Survey Sampling International). Up to 7 calls were placed to each phone number to establish that the phone number was a working number. Telephone surveys were conducted in English or Spanish.

The online sample was provided by Lucid, a market research platform that runs an online exchange for survey respondents. The samples drawn from this exchange matched a set of demographic quotas on age, gender and region. Respondents were sent from Lucid directly to survey software operated by the SCRI. All respondents that took the survey online completed an attention check before taking the survey. Additional attention checks were placed in the survey to ensure proper attention was being paid throughout the entire survey. Online panel surveys were conducted in English.

The online recruitment from each county included distributing the survey URL to community partners, promoting the survey on social media and providing access to the survey at community events. The online recruitment survey was conducted in English and Spanish.

In 2018, SCRI conducted a similar survey for the same counties of the Hudson Valley. In that iteration, respondent data was collected via RDD dual-frame telephone interviews and augmented through the use of the Lucid panel. In 2018, within each county, oversamples of residents of the zip codes with the lowest levels of income were included in the unweighted samples. In both 2018 and 2022, each county estimate was similarly weighted to the most current demographic estimates of the county's population by age, gender, reported race/ethnicity, and income. As such, and despite sampling design differences, the final weighted estimates by county and the final weighted regional estimates from 2018 and 2022 can be fairly compared to one another.

Below are data points of note:
• 43% of respondents with <$25K yearly income reported that their ability to afford housing worsened over the course of the COVID-19 pandemic, compared to 23% of all respondents.

• 37% of renters in reported that their ability to obtain affordable, nutritious food worsened over the course of the COVID-19 pandemic, compared to only 20% of homeowners.

• 33% of respondents with <$25K yearly income reported being unable to access the internet in the past 12 months, compared to 17% of all respondents.

• 32% of respondents with <$25K yearly income were unable to get transportation when needed in the previous 12 months, compared to only 17% of all respondents.
• 31% of respondents aged 18-34 reported that their mental health has worsened over the course of the COVID-19 pandemic, compared to only 12% of those aged 55 and older.
• 41% of respondents in 2022 reported there are sufficient, quality mental health providers, which is a decrease from 55% reported in 2018.
• 33% of respondents with <$25K yearly income reported that in the past 12 months, they or any other member of their household were unable to access healthcare including dental or vision compared to 21% of total respondents, and 9% of respondents $150k+ yearly income.
• 26% of respondents aged 18-34 reported that in the past 12 months, they did not visit a primary care physician because they did not have insurance compared to 11% of respondents aged 55+.

<u>IDENTIFIED COMMUNITY HEALTH NEEDS</u>

The New York State Prevention Agenda (PA), developed by the New York State Department of Health (NYSDOH), is the health improvement blueprint to improve the health of all NYS residents. The PA provides the important framework through which community health needs are prioritized. The 2019-2024 PA is the third cycle for this statewide initiative.

The NYSDOH encourages local health departments and the hospitals in their county to jointly assess the health needs of the residents and develop a Community Health Assessment (CHA) and a combined Community Health Improvement Plan/Community Service Plan. Additionally, the IRS requires all non-profit hospitals to conduct a Community Health Needs Assessment (CHNA) every three years and to adopt an Implementation Plan to meet the identified community health needs.

The Bon Secours Community Hospital 2022 – 2024 CHNA Implementation Plan was developed in partnership with our LHD and other county hospitals by using evidence based interventions as recommended by the PA. An overarching strategy of the NYS Prevention Agenda is to implement public health approaches that improve the health and well-being of entire populations.

The Prevention Agenda's five Priority Areas serve as the framework for state and local action to improve the health of New Yorkers. As per the NYSDOH requirements, Bon Secours Community Hospital must choose a minimum of two health goals to address from within 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 Orange County Health Department, hospitals, and other health and human service agencies, Bon Secours Community Hospital has chosen the following PA goals to work towards over the next three years:

- Priority Area: Prevent Chronic Diseases:
  - *Goal: Increase access to healthy and affordable foods and beverages*
  - *Goal: Increase food security*
  - *Goal: Increase cancer screening rates for breast, cervical, and colorectal cancers*
- Priority Area: Promote Well—Being and Prevent Substance Use Disorders
  - *Goal: Prevent opioid and other substance misuse and deaths*

COMMUNITY RESOURCES

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

Bon Secours Community Hospital has chosen specific Prevention Agenda goals based on our internal expertise, resources, and the desire and commitment to improve the health and well-being of our community members. As no one entity can address all needs, community partners are essential to help achieve the Prevention Agenda goals. Bon Secours Community Hospital works with many of the following groups within Orange County to address the diverse needs:

ABCD Head Start	HEALing Study
Access: Supports for Living	Healthy Orange
Action Towards Independence	Independent Living
ADAC of Orange County	Latinos Unidos
Alzheimer's Association	Office for Aging Advisory Board
American Heart Association	Orange County Cancer Screening Collaborative
Catholic Charities	Orange County Health Department
Chamber of Commerce Health Means Business	Orange County Mental Health Department
Changing the OC Addiction Treatment Ecosystem	Orange County Youth Bureau
Cornell Cooperative Extension	Perinatal and Infant Community Health Collaborative
Cornerstone Health Centers	RECAP Head Start
Council of Community Agencies	Sun River Healthcare
Healthy Aging Partnership	Welcome Orange

EVALUATION OF IMPACT FROM PREVIOUS CHNA

It is important to note that during the 2019-2021 CHNA cycle, the COVID-19 pandemic had a huge impact on hospital community outreach efforts for most of 2020 and 2021. In the initial phase of the pandemic, numerous hospital staff members were reassigned to assist where most needed. Then, with the approval of the COVID-19 vaccine, community health efforts were mainly focused on vaccination clinics. However, there was some movement towards the initial 2019-2021 CHNA goals as follows:

GOAL: Tobacco Prevention
IMPACT:
- BSCH partnered with the Alcohol and Drug Addiction Coalition to create an educational video on the dangers of smoking and vaping and the devastating effect tobacco has on health
- The video was given to the Orange County Board of Education and is currently in use in all schools within Orange County
- BSCH Respiratory staff makes referrals to tobacco cessation programs and resources as needed to all inpatients at the hospital

GOAL: Increase cancer screening rates for breast, cervical, and colorectal cancers, especially among disparate populations
IMPACT:
- A community breast health navigator position was created in order to reach out to women who are overdue for an annual mammogram and assist with securing a prescription and scheduling the testing for each woman
- March 2021, Dr. Jeganathan presented a Zoom program titled, "Colorectal Cancer Prevention", to a group of adults hosted by the JCC of Rockland. 48 people in attendance.
- ACS prevention messaging was shared via BSCHS' social media sites: Cervical cancer (January), Colorectal cancer (March), Breast cancer (October). Posters were not distributed in 2021.
- BSCHS staff participated in the ACS Making Strides walk where most women who were asked stated they mainly learn about cancer screening services from their personal physician/health care provider

GOAL: Reduce the annual rate of growth for STIs
IMPACT:
- Hospital ER staff and physicians attended several educational sessions lead by the OC DOH to learn the current rates of STIs and how to best interact and treat patients who present to the ER with certain medical conditions
- Process is now hard-wired whereby hospital staff share screening and prescribing information with the Orange County health department on a monthly basis.

NYS PREVENTION AGENDA PRIORITY AREA: PREVENT CHRONIC DISEASES

FOCUS AREA 1: Healthy Eating and Food Security

PREVENTION AGENDA GOAL 1.3: Increase food security

OBJECTIVES: By December 31, 2024, decrease the percentage of adults unable to get food when they need it by 10%. (Date Source: Mid-Hudson Regional Survey 2022)

DISPARITY ADDRESSED: People with low SES and low food security

PARTNERS: Orange County Health Department, Orange County WIC program, Orange County government, Cornell Cooperative Extension of the Hudson Valley

Evidence Based Strategy	Activities	Timeframe	Evaluation Measures	Intended Outcome
Screen for food insecurity, facilitate and actively support referrals	Create policies and processes for active connection to WIC and/or SNAP	January 2022-December 2023	Number of facilities adopting policies to support active connection to SNAP and/or WIC	Increased number of food insecure residents connected to resources for pediatric and adult populations
	Continuation of internal policies and/or practices to consistently screen for food insecurity in pediatric and adult populations	January 2022-December 2023	Number of individuals screened for food insecurity Number of quarterly referrals	Increased awareness among providers about food security Increased number of food insecure residents connected to resources

BON SECOURS COMMUNITY HOSPITAL
2022 – 2024 COMMUNITY HEALTH NEEDS ASSESSMENT

IMPLEMENTATION PLAN

NYS PREVENTION AGENDA PRIORITY AREA: PREVENT CHRONIC DISEASES

FOCUS AREA 4: Preventive Care and Management

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

OBJECTIVE: By December 31, 2024, increase the percentage of adults receiving breast cancer, cervical, and colorectal cancer screenings based on the most recent screening guidelines for Breast Cancer Screening by 5% from 78.8% to 82.7%; for Cervical Cancer Screening by 5% from 88.8% to 93.2% and for Colorectal Cancer Screening by 5% from 61.7% to 64.8%. (Data source: NYS Behavioral Risk Factor Surveillance Survey, 2018)

DISPARITIES ADDRESSED: Low SES; concentrate on areas with high racial/ethnic minorities

PARTNERS: OCDOH, NYS Cancer Services Program, FQHCs, Primary Care providers

Evidence Based Strategy	Activities	Timeframe	Evaluation Measure	Intended Outcome
Remove structural barriers to cancer screening by increasing primary care provider connections	Develop a system to refer patients without primary care when presenting to the emergency department	January 2023-December 2024	Number of referrals made to primary care	Increase in number of adults able to receive cancer screenings
Remove economic barriers to cancer screening by ensuring access to health insurance	Develop a system to connect insurance patient navigators to patients waiting for care in the emergency department	January 2023-December 2024	Number of patients signed up for health insurance	Increase in number of adults able to receive cancer screenings
	Work with NYS Cancer Services Program to provide free/low cost breast, cervical and colorectal screening and treatment to uninsured or underinsured patients	January 2023-December 2024	Number of patients who received breast, cervical, or colorectal cancer screening	Increase in number of adults able to receive cancer screenings

	BON SECOURS COMMUNITY HOSPITAL 2022 – 2024 COMMUNITY HEALTH NEEDS ASSESSMENT **IMPLEMENTATION PLAN**

NYS PREVENTION AGENDA PRIORITY AREA: Promote Well-Being and Prevent Mental Health and Substance Use Disorders

FOCUS AREA 2: Mental and Substance Use Disorders Prevention

GOAL 2.2: Prevent opioid and other substance misuse and deaths

OBJECTIVE: By December 21, 2024, reduce the age-adjusted overdose death involving any opioid by 7% from 2205 to 20.09 per 100,000 population. (Data source: NYSDOH Vital Statistics, 2019)

DISPARITY ADDRESSED: Targeting communities with minority majority populations

Evidence Based Strategy	Activities	Timeframe	Evaluation Measure	Intended Outcome
Increase the availability of MAT including Buprenorphine	Develop internal policies/procedures for the initiation of MAT administration in the Emergency Department	January 2023-December 2024	Number of hospitals providing MAT in the ED Number of identified patients receiving MAT in the ED	Increase number of healthcare providers prescribing MAT to patients
Promote and support the expansion of the Peer RX application for peer referrals at the ED	Engage the hospital system to develop protocols to utilize the crisis call center for a warm hand off for treatment services	January 2023-December 2024	Number of peer referrals made	Increase and foster meaningful connections to achieve successful recovery
Establish additional permanent safe disposal sites for prescription drugs and distribution of Naloxone boxes	Determine locations for disposal sites and Naloxone distribution boxes	January 2023-December 2024	Number of controlled prescription drug units collected Number of Naloxone box locations established	Reduction of unused medications and increased availability of Naloxone to prevent opioid overdose deaths

VACCINE PREVENTABLE DISEASES: EMERGING PRIORITIES

The 2019-2024 NYS Prevention Agenda was developed as a multi-year blueprint to assist the healthcare sector in its efforts to improve the health and wellbeing of the communities they serve. The PA priorities were chosen based on the known health challenges and data that NYS had at that time; prior to the COVID-19 pandemic, the reappearance of Polio and the emergence of Monkey Pox. In light of the spread of these highly communicable, vaccine-preventable diseases, and the ongoing measles cases of recent years, Bon Secours Community Hospital will also be working with our LHD, community physicians, FQHCs, and local government agencies to promote the importance of vaccinations against these diseases.

APPENDIX A: BON SECOURS CHARITY HEALTH SYSTEM SERVICE AREA ZIP CODES:

County	ZIP code	Population	County	ZIP code	Population
Rockland	10901	23,465	Rockland	10965	14,791
Orange	10916	4,540	Orange	10969	1,267
Orange	10917	1,968	Rockland	10970	9,993
Orange	10918	11,647	Orange	10973	2,126
Rockland	10920	8,554	Rockland	10974	3,152
Orange	10921	4,135	Orange	10975	281
Rockland	10923	8,732	Rockland	10977	59,048
Orange	10924	13,120	Rockland	10980	13,383
Orange	10925	4,539	Rockland	10984	2,842
Orange	10926	3,203	Orange	10987	3,395
Rockland	10927	11,910	Rockland	10989	9,293
Orange	10928	4,175	Orange	10990	20,631
Orange	10930	8,958	Rockland	10993	4,769
Rockland	10931	1,023	Orange	10998	3,122
Orange	10940	48,418	Sullivan	12719	1,207
Orange	10941	13,779	Orange	12729	1,874
Orange	10950	47,226	Sullivan	12737	1,910
Rockland	10952	38,917	Orange	12746	937
Rockland	10954	23,045	Orange	12771	14,511
Rockland	10956	31,521	Orange	12780	2,312
Rockland	10960	15,093			

APPENDIX B: 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, terminate]

3. What County do you live in? [If not Dutchess, Orange, Rockland, Putnam, Sullivan, Ulster, or Westchester, 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

D. Prefer not to state