

BON SECOURS HEALTH SYSTEM

# Community Health Needs Assessment

**Bon Secours Community Hospital, Port Jervis, NY**  
**Bon Secours Charity Health System**

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## Executive Summary

Bon Secours Community Hospital is a member of the Bon Secours Charity Health System (BSCHS) which consists of three hospitals: Bon Secours Community Hospital, Port Jervis, NY; Good Samaritan Hospital, Suffern, NY and St. Anthony Community Hospital, Warwick, NY. Additionally, BSCHS provides the services of a Certified Home Health Agency, two long-term care facilities; an assisted living and adult home facility and several other off-site medical programs.

Bon Secours Community Hospital is a non-profit, acute care hospital providing comprehensive care to residents in and around the Port Jervis, NY area. The hospital provides acute and medical/surgical care as well as laboratory and imaging services. The Emergency Department operates 24 hours per day providing vital, life-saving services. The hospital also offers a wide range of diagnostic, health education and support services for the community.

Over the period of nine months, Bon Secours Community Hospital worked collaboratively with the Orange County Department of Health (OCDOH) on a Community Health Needs Assessment that included community surveys and interviews with representatives of our community with a knowledge of public health. Additionally, the New York State Department of Health (NYSDOH) Indicators for Tracking Public Health Priority Areas, 2013 – 2017 helped form the foundation for the needs assessment process.

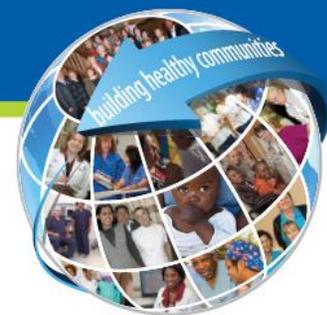
In addition to performing a Community Health Needs Assessment, all hospitals in New York State (NYS) are required to submit a three year Community Service Plan to the NYS Department of Health by November 2013. NYS mandates that each Community Service Plan is based on the NYS Prevention Agenda 2013-17. This Prevention Agenda is the blueprint for state and local action to improve the health of New Yorkers in five priority areas and to reduce health disparities for racial, ethnic, disability, socioeconomic and other groups who experience them.

Based on data from the above mentioned community assessment activities and the NYS Prevention Agenda priorities, the most significant health needs of our service area are as follows:

- Chronic Disease prevention
- Healthy and Safe environments
- Healthy Women, Infants and Children
- Mental Health and Substance Abuse
- Communicable Diseases

In this report we have identified community wide resources that can assist in addressing the health needs of our community. We will work with many of these health facilities and organizations to develop plans and programs to improve the health of our community.

If you would like additional information on this Community Health Needs Assessment please contact Bon Secours Community Hospital at 845-856-7000.



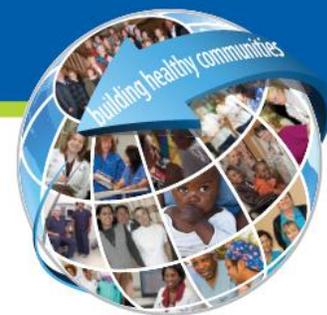
## FACILITY DESCRIPTION AND VISION

Bon Secours Community Hospital is geographically desirable for residents of New York, New Jersey and Pennsylvania alike; with 187 beds for acute care and medical/surgical services, including long-term care and behavioral health services. The hospital's Emergency Department features highly trained physicians, nurses and technicians, providing the Tri-State community with a vital, life-saving service.

Bon Secours Community Hospital offers the Bariatric Surgery Center of Excellence, a complete program dedicated to weight loss surgery, dietary counseling and support groups to help the morbidly obese patients turn their life around. The hospital also offers the services of an American College of Surgeons accredited cancer program. In addition to acute care services, Bon Secours Community Hospital houses a long term residential facility.

As a member of Bon Secours Health System, Inc., 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.

Inspired by the Healing Ministry of Jesus and the Charisms of Bon Secours and the Sisters of Charity of Saint Elizabeth, the Bon Secours Charity Health System by the year 2015, will be distinguished as the leading provider of quality, compassionate and community based health care services in the Hudson-Delaware Valley.



## SECTION I: FACILITY SERVICE AREA AND DESCRIPTION OF COMMUNITY

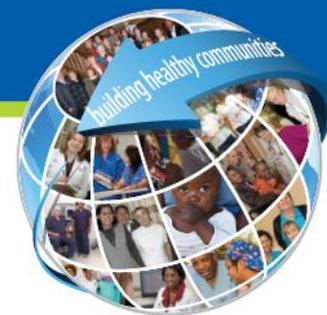
Bon Secours Community Hospital is located in the town of Port Jervis, NY and is in the western most part of Orange County, bordering the states of Pennsylvania and New Jersey. Orange County comprises approximately 816 square miles. Orange County continues to experience steady population growth, with the 2010 Census indicating that Orange County grew 9.2% from 2000 to 2010, and now includes 372,813 residents.

Orange County continues to experience steady population growth as the second fastest growing county in the state of NY. The 2010 Census indicates that Orange County grew 9.2% from 2000 to 2010, and now includes 372,813 residents.

Based on 2010 U.S. Census population estimates, the median age in Orange County has increased by more than 2 years since 2007, to 36.6 years; the largest cohort of residents is age 45-49. The number of residents ages 65-69 is forecasted to more than double from 2000-2020 primarily due to the entry of 'baby boomers' into these age ranges.

According to the U.S. Census, 11.1% of residents in Orange County were foreign born, with 22.3% of persons over the age of five speaking a language other than English at home.

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 (Middletown, Newburgh, and Port Jervis), as well as in the town of Monroe, largely due to the impact of the village of Kiryas Joel, where the poverty rate is more than 4 times the county average.

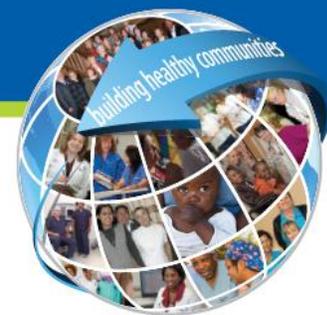


## SECTION II: METHODOLOGY

In January 2013, Bon Secours Charity Health System created an internal steering committee to manage our participation in the system-wide Community Health Need Assessment process. The steering committee members included Clare Brady, SVP Mission; Sr. Madeline Cipriano, Director Mission; Barbara Demundo, RN, Director Community Outreach; Deborah Marshall, VP Planning, Marketing and Strategic Initiatives; and Jason Rashford, Director Building Healthy Communities. Through the leadership of this steering committee, St. Anthony Community Hospital worked collaboratively with the OCDOH to conduct a Community Health Needs Assessment.

In partnership with the OCDOH, led by Health Commissioner Jean Hudson, MD, Jacqueline Lawler, MPH Epidemiologist, and Colleen Larsen, RN, MPA, OCDOH Nurse Epidemiologist, we designed a community health assessment survey tool. The survey was produced in both English and Spanish translations (Appendix B) and was circulated throughout Orange County from June 2013 through August 2013. St. Anthony Community Hospital had paper copies available at the hospital's reception desk and a computer kiosk was available in the hospital cafeteria to enable the community to complete the assessment questionnaire online.

Other hospitals to contribute in the data collection process included St. Anthony Community Hospital, Orange Regional Medical Center, and St. Luke's Cornwall Hospital. Other agencies with specific knowledge of the medically underserved and minority populations who partnered in this process include Middletown Community Health Center, Greater Hudson Valley Family Health Center, and Hudson River Healthcare. In addition, data from the Orange County Indicators for Tracking Public Health Priority Areas, 2013 - 2017 was used to further define areas of community need (Appendix C).



### SECTION III: IDENTIFIED HEALTH NEEDS

The New York State (NYS) Prevention Agenda 2013-17 is the blueprint for state and local action to improve the health of New Yorkers in five priority areas and to reduce health disparities for racial, ethnic, disability, socioeconomic and other groups who experience them. The Prevention Agenda is a 5-year effort to make New York the healthiest state. Developed in collaboration with 140 organizations, the plan identifies New York's most urgent health concerns, and suggests ways local health departments, hospitals and partners from the health, business, education and nonprofit organizations can work together to solve them.

The Prevention Agenda is designed to serve as a guide to local health departments as they work with their community to develop mandated Community Health Assessments and to hospitals as they develop mandated Community Service Plans and Community Health Needs Assessments required by the Affordable Care Act.

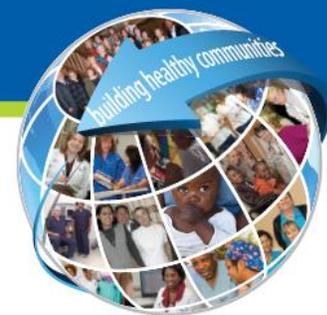
The Prevention Agenda identifies key strategies and interventions to address critical health issues and reduce health disparities in five priority areas:

#### **Chronic Disease**

Chronic diseases such as cancer, heart disease, stroke and asthma are among the leading cause of death and disability for New Yorkers, accounting for approximately 70 percent of all deaths. In addition, chronic diseases affect the daily living of one out of every ten New Yorkers. Key focus areas include reducing obesity in adults and children; reducing death, disability and illness related to tobacco use and secondhand smoke exposure; and increasing access to high-quality chronic disease preventive care and management in clinical and community settings.

#### **Healthy and Safe Environments**

Enhancing the quality of our physical environment – air, water and the "built" environment – can have a major impact on public health and safety. The Prevention Agenda establishes four focus areas to achieve this objective: improving outdoor air quality; increasing the percentage of New Yorkers who receive fluoridated water and reducing health risks associated with drinking water and recreational waters; enhancing the design of communities to promote healthy physical activity and reducing exposure to lead, mold and toxic chemicals; and decreasing injuries, violence and occupational health risks.



### **Healthy Women, Infants and Children**

Recognizing that key population indicators related to maternal and child health have remained stagnant, or in some cases worsened in the past decade, the Prevention Agenda has established focus areas for maternal and infant health; child health; and reproductive, pre-conception and inter-conception (between pregnancies) health. Goals include reducing pre-term births and maternal mortality; promoting breastfeeding; increasing the use of comprehensive well-child care; preventing dental cavities in children; preventing adolescent and unintended pregnancies; and promoting greater utilization of health care services for women of reproductive age.

### **Promote Mental Health and Prevent Substance Abuse**

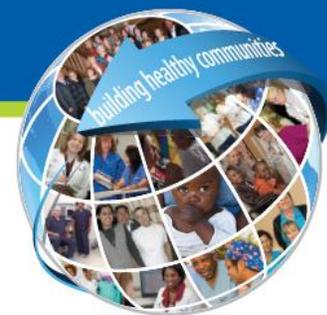
At any given time, almost one in five young people in the U.S. is affected by mental, emotional or behavioral disorders such as conduct disorders, depression or substance abuse. The Prevention Agenda recognizes that the best opportunities to improve mental health are to initiate interventions before a disorder manifests itself. The Prevention Agenda calls for greater utilization of counseling and education; clinical and long-lasting protective interventions to promote mental, emotional and behavioral well-being in communities; preventing substance abuse; and strengthening the infrastructure across various systems to promote prevention and better health.

### **Communicable Diseases**

The Prevention Agenda strategy will promote community-driven prevention efforts to promote healthy behaviors, increase HIV testing, and reduce the incidence of diseases. The Prevention Agenda focuses on promoting early diagnosis and treatment of HIV and sexually transmitted diseases (STDs); improving rates of childhood immunizations, especially children aged 19-35 months; and encouraging greater utilization of sanitary procedures in hospitals and other health care facilities to reduce the potential for healthcare-associated infections.

The NYS Prevention Agenda goals and objectives for 2017 include:

- Reduce the number of adults who are obese by 5 percent so that the age-adjusted percentage of adults ages 18 years and older who are obese is reduced from 24.2 percent (2011) to 23 percent
- Expand the role of health care and health service providers and insurers in obesity prevention and treatment
- Decrease the prevalence of cigarette smoking among adults with incomes less than \$25,000 by 30 percent, from 28.5 percent (2011) to 20 percent
- Reduce the newly diagnosed HIV case rate by 25 percent to no more than 14.7 new diagnoses per 100,000
- Stop the annual increase of the rate of hospitalizations due to falls among residents ages 65 and over by maintaining the rate at 204.6 per 10,000 residents (2008-2010)
- Reduce the percentage of preterm births (less than 37 weeks gestation) by 12 percent to 10.2 percent (Baseline: 11.6 percent)



## SECTION IV: PRIORITY NEEDS

Bon Secours Community Hospital has identified two priority areas as the main objectives of our community health improvement strategies over the next three years. We determined these priority areas in partnership with the Bon Secours Charity Health System CHNA steering committee and the Orange County DOH Epidemiologist using the Orange County Health Assessment survey results and the New York State Prevention Agenda. Both priority areas fall within the NYS Prevention Agenda Priority to Prevent Chronic Disease and they are as follows:

- 1) ***Reduce Obesity in Children and Adults***
- 2) ***Increase Access to High-Quality Chronic Disease Preventive Care and Management in Clinical and Community Settings***

Bon Secours Community Hospital has established a Three Year Implementation Plan to address these Priority Needs in conjunction with other resources in our community. The Implementation Plan may be found at the end of this document (Appendix A).



## SECTION V: DESCRIPTION OF EXISTING HEALTH CARE FACILITIES AND COMMUNITY RESOURCES AVAILABLE TO MEET IDENTIFIED COMMUNITY NEEDS

Several partner organizations that have additional expertise to assist in addressing the NYS Prevention Agenda Priority Areas are identified below. In addition to those mentioned below, a listing of other NYS Prevention Agenda Partners for Orange County and their activities is attached to this document (Appendix D).

### **Chronic Disease Prevention:**

In addition to Bon Secours Community Hospital's planned interventions the following hospitals and healthcare organizations have the expertise and resources available to address chronic diseases:

- St. Anthony Community Hospital
- St. Luke's Cornwall Hospital
- Orange Regional Medical Center
- Hudson River Healthcare
- Greater Hudson Valley Family Health Center
- Middletown Community Health Center
- Ezra Choilim Health Center

### **Healthy and Safe Environments:**

Healthy and Safe Environments encompasses air and water quality issues, access to healthy foods, assault-related hospitalizations, and hospitalizations/ ED visits related to falls. We are partnered with the Orange County Department of Health along with their public health outreach initiative *Healthy Orange* to help address these concerns.

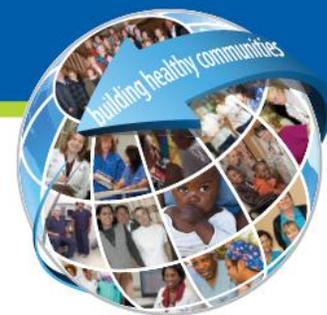
Healthy Orange is an initiative through the Orange County Department of Health that addresses vital issues of improved nutrition, increased physical activity and movement, and a tobacco-free lifestyle to improve the overall health of Orange County residents. It addresses issues surrounding obesity and chronic disease, utilizing best practices to make policy, systems and environmental changes relative to exercise, nutrition, and tobacco control. Healthy Orange has become the umbrella for many programs that address these core goals.

### **Healthy Women, Infants and Children:**

Bon Secours works closely with the Middletown Family Health Center, located in Port Jervis, and the Maternal Infant Services Network who have expertise and resources available to address these concerns. Both agencies are dedicated to family and community health and wellness.

Who they serve:

- Pregnant women and women of childbearing age
- Parents of infants and young children
- Schools concerned with pregnant and parenting teens
- Health and Human Service providers

**Promote Mental Health and Prevent Substance Abuse**

Bon Secours Community Hospital provides psychiatric, psychological, medical and neurological care in a supportive environment. The New Directions Program utilizes a multidisciplinary treatment team consisting of psychiatrists, nurses, case managers, social workers, and CASAC counselors. The Adult Inpatient Program at Bon Secours Community Hospital is designed to provide a patient-centered and comprehensive treatment program for adults ages 18 and older who are struggling with an acute phase of mental illness.

The Orange County Department of Mental Health exists to ensure that quality Mental Health, Developmental Disabilities and Chemical Dependency services are accessible to all the people of Orange County, that such services are delivered in a cost effective, timely and culturally sensitive manner under the jurisdiction of the Mental Hygiene Law of New York State and provided within the rules, regulations, policies and procedures of the licensing authority of appropriate State Offices. Additional mental health and substance abuse resources are available at Orange Regional Medical Center.

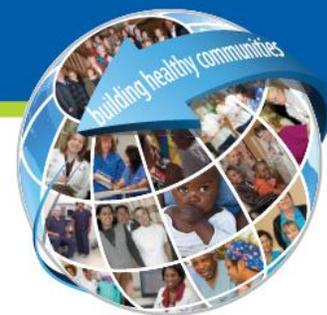
**Communicable Diseases:**

Along with Bon Secours Community Hospital's efforts to prevent communicable diseases, the following public health and healthcare organizations also have the expertise to address communicable diseases:

- St. Anthony Community Hospital
- Orange Regional Medical Center
- Hudson River Healthcare
- Greater Hudson Valley Family Health Center
- Middletown Community Health Center
- Orange County Department of Health
- New York State Department of Health



# APPENDICES



## APPENDIX A: THREE YEAR IMPLEMENTATION PLAN

Bon Secours Community Hospital has identified two priority areas as the main objectives for our community health improvement strategies over the next three years:

- 1) ***Reduce Obesity in Children and Adults***
- 2) ***Increase Access to High-Quality Chronic Disease Preventive Care and Management in Clinical and Community Settings***

### **Focus Area 1: *Reduce Obesity in Children and Adults***

The goal of the following interventions is to reduce the incidence of obesity in our targeted population. The interventions outlined below are planned as a means to achieving the NYS 2017 objectives for obesity incidence in Orange County.

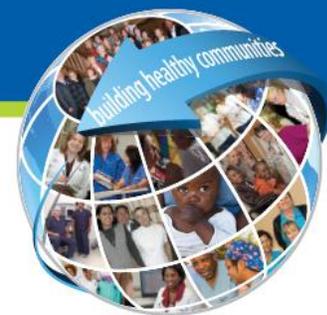
Bon Secours Community Hospital supports the concept of population health as it relates to health improvement strategies, and by positively impacting the health of our local community, we will lay the foundation for effecting positive health changes throughout the broader population we serve.

The following interventions are planned:

**Year 1:** Launch a series of communications to familiarize the community as well as hospital employees with our CHNA. Empower employees to become a resource for referrals to community resources and wellness services, and provide information regarding physical recreational activities in the community.

#### ***Specifically:***

- Post CHNA on hospital websites and present at local hospital director's meetings beginning in January 2014.
- Develop listing of accessible community resources for wellness services and free and/or low cost physical fitness and recreational activities.
- Identify internal champions from among hospital staff to work with community outreach to help disseminate the abovementioned listing through the hospital service area.



**Year 2:** Work closely with local health departments and community partners to implement physical activity and nutrition programs.

***Specifically:***

- Develop and promote walking programs within hospital service area
- Create connections between local farmers and local food systems, i.e. hospitals, schools, senior nutrition programs and grocery stores.
- Offer health screenings and educational sessions on healthy behaviors including diet and exercise as measures to achieve and maintain a healthy BMI.

**Year 3:** Develop worksite wellness initiative that encourages employees to incorporate physical activity into their daily routine and model healthy behaviors.

***Specifically:***

- Launch worksite wellness initiative at Bon Secours Community Hospital
- Assist other employers to personalize a worksite wellness program to meet the needs of their employees.
- Partner with worksite wellness sites to offer on-site screenings and educational programs.

**Focus Area 2:** *Increase Access to High-Quality Chronic Disease (Diabetes) Preventive Care and Management in Clinical and Community Settings*

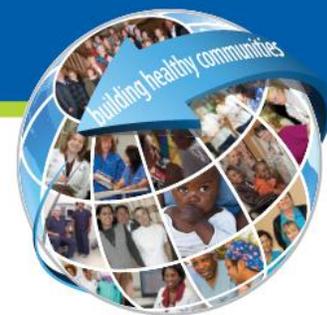
The goal of the following interventions is to improve the overall health of people within our service area who are living with diabetes. The objective is to reduce hospitalizations due to short-term complications of diabetes and achieve the NYS 2017 target objectives for Rockland and Orange counties.

In addition to the above, Bon Secours Community Hospital will specifically address the disparity and lack of diabetes education for the Spanish speaking communities within our health system's service area.

**Year 1:** Work with Bon Secours Community Hospital Certified Diabetes Educators to determine current practices and set goals to expand internal and community outreach programs.

***Specifically:***

- Develop listing of all diabetes education programs provided by BSCHS for in-patients, employees and community members by March 2014
- Work with local health departments and other health care providers to develop comprehensive listing of all diabetes education programs offered within Orange County.



- In November 2014, host community Diabetes Expo in recognition of American Diabetes Month in Orange County.

**Year 2:** Perform diabetes education gap analysis to determine specific populations and geographical locations where additional resources are needed. Identify Spanish speaking neighborhoods and/or populations in need of diabetes education and launch educational programs.

***Specifically:***

- Utilize community partners/focus groups to perform gap analysis and determine locations and audiences for expanded diabetes education programs by March 2015.
- Launch one, new community-based pilot diabetes education program in Orange County by June 2015.
- Launch one Spanish language community-based diabetes education program in Orange Counties by Sept. 2015.

**Year 3:** Evaluate effectiveness of pilot programs launched in 2015. If programs are determined to have been successful, continue to host additional programs. If programs are not considered successful, determine new location(s) for second pilot programs.

***Specifically:***

- Host three additional community-based diabetes education programs in Orange County by Dec. 2016
- Host three additional Spanish language community-based diabetes education programs in Orange County by Dec. 2016



# APPENDIX B: 2013 ORANGE COUNTY COMMUNITY HEALTH ASSESSMENT (English and Spanish)



Orange County Department of Health

Edward A. Diana  
County Executive

Jean M. Hudson, MD, MPH  
Commissioner of Health

## 2013 Orange County Community Health Assessment

*In collaboration with Bon Secours Charity Health System, Orange Regional Medical Center and St. Luke's Cornwall Hospital*

1. What is your zip code? \_\_\_\_\_

2. What is your age?

- 18-24 years
- 25-34
- 35-44
- 45-54
- 55-64
- 65-74
- 75 years and older

3. What category best describes your race?

- White
- Black or African American
- Asian or Pacific Islander
- Native American
- Hispanic/Latino
- Other (please tell us) \_\_\_\_\_

4. What is your gender?

- Male
- Female

5. What was the highest level of education you received?

- Less than high school
- High school graduate/GED
- Some college
- Bachelor's degree
- Graduate/Doctoral/Post doctoral

6. Are you currently employed?

- Yes, full-time
- Yes, part-time
- No
- No, currently seeking employment
- Retired
- Stay at home parent

7. During the past 12 months, what was your total household income before taxes?

- Less than \$24,999
- \$25,000 - \$49,999
- \$50,000 - \$74,999
- \$75,000 - \$99,999
- \$100,000 or more
- Prefer not to answer

8. What is your main source of transportation?

- Car
- Bus
- Taxi/Car Service
- Medicaid Transport
- Walking
- Other (please tell us) \_\_\_\_\_

9. How tall are you without shoes? \_\_\_\_\_ Feet \_\_\_\_\_ Inches

10. How much do you weigh? \_\_\_\_\_ Pounds

11. Do you have health insurance?

- Yes
- No

12. Where do you go most often when you are sick?

- Doctor's office
- Emergency Room
- Medical Clinic
- Urgent Care Center
- Other (please tell us) \_\_\_\_\_



**13. When you have a health question or concern, where do you go for information?**

- Doctor/Nurse Practitioner
- Family/Friends
- Internet (Wed MB/CDC/Mayo Clinic)
- Media (TV)
- Don't know where to go
- Other (please tell us) \_\_\_\_\_

**14. How long has it been since you visited a doctor for a routine physical exam or check-up?**

- In the past year
- In the past 2 years
- In the past 5 years
- Five or more years ago
- Never
- Don't Know

**15. In the past two years, what is the main reason you did not have a routine physical exam or check-up?**

- I had a physical in the past 2 years
- No health insurance
- Cannot afford
- Co-pay or deductible too high
- Insurance does not cover
- Too far to travel
- Did not have transportation
- Did not have the time
- Cannot find a doctor who speaks my language
- Health Care Provider said it was not needed
- Do not like going / Afraid to go
- Did not have childcare
- Didn't know where to go
- Couldn't get an appointment
- The wait was too long
- Other (please tell us) \_\_\_\_\_

**16. In the past 12 months, how did you pay for medicine prescribed by your doctor?**

- Did not have any prescriptions to fill
- Insurance
- Insurance plus co-pay
- Out of pocket (paid on my own)
- Could not afford to fill the prescription

**17. Do you have children under the age of 18 years old?**  Yes  No

**18. In the past 12 months, did your children have a routine physical exam or check-up?**

- Yes
- Only some
- No
- Not Applicable

**19. Do your children have health insurance coverage?**

- Yes
- Only some
- No
- Don't Know
- Not Applicable

**20. Are you aware of no or low cost health insurance programs available for your children (e.g., Child Health Plus or Medicaid)?**

- Yes
- No
- Not Applicable

**21. In a typical day, how many servings of fruit do you eat?**

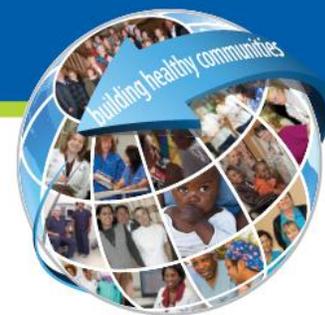
- A serving is equal to 1 medium piece of fruit, ½ cup of fruit salad, ¼ cup of dried fruit, 6oz of 100% fruit juice
- 0 (none)
  - 1
  - 2
  - 3
  - 4 (or more)

**22. In a typical day, how many servings of vegetables do you eat?**

- A serving is equal to 1 medium carrot, 1 small bowl of green salad, ½ cup cooked vegetables, ¾ cup vegetable soup
- 0 (none)
  - 1
  - 2
  - 3
  - 4 (or more)

**23. How often do you dine out (for any meal)?**

- Never
- Seldom/Rarely
- 1-3 times a week
- 4-6 times a week
- Every day



**24. How many times per week do you engage in physical activity or exercise lasting at least a half an hour?**

- 0 (none)       1-2       3-4       5 (or more)

**25a. If you do not engage in physical activity, what is the reason you do not exercise for at least a half hour during a normal week?**

- |  |   |
|--|---|
| <input type="checkbox"/> Exercise is not important to me   | <input type="checkbox"/> It costs too much to exercise      |
| <input type="checkbox"/> I don't have access to a facility that has the things I need (example-pool) | <input type="checkbox"/> There is no safe place to exercise |
| <input type="checkbox"/> I don't have enough time to exercise  | <input type="checkbox"/> I am too tired to exercise         |
| <input type="checkbox"/> I do not have childcare   | <input type="checkbox"/> I am physically disabled           |
| <input type="checkbox"/> I don't know how to find exercise partners                                  | <input type="checkbox"/> I don't know                       |
| <input type="checkbox"/> I don't like to exercise  | <input type="checkbox"/> Other (please tell us) _____       |

**25b. If you engage in physical activity at least once per week, where do you go to exercise or engage in physical activity?**

- |   |   |
|---|---|
| <input type="checkbox"/> YMCA                     | <input type="checkbox"/> Private Gym                  |
| <input type="checkbox"/> Park                     | <input type="checkbox"/> Home                         |
| <input type="checkbox"/> Public Recreation Center | <input type="checkbox"/> Other (please tell us) _____ |

**26. In general, how would you describe your health?**

- Excellent       Very Good       Good       Fair       Poor

**27. In the past year, have you been advised to lose weight by your health care provider?**

- Yes       No       I have not seen a health care provider in the past year

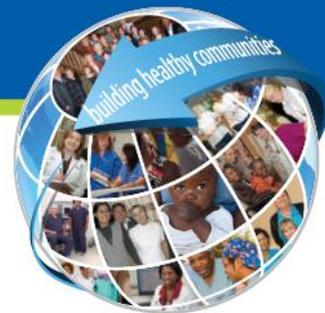
**28. How would you describe your weight?**

- Underweight       Normal weight       Overweight       Obese

**29. Do you currently smoke?**       Yes       No

**30. Have you been told by a health care provider that you have?**

|                       |                              |                             |
|-----------------------|------------------------------|-----------------------------|
| Diabetes              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| High Blood Pressure   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| High Cholesterol      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Cancer                | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Asthma                | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Depression or Anxiety | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Osteoporosis          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Overweight/Obesity    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Heart Disease         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |



**31. When was the last time you saw any health care provider for?**

|                     |   |   |                                       |   |
|---------------------|---|---|---------------------------------------|---|
| Diabetes            | <input type="checkbox"/> In the past 6 months | <input type="checkbox"/> In the past year | <input type="checkbox"/> 2+ years ago | <input type="checkbox"/> Not Applicable |
| High Blood Pressure | <input type="checkbox"/> In the past 6 months | <input type="checkbox"/> In the past year | <input type="checkbox"/> 2+ years ago | <input type="checkbox"/> Not Applicable |
| High Cholesterol    | <input type="checkbox"/> In the past 6 months | <input type="checkbox"/> In the past year | <input type="checkbox"/> 2+ years ago | <input type="checkbox"/> Not Applicable |
| Cancer              | <input type="checkbox"/> In the past 6 months | <input type="checkbox"/> In the past year | <input type="checkbox"/> 2+ years ago | <input type="checkbox"/> Not Applicable |
| Asthma              | <input type="checkbox"/> In the past 6 months | <input type="checkbox"/> In the past year | <input type="checkbox"/> 2+ years ago | <input type="checkbox"/> Not Applicable |
| Depression/Anxiety  | <input type="checkbox"/> In the past 6 months | <input type="checkbox"/> In the past year | <input type="checkbox"/> 2+ years ago | <input type="checkbox"/> Not Applicable |
| Osteoporosis        | <input type="checkbox"/> In the past 6 months | <input type="checkbox"/> In the past year | <input type="checkbox"/> 2+ years ago | <input type="checkbox"/> Not Applicable |
| Overweight/Obesity  | <input type="checkbox"/> In the past 6 months | <input type="checkbox"/> In the past year | <input type="checkbox"/> 2+ years ago | <input type="checkbox"/> Not Applicable |
| Heart Disease       | <input type="checkbox"/> In the past 6 months | <input type="checkbox"/> In the past year | <input type="checkbox"/> 2+ years ago | <input type="checkbox"/> Not Applicable |

**32. What are the top five (5) health priorities for you and your family living in Orange County?**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Routine Care for Adults   | <input type="checkbox"/> Diabetes          | <input type="checkbox"/> Sexually Transmitted Diseases           |
| <input type="checkbox"/> Routine Care for Children | <input type="checkbox"/> Heart Disease     | <input type="checkbox"/> Substance Abuse                         |
| <input type="checkbox"/> Prenatal & Pregnancy Care | <input type="checkbox"/> Asthma            | <input type="checkbox"/> Mental Illness                          |
| <input type="checkbox"/> Family Planning           | <input type="checkbox"/> Tobacco           | <input type="checkbox"/> Intellectual/Developmental Disabilities |
| <input type="checkbox"/> Women’s Health            | <input type="checkbox"/> Cancer            | <input type="checkbox"/> Health Care Coverage                    |
| <input type="checkbox"/> Dental Care               | <input type="checkbox"/> HIV/AIDS          | <input type="checkbox"/> Other (please tell us) _____            |
| <input type="checkbox"/> Obesity                   | <input type="checkbox"/> Domestic Violence |  |

**33. What types of health care services do you receive OUTSIDE of Orange County?**

Check all that apply.

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Routine Care for Adults   | <input type="checkbox"/> Dermatology         | <input type="checkbox"/> Allergy, Immunology, Pulmonology (Example-asthma) |
| <input type="checkbox"/> Routine Care for Children | <input type="checkbox"/> Infectious Diseases | <input type="checkbox"/> Substance Abuse treatment                         |
| <input type="checkbox"/> Pediatric specialty care  | <input type="checkbox"/> Digestive Diseases  | <input type="checkbox"/> Hematology (blood disorders)                      |
| <input type="checkbox"/> OB/GYN Services           | <input type="checkbox"/> Geriatrics          | <input type="checkbox"/> Intellectual/Developmental Disabilities           |
| <input type="checkbox"/> Cancer care               | <input type="checkbox"/> HIV/AIDS care       | <input type="checkbox"/> Diabetes and Endocrinology                        |
| <input type="checkbox"/> Cardiology                | <input type="checkbox"/> Mental Health       | <input type="checkbox"/> Other (please tell us) _____                      |
| <input type="checkbox"/> Dental Care               | <input type="checkbox"/> Neurology (Brain)   |  |
| <input type="checkbox"/> Not applicable            |  |  |

**34. What additional services would you like to see in Orange County?**

*Thank you for your time and effort in completing this survey.  
Your input will help shape future health initiatives in Orange County.*



Bon Secours Community Hospital  
Good Samaritan Regional Medical Center  
St. Anthony Community Hospital  
Good Samaritan Home Care





Orange County Department of Health

Edward A. Diana  
County Executive

Jean M. Hudson, MD, MPH  
Commissioner of Health

**Evaluación de Salud de la Comunidad del Condado de Orange 2013**

*En colaboración con Bon Secours Charity Health Systems, Orange Regional Medical Center y St. Luke's Cornwall Hospital*

1. ¿Cuál es su código postal? \_\_\_\_\_

2. ¿Cuál es su edad?

- 18-24 years                       45-54                       75 y mayor
- 25-34                               55-64
- 35-44                               65-74

3. ¿Qué categoría mejor describe su raza?

- Blanca
- Negra o Africana Americana
- Asiática
- Nativa Americana
- Hispano/a // Latino/a
- Otro (favor detallar) \_\_\_\_\_

4. ¿Cuál es su sexo?

- Masculino
- Femenina

5. ¿Cuál es su nivel de educación más alto?

- Menos que bachiller
- Licenciatura
- Un poco de universidad
- Bachiller/Equivalente
- Graduado/Doctorado/Pos-doctorado

6. ¿Tiene empleo?

- Sí, tiempo completo
- Sí, tiempo parcial
- No
- No, estoy buscando
- Estoy retirado/a
- Soy ama/o de cas

7. ¿Cuál fue su salario antes de impuestos durante los últimos 12 meses?

- Menos de \$24,999
- \$25,000-\$49,999
- \$50,000-\$74,999
- \$75,000-\$99,999
- \$100,000 o más
- Prefiero no contestar

8. ¿Cuál es su principal método de transporte?

- Auto
- Autobus
- Taxi
- Transporte medico
- Caminando
- Otro (Explicar) \_\_\_\_\_

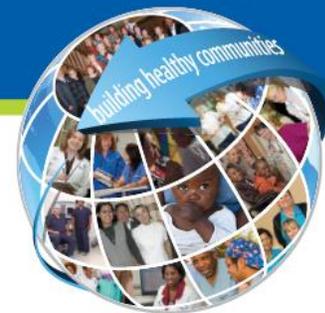
9. ¿Cuál es su estatura sin los zapatos puestos? \_\_\_\_\_ Pies                      \_\_\_\_\_ Pulgadas

10. ¿Cuál es su peso? \_\_\_\_\_ Libras

11. ¿Tiene seguro médico?                       Sí                       No

12. ¿Adónde asiste la mayoría de veces que se enferma?

- Oficina de doctor
- Sala de Emergencia
- Clínica Médica
- Centro Médico de Urgencias
- Otro (Explicar) \_\_\_\_\_



**13. Cuando tiene alguna pregunta sobre la salud, ¿ Adónde busca información?**

- Doctor
- Familia/Amigos
- Internet
- Television/Radio
- No se adónde ir
- Otro (Explicar) \_\_\_\_\_

**14. ¿Qué tiempo ha transcurrido desde que ha visitado a un médico para un examen físico o chequeo de rutina?**

- Durante el pasado año
- Durante los pasados 2 años
- Durante los pasados 5 años
- Cinco años o más
- Nunca
- No tengo conocimiento

**15. Durante los pasados 12 2 años, cual es la razón(es) principal(es) por la que no tuvo un examen físico o chequeo de rutina?**

- Tuve un examen físico hace 2 años
- No tengo seguro médico
- No tenía para pagarlo
- Copago o deducible muy alto
- Seguro no lo cubre
- Muy lejos para viajar
- No tuve transportación
- No tuve tiempo
- No encontré un medico que hablara mi idioma
- Proveedor de Salud expreso que no lo necesitaba
- No me deleito la idea de ir / tuve miedo de ir
- No tuve quien me cuidara los niños
- No sabia adónde ir
- No pude hacer cita
- La espera era muy larga
- Otro (favor detallar) \_\_\_\_\_

**16. ¿Durante los pasados 12 meses, como ha pagado la medicina recetada por su médico?**

- No tuve la necesidad de llenar alguna receta médica
- Seguro
- Seguro mas copago
- Efectivo (dinero) de su bolsillo (pagado por mi misma/o)
- No tuve los dineros para llenar la receta médica

**17. ¿Tiene un hijo(s) bajo la edad de 18 años de edad?**  Sí  No

**18. ¿Si es sí, durante los pasados 12 meses, tuvieron todos un examen físico o chequeo de rutina?**

- Sí
- Algunos
- No
- No Aplicable

**19. ¿Sus hijos, tienen cubierta de seguro de salud?**

- Sí
- Algunos
- No
- No tengo conocimiento
- No Aplicable

**20. ¿Está usted al tanto de cero o bajo costo, de pagare por programas de seguro de cubierta de salud disponible para sus hijos (ejemplo: "Child Health Plus" o "Medicaid")**

- Sí
- No
- No Aplicable

**21. En un día típico, ¿ Cuantas porciones de frutas consume?**

- Una porción es igual a una fruta mediana, ½ taza de ensalada de frutas, ¼ de frutas secas, 6 oz. de 100% jugo de fruta.
- 0 (Ninguna)
  - 1
  - 2
  - 3
  - 4 (o más)

**22. En un día típico, ¿ Cuantas porciones de vegetales consume?**

- Una porción es igual a una zanahoria mediana, una ensalada verde pequeña, ½ de taza de vegetales cocinados, ¾ de taza de sopa de vegetales.
- 0 (Ninguna)
  - 1
  - 2
  - 3
  - 4 (o más)





**31. ¿Cuándo fue la ultima vez que asistio al doctor para....?**

|                          |                                       |  |  |                                       |
|--------------------------|---------------------------------------|--|--|---------------------------------------|
| Diabetis                 | <input type="checkbox"/> Hace 6 meses | <input type="checkbox"/> El año pasado | <input type="checkbox"/> mas de 2 años | <input type="checkbox"/> No Aplicable |
| Presión Alta             | <input type="checkbox"/> Hace 6 meses | <input type="checkbox"/> El año pasado | <input type="checkbox"/> mas de 2 años | <input type="checkbox"/> No Aplicable |
| Colesterol               | <input type="checkbox"/> Hace 6 meses | <input type="checkbox"/> El año pasado | <input type="checkbox"/> mas de 2 años | <input type="checkbox"/> No Aplicable |
| Cancer                   | <input type="checkbox"/> Hace 6 meses | <input type="checkbox"/> El año pasado | <input type="checkbox"/> mas de 2 años | <input type="checkbox"/> No Aplicable |
| Asma                     | <input type="checkbox"/> Hace 6 meses | <input type="checkbox"/> El año pasado | <input type="checkbox"/> mas de 2 años | <input type="checkbox"/> No Aplicable |
| Depresión/Ansiedad       | <input type="checkbox"/> Hace 6 meses | <input type="checkbox"/> El año pasado | <input type="checkbox"/> mas de 2 años | <input type="checkbox"/> No Aplicable |
| Osteoporosis             | <input type="checkbox"/> Hace 6 meses | <input type="checkbox"/> El año pasado | <input type="checkbox"/> mas de 2 años | <input type="checkbox"/> No Aplicable |
| Sobre Peso/Obesidad      | <input type="checkbox"/> Hace 6 meses | <input type="checkbox"/> El año pasado | <input type="checkbox"/> mas de 2 años | <input type="checkbox"/> No Aplicable |
| Enfermedades del Corazón | <input type="checkbox"/> Hace 6 meses | <input type="checkbox"/> El año pasado | <input type="checkbox"/> mas de 2 años | <input type="checkbox"/> No Aplicable |

**32. ¿Cuales 5 condiciones de salud considera que son prioridades para usted y su familia que vive en el Condado de Orange? (marcar todo lo que aplica)**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Atención Primaria para Adultos | <input type="checkbox"/> Diabetis                 | <input type="checkbox"/> Enfermedades Venereas         |
| <input type="checkbox"/> Atención Primaria para niños   | <input type="checkbox"/> Enfermedades del Corazón | <input type="checkbox"/> Abuso de Sustancias           |
| <input type="checkbox"/> Atención Pre-natal y Embarazo  | <input type="checkbox"/> Asma                     | <input type="checkbox"/> Enfermedad Mental             |
| <input type="checkbox"/> Planificación Familiar         | <input type="checkbox"/> Fumar                    | <input type="checkbox"/> Discapacidades del Desarrollo |
| <input type="checkbox"/> Salud de la Mujer              | <input type="checkbox"/> Cancer                   | <input type="checkbox"/> Cobertura Médica              |
| <input type="checkbox"/> Cuidado Dental                 | <input type="checkbox"/> VIH/SIDA                 | <input type="checkbox"/> Otro (Explicar) _____         |
| <input type="checkbox"/> Obesidad                       | <input type="checkbox"/> Violencia Domestica      |  |

**33. ¿Que tipo de servicios de salud recibe usted afuera del Condado de Orange? (marcar todo lo que aplica)**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Atención Primaria para Adultos   | <input type="checkbox"/> Enfermedades del Aparato Digestivo | <input type="checkbox"/> Tratamiento para el Abuso de Sustancias |
| <input type="checkbox"/> Atención de Pediatría            | <input type="checkbox"/> Geriatria                          | <input type="checkbox"/> Hematología (Enfermedades de la sangre) |
| <input type="checkbox"/> Atención de Pediatría especial   | <input type="checkbox"/> Cuidado para el VIH/SIDA           | <input type="checkbox"/> Discapacidades del Desarrollo           |
| <input type="checkbox"/> Gynecología                      | <input type="checkbox"/> Cuidado Mental                     | <input type="checkbox"/> Diabetis y Endocrinología               |
| <input type="checkbox"/> Atención Primaria para el Cancer | <input type="checkbox"/> Neurología (Cerebro)               | <input type="checkbox"/> Otro (Explicar) _____                   |
| <input type="checkbox"/> Cardiología                      | <input type="checkbox"/> Alergia, inmunología               |  |
| <input type="checkbox"/> Cuidado Dental                   | <input type="checkbox"/> Neumología (Ej. Asma)              |  |
| <input type="checkbox"/> Dermatología                     | <input type="checkbox"/> No Aplicable                       |  |
| <input type="checkbox"/> Enfermedades Infecciosas         |   |  |

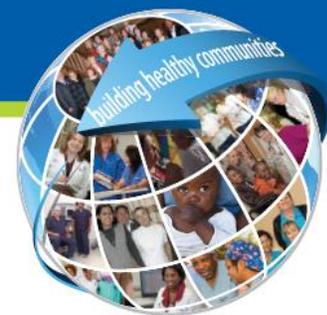
**34. ¿Que servicios adicionales quisiera ver en el Condado de Orange?**

*Gracias por su tiempo y esfuerzo en completar esta encuesta.  
Sus respuestas ayudaran a formar iniciativas de salud en el Condado de Orange.*



Bon Secours Community Hospital  
Good Samaritan Regional Medical Center  
St. Anthony Community Hospital  
Good Samaritan Home Care

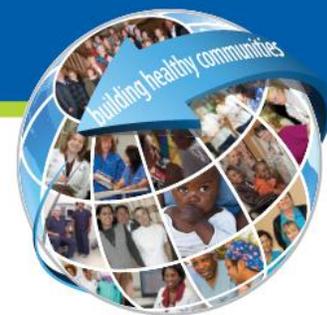




**APPENDIX C: ORANGE COUNTY INDICATORS FOR TRACKING PUBLIC HEALTH PRIORITY AREAS, 2013 – 2017**

**Orange County Indicators For Tracking Public Health Priority Areas, 2013-2017**

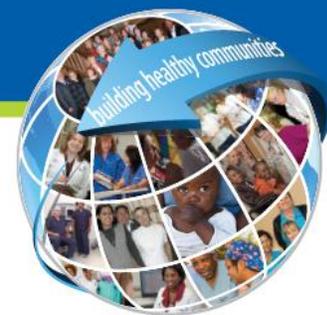
| <b>Improve Health Status and Reduce Health Disparities</b> |  |                   |                      |                       |                           |
|--|--|-------------------|----------------------|-----------------------|---------------------------|
| <b>Indicator</b>   |  | <b>Data Years</b> | <b>Orange County</b> | <b>New York State</b> | <b>NYS 2017 Objective</b> |
| 1.   | Percentage of premature death (before age 65 years)  | 2008-2010         | 27.6                 | 24.3                  | 21.8                      |
| 2.   | <i>Ratio of Black non-Hispanics to White non-Hispanics</i>                                 |                   | 1.88                 | 2.12                  | 1.87                      |
| 3.   | <i>Ratio of Hispanics to White non-Hispanics</i>   |                   | 2.04                 | 2.14                  | 1.86                      |
| 4.   | Age-adjusted preventable hospitalizations rate per 10,000 - Ages 18+ years                 | 2008-2010         | 150.0                | 155.0                 | 133.3                     |
| 5.   | <i>Ratio of Black non-Hispanics to White non-Hispanics</i>                                 |                   | 1.63                 | 2.09                  | 1.85                      |
| 6.   | <i>Ratio of Hispanics to White non-Hispanics</i>   |                   | 0.85                 | 1.47                  | 1.38                      |
| 7.   | Percentage of adults with health insurance - Ages 18-64 years                              | 2010              | 85.0 (83.8-86.2)     | 83.1 (82.9-83.3)      | 100                       |
| 8.   | Age-adjusted percentage of adults who have a regular health care provider - Ages 18+ years | 2008-2009         | 83.1 (77.8-88.3)     | 83.0 (80.4-85.5)      | 90.8                      |
| <b>Promote a Healthy and Safe Environment</b>              |  |                   |                      |                       |                           |
| <b>Indicator</b>   |  | <b>Data Years</b> | <b>Orange County</b> | <b>New York State</b> | <b>NYS 2017 Objective</b> |
| 9.   | Rate of hospitalizations due to falls per 10,000 - Ages 65+ years                          | 2008-2010         | 220.9                | 204.6                 | Maintain                  |
| 10.  | Rate of emergency department visits due to falls per 10,000 - Ages 1-4 years               | 2008-2010         | 506.0                | 476.8                 | 429.1                     |
| 11.  | Assault-related hospitalization rate per 10,000  | 2008-2010         | 3.0                  | 4.8                   | 4.3                       |
| 12.  | <i>Ratio of Black non-Hispanics to White non-Hispanics</i>                                 |                   | 5.54                 | 7.43                  | 6.69                      |



|     |  |           |       |      |      |
|-----|--|-----------|-------|------|------|
| 13. | <i>Ratio of Hispanics to White non-Hispanics</i>   |           | 2.66  | 3.06 | 2.75 |
| 14. | <i>Ratio of low income ZIP codes to non-low income ZIP codes</i>   |           | 0.20  | 3.25 | 2.92 |
| 15. | Rate of occupational injuries treated in ED per 10,000 adolescents - Ages 15-19 years                        | 2008-2010 | 55.1  | 36.7 | 33.0 |
| 16. | Percentage of population that lives in a jurisdiction that adopted the Climate Smart Communities pledge      | 2012      | 100.0 | 26.7 | 32.0 |
| 17. | Percentage of commuters who use alternate modes of transportation <sup>1</sup>                               | 2007-2011 | 26.5  | 44.6 | 49.2 |
| 18. | Percentage of population with low-income and low access to a supermarket or large grocery store <sup>2</sup> | 2010      | 4.5   | 2.5  | 2.24 |
| 19. | Percentage of homes in Healthy Neighborhood Program that have fewer asthma triggers during the home revisits | 2008-2011 | 5.9*  | 12.9 | 20   |
| 20. | Percentage of residents served by community water systems with optimally fluoridated water                   | 2012      | 37.0  | 71.4 | 78.5 |

**Prevent Chronic Diseases**

| <b>Indicator</b> |   | <b>Data Years</b> | <b>Orange County</b> | <b>New York State</b> | <b>NYS 2017 Objective</b> |
|------------------|---|-------------------|----------------------|-----------------------|---------------------------|
| 21.              | Percentage of adults who are obese  | 2008-2009         | 25.9<br>(20.9-30.9)  | 23.2 (21.2-25.3)      | 23.2                      |
| 22.              | Percentage of children and adolescents who are obese  | 2010-2012         | 17.5                 | 17.6                  | NYC: 19.7<br>ROS: 16.7    |
| 23.              | Percentage of cigarette smoking among adults  | 2008-2009         | 20.3<br>(14.8-25.8)  | 16.8 (15.1-18.6)      | 15.0                      |
| 24.              | Percentage of adults who receive a colorectal cancer screening based on the most recent guidelines - Ages 50-75 years | 2008-2009         | 69.9<br>(62.9-76.1)  | 66.3 (63.5-69.1)      | 71.4                      |
| 25.              | Asthma emergency department visit rate per 10,000   | 2008-2010         | 66.7                 | 83.7                  | 75.1                      |
| 26.              | Asthma emergency department visit rate per 10,000 - Ages 0-4 years  | 2008-2010         | 92.4                 | 221.4                 | 196.5                     |
| 27.              | Age-adjusted heart attack hospitalization rate per 10,000   | 2010              | 20.4                 | 15.5                  | 14.0                      |



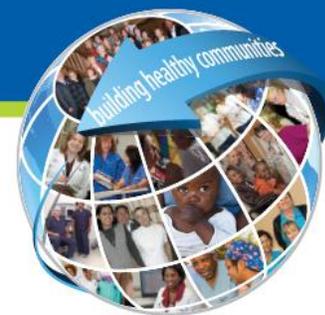
|     |  |           |     |     |      |
|-----|--|-----------|-----|-----|------|
| 28. | Rate of hospitalizations for short-term complications of diabetes per 10,000 - Ages 6-17 years | 2008-2010 | 2.0 | 3.2 | 3.06 |
| 29. | Rate of hospitalizations for short-term complications of diabetes per 10,000 - Ages 18+ years  | 2008-2010 | 5.2 | 5.6 | 4.86 |

**Prevent HIV/STDs, Vaccine Preventable Diseases and Healthcare-Associated Infections**

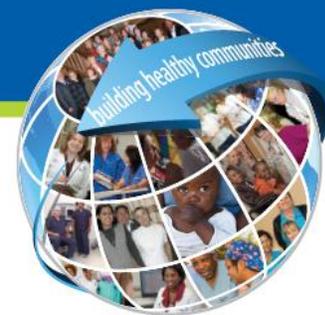
| Indicator |  | Data Years | Orange County    | New York State   | NYS 2017 Objective |
|-----------|--|------------|------------------|------------------|--------------------|
| 30.       | Percentage of children with 4:3:1:3:3:1:4 immunization series - Ages 19-35 months <sup>3</sup> | 2011       | 29.4             | 47.6             | 80                 |
| 31.       | Percentage of adolescent females with 3-dose HPV immunization - Ages 13-17 years               | 2011       | 12.4             | 26.0             | 50                 |
| 32.       | Percentage of adults with flu immunization - Ages 65+ years                                    | 2008-2009  | 74.6 (67.1-82.2) | 75.0 (71.5-78.5) | 66.2               |
| 33.       | Newly diagnosed HIV case rate per 100,000  | 2008-2010  | 7.8              | 21.6             | 14.7               |
| 34.       | <i>Difference in rates (Black and White) of new HIV diagnoses</i>                              |            | 29.1             | 59.4             | 45.7               |
| 35.       | <i>Difference in rates (Hispanic and White) of new HIV diagnoses</i>                           |            | 14.9             | 31.1             | 22.3               |
| 36.       | Gonorrhea case rate per 100,000 women - Ages 15-44 years                                       | 2010       | 75.2             | 203.4            | 183.1              |
| 37.       | Gonorrhea case rate per 100,000 men - Ages 15-44 years   | 2010       | 45.8             | 221.7            | 199.5              |
| 38.       | Chlamydia case rate per 100,000 women - Ages 15-44 years                                       | 2010       | 977.3            | 1619.8           | 1,458              |
| 39.       | Primary and secondary syphilis case rate per 100,000 males                                     | 2010       | 3.2*             | 11.2             | 10.1               |
| 40.       | Primary and secondary syphilis case rate per 100,000 females                                   | 2010       | 0.5*             | 0.5              | 0.4                |

**Promote Healthy Women, Infants, and Children**

| Indicator |  | Data Years | Orange County | New York State | NYS 2017 Objective |
|-----------|--|------------|---------------|----------------|--------------------|
| 41.       | Percentage of preterm births                               | 2008-2010  | 10.4          | 12.0           | 10.2               |
| 42.       | <i>Ratio of Black non-Hispanics to White non-Hispanics</i> |            | 1.58          | 1.61           | 1.42               |



|     |  |           |                  |                  |      |
|-----|--|-----------|------------------|------------------|------|
| 43. | <i>Ratio of Hispanics to White non-Hispanics</i>   |           | 1.29             | 1.25             | 1.12 |
| 44. | <i>Ratio of Medicaid births to non-Medicaid births</i>   |           | 0.96             | 1.10             | 1.00 |
| 45. | Percentage of infants exclusively breastfed in the hospital  | 2008-2010 | 44.5             | 42.5             | 48.1 |
| 46. | <i>Ratio of Black non-Hispanics to White non-Hispanics</i>   |           | 0.64             | 0.50             | 0.57 |
| 47. | <i>Ratio of Hispanics to White non-Hispanics</i>   |           | 0.87             | 0.55             | 0.64 |
| 48. | <i>Ratio of Medicaid births to non-Medicaid births</i>   |           | 0.84             | 0.57             | 0.66 |
| 49. | Maternal mortality rate per 100,000 births   | 2008-2010 | 19.4*            | 23.3             | 21.0 |
| 50. | Percentage of children who have had the recommended number of well child visits in government sponsored insurance programs <sup>4</sup>            | 2011      | 67.9             | 69.9             | 76.9 |
| 51. | <i>Percentage of children ages 0-15 months who have had the recommended number of well child visits in government sponsored insurance programs</i> |           | 76.8             | 82.8             | 91.3 |
| 52. | <i>Percentage of children ages 3-6 years who have had the recommended number of well child visits in government sponsored insurance programs</i>   |           | 78.5             | 82.8             | 91.3 |
| 53. | <i>Percentage of children ages 12-21 years who have had the recommended number of well child visits in government sponsored insurance programs</i> |           | 58.8             | 61.0             | 67.1 |
| 54. | Percentage of children with any kind of health insurance - Ages 0-19 years   | 2010      | 94.4 (93.3-95.5) | 94.9 (94.5-95.3) | 100  |
| 55. | Percentage of third-grade children with evidence of untreated tooth decay  | 2009-2011 | 30.0 (23.7-36.3) | 24.0 (22.6-25.4) | 21.6 |
| 56. | <i>Ratio of low-income children to non-low income children</i>   |           | 2.04             | 2.46             | 2.21 |
| 57. | Adolescent pregnancy rate per 1,000 females - Ages 15-17 years   | 2008-2010 | 23.9             | 31.1             | 25.6 |
| 58. | <i>Ratio of Black non-Hispanics to White non-Hispanics</i>   |           | 3.48             | 5.74             | 4.90 |



|   |   |                   |                      |                       |                           |
|---|---|-------------------|----------------------|-----------------------|---------------------------|
| 59.   | <i>Ratio of Hispanics to White non-Hispanics</i>  |                   | 4.13                 | 5.16                  | 4.10                      |
| 60.   | Percentage of unintended pregnancy among live births  | 2011              | 28.4                 | 26.7                  | 24.2                      |
| 61.   | <i>Ratio of Black non-Hispanics to White non-Hispanics</i>                                      |                   | 2.36                 | 2.09                  | 1.88                      |
| 62.   | <i>Ratio of Hispanics to White non-Hispanics</i>  |                   | 2.07                 | 1.58                  | 1.36                      |
| 63.   | <i>Ratio of Medicaid births to non-Medicaid births</i>  |                   | 1.68                 | 1.69                  | 1.56                      |
| 64.   | Percentage of women with health coverage - Ages 18-64 years                                     | 2010              | 87.6<br>(86.1-89.1)  | 86.1 (85.8-86.4)      | 100                       |
| 65.   | Percentage of live births that occur within 24 months of a previous pregnancy                   | 2008-2010         | 20.5                 | 18.0                  | 17.0                      |
| <b>Promote Mental Health and Prevention Substance Abuse</b> |   |                   |                      |                       |                           |
|   | <b>Indicator</b>  | <b>Data Years</b> | <b>Orange County</b> | <b>New York State</b> | <b>NYS 2017 Objective</b> |
| 66.   | Age-adjusted percentage of adults with poor mental health for 14 or more days in the last month | 2008-2009         | 7.9 (5.4-10.5)       | 10.2 (8.7-11.7)       | 10.1                      |
| 67.   | Age-adjusted percentage of adult binge drinking during the past month                           | 2008-2009         | 19.1 (14.0-24.2)     | 18.1 (16.1-20.2)      | 18.4                      |
| 68.   | Age-adjusted suicide death rate per 100,000   | 2008-2010         | 7.4                  | 6.8                   | 5.9                       |

\* Fewer than 10 events in the numerator, therefore the rate is unstable  
 + Fewer than 10 events in one or both rate numerators, therefore the ratio is unstable  
 s Data do not meet reporting criteria

- 1- Alternate modes of transportation include public transportation, carpool, bike, walk, and telecommute
  - 2- Low access is defined as greater than one mile from a supermarket or grocery store in urban areas or greater than ten miles from a supermarket or grocery store in rural areas
  - 3- The 4:3:1:3:3:1:4 immunization series includes: 4 DTaP, 3 polio, 1 MMR, 3 hep B, 3 Hib, 1 varicella, 4 PCV13
  - 4- Government sponsored insurance programs include Medicaid and Child Health Plus
- Questions or comments: [phiginfo@health.state.ny.us](mailto:phiginfo@health.state.ny.us)  
 Revised: August 2013



## APPENDIX D: NYS PREVENTION AGENDA PARTNERS – ORANGE COUNTY, NY

### NYS Prevention Agenda Partners - Orange County, NY

| Priority Area                          | Focus Area   | Partner   | Partner Information  |
|--|--|---|--|
| Promote a Healthy and Safe Environment | Water Quality  | Orange County   | Drinking Water Enhancement   |
| Promote a Healthy and Safe Environment | Built Environment  | Orange County   | Childhood Lead Poisoning Primary Prevention Program  |
| Promote a Healthy and Safe Environment | Built Environment  | Orange County   | Healthy Neighborhoods Program  |
| Promote a Healthy and Safe Environment | Built Environment  | Orange County   | Lead Poisoning Prevention Program  |
| Promote a Healthy and Safe Environment | Injuries, Violence And Occupational Health                                       | Mental Health Association in Orange County, Inc.  | Rape Crisis & Sexual Violence Prevention   |
| Prevent Chronic Diseases               | Reduce Obesity In Children And Adults  | New York State Association of County Health Officials   | ARRA Component II - Menu Labeling  |
| Prevent Chronic Diseases               | Reduce Obesity In Children And Adults  | Orange County Health Department   | Strategic Alliance for Health (SAH)  |
| Prevent Chronic Diseases               | Reduce Illness, Disability And Death Related to Tobacco Use And Secondhand Smoke | American Lung Association of New York, Inc. for POW'R Against Tobacco Coalition                 | Prevent initiation of tobacco use by New York youth and young adults, especially among low socioeconomic (SES) populations<br>Eliminate exposure to secondhand smoke |
| Prevent Chronic Diseases               | Reduce Illness, Disability And Death Related to Tobacco Use And Secondhand Smoke | Orange County Health Department   | Tobacco Enforcement Program (ATUPA)  |
| Prevent Chronic Diseases               | Reduce Illness, Disability And Death Related to Tobacco Use And Secondhand Smoke | American Lung Association of New York, Inc. for POW'R Cessation Center/POW'R To Be Tobacco Free | Promote tobacco use cessation, especially among low SES populations and those with poor mental health  |



|  |  |  |   |
|--|--|--|---|
| Prevent Chronic Diseases   | Reduce Illness, Disability And Death Related to Tobacco Use And Secondhand Smoke                                       | Orange County Health Department                            | Prevent initiation of tobacco use by New York youth and young adults, especially among low socioeconomic (SES) populations                  |
| Prevent Chronic Diseases   | Increase Access To High Quality Chronic Disease Preventive Care And Management In Both Clinical And Community Settings | American Lung Association (Hudson Valley Asthma Coalition) | Regional Asthma Coalitions  |
| Prevent Chronic Diseases   | Increase Access To High Quality Chronic Disease Preventive Care And Management In Both Clinical And Community Settings | Clearwater Research Inc.                                   | Sodium Reduction in Communities   |
| Prevent Chronic Diseases   | Increase Access To High Quality Chronic Disease Preventive Care And Management In Both Clinical And Community Settings | Middletown YMCA  | YMCA-Diabetes Prevention Program (Y-DPP)  |
| Prevent Chronic Diseases   | Increase Access To High Quality Chronic Disease Preventive Care And Management In Both Clinical And Community Settings | The New York Academy of Medicine (NYAM)                    | Designing a Strong and Healthy New York (DASH-NY)   |
| Prevent Chronic Diseases   | Increase Access To High Quality Chronic Disease Preventive Care And Management In Both Clinical And Community Settings | YWCA of Orange County                                      | Increase screening rates for cardiovascular disease, diabetes and breast/cervical/colorectal cancer, especially among disparate populations |
| Prevent HIV, STDs, Vaccine Preventable Diseases and Healthcare Associated Infections | Prevent HIV and STDS   | Hudson River Health Care, Inc.                             | Hepatitis C - Mono-Infected (State Funded)  |
| Prevent HIV, STDs, Vaccine Preventable Diseases and Healthcare Associated Infections | Prevent HIV and STDS   | Hudson Valley Community Services, Inc.                     | Criminal Justice - Men  |
| Prevent HIV, STDs, Vaccine Preventable Diseases and Healthcare Associated Infections | Prevent HIV and STDS   | Hudson Valley Community Services, Inc.                     | Expanded Syringe Access Program   |



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|--|--------------------------------------|---|--|
| Prevent HIV, STDs, Vaccine Preventable Diseases and Healthcare Associated Infections | Prevent HIV and STDS                 | Hudson Valley Community Services, Inc.                                  | HIV/STI/Hep C Prev & Related Svcs for Gay Men/MSM              |
| Prevent HIV, STDs, Vaccine Preventable Diseases and Healthcare Associated Infections | Prevent HIV and STDS                 | Hudson Valley Community Services, Inc.                                  | HIV/STI/Hep C Prev & Related Svcs for Heterosexual Men & Women |
| Prevent HIV, STDs, Vaccine Preventable Diseases and Healthcare Associated Infections | Prevent HIV and STDS                 | Hudson Valley Community Services, Inc.                                  | Regional Prevention and Support Programs (formerly CSPs)       |
| Prevent HIV, STDs, Vaccine Preventable Diseases and Healthcare Associated Infections | Prevent Vaccine Preventable Diseases | Orange County Health Department   | Rabies Program   |
| Prevent HIV, STDs, Vaccine Preventable Diseases and Healthcare Associated Infections | Prevent Vaccine Preventable Diseases | Orange County Health Department   | Immunization Program   |
| Promote Healthy Women, Infants, and Children   | Child Health                         | Orange County Health Department   | Early Intervention Program                                     |
| Promote Healthy Women, Infants, and Children   | Maternal and Infant Health           | Agri-Business Child Development   | Migrant and Seasonal Farmworker Health Program                 |
| Promote Healthy Women, Infants, and Children   | Maternal and Infant Health           | Hudson River HealthCare   | Migrant and Seasonal Farmworker Health Program                 |
| Promote Healthy Women, Infants, and Children   | Maternal and Infant Health           | Maternal Infant Services Network of Orange, Suffolk and Ulster Co. Inc. | Comprehensive Prenatal-Perinatal Networks                      |
| Promote Healthy Women, Infants, and Children   | Maternal and Infant Health           | Orange County Health Department   | Healthy Mom Healthy Baby                                       |
| Promote Healthy Women, Infants, and Children   | Maternal and Infant Health           | Orange County Health Department   | Community Health Worker Program                                |
| Promote Healthy Women, Infants, and Children   | Child Health                         | Maternal Infant Services Network of Orange, Suffolk and Ulster Co. Inc. | Comprehensive Prenatal-Perinatal Networks                      |
| Promote Healthy Women, Infants, and Children   | Child Health                         | Middletown Community Health Center                                      | School Based Health Centers                                    |
| Promote Healthy Women, Infants, and Children   | Child Health                         | Orange County Health Department   | Children with Special Health Care Needs Program                |



|  |  |  |   |
|--|--|--|---|
| Promote Healthy Women, Infants, and Children         | Child Health   | Orange County Health Department  | Healthy Mom Healthy Baby                      |
| Promote Healthy Women, Infants, and Children         | Child Health   | Orange County Health Department  | Community Health Worker Program               |
| Promote Healthy Women, Infants, and Children         | Reproductive, Preconception And Inter-Conception Health                  | Maternal Infant Services Network of Orange, Suffolk and Ulster Co. Inc.  | Comprehensive Prenatal-Perinatal Networks     |
| Promote Healthy Women, Infants, and Children         | Reproductive, Preconception And Inter-Conception Health                  | Maternal Infant Services Network of orange, Sullivan and Ulster Counties | Comprehensive Adolescent Pregnancy Prevention |
| Promote Healthy Women, Infants, and Children         | Reproductive, Preconception And Inter-Conception Health                  | Orange County Health Department  | Healthy Mom Healthy Baby                      |
| Promote Healthy Women, Infants, and Children         | Reproductive, Preconception And Inter-Conception Health                  | Orange County Health Department  | Community Health Worker Program               |
| Promote Mental Health and Prevention Substance Abuse | Promote Mental, Emotional and Behavioral (MEB) Well-Being in Communities | Orange County Health Department  | Community Health Worker Program               |
| Promote Mental Health and Prevention Substance Abuse | Prevent Substance Abuse And Other MEB Disorders                          | Orange County Health Department  | Community Health Worker Program               |
| Promote Mental Health and Prevention Substance Abuse | Strengthen Infrastructure Across Systems                                 | Orange County Health Department  | Healthy Mom Healthy Baby                      |