



Margaretville Hospital

Westchester Medical Center Health Network

MARGARETVILLE MEMORIAL HOSPITAL COMMUNITY HEALTH NEEDS ASSESSMENT

2022-2024



Margaretville Memorial Hospital
42084 NY-28, Margaretville, NY 12455

Margaretville Memorial Hospital

2022 - 2024 Community Health Needs Assessment

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I. Executive Summary:

As required by the New York State Department of Health (NYSDOH), Margaretville Memorial Hospital (aka Margaretville Hospital) is reaffirming its commitment to improve population health for all patients and communities it serves in Delaware County, as presented in this **2022-2024 Community Health Needs Assessment (CHNA)/Community Service Plan (CSP)**. The CHNA/CSP is the culmination of a year-long community health needs assessment process, a collaborative effort of multi-sectoral partner providers including four principal entities, the Delaware County Public Health (DCPH) and three critical access hospitals: Margaretville Hospital (MH), part of the HealthAlliance of the Hudson Valley and a member of the Westchester Medical Center Health Network (WMCHealth); Delaware Valley Hospital (DVH), an affiliate of United Health Services (UHS) system; and O'Connor Hospital (OCH) of the Bassett Healthcare Network. Also included as part of the CHNA/CSP is Margaretville Hospital's adopted **Implementation Plan**, which outlines MH's action plans to address the identified health needs in Delaware County. Since the NYSDOH recommends that the community health needs assessment serves as a joint effort for the creation of the Delaware County Community Health Improvement Plan (CHIP) and the hospitals' CHNAs/CSPs, Margaretville Hospital will highlight key events, findings, and interventions from its perspective in this document. A detailed, county-wide comprehensive health data report is included in the Delaware County 2022-2024 CHIP, which is publicly available.

At the conclusion of the community health needs assessment process, Margaretville Hospital aligned its action plans with the 2022-2024 Delaware County CHIP and NYS Prevention Agenda by targeting two public health prevention priorities:

- **Priority I: Prevent Chronic Disease**
 - *Focus Area 4:* Preventive care and management
- **Priority II: Promote Well-Being and Prevent Mental Health & Substance Use Disorders**
 - *Focus Area 2:* Prevent Mental and Substance User Disorders.

Specifically, for Priority I, MH plans to 1) promote evidence-based care to prevent and manage chronic lower respiratory diseases (CLRD), including asthma and chronic obstructive pulmonary disease (COPD) and 2) improve self-management skills for individuals with CLRD in the community setting. To achieve these goals by December 2024, MH will identify, track, and provide pulmonary screening and care coordination to 100 new CLRD patients, provide education and training to four cohorts of CLRD patients, and host community workshops and health fairs to increase the public knowledge in the prevention and self-management of CLRD conditions. MH will also provide training to a minimum of 80% of all nursing and provider staff members to generate a well-informed workforce in the recognition and referral process for patients to be screened for CLRD at MH.

For Priority II, by December 2024, MH's goals are to 1) prevent opioid overdose deaths by reducing overdose deaths by 7% and 2) reducing all emergency department visits for opioid overdose by 5%. MH will achieve these goals by increasing the availability of/access to overdose reversal (naloxone) trainings to prescribers, pharmacists and consumers, promoting and encouraging prescriber education and familiarity with opioid prescribing guidelines, establishing additional permanent safe disposal sites for prescription drugs and organizing take-back days, and integrating trauma-informed approaches in training staff.

Margaretville Hospital recognizes the importance and solemnity of these commitments to its patients and residents of Delaware County in order to achieve health equity for all.

II. Hospital Description, Mission, and Vision

Margaretville Memorial Hospital (Margaretville Hospital), an affiliate of HealthAlliance of the Hudson Valley (HealthAlliance), a member of Westchester Medical Center Health Network (WMCHealth)

Margaretville Memorial Hospital (Margaretville Hospital) is a rural Critical Access Hospital whose mission is to provide immediate access to high quality medical care and diagnostic testing services to medically underserved areas in the Catskill Mountains in NYS. Margaretville Hospital is the Delaware County affiliate of HealthAlliance, a multi-campus health care system consisting of HealthAlliance Hospital Mary's Ave and Broadway campuses in Kingston, NY. Margaretville Hospital is co-located on a single campus in Margaretville, NY (Delaware County) with the Mountainside Residential Care Center, a skilled nursing facility, and Advanced Physician Services (APS), an outpatient medical group practice. Margaretville Hospital provides linkages to high tech and specialty medical care through an active relationship with HealthAlliance and WMCHealth.

About 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 nine hospitals on seven 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.

III. Facility Service Area and Description of Community

Margaretville Hospital serves all residents of Delaware County, NY but defines its primary service area by a federal definition that consists of the top 75% of hospital discharges from the lowest number of contiguous zip codes. Margaretville Hospital primarily serves the communities of Margaretville, Arkville, Andes, Fleischmanns, Roxbury, Halcott Center, Halcottsville, and New Kingston within the county. In addition to Margaretville Hospital, there are three other hospitals, operated by two other healthcare systems in the area: Delaware Valley Hospital affiliated with United Health Services, as well as O'Connor Hospital and A.O. Fox Hospital, affiliated with the Bassett Healthcare Network. Additionally, there are two other nursing homes in the county, 14 primary care offices including health centers and private physician offices.

Delaware County is home to 44,676 residents, almost evenly divided by male and female, with 94% White, 2% Black, 1% Asian; 4% identified as Hispanic. A landlocked, yet isolated rural community located on the eastern border of upstate New York's Southern Tier Region with a total land area of 1,467 mi², the county has a low population density of 32 people/mi².¹ Delaware County is the fourth largest of New York's 62 counties, the fifth most rural and is characterized by a mountainous terrain and winding, twisting, two lane roads, making travel difficult and even hazardous during the winter months. The County has no public transportation system, making access to care challenging. Although a few private transport services have become available in the area, regular use is cost prohibitive.

The county prominently includes the New York City (NYC) Watershed, which is the largest unfiltered drinking water supply in the United States. It supplies up to 1.5 billion gallons of unfiltered drinking water per day to more than 9 million persons in NYC and parts of Westchester, Putnam, Orange and Ulster counties. The watershed region comprises roughly 65% of the county's land area, covering about 2,000 miles, 11 of its 19 townships,

¹ US Census, ACS Narrative Profile (2016-2020) - <https://www.census.gov/acs/www/data/data-tables-and-tools/narrative-profiles/2020/>

and where approximately 55% of Delaware County’s population reside. Because of the environmental ecosystem of the watershed, there have been strict regulations pertaining to agricultural pollution and building construction. Despite the limited economic opportunities, the county has found alternative economic prospects in both specialty and diversified farming, tourism, and seasonal recreational activities, taking advantage of its natural beauty and life-rich environment. Accordingly, while health care, government, schools and social services agencies comprise much of the employment opportunities located in the county, there are niche enterprises that continue to support the local economy. Consequently, the combination of the county’s history, geography, and social economic factors shapes the county’s health status and current conditions.²

Table 1: Demographic Data³

	US	New York State	Delaware County
Total Population	326.6M	19.5M	44,676
Female (n, %)	165.8M (50.8)	10M (51.5)	22,123 (49.5)
Male (n, %)	160.8M (49.2)	9.5M (48.5)	22,553 (50.5)
Median Age	38.2	39.0	48.3
White (%)	70.4	62.3	93.7
Black (%)	12.6	15.4	1.8
Asian (%)	5.6	8.6	0.8
Hispanic (%)	18.2	19.1	4.0
Population 65+ (%)	16.0	16.5	24.5
Education (% Bachelor's +)	32.9	37.5	22.1
Employed (% 16 years old +)	59.6	59.3	51.9
Median Income	\$64,994	\$71,117	\$49,945
Poverty (%)	12.8	13.6	16.2
Disability (%)	12.7	11.6	17.7
Broadband internet (%)	85.2	85.2	79.4

² Delaware County Community Health Improvement Plan (CHIP) 2022-2024 - <http://delawarecountypublichealth.com/>

³ US Census. Ibid, 7

Demographic data based on the latest US Census indicate that residents in Delaware County are older; 41% of all households have one or more adults 65 or older. The county also has a significantly higher percentage of people 65+, at 24.5%, compared to NYS (16.5%) and the US (16%). An older and aging population signifies an increased risk of people living with chronic diseases and disability, and Delaware County has a higher rate of disability compared to NYS, at 17.7% vs. 11.6%. With a median age of 48.3 vs. 39 for NYS, Delaware County also has a considerably lower number of residents with a post-secondary degree, 22% compared to NYS at 38%. Similarly, NYS has a 150% higher rate of employment than the county, while Delaware has a higher rate of poverty compared to the state and the nation. This finding is expected since the county has a median income of \$49,945 vs \$71,117 for NYS. See *Table 1*.

In addition to the US census data, examination of the ALICE threshold data (Asset Limited, Income Constrained, Employed) – households that earn more than the Federal Poverty Level, but less than the basic cost of living for the county - provide a better understanding of the breadths and scope of challenges families face when it comes to poverty and related factors. Based on 2018 ALICE data, 30% of Delaware County met the ALICE threshold compared to NYS at 27%. Among households of those 65+ living in the county in the same year, the threshold increased to 45%, compared to 25% for single/cohabiting, and 14% for families with children. The data reflect the struggles many households face due to rising living costs and lagging wages,⁴ exacerbated for those with fixed incomes such as the elderly and retired populations. Lack of economic opportunities and an aging population result in another challenge for the county, population decline. Over the years, with a -6.9% population change from 2010 to 2020,⁵ Delaware County has one of the highest population declines in the state and faces higher social, economic, and health disparity needs for a more vulnerable population.

⁴ Delaware County CHIP. Ibid, 8.

⁵ Towncharts.com - <https://www.towncharts.com/New-York/Demographics/Delaware-County-NY-Demographics-data.html>

IV. Health Needs Assessment Process

Representatives from Delaware County Public Health (DCPH) and three critical access hospitals in Delaware County, Margaretville Hospital (MH), Delaware Valley Hospital (DVH), and O'Connor Hospital (OCH), formed the Community Health Needs Assessment (CHNA) workgroup and began meeting in 2022 to work on the Community Health Assessment, Delaware County Community Health Improvement Plan (CHIP), and hospital Community Service Plans (CSPs). Meetings were held monthly to develop community surveys, review data, and determine CHIP and CHNA/CSP objectives and activities. Led by DCPH, a review and update of national, state, regional, and county data in the Community Health Assessment was completed in August 2022.

Primary data were collected and analyzed via two surveys, the *Stakeholder* and the *Community Engagement* surveys. Both surveys were electronically disseminated with the former sent to the county's health and human services providers to gain their perspectives on the NYS Prevention Agenda priorities and the related focus areas most in need of improvement. The latter was disseminated to community members to identify primary strengths and weaknesses of service provision, social determinants of health in need of addressing, and general quality of health and life in the county.

Margaretville Hospital, along with other hospitals' representatives, further facilitated survey distribution efforts to ensure all segments of the county's population were provided a chance to voice their health needs and concerns, especially those underserved and underrepresented. The hospital posted the Community Engagement survey link on its public facing webpage and publicized the survey opportunity through its social media platforms, including Instagram and Twitter. MH also disseminated the survey to all employees for their participation and input, conducted community outreach at community events, and promoted the survey link via a QR code for ease of participation. Through collaborative efforts, the survey was announced across Delaware County in late spring of 2022, from May

17 – June 23, receiving 442 responses. For the Stakeholder survey, MH shared the survey link via email to encourage participation among its provider partners. The data collection phase for the Stakeholder survey was completed in September, 2022 and yielded 16 responses, representing the education sector, emergency service providers, health care providers, law enforcement, social services, senior/elderly service providers, mental health providers, and substance use, prevention, treatment, and recovery service providers.

In addition, as the county has historically established a strong network among community agencies, governmental bodies, healthcare providers, and businesses to work together to create a healthier community, many work groups, task forces, and coalitions, listed in *Table 2*, met on a regular basis to provide valuable feedback on the most pressing health issues in Delaware County. They were an integral part in helping to inform the 2022 Community Health Assessment.

Table 2: Delaware County Coalitions, Task Forces, and Work Groups⁶

NAME	LEAD AGENCY	PARTICIPATION
ACES Committee	Cornell Cooperative Extension Delaware County	OCH, DVH, DCPH
Action for Older Persons Committee	Action for Older Persons (AOP)	OCH
American Legion – Delhi	American Legion	OCH
Bassett Research Institute	Bassett Healthcare Network	OCH
Capital District Region Hospital Emergency Preparedness Coalition	NYS Department of Health	DCPH, OCH, DVH
Care Compass Network PPS	Care Compass Network	DCPH, DVH
Catskills Addiction Coalition	Catskills Addiction Coalition	DCPH
Community Health Services Board (MH)	DC Community Health Services	DCPH, DVH, OCH
Complete Streets	O’Connor Hospital	OCH, DCPH
County Early Intervention and Preschool Administrators Committee (CEIPAC)	Rotates – 17 County Coalition	DCPH
Creating Healthy School and Communities	Bassett Healthcare Network/ SUNY Cobleskill	OCH
Delaware County BNICER Committee	DCPH	DCPH, DVH, OCH
Delaware County Breastfeeding Coalition	DCPH	DCPH
Delaware County Long Term Care Council	DC Office For Aging	DCPH, DVH, OCH
Delaware County Transportation Committee	Delaware Opportunities	DCPH
East Regional Performing Unit	Care Compass Network	DCPH, DVH

⁶ Delaware County CHIP. Ibid, 8.

External Advisory Committee	SUNY Delhi School of Nursing	DVH
Fall Risk Assessment	Bassett Healthcare Network	OCH
Health Services Advisory Board	DCPH	DCPH
Healthy Heart Screening	Bassett Healthcare Network	OCH
Local Early Intervention Coordinating Council (LEICC)	DCPH	DCPH
Margaretville Hospital Wellness Committee	Margaretville Hospital	MH
Mobility Management of South Central NY Transportation	Rural Health Network of SCNY	OCH
Mothers and Babies Perinatal Network	Mothers and Babies Perinatal Network	DCPH
Office for the Aging Advisory Board	DC Office For Aging	DCPH
Regional Trauma Advisory Committee	Lifestar Regional Trauma System	OCH
Rural Adult Immunization Coalition	Rotates – 17 County Coalition	DCPH
Rural Adult Immunization Coalition Delaware County BNICER Committee	Rotates – 17 County Coalition	DCPH
Rural Health Care Alliance of Delaware County	Cornell Cooperative Extension Delaware County	DCPH, DVH, MH, OCH
Rural Health Network of South Central New York (RHNSCNY) Board of Directors	RHNSCNY	DCPH
Rural Telehealth Consortium	Decker School of Nursing	DVH
Southern Tier Regional Planning Consortium	NYS OMH	DVH
Substance Abuse Committee	DC Community Health Services	DCPH, DVH
Substance Use Prevention Task Force	DCPH	DCPH, OCH, MH
Prevention & Education Subcommittee	DCPH	DCPH
Data Subcommittee	DCPH	DCPH, OCH, MH
Treatment Subcommittee	DCPH	DCPH, OCH
Response Subcommittee	DCPH	DCPH
Suicide Prevention Network of Delaware Ctny	DCPH	DCPH, OCH
Telehealth Workgroup	HANYS	DVH
Walton Central School Community Committee	Walton Central School District	DVH
Westchester Medical Center Psychiatry and Psychology	Westchester Medical Center	MH
WIC Advisory Board/Head Start Advisory Board	DCPH	DCPH
Workforce Development Committee	Cornell Cooperative Extension Delaware County	OCH, DVH

DCPH = Delaware County Public Health

DVH = UHS Delaware Valley Hospital

MH = Health Alliance of the Hudson Valley's Margaretville Hospital

OCH= Bassett Health Network O'Connor Hospital

In addition to the primary data collection and analyses, secondary data analyses were also conducted from trustworthy sources, including:

- Delaware County Agricultural and Farmland Protection Plan, 2013
- Delaware County Cornell Cooperative Extension

- Delaware County Alcohol and Substance Abuse Services statistics for years 2018-2021
- Delaware County Department of Mental Health Annual reports, 2018-2021
- Delaware County Department of Planning and Watershed Affairs, 2022
- Delaware County Emergency Medical Services, 2022
- Delaware County Public Health Services Annual Reports for years 2019-2021
- FeedingAmerica.org
- Hunger Solutions NY, 2020
- Maternal Child Health Statistics, Delaware County: 2017-2019
- National Institute of Mental Health
- NYS County Health Rankings and Roadmaps, 2022
- NYS Community Health Indicator Reports (CHIRS) 2017-2019
- NYSDOH, New York State Cancer Registry for years 2015-2019
- NYSDOH, County Opioid Quarterly Reports for years 209-2021
- NYSDOH PedNSS Annual Report, 2017
- NYSDOH Vital Statistics
- NYS Behavioral Risk Factor Surveillance System, Prevention Agenda, 2019-2024
- NYS Office of Alcoholism and Substance Abuse Services Admission Reports, 2018-2021
- NYS Opioid Data Dashboard, 2019
- SAMHSA, Key Substance Use and Mental Health Indicators in the US 2020
- United Way ALICE in New York, 2020 NY Report
- US Census Bureau, American Community Survey 5 Year Estimates 2019-2020
- US Census Bureau, Factfinder
- US Census Bureau, Quickfacts, 2021
- US Census ACS Why We Ask Each Question/Vehicles
- USDA Agricultural Census, The Market Administrator's Annual Statistics, 2018
- USDA Agricultural Census Highlights for Delaware County, 2017

Through the community health needs assessment process, the workgroup honed in on the most valuable data sources, collaborated with various community partners and organizations, incorporated other reliable, publicly available assessments, and explored the best practice activities and interventions to be included in the CHNA. Moreover, the group recognized that social determinants of health (SDOH) factors, the conditions in the environments where people are born, live, learn, work, play, worship, and age, were the underpinnings of most health issues. The group therefore took into consideration, where possible, barriers and challenges related to economic stability, education access and quality, health care access and quality, and neighborhood and built environment, within the appropriate social and community context. Consequently, in the county CHIP and the hospital CHNAs/CSPs, steps are taken to emphasize strategies that employ the following cross-cutting principles:

- Focusing on addressing SDOH and health disparities
- Incorporating a Health Across All Policies Approach
- Emphasizing healthy aging across the lifespan
- Promoting community engagement and collaboration across sectors
- Maximizing impact with evidence-based interventions
- Advocating for increased investments in prevention from all sources
- Concentrating on primary and secondary prevention.⁷

Key findings for Delaware County are listed below. For detailed data analyses and results, see the Delaware County CHIP at <http://delawarecountypublichealth.com/>.

1. A rise in obesity and related health outcomes;
2. A high prevalence of chronic disease among an aging population, due to the lack of exercise, high tobacco and alcohol usage, as well as poor dietary habits;

⁷ Delaware County CHIP. Ibid, 8.

3. An increase in substance use for both opiates and alcohol, as well as an increase in the number of days people are experiencing poor mental health;
4. Identification of the top five biggest health problems respondents believe their community is currently facing, from high to low: addiction to alcohol and drugs, mental health issues, obesity in adults, heart disease and stroke, and obesity in children.
5. Identification of the top five needs respondents considered the most important for a healthy community, from high to low: access to healthcare, access to fresh, affordable and healthful food, access to safe and affordable housing, access to clean built environment, and living in low-crime communities.

Based on the findings from the community needs assessment and with the aim of effectively and efficiently aligning collaborating partners' collective resources to achieve NYS 2019-2024 Prevention Agenda goals, two **NYS Prevention Agenda Priority Areas** for Delaware County were chosen:

- **Priority I: Prevent Chronic Disease**
 - *Focus Area 4:* Preventive care and management
- **Priority II: Promote Well-Being and Prevent Mental Health & Substance Use Disorders**
 - *Focus Area 2:* Prevent Mental and Substance User Disorders.

V. Priority Health Needs

Key findings from the community health needs assessment indicate that the prevention of chronic diseases, mental health, and substance use disorders, and the promotion of well-being are the areas of highest needs in Delaware County. Nationally, rural residents face longstanding health care access challenges that contribute to well-documented health disparities compared to urban areas. In rural counties such as Delaware County, almost all human services are provided through the county and employment opportunities are few and far between. Existing research shows that rural Americans, similar to the reported health indicators for Delaware County residents, are more likely to die from heart disease, cancer, CLRD, and stroke than are those living in urban areas. These disparities are also closely tied to the SDOH. Contributors to rural health disparities include economic factors such as higher rates of poverty and limited job opportunities, health care access factors including lower rates of health insurance and limited access to health care providers, and environmental factors such as geographic isolation and lack of public transportation.⁸ After a year-long health needs assessment process, Margaretville Hospital concurs with these priority selections, and plans to address the prevention of CLRD, which includes both chronic obstructive pulmonary disease (COPD) and asthma, under Priority I.

Priority I: Chronic Lower Respiratory Diseases (CLRD)

CLRD is a classification of diseases that affect the lungs and respiratory tract that includes COPD and asthma. COPD refers to a group of diseases that cause airflow blockage and breathing-related problems. It includes emphysema and chronic bronchitis. According to the CDC, COPD makes breathing difficult for the 16 million Americans who have this disease. Reports from the CDC also suggest that rural populations may have more COPD-

⁸ Carter, Beth, and Olivia Dean. *Rural-Urban Health Disparities among US Adults Ages 50 and Older*. Washington, DC: AARP Public Policy Institute, October 2021. <https://doi.org/10.26419/ppi.00151.001>

related issues due to higher smoking rates, increased exposure to secondhand smoke, and less access to smoking cessation programs compared to people living in more urban areas.⁹ Asthma, similarly, is caused by airway restriction in the lungs resulting in difficulty breathing, wheezing, chest tightness, and coughing. It can be caused by a variety of factors that may be genetic, environmental, or stress-related. In many cases, people are unaware they have asthma, and there is no definitive cure for the potentially fatal disease. Geographic disparities in health outcomes related to asthma have also been well-documented, with people living in rural areas typically having worse outcomes compared to their urban counterparts. Residents of rural communities are more likely to live in areas lacking hospital access, experiencing shortages in subspecialty care, preventive services and health care workforce, which require them to travel long distances for specialty or emergency care.

The latest CDC data indicate a national COPD rate of 4.1% and 5% for NYS. Margaretville Hospital's service area has an estimated 10% prevalence rate. Similarly, about 8% of adult Americans are living with asthma as of 2020. While the percentage varies across NYS, approximately 10% of the adult population in the MH service area suffers from asthma. Over a ten-year period, 2009-2018, CLRD was consistently the third leading cause of death in Delaware County and was also the third leading cause of premature death. Specifically, age-adjusted CLRD mortality rate per 100,000 (2017-2019) for Delaware County was 41.6 compared to NYS' rate of 28.3. While significantly less people were hospitalized for CLRD, mortality rates were significantly higher for CLRD in Delaware County when compared to NYS.¹⁰

⁹ Croft JB, Wheaton AG, Liu Y, et al. Urban-Rural County and State Differences in Chronic Obstructive Pulmonary Disease — United States, 2015. MMWR Morb Mortal Wkly Rep 2018;67:205–211.

¹⁰ NYS Community Health Indicator Reports (CHIRS) - <https://www.health.ny.gov/statistics/chac/indicators/>

Table 3: CLRD Indicators, 2017-2019¹¹

	Delaware County	NYS – exc. NYC
Hospitalization per 10,000 (age-adjusted)	21.2	25.8
Mortality per 100,000 (age-adjusted)	41.6	28.3

This assessment for CLRD was also supported by the CDC Foundation’s PLACES¹² project, where for the first time, small area estimates of actual patient population at the ZIP code level in the service area were tabulated and analyzed. Pertinent information to this CHNA/CSP is presented in *Table 4* under Health Outcomes, Health Risk Behaviors, and Prevention.

Table 4: – Small Area Estimates for Delaware County (2019)

	Total Population	Health Outcomes		Health Risk Behaviors	Prevention		
		Asthma (18+)	COPD (18+)	Smoking (18+)	Routine check-up past year (18+)	Up to date on core set of clinical preventive services (male, 65+)	Up to date on core set of clinical preventive services. (female, 65+)
Delaware County	44,135	4,546 (10.3%)	4,281 (9.7%)	8,165 (18.5%)	36,014 (81.3%)	9,533 (21.6%)	12,314 (27.9%)

Given the high 65+ population in Delaware County, Margaretville Hospital will have opportunities not only to screen high acuity CLRD patients but will also serve as a conduit to equitably link them to preventive and primary care within MH’s established provider network, given that only about one-fourth of this population has adequately met the standard of care. According to the CDC report, *The State of Aging and Health in America*

¹¹ New York State Community Health Indicator Reports (CHIRS). Ibid, 17.

¹² CDC PLACES – Local Data for Better Health - <https://www.cdc.gov/places/>

2013, the population 65 years and older is expected to double over the next 25 years. The report also identifies chronic disease as a burden on older adults that impacts both quality of life and health care costs. Addressing this health need as described in the CHNA/CSP will result in a cross-section of agencies dedicated to the health and well-being of the elderly in the county to jointly plan a coordinated, comprehensive, and community-based plan to reduce CLRD. Margaretville Hospital will foster interventions to address individual health behaviors, as well as population-based activities, which will promote and reinforce healthy lifestyles and reduce CLRD.

Addressing Health Disparities in Delaware County

Addressing CLRD in Delaware County will bring to the forefront the county's subpopulations who have historically suffered from poorer health outcomes, health disparities, and other inequities. These are persons with disabilities, persons adversely affected by persistent poverty such as the aging (65+) and the rapidly aging population with health illiteracy challenges, those who have unmet SDOH needs and a lack of access to critical health services, and those living in isolated, rural areas. Despite these challenges, relevant health services in the MH service area have not increased over time to keep pace with these needs, but instead have recently declined. Due to COVID-19 and healthcare labor shortages, Margaretville Hospital had to drastically reduce similar services offered to patients compared to the pre-COVID era. Compounding the issue, another major primary care provider in the area, Maverick Family Health in Boiceville, NY, has recently ceased to operate and moved their offices to Woodstock, NY, nearly 40 miles away, leaving a wide gap in services behind their closed doors. The CLRD health needs are still there for the target population, exacerbated by COVID-19, yet the services and support for this vulnerable population is in dire need more than ever. A chronic shortage of physicians in the area also hinders health care access as a result of longer wait times and delayed care and diagnosis. County Health Rankings & Roadmaps, a program of the University of Wisconsin Population Health

Institute,¹³ ranked Delaware County 48 out of the 62 counties in NYS for overall health outcomes. Data from the Institute also include the ratios of residents to health care providers for each county; Delaware County ratios are significantly worse compared to NYS (*Table 5*).

Table 5 – 2022 Clinical Care County Health Ranking & Clinical Provider Ratio

	NYS	Delaware County
Clinical Care 2022 County Health Ranking	N/A	48 (out of 62)
Primary Care Physicians	1180:1	3150:1
Dentists	1190:1	3990:1
Mental Health Providers	310:1	740:1

CLRD risk factors were also assessed by the Institute, including adult smoking, adult obesity, level of physical inactivity, and access to exercise opportunities (*Table 6*). Regrettably, Table 6 shows Delaware County did poorly across all risk factors compared to NYS, making this health equity prevention objective, specifically targeting the most at-risk populations, more critical than ever. This view is supported by the new report from the World Health Organization, which finds that the lack of exercise will exact a heavy toll on the population by 2030, and estimates a significant increase in new cases of chronic diseases due to physical inactivity across the globe.¹⁴

Table 6 – 2022 Health Behaviors¹⁵

	NYS	Delaware County
Adult Smoking	13%	21%
Adult Obesity	27%	32%
Physical Inactivity	27%	30%
Access to exercise opportunities	93%	61%

¹³ County Health Rankings & Roadmaps - University of Wisconsin Population Health Institute
<https://www.countyhealthrankings.org>

¹⁴ Costa Santos, Andreia and Willumsen, Juana and Meheus, Filip and Ilbaw, Andre and Bull, Fiona C., The Cost of Inaction on Physical Inactivity to Healthcare Systems (06/27/2022). Available at SSRN: <https://ssrn.com/abstract=4248284> or <http://dx.doi.org/10.2139/ssrn.4248284>

¹⁵ County Health Rankings & Roadmaps, Ibid, 19.

COVID-19 Pandemic:

COVID-19 is an infectious disease caused by the SARS-CoV-2 virus. Since early 2020, the pandemic has shed a new light on the impact of health care disparities and brought to surface the inequalities that the poor, marginalized, minorities, and rural residents experience in this country. Two years after the onset of the biggest global health challenge in modern history, it has been recognized that rural communities bear a greater burden from the coronavirus. Despite the concentrated cases and deaths in large urban centers at the beginning of the pandemic, as COVID progressed, rural communities have experienced higher death rates for many months. NYS, unfortunately, was the pandemic epicenter in March of 2020. Given that COVID-19 is disproportionately fatal for the elderly, people living with chronic diseases and obesity, as the pandemic transitions to an endemic, MH joins the call to action to improve the quality of and access to respiratory care, increase health literacy through patient education, as well as the dissemination of trusted health information to Delaware County residents.

Priority II: Promote Well-Being and Prevent Mental Health & Substance Use Disorders

According to SAMHSA (Substance Abuse and Mental Health Services Administration), in 2020, 40.3 million people aged 12 or older (14.5%) had a Substance Use Disorder/Opioid Use Disorder (SUD/ODU) in the past year, including 28.3 million who had an alcohol use disorder, 18.4 million who had an illicit drug use disorder, and 6.05 million people who had both alcohol use disorder and an illicit drug use disorder in the US.¹⁶ Generally, many individuals who develop SUD are also diagnosed with mental health disorders, and vice versa; several national population surveys have found that about half of those who experience a mental illness during their lives will also experience a substance use disorder as a comorbidity. Common mental illness comorbidities with SUD include anxiety disorders, depression and bipolar disorder, attention-deficit hyperactivity disorder (ADHD), psychotic illness, borderline personality disorder, and antisocial personality disorder.¹⁷

The high prevalence of comorbidity between substance use disorders and other mental illnesses does not necessarily mean that one caused the other. However, common triggers for co-occurring diagnoses of SUD and mental illness include toxic stress, biological vulnerability, exposure to trauma and adverse childhood experience, or self-medication. Research also suggests that youths are particularly vulnerable to this vicious cycle as their brains continue to develop through adolescence, and adolescents with SUD have high rates of co-occurring mental illness, while untreated childhood mental illnesses can increase the risk for later drug problems.¹⁸ Despite these findings, roughly 50% of adults with any mental

¹⁶ SAMHSA, Key Substance Use and Mental Health Indicators in the United States- Results from the 2020 National Survey on Drug Use and Health:

<https://www.samhsa.gov/data/sites/default/files/reports/rpt35325/NSDUHFRRPDFWHTMLFiles2020/2020NSDUHFRR1PDFW102121.pdf>

¹⁷ Common Comorbidities with Substance Use Disorders Research Report. Bethesda (MD): National Institutes on Drug Abuse (US); 2020 Apr. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK571451/>

¹⁸ Ross S, Peselow E. Co-occurring psychotic and addictive disorders: neurobiology and diagnosis. *Clin Neuropharmacol.* 2012;35(5):235–243. doi:10.1097/WNF.0b013e318261e193.

illness and a substance use disorder received treatment for one or the other in 2020, and a mere 5.7% receive treatment for both nationally.¹⁹

Similar to the national trend on SUD/ODU, Delaware County has also seen an increase in the substance use for both opiates and alcohol, as well as an increase in the number of days people are experiencing poor mental health. According to the Delaware County Community Services Annual Reports for 2018-2020, the number of women admitted to the outpatient Alcohol and Drug Abuse Treatment Program has increased since 2019, while the number of men decreased over the same period. For treatment by age group, the NYS 2019-2021 OASAS LGU/County Admission Item Statistics Reports indicate that the majority of clients seen from 2019 to 2021 were in the 26-35 age range, with the next highest age brackets in the 36-45 and 46-55 age ranges. The reports further show the number of patients admitted to substance use treatment programs in Delaware County with a history of mental health treatment increased from 29.3% to 37.4%, and that the type of reported primary substance use differed, with heroin and methamphetamine showing an increase in 2021 while other opiates use decreased.²⁰

Data on emergency department (ED) visits, including outpatients and admitted patients involving heroin/opioid overdose per 100,000 show markedly decreased rates from 2016-2019, the last year of available data. Opioids, for example, went from 63.9 to 35.9, while heroin went from 37.4 to 20.2. per 100,000.²¹ Conversely, inpatient substance use treatment data, indicate an increase between 2020 and 2021 for methamphetamine and especially for “other substances,” such as cocaine, crack, marijuana, methamphetamine, other opiates/ synthetics, other sedative/hypnotic, and OxyContin, which surged from 12.3% in 2020 to 27.5% in 2021, a trend observed nationally in the COVID-19 era. It should be noted,

¹⁹SAMHSA, Ibid, 22.

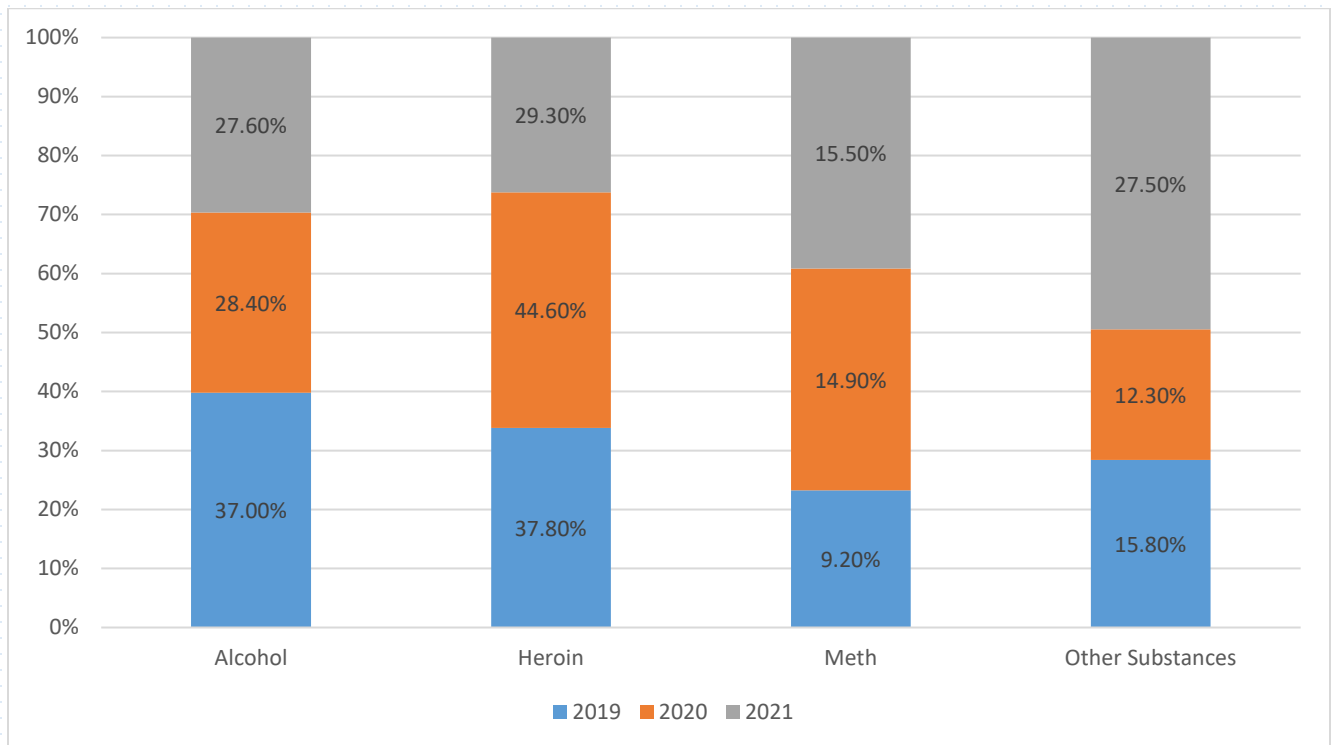
²⁰ Delaware County CHIP. Ibid, 6.

²¹ NYS Opioid Data Dashboard:

https://webbi1.health.ny.gov/SASStoredProcess/guest?_program=/EBI/PHIG/apps/opioid_dashboard/op_dashboard&p=sh

however, that as the Delaware Valley Hospital (DVH) is the only hospital located in the county which has inpatient beds for addiction treatment, the data on inpatient hospitalization must be interpreted with caution as out-of-county patients often seek treatment away from home and, likewise, county residents may seek treatment elsewhere, see *Figure 1*.²²

Figure 1: Inpatient Substance Use Treatment by Primary Source at DVH



Source: OASAS Admission Item Statistics Report, 2019-2021

Opioid overdose rate per 100,000, along with ED visits overdose data for Delaware County from 2018-2020 are also presented here. All crude rates increased in 2020 compared to 2019. A two-year look back to 2018 shows a similar trend with the exception of overdoses involving Opioid Pain Relievers, and All Opioid Overdoses (*Table 7*). Also presented here are the 2019 deaths due to drug overdose. For age-adjusted deaths due to drug overdose (per 100,000), Delaware County had a higher heroin death rate compared to the Southern Tier

²² OASAS Admission Item Statistics Report, 2019-2021 - https://apps.oasas.ny.gov/portal/page/portal/OASAS_APPS

and NYS. The county’s rates of deaths due to any drug overdose and opioid pain relievers, however, were lower than the Southern Tier and NYS (*Table 8*).²³

Table 7: Opioid Overdose data per 100,000 population for Delaware County[‡]

	2018		2019		2020	
	Number	Crude Rate	Number	Crude Rate	Number	Crude Rate
All Opioid Overdoses	13	29.2	2	4.4	9	19.8
Heroin Overdoses	3	6.7	1	2.2	4	8.8
Overdoses Involving Opioid Pain Relievers	11	24.7	1	2.2	9	19.8
Emergency Department Visits						
All Opioid Overdoses	14	31.4	11	24.2	25	54.9
Heroin Overdoses	9	20.2	6	13.2	17	37.3

Source: NYSDOH – County Opioid Quarterly Reports June 2020 - May 2021

[‡] Indicators are not mutually exclusive. Decedents and patients may have multiple substances in their system. Thus, overdoses involving heroin and overdoses involving opioid pain relievers will not add up to the overdoses involving all opioids.

Table 8: 2019 Age-adjusted death due to Drug Overdose, rate per 100,000 residents

	Delaware County	Southern Tier	NYS
Drug overdose, any	16.7	21.4	18.3
Heroin	6.2	3.8	5.6
Opioid pain relievers (inc. illicitly produced opioids such as fentanyl)	6.2	12.7	13.9

Source: NYS Department of Health Opioid Data Dashboard, Data year 2019

Existing SUD/OD Services

In addition to SUD/OD mortality and morbidity data for Delaware County, information about available provider and treatment services in the county was also assessed. DVH is located at the western end of the catchment area in the town of Walton, which is 72

²³ Delaware County CHIP. Ibid, 8.

miles from Margaretville Hospital, and as mentioned, the only provider with inpatient care for SUD/OD. DVH is home to a 10-bed inpatient addiction treatment program that accepts Medicaid and has one in-patient Suboxone® clinic to serve 250 patients at full capacity. As of 2021, the program employs a credentialed alcohol and substance abuse counselor (CASAC) and several counselors, but relies mainly on clinicians in its parent hospital in Binghamton. When patients are discharged, they are referred to an outpatient provider or to the Medication-Assisted Treatment (MAT) Program (methadone clinic). Many local residents in need of treatment and their families within MH service area, including many children and adolescents, therefore, have limited transportation and cannot access this care.

Current Out-patient SUD/OD services and resources have also been severely limited in the Margaretville Hospital area. The closest outpatient mental health clinic is 34 miles away. Although the clinic operates three satellite offices one day a week, they are under-utilized, and patients must first visit the main clinic before utilizing the satellites, sometimes having to travel long distances to the clinic. Other service providers include the Rehabilitation Support Services, Inc. (RSS), which provides community-based mental health and substance use services in Delaware, Ulster, and Sullivan counties. RSS offers rehabilitation services aimed at addressing the needs of persons with co-conditions of both mental illness and substance use. RSS employs a peer that specializes in both mental health and substance use and care coordination and in-home stabilization for people in crisis. In addition, the SAMHSA MAT Provider Database²⁴ indicates there are only 12 providers with waivers to prescribe buprenorphine within a 25-mile radius of Margaretville. It is notable that while there are waived buprenorphine physicians in the area, they tend to locate in the metropolitan centers instead of in the more rural parts of the county. Furthermore, Alcohol and Drug Abuse Services of Delaware County also provides consultations, drug, and alcohol

²⁴ SAMHSA MAT Provider Database - <https://www.samhsa.gov/medication-assisted-treatment/find-treatment/treatment-practitioner-locator>

assessment in cooperation with the local court and probation systems, and individual and family treatment for substance use issues. It is notable that this agency does not provide access to MAT.

Certified recovery peer advocates (CRPAs) who also serve this population are not available easily and accessible throughout the region. They are available only at the Delhi Turning Point Center during business hours free of charge, while Samadhi Recovery Community Outreach Center, a private non-profit in Kingston, Ulster County, operates a walk-in center and a 24-hour call line that connects people in need to CRPAs. Finally, there are only twelve pharmacies in the Catskills region which have standing orders to distribute naloxone (Narcan®), and the local chain pharmacy in Margaretville does not participate in the take back unused opioids program.

Despite facing numerous challenges, healthcare providers, public and private organizations, local government, and the community at large in Delaware County have contributed in the efforts to combat SUD/ODD over the years with promising results. Narcan®, for example, is a medication that can reverse overdoses caused by heroin, oxycodone, hydrocodone, and morphine. Law enforcement, emergency medical services personnel and community members can be trained in Narcan® administration to prevent overdose deaths. The Delhi Village Police Department's Opioid Overdose Prevention Program received certification from the Department of Health in 2015 and at the time of this report, law enforcement officers from the following partner agencies have received training and are dispensing naloxone through this program: Delhi Village Police Department, University Police at SUNY Delhi, Hancock Village Police Department, Colchester Town Police Department, Sidney Village Police Department and the Delaware County Sheriff's Office. Other agencies that are Narcan® trained are the Delaware County Mental Health and Drug

Abuse clinics, Friends of Recovery of Delaware/Otsego, and Alcohol and Drug Abuse Council of Delaware County.²⁵

While progress has been made, there are still undeniable gaps and unmet needs for the residents of Delaware County. As of November 2021, there were still only 2.2 unique naloxone administrations by EMS agencies (crude rate per 1,000 unique 911 EMS dispatches) in the county, which was lower than upstate New York's rate of 5.4, indicating additional trainings are absolutely needed in Delaware County. The lack of mental health and peer services, the lack of drug take-back services, the lack of transportation and affordable, recovery-friendly housing, and the unavailable buprenorphine induction services, all point to the urgency of addressing this public health priority.

Margaretville Hospital intends to implement an Opioid Prevention, Treatment, and Recovery intervention with an overall objective of providing evidence-based, harm reduction-focused services and education to individuals living in rural communities who are at risk for or diagnosed with SUD/ODU, and their caregivers/families, through leveraging existing resources and expanding capacity in the areas of prevention, treatment, and recovery.

Other Health Needs Not Addressed in the Margaretville Hospital Implementation Plan

The NYS Prevention Agenda outlines three other priority areas that were not selected as priorities for the Margaretville hospital 2022-2024 CHNA/CSP: *Promote a Healthy and Safe Environment, Promote Healthy Women, Infants and Children, and Prevent Communicable Diseases*, as a result of the public input and ranking system process. Within the selected priorities, Margaretville Hospital acknowledges the wide range of significant health needs that were identified but cannot be addressed by the hospital's focus areas due to the lack of resources, expertise, or level of priority. Presently there are various institutions,

²⁵ Delaware County CHIP. Ibid, 8.

organizations, and programs in Delaware County that are actively working to advance the prevention of chronic diseases, such as cardiovascular disease and stroke. Two foundations in the area, the A. Lindsay and Olive B. O'Connor Foundation and the Robinson Broadhurst Foundation, focus on providing funding for quality-of-life programs which support obesity and chronic disease prevention efforts.

On the expressed SDOH needs, including food insecurity, lack of affordable housing and transportation, and residents' concerns about crime, Margaretville Hospital is committed to joining its efforts with other organizations to combat these complex issues. The Office of Aging and the Delaware County Mental Health Clinic provides transportation services to the individuals they serve, somewhat easing the burden for these vulnerable residents. For affordable housing, which in itself is a multifaceted problem, spanning housing needs for the working professionals, such as those identified by the ALICE threshold, and aging seniors who wish to age in place, or the homeless population, the county's Housing Committee is planning to integrate these needs within the county's economic development plans. In addition, O'Connor Hospital's promising interventions on increasing health literacy and volunteerism with middle school youths through a learning camp, with first-hand exposure to different health service providers, is an investment that will span generations. OCH's plan of also providing year-round fresh, healthful food to the community through a community garden is another strategy directly addressing an identified SDOH need.

VI. Implementation Strategy

Margaretville Hospital plans to address the two selected Prevention Agenda priorities as follows:

Priority 1: Prevent Chronic Diseases

Focus Area 4: Chronic Disease Preventive Care and Management

- Goal 4.3 Promote evidence-based care to prevent and manage CLRD
 - Objective 4.3.1: Increase early detection of CLRD for 100 new patients
 - Intervention 1: Identify, track, and provide pulmonary screening and care coordination to CLRD patients
- Goal 4.4: In the community setting, improve self-management skills for individuals with CLRD
 - Objective 4.4.1: Increase the percentage of adults with CLRD who have taken a course or class to learn how to manage their condition (70% of those diagnosed/screened positive for CLRD, starting in 2023)
 - Intervention 2: Provide education and training to CLRD patients to increase their knowledge in self-managing CLRD conditions
 - Intervention 3: Provide training to nursing and provider staff members, including future staff, to generate a well-informed and confident provider workforce

Specifically, for Intervention 1, by December 2024, MH plans to screen and enroll a minimum of 100 new CLRD patients, provide all undiagnosed patients a pulmonary function test and/or a chest x-ray to document disease stage and diagnosis, follow up to baseline respiratory status with Peak Flow measurements and spirometry readings every six months, and conduct a SDOH assessment for all enrollees at intake and provide care coordination to address identified SDOH needs.

Data that will be collected about enrolled patients include:

- ❖ Diagnosis of CLRD/pulmonary function screening;
- ❖ Demographic data on race, ethnicity, gender, age and other background data;
- ❖ SDOH needs;
- ❖ Referral source to the program; and
- ❖ Type of connectivity/care coordination provided.

For Interventions 2 and 3, MH will host quarterly community workshops, both virtually and in-person at Margaretville Hospital. Community workshop topics include:

- COPD/Emphysema Management
- CPAP Maintenance
- O2 Concentrator Maintenance
- Asthma Management
- Smoking/Vaping Prevention/Cessation.

MH will also host health fairs at local events, conduct education program for four cohorts of patients, train a minimum of 80% of Margaretville nursing and provider staff, and external providers online to recognize and refer patients to be screened for CLRD at MH.

Data that will be collected include:

- ❖ Number of participating patients enrolled in and graduated from the training program
- ❖ Number of CLRD exacerbation flare-ups or ED visits
- ❖ Changes in patient knowledge, attitude, behavior, health status, and health care utilization.
- ❖ Number of staff trained
- ❖ Trained staff's feedback as part of the PDSA (Plan, Do, Study, Act) process.

Margaretville Hospital will engage its provider partners, such as the Delaware County Office for the Aging, the Ulster County Office for the Aging, and the Catskill Hudson Area Health Education Center, to work collaboratively with Margaretville Hospital through regular

meetings, community events, and outreach efforts to raise awareness for the community at large about these services.

Priority 2: Promote Well-Being and Prevent Mental 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 2.2.1: Reduce the age-adjusted overdose deaths involving any opioid by 7%, using 2022 baseline
 - Intervention 2.2.2: Increase availability of/access to overdose reversal (naloxone) trainings to prescribers, pharmacists and consumers
 - Objective 2.2.4: Reduce all emergency department visits (including outpatients and admitted patients) involving any opioid overdose by 5%, using 2022 baseline
 - Intervention 2.2.3: Promote and encourage prescriber education and familiarity with opioid prescribing guidelines and limits as imposed by NYS statutes and regulations
 - Intervention 2.2.5: Establish additional permanent safe disposal sites for prescription drugs and organized take-back days
 - Intervention 2.2.6: Integrate trauma-informed approaches in training staff and implementing program and policy

For Intervention 2.2.2, MH will engage the following provider partners to achieve the proposed goal:

- **CAC** – Catskill Addiction Coalition – will place a Certified Recovery Peer Advocate (CPRA) at the food pantry to screen and refer People Who Inject Drugs (PWUD) to treatment. CAC also actively provides criminal justice education to law enforcement personnel and are

designed to teach appropriate methods of working with people who use drugs, how to screen for substance use and behavioral health disorders, and how to refer individuals to treatment services

- **PSP** – Project Safe Point - provides community opioid overdose prevention training, a syringe exchange program, peer and community health worker support, and Law Enforcement Assisted Diversion (LEAD).

- **SUNY Delhi School of Nursing** - provides nursing students with professional development opportunities including internships, special projects, and continuing education possibilities. Lunch-and-learn programming will also be offered to train mental health workers and substance use workers about each other's discipline. In addition, they will provide ongoing collection and reporting of data and activities.

Data that will be collected include:

- ❖ Number of providers, paraprofessional staff, and community members (non-providers) who participated in direct substance use disorder education or training activities including: Mental health first-aid, naloxone training, Opioid prescribing guidelines, and Stigma reduction
- ❖ Number of providers who have a Drug Addiction Treatment Act 2000 (DATA) waiver to prescribe buprenorphine-containing products for medication-assisted treatment (MAT)
- ❖ Number of providers who have prescribed medications used to treat OUD
- ❖ Number of non-fatal opioid overdoses
- ❖ Number of fatal opioid overdoses
- ❖ Number of patients receiving MAT (with or without psychosocial therapy)
- ❖ Number of patients with SUD/OUD treatment other than MAT
- ❖ Number of service delivery sites that offered harm reduction services including: naloxone access, syringe services, fentanyl test strips, sex worker services, and safe smoking kits.

For the final three interventions under Objective 2.2.4, MH will engage the following provider partners:

- **ADAC** – Alcohol and Drug Abuse Council - provides trauma-informed care training conducted in schools and for the community so people can recognize the signs for SUD/ODU, suicide, and mental illness
- **CHAHEC** – Catskill Hudson Area Health Education Center - will host an annual symposium that offers professional development and training opportunities for all levels of the nursing profession, as well as healthcare professionals, health professions educators, and health professions students
- **PSP** – as described above
- **Samadhi** - provides evidence-based, mindfulness-based addiction recovery curriculum and trauma-informed care trainings by certified trauma-informed instructors. In addition, they provide trauma-informed meditation and relapse prevention programs
- **SUNY Delhi School of Nursing** – as described above.

MH participation in community events within its service area is a long-standing practice. During the summer of 2022, for example, representatives from MH attended the following events:

- Hope Rocks, Saugerties NY (footprint of event reached into Delaware County) 8/21/22 – Behavioral health outreach/ Narcan® training
- Pakatakan Market 9/17/22, Halcottsville, NY – MAT, neonatal abstinence syndrome (NAS) information disseminated
- Cauliflower Festival 9/24/22, Margaretville NY – Substance abuse and Behavioral Health outreach conducted.

Data that will be collected include:

- ❖ Number of providers, paraprofessional staff, and community members (non-providers) who participated in direct substance use disorder education or training activities including: Trauma-informed care training, Mental health first-aid, Naloxone training, Opioid prescribing guidelines, and Stigma reduction
- ❖ Number of permanent safe disposal sites for prescription
- ❖ Number of SUD/ODD hospitalizations and/or ED visits
- ❖ Number of service delivery sites that offer prevention, or recovery service, including: Prevention services (not including naloxone); Screening and/or assessment services, Infectious disease testing (i.e., HIV or HCV), Mental health treatment, and Recovery support services
- ❖ Total number of individuals screened for SUD/ODD including those screened positive for alcohol or SUD/ODD, opioid overuse/misuse, methamphetamine overuse/misuse, and other substance overuse/misuse
- ❖ Number of patients diagnosed with alcohol, substance, or methamphetamine use disorder
- ❖ Number of patients with a diagnosis of SUD who were referred for treatment
- ❖ Number of patients with a diagnosis of SUD who were referred to support services, including: Childcare, Employment services, Recovery housing, Transportation to treatment, Community Support Services (i.e., FORDO, Wellness Coordinators, CRPAs, etc.), and Other than OUD/SUD Treatment (Inpatient, HCV, detox, etc.)
- ❖ Number of individuals who received recovery support services.

In conclusion, the interventions for these two NYS Prevention Agenda priorities will serve to enhance and grow existing services and will positively impact the community-at-large, including community members, local government agencies, and social service

providers, by increasing their awareness of these community issues and creating opportunities for community-wide coordination of services and care. MH intends to provide great benefit to area providers as the hospital operationalizes and shares the evidence-based interventions described in the ***Implementation Plan***.

Margaretville Hospital, as a result of a thorough health needs assessment process, with the support of robust health data indicators and identified SDOH needs, is cognizant of the health care needs and disparities for at-risk individuals with CLRD and SUD/ODU in Delaware County. The hospital is ready and committed to addressing these issues as evidenced by the strategies outlined in this section and described more fully in the ***Implementation Plan***.

VII. Dissemination Plan

Margaretville Hospital will disseminate its 2022-2024 Community Health Needs Assessment/Community Service Plan and Implementation Plan to the general public, professional organizations, government agencies, and stakeholders as follows:

- Publish a press release upon completion;
- Post the documents on Margaretville Hospital’s public facing website:
<https://www.margaretvillehosp.org/>;
- Publicize the information through Margaretville Hospital’s social media platforms;
- Broadcast the documents via Margaretville Hospital’s intranet channel, **TheBeat**, to make it accessible to the entire workforce;
- Circulate the documents to our community partners via email and make available upon request; and
- Provide an electronic copy to the Delaware County Public Health to be published as an appendix within the county’s 2022-2024 Community Health Improvement Plan, which is available to all residents of Delaware County.

VIII. Governing Board Approval

Both the Community Health Needs Assessment/Community Service Plan and the Implementation Plan were approved by the Margaretville Memorial Hospital Board on November 3, 2022.