



Community Health Needs Assessment 2022-2024

Community Service Plan/Community Health Improvement Plan

Service Area: Otsego County, NY, Bassett Medical Center, & AO Fox Hospital

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Thank you to our partners and staff.

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EXECUTIVE SUMMARY

The Bassett Healthcare Network Population Health and Value-Based Initiatives Department partnered with Otsego County Public Health, A.O. Fox Hospital, and Mary Imogene Bassett Medical Center to develop a comprehensive Community Needs Assessment. The process included data collection from federal and state databases in addition to surveying the broad interests of the community.

The surveys, Community Engagement and Stakeholder Engagement were offered electronically during the dates of June 29, 2022, to August 6, 2022. The list of those who received the survey was composed of feedback from the Bassett Healthcare Network, A.O. Fox Hospital, Mary Imogene Bassett Medical Center, the Otsego County Public Health office, and a number of pertinent partners. The Information collected reflects the current county status and problems related to significant health needs or Social Determinants of Health (SDOH).

After the collection of data was complete, the collaboration of partners held a stakeholder focus group to discuss potential interventions and decide what areas should be addressed in this NYS Prevention Agenda Cycle 2022-2024. The stakeholder focus group was held in person on September 14, 2022, at the Meadows Office Complex in Cooperstown, NY.

Based on the key information collected, Priorities were defined, and interventions developed.

Priority: Promote a Healthy and Safe Environment

Focus Area: Built and Indoor Environments

Goal: Promote healthy home and school environments

Objective: Teach courses on basic home maintenance and improvement skills to 20 participants per year

Objective: Increase housing standard for 5 homes of elderly individuals per year

Target Demographic: Elderly

Intervention Skill-building classes in home maintenance and upkeep; the capstone of the class is to perform maintenance and upkeep on the home of an elderly individual.

Process Measures Count the number of participants who successfully completed the class
Count the number of homes whose level of maintenance has increased due to the program.

Priority: Prevent Chronic Disease

Focus Area: Healthy Eating and Food Security

Goal: Increase food security

Objective: Provide access to four types of healthy food crops in the winter and summer seasons

Target Demographic: Food-insecure residents of Otsego County

Intervention

- Greenhouse (hoop house) installed and maintained to provide healthy foods further into the winter season.
- Recipe cards describing how to prepare the crops will be distributed to the public.

Process Measure Measure the number of types of crops

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

Focus Area: Promote Well Being

Goal: Strengthen opportunities to build well-being and resilience across the lifespan

Objective: Increase health literacy of at least 70% of participants

Objective: Increase the likelihood of pursuing local participation in emergency services of 50% of attendees

Target Demographic: Middle school-aged children (6th, 7th, and 8th graders)

Intervention: A summer day camp targeting females in 6th, 7th, and 8th grade to give exposure to emergency services careers. Bassett Healthcare Network, A.O Fox Hospital, Bassett Medical Center, and Otsego County Department of Health will partner with local organizations in the areas of Police, Fire, EMS, 911 Dispatch, LifeFlight, Search and Rescue, and Emergency Rooms to provide hands-on experience in these fields. Participants will walk away with

- Increased health literacy
- Exposure to volunteer opportunities
- Exposure to emergency service careers

Training in CPR, First Aid, and AED use

Process Measures: Pre and Post assessment of participant health literacy
Pre and Post assessment of future career and volunteer plans
Post-measurement of the number of individuals completing CPR, AED, and First Aid certification

Focus Area: Prevent Mental and Substance Use Disorders

Goal: Prevent opioid and other substance misuse and deaths

Objective: Reduce the rate (per 100,000) of drug overdose deaths by at least 20% (2020: 16*).

Objective: 50% addiction related patients in ED and Primary Care successfully referred to FORDO

Target Demographic: Otsego County residents with addiction-related conditions

Intervention: Patients arriving in Bassett Medical Center, AO Fox Hospital, or a county Primary Care Clinic in the Bassett Healthcare Network who has an addiction are to be referred to FORDO with immediate connection in the facility, or information is to be sent to FORDO for follow-up.

Process Measures: Number of successful referrals

A. INTRODUCTION

The Bassett Healthcare Network Population Health Department (BHNPHD), on behalf of Bassett Healthcare Network's A.O. Fox Hospital, Mary Imogene Bassett Medical Center, and Otsego County Public Health has completed the Community Health Needs Assessment (CHNA) / Community Health Assessment (CHA).

The Community Health Needs Assessment provides the hospital, local county health department, and key informants with data and responses so that they may identify, prioritize, and address health care challenges facing their communities. The BHNPHD collaborated with Otsego County Public Health to compile a list of key informants in the service region. Those key informants represent a broad range of sectors, community interests, and organizations representing the medically underserved, low-income, and minority populations. Informants were invited to attend a data presentation and give feedback on their priority focus areas based on the 2019-2024 New York State Prevention Agenda Action Plans. Those key informants who could not attend in person were provided the information electronically and asked to fill out a short survey.

In addition to the key informant responses, the assessment includes quantitative data collected by Federal, State, and specialized organizations.

Secondary Data Sources include:

United States Census Bureau. (2020). *American Community Survey Data 2015-2019*. www.data.census.gov

United States Census Bureau. (2020). *2020 Decennial Census*. www.data.census.gov

United States Bureau of Labor Statistics. (2021). *Unemployment Rate*. www.bls.gov

National Center for Education Statistics. (2022). *2020-2021 Common Core of Data (CCD)*. www.nces.ed.gov

United States Department of Education. (2020). *Adjusted cohort graduation rate (ACGR)*. www.nces.ed.gov

United States Department of Agriculture. (2019). *2017 Census of Agriculture*. www.nass.usda.gov

New York State Education Department. (2021). *2019-2020 Enrollment*. www.data.nysed.gov/

United States Census Bureau. (2020). *5-Year American Community Survey 2009-2020*. www.data.census.gov

Centers for Disease Control and Prevention. (2018). *GRASP*. www.atsdr.cdc.gov

Federal Bureau of Investigation (FBI). (2021). *Uniform Crime Reporting (UCR)*. <https://crime-data-explorer.app.cloud.gov/>

Federal Communications Commission (FCC). (2021). *Fixed Broadband Availability*.
<https://www.fcc.gov/reports-research/maps/connect2health/>

United States Department of Agriculture (USDA). (2020). *Food Access Research Atlas*.
<https://www.ers.usda.gov/data-products/food-access-research-atlas/go-to-the-atlas/>

United States Department of Agriculture (USDA). (2020). *SNAP Retailer Locator Data*.
<https://www.fns.usda.gov/snap/retailer-locator>

Centers for Medicare and Medicaid Services (CMS). (2021). *Mapping Medicare Disparities by Population*.
www.data.cms.gov

Centers for Disease Control and Prevention (CDC). (2019). *National Health Interview Survey*.
<https://www.cdc.gov/nchs/nhis/index.htm>

Centers for Disease Control and Prevention (CDC). (2021). *National Vital Statistics System*.
<https://www.cdc.gov/nchs/nvss/index.htm>

University of Wisconsin Population Health Institute. (2022). *County Health Rankings & Roadmaps*.
<https://www.countyhealthrankings.org/>

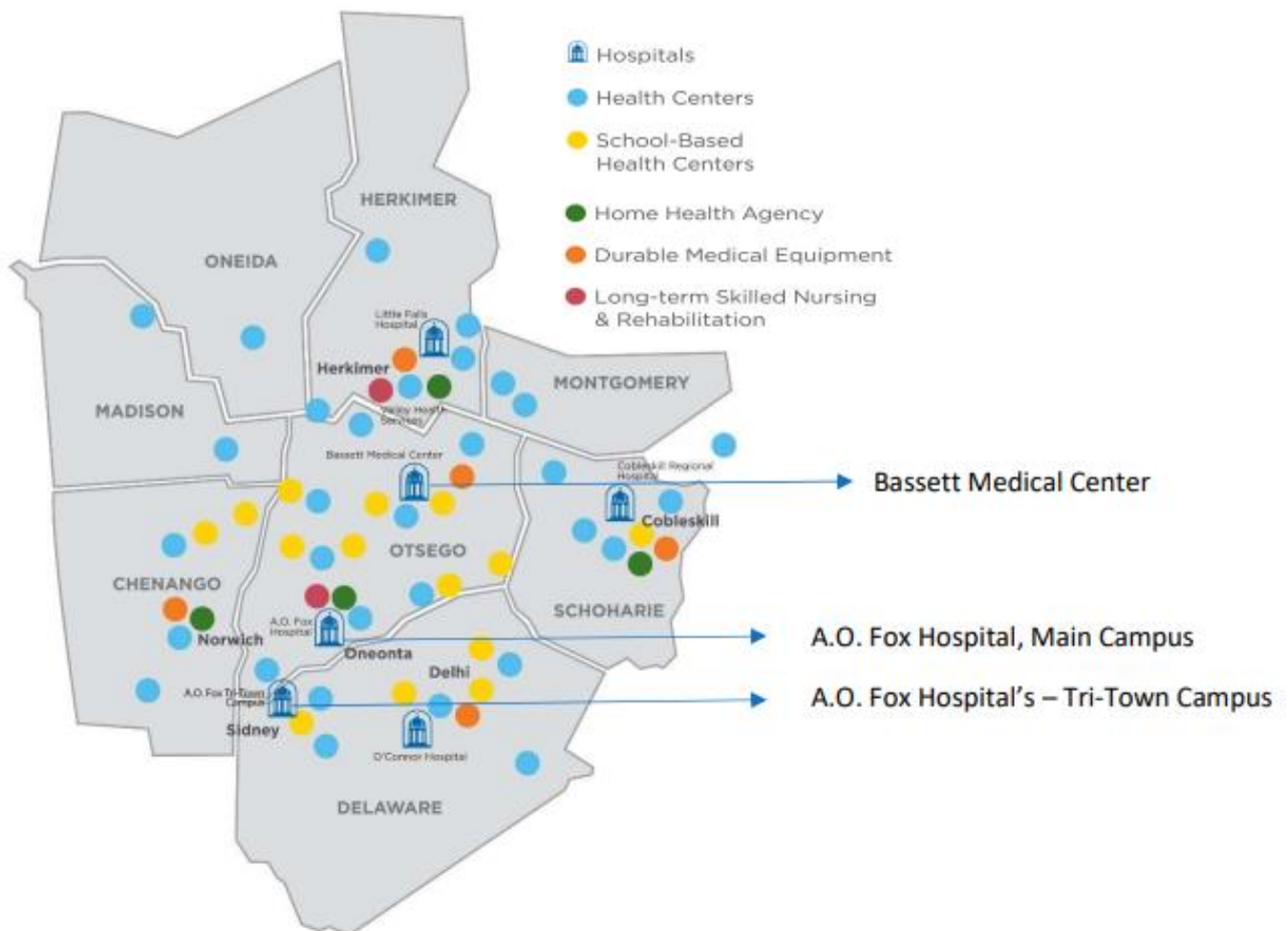
Centers for Disease Control and Prevention (CDC). (2022). *COVID-19 Data Tracker*.
<https://covid.cdc.gov/covid-data-tracker/>

Google. (2022). *COVID-19 Community Mobility Report*. <https://www.google.com/covid19/mobility/>

1. Hospital Service Area

Bassett Healthcare Network

Bassett Healthcare Network provides health services in more than 20 communities spanning 5,600 square miles. Bassett Healthcare Network has four area community hospitals including Bassett Medical Center and A.O. Fox Hospital in Otsego County, O'Connor Hospital in Delaware County, Cobleskill Regional Hospital in Schoharie County, and Little Falls Hospital in Herkimer County. Another hospital, A.O. Fox Hospital - Tri-Town Campus in Delaware County, provides a 24/7 emergency care facility in Sidney. The network also supports over 30 community-based outpatient health centers, 16 school-based health centers; two ambulatory surgery centers; Valley Health Services, a residential health care, and rehabilitation facility; At Home Care, a certified home care agency; and First Community Care of Bassett, a medical supply company.



Bassett Medical Group

Bassett Medical Group (BMG) is comprised of full-time, salaried staff numbering over 400 physicians and other advanced practice clinicians who provide primary and specialty care at the Bassett Clinic and staff Bassett Medical Center in Cooperstown. The Bassett Medical Group also staffs over two dozen community-based primary care centers throughout eight counties in the region. Bassett Medical Group's 16 school-based health centers (SBHCs) across four counties provide medical, mental health, and preventive dental care to children who might otherwise never have the chance to receive this care. The network also connects people in the region to a multitude of specialists who provide technical expertise and skills in areas typically found only in big cities. Many of these specialists travel to see patients at Bassett affiliated community hospitals as well as at specialty campuses in Herkimer, Oneonta, and Hartwick Seminary. The specialty services include cardiology, cancer, orthopedic care, vascular care, dermatology, etc. In addition, a variety of outpatient diagnostic and surgical procedures are available on these specialty campuses as a convenience to patients. In combination with the network's community-based health centers, the clinicians and care teams in Cooperstown and in the region provide care to thousands of people every year. Bassett Medical Center is the foundation of Bassett Healthcare Network, a 180-bed acute care inpatient teaching facility in Cooperstown, New York. Bassett Medical Center offers 24-hour emergency and trauma care, comprehensive cancer and heart care, dialysis, and most medical and surgical specialties. Additionally, the Bassett Clinic is located on the same campus as the medical center and provides outpatient primary and specialty care.

Bassett Medical Center

Bassett Medical Center (BMC) maintains a strong academic program through its affiliation with Columbia University College of Physicians and Surgeons, highlighted by the establishment of a Columbia medical school campus at Bassett in 2009. The medical center provides postgraduate residency training programs in Medicine and Surgery. The Bassett Research Institute, located on the BMC campus, and the New York Center for Agricultural Medicine and Health (NYCAMH) conduct research in clinical science, population, and public health.

Bassett Medical Center's primary service area includes the following zip codes:

Town	Zip Code	County	Town	Zip Code	County
Davenport	13750	Delaware	Hartwick	13348	Otsego
Davenport Center	13751	Delaware	Maryland	12116	Otsego
East Meredith	13757	Delaware	Milford	13807	Otsego
Franklin	13775	Delaware	Richfield Springs	13439	Otsego
Burlington Flats	13315	Otsego	Roseboom	13450	Otsego
Cherry Valley	13320	Otsego	Schuyler Lake	13457	Otsego
Cooperstown	13326	Otsego	Springfield Center	13468	Otsego
East Springfield	13333	Otsego	West Burlington	13482	Otsego
Fly Creek	13337	Otsego	Westford	13488	Otsego
Garrattsville	13342	Otsego	Charlottesville	12036	Schoharie

A.O. Fox Hospital

A.O. Fox Hospital provides a broad spectrum of health care, with specialties in emergency, cancer, cardiac, and primary care. A.O. Fox Hospital offers comprehensive inpatient and outpatient care with a 67-bed facility. On the same campus in Oneonta, a 130-bed skilled nursing home stands connected to the hospital building.

Three miles east, on Route 7, is FoxCare Center, A.O. Fox's outpatient facility that offers services in primary care/internal medicine, pediatrics, Fox's nationally-renowned Gender Wellness Center, cancer care, laboratory and medical imaging, cardiology, women's health, dental, and oral surgery, Oneonta Laser & Eye Services, orthopedics, Oneonta's premier gym, and FoxCare Fitness. Twenty-five miles southeast, in Sidney, is A.O. Fox's Tri-Town Campus, which offers 24/7 emergency services, plus laboratory and medical imaging and several specialty services.

A.O. Fox Hospital's primary service area includes the following zip codes:

Town	Zip Code	County	Town	Zip Code	County
Bloomville	13739	Delaware	Maryland	12116	Otsego
Davenport	13750	Delaware	Morris	13808	Otsego
Davenport Center	13751	Delaware	Oneonta	13820	Otsego
East Meredith	13757	Delaware	Otego	13825	Otsego
Franklin	13775	Delaware	Portlandville	13834	Otsego
Harpersfield	13786	Delaware	Schenevus	12155	Otsego
Hobart	13788	Delaware	Wells Bridge	13859	Otsego
Meridale	13806	Delaware	West Oneonta	13861	Otsego
South Kortright	13842	Delaware	Westford	13488	Otsego
Stamford	12167	Delaware	Worcester	12197	Otsego
Treadwell	13846	Delaware	Charlottesville	12036	Schoharie
East Worcester	12064	Otsego	Jefferson	12093	Schoharie
Laurens	13796	Otsego			

2. County Health Department Description

The mission of the Otsego County Health Department is to work in partnership with the community to improve and protect the health and well-being of all residents of Otsego County through health education, disease control and prevention, and public health preparedness. Some of their services include information on health topics such as communicable diseases, diabetes, head lice, health awareness and prevention, high blood pressure, immunizations, lead poisoning prevention, infant/child product recalls, maternal-child health, MRSA, Flu, proper disposal of prescriptions and over the counter drugs, emergency preparedness, rabies, radon, sexually transmitted diseases, smoking and tobacco, and West Nile virus. They have a public health clinic for adult and child immunizations, checking for proper installation of car seats, an early intervention program to identify and track infants and toddlers for developmental delays, and rabies clinics for pets.

B. COMMUNITY HEALTH ASSESSMENT

1. Community Description

Otsego County, A.O. Fox Hospital, and Bassett Medical Center's primary service regions combined are the total population served

Geography:

Otsego County is predominately rural, and the land area in square miles is 1001.70, with a population per square mile of (62.2) compared with the state (411.2) and the U.S. (87.4). The county consists of the following municipalities: the villages of Cherry Valley, Cooperstown, Gilbertsville, Laurens, Milford, Morris, Otego, Richfield Springs, Unadilla, and the towns of Burlington, Butternuts, Cherry Valley, Decatur, Edmeston, Exeter, Hartwick, Laurens, Maryland, Middlefield, Milford, Morris, New Lisbon, Oneonta, Otego, Otsego, Pittsfield, Plainfield, Richfield, Roseboom, Springfield, Unadilla, Westford, and Worcester, and the City of Oneonta.



NOTE: Otsego County, Town of Otsego (2008); Otsego County

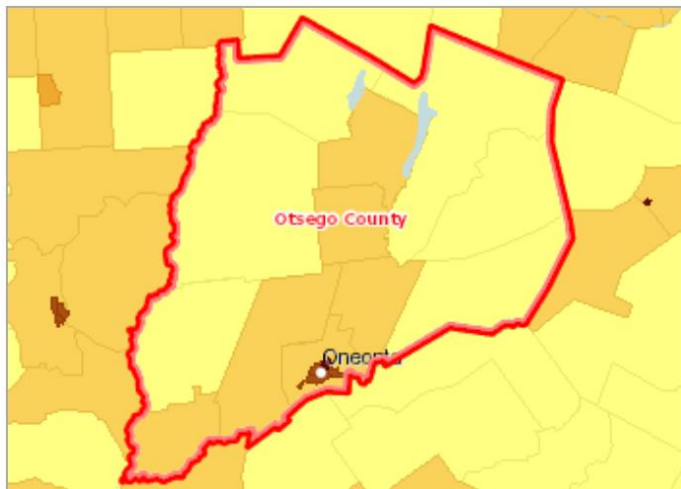
Demographics:

Total Population

A total of 58,524 people live in the 1,001.73 square mile report area defined for this assessment according to the U.S. Census Bureau, Decennial Census (2020). The population density for this area, estimated at 62.2 persons per square mile, is less than the national average population density of 87.4 persons per square mile. The city of Oneonta, in the southern part of the county, has the highest population density in Otsego County.

Report Area	Total Population	Total Land Area (sq mi)	Population Density (sq mi)
Otsego County, NY	58,524	1,001.73	62.2
New York	20,201,249	47,126.40	411.2
United States	331, 449, 281	3,531,905.43	87.4

US Census, Decennial Census (2020); Total Population



Population, Density (Persons per Sq Mile) by Tract, ACS 2015-19

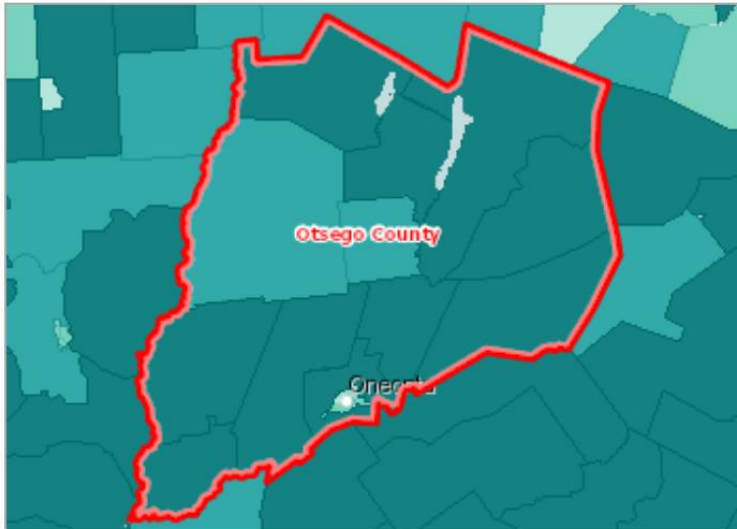
- Over 5,000
- 1,001 - 5,000
- 501 - 1,000
- 51 - 500
- Under 51
- No Data or Data Suppressed
- Otsego County, NY

Note: University of Missouri, SparkMap (2019); Population Density

Total Population by Age group in years

Report Area	0-4 yr	5-17 yr	18-24 yr	25-44 yr	45-64 yr	65+ yr	Median age
Otsego County	2,539	7,164	10,330	11,457	16,149	12,333	42.3

U.S. Census, Decennial Census (2020); Total Population



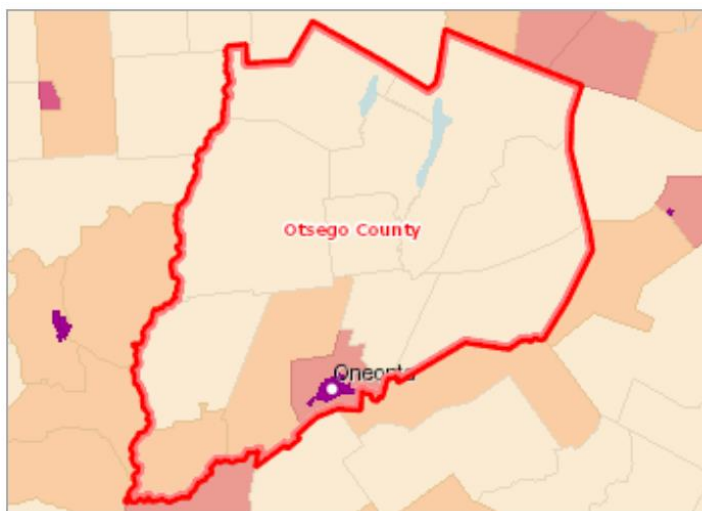
Median Age by Tract, ACS 2015-19

- Over 45.0
- 40.1 - 45.0
- 35.1 - 40.0
- Under 35.1
- No Data or Data Suppressed
- Otsego County, NY

NOTE: University of Missouri, SparkMap (2019); Median Age

Map of Population Density: Urban vs. Rural

The Decennial Census (U.S Census) of 2010 showed a majority of Otsego County Residents living in a rural setting (70.57%) as opposed to an urban setting (29.43%). Looking at GIS mapping, the vast majority of the Urban population density is located in and around the city of Oneonta area.



Urban Population, Percent by Tract, US Census 2010

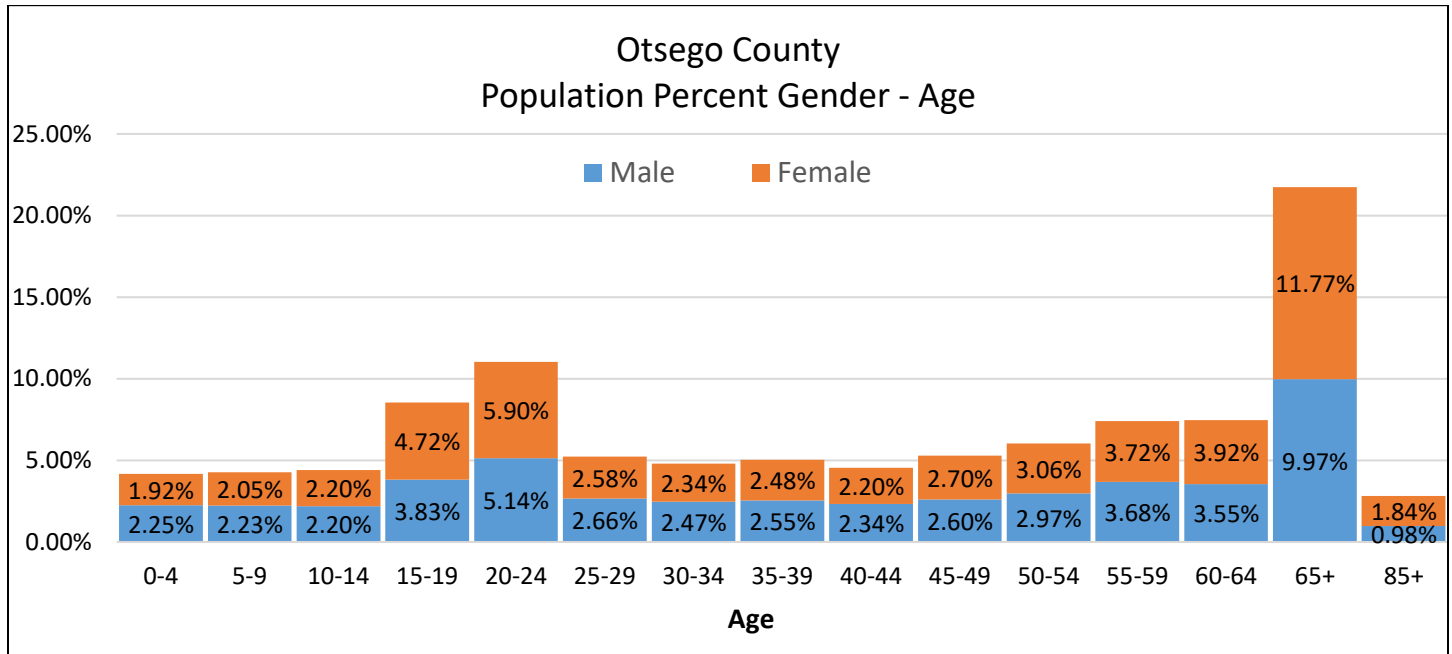
- 100% Urban Population
- 90.1 - 99.9%
- 50.1 - 90.0%
- Under 50.1%
- No Urban Population
- No Data or Data Suppressed
- Otsego County, NY

NOTE: University of Missouri, SparkMap (2019); Urban Population

Otsego County, A.O. Fox Hospital, & Mary Imogene Bassett Medical Center Community Health Needs Assessment

Total Population by Age and Gender

The U.S. Census database reports the over 65 years of age group being the largest age group, with more females than males in that particular group.



U.S. Census, Decennial Census (2020); Population Percentage by Gender and Age

Percent Total Population Race

The percentage of racial diversity per the U.S. Census (2020) reflects that the county population is mainly White (94%).

Report Area	White	Black	Asian	Native American/ Alaska Native	Native Hawaiian/Pacific Islander	Multiple Races
Otsego County	94%	2.5%	1.5%	0.3%	0.1	1.6%
New York	69.6%	17.6%	9.0%	1.0%	0.1%	2.7%
United States	76.3%	13.4%	5.9%	1.3%	0.2%	2.8%

U.S. Census, Decennial Census (2020); Total Population Race

Percent Total Population Ethnicity

Per the U.S. Census (2020), the total population of Otsego county is 96.2% Non-Hispanic or Latino.

Report Area	Non-Hispanic or Latino	Hispanic
Otsego County	96.2%	3.8%
New York	69.6%	17.6%
United States	76.3%	13.4%

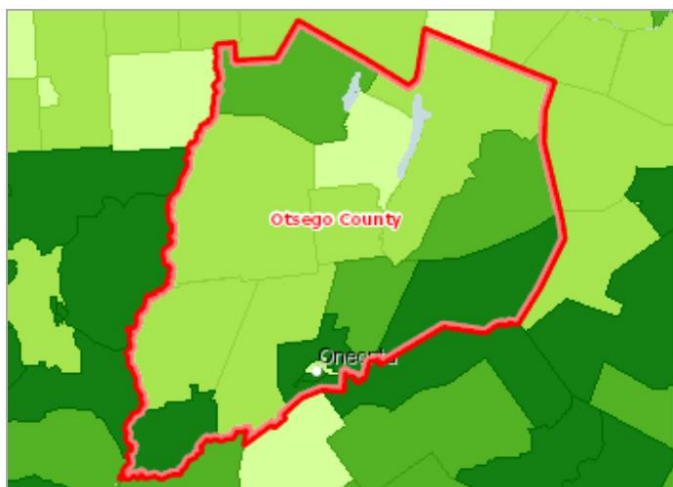
U.S. Census, Decennial Census (2020); Total Population Ethnicity

Percent Total Population with Disability

The disabled population should be considered a vulnerable population that may require targeted services; by knowing the stage of life and location, community health interventional work can be more inclusive of the needs of the target population. Data suggests that the most significant population of disabled individuals is among the 65 and older group living in the areas of Oneonta, Unadilla, Maryland, and Worcester (ACS, 2020).

Report Area	Total Disabled	Under 18 yrs Disabled	18-64 yrs Disabled	65 yrs and older Disabled
Otsego County	14.1%	5.4%	10.1%	32.9%
New York	11.5%	3.9%	8.8%	32.4%
United States	12.6%	4.2%	10.3%	30.7%

U.S. Census, American Community Survey (2020); Population Percentage Total Population with Disability



Disabled Population, Percent by Tract, ACS 2015-19

- Over 18.0%
- 15.1 - 18.0%
- 12.1 - 15.0%
- Under 12.1%
- No Data or Data Suppressed
- Otsego County, NY

Note: University of Missouri (2019); Disabled Population

Foreign-Born

This indicator reflects the population of those individuals who are not a U.S. citizen or U.S. national at birth, including any non-citizens and individuals born outside of the U.S. who have become naturalized citizens. The native U.S. population includes persons born in the United States, Puerto Rico, any U.S. Island area, or abroad of American (U.S. citizen) parents or parents. This population can represent a vulnerable population as they may be unfamiliar with cultural practices, have language barriers, become socially isolated, and have different beliefs on medical treatment.

The American Community Survey (2020) reports Otsego county's densest pocket of foreign-born residents is in the Otsego area and city of Oneonta. A majority arrived prior to 2010 (79.6%), coming from Europe (41.2%) and Latin American (20.9%).

Report Area	Total Population	Naturalized U.S. Citizens	Population Without U.S. Citizenship	Total Foreign-Birth Population	Foreign-Birth Population, % Total Population
Otsego County, NY	58,524	1,419	789	2,208	3.77%
New York	19,572,319	2,534,003	1,885,643	4,419,646	22.58%
United States	324,697,795	21,847,890	22,163,980	44,011,870	13.55%

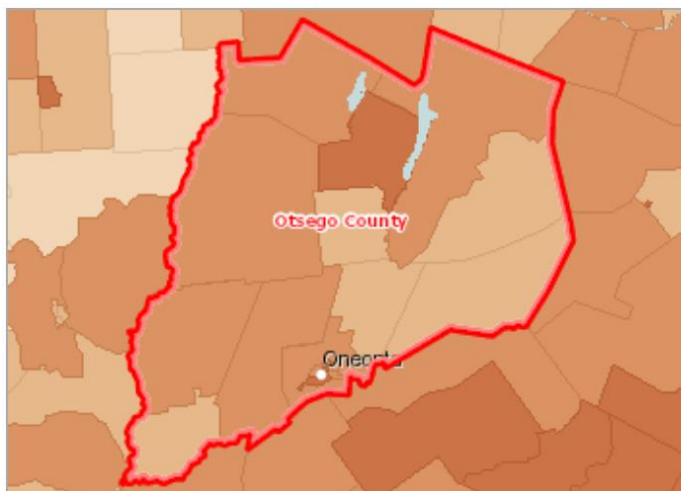
U.S. Census, American Community Survey (2020); Foreign-Born Population

Year Entered United States	Estimate	% Foreign-Born Population
2010 or later	450	20.4%
Before 2010	1,758	79.6%

U.S. Census, American Community Survey (2020); Foreign-Born Year Entered

Foreign-born Region of Origin	Estimate	% Foreign-Born Population
Europe	909	41.2%
Asia	650	29.4%
Africa	52	2.4%
Oceania	1	0.0%
Latin America	461	20.9%
Northern America	135	6.1%

U.S. Census, American Community Survey (2020); Foreign-Born Region of Origin



Note: University of Missouri (2019); Foreign-Born Population

Foreign-Born Population (Non-Citizen or Naturalized), Percent by Tract, ACS 2015-19

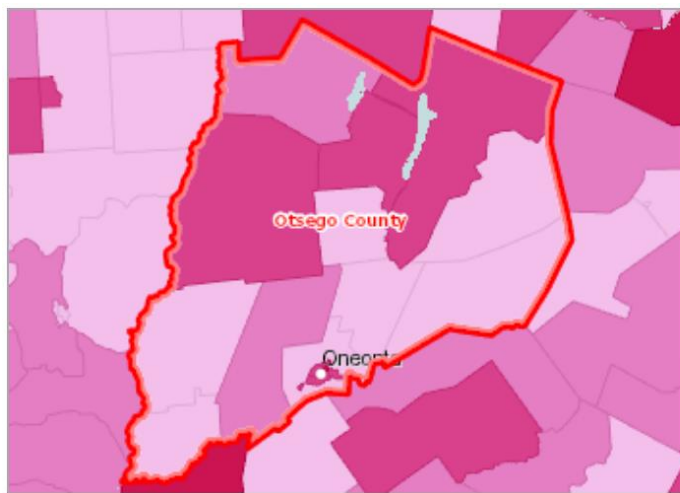
- Over 5.0%
- 2.1 - 5.0%
- 1.1 - 2.0%
- Under 1.1%
- No Data or Data Suppressed
- Otsego County, NY

Population with Limited English Proficiency

This indicator reports the percentage of the population aged 5 years and older who speak a language other than English at home AND speak English less than "very well". An inability to speak or understand English can create barriers to access to healthcare, health literacy, and the ability to communicate with a healthcare provider for needs and provide informed consent. Otsego county data from the ACS (2019) shows that 1.72% of the population have limited English proficiency; the most dense populations are in Oneonta, Cherry Valley, Springfield, Richfield, Otsego, Burlington, New Lisbon, Edmeston, and Pittsfield.

Report Area	Population Age 5+	Population Age 5+ with Limited English Proficiency	Population Age 5+ with Limited English Proficiency, %
Otsego County, NY	58,524	1,004	1.72%
New York	18,418,118	2,440,949	13.25%
United States	304,930,125	25,615,365	8.40%

U.S. Census, American Community Survey (2020); Population with Limited English Proficiency



Population with Limited English Proficiency, Percent by Tract, ACS 2015-19

- Over 4.0%
- 2.1 - 4.0%
- 1.1 - 2.0%
- Under 1.1%
- No Data or Data Suppressed
- Otsego County, NY

Note: University of Missouri, SparkMap (2020); Population with Limited English Proficiency

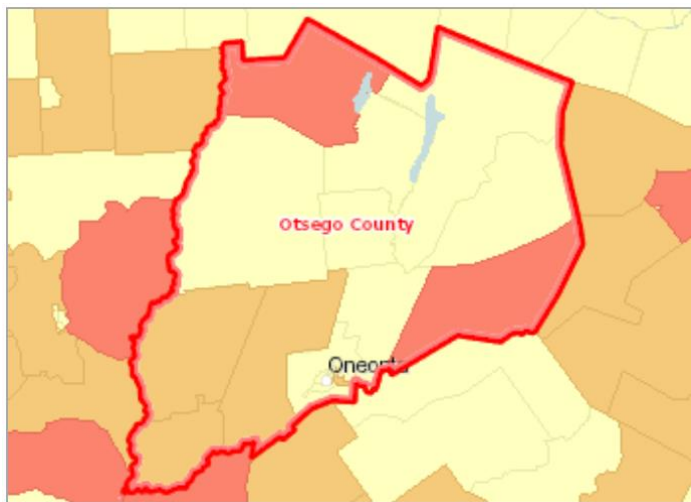
Veteran Population

This indicator shows the percentage of the population age 18 and older who is not currently serving but at one time, did serve on active duty in the U.S. Air Force, Army, Navy, Marine Corps, or the Coast Guard or that served in the U.S. Merchant Marine during WWII.

Otsego County, NY, has a percentage of veterans greater than the New York State percentage. The total population of veterans is 8.03% per report of the ACS (2019), and the greatest concentration is in Plainfield, Richfield, Worcester, and Maryland.

Report Area	Total Population Age 18+	Total Veterans	Veterans, % Total Population
Otsego County, NY	50,245	4,036	8.03%
New York	15,440,436	705,924	4.57%
United States	250,195,726	18,230,322	7.29%

U.S. Census, American Community Survey (2020); Percentage of Total Veteran Population



Veterans, Percent of Total Population by Tract, ACS 2015-19

- Over 13%
- 11.1 - 13.0%
- 9.1 - 11.0%
- Under 9.1%
- No Data or Data Suppressed
- Otsego County, NY

Note: University of Missouri, SparkMap (2020); Percentage of Total Veteran Population

Special populations

Special populations in Otsego county do exist. For instance, there are three towns in Otsego county with an Amish settlement Morris, Richfield Springs, and South Columbia. According to the Elizabethtown College, Young Center for Anabaptist and Pietist Studies, the Amish population in Otsego county (2020) totaled 445 individuals which consists of 0.75% of the county population (Elizabethtown College, 2020).

Town	Settlement Date	Population (2020)
Morris	2015	35
Richfield Springs	2000	240
South Columbia	2002	170

Note: Elizabethtown College (2020); Amish Population in the United State by State and County, 2020

The Amish population requires special consideration as they are exempt from health insurance coverage, do not practice birth control and are often against preventive medicine such as immunizations or prenatal care. Additionally, medical treatment is often delayed due to a belief that illness should be defined by limitations in performing a work role rather than symptoms; in other words, illness is not addressed until there is a work stoppage (Adams & Leverland, 1986).

Access to Clinical Care

Access to clinical care providers for preventative and maintenance care has a large impact on the overall health of a population. A common problem for rural communities such as Otsego County is a lack of a sufficient quantity of clinical providers to give quality care. The lack of clinical care providers decreases the population's overall health status and often results in a higher rate of E.R. visits and hospital admissions, which only strains an already understaffed health system. Otsego County is no exception to the lack of providers for rural communities. While the County Health Rankings show the patient-to-provider ratio is lower than that of New York State, Otsego county also lacks Dentists and Mental Health providers.

Location	Otsego County	New York State
Primary Care Physicians	890:1	1,180:1
Dentists	1,890:1	1,190:1
Mental Health providers	480:1	310:1

University of Wisconsin Population Health Institute (2022); Patient-to-Provider Ratio

Income and Economic

Economic stability is a part of the five domains of Social Determinants of Health, as it is often the driving force behind housing quality/security, food security, and access to care. Understanding the economic status of a population can inform on areas of need for community health interventional work.

Employment – Unemployment Rate

The Unemployment Rate reflects the number of civilian, non-institutionalized population that is 16 years of age and older in the potential labor force who are employed. The 2021 report from the U.S. Department of Labor Bureau of Labor Statistics provided an unemployment rate of 3.3% in Otsego County, which is better than the rate for New York State (5.0%) and the United States (3.7%). Trends suggest that January thru March had the highest unemployment rate. A notable spike occurred across the nation post-2019 which is likely caused by the introduction of COVID-19 restrictions.

Report Area	Labor Force	Number Employed	Number Unemployed	Unemployment Rate, %
Otsego County, NY	31,299	29,604	1,695	3.3%
New York	9,140,537	8,683,231	457,306	5.0%
United States	162,825,074	156,786,647	6,038,427	3.7%

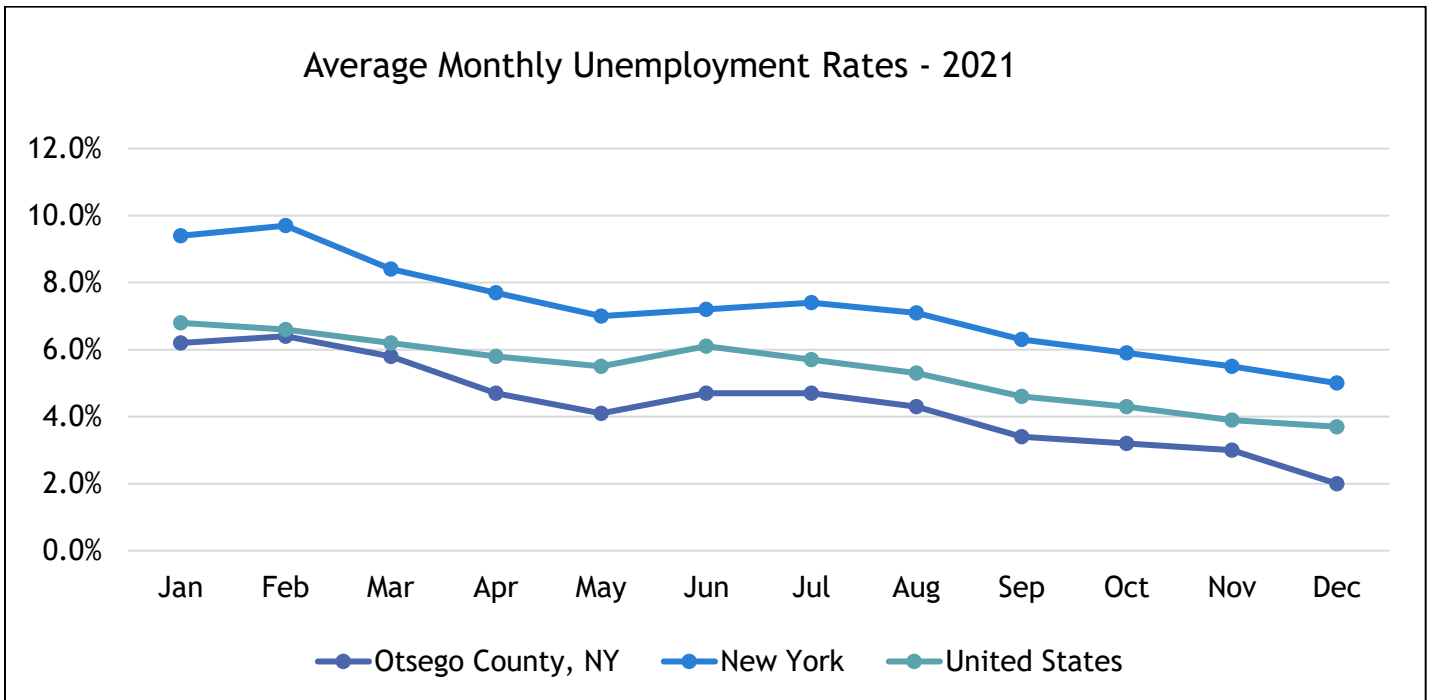
U.S. Department of Labor: Bureau of Labor Statistics (2021); Labor Force



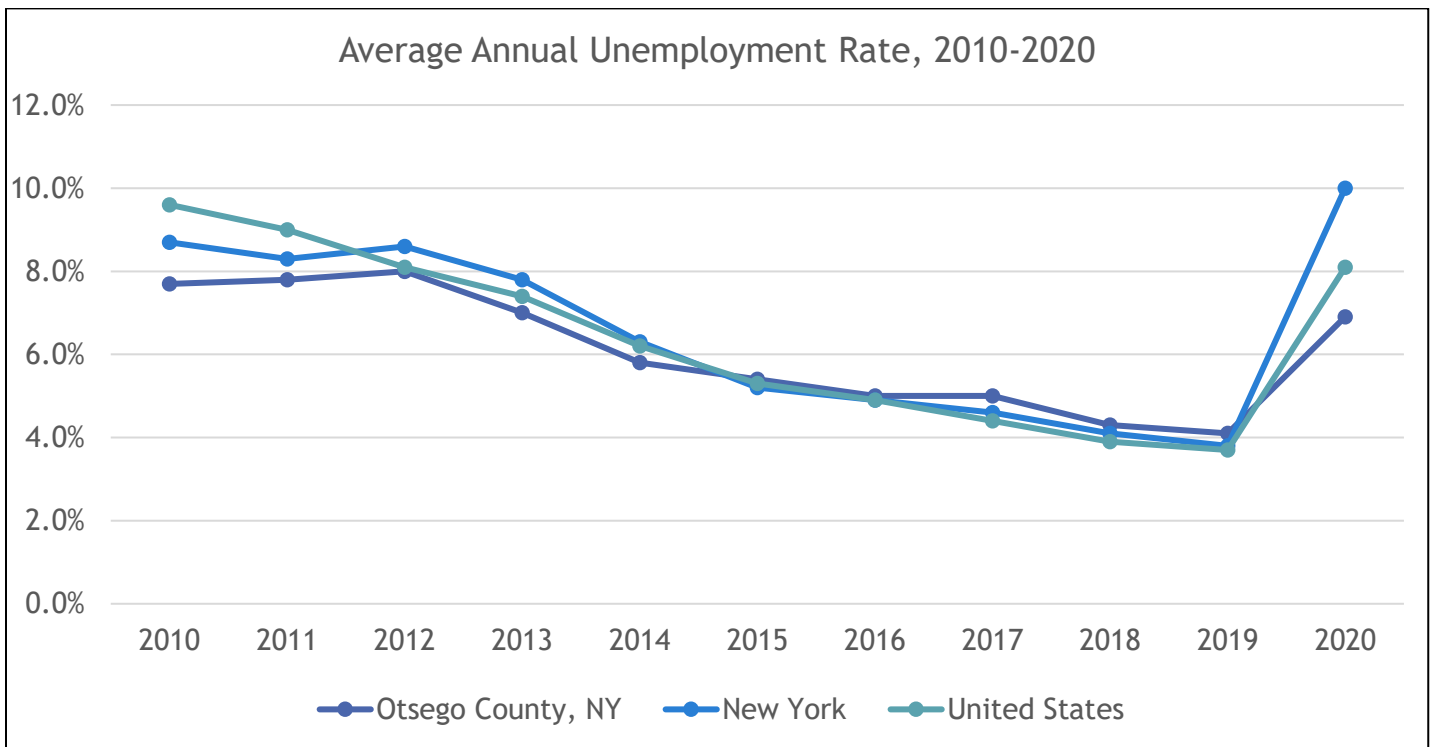
Unemployment, Rate by County, BLS 2022 - February

- Over 12.0%
- 9.1 - 12.0%
- 6.1 - 9.0%
- 3.1 - 6.0%
- Under 3.1%
- Otsego County, NY

NOTE: University of Missouri, SparkMap (2022); Unemployment Rate by County



U.S. Department of Labor: Bureau of Labor Statistics (2021); Average Unemployment Rate



U.S. Department of Labor: Bureau of Labor Statistics (2021); Average Annual Unemployment Rate

Income – Household Income

Reporting meaningful information related to household income can be a challenge as the number of individuals per household will vary. The 2015-2019 ACS revealed that the average household income in Otsego County is \$56,171 with the highest concentration of wealth in the city of Oneonta and the town of Otsego.

Report Area	Total Households	Average Household Income	Median Household Income
Otsego County, NY	23,768	\$72,963	\$56,171
New York	7,343,234	\$101,945	\$68,486
United States	120,756,048	\$88,607	\$62,843

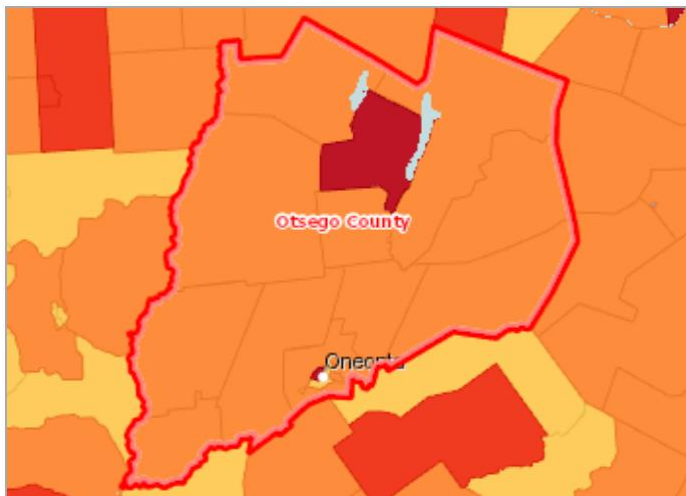
U.S. Census, American Community Survey (2020); Average Household Income

Total Household Income	%
Less than \$10,000	5.7%
\$10,000 to \$14,999	5.0%
\$15,000 to \$24,999	9.7%
\$25,000 to \$34,999	9.6%
\$35,000 to \$49,999	14.1%
\$50,000 to \$74,999	19.8%
\$75,000 to \$99,999	13.5%
\$100,000 to \$149,999	14.6%
\$150,000 to \$199,999	4.7%
\$200,000 or more	3.3%

U.S. Census, American Community Survey (2020); Total Household Income Distribution

Report Area	1-Person Household	2-Person Household	3-Person Household	4-Person Household	5-Person Household	6-Person Household	7± Person Household
Otsego County, NY	\$28,650	\$62,989	\$73,239	\$89,098	\$71,635	\$74,766	\$59,500
New York	\$34,560	\$76,630	\$90,076	\$104,805	\$99,673	\$95,920	\$103,335
United States	\$32,008	\$70,231	\$81,087	\$93,831	\$86,817	\$83,852	\$88,580

U.S. Census, American Community Survey (2020); Average Household Income



Median Household Income by Tract, ACS 2015-19

- Over \$70,000
- \$60,001 - \$70,000
- \$50,001 - \$60,000
- Under \$50,001
- No Data or Data Suppressed
- Otsego County, NY

NOTE: University of Missouri, SparkMap (2022); Median Household Income

Acknowledging the challenge of multiple individuals living in one home, the below data reflects the per capita income data. Per capita income data, reported from the 2015-2019 ACS, shows the average income per every individual (man, woman, child) living in the specified area regardless of any other determinant factors that may be present. The per capita income for Otsego County is \$30,223, which is lower than the overall average in New York state (\$39,325) and the United States (\$34,102). Data indicates that much of the county is living above the current federal poverty threshold per person, \$13,590 (DHHS, 2022).

Report Area	Total Population	Total Income (\$)	Per Capita Income (\$)
Otsego County, NY	59,972	\$1,730,134,500	\$30,223
New York	19,572,319	\$769,699,182,600	\$39,325
United States	324,697,795	\$11,073,131,694,900	\$34,102

U.S. Census, American Community Survey (2020); Average Income

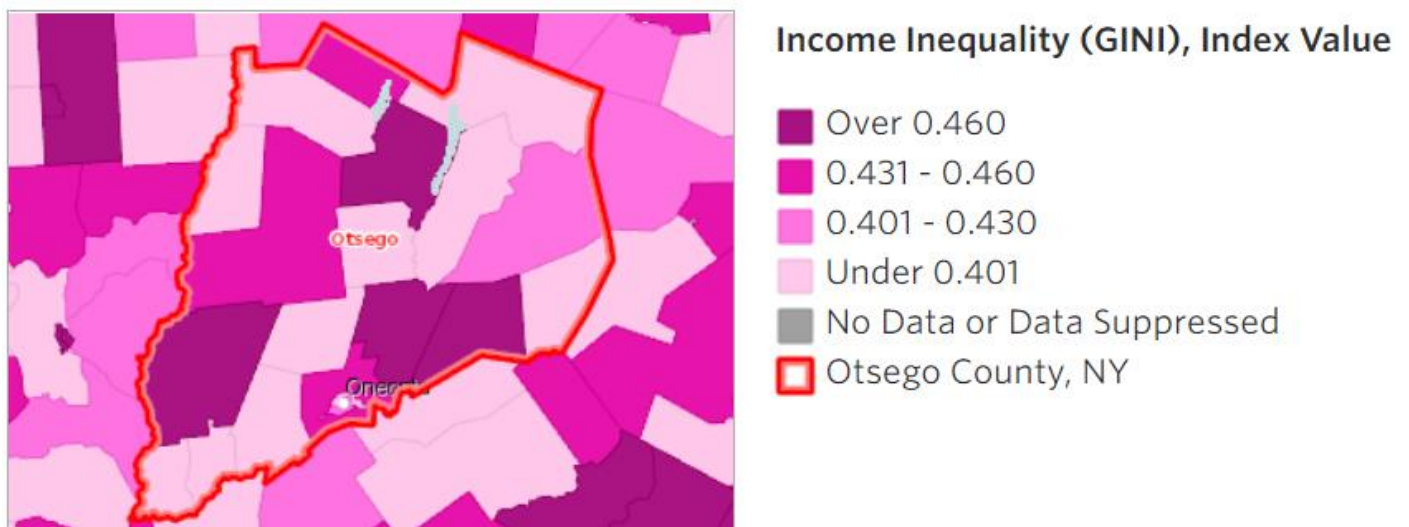
Income Inequality: GINI Index

The GINI Index is a summary measurement of income equality in a population; this index looks at the entire distribution of income. **The index values range from 0, which indicates perfect equality (every person has an equal share), to 1, indicating perfect inequality (one or a group of recipients is receiving a majority of the income)** (U.S. Census Bureau, 2021). GINI Index data was calculated through American Community Survey data. Understanding the GINI Index provides insight into identifying high-risk populations. A high income inequality can indicate potential pockets of health inequities that may not be reflected in high level data.

Otsego county reflects a GINI Index value of 0.44, indicating income equality that is neither completely perfect nor imperfect. There are clearly groups of the population with higher income than others. Possible explanations for the inequality may lie in the considerable industry variation available to county residents. Also, the presence of multiple higher education institutions has created pockets of wealth in those areas. Otsego County has a better GINI Index value than New York State and the United States.

Report Area	Total Households	GINI Index
Otsego County, NY	23,409	0.44
New York	7,343,234	0.51
United States	120,756,048	0.48

U.S. Census, American Community Survey (2020)



NOTE: University of Missouri, SparkMap (2022); Otsego County, Income Inequality (GINI)

Otsego County Industry	%
Agriculture, forestry, fishing, hunting, and mining	3.1%
Construction	5.9%
Manufacturing	7.5%
Wholesale trade	1.0%
Retail trade	12.8%
Transportation, warehousing, and utilities	3.6%
Information	1.1%
Finance, insurance, real estate, rental, and leasing	4.4%
Professional, scientific, management, administrative, and waste management	5.3%
Educational services, health care, and social assistance	35.5%
Arts, entertainment, recreation, accommodation, and food services	12.7%
Other services, except public administration	3.6%
Public administration	3.6%

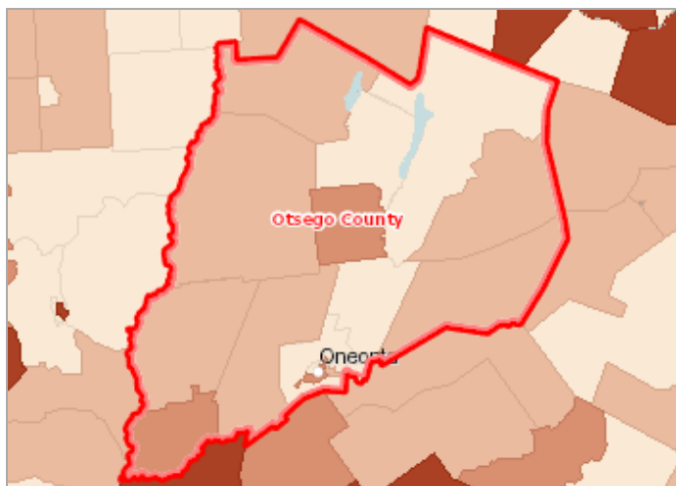
U.S. Census, American Community Survey (2020)

Poverty – Children Below 100% Federal Poverty Level (FPL)

The 2015-2019 ACS reports that 17.41% of Otsego County residents under the age of 18 years live 100% below the Federal Poverty Level (FPL), which is below New York State and the United States. County areas with the highest percent of being below the FPL are the southern part of the city of Oneonta, the town of Hartwick, and Unadilla. The FPL is the income level used to determine eligibility for benefits and certain programs (healthcare.gov, n.d.) Understanding poverty can indicate barriers to healthy food, health care, housing, and education. This indicator also represents the potential participation in social services provided in educational institutions.

Report Area	Total Population	Population Under Age 18	Population Under Age 18 in Poverty, %
Otsego County, NY	54,849	9,407	17.41%
New York	19,063,180	4,031,379	19.64%
United States	316,715,051	72,235,700	18.52%

U.S. Census, American Community Survey (2020); Poverty by Age



Population Below the Poverty Level, Children (Age 0-17), Percent by Tract, ACS 2015-19

- Over 30.0%
- 22.6 - 30.0%
- 15.1 - 22.5%
- Under 15.1%
- No Population Age 0-17 Reported
- No Data or Data Suppressed
- Otsego County, NY

NOTE: University of Missouri, SparkMap (2022); Population Below the Poverty Level

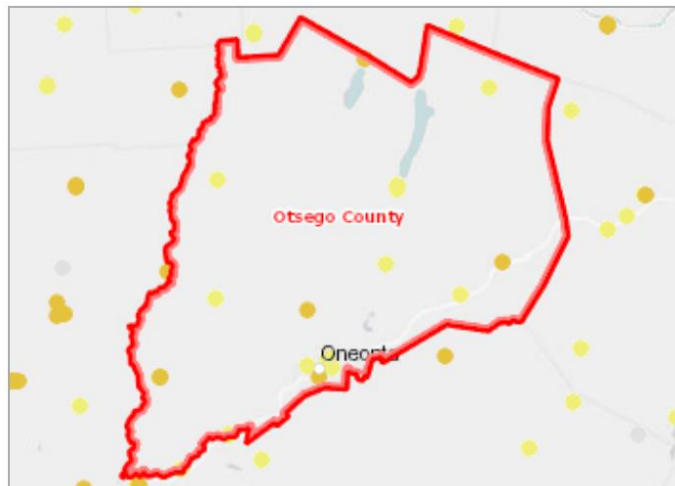
Poverty – Children Eligible for Free/Reduced Price Lunch

The National School Lunch Program (NSLP) is a federal program operating in public and nonprofit private schools and residential childcare institutions. The program provides nutritionally balanced, low-cost, or free lunches to children each school day. Eligibility at the time of this data report (NCES 2019-2020) was calculated by "multiplying the year 2019 federal income poverty guidelines by 1.30 and 1.85, respectively, and by rounding the result upward to the next whole dollar" (USDA, 2019).

Of the 6,151 students reported eligible during the reporting period in Otsego County, 44.22% qualified for Free or Reduced Priced Lunches, according to the NSLP guidelines. The greatest eligibility percentages are present in the city of Oneonta, Butternuts, and Worcester. This information shows accessibility to healthy foods for a vulnerable population during school months.

Report Area	Total Students	Students Eligible for Free or Reduced-Price Lunch, %
Otsego County, NY	6,151	44.22%
New York	2,658,992	53.46%
United States	50,829,148	49.63%

National Center for Education Statistics, 2020-21 Common Core of Data (CCD) (2022); Free Lunch Program



Students Eligible for Free or Reduced-Price Lunch, NCES CCD 2020-21

- Over 90.0%
- 75.1% - 90.0%
- 50.1% - 75.0%
- 20.1% - 50.0%
- Under 20.1%
- Not Reported
- Otsego County, NY

NOTE: University of Missouri, SparkMap (2022); Students Eligible for Free or Reduced-Price Lunch

Supplemental Nutrition Assistance Program (SNAP) Benefits

The Supplemental Nutrition Assistance Program (SNAP) is a federal program that provides nutrition benefits to low-income individuals or families by supplementing the food budget to purchase healthy foods (USDA, n.d.) Eligibility for SNAP benefits is determined based on gross income and family size according to the state of residence. The eligibility charts for New York State can be found at: <https://otda.ny.gov/programs/snap/#eligibility>

The 2015-2019 ACS data reports that New York had 26.8% of all residents eligible for SNAP benefits in 2019. The Otsego County data shows that 11.81% of all residents had SNAP eligibility in 2020. Of those eligible, New York State reported a service access rate of 64.2%, whereas the Otsego county access rate was 10.4%.

Regarding access to SNAP-authorized facilities, the county has a total of 49, which is a rate of 8.15/10,000 per the USDA SNAP Retailer Locator, which is close to the New York state rate (8.18) and better than the United States (7.49) according to data found in the USDA SNAP Retailer Locator Data.

Report Area	Total Population (2019)	Total SNAP-Authorized Retailers	SNAP-Authorized Retailers, Rate per 10,000 Population
Otsego County, NY	59,493.00	5,273	8.90
New York	20,201,249	16,522	8.18
United States	331, 449, 281	248,397	7.49

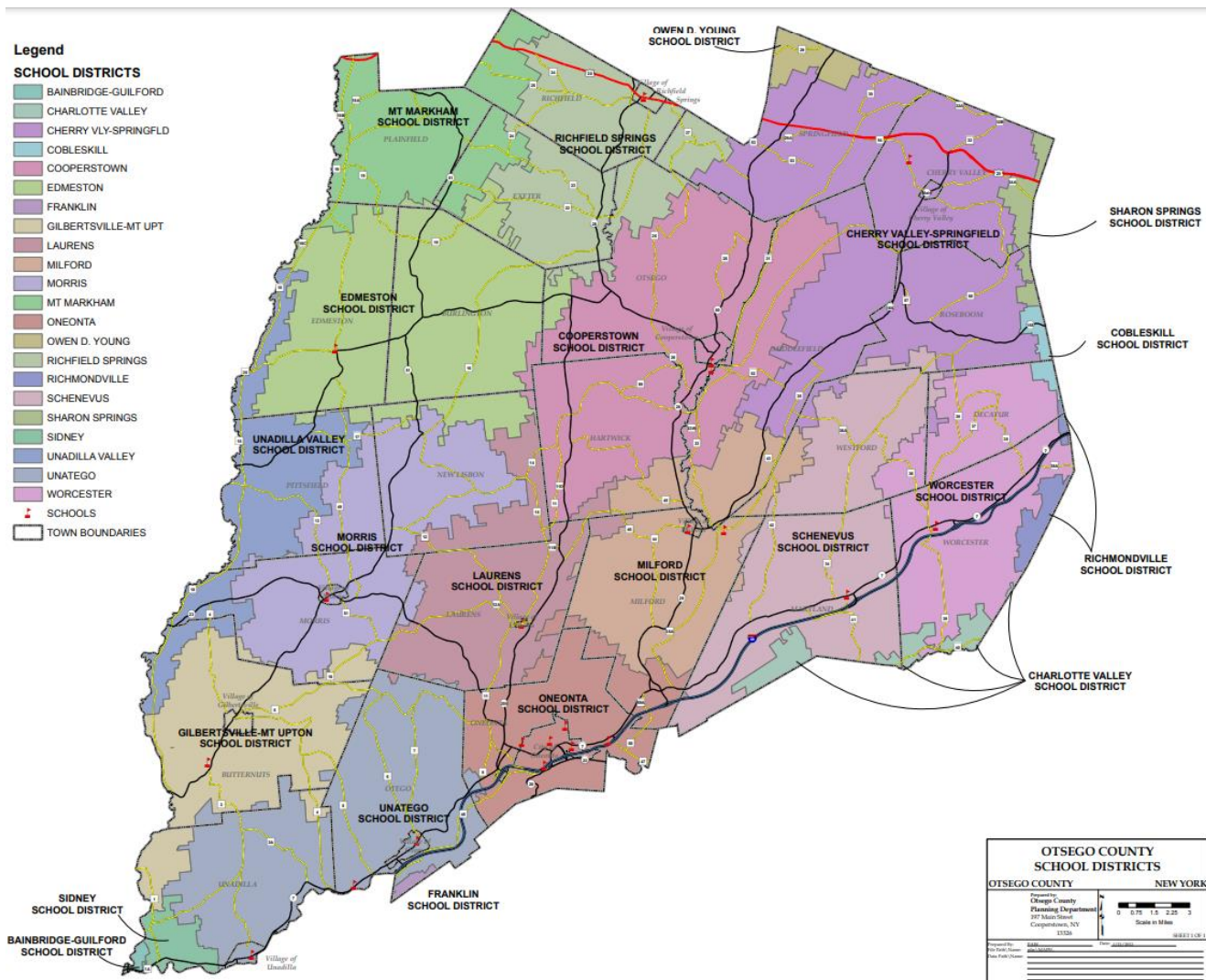
United States Department of Agriculture (USDA).SNAP Retailer Locator Data (2020)

Education

Throughout life, access to education provides the necessary tools to be healthier, have a greater quality of life, and provide upward socioeconomic mobility. Individuals with less education are often linked to lower income, poorer health, and an increased presence of chronic disease. Furthermore, the higher SES provided by education can be attributed to improved quality of housing, personal transportation, health coverage, and more access to healthy food options. In Otsego County, N.Y., there are 22 school districts available to residents.

Otsego County School Districts

Bainbridge-Guilford	Charlotte Valley	Schenevus
Cherry Valley-Springfield	Cobleskill	Sidney
Cooperstown	Edmeston	Unatego
Franklin	Gilbertsville-Mount Upton	Richmondville
Laurens	Milford	Sharon Springs
Morris	Mount Markham	Unadilla Valley
Oneonta	Owen D. Young	Worcester
Richfield Springs		



NOTE: Otsego County (2012); Otsego County School District Map

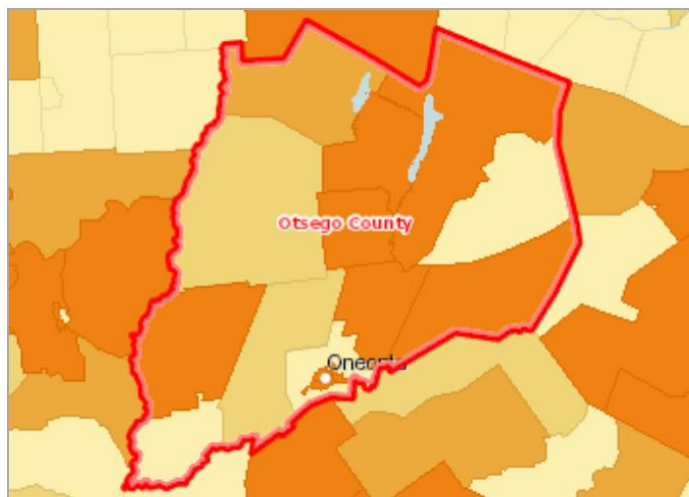
Access – Preschool Enrollment (3-4 years)

This indicator represents the percentage of the aged 3-4 years of age population enrolled in school. The reporting of preschool enrollment can indicate the state of the educational system.

The 2015-2019 ACS data indicates that 57.31% of 3-4 year olds in Otsego County were enrolled in Preschool during the survey timeframe, above the national average but below the New York state average. Areas of the county with the lowest enrollment are Unadilla, Oneonta (outside of the city), Westford, Decatur, and Roseboom.

Report Area	Population Age 3-4	Population Age 3-4 Enrolled in School	Population Age 3-4 Enrolled in School, %
Otsego County, NY	1,218	698	57.31%
New York	475,240	280,051	58.93%
United States	8,151,928	3,938,693	48.32%

U.S. Census, American Community Survey (2020); School Enrollment



Enrollment in School, Children (Age 3-4), Percent by Tract, ACS 2015-19

- Over 55.0%
- 45.1 - 55.0%
- 35.1 - 45.0%
- Under 35.1%
- No Population Age 3-4 Reported
- No Data or Data Suppressed
- Otsego County, NY

NOTE: University of Missouri, SparkMap (2022); Children Enrollment in School

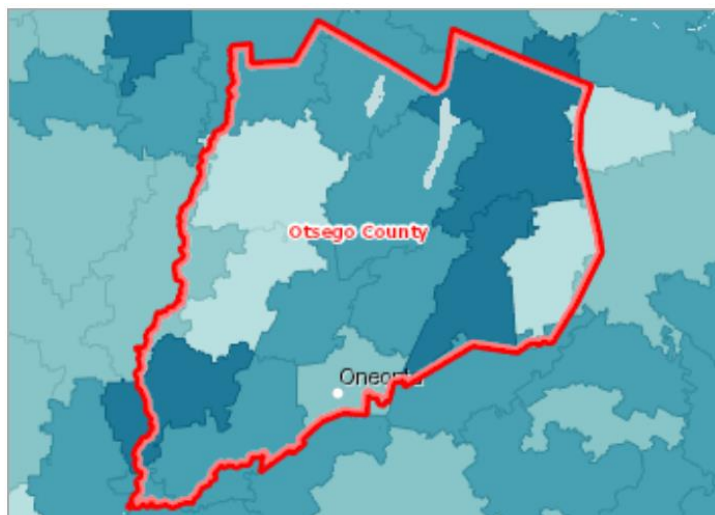
Attainment – High School Graduation Rate

"The adjusted cohort graduation rate (ACGR) is a graduation metric that follows a "cohort" of first-time 9th graders in a particular school year and adjusts this number by adding any students who transfer into the cohort after 9th grade and subtracting any students who transfer out, emigrate to another country, or pass away. The ACGR is the percentage of the students in this cohort who graduate within four years" (NCES, 2017).

In the Otsego County report area, the adjusted cohort graduation rate was 84.5% during the most recently reported school year; the average ACGR is lower than New York State's (86.8%). Areas with the lowest On-Time Graduation Rate for Otsego County are the Morris, Edmeston, Worcester, and Sharon Springs school districts.

Report Area	Adjusted Student Cohort	Number of Diplomas Issued	Cohort Graduation Rate
Otsego County, NY	560	473	84.5%
New York	126,287	109,573	86.8%
United States	3,095,240	2,715,610	87.7%

United States Department of Education, Adjusted cohort graduation rate (ACGR) (2020); On-Time Graduation



On-Time Graduation, Rate by School District (Secondary), ED Facts 2018-19

- Over 94.0%
- 85.1 - 94.0%
- 75.1 - 85.0%
- Under 75.1%
- No Data or Data Suppressed
- Otsego County, NY

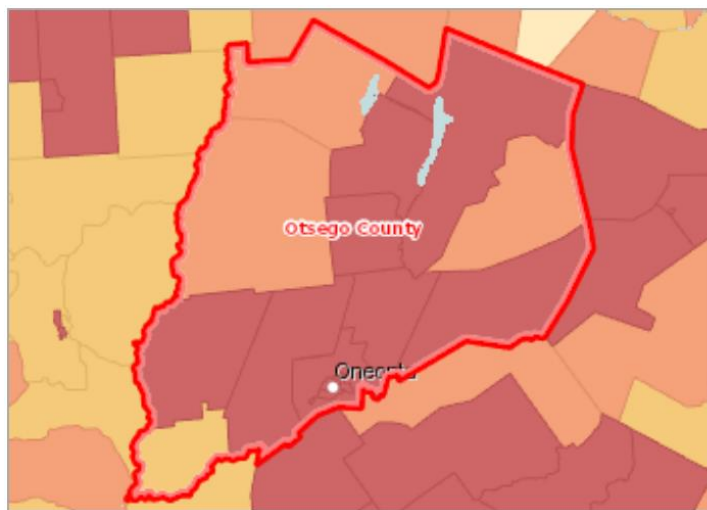
NOTE: University of Missouri, SparkMap (2022); On-Time Graduation by School

Attainment – Bachelor's Degree or Higher

As mentioned previously, education can significantly impact numerous aspects of health. In Otsego County, the 2015-2019 ACS revealed that 31.05% of the 25 years and older population had attained a Bachelor's degree or higher; this is below the New York state (36.57%) and United States (32.15%) average. The rate of Bachelor's degrees in the county is lowest in Unadilla.

Report Area	Total Population Age 25 yrs+	Population 25 yrs+ with Bachelor's Degree or Higher, %
Otsego County, NY	39,939	31.05%
New York	13,631,937	36.57%
United States	220,622,076	32.15%

U.S. Census, American Community Survey (2020); Education



Population with a Bachelor's Degree or Higher, Percent by Tract, ACS 2015-19

- Over 23.0%
- 18.1 - 23.0%
- 13.1 - 18.0%
- Under 13.1%
- No Data or Data Suppressed
- Otsego County, NY

NOTE: University of Missouri, SparkMap (2022); Bachelor's Degree or Higher

Housing and Families

The housing indicator describes the housing structure, family unit, quality of housing units, and residential neighborhoods. Issues such as overcrowding, housing quality, and housing affordability have been linked to numerous health topics, including infectious diseases, injuries, and mental disorders. Furthermore, housing metrics like home-ownership rates and housing prices are essential for economic analysis for application to SDOH principles.

Total Housing Units with Age

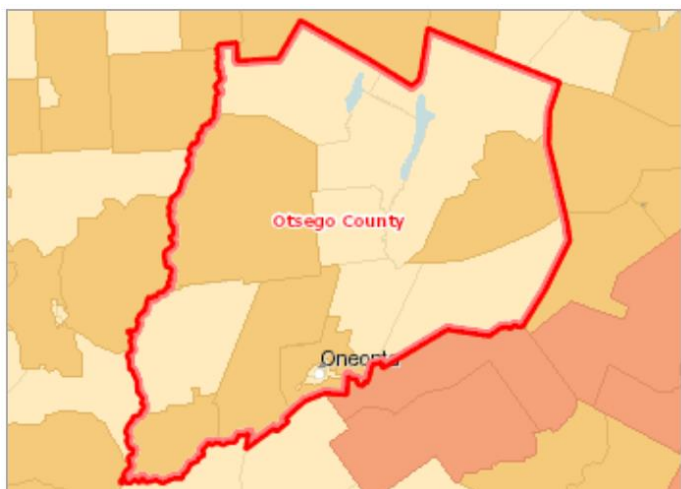
Per the 2015-2019 ACS, Otsego County has 31,232 housing units with a median year built of 1955; 52.91% of homes were built before 1960. Overall the median home age is older than in New York State (1957) and the United States (1978). The total number of housing units can be used to evaluate availability. Areas of the county with the oldest homes are Plainfield, Richfield, Exeter, Otsego, Cooperstown, Springfield, Cherry Valley, Middlefield, Hartwick, Milford, Maryland, Worcester, Butternuts, Gilbertsville, and the city of Oneonta. The median age of a home provides information on potential quality and health concerns. Additionally, the presence of newer homes can show overall community growth.

Report Area	Total Housing Units	Median Year Structures Built
Otsego County, NY	31,232	1955
New York	8,322,722	1957
United States	137,428,986	1978

U.S. Census, American Community Survey (2020)

Report Area	Before 1960	1960-1979	1980-1999	2000-2010	After 2010
Otsego County, NY	52.91%	16.04%	20.68%	7.68%	2.69%
New York	54.91%	22.41%	13.73%	6.27%	2.68%
United States	27.81%	25.76%	27.31%	13.96%	5.16%

U.S. Census, American Community Survey (2020)



Median Year Structure Built by Tract, ACS 2015-19

- Newer than 1985
- 1976 - 1985
- 1966 - 1975
- Older than 1966
- No Data or Data Suppressed
- Otsego County, NY

NOTE: University of Missouri, SparkMap (2022); Median Year Structure Built

Owner vs. Renter Occupied Housing Units

The 2015-2019 ACS revealed the percentage of Owner-Occupied homes is 55.3% in Otsego County, which is greater than in New York state (46.8%) and the United States (53.7%). Home ownership can indicate greater housing stability.

Report Area	Owner-Occupied, %	Renter-Occupied, %
Otsego County, NY	55.3%	44.7%
New York	46.8%	53.2%
United States	53.7%	46.3%

U.S. Census, American Community Survey (2020)

Homelessness

While homelessness is a complex population to measure, the New York State Education Department (NYSED) does provide insight through public school enrollment data. The NYSED 2019-2020 enrollment data suggests 106 individual students are homeless, with the greatest concentration in the Oneonta City School district; however, there are unsheltered students in every school district except Worcester. Most homeless school-aged children have a primary nighttime residence of "doubled up" with another family.

Doubled Up	Hotel / Motel	Sheltered	Unsheltered
89	8	9	0

New York State Education Department (NYSED), 2019-2020 Enrollment (2020); Unhoused Student Category

Otsego County School Districts with Unhoused Students

School Name	2019-20 Total
GILBERTSVILLE-MOUNT UPTON CENTRAL SCHOOL DISTRICT	DS
EDMESTON CENTRAL SCHOOL DISTRICT	15
LAURENS CENTRAL SCHOOL DISTRICT	9
SCHENEVUS CENTRAL SCHOOL DISTRICT	DS
MILFORD CENTRAL SCHOOL DISTRICT	6
MORRIS CENTRAL SCHOOL DISTRICT	DS
ONEONTA CITY SCHOOL DISTRICT	38
OTEGO-UNADILLA CENTRAL SCHOOL DISTRICT	14
COOPERSTOWN CENTRAL SCHOOL DISTRICT	DS
RICHFIELD SPRINGS CENTRAL SCHOOL DISTRICT	17
CHERRY VALLEY-SPRINGFIELD CENTRAL SCHOOL DISTRICT	DS
WORCESTER CENTRAL SCHOOL DISTRICT	0

*D.S.: Data suppressed (less than 5, more than 0)

New York State Education Department (NYSED), 2019-2020 Enrollment (2020); Homeless students

Substandard Housing Quality

The quality of housing can be detrimental to an individual's health through the burden of costs, lack of necessities to live, exposure, etc. In this indicator, substandard housing is defined as one of the following:

- 1) Lacking complete plumbing facilities
- 2) Lacking complete kitchen facilities
- 3) 1 or more occupants per room
- 4) Selected monthly owner costs as a percentage of household income greater than 30%
- 5) Gross rent as a percentage of household income greater than 30%.

The 2015-2019 ACS reveals that 29.23% of housing for Otsego County residents meets the criteria for substandard housing. A majority of those meeting criteria have one qualifying condition with cost-burdened households having the greatest presence, the city of Oneonta and the town of Milford have the highest rate.

Report Area	Substandard Conditions
Otsego County, NY	29.23%
New York	39.23%
United States	31.91%

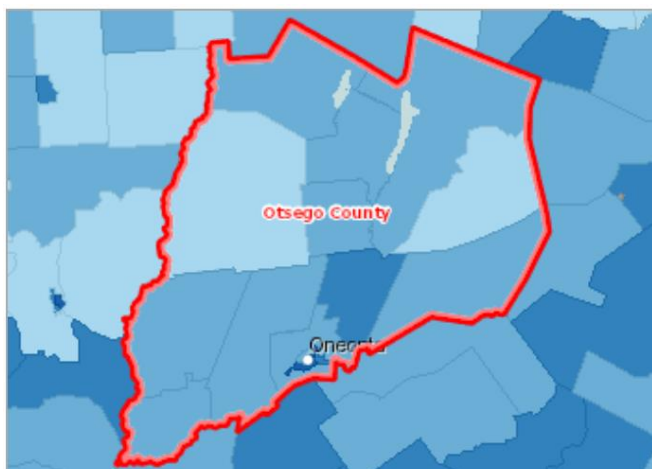
U.S. Census, American Community Survey (2020); Substandard Housing

Report Area	No Conditions	One Condition	Two or Three Conditions	Four Conditions
Otsego County, NY	70.77%	28.14%	1.06%	0.03%
New York	60.77%	36.36%	2.86%	0.01%
United States	68.09%	30.03%	1.87%	0.01%

U.S. Census, American Community Survey (2020); Substandard Housing

Report Area	Lacking Complete Plumbing Facilities	Lacking Complete Kitchen Facilities	Cost Burdened Households
Otsego County, NY	0.67%	2.85%	28.01%
New York	0.39%	2.06%	37.64%
United States	0.39%	2.79%	30.85%

U.S. Census, American Community Survey (2020); Substandard Housing



Cost Burdened Households (Housing Costs Exceed 30% of Household Income), Percent by Tract, ACS 2015-19

- Over 35.1%
- 28.1 - 35.0%
- 21.1 - 28.0%
- Under 21.1%
- No Data or Data Suppressed
- Otsego County, NY

NOTE: University of Missouri, SparkMap (2022); Cost Burdened Households

Social Factors

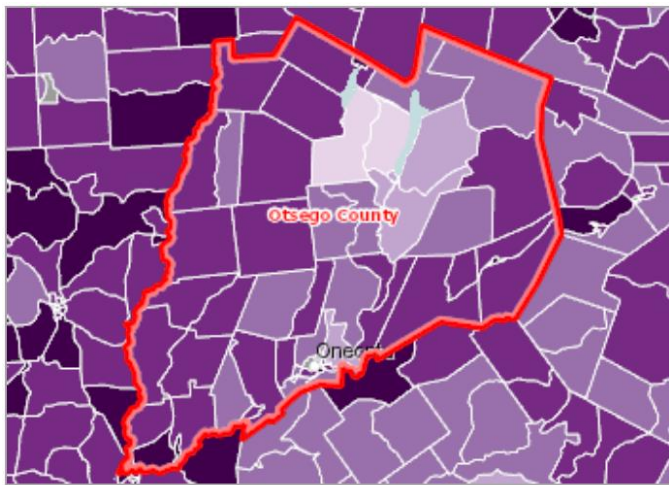
Area of Deprivation Index (ADI)

The Area of Deprivation Index (ADI) is a tool used to measure the socioeconomic disadvantage of a neighborhood in the United States by using discrete information from the U.S. Census. The 17 factors that calculate this index score falls into the following categories: poverty, education, housing, and employment. The overall score is represented on a scale of 1 to 100, with one being the lowest (least disadvantaged) and 100 being the highest level of deprivation (most disadvantaged). (Knighton et al., 2016).

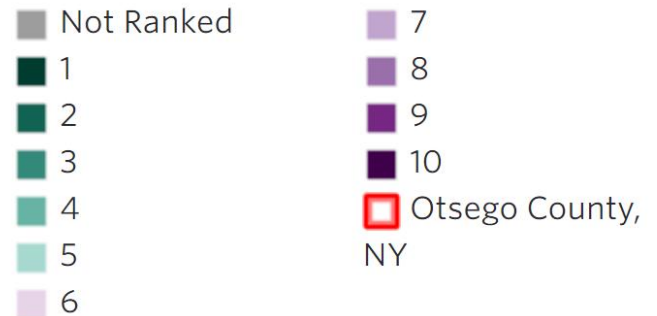
Area of Deprivation Index (ADI) Data points		
Category	U.S. Census Indicator	ACS or Census Table Reference
Poverty	Median family income, \$	B19113
	Income disparity	B19001
	Families below poverty level, %	B17010
	% population below 150% poverty threshold, %	C17002
	Single parent households with dependents <18, %	SF1P20
	Households without a motor vehicle, %	B25044
	Households without a telephone, %	B25043
Housing	Occupied housing units without complete plumbing, %	B25016
	Owner-occupied housing units, %	B25003
	Households with >1 person per room, %	B25014
	Median monthly mortgage, \$	B25088
	Median gross rent, \$	B25064
Employment	Median home value, \$	B25077
	Employed person 16+ in white collar occupation, %	C24010
Education	Civilian labor force unemployed (aged 16+), %	B23025
	Population aged 25+ with <9yr education, %	B15003
	Population aged 25+ with a least a high school education,	B15003

When applying the ADI to Otsego county, there is widespread deprivation, with no area scoring below a 6 (when reduced to a 1-10 scale). The city of Oneonta shows the greatest area of deprivation in Otsego County.

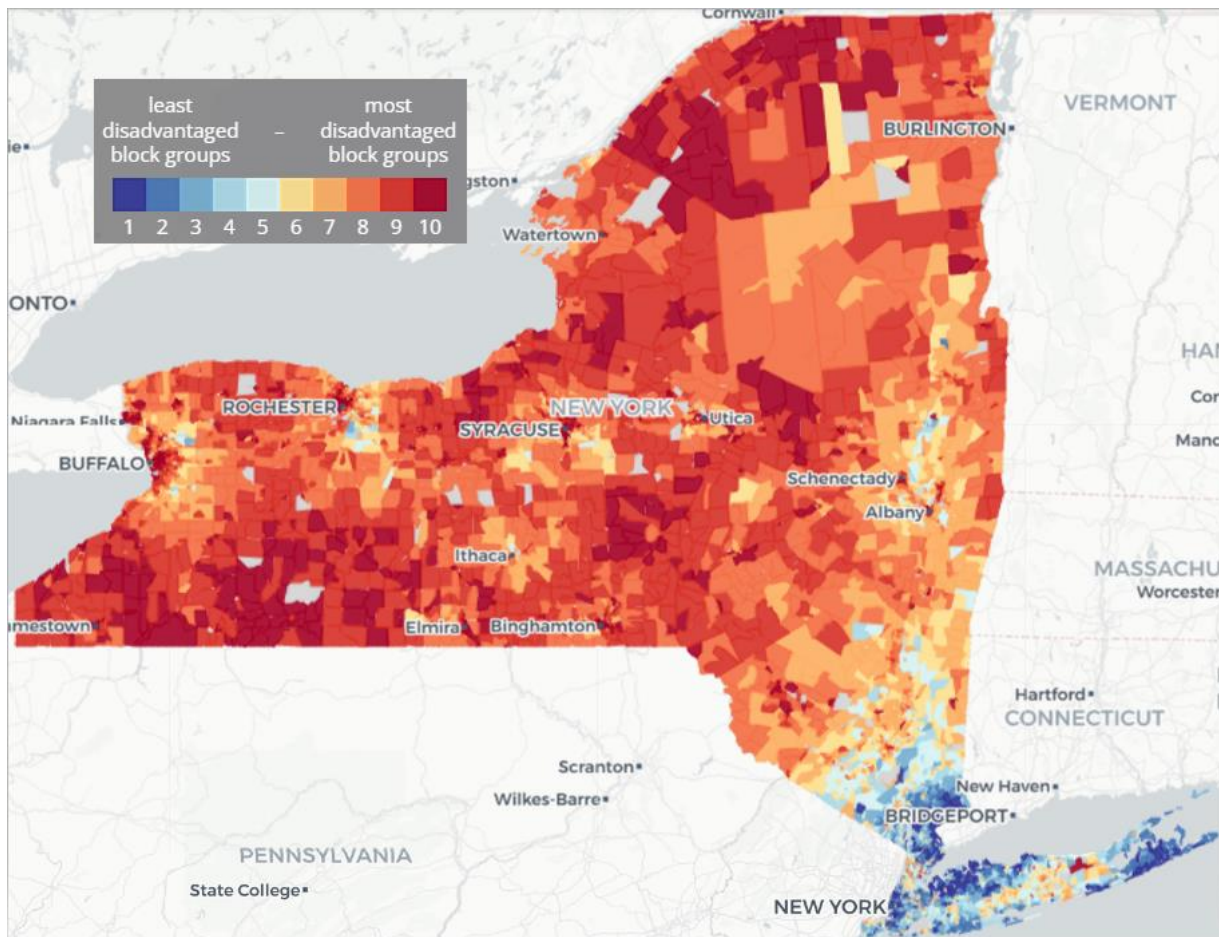
Otsego County, A.O. Fox Hospital, & Mary Imogene Bassett Medical Center Community Health Needs Assessment



Area Deprivation Index (2019), State Decile by Block Group, Neighborhood Atlas 2021



NOTE: University of Missouri, SparkMap (2022); Area of Deprivation Index



NOTE: University of Wisconsin, Neighborhood Atlas (2019); New York State ADI

Personal Transportation

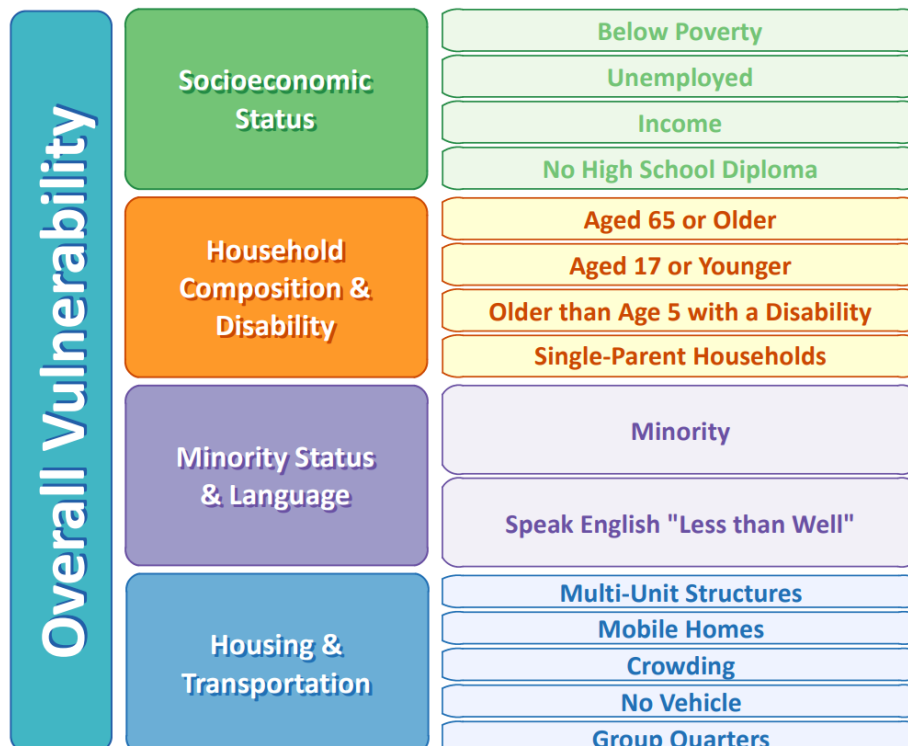
Access to a motor vehicle in ones’ home can have an impact on access to care, food, medications, social isolation, among others. The 5-Year American Community Survey published in 2020 shows that 8.81% of Otsego county households do not have access to a motor vehicle. Otsego County residents have a greater access to personal transportation than New York State (29.06% without) and are slightly less than national access (8.61% without).

Report Area	Total Occupied Households	Households with No Motor Vehicle	Households with No Motor Vehicle, %
Otsego County, NY	23,409	2,063	8.81%
New York	7,343,234	2,134,145	29.06%
United States	120,756,048	10,395,713	8.61%

U.S. Census, American Community Survey (2020); Motor Vehicle Access

Social Vulnerability Index (SVI)

The Social Vulnerability Index (SVI) uses data from the U.S. Census to categorize vulnerable communities based on factors in their social structure. Communities considered to have higher SVI are at risk during public health emergencies due to a lack of resources in addition to the impact on overall health. Calculating the SVI, there are 15 variables that fall into four themes: Socioeconomic Status, Household Composition & Disability, Minority Status & Language, and Housing & Transportation. Each of these themes is often displayed as a GIS map through a generated score from 0 to 1; the higher the score (closer to 1), the more vulnerable the community is. The theme and 15 variables of the SVI are listed below (CDC, 2014).



NOTE: Centers for Disease Control and Prevention, A Social Vulnerability Index (SVI) from the CDC (2014)

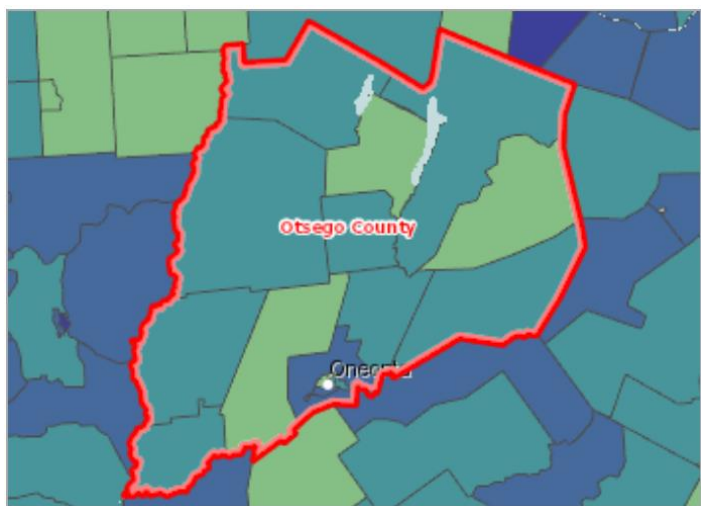
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While this is not an exact predictor for all SDOH that may impact a population, the SVI provides an evidence-based solution for the initial assessment of a community's health equity capabilities.

The CDC Geospatial Research, Analysis, and Services Program (GRASP) used the 2018 U.S. Census data to calculate an SVI score for Otsego County, New York State, and the United States. Otsego County received an overall SVI of 0.42, with Housing & Transportation being the highest scoring theme. Community health assessments may find value in looking into interventional work for the Housing & Transportation theme. The town of Oneonta has the highest SVI score throughout the county. Overall, Otsego County has an SVI lower than New York State (0.55) but higher than the United States (0.40).

Report Area	Total Population	Socioeconomic Theme Score	Household Composition Theme Score	Minority Status Theme Score	Housing & Transportation Theme Score	Social Vulnerability Index Score
Otsego County, NY	60,244	0.46	0.10	0.35	0.82	0.42
New York	19,618,453	0.42	0.20	0.82	0.78	0.55
United States	322,903,030	0.30	0.32	0.76	0.62	0.40

Centers for Disease Control and Prevention, GRASP (2018); SVI

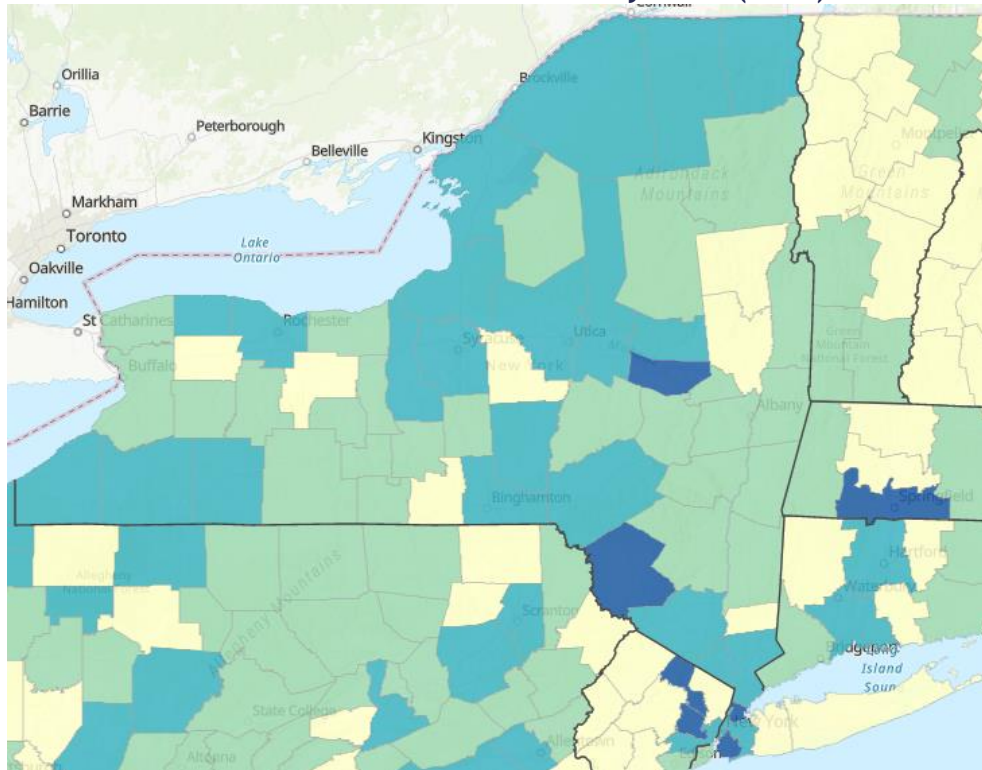


Social Vulnerability Index by Tract, CDC 2018

- 0.81 - 1.00 (Highest Vulnerability)
- 0.61 - 0.80
- 0.41 - 0.60
- 0.21 - 0.40
- 0.00 - 0.20 (Lowest Vulnerability)
- No Data or Data Suppressed
- Otsego County, NY

NOTE: University of Missouri, SparkMap (2022); Social Vulnerability Index

New York State Social Vulnerability Index (2018)



NOTE: Centers for Disease Control and Prevention. Agency for Toxic Substances and Disease Registry (2018)

Access to Health Insurance

Access to Health Insurance has a significant influence on the Access to Healthcare domain of SDOH. Lacking health insurance can prevent individuals from seeking care, participating in preventative medicine, and accessing primary care providers. The 2015 – 2019 ACS reports the rate of uninsured individuals in Otsego county is 4.82% which is lower than New York State (5.78%) and the United States (8.84%). Regarding patient demographics, those most likely to be underinsured in Otsego county are those that are: under the age of 65 years, Native Hawaiian, or Pacific Islander (100% underinsured).

Report Area	Total Population, Insurance Status Determined	Uninsured Population	Uninsured Population, %
Otsego County, NY	59,306	2,858	4.82%
New York	19,333,899	1,117,159	5.78%
United States	319,706,872	28,248,613	8.84%

U.S. Census, American Community Survey (2020); Uninsured Population

Report Area	Under Age 18	Age 18 - 64	Age 65 +
Otsego County, NY	4.46%	6.41%	0.33%
New York	2.50%	8.26%	0.76%
United States	5.08%	12.42%	0.79%

U.S. Census, American Community Survey (2020); Uninsured by Age Group

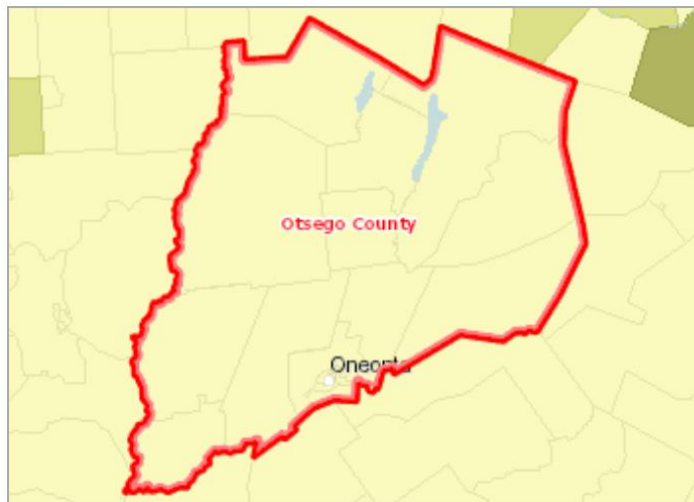
Otsego County, A.O. Fox Hospital, & Mary Imogene Bassett Medical Center Community Health Needs Assessment

Report Area	Non-Hispanic White	Black or African American	Native American or Alaska Native	Asian	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Race
Otsego County, NY	4.51%	13.48%	22.89%	6.78%	10.00%	4.60%	0.86%
New York	3.47%	6.38%	11.07%	7.31%	11.04%	14.14%	6.12%
United States	5.94%	10.07%	19.23%	6.73%	10.63%	20.38%	7.67%

U.S. Census, American Community Survey (2020); Uninsured Population by Race

Report Area	Hispanic or Latino, %	Not Hispanic or Latino, %
Otsego County, NY	9.01%	4.66%
New York	11.29%	4.48%
United States	18.22%	6.77%

U.S. Census, American Community Survey (2020); Uninsured Population by Ethnicity



Uninsured Population, Percent by Tract, ACS 2015-19

- Over 20.0%
- 15.1 - 20.0%
- 10.1 - 15.0%
- Under 10.1%
- No Data or Data Suppressed
- Otsego County, NY

NOTE: University of Missouri, SparkMap (2022); Uninsured Population

Crime Rate

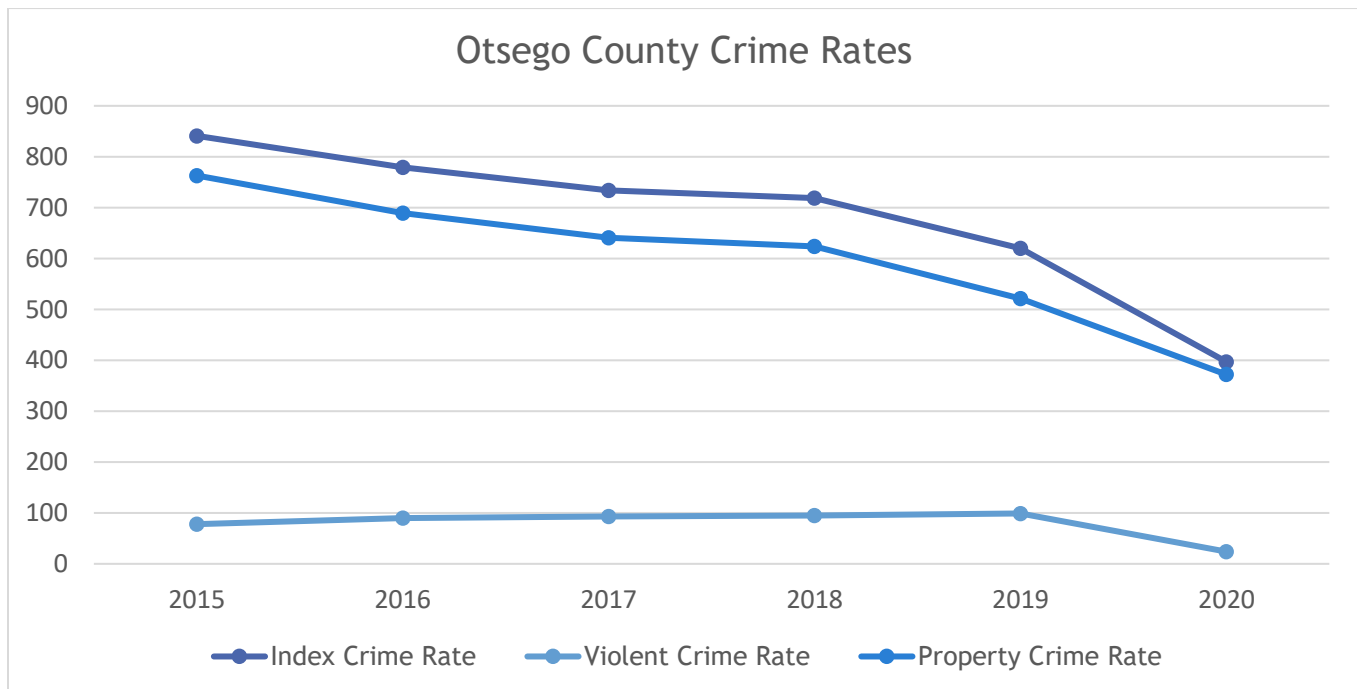
Crime rates of a community can be considered a significant aspect of SDOH Neighborhood & Built Environment domain which impacts all other domains. An increased presence of crime can affect community walkability, social cohesion, social isolation, economic stability, etc. The New York State Division of Criminal Justice County Crime Rates report displays data specific to the county of residence using markers from the Federal Bureau of Investigation (FBI) Uniform Crime Reporting (UCR) system. Crime rates are collected in 4 categories (Index, Violent, Property, and Violent Crime with Firearm).

Type of Crime	Definition
Index	murder and non-negligent manslaughter, forcible rape, robbery, aggravated assault, burglary, larceny (theft), and motor vehicle theft
Violent	Murder, Rape, Robbery, Aggravated Assault
Property	Burglary, Larceny, Motor Vehicle Theft
Violent Crime w/ Firearm	Murder, Rape, Robbery, Aggravated Assault while using a firearm

The overall crime rates for Otsego County, NY, have been slowly dropping overall with a sheer drop in 2020, which is likely attributed to COVID-19 Quarantine orders.

2020 Crime Rates per 100,000 people						
	Index Crime		Violent Crime		Property Crime	
	Count	Rate	Count	Rate	Count	Rate
Otsego County, NY	397	666.19	24	40.27	372	624.23
New York State	342,453	1,771.4	70,543	364.9	271,910	1,406.5

Federal Bureau of Investigation (FBI), Uniform Crime Reporting (UCR) (2020); Crime Rates



Federal Bureau of Investigation (FBI), Uniform Crime Reporting (UCR) (2020); Crime Rates

Physical Environment

The physical environment can have a considerable impact on the overall community health. An environment that is clean and safe and provides access to healthy food and recreational opportunities will greatly improve health.

Air Quality Index (AQI)

The Air Quality Index (AQI) measures the safety of the air in an area based on the presence of five major pollutants: ozone, particulate matter, carbon monoxide, nitrogen dioxide, and sulfur dioxide.

Ozone is a gas composed of three oxygen atoms that occur in the Earth's upper atmosphere and ground level. While naturally occurring ozone in the upper atmosphere (6-30 miles above the Earth's surface), ozone at ground level is caused by pollutants that can be harmful (NYSDEC, 2014).

Particulate Matter (PM), aka particle pollution, is a term used to describe "a mixture of solid particles and liquid droplets found in the air. Some particles, such as dust, dirt, soot, or smoke, are large or dark enough to be seen with the naked eye. Others are so small they can only be detected using an electron microscope" (EPA, n.d.). There are two types of PM that are measured: PM₁₀ and PM_{2.5}.

PM₁₀:	Inhalable particles, with diameters that are generally 10 micrometers and smaller	Dust, Pollen, Mold
PM_{2.5}:	Fine inhalable particles with diameters that are generally 2.5 micrometers and smaller	Combustion particles, organic compounds, metals, etc.

Due to the small size of P.M.s can cause a great risk to health by inhalation deep into the lungs and may even make it to the bloodstream. Through scientific study, P.M.s have been linked to a number of health conditions (EPA, n.d.):

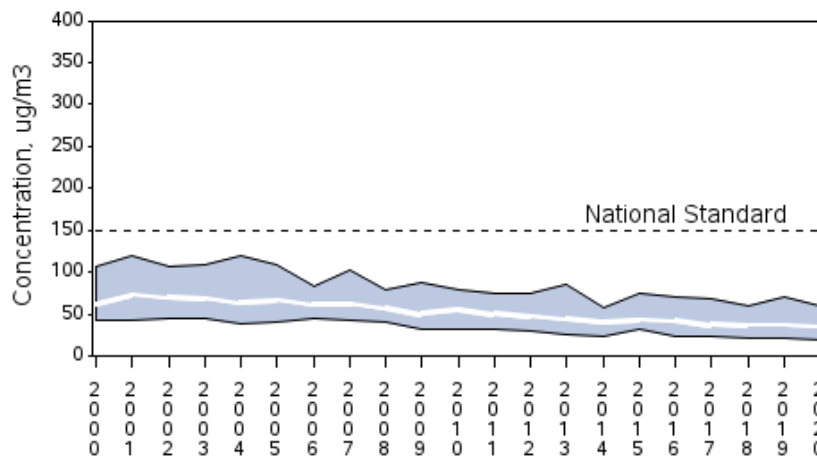
- premature death in people with heart or lung disease
- nonfatal heart attacks
- irregular heartbeat
- aggravated asthma
- decreased lung function
- increased respiratory symptoms

The New York State Department of Environmental Conservation (NYSDEC) Lists the AQI Index scale as:

When the AQI is in this range...	...air quality conditions are:	...according to Air Quality level
0 to 50	Good	Air quality is considered satisfactory, and air pollution poses little or no risk.
51 to 100	Moderate	Air quality is acceptable, however, for some pollutants, there may be a moderate health concern for a very small number of people who are unusually sensitive to air pollution.
101 to 150	Unhealthy for Sensitive Groups	Members of sensitive groups may experience health effects. The general public is not likely to be affected.
151 to 200	Unhealthy	Everyone may begin to experience health effects, and members of sensitive groups may experience more serious health effects.
201 to 300	Very Unhealthy	Health alert: everyone may experience more serious health effects.
301 to 500	Hazardous	Health Warnings of emergency conditions. The entire population is more likely to be affected.

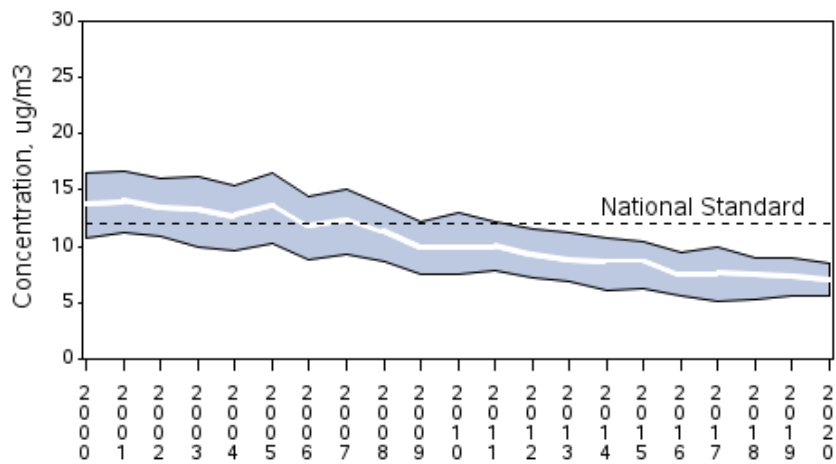
In the northeastern part of the United States, where Otsego county, N.Y. resides, there are few local stations to measure AQI; overall, the Mean AQI has remained in a "Good" condition and well below the national average for all categories for most of the reporting period per the EPA (EPA, 2021).

PM10 Air Quality, 2000 - 2020
 (Annual 2nd Maximum 24-Hour Average)
 Northeast Trend based on 19 Sites



2000 to 2020 : 40% decrease in Regional Average
 NOTE: Environmental Protection Agency, PM 10 Air Quality Northeast Trends (2021)

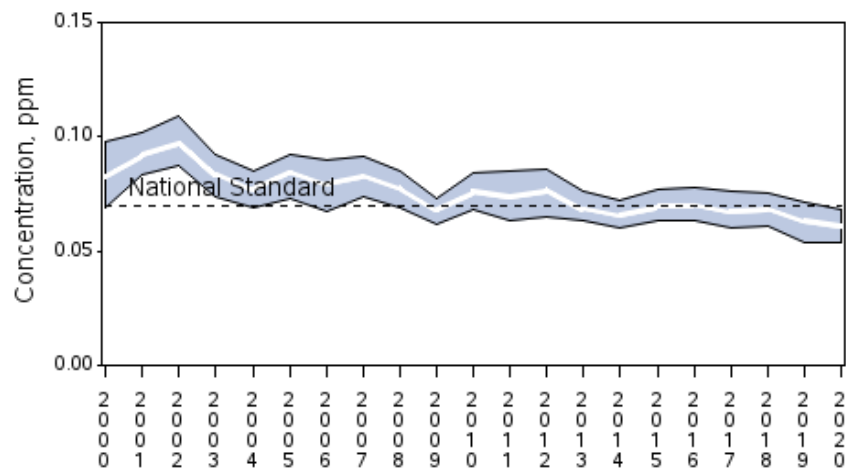
PM2.5 Air Quality, 2000 - 2020 (Seasonally-Weighted Annual Average) Northeast Trend based on 78 Sites



2000 to 2020 : 49% decrease in Regional Average

NOTE: Environmental Protection Agency, PM 2.5 Air Quality Northeast Trends (2021)

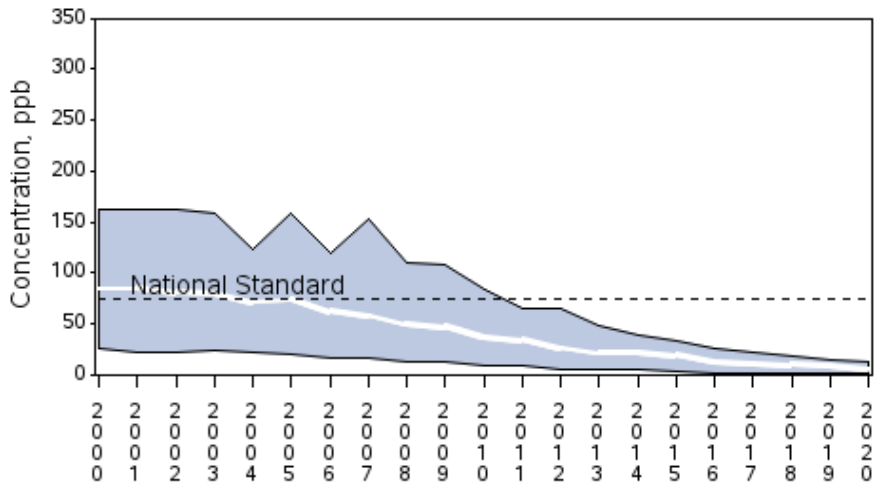
Ozone Air Quality, 2000 - 2020 (Annual 4th Maximum of Daily Max 8-Hour Average) Northeast Trend based on 114 Sites



2000 to 2020 : 26% decrease in Regional Average

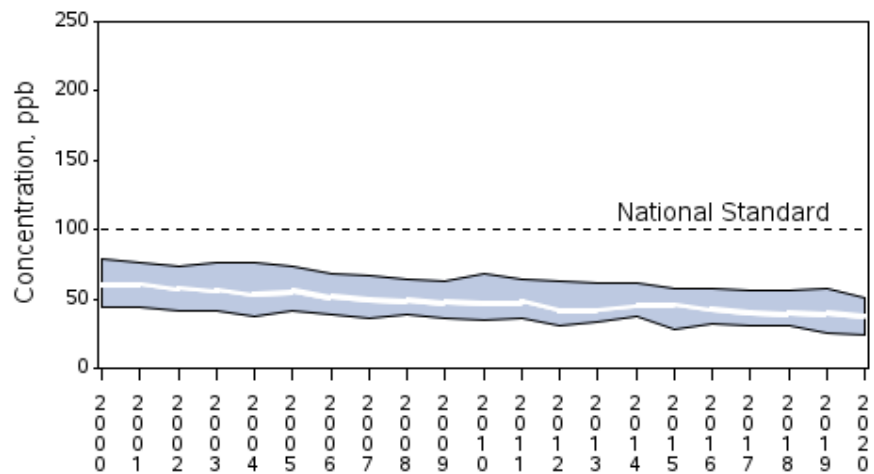
NOTE: Environmental Protection Agency, Ozone Air Quality Northeast Trends (2021)

SO2 Air Quality, 2000 - 2020 (Annual 99th Percentile of Daily Max 1-Hour Average) Northeast Trend based on 31 Sites



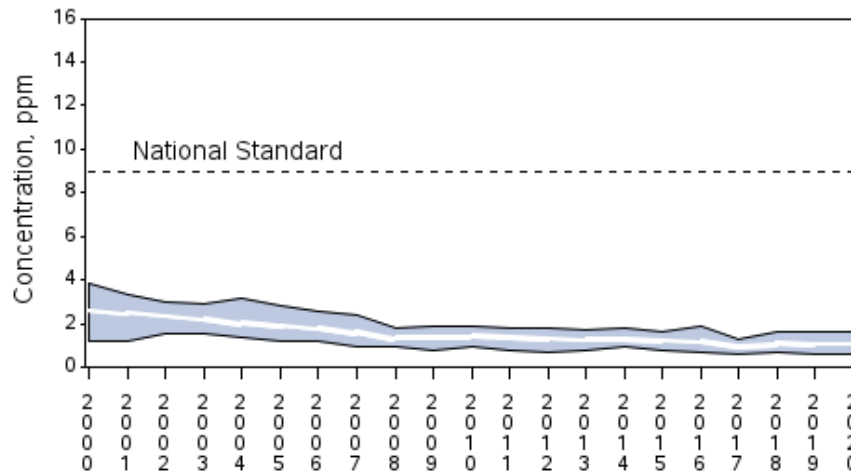
2000 to 2020 : 91% decrease in Regional Average
NOTE: Environmental Protection Agency, SO2 Air Quality Northeast Trends (2021)

NO2 Air Quality, 2000 - 2020 (Annual 98th Percentile of Daily Max 1-Hour Average) Northeast Trend based on 19 Sites



2000 to 2020 : 37% decrease in Regional Average
NOTE: Environmental Protection Agency, NO2 Air Quality Northeast Trends (2021)

CO Air Quality, 2000 - 2020 (Annual 2nd Maximum 8-hour Average) Northeast Trend based on 14 Sites



2000 to 2020 : 57% decrease in Regional Average

NOTE: Environmental Protection Agency, NO2 Air Quality Northeast Trends (2021)

Access to High-Speed Internet

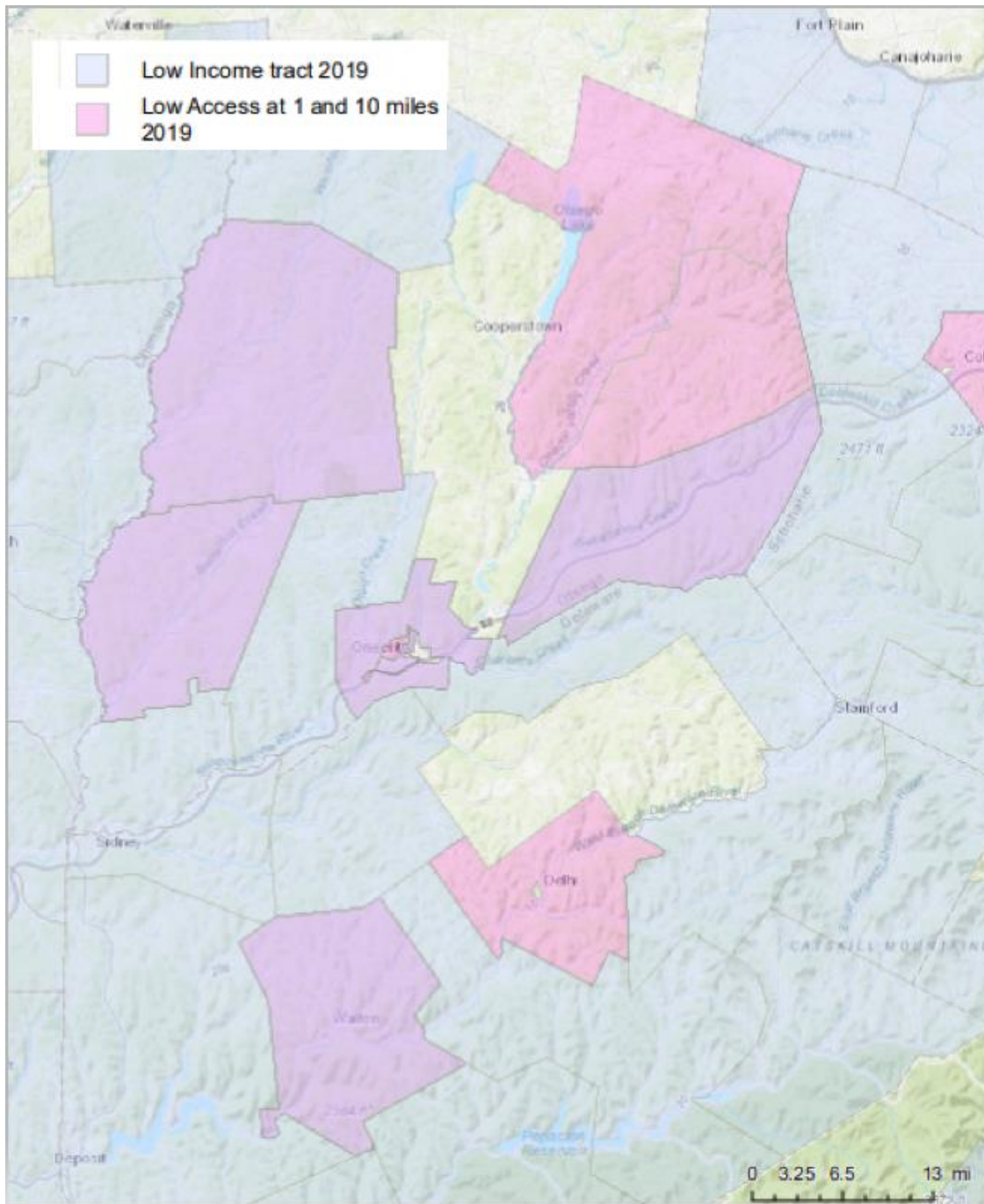
Access to high-speed internet is considered connectivity of at least 25Mbps download speeds and up to 3Mbps upload speed. High-speed connectivity can impact an individuals' access to numerous health information sources, serve as a link to healthcare providers, and improve social connectivity. The American Community Survey (2020) reports 89.1% of residents have a computer, and 81.3% have a broadband internet subscription.

Access to Healthy Food

Access to healthy foods that support healthy eating patterns contributes to an individual's overall health throughout their life. Healthy eating habits can help lower the risk for chronic diseases such as high blood pressure, diabetes, and cancer. Increased access to healthy foods through grocery stores that include fresh fruits and vegetables contributes to a healthy eating lifestyle. Data from 2012—2013 shows that the average distance from U.S. households to the nearest supermarket was 2.1 miles (Healthy People 2030, n.d.).

When discussing access to food, income and distance to a grocery store (supermarket) are often the greatest determinants. The U.S. Department of Agriculture (USDA) has defined an individual of low-income (LI) as being a "poverty rate of 20% or greater, or median family income at or below 80% of the statewide or metropolitan area median family income." The USDA goes on to define low-access (L.A.) to food as "a low-income [Census] tract with at least 500 people or 33% of the tract's population living more than 1 miles (urban areas) or more than 10 miles (rural areas) from the nearest supermarket or grocery store" (USDA, 2021). Nearly all of Otsego county is impacted by low income, with a large pocket of low food access in Oneonta, Maryland, Worcester, Decatur, Westford, Middlefield, Otsego, Springfield, Cherry Valley, Roseboom, Decatur, Otego, Butternuts, Morris, Gilbertsville, Pittsfield, New Lisbon, Burlington, and Edmeston.

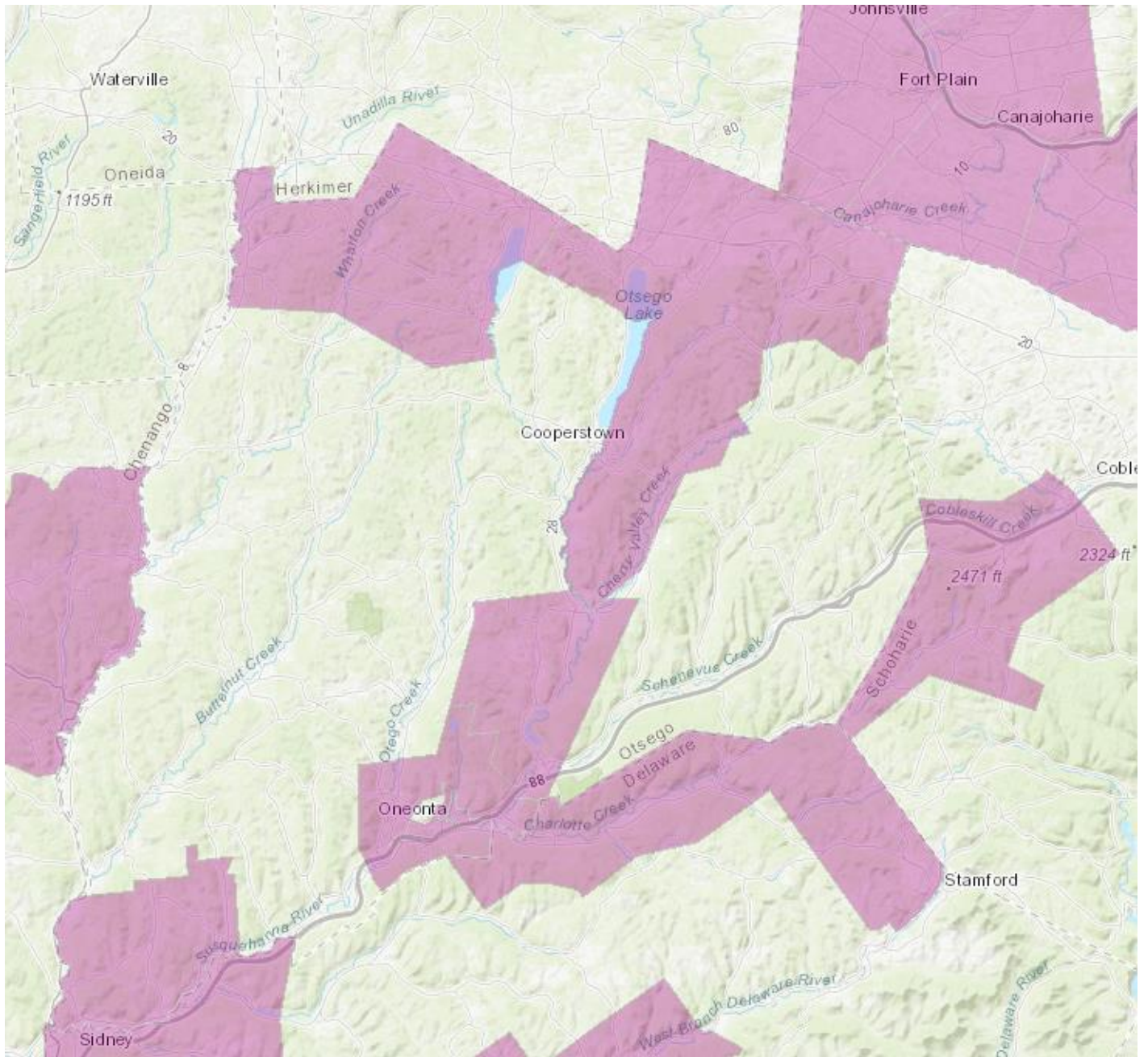
Otsego County, Low Income and Low Access to Grocery Stores



Note: United States Department of Agriculture (USDA), Low Income & Low Access 2019 (2020)

Low access to a vehicle is defined by the USDA as "more than 100 households have no access to a vehicle and are more than 1/2 mile from the nearest supermarket, or a significant number or share of residents are more than 20 miles from the nearest supermarket" (USDA, 2020). In an area where the distance to healthy food stores is significant, access to transportation limits the adverse effects. For Otsego County, access to transportation is inconsistent depending on the area. The areas of Oneonta town, Milford, Middlefield, Cherry Valley, Springfield, Richfield, Richfield Springs, Plainfield, and Unadilla have limited access to a vehicle and are far from a supermarket.

Otsego County, Low Vehicle Access



Note: United States Department of Agriculture (USDA), Low Vehicle Access 2019 (2020)

With there being a large rural area in the county, it is essential to note the presence of farms that also provide direct sales to residents who may not otherwise have access to food. According to the USDA Food Environment Atlas, in 2012, a reported 1082 farms were providing direct sales. Furthermore, USDA reports show 8 Farmers' markets in 2018 that services a ratio of .133893 per 1,000 people for the area adding to the overall food accessibility. Regarding affordability, 87.5% (7) of the farmers' markets accept WIC or SNAP (USDA, 2020).

Health Behaviors

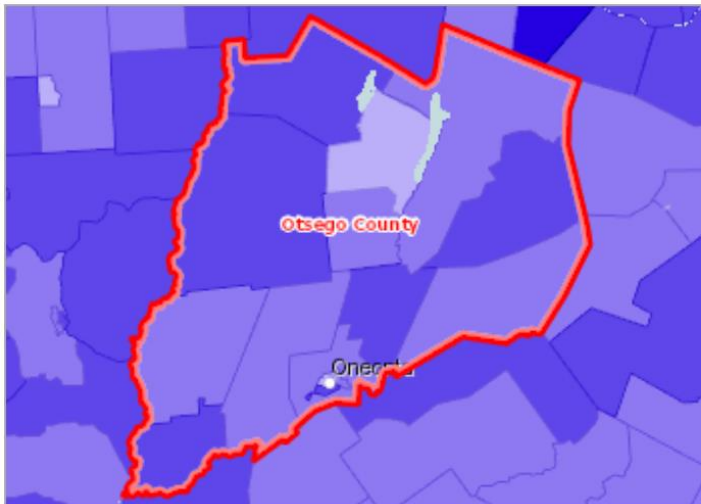
The morbidity and mortality rates related to specific health behaviors provide insight into the community culture and link the community SDOH and health outcomes. For example, poor community walkability, which limits the ability to exercise, can be connected to a high prevalence of obesity.

The CDC regularly conducts the National Health Interview Survey (NHIS), which evaluates the population's health status and behaviors based on personal responses through a telephone call.

Adult Smoking

Cigarette smoking continues to be the leading cause of preventable disease and death in the United States. The CDC reports 480,000 deaths per year can be attributed to smoking cigarettes. Smoking has been linked to cancer, heart disease, stroke, lung disease, diabetes, eye disease, and increased risk of immune system problems (CDC, 2020).

According to the 2022 County Health Rankings database, 20% of adult Otsego County residents smoke, which is higher than the New York state rate of 13%. Reviewing GIS mapping for 2019 CDC BRFSS PLACES Project, the greatest concentration of adult smokers is in Unadilla, Milford, Westford, Decatur, Roseboom, Richfield, Richfield Springs, Exeter, Plainfield, Edmeston, Pittsfield, New Lisbon, Burlington, and the southern part of the city of Oneonta.

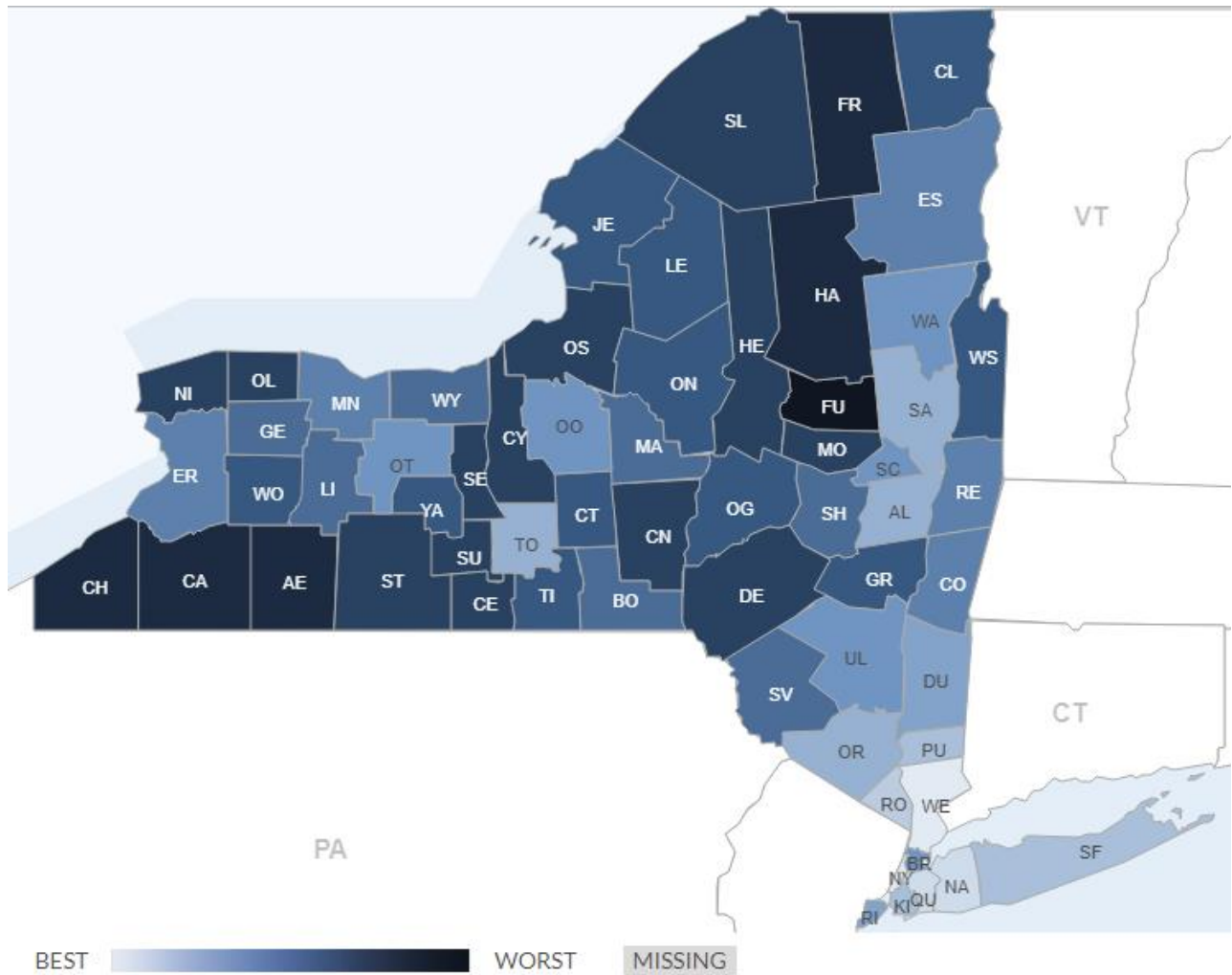


Current Smokers, Adult, Percentage of Adults Age 18+ by Tract, CDC BRFSS PLACES Project 2019

- Over 25.0%
- 20.1% - 25.0%
- 15.1% - 20.0%
- Under 15.1%
- No Data or Data Suppressed
- Otsego County, NY

NOTE: University of Missouri, SparkMap (2022); Current Adult Smokers

New York State, Adult Smoking



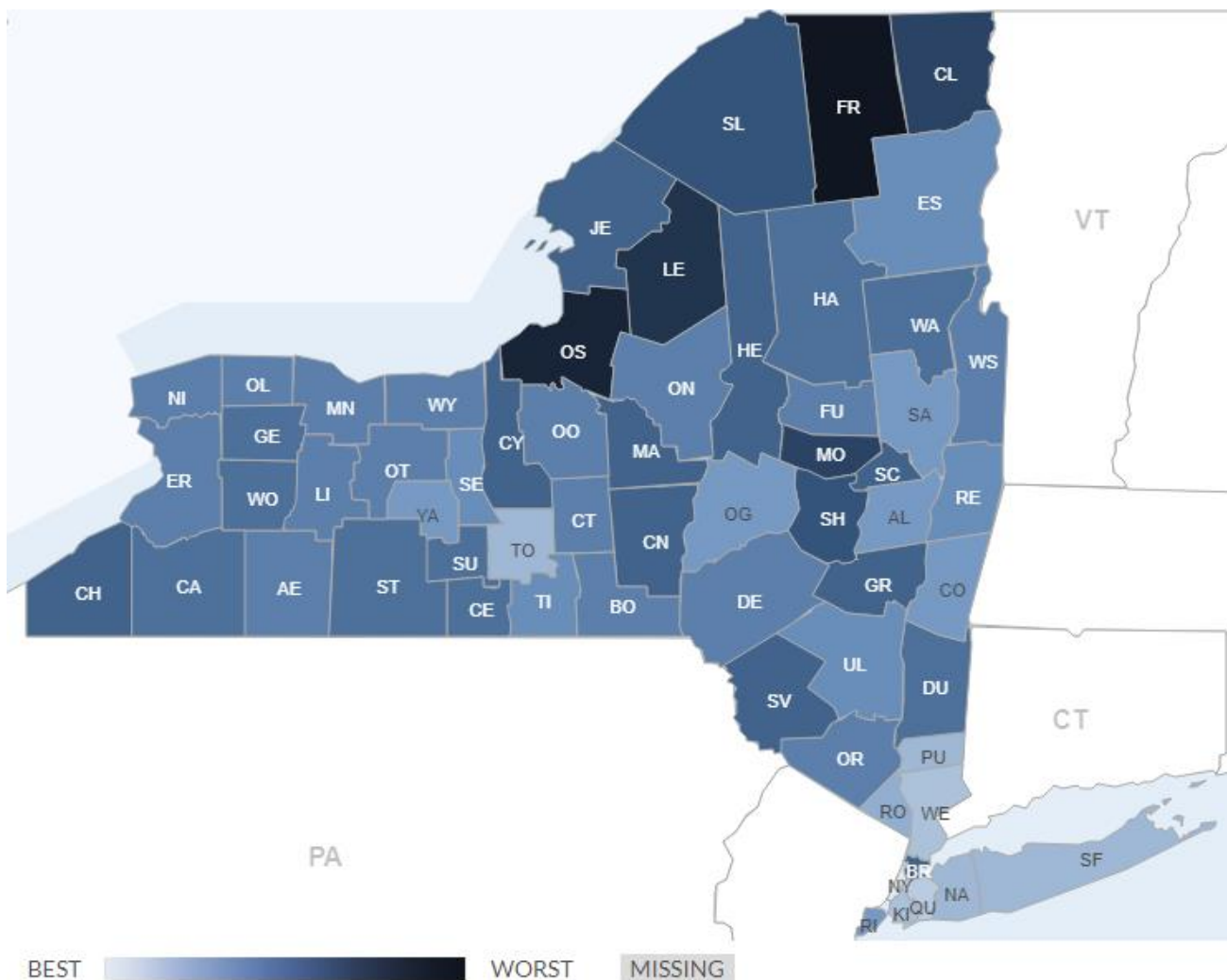
NOTE: University of Wisconsin Population Health Institute, County Health Ranking: Adult Smoking, (2019)

Adult Obesity

Obesity is a common and costly chronic disease throughout the United States. The defined criteria for adult obesity is 18 years of age or older with a body mass index (BMI) greater than or equal to 30 kg/m². This disease can be caused by numerous factors such as eating patterns, physical activity levels, sleep routines, genetics, and certain medications. Furthermore, various areas of SDOH can impact obesity rates when considering access to healthy foods, community walkability, access to transportation, and access to social programs related to food. Consequences of obesity are numerous: high blood pressure, Type 2 Diabetes, breathing problems, joint problems, gallbladder disease, psychological problems, etc. (CDC, 2022c).

Data collection from the County Health Rankings shows that 30% of Otsego county residents are obese, which tops the New York state rate of 27%.

New York State, Adult Obesity



NOTE: University of Wisconsin Population Health Institute, County Health Ranking: Adult Obesity, (2019)

Adult Diabetes

Diabetes is a chronic disease associated with high blood glucose (blood sugar) levels. Glucose in the blood comes from eating food, the body creates a hormone called Insulin to facilitate the glucose into cells which convert the glucose to energy. With Type 1 Diabetes, the body does not make insulin. Type 2 Diabetes, the more common type, the body does not use insulin well; therefore, it cannot maintain a normal blood sugar level. Risk factors for diabetes include obesity, inactivity, age (over 45 years), and heredity (CDC, 2022a).

The NHIS collected data on the number of adult respondents who are 20 years of age and older over several years. In 2019, Otsego county residents reported a 7.3% rate of diabetes in individuals over the age of 20 years, matching the rate of New York state (8.9%) and the United States (9%).

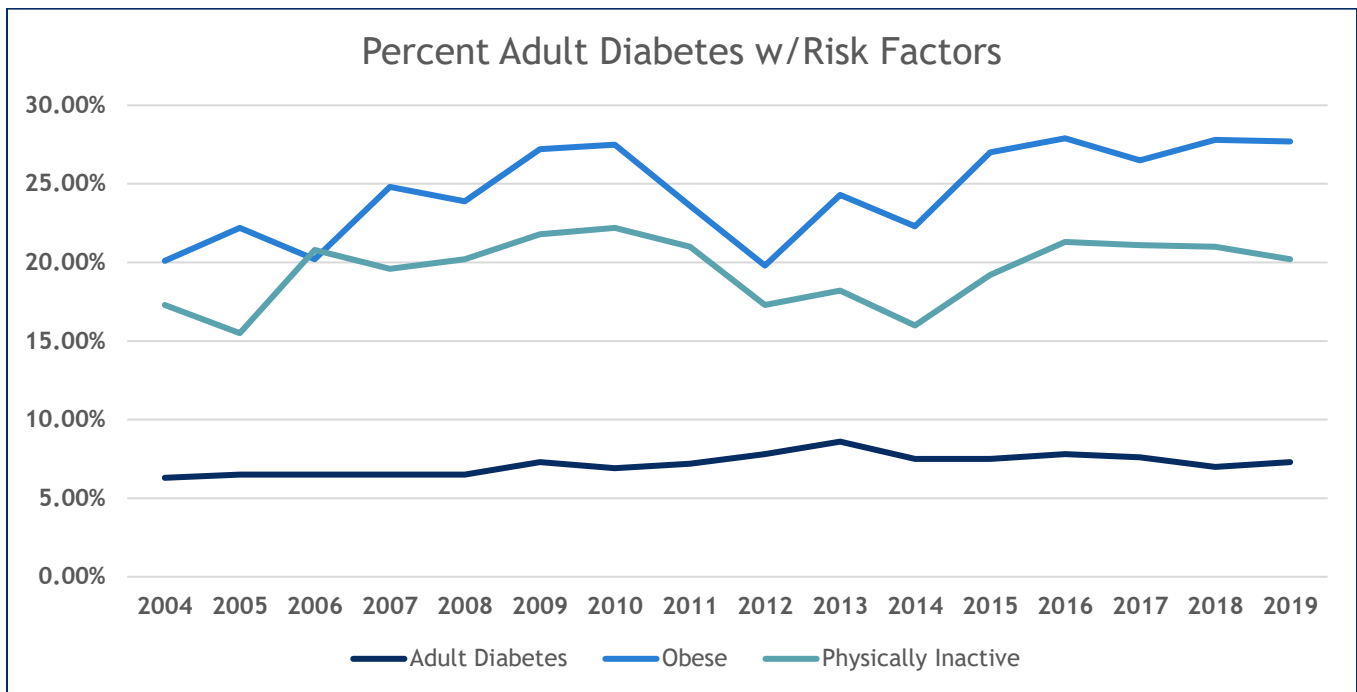
Report Area	Population ≥ 20 years	Adults with Diagnosed Diabetes	Adults with Diagnosed Diabetes
Otsego County, NY	46,899	4,174	7.3%
New York	14,925,032	1,501,666	8.9%
United States	239,919,249	24,189,620	9%

Centers for Disease Control and Prevention (CDC), National Health Interview Survey (2019)

Evaluating historical NHIS data regarding Adult Diabetes and the risk factors of obesity and physical activity, it can be noted that rates for all areas are slowly trending up as rates increase among the Otsego county residents. Data suggests a potential interventional need to increase community walkability and health education along with a needed evaluation of health literacy for targeted planning.

Year	Adult Diabetes	Obese	Physically Inactive
2004	6.3%	20.1%	17.3 %
2005	6.5%	22.2%	15.5%
2006	6.5%	20.2%	20.8%
2007	6.5%	24.8%	19.6%
2008	6.5%	23.9%	20.2%
2009	7.3%	27.2%	21.8%
2010	6.9%	27.5%	22.2%
2011	7.2%	23.6%	21.0%
2012	7.8%	19.8%	17.3%
2013	8.6%	24.3%	18.2%
2014	7.5%	22.3%	16.0%
2015	7.5%	27.0%	19.2%
2016	7.8%	27.9%	21.3%
2017	7.6%	26.5%	21.1%
2018	7.0%	27.8%	21.0%
2019	7.3%	27.7%	20.2%

Centers for Disease Control and Prevention (CDC), National Health Interview Survey (2019)



Centers for Disease Control and Prevention (CDC), National Health Interview Survey (2019)

Drug Overdose Death

Death related to drug overdose has been an ongoing problem in the United States for many years. Monitoring mortality rates related to drug overdose shows how the drug epidemic evolves and can inform interventional work or policy. The CDC National Vital Statistics System (NVSS) reports on the cause of death by county. Of the available data (provisional), there was a mild increase in drug overdose deaths from 2020 to 2021 in Otsego County.

Year 2020		Year 2021	
Month	Count	Month	Count
January	Data suppressed	January	12
February	10	February	12
March	11	March	14
April	12	April	14
May	11	May	15
June	10	June	16
July	Data suppressed	July	18
August	Data suppressed	August	16
September	11	September	14
October	11	October	Data not available
November	12	November	Data not available
December	12	December	Data not available

Centers for Disease Control and Prevention(CDC). (2021). National Vital Statistics System.

*Note count results less than 10 in a month are suppressed for confidentiality

Excessive Alcohol Consumption

The CDC has defined excessive drinking as both binge drinking (most common) and heavy drinking of alcoholic beverages. Excessive alcohol consumption led to over 140,000 deaths in the United States from 2015-2019. Associated health risks for excessive alcohol consumption include injury, high blood pressure, mental health problems, cancer, memory problems, weakened immune system, social problems, etc (CDC, 2022b).

Standard drink	
12-ounces of beer (5% alcohol)	5-ounces of wine (12% alcohol)
8-ounces of malt liquor (7% alcohol)	1.5-ounces of 80-proof (40% alcohol) distilled spirits or liquor

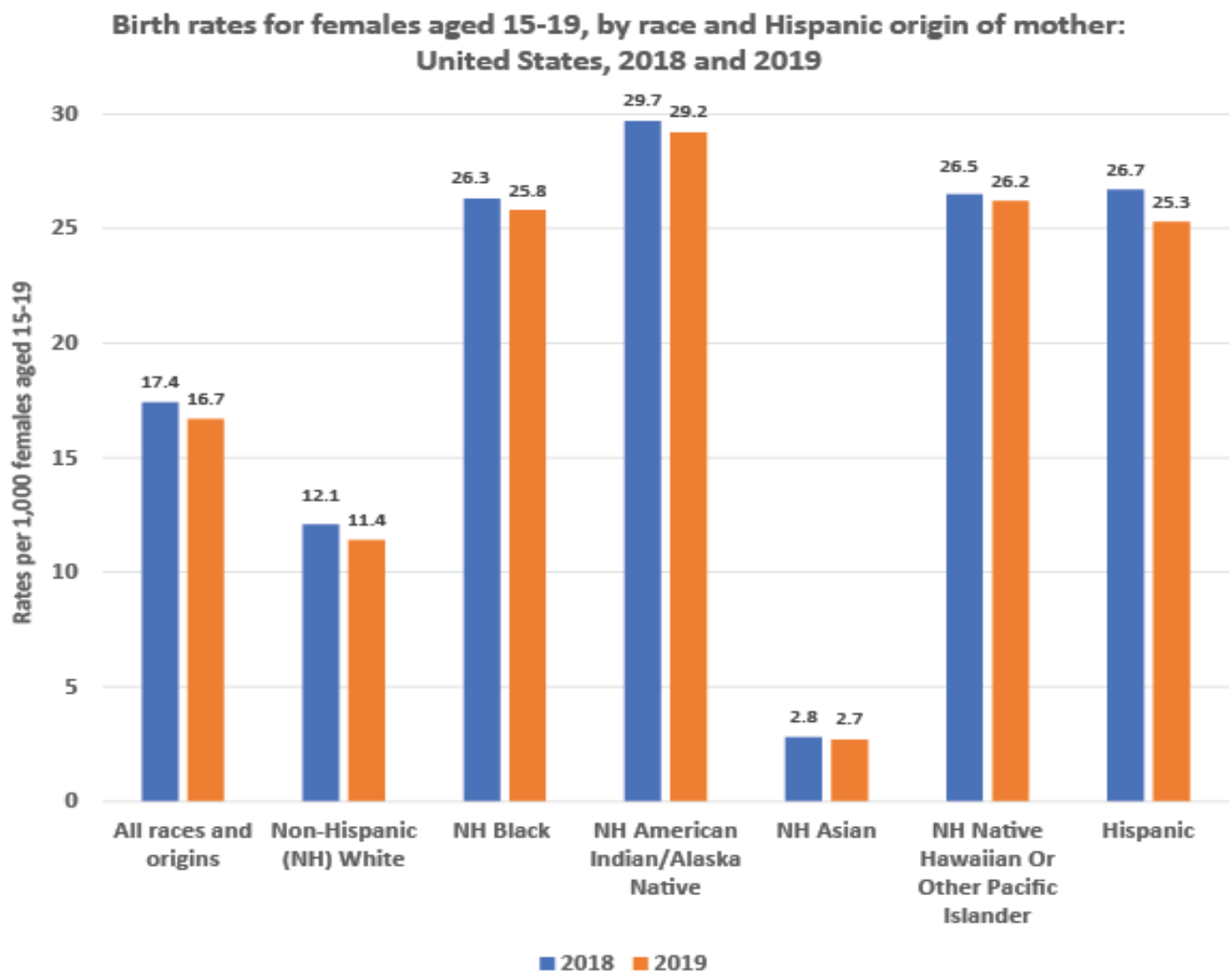
Binge Drinking	For women, 4 or more drinks during a single occasion. For men, 5 or more drinks during a single occasion.
Heavy drinking	For women, 8 or more drinks per week. For men, 15 or more drinks per week.

For Otsego county residents, the 2022 County Health Ranking database shows that 23% of the population report drinking in excess above the New York state (19%).

Teen births

Since 1991 the rate of teen births has been declining in the United States. While it is not totally clear what the direct cause is of the reduction of teen birth rates, there are some clear determinants for causing the rate to exist.

Teen births are measured by the number of births per 1,000 female population aged 15-19 years of age. The CDC reports, nationally in 2019, racial disparities in the rate of teen births can be noted as the birth rates for Hispanic (25.3 per 1,000) and non-Hispanic black teens (25.8 per 1,000) were more than two times higher than the rate for non-Hispanic white teens (11.4 per 1,000). The American Indian/Alaska Native teens had the highest rate nationally in 2019 at 29.2 per 1,000. Regarding SDOH, areas of high unemployment, low education, low income, access to transportation, and community walkability show a direct correlation to high pregnancy rates in teens, as they can all limit access to healthcare (CDC, 2021).



NOTE: Martin JA, Hamilton BE, Osterman MJK, Driscoll AK. Births: final data for 2019. Natl Vital Stat Rep. 2021;70(2):1–50.

COVID-19 Pandemic

Coronavirus Disease 2019 (COVID-19) is a new, highly infectious respiratory virus that transmits from person to person; it is caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). The virus, COVID-19, was identified in Wuhan, China, in December 2019, which quickly spread into a pandemic event (CDC, 2021b). Symptoms include a range of mild to severe symptoms that can appear 2-14 days after exposure. Some common symptoms include:

- Fever or chills
- Cough
- Difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion
- Nausea or vomiting
- Diarrhea

Transmission occurs from person to person in three main ways (CDC, 2022c):

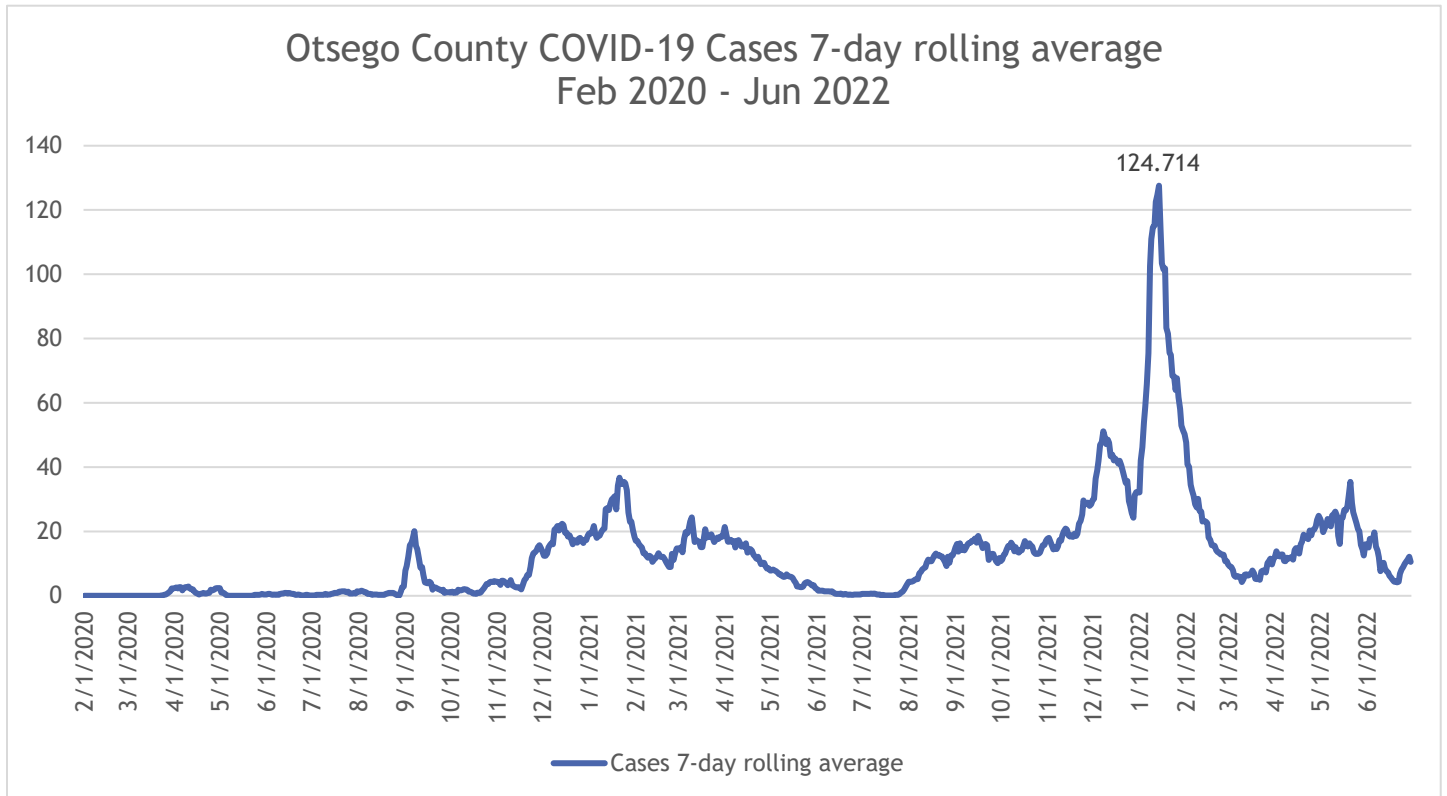
- Breathing infected respiratory droplets in the air
- Having infected droplets land in ones' eyes, nose, or mouth
- Touching eyes, nose, or mouth with hands that have COVID-19 on them

While social distancing and quarantine protocols were implemented, the worldwide health system was overwhelmed by the number of moderately to severely ill infected patients. As COVID-19 continues to mutate into different strains, often bringing more virulence, the health systems continue to strain under a lack of resources and staffing.

In 2020, the FDA provided emergency use authorization for two mRNA COVID-19 vaccines, the Pfizer-BioNTech and the Moderna, based on age and comorbidities for limited populations. Each vaccine succeeded in limiting the severity of the virus and the number of cases. In 2021, a new vaccine was approved under the same emergency use authorization, Janssen/Johnson & Johnson COVID-19 vaccine, again with limitations on individual variables. In 2022, COVID-19 vaccines became available to individuals six months and older (Mayo Clinic, 2022).

COVID-19 Case Count

Otsego county saw consistently lower case counts than other more urban counties in New York state. The lowered population density, vaccination compliance, compliance with quarantine protocols, and the geographic nature of the county assisted in case counts staying relatively consistent; however, there was a larger spike occurring in January 2022. The below graph reflects the 7-day rolling average COVID-19 case counts for Otsego county from data available on the COVID-19 data tracker (CDC, 2022e).



Note: Centers for Disease Control and Prevention (CDC), 7-day Rolling Average Cases (2022)

COVID-19 Community Vulnerability Index (CCVI)

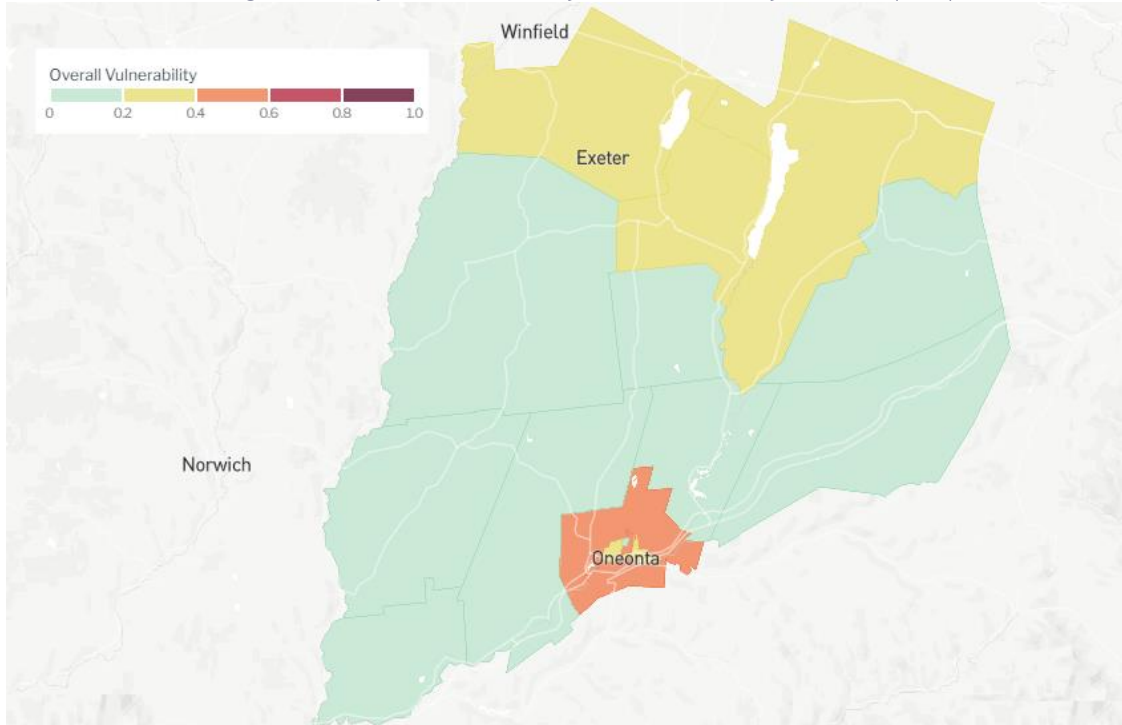
The COVID-19 Community Vulnerability Index (CCVI) assesses how well communities in the United States are prepared to respond to the health, economic, and social consequences of COVID-19. Initially developed by the City of Chicago, the CCVI has evolved for a more generic look at COVID-19 preparedness by evaluating 7 indicators to calculate scoring: Socioeconomic Status, Minority Status & Language, Household & Transportation, Epidemiological Factors, Healthcare System Factors, High-Risk Environments, and Population Density. Scoring is on a scale from 0 to 1; the higher the score, the more vulnerable the area is to the indicator or overall. The CCVI leverages data from the American Community Survey, The US Census, localized county data, CMS, US Bureau of Labor Statistics, Homeland Security ArcGIS, and the CDC Social Vulnerability Index (SVI) (Surgo Ventures, 2020)

When applying the CCVI to Otsego county, the score shows a Low score of 0.31 for Overall Vulnerability. The largest areas of concern among the 7 indicators are Population Density, High-Risk Environments, Household & Transportation, and Healthcare Systems Factors. Reflecting on the information presented previously, there are pockets of high population density in the city of Oneonta which contributes to the higher score of 0.56. Additionally, there are more rural areas in Otsego that do not have transportation or are far out from healthcare and other necessities.



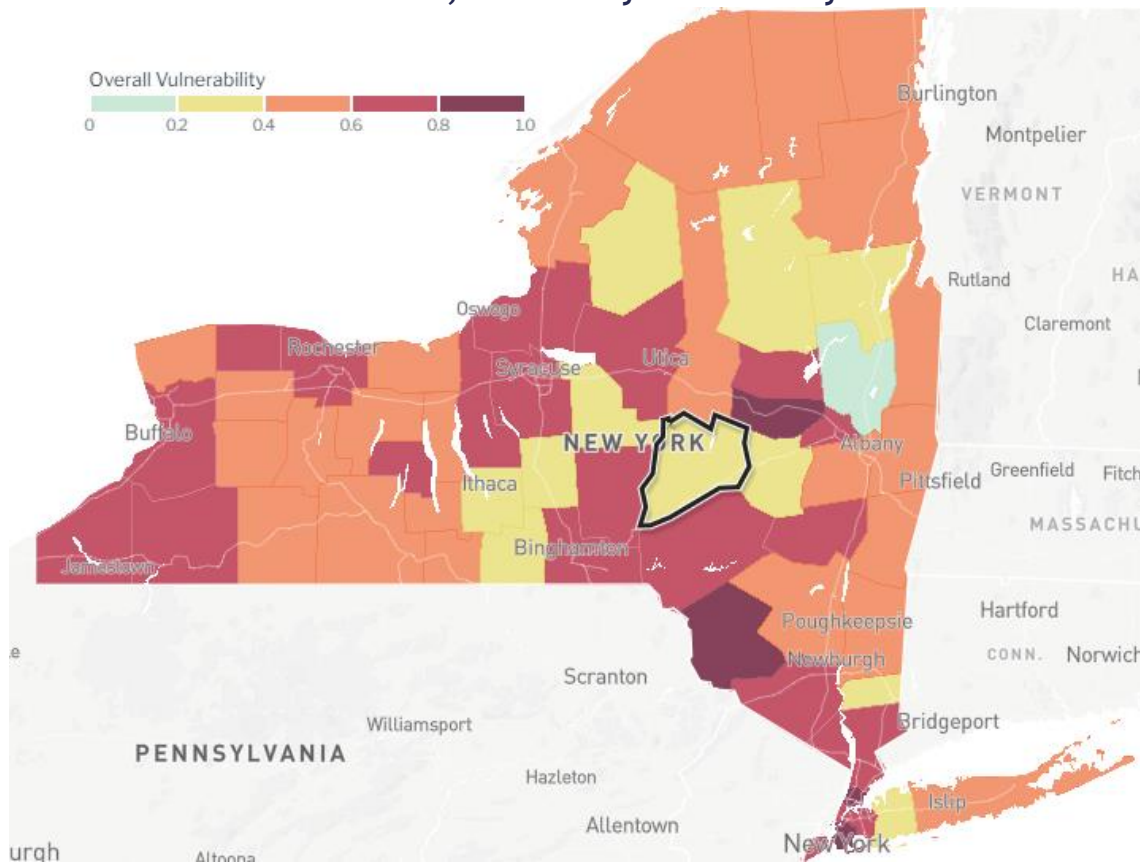
Indicator	Score
Overall Vulnerability	0.31
Socioeconomic Status	0.38
Minority Status & Language	0.35
Household & Transportation	0.42
Epidemiological Factors	0.28
Healthcare System Factors	0.41
High-Risk Environments	0.48
Population Density	0.59

Otsego County, Community Vulnerability Index (CVI)



NOTE: Surgo Ventures (2022); Precision for COVID - US Data Explorer

New York State, Community Vulnerability Index



NOTE: Surgo Ventures (2022); Precision for COVID - US Data Explorer

COVID-19 Vaccinations

The COVID-19 vaccine was developed to protect individuals from being infected by COVID-19 or at least reduce the severity of the virus. Currently, those who are ≥ 6 months are approved to be vaccinated, and those ≥ 5 years of age may receive a booster (CDC, 2022d). Overall, Otsego county has a 65.5% of residents who are fully vaccinated (received all vaccines in the series appropriate for the brand), and 62.4% have also received their first booster shot. The New York state resident vaccine compliance rate is 97.6% (CDC, 2022e).

People Vaccinated	At Least One Dose	Fully Vaccinated	People with a First Booster Dose
Total	40,219	37,190	23,214
% Total Population	67.6%	65.5%	62.4%
Population ≥ 5 Years of Age	40,182	37,189	23,214
% Population ≥ 5 Years of Age	70.5%	65.2%	62.4%
Population ≥ 12 Years of Age	38,659	35,778	23,132
% Population ≥ 12 Years of Age	72.4%	67%	64.7%
Population ≥ 18 Years of Age	36,194	33,496	22,214
% Population ≥ 18 Years of Age	42.2%	66.8%	66.3%
Population ≥ 65 Years of Age	11,846	11,069	8,830
% Population ≥ 65 Years of Age	91.6%	85.6%	79.8%

NOTE: Centers for Disease Control and Prevention (CDC)(2022); COVID-19 Integrated County View

Post-COVID-19 Mobility Changes

As mentioned previously, the introduction of COVID-19 created changes in healthcare and in our social environments. As the world began to shut down and reduce our social movement to reduce the spread of the virus further, our social norms also changed. In the post-climate of COVID-19 emergence, mobility trends continue to show a long-lasting impact on our social movements. Watching mobility trends during and post an emerging disease crisis like COVID-19 can reflect community resilience, health behaviors, and restriction compliance; future policies and program planning would find value in referencing this data.

The below charts reflect regional movement data to various locations. The data was collected by Google from mobile device signals; the baseline of this data is 01/03/2020 – 02/06/2020, with a measurement date of 10/15/2022. Results of the data show that there has been an increase in visiting Retail & Recreation, Grocery & Pharmacy areas with a decrease in visits to the workplace and other resident homes.

Otsego County, NY Post-COVID-19 Mobility Changes

Retail & recreation

+25% compared to baseline



Grocery & pharmacy

+18% compared to baseline



Workplaces

-14% compared to baseline



Residential

-1% compared to baseline



NOTE: Google (2022); COVID-19 Community Mobility Report

Policy Environment:

According to the Centers for Disease Control and Prevention, “policy interventions are particularly valuable because they are systems-based and can affect population by changing the context in which individuals take action or make decisions.” Below are some of the systems-based policy changes and programs in Otsego County.

CLIMATE SMART COMMUNITIES:

Based on the Climate Smart New York’s website, the project is a collaborative program of six agencies: Department of Environmental Conservation, the Energy Research and Development Authority, Department of Public Service, Department of State, Department of Transportation, and the Department of Health. Climate Smart Communities encourages local municipalities to act on climate change by passing a resolution on a 10- point Climate Smart Communities pledge. Those 10 elements include: build a climate-smart community; inventory emissions, set goals, and plan for climate action; decrease energy use; shift to clean, renewable energy; use climate-smart materials management; implement climate-smart land use; enhance community resilience to climate change; support a green innovation economy; inform and inspire the public and engage in an evolving process of climate action. Local municipalities complete mandatory and priority actions to earn points towards different levels of certification: registered, bronze, silver, and gold. The villages of Richfield Springs and Laurens, the towns of Roseboom, New Lisbon, Hartwick, and Otsego, and the city of Oneonta have all passed climate-smart resolutions.

COMPLETE STREETS:

Research Foundation at SUNY Cobleskill received a grant from the New York State Department of Health, “Creating Healthy Places” from 2010-2015, which addressed the policy environment around healthy eating and physical activity. In 2015, they received another five-year grant called “Creating Healthy Schools and Communities”. During the grant period, the Research Foundation works with local municipalities to institute Complete Streets polices. U.S. Department of Transportation defines Complete Streets as streets that are “designed and operated to enable safe use and support mobility for all users. Those include people of all ages and abilities, regardless of whether they are traveling as drivers, pedestrians, bicyclists, or public transportation riders.” Otego, the City of Oneonta, Town of Otsego, Village of Richfield Springs, Town of Oneonta, Village of Unadilla, and the Village of Cooperstown, have adopted this policy, meaning their future projects by the NYS Department of Transportation or local agencies using state and federal funding will adhere to the requirements set forth by this act.

FLUORIDATION:

The Village of Cooperstown, the City of Oneonta, and the Village of Richfield Springs provide fluoride in their public drinking water through a community fluoridation program. The Department of Health and Human Services, the Surgeon General, and the Community Preventive Services Task Force recommends fluoridation, since fluoride has been found to prevent tooth decay. The fluoridation of community waters has also been found to be the most cost-effective method for diminishing tooth decay.

TOBACCO-FREE POLICIES:

Under New York Law, smoking and vaping are prohibited at all state parks, playgrounds, hospitals, and health care facilities. The New York State Department of Health has continued to grant fund organizations to work on tobacco-free policies in Delaware, Otsego, and Schoharie counties. One of their projects is smoke-free multiunit housing. The following buildings in Otsego County have policies: the housing authorities of Academy Arms, Nader Towers, Emmons Farm Apartments, and Midtown Estates. Another project focuses on smoke-free outdoor areas such as; parks, playgrounds, athletic fields, and beaches. Tobaccofree-nys.org has a list of the following parks in Otsego County that are 100% tobacco-free: the villages of Cherry Valley, Cooperstown, Unadilla, and the city of Oneonta.

Other Unique Characteristics of the Community that Contributes to Health Status:

DOWNTOWN REVITALIZATION INITIATIVE:

The Regional Economic Development Councils select local municipalities in each region to receive funds to improve the vitality of their downtowns with a focus on transforming their communities into walkable, liveable communities. The city of Oneonta was selected as the winner in round one of funding.

OTSEGO LAND TRUST:

Otsego Land Trust’s mission on their website is as follows: “conserves our natural heritage of woodlands, farmlands, and waters that sustain rural communities, promote public health, support wildlife diversity and inspire the human spirit.” The Otsego Land Trust has places open to the public for recreational activities. The Blueway Project has conservation areas along their trail at various sites for individuals to hike, bird watch, paddle, and explore.

SYSTEM OF CARE GRANT:

Otsego County received a System of Care (SOC) grant from Substance Abuse and Mental Health Services Administration (SAMHSA) to provide wrap-around services for all the schools located in the county through the Behavioral Health Resource Center. The center provides support for children and their families through various mental and behavioral health services and creates a close network hub for those in healthcare, schools, government agencies, and other community organizations. The Behavioral Health Resource Center (BHRC), located within the Board of Cooperative Educational Services (BOCES), increases the identification of children at risk, as well as increases access to services for these children and their families.

A Health Disparities Impact Statement was prepared for SAMHSA identifying broadband access and transportation as contributing factors. According to the document,

- Broadband access to the internet is limited to Oneonta, Cooperstown, and the I-88 corridor, with the rest of the county citing poor, limited access to both broadband and cellular services. A lack of internet access limits economic growth and effects several other social determinants of health. Otsego Rural Electric Association received a grant from the state to invest in fiber optic cables throughout the county to increase broadband access. SOC will assist in spreading awareness of these programs in addition to helping families enroll in the program.

- Transportation in less densely populated areas within Otsego County possesses some gaps in available services. Residents living in these areas usually rely on private transportation services or provide their own. Additionally, the lack of safe sidewalks and road shoulders makes walking to bus stops difficult and dangerous. To attempt to address this issue, people can utilize the “Get There” program. Systems of Care will also utilize BHRC to meet with families and children to find programs based on their needs and ability.

C. COMMUNITY ASSETS AND RESOURCES

Assets

- A.O. Fox Hospital, Bassett Medical Center, and Otsego County Health Department are participating partners in Bassett Healthcare Network’s Leatherstocking Collaborative Health Partners (LCHP) Performing Provider System through the Delivery System Reform Incentive Payment (DSRIP) program. DSRIP’s purpose was to restructure the health care delivery system by reinvesting in the Medicaid program. While DSRIP has since ended, LCHP looks to potentially participate in similar programs such as the NYS 1115 Waiver, a multi-faceted program designed to address social and health disparities in the Medicaid population.
- Bassett Community Health Navigation Case management helps members find housing; obtain funding; connect to prime care, mental health, and substance use disorder providers; schedule transportation; coordinate Health and Recovery Plan (HARP) services; and enroll in an insurance plan.
- Catholic Charities of Delaware, Otsego, and Schoharie Counties works to alleviate food insecurity by offering the summer food service program - a free lunch program-Monday through Friday in Neahwa Park in Oneonta. They also provide food and food vouchers to individuals. Referrals can be made to Catholic Charities to address food insecurity.
- Creating Healthy Schools and Communities grant is a program funded by the New York State Department of Health that aims to increase access to healthy, affordable foods and opportunities for daily physical activity in high-need school districts and their associated communities. Those school districts included in the service area are Richfield Spring, Charlotte Valley in Davenport, Unadilla, and Otego.
- Cornell Cooperative Extension of Schoharie and Otsego Counties provides Expanded Food and Nutrition Education Program (EFNEP). The program provides nutrition education to low-income families in an effort to reduce nutrition insecurity.
- Family Planning of South Central New York (FPSCNY) provides reproductive health care to women and men, including annual exams, contraceptives, cancer screening, and STI/HIV testing and treatment. FPSCNY is also the STI and HIV testing and treatment clinic for Otsego County Health

Dept. FPSCNY also has extensive community education for adolescents and adults to reduce risky behaviors. All medical services are sliding fee scale, and Medicaid and private insurance are accepted.

- Leatherstocking Education on Alcoholism/Addictions Foundation (LEAF) provides several programs to educate people about substance use disorders and prevention. One such program is the Impaired Driver Program, which requires participants to examine the social, medical, and legal issues that arise from drinking and driving. The program's completion is required for anyone with a drinking and driving offense. LEAF also has a program entitled 'Choices and Consequences' for teens and young adults. This program is for any offender of underage drinking and consists of classes that teach participants about the effects of alcohol. New for 2019 is the serious increase in youth use of vaping/electronic smoking devices. The Alcohol and Other Drug Task Force of Otsego County will likely be selecting indicators related to vaping to work on for the year. LEAF will work on specific youth interventions related to vaping and plans to create new parent education information/education around the issue.
- Mobile Crisis Assessment Team (MCAT) is a free mobile mental health service available to anyone within Otsego County. They provide mental health assessments and help deescalate crisis situations. MCAT also provides any other necessary intervention as well as links to other services or follow-up services at the site where a crisis may occur.
- National Alliance on Mental Illness (NAMI) for Delaware and Otsego Counties is a nonprofit that provides educational courses for parents, loved ones, caregivers, mental health professionals, and those with mental health disorders. These courses educate people and help them to develop skills on how to care for and manage mental health disorders.
- New York State Department of Health prioritizes the significant health needs of all communities across the state through the Prevention Agenda. According to the New York State Department of Health website, "the Prevention Agenda 2019-2024 is New York State's health improvement plan, the blueprint for state and local action to improve the health and well-being of all New Yorkers and to promote health equity in all populations who experience disparities. In partnership with more than 100 organizations across the state, the Prevention Agenda is updated by the New York State Public Health and Health Planning Council at the request of the Department of Health. This is the third cycle for this statewide initiative that started in 2008. New to this 2019-2024 cycle is the incorporation of a Health Across All Policies approach, initiated in 2017, which calls on all State agencies to identify and strengthen the ways that their policies and programs can have a positive impact on health. It embraces Healthy Aging to support New York's commitment as the first age-friendly state."

Otsego County, A.O. Fox Hospital, & Mary Imogene Bassett Medical Center Community Health Needs Assessment

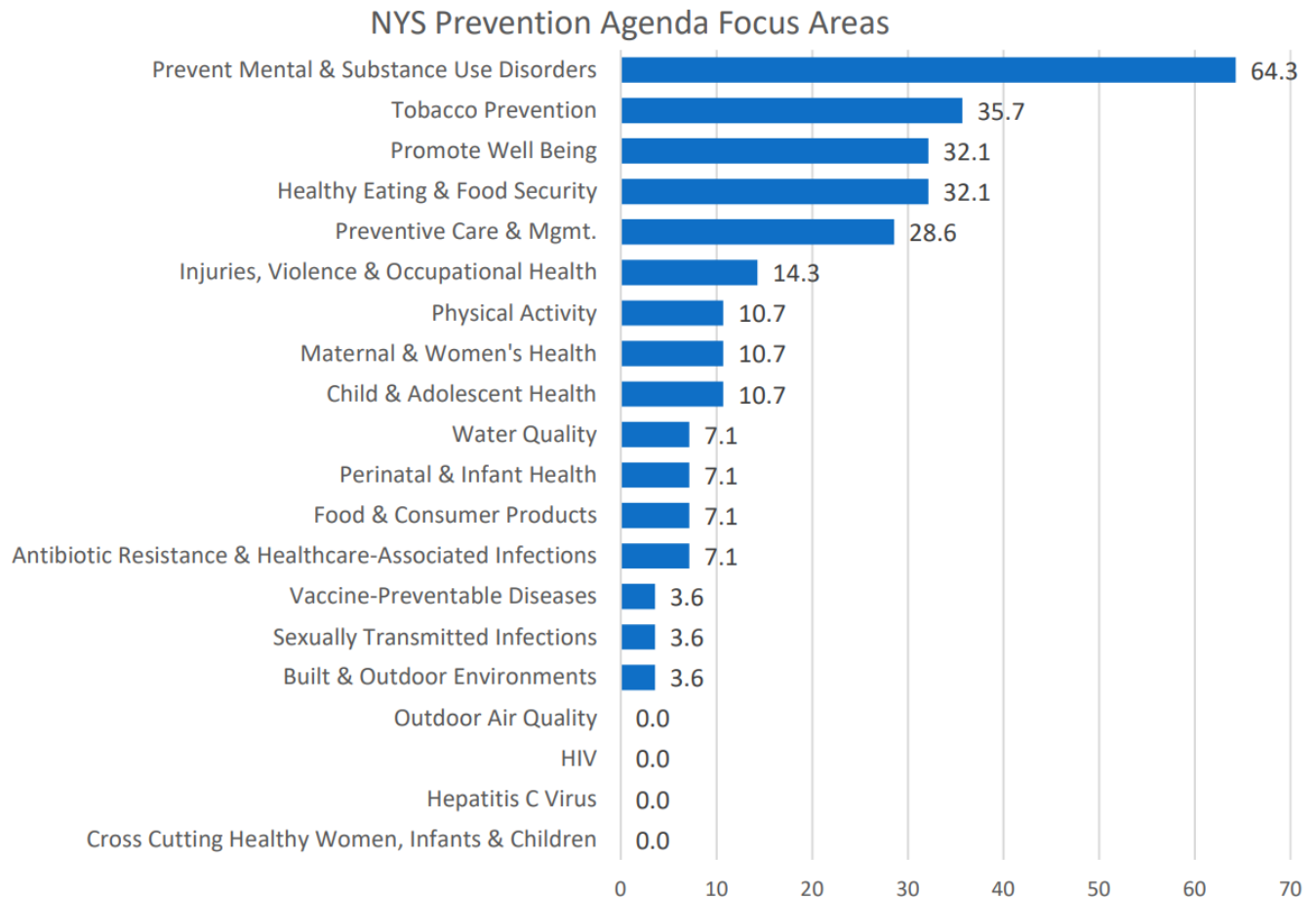
- The Oneonta Community Health Center provides free primary health care and referrals to adults who do not have health insurance or who are under-insured. Their Strategic Plan includes consideration of funding a mobile health unit to bring primary health care and screenings to residents in Otsego and Delaware counties. The health center is open, Tuesdays 6:00pm-8:00pm.
- Rural Health Education Network of Schoharie, Otsego, and Montgomery Counties funds Cornell Cooperative Extension to conduct community-based nutrition education classes for those who are ineligible for EFNEP.

Resources

1. Eldercare Locator, a public service of the U.S. Administration on Aging, connects individuals to services for older adults and their families on the web. Eldercare also has a toll-free number 1-800-677-1116.
2. New York State Office of Alcoholism and Substance Abuse Services' (OASAS) website has a treatment provider directory search, bed availability dashboard, gambling treatment and prevention, developmental disability services, and resources for providers of clinical screening and assessment services for impaired driving offenders.
3. NY Connects Resource Directory helps individuals connect to services and supports, such as health care, basic needs, consumer services, education, environment and public safety, income support and employment, individual and family life, mental health and substance abuse, organizational/community/international services, and criminal justice and legal services. Individuals can also browse by target populations. NY Connects serves individuals who have specific disabilities, medical diagnoses, ethnic backgrounds, national origins, family relationships, income levels, religious affiliations, special problems or considerations, or other targeted characteristics.
4. Otsego County has a directory of local services available on their website at otsegocounty.com.
5. Overdose Detection Mapping Application Program (ODMAP) is a surveillance program that maps overdose data with the goal of increasing public safety and public health interventions for increases or hotspots of overdoses. With the data, public health officials can better allocate resources and initiate preventive programs to help decrease the incidences of overdoses. This program is new to Otsego County.
6. United Way's 2-1-1 is an easy-to-remember toll-free telephone number with confidential community referral that connects callers with community-based resources providing food, shelter, rent assistance, clothing, childcare options, and other types of community assistance. Trained referral specialists are available to help individuals. 2-1-1 Resources are also available on the web.

D. PRIOR TOPICS FROM PRECEDING COMMUNITY HEALTH ASSESSMENT

The MVPHIP collaborated with Otsego County Health Department, A.O. Fox Hospital, and Bassett Medical Center to compile a list of key informants. Those key informants represent a broad range of sectors, community interests and included organizations that represent the medically underserved, low-income, and minority populations. The key informants were invited to participate in a data presentation and answer a short survey. During the presentation, the informants had opportunities to discuss the data and reflect on their experiences, and selected their top two priorities from the New York Prevention Agenda Action Plan. MVPHIP sent the data presentation and survey to the informants who were unable to attend.



Key Informants ranked Prevent Mental and Substance Use Disorders, and Tobacco Prevention as their number one and two priorities, followed by Promote Well Being and Healthy Eating & Food Security tied for number three, and Preventive Care and Management as number four.

NYS Prevention Agenda Priority: Promote Well-Being and Prevent Mental and Substance Use Disorders		
Focus Area: Prevent Mental and Substance Use Disorders		
Goal: Prevent opioid and other substance misuse and deaths		
Objectives: By December 31, 2021, decrease the rate of emergency department visits involving any opioid overdose per 100,000 population from 81.5 to 77.4. *Percentages based on 2019 CHNA data		
Health Disparity Focus Area: Rural residents		
Interventions	Process Measures	Partner Roles and Resources
<p>Increase the availability of/access and linkages to medication-assisted treatment (MAT) including Buprenorphine</p> <p>Promote and encourage prescriber education and familiarity with opioid prescribing guidelines and limits as imposed by NYS statutes and regulations</p>	<p>Number of clinicians trained on prescribing guidelines and adhere to guideline</p> <p>Percent of initiation of pharmacotherapy upon new episode of opioid dependence</p> <p>Number of patients referred to Chronic Pain Self-Management Program</p> <p>Number of individuals connected to Friends of Recovery after visiting an emergency department</p>	<p>Otsego County Health Department Review and explore the application of ODMAP for programs and interventions</p> <p>A.O. Fox Hospital Connects patients to Friends of Recovery after an overdose ED visit</p> <p>Training of clinicians on safe opioid prescribing and pain management</p> <p>Clinician referrals to the Chronic Pain Self-Management Program</p> <p>Friends of Recovery of Delaware and Otsego Counties (FORDO) Connect patients with resources after an overdose Bassett Healthcare Network</p> <p>Developing and reviewing best practices for safe opioid prescribing and pain management</p> <p>Bassett Medical Center Assist clinicians with acquiring their X license of prescribing of Buprenorphine</p> <p>Training of clinicians on safe opioid prescribing and pain management</p> <p>Clinician referrals to the Chronic Pain Self-Management Program</p>
Results: Emergency department visits (including outpatients and admitted patients) involving any opioid overdose, age-adjusted rate per 100,000 population: 50.3 **Objective met**		

NYS Prevention Agenda Priority: Promote Well-Being and Prevent Mental and Substance Use Disorders		
Focus Area: Prevent Mental and Substance Use Disorders		
Goal: Reduce Suicides		
Objectives: By December 31, 2021, decrease the suicide death rate per 100,000 population from 13.2 to 12.5. *Percentages based on 2019 CHNA data		
Health Disparity Focus Area: Rural middle-aged males		
Interventions	Process Measures	Partner Roles and Resources
<p>Create protective environments: Reduce access to lethal means among persons at risk of suicide</p> <p>Identify and support people at risk by utilizing evidence-based training such as; SafeTalk, Applied Suicide Intervention Skills Training (ASIST), and Mental Health First Aid</p>	<p>Number of gun locks and education provided to the community, especially communities at the highest risk</p> <p>Number of individuals trained in evidence-based programs which increase their ability to apply suicide prevention skills</p>	<p>Otsego County Health Department Offers public suicide prevention training</p> <p>Distributes educational materials and gun safety locks at health events</p> <p>Convenes SAFE Otsego- suicide prevention coalition quarterly to review progress and action planning</p> <p>Otsego County Mental Health Staff trained in Mental Health First Aid</p> <p>Otsego County System of Care Early identification and treatment of at-risk youth</p> <p>Oneonta Police Department Participant in suicide prevention coalition SAFE Otsego</p> <p>The Neighborhood Center Mobile Crisis Assessment Team (MCAT) provides crisis intervention and de-escalation</p>
Results: Suicide mortality, age-adjusted rate per 100,000 population: 12.7		
Object not met – Program is ongoing with expectation to continue in decline of suicide mortality rates. Many efforts were limited by COVID-19 pandemic.		

NYS Prevention Agenda Priority: Prevent Chronic Diseases		
Focus Area: Prevent Chronic Diseases		
Goal: Tobacco Prevention		
Objectives: By December 31, 2021, decrease the percentage of Otsego County youth who report using electronic vaping products on or more of the past 30 days from 31% to 29.5%.		
Health Disparity Focus Area: Rural adolescents		
Interventions	Process Measures	Partner Roles and Resources
Use media and health communications to highlight the dangers of tobacco/vaping in pediatric clinics and School-Based Health Centers	Number of youth and parents exposed to messages about the dangers of tobacco/vaping use	<p>A.O. Fox Hospital Conducts screening within the clinical settings</p> <p>Utilizes small media to educate patients in pediatric and school-based setting about the dangers of vaping</p> <p>Bassett Medical Center Conducts screening within the clinical settings</p> <p>Utilizes small media to educate patients in pediatric and school-based setting about the dangers of vaping</p> <p>St. Peter’s Health Partners Funded to increase the number of local laws and policies which restrict tobacco/vaping marketing and decrease exposure to secondhand smoke</p> <p>LEAF, Inc. Parent/youth education and interventions around vaping through their Alcohol and Other Drug Task Force of Otsego County</p> <p>Otsego County Health Department Utilizes small media to educate the community about the dangers of vaping</p>
Results: E-cigarette data for adolescents in Otsego county no longer collected.		

E. COMMUNITY SERVICE PLAN (CSP)/ COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP)

In conjunction with the Community Health Needs Assessment (CHNA), organizations must develop a Community Service Plan (CSP), also known as a Community Health Improvement Plan (CHIP). This document will use the term Community Service Plan (CSP).

New York State Prevention Agenda 2019-2024

The Community Service Plan is a comprehensive 3-year plan to address the disparities found in the CHNA through collaborative community health initiatives. Organizations creating the CSP are provided the NYS Prevention Agenda 2019-2024, which is a blueprint for New York State's health improvement plan for state and local action to improve the health and well-being of all New Yorkers and promote health equity across populations who experience disparities. The blueprint provides acceptable priority areas to focus on based on the evidence found.

There are five main priority areas in the NYSDOH Prevention Agenda 2019-2024.

- Prevent Chronic Disease
- Promote a Healthy and Safe Environment
- Promote Health for Women, Infants, and Children
- Promote Well-Being and Prevent Mental and Substance Use Disorders
- Prevent Communicable disease

Of the Priority areas, there are associated Focus Areas and Goals; see the below table for a list of those associated items.

NYS Prevention Agenda 2019-2024 Priorities, Focus Areas and Goals	
Priority Area: Prevent Chronic Diseases	Focus Area 1: Healthy Eating and Food Security
	Overarching Goal: Reduce obesity and the risk of chronic diseases
	Goal 1.1: Increase access to healthy and affordable foods and beverages
	Goal 1.2: Increase skills and knowledge to support healthy food and beverage choices
	Goal 1.3: Increase food security
	Focus Area 2: Physical Activity
	Overarching Goal: Reduce obesity and the risk of chronic diseases
	Goal 2.1: Improve community environments that support active transportation and recreational physical activity for people of all ages and abilities
	Goal 2.2: Promote school, child care, and worksite environments that support physical activity for people of all ages and abilities
	Goal 2.3: Increase access, for people of all ages and abilities, to safe indoor and/or outdoor places for physical activity
	Focus Area 3: Tobacco Prevention
	Goal 3.1: Prevent initiation of tobacco use, including combustible tobacco and electronic vaping products (electronic cigarettes and similar)
	Goal 3.2: Promote tobacco use cessation, especially among populations disproportionately affected by tobacco use, including low SES; frequent mental distress/substance use disorder; LGBT; and disability
	Goal 3.3: Eliminate exposure to secondhand smoke and exposure to secondhand aerosol/emissions from electronic vapor products
	Focus Area 4: Preventive Care and Management
	Goal 4.1: Increase cancer screening rates for breast, cervical, and colorectal cancer
Goal 4.2: Increase early detection of cardiovascular disease, diabetes, prediabetes, and obesity	
Goal 4.3: Promote the use of evidence-based care to manage chronic diseases	
Goal 4.4: Improve self-management skills for individuals with chronic conditions	
Priority Area: Promote a Healthy and Safe Environment	Focus Area 1: Injuries, Violence and Occupational Health
	Goal 1.1: Reduce falls among vulnerable populations
	Goal 1.2: Reduce violence by targeting prevention programs particularly to highest risk populations
	Goal 1.3: Reduce occupational injuries and illness
	Goal 1.4: Reduce traffic related injuries for pedestrians and bicyclists
	Focus Area 2: Outdoor Air Quality
	Goal 2.1: Reduce exposure to outdoor air pollutants
	Focus Area 3: Built and Indoor Environments
	Goal 3.1: Improve design and maintenance of the built environment to promote healthy lifestyles, sustainability, and adaptation to climate change
	Goal 3.2: Promote healthy home and school environments
	Focus Area 4: Water Quality
	Goal 4.1: Protect water sources and ensure quality drinking water
	Goal 4.2: Protect vulnerable waterbodies to reduce potential public health risks associated with exposure to recreational water
	Focus Area 5: Food and Consumer Products
	Goal 5.1: Raise awareness of the potential presence of chemical contaminants and promote strategies to reduce exposure
	Goal 5.2: Improve food safety management

Otsego County, A.O. Fox Hospital, & Mary Imogene Bassett Medical Center Community Health Needs Assessment

<p>Priority Area: Promote Healthy Women, Infants and Children</p>	<p>Focus Area 1: Maternal & Women’s Health</p>
	<p>Goal 1.1: Increase use of primary and preventive health care services by women of all ages, with a focus on women of reproductive age</p>
	<p>Goal 1.2: Reduce maternal mortality and morbidity</p>
	<p>Focus Area 2: Perinatal & Infant Health</p>
	<p>Goal 2.1: Reduce infant mortality and morbidity</p>
	<p>Goal 2.2: Increase breastfeeding</p>
	<p>Focus Area 3: Child & Adolescent Health</p>
	<p>Goal 3.1: Support and enhance children and adolescents’ social-emotional development and relationships</p>
	<p>Goal 3.2: Increase supports for children and youth with special health care needs</p>
	<p>Goal 3.3: Reduce dental caries among children</p>
	<p>Focus Area 4: Cross Cutting Healthy Women, Infants, & Children</p>
	<p>Goal 4.1: Reduce racial, ethnic, economic, and geographic disparities in maternal and child health outcomes and promote health equity for maternal and child health populations</p>
	<p>Priority Area: Promote Well-Being and Prevent Mental and Substance Use Disorders</p>
<p>Goal 1.1: Strengthen opportunities to build well-being and resilience across the lifespan</p>	
<p>Goal 1.2: Facilitate supportive environments that promote respect and dignity for people of all ages</p>	
<p>Focus Area 2: Prevent Mental and Substance Use Disorders</p>	
<p>Goal 2.1: Prevent underage drinking and excessive alcohol consumption by adults</p>	
<p>Goal 2.2: Prevent opioid and other substance misuse and deaths</p>	
<p>Goal 2.3: Prevent and address adverse childhood experiences (ACEs)</p>	
<p>Goal 2.4: Reduce the prevalence of major depressive disorders</p>	
<p>Goal 2.5: Prevent suicides</p>	
<p>Goal 2.6: Reduce the mortality gap between those living with serious mental illness and the general population</p>	
<p>Priority Area: Prevent Communicable Diseases</p>	<p>Focus Area 1: Vaccine-Preventable Diseases</p>
	<p>Goal 1.1: Improve vaccination rates</p>
	<p>Goal 1.2: Reduce vaccination coverage disparities</p>
	<p>Focus Area 2: Human Immunodeficiency Virus (HIV)</p>
	<p>Goal 2.1: Decrease HIV morbidity (new HIV diagnoses)</p>
	<p>Goal 2.2: Increase viral suppression</p>
	<p>Focus Area 3: Sexually Transmitted Infections (STIs)</p>
	<p>Goal 3.1: Reduce the annual rate of growth for STIs</p>
	<p>Focus Area 4: Hepatitis C Virus (HCV)</p>
	<p>Goal 4.1: Increase the number of persons treated for HCV</p>
	<p>Goal 4.2: Reduce the number of new HCV cases among people who inject drugs</p>
	<p>Focus Area 5: Antibiotic Resistance and Healthcare-Associated Infections</p>
	<p>Goal 5.1: Improve infection control in healthcare facilities</p>
	<p>Goal 5.2: Reduce infections caused by multi-drug resistant organisms and C. difficile</p>
	<p>Goal 5.3: Reduce inappropriate antibiotic use</p>

Note: New York State Prevention Department of Health (2021); The New York State Prevention Agenda 2019-2024

1. Identification of Priorities

A crucial part of assessing the health of our communities is not only collecting objective data but also subjective perceptions of the county's health status from the community member and stakeholders. The Otsego County community and stakeholder surveys leveraged electronic surveys targeted at community members and stakeholders. A web link and QR code were distributed through email, inviting participants to participate in the survey(s).

Community & Stakeholder Surveys

A crucial part of assessing the health of our communities is not only collecting objective data but also subjective perceptions of the county's health status from the community member and stakeholders. The Otsego County community and stakeholder surveys leveraged electronic surveys targeted at community members and stakeholders. A web link and QR code were distributed through email and mailed postcards inviting participants to participate.

Community Engagement Survey

The Community Engagement (CE) survey was distributed through email and social media. The CE survey was available to the public from June 29, 2022 and closed end of day on August 6, 2022. Attachment A represents a copy of the survey. A total of 1,330 individuals responded to the CE survey providing a 1.39% response rate (Population: 47,710, 18 years of age ≤). Outside of verifying their county of residence, no question was required, any question could be left blank, and all surveys were collected anonymously.

Respondent Demographics

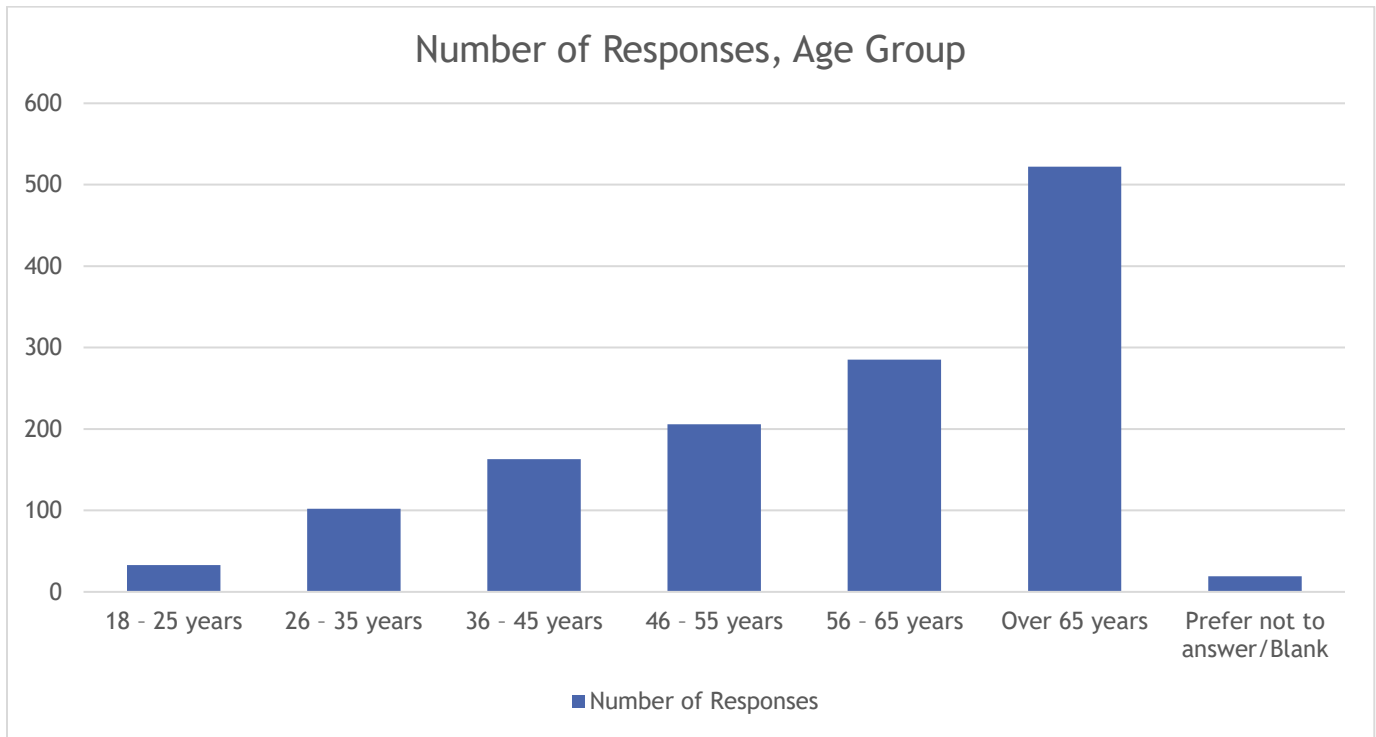
Representation was provided for each town in the county. Below are the number of responses and % of the town that is represented. Town populations and rates are calculated from the Sub-county Resident Population Estimates 2021, US Census. Twenty-two respondents left their town of residence blank; reasoning is unknown; an additional question confirmed Otsego County, NY residence, and all respondents confirmed they were residents.

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Town	Responses	2021 Population Estimate	% of Town Population
Burlington	21	1053	1.99%
Butternuts	22	1678	1.31%
Cherry Valley	46	1245	3.70%
Cooperstown	2	1867	.005%
Decatur	9	374	2.41%
Edmeston	30	1908	3.15%
Exeter	8	850	0.94%
Gilbertsville	6	332	1.81%
Hartwick	58	1964	2.95%
Laurens	62	2331	2.66%
Maryland	61	1772	3.44%
Middlefield	53	1893	2.80%
Milford	46	2818	1.63%
Morris	38	1743	2.18%
New Lisbon	31	1089	2.85%
Oneonta	385	17534	2.20%
Otego	66	2768	2.39%
Otsego	129	3648	3.54%
Pittsfield	10	1325	0.76%
Plainfield	5	933	0.54%
Richfield	48	2082	2.31%
Richfield Springs	10	1108	0.90%
Roseboom	10	688	1.45%
Springfield	23	1348	1.71%
Unadilla	49	4143	1.18%
Westford	25	818	3.06%
Worcester	55	2118	2.60%
Blank	22	*	*

Respondent age groups are relatively consistent with the overall age group presence in the county, with the largest population being the over 65 years of age population.

Age Group	Number of Responses	% of Responses
18 – 25 years	33	2.48%
26 – 35 years	102	7.67%
36 – 45 years	163	12.26%
46 – 55 years	206	15.49%
56 – 65 years	285	21.43%
Over 65 years	522	39.25%
Prefer not to answer	14	1.05%
Blank	5	0.38%



Respondent rates related to race and ethnicity were also consistent with the overall demographics of Otsego County; the vast majority of respondents were white and non-Hispanic.

Race	Number of Respondents
White	1239
Native American or Alaska Native	3
African American/Black	10
Native Hawaiian or Pacific Islander	0
Asian	9
Multiple Races	14
Prefer not to answer	47
Don't know	4

Ethnicity	Number of Respondents
Hispanic or Latino	28
Not Hispanic or Latino	1159
Don't know	0
Prefer not to Answer	87

The gender of respondents were predominantly Female.

Gender	Number of Respondents
Female	909
Male	379
Gender nonconforming	1
Transgender Female	3
Transgender Male	4
Genderqueer/Non-binary	6
Prefer not to answer	17
Don't know	0
Other	0

A majority of respondents have at least a High school degree or GED, with a large number having completed a 4-year degree or Graduate degree. The higher education status is likely due to multiple high-learning institutions and healthcare institutions in the county.

Highest level of Education	Number of Respondents
Less than high school	17
High school graduate or GED	156
Some college, no degree	181
2-year college degree	151
4-year college degree	311
Graduate degree	462
Trade school	30
Prefer not to answer	12

Healthy Community

Respondents were asked to pick the top five most important features for a healthy community; below is a list of the top five of those responses. There were ten individuals who left this question blank.

Community feature	%, Responses
Access to healthcare (family doctor, hospitals, etc.)	68.6%
Healthy and affordable foods close to where you live	55.4%
A clean environment (no pollution/trash in public spaces, including parks, playgrounds, and lakes)	45.4%
Low crime rates	43.3%
Good Schools	42.0%

Current Problems

Respondents were asked to pick the top five health problems in their community. The below table represents the top five of those responses; 20 individuals left this question blank.

Health Problems	%, Responses
Obesity in adults	65.9%
Mental health issues	60.9%
Addiction to alcohol or drugs	52.0%
Diabetes	42.2%
Obesity in children	39.4%

Respondents were provided the opportunity to choose “Other” and give a narrative response to additional perceived problems. The majority of “Other” comments were related to **addiction** and **lack of mental health provider access**.

Community Feedback: Health Problems

Respondents were given the opportunity to write any additional comments regarding the health problems in their community; 204 individuals wrote comments. A vast majority of the community feedback comments regarding health problems addressed the need for better accessibility to healthcare and mental health, lack of addiction services, inaccessibility to healthy food, lack of community walkability, and greater accessibility to dental care.

Health Behavior/Social factors

Respondents were asked to pick the top five health behaviors or social factors in their community that is impacting health. The below table represents the top five of those responses; 20 individuals left this question blank.

Health behavior/Social factor	%, Responses
Illegal drug use	56.1%
Unhealthy eating	53.9%
Not enough physical activity	42.7%
Abuse (emotional/physical/sexual)	41.5%
Social Isolation	32.9%

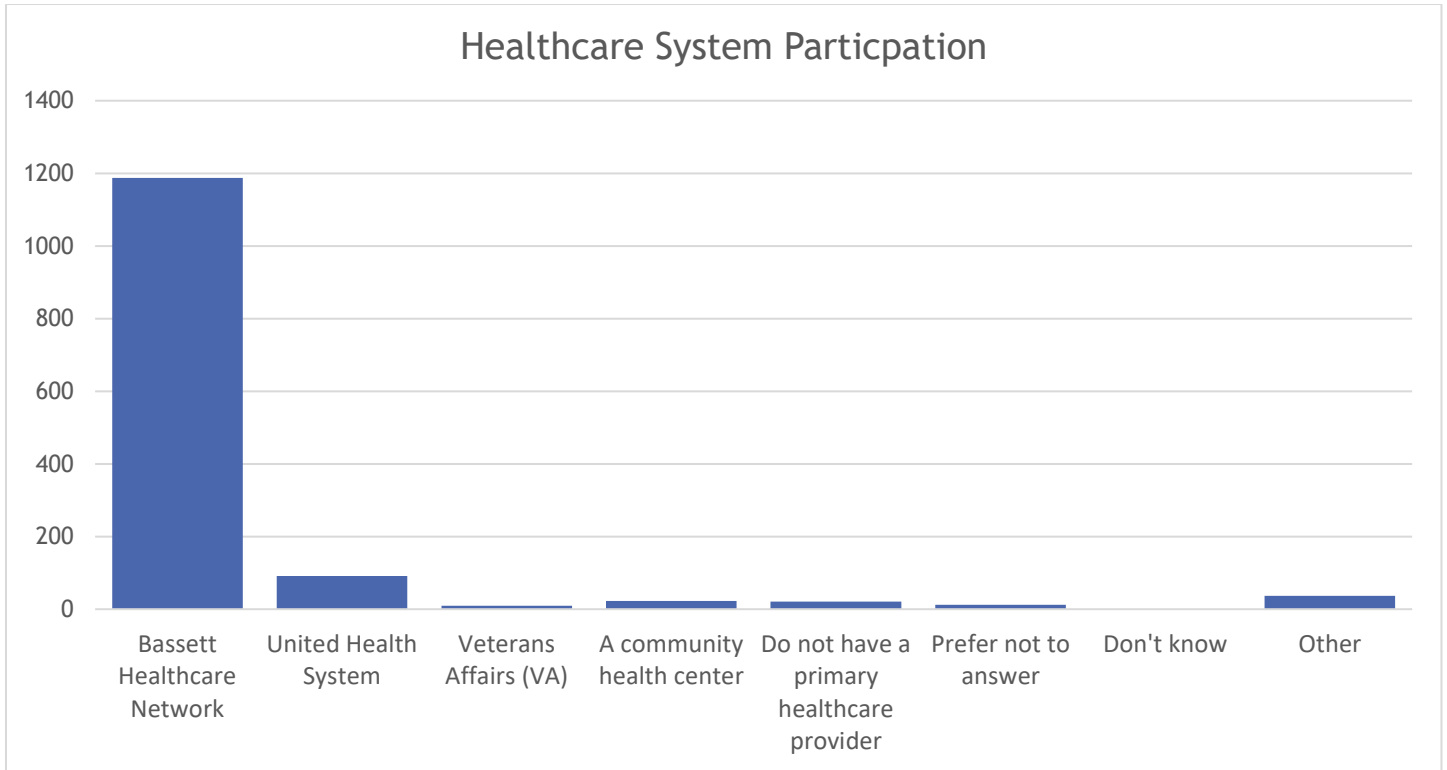
Additional narrative responses to this question fell into themes of mental health, illegal drug use, and poverty.

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Healthcare System

The final series of questions revolved around the respondent's experiences in the healthcare system(s) they receive care from.

Of those that responded (16 did not), 90.3% received primary care from the Bassett Healthcare Network. Most of those who replied "Other" stated they were patients of the Mohawk Valley Health System and Private providers in their community.



Health System Issues

Respondents were asked to pick the top five issues they believe are the biggest problems for Otsego County. The below table represents the top five of those responses; 30 individuals left this question blank.

Health System Problems	%, Responses
High cost of healthcare	64.8%
Access to mental health services	61.8%
High cost of prescription medications	56.5%
Access to a regular doctor or health care provider	46.2%
Lack of health insurance coverage	46.2%

Difficulty or not getting to a medical appointment due to:

Respondents were asked to report their difficulties or reason for not getting a medical appointment in the last three years. The below table represents the top five of those responses; 253 individuals left this question blank.

Medical Appt Difficulties	%, Responses
Lack of available providers (not accepting patients)	64.4%
Fear of COVID exposure	31.2%
Office hours	29.1%
Delay because COVID testing is required first	23.3%
Location	21.5%

Feeling like your provider:

Respondents were asked to report their’s or their family’s experiences with providers in the last three years. The below table represents the top five of those responses; 527 individuals left this question blank.

Provider Experience	%, Responses
Not providing continuous care from the same provider at each visit	51.3%
Not listening	42.0%
Not spending enough time with patients	41.7%
Does not understand you or your experience	34.6%
Judging patients (stigma or discrimination)	21.9%
Not providing a clear explanation of health information	21.9%

Reasons for difficulty seeking care:

Respondents were asked to report their’s or their family’s difficulty seeking medical care in the last three years. This question was left blank by 350 individuals. One answer had a significantly higher response than any other answer; 80.3% of respondents reported “to long of a wait to get an appointment”.

Stakeholder Survey

The Stakeholder survey was developed to get the perceived problems/barriers to health equity in Otsego county, in addition to potentially identifying partners for interventional work to address target concerns.

The Stakeholder survey was distributed through email and social media. The Stakeholder survey was available to the public from July 11, 2022 and closed end of day on August 7, 2022. Attachment B represents a copy of the survey. A total of 21 individuals responded to the Stakeholder survey; no question was required, any question could be left blank, and all surveys were collected anonymously.

Stakeholder Survey Demographics

Job/Title	%, Respondents
Direct Service Staff	5.9%
Program/Project Manager	29.4%
Community member	23.5%
Other	41.2%
	Administrator Pastor Chief Executive Officer Pastoral Care Minister Executive Director
Blank	19.05%

Community Sector (Agency)	%, Respondents
Business	5.0%
Disability services	5.0%
Employment/job training	5.0%
School (K-12)	5.0%
Faith-based	30.0%
Seniors/Elderly	20.0%
Social Services	15.0%
Food/nutrition	5.0%
Health care provider	15.0%
Other	5.0%
	Non-profit organization

Health Priorities, Concerns, and Factors

The Prevention Agenda 2019-2024 is New York State's health improvement plan, the blueprint for state and local action to improve the health and well-being of all New Yorkers and promote health equity across populations who experience disparities. In partnership with more than 100 organizations across the state, the Prevention Agenda is updated by the New York State Public Health and Health Planning Council at the request of the Department of Health. This is the third cycle for this statewide initiative that started in 2008. The Prevention Agenda 2019-2024 has five priorities with priority-specific action plans developed collaboratively with input from community stakeholders.

- Prevent Chronic Disease
- Promote a Healthy and Safe Environment
- Promote Health for Women, Infants, and Children
- Promote Well-Being and Prevent Mental and Substance Use Disorders
- Prevent Communicable disease

As mentioned, the goal of this survey was to identify areas of concern, disparate populations, and potential partners. The next few sections asked respondents to pick goals (3 for each priority area) of the Prevention Agenda that they or their organization would be able to assist with.

Prevent Chronic Disease

Goal	%, Assist
Increase access to healthy and affordable foods	35.3%
Increase knowledge to support healthy food and beverage choices	58.8%
Increase food security	47.1%
Improve community environments that support active transportation and recreational physical activity for people of all ages and abilities	17.6%
Promote school, childcare, and worksite environments that increase physical activity	11.8%
Increase access to indoor and/or outdoor places for physical activity for people of all ages and abilities	5.9%
Prevent initiation of tobacco use	5.9%
Promote tobacco use cessation	5.9%
Eliminate exposure to secondhand smoke	0.0%
Increase cancer screening rates	11.8%
Early detection of cardiovascular disease, diabetes, prediabetes, and obesity	17.6%
Promote evidence-based care to prevent and manage chronic diseases including asthma, arthritis, cardiovascular disease, diabetes, prediabetes, and obesity	17.6%
Improve self-management skills for individuals with chronic diseases, including asthma, arthritis, cardiovascular disease, diabetes, prediabetes, and obesity	23.5%

Promote a Healthy and Safe Environment

Goal	%, Assist
Reduce falls among vulnerable populations	37.5%
Reduce violence by targeting prevention programs, particularly to highest risk populations	50.0%
Reduce occupational injury and illness	12.5%
Reduce traffic-related injuries for pedestrians and bicyclists	0.0%
Reduce exposure to outdoor air pollutants	0.0%
Promote healthy home and school environment	75.0%
Protect water sources and ensure quality drinking water	12.5%
Raise awareness of the potential presence of chemical contaminants and promote strategies to reduce exposure (food-water-air)	31.3%
Improve food safety management	25.0%

Promote Healthy Women, Infants, and Children

Goal	%, Assist
Increase use of primary and preventive health care services among women of all ages, with a special focus on women of reproductive age	66.7%
Reduce maternal mortality & morbidity	11.1%
Reduce infant mortality & morbidity	22.2%
Increase breastfeeding	0.0%
Support and enhance children/adolescents' social-emotional development and relationship	88.9%
Increase supports for children and youth with special health care needs	33.3%
Reduce dental caries among children	0.0%
Reduce racial, ethnic, economic, and geographic disparities in maternal and child health outcomes, and promote health equity for maternal and child health populations	55.6%

Promote Well-Being and Prevent Mental and Substance Use Disorders

Goal	%, Assist
Facilitate supportive environments that promote respect and dignity for people of all ages	90.9%
Prevent opioid and other substance misuse and deaths	27.3%
Prevent and address adverse childhood experiences (ACES)	54.5%
Reduce the prevalence of major depressive disorders	27.3%
Prevent suicides	36.4%
Reduce the mortality gap between those living with serious mental illness and the general population	27.3%

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Prevent Communicable Disease

Goal	%, Assist
Increase education and outreach for improving overall immune health (preventive hygiene, clean diet, clean water, supportive nutritional supplementation)	69.2%
Decrease HIV morbidity (new HIV diagnoses)	15.4%
Increase viral suppression (environmental hygiene practices)	15.4%
Reduce the annual rate of growth for STIs	7.7%
Increase the identification of persons with Hepatitis C Virus (HCV) for treatment	7.7%
Reduce the number of new HCV cases among people who inject drugs	0.0%
Improve infection control in healthcare facilities	38.5%
Reduce infections caused by multidrug-resistant organisms and C. difficile	15.4%
Reduce inappropriate antibiotic use (humans and livestock food sources)	23.1%
Improve vaccination rates	46.2%

Available Resources

Respondents were asked to identify what type of assets/resources their organization can contribute toward achieving their selected goals. This question assisted in choosing primary goals and aligning appropriate stakeholders.

Resources	%, Available
Provide subject-matter knowledge and expertise	31.3%
Provide knowledge of and/or access to potential sources of funding (grants, philanthropy)	0.0%
Facilitate access to committees, work groups, and coalitions, currently working to achieve the selected goals	25.0%
Participate in committees, workgroups, and coalitions to help achieve the selected goals	68.8%
Share knowledge of community resources (e.g. food, clothing, housing, transportation, etc.)	56.3%
Facilitate access to populations your organization/agency serves (to encourage participation in programs, and provide feedback about health improvements)	31.3%
Promote health improvement activities/events through social media and other communication channels your organization/agency operates	31.3%
Share program-level data to help track progress in achieving goals	6.3%
Provide in-kind space for health improvement meetings/events	18.8%
Offer periodic organizational/program updates to community stakeholders	12.5%
Provide staff time to help conduct goal-related activities	12.5%
Provide letters of support for planned health improvement activities	25.0%
Sign partnership agreements related to community-level health improvement efforts	25.0%
Assist with data analysis	6.3%
Offer health related-educational materials	37.5%
Other	6.3%

Interested in Being Contacted

Of the 21 Individuals representing stakeholders, 60.0% (12) stated they would like to be contacted, 40.0% (8) stated they would not like to be contacted, and 1 respondent left the question blank.

Health Concerns

Stakeholder respondents were asked to identify five health concerns affecting Otsego County. The highest percentage of responses all fell into a theme regarding mental health, highlighting the very low infrastructure for mental health services.

Health Concern: Chronic Conditions	%, Response
Alzheimer’s disease/dementia	14.3%
Arthritis	0.0%
Autism	4.8%
Cancers	9.5%
Diabetes	9.5%
Disability	28.6%
Heart Disease	9.5%
High Blood Pressure	0.0%
Overweight or obesity	14.3%
Respiratory disease	

Health Concern: Communicable Disease	%, Response
Infectious disease	4.8%
Hepatitis C	0.0%
Sexually Transmitted Infections	4.8%
Insect related disease	9.5%
HIV/AIDS	0.0%

Health Concern: General Health	%, Response
Infant/ child/adolescent physical health	4.8%
Senior health	33.3%
Infant/ child/adolescent emotional health	9.5%
Maternal health	9.5%
LGBTQ health	0.0%
Dental health	14.3%

Health Concern: Socio-economic	%, Response
Adverse childhood experiences	19.0%
Hunger	33.3%
Social connectedness	14.3%
Unintended teen pregnancy	4.8%

Health Concern: Safety	%, Response
Violence (assault, firearm related)	14.3%
Exposure to air and water pollutants/hazardous material	0.0%
Motor vehicle safety (impaired/distracted driving)	0.0%
Food safety	0.0%
Falls	9.5%
Pedestrian/bicyclist accidents	0.0%
Domestic Abuse/violence	19.0%
Sexual assault/rape	4.8%
Drinking water quality	0.0%
Emergency services	0.0%

Health Concern: Mental Health/ Substance Use	%, Response
Mental Health conditions	61.9%
Suicide	0.0%
Prescription drug abuse	4.8%
Street substance abuse	9.5%
Underage drinking/excessive adult drinking	14.3%
Tobacco use/nicotine addiction (Smoking/vaping/chewing)	9.5%

Health Factors

Stakeholder respondents were also asked to identify five health factors contributing to the health concerns they chose.

Health Factors: Access	%, Response
Lack of dental/oral care services	14.3%
Problems with internet access	0.0%
Lack of education, vocational, or job-training options for adults	4.8%
Lack of opportunities for people with physical limitations or disabilities to attain health	4.8%
Lack of employment options	4.8%
Lack of substance use disorder services	19.0%
Lack of health insurance	19.0%
Poor access to healthy food and beverage options	28.6%
Lack of chronic disease screening, treatment, and self-management services	9.5%
Poor access to public places for physical activity and recreation	0.0%
Poor referral to health care, specialty care, and community-based support services	19.0%
Lack of preventive/primary healthcare services (screenings, annual check-ups)	0.0%
Lack of specialty care and treatment	4.8%

Health Factors: Socio-economic	%, Response
Age of residents	28.6%
Changing family structures	9.5%
Discrimination/racism	4.8%
Food insecurity	19.0%
Health care costs	19.0%
Homelessness	19.0%
Lack of connections in the community	19.0%
Shortage of child care options	9.5%
Lack of cultural and enrichment programs	0.0%
Inadequate/unaffordable housing options	38.1%
Lack of social support for community	4.8%
Poor educational attainment	4.8%
Poor community engagement and connectivity	0.0%
Unemployment/low wage	4.8%
Transportation problems	23.8%
Poverty	57.1%
Quality of schools	0.0%
Low health literacy (inability to understand health information)	14.3%

Health Factors: Safety	%, Response
Crime/violence	0.0%
Poor infrastructure (roads, bridges, etc.)	0.0%
Domestic violence and abuse	4.8%
Environmental quality	0.0%
Exposure to secondhand smoke from tobacco products or e-cigarettes (vape)	0.0%
Community walkability	0.0%

Health Factors: Self-Care/Mental Health/Addiction Issues	%, Response
Inadequate physical activity	0.0%
Inadequate sleep	0.0%
Late or no prenatal care	0.0%
Poor eating/dietary practices	9.5%
Excessive screen time	0.0%
Stress (work, family, school, etc.)	14.3%
Addiction to alcohol	9.5%
Addiction to illicit drugs	23.8%
Addiction to nicotine	0.0%

Social Determinants of Health (SDOH)

Evaluating the county that their organization serves, respondents were asked to rate the SDOH domains on the impact of the community on a scale of 1 (very little) to 5 (a lot).

Education Access and Quality

Total Responses	Unique responses	Missing Response	Sum	Mean	Median	Mode
19	4	2	59	3.11	3	3

	Response: 1	Response: 2	Response: 3	Response: 4	Response: 5
Instances	0	3	12	3	1

Social and Community Context

Total Responses	Unique responses	Missing Response	Sum	Mean	Median	Mode
20	5	1	62	3.10	3	3

	Response: 1	Response: 2	Response: 3	Response: 4	Response: 5
Instances	2	3	9	3	3

Health Care Access and Quality

Total Responses	Unique responses	Missing Response	Sum	Mean	Median	Mode
20	5	1	55	2.75	3	3

	Response: 1	Response: 2	Response: 3	Response: 4	Response: 5
Instances	3	5	8	2	2

Economic Stability

Total Responses	Unique responses	Missing Response	Sum	Mean	Median	Mode
21	4	0	47	2.24	2	2

	Response: 1	Response: 2	Response: 3	Response: 4	Response: 5
Instances	5	9	10	1	3

Neighborhood and Built Environment

Total Responses	Unique responses	Missing Response	Sum	Mean	Median	Mode
19	5	2	58	3.05	3	3

	Response: 1	Response: 2	Response: 3	Response: 4	Response: 5
Instances	1	4	10	1	3

Populations with Poor Outcomes

The final question requested the respondents to identify which populations their organization serves have the poorest health outcomes. About half of the respondents believed individuals living with mental health issues were of the poorest health outcomes in Otsego County, NY.

Population	%, Response
Specific racial or ethnic groups	0.0%
Individuals living with mental health issues	31.6%
Children/adolescents	0.0%
Individuals living in rural areas	42.1%
Females of a reproductive age	5.3%
Migrant workers	0.0%
Seniors/elderly	15.8%
Individuals with disability	0.0%
Other	5.3%

2. Social Determinants of Health Summary

Through a systematic approach to data collection along with engagement of the community and stakeholders, an assessment of SDOH and health needs in Otsego County was collated. Below is a description of some major findings from the needs assessment process, along with where they fit into the SDOH domains.



Lack of Primary Care physicians
Lack of Dental providers
Lack of Mental Health providers
Low Health Literacy



Cost burdened housing
Food insecurity
Low income



Low population density
Social Isolation
Social Connectedness



No public transportation
Low personal vehicle access
Presence of substandard housing
Cost burdened housing
Areas of low access to healthy food
Violence



Low rate of college diploma
Low rate of high school graduation
Low enrollment in early childhood education

3. Priority Action Plan

A.O. Fox Hospital and Bassett Medical Center have agreed to adopt the Priority Action Plan 2022-2024.

NYS Prevention Agenda Priority: Promote a Healthy and Safe Environment

Focus Area 3: Built and Indoor Environments

Goal 3.2: Promote healthy home and school environments

Objective: Teach courses on basic home maintenance and improvement skills to 20 participants per year

Objective: Increase housing standard for 5 homes of elderly individuals per year

Target Demographic: Elderly

Intervention	Process Measures	Partner Roles and Resources
Skill-building classes in home maintenance and upkeep; the capstone of the class is to perform maintenance and upkeep on the home of an elderly individual.	Count the number of participants who successfully completed the class Count the number of homes whose level of maintenance has increased due to the program.	<p>Otsego County Department of Health Facilitate classes Promotion of program</p> <p>Bassett Healthcare Network Work to facilitate classes and partners Work to coordinate home recruitment Promotion of the program</p> <p>AO Fox Hospital Promote Program Identification of potential home owners</p> <p>Bassett Medical Center Promote Program Identification of potential home owners</p> <p>Office of the Aging Identification of potential homes</p> <p>BOCES Perform training sessions</p>

NYS Prevention Agenda Priority: Prevent Chronic Disease		
Focus Area 1: Healthy Eating and Food Security		
Goal 1.3: Increase food security		
Objective: Provide access to four types of healthy food crops in the winter and summer seasons		
Target Demographic: Food-insecure residents of Otsego County		
Intervention	Process Measures	Partner Roles and Resources
<p>Greenhouse (hoop house) installed and maintained to provide healthy foods further into the winter season.</p> <p>Recipe cards describing how to prepare the crops will be distributed to the public.</p>	<p>Measure the number of types of crops</p>	<p>Bassett Healthcare Network Provide coordination Referrals to greenhouse</p> <p>Bassett Medical Center Referrals to greenhouse Crop management</p> <p>A.O. Fox Hospital Greenhouse installation location Referrals to greenhouse Garden facility management Crop management</p> <p>SUNY Oneonta Assist in crop management</p> <p>City of Oneonta Representatives Legislative support Project coordination Crop management</p> <p>City of Oneonta Police Greenhouse security Greenhouse referrals</p> <p>Cornell Cooperative Extension Crop advisement</p> <p>VINES Crop and greenhouse advisement</p> <p>Otsego County Food Banks Take overflow crops</p> <p>Faith-Based Organizations Crop management Referrals to greenhouse</p> <p>Otsego County Health Department Provide coordination Referrals to greenhouse Crop management</p>

NYS Prevention Agenda Priority: Promote Well-Being and Prevent Mental and Substance Use Disorders		
Focus Area 1: Promote Well Being		
Goal 1.1: Strengthen opportunities to build well-being and resilience across the lifespan		
Objective: Increase health literacy of at least 70% of participants		
Objective: Increase the likelihood of pursuing local participation in emergency services of 50% of attendees		
Target Demographic: Middle school-aged children (6 th , 7 th , and 8 th graders)		
Intervention	Process Measures	Partner Roles and Resources
<p>A summer day camp targeting females in 6th, 7th, and 8th grade to give exposure to emergency services careers. Bassett Healthcare Network, A.O. Fox Hospital, Bassett Medical Center, and Otsego County Department of Health will partner with local organizations in the areas of Police, Fire, EMS, 911 Dispatch, LifeFlight, Search and Rescue, and Emergency Rooms to provide hands-on experience in these fields. Participants will walk away with</p> <ul style="list-style-type: none"> • Increased health literacy • Exposure to volunteer opportunities • Exposure to emergency service careers • Training in CPR, First Aid, and AED use 	<p>Pre and Post assessment of participant health literacy</p> <p>Pre and Post assessment of future career and volunteer plans</p> <p>Post-measurement of the number of individuals completing CPR, AED, and First Aid certification</p>	<p>Otsego County Public Health Facilitate local community meetings Identify the camp location Work with local government for support</p> <p>Bassett Healthcare Network Overall camp coordination Collaboratively work with emergency services partners to schedule camp experience</p> <p>Otsego County School District Help with recruiting student</p> <p>A.O. Fox Hospital Provide staffing for Emergency services experience</p> <p>Bassett Medical Center Provide staffing for Emergency services experience</p> <p>Otsego County EMS, Police, and Fire Provide staffing for Emergency services experience</p>

NYS Prevention Agenda Priority: Promote Well-Being and Prevent Mental and Substance Use Disorders		
Focus Area: Prevent Mental and Substance Use Disorders		
Goal: Prevent opioid and other substance misuse and deaths		
Objective:		
<ul style="list-style-type: none"> • Reduce the rate (per 100,000) of drug overdose deaths by at least 20% (2020: 16*). • 50% addiction related patients in ED and Primary Care successfully referred to FORDO 		
*Data from County Health Rankings		
Target Demographic: Otsego County residents with addiction-related conditions		
Intervention	Process Measures	Partner Roles and Resources
<p>Patients arriving in Bassett Medical Center, AO Fox Hospital or a county Primary Care Clinic in the Bassett Healthcare Network who has an addiction are to be referred to FORDO with immediate connection in the facility, or information is to be sent to FORDO for follow-up.</p>	<p>Number of successful referrals</p>	<p>Bassett Healthcare Network Lead meeting sessions Assist in network and leadership support Assist with tracking mechanisms</p> <p>Bassett Medical Center Attend collaboration meetings Contact FORDO to perform in “room” connection with the patient Forward patient information to FORDO if an immediate connection is not desired or possible Track patient referrals</p> <p>A.O. Fox Hospital Attend collaboration meetings Contact FORDO to perform in “room” connection with the patient Forward patient information to FORDO if an immediate connection is not desired or possible Track patient referrals</p> <p>Basset Healthcare Network - Primary Care Clinics Attend collaboration meetings Provide FORDO contact information to appropriate patients Display FORDO poster in patient rooms</p> <p>FORDO Attend collaborative meetings Provide in-facility connections with patients when possible Provide addiction counseling Link patients to rehabilitation facilities Track patient referrals</p>

4. Stakeholder Engagement

The Bassett Healthcare Network, A.O. Fox hospital, Bassett Medical Center and Otsego County Public Health, acting on their integrated, community-oriented culture, will collaborate with their community partners to focus on each focus area. Additionally, yearly updates will be publically made available on their websites to ensure public transparency and ongoing stakeholder engagement. If necessary, mid-course corrections will be documented through the New York State Department of Health’s yearly tracking report.

5. Plan Dissemination

The 2022-2024 Community Health Needs Assessment/ Community Health Assessment and the combined Community Service Plan/Community Health Improvement Plan will be posted on the public-facing websites of the Bassett Healthcare Network, A.O. Fox Hospital, Bassett Medical Center, and Otsego County Public Health. Key Informants involved with the priority selection and NYS Prevention Agenda activities will be emailed a copy of the combined plan. Hard copies of the combined plan will be provided to the community upon request.

Attachments:

Attachment A: Otsego County Community Engagement Survey

Otsego County, NY Community Engagement Survey

The 2022 Community Engagement Survey is a series of **anonymous questions** meant to get a larger picture of the needs in Otsego County. **Your information will not be used to identify you or be shared.** By answering these questions, you will be providing necessary information for future community health interventions and county work. This survey is meant for **only** those who live in Otsego County, NY, and are 18 years of age or older.

Please answer these questions as honestly as possible and in their entirety. If you do not know the answer or do not feel comfortable answering, you can leave a question blank. Questions regarding the survey can be directed to Otsego County Public Health office at 607-547-4230. Thank you for your time and effort!

Demographics: Understanding how individuals from different backgrounds feel about health issues in Otsego County helps us plan the best ways to improve the county.

****Your information will not be shared or used to identify you in any way****

1. Do you live in Otsego County, NY? Yes No * Otsego County residents ONLY*

2. What town/city do you live in?

- | | | | |
|--|--|--|------------------------------------|
| <input type="checkbox"/> Burlington | <input type="checkbox"/> Butternuts | <input type="checkbox"/> Cherry Valley | <input type="checkbox"/> Decatur |
| <input type="checkbox"/> Edmeston | <input type="checkbox"/> Exeter | <input type="checkbox"/> Hartwick | <input type="checkbox"/> Laurens |
| <input type="checkbox"/> Maryland | <input type="checkbox"/> Middlefield | <input type="checkbox"/> Milford | <input type="checkbox"/> Morris |
| <input type="checkbox"/> New Lisbon | <input type="checkbox"/> Oneonta | <input type="checkbox"/> Otego | <input type="checkbox"/> Otsego |
| <input type="checkbox"/> Pittsfield | <input type="checkbox"/> Plainfield | <input type="checkbox"/> Richfield | <input type="checkbox"/> Roseboom |
| <input type="checkbox"/> Springfield | <input type="checkbox"/> Unadilla | <input type="checkbox"/> Westford | <input type="checkbox"/> Worcester |
| <input type="checkbox"/> Gilbertsville | <input type="checkbox"/> Richfield Springs | | |

3. Your age:

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> 18 – 25 years | <input type="checkbox"/> 36 – 45 years | <input type="checkbox"/> 56 – 65 years | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> 26 – 35 years | <input type="checkbox"/> 46 – 55 years | <input type="checkbox"/> Over 65 years | |

4. Your race:

- | | | |
|---|--|---|
| <input type="checkbox"/> White | <input type="checkbox"/> African American/Black | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Native American or Alaska Native | <input type="checkbox"/> Native Hawaiian or Pacific Islander | <input type="checkbox"/> Multiple Races |
| <input type="checkbox"/> Don't know | <input type="checkbox"/> Prefer not to answer | |

5. Your ethnicity:

- | | | | |
|---|---|-------------------------------------|---|
| <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> Not Hispanic or Latino | <input type="checkbox"/> Don't know | <input type="checkbox"/> Prefer not to answer |
|---|---|-------------------------------------|---|

6. Your gender:

- Female
- Transgender Female
- Prefer not to answer
- Male
- Transgender Male
- Don't know
- Gender nonconforming
- Genderqueer/Non-binary
- Other:

7. Your highest education level:

- Less than high school
- High school graduate or GED
- Some college, no degree
- 2-year college degree
- 4-year college degree
- Graduate degree
- Trade school
- Prefer not to answer

Healthy Community

8. Please select the five (5) features you believe are the most important for a **healthy community**.

- A clean environment (no pollution/trash in public spaces including parks, playgrounds, and lakes)
- Low crime rates
- Positive race / ethnic relations
- Public spaces and events that are accessible to people of all physical abilities
- Roads that are safe for people who walk or ride their bike
- Safe and affordable housing
- Strong infrastructure (roads, bridges, water pipes, etc.)
- A healthy economy / good jobs
- Access to health care (family doctor, hospitals, etc.)
- Other: _____
- Fresh, healthy, and affordable foods close to where you live
- Good schools
- High quality, affordable daycare
- Social policies and programs (parental leave, social security, employment health insurance, etc.)
- Public transportation (buses, trains, taxis, etc.)
- Religious or spiritual values
- Social connectedness (a strong sense of community)
- Parks and outdoor places to exercise and play
- Family and other social support
- Arts and Cultural events

Health Problems

9. Please select the five (5) biggest health problems you believe our community is currently facing.

- | | | |
|--|--|--|
| <input type="checkbox"/> Asthma or breathing problems | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Heart disease and stroke |
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Cancer | <input type="checkbox"/> Obesity in adults |
| <input type="checkbox"/> Obesity in children | <input type="checkbox"/> Problems with teeth or gums | <input type="checkbox"/> Teen pregnancy |
| <input type="checkbox"/> Alzheimer’s disease, dementia, or memory loss | <input type="checkbox"/> Infectious disease (ex: flu or COVID) | <input type="checkbox"/> Diseases spread by insects (ex: Lyme) |
| <input type="checkbox"/> Sexually transmitted diseases | <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> Mental health issues |
| <input type="checkbox"/> Addiction to alcohol or drugs | <input type="checkbox"/> Suicide | <input type="checkbox"/> Chronic stress |
| <input type="checkbox"/> Babies born too small or too soon | <input type="checkbox"/> Developmental delays in children | <input type="checkbox"/> Lead poisoning in children or homes |
| <input type="checkbox"/> Air pollution | <input type="checkbox"/> Unsafe drinking water | <input type="checkbox"/> Accidents at work |
| <input type="checkbox"/> Secondhand smoke | <input type="checkbox"/> Injury/fall | <input type="checkbox"/> Other:_____. |

10. Please share any additional feedback you have on health problems in our community.

Health Behaviors and Social Factors:

11. Please select the five (5) health behaviors, or social factors you believe are the biggest problems for the Otsego County community.

- | | |
|--|---|
| <input type="checkbox"/> Abuse (emotional/physical/sexual) | <input type="checkbox"/> Texting and driving |
| <input type="checkbox"/> Binge drinking (having many alcoholic drinks in a short period of time) | <input type="checkbox"/> Discrimination (based on age, gender, physical ability, race, religion, sexual preference, etc.) |
| <input type="checkbox"/> Drinking and driving | <input type="checkbox"/> Not using birth control |
| <input type="checkbox"/> Illegal drug use | <input type="checkbox"/> Food insecurity (not enough to eat) |
| <input type="checkbox"/> Smoking or tobacco use (cigarettes, hookah, chewing tobacco, etc.) | <input type="checkbox"/> Homelessness |
| <input type="checkbox"/> Electronic cigarette use (vaping) | <input type="checkbox"/> Sexual assault (including rape) |
| <input type="checkbox"/> Unhealthy eating | <input type="checkbox"/> Social isolation |
| <input type="checkbox"/> Lack of medical care during pregnancy | <input type="checkbox"/> Violence (guns, gang /neighborhood/drug violence) |
| <input type="checkbox"/> Not enough physical activity | <input type="checkbox"/> Other:_____ |
| <input type="checkbox"/> Not getting vaccines (shots) | |

12. Please share any additional feedback you have on health behaviors or social factors in Otsego County:

Health System

13. Which healthcare system do you use for primary healthcare needs?

- Bassett Healthcare Network
- Veterans Affairs (VA)
- Do not have a primary healthcare provider
- United Health System
- Prefer not to answer
- Other:
- A community health center
- Don't know

14. Please select the five (5) health system issues you believe are the biggest problems in Otsego County.

- Access to a dentist
- Access to a regular doctor or health care provider
- Access to drug or alcohol abuse treatment
- Access to language translators
- Access to mental health services
- Access to services that can prevent disease or find it earlier (vaccines, screening tests, etc.)
- Discrimination or bias from medical providers
- High cost of prescription medications
- Lack of empathy from providers
- Lack of health insurance coverage
- Lack of transportation to medical appointments (car, bus, ride from a friend, etc.)
- High cost of healthcare
- Not understanding health information from a medical provider
- Other: _____

15. Please share any additional feedback you have on the healthcare systems in Otsego County:

Access to Care Issues:

16. Which one of the following have you, or a family member, experienced when seeking medical care in the last 3 (three) years? (Select all that apply.)

Difficulty or not getting to a medical appointment due to:

- lack of transportation
- location
- lack of childcare
- not having sick leave at work
- office hours
- fear of COVID exposure
- delay because COVID testing is required first
- lack of available providers (not accepting patients)

Feeling like your provider:

- does not understand you or your experience
- is not listening
- is not spending enough time with you
- is not providing a clear explanation of health information
- is not providing language or translation needs
- Is judging you (stigma or discrimination)
- is not providing continuous care from the same provider at each visit

Having difficulty because:

- not having health insurance
- couldn't find a provider who accepts your insurance
- high cost prevented you from seeking care
- Other: _____
- wait time in the providers' office impacted your ability to meet your obligations (work, family, etc.)
- too long of a wait to get an appointment

Thank you for taking the time to support the Otsego County Community Health Assessment. Your input is very important in ensuring time and resources are directed toward areas of genuine need. If you have any questions, please feel free to contact the Otsego County Public Health Services at 607-547-4230.

Attachment B: Otsego County Stakeholder Survey

COMMUNITY HEALTH ASSESSMENT/IMPROVEMENT PLAN STAKEHOLDER SURVEY

Thank you for participating in this survey. The information you share will help us to improve the health of Otsego County. If you have questions concerning this survey, call Otsego County Public Health Services at 607-547-4230

Your organization/agency: _____

1. Your Name (Please provide first and last): _____

2. Your job title/role

- Community/member
- Program/ Project manager
- Direct service staff
- Other (please specify)

3. Your email: _____

4. What community sector best represents your organization/agency:

- Business
- Civic association
- College/ university
- Disability services
- Early childhood
- Economic development
- Employment/job training
- Faith-based
- Fire Department/Emergency Services
- Food/nutrition
- Foundation/philanthropy
- Health based CBO
- Health care provider
- Health insurance plan
- Housing
- Law enforcement/corrections
- Media
- Mental, Emotional, Behavioral Health provider
- Public Health
- Recreation
- School (K-12)
- Seniors/Elderly
- Social Services
- Substance Use, Prevention, Education, Treatment, Recovery
- Transportation
- Veterans
- Other please specify: _____ .

5. In your opinion, what are the top five health concerns affecting the residents of Otsego county?

Chronic Conditions:

- Alzheimer’s disease/ dementia
- Arthritis
- Autism
- Cancers
- Diabetes
- Disability
- Heart Disease
- High Blood Pressure
- Overweight or obesity
- Respiratory disease

Communicable Disease

- Infectious disease
- Insect related disease
- Hepatitis C
- HIV/AIDS
- Sexually Transmitted Infections

General Health

- Infant/child/adolescent physical health
- Maternal health
- Senior health
- LGBTQ health
- Infant/child/adolescent emotional health
- Dental health

Socio-economic

- Adverse childhood experiences
- Unintended teen pregnancy
- Hunger
- Social connectedness

Safety

- Violence (assault, firearm-related)
- Food safety
- Domestic Abuse/violence
- Emergency services
- Exposure to air and water pollutants/hazardous materials
- Falls
- Sexual assault/rape
- Motor vehicle safety (impaired/distracted driving)
- Pedestrian/bicyclist accidents
- Drinking water quality

Mental Health/ Substance Use

- Mental Health conditions
- Street substance abuse
- Suicide
- Underage drinking/excessive adult drinking
- Prescription drug abuse
- Tobacco use/nicotine addiction (Smoking/vaping/chewing)

Other:

6. In your opinion, what are the top five (5) contributing factors to the health concerns you chose in question #5

Access:

- Lack of dental/oral care services
- Lack of educational, vocational, or job-training options for adults
- Lack of employment options
- Lack of health insurance
- Lack of chronic disease screening, treatment, and self-management services
- Poor referral to health care, specialty care, and community-based support services
- Lack of specialty care and treatment
- Problems with internet access
- Lack of opportunities for people with physical limitations or disabilities to attain health
- Lack of substance use disorder services
- Poor access to healthy food and beverage options
- Poor access to public places for physical activity and recreation
- Lack of preventive/ primary healthcare services (screenings, annual check-ups)

Socio-economic:

- Age of residents
 - Discrimination/racism
 - Health care costs
 - Lack of connections in the community
 - Lack of cultural and enrichment programs
 - Lack of social support for the community
 - Poor community engagement and connectivity
 - Transportation problems
 - Quality of schools
 - Changing family structures
 - Food insecurity
 - Homelessness
 - Poor health literacy (ability to understand health info)
 - Inadequate/unaffordable housing options
 - Poor educational attainment
 - Shortage of childcare options
 - Poverty
 - Unemployment/low wage
-

Safety:

- Crime/violence
 - Domestic violence and abuse
 - Exposure to secondhand smoke from tobacco products or e-cigarettes (vape)
 - Poor infrastructure (roads, bridges, etc.)
 - Environmental Quality
 - Community walkability (ex: adequate roads, sidewalks, etc.)
-

Self-Care/ Mental Health/ Addiction Issues:

- Inadequate physical activity
 - Late or no prenatal care
 - Excessive screen time
 - Addiction to alcohol
 - Addiction to nicotine
 - Inadequate sleep
 - Poor eating/ dietary practices
 - Stress (work, family, school, etc.)
 - Addiction to illicit drugs
-

Other:

7. Social Determinants are healthcare conditions in the places where people live, learn, work and play that affect a wide range of health risks and outcomes. Please rate the following Social Determinants of Health impacting the residents of the counties that your organization/agency serves using a scale of (1) very poor to (5) excellent.

— **Education Access and Quality**

- Early childhood education and development
- Access to education
- Language and literacy
- High school graduation

— **Economic Stability**

- Socio-economic status (SES)
- Employment
- Food insecurity
- Housing instability

— **Social and Community Context**

- Social Isolation
- Civic participation
- Social cohesion
- Population density
- Social acceptance

— **Neighborhood and Built Environment**

- Community planning (walkability)
- Access to food for healthy eating
- Crime and violence
- Quality of housing
- Environmental conditions
- Access to public transportation

— **Health Care Access and Quality**

- Access to health care
- Access to primary care
- Health insurance coverage
- Health Literacy

8. In your opinion, what population in Otsego county that your organization/agency serves experiences the poorest health outcomes? (Please pick one population)

- | | |
|---|---|
| <input type="checkbox"/> Specific racial or ethnic groups | <input type="checkbox"/> Individuals living with mental health issues |
| <input type="checkbox"/> Children/adolescents | <input type="checkbox"/> Individuals living in rural areas |
| <input type="checkbox"/> Females of a reproductive age | <input type="checkbox"/> Migrant workers |
| <input type="checkbox"/> Seniors/elderly | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Individuals with disability | |

Health Priorities, Concerns, and Factors

The Prevention Agenda 2019-2024 is New York State's health improvement plan, the blueprint for state and local action to improve the health and well-being of all New Yorkers and promote health equity across populations who experience disparities. In partnership with more than 100 organizations across the state, the Prevention Agenda is updated by the New York State Public Health and Health Planning Council at the request of the Department of Health. This is the third cycle for this statewide initiative that started in 2008. The Prevention Agenda 2019-2024 has five priorities with priority-specific action plans developed collaboratively with input from community stakeholders.

9. Please rank, by indicating 1 through 5, the priority areas that, if addressed locally, would have the greatest to the smallest impact on improving the health and well-being of the residents of Otsego County. (#1 the most impact; #5 the least impact.)
- Prevent Chronic Disease
 - Promote a Healthy and Safe Environment
 - Promote Health for Women, Infants, and Children
 - Promote Well-Being and Prevent Mental and Substance Use Disorders
 - Prevent Communicable Diseases
10. Of the five (5) health priorities listed below (a-e), select the top 3 goals that your organization/agency can assist with to achieve successful outcomes in the counties it serves.
- a) **Prevent Chronic Diseases** (Please select 3 (three) goals that you can assist with)
- Increase access to healthy and affordable foods
 - Increase knowledge to support healthy food and beverage choices
 - Increase food security
 - Improve community environments that support active transportation and recreational physical activity for people of all ages and abilities.
 - Promote school, child care, and worksite environments that increase physical activity
 - Increase access to indoor and/or outdoor places for physical activity for people of all ages and abilities.
 - Prevent initiation of tobacco use
 - Promote tobacco use cessation
 - Eliminate exposure to secondhand smoke
 - Increase cancer screening rates
 - Early detection of cardiovascular disease, diabetes, prediabetes, and obesity
 - Promote evidence-based care to prevent and manage chronic diseases including asthma, arthritis, cardiovascular disease, diabetes, prediabetes, and obesity
 - Improve self-management skills for individuals with chronic diseases, including asthma, arthritis, cardiovascular disease, diabetes, prediabetes, and obesity

b) Promote a Healthy and Safe Environment (Please select 3 (three) goals that you can assist with)

- Reduce falls among vulnerable populations
- Reduce violence by targeting prevention programs, particularly to highest risk populations
- Reduce occupational injury and illness
- Reduce traffic-related injuries for pedestrians and bicyclists
- Reduce exposure to outdoor air pollutants
- Promote healthy home and school environment
- Protect water sources and ensure quality drinking water
- Raise awareness of the potential presence of chemical contaminants and promote strategies to reduce exposure (food-water-air)
- Improve food safety management

c) Promote Healthy Women, Infants, and Children (Please select 3 (three) goals that you can assist with)
Increase use of primary and preventive health care services among women of all ages, with a special focus on women of reproductive age

- Reduce maternal mortality & morbidity
- Reduce infant mortality & morbidity
- Increase breastfeeding
- Support and enhance children/adolescents' social-emotional development and relationship
- Increase supports for children and youth with special health care needs
- Reduce dental caries among children
- Reduce racial, ethnic, economic, and geographic disparities in maternal and child health outcomes, and promote health equity for maternal and child health populations

d) Promote Well-Being and Prevent Mental and Substance Use Disorders (Please select 3 (three) goals that you can assist with)

- Facilitate supportive environments that promote respect and dignity for people of all ages
- Prevent opioid and other substance misuse and deaths
- Prevent and address adverse childhood experiences (ACES)
- Reduce the prevalence of major depressive disorders
- Prevent suicides
- Reduce the mortality gap between those living with serious mental illness and the general population

e) Prevent Communicable Diseases (Please select 3 goals that you can assist with)

- Increase education and outreach for improving overall immune health (preventive hygiene, clean diet, clean water, supportive nutritional supplementation)
- Decrease HIV morbidity (new HIV diagnoses)
- Increase viral suppression (environmental hygiene practices)
- Reduce the annual rate of growth for STIs
- Increase the identification of persons with Hepatitis C Virus (HCV) for treatment
- Reduce the number of new HCV cases among people who inject drugs
- Improve infection control in healthcare facilities
- Reduce infections caused by multidrug-resistant organisms and C. difficile
- Reduce inappropriate antibiotic use (humans and livestock food sources)
- Improve vaccination rates

11. Based on the goals you selected in questions **10a-e**, please identify the primary assets/resources your organization/agency can contribute toward achieving the goals you have selected.

- Provide subject-matter knowledge and expertise
- Provide knowledge of and/or access to potential sources of funding (grants, philanthropy)
- Facilitate access to committees, work groups, and coalitions, currently working to achieve the selected goals
- Participate in committees, workgroups, and coalitions to help achieve the selected goals
- Share knowledge of community resources (e.g. food, clothing, housing, transportation, etc.)
- Facilitate access to populations your organization/agency serves (to encourage participation in programs, and provide feedback about health improvements)
- Promote health improvement activities/events through social media and other communication channels your organization/agency operates
- Share program-level data to help track progress in achieving goals
- Provide in-kind space for health improvement meetings/events
- Offer periodic organizational/program updates to community stakeholders
- Provide staff time to help conduct goal-related activities
- Provide letters of support for planned health improvement activities
- Sign partnership agreements related to community-level health improvement efforts
- Assist with data analysis
- Offer health related-educational materials
- Other (please specify): _____

12. Are you interested in being contacted at a later date to discuss the utilization of the resources you identified? ___ Yes ___ No

13. Please add any other comments/recommendations you have about improving the health and well-being of the residents Otsego County that your organization serves.

Thank you for taking the time to support the Otsego County Community Health Assessment. Your input is very important in ensuring time and resources are directed toward areas of true need. If you have any questions, please feel free to contact the Otsego County Public Health Services at 607-547-4230.

References:

- Department of Health and Human Services (DHHS). (2022) Annual Update of the HHS Poverty Guidelines. *Federal Register*. (87, 14, pp.3315-3316)
- U.S. Census Bureau. (2021). *Gini Index*. Retrieved: <https://www.census.gov/topics/income-poverty/income-inequality/about/metrics/gini-index.html>
- Healthcare.gov. (n.d.). *Federal Poverty Level (FPL)*. Retrieved: <https://www.healthcare.gov/glossary/federal-poverty-level-fpl/>
- U.S. Department of Agriculture (USDA). (2019). Child Nutrition Programs: Income Eligibility Guidelines. *Federal Register*. (84, 54, pp.10295-10297)
- National Center for Education Statistics (NCES). (2017). *What is the difference between ACGR and the AFGR?*. Retrieved: <https://nces.ed.gov/blogs/nces/post/what-is-the-difference-between-the-acgr-and-the-afgr>
- Knighton, A., Savitz, L., Belnap, T., Stephenson, B., & VanDerslice, J. (2016). Introduction of an Area Deprivation Index Measuring Patient Socio-economic Status in an Integrated Health System: Implications for Population Health. *eGEMs*. (4, 3, 9). DOI: DOI: <http://dx.doi.org/10.13063/2327-9214.1238>
- Centers for Disease Control and Prevention (CDC). (2014). *A Social Vulnerability Index (SVI) from the CDC*. Retrieved: https://svi.cdc.gov/Documents/Publications/CDC_ATSDR_SVI_Materials/SVI_Poster_07032014_FIN AL.pdf
- Environmental Protection Agency (EPA). (n.d.). *Particulate Matter (PM) Basics*. Retrieved: <https://www.epa.gov/pm-pollution/particulate-matter-pm-basics>
- New York State Department of Environmental Conservation (NYSDEC). (2014). *Air Quality Index (AQI) Legend and Additional Information*. Retrieved: https://www.dec.ny.gov/cfm/xtapps/aqi/aqi_info.cfm#AQI
- Environmental Protection Agency (EPA). (2021). *Northeast Trends*. Retrieved: www.epa.gov/air-trends/carbon-monoxide-trends
- Healthy People 2030. (n.d.). *Access to Foods that Support Healthy Eating Patterns*. Retrieved: <https://health.gov/healthypeople/objectives-and-data/social-determinants-health/literature-summaries/access-foods-support-healthy-eating-patterns>
- United States Department of Agriculture. (2021). *Define Low-Income, Low-Access Food Areas (Food Deserts)*. Retrieved: <https://crsreports.congress.gov/product/pdf/IF/IF11841>
- Centers for Disease Control and Prevention (CDC). (2022a). *What is Diabetes?*. Retrieved: <https://www.cdc.gov/diabetes/basics/diabetes.html>
- Centers for Disease Control and Prevention (CDC). (2022b). *Alcohol Use and Your Health*. Retrieved: <https://www.cdc.gov/alcohol/fact-sheets/alcohol-use.htm>

Otsego County, A.O. Fox Hospital, & Mary Imogene Bassett Medical Center Community Health Needs Assessment

- Centers for Disease Control and Prevention (CDC). (2020). *Current Cigarette Smoking Among Adults in the United States*. Retrieved:
https://www.cdc.gov/tobacco/data_statistics/fact_sheets/adult_data/cig_smoking/index.htm
- Centers for Disease Control and Prevention (CDC). (2022c). *Obesity Basics*. Retrieved:
<https://www.cdc.gov/obesity/basics/index.html>
- Centers for Disease Control and Prevention (CDC). (2021). *Social Determinants and Eliminating Disparities in Teen Pregnancy*. Retrieved: <https://www.cdc.gov/teenpregnancy/about/social-determinants-disparities-teen-pregnancy.htm>
- Centers for Disease Control and Prevention (CDC). (2021b). *COVID-19 Overview and Infection Prevention and Control Priorities in non-U.S. Healthcare Settings*. Retrieved:
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/non-us-settings/overview/index.html>
- Centers for Disease Control and Prevention (CDC). (2022c). *Frequently Asked Questions*. Retrieved:
<https://www.cdc.gov/coronavirus/2019-ncov/faq.html>
- Mayo Clinic. (2022). *COVID-19 and related vaccine development and research*. Research:
<https://www.mayoclinic.org/coronavirus-covid-19/history-disease-outbreaks-vaccine-timeline/covid-19>
- Surgo Ventures. (2020). *COVID-19 Community Vulnerability Index (CCVI) Methodology*. Retrieved from:
[https://covid-static-assets.s3.amazonaws.com/US-CCVI/COVID-19+Community+Vulnerability+Index+\(CCVI\)+Methodology.pdf](https://covid-static-assets.s3.amazonaws.com/US-CCVI/COVID-19+Community+Vulnerability+Index+(CCVI)+Methodology.pdf)
- Centers for Disease Control and Prevention (CDC). (2022d). *About COVID-19 Vaccines*. Retrieved from:
<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/about-vaccines/index.html>
- Centers for Disease Control and Prevention (CDC). (2022e). *COVID-19 Integrated County View*. Retrieved from: https://covid.cdc.gov/covid-data-tracker/#county-view?list_select_state=New+York&data-type=CommunityLevels&list_select_county=36077&null=CommunityLevels
- Elizabethtown College. (2020). *Amish Population in the United State by State and County, 2020*. Retrieved:
https://groups.etown.edu/amishstudies/files/2020/10/Amish_Pop_by_state_and_county_2020.pdf
- Adams, C. E., & Leverland, M. B. (1986). The effects of religious beliefs on the health care practices of the Amish. *The Nurse practitioner*, 11(3), 58–67. <https://doi.org/10.1097/00006205-198603000-00008>
- Google. (2022). *COVID-19 Community Mobility Report*. Retrieved from:
<https://www.google.com/covid19/mobility/>