



Community Health Needs Assessment 2022 – 2024

Community Service Plan/Community Health Improvement Plan

Service Area: Schoharie County, NY & Cobleskill Regional Hospital

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EXECUTIVE SUMMARY

The Bassett Healthcare Network (BHN) collaborated with Schoharie County Public Health (SCPH) and Cobleskill Regional Hospital to develop the Community Health Needs Assessment/ Community Health Assessment in addition to the Community Service Plan/Community Health Improvement Plan. This document is a collection of data from various sources, including federal and state databases and surveys collected from community members and community service organizations.

The surveys, Community Engagement and Stakeholder Engagement were offered electronically during the dates of June 29, 2022, to August 6, 2022. 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 through Zoom on September 12, 2022.

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

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:

- 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 will be successfully referred to Schoharie County Council on Alcoholism and Substance Abuse (SCCASA)

*Data from County Health Rankings

Target Demographic: Schoharie County residents with addiction-related conditions

Intervention: Patients arriving in CRH ED or Cobleskill Primary Care Clinic who have addiction concerns are to be referred to SCCASA with immediate connection in the facility, or information to be sent to SCCASA for follow-up.

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

Focus Area: Promote Well-Being

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*).

*Data from County Health Rankings

Target Demographic: Schoharie County residents with addiction-related conditions

Intervention: Create a system of care document that meets a lower level of literacy and familiarity with available social programs.

NYS Prevention Agenda Priority: Promote Healthy Women, Infants, and Children

Focus Area: Cross-cutting Healthy Women, Infants, and Children

Goal: Reduce racial, ethnic, economic, and geographic disparities in maternal and child health outcomes and promote health equity for maternal and child health populations

Objective: Increase the number of Public Health connections with pregnant women before delivery by 20%

Target Demographic: Pregnant women living in Schoharie County

Intervention: New referral workflow for Bassett Healthcare Network OB, Pediatric, and Primary Care clinics; if given permission by the patient, identified BHN facilities will send the name, delivery date, and phone number of pregnant mothers to Schoharie Public Health (SPH). SPH will contact the patient to offer a number of available resources to the mother for their expected child (ex: car seats, health education, etc.).

Schoharie County & Cobleskill Regional Hospital Community Health Needs Assessment

A. INTRODUCTION

The Bassett Healthcare Network Population Health Department (BHNPHD), on behalf of Bassett Healthcare Network's Cobleskill Regional Hospital and Schoharie 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 Schoharie 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.

Schoharie County & Cobleskill Regional Hospital Community Health Needs Assessment

Secondary Data Sources include:

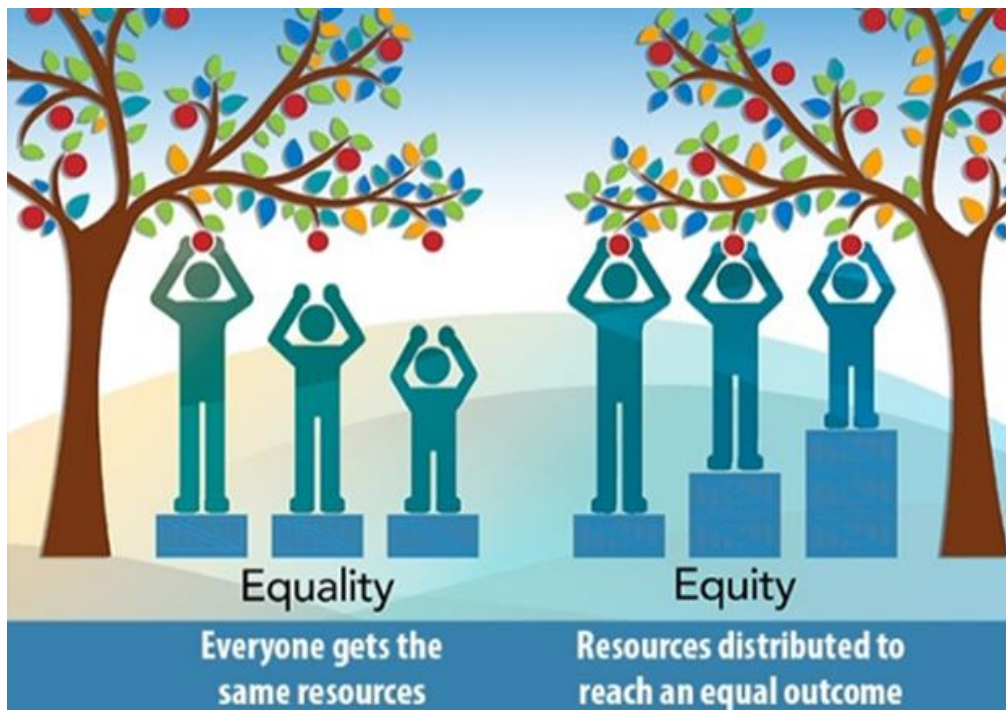
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Health Equity

A large part of a healthy community is dependent on the presence of a health equity culture focusing on Social Determinants of Health (SDOH).

Health Equity

Health equity is an ideal or goal for every individual to have an equal opportunity to attain their full health potential. While not everyone has the potential to achieve the same level of health, no person is disadvantaged due to social position or circumstances (CDC, 2022d); some of the social circumstances related to health are referred to as Social Determinants of Health (SDOH).



NOTE: Institute for Social Change (2014); Equality vs. Equity

Social Determinants of Health (SDOH)

Social Determinants of Health (SDOH) are “the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks” (HealthyPeople2030, 2022). There are five domains of SDOH:

Healthcare Access and Quality

- Access to health care
- Access to primary care
- Access to dental care
- Access to mental health
- Health coverage
- Health literacy
- Quality of care
- Provider cultural and linguistic competency

Neighborhood and Built Environment

- Community planning (walkability)
- Access to healthy food
- Crime & Violence
- Quality of housing
- Cost of housing
- Access to public transportation
- Access to personal vehicle
- Environmental conditions
- Population Density

Social and Community Context

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

Education Access and Quality

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

Economic Stability

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



Socio-Ecological Model (SEM)

The Socio-Ecological Model (SEM) was developed in the late 1970s to “recognize that individuals affect and are affected by a complex range of social influences and nested environmental interactions” (University of Minnesota, 2015). Many years later, the SEM model continues to provide enormous validity in healthcare. The SEM also has five domains or levels of influence, Individual, Interpersonal, Organizational, Community, and Public Policy.

- Individual: personal abilities, beliefs, health status, and health behaviors
- Interpersonal: family dynamics, beliefs, friends, and social networks
- Organizational: workplace, schools, religion
- Community: community design, walkability, social connectedness, social bias, and culture
- Public Policy: national, state, and local laws or policies

In addition to SDOH, the domains of SEM can describe the influence that may occur to predict or explain health behaviors, beliefs, and outcomes.

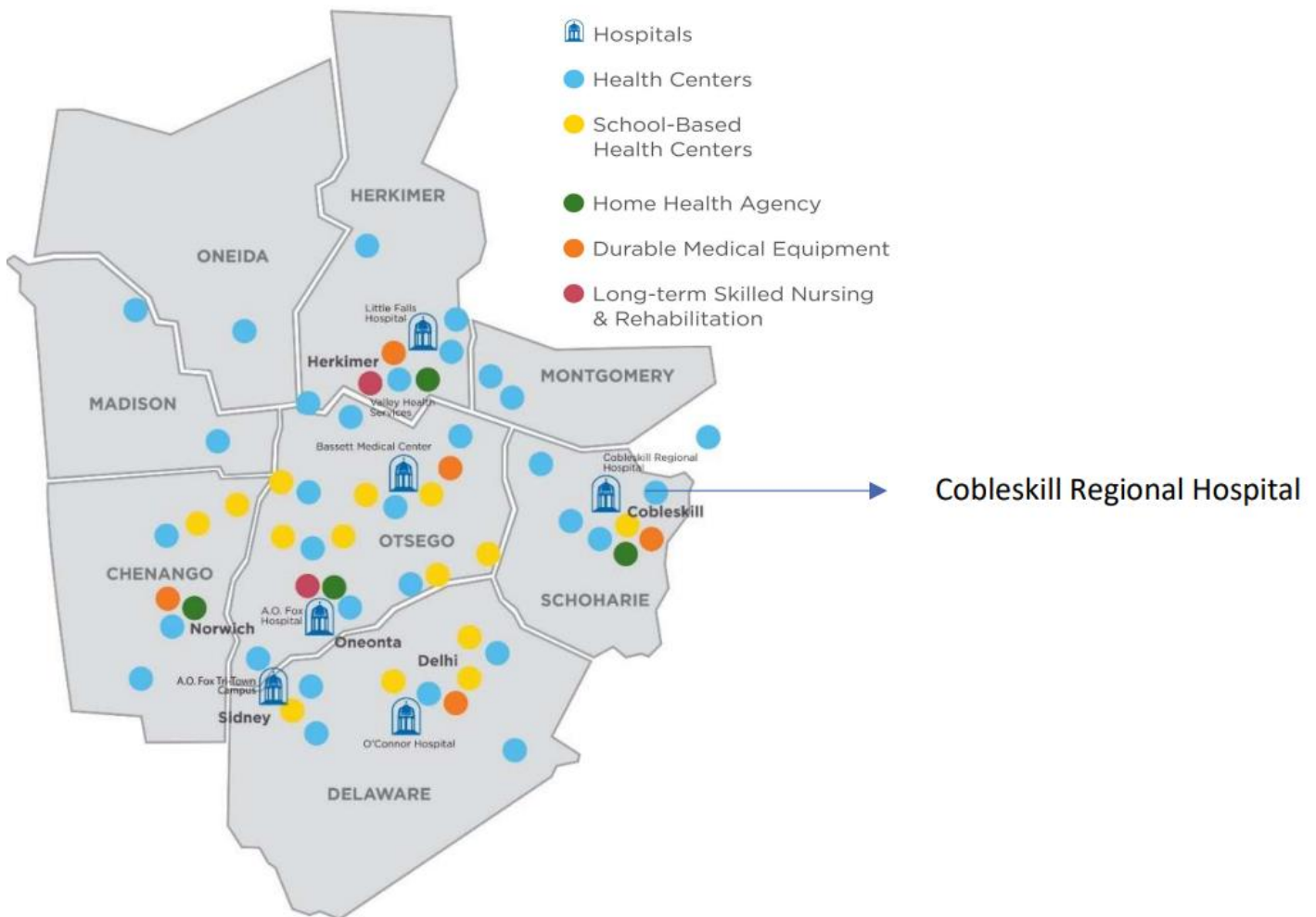


Schoharie County & Cobleskill Regional Hospital Community Health Needs Assessment

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 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's 16 school-based health centers 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 and is a 180-bed acute care inpatient teaching facility located 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.

Cobleskill Regional Hospital

Cobleskill Regional Hospital is a 25-bed not-for-profit Critical Access Hospital founded by the people of Schoharie County in 1956. Cobleskill Regional Hospital is Schoharie County's only provider of acute inpatient medical care, emergency care, short-stay inpatient rehabilitation, and many other diagnostic and therapeutic healthcare services. Cobleskill Regional Hospital offers a broad range of inpatient and outpatient services, including an emergency department staffed around-the-clock by board-certified physicians, inpatient care for medical conditions, outpatient surgery, short-stay inpatient rehabilitation, outpatient rehabilitative services (including physical therapy), open MRI and state-of-the-art medical imaging, comprehensive laboratory services, a Sleep Disorder Center, and approximately 20 specialty services in areas such as cardiology, women's health, orthopedics, and more. Cobleskill Regional Hospital has been affiliated with Bassett Healthcare Network since 1994. Their mission is to serve the community by providing excellent health care in partnership with Bassett Healthcare Network

Schoharie County & Cobleskill Regional Hospital Community Health Needs Assessment

Cobleskill Regional Hospital Service Area:

Town	Zip Code	County
Carlisle	12031	Schoharie
Central Bridge	12035	Schoharie
Charlottesville	12036	Schoharie
Cobleskill	12043	Schoharie
Esperance	12066	Schoharie
Fultonham	12071	Schoharie
Gallupville	12073	Schoharie
Gilboa	12076	Schoharie
Howe Cave	12092	Schoharie
Jefferson	12093	Schoharie
Middleburgh	12122	Schoharie
North Blenheim	12131	Schoharie
Richmondville	12149	Schoharie
Schoharie	12157	Schoharie
Sloansville	12160	Schoharie
Summit	12175	Schoharie
Warnerville	12187	Schoharie
West Fulton	12194	Schoharie
Sharon Springs	13459	Schoharie

2. County Health Department Description

Schoharie County Department of Health is located in Schoharie, New York. Their vision is to lead Schoharie County towards becoming the healthiest community in which to live, work, and play. Their mission is to prevent disease, promote education to improve health, increase awareness of wellness and safety, and protect against health threats. The health department works as a team to ensure that the community has access to the best health interventions, child and adult support services, environmental quality measures, and preparedness strategies by utilizing the most current and effective outreach, media, and promotion tools.

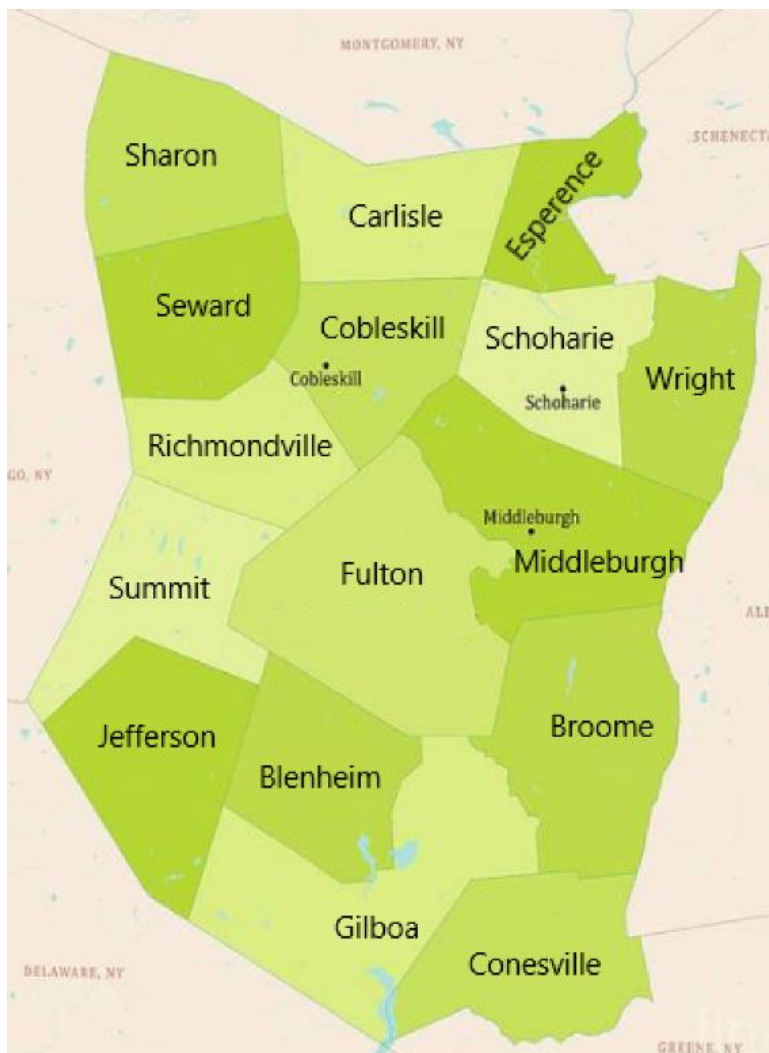
B. COMMUNITY HEALTH NEEDS ASSESSMENT

1. Community Description

Schoharie County and Cobleskill Regional Hospital's primary service region is the total population served.

Geography:

Cobleskill Regional Hospital is located in Cobleskill, New York, in Schoharie County. Schoharie County is bordered by Albany and Schenectady counties to the East, Montgomery County to the North with Otsego County to the West, and Delaware and Greene counties to the South. The southern portion of the county is a part of the Catskill Mountains, while the northern part is primarily small hills and valleys. It is predominately rural, and its land area is 621.82 square miles, with a population per square mile of 52.7. The county consists of 22 municipalities: the villages of Cobleskill, Esperance, Middleburgh, Richmondville, Schoharie, and Sharon Springs; the towns of Blenheim, Broome, Carlisle, Cobleskill, Conesville, Esperance, Fulton, Gilboa, Jefferson, Middleburgh, Richmondville, Schoharie, Seward, Sharon, Summit, and Wright.



Schoharie County & Cobleskill Regional Hospital Community Health Needs Assessment

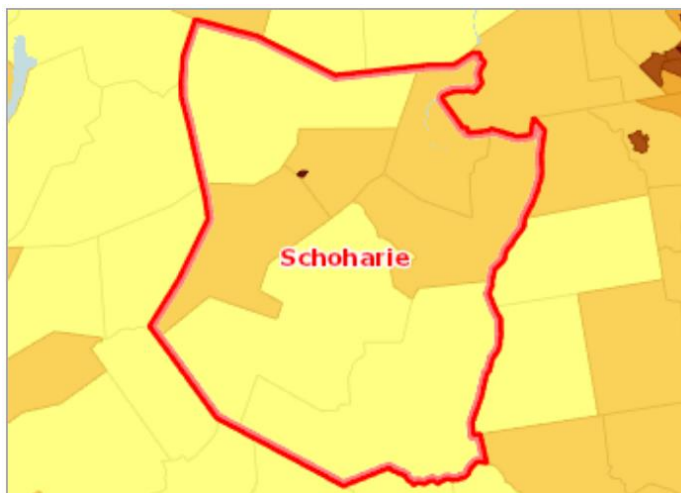
Demographics:

Total Population

For Schoharie County, a total of 29,714 people live in the 621.82 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 52.7 persons per square mile, is less than the national average population density of 87.4 persons per square mile. The greatest population density is in the City of Cobleskill.

Report Area	Total Population	Total Land Area (sq mi)	Population Density (sq mi)
Schoharie County, NY	29,714	621.82	52.7
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 2016-20

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

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

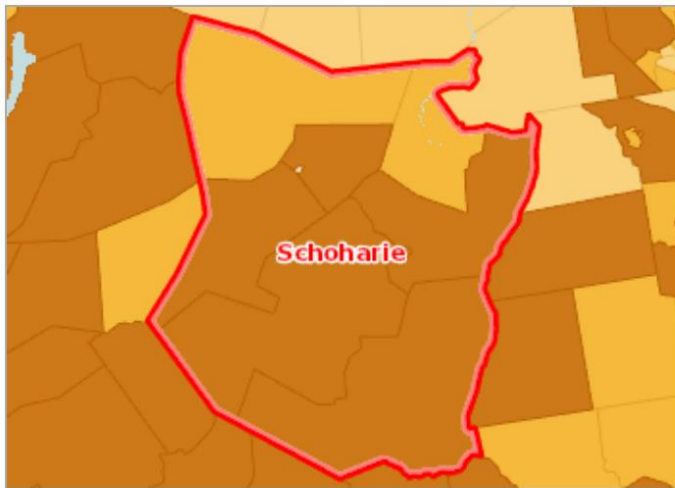
Schoharie County & Cobleskill Regional Hospital Community Health Needs Assessment

Total Population by Age group in years

According to the U.S. Census data, Schoharie county has a wide distribution of age ranges with a median age of 46.3 (2020). Regarding the location of those 65 years and older, the distribution is also well dispersed, showing over 20% 65 and older in the towns of Conesville, Gilboa, Blenheim, Broome, Jefferson, Fulton, Middleburgh, Summit, Richmondville, Cobleskill, and Wright (ACS, 2020).

Report Area	0-4 yr	5-17 yr	18-24 yr	25-44 yr	45-64 yr	65+ yr	Median age
Schoharie County, NY	1259	4112	3175	6522	8884	7047	46.3

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



Population Age 65+, Percent by Tract, ACS 2016-20

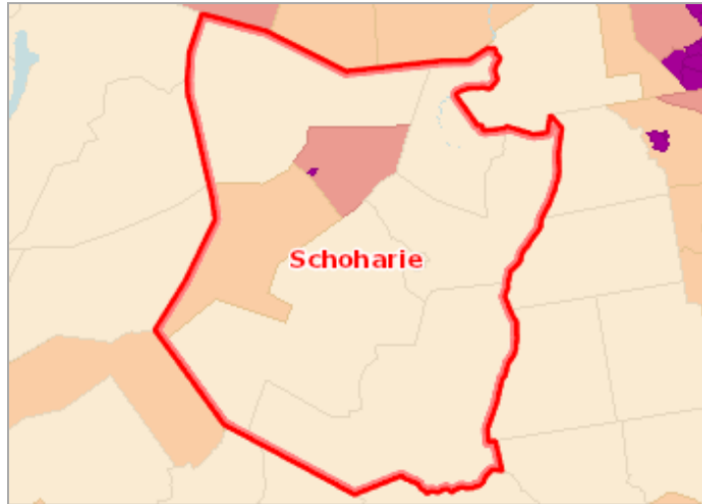
- Over 20.0%
- 16.1 - 20.0%
- 12.1 - 16.0%
- Under 12.1%
- No Data or Data Suppressed
- Schoharie County, NY

Note: University of Missouri, SparkMap (2019); Population Age 65+

Schoharie County & Cobleskill Regional Hospital Community Health Needs Assessment

Map of Population Density: Urban vs. Rural

The Decennial Census (U.S Census) of 2010 showed a slightly more significant amount of individuals living in a rural setting (82.85%) as opposed to an urban (17.15%), which is nearly the opposite of New York state (87.87% urban, 12.13% rural) as a whole and the United States (80.89% urban, 19.11% rural). Looking at GIS mapping, the urban areas are limited to the towns of Cobleskill, Richmondville, and Summit, with the highest population density in the city of Cobleskill.



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
- Schoharie County, NY

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

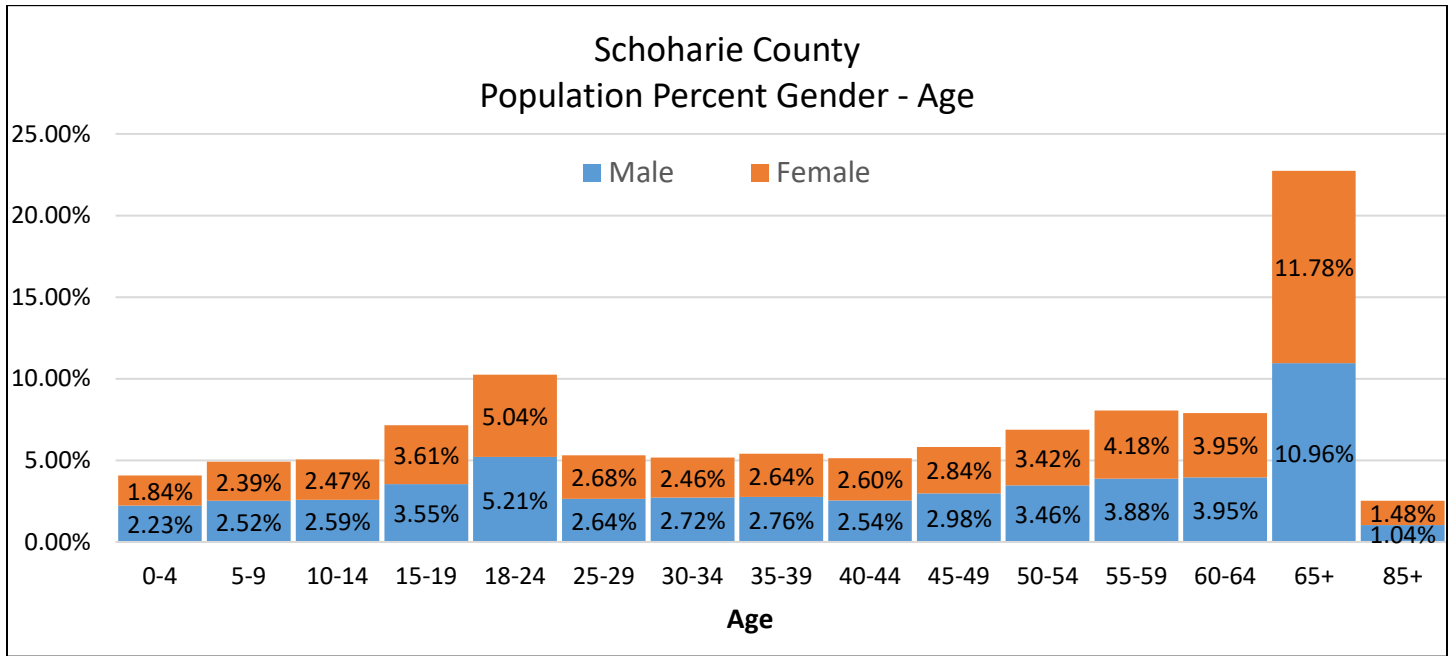
Report Area	Total Population	Urban Population, %	Rural Population, %
Schoharie County, NY	32,749	17.15%	82.85%
New York	19,378,102	87.87%	12.13%
United States	312,471,327	80.89%	19.11%

U.S. Census, Decennial Census (2010); Population Density

Schoharie County & Cobleskill Regional Hospital Community Health Needs Assessment

Total Population by Age and Gender

The U.S. Census database (2020) reports the over 65 years 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 the county population is mainly White (92.19%).

Report Area	White	Black	Asian	Native American/ Alaska Native	Native Hawaiian /Pacific Islander	Multiple Races
Schoharie County, NY	92.19%	1.31%	0.96%	0.20%	0.02%	1.94%
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

Schoharie County & Cobleskill Regional Hospital Community Health Needs Assessment

Percent Total Population Ethnicity

Per the U.S. Census (2020), the total population of Schoharie county is primarily 96.62% Non-Hispanic.

Report Area	Non-Hispanic or Latino	Hispanic
Schoharie County, NY	96.62%	3.38%
New York	80.7%	19.3%
United States	81.5%	18.5%

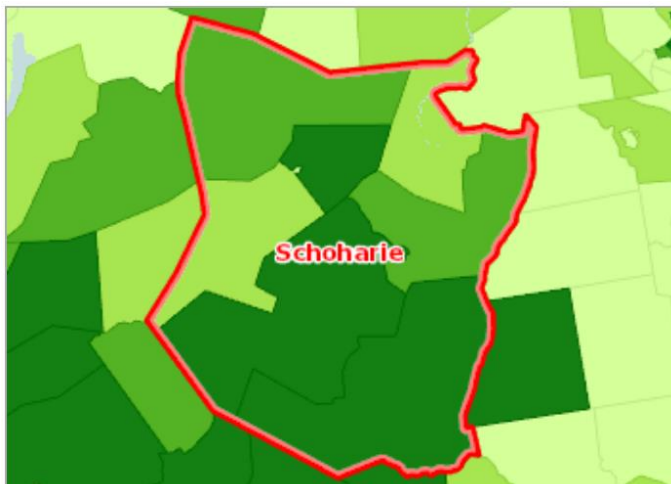
U.S. Census, Decennial Census (2020); Total Population Ethnicity

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 in Schoharie county is among the 65 and older group living in the township of Conesville, Gilboa, Jefferson, Blenheim, Fulton, Broome, and Cobleskill (ACS, 2020).

Report Area	Total Disabled	Under 18 yrs Disabled	18-64 yrs Disabled	65 yrs and older Disabled
Schoharie County, NY	52.64%	4.93%	12.96%	34.75%
New York	44.77%	4.02%	8.81%	31.94%
United States	48.63%	4.33%	10.25%	34.05%

U.S. Census, American Community Survey (2021); Population Percentage Total Population with Disability



Disabled Population, Percent by Tract, ACS 2016-20

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

Note: University of Missouri (2019); Disabled Population

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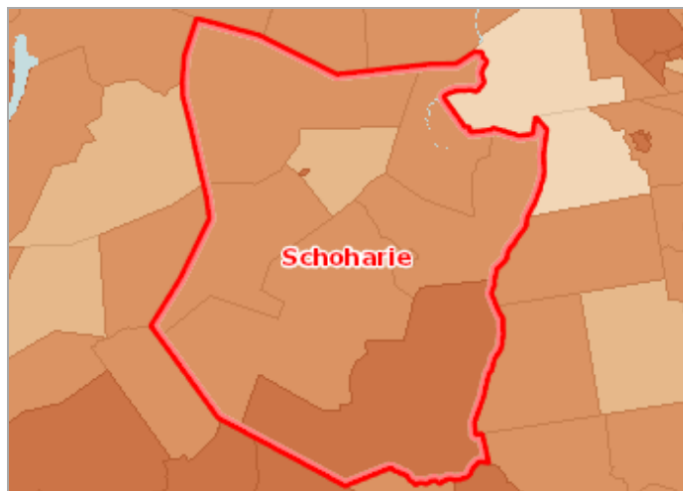
Foreign-Born

This indicator reflects the population, consisting of individuals who are not U.S. citizens or U.S. nationals at birth, including 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) parent 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.

Schoharie county's densest pocket of foreign-born residents is in the southeastern portion of the county in the townships of Conesville, Gilboa, and Broome, per the American Community Survey (2020).

Report Area	Total Population	Naturalized U.S. Citizens	Population Without U.S. Citizenship	Total Foreign-Birth Population	Foreign-Birth Population, % Total Population
Schoharie County, NY	31,189	712	287	999	3.20%
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



Foreign-Born Population (Non-Citizen or Naturalized), Percent by Tract, ACS 2016-20

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

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

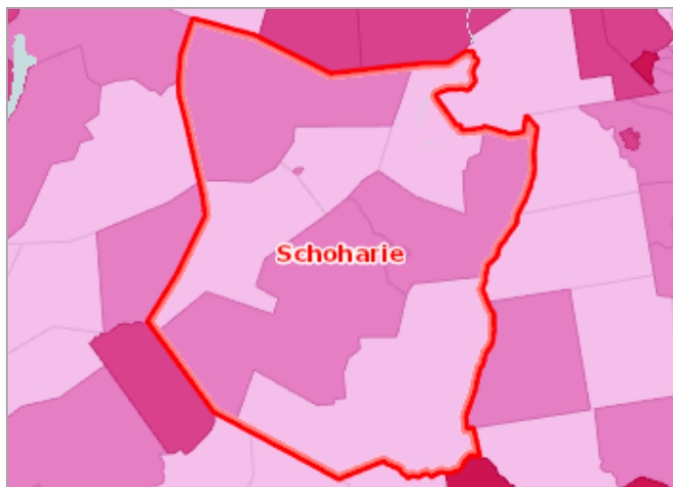
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Population with Limited English Proficiency

This indicator reports the percentage of the population aged 5 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. Schoharie county data from the ACS (2020) shows 0.97% of the population has limited English proficiency, with the densest areas in the townships of Sharon, Seward, Carlisle, Wright, Middleburgh, Fulton, Blenheim, and Jefferson, along with a pocket in the city of Cobleskill.

Report Area	Population Age 5+	Population Age 5+ with Limited English Proficiency	Population Age 5+ with Limited English Proficiency, %
Schoharie County, NY	29,849	291	0.97%
New York	18,374,180	2,404,020	13.08%
United States	306,919,116	25,312,024	8.25%

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



Population with Limited English Proficiency, Percent by Tract, ACS 2016-20

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

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

Schoharie County & Cobleskill Regional Hospital Community Health Needs Assessment

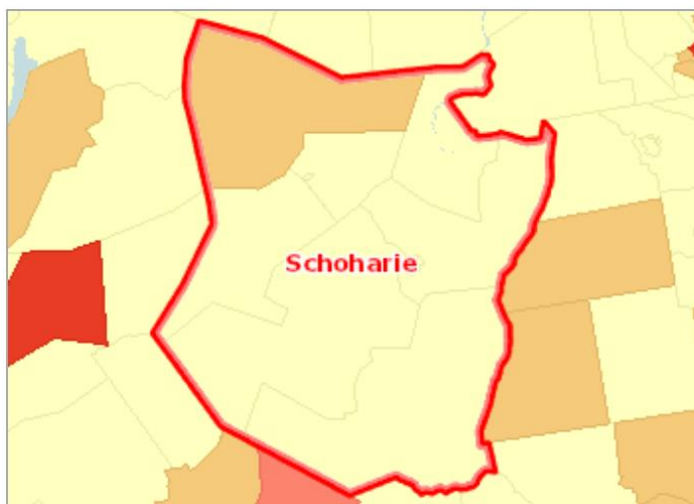
Veteran Population

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.

In Schoharie County, NY, 7.88% of the total population are veterans, per the ACS (2020). The greatest concentration of veterans is in the northwestern part of the county in Seward, Sharon, and Carlisle.

Report Area	Total Population Age 18+	Total Veterans	Veterans, % Total Population
Schoharie County, NY	25,663	2,023	7.88%
New York	15,420,195	676,295	4.39%
United States	252,130,477	17,835,456	7.07%

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



Veterans, Percent of Total Population by Tract, ACS 2016-20

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

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

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Special populations

Special populations in Schoharie county do exist. For instance, there is an Amish settlement in Cobleskill, NY. According to the Elizabethtown College, Young Center for Anabaptist and Pietist Studies, the Amish population in Schoharie county (2020) totaled 80 individuals, which consists of 0.27% of the county population (Elizabethtown College, 2020).

Town	Settlement Date	Population (2020)
Cobleskill	2014	80

Note: Elizabethtown College (2020); Amish Population in the United States 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 due to illness or injury (Adams & Leverland, 1986).

Access to Clinical Care

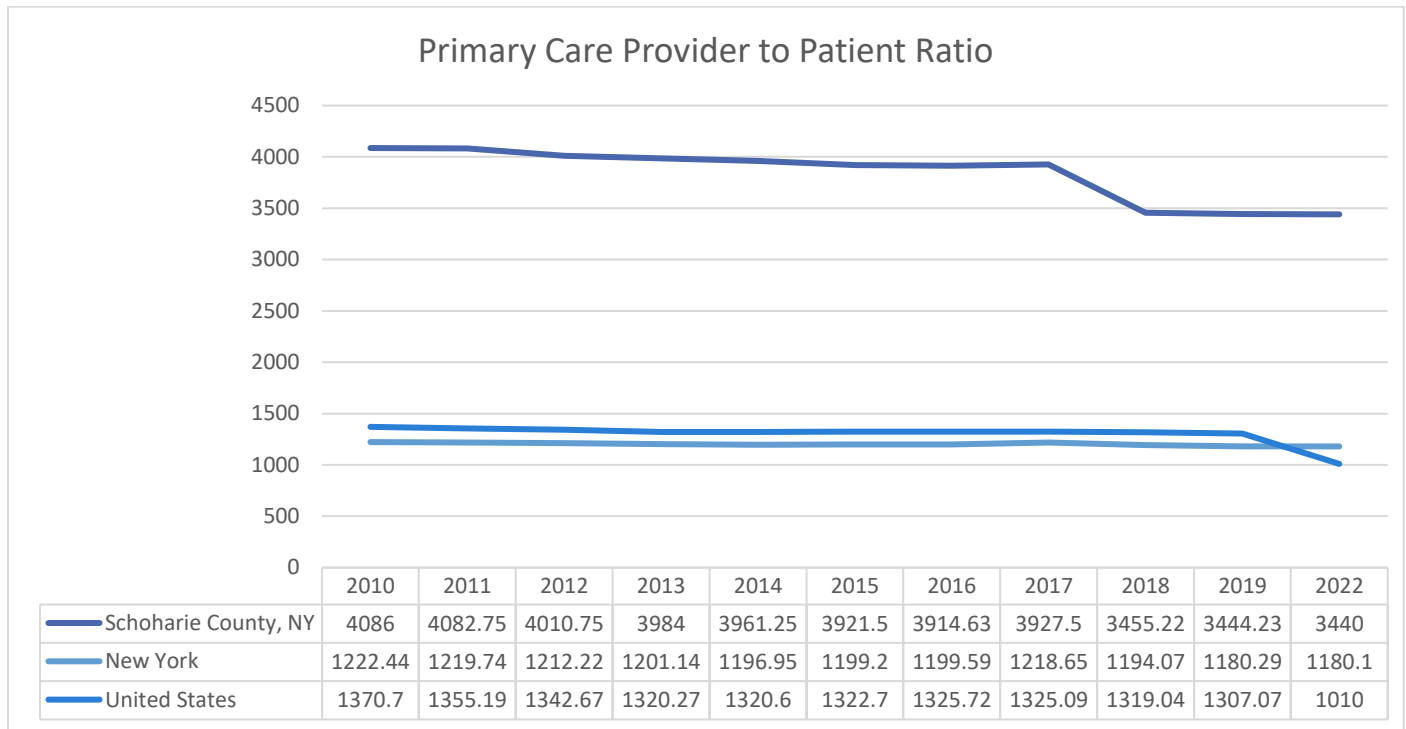
Access to clinical care providers for preventative and maintenance care has a large impact on the overall health of a population. A common problem for rural communities such as Schoharie county is a lack of a sufficient quantity of clinical providers to give quality care. The lack of clinical care providers 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. Schoharie county is no exception to the lack of providers for rural communities. The County Health Rankings show that the patient-to-provider ratio is significantly higher than that of New York state. Schoharie county's patient-to Primary Care physician ratio is nearly 3 times higher than New York state's. For Dentistry, the patient-to-provider ratio is almost three times higher than in New York state. For Mental Health providers, the patient-to-provider ratio is over 2 times higher than in New York state. The lack of clinical care providers can undoubtedly explain many of the health issues surrounding Schoharie County residents, highlighted in the number of Preventable Hospital Admissions 100,000 Medicare patients: Schoharie County (3,274) and New York state (3,717).

Location	Schoharie County	New York state
Primary Care Physicians	3,440:1	1,180:1
Dentists	3,460:1	1,190:1
Mental Health providers	710:1	310:1

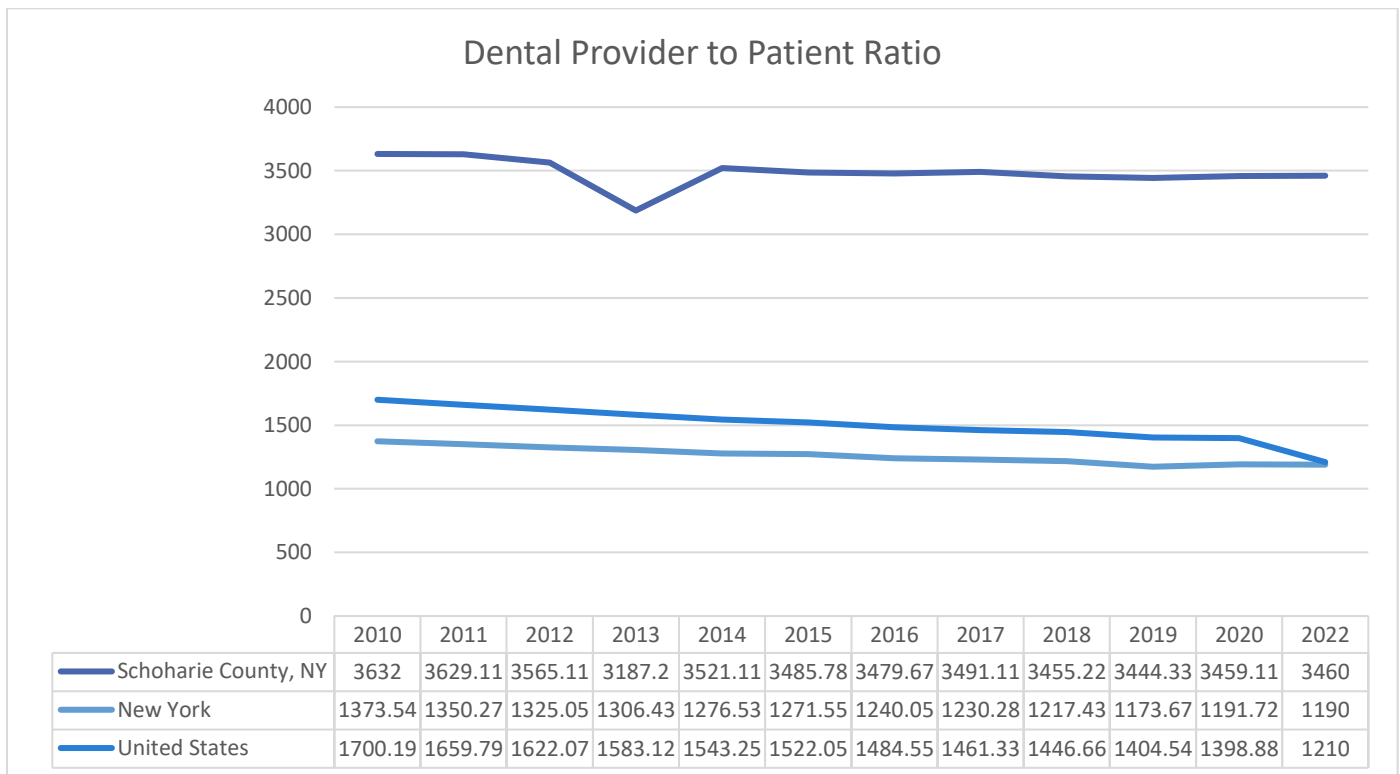
University of Wisconsin Population Health Institute (2022); Patient-to-Provider Ratio

Looking through historical trends, even though Schoharie county has much higher provider-to-patient ratios than the state and national level, the trend is improving over the last ten years, reflecting the dropping rate of preventable hospital admissions.

Schoharie County & Cobleskill Regional Hospital Community Health Needs Assessment

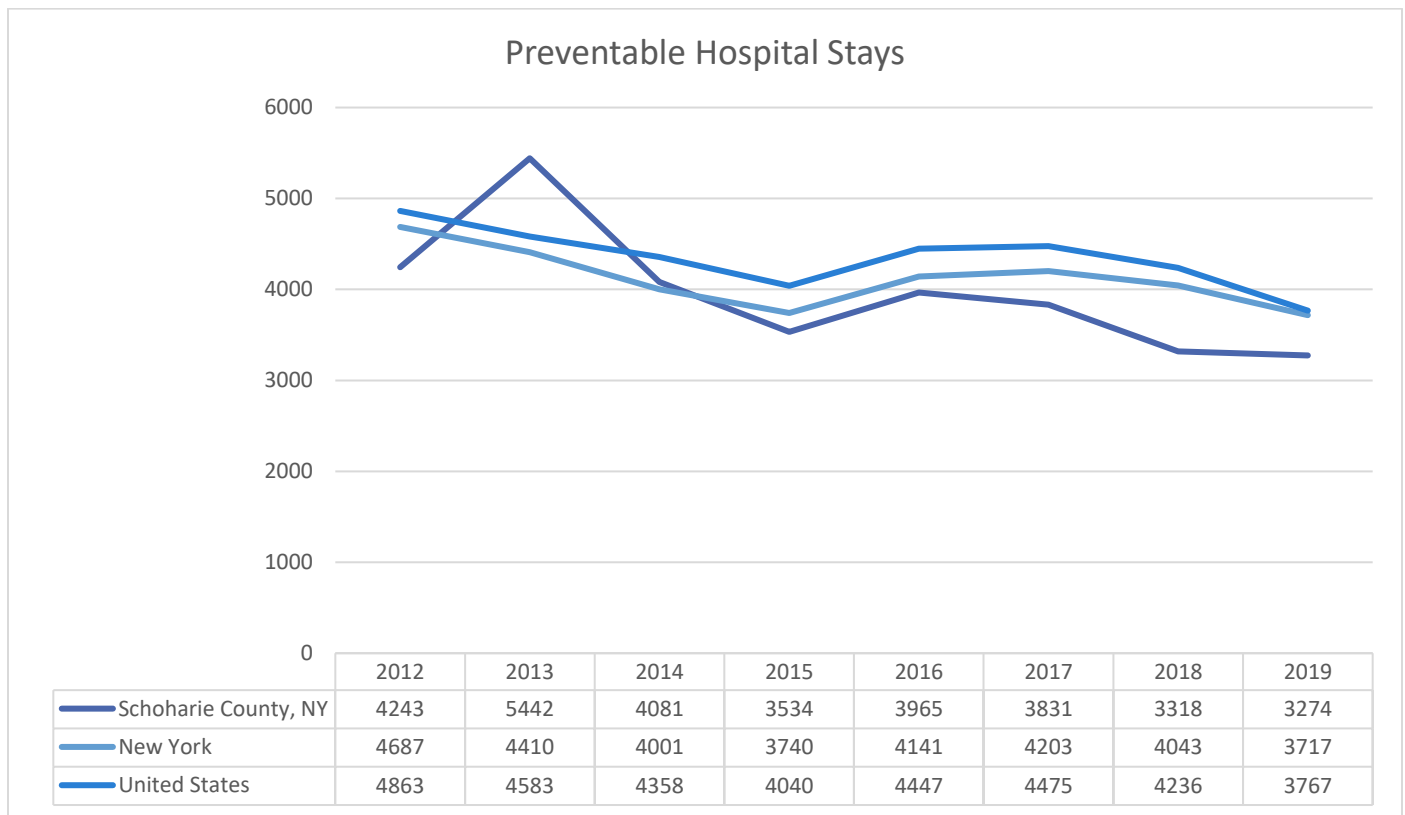


University of Wisconsin Population Health Institute (2022)



University of Wisconsin Population Health Institute (2022)

Schoharie County & Cobleskill Regional Hospital Community Health Needs Assessment



University of Wisconsin Population Health Institute (2022)

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% in Schoharie county, which is better than the New York state (4.2%) and the United States rate (3.4%).

Report Area	Labor Force	Number Employed	Number Unemployed	Unemployment Rate
Schoharie County, NY	14,600	14,161	439	3.0%
New York	9,398,799	9,006,157	392,642	4.2%
United States	164,654,409	159,125,977	5,528,434	3.4%

U.S. Department of Labor: Bureau of Labor Statistics (2022); Labor Force

Schoharie County & Cobleskill Regional Hospital Community Health Needs Assessment

Income – Household Income

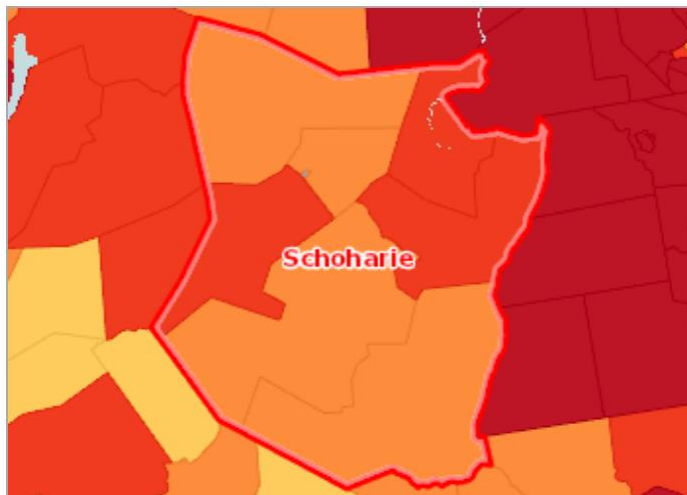
Reporting meaningful information related to household income can be challenging as the number of individuals per household will vary. The 2015-2019 ACS revealed that the average household income in Schoharie county is \$58,926, with the highest concentration of wealth being in the townships of Esperence, Schoharie, Wright, Summit, and Richmondville.

Report Area	Total Households	Average Household Income	Median Household Income
Schoharie County, NY	12,780	\$76,625	\$58,926
New York	7,417,224	\$105,304	\$71,117
United States	122,354,219	\$91,547	\$64,994

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

Report Area	1-Person Household	2-Person Household	3-Person Household	4-Person Household	5-Person Household	6-Person Household	7± Person Household
Schoharie County, NY	\$30,245	\$65,167	\$81,786	\$94,306	\$93,125	\$70,750	\$74,519
New York	\$35,921	\$78,993	\$93,195	\$109,103	\$104,012	\$101,862	\$110,520
United States	\$33,265	\$72,238	\$84,033	\$97,660	\$90,979	\$88,413	\$94,924

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



Median Household Income by Tract, ACS 2016-20

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

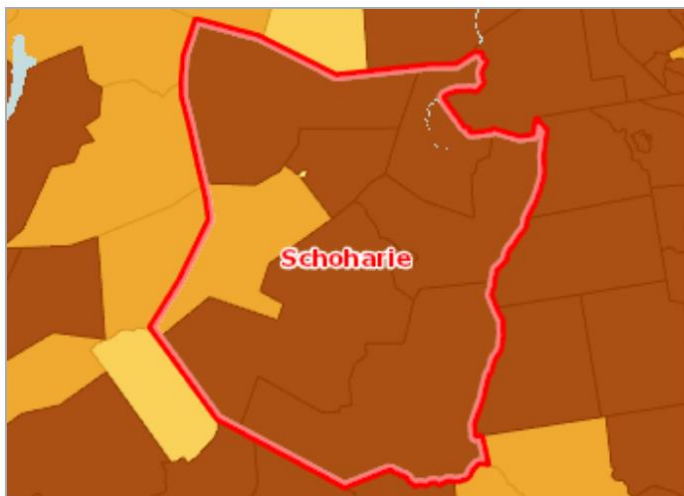
NOTE: University of Wisconsin Population Health Institute (2022); Median Household Income

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Again, 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 Schoharie county is \$32,352, which is lower than the overall average in New York state (\$40,898) and the United States (\$35,384). The areas with the lowest per capita income for Schoharie county are Summit and Richmondville.

Report Area	Total Population	Total Income (\$)	Per Capita Income (\$)
Schoharie County, NY	31,189	\$1,009,030,500	\$32,352
New York	19,514,849	\$798,119,696,600	\$40,898
United States	326,569,308	\$11,555,302,096,600	\$35,384

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



Per Capita Income by Tract, ACS 2016-20

- Over \$30,000
- \$25,001 - \$30,000
- \$20,001 - \$25,000
- Under \$20,001
- No Data or Data Suppressed
- Schoharie County, NY

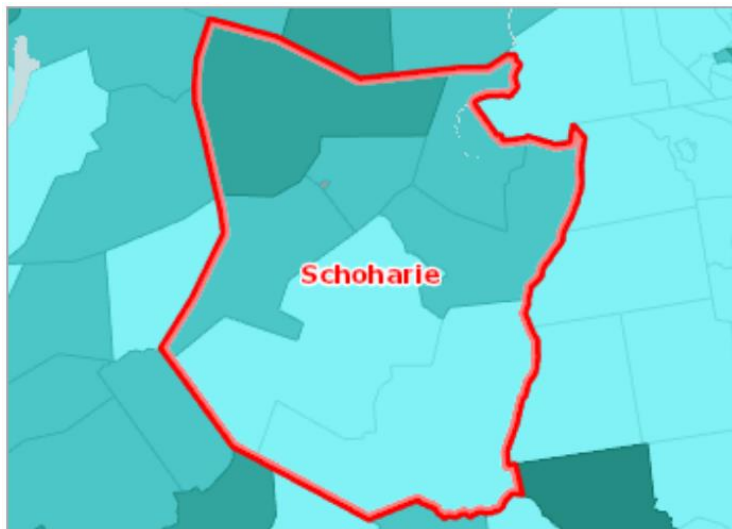
NOTE: University of Wisconsin Population Health Institute (2022); Per Capita Income

Data indicates that much of the county is living above the current federal poverty threshold per person, \$13,590 (DHHS, 2022). The areas with the greatest percentage below the poverty threshold is in the northern parts of the county in the township of Sharon, Seward, and Carlisle (ACS, 2020).

Report Area	Total Population	Population in Poverty	Population in Poverty, %
Schoharie County, NY	29,840	3,471	11.63%
New York	19,009,098	2,581,048	13.58%
United States	318,564,128	40,910,326	12.84%

U.S. Census, American Community Survey (2020); Federal Poverty Level

Schoharie County & Cobleskill Regional Hospital Community Health Needs Assessment



Population Below the Poverty Level, Percent by Tract, ACS 2016-20

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

NOTE: University of Wisconsin Population Health Institute (2022); FPL

Data reflects racial disparities throughout all areas of the SDOH domains; Schoharie county is no exception. The 2015-2019 ACS data shows, Native American/Alaska Native consist of 43.55% of those falling below the poverty threshold.

Report Area	White	Black or African American	Native American or Alaska Native	Asian	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Race
Schoharie County, NY	10.96%	23.31%	43.55%	28.06%	22.22%	10.86%	25.65%
New York	10.11%	20.38%	22.60%	14.39%	23.77%	23.37%	17.29%
United States	10.60%	22.07%	24.13%	10.61%	16.81%	19.66%	15.08%

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

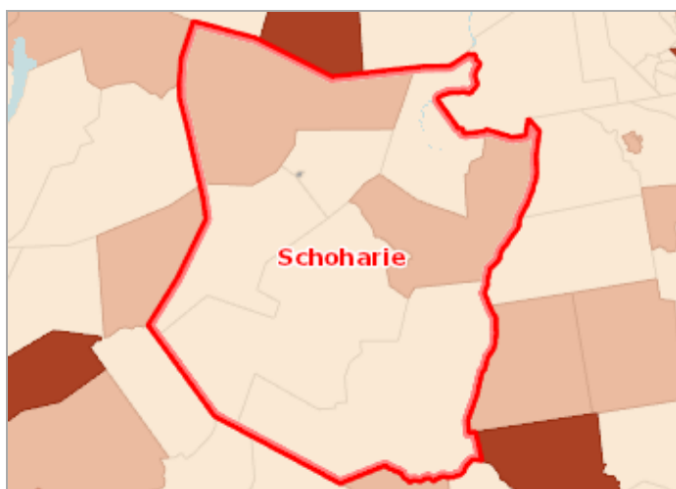
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Poverty – Children Below 100% of Federal Poverty Level (FPL)

The 2015-2019 ACS reports that 14.28% of individuals under the age of 18 years live 100% below the Federal Poverty Level (FPL), which is lower than the New York State and the United States. The FPL is income level used to determine eligibility for benefits and certain programs (healthcare.gov, n.d.) The primary concentration of this poverty level is found in the northern, more rural areas of the county. Understanding the poverty level can indicate barriers to healthy food, access to 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	% Population Under Age 18 in Poverty
Schoharie County, NY	29,840	5,352	764	14.28%
New York	19,009,098	3,994,613	746,203	18.68%
United States	318,564,128	72,065,774	12,598,699	17.48%

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



Population Below the Poverty Level, Children (Age 0-17), Percent by Tract, ACS 2016-20

- 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
- Schoharie County, NY

NOTE: University of Wisconsin Population Health Institute (2022); Population Below the Poverty Level

Schoharie County & Cobleskill Regional Hospital Community Health Needs Assessment

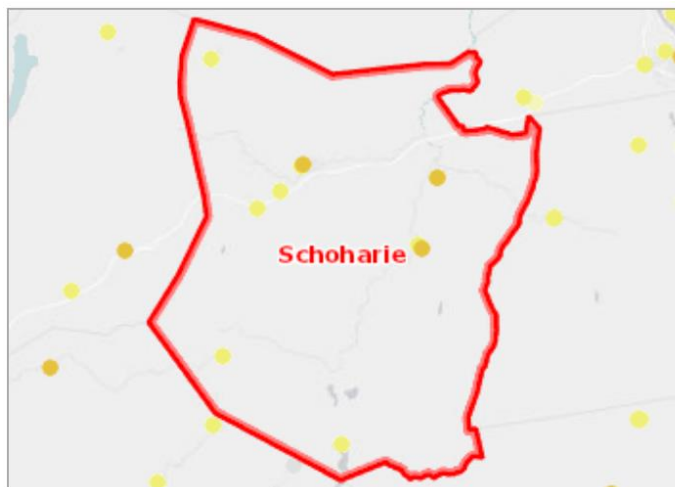
Poverty – Children Eligible for Free/Reduced Price Lunch

The National School Lunch Program (NSLP) is a federal program operating in public and nonprofit private schools and residential child care 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 3,785 students in Schoharie county reported during the reporting period, 46.71% qualified for Free or Reduced Priced Lunches per the NSLP guidelines.

Report Area	Total Students	Students Eligible for Free or Reduced-Price Lunch	Students Eligible for Free or Reduced-Price Lunch, %
Schoharie County, NY	3,785	1,768	46.71%
New York	2,579,124	1,393,961	56.35%
United States	53,244,287	22,445,622	42.16%

National Center for Education Statistics, 2019-20 Common Core of Data (CCD) (2021); 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
- Schoharie County, NY

NOTE: University of Wisconsin Population Health Institute (2022); Students Eligible for Free or Reduced-Price Lunch

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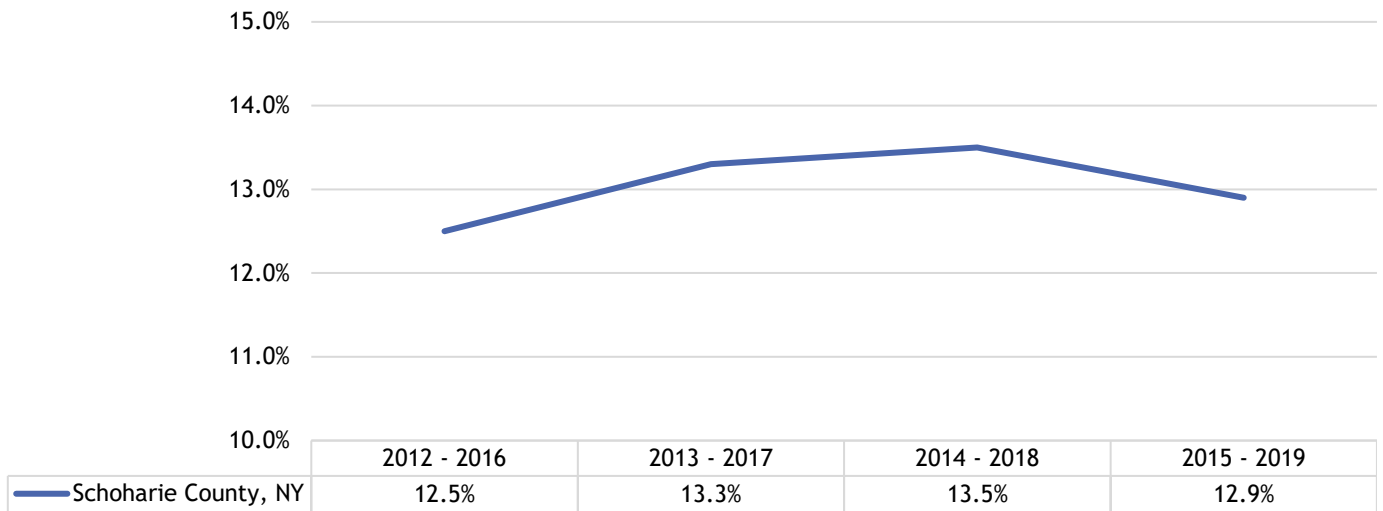
Supplemental Nutrition Assistance Program (SNAP) Benefits

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 14.7% of households receiving SNAP benefits. The Schoharie County data shows that 12.9% of households receive SNAP benefits, which has dropped since the last reporting period.

% Household, SNAP Enrollment Schoharie County, NY



Regarding access to SNAP-authorized facilities, the county has a total of 31, which is a rate of 10.43/10,000 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 (2020)	Total SNAP-Authorized Retailers	SNAP-Authorized Retailers, Rate per 10,000 Population
Schoharie County, NY	29,714	31	10.43
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.

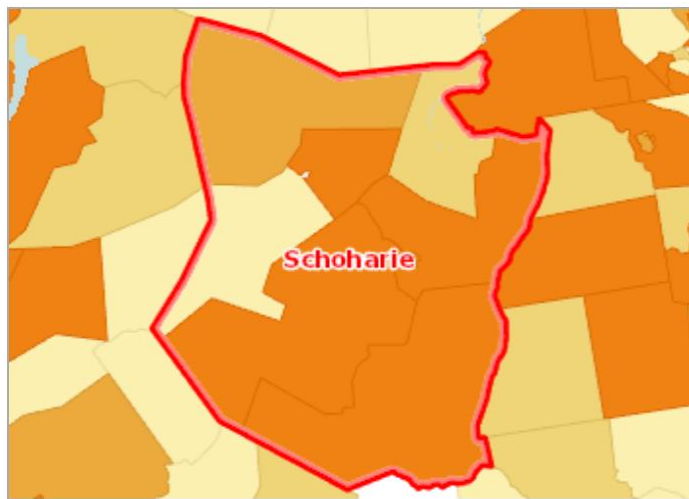
Access – Preschool Enrollment (3-4 years)

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

The 2016-2020 ACS data indicates that 58.43% of 3-4 year olds were enrolled in Preschool during the survey timeframe, which is above the national average and very close to the New York state average.

Report Area	Population Age 3-4	Population Age 3-4 Enrolled in School	Population Age 3-4 Enrolled in School, %
Schoharie County, NY	575	336	58.43%
New York	472,316	277,315	58.71%
United States	8,156,714	3,861,717	47.34%

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



Enrollment in School, Children (Age 3-4), Percent by Tract, ACS 2016-20

- 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
- Schoharie County, NY

NOTE: University of Wisconsin Population Health Institute (2022); Children Enrollment in School

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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 adjust 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 Schoharie County report area, the adjusted cohort graduation rate was 86.1% during the most recently reported school year; the average ACGR is greater than New York State's (86.8%).

Report Area	Adjusted Student Cohort	Number of Diplomas Issued	Cohort Graduation Rate
Schoharie County, NY	339	292	86.1%
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
- Schoharie County, NY

NOTE: University of Wisconsin Population Health Institute (2022); On-Time Graduation by School

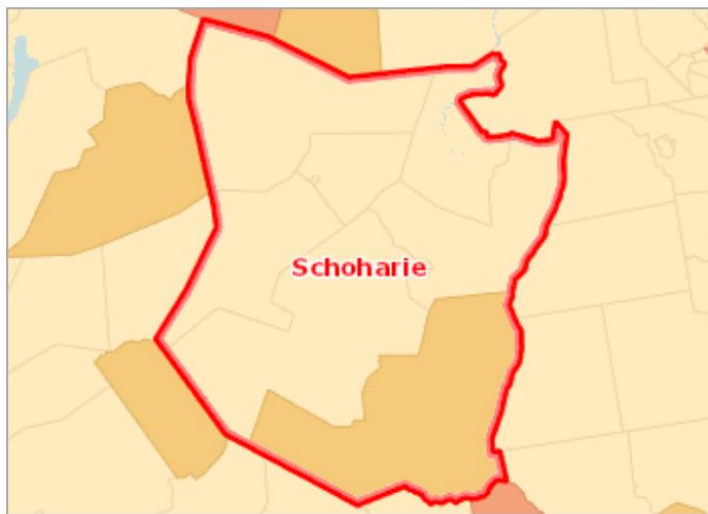
Schoharie County & Cobleskill Regional Hospital Community Health Needs Assessment

No High School Diploma

The presence of a high school diploma can be an indicator of socioeconomic status, health literacy, and health behaviors, causing the determinant to be an important SDOH factor. In Schoharie county, the ACS (2020) has reported 9.32% of the population over the age of 25 years does not have their High School diploma; this rate is lower than the New York state (12.78%) and the United States (11.47%). The greatest concentration of age-appropriate individuals without a high school diploma, in Schoharie county is in the southern part of the county in the townships of Conesville, Gilboa, and Broome.

Report Area	Total Population Age 25+	Population Age 25+ with No High School Diploma	Population Age 25+ with No High School Diploma, %
Schoharie County, NY	22,383	2,087	9.32%
New York	13,649,157	1,743,890	12.78%
United States	222,836,834	25,562,680	11.47%

U.S. Census, American Community Survey (2020); No High School Diploma



Population with No High School Diploma (Age 25+), Percent by Tract, ACS 2016-20

- Over 21.0%
- 16.1 - 21.0%
- 11.1 - 16.0%
- Under 11.1%
- No Data or Data Suppressed
- Schoharie County, NY

NOTE: University of Wisconsin Population Health Institute (2022); Population with No High School Diploma

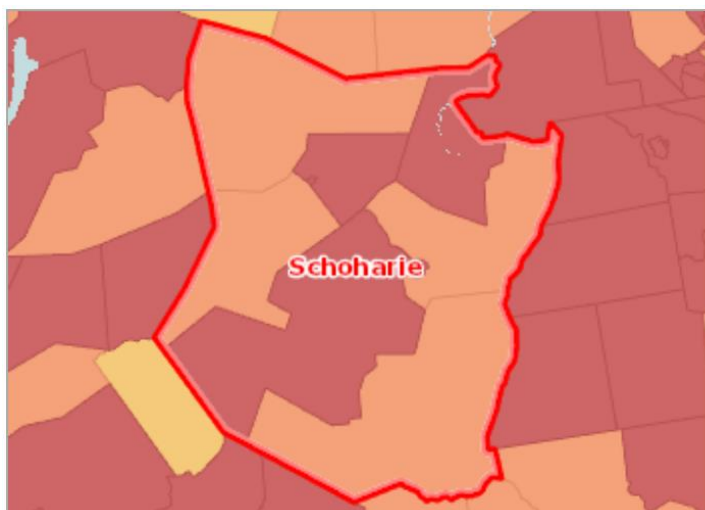
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Attainment – Bachelor's Degree or Higher

As mentioned previously, education can significantly impact numerous aspects of health. In Schoharie County, the 2016-2020 ACS revealed that 23.58% of the 25 years and older population had attained a Bachelor's degree or higher; this is below the New York state (37.46%) and United States (32.92%) average. Education seems to have its highest rates in the townships of Jefferson, Blenheim, Fulton, Cobleskill, Schoharie, and Esperence.

Report Area	Total Population Age 25+	Population Age 25+ with Bachelor's Degree or Higher	Population Age 25+ with Bachelor's Degree or Higher, %
Schoharie County, NY	22,383	5,279	23.58%
New York	13,649,157	5,112,792	37.46%
United States	222,836,834	73,356,319	32.92%

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



Population with a Bachelor's Degree or Higher, Percent by Tract, ACS 2016-20

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

NOTE: University of Wisconsin Population Health Institute (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 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

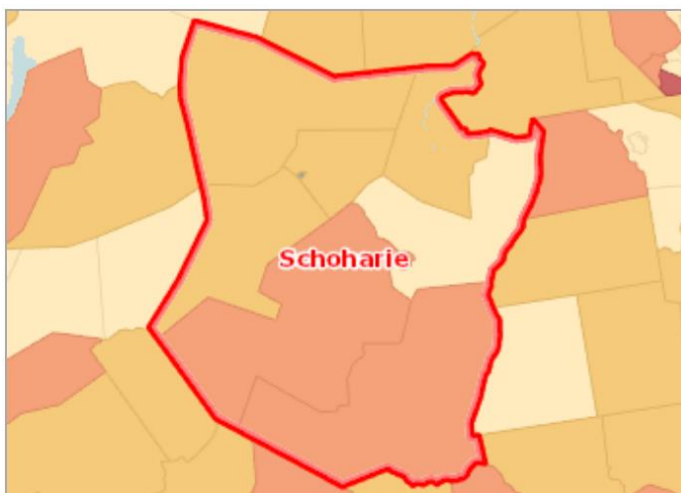
Per the 2016-2020 ACS, Schoharie County has 12,780 housing units with a median year built of 1973. Overall the median home age is older than in New York state (1957) and the United States (1978). The total number of housing units can be used to evaluate availability. The median age of a home provides information on potential quality and health concerns. Additionally, the presence of newer homes can show overall community growth. In Schoharie county, the "newer" structures primarily exist in the southern portion of the county in the township of Conesville, Gilboa, Jefferson, Blenheim, Fulton, and Broome.

Report Area	Total Housing Units	Median Year Structures Built
Schoharie County, NY	12,780	1973
New York	7,417,224	1957
United States	122,354,219	1978

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

Report Area	Before 1960	1960-1979	1980-1999	2000-2010	After 2010
Schoharie County, NY	40.64%	19.62%	26.27%	10.63%	2.83%
New York	52.52%	23.43%	15.42%	6.49%	2.15%
United States	26.67%	24.32%	27.51%	15.54%	5.96%

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



Median Year Structure Built by Tract, ACS 2016-20

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

NOTE: University of Wisconsin Population Health Institute (2022); Median Year Structure Built

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Owner vs. Renter Occupied Housing Units

The 2016 - 2020 ACS revealed the percentage of Owner-Occupied homes is 75.35% which is more significant than New York state (46.8%) and the United States (53.7%). Home-ownership can indicate greater housing stability.

Report Area	Owner-Occupied, %	Renter-Occupied, %
Schoharie County, NY	75.35%	36.67%
New York	51.38%	48.62%
United States	54.34%	45.66%

U.S. Census, American Community Survey (2020); Owner vs. Renter Occupied Housing

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 a total of 65 individual students are homeless. Most homeless school-aged children have a primary nighttime residence of "doubled up" with another family.

Doubled Up	Hotel / Motel	Sheltered	Unsheltered
39	20	6	0

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

School Name	2019-20 Total
GILBOA-CONESVILLE CENTRAL SCHOOL DISTRICT	Data suppressed (less than 5, more than 0)
JEFFERSON CENTRAL SCHOOL DISTRICT	0
MIDDLEBURGH CENTRAL SCHOOL DISTRICT	10
COBLESKILL-RICHMONDVILLE CENTRAL SCHOOL DISTRICT	40
SCHOHARIE CENTRAL SCHOOL DISTRICT	12
SHARON SPRINGS CENTRAL SCHOOL DISTRICT	Data suppressed (less than 5, more than 0)

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

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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 2016-2020 ACS reveals that 25.39% of housing for Schoharie County residents' meets the criteria for substandard housing. The greatest concentration of substandard homes is in the township of Cobleskill. The issue of Cost Burden seems to be the component with the largest contribution to meeting substandard conditions. Overall, Schoharie county has a lower rate of substandard housing conditions than New York state and the United States.

Report Area	Substandard Conditions
Schoharie County, NY	25.39%
New York	38.52%
United States	31.45%

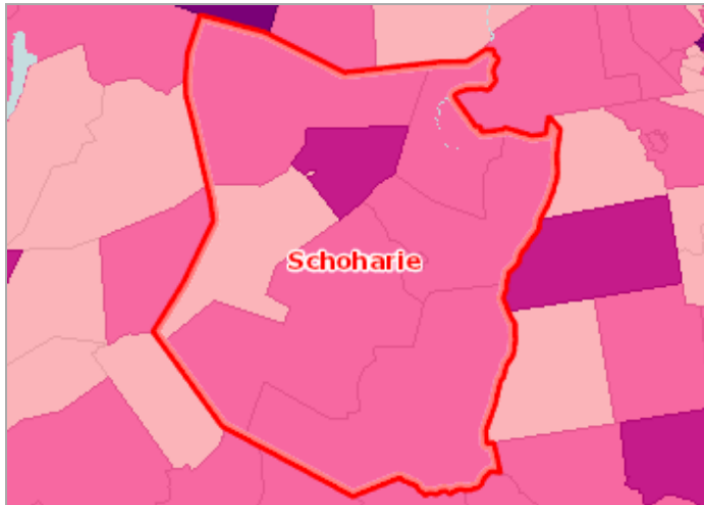
U.S. Census, American Community Survey (2020); Substandard Housing

Report Area	No Conditions	One Condition	Two or Three Conditions	Four Conditions
Schoharie County, NY	74.61%	24.47%	0.91%	0.02%
New York	61.48%	35.76%	2.75%	0.01%
United States	68.55%	29.63%	1.81%	0.01%

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

Report Area	Lacking Complete Plumbing Facilities	Lacking Complete Kitchen Facilities	Cost Burdened Households
Schoharie County, NY	0.49%	4.36%	24.75%
New York	0.37%	1.96%	36.91%
United States	0.38%	2.67%	30.35%

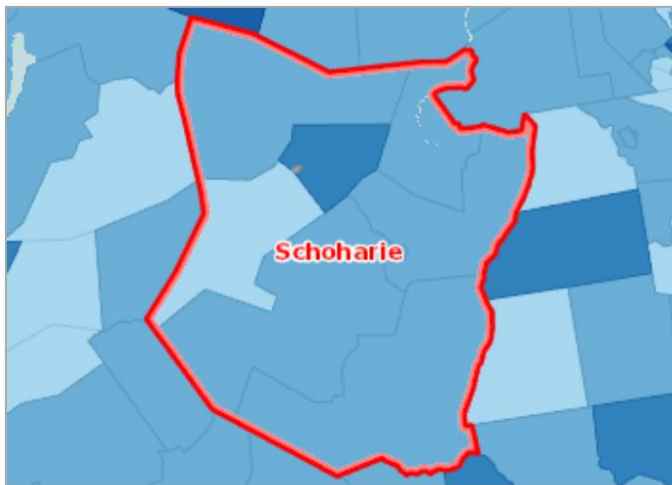
U.S. Census, American Community Survey (2020); Substandard Housing



Substandard Housing Units, Percent of Total by Tract, ACS 2016-20

- Over 34.0%
- 28.1 - 34.0%
- 22.1 - 28.0%
- Under 22.1%
- No Data or Data Suppressed
- Schoharie County, NY

NOTE: University of Wisconsin Population Health Institute (2022); Percent of Substandard Housing Units



Cost Burdened Households (Housing Costs Exceed 30% of Household Income), Percent by Tract, ACS 2016-20

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

NOTE: University of Wisconsin Population Health Institute (2022); Cost-Burdened Households

Social Factors

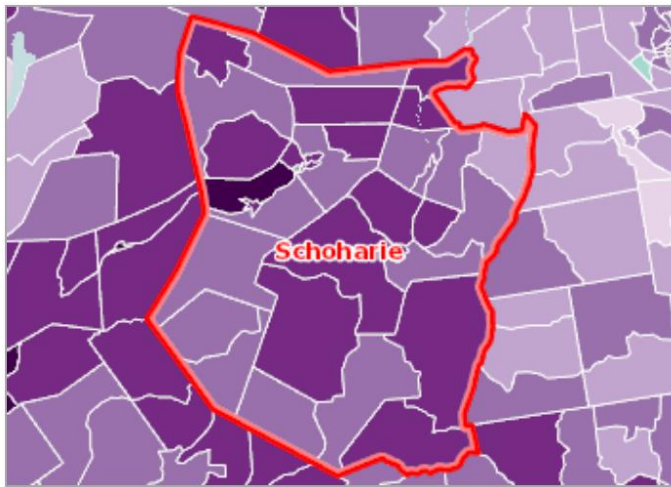
Area of Deprivation Index (ADI)

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).

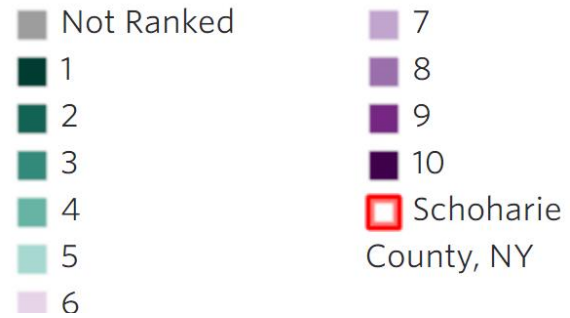
Area of Deprivation Index (ADI) Data points		
Category	U.S. Census Indicator	ACS or Census Table Reference
Poverty	Median family income, \$	B19113
	Income disparity	B19001
	Families below poverty level, %	B17010
	% population below 150% poverty threshold, %	C17002
	Single parent households with dependents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

When applying the ADI to Schoharie county, there is widespread deprivation, with no area scoring higher than a 7; the northwestern part of the town of Richmond has the highest ADI with a score of 10. While an ADI score is not available for all New York state and the United States, Schoharie county falls in the 85th percentile for N.Y. and in the 63rd percentile for the U.S.; overall, New York state is in the 30th percentile in the nation.

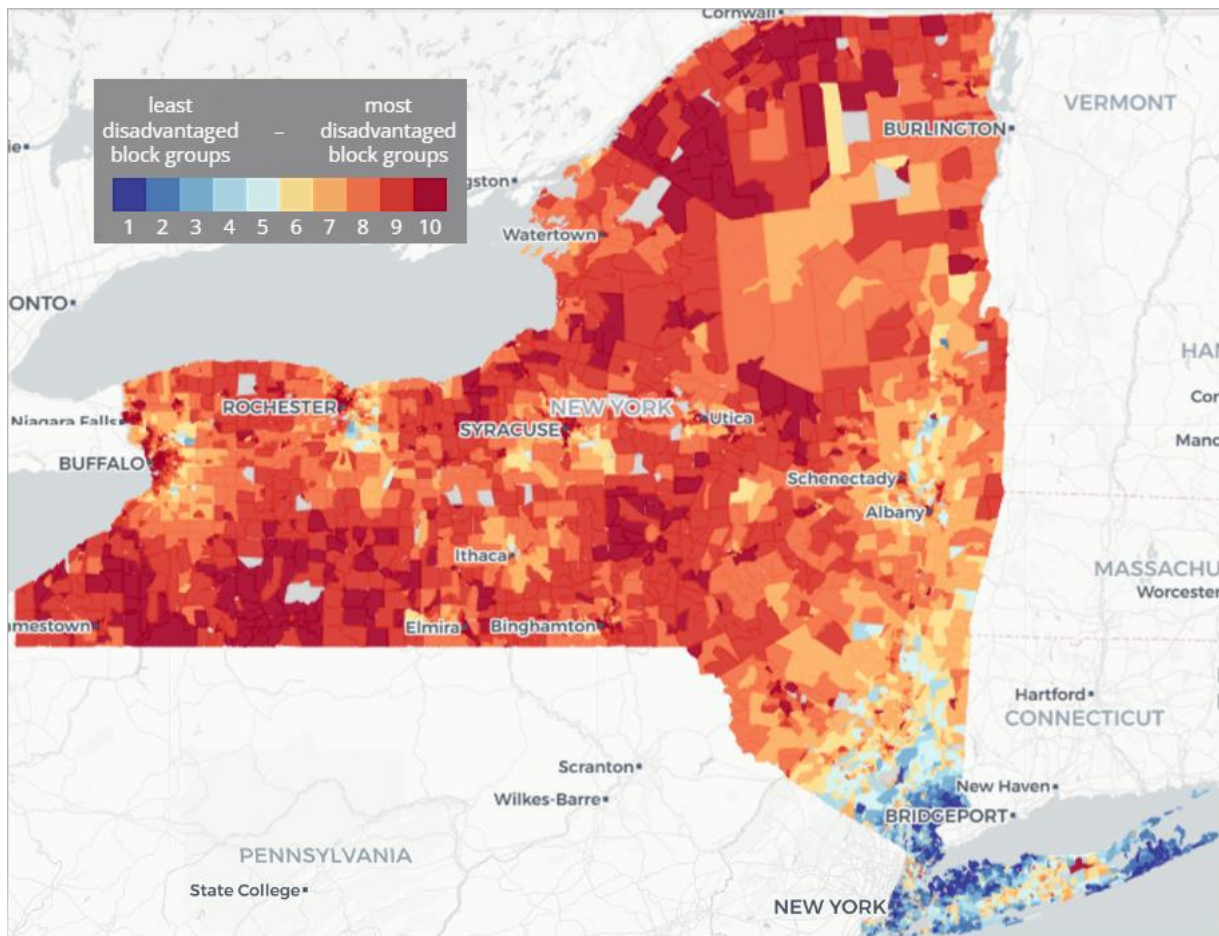
Schoharie County & Cobleskill Regional Hospital Community Health Needs Assessment



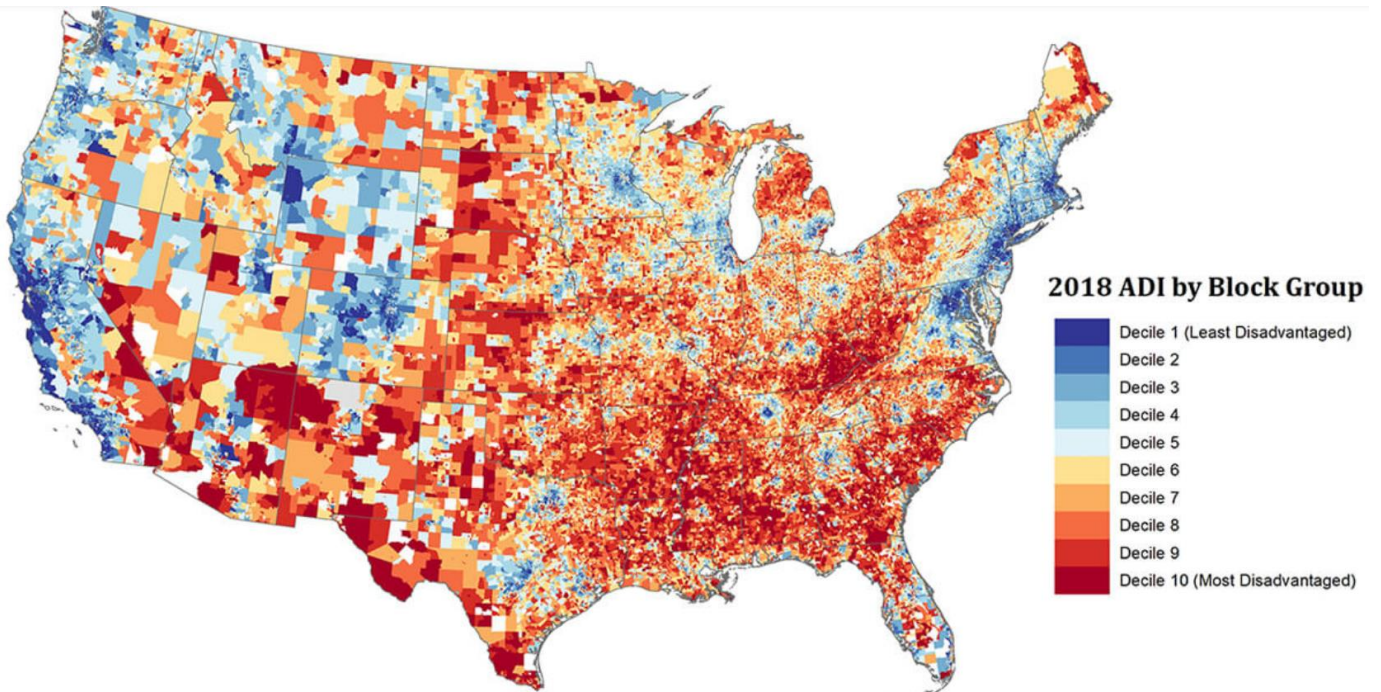
Area Deprivation Index (2019), State Decile by Block Group, Neighborhood Atlas 2021



NOTE: University of Wisconsin Population Health Institute (2022); Area of Deprivation Index



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



NOTE: National Institute of Minority Health and Health Disparities (2022)

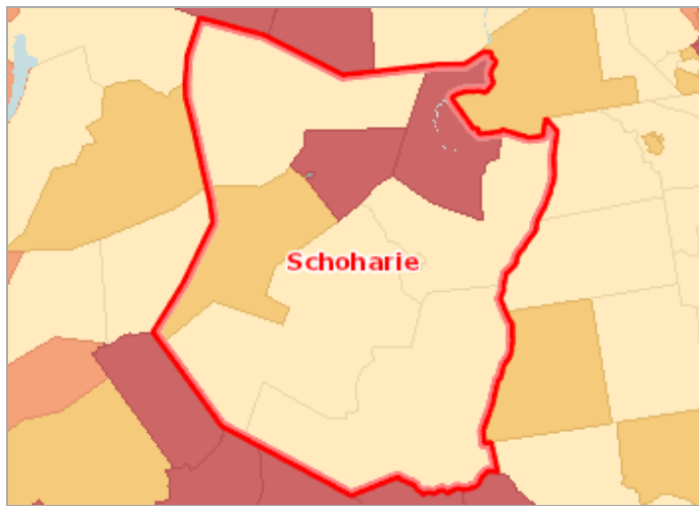
Schoharie County & Cobleskill Regional Hospital Community Health Needs Assessment

Personal Transportation

Access to a motor vehicle in one's home can impact access to care, food, medications, social isolation, etc. The 5-Year American Community Survey published in 2020 shows 9.7% of Schoharie county households do not have access to a motor vehicle. Schoharie County residents have greater access to personal transportation than New York State (28.98% without) and are slightly less than national access (8.45% without). The township of Esperence, Schoharie, and Cobleskill report the greatest percentage lacking a household motor vehicle in Schoharie County.

Report Area	Total Occupied Households	Households with No Motor Vehicle	Households with No Motor Vehicle, %
Schoharie County, NY	12,780	833	6.52%
New York	7,417,224	2,149,235	28.98%
United States	122,354,219	10,344,521	8.45%

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



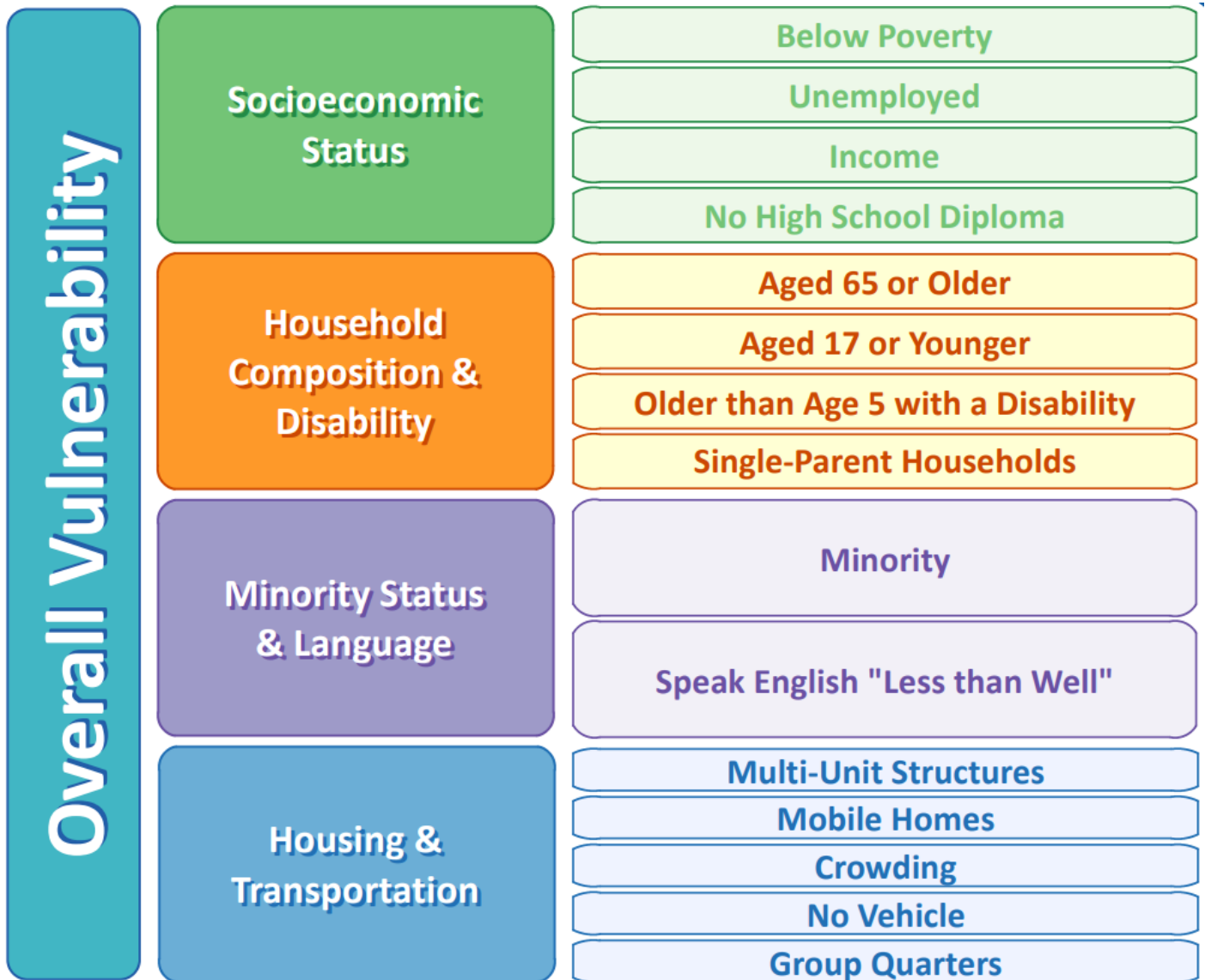
Households with No Vehicle, Percent by Tract, ACS 2016-20

- Over 8.0%
- 6.1 - 8.0%
- 4.1 - 6.0%
- Under 4.1%
- No Data or Data Suppressed
- Schoharie County, NY

NOTE: University of Wisconsin Population Health Institute (2022); Households with No Vehicle

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)

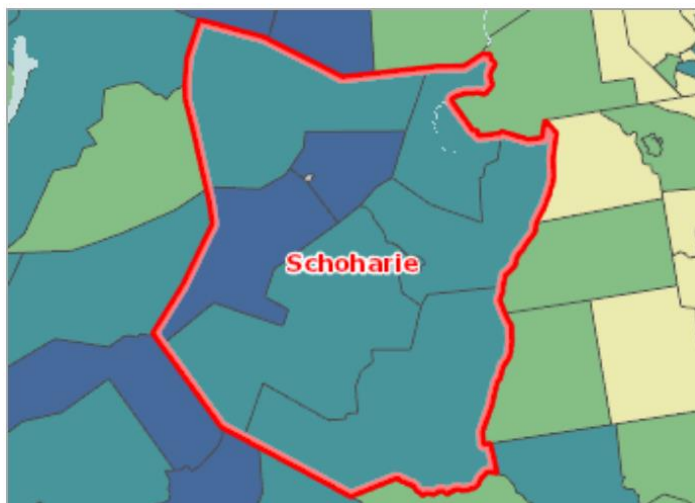
Schoharie County & Cobleskill Regional Hospital Community Health Needs Assessment

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.

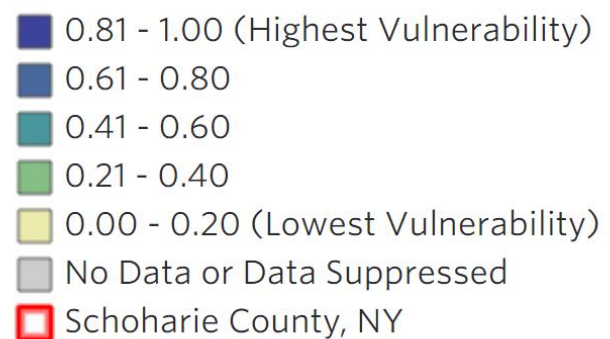
The CDC Geospatial Research, Analysis, and Services Program (GRASP) used the 2018 U.S. Census data to calculate an SVI score for Schoharie County, New York State, and the United States. Schoharie County received an overall SVI of .40, with Housing & Transportation being the highest scoring theme. Community health assessments may find value in looking into interventional work for the Housing & Transportation theme. The township of Cobleskill, Richmondville, and Summit has high vulnerability scores; however, the city of Cobleskill has a very low vulnerability score. Overall, county vulnerability is lower than New York state (0.55) and equal to 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
Schoharie County, NY	31,364	0.4	0.53	0.24	0.60	0.40
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

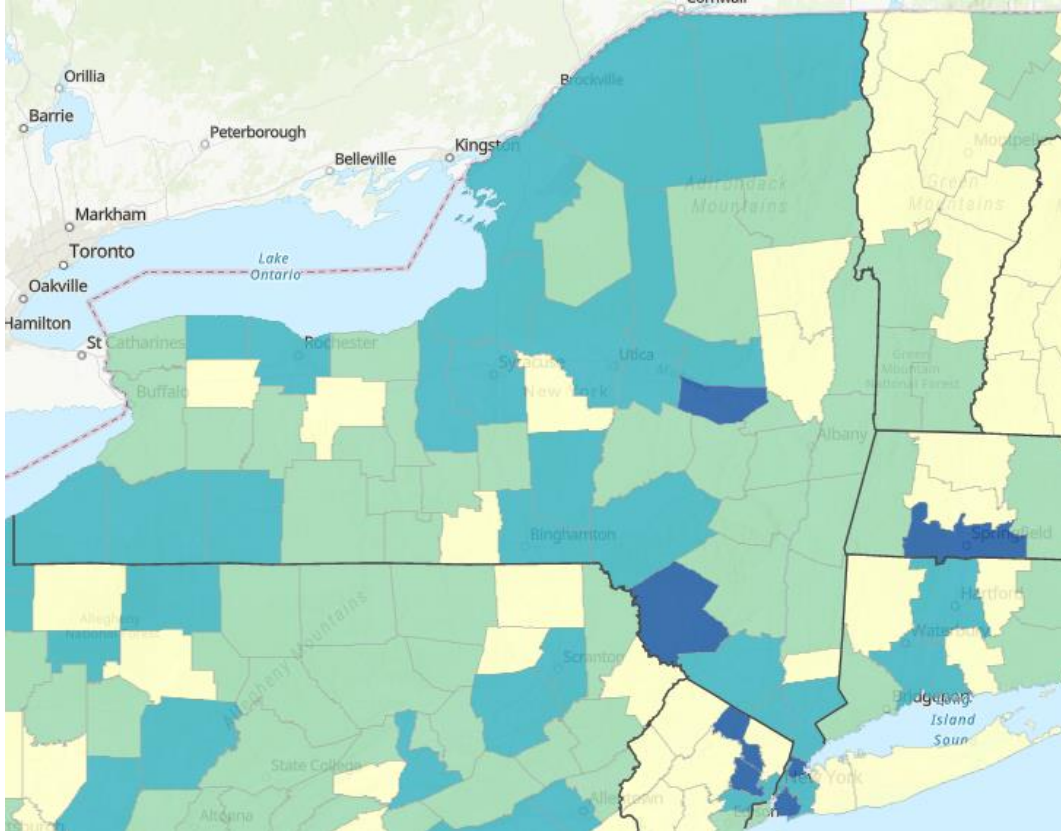


Social Vulnerability Index by Tract, CDC 2018



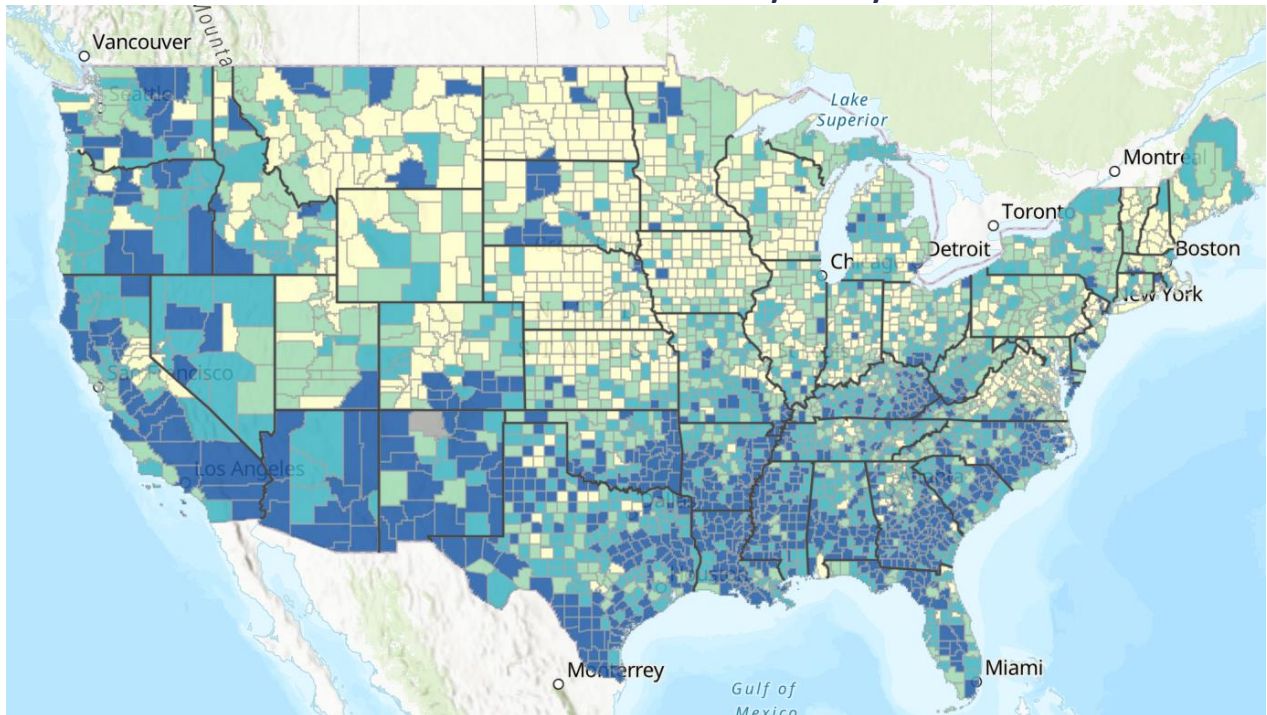
NOTE: University of Wisconsin Population Health Institute (2022); Social Vulnerability Index

New York State SVI by County



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

United State of America SVI by County



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

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Access to Health Insurance

Access to Health Insurance has a significant influence on the Access to the Healthcare domain of SDOH. Lacking health insurance can prevent individuals from seeking care, participating in preventative medicine, and accessing primary care providers. The 2016 – 2020 ACS reports the rate of uninsured individuals in Schoharie county is 4.17% which is lower than New York State (5.38%) and the United States (8.73%). Regarding patient demographics, those most likely to be underinsured in Schoharie county are those that are between the age of 18 – 64.

Report Area	Total Population (Insured)	Uninsured Population	Uninsured Population, %
Schoharie County, NY	31,113	1,297	4.17%
New York	19,276,809	1,037,271	5.38%
United States	321,525,041	28,058,903	8.73%

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

Report Area	Under Age 18	Age 18 - 64	Age 65 +
Schoharie County, NY	190	1,099	8
New York	108,372	904,332	24,567
United States	4,016,835	23,640,483	401,585

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

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 residents 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 Violet Crime with Firearm).

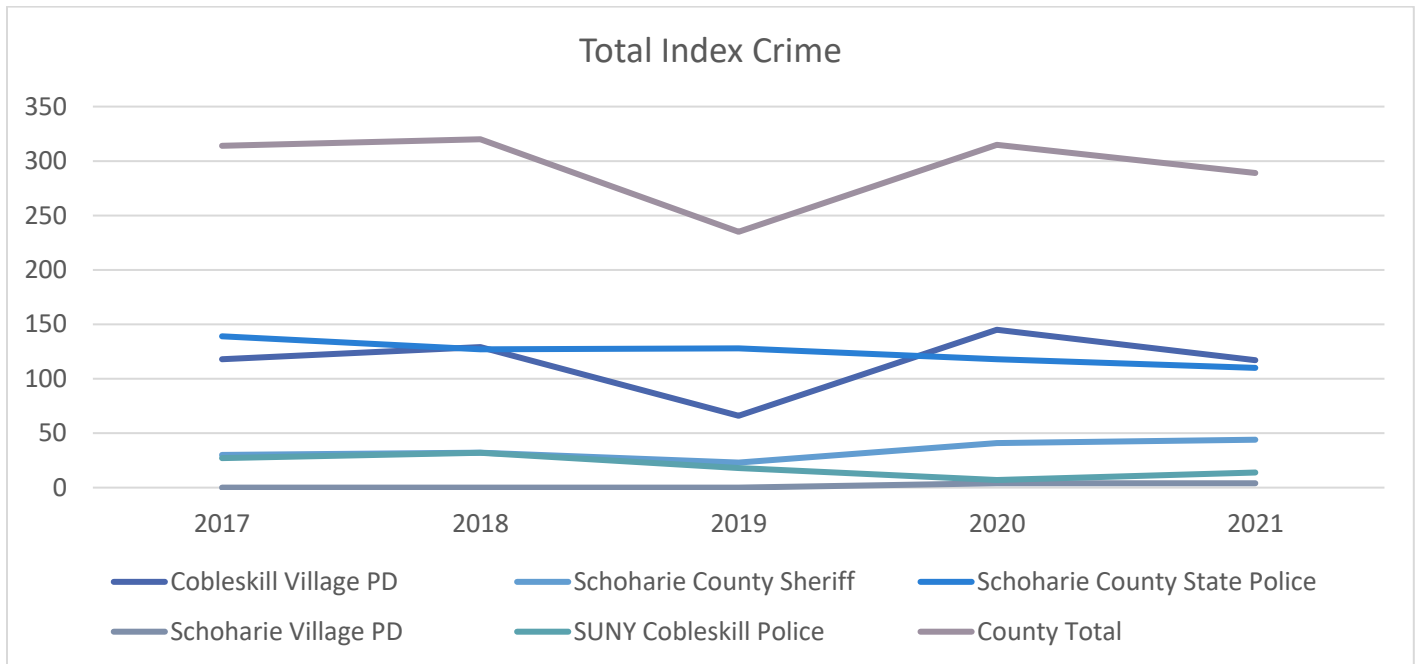
Type of Crime	Definition
Index	Murder and non-negligent manslaughter, forcible rape, robbery, aggravated assault, burglary, larceny (theft), and motor vehicle theft
Violent	Murder, Rape, Robbery, Aggravated Assault
Property	Burglary, Larceny, Motor Vehicle Theft

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The overall crime rates for Schoharie County, NY, have remained relatively the same and continue to fall well below the New York State Rates. Looking into Schoharie county, property crime has a significantly higher rate than violent crime. Regarding activity, Cobleskill Village P.D. and the Schoharie County State Police have the largest number of crime reports in 2021.

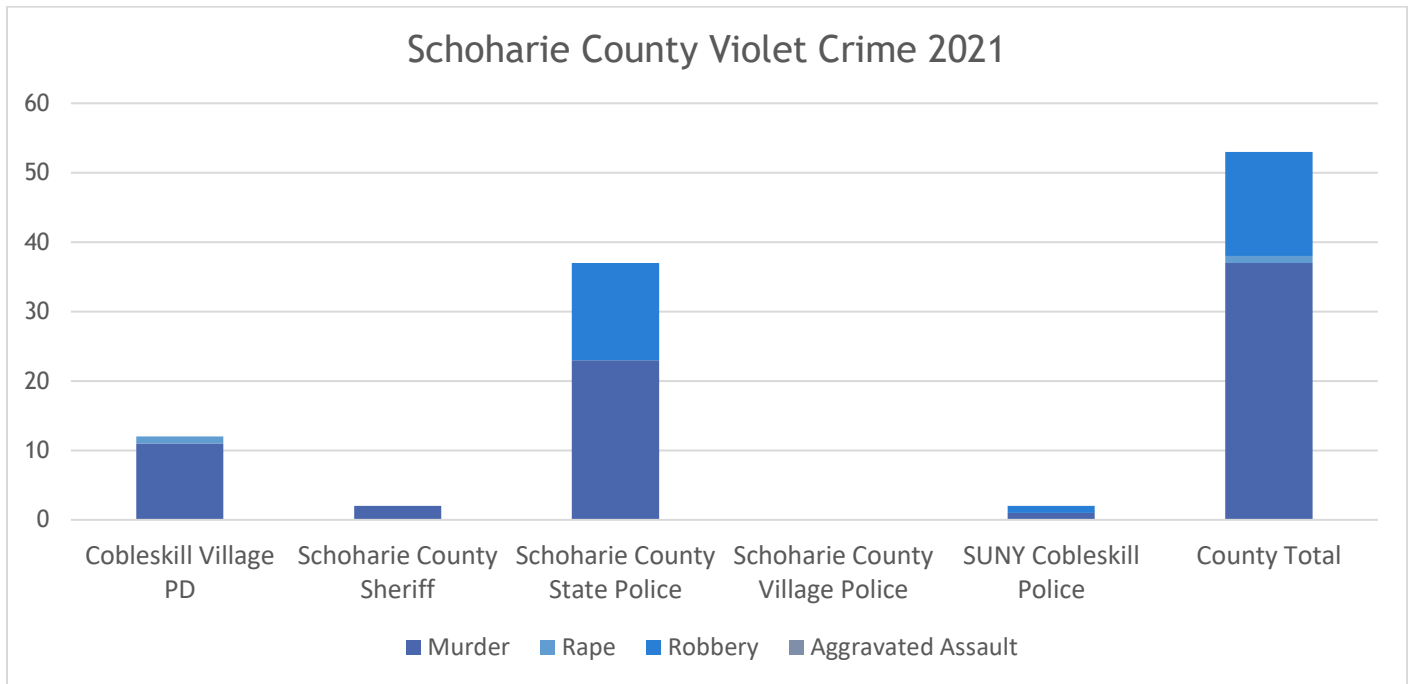
2021 Crime Rates per 100,000 people						
	Index Crime		Violent Crime		Property Crime	
	Count	Rate	Count	Rate	Count	Rate
Schoharie County, NY	289	926.61	37	118.63	252	807.98
New York State	342,453	1,771.4	70,543	364.9	271,910	1,406.5

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

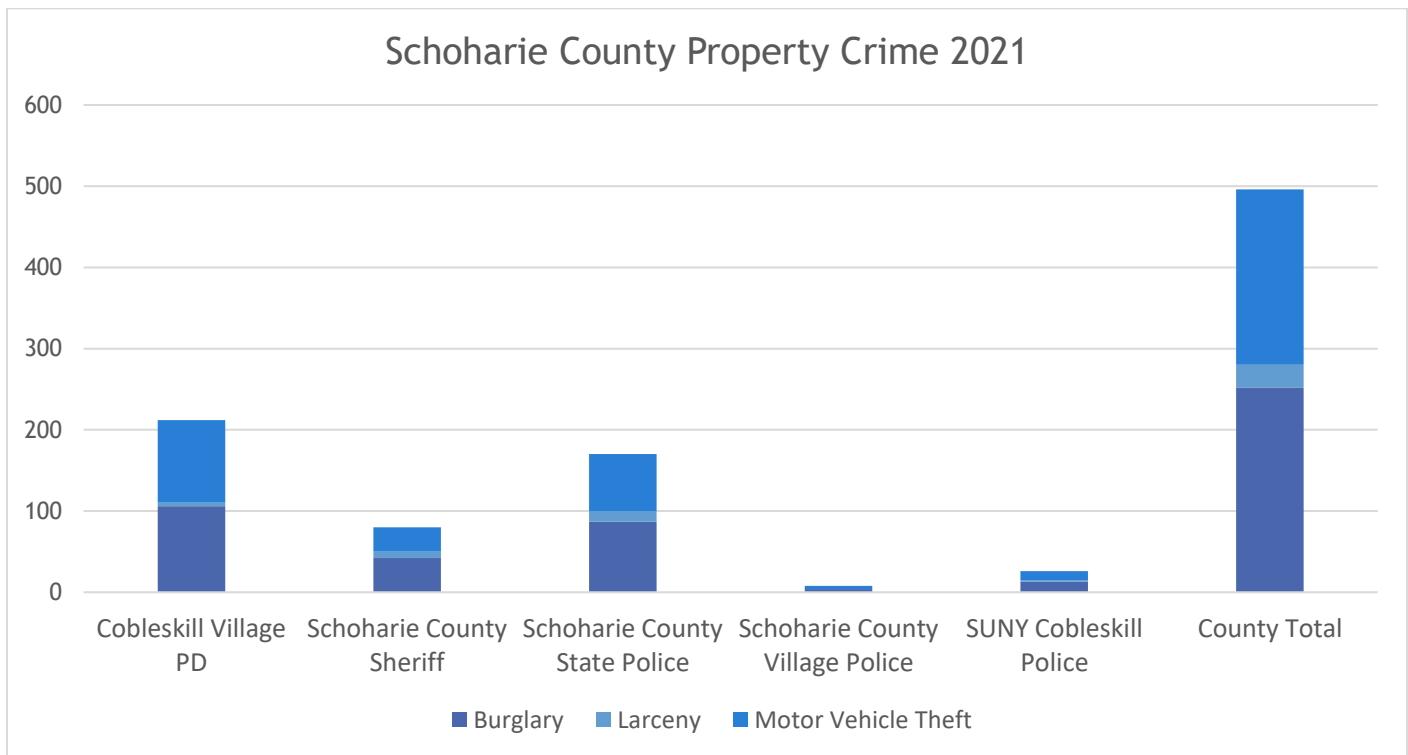


Federal Bureau of Investigation (FBI), Uniform Crime Reporting (UCR) (2022); Crime Rates by Police Department

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Federal Bureau of Investigation (FBI), Uniform Crime Reporting (UCR) (2022); Crime Rates by Police Department



Federal Bureau of Investigation (FBI), Uniform Crime Reporting (UCR) (2022); Crime Rates by Police Department

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

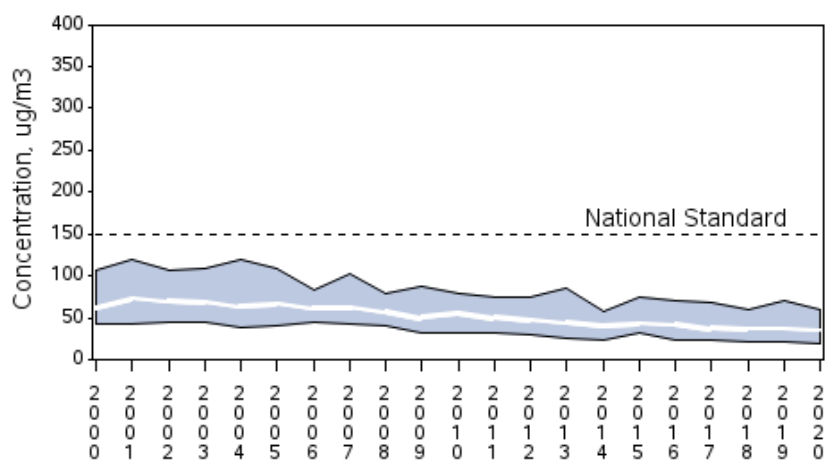
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The New York State Department of Environmental Conservation (NYSDEC) Lists the AQI Index scale as:

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, 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 Schoharie 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).

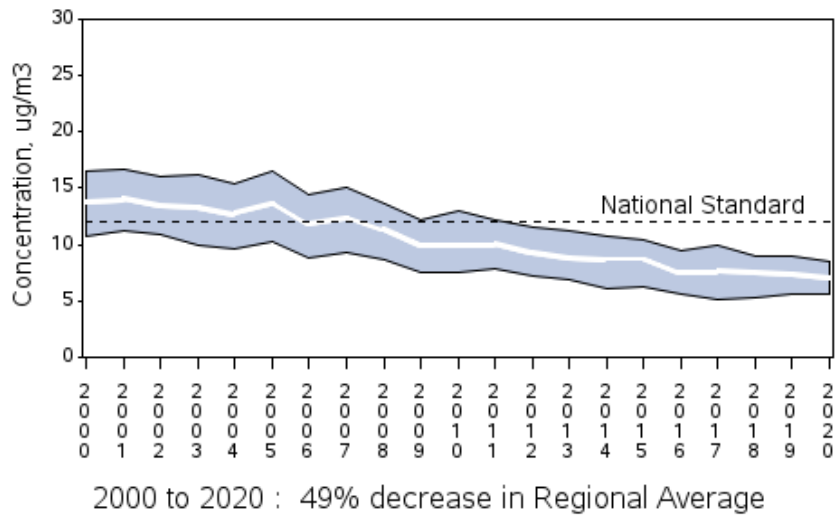
PM10 Air Quality, 2000 - 2020
 (Annual 2nd Maximum 24-Hour Average)
 Northeast Trend based on 19 Sites



2000 to 2020 : 40% decrease in Regional Average

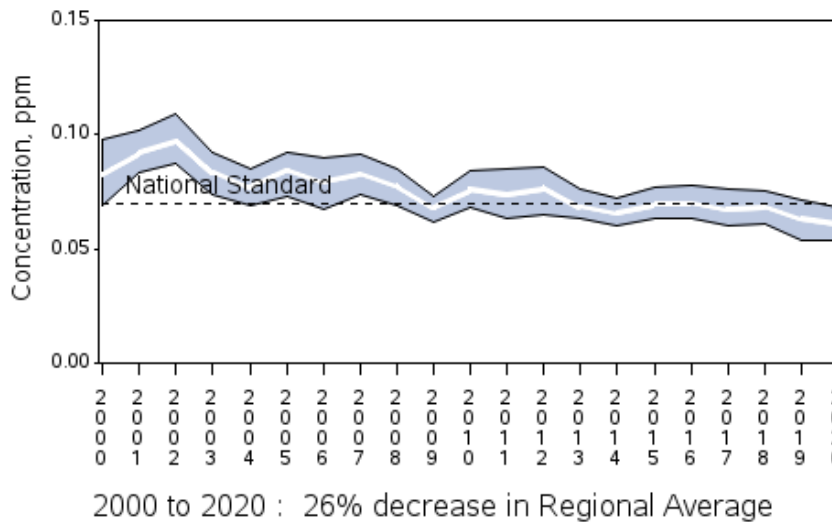
NOTE: Environmental Protection Agency, PM 10 Air Quality Northeast Trends (2021)

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



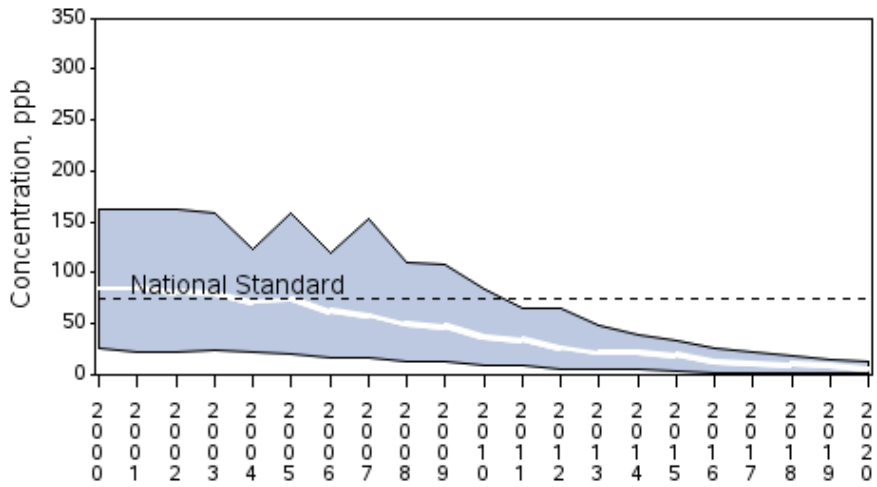
NOTE: Environmental Protection Agency, PM 2.5 Air Quality Northeast Trends (2021)

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



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

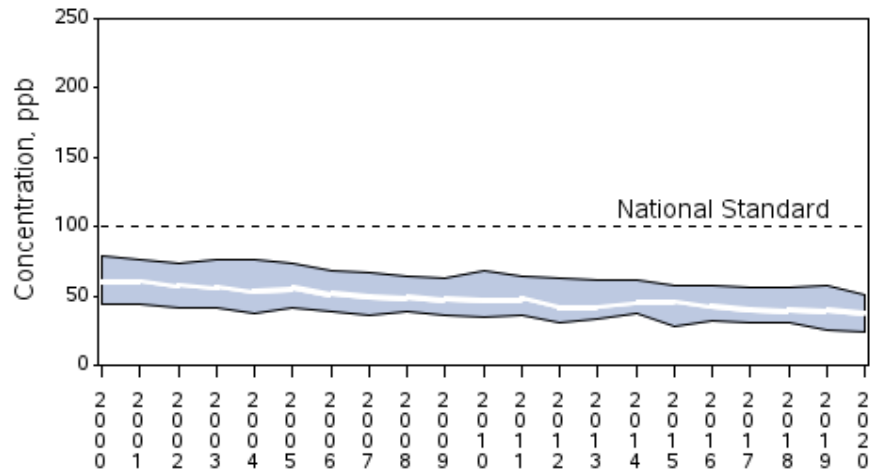
SO2 Air Quality, 2000 - 2020 (Annual 99th Percentile of Daily Max 1-Hour Average) Northeast Trend based on 31 Sites



2000 to 2020 : 91% decrease in Regional Average

NOTE: Environmental Protection Agency, SO2 Air Quality Northeast Trends (2021)

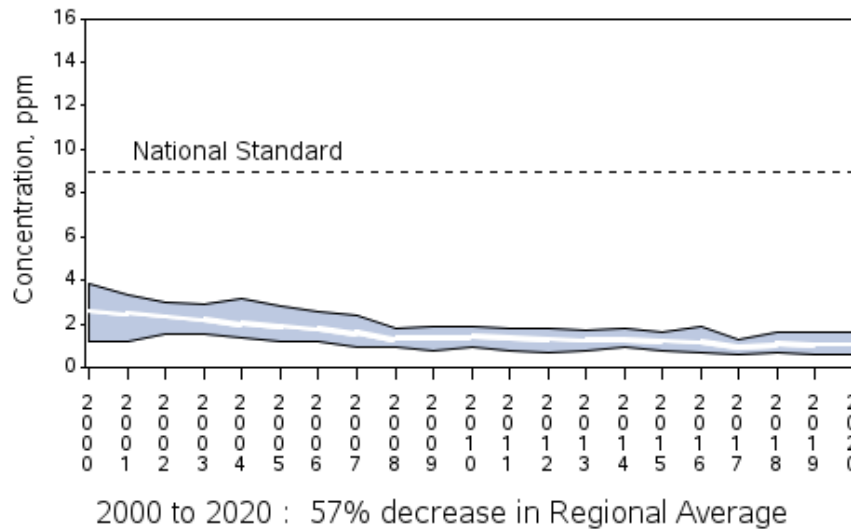
NO2 Air Quality, 2000 - 2020 (Annual 98th Percentile of Daily Max 1-Hour Average) Northeast Trend based on 19 Sites



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



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 individual’s access to numerous health information sources, serve as a link to healthcare providers, and improve social connectivity. The U.S. Census, 2019 Community Resilience Estimates Equity Supplement (2021) lists 70% of households with broadband internet subscriptions.

Access to Healthy Food

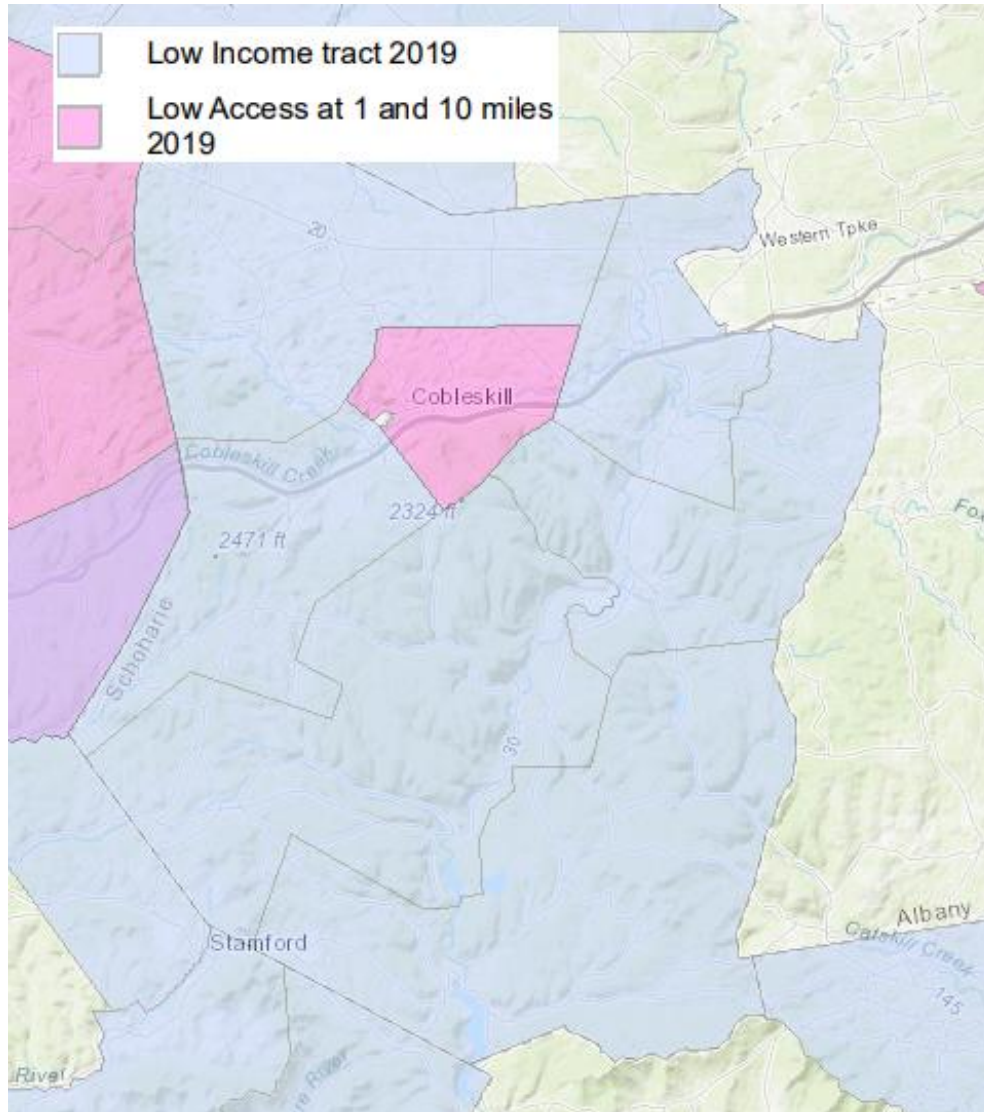
Access to healthy foods that support healthy eating patterns contributes to an individual's overall health throughout their life. Healthy eating habits can help lower the risk for chronic diseases such as high blood pressure, diabetes, and cancer. Increased access to healthy foods through grocery stores 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).

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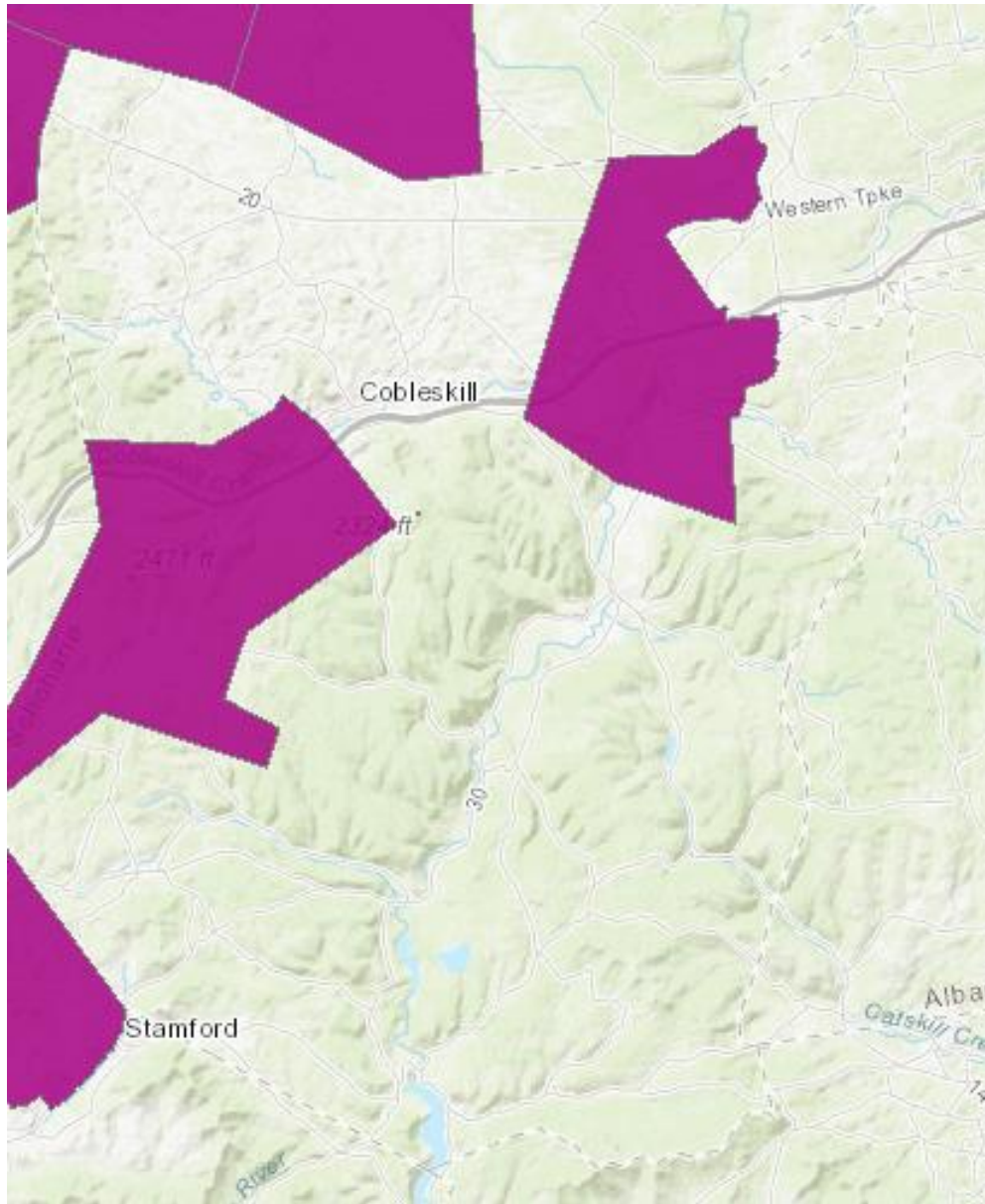
Schoharie county data suggests that in 2019 all townships outside of Cobleskill in Schoharie county fall into the low-income definition, while the town of Cobleskill does show low access to supermarkets. The townships of Esperence, Schoharie, Richmondville, and Summit are reported to have limited vehicle access which is noted in the below image; limited access to a vehicle is in the fuchsia color. 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).

Low Income and Low Food Access



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

Low Vehicle Access



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

With a large rural area in the county, it is essential to note the presence of farms that provide direct sales to residents who may not otherwise have access to food. According to the New York State Department of Agriculture and Markets, there are five Farmers' markets available in Schoharie county, many accepting social food programs to bring access to all socioeconomic levels (NYS Department of Agriculture and Markets, 2022).

Bohringer's Fruit Farm

3992 State Route 30
Daily 9am-5pm
June 15-October 9
FMNP Accepted
FCC Accepted

Parsons Vegetable Farm

Farm Stand

756 US Highway 20,
Sharon Springs
Daily 10am-6pm
Year-round
FMNP Accepted
FCC Accepted

Schoharie Co. Festival

Sat Farmers' Market

942 E. Main Rt. 7E,
Cobleskill
Saturday 10am-2pm
July 9-Oct 8
SNAP Accepted
FCC Accepted

Schoharie Valley Farms

Farm Stand

"The Carrot Barn"
5605 State Route 30
Daily 9am-6pm
Year-round
SNAP Accepted
FMNP Accepted
FCC Accepted

Barber Family Farm Stand

3617 State Route 30, Middleburgh
Wed-Sun 9am-5:30pm
Year-round
SNAP Accepted
FMNP Accepted
FCC Accepted

Key:

"FMNP Accepted" - A market that is authorized by the Department to participate in FMNP.

"FCC Issued" - A market that issues FreshConnect Checks to SNAP EBT card users.

"FCC Accepted" - A market that has vendors that may accept but does not issue FreshConnect Checks.

"SNAP Accepted" - A market where customers enrolled in SNAP may use their benefits

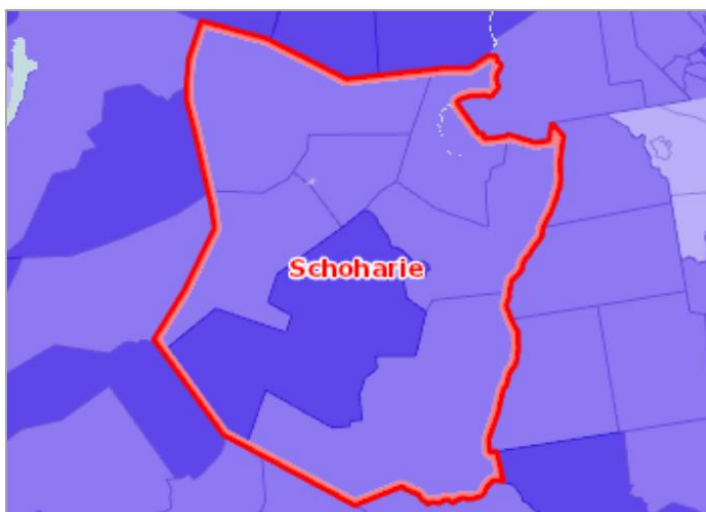
Health Behaviors

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.

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, 19% of adult Schoharie 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 the townships of Fulton, Blenheim, and Jefferson.



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
- Schoharie County, NY

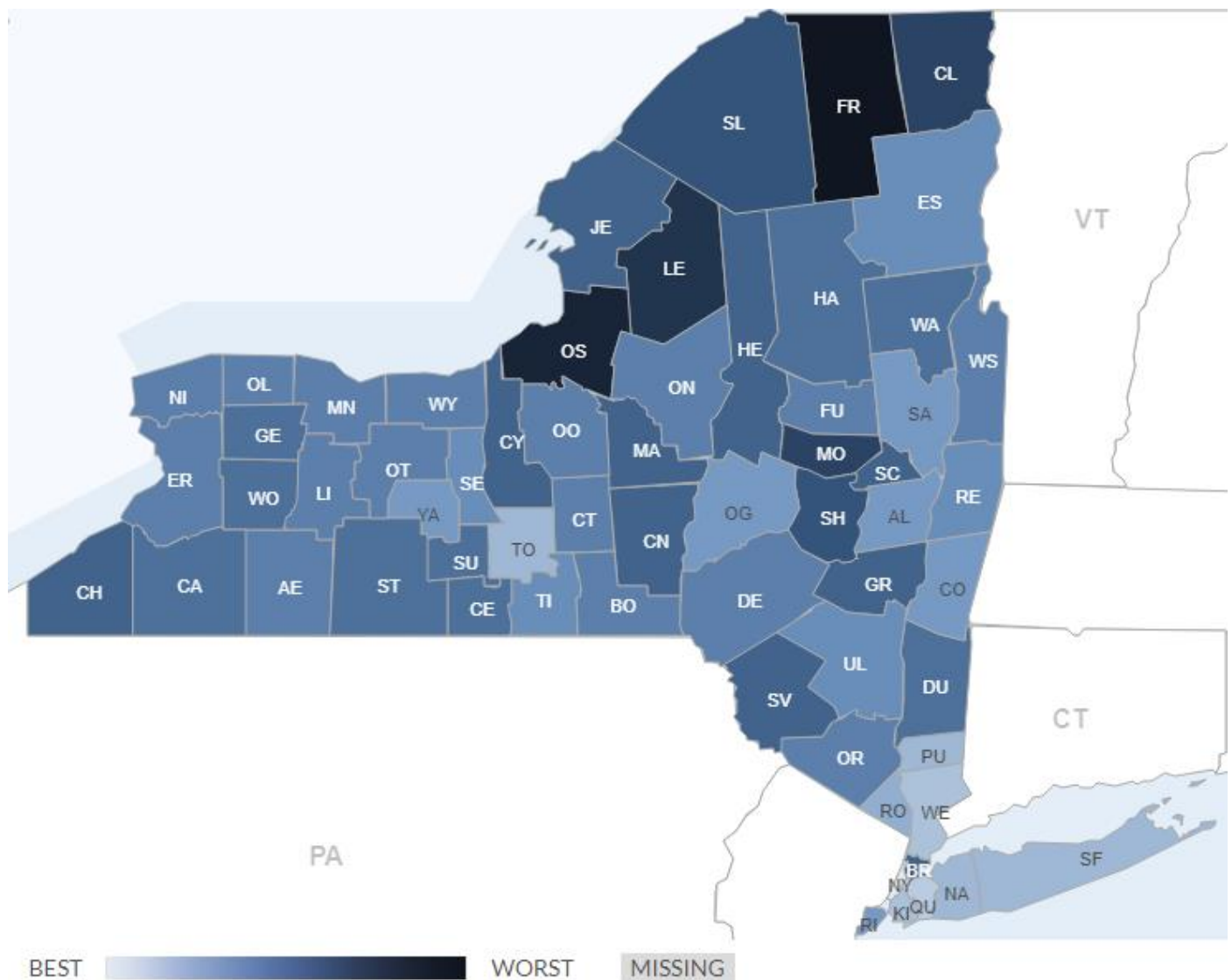
NOTE: University of Wisconsin Population Health Institute (2022); Current Adult Smokers

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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 have an impact on 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 35% of Schoharie county residents are obese, which tops the New York state rate of 27%.



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

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Physical Inactivity

Physical activity can significantly impact an individual's overall health regardless of age, race, and ethnicity. The CDC has stated that being physically active can (2022d):

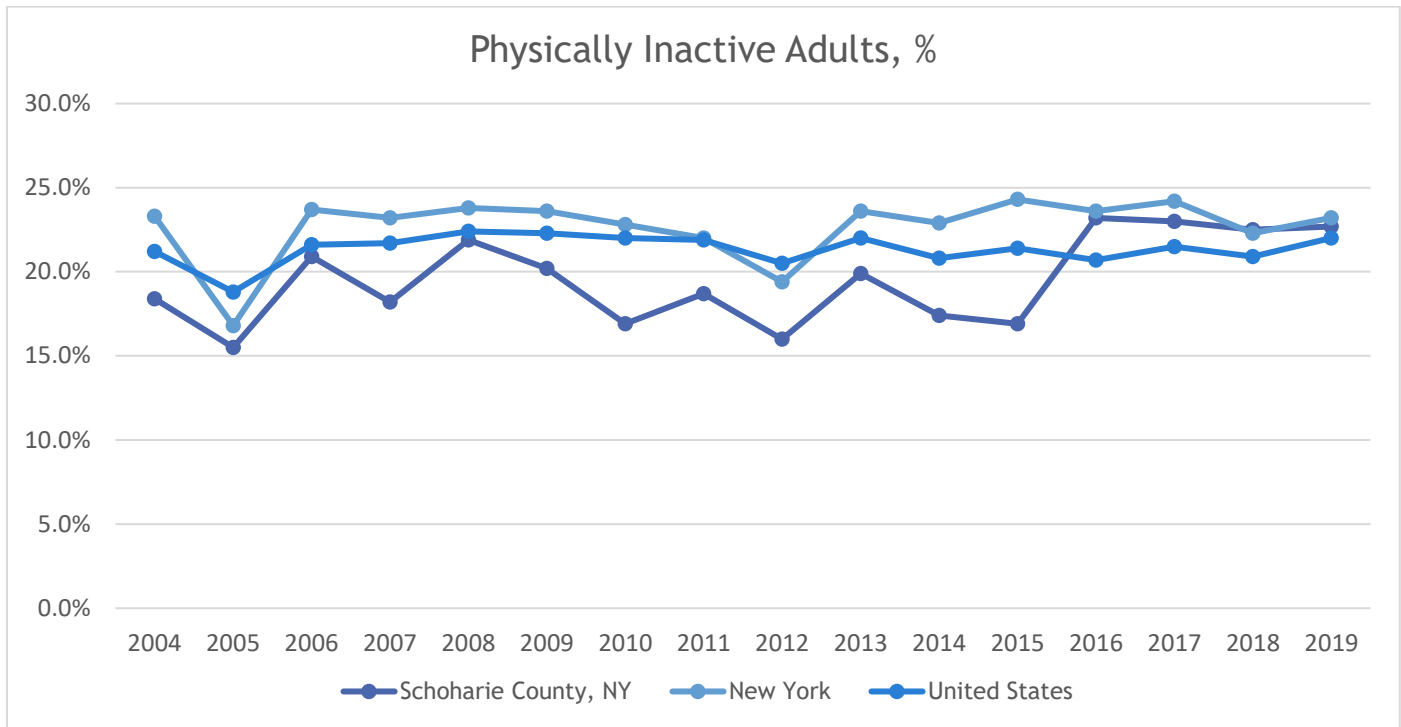
- Helps prevent unhealthy weight gain.
- Reduces the risk of many chronic diseases, such as heart disease, cancer, and type 2 diabetes.
- Helps reduce feelings of anxiety and improves sleep quality.
- Improves cognitive ability and reduces the risk of dementia.
- Improves bone and musculoskeletal health
- Improve sleep

In Schoharie County, the CDC National Health Interview System (NHIS) (2019) has stated that 22.7% of residents over the age of 20 years have no leisure-time physical activity, which is better than the New York state report (23.2%) and the United States (22.0%). However, while county residents are more active than those of the country and state, historical data does suggest that the percentage of inactive adults is increasing.

Report Area	Population Age 20+	Adults with No Leisure Time Physical Activity	Adults with No Leisure Time Physical Activity, %
Schoharie County, NY	24,398	5,953	22.7%
New York	14,933,541	3,559,756	23.2%
United States	239,878,217	54,200,862	22.0%

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

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

Adult Diabetes

Diabetes is a chronic disease associated with blood glucose (blood sugar) levels being too high. 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, Schoharie county residents reported an 8.9% 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
Schoharie County, NY	24,526	2,796	8.9%
New York	14,925,032	1,501,666	8.9%
United States	239,919,249	24,189,620	9%

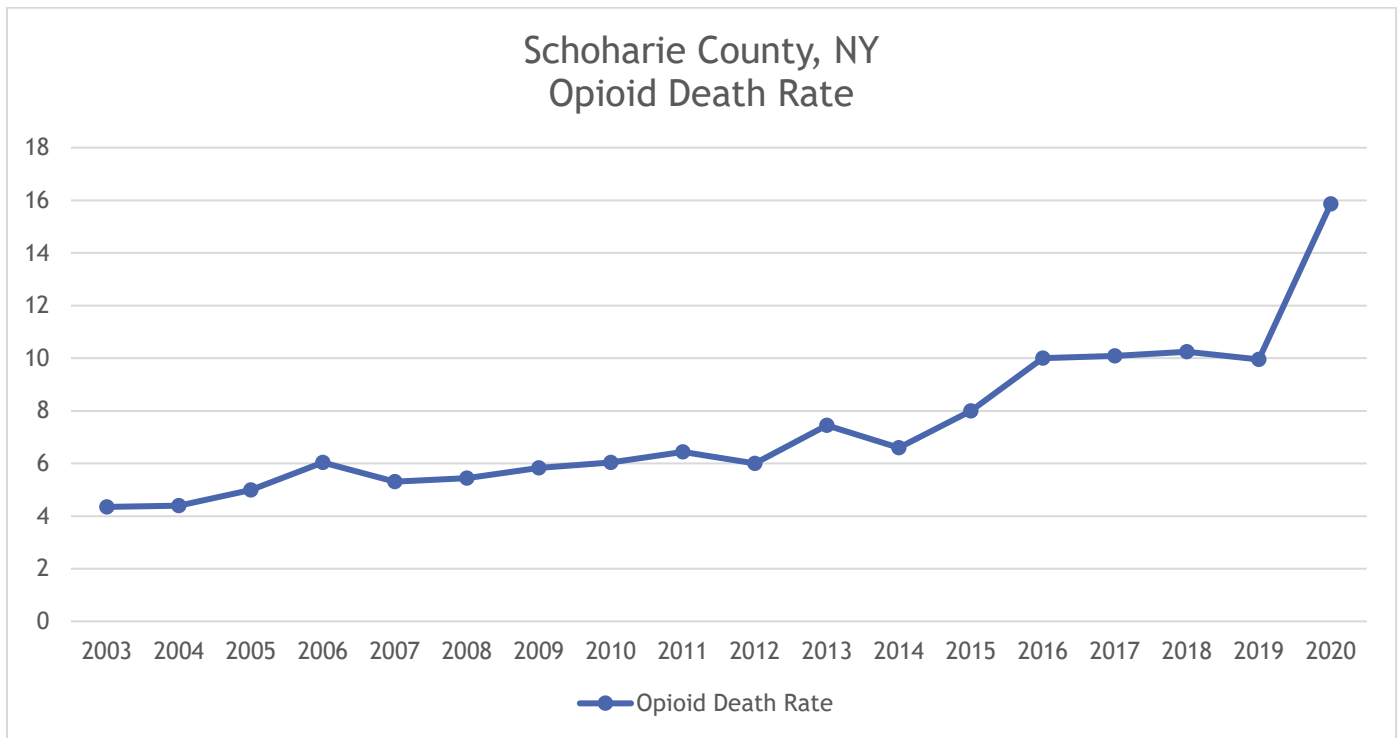
Centers for Disease Control and Prevention (CDC), National Health Interview Survey (2019)

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Evaluating the NYS Behavioral Risk Factor Surveillance System (2020), the percentage of adults aged 45 years and older who have had been tested for high blood sugar or diabetes remained 62.3% from 2016-2018, which is higher than the New York state percentage 61% (NYS Department of Health, 2022).

Drug Overdose Death

Drug overdose related deaths have been an ongoing problem in the United States for many years. Monitoring mortality rates related to drug overdose shows how the drug epidemic is evolving and can inform interventional work or policy. The CDC National Vital Statics System (NVSS) reports on the cause of death by county. Schoharie County continues to show a consistent increase in Opioid-related deaths from 2003 to current with a significant spike from 2019 to 2020.



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

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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.

The 2022 County Health Ranking database shows that 22% of the population report drinking in excess above the New York state (19%) for Schoharie county residents.

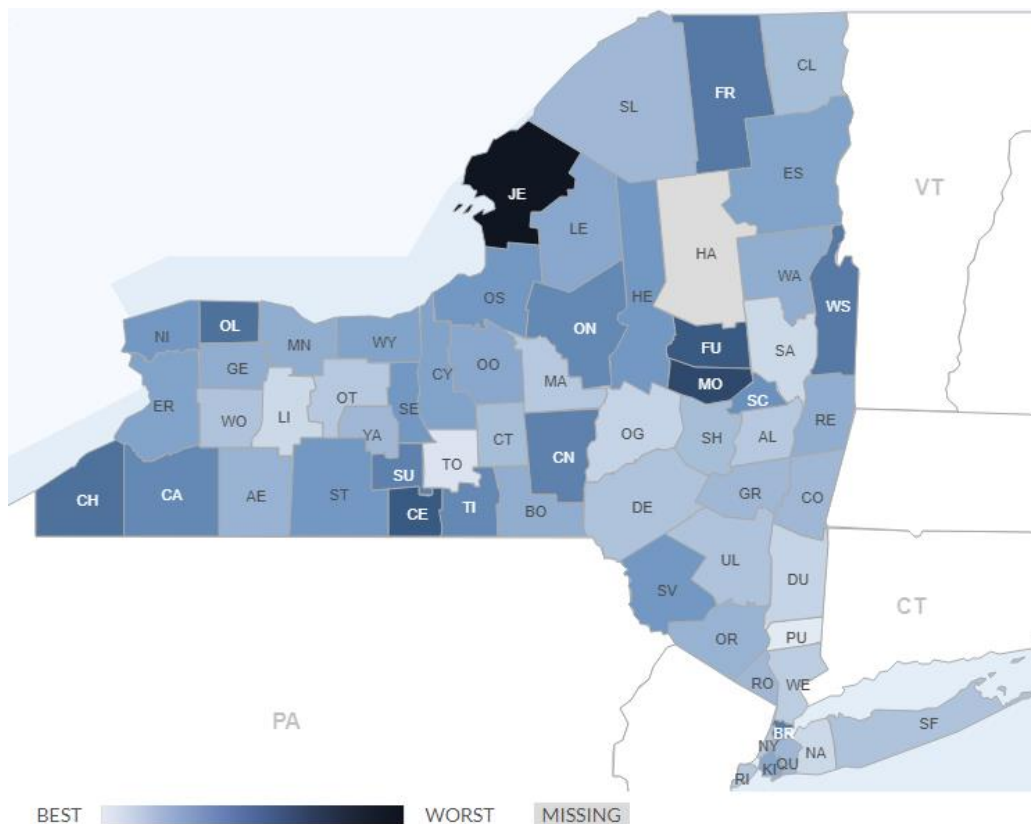
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Teen births

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 that nationally in 2019, racial disparities in the rate of teen births can be noted at 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).

Evaluating data for Schoharie county residents, the teen birth rate per 1,000 for 2020 was reported as 11, which is higher than the New York rate (13) per the County Health Rankings data. In the perspective of the New York state, the Schoharie county rate is near the median as far as other counties; it is not the best or the worst.



NOTE: University of Wisconsin Population Health Institute, County Health Ranking: Teen Birth, (2020)

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
- 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):

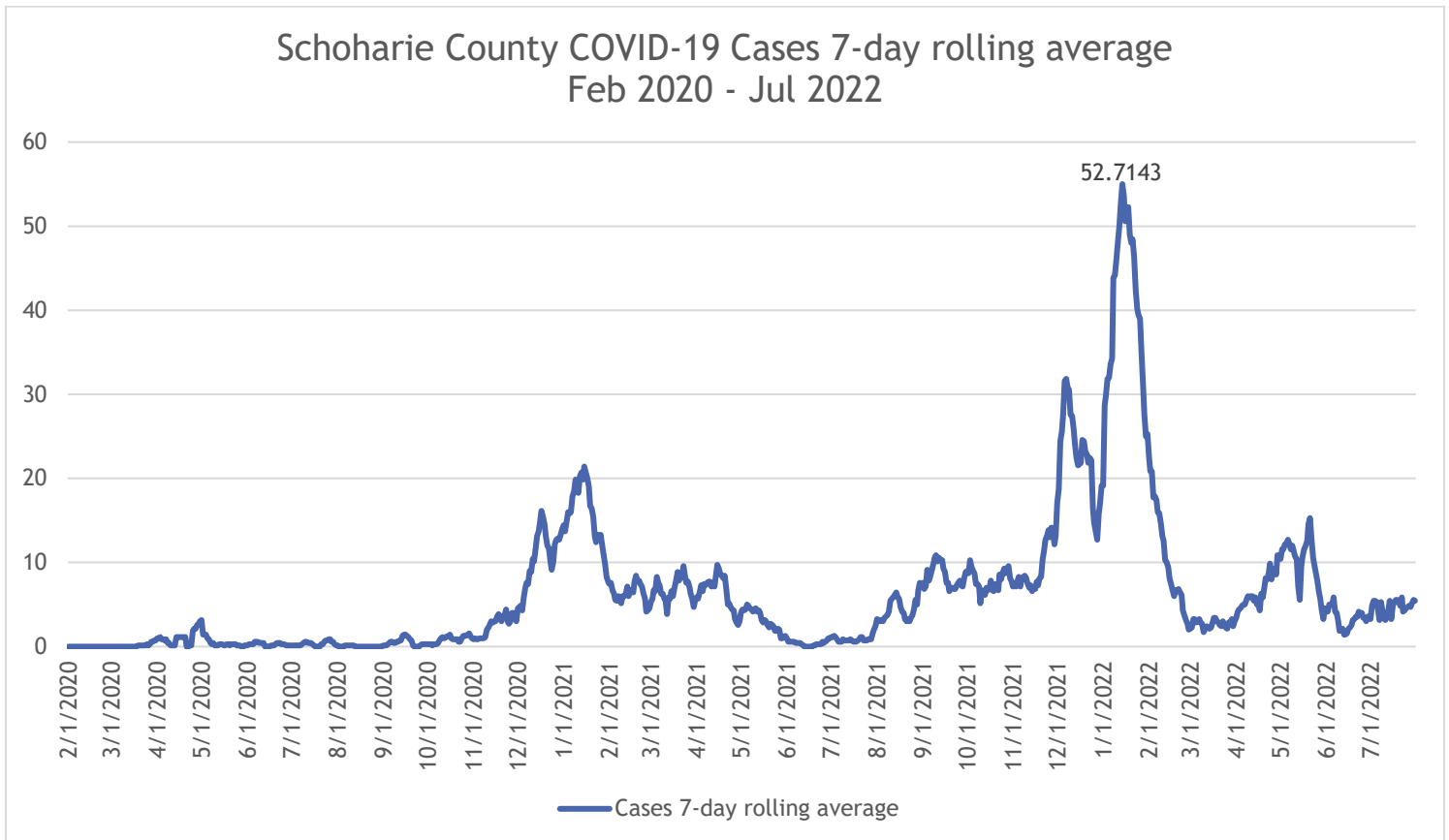
- Breathing infected respiratory droplets in the air
- Having infected droplets land in ones' eyes, nose, or mouth
- Touching eyes, nose, or mouth with hands that have COVID-19 on them

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

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



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

COVID-19 Community Vulnerability Index (CCVI)

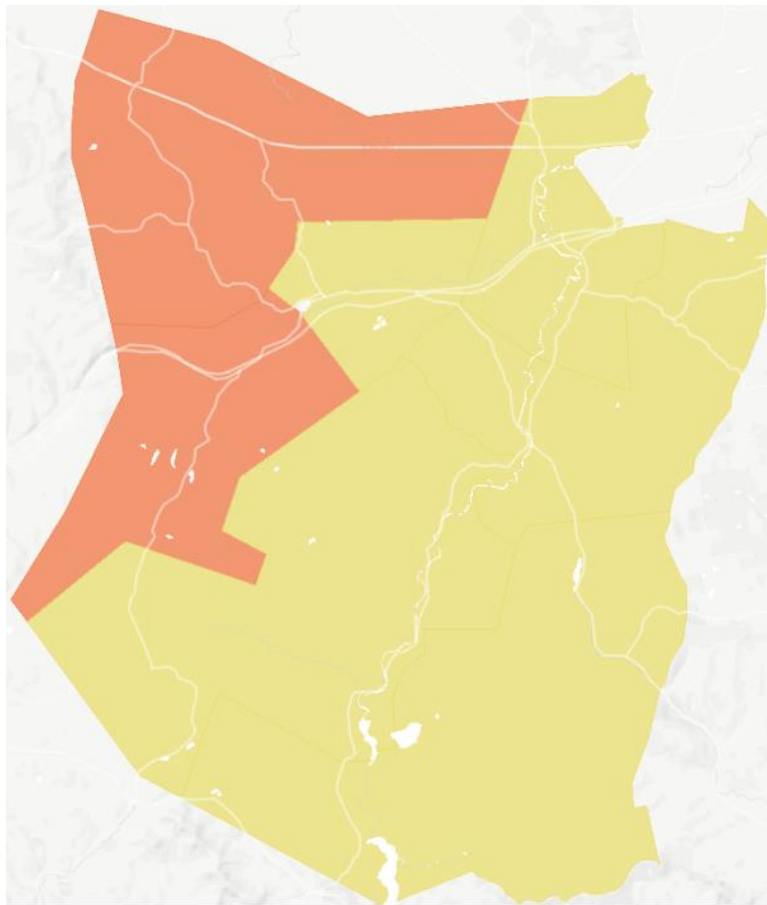
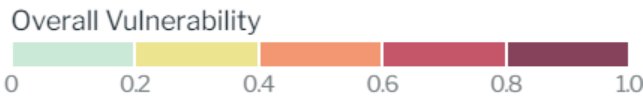
The COVID-19 Community Vulnerability Index (CCVI) assesses how well communities in the United States are prepared to respond to the health, economic, and social consequences of COVID-19. Initially developed by the City of Chicago, the CCVI has evolved for a more generic look at COVID-19 preparedness 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 Schoharie county, the score shows a Low score of 0.28 for Overall Vulnerability. The largest areas of concern among the 7 indicators are Household & Transportation, Population Density, and Healthcare Systems Factors. Reflecting on the information presented previously, there are pockets of high population density in small areas of the county, which contributes to the higher score of 0.54. Additionally, the more rural areas in Schoharie do not have transportation or are too far out from healthcare and other necessities.

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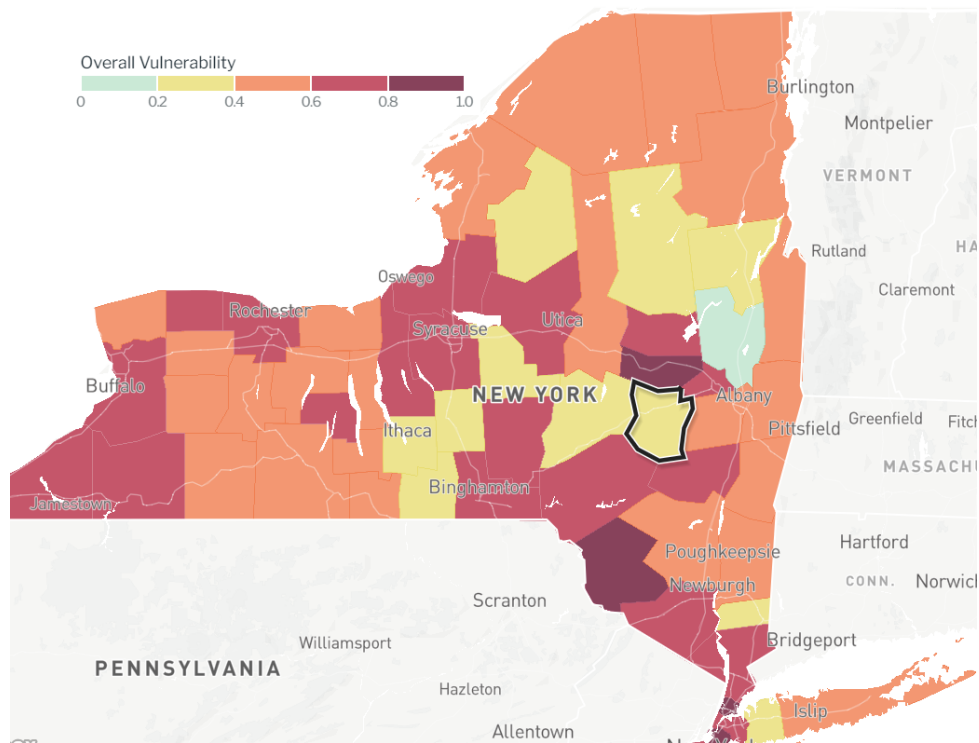


Indicator	Score
Overall Vulnerability	0.28
Socioeconomic Status	0.31
Minority Status & Language	0.24
Household & Transportation	0.60
Epidemiological Factors	0.39
Healthcare System Factors	0.67
High Risk Environments	0.07
Population Density	0.54



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

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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 ≥ 65 may receive a booster (CDC, 2022d). Overall, Schoharie county has a 57.7% of residents who are fully vaccinated (received all vaccines in the series appropriate for the brand), and 56.8% 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	19,243	17,885	10,165
% of Total Population	62.1%	57.7%	56.8%
Population ≥ 5 Years of Age	19,224	17,881	10,165
% Population ≥ 5 Years of Age	64.6%	60.1%	56.8%
Population ≥ 12 Years of Age	18,680	17,399	10,128
% Population ≥ 12 Years of Age	67.8%	63.1%	58.2%
Population ≥ 18 Years of Age	17,630	16,417	9,854
% Population ≥ 18 Years of Age	68.8%	64.1%	60.0%
Population ≥ 65 Years of Age	5,938	5,529	4,113
% Population ≥ 65 Years of Age	84.3%	78.5%	74.4%

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, as well as visiting other resident homes. In contrast there has been a decrease in traveling to workplaces.

Retail & recreation

+35% compared to baseline



Workplaces

-7% compared to baseline



Residential

+4% 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 Schoharie County.

CLIMATE SMART COMMUNITIES:

Based on the Climate Smart New York’s website, the project is a collaborative program of six agencies: the Department of Environmental Conservation, 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: building a climate-smart community; inventory emissions, setting goals, and planning for climate action; decreasing energy use; shifting to clean, renewable energy; using climate-smart materials management; implementing climate-smart land use; enhancing 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 village of Cobleskill passed a climate-smart resolution.

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. During the grant period, the Research Foundation worked with local municipalities to institute Complete Streets policies. 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 travelling as drivers, pedestrians, bicyclists, or public transportation riders.” In October 2017, the MVPHIP hosted Mark Fenton, a national public health, planning, and transportation consultant, who is also an adjunct associate professor at Tufts University's Friedman School of Nutrition Science and Policy to the Mohawk Valley region. Mr. Fenton conducted six workshops titled “Community Design for Economic, Environmental, and Public Health”. These workshops had participants thinking about how programs, projects, and policies like Complete Streets could improve the health of the economy, people, and the environment. One success related to his visit occurred in Schoharie County. The county formed a “Smart Team”. Their “Smart Team” provides technical assistance to municipalities in the county who would like to adopt a Complete Street policy or implement changes based on their existing policy.

FARM-TO-SCHOOL:

During the 2018-2019 school year, Schoharie Central School District received a grant from Vermont FEED. The grant included training at the Farm to School Institute in Shelburne Farms, Vermont. During the training, Schoharie Central School developed a comprehensive school-wide Farm to School action plan that included local procurement, utilizing outdoor learning spaces, and cultivating family and community connections. The training focused on the three Cs of classroom, community, and cafeteria.

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FLUORIDATION:

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. 69.6 percent of Schoharie County residents served by community water systems have optimally fluoridated water compared with 70.9 percent in New York State.

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 Schoharie County have policies: Hanoli, Inc.; Loder Apartments, Inc; Early Woodland in Cobleskill; and Midtown Estates in Richmondville. Another project focuses on smoke-free outdoor areas such as; parks, playgrounds, athletic fields, and beaches. TobaccofreeNY.org has a list of the following parks in Schoharie County that are 100% tobacco-free: the villages of Cobleskill, Esperance, Middleburgh, Richmondville, and Schoharie, and the town of Cobleskill as well as the Central Bridge Civic Association Inc. – Central Bridge Community Park and Morgan Crapser Village Green.

Other Unique Characteristics of the Community Impacting Health Status:

SCHOHARIE AREA LONG TERM (SALT) DEVELOPMENT:

SALT Development's projects seek to build the local economy by promoting Schoharie County's natural and cultural resources and building on their strong agricultural roots through dynamic, creative, and collaborative projects, as well as the power of creative placemaking. SALT continues to work in the area of preparedness. When disaster strikes, SALT is ready to serve and is included in the county's emergency plan. Meanwhile, SALT prepares children and families through its Kits for Kids program. SALT also works with regional partners to collect data, develop plans, seek funds and build local capacity so they can tackle the region's challenge with vacant and abandoned properties. SALT's Trails to Tales of Schoharie County website will serve as an educational tool to market local businesses and create opportunities for new businesses to develop and attract visitors. In response to plans developed in every community, SALT commits to increasing recreational opportunities.

SCHOHARIE FRESH

Schoharie Fresh is an online Farmers' Market. Customers can order fresh fruits, vegetables, and a variety of other products from Schoharie County farmers weekly and pick up their products from Carriage House Café & General Store on the SUNY Cobleskill's campus.

C. COMMUNITY ASSETS AND RESOURCES

Assets

1. Cobleskill Regional Hospital and Schoharie County Department of Health are participating partners in Bassett Healthcare Network's Leatherstocking Collaborative Health Partners (LCHP) which was Performing Provider System through the Delivery System Reform Incentive Payment (DSRIP) 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.
2. 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.
3. The Cancer Services Program (CSP) can assist in improving cancer screening rates (preventive care & management). CSP can assist in improving breast and cervical cancer screening rates. Their services include client reminders for enrolled clients, group education for all, one-on-one education for all, reducing structural barriers for all, and reducing client out-of-pocket-costs for all.
4. Catholic Charities of Delaware, Otsego, and Schoharie Counties work to alleviate food insecurity. They provide food and food vouchers to individuals. Referrals can be made to Catholic Charities to address food insecurity.
5. 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.
6. Schoharie County Council on Alcoholism and Substance Abuse, Inc. provide several programs to educate people about substance use disorders and prevention.
7. Mobile Crisis Assessment Team (MCAT) is a free mobile mental health service available to anyone within Schoharie 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.
8. 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

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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 Across All Policies approach, initiated in 2017, 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.”

9. 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 the impaired driving offender.
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. 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: COMMUNITY SERVICE PLAN/COMMUNITY HEALTH IMPROVEMENT PLAN

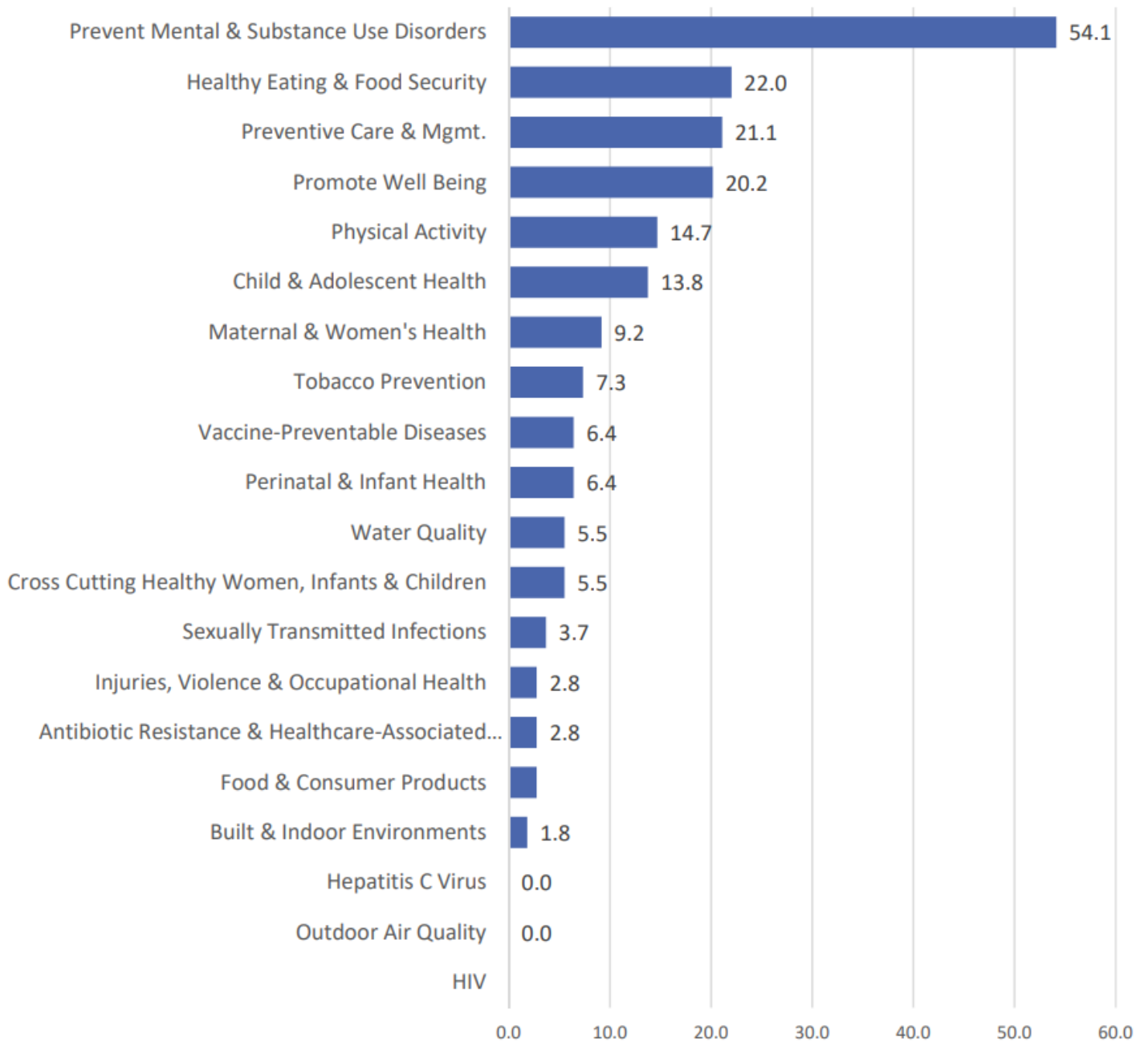
1. Identification of Priorities

In the previous cycle of the Community Service Plan/ Community Health Improvement Plan, 2019-2021, the Mohawk Valley Population health Improvement Program (MVPHIP) collaborated with Schoharie County Department of Health and Cobleskill Regional Hospital to compile a list of key informants. Those key informants represent a broad range of sectors, community interests and include organizations that represent the medically underserved, low-income, and minority populations. The key informants were invited to answer an online, short survey. In addition to inviting the key informants to answer the survey, the Schoharie County Department of Health used social media to publicize the survey. One hundred and nine respondents filled out the survey. Percentage of the Key Informant Organization's Primary Function The "other" category included veteran services, transportation providers, victim advocacy services, religious, firefighting, and medical marijuana cardholder.

2. Key Informants Priority Rankings

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

NYS Prevention Agenda Focus Areas



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3. Prior Action Plans:

NYS Prevention Agenda Priority: Prevent Chronic Diseases		
Focus Area 2: Physical Activity		
Goal: Increase access, for people of all ages and abilities, to indoor and/or outdoor places for physical activity		
Objectives: By December 31, 2021, increase the percentage of Schoharie County residents who report participating in leisure time physical activity in past 30 days from 72.6% to 76.2%		
Health Disparity Focus Area: Rural residents		
Interventions	Process Measures	Partner Roles and Resources
<p>Increase access, for Schoharie County residents of all ages and abilities, to indoor and/or outdoor places for physical activity through improving the physical outdoor environment around Cobleskill Regional Hospital.</p>	<ul style="list-style-type: none"> • Planning group convenes to formulate plan • Securing funds for providing safe access to Cobleskill Regional Hospital 	<p>Cobleskill Regional Hospital</p> <ul style="list-style-type: none"> • Explore opportunities and funding to extend sidewalks to provide safe access by walking, biking and wheeling to the hospital • Explore funding for an outdoor trail on hospital grounds • Utilizes earned media to promote any upgrades to the physical environment Convene planning group quarterly for progress and action planning <p>Schoharie County Planning</p> <ul style="list-style-type: none"> • Provides technical assistance for environmental changes • Attends planning group meetings <p>Schoharie County Office for the Aging</p> <ul style="list-style-type: none"> • Provides input from clients on needed changes to the environment Creating Healthy Schools & Communities • Provides technical assistance for environmental changes • Attends planning group meetings <p>Schoharie County Department of Health</p> <ul style="list-style-type: none"> • Attends planning group meetings
<p>Results: Percentage of adults who participate in leisure-time physical activity: 75.1%. Notable increase in rate however Objective not met.</p> <p>*COVID-19 reponse restricted some activities, ongoing efforts should net goal in upcoming years.*</p>		

NYS Prevention Agenda Priority: Promote Well-Being and Prevent Mental and Substance Use Disorders		
Focus Area 2: Mental and Substance Use Disorders Prevention		
Goal: Prevent opioid and other substance misuse and deaths		
Objectives: By December 31, 2021, decrease the rate of emergency department visits involving opioid overdose per 100,000 population from 57.5 to 54.6.		
Health Disparity Focus Area: Rural residents		
Interventions	Process Measures	Partner Roles and Resources
Build support systems to care for Schoharie County opioid users who are at risk of an overdose through the exploration of the Overdose Detection Mapping Application (ODMAP) as a surveillance tool to track overdoses in Cobleskill Regional Hospital’s Emergency Department.	<ul style="list-style-type: none"> • Establish surveillance protocol for ODMAP. • Establish responses to individuals identified through ODMAP. • Implement protocol and response. 	<p>Schoharie County Department of Health</p> <ul style="list-style-type: none"> • Review and explore the application of ODMAP for programs and interventions • Establish ODMAP protocol with partners • Convenes partners quarterly to review progress and action planning <p>Cobleskill Regional Hospital</p> <ul style="list-style-type: none"> • Explore providing Emergency Department overdose data to the county for surveillance <p>Schoharie County Chemical Dependency Clinic</p> <ul style="list-style-type: none"> • A referral partner for individuals who overdosed
Results: ED Visit rate less than 10 (Actual number suppressed due instability calculating ration from the low numerator. Objective met.		

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NYS Prevention Agenda Priority: Promote Well-Being and Prevent Mental and Substance Use Disorders		
Focus Area 2: Mental and Substance Use Disorders Prevention		
Goal: Prevent and address adverse childhood experiences (ACEs)		
Objectives: By December 31, 2021, reduce the rate of Schoharie County children/youth in indicated reports of abuse/maltreatment rate per 1,000 from 29.0 to 27.5.		
Health Disparity Focus Area: Rural residents utilizing the Department of Social Services		
Interventions	Process Measures	Partner Roles and Resources
Grow resilient Schoharie County communities through ACEs education, engagement, activation/mobilization, and celebration.	<ul style="list-style-type: none"> • Number of organizations educated. • Number of community residents who participate in ACEs discussions. 	<p>Schoharie County Department of Health</p> <ul style="list-style-type: none"> • Plans educational outreach to organizations and individuals • Hosts awareness campaigns utilizing small media • Convenes ACEs coalition members monthly to review progress and action planning <p>Schoharie County Department of Social Services</p> <ul style="list-style-type: none"> • ACEs education with clients and promotion of educational opportunities
Results: Indicated reports of abuse/maltreatment, rate per 1,000 children - aged 0-17 years: 25.7. Objective met.		

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.

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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

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<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 multidrug 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 Schoharie 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 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 859 individuals responded to the CE survey providing a 3.35% response rate (Population: 25,628, 18 years of age ≤). Outside of verifying county of residence, no question was required, any question could be left blank, and all surveys were collected anonymously.

Respondent Demographics

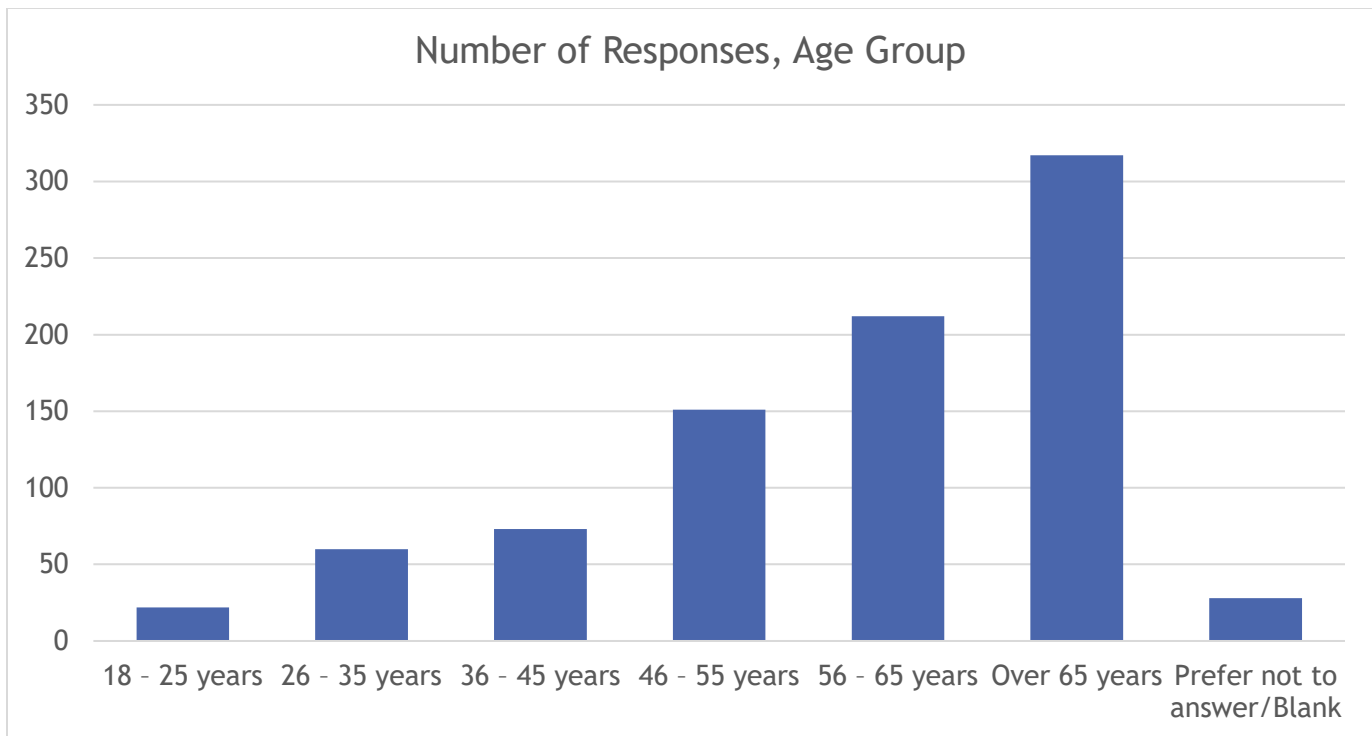
Representation was provided for each town in the county. Below are the responses and % of the town that is represented. Town populations and rates are calculated from the Sub-county Resident Population Estimates 2021, US Census. There were 230 respondents who left their town of residence blank; the reasoning is unknown; an additional question confirmed Schoharie County, NY residence, and all respondents confirmed they were residents.

Town	Responses	2021 Population Estimate	Town Population, %
Blenheim	12	312	3.85%
Broome	8	871	0.92%
Carlisle	32	1,780	1.80%
Cobleskill	145	6,045	2.40%
Conesville	12	692	1.73%
Esperance	27	1,814	1.49%
Fulton	16	1,210	1.32%
Gilboa	23	1,139	2.02%
Jefferson	39	1,344	2.90%
Middleburgh	65	3,131	2.08%
Richmondville	55	2,486	2.21%
Schoharie	64	3,137	2.04%
Seward	40	1,600	2.50%
Sharon	39	1,701	2.29%
Summit	33	1,075	3.07%
Wright	17	1,526	1.11%
Sharon Springs	2	504	0.40%

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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	Responses, %
18 – 25 years	22	2.6%
26 – 35 years	60	7.1%
36 – 45 years	73	8.7%
46 – 55 years	151	18.0%
56 – 65 years	212	25.2%
Over 65 years	317	37.7%
Prefer not to answer	6	0.7%
Blank	22	2.6%



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

Race	Number of Respondents
White	776
Native American or Alaska Native	3
African American/Black	5
Native Hawaiian or Pacific Islander	1
Asian	1
Multiple Races	10
Prefer not to answer	42
Don't know	7

Ethnicity	Number of Respondents
Hispanic or Latino	15
Not Hispanic or Latino	715
Don't know	24
Prefer not to Answer	79

The gender of respondents was predominantly Female.

Gender	Number of Respondents
Female	581
Male	248
Gender nonconforming	0
Transgender Female	1
Transgender Male	0
Genderqueer/Non-binary	5
Prefer not to answer	6
Don't know	2
Other	1

Schoharie County & Cobleskill Regional Hospital Community Health Needs Assessment

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 the presence of a higher learning institution and the healthcare institutions in the county.

Highest level of Education	Number of Respondents
Less than high school	13
High school graduate or GED	127
Some college, no degree	154
2-year college degree	145
4-year college degree	174
Graduate degree	201
Trade school	23
Prefer not to answer	5

Healthy Community

Respondents were asked to pick the top five most important features of a healthy community; below is a list of the top five of those responses. There were 13 individuals who left this question blank.

Community feature	Responses, %
Access to healthcare (family doctor, hospitals, etc.)	64.1%
Healthy, and affordable foods close to where you live	58.4%
Low crime rates	50.2%
A clean environment (no pollution/trash in public spaces including parks, playgrounds, and lakes)	44.0%
Good Schools	42.1%

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, 31 individuals left this question blank.

Health Problems	%, Responses
Obesity in adults	60.8%
Mental health issues	56.7%
Addiction to alcohol or drugs	55.0%
Diabetes	42.1%
Obesity in children	38.3%

Schoharie County & Cobleskill Regional Hospital Community Health Needs Assessment

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 on limited access to dental care, limited access to medical care, high cost of medical care, inaccessibility to healthy foods, and lack of mental health providers.

Health Behavior/Social factors

Respondents were asked to pick the top five health behaviors or social factors in their community that are 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	64.1%
Unhealthy eating	53.1%
Not enough physical activity	43.4%
Abuse (emotional/physical/sexual)	49.8%
Smoking or tobacco use	37.2%

Community Feedback: Health Behavior/Social Factors

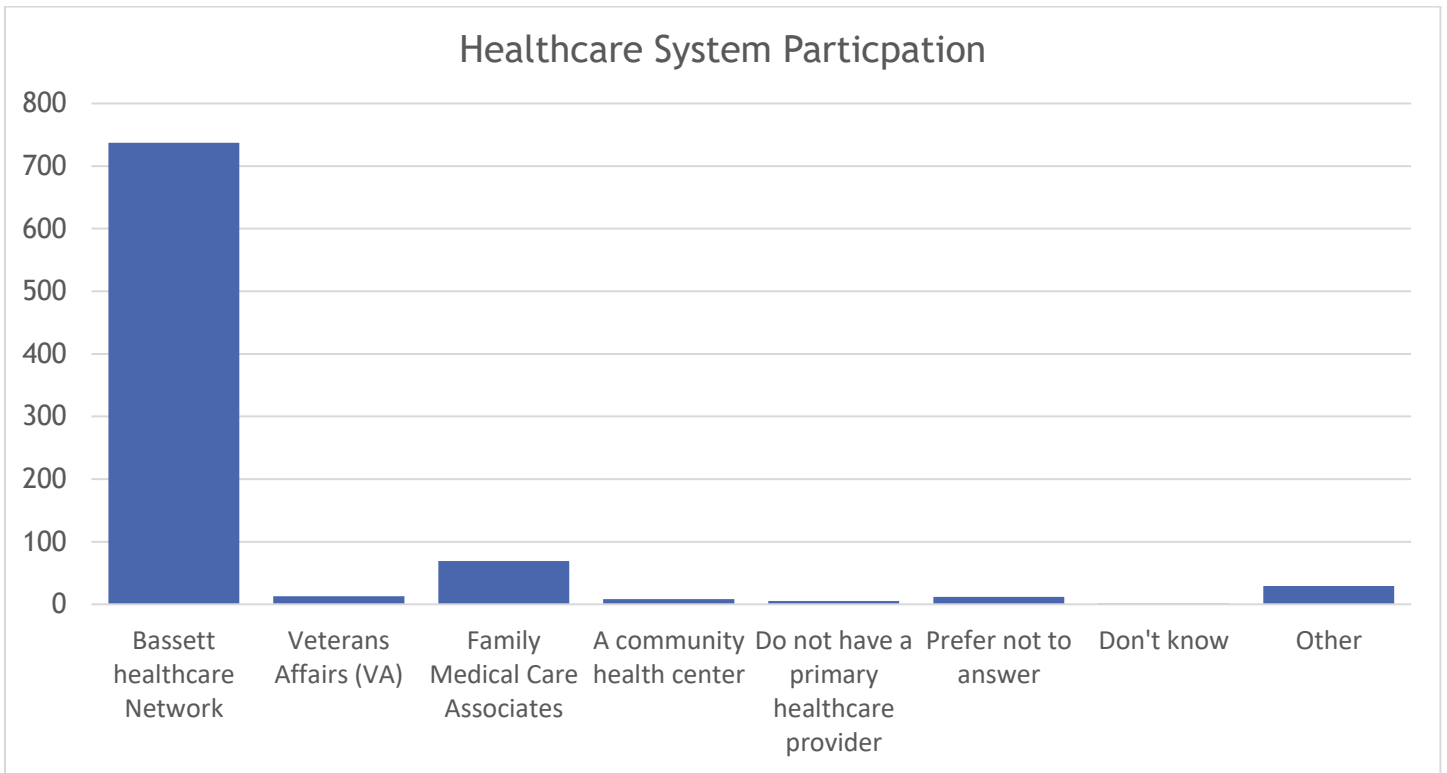
Respondents were given the opportunity to write any additional comments regarding the health behavior and social factors in their community; 60 individuals wrote comments. A vast majority of the community feedback comments revolved around isolation, lack of social cohesion, and lack of public areas for physical activity and or interaction.

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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 (27 did not), 88.2% received primary care from the Bassett Healthcare Network. Most of those who replied “Other” stated they were patients of the Albany Medical Center, Capital Care, St. Mary’s Healthcare, St Peter’s Health Partners, Wellness urgent care, and United Health Systems.



Health System Issues

Respondents were asked to pick the top five issues they believe are the biggest problems for Schoharie County. The below table represents the top five of those responses.

Health System Problems	Responses, %
High cost of healthcare	63.5
High cost of prescription medications	57.4
Access to mental health services	51.8
Lack of transportation to medical appointments	35.0
Access to a regular doctor or health care provider	34.5

Schoharie County & Cobleskill Regional Hospital Community Health Needs Assessment

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; 230 individuals left this question blank.

Medical Appt Difficulties	Responses, %
Lack of available providers (not accepting patients)	42.5%
Fear of COVID exposure	30.6%
Office hours	31.6%
Delay because COVID testing is required first	25.8%
Location	28.9%

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.

Provider Experience	Responses, %
Not providing continuous care from the same provider at each visit	45.3%
Not listening	38.6%
Not spending enough time with patients	31.1%
Does not understand you or your experience	36.4%
Judging patients (stigma or discrimination)	26.0%

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 306 individuals. One answer had a significantly higher response than any other answer; 74.7% of respondents reported "too long of a wait to get an appointment".

Schoharie County & Cobleskill Regional Hospital Community Health Needs Assessment

Stakeholder Survey

The Stakeholder survey was developed to get the perceived problems/barriers to health equity in Schoharie 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 49 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	22.4%	
Program/Project Manager	28.6%	
Community member	12.2%	
Other	36.7%	Director Executive Director Public Health Technician Superintendent EMT IPA/Lead Navigator Medical Director LMHC Licensed Staff Clinician Physician Weights and Measure Inspector

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Community Sector (Agency)	%, Respondents	
Business	2.0%	
Housing	6.1%	
Law Enforcement/corrections	10.2%	
Disability services	6.1%	
Employment/job training	2.0%	
Emotional, Behavioral Health Provider	14.3%	
Early Childhood	4.1%	
Public Health	26.5%	
Recreation	2.0%	
School (K-12)	6.1%	
Fire Department/ Emergency Services	8.2%	
Seniors/Elderly	2.0%	
Social Services	8.2%	
Food/nutrition	4.1%	
Substance Use, Prevention, Education, Treatment, Recovery	8.2%	
Health based Community Organization	8.2%	
Veterans	2.0%	
Health care provider	4.1%	
Health Insurance Plan	2.0%	
Other	8.2%	Scales Municipal

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.

Schoharie County & Cobleskill Regional Hospital Community Health Needs Assessment

Prevent Chronic Disease

Goal	% Assist
Increase access to healthy and affordable foods	26.2%
Increase knowledge to support healthy food and beverage choices	38.1%
Increase food security	19.0%
Improve community environments that support active transportation and recreational physical activity for people of all ages and abilities	21.4%
Promote school, childcare, and worksite environments that increase physical activity	16.7%
Increase access to indoor and/or outdoor places for physical activity for people of all ages and abilities	9.5%
Prevent initiation of tobacco use	16.7%
Promote tobacco use cessation	23.8%
Eliminate exposure to secondhand smoke	7.1%
Increase cancer screening rates	11.9%
Early detection of cardiovascular disease, diabetes, prediabetes, and obesity	21.4%
Promote evidence-based care to prevent and manage chronic diseases including asthma, arthritis, cardiovascular disease, diabetes, prediabetes, and obesity	19.0%
Improve self-management skills for individuals with chronic diseases, including asthma, arthritis, cardiovascular disease, diabetes, prediabetes, and obesity	40.5%

Promote a Healthy and Safe Environment

Goal	% Assist
Reduce falls among vulnerable populations	27.5%
Reduce violence by targeting prevention programs, particularly to highest risk populations	45.0%
Reduce occupational injury and illness	20%
Reduce traffic-related injuries for pedestrians and bicyclists	17.5%
Reduce exposure to outdoor air pollutants	5.0%
Promote healthy home and school environment	55.0%
Protect water sources and ensure quality drinking water	27.5%
Raise awareness of the potential presence of chemical contaminants and promote strategies to reduce exposure (food-water-air)	17.5%
Improve food safety management	15.0%

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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	37.9%
Reduce maternal mortality & morbidity	10.3%
Reduce infant mortality & morbidity	10.3%
Increase breastfeeding	17.2%
Support and enhance children/adolescents' social-emotional development and relationship	69.0%
Increase supports for children and youth with special health care needs	55.2%
Reduce dental caries among children	17.2%
Reduce racial, ethnic, economic, and geographic disparities in maternal and child health outcomes, and promote health equity for maternal and child health populations	37.9%

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	34.1%
Prevent opioid and other substance misuse and deaths	41.0%
Prevent and address adverse childhood experiences (ACES)	51.3%
Reduce the prevalence of major depressive disorders	17.9%
Prevent suicides	46.2%
Reduce the mortality gap between those living with serious mental illness and the general population	20.5%

Prevent Communicable Disease

Goal	%, Assist
Increase education and outreach for improving overall immune health (preventive hygiene, clean diet, clean water, supportive nutritional supplementation)	81.8%
Decrease HIV morbidity (new HIV diagnoses)	0.0%
Increase viral suppression (environmental hygiene practices)	24.2%
Reduce the annual rate of growth for STIs	6.1%
Increase the identification of persons with Hepatitis C Virus (HCV) for treatment	9.1%
Reduce the number of new HCV cases among people who inject drugs	3.0%
Improve infection control in healthcare facilities	36.4%
Reduce infections caused by multidrug-resistant organisms and C. difficile	9.1%
Reduce inappropriate antibiotic use (humans and livestock food sources)	9.1%
Improve vaccination rates	60.6%

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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	56.8%
Provide knowledge of and/or access to potential sources of funding (grants, philanthropy)	11.4%
Facilitate access to committees, work groups, and coalitions, currently working to achieve the selected goals	22.7%
Participate in committees, workgroups, and coalitions to help achieve the selected goals	50.0%
Share knowledge of community resources (e.g. food, clothing, housing, transportation, etc.)	45.5%
Facilitate access to populations your organization/agency serves (to encourage participation in programs, and provide feedback about health improvements)	15.9%
Promote health improvement activities/events through social media and other communication channels your organization/agency operates	20.5%
Share program-level data to help track progress in achieving goals	9.1%
Provide in-kind space for health improvement meetings/events	11.4%
Offer periodic organizational/program updates to community stakeholders	9.1%
Provide staff time to help conduct goal-related activities	15.9%
Provide letters of support for planned health improvement activities	6.8%
Sign partnership agreements related to community-level health improvement efforts	6.8%
Assist with data analysis	38.6%
Offer health related-educational materials	9.1%
Other	

Interested in Being Contacted

Of the 21 Individuals representing stakeholders, 36.2% (17) stated they would like to be contacted, 63.8% (30) stated they would not like to be contacted, and 2 respondents left the question blank.

Schoharie County & Cobleskill Regional Hospital Community Health Needs Assessment

Health Concerns

Stakeholder respondents were asked to identify five health concerns affecting Schoharie County. The highest percentage of responses were mental health, obesity, and the use of illicit drugs.

Health Concern: Chronic Conditions	%, Response
Alzheimer's disease/dementia	10.4%
Arthritis	2.1%
Autism	2.1%
Cancers	22.9%
Diabetes	37.5%
Disability	6.3%
Heart Disease	20.8%
High Blood Pressure	27.1%
Overweight or obesity	56.3%
Respiratory disease	0.0%

Health Concern: Communicable Disease	%, Response
Infectious disease	2.1%
Hepatitis C	0.0%
Sexually Transmitted Infections	4.2%
Insect related disease	4.2%
HIV/AIDS	0.0%

Health Concern: General Health	%, Response
Infant/ child/adolescent physical health	14.6%
Senior health	20.8%
Infant/ child/adolescent emotional health	14.6%
Maternal health	0.0%
LGBTQ health	0.0%
Dental health	8.3%

Health Concern: Socio-economic	%, Response
Adverse childhood experiences	25.0%
Hunger	14.6%
Social connectedness	25.0%
Unintended teen pregnancy	0.0%

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Health Concern: Safety	%, Response
Violence (assault, firearm related)	2.1%
Exposure to air and water pollutants/hazardous material	0.0%
Motor vehicle safety (impaired/distracted driving)	4.2%
Food safety	0.0%
Falls	8.3%
Pedestrian/bicyclist accidents	0.0%
Domestic Abuse/violence	14.6%
Sexual assault/rape	0.0%
Drinking water quality	0.0%
Emergency services	10.4%

Health Concern: Mental Health/ Substance Use	%, Response
Mental Health conditions	45.8%
Suicide	6.3%
Prescription drug abuse	8.3%
Street substance abuse	29.2%
Underage drinking/excessive adult drinking	8.3%
Tobacco use/nicotine addiction (Smoking/vaping/chewing)	8.3%

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	4.3%
Problems with internet access	4.3%
Lack of education, vocational, or job-training options for adults	21.3%
Lack of opportunities for people with physical limitations or disabilities to attain health	4.3%
Lack of employment options	10.6%
Lack of substance use disorder services	21.3%
Lack of health insurance	10.6%
Poor access to healthy food and beverage options	14.9%
Lack of chronic disease screening, treatment, and self-management services	12.8%
Poor access to public places for physical activity and recreation	17.0%
Poor referral to health care, specialty care, and community-based support services	21.3%
Lack of preventive/primary healthcare services (screenings, annual check-ups)	8.5%
Lack of specialty care and treatment	10.6%

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Health Factors: Socio-economic	%, Response
Age of residents	19.1%
Changing family structures	19.1%
Discrimination/racism	4.3%
Food insecurity	4.3%
Health care costs	12.8%
Homelessness	19.1%
Lack of connections in the community	21.3%
Shortage of child care options	6.4%
Lack of cultural and enrichment programs	4.3%
Inadequate/unaffordable housing options	10.6%
Lack of social support for community	10.6%
Poor educational attainment	17.0%
Poor community engagement and connectivity	12.8%
Unemployment/low wage	8.5%
Transportation problems	19.1%
Poverty	36.2%
Quality of schools	0.0%
Low health literacy (inability to understand health information)	10.6%

Health Factors: Safety	%, Response
Crime/violence	0.0%
Poor infrastructure (roads, bridges, etc.)	0.0%
Domestic violence and abuse	14.9%
Environmental quality	2.1%
Exposure to secondhand smoke from tobacco products or e-cigarettes (vape)	0.0%
Community walkability	2.1%

Health Factors: Self-Care/Mental Health/Addiction Issues	%, Response
Inadequate physical activity	12.8%
Inadequate sleep	2.1%
Late or no prenatal care	2.1%
Poor eating/dietary practices	21.3%
Excessive screen time	10.6%
Stress (work, family, school, etc.)	25.5%
Addiction to alcohol	21.3%
Addiction to illicit drugs	29.8%
Addiction to nicotine	8.5%

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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
41	5	8	140	3.41	3	3

	Response: 1	Response: 2	Response: 3	Response: 4	Response: 5
Instances	1	4	17	15	4

Social and Community Context

Total Responses	Unique responses	Missing Response	Sum	Mean	Median	Mode
42	5	7	108	2.57	3	3

	Response: 1	Response: 2	Response: 3	Response: 4	Response: 5
Instances	6	13	17	5	1

Health Care Access and Quality

Total Responses	Unique responses	Missing Response	Sum	Mean	Median	Mode
42	5	7	126	3	3	3

	Response: 1	Response: 2	Response: 3	Response: 4	Response: 5
Instances	3	11	14	11	3

Economic Stability

Total Responses	Unique responses	Missing Response	Sum	Mean	Median	Mode
43	5	6	111	2.58	3	3

	Response: 1	Response: 2	Response: 3	Response: 4	Response: 5
Instances	10	11	12	7	3

Neighborhood and Built Environment

Total Responses	Unique responses	Missing Response	Sum	Mean	Median	Mode
42	5	7	121	2.88	3	3

	Response: 1	Response: 2	Response: 3	Response: 4	Response: 5
Instances	8	7	14	8	5

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Populations with Poor Outcomes

The final question requested the respondents to identify who 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 Schoharie County, NY.

Population	%, Response
Specific racial or ethnic groups	0.0%
Individuals living with mental health issues	40.9%
Children/adolescents	4.5%
Individuals living in rural areas	11.4%
Females of a reproductive age	0.0%
Migrant workers	2.3%
Senior/Elderly	31.8%
Individuals with disability	0.0%
Other	9.1%

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 Schoharie County was collated. Schoharie County, while full of a unique, rural culture, does have disparities among the population. 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
- Poor Health status



- Cost burdened housing
- Food insecurity
- Low income



- Low rate of college diploma



- Limited public transportation
- Low personal vehicle access
- Presence of substandard housing
- Cost burdened housing
- Areas of low access to healthy food
- Low internet connectivity
- Low access to mobile networks



- Low population density
- Social Isolation
- Aging in place population

3. Priority Action Plan

Cobleskill Regional Hospital has agreed to adopt the 2022-2024 Priority Action Plan.

NYS Prevention Agenda Priority: Promote Well-Being and Prevent Mental and Substance Use Disorders		
Focus Area 2: Prevent Mental and Substance Use Disorders		
Goal 2.2: Prevent opioid and other substance misuse and deaths		
<p>Objective:</p> <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 Schoharie County Council on Alcoholism and Substance Abuse (SCCASA) <p>*Data from County Health Rankings</p>		
Target Demographic: Schoharie County residents with addiction-related conditions		
Intervention	Process Measures	Partner Roles and Resources
<p>Patients arriving in CRH ED or Cobleskill Primary Care Clinic who have addiction concerns are to be referred to SCCASA with immediate connection in the facility, or information to be sent to SCCASA for follow-up.</p>	<ul style="list-style-type: none"> • Number of successful referrals 	<p>Bassett Healthcare Network</p> <ul style="list-style-type: none"> • Lead meeting sessions • Assist in network and leadership support • Assist with tracking mechanisms <p>Cobleskill Regional Hospital</p> <ul style="list-style-type: none"> • Attend collaboration meetings • Contact SCCASA to perform in “room” connection with the patient • Forward patient information to SCCASA if immediate connection is not desired or possible • Track patient referrals <p>Cobleskill Primary Care</p> <ul style="list-style-type: none"> • Attend collaboration meetings • Provide SCCASA contact information to appropriate patients • Display SCCASA poster in patient rooms <p>Schoharie County Council on Alcoholism and Substance Abuse (SCCASA)</p> <ul style="list-style-type: none"> • Attend collaborative meetings • Provide in-facility connections with patients when possible • Provide addiction counseling • Link patients to rehabilitation facilities • Track patient referrals

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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 life span		
Objective: Reduce the percentage of individuals reporting poor or fair health to 5%.*		
*Data from County Health Rankings		
Target Demographic: Schoharie County residents		
Intervention	Process Measures	Partner Roles and Resources
Create a system of care document that meets a lower level of literacy and familiarity with available social programs.	<ul style="list-style-type: none"> • Document creation • Website activity 	<p>Bassett Healthcare Network</p> <ul style="list-style-type: none"> • Attend collaboration meetings • Provide contacts for service connection • Document promotion <p>Cobleskill Regional Hospital</p> <ul style="list-style-type: none"> • Attend collaboration meetings • Provide contacts for service connection • Document promotion <p>Schoharie County Mental Health</p> <ul style="list-style-type: none"> • Attend collaboration meetings • Provide contacts for service connection • Document promotion <p>Schoharie County Public Health</p> <ul style="list-style-type: none"> • Attend collaboration meetings • Provide contacts for service connection • Create document • Document promotion <p>Schoharie County</p> <ul style="list-style-type: none"> • Publish the completed document on the county government website

NYS Prevention Agenda Priority: Promote Healthy Women, Infants, and Children		
Focus Area 4: Cross-cutting Healthy Women, Infants, and Children		
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		
Objective: Increase the number of Public Health connections with pregnant women before delivery by 20%		
Target Demographic: Pregnant women living in Schoharie County		
Intervention	Process Measures	Partner Roles and Resources
New referral workflow for Bassett Healthcare Network OB, Pediatric, and Primary Care clinics; if given permission by the patient, identified BHN facilities will send the name, delivery date, and phone number of pregnant mothers to Schoharie Public Health (SPH). SPH will contact the patient to offer a number of available resources to the mother for their expected child (ex: car seats, health education, etc.).	Number of successful referrals to SPH	Bassett Healthcare Network (BHN) <ul style="list-style-type: none"> Attend collaboration meetings Cobleskill Regional Hospital <ul style="list-style-type: none"> Attend collaboration meetings Facilitate referral program BHN Schoharie Health Center <ul style="list-style-type: none"> Attend collaboration meetings Refer patients BHN Middleburgh Health Center <ul style="list-style-type: none"> Attend collaboration meetings Refer patients BHN Cobleskill Health Center <ul style="list-style-type: none"> Attend collaboration meetings Refer patients Schoharie County Public Health <ul style="list-style-type: none"> Attend collaboration meetings Contact patients to offer services

4. Stakeholder Engagement

The Bassett Healthcare Network, Cobleskill Regional hospital, and Schoharie 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’s Cobleskill Regional Hospital and Schoharie 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.

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Attachments:

Attachment A: Schoharie County Community Engagement Survey



Schoharie 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 Schoharie 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 Schoharie 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 the Schoharie County Department of Health office at 518-295-8365. Thank you for your time and effort!

Demographics: Understanding how individuals from different backgrounds feel about health issues in Schoharie 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 Schoharie County, NY? Yes No * Schoharie County residents ONLY*

2. What town/city do you live in?

<input type="checkbox"/> Blenheim	<input type="checkbox"/> Broome	<input type="checkbox"/> Carlisle	<input type="checkbox"/> Cobleskill
<input type="checkbox"/> Conesville	<input type="checkbox"/> Esperance	<input type="checkbox"/> Fulton	<input type="checkbox"/> Gilboa
<input type="checkbox"/> Jefferson	<input type="checkbox"/> Middleburgh	<input type="checkbox"/> Richmondville	<input type="checkbox"/> Schoharie
<input type="checkbox"/> Seward	<input type="checkbox"/> Sharon	<input type="checkbox"/> Summit	<input type="checkbox"/> Wright

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	

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5. Your ethnicity:

- Hispanic or Latino Not Hispanic or Latino Don't know Prefer not to answer

6. Your gender:

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

7. Your highest education level:

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

Healthy Community

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

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

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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"/> Air pollution |
| <input type="checkbox"/> Lead poisoning in children or homes | <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 Schoharie 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) | |

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

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

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

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

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

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

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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:

- | | |
|--|---|
| <input type="checkbox"/> lack of transportation | <input type="checkbox"/> office hours |
| <input type="checkbox"/> location | <input type="checkbox"/> fear of COVID exposure |
| <input type="checkbox"/> lack of childcare | <input type="checkbox"/> delay because COVID testing is required first |
| <input type="checkbox"/> not having sick leave at work | <input type="checkbox"/> lack of available providers (not accepting patients) |

Feeling like your provider:

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

Having difficulty because:

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

Thank you for taking the time to support the Schoharie 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 Schoharie County Department of Health at 518-295-8365.

Attachment B: Schoharie 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 Schoharie County. If you have questions concerning this survey, call Schoharie County Department of Health at 518-295-8365.

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 community organization
- 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:_____.

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.

5. 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 Schoharie 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

6. 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

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- 7.** 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): _____

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

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

Chronic Conditions:

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

Communicable Disease

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

General Health

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

Socio-economic

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

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:

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

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
 - Changing family structures
 - Food insecurity
 - Homelessness
 - Poor health literacy (ability to understand health info)
 - Lack of cultural and enrichment programs
 - Inadequate/unaffordable housing options
 - Lack of social support for community
 - Poor educational attainment
 - Poor community engagement and connectivity
 - Shortage of child care options
 - Transportation problems
 - Poverty
 - Quality of schools
 - 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 (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:

11. Social Determinants are health care 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 healthcare
- Access to primary care
- Health insurance coverage
- Health Literacy

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

- Specific racial or ethnic groups
- Children/adolescents
- Females of a reproductive age
- Seniors/elderly
- Individuals with disability
- Individuals living with mental health issues
- Individuals living in rural areas
- Migrant workers
- Other: _____ .

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

Thank you for taking the time to support the Schoharie 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 Schoharie County Department of Health at 518-295-8365.

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