



Community Health Needs Assessment

St. Anthony Community Hospital, Warwick, NY
Bon Secours Charity Health System



Executive Summary

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

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

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

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

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

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

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

If you would like additional information on this Community Health Needs Assessment (CHNA) please contact St. Anthony Community Hospital at 845-986-2276.



FACILITY DESCRIPTION AND VISION

St. Anthony Community Hospital is geographically desirable for residents of New York, New Jersey and Pennsylvania alike as it is located in the town of Warwick in western Orange County, NY. St. Anthony Community Hospital has 73 beds for acute care and medical/surgical services. The hospital Emergency Department features highly trained physicians, nurses and technicians, providing the community with a vital, life-saving service 24 hours per day.

The St. Anthony campus also includes a long term residential care facility, an Assisted Living and Adult home facility and a medical-model adult day care center. The hospital also serves the community through a newly opened Pediatric Sleep Center designed to meet the needs of pediatric patients who suffer from sleep disorders.

As a member of Bon Secours Health System, Inc., the Mission of St. Anthony Community Hospital is to make visible God's love and to be Good Help to Those in Need, especially those who are poor, vulnerable and dying. As a System of caregivers, we commit ourselves to help bring people and communities to health and wholeness as part of the healing ministry of Jesus Christ and the Catholic Church.

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



SECTION I: FACILITY SERVICE AREA AND DESCRIPTION OF COMMUNITY

St. Anthony Community Hospital is located in the town of Warwick, NY which is the largest geographical town in Orange County. Orange County is in the lower Hudson River Valley area and it borders New Jersey and Pennsylvania to the south and west. The County comprises approximately 816 square miles.

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

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

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

Poverty rates in Orange County vary greatly based on municipality. Poverty rates exceeding 25% for families with related children under 18 are found in Orange County's three cities (Middletown, Newburgh, and Port Jervis), as well as in the town of Monroe, largely due to the impact of the village of Kiryas Joel, where the poverty rate is more than 4 times the county average.



SECTION II: METHODOLOGY

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

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

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



SECTION III: IDENTIFIED HEALTH NEEDS

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

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

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

Chronic Disease

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

Healthy and Safe Environments

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

Healthy Women, Infants and Children

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



dental cavities in children; preventing adolescent and unintended pregnancies; and promoting greater utilization of health care services for women of reproductive age.

Promote Mental Health and Prevent Substance Abuse

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

Communicable Diseases

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

The NYS Prevention Agenda goals and objectives for 2017 include:

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

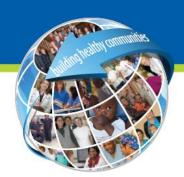


SECTION IV: PRIORITY NEEDS

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

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

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



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

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

Chronic Disease Prevention:

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

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

Healthy and Safe Environments:

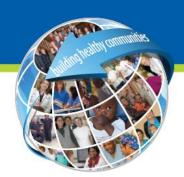
Healthy and Safe Environments encompasses air and water quality issues, access to healthy foods, assault-related hospitalizations, and hospitalizations/ ED visits related to falls. We are partnered with the Orange County Department of Health along with their public health outreach initiative *Healthy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

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

Healthy Women, Infants and Children:

In addition to St. Anthony Community Hospital's maternal and infant health services, we are working closely with Maternal Infant Services Network who has expertise and resources available to address these concerns. MISN is dedicated to family and community health and wellness. Who they serve:

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



Promote Mental Health and Prevent Substance Abuse

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

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

Communicable Diseases:

Along with our effort s at St. Anthony Community Hospital to prevent communicable diseases, the following public health and healthcare organizations have the expertise to address communicable diseases:

- Bon Secours Community Hospital
- St. Luke's Cornwall Hospital
- Orange Regional Medical Center
- Hudson River Healthcare
- Greater Hudson Valley Family Health Center
- Middletown Community Health Center
- Ezra Choilim Health Center
- Orange County Department of Health
- New York State Department of Health



APPENDICES



APPENDIX A: THREE YEAR IMPLEMENTATION PLAN

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

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

Focus Area 1: Reduce Obesity in Children and Adults

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

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

The following interventions are planned:

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

Specifically:

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



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

Specifically:

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

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

Specifically:

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

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

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

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

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

Specifically:

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



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

Specifically:

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

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

Specifically:

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



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



Orange County Department of Health

Jean M. Hudson, MD, MPH Commissioner of Health

2013 Orange County Community Health Assessment

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

1. What is your zip code?		
2. What is your age? 18-24 years 25-34 35-44	45-54 55-64 65-74	75 years and older
3. What category <u>best</u> describe White Black or African American Asian or Pacific Islander	s your race?	Native American Hispanic/Latino Other (please tell us)
4. What is your gender?	☐ Male	Female
5. What was the highest level of Less than high school High school graduate/GED Some college	of education you receive	d? Bachelor's degree Graduate/Doctoral/Post doctoral
6. Are you currently employed? Yes, full-time Yes, part-time	P] No] No, currently seeking emplo	Retired yment Stay at home parent
7. During the past 12 months, v Less than \$24,999 \$25,000 - \$49,999 \$50,000 - \$74,999	vhat was your total hou	sehold income before taxes? \$75,000 - \$99,999 \$100,000 or more Prefer not to answer
8. What is your main source of Car Bus	transportation? Taxi/Car Service Medicaid Transport	☐ Walking ☐ Other (please tell us)
9. How tall are you without sho	oes? Feet	Inches
10. How much do you weigh?	Pounds	
11. Do you have health insuran	ce? Yes	No
12. Where do you go most ofte Doctor's office Emergency Room	n when you are sick?] Medical Clinic] Urgent Care Center	Other (please tell us)

1



13.	When you ha	ve a health ques	tion or concerr	n, where do you go	for information?
	☐ Doctor/Nurse	e Practitioner		☐ Media (TV)	
	Family/Friend			Don't know whe	ere to go
	☐ Internet (We	d MB/CDC/Mayo Cli	nic)	Other (please te	ell us)
14.	How long has	it been since yo	u visited a doct	tor for a routine ph	ysical exam or check-up?
	☐ In the past ye		☐ In the past		Never
	☐ In the past 2	years	Five or mor	e years ago	☐ Don't Know
15.	In the past tw	o vears, what is	the main reaso	on you did not have	e a routine physical exam or
	check-up?	, ,		•	. ,
		cal in the past 2 year	S	Cannot find a do	ctor who speaks my language
	No health ins		.	=	vider said it was not needed
	Cannot afford			Do not like going	
	=	ductible too high		Did not have chi	=
	Insurance do			Didn't know whe	
	Too far to tra			Couldn't get an a	=
	=	transportation		The wait was too	
	Did not have			Other (please te	
	_				
16	In the nast 12	months how di	d you nay for r	nedicine prescribe	d by your doctor?
10.		any prescriptions to		Out of pocket (p	
	Insurance	any prescriptions to	1111	=	to fill the prescription
	Insurance plu	is co-nav			to fill the prescription
	insurance pie	as co pay			
17	Da way have	ماه برمام من سمينام الماء		ald2 🖂 v	
17.	Do you nave	children under th	ie age of 18 ye	ars old? Yes	∐ No
18.	_				l exam or check-up?
	Yes	Only some	☐ No	Not Applicable	
19.	Do your child	ren have health i	insurance cove	rage?	
	Yes	Only some	☐ No	Don't Know	■ Not Applicable
20.	Are you awar	e of no or low co	st health insur	ance programs ava	nilable for your children (e.g.
		Plus or Medicaid		a p8. a	
	Yes	□ No	Not Applicab	lo.	
	☐ 1e3		Not Applicab		
24					
21.		ay, how many sei			
		_			ed fruit, 6oz of 100% fruit juice
	0 (none)	∐ 1	2	3	4 (or more)
			_		
22.	• • •	• •		ables do you eat?	
	A serving is equa	ıl to 1 medium carro	t, 1 small bowl of	green salad, ½ cup coo	ked vegetables, ¾ cup vegetable
	soup				
	0 (none)	☐ 1	2	☐ 3	☐ 4 (or more)
23.	How often do	you dine out (fo	or any meal)?		
	Never	,	1-3 times a w	reek	Every day
	Seldom/Rare	ly	4-6 times a w		



24. How many times per week do you engage in physical activity or exercise lasting at least a							
half an hour?							
0 (none)	<u> </u>	3-4	5 (or more)				
25a. <u>If you do not en</u>	gage in physical act	<u>ivity,</u> what	is the reason you d	o not exercise for at least			
a half hour durin	g a normal week?						
Exercise is not im	•		It costs too much	to exercise			
_	ss to a facility that has	the	There is no safe pl				
things I need (exa			I am too tired to e				
=	ugh time to exercise		I am physically dis	abled			
I do not have chi	locare v to find exercise partne	arc	I don't know Other (please tell	us)			
I don't know nov	•	213	Other (please tell	usj			
	.,						
25b. If you engage in	physical activity at	least once	per week, where d	o you go to exercise or			
engage in physic							
☐ YMCA			Private Gym				
Park			Home				
Public Recreation	n Center		Other (please tell	us)			
26. In general, how w	yould you describe	your health	n ?	Poor			
27. In the past year, h	nave vou heen advi	anl ot has	weight by your hea	Ith care provider?			
Yes	□ No			provider in the past year			
28. How would you d	escribe your weigh Normal weight		weight Obese				
	Normal weight	□ Overv	weight				
29. Do you currently	smoke?	es	☐ No				
20							
30. Have you been to			_ `				
Diabetes		es	∐ No				
High Blood Pressure		es	∐ No				
High Cholesterol		es	∐ No				
Cancer		es	∐ No				
Asthma Dansseign on Anviotes		es	∐ No				
Depression or Anxiety		es	∐ No □ No				
Osteoporosis Overweight/Obesity		es	=				
Overweight/Obesity Heart Disease		es	∐ No □ No				
neart Disease	Y	es es	☐ INO				



31. When was the	e last time you sa	w any health care pro	vider for?	
Diabetes	In the past 6 mor		2+ years ago	☐ Not Applicable
High Blood Pressure	In the past 6 mor	nths 🔲 In the past year	2+ years ago	Not Applicable
High Cholesterol	In the past 6 mor	nths	2+ years ago	☐ Not Applicable
Cancer	☐ In the past 6 mor	nths 🔲 In the past year	2+ years ago	☐ Not Applicable
Asthma	☐ In the past 6 mor	nths 🔲 In the past year	2+ years ago	☐ Not Applicable
Depression/Anxiety	☐ In the past 6 mor	nths 🔲 In the past year	2+ years ago	☐ Not Applicable
Osteoporosis	☐ In the past 6 mor	nths 🔲 In the past year	2+ years ago	☐ Not Applicable
Overweight/Obesity	☐ In the past 6 mor	nths 🔲 In the past year	2+ years ago	☐ Not Applicable
Heart Disease	☐ In the past 6 mor	nths 🔲 In the past year	2+ years ago	Not Applicable
☐ Routine Care ☐ Routine Care	for Adults	n priorities for you an Diabetes Heart Disease Asthma	Sexually	ing in Orange County? y Transmitted Diseases nce Abuse
Frendra & Pr Family Planni Women's Hea Dental Care Obesity	ing	Tobacco Cancer HIV/AIDS Domestic Violence	☐ Intellec ☐ Health	illitess tual/Developmental Disabilitie Care Coverage please tell us)
33. What types of	f health care servi	ces do you receive O	UTSIDE of Orange	e County?
Check all that	apply.	•		•
Routine Care		Dermatology		, Immunology, Pulmonology
Routine Care		Infectious Diseases	` '	ole-asthma)
Pediatric spec	•	Digestive Diseases	=	nce Abuse treatment
OB/GYN Serv	ices	☐ Geriatrics ☐ HIV/AIDS care	=	ology (blood disorders)
Cancer care Cardiology		Mental Health	=	tual/Developmental Disabilitie es and Endocrinology
Dental Care		Neurology (Brain)	=	please tell us)
Not applicabl	e		other (preuse ten us/
34. What additio	nal services would	d you like to see in O	range County?	
		-		

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



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









Edward A. Diana County Executive

Orange County Department of Health

Jean M. Hudson, MD, MPH Commissioner of Health

Evaluación de Salud de la Comunidad del Condado de Orange 2013

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

1. ¿Cuál es su código postal?	·		
2. ¿Cuál es su edad?	_	_	
☐ 18-24 years	45-54	75 y mayor	
<u></u> 25-34	<u></u> 55-64		
35-44	<u>65-74</u>		
3. ¿Qué categoría mejor des	cribe su raza?		
Blanca		☐ Nativa Americana	
Negra o Africana American	a	Hispano/a // Latino/a	
Asiática		Otro (favor detallar)	
4 10.41		□	
4. ¿Cuál es su sexo?	Masculino	Femenina	
5. ¿Cuál es su nivel de educa	ción más alto?		
		☐ Bachiller/Equivalente	
Licenciatura		Graduado/Doctorado/Pos-do	ctorado
Un poco de universidad			
6. ¿Tiene empleo?			
Sí, tiempo completo	□No	Estoy retirado/a	
Sí, tiempo parcial	No, estoy buscando	Soy ama/o de cas	
si, tiempo pareiai	No, estay baseando	30 y amay o de eas	
7. ¿Cuál fue su salario antes	de impuestos durante		
Menos de \$24,999		\$75,000-\$99,999	
<u>\$25,000-\$49,999</u>		\$100,000 o más	
\$50,000-\$74,999		Prefiero no contestar	
8. ¿Cuál es su principal méto	do de transporte?		
Auto	Taxi	Caminando	
Autobus	Transporte medico	Otro (Explicar)	
9. ¿Cuál es su estatura sin lo	s zapatos puestos?	Pies	_ Pulgadas
10. ¿Cuál es su peso?	Libras		
11 :Tiono coguro mádica?	□ c:	□No	
11. ¿Tiene seguro médico?	∐ Sí	∐ No	
12. ¿Adónde asiste la mayor	ia de veces que se enfe	erma?	
Oficina de doctor	Clinica Médica	Otro (Explcar)	
Sala de Emergencia	Centro Médico de Urge	encias ———	

1



13.	Cuando tiene	alguna pregunta:	sobre la salud,	Adónde busca inf	ⁱ ormación?
	Doctor			☐ Television/Radio	
	Familia/Amig	os		No se adónde ir	
	Internet			Otro (Explicar)	
14.	¿Qué tiempo chequeo de i		esde que ha vi	sitado a un médico	para un examen físico o
	Durante el pa	isado año	☐ Durante los	oasados 5 años	Nunca
	Durante los p	asados 2 años	Cinco años o	más	No tengo conocimiento
15.	Durante los pa	asados 12 2 años,	cual es la razó	n(es) principal(es) រុ	oor la que no tuvo un
		o chequeo de rut			
		nen físico hace 2 años		No encontré un m	edico que hablara mi idioma
	No tengo seg	uro médico			d expreso que no lo necesitaba
	No tenía para	pagarlo			lea de ir / tuve miedo de ir
	Copago o dec	lucible muy alto		No tuve quien me	cuidara los niños
	Seguro no lo	cubre		No sabia adónde i	-
	Muy lejos par	a viajar		No pude hacer cita	1
	■ No tuve trans	portación		La espera era muy	larga
	No tuve tiem	ро		Otro (favor detalla	r)
17. 18.	No tuve la ne Seguro Seguro mas c ¿Tiene un hijo ¿Si es sí, durar rutina?	cesidad de llenar algu opago o(s) bajo la edad d nte los pasados 12 Algunos	e 18 años de e 2 meses, tuviel No eguro de saluc	☐ Efectivo (dinero) o ☐ No tuve los dinero dad? ☐ Sí ron todos un exame ☐ No Aplicable	etada por su médico? de su bolsillo (pagado por mi misma/o os para llenar la receta médica No en físico o chequeo de nto No No Aplicable
20.		ole para sus hijos		pagare por program iild Health Plus" o "	as de seguro de cubierta de Medicaid")
21.	Una porción es ig	co, ¿ Cuantas porc gual a una fruta media			utas secas, 6 oz. de 100% jugo de
	fruta. O (Ninguna)	1 [2	3	4 (o más)
22.					de taza de vegetales cocinados, ¾
	0 (Ninguna)		2	3	4 (o más)



23. ¿Cuantas veces sale a comer?	
Nunca	1-3 Veces a la semana Todos los días
De vez en cuando	4-6 Veces a la semana
24. ¿Cuantas veces a la semana hace	ejercicios que duren por lo menos media hora?
0 (Ninguna) 1-2	☐ 3-4 ☐ 5 (o más)
25a. Sí no hace ejercicios. ¿Cuál es la	razón que no los hace por lo menos media hora
en una semana?	·
El ejercicio no tiene impotancia para	mí Cuesta mucho
No tengo acceso a gymnacio	No hay un lugar sano para hacer ejercicios
No tengo suficiente tiempo	Paso muy cansado
☐ No tengo niñera	Estoy desabilitado/a
No tengo pareja para hacer ejercicios	s No sé
No me gusta hacer ejercicios	Otro (Explicar)
25b. Sí hace ejercicios por lo menos u	una vez a la semana, ¿Adónde hace ejercicios?
☐ YMCA	Gymnasio Privado
Parque	En Casa
Centro de Recreación	Otro (Explicar)
26. En general, ¿Cómo puede describ	
Excelente Muy Buena	Buena Favorable Mala
27. ¿Durante el pasado año, se le ha	recomendado rebajar en peso por su proveedor de cuidado de la
salud?	
☐ Sí ☐ No	☐ No he visitado al proveedor de cuidado de la salud durante el pasado
año	
28. ¿Cómo describiría su peso?	
Bajo peso Peso normal	Sobre peso Obeso
29. ¿Usted fuma actualmente?	
Sí No	
30. ¿Alguna vez le ha dicho su doctor	r que tiene?
Diabetis [Sí No
Presión Alta	☐ Sí ☐ No
Colesterol	Sí No
Cancer [Sí No
Asma	Sí No
Depresión/Ansiedad	Sí No
Osteoporosis	∏Sí ∏No
Sobre Peso/Obesidad	□ Sí □ No
Enfermedades del Corazón	Sí No
Emermedades der cordzon	



31. ¿Cuando fue la ultin	na vez que asisti	o al doctor para?		
Diabetis	Hace 6 meses	El año pasado	mas de 2 años	No Aplicable
Presión Alta	Hace 6 meses	El año pasado	mas de 2 años	No Aplicable
Colesterol	Hace 6 meses	El año pasado	mas de 2 años	☐ No Aplicable
Cancer	Hace 6 meses	El año pasado	mas de 2 años	☐ No Aplicable
Asma	Hace 6 meses	El año pasado	mas de 2 años	☐ No Aplicable
Depresión/Ansiedad	Hace 6 meses	El año pasado	mas de 2 años	☐ No Aplicable
Osteoporosis	Hace 6 meses	El año pasado	mas de 2 años	☐ No Aplicable
Sobre Peso/Obesidad	Hace 6 meses	El año pasado	mas de 2 años	☐ No Aplicable
Enfermedades del Corazón	Hace 6 meses	El año pasado	mas de 2 años	☐ No Aplicable
Atención Primaria pa Atención Primaria pa Atención Pre-natal y Planificación Familial Salud de la Mujer Cuidado Dental Obesidad	ıra niños	Diabetis Enfermedades del Corazó Asma Eumar Cancer /IH/SIDA /iolencia Domestica	Enfermedad	stancias Mental es del Desarrollo édica
33. ¿Que tipo de servici que aplica) Atención Primaria pa Atención de Pediatria Atención de Pediatria Gynecología Atención Primaria pa Cardiología Cuidado Dental Dermatología Enfermedades Infección	ara Adultos	e usted afuera del C Enfermedades del Aparat Digestivo Geriatría Cuidado para el VIH/SIDA Cuidado Mental Neurología (Cerebro) Alergia, inmunología mología (Ej. Asma)	to Tratamiento Sustancias Hematología sangre)	para el Abuso de (Enfermedades de la es del Desarrollo docrinología
34. ¿Que servicios adic	ionales quisiera	ver en el Condado d	e Orange?	

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



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



St.LUKE'S CORNWALL HOSPITAL Clinical Affiliate of The Mount Sinai Hospital



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

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

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



13.	Ratio of Hispanics to White non- Hispanics		2.66	3.06	2.75
14.	Ratio of low income ZIP codes to non-low income ZIP codes		0.20	3.25	2.92
15.	Rate of occupational injuries treated in ED per 10,000 adolescents - Ages 15-19 years	2008- 2010	55.1	36.7	33.0
16.	Percentage of population that lives in a jurisdiction that adopted the Climate Smart Communities pledge	2012	100.0	26.7	32.0
17.	Percentage of commuters who use alternate modes of transportation ¹	2007- 2011	26.5	44.6	49.2
18.	Percentage of population with low- income and low access to a supermarket or large grocery store ²	2010	4.5	2.5	2.24
19.	Percentage of homes in Healthy Neighborhood Program that have fewer asthma triggers during the home revisits	2008- 2011	5.9*	12.9	20
20.	Percentage of residents served by community water systems with optimally fluoridated water	2012	37.0	71.4	78.5
	Preven	t Chroni	c Disease	s	
			_		
	Indicator	Data Years	Orange County	New York State	NYS 2017 Objective
21.	Indicator Percentage of adults who are obese		_		
		Years 2008-	25.9 (20.9-	State 23.2 (21.2-	Objective
22.	Percentage of adults who are obese Percentage of children and adolescents	Years 2008- 2009 2010-	25.9 (20.9- 30.9)	State 23.2 (21.2-25.3)	Objective 23.2 NYC: 19.7
22.	Percentage of adults who are obese Percentage of children and adolescents who are obese Percentage of cigarette smoking	2008- 2009 2010- 2012 2008-	25.9 (20.9- 30.9) 17.5 20.3 (14.8-	State 23.2 (21.2-25.3) 17.6 16.8 (15.1-	Objective 23.2 NYC: 19.7 ROS: 16.7
22. 23. 24.	Percentage of adults who are obese Percentage of children and adolescents who are obese Percentage of cigarette smoking among adults Percentage of adults who receive a colorectal cancer screening based on the most recent guidelines - Ages 50-	2008- 2009 2010- 2012 2008- 2009	25.9 (20.9- 30.9) 17.5 20.3 (14.8- 25.8) 69.9 (62.9-	State 23.2 (21.2- 25.3) 17.6 16.8 (15.1- 18.6) 66.3 (63.5-	Objective 23.2 NYC: 19.7 ROS: 16.7 15.0
22. 23. 24.	Percentage of adults who are obese Percentage of children and adolescents who are obese Percentage of cigarette smoking among adults Percentage of adults who receive a colorectal cancer screening based on the most recent guidelines - Ages 50-75 years Asthma emergency department visit	2008- 2009 2010- 2012 2008- 2009 2008- 2009	25.9 (20.9- 30.9) 17.5 20.3 (14.8- 25.8) 69.9 (62.9- 76.1)	State 23.2 (21.2- 25.3) 17.6 16.8 (15.1- 18.6) 66.3 (63.5- 69.1)	Objective 23.2 NYC: 19.7 ROS: 16.7 15.0
22.23.24.25.26.	Percentage of adults who are obese Percentage of children and adolescents who are obese Percentage of cigarette smoking among adults Percentage of adults who receive a colorectal cancer screening based on the most recent guidelines - Ages 50-75 years Asthma emergency department visit rate per 10,000 Asthma emergency department visit	2008- 2009 2010- 2012 2008- 2009 2008- 2010 2008- 2008-	25.9 (20.9- 30.9) 17.5 20.3 (14.8- 25.8) 69.9 (62.9- 76.1)	State 23.2 (21.2- 25.3) 17.6 16.8 (15.1- 18.6) 66.3 (63.5- 69.1) 83.7	Objective 23.2 NYC: 19.7 ROS: 16.7 15.0 71.4



	complications of diabetes per 10,000 - Ages 6-17 years	2010			
29.	Rate of hospitalizations for short-term complications of diabetes per 10,000 - Ages 18+ years	2008- 2010		5.6	4.86
	Prevent HIV/STDs, Vaccine Prev	entable Infectio		and Healthc	are-Associated
	Indicator	Data Years	Orange County	New York State	NYS 2017 Objective
30.	Percentage of children with 4:3:1:3:3:1:4 immunization series - Ages 19-35 months ³	2011	29.4	47.6	80
31.	Percentage of adolescent females with 3-dose HPV immunization - Ages 13-17 years	2011	12.4	26.0	50
32.	Percentage of adults with flu immunization - Ages 65+ years	2008- 2009	74.6 (67.1- 82.2)	75.0 (71.5- 78.5)	66.2
33.	Newly diagnosed HIV case rate per 100,000	2008- 2010	7.8	21.6	14.7
34.	Difference in rates (Black and White) of new HIV diagnoses		29.1	59.4	45.7
35.	Difference in rates (Hispanic and White) of new HIV diagnoses		14.9	31.1	22.3
36.	Gonorrhea case rate per 100,000 women - Ages 15-44 years	2010	75.2	203.4	183.1
37.	Gonorrhea case rate per 100,000 men - Ages 15-44 years	2010	45.8	221.7	199.5
38.	Chlamydia case rate per 100,000 women - Ages 15-44 years	2010	977.3	1619.8	1,458
39.	Primary and secondary syphilis case rate per 100,000 males	2010	3.2*	11.2	10.1
40.	Primary and secondary syphilis case rate per 100,000 females	2010	0.5*	0.5	0.4
	Promote Healthy \	Nomen,	Infants, a	and Children	
		Data	Orange	New York	NYS 2017
	Indicator	Years	County	State	Objective
41.	Percentage of preterm births	2008- 2010	10.4	12.0	10.2
42.	Ratio of Black non-Hispanics to White non-Hispanics		1.58	1.61	1.42
43.	Ratio of Hispanics to White non- Hispanics		1.29	1.25	1.12



44.	Ratio of Medicaid births to non- Medicaid births		0.96	1.10	1.00
45.	Percentage of infants exclusively breastfed in the hospital	2008- 2010	44.5	42.5	48.1
46.	Ratio of Black non-Hispanics to White non-Hispanics		0.64	0.50	0.57
47.	Ratio of Hispanics to White non- Hispanics		0.87	0.55	0.64
48.	Ratio of Medicaid births to non- Medicaid births		0.84	0.57	0.66
49.	Maternal mortality rate per 100,000 births	2008- 2010	19.4*	23.3	21.0
50.	Percentage of children who have had the recommended number of well child visits in government sponsored insurance programs ⁴	2011	67.9	69.9	76.9
51.	Percentage of children ages 0-15 months who have had the recommended number of well child visits in government sponsored insurance programs		76.8	82.8	91.3
52.	Percentage of children ages 3-6 years who have had the recommended number of well child visits in government sponsored insurance programs		78.5	82.8	91.3
53.	Percentage of children ages 12-21 years who have had the recommended number of well child visits in government sponsored insurance programs		58.8	61.0	67.1
54.	Percentage of children with any kind of health insurance - Ages 0-19 years	2010	94.4 (93.3- 95.5)	94.9 (94.5- 95.3)	100
55.	Percentage of third-grade children with evidence of untreated tooth decay	2009- 2011	30.0 (23.7- 36.3)	24.0 (22.6- 25.4)	21.6
56.	Ratio of low-income children to non-low income children		2.04	2.46	2.21
57.	Adolescent pregnancy rate per 1,000 females - Ages 15-17 years	2008- 2010	23.9	31.1	25.6
58.	Ratio of Black non-Hispanics to White non-Hispanics		3.48	5.74	4.90
59.	Ratio of Hispanics to White non- Hispanics		4.13	5.16	4.10



5.9

60.	Percentage of unintended pregnancy among live births	2011	28.4	26.7	24.2		
61.	Ratio of Black non-Hispanics to White non-Hispanics		2.36	2.09	1.88		
62.	Ratio of Hispanics to White non- Hispanics		2.07	1.58	1.36		
63.	Ratio of Medicaid births to non- Medicaid births		1.68	1.69	1.56		
64.	Percentage of women with health coverage - Ages 18-64 years	2010	87.6 (86.1- 89.1)	`86.4)	100		
65.	Percentage of live births that occur within 24 months of a previous pregnancy	2008- 2010	20.5	18.0	17.0		
	Promote Mental Health and Prevention Substance Abuse						
Indicator		Data Years	Orange County	New York State	NYS 2017 Objective		
66.	Age-adjusted percentage of adults with poor mental health for 14 or more days in the last month	2008- 2009	`		10.1		
67.	Age-adjusted percentage of adult binge	2008-	19.1	18.1 (16.1-	18.4		

2009

2008-

2010

(14.0 -

24.2)

7.4

20.2)

6.8

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

drinking during the past month

68. Age-adjusted suicide death rate per

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

Revised: August 2013

100,000



<u>APPENDIX D: NYS PREVENTION AGENDA PARTNERS – ORANGE COUNTY, NY</u>

NYS Prevention Agenda Partners - Orange County, NY

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



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



			The state of the s
Prevent HIV, STDs,			
Vaccine Preventable		Hudson Valley	
Diseases and Healthcare		Community	
Associated Infections	Prevent HIV and STDS	Services, Inc.	Criminal Justice - Men
Prevent HIV, STDs,			
Vaccine Preventable		Hudson Valley	
Diseases and Healthcare		Community	Expanded Syringe Access
Associated Infections	Prevent HIV and STDS	Services, Inc.	Program
Prevent HIV, STDs,			
Vaccine Preventable		Hudson Valley	HIV/STI/Hep C Prev &
Diseases and Healthcare		Community	Related Svcs for Gay
Associated Infections	Prevent HIV and STDS	Services, Inc.	Men/MSM
Prevent HIV, STDs,			
Vaccine Preventable		Hudson Valley	HIV/STI/Hep C Prev &
Diseases and Healthcare		Community	Related Svcs for
Associated Infections	Prevent HIV and STDS	Services, Inc.	Heterosexual Men & Women
Prevent HIV, STDs,		·	
Vaccine Preventable		Hudson Valley	Regional Prevention and
Diseases and Healthcare		Community	Support Programs (formerly
Associated Infections	Prevent HIV and STDS	Services, Inc.	CSPs)
Prevent HIV, STDs,		,	,
Vaccine Preventable		Orange County	
Diseases and Healthcare	Prevent Vaccine	Health	
Associated Infections	Preventable Diseases	Department	Rabies Program
Prevent HIV, STDs,		•	
Vaccine Preventable		Orange County	
Diseases and Healthcare	Prevent Vaccine	Health	
Associated Infections	Preventable Diseases	Department	Immunization Program
		Orange County	
Promote Healthy Women,		Health	
Infants, and Children	Child Health	Department	Early Intervention Program
		Agri-Business	,
Promote Healthy Women,	Maternal and Infant	Child	Migrant and Seasonal
Infants, and Children	Health	Development	Farmworker Health Program
Promote Healthy Women,	Maternal and Infant	Hudson River	Migrant and Seasonal
Infants, and Children	Health	HealthCare	Farmworker Health Program
,		Maternal Infant	
		Services Network	
		of Orange,	
Promote Healthy Women,	Maternal and Infant	Suffolk and Ulster	Comprehensive Prenatal-
Infants, and Children	Health	Co. Inc.	Perinatal Networks
Promote Healthy Women,	Maternal and Infant	Orange County	
Infants, and Children	Health	Health	Healthy Mom Healthy Baby
,			, , , , , , , , , , , , , , , , , , , ,



			The state of the s
		Department	
Promote Healthy Women, Infants, and Children	Maternal and Infant Health	Orange County Health Department	Community Health Worker Program
Promote Healthy Women, Infants, and Children	Child Health	Maternal Infant Services Network of Orange, Suffolk and Ulster Co. Inc.	Comprehensive Prenatal- Perinatal Networks
Promote Healthy Women, Infants, and Children	Child Health	Middletown Community Health Center	School Based Health Centers
Promote Healthy Women, Infants, and Children	Child Health	Orange County Health Department	Children with Special Health Care Needs Program
Promote Healthy Women, Infants, and Children	Child Health	Orange County Health Department	Healthy Mom Healthy Baby
Promote Healthy Women, Infants, and Children	Child Health	Orange County Health Department	Community Health Worker Program
Promote Healthy Women, Infants, and Children	Reproductive, Preconception And Inter-Conception Health	Maternal Infant Services Network of Orange, Suffolk and Ulster Co. Inc.	Comprehensive Prenatal- Perinatal Networks
Promote Healthy Women, Infants, and Children	Reproductive, Preconception And Inter-Conception Health	Maternal Infant Services Network of orange, Sullivan and Ulster Counties	Comprehensive Adolescent Pregnancy Prevention
Promote Healthy Women, Infants, and Children	Reproductive, Preconception And Inter-Conception Health	Orange County Health Department	Healthy Mom Healthy Baby
Promote Healthy Women, Infants, and Children	Reproductive, Preconception And Inter-Conception Health	Orange County Health Department	Community Health Worker Program
Promote Mental Health and Prevention Substance Abuse	Promote Mental, Emotional and Behavioral (MEB) Well- Being in Communities	Orange County Health Department	Community Health Worker Program



Promote Mental Health	Prevent Substance	Orange County	
and Prevention Substance	Abuse And Other MEB	Health	Community Health Worker
Abuse	Disorders	Department	Program
Promote Mental Health	Strengthen	Orange County	
and Prevention Substance	Infrastructure Across	Health	
Abuse	Systems	Department	Healthy Mom Healthy Baby