

Good Samaritan Hospital Community Health Needs Assessment

2022 - 2024

GOOD SAMARITAN HOSPITAL
255 LAFAYETTE AVENUE, SUFFERN, NY 10901

Good Samaritan Hospital

A Member of the Westchester Medical Center Health Network

Community Health Needs Assessment 2022-2024

EXECUTIVE SUMMARY

The Good Samaritan Hospital 2022-2024 Community Health Needs Assessment (CHNA) is the product of an ongoing, collaborative partnership between the hospital, the Rockland County (NY) Health Department, other county hospitals, health and human service agencies, and the community at large from within the greater Rockland County area. The common goal of improving the health of the area residents is at the core of this CHNA.

The New York State Health Department requires local health departments to submit a Community Health Improvement Plan (CHIP) and hospitals to submit a Community Service Plan (CSP) every three years. Additionally, the IRS requires all non-profit hospitals to conduct a Community Health Needs Assessment (CHNA) every three years and to adopt an implementation strategy to meet the identified health needs. This CHNA and subsequent action plans meet the requirements outlined by both New York State public health law and the Affordable Care Act.

The research and analysis that went into choosing the health priorities for the next 3 years was extensive and the areas of focus that are identified within this report were chosen with the goal of improving the health and wellbeing of all county residents. From March - May 2022, hospitals and the seven Local Health Departments of the Mid-Hudson (NY) Region: Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, and Westchester, partnered with the Siena College Research Institute (SCRI) to conduct a public opinion survey of 5,699 Hudson Valley NY residents. Residents aged 18 and older were interviewed from within the above mentioned counties to ensure representative county-wide samples.

SCRI contacted respondents via landline telephone, cell phone, an online panel, online surveys at various in-person events, and other community partnerships to enhance representation from across the region. To further supplement the data collected, several community focus group sessions were held. In the summer of 2022, county hospitals, along with the Rockland County Epidemiologist and health department staff, discussed areas of identified need, health disparities and areas of community assets and strength. This combination of data gathering and prioritization offered valuable insight into the needs of specific communities and populations as well as the barriers they face to achieving optimal health. As guidance for the Good Samaritan Hospital CHNA, all data gathered through this collaborative process served as the required research and public input to identify public health needs and develop action plans necessary to address the specific needs of the communities the hospital serves.

In this report we have identified both internal and community-wide resources that will work together to address the identified health needs of our community. The implementation plan included in this document outlines evidence-based interventions, resources, partners, and intended outcomes.

If you would like additional information please contact Good Samaritan Hospital at 845-368-5000.

FACILITY DESCRIPTION AND VISION

Good Samaritan Hospital:

Good Samaritan Hospital, a member of the Westchester Medical Center Health Network in Suffern, NY, is a 286-bed hospital providing emergency, medical, surgical, obstetrical/gynecological and acute-care services to residents of Rockland and southern Orange counties in New York, and northern Bergen County, New Jersey.

The hospital is home to a recognized cardiovascular program, comprehensive cancer-treatment services, a cutting-edge robotic surgery program, the area's leading Wound and Hyperbaric Institute, and outstanding maternal/child services.

The Center for Breast Health is an accredited Breast Center and offers three-dimensional mammography and high-risk screening and counseling services. Patient navigators provide guidance throughout diagnosis, treatment, and the recovery process. Maternal/child services include a high level II special care nursery and the Children's Diagnostic Center, which utilizes the services of pediatric subspecialists from Westchester Medical Center.

The hospital also provides social, psychiatric and substance abuse services as well as a Certified Home Care Agency that provides home health care service to the residents of Rockland and Orange Counties, New York.

As a member of the Bon Secours Charity Health System, the Mission of Good Samaritan 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.

As a prophetic Catholic Health ministry, we will partner with our communities to create a more humane world, build health equity and social justice for all, and provide exceptional value for those we serve. We will continue to strive to be the leading provider of quality, compassionate and regional community health care services in the Hudson Valley.

Westchester Medical Center Health Network:

The Westchester Medical Center Health Network (WMCHHealth) is a 1,700-bed healthcare system headquartered in Valhalla, New York, with nine hospitals on seven campuses spanning 6,200 square miles of the Hudson Valley. WMCHHealth employs more than 12,000 people and has nearly 3,000 attending physicians. From Level 1, Level 2 and Pediatric Trauma Centers, the region's only acute care children's hospital, an academic medical center, several community hospitals, dozens of specialized institutes and centers, skilled nursing, assisted living facilities, homecare services and one of the largest mental health systems in New York State, WMCHHealth is the pre-eminent provider of integrated healthcare in the Hudson Valley. For more information visit WMCHHealth.org

FACILITY SERVICE AREA AND DESCRIPTION OF COMMUNITY

Good Samaritan Hospital serves the residents of lower New York State, principally Rockland and Orange counties. Rockland County is located approximately 30 miles north of Manhattan on the West side of the Hudson River. The County is a popular residence for people who commute to work in nearby Westchester County as well as Manhattan. The County comprises approximately 115,000 acres and contains more than 35,000 acres of preserved open space and park land. Good Samaritan Hospital has defined a service area by zip codes within Rockland and the surrounding counties based on the volume of inpatients receiving care at our acute care facilities (Appendix A).

According to the 2020 census, Rockland County had a population of 325, 213 people. The population continues to grow in all age cohorts 65 and older which is a consistent trend nationally. Gender among the age groups is roughly equal from the early age cohorts through the 40s, but after age 65, females continue to outnumber males. Of Rockland County residents, 62.9% are non-Hispanic White, 11.2% are non-Hispanic Black, 14.5% are Hispanic, 5.96% are Asian.

Households in Rockland County have a median annual income of \$94,840, which is almost 50% greater than the median annual income of \$64,994 across the entire United States. However, while Rockland County has one of the highest median annual incomes in the U.S., poverty rates within Rockland County vary greatly within specific communities where access to healthcare and other services may be lacking.

The greatest influence on overall morbidity and mortality among Rockland residents continues to be chronic illnesses, as has been the case for many years. A wide variety of factors play a role in the occurrence of these conditions, and it is an expressed goal among county health partners to address the core issues driving the current trends. For instance, the rate of childhood and adolescent obesity has reportedly been worsening in Rockland in the last few years. Additionally, there is a clear disparity along racial and ethnic lines for broad conditions, such as diabetes, stroke, and asthma, when it comes to the ratios of preventable hospitalizations and premature deaths between non-Hispanic White residents and those that are either non-Hispanic Black or Hispanic. Broader programs to reduce the impact of heart disease, diabetes, stroke and cancer are needed to decrease the continuous influence of these conditions.

Another emerging problem is the increased incidence of vaccine preventable diseases in Rockland County residents. Suboptimal immunization rates in schools and among pediatric providers has unfortunately led to recent increases in vaccine preventable disease outbreaks. Community partners are working together to minimize the incidence and prevalence of these illnesses going forward.

Other areas of concern are availability of mental health providers, increased rates of STIs (Chlamydia, Gonorrhea, Syphilis), perinatal inequities by race/ethnicity (preterm birth and low birth weight infants), and poor cancer screening rates.

CHNA METHODOLOGY AND COMMUNITY INPUT

Beginning in March, 2022 through May, 2022, the Siena College Research Institute (SCRI), on behalf of seven Hudson Valley New York health departments and area hospitals, conducted the Regional Community Health Survey (Appendix B). This was a public opinion survey of 5,699 Hudson Valley residents. The Hudson Valley is comprised of Rockland, Orange, Sullivan, Dutchess, Ulster, Putnam and Westchester Counties in New York.

Residents aged 18 and older were interviewed from within the above mentioned counties to ensure representative county-wide samples. The margin of error for the total sample of 5,699 is +/- 2.1% including the design effects resulting from weighting with a 95% confidence interval. This ensures that in 95 out of every 100 samples of the same size and type, the results obtained would vary by no more than plus or minus 2.1 percentage points from what the result would be if every member of the population was interviewed. The overall sample of 5,699 was weighted by age, gender, reported race/ethnicity, income and county using the 2015-2020 American Community Survey 5-year estimates to ensure statistical representation.

Respondents were contacted via landline telephone, cell phone, an online panel, and online recruitment from each county at various in-person events and other community partnerships to enhance representation and meet budget constraints. The design of the landline sample was conducted so as to ensure the selection of both listed and unlisted telephone numbers, using random digit dialing. The cell phone sample was drawn from a sample of dedicated wireless telephone exchanges from within New York State. Respondents were screened for residence in New York State and specified counties. Data from all four sources were combined and weighted as one to produce an accurate representative sample of Hudson Valley residents.

Calls were made between the hours of 1pm and 9pm Monday through Thursday, and between 2pm and 8pm on Sundays. Landline telephone numbers were purchased from ASDE Survey Sampler. Cell phone telephone numbers were purchased from Dynata (formerly Survey Sampling International). Up to 7 calls were placed to each phone number to establish that the phone number was a working number. Telephone surveys were conducted in English or Spanish.

The online sample was provided by Lucid, a market research platform that runs an online exchange for survey respondents. The samples drawn from this exchange matched a set of demographic quotas on age, gender and region. Respondents were sent from Lucid directly to survey software operated by the SCRI. All respondents that took the survey online completed an attention check before taking the survey. Additional attention checks were placed in the survey to ensure proper attention was being paid throughout the entire survey. Online panel surveys were conducted in English.

The online recruitment from each county included distributing the survey URL to community partners, promoting the survey on social media and providing access to the survey at community events. The online recruitment survey was conducted in English and Spanish.

In 2018, SCRI conducted a similar survey for the same counties of the Hudson Valley. In that iteration, respondent data was collected via RDD dual-frame telephone interviews and augmented through the use of the Lucid panel. In 2018, within each county, oversamples of residents of the zip codes with the lowest levels of income were included in the unweighted samples. In both 2018 and 2022, each county estimate was similarly weighted to the most current demographic estimates of the county's population by age, gender, reported race/ethnicity, and income. As such, and despite sampling design differences, the final weighted estimates by county and the final weighted regional estimates from 2018 and 2022 can be fairly compared to one another.

Below are data points of note:

- 43% of respondents with <\$25K yearly income reported that their ability to afford housing worsened over the course of the COVID-19 pandemic, compared to 23% of all respondents.
- 37% of renters in reported that their ability to obtain affordable, nutritious food worsened over the course of the COVID-19 pandemic, compared to only 20% of homeowners.
- 33% of respondents with <\$25K yearly income reported being unable to access the internet in the past 12 months, compared to 17% of all respondents.
- 32% of respondents with <\$25K yearly income were unable to get transportation when needed in the previous 12 months, compared to only 17% of all respondents.
- 31% of respondents aged 18-34 reported that their mental health has worsened over the course of the COVID-19 pandemic, compared to only 12% of those aged 55 and older.
- 41% of respondents in 2022 reported there are sufficient, quality mental health providers, which is a decrease from 55% reported in 2018.
- 33% of respondents with <\$25K yearly income reported that in the past 12 months, they or any other member of their household were unable to access healthcare including dental or vision compared to 21% of total respondents, and 9% of respondents \$150k+ yearly income.
- 26% of respondents aged 18-34 reported that in the past 12 months, they did not visit a primary care physician because they did not have insurance compared to 11% of respondents aged 55+.

IDENTIFIED COMMUNITY HEALTH NEEDS

The New York State Prevention Agenda (PA), developed by the New York State Department of Health (NYSDOH), is the health improvement blueprint to improve the health of all NYS residents. The PA provides the important framework through which community health needs are prioritized. The 2019-2024 PA is the third cycle for this statewide initiative.

The NYSDOH encourages local health departments and the hospitals in their county to jointly assess the health needs of the residents and develop a Community Health Assessment (CHA) and a combined Community Health Improvement Plan/Community Service Plan. Additionally, the IRS requires all non-profit hospitals to conduct a Community Health Needs Assessment (CHNA) every three years and to adopt an Implementation Plan to meet the identified community health needs.

The Good Samaritan Hospital 2022 – 2024 CHNA Implementation Plan was developed in partnership with our LHD and other county hospitals by using evidence based interventions as recommended by the PA. An overarching strategy of the NYS Prevention Agenda is to implement public health approaches that improve the health and well-being of entire populations.

The Prevention Agenda's five Priority Areas serve as the framework for state and local action to improve the health of New Yorkers. As per the NYSDOH requirements, Good Samaritan Hospital must choose a minimum of two health goals to address from within the following five priority areas:

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

In partnership with the Rockland County Health Department, hospitals, and other health and human service agencies, Good Samaritan Hospital has chosen the following PA goals to work towards over the next three years:

- Priority Area: Prevent Chronic Diseases:
Goal: Increase cancer screening rates for breast, cervical, and colorectal cancers
- Priority Area: Prevent Communicable Diseases:
Goal: Improve vaccination rates

COMMUNITY RESOURCES

While Rockland County, NY is a geographically small county, it is home to a wide variety of community resources and health and human service agencies. With three area hospitals, hundreds of medical providers, two-year and four-year colleges, and several large Federally Qualified Health Centers, Rockland County residents have access to varied and diverse resources. Several Community-based organizations and county coalitions assisted the Rockland County Health Department, Good Samaritan Hospital, and Montefiore Nyack Hospital to prioritize the community health needs of the county and many have made commitments to work towards the health goals of the county.

Good Samaritan Hospital has chosen specific Prevention Agenda goals based on our internal resources, expertise, and the commitment to improve the health and well-being of our community members. However, as no one entity can address all needs, community partners are essential to help achieve the Prevention Agenda goals. As an active community partner and with membership representation on numerous boards and coalitions within Rockland County, Good Samaritan Hospital works collectively with community partners to address the diverse needs within the county that the hospital could not do alone.

The following community agencies and coalitions are uniquely positioned to serve as community resources to meet both specific and diverse community needs:

ARC	Martin Luther King Multi-purpose Center
Bikur Cholim	Maternal-Infant Services Network
BRIDGES	Mental Health Association of Rockland County
Catholic Charities Community Services	NAMI Rockland
Center for Safety and Change	People to People
Community Collaboratives in Western Ramapo, Spring Valley, Haverstraw and Nyack	POWR against tobacco
Epilepsy Society of Southern New York	Refuah Health Center
HACSO Community Center	Rehabilitation Support Services, Inc.
Sun River Healthcare	Rockland County Office for the Aging
Lower Hudson Valley Perinatal Network	Rockland County Office for People with Disabilities
Rockland Immigration Coalition	Rockland County School Nurses Association
Jawonio	Rockland Pride Center
JCC of Rockland	SAMSHA
Konbit Neg Lakay	United Way of Rockland
Legal Services of the Hudson Valley	VCS, Inc.

EVALUATION OF IMPACT FROM PREVIOUS CHNA

It is important to note that during the 2019-2021 CHNA cycle, the COVID-19 pandemic had a huge impact on hospital community outreach efforts for most of 2020 and 2021. In the initial phase of the pandemic, numerous hospital staff members were reassigned to assist where most needed. Then, with the approval of the COVID-19 vaccine, community health efforts were mainly focused on vaccination clinics. However, there was some movement towards the initial 2019-2021 CHNA goals as follows:

GOAL: Increase cancer screening rates for breast, cervical, and colorectal cancers, especially among disparate populations

IMPACT:

- GSH employs a navigator to call women who are overdue for an annual mammogram and assist with securing a prescription and scheduling the testing for each woman
- GSH employs a Genetics Counselor to identify high-risk women and increase rates for cancer screenings and to promote preventive care among that population.
- March 2021, Dr. Jeganathan presented a Zoom program titled, "Colorectal Cancer Prevention", to a group of adults hosted by the JCC of Rockland. 48 people in attendance.
- In March 2021, Good Samaritan Hospital (GSH) began giving out Fit Kits as part of the Cancer Services prevention and early detection program. 23 kits were distributed from March through Oct.
- Throughout 2021, GSH offered free breast screenings and mammograms through the Cancer Services Program. 325 patients were served.
- ACS prevention messaging was shared via BSCHS' social media sites: Cervical cancer (January), Colorectal cancer (March), Breast cancer (October). Posters were not distributed in 2021.
- BSCHS staff participated in the ACS Making Strides walk where most women who were asked stated they mainly learn about cancer screening services from their personal physician/health care provider

GOAL: Prevent Opioid and other substance misuse and deaths

IMPACT:

- Policies have been developed and pending approval from policy committee, medical executive team, and leadership
- GSH lab is validating internal testing process for buprenorphine which will help assess for appropriateness of induction.
- Contract for Peer RX is in process to utilize for ED support for anyone with addiction or mental health services in collaboration with RCDMH and Substance Abuse Services
- Naloxone kits are distributed regularly on the GSH inpatient chemical dependency unit

GOOD SAMARITAN HOSPITAL

2022 – 2024 COMMUNITY HEALTH NEEDS ASSESSMENT

IMPLEMENTATION PLAN

PRIORITY AREA: PREVENT CHRONIC DISEASES

FOCUS AREA 4: Preventive Care and Management

GOAL 4.1: Increase cancer screening rates for breast, cervical, and colorectal cancers, especially among disparate populations

OBJECTIVE: By December 31, 2024, increase the percentage of adults receiving breast cancer, cervical, and colorectal cancer screenings based on the most recent screening guidelines for Breast Cancer Screening by 5% from 78.8% to 82.7%; for Cervical Cancer Screening by 5% from 88.8% to 93.2% and for Colorectal Cancer Screening by 5% from 61.7% to 64.8%. (Data source: NYS Behavioral Risk Factor Surveillance Survey, 2018)

DISPARITIES ADDRESSED: Low SES; concentrate on areas with high racial/ethnic minorities

PARTNERS: RCDOH, NYS Cancer Services Program, FQHCs, Primary Care providers

Evidence Based Strategy	Activities	Timeframe	Evaluation Measure	Intended Outcome
Remove structural barriers to cancer screening by increasing primary care provider connections	Develop a system to refer patients without primary care when presenting to the emergency department	January 2023-December 2024	Number of referrals made to primary care	Increase in number of adults able to receive cancer screenings
Remove economic barriers to cancer screening by ensuring access to health insurance	Develop a system to connect insurance patient navigators to patients waiting for care in the emergency department	January 2023-December 2024	Number of patients signed up for health insurance	Increase in number of adults able to receive cancer screenings
	Work with NYS Cancer Services Program to provide free/low cost breast, cervical and colorectal screening and treatment to uninsured or underinsured patients	January 2023-December 2024	Number of patients who received breast, cervical, or colorectal cancer screening	Increase in number of adults able to receive cancer screenings

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2022 – 2024 COMMUNITY HEALTH NEEDS ASSESSMENT

IMPLEMENTATION PLAN

PRIORITY AREA: PREVENT COMMUNICABLE DISEASES

FOCUS AREA 1: Vaccine-Preventable Diseases

GOAL 1.1: Improve vaccination rates

OBJECTIVE #1: Increase influenza immunization rates of New Yorkers aged 6 months and older by 10% to 54.8%.
(Data source: FluVaxView, 2018)

OBJECTIVE #2: Increase the age-adjusted pneumococcal vaccination rate of New Yorkers aged 65 years and older by 10% to 76.2%. (Data source: NYS Behavioral Risk Factor Surveillance Survey, 2018)

DISPARITIES ADDRESSED: Low SES, access to healthcare, lack of education

PARTNERS: Primary Care Providers, Hospital Medical Staff, Pharmacists, RCDOH

Evidence Based Strategy	Activities	Timeframe	Evaluation Measure	Intended Outcome
Implement and promote the use of Standing orders for vaccinations during inpatient hospitalizations	Offer influenza vaccine when medically appropriate during inpatient hospitalizations for ages 6 months and older	January 2023-December 2024 (during flu season)	Increased use of standing orders during hospitalization	Increased rate of hospitalized patients receiving influenza vaccine
	Offer pneumonia vaccine when medically appropriate during inpatient hospitalizations for ages 65 and older	January 2023-December 2024	Increased use of standing orders during hospitalization	Increase in the number of patients receiving pneumonia vaccine

VACCINE PREVENTABLE DISEASES: EMERGING PRIORITIES

The 2019-2024 NYS Prevention Agenda was developed as a multi-year blueprint to assist the healthcare sector in its efforts to improve the health and wellbeing of the communities they serve. The PA priorities were chosen based on the known health challenges and data that NYS had at that time; prior to the COVID-19 pandemic, the reappearance of Polio and the emergence of Monkey Pox.

In light of the spread of these highly communicable, vaccine-preventable diseases, and the ongoing measles cases of recent years, Good Samaritan Hospital will also be working with our LHD, community physicians, FQHCs, and local government agencies to promote the importance of vaccinations against these diseases.

APPENDIX A: BON SECOURS CHARITY HEALTH SYSTEM SERVICE AREA ZIP CODES:

County	ZIP code	Population	County	ZIP code	Population
Rockland	10901	23,465	Rockland	10965	14,791
Orange	10916	4,540	Orange	10969	1,267
Orange	10917	1,968	Rockland	10970	9,993
Orange	10918	11,647	Orange	10973	2,126
Rockland	10920	8,554	Rockland	10974	3,152
Orange	10921	4,135	Orange	10975	281
Rockland	10923	8,732	Rockland	10977	59,048
Orange	10924	13,120	Rockland	10980	13,383
Orange	10925	4,539	Rockland	10984	2,842
Orange	10926	3,203	Orange	10987	3,395
Rockland	10927	11,910	Rockland	10989	9,293
Orange	10928	4,175	Orange	10990	20,631
Orange	10930	8,958	Rockland	10993	4,769
Rockland	10931	1,023	Orange	10998	3,122
Orange	10940	48,418	Sullivan	12719	1,207
Orange	10941	13,779	Orange	12729	1,874
Orange	10950	47,226	Sullivan	12737	1,910
Rockland	10952	38,917	Orange	12746	937
Rockland	10954	23,045	Orange	12771	14,511
Rockland	10956	31,521	Orange	12780	2,312
Rockland	10960	15,093			

APPENDIX B: REGIONAL COMMUNITY HEALTH ASSESSMENT SURVEY

Hello, this is _____ for the Siena College Research Institute. We are working with local health departments and hospital systems to survey Hudson Valley residents to better understand the health status and health-related values of people who live in the community.

IF NEEDED:

You've been selected at random to be included in this survey. Your individual responses are confidential and no identifiable information about you will be shared with anyone—all responses are grouped together. The questions I am going to ask you to relate to your health and to your thoughts about health-related resources in your community. Again, your responses may really help to strengthen health policies and services.

IF NEEDED:

In total, the survey takes approximately _____ minutes to complete and you may refuse to answer any question that you do not want to answer. Are you able to help us with this important project? (NOW IS ALSO A TIME TO OFFER A CALL BACK AT A SPECIFIC, REQUESTED TIME AND PHONE NUMBER)

1. Overall, would you say that the quality of life in your community is excellent, good, fair or poor?
 - A. Excellent
 - B. Good
 - C. Fair
 - D. Poor

2. What State do you live in? [If not NY, terminate]

3. What County do you live in? [If not Dutchess, Orange, Rockland, Putnam, Sullivan, Ulster, or Westchester, terminate]

4. What is your zip code? _____

5. How long have you lived in _____ County?
 - A. Less than 1 year
 - B. 1-5 years
 - C. More than 5 years

6. I'm going to read you a series of statements that some people make about the area around where they live, that is, their community. For each, tell me if that statement is completely true of your community, somewhat true, not very true or not at all true for your community.
 - A. There are enough jobs that pay a living wage.
 - B. Most people are able to access affordable food that is healthy and nutritious.
 - C. People may have a hard time finding a quality place to live due to the high cost of housing.
 - D. Parents struggle to find affordable, high-quality childcare.
 - E. There are sufficient, quality mental health providers.
 - F. Local government and/or local health departments, do a good job keeping citizens aware of potential public health threats.
 - G. There are places in this community where people just don't feel safe.
 - H. People can get to where they need using public transportation.

7. How important is it to you that the community where you live have the following?
 - A. Accessible and convenient public transportation
 - B. Affordable public transportation

- C. Well-maintained public transportation vehicles
- D. Safe public transportation stops or waiting areas
- E. Special transportation services for people with disabilities or older adults

8. Overall, how would you rate the community you live in as a place for people to live as they age?

- A. Excellent
- B. Good
- C. Fair
- D. Poor
- E. I don't know

9. For each of the following aspect of life, please rate it as excellent, good, fair, or poor in your community. Please let me know if you simply do not know enough to say.

- A. The availability of social/civic programs for seniors
- B. The quality of health care services for seniors
- C. The availability of programs and activities for youth outside school hours
- D. The quality of information from county agencies during public emergencies, such as weather events or disease outbreaks

10. In general, how would you rate your health? Would you say that your health is excellent, good, fair or poor?

- A. Excellent
- B. Good
- C. Fair
- D. Poor

11. Have you ever been told by a doctor or other health professional that you have any chronic health condition, such as high blood pressure, diabetes, high cholesterol, asthma or arthritis?

- A. Yes
- B. No

12. If YES to 11--How confident are you that you can manage your physical health condition?

- A. Very Confident
- B. Somewhat Confident
- C. Not Very Confident
- D. Not at all confident

13. Mental health involves emotional, psychological and social wellbeing. How would you rate your overall mental health? Would you say that your mental health is excellent, good, fair or poor?

AS NEEDED: This includes things like hopefulness, level of anxiety and depression.

- A. Excellent
- B. Good
- C. Fair
- D. Poor

14. Have you ever experienced a mental health condition or substance or alcohol use disorder?

- A. Yes
- B. No

15. If YES to 14--How confident are you that you can manage your mental health condition?

- A. Very Confident
- B. Somewhat Confident

- C. Not Very Confident
- D. Not at all Confident

16. Thinking back over the past 12 months, for each of the following statements I read, tell me how many days in an AVERAGE WEEK you did each. Over the past 12 months how many days in an average week did you... (responses are 0 days, 1-3 days, 4-6 days or all 7 days)

- A. Ate a balanced, healthy diet
- B. Exercised for 30 minutes or more a day
- C. Got 7-9 hours of sleep in a night

17. On an average day, how stressed do you feel?

AS NEEDED: Stress is when someone feels tense, nervous, anxious, or can't sleep at night because their mind is troubled.

- A. Not at all stressed
- B. Not very stressed
- C. Somewhat stressed
- D. Very stressed

18. In your everyday life, how often do you feel that you have quality encounters with friends, family, and neighbors that make you feel that people care about you? (IF NEEDED: For example, talking to friends on the phone, visiting friends or family, going to church or club meetings)

- A. Less than once a week
- B. 1-2 times a week
- C. 3-5 times a week
- D. More than 5 times a week

19. Have you smoked at least 100 cigarettes in your entire life?

- A. Yes
- B. No

20. If YES to 19, do you now smoke cigarettes every day, some days, or not at all?

- A. Everyday
- B. Some days
- C. Not at all

21. Pertaining to alcohol consumption, one drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the last 30 days, on the days when you drank, about how many drinks did you drink on average?

[If respondent gives a range, ask for one whole number. Their best estimate is fine. If they do not drink, enter 0.]

_____ drinks

22. [If Q21>0] Considering all types of alcoholic beverages, how many times during the past 30 days did you have **X [5 for men, 4 for women]** or more drinks on an occasion?

- A. _____ number of times
- B. None

23. How frequently in the past year have you used an illegal drug or used a prescription medication for non-medical reasons?

- A. Never
- B. Less than once per month

- C. More than once per month, but less than weekly
- D. More than once per week, but less than daily
- E. Daily

24. In the past 12 months, have you or any other member of your household been unable to get any of the following when it was really needed? Please answer yes or no for each item.

- A. Food
- B. Utilities, including heat and electric
- C. Medicine
- D. Any health care, including dental or vision
- E. Phone
- F. Transportation
- G. Housing
- H. Childcare

25. Have you visited a primary care physician for a routine physical or checkup within the last 12 months?

- A. Yes
- B. No

26. If NO to question 25, in the last 12 months, were any of the following reasons that you did not visit a primary care provider for a routine physical or checkup? (SELECT ALL THAT APPLY)

- A. I did not have insurance
- B. I did not have enough money (prompt if needed: for things like co-payments, medications)
- C. I did not have transportation
- D. I did not have time
- E. I chose not to go
- F. Other _____

27. Have you visited a dentist for a routine check-up or cleaning within the last 12 months?

- A. Yes
- B. No

If NO to question 27, in the last 12 months, were any of the following reasons that you did not visit a dentist for a routine check-up or cleaning? (SELECT ALL THAT APPLY)

- A. I did not have insurance
- B. I did not have enough money (prompt if needed: for things like co-payments, medications)
- C. I did not have transportation
- D. I did not have time
- E. I chose not to go
- F. Other _____

Sometimes people visit the emergency room for medical conditions or illnesses that are not emergencies; that is, for health-related issues that may be treatable in a doctor's office.

28. Have you visited an emergency room for a medical issue that was not an *emergency* in the last 12 months?

- A. Yes
- B. No

29. If YES to question 28, in the last 12 months, for which of the following reasons did you visit the emergency room for a non-health emergency rather than a doctor's office? (SELECT THE BEST OPTION)

- A. I do not have a regular doctor/primary care doctor
- B. The emergency room was more convenient because of the location

- C. The emergency room was more convenient because of the cost
- D. The emergency room was more convenient because of the hours of operation
- E. At the time I thought it was a health-related *emergency*, though I later learned it was **NOT** an emergency

If yes to 13 (behavioral health condition)

30. Have you visited a mental health provider, such as a psychiatrist, psychologist, social worker, therapist for 1-on-1 appointments or group-sessions, etc. within the last 12 months?

- A. Yes
- B. No

31. If NO to question 30, in the last 12 months, were any of the following reasons that you did not visit a mental health provider? (SELECT ALL THAT APPLY)

- A. I did not have insurance
- B. I did not have enough money (prompt if needed: for things like co-payments, medications)
- C. I did not have transportation
- D. I did not have time
- E. I chose not to go
- F. Other _____

32. How likely would you be to participate in the following types of programs aimed at improving your health? Would you be very likely, somewhat likely, not very likely or not at all likely?

- A. A mobile app based program on your smart phone
- B. An in person, one-on-one program
- C. An in person, group program
- D. An online, computer based, one-on-one program
- E. An online, computer based, group program

We are just about finished. These last few questions are about you.

33. Are you Hispanic?

- A. Yes
- B. No

34. What is your race?

- A. White
- B. Black
- C. Asian
- D. Other

35. Do you have health insurance?

- A. Yes
- B. No

36. What is your source of health insurance?

- A. Employer
- B. Spouse/Partner's employer
- C. NYS Health Insurance marketplace/Obamacare
- D. Medicaid
- E. Medicare
- F. None
- G. Other

37. What is your living arrangement? Do you...

- A. Rent an apartment or home
- B. Own your own

C. Other living arrangement

38. What is your employment status?

- A. Employed full time
- B. Employed part-time
- C. Unemployed, looking for work
- D. Unemployed, not looking for work
- E. Retired

39. Are there children <18 living in your household?

- A. Yes
- B. No

40. Are you or anyone in your household a veteran or a member of active duty military service?

- A. Yes
- B. No

41. Do you or anyone in your household have a disability?

- A. Yes
- B. No

42. About how much is your total household income, before any taxes? Include your own income, as well as your spouse or partner, or any other income you may receive, such as through government benefit programs. (READ THE FOLLOWING OPTIONS)

- A. Less than \$25,000
- B. \$25,000 to \$49,999
- C. \$50,000 to \$99,999
- D. \$100,000 to \$149,999
- E. \$150,000 or more

43. What is your gender?

- A. Male
- B. Female
- C. Transgender/other gender
- D. Prefer not to state