Nuvance Health™

**2019 Sharon Hospital Community Health Needs Assessment**

# About this report

The Sharon Hospital Community Health Needs Assessment (CHNA) provides an overview of the health of the region's population. The CHNA allows Sharon Hospital to evaluate the health needs of individuals living in its direct service area, and tailor programs and prevention efforts that address the unique needs of those individuals. It also reiterates Sharon Hospital's dedication to improving the health and quality of life for those who live in the community it serves.

Sharon Hospital has partnered with community stakeholders and public health professionals to create and implement a Community Health Improvement Plan (CHIP). This plan will aim to mitigate some of the health issues present in the greater Sharon Hospital community.

This Community Health Needs Assessment informed the priority areas of the Community Health Improvement Plan, which was approved by the Sharon Hospital Board of Trustees on February 5, 2020.

# Community served/ population profile

**Nuvance Health**

On April 1, 2019, Health Quest and Western Connecticut Health Network combined to form the new nonprofit health system Nuvance Health. The health system was created to provide communities across New York's Hudson Valley and western Connecticut with more convenient, accessible and affordable care.

Nuvance Health's mission is to continually make progress and pursue the impossible, so we can improve the lives of every person in each of the communities we serve. Nuvance Health serves 1.5 million residents across New York and Connecticut, and the system includes more than 2,600 physicians; 12,000 employees; seven hospitals (Danbury Hospital, New Milford Hospital, Northern Dutchess Hospital, Norwalk Hospital, Putnam Hospital, Sharon Hospital and Vassar Brothers Medical Center); a large network of primary care and specialty practices; and multiple affiliated organizations.

**Sharon Hospital Primary Service Area**
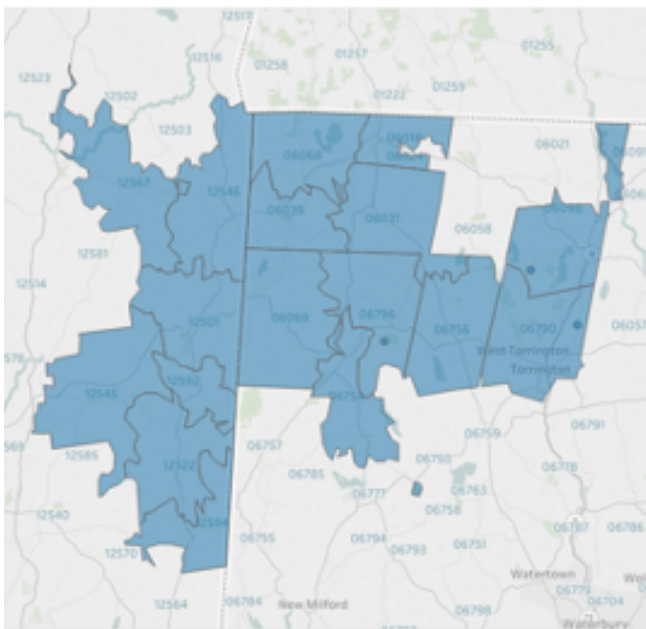


**Population Profile: Sharon Hospital Overview**

Sharon Hospital is a 78-bed facility that has served northwestern Connecticut since 1909 and joined Health Quest in August 2017. Sharon is located in the northwest corner of the state and has a primary service area (PSA) in both Connecticut and New York. The total PSA population is 31,220. Approximately 54% of Sharon Hospital's inpatient discharges in 2019 were Connecticut residents, and approximately 43% of inpatient discharges were New York residents, with the remaining 3% originating from other states.[1]

Although it is one of the smallest hospitals in Connecticut by licensed bed count, Sharon provides a wide-ranging complement of hospital services to the local community. These include:

- a 24/7 emergency department (ED) and certified stroke center;
- a nine-bed intensive care/step-down unit;
- a 32-bed medical/surgical unit;
- a 17-bed senior (age 55 and older) behavioral health unit;
- radiology services;
- 24/7 hospitalist services;
- same-day surgery;
- OB/GYN services;
- orthopedic services;
- general, ophthalmology and podiatry surgical services;
- a wound care center;
- occupational, physical and speech rehabilitation services;
- and inpatient and outpatient cardiology services.

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[1] Sharon Hospital Internal Inpatient Data, 2019.

## Population Profile: The Aging of the Population

Like many communities in New York and Connecticut, Sharon Hospital's primary service area is experiencing a decline in population, most significantly among young families and children. From 2019 to 2029, there is a projected population decline of 11% of children under 14 years of age. During this same time period, there is also a projected 15% decrease in the number of individuals who are 45–64 years of age. The largest percentage of the population is comprised of individuals 15–44 years of age (32% of the population); however, the most significant growth is expected in the number of residents aged 65 and older. From 2019 to 2029, there is a projected 35% increase in the 65+ age bracket.

Sharon Hospital's PSA is comprised of mostly white non-Hispanic individuals that make up 84.9% of the total population, which is greater than the U.S. total of 60% of the population. All other ethnicities (black non-Hispanic, Hispanic, Asian & Pacific Islander non-Hispanic and all others) make up less than one fourth of the total population (15%).

**Chart 1: Sharon Hospital PSA Race/Ethnicity Distribution**
**Population Distribution by Race/Ethnicity**



Legend:
- White Non-Hispanic
- Black Non-Hispanic
- Hispanic
- Asian & Pacific Is. Non-Hispanic
- All Others

Pie values: 85%, 9%, 1%, 2%, 3%
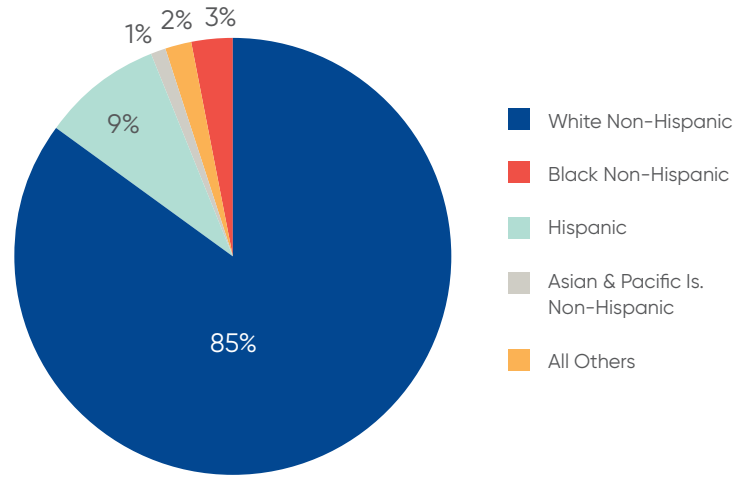
Source: The Claritas Company, IBM Corporation 2019

**Table 1: Sharon Hospital Primary Service Area (PSA) Demographics**

| Sharon Hospital | | | | | | | |
|---|---|---|---|---|---|---|---|
| | **Total Population** | | | | **% Change Total** | | |
| Age Cohort | **2019** | **2024** | **2029** | | **'19–'24** | **'24–'29** | **'19–'29** |
| 0–14 | 4,189 | 3,953 | 3,730 | | −5.6% | −5.6% | −11.0% |
| 15–44 | 9,870 | 9,915 | 9,960 | | 0.5% | 0.5% | 0.9% |
| 45–64 | 9,644 | 8,891 | 8,197 | | −7.8% | −7.8% | −15.0% |
| 65–84 | 6,394 | 7,046 | 7,764 | | 10.2% | 10.2% | 21.4% |
| 85+ | 1,123 | 1,197 | 1,276 | | 6.6% | 6.6% | 13.6% |
| **Total** | **31,220** | **31,002** | **30,927** | | **−0.7%** | **−0.2%** | **−0.9%** |
| F 15–44 | 4,759 | 4,793 | 4,827 | | .71% | .71% | 1.43% |

Source: The Claritas Company, IBM Corporation 2019

# Community served/ population profile

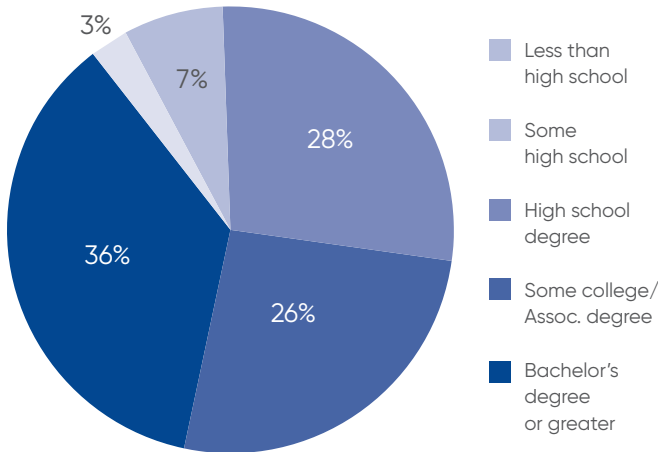## Population Profile: Social Characteristics

The individuals living in Sharon Hospital's PSA have an education that is on par with the U.S. average. Approximately 90% of its population had at least a high school degree, which is slightly higher than the 87% of the U.S. population average who had at least a high school degree. Sharon Hospital's primary service area also showed that 62% of the PSA's population has an associate degree or higher, which is slightly higher than the 60% of the total U.S. population average that has an associate degree or higher.

## Population Profile: Economic Characteristics

The average household income in Sharon Hospital's primary service area is $107,381, which is approximately 23.9% higher than the national average household income of $86,646. The income distribution in Sharon Hospital's primary service area skews toward the higher end of the spectrum, with 65.8% of individuals making $50k annually or more, versus the 58.9% of individuals across the U.S. who make $50k or more annually (see chart 3).

### Chart 2: Sharon Hospital PSA Education Level

**Population Age 25+ by Education Level**



Legend:
- Less than high school
- Some high school
- High school degree
- Some college/ Assoc. degree
- Bachelor's degree or greater

Source: The Claritas Company, IBM Corporation 2019

### Chart 3: Sharon Hospital PSA Household Income Distribution

**Current Households by Income Group**



Legend:
- <$15k
- $15–25k
- $25–50k
- $50–75k
- $75–100k
- Over $100k
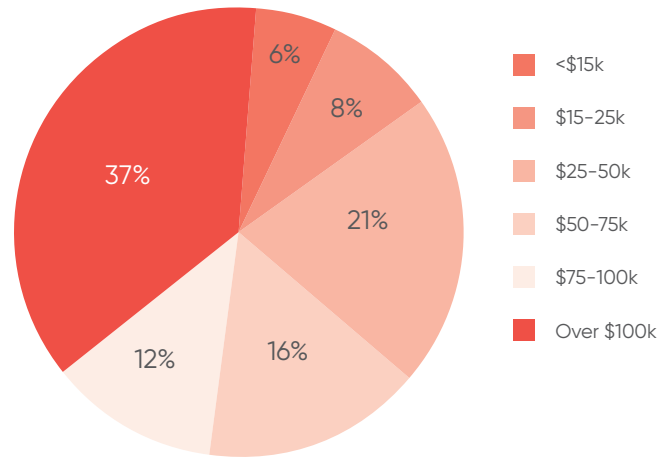
Source: The Claritas Company, IBM Corporation 2019

# Data sources, methods and limitations

The health indicators selected for this report were based on available public data and the health priorities of the Healthy Connecticut State Improvement Plan 2020.

Data was examined from a wide variety of sources:

- Healthy Connecticut State Improvement Plan 2020: The Connecticut State Health Improvement Plan was used as a roadmap to identify broad areas for review within the Sharon Hospital primary service area.

- Dutchess County Needs Assessment: The Sharon Hospital primary service area (PSA) extends into Dutchess County; therefore, the Dutchess County Needs Assessment offered insights into community needs within the Sharon Hospital PSA.

- Claritas Data: Demographic information for the Sharon Hospital PSA was derived from the Claritas Company, a division of IBM.

- Centers for Disease Control and Prevention: The CDC provides county-level data on heart disease and stroke, health risk factors and additional local statistics.

- County Health Rankings and Roadmaps: The annual County Health Rankings and Roadmaps measure vital health factors, including high school graduation rates, obesity, smoking, unemployment, access to healthy foods, air and water quality, income inequality and teen births in nearly every county in America.

- A Closer Look: The Berkshire Taconic Region Today. Published in 2017, the Berkshire Taconic Community Foundation's report looked at pressing issues facing the region.

- Beneath the Surface: The Opioid Epidemic in Northwest CT. Published by Northwest CT Community Foundation, Foundation for Community Health, the Berkshire Taconic Community Foundation and McCall Center for Behavioral Health.

- Sharon Hospital Internal Data: Sharon Hospital collected and reviewed internal data on inpatient admissions, emergency department visits and quality measures. These data helped identify key areas of need within the community.

- Sharon Hospital Community Health Needs Committee: Sharon Hospital compiled a committee of Sharon Hospital community members, including board members, staff, physicians and other local community members. The diverse work group reviewed community data and offered insights into Sharon Hospital's focus areas and implementation initiatives.

- CT Cardiovascular Disease Statistics Report.

- NYS Cardiovascular Disease Data and Statistics.

- Drug Overdose, Treatment and Prevention Data Trends, Dutchess County, 2010-2016.

This data was supplemented by a Siena College Research Institute Community Health Survey. The goal of the survey was to learn more about the health needs and concerns of the community Sharon Hospital serves. The Community Health Survey was conducted between April and September 2018 by the Research Institute. The survey was a random digit dial telephone survey of adult residents (18+ years) for each of the towns in Sharon Hospital's PSA (n=414). Cell phones and landlines were used for the survey. Results were weighted by gender, age, race and region according to the U.S. Census 2010. A full copy of the survey questionnaire can be found in the appendix.

### Data Limitations
Sharon Hospital's primary service area spans two states, making data difficult to combine from different sources. A review of similar data is conducted from each area and combined when possible. Available secondary data is often slow to be published, making current assumptions based on old data a significant limitation.

# Community needs assessment findings

Sharon Hospital reviewed the Healthy Connecticut State Improvement Plan 2020 to identify key areas for review within the local community. The Community Health Needs Committee then used secondary local data to select key areas for improvement.

## Chronic Disease Prevention and Control
Chronic diseases and conditions—such as heart disease, stroke, cancer, type 2 diabetes, obesity and arthritis—are among the most common, costly and preventable of all health problems.[2]

## Heart Disease and Stroke
One in every four deaths in the United States is from heart disease. In both Connecticut and New York, heart disease and stroke are the first and fifth leading causes of death. Rates of heart disease deaths are higher in Litchfield County than Connecticut overall and Dutchess County also experiences high heart disease death rates.

### Table 2: Age-Adjusted Heart Disease Deaths Per 100,000, Age 35+ (2014-2016)[3]

| Population | Deaths Per 100,000 |
|---|---|
| National Rate | 324 |
| Connecticut Overall | 283 |
| New York State Overall | 348 |
| Litchfield County | 303 |
| Dutchess County | 348 |

## Diabetes and Kidney Disease
Diabetes increases the risk of heart disease and kidney failure and lowers life expectancy. Litchfield County has a significantly lower incidence of diabetes than the national and state averages; however, Dutchess County has an average to high incidence of diabetes.

### Table 3: Diagnosed Diabetes, Total, Adults Age 20+ Years, Age-Adjusted Percentage[4]

| Population | Measure |
|---|---|
| National Rate (Adults 2017) | 8.5% |
| Connecticut Overall (Adults 2016) | 8.5% |
| New York State Overall (Adults 2016) | 9.4% |
| Litchfield County (2016) | 7% |
| Dutchess County (2013) | 7.7% |

## Obesity
Reducing childhood and adult obesity are objectives for both Dutchess County and Litchfield County. Obesity can lead to other health problems and potentially high healthcare costs in the region.

### Table 4: Adult Obesity Age 20+ (2019)[5]

| Population | Measure |
|---|---|
| National Median | 26% |
| Connecticut State Overall | 26% |
| New York State Overall | 26% |
| Litchfield County | 27% |
| Dutchess County | 26% |

[2] https://www.cdc.gov/chronicdisease/resources/publications/aag/NCCDPHP.htm
[3] CDC Data. https://nccd.cdc.gov/DHDSPAtlas/Default.aspx?state=CT
[4] CDC Data. https://gis.cdc.gov/grasp/diabetes/DiabetesAtlas.html#
[5] County Health Rankings. Retrieved from countyhealthrankings.org

## Nutrition and Physical Activity

Lack of exercise is a leading cause of illness, suffering and early death related to chronic diseases and conditions. According to the CDC, only half of adults get the physical activity they need to help reduce and prevent chronic disease. The CDC reports that $117 billion in annual healthcare costs are associated with inadequate physical activity.

**Table 5: Percent of Adults Age 20+ Reporting No Leisure Time Physical Activity (2019)[6]**

| Population | Measure |
| --- | --- |
| National Median | 19% |
| Connecticut State Overall | 19% |
| New York State Overall | 25% |
| Litchfield County | 19% |
| Dutchess County | 21% |

Food Insecurity shows the percentage of the population who did not have access to a reliable source of food during the past year. Lacking constant access to food is related to negative health outcomes such as weight gain and premature mortality. Both Dutchess and Litchfield Counties are among the lowest-ranked counties for food insecurity.

**Table 6: Percent of Population Who Lack Adequate Access to Food (2019)[7]**

| Population | Measure |
| --- | --- |
| Connecticut State Overall | 12% |
| New York State Overall | 12% |
| Litchfield County | 10% |
| Dutchess County | 9% |

## Tobacco

Tobacco smoke is a major risk factor for lung disease and smoking cessation is an objective for the state of Connecticut and Dutchess County.

**Table 7: Percent of Adults Who are Current Smokers (2019)[8]**

| Population | Measure |
| --- | --- |
| National Median | 14% |
| Connecticut State Overall | 13% |
| New York State Overall | 14% |
| Litchfield County | 12% |
| Dutchess County | 15% |

[6] County Health Rankings. Retrieved from countyhealthrankings.org
[7] County Health Rankings. Retrieved from countyhealthrankings.org
[8] County Health Rankings. Retrieved from countyhealthrankings.org

# Community needs assessment findings

## Mental Health

Mental health is a key indicator of an individual's physical health. Poor mental health is associated with chronic disease and other related risk factors such as smoking.[9] Mental health issues are trending upward in the state of Connecticut, as indicated by the increasing rate of emergency department (ED) visits for mental health services across all age groups from 2008 – 2011.[10] In Connecticut, frequent behavioral health–related ED visitors account for 16% of all behavioral health ED visits statewide.[11] In Dutchess County specifically, 10.9% of adults reported poor mental health during at least 14 of the prior 30 days, as compared to 29.7% of adults who reported poor mental health and smoking cigarettes (see table 8). Combating mental health issues is a key focus of both Connecticut and Dutchess County.

**Table 8: Behavioral Health Risk Factors[12]**

| Age Adjusted Prevalence | Dutchess 2008-2009 | Dutchess 2013-2014 | NYS excl NYC 2013-2014 | Healthy People 2020 Goal |
|---|---|---|---|---|
| Adults reporting poor mental health on at least 14 of the last 30 days | 13.0% | 10.9% | 11.8% | n/a |
| Percent of adults who reported binge drinking in the past 30 days[1] | **18.1%** | **14.6%** | **17.2%** | **24.4%** |
| Percent of adults who smoke cigarrettes[2] | **18.4%** | **16.5%** | **18.0%** | **12.0%** |
| Adults w/ household incomes below $25k who smoke | n/a | 23.4* | 29.3% | |
| Adults w/ poor mental health on 14 or more days of the last 30 who smoke | n/a | 29.7* | 33.2% | |

**\*Due to insufficient sample size at county level, data is for combined counties in Mid-Hudson Region**
[1]Range drinking defined as 5+ drinks per day and 4+ drinks for women
[2]Current smokers defined as those who report smoking cigarettes daily or some days

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[9] Dutchess County Department of Community and Behavioral Health. 2013-2018 Community Health Assessment and Community Health Improvement Plan Update
[10] Healthy Connecticut State Health Improvement Plan 2020
[11] http://www.portal.ct.gov/DPH/State-Health-Planning/Healthy-CT-2020-Dashboards/39-MH-Mental-Health--Disorders
[12] Dutchess County Department of Community and Behavioral Health, 2016 Health Status Report.

## Substance Abuse

On average, two people die of an opioid overdose every day in Connecticut.[13] Statewide, fatal overdoses have overtaken motor vehicle accidents as the leading cause of accidental deaths. Since 2013, Connecticut has surpassed the national death rate for drug and opioid overdoses.[14] In Connecticut, those affected by opioid addiction tend to be white, male and suburban. There appear to be a greater number of deaths during young adult years—especially between the ages of 22 and 32, and again between the ages of 40 and 50.[15] Using the number of arrests for drug abuse violations for Litchfield County from Crime in Connecticut for the year 2015, the typical drug abuser was age 25-54, white and male, with the largest concentration of arrests at age 25-34.

At the same time, on the New York side of Sharon Hospital's primary service area, drug overdose rates continue to rise. Over the past decade, the total number of overdoses in Dutchess County more than doubled from 24 deaths in 2005 to 63 deaths in 2016, with a 192% increase in overdoses involving heroin since 2010. Moreover, Dutchess County experienced the highest rate of fatal heroin overdose in New York from 2009–2013.[16]

There is a growing epidemic of neonatal abstinence syndrome (NAS) in both Connecticut and New York. NAS is a drug withdrawal syndrome that occurs in infants exposed to opioids taken by the mother during pregnancy. There has been a 161.3% increase in NAS between 2003 and 2017 in Connecticut.[17] In 2014, the rate of NAS in Dutchess County was more than double the regional average.[18]

## Maternal, Infant and Child Health

Breastfeeding was identified as a community need in the Healthy Connecticut State Health Improvement Plan. According to the CDC Breastfeeding Report Card[19], Connecticut has a higher rate of breastfeeding than New York.

### Table 9: Overall Breastfeeding Objectives

| Population | Measure | 2016 baseline | Healthy 2020 target |
|---|---|---|---|
| Connecticut State Overall | Ever Breastfed | 85.2% | 97.4% |
| | Breastfed Exclusively Through 3 Months | 44% | 40.8% |
| | Breastfed Exclusively Through 6 Months | 21.4% | 13.5% |

| Population | Measure | 2016 baseline[20] | Prevention Agenda 2018 Target |
|---|---|---|---|
| New York Overall Dutchess County | Ever Breastfed | 46.3% | 48.1% |
| | Breastfed Exclusively at the Hospital | 53.8% | 48.1% |

[13] Chen, J. (2017). New ways to help people avoid opioid overdose and beat addiction. Retrieved from https://www.yalemedicine.org/stories/helping-people-beat-opioids/

[14] Tran, A. B. Why Connecticut's drug overdose crisis isn't slowing down. Retrieved from https://overdose.trendct.org

[15] Zaretskey, M. (2013). With Torrington in heroin death crisis, a look at Connecticut's typical users, statistics. Retrieved from https://www.connecticutmag.com/the-connecticut-story/with-torrington-in-heroin-death-crisis-a-look-at-connecticut/article_8c4a4f3f-310c-5192-995c-3fcd2f1bf180.html

[16] Drug overdose treatment and prevention data trends, Dutchess County, 2010-2016. Retrieved from https://www.dutchessny.gov/Departments/DBCH/Docs/Drug-Overdose-Treatment-and-Prevention-Data-Trends-Dutchess-2018.pdf

[17] Clear Impact Scorecard. Opioid and prescription drug overdose prevention program. Retrieved from https://embed.resultsscorecard.com/PerfMeasure/Embed?id=359700

[18] https://www.dutchessny.gov/Departments/DBCH/Docs/Drug-Overdose-Treatment-and-Prevention-Data-Trends-Dutchess-2018.pdf

[19] CDC Breastfeeding Report Card. Retrieved from CDC.gov

[20] NYS Prevention Agenda and Prevention Agenda Scorecard. Retrieved from health.ny.gov

# Community needs assessment findings

## Infectious Disease

Healthcare-associated infections (HAIs) are infections that patients acquire in healthcare facilities while receiving medical or surgical treatment. The Healthy Connecticut State Health Improvement Plan objectives include reducing the incidence rates for multidrug-resistant organisms by 5%, specifically methicillin-resistant Staphylococcus aureus (MRSA). In Connecticut overall, the baseline rate for MRSA, healthcare-facility onset (2012) was 4.2 per 100,000.[21]

Sharon Hospital is committed to reducing HAIs. In 2019, Sharon Hospital's patients did not experience any cases of hospital-acquired MRSA (0.0%).[22]

## Falls

Falls can cause serious injuries and are a leading cause of emergency department visits for injuries:

"In Connecticut, falls account for $1.37 billion a year in lifetime costs. They are the leading cause of emergency department (ED) visits for injuries, and cause nearly all hip fractures and one-third of all traumatic brain injuries. Children under 18 years of age and adults 65 years of age and older each account for about three out of every 10 ED visits for falls."[23]

In New York State, fall-related injuries are the leading cause of injury hospitalizations among children ages 0-14 and adults 25 years and older. Falls are the leading cause of unintentional injury deaths for those 45 years and older.

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[21] Healthy Connecticut State Health Improvement Plan 2020.
[22] Sharon Hospital Internal Quality Data.
[23] Healthy Connecticut State Health Improvement Plan 2020.

# Community health survey

Sharon Hospital and New York-based HealtheConnections partnered in the Local Health Department Prevention Agenda Collaborative. The Collaborative then designed a survey to collect information around the health of the community. Responses to survey questions contributed to the Community Health Needs Assessment and will inform future health improvement efforts in the region.

**Methodology and Design**

Siena College Research Institute was hired to administer the survey over the phone. Calls took place between April and September of 2018. Both landlines and mobile phones were used to reach participants.

Results were weighted by gender, age, race and region according to the U.S. Census 2010.
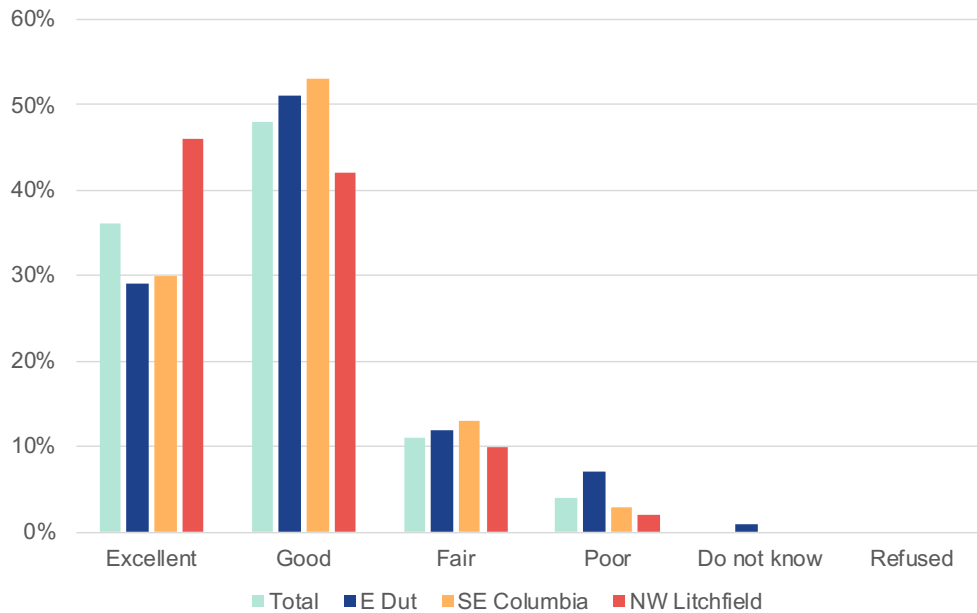
**Nature of the Sample**

A total of 414 surveys were collected in Eastern Dutchess (E Dut), Southeast Columbia (SE Columbia) and Northwest Litchfield (NW Litchfield) counties.

| Gender | |
|---|---|
| Male | 50% |
| Female | 50% |
| **Region** | |
| E Dutchess | 50% |
| SE Columbia | 9% |
| NW Litchfield | 41% |
| **Employment** | |
| Employed | 51% |
| Not Employed | 46% |
| **Veteran in Home** | |
| Yes | 19% |
| No | 50% |
| **Health Insurance** | |
| Employer/Spouse | 44% |
| Medicare/Medicaid | 29% |
| Other | 20% |

| Age | |
|---|---|
| Under 55 | 48% |
| Over 55 | 42% |
| **Living Arrangement** | |
| Own | 64% |
| Rent/Other | 34% |
| **Children in Household** | |
| Yes | 28% |
| No | 70% |
| **Disabled Person in Home** | |
| Yes | 24% |
| No | 74% |
| **Income** | |
| <$25k | 11% |
| $25k to <$50k | 16% |
| $50k to <$100k | 24% |
| >$100k | 24% |

# Community health survey

## Summary of findings
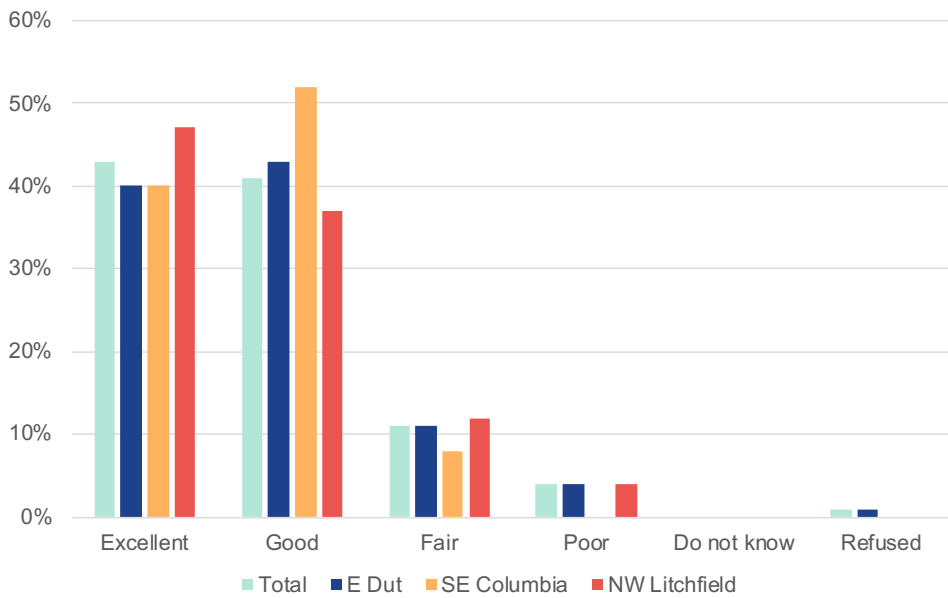
**In general, how would you rate your overall health?**



Legend: Total, E Dut, SE Columbia, NW Litchfield

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



Legend: Total, E Dut, SE Columbia, NW Litchfield

**How would you rate your overall mental health?**



Legend: Total, E Dut, SE Columbia, NW Litchfield
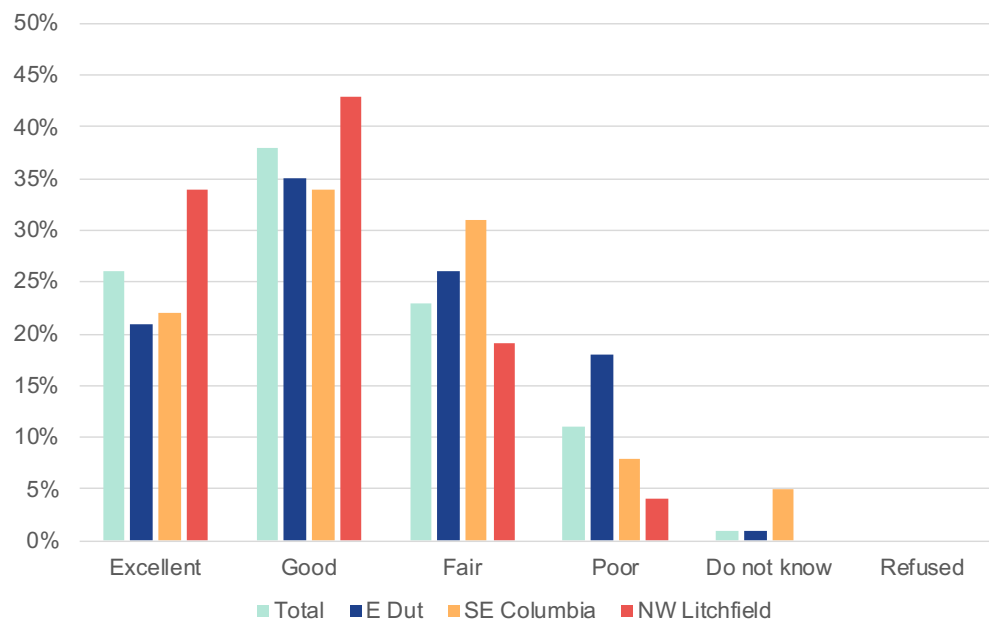
**Less than 1 in 3 with history of mental or substance use disorder receive care.**



Yes 31%
No 69%

Of those who answered no:

- 70% choose not to receive care
- 11% do not have time
- 8% do not have enough money
- 8% are uninsured
- 3% do not have transportation
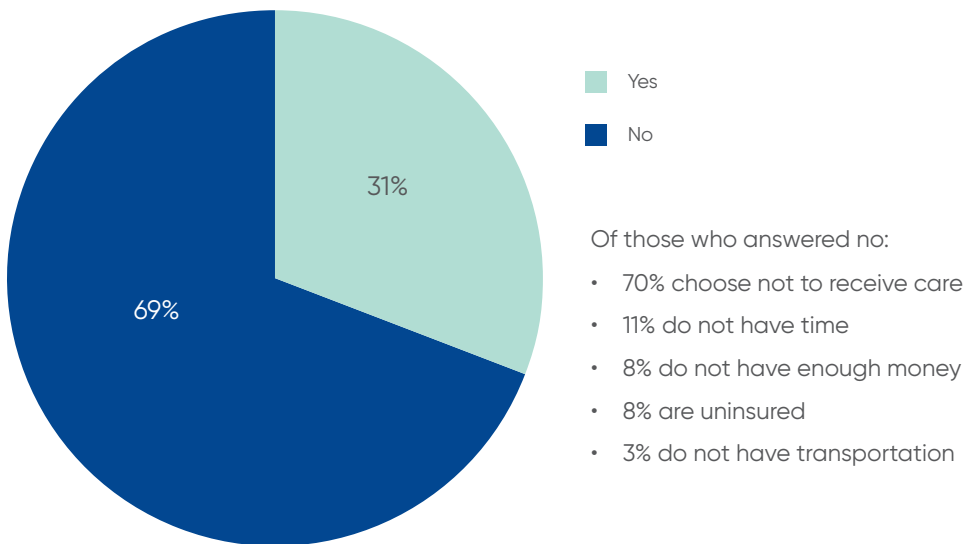
# Community health survey

## Summary of findings

**Mental health is impacted by history of mental or substance use disorder.**
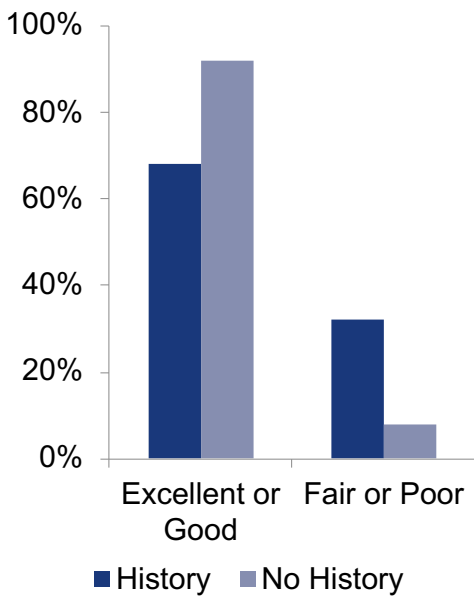


Those with a history of mental health or substance use disorder are four times more likely (32% vs. 8%) to assess their current mental health as Fair or Poor.
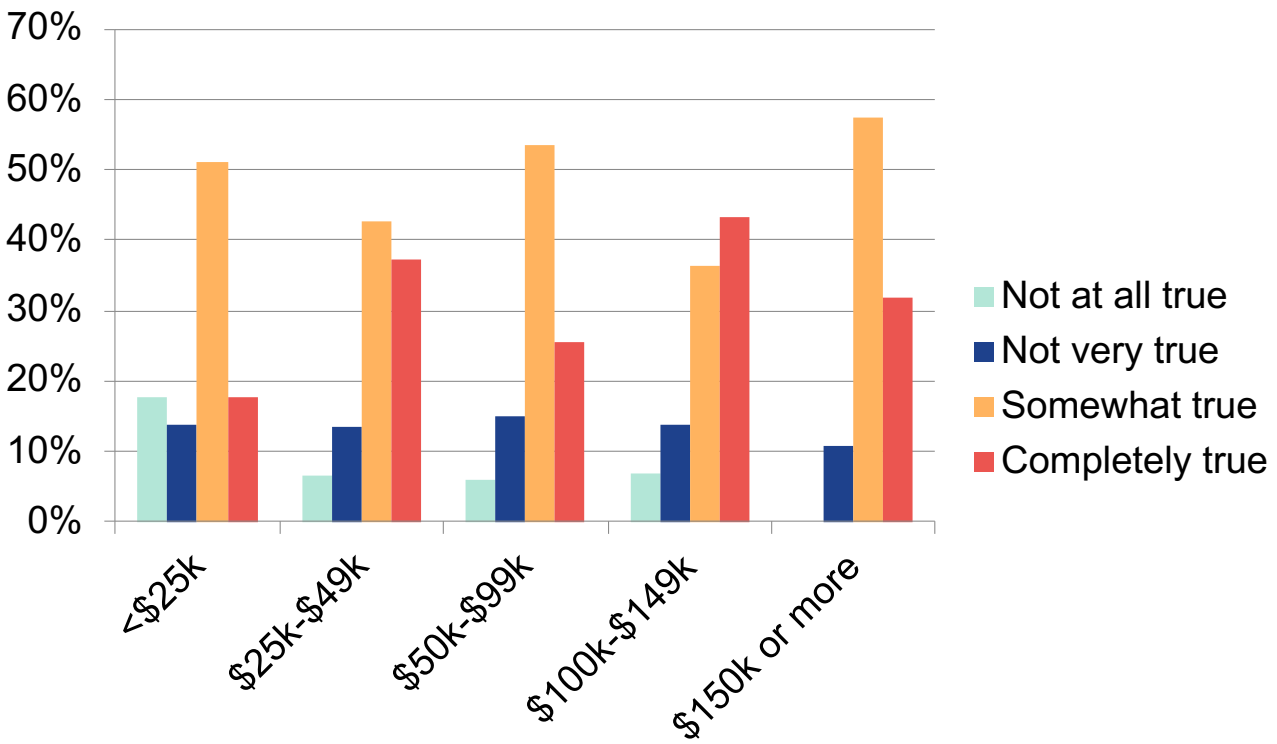
**Of respondents, 53% report being told they have a chronic disease or illness.**
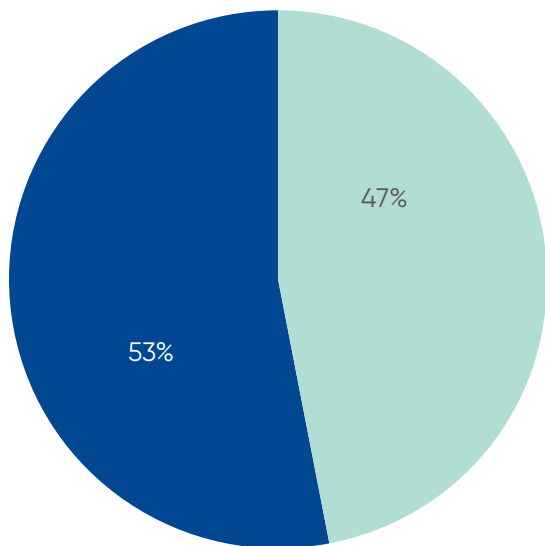


92% of those who answered yes are somewhat or very confident that they can manage their physical health condition, but those with lower incomes display less confidence.

**Access to affordable food that is healthy and nutritious goes beyond income?**



Legend:
- Not at all true
- Not very true
- Somewhat true
- Completely true

X-axis categories: <$25k, $25k-$49k, $50k-$99k, $100k-$149k, $150k or more

# Prioritization of health issues and improvement plan

**Sharon Hospital Priority Area 1: Chronic Disease Prevention/Control**
Chronic diseases and conditions such as heart disease, stroke, cancer, type 2 diabetes, obesity and arthritis are among the most common, costly and preventable of all health problems. Chronic diseases pose a major public health issue, as they are responsible for seven in 10 deaths among Americans each year.[24] Over half of the community survey respondents answered that they currently have a chronic disease. In both Connecticut and New York, heart disease is the leading cause of death in the state. Rates of heart disease deaths are higher in Litchfield County than Connecticut overall, and Dutchess County also experiences high heart disease death rates.

**Sharon Hospital Priority Area 2: Mental Health, Alcohol and Substance Abuse**
Mental health problems are very common in the United States, with an estimated 50% of all Americans diagnosed with a mental illness or disorder at some point in their lifetime.[25] In addition, people who suffer from mental health problems are at high risk for many unhealthy and unsafe behaviors, such as alcohol or drug abuse, violent or self-destructive behavior and suicide.[26] In Connecticut, residents are more likely to die from an unintentional drug overdose than a motor vehicle accident, with a majority of these deaths attributed to overdose of prescription opioid painkillers.[27] In the Berkshire Taconic Community Foundation's A Closer Look report, nearly 70% of all residents said that addressing substance abuse is extremely important to improving lives in the community served by Sharon Hospital.

**Dissemination to the Public**
Sharon Hospital will make this Community Health Needs Assessment and Community Health Improvement Plan available in PDF format on its website: **healthquest.org/community**. In addition, printed copies of these documents will be made available to the public free of charge at Nuvance Health's corporate office and at Sharon Hospital.

**Maintaining Engagement and Tracking Progress**
Sharon Hospital has a Community Health Needs Committee (CHNC) with representation from board members, the executive team, hospital staff, community members and representatives from local community organizations. The CHNC is tasked with overseeing the development and updating of community health needs assessments, monitoring the hospitals' responses to the assessment to ensure that the identified healthcare needs are being met, and reporting back to the hospital and Nuvance Health boards. Additionally, representatives from the hospital participate in community boards and task forces that keep them in regular touch with community partners. The CHNC meets quarterly to review progress toward the goals stated in this document and determine if any changes to objectives are required. Project-specific workgroups also meet regularly to implement the tactics outlined in this document.

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[24] Centers for Disease Control and Prevention, https://www.cdc.gov/chronicdisease/resources/publications/aag/NCCDPHP.htm
[25] Centers for Disease Control and Prevention. Retrieved from https://www.cdc.gov/mentalhealth/data_publications/index.htm
[26] Healthy Connecticut State Health Improvement Plan 2020.
[27] Healthy Connecticut State Health Improvement Plan 2020.

## Priority Area 1: Chronic Disease Prevention/Control

**Healthy Connecticut 2020 Goal:** Reduce the prevalence and burden of chronic disease through sustainable, evidence-based efforts at risk reduction and early intervention.

| Focus Area | Sharon Hospital Goal | Intervention | Objective | Partners |
|---|---|---|---|---|
| Preventative Care and Management | Promote awareness of the dangers of chronic disease through an array of evidence-based and supplemental programs | American Cancer Society's Fresh-start Smoking Cessation Program | Four-class program is designed to provide successful tools and strategies for quitting smoking. Offered 6 times per year. | American Cancer Society |
| Healthy Eating and Food Security | Promote awareness of the dangers of chronic disease through an array of evidence-based and supplemental programs | LION (Let's Improve our Nutrition) School Program | Each month, students are introduced to healthy eating and offered healthy tastings at lunch. Program includes worksheets for kids and take-home material for parents. | T/Dover Lions Club, Wingdale Elementary School. Program will expand to additional schools in 2020. |

## Priority Area 2: Mental Health, Alcohol and Substance Abuse

**Healthy Connecticut 2020 Goal:** Improve overall health throughout lifespan, through access to quality behavioral health services that include screening, early intervention, prevention and treatment.

| Focus Area | Sharon Hospital Goal | Intervention | Objective | Partners |
|---|---|---|---|---|
| Mental Health, Alcohol & Substance Abuse | Promote the awareness of mental health problems through practical, attainable early intervention and prevention programs | Mental Health First Aid Training | Provide the community with knowledge and skills to help individuals experiencing a mental health problem or crisis. Offered 6 times a year. | National Council for Behavioral Health |
| Mental Health, Alcohol & Substance Abuse | Reduce the number of unwanted prescriptions in the community | Participate in the DEA's National Drug Take-back Day | Provide the community a place to safely dispose unwanted prescription, over-the-counter and pet medications. | Local law enforcement, local DEA, local media |
| Mental Health, Alcohol & Substance Abuse | Prevent opioid overdose deaths | Opioid Stewardship | Reduction in opioid use as first-line treatment; training of providers; establish a referral base. | Physicians, system partner hospitals, community referral resources |

# Appendix

**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 or CT, terminate]

3. What county do you live in? [If not Dutchess, Orange, Rockland, Putnam, Sullivan, Ulster, Westchester or Litchfield, CT (?), 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?
   [insert scale to match others]
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 healthcare 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 well-being. 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. Eat a balanced, healthy diet
B. Exercise for 30 minutes or more a day
C. Get 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?
*As 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 healthcare, 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 as needed: for things like co-payments, medications, etc.).
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 checkup 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 checkup or cleaning? (SELECT ALL THAT APPLY)
A. I did not have insurance.
B. I did not have enough money (prompt as needed: for things like co-payments, medications, etc.).
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 (1) 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 or therapist for one-on-one 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, etc.).
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 smartphone
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

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