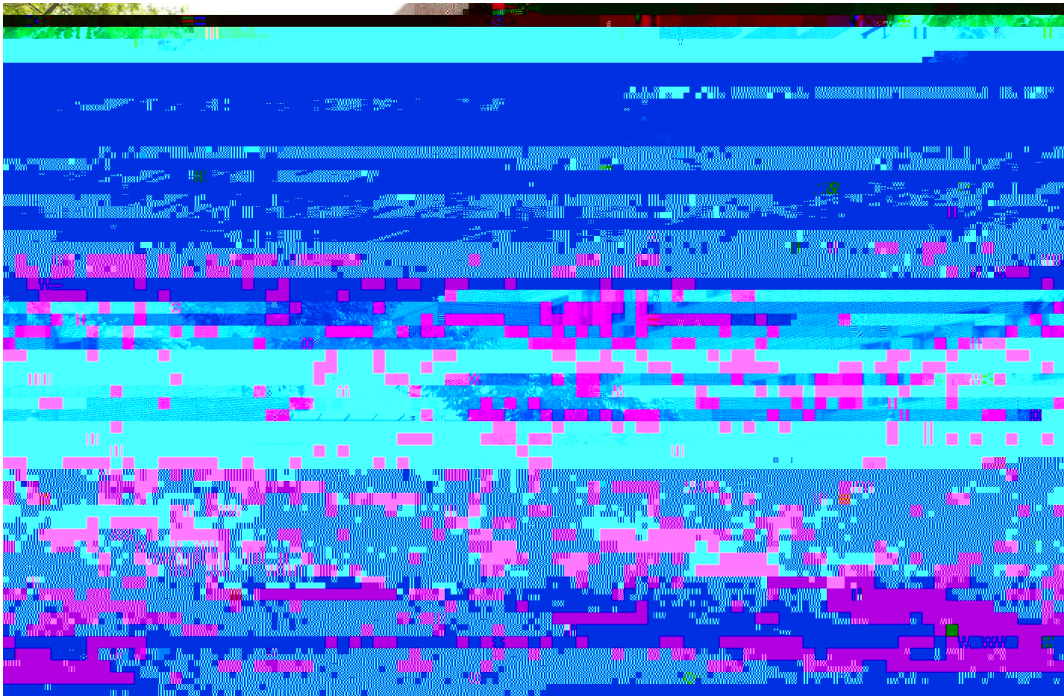


# WINTHROP-UNIVERSITY HOSPITAL COMMUNITY HEALTH NEEDS ASSESSMENT 2016



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*Adopted by the Board of Directors November 8, 2016*



C (See map below). Based on an analysis of our patient population, 80.9% of discharges come from these areas (see table 1). The assessment concentrated on our primary service area. Our secondary service area, Suffolk County and Eastern Queens, respectively, Areas D and E, is considered



from 2013.

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Preventable Disease and



confidence level of 95% and a confidence interval of 2.03. We had a response of 672 surveys from select communities, meaning a confidence interval of 3.78 with a confidence level of 95%. These values are based on the 2010 census for Nassau County.

The following is a brief description of survey demographics:

Gender 72% Female, 28% male  
Household income 50% over \$75,000; 16.5% \$50,000-\$74,999; 13% \$20,000-\$34,999; 11% below \$19,999; 9.5% \$35,000-49,999  
Age 27% over 65; 32% 55-64; 18% 45-54; 13% 35-44; 14% 25-34; 6% 18-24  
11% self-employed;  
Insurance 92% Insured; 8% Uninsured  
Race 77% White/Caucasian (18.2% identified as Hispanic or Latino); 13% African American; 7% Asian, 3% Multi-racial\*  
Education 57% College graduate or above; 21% some college or technical school; 16% high school graduate; 6% some high school or below

Surveys were distributed by paper and electronically through Survey Monkey to community members. The electronic version placed rules on certain questions; for questions 1-5 an individual could select 3 choices and each question was mandatory. Although the rules were written on the paper survey, people did not follow them. The paper surveys were sorted into a list where any number of answers could be selected and others could be skipped.

Analysis Results:

1. When asked *what the biggest ongoing health concerns in the community where you live*:

Nassau County Respondents felt that Cancer, Drug and Alcohol Abuse and Obesity/Weight Loss were the top three concerns.

- o In Nassau, these three choices represented 43% of the total responses.
- o Select communities cited Cancer, Diabetes and Drug and Alcohol Abuse. This represented 40% of the total responses.

2. When asked *what the biggest ongoing health concerns for yourself*:

Nassau County respondents felt that Heart Disease and Stroke, Cancer, and Obesity/Weight Loss were the top three concerns.

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To measure professional

A script for facilitators was developed and used as our primary data collection tool. Adapted from the V # ) = M @ @ in 2013, this tool was revised to meet a facilitated discussion format. Questions were composed to evoke an inherent response at first and then expanded upon to encourage digging deeper to obtain a more focused response. Questions pertained to health problems and concerns, health disparities, barriers to care, available services, and opportunities for improvement. A copy of the script is available in Appendix 2.

Court reporters were positioned at each table during the event to accurately capture conversations.  
Post



Planned Parenthood of Nassau County Hempstead, NY	1. Sexuality Educator 2. Family Planning Benefits Coordinator
PULSE of Long Island Wantagh, NY	1. President
Right at Home Long Island, <i>Homecare &amp; Assistance</i> Hicksville, NY	1. Owner
Society of St. Vincent de Paul Bethpage, NY	1. Program Support Associate
The American Cancer Society Hauppauge, NY	1. Health Systems Manager, Primary Care
United Way of Long Island Deer Park, NY	1. Vice President, Community Impact
Utopia Homecare Kings Park, NY	1. Certified Senior Advisor, Age in Place Specialist

## Summary of Findings

### *Data Analysis*

ATLAS TI Qualitative Data Analysis software was used to guide and structure analysis process. Members of the Qualitative Analysis team discussed strategy and logistics of project from beginning to completion of report. Alyssa Dahl, Principal Research Analyst, served as the lead analyst on the project, during which she offered expertise on strategy, direction, running qualitative data through Atlas TI software, producing meaningful synthesis of data elements and assisting in the description of . . . . . The complete team is:

### *Analysis team:*

Dr. Laurel Janssen-" . . . . . 'h . . . . . # ' o 'K . . . . . # . . . . .



2	Mental Health	36.9%
3	Healthy and Safe Environment	26.6%
4	Healthy Women, Infants and Children	24.9%
5	HIV, STD and Vaccine Preventable Disease and Health Care-Associated Infections	8.1%

\*Cumulative number of focus area quotations with Nassau county code and total number of quotes applicable to Nassau County.

Summit discussions also addressed disparities, barriers to care, and other social determinants of health. The following is a brief description of some of the highlights.

*Disparities* among the senior population were of high importance to summit participants, with 17% of quotations in Nassau County being coded under this topic. Other disparities included special population disparities, age, language, race, gender-identity-orientation disparities, and religious disparities.

*Barriers to care* were discussed frequently during the summit event, with a majority of conversation surrounding this topic. The top three emerging focus areas included: access, financial and insurance barriers. Access barriers included themes related to access to care, housing and transportation. Financial barriers included affordability, barriers to funding, financial burdens, pay scales and poverty. Insurance barriers include keywords related to emergency Medicaid, high deductibles, insurance policies, pending Medicaid, uninsured, undocumented, and copayments.

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- Obesity, Chronic Disease (Cancer, Cardiovascular Disease) and Mental Health emerged as priorities

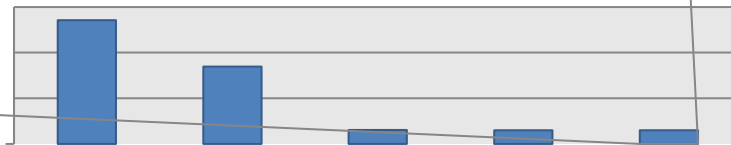
#### Summit Results

- Chronic disease reported
- Obesity ranked as a risk factor
- Mental Health reported as important



#### IV. PRIORITIZED SIGNIFICANT COMMUNITY HEALTH ISSUES

In addition to the collaborative assessment which identified the prevalence of preventable hospital admissions and the concerns of the community, Winthrop reviewed the top causes of death in Nassau County from 2012–2014 (see below). They were: heart disease, cancer, unspecified dementia, CLRD (chronic lower respiratory disease, i.e., asthma, COPD), and stroke. This is slightly different from our CHNA of 2013, with the inclusion of a new cause—unspecified dementia.



The top causes of death in Nassau County in select communities during the same time period were slightly different (see below). They were heart disease, cancer, CLRD, stroke and unspecified dementia.

These statistics support the concerns that emerged during our assessment. The health conditions cited as the leading cause of death are categorized as chronic conditions and obesity is widely identified as a contributing risk factor. According to the Center for Disease Control, chronic diseases are responsible for 7 of 10 deaths each year, and treating people with chronic disease

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Cancer Prevention/Awareness Cited as a top concern among community members; education is needed about prevention and screening.

Healthy & Safe Environment Ranked as the third concern in both the community survey and summit. One of the aspects of this category is fall prevention. The CDC cites falls as costly and a leading cause of death and disability.<sup>6</sup> The Prevention Agenda Dashboard also identified the rate of hospitalizations due to falls per 10,000 seniors aged, 65+ as 222.5 According to SPARCS data as of January, 2016, there is no significant change, therefore, intervention is still needed.

[https://apps.health.ny.gov/doh2/applinks/ebi/SASStoredProcess/quest?\\_program=/EBI/P/HIG/apps/dashboard/pa\\_dashboard](https://apps.health.ny.gov/doh2/applinks/ebi/SASStoredProcess/quest?_program=/EBI/P/HIG/apps/dashboard/pa_dashboard)

‡ The category of Healthy Women, Infants and Children was highlighted during the summit and in the surveys. C well child visits; child neglect; safe childcare options; developmental delays and dental reproductive care; young mothers and utilization of preventive health services for mothers.

#### PRIORITIZATION

The following criteria were utilized in determining the prioritization of needs:

SPARCS data (201-12-2014), NYSODH Vital Statistics, NYS Cancer Registry and the NYSDOH Surveillance System

‡ ) 'hj @h j '@

The severity of the public health need

Perceptions of the community identified in community survey & CBO Summit

Resources both hospital and community-

1. Prevention and management of chronic disease
2. Reduce obesity in children and adults
3. Cancer Prevention & Screening
4. Healthy & Safe Environment (Fall Prevention)
5. Mental Health and Substance Abuse
6. ‡            ·    #            ·    =

## V. POTENTIALLY AVAILABLE RESOURCES

In addition to the resources that Winthrop is planning to commit, such as staffing, space and materials, Nassau County has a number of available resources to help meet community needs. Our County boasts 12 hospitals (including Winthrop), an adequate number of primary care physicians, five federally qualified health care centers in areas of high need, and numerous community-based organizations. Community members can access resources at [www.hitesite.org/](http://www.hitesite.org/), [www.211.org/](http://www.211.org/) and of course, at







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Evaluation of Impact This is a new intervention. Administrators at both Hempstead and Westbury locations have praised the partnership and would like us to expand to other Head Start locations. More parents in the form of support groups, parents did not respond. Going forward, we hope to attend parent meetings in the spring and fall to explain the program more fully and encourage participation.

#### PROMOTE EXCLUSIVE BREASTFEEDING

Since breastfed infants are less likely to develop medical problems such as childhood obesity, respiratory and gastrointestinal infections and are at lower risk for childhood cancers, asthma and Sudden Infant Death Syndrome (SIDS), a strategy identified in 2013 was to a



steadier on their feet. Another 50% feel sure they

*Follow-Up Workshop Participant Evaluation* In addition to the above, Winthrop distributes a post- collects information regarding the impact the program has on participants over a longer period. The following is a short summary:

- 75% indicated that they felt more self-confident performing daily activities
- 72.3% indicated that they were stronger and more flexible
- 68.4% indicated that their balance improved
- 67.1% indicated that their posture has improved.

## WOMEN'S HEALTH

‡ Women's Wellness Center in Hempstead addresses the health disparities of this select community. They offer a wide variety of obstetrical and gynecological services, as well as on-site risk assessment, smoking cessation support, genetic counseling, nutritional counseling along with gestational diabetes education. Additional services include: psychosocial counseling, depression screening at each visit, postpartum depression screening and referrals, bereavement counseling, education on domestic relationship abuse/sexual abuse, assessment of living conditions and cultural diversity.

To meet the needs of the community, the site features a Medicaid Enrollment Specialist for uninsured patients; Charity Care Application and self-pay rates are available as well. They participate with NYS Medicaid and most Medicaid Managed Care HMO plans.

Evaluation of Impact - During 2016, the Center averaged 2200

The practice focuses on four important conditions: obesity, asthma,