

Community Service Plan

*Including Community Health Needs Assessment
and Implementation Strategy*



2013



Comprehensive Three-Year Community Service Plan 2013-2015

1. Hospital Mission Statement

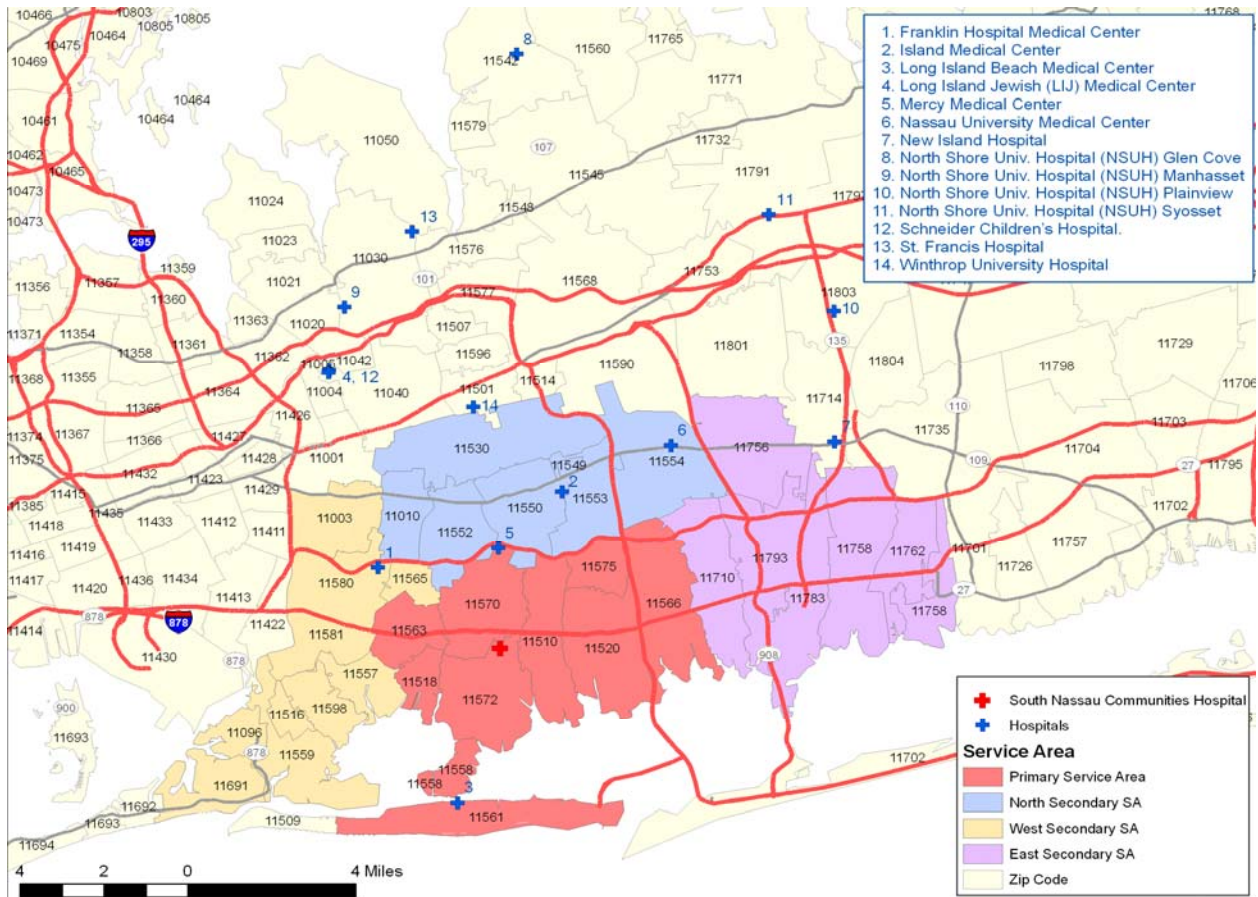
A. Mission Statement for South Nassau Communities Hospital

It is the mission of South Nassau Communities Hospital (referred to as South Nassau Hospital) to provide high quality, comprehensive and easily accessible health care services to all residents of the South Shore communities in a manner which reflects a culture of excellence, personalized culturally competent care, and innovation.

The community service plan is in alignment with the Hospital's mission. The mission statement remains unchanged.

2. Definition and Brief Description of the Community Served

The Hospital's service area comprises all villages in Nassau County that lie east of the Cross Island Parkway and south of the Southern State Parkway, as well as the villages of Levittown, Garden City, Roosevelt, Uniondale, East Meadow, Malverne and Far Rockaway. The Hospital's service area has not changed. Primary and secondary service areas are defined by zip code as follows:



Primary: Oceanside, Rockville Centre, Baldwin, Freeport, Merrick, East Rockaway, Lynbrook, Long Beach, Island Park and Roosevelt.

Secondary: Bellmore, Wantagh, Seaford, Massapequa, Massapequa Park, Atlantic Beach, Franklin Square, West Hempstead, Elmont, Hempstead, Lido Beach, Levittown, Garden City, Uniondale, East Meadow, Inwood, Cedarhurst, Hewlett, Lawrence, Malverne, Valley Stream, Woodmere and Far Rockaway.

3. Public Participation

A. Involved Participants: A community health assessment/community health improvement plan (CHA/CHIP) collaborative workgroup was formed with representation from the five not-for-profit hospitals in Nassau County, local academic partners and the Nassau County Department of Health. As meetings began in the Fall of 2012, this collaborative group determined that in addition to census, hospitalization and vital statistics data, the assessment should include the “voice of the community” (e.g. the community’s perception of need) (see Appendix A for meeting participants and dates). The group agreed that both quantitative and qualitative data should be collected from community organizations and the population-at-large. Two subcommittees were formed to accomplish this task: 1) Community-Based Organizations; and 2) Community-Wide Individual Survey (see Appendix A for committee membership).

1. Community-Based Organizations Subcommittee

A list of community organizations was compiled based upon recommendations from both the CBO subcommittee and the larger CHA/CHIP committee. Emphasis was placed on groups that addressed one or more of the following populations: minorities / medically underserved, seniors, women’s/children’s services, special populations and individuals with disease-specific conditions. The community-based organizations that provided input were the following:

- American Cancer Society, Syosset, NY**
- The Long Island GLBT Services Network (Gay, Lesbian, Bisexual, Transgender), Garden City, NY**
- American Diabetes Association, Melville, NY**
- The Long Island Council of Churches, Hempstead, NY**
- American Heart Association, Plainview, NY**
- Mental Health Association of Nassau County, Inc., Glen Cove, NY**
- Catholic Charities – Diocese of Rockville Centre, Hicksville, NY**
- Nassau County Perinatal Services Network, Uniondale, NY**
- Circulo de la Hispanidad, Inc., Hempstead, NY and Long Beach, NY**
- Planned Parenthood of Nassau County, Hempstead, NY; Massapequa, NY and Glen Cove, NY**
- FEGS Health & Human Services (Federation of Employment and Guidance Services), Hempstead, NY**
- Project Independence – Town of North Hempstead (Naturally Occurring Retirement Community-NORC), Roslyn Heights, NY**
- The Health and Welfare Council of Long Island, Hempstead, NY**
- Sustainable Long Island, Farmingdale, NY**
- Island Harvest, Mineola, NY**
- United Way of Long Island, Deer Park, NY**
- Jewish Association Serving the Aging (JASA), Long Beach, NY and Mineola, NY**

2. Community-Wide Individual Survey Subcommittee

Similar to the CBO subcommittee, representatives from the Nassau County Hospitals and the Nassau County Department of Health collaborated in developing a community-wide survey in both English and Spanish (see Appendices B and C). The survey was translation was completed and certified by Pacific Interpreters (see Appendix D). The team agreed that the use of a uniform survey distributed widely throughout communities in Nassau County would help ascertain the health perceptions and key concerns of residents, as well as identify service needs and barriers to care.

B. Public Input Process and Description of Outcomes Including Barriers or Gaps in Service

Public Input Process: The Community-Based Organizations (CBO) Subcommittee was charged with conducting key informant interviews with Nassau County's health and human services providers. The subcommittee met on January 25, 2013 to develop a list of key community organizations, a pre-interview questionnaire and a CBO interview guide. Next, the subcommittee developed a pre-interview questionnaire. The pre-interview questionnaire would be used to provide background information (e.g. type of services provided, demographics of persons served) prior to the in-person CBO interviews.

The qualitative CBO interview guide included questions with added prompts regarding New York State's Five Prevention Agenda Priorities; significant health problems in the CBO's communities; barriers to care; quality of care; current health services; and recommendations for improving services.

Finally, a specific interviewer was assigned to each CBO. The interviewers were comprised of representatives from the hospitals, the academic partners and the county health department. Interviewers were responsible for all contact with their assigned CBO. This included initial phone contact (i.e., obtain name of organizational representative and agreement to participate), e-mail contact to complete the pre-interview questions and an in-person interview at the CBO.

Interviewers were also required to participate in a training session to ensure consistency across the interviewing process. This training was provided on February 6, 2012, by an Assistant Professor of Preventive Medicine in the Divisions of Evaluative Services and Community Health at Stony Brook University. As a result of the training, modifications were made to the interview guide. A copy of the final CBO interview guide is included in Appendix E1. The group agreed that all interviews should be audio recorded and transcribed. Transcription duties were shared among the hospitals and health department.

Staff from the Nassau County Department of Health interviewed three potential consultants to conduct the qualitative analysis of the key informant interviews. With

input from an academic partner, a doctoral candidate in Public Health at CUNY Graduate Center was selected. The hospitals contracted with and paid for the consultant. The consultant coded the key informant transcripts using Atlas TI software. Coding reliability was tested and an analysis was conducted to identify emergent themes. A total of 17 key informant interviews were included in the analysis. The list of participating CBOs is included in Appendix A.

Public Input Process: The Community-Wide Individual Survey subcommittee developed a quantitative tool to query individuals residing in Nassau County. The format of the survey was derived from a template that was tested and used by one of the participating hospitals (St. Francis) in prior years. Criteria for developing key questions and multiple choice responses included Prevention Agenda priorities, goals and barriers to health, strategies, demographic information. Common terminology was used as opposed to public health language to ensure clear communication. The survey was distributed through Survey Monkey, hospital outreach programs, public libraries, NCDOH Programs and County Agencies, and other outlets such as faith-based organizations, community centers, and social media.

Individuals were asked to identify up to three main health concerns from a selected list of answers. The purpose of highlighting three was to enable the team to establish a focused group of priorities. Questions were designed to determine the individual perceptions regarding the biggest ongoing health concerns in their community, their personal health concerns, and what they considered as barriers to treatment. Additionally, they were asked to identify what they feel is most needed to improve the health of the community, including health screenings and educational resources. The last question asked where respondents get most of their health information. For all questions, respondents were asked to “check all that apply.” Demographic information was collected, asking respondents to identify the location where they received the survey, their sex, age, and zip codes for where they work and live. All surveys were anonymous, and offered in English and Spanish (translation certified by Pacific Interpreters, see Appendices B, C and D).

Completed forms were sent to the Nassau County Department of Health for analysis. Descriptive, quantitative data analysis was conducted by inputting answers into Survey Monkey, downloading them into Excel and determining frequencies / percentages. A convenience sample was used to administer the survey in as many locations as possible in an effort to gain a wide representation of the Nassau County population. It reached a broad spectrum of community residents from many different zip codes. According to 2010 US Census estimates, 19% of Nassau County’s population reside in select communities. Out of 1070 surveys returned, 25.8% were from select communities, indicating that there was proportionate representation from populations with health disparities.

Outcomes. The survey results were shared with the CHA/CHIP committee on May 15, 2013 (see Appendix F). The findings are summarized below. Responses were analyzed according to two separate populations: the whole of Nassau County and select communities within Nassau County. The select communities are those designated by the Nassau County Department of Health as having health disparities. Women were the primary respondents, accounting for 72.4% from Nassau County and 79.1% from the select communities.

- Blood pressure and diabetes screenings were cited at the top priorities in the educational/screening category. Routine well visits were important in both populations; however, exercise and physical activity ranked higher for Nassau County (26.85%) than the select communities (19.3%).
- The top three ongoing health concerns in the Nassau County population were cancer, obesity and diabetes. Percentages in this category ranged from 33% to 44%. Select communities highlighted diabetes, drug and alcohol abuse, and cancer, with percentages ranging from 37.2% to 40.5%.
- Cancer was ranked as the biggest personal health concern for individuals in both populations (35.6% in Nassau County and 37.2% select communities). Other personal health concerns included heart disease and stroke, women's health and diabetes.

Barriers. The following barriers to health care were identified: inadequate public transportation in the county; language barriers for non-English speaking persons seeking quality health services; lack of awareness of available health resources (e.g. need to update 211 information banks); undocumented immigrant populations not accessing health care services due to fear of being reported, and LGBT populations not accessing care due to fear of being treated differently. Other themes included: the need for more in-home health and mental health services for home-bound seniors; heavy reliance on emergency rooms for primary care; and the need for women to play a larger role in helping men access needed health services.

Public Notification. CBO interviews were conducted by the CBO subcommittee representative and any added informants/stakeholders participating in the interview process were identified by the CBO. With respect to the Community-Wide Individual Surveys, public notification was accomplished by the organizations via customary marketing and publicity which included posting on websites, flyers and external communications describing the event/forum and opportunities to participate by completing the survey. Surveys were available online to be completed via Survey Monkey and were also available in paper format for those who may not have had access to a computer.

4. Assessment and Selection of Public Health Priorities

As described in the previous section, data collected from CBOs and individuals residing in Nassau county yielded results indicate that the public is concerned about disease management and prevention, as well as affordable access to quality health care. The significance of obesity was also revealed; healthier food choices were requested, as well as exercise programs and more diabetes screenings. Substance abuse was also cited as a significant health issue. Survey findings were presented to the CHA/CHIP committee on May 15, 2013 (see Appendix F). The findings are summarized below:

Chronic Disease

Chronic disease was reported overwhelmingly as the most pressing health problem, with 50% ranking it as the #1 health priority. The most commonly mentioned chronic diseases were diabetes, heart disease and cancer. Obesity was seen as the most important risk factor for chronic conditions and preventing obesity among youth, especially among minority populations, was a strong theme. Other issues included: coordination of care for persons, especially the elderly, with multiple co-morbidities; prevalence of smoking among the mentally ill population; and the need for more time and money to be allocated to prevention efforts.

Healthy & Safe Environment

Common themes included: poor diets, access to healthy food, lack of nutritional information and lack of exercise options for minority and low socio-economic groups. Other problems faced by low socio-economic, minority and immigrant populations were an increase in unsafe living environments (e.g. mold) due to Hurricane Sandy and environmental justice issues (e.g. water quality, built environment, outdoor air quality).

Healthy Women, Infants & Children

Issues raised by the CBOs included: lack of childcare funding for low-income workers, underutilization of health services by pregnant teens and older women and lack of awareness of the importance of prenatal care among high-risk populations.

Mental Health and Substance Abuse

The CBOs noted an increase in the prevalence of mental health issues across all age groups and inadequate resources to address these issues, especially among the senior population. County residents are delaying or not seeking mental health treatment due to the stigma associated with receiving services. Pain medication abuse is an increasing problem. Post-Hurricane Sandy, there has been an increase in both substance abuse and mental health problems.

HIV, STD, Vaccine Preventable Diseases

There is limited funding for HIV awareness, screening and prevention. Strict eligibility requirements for HIV treatment coverage present a barrier to care.

Other Health Issues Identified

The following barriers to health care were identified: inadequate public transportation in the county; language barriers for non-English speaking persons seeking quality health services; lack of awareness of available health resources (e.g. need to update 211 information banks); undocumented immigrant populations not accessing health care services due to fear of being reporting and LGBT populations not accessing care due to fear of being treated differently. Other themes included: the need for more in-home health and mental health services for home-bound seniors; heavy reliance on emergency rooms for primary care; and the need for women to play a larger role in helping men access needed health services.

As a result of the qualitative and quantitative data collection process outlined above, the following priorities emerged and were selected to be addressed in the next three-year comprehensive community service plan:

- Increase access to high quality chronic disease preventive care and management
- Reduce obesity in children and adults

Participating organizations and stakeholders have been discussed in previous sections. Based on the data collected via the community health needs assessment described in the previous section, two focus areas from the prevention agenda priority to *Prevent Chronic Diseases* were selected and will be addressed in South Nassau's comprehensive Community Service Plan (CSP). These two focus areas include: 1) Increase Access to High Quality Chronic Disease Preventive Care and Management in both Clinical and Community Settings; and 2) Reduce Obesity in Children and Adults. Both focus areas will also seek to address health disparities that exist in select communities that fall within the Hospital's primary (Freeport, Long Beach, Roosevelt) and secondary (Elmont, Hempstead, Uniondale) service areas.

5. Three-Year Plan of Action

Working with Nassau County DOH and other Nassau County hospitals, South Nassau developed a priority-setting plan to assist in determining which of the priorities outlined in the Prevention Agenda would be feasible to address as well as fulfilling the needs of its service area.

A. Selected Prevention Agenda Priorities

- **Increase Access to High-Quality Chronic Disease Preventive Care and Management**

Based on the data outlined above, the hospital leadership and community service plan group members selected to increase access to high quality chronic disease preventative care and management as one of the

prevention agenda priorities. Through a coordinated approach with the hospital's community partners, South Nassau aims to use and further enhance existing screening programs coordinated by the hospital's Department of Community Education as well as other hospital departments and service lines as appropriate.

Year 1:

Each September, South Nassau Hospital conducts its annual 5K Run/Walk and Multicultural Health Fair, a popular annual event that draws crowds of nearly 2,000 people. At this important community function, the overarching health care theme will focus on preventive care and management including screenings for health issues related to overweight and obesity (such as blood pressure, weight/BMI, waist circumference, cholesterol, etc.). On that day, hospital departments as appropriate will display and distribute educational materials to support these efforts.

This fair provides a wonderful opportunity for community members to directly interact with health care professionals who can provide one-on-one education, screening and referral to the appropriate programs. The Department of Physical Medicine and Rehabilitation, Home Care Department and Department of Community Education offered interactive educational games and perform risk assessments.

A number of South Nassau's community partners will also be participating in the event with information on preventive healthcare and management.

In October of each year, Senators Dean Skelos of Rockville Centre sponsors an Annual "Golden Gathering," a health fair for senior citizens in which South Nassau sponsors and distributes over 800 flu vaccines at no cost to all seniors in attendance.

Additional educational programs will be offered to the community using standardized education and assessment and pre/post measurement tools using nationally recognized best practices wherever possible. The following programs are slated for Year 1:

- Provide CATCH (Check-in And Take Charge of your Health) Screening program in local communities including those in select communities where disparities exist.
- Offer education regarding colorectal cancer, the importance of screening and offer screening in local communities including those select communities where disparities and/or increased at-risk populations are noted.

- Provide education regarding women’s health and the importance of early detection/screening for breast and cervical cancer in collaboration with identified community partners.
- Host “Healthy Living” series.
- Host “Diabetes Self-Management Programs” in English and Spanish as a means to promote use of evidence-based care to manage chronic diseases and promote culturally relevant chronic disease self-management education.

The committee will also publish standardized literature to promote the campaign and increase awareness and access. Successful implementation of the above-mentioned strategies will be measured by the following steps:

- a. Tracking the number of community education programs provided in the first year and the number of residents reached at these programs
- b. Pre- and post-test scores for both program participants comparing scores for improvement
- c. Track weight, BMI, waist circumference, percentage body fat, physical activity rates
- d. Track Self-Rated Abilities for Health Practices
- e. Participant feedback/program evaluation
- f. Rate of screening kits returned
- g. Rate of referrals indicated for positive findings
- h. Participant feedback/program evaluation

Year 2:

South Nassau will continue to raise public awareness of the economic and personal impact of Increased Access to High-Quality Chronic Disease Preventive Care and Management through a campaign publicized in the hospital’s community newsletter, public service announcements, Web site and brochures.

There would be an ongoing re-evaluation of screening and measurement tools to ensure effective outcomes for the populations they are designed to serve. The team would also provide additional community education programs and consider a tag line for marketing the Increase Access to High-Quality Chronic Disease Preventative Care and Management campaign.

Strategies will be modified with ongoing input from community members and community partners. Successful implementation of the above-mentioned strategies will be measured by the same methods used in Year 1.

Year 3:

Risk assessment and educational programs will be ongoing. The team will continue to evaluate the program to redirect education and make any other necessary modifications. Once the final adjustments have been made, the hospital will share best practices with other hospitals and community based organizations.

The same measures will be tracked as in the first and second year and modified as the programs are re-evaluated. In addition, public health indicator measures will be tracked for improvement as they become available.

- **Reduce Obesity in Children and Adults**

Reducing obesity in children and adults, South Nassau's second prevention agenda priority, will build upon a program initiated in 2012 by South Nassau's Department of Community Education. The hospital's program aims to help prevent adults from becoming obese as well as prevent other diseases and reduce risk factors that are associated with obesity, such as diabetes. South Nassau's prevention agenda priorities include educating the community about obesity as a social, cultural and health problem and keeping obesity related issues prominent in the minds of community members and leaders.

South Nassau's Department of Community Education aims to both help prevent adolescents and adults from becoming obese, as well as prevent other diseases that are associated with obesity, such as diabetes. South Nassau's prevention agenda priorities will include expanding the role of health care, health service providers, and insurers in obesity prevention by increasing participation in worksite wellness programs, becoming a Baby-Friendly hospital, creating community environments that promote and support healthy food/beverage choices and physical activity by conducting "Eat Healthy – Be Active" Community Workshops for adults and a S.M.A.R.T. (Student Media Awareness to Reduce Television) campaign for children, as well as participating in community health fairs and related activities targeting adults and children.

Year 1:

Each September, South Nassau Hospital conducts its annual 5K Run/Walk and Multicultural Health Fair, a popular annual event that draws crowds of nearly 2,000 people. At this important community function, the overarching health care theme will focus on preventive care and management including screenings for health issues related to overweight and obesity (such as blood pressure, weight/BMI, waist circumference, cholesterol, etc.). On that day, hospital departments as appropriate will display and distribute educational materials to support these efforts.

This fair provides a wonderful opportunity for community members to directly interact with health care professionals who can provide one-on-one education, screening and referral to the appropriate programs. The Department of Physical Medicine and Rehabilitation, Home Care Department and Department of Community Education will offer interactive educational games and perform risk assessments.

South Nassau will continue to survey the hospital's catchment area via focus groups and its Web site. Hospital community and physician newsletters will promote the reducing obesity campaign, and the hospital's employee newsletter will educate staff about the dangers of obesity, management of and its related diseases.

Additional educational programs will be offered to the community using standardized education and assessment and pre/post measurement tools using nationally recognized best practices wherever possible. The following programs are slated for Year 1:

- Become a Baby-Friendly Hospital (2nd Quarter 2014)
- Offer one 5-week session of CATCH (*Check-in And Take Charge of your Health*) to Hospital employees
- Launch worksite wellness committee & program
- Conduct two "Eat Healthy-Be Active" Community Workshops for adults (Freeport, Hempstead)
- Conduct one SMART program for children (Freeport, Hempstead)
- Participate in two community health fairs and/or related activities

The committee will also publish standardized literature to promote the campaign and increase awareness and access. Successful implementation of the above-mentioned strategies will be measured by the following steps:

- a. Tracking the number of community education programs provided in the first year and the number of residents reached at these programs

- b. Pre- and post-test scores for both program participants comparing scores for improvement
- c. Evaluation of the “10 Steps to Successful Breastfeeding”
- d. Rate of infants breastfeeding at discharge and at 6 months
- e. Lactation counseling and support available
- f. Weight, BMI, waist circumference, percentage body fat, physical activity rates
- g. Self-Rated Abilities for Health Practices
- h. Rate of consumption for fruits, vegetables and saturated fats
- i. Rate of sugary drink consumption
- j. Self-reported hours of television watched and SMART Questionnaire
- k. Participant feedback/ program evaluation

Year 2:

South Nassau will continue to raise public awareness of the economic and personal impact of Reducing Obesity in Children and Adults through a campaign publicized in the hospital’s community newsletter, public service announcements, Web site and brochures.

Ongoing re-evaluation of screening tools is planned to ensure effective outcomes for the populations they are designed to serve. The team would also provide additional community education programs and consider a tagline for marketing the Reducing Obesity in Children and Adults campaign.

Strategies will be modified with ongoing input from community members and community partners.

Successful implementation of the above-mentioned strategies will be measured by the same methods used in Year 1.

Year 3:

Risk assessment and educational programs will be ongoing. The team will continue to evaluate the program to redirect education and make any other necessary modifications. Once the final adjustments have been made, the hospital will share best practices with other hospitals and community based organizations.

(See Appendix G for a Table summarizing Goals, Improvement/Implementation Strategies, Performance Measures and Timeframes)

6. Dissemination of the Plan to the Public

The plan will be made widely available to the public through the following mechanisms:

- Advertisements on the hospital's Web site, in the community newsletter, physicians' newsletter and employee newsletter
- Dissemination to the public through community organizations and the hospital's External Affairs Department
- Dissemination to the public through South Nassau's Community Advocacy Committee

7. Brief Description of the Process to Maintain Engagement with Community Partners

The outcome and process measures to be used will follow the PDMAI (plan, design, measure, assess, improve) methodology used by the Hospital for performance improvement. Participant and provider feedback, experiences and observations will be assessed on an ongoing basis to make programmatic adjustments as needed. Engagement with internal and external/community partners will be facilitated through appropriate and timely meetings and forums to include (but not limited to) departmental meetings, community meetings and task forces/committees and the Hospital's Community Advocacy Committee.

8. Financial Aid Program

A. Successes and Challenges

Successes:

- South Nassau is a member of Facilitated Enrollment, a program established by the Nassau-Suffolk Hospital Council, which assists with facilitating the enrollment of patients in Medicaid, Family Health Plus and Child Health Plus. Twice weekly, personnel from the program are on-site at South Nassau Family Practice (196 Merrick Rd., Oceanside) and South Nassau's Mental Health Counseling Center (2277 Grand Ave., Baldwin) to answer patients' questions about the enrollment process and assist them with filing the proper documents. The facilitated enrollment process is open to both hospital patients as well as community members.
- In June of 2013, the Hospital hired an outside firm to be located in the Emergency room during the hours of 1pm to 9 pm Sunday through Thursday and 9am to 5 PM on Fridays to assist patients with enrolling in Medicaid and other financial assistance programs. There are also plans to expand this program to Saturdays as well.
- The hospital also engages outside agencies to assist with the follow-up on Medicaid applications filed by hospital personnel.

- The Hospital expanded the parameters of its Charity Care program by increasing coverage from 300% of the Federal Poverty Level (“FPL) to 500% of FPL effective January, 2013.

Challenges:

- Approximately 70 percent of hospital admissions originate from South Nassau’s Emergency Department. The hospital treats more than 63,000 patients each year in the Emergency Department, more than 16,000 of whom are admitted. The volume continues to increase each year as more people use the Emergency Department in lieu of seeing a primary care physician. Additionally, Long Beach Medical Center closed in October, 2012 as a result of Super storm Sandy and has not reopened. South Nassau has seen a doubling of Emergency Room activity from the Long Beach area since the Long Beach Medical Center closure.
- Applications for financial aid are given to anyone in need. For whatever reason, a significant number of applications are never completed and returned. Therefore, the hospital cannot accurately document the need for charity care or establish whether a patient qualifies for Medicaid assistance.
- The significant decline in the economic climate both nationally and on Long Island has led to a rise in uninsured or underinsured patients. This has been exacerbated with the impact of Super Storm Sandy in October, 2012 which devastated the South Shore of Nassau County.
- The rise in the number of undocumented non-US citizens who are admitted to South Nassau through the hospital’s Emergency Department makes it difficult to transfer them to an appropriate post-acute setting.

9. Changes Impacting Community Health/Provision of Charity Care/Access to Services

A. Potential Impacts

In the face of budget cuts, unfunded federal and local mandates and reduced reimbursements for services rendered, South Nassau continues to maintain its position as a mission-driven health care organization. However, the economic downturn has forced the hospital to delay implementation of South Nassau’s Master Facility Plan. As discussed earlier, the hospital’s charity care provision continues to rise significantly each year, both in terms of absolute dollars as well as a percentage of revenue. Continued erosion of financial stability may require the hospital to rethink its Community Health Plan, access to services and the provision of significant charity care.

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Data Sources:

- New York State Department of Health Indicators for Tracking Public Health Priority
www.health.state.ny.us/prevention/prevention_agenda/indicators/county/nassau.ht
- Statewide Planning and Research Cooperative System (SPARCS); NYSDOH Bureau of Injury Prevention, Division of Chronic Disease Prevention and Adult Health
Web Page URL: <https://commerce.health.state.ny.us/hpn/ctrldocs/sparcs/injhosp.shtml>
- Steier, JB (May 2013). Nassau County Health Needs Assessment (CBO Qualitative Data Summary)
- Nassau County Department of Health (May 2013). Community Health Assessment Survey (Community-Wide Individual Survey Data Summary)
- Preliminary Data for the Nassau County Community Health Assessment (January 2013). (Includes data from SPARCS 2008-2010, NYSDOH Vital Statistics, NYS Cancer Registry, NYSDOH Surveillance System and 2010 US Census as compiled by Stony Brook Medicine, Columbia University Mailman School of Public Health and the Nassau County Department of Health).
- South Nassau Communities Hospital's internal data, 2008
- The implementation strategies chosen for the CSP are based on evidence-based practices and national guidelines as well as interventions that have been offered previously but expanded and enhanced to ensure maximum effectiveness. The following represents references and resources selected for implementation.
 - Prevention Agenda Toolkit: A Guide for Developing Evidence-Based Hospital Community Health Improvement Interventions (Greater New York Hospital Association, July 2013)
 - Obesity Reduction and Prevention Best Practices: Community Interventions (Greater New York Hospital Association, June 2013)
 - Recommended Community Strategies and Measurements to Prevent Obesity in the United States (Morbidity and Mortality Weekly Report, Department of Health and Human Services Centers for Disease Control and Prevention, July 24, 2009, Vol. 58, No. RR-7)
 - Healthy People 2020 (US Department Health and Human Services, Office of Disease Prevention and Health Promotion, ODPHP Publication No. B0132, November 2010)

APPENDIX - A

COMMUNITY-BASED ORGANIZATIONS WHO PROVIDED INPUT TO THE COMMUNITY PERCEPTION OF NEED

American Cancer Society
Syosset, NY

**The Long Island GLBT Services
Network (Gay, Lesbian, Bisexual,
Transgender)**
Garden City, NY

American Diabetes Association
Melville, NY

The Long Island Council of Churches
Hempstead, NY

American Heart Association
Plainview, NY

**Mental Health Association of Nassau
County, Inc.**
Glen Cove, NY

**Catholic Charities – Diocese of
Rockville Centre**
Hicksville, NY

**Nassau County Perinatal Services
Network**
Uniondale, NY

Circulo de la Hispanidad, Inc.
Hempstead, NY
Long Beach, NY

Planned Parenthood of Nassau County
Hempstead, NY
Massapequa, NY
Glen Cove, NY

**FECS Health & Human Services
(Federation of Employment and
Guidance Services)**
Hempstead, NY

**Project Independence – Town of North
Hempstead
(Naturally Occurring Retirement
Community-NORC)**
Roslyn Heights, NY

**The Health and Welfare Council of
Long Island**
Hempstead, NY

Sustainable Long Island
Farmingdale, NY

Island Harvest
Mineola, NY

United Way of Long Island
Deer Park, NY

**Jewish Association Serving the Aging
(JASA)**
Long Beach, NY
Mineola, NY



COMMUNITY HEALTH ASSESSMENT SURVEY

Your opinion is important to us!

The purpose of this survey is to get your opinion about health issues that are important in your community. Together, the Nassau County Department of Health and Nassau County hospitals will use the results of this survey and other information to help target health programs in your community. Please complete only one survey per adult 18 years or older. If you have any questions, please contact us at (516) 227-9408. Your survey responses are anonymous. Thank you for your participation.

1. What are the biggest ongoing health concerns in your COMMUNITY? (Please check up to 3)

- | | | |
|--|--|--|
| <input type="checkbox"/> Asthma/lung disease | <input type="checkbox"/> Heart disease & stroke | <input type="checkbox"/> Safety |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> HIV/AIDS & Sexually Transmitted Diseases (STDs) | <input type="checkbox"/> Vaccine preventable diseases |
| <input type="checkbox"/> Child health & wellness | <input type="checkbox"/> Mental health/ depression/suicide | <input type="checkbox"/> Women's health & wellness |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Obesity/weight loss issues | <input type="checkbox"/> Other (please specify)
_____ |
| <input type="checkbox"/> Drugs & alcohol abuse | | |
| <input type="checkbox"/> Environmental hazards | | |

2. What are the biggest ongoing health concerns for YOU? (Please check up to 3)

- | | | |
|--|--|--|
| <input type="checkbox"/> Asthma/lung Disease | <input type="checkbox"/> Environmental hazards | <input type="checkbox"/> Safety |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Heart disease & stroke | <input type="checkbox"/> Vaccine preventable diseases |
| <input type="checkbox"/> Child health & wellness | <input type="checkbox"/> HIV/AIDS & STDs | <input type="checkbox"/> Women's health & wellness |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Mental health/ depression/suicide | <input type="checkbox"/> Other (please specify)
_____ |
| <input type="checkbox"/> Drug & alcohol abuse | <input type="checkbox"/> Obesity/weight loss issues | |

3. What prevents people in your community from getting medical treatment? (Please check up to 3)

- | | | |
|---|--|--|
| <input type="checkbox"/> Cultural/religious beliefs | <input type="checkbox"/> Lack of availability of doctors | <input type="checkbox"/> Unable to pay co-pays/deductibles |
| <input type="checkbox"/> Don't know how to find doctors | <input type="checkbox"/> Language barriers | <input type="checkbox"/> There are no barriers |
| <input type="checkbox"/> Don't understand need to see a doctor | <input type="checkbox"/> No insurance | <input type="checkbox"/> Other (please specify)
_____ |
| <input type="checkbox"/> Fear (e.g. not ready to face/discuss health problem) | <input type="checkbox"/> Transportation | |

4. Which of the following is MOST needed to improve the health of your community? (Please check up to 3)

- | | | |
|---|---|--|
| <input type="checkbox"/> Clean air & water | <input type="checkbox"/> Mental health services | <input type="checkbox"/> Smoking cessation programs |
| <input type="checkbox"/> Drug & alcohol rehabilitation services | <input type="checkbox"/> Recreation facilities | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Healthier food choices | <input type="checkbox"/> Safe childcare options | <input type="checkbox"/> Weight loss programs |
| <input type="checkbox"/> Job opportunities | <input type="checkbox"/> Safe places to walk/play | <input type="checkbox"/> Other (please specify)
_____ |
| | <input type="checkbox"/> Safe worksites | |

5. What health screenings or education/information services are needed in your community? (Please check up to 3)

- | | | |
|---|--|---|
| <input type="checkbox"/> Blood pressure | <input type="checkbox"/> Eating disorders | <input type="checkbox"/> Mental health/depression |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Emergency preparedness | <input type="checkbox"/> Nutrition |
| <input type="checkbox"/> Cholesterol | <input type="checkbox"/> Exercise/physical activity | <input type="checkbox"/> Prenatal care |
| <input type="checkbox"/> Dental screenings | <input type="checkbox"/> Heart disease | <input type="checkbox"/> Suicide prevention |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> HIV/AIDS & STDs | <input type="checkbox"/> Vaccination/immunizations |
| <input type="checkbox"/> Disease outbreak information | <input type="checkbox"/> Importance of routine well checkups | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> Drug and alcohol | | |

6. Where do you and your family get most of your health information? (Check all that apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> Doctor/health professional | <input type="checkbox"/> Library | <input type="checkbox"/> Television |
| <input type="checkbox"/> Family or friends | <input type="checkbox"/> Newspaper/magazines | <input type="checkbox"/> Worksite |
| <input type="checkbox"/> Health Department | <input type="checkbox"/> Radio | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> Hospital | <input type="checkbox"/> Religious organization | |
| <input type="checkbox"/> Internet | <input type="checkbox"/> School/college | |

For statistical purposes only, please complete the following:

Location where you received this survey: _____

What is your sex: Male Female

What is your age: _____

ZIP code or Town where you live: _____

ZIP code or Town where you work: _____

What race do you consider yourself?

- | | | |
|---|---|---|
| <input type="checkbox"/> White/Caucasian | <input type="checkbox"/> Native American | <input type="checkbox"/> Multi-racial |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Other (please specify) _____ |

Are you Hispanic or Latino?

- Yes No

What is your highest level of education?

- | | | |
|---|---|---|
| <input type="checkbox"/> K-8 grade | <input type="checkbox"/> Technical school | <input type="checkbox"/> Graduate school |
| <input type="checkbox"/> Some high school | <input type="checkbox"/> Some college | <input type="checkbox"/> Doctorate |
| <input type="checkbox"/> High school graduate | <input type="checkbox"/> College graduate | <input type="checkbox"/> Other (please specify) _____ |

Do you currently have health insurance?

- Yes No No, but I did at an earlier time/previous job

Do you have a smart phone?

- Yes No

Please return this completed survey to:
Nassau County Department of Health
Division of Quality Improvement
106 Charles Lindbergh Blvd
Uniondale, NY 11553

Or you may fax completed survey to: 516-227-9503



ENCUESTA DE EVALUACIÓN DE SALUD DE LA COMUNIDAD

¡Su opinión es importante para nosotros!

El objetivo de esta encuesta es obtener su opinión sobre problemas de salud que son importantes en su comunidad. El Departamento de Salud del Condado de Nassau y los hospitales del condado de Nassau, en conjunto, emplearán los resultados de esta encuesta y otra información para ayudar a diseñar programas de salud en su comunidad. Le pedimos completar solo una encuesta por adulto mayor de 18 años. Si tiene alguna pregunta, comuníquese con nosotros al (516) 227-9408. Las respuestas de la encuesta son anónimas. Gracias por participar.

1. ¿Cuáles son las mayores inquietudes actuales de salud en su COMUNIDAD? (Por favor marque máximo 3)

- | | | |
|---|--|---|
| <input type="checkbox"/> Asma/enfermedad pulmonar | <input type="checkbox"/> VIH/SIDA y enfermedades de transmisión sexual (ETS) | <input type="checkbox"/> Enfermedades prevenibles mediante vacunación |
| <input type="checkbox"/> Cáncer | <input type="checkbox"/> Salud mental/depresión/suicidio | <input type="checkbox"/> Salud y bienestar de la mujer |
| <input type="checkbox"/> Salud y bienestar infantil | <input type="checkbox"/> Obesidad/pérdida de peso | <input type="checkbox"/> Otras (por favor especifique) |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Seguridad | _____ |
| <input type="checkbox"/> Abuso de alcohol y drogas | | |
| <input type="checkbox"/> Peligros ambientales | | |
| <input type="checkbox"/> Enfermedad cardíaca & derrame cerebral | | |

2. ¿Cuáles son las mayores inquietudes actuales de salud para USTED? (Por favor marque máximo 3)

- | | | |
|---|---|---|
| <input type="checkbox"/> Asma/enfermedad pulmonar | <input type="checkbox"/> Enfermedad cardíaca & derrame cerebral | <input type="checkbox"/> Enfermedades prevenibles mediante vacunación |
| <input type="checkbox"/> Cáncer | <input type="checkbox"/> VIH/SIDA y ETS | <input type="checkbox"/> Salud y bienestar de la mujer |
| <input type="checkbox"/> Salud y bienestar infantil | <input type="checkbox"/> Salud mental/depresión/suicidio | <input type="checkbox"/> Otras (por favor especifique) |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Obesidad/pérdida de peso | _____ |
| <input type="checkbox"/> Abuso de alcohol y drogas | <input type="checkbox"/> Seguridad | |
| <input type="checkbox"/> Peligros ambientales | | |

3. ¿Qué factores impiden que la gente de su comunidad reciba tratamiento médico? (Por favor marque máximo 3)

- | | | |
|--|---|--|
| <input type="checkbox"/> Creencias culturales/religiosas | <input type="checkbox"/> Falta de médicos disponibles | <input type="checkbox"/> Imposibilidad de pagar copagos/deducibles |
| <input type="checkbox"/> No saber cómo encontrar un médico | <input type="checkbox"/> Barreras del idioma | <input type="checkbox"/> No hay impedimentos |
| <input type="checkbox"/> No entender la necesidad de consultar a un médico | <input type="checkbox"/> Falta de seguro | <input type="checkbox"/> Otros (por favor especifique) |
| <input type="checkbox"/> Temor (p. ej., no estar preparado para enfrentar/analizar un problema de salud) | <input type="checkbox"/> Transporte | _____ |

4. ¿Cuáles de las opciones siguientes son las que MÁS se necesitan para mejorar la salud de su comunidad? (Por favor marque máximo 3)

- | | | |
|---|---|--|
| <input type="checkbox"/> Aire y agua limpios | <input type="checkbox"/> Servicios de salud mental | <input type="checkbox"/> Programas para dejar de fumar |
| <input type="checkbox"/> Servicios de rehabilitación para el abuso del alcohol y las drogas | <input type="checkbox"/> Instalaciones recreativas | <input type="checkbox"/> Transporte |
| <input type="checkbox"/> Opciones de alimentación más saludables | <input type="checkbox"/> Opciones seguras de cuidado infantil | <input type="checkbox"/> Programas para bajar de peso |
| <input type="checkbox"/> Oportunidades de empleo | <input type="checkbox"/> Lugares seguros para caminar/jugar | <input type="checkbox"/> Otro (por favor especifique) |
| | <input type="checkbox"/> Lugares seguros de trabajo | _____ |

5. ¿Qué tipo de evaluaciones de salud o servicios de educación/información se necesitan en su comunidad? (Por favor marque máximo 3)

- | | | |
|---|--|--|
| <input type="checkbox"/> Presión arterial | <input type="checkbox"/> Trastornos de la alimentación | <input type="checkbox"/> Nutrición |
| <input type="checkbox"/> Cáncer | <input type="checkbox"/> Preparación para emergencias | <input type="checkbox"/> Atención prenatal |
| <input type="checkbox"/> Colesterol | <input type="checkbox"/> Ejercicio/actividad física | <input type="checkbox"/> Prevención del suicidio |
| <input type="checkbox"/> Revisiones odontológicas | <input type="checkbox"/> Enfermedades cardíacas | <input type="checkbox"/> Vacunas |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> VIH/SIDA y ETS | <input type="checkbox"/> Otras (por favor especifique) _____ |
| <input type="checkbox"/> Información sobre brotes de enfermedades | <input type="checkbox"/> Importancia de los controles médicos periódicos | |
| <input type="checkbox"/> Drogas y alcohol | <input type="checkbox"/> Salud mental/depresión | |

6. ¿Dónde obtienen, usted y su familia, la mayor parte de su información de salud? (Marque todo lo que corresponda)

- | | | |
|---|--|---|
| <input type="checkbox"/> Médico/profesional de la salud | <input type="checkbox"/> Biblioteca | <input type="checkbox"/> Televisión |
| <input type="checkbox"/> Familiares o amigos | <input type="checkbox"/> Periódicos/revistas | <input type="checkbox"/> Lugar de trabajo |
| <input type="checkbox"/> Departamento de Salud | <input type="checkbox"/> Radio | <input type="checkbox"/> Otro (por favor especifique) _____ |
| <input type="checkbox"/> Hospital | <input type="checkbox"/> Organizaciones religiosas | |
| <input type="checkbox"/> Internet | <input type="checkbox"/> Escuela/universidad | |

Le pedimos que por favor complete la siguiente información solo para fines estadísticos:

Lugar donde recibió esta encuesta: _____

Sexo: Masculino Femenino

Edad: _____

Código postal o ciudad de residencia: _____

Código postal o ciudad del lugar de trabajo: _____

¿Cuál es su raza?

- | | | |
|--|---|---|
| <input type="checkbox"/> Blanca/caucásica | <input type="checkbox"/> Nativa americana | <input type="checkbox"/> Multirracial |
| <input type="checkbox"/> Negra/afroamericana | <input type="checkbox"/> Asiática/isleña del Pacífico | <input type="checkbox"/> Otra (por favor especifique) _____ |

¿Es usted hispano o latino?

- Sí No

¿Cuál es su nivel más alto de educación?

- | | | |
|--|---|---|
| <input type="checkbox"/> Hasta 8° grado | <input type="checkbox"/> Escuela técnica | <input type="checkbox"/> Posgrado |
| <input type="checkbox"/> Preparatoria incompleta | <input type="checkbox"/> Universidad incompleta | <input type="checkbox"/> Doctorado |
| <input type="checkbox"/> Preparatoria completa | <input type="checkbox"/> Título universitario | <input type="checkbox"/> Otra (por favor especifique) _____ |

¿Cuenta actualmente con seguro médico?

- Sí No No, pero tuve con anterioridad/en mi trabajo anterior

¿Tiene un teléfono inteligente?

- Sí No

Por favor, envíe esta encuesta una vez completada:
 Nassau County Department of Health
 Division of Quality Improvement
 106 Charles Lindbergh Blvd
 Uniondale, NY 11553

O bien, puede enviarla por fax al número: 516-227-9503



Appendix D

pacificinterpreters™

We understand.

14180
Dallas Parkway
Suite 800
Dallas, Texas
75254

To Whom it May Concern

Pacific Interpreters certifies that the following document is a true and accurate translation into Spanish from English, to the best of our knowledge and ability, and that the translation was performed by a person or team of persons competent in both English and Spanish competent to render such a translation.

Survey-- individualINSLIJ - Spanish (USA).doc

Pacific Interpreters

2/25/2013
Date

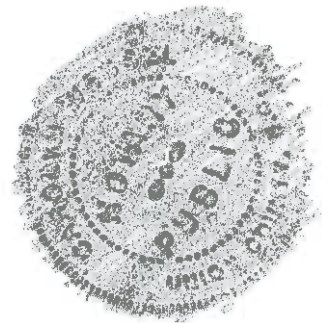
Affirmed and subscribed before me this 25th day of February 2013.

Carolyn Wessel

Notary Public

2/25/13
Date

4-3-2016
My commission expires



Appendix E

KEY INFORMANT INTERVIEW for THE COMMUNITY HEALTH ASSESSMENT

Together, Nassau County Department of Health and Nassau County Hospitals are conducting a Community Health Assessment. Today we are trying to get your expert opinion about the health in the community that your organization serves. When we ask a question about the community, we are talking about the community in which your organization serves.

Answering the following questions will assist us in identifying the most pressing health needs in your community, and developing goals to meet them. Please share your opinion with us by answering the following questions. Your participation is voluntary, and your responses are confidential. Thank you.

Thank you for already completing some basic information about your organization. I would like to expand on it a bit.

1. Can you describe your organization?
 - a. What is your role in the organization
 - b. What specific services does your organization provide? *{Ask for explanation if not obvious}*
 - c. Who is the target population?
 - d. Do you provide services to minority, low-income, uninsured or other specific populations? What services or programs do you provide specifically for these populations?

2. What are the 3 biggest health problems in the community? *{Leave this as open ended, probing for specificity, then follow-up with question 3}.*

NYS DOH has identified 5 health issues that health communities could address : 1)Chronic Disease, 2) Healthy and Safe Environment, 3) Healthy Women, Infants and Children 4) Mental Health and Substance Abuse, 5) HIV, STD, Vaccine Preventable Diseases.

3. Of these, can you identify which issue(s) are a priority for your community?
 - a. Is this true for all the populations your serve including minority, low income, or uninsured or other special population you serve? Please expand.
4. What keeps people in the community you serve from addressing the issues you just described? *{Ideas could include: transportation, issues of insurance, religion/cultural difference, fear, doctor availability, etc}*
5. What should be done to address these barriers?
 - a. Should services be improved?
 - b. What services are needed
 - c. What are some strategies for overcoming these barriers?

There are many reasons or factors that can affect the quality and access of health care. I would like to discuss a few in relation to the community in which your organization serves.

6. What factors can you think of that affect quality and access of health care for your community?
 - a. How does age affect the quality of health care they receive in the community?
 - b. How does gender affect the quality of health care they receive in the community?
 - c. How does race and/or ethnicity affect the quality of health care they receive in the community?
 - d. How does economic security affect the quality of health care they receive in the community?
 - e. How does language affect the quality of health care they receive in the community?{Other factors that should be included?}

The health department and hospitals in the area offer services to the surrounding communities.

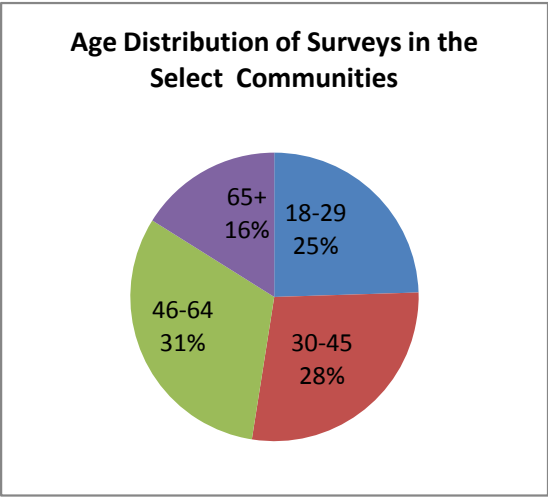
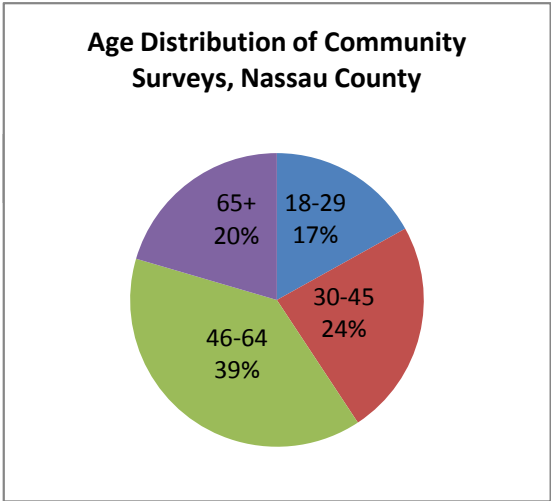
7. What are some of these services that this community uses?
 - a. What is the community's feedback about these services?
 - b. What other services/programs do you think the community needs to improve its health?

The health department and county hospitals look to improve health care to Nassau County residents.

8. What role would you and your organization be willing to play to improve services and programs?
{Look to build partnerships and elicit ideas}

Community Health Assessment Survey

Surveys Completed	1070	
Spanish Surveys	75	7.0%
Select Communities	277	25.8%
11003 Elmont	40	14.4%
11096 Inwood	1	0.4%
11520 Feeport	39	14.1%
11542 Glen Cove	13	4.7%
11550 Hempstead	79	28.5%
11553 Uniondale	20	7.2%
11561 Long Beach	24	8.7%
11575 Roosevelt	22	7.9%
11590 Westbury	39	14.1%



Average Age
Median Age
Mode

	Nassau	Select Comm
Average Age	49	45
Median Age	50	44
Mode	60	18

Min Age	18	18
Max Age	98	98
Skipped Question	107	16

What is your sex:

	Nassau County		Select Communities	
Answer Options	Response Percent	Response Count	Response Percent	Response Count
Male	27.6%	279	20.8%	57
Female	72.4%	733	79.1%	216
	<i>answered question</i>		1012	
	<i>skipped question</i>		58	
			273	
			4	

What race do you consider yourself?

	Nassau County		Select Communities	
Answer Options	Response Percent	Response Count	Response Percent	Response Count
White/Caucasian	65.8%	579	34.6%	75
Black/African American	17.6%	155	45.6%	99
Native American	0.6%	5	0.5%	1
Asian/Pacific Islander	12.4%	109	10.6%	23
Multi-racial	3.6%	32	5.1%	11
Other (please specify)	3.3%	29	3.7%	8
	<i>answered question</i>		880	
	<i>skipped question</i>		190	
			217	
			60	

Are you Hispanic or Latino

	Nassau County		Select Communities	
Answer Options	Response Percent	Response Count	Response Percent	Response Count
Yes	16.4%	153	30.2%	75
No	83.6%	780	69.8%	173
	<i>answered question</i>		933	
			248	

skipped question

137

29

What is your highest level of education?

Answer Options	Nassau County		Select Communities	
	Response Percent	Response Count	Response Percent	Response Count
K-8 grade	1.9%	19	4.4%	12
Some high school	4.2%	42	4.8%	13
High school graduate	14.3%	143	16.9%	46
Technical school	3.8%	38	5.1%	14
Some college	20.3%	203	23.5%	64
College graduate	28.8%	287	26.1%	71
Graduate school	22.4%	224	17.6%	48
Doctorate	4.3%	43	1.5%	4
Other (please specify)	1.3%	13	0.0%	0
<i>answered question</i>		998	272	
<i>skipped question</i>		72	5	

Do you currently have health insurance?

Answer Options	Nassau County		Select Communities	
	Response Percent	Response Count	Response Percent	Response Count
Yes	86.0%	871	83.6%	229
No	10.9%	110	14.6%	40
No, but I did at an earlier time/previous job	3.2%	32	1.8%	5
<i>answered question</i>		1013	274	
<i>skipped question</i>		57	3	

Do you have a smart phone?

Answer Options	Nassau County		Select Communities	
	Response Percent	Response Count	Response Percent	Response Count
Yes	54.3%	548	79.3%	153
No	45.7%	462	20.7%	40

<i>answered question</i>	1010	193
<i>skipped question</i>	60	5

What are the biggest ongoing health concerns in your COMMUNITY? (Please check up to 3)

Answer Options	Nassau County		Select Communities	
	Response Percent	Response Count	Response Percent	Response Count
Asthma/lung disease	17.1%	178	21.5%	59
Cancer	44.0%	459	37.2%	102
Child health & wellness	18.0%	188	20.1%	55
Diabetes	33.0%	344	40.5%	111
Drug & alcohol abuse	31.9%	333	38.0%	104
Environmental hazards	14.1%	147	12.8%	35
Heart disease & stroke	30.8%	321	22.6%	62
HIV/AIDS & Sexually Transmitted Diseases	12.4%	129	23.7%	65
Mental health/depression/suicide	21.5%	224	20.4%	56
Obesity/weight loss issues	36.0%	375	31.8%	87
Safety	16.8%	175	18.2%	50
Vaccine preventable diseases	6.7%	70	6.6%	18
Women's health & wellness	19.6%	204	18.6%	51
Other (please specify)	2.6%	27	1.1%	3
<i>answered question</i>		1043		274
<i>skipped question</i>		27		3

What are the biggest ongoing health concerns for YOU? (Please check up to 3)

Answer Options	Nassau County		Select Communities	
	Response Percent	Response Count	Response Percent	Response Count
Asthma/lung disease	17.1%	176	16.4%	44
Cancer	35.6%	366	37.2%	100
Child health & wellness	13.8%	142	17.1%	46
Diabetes	27.2%	280	30.9%	83

Drug & alcohol abuse	9.5%	98	9.3%	25
Environmental hazards	20.0%	206	16.7%	45
Heart disease & stroke	35.0%	360	24.9%	67
HIV/AIDS & Sexually Transmitted Diseases	8.1%	83	10.8%	29
Mental health/depression/suicide	14.3%	147	12.3%	33
Obesity/weight loss issues	30.8%	317	30.1%	81
Safety	19.5%	200	20.1%	54
Vaccine preventable diseases	6.8%	70	5.6%	15
Women's health & wellness	32.7%	336	33.8%	91
Other (please specify)	4.1%	42	3.0%	8
<i>answered question</i>		1028		269
<i>skipped question</i>		42		8

**What prevents people in your community from getting medical treatment?
(Please check up to 3)**

Answer Options	Nassau County		Select Communities	
	Response Percent	Response Count	Response Percent	Response Count
Cultural/religious beliefs	8.7%	88	10.6%	29
Don't know how to find doctors	13.7%	139	12.4%	34
Don't understand need to see a doctor	28.6%	290	30.3%	83
Fear (e.g. not ready to face/discuss health	41.5%	420	42.3%	116
Lack of availability of doctors	10.3%	104	13.9%	38
Language barriers	16.7%	169	23.0%	63
No insurance	58.3%	591	71.2%	195
Transportation	16.3%	165	15.3%	42
Unable to pay co-pays/deductibles	42.6%	432	50.0%	137
There are no barriers	11.6%	118	4.0%	11
Other (please specify)	4.3%	44	2.9%	8
<i>answered question</i>		1013		274
<i>skipped question</i>		57		3

Which of the following is MOST needed to improve the health of your community? (Please check up to 3)

	Nassau County	Select Communities
--	---------------	--------------------

Answer Options	Response Percent	Response Count	Response Percent	Response Count
Clean air & water	34.2%	347	33.8%	93
Drug & alcohol rehabilitation services	18.8%	191	23.3%	64
Healthier food choices	46.0%	466	44.7%	123
Job opportunities	39.4%	400	40.7%	112
Mental health services	20.8%	211	20.0%	55
Recreation facilities	21.7%	220	24.7%	68
Safe childcare options	15.0%	152	20.0%	55
Safe places to walk/play	20.5%	208	21.1%	58
Safe work sites	5.3%	54	6.2%	17
Smoking cessation programs	16.3%	165	14.9%	41
Transportation	12.3%	125	9.5%	26
Weight loss programs	30.0%	304	25.8%	71
Other (please specify)	4.2%	43	2.5%	7
<i>answered question</i>		1014		275
<i>skipped question</i>		56		2

What health screenings or education/information services are needed in your community? (Please check up to 3)

Answer Options	Nassau County		Select Communities	
	Response Percent	Response Count	Response Percent	Response Count
Blood pressure	28.5%	272	33.3%	88
Cancer	24.5%	234	24.2%	64
Cholesterol	20.2%	193	23.9%	63
Dental screenings	14.7%	140	17.8%	47
Diabetes	28.8%	275	29.5%	78
Disease outbreak information	9.3%	89	9.5%	25
Drug & alcohol	18.7%	178	25.8%	68
Eating disorders	11.7%	112	14.4%	38
Emergency preparedness	17.8%	170	17.8%	47
Exercise/physical activity	26.8%	256	19.3%	51
Heart disease	16.2%	155	16.3%	43
HIV/AIDS & STDs	10.5%	100	17.8%	47
Importance of routine well check ups	26.1%	249	26.9%	71

Mental health/depression	18.4%	176	17.0%	45
Nutrition	23.6%	225	21.6%	57
Prenatal care	5.3%	51	8.3%	22
Suicide prevention	6.7%	64	8.3%	22
Vaccination/immunizations	9.1%	87	9.5%	25
Other (please specify)	3.5%	33	1.9%	5
<i>answered question</i>		954		264
<i>skipped question</i>		116		13

Where do you and your family get most of your health information? (Check all that apply)

Answer Options	Nassau County		Select Communities	
	Response Percent	Response Count	Response Percent	Response Count
Doctor/health professional	77.1%	780	76.0%	206
Family or friends	33.8%	342	34.7%	94
Health Department	11.0%	111	14.4%	39
Hospital	17.6%	178	21.4%	58
Internet	48.7%	493	47.6%	129
Library	13.2%	134	13.3%	36
Newspaper/magazines	33.5%	339	31.4%	85
Radio	10.1%	102	7.4%	20
Religious organization	3.4%	34	4.4%	12
School/college	8.5%	86	8.9%	24
Television	37.6%	381	39.1%	106
Worksite	9.9%	100	8.1%	22
Other (please specify)	4.0%	40	1.1%	3
<i>answered question</i>		1012		271
<i>skipped question</i>		58		6

APPENDIX - G

PREVENTION AGENDA PRIORITY: PREVENT CHRONIC DISEASES

Focus Area 1: Increase Access to High Quality Chronic Disease Preventive Care and Management in both Clinical and Community Settings

GOALS AND OBJECTIVES	IMPROVEMENT AND IMPLEMENTATION STRATEGIES	PERFORMANCE MEASURES	TIMEFRAMES / 3-YEAR PLAN
<p>Increase screening rates for cardiovascular disease, diabetes and breast/cervical/colorectal cancers, especially among disparate populations</p>	<p>Provide CATCH (<u>C</u>heck-in <u>A</u>nd <u>T</u>ake <u>C</u>harge of your <u>H</u>ealth) Screening program in local communities including those in select communities where disparities exist.</p> <p>Offer education regarding colorectal cancer, the importance of screening and offer screening in local communities including those select communities where</p>	<ul style="list-style-type: none"> • Weight, BMI, waist circumference, percentage body fat, physical activity rates; Self-Rated Abilities for Health Practices • Participant feedback/program evaluation • Pre-/post test • Rate of screening kits returned • Rate of referrals indicated for positive findings 	<p>Year 1 (2014):</p> <ul style="list-style-type: none"> • Provide two CATCH screening programs in the community (Freeport, Hempstead) <p>Year 2 (2015):</p> <ul style="list-style-type: none"> • Provide two CATCH screening programs in the community (Long Beach, Elmont) <p>Year 3 (2016):</p> <ul style="list-style-type: none"> • Provide two CATCH screening programs in the community (Roosevelt, Uniondale) <p>Years 1-3 (2014-2016):</p> <ul style="list-style-type: none"> • Offer one educational/screening program for colorectal cancer

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Focus Area 2: Reduce Obesity in Children and Adults

GOALS	IMPROVEMENT AND IMPLEMENTATION STRATEGIES	PERFORMANCE MEASURES	TIMEFRAMES / TARGETS
Expand the role of health care, health service providers, and insurers in obesity prevention.	<ol style="list-style-type: none"> 1. Become a Baby-Friendly Hospital. 	<ul style="list-style-type: none"> • Evaluation of the “10 Steps to Successful Breastfeeding” • Rate of infants breastfeeding at discharge and at 6 months • Lactation counseling and support available 	<p>Year 1 (2014): Receive Baby-Friendly Hospital designation</p> <p>Years 1-3 (2014-2016): Increase the number of infants exclusively receiving breast milk during the hospital stay by 2%</p> <p>Years 1-3 (2014-2016): Decrease the number of infants receiving formula supplementation during the hospital stay by 2%</p>
Expand the role of health care, health service providers, and insurers in obesity prevention.	<ol style="list-style-type: none"> 2. Increase participation in worksite wellness programs. <ul style="list-style-type: none"> • Offer C.A.T.C.H. (<i>Check-in And Take Charge of your Health</i>) educational series and screening to all employees • Create a workplace environment that 	<ul style="list-style-type: none"> • Number of participants, Weight, BMI, waist circumference, percentage body fat, physical activity rates; Self-Rated Abilities for Health Practices; pre-/post-test 	<p>Years 1-3 (2014-2016):</p> <ul style="list-style-type: none"> • Each year, offer one 5-week session of CATCH to Hospital employees <p>Year 1 (2014):</p> <ul style="list-style-type: none"> • Launch worksite wellness committee & program <p>Year 2 (2015):</p> <ul style="list-style-type: none"> • Conduct 1 worksite wellness program in collaboration with Human Resources

	<p>promotes and supports healthy food choices</p> <ul style="list-style-type: none"> • Reduce the amount of adults who drink one or more sugary drinks per day 	<ul style="list-style-type: none"> • Rate of consumption for fruits, vegetables and saturated fats • Rate of sugary drink consumption • Participant feedback/program evaluation 	<p>Year 3 (2016):</p> <ul style="list-style-type: none"> • Conduct 1 worksite wellness program in collaboration with Human Resources
<p>Create community environments that promote and support healthy food/beverage choices and physical activity.</p>	<p>Conduct “Eat Healthy-Be Active” Community Workshops for adults.</p>	<ul style="list-style-type: none"> • Number of participants • Participant feedback/program evaluation • Self-Rated Abilities for Health Practices 	<p>Year 1 (2014):</p> <ul style="list-style-type: none"> • Conduct 2 “Eat Healthy-Be Active” Community Workshops for adults (Freeport, Hempstead) <p>Year 2 (2015):</p> <ul style="list-style-type: none"> • Conduct 2 “Eat Healthy-Be Active” Community Workshops for adults (Long Beach, Elmont) <p>Year 3 (2016):</p> <ul style="list-style-type: none"> • Conduct 2 “Eat Healthy-Be Active” Community Workshops for adults (Roosevelt, Uniondale)
GOALS	IMPROVEMENT AND	PERFORMANCE	TIMEFRAMES / TARGETS

	IMPLEMENTATION STRATEGIES	MEASURES	
Create community environments that promote and support healthy food/beverage choices and physical activity.	Participation in community health fairs and related activities targeting adults and children including but not limited to content areas as described above: Eat Healthy-Be Active and the Student Media Awareness to Reduce Television (SMART).	<ul style="list-style-type: none"> • Number of participants/contacts • Participant feedback/program evaluation 	<p>Year 1 (2014):</p> <ul style="list-style-type: none"> • Participate in 2 community health fairs and/or related activities incorporating SMART program content for children <p>Year 2 (2015):</p> <ul style="list-style-type: none"> • Participate in 2 community health fairs and/or related activities incorporating SMART program content for children <p>Year 3 (2016):</p> <ul style="list-style-type: none"> • Participate in 2 community health fairs and/or related activities incorporating SMART program content for children