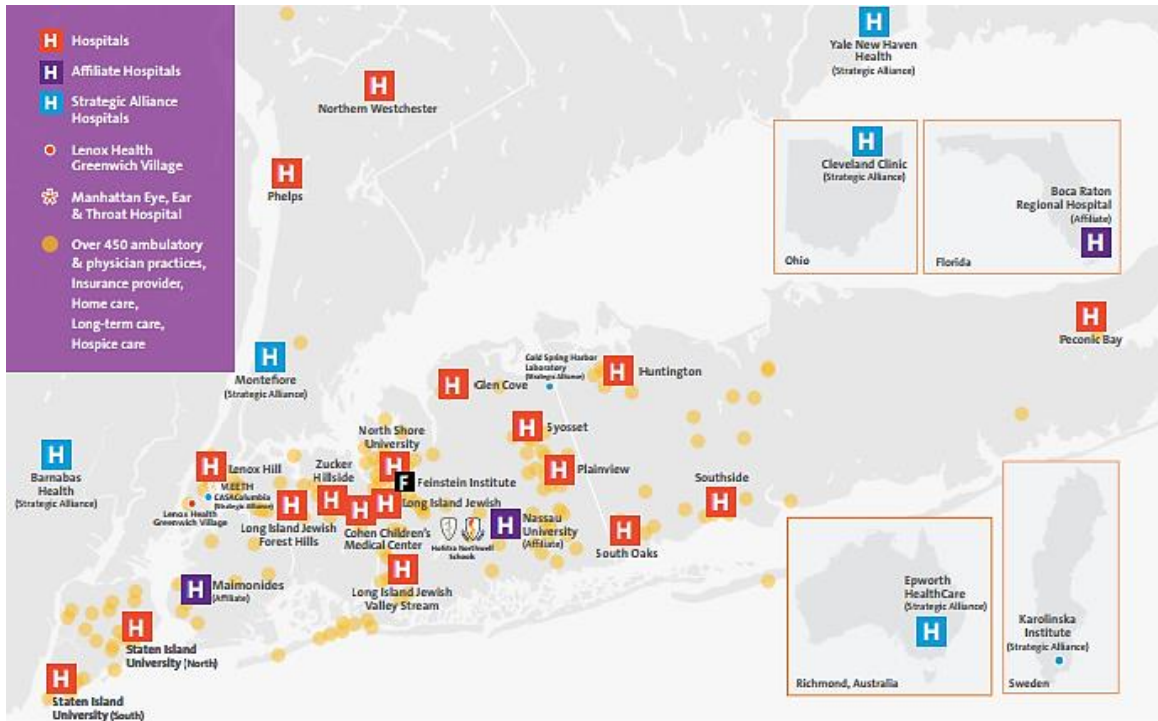


Northwell Health Community Service Plan 2016-2019

Nassau County Service Area CHNA



Nassau County Community Needs Assessment

Nassau County Health Indicator Status Since 2013 CHNA

The 2013-2016 Implementation Plan activities have had an impact in improving and meeting New York State Prevention Agenda Objectives that were related to health disparities, chronic disease, obesity and behavioral health as shown below. Since 2013, Northwell Health has delivered over 4000 community health programs and over 65,000 health screenings. Examples of interventions that helped achieved these goals include robust chronic disease and cancer screening programs; implementation of culturally relevant evidence-based chronic disease self-management education; prevention of childhood obesity through school-based projects as well as promotion of policies and practices in support of breastfeeding; creation of community environments that promote and support healthy food and beverage choices and physical activity; elimination of exposure to secondhand smoke and prevention of the initiation of tobacco use by youth, especially among low socioeconomic status (SES) populations and the promotion of tobacco cessation, especially among low SES populations and those with poor mental health; and strengthened infrastructure to promote mental, emotional and behavioral wellbeing. However, the burden of health disparities, chronic disease, obesity and behavioral health issues is still present as demonstrated below by the indicators that have not met the New York State Department of Health (NYSDOH) Prevention Agenda Objectives and/or have worsened indicating the need to continue to address the 2013-2016 priority agenda item and focus areas.

Since the last community health needs assessment the following NYSDOH Prevention Objectives¹ have:

Improved

Premature deaths: Ratio of Black non-Hispanics to White non-Hispanics

Premature deaths: Ratio of Hispanics to White non-Hispanics

Age-adjusted preventable hospitalizations rate per 10,000 - Aged 18+ years*

Preventable hospitalizations: Ratio of Black non-Hispanics to White non-Hispanics

Preventable hospitalizations: Ratio of Hispanics to White non-Hispanics

Percentage of adults (aged 18-64) with health insurance*

Rate of emergency department visits due to falls per 10,000 - Aged 1-4 years*

Assault-related hospitalization rate per 10,000

Rate of occupational injuries treated in ED per 10,000 adolescents - Aged 15-19 years*

Percentage of employed civilian workers age 16 and over who use alternate modes of transportation to work or work from home

Percentage of children and adolescents who are obese

Asthma emergency department visit rate per 10,000 population*

Asthma emergency department visit rate per 10,000 - Aged 0-4 years*

Percentage of adolescent females with 3 or more doses of HPV immunization - Aged 13-17 years*

Gonorrhea case rate per 100,000 women - Aged 15-44 years*

¹ New York State Department of Health Prevention agenda Dashboard

https://apps.health.ny.gov/doh2/applinks/ebi/SASStoredProcess/guest?_program=%2FFBI%2FFPHIG%2Fapps%2Fdashboard%2Fpa_dashboard&p=ch&cos=60 Assessed November 2016.

Premature births: Ratio of Black non-Hispanics to White non-Hispanics
Percentage of infants exclusively breastfed in the hospital*
Maternal mortality rate per 100,000 births
Adolescent pregnancy rate per 1,000 females - Aged 15-17 years*
Percentage of unintended pregnancy among live births*
Percentage of women (aged 18-64) with health insurance*
Age-adjusted suicide death rate per 100,000
**Significant change*

No Significant Change

Age-adjusted percentage of adults who have a regular health care provider - Aged 18+ years#
Rate of hospitalizations due to falls per 10,000 - Aged 65+ years#
Percentage of population that lives in a jurisdiction that adopted the Climate Smart Communities pledge#
Percentage of residents served by community water systems with optimally fluoridated water#
Percentage of adults who are obese
Percentage of cigarette smoking among adults#
Percentage of adults who received a colorectal cancer screening based on the most recent guidelines - Aged 50-75 years#
Age-adjusted heart attack hospitalization rate per 10,000
Percentage of children with 4:3:1:3:3:1:4 immunization series - Aged 19-35 months#
Percentage of adults with flu immunization - Aged 65+ years
Newly diagnosed HIV case rate per 100,000
Difference in rates (Black and White) of newly diagnosed HIV cases
Difference in rates (Hispanic and White) of newly diagnosed HIV cases
Gonorrhea case rate per 100,000 men - Aged 15-44 years
Primary and secondary syphilis case rate per 100,000 men
Primary and secondary syphilis case rate per 100,000 women#
Percentage of preterm births#
Percentage of children who have had the recommended number of well child visits in government sponsored insurance programs#
Percentage of children aged 0-15 months who have had the recommended number of well child visits in government sponsored insurance programs#
Percentage of children aged 3-6 years who have had the recommended number of well child visits in government sponsored insurance programs#
Percentage of children aged 12-21 years who have had the recommended number of well child visits in government sponsored insurance programs#
Percentage of children (aged under 19 years) with health insurance#
Unintended pregnancy: Ratio of Black non-Hispanic to White non-Hispanic#
Unintended pregnancy: Ratio of Hispanics to White non-Hispanics#
Unintended pregnancy: Ratio of Medicaid births to non-Medicaid births#
Percentage of live births that occur within 24 months of a previous pregnancy
Age-adjusted percentage of adults with poor mental health for 14 or more days in the last month
Age-adjusted percentage of adult binge drinking during the past month
Did not meet NYSDOH Prevention Agenda Objective

Worsened

Percentage of premature deaths (before age 65 years)*

Assault-related hospitalization: Ratio of Black non-Hispanics to White non-Hispanics

Assault-related hospitalization: Ratio of Hispanics to White non-Hispanics

Rate of hospitalizations for short-term complications of diabetes per 10,000 - Aged 6-17 years

Rate of hospitalizations for short-term complications of diabetes per 10,000 - Aged 18+ years

Chlamydia case rate per 100,000 women - Aged 15-44 years*

Premature births: Ratio of Hispanics to White non-Hispanics

Premature births: Ratio of Medicaid births to non-Medicaid births

Exclusively breastfed: Ratio of Black non-Hispanics to White non-Hispanics

Exclusively breastfed: Ratio of Hispanics to White non-Hispanics

Exclusively breastfed: Ratio of Medicaid births to non-Medicaid births

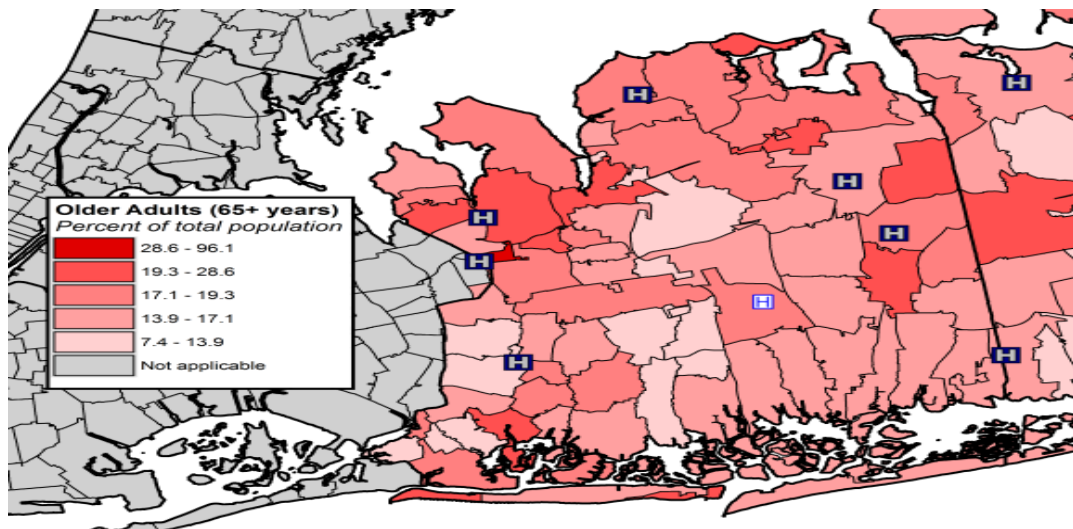
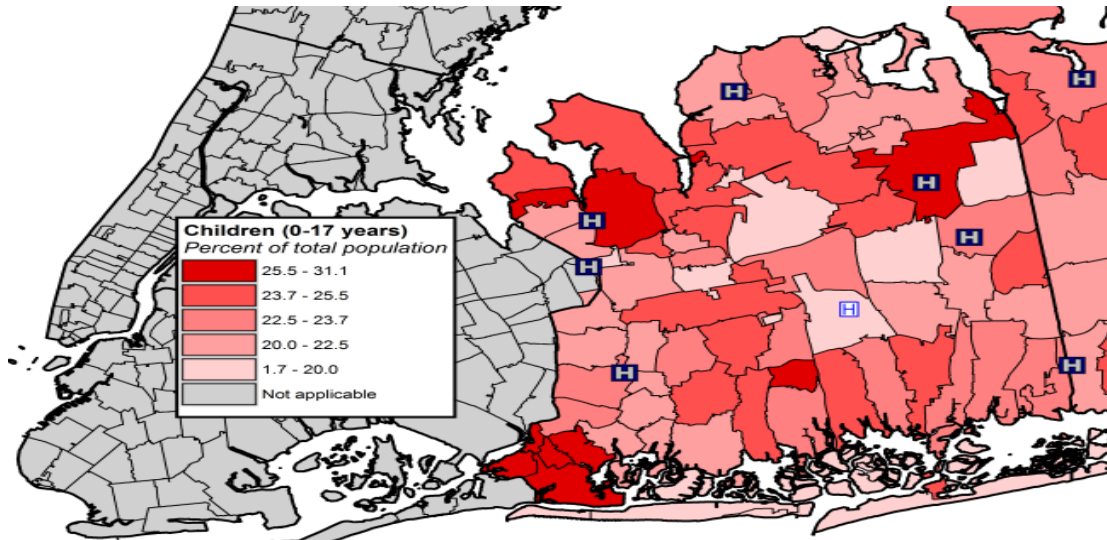
Adolescent pregnancy: Ratio of Black non-Hispanics to White non-Hispanics

Adolescent pregnancy: Ratio of Hispanics to White non-Hispanics

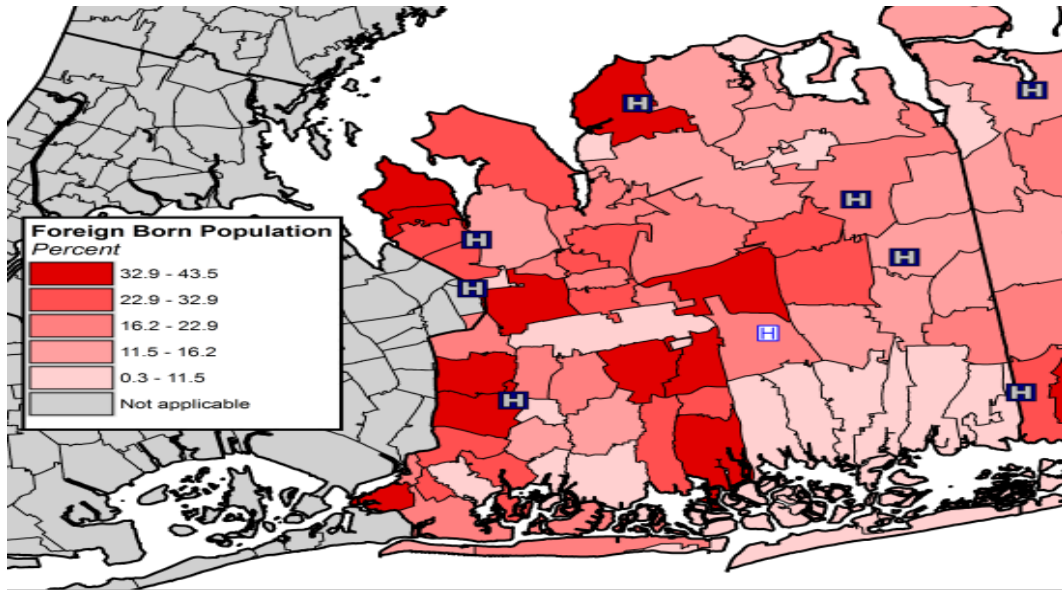
**Significant change*

Demographic Profile

Our primary service areas in Nassau County encompass five hospitals; North Shore University Hospital; Long Island Jewish Valley Stream; Glen Cove Hospital; Syosset Hospital; and Plainview Hospital. Nassau County has a population of 1,369,233 that is 52% female and has an age distribution of 22% aged less than 18 years, 32% aged between 18 and 44 years old, 29% aged 45 to 64, and 17% over 65 years of age. From the map below, children aged 0-17 are concentrated in Cedarhurst, Woodmere, Glenwood Landing, Great Neck and Manhasset. Also, there is a large concentration of older adults (aged 65+) in New Hyde Park, Woodbury, Point Lookout, Atlantic Beach and Great Neck.



Source: U.S. Census Bureau, American Community Survey, 2010-2014

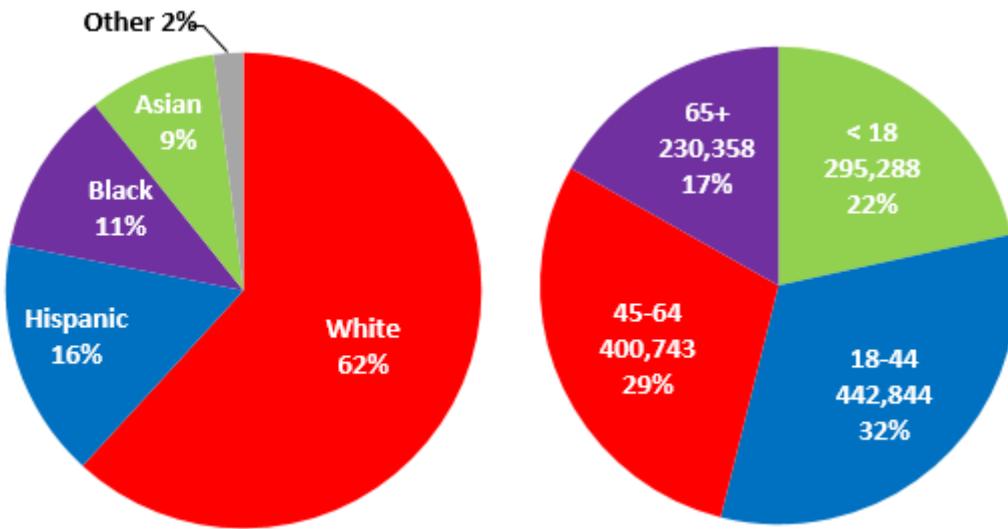


Source: U.S. Census Bureau, American Community Survey, 2010-2011

The racial distribution of Nassau County is 62% white, 16% Hispanic, 11% black, and 9% Asian. Approximately 22% of Nassau County residents are foreign-born and 28% of residents speak a language other than English at home. As you can see in the map below, foreign-born residents of Nassau are concentrated in Elmont, Uniondale, Hempstead and Great Neck.

NASSAU COUNTY RACIAL DIVERSITY

NASSAU COUNTY POPULATION AGE DISTRIBUTION

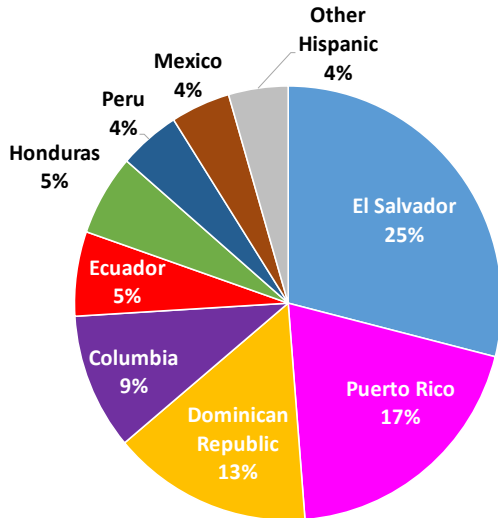


Source: Truven Market Discovery.v2015.03.26.tpn

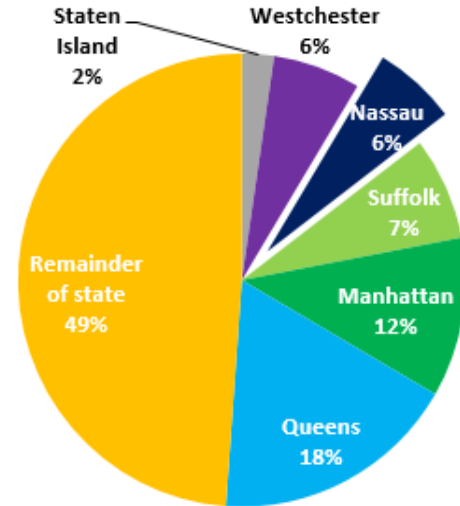
The Hispanic population is the most largely represented minority in Nassau County. Within the Hispanic population, there are several countries of origin represented. Approximately 61% of the Hispanic population is composed of Central American, South American, and Spanish subgroups including 25% Salvadorian. Seventeen percent of the Hispanic population is Puerto Rican, while 4% is Mexican.

Nassau County alone makes up 6% of the State’s Hispanic population. The next most largely represented minority population in Nassau County is the black population. Nassau County makes up 5% of the State’s black population.

HISPANIC/LATINO SUB-POPULATIONS

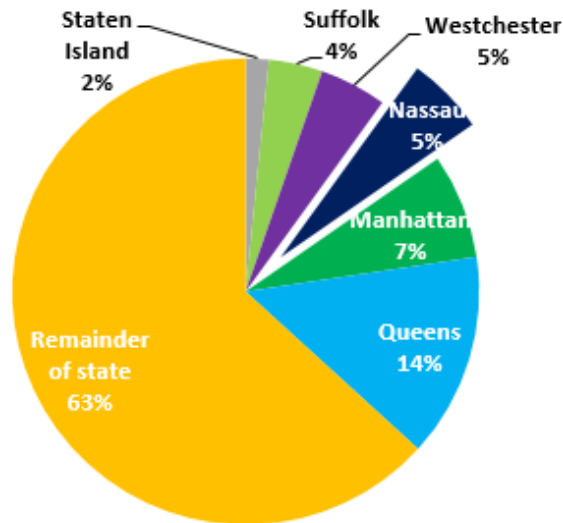


PERCENT OF STATE HISPANIC POPULATION



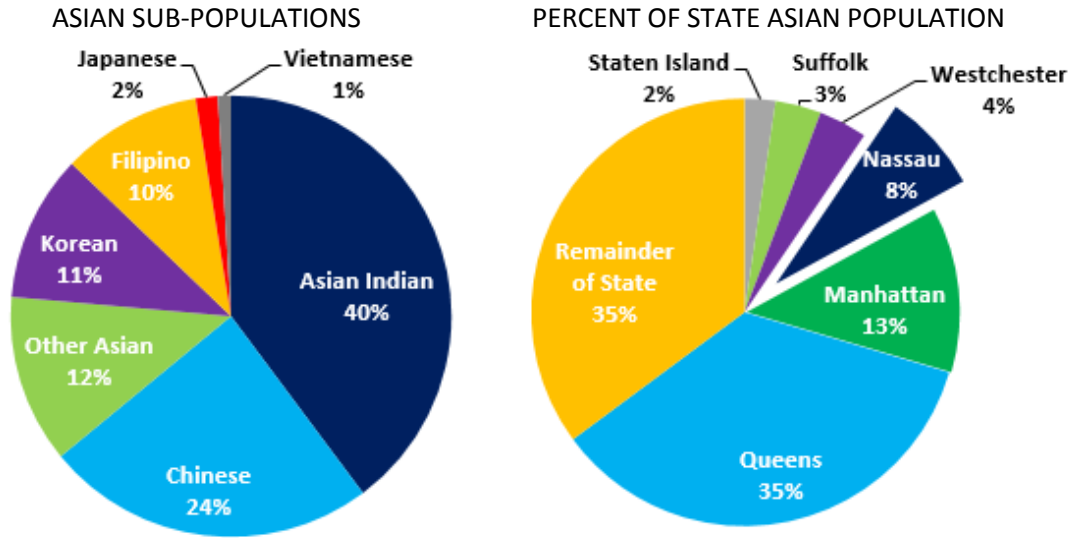
*Other is comprised of Central American, South American, and Spanish sub-groups; tpn

PERCENT OF STATE BLACK POPULATION



Source: Truven Market Discovery.v2015.03.26, ACS Census 2014; tpn

In addition, there are several countries of origin represented in the Asian population of Nassau County. The breakdown of Asian subpopulations is as follows: 40% Asian Indian, 24% Chinese, 12% other Asian, 11% Korean, 10% Filipino, 2% Japanese, and 1% Vietnamese. Nassau County alone makes up 8% of the State's Asian population.



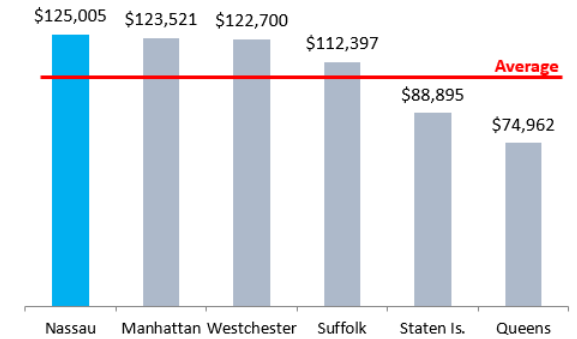
Source: Truven Market Discover.v2015.03.26,ACS Census 2014; tpn

Social Determinant Analysis

Secondary data was collected on various social determinants of health in Nassau County and analyzed to identify factors that may contribute to the health status of the population of Nassau County. The results of this analysis are as follows. The average household income is \$125,005 while the per capita income is \$42,949. Both of these statistics are above both the service area average and New York State averages.

Average Household Income

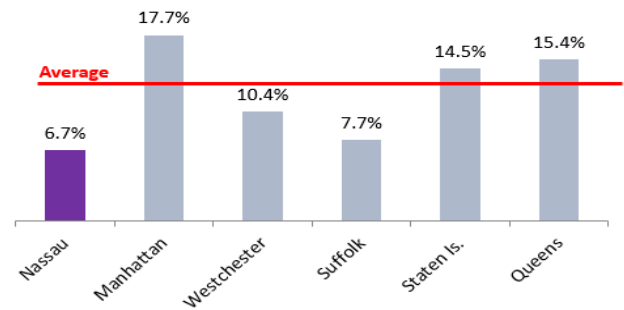
Service Area Avg. = \$107,913



Source: Truven 2015 v. 2015.08.04, US Census 2014. tpn

Percent Poverty (est.)

Service Area Avg. = 12.1%



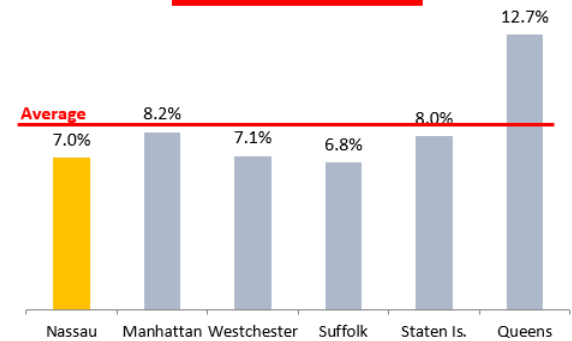
Source: Truven 2015 v. 2015.08.04, US Census 2014. tpn

Nassau Manhattan Westchester Suffolk Staten Is. Queens
Source: Truven 2015 v. 2015.08.04, US Census 2014. tpn

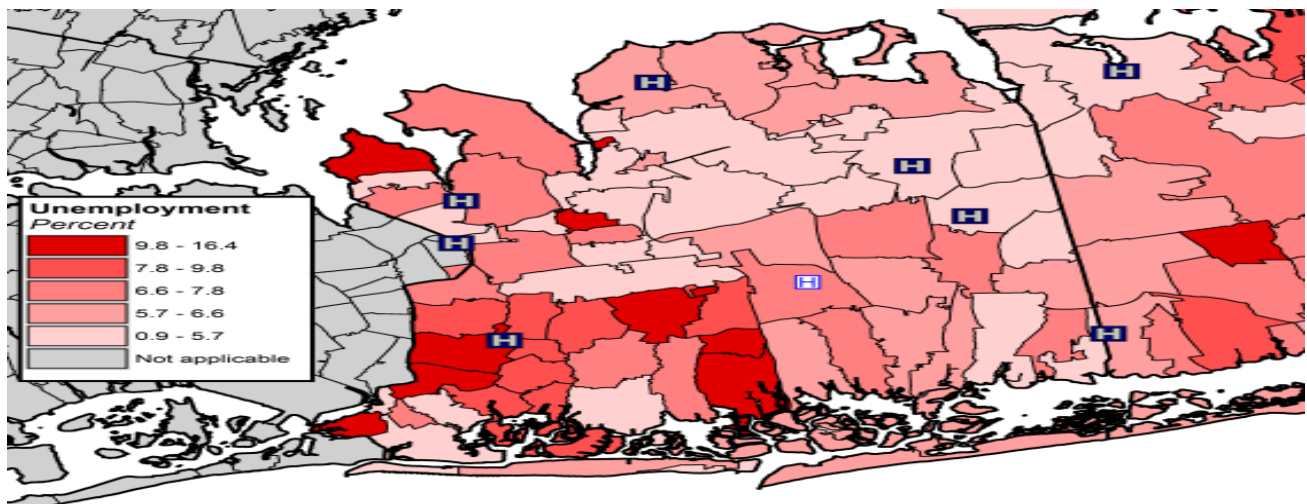
However, it's important to understand that there are pockets of extreme socioeconomic disparity in Nassau County, where incomes are much lower and poverty and unemployment are high. As a county, however, the poverty rate is 6.7% and the unemployment rate is 7%. However, among the Nassau residents living in poverty, some live more than 11.5% below the federal poverty level. These greatest rates of poverty are concentrated in Hempstead, Roosevelt, Inwood, Freeport and Glen Cove. Furthermore, the greatest rates of unemployment are concentrated in Glenwood Landing, Albertson, Inwood, Roosevelt and Valley Stream.

2015 Unemployment Rate

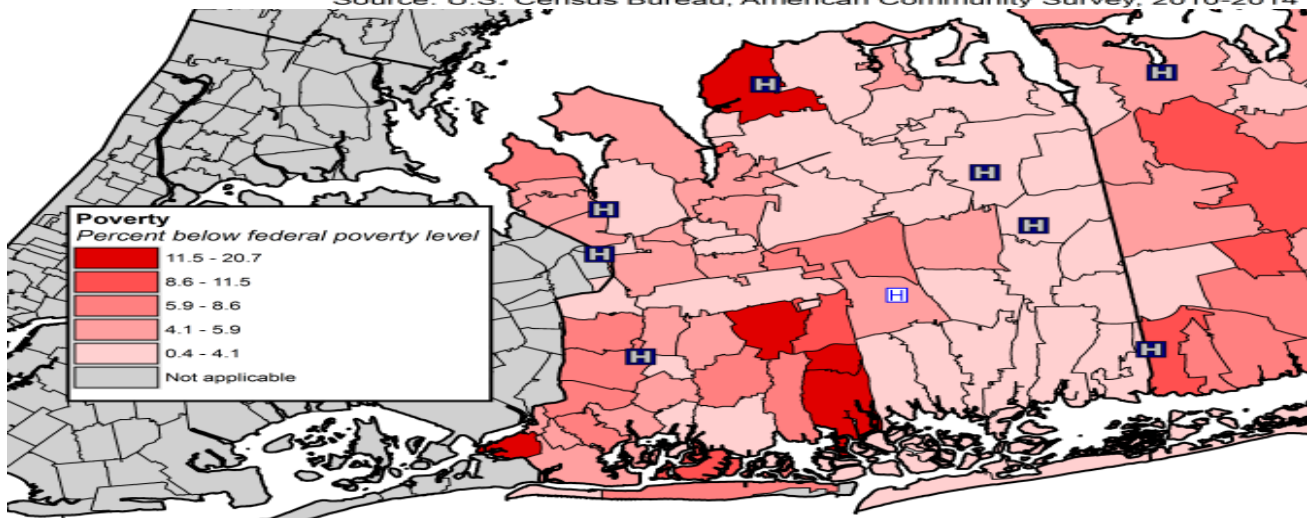
Service Area Avg. = 8.3%



Source: Truven 2015 v. 2015.08.04, US Census 2014, tpn

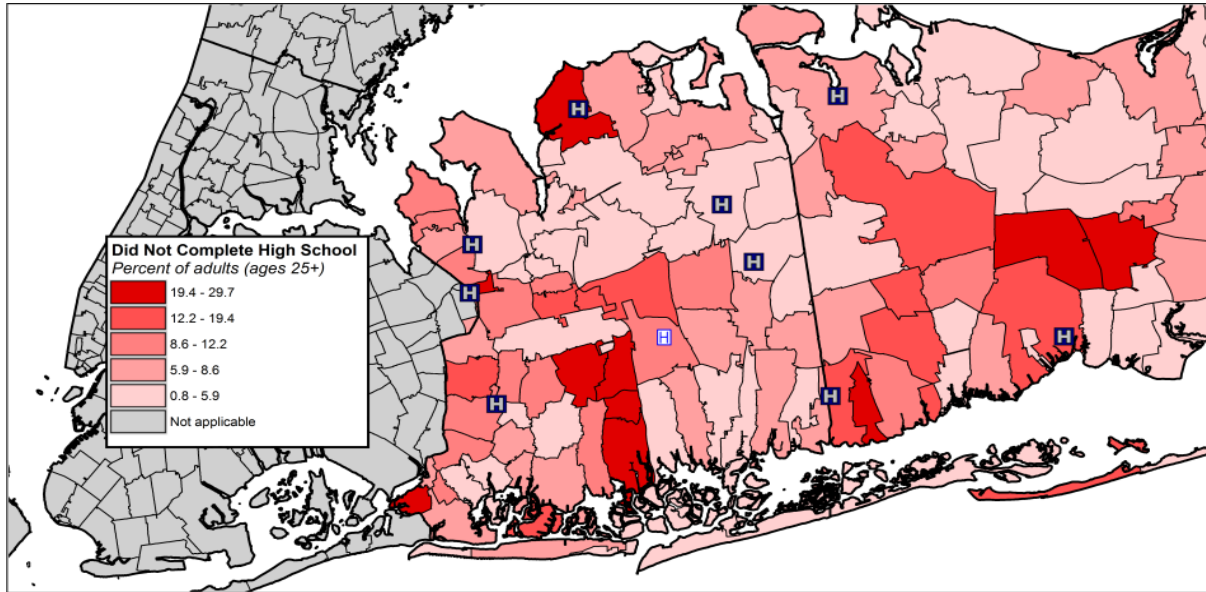


Source: U.S. Census Bureau, American Community Survey, 2010-2014



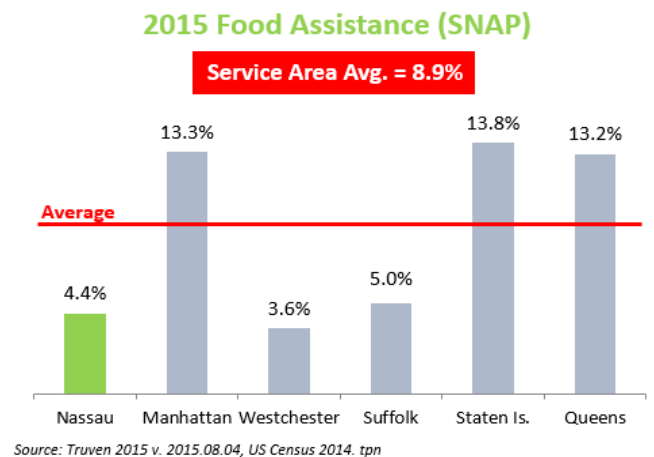
Source: U.S. Census Bureau, American Community Survey, 2010-2014

Poverty and unemployment are not the only socioeconomic determinants of health. Educational attainment has perhaps the strongest correlation to health outcomes. In Nassau County, 91% of students graduate from high school, and 73.6% of residents have attended at least some college². As shown on the map below that the highest concentration of adults in Nassau who did not complete high school are located in Hempstead, Roosevelt, Inwood, Uniondale and Freeport.



Income, employment, and educational attainment greatly impact health in a number of ways, but perhaps the most discernible of those is one's ability to buy food, especially healthful foods. An estimated 7% of the population of Nassau experiences food insecurity, with approximately 85,540 food insecure individuals living in Nassau³. Approximately 4.4% of Nassau residents receive food assistance (SNAP). This is nearly half of our service area average and, there is a significant divide in food assistance amongst our counties served.

Other contributors to health status include neighborhood safety and housing security. In 2014, the county experienced a violent crime rate of 173 per 100,000 inhabitants, compared to 365 per 100,000 nationally⁴, suggesting relative safety in this community. The percentage of Nassau residents experiencing housing insecurity in the last 12 months was 42.5% in 2014⁵ and, according to the American Housing Survey, 2.4% of housing units were overcrowded. The home ownership rate in Nassau from 2010-2014 was 80.2%. However, it is also important to examine rent burden in Nassau. The U.S. Census Bureau American Community Survey defines rent burden as the percentage of renter households whose



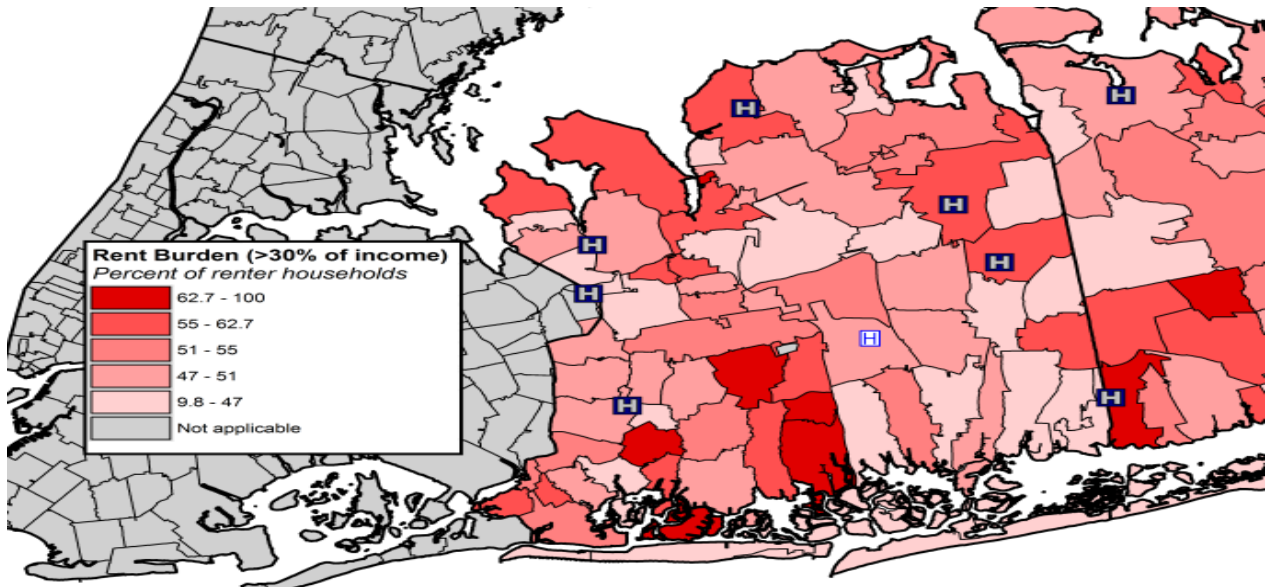
² U.S. Dept of Education, EDFacts 2012-2013

³ Map the Meal Gap, 2013

⁴ FBI Uniform Crime Reporting, 2014

⁵ eBRFSS, 2014

gross rent (rent plus utilities) is greater than 30 percent of their monthly pre-tax income. In Nassau, we see the greatest concentration of rent burden in Glenwood Landing, Roosevelt, Hempstead, Island Park and Lynbrook.



Source: U.S. Census Bureau, American Community Survey, 2010-2014

Access to exercise and walking suitability are environmental factors that also contribute to health status. Ninety-nine percent of residents report having access to exercise opportunities and 93.5% believe their neighborhoods are suitable for walking⁶. One's environment is also shaped by the accessibility of health services in the area. When it comes to healthcare in Nassau County, services are relatively very accessible, when compared to state averages. The population to primary care provider ratio is 682:1⁷, while the NYS average is 1200:1 and the population to mental health provider ratio is 368:1⁸, slightly better than the state average. Just ten percent of the population is uninsured but for that ten percent of the population that is uninsured, this can be a significant financial burden.

Health status is also shaped by an individual's social support network and their individual behaviors. The social association rate is increasingly used as an indicator of social connectedness in the community. The social association rate for Nassau County, determined by the number of membership associations per 10,000 residents, was 7.8 in 2013⁹, on par with the state average of 7.9. When it comes to diet and nutrition, about 28% of Nassau residents consume the recommended daily intake of fresh fruits and vegetables and 26% of adults report having no leisure time physical activity¹⁰. Twelve percent of adults in Nassau County smoke and 18% report drinking excessively¹¹. A staggering 24% of driving deaths in Nassau were attributed to alcohol from 2012-2014¹². In addition, the drug overdose mortality rate in Nassau is 12 per 100,000 deaths and, from 2012-2014, Nassau County experienced 501 drug overdose deaths¹³.

⁶ eBRFSS, 2014

⁷ Area Health Resource File, American Medical Association, 2013

⁸ CMS, National Provider Identification File

⁹ County Business Patterns, 2013

¹⁰ CDC Diabetes Interactive Atlas, 2012

¹¹ eBRFSS, 2014

¹² Fatality Analysis Reporting System, 2010-2014

¹³ CDC WONDER Mortality Data, 2012-2014

Primary Data Analysis

The CHA/CHIP committee 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). The group agreed that quantitative and qualitative data should be collected from community organizations and the population-at-large. Two subcommittees– Community-Based Organizations and Community-Wide Survey– were formed with representation from the five not-for-profit hospitals, academic partners and the Nassau County Department of Health. The full methodology and analysis of findings can be found in the attached Nassau County Community Member Survey and Community–Based Organization Summit reports.

Community-Based Organization Summit

The Nassau County and Suffolk County Departments of Health and all Long Island hospitals, worked together with the Long Island Health Collaborative staff in order to collect data that would propel the Community Health Needs Assessment Cycle 2016-2019. To gather qualitative data for these assessments, the Long Island Health Collaborative held two Community-Based Organization Summits in February 2016. Hosting one in each county with more than 100 total organizations represented, facilitated discussions were used to gather information about the communities served. The findings are summarized below.

Chronic Disease

Summit participants reported Chronic Disease as the most significant health problem seen within the communities they serve in Nassau County. In looking at distinct Prevention Agenda Categories, 26.1% of summit quotations indicated Chronic Disease as a priority area. Cumulatively, 42.5% of quotations in Nassau included one or more Chronic Disease keyword. Chronic Disease Management and Obesity/Nutrition were the most frequently prioritized focal areas. Summit participations stated that improving communities’ access to healthy foods, coupled with youth education focused on healthy living and nutrition, is needed to curb the increasing rates of diabetes, heart disease, and obesity in young populations. In addition, provision of nutrition and physical activity education to parents is a valuable preventive strategy that, once passed down to future generations, will help to dissipate the prevalence of obesity.

Mental Health and Substance Abuse

Mental Health and Substance Abuse emerged closely as a second-ranking topic of importance. Qualitative analysis demonstrated, 26.1% of quotations indicated Mental Health as an area of concern in Nassau County. Cumulatively, 36.9% of quotations included Mental Health and Substance Abuse as an area of concern within communities served in Nassau County. Upon further breakdown of the focus areas within the overarching priority area of Mental Health and Substance Abuse, “mental health issues”, including behavioral and developmental, emerged at the forefront with 16.4% of quotations in Nassau County. A second focus area, “substance abuse”, appeared with 6.9% of quotations containing related key words.

Healthy and Safe Environment

Healthy and Safe Environments were discussed as an area of concern within 20.1% of Nassau County quotations. Cumulatively, 26.6% of quotations from Nassau County included aspects of Healthy and Safe Environment. Within this area, “Access to care” was reflected in 6.9% of quotations with “Homes” following in close second with 6.8% of quotations. The “Access” focus area included key words and themes such as access to care; food; service; school and stores. The lack of affordable housing in Nassau County contributes to unsafe living

environments, which is considerably problematic within the senior population. Availability of stable housing has a direct correlation with access to health services and individuals' ability to prioritize their healthcare. In addition, a sustainable-built environment provides increased opportunity for community members to engage in physical activity, promotes easy access to health services and healthy food options.

Healthy Women, Infants, and Children

The priority area of Healthy Women, Infants and Children was highlighted as a focus area of concern within 19.1% of Nassau County quotations. Cumulatively, 24.9% of quotations from Nassau County included aspects of Healthy Women, Infants and Children. Within this area, "Children's Health" was reflected in 11.2% of quotations with "Maternity/Mother" following with 8.5% of quotations. Children's health issues were inclusive of keywords related to well child visits; child neglect; safe childcare options; developmental delays and dental problems for children. The focus area "Maternity/Mother" covers issues related to breastfeeding; health insurance for mothers; reproductive care; young mothers and utilization of preventive health services for mothers. Incidence of infant mortality, prematurity and low-birth rate babies is higher among the African American population. It is vital that expectant mothers, especially those in high-risk populations, are accessing comprehensive health services. Post-delivery is the perfect time to engage mothers in follow-up care by linking them to services.

HIV, STD, Vaccine Preventable Diseases

HIV, STD, Vaccine Preventable Diseases and Health Care-Associated Infections comprised 6.2% of distinct and 8.1% of cumulative Nassau County quotes. Although this area comprised the least majority of total quotations, interpretative analysis provides strong evidence that there is a desperate need for additional services reaching those living with HIV/AIDS. This population requires a unique set of integrated care services, which seems to be lacking in accessibility. Furthermore, there are new emerging disease trends that will be important for professionals to address moving forward.

Disparities and Barriers

Disparities among the senior population were of high importance to summit participants with 17% of quotations in Nassau County being coded under this topic. The focus area of "Senior Issues" included key words related to aging, Alzheimer's, finances, abuse, cognitive loss, crisis, falls, housing and safety. One theme of particular relevance was a resource need for caregivers who are often times unprepared for the decision-making and financial responsibility associated with caring for a family member.

Disparities among "special populations" were indicated within 16.4% of the total Nassau County quotations. Special populations include: baby boomers; incarcerated individuals; transgender population; vulnerable populations and minority populations.

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 barriers" and "financial and insurance barriers." Quotations related to access barriers accounted for 25.1% of barrier quotations in Nassau County. Financial barriers were another frequently discussed barrier to care. Keywords associated with financial barriers include: affordability, barriers to funding, financial burdens, pay scales and poverty. Of the Nassau County quotations flagged with barriers to care, financial barriers comprised 18.3% while Insurance barriers comprised 16.2%. Insurance barriers include keywords related to: emergency Medicaid, high deductibles, insurance policies, pending Medicaid, uninsured, undocumented, and copayments.

Individual Community Member Survey

In Nassau County we conducted individual community member surveys in partnership with the Long Island Health Collaborative (partners in Suffolk County as well). Surveys were distributed by paper and electronically through Survey Monkey to community members. On June 2nd we downloaded each of the collectors from Survey Monkey and began to analyze the results. The findings are summarized below.

When asked **what the biggest ongoing health concerns in the community where you live are:** Nassau County respondents felt that Cancer, Drug and Alcohol Abuse and Obesity/Weight Loss were the top three concerns. In Nassau, these three choices represented roughly 43% of the total responses.

When asked **what the biggest ongoing health concerns for yourself are:** Nassau County respondents felt that Obesity/Weight Loss, Women's Health and Wellness, and Heart Disease and Stroke were the top three concerns. In Nassau, these three choices represented roughly 43% of the total responses.

The next question sought to **identify potential barriers that people face when getting medical treatment.** Nassau respondents felt that No Insurance, being Unable to Pay Co-pays or Deductibles, and Fear were the most significant barriers. These choices received roughly 55% of the total responses.

When asked **what was most needed to improve the health of your community:** Nassau County respondents felt that Healthier Food Choices, Clean Air & Water, and Weight Loss Programs were most needed. These choices accounted for 40% of the total responses.

For the final question people were asked **what health screenings or education services are needed in your community** and Nassau County respondents felt that the Cancer, Diabetes, and Blood Pressure services were most needed.

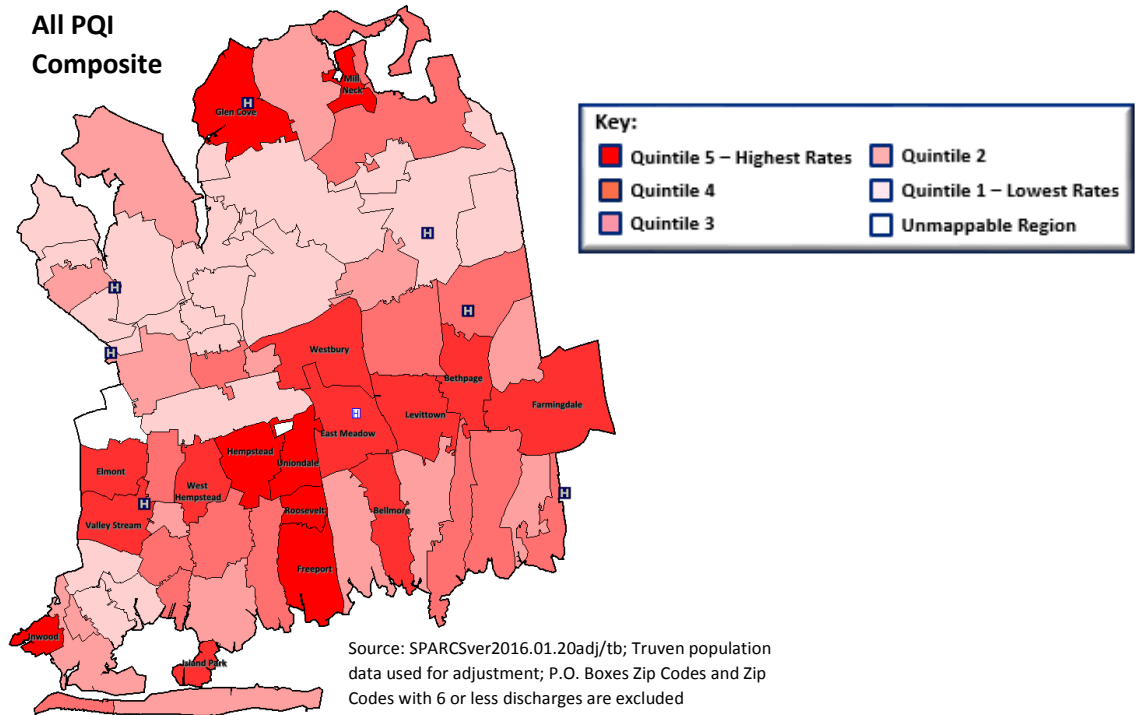
In total, 5397 surveys have been collected between December and June 2nd, 2016. For Nassau County there were 1572 respondents in total, which means our responses have a confidence level of 95% and a confidence interval of 2.5. These values are based on the 2010 census for Nassau and Suffolk counties.

Secondary Data Analysis

As aforementioned, sources of information included SPARCS data (version 2016), NYSDOH Vital Statistics, NYS Cancer Registry and the NYSDOH Surveillance System. Data were age-adjusted (direct standardization of rates) based on 2010 U.S. standard population. A mapping of Prevention Quality Indicators (PQIs) quintiles was also used as part of the data analysis to identify pockets of diminished health in the counties we serve. For PQIs, quintiles are assigned to the data based on their comparative rates of disease per 100,000 population, and use these quintiles to assess the relative health of different zip codes. The quintiles are arranged 5 to 1 with the 5th quintile containing the highest rates of the targeted PQIs and their associated conditions, while quintile 1 contains the lowest rates.

Prevention Quality Indicator (PQI) Composite

Of Nassau County's 63 zip codes, some consistently emerged in PQI quintiles 4 or 5, indicating high rates of disease and poorer health outcomes in those areas. These areas include Freeport, Roosevelt, Uniondale, and Hempstead. Glen Cove, Lynbrook, West Hempstead, and Valley Stream often emerge in either quintiles 1 or 2 as well.

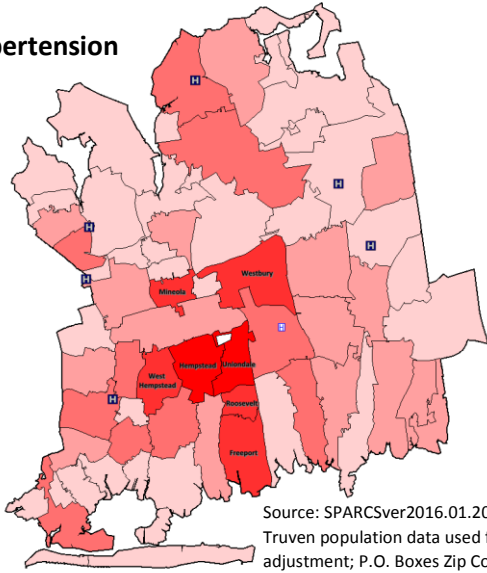


Chronic Disease

To assess chronic disease prevalence in Nassau County, the county prevalence is compared to New York State (NYS) and national prevalence and in relation to the 2013-2018 NYS Prevention Agenda Objectives (NYSPAO). In addition, communities within the county that have higher prevalence rates than the county average have been identified.

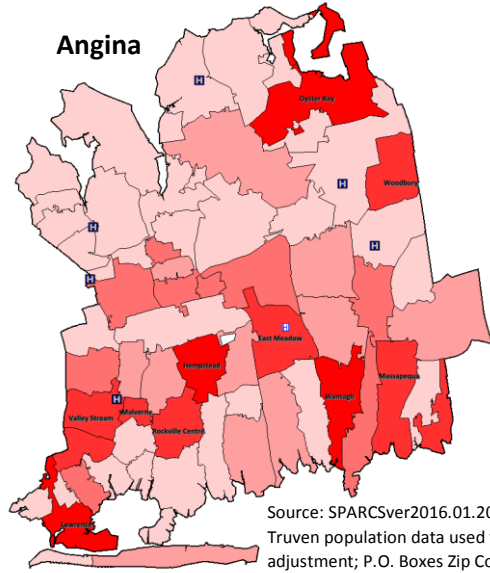
Coronary heart disease and congestive heart failure hospitalizations were worse than the NYS average but Nassau was slightly below the NYSPAO for coronary heart disease hospitalizations. Congestive heart failure hospitalizations, however, were well above the NYSPAO (Nassau rate: 46, Objective: 33). Cerebrovascular (Stroke) disease mortality was significantly better than the state and national averages and achieved the NYSPAO. Circulatory PQIs had the highest rates in Hempstead, Uniondale, Roosevelt, Freeport, and Glen Cove. The highest hypertension PQIs were found in Roosevelt, Hempstead, and Uniondale.

Hypertension



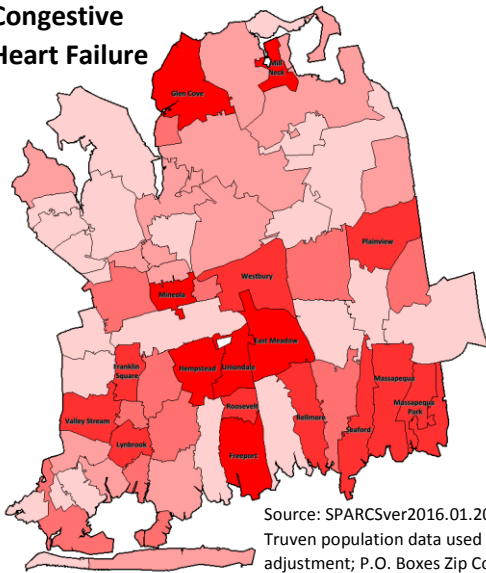
Source: SPARCSver2016.01.20adj/tb;
Truven population data used for
adjustment; P.O. Boxes Zip Codes and
Zip Codes with 6 or less discharges are
excluded

Angina



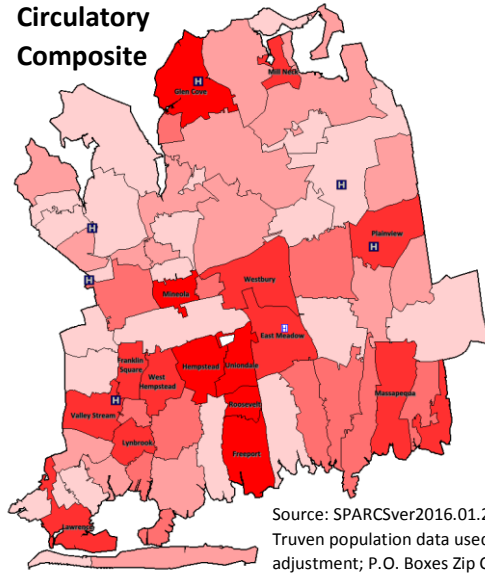
Source: SPARCSver2016.01.20adj/tb;
Truven population data used for
adjustment; P.O. Boxes Zip Codes and
Zip Codes with 6 or less discharges are
excluded

Congestive Heart Failure



Source: SPARCSver2016.01.20adj/tb;
Truven population data used for
adjustment; P.O. Boxes Zip Codes and
Zip Codes with 6 or less discharges are
excluded

Circulatory Composite

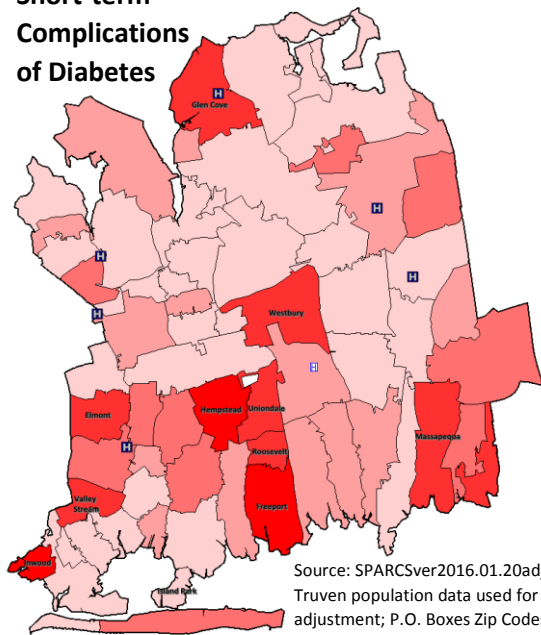


Source: SPARCSver2016.01.20adj/tb;
Truven population data used for
adjustment; P.O. Boxes Zip Codes and
Zip Codes with 6 or less discharges are
excluded



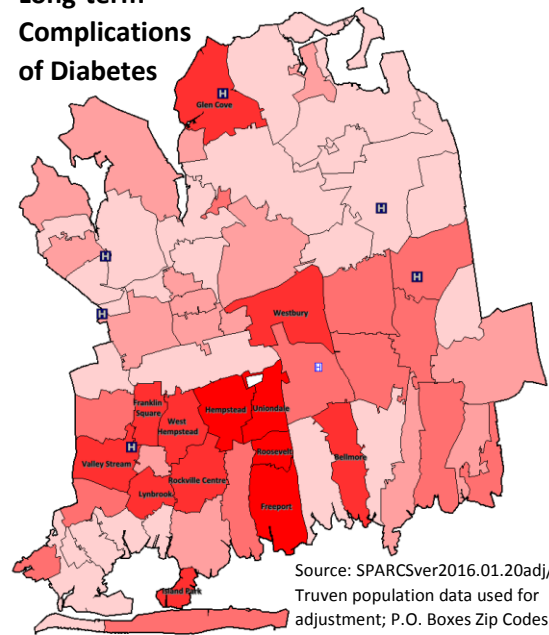
Diabetes prevalence rates in Nassau County were 5.9%, significantly lower than the NYS average of 10.4% but still above the NYSPAO of 5.7%. The diabetes short term complication hospitalization rate was also better than the NYS average and achieved the NYSPAO for people age 18+ years. However, the rate for diabetes short term complication hospitalization did worsen in Nassau from data year 2011-2013 to data year 2012-2014. Obesity rates for adults (BMI>30) were 16%, below the NYS average of 24% but still above the NYSPAO of 15%. Elementary, middle school and high school students had a 17% obesity rate. However, Nassau children 2-4 years enrolled in the WIC program had obesity rates of 22%, above the NYS average of 14% and the NYSPAO of 11%. Diabetes PQIs had the highest rates in Roosevelt, Uniondale, and Hempstead.

Short-term Complications of Diabetes



Source: SPARCSver2016.01.20adj/tb; Truven population data used for adjustment; P.O. Boxes Zip Codes and Zip Codes with 6 or less discharges are excluded

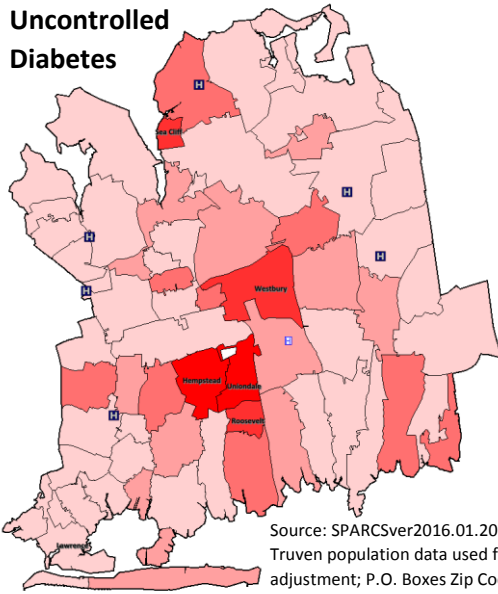
Long-term Complications of Diabetes



Source: SPARCSver2016.01.20adj/tb; Truven population data used for adjustment; P.O. Boxes Zip Codes and Zip Codes with 6 or less discharges are excluded

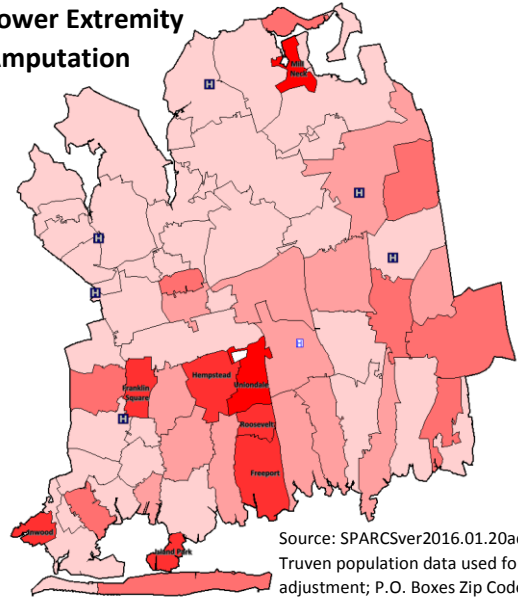


Uncontrolled Diabetes

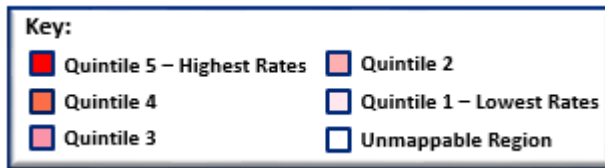


Source: SPARCSver2016.01.20adj/tb; Truven population data used for adjustment; P.O. Boxes Zip Codes and Zip Codes with 6 or less discharges are excluded

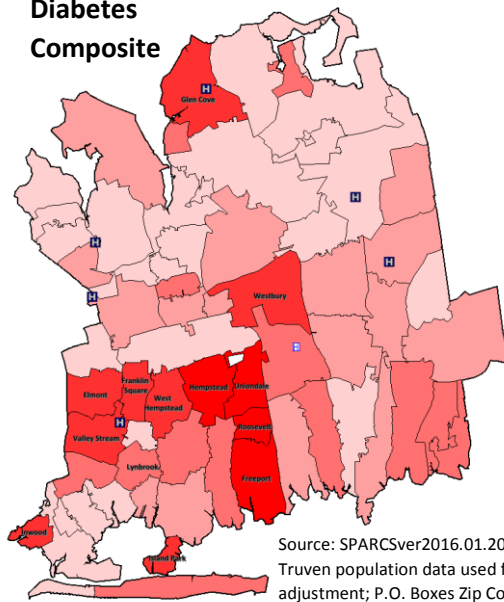
Lower Extremity Amputation



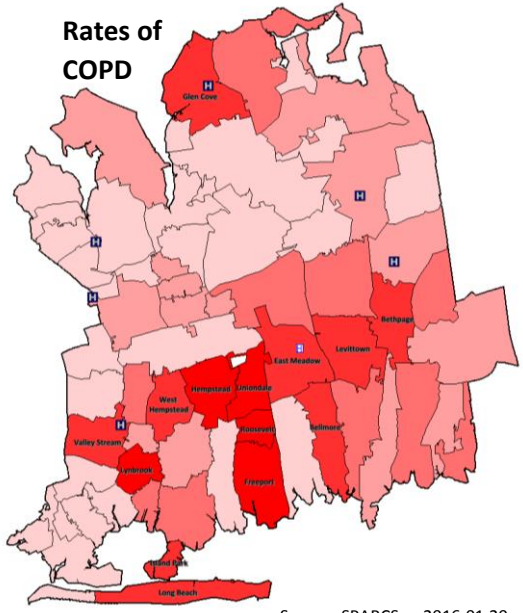
Source: SPARCSver2016.01.20adj/tb; Truven population data used for adjustment; P.O. Boxes Zip Codes and Zip Codes with 6 or less discharges are excluded



Diabetes Composite

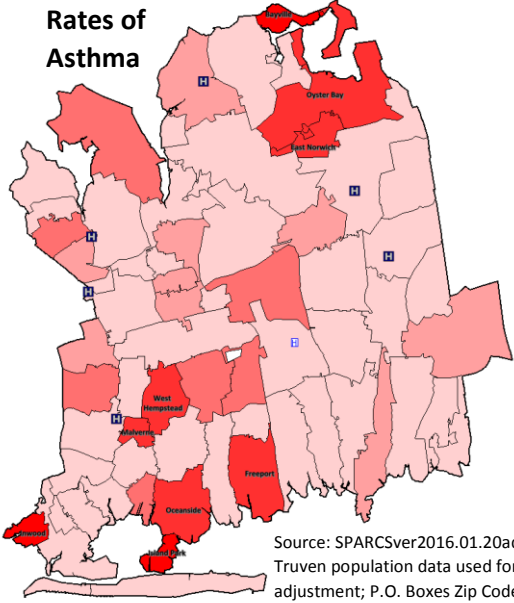


Source: SPARCSver2016.01.20adj/tb; Truven population data used for adjustment; P.O. Boxes Zip Codes and Zip Codes with 6 or less discharges are excluded

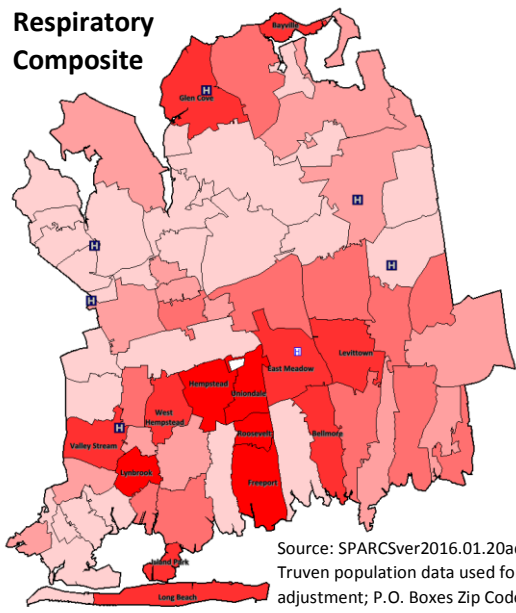


Source: SPARCSver2016.01.20adj/tb; Truven population data used for adjustment; P.O. Boxes Zip Codes and Zip Codes with 6 or less discharges are excluded

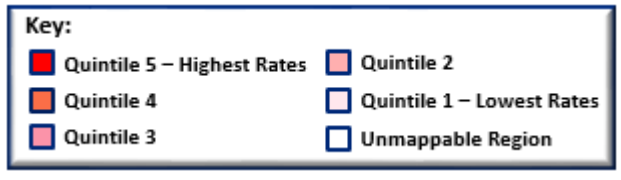
Cigarette smoking rates for adults in Nassau County were 10.1%, below the NYS average of 18.1% and the NYSPAO of 12%. Chronic Obstructive Pulmonary Disease adult hospitalizations per 10,000 in Nassau County were 36.5, below the NYS average of 41.3, but above NYSPAO of 31. Freeport, Roosevelt, Uniondale and Hempstead had the highest rates of COPD. Nassau County adult asthma hospitalization rates were below the NYS average but the asthma rates in E. Norwich, Freeport, Inwood, Island Park, Malverne, Oceanside, Oyster Bay and W. Hempstead were double the rates of the rest of the county.



Source: SPARCSver2016.01.20adj/tb; Truven population data used for adjustment; P.O. Boxes Zip Codes and Zip Codes with 6 or less discharges are excluded



Source: SPARCSver2016.01.20adj/tb; Truven population data used for adjustment; P.O. Boxes Zip Codes and Zip Codes with 6 or less discharges are excluded

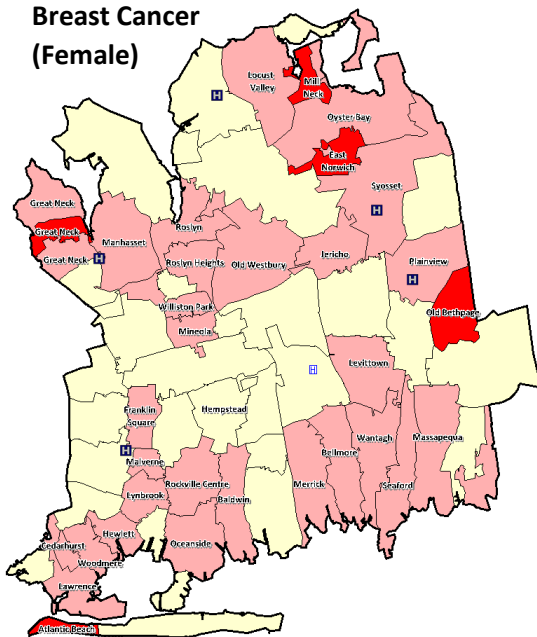


Lifestyle data including nutrition and physical activity are major factors in the prevention and management of chronic disease. Approximately 74% of Nassau County adults report that they are engaged in some type of leisure time physical activity which is above the NYS rate (73%) but below the NYSPAO target of 80%. Although the Nassau County rate is approaching the NYSPAO target, 1 out of 4 residents are inactive. Twenty-eight percent of county residents

report that they eat 5 or more fruits and vegetables per day. This is above the NYS average (26.8) but below the NYSPAO target (33%).

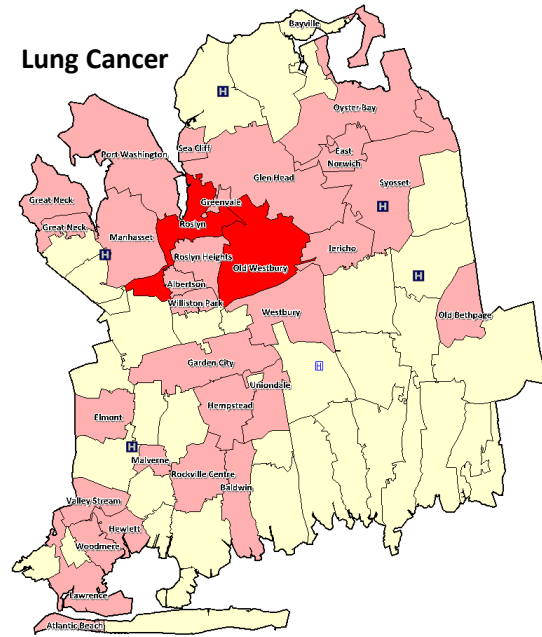
Breast (68.1%) and cervical cancer (52.2%) early stage diagnosis rates were higher than the US and NYS averages, but below the NYSPAO. The highest female breast cancer rates were located in the communities of Bayville, East Norwich, Mill Neck, Old Bethpage and Great Neck. Prostate cancer rates were highest in Albertson, Cedarhurst, East Rockaway, Long Beach, Mill Neck, Valley Stream and Woodmere. Lung Cancer incidence for men and women per 100,000 respectively were 63.7 and 56.3. Male incidence was below NYS (75.8) but above the NYSPAO of 62%. Female incidence was above NYS (53.9) and above the NYSPAO of 41%.

**Breast Cancer
(Female)**

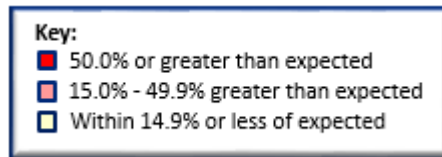


Source: New York State Department of Health, New York State Cancer Registry - <http://www.health.ny.gov/statistics/cancer/registry/zipcode/index.htm>; *New York State DOH has not updated this data set, as they will be releasing at an undisclosed future date cancer registry data by census tract. No new data is currently available

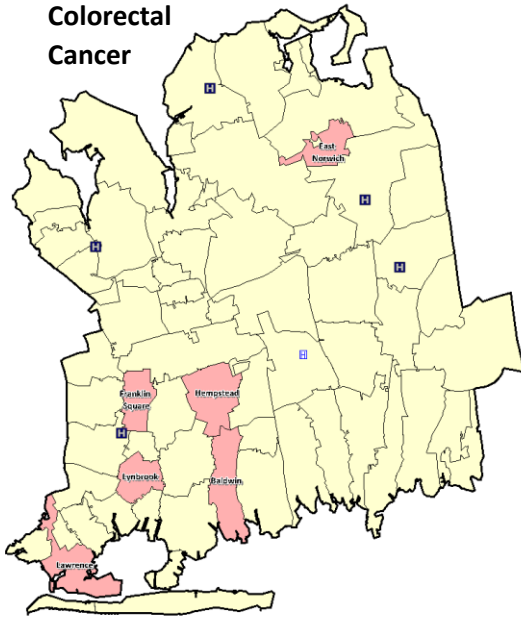
Lung Cancer



Source: New York State Department of Health, New York State Cancer Registry - <http://www.health.ny.gov/statistics/cancer/registry/zipcode/index.htm>; *New York State DOH has not updated this data set, as they will be releasing at an undisclosed future date cancer registry data by census tract. No new data is currently available

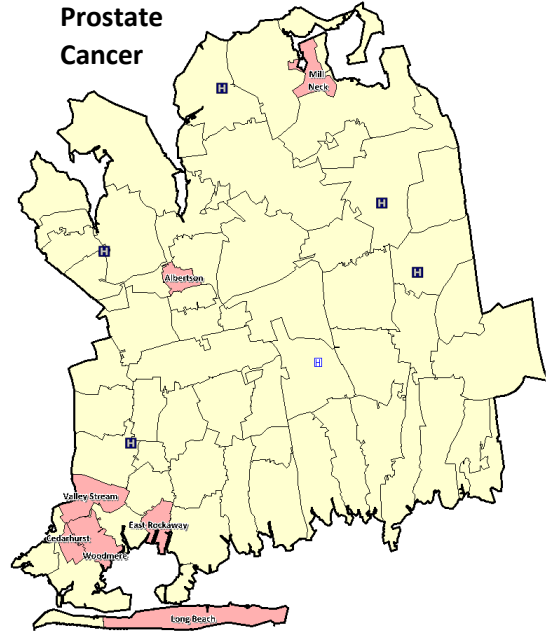


Colorectal Cancer

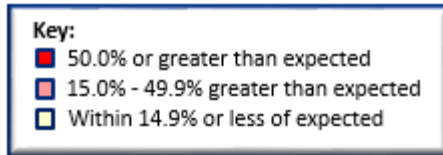


Source: New York State Department of Health, New York State Cancer Registry - <http://www.health.ny.gov/statistics/cancer/registry/zipcode/index.htm>; *New York State DOH has not updated this data set, as they will be releasing at an undisclosed future date cancer registry data by census tract. No new data is currently available

Prostate Cancer



Source: New York State Department of Health, New York State Cancer Registry - <http://www.health.ny.gov/statistics/cancer/registry/zipcode/index.htm>; *New York State DOH has not updated this data set, as they will be releasing at an undisclosed future date cancer registry data by census tract. No new data is currently available



Healthy Safe Environment

To assess preventable injury prevalence in Nassau County, the county prevalence is compared to New York State (NYS) and national prevalence and in relation to the 2013-2017 NYS Prevention Agenda Objectives (NYSPAO). Fall-related hospitalizations for Nassau residents aged 65+ years (per 10,000) were 235, higher than the NYS rate of 198 and well above the NYSPAO target of 155. The highest rates were present in Glen Cove, Locust Valley, Oyster Bay, Woodbury, Plainview, Jericho, Hicksville, Lynbrook, Atlantic Beach and Great Neck. Sixty-eight percent of the patients were female. Traumatic brain Injury admission rates including those resulting from alcohol related motor vehicle injuries were above the NYS rate.

Below is a table outlining NYS Department of Health Injury Data for Nassau from 2011-2013, color-coded by whether or not the metric was significantly better than, significantly worse than, or comparable to the NYS average. As the table on the next page indicates, Nassau is significantly worse than NYS on most injury statistics, except for poisoning hospitalizations.

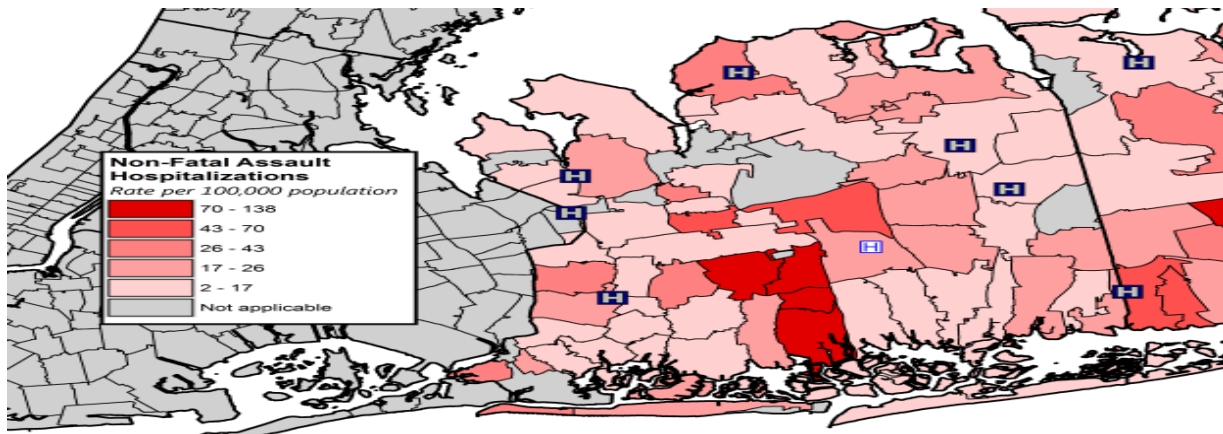
Nassau County Injury Statistics

Indicator	3 Year Total	County Rate	NYS Rate	Sig. Dif.	County Ranking Group
Falls hospitalization rate per 10,000					
Crude	20,442	50.5	39.4	Yes	4th
Age-adjusted	20,442	39	34.7	Yes	4th
Aged less than 10 years	531	11.4	8.9	Yes	4th
Aged 10-14 years	163	6	6.1	No	3rd
Aged 15-24 years	422	7.9	5.7	Yes	4th
Aged 25-64 years	4,113	19.2	18.4	Yes	3rd
Aged 65-74 years	2,529	79	75.2	Yes	3rd
Aged 75-84 years	5,391	258.1	220.3	Yes	4th
Aged 85 years and older	7,293	666.2	560.2	Yes	4th
Poisoning hospitalization rate per 10,000					
Crude	3,747	9.3	11.1	Yes	1st
Age-adjusted	3,747	9.2	10.7	Yes	2nd
Motor vehicle mortality rate per 100,000					
Crude	267	6.6	6.3	No	1st
Age-adjusted	267	6.3	6	Yes	1st
Non-motor vehicle mortality rate per 100,000					
Crude	943	23.3	21.4	Yes	2nd
Age-adjusted	943	20.7	19.5	Yes	2nd
Traumatic brain injury hospitalization rate per 10,000					
Crude	6,086	15	10	Yes	4th
Age-adjusted	6,086	13.6	9.4	Yes	4th
Alcohol related motor vehicle injuries and deaths per 100,000					
Alcohol related motor vehicle injuries and deaths per 100,000	1,552	38.4	33.3	Yes	1st

Key*:	
	Significantly Better than NYS Average
	No Significant Difference from NYS Average
	Significantly Worse than NYS Average

*Where significance was not available, better, the same or worse than the New York State Average;
 Source: http://www.health.ny.gov/statistics/chac/chai/docs/mih_28.htm; The county ranking groups: 1 - most favorable to 4 - least favorable. These county ranking groups are categorized based on the quartile distribution of all county rates

Finally, neighborhood safety also plays an important role in one’s ability to achieve and maintain good health. The rate of non-fatal assault hospitalizations in a neighborhood speaks to its relative safety and whether or not residents may feel comfortable walking, biking, or otherwise exercising outside. Hempstead, Roosevelt, Uniondale and Freeport have relatively high rates of non-fatal assault hospitalizations, with over 70 hospitalizations per 100,000.






Source: New York State Department of Health, Statewide Planning and Research Cooperative System, 2012-2014

Healthy Women, Infants, and Children

To assess the prevalence conditions related to the health of women, infants and children in Nassau County, the county prevalence is compared to New York State (NYS) and national prevalence and in relation to the 2013-2017 NYS Prevention Agenda Objectives (NYSPA0). In reviewing Nassau County birth-related statistics, several data points were above the NYS rate and below the NYSPA0. These were the percent of women enrolled in WIC with first trimester prenatal care (79% versus NYS rate of 85%), and Cesarean sections (41% versus NYS 34%). Women receiving late or no prenatal care were 3% for the county but the following communities had increased rates: Woodbury, Westbury, Hempstead, Freeport, Uniondale, Roosevelt, Lynbrook, Valley Stream and Inwood. Low birth weight rates were also elevated in many of the above communities. Pregnant women enrolled in WIC had a pre-pregnancy weight identified as overweight at a rate of 31% versus a NYS rate of 26%. In addition, the pre-pregnancy obesity rate of pregnant women enrolled in WIC was 22% greater than 1 in 5. The percent of obese children (ages 2-4years) enrolled in WIC was 31% versus a NYS rate of 26%. Anemia and underweight in the pediatric WIC population was also above the NYS rate. Breastfeeding rates of mothers in the WIC program were above the state average (40%) at 46%.

Below is a table outlining NYS Department of Health Birth-related Statistics for Nassau from 2011-2013, color-coded by whether or not the metric was significantly better than, significantly worse than, or comparable to the NYS average. As the table indicates, Nassau is significantly worse than NYS on most WIC indicators, but is significantly better than NYS on most other birth indicators.

Indicator	3 Year Total	County Rate	NYS Rate	Sig. Dif.	County Ranking Group
Percentage of births					
% of births to women aged 25 years and older without a high school education	3,411	9.4	14.1	Yes	3rd
% of births to out-of-wedlock mothers	11,701	27.9	40.9	Yes	1st
% of births that were multiple births	2,029	4.8	3.9	Yes	4th
% of births with early (1st trimester) prenatal care	34,498	82.8	73.1	Yes	1st
% of births with late (3rd trimester) or no prenatal care	1,242	3	5.6	Yes	1st
% of births with adequate prenatal care (Kotelchuck)	32,429	79.7	69.1	Yes	1st
% of pregnant women in WIC with early (1st trimester) prenatal care (2009-2011)	9,742	83.7	86.5	Yes	4th
% of pregnant women in WIC with gestational diabetes (2009-2011)	917	7.8	5.5	Yes	4th
% of pregnant women in WIC with hypertension during pregnancy (2009-2011)	1,024	8.7	7.1	Yes	2nd
% of WIC mothers breastfeeding at least 6 months (2010-2012)	1,435	36.1	38.2	Yes	1st
% of infants fed any breast milk in delivery hospital	30,598	82.7	83.1	No	1st
% of infants fed exclusively breast milk in delivery hospital	10,226	27.7	40.7	Yes	4th
% of births delivered by cesarean section	16,445	39.3	34.1	Yes	4th
Mortality rate per 1,000 live births					
Infant (less than 1 year)	152	3.6	5	Yes	1st
Neonatal (less than 28 days)	114	2.7	3.4	Yes	1st
Post-neonatal (1 month to 1 year)	38	0.9	1.5	Yes	1st
Fetal death (20 weeks gestation or more)	198	4.7	6.6	Yes	3rd
Perinatal (20 weeks gestation to less than 28 days of life)	312	7.4	10	Yes	2nd
Perinatal (28 weeks gestation to less than 7 days of life)	158	3.8	5.4	Yes	1st
Maternal mortality rate per 100,000 live births +	11	26.3	20	No	3rd
Low birth weight indicators					
% very low birth weight (less than 1.5 kg) births	528	1.3	1.4	Yes	2nd
% very low birth weight (less than 1.5kg) singleton births	356	0.9	1.1	Yes	2nd
Newborn drug-related diagnosis rate per 10,000 newborn discharges					
Newborn drug-related diagnosis rate per 10,000 newborn discharges	249	59.8	95	Yes	1st

Key*:	
	Significantly Better than NYS Average
	No Significant Difference from NYS Average
	Significantly Worse than NYS Average

*Where significance was not available, better, the same or worse than the New York State Average;

Source: http://www.health.ny.gov/statistics/chac/cha/docs/mih_28.htm; The county ranking groups: 1 - most favorable to 4 - least favorable. These county ranking groups are categorized based on the quartile distribution of all county rates

Pediatric Obesity

Many chronic conditions have their roots in pediatric obesity. Diabetes, cardiovascular disease, cancer, orthopedic conditions, pulmonary disease and gastrointestinal disease are co-morbidities of obesity. Currently, Type 2 Diabetes is the most common form of diabetes diagnosed in adolescents. The NYSDOH has required school districts to measure and report body mass index, a measure of obesity using a person’s height and weight, in order to identify overweight and obesity in the school aged children and adolescents. The following maps identify the prevalence of overweight and obesity in geographic areas based on school districts. The school districts with over 40% of children and adolescents classified as overweight or obese are:

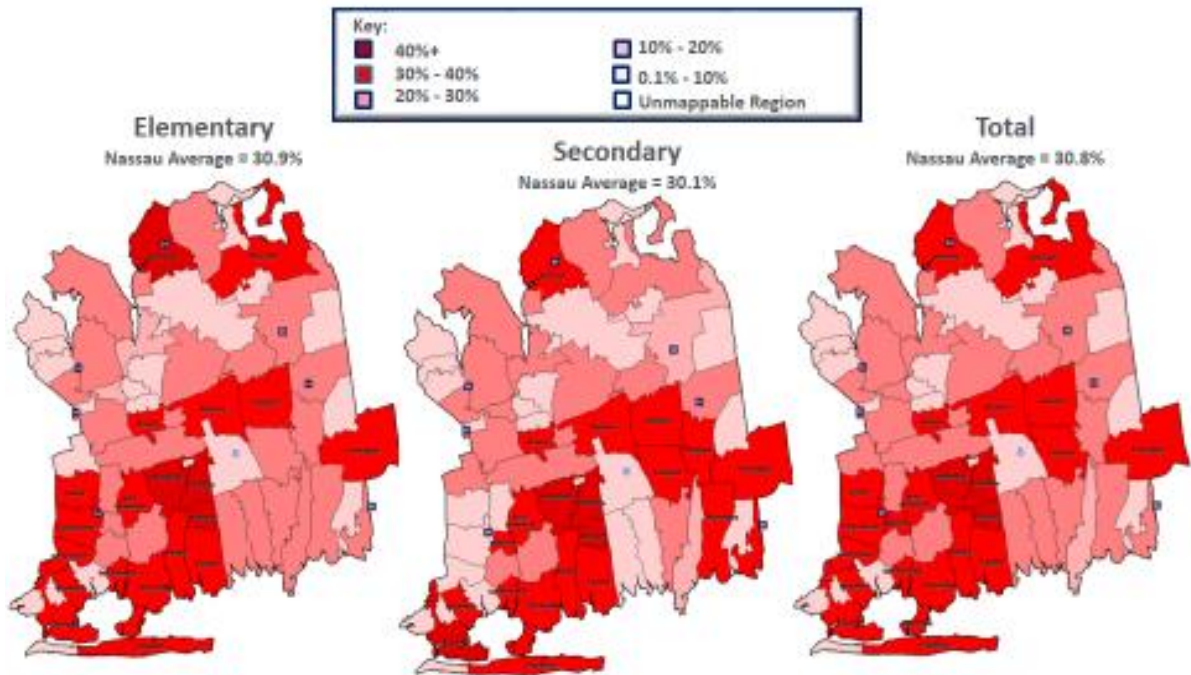
Nassau County School Districts with 40% of Students Classified as Overweight or Obese

Glen Cove	Freeport	Hempstead	Roosevelt
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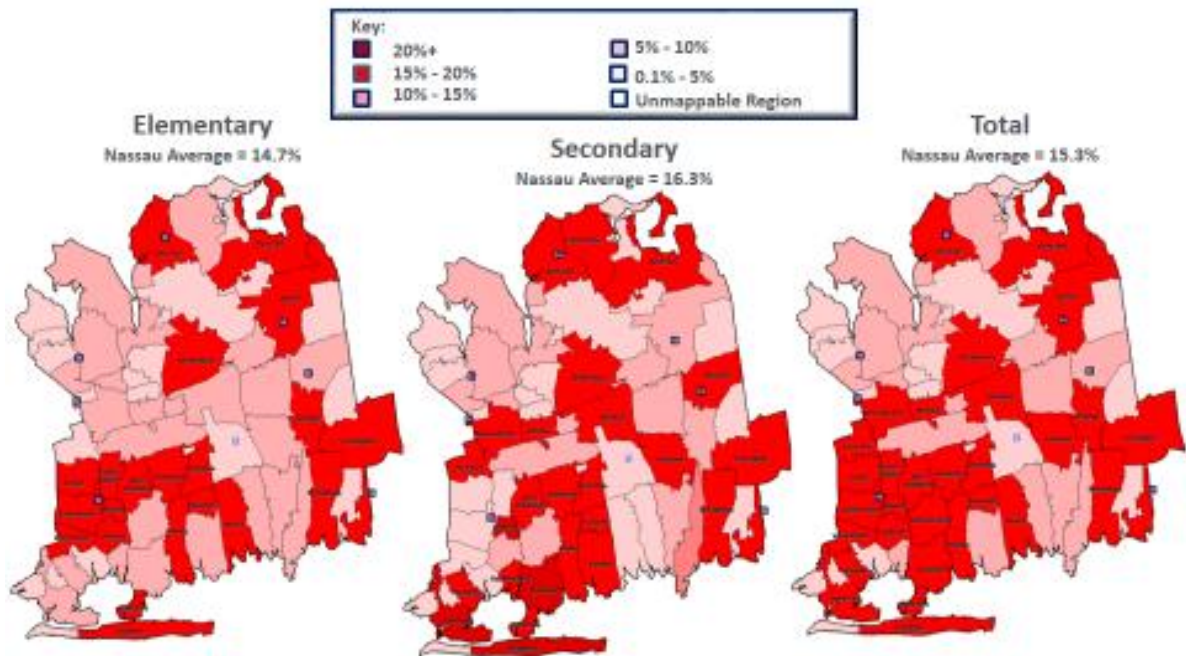
Nassau County School Districts with 30% of Students Classified as Overweight or Obese

Baldwin	East Rockaway	Elmont
Farmingdale	Hicksville	Island Park
Lawrence	Levittown	Long Beach
Malverne	Mineola	Oceanside
Oyster Bay	Uniondale	Valley Stream
Westbury	Woodmere	

**School District Overweight/Obese Percentages
(2012 - 2014)**

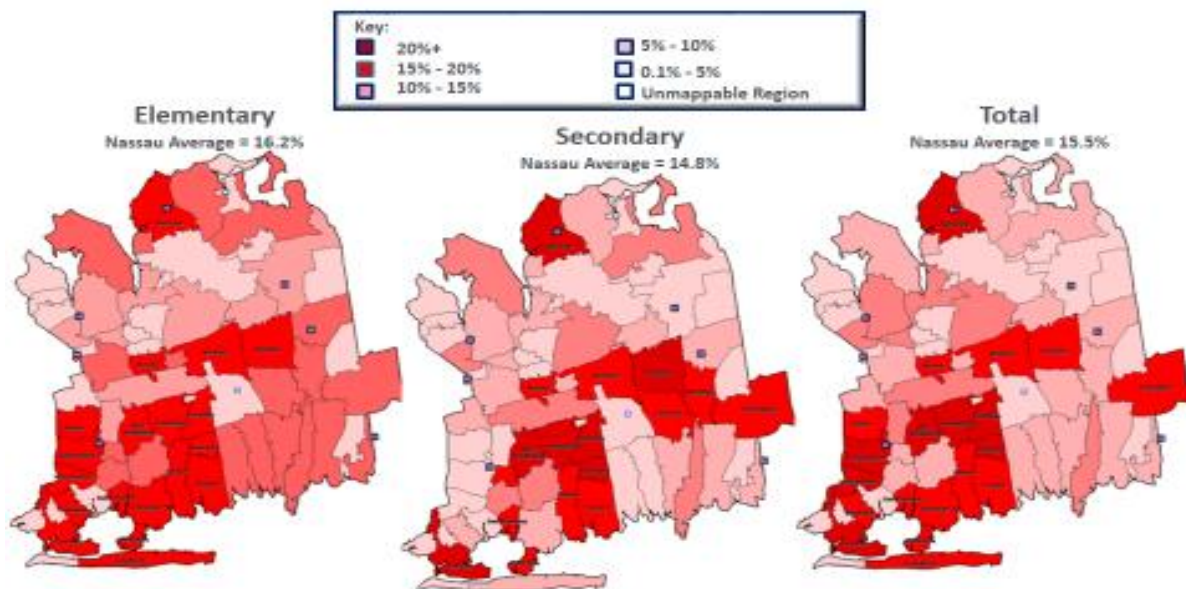


School District Overweight Percentages (2012 - 2014)



Northwell Health Source: http://www.health.ny.gov/direction/obesity/statistics_and_impact/student_weight_status_data.htm; sk

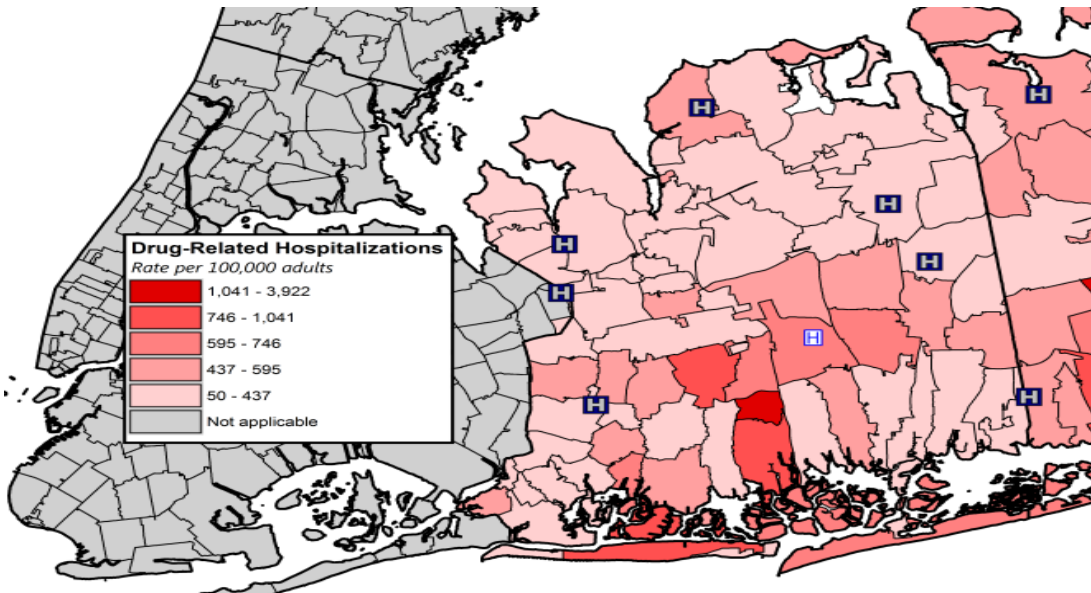
School District Obese Percentages (2012 - 2014)



Northwell Health Source: http://www.health.ny.gov/direction/obesity/statistics_and_impact/student_weight_status_data.htm; sk

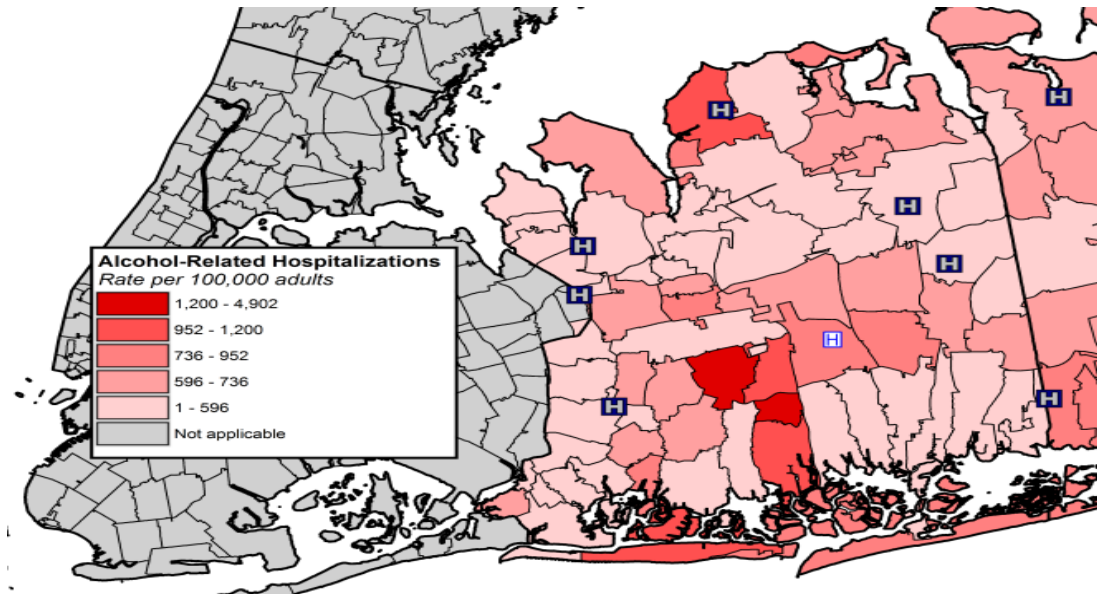
Mental Health and Substance Abuse

To assess the prevalence of mental health disorders and substance abuse in Nassau County, the county prevalence is compared to New York State (NYS) and national prevalence and in relation to the 2013-2017 NYS Prevention Agenda Objectives (NYSPAO). Although the suicide rate (per 100,000) for Nassau County was 5.4, lower than the NYS rate (7.5), it was still above the NYSPAO of 4.8. The percent of Nassau County adults reporting 14 or more days with poor health in the last month was 9.6% compared to NYS (7.5%) and above the NYSPAO of 7.8%. PQI data for mental health emergency department visits showed increased rates in the following communities: Glen Cove, Locust Valley, Syosset, Hempstead, Uniondale, Roosevelt, Freeport, East Rockaway, Oceanside, Long Beach and Inwood. Nassau County’s rate of binge drinking is 20%, above NYS (19%) and the NYSPAO of 13.4%. The maps below illustrate the areas within Nassau that have a higher concentration of alcohol-related hospitalizations are Hempstead, Roosevelt, Island Park, Freeport and Long Beach. Drug-related Nassau County hospitalization rates (per 10,000) were 19.6, below both NYS (25.7) and NYSPAO (26). Those areas with higher concentrations of drug-related hospitalizations are Roosevelt, Hempstead, Island Park, Sound Beach and Freeport. PQI data for substance abuse emergency department visits showed increased rates in the following communities: Glen Cove, Locust Valley, Bayville, Mineola, Hempstead, West Hempstead, Roosevelt, East Rockaway, Oceanside, Long Beach, Island Park and Inwood. New York opioid and heroin death rates were higher than any other state and rose by 2000% from heroin and 200% from opioids. Nassau County heroin and opioid death rates were 4.8 and 6.8 percent respectively.¹⁴



Source: New York State Department of Health, Statewide Planning and Research Cooperative System, 2012-2014

¹⁴ Prescription Opioid Abuse and Heroin Addiction in New York State. Report from Office of NYS Comptroller. (June 2016) https://www.osc.state.ny.us/press/releases/june16/heroin_and_opioids.pdf

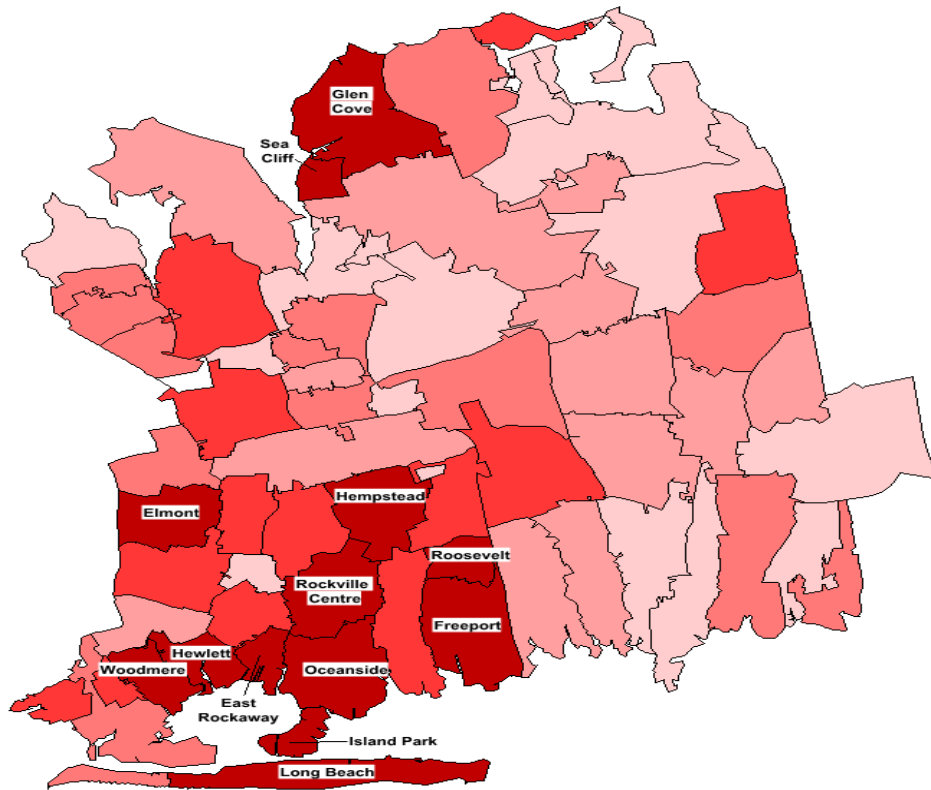


Source: New York State Department of Health, Statewide Planning and Research Cooperative System 2012-2014

This data was also supported by the analysis of serious mental illness in Nassau. The calculation of serious mental illness rates first required establishing a definition of all behavioral health diagnoses that qualify as a Serious Mental Illness (SMI). After review of scholarly and regulatory research, it was determined that the definition most relevant and applicable was New York State's Office of Mental Health's (OMH) DSM4-R/ICD-9 diagnoses codes for Serious Mental Illness, a criteria used to determine eligibility for Health Home services for Medicaid recipients. CMS General Equivalency Mappings (GEMs) were applied to crosswalk all ICD-9 diagnoses codes to find their ICD-10 equivalents. The updated definition was then applied to NYS DOH Statewide Planning and Research Cooperative Systems, (SPARCS) claims based data source. The definition was used to analyze all inpatient admissions within Northwell Health's service area counties, with a principle diagnoses code defined as an SMI for the full years of 2014-2015. The data was stratified by patient origin (county and zip code), gender and age-group. Adjusted rates were calculated after stratifying both inpatient volumes and US census based population estimates (sourced from Truven Health Analytics) by patient origin (county and zip), gender, and age-group. An average county-level rate was calculated and used as a benchmark comparison when analyzing at the zip-code level. The adjusted rates per zip-code, per county, were then ranked into quintiles, and visualized using MapInfo, a geo-spatial software program. While the analysis is indicative of a density of patients and cases, and can add value in future planning and community health initiatives, it is not without its limitations. The primary limitation of the analysis is that it is far from comprehensive, restricted to just claims-based data looking at inpatient admissions based on a principle diagnoses of SMI. However, its value is in its ability to provide a relational understanding in terms of neighborhoods and communities with the highest rates of SMI.

The county rate of Serious Mental Illness (SMI) in Nassau was 301.3 per 100,000 population. The highest rates of SMI were found in the Southwest Nassau communities. Zip code 11558, Island Park, had the highest rate in all of Nassau, with a total of 775.2 per 100,000 population. Other areas exhibiting high rates include: Elmont, Freeport, Hempstead, Hewlett, Long Beach, Rockville Centre, Roosevelt, Oceanside and Woodmere.

Nassau County Serious Mental Illness (SMI)



Quintile	Key
1	Dark Red
2	Red
3	Light Red
4	Very Light Red
5	White

HIV, STDs, Vaccine-Preventable Diseases & Health Care-Associated Infections

To assess the prevalence of HIV, STDs, Vaccine-Preventable Diseases & Health Care-Associated Infections in Nassau County, the county prevalence is compared to New York State (NYS) and national prevalence and in relation to the 2013-2017 NYS Prevention Agenda Objectives (NYSPAO). Nassau County’s newly diagnosed HIV case rate (per 100,000) was 8, significantly below the NYS rate (19) and NYSPAO (23). The Nassau County Gonorrhea case rate (per 100,000) was 28, lower than NYS (94) but above NYSPAO (19). The tuberculosis case rate (per 100,000) for Nassau County was 3.2, below NYS (4.9) but above NYSPAO (1). Nassau County case rates for chlamydia and pelvic inflammatory disease hospitalizations were also below the NYS rate. Communicable disease rates for Tuberculosis, syphilis, gonorrhea and chlamydia are all higher in selected communities compared to all of Nassau County.

Below is a table outlining NYS Department of Health HIV/AIDS and STD Rates for Nassau from 2011-2013, color-coded by whether or not the metric was significantly better than, significantly worse than, or comparable to the NYS average. As the table indicates, Nassau is significantly better than NYS on most indicators.

NASSAU COUNTY HIV/AIDS and STD Rates

Indicator	3 Year Total	CountyRate	NYSRate	Sig.Dif.	County Ranking Group
HIV case rate per 100,000					
Crude	372	9.2	19.1	Yes	4th
Age-adjusted	372	9.7	19.1	Yes	4th
AIDS case rate per 100,000					
Crude	197	4.9	12.2	Yes	4th
Age-adjusted	197	4.8	12.2	Yes	3rd
AIDS mortality rate per 100,000					
Crude	53	1.3	4	Yes	3rd
Age-adjusted	53	1.1	3.7	Yes	3rd
Early Syphilis case rate per 100,000					
Early syphilis case rate per 100,000	186	4.6	14.4	Yes	4th
Gonorrhea case rate per 100,000					
All ages	1,544	38.2	107.7	Yes	3rd
Aged 15-19 years	324	114	368.1	Yes	3rd
Chlamydia case rate per 100,000 males					
All ages	2,860	145.9	336	Yes	2nd
Aged 15-19 years	527	359.4	1,029.10	Yes	2nd
Aged 20-24 years	1,096	863.9	1,492.70	Yes	2nd
Chlamydia case rate per 100,000 females					
All ages	6,907	331.2	672.3	Yes	2nd
Aged 15-19 years	2,006	1,458.90	3,595.50	Yes	1st
Aged 20-24 years	2,836	2,358.30	3,432.20	Yes	2nd
% of sexually active young women aged 16-24 with at least one Chlamydia test in Medicaid program (2013)					
	3,904	73.8	72.2	No	1st
Pelvic inflammatory disease (PID) hospitalization rate per 10,000 females (aged 15-44 years)					
	173	2.3	3	Yes	3rd

Key*:

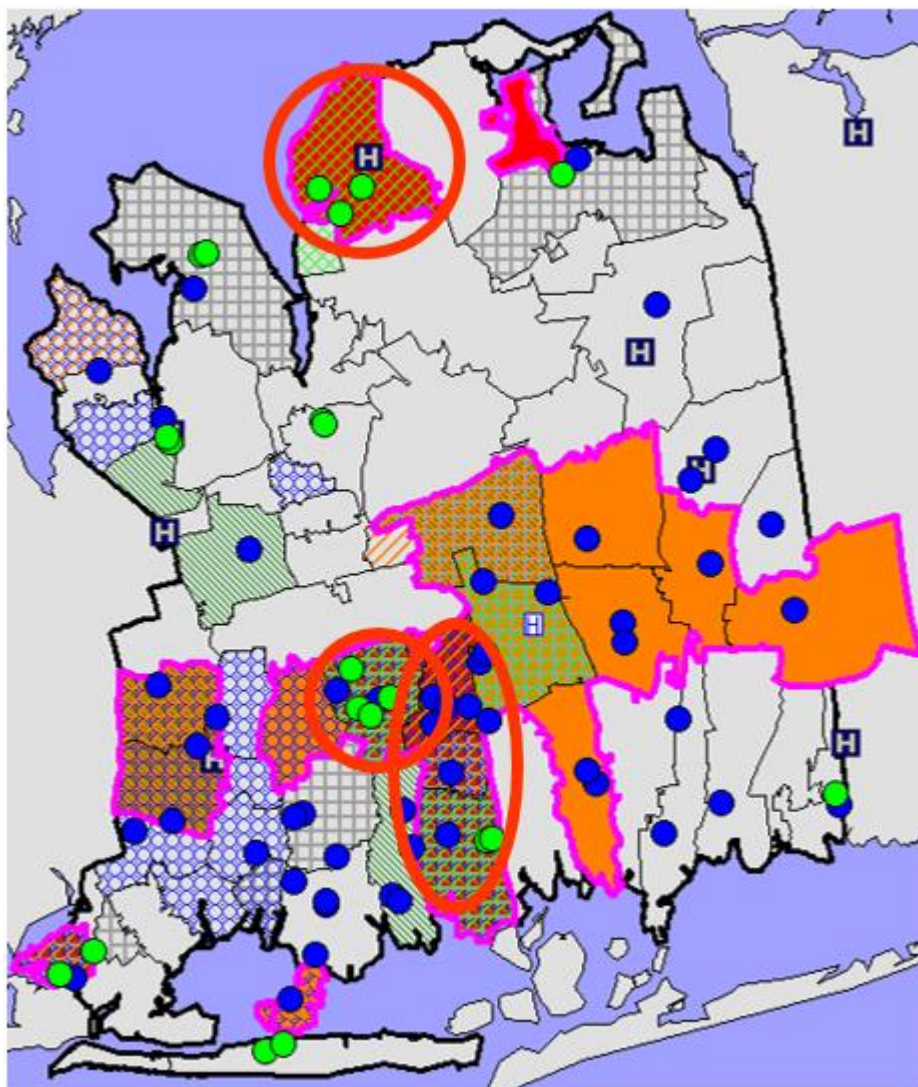
Significantly Better than NYS Average	No Significant Difference from NYS Average
Significantly Worse than NYS Average	

*Where significance was not available, better, the same or worse than the New York State Average;

Source: New York State Department of Health https://www.health.ny.gov/statistics/chac/chaic/docs/sti_28.htm; The county ranking groups: 1 - most favorable to 4 - least favorable. These county ranking groups are categorized based on the quartile distribution of all county rates

Nassau County Summary of Findings

Finally, PQI and social determinant data were overlaid to identify areas of greatest need in Nassau County. Areas of Nassau County that fall into Quintiles 4 & 5 of the PQI Composite Rate were mapped. Then we began to overlay characteristics that provide some indication of health outcomes such as percent Non-White, percent Less than High School Diploma, percent Unemployed, and percent Below Poverty Level. In addition, we highlighted areas where less than 70% were located within 0.5 mi to a supermarket, which classifies an urban area as food insecure. Ultimately, there was substantial overlap between social determinants of health, a lack of easy access to food, and poor health outcomes. This overlap was most apparent in Glen Cove, Hempstead, Freeport and Roosevelt (these areas are circled on the map below).



Key:

- = PQI Composite Rate (Quintile 1)
- = PQI Composite Rate (Quintile 2)
- = % Non-White*
- = % Less than High School Diploma*
- = % Unemployed*
- = % Below Poverty Level* (Family of 4 - \$23, 850)
- = More than 0.5 mi to Supermarket**
- H = Northwell Health Hospital
- H = Northwell Health Hospital (affiliated)
- = HUD/Low Income Housing (Senior)
- = HUD/Low Income Housing (Family)

Sources: PQIs - SPARCSver11.01.2012adj/tb; Truven population used for adjustment; P.O. Boxes are excluded; Low Income Housing Developments – HUD New York State Housing Website http://portal.hud.gov/hudportal/HUD?src=/states/new_York; Website of individual Nassau County Local Housing Authorities; Social Determinant Indicators - 2014 United States Census American Community Survey - <https://www.census.gov/programs-surveys/>; Access to food - <http://www.ers.usda.gov/data-products/food-access-research-atlas/go-to-the-atlas.aspx>

In both our primary and secondary data analyses, major trends emerged regarding chronic disease, particularly obesity and the health behaviors associated with obesity, as well as mental health and substance abuse and access to healthcare. In our primary data analysis, both individual community members and community-based organizations expressed concerns about obesity and weight loss, and advocated for improving access to healthy foods and recreation. We also saw a need for increased physical activity in our secondary data analysis, as rates of physical inactivity in Nassau are high. In addition, survey respondents and summit participants expressed concern about the growing need for increased mental health and substance abuse services. We saw the impacts of substance abuse, including drugs, alcohol, and tobacco, in our secondary data analysis as well. Finally, much of the conversation in our primary data analyses was centered on access and disparities in access.

Therefore, as a result of the 2016 primary and secondary data analysis the following health priorities, which are also impacted by identified social determinants of health such as poverty, unemployment, lack of housing, education and healthy food access which are present in specific in Nassau County, emerged as pressing community health issues in the Northwell Health Nassau County Service area:

- Chronic disease, especially in at risk and diverse communities
- Obesity
- Mental health and substance abuse
- Concern for a healthy safe environment
- Access to healthcare
- Decreased consumption of and access to healthy foods
- Decreased physical activity and access to safe recreational areas
- Health and social issues related to the senior population

APPENDIX

Nassau County Community Member Health Assessment Survey

To collect input from community members, and measure the community-perspective as to the biggest health issues in Nassau County, the LIHC developed a regional survey called the Long Island Community Health Assessment Survey. This survey was distributed via survey monkey and hard copy formats. The survey was written with adherence to Culturally and Linguistically Appropriate Standards (CLAS). It was translated into certified Spanish language and large print copies were available to those living with vision impairment. Survey distribution began among LIHC members in January 2016, with 2,335 surveys collected in Nassau County. Based upon the total population of Nassau County, survey totals assume a confidence level of 95% and confidence interval of 2.03. Initial analysis took place in March 2016, a secondary analysis took place in June 2016, and a third analysis took place in November 2016. LIHC members have played an integral role in ensuring surveys are distributed while maintaining validity and reliability among responses. To view a copy of the Long Island Community Health Assessment Survey, see Appendix.

Methodology:

Long Island Community Health Assessment Surveys are being distributed both by paper, and electronically through Survey Monkey, to community members. The electronic version is directed by software that places rules on particular 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 consistently follow them. The paper surveys were sorted into two piles: "rules" and "no rules". The surveys declared "rules" were entered into the Survey Monkey collector while those "no rules" were entered into a separate, non-public survey where any number of answers could be selected and others could be skipped.

On March 21st 2016, June 2nd 2016, and November 1st 2016, the PHIP data analyst downloaded results from each of the Survey Monkey collectors. The "no-rules" surveys were weighted to ensure survey response validity for those with more than three responses. The weight for each response was $3/x$ where

x is the count of responses. No weight was applied to responses with less than 3 because they had the option to select more and chose not to do so. With the weight determined we applied the formula to the “no rules” data and then added the remaining collectors to the spreadsheet.

Data Findings by Survey Question:

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

- Nassau County respondents agreed that Cancer, Drugs and Alcohol Abuse and Obesity/Weight Loss were the top three concerns.
- These three choices represented roughly 43% of the total responses.

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

- Nassau County respondents felt that Heart Disease and Stroke, Cancer, and Obesity/Weight Loss were the top three concerns.
- These three choices represented roughly 43% of the total responses.

Findings from Questions 1 and 2 of the Long Island Community Health Assessment Survey served as one data-driver for selection of the priority areas for the 2016-2018 Community Health Needs Assessments. An additional focus of this survey tool explored barriers to care, community needs and education or health services.

3. The next question sought to ***identify potential barriers that people face when getting medical treatment:***

- Nassau County respondents felt that No Insurance, Inability to pay co-pays or deductibles, and Fear were the most significant barriers.
- These choices received roughly 55% of the total responses.

4. When asked ***what was most needed to improve the health of your community:***

- Nassau County respondents felt that Healthier Food Choices, Clean Air & Water, and Weight Loss Programs were most needed.
- These choices accounted for 40% of the total responses.

5. When asked ***what health screenings or education services are needed in your community:***

- Nassau County respondents felt that the Blood Pressure, Cancer, and Diabetes services were most needed.



ENCUESTA DE EVALUACIÓN DE SALUD DE LA COMUNIDAD DE LONG ISLAND

¡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. Los Departamentos de Salud de los Condados y los hospitales de Long Island, en conjunto, emplearán los resultados de esta encuesta y otra información para ayudar a diseñar programas de salud en su comunidad. Por favor complete solo una encuesta por adulto mayor de 18 años. Las respuestas de la encuesta son anónimas. Gracias por participar.

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

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

2. Actualmente, ¿cuáles son las mayores inquietudes de salud para USTED? (Por favor marque 3 como máximo)

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

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

- | | | |
|--|---|--|
| <input type="checkbox"/> Creencias culturales / religiosas | <input type="checkbox"/> Falta de médicos disponibles | <input type="checkbox"/> Imposibilidad |
| <input type="checkbox"/> de pagar | | |
| <input type="checkbox"/> No saber cómo encontrar un médico | <input type="checkbox"/> Barreras del idioma | |
| <input type="checkbox"/> copagos/deducibles | | |

- | | | |
|---|---|-------------------------------------|
| <input type="checkbox"/> No entender la necesidad de
impedimentos
consultar a un médico
favor especifique) | <input type="checkbox"/> Falta de seguro médico | <input type="checkbox"/> No hay |
| <input type="checkbox"/> Temor (por ejemplo, no estar listo para enfrentar/hablar sobre un problema de salud) | <input type="checkbox"/> Transporte | <input type="checkbox"/> Otros (por |
-

4. ¿Qué es lo que MÁS se necesita para mejorar la salud de su comunidad? (Por favor 3 como máximo)

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

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

- | | | |
|--|---|--|
| <input type="checkbox"/> Presión arterial | <input type="checkbox"/> Trastornos de la alimentación | <input type="checkbox"/> Salud mental/depresión |
| <input type="checkbox"/> Cáncer | <input type="checkbox"/> Preparación para emergencias | <input type="checkbox"/> Nutrición |
| <input type="checkbox"/> Colesterol | <input type="checkbox"/> Ejercicio/actividad física | <input type="checkbox"/> Atención prenatal |
| <input type="checkbox"/> Revisiones odontológicas | <input type="checkbox"/> Enfermedad cardíaca | <input type="checkbox"/> Prevención del suicidio |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> VIH/SIDA y Enfermedades
de transmisión sexual (ETS) | <input type="checkbox"/> Vacunas |
| <input type="checkbox"/> Información sobre brotes
especifique)
de enfermedades | <input type="checkbox"/> Importancia de exámenes de rutina
en personas sanas | <input type="checkbox"/> Otros (por favor |
-

6. ¿Dónde obtienen, usted y su familia, la mayor parte de su información sobre salud? (Marque todas las opciones que correspondan)

- | | | |
|--|--|---|
| <input type="checkbox"/> Médico/profesional de la salud
(Facebook, Twitter, etc.) | <input type="checkbox"/> Biblioteca | <input type="checkbox"/> Redes sociales |
| <input type="checkbox"/> Familiares o amigos | <input type="checkbox"/> Periódicos/revistas | <input type="checkbox"/> Televisión |
| <input type="checkbox"/> Departamento de Salud | <input type="checkbox"/> Radio | <input type="checkbox"/> Lugar de trabajo |
| <input type="checkbox"/> Hospital
especifique) | <input type="checkbox"/> Organización religiosa | <input type="checkbox"/> Otro (por favor |
| <input type="checkbox"/> Internet | <input type="checkbox"/> Escuela primaria/secundaria | |
-

Por favor complete la siguiente información solo para fines estadísticos:

Me identifico como: Hombre Mujer Otro

¿Qué edad tiene? _____

Código postal de residencia: _____ Ciudad de residencia: _____

¿De qué raza se considera?

- Blanca/caucásica Nativa americana Multiracial
 Negra/afroamericana Asiática/isleña del Pacífico Otra (por favor especifique)

¿Es usted hispano(a) o latino(a)? Sí No

¿Qué idioma habla usted en su casa? (Marque todos los que corresponda.)

- Inglés Portugués Español Italiano Farsi
 Polaco
 Chino Coreano Hindú Criollo haitiano Criollo francés
 Otro

Teniendo en cuenta todas las fuentes de ingreso, ¿cuál es el ingreso anual de su hogar?

- \$0-\$19,999 \$20,000 a \$34,999 \$35,000 a \$49,999
 \$50,000 a \$74,999 \$75,000 a \$125,000 Más de \$125,000

¿Cuál es su nivel más alto de educación alcanzado?

- Kinder-8º grado Escuela técnica Escuela de postgrado
 Algunos años de educación secundaria Algunos años de educación terciaria Doctorado
 Bachiller Graduado universitario Otro (por favor especifique)

¿Cuál es su situación laboral actual?

- Jornalero Trabajador independiente Desempleado y buscando trabajo
 Estudiante Retirado Desempleado pero no busco trabajo
 Militar

¿Actualmente posee seguro médico? Sí No No, pero tuve con anterioridad

¿Tiene un teléfono inteligente? Sí No



LONG ISLAND 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 County Departments of Health and hospitals throughout Long Island 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. Your survey responses are anonymous. Thank you for your participation.

1. What are the biggest ongoing health concerns in THE COMMUNITY WHERE YOU LIVE? (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 | <input type="checkbox"/> Women's health & wellness |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> depression/suicide | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> Drugs & alcohol abuse | <input type="checkbox"/> Obesity/weight loss issues | |
| <input type="checkbox"/> Environmental hazards | | |

2. What are the biggest ongoing health concerns for YOURSELF? (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 | <input type="checkbox"/> Women's health & wellness |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> depression/suicide | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> Drugs & alcohol abuse | <input type="checkbox"/> Obesity/weight loss issues | |
| <input type="checkbox"/> Environmental hazards | | |

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"/> Transportation | |
| <input type="checkbox"/> Fear (e.g. not ready to face/discuss health problem) | | |

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 & Sexually Transmitted Diseases (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 etc.) | <input type="checkbox"/> Library | <input type="checkbox"/> Social Media (Facebook, Twitter, etc.) |
| <input type="checkbox"/> Family or friends | <input type="checkbox"/> Newspaper/magazines | <input type="checkbox"/> Television |
| <input type="checkbox"/> Health Department | <input type="checkbox"/> Radio | <input type="checkbox"/> Worksite |
| <input type="checkbox"/> Hospital | <input type="checkbox"/> Religious organization | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> Internet | <input type="checkbox"/> School/college | |

For statistical purposes only, please complete the following:

I identify as: Male Female Other

What is your age? _____

ZIP code where you live: _____ **Town where you live:** _____

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 language do you speak when you are at home (select all that apply)

- | | | | | | |
|----------------------------------|-------------------------------------|----------------------------------|---|--|---------------------------------|
| <input type="checkbox"/> English | <input type="checkbox"/> Portuguese | <input type="checkbox"/> Spanish | <input type="checkbox"/> Italian | <input type="checkbox"/> Farsi | <input type="checkbox"/> Polish |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Korean | <input type="checkbox"/> Hindi | <input type="checkbox"/> Haitian Creole | <input type="checkbox"/> French Creole | <input type="checkbox"/> Other |

What is your annual household income from all sources?

- | | | |
|---|--|---|
| <input type="checkbox"/> \$0-\$19,999 | <input type="checkbox"/> \$20,000 to \$34,999 | <input type="checkbox"/> \$35,000 to \$49,999 |
| <input type="checkbox"/> \$50,000 to \$74,999 | <input type="checkbox"/> \$75,000 to \$125,000 | <input type="checkbox"/> Over \$125,000 |

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 |

High school graduate

College graduate

Other (please specify)

What is your current employment status?

Employed for wages
work

Self-employed

Out of work and looking for

Student
looking

Retired

Out of work, but not currently

Military

Do you currently have health insurance? Yes

No

No, but I did in the past

Do you have a smart phone?

Yes

No

If you have any questions or comments about this survey , please contact Nancy Copperman, AVP , Public Health and Community Partnerships at 516-881-7000.

Long Island Health Collaborative Member List

Hospitals, Hospital Association and Hospital Systems	Website
Brookhaven Memorial Hospital Medical Center	www.brookhavenhospital.org
Catholic Health Services of Long Island	www.chsli.org
Eastern Long Island Hospital	www.elih.org
Glen Cove Hospital	www.northwell.edu
Good Samaritan Hospital Medical Center	www.goodsamaritan.chsli.org
Huntington Hospital	www.northwell.edu
Long Island Jewish Valley Stream	www.northwell.edu
John T. Mather Memorial Hospital	www.matherhospital.org
Mercy Medical Center	www.mercymedicalcenter.org
Nassau-Suffolk Hospital Council	www.nshc.org
Nassau University Medical Center	www.numc.edu
North Shore University Hospital	www.northwell.edu
Northwell Health System	www.northwell.edu
Peconic Bay Medical Center	www.pbmchealth.org
Plainview Hospital	www.northwell.edu
St. Catherine of Siena Medical Center	www.stcatherines.chsli.org
St. Charles Hospital	www.stcharles.chsli.org
St. Francis Hospital	www.stfrancis.chsli.org
St. Joseph Hospital	www.stjoseph.chsli.org

Southampton Hospital	www.southamptonhospital.org
South Nassau Communities Hospital	www.southnassau.org
South Oaks Hospital	www.south-oaks.org
Southside Hospital	www.northwell.edu
Stony Brook University Hospital	www.stonybrookmedicine.edu
Syosset Hospital	www.northwell.edu
Veterans Affairs Medical Center	www.northport.va.gov
Winthrop University Hospital	www.winthrop.org
Local County Health Departments	Website
Nassau County Department of Health	www.nassaucountyny.gov
Suffolk County Department of Health Services	www.suffolkcountyny.gov
Medical Societies and Associations	Website
Long Island Dietetic Association	www.eatrightli.org
Nassau County Medical Society	www.nassaucountymedicalsociety.org
New York State Nurses Association	www.nysna.org
New York State Podiatric Medical Association	www.nyspma.org
Suffolk County Medical Society	www.scms-sam.org
Community-Based Organizations	Website
Adelphi New York Statewide Breast Cancer Hotline and Support Program	www.breast-cancer.adelphi.edu
Alzheimer's Association, Long Island Chapter	www.alz.org
American Cancer Society	www.cancer.org

American Foundation for Suicide Prevention	www.afsp.org
American Heart Association	www.heart.org
American Lung Association of the Northeast	www.lung.org
Association for Mental Health and Wellness	www.mentalhealthandwellness.org
Asthma Coalition of Long Island	www.asthmacommunitynetwork.org
Attentive Care Services	www.attentivecareservices.com
Caring People	www.caringpeopleinc.com
Community Growth Center	www.communitygrowthcenter.org
Cornell Cooperative Extension - Suffolk County	www.ccesuffolk.org
Epilepsy Foundation of Long Island	www.efli.org
Evolve Wellness	www.evolvewellness.net
Family & Children's Association	www.familyandchildrens.org
Family First Home Companions	www.familyfirsthomecompanions.com
Federation of Organizations	www.fedoforg.org
Girls Inc. LI	www.girlsincli.org
Health and Welfare Council of Long Island	www.hwcli.com
Health Education Project / 1199 SEIU	www.healthcareeducationproject.org
Hispanic Counseling Center	www.hispaniccounseling.org
Hudson River Healthcare	www.hrhcare.org
Life Trusts	www.lifetrusts.org
Long Island Association	www.longislandassociation.org
Long Island Association of AIDS Care	www.liaac.org

Long Island Council of Churches	www.liccny.org
Make the Road NY	www.maketheroad.org
Maurer Foundation	www.maurerfoundation.org
Mental Health Association of Nassau County	www.mhanc.org
Music and Memory	www.musicandmemory.org
New York City Poison Control	www.nyc.gov
Options for Community Living	www.optionscl.org
Pederson-Krag Center	www.pederson-krag.org
People Care Inc.	www.peoplecare.com
Pulse of NY	www.pulseofny.org
Retired Senior Volunteer Program	www.rsvpsuffolk.org
RotaCare	www.rotacareny.org
SDC Nutrition PC	www.call4nutrition.com
Smithtown Youth Bureau	www.smithtownny.gov
Society of St. Vincent de Paul Long Island	www.svdpli.org
State Parks LI Regional Office	www.nysparks.com
Sustainable Long Island	www.sustainableli.org
The Crisis Center	www.thecrisisplanner.com
Thursday's Child	www.thursdayschildofli.org
TriCare Systems	www.tricaresystems.org
United Way of Long Island	www.unitedwayli.org
YMCA of LI	www.ymcali.org

School and Colleges	Website
Adelphi University	www.adelphi.edu
Farmingdale State College	www.farmingdale.edu
Hofstra University	www.hofstra.edu
Molloy College	www.molloy.edu
St. Joseph's College	www.sjcnyc.edu/long-island
Stony Brook University	www.stonybrook.edu
Western Suffolk BOCES Creating Healthy Schools and Communities, NYS DOH	www.wsboces.org
Performing Provider Systems (DSRIP PPS)	Website
Nassau Queens PPS	www.nassauqueenspps.org
Suffolk Care Collaborative	www.suffolkcare.org
Insurers	Website
1199SEIU/Health Education Project	www.1199seiu.org
Fidelis Care	www.fideliscare.org
North Shore-LIJ CareConnect Insurance Company	www.careconnect.com
United Healthcare	www.unitedhealthcare.com
Regional Health Information Organizations	Website
Healthix Inc.	www.healthix.org
New York Care Information Gateway	www.nycig.org

Businesses and Chambers	Website
Air Quality Solutions	www.iagguy.com
Greater Westhampton Chamber of Commerce	www.westhamptonchamber.org
Honeywell Smart GRID Solutions	www.honeywellsmartgrid.com
PSEG of Long Island	www.psegliny.com
TeK Systems	www.teksystems.com
Temp Positions	www.tempositions.com
Time to Play Foundation	www.timetoplay.com
Municipal Partners	Website
New York State Association of County Health Officials	www.nysacho.org
New York State Department of Parks and Recreation	www.nyparks.com
Suffolk County Legislature	www.legis.suffolkcountyny.gov



**Nassau County Qualitative Needs Assessment:
Findings from Community-Based Organization
Summit Events**

A Collaborative Approach to Assessing Community Needs

May 2016

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Introduction

Long Island Health Collaborative Partners

The Long Island Population Health Improvement Program (LIPHIP) is a New York State Department of Health grant-funded initiative designed to promote population health activities. The LIPHIP is organized by the Nassau-Suffolk Hospital Council (NHSC), the membership association for all hospitals on Long Island. The core of the LIPHIP is an extensive workgroup of committed partners who agree to work together to improve the health of all Long Islanders.

Advisory Committee Members and Program Facilitators

The Long Island Health Collaborative would like to thank members of the CBO Summit Advisory Committee who volunteered their time and expertise during the planning and execution of this event. Advisory Committee members attended countless meetings, provided oversight during development of data collection tools and some participated as lead-facilitators during the summit events.

- Harriet Gourdine-Adams, Chief Officer for Care Coordination, Tri Care Systems DBA LIAAC
- Celina Cabello, Epidemiologist, Nassau County Department of Health
- Laurel Janssen-Breen*, Associate Professor, Assistant Chair, Department of Nursing, St. Joseph's College
- Tavora Buchman, Director, Quality Improvement, Epidemiology and Research, Director, Tuberculosis Control, Nassau County Department of Health
- Elizabeth Cohn, Director, Center for Health Innovation, Adelphi University
- Nancy Copperman, Assistant Vice President, Public Health and Community Partnerships, Strategic Planning, Northwell Health, Nassau-Queens PPS
- Linda Efferen, Medical Director, Suffolk Care Collaborative
- Amy Hammock*, Assistant Professor, Department of Family, Population and Preventative Medicine, Stony Brook Medicine
- Chris Hendriks, Vice President, Public & External Affairs, Catholic Health Services of Long Island
- Grace Kelly Mc-Govern, Public Relations Director, Suffolk County Department of Health
- John J. Perkins Jr. EPIC Physician Co-Champion, St. Charles Hospital Rehabilitation Liaison
- Matt Tannenbaum, Nutrition Intern, Northwell Health
- Karen Tripmacher, Director, Community Education and Health Benefit, Winthrop University Hospital
- Althea Williams, Senior Manager, Provider and Community Engagement, Suffolk Care Collaborative

LHC member organizations Adelphi University and St. Joseph's College provided meeting space and served as the host for both events.

* Amy Hammock and Laurel Janssen-Breen hold expertise in facilitation skills and qualitative analysis, serving as valuable key-leaders during the facilitator training for LHC members.

Overview of Service Area

Nassau County is unique in that it presents complex polarity, representing a wide range of both healthy and sick community members from opposite ends of the health continuum. Data presented within this report will demonstrate the existence of vast health disparities stemming from a wide range of

socioeconomic factors. Our findings indicate the reality of the linkage of health disparities to a variety of social factors including race, ethnicity, gender, language, age, disabilities, and financial security among others. Elimination of such disparities is a priority throughout the Long Island region as bridging of gaps and services will ultimately improve health outcomes and quality of life for community members.

The Long Island Population Health Improvement Program (LIPHIP) is a New York State Department of Health, grant-funded initiative, designed to promote population health activities. The LIPHIP is organized by the Nassau-Suffolk Hospital Council (NSHC), the membership association for all hospitals on Long Island. The core of the LIPHIP is an extensive workgroup of committed partners who agree to work together to improve the health of all Long Islanders. This workgroup, called the Long Island Health Collaborative, consists of the two county health departments, all hospitals on Long Island, physician leaders, representatives from nursing and mid-level provider associations, dozens of community-based health and social service organizations, academic institutions, health plans, local municipalities, and many other sectors.

The Nassau County Department of Health and Suffolk County Department of Health along with all hospitals located on Long Island appointed the LIPHIP as the workgroup lead for collecting data to propel the Community Health Needs Assessment Cycle 2016-2018. To address our desire to capture the valuable perspectives of representatives from community-based organizations and social service agencies on Long Island, the LIPHIP planned two Summit Events during which qualitative data was collected. Representatives from a comprehensive network of organizations who possess unparalleled experience working with community members throughout Long Island were invited to participate during the events. Participating organizations emphasized the importance of an opportunity to network and share expertise amongst counterpart agencies as a value-added benefit during events. Collaborative spirit was bountiful and indicative of the passion and commitment community agencies have for improving health outcomes on Long Island.

Qualitative data collected during facilitated discussion summit events has been analyzed, interpreted and presented within the *Summary of Findings* section. This report will serve as a county-level framework for informing Community Health Improvement Plans as well as plans for intervention. This tool will be publically available through the Long Island Population Health Improvement Program Website, and will be useful to a multidisciplinary spectrum of professional organizations who serve the community. Aspects covered include identifying priority areas according to the New York State Department of Health Prevention Agenda 2013-2017, reoccurring themes outside of the Prevention Agenda parameters, health disparities and barriers to care and novel recommendations for improving services and programs.

Methodology

Event Planning and Structure

An advisory committee was established to provide oversight of strategic planning Community Based Summit Events. Advisory committee members included leaders in health from stakeholder organizations, primarily Long Island Health Collaborative (LIHC) members, who hold a vested interest in the outcome of community improvement strategies and identification of primary areas of need. Of this committee, two members participated as key leaders, selected due to their extensive background in qualitative research and facilitation skills. These key leaders, Dr. Laurel Janssen-Breen, Associate Professor, St. Joseph's College and Amy Hammock, Assistant Professor, Stony Brook University presented an interactive, hands-on curriculum and training for LIHC members who volunteered to take the role of facilitators during the events.

Seating assignment of participants at facilitated discussion tables was randomized, with seven to twelve participants seated at a table. After permission was granted by participants, they were guided through scripted-facilitated discussion by a trained facilitator. Discussions were recorded and transcribed by certified court reporters.

Three summit events were hosted on different dates in varying locations to increase appeal and engagement toward a broad range of participating organizations.

- Adelphi University, Garden City NY, February 2, 2016
- St. Joseph's College, Patchogue, NY, February 10, 2016
- Online Based Summit, WebEx, February 12, 2016

Attendance was robust, with 45 organizations in representation at the Nassau County Event; 72 organizations at the Suffolk County Event and 2 organizations during the CBO Summit Event. In total, 119 organizations participated, which contributed to the diversity and breadth of qualitative data collected during events.

Data Collection Tool

A script for facilitators was developed and used as our primary data collection tool. Adapted from the Nassau County Department of Health's Key Informant Interview script, this tool was revised to meet a facilitated discussion format. Script components include: Introductions, Request for Permissions, Instructions, Event Guidelines and Questions. Questions were composed thoughtfully as to evoke an inherent response at first and then expanded upon to encourage digging deeper to obtain a more focused response. Questions pertain to health problems and concerns, health disparities, barriers to care, services available and opportunities for improvement.

Court reporters were positioned at each table during the event to capture conversations accurately. Post-event, transcriptions were transcribed and provided to us in Microsoft Office Word document Format.

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. The analysis team's diversity boasts a wide range of analytic skill.

Analysis team:

- Dr. Laurel Janssen-Breen, Associate Professor Assistant Chair, St. Joseph's College
- Michael Corcoran, Data Analyst, Population Health Improvement Program
- Alyssa Dahl, Principal Research Analyst, Data Gen Healthcare Analytics
- Janine Logan, Senior Director, Nassau-Suffolk Hospital Council, Population Health Improvement Program
- Kate McCale, Director of Quality and Education, Rochester Regional Healthcare Association, Nassau-Suffolk Hospital Council
- Sarah Ravenhall, Program Manager, Population Health Improvement Program
- Kim Whitehead, Communications Specialist, Population Health Improvement Program

Alyssa Dahl, Principal Research Analyst served as the lead analyst on this project, during which time 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 team's methodology.

County Differentiation: Within the Long Island region, bordering counties Nassau and Suffolk are distinct in character and complexity, driving our decision to separate the data by county. In order to maintain a unique identity for each County-level report, each quotation was coded as applicable to **one** county.

Quotations from bi-county organizations, who participated at the Nassau event, were coded as Nassau. Likewise, quotations from bi-county organizations participating during the Suffolk event were coded as Suffolk. Any quotation where the participant verbally or physically (by holding up the appropriate county card) indicated they were speaking on behalf of a county, were flagged accordingly.

The Atlas TI word-cruncher feature was used within Atlas TI to identify town names (Hempstead, Wyandanch, etc.) spoken in vivo in order to assign the appropriate county flags. If a bi-county organization specifically spoke about an issue within one of these communities, the quote was coded with the county in which that community lies. If the name of the town was being used as a figure of speech without a specific comment or anecdote about the community, the flags were not applied.

Strategy for selection of codes

The strategy for selection of codes was multi-layered to ensure all themes were included within the code-list. Key terminology from the New York State Prevention Agenda blueprint (https://www.health.ny.gov/prevention/prevention_agenda/2013-2017/) was selected and applied. In addition, in vivo verbiage was taken directly from each transcript. Reading through each transcript and identifying words spoken in vivo (during the event) allowed the analysis team to compile a comprehensive list of selection codes.

Categories and sub-categories

Categories and sub-categories were selected using a combination of NYS Department of Health Priority Areas and Focus Area framework within Prevention Agenda blueprint, and key themes emerging from transcripts.

- Keywords were linked to each sub-category, for example: (*A. Chronic Disease 1. Diabetes*
Keywords: *Diabetes, A1C, amputations, blood glucose, blood sugar etc.*)
 - A. Chronic Disease
 - 1. Diabetes
 - 2. Respiratory
 - 3. Cardiovascular
 - 4. Cancer
 - 5. Other Chronic Conditions
 - 6. Smoking
 - 7. Obesity/Nutrition
 - 8. Chronic Disease Prevention
 - 9. Chronic Disease Management
 - B. Healthy and Safe Environment
 - 1. Injuries

2. Environment-Violence
 3. Environment-Air Quality
 4. Environment-Built
 5. Environment-Water
 6. Healthy and Safe Environment-Homes
 7. Healthy and Safe Environment-Access
- C. Healthy Women, Infants and Children
1. Children's Health
 2. Infants Health
 3. Pregnancy
 4. Childbirth
 5. Maternity/Mother
- D. Mental Health and Substance Abuse
1. Mental Health-Attitudes
 2. Mental Health-Treatment and Recovery
 3. Substance Abuse
 4. Eating Disorders
 5. Anxiety, Mood Disorders and associated emotions
 6. Suicide
 7. Mental Health- General
 8. Mental Health- Susceptible Populations
- E. HIV, STD, Vaccine Preventable Diseases and Health Care- Associated Infections
1. HIV and STDs
 2. Vaccines
 3. Hepatitis
 4. Healthcare-Associated Infections
 5. General
- F. Disparities
1. Race/Ethnicity
 2. Language
 3. Special Populations
 4. Gender
 5. Gender/Identity/Orientation
 6. Religion
 7. Age
 8. Senior Issues
 9. General
- G. Barriers
1. Access
 2. Financial
 3. Culture
 4. Communication
 5. Transportation
 6. Insurance
 7. Care
 8. Employment
 9. Disabilities
 10. Research
- H. Barrier/Disparity

1. Education
- I. Additional Services
 1. Community and Bridging Services
 2. Financial Assistance
 3. Policy
 4. Service Expansion and Improvement

Methodology for Deeper Dive (Second Analysis)

A focused set of secondary analyses was completed after the initial identification of key themes and priorities in order to better understand the population needs within broad categories of health and/ or access issues. Three broad categories from the initial analysis were further subdivided:

- Access Barriers —> 15 new categories
For example: For/ due to “fear,” “integrated systems,” or “service availability.”
- Educational Barriers and Disparities —> 21 new categories
For example: For/ due to “health literacy,” “addressing misconceptions,” “caregivers.”
- Promoting Mental Health and Preventing Substance Abuse —> 32 new categories
For example: For/ due to “proper treatment,” “incarcerated populations,” “linked to abuse.”

The following steps were taken to complete the Deeper Dive:

- Exportation of all quotations coded for a broad category in the initial analysis.
- Re-read quotations with attention to identify more specific health needs, barriers, disparities, or special populations at risk.
- Compiled a new list of sub-groups to code quotations for and the keywords that can be used to identify these new codes in the future.
- Applied the new sub-grouped codes to select quotations on an individual basis.

Any quotation from the original broad category that did not fit into a new sub-group was excluded from this analysis. These quotations were acceptable for the initial analysis when the intent was to identify key themes and priorities. In contrast, these quotations were not considered suitable for the secondary analyses because they lacked information to describe the problem, identification of populations at risk, or suggestions of possible remedial interventions. This was a very infrequent occurrence. The below example illustrates when this action was taken:

For example, a participant states, “I see mental health as the most important issue for the community I serve.” This quotation fits well into the initial analysis when the intent was to identify and rank key themes by importance. In contrast, this quotation would not fit well into the secondary analyses because it does not provide any additional information about who is affected, why it is a problem, or what can be done to intervene. A quotation that would very easily be acceptable for the secondary analyses would be, for example, “I see mental health as the most important issue for the community I serve because we have problems with homelessness, people fear discrimination, and it is difficult for them to receive and maintain proper treatment.”

In addition to sub-dividing broad categories from the initial analysis, a new category for quotations was created in order to address “food insecurity.”

The following steps were taken to identify and code quotations for food insecurity:

- Exported all quotations for a set of codes which may have captured food insecurity. This set of quotations consisted of any quotation given a code for 1) access to health foods (a new access barriers sub-group), 2) obesity, or 3) access to safe and healthy environments.
- Re-read quotations with attention to identify any that indicated food insecurity.
- Applied a new code to select quotations identified for food insecurity on an individual basis.

For all new codes created in the secondary analyses, the following data was delivered:

1. Quotation exports
2. Code co-occurrence frequencies
3. Tabular frequencies of quotations according to the county being represented by the speaker

NYS Department of Health Prevention Agenda Areas

The New York State Department of Health Prevention Agenda Areas of Focus shaped the framework for project development and analysis.

1. Chronic Diseases
 - a. Obesity
 - b. Tobacco Use and Secondhand Smoke Exposure
 - c. Preventive Care and Management
2. Healthy and Safe Environment
 - a. Injuries and Violence
 - b. Outdoor Air Quality
 - c. Built Environment
 - d. Water Quality
3. Healthy Women, Infants and Children
 - a. Maternal and Infant Health
 - b. Child Health
 - c. Reproductive Health and Wellness
4. Mental Health and Substance Abuse
 - a. Mental, Emotional and Behavioral Health
 - b. Substance Abuse and Mental, Emotional, and Behavioral Health Disorders
 - c. Integration of Promotion, Prevention, Treatment and Recovery Services
5. HIV, STD, Vaccine Preventable Diseases and Health Care-Associated Infections
 - a. HIV and STDs
 - b. Vaccination Against Vaccine-Preventable Diseases
 - c. Hepatitis C Virus (HCV)
 - d. Healthcare-Associated Infections

For additional information on the NYS Department of Health Prevention Agenda areas, please visit:
https://www.health.ny.gov/prevention/prevention_agenda/2013-2017/

Summary of Findings

Total number of quotations coded applicable to Nassau County=518

The *Distinct* and *Cumulative* Prevention Areas by ranking tables, displayed below, outline the New York State Prevention Agenda Priority Areas ranked in order from highest to lowest rate of marked significance of concern among participants.

Summit participants reported Chronic Disease as the most significant health problem seen within the communities they serve in Nassau County. In looking at distinct Prevention Agenda Categories, 26.1% of quotations indicated Chronic Disease being a priority area. Cumulatively 42.5% of quotations in Nassau were identified as being inclusive of one or more Chronic Disease keyword.

Distinct Prevention Areas by Ranking

Distinct Prevention Areas by Ranking reflects the number of quotations where the focus area is mentioned at least once and counted once, divided by the total number of Nassau County quotes.

e.g. “Chronic Disease is a problem for the community I serve. Many of our members are troubled with obesity and tobacco use” This quote is coded once for Chronic Disease.

PA Rank	Nassau	%*
1	Chronic Disease	26.1%
2	Mental Health	23.0%
3	Healthy and Safe Environment	20.1%
4	Healthy Women, Infants and Children	19.1%
5	HIV, STD and Vaccine Preventable Disease and Health Care-Associated Infections	6.2%

* Distinct number of quotations with Nassau County code and priority area code/total number of quotes applicable to Nassau County

Cumulative Prevention Areas by Ranking

Cumulative Prevention Areas reflects the number of focus areas mentioned within one of the priority area per quote, divided by the total number of Nassau County quotes.

e.g. “Chronic Disease is a problem for the community I serve. Many of our members are troubled with obesity and tobacco use” This quote is coded twice for Chronic Disease because obesity and tobacco use are two separate focus areas.

PA Rank	Nassau	%*
1	Chronic Disease	42.5%
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

Prevention Agenda Areas by Focus Area

Within the Priority Area of Chronic Disease, **Chronic Disease Management** and **Obesity/Nutrition** were the most frequently prioritized focal areas. Of the total number of quotes by County, 10.2% of quotations included “**Chronic Disease Management**” as a topic of importance. **Obesity/Nutrition** was a focal area within 9.8% of the total quotes by county.

Chronic Disease	
Focus Area	%*
Chronic Disease Management	10.2%
Obesity/Nutrition	9.8%
Chronic Disease Prevention	6.6%
Cancer	4.4%
Other Chronic Conditions	4.6%
Diabetes	2.3%
Cardiovascular	1.9%
Smoking/Tobacco	1.9%
Respiratory	0.6%

* Number of quotations with Nassau county code and focus area code/total number of quotes applicable to Nassau County

Analytic Interpretation & Participant Quotations
<p>Improving communities’ access to healthy foods, coupled with youth education focused on healthy living and nutrition, is needed to curb the increasing rates of diabetes, heart disease, and obesity in young populations.</p> <p>I would say that there is a real concern with diabetes and heart disease among impoverished children and the communities that Long Island Cares serves. Absolutely, diabetes and heart disease, and we are seeing it at a young age. One of the barriers and problems is not having access to health and food, and nutrition education. By providing that, coupling that with access, being able to buy food from the food bank, where they can have it is really important. <i>–LI Cares</i></p>
<p>Provision of nutrition and physical activity education to parents is a valuable preventive strategy that once passed down to future generations, will help to dissipate the prevalence of obesity.</p> <p>So obesity, we are having a lot of people that we are seeing every day and they are not getting healthy, but they don't know, they don't know what is healthy, and they think what they are eating is healthy. That's why we are trying to educate them and tell them about the food groups and tell them about the sugar and about the physical activity education and so adults can tell their children. I think obesity is a big problem. <i>–Cornell Cooperative Extension</i></p>
<p>Chronic co-morbidities create complexities in health which impact the management and prevention of chronic disease for patients and providers alike.</p> <p>We see a lot of people who are worried about breast cancer and other types of cancer, but also have co-morbidities like diabetes being one of the most prevalent conditions, and people do have a lot of questions in regard to nutrition, but there is a general lack of knowledge in terms of the right dietary guidelines or how the prevent disease through nutrition. <i>-Adelphi NY Statewide Breast Cancer Hotline</i></p>
<p>The sale and use of electronic cigarettes and hookahs are trending in youthful populations. This trend has added a challenge to strategies focused on smoking reduction. Smoking rates among those living with mental illness have not subsided and targeted resources will be needed to provide assistance.</p> <p>I am very passionate about helping to advocate, changing laws about tobacco use, and helping people to quit smoking, and we do have many despair populations. Fortunately for us, the rates are going down,</p>

however there are new issues coming up, electronic cigarettes, hookah, and kids are starting to pick up those e-cigs, so whenever we feel like we've got something done, it's like we take two steps back. So I enjoy the challenge of working against the tobacco industry to try to keep on top of it, and to help people who are addicted, mentally ill, substance abuse, very high rates of smoking, they are not getting the help that they need, so advocating for them for more resources to be able to quit smoking is very important.
-American Lung Association

The Priority Area of Mental Health and Substance Abuse emerged closely as a second-ranking topic of importance. Qualitative analysis demonstrated, 26.1% of quotations indicating Mental Health as an area of concern in Nassau County. Cumulatively, 36.9% of quotations included Mental Health and Substance Abuse as an area of concern within communities served in Nassau County.

Upon further breakdown of the focus areas within the overarching priority area of Mental Health and Substance Abuse, "Mental Health Issues", including behavioral, developmental, poor mental health, emerged at the forefront with 16.4% of quotations in Nassau County. A second focus area, "substance abuse", appeared with 6.9% of quotations containing related key words.

Due to the complexity of Mental Health and Substance Abuse as a focus area, the analysis team saw potential benefit within a second round of analysis, covering all aspects of mental health and substance abuse at a granular level. This second analysis is described within the *Deeper Dive* section V of this report.

Mental Health and Substance Abuse	
Focus Area	%*
Mental Health Issues	16.4%
Substance Abuse	6.9%
Anxiety, Mood Disorders and Associated Emotions	4.4%
Susceptible Populations	4.2%
Treatment and Recovery	2.5%
Suicide	1.2%
Attitudes about Mental health	1.0%
Eating Disorders	0.2%

* Number of quotations with Nassau county code and focus area code/total number of quotes applicable to Nassau County

Analytic Interpretation & Participant Quotations
<p>The need for mental health and substance abuse services is growing at a substantial rate, creating a shift in demand for services. Mental health issues as obstacles for young mothers are a steadily increasing issue, typically linked to substance abuse.</p> <p>After 30 years, there's been almost a complete change that I've seen in the population that we serve, and we have a much more serious mental health problem. Mental health is the number one obstacle for these young women to transition into motherhood and to survive in this world, and a lot of it traces back to drug and alcohol abuse, physical abuse in their own families. <i>- MOMMAS House</i></p>
<p>Social determinants of health play an integral role in addressing issues concerning mental health and substance abuse.</p> <p>It all falls together. When you have people who are in poverty they are not eating well; when you have people in poverty they tend to be depressed and have mental disorders, which very often leads to alcohol or substance abuse, heroin, which is a huge problem in this area. It's all interwoven I am trying to say. <i>- Catholic Home Care</i></p>

Access to adequate mental health and substance abuse treatment/recovery services is limited, which has created a gap in care for those in need and negatively impacted hospital readmission rates.

We used to have a Mental Health Department within our hospital, Glen Cove, but they closed it down two years ago, I believe, because of funding. Now it is difficult to try to figure out where to send our patients, especially from family medicine, the Care Center. We would send them upstairs within the Mental Health Department in our hospital, but now we have to send them outside for services, so access becomes a problem.

- *Northwell Health Ambulatory Care Center*

Additional interpretation located within “Deeper Dive” Section of this report.

Healthy and Safe Environments were discussed as an area of concern within 20.1% of Nassau County quotations. Cumulatively, 26.6% of quotations from Nassau County included aspects of Healthy and Safe Environment.

Within this area, “Access to care” was reflected in 6.9% of quotations with “Homes” following in close second with 6.8% of quotations. The “Access” focus area included key words and themes such as access to care; food; service; school and stores. After further exploration of the code “Access”, the analysis team sought further investigation of this area within a second round of analysis, which is described within the Deeper Dive section V of this report.

The focus area of “homes” covered issues related to safe and affordable housing and tobacco-free housing.

Healthy and Safe Environment	
Focus Area	%*
Access	6.9%
Homes	6.8%
Violence	5.0%
Injuries	2.7%
Built Environment	2.7%
Air Quality	1.4%
Water	1.2%

* Number of quotations with Nassau county code and focus area code/total number of quotes applicable to Nassau County

Analytic Interpretation & Participant Quotations

Components of one’s surrounding environment, such as quality of air and water, may at times be overlooked. These considerations should be widely recognized as key elements that play a vital role in the health of Long Island communities.

Air quality and water quality impact every issue that we have here, and I think that that’s something that we have to get a hold on for all the health of our communities. I think it’s really important that we realize that the water quality and the air quality, even though it might be better here on Long Island, is still something that absolutely, positively impacts health.

-*RN Nurses Evolve, PLLC*

The lack of affordable housing in Nassau County contributes to unsafe living environments, which is considerably problematic within the senior population. Availability of stable housing has a direct correlation with access to health services and individuals’ ability to prioritize their healthcare.

We work with homeless youth, we work with preventive care. We have substance abuse programs. All of these seem very relevant. I think when I think of seniors the health and safe environment is also really important because there's not any affordable housing on Long Island. So, they're living in homes that might not be safe for them. So, it really opens them up or leaves them vulnerable to falls and makes it difficult for them to live in safety a lot of the time.

-Family and Children's Association

Similar to what everybody has said, but I do think one of the parameters that are really impending upon us with our medical care is the housing resources in Nassau County. You know, unless you're stable in your housing, you have a place to go every night, you can't think about tomorrow without the anxieties of where you're going to be living, how you're going to be eating, how you're going to be getting back to a shelter placement. So the combination of housing and the lack of available transportation in Nassau County. I think it's a huge hindrance of getting our mental health services and getting our physical, you know, care from our local clinics or hospitals.

-Family and Children's Association

A sustainable-built environment provides increased opportunity for community members to engage in physical activity, promotes easy access to health services and healthy food options.

I'd say leading a healthy lifestyle, so whether that's access to healthier food options and beverage options. A lot of the communities that we work in may not have a grocery store nearby or they'll have corner stores and if you then look at the percentage of the population that doesn't own a vehicle, you have to think about these families that now have to walk, like, how far do they have to walk to get healthy food for their families and if the closest thing that they can access is some type corner store, you know, that tends to have high caloric foods that are nutrient deficient, then also you have communities that maybe aren't necessarily walk friendly, you know, you want to increase these opportunities for physical activity in getting families and kids outside.

-Sustainable Long Island

Gang violence exists in select Nassau County neighborhoods, creating unsafe environments and ultimately impacting access to health services, stores, schools and other valuable community resources.

Undocumented workers who sustain workplace injuries often lack the knowledge and resources needed to access health care services via the worker's compensation law.

Reducing gang violence is a big issue. Also injuries, at work injuries. A lot of the undocumented, they don't know that they are eligible for Worker's Compensation, so sometimes they come to us that they don't have insurance, and they were told that they are not eligible because you are undocumented, so we educate them. We tell them who they need to go see, they need to take things to. We fill out Worker's Compensation forms for them and tell them that yes, they are eligible.

-Coordinating Agency for Spanish Americans

Additional interpretation of "Access to services" located within "Deeper Dive", section V.

The priority area of Healthy Women, Infants and Children was highlighted as a focus area of concern within 19.1% of Nassau County quotations. Cumulatively, 24.9% of quotations from Nassau County included aspects of Healthy Women, Infants and Children.

Within this area, "Children's Health" was reflected in 11.2% of quotations with "Maternity/Mother" following with 8.5% of quotations. Children's health issues were inclusive of keywords related to well child visits; child neglect; safe childcare options; developmental delays and dental problems for children.

The focus area "Maternity/Mother" covers issues related to breastfeeding; health insurance for mothers; reproductive care; young mothers and utilization of preventive health services for mothers.

Healthy Women, Infants and Children

Focus Area	%*
Children's Health	11.2%
Maternity/Mother	8.5%
Pregnancy	2.9%
Infant's Health	1.5%
Childbirth	0.8%

* Number of quotations with Nassau county code and focus area code/total number of quotes applicable to Nassau County

Analytic Interpretation & Participant Quotations
<p>Young mothers may not have the resources, information, or support needed to properly care for their children.</p> <p>Young moms don't have a clue as to how to meet the health needs of their babies and children. Meeting their immunization schedules, feeding them appropriately. This is a very serious problem. -MOMMAS House</p>
<p>Mothers are often overburdened with the challenges associated with providing for their loved ones, which makes it difficult for them to find the time or resources necessary in which to take care of themselves or seek out preventive services.</p> <p>What we find is women are so used to taking care of everyone else. You really have to educate them, empower them, to take care of their own health before they help their family member and children. And that's engrained in culture and it's hard to deal with. -Adelphi University, Breast Cancer Hotline and Support Program</p>
<p>Increased availability of health literate and culturally competent services, especially for women, mothers and caregivers, is an important component of improving health status.</p> <p>The work we're doing with American College of Obstetrics and Gynecology is trying to educate women on caring for themselves and understanding problems that arise during pregnancy and following, immediately following birth. Not only the language, but the literacy barrier of what the health care professional says and what the patient hears. -PULSE of NY</p>
<p>Incidence of infant mortality, prematurity and low-birth rate babies is higher among the African American population. It is vital that expectant mothers, especially those in high-risk populations, are accessing comprehensive health services. Post-delivery is the perfect time to engage mothers in follow-up care by linking them to services.</p> <p>When it comes to birth outcomes, there is still a very high incidence of infant mortality, pre-term weight, mostly for the African American population. Even before that woman becomes pregnant, What is being done in the preconception period; What is the health of that mother like; Does she have chronic disease; Is that chronic disease being managed; Is she going every year for routine OB-GYN care; Is she being screened for HIV? Because the health of that woman before the pregnancy even occurs can impact on that outcome, preconception, prenatal and what we call the intra-conception phase. After she has that baby, before that next pregnancy we want to make sure she gets linked to services. -Planned Parenthood of Nassau County</p>

HIV, STD, Vaccine Preventable Diseases and Health Care-Associated Infections comprised 6.2% of distinct and 8.1% of cumulative Nassau County quotes. Although this area comprised the least majority of total quotations, interpretative analysis provides strong evidence that there is a desperate need for additional services reaching those living with HIV/AIDS. This population requires a unique set of integrated care services, which seems to be lacking in accessibility. Furthermore, there are new emerging disease trends that will be important for professionals to address moving forward.

HIV, STD, Vaccine Preventable Diseases and Health Care-Associated Infections

Focus Area	%*
HIV-AIDS	2.7%
Sexually Transmitted Disease	2.3%
Vaccines	1.7%
General Infections	1.0%
Associated-Infections	0.4%
Hepatitis	0.0%

* Number of quotations with Nassau county code and focus area code/total number of quotes applicable to Nassau County

Analytic Interpretation & Participant Quotations

Care for people living with HIV has progressed to the point where we now need to focus on the provision of well-rounded, comprehensive care, which may include a focus on cases of HIV coupled with chronic diseases.

Pre-exposure prophylaxis (PrEP) is a therapeutical approach to preventing HIV transmission with an impressive rate of effectiveness. Community organizations are working with providers to encourage the support of this treatment for those who may be at risk for transmission.

So we do have people with HIV living longer which on one hand is great, on the other hand, now the medical issues are becoming more and more complex, so in addition to managing their HIV, they have all the other stuff that all the rest of us get.

We're also trying to work with physicians in the community, not us in particular, but some of our outside colleagues to let them know, PrEP is now available for people who are in a relationship with someone who is HIV positive, they themselves can be prescribed PrEP, which is great because it's something like a 92 percent chance of non-transmittal. But we're running into providers that for their own moral issues or for their own thinking that that means people are just going to run around and have whatever kind of lifestyle, don't want to prescribe. So we're trying to get out there and, kind of, educate and advocate.
-Options for Community Living

Professionals are beginning to see an increase in rates of sexually transmitted disease within senior populations. Increasing awareness and providing education, specific to the target population, will assist in combatting these rates.

An area that I think needs to be addressed that has not is in the aging community where you have a lot of dementia and Alzheimer's. That has one of the highest incidents of STD especially in our communities where they're collected together whether assisted living, nursing homes or senior communities. So it's an education process that I think we need to get into that senior community, especially as their mental capacity is diminishing with dementia and Alzheimer's.

-National Aging in Place Council

Theories supporting anti-vaccination are popularizing, which has led to children being unvaccinated. Programs providing evidence-based information and education on the effectiveness and benefit of vaccinations may be helpful to address this.

I know some with regarding to the HIV STD and vaccine preventable diseases are the anti-vaccers. Social media has exacerbated these days you know, there's a huge one side or the other side, totally opposite. And people tend to believe those little things that they see, and they don't even see where they came from or what the source is. And it does not matter, and it's really hard to change people's mind, but it is a huge issue because kids are not getting vaccinated, and we are going to start to see more and more of these flare ups of childhood diseases that have been eradicated, or close to that should have been. So it is an issue.

-PSEG Long Island REAP Program

The population of Nassau County represents a diverse mosaic of ethnicities, cultures, religions, languages and identities, making access to Culturally Competent, individualized services a priority within this area.

I guess in terms of concrete, tangible or, you know, quantifiable health problems, Nassau County has extremely high rates of HIV, other STIs and teen pregnancy. . .the Hempstead community has a wide range of individuals, of cultures of people, and that doesn't work well with the catchall model of services. So I think that that is affecting the rates that we are seeing as well.

-Planned Parenthood of Nassau County

Disparities, Barriers, Education & Additional Services

Disparities among the senior population were of high importance to summit participants with 17% of quotations in Nassau County being coded under this topic. The focus area of "Senior Issues" included key words related to aging, alzheimer's, finances, abuse, cognitive loss, crisis, falls, housing and safety. One theme of particular relevance was a resource need for caregivers who are often times unprepared for the decision-making and financial responsibility associated with caring for a family member.

Disparities among "special populations" were indicated within 16.4% of the total Nassau County quotations. Special populations include: baby boomers; incarcerated individuals; transgender population; vulnerable populations and minority populations.

Disparities	
Focus Area	%*
Senior Issues	17.0%
Special Population Disparities	16.4%
Age Disparities	11.4%
Language Disparities	10.8%
Race/Ethnicity Disparities	10.0%
Gender-Identity-Orientation Disparities	2.3%
General Disparities	2.1%
Gender Disparities	1.0%
Religion Disparities	1.0%

* Number of quotations with Nassau county code and focus area code/total number of quotes applicable to Nassau County

Analytic Interpretation & Participant Quotations

Many caregivers are unprepared for and faced with financial challenges that come hand in hand with the responsibilities of providing for and managing daily life for a family member.

Dementia and cognitive loss seems to be a huge issue in our community. We're not prepared as a country to take care of people with dementia, but more so the caregivers are not. One-third of the caregivers become bankrupt because they have to leave their jobs to take care of a loved one. And I don't think as a culture we're prepared to handle that. . . It's a huge issue.

-Music and Memory

There are compounding barriers to accessing preventative care seen within the large population of undocumented individuals in Nassau County. Such barriers include: no insurance coverage; financial barriers to paying for care; cultural and language barriers; no understanding of how to navigate the health system; transportation barriers and beyond.

Along with all the cultural and financial barriers and expectations, you also have a large undocumented population. So they don't have access to the same kind of medical care or other services that might

enable them to go for medical care like transportation, like some government subsidies, and things like that. So the undocumented population is huge on Long Island and they don't have coverage and they don't have the resources.

-Adelphi University, Breast Cancer Hotline and Support Program

As the age of the baby boomer population advances, expanded health services and financial resources will be needed to support this population. An added challenge may be seen for families who are experiencing poverty or financial debt into retirement age.

The baby boomers have been saddled with debt that they were not expecting. Hearing about all these parents carrying their kids' education debt and that becomes their debt, not just the kids' debt. As much as I think the baby boomers are going to be putting the crunch on the health care system, I think they are going to be putting stress on other areas, they thought they had this retirement funding, but when they actually get there they don't, because of all the unforeseen expenses and, let's face it, Long Island is one of the most expensive places on the planet to live. So people who really decide to stay here and retire probably are facing expenses that they didn't imagine 20 years ago, like property taxes. To stay in a house that is paid off, and pay the taxes and utilities, it's almost as much as the mortgage was 30 years ago.

-Society of St. Vincent de Paul

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 barriers” and “financial and insurance barriers”.

25.1% of barrier quotations in Nassau County were related to “access” barriers. “Access barriers” included themes related to access to care; housing and transportation. Because “Access barriers” emerged as a leading focus area by a *significant* percentage, the Analysis team had specific questions and considerations related to what “Access” really referred to. Within the “Deeper Dive” section V, this theme will be further broken down into sub-groupings.

“Financial barriers” were another frequently discussed barrier to care. Keywords associated with financial barriers include: affordability, barriers to funding, financial burdens, pay scales and poverty. Of the Nassau County quotations flagged with barriers to care, “Financial Barriers” comprised 18.3%.

“Insurance barriers” comprised 16.2% of the total Nassau County Barriers quotations. “Insurance barriers” include keywords related to: emergency Medicaid, high deductibles, insurance policies, pending Medicaid, uninsured, undocumented, and copayments.

Barriers to Care	
Focus Area	%*
Access Barriers	25.1%
Financial Barriers	18.3%
Insurance Barriers	16.2%
Care Barriers	12.4%
Cultural Barriers	11.2%
Transportation Barriers	8.1%
Communication Barriers	6.8%
Disability Barriers	6.2%
Employment Barriers	4.6%
Research Barriers	0.4%

* Number of quotations with Nassau county code and focus area code/total number of quotes applicable to Nassau County

Analytic Interpretation & Participant Quotations	
<p>Lack of financial security and stability are directly connected with a person’s ability to take accountability for their health needs, making decisions related to health statuses even more challenging.</p> <p>The lack of financial security immobilizes all of your functioning as a person. It affects your mental health. It makes you start with bad decision, drugs, violence, you know. If you have some financial security, your road to stability it is a little bit stronger no matter what community you're living in. <i>-Family and Children’s Association</i></p>	
<p>Prioritization of needs for a family or caregiver is often based upon perceived urgency or necessity, which can result in preventative care and routine well visits falling to the wayside.</p> <p>You look at people who are impoverished; they take care of their most drastic needs first. They need air, food, shelter. If there is no money left over after those three things, the other things get thrown to the wayside. You know, you get by without adequate clothing. You get by without preventative home care. Get by without going to a doctor, not just for preventive care, but when you are sick. If the kids are hungry, or if you are being threatened with eviction, the thing that drops off is taking care of your health, because that is not an urgent thing. <i>-Catholic Home Care, Good Shepherd Hospice</i></p>	
<p>The undocumented population is often left underserved due to misconceptions, mistrust or fear regarding their citizenship status. Community outreach focused on establishing trust, and culturally appropriate education focused on how to access services is an effective way to combat this fear.</p> <p>For our health centers, I would say, because we are federally qualified, when we reach out to the undocumented populations or organizations, they have a fear that by coming into our sites, we're going to report them or disclose their information to immigration services. That's a barrier for us sometimes. <i>-NuHealth, Long Island Federally Qualified Health Centers</i></p>	
<p>Stigma associated with individuals living with HIV, AIDS or those who identify as LGBTQ, has impacted the quality of care accessible to such vulnerable populations. Arming providers and front-line workers with the education needed to appropriately communicate with this population is a method used to improve gaps in service care.</p> <p>I think the biggest barriers are stigma, both real and believed. We need competent providers across Long Island, and we might have points here and there, but it's a long island. I'm talking about all the different aspects of our culture that make us multi-dimensional; language, identity, LGBT, sexual identity, our HIV status. And I think it has to start with how we, as providers, do our intakes, ask our initial questions, because that person at the front desk who welcomes you, how they address you, how they speak to you, makes all the difference if that person will come back to you. Who's at the front desk? It has to be culturally relevant; otherwise we're never going to get past the perceived lack of competency. -LGBT Network</p>	

Educational Disparities and Barriers, is another topic that the Data Analysis group felt should be further explored, with 23.0% of Nassau County quotations. Themes related to educational disparities and barriers are broken down by sub-group within section V, A Deeper Dive.

Educational Disparities and Barriers	
PA-Topic	%*

Educational Disparities and Barriers	23.0%
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*** Number of quotations with Nassau county code and focus area code/total number of quotes applicable to Nassau County**

After participants were asked to identify the most significant problems, barriers and disparities for the community they serve, participants were led to share their innovative ideas as to what additional services and programs are needed to improve the health of Nassau County residents. Response to this question yielded very interesting results and many suggestions were closely related in concept.

Suggestions were broken down into four themes: service expansion and improvement; community and bridging services; policy and financial assistance.

“Service expansion and improvement” was the most frequently mentioned concept, with 21.4% of Nassau County quotations addressing this topic. Suggestions for service expansion and improvement included ideas related to: extended provider service hours; additional screenings; screening for social determinants of health; culturally competent and linguistically appropriate services; workforce training for professionals and additional community health workers.

“Community and bridging of services” was a second commonly suggested theme including ideas related to: hiring health leads, empowering community members, health fairs, developing resource centers, bridging gaps in care, networking, establishing partnerships, family-centered advocacy and working with faith-based organizations. “Community and bridging of services” was mentioned within 13.1% of the total Additional Service flagged Nassau County Quotations.

Additional Services	
Focus Area	%*
Service Expansion and Improvement	21.4%
Community and Bridging Services	13.1%
Policy	4.4%
Financial Assistance	3.7%

*** Number of quotations with Nassau county code and focus area code/total number of quotes applicable to Nassau County**

Analytic Interpretation & Participant Quotations
<p>The need for service providers with an understanding of Culturally and Linguistically Appropriate Standards of care enhances the ability to provide care to diverse populations. All service providers, including physicians and front-line staff members should be participating in trainings which address cultural competency, health literacy and unconscious bias.</p> <p>We’ve worked over the years in trying to identify what the cultural and ethnic barriers are. Mainly preventative screening in breast cancer and treatment and every group has different cultural barriers that you have to address. We’ve recently gone into the Muslim community who have completely different barriers than women of color, Hispanic women, African American, women. So if you don’t gear your education to that particular group, you’re not going to be successful. And you have to have people who are part of the culture, you who can speak the language, and can identify with clients to educate them, so that they get the care that they need.</p> <p><i>-Adelphi University Breast Cancer Hotline and Support Program</i></p>
<p>Provision of system navigation efforts may be an effective way to both empower patients, and to achieve desirable patient outcomes. Many patients do not know where to start, or how to access health or social services. An in person guide may supplementary for those who are looking to take the first step, to avoid being lost within the complexity of system navigation.</p>

Education is very important, and then secondly, I think that social work services, case management services, that are vital to getting our clients, anyway, the services and resource that they desperately need. Because they don't even know where to start, it falls upon us to really hold their hand, put their appointments on the calendar, call the transportations with them, and make sure that they're there on time, the whole process just like they were little kids until they get to the point where they realize they now have to take over. So the only way to empower the client and do the work with them at the beginning and then eventually give them the power to do it themselves.

-MOMMA'S House

Interconnected, integrated IT networks support partnerships and transparency between service organizations in a synergistic way that has the potential to help bridge gaps in care and allow continuity of care for patients, particularly those representing vulnerable populations.

But from my point of view, one of the things that can help with the question you asked is better IT or better connectivity between the different providers. We spend a lot of time chasing down clients, so if they don't show up to their appointments, they don't have a solid address, they're homeless. So to kind of be able to collaborate you have to be able to share the information, and I know there are steps being taken towards that, but in a perfect world, you know, a lot of my clients will show up at DSS, that they'll show up for, but I don't know that they're there. If I could tap into it, you know, so it's the sharing of information on a broad level.

-EAC Network

For service providers to effectively meet the needs of community members, they must remain adaptable to the constantly changing community landscape. Innovative ideas will can position providers ahead of such change.

I would say constantly looking at the needs of the community and changes as we see those needs changing. Being able to look for opportunities that are innovative and have an impact on the community that we serve.

-Family and Children's Association

Taking a Deeper Dive

Barriers to Accessing Care

A secondary analysis of "Access Barriers" was taken to better understand the key themes of significance. Identification of sub-groupings was completed by carefully reading each quotation flagged under this code and identifying the sub-groups as emerged throughout the transcription. Based upon this identification, Access barriers were divided into 15 new sub-groups as identified within the table below.

Of the total "Access Barrier" quotations in Nassau County, "Lack of support" emerged at the forefront with 42.7% of the total Nassau County barrier-flagged quotations. "Lack of Support" included discussion of: patient navigation, patient advocates, establishing trust and respect with community, help with connecting dots or bridging gaps in care.

"Understanding and Awareness" comprised 31.5% of the Nassau County Access Barrier quotations. This sub-group refers to: community members being unaware of services or how to obtain services; people not seeing the purpose in obtaining care and stigma surrounding requesting particular services.

"Transportation" was the third barrier with highest significant to accessing care, fulfilling 24.2% of the total Nassau County Access barrier quotations. Transportation barriers include: inadequate public transportation services or community members who do not have access to private transportation/cars.

Barriers to Accessing Care	
Sub-Group	%

Lack of Support	42.7%
Understanding and Awareness	31.5%
Transportation	24.2%
Financial	23.4%
Insurance	16.9%
Service Availability	15.3%
Housing	12.1%
Literacy	9.7%
Systems	8.1%
Access to Healthy Foods	7.3%
Culture/Religion	5.6%
Disabilities	5.6%
Policy	4.0%
Fear	3.2%
Integrated Systems	0.8%

*Number of Quotations with County Code and *subgroup divided by number of quotations in parent group Barriers to Care.

Analytic Interpretation & Participant Quotations
<p>The first impression is a powerful mechanism for empowering community members to take the first step in accessing care. Once trust and respect are established between an organization and client, the trusted entity becomes a hub for information requesting and guidance with obtaining a range of health and social services.</p> <p>I think we need to be the credible messengers and be able to share what's out there in real time with education, with support, because I think so many of the vulnerable families that we work with don't have that support, and like you said, they don't know where to begin. So I think we are sometimes that first door, and it depends who responds, you know, to that first door, and if we're going to treat them with respect, dignity, I think that opens the door for them to come back for access or services for that family, that person, and maybe they'll share that information with their neighbor. That's kind of how the cycle, I hope, could start to change.</p> <p>-Family and Children's Association</p>
<p>Convenience and lack of adequate transportation services are deterrents for community members in accessing care, particularly for those who require preventive or follow-up health services.</p> <p>In our patient population, we serve children. A lot of the times, they are young children; parents have a lack of resources for transportation. Sometimes the parents that we have coming into our clinic, they say I had to take two buses to get here, I had to take a taxicab and it was \$40. We see that we have to call up that parent and say, hey, your child missed a well child visit; they are due for the one-year vaccination, due for the flu vaccine. They say I don't have time, I am working. I don't have transportation to bring them. I will bring them whenever I can. So that is also a barrier.</p> <p>-Nassau University Medical Center</p>
<p>Ensuring that all community members have health insurance coverage is one aspect of achieving health equity that should be prioritized. Vulnerable populations are often unaware of the health coverage plans available to them.</p> <p>I just think that there's a need to make sure everybody has access to coverage. So, our focus as a health</p>

plan is to ensure that people get access to healthcare that they're able to obtain everything they need. That they're not blocked out because of their ethnic background or religious beliefs. Just that there's access to them because you need insurance to cover the very high cost of the bills being generated by these visits and all of the services that are provided. Basically, everybody should have access. The undocumented adult population again unfortunately they cannot access all of these services and there's a large demographic -- people are still coming in. And that's an issue that comes back to what we talked about.

-Fidelis Care

To promote available resources, Development of a centralized hub or library resource center for accessing information about health services, resources, accessing assistance for social determinants such as housing, heat/electric; etc. in order to support patient navigation and empowerment.

That was my initial thought that maybe if there was an Island-wide push towards something central where this is where you can go to get information to help you, it's free, non -- whatever it is, you know, to access that information for services or a place where you can meet people in person in your community where it is easily accessible, you know. That's one of the issues in terms of transportation. But maybe a central place in each community, or through the phone, again where it's easier to pick up the phone -- of course, if you have a phone, but you know, I think making it as accessible to -- there are such great resources that a lot of us don't know about on the Island. Having that ability to access them.

-Girls Inc.

Food Insecurity

In exploring "access barriers", specifically with healthy food choices in mind, the analysis team chose to investigate linkages between financial barriers and accessing healthy food options. Many families living in poverty or of low socio-economic status are forced to prioritize personal need based upon the amount of money they have in their pocket. There are many resources available for families including: group classes, food pantries or government subsidies, which would support healthy eating and healthy meal decision making. Bridging families who are vulnerable to these resources should be a top priority in decreasing food insecurity.

Analytic Interpretation & Participant Quotations

Food insecurity among families of low socio-economic status is a growing concern in Nassau County. Although healthy food options may be accessible, financial strain forces decision makers to prioritize needs.

As part of Feeding America, we take part in a national survey called the Hunger Study. We go out and we talk to the community itself. We ask them very detailed questions. The result of the Hunger Study always show that people choose not to eat properly so that they can pay the rent or have transportation or get medicine or see a doctor. So if they have to make a choice, they will chose to go without a meal or not eat properly or go to McDonald's and split a hamburger up and give it to the kids so that they have something in their stomachs. We always say that it's a choice, but if the other issues were taken care of properly, then hunger would not be an issue either.

-Adelphi University, School of Health Studies

I want to talk about food insecurity. On Long Island people don't think that Long Island has an issue, but they do. Because families on a fixed income very often can't afford food at the end of the month and they are making decisions about whether they want to pay for transportation to a doctor or copays for their

medical prescription or get food to eat. A lot of seniors are on SNAP benefits, food stamps. Also they use the local community food pantry to supplement their food.
 -Family and Children's Association

Educational Barriers and Disparities

A secondary analysis of Educational Barriers and Disparities was taken to better understand the key themes of significance layered within this topic. Identification of sub-groupings was completed by carefully reading each quotation and identifying the sub-groups as discussed within the transcription. Educational barriers and disparities were divided into 21 new sub-groups as identified within the table below.

Of the total "Education Barrier" quotations in Nassau County, "Patient Engagement" emerged at the forefront with 38.3% of the total quotations. "Patient Engagement" included discussion of: decision making, healthy lifestyles, patient activation measures, empowerment and self-management skills.

"System navigation" comprised 27.8% of the Nassau County Education Barrier quotations. This sub-group refers to: building trust, respect, helping with paperwork, accessing services, and connecting dots.

"Health literacy" was the third most significant education barrier, fulfilling 23.5% of the total Nassau County Access barrier quotations. Health literacy barriers include cultural competency, language and effective communication.

Education	
Sub-group	%
Patient Engagement	38.3%
System Navigation	27.8%
Health Literacy	23.5%
Central Information Hub	21.7%
Nutrition	12.2%
Screenings	10.4%
Addressing Misconceptions	7.8%
Caregivers	7.8%
Drugs and Alcohol	7.8%
HIV/AIDS and STDs	7.8%
Mental Health/Depression	6.1%
Schools	6.1%
Prenatal Care	3.5%
Workforce	2.6%
Exercise and Physical Activity	1.7%
Vaccines and Immunizations	1.7%
Emergency Preparedness	0.9%
Gender	0.9%
Violence	0.9%
Eating Disorders	0.0%
Routine Well Checkups	0.0%

*Number of Quotations with County Code and subgroup divided by number of quotations in parent group Educational Disparities and Barriers.

Analytic Interpretation & Participant Quotations

Strategies focused on empowering patients will improve a person’s ability to make autonomous, informed decisions bringing about improved health and patient satisfaction outcomes.

Empowering the community to give them the education that they can acquire this knowledge on their own, they can make the right decisions in making them. Providing like their family and themselves healthier lifestyles.

-Cornell Cooperative Extension

It's a cycle that starts with education, goes to support, goes to it empowerment. We have had 100 volunteers for breast cancer survivors. So those are the people that the callers will talk to because they do understand what they're going through. And the people who have been helped by the services and then give back to other, it's a whole cycle of empowerment because they feel empowered not only to get through health crisis, but to help others.

-Adelphi University, Breast Cancer Hotline and Support Program

Providing education to the community about what services and programs are available, and how to access them will increase participation in self-management and accountability of personal health. Community Health Advocates who are able to explain and guide community members through various processes would serve as a resource person for underserved populations.

My supervisor actually suggested that, instead of just going into the communities, sometimes we need to sit inside our health centers and educate our current clients about the different programs that we do have. Simplifying the process for paperwork and health literacy. So understanding all the documents that they have to fill out is very important.

-NuHealth Federally Qualified Health Centers

Beyond linguistic barriers, health literacy can be engrained in health services to maximize comprehension of health information, allowing them to make clear and informed decisions in regard to their health.

We know that language disparities are an issue, and most organizations or institutions do have a way to translate or will offer, for example for the Spanish speaking community they'll offer information in Spanish, but literacy is a huge issue. So just thinking about that, that even translating a document is not enough to reach the population that we're trying to serve. We are trying to find ways around this, but I just think it's such a bigger issue that we need to think about in general. It's not enough to have things translated. Literacy is a huge issue in a lot of these populations, and how are we going to address that to make sure that everybody understands because how are they going to access the resources they need if they don't understand.

-Docs for Tots

Mental Health and Substance Abuse

Due to the overwhelming intricacy of Mental Health and Substance Abuse, its associated conditions, contributing factors, linkages between other conditions and populations at risk, a high-level analysis was conducted to break down and further explore this Priority Area.

The NYS Department of Health Priority Area of promoting mental health and preventing substance abuse was broken down into 32 categories within 4 sub-groups. These groupings are broken down within the table below. Categories are sorted by highest percent of significance within each sub-group.

Promote Mental Health and Prevent Substance Abuse

CATEGORIES	Substance Abuse	12.4%
	Developmental	11.4%
	Cognitive	8.6%
	Suicide	5.7%
	Eating Disorders	1.0%
	Hoarding	0.0%
CONTRIBUTING FACTORS	Appropriate Treatment	33.3%
	Coordination of Care for Mental Health	27.6%
	Stigma	14.3%
	Insurance Coverage	9.5%
	Lack of Service Availability	9.5%
	Housing	8.6%
	Mental Health Medications	7.6%
	Integration of Mental Health into Primary Care Setting	6.7%
	Transportation	5.7%
	Patient Empowerment	4.8%
	Education in Schools	1.9%
	Employment	1.0%
LINKAGES	Financial/Poverty	14.3%
	Abuse	4.8%
	Emergency Department Visits	4.8%
	Chronic Disease with Mental Health	3.8%
	Mental Health with Substance Abuse	1.9%
	Drug Use with Violence	0.0%
VULNERABLE POPULATIONS	Seniors	10.5%
	Homeless	9.5%
	Young People	6.7%
	Caregivers	3.8%
	Undocumented	3.8%
	Young Women	3.8%
	Incarcerated	1.9%
	Veterans	1.9%

*Number of Quotations with County Code and sub-group/category divided by number of quotations in parent group Mental Health and Substance Abuse.

Analytic Interpretation & Participant Quotations

Insurance coverage for recovery and treatment of mental health or substance abuse issues is often inadequate. To address issues of mental health and substance abuse, it is imperative that treatment is extended until the individual has enough built supports at home, to be discharged.

I have to add to that, in terms of coverage for recovery and in terms of treatment, I mean, we're down to now, I mean, it used to be ten days for addiction recovery, now we're down to five to seven days. I don't know about you, but I'm not so sure that's going to actually happen. So that's a huge issue for us.

-Music and Memory

Substance abuse is a growing concern on Long Island. Prevention strategies Can be a first step in combatting this issue.

The heroin rate on Long Island is through the roof, out of control, and there are reasons for that. Let's find out how we can prevent it from happening in the first place. Let's investigate it, let's find out why we're seeing this trend. Let's look at it, see it from a preventative. That's a dragon that we have to slay in the medical model in America. It's true, it's a problem.

-Music and Memory

A general lack of mental health service availability, including comprehensive treatment and recovery approaches, is creating a gap in need for service.

So at the crisis center, we take calls from anyone, about anything. There are a lot of calls about mental health issues that are not being addressed or not being addressed properly. There's also a lot of housing issues. There's some housing availability for men or women or children, but families, it's a problem to house anyone with a child. We have a program called Pride For Youth that deals with LGBT community, and they've been expanding their program a lot. And they now do HIV testing for anybody with expanded hours. So there are a lot of proactive approaches dealing with the community health awareness problems.

-Long Island Crisis Center

Preventive care should include a focus on mental health and substance abuse, as it is an important component of addressing personal health and improving health outcomes. Integration of mental health into the primary care setting is one strategy to ensure it is being addressed as an equally important specialty.

Mental health and substance abuse is kind of under-looked in terms of health as a whole. It's always oh, primary care, vision, and dental, oh, yeah, and we have mental health too. It's kind of just, like, tucked under the carpet. I feel like a lot of mental health education should be promoted more, and also I feel like it's a huge cultural component where there's a huge stigma, and people are afraid to get resources, to go out and -- yeah, you have all these resources, all these CBO's that are doing great work, but will the person actually go or the family or caretaker actually take them? I feel like there's a huge gap there that should be bridged somehow.

-NuHealth, Long Island Federally Qualified Health Center

Participating Organizations

Below is a list of organizations and representatives titles who participated as servicing Nassau County or Bi-County populations.

Organization	Title of Participating Representative
Adelphi University , <i>Health Studies, School of Education</i> Garden City, NY	1. Program Director and Associate Professor, Health Studies 2. Assistant Professor
Adelphi University , <i>Breast Cancer Hotline and Support Program</i> Garden City, NY	1. Director 2. Bilingual Outreach Coordinator
American Red Cross New York, NY	1. Disaster Health Services Regional Advisor
Angela's House Hauppauge, NY	1. Supervisor of Case Management
Coordinating Agency for Spanish Americans (CASA) Hempstead, NY	1. Administrative Aide
Catholic Health Services of Long Island <i>Catholic Home Care, Good Shepherd Hospice</i> Farmingdale, NY	1. Account Manager
Coloki Inc. <i>The Freeport Trailer</i> Merrick, NY	1. Executive Director
Community Care HHS Hicksville, NY	1. Account Executive 2. Public Relations Representative
Cornell Cooperative Extension Jericho, NY	1. Regional Program Director 2. Nutrition Educator (2)
Docs for Tots Melville, NY	1. Project Director
EAC Network Hempstead, NY	1. Division Director
The Epilepsy Foundation of Long Island , <i>a Division of EPIC Long Island</i> East Meadow, NY	1. Community Education Coordinator
Family and Children's Association Mineola, NY	1. Vice President and Chief Operating Officer 2. Assistant Vice President, Senior Programs 3. Assistant Vice President, Preventive Services
Family First Home Companions Bohemia, NY	1. Director of Marketing
Fidelis Care Westbury, NY	1. Community Relations Specialist
Girls Incorporated of Long Island Deer Park, NY	1. Operations Manager
Hispanic Counseling Center Hempstead, NY	1. Therapist
LI Cares Hauppauge, NY	1. Nutrition Resource Manager 2. Chief Network Officer
Life Trusts Cedarhurst, NY	1. Trust Outreach
Long Island Crisis Center Bellmore, NY	1. Supervising Social Worker
Memory & Music Mineola, NY	1. Northeast Regional Director
Mental Health Association of Nassau County	1. Community Health Educator

Hempstead, NY	2. Director of Education and Training
MOMMAS House Wantagh, NY	1. Executive Director
National Aging in Place Council Long Island, NY	1. CEO, The Crisis Planner
Nassau University Medical Center <i>Federally Qualified Health Center</i> East Meadow, NY	1. Community Outreach Coordinator (2)
Nassau University Medical Center <i>Pediatric Specialty Clinic</i> East Meadow, NY	1. MD, PGY-3
New York City Poison Control Center New York, NY	1. Health Educator
Department of Services for the Aging <i>North Hempstead's Project Independence</i> Town of North Hempstead, NY	1. Deputy Commissioner
Northwell Health Long Island Jewish Medical Center, <i>Reproductive Health Education Center</i> New Hyde Park, NY	1. Health Educator
Northwell Health Glen Cove Hospital, <i>Family Medicine Ambulatory Care Center</i> Glen Cove, NY	1. Outreach Coordinator
Options for Community Living, Inc. Smithtown, NY	1. Executive Director
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 & 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

*Services Provided**

Organization	Services
Adelphi University, <i>Health Studies, School of Education</i> Garden City, NY	The Adelphi University health education program prepares students to explain wellness as it relates to the health content areas and identify the connection between health education and societal issues. In addition, students will learn exceptional teaching strategies, such as skills based learning, selection and design of assessment strategies, and understanding individual learning styles.
Adelphi University, <i>Breast Cancer Hotline and Support Program</i>	The Hotline services women and men of all ages, race, ethnicity, sexual orientation and socio-economic status. All services are free and confidential.

Garden City, NY	
American Red Cross New York, NY	The American Red Cross responds to emergencies and disasters across the region—home fires, floods, building collapses—and more, providing shelter, food, clothing and emotional support at no cost to those in need.
Angela’s House Hauppauge, NY	Angela’s House provides case management services to children who are medically fragile in a Medicaid Waiver program. Management of three homes on Long Island for children that are too fragile to live at home and need 24/7 medical services
Coordinating Agency for Spanish Americans (CASA) Hempstead, NY	CASA advocates for the Latino community in Nassau County and serves as the bridge of information between the Latinos in the county with the various Nassau County agencies. Some of the services CASA provides are ESL classes, translations of documents, citizenship applications, renewal of resident card, passport applications, court forms, DSS forms, work hand in hand with the crimes Vitim unit, job opportunity through our once a year mega Job Fair, free trainings on various topics of interest to the community, Mother’s day celebration for a special mom in our community and 300 turkeys donations to our community during celebrations.
Catholic Health Services of Long Island <i>Catholic Home Care, Good Shepherd Hospice</i> Farmingdale, NY	Catholic Home Care is a certified home care agency providing skilled nursing, physical therapy, speech or occupational therapy, behavioral health, social work and if requested, pastoral care. Good Shepherd Hospice provides end of life care for all diagnosis with a terminal diagnosis of 6 months or less, care at home, in-patient at our contracted hospitals, or at skilled nursing facilities. We also provide pain and symptom management at our in-patient center on the campus of St Charles.
Coloki Inc. <i>The Freeport Trailer</i> Merrick, NY	Coloki Inc. serves as a hiring site for day laborers providing food, ESL classes, job placement & more
Community Care HHS Hicksville, NY	Community Care HHS provide home health aides and companions for families in need.
Cornell Cooperative Extension Jericho, NY	Cornell Cooperative Extension provides Nutrition Education surrounding reducing the risk of health issues by teaching participants to increase intake of fruits and veggies, decreasing intake of sugary beverages, and incorporating more physical activity. Horticulture and Gardening Education
Docs for Tots Melville, NY	Docs for Tots is a non-profit, non-partisan organization led by pediatricians to promote practices, policies, and investments that will enable young children to thrive. Docs for Tots creates linkages between doctors, policymakers, early childhood practitioners, and other stakeholders to ensure that children grow up healthy. Our focus is on the youngest children and their families, from prenatal to children age five.
EAC Network Hempstead, NY	EAC Network offers over 70 programs that protect at-risk children, support senior citizens, help people with mental health and substance abuse problems, educate people seeking financial independence, assist individuals who are under or unemployed,

	mediate disputes, and work with families in crisis.
The Epilepsy Foundation of Long Island , a Division of EPIC Long Island East Meadow, NY	The Epilepsy Foundation of Long Island, offers a variety of Epilepsy Programs including: Info & Referral, Community Education, Support Intellectual and Developmental Disabilities Programs: Residential, Day Habilitation, Community Habilitation, Medicaid Service Coordination, Specialty Clinic Services, Behavioral Health Programs for children and adults, Medication management Psychological Testing, Therapy, Psychosocial evaluation
Family and Children's Association Mineola, NY	Through an integrated network of services and counseling, Family & Children's provides help and hope to underserved and disadvantaged individuals struggling to build better lives. Services offered includes: Addiction Treatment and Behavioral Health Services, Educational Opportunities and Life Skills for Youth, Strategies for Building Family Success, Counseling, Services and Support for Adults and Seniors and Shelter and Services for Homeless Youth, Adults and Veterans.
Family First Home Companions Bohemia, NY	Family First Home Companions offers a variety of services including: companion care at home; companion care in facilities; dementia care services and home in a hurry program. A companion is a professional, non-medical caregiver that provides assistance to seniors or disabled adults at home. Companions can help with daily living activities such as cooking, running errands and household chores.
Fidelis Care Westbury, NY	Fidelis Care supports community members with a variety of Health Plans including: Medicaid, Child Health Plus, Essential Plan, NYSOH Metal Plans, Medicare, Managed Long Term Care (MLTC)
Girls Incorporated of Long Island Deer Park, NY	Girls Incorporated of Long Island is a research-based girls empowerment programming to girls 5-18 years in age. Services provided includes: afterschool programming, workshops at CBO's and libraries, a girls' conference and parent-child programs.
Hispanic Counseling Center Hempstead, NY	Hispanic Counseling Center provides a variety of programs such as Mental Health Program, Chemical Dependency Program, Nurturing parenting Program, Teen Drop in Center, The Batters Intervention Program, RESPITE, Ryan White Program, The Family Support Services Program, Medicaid Service Coordination, and Supporting Housing Program.
LI Cares Hauppauge, NY	Founded by the late Harry Chapin, Long Island Cares brings together all available resources for the benefit of the hungry on Long Island, and provides to the best of our ability for the humanitarian needs of our community. We provide food when and where it's needed, while promoting self-sufficiency and public education.
Life Trusts Cedarhurst, NY	Life Trusts provides pooled trust administration which enables eligibility to Medicaid for seniors and people with disabilities that have an income above Medicaid allowances.
Long Island Crisis Center Bellmore, NY	Long Island Crisis Center services include: 24/7 short-term crisis intervention counseling, Community education, Professional

	educational workshops, Youth Services
Memory & Music Mineola, NY	Memory and Music certifies and trains organizations to bring individualized music as an intervention/modality to individuals with varying impairments, mostly cognitive in nature. This program has shown tremendous benefits to the people served and staff have seen a huge depth and breadth of success outcomes in a broad scope of different disciplines, such as Music Therapy, Rehab, Activities, nursing, social work and beyond.
Mental Health Association of Nassau County Hempstead, NY	The Mental Health Association of Nassau County programs include: PROS Day Program (Personalized Recovery Oriented Services), SOAR (“Pre-PROS”), Residential/Housing Services, VET2VET Peer Groups, Veterans Health Alliance, Information and Referral 504-HELP telephone line, Family Support Group, Financial Management for Mental Health Consumers, Home Health Care Coordination, Education and Training for Professional, Consumer Link Peer Support Services, Hospital Discharge for Children, In-Home Respite and Crisis Respite and Housing for children and adults with developmental disabilities
MOMMAS House Wantagh, NY	MOMMAS House services include: three residences offering transitional and emergency housing for mothers, pregnant or parenting. Two units of permanent housing for mothers and babies. Independent living workshops. Parenting program for residents. Child care for residents. “Drive to Thrive” to prepare to obtain a Driver’s License.
National Aging in Place Council Long Island, NY	The Long Island Chapter of the Aging-In-Place Council was founded in 2009 to assist the seniors and caregivers of the Long Island community to find the resources they need to lead more rewarding lives. To that end, the professionals of the Long Island chapter perform outreach through libraries, churches, working with local politicians and their own branded events to create a sense of fulfillment for area seniors while at the same time providing peace of mind to Long Island caregivers.
Nassau University Medical Center Federally Qualified Health Center East Meadow, NY	NUMC FQHC provides: Primary Care-Internal Medicine, Pediatrics, OB/GYN, Family Medicine, Dental Services, mental health services, Nutrition, Social work/Care Management, Podiatry, Radiology, Cardiology, Optometry, Family Planning, and STD testing/treatment.
Nassau University Medical Center Pediatric Specialty Clinic East Meadow, NY	Nassau University Medical Center is a 530-bed tertiary-care teaching hospital that has been the primary source of medical care for millions of Nassau County residents since 1935. It is also the heart of NuHealth – a Long Island-based health system committed to delivering coordinated medical care and disease and lifestyle management to everyone, at every stage of life.
New York City Poison Control Center New York, NY	NYC Poison Control is a free national, free hotline staffed by pharmacists and nurses who respond to intentional and unintentional poisonings by providing recommendations
Department of Services for the	The mission of Project Independence is to assist and enable aging

<p>Aging North Hempstead's Project Independence Town of North Hempstead, NY</p>	<p>residents of the Town to remain in their own homes and familiar surroundings as they grow older, if this is their choice. This multi-service initiative involves coordination with many community partners. The types of services provided depend upon information about needs which we gather at community meetings and through individual assessments. Partnerships with local hospitals give us the ability to offer health screenings, health information and certain immunizations. Social service agencies operating in the Town offer case management, counseling and support group services. Town staff members organize social and recreational programs, community education and volunteer services. Transportation is provided for shopping, non-emergency medical appointments and some recreational events. Information and referral services are available across the Town.</p>
<p>Northwell Health Long Island Jewish Medical Center, Reproductive Health Education Center New Hyde Park, NY</p>	<p>The Center for Human Reproduction at Northwell Health is the longest standing fertility center on Long Island and is a leader in reproductive and infertility medicine, as well as research into the reproductive sciences. The center is nationally respected for its high success rates and internationally recognized for its scientific achievements. The highly trained physicians are board-certified specialists in reproductive medicine.</p>
<p>Northwell Health Glen Cove Hospital, Family Medicine Ambulatory Care Center Glen Cove, NY</p>	<p>The family medicine ambulatory center at Northwell Health offers services such as comprehensive health care, which includes prenatal and dental services. Everything at the Family Medicine Center revolves around the patient and his or her family. Many staff members are bilingual, Spanish-speaking to assist our large Spanish-speaking population. The center is open Monday through Saturday, and has plans to expand hours of operation. Physicians also are available 24/7 by phone for consultation.</p>
<p>Options for Community Living, Inc. Smithtown, NY</p>	<p>Options for Community Living offers Housing for clients with mental illness; supervised appointment treatment; Case Management for clients with mental illness; Housing for those who are HIV+/Living with AIDS and Care Coordination for those with chronic physical/mental illnesses.</p>
<p>Planned Parenthood of Nassau County Hempstead, NY</p>	<p>PPNC offers a wide range of preventive health services that help women reduce unintended pregnancy and stay healthy. Services include: 1st trimester abortion (surgical and medication); adoption referrals; birth control; breast cancer screenings; cervical cancer detection and treatment; colposcopy & LEEP procedures; Emergency Contraception (EC); Gynecological exams; Pap smears; pelvic exams; HIV testing and counseling; HPV vaccine (Gardasil); Pregnancy testing and options counseling; prenatal care; sexually transmitted infection testing and treatment; testicular cancer screenings</p>
<p>PULSE of Long Island Wantagh, NY</p>	<p>PULSE of Long Island offers Patient safety education, Bedside advocacy, Patient safety and advocacy training / workshops and at the bedside, Support for medical injury survivors and their families.</p>
<p>Right at Home Long Island, Homecare & Assistance Hicksville, NY</p>	<p>Right at Home Long Island provides companion care, personal care and nursing care.</p>

Society of St. Vincent de Paul Bethpage, NY	Society of St. Vincent de Paul provides financial and material assistance to impoverished Long Islanders through our network of over 1300 Vincentian volunteers at over 60 Roman Catholic parishes [out of about 135] all over Nassau and Suffolk. Even though we are part of Catholic Social Ministry, our help is based on need, not creed.
The American Cancer Society Hauppauge, NY	Programs offered through the American Cancer Society include: Road to Recovery, Reach to Recovery, Wig Program, Look Good Feel Better, Clinical Trials Matching Program, Hope Lodge, cancer.org, National Cancer Information Center (1-800-227-2345), I Can Cope, ACS Cancer Survivors Network
United Way of Long Island Deer Park, NY	United Way of Long Island advances the common good, creating opportunities for a better life for all by focusing on the three key building blocks of education, financial stability and health. We recruit people and organizations that bring the passion, expertise and resources needed to get things done. LIVE UNITED® is a call to action for everyone to become part of the change. United Way of Long Island is part of a worldwide network spanning across 41 countries and territories, including more than 1,200 local organizations in the U.S.
Utopia Homecare Kings Park, NY	Utopia Homecare provides Certified home health aides, personal care aides & companions.

*List of services provided collected from Summit Event participant pre-survey or from participating organization’s website. This list may not be inclusive of the entirety of services provided by the organization.

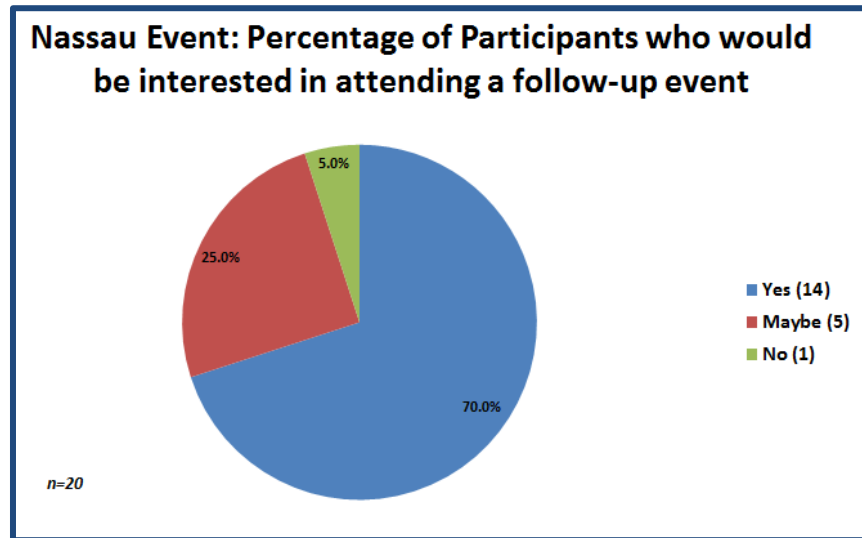
Conclusion

Qualitative data collected during the Community-Based Organization Summit Events has provided a rich assessment of what issues community-level service providers feel are the most pressing for community members on Long Island. The data analysis process was strategically planned out to focus not only on the NYS Prevention Agenda areas, but to also bring other high-priority concerns related to health equity, disparities and barriers to care for people in Nassau County. The selected analysis strategy was only one way, of many possible, to draw parallels, examine correlations and determine the need for additional support within Nassau County.

Qualitative data from community key-holders is incredibly valuable to the Long Island Health Collaborative’s mission to assist the full spectrum of health and social service providers to provide better healthcare, more efficiently and cost-effectively for all Long Islanders through population health activities. Information collected will be investigated continually and synthesized appropriately to support future partnerships and program funding.

In addition to data collection, both summit events provided vast networking opportunities for participants, with time built in to meet and converse with community partners built directly into the program. During the networking opportunity, participants learned about other programs and organizations serving their target community and establish connections with fellow service providers. The response from participants was overwhelmingly positive, with many encouraging the allowance of more networking time during future events. In response to this feedback, the Long Island Health Collaborative sent an evaluation survey to all participants to gauge the interest in attending a follow-up event.

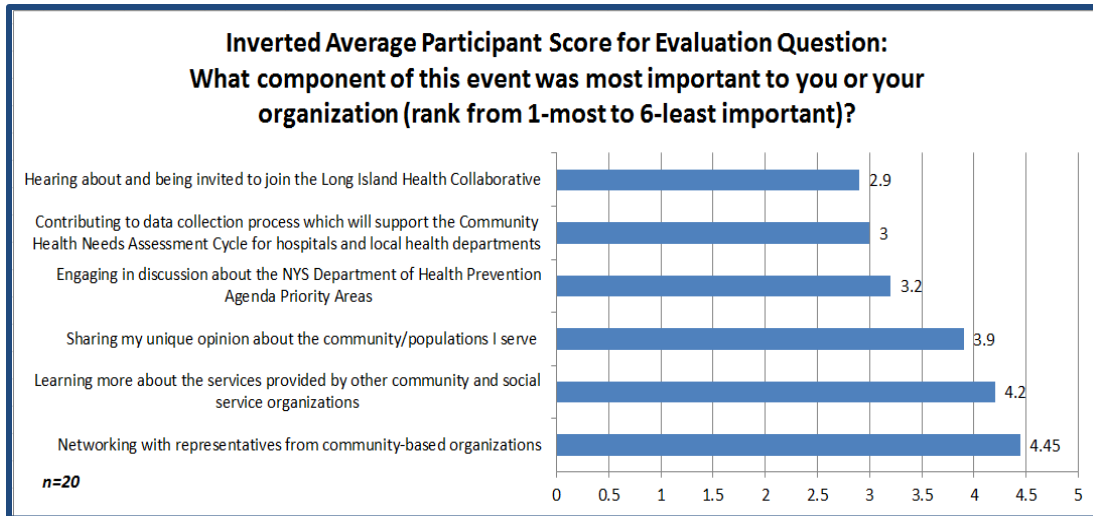
Of 20 participants who completed the evaluation survey, 19(85%) responded yes or maybe when asked if they would be interested in attending a follow-up event.



Participant feedback was overwhelmingly positive with select quotes listed below:

- I found the event to be very well-planned and organized. I was able to share and learn a great deal of important information in a short time frame.
- I love learning about other organizations and connecting with them, but I didn't feel I had opportunity to do that outside of my table
- I thought it was well put together and executed. I thought the fact that we were able to "voice" our own experiences based on who we service was excellent and needed.
- I was thrilled to be involved in such a comprehensive event.
- I enjoyed it thoroughly and I felt like a part of a bigger initiative to combat similar health issues and barriers we see within our community. It was great.

In response to the question: "*What component of this event was most important to you or your organization?*", the majority of participants felt that Networking with representatives from community-based organizations and Learning more about the services provided by other community and social service organizations were the most valuable aspects of participation.



The most valuable takeaway following Summit Events was the inherent passion and vested interest within community partners to improve health outcomes through advancement of equity and reduction of disparities and barriers within communities on Long Island. The Long Island Health Collaborative is planning future events to address the results of this data analysis, and to provide community partners with an extended opportunity to enhance and support collaboration among colleagues.

The Long Island Health Collaborative would like to send express unwavering gratitude to the community based organizations who participated during the CBO Summit Events. The voice of our front-line community service professionals will have a profound effect on our plans for working collaboratively to address health barriers, disparities and social determinants of health into the coming months. We sincerely appreciate your devotion and advocacy to the betterment of health for all Long Islanders.

For more information about the Long Island Health Collaborative, please visit: www.lihealthcollab.org

Appendix

Script for Community-Based Organization Summit Event Facilitators

Introductions

1. *Introduce yourself to the group*
2. *As you notice, we have a court reporter with us today. This is (Name of Transcriber)*

Information collected during this discussion will be used to develop the Community Need Assessment Reports for Nassau and Suffolk counties. We would like to use direct quotes from our conversation, referencing your organization, and without using your name to supplement the report. Please let us know if you do not want your organization to be quoted. If there are questions you do not want to respond to, you can pass. Your participation in this program is voluntary. With your permission, this interview will be transcribed and documented. Do I have permission from everyone?

This discussion will last about one hour and twenty minutes. If after this interview you have questions or concerns, you may contact the Long Island Health Collaborative at 631-257-6957. Thank you.

I would like to begin with Introductions. Going around the table, please introduce yourself and tell me what organization you represent.

Everyone should have a card (or two for bi-county organizations). This will help us identify who would like to speak (or on behalf of which county they are speaking).

Demonstrate Example by holding up cards "In Nassau we feel that youth risk is a concern, while in Suffolk, we feel senior housing is a concern. In Nassau and Suffolk, we feel that transportation is a concern".

To ensure (Name of Transcriber) is able to accurately capture responses and match them to the representative speaking, it will be important to adhere to the event guidelines, which I will read to you:

1. *If you would like to share your opinion or respond to another speaker's feedback, please raise your number card. I (the facilitator) will prompt you to speak.*
2. *Everyone will be given a chance to respond.*
3. *Do your best to talk slowly, taking pauses, so the transcriber can capture your response accurately.*
4. *Although it may be tempting, please do not interrupt the person speaking.*
5. *During this discussion, we hope to hear a wide range of views and differences in opinion.*
6. *Details from this discussion and participant identities will remain confidential among the group.*

Are there any other guidelines that you would like to add to this list?

Does anyone have questions about the event guidelines?

Let's get started:

(5 MINUTES)

1. *What makes you excited to work for the organization you are representing? (5 MINUTES)*
2. *Please identify some of the biggest health problems for the people/communities you serve. {Leave this as open ended, probing for specificity, then follow-up with list of priorities}.*
3. *Now we are going to move a little deeper into this discussion. (5 MINUTES)*
Hand each group member a list of NYS DOH priorities with focus areas. Read through the priority areas. Ask participants to review and consider.

a. Of the focus areas listed, which are important to the people/communities you serve? First participant to speak identifies one priority area (eg. Mental Health/Substance Abuse). The facilitator should remain on this priority area until everyone has provided feedback (if applicable). Ask if anyone else can identify areas of need within this priority area. Then move on to the next priority area.

Facilitator will be responsible for ensuring all priority areas have been mentioned by end of discussion.

(10 MINUTES)

b. What specific health concerns, within these focus areas, are important to the various groups your organization serves?

If participant conversation moves toward the topic of "barriers", facilitator should re-direct the focus of the conversation by reminding the group to look at the list of health concerns under each focus area. Ask "How are the health concerns listed on the handout important to the people/communities you serve?"

(5 MINUTES)

4. According to the Office of Minority Health (2011), Health Disparities are defined as "Differences in health outcomes that are closely linked with social, economic and environmental disadvantage". Let's discuss some of the factors related to health disparities that affect the health care community members receive.

Ask questions a-f. Probe participants for specificity as they provide responses.

- In what way do race and/or ethnicity affect the health care they receive?
- How do issues of identity related to gender affect the health care they receive?
- Describe how language affects the health care they receive?
- How does age affect the health care received by the community you serve?
- How do disabilities affect the health care they receive?
- How does financial security affect the quality of health care they receive?
- Are there any other factors that we have not discussed? Please describe.

(10 MINUTES)

5. What barriers keep people in the community you serve from obtaining or using the resources needed to address these issues?

If participants are having trouble, please give an example. {Ideas could include: transportation, issues of insurance, religion/cultural difference, fear, doctor availability, etc.}

(5 MINUTES)

6. How can these barriers you described be addressed?

- In what ways can services be improved?
- What additional services are needed in the community you serve?

What strategies do you recommend for overcoming these barriers? (5 MINUTES)

7. What resources are used by your community members in relation to the health needs you have identified?

If participants are having trouble, please give an example. {Ideas could include: (i.e. health services, community education programs, screenings, etc.)}

- How often do they access these services?
- Where do they access these services?
- What resources are not available that you feel should be?

(5 MINUTES)

8. What additional services or programs are needed to improve the community's health?

(5 MINUTES)

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