Executive Report

2015 Community Health Needs Assessment

Southampton Hospital Service Area
Suffolk County, New York

Prepared for:

Southampton Hospital

By:

Professional Research Consultants, Inc.
11326 P Street Omaha, NE 68136-2316
www.PRCCustomResearch.com

2015-0478-02

Professional Research Consultants, Inc.

Table of Contents

Introduction

Professional Research Consultants, Inc.

Project Overview

Project Goals

This Community Health Needs Assessment is a systematic, data-driven approach to determining the health status, behaviors and needs of residents in the service area of Southampton Hospital. Subsequently, this information may be used to inform decisions and guide efforts to improve community health and wellness.

A Community Health Needs Assessment provides information so that communities may identify issues of greatest concern and decide to commit resources to those areas, thereby making the greatest possible impact on community health status. This Community Health Needs Assessment will serve as a tool toward reaching three basic goals:

- **To improve residents' health status, increase their life spans, and elevate their overall quality of life.** A healthy community is not only one where its residents suffer little from physical and mental illness, but also one where its residents enjoy a high quality of life.
- **To reduce the health disparities among residents.** By gathering demographic information along with health status and behavior data, it will be possible to identify population segments that are most at-risk for various diseases and injuries. Intervention plans aimed at targeting these individuals may then be developed to combat some of the socio-economic factors which have historically had a negative impact on residents' health.
- **To increase accessibility to preventive services for all community residents.** More accessible preventive services will prove beneficial in accomplishing the first goal (improving health status, increasing life spans, and elevating the quality of life), as well as lowering the costs associated with caring for late-stage diseases resulting from a lack of preventive care.

This assessment was conducted on behalf of Southampton Hospital by Professional Research Consultants, Inc. (PRC). PRC is a nationally recognized healthcare consulting firm with extensive experience conducting Community Health Needs Assessments such as this in hundreds of communities across the United States since 1994.

Methodology

This assessment incorporates data from both quantitative and qualitative sources. Quantitative data input includes primary research (the PRC Community Health Survey), which allows for comparison to benchmark data at the state and national levels. Qualitative data input includes primary research gathered through an Online Key Informant Survey.

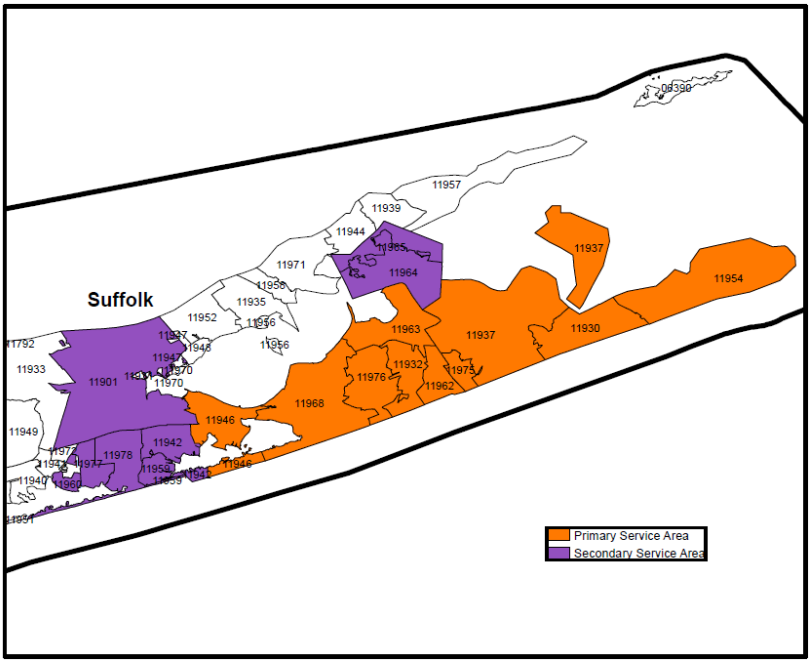
PRC Community Health Survey

Survey Instrument

The survey instrument used for this study is based largely on the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS), as well as various other public health surveys and customized questions addressing gaps in indicator data relative to health promotion and disease prevention objectives and other recognized health issues. The final survey instrument was developed by Southampton Hospital and PRC.

Community Defined for This Assessment

The study area for the survey effort (referred to as the "Southampton Hospital Service Area" in this report) is defined as each of the residential ZIP Codes comprising the Primary Service Area (11930, 11932, 11937, 11946, 11954, 11962, 11963, 11968, 11975, and 11976) and Secondary Service Area (11901, 11942, 11959, 11960, 11964, 11965, 11977, and 11978) of Southampton Hospital in Suffolk County, New York. This service area accounts for approximately 85% percent of total admissions to Southampton Hospital. The community definition is illustrated in the following map.



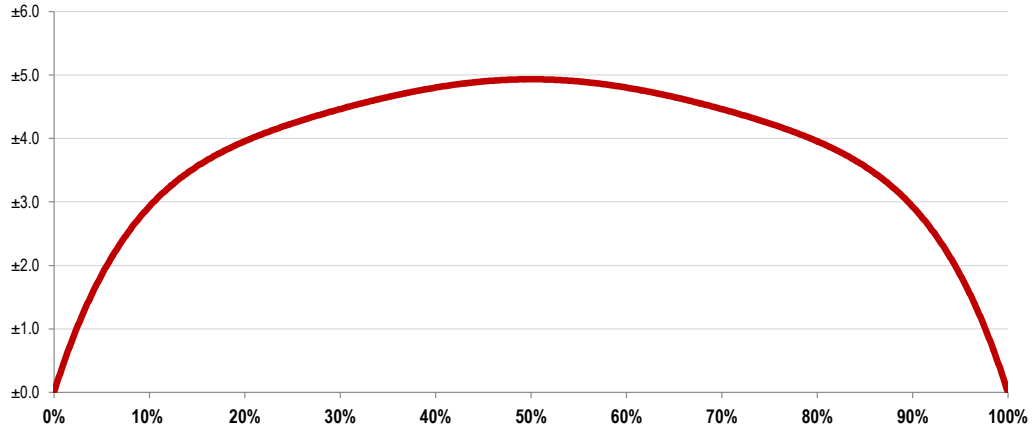
Sample Approach & Design

A precise and carefully executed methodology is critical in asserting the validity of the results gathered in the *PRC Community Health Survey*. Thus, to ensure the best representation of the population surveyed, a telephone interview methodology — one that incorporates both landline and cell phone interviews — was employed. The primary advantages of telephone interviewing are timeliness, efficiency, and random-selection capabilities.

The sample design used for this effort consisted of a stratified random sample of 400 individuals age 18 and older in the Southampton Hospital Service Area, including 225 in the Primary Service Area (PSA), and 175 in the Secondary Service Area (SSA). Once the interviews were completed, these were weighted in proportion to the actual population distribution so as to appropriately represent the Southampton Hospital Service Area as a whole. All administration of the surveys, data collection and data analysis was conducted by Professional Research Consultants, Inc. (PRC).

For statistical purposes, the maximum rate of error associated with a sample size of 400 respondents is ±4.9% at the 95 percent level of confidence.

Expected Error Ranges for a Sample of 400 Respondents at the 95 Percent Level of Confidence



Note:
- The "response rate" (the percentage of a population giving a particular response) determines the error rate associated with that response. A "95 percent level of confidence" indicates that responses would fall within the expected error range on 95 out of 100 trials.

Examples:
- If 10% of the sample of 400 respondents answered a certain question with a "yes," it can be asserted that between 7.1% and 12.9% (10% ± 2.9%) of the total population would offer this response.
- If 50% of respondents said "yes," one could be certain with a 95 percent level of confidence that between 45.1% and 54.9% (50% ± 4.9%) of the total population would respond "yes" if asked this question.

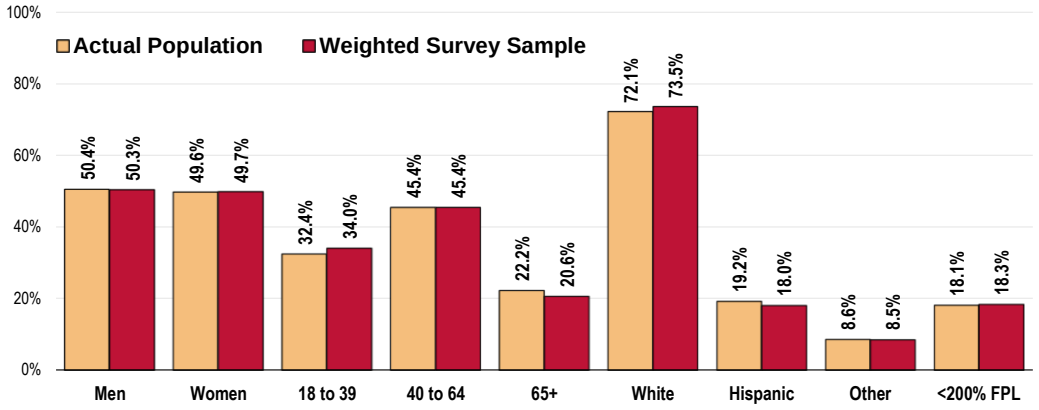
Sample Characteristics

To accurately represent the population studied, PRC strives to minimize bias through application of a proven telephone methodology and random-selection techniques. And, while this random sampling of the population produces a highly representative sample, it is a common and preferred practice to “weight” the raw data to improve this representativeness

even further. This is accomplished by adjusting the results of a random sample to match the geographic distribution and demographic characteristics of the population surveyed (poststratification), so as to eliminate any naturally occurring bias. Specifically, once the raw data are gathered, respondents are examined by key demographic characteristics (namely gender, age, race, ethnicity, and poverty status) and a statistical application package applies weighting variables that produce a sample which more closely matches the population for these characteristics. Thus, while the integrity of each individual's responses is maintained, one respondent's responses may contribute to the whole the same weight as, for example, 1.1 respondents. Another respondent, whose demographic characteristics may have been slightly oversampled, may contribute the same weight as 0.9 respondents.

The following chart outlines the characteristics of the Southampton Hospital Service Area sample for key demographic variables, compared to actual population characteristics revealed in census data. [Note that the sample consisted solely of area residents age 18 and older; data on children were given by proxy by the person most responsible for that child's healthcare needs, and these children are not represented demographically in this chart.]

Population & Survey Sample Characteristics
(SHSA, 2015)



Sources:
- Census 2010, Summary File 3 (SF 3). US Census Bureau.
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc.

Further note that the poverty descriptions and segmentation used in this report are based on administrative poverty thresholds determined by the US Department of Health & Human Services. These guidelines define poverty status by household income level and number of persons in the household *(e.g., the 2014 guidelines place the poverty threshold for a family of four at $23,850 annual household income or lower)*. In sample segmentation: "**low income**" refers to community members living in a household with defined poverty status or living just above the poverty level, earning up to twice the poverty threshold; "**mid/high income**" refers to those households living on incomes which are twice or more the federal poverty level.

The sample design and the quality control procedures used in the data collection ensure that the sample is representative. Thus, the findings may be generalized to the total population of community members in the defined area with a high degree of confidence.

Online Key Informant Survey

To solicit input from key informants, those individuals who have a broad interest in the health of the community, an Online Key Informant Survey was also implemented as part of this process. A list of recommended participants was provided by Southampton Hospital; this list included names and contact information for physicians, public health representatives, other health professionals, social service providers, and a variety of other community leaders. Potential participants were chosen because of their ability to identify primary concerns of the populations with whom they work, as well as of the community overall.

Key informants were contacted by email, introducing the purpose of the survey and providing a link to take the survey online; reminder emails were sent as needed to increase participation. In all, 133 community stakeholders took part in the Online Key Informant Survey, as outlined below:

Online Key Informant Survey Participation

Key Informant Type	Number Invited	Number Participating
Physician	24	11
Public Health Representative	2	2
Other Health Provider	63	28
Social Services Provider	61	18
Community/Business Leader	144	74

Final participation included representatives of the organizations outlined below.

- 91 Hill LLC
- Adele Macmillan, LCSW-R, Private Practitioner
- Amaden Gay Agencies
- Barth Counseling
- Bartky HealthCare Center
- Bellringer Communications, Inc.
- Blumenfield & Fleming, LLC
- Bridgehampton Citizens Advisory Committee
- Bridgehampton UFSD
- Brookhaven Memorial Hospital Outpatient Behavioral Health
- Coalition for Women's Cancers at Southampton Hospital
- David E. Rogers Center
- Development Officer
- East End Clinical Connections
- East End Counseling
- East End DBT
- East End Pediatrics
- East End Regional Intervention

- Court
- East Hampton Family Medicine
- East Hampton Healthcare Foundation
- East Hampton Lions Club Foundation
- East Hampton Town Police Department
- East Hampton Union Free School District
- East Hampton Village Ambulance Association
- East Quogue Fire Department
- Eastern Suffolk BOCES Employee Assistance Program
- ELIHO
- Family Service League
- Fighting Chance
- First Presbyterian Church
- Hampton Bays Public Library
- Hampton Counseling
- Hamptons Gynecology and Obstetrics
- Indian Health/ACS
- I-TRI Inspirational Triathlon Racing International
- Maggie Bloomfield, LCSW, CASAC, MFA
- Montauk Fire Department
- Montauk Library
- OLA of Eastern Long Island
- Our Lady of the Hamptons School
- Peer Recovery Services
- Private Provider
- Public Library
- Remsenburg-Speonk UFSD
- Retired Educator
- Rogers Memorial Library
- School District
- Seafield Center
- Shelter Island School
- Shinnecock Indian Health Service
- Southampton Business Alliance
- Southampton Hospital
- Southampton Pediatric Associates
- Southampton Town Police Department
- Southampton Volunteer Ambulance
- Suffolk County Department of Health Services
- The Retreat
- Town of East Hampton Department of Human Services
- Town of Southampton Youth Bureau
- Tuckahoe Common School District
- Village of Southampton
- Westhampton Beach Police Department
- Westhampton Primary Care

Through this process, input was gathered from several individuals whose organizations work with **low-income, minority populations** (including abused families, African-Americans, Asians, Caribbean Islanders, Central Americans, children with learning disabilities, Columbians, the disabled, Eastern Europeans, Ecuadorians, Hispanics, immigrants, LGBT community, low income residents, Medicaid/Medicare beneficiaries, Native Americans, non-English speaking individuals, Portuguese people, South Americans, undocumented persons, the uninsured/underinsured, and veterans), or other **medically underserved populations**

(including African-Americans, cancer patients, children, children and young adults, the disabled, the elderly, Hispanics, HIV positive individuals, The homeless, immigrants, LGBT community, those living alone, low income residents, Medicaid/Medicare beneficiaries, the mentally ill, Native Americans, non-English speaking individuals, pregnant teens, substance abusers, undocumented persons, unemployed residents, the uninsured/underinsured, veterans, women, and young adults).

In the online survey, key informants were asked to rate the degree to which various health issues are a problem in their own community. Follow-up questions asked them to describe why they identify problem areas as such, and how these might be better addressed. Results of their ratings, as well as their verbatim comments, are included throughout this report as they relate to the various other data presented.

NOTE: These findings represent qualitative rather than quantitative data. The Online Key Informant Survey was designed to gather input from participants regarding their opinions and perceptions of the health of the residents in the area. Thus, these findings are based on perceptions, not facts.

Benchmark Data

New York Risk Factor Data

Statewide risk factor data are provided where available as an additional benchmark against which to compare local survey findings; these data are reported in the most recent *BRFSS (Behavioral Risk Factor Surveillance System) Prevalence and Trend Data* published by the Centers for Disease Control and Prevention and the US Department of Health & Human Services.

Nationwide Risk Factor Data

Nationwide risk factor data, which are also provided in comparison charts, are taken from the *2013 PRC National Health Survey*; the methodological approach for the national study is identical to that employed in this assessment, and these data may be generalized to the US population with a high degree of confidence.

Healthy People 2020

Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. The Healthy People initiative is grounded in the principle that setting national objectives and monitoring progress can motivate action. For three decades, Healthy People has established benchmarks and monitored progress over time in order to:

- Encourage collaborations across sectors.
- Guide individuals toward making informed health decisions.
- Measure the impact of prevention activities.

Healthy People 2020 is the product of an extensive stakeholder feedback process that is unparalleled in government and health. It integrates input from public health and prevention experts, a wide range of federal, state and local government officials, a consortium of more than 2,000 organizations, and perhaps most importantly, the public. More than 8,000 comments were considered in drafting a comprehensive set of Healthy People 2020 objectives.

Determining Significance

Differences noted in this report represent those determined to be significant. For survey-derived indicators (which are subject to sampling error), statistical significance is determined based on confidence intervals (at the 95 percent confidence level) using question-specific samples and response rates.

Information Gaps

While this assessment is quite comprehensive, it cannot measure all possible aspects of health in the community, nor can it adequately represent all possible populations of interest. It must be recognized that these information gaps might in some ways limit the ability to assess all of the community's health needs.

For example, certain population groups — such as the homeless, institutionalized persons, or those who only speak a language other than English or Spanish — are not represented in the survey data. Other population groups — for example, pregnant women, lesbian/gay/bisexual/transgender residents, undocumented residents, and members of certain racial/ethnic or immigrant groups — might not be identifiable or might not be represented in numbers sufficient for independent analyses.

In addition, this assessment does not include secondary data from existing sources which can provide relevant data collected through death certificates, birth certificates, or notifications of infectious disease cases in the community.

In terms of content, this assessment was designed to provide a comprehensive and broad picture of the health of the overall community. However, there are certainly a great number of medical conditions that are not specifically addressed.

IRS Form 990, Schedule H Compliance

For non-profit hospitals, a Community Health Needs Assessment (CHNA) also serves to satisfy certain requirements of tax reporting, pursuant to provisions of the Patient Protection & Affordable Care Act of 2010. To understand which elements of this report relate to those requested as part of hospitals' reporting on IRS Form 990 Schedule H, the following table cross-references related sections.

IRS Form 990, Schedule H	See Report Page(s)
Part V Section B Line 1a *A definition of the community served by the hospital facility*	7
Part V Section B Line 1b *Demographics of the community*	9
Part V Section B Line 1c *Existing health care facilities and resources within the community that are available to respond to the health needs of the community*	193
Part V Section B Line 1d *How data was obtained*	7
Part V Section B Line 1f *Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups*	Addressed Throughout
Part V Section B Line 1g *The process for identifying and prioritizing community health needs and services to meet the community health needs*	16
Part V Section B Line 1h *The process for consulting with persons representing the community's interests*	10
Part V Section B Line 1i *Information gaps that limit the hospital facility's ability to assess the community's health needs*	13

Summary of Findings

Significant Health Needs of the Community

The following "areas of opportunity" represent the significant health needs of the community, based on the information gathered through this Community Health Needs Assessment and the guidelines set forth in Healthy People 2020. From these data, opportunities for health improvement exist in the area with regard to the following health issues (see also the summary tables presented in the following section).

Areas of Opportunity Identified Through This Assessment	

Access to Healthcare Services	• Barriers to Access
	  ○ Inconvenient Office Hours (Primary Service Area)
	  ○ Appointment Availability (Primary Service Area)
	  ○ Finding a Physician
	  ○ Prescription Cost (Secondary Service Area
	• Eye Exams (Secondary Service Area)
	• Ratings of Local Healthcare (Primary Service Area)

Cancer	• Skin Cancer Prevalence • Female Breast Cancer Screening • *Cancer ranked as a top concern in the Online Key Informant Survey.*
Diabetes	• Diabetes Prevalence (Secondary Service Area)
Heart Disease & Stroke	• Cardiovascular Risk Factors (Secondary Service Area)
Immunization & Infectious Diseases	• Flu Vaccination [High-Risk Adults 18-64] • Hepatitis B Vaccination (Secondary Service Area)
Mental Health	• Prevalence of Depression (Secondary Service Area) • Stress (Primary Service Area) • *Mental Health ranked as a top concern in the Online Key Informant Survey.*
Nutrition, Physical Activity & Weight	• Fruit/Vegetable Consumption (Secondary Service Area) • Lack of Physical Activity (Secondary Service Area) • Adult Overweight Prevalence (Secondary Service Area) • Childhood Obesity
Oral Health	• Dental Insurance Coverage
Substance Abuse	• Overall Alcohol Use • Heavy Alcohol Use • Illicit Drug Use (Primary Service Area) • Seeking Help for Substance Abuse (Primary Service Area) • *Substance Abuse ranked as a top concern in the Online Key Informant Survey.*

Prioritization of Health Needs

On December 11, 2015, more than 30 individuals (representing local health providers, social service providers, and community leaders, as well as Southampton Hospital senior leaders and other internal stakeholders) met to evaluate, discuss and prioritize health issues for the community, based on findings of the 2015 PRC Community Health Needs Assessment (CHNA). Professional Research Consultants, Inc. (PRC) began the meetings with a presentation of key findings from the CHNA, highlighting the significant health issues identified from the research (see Areas of Opportunity above).

Following the data review, PRC answered any questions and facilitated a group dialogue, allowing participants to advocate for any of the health issues discussed. Participants were then provided an overview of the prioritization exercise that followed.

In order to assign priority to the identified health needs (i.e., Areas of Opportunity), a wireless audience response system was used in which each participant was able to register his/her ratings using a small remote keypad. The participants were asked to evaluate each health issue along two criteria:

- **Scope & Severity** — The first rating was to gauge the magnitude of the problem in consideration of the following:
    - How many people are affected?
    - How does the local community data compare to state or national levels, or Healthy People 2020 targets?
    - To what degree does each health issue lead to death or disability, impair quality of life, or impact other health issues?

  Ratings were entered on a scale of 1 (not very prevalent at all, with only minimal health consequences) to 10 (extremely prevalent, with very serious health consequences).

- **Ability to Impact** — A second rating was designed to measure the perceived likelihood of the hospital having a positive impact on each health issue, given available resources, competencies, spheres of influence, etc.

  Ratings were entered on a scale of 1 (no ability to impact) to 10 (great ability to impact).

Individuals' ratings for each criteria were averaged for each tested health issue, and then these composite criteria scores were averaged to produce an overall score. This process yielded the following prioritized list of community health needs:

1. **Access to Healthcare Services**
2. **Cancer**
3. **Heart Disease & Stroke**
4. **Mental Health**
5. **Diabetes**
6. **Substance Abuse**
7. **Nutrition, Physical Activity & Weight**
8. **Immunization & Infectious Diseases**
9. **Oral Health**

While the hospital will likely not implement strategies for all of these health issues, the results of this prioritization exercise will be used to inform the development of Southampton Hospital's Implementation Strategy to address the top health needs of the community in the coming years.

Summary Tables: Comparisons With Benchmark Data

The following tables provide an overview of indicators in the Southampton Hospital Service Area (SHSA), including comparisons between the primary and secondary service areas. These data are grouped to correspond with the Focus Areas presented in Healthy People 2020.

Reading the Summary Tables

In the following charts, the Southampton Hospital Service Area results are shown in the larger, blue column.

The green columns [to the left of the SHSA column] provide comparisons between the two service areas, identifying differences for each as "better than" (☼), "worse than" (☁), or "similar to" (⛅) the opposing service area.

The columns to the right of the SHSA column provide comparisons between local data and any available state and national findings, and Healthy People 2020 targets. Again, symbols indicate whether the service area compares favorably (☼), unfavorably (☁), or comparably (⛅) to these external data.

Note that blank table cells signify that data are not available or are not reliable for that area and/or for that indicator.

Overall Health	PSA vs. SSA		SHSA	SHSA vs. Benchmarks		
	PSA	SSA	SHSA	vs. NY	vs. US	vs. HP2020
% "Fair/Poor" Physical Health	9.7	12.8	11.1	18.1	15.3	
% Activity Limitations	18.2	20.7	19.2	19.4	21.5	
	Note: In the green section, the primary service area is compared against the secondary service area. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.			better	similar	worse

Access to Health Services	PSA vs. SSA		SHSA	SHSA vs. Benchmarks		
	PSA	SSA	SHSA	vs. NY	vs. US	vs. HP2020
% [Age 18-64] Lack Health Insurance	8.4	9.8	9.0	17.0	15.1	0.0
% [Insured] Went Without Coverage in Past Year	4.4	4.1	4.3		8.1	
% Difficulty Accessing Healthcare in Past Year (Composite)	50.9	41.4	46.8		39.9	
% Inconvenient Hrs Prevented Dr Visit in Past Year	27.3	14.7	21.9		15.4	
% Cost Prevented Getting Prescription in Past Year	11.2	10.3	10.8		15.8	
	Note: In the green section, the primary service area is compared against the secondary service area. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.			better	similar	worse

Access to Health Services (continued)	PSA vs. SSA		SHSA	SHSA vs. Benchmarks		
	PSA	SSA	SHSA	vs. NY	vs. US	vs. HP2020
% Cost Prevented Physician Visit in Past Year	12.9	14.2	13.5	14.8	18.2	
% Difficulty Getting Appointment in Past Year	29.9	16.6	24.2		17.0	
% Difficulty Finding Physician in Past Year	20.5	16.5	18.8		11.0	
% Transportation Hindered Dr Visit in Past Year	6.1	6.1	6.1		9.4	
% Skipped Prescription Doses to Save Costs	5.1	12.4	8.2		15.3	
% Difficulty Getting Child's Healthcare in Past Year			2.1		6.0	
% [Age 18+] Have a Specific Source of Ongoing Care	76.8	73.2	75.3		76.3	95.0
% [Age 18-64] Have a Specific Source of Ongoing Care	76.1	71.0	73.9		75.6	89.4
% [Age 65+] Have a Specific Source of Ongoing Care	77.1	80.6	78.6		80.0	100.0
% Have Had Routine Checkup in Past Year	77.0	76.4	76.7	74.8	65.0	

Note: In the green section, the primary service area is compared against the secondary service area. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better | similar | worse

Access to Health Services (continued)	PSA vs. SSA		SHSA	SHSA vs. Benchmarks		
	PSA	SSA	SHSA	vs. NY	vs. US	vs. HP2020
% Child Has Had Checkup in Past Year			98.7		84.1	
% Two or More ER Visits in Past Year	14.4	9.0	12.2		8.9	
% Rate Local Healthcare "Fair/Poor"	27.9	15.5	22.5		16.5	
	Note: In the green section, the primary service area is compared against the secondary service area. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.			better	similar	worse

Arthritis, Osteoporosis & Chronic Back Conditions	PSA vs. SSA		SHSA	SHSA vs. Benchmarks		
	PSA	SSA	SHSA	vs. NY	vs. US	vs. HP2020
% Arthritis/Rheumatism	23.8	22.5	23.2	24.9	20.1	
% Osteoporosis	7.4	7.2	7.3		6.7	
% [50+] Arthritis/Rheumatism	39.0	38.0	38.5		37.3	
% [50+] Osteoporosis	12.0	12.2	12.1		13.5	5.3
	Note: In the green section, the primary service area is compared against the secondary service area. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.			better	similar	worse

Arthritis, Osteoporosis & Chronic Back Conditions (continued)	PSA vs. SSA		SHSA	SHSA vs. Benchmarks		
	PSA	SSA	SHSA	vs. NY	vs. US	vs. HP2020
% Sciatica/Chronic Back Pain	20.7	18.9	19.9		18.4	
	Note: In the green section, the primary service area is compared against the secondary service area. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.			better	similar	worse

Cancer	PSA vs. SSA		SHSA	SHSA vs. Benchmarks		
	PSA	SSA	SHSA	vs. NY	vs. US	vs. HP2020
% Skin Cancer	9.3	9.9	9.6	4.2	6.7	
% Cancer (Other Than Skin)	5.8	9.4	7.3	6.3	6.1	
% [Women 40+] Mammogram in Past 2 Years	73.5	70.8	72.4	78.4	80.1	
% [Women 50-74] Mammogram in Past 2 Years	80.2	76.2	78.4	79.7	83.6	81.1
% [Women 21-65] Pap Smear in Past 3 Years	94.1	90.7	92.5	77.9	83.9	93.0
% [Age 50-75] Colorectal Cancer Screening	81.2	81.0	81.1		75.1	70.5
	Note: In the green section, the primary service area is compared against the secondary service area. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.			better	similar	worse

Chronic Kidney Disease	PSA vs. SSA: PSA	PSA vs. SSA: SSA	SHSA	SHSA vs. Benchmarks: vs. NY	SHSA vs. Benchmarks: vs. US	SHSA vs. Benchmarks: vs. HP2020
% Kidney Disease	4.8	2.3	3.7	2.1	3.0	

Note: In the green section, the primary service area is compared against the secondary service area. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

	better	similar	worse

Diabetes	PSA vs. SSA: PSA	PSA vs. SSA: SSA	SHSA	SHSA vs. Benchmarks: vs. NY	SHSA vs. Benchmarks: vs. US	SHSA vs. Benchmarks: vs. HP2020
% Diabetes/High Blood Sugar	6.3	14.0	9.6	10.6	11.7	
% Borderline/Pre-Diabetes	6.4	6.7	6.5		5.1	
% [Non-Diabetes] Blood Sugar Tested in Past 3 Years	55.0	55.7	55.3		49.2	

Note: In the green section, the primary service area is compared against the secondary service area. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

	better	similar	worse

Hearing & Other Sensory or Communication Disorders	PSA vs. SSA		SHSA	SHSA vs. Benchmarks		
	PSA	SSA	SHSA	vs. NY	vs. US	vs. HP2020
% Deafness/Trouble Hearing	7.1	11.6	9.0		10.3	
				better	similar	worse

Note: In the green section, the primary service area is compared against the secondary service area. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

Heart Disease & Stroke	PSA vs. SSA		SHSA	SHSA vs. Benchmarks		
	PSA	SSA	SHSA	vs. NY	vs. US	vs. HP2020
% Heart Disease (Heart Attack, Angina, Coronary Disease)	2.5	6.4	4.1		6.1	
% Stroke	3.5	3.2	3.4	2.4	3.9	
% Blood Pressure Checked in Past 2 Years	97.1	96.2	96.7		91.0	92.6
% Told Have High Blood Pressure (Ever)	29.3	32.6	30.7	31.6	34.1	26.9
% [HBP] Taking Action to Control High Blood Pressure	88.3	91.4	89.6		89.2	
% Cholesterol Checked in Past 5 Years	92.6	92.1	92.4	81.3	86.6	82.1
				better	similar	worse

Note: In the green section, the primary service area is compared against the secondary service area. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

Heart Disease & Stroke (continued)	PSA vs. SSA		SHSA	SHSA vs. Benchmarks		
	PSA	SSA	SHSA	vs. NY	vs. US	vs. HP2020
% Told Have High Cholesterol (Ever)	30.3	36.0	32.7		29.9	13.5
% [HBC] Taking Action to Control High Blood Cholesterol	89.1	88.5	88.8		81.4	
% 1+ Cardiovascular Risk Factor	76.6	87.2	81.1		82.3	
	Note: In the green section, the primary service area is compared against the secondary service area. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.			better	similar	worse

HIV	PSA vs. SSA		SHSA	SHSA vs. Benchmarks		
	PSA	SSA	SHSA	vs. NY	vs. US	vs. HP2020
% [Age 18-44] HIV Test in the Past Year			28.9		19.3	
	Note: In the green section, the primary service area is compared against the secondary service area. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.			better	similar	worse

Immunization & Infectious Diseases	PSA vs. SSA		SHSA	SHSA vs. Benchmarks		
	PSA	SSA	SHSA	vs. NY	vs. US	vs. HP2020
% Tested for Lyme/Other Tick-Borne Disease in Past Year	31.2	31.2	31.2			
% Diagnosed with Lyme/Other Tick-Borne Disease [Adults Tested in Past Year]	17.2	17.4	17.3			
% [Age 65+] Flu Vaccine in Past Year	52.2	64.0	57.2	62.2	57.5	70.0
% [High-Risk 18-64] Flu Vaccine in Past Year			29.3		45.9	70.0
% [Age 65+] Pneumonia Vaccine Ever	75.9	78.1	76.8	65.1	68.4	90.0
% [High-Risk 18-64] Pneumonia Vaccine Ever			38.4		41.9	60.0
% Have Completed Hepatitis B Vaccination Series	52.4	36.7	45.5		44.7	

Note: In the green section, the primary service area is compared against the secondary service area. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better | similar | worse

Injury & Violence Prevention	PSA vs. SSA		SHSA	SHSA vs. Benchmarks		
	PSA	SSA	SHSA	vs. NY	vs. US	vs. HP2020
% "Always" Wear Seat Belt	89.2	88.7	89.0	88.0	84.8	92.0
% Child [Age 0-17] "Always" Uses Seat Belt/Car Seat			97.5		92.2	
% Child [Age 5-17] "Always" Wears Bicycle Helmet			56.7		48.7	
% Firearm in Home	19.5	26.7	22.6		34.7	
% [Homes With Children] Firearm in Home			25.8		37.4	
% [Homes With Firearms] Weapon(s) Unlocked & Loaded			2.5		16.8	
% Victim of Violent Crime in Past 5 Years	0.5	0.7	0.6		2.8	
% Victim of Domestic Violence (Ever)	10.3	8.3	9.5		15.0	
	Note: In the green section, the primary service area is compared against the secondary service area. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.			better	similar	worse

Mental Health & Mental Disorders	PSA vs. SSA: PSA	PSA vs. SSA: SSA	SHSA	SHSA vs. Benchmarks: vs. NY	SHSA vs. Benchmarks: vs. US	SHSA vs. Benchmarks: vs. HP2020
% "Fair/Poor" Mental Health	5.8	6.5	6.0		11.9	
% Diagnosed Depression	9.6	18.1	13.2	16.1	20.4	
% Symptoms of Chronic Depression (2+ Years)	23.9	26.6	25.1		30.4	
% Have Ever Sought Help for Mental Health	27.9	20.9	24.9		23.7	
% [Those With Diagnosed Depression] Seeking Help			88.1		76.6	
% Typical Day Is "Extremely/Very" Stressful	10.2	4.9	7.9		11.9	

Note: In the green section, the primary service area is compared against the secondary service area. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better | similar | worse

Nutrition, Physical Activity & Weight	PSA vs. SSA		SHSA	SHSA vs. Benchmarks		
	PSA	SSA	SHSA	vs. NY	vs. US	vs. HP2020
% Eat 5+ Servings of Fruit or Vegetables per Day	42.3	25.8	35.3		39.5	
% "Very/Somewhat" Difficult to Buy Fresh Produce	18.4	19.1	18.7		24.4	
% Medical Advice on Nutrition in Past Year	40.5	37.1	39.1		39.2	
% Healthy Weight (BMI 18.5-24.9)	40.5	27.1	34.8	36.3	34.4	33.9
% Overweight (BMI 25+)	58.6	71.2	63.9	61.3	63.1	
% Obese (BMI 30+)	25.4	31.4	27.9	25.4	29.0	30.5
% [Overweights] Perceive Self "About the Right Weight"			26.9		22.1	
% Medical Advice on Weight in Past Year	21.5	22.6	22.0		23.7	
% [Overweights] Counseled About Weight in Past Year	32.2	26.3	29.4		31.8	
% [Obese Adults] Counseled About Weight in Past Year	42.2	34.4	38.5		48.3	

Note: In the green section, the primary service area is compared against the secondary service area. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better | similar | worse

Nutrition, Physical Activity & Weight (continued)	PSA vs. SSA		SHSA	SHSA vs. Benchmarks		
	PSA	SSA	SHSA	vs. NY	vs. US	vs. HP2020
% [Overweights] Trying to Lose Weight Both Diet/Exercise	36.2	38.5	37.3		39.5	
% Child [Age 5-17] Healthy Weight			58.8		56.7	
% Children [Age 5-17] Overweight (85th Percentile)			33.4		31.5	
% Children [Age 5-17] Obese (95th Percentile)			25.1		14.8	14.5
% No Leisure-Time Physical Activity	14.3	29.0	20.5	26.7	20.7	32.6
% Meeting Physical Activity Guidelines	54.2	41.5	48.8		50.3	
% Moderate Physical Activity	32.1	24.6	28.8		30.6	
% Vigorous Physical Activity	40.6	32.6	37.2		38.0	
% Medical Advice on Physical Activity in Past Year	57.7	50.5	54.6		44.0	
% Child [Age 2-17] Physically Active 1+ Hours per Day			64.7		48.6	

Note: In the green section, the primary service area is compared against the secondary service area. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better | similar | worse

Oral Health	PSA vs. SSA		SHSA	SHSA vs. Benchmarks		
	PSA	SSA	SHSA	vs. NY	vs. US	vs. HP2020
% [Age 18+] Dental Visit in Past Year	78.2	71.5	75.3	67.5	65.9	49.0
% Child [Age 2-17] Dental Visit in Past Year			87.6		81.5	49.0
% Have Dental Insurance	55.1	61.0	57.6		65.6	

Note: In the green section, the primary service area is compared against the secondary service area. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better similar worse

Respiratory Diseases	PSA vs. SSA		SHSA	SHSA vs. Benchmarks		
	PSA	SSA	SHSA	vs. NY	vs. US	vs. HP2020
% COPD (Lung Disease)	4.6	5.9	5.1	5.7	8.6	
% Adults Asthma (Ever Diagnosed)	13.5	13.3	13.4	14.9	16.4	
% [Adult] Currently Has Asthma	7.0	8.6	7.7	9.7	9.4	

Note: In the green section, the primary service area is compared against the secondary service area. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better similar worse

Respiratory Diseases (continued)	PSA vs. SSA: PSA	PSA vs. SSA: SSA	SHSA	SHSA vs. Benchmarks: vs. NY	SHSA vs. Benchmarks: vs. US	SHSA vs. Benchmarks: vs. HP2020
% Child [Age 0-17] Asthma (Ever Diagnosed)			17.6		12.5	
% [Child 0-17] Currently Has Asthma			6.2		7.1	
	Note: In the green section, the primary service area is compared against the secondary service area. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.			better	similar	worse

Sexually Transmitted Diseases	PSA vs. SSA: PSA	PSA vs. SSA: SSA	SHSA	SHSA vs. Benchmarks: vs. NY	SHSA vs. Benchmarks: vs. US	SHSA vs. Benchmarks: vs. HP2020
% [Unmarried 18-64] 3+ Sexual Partners in Past Year			7.3		11.7	
% [Unmarried 18-64] Using Condoms			57.0		33.6	
	Note: In the green section, the primary service area is compared against the secondary service area. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.			better	similar	worse

Substance Abuse	PSA vs. SSA: PSA	PSA vs. SSA: SSA	SHSA	SHSA vs. Benchmarks: vs. NY	SHSA vs. Benchmarks: vs. US	SHSA vs. Benchmarks: vs. HP2020
% Current Drinker	74.7	68.1	71.9	55.4	56.5	
% Binge Drinker (Single Occasion - 5+ Drinks Men, 4+ Women)	21.8	16.4	19.5	17.4	19.5	24.4
% Heavy Drinker	13.1	7.9	10.8	6.0		
% Excessive Drinker	26.5	19.4	23.5		23.2	25.4
% Drinking & Driving in Past Month	3.7	1.3	2.7		5.0	
% Illicit Drug Use in Past Month	7.9	2.8	5.7		4.0	7.1
% Ever Sought Help for Alcohol or Drug Problem	1.4	5.3	3.0		4.9	
	Note: In the green section, the primary service area is compared against the secondary service area. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.			better	similar	worse

Tobacco Use	PSA vs. SSA		SHSA	SHSA vs. Benchmarks		
	PSA	SSA	SHSA	vs. NY	vs. US	vs. HP2020
% Current Smoker	11.1	10.9	11.1	16.6	14.9	12.0
% Someone Smokes at Home	6.9	7.8	7.3		12.7	
% [Nonsmokers] Someone Smokes in the Home	4.3	3.8	4.1		6.3	
% [Household With Children] Someone Smokes in the Home			5.8		9.7	
% [Smokers] Received Advice to Quit Smoking			79.2		67.8	
% Smoke Cigars	6.5	3.0	5.0		4.1	0.2
% Use Smokeless Tobacco	2.1	0.0	1.2	2.2	4.0	0.3
	Note: In the green section, the primary service area is compared against the secondary service area. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.			better	similar	worse

Vision	PSA vs. SSA		SHSA	SHSA vs. Benchmarks		
	PSA	SSA	SHSA	vs. NY	vs. US	vs. HP2020
% Blindness/Trouble Seeing	6.5	5.2	6.0	4.8	8.5	
% Eye Exam in Past 2 Years	67.0	56.8	62.6		56.8	

Note: In the green section, the primary service area is compared against the secondary service area. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

General Health Status

Professional Research Consultants, Inc.

Overall Health Status

Self-Reported Health Status

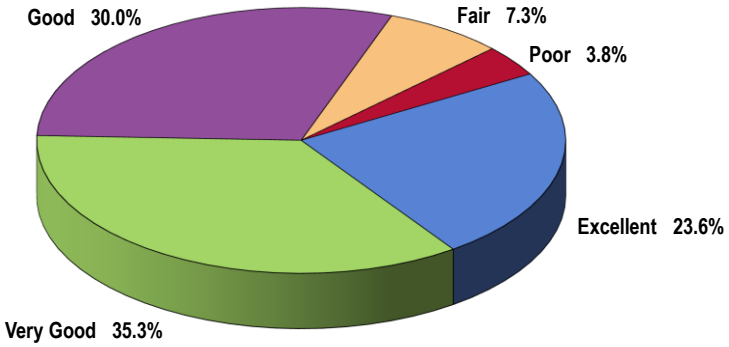
The initial inquiry of the PRC Community Health Survey asked respondents the following:

"Would you say that in general your health is: excellent, very good, good, fair or poor?"

A total of 58.9% of Southampton Hospital Service Area adults rate their overall health as "excellent" or "very good."

- Another 30.0% gave "good" ratings of their overall health.

Self-Reported Health Status
(SHSA, 2015)



Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]
Notes: ● Asked of all respondents.

NOTE:

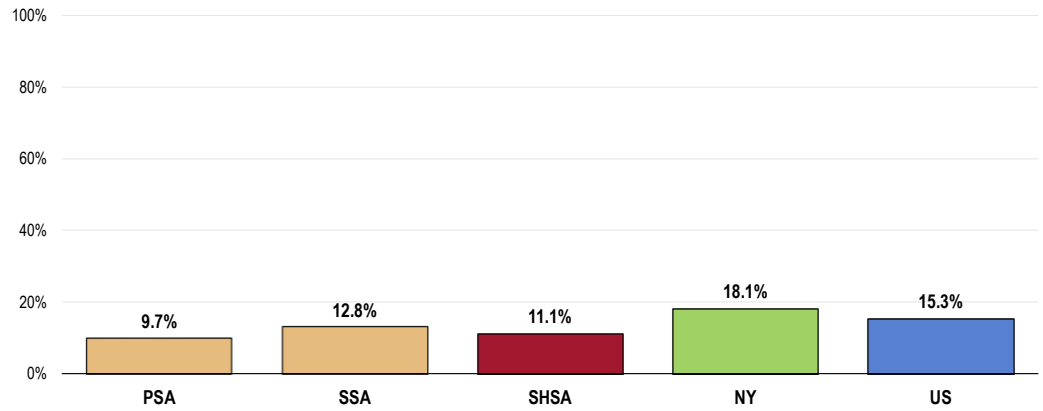
Differences noted in the text represent significant differences determined through statistical testing.

Where sample sizes permit, primary and secondary service area data are provided.

However, 11.1% of Southampton Hospital Service Area adults believe that their overall health is "fair" or "poor."

- Better than statewide findings.
- Better than the national percentage.
- Statistically similar findings in both Primary (PSA) and Secondary (SSA) service areas.

Experience "Fair" or "Poor" Overall Health



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 New York data.
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

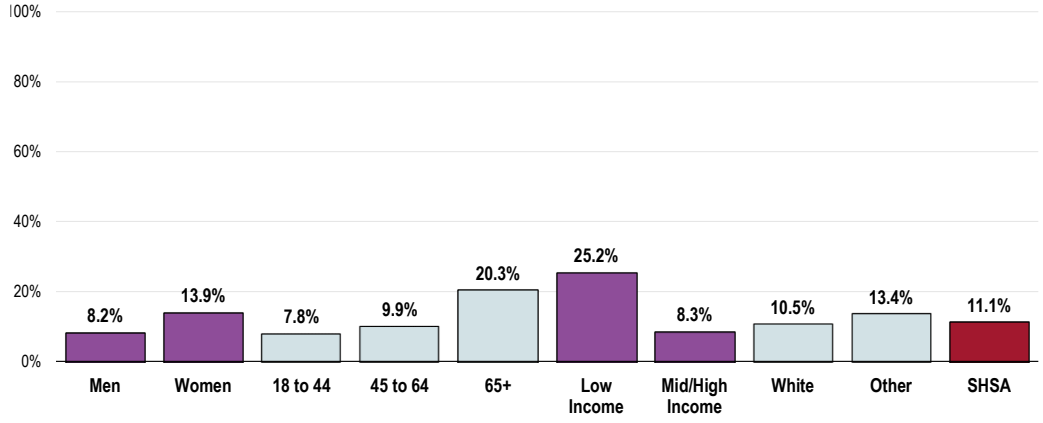
Notes:
- Asked of all respondents.

Adults more likely to report experiencing "fair" or "poor" overall health include:

- Seniors (65+).
- Residents living at low incomes.
- Other differences within demographic groups, as illustrated in the following chart, are not statistically significant.

Charts throughout this report (such as that here) detail survey findings among key demographic groups – namely by gender, age groupings, income (based on poverty status), and race/ethnicity.

Experience "Fair" or "Poor" Overall Health
(SHSA, 2015)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Activity Limitations

RELATED ISSUE: See also *Potentially Disabling Conditions* in the **Death, Disease & Chronic Conditions** section of this report.

About Disability & Health

An individual can get a disabling impairment or chronic condition at any point in life. Compared with people without disabilities, people with disabilities are more likely to:

- Experience difficulties or delays in getting the health care they need.
- Not have had an annual dental visit.
- Not have had a mammogram in past 2 years.
- Not have had a Pap test within the past 3 years.
- Not engage in fitness activities.
- Use tobacco.
- Be overweight or obese.
- Have high blood pressure.
- Experience symptoms of psychological distress.
- Receive less social-emotional support.
- Have lower employment rates.

There are many social and physical factors that influence the health of people with disabilities. The following three areas for public health action have been identified, using the International Classification of Functioning, Disability, and Health (ICF) and the three World Health Organization (WHO) principles of action for addressing health determinants.

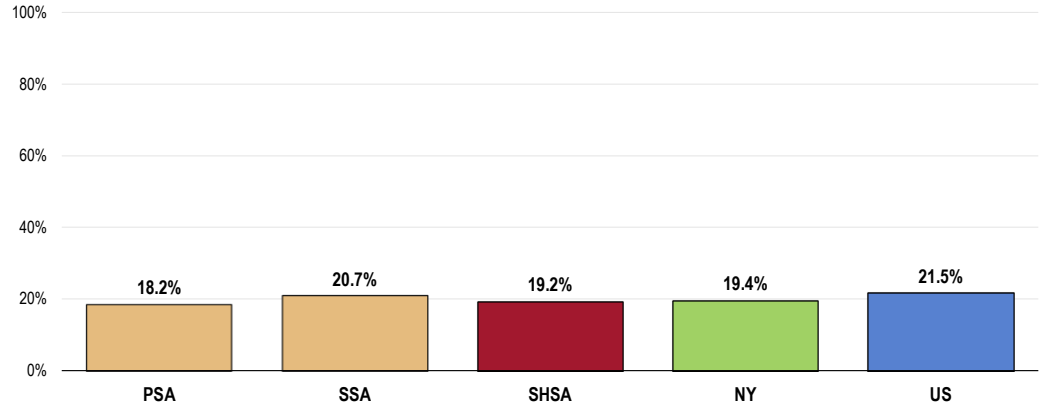
- **Improve the conditions of daily life** by: encouraging communities to be accessible so all can live in, move through, and interact with their environment; encouraging community living; and removing barriers in the environment using both physical universal design concepts and operational policy shifts.
- **Address the inequitable distribution of resources among people with disabilities and those without disabilities** by increasing: appropriate health care for people with disabilities; education and work opportunities; social participation; and access to needed technologies and assistive supports.
- **Expand the knowledge base and raise awareness about determinants of health for people with disabilities** by increasing: the inclusion of people with disabilities in public health data collection efforts across the lifespan; the inclusion of people with disabilities in health promotion activities; and the expansion of disability and health training opportunities for public health and health care professionals.

- Healthy People 2020 (www.healthypeople.gov)

A total of 19.2% of Southampton Hospital Service Area adults are limited in some way in some activities due to a physical, mental or emotional problem.

- Similar to the prevalence statewide.
- Similar to the national prevalence.
- No statistical difference between the primary and secondary service areas.

Limited in Activities in Some Way Due to a Physical, Mental or Emotional Problem



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 105]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 New York data.
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

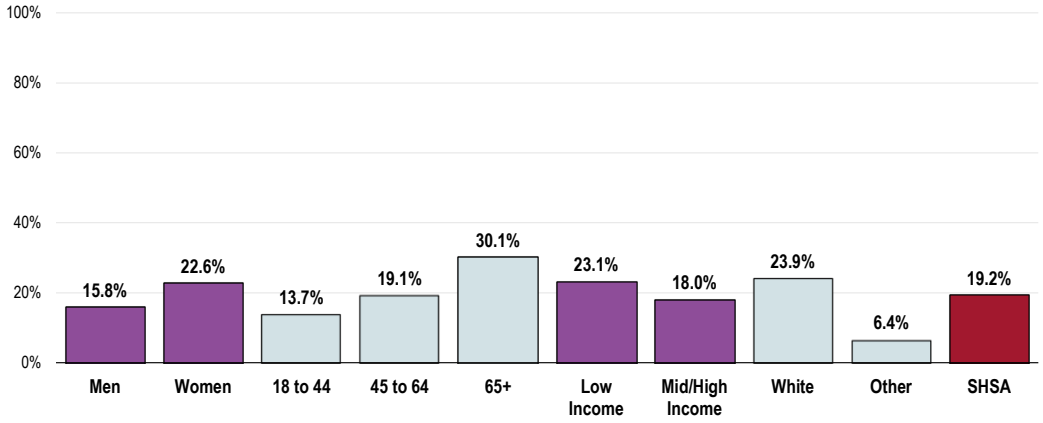
Notes:
- Asked of all respondents.

In looking at responses by key demographic characteristics, note the following:

- Adults age 65 and older are much more often limited in activities (note the positive correlation with age).
- Non-Hispanic Whites are more likely than residents of "Other" races to report activity limitations.
- The difference in activity limitations between genders is not large enough to be statistically significant.

Limited in Activities in Some Way Due to a Physical, Mental or Emotional Problem

(SHSA, 2015)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 105]

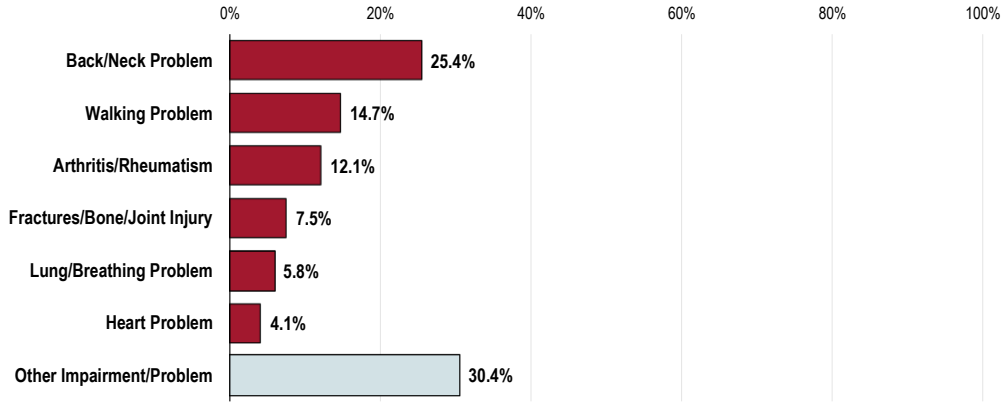
Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Among persons reporting activity limitations, these are most often attributed to musculo-skeletal issues, such as **back/neck problems**, **difficulty walking**, **arthritis/rheumatism**, or **fractures and bone/joint injuries**.

Other limitations noted with some frequency include those related to **lung/breathing difficulties** and **heart conditions**.

Type of Problem That Limits Activities

(Among Those Reporting Activity Limitations; SHSA, 2015)



Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 106]
Notes: ● Asked of those respondents reporting activity limitations.

Mental Health

RELATED ISSUE:

See also *Potentially Disabling Conditions* in the **Death, Disease & Chronic Conditions** section of this report.

About Mental Health & Mental Disorders

Mental health is a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with challenges. Mental health is essential to personal well-being, family and interpersonal relationships, and the ability to contribute to community or society. Mental disorders are health conditions that are characterized by alterations in thinking, mood, and/or behavior that are associated with distress and/or impaired functioning. Mental disorders contribute to a host of problems that may include disability, pain, or death. Mental illness is the term that refers collectively to all diagnosable mental disorders. Mental disorders are among the most common causes of disability. The resulting disease burden of mental illness is among the highest of all diseases.

Mental health and physical health are closely connected. Mental health plays a major role in people's ability to maintain good physical health. Mental illnesses, such as depression and anxiety, affect people's ability to participate in health-promoting behaviors. In turn, problems with physical health, such as chronic diseases, can have a serious impact on mental health and decrease a person's ability to participate in treatment and recovery.

The existing model for understanding mental health and mental disorders emphasizes the interaction of social, environmental, and genetic factors throughout the lifespan. In behavioral health, researchers identify: **risk factors**, which predispose individuals to mental illness; and **protective factors**, which protect them from developing mental disorders. Researchers now know that the prevention of mental, emotional, and behavioral (MEB) disorders is inherently interdisciplinary and draws on a variety of different strategies. Over the past 20 years, research on the prevention of mental disorders has progressed. The major areas of progress include evidence that:

- MEB disorders are common and begin early in life.
- The greatest opportunity for prevention is among young people.
- There are multiyear effects of multiple preventive interventions on reducing substance abuse, conduct disorder, antisocial behavior, aggression, and child maltreatment.
- The incidence of depression among pregnant women and adolescents can be reduced.
- School-based violence prevention can reduce the base rate of aggressive problems in an average school by 25 to 33%.
- There are potential indicated preventive interventions for schizophrenia.
- Improving family functioning and positive parenting can have positive outcomes on mental health and can reduce poverty-related risk.
- School-based preventive interventions aimed at improving social and emotional outcomes can also improve academic outcomes.
- Interventions targeting families dealing with adversities, such as parental depression or divorce, can be effective in reducing risk for depression in children and increasing effective parenting.
- Some preventive interventions have benefits that exceed costs, with the available evidence strongest for early childhood interventions.
- Implementation is complex, it is important that interventions be relevant to the target audiences.
- In addition to advancements in the prevention of mental disorders, there continues to be steady progress in treating mental disorders as new drugs and stronger evidence-based outcomes become available.

- Healthy People 2020 (www.healthypeople.gov)

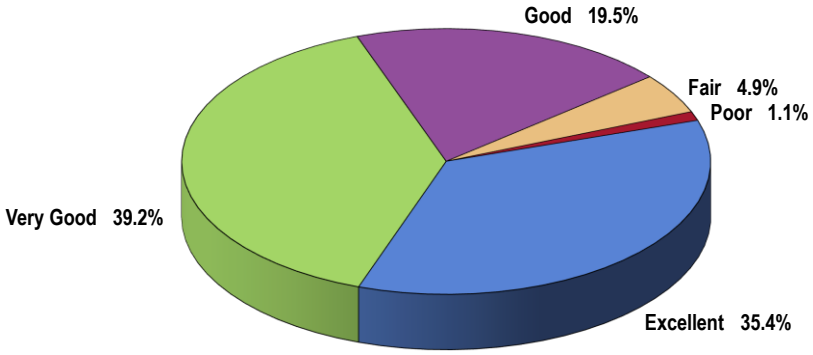
Self-Reported Mental Health Status

"Now thinking about your mental health, which includes stress, depression and problems with emotions, would you say that, in general, your mental health is: excellent, very good, good, fair or poor?"

Nearly three-fourths of Southampton Hospital Service Area adults (74.6%) rate their overall mental health as "excellent" or "very good."

- Another 19.5% gave "good" ratings of their own mental health status.

Self-Reported Mental Health Status
(SHSA, 2015)

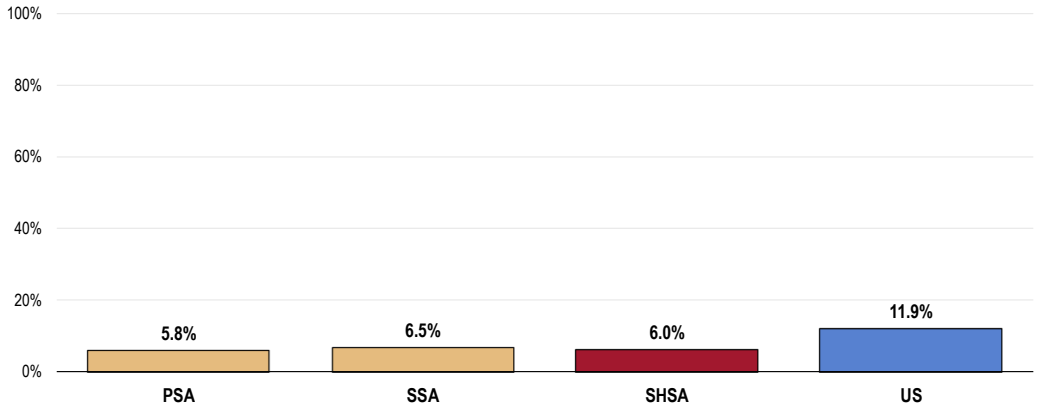


Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 100]
Notes: ● Asked of all respondents.

A total of 6.0% of Southampton Hospital Service Area adults, however, believe that their overall mental health is "fair" or "poor."

- Lower than the "fair/poor" response reported nationally.
- No statistical difference by service area.

Experience "Fair" or "Poor" Mental Health

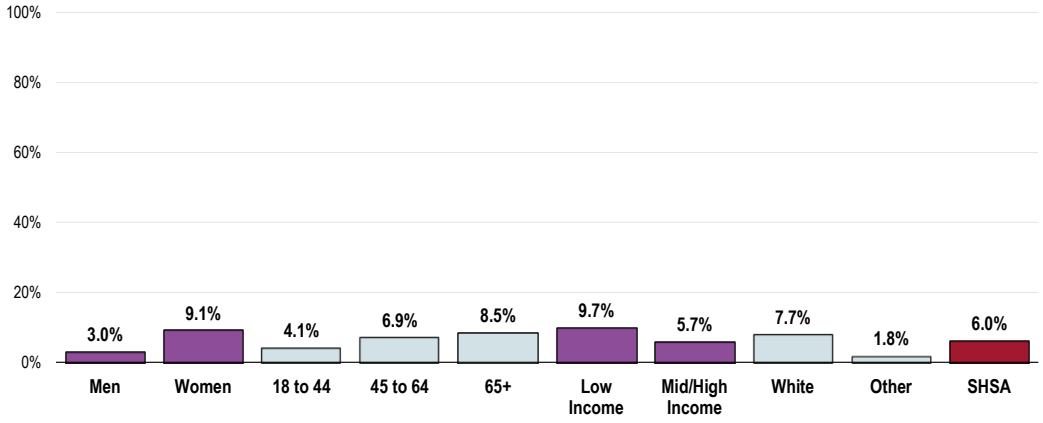


Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 100]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

- Women and Whites are much more likely to report experiencing "fair/poor" mental health than their demographic counterparts.

Experience "Fair" or "Poor" Mental Health

(SHSA, 2015)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 100]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

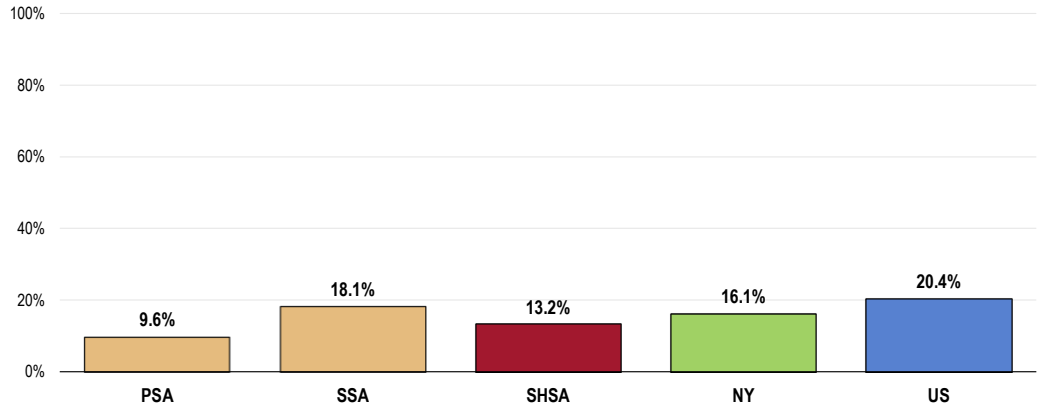
Depression

Diagnosed Depression

A total of 13.2% of Southampton Hospital Service Area adults have been diagnosed by a physician as having a depressive disorder (such as depression, major depression, dysthymia, or minor depression).

- Statistically comparable to the New York prevalence.
- More favorable than the national finding.
- Notably less favorable in the Secondary Service Area.

Have Been Diagnosed With a Depressive Disorder



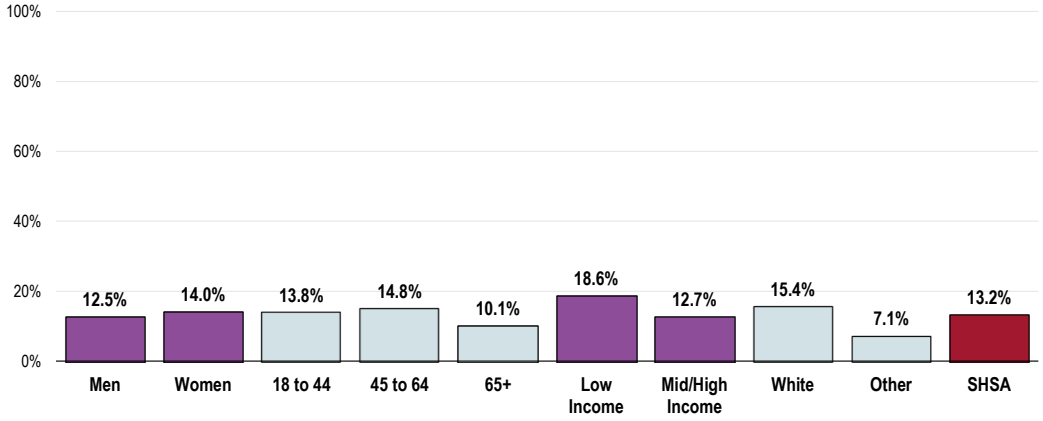
Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 103]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 New York data.
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- Depressive disorders include depression, major depression, dysthymia, or minor depression.

- The prevalence of diagnosed depression is higher among Whites than those of "Other" races in the Southampton Hospital Service Area.

Have Been Diagnosed With a Depressive Disorder

(SHSA, 2015)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 103]

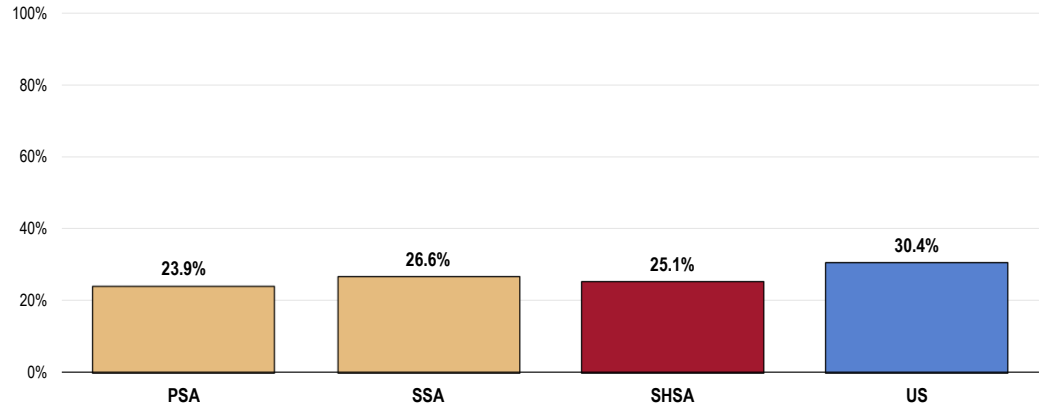
Notes:
- Asked of all respondents.
- Depressive disorders include depression, major depression, dysthymia, or minor depression.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Symptoms of Chronic Depression

One-fourth of Southampton Hospital Service Area adults (25.1%) have had two or more years in their lives when they felt depressed or sad on most days, although they may have felt okay sometimes (symptoms of chronic depression).

- More favorable than national findings.
- Statistically, no difference by service area.

Have Experienced Symptoms of Chronic Depression



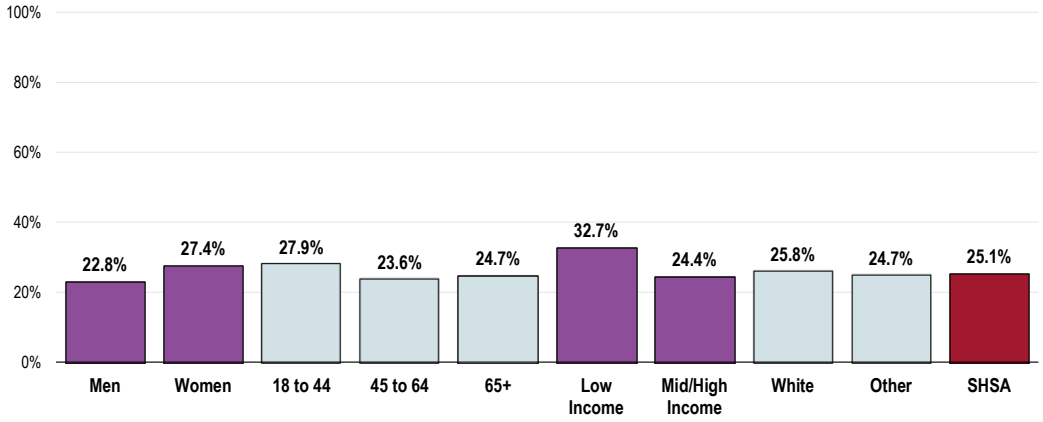
Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 101]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- Chronic depression includes periods of two or more years during which the respondent felt depressed or sad on most days, even if (s)he felt okay sometimes.

- Although chronic depression appears higher among those with low incomes, there are no statistically significant differences noted across demographic groups.

Have Experienced Symptoms of Chronic Depression

(SHSA, 2015)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 101]

Notes:
- Asked of all respondents.
- Chronic depression includes periods of two or more years during which the respondent felt depressed or sad on most days, even if (s)he felt okay sometimes.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Stress

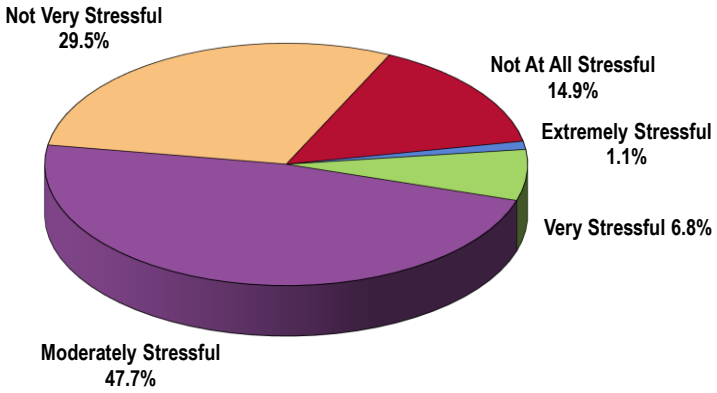
Less than one-half of Southampton Hospital Service Area adults consider their typical day to be "not very stressful" (29.5%) or "not at all stressful" (14.9%).

RELATED ISSUE:

See also *Substance Abuse* in the **Modifiable Health Risks** section of this report.

- The largest proportion (47.7%) characterizes their typical day as "moderately stressful."

Perceived Level of Stress On a Typical Day
(SHSA, 2015)

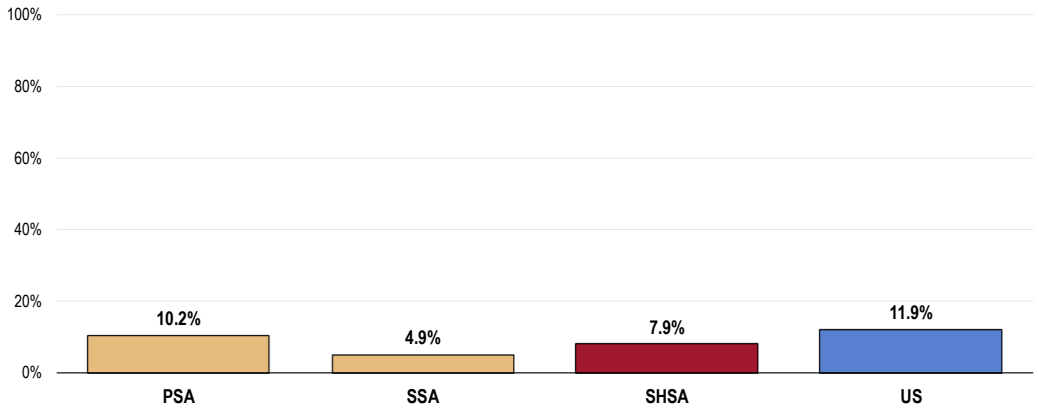


Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 102]
Notes: ● Asked of all respondents.

In contrast, 7.9% of Southampton Hospital Service Area adults experience "very" or "extremely" stressful days on a regular basis.

- More favorable than national findings.
- Less favorable in the Primary Service Area.

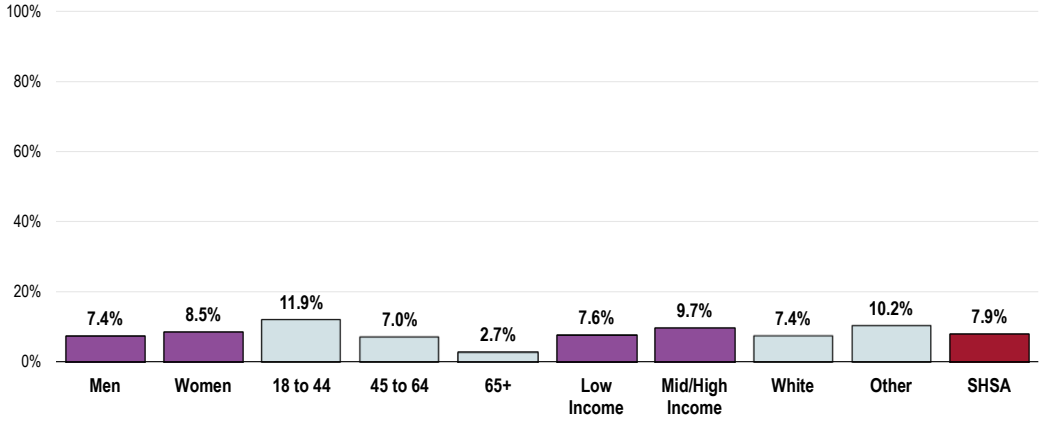
Perceive Most Days As "Extremely" or "Very" Stressful



Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 102]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

- Note that high stress levels are more prevalent among adults age 18 to 44 (negative correlation with age).

Perceive Most Days as "Extremely" or "Very" Stressful
(SHSA, 2015)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 102]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Mental Health Treatment

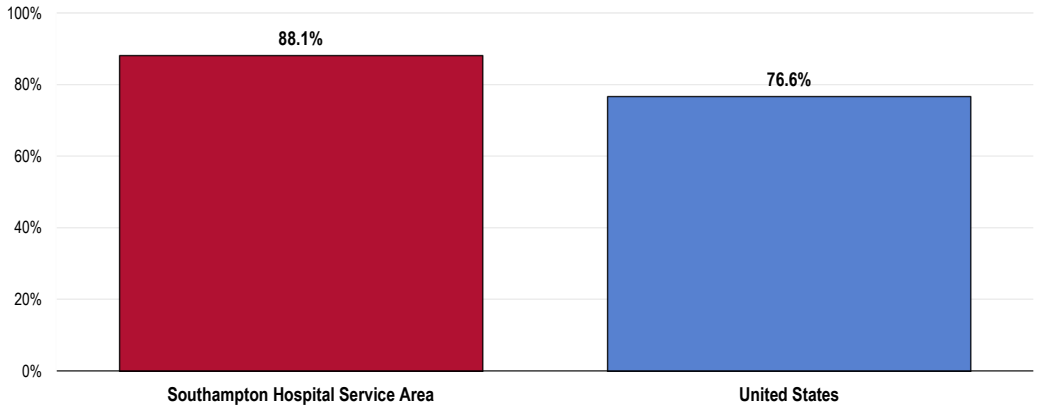
Among adults with a diagnosed depressive disorder, 88.1% acknowledge that they have sought professional help for a mental or emotional problem.

- Much higher than national findings.

"Diagnosed depressive disorder" includes respondents reporting a past diagnosis of a depressive disorder by a physician (such as depression, major depression, dysthymia, or minor depression).

Adults With Diagnosed Depression Who Have Ever Sought Professional Help for a Mental or Emotional Problem

(Among Adults With Diagnosed Depressive Disorder)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 123]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

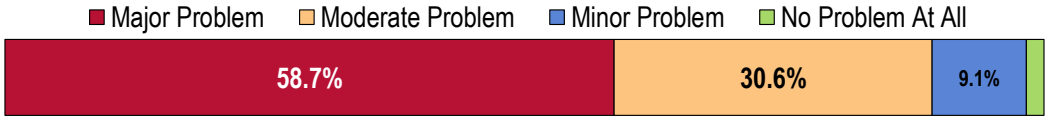
Notes:
- Reflects those respondents with a depressive disorder diagnosed by a physician (such as depression, major depression, dysthymia, or minor depression).

Key Informant Input: Mental Health

A majority of key informants taking part in an online survey characterized *Mental Health* as a "major problem" in the community.

Perceptions of Mental Health as a Problem in the Community

(Key Informants, 2015)



Sources:
- 2015 PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Challenges

Among those rating this issue as a "major problem," the following represent what key informants see as the main challenges for persons with mental illness:

Lack of Providers

Access to a psychiatrist. Mental health disability makes affording a psychiatrist very difficult. Many end up treating themselves with drugs of addiction. —Physician

Finding appropriate professional resources for diagnosis. Therapeutic programs, medication management, transportation. To services, therapy, counselling and support groups. — Community/Business Leader

For serious depression, few if any psychiatrists are available. Families need education to help the afflicted people and be aware of their pain. School mental health departments in East Hampton have made strides to bring in students early and keep aware of their mental health problems. — Community/Business Leader

Lack of psychiatrists and inpatient facilities. —Community/Business Leader

Finding mental health care providers with availability. —Community/Business Leader

Lack of providers that are affordable. —Physician

Access to mental health providers is the biggest challenge. There is often a several month waiting period for available care or a complete refusal to accept various insurance plans. —Physician

Limited number of qualified professionals. Reluctance of individuals and families to recognize the problem. —Community/Business Leader

There are many practitioners, but also barriers to access from insurance to stigma. —Other Health Provider

No providers, no providers in plan, mediocre care. —Community/Business Leader

There are not enough psychiatrists to prescribe medications for depression, particularly for the poor or children. There are almost none who take insurance. —Other Health Provider

Lack of providers who accept most insurance plans. —Community/Business Leader

Access to qualified professionals on the South Fork. Crisis services for adolescents. — Community/Business Leader

There is a need on the south east end to increase access to mental health providers. There are limited resources in the area and a very limited number of providers. The merge between medical and mental health is hard pressed to be accomplished by rotating one mental health prescriber throughout each of the meeting house lane clinics. The hospital should develop an access unit in their Emergency Room modeled after Brookhaven Hospital to better serve the community. With the move toward keeping the mental health services in the community and not in an inpatient setting, an outpatient clinic affiliated with Southampton Hospital would better serve the community. —Other Health Provider

I'm a psychiatrist and was practicing on the South Fork. The local community mental health clinics are forcing psychiatrists to do pure 15-20 minute medical checks, which are unethical as I cannot provide any kind of quality care in such limited time. However, these CMHCs, which pay psychiatrists abysmally to begin with, are the only source of a steady predictable paycheck. KA private practice in psychiatry is difficult to sustain because the local community is mostly unable to afford regular psychiatric care, for medication and psychotherapy visits. The wealthy summer visors have their psychiatrists in New York and the hospital, which will allow nurse practitioners, who are markedly less trained than psychiatrists, but will not allow board eligible doctors. I would like to have access to the greater medical community through the hospital to perhaps set up a multi-specialty practice situation, but that has not happened. —Physician

Access to Care/Services

Waiting lists, fewer agencies, low cost practitioners, fewer practitioners who accept private or public insurance plans, policies that make it difficult to get those most troubled into services and monitoring, case management. Need for substance abuse and mental health to be equally treated and viewed. Given lip service only goes so far. Insurance is dictating treatment instead of professionals. —Other Health Provider

Wait lists for clinics, insurance issues and co-pays, youth at risk. Schools need to identify and have resources to refer children. Mobile units to visit children in home would help. —Other Health Provider

This is the area that needs the most attention and quickly. We have a mental health crisis on the East End. We need a mental health crisis center at Southampton Hospital so that people in crisis, especially youth, do not have to be taken all the way to Stony Brook for services. Then once diagnosed and a plan is put in place, we need more practitioners, social workers and counselors to work with these individuals long-term. —Social Services Provider

Long wait lists for appointments to see psychiatrists and mental health clinics if the patient does not have insurance. Unavailability of psychiatrists who accept insurance or Medicaid. —Other Health Provider

Available care is limited and the expense is beyond the means of most individuals. —Community/Business Leader

Access on the South Fork. —Community/Business Leader

The biggest challenge for people with mental health issues is getting the appropriate treatment for them and then being able to follow up with patient so they don't have a relapse. There are minimal facilities that are properly dealing with mental health issues. Most just do the required minimum and pass the patient off to someone else. —Community/Business Leader

There is a lack of access to psychiatric medication, a lack of behavioral health professionals who take health insurance, a lack of behavioral health providers for non-English speaking residents seeking mental health services. Lack of providers for dual diagnosed co-morbidity of mental health and substance abuse. - South Fork – Physician

Access to counseling and psychiatry. —Physician

Being in law enforcement and dealing with those that have mental issues it is hard to get them to a facility for care or evaluation. Transporting to Stony Brook Hospital creates a problem for smaller departments. Why can't they be taken to Southampton Hospital? Also those that suffer from drug or alcohol issues, why can't they be taken to Southampton Hospital. Transporting to Stony Brook takes two officers off the road for over four hours on a good day. —Community/Business Leader

Significant mental health intervention often requires treatment as far west as Stony Brook. —Community/Business Leader

Insurance. —Other Health Provider

The biggest challenge for residents is trying to find a mental health practitioner who accepts insurance. —Community/Business Leader

Identifying their illness and getting medical assistance. —Social Services Provider

No mental health professionals available to low income patients. —Community/Business Leader

Lack of Resources

Services are very limited. —Other Health Provider

Lack of services. —Community/Business Leader

Lack of resources which are very expensive. Big issue among pediatric and adolescence in particular. —Community/Business Leader

There are such limited resources on the East End. There aren't any psychiatric facilities on the East End. Psychiatrists do not take health insurance, psychologists and social workers take very limited health insurance making it impossible for middle to low income families to access these service. It is understandable why they don't take insurance because the health insurance companies do not pay back enough to keep them in business. There is very little help for the mentally ill or for those seeking services to deal with personal problems. Help lines are all in the Western Suffolk area. There aren't any shelters or run away shelter for our youth. As a youth counselor, LMSW, I feel the biggest issue not addressed is mental health services. I see firsthand how lack of these service impact the community. —Community/Business Leader

Access to services. Limited number of reasonably priced providers. —Other Health Provider

Limited availability to resources. —Community/Business Leader

Accessing good quality services. Accessing providers who don't accept insurance. Fighting the stigma. Fear to be medicated and lack of alternatives. —Other Health Provider

Historical trauma, lack of prevention, stigma. Lack of psychiatrists in the area. —Community/Business Leader

Not aware of any beds for treatment beds of mental illness in South Fork. —Other Health Provider

Appropriate programs and housing for chronically mentally ill adults. —Other Health Provider

I don't think this is specific to our community, but it is New York specific. I have moved from the East End to Vermont to work in a community mental health center where I am paid the average psychiatrist's salary and am given one hour at least to see each patient. My patients improve. They have case managers who assist with the logistics of their care, and the case managers are part of this clinic and right across the hall. On Long Island, case management is often done by agencies that are separate from the CHC. It would be lovely, perhaps under the auspices of Stonybrook, to set up a more robust community based system for the entire far East End with a real psychiatric Emergency Room at Southampton Hospital that could send patients directly to Greenport, rather than having them sent all the way to CPAP, where conditions are horrible. Many of my patients have gone without necessary acute care because of this byzantine system. —Physician

Services for Adolescents

The most critical gap in South Fork health care is mental health care for adolescents. In addition, what professional services are available are either not covered by insurance or too expensive for those most vulnerable. —Community/Business Leader

Drugs, adolescents and jobs. - South Fork – Physician

Lack of qualified psychiatrists for children, young adults and adults. Psychiatrists are needed to write evaluations, prescribe medicines and to supervise the delivery of services by psychiatric nurse practitioners, psychiatric social workers. In addition, Southampton Hospital provides no in-house service for individuals in mental distress. —Community/Business Leader

Suicide, troubled teens, few resources for them. Almost no good therapists take insurance. —Community/Business Leader

Families been apart, economy, family problems, and society. —Social Services Provider

Pediatric mental health, insufficient reimbursement and inadequate supply of providers. —Community/Business Leader

Affordable Care/Services

Individuals and families with adequate financial resources have no problem accessing care. The major problem is for individuals with limited financial resources, and anyone, other than the elderly, without transportation. The current, inadequate public transportation system is an obstacle to accessing care. —Community/Business Leader

Finding an affordable knowledgeable psych pharmacologist. —Other Health Provider

Lack of affordable treatment. —Other Health Provider

Therapy is too expensive. Stigma about mental health problems. There is not a hotline. Mental health problems in the young are not addressed. —Social Services Provider

Access to affordable mental health. Many providers do not accept insurance so a large working middle class is left out. —Physician

Prevalence/Incidence

There are many people, young and old, rich and poor who are afflicted with mental health issues. Recently, a dear friend committed suicide after receiving a diagnosis of mild cognitive dysfunction. In large part this was due to her mother's early onset of dementia. We also are seeing an increase in drug use once again by young people who are confused and depressed. The mental health effects of untreated tick borne diseases is also an issue that gets little to no recognition. However, the depression and fatigue of Lyme disease is severe, especially left untreated. I have had it four times. —Community/Business Leader

We have a severe problem with mental health in our community that goes unaddressed. Our heads are in the sand. It is crucial that we start to get more programs and outreach available. While there are local programs in Riverhead, it's not enough. The biggest challenges are access to programs, especially if they do not drive, insurance coverage, proper program care. Some clients are higher functioning than others and they often go overlooked. —Social Services Provider

Post-Traumatic Stress Disorder. —Community/Business Leader

Emergency Care

Nowhere to go in an emergency. —Other Health Provider

It is difficult for people with mental health issues to access emergency care or have any type of intensive outpatient programs without having to travel long distances further up the island. —Physician

Prevention

> *Just for starters, there are no self-help, peer-run support groups for individuals with mood disorders or their families. Nor is there common-place preventative screening or counseling at the middle or high school level for those at risk for mood disorders. A cultural shift in incorporating preventative measures to catch mood disorders in young adults early must take place if a community is going to have success in managing this crisis amongst its entire population. There has to be a shift toward normalizing mental health issues experienced by young adults so that both young adults, school staff and families no longer deny these problems exist and can come together as a community to address them head on. —Other Health Provider*

Suicide

> *High suicide rate in the town of East Hampton, particularly with the high school aged kids. Also, numerous transports to Stony Brook CPEP for evaluations. Takes a long time to get there, brings the subject far away from family, and takes police a long time round trip to escort subjects. — Community/Business Leader*

Statistics

> *NYS Prevention Agenda Dashboard shows age-adjusted percentage of adults with poor mental health for 14 or more days in the last month to be higher than the statewide average. Also the age-adjusted suicide death rate per 100,000 is higher in Suffolk than the statewide average. —Public Health Representative*

Stigma

> *There is a stigma attached to having mental illness. There a very few psychiatrist and public awareness. —Social Services Provider*

Death, Disease & Chronic Conditions

Professional Research Consultants, Inc.

Cardiovascular Disease

About Heart Disease & Stroke

Heart disease is the leading cause of death in the United States, with stroke following as the third leading cause. Together, heart disease and stroke are among the most widespread and costly health problems facing the nation today, accounting for more than $500 billion in healthcare expenditures and related expenses in 2010 alone. Fortunately, they are also among the most preventable.

The leading modifiable (controllable) risk factors for heart disease and stroke are:

- High blood pressure
- High cholesterol
- Cigarette smoking
- Diabetes
- Poor diet and physical inactivity
- Overweight and obesity

The risk of Americans developing and dying from cardiovascular disease would be substantially reduced if major improvements were made across the US population in diet and physical activity, control of high blood pressure and cholesterol, smoking cessation, and appropriate aspirin use.

The burden of cardiovascular disease is disproportionately distributed across the population. There are significant disparities in the following based on gender, age, race/ethnicity, geographic area, and socioeconomic status:

- Prevalence of risk factors
- Access to treatment
- Appropriate and timely treatment
- Treatment outcomes
- Mortality

Disease does not occur in isolation, and cardiovascular disease is no exception. Cardiovascular health is significantly influenced by the physical, social, and political environment, including: maternal and child health; access to educational opportunities; availability of healthy foods, physical education, and extracurricular activities in schools; opportunities for physical activity, including access to safe and walkable communities; access to healthy foods; quality of working conditions and worksite health; availability of community support and resources; and access to affordable, quality healthcare.

- Healthy People 2020 (www.healthypeople.gov)

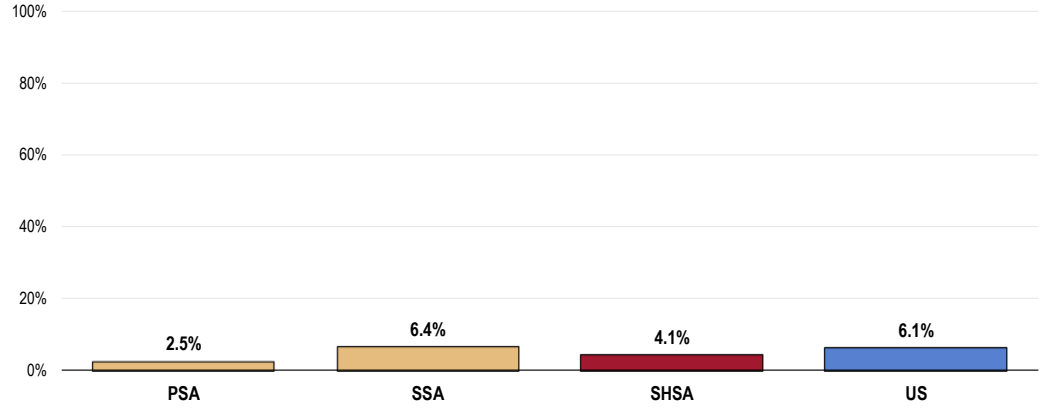
Prevalence of Heart Disease & Stroke

Prevalence of Heart Disease

A total of 4.1% of surveyed adults report that they suffer from or have been diagnosed with heart disease, such as coronary heart disease, angina or heart attack.

- Similar to the national prevalence.
- Statistically similar by service area.

Prevalence of Heart Disease

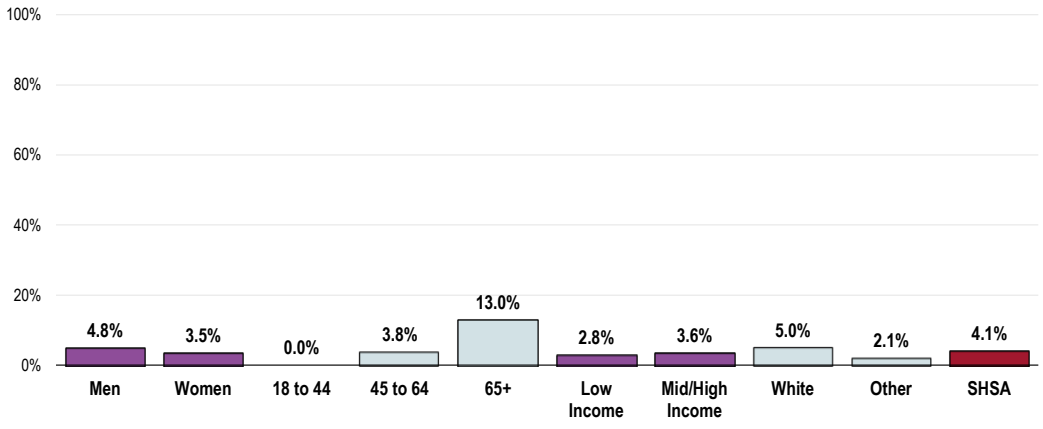


Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 124]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- Includes diagnoses of heart attack, angina or coronary heart disease.

- Seniors (age 65+) are more likely to have been diagnosed with chronic heart disease than younger adults (note the positive correlation with age).

Prevalence of Heart Disease
(SHSA, 2015)



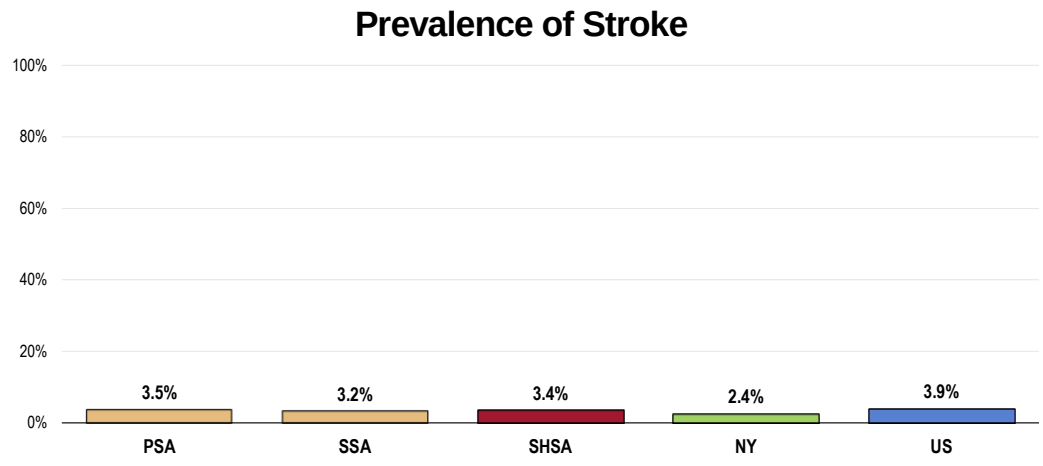
Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 124]

Notes:
- Asked of all respondents.
- Includes diagnoses of heart attack, angina or coronary heart disease.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Prevalence of Stroke

A total of 3.4% of surveyed adults report that they suffer from or have been diagnosed with cerebrovascular disease (a stroke).

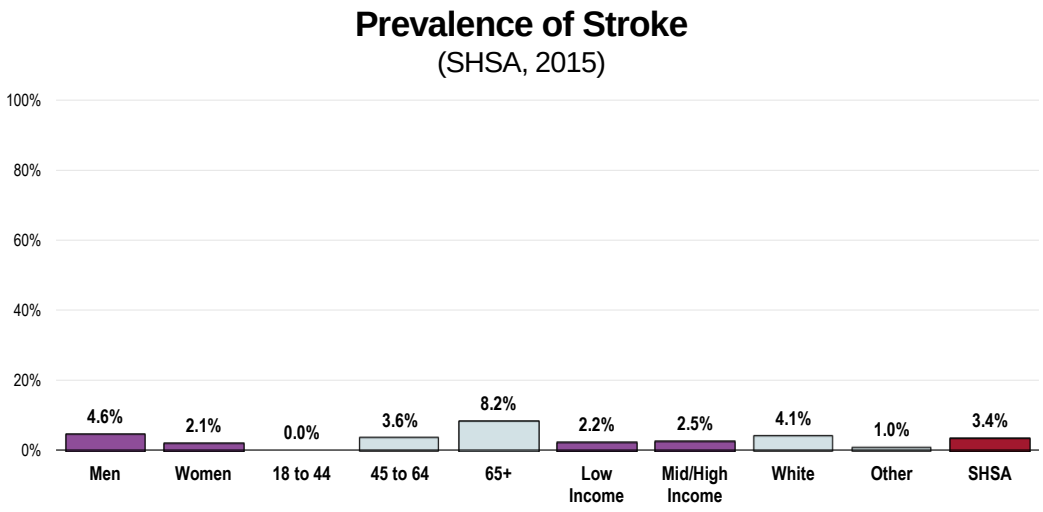
- Similar to statewide findings.
- Similar to national findings.
- Similar findings by service area.



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 36]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 New York data.

Notes:
- Asked of all respondents.

- Note the positive correlation of stroke diagnosis with age.



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 36]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Cardiovascular Risk Factors

About Cardiovascular Risk

Controlling risk factors for heart disease and stroke remains a challenge. High blood pressure and cholesterol are still major contributors to the national epidemic of cardiovascular disease. High blood pressure affects approximately 1 in 3 adults in the United States, and more than half of Americans with high blood pressure do not have it under control. High sodium intake is a known risk factor for high blood pressure and heart disease, yet about 90% of American adults exceed their recommendation for sodium intake.

- Healthy People 2020 (www.healthypeople.gov)

Hypertension (High Blood Pressure)

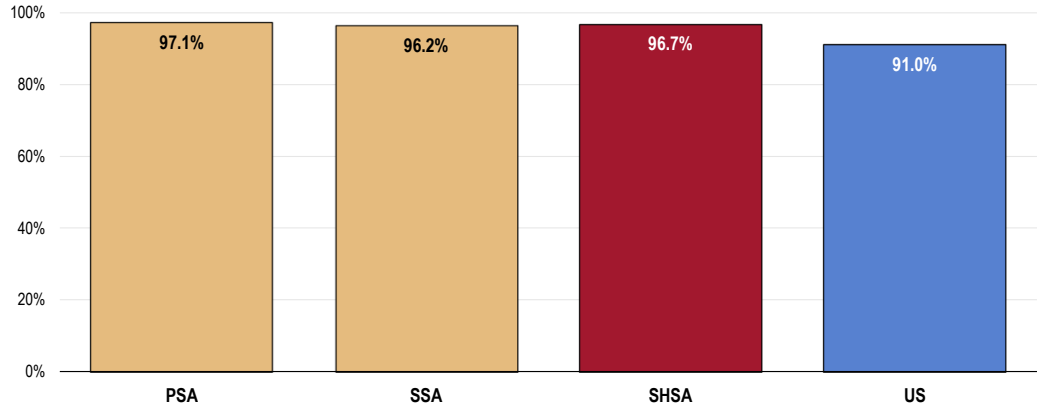
High Blood Pressure Testing

A total of 96.7% of Southampton Hospital Service Area adults have had their blood pressure tested within the past two years.

- Higher than national findings.
- Satisfies the Healthy People 2020 target (92.6% or higher).
- Similar findings by service area.

Have Had Blood Pressure Checked in the Past Two Years

Healthy People 2020 Target = 92.6% or Higher



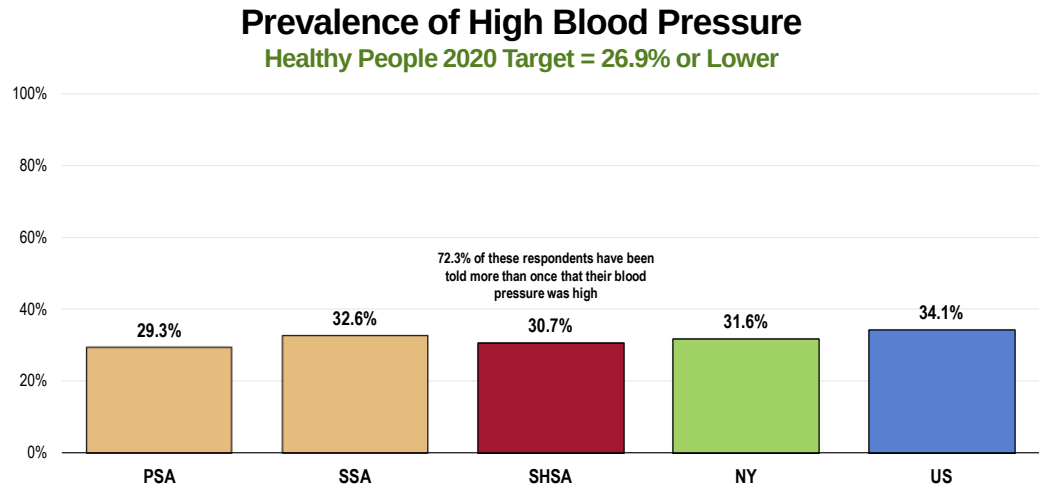
Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 45]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-4]

Notes:
- Asked of all respondents.

Prevalence of Hypertension

A total of 30.7% of adults have been told at some point that their blood pressure was high.

- Comparable to the New York prevalence.
- Statistically comparable to the national prevalence.
- Statistically close to the Healthy People 2020 target (26.9% or lower).
- No statistical difference between service areas.
- Among hypertensive adults, 72.3% have been diagnosed with high blood pressure more than once.



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 43, 125]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 New York data.
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-5.1]

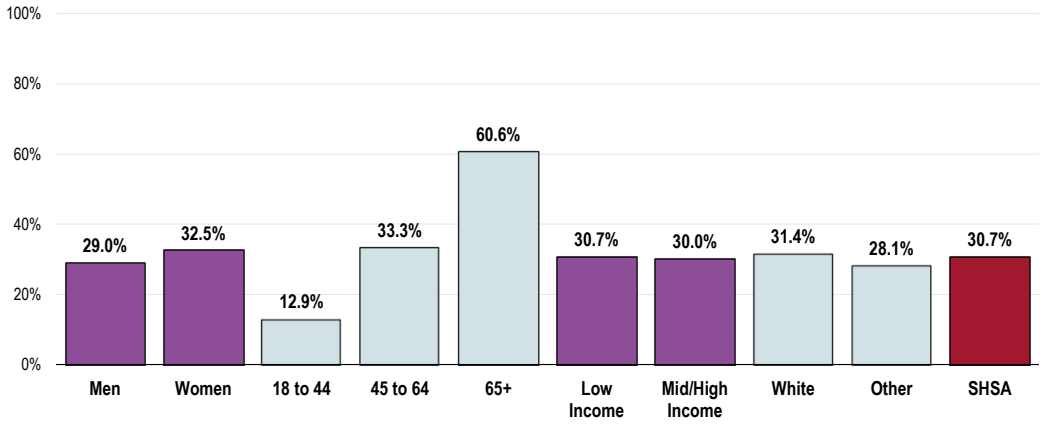
Notes:
- Asked of all respondents.

- Hypertension diagnoses are higher among adults over age 44 and especially those age 65+ (note the strong positive correlation with age).

Prevalence of High Blood Pressure

(SHSA, 2015)

Healthy People 2020 Target = 26.9% or Lower



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 125]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-5.1]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Hypertension Management

Among respondents who have been told that their blood pressure was high, 89.6% report that they are currently taking actions to control their condition.

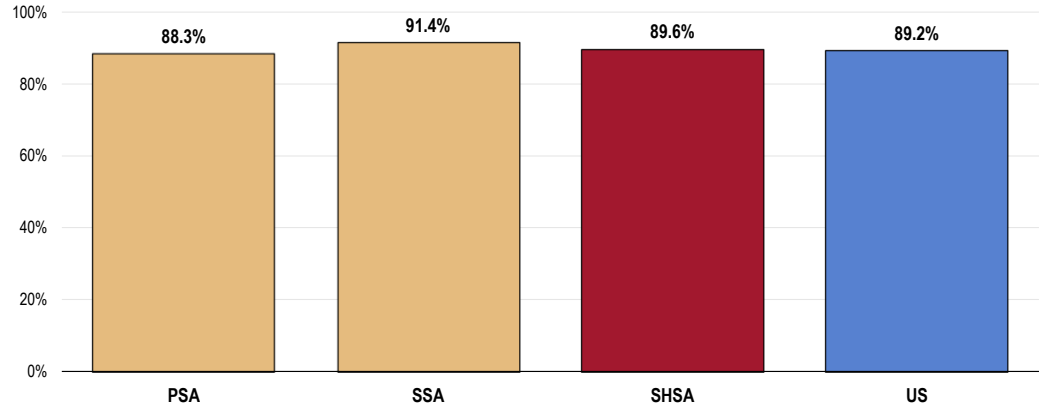
- Similar to national findings.
- Statistically similar by service area.

Respondents reporting high blood pressure were further asked:

"Are you currently taking any action to help control your high blood pressure, such as taking medication, changing your diet, or exercising?"

Taking Action to Control Hypertension

(Among Adults With High Blood Pressure)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 44]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents who have been diagnosed with high blood pressure.
- In this case, the term "action" refers to medication, change in diet, and/or exercise.

High Blood Cholesterol

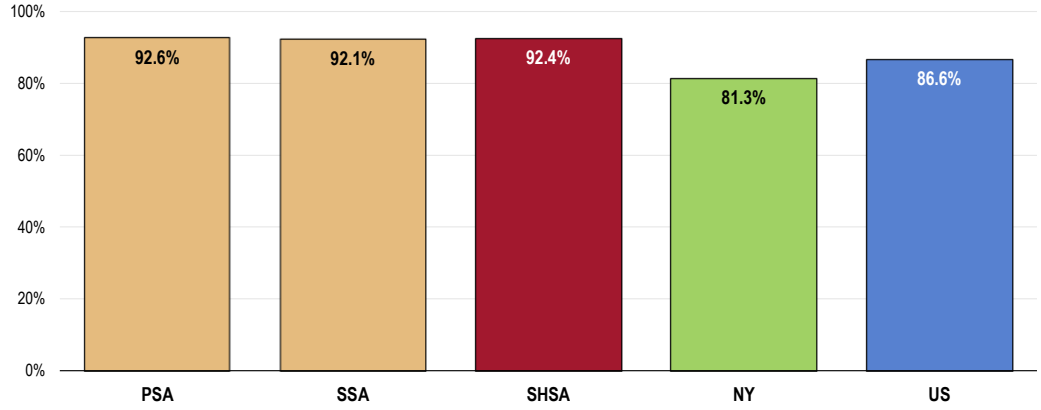
Blood Cholesterol Testing

A total of 92.4% of Southampton Hospital Service Area adults have had their blood cholesterol checked within the past five years.

- Notably more favorable than New York findings.
- More favorable than national findings.
- Satisfies the Healthy People 2020 target (82.1% or higher).
- The Primary and Secondary Service Areas show similar cholesterol testing rates.

Have Had Blood Cholesterol Levels Checked in the Past Five Years

Healthy People 2020 Target = 82.1% or Higher



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 48]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 New York data.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-6]

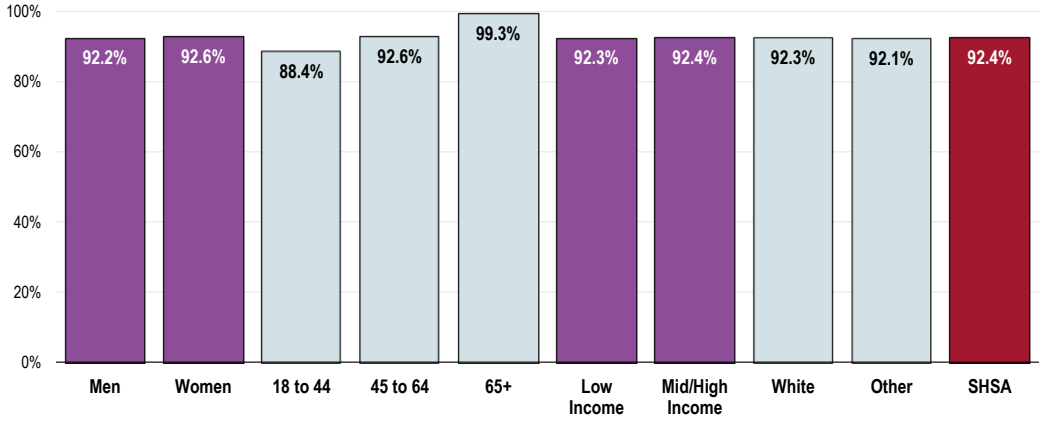
Notes:
- Asked of all respondents.

- In the Southampton Hospital Service Area, nearly all adults age 65+ have had their blood cholesterol checked in the past five years, but those under age 65 report lower screening levels (positive correlation with age).

Have Had Blood Cholesterol Levels Checked in the Past Five Years

(SHSA, 2015)

Healthy People 2020 Target = 82.1% or Higher



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 48]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-6]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

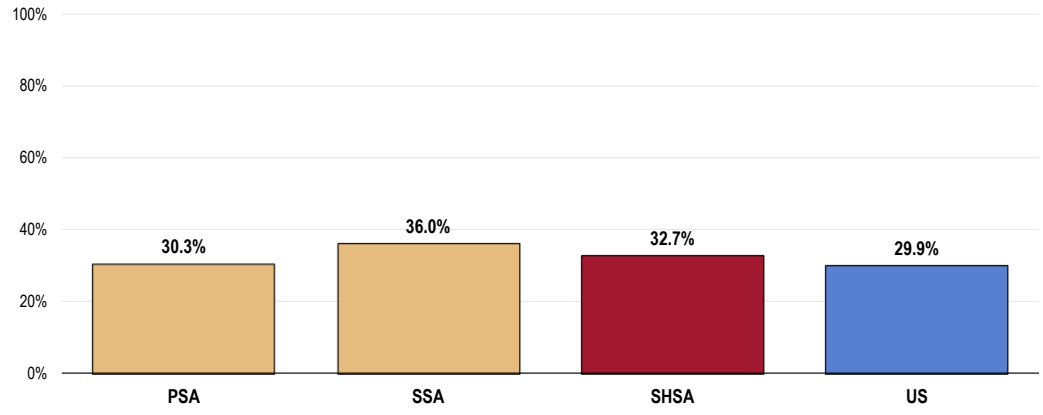
Self-Reported High Blood Cholesterol

A total of 32.7% of adults have been told by a health professional that their cholesterol level was high.

- Statistically similar to the national prevalence.
- More than twice the Healthy People 2020 target (13.5% or lower).
- Statistically similar by service area.

Prevalence of High Blood Cholesterol

Healthy People 2020 Target = 13.5% or Lower



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 126]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-7]

Notes:
- Asked of all respondents.

Note that 13.7% of Southampton Hospital Service Area adults report not having high blood cholesterol, but: 1) have never had their blood cholesterol levels tested; 2) have not been screened in the past 5 years; or 3) do not recall when their last screening was. For these individuals, current prevalence is unknown.

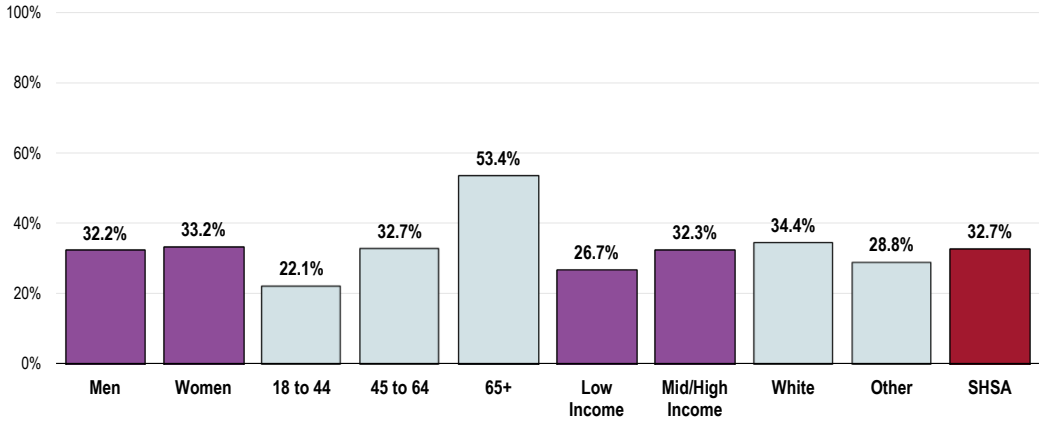
Further note the following:

- There is a strong positive correlation between age and high blood cholesterol.
- Keep in mind that "unknowns" are relatively high in young adults and higher-income residents.

Prevalence of High Blood Cholesterol

(SHSA, 2015)

Healthy People 2020 Target = 13.5% or Lower



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 126]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-7]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

High Cholesterol Management

Respondents reporting high cholesterol were further asked:

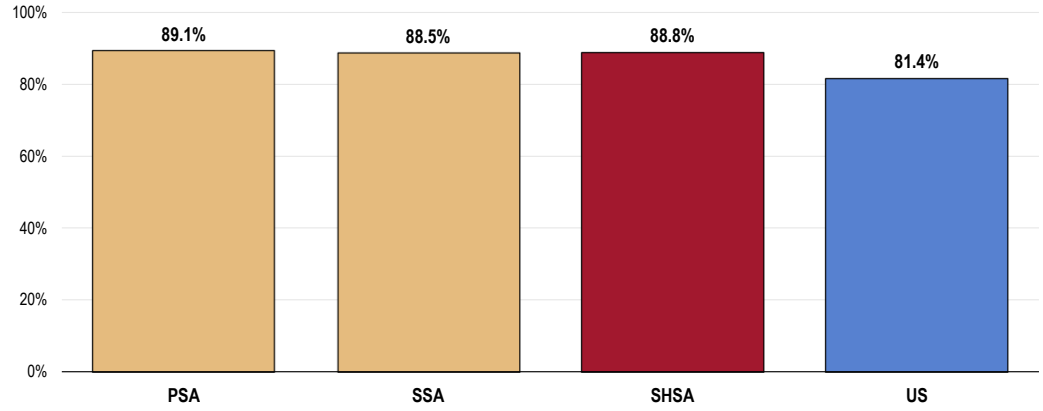
"Are you currently taking any action to help control your high cholesterol, such as taking medication, changing your diet, or exercising?"

Among adults who have been told that their blood cholesterol was high, 88.8% report that they are currently taking actions to control their cholesterol levels.

- More favorable than found nationwide.
- Comparable by service area.

Taking Action to Control High Blood Cholesterol Levels

(Among Adults With High Cholesterol)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 47]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents who have been diagnosed with high blood cholesterol levels.
- In this case, the term "action" refers to medication, change in diet, and/or exercise.

About Cardiovascular Risk

Individual level risk factors which put people at increased risk for cardiovascular diseases include:

- High Blood Pressure
- High Blood Cholesterol
- Tobacco Use
- Physical Inactivity
- Poor Nutrition
- Overweight/Obesity
- Diabetes

- National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

Three health-related behaviors contribute markedly to cardiovascular disease:

Poor nutrition. People who are overweight have a higher risk for cardiovascular disease. Almost 60% of adults are overweight or obese. To maintain a proper body weight, experts recommend a well-balanced diet which is low in fat and high in fiber, accompanied by regular exercise.

Lack of physical activity. People who are not physically active have twice the risk for heart disease of those who are active. More than half of adults do not achieve recommended levels of physical activity.

Tobacco use. Smokers have twice the risk for heart attack of nonsmokers. Nearly one-fifth of all deaths from cardiovascular disease, or about 190,000 deaths a year nationally, are smoking-related. Every day, more than 3,000 young people become daily smokers in the US

Modifying these behaviors is critical both for preventing and for controlling cardiovascular disease. Other steps that adults who have cardiovascular disease should take to reduce their risk of death and disability include adhering to treatment for high blood pressure and cholesterol, using aspirin as appropriate, and learning the symptoms of heart attack and stroke.

- National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

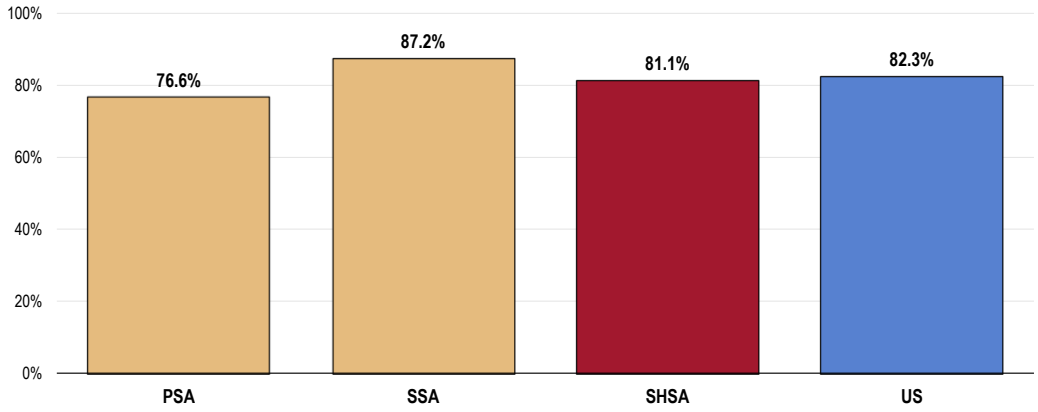
Total Cardiovascular Risk

RELATED ISSUE: See also Nutrition & Overweight, Physical Activity & Fitness and Tobacco Use in the Modifiable Health Risk section of this report.

A total of 81.1% of Southampton Hospital Service Area adults report one or more cardiovascular risk factors, such as being overweight, smoking cigarettes, being physically inactive, or having high blood pressure or cholesterol.

- Similar to national findings.
- Higher in the Secondary Service Area.

Present One or More Cardiovascular Risks or Behaviors

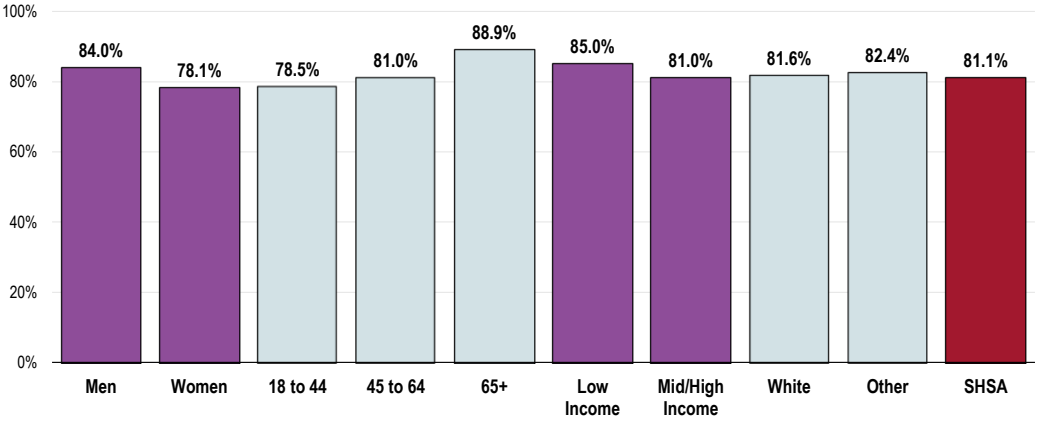


Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 127]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) hypertension; 4) high blood cholesterol; and/or 5) being overweight/obese.

- Adults age 65 and older are more likely to exhibit cardiovascular risk factors.

Present One or More Cardiovascular Risks or Behaviors
(SHSA, 2015)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 127]

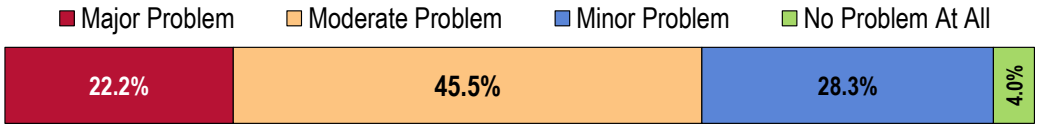
Notes:
- Asked of all respondents.
- Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) hypertension; 4) high blood cholesterol; and/or 5) being overweight/obese.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Key Informant Input: Heart Disease & Stroke

The largest share of key informants taking part in an online survey characterized *Heart Disease and Stroke* as a "moderate problem" in the community.

Perceptions of Heart Disease and Stroke as a Problem in the Community

(Key Informants, 2015)



Sources: • 2015 PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons frequently related to the following:

Lifestyle

As a whole, there are many people that do not take care of their bodies and are overweight. As a result, heart disease is very common. Even people in the best physical shape have suffered from heart problems. —Community/Business Leader

Deferred care by patient choice, poor diet and exercise, lack of prevention and education. — Community/Business Leader

Obesity, smoking, alcohol abuse and other social issues in the area, just like everywhere. — Community/Business Leader

Access to Care/Services

The consortium of heart doctors is in Southampton. Doctors are needed in East Hampton. — Community/Business Leader

There is a lack of cardiac catheterization facilities close by. The overweight population and poor dietary habits by the population in general. —Community/Business Leader

Common illnesses with limited resources and many people traveling west for treatment. — Community/Business Leader

Increase in the number of facilities to treat cardiac issues. —Physician

Aging Population

There again, the aging population needs on-going cardiac care and the nearest cardiology practice is in Southampton, a 30 minute car ride from East Hampton, and an hour for people from Montauk. — Community/Business Leader

Aging community and many are not health concerned. —Community/Business Leader

Prevalence/Incidence

I see the amount of calls the volunteer ambulance responds to related to heart disease. — Community/Business Leader

Many are at risk and reluctant to seek medical help. —Other Health Provider

Lack of Providers

> *Lack of specialists. —Public Health Representative*
>
> *Lack of talented treatment locally. —Community/Business Leader*
>
> *Cardiac physician service is not available in East Hampton. —Social Services Provider*

Leading Cause of Death

> *Number one cause of death in the USA. Prevention Agenda Dashboard shows Suffolk County behind the statewide average in heart disease. —Public Health Representative*

Health Education

> *Again, lack of prevention services and affordable fitness programs. —Social Services Provider*

Stressors

> *Stress, economy, work. —Social Services Provider*

Cancer

About Cancer

Continued advances in cancer research, detection, and treatment have resulted in a decline in both incidence and death rates for all cancers. Among people who develop cancer, more than half will be alive in five years. Yet, cancer remains a leading cause of death in the United States, second only to heart disease.

Many cancers are preventable by reducing risk factors such as: use of tobacco products; physical inactivity and poor nutrition; obesity; and ultraviolet light exposure. Other cancers can be prevented by getting vaccinated against human papillomavirus and hepatitis B virus. In the past decade, overweight and obesity have emerged as new risk factors for developing certain cancers, including colorectal, breast, uterine corpus (endometrial), and kidney cancers. The impact of the current weight trends on cancer incidence will not be fully known for several decades. Continued focus on preventing weight gain will lead to lower rates of cancer and many chronic diseases.

Screening is effective in identifying some types of cancers (see US Preventive Services Task Force [USPSTF] recommendations), including:

- Breast cancer (using mammography)
- Cervical cancer (using Pap tests)
- Colorectal cancer (using fecal occult blood testing, sigmoidoscopy, or colonoscopy)

- Healthy People 2020 (www.healthypeople.gov)

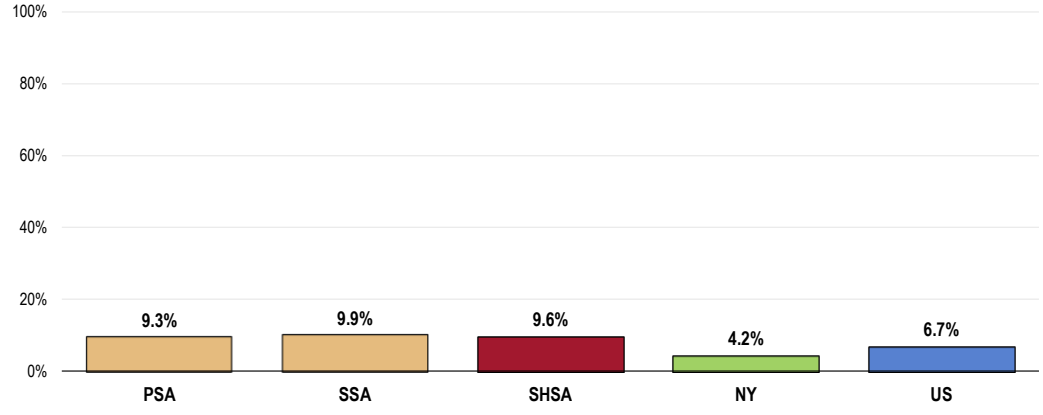
Prevalence of Cancer

Skin Cancer

A total of 9.6% of surveyed adults, in the Southampton Hospital Service Area, report having been diagnosed with skin cancer.

- More than twice what is found statewide.
- Statistically similar to the national average.
- Similar rates reported in both service areas.

Prevalence of Skin Cancer



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 31]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 New York data.
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

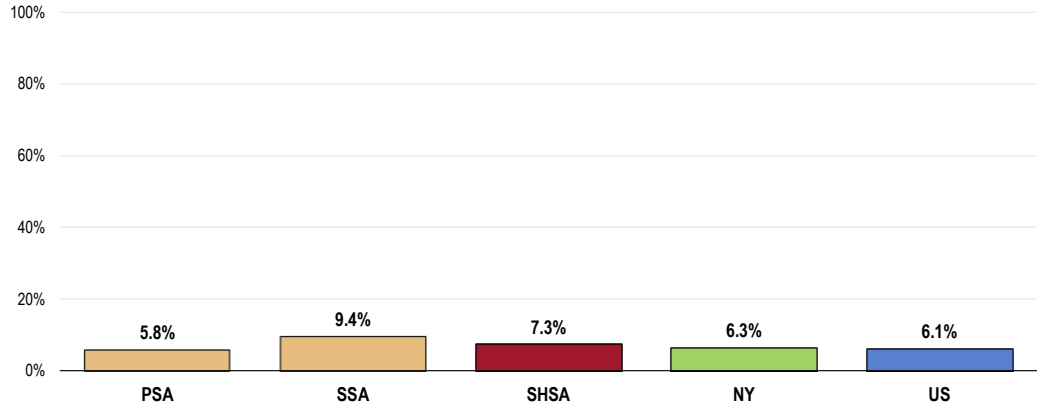
Notes:
- Asked of all respondents.

Other Cancer

A total of 7.3% of respondents have been diagnosed with some type of (non-skin) cancer.

- Similar to the statewide prevalence.
- Similar to the national prevalence.
- No statistical difference between service areas.

Prevalence of Cancer (Other Than Skin Cancer)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 30]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 New York data.
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Cancer Risk

RELATED ISSUE: See also *Nutrition & Overweight*, *Physical Activity & Fitness* and *Tobacco Use* in the **Modifiable Health Risk** section of this report.

About Cancer Risk

Reducing the nation's cancer burden requires reducing the prevalence of behavioral and environmental factors that increase cancer risk.

- All cancers caused by cigarette smoking could be prevented. At least one-third of cancer deaths that occur in the United States are due to cigarette smoking.
- According to the American Cancer Society, about one-third of cancer deaths that occur in the United States each year are due to nutrition and physical activity factors, including obesity.

- National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

Cancer Screenings

The American Cancer Society recommends that both men and women get a cancer-related checkup during a regular doctor's checkup. It should include examination for cancers of the thyroid, testicles, ovaries, lymph nodes, oral cavity, and skin, as well as health counseling about tobacco, sun exposure, diet and nutrition, risk factors, sexual practices, and environmental and occupational exposures.

Screening levels in the community were measured in the PRC Community Health Survey relative to three cancer sites: female breast cancer (mammography); cervical cancer (Pap smear testing); and colorectal cancer (sigmoidoscopy and fecal occult blood testing).

Female Breast Cancer Screening

About Screening for Breast Cancer

The US Preventive Services Task Force (USPSTF) recommends screening mammography, with or without clinical breast examination (CBE), every 1-2 years for women age 40 and older.

Rationale: The USPSTF found fair evidence that mammography screening every 12-33 months significantly reduces mortality from breast cancer. Evidence is strongest for women age 50-69, the age group generally included in screening trials. For women age 40-49, the evidence that screening mammography reduces mortality from breast cancer is weaker, and the absolute benefit of mammography is smaller, than it is for older women. Most, but not all, studies indicate a mortality benefit for women undergoing mammography at ages 40-49, but the delay in observed benefit in women younger than 50 makes it difficult to determine the incremental benefit of beginning screening at age 40 rather than at age 50.

The absolute benefit is smaller because the incidence of breast cancer is lower among women in their 40s than it is among older women. The USPSTF concluded that the evidence is also generalizable to women age 70 and older (who face a higher absolute risk for breast cancer) if their life expectancy is not compromised by comorbid disease. The absolute probability of benefits of regular mammography increase along a continuum with age, whereas the likelihood of harms from screening (false-positive results and unnecessary anxiety, biopsies, and cost) diminish from ages 40-70. The balance of benefits and potential harms, therefore, grows more favorable as women age. The precise age at which the potential benefits of mammography justify the possible harms is a subjective choice. The USPSTF did not find sufficient evidence to specify the optimal screening interval for women age 40-49.

- US Preventive Services Task Force, Agency for Healthcare Research and Quality, US Department of Health & Human Services

Note that other organizations (e.g., American Cancer Society, American Academy of Family Physicians, American College of Physicians, National Cancer Institute) may have slightly different screening guidelines.

Mammography

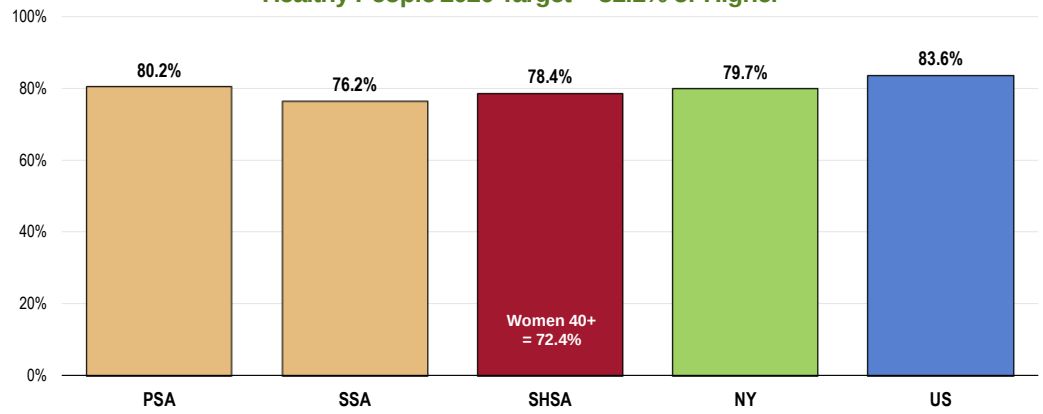
Among women age 50-74, 78.4% have had a mammogram within the past 2 years.

- Similar to statewide findings (which represent all women 50+).
- Statistically similar to national findings.
- Similar to the Healthy People 2020 target (81.1% or higher).
- Statistically similar among women in both service areas.
- Among women 40+, 72.4% have had a mammogram in the past two years.

Have Had a Mammogram in the Past Two Years

(Among Women Age 50-74)

Healthy People 2020 Target = 81.1% or Higher



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 128-129]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2012 New York data.
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective C-17]

Notes:
- Reflects female respondents 50-74.
- *Note that state data reflects all women 50 and older (vs. women 50-74 in local, US and Healthy People data).

Cervical Cancer Screenings

About Screening for Cervical Cancer

The US Preventive Services Task Force (USPSTF) strongly recommends screening for cervical cancer in women who have been sexually active and have a cervix.

Rationale: The USPSTF found good evidence from multiple observational studies that screening with cervical cytology (Pap smears) reduces incidence of and mortality from cervical cancer. Direct evidence to determine the optimal starting and stopping age and interval for screening is limited. Indirect evidence suggests most of the benefit can be obtained by beginning screening within 3 years of onset of sexual activity or age 21 (whichever comes first) and screening at least every 3 years. The USPSTF concludes that the benefits of screening substantially outweigh potential harms.

The USPSTF recommends against routinely screening women older than age 65 for cervical cancer if they have had adequate recent screening with normal Pap smears and are not otherwise at high risk for cervical cancer.

Rationale: The USPSTF found limited evidence to determine the benefits of continued screening in women older than 65. The yield of screening is low in previously screened women older than 65 due to the declining incidence of high-grade cervical lesions after middle age. There is fair evidence that screening women older than 65 is associated with an increased risk for potential harms, including false-positive results and invasive procedures. The USPSTF concludes that the potential harms of screening are likely to exceed benefits among older women who have had normal results previously and who are not otherwise at high risk for cervical cancer.

The USPSTF recommends against routine Pap smear screening in women who have had a total hysterectomy for benign disease.

Rationale: The USPSTF found fair evidence that the yield of cytologic screening is very low in women after hysterectomy and poor evidence that screening to detect vaginal cancer improves health outcomes. The USPSTF concludes that potential harms of continued screening after hysterectomy are likely to exceed benefits.

- US Preventive Services Task Force, Agency for Healthcare Research and Quality, US Department of Health & Human Services

Note that other organizations (e.g., American Cancer Society, American Academy of Family Physicians, American College of Physicians, National Cancer Institute) may have slightly different screening guidelines.

Pap Smear Testing

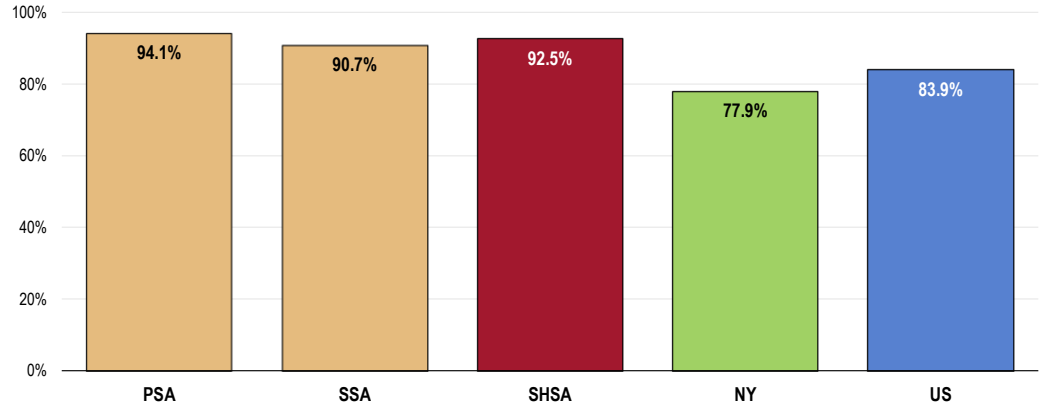
Among women age 21 to 65, 92.5% have had a Pap smear within the past 3 years.

- Much higher than New York findings (which represents all women 18+).
- Considerably higher than national findings.
- Close to the Healthy People 2020 target (93% or higher).
- Statistically similar screening rates by service area.

Have Had a Pap Smear in the Past Three Years

(Among Women Age 21-65)

Healthy People 2020 Target = 93.0% or Higher



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 130]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2012 New York data.
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective C-15]

Notes:
- Reflects female respondents age 21 to 65.
- *Note that the New York percentage represents all women age 18 and older.

Colorectal Cancer Screenings

About Screening for Colorectal Cancer

The USPSTF recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults, beginning at age 50 years and continuing until age 75 years.

The evidence is convincing that screening for colorectal cancer with fecal occult blood testing, sigmoidoscopy, or colonoscopy detects early-stage cancer and adenomatous polyps. There is convincing evidence that screening with any of the three recommended tests (FOBT, sigmoidoscopy, colonoscopy) reduces colorectal cancer mortality in adults age 50 to 75 years. Follow-up of positive screening test results requires colonoscopy regardless of the screening test used.

- US Preventive Services Task Force, Agency for Healthcare Research and Quality, US Department of Health & Human Services

Note that other organizations (e.g., American Cancer Society, American Academy of Family Physicians, American College of Physicians, National Cancer Institute) may have slightly different screening guidelines.

Colorectal Cancer Screening

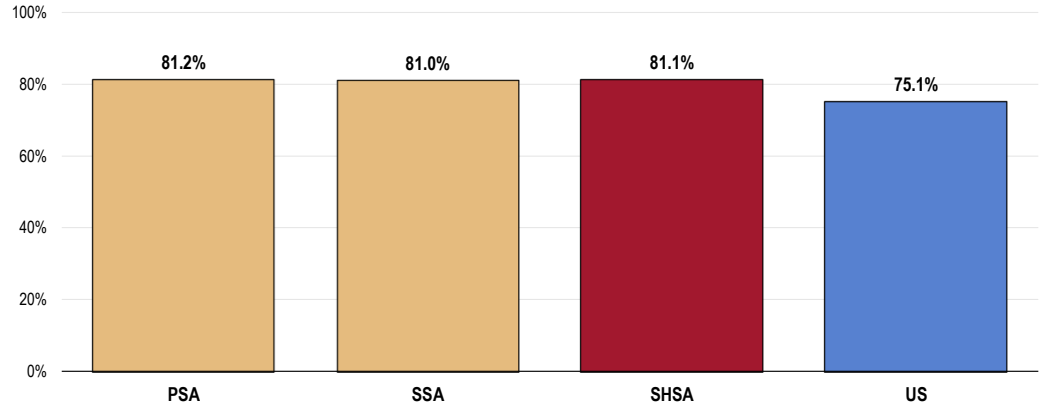
Among adults age 50–75, 81.1% have had an appropriate colorectal cancer screening (fecal occult blood testing within the past year and/or sigmoidoscopy/colonoscopy [lower endoscopy] within the past 10 years).

- Statistically similar to national findings.
- Satisfies the Healthy People 2020 target (70.5% or higher).
- Nearly identical rates by service area.

Have Had a Colorectal Cancer Screening

(Among Adults Age 50-75)

Healthy People 2020 Target = 70.5% or Higher



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 133]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective C-16]

Notes:
- Asked of all respondents age 50 through 75.
- In this case, the term "colorectal screening" refers to adults age 50-75 receiving a FOBT (fecal occult blood test) in the past year and/or a lower endoscopy (sigmoidoscopy/colonoscopy) in the past 10 years.

Lower Endoscopy

Among adults age 50 and older, a total of 85.5% have had a lower endoscopy (sigmoidoscopy or colonoscopy) at some point in their lives.

- Notably more favorable than New York findings.
- Notably more favorable than national findings.
- Similar by service area (not shown).

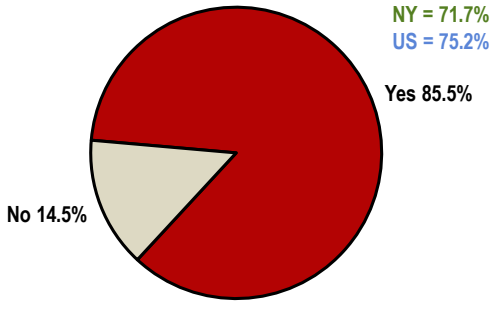
Blood Stool Testing

Among adults age 50 and older, nearly one-third (32.3%) have had a blood stool test (aka "fecal occult blood test") within the past two years.

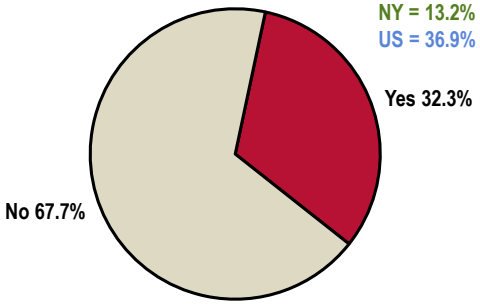
- Much more favorable than New York findings.
- Statistically similar to national findings.
- No statistical difference between service areas.

Colorectal Cancer Screenings

(Among SHSA Adults Age 50 and Older, 2015)



Ever Had Lower Endoscopy



Blood Stool Test in Past 2 Years

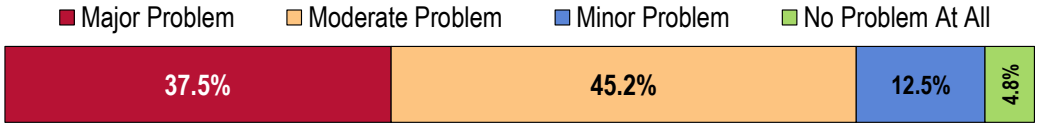
Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 131-132]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2012 New York data.

Notes:
- Asked of respondents age 50 and older.
- Lower endoscopy includes either sigmoidoscopy or colonoscopy.

Key Informant Input: Cancer

Key informants taking part in an online survey are most likely to consider *Cancer* as a "moderate problem" in the community.

Perceptions of Cancer as a Problem in the Community
(Key Informants, 2015)



Sources: • 2015 PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons frequently related to the following:

Prevalence/Incidence

I know many people that have been diagnosed in the past several years with a type of cancer. There is no reasoning behind this other than it seems that everyone is impacted at some level. —Community/Business Leader

Population is growing, especially Latino. There are an estimated 200 new cases this year with little to no access to quality diagnosis and treatment. —Physician

There is a high incidence of cancer in East Hampton, including breast cancer, lung cancer, and lymphoma. In fact there was a time that a number of students from East Hampton High School were diagnosed with lymphoma. There are few physicians who specialist in cancer treatment and the best hospitals that treat cancer are more than two hours away. On an ongoing basis, it can be very expensive for people who have to travel to New York City regularly for their treatment. —Community/Business Leader

Incidence, for example breast cancer, but others as well. —Other Health Provider

I think there are higher cancer rates locally. I couldn't say why exactly, but we are far away from oncologists, as well. —Social Services Provider

Based on press accounts and my familiarity with the community there does appear to be several cancer clusters in this area, causing a statistically significant greater incidence certain cancers on the South Fork. —Community/Business Leader

For many years the South Fork has had a high incidence of cancer of all types. In all probability it is environmental. Farm chemicals, proximity to Brookhaven Lab with unknown or undisclosed drain off into the Peconic Estuary. Septic flow into the waterways. Unknown air quality issues and genetics. —Community/Business Leader

Many people on the South Shore have developed cancer. Many people have to travel far away for proper cancer treatments. It is safe to say that everyone either is related to someone or knows someone who has been affected by cancer. —Community/Business Leader

The massive numbers of family, friends and neighbors who have been diagnosed. —Community/Business Leader

I am always stunned at the number of friends and community members struggling with a cancer diagnosis. Then compound that with lack of proper health insurance and loss of wages. The cancer patient's well-being and that of his or her entire family is in jeopardy. —Social Services Provider

I don't know a person who doesn't have a member of their family with some kind of cancer. In fact I can't think of a friend who hasn't had a family member with some kind of cancer. It is more an epidemic than the occasional illness. —Community/Business Leader

The increase in the number of cancer treatment facilities indicates that the problem is major. —Physician

Has a potential to affect anyone without warning. —Community/Business Leader

Lack of Resources/Providers

Limitation of specialty care resources. —Community/Business Leader

Real diagnosis goes to Stony Brook, Sloan or other places. —Community/Business Leader

Southampton and Commack are the closest facilities that offer care to cancer patients. —Community/Business Leader

Lack of cancer treatment centers on the East End. Most people travel to NYC or Stony Brook for treatment. —Community/Business Leader

Lack of specialists. —Public Health Representative

Patients seem to believe they need to go to specialized programs that are not in close proximity. —Other Health Provider

The big names for treatment are in Manhattan while the trust in the local centers isn't as high. —Social Services Provider

For cancer patients requiring radiation therapy, needed in about 60% of all cases, the closest radiation centers are in Riverhead, 15 miles from Southampton, and 35 miles from Montauk. For breast cancer patients, facing radiation treatment, most protocols call for sessions Mon through Friday for six weeks. A lot of driving. —Social Services Provider

Environment

Environmental. —Other Health Provider

Environmental conditions, lack of prevention, poor health behaviors. —Community/Business Leader

The degradation of our water supply. —Community/Business Leader

Pockets of possible carcinogens in our area. Early detection, holistic treatment needs. —Community/Business Leader

Leading Cause of Death

For several years, including 2014, cancer has been the number one killer of East End residents, accounting for 26% of all deaths. Unlike heart disease, which runs a close second, cancer is more protracted and painful in its late stage/killing process and treatment options. To put the disease into remission or just extend life is far more complex than treatments for heart disease. —Social Services Provider

Major problem nationally, not just in our community. —Community/Business Leader

Second leading cause of death in the USA. —Public Health Representative

Aging Population

This problem growing in the aging community and there are a lack of appropriate facilities to treat it. —Community/Business Leader

Respiratory Disease

About Asthma & COPD

Asthma and chronic obstructive pulmonary disease (COPD) are significant public health burdens. Specific methods of detection, intervention, and treatment exist that may reduce this burden and promote health.

Asthma is a chronic inflammatory disorder of the airways characterized by episodes of reversible breathing problems due to airway narrowing and obstruction. These episodes can range in severity from mild to life threatening. Symptoms of asthma include wheezing, coughing, chest tightness, and shortness of breath. Daily preventive treatment can prevent symptoms and attacks and enable individuals who have asthma to lead active lives.

COPD is a preventable and treatable disease characterized by airflow limitation that is not fully reversible. The airflow limitation is usually progressive and associated with an abnormal inflammatory response of the lung to noxious particles or gases (typically from exposure to cigarette smoke). Treatment can lessen symptoms and improve quality of life for those with COPD.

The burden of respiratory diseases affects individuals and their families, schools, workplaces, neighborhoods, cities, and states. Because of the cost to the healthcare system, the burden of respiratory diseases also falls on society; it is paid for with higher health insurance rates, lost productivity, and tax dollars. Annual healthcare expenditures for asthma alone are estimated at $20.7 billion.

Asthma. The prevalence of asthma has increased since 1980. However, deaths from asthma have decreased since the mid-1990s. The causes of asthma are an active area of research and involve both genetic and environmental factors.

Risk factors for asthma currently being investigated include:

- Having a parent with asthma
- Sensitization to irritants and allergens
- Respiratory infections in childhood
- Overweight

Asthma affects people of every race, sex, and age. However, significant disparities in asthma morbidity and mortality exist, in particular for low-income and minority populations. Populations with higher rates of asthma include: children; women (among adults) and boys (among children); African Americans; Puerto Ricans; people living in the Northeast United States; people living below the Federal poverty level; and employees with certain exposures in the workplace.

While there is not a cure for asthma yet, there are diagnoses and treatment guidelines that are aimed at ensuring that all people with asthma live full and active lives.

- Healthy People 2020 (www.healthypeople.gov)

[NOTE: COPD was changed to chronic lower respiratory disease (CLRD) with the introduction of ICD-10 codes. CLRD is used in vital statistics reporting, but COPD is still widely used and commonly found in surveillance reports.]

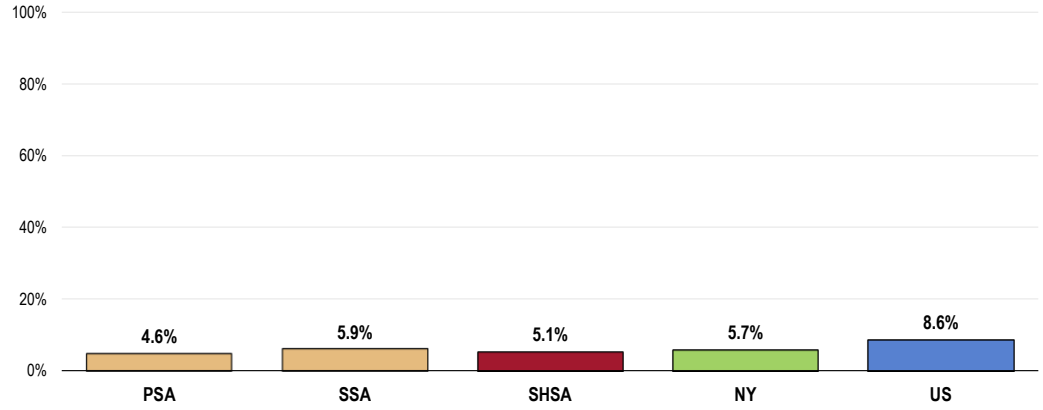
Chronic Obstructive Pulmonary Disease (COPD)

Survey respondents were next asked to indicate whether they suffer from or have been diagnosed with various respiratory conditions, including asthma and COPD.

A total of 5.1% of Southampton Hospital Service Area adults suffer from chronic obstructive pulmonary disease (COPD, including emphysema and bronchitis).

- Similar to the state prevalence.
- Lower than the national prevalence.
- Similar prevalence in Primary and Secondary Service Areas.

Prevalence of Chronic Obstructive Pulmonary Disease (COPD)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 25]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 New York data.
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- Includes those having ever suffered from or been diagnosed with COPD or chronic obstructive pulmonary disease, including bronchitis or emphysema.

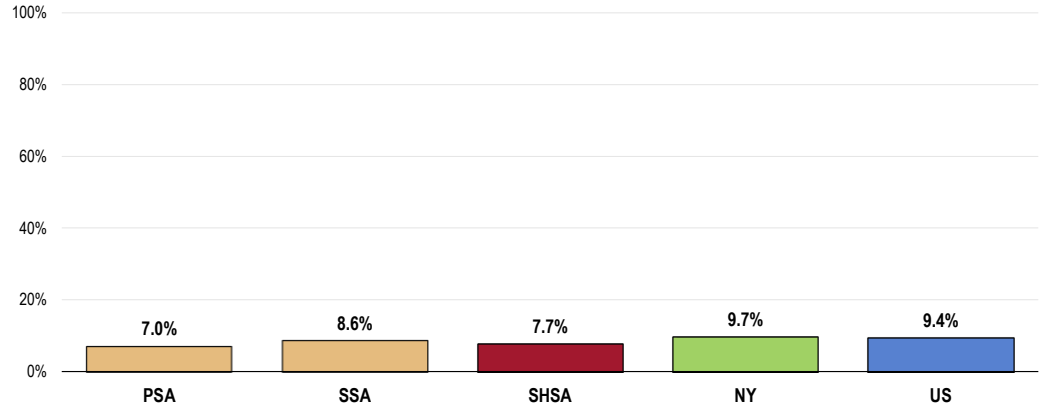
Asthma

Adults

A total of 7.7% of Southampton Hospital Service Area adults currently suffer from asthma.

- Similar to the statewide prevalence.
- Similar to the national prevalence.
- Similar by service area.

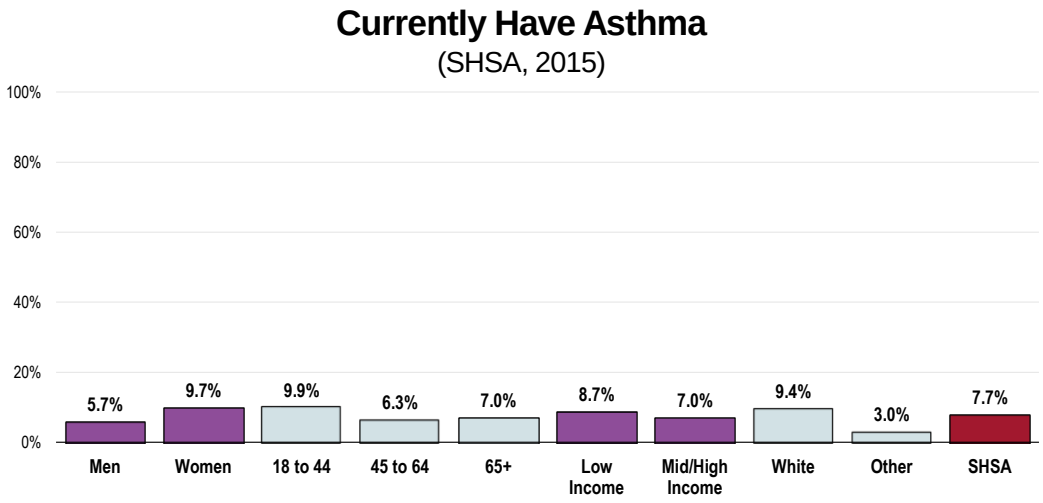
Adult Asthma: Current Prevalence



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 134]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 New York data.

Notes:
- Asked of all respondents.
- Includes those who have ever been diagnosed with asthma, and who report that they still have asthma.

- Whites are more likely to suffer from asthma than "Other" race residents.



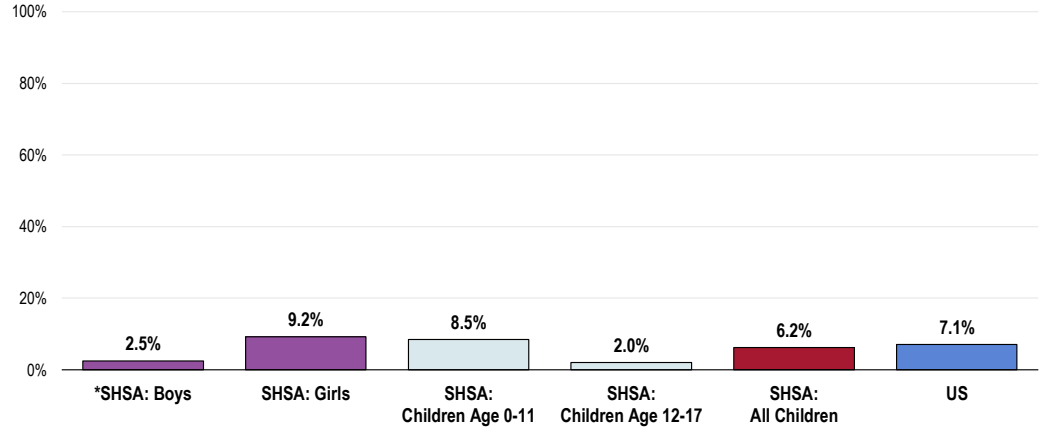
Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 134]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Children

Among Southampton Hospital Service Area children under age 18, 6.2% currently have asthma.

- Comparable to national findings.
- Viewed by age and gender, differences in children's asthma prevalence are not statistically significant.



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 135]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

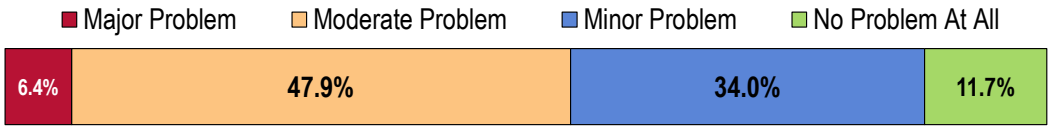
Notes:
- Asked of all respondents with children 0 to 17 in the household.
- Includes children who have ever been diagnosed with asthma, and whom are reported to still have asthma.
- *Use caution when interpreting as the sample size is <50.

Key Informant Input: Respiratory Disease

A high percentage of key informants taking part in an online survey characterized *Respiratory Diseases* as a "moderate problem" in the community.

Perceptions of Respiratory Diseases as a Problem in the Community

(Key Informants, 2015)



Sources: • 2015 PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among the few rating this issue as a "major problem," reasons related to the following:

Distance to Care

> *Most of the individuals I know go to New York City for their specialized care and for the larger hospitals. —Community/Business Leader*

Environment

> *Environment and food. —Social Services Provider*

Injury & Violence

About Injury & Violence

Injuries and violence are widespread in society. Both unintentional injuries and those caused by acts of violence are among the top 15 killers for Americans of all ages. Many people accept them as "accidents," "acts of fate," or as "part of life." However, most events resulting in injury, disability, or death are predictable and preventable.

Injuries are the leading cause of death for Americans ages 1 to 44, and a leading cause of disability for all ages, regardless of sex, race/ethnicity, or socioeconomic status. More than 180,000 people die from injuries each year, and approximately 1 in 10 sustains a nonfatal injury serious enough to be treated in a hospital emergency department.

Beyond their immediate health consequences, injuries and violence have a significant impact on the well-being of Americans by contributing to:

- Premature death
- Disability
- Poor mental health
- High medical costs
- Lost productivity

The effects of injuries and violence extend beyond the injured person or victim of violence to family members, friends, coworkers, employers, and communities.

Numerous factors can affect the risk of unintentional injury and violence, including individual behaviors, physical environment, access to health services (ranging from pre-hospital and acute care to rehabilitation), and social environment (from parental monitoring and supervision of youth to peer group associations, neighborhoods, and communities).

Interventions addressing these social and physical factors have the potential to prevent unintentional injuries and violence. Efforts to prevent unintentional injury may focus on:

- Modifications of the environment
- Improvements in product safety
- Legislation and enforcement
- Education and behavior change
- Technology and engineering

Efforts to prevent violence may focus on:

- Changing social norms about the acceptability of violence
- Improving problem-solving skills (for example, parenting, conflict resolution, coping)
- Changing policies to address the social and economic conditions that often give rise to violence

- Healthy People 2020 (www.healthypeople.gov)

Unintentional Injury

Motor Vehicle Safety

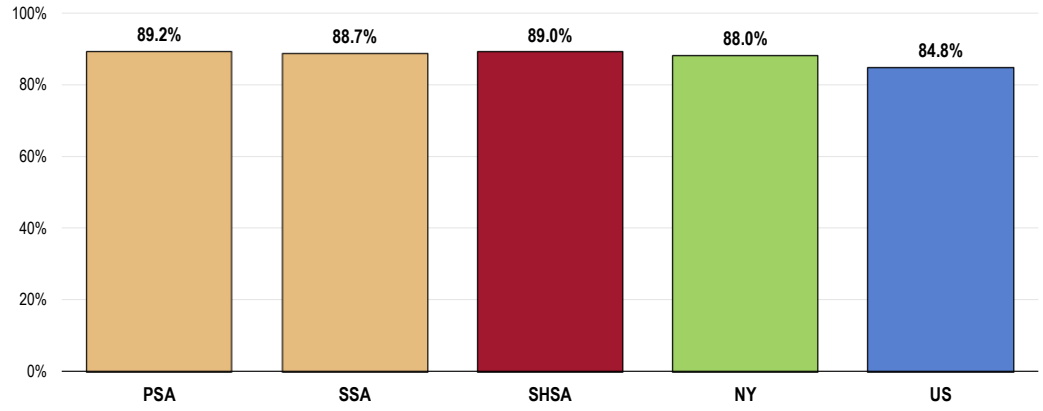
Seat Belt Usage - Adults

Most Southampton Hospital Service Area adults (89.0%) report "always" wearing a seat belt when driving or riding in a vehicle.

- Similar to the percentage reported in New York.
- More favorable than the percentage found nationally.
- Statistically similar to the Healthy People 2020 target of 92.0% or higher.
- Similar by service area.

"Always" Wear a Seat Belt When Driving or Riding in a Vehicle

Healthy People 2020 Target = 92.0% or Higher



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 49]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 New York data.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-15]

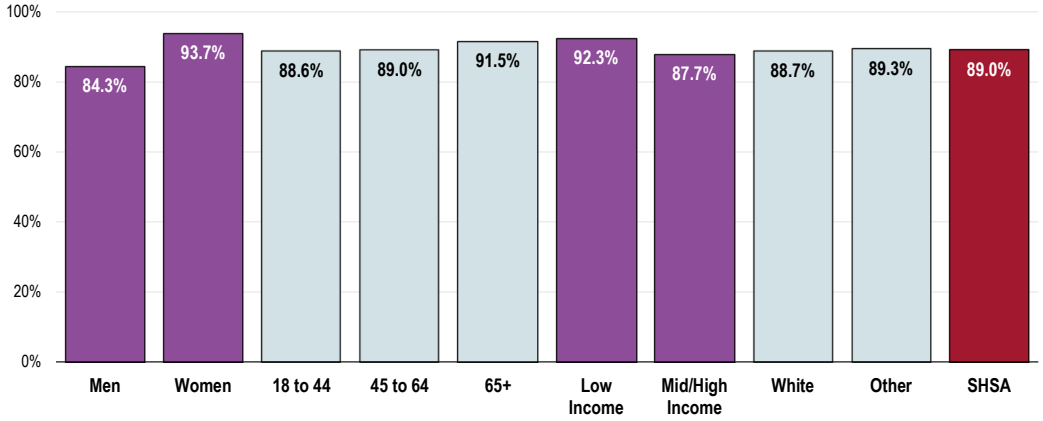
Notes:
- Asked of all respondents.

- Men are less likely than women to report consistent seat belt usage.

"Always" Wear a Seat Belt When Driving or Riding in a Vehicle

(SHSA, 2015)

Healthy People 2020 Target = 92.0% or Higher



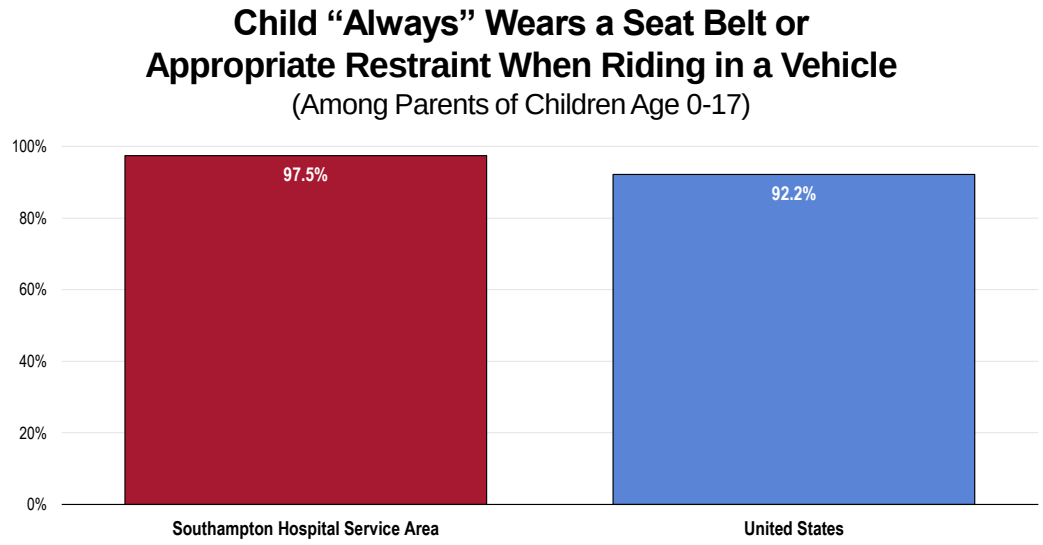
Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 49]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-15]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Seat Belt Usage - Children

A full 97.5% of Southampton Hospital Service Area parents report that their child (age 0 to 17) "always" wears a seat belt (or appropriate car seat for younger children) when riding in a vehicle.

- More favorable than what is found nationally.



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 122]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents with children 0 to 17 in the household.

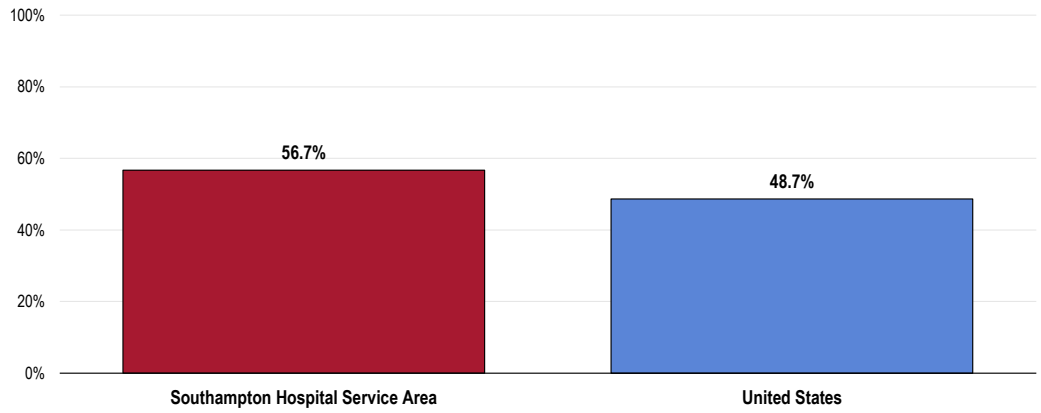
Bicycle Safety

Over half of Southampton Hospital Service Area children age 5 to 17 (56.7%) are reported to "always" wear a helmet when riding a bicycle.

- Statistically comparable to the national prevalence.

Child "Always" Wears a Helmet When Riding a Bicycle

(Among Parents of Children Age 5-17)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 121]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents with children age 5 to 17 at home.

Firearm Safety

Presence of Firearms in Homes

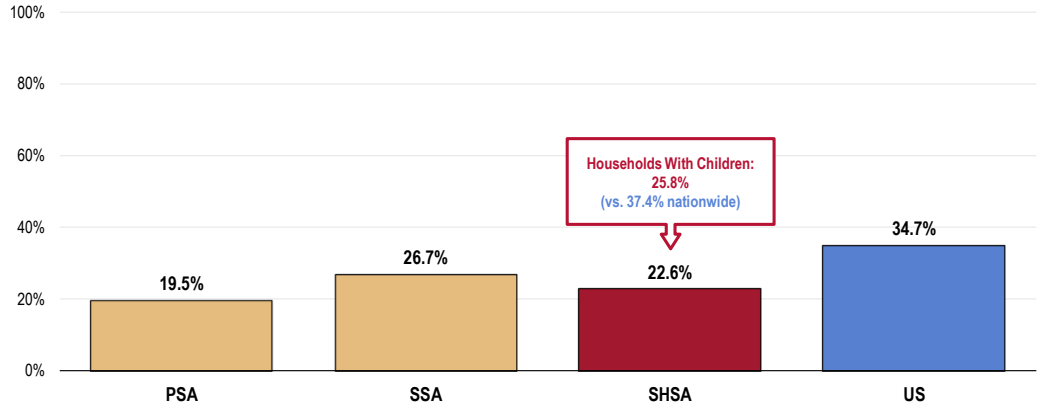
Survey respondents were further asked about the presence of weapons in the home:

"Are there any firearms now kept in or around your home, including those kept in a garage, outdoor storage area, truck, or car? For the purposes of this inquiry, 'firearms' include pistols, shotguns, rifles, and other types of guns, but do NOT include starter pistols, BB guns, or guns that cannot fire."

Overall, 22.6% of Southampton Hospital Service Area adults have a firearm kept in or around their home.

- Much lower than the national prevalence.
- Statistically similar by service area.
- Among Southampton Hospital Service Area households with children, 25.8% have a firearm kept in or around the house (lower than reported nationally).

Have a Firearm Kept in or Around the Home



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 52, 137]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

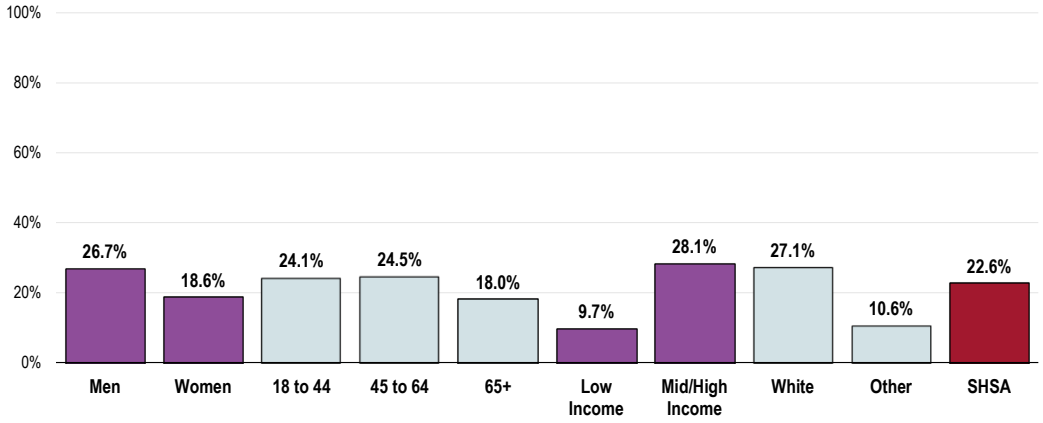
Notes:
- Asked of all respondents.
- In this case, firearms include pistols, shotguns, rifles, and other types of guns; this does not include starter pistols, BB guns, or guns that cannot fire.

Reports of firearms in or around the home are more prevalent among the following respondent groups:

- Higher-income households.
- White respondents.

Have a Firearm Kept in or Around the House

(SHSA, 2015)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 52]

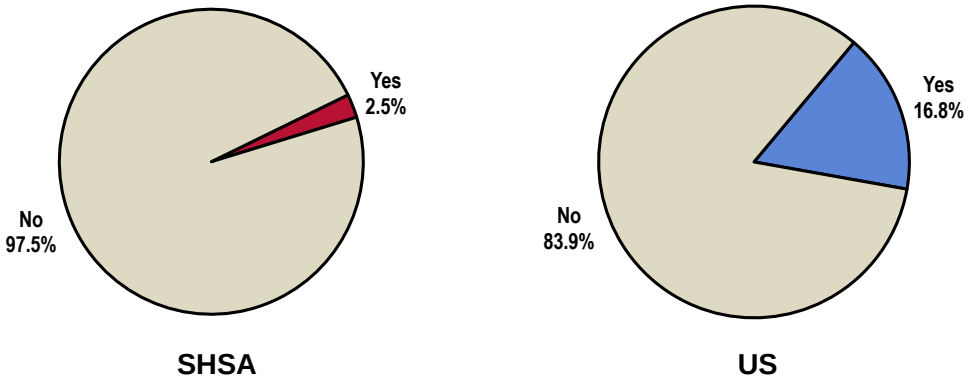
Notes:
- Asked of all respondents.
- In this case, firearms include pistols, shotguns, rifles, and other types of guns; this does not include starter pistols, BB guns, or guns that cannot fire.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Among Southampton Hospital Service Area households with firearms, 2.5% report that there is at least one weapon that is kept unlocked and loaded.

- Substantially lower than found nationally.

Household Has An Unlocked, Loaded Firearm

(Among Respondents Reporting a Firearm in or Around the Home)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 138]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents with a firearm in or around the home.
- In this case, firearms include pistols, shotguns, rifles, and other types of guns; this does not include starter pistols, BB guns, or guns that cannot fire.

Intentional Injury (Violence)

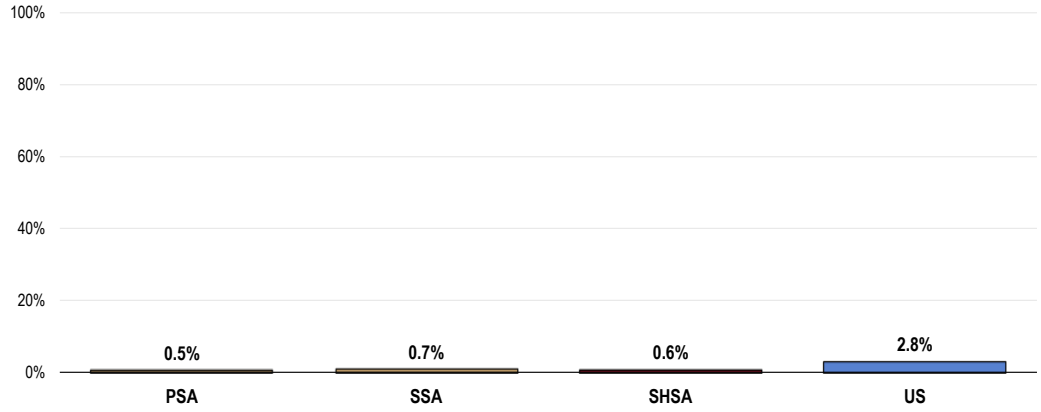
Violent Crime

Self-Reported Violence

Less than one percent of Southampton Hospital Service Area adults (0.6%) acknowledge being the victim of a violent crime in the past five years.

- More favorable than national findings.
- Nearly identical findings in both service areas.

Victim of a Violent Crime in the Past Five Years



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 50]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

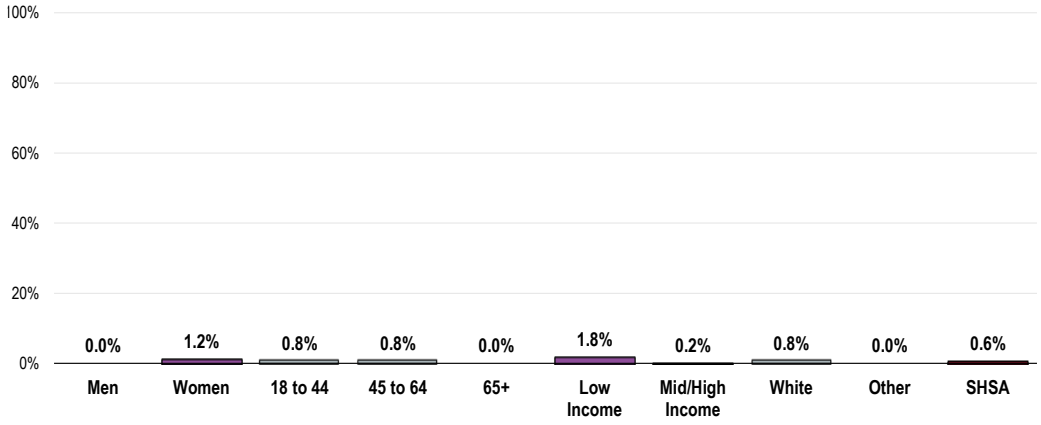
Notes:
- Asked of all respondents.

- Reports of violence are similar when viewed by demographic characteristics.

Victim of a Violent Crime in the Past Five Years
(SHSA, 2015)

Respondents were told:

"By an intimate partner, I mean any current or former spouse, boyfriend, or girlfriend. Someone you were dating, or romantically or sexually intimate with would also be considered an intimate partner."



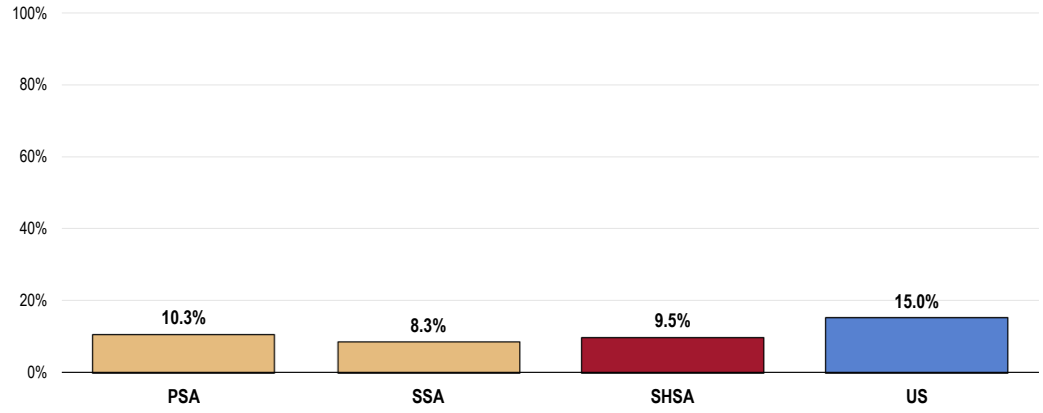
Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 50]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

A total of 9.5% of respondents acknowledge that they have ever been hit, slapped, pushed, kicked, or otherwise hurt by an intimate partner.

- More favorable than national findings.
- Statistically similar by service area.

Have Ever Been Hit, Slapped, Pushed, Kicked, or Hurt in Any Way by an Intimate Partner

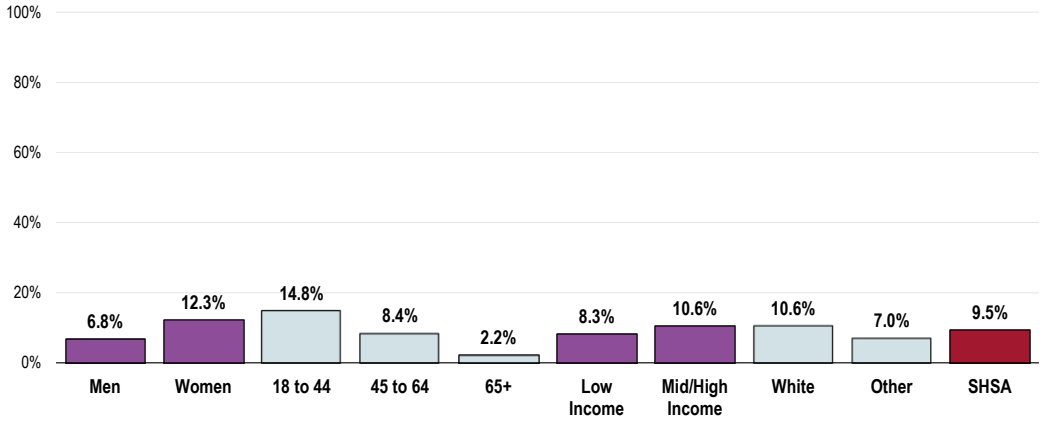


Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 51]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

- Reports of domestic violence are notably higher among younger adults (negative correlation with age).

Have Ever Been Hit, Slapped, Pushed, Kicked, or Hurt in Any Way by an Intimate Partner
(SHSA, 2015)



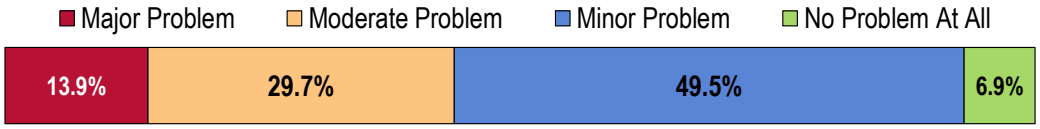
Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 51]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Key Informant Input: Injury & Violence

Nearly one-half of key informants taking part in an online survey characterized *Injury and Violence* as a "minor problem" in the community.

Perceptions of Injury and Violence as a Problem in the Community
(Key Informants, 2015)



Sources: • 2015 PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons frequently related to the following:

Prevalence/Incidence

I am aware of frequent incidents of injury, accidental and intentional, harm and violence. Whether resulting in physical attack or psychic assault, it is damaging especially to women, children and some elders too. Listen to the radio and TV, it's all around us. —Community/Business Leader

As a town justice, I write orders of protection every week. —Community/Business Leader

Reading the police reports of East Hampton and Sag Harbor, reading the reports issued by The Retreat about abused women. —Community/Business Leader

Domestic Violence

Domestic abuse is a major issue on the East End and elsewhere. —Social Services Provider

We service families, men, women and children who have been subject to domestic violence and intimate partner violence. Physical violence is a big part of our targeted population unfortunately. —Social Services Provider

Stressors

Historical trauma, lack of law enforcement on the reservation, lack of fire prevention. S. Village is totally inadequate in addressing fires at Shinnecock and for all of the South Fork. —Community/Business Leader

Prevention

I think more outreach and programs need to be available to people who are suffering from violence. There needs to be more education. —Social Services Provider

Family Violence

Work, family violence. This is carried on later by the children when they grow up. —Social Services Provider

Diabetes

About Diabetes

Diabetes mellitus occurs when the body cannot produce or respond appropriately to insulin. Insulin is a hormone that the body needs to absorb and use glucose (sugar) as fuel for the body's cells. Without a properly functioning insulin signaling system, blood glucose levels become elevated and other metabolic abnormalities occur, leading to the development of serious, disabling complications. Many forms of diabetes exist; the three common types are Type 1, Type 2, and gestational diabetes. Effective therapy can prevent or delay diabetic complications.

Diabetes mellitus:

- Lowers life expectancy by up to 15 years.
- Increases the risk of heart disease by 2 to 4 times.
- Is the leading cause of kidney failure, lower limb amputations, and adult-onset blindness.

The rate of diabetes mellitus continues to increase both in the United States and throughout the world. Due to the steady rise in the number of persons with diabetes mellitus, and possibly earlier onset of type 2 diabetes mellitus, there is growing concern about the possibility that the increase in the number of persons with diabetes mellitus and the complexity of their care might overwhelm existing healthcare systems.

People from minority populations are more frequently affected by type 2 diabetes. Minority groups constitute 25% of all adult patients with diabetes in the US and represent the majority of children and adolescents with type 2 diabetes.

Lifestyle change has been proven effective in preventing or delaying the onset of type 2 diabetes in high-risk individuals.

- Healthy People 2020 (www.healthypeople.gov)

Prevalence of Diabetes

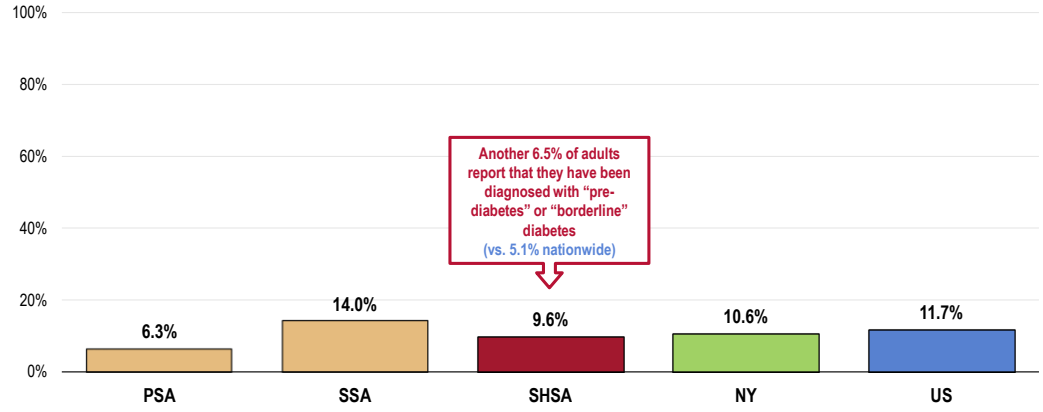
A total of 9.6% of Southampton Hospital Service Area adults report having been diagnosed with diabetes.

- Similar to the statewide prevalence.
- Similar to the national prevalence.
- More prevalent in the Secondary Service Area.

In addition to the prevalence of diagnosed diabetes referenced above, another 6.5% of Southampton Hospital Service Area adults report that they have "pre-diabetes" or "borderline diabetes."

- Comparable to the US prevalence.
- Comparable findings by service area (not shown).

Prevalence of Diabetes



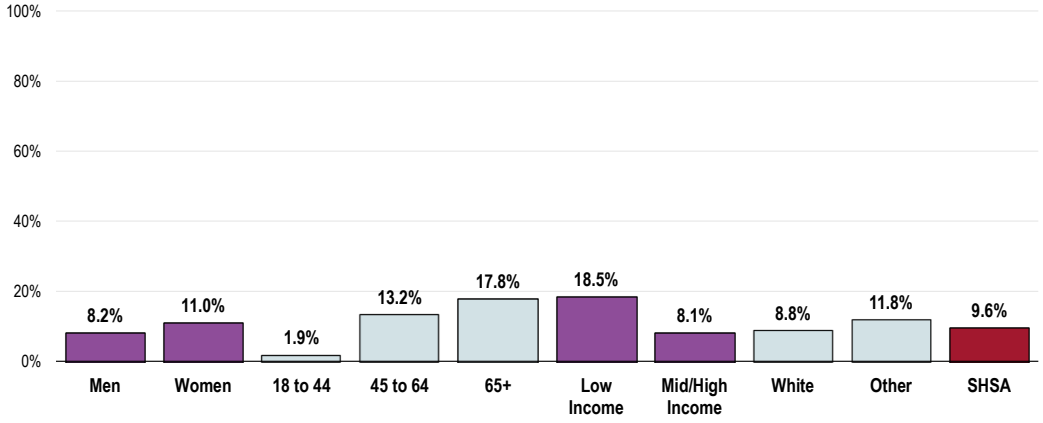
Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 136]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 New York data.

Notes:
- Asked of all respondents.
- Exclude gestation diabetes (occurring only during pregnancy).

A higher prevalence of diagnosed diabetes (excluding pre-diabetes or borderline diabetes) is reported among:

- Older adults (note the positive correlation between diabetes and age.)
- Residents living at lower incomes.

Prevalence of Diabetes
(SHSA, 2015)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 136]

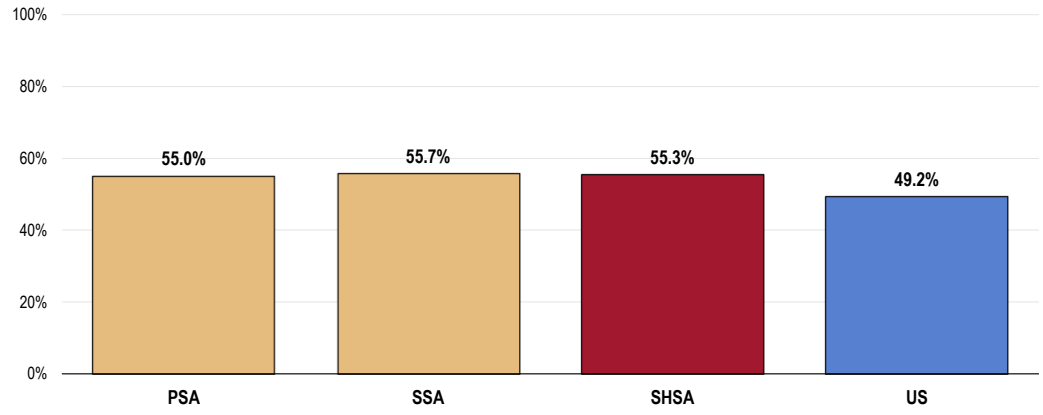
Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- Excludes gestation diabetes (occurring only during pregnancy).

Diabetes Testing

Of Southampton Hospital Service Area adults who have <u>not</u> been diagnosed with diabetes, 55.3% report having had their blood sugar level tested within the past three years.

- Higher than the national proportion.
- Similar by service area.

Have Had Blood Sugar Tested in the Past Three Years
(Among Non-Diabetics)

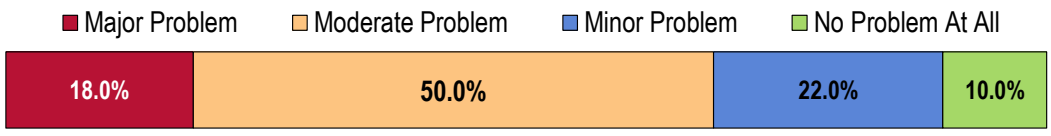


Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 40]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of respondents who have not been diagnosed with diabetes.

Key Informant Input: Diabetes

One-half of key informants taking part in an online survey characterized *Diabetes* as a "moderate problem" in the community.

Perceptions of Diabetes as a Problem in the Community
(Key Informants, 2015)



Sources: ● 2015 PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Challenges

Among those rating this issue as a "major problem," the biggest challenges for people with diabetes are seen as:

Nutrition, Physical Activity & Weight

Access to affordable, proper nutrition. Food pantries don't have fresh food often. No free healthy eating program. There are some expensive initiatives but they are vegetarian and too severe of a change for most. —Other Health Provider

Insufficient shopping and education for the poor and working poor. —Community/Business Leader

Controlling their diet. —Community/Business Leader

Maintaining a healthy diet and access to exercise facilities. - South Fork – Physician

Weight loss, physical activity in the winter, access to affordable nutrition and diabetic education and newer medications are very expensive. —Physician

Lifestyle and food. —Social Services Provider

People have poor nutritional habits and less expensive healthy alternatives are needed. —Other Health Provider

Heath Education

Education and follow through of individuals diagnosed with diabetes. —Community/Business Leader

Education and need for support to overcome fear and achieve discipline with personal eating habits and behaviors such as needing to stop or limit alcoholic beverage consumption. —Community/Business Leader

Access to behavioral health care. —Physician

Lack of access to comprehensive chronic care. Health education as prevention. Lack of access to fitness equipment and activities. —Community/Business Leader

Access to proper prevention and diabetes care services. Prescription drugs are not the only way to treat this condition and more should be done to educate young people on the long term benefits of healthy eating and exercise. —Social Services Provider

Lack of Providers

There are no endocrinologists in East Hampton at all. There needs to be increased nutrition education for all age levels, including information for Spanish speakers. The cost of insulin and testing devices is beyond the reach of many of our underserved residents. —Community/Business Leader

Lack of specialists. —Public Health Representative

Access to specialists. —Community/Business Leader

Prevalence/Incidence

Type two is an epidemic. —Other Health Provider

Alzheimer's Disease

About Dementia

Dementia is the loss of cognitive functioning—thinking, remembering, and reasoning—to such an extent that it interferes with a person's daily life. Dementia is not a disease itself, but rather a set of symptoms. Memory loss is a common symptom of dementia, although memory loss by itself does not mean a person has dementia. Alzheimer's disease is the most common cause of dementia, accounting for the majority of all diagnosed cases.

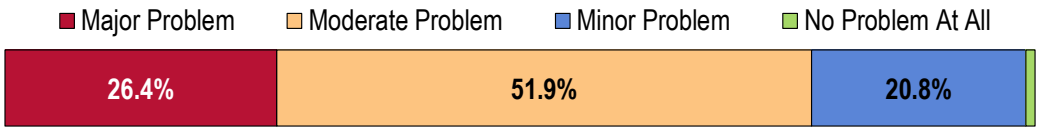
Alzheimer's disease is the 6th leading cause of death among adults age 18 years and older. Estimates vary, but experts suggest that up to 5.1 million Americans age 65 years and older have Alzheimer's disease. These numbers are predicted to more than double by 2050 unless more effective ways to treat and prevent Alzheimer's disease are found.

- Healthy People 2020 (www.healthypeople.gov)

Key Informant Input: Dementias, Including Alzheimer's Disease

Most key informants taking part in an online survey characterized *Dementia/Alzheimer's Disease* as a "moderate problem" in the community.

Perceptions of Dementia/Alzheimer's Disease as a Problem in the Community
(Key Informants, 2015)



Sources: • 2015 PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons frequently related to the following:

Lack of Providers/Resources

Lack of specialists. —Public Health Representative

Unable to find a doctor specializing in diagnosing this condition. —Other Health Provider

Availability of clinical and support services. —Community/Business Leader

Nearest care is 15 miles away. —Social Services Provider

The facilities for the elderly are poorly staffed and inadequate to provide tender, professional care for dementia and Alzheimer patients. Private care is exorbitant and difficult to obtain in this area. —Community/Business Leader

Again this is an area that limited resources are available. —Community/Business Leader

Serious issue as the community gets older and we have no good place for taking care of these people. I believe this is a national issue that needs a lot of help. —Community/Business Leader

No nearby assisted living facility dedicated to dementia patients. —Community/Business Leader

Early Detection

Growing population in need of intervention and diagnosis. Support or respite for caregivers is needed. More affordable residential facilities with compassionate care. —Other Health Provider

Diagnostic assessments are limited; information communicated to families is limited. Educational and support services for family is limited. Resources for care of someone with dementia are limited. —Other Health Provider

It appears that there are a lot of obstacles when identifying and treating a patient with this condition. Families have little understanding and often have to become their own advocates and demand proper care. —Social Services Provider

I have observed people expressing concern about appropriate and early diagnosis. Families are stressed by debilitating disease among sufferers. Long-term care facilities with inadequate, not-family friendly care. —Community/Business Leader

Aging Population

Age of residents and lack of knowledge of available help. —Community/Business Leader

Aging population, limited funds in towns for daycare and support services for caregivers and families. Treatment options and education of population. —Other Health Provider

Hidden and often seniors live alone with small families supporting them. Support for families and respite care as well as better skilled nursing facilities. The sandwich generation must be helped. —Other Health Provider

Prevalence/Incidence

Growing problem nationally and elderly local population. —Community/Business Leader

Incidence and limited resources. —Other Health Provider

Impact on Families/Caregivers

No evident cure. Hyper-stress on the spouse or other family caregiver. Takes place over protracted period. NBO free of charge counseling center is available. —Social Services Provider

Kidney Disease

About Chronic Kidney Disease

Chronic kidney disease and end-stage renal disease are significant public health problems in the United States and a major source of suffering and poor quality of life for those afflicted. They are responsible for premature death and exact a high economic price from both the private and public sectors. Nearly 25% of the Medicare budget is used to treat people with chronic kidney disease and end-stage renal disease.

Genetic determinants have a large influence on the development and progression of chronic kidney disease. It is not possible to alter a person's biology and genetic determinants; however, environmental influences and individual behaviors also have a significant influence on the development and progression of chronic kidney disease. As a result, some populations are disproportionately affected. Successful behavior modification is expected to have a positive influence on the disease.

Diabetes is the most common cause of kidney failure. The results of the Diabetes Prevention Program (DPP) funded by the national Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) show that moderate exercise, a healthier diet, and weight reduction can prevent development of type 2 diabetes in persons at risk.

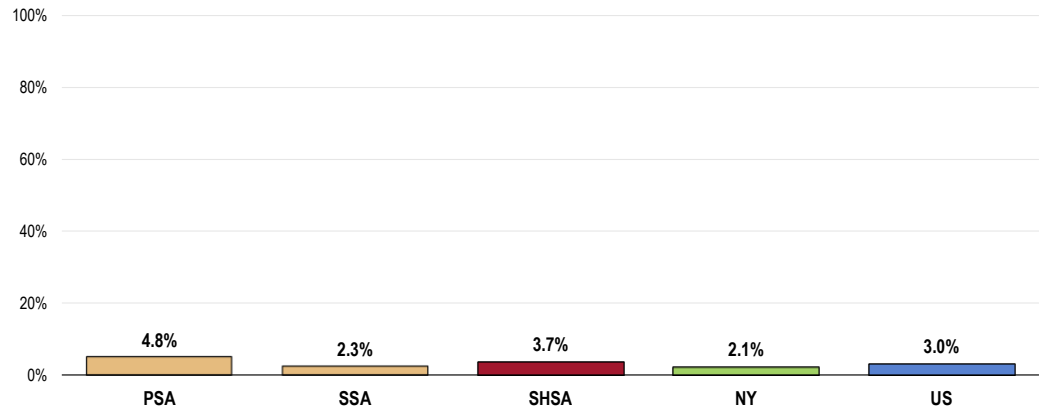
- Healthy People 2020 (www.healthypeople.gov)

Prevalence of Kidney Disease

A total of 3.7% of Southampton Hospital Service Area adults report having been diagnosed with kidney disease.

- Similar to the state proportion.
- Similar to the national proportion.
- No statistical difference between service areas.

Prevalence of Kidney Disease

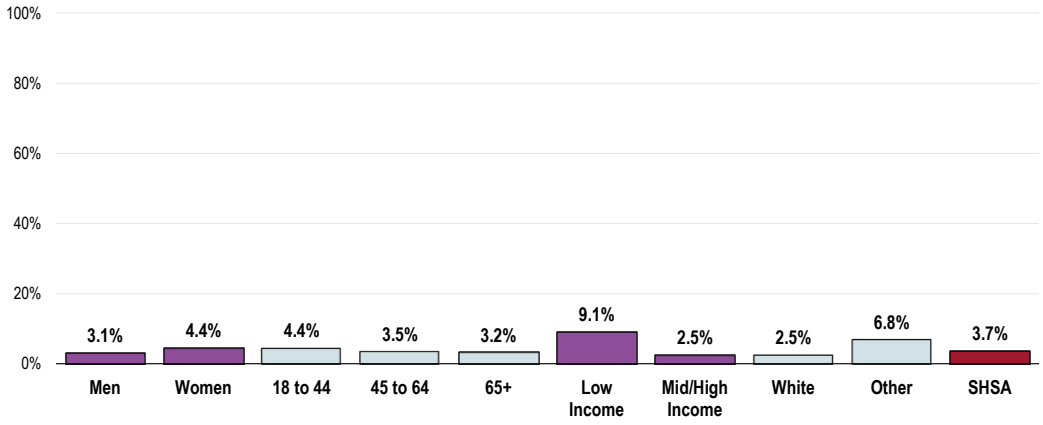


Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 33]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 New York data.
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

- There are no statistically significant differences in kidney disease prevalence within the following demographic segments.

Prevalence of Kidney Disease
(SHSA, 2015)

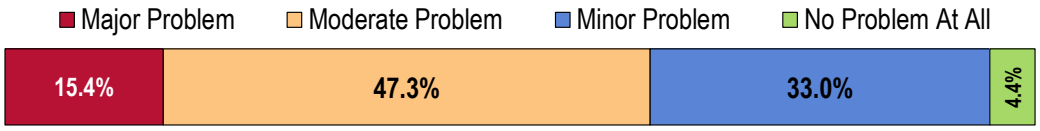


Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 33]
Notes: • Asked of all respondents.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Key Informant Input: Chronic Kidney Disease

The greatest share of key informants taking part in an online survey characterized *Chronic Kidney Disease* as a "moderate problem" in the community.

Perceptions of Chronic Kidney Disease as a Problem in the Community
(Key Informants, 2015)



Sources: • 2015 PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons frequently related to the following:

Lack of Treatment Facilities

Lack of a dialysis treatment facility. —Community/Business Leader
No facilities. —Community/Business Leader
No freestanding dialysis center. —Community/Business Leader

> *Have heard people talk about difficulty of getting to treatment centers for kidney treatments. —Community/Business Leader*

Distance to Care

> *The nearest dialysis center is in Hampton Bays, making the three to four weekly visits difficult at best. —Community/Business Leader*
>
> *Long distance traveling to dialysis. —Social Services Provider*
>
> *As a parent with a child with a rare chronic kidney disease, I know first had how hard it is to access local resources to treat this issue for adults and impossible for pediatric patients. Rare disease, though not a choice given in this survey required that people within this community to travel great distances to receive services, such as Stony Brook or New York City. —Community/Business Leader*

Aging Population

> *As the population ages and the incidence of diabetes increases, there will be more and more chronic kidney disease diagnosed. For patients who require dialysis, the Hampton Bays Dialysis Center offers exceptional care and treatment, but is a long trip for people considering that they must undergo treatment three times weekly for the rest of their lives if they aren't candidates for transplant. We really need a dialysis center somewhere in East Hampton to meet the needs of people who live east of Southampton. —Community/Business Leader*

Lack of Providers

> *Lack of specialists. —Public Health Representative*

Potentially Disabling Conditions

About Arthritis, Osteoporosis & Chronic Back Conditions

There are more than 100 types of arthritis. Arthritis commonly occurs with other chronic conditions, such as diabetes, heart disease, and obesity. Interventions to treat the pain and reduce the functional limitations from arthritis are important, and may also enable people with these other chronic conditions to be more physically active. Arthritis affects 1 in 5 adults and continues to be the most common cause of disability. It costs more than $128 billion per year. All of the human and economic costs are projected to increase over time as the population ages. There are interventions that can reduce arthritis pain and functional limitations, but they remain underused. These include: increased physical activity; self-management education; and weight loss among overweight/obese adults.

Osteoporosis is a disease marked by reduced bone strength leading to an increased risk of fractures (broken bones). In the United States, an estimated 5.3 million people age 50 years and older have osteoporosis. Most of these people are women, but about 0.8 million are men. Just over 34 million more people, including 12 million men, have low bone mass, which puts them at increased risk for developing osteoporosis. Half of all women and as many as 1 in 4 men age 50 years and older will have an osteoporosis-related fracture in their lifetime.

Chronic back pain is common, costly, and potentially disabling. About 80% of Americans experience low back pain in their lifetime. It is estimated that each year:

- 15%-20% of the population develop protracted back pain.
- 2-8% have chronic back pain (pain that lasts more than 3 months).
- 3-4% of the population is temporarily disabled due to back pain.
- 1% of the working-age population is disabled completely and permanently as a result of low back pain.

Americans spend at least $50 billion each year on low back pain. Low back pain is the:

- 2nd leading cause of lost work time (after the common cold).
- 3rd most common reason to undergo a surgical procedure.
- 5th most frequent cause of hospitalization.

Arthritis, osteoporosis, and chronic back conditions all have major effects on quality of life, the ability to work, and basic activities of daily living.

- Healthy People 2020 (www.healthypeople.gov)

Arthritis, Osteoporosis, & Chronic Back Conditions

Prevalence of Arthritis/Rheumatism

RELATED ISSUE:

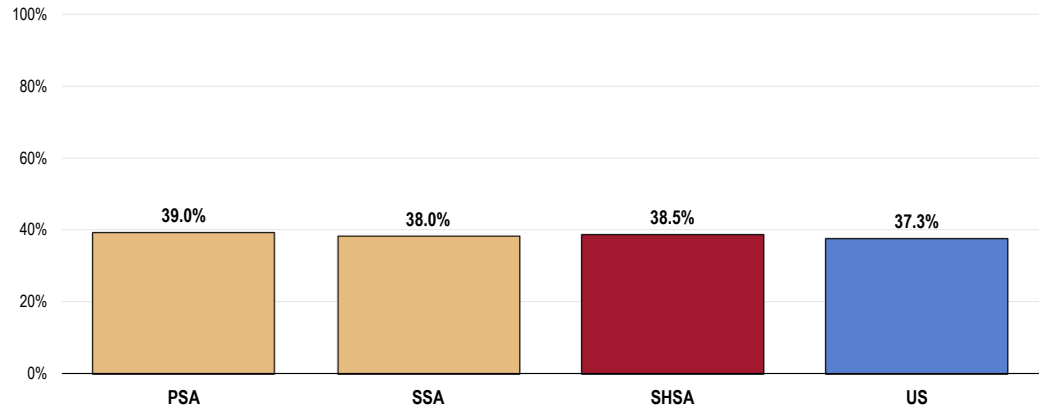
See also *Activity Limitations* in the **General Health Status** section of this report.

A total of 38.5% of Southampton Hospital Service Area adults age 50 and older report suffering from arthritis or rheumatism.

- Comparable to that found nationwide.
- Comparable findings by service area.

Prevalence of Arthritis/Rheumatism

(Among Adults Age 50 and Older)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 139]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Reflects respondents age 50 and older.

Prevalence of Osteoporosis

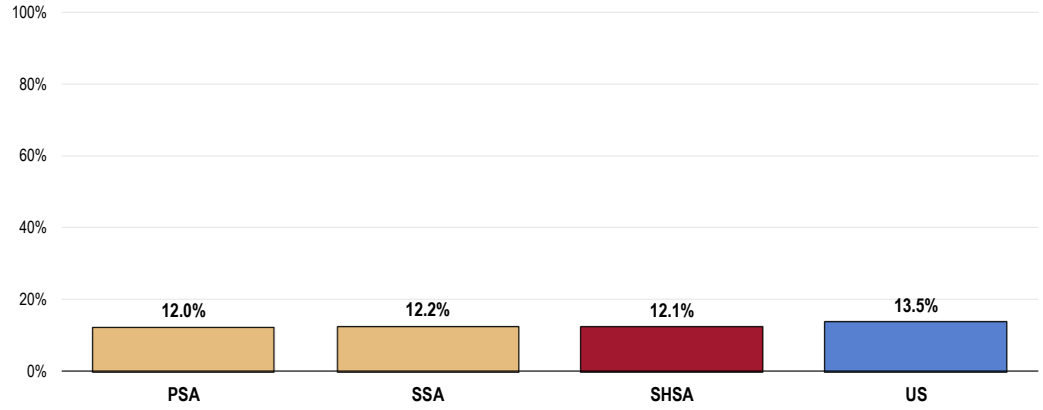
A total of 12.1% of survey respondents age 50 and older have osteoporosis.

- Similar to that found nationwide.
- More than twice the Healthy People 2020 target of 5.3% or lower.
- Nearly identical proportions reported in each service area.

Prevalence of Osteoporosis

(Among Adults Age 50 and Older)

Healthy People 2020 Target = 5.3% or Lower



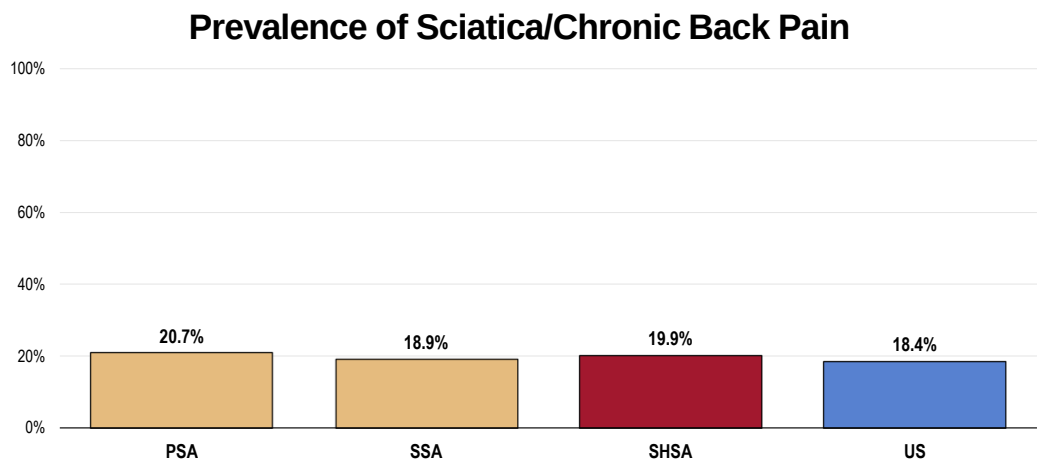
Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 140]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AOCBC-10]

Notes:
- Reflects respondents age 50 and older.

Prevalence of Sciatica/Chronic Back Pain

A total of 19.9% of adults living in the Southampton Hospital Service Area suffer from chronic back pain or sciatica.

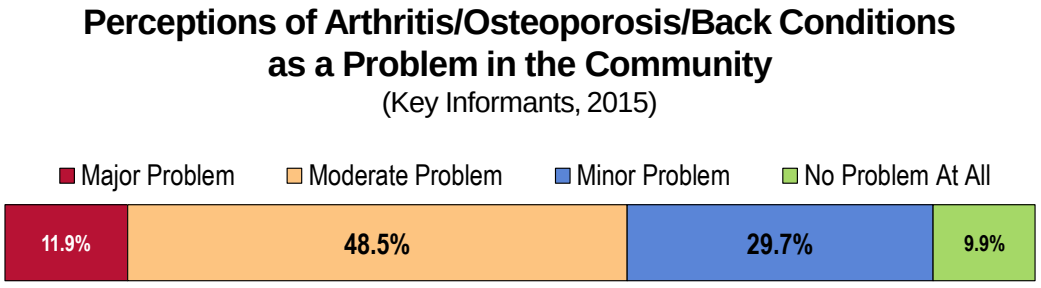
- Similar to that found nationwide.
- No statistical difference between service areas.



Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 29]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Key Informant Input: Arthritis, Osteoporosis & Chronic Back Conditions

Key informants taking part in an online survey generally characterized *Arthritis/Osteoporosis/Back Conditions* as a "moderate problem" in the community.



Sources: ● 2015 PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons frequently related to the following:

Aging Population

The older population is more susceptible to the problem. —Community/Business Leader

There are many older residents in our community who have developed arthritis. There are also a lot of people in the working community who have back conditions. —Community/Business Leader

The large number of senior citizens in our community. —Community/Business Leader

Many older residents do not know which physicians to go to and which physical therapy or gyms are the most appropriate for their needs. They find it difficult to travel to New York City to specialized hospitals. More Rheumatologists and Neurologists in the area would be a great help. —Community/Business Leader

The aging of our society leaves many people unable to move without pain. —Community/Business Leader

Lack of Providers

Lack of specialists. —Public Health Representative

There are no physicians practicing locally who specialize in treating back problems. I believe the closest physician is located in Riverhead. There are very few arthritis and osteoporosis specialists in the area and as our community ages we will see a higher incidence of need for specialty care. —Community/Business Leader

Lack of Resources

Not enough resources available to treat and who accept all insurances on the East End. —Other Health Provider

No real treatment options other than replacement, physical therapy or pain management. —Community/Business Leader

Vision & Hearing Impairment

About Vision

Vision is an essential part of everyday life, influencing how Americans of all ages learn, communicate, work, play, and interact with the world. Yet millions of Americans live with visual impairment, and many more remain at risk for eye disease and preventable eye injury.

The eyes are an important, but often overlooked, part of overall health. Despite the preventable nature of some vision impairments, many people do not receive recommended screenings and exams. A visit to an eye care professional for a comprehensive dilated eye exam can help to detect common vision problems and eye diseases, including diabetic retinopathy, glaucoma, cataract, and age-related macular degeneration.

These common vision problems often have no early warning signs. If a problem is detected, an eye care professional can prescribe corrective eyewear, medicine, or surgery to minimize vision loss and help a person see his or her best.

Healthy vision can help to ensure a healthy and active lifestyle well into a person's later years. Educating and engaging families, communities, and the nation is critical to ensuring that people have the information, resources, and tools needed for good eye health.

- Healthy People 2020 (www.healthypeople.gov)

Vision Trouble

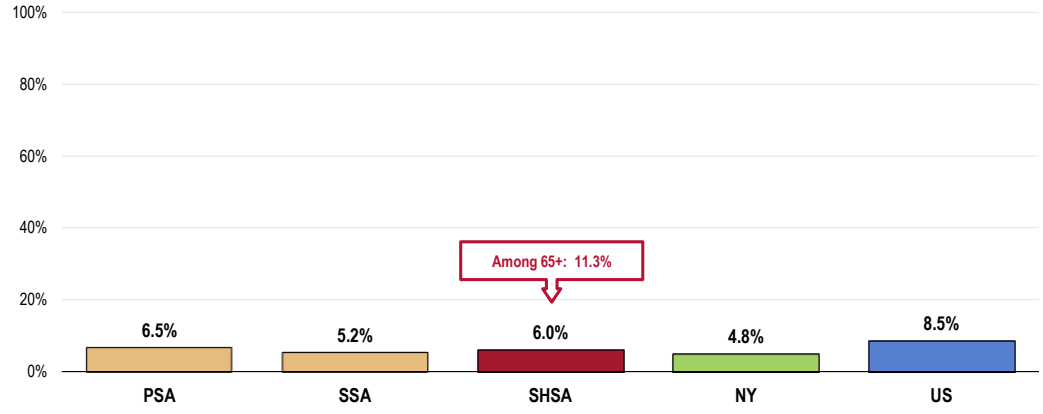
A total of 6.0% of Southampton Hospital Service Area adults are blind or have trouble seeing even when wearing corrective lenses.

- Comparable to the statewide prevalence.
- Statistically comparable to nationwide findings.
- Comparable findings by service area.
- Among Southampton Hospital Service Area adults age 65 and older, 11.3% have vision trouble.

RELATED ISSUE:

See also *Vision Care* in the **Access to Health Services** section of this report.

Prevalence of Blindness/Trouble Seeing



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 26]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 New York data.
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Hearing Trouble

About Hearing & Other Sensory or Communication Disorders

An impaired ability to communicate with others or maintain good balance can lead many people to feel socially isolated, have unmet health needs, have limited success in school or on the job. Communication and other sensory processes contribute to our overall health and well-being. Protecting these processes is critical, particularly for people whose age, race, ethnicity, gender, occupation, genetic background, or health status places them at increased risk.

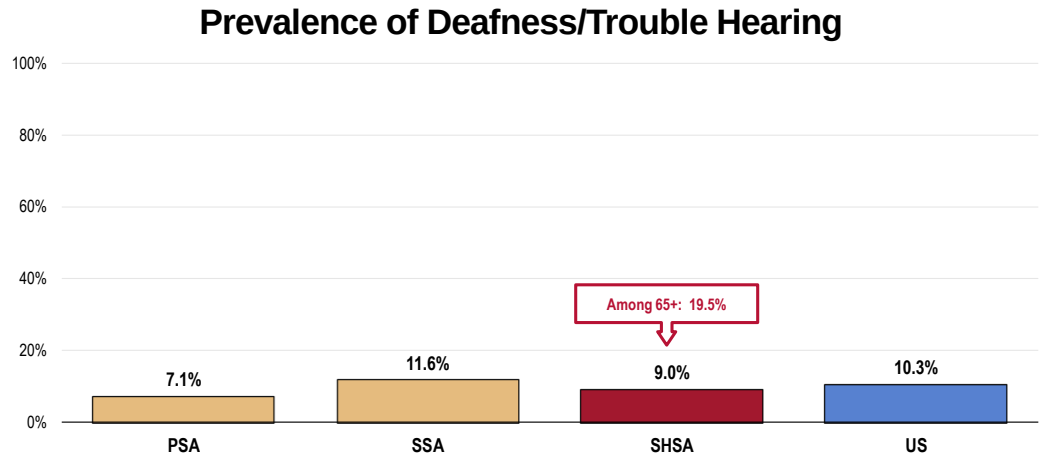
Many factors influence the numbers of Americans who are diagnosed and treated for hearing and other sensory or communication disorders, such a social determinants (social and economic standings, age of diagnosis, cost and stigma of wearing a hearing aid, and unhealthy lifestyle choices). In addition, biological causes of hearing loss and other sensory or communication disorders include: genetics; viral or bacterial infections; sensitivity to certain drugs or medications; injury; and aging.

As the nation's population ages and survival rates for medically fragile infants and for people with severe injuries and acquired diseases improve, the prevalence of sensory and communication disorders is expected to rise.

- Healthy People 2020 (www.healthypeople.gov)

In all, 9.0% of Southampton Hospital Service Area adults report being deaf or having difficulty hearing.

- Similar to that found nationwide.
- Statistically similar by service area.
- Among Southampton Hospital Service Area adults age 65 and older, 19.5% have partial or complete hearing loss.



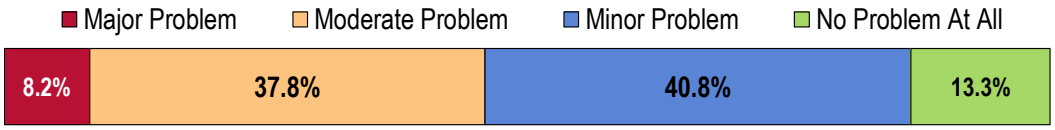
Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 27]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Key Informant Input: Vision & Hearing

Slightly more key informants taking part in an online survey characterized *Hearing and Vision Problems* as a "minor problem" than a "moderate problem" in the community.

Perceptions of Hearing and Vision as a Problem in the Community

(Key Informants, 2015)



Sources: • 2015 PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Lack of Comprehensive Care

> *Vision not so much because we have access to Davis Vision through the NYSDOH American Indian Health Program. This is for basic services though and does not include comprehensive care such as retinology. Hearing is also basic and does not include, for example, better hearing equipment more likely to be used consistently by patients. ENT and Allergy Associates will not accept payment from the NYSDOH American Indian Health Program, and so will not see patients from our community. —Community/Business Leader*

Lack of Providers

> *There are no ophthalmologists practicing east of Southampton and many older patients have a hard time getting care because of the travel required. The cost of hearing aids is very high, and as patient's age, more and more will need both vision and hearing care. —Community/Business Leader*

> *Lack of specialists. —Public Health Representative*

Environmental Factors

> *Problems with water depending the county and also if they are from the city or country side. —Social Services Provider*

Aging Population

> *I believe we have an aging population. —Community/Business Leader*

Infectious Disease

Professional Research Consultants, Inc.

Influenza & Pneumonia Vaccination

About Influenza & Pneumonia

Acute respiratory infections, including pneumonia and influenza, are the 8th leading cause of death in the nation, accounting for 56,000 deaths annually. Pneumonia mortality in children fell by 97% in the last century, but respiratory infectious diseases continue to be leading causes of pediatric hospitalization and outpatient visits in the US. On average, influenza leads to more than 200,000 hospitalizations and 36,000 deaths each year. The 2009 H1N1 influenza pandemic caused an estimated 270,000 hospitalizations and 12,270 deaths (1,270 of which were of people younger than age 18) between April 2009 and March 2010.

- Healthy People 2020 (www.healthypeople.gov)

Flu Vaccinations

FluMist® is a vaccine that is sprayed into the nose to help protect against influenza; it is an alternative to traditional flu shots.

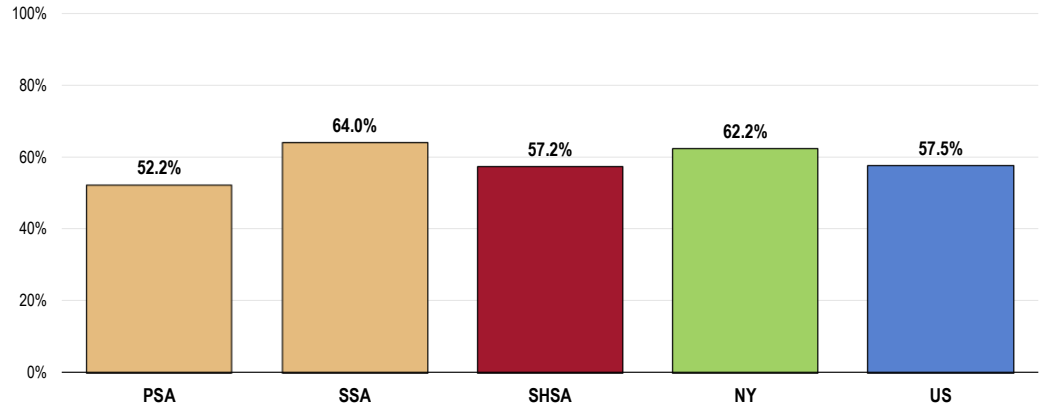
Among Southampton Hospital Service Area seniors, 57.2% received a flu shot (or FluMist®) within the past year.

- Statistically comparable to the New York finding.
- Comparable to the national finding.
- Fails to satisfy the Healthy People 2020 target (70% or higher).
- No statistical difference between service areas.

Older Adults: Have Had a Flu Vaccination in the Past Year

(Among Adults Age 65+)

Healthy People 2020 Target = 70.0% or Higher



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 141]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 New York data.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IID-12.12]

Notes:
- Reflects respondents 65 and older.
- Includes FluMist as a form of vaccination.

High-Risk Adults

"High-risk" includes adults who report having been diagnosed with heart disease, diabetes or respiratory disease.

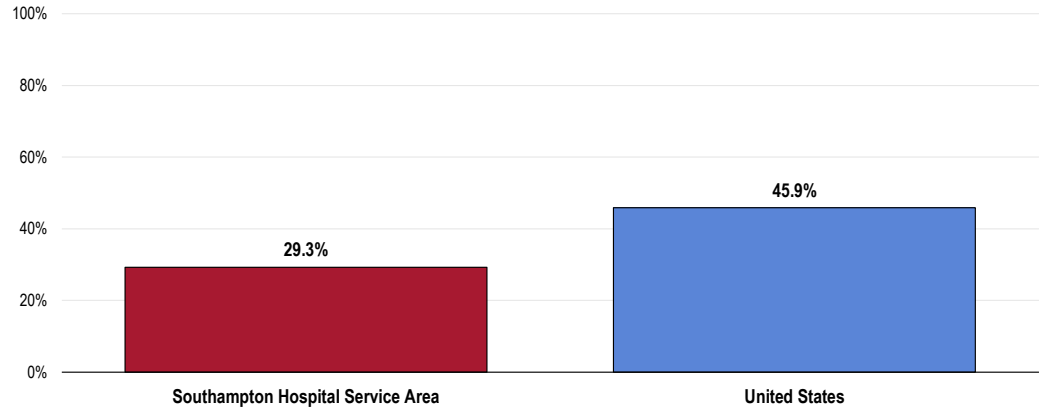
A total of 29.3% of high-risk adults age 18 to 64 received a flu vaccination (flu shot or FluMist®) within the past year.

- Lower than national findings.
- Far from satisfying the Healthy People 2020 target (70% or higher).

High-Risk Adults: Have Had a Flu Vaccination in the Past Year

(Among High-Risk Adults Age 18-64)

Healthy People 2020 Target = 70.0% or Higher



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 142]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IID-12.12]

Notes:
- Reflects high-risk respondents age 18-64.
- "High-Risk" includes adults age 18 to 64 who have been diagnosed with heart disease, diabetes or respiratory disease.
- Includes FluMist as a form of vaccination.

Pneumonia Vaccination

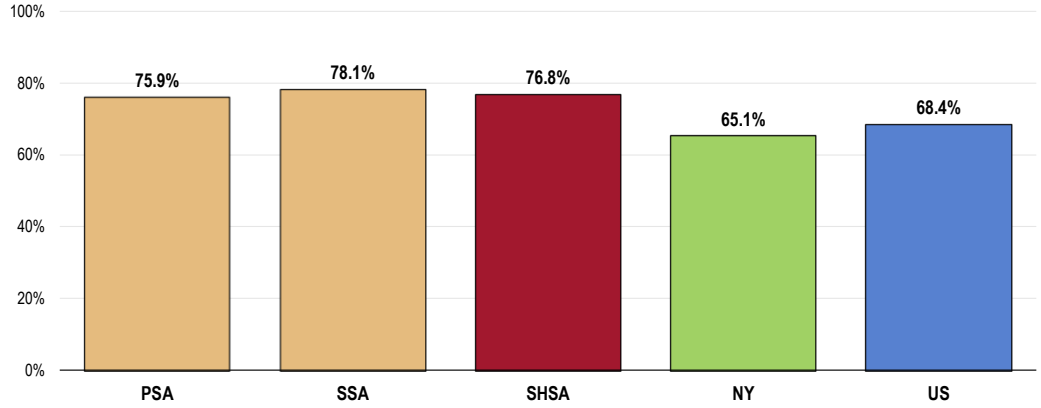
Among adults age 65 and older, just over three-fourths (76.8%) have received a pneumonia vaccination at some point in their lives.

- Notably higher than New York findings.
- Statistically similar to national findings.
- Far from satisfying the Healthy People 2020 target of 90% or higher.
- Statistically similar by service area.

Older Adults: Have Ever Had a Pneumonia Vaccine

(Among Adults Age 65+)

Healthy People 2020 Target = 90.0% or Higher



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 143]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 New York data.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IID-13.1]

Notes:
- Reflects respondents 65 and older.

High-Risk Adults

"High-risk" includes adults who report having been diagnosed with heart disease, diabetes or respiratory disease.

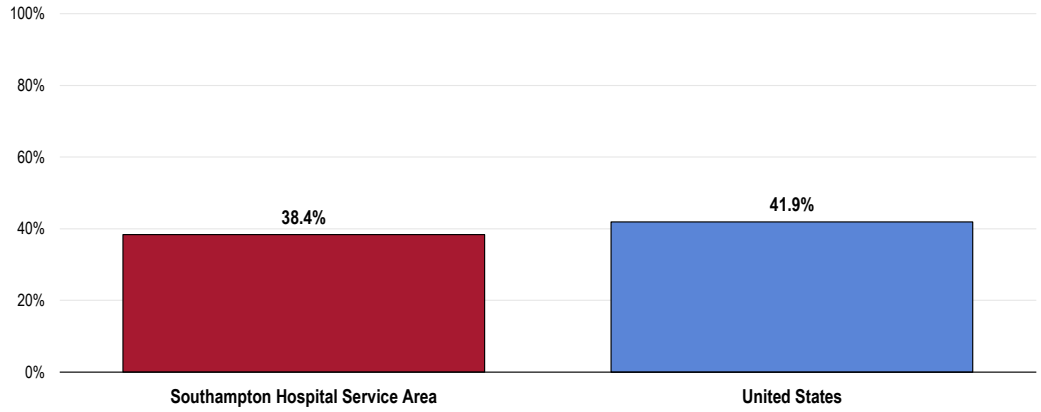
A total of 38.4% of high-risk adults age 18 to 64 have ever received a pneumonia vaccination.

- Statistically similar to national findings.
- Far from satisfying the Healthy People 2020 target (60% or higher).

High-Risk Adults: Have Ever Had a Pneumonia Vaccine

(Among High-Risk Adults Age 18-64)

Healthy People 2020 Target = 60.0% or Higher



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 144]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IID-13.2]

Notes:
- Asked of all high-risk respondents under 65.
- "High-Risk" includes adults age 18 to 64 who have been diagnosed with heart disease, diabetes or respiratory disease.

HIV

About HIV

The HIV epidemic in the United States continues to be a major public health crisis. An estimated 1.1 million Americans are living with HIV, and 1 in 5 people with HIV do not know they have it. HIV continues to spread, leading to about 56,000 new HIV infections each year.

HIV is a preventable disease, and effective HIV prevention interventions have been proven to reduce HIV transmission. People who get tested for HIV and learn that they are infected can make significant behavior changes to improve their health and reduce the risk of transmitting HIV to their sex or drug-using partners. More than 50% of new HIV infections occur as a result of the 21% of people who have HIV but do not know it.

In the era of increasingly effective treatments for HIV, people with HIV are living longer, healthier, and more productive lives. Deaths from HIV infection have greatly declined in the United States since the 1990s. As the number of people living with HIV grows, it will be more important than ever to increase national HIV prevention and healthcare programs.

There are gender, race, and ethnicity disparities in new HIV infections:

- Nearly 75% of new HIV infections occur in men.
- More than half occur in gay and bisexual men, regardless of race or ethnicity.
- 45% of new HIV infections occur in African Americans, 35% in whites, and 17% in Hispanics.

Improving access to quality healthcare for populations disproportionately affected by HIV, such as persons of color and gay and bisexual men, is a fundamental public health strategy for HIV prevention. People getting care for HIV can receive:

- Antiretroviral therapy
- Screening and treatment for other diseases (such as sexually transmitted infections)
- HIV prevention interventions
- Mental health services
- Other health services

As the number of people living with HIV increases and more people become aware of their HIV status, prevention strategies that are targeted specifically for HIV-infected people are becoming more important. Prevention work with people living with HIV focuses on:

- Linking to and staying in treatment.
- Increasing the availability of ongoing HIV prevention interventions.
- Providing prevention services for their partners.

Public perception in the US about the seriousness of the HIV epidemic has declined in recent years. There is evidence that risky behaviors may be increasing among uninfected people, especially gay and bisexual men. Ongoing media and social campaigns for the general public and HIV prevention interventions for uninfected persons who engage in risky behaviors are critical.

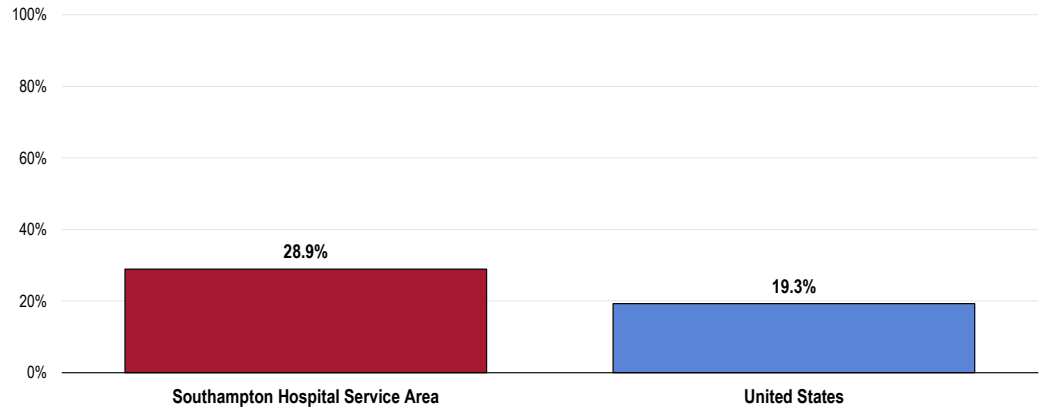
- Healthy People 2020 (www.healthypeople.gov)

HIV Testing

Among Southampton Hospital Service Area adults age 18-44, 28.9% report that they have been tested for human immunodeficiency virus (HIV) in the past year.

- Statistically comparable to the proportion found nationwide.

Tested for HIV in the Past Year
(Among Adults Age 18-44)

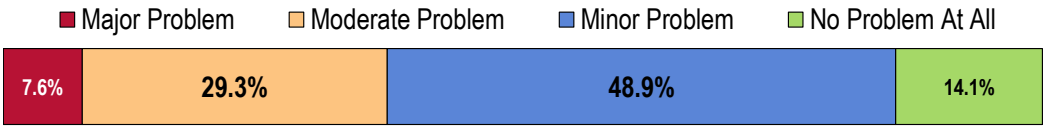


Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 145]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Reflects respondents age 18 to 44.

Key Informant Input: HIV/AIDS

The largest share of key informants taking part in an online survey characterized *HIV/AIDS* as a "minor problem" in the community.

Perceptions of HIV/AIDS as a Problem in the Community
(Key Informants, 2015)



Sources: ● 2015 PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Top Concerns

Among the few rating this issue as a “major problem,” reasons related to the following:

Lack of Resources

> *The only resource is Southampton Clinic, but I have heard of some difficulty with appointments. —Other Health Provider*
>
> *Lack of specialists. —Public Health Representative*

Prevalence/Incidence

> *Long Island has had a high amount of HIV/AIDS cases. While there are programs, there are not many programs or support groups on the East End of Long Island. Many clients have to travel Mid-Island to get services. —Social Services Provider*

Sexually Transmitted Diseases

About Sexually Transmitted Diseases

STDs refer to more than 25 infectious organisms that are transmitted primarily through sexual activity. Despite their burdens, costs, and complications, and the fact that they are largely preventable, STDs remain a significant public health problem in the United States. This problem is largely unrecognized by the public, policymakers, and health care professionals. STDs cause many harmful, often irreversible, and costly clinical complications, such as: reproductive health problems; fetal and perinatal health problems; cancer; and facilitation of the sexual transmission of HIV infection.

Because many cases of STDs go undiagnosed—and some common viral infections, such as human papillomavirus (HPV) and genital herpes, are not reported to CDC at all—the reported cases of chlamydia, gonorrhea, and syphilis represent only a fraction of the true burden of STDs in the US. Untreated STDs can lead to serious long-term health consequences, especially for adolescent girls and young women. Several factors contribute to the spread of STDs.

Biological Factors. STDs are acquired during unprotected sex with an infected partner. Biological factors that affect the spread of STDs include:

- **Asymptomatic nature of STDs**. The majority of STDs either do not produce any symptoms or signs, or they produce symptoms so mild that they are unnoticed; consequently, many infected persons do not know that they need medical care.
- **Gender disparities**. Women suffer more frequent and more serious STD complications than men do. Among the most serious STD complications are pelvic inflammatory disease, ectopic pregnancy (pregnancy outside of the uterus), infertility, and chronic pelvic pain.
- **Age disparities**. Compared to older adults, sexually active adolescents ages 15 to 19 and young adults ages 20 to 24 are at higher risk for getting STDs.
- **Lag time between infection and complications**. Often, a long interval, sometimes years, occurs between acquiring an STD and recognizing a clinically significant health problem.

Social, Economic and Behavioral Factors. The spread of STDs is directly affected by social, economic, and behavioral factors. Such factors may cause serious obstacles to STD prevention due to their influence on social and sexual networks, access to and provision of care, willingness to seek care, and social norms regarding sex and sexuality. Among certain vulnerable populations, historical experience with segregation and discrimination exacerbates these factors. Social, economic, and behavioral factors that affect the spread of STDs include: racial and ethnic disparities; poverty and marginalization; access to healthcare; substance abuse; sexuality and secrecy (stigma and discomfort discussing sex); and sexual networks (persons “linked” by sequential or concurrent sexual partners).

- Healthy People 2020 (www.healthypeople.gov)

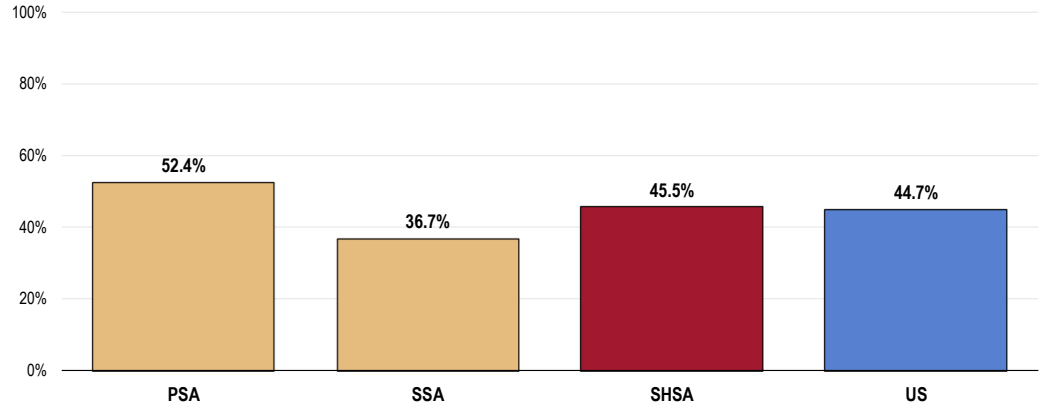
Hepatitis B Vaccination

Based on survey data, 45.5% of Southampton Hospital Service Area adults report having received the hepatitis B vaccination series.

Respondents were told that, to be vaccinated against hepatitis B, a series of three shots must be administered, usually at least one month between shots. They were then asked if they had completed this vaccination series.

- Close to what is reported nationwide.
- Notably lower in the Secondary Service Area.

Have Completed the Hepatitis B Vaccination Series

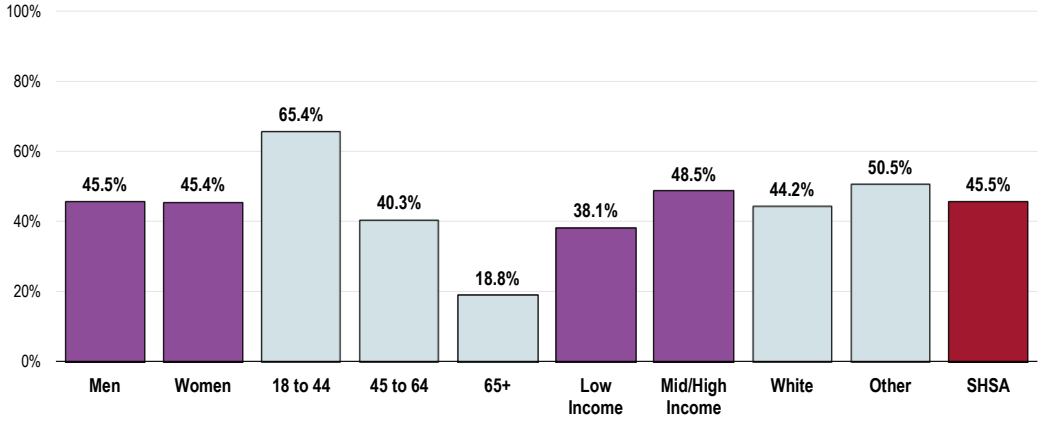


Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 70]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- Includes a series of three shots, usually administered at least one month between shots.

- Note the strong negative correlation between age and hepatitis B vaccination.
- The difference in hepatitis B vaccinations between income levels is not statistically significant.

Have Completed the Hepatitis B Vaccination Series
(SHSA, 2015)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 70]

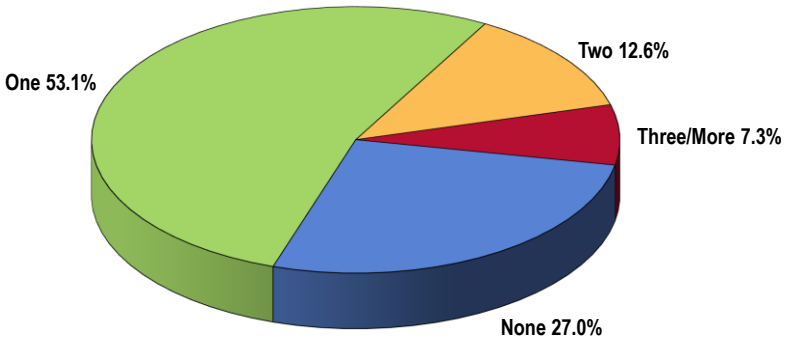
Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Safe Sexual Practices

Sexual Partners

Among unmarried Southampton Hospital Service Area adults under 65, the majority cites having one (53.1%) or no (27.0%) sexual partners in the past 12 months.

Number of Sexual Partners in Past 12 Months
(Among Unmarried Adults Age 18-64; SHSA, 2015)

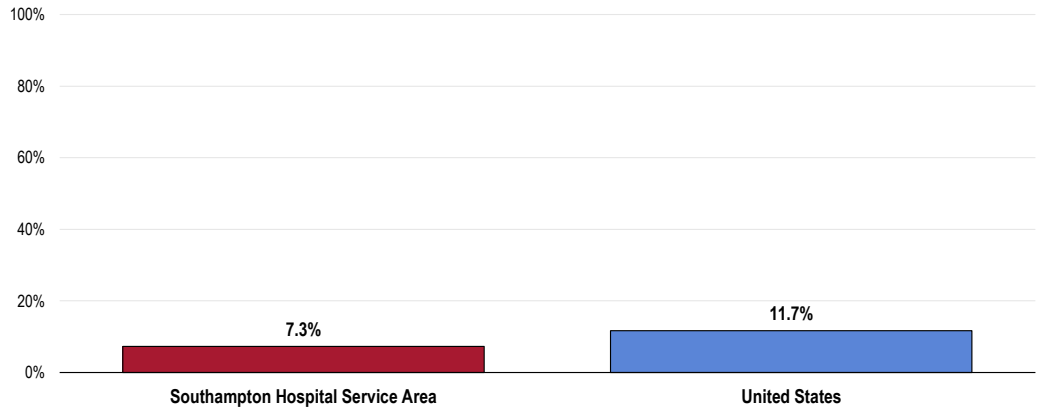


Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 86]
Notes: ● Asked of all unmarried respondents under the age of 65.

However, 7.3% report three or more sexual partners in the past year.

- Statistically similar to national reports.

Had Three or More Sexual Partners in the Past Year
(Among Unmarried Adults Age 18-64)



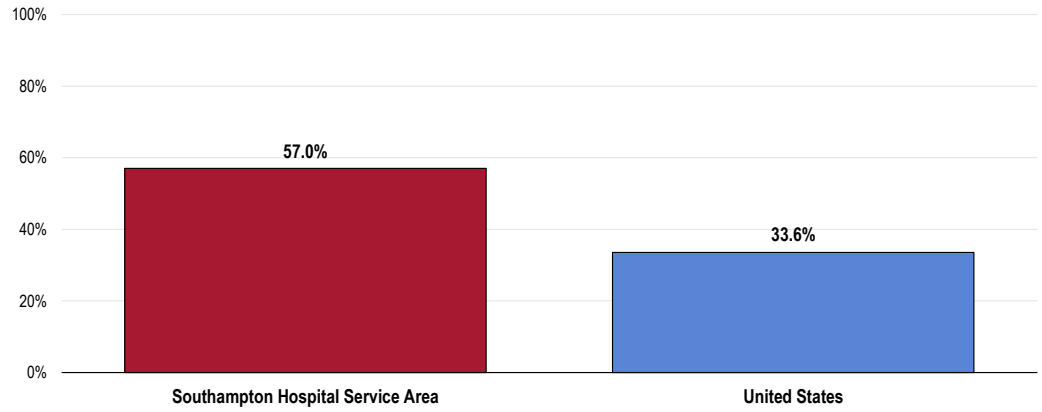
Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 86]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all unmarried respondents under the age of 65.

Condom Use

Among Southampton Hospital Service Area adults who are under age 65 and unmarried, 57.0% report that a condom was used during their last sexual intercourse.

- Much higher than national findings.

Condom Was Used During Last Sexual Intercourse
(Among Unmarried Adults Age 18-64)

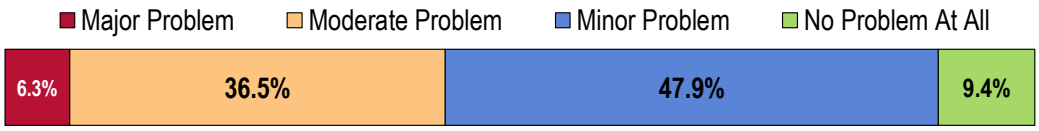


Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 87]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all unmarried respondents under the age of 65.

Key Informant Input: Sexually Transmitted Diseases

A high percentage of key informants taking part in an online survey characterized *Sexually Transmitted Diseases* as a "minor problem" in the community.

Perceptions of Sexually Transmitted Diseases as a Problem in the Community
(Key Informants, 2015)



Sources: ● 2015 PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Lack of Education

> *Not enough education. —Other Health Provider*
>
> *Education and the lack of Planned Parenthood services. —Social Services Provider*

Lack of Resources

> *Lack of local STD clinics. —Community/Business Leader*

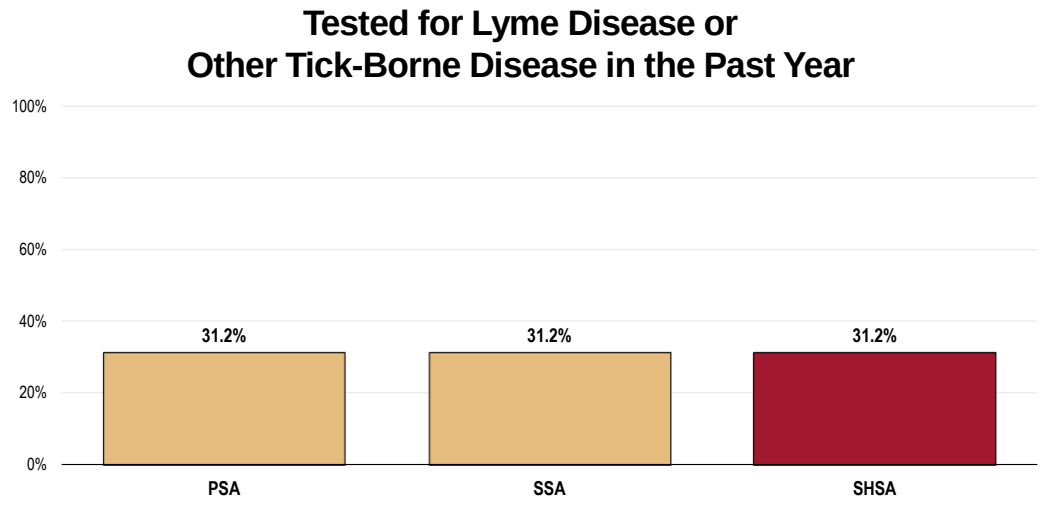
Stigma

> *Stigma and lack of education. —Other Health Provider*

Tick-Borne Diseases

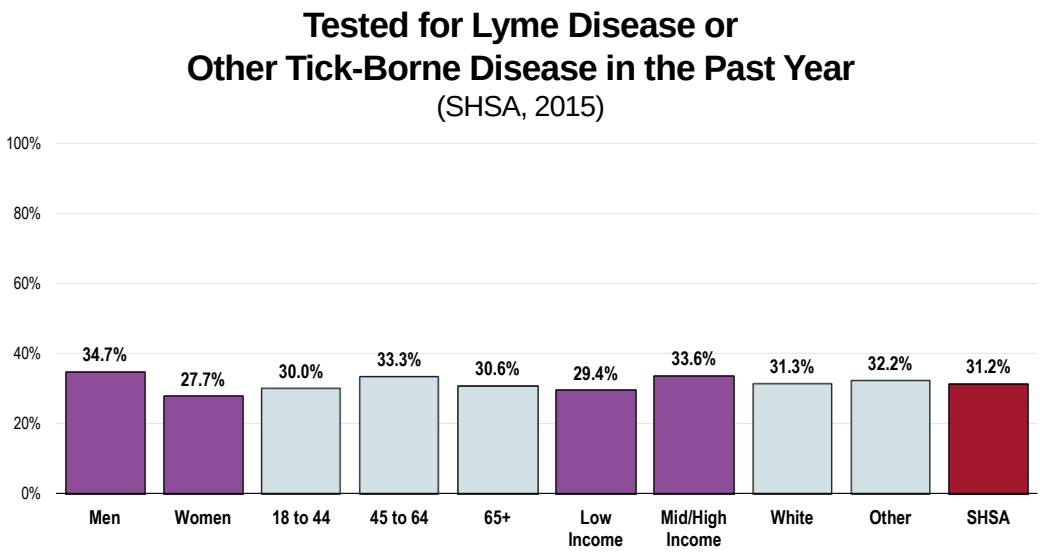
A total of 31.2% of area adults report being tested for Lyme disease or some other tick-borne disease in the past year.

- Testing prevalence is identical in the Primary and Secondary Service Areas.



Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 301]
Notes: ● Asked of all respondents.

- The proportion of adults tested for Lyme disease in the past year is not statistically different by key demographic characteristics.



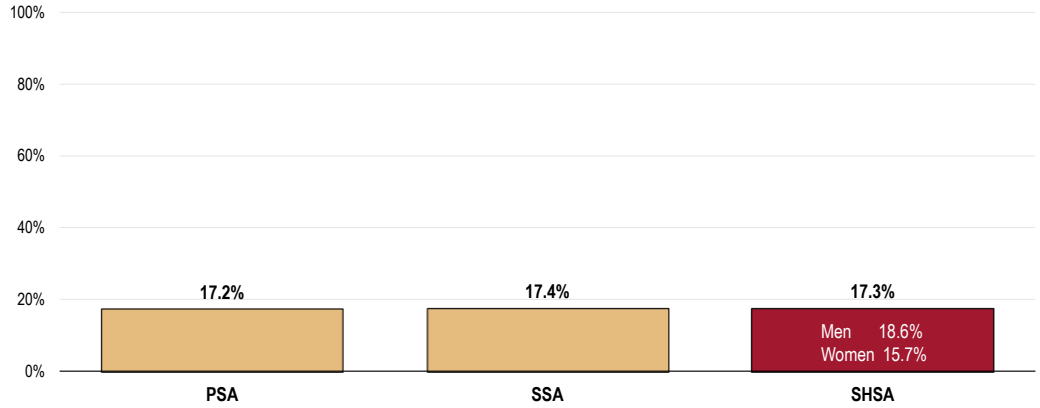
Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 301]
Notes: ● Asked of all respondents.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Of these adults who were tested in the past year, 17.3% were diagnosed with a tick-borne disease.

- Nearly identical by service area.
- Statistically similar by gender.

Diagnosed with Lyme Disease or Other Tick-Borne Disease in the Past Year

(Among Those Tested in the Past Year; SHSA, 2015)



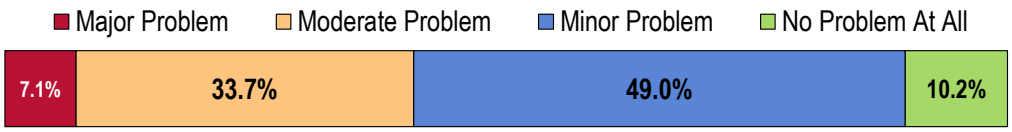
Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 301]
Notes: ● Asked of all respondents who were tested for a tick-born disease in the past year.

Key Informant Input: Immunization & Infectious Diseases

Nearly one-half of key informants taking part in an online survey characterized *Immunization and Infectious Diseases* as a "minor problem" in the community.

Perceptions of Immunization and Infectious Diseases as a Problem in the Community

(Key Informants, 2015)



Sources: ● 2015 PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons frequently related to the following:

Lack of Providers

> *There is only one infectious disease doctor available in entire area. —Social Services Provider*
>
> *Lack of specialists. —Public Health Representative*

Health Education

> *Each year many people are afflicted with the flu. More of an effort needs to be made to debunk the vaccination myths so that children and their families and community are protected. It is disappointing not to see you mention tick borne diseases in your survey. There is not a neighbor that has not been affected. —Community/Business Leader*

Statistics

> *Prevention Agenda Dashboard shows Suffolk County below the statewide average for percentage of children with immunization series. Aged 19-35 months and a low percentage of adolescent females with three or more doses of HPV immunization. Aged 13-17 years compared to the statewide average. —Public Health Representative*

Access to Healthcare

> *Lack of access to government clinics to obtain immunizations. Small, close knit community leads to an increase in communicability. —Community/Business Leader*

Personal/Cultural Beliefs

> *Influx of Hispanic immigrants, religious exemption from immunization requirements for entering school. —Physician*

Births

Professional Research Consultants, Inc.

Infant and Child Health

About Infant & Child Health

Improving the well-being of mothers, infants, and children is an important public health goal for the US. Their well-being determines the health of the next generation and can help predict future public health challenges for families, communities, and the healthcare system. The risk of maternal and infant mortality and pregnancy-related complications can be reduced by increasing access to quality preconception (before pregnancy) and inter-conception (between pregnancies) care. Moreover, healthy birth outcomes and early identification and treatment of health conditions among infants can prevent death or disability and enable children to reach their full potential. Many factors can affect pregnancy and childbirth, including pre-conception health status, age, access to appropriate healthcare, and poverty.

Infant and child health are similarly influenced by socio-demographic factors, such as family income, but are also linked to the physical and mental health of parents and caregivers. There are racial and ethnic disparities in mortality and morbidity for mothers and children, particularly for African Americans. These differences are likely the result of many factors, including social determinants (such as racial and ethnic disparities in infant mortality; family income; educational attainment among household members; and health insurance coverage) and physical determinants (i.e., the health, nutrition, and behaviors of the mother during pregnancy and early childhood).

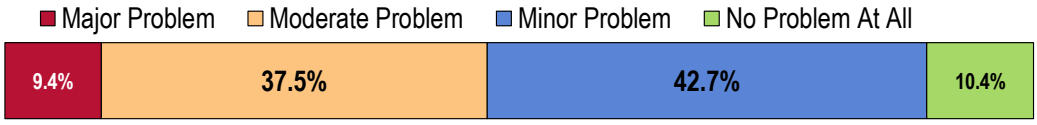
- Healthy People 2020 (www.healthypeople.gov)

Key Informant Input: Infant & Child Health

The greatest share of key informants taking part in an online survey characterized *Infant and Child Health* as a "minor problem" in the community.

Perceptions of Infant and Child Health as a Problem in the Community

(Key Informants, 2015)



Sources: • 2015 PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons frequently related to the following:

Affordable Care/Services

> *Lack of access to affordable, comprehensive care. Some in our community defer or do not seek services during pregnancy and post-natal. Southampton Pediatrics does not accept NYSDOH American Indian Health Program for well-child visits. —Community/Business Leader*
>
> *Lack of available clinical and support services. —Community/Business Leader*
>
> *Autism services are not available. —Other Health Provider*

Health Education

> *Lack of consistent messages regarding preventative care and best practices regarding nutrition and exercise. —Other Health Provider*

History of Care

> *There is no history of care for many clients. —Social Services Provider*

Family Planning

About Family Planning

Family planning is one of the 10 great public health achievements of the 20th century. The availability of family planning services allows individuals to achieve desired birth spacing and family size and contributes to improved health outcomes for infants, children, and women. Family planning services include contraceptive and broader reproductive health services (patient education and counseling), breast and pelvic examinations, breast and cervical cancer screening, sexually transmitted infection (STI) and HIV prevention education/counseling/testing/referral, and pregnancy diagnosis and counseling. For many women, a family planning clinic is their entry point into the healthcare system and is considered to be their usual source of care. This is especially true for women with incomes below the poverty level, women who are uninsured, Hispanic women, and Black women.

Unintended pregnancies (those reported by women as being mistimed or unwanted) are associated with many negative health and economic outcomes. For women, negative outcomes associated with unintended pregnancy include:

- Delays in initiating prenatal care
- Reduced likelihood of breastfeeding
- Poor maternal mental health
- Lower mother-child relationship quality
- Increased risk of physical violence during pregnancy

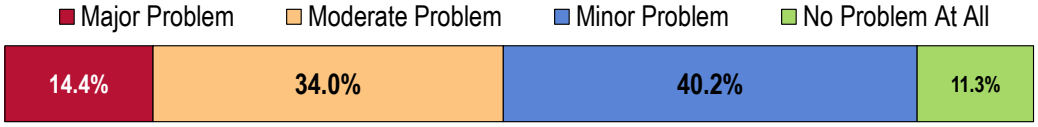
Children born as a result of an unintended pregnancy are more likely to experience poor mental and physical health during childhood and poor educational and behavioral outcomes.

- Healthy People 2020 (www.healthypeople.gov)

Key Informant Input: Family Planning

Key informants taking part in an online survey are most likely to consider *Family Planning* as a "minor problem" in the community.

Perceptions of Family Planning as a Problem in the Community
(Key Informants, 2015)



Sources: • 2015 PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons frequently related to the following:

Access to Healthcare

There are a few OB/GYN clinics that are in our area, but nothing for our young ladies, high school age, to access other than Planned Parenthood. Again, transportation for them to access a clinic is next to impossible. I believe there is a high rate of teenage pregnancy in our community because of lack of services to both young ladies and young men. —Community/Business Leader

Young people can't access low cost birth control and other services. —Social Services Provider

Lack of Planned Parenthood facilities locally. —Social Services Provider

Lack of specialists. —Public Health Representative

Right to life protesters at local gym and obstetrics office scares people away. People don't know how to access county clinics. People don't know where Planned Parenthood is. Poor public transportation to get to clinics. No hours at clinics for working people. —Other Health Provider

Prenatal care is limited to one practice. —Social Services Provider

Influx of Hispanic immigrants into the area, lack of resources except the new Hudson Health Center. —Physician

Health Education

Lack of prevention education. —Community/Business Leader

The huge influx of school age children has strained the resources of our public schools. —Community/Business Leader

Teen Births

Many teens are beginning families prematurely. There is not enough education about risks when it comes to youth. Many are not aware of the responsibility involved in childrearing. —Community/Business Leader

Religion

Religion. —Social Services Provider

Modifiable Health Risks

Professional Research Consultants, Inc.

Actual Causes Of Death

About Contributors to Mortality

A 1999 study (an update to a landmark 1993 study), estimated that as many as 40% of premature deaths in the United States are attributed to behavioral factors. This study found that behavior patterns represent the single-most prominent domain of influence over health prospects in the United States. The daily choices we make with respect to diet, physical activity, and sex; the substance abuse and addictions to which we fall prey; our approach to safety; and our coping strategies in confronting stress are all important determinants of health.

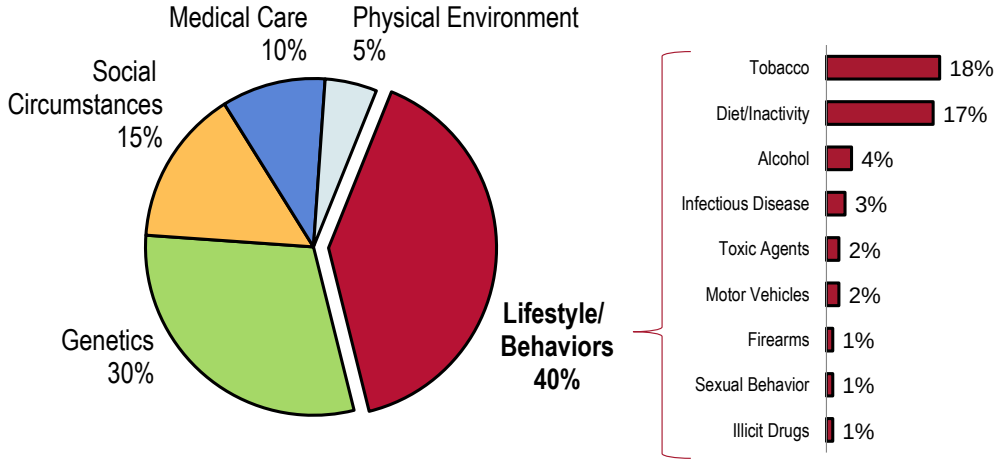
The most prominent contributors to mortality in the United States in 2000 were **tobacco** (an estimated 435,000 deaths), **diet and activity** patterns (400,000), **alcohol** (85,000), **microbial agents** (75,000), **toxic agents** (55,000), **motor vehicles** (43,000), **firearms** (29,000), **sexual behavior** (20,000), and **illicit use of drugs** (17,000). Socioeconomic status and access to medical care are also important contributors, but difficult to quantify independent of the other factors cited. Because the studies reviewed used different approaches to derive estimates, the stated numbers should be viewed as first approximations.

These analyses show that smoking remains the leading cause of mortality. However, poor diet and physical inactivity may soon overtake tobacco as the leading cause of death. These findings, along with escalating healthcare costs and aging population, argue persuasively that the need to establish a more preventive orientation in the US healthcare and public health systems has become more urgent.

- Ali H. Mokdad, PhD; James S. Marks, MD, MPH; Donna F. Stroup, Phd, MSc; Julie L. Gerberding, MD, MPH. "Actual Causes of Death in the United States." JAMA, 291(2004):1238-1245.

While causes of death are typically described as the diseases or injuries immediately precipitating the end of life, a few important studies have shown that the actual causes of premature death (reflecting underlying risk factors) are often preventable.

Factors Contributing to Premature Deaths in the United States



Sources: ● "The Case For More Active Policy Attention to Health Promotion"; (McGinnis, Williams-Russo, Knickman) Health Affairs. Vol. 32. No. 2. October/April 2002. "Actual Causes of Death in the United States": (Ali H. Mokdad, PhD; James S. Marks, MD, MPH; Donna F. Stroup, PhD, MSc; Julie L. Gerberding, MD, MPH.) JAMA. 291 (2000) 1238-1245.

Leading Causes of Death	Underlying Risk Factors (Actual Causes of Death)	
Cardiovascular Disease	Tobacco use Elevated serum cholesterol High blood pressure	Obesity Diabetes Sedentary lifestyle
Cancer	Tobacco use Improper diet	Alcohol Occupational/environmental exposures
Cerebrovascular Disease	High blood pressure Tobacco use	Elevated serum cholesterol
Accidental Injuries	Safety belt noncompliance Alcohol/substance abuse Reckless driving	Occupational hazards Stress/fatigue
Chronic Lung Disease	Tobacco use	Occupational/environmental exposures

Source: National Center for Health Statistics/US Department of Health and Human Services, Health United States: 1987. DHHS Pub. No. (PHS) 88–1232.

Nutrition

About Healthful Diet & Healthy Weight

Strong science exists supporting the health benefits of eating a healthful diet and maintaining a healthy body weight. Efforts to change diet and weight should address individual behaviors, as well as the policies and environments that support these behaviors in settings such as schools, worksites, healthcare organizations, and communities.

The goal of promoting healthful diets and healthy weight encompasses increasing household food security and eliminating hunger.

Americans with a healthful diet:

- Consume a variety of nutrient-dense foods within and across the food groups, especially whole grains, fruits, vegetables, low-fat or fat-free milk or milk products, and lean meats and other protein sources.
- Limit the intake of saturated and trans fats, cholesterol, added sugars, sodium (salt), and alcohol.
- Limit caloric intake to meet caloric needs.

Diet and body weight are related to health status. Good nutrition is important to the growth and development of children. A healthful diet also helps Americans reduce their risks for many health conditions, including: overweight and obesity; malnutrition; iron-deficiency anemia; heart disease; high blood pressure; dyslipidemia (poor lipid profiles); type 2 diabetes; osteoporosis; oral disease; constipation; diverticular disease; and some cancers.

Diet reflects the variety of foods and beverages consumed over time and in settings such as worksites, schools, restaurants, and the home. Interventions to support a healthier diet can help ensure that:

- Individuals have the knowledge and skills to make healthier choices.
- Healthier options are available and affordable.

Social Determinants of Diet. Demographic characteristics of those with a more healthful diet vary with the nutrient or food studied. However, most Americans need to improve some aspect of their diet.

Social factors thought to influence diet include:

- Knowledge and attitudes
- Skills
- Social support
- Societal and cultural norms
- Food and agricultural policies
- Food assistance programs
- Economic price systems

Physical Determinants of Diet. Access to and availability of healthier foods can help people follow healthful diets. For example, better access to retail venues that sell healthier options may have a positive impact on a person's diet; these venues may be less available in low-income or rural neighborhoods.

The places where people eat appear to influence their diet. For example, foods eaten away from home often have more calories and are of lower nutritional quality than foods prepared at home.

Marketing also influences people's—particularly children's—food choices.

- Healthy People 2020 (www.healthypeople.gov)

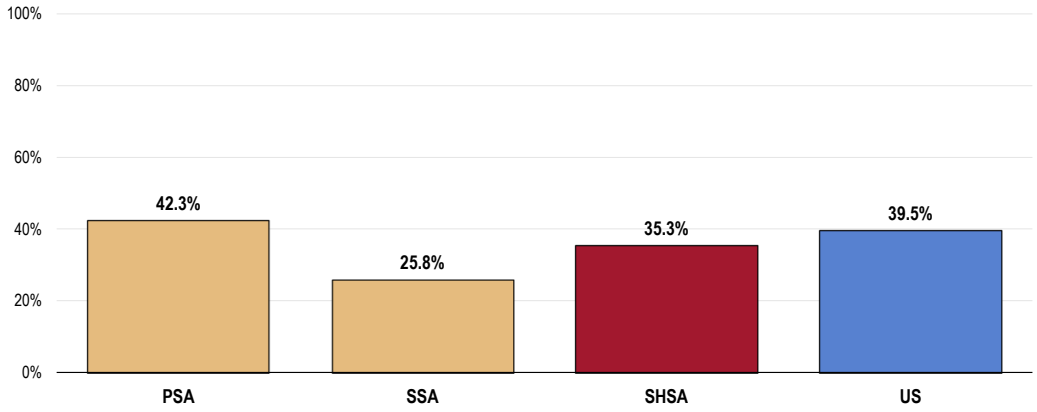
Daily Recommendation of Fruits/Vegetables

A total of 35.3% of Southampton Hospital Service Area adults report eating five or more servings of fruits and/or vegetables per day.

To measure fruit and vegetable consumption, survey respondents were asked multiple questions, specifically about the foods and drinks they consumed on the day prior to the interview.

- Statistically comparable to national findings.
- Fruit and vegetable consumption is considerably lower in the Secondary Service Area.

Consume Five or More Servings of Fruits/Vegetables Per Day

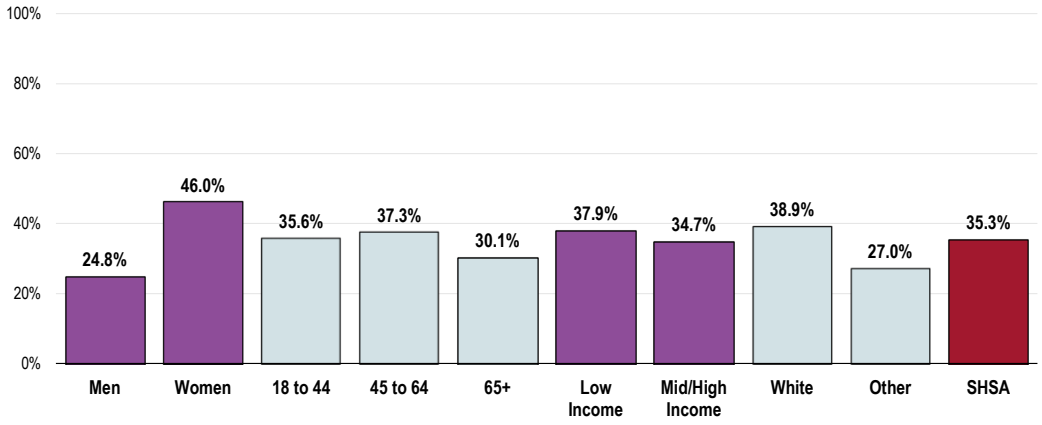


Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 146]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- For this issue, respondents were asked to recall their food intake on the previous day.

- Area men are much less likely than women to get the recommended servings of daily fruits/vegetables.

Consume Five or More Servings of Fruits/Vegetables Per Day
(SHSA, 2015)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 146]

Notes:
- Asked of all respondents; respondents were asked to recall their food intake on the previous day.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Access to Fresh Produce

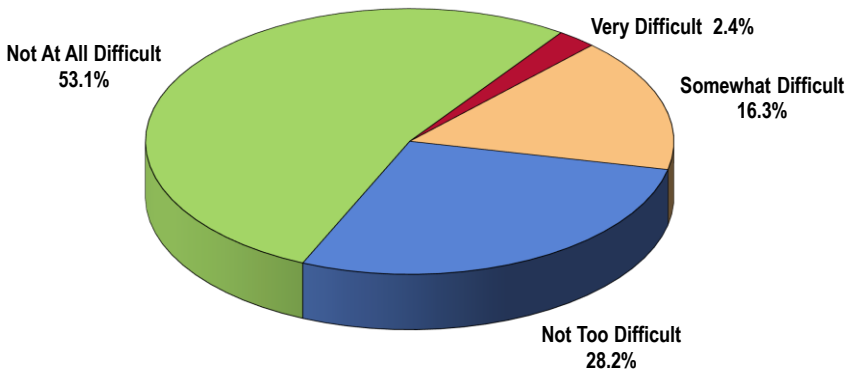
Difficulty Accessing Fresh Produce

While most report little or no difficulty, 18.7% of Southampton Hospital Service Area adults report that it is "very" or "somewhat" difficult for them to access affordable, fresh fruits and vegetables.

Respondents were asked:

"How difficult is it for you to buy fresh produce like fruits and vegetables at a price you can afford? Would you say: Very Difficult, Somewhat Difficult, Not Too Difficult, or Not At All Difficult?"

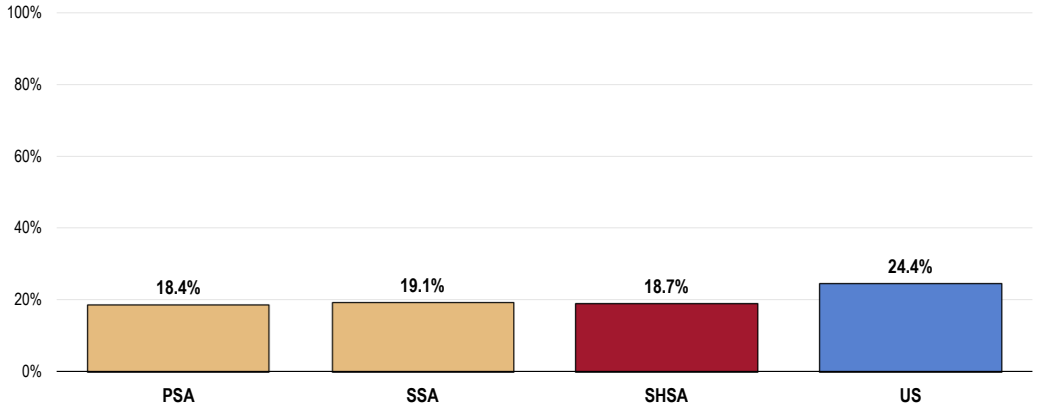
Level of Difficulty Finding Fresh Produce at an Affordable Price
(SHSA, 2015)



Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 91]
Notes: ● Asked of all respondents.

- More favorable than national findings.
- By service area, there is no statistical difference in "very/somewhat" difficult responses.

Find It "Very" or "Somewhat" Difficult to Buy Affordable Fresh Produce

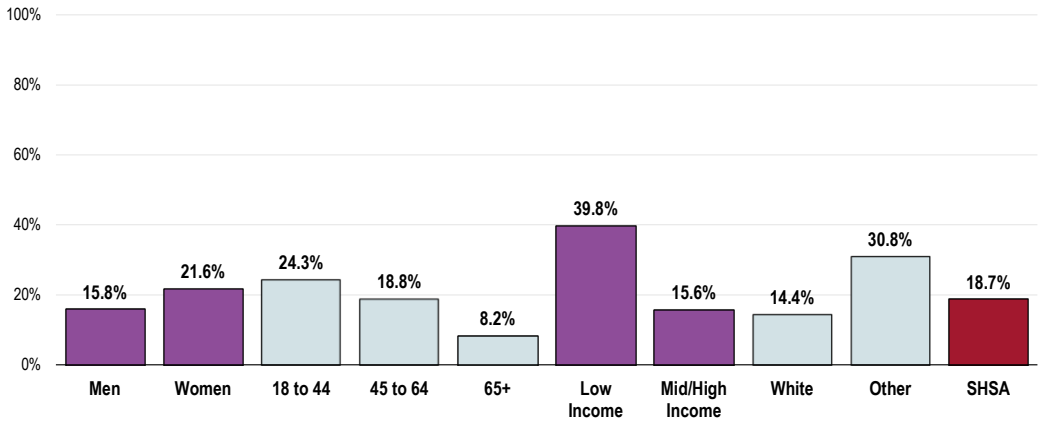


Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 91]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Those more likely to report difficulty getting fresh fruits and vegetables include:

- Younger adults (negative correlation with age).
- Low-income residents (Nearly 40.0% experience difficulties).
- "Other" race residents.

Find It "Very" or "Somewhat" Difficult to Buy Affordable Fresh Produce
(SHSA, 2015)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 91]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

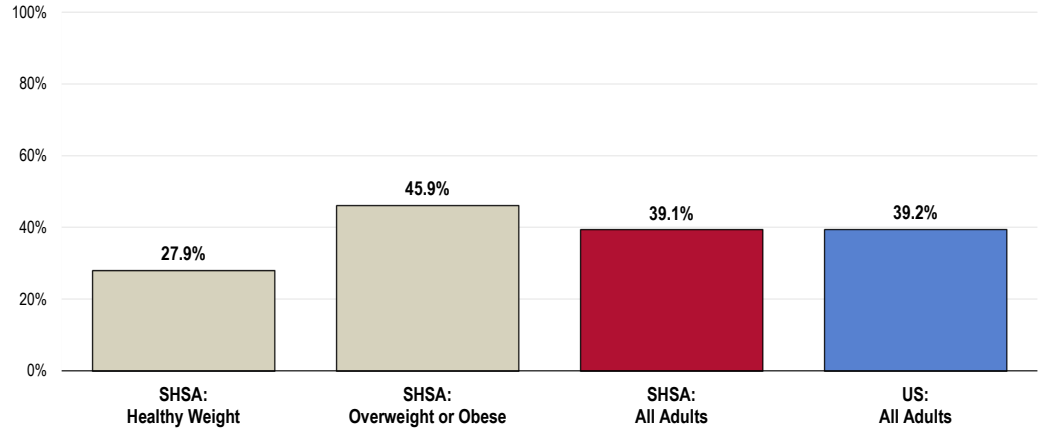
Health Advice About Diet & Nutrition

Just under two-fifths (39.1%) of survey respondents acknowledge that a physician counseled them about diet and nutrition in the past year.

- Nearly identical to national findings.
- Statistically similar by service area (not shown).
- Note: Among overweight/obese respondents, 45.9% report receiving diet/nutrition advice (meaning that more than one-half did not).

Have Received Advice About Diet and Nutrition in the Past Year From a Physician, Nurse, or Other Health Professional

(By Weight Classification)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 18]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Physical Activity

About Physical Activity

Regular physical activity can improve the health and quality of life of Americans of all ages, regardless of the presence of a chronic disease or disability. Among adults and older adults, physical activity can lower the risk of: early death; coronary heart disease; stroke; high blood pressure; type 2 diabetes; breast and colon cancer; falls; and depression. Among children and adolescents, physical activity can: improve bone health; improve cardiorespiratory and muscular fitness; decrease levels of body fat; and reduce symptoms of depression. For people who are inactive, even small increases in physical activity are associated with health benefits.

Personal, social, economic, and environmental factors all play a role in physical activity levels among youth, adults, and older adults. Understanding the barriers to and facilitators of physical activity is important to ensure the effectiveness of interventions and other actions to improve levels of physical activity.

Factors **positively** associated with adult physical activity include: postsecondary education; higher income; enjoyment of exercise; expectation of benefits; belief in ability to exercise (self-efficacy); history of activity in adulthood; social support from peers, family, or spouse; access to and satisfaction with facilities; enjoyable scenery; and safe neighborhoods.

Factors **negatively** associated with adult physical activity include: advancing age; low income; lack of time; low motivation; rural residency; perception of great effort needed for exercise; overweight or obesity; perception of poor health; and being disabled. Older adults may have additional factors that keep them from being physically active, including lack of social support, lack of transportation to facilities, fear of injury, and cost of programs.

Among children ages 4 to 12, the following factors have a positive association with physical activity: gender (boys); belief in ability to be active (self-efficacy); and parental support.

Among adolescents ages 13 to 18, the following factors have a positive association with physical activity: parental education; gender (boys); personal goals; physical education/school sports; belief in ability to be active (self-efficacy); and support of friends and family.

Environmental influences positively associated with physical activity among children and adolescents include:

- Presence of sidewalks
- Having a destination/walking to a particular place
- Access to public transportation
- Low traffic density
- Access to neighborhood or school play area and/or recreational equipment

People with disabilities may be less likely to participate in physical activity due to physical, emotional, and psychological barriers. Barriers may include the inaccessibility of facilities and the lack of staff trained in working with people with disabilities.

- Healthy People 2020 (www.healthypeople.gov)

Leisure-Time Physical Activity

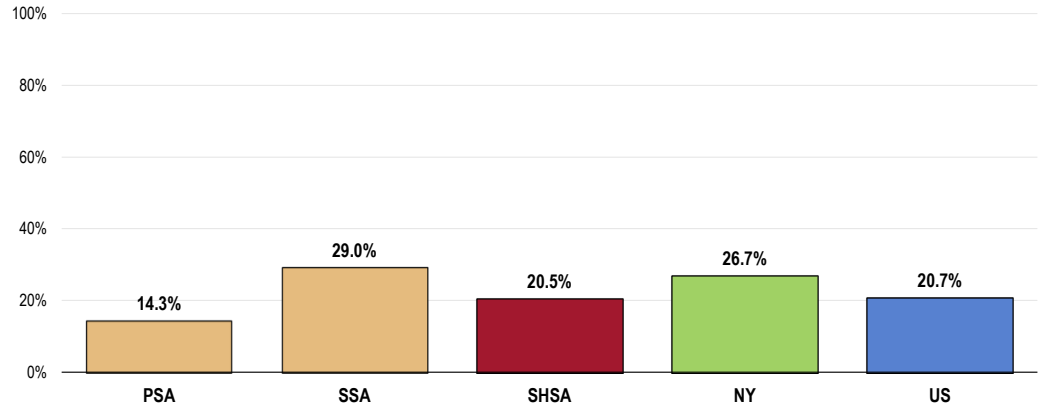
One in 5 Southampton Hospital Service Area adults (20.5%) reports no leisure-time physical activity in the past month.

Leisure-time physical activity includes any physical activities or exercises (such as running, calisthenics, golf, gardening, walking, etc.) which take place outside of one's line of work.

- More favorable than statewide findings.
- Nearly identical to national findings.
- Satisfies the Healthy People 2020 target (32.6% or lower).
- Notably less favorable in the Secondary Service Area.

No Leisure-Time Physical Activity in the Past Month

Healthy People 2020 Target = 32.6% or Lower



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 92]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 New York data.
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective PA-1]

Notes:
- Asked of all respondents.

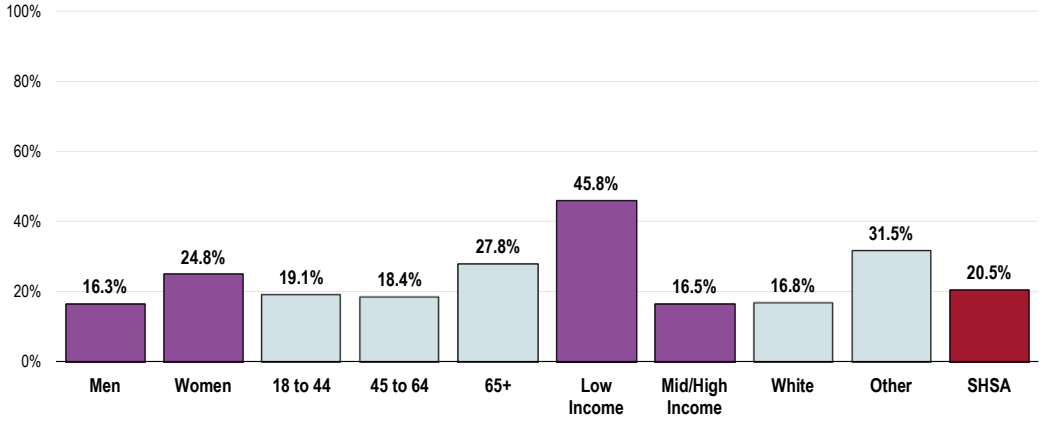
Lack of leisure-time physical activity in the area is higher among:

- Women.
- Low income residents.
- "Other" race residents.

No Leisure-Time Physical Activity in the Past Month

(SHSA, 2015)

Healthy People 2020 Target = 32.6% or Lower



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 92]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective PA-1]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Activity Levels

Recommended Levels of Physical Activity

Adults (age 18–64) should do 2 hours and 30 minutes a week of moderate-intensity, or 1 hour and 15 minutes (75 minutes) a week of vigorous-intensity aerobic physical activity, or an equivalent combination of moderate- and vigorous-intensity aerobic physical activity. Aerobic activity should be performed in episodes of at least 10 minutes, preferably spread throughout the week.

Additional health benefits are provided by increasing to 5 hours (300 minutes) a week of moderate-intensity aerobic physical activity, or 2 hours and 30 minutes a week of vigorous-intensity physical activity, or an equivalent combination of both.

Older adults (age 65 and older) should follow the adult guidelines. If this is not possible due to limiting chronic conditions, older adults should be as physically active as their abilities allow. They should avoid inactivity. Older adults should do exercises that maintain or improve balance if they are at risk of falling.

For all individuals, some activity is better than none. Physical activity is safe for almost everyone, and the health benefits of physical activity far outweigh the risks.

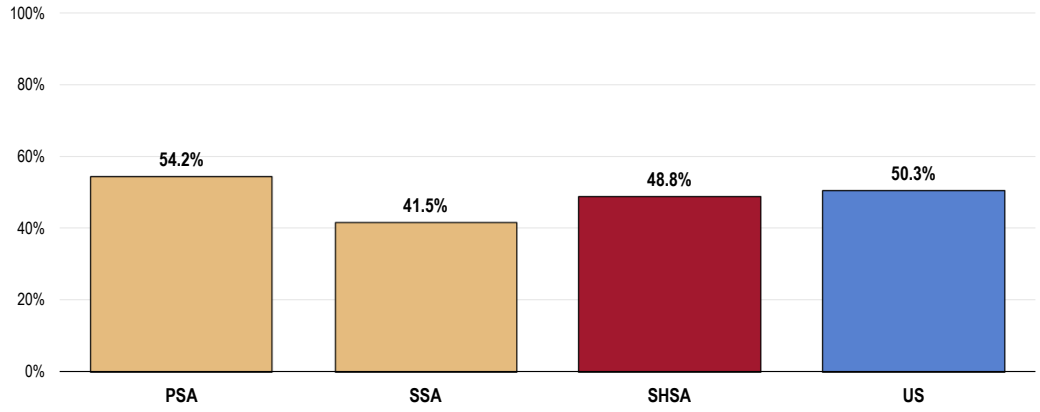
- 2008 Physical Activity Guidelines for Americans, U.S. Department of Health and Human Services. www.health.gov/PAGuidelines

Recommended Levels of Physical Activity

Nearly one-half (48.8%) of Southampton Hospital Service Area adults participate in regular, sustained moderate or vigorous physical activity (meeting physical activity recommendations).

- Comparable to US findings.
- Lower in the Secondary Service Area.

Meets Physical Activity Recommendations

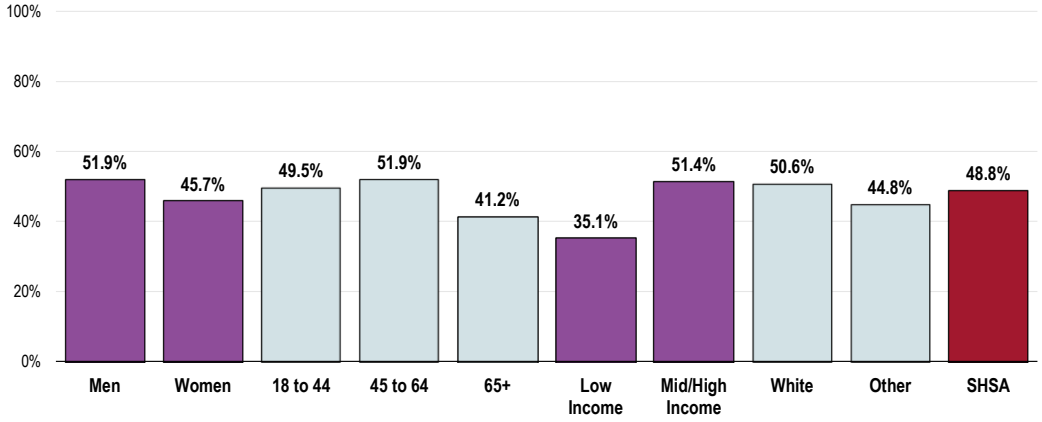


Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 147]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- In this case the term "meets physical activity recommendations" refers to participation in moderate physical activity (exercise that produces only light sweating or a slight to moderate increase in breathing or heart rate) at least 5 times a week for 30 minutes at a time, and/or vigorous physical activity (activities that cause heavy sweating or large increases in breathing or heart rate) at least 3 times a week for 20 minutes at a time.

- Adults living at mid/high incomes are much more likely to meet physical activity requirements than lower-income residents.

Meets Physical Activity Recommendations
(SHSA, 2015)



Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 147]
Notes: ● Asked of all respondents.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
● In this case the term "meets physical activity recommendations" refers to participation in moderate physical activity (exercise that produces only light sweating or a slight to moderate increase in breathing or heart rate) at least 5 times a week for 30 minutes at a time, and/or vigorous physical activity (activities that cause heavy sweating or large increases in breathing or heart rate) at least 3 times a week for 20 minutes at a time.

Moderate & Vigorous Physical Activity

In the past month:

The individual indicators of moderate and vigorous physical activity are shown here.

A total of 28.8% of adults participated in moderate physical activity (5 times a week, 30 minutes at a time).

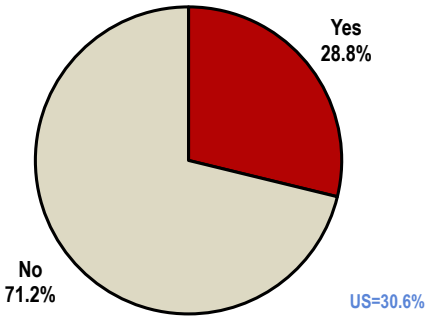
- Close to the national figure.
- Statistically similar by service area (not shown).

A total of 37.2% participated in vigorous physical activity (3 times a week, 20 minutes at a time).

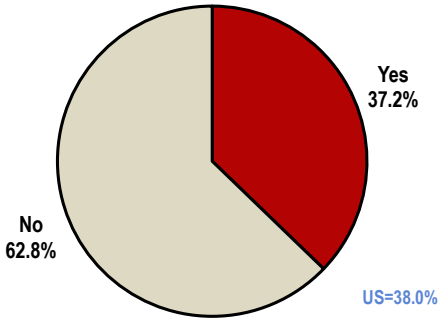
- Close to the nationwide figure.
- No statistical difference between service areas (not shown).

Moderate & Vigorous Physical Activity

(SHSA, 2015)



Moderate Physical Activity



Vigorous Physical Activity

Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 148-149]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- Moderate Physical Activity: Takes part in exercise that produces only light sweating or a slight to moderate increase in breathing or heart rate at least 5 times per week for at least 30 minutes per time.
- Vigorous Physical Activity: Takes part in activities that cause heavy sweating or large increases in breathing or heart rate at least 3 times per week for at least 20 minutes per time.

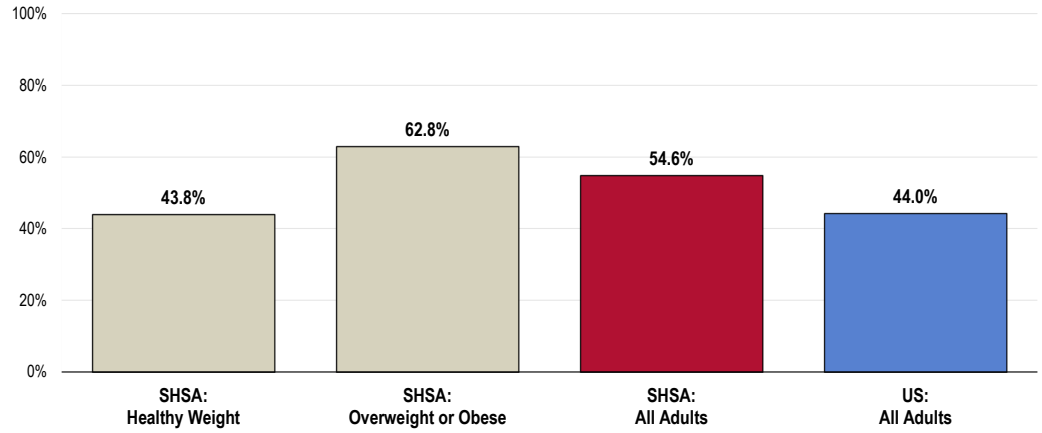
Health Advice About Physical Activity & Exercise

A total of 54.6% of Southampton Hospital Service Area adults report that their physician has asked about or given advice to them about physical activity in the past year.

- Well above the national average.
- Statistically similar by service area (not shown).
- Note: 62.8% of overweight/obese Southampton Hospital Service Area respondents say that they have talked with their doctor about physical activity/exercise in the past year.

Have Received Advice About Exercise in the Past Year From a Physician, Nurse, or Other Health Professional

(By Weight Classification)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 19]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

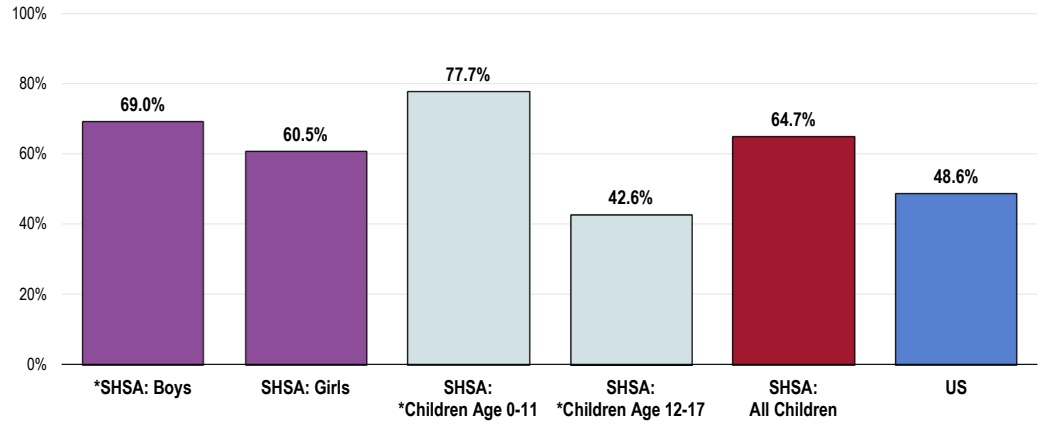
Children's Physical Activity

Among Southampton Hospital Service Area children age 2 to 17, 64.7% are reported to have had 60 minutes of physical activity on <u>each</u> of the seven days preceding the interview (1+ hours per day).

- Much more favorable than found nationally.
- Regular physical activity is significantly higher among children under age 12.
- No statistical difference between genders.

Child Is Physically Active for One or More Hours per Day

(Among Children Age 2-17)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 117]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents with children age 2-17 at home.
- Includes children reported to have one or more hours of physical activity on each of the seven days preceding the survey.
- *Use caution when interpreting as sample sizes are <50.

Weight Status

About Overweight & Obesity

Because weight is influenced by energy (calories) consumed and expended, interventions to improve weight can support changes in diet or physical activity. They can help change individuals' knowledge and skills, reduce exposure to foods low in nutritional value and high in calories, or increase opportunities for physical activity. Interventions can help prevent unhealthy weight gain or facilitate weight loss among obese people. They can be delivered in multiple settings, including healthcare settings, worksites, or schools.

The social and physical factors affecting diet and physical activity (see Physical Activity topic area) may also have an impact on weight. Obesity is a problem throughout the population. However, among adults, the prevalence is highest for middle-aged people and for non-Hispanic black and Mexican American women. Among children and adolescents, the prevalence of obesity is highest among older and Mexican American children and non-Hispanic black girls. The association of income with obesity varies by age, gender, and race/ethnicity.

- Healthy People 2020 (www.healthypeople.gov)

Body Mass Index (BMI), which describes relative weight for height, is significantly correlated with total body fat content. The BMI should be used to assess overweight and obesity and to monitor changes in body weight. In addition, measurements of body weight alone can be used to determine efficacy of weight loss therapy. BMI is calculated as weight (kg)/height squared (m^2). To estimate BMI using pounds and inches, use: [weight (pounds)/height squared ($inches^2$)] x 703.

In this report, overweight is defined as a BMI of 25.0 to 29.9 kg/m^2 and obesity as a BMI ≥30 kg/m^2. The rationale behind these definitions is based on epidemiological data that show increases in mortality with BMIs above 25 kg/m^2. The increase in mortality, however, tends to be modest until a BMI of 30 kg/m^2 is reached. For persons with a BMI ≥30 kg/m^2, mortality rates from all causes, and especially from cardiovascular disease, are generally increased by 50 to 100 percent above that of persons with BMIs in the range of 20 to 25 kg/m^2.

- Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

Classification of Overweight and Obesity by BMI	BMI (kg/m^2)
Underweight	<18.5
Normal	18.5 – 24.9
Overweight	25.0 – 29.9
Obese	≥30.0

Source: Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

Adult Weight Status

Healthy Weight

Based on self-reported heights and weights, 34.8% of Southampton Hospital Service Area adults are at a healthy weight.

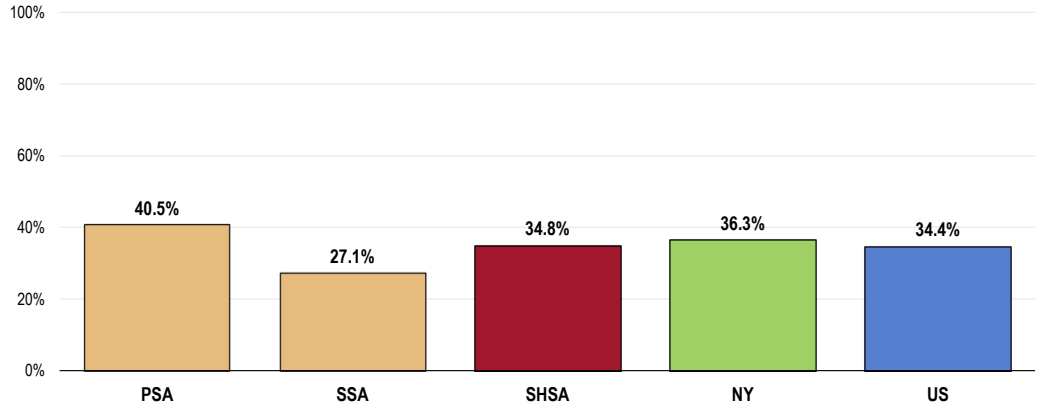
"Healthy weight "means neither underweight, nor overweight (BMI = 18.5-24.9).

- Similar to statewide findings.
- Similar to national findings.
- Similar to the Healthy People 2020 target (33.9% or higher).
- Less favorable in the Secondary Service Area.

Healthy Weight

(Percent of Adults With a Body Mass Index Between 18.5 and 24.9)

Healthy People 2020 Target = 33.9% or Higher



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 151]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 New York data.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective NWS-8]

Notes:
- Based on reported heights and weights, asked of all respondents.
- The definition of healthy weight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), between 18.5 and 24.9.

Overweight Status

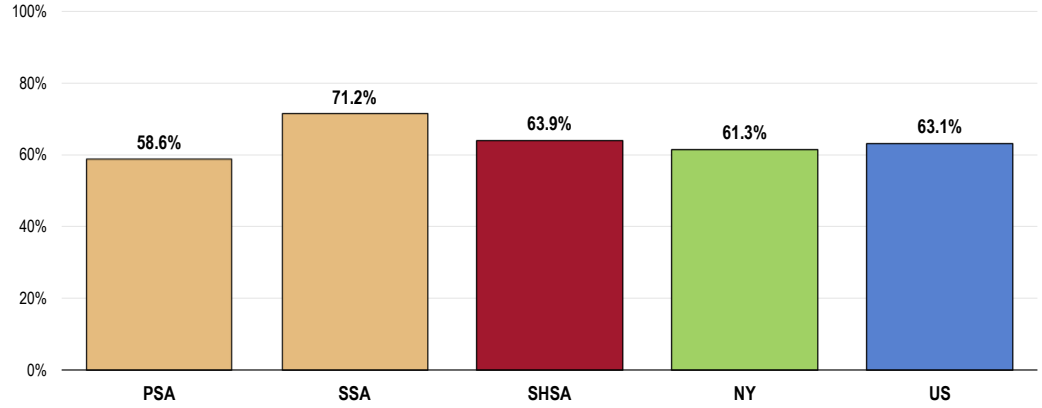
A total of 63.9% of Southampton Hospital Service Area adults are overweight.

Here, "overweight" includes those respondents with a BMI value ≥25.

- Statistically comparable to the New York prevalence.
- Comparable to the US prevalence.
- Less favorable in the Secondary Service Area.

Prevalence of Total Overweight

(Percent of Adults With a Body Mass Index of 25.0 or Higher)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 151]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 New York data.

Notes:
- Based on reported heights and weights, asked of all respondents.
- The definition of overweight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 25.0, regardless of gender. The definition for obesity is a BMI greater than or equal to 30.0.

Further, 27.9% of Southampton Hospital Service Area adults are obese.

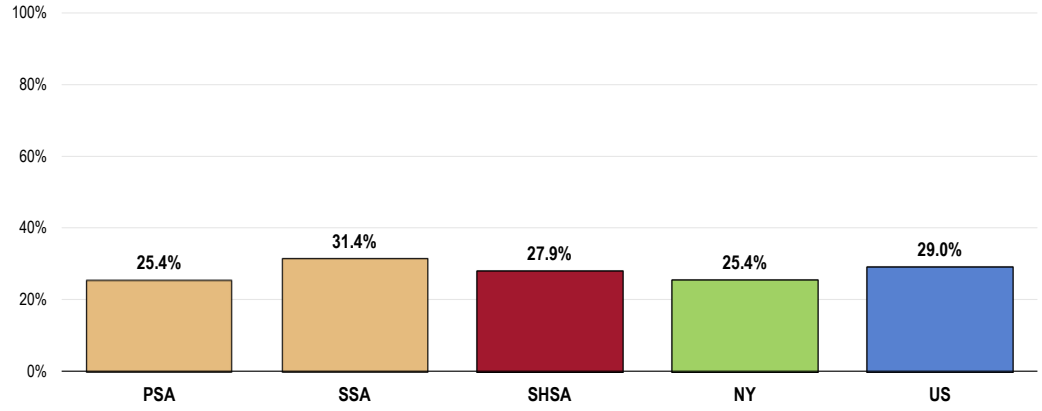
"Obese" (also included in overweight prevalence discussed previously) includes respondents with a BMI value ≥30.

- Statistically similar to New York findings.
- Statistically similar to US findings.
- Statistically similar to the Healthy People 2020 target (30.5% or lower).
- No statistical difference in obesity prevalence between service areas.

Prevalence of Obesity

(Percent of Adults With a Body Mass Index of 30.0 or Higher)

Healthy People 2020 Target = 30.5% or Lower



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 151]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective NWS-9]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 New York data.

Notes:
- Based on reported heights and weights, asked of all respondents.
- The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.

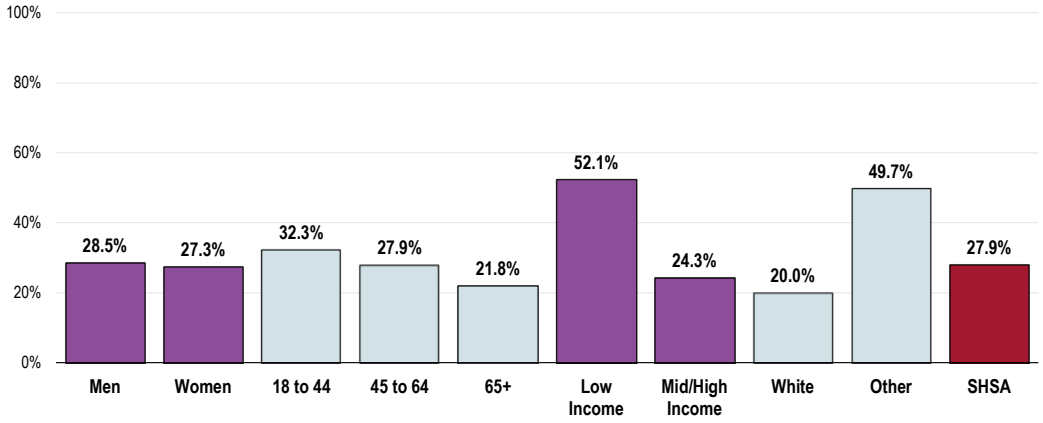
Obesity is notably more prevalent (roughly 50%) among:

- Respondents with lower incomes.
- "Other" race individuals.

Prevalence of Obesity

(Percent of Adults With a BMI of 30.0 or Higher; SHSA, 2015)

Healthy People 2020 Target = 30.5% or Lower



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 151]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective NWS-9]

Notes:
- Based on reported heights and weights, asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.

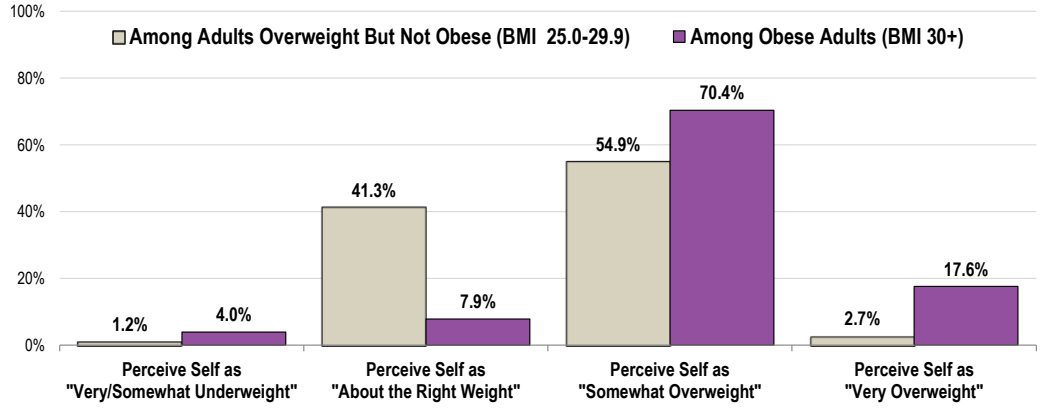
Actual vs. Perceived Body Weight

A total of 7.9% of obese adults and 41.3% of overweight (but not obese) adults feel that their current weight is "about right."

- 54.9% of overweight (but not obese) adults see themselves as "somewhat overweight."
- 17.6% of obese adults see themselves as "very overweight."

Actual vs. Perceived Weight Status

(Among Overweight/Obese Adults Based on BMI; SHSA, 2015)



Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 99]
Notes: ● BMI is based on reported heights and weights, asked of all respondents.
● The definition of overweight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 25.0, regardless of gender. The definition for obesity is a BMI greater than or equal to 30.0.

Relationship of Overweight With Other Health Issues

Overweight and obese adults are more likely to report a number of adverse health conditions.

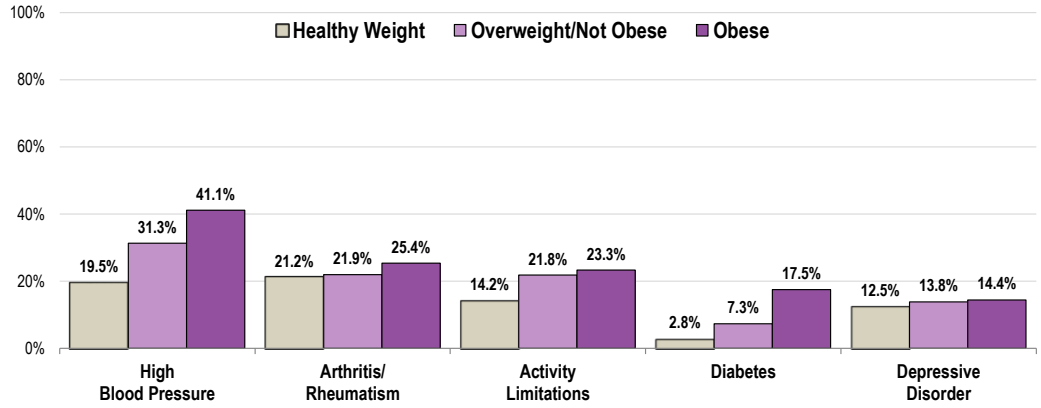
The correlation between overweight and various health issues cannot be disputed.

Among these are:

- Hypertension (high blood pressure).
- Arthritis/rheumatism.
- Activity limitations.
- Diabetes.

Relationship of Overweight With Other Health Issues

(By Weight Classification; SHSA, 2015)



Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 28, 103, 105, 125, 136, 151]
Notes: ● Based on reported heights and weights, asked of all respondents.

Weight Management

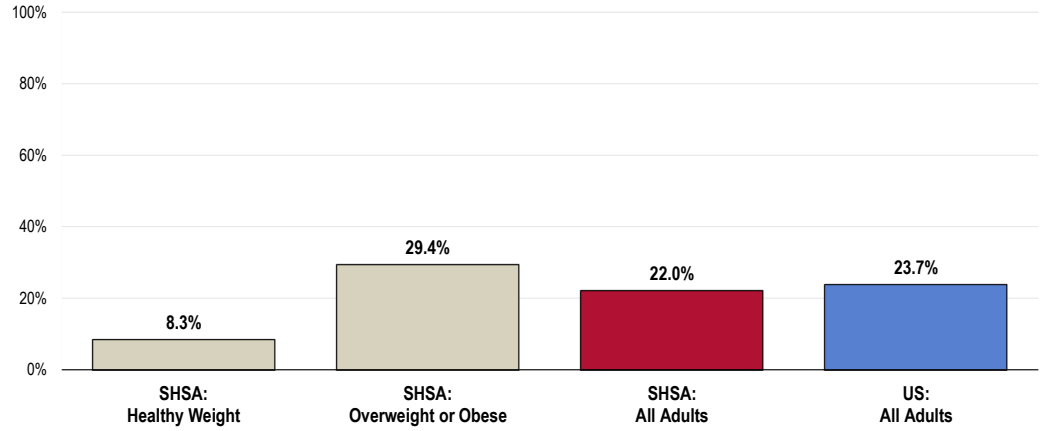
Health Advice

A total of 22.0% of adults have been given advice about their weight by a doctor, nurse or other health professional in the past year.

- Similar to national findings.
- Similar by service area (not shown).
- Note that 29.4% of overweight/obese adults have been given advice about their weight by a health professional in the past year (roughly 70% have not).

Have Received Advice About Weight in the Past Year From a Physician, Nurse, or Other Health Professional

(By Weight Classification)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 98, 153]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Weight Control

About Maintaining a Healthy Weight

Individuals who are at a healthy weight are less likely to:

- Develop chronic disease risk factors, such as high blood pressure and dyslipidemia.
- Develop chronic diseases, such as type 2 diabetes, heart disease, osteoarthritis, and some cancers.
- Experience complications during pregnancy.
- Die at an earlier age.

All Americans should avoid unhealthy weight gain, and those whose weight is too high may also need to lose weight.

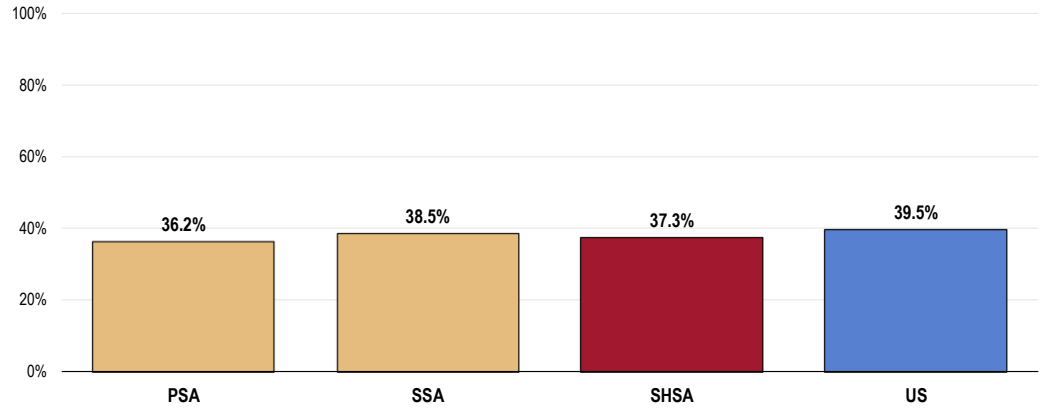
- Healthy People 2020 (www.healthypeople.gov)

A total of 37.3% of Southampton Hospital Service Area adults who are overweight, or obese, say that they are both modifying their diet and increasing their physical activity to try to lose weight.

- Statistically comparable to national findings.
- Statistically comparable by service area.

Trying to Lose Weight by Both Modifying Diet and Increasing Physical Activity

(Among Overweight or Obese Respondents)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 152]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Reflects respondents who are overweight or obese based on reported heights and weights.

Childhood Overweight & Obesity

About Weight Status in Children & Teens

In children and teens, body mass index (BMI) is used to assess weight status – underweight, healthy weight, overweight, or obese. After BMI is calculated for children and teens, the BMI number is plotted on the CDC BMI-for-age growth charts (for either girls or boys) to obtain a percentile ranking. Percentiles are the most commonly used indicator to assess the size and growth patterns of individual children in the United States. The percentile indicates the relative position of the child's BMI number among children of the same sex and age.

BMI-for-age weight status categories and the corresponding percentiles are shown below:

- Underweight — <5th percentile
- Healthy Weight — ≥5th and <85th percentile
- Overweight — ≥85th and <95th percentile
- Obese — ≥95th percentile

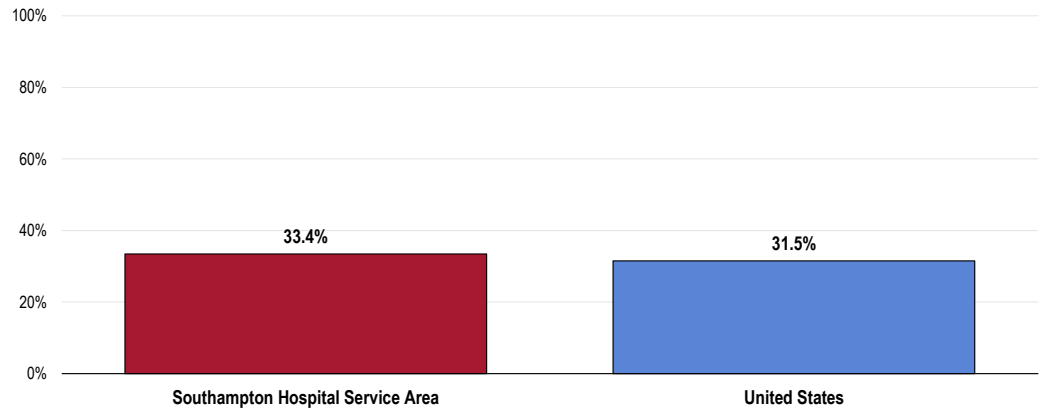
- Centers for Disease Control and Prevention

Based on the heights/weights reported by surveyed parents, one-third (33.4%) of Southampton Hospital Service Area children age 5 to 17 are overweight or obese (≥85th percentile).

- Similar to the US figure.

Child Total Overweight Prevalence

(Children Age 5-17 Who Are Overweight/Obese; BMI in the 85th Percentile or Higher)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 155]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents with children age 5-17 at home.
- Overweight among children is determined by children's Body Mass Index status at or above the 85th percentile of US growth charts by gender and age.

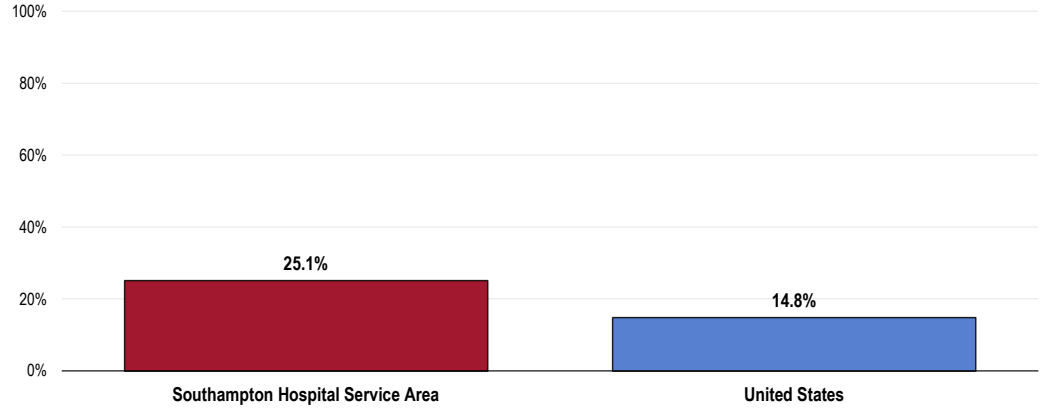
Further, one-fourth of Southampton Hospital Service Area children age 5 to 17 (25.1%) are obese (≥95th percentile).

- Considerably less favorable than the national percentage.
- Fails to satisfy the Healthy People 2020 target (14.5% or lower for children age 2-19).

Child Obesity Prevalence

(Children Age 5-17 Who Are Obese; BMI in the 95th Percentile or Higher)

Healthy People 2020 Target = 14.5% or Lower



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 155]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective NWS-10.4]

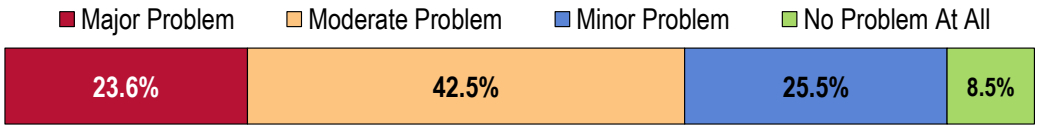
Notes:
- Asked of all respondents with children age 5-17 at home.
- Obesity among children is determined by children's Body Mass Index status equal to or above the 95th percentile of US growth charts by gender and age.

Key Informant Input: Nutrition, Physical Activity & Weight

Key informants taking part in an online survey largely characterized *Nutrition, Physical Activity, and Weight* as a "moderate problem" in the community.

Perceptions of Nutrition, Physical Activity, and Weight as a Problem in the Community

(Key Informants, 2015)



Sources:
- 2015 PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons frequently related to the following:

Nutrition

> *Biggest challenge is community standard, the need for shift in community expectations about what are proper regular and celebration meals and that celebration is possible without meat or liquor. Wellness Challenge is available but costly. —Community/Business Leader*
>
> *Habits, cost of eating healthy, better take out options. —Other Health Provider*
>
> *Poor nutrition choices are made by far too high a percentage of those living in our community. —Community/Business Leader*

Food supply, costly to be able to afford healthy choices. Less physical activity in schools and overall, too much screen time. Need for more motivating prevention community programs like indoor pools and other recreation programs. —Other Health Provider

Time, cost, take out foods are unhealthy. Only pool available is in East Hampton. We need healthy but inexpensive cooking lessons. —Social Services Provider

It is often so tough for year round residents to just barely cover the cost of living that they cut corners when it comes to healthier, more expensive foods. Don't always have the extra money or time for fitness memberships or classes. —Social Services Provider

Children are eating improperly with a lot of sugar in their diets and high amounts of carbohydrates too. —Social Services Provider

I suggest political action at the local town or village level to ban sugar-based soft drinks. —Social Services Provider

Obesity. —Public Health Representative

Physical Activity

Weight, lack of exercises and relaxing exercise like Tai Chi and beginner's yoga. —Social Services Provider

This is a difficult problem. Some children do not feel that exercise is a normal activity and avoid it in favor of sitting or playing on video screens. Avoiding activity then becomes the norm. Eating for emotional reasons needs to be addressed for adolescents. No skate park is a major loss. —Other Health Provider

Education

Finances, affordable nutrition programs, not just for seniors. Affordable or free exercise. —Other Health Provider

Proper education. —Community/Business Leader

Lack of Resources

There are limited resources for those families and individuals to get proper nutritional information, cooking classes, family meal planning, how to read labels. Community members do not have access to safe parks that are well maintained. Town of Southampton, specifically. The walking trails are not well marked or surveillance. Gym memberships are costly, other than Planet Fitness which is often overcrowded. Being overweight leads to a laundry list of other health issues. These issues, nutrition, physical activity and weight, might be talked about with their doctors, but limited resources are available to help patients to get started. Again, transportation can be a barrier to many people. This is another area that I often see when working with youth in our communities with limited answers for parents. Programs need to be affordable to all. —Community/Business Leader

Statistics

NYS Prevention Agenda Dashboard identifies the percentage of adults who are obese in Suffolk County as being above the NY statewide average. —Public Health Representative

Insurance/Cost

These services are not generally included in third party coverage. —Community/Business Leader

Substance Abuse

About Substance Abuse

Substance abuse has a major impact on individuals, families, and communities. The effects of substance abuse are cumulative, significantly contributing to costly social, physical, mental, and public health problems. These problems include:

- Teenage pregnancy
- Human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS)
- Other sexually transmitted diseases (STDs)
- Domestic violence
- Child abuse
- Motor vehicle crashes
- Physical fights
- Crime
- Homicide
- Suicide

Substance abuse refers to a set of related conditions associated with the consumption of mind- and behavior-altering substances that have negative behavioral and health outcomes. Social attitudes and political and legal responses to the consumption of alcohol and illicit drugs make substance abuse one of the most complex public health issues. In addition to the considerable health implications, substance abuse has been a flash-point in the criminal justice system and a major focal point in discussions about social values: people argue over whether substance abuse is a disease with genetic and biological foundations or a matter of personal choice.

Advances in research have led to the development of evidence-based strategies to effectively address substance abuse. Improvements in brain-imaging technologies and the development of medications that assist in treatment have gradually shifted the research community's perspective on substance abuse. There is now a deeper understanding of substance abuse as a disorder that develops in adolescence and, for some individuals, will develop into a chronic illness that will require lifelong monitoring and care.

Improved evaluation of community-level prevention has enhanced researchers' understanding of environmental and social factors that contribute to the initiation and abuse of alcohol and illicit drugs, leading to a more sophisticated understanding of how to implement evidence-based strategies in specific social and cultural settings.

A stronger emphasis on evaluation has expanded evidence-based practices for drug and alcohol treatment. Improvements have focused on the development of better clinical interventions through research and increasing the skills and qualifications of treatment providers.

- Healthy People 2020 (www.healthypeople.gov)

High-Risk Alcohol Use

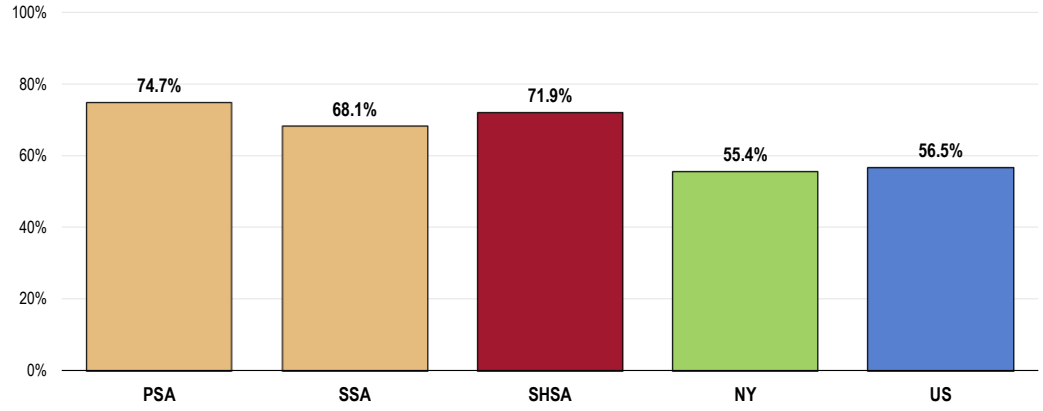
Current Drinking

"Current drinkers" include survey respondents who had at least one drink of alcohol in the month preceding the interview. For the purposes of this study, a "drink" is considered one can or bottle of beer, one glass of wine, one can or bottle of wine cooler, one cocktail, or one shot of liquor.

A total of 71.9% of area adults had at least one drink of alcohol in the past month (current drinkers).

- Notably higher than the statewide proportion.
- Notably higher than the national proportion.
- Statistically, no significant difference between service areas.

Current Drinkers

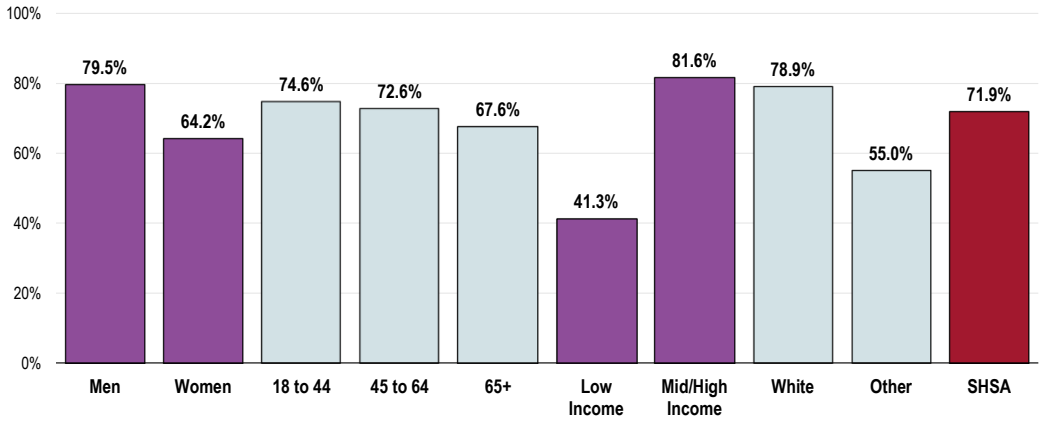


Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 160]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 New York data.
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- Current drinkers had at least one alcoholic drink in the past month.

- Current drinking is more prevalent among men, those with mid/high incomes, and Whites.

Current Drinkers
(SHSA, 2015)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 160]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- Current drinkers had at least one alcoholic drink in the past month.

Excessive Drinking

"Excessive drinking" includes heavy and/or binge drinkers:

Heavy drinkers include men reporting 2+ alcoholic drinks per day or women reporting 1+ alcoholic drink per day in the month preceding the interview; and

Binge drinkers include men reporting 5+ alcoholic drinks or women reporting 4+ alcoholic drinks on any single occasion during the past month.

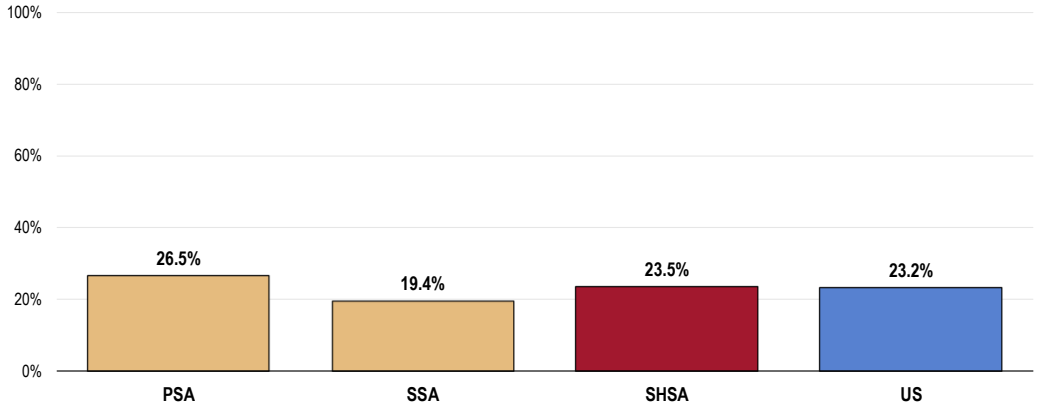
RELATED ISSUE: See also Stress in the Mental Health & Mental Disorders section of this report.

A total of 23.5% of area adults are excessive drinkers (heavy and/or binge drinkers).

- Comparable to the national proportion.
- Comparable to the Healthy People 2020 target (25.4% or lower).
- Statistically comparable by service area.

Excessive Drinkers

Healthy People 2020 Target = 25.4% or Lower



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 164]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-15]

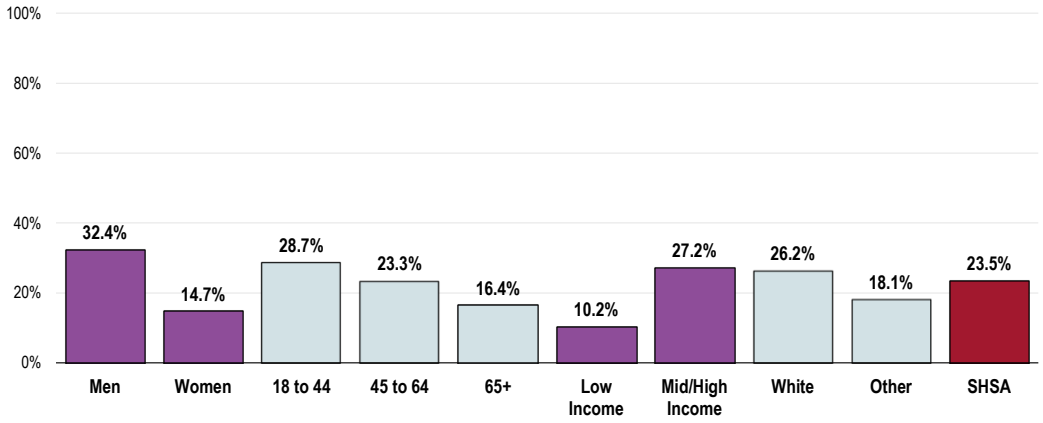
Notes:
- Asked of all respondents.
- Excessive drinking reflects the number of persons aged 18 years and over who drank more than two drinks per day on average (for men) or more than one drink per day on average (for women) OR who drank 5 or more drinks during a single occasion (for men) or 4 or more drinks during a single occasion (for women) during the past 30 days.

- Excessive drinking is statistically more prevalent among men and residents with mid/high incomes.

Excessive Drinkers

(SHSA, 2015)

Healthy People 2020 Target = 25.4% or Lower



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 164]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-15]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- Excessive drinking reflects the number of persons aged 18 years and over who drank more than two drinks per day on average (for men) or more than one drink per day on average (for women) OR who drank 5 or more drinks during a single occasion (for men) or 4 or more drinks during a single occasion (for women) during the past 30 days.

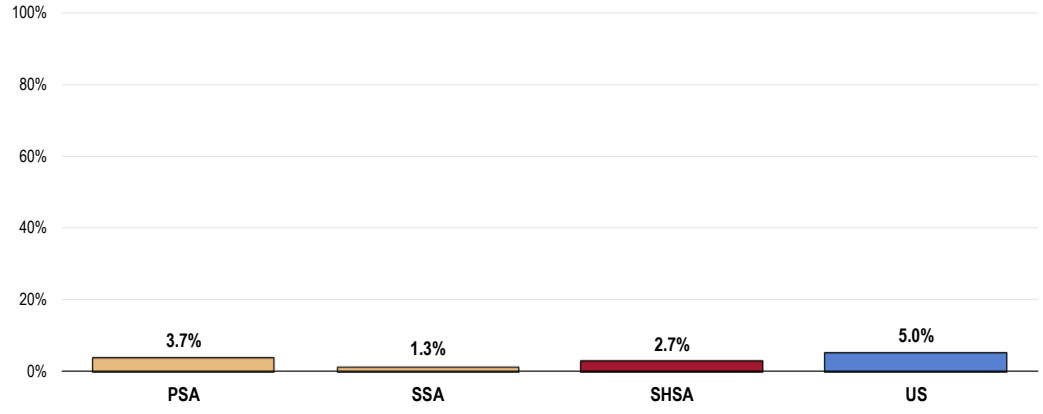
Drinking & Driving

A total of 2.7% of Southampton Hospital Service Area adults acknowledge having driven a vehicle in the past month after they had perhaps too much to drink.

Note: As a self-reported measure – and because this indicator reflects potentially illegal behavior – it is reasonable to expect that it might be underreported, and that the actual incidence of drinking and driving in the community is likely higher.

- More favorable than national findings.
- Statistically similar reports in both service areas.

Have Driven in the Past Month After Perhaps Having Too Much to Drink



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 65]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

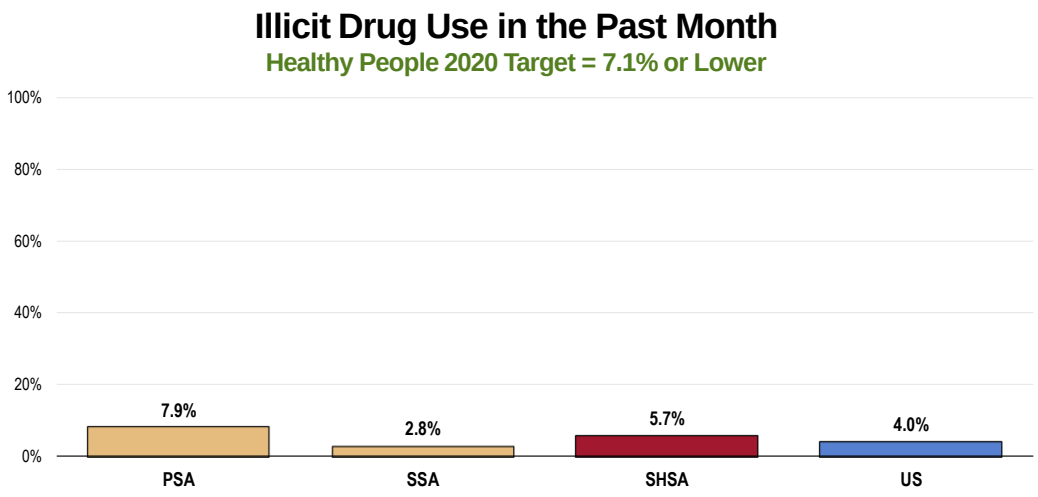
Illicit Drug Use

A total of 5.7% of Southampton Hospital Service Area adults acknowledge using an illicit drug in the past month.

For the purposes of this survey, "illicit drug use" includes use of illegal substances or of prescription drugs taken without a physician's order.

Note: As a self-reported measure – and because this indicator reflects potentially illegal behavior – it is reasonable to expect that it might be underreported, and that actual illicit drug use in the community is likely higher.

- Similar to the proportion found nationally.
- Similar to the Healthy People 2020 target of 7.1% or lower.
- Illicit drug use is higher in the Primary Service Area.



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 66]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-13.3]

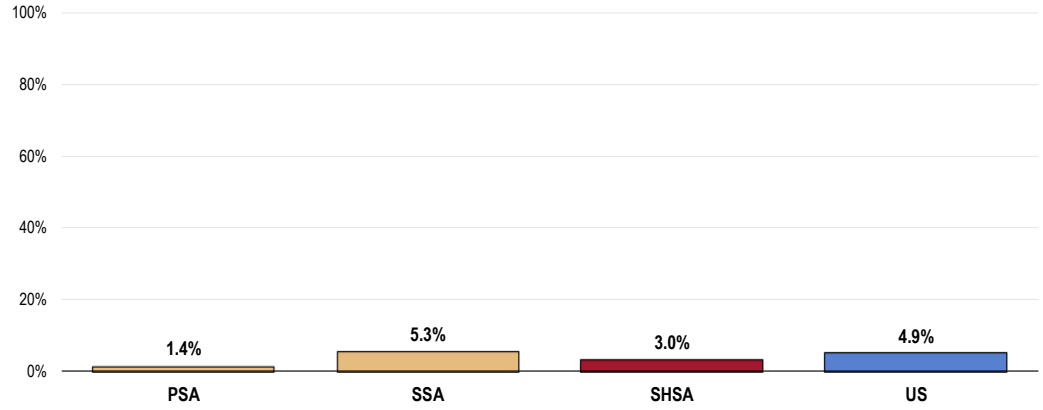
Notes:
- Asked of all respondents.

Alcohol & Drug Treatment

A total of 3.0% of Southampton Hospital Service Area adults report that they have sought professional help for an alcohol or drug problem at some point in their lives.

- Similar to national findings.
- The PSA has a lower proportion of adults who have ever sought substance abuse treatment.

Have Ever Sought Professional Help for an Alcohol/Drug-Related Problem



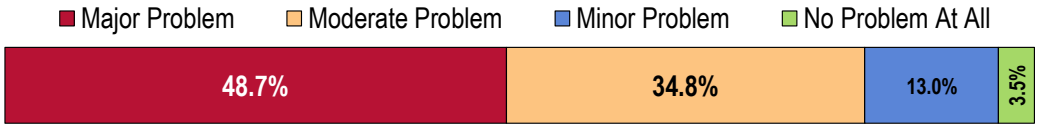
Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 67]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Key Informant Input: Substance Abuse

A high percentage of key informants taking part in an online survey characterized *Substance Abuse* as a "major problem" in the community.

Perceptions of Substance Abuse as a Problem in the Community

(Key Informants, 2015)



Sources: ● 2015 PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Barriers to Treatment

Among those rating this issue as a "major problem," the greatest barriers to accessing substance abuse treatment are viewed as:

Insurance/Cost

Financial, inpatient cost. —Other Health Provider

Acceptance, cost and available rehab centers. —Social Services Provider

I think we have pretty good access to substance abuse care here. Some is extremely expensive and it can be hard to get a bed for someone in need in a rehab clinic. Recidivism isn't accounted for properly. It's a part of the process, and it's treated like an outliner. —Social Services Provider

The cost and loss of wages when out of work. —Social Services Provider

Insurance, too many op's that mix mandated and willing clients. —Other Health Provider

Insurance is the major barrier on this subject; many people here are the working poor and are not eligible for Medicaid but cannot afford insurance. Also our bus system makes it challenging for patients to be able to get around and access not only substance abuse but many programs. —Social Services Provider

Lack of access, insurance, available services. —Public Health Representative

Lack of funding and lack of transportation to treatment locations are the biggest barriers. Lack of education about dangers, about hope, and lack of supportive peer settings. Job, home, community and are barriers. Some people seem unable to visualize a sober life. —Community/Business Leader

Health insurances with time limits. A substance abuser cannot be fixed in four to six weeks. Often treatment is needed much longer and many times, if inpatient, they do not work so they are unable to afford extended stays in a facility to receive the treatment they need. Again, there are very limited resources for youth when they need help for substance abuse. —Community/Business Leader

Lack of Treatment Facilities

Lack of availability of treatment programs and abuse counselors. —Community/Business Leader

No local treatment facility. —Community/Business Leader

There are very few treatment programs, very little education. The Emergency Department has difficulty setting up patients with therapists at appropriate levels of care. - South Fork – Physician

Limited inpatient programs on the East End. —Community/Business Leader

Limited number of programs, cost of programs and access to programs. —Other Health Provider

The lack of a lockdown inpatient facility on the East End. —Community/Business Leader

No beds available to detox individuals with alcohol and substance crisis on South Fork. A great disadvantage to people suffering with this disease. —Other Health Provider

Lack of treatment services east of Southampton. Limited bus service available. High co-pays for substance abuse treatment. Only one detox and that is located in Greenport. —Other Health Provider

Personal Factors

Admitting that they actually have an abuse problem, cost of care, insurance barriers, bed availability, support system, premature discharge from programs, concerns about loss of employment. —Physician

Denial, language and financial resources. —Community/Business Leader

The will to stop. —Community/Business Leader

Easy access and little consequence, if any. —Other Health Provider

Seeking help is embarrassing and I'm sure that more people would seek help if it were more affordable and private. —Social Services Provider

Fear, costs, especially if uninsured, loss of employment. —Community/Business Leader

Motivation, stigma, not in family culture, kids don't like idea of al-a-teen. Money problems and stress that make addictions attractive. Unchaperoned parties. Social pressure. Many people like to drink. Under supervised pain medication prescriptions. —Other Health Provider

Prevalence/Incidence

East End, seeing alcohol and cannabis use as essentially benign activities with little or no risk of harm. —Other Health Provider

In MTK, the docks are RIFE with drug and alcohol abuse. There is a huge drug problem throughout the Hamptons. Lots of drugs in Bridgehampton. There is a lot of pill abuse and our summer population is RIFE with alcohol abuse. —Community/Business Leader

Major Long Island issue. —Community/Business Leader

Just like smoking, substance abuse is an addictive habit that affects a wide range of people from the very young to the very old. The consequences of substance abuse are very serious and it is a growing problem on Long Island and is working to continue to make its way farther east. —Community/Business Leader

Alcohol. —Community/Business Leader

Lack of Resources

Access to services on the East End. —Community/Business Leader

For individuals and families with limited resources, lack of transportation and not enough subsidized services. —Community/Business Leader

Services here are limited and under par. —Other Health Provider

Other addicts, lack of psychiatric services. - South Fork – Physician

Many people who are addicted to drugs or alcohol want to speak to a professional privately and there are few services that are available for that. —Other Health Provider

Lack of Providers

No providers. —Other Health Provider

Finding substance abuse counselors who accept insurance. These are the same issues that confront people who need mental health treatment. —Community/Business Leader

There is a lack of access to professionally trained providers and rehabilitation programs overall and lack of providers for dual diagnosis, co-morbidity of substance abuse and mental illness. —Physician

Education

Lack of awareness. Lack of support. Limited insurance coverage. —Community/Business Leader

Information about services out east. NA meetings and HA meetings or heroin meetings, only ones in Riverhead. Also, very few services for teens. —Other Health Provider

Better education in the community about substance abuse. It is well known that the DARE program is ineffective. —Physician

Youth

Southampton Hospital has no resources to address children who have taken an over dosage or become suicidal. The waiting list to get mental health services can be up to six months at FSL and the CPEP at Stony Brook is inefficient and does not provide many services, often pushing them back on communities. —Social Services Provider

Youth and alcohol use. Youth and mental health. —Community/Business Leader

Co-Occurrences

Suboxone providers are not trained to work with dual diagnosis patients, those with substance abuse and mental health disorders. There is substantial splitting of care between different specialties. —Physician

Most Problematic Substances

Key informants (who rated this as a "major problem") most often identified alcohol, heroin/other opioids, marijuana, prescription medications, or cocaine/crack as the most problematic substances abused in the community.

	Most Problematic	Second-Most Problematic	Third-Most Problematic	Total Mentions
Alcohol	73.2%	12.5%	2.6%	36
Heroin or Other Opioids	17.1%	30.0%	15.8%	25
Marijuana	4.9%	27.5%	15.8%	19
Prescription Medications	4.9%	10.0%	23.7%	15
Cocaine or Crack	0.0%	12.5%	15.8%	11
Over-The-Counter Medications	0.0%	2.5%	10.5%	5
Club Drugs (e.g. MDMA, GHB, Ecstasy, Molly)	0.0%	0.0%	5.3%	2
Methamphetamines or Other Amphetamines	0.0%	0.0%	5.3%	2
Synthetic Drugs (e.g. Bath Salts, K2/Spice)	0.0%	2.5%	2.6%	2
Hallucinogens or Dissociative Drugs (e.g. Ketamine, PCP, LSD, DXM)	0.0%	2.5%	0.0%	1
Steroids	0.0%	0.0%	2.6%	1

Tobacco Use

About Tobacco Use

Tobacco use is the single most preventable cause of death and disease in the United States. Scientific knowledge about the health effects of tobacco use has increased greatly since the first Surgeon General's report on tobacco was released in 1964.

Tobacco use causes:

- Cancer
- Heart disease
- Lung diseases (including emphysema, bronchitis, and chronic airway obstruction)
- Premature birth, low birth weight, stillbirth, and infant death

There is no risk-free level of exposure to secondhand smoke. Secondhand smoke causes heart disease and lung cancer in adults and a number of health problems in infants and children, including: severe asthma attacks; respiratory infections; ear infections; and sudden infant death syndrome (SIDS).

Smokeless tobacco causes a number of serious oral health problems, including cancer of the mouth and gums, periodontitis, and tooth loss. Cigar use causes cancer of the larynx, mouth, esophagus, and lung.

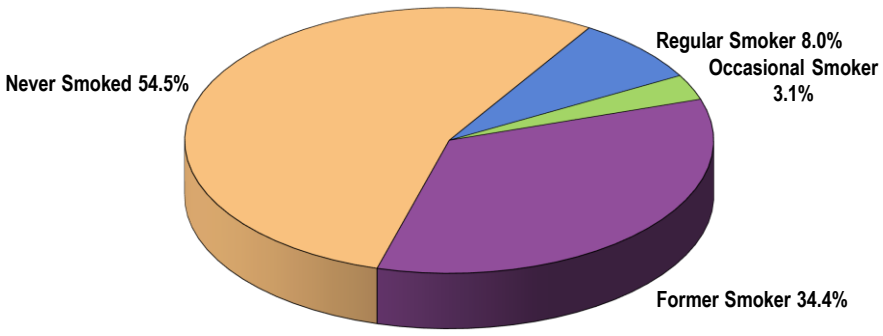
- Healthy People 2020 (www.healthypeople.gov)

Cigarette Smoking

Cigarette Smoking Prevalence

A total of 11.1% of Southampton Hospital Service Area adults currently smoke cigarettes, either regularly (8.0% every day) or occasionally (3.1% on some days).

Cigarette Smoking Prevalence
(SHSA, 2015)

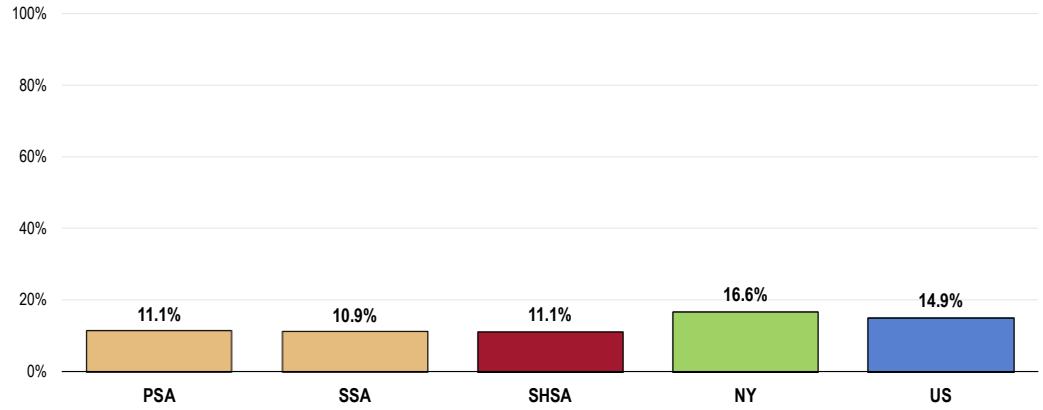


Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 156]
Notes: • Asked of all respondents.

- More favorable than statewide findings.
- More favorable than national findings.
- Similar to the Healthy People 2020 target (12% or lower).
- Similar by service area.

Current Smokers

Healthy People 2020 Target = 12.0% or Lower



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 156]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 New York data.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective TU-1.1]

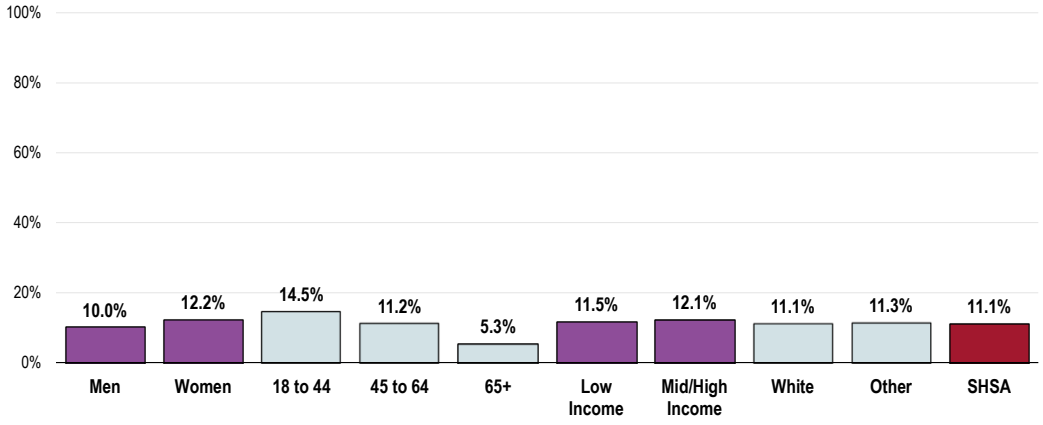
Notes:
- Asked of all respondents.
- Includes regular and occasional smokers (those who smoke cigarettes everyday or on some days).

- Cigarette smoking is more prevalent among adults under age 65 (negative correlation with age).

Current Smokers

(SHSA, 2015)

Healthy People 2020 Target = 12.0% or Lower



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 156]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective TU-1.1]

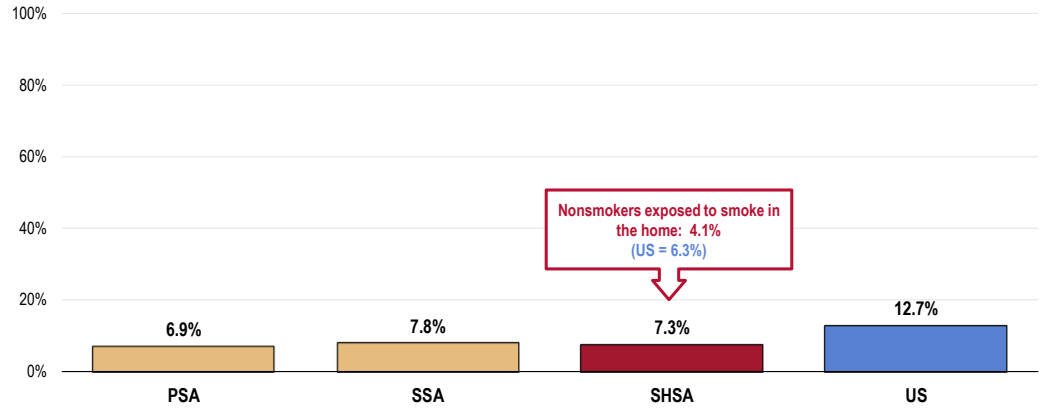
Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- Includes regular and occasion smokers (everyday and some days).

Environmental Tobacco Smoke

A total of 7.3% of Southampton Hospital Service Area adults (including smokers and nonsmokers) report that a member of their household has smoked cigarettes in the home an average of 4+ times per week over the past month.

- More favorable than national findings.
- Similar findings by service area.
- Note that 4.1% of Southampton Hospital Service Area nonsmokers are exposed to cigarette smoke at home, similar to what is found nationally.

Member of Household Smokes at Home

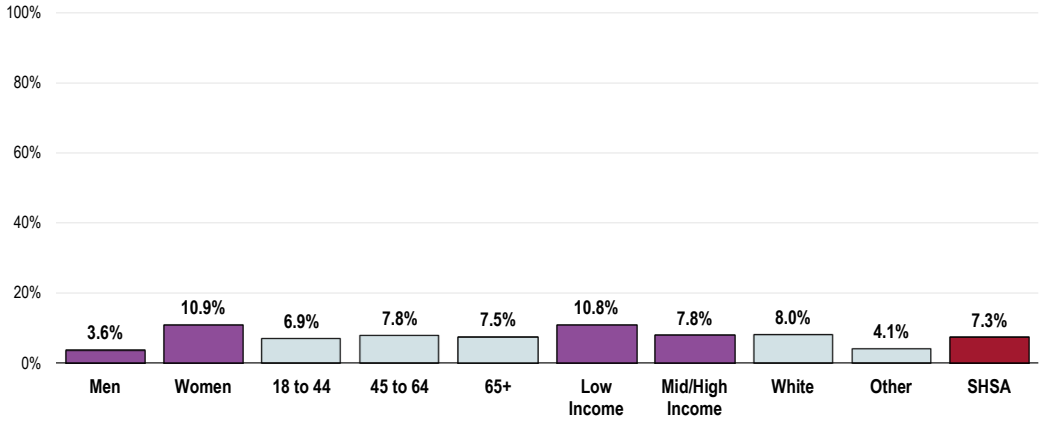


Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 59, 158]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- "Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.

- Notably higher among women than men.

Member of Household Smokes At Home
(SHSA, 2015)

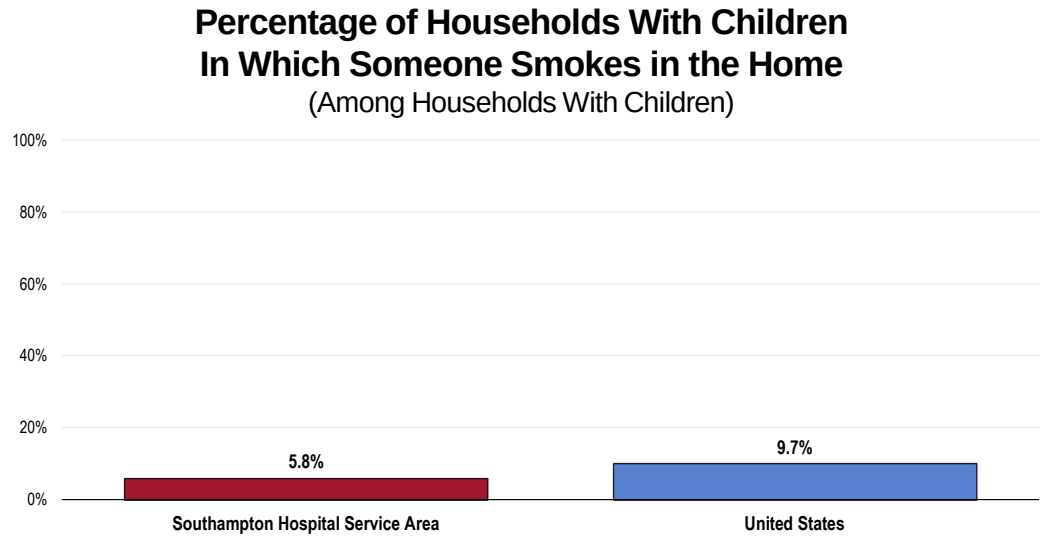


Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 59]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- "Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.

Among households with children, 5.8% have someone who regularly smokes cigarettes in the home.

- Statistically similar to US findings.



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 159]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Reflects respondents with children 0 to 17 in the household.
- "Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.

Smoking Cessation

About Reducing Tobacco Use

Preventing tobacco use and helping tobacco users quit can improve the health and quality of life for Americans of all ages. People who stop smoking greatly reduce their risk of disease and premature death. Benefits are greater for people who stop at earlier ages, but quitting tobacco use is beneficial at any age.

Many factors influence tobacco use, disease, and mortality. Risk factors include race/ethnicity, age, education, and socioeconomic status. Significant disparities in tobacco use exist geographically; such disparities typically result from differences among states in smoke-free protections, tobacco prices, and program funding for tobacco prevention.

- Healthy People 2020 (www.healthypeople.gov)

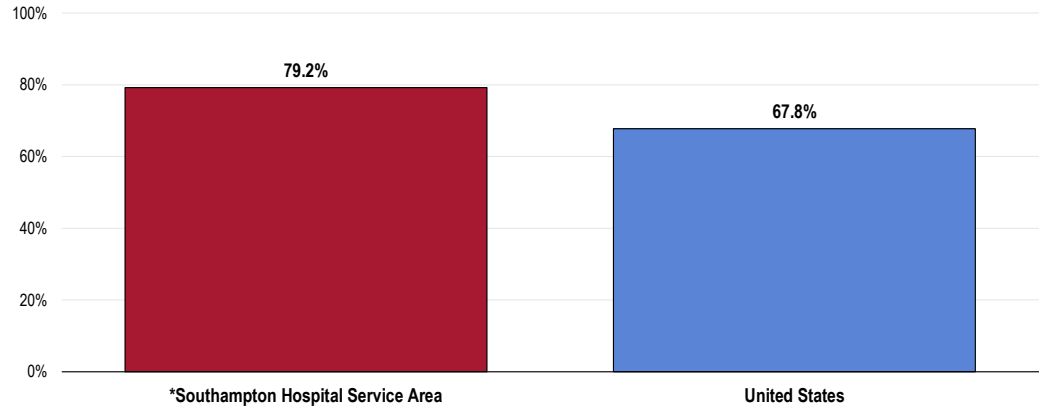
Health Advice About Smoking Cessation

Nearly 80% of smokers say that a doctor, nurse or other health professional has recommended in the past year that they quit smoking.

- Statistically similar to the national percentage.

Advised by a Healthcare Professional in the Past Year to Quit Smoking

(Among Current Smokers)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 58]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all current smokers.
- *Use caution when interpreting as the sample size is <50.

Other Tobacco Use

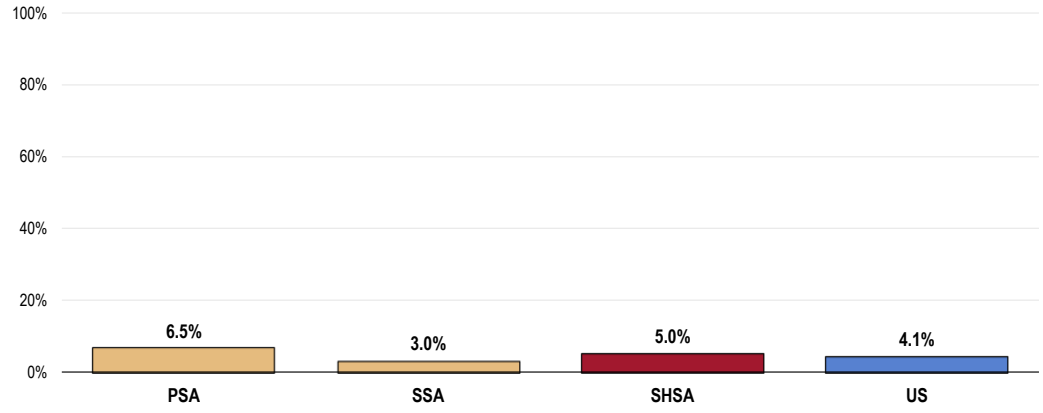
Cigars

A total of 5.0% of Southampton Hospital Service Area adults use cigars every day or on some days.

- Similar to the national percentage.
- Fails to satisfy the Healthy People 2020 target (0.2% or lower).
- Statistically similar in both service areas.

Use of Cigars

Healthy People 2020 Target = 0.2% or Lower



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 61]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective TU-1.3]

Notes:
- Asked of all respondents.

Smokeless Tobacco

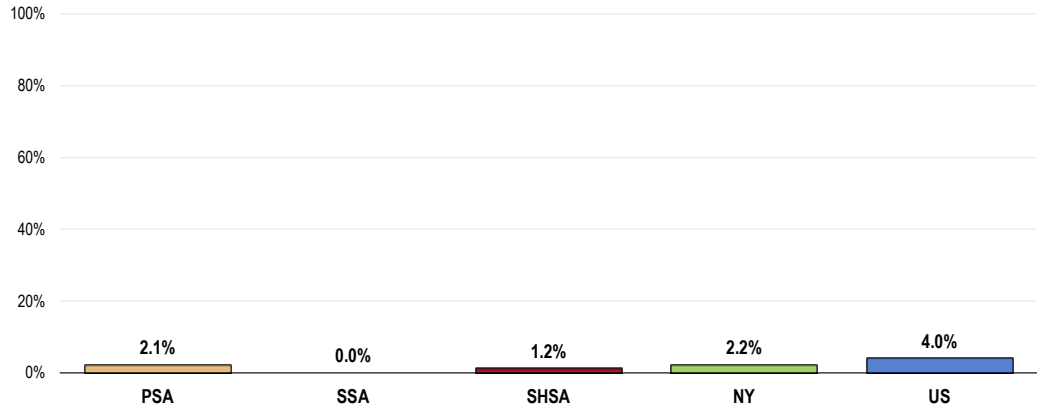
A total of 1.2% of Southampton Hospital Service Area adults use some type of smokeless tobacco every day or on some days.

Examples of smokeless tobacco include chewing tobacco, snuff, or "snus."

- Comparable to the state percentage.
- Lower than the national percentage.
- Statistically comparable to the Healthy People 2020 target (0.3% or lower).
- Lower in the Secondary Service Area (no respondents from the Secondary Service Area reported current use of smokeless tobacco).

Use of Smokeless Tobacco

Healthy People 2020 Target = 0.3% or Lower



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 60]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 New York data.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective TU-1.2]

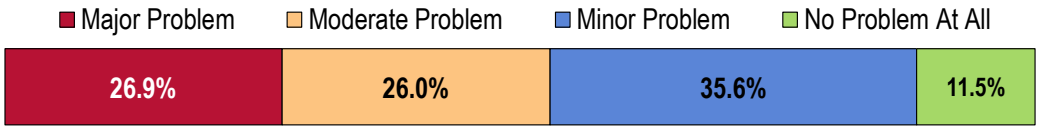
Notes:
- Asked of all respondents.
- Smokeless tobacco includes chewing tobacco or snuff.

Key Informant Input: Tobacco Use

Key informants taking part in an online survey generally characterized *Tobacco Use* as a "minor problem" in the community.

Perceptions of Tobacco Use as a Problem in the Community

(Key Informants, 2015)



Sources:
- 2015 PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons frequently related to the following:

Prevalence/Incidence

Too many smokers, too easy to access for young people. E-cigarettes are an emerging problem. —Community/Business Leader

There are too many people who still smoke, including young people. I also see some people who work in medical offices smoke a great deal and they are very poor examples for the patients whom they treat. —Community/Business Leader

Large smoking population. —Community/Business Leader

Very high incidence of tobacco use. Easy access. —Community/Business Leader

Many people in the community use tobacco products and are addicted to them. People start at a young age because they think it is cool and they then get addicted. —Community/Business Leader
Major problem in every community. —Other Health Provider

People come from up island and local to purchase tobacco products in Southampton. —Other Health Provider

Comorbidities

Scientific research results have shown a direct link of tobacco use and the symptoms of many disabling chronic health disorders, ranging from cancer to tobacco use as a gateway to substance abuse. —Physician

Tobacco use is the cause of so many problems with our human bodies. Lung cancer is the most prevalent, but kidneys, the colon, the throat and esophagus, the heart, there isn't much that isn't affected in people that smoke. —Community/Business Leader

Number one preventable disease source. —Other Health Provider

Habit/Addiction

Smoking in general is an addictive habit that affects a wide range of people from the very young to the very old. Smoking has negative effects on the body and is a very addictive habit to break. —Community/Business Leader

The most expensive and personally costly addiction in our society. Tobacco companies are still recruiting the new generation of smokers. Vapor pens becoming the current craze adding to the problem. Fewer nicotine anonymous groups. Just lost the Westhampton group for the East End. —Other Health Provider

Education

I don't believe it is a major problem, however it is an issue. Nicotine Anonymous does not meet on the South Fork. Learn to Be Tobacco Free is an exceptional program and should be brought to the public schools. —Other Health Provider

There are changes. CVS stopped selling cigarettes. Smoking cessation programs aren't local. Reservation sells untaxed cigarettes. —Other Health Provider

Youth

The ad campaigns of big tobacco target the young. —Community/Business Leader

Adolescent access and addiction. —Public Health Representative

Access to Health Services

Professional Research Consultants, Inc.

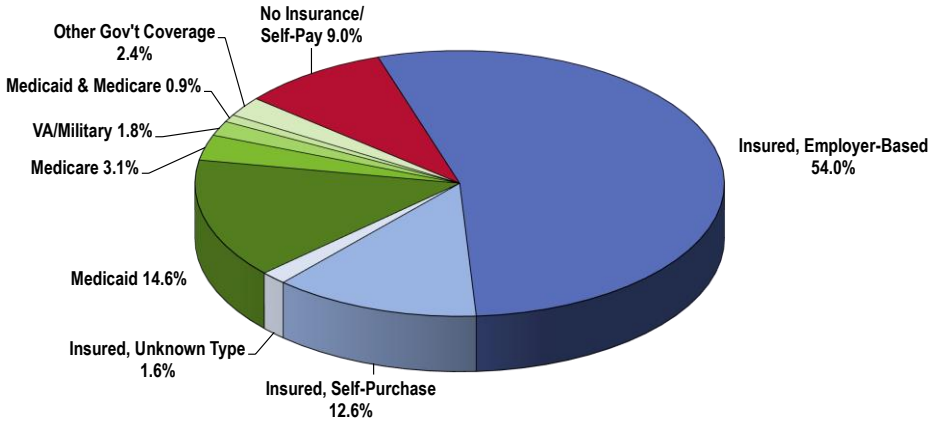
Health Insurance Coverage

Type of Healthcare Coverage

A total of 68.2% of Southampton Hospital Service Area adults age 18 to 64 report having healthcare coverage through private insurance. Another 22.8% report coverage through a government-sponsored program (e.g., Medicaid, Medicare, military benefits).

Survey respondents were asked a series of questions to determine their healthcare insurance coverage, if any, from either private or government-sponsored sources.

Healthcare Insurance Coverage
(Among Adults Age 18-64; SHSA, 2015)



Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 165]
Notes: ● Reflects respondents age 18 to 64.

Lack of Health Insurance Coverage

Among adults age 18 to 64, 9.0% report having no insurance coverage for healthcare expenses.

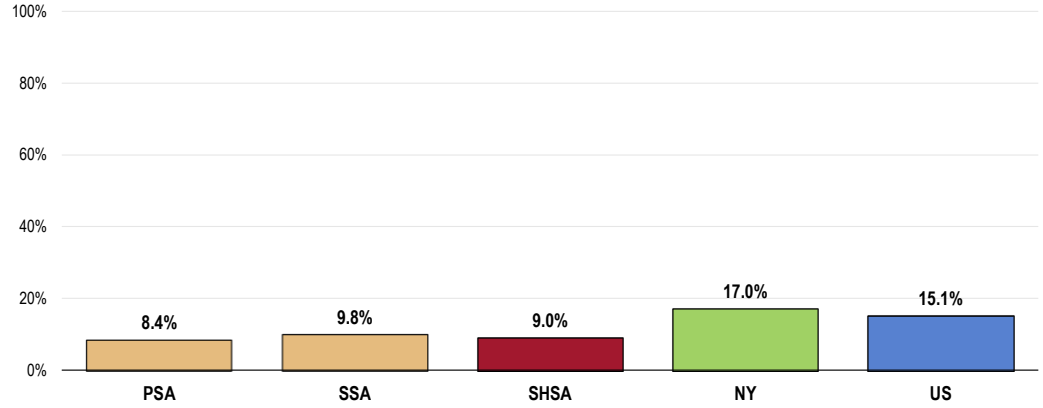
Here, lack of health insurance coverage reflects respondents age 18 to 64 (thus, excluding the Medicare population) who have no type of insurance coverage for healthcare services – neither private insurance nor government-sponsored plans (e.g., Medicaid).

- Better than state findings.
- Better than national findings.
- The Healthy People 2020 target is universal coverage (0% uninsured).
- Similar findings by service area.

Lack of Healthcare Insurance Coverage

(Among Adults Age 18-64)

Healthy People 2020 Target = 0.0% (Universal Coverage)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 165]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 New York data.
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AHS-1]

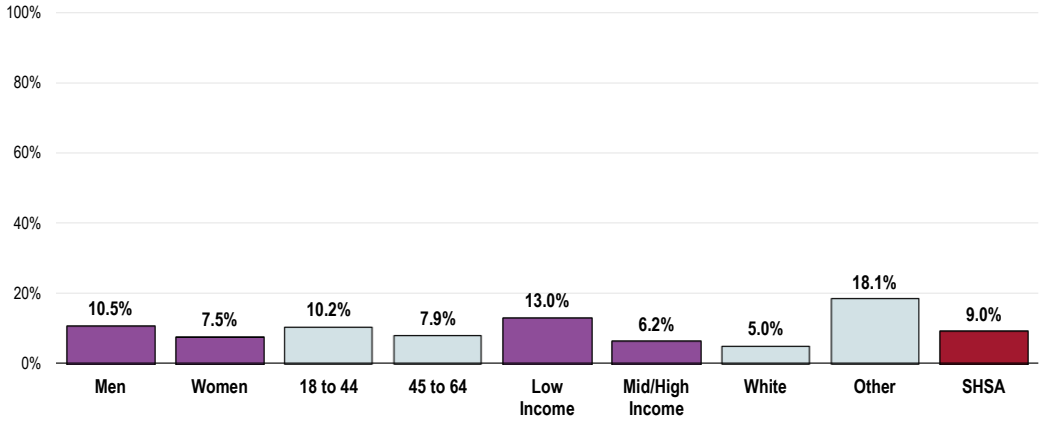
Notes:
- Asked of all respondents under the age of 65.

- "Other" race residents are much more likely than Whites to be without healthcare insurance coverage.

Lack of Healthcare Insurance Coverage

(Among Adults Age 18-64; SHSA, 2015)

Healthy People 2020 Target = 0.0% (Universal Coverage)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 165]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AHS-1]

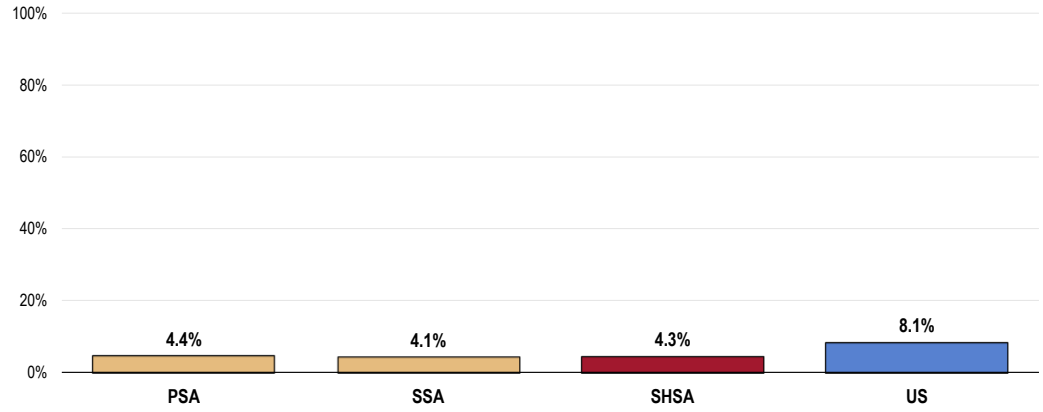
Notes:
- Asked of all respondents under the age of 65.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Recent Lack of Coverage

Among currently insured adults in Southampton Hospital Service Area, 4.3% report that they were without healthcare coverage at some point in the past year.

- More favorable than US findings.
- Insurance stability is similar in both service areas.

Went Without Healthcare Insurance Coverage At Some Point in the Past Year
(Among Insured Adults)

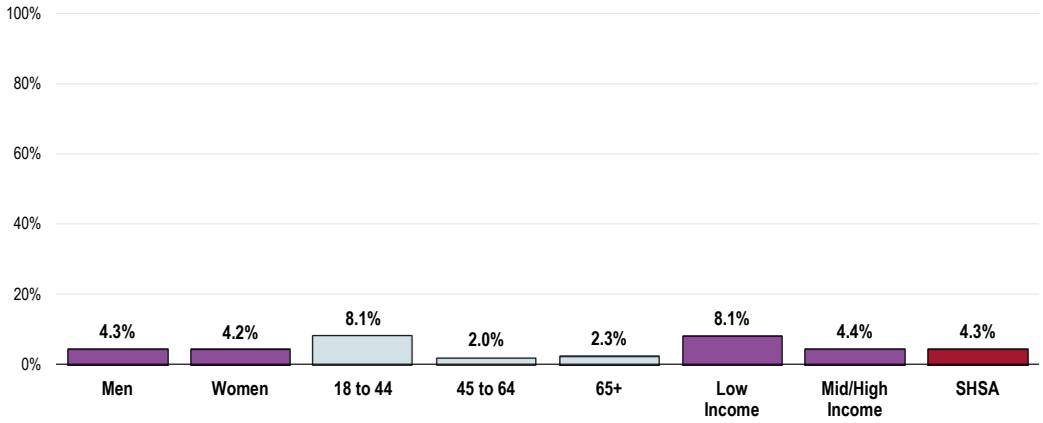


Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 79]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all insured respondents.

- Among insured adults, there are no statistical differences in insurance stability when viewed by basic demographic characteristics.

Went Without Healthcare Insurance Coverage At Some Point in the Past Year
(Among Insured Adults; SHSA, 2015)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 79]

Notes:
- Asked of all insured respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Difficulties Accessing Healthcare

About Access to Healthcare

Access to comprehensive, quality health care services is important for the achievement of health equity and for increasing the quality of a healthy life for everyone. It impacts: overall physical, social, and mental health status; prevention of disease and disability; detection and treatment of health conditions; quality of life; preventable death; and life expectancy.

Access to health services means the timely use of personal health services to achieve the best health outcomes. It requires three distinct steps: 1) Gaining entry into the health care system; 2) Accessing a health care location where needed services are provided; and 3) Finding a health care provider with whom the patient can communicate and trust.

- Healthy People 2020 (www.healthypeople.gov)

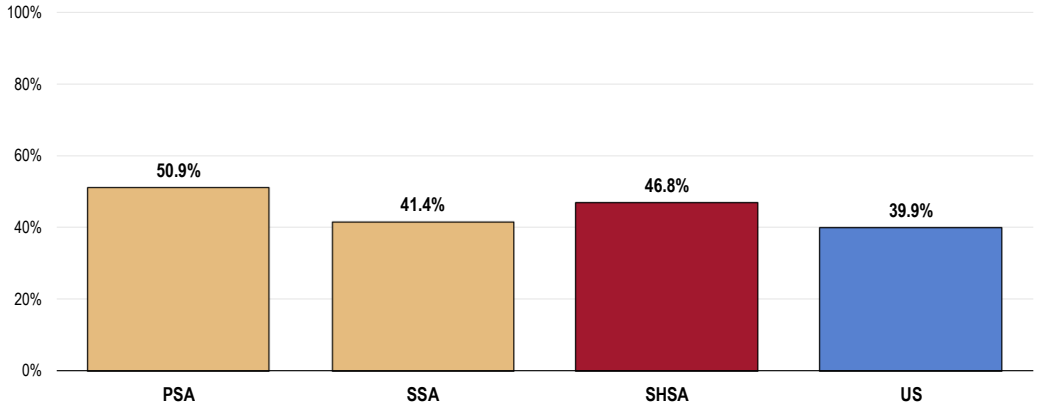
Difficulties Accessing Services

This indicator reflects the percentage of the total population experiencing problems accessing healthcare in the past year, regardless of whether they needed or sought care.

A total of 46.8% of Southampton Hospital Service Area adults report some type of difficulty or delay in obtaining healthcare services in the past year.

- Less favorable than national findings.
- Statistically similar by service area.

Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 169]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

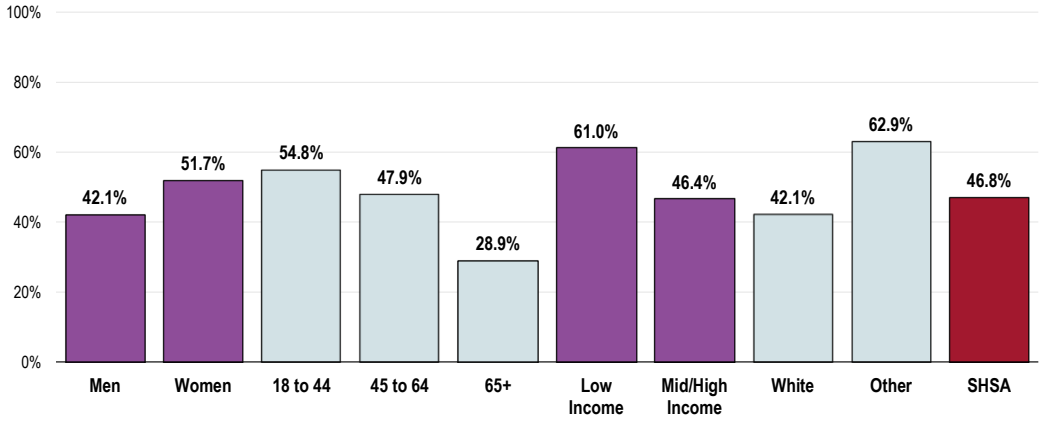
Notes:
- Asked of all respondents.
- Represents the percentage of respondents experiencing one or more barriers to accessing healthcare in the past 12 months.

Note that the following demographic groups more often report difficulties accessing healthcare services:

- Adults under the age of 65 (negative correlation with age).
- Lower-income residents.
- "Other" race residents.

Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year

(SHSA, 2015)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 169]

Notes:
- Asked of all respondents.
- Represents the percentage of respondents experiencing one or more barriers to accessing healthcare in the past 12 months.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Barriers to Healthcare Access

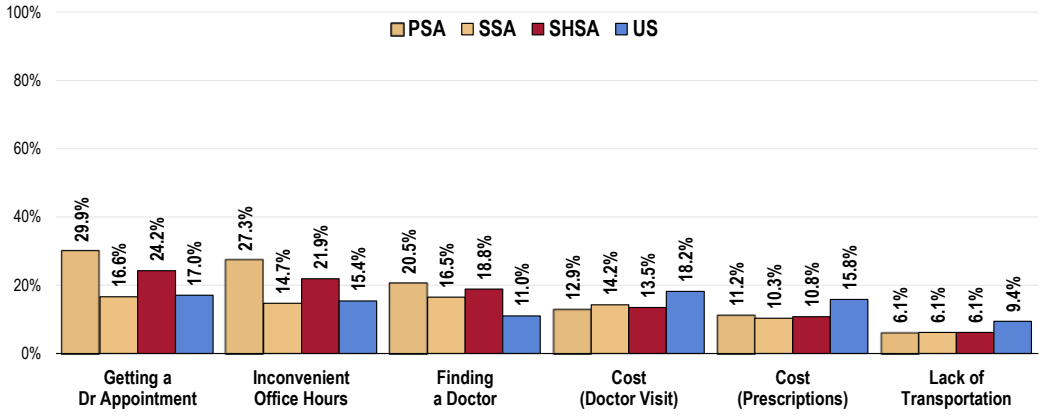
To better understand healthcare access barriers, survey participants were asked whether any of six types of barriers to access prevented them from seeing a physician or obtaining a needed prescription in the past year.

Again, these percentages reflect the total population, regardless of whether medical care was needed or sought.

Of the tested barriers, difficulty getting an appointment impacted the greatest share of Southampton Hospital Service Area adults (24.2% say that lack of appointment availability prevented them from obtaining a visit to a physician in the past year).

- The proportion of Southampton Hospital Service Area adults impacted was statistically worse than that found nationwide for **difficulty getting an appointment, inconvenient office hours and trouble finding a physician**. For all other barriers, the total service area exhibited better results than the US overall.
- Most barriers were statistically similar between the two service areas, but **difficulty getting an appointment** and **inconvenient office hours** were more prevalent in the Primary Service Area than the Secondary Service Area.

Barriers to Access Have Prevented Medical Care in the Past Year



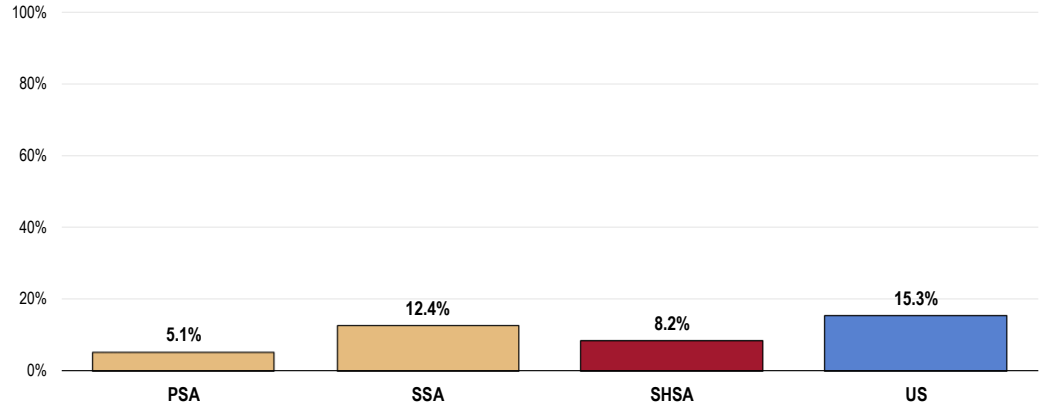
Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 7-12]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Prescriptions

Among all Southampton Hospital Service Area adults, 8.2% skipped or reduced medication doses in the past year in order to stretch a prescription and save money.

- More favorable than national findings.
- Higher in the Secondary Service Area.

Skipped or Reduced Prescription Doses in Order to Stretch Prescriptions and Save Money

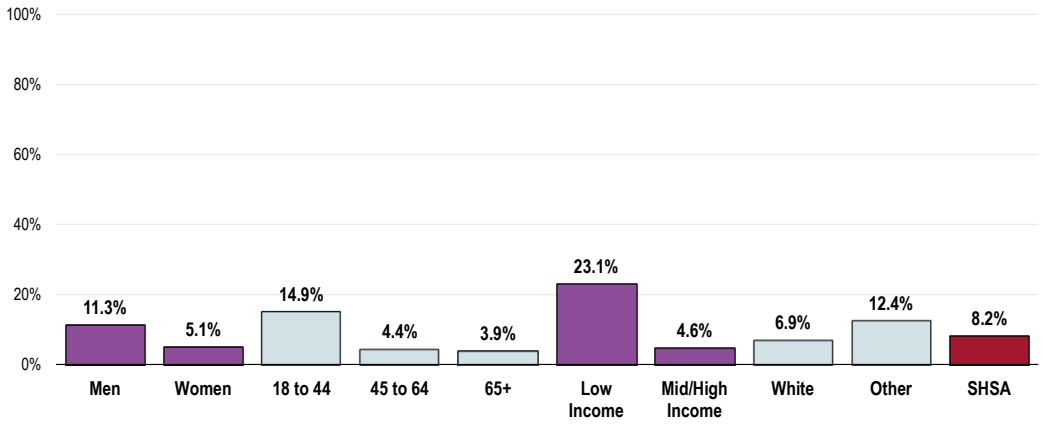


Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 13]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Adults more likely to have skipped or reduced their prescription doses include:

- Men.
- Adults age 18 to 44.
- Respondents with lower incomes.

Skipped or Reduced Prescription Doses in Order to Stretch Prescriptions and Save Money
(SHSA, 2015)



Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 13]
Notes: ● Asked of all respondents.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Accessing Healthcare for Children

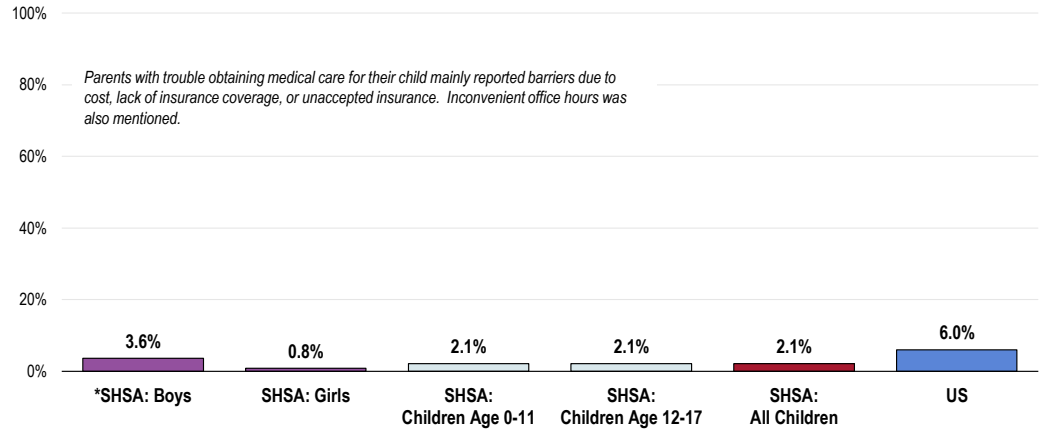
A total of 2.1% of parents say there was a time in the past year when they needed medical care for their child, but were unable to get it.

Surveyed parents were also asked if, within the past year, they experienced any trouble receiving medical care for a randomly-selected child in their household.

- More favorable than what is reported nationwide.
- Statistically similar by gender and age.

Had Trouble Obtaining Medical Care for Child in the Past Year

(Among Parents of Children 0-17)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 111-112]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents with children 0 to 17 in the household.
- *Use caution when interpreting as the sample size is <50.

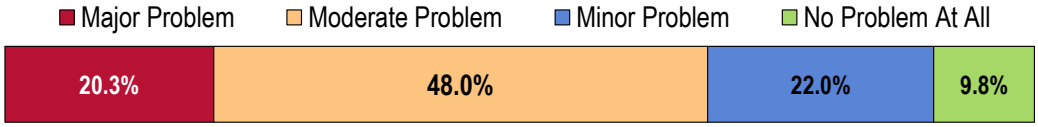
Among the parents experiencing difficulties, the majority cited **cost**, **lack of insurance coverage**, or **unaccepted insurance** as the primary reason; others cited **inconvenient office hours**.

Key Informant Input: Access to Healthcare Services

The greatest share of key informants taking part in an online survey characterized *Access to Health Care Services* as a "moderate problem" in the community.

Perceptions of Access to Healthcare Services as a Problem in the Community

(Key Informants, 2015)



Sources: • 2015 PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons frequently related to the following:

Transportation

Accessibility to physicians or programs. The community is wide spread, some people do not have cars, and there is a public bus system but limited doctors. Certain specialties under represented such as cardiologists, perhaps ophthalmologists. Survey needed here. —Community/Business Leader

Due to financial constraints, geography and location of local services. Transportation is lacking to access health services and to maintain connections with family members and community members that form a supportive network for health and well-being. - South Fork – Physician

The East End of Long Island has very limited access to adequate health care services and providers. People have trouble getting to services due to lack of public transportation or being able to afford services, whether they have medical coverage or not. —Community/Business Leader

Distance to Care

All serious problems can be more serious depending how far from the only hospital. Traffic in season makes the trip long and difficult for many communities. —Community/Business Leader

Easthampton and Montauk are too far away from emergency care without a multi-specialty practice combined urgent care site with observation beds. —Community/Business Leader

I live in Montauk that should say it all. Southampton Hospital is an hour away in ideal traffic conditions. I needed an x-ray on a Saturday and there's no place to get one out here. Those with serious health problems out here, especially the senior population, may not be able to get to SH in time when the situation is urgent. As far as mental health services, in an emergency, the closest hospital is Stony Brook. —Other Health Provider

Travel distances to specialized treatments and or doctors. —Community/Business Leader

Limited number of facilities in close enough proximity to all who may need services. —Community/Business Leader

Ready access by all segments of the community to easily and quickly access health care. —Community/Business Leader

Insurance/Cost

They have never had health care and have either no insurance or have limited insurance. Culturally, they did not seek medical and dental assistance until there is an issue. Many of the children have never seen a dentist. —Social Services Provider

Cost of health care is too expensive, even if you have insurance. Working two or more jobs to keep our heads above water does not leave much time to go to the doctor. Most cannot afford to take time off work. Doctors need to be more accessible. Transportation on the East End is very difficult. —Social Services Provider

Language, education, clinical resources, personal financial resources and third party coverage and restrictions. —Community/Business Leader

Affordable insurance that is accepted by top doctors. For example, Dr. does not participate with United Healthcare and I understand many others are dropping out. United has a poor record of communicating and paying on time. —Other Health Provider

Paying for the services. —Community/Business Leader

Lack of Providers

Lack of specialists in the noted areas within one-half hour or less distance from our community. Last of providers who accept Medicaid/Medicare or the NYSDOH American Indian Health Program as payment. —Community/Business Leader

Lack of providers. —Public Health Representative

Lack of providers that accept insurance. Poor quality services. —Other Health Provider

There aren't qualified doctors identifying issues. Most people just see a physician's assistant or a nurse when they are sick and there is no diagnosis of larger issues. —Social Services Provider

No internal medicine physicians in the area. —Physician

Transportation

Transportation challenges and language barriers. Buses and routes are insufficient, and not many services for Spanish speaking population. —Other Health Provider

Transportation to doctor's offices and hospitals for outpatient care. —Community/Business Leader

Transportation, access to health clinics. —Community/Business Leader

Behavioral Health

Mental health care. —Social Services Provider

The greatest challenges we face with the epidemic proportion of mental health and substance abuse problems is the ability to effectively and swiftly get people into inpatient/outpatient and mental health treatment. There is a lack of programs and major challenges with people with no insurance or who are just above the poverty line. Insurance will only cover so much and there are many hurdles to go through just to get someone inpatient. It really is a big insurance issue but nonetheless, we lack assistance in getting people into programs. We need more case workers and we need to be more effective at identifying patient needs and getting them streamlined into a program. Sometimes there are no beds, sometimes the program falls short of the need and more often than not, there is no program at all nearby. —Social Services Provider

Language Barriers

For non-English speaking residents, the community is lacking bilingual health providers. In addition, for many residents, with low income or with seasonal employment, access to health insurance is a challenge. - South Fork – Physician

Lack of Spanish speaking professionals at all levels. —Physician

Emergency Care

Emergency care outside of Southampton proper. —Community/Business Leader

Access to a hospital emergency room on a 24/7 basis, especially in the summer when the roads are clogged with tourists and the ambulances are working full time. We rely on our EMS volunteers who are overwhelmed, and so we need to add paid paramedics who are trained to provide a higher level of medical care. —Community/Business Leader

Type of Care Most Difficult to Access

Key informants (who rated this as a "major problem") most often identified mental health care, substance abuse treatment, specialty care, and primary care as the most difficult to access in the community.

	Most Difficult to Access	Second-Most Difficult to Access	Third-Most Difficult to Access	Total Mentions
Mental Health Care	60.0%	5.3%	20.0%	16
Substance Abuse Treatment	5.0%	52.6%	6.7%	12
Specialty Care	0.0%	10.5%	33.3%	7
Primary Care	20.0%	5.3%	0.0%	5
Chronic Disease Care	0.0%	5.3%	20.0%	4
Elder Care	10.0%	5.3%	0.0%	3
Urgent Care	0.0%	10.5%	6.7%	3
Dental Care	5.0%	0.0%	0.0%	1
General Health Care	0.0%	0.0%	6.7%	1
Hospice Care	0.0%	0.0%	6.7%	1
Prenatal Care	0.0%	5.3%	0.0%	1

Primary Care Services

About Primary Care

Improving health care services depends in part on ensuring that people have a usual and ongoing source of care. People with a usual source of care have better health outcomes and fewer disparities and costs. Having a primary care provider (PCP) as the usual source of care is especially important. PCPs can develop meaningful and sustained relationships with patients and provide integrated services while practicing in the context of family and community. Having a usual PCP is associated with:

- Greater patient trust in the provider
- Good patient-provider communication
- Increased likelihood that patients will receive appropriate care

Improving health care services includes increasing access to and use of evidence-based preventive services. Clinical preventive services are services that: **prevent** illness by detecting early warning signs or symptoms before they develop into a disease (primary prevention); or **detect** a disease at an earlier, and often more treatable, stage (secondary prevention).

- Healthy People 2020 (www.healthypeople.gov)

Specific Source of Ongoing Care

Three-fourths of Southampton Hospital Service Area adults (75.3%) were determined to have a specific source of ongoing medical care.

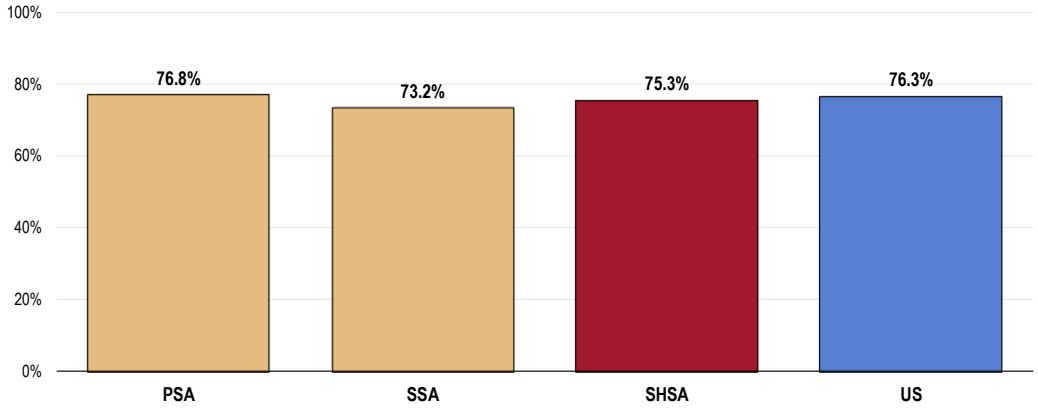
- Similar to national findings.
- Far from satisfying the Healthy People 2020 objective (95% or higher).
- Statistically similar by service area.

Having a specific source of ongoing care includes having a doctor's office, clinic, urgent care center, walk-in clinic, health center facility, hospital outpatient clinic, HMO or prepaid group, military/VA clinic, or some other kind of place to go if one is sick or needs advice about his or her health. This resource is crucial to the concept of "patient-centered medical homes" (PCMH).

A hospital emergency room is not considered a specific source of ongoing care in this instance.

Have a Specific Source of Ongoing Medical Care

Healthy People 2020 Target = 95.0% or Higher [All Ages]



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 166]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AHS-5.1]

Notes:
- Asked of all respondents.

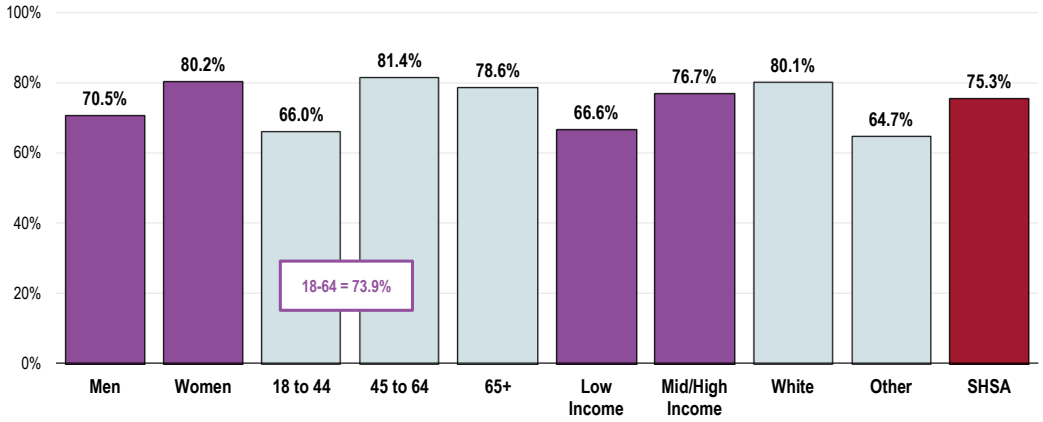
When viewed by demographic characteristics, the following population segments are less likely to have a specific source of care:

- Men.
- Adults under age 45.
- "Other" race residents.
- Among adults age 18-64, 73.9% have a specific source for ongoing medical care, similar to national findings.
    - Fails to satisfy the Healthy People 2020 target for this age group (89.4% or higher).
- Among adults 65+, 78.6% have a specific source for care, similar to the percentage reported among seniors nationally.
    - Fails to satisfy the Healthy People 2020 target of 100% for seniors.

Have a Specific Source of Ongoing Medical Care

(SHSA, 2015)

Healthy People 2020 Target = 95.0% or Higher [All Ages]; ≥89.4% [18-64]; 100% [65+]



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 166-168]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objectives AHS-5.1, 5.3, 5.4]

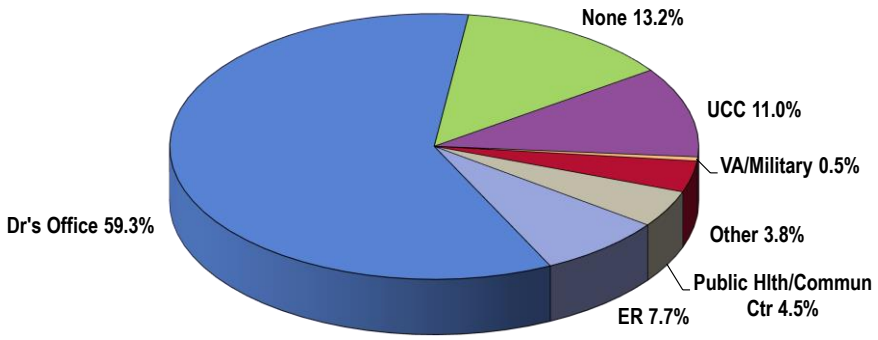
Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Type of Place Used for Medical Care

When asked where they usually go if they are sick or need advice about their health, the greatest share of respondents (59.3%) identified a particular doctor's office, followed by references to an urgent-care center (mentioned by 11.0%) and hospital emergency rooms (7.7%).

Note that 4.5% of respondents rely on a public or community health center, and 0.5% uses some type of military/VA facility.

Particular Place Utilized for Medical Care
(SHSA, 2015)



Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 15-16]
Notes: ● Asked of all respondents.

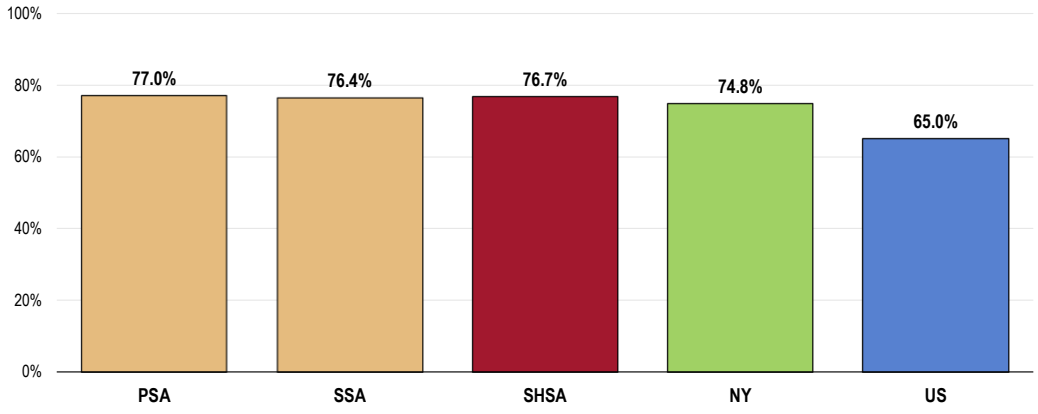
Utilization of Primary Care Services

Adults

More than 3 in 4 adults (76.7%) visited a physician for a routine checkup in the past year.

- Comparable to state findings.
- Notably higher than national findings.
- Comparable by service area.

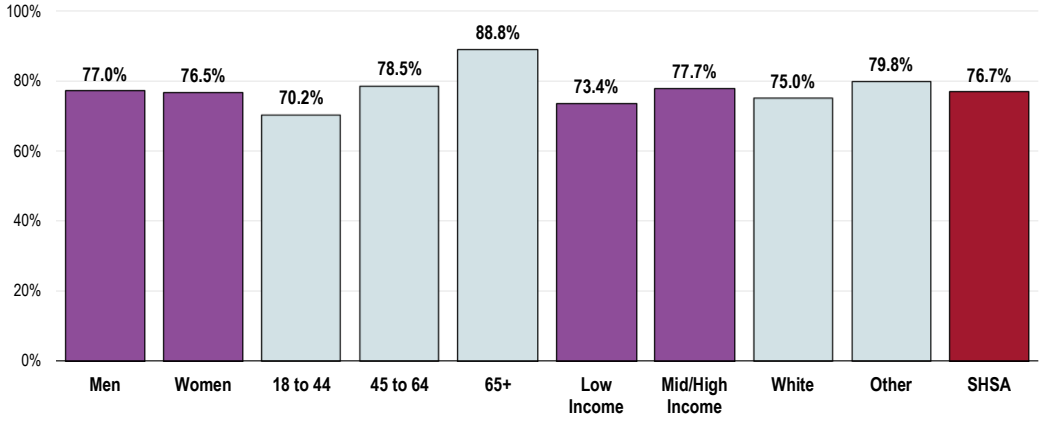
Have Visited a Physician for a Checkup in the Past Year



Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 17]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 New York data.
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

- Adults under age 65 are less likely to have received routine care in the past year (note the positive correlation with age).

Have Visited a Physician for a Checkup in the Past Year
(SHSA, 2015)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 17]

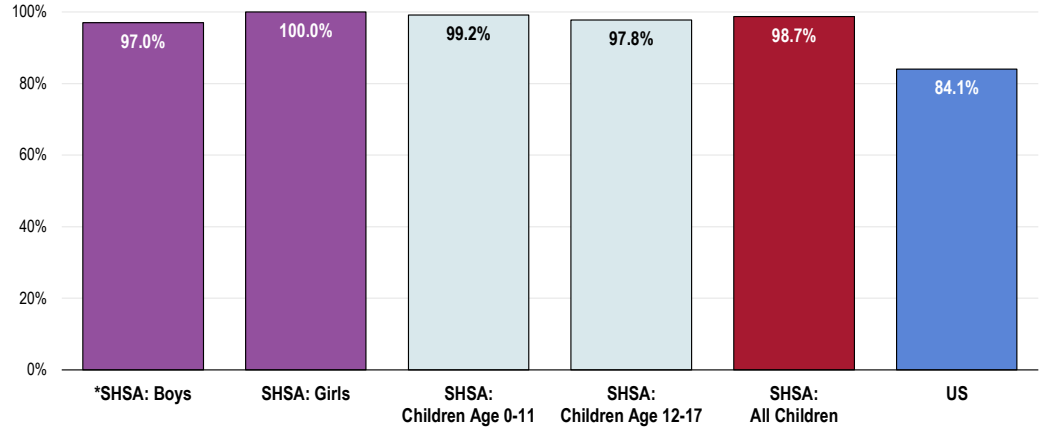
Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Children

Among surveyed parents, 98.7% report that their child has had a routine checkup in the past year.

- Considerably higher than national findings.
- Note that routine checkups are statistically similar by child's gender and age.

Child Has Visited a Physician for a Routine Checkup in the Past Year
(Among Parents of Children 0-17)



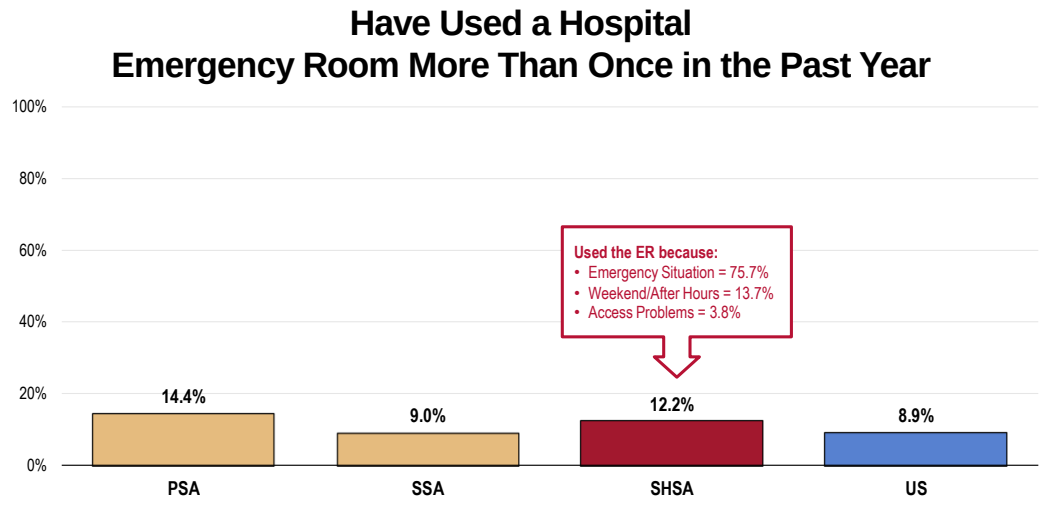
Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 113]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents with children 0 to 17 in the household.
- *Use caution when interpreting as the sample size is <50.

Emergency Room Utilization

A total of 12.2% of Southampton Hospital Service Area adults have gone to a hospital emergency room more than once in the past year about their own health.

- Statistically comparable to national findings.
- No statistical difference between service areas.



Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 23-24]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

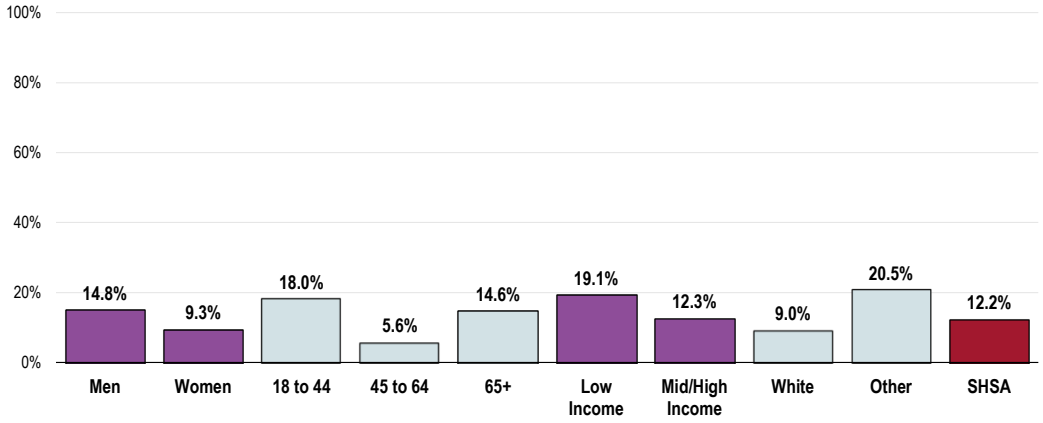
Of those using a hospital ER, 75.7% say this was due to an **emergency or life-threatening situation**, while 13.7% indicated that the visit was during **after-hours or on the weekend**. A total of 3.8% cited **difficulties accessing primary care** for various reasons.

These population segments are more likely to have used an ER for their medical care more than once in the past year:

- Adults under age 45 or over age 64.
- "Other" race residents.

Have Used a Hospital Emergency Room More Than Once in the Past Year

(SHSA, 2015)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 23]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Oral Health

About Oral Health

Oral health is essential to overall health. Good oral health improves a person's ability to speak, smile, smell, taste, touch, chew, swallow, and make facial expressions to show feelings and emotions. However, oral diseases, from cavities to oral cancer, cause pain and disability for many Americans. Good self-care, such as brushing with fluoride toothpaste, daily flossing, and professional treatment, is key to good oral health. Health behaviors that can lead to poor oral health include: **tobacco use; excessive alcohol use;** and **poor dietary choices**.

The significant improvement in the oral health of Americans over the past 50 years is a public health success story. Most of the gains are a result of effective prevention and treatment efforts. One major success is community water fluoridation, which now benefits about 7 out of 10 Americans who get water through public water systems. However, some Americans do not have access to preventive programs. People who have the least access to preventive services and dental treatment have greater rates of oral diseases. A person's ability to access oral healthcare is associated with factors such as education level, income, race, and ethnicity.

Barriers that can limit a person's use of preventive interventions and treatments include: limited access to and availability of dental services; lack of awareness of the need for care; cost; and fear of dental procedures.

There are also social determinants that affect oral health. In general, people with lower levels of education and income, and people from specific racial/ethnic groups, have higher rates of disease. People with disabilities and other health conditions, like diabetes, are more likely to have poor oral health.

Potential strategies to address these issues include:

- Implementing and evaluating activities that have an impact on health behavior.
- Promoting interventions to reduce tooth decay, such as dental sealants and fluoride use.
- Evaluating and improving methods of monitoring oral diseases and conditions.
- Increasing the capacity of State dental health programs to provide preventive oral health services.
- Increasing the number of community health centers with an oral health component.

- Healthy People 2020 (www.healthypeople.gov)

Dental Care

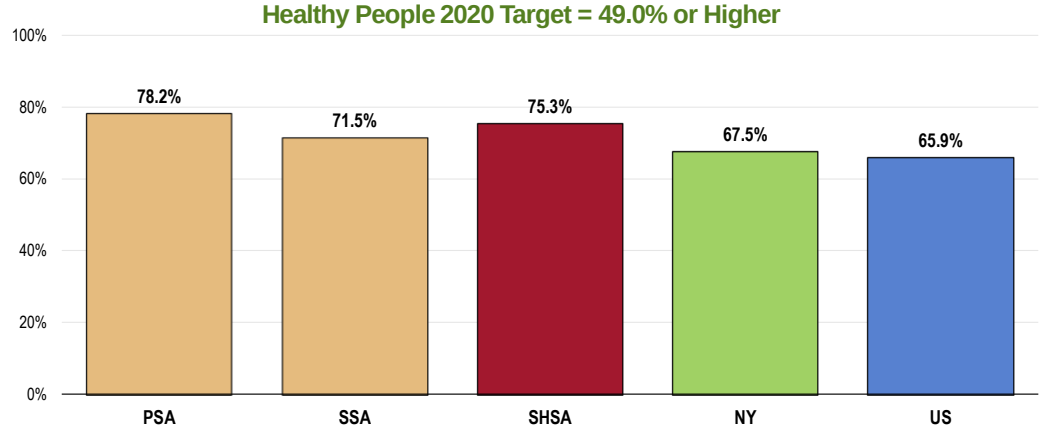
Adults

Three-fourths (75.3%) of Southampton Hospital Service Area adults have visited a dentist or dental clinic (for any reason) in the past year.

- More favorable than statewide findings.
- More favorable than national findings.
- Satisfies the Healthy People 2020 target (49% or higher).
- Statistically similar findings in the Primary Service Area and the Secondary Service Area.

Have Visited a Dentist or Dental Clinic Within the Past Year

Healthy People 2020 Target = 49.0% or Higher



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 21]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective OH-7]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2012 New York data.

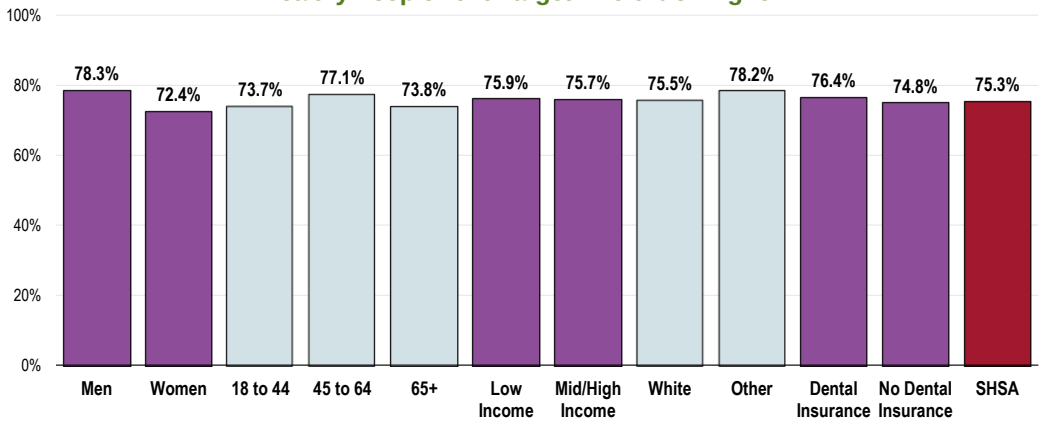
Notes:
- Asked of all respondents.

- Regular dental care is statistically similar when viewed by demographic characteristics.
- Interestingly, little difference is noted by dental insurance coverage as well.

Have Visited a Dentist or Dental Clinic Within the Past Year

(SHSA, 2015)

Healthy People 2020 Target = 49.0% or Higher



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 21]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective OH-7]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Children

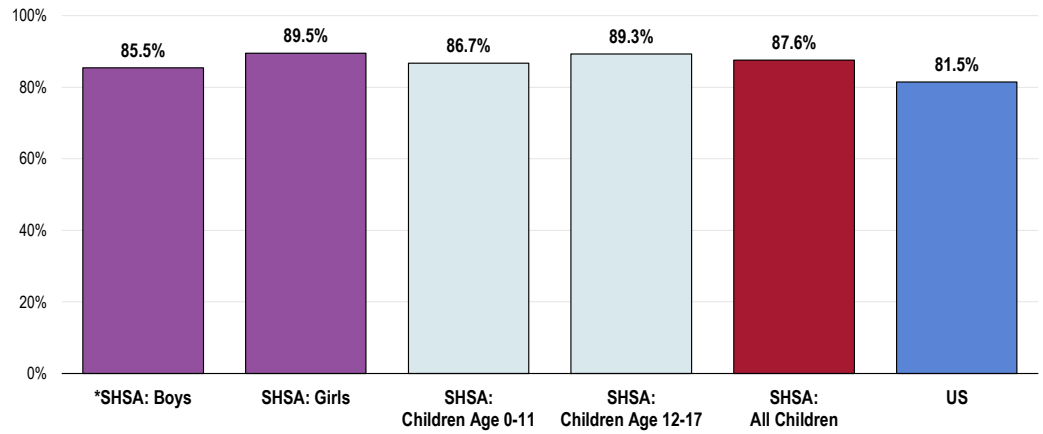
A total of 87.6% of parents report that their child (age 2 to 17) has been to a dentist or dental clinic within the past year.

- Statistically comparable to national findings.
- Clearly satisfies the Healthy People 2020 target (49% or higher).
- Statistically, no difference in regular dental care by child's gender or age.

Child Has Visited a Dentist or Dental Clinic Within the Past Year

(Among Parents of Children Age 2-17)

Healthy People 2020 Target = 49.0% or Higher



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 116]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective OH-7]

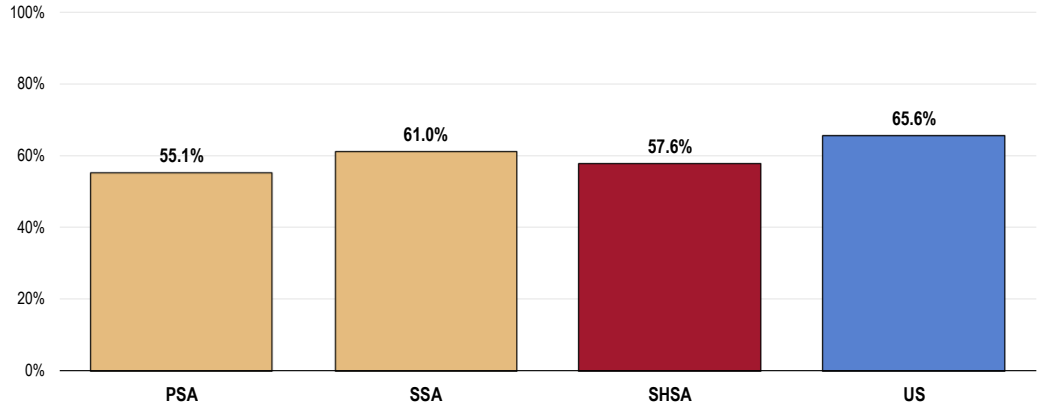
Notes:
- Asked of all respondents with children age 2 through 17.
- *Use caution when interpreting as the sample size is <50.

Dental Insurance

A total of 57.6% of Southampton Hospital Service Area adults have dental insurance that covers all or part of their dental care costs.

- Lower than the national finding.
- Statistically similar by service area.

Have Insurance Coverage That Pays All or Part of Dental Care Costs



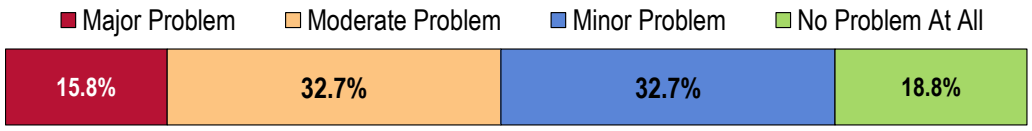
Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 22]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Key Informant Input: Oral Health

Key informants taking part in an online survey were equally likely to characterize *Oral Health/Dental Care* as a "moderate problem" and a "minor problem" in the community.

Perceptions of Oral Health as a Problem in the Community

(Key Informants, 2015)



Sources: ● 2015 PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons frequently related to the following:

Insurance/Cost

> *Dental services are expensive and not included in many health insurance plans. —Other Health Provider*
>
> *Finding experts that are affordable is a major concern. The best dental insurance plans cover $2,500 per year and implants for example are not covered by insurance. This is a crime. Dental care should be as available as medical care. People can't work without teeth. Medicaid does not cover reasonable dental prosthodontics. I guess poor people are supposed to pull out their teeth and have dentures only. So barbaric, awful. —Other Health Provider*
>
> *Costly, rarely does insurance cover any procedures entirely or over $1,800 to $2,000 and the need for taking care of your teeth and mouth is very important to overall health and well-being. —Other Health Provider*
>
> *Access to affordable dentistry. —Other Health Provider*
>
> *The cost of dental care and lack of insurance coverage leads to total avoidance of this necessary segment by so many patients. —Physician*
>
> *Again, if insurance does not cover it, it is often put at the bottom of the priority list. —Social Services Provider*
>
> *Third party coverage, including Medicare/Medicaid, will limit accessibility to services. —Community/Business Leader*
>
> *Dental health, lack of available government programs. —Community/Business Leader*

Lack of Resources

> *Lack of services. —Public Health Representative*
>
> *Limited specialty services. —Other Health Provider*

No Previous Care

> *The clients state they have had no dental history and it's true. —Social Services Provider*

Vision Care

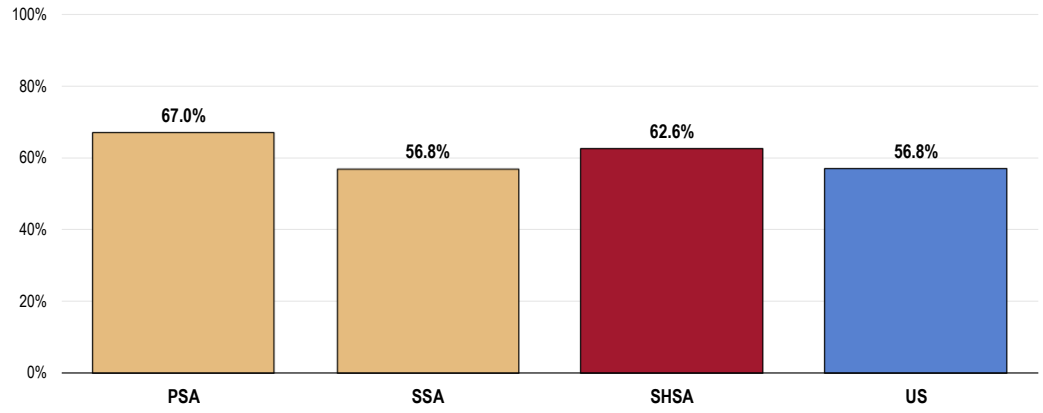
A total of 62.6% of residents had an eye exam in the past two years during which their pupils were dilated.

RELATED ISSUE:

See also Vision & Hearing in the **Death, Disease & Chronic Conditions** section of this report.

- Higher than national findings.
- Higher in the Primary Service Area.

Had an Eye Exam in the Past Two Years During Which the Pupils Were Dilated



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 20]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

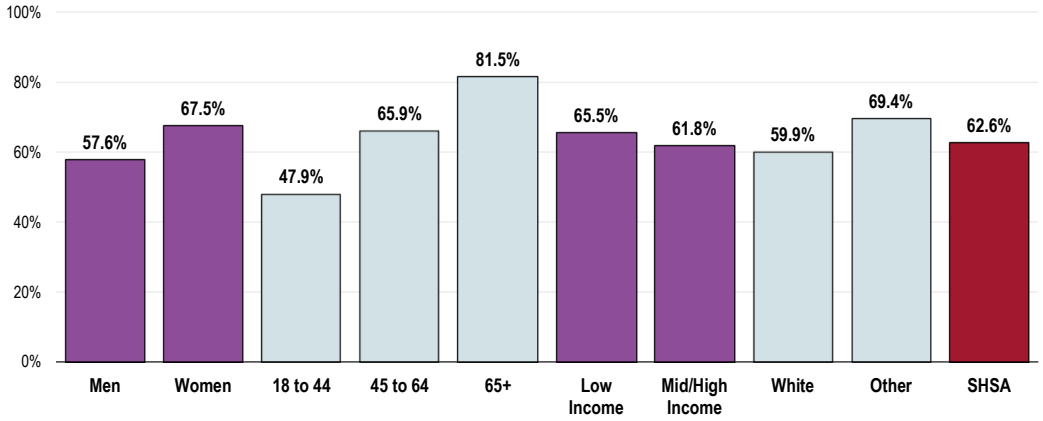
Notes:
- Asked of all respondents.

Recent vision care in the Southampton Hospital Service Area is more often reported among:

- Women.
- Older adults (positive correlation with age).

Had an Eye Exam in the Past Two Years During Which the Pupils Were Dilated

(SHSA, 2015)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 20]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Local Resources

Professional Research Consultants, Inc.

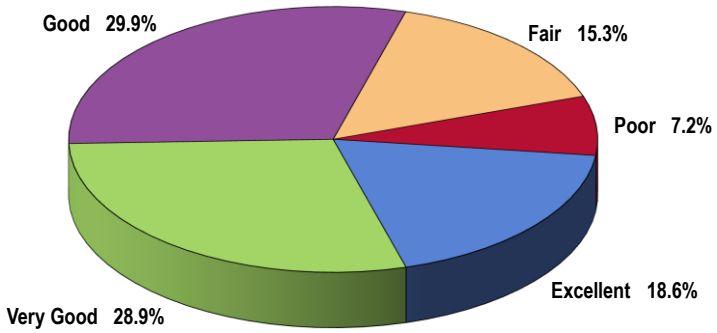
Perceptions of Local Healthcare Services

A total of 47.5% of Southampton Hospital Service Area adults rate the overall healthcare services available in their community as "excellent" or "very good."

- Another 29.9% gave "good" ratings.

Rating of Overall Healthcare Services Available in the Community

(SHSA, 2015)

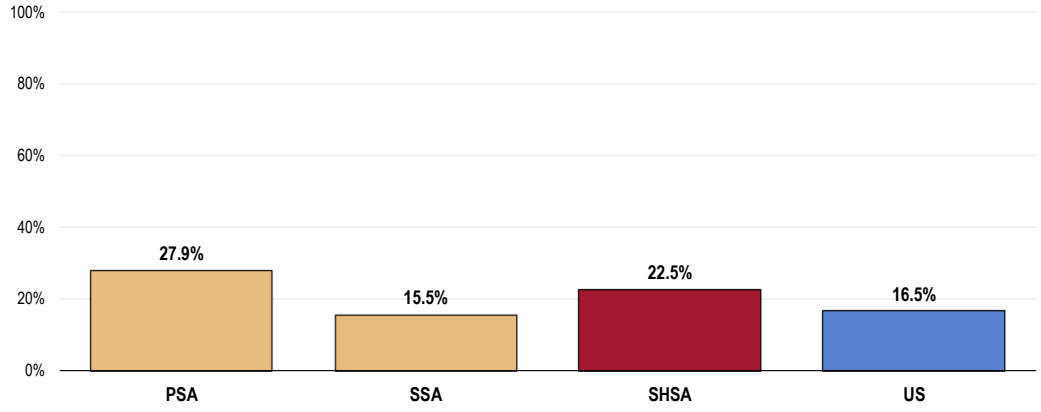


Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]
Notes: ● Asked of all respondents.

However, 22.5% of residents characterize local healthcare services as "fair" or "poor."

- Less favorable than reported nationally.
- Less favorable in the Primary Service Area.

Perceive Local Healthcare Services as "Fair/Poor"



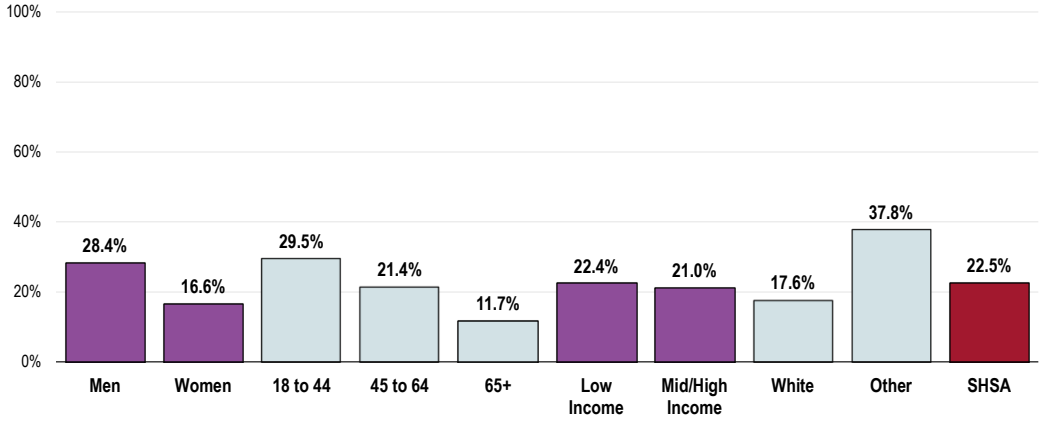
Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

The following residents are more critical of local healthcare services:

- Men.
- Adults under age 65 (negative correlation with age).
- “Other” race residents.

Perceive Local Healthcare Services as “Fair/Poor”

(SHSA, 2015)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

Resources Available to Address the Significant Health Needs

The following represent potential measures and resources (such as programs, organizations, and facilities in the community) available to address the significant health needs identified in this report. This list is not exhaustive, but rather outlines those resources identified in the course of conducting this Community Health Needs Assessment.

Access to Healthcare Services

- AA/NA
- Alternatives
- Catholic Charities
- Clinics
- Department of Social Services
- Dominican Sisters
- East End Counseling
- East End Pediatrics
- East Hampton Healthcare Foundation
- Family Service League
- Hospice
- HRHCare-Hudson River Health Care
- Long Island Center for Recovery
- Meeting House Lane Medical Practice
- Peconic Bay Medical Center
- Private Providers
- Quannacut Addiction Service
- Seafield Center
- Southampton Hospital
- Suffolk County Transit Bus

Arthritis, Osteoporosis & Chronic Back Conditions

- Arthritis Foundation
- Bariatric Services
- Clinics
- East End Physical Therapy
- Fitness Centers/Gyms
- Manual Sports Therapy
- Massage Therapists
- Pain Management
- Physical Therapy
- Private Providers
- Southampton Hospital

Cancer

- American Cancer Society
- Breast Health Coalition
- Cancer Care
- Chemotherapy Medical Practice in Southampton
- Churches
- Clinics
- East End Hospice
- East Hampton Healthcare Center
- Eastern Long Island Hospital
- Fighting Chance
- Government Assisted Health Programs
- Hermanson Breast Health Center
- Hospitals
- HRHCare-Hudson River Health Care
- Library
- Lucia's Angels
- Media
- Memorial Sloan Kettering
- MHL
- Monitoring of Waterways by Stony Brook and Cornell

- New York City Hospitals
- Northshore
- Peconic Bay Medical Center
- Peconic Surgical Group
- Private Providers
- Radiation/Chemo Centers
- Southampton Hospital
- Stony Brook University Medical Center

Chronic Kidney Disease

- Clinics
- Hampton Bays Dialysis Center
- Primary Care Providers
- Private Providers
- Stony Brook University Medical Center
- Town Transportation

Dementias, Including Alzheimer's Disease

- Adult Day Care
- Alzheimer's Foundation
- Caregiver Support Groups
- Clinics
- Home Health Care
- Hospitals
- Library
- MHA (Mental Health Association)
- Montauk Adult Daycare
- Nursing Homes
- Private Care Agencies
- Private Providers
- Senior Center
- Southampton Hospital
- Southampton Nursing Home
- Southampton Town Day Treatment Program
- Westhampton Elder Care Facility

Diabetes

- Churches
- Clinics
- Cornell Cooperative Extension
- Diabetes Organizations
- Dietitian/Nutritionist
- Drug Companies
- East End Clinical Connections
- East Hampton Healthcare Foundation
- East Hampton Wellness Foundation
- Family Service League
- Hospitals
- HRHCare-Hudson River Health Care
- I-TRI
- Library
- Meeting House Lane Medical Practice
- MHL
- Primary Care Providers
- Private Providers
- Schools
- Senior Services
- Southampton Hospital
- Southampton Hospital Wellness Institute
- Stony Brook University Medical Center
- Suffolk County Health Clinic
- Town Recreation Programs
- Wellness Foundation
- YMCA

Family Planning

- Birthright Hampton Bays
- Clinics
- Hamptons Ob/Gyn
- HRHCare-Hudson River Health Care
- Planned Parenthood

- Private Providers
- Southampton Hospital

Hearing & Vision

- Clinics
- Costco
- McGuires Hearing Aids
- Private Providers
- Southampton Hospital
- Veterans Administration

Heart Disease & Stroke

- Ambulance Services
- American Heart Association
- Cardiac Rehab Program in Southampton
- Clinics
- Dietitian/Nutritionist
- East End Cardiology
- East Hampton Healthcare Center
- East Hampton Urgent Center
- Easter Suffolk Cardiology
- Eastern Long Island Hospital
- Fitness Centers/Gyms
- Gruss Center
- Hospitals
- HRHCare-Hudson River Health Care
- Interventional Cardiology in Stony Brook
- I-TRI
- Media
- MHL
- Peconic Bay Medical Center
- Private Providers
- Shinnecock Clinic
- Southampton Hospital
- Southampton Hospital Wellness Institute
- Stony Brook University Medical Center
- Stroke Centers
- YMCA

HIV/AIDS

- Clinics
- Dave E. Rogers Center
- Private Providers

Immunization & Infectious Diseases

- AA/NA
- Emergency Walk-in Centers
- HRHCare-Hudson River Health Care
- New York State Immunization Registry
- Peconic Bay Medical Center
- Private Providers
- Southampton Hospital
- Suffolk County Department of Health Services

Infant & Child Health

- Churches
- Clinics
- Flying Point Camp
- Government Assisted Health Programs
- Hospitals
- HRHCare-Hudson River Health Care
- MHL
- Private Providers
- Schools
- Shinnecock Clinic
- Southampton Hospital
- Southampton Pediatrics
- The Retreat

Injury & Violence

- Clinics

- Department of Social Services
- East Hampton Town Social Workers
- HRHCare-Hudson River Health Care
- MHL
- Police Department
- Private Providers
- SEPA Mujer
- Shinnecock Clinic
- Shinnecock Indian Health Service
- South Fork Community Health Services
- Southampton Hospital
- Southampton Town Court Domestic Violence Advocates
- The Retreat
- VIBS (Victims Information Bureau of Suffolk)

Mental Health

- 911
- AA/NA
- Alternatives
- Caregiver Support Groups
- Catholic Charities
- Churches
- Clinics
- Community Connections
- C-Pap Stony Brook
- Drug Resource Center
- East End Clinical Alliance
- East End Clinical Connections
- East End Counseling
- East End Pediatrics
- East Hampton Healthcare Center
- East Hampton Healthcare Foundation
- East Hampton Town Transportation
- Eastern Long Island Hospital
- Family Counseling Services
- Family Service League
- FEGS
- Government Assisted Health Programs
- Greenport Hospital
- I-TRI
- Mary Haven
- Mather Hospital
- Mental Health Programs
- NAMI
- OptiHealth
- Phoenix House
- Primary Care Providers
- Private Providers
- Riverhead Mental Health Center
- Schools
- Seafield Center
- Shinnecock Clinic
- Shinnecock Indian Health Service
- Social Services
- Social Worker
- South Oaks
- Southampton Hospital
- Southampton Hospital Wellness Institute
- St. Charles Hospital
- Stony Brook University Medical Center
- Suffolk County Department of Health Services
- Suffolk County Health Clinic
- Suffolk County Public Transportation System
- Suffolk County SCAT Bus
- Support Groups
- The Retreat
- The Tyler Project

Nutrition, Physical Activity & Weight

- Churches
- Clinics
- Cornell Cooperative Extension
- Dietitian/Nutritionist
- Eastern Long Island Hospital
- Food Pantries
- Hospitals
- HRHCare-Hudson River Health Care
- Hypnosis, Biofeedback
- I-TRI
- Lose Weight for Good Hampton Bays
- Media
- Peconic Bay Medical Center
- Planet Fitness
- Private Providers
- Schools
- Senior Center
- Southampton Hospital
- Southampton Hospital Wellness Institute
- Stony Brook University Medical Center
- Town Recreation Programs
- Walking Group
- Weight Watchers
- Wellness Challenge
- Wellness Foundation
- YMCA

Oral Health

- Clinics
- Private Providers
- Stony Brook University Medical Center

Respiratory Diseases

- Clinics
- Southampton Hospital

Sexually Transmitted Diseases

- Churches
- Private Providers
- Schools

Substance Abuse

- 12 Step Recovery Programs
- AA/NA
- Alternatives
- Catholic Charities
- Churches
- Clinics
- Detox Centers
- Drug Abuse Program
- Drug Court
- Drug Rehabilitation Center
- East End Clinical Connections
- East End Regional Intervention Court
- Eastern Long Island Hospital
- Family Service League
- Hospitals
- Long Island Center for Recovery
- Mainstream Recovery Sober Houses
- Mary Haven
- Phoenix House
- Police Department
- Private Providers
- Quannacut Addiction Service
- Safe Harbor Retreat Outpatient
- Schools
- Seafield Center
- Self-Help 12 Step Programs
- Selfie D Center
- Shinnecock Clinic
- South Oaks
- Southampton Hospital
- The Dunes

Tobacco Use

- AA/NA
- Alternatives
- Churches
- Clinics
- Communities of Solution for Suffolk County
- Drug Store
- East End Clinical Connections
- Hospitals
- Learn to Be Tobacco Free
- Library
- Phoenix House
- Primary Care Providers
- Private Providers
- Schools
- Seafield Center
- Shinnecock Clinic
- Social Worker
- Southampton Hospital
- Southampton Hospital Wellness Institute
- Suffolk County Health Department