

Long Island Health Collaborative Community Member Survey Summary of Findings

Methodology:

Surveys were distributed by paper and electronically, through Survey Monkey, to community members. The electronic version placed rules on certain questions; for questions 1-5 an individual could select three choices, and each question was mandatory. For question 6, individuals could choose as many responses as they'd like. Although the rules were written on the paper survey, people often did not follow them. On January 25, 2022, we downloaded the surveys from Survey Monkey. Data collected includes January - December 2021. We needed to add weights to the surveys which did not follow the rules - for each of the questions that had more than three responses. The weight for each response was $3/x$, where x is the count of responses. No weight was applied to questions with less than three responses because they had the option to select more and chose not to do so. With the weight determined, we applied the formula to the data and then added the remaining surveys to the spreadsheet.

Analysis Results:

1. When asked: ***What are the biggest ongoing health concerns in THE COMMUNITY WHERE YOU LIVE?***

Jan-Dec 2021 Rank	Suffolk County	Percentage	Nassau County	Percentage
1	Cancer	35.07%	Cancer	37.14%
2	Drugs & Alcohol Abuse	31.15%	Heart Disease & Stroke	34.41%
3	Mental Health Depression/Suicide	30.40%	Drugs & Alcohol Abuse	25.68%
4	Obesity/Weight Loss Issues	19.49%	Mental Health Depression/Suicide	24.70%
5	Vaccine Preventable Diseases	17.67%	Diabetes	24.02%
Sum of Column Percentages		133.78%		145.96%

2. When asked: ***What are the biggest ongoing health concerns for YOURSELF?***

Jan-Dec 2021 Rank	Suffolk County	Percentage	Nassau County	Percentage
1	Cancer	27.70%	Heart Disease & Stroke	34.81%
2	Mental Health Depression/Suicide	25.53%	Women's Health & Wellness	34.01%
3	Heart Disease & Stroke	22.98%	Cancer	23.54%
4	Women's Health & Wellness	22.80%	Obesity/Weight Loss Issues	22.23%
5	Obesity/Weight Loss Issues	22.55%	Diabetes	20.05%
Sum of Column Percentages		121.55%		134.65%

Jan-Dec 2021				
Rank	Suffolk County	Percentage	Nassau County	Percentage
1	Fear (e.g. not ready to face/discuss health problem; immigration status)	30.76%	There are no Barriers	27.70%
2	Unable to Pay Co-pays/Deductibles	30.36%	No Insurance	26.94%
3	No Insurance	28.85%	Fear (e.g. not ready to face/discuss health problem; immigration status)	26.00%
4	Don't Understand Need to See a Doctor	25.03%	Unable to Pay Co-pays/Deductibles	23.42%
5	There are no Barriers	16.81%	Transportation	13.32%
Sum of Column Percentages		131.81%		117.37%

3. When asked: ***What prevents you and your family from getting medical treatment?***

4. When asked: ***Which is MOST needed to improve the health of your community?***

Jan-Dec 2021				
Rank	Suffolk County	Percentage	Nassau County	Percentage
1	Mental Health Services	33.58%	Mental Health Services	32.78%
2	Healthier Food Choices	28.67%	Clean Air & Water	30.53%
3	Clean Air & Water	23.37%	Healthier Food Choices	29.64%
4	Drug & Alcohol Rehabilitation Services	22.32%	Drug & Alcohol Rehabilitation Services	22.03%
5	Job Opportunities	17.30%	Job Opportunities	18.38%
Sum of Column Percentages		125.24%		133.36%

5. When asked: ***What health screenings or education/information services are needed in your community?***

Jan-Dec 2021				
Rank	Suffolk County	Percentage	Nassau County	Percentage
1	Mental Health/Depression	23.83%	Blood Pressure	24.31%
2	Cancer	21.01%	Mental Health/Depression	22.81%
3	Drug & Alcohol	17.42%	Cholesterol	20.62%
4	Importance of Routine Well Check Ups	16.58%	Cancer	17.66%
5	Blood Pressure	15.07%	Importance of Routine Well Check Ups	16.12%
Sum of Column Percentages		93.90%		101.52%

6. Finally, when asked: ***Where do you and your family get most of your health information?***

Jan-Dec 2021 Rank	Suffolk County	Percentage	Nassau County	Percentage
1	Doctor/Health Professional	84.71%	Doctor/Health Professional	80.75%
2	Family or Friends	35.90%	Internet	40.85%
3	Internet	32.39%	Family or Friends	30.52%
4	Social Media (Facebook, Twitter, etc.)	20.72%	Television	20.66%
5	Television	18.35%	Newspaper/Magazines	19.72%
Sum of Column Percentages		192.07%		192.49%

1143 surveys were collected between January 1st and December 31st, 2021. There were 213 respondents for Nassau, 883 for Suffolk.

For a full version of the spreadsheet that includes interactive tables to analyze results based on demographic factors you can visit: <https://www.lihealthcollab.org/data-resources.aspx>

About the Long Island Health Collaborative

The Long Island Health Collaborative is a partnership of Long Island’s hospitals, county health departments, physicians, health providers, community-based health and social service organizations, human service organizations, academic institutions, health plans, local government, and the business sector, all engaged in improving the health of Long Islanders. The initiatives of the LIHC are overseen by the Nassau-Suffolk Hospital Council.

Long Island Health Collaborative | 1383 Veterans Memorial Highway, Suite 26, Hauppauge, NY 11788

www.lihealthcollab.org | info@lihealthcollab.org | (631) 257 - 6964

LONG ISLAND COMMUNITY HEALTH ASSESSMENT SURVEY

Your opinion is important to us!

The purpose of this survey is to get your opinion about health issues that are important in your community. Together, the County Departments of Health and hospitals throughout Long Island will use the results of this survey and other information to help target health programs in your community. Please complete only one survey per adult 18 years or older. Your survey responses are anonymous. Thank you for your participation.

1. What are the biggest ongoing health concerns in THE COMMUNITY WHERE YOU LIVE? (Please check up to 3)

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

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

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

3. What prevents you and your family from getting medical treatment? (Please check up to 3)

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

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

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

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

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

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

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

For statistical purposes only, please complete the following:

I identify as: Male Female Other

What is your age? _____

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

What race do you consider yourself?

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

Are you Hispanic or Latino? Yes No

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

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

What is your annual household income from all sources?

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

What is your highest level of education?

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

What is your current employment status?

- | | | |
|---|--|---|
| <input type="checkbox"/> Employed for wages | <input type="checkbox"/> Self-employed | <input type="checkbox"/> Out of work and looking for work |
| <input type="checkbox"/> Student | <input type="checkbox"/> Retired | <input type="checkbox"/> Out of work, but not currently looking |
| <input type="checkbox"/> Military | | |

Do you currently have health insurance? Yes No No, but I did in the past

What type of insurance do you have? (select all that apply)

- | | | | |
|-----------------------------------|-----------------------------------|---|---------------------------------------|
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> Medicare | <input type="checkbox"/> Private/Commercial | <input type="checkbox"/> No Insurance |
|-----------------------------------|-----------------------------------|---|---------------------------------------|

Do you have access to reliable internet in your home? Yes No

<p>If you have health concerns or difficulty accessing care, please call the Long Island Health Collaborative for available resources at: 631-963-4767.</p>	<p>Please return this completed survey to: LIHC Nassau-Suffolk Hospital Council 1383 Veterans Memorial Highway, Suite 26 Hauppauge, NY 11788 Or you may fax completed survey to 631-716-6920</p>	<p>All non-profit hospitals on Long Island offer financial assistance for emergency and medically necessary care to individuals who are unable to pay for all or a portion of their care. To obtain information on financial assistance offered at each Long Island hospital, please visit the individual hospital's website.</p>
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