

Westchester County

Department of Health

2016.05



@whealthdept
#keephealthy

Community Health Assessment Data Update

KEEP
HEALTHY
AND
GET
THE STATS

Community Health Needs Assessment (CHNA) Survey Report, 2016

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In November 2015, the New York State Health Commissioner sent a letter to all local health department commissioners and hospital chief executive officers to provide an update on New York's progress in meeting the goals of the 2013-2017 Prevention Agenda, NYS' health improvement plan to become the healthiest state. The letter asked health departments and hospitals to work together to review community health data and to identify two Prevention Agenda priorities for 2016-2018.

Local health departments are required to conduct Community Health Assessments (CHA) and to submit a three-year Community Health Improvement Plan (CHIP). In April, the Westchester County Department of Health (WCDH) convened a meeting with Westchester County hospitals to discuss the process for conducting a joint health assessment. This group worked together to develop and conduct surveys among health care providers and members of the public. The surveys were intended to capture important health issues affecting the communities in which they serve and/or live. Survey questions included providers' and communities' perceptions of the most needed services, barriers to providing/receiving services, and ways to improve access to services.

Surveys were made available in paper-format and online through Survey Monkey. Surveys were offered in multiple languages; WCDH translated the survey into Spanish and hospitals had the survey translated into other languages. Both WCDH and hospitals were responsible for survey distribution. Paper forms for community members were placed in waiting areas of various service agencies and hospitals. In addition, WCDH had staff onsite at service locations to assist and encourage underserved populations to complete the survey. Online links for the provider and community surveys were distributed through listservs available to the WCDH, hospitals, and community-based organizations. A total of 1,318 community surveys and 218 provider surveys were conducted from May 16, 2016 to June 30, 2016.

This data brief presents the main findings from the two surveys.

Jiali Li, Ph.D. Director of
Research & Evaluation
Planning & Evaluation

Renee Recchia, MPH
Acting Deputy Commissioner
of Administration

Bonnie Lam, MPH
Medical Data Analyst

We want to hear your thoughts about important health issues in the community you serve. Together, the Westchester County Health Department and hospitals throughout Westchester County, NY, will use the results of this short survey and other information to help improve health programs. Thank you for your participation!

Agency Name: _____		
Zip code of site location: _____		
Optional:		
Your name _____	Phone # _____	Email address _____
How would you best describe your title/role in your agency?		
<input type="checkbox"/> Advocate	<input type="checkbox"/> Board member	<input type="checkbox"/> Office manager
<input type="checkbox"/> Alcohol/substance provider	<input type="checkbox"/> Dental provider	<input type="checkbox"/> Primary care provider
<input type="checkbox"/> Allied health professional	<input type="checkbox"/> Executive director	<input type="checkbox"/> Program administrator/manager
<input type="checkbox"/> Behavioral health care provider	<input type="checkbox"/> Health educator	<input type="checkbox"/> Specialty care provider
<input type="checkbox"/> Other (please specify): _____		
Please check the categories that best describe your agency. (Please check all that apply)		
<input type="checkbox"/> Alcohol/substance Abuse Agency	<input type="checkbox"/> Dental Practice	<input type="checkbox"/> Medical Practice
<input type="checkbox"/> Community-based Organization	<input type="checkbox"/> Home Care Agency	<input type="checkbox"/> Mental Health Agency
<input type="checkbox"/> Community Health Center	<input type="checkbox"/> Hospital	<input type="checkbox"/> Outpatient Clinic
<input type="checkbox"/> Other (please specify): _____		
Please check the type of services provided by your agency. (Please check all that apply)		
<input type="checkbox"/> Breastfeeding support	<input type="checkbox"/> Family planning	<input type="checkbox"/> Prenatal/PCAP services
<input type="checkbox"/> Case management	<input type="checkbox"/> Food access	<input type="checkbox"/> Primary care services- adults
<input type="checkbox"/> Childcare	<input type="checkbox"/> Health insurance enrollment	<input type="checkbox"/> Primary care services- children
<input type="checkbox"/> Community education	<input type="checkbox"/> Health screenings	<input type="checkbox"/> Rehabilitation services
<input type="checkbox"/> Dental services	<input type="checkbox"/> Home care services	<input type="checkbox"/> Smoking/tobacco services
<input type="checkbox"/> Domestic violence prevention	<input type="checkbox"/> Housing	<input type="checkbox"/> Transportation
<input type="checkbox"/> Drug/alcohol services	<input type="checkbox"/> Immigrant support services	<input type="checkbox"/> Violence/bullying/gang prevention
<input type="checkbox"/> Elder care/senior services	<input type="checkbox"/> Immunization	<input type="checkbox"/> Other (please specify): _____
<input type="checkbox"/> Exercise/ weight loss programs	<input type="checkbox"/> Mental health services	
Please check all persons served by your agency. (Check all that apply)		
<input type="checkbox"/> Adults	<input type="checkbox"/> Immigrants	<input type="checkbox"/> Seniors
<input type="checkbox"/> Children	<input type="checkbox"/> Low-income	<input type="checkbox"/> Other (please specify): _____
<input type="checkbox"/> Disabled	<input type="checkbox"/> Uninsured	
What are the THREE biggest ongoing health concerns for the people/community you serve?		
<input type="checkbox"/> Access to immunizations	<input type="checkbox"/> Dental care	<input type="checkbox"/> Mental health/depression/ suicide
<input type="checkbox"/> Access to primary health care	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Nutrition/eating habits
<input type="checkbox"/> Access to specialty care	<input type="checkbox"/> Disability	<input type="checkbox"/> Overweight/obesity
<input type="checkbox"/> Alcohol abuse	<input type="checkbox"/> Distracted driving	<input type="checkbox"/> Preventable injury/falls
<input type="checkbox"/> Asthma/breathing problems	<input type="checkbox"/> Drug abuse	<input type="checkbox"/> Smoking/tobacco use
<input type="checkbox"/> Cancer	<input type="checkbox"/> Family planning/teen pregnancy	<input type="checkbox"/> Violence
<input type="checkbox"/> Care for the elderly	<input type="checkbox"/> Healthy environment	<input type="checkbox"/> Women's health
<input type="checkbox"/> Child health & wellness	<input type="checkbox"/> Heart disease/stroke	
<input type="checkbox"/> Dementia/Alzheimer's	<input type="checkbox"/> HIV/AIDS & Sexually Transmitted Infections	<input type="checkbox"/> Other (please specify): _____

What THREE things would be most helpful to improve the health concerns of the community you serve?

- | | | |
|---|--|--|
| <input type="checkbox"/> Access to dental care | <input type="checkbox"/> Domestic violence prevention | <input type="checkbox"/> Mental health services |
| <input type="checkbox"/> Access to healthier food | <input type="checkbox"/> Drug/alcohol services | <input type="checkbox"/> Safer childcare options |
| <input type="checkbox"/> Access to primary care | <input type="checkbox"/> Elder care services | <input type="checkbox"/> Safer places to walk/play |
| <input type="checkbox"/> Affordable housing | <input type="checkbox"/> Exercise/weight loss programs | <input type="checkbox"/> Smoking/tobacco services |
| <input type="checkbox"/> Breastfeeding support | <input type="checkbox"/> Health Insurance enrollment | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Caregiver support | <input type="checkbox"/> Health screenings | <input type="checkbox"/> Violence/bullying/gang prevention |
| <input type="checkbox"/> Clean air & water | <input type="checkbox"/> Home care services | <input type="checkbox"/> Other (please specify): _____ |
| <input type="checkbox"/> Community education | <input type="checkbox"/> Immigrant support services | |
| <input type="checkbox"/> Dementia/Alzheimer's screening | <input type="checkbox"/> Job opportunities | |

How would you rate the health of the people/community you serve?

- | | | |
|---------------------------------------|---|--|
| <input type="checkbox"/> Very healthy | <input type="checkbox"/> Somewhat healthy | <input type="checkbox"/> Very unhealthy |
| <input type="checkbox"/> Healthy | <input type="checkbox"/> Unhealthy | <input type="checkbox"/> Other (please specify): _____ |

What are the THREE most significant barriers impacting YOUR ABILITY to provide services to your patients/clients?

- | | | |
|---|---|---|
| <input type="checkbox"/> Cultural competency issues | <input type="checkbox"/> Limited or lack of access to specialists | <input type="checkbox"/> Patient non-adherence to treatment |
| <input type="checkbox"/> High no-show rate | <input type="checkbox"/> Limited space and/or equipment | <input type="checkbox"/> Staff time constrains |
| <input type="checkbox"/> Inadequate insurance reimbursement | <input type="checkbox"/> Limited staffing resources | <input type="checkbox"/> Other (please specify): _____ |
| <input type="checkbox"/> Lack of funding | <input type="checkbox"/> Patient cannot afford prescription medications | |
| <input type="checkbox"/> Limited bi-lingual staff | | |

For the patients/clients you serve, what are the top THREE barriers impacting YOUR CLIENTS' ability to access your services?

- | | | |
|--|--|--|
| <input type="checkbox"/> There are no issues | <input type="checkbox"/> Don't understand need to see a provider | <input type="checkbox"/> Lack of/or limited staff who speak their language |
| <input type="checkbox"/> Cannot afford services | <input type="checkbox"/> Inconvenient hours | <input type="checkbox"/> No transportation/too far |
| <input type="checkbox"/> Co-pay/deductible too high | <input type="checkbox"/> Insurance does not cover service | <input type="checkbox"/> No childcare |
| <input type="checkbox"/> Cultural/religious beliefs | <input type="checkbox"/> Lack of time | <input type="checkbox"/> No insurance |
| <input type="checkbox"/> Don't know how to access services | <input type="checkbox"/> Lack of/or limited staff/service | <input type="checkbox"/> Unaware of services available |
| <input type="checkbox"/> Don't like going/afraid to go | | <input type="checkbox"/> Other (please specify): _____ |

Where do community members you serve get most of their health information? (Check all that apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> Community-based organization | <input type="checkbox"/> Internet | <input type="checkbox"/> School/college |
| <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/magazine | <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): _____ |

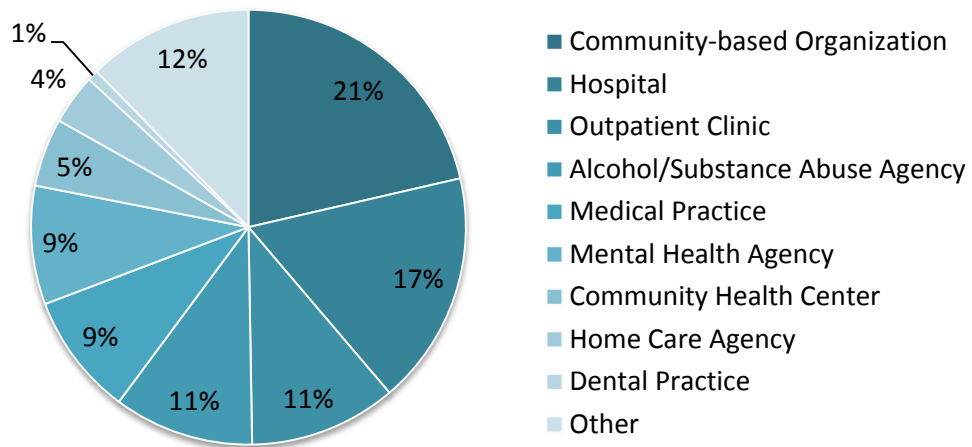
Can we contact you so you can tell us more about your ideas regarding health problems in Westchester County and what should be done about them?

Yes _____

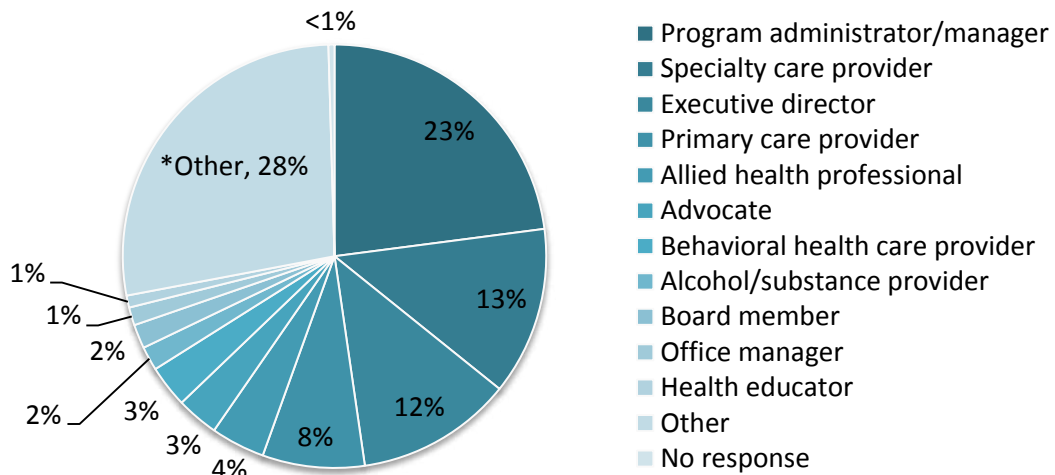
No _____

	Westchester County	Not Westchester County	Total Surveys Included in Provider Analysis
All Respondents (online form)	179 (82%)	39 (18%)	218

Organization Types

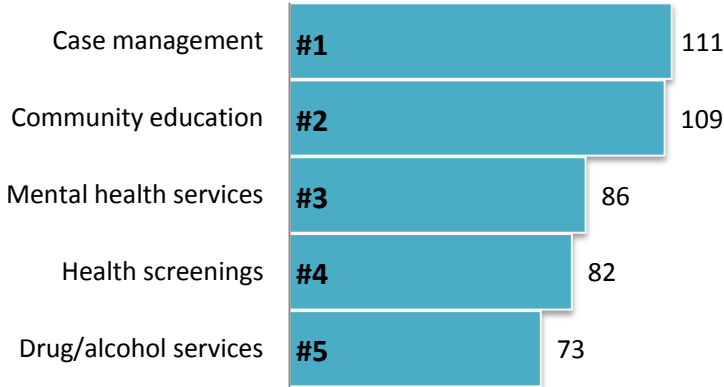


Title or Role of Respondent within Agency

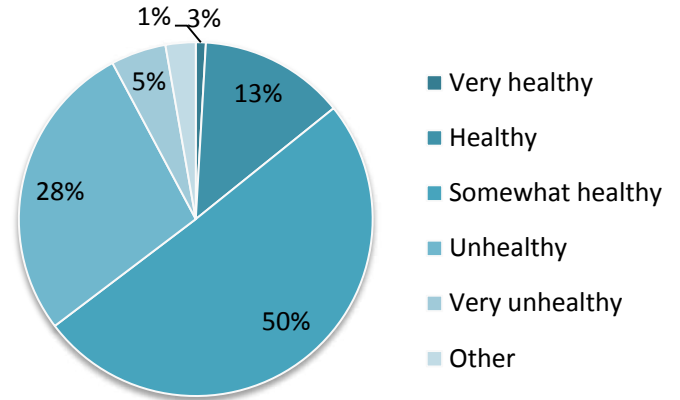


* The qualitative "Other" free-responses were overall not applicable and not itemized in the presented results.

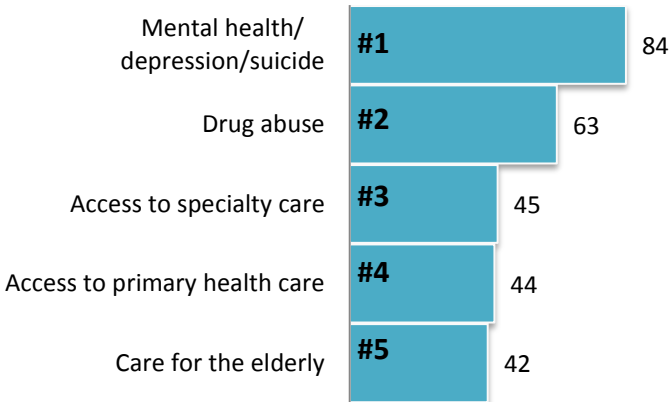
Top Services Provided to Community



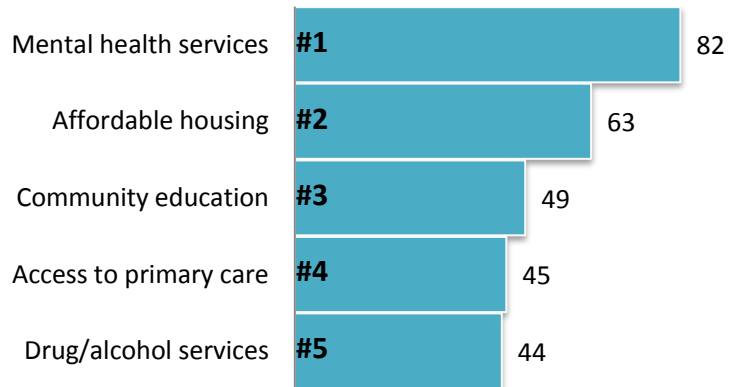
Perceived Health Status of Community



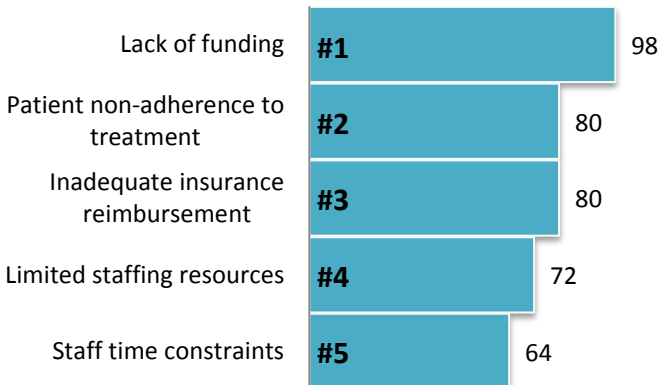
Top Health Concerns for Community



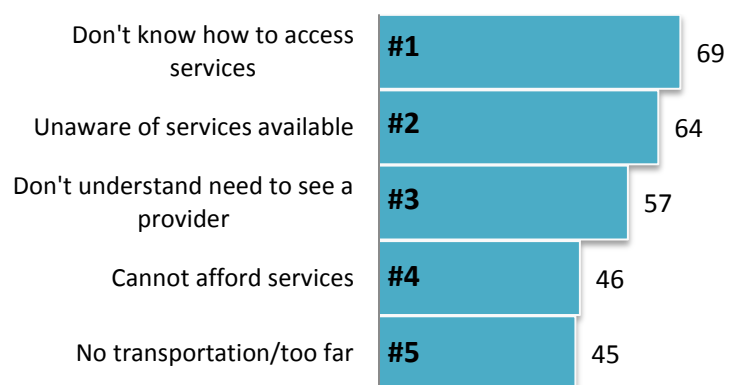
Programs Needed to Address Health Concerns



Top Barriers to Providing Care



Top Barriers to Patients Receiving Care



Provider Survey Results

<u>Organization type</u>	<u>Count</u>	<u>Services provided</u>	<u>Count</u>	<u>Health concerns of community/opinion</u>	<u>Count</u>
Alcohol/Substance Abuse Agency	39	Breastfeeding support	42	Access to immunization	5
Community Health Center	19	Case management	111	Access to primary health care	44
Community-based Organization	80	Childcare	13	Access to specialty care	45
Dental Practice	3	Community education	109	Alcohol abuse	36
Home Care Agency	14	Dental services	19	Asthma/breathing problems	8
Hospital	65	Domestic violence prevention	22	Cancer	21
Medical Practice	34	Drug/alcohol services	73	Care for the elderly	42
Mental Health Agency	33	Elder care/senior services	49	Child health & wellness	19
Outpatient Clinic	41	Exercise/weight loss programs	39	Dementia/Alzheimer's	33
Other	46	Family planning	23	Dental care	7
		Food access	23	Diabetes	26
<u>Agency Title/Roles</u>	<u>Count</u>	Health Insurance enrollment	43	Distracted driving	4
Advocate	7	Health screenings	82	Drug abuse	63
Alcohol/substance provider	4	Home care services	30	Family planning/teen pregnancy	4
Allied health professional	9	Housing	30	Healthy environment	17
Behavioral health care provider	7	Immigrant support services	13	Heart disease/stroke	28
Board member	4	Immunization	42	HIV/AIDS & STI's	14
Executive director	26	Mental health services	86	Mental health/depression/suicide	84
Health educator	2	Prenatal/PCAP services	35	Nutrition/eating habits	8
Office manager	3	Primary care services-adults	49	Other	26
Primary care provider	17	Primary care services-children	32	Overweight/obesity	31
Program administrator/manager	50	Rehabilitation services	56	Preventable injury/falls	10
Specialty care provider	28	Smoking/tobacco services	42	Smoking/tobacco use	23
Other	60	Transportation	27	Violence	16
No response	1	Violence/bullying/gang prevention	13	Women's health	11
		Other	66		
<u>Other' - from above Agency Title/Roles</u>	<u>Count</u>	<u>Overall Health status of community served</u>	<u>Count</u>	<u>Programs to address health concerns</u>	<u>Count</u>
Administrative Assistant	1	Very healthy	2	Access to dental care	8
Administrator	3	Healthy	29	Access to healthier food	25
Board Member (Hospital)	1	Somewhat healthy	110	Access to primary care	45
Business Development Specialist	1	Unhealthy	60	Affordable housing	63
Case Management	3	Very unhealthy	11	Breastfeeding support	2
Chief Executive Officer	2	Other	6	Caregiver support	29
Chief Operating Officer	2			Clean air & water	2
Controller - Finance	1	<u>Barriers to care for providers</u>	<u>Count</u>	Community education	49
Coordinator	3	Cultural competency issues	19	Dementia/Alzheimer's screening	14
Deputy Executive Director	10	High no-show rate	41	Domestic violence prevention	7
Director	15	Inadequate insurance reimbursement	80	Drug/alcohol services	44
Executive staff	1	Lack of funding	98	Elder care services	35
Health Communication Assistant	1	Limited bi-lingual staff	32	Exercise/weight loss programs	25
Hospitalist	1	Limited or lack of access to specialists	36	Health insurance enrollment	15
Integrative Medicine Program Manager	1	Limited space and/or equipment	32	Health screenings	22
Mental Health Specialist	1	Limited staffing resources	72	Home care services	24
Navigator	1	Patient cannot afford prescriptions	29	Immigrant support services	14
Nursing manager, nurse practitioner	2	Patient non-adherence to treatment	80	Job opportunities	35
Physician / MD	3	Staff time constrains	64	Mental health services	82
Psychiatrist	1	Other	30	Safer childcare options	4
Quality Management	1			Safer places to walk/play	9
Social worker	1	<u>Barriers to care for patients</u>	<u>Count</u>	Smoking/tobacco services	13
Sterile Processing Manager	1	Cannot afford services	46	Transportation	28
Transition Specialist	1	Co-pay/deductible too high	41	Violence/bullying/gang prevention	11
Transportation	1	Cultural/religious beliefs	4	Other	18
Volunteer	1	Don't know how to access services	69		
		Don't like going/afraid to go	43	<u>Health information source(s)</u>	<u>Count</u>
<u>Populations served</u>	<u>Count</u>	Don't understand need to see a provider	57	Community-based organization	100
Adults	208	Inconvenient hours	8	Doctor/Health professional	143
Children	156	Insurance does not cover service	35	Family or friends	116
Disabled	175	Lack of time	16	Health department	13
Immigrants	155	Lack of/or limited staff who speak lang.	12	Hospital	69
Low-income	182	Lack of/or limited staff/service	26	Internet	84
Seniors	163	No childcare	13	Library	6
Uninsured	158	No insurance	24	Newspaper/magazine	18
Other	17	No transportation/too far	45	Radio	5
		There are no issues	28	Religious organization	14
		Unaware of services available	64	School/college	15
		Other	20	Social media (Facebook, Twitter, etc.)	29
				Television	38
				Worksite	7

We want to hear your thoughts about important health issues in your community. Together, the Westchester County Health Department and hospitals throughout Westchester County, NY, will use the results of this short survey and other information to help improve health programs in your community. Your responses are completely anonymous. Thank you for your participation!

What are the THREE biggest ongoing health concerns for the COMMUNITY WHERE YOU LIVE?

- | | | |
|--|---|---|
| <input type="checkbox"/> Access to immunizations | <input type="checkbox"/> Dental care | <input type="checkbox"/> Mental health/depression/suicide |
| <input type="checkbox"/> Access to primary health care | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Nutrition/eating habits |
| <input type="checkbox"/> Access to specialty care | <input type="checkbox"/> Disability | <input type="checkbox"/> Overweight/obesity |
| <input type="checkbox"/> Alcohol abuse | <input type="checkbox"/> Distracted driving | <input type="checkbox"/> Preventable injury/falls |
| <input type="checkbox"/> Asthma/breathing problems | <input type="checkbox"/> Drug abuse | <input type="checkbox"/> Smoking/tobacco use |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Family planning/teen pregnancy | <input type="checkbox"/> Violence |
| <input type="checkbox"/> Care for the elderly | <input type="checkbox"/> Healthy environment | <input type="checkbox"/> Women's health |
| <input type="checkbox"/> Child health & wellness | <input type="checkbox"/> Heart disease/stroke | <input type="checkbox"/> Other (please specify) : _____ |
| <input type="checkbox"/> Dementia/Alzheimer's | <input type="checkbox"/> HIV/AIDS & Sexually Transmitted Infections | |

What are the THREE biggest ongoing health concerns for YOURSELF?

- | | | |
|--|---|---|
| <input type="checkbox"/> Access to immunizations | <input type="checkbox"/> Dental care | <input type="checkbox"/> Mental health/depression/suicide |
| <input type="checkbox"/> Access to primary health care | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Nutrition/eating habits |
| <input type="checkbox"/> Access to specialty care | <input type="checkbox"/> Disability | <input type="checkbox"/> Overweight/obesity |
| <input type="checkbox"/> Alcohol abuse | <input type="checkbox"/> Distracted driving | <input type="checkbox"/> Preventable injury/falls |
| <input type="checkbox"/> Asthma/breathing problems | <input type="checkbox"/> Drug abuse | <input type="checkbox"/> Smoking/tobacco use |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Family planning/teen pregnancy | <input type="checkbox"/> Violence |
| <input type="checkbox"/> Care for the elderly | <input type="checkbox"/> Healthy environment | <input type="checkbox"/> Women's health |
| <input type="checkbox"/> Child health & wellness | <input type="checkbox"/> Heart disease/stroke | <input type="checkbox"/> Other (please specify) : _____ |
| <input type="checkbox"/> Dementia/Alzheimer's | <input type="checkbox"/> HIV/AIDS & Sexually Transmitted Infections | |

What THREE things would be most helpful to improve YOUR health concerns?

- | | | |
|---|--|--|
| <input type="checkbox"/> Access to dental care | <input type="checkbox"/> Domestic violence prevention | <input type="checkbox"/> Mental health services |
| <input type="checkbox"/> Access to healthier food | <input type="checkbox"/> Drug/alcohol services | <input type="checkbox"/> Safer childcare options |
| <input type="checkbox"/> Access to primary care | <input type="checkbox"/> Elder care services | <input type="checkbox"/> Safer places to walk/play |
| <input type="checkbox"/> Affordable housing | <input type="checkbox"/> Exercise/weight loss programs | <input type="checkbox"/> Smoking/tobacco services |
| <input type="checkbox"/> Breastfeeding support | <input type="checkbox"/> Health Insurance enrollment | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Caregiver support | <input type="checkbox"/> Health screenings | <input type="checkbox"/> Violence/bullying/gang prevention |
| <input type="checkbox"/> Clean air & water | <input type="checkbox"/> Home care services | <input type="checkbox"/> Other (please specify) : _____ |
| <input type="checkbox"/> Community education | <input type="checkbox"/> Immigrant support services | |
| <input type="checkbox"/> Dementia/Alzheimer's screening | <input type="checkbox"/> Job opportunities | |

How would you describe your overall health?

- | | | |
|---------------------------------------|---|---|
| <input type="checkbox"/> Very healthy | <input type="checkbox"/> Somewhat healthy | <input type="checkbox"/> Very unhealthy |
| <input type="checkbox"/> Healthy | <input type="checkbox"/> Unhealthy | <input type="checkbox"/> Other (please specify) : _____ |

How would you describe your overall mental health?

- | | | |
|---------------------------------------|---|---|
| <input type="checkbox"/> Very healthy | <input type="checkbox"/> Somewhat healthy | <input type="checkbox"/> Very unhealthy |
| <input type="checkbox"/> Healthy | <input type="checkbox"/> Unhealthy | <input type="checkbox"/> Other (please specify) : _____ |

Do you suffer from any chronic health conditions (check all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> None | <input type="checkbox"/> Disability | <input type="checkbox"/> HIV/AIDS |
| <input type="checkbox"/> Asthma/breathing problems | <input type="checkbox"/> Drug/alcohol abuse | <input type="checkbox"/> Memory issues |
| <input type="checkbox"/> Auto-immune disease | <input type="checkbox"/> Heart disease | <input type="checkbox"/> Mental health |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Overweight/obesity |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> High cholesterol | <input type="checkbox"/> Other (please specify) : _____ |

Do you have a health care provider for checkups and visits: Yes _____
 No _____

How long has it been since you visited a health care provider for a routine physical exam or checkup?
 In the past year In the past five years Never
 In the past two years Five or more years ago Don't know

What THREE things prevent YOU from getting medical care from a health care provider?

<input type="checkbox"/> Nothing prevents me from getting medical care	<input type="checkbox"/> Cultural/religious beliefs	<input type="checkbox"/> Insurance does not cover service
<input type="checkbox"/> Cannot afford	<input type="checkbox"/> Don't know how to find providers	<input type="checkbox"/> No transportation/too far
<input type="checkbox"/> Cannot find a health provider who speaks my language	<input type="checkbox"/> Don't like going/afraid to go	<input type="checkbox"/> No childcare
<input type="checkbox"/> Co-pay/deductible too high	<input type="checkbox"/> Don't see the benefit	<input type="checkbox"/> No insurance
	<input type="checkbox"/> I have no time	<input type="checkbox"/> Other (please specify): _____
	<input type="checkbox"/> Inconvenient office hours	

In the past 12 months, did you receive care in the emergency room? Yes _____
 No _____

If yes, what is the ONE main reason for your emergency room visit?

<input type="checkbox"/> Could not find a local health provider who speaks my language	<input type="checkbox"/> Health provider said go to emergency room	<input type="checkbox"/> Thought problem too serious for a doctor's visit
<input type="checkbox"/> Doctor's office not open	<input type="checkbox"/> No other place to go	<input type="checkbox"/> Other (please specify): _____
<input type="checkbox"/> Emergency room is the closest provider	<input type="checkbox"/> Receive most of my care at emergency room	

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

<input type="checkbox"/> Community-based organization	<input type="checkbox"/> Internet	<input type="checkbox"/> School/college
<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/magazine	<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): _____

For statistical purposes only (your responses are anonymous), please complete the following:

I identify as:	What is your age:	
<input type="checkbox"/> Male	<input type="checkbox"/> 18-24	<input type="checkbox"/> 55-64
<input type="checkbox"/> Female	<input type="checkbox"/> 25-34	<input type="checkbox"/> 65-74
<input type="checkbox"/> Other	<input type="checkbox"/> 35-44	<input type="checkbox"/> 75+
	<input type="checkbox"/> 45-54	

Zip code where I live _____ **Town/city where I live** _____

Are you Hispanic or Latino? Yes No

What category best describes your race?

<input type="checkbox"/> White/Caucasian	<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Multi-racial
<input type="checkbox"/> Black/African American	<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Other

What is the primary language you speak?

<input type="checkbox"/> English	<input type="checkbox"/> Portuguese	<input type="checkbox"/> Tagalog
<input type="checkbox"/> Spanish	<input type="checkbox"/> French	<input type="checkbox"/> Korean
<input type="checkbox"/> Italian	<input type="checkbox"/> Chinese	<input type="checkbox"/> Other (please specify): _____

What is your highest level of education?

<input type="checkbox"/> Less than high school	<input type="checkbox"/> Some college	<input type="checkbox"/> Other (please specify): _____
<input type="checkbox"/> High school grad/GED	<input type="checkbox"/> College graduate	
<input type="checkbox"/> Technical school	<input type="checkbox"/> Advanced degree	

What is your current employment status

<input type="checkbox"/> Employed	<input type="checkbox"/> Student	<input type="checkbox"/> Retired
<input type="checkbox"/> Not employed	<input type="checkbox"/> Military	<input type="checkbox"/> Other (please specify): _____

Do you have any of the following types of health insurance?

<input type="checkbox"/> Medicare	<input type="checkbox"/> Private insurance	<input type="checkbox"/> None/no insurance
<input type="checkbox"/> Medicaid	<input type="checkbox"/> Tri-Care	<input type="checkbox"/> Other (please specify): _____

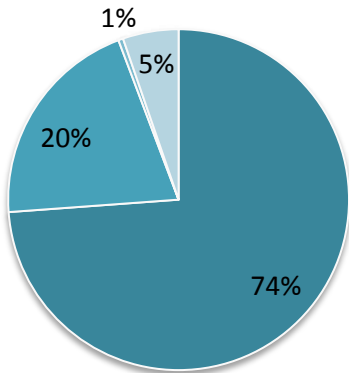
Respondents	Westchester County (Included in analysis)	Not Westchester County (Excluded)	Total Surveys
Online	732	200	932
Paper Form*	365	21	386
Total	1097 (83%)	221 (17%)	1318

* Although a small proportion of respondents using the paper forms selected more items than requested in their responses, the impact was not significant to the output

Community Survey Respondent Demographics, Westchester County

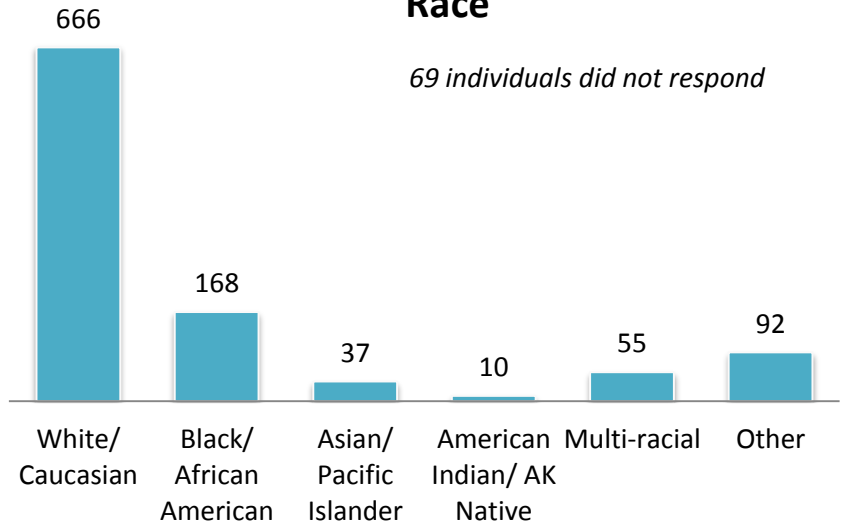
Gender

■ Female ■ Male ■ Other ■ No response



Race

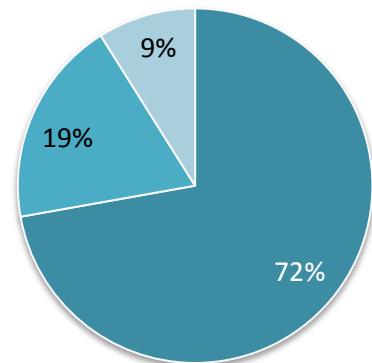
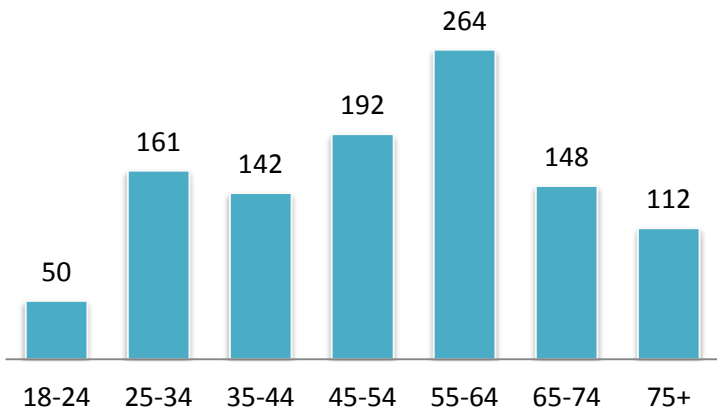
69 individuals did not respond



Age Groups

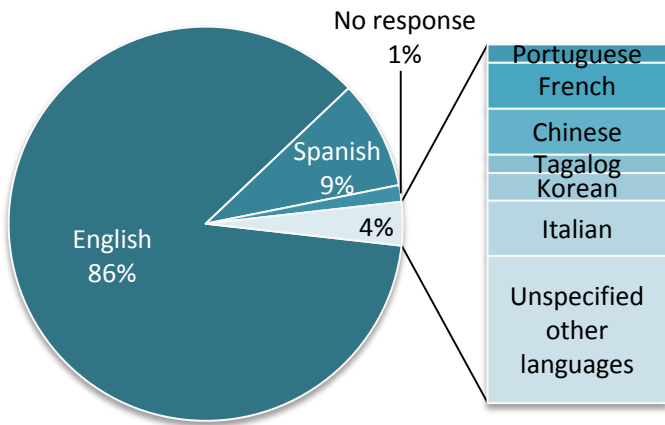
Ethnicity: Hispanic/Latino

■ No ■ Yes ■ No response

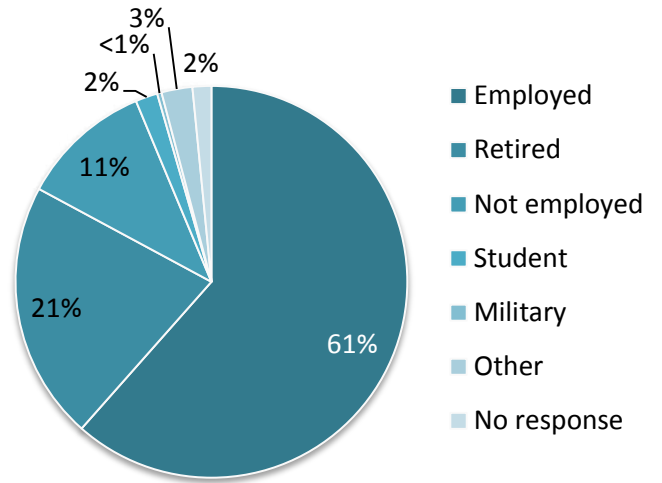


28 individuals did not respond

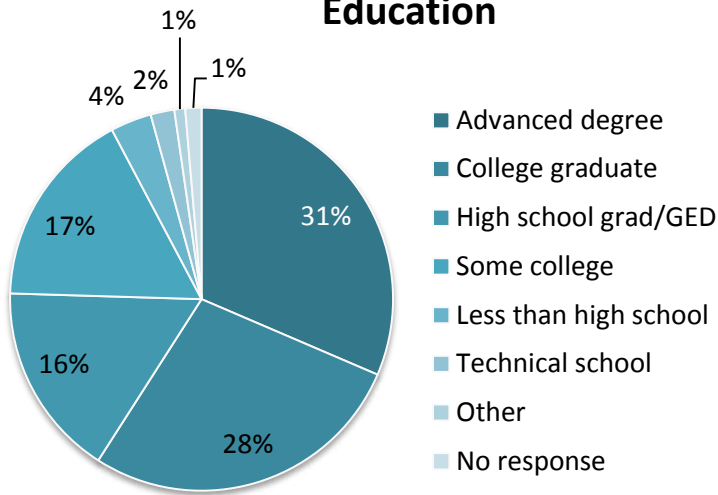
Primary Language Spoken



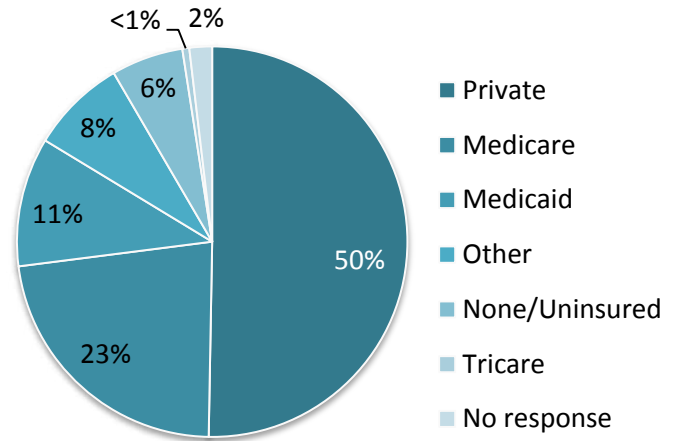
Employment



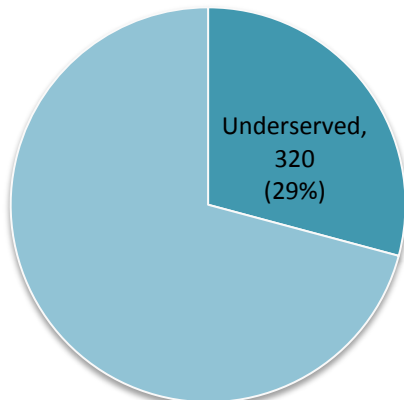
Education



Insurance Status



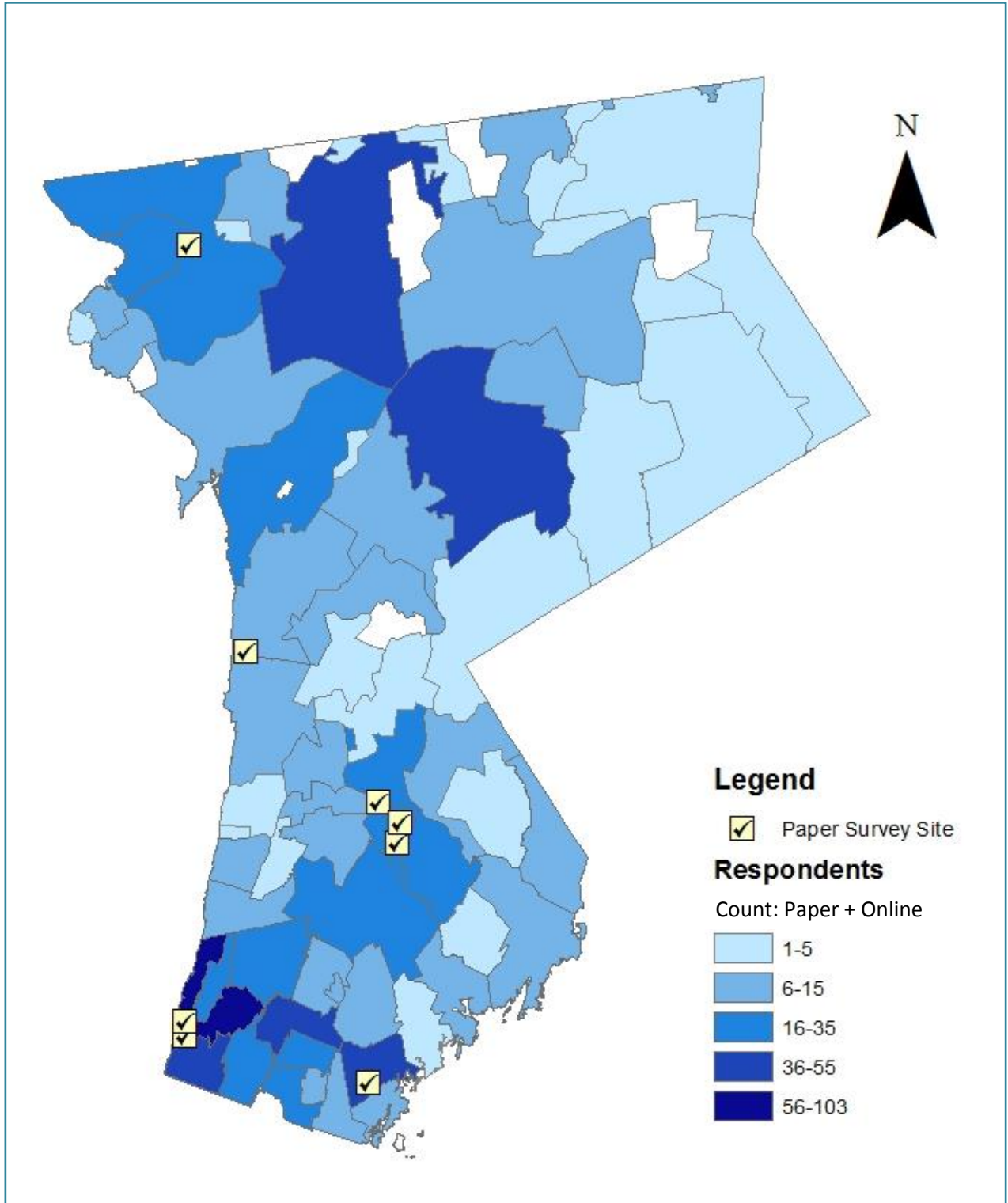
Underserved Population



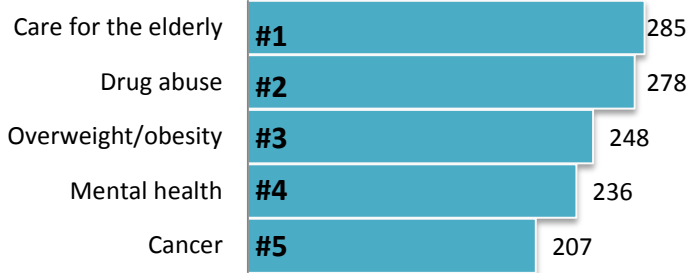
Among all Westchester respondents, 29% were underserved, defined as those who had a self-reported high school education or less **and/or** respondents who reported as having Medicaid or were uninsured.

Total Surveys 1097
(100%)

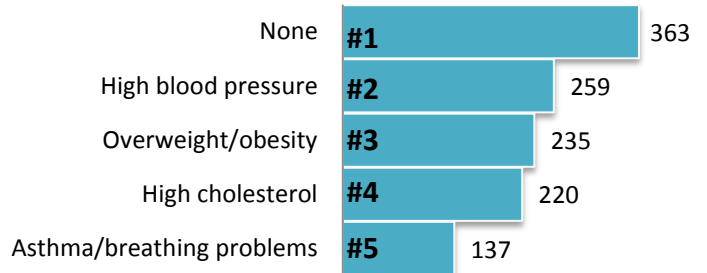
Respondents' Self-reported Zip Code of Residence



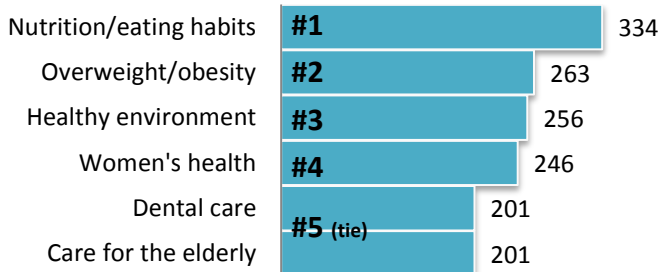
Top Health Concerns for Community



Existing Chronic Health Issues



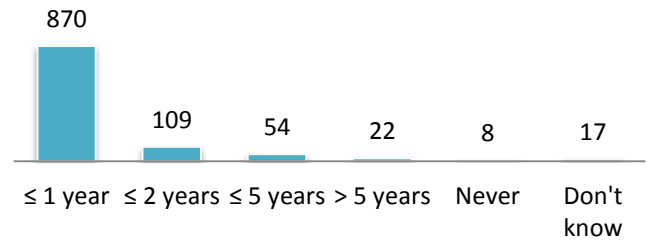
Top Health Concerns for Self



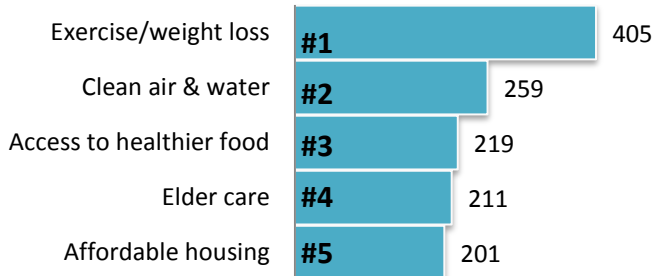
Have Primary Care Provider



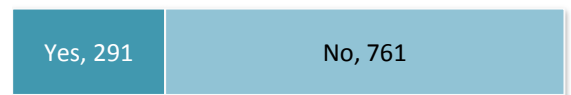
Time Since Last Dr. Appointment



Programs Needed to Address Concerns

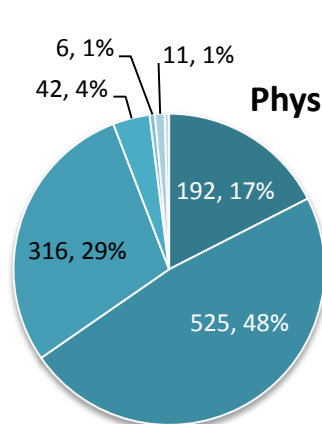


Emergency Room Use in Past Year

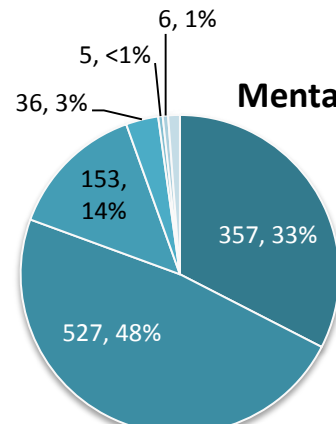


Perceived Health Status:

- Very Healthy
- Healthy
- Somewhat Healthy
- Unhealthy
- Very Unhealthy
- Other



Physical Health



Mental Health

Gender	Paper	Online	Total	Underserved
Male	78	146	224	69
Female	229	581	810	222
Other	0	5	5	2
No response	58	0	58	27

Age Group	Paper	Online	Total	Underserved
18-24	39	11	50	32
25-34	98	63	161	89
35-44	58	84	142	50
45-54	28	164	192	39
55-64	32	232	264	36
65-74	29	119	148	25
75+	53	59	112	34
No response	28	0	28	15

Ethnicity: Hispanic/Latino	Paper	Online	Total	Underserved
Yes	125	82	207	109
No	142	650	792	159
No response	98	0	98	52

Race	Paper	Online	Total	Underserved
White/ Caucasian	133	533	666	118
Black/ African American	82	86	168	86
American Indian/ AK Native	5	5	10	3
Asian/ Pacific Islander	3	34	37	3
Multi-racial	21	34	55	19
Other	52	40	92	47
No response	69	0	69	44

Primary Language	Paper	Online	Total	Underserved
English	259	686	945	237
Spanish	82	16	98	70
Italian	1	5	6	2
Portuguese	2	0	2	2
French	2	3	5	1
Chinese	0	5	5	1
Tagalog	0	2	2	0
Korean	1	2	3	0
Other languages	3	13	16	2
No response	15	0	15	5

Education	Paper	Online	Total	Underserved
Less than high school	34	4	38	38
High school grad/GED	127	53	180	180
Technical school	12	10	22	4
Some college	77	107	184	44
College graduate	66	237	303	32
Advanced degree	32	313	345	20
Other	2	8	10	1
No response	15	0	15	1

Employment	Paper	Online	Total	Underserved
Employed	162	513	675	149
Not employed	82	37	119	90
Student	14	6	20	13
Military	3	1	4	1
Retired	83	151	234	52
Other	4	24	28	10
No response	17	0	17	5

Insurance	Paper	Online	Total	Underserved
Medicare	109	169	278	71
Medicaid	93	38	131	131
Private	62	554	616	41
Tricare	1	6	7	1
None/Uninsured	61	12	73	73
Other	16	81	97	17
No response	23	0	23	5

Overall Health	Paper	Online	Total	Underserved
Very Healthy	51	141	192	41
Healthy	178	347	525	147
Somewhat Healthy	112	204	316	108
Unhealthy	15	27	42	17
Very Unhealthy	2	4	6	3
Other	2	9	11	2
No response	5	0	5	2

Mental Health	Paper	Online	Total	Underserved
Very Healthy	120	237	357	97
Healthy	167	360	527	141
Somewhat Healthy	50	103	153	51
Unhealthy	12	24	36	18
Very Unhealthy	1	4	5	2
Other	2	4	6	2
No response	13	0	13	9

Chronic Health Issues	Paper	Online	Total	Underserved
None	134	229	363	117
Asthma/breathing problems	44	93	137	47
Auto-immune disease	9	56	65	9
Cancer	16	41	57	9
Diabetes	30	59	89	29
Disability	12	24	36	9
Drug/alcohol abuse	3	7	10	2
Heart disease	19	48	67	17
High blood pressure	73	186	259	61
High cholesterol	62	158	220	50
HIV/AIDS	0	0	0	0
Memory issues	23	28	51	14
Mental health	14	60	74	21
Overweight/obesity	46	189	235	39
Other	16	96	112	20

Have a PCP/Dr.	Paper	Online	Total	Underserved
Yes	226	681	907	216
No	63	51	114	12
No response	76	0	76	41

Time since last appt.	Paper	Online	Total	Underserved
≤ 1 year	265	605	870	237
≤ 2 years	34	75	109	39
≤ 5 years	19	35	54	19
> 5 years	13	9	22	7
Never	5	3	8	3
Don't know	12	5	17	12
No response	17	0	17	3

ER-Use	Paper	Online	Total	Underserved
Yes	99	192	291	99
No	221	540	761	194
No response	45	0	45	27

Why ER-Use	Paper	Online	Total	Underserved
Could not find local PCP speaks my language	1	1	2	2
Receive most of my care in ER	4	0	4	18
No other place to go	9	6	15	14
Emergency room is the closest provider	14	19	33	11
Health provider said go to emergency room	16	26	42	11
Doctor's office not open	27	44	71	8
Thought problem too serious for Dr's visit	24	57	81	28
Other	25	64	89	23

Health concerns of community/opinion	Paper	Online	Total	Underserved
Access to immunization	17	8	25	11
Access to primary health care	53	121	174	49
Access to specialty care	22	86	108	26
Alcohol abuse	59	74	133	48
Asthma/breathing problems	29	33	62	27
Cancer	67	140	207	45
Care for the elderly	62	223	285	58
Child health & wellness	40	56	96	39
Dementia/Alzheimer's	40	85	125	23
Dental care	65	49	114	57
Diabetes	66	72	138	51
Disability	31	0	31	18
Distracted driving	42	133	175	37
Drug abuse	98	180	278	85
Family planning/teen pregnancy	32	18	50	23
Healthy environment	37	100	137	31
Heart disease/stroke	38	80	118	28
HIV/AIDS & STIs	34	11	45	29
Mental health/depression/suicide	70	166	236	61
Nutrition/eating habits	44	86	130	34
Overweight/obesity	80	168	248	62
Preventable injury/falls	24	32	56	14
Smoking/tobacco use	57	51	108	46
Violence	64	47	111	64
Women's health	30	61	91	30
Other	8	52	60	13

Health concerns of respondent/self	Paper	Online	Total	Underserved
Access to immunization	15	2	17	11
Access to primary health care	53	83	136	47
Access to specialty care	26	93	119	28
Alcohol abuse	13	8	21	11
Asthma/breathing problems	34	56	90	38
Cancer	52	101	153	41
Care for the elderly	49	152	201	38
Child health & wellness	27	48	75	22
Dementia/Alzheimer's	32	58	90	19
Dental care	78	123	201	75
Diabetes	68	73	141	56
Disability	24	0	24	15
Distracted driving	18	52	70	9
Drug abuse	18	13	31	16
Family planning/teen pregnancy	20	6	26	16
Healthy environment	52	204	256	40
Heart disease/stroke	40	113	153	27
HIV/AIDS & STIs	28	3	31	21
Mental health/depression/suicide	39	86	125	35
Nutrition/eating habits	86	248	334	75
Overweight/obesity	77	186	263	58
Preventable injury/falls	34	49	83	20
Smoking/tobacco use	37	25	62	37
Violence	24	16	40	25
Women's health	65	181	246	64
Other	12	77	89	21

Programs to improve health concerns	Paper	Online	Total	Underserved
Access to dental care	56	82	138	51
Access to healthier food	73	146	219	75
Access to primary care	34	50	84	33
Affordable housing	86	115	201	86
Breastfeeding support	5	5	10	3
Caregiver support	24	79	103	22
Clean air & water	83	176	259	71
Community education	47	130	177	51
Dementia/Alzheimer's	27	72	99	20
Domestic violence	21	7	28	19
Drug/alcohol	20	25	45	20
Elder care	51	160	211	34
Exercise/weight loss programs	101	304	405	78
Health insurance enrollment	33	36	69	25
Health screenings	38	99	137	37
Home care services	34	63	97	23
Immigrant support services	30	15	45	26
Job opportunities	58	89	147	61
Mental health services	38	80	118	34
Safer childcare options	25	19	44	18
Safer places to walk/play	58	114	172	45
Smoking/tobacco services	32	12	44	28
Transportation	37	37	74	27
Violence/bullying/gang prevention	34	35	69	30
Other	8	69	77	10

Barriers to Care	Paper	Online	Total	Underserved
Nothing prevents	181	487	668	165
Cannot afford	55	42	97	51
Speaks my language	5	1	6	4
Co-pay/deductible too high	46	93	139	36
Cultural/religious beliefs	3	0	3	1
Don't know how to find providers	9	9	18	6
Don't like going/afraid to go	18	47	65	18
Don't see the benefit	6	15	21	5
I have no time	15	101	116	15
Inconvenient office hours	23	112	135	23
Insurance does not cover service	25	71	96	23
No transportation/too far	9	11	20	10
No childcare	11	14	25	10
No insurance	36	9	45	39
Other	4	68	72	11

Health Info Source(s)	Paper	Online	Total	Underserved
Community-based org	30	41	71	26
Doctor/Health profess.	213	587	800	198
Family or friends	76	177	253	81
Health department	28	32	60	26
Hospital	48	85	133	47
Internet	123	396	519	108
Library	12	35	47	8
Newspaper/magazine	45	168	213	34
Radio	13	29	42	12
Religious organization	6	13	19	8
School/college	23	24	47	21
Social media	28	47	75	23
Television	52	125	177	43
Worksite	12	77	89	15
Other	9	29	38	5

All Community Health Surveys	1318
Westchester County	1097
Underserved population	320

DISCUSSION

The objective of these two surveys was to assess the health status and health care needs among Westchester County residents. Due to limited time and funding, responses were collected through convenience sampling instead of random sampling. As a result, this created certain biases in the survey results. For example, the community survey respondents skewed toward being female, older, less employed, and with a greater percentage citing English as their primary language compared to the general Westchester population. The use of online forms was also dependent on computer/internet access and literacy, which likely precluded many of the underserved that the survey intended on reaching.

The following table demonstrates how the community survey sample population compared to Westchester County as a whole:

Survey Demographics		Westchester Demographics ¹		Survey Demographics		Westchester Demographics ¹	
Gender				Ethnicity: Hispanic or Latino		18.9%	
<i>Male</i>	20.4%	48.3%		Race			
<i>Female</i>	73.8%	51.7%		<i>White/Caucasian</i>	60.7%	66.6%	
<i>No Response</i>	5.8%	-		<i>Black/African-American</i>	15.3%	14.4%	
Age Group				<i>Other</i>	17.7%	19.0%	
<i>18-24</i>	4.6%	8.9%		<i>No Response</i>	6.3%	-	
<i>25-44</i>	27.6%	24.5%		Primary Language			
<i>45-54</i>	17.5%	15.2%		<i>English</i>	86.1%	74.9%	
<i>55-64</i>	24.1%	12.9%		<i>Spanish</i>	8.9%	13.0%	
<i>65-74</i>	13.5%	8.3%		<i>Other Languages</i>	3.6%	12.1%	
<i>75+</i>	10.2%	7.4%		<i>No Response</i>	1.4%	-	
<i>No Response</i>	2.5%	-		Not employed		10.9%	
						6.9%	

¹US Census: American Community Survey 2014 1-year estimates

The results nevertheless highlight areas of public health concern, demonstrated by the frequencies of responses to each list item. Although the results of this survey cannot be generalized to the larger population, the survey results along with the other data sets were reviewed by the WCDH and hospitals in the selection of priorities.

To further support the Community Health Assessment, the priority selection process and hospitals’ ability to focus their initiatives, WCDH agreed to provide each hospital with a service-area specific analysis at the sub-county level. Hospitals that were interested in having a customized report provided WCDH with its defined service areas. Most hospitals opted to have WCDH prepare a customized report. The other remaining few hospitals elected to use the full County report or asked WCDH to provide the raw data to conduct their own analysis. Westchester County Medical Center participated in the process but was not required to complete a Community Health Need Assessment and Community Health Improvement Plan.

Blythedale Children's Hospital

Montefiore Medical Center

Burke Rehabilitation Hospital

Montefiore Mount Vernon Hospital

Montefiore New Rochelle Hospital

White Plains Hospital

NewYork-Presbyterian

NewYork-Presbyterian Hudson Valley Hospital

NewYork-Presbyterian Lawrence Hospital

Northwell Health

Northern Westchester Hospital

Phelps Memorial Hospital Center

Saint Joseph's Medical Center

St. John's Riverside Hospital

Westchester Medical Center

Westchester County Department of Health