

Nassau County Health Needs Assessment May 2013

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I. Introduction

Nassau County represents a dichotomy, as its residents represent some of the healthiest and sickest in the nation. Health disparities exist within and between townships of varying socioeconomic composition. There are also differences in health status based on race and ethnicity. For example, infant mortality, cancer mortality and homicide rates are much higher for blacks than whites. Latinos have higher rates of teen pregnancies, tuberculosis and deaths from injuries. The causes of these disparities are numerous and complex, and include differences in income, education, housing, access to health care, as well as racism. Reducing or eliminating these disparities is one of the most important national and local public health goals.

This report will identify the priorities, goals and opportunities for improvement as conveyed by leaders of healthcare organizations across Nassau County. Data from this report will be used to reduce health disparities among Nassau County residents and improve the healthcare received by the community.

II. Methodology

Together, the Nassau County Department of Health and Nassau County Hospitals conducted a Community Health Assessment. Key-informant interviews were conducted with health organization leaders to identify pressing health needs in the community in the hopes of developing strategies to meet them. Upon providing consent to be interviewed, participants were asked open-ended questions about their organization and the population they serve. Participants were asked to identify the biggest health problems in their community and prioritize health issues to be addressed. Additionally, they were asked to describe the factors that affect the health care the community receives, namely demographic factors such as age, gender, race/ethnicity, socioeconomic status and financial security, and language barriers.

Participants were asked to describe the health resources their community utilizes in relation to specific health problems and identify barriers to, or gaps in, resources provided. Lastly, participants were asked to identify ways they feel their organization might improve services and programs for the community they serve.

Interviews were recorded and transcribed. Qualitative data analysis was conducted using Atlas TI software to identify prevalent themes and emergent themes in responses. The data presented here represent common themes discussed by participants of this study, focusing on the strengths and weaknesses of health services provided to Nassau County residents. *Please see Appendix A for the interview guide in its entirety.*

A pre-interview survey was conducted to collect basic information about the services provided by the organizations and their target populations. A summary of this data is provided in *Section V*.

III. Participating Organizations

Below is a list of the organizations who participated in the Community Health Assessment, and the role of the key informants interviewed:

American Cancer Society Syosset, NY	1. Director of Patient and Family Services
American Diabetes Association Melville, NY	1. Director, Long Island Operations
American Heart Association Plainview, NY	1. Regional Vice President – Field Operations
Catholic Charities Hicksville, NY	1. Director of Development and Communications 2. Developer, Information and Referral
Circulo de la Hispanidad Long Beach, NY	1. Executive Director 2. Chief Director of Services and Operations
FECS Hempstead, NY	1. Senior Director 2. Director of HIV Services 3. Vice President, Long Island Operations
Health and Welfare Council of Long Island Hempstead, NY	1. President and CEO
Island Harvest Mineola, NY	1. SNAP Outreach Coordinator
Jewish Association Serving the Aging (JASA) Long Beach, NY	1. Director, Long Beach Services
LI GLBT Garden City, NY	1. Chief Operating Officer and Director of Development for the Long Island GLBT Services Network
Long Island Council of	1. Director

Churches Hempstead, NY	2. Nassau County Coordinator
Mental Health Association Of Nassau County Glen Cove, NY	1. Director of Special Projects
Perinatal Services Network Uniondale, NY	1. Coordinator
Planned Parenthood Hempstead, NY Massapequa, NY Glen Cove, NY	1. Senior Vice President for Health Services, Planned Parenthood of Nassau County
Project Independence Roslyn Heights, NY	1. Deputy Commissioner 2. Senior Citizen program Development Specialist
Sustainable Long Island Farmingdale, NY	1. Executive Director
United Way Deer Park, NY	1. Senior Vice President for HIV AIDS Grants Management

IV. Key Findings

A. Prevention Agenda Priorities

1. Prevent Chronic Disease

*Participants overwhelmingly reported chronic disease as one of the most pressing health problems; 76.4% of organizations feel it is a priority; 50% feel it is the #1 health priority.

The health burden of overweight and obesity-related diseases and conditions, such as diabetes and heart disease, is increasing significantly.
"Unattended diabetes [is a major health issue]. Where I think people have not taken care of it at an earlier age and so now we're dealing with the results, which is poor ambulation, or inability to ambulate. These people are homebound a lot earlier than they probably would have to be, because of diabetes that wasn't responded to." -JASA

Promoting healthy living among youth should be a top priority, especially in minority populations with a high prevalence of obesity.
"Obesity in the Hispanic community is terrible. [There is obesity throughout the lifecycle], but seeing it in the kids there's so much you could do around prevention and education. I can tell you some kids who come to my programs, they are now 35 years old almost. Now they are men, fathers, and they have a lot of issues with diabetes. They went from childhood, they were just obese and then became diabetic and this and that." -Circulo

Management of multiple co-morbidities and coordination of care is a problem, especially among older populations.

"The problem with people who are older is that they don't have one health problem. All of them are dealing with a complexity of multiple health problems and they're taking... I think the problem isn't one specific health problem, it's the coordination of services to people that are taking 15 medications. And you have 5 doctors, and you have a physical therapist, and then have a nurse, you have so many different disciplines and I think the coordination of services, with now, of course the problem on Medicare managed care, and the lack of finances and the inability to retain home care." -JASA

"Our population has a tremendous amount of comorbidities, and our [patients with] end-stage renal disease not only have diabetes but could have started off with alcoholism and substance abuse, and we have a lot of patients with Hepatitis C, and even though it may not be a primary diagnosis for us, we have people in my program with HIV also." -FEGS

Time and money should be allocated for prevention rather than solely on treatment.

"We're not funded to do prevention; it's really underfunded, particularly in Nassau County... It makes no sense because in the long run, it costs a lot less to prevent than it does to treat... And I can say that with most chronic illnesses, if care is available, and accessible to a person, you can mitigate some of the problems with diabetes, with congestive heart failure, because...they don't have to get to the point of end stage renal disease if they're treated in a correct way, even some of your minor cardiac issues don't have to get to end stage disease if they're treated in a better more on time with the care coordination." -FEGS

Certain chronic conditions limit food choices which is problematic for lower SES people who cannot afford higher quality foods.

"I would say diabetes [is a major issue] and I would also say anything having to do with cholesterol, because that's not something that you can get something off the shelf to deal with. And people come for food they say 'I need sodium-free food,' the diabetics need no-sugar added. Those are the people that we see the most that have those issues that we are not able to accommodate their disease. They have to shop differently and they can't afford to and they search pantries and they're not finding the foods that they need and then they go over a certain amount of visits because they're eating things that's causing their disease to act up more than normal then what do they do. So I would say that's a rising problem." -LI Council of Churches

Smoking continues to be highly prevalent among the mentally ill population.

"We also look at the impact of smoking...Our population, there's a high correlation between schizophrenia and smoking. Many people that come to us do smoke. People live hard lives in a hospital or facility, or have undergone years of homelessness, so when you add it all up, our population dies 25 years early." -Mental Health Association

2. Promote a Healthy and Safe Environment

Poor diets among minority and low SES populations is due, in part, to cultural norms.

"Santo Dominicans, they eat "corpa pushas" it's like corn and you put inside cheese or meat or whatever. But is like pizza. Do you eat pizza everyday and put on cheese that is processed with no nutrients whatsoever and a little bit of tomato sauce that is from the can and do you eat this very often? I saw this with one of the girls last year. And it was very much cultural." –Cirulo

More outreach to low SES and minority populations is needed to provide education about nutrition and healthy food practices.

"A big piece we are trying to do around that level is change is educating parents about how to handle your children who say they are finicky eaters and they don't want to eat. The parents then stop serving them vegetables or broccoli and then they are given foods that are really not that nutritious and high in fat and carbs. And now, Chef has been really trying to work with families to let people know - keep introducing it. If they say 'no,' find out why... And, we see some positive elements in just getting the parents on board. Because the parents don't know necessarily what to do. They see their kids and want to make sure they're eating, so instead of trying the vegetables or fruits they'll push the other kinds of foods. We see a lot of it." -Cirulo

Food deserts exist in low SES neighborhoods; there is a need for increased access to nutritious food options to reduce food insecurity.

"People don't have access [to healthy foods]... Without the Farmers Market, generally the people in those communities don't have a car and they can't go to a supermarket easily. It's giving them only access to the local bodega or you know corner quick you know convenience store; high sodium, high fat, not good healthy choices, no fresh produce, or very limited choices." – Sustainable LI

Hurricane Sandy has increased cases of unsafe living environments (ie. mold) particularly among low SES, minority, and immigrant populations

"In the wake of Hurricane Sandy, we're going to see some serious health issues emerge, everything from mold that hasn't been properly remediated, and people rebuilding their homes because of that, to the waste that washed up because of breach in Reynold's channel, to the people that have on their property all kinds of things like oil spills and gas leaks and all those things, raw sewage, washed up onto these properties, and we're going to see some serious public health issues. And what we're seeing now, since a lot of the disaster case managers have come over to me, because a lot of the people had chronic illnesses that exacerbated under the disaster, and we are seeing more and more people who are identifying those mental and physical illness that might have flew under the radar who are now coming into our programs." –FEGS

Environmental justice issues are prevalent among low SES housing such as water quality, the built environment, and outdoor air quality.

"From our environmental justice work we do see much, much higher rates with Asthma, in some of the environmentally disadvantaged areas.. We go by New York State [designated] Potential Environmental Justice Areas, and for instance Roosevelt has much, much higher rates of asthma than other parts of the state. And so we key in on that and we try to do Environmental Justice Education and Awareness because that's an area that the people in the community should be aware of. So I would say certainly Asthma, and certainly cancer as far as the environmental justice issues. Some of them are living in houses with mold, they still have asbestos, they still have lead." – Sustainable LI

Lower socioeconomic populations may not have access to safe spaces to exercise and stay active.

"I think the exercise [is another problem]. A lot of our families, first I'll talk about Hempstead, after dark, people are not wanting to go outside. There's limited areas for them to play or families are coming home late so they're stuck in apartments. For Long Beach, you've got some of that, but you have a little more flexibility. Still, people are in basements and so forth. I think exercise is a big component for everybody... I would say that here in Long Beach, finances affects exercise. Some of the families that have limited income they are not in the soccer programs. They don't have the resources for travel soccer. We ran Long Beach soccer team. If they have to travel all over Long Island, some parents can't take children all over Long Island – children can't participate." -Circulo

3. Promote Healthy Women, Infants, and Children

The lack of funding for childcare has negative consequences for low-income workers who are unable to afford daycare services.

"The reduction in funding for daycare for low-income people [is a problem]. They just eliminated hundreds and hundreds of slots for these kids, and these are working class parents who cannot afford high cost daycare who are losing slots in these subsidized programs... These people, how can they work if they don't have safe and effective child care for their children? You take that away and they're going to be put in unsafe situations because they have no choice, or they're going to not be able to work." – Perinatal Network

Pregnant teenagers underutilize healthcare services despite the availability of resources.

When asked how age affects healthcare received: *"The only group I can think of is [pregnant teenagers]. It's very complicated. They left the house, or their parents sent them out, and they don't have any idea about how important it is to keep [up with] their medical [care]. I think that population is affected because they do not use the resources available...there's a lot of resources here in Nassau, but that specific population you have to reach out to them and bring them in."* - Perinatal Services Network

Older women do not seek out preventative health services.

"I really wonder how many women, we're talking about very older women, even ever go see an OB/GYN. I have a feeling that many, not most of them, haven't even gone for a pap smear, ever. Because, generationally, they just didn't do it. And to try to encourage women, older women, to take care of themselves, is a big deal. We get this a lot. We say to them, go get a pap smear, go get tested. And they'll say, we've never been to a gynecologist. We give them a look, like, what? But, no, so just in terms of getting the right kind of medical care is a big deal. Even for that. So in terms of that kind of women's health, certainly." –JASA

There is a lack of awareness of the importance of prenatal care among high-risk populations.

"In Nassau County, the high risk population is the African Americans, it's the one who still has a high percent of infant mortality, prematurity, and low-birth weight babies."
-Perinatal Services Network

4. Promote Mental Health and Substance Abuse

There has been an increase in the prevalence of mental health issues across all age groups with insufficient resources to care.

"We have more kids with autism and more young adults who are bipolar and more people in their 20s who are schizophrenics and more older adults that we're seeing with bipolar disorder, schizophrenia, long term depression, major depression, who, you know, it was either unresolved, or even if it is, who are not able to address some of these issues independently. And we're seeing much more of that. It was never, years ago, that you saw this many older people with major mental illnesses that came our way. These are people just living in the community, many of them on medication for it, but you know, it does interfere with your ability to address other issues. A lot, a lot of it. A lot of bipolar, a lot of schizophrenia." –JASA

Stigma associated with mental health services causes people to delay treatment or not seek services at all.

"One [of the biggest health problems] has a lot to do with just mental health services partly because there is a stigma around it and people not really wanting to say that they need mental health services. But for many reasons, I think that is a very big thing that we find people are in need of and don't necessarily always know how to access."
–United Way

There has been an increase in substance abuse and mental health issues post-Hurricane Sandy.

"In Long Beach especially, a huge amount of the population, of the immigrant Hispanic population they lost their homes, they're living with family or neighbors, or they're in like sort of temporary housing. We are seeing a huge problem with domestic violence and drug dependency... mental health, stress, anxiety, and drug use. So all of that was exasperated because of everything that they lost." – Sustainable LI

Pain medication abuse is an increasing problem.

"We see a lot of pain medication. A lot. There's a lot of pain medication that's being prescribed. I mean, they go to five doctors, you can ask five doctors for a prescription for pain and if they're not really good doctors, or they don't know the client, they will just give them a prescription. So now they have five prescriptions for Oxycotin, how wonderful. It's big, big with older people. Pain medication abuse is big, we see it a lot. We see some alcohol, we don't see as much, but we do see some. But we do see a lot of prescription medication abuse. And misuse. People don't understand what to take. They don't remember what to take. If they're self-administering and there's dementia, they're going to take two instead of one. They're going to forget that they took it. Again, that's where you need some kind of supervision." –JASA

There is a lack of senior mental health services.

"There's been a huge lack [of senior mental health services]. I would like to see that mentioned and addressed. We as advocates talked a few years ago that the baby boom generation started turning 65 in 2011. We urged the system to think about it, and they didn't respond... What you're going to have are two groups of people. One with severe mental illness who are aging and dying, and other individuals who as they age will face challenges of their own and become depressed. We know there's a huge lack of geriatric mental health specialists in the area. There's a lack of residential services. That's a challenge for us. Even the people we serve with age, and maybe start to use a walker or cane whatever, and have mental health challenges, the residential system is not equipped to handle these individuals, there are steps, not enough staff, people wetting the bed... we're not equipped to deal with that." –Mental Health Association

5. Prevent HIV, STDs, Vaccine Preventable Diseases, and Healthcare Associated Infections**Funding for HIV awareness, screening, and prevention is limited.**

"If the Department Of Health is looking for programs that would have a prevention bend to them, or reduction, mitigation bend to them, clearly HIV AIDS is always at the top of the list, because we can prevent that disease. Nassau County actually had a pretty big [HIV prevention advocate], Dr. Pollack was her name, she ran a pretty big STD, HIV prevention program a couple of years ago. Money was tight and I don't think that's still there. They did STD screenings, got out the prevention methods; there isn't a lot out there. We distribute condoms, we give prevention methods, but we're not funded to do that. We have another program funded that's supposed to identify people with AIDS out in the community, and know their status, and you can't just go up to someone and say 'do you know your status?' And, 'you want to get tested?' So we distribute condoms and information using peers, and in that exchange, we solicit people, we attempt to get them tested if they don't know their status. –FEGS

"Based on the number and relevance of the number of gay and bisexual men impacted by HIV/AIDS, I think Long Island, I mean we would like to offer a much broader and more comprehensive range of continuum of HIV prevention and supportive services. We're starting but there's a lot more to be done for people." –LI GLBT

Strict eligibility requirements for HIV treatment coverage presents a barrier to care.

“Generally when somebody is newly testing HIV positive, they are referred to a medical provider, it’s kind of built into the system. People get information pretty quickly. We get most of our referrals from the actual medical providers that someone is coming and seeking treatment for HIV and AIDS, it’s a pretty solid infrastructure. The problem is that not everyone is eligible for Ryan White. They used to just have to be HIV positive and there would be a plethora of services to support them. And now, they have to basically be poor and on Medicaid. If they’re trying to pull themselves up and out of the system, or if they were never in that system to begin with, they’re out of luck...the services are no longer there for them. They can access the medical provider through their private insurance if they have it, or they can use something called “ADAP” which is the age drug assistance program, but a lot of the social supports are no longer available for them, and that’s a problem.” –FEGS

B. Other Issues Identified

Inadequate public transportation system on Long Island is a barrier to accessing care.

“Accessibility, getting transportation in Long Island and Nassau County is a nightmare. Even though we have a system called “Able Ride” just accessing Able Ride, sometimes it’s better to bang your head into a wall because you make the appointment, you have to know in advance to make the appointment, then you sit and wait until they pick you up. They also don’t leave the car so if you have mobility issues and you can’t get to the car... and then if you have a compromised immune system, you’re often times sitting in a van with multiple people who may have an active virus, or the flu, and you’re taking your life in your hands often times when you go to the doctor that way.” –FEGS

“Getting to the actual treatment [is a major barrier to care]. Because some patients can be going for radiation every day, and to rely on family members to take them every single day, most family members are also working. So how are they going to get to those appointments? That’s something we have seen a lot. Same thing with chemo therapy they can be there every few weeks, some being every day, but generally every few weeks. But it’s a family member that has to take them.” –American Cancer Society

A growing segment of the population does not speak English fluently, affecting the quality of care provided due to poor communication.

“Our primary issue is going to be language barriers, because we can put some services in Spanish, we also have a very large Persian community, and we do have a social worker part time dealing with Farsi speaking seniors in that community, but those are two of many many languages spoken in the town of north Hempstead so we recognize there are communities we are not able to reach just yet.” –Project Independence

There is a lack of awareness of health resources available among health care providers and consumers. Need to streamline and update current information banks (211).

"I think really getting information out there to people and having it in all different places... I think they're so overwhelmed they don't know what to do. It's just like you know they need a sounding board to be like 'where do I go from here?'... I think having access to places, to people who can really explain services is critical." –Catholic Charities

"[Health care can be improved through] more education...sending people into the communities and, we as the ADA can go in there and educate them on diabetes and prevention and give them literature, but we don't have the education to know as far as, you know, 'this program is available for you' and 'these resources are available for you so you can contact the Nassau County Department of Health' or 'they'll provide these resources.' So I think to let people know the resources that are available for them if they are having issues affording their medications or treatments." –American Diabetes Association

There is a need for in-home services (both physical and mental health services) for elderly populations who are unable to travel to receive care.

"The other thing is mental health services tend to be expecting the person to come to us, but with seniors that are homebound don't come out. So what we recommend now is an "act team model" where a psychiatrist social worker will go out, they've used it for difficult consumers, they have an act team for seniors... we're concerned about the older community where they're not getting any care. So I'd like to see seniors mentioned." –Mental Health Association

"Just having an aide [is a major issue]. Being able to able to afford one. Being able to stay in their home as long as possible. There is not an older person, or any person in this world, who wants to be put into a nursing home. I don't care who you are. They can advertise it from here to doomsday and they can be beautiful, but everyone wants to stay in their own home, for as long as possible. And the only way most of these people are going to be able to stay home is with some assistance. And Medicare covers a very, very short period of time for homecare. So, after that, we have an issue. How are we going to provide home care? We provide some homecare that's funded through NYS, but it's very limited. Our funding keeps getting cut. So we have people, we have wait lists. And we're only giving it to people 3 ½ hours every other week. And it's just housekeeping. We also provide 20 hours of personal care a week. But, people are on wait lists. And what do you do on weekends? What do you do at night? Family members are stressed beyond belief and do not have anything left. Don't have the money, don't have the patience, don't have the resources to be able to now take care of their older adults. They're not going to be able to put them in their homes, especially now after what's happened (referring to Hurricane Sandy and devastation in Long Beach). So, it's a crisis, it's a homecare crisis in my opinion. And we get a call every day. We must get 10 calls a day asking us how do we get an aide. Who do we call. Who's going to pay for it. Every day." -JASA

Patients are unable to navigate the system and are unsure how and where to obtain care. There is a need for case managers or patient navigators.

"When there is a service available that helps them navigate the healthcare system is one of the primary things people look for. There's a lot of confusion because we all know how fragmented the medical and healthcare system is... people don't know who to turn to or how to access these programs, people don't know what's out there." –FEGS

There is a heavy reliance on emergency room for primary care.

"I think the community utilizes, unfortunately, the emergency room in too many instances. I think that there has been a better job in Nassau County with the clinics becoming federally qualified health clinics, that there is an attempt to provide much more comprehensive service delivery for the populations in these settings. I think people utilize stand-alone doctors they may pay out of pocket for. I think they may utilize some of the quick stop clinics within pharmacies and where we're seeing that sort of pop up. That's a way that I think people meet some of the needs that aren't met comprehensively." –Health and Welfare Council of LI

Undocumented immigrant populations are afraid to access healthcare out of fear of being reported; delay healthcare until they reach emergency status.

"We see a huge problem with the undocumented, because they're afraid to go for care unless they're dying or really injured, which is awful. I mean, they're afraid. And so we will say to people 'You have to get help, your cough isn't good' or 'you are truly sick,' there's a big problem in some of these communities that they're afraid that they'll be shipped out or whatever. I mean, it's never spoken. It's all unspoken, but they just say 'I can't'. So that's a problem." –Sustainable LI

Men do not access needed medical attention or preventive health screening; women play a large role in their husbands' healthcare.

"I think the men go to the doctor actually because their wives make appointments for them. So do I think the men are out there saying 'Oh let me go?' No. Years ago [we had information that read:] 'the AHA: how to take care of your husband.' That was the focus, you know. Or women would know what their husband's numbers are and they had no idea what theirs were." –American Heart Association

"There's more women who will reach out for the support services for like the outreach to recovery, which is our breast cancer one-on-one support group. We had a group that was called Man to Man for prostate cancer survivors, it did not do well at all. A lot of men are not out there requesting the support. It's usually significant other or family that's looking for the support for them. Not a lot of men reach out on their own." –American Cancer Society

The LGBT population struggles to access healthcare out of fear that they will be treated differently.

"That's a challenge because there's been a history of bad, negative, and stigmatizing experiences that LGBT people have had with, um, health and other medical personnel. If they haven't, there's- I guess there's the assumption that they will or that they don't know how to be quote unquote 'out' with a healthcare professional. Even though a lot of healthcare professionals today are actually eager to better serve the LGBT community, there's still that- that lack of understanding or- or really the fear that someone will be treated, uh, in a bad way. That is compounded by the fact that there are different health disparities in the LGBT community." –LI GLBT

C. Recommendations to Improve Services and Programs

Need for increased collaboration and partnerships among hospitals and community based organizations.

"I think, first and foremost, and this is not like rocket science, coordination and collaboration amongst the different entities [will remove barriers to care]. So, when we talk about health from a physical and a mental perspective and a preventive perspective, the health care institutions need to be working in partnership with community based organizations in a very different way, because as we look at the Affordable Care Act and how we're moving care into the community, hospitals have to be able to get patients to care that works for them. Even when we talk about public health issues, I think it's the same thing, there needs to be integration of schools, hospitals, non-profit organizations to make sure that there's an educational component that gets out to individuals so that they're clear on what some of the risk factors may be, where they can go to access services and then we can look at where some of those gaps are." –Health and Welfare Council of LI

"I really would like to see it more coordination and collaboration with people...It would be nice to see that as a region we're really taking care of some of the people with lower income because everyone sees us as a very affluent area and for that reason they tend to not allocate that many resources. But we're also not coming together as one voice, really identifying what the problems are and advocating for them in a coordinated way. I think that's where we need to go long term if we're truly going to address issues. All of their city issues are slowly creeping here and we're not monitoring the impact that it's having on everyone else. But its going to happen and it is happening." –United Way

Increased community outreach and education campaigns available in other languages (especially Spanish).

"[Health education is needed] especially, you know, in a lot of the immigrant [populations]. I think a lot of them are afraid to seek help and education. So I think that's a big one. And again I just think education. I think that people don't understand the major effects that diabetes can have on you if you don't manage it. Diabetes can, you know, you can manage it and live a healthy lifestyle, but if you don't manage it, that's where you're going to see these very severe complications. And I think that a lot of these communities - they don't understand the severe complications and they don't take care of themselves."

–American Diabetes Association

Health promotion events and programs should be held at night and on weekends to allow people who work to attend.

"A big issue is hours of operation. So people who work during the day, need things on the weekends, or in the evenings, or even before they go to work maybe. So, that's always an issue I think with people getting the time. The time and the hours of operation."
–Island Harvest

Use of technology to communicate with people regarding healthcare issues and services.

"I think now everything is kind of going digital. So I think more information that we can digitally have access to, the better. Any kind [of digital media]. Even like through social media, through websites, through texting is a good one. I think they were exploring how we could, because for SNAP you have to recertify every 6 months to a year potentially depending on your household. So it's usually 6 months. So there's a lot of, what they call churning. So people will not recertify and then they will have to end up reapplying and it creates more of a back log. People miss out on their benefits and it's like a vicious cycle. So, texting alerts or something like 'Did you recertify?' or 'Did you send in your paperwork?' you know it would probably be easier and prevent that. But, I don't think that technology has caught up quite yet with that one. But it would be nice in the future. I mean, texting is a great one. I think anything on Facebook or YouTube or, you know, web advertising. Anything like that." – Island Harvest

Outreach events should be hosted at community centers and places of worship to increase attendance and participation.

"Put things in more than one language, try to host meetings at the community centers, or senior centers or whatever is actually in that community, and be really clear that there is no cost and be really clear that they won't be asked for anything. It's just, I think that you are dealing with people that have been sort of conditioned to be wary, and that it's important that they're clear why you want to help and that there is nothing required of them." – Sustainable LI

Patient education should emphasize prevention versus treatment, with a focus on healthy lifestyles (eating healthy and exercising).

"I think a lot of people still don't know that 80% of heart disease can be prevented through exercise, eating healthy, stop smoking, know your numbers, know your BP, know your Glucose. I think it's still educating the people to make simple small choices. Healthier choices that will then reduce all their risk factors. So I think it's really getting people to know what their risk factors are." –American Heart Association

There should be increased communication across organizations to ensure visibility of programs and resources available.

"Health department and hospitals could much more clearly communicate information about the availability of free and cheap services. That would be a good start. I realize that they have the same problem that every non-profit does, that no one is paying them to do this. The Council for Non-profits recently started emailing this information, and no other agency has this information. They don't know which programs exist. And they change all the time. You can print up a brochure of all services, but 6 months later, it changes because funding runs dry... We let people know. If they would let us know, it would help to let other people know. Our prelude goes out to about 125 people; our newsletter goes out to 5,000 people. We reach out. We let people know. If more came in, there would be less problems. I think other organizations could do the same. If you can establish an email list, it ought to be easy to push out that information on a regular basis. Every healthcare provider should be able to integrate this into normal communications. Every hospital ought to have a newsletter that gives information at least to say what they're doing themselves. I'm not expecting people to do things they're not getting paid for, but if they're already doing something, you ought to communicate it better. Almost any organization can use their resources to communicate better I think. It would probably help to raise money in the end." –LI Council of Churches

A taskforce with members from various organizations would be helpful to brainstorm additional ideas and solutions.

"If there was any kind of a task force, we would certainly be willing to sit on a task force to come up with some concrete, practical applications. The agency always wants to on the forefront of advocacy, whether it's advocating at the political level, coming up with, of course, if we had more funding to provide more home health care, more home delivered meals, we would continue." -JASA

Increased patient navigation and case management services would break down barriers to care.

"I think utilizing some of our very effective case management models and having these concepts of health navigators or people who can really help to remove barriers, like with care coordinators. Some of the things they're implementing under the new health home model will definitely help where it needs to be expanded out to people. I think we need to bring health more to the forefront through media campaigns, ad campaigns to talk about the importance of people's health; not just physical health but also mental health to remove some of the barriers around that and just make it more accessible. And also using that opportunity to really educate people, some series, some forums that are easy to get to, held at libraries, to really just educated people on what does all of this mean, to erase some of the misconceptions about whats going on with the ACA, I think more education for people on how to utilize and maximize what they're getting out of the healthcare system will be important." –United Way

V. Health Services Provided by Participating Organizations

<p>American Cancer Society Syosset, NY</p>	<ol style="list-style-type: none"> 1. Research projects for cancer prevention 2. Education 3. Advocacy 4. Patient and Family Services 5. Prevention and detection program including screenings 6. Free wig programs 7. Cosmetology Classes as a support programs 8. Wellness programs and one-on-one support services (free patient navigator) 9. Transportation to treatment centers
<p>American Diabetes Association Melville, NY</p>	<ol style="list-style-type: none"> 1. Funds for Research 2. Education 3. Programs that provide Glucose testing, Cholesterol Screenings, Mammograms 4. Advocacy 5. Health Fairs and Speaking Engagements to educate and fundraise 6. Educate on Prevention 7. Educational Events <ul style="list-style-type: none"> • "Tour de Cure": Annual bike ride • Step Up for Diabetes Walk • Father of the Year Event Gala • Diabetes Expo and Feria de Salud • "Stop Diabetes at Work: Employee wellness program • "Living with Type 2 Diabetes": Newly diagnosed individual receives informational literature, advice, etc. to assist them • "Stay with Schools" program • Partner with JDRF (Juvenile Diabetes Research)
<p>American Heart Association Plainview, NY</p>	<ol style="list-style-type: none"> 1. Education through church programs 2. Awareness of Cardio Vascular Disease 3. Research 4. Grants 5. Advocacy 6. Referrals 7. "Power to End Stroke" <ul style="list-style-type: none"> • Targets African Americans and Hispanics • Educate them to be aware of their numbers and eating habits 8. Program "Jump Rope for Hearts" <ul style="list-style-type: none"> • Through schools • Educational and fundraising

	9. "Go Red for Women" dinner in Queens
Catholic Charities Hicksville, NY	<ol style="list-style-type: none"> 1. Chemical Dependence Services 2. Commodity Supplemental food programs 3. HIV & AIDS services 4. Housing for seniors and people with physical disabilities 5. Immigrant services; mental health outpatient and residential 6. Nutrition Outreach Education Project (food stamps enrollment) 7. Regina maternity services; residential maternity program 8. Community residences for people with developmental disabilities 9. Senior Clubs 10. Meals on Wheels 11. Senior Case Management 12. WIC Program 13. Dental Services 14. "Para Social Ministry" 15. Congregant senior meals
Circulo de la Hispanidad Long Beach, NY	<ol style="list-style-type: none"> 1. Health Fairs 2. Screenings and blood pressure checks 3. Mammogram bus 4. Long Beach soccer team 5. Programs in area of Domestic Violence 6. HIV/AIDS services 7. Housing Services 8. Education and youth service 9. Mental health services 10. Alcohol and substance abuse prevention services 11. Preventive Education
FEGS Hempstead, NY	<ol style="list-style-type: none"> 1. Partners in Dignity (PID)/ Nursing Home Transition and Diversion Medicaid Waiver (NHTD) 2. Care coordination 3 Medical Navigation 4. Information and Referral 5. Advocacy 6. Benefits/entitlement and insurance counseling 7. Individual, group, and family counseling 8. Volunteer services 9. Spiritual care and bereavement counseling 10. Professional and community education 11. Positive Space Program <ul style="list-style-type: none"> • Mental health counseling • Substance abuse recovery readiness counseling • Early intervention services

	<ul style="list-style-type: none"> • Medical case management services • HOPWA housing and supportive housing services for HIV+ women • Mental health counseling to the LGBT, non HIV community
Health and Welfare Council of Long Island Hempstead, NY	<ol style="list-style-type: none"> 1. Research and public policy 2. Advocacy and education 3. Regional Planning 4. Access to health care 5. Nutritional security services 6. Economic stability services
Island Harvest Mineola, NY	<ol style="list-style-type: none"> 1. Food bank 2. 500 member agencies that assist in food bank, food distribution 3. Two mobile food pantries <ul style="list-style-type: none"> • Operation Hope (veterans)- delivers one month supply of food • Senior Mobile Food Pantry- provides groceries on a weekly basis to low income senior housing facilities 4. Kids Weekend Backpack Program <ul style="list-style-type: none"> • Provides packs of food to children who receive free or reduced price lunches • Can apply to receive meals to take home for the weekend 5. Summer food program <ul style="list-style-type: none"> • Provide free lunches to children over the summer 6. SNAP Outreach (Supplemental Nutrition Assistance Program) <ul style="list-style-type: none"> • Walk through process of applying for food stamps • Outreach and application assistance 7. Advocacy Programs including MICAHA (Mobilized Interfaith Coalition Against Hunger) 8. Community Resource Exchange (Community Guides) <ul style="list-style-type: none"> • Allows them to refer clients to other agencies
Jewish Association Serving the Aging (JASA) Long Beach, NY	<ol style="list-style-type: none"> 1. Case Management 2. Information and Referral 3. Counseling Services 4. Mental Health Services 5. Congregate Nutrition Programs 6. Home delivered meals for frail and homebound clients 7. Medical transportation 8. Cultural arts and recreation programs 9. Homecare services 10. Emergency financial assistance

	<ol style="list-style-type: none"> 11. Family and caregiver support programs 12. Legal and elder abuse services 13. Adult protective and community guardian services 14. Community outreach and education 15. Contract with DSS to work as Community Guardians for all adults above age 18 16. Provide homecare services and housing for low to moderate income elderly persons
LI GLBT Garden City, NY	<ol style="list-style-type: none"> 1. Support Services/ Support Groups/ Help Line 2. Mental Health Counseling Services 3. Anti-Bullying Services and "Safe School Initiative" 4. Community Education and Training Programs <ul style="list-style-type: none"> • Delivers 275-300 workshops and trainings each year to students, teacher, and health human service providers, social workers, counselors 5. HIV Services Unit <ul style="list-style-type: none"> • Confidential rapid HIV testing, STD screens 6. Preventive Education 7. Community Centers in Bay Shore and Garden City 8. School Awareness Campaign in conjunction with National Coming Out Day
Long Island Council of Churches Hempstead, NY	<ol style="list-style-type: none"> 1. Prescription Assistance 2. Provide Insulin if needed for Diabetics 3. Food Bank 4. Community Share Gardens- grow produce to share with local pantry
Mental Health Association Glen Cove, NY	<ol style="list-style-type: none"> 1. Personal Recovery-Oriented Rehabilitation Services 2. Adult Residential Services for people with a mental health diagnosis 3. Hospital Discharge Coordination for children 4. Consumer Link peer-to-peer services 5. Financial Management 6. Health Home Care Management 7. Crisis Respite for Families of children with mental health diagnoses 8. Residential Program for children and young adults with autism 9. Medicaid Service Coordination for consumers with developmental disabilities 10. In-Home Respite for developmentally disabled consumers 11. Education and training for mental health professionals and

	<p>substance abuse workers</p> <ol style="list-style-type: none"> 12. Advocacy for people of all ages with mental illnesses, and for the people who love them 13. Community outreach and education 14. Veterans Services, promoting wellness for Long Island veterans and their families 15. Information & Referral 365-day-a-year HELPLine 16. Compeer volunteer mentor program 17. Family Support Services 18. The Players volunteer theater troupe
<p>Perinatal Services Network Uniondale, NY</p>	<ol style="list-style-type: none"> 1. Health providers, mental health and social support services for pregnant women. 2. Partner with the mental health system in Nassau County, Mental Health Association; want to engage in more clinics, mental health clinics 3. Family Resource Guide 4. Mental Health Services 5. Dental Services 6. WIC Program 7. Prenatal care and delivery 8. Case Management 9. Early Intervention 10. Shelters for pregnant women 11. Advocacy 12. Enrollment in HMO 13. Visiting Nurses
<p>Planned Parenthood Hempstead, NY Massapequa, NY Glen Cove, NY</p>	<ol style="list-style-type: none"> 1. Maternal and child health services 2. HIV and sexual health education 3. HPV vaccines 4. Education service 5. Testing vans 6. Transportation hubs 7. Community health fairs 8. Offer flu shots and minimal care that their PAs can provide
<p>Project Independence Roslyn Heights, NY</p>	<ol style="list-style-type: none"> 1. Assist seniors to age in place, safely 2. Human services, health, mental health 3. Programming 4. Nursing 5. Social work 6. Connect seniors with available services in community 7. 311 Town Stat Program 8. Psychological assessments 9. Member of Geriatric Mental Health Alliance

	10. Medical transportation
Sustainable Long Island Farmingdale, NY	<ol style="list-style-type: none"> 1. Community organizing 2. Public Participation 3. Facilitation for Brownfield redevelopment 4. Recovery and revitalization after Hurricane Sandy 5. Farmers markets 6. Annual conference and fundraisers 7. Economic development 8. Environmental justice surveillance and services
United Way Deer Park, NY	<ol style="list-style-type: none"> 1. Administrative agent to those who are HIV Positive 2. Provide Financial Assistance to agencies that provide healthcare services, mental health, and substance abuse education 3. Fund agencies in high need areas 4. Ryan White HIV and AIDS Services <ul style="list-style-type: none"> • Serve low income individuals who do not have insurance 5. Work with AIDAP programs to insure individuals and have services for veterans 6. Case Management 7. Housing Services 8. "Youth Build" <ul style="list-style-type: none"> • Individuals who have not completed high school and do not have a GED and give them Green energy job training 9. 211 Long Island <ul style="list-style-type: none"> • Connect people to resources if they are in need of housing or health care

VI. Appendix

KEY INFORMANT INTERVIEW for THE COMMUNITY HEALTH ASSESSMENT

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

Answering the following questions will assist us in identifying the most pressing health needs in your community, and developing strategies to meet them. Please share your opinion with us by answering the following questions. Your participation is voluntary, and your responses are confidential. With your permission, this interview will be recorded and transcribed. Information from all interviews will be aggregated and reported in a Community Health Assessment. If after this interview you have questions or concerns, you may contact the

*Nassau County Department of Health at 516-227-9408. Do I have your permission? Thank you. **Begin recording***

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

1. Please describe your organization? **{Ask the following if still needed after pre survey}**
 - a. Describe your role in the organization
 - b. What specific services does your organization provide? **{Ask for explanation if not obvious}**
 - c. Who is the target population?
 - d. Describe services your organization provides to minority populations
 - e. ...to low-income
 - f. ...to uninsured
 - g. ...to other specific populations?

2. Please identify some of the biggest health problems in the community you serve? **{Leave this as open ended, probing for specificity, then follow-up with question 3}**.

Hand the informant the list of priorities with focus areas to review and consider.

NYS DOH has identified 5 health issues that health communities could address :

1)Chronic Disease, 2) Healthy and Safe Environment, 3) Healthy Women, Infants and Children 4) Mental Health and Substance Abuse, 5) HIV, STD, Vaccine Preventable Diseases.

3. Of these issues, which are priorities for your community?
 - a. Which of these issues are priorities for minority populations you serve?
 - b. ... low income?
 - c. ...uninsured?
 - d. ...other specific populations?

4. Many factors affect the health care community members receive
 - a. How does age affect the health care received by the community you serve?
 - b. How does gender affect the health care they receive?
 - c. In what way do race and/or ethnicity affect the health care they receive?
 - d. How does financial security affect the quality of health care they receive?
 - e. Describe how language affects the health care they receive?

5. Please describe resources (i.e. health services, community education programs, screenings, etc.) that your community uses in relation to the health problems you have identified.
 - a. How often do they access these services?
 - b. Where do they access these services?
 - c. Would you describe any gaps in resources related to these problems?

6. What keeps people in the community you serve from receiving the resources needed to address these issues? Please give an example. {Ideas could include: transportation, issues of insurance, religion/cultural difference, fear, doctor availability, etc}

7. How can these barriers be addressed?
 - a. In what way can services be improved?
 - b. What additional services are needed in the community you serve?
 - c. What strategies do you recommend for overcoming these barriers?

8. Previously, you described how your community utilizes resources related to the biggest health needs. Please describe other resources/services your community uses.

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

10. How would you and your organization like to help improve services and programs for the community you serve? {Look to build partnerships and elicit ideas}