



# Westchester County Department of Health

2016.05



@whealthdept

#keephealthy

## Community Health Assessment Data Update

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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

# Westchester County Provider Questionnaire

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): _____     |

# Westchester County Provider Questionnaire

## 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): _____          |

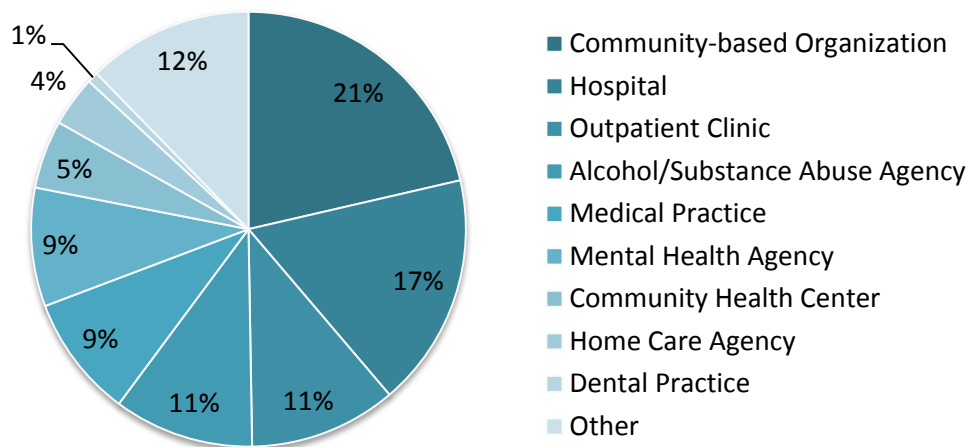
**Can we contact you so you can tell us more about your ideas regarding health problems in Westchester County and what should be done about them?**

- Yes \_\_\_\_\_
- No \_\_\_\_\_

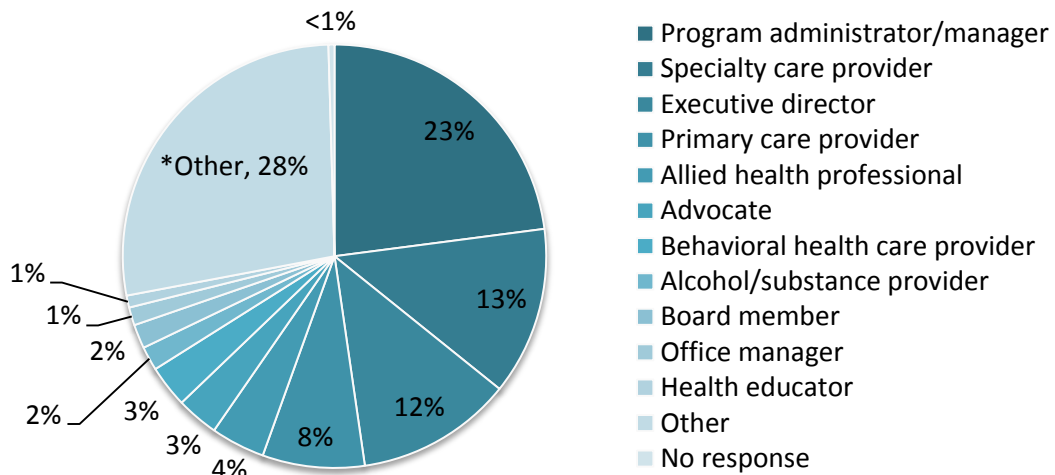
# Provider Survey Findings

|                                      | Westchester County | Not Westchester County | Total Surveys Included in Provider Analysis |
|--------------------------------------|--------------------|------------------------|---|
| <b>All Respondents (online form)</b> | 179 (82%)          | 39 (18%)               | <b>218</b>                                  |

## Organization Types



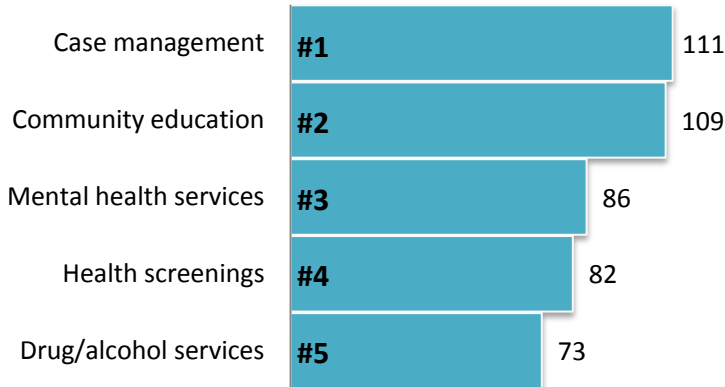
## Title or Role of Respondent within Agency



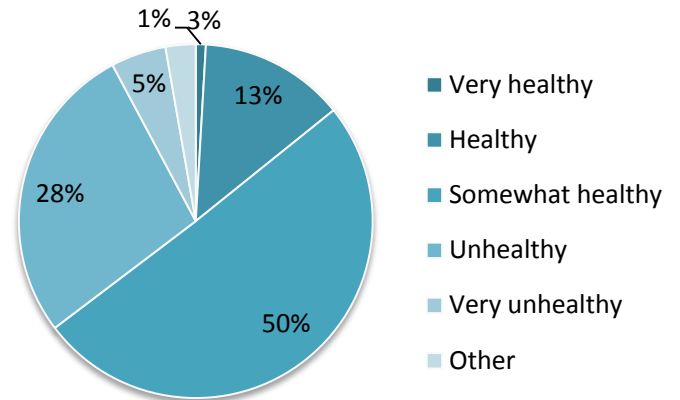
\* The qualitative "Other" free-responses were overall not applicable and not itemized in the presented results.

# Provider Survey Findings

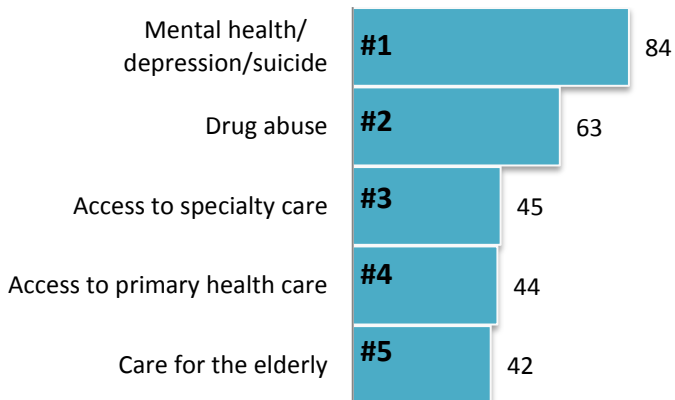
## Top Services Provided to Community



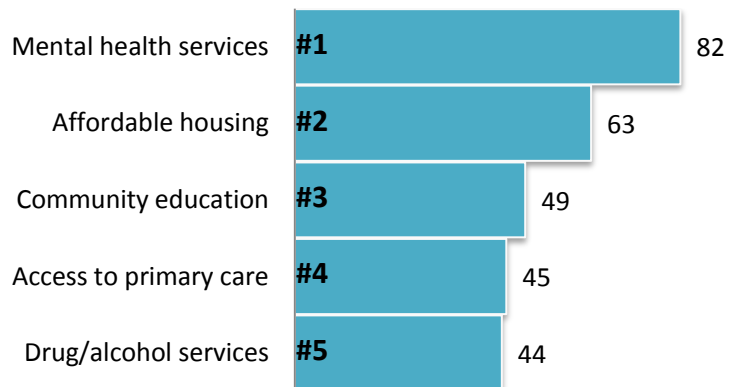
## Perceived Health Status of Community



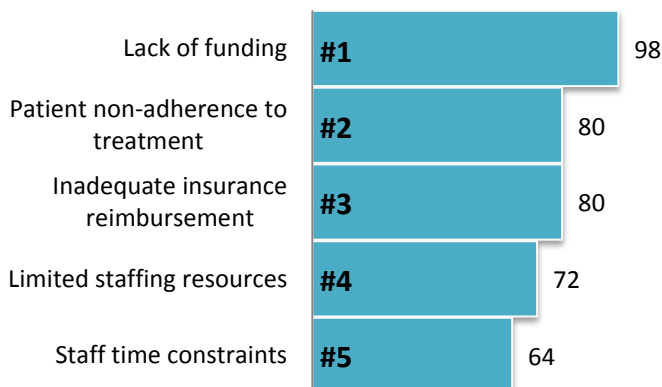
## Top Health Concerns for Community



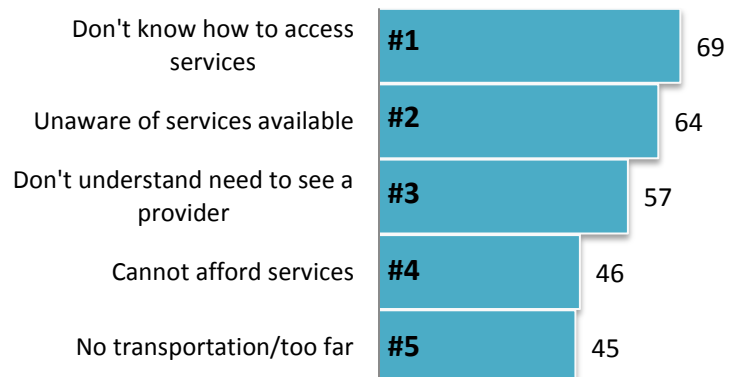
## Programs Needed to Address Health Concerns



## 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            |

# Westchester County Community Health Questionnaire

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 ( <i>please specify</i> ): _____ |
| <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 ( <i>please specify</i> ): _____ |
| <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 ( <i>please specify</i> ): _____ |
| <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 ( <i>please specify</i> ): _____ |

## 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 ( <i>please specify</i> ): _____ |

## 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 ( <i>please specify</i> ): _____ |

# Westchester County Community Health Questionnaire

|  |  |   |
|--|--|---|
| <b>Do you have a health care provider for checkups and visits:</b>   |  | <input type="checkbox"/> Yes _____  |
|  |  | <input type="checkbox"/> No _____   |
| <b>How long has it been since you visited a health care provider for a routine physical exam or checkup?</b> |  |   |
| <input type="checkbox"/> In the past year  | <input type="checkbox"/> In the past five years                    | <input type="checkbox"/> Never  |
| <input type="checkbox"/> In the past two years   | <input type="checkbox"/> Five or more years ago                    | <input type="checkbox"/> Don't know                                       |
| <b>What THREE things prevent YOU from getting medical care from a health care provider?</b>                  |  |   |
| <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"/> I have no time                            | <input type="checkbox"/> No insurance                                     |
| <input type="checkbox"/> Inconvenient office hours   | <input type="checkbox"/> Other (please specify): _____             |   |
| <b>In the past 12 months, did you receive care in the emergency room?</b>                                    |  | <input type="checkbox"/> Yes _____  |
|  |  | <input type="checkbox"/> No _____   |
| <b>If yes, what is the ONE main reason for your emergency room visit?</b>                                    |  |   |
| <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 |   |
| <b>Where do you and your family get most of your health information? (check all that apply)</b>              |  |   |
| <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): _____                    |
| <b>For statistical purposes only (your responses are anonymous), please complete the following:</b>          |  |   |
| <b>I identify as:</b>  | <b>What is your age:</b>   |   |
| <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                                     |   |
| <b>Zip code where I live</b> _____   | <b>Town/city where I live</b> _____                                |   |
| <b>Are you Hispanic or Latino?</b>   | <input type="checkbox"/> Yes                                       | <input type="checkbox"/> No   |
| <b>What category best describes your race?</b>   |  |   |
| <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  |
| <b>What is the primary language you speak?</b>   |  |   |
| <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): _____                    |
| <b>What is your highest level of education?</b>  |  |   |
| <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                           |   |
| <b>What is your current employment status</b>  |  |   |
| <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): _____                    |
| <b>Do you have any of the following types of health insurance?</b>   |  |   |
| <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): _____                    |



# Community Health Survey Findings

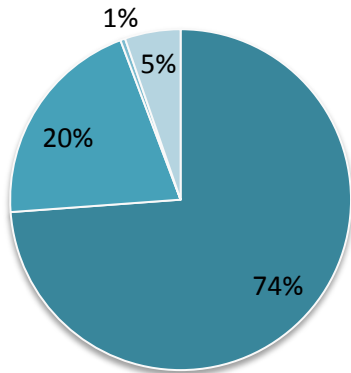
| Respondents  | Westchester County<br>(Included in analysis) | Not Westchester<br>County (Excluded) | Total<br>Surveys |
|--------------|--|--------------------------------------|------------------|
| Online       | 732  | 200                                  | 932              |
| Paper Form*  | 365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

\* 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

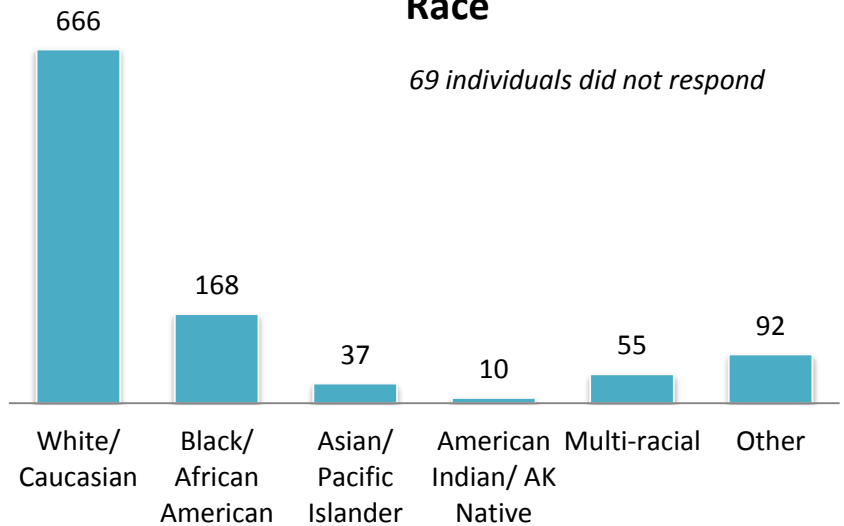
### Gender

■ Female ■ Male ■ Other ■ No response



### Race

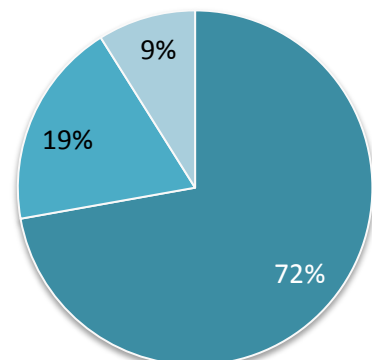
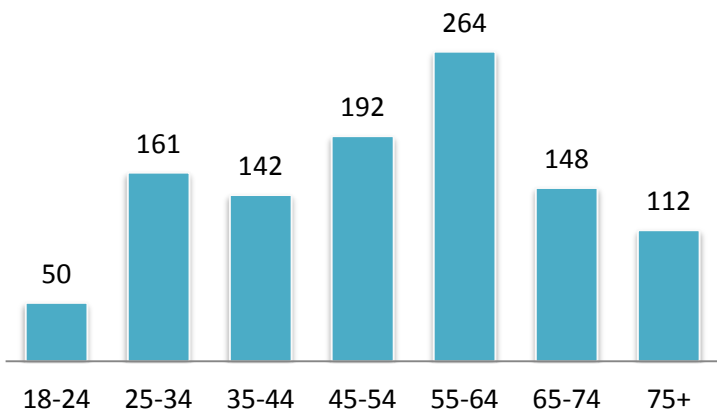
69 individuals did not respond



### Age Groups

### Ethnicity: Hispanic/Latino

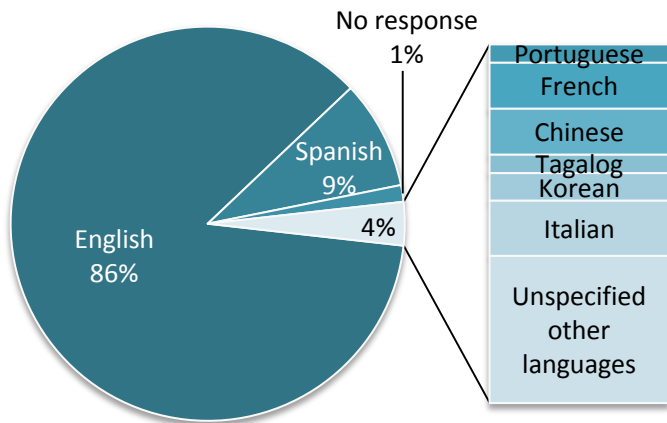
■ No ■ Yes ■ No response



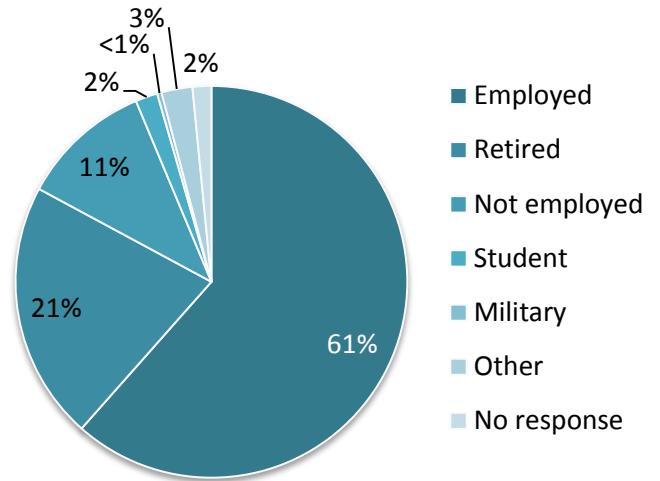
28 individuals did not respond

# Community Health Survey Findings

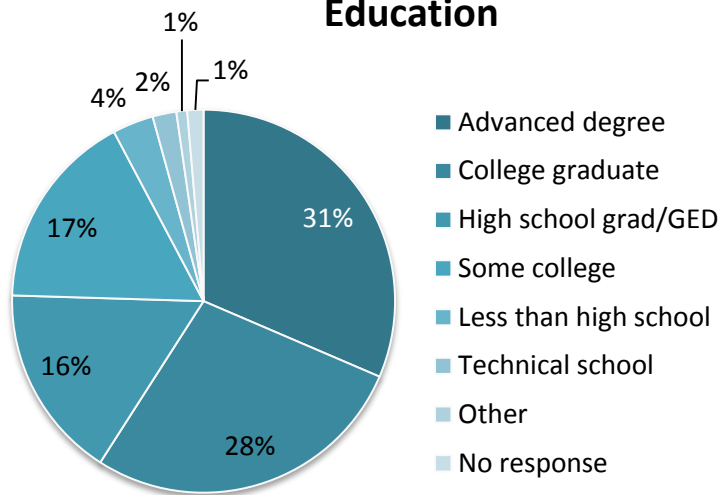
## Primary Language Spoken



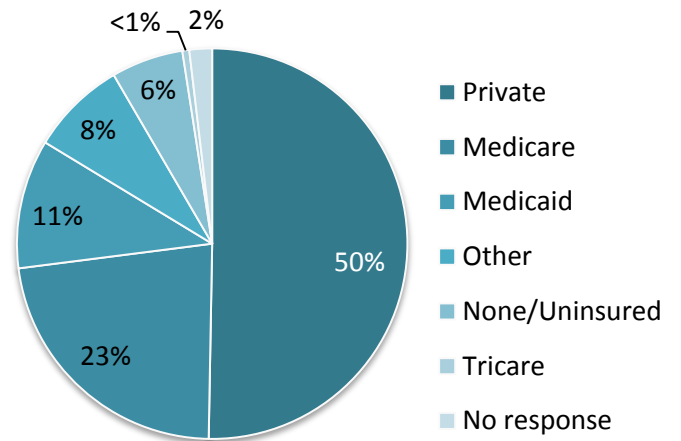
## Employment



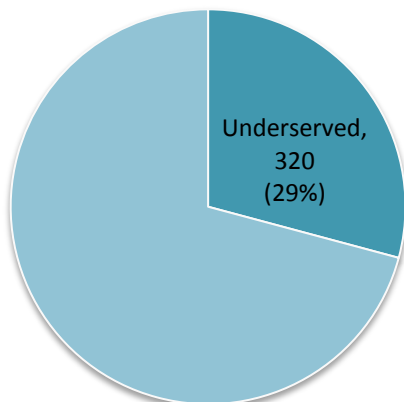
## Education



## Insurance Status



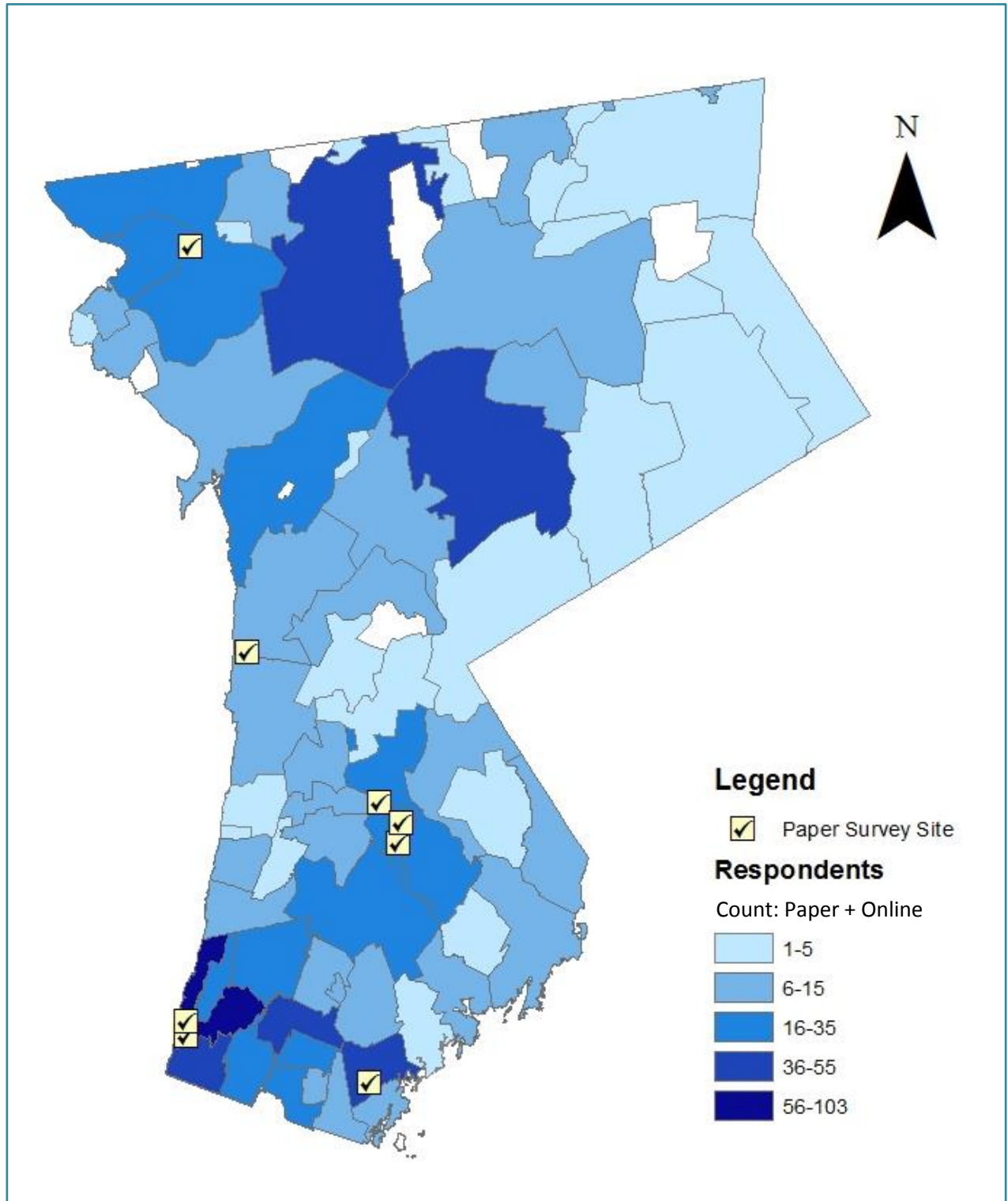
## Underserved Population



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.

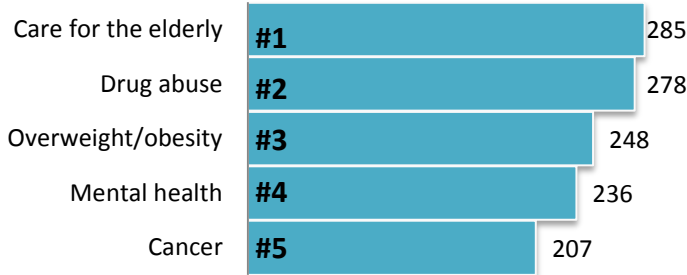
Total Surveys 1097  
(100%)

### Respondents' Self-reported Zip Code of Residence

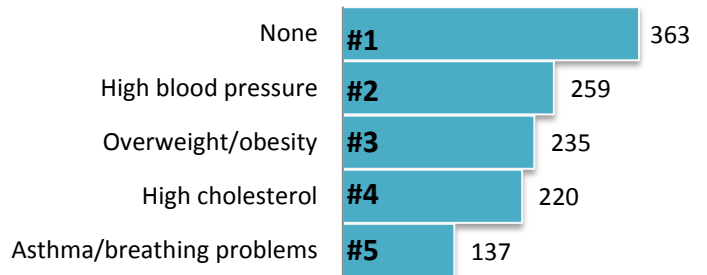


# Community Health Survey Findings

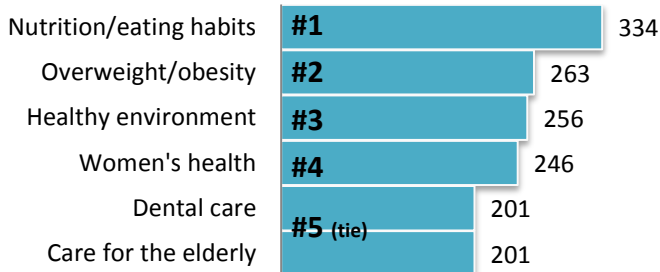
## Top Health Concerns for Community



## Existing Chronic Health Issues



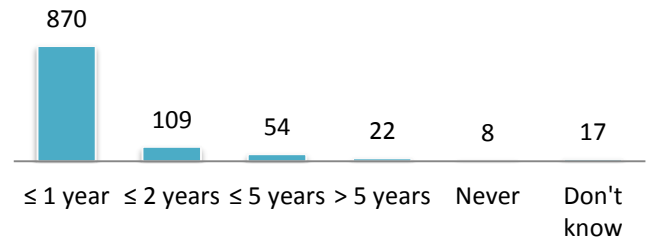
## Top Health Concerns for Self



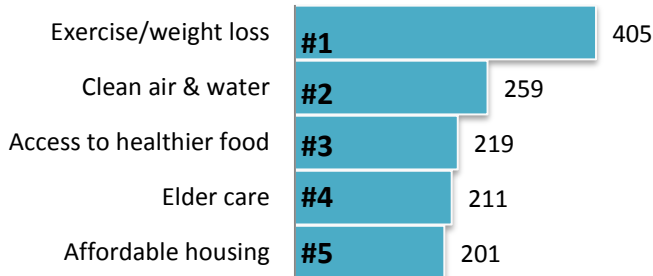
## Have Primary Care Provider



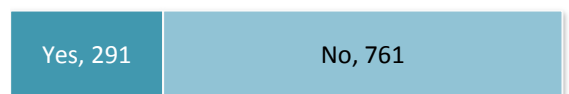
## Time Since Last Dr. Appointment



## Programs Needed to Address Concerns

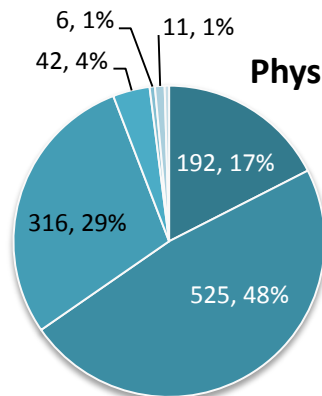


## Emergency Room Use in Past Year

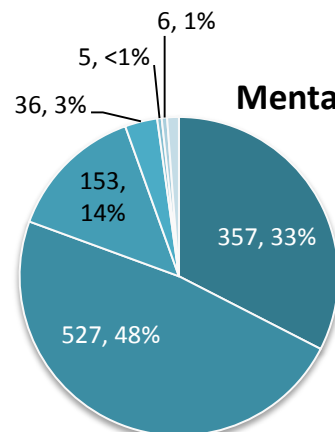


## Perceived Health Status:

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



### Physical Health



### Mental Health

# Community Health Survey Results, Westchester County

| 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          |

# Community Health Survey Results, Westchester County

| <b>Why ER-Use</b>                           | <b>Paper</b> | <b>Online</b> | <b>Total</b> | <b>Underserved</b> |
|---|--------------|---------------|--------------|--------------------|
| 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                 |

| <b>Health concerns of community/opinion</b> | <b>Paper</b> | <b>Online</b> | <b>Total</b> | <b>Underserved</b> |
|---|--------------|---------------|--------------|--------------------|
| 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                 |

| <b>Health concerns of respondent/self</b> | <b>Paper</b> | <b>Online</b> | <b>Total</b> | <b>Underserved</b> |
|---|--------------|---------------|--------------|--------------------|
| 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                 |

| <b>Programs to improve health concerns</b> | <b>Paper</b> | <b>Online</b> | <b>Total</b> | <b>Underserved</b> |
|--|--------------|---------------|--------------|--------------------|
| 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                 |

| <b>Barriers to Care</b>          | <b>Paper</b> | <b>Online</b> | <b>Total</b> | <b>Underserved</b> |
|----------------------------------|--------------|---------------|--------------|--------------------|
| 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                 |

| <b>Health Info Source(s)</b> | <b>Paper</b> | <b>Online</b> | <b>Total</b> | <b>Underserved</b> |
|------------------------------|--------------|---------------|--------------|--------------------|
| 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                  |

|                                     |             |
|-------------------------------------|-------------|
| <b>All Community Health Surveys</b> | <b>1318</b> |
| <b>Westchester County</b>           | <b>1097</b> |
| <b>Underserved population</b>       | <b>320</b>  |

## 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 <sup>1</sup> |                                      | Survey Demographics |       | Westchester Demographics <sup>1</sup> |  |
|---------------------|-------|---------------------------------------|--------------------------------------|---------------------|-------|---------------------------------------|--|
| <b>Gender</b>       |       |                                       | <b>Ethnicity: Hispanic or Latino</b> |                     | 18.9% | 23.7%                                 |  |
| <i>Male</i>         | 20.4% | 48.3%                                 | <b>Race</b>                          |                     |       |                                       |  |
| <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%                                 |  |
| <b>Age Group</b>    |       |                                       | <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%                                 | <b>Primary Language</b>              |                     |       |                                       |  |
| <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%  | -                                     | <b>Not employed</b>                  |                     | 10.9% | 6.9%                                  |  |

<sup>1</sup>US 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**