IV. COMMUNITY HEALTH NEEDS ASSESSMENT

a. Process and Methodology

Our community’s needs were identified and prioritization of those needs was established as part of a county-wide planning process facilitated by the Westchester County Department of Health’s Health Planning Team. SJRH is an active participant in the Health Planning Team. Participating hospitals and health centers helped guide the CHNA process by providing community input into the design of its framework and implementation plan. The public input process encompassed the following primary collaborations: WCDOH’s Healthy Hospital’s Collaborative, Health Planning Team, and Health Summit; Healthy Yonkers Initiative; SJRH Community Advisory Committee, and the maternity and HIV partnerships.

The service area assessed was Westchester County. SJRH, other hospitals and health centers in the county had ongoing collaboration with the WCDOH on review of data, assessment of public health needs and selection of community health improvement projects. The New York State Prevention Agenda 2013-2017 assisted in guiding our collaboration in development of our plan around community health improvement priorities that are consistent with the population health principles embodied in Federal and State health care reform. SJRH utilized data from the following sources:

- WCDOH Planning and Evaluation health data profile of Prevention Agenda Priority Areas, Westchester County, 2013-2017 (Appendix D),
- County Health Rankings – www.countyhealthrankings.org/,
- New York State and Westchester County Community Health Indicator Reports (CHIRS) – www.health.ny.gov/statistics/chac/indicators/

Following review of this data and results from a myriad of community health assessments conducted by SJRH, we prioritized needs and developed a plan.

Over the past year, SJRH has experienced significant public involvement and enthusiasm, as community relationships were fortified and new ones were established with numerous health-related associations. To ensure a broad assessment of our community health needs we engaged a variety of participants including, but not limited to, the community at large through local residents participating in SJRH Speakers Bureau health education programs. We shared health data and sought feedback through the following SJRH groups: Community Advisory Committee, Employee Wellness Committee, Pastoral Care Committee, Radiology Advisory Committee, Physician Alignment Committee, Board of Trustees and our employees. SJRH also gathered information from external sources by conducting public forums at the Cross County Shopping Center in Yonkers, New York and other health sessions held at select locations to address the community that represented the diverse population that we serve. St. John’s Riverside Hospital receives input from the community and patients through periodic patient satisfaction surveys, sent by a third party provider. Patient experience feedback is also captured through traditional compliment and complaint letters received through administration.
The following sections describe methods utilized to involve the public in assessing community health needs:

i. Planning Meetings

SJRH’s public input process, discussion of findings and potential health improvement initiatives, involved the following collaborations: WCDOH’s Health Planning Team and Health Summit (See Appendices E, F and G for a list of health planning team members, meeting dates and Summit stakeholders), WCDOH Healthy Hospital’s Collaborative, Healthy Yonkers Initiative, SJRH Community Advisory Committee, and the maternity and HIV partnerships.

SJRH along with other area hospitals participated in the Westchester County Department of Health’s Healthy Hospitals Collaborative Prevention Agenda Initiative led by the County Commissioner of Health. Sessions gave the opportunity for area hospitals to discuss Prevention Agenda priorities, feedback from their public needs assessments, services provided and gaps in services. We were able to rotate the meetings to participating hospitals’ sites, where we had the opportunity to share community health improvement evidence-based strategies and best practices. Site tours were also provided. Meetings were held on the following dates: March 28, April 25, June 22, and July 27, 2012.

Healthy Yonkers Initiative: HYI holds regular quarterly meetings. Recent meetings include:
- March 21, 2012 at Yonkers City Hall
- June 21, 2012 at the Yonkers Riverfront Library
- September 20, 2012 at St. Joseph’s Medical Center
- December 20, 2012 at St. John’s Riversides Hospital
- June 20, 2013 at the Yonkers Riverfront Library
- September 19, 2013 at the Peter Chema Senior Center
- December 19, 2013 to be held at Sprain Brook Manor Nursing Home.

Each HYI sub-committee reports at the quarterly HYI meetings. The committees are:
- Partnership for the Elderly/Livable Communities Coalition,
- Early Childhood Initiative (ECI),
- Yonkers 55 Plus / Yonkers on the Move,
- Diabetes Initiative,
- Yonkers Public Schools, and the
- Yonkers Community Planning Council.
The meetings feature speakers who present information and facilitate discussions of community needs and resources. Recent speakers included the following representatives:

- Westchester Hispanic Coalition
- American Diabetes Association
- Yonkers Fire Department
- NYS Department of Labor
- Yonkers Police Department
- City of Yonkers
- NYS Attorney General’s Office
- Metropolitan Jewish Health Association
- American Lung Association
- Yonkers YMCA’s new CDC-funded Racial and Ethnic Approaches to Community Health (REACH) project called Yonkers Healthy Connections for L-Y-F-E (Living Your Fullest Everyday).

All other meetings and community events bring the healthcare needs of the community to the forefront of discussion multiple times during the year, and encourage participants to share their opinion on the health of our community and address any gaps in services with their constituents.

Meetings held in June of 2012 and 2013 between SJRH and the Hudson Valley Regional Perinatal Network gave the opportunity for a formal discussion of perinatal needs across the region, services provided, and discussion of barriers or gaps in service.

**HIV/AIDS** — Our multi-faceted HIV needs assessment process included the following activities:

- Yearly consumer satisfaction surveys (and analysis) with follow-up key informant interviews and focus groups on specific items highlighted by consumer input. The last survey was conducted in 2012 and a 2013 survey is in process. Items addressed had to do with client perception of HOPE Center services and potential areas of increased needs. Client participation in 2013 is through a random sample of HOPE’s clients. In previous years this was through a convenience sample.

- Client participation in 6 HOPE Center Performance Improvement (PI) meetings per year. These meetings provide client input into HOPE’s yearly PI plan that was developed in early 2013 and will be re-designed (as required) for 2014. Goals of the PI plan are in congruence with this plan.

- Attend and participate in 10 Ryan White Part A Steering Committee meetings per year (meetings are held monthly). This group includes participation and input from the Tri-County Consumer Advisory Group, Living Together. This group is convened by the Westchester County Department of Health. Clients in this group continue to work to achieve a better understanding of the new reimbursement strategies.

- Ongoing participation in the state and nationally funded ‘in+Care’ quality improvement project including clients, NY State Department of Health and HRSA, HIV/AIDS Bureau. (Monthly)

- Conference calls with HRSA HIV/AIDS Bureau. (Monthly)
• Four meetings with clients regarding the “Getting to Zero” (reduction in community viral load) project. (March, April, May, & December 2013). These meetings are to help clients understand the need for a reduction in the community viral loads and seek client input on ways to reach a lower community viral load. Major input had to do with clients not understanding how their individual viral load would impact the community viral load.

• Presentation on the “Getting to Zero” project to NY State Department of Health’s AIDS Institute’s Quality Improvement Committee. (October 2013)

• Numerous educational events on the Affordable Care Act (ACA) for staff and one to one education of all clients who are now newly eligible to access Medicaid and/or NY State of Health resources. (Educating clients and guiding them through the enrollment process).

• Client participation through Treatment Adherence group (January – March 2013) and Hepatitis C group (every month, 2013). Input is obtained in both groups on client priorities for programming. Clients decided to discontinue Treatment Adherence Group in 2013.

• In 2013, ongoing client participation through the SAMHSA-funded TCE/HIV grant program. This included client satisfaction surveys and an internal evaluation.

ii. Forums

SJRH has partnered with local New York State Assembly member Shelley Mayer to offer open forums to present health information and to discuss how the Affordable Care Act can best be used to support population health needs. The forums are an educational force to make people aware of the health supports available. SJRH and the Assemblywoman co-sponsored a forum at the hospital in June 2013. The session focused on the Affordable Care Act and its impact on community residents. A significant portion of the forum was allotted to discussion of the communities’ health care needs and areas for improvement in health care services.

In October 2013, we collaborated with the Cabrini Immigrant Services in a session to foster non for profit collaboration. In this session participants were able to discuss some of their community health needs and strategies for addressing them. As a result we will have established an open forum with this organization to provide education to the clients that will benefit from our focus on prevention initiatives.

To further enhance our assessment of HIV needs in our area, we collaborated with the Latino/Hispanic Health Equity Initiative. Their organizational goal is to achieve health equity through education, collaboration and action. A regional forum was held in September 2013. This regional forum played a valuable role in engaging partners throughout New York State to address racial and ethnic health related disparities. Members of the Latino/Hispanic community, and their partners discussed and identified key challenges to living healthy and addressing health issues in different regions of New York State. It provided a
forum to learn directly from the Latino/Hispanic community about the issues affecting their health. The forum succeeded in bringing together partners who could collaborate and share existing resources within the Latino/Hispanic community to address issues. The information obtained through open forum discussion among key stakeholders was beneficial in designing our community action plans.

iii. Focus Groups

The SJRH Community Advisory Committee has been very enthusiastic in working with the hospital to better integrate the delivery of care with the health needs of our local community. The group meets quarterly and has one meeting a year devoted to review and analysis of service area demographic and hospital data; discussion of the needs of the community; and identification of community partners. Feedback is solicited in that meeting and over the course of the year. Members are encouraged to share information provided in these sessions with their community groups and businesses.

The SJRH Community Advisory Committee members represent the following: Yonkers Public Schools, Yonkers Parent Teacher Association, Yonkers Historical Society, Yonkers City Emergency Management Services, Yonkers Chamber of Commerce, local attorney, local politician, physician, local business owner, ambulance services, clergy member, neighborhood community center leader, local residents.

In June 2012 and April 2013, the Advisory members reviewed the Prevention Agenda priorities, had open discussion about health concerns within our community and made the following recommendations:

- Provide health information to the public, as broadly as possible, through disseminated information such as handouts, educational programs and health fairs,
- Focus on women and child health issues,
- Work with schools to improve eating habits, reduce obesity, and enhance exercise opportunities,
- Provide preventive health materials to city residents on chronic diseases such as diabetes, asthma, and heart disease,
- Provide education to families and the community in general about mental health/illness and substance abuse,
- In addition to the areas cited, access and affordability was an underlying theme for all areas. Access to health care seems to be primarily limited by lack of insurance and higher deductibles; however, barriers to access can also be transportation, education and cultural norms. Affordability of medications is universally acknowledged as an issue. The burden of local businesses providing health insurance was mentioned. Challenges also include language, customs, lack of diversity in provider groups, the limited understanding of how the current health care system works and the concern about isolation of members of new immigrant groups emerged.
iv. Surveys

A Women’s Health Forum survey was completed in May 2012. The responses of the participants as to what additional health care education is needed was one of the key community inputs to setting the framework for assessing needs and planning educational programs for the community.

A survey of the members of the PTA Council of Yonkers in 2012 provided evidence of a need for parent and teacher education in the areas of health related problems such as obesity, asthma and cystic fibrosis in children.

Over 3,000 community members representing our primary and secondary service areas were identified to participate in an online survey using Survey Monkey, an online survey platform. The link to the survey is on our Facebook and website page. It is being promoted on each nursing unit, on the facility lobby televisions and at hospital-sponsored community events. The web-based survey consisted of ten (10) questions aimed to solicit information about the community’s perception of need about health concerns and access to health services (Appendix H - sample survey). The online survey was conducted between November 2013 and December 2013. Responses to the survey were received from 72 participants as of the date of this report. Responses were tallied by the Public Relations Department and reviewed by the leadership team. Over two-thirds of seventy-two respondents were in the age categories 18-39 and 40-54. The ethnicities of the respondents were (42%) Caucasian, (28%) Hispanic/Latino, (22.5%) Black/African American and (4%) Asian/Pacific Islander. Following diabetes at (60%), respondents ranked obesity (57%), cancer (54%) and high blood pressure/high cholesterol (48.5%), as the four most important health issues facing our community today. According to survey results, (71%) of respondents obtain health information from websites, (63%) consult a physician or nurse, and (28%) receive information from television.

v. Data Gathering

To ensure the most accurate demographic information and community health concerns, data was gathered from numerous sources. In addition to information obtained through forums, focus groups and surveys, data analysis was conducted utilizing national, state and local community health databases.

The type of data used includes demographic, socio-economic, and health care data from a wide range of internal and external sources including:

- US Census Bureau
- Centers for Disease Control (CDC) and Prevention’s Behavioral Risk Factor Surveillance System (BRFSS)
- CDC’s National Center for Chronic Disease Prevention and Health Promotion
b. Process Challenges

The WCDOH Health Planning Team encountered challenges with the selection of priority need areas. A thorough review of data was conducted and the significant needs selected included consideration of priorities that were attainable and that aligned with each agency’s mission and service area. With the diversity and the number of hospitals and health centers in the County, it was quite challenging for the team to select its priorities, especially when for a number of indicators the data revealed that only certain parts of the County were impacted. Health Planning Team members are well positioned to address the selected priority needs as a collaborative effort.

V. COMMUNITY HEALTH NEEDS IDENTIFICATION

a. Needs Prioritization Process and Criteria

Our priorities were selected as part of a countywide planning process facilitated by the Westchester County Department of Health’s Health Planning Team (See Appendix E for list of team members). SJRH is an active participant in the Health Planning Team. The service area assessed was Westchester County. The NYS Prevention Agenda 2013-2017 assisted in guiding our collaboration in development of our plan around community health improvement priorities that are consistent with the population health principles embodied in federal and state health care reform. Following review of this data and results from the myriad of community health assessments conducted by SJRH, we prioritized needs and developed a plan.