



**Oswego Health**

# Community Health Needs Assessment (CHNA)



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Section	Page
Introduction & Objectives	1
Consultant Qualifications	3
Medical Service Area	5
County Demographic Profile	8
Health Resources Inventory	12
Key Stakeholder Interviews	16
Phone Survey with Community Residents	20
Key Community Health Needs	24
Conclusion	29



## Introduction & Objectives

Consultant Qualifications
Medical Service Area
County Demographic Profile
Health Resources Inventory
Key Stakeholder Interviews
Phone Survey with Community Residents
Key Community Health Needs
Conclusion

Oswego Health, located in Oswego, New York, is a broad-based not-for-profit healthcare system serving the majority of Oswego County residents. It offers a wide range of healthcare services and programs. Affiliates of Oswego Health include Oswego Hospital, The Manor at Seneca Hill, a Skilled Nursing Facility, Springside at Seneca Hill, a Retirement Community and Oswego Health Home Care. Oswego Hospital is Oswego County's sole hospital, offering acute medical, emergency, surgical, maternity and behavioral health services. In addition, the health system operates the Fulton and Central Square Medical Centers, which offer urgent care, medical imaging, laboratory and physical therapy services.

In 2012, Oswego Health partnered with the Healthcare Division of Research & Marketing Strategies (RMS Healthcare) to assist the organization with the development of its Community Health Needs Assessment (CHNA.) This CHNA was commissioned to inventory, assess, and prioritize healthcare needs and services within the community. It also complies with the recent federal regulatory statute. The CHNA is designed to enhance Oswego Health's overall strategic plan and aid them in identifying what services are most needed and desired by the community it serves. The ultimate goal is to optimize healthcare delivery and to provide high quality care.

This CHNA fulfills the requirements of new statutes put in place by the Patient Protection and Affordable Care Act (PPACA) that requires non-profit hospitals to conduct CHNAs every three years to remain in compliance. The CHNA utilizes input from members of the community in the form of stakeholders and residents and represent an interest in the Oswego Health Service Area. RMS worked closely with members of the community and the management team of Oswego Health to complete the assessment.

The objectives of the CHNA process were the following:

- ❖ To profile the community in terms of demographic, sociographic, and traditional health-related measures to obtain a clear understanding of the population and its health status served by Oswego Health.
- ❖ To ensure that members of the community are represented in the needs assessment process, including traditionally under-represented and/or vulnerable populations such as the medically underserved, low income, and minority populations, and populations with chronic disease needs.
- ❖ Using the information gathered in the community health needs assessment to identify the health needs of the community and to develop an implementation plan to address those needs.



Introduction & Objectives
<b>Consultant Qualifications</b>
Medical Service Area
County Demographic Profile
Health Resources Inventory
Key Stakeholder Interviews
Phone Survey with Community Residents
Key Community Health Needs
Conclusion

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### Company Profile:

Research & Marketing Strategies, Inc. (RMS) represents over forty years of consulting, market research, and strategic planning experience across a wide spectrum of industry segments. It has dedicated staff with expertise in concentrated fields. Over 60% of RMS's clients are healthcare providers. Located in Baldwinsville, NY, the firm provides a full range of custom-tailored consulting and market research services to its valued clients. RMS works closely with each client to evaluate its business needs and develops the best solutions for high quality, actionable results. RMS offers extensive survey, in-depth interview and focus group research services to obtain patient experience/satisfaction information for its healthcare clients. RMS has a proven track record for exceeding its clients' expectations since its inception in 2002.

The healthcare industry represents a key client segment served by RMS, with a division of the company dedicated to serving the healthcare industry. The firm has a long history working with physician organizations, hospitals, health insurance carriers and healthcare ancillary providers. RMS is an approved CAHPS® survey vendor and works with healthcare system clients in the area of practice transformation and patient-centered medical home initiatives. A number of the RMS staff members began their careers within the healthcare industry.

### CHNA Development Process:

RMS has developed a comprehensive process for assisting hospitals and health care systems with conducting a Community Health Needs Assessment to meet the requirements of the IRS statutes. This process includes the following components, all of which were undertaken by Oswego Health.

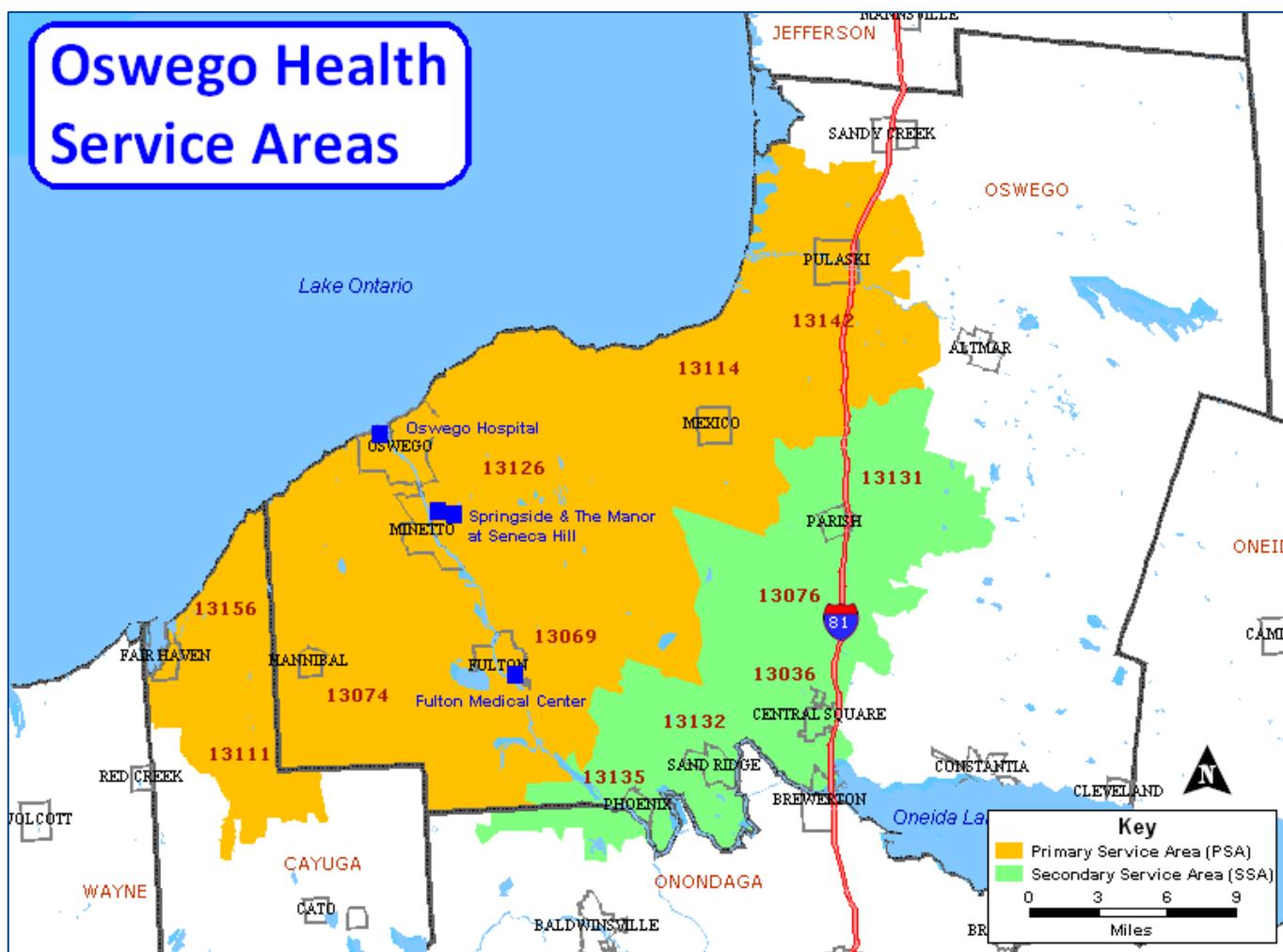
- **Demographic, Sociographic and Health Status Profile of Community**
- **In-Depth Interviews with Community Resources/Representatives**
- **Community-wide survey**
- **Inventory of Health-related Resources in Community**
- **Gap Analysis and Identification of Community Health Needs**
- **Development of Implementation Plan to address Community Health Needs**



Introduction & Objectives
Consultant Qualifications
<b>Medical Service Area</b>
County Demographic Profile
Health Resources Inventory
Key Stakeholder Interviews
Phone Survey with Community Residents
Key Community Health Needs
Conclusion

## Medical Service Area

- ❖ The Oswego Health service area, defined by Oswego Health in terms of the primary and secondary zip codes served by the hospital, incorporate much of Oswego County including the cities of Oswego and Fulton and the villages of Central Square, Mexico, Parish, Phoenix and several others. These communities represent 70% of the total Oswego County population and more than 80% of the hospital's inpatient discharges.
- ❖ The inpatient service area does not include the communities of Oswego County located to the east of Interstate 81, primarily because traffic patterns and roadways make it easier (and faster) for these rural communities to access healthcare off of I-81 either to the south in Syracuse or to the north in Watertown.



List of Service Area Zip Codes

<u>Primary Service Area</u>	<u>Secondary Service Area</u>
13064: Fair Haven	13036: Central Square
13069: Fulton	13076: Hastings
13074: Hannibal	13131: Parish
13093: Lycoming	13132: Pennellville
13107: Maple View	13135: Phoenix
13111: Martville	
13114: Mexico	
13115: Minetto	
13121: New Haven	
13126: Oswego	
13142: Pulaski	
13156: Sterling	



Introduction & Objectives
Consultant Qualifications
Medical Service Area
<b>County Demographic Profile</b>
Health Resources Inventory
Key Stakeholder Interviews
Phone Survey with Community Residents
Key Community Health Needs
Conclusion

- ❖ RMS utilized several industry accepted secondary data resources to gather demographic information about the population within Oswego Health’s service area, including current and projected data from Experian/Applied Geographic Solutions (DemographicsNow.com), data from the American Community Survey conducted by the U.S. Census Bureau, the Oswego County Business Magazine’s annual Business Guide, and the New York State Health Department.
- ❖ RMS obtained population healthcare statistics data from a variety of resources, including the New York State Health Department, Oswego County Health Department, the County Health Rankings and Roadmaps, an annual report conducted by the Robert Wood Johnson Foundation and the University of Wisconsin-Population Health Institute .
- ❖ Because many resources look at health statistics at a county level, rather than smaller geographic segments, the health statistics provided represent data for all of Oswego County rather than just the designated Oswego Health service area (which is slightly smaller than the entire Oswego County, but represents over 70% of the county’s population).
- ❖ Key Demographic Findings:
  - The total population in the Oswego Health service area has remained flat over the past 10 years and is only expected to experience a slight decrease from 2013 to 2018 (<1%). This stable population base is helpful in determining the resources required serve the population over the next several years.
  - The population in the Oswego Health service area is predominantly white, with less than 5% of the population identified as any other race. Blacks are the only other race with more than 1% of the population.
    - The Hispanic ethnicity is expected to increase by 0.2% over the next 5 years within the county, to 2.7% of the population, but there are no other measurable changes in the racial/ethnic makeup of the area anticipated over the next several years.
  - Approximately 16% of the population of Oswego Health’s service area live below the poverty level which indicates a 1% increase compared to census data collected in 2000.
    - Among those living in poverty, 21% of children under the age of 18 are living in poverty.
    - The most likely family unit to be living in poverty are single-mothers with children under the age of 5, where a majority (69%) of those families live in poverty.

## ❖ Key Demographic Findings – Continued

- In 2011 there was approximately 6.2% unemployment in the Oswego Health service area.
- Approximately 87% of the adult population served by Oswego Health has some form of insurance coverage, leaving the remaining 13% uninsured.
- Oswego County residents are found to engage in risky behaviors that impact the overall health of the County.
  - Over two-thirds of Oswego County adults are considered overweight or obese (68%), more than 10% higher than the New York State (NYS) figure of (59%).
  - One out of every four adults smokes cigarettes (25%).
  - Over twenty percent of adults indicate that they binge drink (23%).
- Oswego County’s Suicide Mortality Rate (13.2 per 100,000) is almost twice as high as NYS as a whole (7.2) and significantly greater than NYS excluding New York City (8.6). The rate has been dropping slowly since it reached a peak rate (15.6) in 2007 and when compared to all of the counties in Central New York\* (rate of 9.7), Oswego’s rate is lower.
  - The incidence rate for the County regarding substance abuse/injury/mental health is consistently higher than rates of the larger NYS regions with unintentional injuries, motor vehicle and non-motor vehicle mortality rates all being in the (bottom) 4<sup>th</sup> quartile.
- The lung and bronchus cancer incidence rate is high, at a rate of 89.6 per 100,000 which is significantly higher than both NYS and Upstate NY.
- Cardiovascular disease rates have a higher incidence rate in Oswego County compared to NYS and Upstate NY.
- Oswego County ranks in the 4<sup>th</sup> quartile (bottom) among NYS Counties for hospitalizations associated with diabetes and is higher than the state average for Chronic Lower Respiratory Disease (including COPD).



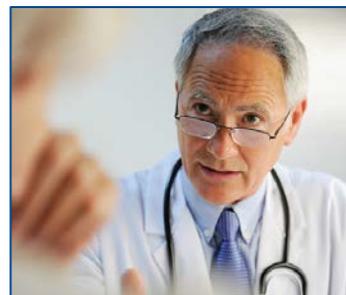
### ❖ Key Demographic Findings – Continued

- The percent of children who have received lead screening tests are far below the percentages of NYS which indicates that children may be at risk for lead poisoning.
  - The percentage of children born in 2008 who received a lead screening at 9-18 months in Oswego County was only 51.6%.
  - The percent of children born in 2008 who received at least 2 lead screening tests by 36 months in Oswego County was only 28.7%, almost half of NYS (54.7%).
  
- According to the Robert Wood Johnson Foundation and the University of Wisconsin’s Population Health Institute annual County Health Rankings, Oswego County has ranked near the bottom (a negative position) of the 62 counties of NYS in terms of factors that impact overall health for the past three years (2011 – 2013).
  - Oswego County has ranked last on the list of counties for the past three years for poor health behavior measures, which includes: adult smoking, adult obesity, physical inactivity, excessive drinking, motor vehicle crash death rate, sexually transmitted infections and teen birth rates.
  - The County has remained consistently in the mid-50s of rankings for social & economic factors such as high school graduation rates, college education, unemployment, children in poverty, inadequate social support, children in single-parent households, and violent crime rates.
  - The County has significantly improved since last year in terms of the physical environment measurements, including” air pollution, access to recreational facilities, access to healthy foods, and fast food consumption.
  
- Oswego County has ranked in the 3<sup>rd</sup> quartile each of the past 3 years in terms of health outcomes as also reported in the County Health Rankings report.
  - Oswego County has seen slight movements up and down from 2011 to 2013 in terms of mortality, measured by the number of premature deaths, ranking 41<sup>st</sup> to as high as 38<sup>th</sup> in the past 3 years.
  - Oswego County has shown improvements in morbidity rates over the same timeframe, going from a ranking of 37<sup>th</sup> in 2011 to 31<sup>st</sup> in 2013. Morbidity measures include poor or fair health status, number of poor physical health days and mental health days, and low birth weight rates.



Introduction & Objectives
Consultant Qualifications
Medical Service Area
County Demographic Profile
<b>Health Resources Inventory</b>
Key Stakeholder Interviews
Phone Survey with Community Residents
Key Community Health Needs
Conclusion

- ❖ RMS utilized several sources (both primary and secondary) to gather information about healthcare resources available within the Oswego Health service area. These sources included Oswego Health provided materials, the Oswego County Department of Health, and other health and service organization resources throughout the service area. A list of community services offered in Oswego County is updated annually by the Oswego City-County Youth Bureau and the United Way of Greater Oswego County. It can be found online on the Oswego County website, titled the [Community Services Directory](#).
- ❖ The need for additional physician resources within Oswego Health's service area was a repeating theme in the primary and secondary research done as part of the other components of the CHNA. RMS and Oswego Health conducted an analysis of the physicians currently practicing in the area to determine whether there is adequate and appropriate medical specialties available to meet the need of the population of the service area.
- ❖ In terms of primary care physicians, it appears that there is adequate supply of PCPs to meet the current and 5-year projected needs of the overall population. Based upon industry standard PCP to patient ratios:
  - There is a deficit of 4 Family Practice physicians to adequately meet the need in the area.
  - There is deficit of 6 Pediatric physicians to adequately meet the need in the area.
  - There is a deficit of 12 Internal Medicine physicians to adequately meet the adult population need in the area. However, when the entire pool of available PCPs is considered, this deficit is clearly compensated for with the surplus of Family Practice physicians.
- ❖ There appears to be a shortage of physicians in several specialty areas, which validates the findings of the primary research (Key Stakeholder Interviews and Phone Survey with Community Residents) done by RMS. Specialties that appear to be underrepresented in the area by at least two FTE providers include:
  - Obstetrics/Gynecology
  - Orthopedic Surgery
  - General Surgery
  - Dermatology
  - Urology
  - Otolaryngology (ENT)
  - Anesthesiology.



- ❖ In addition to the independent work conducted by RMS in terms of the physician inventory, the hospital also conducted a review of its medical staff needs. While the methodologies were similar, because varying sources for need determination were used, there were some variances in the findings. The information in this report is only reflective of the research conducted by RMS. The hospital, conducted its own Medical Staff Development Plan, released in early 2013 and will use both research results in its future efforts of recruiting appropriate medical professionals to the Oswego Health service area.
- ❖ In addition to physician resources, RMS also conducted a review of other healthcare services and resources available to Oswego Health's service area residents that can help maintain and promote healthy living. These services should be viewed as additional tools available to support and contribute to the overall health needs of the community. A robust list of community services offered in Oswego County is the [Community Services Directory](#) published by the Oswego City-County Youth Bureau and the United Way of Greater Oswego County.

## Physician Need in Oswego Health’s Service Area

❖ The inventory of physicians in the Oswego Health service area were compared with various population-based physician requirement models to determine the surplus or deficit of full-time equivalent (FTE) physicians serving the area. The chart below, researched by RMS, is based on the 2016 projected population for the Oswego Health service area.

PRIMARY CARE	FTE Physicians Needed in 2016	Current FTE Physicians	Surplus (Deficit)
General/Family Practice	23	27	(4)
Internal Medicine	27	28	(4)
Pediatrics	13	7	(6)
<b>TOTAL PCPs</b>	<b>63</b>	<b>50</b>	<b>(14)</b>
SPECIALTY CARE			
Allergy & Immunology	1.37		(1.37)
Anesthesiology	5.57	3.5	(2.07)
Cardiology	3.26	2.9	(0.36)
Child Psychiatry	4.13	2.5	(1.63)
Dermatology	2.73	0.5	(2.23)
Emergency Medicine	4.16	11.3	7.14
Endocrinology	0.89	1.5	0.61
Gastroenterology	2.23	2	(0.23)
General Surgery	7.93	4	(3.93)
Hematology/Oncology	2.02	3	0.98
Infectious Diseases	0.73		(0.73)
Neonatology	0.60		(0.60)
Nephrology	0.90		(0.90)
Neurology	1.90	1	(0.90)
Neurosurgery	0.57		(0.57)
Nuclear Medicine	1.83		(1.83)
Obstetrics/Gynecology	11.76	6.4	(5.36)
Ophthalmology	4.08	3.5	(0.58)
Orthopedic Surgery	5.55	1.1	(4.45)
Otolaryngology	3.07	1	(2.07)
Pathology	2.65	1.5	(1.15)
Pediatric Allergy	0.10		(0.10)
Pediatric Cardiology	0.12		(0.12)
Pediatric Endocrinology	0.09		(0.09)
Pediatric Nephrology	0.04		(0.04)
Pediatric Hematology/Oncology	0.18		(0.18)
Physical Medicine & Rehabilitation	1.45		(1.45)
Plastic Surgery	0.80		(0.80)
Psychiatry	7.00	6	(1.00)
Pulmonary Diseases	1.36	0.5	(0.86)
Radiology	6.75	6	(0.75)
Rheumatology	0.73	1.6	0.87
Thoracic Surgery	0.32		(0.32)
Urology	3.09	1	(2.09)
<b>TOTAL Specialists</b>	<b>89.95</b>	<b>60.8</b>	<b>-29.15</b>



Introduction & Objectives
Consultant Qualifications
Medical Service Area
County Demographic Profile
Health Resources Inventory
<b>Key Stakeholder Interviews</b>
Phone Survey with Community Residents
Key Community Health Needs
Conclusion

- ❖ Oswego Health compiled a list of approximately 30 community leader stakeholders in the Oswego Health service area as a pool from which to conduct ten to twelve in-depth interviews (IDIs), focusing on identifying community need. This list was tiered in level of applicability using a Top 10 and Top 20 priority system. RMS consulted with Oswego Health to send an email to all participants to make them aware of the CHNA and how important their participation was in a community needs identification interview. RMS **interviewed a total of 11 IDIs with community stakeholders**. Each interview lasted approximately 20 to 30 minutes. The fieldwork for the IDIs lasted from **Friday August 3<sup>rd</sup> through Thursday, August 9<sup>th</sup>, 2012**

## Themes Identified from Key Stakeholder Interviews

1

**Theme 1: The Oswego Health service area and its healthcare services are viewed as adequate and improving.** Most stakeholders believe availability of healthcare services is on par or slightly worse than other comparable surrounding areas (outside of Onondaga County.) Virtually all stakeholders reported that healthcare offerings have improved in the Oswego Health service area in the past five years. Using a 1 to 10 scale, stakeholders were asked to rate the availability of healthcare services for residents in the Oswego Health service area – in which the average rating equaled 7.5.



2

**Theme 2: Stakeholders believe residents travel outside of the area for perceived better quality of care or a higher intensity level of care. Some residents also leave the area for specific specialties which are limited or not found in the service area.** Stakeholders were most likely to report that primary care offerings and emergency care were the two strongest service offerings in the Oswego Health service area. However, participants reported that the area was limited with regards to orthopedic care, dental care, ENT (ear, nose, and throat), behavioral and mental health, EMT or EMS services, cardiac surgeries and other forms of surgeries and/or advanced care. Therefore residents traveled outside of the county to access healthcare due to the limited availability or because other areas offered what is perceived to be better quality/more advanced care (e.g., Syracuse hospitals). Some stakeholders reported the Oswego Health service area performing very strong with basic level care, but it fell short with more sophisticated/specialized care.

## Themes Identified from Key Stakeholder Interviews - Continued

**3** **Theme 3: Improving primary care and basic healthcare services as well as health and wellness are the two major priorities among stakeholders with regards to the priorities of the CHNA.** When asked what the priority outcome of the Community Health Needs Assessment (CHNA) should be, stakeholders most commonly mentioned the community need to improve basic/primary care and the overall health of residents on a larger scale. It was suggested that more rigor be applied to wellness programs and increasing the physical activity of residents. It was recommended by some that this initiative also be coupled with smoking/tobacco cessation efforts. These types of health and wellness activities were most commonly mentioned as priorities by stakeholders in this component of the primary market research.



**4** **Theme 4: Stakeholders reported a number of sub-populations that are underserved in the Oswego Health service area.** These underserved populations (as reported by participants) include the indigent, the elderly, the uninsured, the obese, rural, religious populations, and children. Efforts can be made to increase the healthcare service access to these population segments using creative approaches.

Introduction & Objectives

Consultant Qualifications

Medical Service Area

County Demographic Profile

Health Resources Inventory

Key Stakeholder Interviews



## Phone Survey with Community Residents

Key Community Health Needs

Conclusion

- ❖ RMS completed a telephone survey among a random sample of community residents within the Oswego Health service area. RMS customized a telephone survey script containing 32 questions focusing on the residents' perceptions of the availability of healthcare services offered within the community.
- ❖ RMS purchased both resident landline telephone sample and cell phone sample to reach respondents. The survey took approximately 15 minutes to complete. **A total of 402 responses were collected for this market research.** This response rate provided a sampling with a low margin of error ( 4.88%), ensuring a high degree of statistical reliability for the survey findings.
- ❖ Respondents were screened to ensure:
  - They were the primary decision-maker (or shared responsibility) for healthcare decisions in their household;
  - They were not nor anyone in their household was employed by an applicable industry;
  - They were over the age of 18;
  - They lived in the area for at least 1 year;
  - They were familiar with the local healthcare and hospitals in the area; and
  - They lived in a ZIP Code from the primary service area (PSA).

### Themes Identified from Community Residents

#### **Theme 1: Primary care as a service and primary care doctors have a large influence within the Oswego Health service area.**

**1** Virtually all respondents (95%) mentioned their household used a primary care physician for routine care, up from 91% in 2010. Two-thirds of respondents use their doctor or nurse as source of information for health-related information, including 55% who stated these individuals were their main source. Over two-thirds (67%) have used a doctor's office in the past few years when they needed medical attention. The data supports the influence that primary care physicians have on residents of the Oswego Health service area. Based upon feedback from the in-depth interviews with stakeholders and survey results, some PCPs consistently refer patients outside of Oswego County for care.



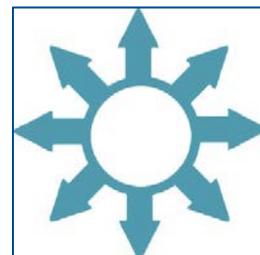
## Themes Identified from Community Residents – Continued



2

**Theme 2: Younger respondents in the Oswego Health service area are significantly more likely to rate area healthcare as poor with regards to access and quality.** This was a consistent theme throughout the report. Younger respondents (those aged 44 and younger) consistently rated access to care and quality of care in the Oswego Health service area poorer than their older counterparts.

**Theme 3: The majority of residents in the Oswego Health service area are in need of specialty care and are leaving the region for it due to lack of access.** Over half (57%) of all respondents in the Oswego Health service area reported their household requires the ongoing care of a specialist. In addition, 26% of respondents stated they are not always able to access healthcare services when needed. Reasons for traveling outside of the county for services revolve around lack of available specialties in the area and no appointment availability among current providers.



Residents have an expectation that there would be a greater number and breadth of specialty care providers within the local area. In the aided list of services tested, 'educational and training opportunities for healthy lifestyles' and 'specialty services' were the bottom two ranked services in terms of availability in the service area. Unaided services listed as not available in the Oswego Health service area include dermatology, cardiac care, oncology, and orthopedics. All four of those services were listed by at least 4% of respondents.

3

## Themes Identified from Community Residents – Continued



4

**Theme 4: According to Oswego Health service area residents, the area has a strong availability of emergency care, urgent care, and hospital services.** ‘Emergency’ and ‘urgent’ care were both referenced top-of-mind as services with strong availability in the Oswego Health service area. Among the aided services tested in the market research, 14 of 20 fell below the 50<sup>th</sup> percentile in terms of availability in the area. The only services which scored above the 50% percentile in terms of availability in the aided series were ‘vaccinations for children’, ‘dental care’, ‘care for pregnant women’, ‘urgent and emergency care’, ‘healthcare for seniors’, and ‘diabetes care’.

**Theme 5: The awareness of Oswego Hospital in the service area is extremely high and increasing, however, the perception of Oswego Hospital is “average” at best.** Over half of all respondents mentioned Oswego Hospital first top-of-mind when probed on area hospitals. In total, Oswego Hospital ranked first in unaided awareness of hospitals and tied for first in overall awareness (at 99%) with St. Joseph’s Hospital Health Center and Upstate. With regards to satisfaction, 28% of respondents rated the overall quality of Oswego Hospital as ‘excellent’ or ‘very good’ compared to 39% who rated it ‘fair’ or ‘poor’. The mean score for this factor dropped from 2010. The perception of quality at Oswego Hospital is particularly poor with younger respondents and those with children.

5



Introduction & Objectives
Consultant Qualifications
Medical Service Area
County Demographic Profile
Health Resources Inventory
Key Stakeholder Interviews
Phone Survey with Community Residents
<b>Key Community Health Needs</b>
Conclusion



Based on the findings obtained from the research regarding community healthcare, RMS and the Oswego Health management team identified five health needs that are currently affecting the community served by Oswego Health. These five needs are:

- **Improve access of specialty care providers** to adequately care for the current and projected population of the Oswego Health service area;
- **Decrease the incidence of tobacco use** in the Oswego Health Service Area (25% of the population) and therefore reduce those impacted by the health issues it causes for users and the community-at-large;
- Address the continuing need to provide **ongoing management of health issues for residents with chronic health conditions**, such as diabetes, COPD, and CHF;
- **Reduce the prevalence of risky behaviors and encourage healthy lifestyles**, including the importance of physical activity and nutrition in the Oswego Health service area; and
- **Promote mental health and focus on preventing substance abuse and suicide** including services for emotional and behavioral health and disorders, as well as the prevention of substance abuse and suicide.

All of the needs identified in the Community Health Needs Assessment have been identified by Oswego Health in the past and incorporated into either past or current annual [Community Service Plans](#), which is a requirement of New York State. The CHNA process proved a reinforcement and validation of the issues facing the community and strengthened the resolve of Oswego Health to address these needs.

While Oswego Health believes all of these needs are important in the community, it reviewed the needs and conducted a gap analysis to determine where the hospital's resources and efforts could be best focused to make an impact on the community needs. The hospital determined that the two needs it will focus its efforts on over the next 3 years are: (1) the ongoing management of chronic health conditions; and (2) promotion of mental health and prevention of substance abuse and suicide. The needs identified for this implementation plan are consistent with the Oswego Health Strategic Plan and the Community Service Plan, which was submitted to the New York Department of Health in November.

The other needs identified by the CHNA are issues that Oswego Health feels are currently being addressed by other county resources, are ongoing initiatives that Oswego Health is continuously working on, and/or will be focused on in future years by Oswego Health.

### Improve access of specialty care providers

- ❖ Both the secondary research (Health Resources Inventory) and the primary research (Key Stakeholders Interviews and Phone Survey with Community Residents) identified *access to more specialty care providers* as a need within the Oswego Health service area. Many residents currently leave the service area to access specialty care services in neighboring communities, sometimes nearly an hour's drive time for residents.
- ❖ In 2011, Oswego Hospital renewed its active medical staff and during that year and 2012, successfully recruited 17 new physicians that represent needed specialties within the community. Some specialties impacted by the recruiting success include: orthopedics, general surgery, internists, family practice, psychiatry. Oswego Health will continue to focus its efforts on recruiting specialists to the area to serve the community.
- ❖ At this time, Oswego Health feels that appropriate efforts are under way to recruit additional specialists to the community. The availability of specialists in the Central New York region are meeting the needs of the community.

### Decrease the incidence of tobacco use

- ❖ The secondary research conducted by RMS (County Demographic Profile) clearly indicates that use of tobacco is high among Oswego County residents (1 in 4 adults) and the county also has high incidences of diseases typically caused by tobacco use, such as lung cancer, COPD, and cardiovascular disease. Key stakeholders identified the need to address this issue in their interviews regarding the health status of the county residents.
- ❖ Oswego Health offers a cessation program through its website. Individuals taking part are asked to confidentially provide their contact information, so one of Oswego Health's certified smoking cessation counselors can call to offer additional support. Oswego Hospital counsels 100 percent of its patients who admit they smoke upon hospital admission. The hospital participates in the "Fax To Quit Program," which offers cessation support to smokers following hospital discharge. Oswego Health has been successful in making all of its facilities smoke free. These and other initiatives will continue to be part of Oswego Health's efforts to reduce community residents' tobacco use.

### **Ongoing management of health issues for residents with chronic health conditions**

- ❖ The secondary research conducted by RMS (County Demographic Profile) shows high incidence rates of chronic diseases such as diabetes, COPD, and CHF. Lack of management services, education, etc., for chronic conditions was also identified in the Phone Survey with Community Residents.
- ❖ Oswego Health currently has several programs and services in place to address the needs of residents with chronic diseases. The hospital continues to work with other community organizations and agencies to address the needs of the chronically ill. Efforts to build awareness among providers and the population at large will be made regarding the resources available to those with chronic diseases.
- ❖ Oswego Health feels that this need is a priority in the community and has established several objectives towards improving the health status of those within in community living with chronic diseases such as diabetes, COPD and CHF.

### **Reduce the prevalence of risky behaviors and encourage healthy lifestyles**

- ❖ Both the primary research (Key Stakeholders Interviews) and the secondary research conducted by RMS (County Demographic Profile) identify the need to reduce the risky behavior of community residents and raise awareness of the importance of healthy living, including physical activity and nutrition.
- ❖ Oswego Health has partnered with local school districts to educate young residents of the importance of healthy lifestyles, as well as offering wellness programs and education to its own employees. Oswego Health will continue to grow these programs and look for other initiatives and collaborations to promote healthy living among Oswego County residents.

### **Promote mental health and focus on preventing substance abuse and suicide**

- ❖ Both primary research (Key Stakeholders Interviews) and the secondary research conducted by RMS (County Demographic Profile) identify the need to promote mental health and prevent substance abuse in the community. Secondary research shows that the suicide rate in Oswego County is twice as high as New York State.
- ❖ Oswego Health currently has a variety of behavioral health services located throughout its service area that specialize in both adult and pediatric patients. Efforts to increase its program offerings and awareness of services have begun but will be dependent on resources available to the organization.
- ❖ Oswego Health feels that this need is a priority in the community and has established several objectives towards improving the access to mental health services and the prevention of substance abuse and suicide.

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Health Resources Inventory
Key Stakeholder Interviews
Phone Survey with Community Residents
Key Community Health Needs



## Conclusion

Oswego Health is committed to improving the overall health and wellness of the community it serves. The Mission of Oswego Health is *“to provide accessible, quality care and improve the health of residents in our community.”* Towards that end, Oswego Health has conducted this Community Health Needs Assessment to identify the primary health needs within the community it serves. Having identified these needs, a confirmation of actions already undertaken by the health system, Oswego Health has developed an implementation plan to work within the community to address the two needs it has determined it has the best resources and opportunities to make an impact on in the near term.

Oswego Health intends to continue to collaborate with community partners to optimize healthcare delivery for Oswego County residents. Implementing effective goals and strategies to address the needs around management of chronic health conditions and mental health issues identified in the CHNA are a top priority for the health system in the immediate future. As progress is made and needs change, Oswego Health will evaluate this need, adjust goals and implement strategies to continue to meet these community needs.

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