

Findings from 2011 Community Health Needs Assessment Forums:  
Syracuse, New York

**January, 2012**

**INTRODUCTION**

Title IX of the Patient Protection and Affordable Care Act of 2010 requires charitable hospitals to meet certain provisions related to community benefit in order to maintain their tax-exempt status. Among those requirements is that every three years they are to conduct a community health needs assessment (CHNA) that includes community and public health input. Local health departments in New York State are required to conduct periodic community health assessments (CHA) in order to ensure that their programming remains consistent with community needs. These two community planning processes run parallel and have similar attributes.

The Central New York Masters in Public Health Program, run jointly by the State University of New York Upstate Medical Center and Syracuse University, initiated a process of community engagement that can support the hospital's CHNA and the Onondaga County Health Department's CHA. Students in the program's Public Health Administration course coordinated and facilitated five forums convened in October and November 2011 and analyzed data collected during those forums as their semester's project. The Lerner Center for Public Health Promotion at the Maxwell School for Citizenship and Public Affairs at Syracuse University provided logistical support and assistance with recruiting forum participants in collaboration with the Onondaga County Advisory Board of Health, the Syracuse City Schools, and Say YES to Education. The forums were held at the Central New York Community Foundation Philanthropy Center; the school-focused forum was held at the Say Yes to Education offices. Altogether, 92 people participated in the forums.

**APPROACH**

The forums were conducted using a small-table format that included five to seven participants per table as well as two students from the public health administration course – a facilitator and a scribe (for transcribing ideas onto newsprint). Each table, regardless of the type of representatives present, was presented with a common set of core questions/topics. These consisted of an exercise in composing a picture of an ideal community; describing that community succinctly in narrative form; identifying strengths and weaknesses of the current public health situation in our community; issues needing attention in the domains of the public health system and the health status of individuals; and, based upon what they had identified in previous portions of the session, recommendations for local public health priorities. Each session was designed to last two hours.

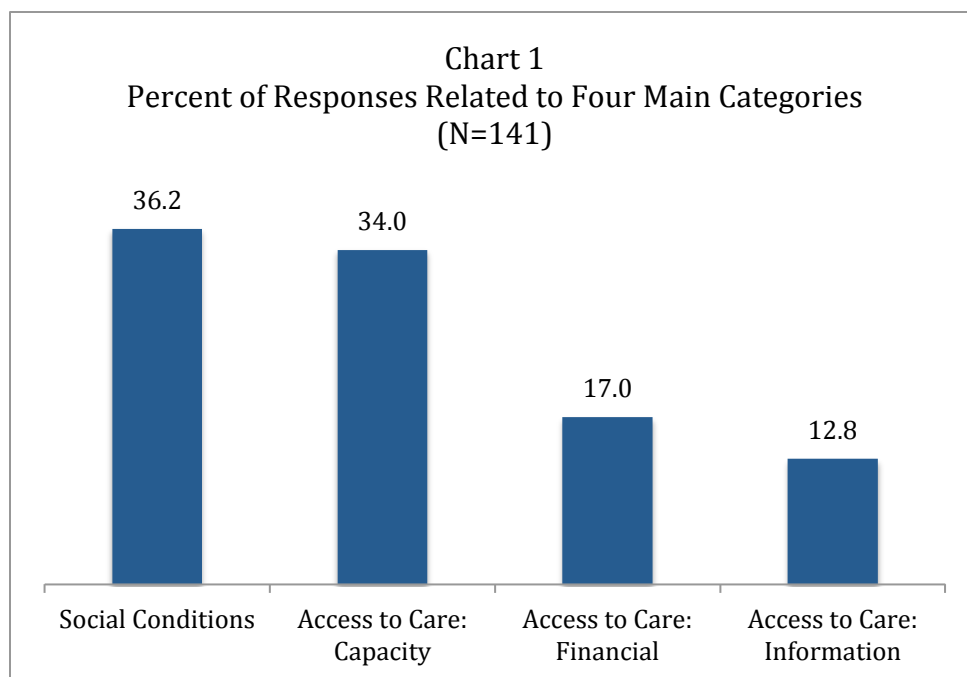
The data used for the analysis presented in this report consist of responses given during the portion of the sessions devoted to identifying issues needing attention in the domains of the public health system and the health status of individuals. The analysis process, carried out by an independent researcher assigned to the project as well as public health experts from the Lerner Center, consisted of thematically coding the responses inductively into categories that are consistent with dimensions targeted by the public health field.

The following presentation of findings is divided into those representing system-level needs and those representing health status issues. The report’s final section attempts to draw conclusions regarding public health priorities for the next three years.

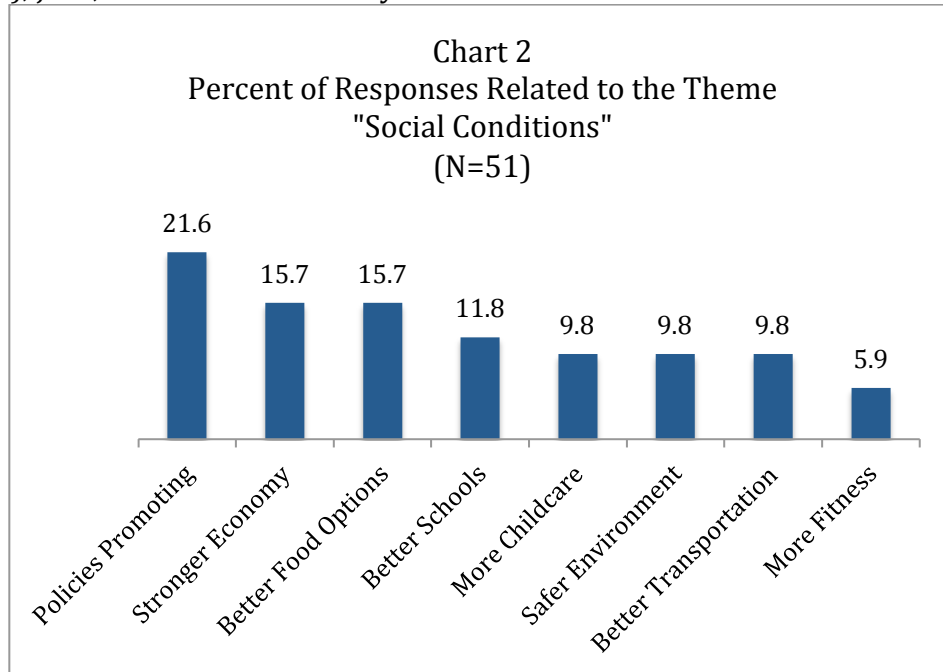
## FINDINGS

### System-Level Issues

Chart 1 shows the distribution of responses among the four main categories that emerged from the data regarding system-level issues. Social conditions generally consists of responses in which people indicated that public health priorities should target community-level factors that are not directly related to the delivery of health, such as the economy, the school system, the public transportation system, and policies affecting safety. The remaining responses generally can be categorized as relating to the public health system’s capacity to provide needed care, the difficulties many people have in accessing healthcare either due to problems with the availability of affordable health insurance or in obtaining clear, useful, and unbiased information about healthcare.



Based upon the number of responses that comprise the “social conditions” category (see Chart 2), forum participants apparently are concerned that the City and County are not favorable locations in which healthcare and health can thrive. Over half of the responses in this category indicate needs for stronger policies regarding safety (especially crime prevention), jobs, and access to healthy food.



Charts 3, 4, and 5 present the distribution of responses within each of the “Access to Care” categories shown in Chart 1. Chart 3 shows that most (77%) of the responses are related to the healthcare system’s inability to accommodate consumers’ healthcare needs, particularly primary and mental health care. Forum participants placed relatively little emphasis on dental care and options for eldercare.

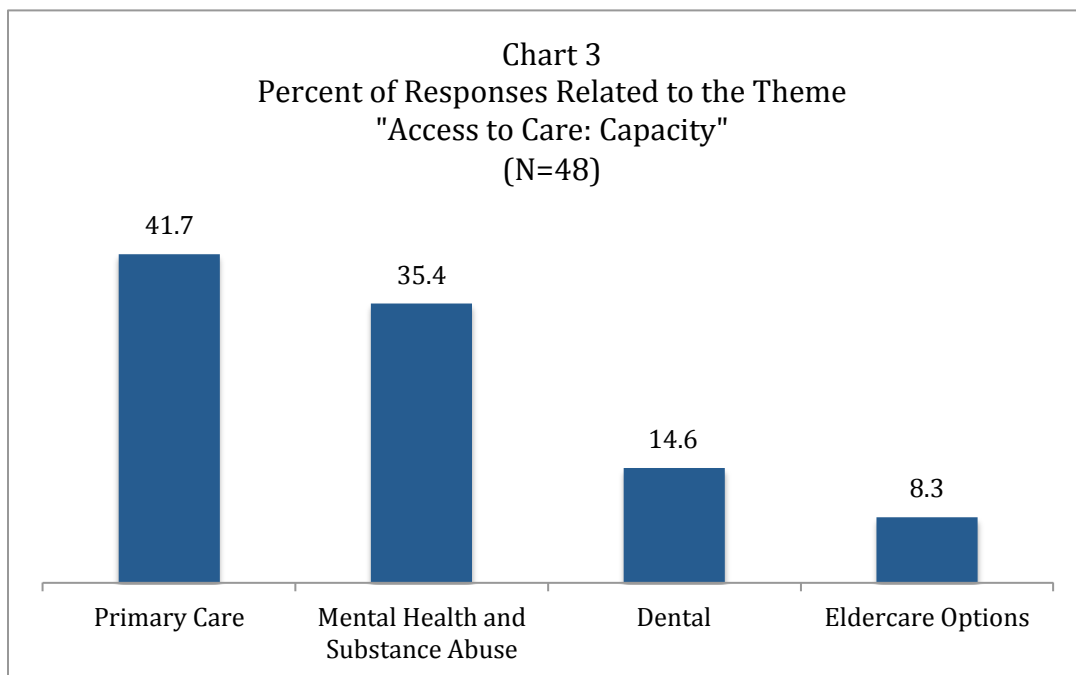


Chart 4 shows that between the private insurance market and public coverage (largely Medicaid), it is the private market that caused the most concern to forum participants. Individual responses in the “private” category primarily focused on coverage and cost while those in the “public” category mainly focused on a lack of providers that accept Medicaid.

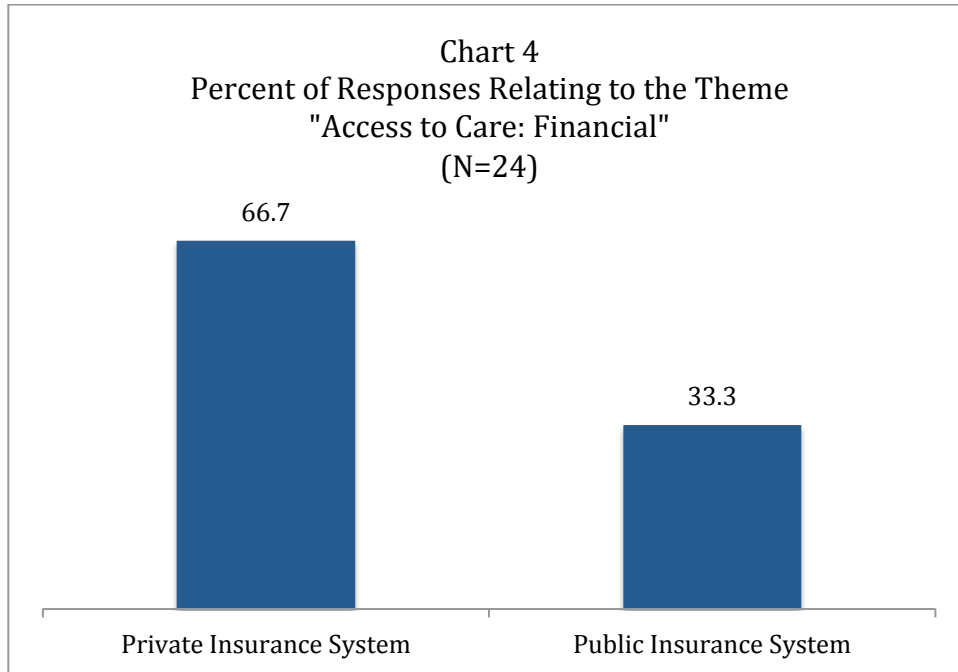
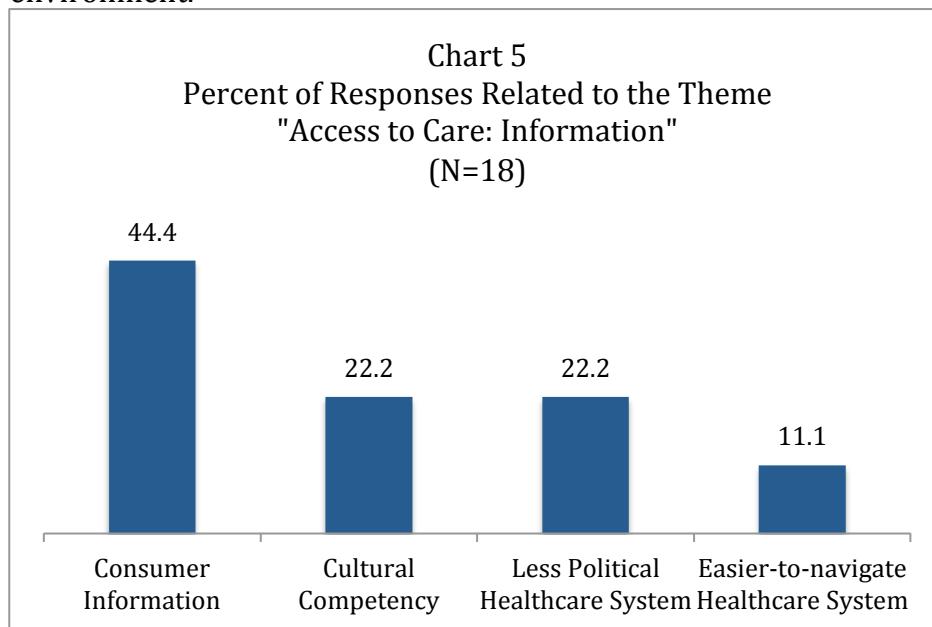


Chart 5 shows that forum participants who mentioned problems with obtaining information about healthcare were mostly concerned about a general lack of consumer information. They mentioned “information overload,” a lack of communication about healthcare opportunities such as free screenings, and a general lack of consumer education. “Political” responses included mentions of public officials’ lack of knowledge about local health concerns, politics’ driving of healthcare decisions, and difficulties posed by the state regulatory environment.



## Health Status Issues

Chart 6 presents the distribution of responses across four general categories impacting health status. Over half of the responses are captured in the “chronic disease,” “mental health and substance abuse,” and “physical activity and nutrition” categories.

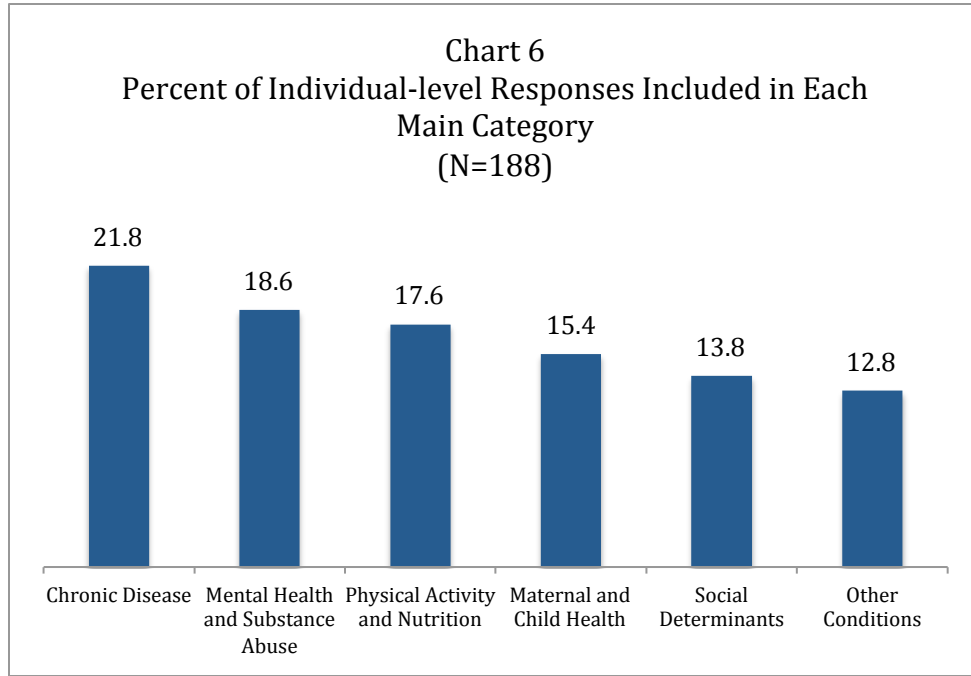


Chart 7 shows that the forum participants identified the need for prevention and treatment of chronic disease to be of importance to the local community. They particularly mentioned asthma as needing attention.

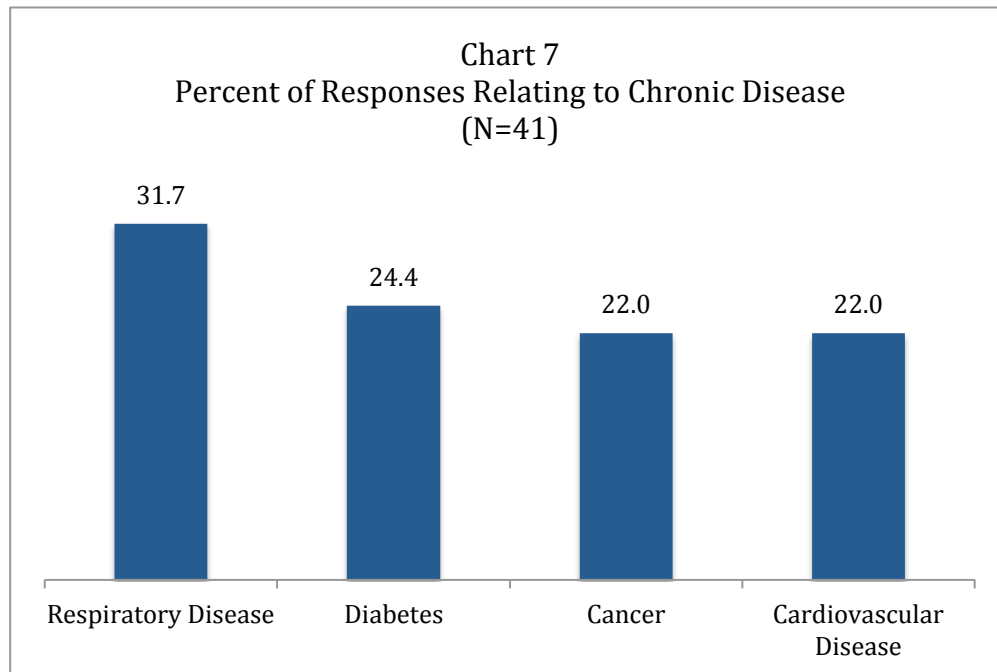


Chart 8 shows that forum participants identified obesity as the status in this category that is most in need of attention. They also are concerned about hunger and poor nutrition among people of all ages. The “accessibility” category consists of responses in which people identified difficulties people have in getting good food and exercise.

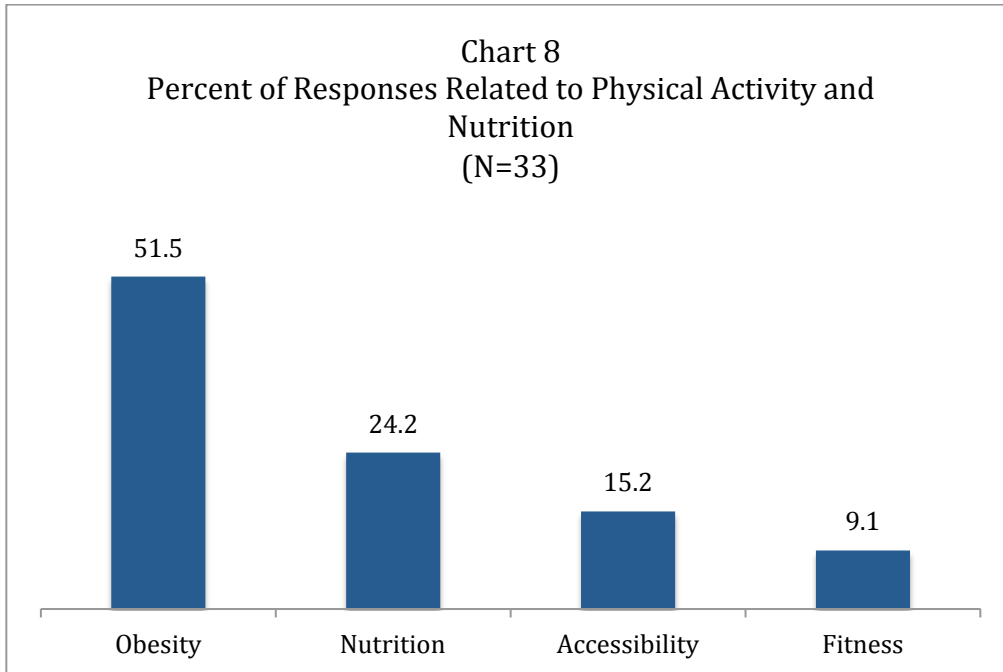


Chart 9 shows that participants regard mental health for both children and adults as important issues. Substance abuse, including prescription drugs and smoking are also seen as problems.

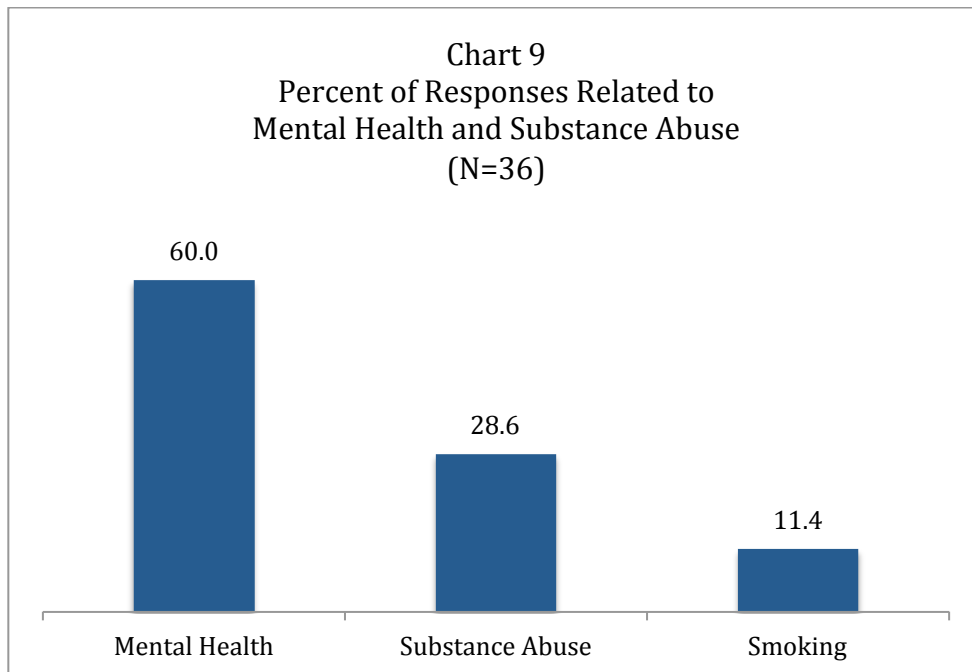


Chart 10 shows that almost all of the responses in the maternal and child health category consisted of infancy-related problems. Mentions of infant mortality and low birth weight predominated within this category.

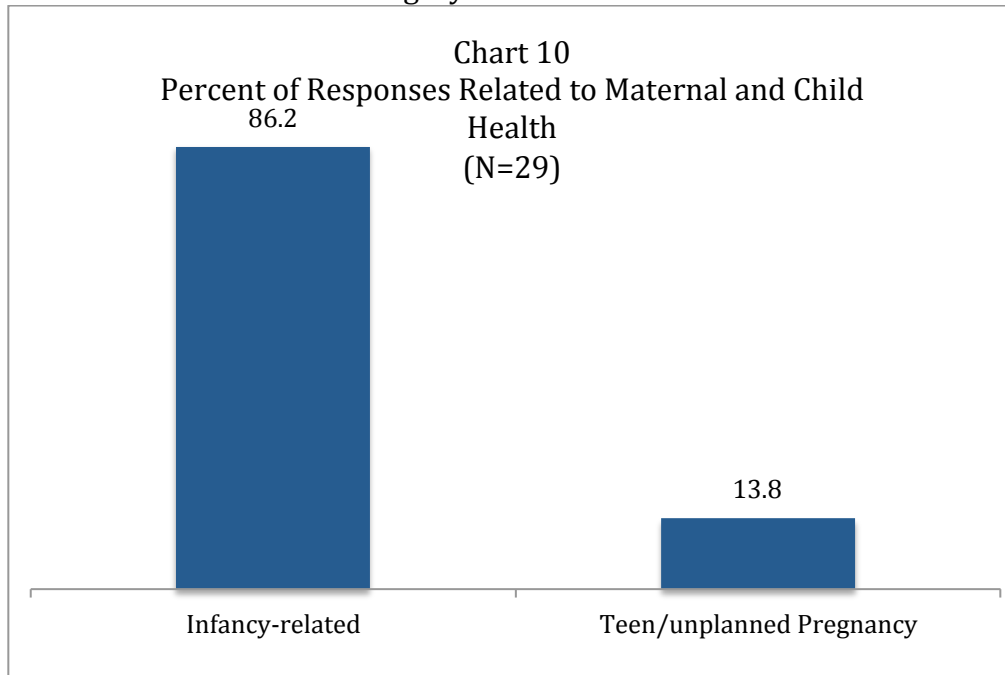


Chart 11 presents information about the distribution of other conditions that arose during the sessions. “Other” conditions mainly include infectious diseases (especially STDs), injuries (especially falls among elderly people), and general oral health. “Other” conditions within this overall category that were mentioned by forum participants were diseases of the eye, seasonal affective disorder, and allergies.

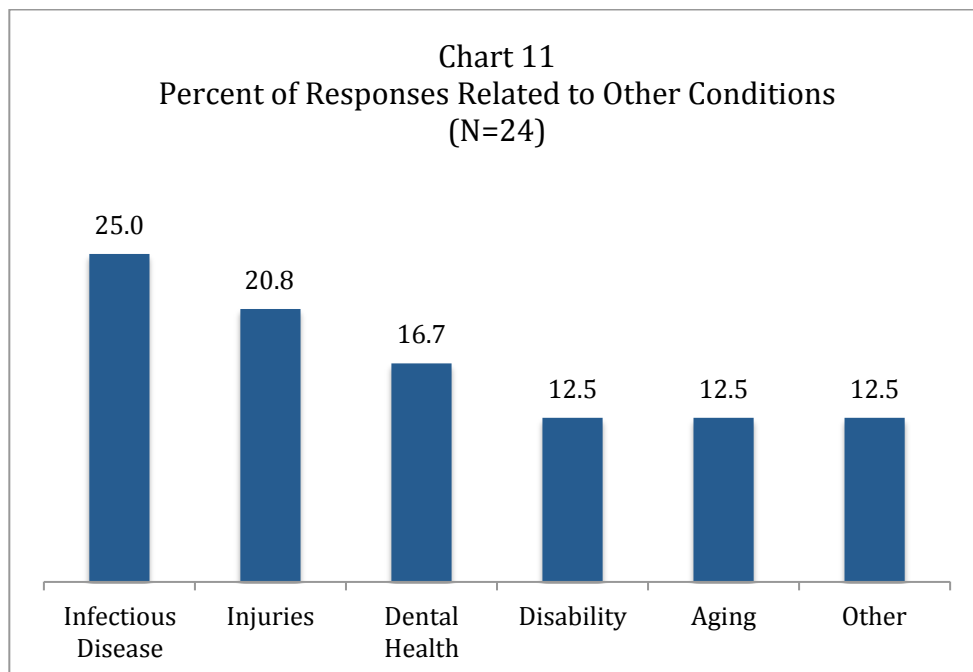
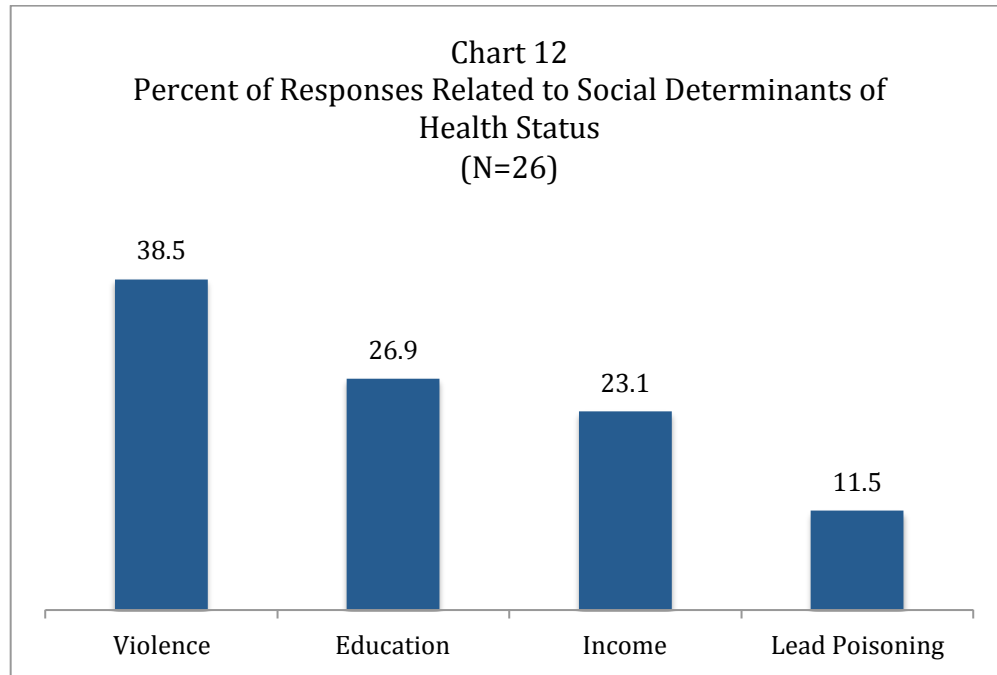


Chart 12 presents findings regarding social factors that are connected to health status. Most responses related to violence mentioned crime or domestic violence, including child abuse; most responses in the “education” category mentioned either the cost of education or low rates of achievement; all of the responses in the “income category” either mentioned the cost of health insurance or poverty; and lead poisoning was mentioned by three people.



### Overall Assessment of Public Health Issues

When the health system and health status issues are considered together, social conditions is the set of factors that are most frequently cited as impacting overall health of the community. These social issues are wide ranging and clearly demonstrate the enormous effect of social and environmental conditions on health. Interventions to address these issues are also broad and would include economic development and expansion of educational opportunities.

Access to health care is also a dominant theme. Access is defined broadly and includes financial access and capacity as well as the degree to which consumers are a partner in their health care. In particular, access to primary care and mental health care were identified as problematic.

Health status was also negatively impacted by a number of variables including physical activity and nutrition which drives, in large measure, chronic disease, another area of concern frequently cited. Other health concerns relate to mental health and substance abuse as well as maternal and child health, problems exacerbated by limited access to care and poor social conditions.





# LERNER CENTER FOR PUBLIC HEALTH PROMOTION

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Community Health Needs Forums facilitated by thirty-five Master of Public Health Students  
at the Central New York Master of Public Health Program,  
a joint degree between SUNY Upstate and Syracuse University.  
[upstate.edu/cnymph](http://upstate.edu/cnymph)

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