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1. **Identify County/Counties or service area covered in this assessment and plan**

This New York State 2016 Community Health Assessment and Improvement Plan and Community Service Plan are covering Westchester County, one of the centrally located counties within the New York City metropolitan area situated in the Hudson Valley with a population of about one million people.

2. **Participating Local Health Department(s) (LHDs) and contact Information**

The Westchester County Department of Health is the participating Local Health Department for the region. For this report, the contact is:

Westchester County Department of Health  
Acting Deputy Commissioner for Administration  
10 County Center Road, 2nd Floor  
White Plains, NY 10607-1541  
Attention: Renee Recchia

3. **Participating Hospital/Hospital System(s) and contact information**

The participating hospital in Montefiore Health System is Burke Rehabilitation Hospital. The contact for information that pertains to this report is:

Burke Rehabilitation Hospital  
Marketing Department  
785 Mamaroneck Ave.  
White Plains, NY 10605  
Attention: Richard Sgaglio, Ph.D.

Montefiore Health System  
Office of Community and Population Health  
3514 DeKalb Avenue  
Bronx, NY 10467  
Attention: Nicole Harris-Hollingsworth, EdD

4. **Name of coalition/entity, if any, completing assessment and plan on behalf of participating counties/hospitals.**

This is not applicable for this submission.
Executive Summary

This report covers the Community Service Plan for Burke Rehabilitation Hospital, an acute rehabilitation hospital in Westchester County, New York. Burke is a 150-bed, not-for-profit, acute rehabilitation hospital located in White Plains, New York. Founded in 1915 through an endowment from philanthropist John Masterson Burke, it is the only hospital in Westchester County dedicated solely to adult rehabilitation medicine. Burke offers both inpatient and outpatient programs for those who have experienced a disabling illness, traumatic injury or surgery. Burke treats diagnoses such as stroke, spinal cord injury, traumatic brain injury, orthopedic surgery, cardiopulmonary diseases and other neurological conditions.

Burke serves patients from Westchester and the metropolitan New York area, as well as the Eastern United States and around the world. The hospital’s renowned physicians, clinical researchers and therapists provide state-of-the-art treatment and all share the Burke mission to ensure that each patient achieves the maximum functional recovery from illness, injury or disability. Burke’s goal is to lead the field as the most effective and compassionate provider of medical rehabilitation by practicing innovative treatment, pioneering research and inspiring education. Burke is accredited by The Joint Commission and the Commission on Accreditation of Rehabilitation Facilities. These two accrediting bodies are the gold standards in rehabilitation hospitals today.

For the 2016-2018 Community Service Plan, Burke Rehabilitation Hospital has identified two Prevention Agenda Priority Areas:

1) Preventing Chronic Disease with a specific focus on reducing illness, disability and death related to tobacco use and second hand smoke and increasing access to high quality chronic disease preventive care and management. Within these focus areas, our specific goals are:
Goal #2.2: Promote tobacco use cessation, especially among low SES populations and those with poor mental health

Goal #3.3: Promote culturally relevant chronic disease self-management education

2) **Promote Mental Health and Prevent Substance Abuse** with a specific focus on promoting mental, emotional and behavioral well-being in communities. Within this focus area, our specific goal is to:

Goal #1.1: Promote mental, emotional and behavioral (MEB) well-being in communities

The priority areas selected both expand upon and deviate from those chosen in 2013. Burke has elected to continue to build upon our efforts in the priority area of Prevent Chronic Disease. This will allow for greater alignment with the initiatives of the Delivery System Reform Incentive Payment Program (DSRIP) and within the Montefiore Health System. In Prevent Chronic Disease, we have chosen two goals: tobacco use cessation and promoting culturally relevant chronic disease self-management education, both of which align with our patient population, services and mission. The second priority area, Promote Mental Health and Prevent Substance Abuse is a deviation from our original 2013 selection, which was to Promote Healthy Women, Infants and Children. At the time, this was chosen in conjunction with the Westchester County Health Planning Committee. The objective selected was breastfeeding, and while we were able to implement numerous strategies as they related to Burke employees and the Montessori Children’s Center—a daycare center located on Burke’s campus—as an acute rehabilitation hospital that does not have a maternity or post-partum unit, it was challenging. For the 2016-2018 plan, we have instead opted to focus on Promote Mental Health and Prevent Substance Abuse, which better aligns with our mission and the needs of both the countywide population and our specific patient population.
Along with the represented priorities, alignment with the behavior health interventions outlined through DSRIP will be supported. Furthermore, Burke will continue its participation with the Westchester County Department of Health’s Community Service Plan Collaborative to coordinate their alignment with the County’s other healthcare providers.

As part of our prior work and to support the Community Health Needs Assessment and Community Service Plan process, Montefiore, with its partners, including Burke, has gathered extensive primary data on community health priorities using various methods and approaches. We participated in the 2014 Hudson Valley Regional Community Needs Assessment conducted by the Montefiore Health System and Westchester Medical Center DSRIP Participating Provider Systems (PPS) and Refuah Health Center. In addition, we have obtained data from the Westchester County Department of Health’s Community Health Survey and Provider Health Survey. This survey process was conducted through a web-based survey assessing the community health concerns of the community. While the exact priorities identified through these approaches varied somewhat, there was a consistent placement of care for the elderly, mental health and obesity (and its health consequences, such as cardiovascular disease) as the top community health priorities. In addition, more than 20 pieces of secondary data from numerous publicly-available population-based datasets were reviewed to collect an up-to-date view of the health status of the communities. Triangulating between priorities for the Prevention Agenda, DSRIP and the community, focus areas were selected that would allow us to work with a broad area of community partners in a wide range of activities.

Burke has been part of Westchester County for over a century, having first opened its doors in 1915. As an acute rehabilitation hospital, Burke considers its service area to be the entire County, though we do look to meet the needs of the White Plains community, where the main hospital is located, as well.
Burke’s longstanding history in the County has allowed us to develop relationships with numerous community partners, including the local chapters of the American Heart Association, the American Stroke Association, the Hudson Valley Chapter of the Alzheimer’s Association and the Brain Injury Association of New York State, among others. Burke partners with these organizations to host support groups and community education events, among other initiatives. For the priorities set forth in this Community Service Plan, under Prevent Chronic Disease, tobacco cessation, Burke will continue to work with the American Lung Association in New York, as well as engage the COPD Foundation and Pow’r Against Tobacco to establish a smoking cessation support group, to host a COPD day event on Burke’s campus, and to work together to create marketing materials to offer information on both the long-term effects of tobacco use and how to live with chronic, tobacco-related conditions, such as COPD. For our second goal under Prevent Chronic Disease, promote culturally relevant chronic disease self-management education, Burke will work with the American Stroke Association Westchester Region and the Arthritis Foundation to expand upon our Stroke Awareness Day event, as well as establish a World Arthritis Day event as a way to both engage community members and offer pertinent information on the prevention and management of these conditions. Lastly, in the area of Promote Mental Health, Burke will partner with many of the aforementioned partner organizations, including the Hudson Valley Chapter of the Alzheimer’s Association, the local chapter of the National Multiple Sclerosis Society and the ALS Association of Greater New York to expand upon our current support groups offerings to facilitate greater mental and emotional well-being. In addition, we will partner with Sodexo, Burke’s food services company, to expand the services offered through The Burke Garden, Burke’s community garden on campus.

Burke plans to use a variety of process measures to track that our initiatives are working, including keeping a record of the number of fact sheets and marketing materials distributed, taking
attendance at all community education events and working to increase those numbers, and offering pre-
and post-event tests to assess the amount of knowledge gained during presentations.

As a leader in rehabilitation medicine and an established member of the Westchester County
community, Burke plans to work collaboratively with its internal staff and external partners to serve the
needs of our patient and community population and to meet the goals set forth in this plan to make
New York State even healthier.
**Report**

1. **Community Description & Service Area**

Westchester County is a large county located just to the north of New York City, in the Hudson Valley. Westchester covers an area of 450 square miles (1,200 km²) and consists of 48 municipalities. The County is unique in that includes urban, suburban and rural geographies. In 2015, the estimated population of Westchester County was 976,396, up 6.6% from 915,916 in 2005. The county seat of Westchester is the city of White Plains (56,853) and other major cities include Yonkers (195,976), New Rochelle (77,062) and Mount Vernon (67,292). In 2015, the median household income for Westchester was $86,108, the 4th highest in New York State, after Nassau, Putnam and Suffolk Counties.

Burke defines its service area as all of Westchester County, as it is the only acute rehabilitation hospital in the county, and it serves the needs of patients from any and all of Westchester’s municipalities. Burke has six outpatient clinics throughout the County, as well as one in the Bronx, with the main inpatient hospital in White Plains. Burke’s main White Plains location gives the hospital the advantage of being centrally located in the County and easily accessible for all. That being said, while our community education events hosted at the hospital are open to anyone, we do draw a large part from White Plains in particular.

2. **Data Collection Process**

According to the County Health Rankings, produced by the Robert Wood Johnson Foundation and the University of Wisconsin, Westchester County is the 5th healthiest county in New York State. Despite its overall high ranking, there is considerable room to improve population health in Westchester County, while also reducing health disparities.

While many of Burke’s patients come to the hospital from throughout the county, our White Plains location and access to the surrounding community means we take into consideration the
population and challenges of the city. As of 2013, the city's total population was estimated to be 57,866, up from 56,853 at the 2010 census. As of the 2010 census, the racial makeup of the city was 48.9% White, 13.2% Black, 0.1% Native American, 6.3% Asian, <0.1% Pacific Islander, 0.3% from some other race and 1.5% from two or more races. 29.6% were Hispanic or Latino of any race. Multiple data sources were used to support the selection of priority items, and were reviewed with partners.
**Primary Data Collection**

In collaboration with the Westchester County Department of Health, a Community Needs Survey was conducted in the summer of 2016. Two versions of the survey were implemented, one for community members at-large and another for health care providers and community-based organizations (herein referred to as the provider survey). The community survey could be completed via a web-based tool (SurveyMonkey) or on paper, with paper surveys available in 6 languages (English, Spanish, Chinese, Arabic, and French). The provider survey could be completed online. The primary distribution of the survey was conducted through the Westchester County Department of Health’s Office of the Administrator and was made available through its website at the direction of the Commissioner of Health and the County Executive, which then directed it for distribution to the County’s elected officials. The Montefiore Hudson Valley Collaborative also distributed the survey to its membership of over 900 hospitals, community based organizations, faith-based organizations and other social service providers. Due to its electronic format, dissemination was widespread; however limited quantities of paper surveys were available on request. The survey was disseminated through multiple distribution points including to hospitals, other health care providers, community-based organizations and others.

For the community survey, a total of 1,125 surveys were completed among individuals working-in or residing-in Westchester County. Participants were asked to identify the three health priorities for the community, which included options such as smoking, obesity, diabetes, mental health and access to primary care. In addition, participants were asked to identify the potential strategies that would, in their opinion, have the greatest impact on improving population health. Participants were also asked to rank their own personal health priorities. The leading community health strategies identified included: drugs/drug abuse, elder care, obesity, mental health/depression and cancer. The leading strategies identified included: exercise/weight loss programs, clean air and water, access to healthy food, elder care and affordable housing.
Given the relatively large sample size of the survey, results were also stratified into approximate service areas for each hospital (based on the distribution of discharges from SPARCS data). As noted above, while Burke considers its entire service area to be Westchester County, we also look to our home city of White Plains to get a fuller picture of the needs of our community. For Burke’s White Plains service area, the leading community health concerns identified included obesity, mental health/depression, care for the elderly and diabetes. The top strategies identified to address these concerns in White Plains included access to healthier food, affordable housing, exercise/weight loss programs and community education. Interestingly, many of these align with the healthcare concerns for the entire County. This gives Burke a clearer understanding of how of its programs and services can be of use to both White Plains residents specifically, as well as County residents as a whole—and better informs how we plan to implement our agenda initiatives.

The Westchester County provider survey was completed by 218 individuals. The leading community health priorities identified were mental health, drugs/drug abuse, access to specialty care, access to primary care, and elder care. Providers ranked access to both primary and specialty care more highly than community members, but both groups ranked drugs/drug abuse, mental health and elder care near the top.

Secondary Data Collection

In addition to the review of primary data, to capture an up-to-date, high-level view of the health status of Westchester County residents, we evaluated temporal trends, differences between Westchester and peer counties and sub-county differences, when available, for more than 25 measures, including: obesity, preterm births, teen pregnancy rates, poverty, linguistic isolation, preventable hospitalizations, access to primary care, insurance status, smoking, flu immunizations, cancer screening, HIV incidence, lung, colorectal, prostate and breast cancer incidence rates, and hospitalizations for asthma, diabetes,
assaults, heart attacks and falls. This data was obtained from multiple population-based datasets including the American Community Survey (formerly referred to simply as the Census), New York State Expanded Behavioral Risk Factor Surveillance System (BRFSS), New York State Statewide Planning and Research Cooperative Systems (SPARCS), New York State Vital Statistics, New York State HIV/AIDS Epidemiology Reports, and the New York State Cancer Registry. Additional data was obtained from the New York State Prevention Agenda Dashboard. Whenever possible these measures aligned with those used by the New York State Prevention Agenda Dashboard. The data sources used are summarized in Appendix A and the data themselves are presented in Appendix B. The Survey Instrument for the Primary Data is presented in Appendix C.

In addition to the secondary data previously described, we evaluated the distribution of different primary discharge diagnoses at Burke in 2015 using data from SPARCS. This data is presented in Appendix D.
Secondary Data Related to Selected Priority Areas

Diabetes and Cardiovascular Disease

Rates of hospitalizations for short term complications of diabetes continue to increase for both Westchester County and New York State. Rates of hospitalizations for heart attacks are decreasing for Westchester County and New York State.

Data Source: SPARCS
Rate of hospitalizations for heart attacks per 10,000

Comparison to peer counties

Data Source: SPARCS
**Tobacco Use**

There was no local municipal data available for this rate for White Plains. In both Westchester County and New York State, cigarette smoking among adults has declined, and Westchester residents continue to be less likely to smoke than New York State residents overall.

**Percent of adults who smoke cigarettes**

Data source: New York State Expanded BRFSS
Mental Health

The rate of poor mental health has increased for both Westchester and New York State as a whole.

While Westchester falls in the middle as compared to its peer counties, rates are still higher than nearby Rockland County and Nassau County.

Triangulating between priorities for the Prevention Agenda, DSRIP and the community, we selected focus areas that would allow us to work with a broad area of community partners in a wide range of activities.
3. Identified Prevention Agenda Priorities, Goals and Objectives

In Burke’s Comprehensive Community Service Plan developed for 2013-2015, the priority areas selected were Prevent Chronic Disease and Promote Healthy Women, Infants and Children. Through the projects and activities initiated during that time, Burke was able to contribute to the overall trend improvements in those areas for New York State, as well as bring about changes to the hospital directly. However, as a hospital dedicated solely to adult rehabilitation, Burke’s programs and services often differ from those offered at an acute care/community hospital. Since Burke does not have a labor and delivery/post-partum unit, it was difficult to implement the breastfeeding objective set forth in the Promote Healthy Women, Infants and Children priority area, though we did our best in creating objectives that we were able to meet. We did see increases in breastfeeding in employees through the initiatives created during this time. For the 2016-2018 plan, however, Burke has chosen to focus on Promote Mental Health and Prevent Substance abuse in place of Promote Healthy Women, Infants and Children. We will continue to expand upon our efforts in the Prevent Chronic Disease focus area.

Prevent Chronic Disease

For the 2016-2018 Community Service Plan, Burke has chosen to continue to expand on the initiatives set forth in the last plan, particularly as it relates to preventing chronic disease. As a rehabilitation hospital, Burke provides rehabilitation for patients who have experienced a stroke, spinal cord injury or traumatic brain injury as well as those suffering from chronic health conditions such as COPD and arthritis. Burke’s average patient age in 2015 was 70 years old. For Burke’s Adult Fitness Center, which is located on Burke’s campus and is open to community members, the average member age is 79. The ability to work towards preventing chronic disease will help us to better serve both our patient population and the needs of the Westchester County and White Plains communities, both of which identified obesity, elder care and diabetes among their list of health priorities. In addition, to align with
our DSRIP initiatives, we are also putting a focus on tobacco cessation, particularly as it relates to our patient population with cardiopulmonary issues such as COPD. As a countywide priority, with elevated rates in ethnic minority communities and elevating rates in youth, tobacco use cessation is a significant priority as it impacts both cardiovascular outcomes and is a leading preventable cause of disease.

To this end, our first focus area under prevent chronic disease is Focus Area 2: reduce illness, disability and death related to tobacco use and secondhand smoke exposure. Burke’s goal within this focus area is goal #2.2: promote tobacco use cessation, especially among low SES populations and those with poor mental health.

Our second focus area under Prevent Chronic Disease is Focus Area 3: Increase access to high quality chronic disease preventive care and management in both clinical and community settings. Burke’s goal within this focus area is goal #3.3: Promote culturally relevant chronic disease self-management education. In alignment with the Community Needs Assessment that was performed in preparation of the 2014 implementation of the Delivery System Reform Incentive Payment (DSRIP) program, as well as the secondary data reporting, increasing rates of cardiovascular disease and diabetes, especially among disparate populations is priority in increasing the rates of screening care, management and control of cardiovascular disease and diabetes.

**Priority Area: Preventing Chronic Disease**
*Focus Area: Reduce Illness, Disability and Death Related to Tobacco Use and Secondhand Smoke Exposure*

<table>
<thead>
<tr>
<th>Goal</th>
<th>Goal #2.2: Promote tobacco use cessation, especially among low SES populations and those with poor mental health</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Outcome Objectives</strong></td>
<td>Objective 2.2.2: Decrease the prevalence of cigarette smoking by adults ages 18 and older: From 18.1% in 2011 to 15.0%. In November 2015, a revised target of 12.3% was set for 2018. (Data Source: NYS BRFSS) (PA Tracking)</td>
</tr>
<tr>
<td><strong>Interventions/Strategies/Activities</strong></td>
<td>Burke is a 150-bed acute care rehabilitation hospital that focuses on helping patients recover from the effects of life-changing illness and injuries, including stroke, spinal cord injury, traumatic brain injury and cardiopulmonary conditions, such as COPD. Helping promote tobacco use cessation will help our patient population who are experiencing issues such</td>
</tr>
</tbody>
</table>
as COPD be better able to manage their condition, as well as help prevent them in those who are most at risk.

We plan to meet our goal of promoting tobacco cessation in a number of ways, including:

- Creating and distributing a fact sheet with information on the importance of quitting smoking. This fact sheet will be distributed through a variety of channels, including:
  - In our outpatient centers, which are located throughout Westchester County
  - On our display monitors, which are placed strategically throughout the hospital
  - On our social media channels
  - In our newsletters
  - On our blog
  - At community education events held on campus
- Establishing an 8-10 week smoking cessation support group. The support group would meet on campus and be free of charge for community members. Our goal is to offer this group in collaboration with an outside organization geared toward smoking cessation.
- Hold a COPD day event through our cardiopulmonary program. The event, which would be held on campus, would include information on smoking cessation and offer attendees the opportunity to ask questions of leading experts in the field.
- Offer information sessions in the hospital four times a year (for instance, once each quarter), where patients, their families and community members can find pertinent facts on smoking cessations as well as community resources for help in quitting.

Process Measures

There are numerous ways for us to measure that these initiatives are working. For instance, we will:

- Keep an active inventory of the number of fact sheets handed out, working with any feedback to revise the information and ensure the most number of people have access to it. We will also tally the number of people who see the information on the monitors.
- Add a page to [www.burke.org](http://www.burke.org) where fact sheets can be downloaded and digitally keep track of the numbers
- Work in conjunction with an outside organization to establish the support group and then work towards offering the group multiple times a year.
- Aim to increase attendance at the COPD day event, as well as measure how much information the attendee garnered from the event. We will measure this by offering a pre- and post-event test.
- Increase attendance at the information sessions, while also looking to work with community partners in the coming years to expand our reach.
<table>
<thead>
<tr>
<th>Partner Role</th>
<th>Our partners in these initiatives will help us create and establish these programs, such as with the support group, as well as work with us to expand our reach to more people in the surrounding communities.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Partner Resources</td>
<td>Our resources will include outside smoking cessation organizations, such as the local chapter of the American Lung Association, which is located in White Plains, Pow’r Against Tobacco and the COPD Foundation.</td>
</tr>
<tr>
<td>By When</td>
<td>December 31, 2018</td>
</tr>
<tr>
<td>Will Action Address Disparity</td>
<td>Yes. As a countywide priority, with elevated rates in ethnic minority communities, tobacco use cessation is a significant priority as it impacts both cardiovascular outcomes, prematurity rates and is a leading preventable cause of disease.</td>
</tr>
</tbody>
</table>

**Priority Area: Preventing Chronic Disease**

**Focus Area:** Increase Access to High Quality Chronic Disease Preventive Care and Management in Both Clinical and Community Settings

<table>
<thead>
<tr>
<th>Goal</th>
<th>Goal #3.3: Promote culturally relevant chronic disease self-management education</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome Objectives</td>
<td>Objective 3.3.1: Increase by at least 5% the percentage of adults with arthritis, cardiovascular disease or diabetes who have taken a course or class to learn to manage their condition. (Data source: BRFSS; annual measure, beginning 2013)</td>
</tr>
</tbody>
</table>
| Interventions/Strategies/Activities | Burke has a strong tradition of offering educational programs and opportunities for patients, their families and community members. Many of our patients are dealing with the effects of chronic diseases—from arthritis management to cardiovascular disease. Along with our renowned inpatient stroke rehabilitation program, Burke also has an outpatient arthritis center and an outpatient cardiac rehabilitation program. Working to increase our outreach and create new educational initiatives aligns with our mission and will help us expand our reach. 

We plan to meet these goals by:

- Offering management and maintenance education for those currently living with arthritis. This would include:
  - Hosting a World Arthritis Day event, where fact sheets and other information on self-management would be distributed. Experts would also be on hand for a question-and-answer session.
  - Adding a lecture to our Senior Health Series on living with arthritis. The Senior Health Series in a bi-monthly lecture series for seniors in the community and an expert from Burke’s Arthritis Center would offer the presentation. |
Continue working with Burke’s Arthritis Center to determine additional ways information on living with the condition could be distributed.

- Offering management and maintenance education for those who currently have cardiovascular disease. This would include:
  - Increasing the reach of Burke’s Stroke Awareness Day by offering additional programs and sessions with experts. We would also partner with outside organizations to create presentations and programs for the event.
  - Adding a lecture to our Senior Health Series on stroke prevention

- Creating a Lunchtime Lecture series in conjunction with Sodexo, Burke’s food services company, to offer educational information on healthy eating as a preventive measure against cardiovascular disease. These lectures would be open to employees and patients.

- Utilize our social media platforms, weekly blog, monthly newsletter, hospital display monitors and other marketing outlets to distribute educational information on both arthritis and cardiovascular disease. An editorial calendar of when these topics will appear will be created.

<table>
<thead>
<tr>
<th>Process Measures</th>
<th>There are numerous ways for us to measure that these initiatives are working. For instance, we will:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Tally the number of people attending each event, and work to increase attendance at all events</td>
</tr>
<tr>
<td></td>
<td>• Add a page to <a href="http://www.burke.org">www.burke.org</a> where fact sheets/marketing materials can be downloaded and digitally keep track of the numbers</td>
</tr>
<tr>
<td></td>
<td>• Offer a pre- and post-event test as a way to assess information learned</td>
</tr>
<tr>
<td></td>
<td>• Keep an active inventory of the number of fact sheets handed out, working with any feedback to tweak the information and ensure the most number of people have access to it. We will also tally the number of people who see the information on the monitors.</td>
</tr>
</tbody>
</table>

| Partner Role | Our partners in these initiatives will help us create and establish these programs, such as with the Lunchtime Lecture series, as well as work with us to expand our reach to more people in the surrounding communities. |

| Partner Resources | Our partner resources will include Sodexo, as well as local chapters of national organizations such as the American Stroke Association and the Arthritis Foundation New York |

| By When | December 31, 2018 |

| Will Action Address | Yes. The community serviced through the proposed program is generally |
Disparity

older and elder care was listed in both the countywide and White Plains-survey measures as identified health concerns. For Burke specifically, the average patient age in 2015 was 70 years old. For Burke’s Adult Fitness Center, which is open to the community, the average member age is 79.

Mental Health/Substance Abuse

For the 2016-2018 plan, Burke has chosen to focus on Promote Mental Health and Prevent Substance Abuse, as it aligns well with our patient population, services and mission. To that end, for our second Priority Area, we will be focusing on goal #1.1: Promote mental, emotional and behavioral (MEB) well-being in communities. Our objective will be #1.1.1: Increase the use of evidence-informed policies and evidence-based programs which are grounded on healthy development of children, youth and adults.

Burke treats patients who have experienced a life-altering illness or injury, whether that is a stroke, spinal cord injury, traumatic brain injury or other neurological condition. Though Burke strives to help patients get back to the life they love, their lives may look different than they did before their illness or injury—and it could lead to feelings of depression, anxiety or isolation. Helping to promote mental, emotional and behavioral well-being among our patient community and the community at large will allow us to better serve these populations and expand our continuum of care through a variety of services and initiatives. In addition, as demonstrated through the primary and secondary data collection, mental health services was a priority in the countywide survey and mental health rates have decreased in Westchester and New York State.
**Priority Area: Mental Health/Substance Abuse**  
*Focus Area*: Increase Promote mental, emotional and behavioral well-being in communities

<table>
<thead>
<tr>
<th>Goal</th>
<th>Goal # 1.1: Promote mental, emotional and behavioral (MEB) well-being in communities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome Objectives</td>
<td>Objective 1.1.1. Increase the use of evidence-informed policies and evidence-based programs which are grounded on healthy development of children, youth and adults.</td>
</tr>
</tbody>
</table>
| Interventions/Strategies/Activities | We plan to meet the goal of promoting MEB well-being in communities in a number of ways, including:  
- Offering community education events that promote the importance of mental, emotional and behavioral well-being. These would include adding lectures to our Senior Health Series on topics such as the importance of nutrition and exercise for mental well-being, how to recognize signs and symptoms of depression and ways to cope with a life-altering illness or injury.  
- Offering programs geared specifically towards caregivers, who may be dealing with their own feelings of depression, being overwhelmed, isolation and the difficulty that comes with caring for someone. This would include:  
  - Providing educational lectures on how to avoid caregiver burnout, as well as presentations geared towards caring for those with a specific diagnosis, such as what to do once a family member has been diagnosed with Alzheimer’s disease.  
  - Expand upon our current well-spouse support group, which currently meets monthly at Burke.  
- Work with both our inpatient and outpatient neuropsychology departments to continue to disseminate information for patients and their families. This would include creating a blog post on how to keep feelings of depression and anxiety at bay and what to do when they occur. This would be shared throughout the hospital, outpatient clinics and on social media.  
- Expand the offerings of The Burke Garden to include community members, in conjunction with Sodexo, Burke’s food services company. This would allow for fresh air, exercise and nutrition. In addition, incorporate lectures as part of the Lunchtime Lecture series on the importance of healthy eating and nutrition for well-being.  
- Expand the reach of our many support groups through promotion on social media, in our external newsletter, and through other marketing materials. |
| Process Measures | These are numerous ways for us to measure that these initiatives are working. For instance, we will: |
- Tally the number of people at each event and in each support group and work to increase these numbers
- Offer pre- and post-event tests as a way to assess information learned
- Keep an inventory of the number of fact sheets handed out
- Work to increase awareness within the community and keep a record of ways that we have reached out to various groups
- Tally the number of people working in the community garden and work to grow these numbers over the years.

<table>
<thead>
<tr>
<th>Partner Role</th>
<th>Our partners in these initiatives will work to help us establish these programs. In addition, we will tap Burke’s extensive expert sources for putting together fact sheets and offering lectures.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Partner Resources</td>
<td>Our partner resources will include organizations such as Sodexo, to help expand the community garden, and local community and county organizations such as Westchester County’s Department of Community Mental Health and the Center for Aging in Place, which is located in White Plains.</td>
</tr>
<tr>
<td>By When</td>
<td>December 31, 2018</td>
</tr>
<tr>
<td>Will Action Address Disparity</td>
<td>Yes. The community serviced through the proposed program is generally older and disabled.</td>
</tr>
</tbody>
</table>

Each of the two selected Priority Areas has received support from the Westchester County Department of Health. Additionally, the hospitals of lower Westchester: Montefiore Mount Vernon, Montefiore New Rochelle, St. Joseph’s Medical Center (including St. Vincent’s Hospital – Westchester), St. John’s Riverside Hospital, White Plains Hospital, and Burke Rehabilitation Hospital collaborated through the DSRIP originated Montefiore Hudson Valley Collaborative (MVHC) to ensure that the CSP and DSRIP goals retain their alignment. As the CHNA process was conducted simultaneously with the New York State Community Service Plan (CSP) review, there is strong alignment between the areas of focus in this report and the areas presented in the CHNA. Burke Rehabilitation Hospital will continue to work with its partners on existing program initiatives.

In addition to this collaborative input from the local Department of Health and clinical partners, Burke has worked with both internal and external partners to identify health care needs and determine
their appropriate configuration of services. We are regularly in contact with community members through our educational programs, our volunteer organizations such as the Burke Auxiliary and through the Burke Fitness Center, which is open to the community. Through these programs, we are informed about what is needed in the community and work to provide for those needs. This process has confirmed that there is alignment with both of the priorities selected through the data review and primary data collection processes across multiple stakeholders.
4. Community Engagement Process

The Community Engagement process for the 2016-2018 Community Service Plan was an unprecedented collaborative effort. Over the period of the previous Community Service Plan implementation, the healthcare delivery landscape shifted, previous alignments dissolved and new regional partnerships came into existence. Furthermore, the local Westchester County Department of Health’s Community Health Assessment was conducted concurrently and collaboratively with the Community Health Assessments that were happening across the County, resulting in a previously non-existing alignment of data being used by multiple parties. This rigorous secondary data review as well as a primary data collection process which involved the residents of the county in focus groups, community conversations to disseminate data and an electronic surveying process, available in five languages, to understand and assess their health priorities allowed for the creation of data maps that demonstrate the County’s ‘hotspots’ for particular indicators. Through the use of this mapping style, each facility can see itself in relationship with the other facilities across the service areas and as such have created opportunities for alignment of care. Across Westchester, in addition to the local Department of Health meeting, there is now a MHVC DSRIP aligned Collaborative with membership from Montefiore Mount Vernon, Montefiore New Rochelle, St. Joseph’s Medical Center (including St. Vincent’s Hospital – Westchester), St. John’s Riverside Hospital, White Plains Hospital, and Burke Rehabilitation Hospital working to ensure that the CSP and DSRIP goals retain their alignment.

In addition to Burke’s work within its clinical and county partners in Westchester, we regularly work with a number of community based organizations that align with our mission and services. Some of these partners include the ALS Association of Greater New York, the Hudson Valley Chapter of the Alzheimer’s Association, the National Aphasia Association, the NYC-SNY chapter of the National MS Society, the Christopher & Dana Reeve Foundation, the American Heart Association for Westchester/Fairfield, the American Stroke Association Westchester Region, the American Lung
Association in New York and the Brain Injury Association of New York State. Burke regularly works with representatives from these organizations to facilitate support groups, disseminate important educational information and collaborate as it relates to our programs and services.

In terms of the specifically identified goals, under the priority area Prevent Chronic Disease, Focus Area 2, Reduce Illness, Disability and Death Related to Tobacco Use and Second Hand Smoke Exposure, under objective 2.2.2, decrease the prevalence of cigarette smoking by adults ages 18 and older, Burke will continue to work with the American Lung Association in New York, as well as engage the COPD Foundation and Pow’r Against Tobacco. With the help of these organizations, Burke will work to establish a smoking cessation support group, to join our other extensive and well-attended monthly support groups, to set up a COPD day event and to collaboratively create marketing materials that will disseminate important information to our community and patient populations about the importance of quitting smoking. While the rates of adults who smoke are not as high in Westchester as they are in peer counties such as Nassau, Albany and Monroe, given the patient population in our cardiopulmonary rehabilitation program—who have to deal with long-term issues such as COPD—it is important for our patient community to address this concern. In addition, with elevated rates in minority communities, tobacco cessation is important as it impacts cardiovascular outcomes.

In the same priority area, Prevent Chronic Disease, as it relates to Focus Area 3, Increase Access to High Quality Chronic Disease Preventive Care and Management in Both Clinical and Community Settings, under objective 3.3.1., increase the percentage of adults with arthritis and cardiovascular disease who have taken a course or class to learn to manage their condition, Burke will continue to work with our partners at the American Stroke Association Westchester Region and engage the Arthritis Foundation New York to expand upon Stroke Awareness Day at the hospital and establish a World Arthritis Day event to engage members of the community. In addition, Burke will work our partners at
Sodexo, Burke’s food services company, to create a Lunchtime Lecture series to promote the importance of healthy eating as a preventive measure against cardiovascular disease.

Lastly, as it relates to the Priority Area Promote Mental Health and Prevent Substance Abuse, Focus Area 1, promote mental, emotional and behavioral well-being in communities, under objective 1.1.1., increase the use of evidence-informed policies and evidence-based programs which are grounded on healthy development of children, youth and adults, Burke will continue to work with all the above mentioned partner organizations to continue to build upon and expand our current support group offerings, many of which are facilitated through these organizations and held on Burke’s campus free of charge. In addition, we will also engage the help of Sodexo, Burke’s food services company, to expand The Burke Garden, Burke’s garden, to include community members and highlight the importance of both exercise and fresh air as it relates to mental and emotional well-being. We will also look to work with Westchester County’s Department of Community Mental Health and the Center for Aging in Place to meet our goals.

The Montefiore Hudson Valley Collaborative (MHVC) is a coalition of over 900 Hudson Valley based organizations working together to increase patient access, care quality, and efficiency in healthcare delivery in the Hudson Valley region. Through ten DSRIP projects, designed to meet our community’s unique health needs, MHVC is building a coordinated, community-based healthcare system focused on the wellness of every Westchester resident. Burke is a participating organization within the Montefiore Hudson Valley Collaborative (MHVC) under the New York State Delivery System Reform Incentive Payment Program and will utilize the program structure within MHVC to reach participating organizations. Additionally, through a network of relationships developed over the century that Burke has been in the Westchester region, Burke is widely known and continues to engage at all levels of the community in the provision of services to improve health.
5. Report Dissemination Process

The plan to disseminate the delivery of the Burke Rehabilitation Hospital 2016-2018 Community Service Plan report to the public will occur across a number of platforms:

The Community Service Plan will be posted to the www.burke.org website at the specific address: http://www.burke.org/community/resources/corporate-governance. It can also be found through accessing the general www.burke.org site and scrolling to the bottom “Quick Links” section and clicking on Resources. As a member of the Montefiore Health System, the report will also be locatable at www.montefiore.org.

The Community Service Plan will be mailed out in hard copy to members of the Burke Rehabilitation Hospital Board of Trustees, and to key identified stakeholders as well as provided to community leaders and elected officials. To facilitate this distribution, a copy of the direct link is also provided specifically to the distributionlink of the Office of the Westchester Borough President, which maintains the borough’s largest electronic communication list and can provide dissemination beyond the traditional healthcare partners.

A QR code for the link to the report will be made available for print materials to facilitate ease of access to the report. The QR code, accessible through most smart phone readers, for the site is provided below:

![QR Code]
Burke will also announce, through its multiple social media platforms, the availability of the Community Service Plan. It will be available through the following feeds:

- Facebook: https://www.facebook.com/burkerehab/
- Twitter: https://twitter.com/burke_rehab
- YouTube: https://www.youtube.com/c/burkerehabilitation

This reflects an expansion of the ways in which the Community Service Plan has been distributed as technological advances allow for broader distribution. As we move forward, additional reports, including the Community Health Needs Assessment and Implementation Plan, which will supplement the delivery of the Community Service Plan, will be found and distributed through the same pathway.
6. Supplemental Information

This Community Service Plan is reflective of a segment of the programming offered at Burke Rehabilitation Hospital. Information on additional programs and services can be found at www.burke.org. Additional information about community specific initiatives can be found at www.burke.org/community.

Information on Burke’s Financial Assistance Policy can be located at http://www.burke.org/community/resources/charitablecare and is available in English and Spanish, with additional interpretations options upon request.

This document was reviewed and approved by Burke’s CEO/Executive Medical Officer and the Executive Director/Administration in December 2016.
Appendix A: Summary of Secondary Data Sources & Analytic Notes

American Community Survey: The American Community Survey (ACS) replaced the Decennial Census as an ongoing survey of the United States population that is available at different geographic scales (e.g., national, state, county, census tract or census block group). ACS is a continuous survey that addresses issues related to demographics, employment, housing, socioeconomic status, and health insurance. In the current report, data from ACS was used to evaluate the percent of families living in poverty, the percent of households that are limited English speaking and the percentage of adults or children with health insurance. For more information on ACS please visit http://www.census.gov/programs-surveys/acs/about.html.

New York State Expanded Behavioral Risk Factor Surveillance System (BRFSS): Expanded BRFSS augments the CDC BRFSS, which is conducted annually in New York State. Expanded BRFSS is a random-digit-dialed telephone survey among adults 18 years of age and older representative of the non-institutionalized civilian population with landline and cellular telephones living in New York State. The goal of Expanded BRFSS surveys is to collect county-specific data on preventive health practices, risk behaviors, injuries and preventable chronic and infectious diseases. Topics assessed by the Expanded BRFSS include tobacco use, body weight, cancer screening, and other factors linked to the leading causes of morbidity and mortality. For more information about NYS Expanded BRFSS please visit https://www.health.ny.gov/statistics/brfss/expanded/.

New York State Vital Records Data: The New York State Vital Records is the clearinghouse for data on births and deaths for all of New York State. For the current report vital records data were used to examine the percentage of life births that are preterm and the teen pregnancy rate. For more information on the New York State Vital Records please visit: https://www.health.ny.gov/statistics/vital_statistics/
New York State Statewide Planning and Research Cooperative Systems (SPARCS): SPARCS is the primary source of data on ED visits and inpatient hospitalizations at New York State hospitals. All inpatient admissions and ED visits at NYS hospitals are sent to SPARCS and compiled into a master database. SPARCS data was used to estimate the rates of avoidable hospitalizations, fall-related hospitalizations, assault-related hospitalizations, asthma ED visits, hospitalizations for short-term diabetes complications, and hospitalizations for heart attacks. For more information about SPARCS please visit: [http://www.health.ny.gov/statistics/sparcs/](http://www.health.ny.gov/statistics/sparcs/).

New York State Bureau of HIV/AIDS: Data on HIV incidence (new cases) were obtained from the NYS Bureau of HIV/AIDS, which receives reports of all new HIV diagnoses to NYS residents meeting an established case definition. For more information please visit: [https://www.health.ny.gov/diseases/aids/general/statistics/](https://www.health.ny.gov/diseases/aids/general/statistics/).

New York State Cancer Registry: The New York State Cancer Registry was used to summarize data on new cases of breast cancer, prostate cancer, lung cancer and colorectal cancer. The Cancer Registry receives notice of all cancer diagnoses to NYS residents and classifies the cancers using established definitions. For more information on the New York State Cancer Registry please visit: [https://www.health.ny.gov/statistics/cancer/registry/](https://www.health.ny.gov/statistics/cancer/registry/).

New York State Prevention Agenda Dashboard: An additional resource for data was the New York State Prevention Agenda Dashboard, which was produced by the New York State Department of Health and systematically collects data for the entire state and for each county for dozens of health indicators that align with the New York State Prevention Agenda. Like the Community Health Profiles, the Prevention Agenda Dashboard is not a single database, but rather a compilation of diverse databases. For more information please see: [http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/](http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/)
Additional Analytic Notes

Age-adjustment

 Whenever possible percentages or rates are age-adjusted in order to remove differences in the underlying age distribution of two places (or across time) from explaining differences between two places (or trends). For example, Westchester may have a lower average age than the rest of New York State and may therefore appear to have lower rates of specific diseases due to its younger population. By age-adjusting the data differences between rates/percentages are no longer due to differences in the age distribution of two populations.

Identification of similar counties

To compare Westchester to the most similar counties in terms of geography and socio-demographics we examined county-level data for the following variables: percent of population less than 20y, percent of population ≥65y, population density, % Hispanic, % black, % white, median household income, % college educated & % driving alone to work. Rockland County was the most similar to Westchester County, the other 5 most similar counties are also provided in order of similarity, and include: Nassau, Richmond (Staten Island), Albany and Monroe (Rochester).
Appendix B: Additional Secondary Data

Multiple variables were reviewed and shared in the assessment of the health status of Westchester County. The following is a review of that data and the trends of Westchester County as compared to available State and or county comparison data elements.

Of note, the partnered hospitals are identified on the maps, which are using ZIP code level data; it is possible to identify areas of higher or lower rates of incidence when the overall county wide data may be misleading.
Percent of families living in poverty

![Graph showing percent of families living in poverty from 2005 to 2014 for Westchester and New York State.]

Comparison to peer counties:

- Westchester: 6.7%
- Rockland: 4.7%
- Nassau: 11.1%
- Richmond: 12.1%
- Albany: 8.4%
- Monroe: 10.5%

Data source: American Community Survey

*Based on comparison of following measures: percent of population less than 200% of poverty level, population density, % Hispanic, % Black, % White, median household income, % college educated & % driving alone to work. Rockland county was the most similar to Westchester County; the other 3 most similar counties are also provided in order of similarity.*
Percent of households that are limited English speaking (no one ≥14y speaks English only or "very well")

Data source: American Community Survey
Age-adjusted preventable hospitalization rate per 10,000 (adults age ≥ 18y)

Data source: SPARCS
Age-adjusted percent of adults with primary care provider

Data source: New York State Expanded BRFSS
Percent of adults (age 18-64y) with health insurance

Comparison to peer counties

Data source: American Community Survey
Percent of children (age 0-17y) with health insurance

Data source: American Community Survey
Fall-related hospitalization rate per 10,000 (adults age≥65y)

Comparison to peer counties

Data source: SPARCS
Age-adjusted assault-related hospitalization rate per 10,000

Comparison to peer counties

Data source: SPARCS
Percent of adults who are obese (BMI ≥ 30)

Comparison to peer counties

Data source: New York State Expanded BRFSS
Percent of children who are obese (BMI≥95th percentile)

Data Source: Student Weight Status Category Reporting System (SWSCRS)
Asthma ED visits per 10,000

Data source: SPARCS
Percent of adults who smoke cigarettes

Data source: New York State Expanded BRFSS
Data source: New York State Expanded BRFSS
Rate of hospitalizations for short-term complications of diabetes per 10,000 (adults 18+y)

Data source: SPARCS
Rate of hospitalizations for heart attacks per 10,000

Comparison to peer counties:

Westchester: 12.4
Rockland: 13.6
Nassau: 13.3
Richmond: 13.8
Albany: 12.2
Monroe: 11.9

Data source: SPARCS
Percent of older adults (age 65+y) with flu immunizations

Data source: New York State Expanded BRFSS

* Refers to 4 DTaP, 3 polio, 1 MMR, 3 hep B, 3 Hib, 1 varicella, 4 PCV13

Data source: NYS Immunization Information System
HIV incidence rate (new cases) per 100,000

Data source: New York State HIV/AIDS Epidemiology Reports
Percentage of live births that are preterm (<37 weeks)

Data source: New York State Vital Statistics
Teen (15-17y) pregnancy rate per 1,000

Comparison to peer counties:

Data source: New York State Vital Statistics
Age-adjusted percentage of adults with poor mental health for 14+ days in last month

Data source: New York State Expanded BRFSS
Age-adjusted breast cancer incidence*

Comparison to peer counties

Data source: New York State Cancer Registry
Age-adjusted prostate cancer incidence

![Graph showing prostate cancer incidence by ZIP Code: 2005-2009]

Comparison to peer counties*

- Westchester: 146.0
- Rockland: 176.4
- Nassau: 152.1
- Richmond: 132.3
- Albany: 127.0
- Monroe: 148.8

*Based on comparison of following measures: percent of population less than 20%, percent of population 65+, population density, % Hispanic, % Black, % White, median household income, % college educated, & % yielding alone to work. Rockland county was the most similar to Westchester County, the other 5 most similar counties are also provided in order of similarity.

Data source: New York State Cancer Registry
Lung cancer incidence

Data source: New York State Cancer Registry
Colorectal cancer incidence by ZIP Code: 2005-2009

Comparison to peer counties: 2009-2013

Data source: New York State Cancer Registry
### WESTCHESTER COUNTY COMMUNITY HEALTH SURVEY

We want to hear your thoughts about important health issues in your community. Together, the 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!

<table>
<thead>
<tr>
<th>What are the THREE biggest ongoing health concerns in the COMMUNITY WHERE YOU LIVE?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Access to primary care</td>
</tr>
<tr>
<td>☐ Alcohol abuse</td>
</tr>
<tr>
<td>☐ Asthma/breathing problems</td>
</tr>
<tr>
<td>☐ Cancer</td>
</tr>
<tr>
<td>☐ Care for the elderly</td>
</tr>
<tr>
<td>☐ Child health &amp; wellness</td>
</tr>
<tr>
<td>☐ Dementia/Alzheimer’s</td>
</tr>
<tr>
<td>☐ Dental care</td>
</tr>
<tr>
<td>☐ Diabetes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>What are the THREE biggest ongoing health concerns for YOURSELF?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Access to primary care</td>
</tr>
<tr>
<td>☐ Alcohol abuse</td>
</tr>
<tr>
<td>☐ Asthma/breathing problems</td>
</tr>
<tr>
<td>☐ Cancer</td>
</tr>
<tr>
<td>☐ Care for the elderly</td>
</tr>
<tr>
<td>☐ Child health &amp; wellness</td>
</tr>
<tr>
<td>☐ Dementia/Alzheimer’s</td>
</tr>
<tr>
<td>☐ Dental care</td>
</tr>
<tr>
<td>☐ Diabetes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>What THREE things would be most helpful to improve YOUR health concerns?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Access to dental care</td>
</tr>
<tr>
<td>☐ Access to healthier food</td>
</tr>
<tr>
<td>☐ Access to primary care</td>
</tr>
<tr>
<td>☐ Affordable housing</td>
</tr>
<tr>
<td>☐ Breastfeeding support</td>
</tr>
<tr>
<td>☐ Caregiver support</td>
</tr>
<tr>
<td>☐ Clean air &amp; water</td>
</tr>
<tr>
<td>☐ Community education</td>
</tr>
</tbody>
</table>

Do you have a health care provider for checkups and visits? ☐ Yes ☐ No

How would you describe your overall health?

☐ Very healthy ☐ Healthy ☐ Somewhat healthy ☐ Unhealthy ☐ Very unhealthy
How would you describe your overall mental health?

- Very healthy
- Healthy
- Somewhat healthy
- Unhealthy
- Very unhealthy

**Do you suffer from any chronic health conditions? (Check all that apply)**

- Asthma/breathing problems
- Disability
- High cholesterol
- Overweight/obesity
- Cancer
- Heart disease
- HIV/AIDS
- Drug/alcohol abuse
- Diabetes
- High blood pressure
- Mental health
- Other: __________________________________________

How long has it been since you visited a health care provider for a routine physical exam or check-up?

- In the past year
- In the past 5 years
- Never
- In the past 2 years
- 5 or more years ago
- Don’t know

What THREE things prevent YOU from getting medical care from a health care provider?

- Nothing prevents me from getting medical care
- Cultural/religious beliefs
- I have no time
- Cannot afford
- Doctor’s office not open
- Insurance does not cover service
- Cannot find a health provider who speaks my language
- Don’t know how to find providers
- No transportation/too far
- Co-pay/deductible too high
- Don’t like going/afraid to go
- No childcare
- Other: __________________________________________

In the past 12 months, did you receive care in the emergency room?

- Yes
- No

If yes, what is the ONE main reason for your emergency room visit?

- Could not find a local provider who speaks my language
- No other place to go
- Doctor’s office not open
- Receive most of my care at emergency room
- Emergency room is the closest provider
- Thought problem too serious for a doctor’s visit
- Health provider said go to emergency room
- Other: __________________________________________

Where do you and your family get most of your health information? (Check all that apply)

- Community-based organization
- Hospital
- Radio
- Television
- Doctor/Health professional
- Internet
- Religious organization
- Worksite
- Family or friends
- Library
- School/college
- Health department
- Newspaper/magazine
- Social media (Facebook, Twitter, etc.)
- Other: __________________________________________

**For statistical purposes only (your responses are anonymous) please complete the following:**

I identify as:  
- Male
- Female
- Other

Zip code where I live: __________________________

Town/city where I live: __________________________

What is your age?

- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65-74
- 75+

Are you Hispanic or Latino?

- Yes
- No

What category best describes your race?

- White/Caucasian
- American Indian/Alaskan Native
- Multi-racial
<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is the primary language you speak?</td>
<td>☐ English ☐ Italian ☐ French ☐ Tagalog ☐ Korean ☐ Other:</td>
</tr>
<tr>
<td></td>
<td>☐ Spanish ☐ Portuguese ☐ Chinese ☐ Other:</td>
</tr>
<tr>
<td>What is your highest level of education?</td>
<td>☐ Less than high school ☐ Technical school ☐ College graduate ☐ Advanced degree ☐ Other:</td>
</tr>
<tr>
<td></td>
<td>☐ High school grad/GED ☐ Some college ☐ Other:</td>
</tr>
<tr>
<td>What is your current employment status?</td>
<td>☐ Employed ☐ Not Employed ☐ Student ☐ Military ☐ Retired</td>
</tr>
<tr>
<td>Do you have any of the following types of health insurance?</td>
<td>☐ Medicare ☐ Medicaid ☐ Private insurance ☐ Tri-Care ☐ None/no insurance ☐ Other:</td>
</tr>
<tr>
<td></td>
<td>☐ Insurance through NY State or Federal Health Exchange</td>
</tr>
</tbody>
</table>

Please return the survey by **June 10th, 2016**. Email: bqlc@westchestergov.com. Fax: 914-813-4303. Mail: Bonnie Lam, Department of Health, 10 County Center Road, 2nd Floor, White Plains, NY 10607-1541
Methods

These tables summarize the top 20 inpatient discharges for facilities of interest in 2015. Because of the change from ICD-9 to ICD-10 coding in October 1, 2015 data are stratified into two categories: October-December and January-September. The ICD-10 codes are more specific than the ICD-9 codes which may lead to differences in the relative ranking of primary diagnoses.
<table>
<thead>
<tr>
<th>Diagnosis description</th>
<th>Discharges</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aftercare following joint replacement surgery</td>
<td>84</td>
</tr>
<tr>
<td>Hemiplegia and hemiparesis following cerebral infarction affecting right dominant side</td>
<td>42</td>
</tr>
<tr>
<td>Hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side</td>
<td>31</td>
</tr>
<tr>
<td>Malaise NEC</td>
<td>14</td>
</tr>
<tr>
<td>Bilateral primary osteoarthritis knee</td>
<td>13</td>
</tr>
<tr>
<td>Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting right dominant side</td>
<td>12</td>
</tr>
<tr>
<td>COPD with exacerbation</td>
<td>9</td>
</tr>
<tr>
<td>Ataxia following cerebral infarction</td>
<td>9</td>
</tr>
<tr>
<td>Cognitive communication deficit</td>
<td>9</td>
</tr>
<tr>
<td>Abnormalities gait &amp; mobility NOS</td>
<td>8</td>
</tr>
<tr>
<td>Muscle wasting &amp; atrophy NEC site NOS</td>
<td>8</td>
</tr>
<tr>
<td>Encounter for specified surgical aftercare NEC</td>
<td>7</td>
</tr>
<tr>
<td>Chronic obstructive pulmonary disease NOS</td>
<td>6</td>
</tr>
<tr>
<td>Multiple Sclerosis</td>
<td>6</td>
</tr>
<tr>
<td>Quadriplegia C5-C7 incomplete</td>
<td>5</td>
</tr>
<tr>
<td>Traumatic subdural hemorrhage without loss of consciousness, subsequent encounter</td>
<td>5</td>
</tr>
<tr>
<td>Sequelae cerebral infarction NEC</td>
<td>5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Diagnosis description</th>
<th>Discharges</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care involving other specified rehabilitation procedure</td>
<td>1592</td>
</tr>
<tr>
<td>Osteoarthrosis, localized, lower leg</td>
<td>37</td>
</tr>
<tr>
<td>Cerebral thrombosis with cerebral infarction</td>
<td>19</td>
</tr>
<tr>
<td>Intracerebral Hemorrhage</td>
<td>15</td>
</tr>
<tr>
<td>Care Involving unspecified rehabilitation procedure</td>
<td>12</td>
</tr>
<tr>
<td>Cerebral embolism with Infarct</td>
<td>12</td>
</tr>
<tr>
<td>Osteoarthrosis, localized, not specified whether primary or secondary, pelvic region and thigh</td>
<td>8</td>
</tr>
<tr>
<td>Cerebral artery occlusion, unspecified with cerebral infarction</td>
<td>7</td>
</tr>
<tr>
<td>Obstructive chronic bronchitis with (acute) exacerbation</td>
<td>5</td>
</tr>
<tr>
<td>Spinal stenosis, lumbar region, without neurogenic claudication</td>
<td>4</td>
</tr>
<tr>
<td>Vascular Myelopathies</td>
<td>4</td>
</tr>
<tr>
<td>Subarachnoid Hemorrhage</td>
<td>3</td>
</tr>
<tr>
<td>Ac Infect Polyneuritis</td>
<td>3</td>
</tr>
<tr>
<td>Joint replacement aftercare</td>
<td>3</td>
</tr>
<tr>
<td>Subdural hemorrhage following injury without mention of open intracranial wound, unspecified state of consciousness</td>
<td>2</td>
</tr>
<tr>
<td>Closed fracture of C5-C7 level with other specified spinal cord injury</td>
<td>2</td>
</tr>
<tr>
<td>Other and unspecified intracranial hemorrhage following injury without mention of open intracranial wound, unspecified state of consciousness</td>
<td>2</td>
</tr>
<tr>
<td>Condition</td>
<td>Count</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------</td>
<td>-------</td>
</tr>
<tr>
<td>Displaced intertrochanteric fracture of left femur, subsequent encounter for closed fracture with routine healing</td>
<td>5</td>
</tr>
<tr>
<td>Paraplegia incomplete</td>
<td>4</td>
</tr>
<tr>
<td>Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting left non-dominant side</td>
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<tr>
<td>Other sequelae of other nontraumatic intracranial hemorrhage</td>
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<tr>
<td>Atherosclerotic heart disease of native coronary artery without angina pectoris</td>
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<tr>
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<tr>
<td>Weakness</td>
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<tr>
<td>Neoplasm of uncertain behavior of brain and spinal cord</td>
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<tr>
<td>Unspecified mechanical complication of internal orthopedic device, implant, and graft</td>
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