NEGLECTED AND INVISIBLE

Understanding the Unmet Healthcare Needs of People on Long Island
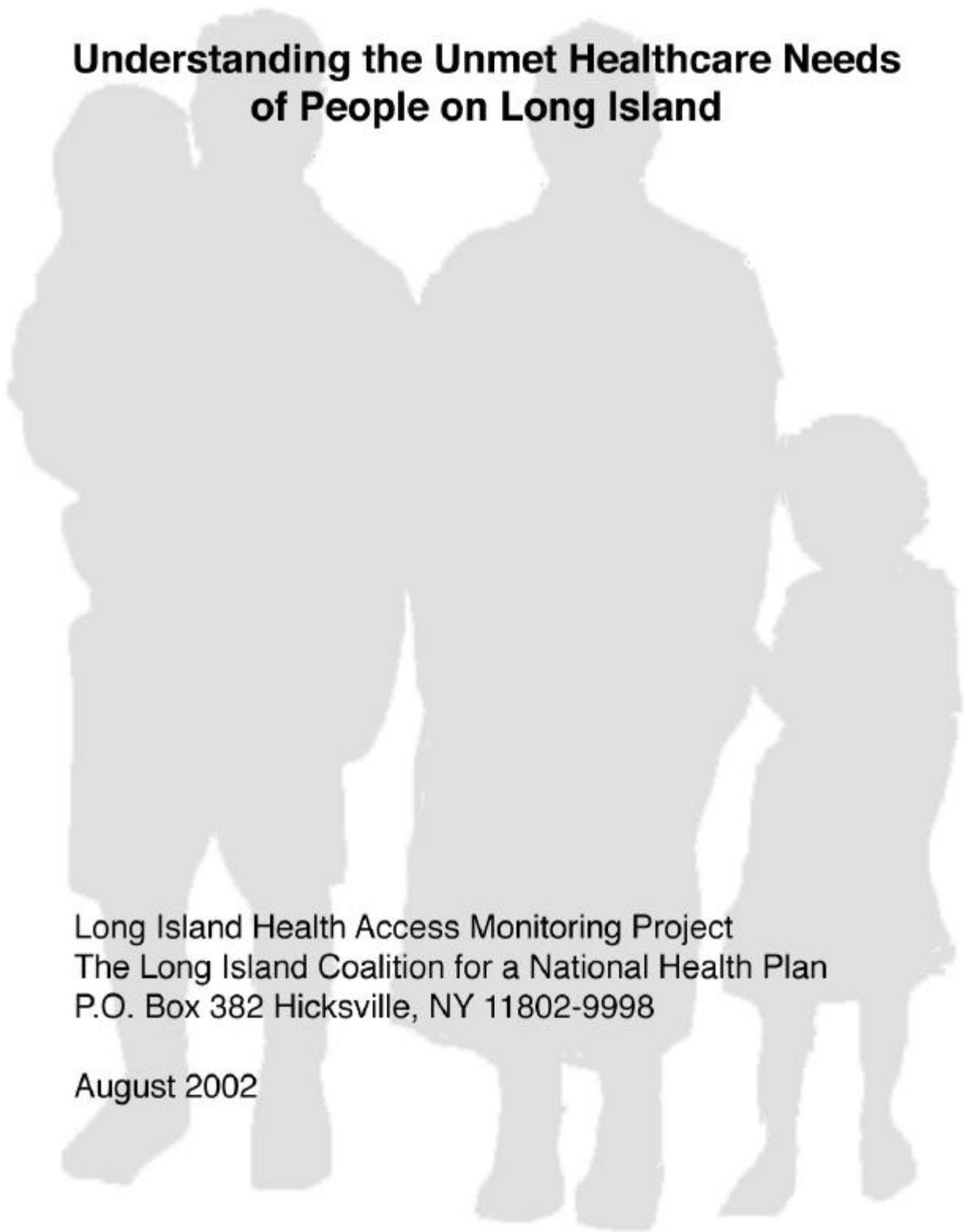
Long Island Health Access Monitoring Project
The Long Island Coalition for a National Health Plan
P.O. Box 382 Hicksville, NY 11802-9998

August 2002

Preface

The Long Island Coalition for a National Health Plan was established in 1988 in response to the growing concern about healthcare access. It is a grassroots, all volunteer coalition of a broad group of 50 regional organizations and several hundred individuals.

The Coalition's primary goal is to achieve a universal, comprehensive, accessible, and affordable healthcare system as the most logical and cost-effective solution for the nation's and Long Island's healthcare needs. The Coalition engages in education and advocacy in order to reach this goal.

Because of its concern with access to healthcare, the Long Island Coalition for a National Health Plan has always involved itself in local health access issues and has taken a leading role in attempts to preserve public health facilities and prevent privatization.

Early in 2000, the Long Island Coalition for a National Health Plan decided to try to improve hospital community benefit programs at local healthcare institutions. The goal of this effort was the expansion of access to healthcare for the uninsured and underinsured population on Long Island. To facilitate this focus on local access and area population's needs the Coalition established a separate arm—the Long Island Health Access Monitoring Project.

With a contract from The Access Project and with technical assistance from Community Catalyst, several surveys were developed. Monitoring Project members conducted a free care survey and performed an analysis of community benefits. The recommendations developed formed the basis of an earlier report, "Hospital Community Benefits and Free Care Programs", published in March 2001. This second report focuses on the results of a survey of healthcare needs.

The Access Project is a national initiative of the Robert Wood Johnson Foundation. It works in partnership with Brandeis University's Heller School for Advanced Studies in Social Welfare and the Collaborative for Community Health Development. Its goal is to expand access to healthcare for the uninsured and underinsured population by assisting local communities in efforts to improve access for people who have no health insurance. It may be reached by telephone at 617-654-9911.

Community Catalyst is a national advocacy organization that builds consumer and community participation in the shaping of our health system to ensure quality, affordable healthcare for all. Community Catalyst strengthens the capacity of state and local consumer advocacy groups to participate in decisions shaping the future of our health system. It provides technical assistance related to policy analysis, legal assistance, strategic planning, and community organizing support. It works with its state and local partners to build a network of organizations dedicated to creating a more just and responsive health system. It may be reached by telephone at 617-275-2800.

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Acknowledgments_____

If you have any additional questions or would like to learn more about the work of the **Long Island Coalition For A National Health Plan**, please write to: P.O.Box 382, Hicksville, N.Y. 11802-9998 or contact the Project Directors:

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Introduction_____

This report tells a story that has been told in many other places in the country. It is a story of people who are mostly uninsured, because they are too poor to pay for their own insurance and do not get it at their place of employment. It is the story of people who are too young to qualify for Medicare and fall between the cracks of the Medicaid system. It is the story of people whose medical needs are largely unmet by Long Island's limited and frayed safety net.

The lack of health insurance is a national problem of increasingly large dimensions. It affects all races and classes, children and adults, the working and the unemployed. Still members of certain groups are more likely to be uninsured. The working poor are the most at risk of being uninsured. The makeup of the underserved on L.I. is consistent with national data[1]. English is not the primary language for many uninsured individuals. Women represent a disproportionate share of the underserved. One out of every five persons in our survey subsists on income that is well below the Federal Poverty Level, which in 2001 was set at $8,590.00 for a single individual.

There are 2.8 million people residing in L.I.'s two counties. Minority populations continue to increase in both counties in numbers and in proportion to the total population[2]. This increase is occurring primarily among Black, Hispanic and Asian populations. It is estimated that approximately 16% of Long Island's population has no health insurance. Since that number is continually growing, we can safely estimate that close to 437,000 Long Islanders are uninsured.

Long Island is seen as an affluent area and the prevalence of a comfortable majority makes it all too easy to overlook the impoverished people who live in this region. They become invisible and therefore are often forgotten. The two suburban counties of Long Island have many documented pockets of poverty. At least fourteen areas have been designated low income target areas by the Nassau and Suffolk County Health Departments. In those areas some health outcomes are on a par or even worse than those in third world countries. A significant number of people living on incomes that are below the Federal Poverty Level are also scattered throughout both counties. As the economy softens, their numbers increase, and so does the incidence of uninsurance. Their problems are further exacerbated by the high cost of living on Long Island and the limited availability of public transportation.

The perception that our healthcare system provides for everyone, including the uninsured is a myth with no basis in reality. The Long Island Health Access Monitoring Project published a survey of "Hospital Community Benefits and Free Care Policies" in April 2001. The survey demonstrated that hospitals, for the most part, lacked specific charity care policies and that the commitment to charity care was not manifest or realized at the hospitals included in the survey.

The uninsured have little access to regular or preventive care and wait until an urgent situation presents itself[3]. They then go to the emergency room, where their condition is stabilized, but no long-term treatment is provided. While emergency rooms are required by Federal Statute to

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[1] Kaiser Commission on Medicaid and the Uninsured, February '02; The Kaiser Family Foundation
[2] Newsday, June 5th '02
[3] "Care Without Coverage: Too Little, Too Late", The Institute of Medicine

provide care, they are not precluded from charging for that care, nor do they provide needed medications.

The supposed safety net of community clinics also fails poor people. Services provided at most clinics are limited in scope. The clinics lack specialty services, such as orthopedics, dermatology and cardiology. Hours of operation are often limited to daytimes and to weekdays. Medications are usually not provided. Many clinics require some payment up front.

Having become aware of these problems as a result of the first survey, the authors felt it important to learn more about the population in need and set out to survey the unmet health needs and the barriers to care encountered by uninsured and medically indigent people on Long Island.

Methodology_____

An advisory board of community residents and representatives of human service and religious organizations had been assembled at the inception of LIHAMP's work. This advisory board provided input into the development of the health needs survey. The survey instrument was translated into Spanish and into Haitian Creole.

Uninsured individuals were recruited to administer the survey. Some agency staff who had established relationships with the target population also conducted the survey. The uninsured surveyors were thought to be able to relate to the identified population as well as gain new skills in the process. They were paid a small stipend for their efforts.

All surveyors were trained in the intricacies of completing a lengthy and complex survey. Across Long Island, eighteen sites were identified as places that were likely to be frequented by low income individuals. They included parish outreach centers and other religious organizations, food pantries, WIC and FAN programs, citizenship groups, health clinics and mental health service providers.

A total of 501 surveys were collected. Questions relating to household members provided information on 784 individuals. Not all questions were answered by every respondent. The survey instrument addressed four major areas of information about persons who were likely to be experiencing healthcare access problems.
These areas are:
1. Demographic information
2. Health insurance status
3. Barriers to care
4. Most common health problems.

Findings

See charts on the following pages.

Age
Percentage of Respondents

75+
2%

55-74
14%

18-34
30%

35-54
54%
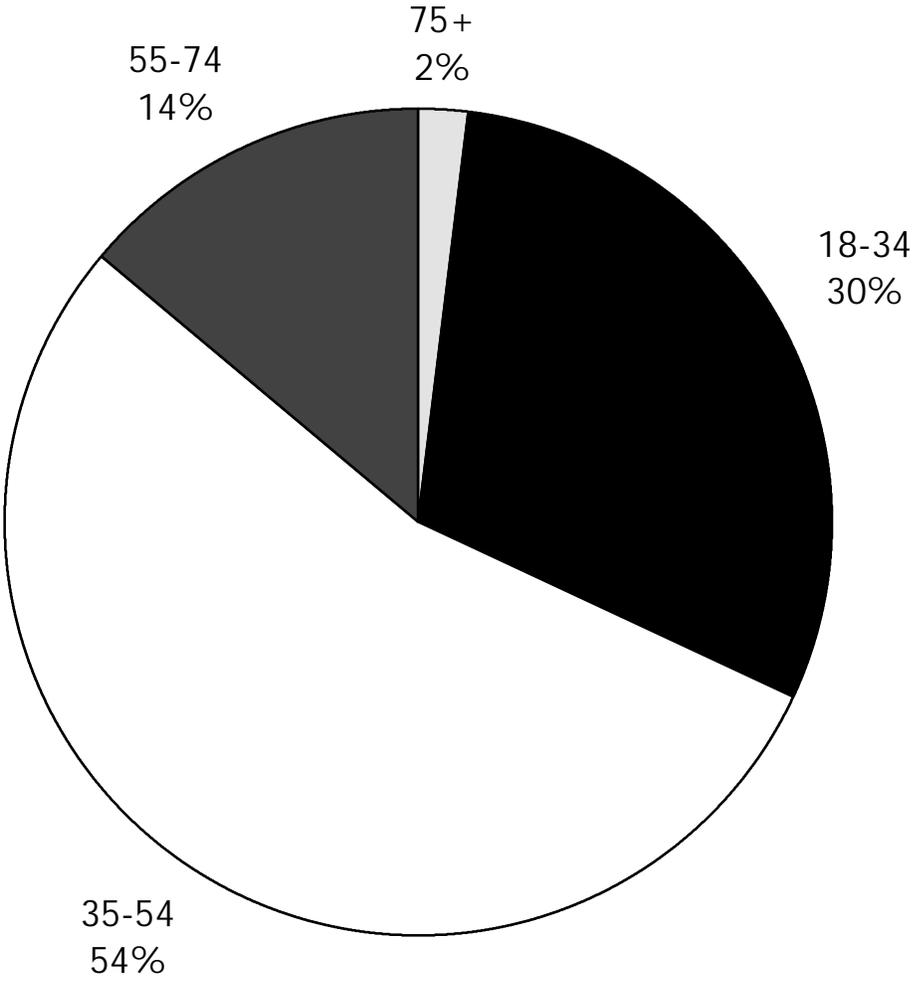
Gender
Percentage of Respondents

Male
26%

Female
74%
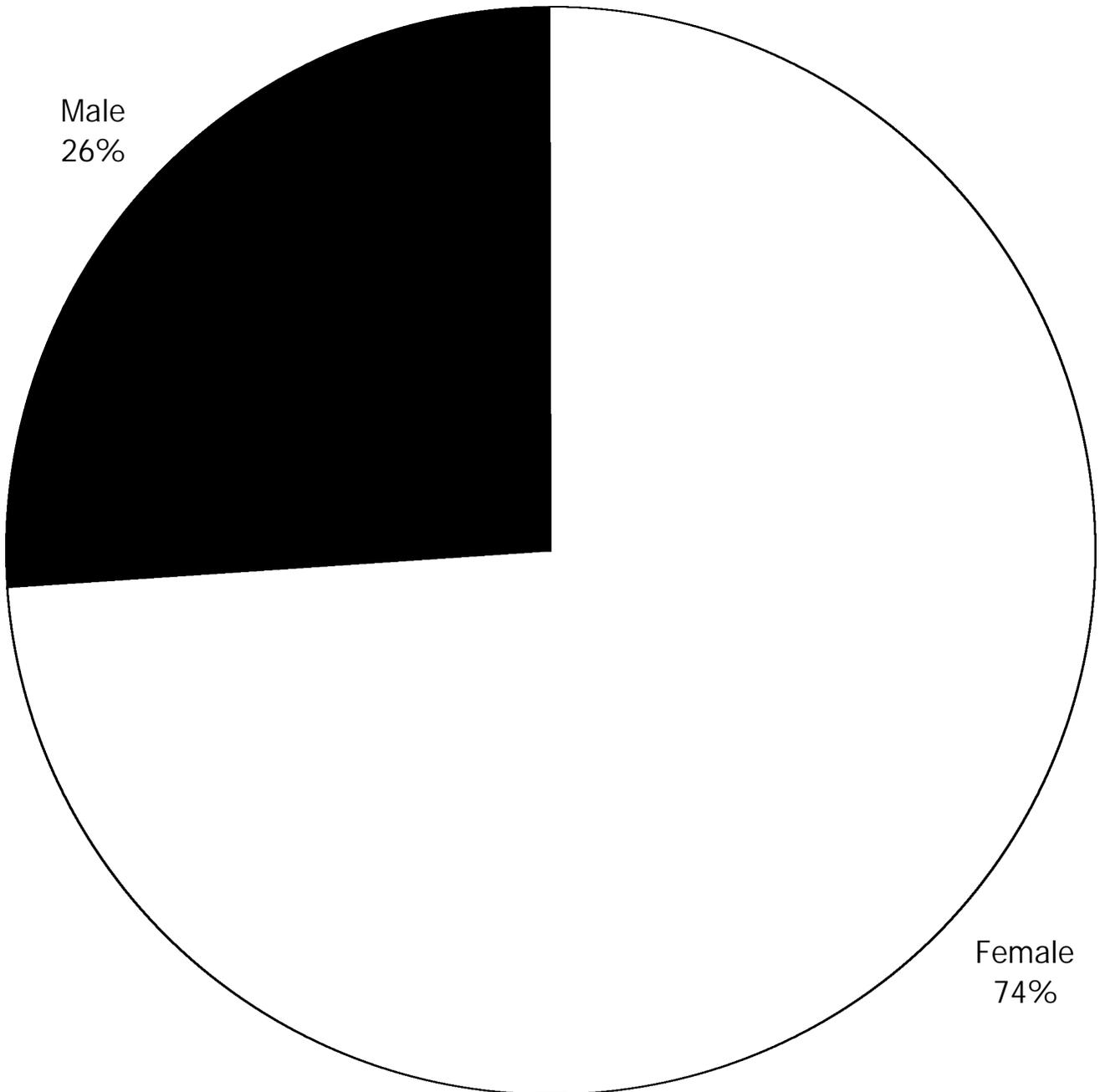
Primary Spoken Language at Home

Percentage of Respondents

Other and Multiple
10%

Haitian Creole
3%

English
37%

Spanish
50%
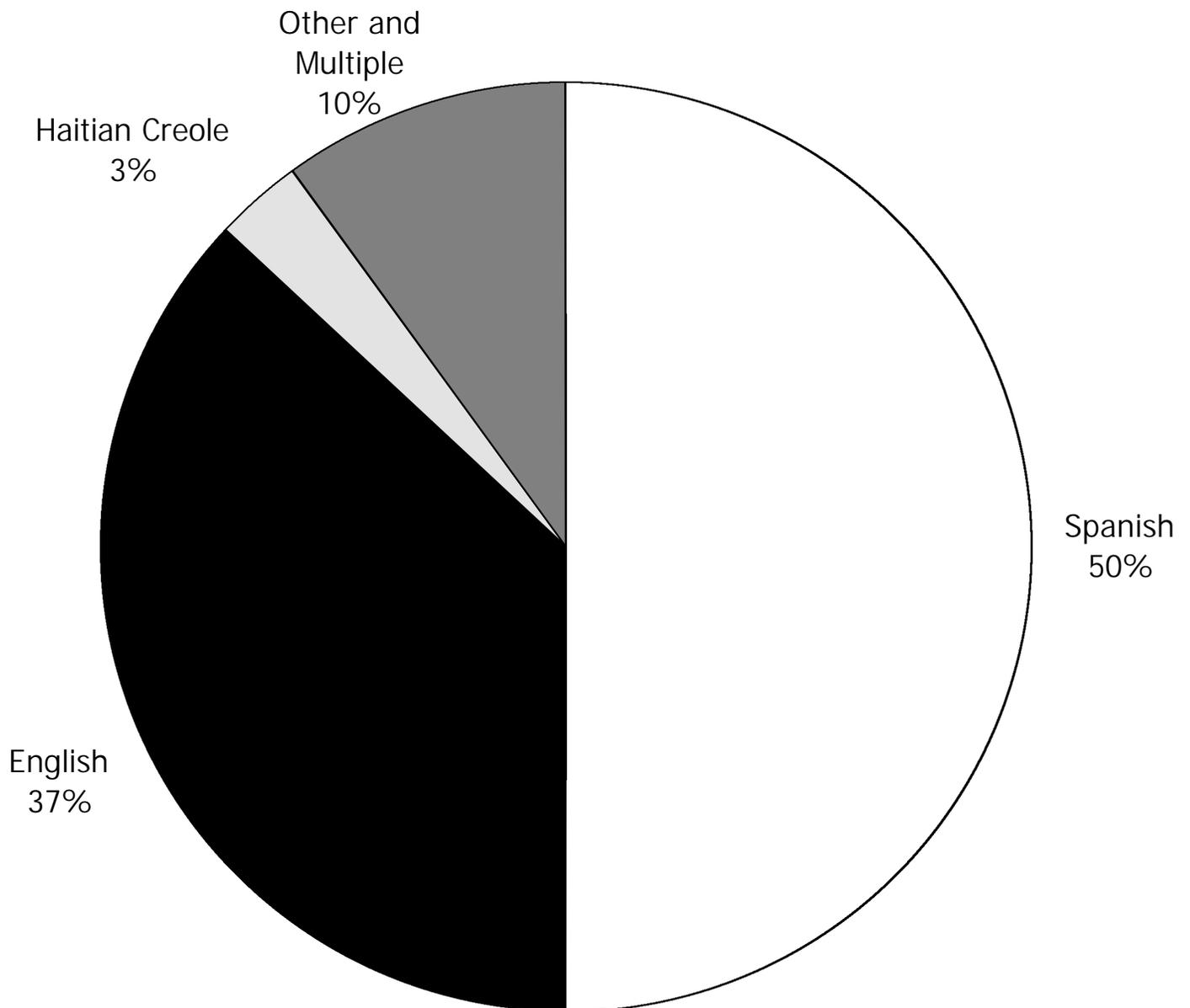
Race/Ethnicity
Percentage of Respondents

Asian
6%

Am Indian
3%

African
2%

Haitian
6%

Hispanic
49%

Caucasian
7%

African American
27%
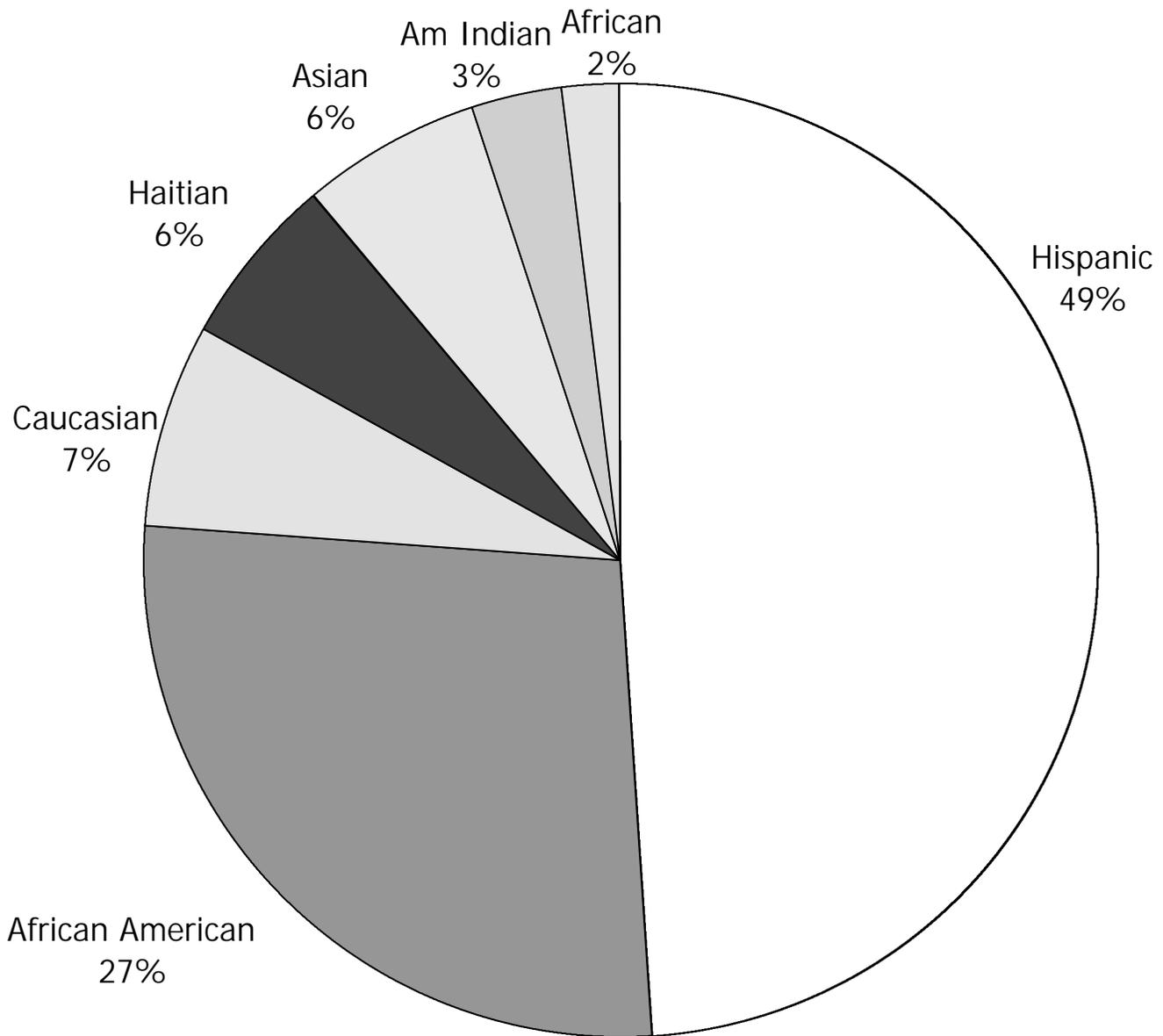
Household Income
Percentage of Respondents

Under 5K
20%

5-10K
23%

Over 25K
18%

10-15K
18%

15-25K
21%
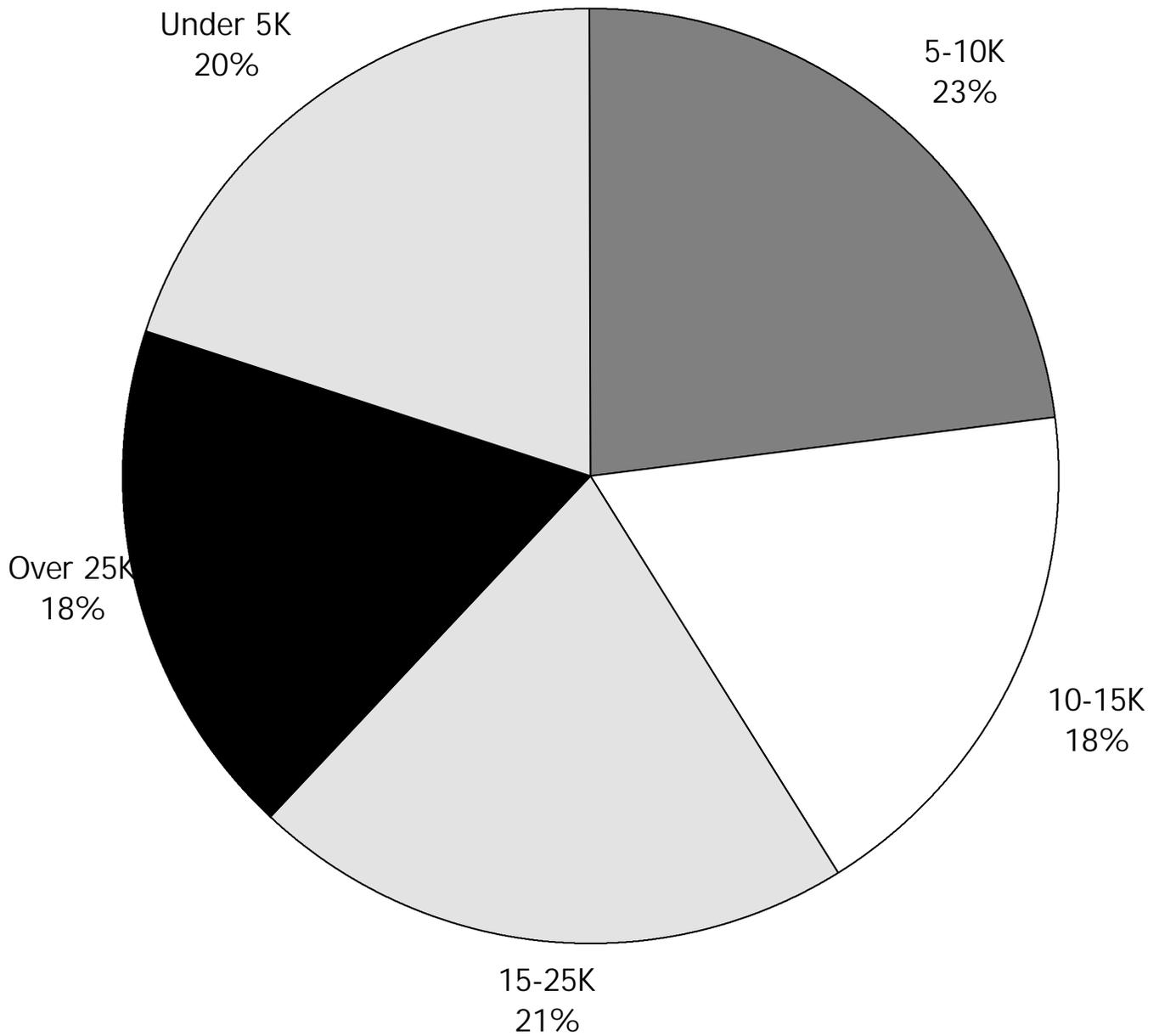
Adult Medical Insurance Coverage

Percentage of sample at time of survey

Uninsured
51%

Insured
49%
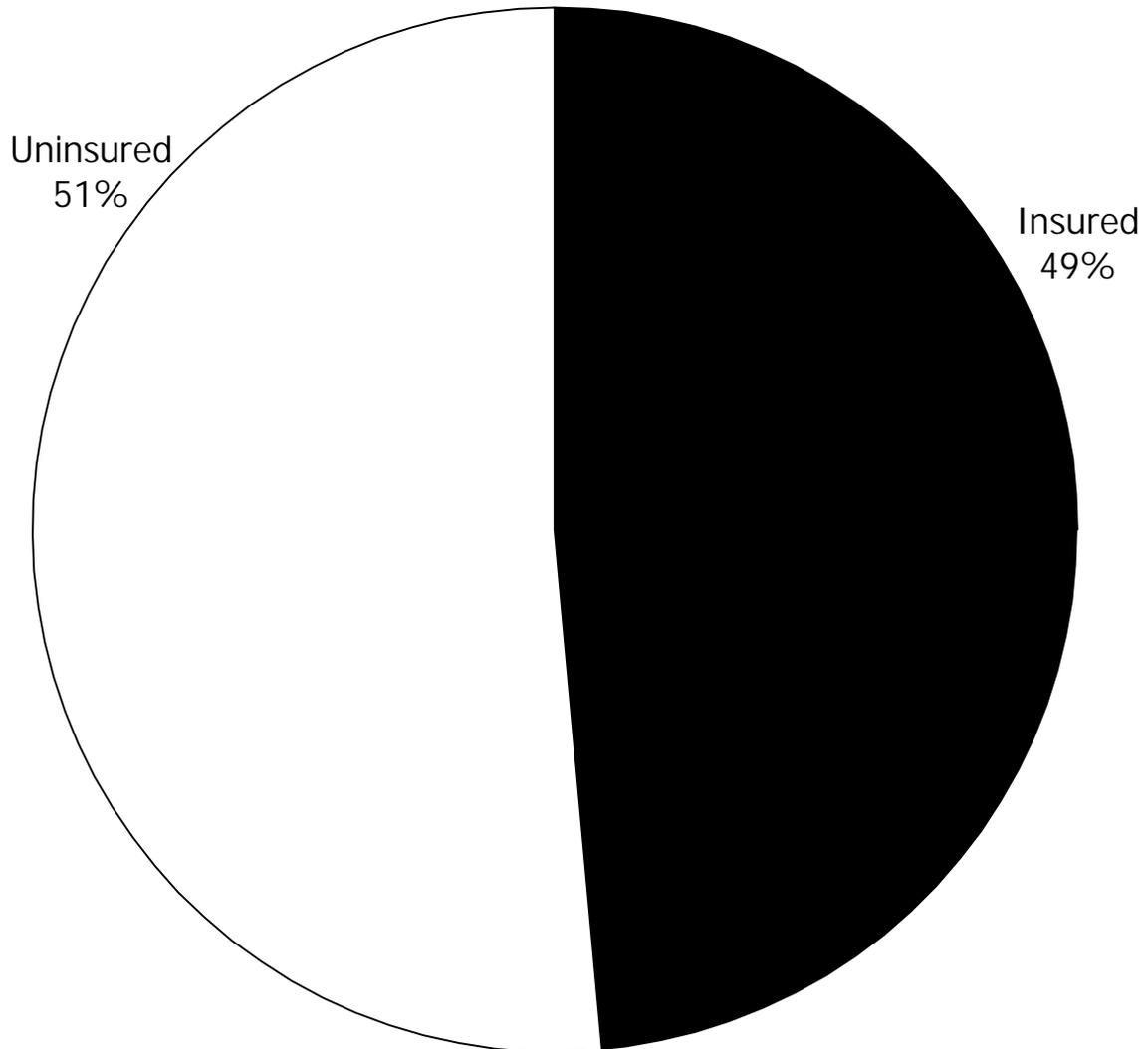
Adult Dental Insurance Coverage

Percentage of sample at time of survey

Insured
21%

Uinsured
79%
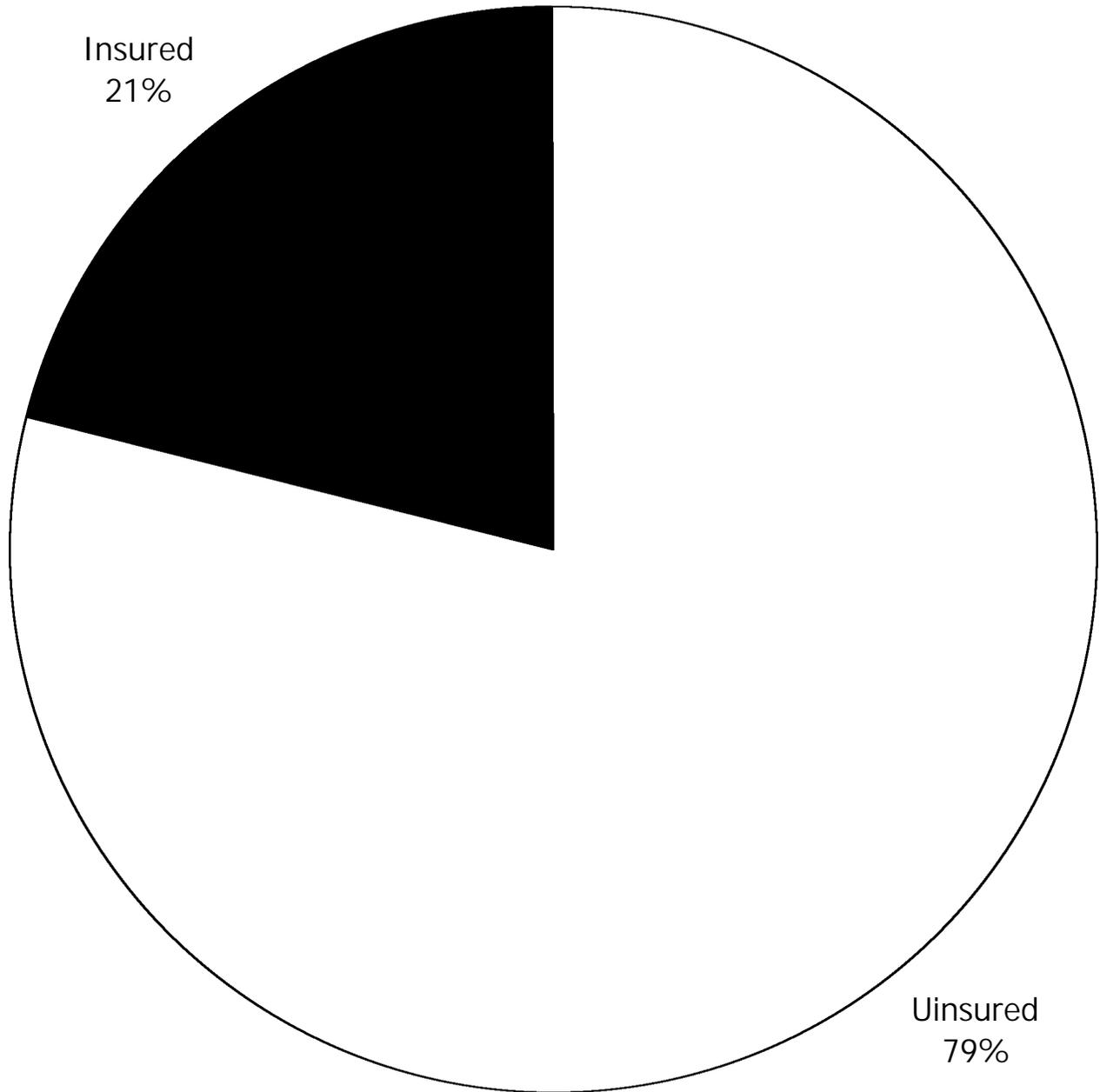
Source Of Adult Insurance

Percentage of adults with insurance

Medicare
8%

Employer
(Partially Paid)
32%

Other
13%

Employer (Fully
Paid)
19%
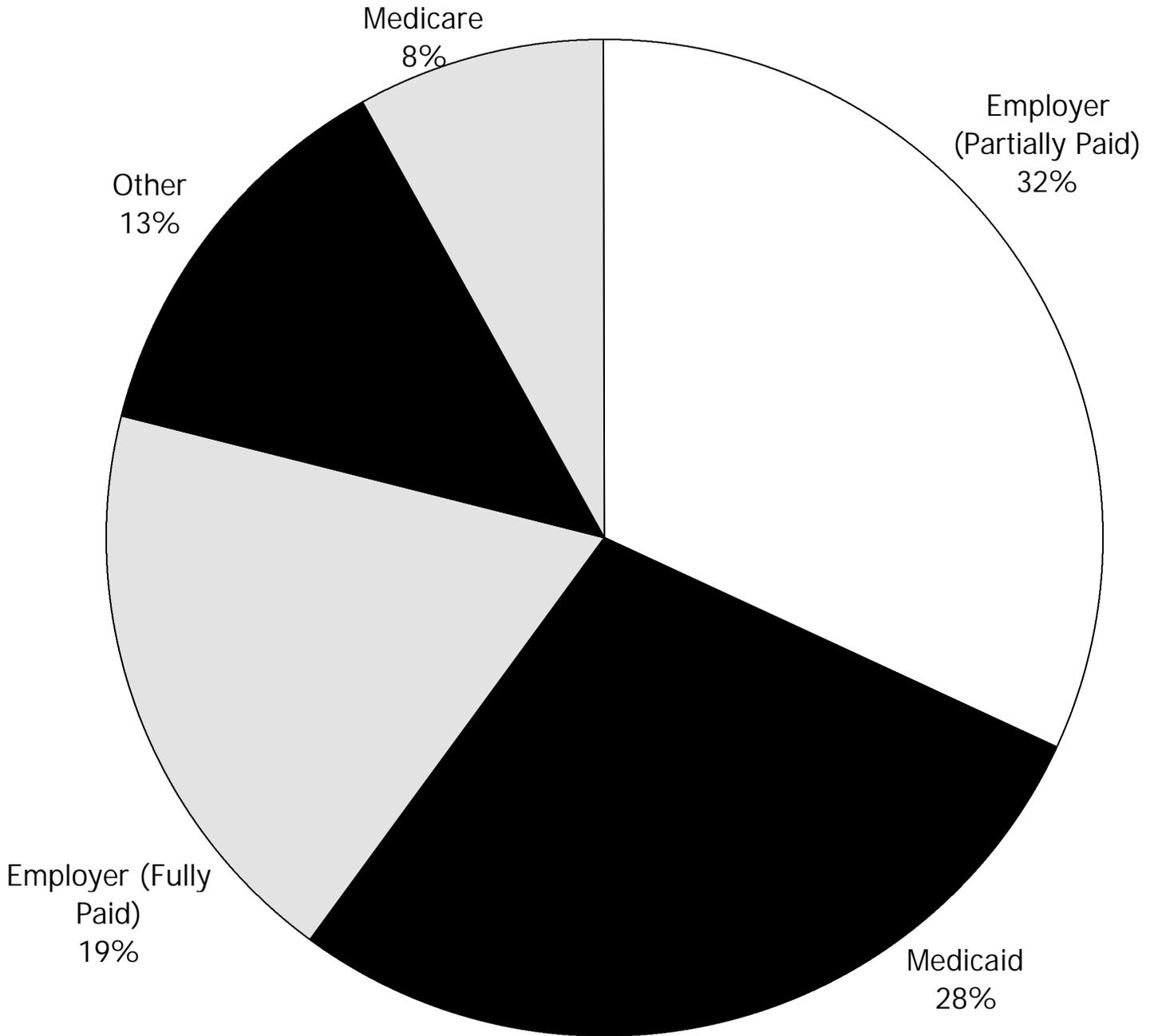
Medicaid
28%

Child Medical Insurance Coverage

Percentage of sample at time of survey

Uninsured
35%
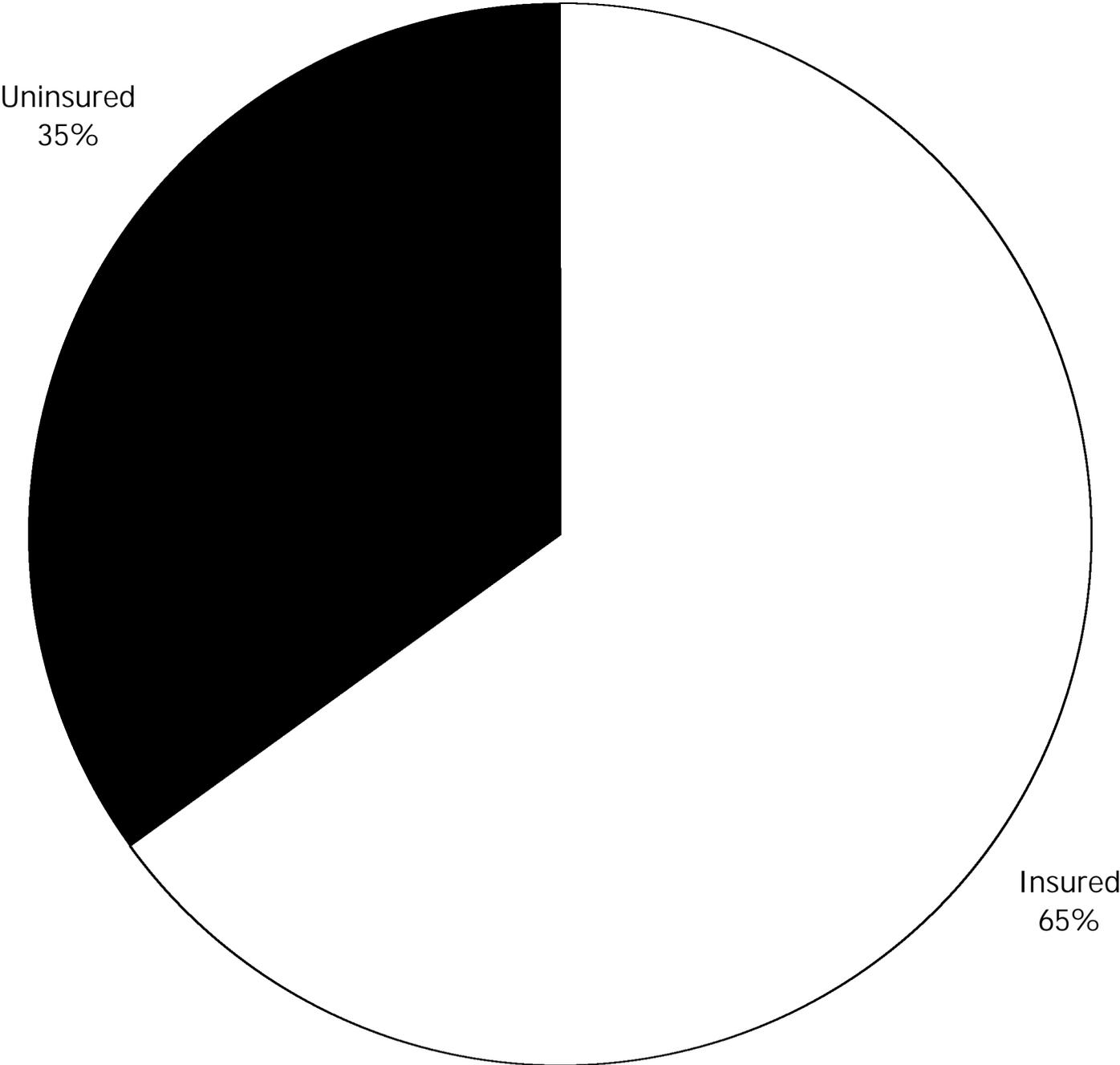
Insured
65%

Child Dental Insurance Coverage

Percentage of sample at time of survey

Insured
46%
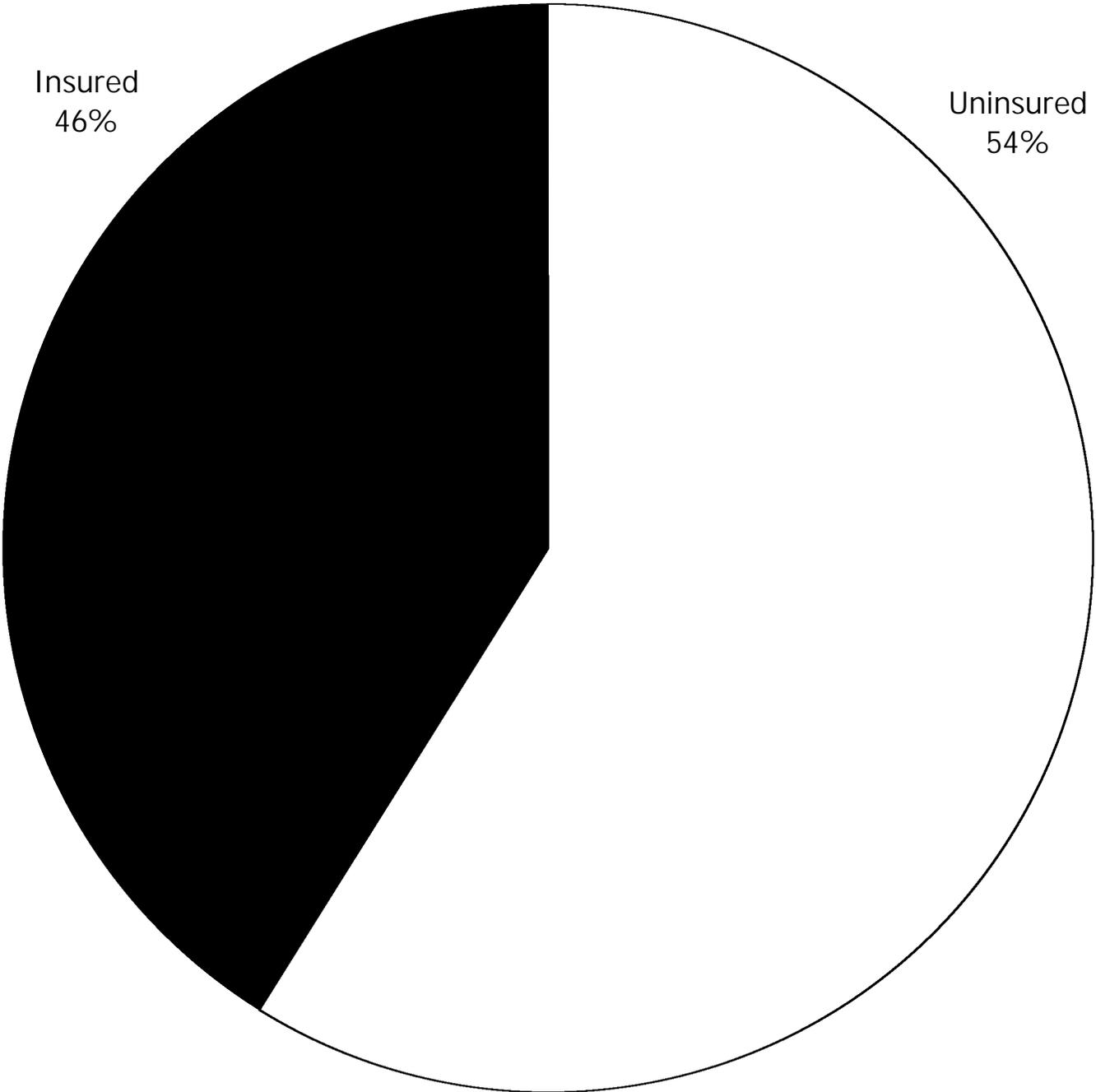
Uninsured
54%

Source Of Child Insurance
Percentage of insured children

Paid)
5%

1%

Other
8%

CHIP
38%

Employer
artially Paid)
13%
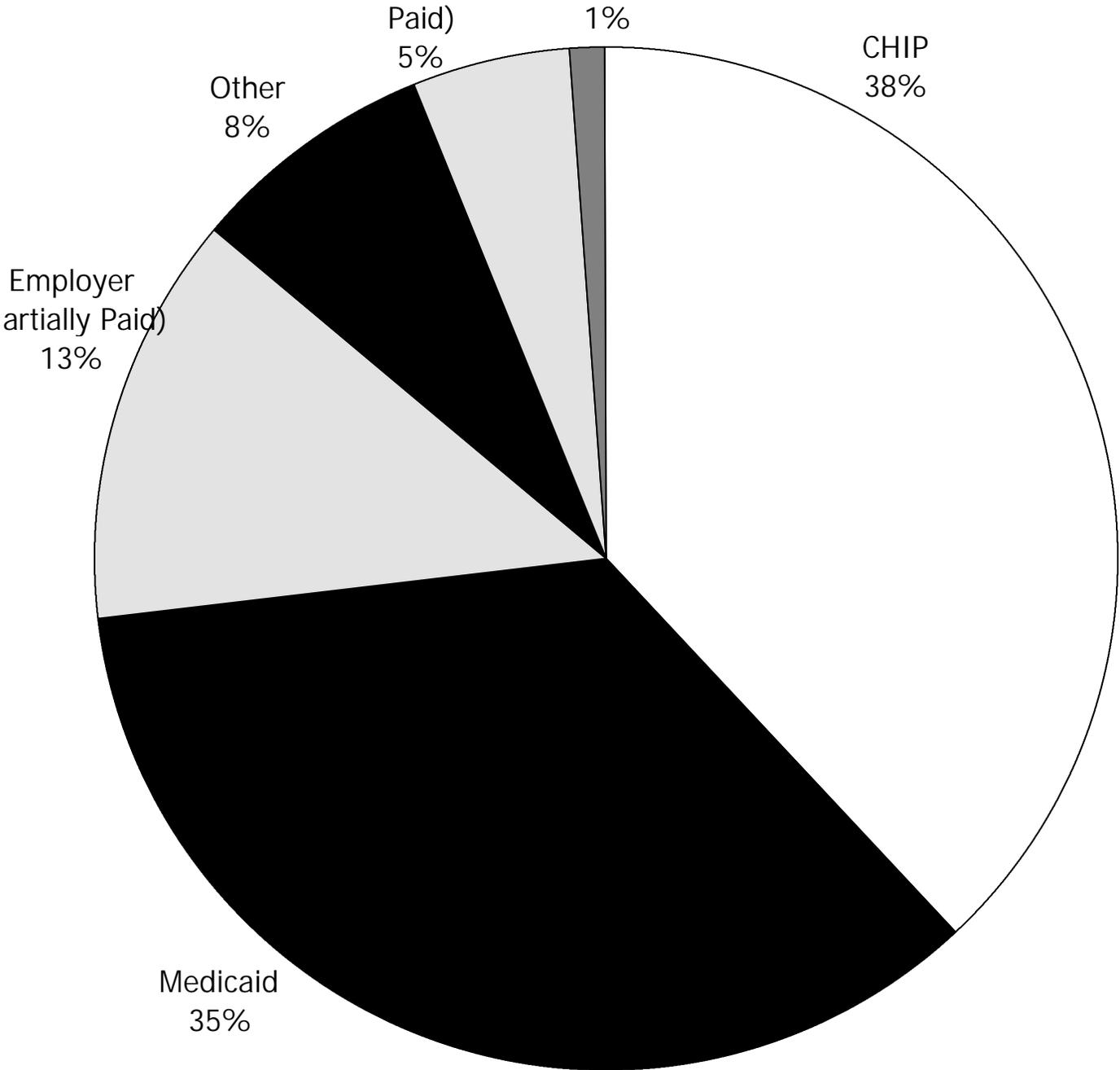
Medicaid
35%

Uninsured Individuals
Duration Of Uninsurance
Percentage of sample uninsured during past year

1 Year or More
18%

Never Had
Insurance
64%

3 Months-Year
11%

3 Months or Less
7%
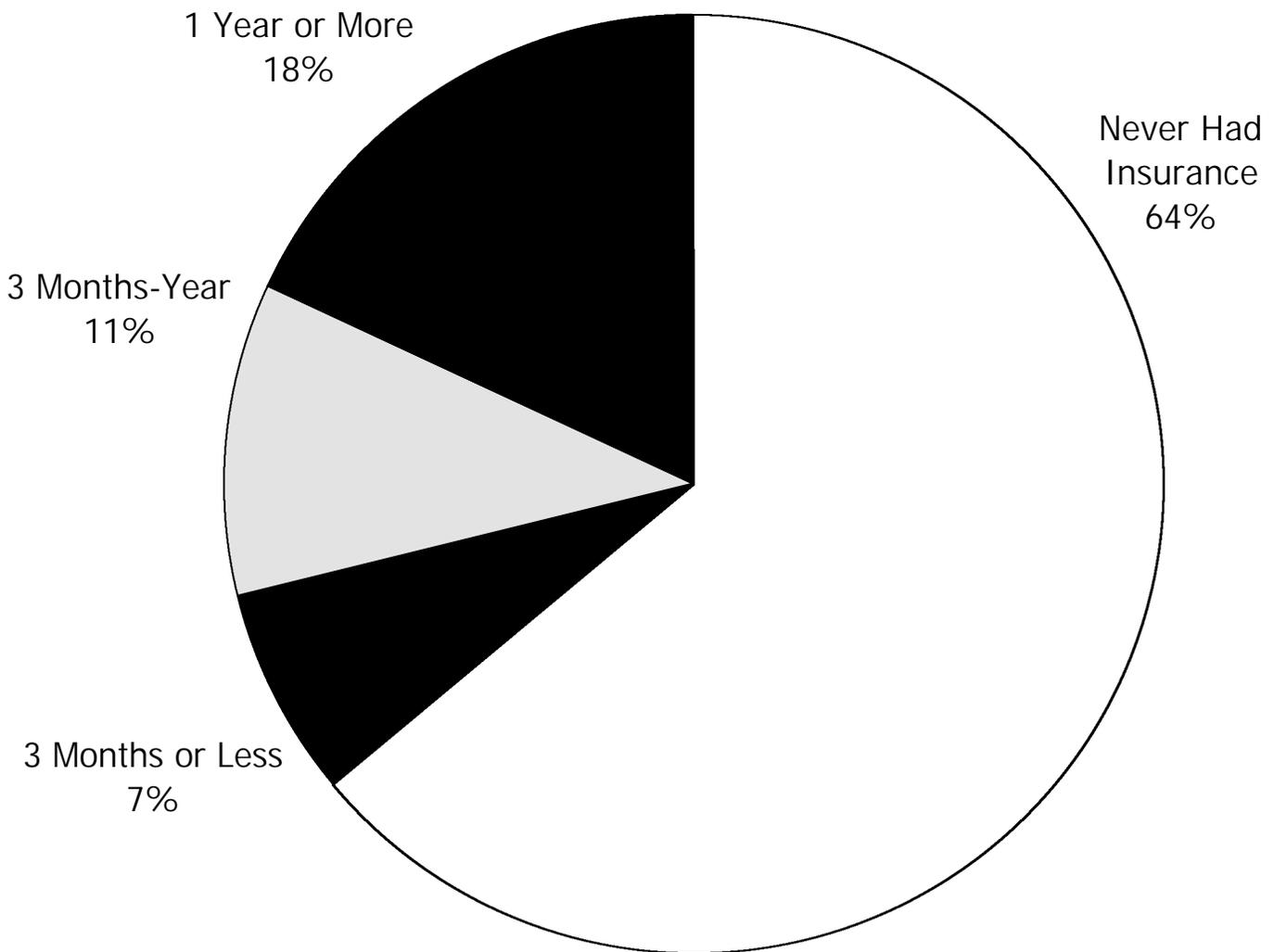
Employment Status of Uninsured Adults

Percentage of sample at time of survey

Employed Part Time 26%

Employed Full Time 52%

Unemployed 22%
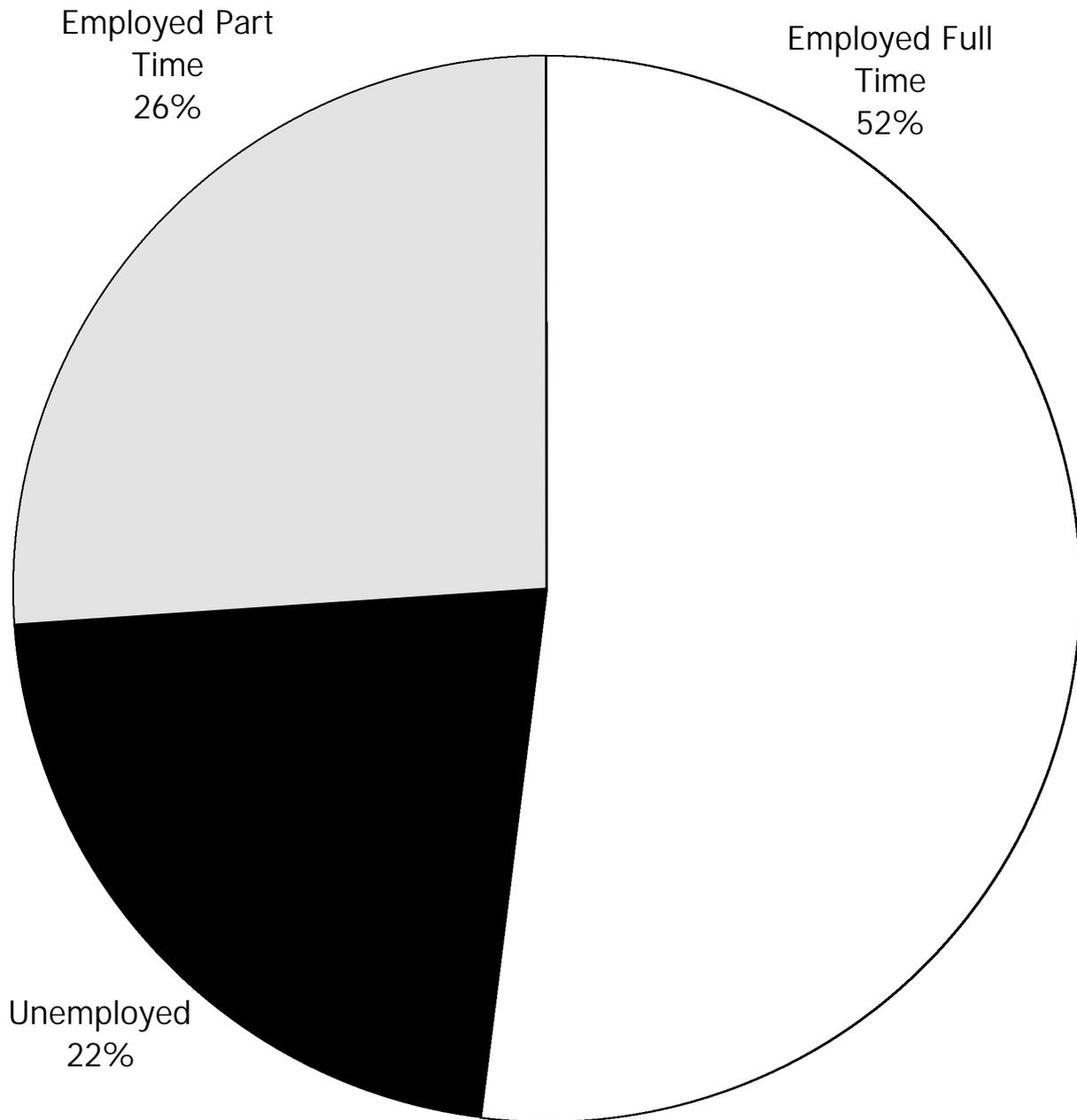
Reason for Lack of Medical Insurance

Percentage of sample uninsured during the past year

* Percentages add to more than 100% because multiple responses were permitted
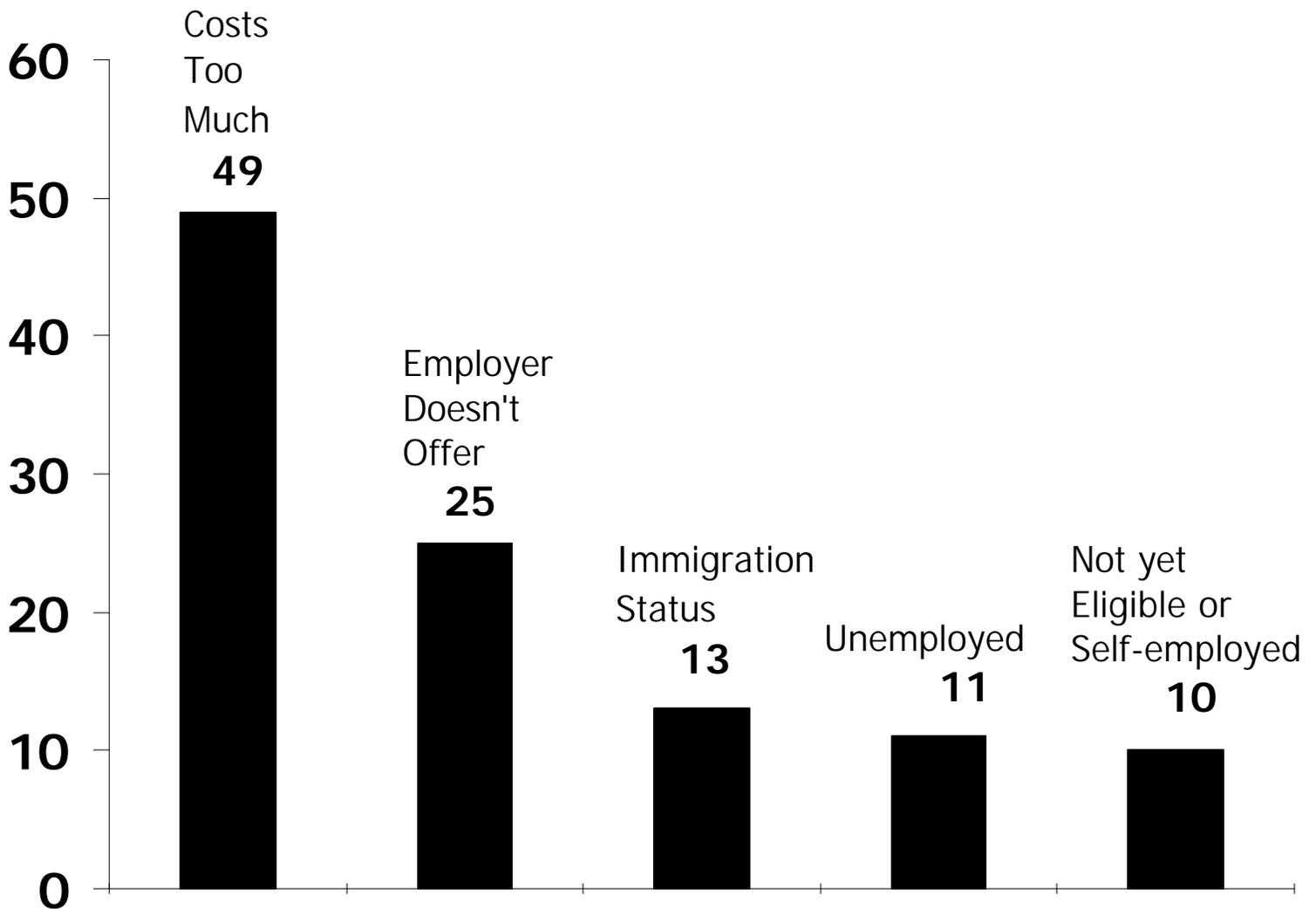
Uninsured Individuals Ability To Obtain Medical Services

Percentage of those needing medical services

Needed & Did
Not Receive
30%

Needed &
Received
70%
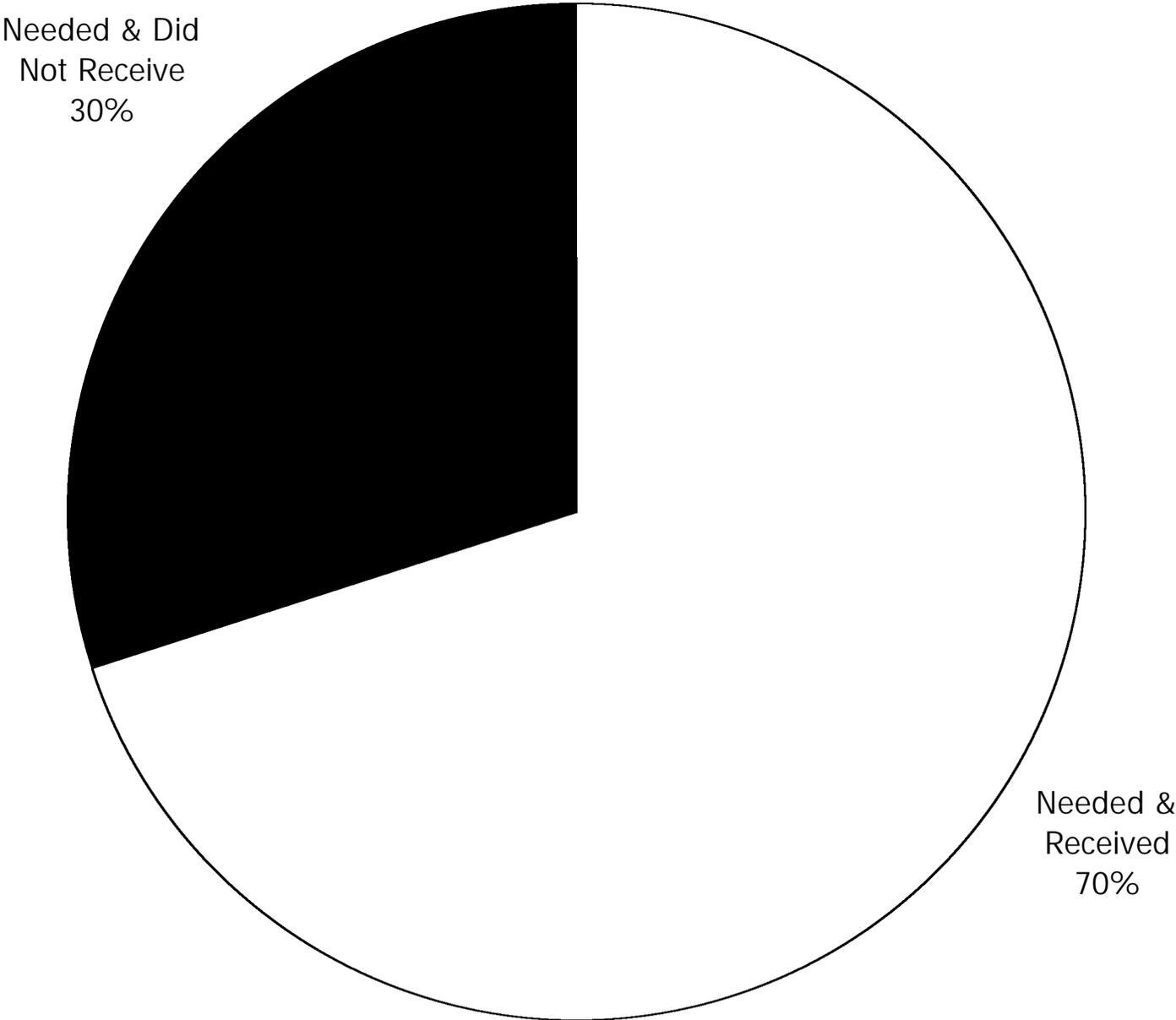
Uninsured Individuals Ability To Obtain Dental Services

Percentage of those needing dental services

Needed & Did
Not Receive
40%

Needed &
Received
60%
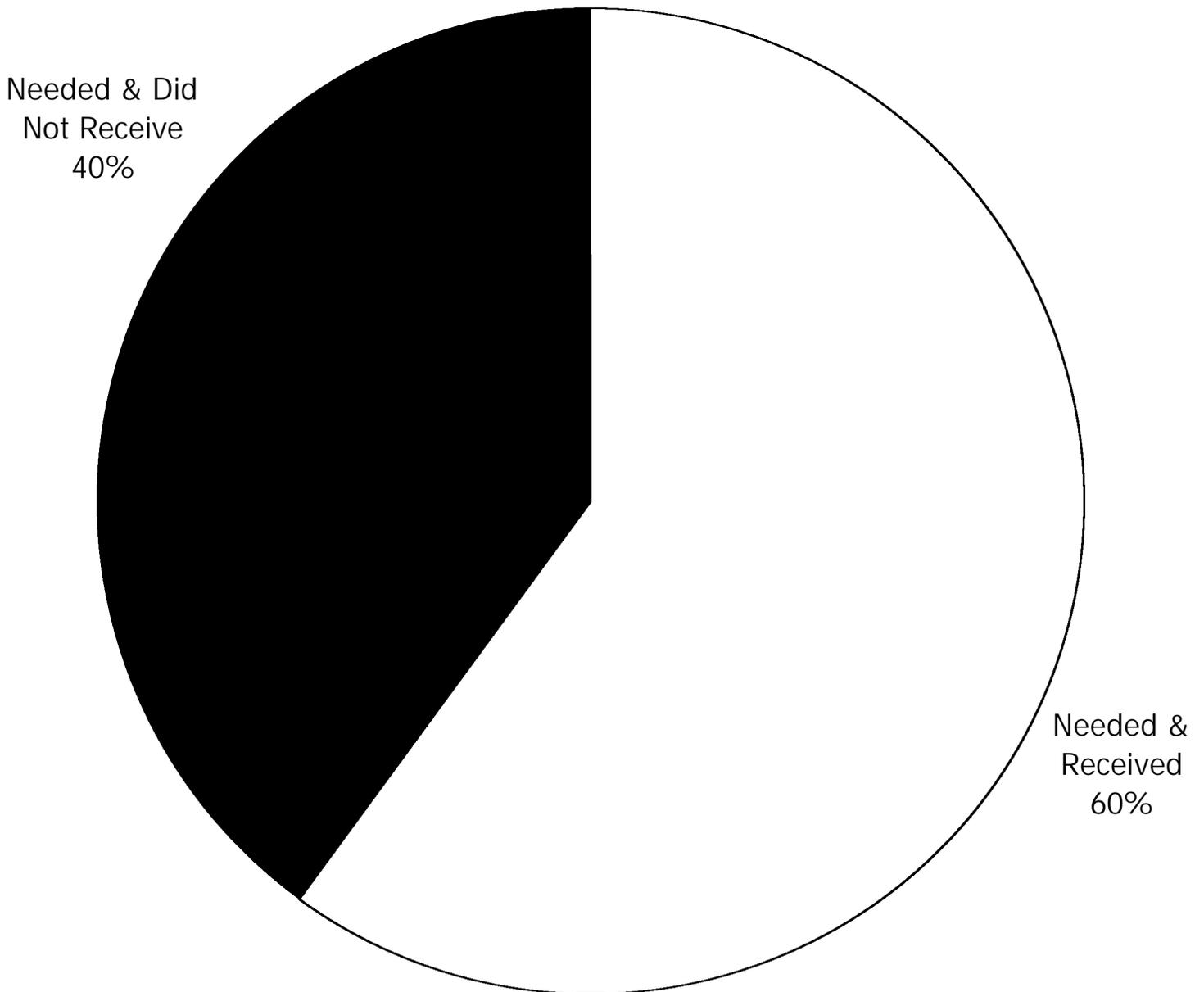
Uninsured Individuals Ability To Obtain Prescription Drugs

Percentage of those needing prescription drugs

Needed & Did
Not Receive
40%

Needed &
Received
60%
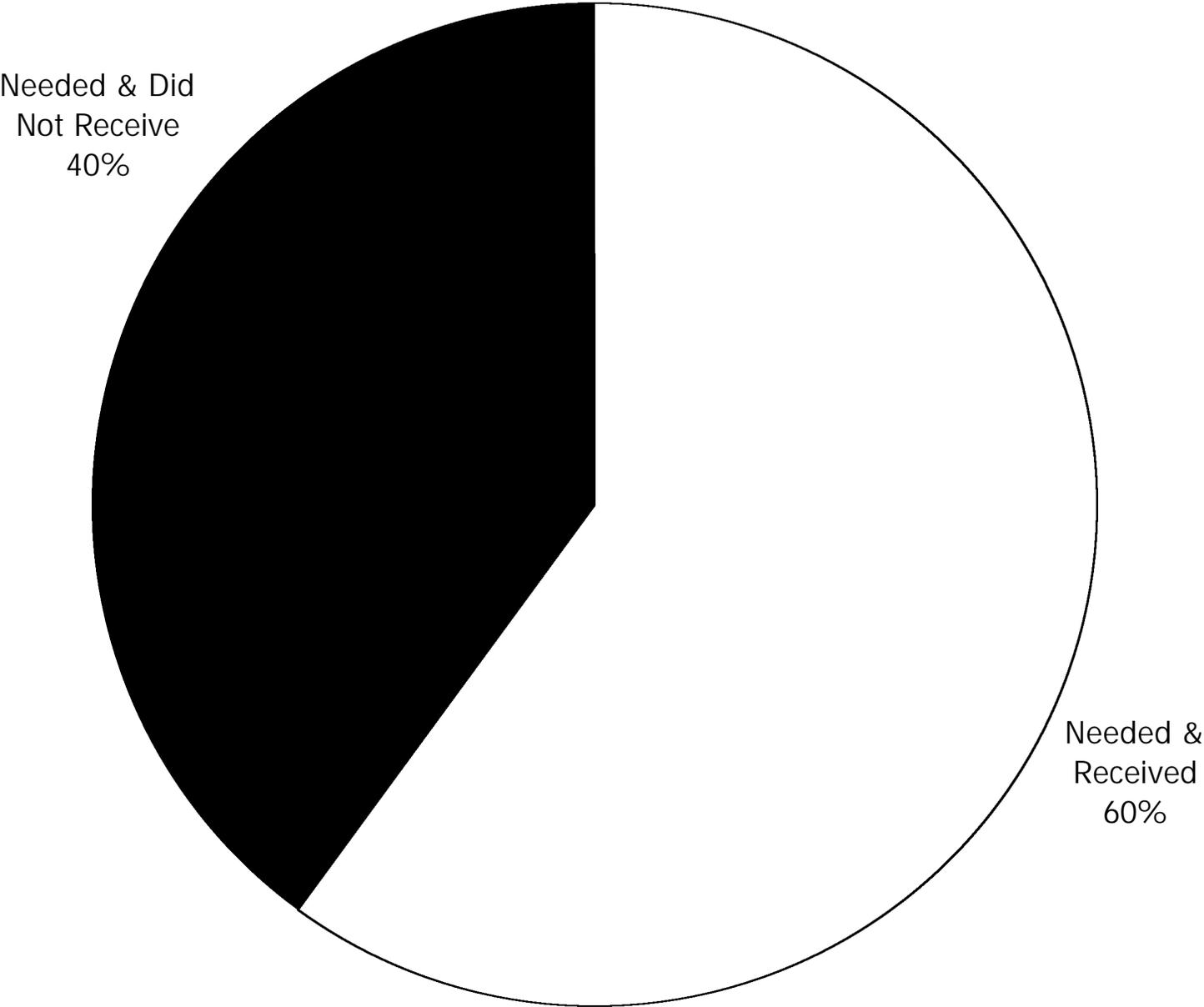
Emergency Room Use

Percentage of respondents reporting return family member ER visit within past year
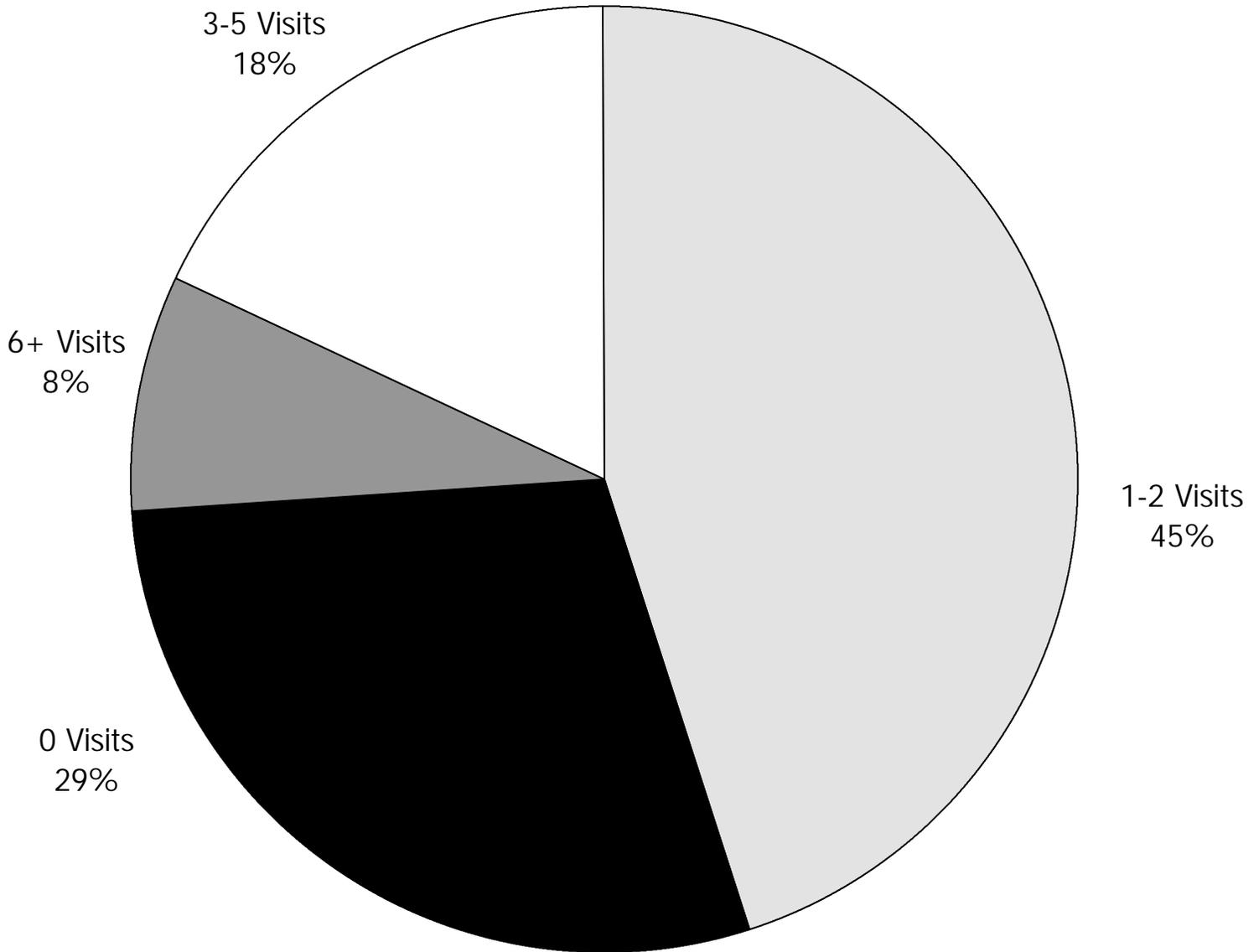
3-5 Visits
18%

6+ Visits
8%

0 Visits
29%

1-2 Visits
45%

Reason For Emergency Room Visit

Percentage of respondents reporting family member ER visit within past year

* Percentages add to more than 100% because multiple responses were permitted

Reason For Emergency Room Visit

Percentage of respondents reporting family member ER visit within past year

* Percentages add to more than 100% because multiple responses were permitted

Bar chart. Y-axis from 0 to 50 in increments of 5.

Category	Value
Ran Out Of Rx	19
No Regular Doctor or Clinic	17
Doctor Office or Clinic Closed	42
Mental Health Emergency	39
Didn't Know Where Else To Go	33

Barriers to Access
Percentage of respondents

* Percentages add to more than 100% because multiple responses were permitted

Cost
70

Time Away From Work
53

Owe Money For Previous Bill
52

Inconvenient Hours Of Operation
50

Language Barriers
49
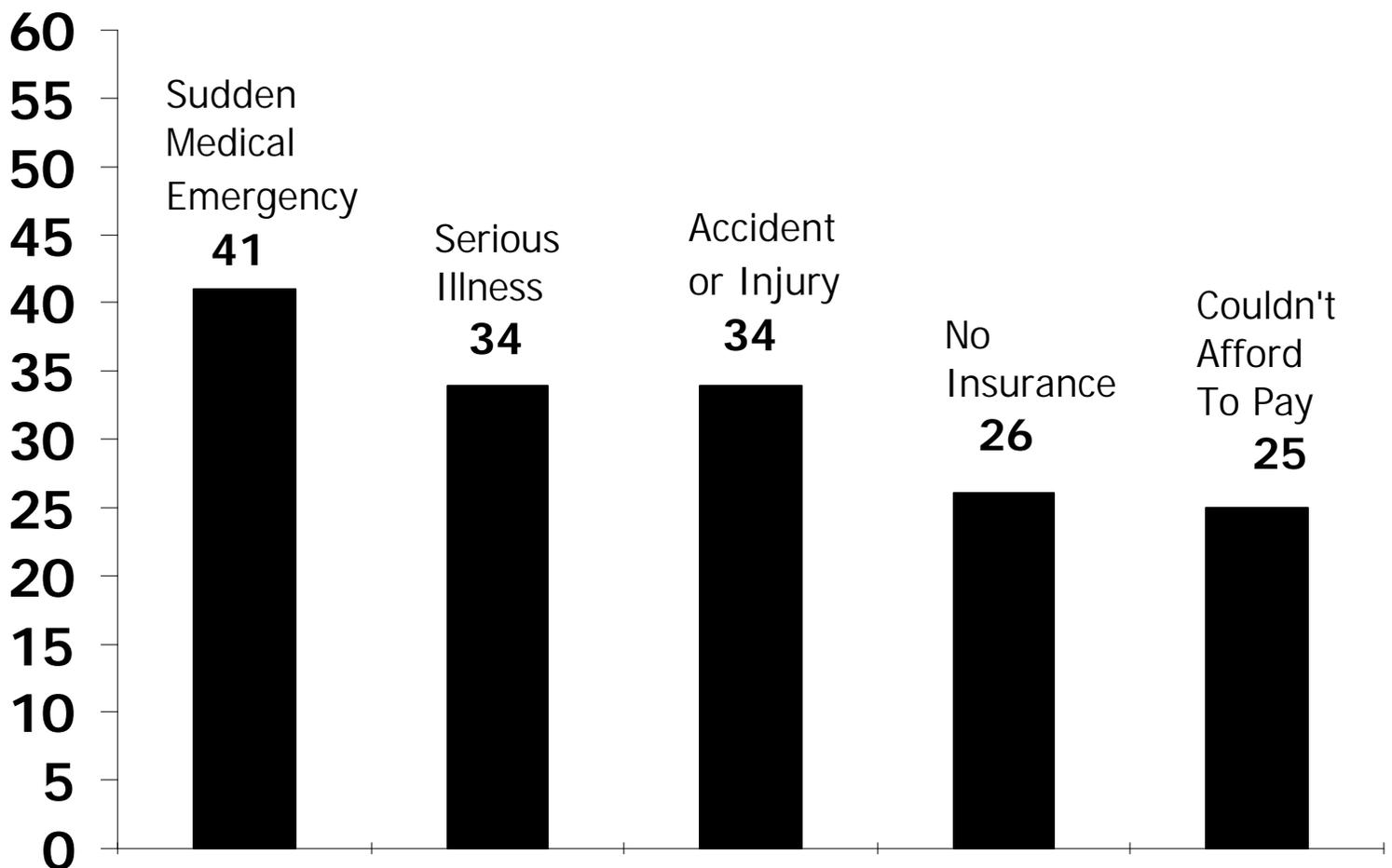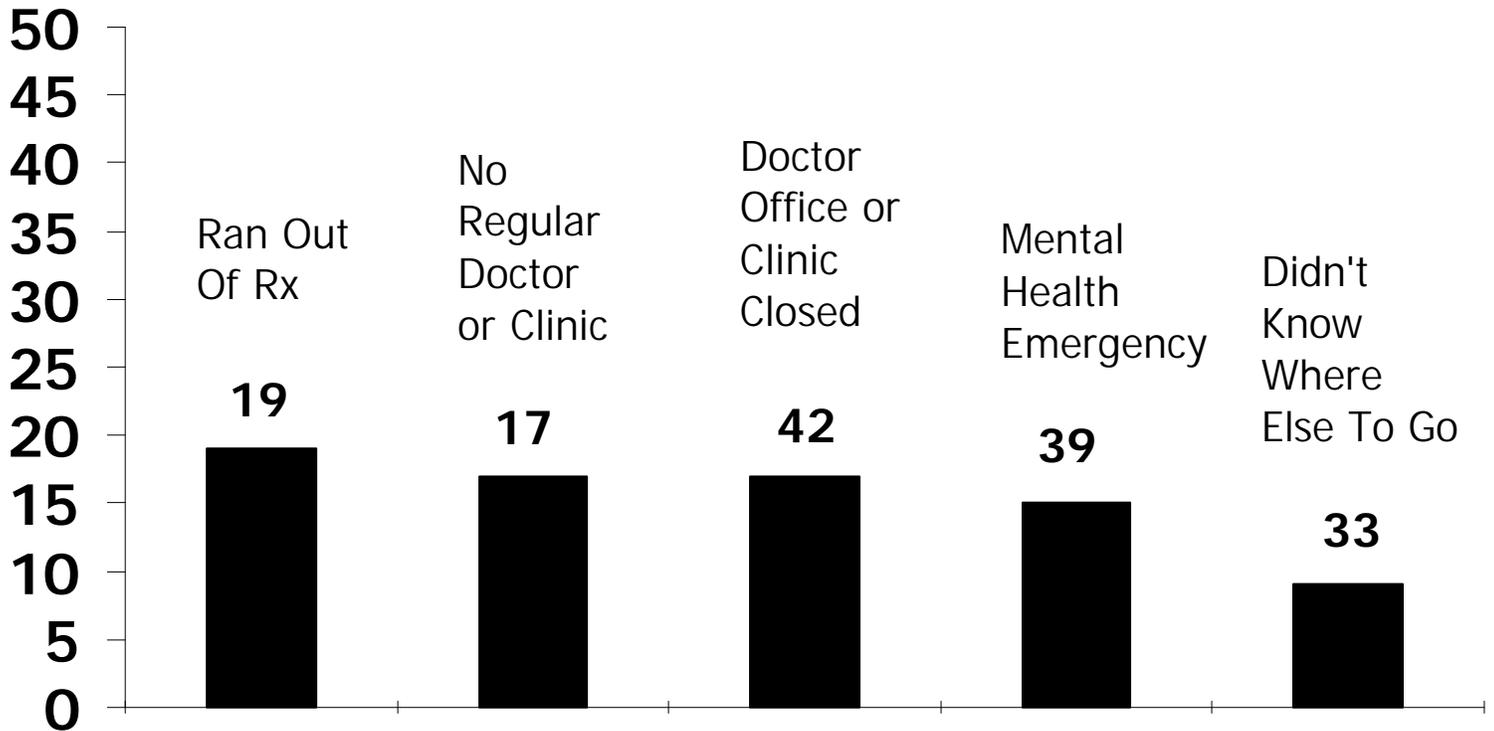
Barriers to Access

Percentage of respondents

* Percentages add to more than 100% because multiple responses were permitted

Barriers to Access
Percentage of respondents

* Percentages add to more than 100% because multiple responses were permitted
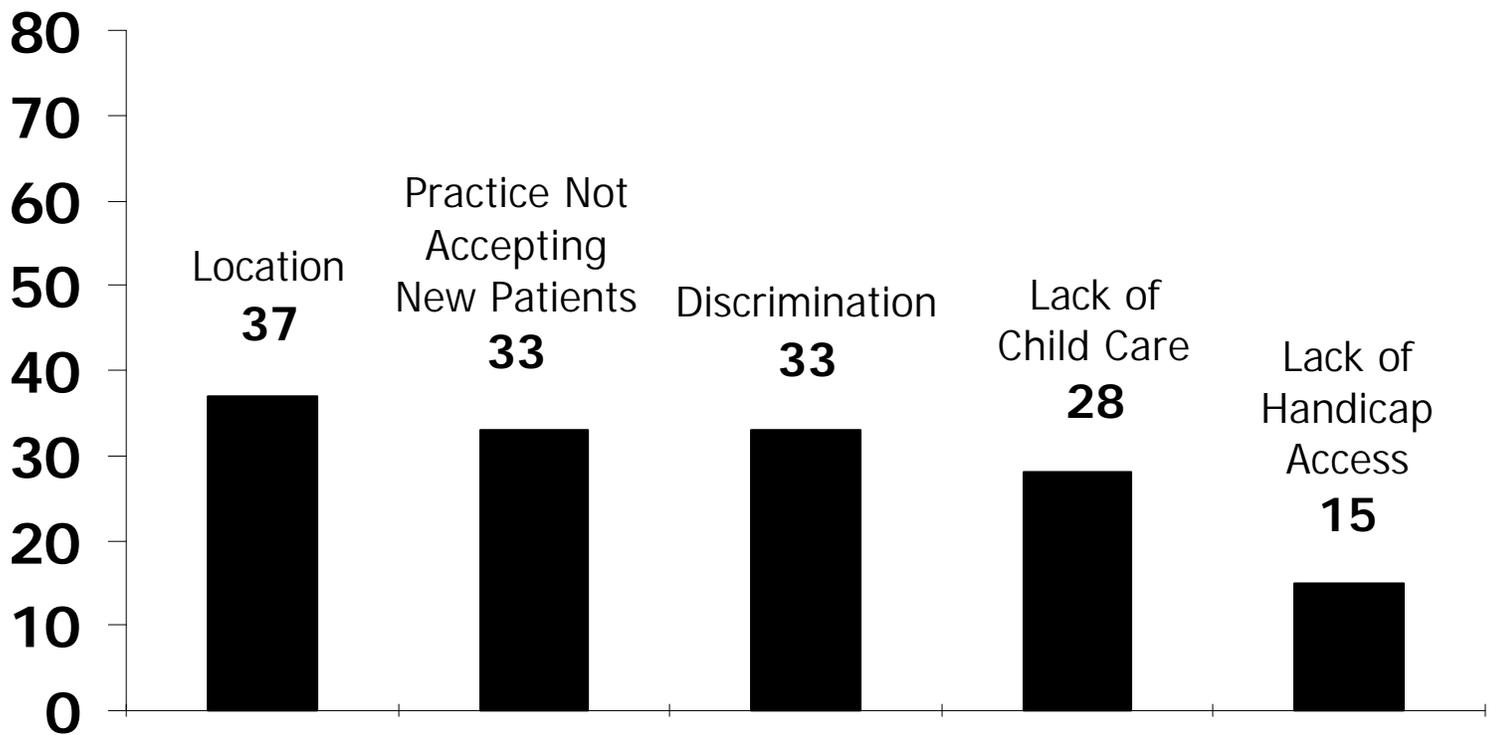
Primary Health Concerns
Percentage of respondents

* Percentages add to more than 100% because multiple responses were permitted
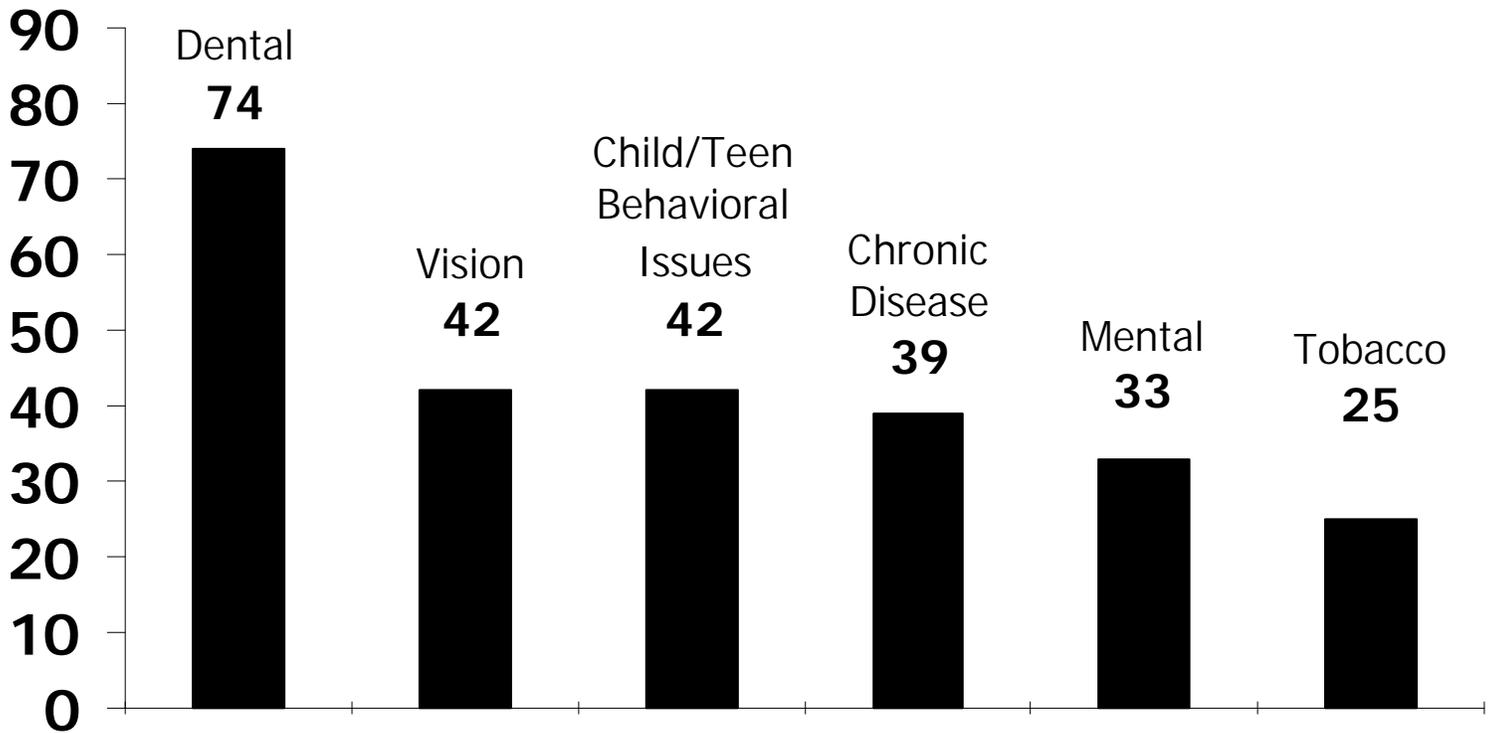
Primary Health Concerns
Percentage of respondents

* Percentages add to more than 100% because multiple responses were permitted

Difficulty Paying For Medical Services

Percentage of respondents

Neither Easy Nor
Difficult
30%

Easy
13%
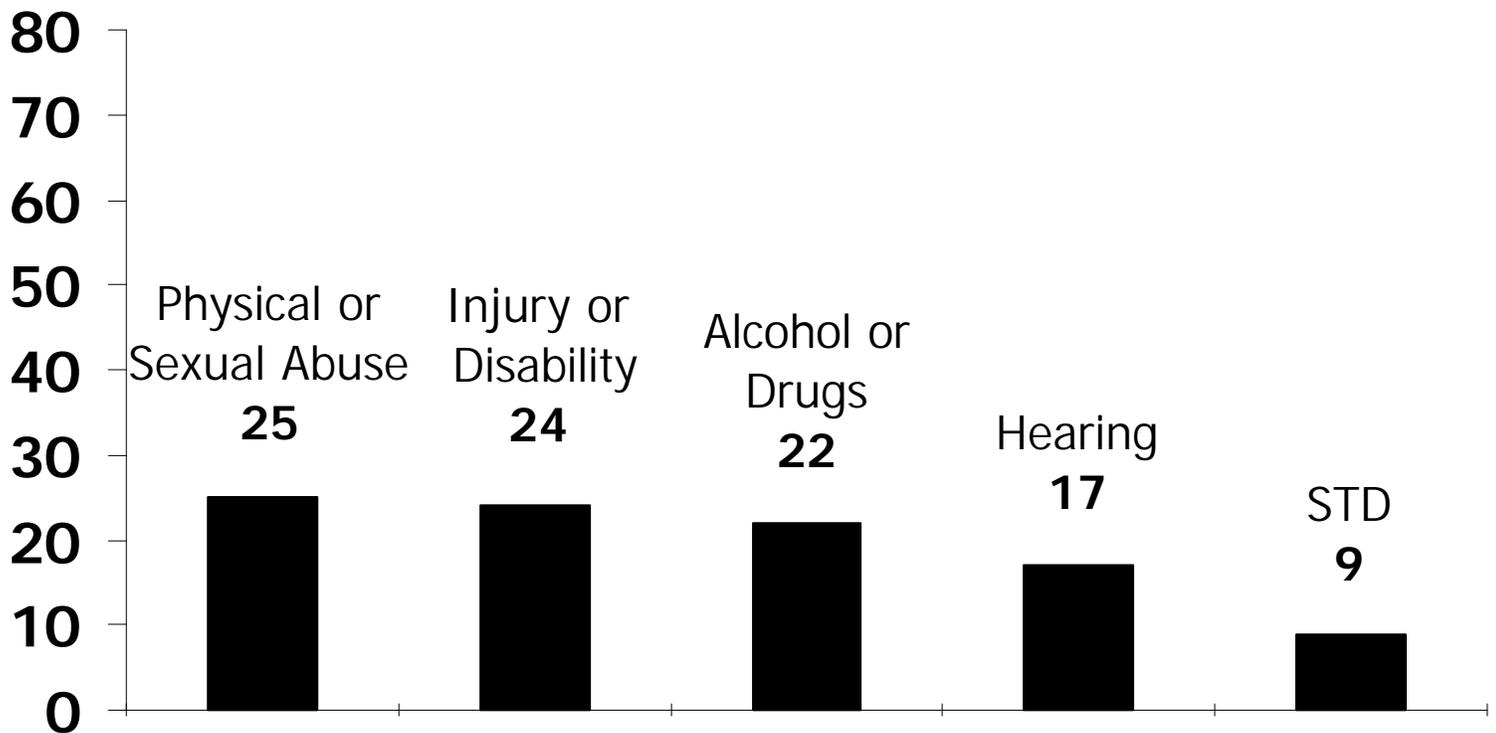
Difficult
57%
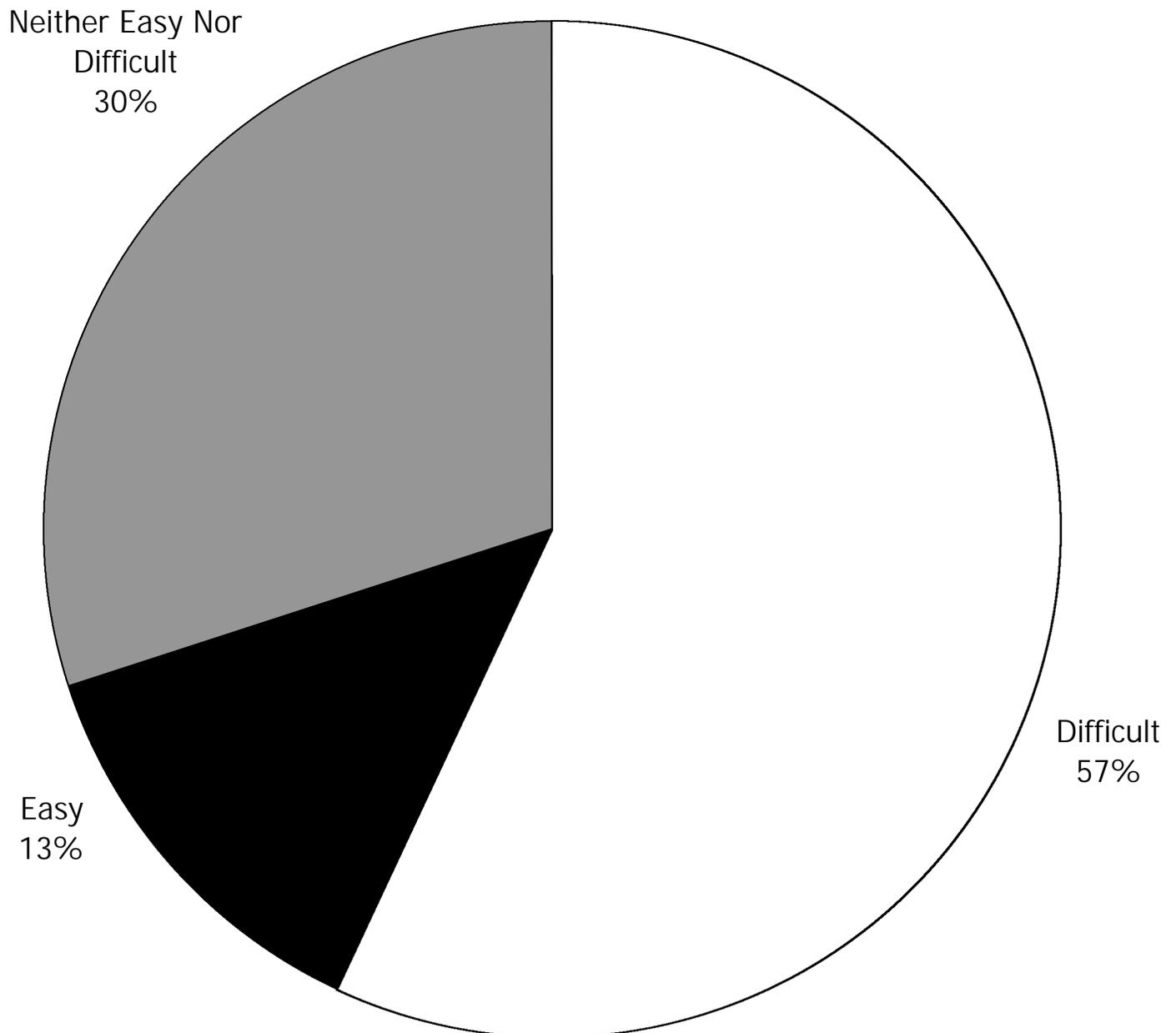
Discussion

The preceding charts are a graphic representation of the population that was the subject of study in this survey. The charts illustrate who the medically underserved people on Long Island are and the major reasons for their lack of access to adequate healthcare. The charts also identify the greatest unmet needs experienced by this population. The group of survey respondents was drawn from locations known to serve people in need of social services and is representative of the population served by those agencies. While not all respondents answered every one of the questions, the numbers are significant.

Our respondents and their family members, on whose behalf they spoke, ranged in age from 1 month to 97 years. However, it is important to note that 84% of them were in their prime working years, with 30% in the 18-34 year old age group and 54% in the 35-54 year old age group. 74% of this population was female and they subsisted on desperately low incomes. One in five of our respondents (20%) reported living on less than $5,000.00 a year. An additional 23% reported incomes below $10,000.00 per year, another 18% were living on less than $15,000.00 a year and only 39% had incomes over $15,000.00 a year.

The low incomes did not reflect their employment status, as one might expect, but were a result of very low paying jobs. More than half of our respondents (52%) were working full time and another 26% were working part time. Nationally, 83% of the uninsured are in working families[4].

Spanish was the primary language in 50% of the responding households, but respondents also reported French Creole as their primary tongue as well as some Asian languages and African languages. Only 37% of respondents reported English as their household's primary language. Significantly, language was identified as a formidable "non-cost related" barrier to accessing healthcare services, drawing attention to the importance of language accessible services.

I would like to better understand the doctors. Paying attention to the patients who don't speak English.

Ethnically, survey respondents represented a mixed group, which consisted of Hispanics, African Americans, Haitians, Asians, Caucasians, American Indians, and Africans. Their state of poverty was the common underlying thread. This fact is consistent with national data[5], which says that more than a third of poor people and a quarter of near poor people lack healthcare coverage.

Not surprisingly, more than half of the adults in our sample had no medical insurance whatsoever (51%) and 79% had no dental insurance. Their children fared slightly better, although 35% still had no medical insurance and 54% had no dental insurance, according to respondents. [The number of children lacking dental coverage may be inflated; in some cases, parents of children enrolled in Medicaid and Child Health Plus may not be aware of dental coverage or may

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[4] Kaiser Commission on Medicaid and the Uninsured, February '02; The Kaiser Family Foundation
[5] Kaiser Commission on Medicaid and the Uninsured, February '02; The Kaiser Family Foundation

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disregard it as a 'reality' since access is greatly restricted by the small number of providers who will provide services to children with this coverage.]

Those children who were insured were overwhelmingly the beneficiaries of government sponsored programs, such as Medicaid, Child Health Plus and Medicare (which covers disabled people), which underscores the importance of these programs.

Adults, who reported being insured, derived their coverage in largest numbers from partially paid employer insurance (32%) and Medicaid (28%). Only 19% benefited from fully paid employer sponsored insurance and 8% were on Medicare. Shockingly, 64% reported never having had health insurance in their lives, while 7% had been insured for only 3 months or less during the prior year.

Needless to say, the primary reason given for the lack of insurance was cost, followed by the fact that their employer does not offer insurance. Immigration and employment status (unemployed, ineligible for employer insurance, or self-employed) also were frequently cited. Consequently, 57% told us that they had difficulty paying for medical services in the prior year and in fact, one third of our respondents needed medical services and were not able to receive them, while 40% reported that they needed prescription drugs, which they were unable to receive.

Other than cost and language, which were the primary barriers to getting care, our respondents reported a host of other deterrents. The most significant of those were existing illness related debt, inability to take time off from work, inconvenient hours of operation of health facilities, and deductibles or co-pays. As a result of these and other barriers, 71% of our respondents reported that a household member visited an emergency room at least once last year and 26% made 3 or more visits. Almost a third of those families who made multiple trips to the emergency room reported making 6 or more trips. In addition, more than half of the respondents who reported family use of the emergency room said it was for reasons traditionally deemed inappropriate, such as lack of insurance, inability to pay, and running out of a prescription medication. Adequate primary care would have prevented many of these costly emergency room visits.

When asked to identify their greatest health concerns, our respondents told us their greatest need was for dental care (74%), followed by their children's behavioral issues (42%) and visual services (42%). They needed help with mental illness, tobacco, alcohol and drug use and they were very troubled by their own and their children's chronic diseases (39%). Uninsured patients with chronic conditions are less likely to get the medications that control their disease and have worse clinical outcomes than insured patients[6].

Even a perfunctory look at the preceding charts and graphs leads us to

> Medical care that is free and more accessible to where I live by public transportation.

> I think it would be a good idea for low income families to get free healthcare. I work part time with no health benefits and its not easy to make ends meet being a single parent.

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[6] "Care Without Coverage: Too Little, Too Late", The Institute of Medicine, May '02

conclude that the population studied is for the most part working, yet experiencing extreme poverty. They have no health insurance and they and their children are burdened with chronic health conditions, with little hope of getting help. Their chief obstacle to obtaining adequate preventive and primary care is their lack of money. The existing safety net is badly frayed and is failing large numbers of the population in our study.

Conclusions

The preceding pages tell a story of people who for the most part are young and working. They subsist on minimal incomes. Twenty percent of our respondents live on incomes well below the FPL. Most of those who are working do not get health insurance at their places of employment. They cannot afford to buy insurance on their own. Those who are insured cannot afford the deductibles and the co-payments. Many are burdened with chronic health conditions and so are their children. Money is the chief obstacle to their getting adequate healthcare.

Unless a regular source of healthcare is provided, the health problems of this population will worsen over time and their children will carry on this sad legacy. The ultimate financial cost to society will be far greater than the cost of meeting their health care needs on a timely basis. It is outside the scope of this study to provide hard figures on the costs to society of the lack of health insurance which is reflected in poorer health and in reduced productivity and in some cases long term institutionalization at public expense.

> Provide medical and dental insurance to each individual in such a way that no one would need to think about the cost of going to the doctor. That would prevent small illnesses from becoming severe which also makes them more expensive.

The "Hospital Community Benefits and Free Care" report, published by LIHAMP in 2001, documented the lack of access to free and reduced fee care at hospitals in the region. That report recommended changes to the state's public health laws mandating standards for eligibility and a standardized application process. New York state's 1996 Health Care Reform Act calls upon non-profit hospitals to provide some charity care as a key part of their "community benefits" programming in order to improve access for the underinsured as part of their community service obligations. At the federal level, the Internal Revenue Service directs field agents to consider hospitals' actual delivery of charity care as a requirement for maintenance of their tax-exempt status.

The research presented in this report was completed prior to the horrific events of September 11, 2001 and the full economic downturn in New York State. The State's weakened economic condition has resulted in efforts to reduce eligibility and cut benefits in Medicaid, Child Health Plus and Families Health Plus. Such cutbacks would have a devastating effect on the 28% of low income adults in our study who are enrolled in Medicaid and the 73% of children enrolled in either Medicaid or Child Health Plus and must be avoided at all cost.

> Healthcare should be in each community.

It is our goal that this report illustrate the magnitude of unmet needs and human suffering and that it serve as a catalyst for the implementation of the

recommended changes. We need a stronger commitment on the part of our government agencies and our elected officials to resolve the problems identified in this report.

Recommendations_____

As recommended in our first report we call upon the hospitals and various government agencies to implement changes, which would improve access to healthcare for indigent people and improve health outcomes in the communities affected.

Hospitals

1. Hospitals should make their charity care policies known to the community in all languages common to their catchment area. This should be done in a culturally sensitive manner. Signs should be posted in all public areas informing the public of the existence of financial assistance and brochures should have a similar statement. Charity care should be extended to all services provided by the hospital.

2. Staff should be familiarized with existing charity care policies and able to tell patients where and how to access financial help.

3. Hospitals should help low income patients apply for any financial assistance programs for which they may be eligible.

4. All hospital bills should carry a statement that financial help is available and provide information on how to apply for such help.

5. Hospitals should institute advisory boards to enable them to obtain ongoing community input on local healthcare needs.

County Legislatures/City Councils

Given government's responsibility to care for people that are indigent and to help plan for the continuing fulfillment of this responsibility local governments, such as County Legislatures and City Councils, should require hospitals and community health centers to file annual reports on the amounts of charity care provided. These reports should include the total number of people who applied for financial assistance and their zip codes. The reports should include the number of people treated, the number who were denied charity care, and the number of people who were referred to other medical facilities along with the identification of the facility to which the individuals were referred.

> Give it (healthcare) to people who really needs it and stop giving people a hard time trying to get healthcare.

> To make them more patient oriented, not so bureaucratic. To make better healthcare available to everyone at a reasonable cost depending on the person's income.

The State

1. The state should establish criteria for eligibility for free and reduced fee care at all facilities licensed to operate within the state. At a minimum, individuals whose incomes are below 200% of the Federal Poverty Level should be eligible for free care. Individuals whose incomes are below 400% of the FPL should be eligible for reduced fee care on a scale defined by law.

2. We strongly urge a state defined uniform application, which remains portable for a period of one year.

3. Hospitals should be required by law to make their policies on charity care known to the community in languages commonly used in the area.

4. Hospitals should be required by law to include on all patient bills a statement that financial help is available for those patients who have a problem with payment and identify a contact for such assistance.

That every time you go to the emergency or any healthcare office they ask you what's wrong with you before they ask you what insurance you have.

5. The state needs to monitor compliance and apply financial penalties for non-compliance.

6. The State must maintain the current level of benefits available to people enrolled in Medicaid and Child Health Plus and increase eligibility in Families Health Plus to match that in Child Health Plus so that all members of a family can get necessary healthcare. Maximum efforts must continue to expand enrollment to all those who are eligible for these programs.

The Federal Government

The Federal Government should make use of the hospitals' reports on charity care made to local and state agencies in order to periodically review their continued eligibility for tax-exempt status.

Appendices

1. Maps of healthcare resources; pockets of poverty and public transportation lines

2. Community census information – 2000 U.S. Census

3. List of sites used in survey

4. Survey instrument

Appendix 1___ Maps of Health Care Resources

Map: Health Facilities and Poverty in Nassau

Map: Health Facilities and Poverty in Suffolk

Appendix 2   Community Census Information – 2000 U.S. Census

Nassau County

Place Name	Total Population	# of Individuals in Poverty	% of Total Population in Poverty
Albertson	5200	244	4.6923100
Atlantic Beach	1986	106	5.3373600
Baldwin	23455	1266	5.3975700
Baldwin Harbor	8147	229	2.8108500
Barnum Island	2487	259	10.4142000
Baxter Estates	1006	47	4.6719700
Bay Park	2300	55	2.3913000
Bayville	7135	332	4.6531200
Bellerose	1173	11	0.9377660
Bellerose Terrace	2157	56	2.5962000
Bellmore	16441	402	2.4451100
Bethpage	16543	551	3.3307100
Brookville	2126	62	2.9162700
Carle Place	5247	284	5.4126200
Cedarhurst	6164	323	5.2401000
Centre Island	444	56	12.6126000
Cove Neck	300	0	0.0000000
East Atlantic Beach	2257	37	1.6393400
East Garden City	979	77	7.8651700
East Hills	6842	112	1.6369500
East Massapequa	19565	653	3.3375900
East Meadow	37461	1369	3.6544700
East Norwich	2675	100	3.7383200
East Rockaway	10414	361	3.4664900
East Williston	2503	42	1.6779900
Elmont	32657	2442	7.4777200
Farmingdale	8399	461	5.4887500
Floral Park	15967	497	3.1126700
Flower Hill	4508	131	2.9059500
Franklin Square	29342	1459	4.9723900
Freeport	43783	4594	10.4927000
Garden City	21672	476	2.1963800
Garden City Park	7554	73	0.9663750
Garden City South	3974	237	5.9637600
Glen Cove	26622	2349	8.8235300
Glen Head	4625	113	2.4432400
Glenwood Landing	3541	84	2.3722100
Great Neck	9538	743	7.7898900
Great Neck Estates	2756	65	2.3584900
Great Neck Gardens	1089	0	0.0000000
Great Neck Plaza	6433	440	6.8397300
Greenvale	2231	42	1.8825600
Harbor Hills	563	25	4.4405000
Harbor Isle	1334	51	3.8230900
Hempstead	56554	9143	16.1668000
Herricks	4076	183	4.4897000
Hewlett	7060	206	2.9178500
Hewlett Bay Park	484	23	4.7520700
Hewlett Harbor	1271	9	0.7081040
Hewlett Neck	504	6	1.1904800

Place Name	Total Population	# of Individuals in Poverty	% of Total Population in Poverty
Hicksville	41260	1511	3.6621400
Inwood	9325	1343	14.4021000
Island Park	4732	369	7.7979700
Jericho	13045	611	4.6837900
Kensington	1209	14	1.1579800
Kings Point	5076	288	5.6737600
Lake Success	2797	44	1.5731100
Lakeview	5607	350	6.2422000
Lattingtown	1860	84	4.5161300
Laurel Hollow	1930	39	2.0207300
Lawrence	6522	408	6.2557500
Levittown	53067	1535	2.8925700
Locust Valley	3521	226	6.4186300
Long Beach	35462	3234	9.1196200
Lynbrook	19911	837	4.2037100
Malverne	8934	143	1.6006300
Malverne Park Oaks	470	0	0.0000000
Manhasset	8362	457	5.4652000
Manhasset Hills	3661	103	2.8134400
Manorhaven	6138	545	8.8791100
Massapequa	22652	524	2.3132600
Massapequa Park	17499	247	1.4115100
Matinecock	836	36	4.3062200
Merrick	22764	626	2.7499600
Mill Neck	825	22	2.6666700
Mineola	19234	797	4.1437000
Munsey Park	2632	60	2.2796400
Muttontown	3412	115	3.3704600
New Cassel	13298	1941	14.5962000
New Hyde Park	9523	310	3.2552800
North Bellmore	20079	805	4.0091600
North Hills	4301	271	6.3008600
North Lynbrook	742	17	2.2911100
North Massapequa	19152	548	2.8613200
North Merrick	11844	410	3.4616700
North New Hyde Park	14542	399	2.7437800
North Valley Stream	15789	575	3.6417800
North Wantagh	12156	352	2.8956900
Oceanside	32733	1126	3.4399500
Old Bethpage	5400	231	4.2777800
Old Brookville	2167	53	2.4457800
Old Westbury	4228	123	2.9091800
Oyster Bay	6826	530	7.7644300
Oyster Bay Cove	2262	56	2.4756900
Plainedge	9195	217	2.3599800
Plainview	25637	756	2.9488600
Plandome	1272	57	4.4811300
Plandome Heights	971	15	1.5448000
Plandome Manor	838	18	2.1479700
Point Lookout	1472	191	12.9755000
Port Washington	15215	706	4.6401600
Port Washington North	2700	149	5.5185200
Rockville Centre	24568	1209	4.9210400
Roosevelt	15854	2333	14.7155000

Place Name	Total Population	# of Individuals in Poverty	% of Total Population in Poverty
Roslyn	2570	96	3.7354100
Roslyn Estates	1210	30	2.4793400
Roslyn Harbor	1023	25	2.4437900
Roslyn Heights	6295	355	5.6394000
Russell Gardens	1074	40	3.7243900
Saddle Rock	791	24	3.0341300
Saddle Rock Estates	424	0	0.0000000
Salisbury	12341	454	3.6787900
Sands Point	2786	84	3.0150800
Sea Cliff	5066	143	2.8227400
Seaford	15791	560	3.5463200
Searingtown	5034	54	1.0727100
South Farmingdale	15061	415	2.7554600
South Floral Park	1578	44	2.7883400
South Hempstead	3188	76	2.3839400
South Valley Stream	5638	296	5.2500900
Stewart Manor	1935	50	2.5839800
Syosset	18544	507	2.7340400
Thomaston	2607	113	4.3344800
Uniondale	23011	1915	8.3221100
University Gardens	4138	98	2.3682900
Upper Brookville	1801	45	2.4986100
Valley Stream	36368	1256	3.4535900
Wantagh	18971	281	1.4812100
Westbury	14263	751	5.2653700
West Hempstead	18713	877	4.6865800
Williston Park	7261	136	1.8730200
Woodbury	9010	271	3.0077700
Woodmere	16447	691	4.2013700
Woodsburgh	831	3	0.3610110

Suffolk County

Place Name	Total Population	# of Individuals in Poverty	% of Total Population in Poverty
Amagansett	1067	56	5.2483600
Amityville	9441	655	6.9378200
Aquebogue	2254	227	10.0710000
Asharoken	625	17	2.7200000
Babylon	12615	517	4.0983000
Baiting Hollow	1449	63	4.3478300
Bayport	8662	299	3.4518600
Bay Shore	23852	2850	11.9487000
Baywood	7571	401	5.2965300
Belle Terre	832	12	1.4423100
Bellport	2363	37	1.5658100
Blue Point	4407	159	3.6079000
Bohemia	9871	370	3.7483500
Brentwood	53917	5984	11.0985000
Bridgehampton	1381	113	8.1824800
Brightwaters	3248	57	1.7549300
Brookhaven	3570	357	10.0000000
Calverton	5704	576	10.0982000
Centereach	27285	1513	5.5451700
Center Moriches	6655	423	6.3561200
Centerport	5446	158	2.9012100
Central Islip	31950	3512	10.9922000
Cold Spring Harbor	4975	111	2.2311600
Commack	36367	1001	2.7525000
Copiague	21922	1735	7.9144200
Coram	34923	1923	5.5064000
Cutchogue	2849	156	5.4756100
Deer Park	28316	1317	4.6510800
Dering Harbor	13	0	0.0000000
Dix Hills	26024	747	2.8704300
East Farmingdale	5400	370	6.8518500
East Hampton	1334	106	7.9460300
East Hampton North	3587	426	11.8762000
East Islip	14078	508	3.6084700
East Marion	756	45	5.9523800
East Moriches	4550	156	3.4285700
East Northport	20845	833	3.9961600
East Patchogue	20824	915	4.3939700
Eastport	1454	98	6.7400300
East Quogue	4265	227	5.3223900
East Shoreham	5809	235	4.0454500
Eatons Neck	1388	32	2.3054800
Elwood	10916	225	2.0611900
Farmingville	16458	489	2.9712000
Fire Island	310	9	2.9032300
Fishers Island	289	24	8.3045000
Flanders	3646	481	13.1925000
Fort Salonga	9634	321	3.3319500
Gilgo-Oak Beach-Captree	333	3	0.9009010
Gordon Heights	3094	322	10.4072000
Great River	1546	120	7.7619700
Greenlawn	13286	580	4.3655000
Greenport	2048	369	18.0176000

Place Name	Total Population	# of Individuals in Poverty	% of Total Population in Poverty
Greenport West	1679	96	5.7176900
Halesite	2582	81	3.1371000
Hampton Bays	12236	1298	10.6080000
Hauppauge	20100	624	3.1044800
Head of the Harbor	1447	21	1.4512800
Holbrook	27512	917	3.3330900
Holtsville	17006	613	3.6046100
Huntington	18403	697	3.7874300
Huntington Station	29910	3347	11.1902000
Islandia	3057	167	5.4628700
Islip	20575	838	4.0729000
Islip Terrace	5641	136	2.4109200
Jamesport	1526	123	8.0602900
Kings Park	16146	585	3.6231900
Lake Grove	10250	529	5.1609800
Lake Ronkonkoma	19701	1217	6.1773500
Laurel	1188	48	4.0404000
Lindenhurst	27819	1773	6.3733400
Lloyd Harbor	3675	46	1.2517000
Manorville	11131	314	2.8209500
Mastic	15436	1994	12.9179000
Mastic Beach	11543	1298	11.2449000
Mattituck	4198	236	5.6217200
Medford	21985	729	3.3159000
Melville	14533	570	3.9221100
Middle Island	9702	597	6.1533700
Miller Place	10580	257	2.4291100
Montauk	3851	405	10.5167000
Moriches	2319	129	5.5627400
Mount Sinai	8734	311	3.5608000
Napeague	223	30	13.4529000
Nesconset	11992	265	2.2098100
New Suffolk	337	20	5.9347200
Nissequogue	1543	37	2.3979300
North Amityville	16572	1784	10.7651000
Northampton	468	40	8.5470100
North Babylon	17877	568	3.1772700
North Bay Shore	14992	1538	10.2588000
North Bellport	9007	1390	15.4324000
North Great River	3929	150	3.8177700
North Haven	743	13	1.7496600
North Lindenhurst	11767	600	5.0990100
North Patchogue	7825	291	3.7188500
Northport	7606	210	2.7609800
North Sea	4493	328	7.3002400
Northville	801	20	2.4968800
Northwest Harbor	3059	164	5.3612300
Noyack	2696	106	3.9317500
Oakdale	8075	162	2.0061900
Ocean Beach	138	15	10.8696000
Old Field	947	72	7.6029600
Orient	709	31	4.3723600
Patchogue	11919	1275	10.6972000
Peconic	1081	38	3.5152600

Place Name	Total Population	# of Individuals in Poverty	% of Total Population in Poverty
Poquott	975	30	3.0769200
Port Jefferson	7837	532	6.7883100
Port Jefferson Station	7527	570	7.5727400
Quioque	800	44	5.5000000
Quogue	1018	75	7.3673900
Remsenburg-Speonk	2675	123	4.5981300
Ridge	13380	854	6.3826600
Riverhead	10513	1338	12.7271000
Riverside	2875	405	14.0870000
Rocky Point	10185	789	7.7466900
Ronkonkoma	20029	743	3.7096200
Sagaponack	582	7	1.2027500
Sag Harbor	2313	98	4.2369200
St. James	13268	327	2.4645800
Saltaire	43	0	0.0000000
Sayville	16735	679	4.0573600
Selden	21861	1129	5.1644500
Setauket-East Setauket	15931	646	4.0549900
Shelter Island	1234	111	8.9951400
Shelter Island Heights	981	61	6.2181400
Shinnecock Hills	1749	182	10.4059000
Shirley	25395	1975	7.7771200
Shoreham	417	6	1.4388500
Smithtown	26901	803	2.9850200
Sound Beach	9807	677	6.9032300
Southampton	3965	235	5.9268600
South Huntington	9465	404	4.2683600
Southold	5465	115	2.1043000
Springs	4950	427	8.6262600
Stony Brook	13727	393	2.8629700
Terryville	10589	334	3.1542200
Tuckahoe	1741	142	8.1562300
Village of the Branch	1895	89	4.6965700
Wading River	6668	204	3.0593900
Wainscott	628	61	9.7133800
Watermill	1724	140	8.1206500
West Babylon	43452	2634	6.0618600
West Bay Shore	4775	219	4.5863900
Westhampton	2869	129	4.4963400
Westhampton Beach	1902	165	8.6750800
West Hampton Dunes	11	0	0.0000000
West Hills	5607	99	1.7656500
West Islip	28907	663	2.2935600
West Sayville	5003	207	4.1375200
Wheatley Heights	5013	237	4.7277100
Wyandanch	10546	1709	16.2052000
Yaphank	5025	165	3.2835800

<u>Appendix 3</u>_   SURVEY SITES

Nassau County:

Our Lady of Loretta	Hempstead
St. Brigid's Food Pantry	Westbury
Rotacare (free clinic)	Hempstead
Hispanic Counseling Center	Hempstead
Hispanic Brotherhood of Rockville Centre	Rockville Centre
WIC (Women, Infants & Children) Elmont Community Health Center	Elmont
WIC	Freeport
Glen Cove Soup Kitchen	Glen Cove
Islamic Neighbors Mosque	Searingtown/Westbury
Door to Door in Westbury Haitian Neighborhood	Westbury
WIC - Martin Luther King Community Center	Long Beach

Suffolk County:

St. Ann's Parish Outreach	Brentwood
St. Martin of Tours	Amityville
FEGS (Federation Employment Guidance Services)	Yaphank

Bi-County:

St. Vincent de Paul Society	Various Sites
FAN - (Senior Mobile)	Various Sites
Citizenship Groups of EAC (Education Assistance Corporation)	Various Sites

X

Appendix 4___ Survey Instrument

COMMUNITY HEALTH CARE SURVEY

Where do you live?

Zip Code _____ Community _____

Your Experiences in Getting Health Care Services:

1. Where do you and members of your household usually go to get healthcare services? (Includes: medical, dental, mental health, and preventive healthcare such as checkup/vaccinations.)
(**Fill in all that apply**.)

To a:
- ◯ Dentist Office
- ◯ Doctor Office
- ◯ Family Planning Clinic
- ◯ Hospital Clinic (outpatient)
- ◯ Hospital Emergency Room
- ◯ Medical Clinic (not a hospital)
- ◯ Mental Health Center
- ◯ Midwife
- ◯ Nurse Practitioner/Physician's Assistant
- ◯ Therapist/Counselor
- ◯ VA/Veteran's Clinic
- ◯ Other (explain) _____
- ◯ I/We don't go

2. How do you and household members usually travel to get to health care services? (Includes: medical, dental, mental health, and preventive healthcare)   (**Fill in all that apply**)

    ❍ By ambulance   ❍ On foot or bicycle

    ❍ By taxi   ❍ On public transportation (bus,

etc.)

    ❍ In friend or relative's car   ❍ With a volunteer driver

    ❍ In my own car   ❍ I/we don't go

    ❍ Other (explain) _____

3. How many times during the past year have you or any household member used a hospital emergency room?

    ❍ None – did not use   ❍ 1-2 times ❍ 3-5 times   ❍ 6 or more
                                                       times

4. If a hospital emergency room was used in the past year, what were the reasons for going to the emergency room? (**Fill in all that apply**.)

    ❍ Accident or injury

    ❍ Sudden medical emergency (such as heart or asthma attack)

    ❍ Serious illness

    ❍ Ran out of medication

    ❍ Mental health emergency

    ❍ Couldn't afford to pay for services

    ❍ Doctor's office or clinic closed (after hours)

    ❍ Did not know where else to go

    ❍ Had no health insurance

    ❍ Had no regular doctor or clinic

    ❍ Other (explain)

_____

5. In using healthcare services on Long Island, have you or someone in your household had difficulty in getting services? If YES, tell us how serious the difficulty was. (**Fill in one circle on each line**.)

Service	Not Difficult	Moderately Difficult	Very Difficult	So Difficult Did Not Get
a. Cost of healthcare services	○	○	○	○
b. I Owed money for previous bill	○	○	○	○
c. Taking time away from work	○	○	○	○
d. Discrimination	○	○	○	○
e. Language barriers	○	○	○	○
f. Doctor(s) not accepting new patients	○	○	○	○
g. Handicapped access (physical, eyesight,hearing, etc.)	○	○	○	○
h. Having a bad experience with services	○	○	○	○
i. Insurance not accepted for services	○	○	○	○
j. Lack of child care while using services	○	○	○	○
k. Lack of information on what healthcare services are available	○	○	○	○
l. Location of healthcare services	○	○	○	○
m. Paying insurance deductible/copayment	○	○	○	○
n. Times when healthcare services are available	○	○	○	○
o. Transportation to health care services	○	○	○	○

p. Other (explain) _____

6. Have any of the following health conditions been a problem for you or someone in your household over the past year? If a health condition has been a problem in your household, please mark if it has been a minor problem or major problem. (**Fill in ONE circle for each line**.)

	Not a Problem	Minor Problem	Major Problem
a. Chronic disease (cancer, heart disease, asthma, diabetes, HIV/AIDS, etc.)	○	○	○
b. Visual problems	○	○	○
c. Hearing problems	○	○	○
d. Dental problems	○	○	○
e. Sexually transmitted disease	○	○	○
f. Use of tobacco	○	○	○
g. Use of alcohol/drugs	○	○	○
h. Mental health	○	○	○
i. Physical or sexual abuse	○	○	○
j. Children or teenagers with behavioral or emotional problems	○	○	○
k. Injury/disability	○	○	○

l. Other (explain) _____

Family Health Insurance Coverage

7.

Column	A	B				C				D	E				F	
House-hold Member	Age	Overall Health				Current Health Insurance Coverage				Health Insurance Obtained from: **(See choices below.)** **(Leave a line blank if that person has <u>no</u> insurance.)**	Adult Employment				Was he/she without health insurance in the last year?	
		Excellent	**Good**	**Fair**	**Poor**	**None**	**Medical**	**Dental**	**Other**		**Full-time**	**Part-time**	**More than Fulltime**	**None**	**Yes**	**No**
1		○	○	○	○	○	○	○	○	A B C D E F G H I (For I only, explain below)	○	○	○	○	○	○
2		○	○	○	○	○	○	○	○	A B C D E F G H I (For I only, explain below)	○	○	○	○	○	○
3		○	○	○	○	○	○	○	○	A B C D E F G H I (For I only, explain below)	○	○	○	○	○	○
4		○	○	○	○	○	○	○	○	A B C D E F G H I (For I only, explain below)	○	○	○	○	○	○
5		○	○	○	○	○	○	○	○	A B C D E F G H I (For I only, explain below)	○	○	○	○	○	○
6		○	○	○	○	○	○	○	○	A B C D E F G H I (For I only, explain below)	○	○	○	○	○	○
7		○	○	○	○	○	○	○	○	A B C D E F G H I (For I only, explain below)	○	○	○	○	○	○

A. Employer pays full cost of insurance.
B. Employer pays partial cost of insurance.
C. Children's Health Insurance Program
D. Medicare
E. Medicaid
F. Veteran's Administration (VA)
G. Union
H. I purchase and pay full price for my insurance myself.
I. Other (explain)_____

(Fill out only for household members who lacked insurance during the last year.)

Column	A				B	C			D			E
House-hold Member	How long was he/she uninsured?				What were the reasons? [Choose letters that apply from list below.]	Did he/she need…?			Was he/she able to get…? (Answer only for the 'yes' answers in column C.)			If medical services were obtained, where did he/she go?
	Under 3 mos.	3 mos. - 1 year	More than 1 year	Never had ins.		Medical Services	Tests	Prescription Drugs	Medical Services	Tests	Prescription Drugs	
1	○	○	○	○	A B C D E F G H(other) _____	Yes○ No○	Yes○ No○	Yes○ No○	Yes○ No○	Yes○ No○	Yes○ No○	A B C D E F G H I(other) _____
2	○	○	○	○	A B C D E F G H(other) _____	Yes○ No○	Yes○ No○	Yes○ No○	Yes○ No○	Yes○ No○	Yes○ No○	A B C D E F G H I(other) _____
3	○	○	○	○	A B C D E F G H(other) _____	Yes○ No○	Yes○ No○	Yes○ No○	Yes○ No○	Yes○ No○	Yes○ No○	A B C D E F G H I(other) _____
4	○	○	○	○	A B C D E F G H(other) _____	Yes○ No○	Yes○ No○	Yes○ No○	Yes○ No○	Yes○ No○	Yes○ No○	A B C D E F G H I(other) _____
5	○	○	○	○	A B C D E F G H(other) _____	Yes○ No○	Yes○ No○	Yes○ No○	Yes○ No○	Yes○ No○	Yes○ No○	A B C D E F G H I(other) _____
6	○	○	○	○	A B C D E F G H(other) _____	Yes○ No○	Yes○ No○	Yes○ No○	Yes○ No○	Yes○ No○	Yes○ No○	A B C D E F G H I(other) _____
7	○	○	○	○	A B C D E F G H(other) _____	Yes○ No○	Yes○ No○	Yes○ No○	Yes○ No○	Yes○ No○	Yes○ No○	A B C D E F G H I(other) _____

A. Costs too much
B. Insurance not offered by employer
C. Employment issues (changed job, Not yet eligible, self-employed)
D. Unemployed
E. Health insurance not needed/desired

F. Immigration status
G. Marital status changed
H. Other

A. Doctor office
B. Dental office
C. Family Planning Clinic
D. Hospital Emergency Room
E. Medical Clinic – at hospital
F. Medical Clinic –not at hospital
G. Free Clinic
H. Mental Health Clinic
I. Other

Paying for Health Services:

9.   During the past year, has paying healthcare-related expenses (for medical, dental, mental health, prescriptions and preventive health services) been:

(Fill in one from this column.)	**(Fill as many as apply from this column.)**
❍ easy	❍ so difficult, I/we did not get care
❍ neither easy nor hard	❍ so difficult, it put me in debt
❍ difficult	❍ so difficult I could not pay

10.   Approximately how much has your household paid out-of-pocket (not covered by insurance) for healthcare expenses in the past year? [For medical, dental, mental health, prescriptions and preventive healthcare] (**Fill in ONE only**.)

❍   under   ❍ $250-499   ❍ $500-999   ❍ $1000-   ❍
$3000
      $250 $2999   or
more

More About Your Household: ["the people you live with"]

11.   Describe the housing situation of your household. (**Fill in one**.)

❍   Living in a group house or shelter

❍   Living in a motel

❍   Living on the street

❍   Living temporarily with friends/family

❍   Own house

❍   Renting a house/apartment/room

❍   Other (explain)

_____

12.   What is the primary language spoken in your household? (<u>Fill in one</u>.)

❍   English   ❍   French   ❍   Spanish   ❍   Other
                        (Haitian Creole)   _____

13. If the primary language spoken in your household is <u>not</u> English, do you or another member of the household understand and speak English? (**Fill in one**.)

    ❍ Yes, with ease   ❍ Yes, with difficulty   ❍ No

14. What is the primary race, national origin, or ethnicity of you and members of your household? (**Fill in all that apply**.)

❍ African	❍ Haitian/Caribbean
❍ African American	❍ Hispanic (Latino)
❍ American Indian	❍ Italian
❍ Asian	❍ Portuguese
❍ Caucasian (White)	❍ Other

_____

15. Counting income from all sources (including earnings from jobs, pensions, unemployment compensation, public financial assistance, etc.) and counting income from everyone in your household, what was your combined household income last year? (**Fill in one**.)

❍ Less than $ 5,000	❍ $25,000 - $34,999
❍ $ 5,000 - $ 9,999	❍ $35,000 - $49,999
❍ $ 10,000 - $14,999	❍ $50,000 - $74,999
❍ $ 15,000 - $24,999	❍ $75,000 or above

16. What is your age group? (**In years**. **Fill in ONE only.)**
    ❍ 18-24   ❍ 25-34   ❍ 35-44   ❍ 45-54

    ❍ 55-64   ❍ 65-74   ❍ 75 or older

17. What is your gender? (**Fill in one.**)

    ❍ Female   ❍ Male

Your Suggestions: If you could, what would you change about healthcare on Long Island?

Thanks for taking time to answer this important health service survey.
INSTRUCTIONS: Please place survey in the envelope provided, seal the flap and give the envelope to your volunteer.