



Oswego Health

Community Health Needs Assessment (CHNA)



Prepared for:
Oswego Health
110 West 6th Street
Oswego, NY 13126

Prepared by:
Research & Marketing Strategies, Inc.
15 East Genesee Street, Suite 210
Baldwinsville, NY 13027
www.RMSresults.com



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Oswego Health, located in Oswego, New York, is a broad-based, not-for-profit healthcare system serving Oswego County residents. It offers a continuum of care from birth to maturity. Affiliates of Oswego Health include Oswego Hospital, The Manor at Seneca Hill, a Skilled Nursing Facility and Springside at Manor Hill, a Retirement Community. Oswego Hospital is Oswego County's sole hospital, offering acute medical, emergency, surgical, maternity, pediatric and behavioral services. In addition, the health system operates medical centers in Fulton and Central Square, offering urgent care, medical imaging, laboratory and rehabilitation services.

In 2015, Oswego Health partnered with the Healthcare Division of Research & Marketing Strategies (RMS Healthcare) to assist the organization with the development of its Community Health Needs Assessment (CHNA.) RMS's work included conducting the secondary research as well as primary research among key stakeholder groups to identify community needs. The Oswego Health team will be conducting the gap analysis between the identified needs and current resources. It will also develop a prioritized plan that it will take to its Board for approval. All of these steps comprise the necessary components of the CHNA. This CHNA was commissioned to inventory, assess, and prioritize healthcare needs and services within the community. It also complies with the federal regulatory statute. The CHNA is designed to enhance Oswego Health's overall strategic plan and aid them in identifying what services are most needed and desired by the community it serves. The ultimate goal is to optimize healthcare delivery and to provide high quality care.

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

The objectives of the CHNA process were the following:

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



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Company Contact Information:

Company Name: Research & Marketing Strategies, Inc.

Address: 15 East Genesee Street, Suite 210, Baldwinsville, NY 13027

Phone: (315) 635-9802 **Fax:** (315) 720-1159

Website: www.RMSresults.com

President: Mark Dengler

CHNA Project Contact: Megan O'Donnell, RMS Healthcare Analytics

E-mail Address: MeganO@RMSresults.com



Company Profile:

Research & Marketing Strategies, Inc. (RMS) conducts consulting, market research, and strategic planning activities across a wide spectrum of industry segments. It has dedicated staff with expertise in concentrated fields. Over 60% of RMS's clients represent the healthcare industry. RMS has a dedicated Healthcare Division that works extensively with healthcare delivery systems. Located in Baldwinsville, NY, the firm provides a full range of custom-tailored consulting and market research services. RMS works closely with its clients individually to evaluate and understand the business needs and develops the best solution(s) for high quality, actionable results. RMS offers extensive survey, in-depth interview and focus group research service capabilities to obtain necessary primary research information for its healthcare clients. The RMS team is also well acquainted with secondary healthcare industry resources. RMS has a proven track record for exceeding its clients' expectations since its inception in 2002.

The healthcare industry represents a key client segment served by RMS staff. The firm has a long history working with physician organizations, hospitals, health insurance carriers and healthcare ancillary providers. RMS is an approved CAHPS® survey vendor and works with healthcare system clients in the area of practice transformation and patient-centered medical home initiatives. Most recently the RMS Healthcare Division has worked with delivery systems to conduct community needs assessments, facilitate continued clinical integration and payor contracting, establish patient registries, data warehouses and metric dashboards to help systems advance improvements in community population health.

CHNA Development Process:

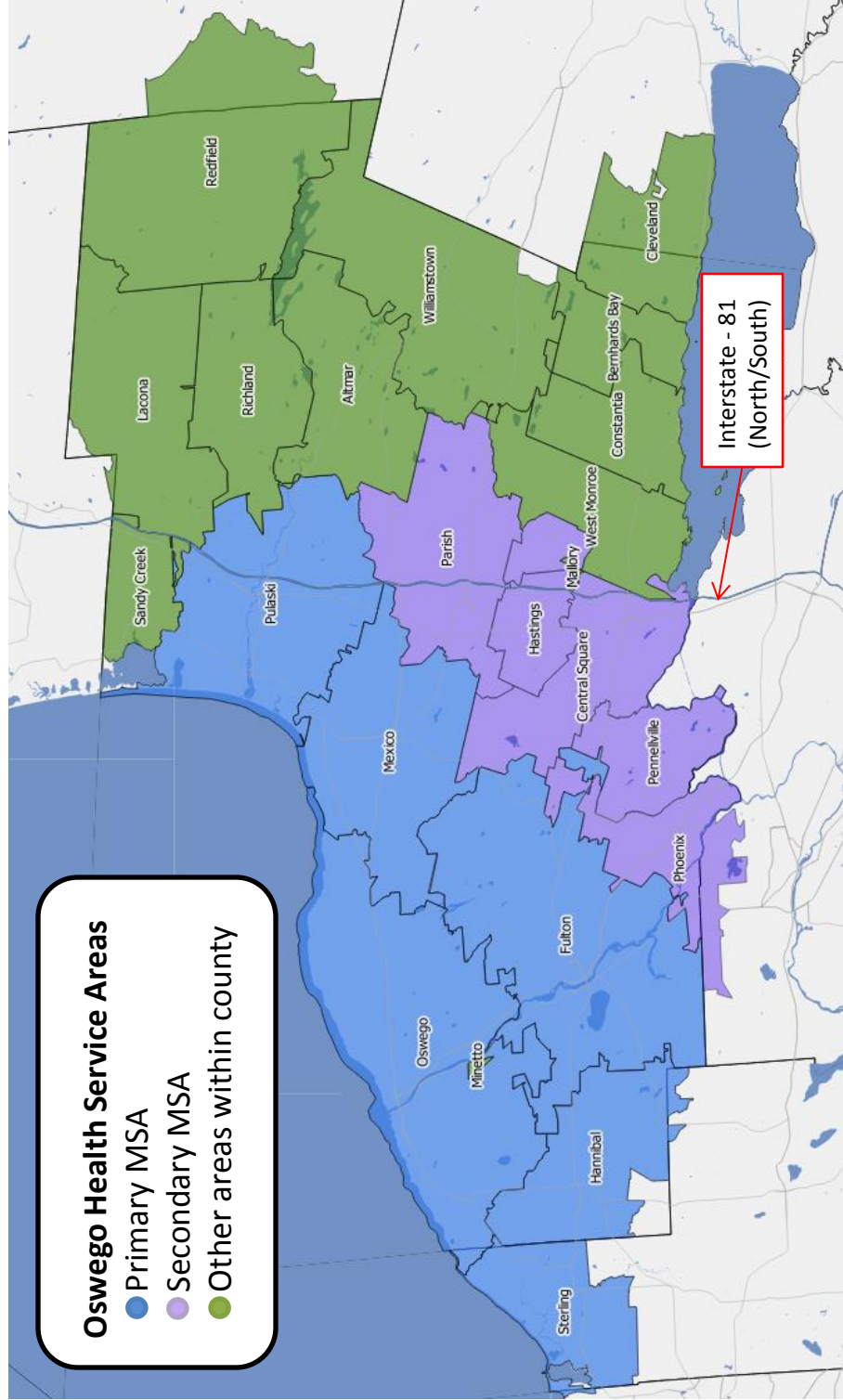
The RMS team followed a comprehensive process for assisting hospitals and health care systems with conducting a Community Health Needs Assessment to meet the requirements of the IRS statute. This process includes the following components, all of which were undertaken by Oswego Health:

- **Demographic, Sociographic and Health Status Profile of Community;**
- **In-Depth Interviews with Community Resources/Representatives;**
- **Community-wide phone survey among residents;**
- **Inventory of Health-related Resources in Community;**
- **Gap Analysis and Identification of Community Health Needs (performed by Oswego Health);**
- **Recommendations so that the process is designed to engage key stakeholders and uncover gaps and opportunities that would create a vision of an improved healthcare system leading to a healthier community. This work represents the second cycle for completing the CHNA based upon the IRS requirements;**
- **Plan to address Community Health Needs can be implemented (performed by Oswego Health).**



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- ❖ Oswego Health is located in Oswego County, New York. The hospital is within the city of Oswego in the northwestern portion of the county along the shore of Lake Ontario.
- ❖ The Oswego Health Medical Service Area (MSA), defined by Oswego Health in terms of primary and secondary zip codes served by the hospital, incorporate much of the Oswego County including the cities of Oswego and Fulton and the villages of Central Square, Mexico, Parish, Phoenix, Parnellville and several others. These communities represent 70% of the total Oswego County population and more than 80% of the hospital's inpatient discharges over the past 12-months.
- ❖ The service area does not include the communities of Oswego County located to the east of Interstate 81, primarily because traffic patterns and roadways make it easier (and faster) for these rural communities to access healthcare off of I-81 either to the south in Syracuse or to the north in Watertown. However, Oswego Health does look at the areas as potential growth areas for its services.



List of Service Area ZIP Codes

<u>Oswego Health's Primary MSA</u>	<u>Oswego Health's Secondary MSA</u>
13064: Fair Haven	13036: Central Square
13069: Fulton	13076: Hastings
13074: Hannibal	13131: Parish
13093: Lycoming	13132: Pennellville
13107: Maple View	13135: Phoenix
13114: Mexico	
13115: Minetto	
13121: New Haven	
13126: Oswego	
13142: Pulaski	
13156: Sterling	
<u>Other Areas within Oswego County (east of I-81)</u>	
13028: Bernhards Bay	13145: Sandy Creek
13042: Cleveland	13167: West Monroe
13044: Constantia	13302: Altmar
13083: Lacona	13426: Orwell
13093: Lycoming	13437: Redfield
13103: Mallory	13493: Williamstown
13144: Richland	



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- ❖ RMS utilized several industry accepted secondary data reference resources to obtain demographic information about the population within Oswego Health's service area, including current and projected data from Experian/Applied Geographic Solutions (Alteryx), data from the American Community Survey conducted by the U.S. Census Bureau, the Oswego County Annual Business Guide, and the New York State Health Department.
- ❖ RMS obtained population healthcare statistics data from a variety of resources, including the New York State Health Department, Oswego County Health Department, County Health Rankings and Roadmaps, and the University of Wisconsin-Population Health Institute's annual report. Because many resources look at health statistics at a county level, rather than smaller geographic segments, the health statistics provided represent data for all of Oswego County rather than just the designated Oswego Health service area (which is slightly smaller than the entire Oswego County, but represents over 70% of the county's population).
- ❖ Key Demographic Findings:
 - The total population of Oswego County is 120,628 with 49.9% male and 50.1% female. This total population figure has remained relatively flat over the past 5 years (decreasing slightly by 1.2%) and is projected to experience a very slight increase from 2015 to 2020 (<.5%). Oswego County's stable population base is helpful in determining the resources required to serve the population over the next several years.
 - While the overall population is relatively stable, the population of individuals aged 65 or greater is expected to increase from 13.9% in 2015 to 16.3% in 2020. This represents a significant change and validates that the growth in the older population segment will undoubtedly mean a greater demand for services.
 - The population in the Oswego Health service area is predominantly white, with less than 5% of the population identified as any other race.
 - Although representing a small percentage of the overall population, Oswego County is experiencing growth in all other races other than white (including those persons of two or more races) and in persons of Hispanic ethnicity. These segments need to be monitored with regard to access and possible cultural and language barriers.
 - Approximately 18.5% of the population of (Oswego County) lives below the poverty level, which is significantly higher than the 10.4% based on data collected in 2010. This represents a negative trend, indicating that economic hardship is growing within the County.
 - Among those households living in poverty, 27.5% of children under the age of 18 are living in poverty.
 - The most likely family unit to be living in poverty are single-mothers with children under the age of 5, where a majority (69%) of those families live in poverty.

❖ Key Demographic Findings – Continued

- The current unemployment rate for Oswego County (as of October 2015) is 6.0%, which is down from 6.8% for the same time in 2014. However, expected closures and downsizing of major employer facilities within in the area are anticipated to cause an increase in unemployment in the future. This information points to continued stress on the local healthcare system.



- As of 2014, approximately 92% of the population of Oswego County has some form of insurance coverage (private or governmental sponsored), leaving the remaining 8% uninsured. This percentage mix represents an improvement from the findings in the 2013 study, where 13% were estimated to be uninsured.
 - Among those with health insurance coverage, 2 out of every 5 persons are covered by some form of public health coverage.
- A significant portion of Oswego County residents are found to engage in risky behaviors that impact the overall health of the County.
 - Three out of every four Oswego County adults are considered overweight or obese (74%), more than 13% higher than the New York State (NYS) figure (61%). The statistic is higher than the 2013 study figure indicating a growing problem with regards to obesity.
 - Over 40% of children in Oswego County are considered overweight or obese, compared to the New York State (excluding NYC) figure of 34%.
 - One out of every four adults smokes cigarettes (26%).
 - Twenty-five percent (25%) of the county’s adults indicate that they binge drink.
- Oswego County’s Suicide Mortality Rate (16.5 per 100,000, based on a 3-year average) is twice as high as NYS as a whole (8.0) and NYS excluding New York City (8.6). This figure is higher than the 2013 finding of 13.2 per 100,000. The suicide mortality rate spiked in 2007 (15.6) and 2011 (19.6), causing the 3-year averages to remain high.
 - The incidence rate for Oswego County regarding substance abuse/injury/mental health is consistently higher than rates of the larger NYS regions with unintentional injuries, motor vehicle and non-motor vehicle mortality rates all being in the (bottom) 4th quartile.
- The lung and bronchus cancer incidence rate is high, at a rate of 95.1 per 100,000 which is significantly higher than both NYS (61.6) and Upstate NY (68.6). It is also higher than the Oswego County statistics reported in the 2013 CHNA study.
- The hospitalization rate of adults aged 65 and older for pneumonia and influenza is 175.0 per 100,000, which is much higher than the NYS rate of 112.6 per 100,000, and also higher than the reported 2013 CHNA County figure.



❖ Key Demographic Findings – Continued



- The latest statistics confirm that cardiovascular disease and other diseases of the heart continue to have a higher hospitalization rates in Oswego County compared to NYS and Upstate NY.
- Hospitalizations and emergency room visits related to chronic kidney disease are higher than NYS rates. In the currently available reporting period covering 2011 and 2013, Oswego Hospital was in the lower 4th quartile for admission utilization.
- Cirrhosis of the liver hospitalization rates for Oswego County (2.2 per 10,000) are in the 3rd Quartile of New York counties, but still lower than the NYS rate of 2.5.
- The percent of children who have received lead screening tests is far below the percentage of NYS as a whole, which indicates that children living in Oswego County may be at greater risk for lead poisoning.
 - The percent of children born in 2010 who received at least 2 lead screening tests by 36 months in Oswego County was only 30.0% compared with a figure across NYS of 55.1%. This represents a slight increase from the percentage of lead screening tests performed on children born in 2008, as reported in the 2013 CHNA.
- The percent of children in Oswego County receiving government-sponsored health insurance who have received the recommended number of well child visits is 63.1%. This is lower than the NYS rate of 71.6% and the NYS excluding NYC rate of 70.3%.
- According to the University of Wisconsin Population Health Institute, Oswego County has ranked near the bottom (a negative position) of the 62 counties of NYS in terms of factors that impact overall health for the past six years (2010 – 2015).
 - Oswego County has ranked last on the list of counties for the past five years for poor health behavior measures, which includes: adult smoking, adult obesity, physical inactivity, excessive drinking, motor vehicle crash death rate, sexually transmitted infections and teen birth rates.
 - Among the measures recently reviewed, Oswego County is experiencing negative trends in adult obesity and sexually transmitted infections, meaning these incidence rates are increasing.
 - The County has remained consistently in the mid-50s of rankings for social & economic factors such as high school graduation rates, college education, unemployment, children in poverty, inadequate social support, children in single-parent households, and violent crime rates.
 - The County has seen improvements in clinical care measures, ranking 31 of 62 counties, which includes: percentage of uninsured, preventable hospital stays, diabetes monitoring, ratios of comparable primary care providers, dentists, and mental health providers, and mammography screenings.

❖ Key Demographic Findings – Continued

- Oswego ranks last (at the bottom) on the list of counties for physical environment measures, including: air pollution, drinking water violations, severe housing problems, driving alone to work, and long commute times when driving alone. It should be noted that in 2013, the county ranked 27th in this category, but the category included several different measures that are not included in 2015.
- Oswego County ranked in the 2nd quartile in 2015 in terms of health outcomes as measured by the University of Wisconsin Population Health Institute, after having been in the 3rd quartile for several years. In 2015, the county was ranked 31 of 62, rising from a ranking of 46 in 2010. This demonstrates improvement.
 - Oswego County has seen significant improvements in terms of mortality, measured by the number of premature deaths, ranking 33rd for 2015, rising from a ranking of 50 in 2010.
 - Oswego County has shown improvements in quality of life measures over the same timeframe, going from a ranking of 43rd in 2011 to 30th in 2015. Morbidity measures include poor or fair health status, number of poor physical health days and mental health days, and low birth weight rates.
- ❖ The complete Oswego Health Service Area and County Demographic Profile Report can be found in Appendix A of this report.



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Description of Existing Healthcare

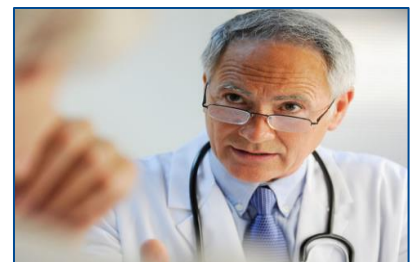
The key delivery system for Oswego County residents is Oswego Health. This health system represents a continuum of healthcare services from birth to maturity. Oswego Hospital is a full-service community hospital, providing emergency, medical, surgical, maternity and behavioral health services. Oswego Hospital also provides outpatient diagnostic and therapy services at its urgent care centers in Fulton and Central Square.

Oswego Health also consists of The Manor at Seneca Hill, providing short-term rehabilitation and skilled nursing care, and Springside at Seneca Hill providing congregation living for seniors aged 62 and older. In addition, Oswego Health Home Care provides skilled nursing services throughout the greater Oswego County area.

Oswego County physicians totaling approximately 106 providers are generally made up of independent practices. Oswego Health regularly collaborates with these physicians to develop programs and services that improve the health status of the community.

Inventory Findings

- ❖ RMS utilized several sources (both primary and secondary) to gather information about healthcare resources available within the Oswego Health service area. These sources included Oswego Health provided materials, the Oswego County Department of Health resources, and other health and service organizations identifying clinical resources throughout the service area. A list of community services offered in Oswego County is updated annually by the Oswego City-County Youth Bureau and the United Way of Greater Oswego County. It can be found online on the Oswego County website, titled the [Community Services Directory](#).
- ❖ The need for additional physician resources within Oswego Health's service area was a prevailing theme uncovered through in the primary and secondary research done as part of the other CHNA components. RMS and Oswego Health conducted an analysis of the physicians currently practicing in the area to determine whether there is adequate and appropriate medical specialties available to meet the need of the population of the service area.



- ❖ In terms of primary care physicians, it appears that there is an inadequate supply of primary care physicians (PCPs) to meet the current and 5-year projected needs of the overall population, based upon industry standard PCP to patient ratios models.
 - There is a deficit of between 10-20 primary care physicians to adequately meet the adult population area need. Current physician adequacy models indicate these can be filled by either family practitioners or internal medicine physicians. Presently, the county does have 39 primary care mid-level providers with a full-time equivalency of 37.2 FTEs. Undoubtedly, these providers are currently fulfilling the gaps suggested by the population-based physician requirement modeling. It is important to note that mid-level providers do not fully replace the capacity of a full-time primary care physician.
 - The latest census inventory indicates that there is adequate supply of pediatric physicians to meet the need in the area.

- ❖ There appears to be a shortage of physicians in several specialty areas, which validates the findings of the primary research (Key Stakeholder Interviews and Phone Survey with Community Residents) done by RMS. Specialties that appear to be underrepresented in the area by at least two FTE providers include:
 - Psychiatry
 - Orthopedic Surgery
 - General Surgery
 - Ophthalmology
 - Dermatology
 - Pulmonary Diseases
 - Nuclear Medicine
 - Physical Medicine & Rehabilitation

- ❖ In addition to these services, there are several other medical specialties that are showing deficits in the Oswego County area of 1-2 providers. These are additional areas that the hospital may wish to consider adding additional resources. The specialties include: allergy, cardiology, gastroenterology, rheumatology, neurosurgery, colon and rectal surgery, otolaryngology and plastic surgery.

- ❖ In addition to the work conducted by RMS in terms of the Community Health Needs Assessment (CHNA), the RMS team also worked with the hospital and two other sponsoring partners to conduct a comprehensive medical staff development plan (MSDP) for Oswego County. The health resources inventory is reflective of the research conducted by RMS for both the CHNA and the MSDP. The hospital will use both research results in its future efforts of recruiting appropriate medical professionals to the Oswego Health service area.



- ❖ The current inventory of physicians in the Oswego Health service area were compared with various population-based physician requirement models to determine the surplus or deficit of full-time equivalent (FTE) physicians serving the area. The chart on the following page is based on the 2020 projected population for the Oswego Health service area and considers the mean and median ratios identified for each specialty.
- ❖ In addition to physician resources, RMS also conducted a review of other healthcare services and resources available to Oswego Health's service area residents that can help maintain and promote healthy living. These services should be viewed as additional tools available to support and contribute to the overall health needs of the community. A robust list of community services offered in Oswego County is the [Community Services Directory](#) published by the Oswego City-County Youth Bureau and the United Way of Greater Oswego County.
- ❖ The entire Health Resources Inventory report completed on behalf of Oswego Health can be found in Appendix B of this report.

Health Resources Inventory

	FTE Physicians Needed based on Mean Population per Physician Modeling	FTE Physicians Needed based on Median Population per Physician Modeling	Current Oswego Area Physicians FTEs	Oswego Health Service Area Surplus (Deficit) based on 2020 Mean Population per Physician	Oswego Health Service Area Surplus (Deficit) based on 2020 Median Population per Physician
PRIMARY CARE					
General/Family Practice	20.23	30.21	28.6	8.37	(1.61)
Internal Medicine	26.56	30.20	9.05	(17.51)	(21.15)
Combined Adult	46.79	60.41	37.65	(9.14)	(22.76)
Pediatrics	3.39	3.39	10	6.61	6.61
Total Primary Care Needs	50.18	63.79	48	(2.53)	(16.14)
SPECIALTY CARE					
Allergy & Immunology	1.49	1.47		(1.49)	(1.47)
Cardiology	3.91	3.85	2.6	(1.31)	(1.25)
Endocrinology	1.33	1.21	1	(0.33)	(0.21)
Gastroenterology	2.56	3.23	2	(0.56)	(1.23)
Hematology/Oncology	2.70	2.69	3	0.30	0.31
Infectious Diseases	1.11	1.10		(1.11)	(1.10)
Nephrology	1.22	1.12	6	4.78	4.88
Pediatric Allergy	0.14	0.14		(0.14)	(0.14)
Pediatric Cardiology	0.10	0.10		(0.10)	(0.10)
Pediatric Endocrinology	0.13	0.13		(0.13)	(0.13)
Pediatric Nephrology	0.06	0.06		(0.06)	(0.06)
Pediatric Hematology/Oncology	0.24	0.24		(0.24)	(0.24)
Pulmonary Diseases	1.70	1.70	0.1	(1.60)	(1.60)
Rheumatology	1.03	0.86		(1.03)	(0.86)
Child Psychiatry	3.61	3.61		(3.61)	(3.61)
Dermatology	3.22	3.18		(3.22)	(3.18)
Neurology	2.51	2.67	0.8	(1.71)	(1.87)
Nuclear Medicine	1.43	2.76		(1.43)	(2.76)
Physical Medicine & Rehabilitation	2.15	2.28		(2.15)	(2.28)
Psychiatry	8.16	10.83	5.5	(2.66)	(5.33)
General Surgery	8.58	8.06	4	(4.58)	(4.06)
Neonatology	0.65	0.65		(0.65)	(0.65)
Neurosurgery	0.93	1.57		(0.93)	(1.57)
Colon and Rectal Surgery	0.84	2.20		(0.84)	(2.20)
Obstetrics/Gynecology	2.52	2.46	3.4	0.88	0.94
Ophthalmology	5.10	5.77	2	(3.10)	(3.77)
Orthopedic Surgery	6.70	7.90	2.4	(4.30)	(5.50)
Otolaryngology	3.48	3.66	2	(1.48)	(1.66)
Plastic Surgery	1.09	1.44		(1.09)	(1.44)
Thoracic Surgery	0.66	1.02		(0.66)	(1.02)
Urology	3.41	3.50	3	(0.41)	(0.50)
Anesthesiology	7.21	8.14	3.5	(3.71)	(4.64)
Emergency Medicine	5.09	5.92	6.25	1.16	0.33
Pathology	3.54	4.51	1.5	(2.04)	(3.01)
Radiology	7.97	8.65	9	1.03	0.35
Radiation Oncology	1.80	1.80	0.8	(1.00)	(1.00)
Total Specialty Care Needs	98.35	110.47	58.85	(39.50)	(51.62)
TOTAL FTE PHYSICIAN NEEDS	148.52	174.26	106.50	(42.02)	(67.76)



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- ❖ Oswego Health compiled a list of approximately 20 community leader stakeholders from the Oswego Health service area as a pool from which to conduct six in-depth interviews (IDIs), focusing on identifying community health care needs. This list was tiered with regard to the level of preference for Oswego Health using a Top 10 and Top 20 priority system. RMS worked with Oswego Health to send an email to all identified potential participants to make them aware of the CHNA and how important their participation was in a community needs identification interview. RMS **completed a total of 6 IDIs with community stakeholders**. Each interview lasted approximately 20 to 30 minutes. The fieldwork for the IDIs was conducted in **November, 2015**. Following the 6 IDIs, RMS translated the interview responses to an electronic file for analysis.

In-Depth Interview Telephone Participants

Name	Title	Organization
Diane Cooper-Currier	Executive Director	Oswego County Opportunities (OCO)
Chuck Gijanto	Pres and CEO	Oswego Health
Dan Dey	CEO	Northern Oswego County Health Services Inc. (NOCHSI)
Greg Mills	Executive Director	Oswego Fulton Chamber
Terrence Gorman	CEO & Administrator	St. Luke's Health Services
Jiancheng Huang	Dir of Public Health	Oswego County

- ❖ In addition to the six IDIs conducted for the CHNA work, RMS also conducted another seven IDIs as part of the Oswego Health MSDP work. These interviews were with key medical staff leadership of the Oswego County area. Much of the input from these leaders mirrored what was identified by the above stakeholders.
- ❖ The entire Key Stakeholder Interviews report completed on behalf of Oswego Health can be found in Appendix C of this report.

Themes Identified from Key Stakeholder Interviews - Continued

Theme 3: Improving the overall health status and well-being of county residents and continuing to address shortages in specialty care service areas are two additional priorities for Oswego Health to focus upon.

When asked what the priority outcome of the Community Health Needs Assessment (CHNA) should be, stakeholders most commonly mentioned the community need to improve the overall health of residents on a larger scale. Stakeholders were concerned with overall population health issues, including obesity, smoking, health screenings, and other community based issues. These issues were identified most often as the priorities for the CHNA (50%). They also emphasized the need to continue efforts to bring more specialty services to the community. Specific specialties that were noted include orthopedics, obstetrics & gynecology, and cardiac services. It is anticipated that this will help reduce the leakage of residents seeking care outside of their community.



3



4

Theme 4: Stakeholders reported that the perception of quality healthcare services within Oswego County plays a large role in the choices residents make regarding where to seek care. Several stakeholders brought this issue to the discussion. The feeling is that the services available within Oswego County are of good quality, but there is a lingering perception that care available in Oswego County is not as high as that which can be obtained in Onondaga County. Rebranding and education of the community were identified as important steps to take to reorient residents to the services they have available to them without leaving the county.

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- ❖ RMS completed a telephone survey among a random sample of community residents within the Oswego Health service area. RMS customized a telephone survey script containing 35 questions. Included in the survey were several questions focusing on the residents' perceptions of the availability of healthcare services offered within the community.
- ❖ RMS purchased both resident landline telephone sample and cell phone sample to reach respondents. The survey took approximately 15 minutes to complete. **A total of 405 responses were collected for this market research.** This response rate provided a sampling with a low margin of error ($\pm 4.86\%$), ensuring a high degree of statistical reliability for the survey findings.
- ❖ Respondents were screened to ensure:
 - They were the primary decision-maker (or shared responsibility) for healthcare decisions in their household;
 - They were not nor anyone in their household was employed by an applicable industry;
 - They were over the age of 18;
 - They lived in the area for at least 1 year;
 - They were familiar with the local healthcare and hospitals in the area; and
 - They lived in a ZIP Code from the primary service area (PSA).
- ❖ The entire Community Survey Findings report completed on behalf of Oswego Health can be found in Appendix D of this report.

Themes Identified from Community Residents

1

Theme 1: Oswego Health showed the highest unaided (top-of-mind) awareness within the full market area (49%). Additionally, looking at unaided awareness, Oswego Health had the highest awareness in the primary service area (PSA) (81%). However, in the secondary service area (SSA), the Syracuse area hospitals led unaided awareness (St. Josephs Hospital – 88%, Crouse Hospital – 87%, Upstate Hospital – 64%), with Oswego Health only having 33% unaided awareness. Respondents were also questioned about awareness of an aided list of hospitals, excluding hospitals they already named during the survey. **Nearly all respondents were aware of Oswego Hospital (99%),** as well as Upstate Hospital (100%), Crouse Hospital (99%), and St. Josephs Hospital (99%). The other hospital that was included in the aided list, Samaritan Medical Center, only had a total aided awareness of 47%.

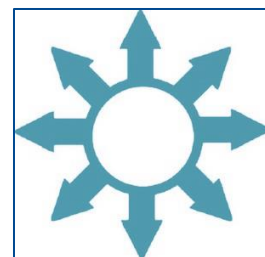


Themes Identified from Community Residents – Continued

2



Theme 2: Thirty-seven percent of respondents who are aware of Oswego Hospital stated they felt the overall quality of the hospital was ‘Very Good’ or ‘Excellent’. Comparatively, when looking at other hospitals that respondents were aware of, 57% of respondents stated the quality of those hospitals was ‘Very Good’ or ‘Excellent’. Oswego Hospital’s overall quality perception is lower than that of other known hospitals. Among the respondents who had an individual in their household spend at least one night in the hospital (43% of total respondents), 29% stated they most recently used Oswego Hospital. Among those that did, **76% rated the in-patient care and services as ‘Very Good’ or ‘Excellent’.** The Oswego Hospital rating was similar to the aggregate rating of other hospitals (80%). Among those who had an experience at Oswego Hospital, a majority (86%) stated they would ‘Probably’ or ‘Definitely’ recommend the hospital to friends or family. **The Oswego Hospital rating was slightly lower when compared to the likelihood to recommend rating of other hospitals (94%).** Among the 53% of respondents who have had an individual in the household be treated at an emergency room in the past 2 years, half (49%) stated they most recently used Oswego Hospital. Just **over half (52%) stated the emergency room experience was ‘Very Good’ or ‘Excellent’.**



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Theme 3: When asked to rate perceptions of a number of services provided by Oswego Hospital, respondents indicated a positive perception (‘Good’, ‘Very Good’, or ‘Excellent’) for all aspects tested. The quality of the doctors affiliated with the hospital was favorably rated by 62% of respondents, and 70% positively rated the overall quality of the nursing care at the hospital. **More than half of respondents felt the hospital is responsive to the healthcare needs of the community (59%), and has modern equipment and technology available at the hospital (60%).** Open-ended responses related to explaining a respondent’s overall quality rating for Oswego hospital indicate that **there is a residual perception that the quality of care at the hospital is not very good and “less than” the quality expected from Syracuse area hospitals.** However, it is clear from these responses that the majority of these perceptions are **from past experiences, “several years ago” or from second hand comments made by friends, relatives, and acquaintances.**

Themes Identified from Community Residents – Continued



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Theme 4: Oswego Health was the top preference for many of the services, including emergency medical care (28%), urgent medical care (31%), outpatient or same day surgery (32%), maternity services (27%), and less serious or routine medical problems (47%). St. Josephs Hospital was the preferred choice when it comes to general surgery (28%), and inpatient care (30%). For serious or complicated medical problems, Upstate Hospital was the most preferred choice (37%). Services for which Oswego Hospital ranked low on the list of preferred hospitals includes orthopedic surgery (7%) and serious or complicated medical problems (4%).

Theme 5: The state of healthcare in the community was highly rated by nearly three quarters of respondents (73%), who provided a response of ‘Good’, ‘Very Good’, or ‘Excellent’. The **majority of respondents (79%) indicated that they are able to access healthcare services when needed.** Among the 21% who are not always able to access healthcare, just under half (43%) are unable to get appointments needed, 21% felt that access to the services they need are not available, and 10% noted that the doctor is too far away. Although there appears to be access to healthcare services in the county, **many respondents (79%) stated that they or individuals in their household are traveling outside the local area or county to access the healthcare they need.** Open-ended responses verify that the types of services being sought outside the area include: cancer treatment, dermatology, orthopedics, mental health, neurology, specialty care (in general), and stroke care. Those that do go outside the area typically travel to Onondaga County and the Syracuse area.

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Based upon the research work conducted regarding identification of Oswego County's health care needs, RMS has organized the conclusions, opportunities and recommendations into three general focus areas:

- (1) Primary prevention, patient education and community outreach;
- (2) Healthcare workforce provider availability and access; and
- (3) Quality service delivery.

Oswego Health management needs to review these conclusions, evaluate them and prioritize them with regard to its capacity to improve the County's overall population health status. A definitive plan of action needs to be developed and implemented with measurable goals and objectives.

PRIMARY PREVENTION, PATIENT EDUCATION AND COMMUNITY OUTREACH:

Several of the findings represent opportunities to focus on engaging the community to proactively take greater responsibility for embracing a healthy lifestyle and accountability for one's health. It is important to note that a significant percentage of the County's residents are currently living below the poverty level, indicating that they are facing economic barriers that undoubtedly prevent them from making significant progress in adopting healthy, less risky, behaviors. Activities which Oswego Health elects to pursue in the promotion of healthier lifestyles need to recognize that poverty is a significant barrier, greatly contributing to patient compliance with desired behavior changes. Efforts need to be made that recognize the broader impact of general social and economic determinants impacting community residents.

- ❖ Obesity is a considerable problem among Oswego County residents. Three out of every four Oswego County adults are considered overweight or obese and over 40% of the County's children are considered overweight or obese. With obesity being a known gateway to more extensive population health conditions, significant efforts need to be made to address this problem.

RECOMMENDATION: Create a county-wide community taskforce that identifies opportunities to effectively address obesity long-term. The scope of solutions needs to be broad based, from education and nutritional counseling to promoting physical activity. The taskforce should investigate and adopt a community-wide approach to impact long-term change among community residents by involving civic organizations, schools, businesses in this health transformation. Efforts need to be made to encourage the availability and affordability of healthy food choices in homes, schools, offices, stores, restaurants, farmers' markets and other venues. There needs to be ready access to resources that can help individuals who wish to proactively improve overweight conditions, set realistic goals and find early success and motivation.

- ❖ Hospitalizations for pneumonia and influenza are significantly higher for Oswego County residents.
RECOMMENDATION: Work with area businesses and retail sponsors to offer "FREE" flu vaccines and encourage all residents to obtain a flu shot. Similarly, work within the Oswego Health system and with other providers of services for the elderly to increase access to and education regarding the benefits of the pneumococcal pneumonia vaccination. In addition, encourage providers within the community to align with the hospital to conduct community outreach regarding both vaccinations.

- ❖ There needs to be greater efforts to promote “healthy lifestyles” within the County tied to specific health risk activities such as smoking, substance abuse (including alcohol consumption and drug abuse), sexual behavior and motor vehicle crash rates.

RECOMMENDATION: Create general forums to discuss and identify select population-niche resources to model and promote healthy behaviors. Offer programs that advocate for better lifestyles within the niche high risk sub-markets. Programs need to be tailored to niche populations. They need to start organically within population segments and require considerable coaching and mentoring. Similarly, align with community providers and health centers to assess evidence of risky behaviors at visits as well as to coach patients to set personal goals for positive behavior change.

- ❖ Based upon the recent metrics reviewed, the County needs to apply more rigor to its efforts around preventive medicine. These include childhood lead screening; well child and well care visits, screenings for chronic conditions such as diabetes and hypertension, and physical inactivity. The statistics indicate that compliance and use of these activities could be increased.

RECOMMENDATION: Build incentive programs that encourage residents to take advantage of available prevention and screening programs. Engage area medical providers in encouraging compliance. Align with the physicians in the community to assess and improve opportunities for documentation within the medical record, creating algorithms to establish consistent standards of care and reporting, whereby monitoring compliance with preventive and chronic disease measures. Assess provider adoption of chronic disease templates to be used for patient encounters for enhanced monitoring.

RECOMMENDATION: Work with the RHIO to ensure seamless exchange of data within the medical record. Building of the RHIO will bring together patient medical information from hospitals, medical practices, laboratories, imaging centers, and other healthcare providers to increase efficiency and overall quality of healthcare for patients. The RHIO will allow for efficient and thorough tracking of pertinent clinical data; data profiling; monitoring of data quality; generation of metrics reports; and analysis and reassessment of area of opportunity based on data.

- ❖ There is an opportunity to work more closely with the physician community to identify the at risk populations tied to mental health conditions, providing physicians with tools and resources to refer these individuals. There needs to be initiatives that focus on improving the health status of residents, with a particular focus on substance abuse, chronic illnesses, and mental health by proactively reaching out to these individuals, providing education, de-stigmatizing conditions, and improving access to needed services within the county.

RECOMMENDATION: Establish a collaborative workforce with providers of mental health and substance abuse care and the Oswego Health provider community. Set measurable goals to improve access within “reasonable limits” and then document progress. Additionally, there should be efforts undertaken that look for ways to collaborate with additional resources to increase access for residents within the county.

RECOMMENDATION: Explore the development of proven community-based, collaborative projects that promote patient engagement in acute and preventive care services as well as chronic disease management making use of provider offices to promote and engage the community and to encourage referrals within the community.

HEALTHCARE WORKFORCE PROVIDER AVAILABILITY and ACCESS:

Stakeholders often referenced community needs tied to increasing the availability and access to existing providers and the lack of specialty care services within the local area. They noted that this often forces community residents to leave the area and seek care elsewhere. The lack of local access regarding several specialty care areas creates a barrier for residents to always seek appropriate care, or to forgo the needed care at all. Furthermore, sometimes availability and access is tied to general healthcare provider communication and education about existing resources. Efforts need to be undertaken to provide greater service integration among Oswego County providers both vertically and horizontally.

- ❖ The study revealed that the county is in need of some key specialty areas based upon the existing county population. Efforts to recruit or establish collaborative arrangements with physicians within these specialty areas need to be made to bring the specialty services into the county.

RECOMMENDATION: Work with regional provider organizations such as the medical society and accountable care organizations or networks to develop reciprocity and affiliation agreements that can result in closing the gap of the missing specialty areas in the County.

RECOMMENDATION: Create a provider community collaborative which includes multiple provider segments such as: physicians, pharmacies, mental health, oral health, retail clinics, to develop and augment access points of care for residents.

- ❖ Appointment access was identified as a community need across all the stakeholder groups. There is a sense that residents cannot always get appointments with physicians in the area. This sometimes results in them leaving the area to receive care.

RECOMMENDATION: Expand hours to incorporate weekend and evening hours among key specialty areas, particularly primary care. Additionally, Oswego Health may wish to consider developing a centralized scheduling center and/or website that facilitates resident scheduling among the primary care delivery system.

- ❖ Services for mental health, behavioral health and substance abuse were consistently identified by stakeholders as lacking availability.

RECOMMENDATION: Look at alternative approaches, including telemedicine, to increase mental health access and availability for the County.

- ❖ The county has a significant number of mid-level providers who undoubtedly augment care delivery in provider offices. The community at large was not aware of, or conscious of the availability of these providers.
RECOMMENDATION: Look to increase awareness within the community of physician extenders, making sure to promote the benefits that these clinical providers add to the healthcare system. Moreover, it is important to relate the rigor of mid-level training and how these individuals add value to the system by allowing physicians to focus on the most complex cases. Mid-level practitioners can also augment physician practices by assuming responsibility for their own patient panels.
- ❖ Stakeholders indicated that they often look to the Syracuse based healthcare system to “fill in the gaps” of services that they do not believe are available within Oswego County.
RECOMMENDATION: Oswego Health should look to expand its care management services and outreach to address healthcare access issues such as (1) assessment and screening; (2) education and health promotion; (3) referral care management; and (4) chronic disease management. Care managers can further facilitate coordination of care for patients, in conjunction with the patient’s provider, thereby further developing a seamless healthcare delivery system in the area.

QUALITY SERVICE DELIVERY:

Across all stakeholder segments researched, there was the desire to receive the highest quality of healthcare services. Residents wanted to be assured that they are receiving the best healthcare services. Recognizing that quality of healthcare is not only outcomes driven but also based upon patient experience and perception, opportunities within this area focus on ensuring that maximum effort is being placed on delivering quality healthcare supported by data. Data that can be used to validate and benchmark quality progress. Oswego Health needs to aggressively focus on quality care delivery and then share the quality metrics in a meaningful way with the patients and community-at-large.

- ❖ Across all stakeholder segments researched, there was a significant segment that had the perception healthcare services provided within Oswego County was not always of the best quality.
RECOMMENDATION: Oswego Health should prepare a quality dashboard and metric report that demonstrates improvements to quality care delivery. Moreover, comparisons should be made with the Syracuse-based systems wherever possible. The dashboard commitment should reflect a long term, longitudinal reporting forum that can demonstrate changes over time. This will demonstrate not only progress, but intent and desire to continuously improve.

RECOMMENDATION: Oswego Health should look to affiliate with primary care partners that are presently recognized as patient-centered medical home (PCMH) designated practices. This designation is a nationally recognized initiative that attests to a rigorous review and fundamental foundational quality activities within a practice. Those partners that are not currently designated should be encouraged and/or incentivized to obtain PCMH designation. Practices currently recognized could be encouraged to serve as quality ambassadors for other practices within the community to further validate the important role of designation in delivery of patient-centered quality driven care.

- ❖ The research suggested that many residents are not truly informed of what “quality healthcare” is and therefore were unable to determine whether they were currently receiving quality healthcare. It was presumed to either be there or not, but many could not point to specific quality validation.

RECOMMENDATION: Oswego Health should implement a broad based education campaign that defines the industry’s general metrics that determine quality. By serving as the “educator” of quality, Oswego Health is in the position of “owning” the definition and is afforded all the perceptions related to being the expert in identifying key quality metrics that should be used to measure the quality of healthcare in the area.

RECOMMENDATION: The industry quality benchmarking, process and promotion should be shared and promoted among key Oswego County delivery system components. Providers should have a vested interest in achieving quality targets and be recognized when these are achieved and exceeded.

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Key Community Health Needs (Determined by Oswego Health)

Based on the research findings on community healthcare, RMS and the Oswego Health identified six health needs impacting the community served by the Oswego Health system.

- **Improve access to primary and specialty care** which is declining based upon community perception (79% say they or a household member leave the county for care) by continuing to recruit and retain physicians, who provide high-quality care to meet the healthcare needs of the county;
- **Promote mental health and focus on preventing substance abuse and suicide** including services for emotional and behavioral health and disorders, as well as the prevention of substance abuse and suicide;
- **Decrease the incidence of tobacco use** in the Oswego Health Service Area (26% of the population) and therefore reduce those impacted by the health issues it causes for users and the community-at-large;
- Address the continuing need to provide **ongoing management of health issues for residents with chronic health conditions**, such as COPD and CHF;
- **Address the health status of residents** by providing programs that that reduce the obesity rate that is 74% of the population (60.5% is NYS average) with programs that promote healthy diet and exercise;
- **Improve the perception of quality healthcare services** in Oswego County, by educating the community on the high-quality care that is provided within Oswego County.

Five of these needs were identified in Oswego Health's 2013 CHNA. It should be noted that since the 2013 report was made public and available on its website, there has been no direct feedback from the community.

A new health-related concern in this report addresses the community's perception of the quality of care offered by Oswego Health.

Most of these needs are also outlined in Oswego Health's state-required Community Service plan. This latest CHNA continues to validate the issues facing the community and strengthens Oswego Health's commitment to address these needs.

While Oswego Health believes all of these needs are important, a gap analysis was conducted to determine where the hospital's resources and efforts could be best focused to make an impact on the community. Following this analysis, the hospital determined it will focus its efforts over the next three years on: (1) the ongoing management of chronic health conditions; and (2) promotion of mental health and prevention of substance abuse and suicide.

These needs, identified for the implementation plan, are consistent with the Oswego Health Strategic Plan and the latest Community Service Plan, which was submitted to the NYS Department of Health in March 2015.

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

Improve access to primary care and specialty physicians

- ❖ Oswego Health is committed to developing primary care services through individual and in collaboration with practices in its services area. For example, Oswego Health in 2013, divested its health centers to Northern Oswego County Health Services Inc. (NOCHSI). Patients benefit from this collaboration with NOCHSI's ability to provide care more efficiently and its increased capability to develop capacity.
- ❖ Oswego Health will also continue to collaborate with independent medical practices and NOCHSI by supporting the recruitment of new physicians to the service areas.
- ❖ Oswego Health has committed to growing its primary care practice in Central Square, one of the county's most underserved areas.
- ❖ Medical staff development plans, prepared previously and under development, illustrate the acute need for primary and specialty care services. Oswego Health will utilize this plan to enhance all physician services in an effort to increase access.
- ❖ Both the secondary research (Health Resources Inventory) and the primary research (Key Stakeholders Interviews and Phone Survey with Community Residents) identified *access to more specialty care providers* as a need within the Oswego Health service area. Many residents currently leave the service area to access specialty care services in neighboring communities, sometimes nearly an hour's drive time for residents. An area noted as most needed was orthopedics.

Promote mental health and focus on preventing substance abuse and suicide

- ❖ Both primary research (Key Stakeholders Interviews) and the secondary research conducted by RMS (County Demographic Profile) identify the need to promote mental health and prevent substance abuse in the community. Secondary research shows that the suicide rate in Oswego County is twice as high as New York State.
- ❖ Oswego Health has a variety of behavioral health services located throughout its service area that offer care to those from aged five to mature adults. The health system is fortunate to have psychiatrists certified to treat both children and adults. The department also includes counselors, social workers and others who will continue to provide this important care.
- ❖ In 2014, Oswego Hospital implemented and will continue to utilize the Columbia Suicide Severity Rating Scale (C-SSRS), developed by Columbia University Medical Center. This scale is a rating system that has demonstrated the ability to predict suicide attempts in suicidal and non-suicidal individuals.
- ❖ Staff from Oswego Hospital's Behavioral Health Services Department (BHS) are among the community groups that helped found the Oswego County Suicide Coalition, which meets monthly. The BHS staff has also helped to coordinate several suicide awareness and prevention trainings for both community members and healthcare staff members. BHS staff will continue to collaborate with community organizations to develop suicide prevention programs.
- ❖ Staff from OH's BHS are providing counseling in ten schools, up from six schools in 2014, allowing these children to be provided this care conveniently.

Decrease the incidence of tobacco use

- ❖ The secondary research conducted by RMS (County Demographic Profile) clearly indicates that use of tobacco is high among Oswego County residents (1 in 4 adults of 26%) and the county also has high incidences of diseases typically caused by tobacco use, such as lung and bronchus cancer. Key stakeholders identified the need to address this issue in their interviews regarding the health status of the county residents.
- ❖ Oswego Health offers a cessation program through its website. Individuals taking part are asked to confidentially provide their contact information, so one of Oswego Health's certified smoking cessation counselors can call to offer additional support. Oswego Hospital counsels its patients who admit they smoke upon hospital admission. The hospital participates in the "Fax To Quit Program," which offers cessation support to smokers following hospital discharge. Oswego Health has been successful in making all of its facilities smoke free. These and other initiatives will continue to be part of Oswego Health's efforts to reduce community residents' tobacco use.

Address the health status of residents with chronic conditions

- ❖ The secondary research conducted by RMS (County Demographic Profile) shows high incidence rates of chronic diseases such as diabetes, COPD, and CHF. There appears to be a lack of management services, education, etc., for chronic conditions, as identified in the Phone Survey with Community Residents.
- ❖ Oswego Health will continue to offer programs and services to address the needs of residents with chronic diseases. The health system regularly offers Healthy Living classes, a evidence-based program developed by Stanford University. In the past year, more than 40 individuals took advantage of this six-week program that provides participants with skills to help them improve their health status. The health system has partnered with others in the community, including the Oswego County Health Dept., to offer these classes.
- ❖ In addition, Oswego Health will continue to offer two monthly diabetes support groups and offers opportunities for individuals to meet 1:1 with its Certified Diabetes Educator.

Address the health status of residents who are obese

- ❖ Oswego Health will continue to partner with the Oswego County Health Department, OCO and NOCHSI to develop educational programs for adults and children that promote the importance of a healthy diet and exercise.
- ❖ Oswego Health will continue its participation in health-related community events, such as the Fulton YMCA's Healthy Kids Night and other public activities that promote healthy habits and discuss the health hazards of obesity and other risk factors.
- ❖ Oswego Health will seek partnerships with local school districts in an effort to provide programs that encourage healthy habits.

Improve the perception that healthcare services in Oswego County are low quality

- ❖ Oswego Health will continue to educate the community on the high-quality care that is provided within Oswego County. This is expected to increase residents use of healthcare services and assist in compliance with physician health recommendations, thereby improving the health status of the community.
- ❖ The health system will increase transparency of all quality indicators to ensure the quality continues to improve, while perception increases.
- ❖ Share patient safety benchmarks with the community including Oswego Hospital's positive hospital-acquired infection rates and others.
- ❖ In addition, Oswego Health will continue to provide information on its technologically-advanced equipment and facilities that assist its physicians and staff in providing high quality diagnoses and treatment of medical conditions.

Oswego Health is committed to improving the overall health and wellness of the community it serves. The Mission of Oswego Health is *“to provide accessible, quality care and improve the health of residents in our community.”*

Towards that end, Oswego Health has conducted this Community Health Needs Assessment to identify the primary health needs within the community it serves. Having identified these needs, a confirmation of actions already undertaken by the health system in the Community Service Plan, is a prerequisite for the development of the CHNA Implementation Plan due in May of 2016. Oswego Health will develop the implementation plan to organize work within the community to address the two primary needs of chronic disease management and behavioral health development, which it has determined are the best use of its resources to make the most significant impact on the improvement of community health.

Oswego Health intends to continue its collaborations with community partners to optimize healthcare delivery for Oswego County residents. Implementing effective goals and strategies to address the needs around management of chronic health conditions and mental health issues identified in the CHNA is a top priority for the organization in the immediate future. As progress is made and needs change, Oswego Health will reassess, adjust goals and implement strategies to continue to address new community needs.

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