Community Health Assessment: St. Vincent's Medical Center

Steering Committee Meeting May 26, 2011

Report #1
Quantitative Survey and Qualitative Data Collection

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Quantitative Component*:

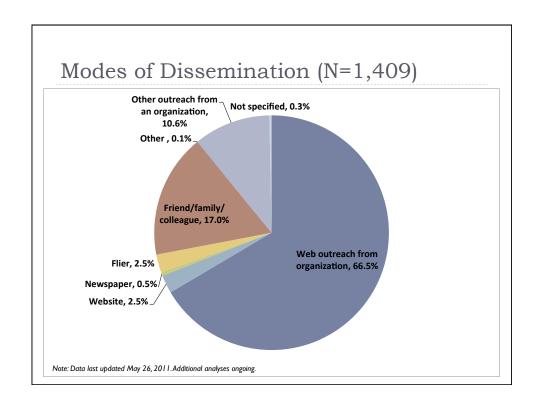
Community Survey

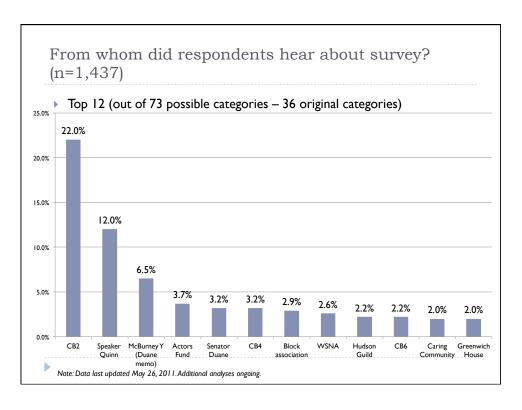
Quantitative Survey: Process

- ▶ IRB approval of amendment for survey: 3/21/2011
- Web and paper surveys created:
 - ▶ English, Spanish, Chinese, large-print
- Process:
 - SC partners volunteered to disseminate via email, website link, and paper distribution modes
 - ▶ 6 weeks to collect responses
 - ▶ Official launch: 4/5/11
 - Survey closed: 5/16/11

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TOTAL SAMPLE (n=1,618) English (n=1,609) Web survey (n≈1,560) Spanish and Chinese (n=9) Paper survey (n≈58) ~180 provided no answers beyond Q1 or 2 ~Valid responses (n=1,438) # who used services at # who wrote about health care experiences pre/post (n=634)





Survey Demographics (N=1,438)	% (n)
Age	Range (18 – 98) Mean 58.3 (SD=13.9)
Race/Ethnicity White Latino/Hispanic Asian/Pacific Islander More than one race African-American/African Other, including Caribbean/West Indian/Amer Indian/Alaska Native	84.7 (1195) 6.2 (88) 3.1 (44) 2.3 (32) 2.1 (29) 1.6 (23)
Primary language English Spanish Chinese (Cantonese/Mandarin) Other	95.8 (1355) 2.3 (32) 0.6 (8) 1.4 (20)
Gender Female Male Transgender (identify as female, identify as male) Other	62.7 (850) 36.7 (498) 0.4 (6) 0.1 (2)
Sexual orientation Heterosexual Gay Lesbian Bisexual Other Queer More than one	75.8 (990) 13.9 (182) 4.6 (60) 2.3 (30) 2.2 (29) 0.6 (8) 0.5 (7)

Survey Demographics (N=1,438) (con't)	% (n)
Zip code	
10014 (PSA)	31.9 (456)
10011 (PSA)	30.3 (433)
10012 (PSA)	6.9 (98)
10001 (PSA)	5.7 (81)
10003 (SSA-1)	4.8 (69)
10036	4.0 (57)
10013 (SSA-1)	1.9 (27)
Other	14.5 (217)
Length of residence in this zip code	Mean: 23.7 years
·	SD (15.0)

Survey Findings: Health Insurance (n=1,432)

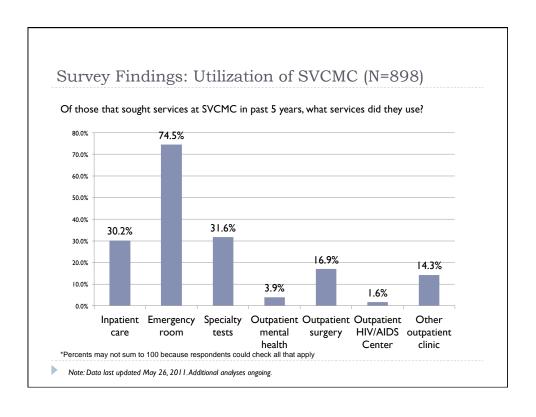
Variables	% (n)
Health insurance (yes)	94.3 (1350)
Private through employment	47.8 (637)
Private, self-pay	12.8 (171)
Medicare (mixed)	29.6 (395)
Medicaid	3.1 (41)
Family Health Plus	0.7 (10)
Combined public sources	2.2 (30)
Combined private and public sources	1.3 (17)
Other (unspecified)	2.5 (33)
Note: Data last updated May 26, 2011. Additional analyses ongoing.	

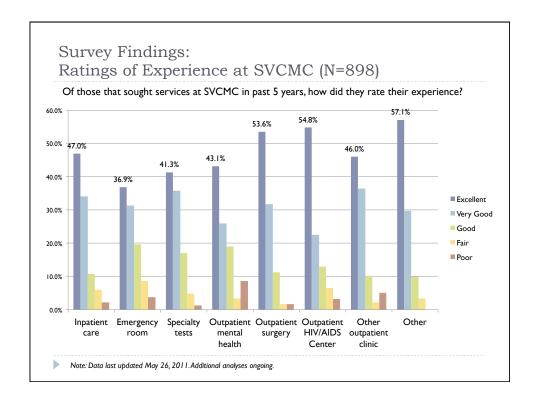
Survey Findings: Health Status (n=1,422)

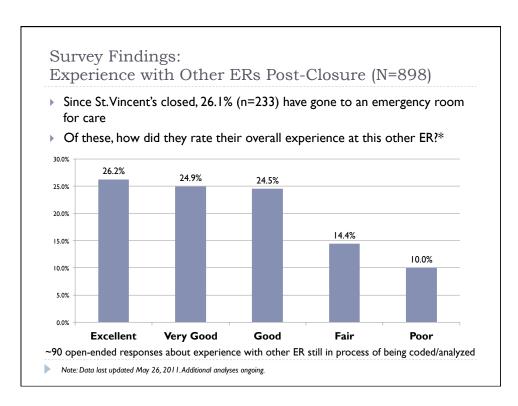
V ariables	% (n)
Deaf, or have serious difficulty hearing?	4.2 (60)
Blind, or have serious difficulty seeing even when wearing glasses?	1.9 (27)
Physical health condition? (~430 specified)	36.8 (523)
Mental health condition? (~120 specified)	10.8 (154)
Had doctor affiliated with SVCMC?	60.1 (843)
Currently see same doctor as you did prior to closing?	68.0 (921)

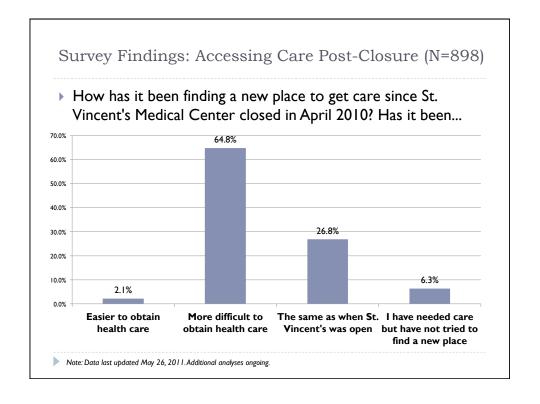
Survey Findings: Utilization of SVCMC (n=1,215)

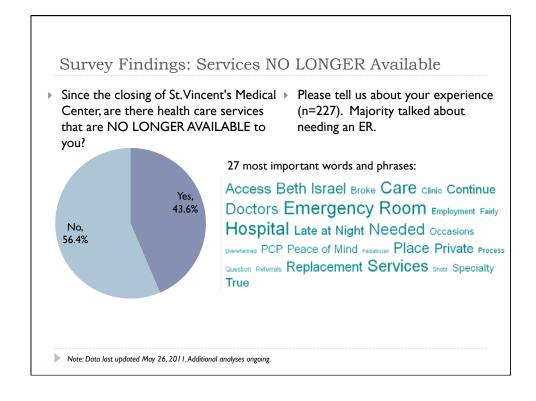
V ariable	% (n)
Sought any services at SVMC in past 5 years? Yes No, went elsewhere	73.9 (898) 26.1 (317)
Of those that went elsewhere, where did they go? (top 3)	
- NYU Medical - Beth Israel - St. Luke's-Roosevelt	
- Other*	





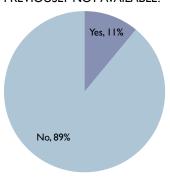






Survey Findings: Can Now Access Services PREVIOUSLY NOT AVAILABLE

Since the closing of St. Vincent's Medical Center, have you been able to access health care services that were PREVIOUSLY NOT AVAILABLE?

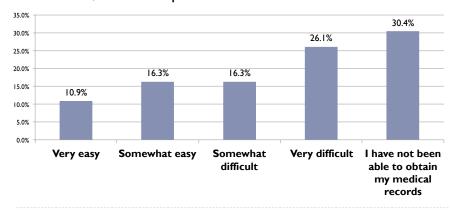


- ▶ <u>Please tell us about your experience (n=50):</u> Most provided anecdotes of recent health care experiences; 10 found Q confusing
- Note: Data last updated May 26, 2011. Additional analyses ongoing.

Survey Findings:

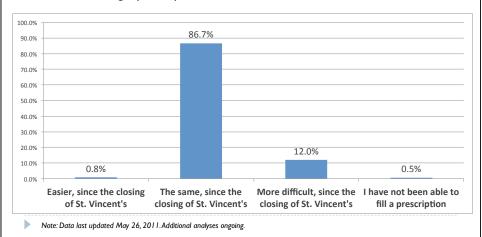
Obtaining Medical Records Post-Closure (N=898)

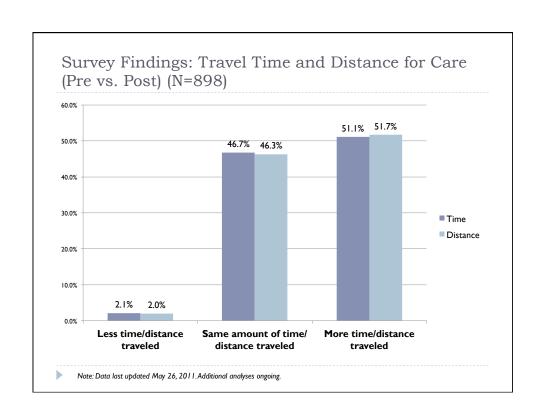
- ▶ Since St. Vincent's closed, 10.8% (n=95) of respondents have tried to get access to their medical records.
- Of these, their attempt to obtain their records has been...

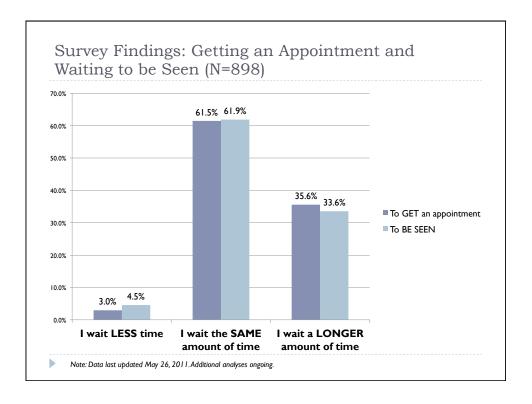


Survey Findings: Filling Prescriptions Post-Closure (N=898)

- ▶ Since St. Vincent's closed, 94.7% (n=834) of respondents have received a prescription for medication.
- ▶ Of these, filling a prescription has been...







Survey Findings: Comments regarding current health-care experiences compared to prior to hospital closure

- Is there anything else that you want to tell us comparing your CURRENT experience with health care services to your experiences prior to the closing of St.Vincent's Medical Center?
- Over 630 open-ended responses
 - > 37 codes/themes created
 - Unsure of where to go for general healthcare
 - No nearby ER/trauma center now, unsure where to go for emergency
 - No (other specialty) now
 - Experienced doctor changes or affected decisions about doctors
 - ▶ Neighborhood business losses
 - Healthcare too expensive in general concerns re healthcare expense
 - ▶ Need for "full" hospital
 - ▶ Negative comment re elected officials
 - Fear, anxiety

Survey Findings: Comments regarding current health-care experiences compared to prior to hospital closure (continued)*

- ▶ Respondent never used SVCMC
- ▶ (Healthcare) professional re effect on clients/referrals
- Others too far and/or other ERs or mentioned traffic
- > Others too crowded, or understaffed, or too expensive
- SVCMC was better/best
- ▶ Positive/negative anecdote at SVCMC
- Positive/negative anecdote at other, or post-closing
- Respondent gave birth at SVCMC
- SVCMC gave poor quality of care
- Used word "insecurity" or loss of "security" after closing
- No changes in personal health care since closing
- Used word "sad" or "unhappy" to describe feelings post closing

*Ongoing analysis of 37 categories created from >630 open-ended responses; to be cross-referenced with findings from qualitative component.

Note: Data last updated May 26, 2011. Additional analyses ongoing.

I: Summary of Results (thus far...)

- ▶ Majority of respondents are white (85%), female (63%), have health insurance (94%), and live in the PSA (74%)
 - Almost 50% report having a physical or mental health condition that requires regular treatment or care
- ▶ 60% had a doctor affiliated with SVCMC and 68% currently see the same doctor as before the closing
- > 74% sought services at SVCMC in the past 5 years
 - ▶ ER was the most commonly used service (75%), followed by specialty tests (32%), inpatient care (30%), and outpatient clinics (20%)
 - Majority of ratings of services at SVCMC were across the board excellent or very good (range: 69% to 86%)
- 26% have gone to an emergency room since SVCMC closed, and 51% rated their experience as excellent or very good.

II: Summary of Results (thus far...)

- 64% report that it is more difficult to obtain healthcare since SVCMC closed
- ▶ 44% report a loss of services since the hospital closed
- 11% state they are able to access services that were previously not available to them
- ▶ Of the 10% who have tried to access their medical records, 30% have not been able to obtain their records and 42% report their attempt as being somewhat or very difficult
- A minority (12%) of those who needed to fill a prescription said it was more difficult since the hospital closed
- ▶ Time, distance, appointments
 - Over 50% report spending more time traveling, or traveling further, to get to their healthcare provider
 - Over one-third report waiting longer to get an appointment, or to be seen when at an appointment

Note: Data last updated May 26, 2011. Additional analyses ongoing.

Next Steps/Additional Analyses... Bivariates Continuity of care **Demographics** · Seeing same MD as before Age • Zip code (PSA/SSA-I vs. SSA-II/other) · Experience accessing new place for Gender • Length of residence · Gone to ER since closed • Hispanic/non-Hispanic and race Insurance status Possible outcomes · Services no longer available Health-defined sub-groups • New services available Vision/hearing impairment Medical records · Physical health condition Distance traveled · Mental health condition Time traveled · Wait to get an appointment Additional recommendations? · Wait to be seen

Next Steps/Additional Analyses...

- Open-ended Questions
 - Physical, mental health conditions
 - "Other" services utilized at SVCMC
 - Experiences accessing health care post-closure
 - ▶ Experience at other ERs
 - Overall health care experience compared to before hospital closed

Qualitative Component:

Key Informant Interviews and Focus Groups

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Timeline

- ▶ November: IRB approved (Protocol #10-10-295-4471)
- Data collection/analysis period: Jan-Apr, 2011
- January-February:
 - ▶ Interviews: completed
 - ▶ 6 completed, transcribed and analyzed
 - I "hybrid" group of key informants completed
- ▶ February-April:
 - ▶ Focus Groups: completed
 - ▶ 6 completed, transcribed and analyzed

Qualitative Design: Key Informant Interviews

- Recommended by members of the Steering Committee
- ▶ All were representatives in leadership positions at community-based organizations representing residents and/or providing health care-related services
- Procedure: Informed consent, semi-structured interview guided by interview guide
- Approximately I hr
- ▶ 6 out of 7 gave permission to audio record
- Sample:
 - n=6 + I "hybrid" (providers) → total of 16 interviewees

1. What was the nature of their clients' and their organization's relationship with St. Vincent's?

2. How are the communities that their organizations serve experiencing the closing of St. Vincent's?

Qualitative Design: Focus Groups

- Participants recruited by CBO partners
 - Adults over 18 years living in NYC
 - ▶ Represented client population
 - Previously utilized services at St. Vincent's
- Procedure: informed consent, brief questionnaire, moderated group discussion guided by topic guide
- ▶ Approximately I-I.5 hours and audio recorded
- Sample:
 - n=6 FGs with average of 7 participants → total of 44 participants

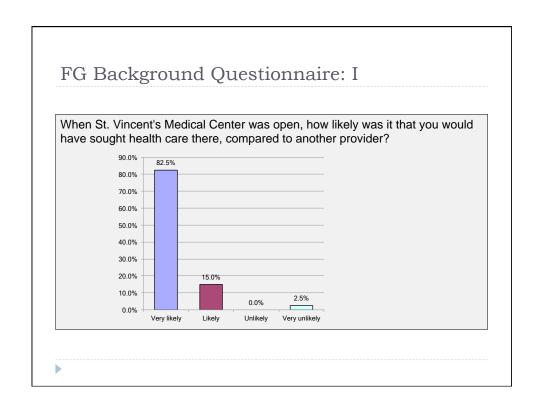
I. What was the nature of their relationship with St. Vincent's?

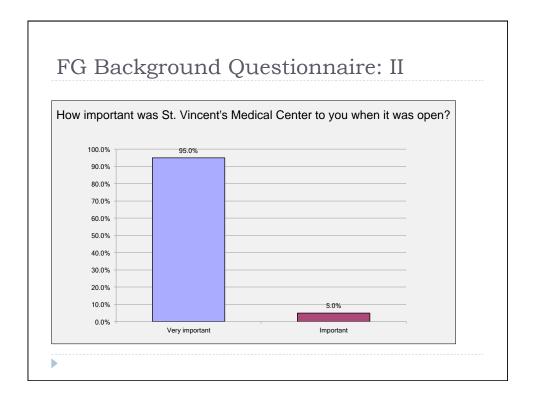
2. How are community members/residents experiencing the closing of St.Vincent's?

KII and FG questions

- Questions covered topics including:
 - ▶ Before and after closing of hospital:
 - > (Perception of) health care utilization in the community
 - Access to health/mental health services
 - Quality of services
 - ▶ Health needs and service gaps
 - Most significant effect of the closing
 - Recommendations going forward

Demographic Variable	
Age (mean)	54.6 yrs (range: 32-82)
Gender Male Female	54.5 45.5
Home zip code PSA SSA Outside PSA and SSAs	55.0 2.5 42.5
Race/Ethnicity African-American/Black White Hispanic American Indian/Alaska Native	46.3 41.5 30.3 2.4
Education <hs college="" diploma="" diploma<="" ged="" graduate="" hs="" school="" some="" td=""><td>22.5 22.5 30.0 15.0 2.5 7.5</td></hs>	22.5 22.5 30.0 15.0 2.5 7.5
Primary language spoken at home English Spanish	87.5 17.5
Employment status FT PT/per diem Retired Unemployed Unable to work	10.0 10.0 20.0 40.0 22.5





Findings/Themes:

Utilization & Perceptions of St. Vincent's Pre-Closure

- "Accessible health care for all"
 - Accessibility multi-dimensional
 - Ability to pay
- ▶ Comprehensive services
 - "All under one roof"
- Quality of care
 - High
- ▶ Close relationship with community
 - Individual residents
 - CBOs

Findings/Themes: Health Care Utilization & Related Experiences Post-Closure

- Decreased access to and continuity of care
 - Lack of information
 - ▶ Alternative facilities further away
 - Over-capacity at other health-care facilities
- Loss of local specialty care
 - Mental health
 - ▶ HIV/AIDS
 - Gerontology
- Missing medical records
- ▶ Lack of community planning and outreach
- Widespread and persistent anxiety

Findings/Themes:

Most Significant Impact of Closing of St. Vincent's

- Loss of emergency services
 - What will happen in case of an emergency?
- Loss of local comprehensive care ("Under one roof")
 - Much more time to get care
 - Delayed, postponed care; neglected health
- Anxiety, fear, hopelessness (community level)
 - ▶ Fear of rejection from/delays at overburdened facilities
 - Sense of loss of familiar providers (doctors, nurses, therapists);
 medical home

Findings/Themes: Recommendations for Improving Health Care of the Community

- ▶ Re-open the hospital, or at least emergency services
- Conduct "community health care inventory" of services/ facilities/resources
 - Know what's available and disseminate information to community
- Integrated medical system
 - Strengthen networks between providers; simplify insurance schemes
 - ▶ Objective: ↓ complexity, ↑ access to care

Thanks to the Steering Committee for everyone's responsiveness and continued contributions

Contact Info/Request for Feedback: CHA.HunterCollege@gmail.com