Nassau County Department of Health

Community Health Assessment

and

Community Health Improvement Plan

2025-2030

Prepared by the Office of Epidemiology, Biostatistics and Planning, December 2025

Nassau County Community Health Assessment and Improvement Plan, 2025-2030, Cover Page

Nassau County Department of Health serving Nassau County, NY

Individual Plan

Liaisons for the Community Health Assessment and Improvement Plan:

Tavora Buchman, PhD tbuchman@nassaucountyny.gov
and
Celina Cabello, MPH ccabello@nassaucountyny.gov

Participating Hospital Systems and Community Based Organizations can be found at Home | Long Island Health Collaborative LIHC

Table of Contents

Executive Summary for Nassau County Community Health Assessment and Community Health Improvement Plan

Located in the western region of Long Island, Nassau County is home to approximately 1.4 million residents. Of the county's total 453 square miles, about 287 are land, with the remainder comprised of water. This report presents an overview of the health status of Nassau County residents and outlines strategies for improvement. Drawing on both qualitative and quantitative data, the assessment reveals that Nassau County's overall wealth is reflected in generally strong health outcomes. However, a closer look at underserved and minority communities shows that a substantial portion of the population continues to face significant health issues and adverse conditions.

Since 2013, the Nassau County Department of Health (NCDOH) has worked in partnership with the Suffolk County Department of Health Services and Long Island hospital systems to conduct community health needs assessments. Through the Long Island Health Collaborative (LIHC)—a broad coalition of partners that includes academic institutions, community-based organizations, physicians, health insurance plans, schools, libraries, local governments, and other stakeholders—ongoing efforts continue to address pressing health and social issues across the region in alignment with the New York State Department of Health (NYSDOH) Prevention Agenda.

In 2025, members of the LIHC's 2025 Community Health Needs Assessment/Community Health Assessment (CHNA/CHA) Work Group analyzed extensive primary and secondary data to identify health needs and barriers. After reviewing the data, evaluating progress made since the 2022 CHNA/CHA, and considering interventions that continue to show positive outcomes, the group collectively selected the following priorities from the 2025–2030 NYS Prevention Agenda for the 2025–2027 reporting cycle:

- Nutrition Security
- Tobacco and E-cigarette Use
- Preventive Services for Chronic Disease Prevention and Control

Data for this assessment included both primary and secondary sources, encompassing quantitative and qualitative information, as well as pre-existing and newly conducted analyses. Sources ranged from U.S. Census and hospital data to community-based surveys and vital records data. This comprehensive approach enabled the health department to evaluate contributing factors, disease burden, health outcomes, and identify vulnerable populations.

Improving nutrition security, reducing tobacco and e-cigarette use, and promoting chronic disease prevention services are complex, long-term efforts influenced by multiple factors. These issues are reflected in both qualitative and quantitative data and are shaped by a range of health determinants, including behaviors, economic conditions, social barriers, access to quality healthcare, and environmental factors. Meaningful progress in improving the health of Nassau County residents therefore requires collaboration across multiple agencies and sectors. The Long Island Health Collaborative (LIHC) plays a key role in fostering these partnerships and disseminating information about programs and initiatives offered by its members.

Nassau County's Community Health Improvement Plan (CHIP) outlines specific, ongoing programs coordinated through the Long Island Health Collaborative (LIHC) and the Nassau County Department of Health to address the three selected health priorities. Each of the Prevention Agenda domains, Economic Stability, Social and Community Context, Neighborhood and Built Environment, Health Care Access and Quality, and Education Access and Quality, is incorporated into these efforts.

Evidence-based intervention strategies were selected with consideration of available community resources and identified needs. These interventions include education and awareness campaigns, community programs, support groups and services, professional training, and linkages to care. Program outcomes are tracked and evaluated collectively and regularly through measures of satisfaction, utilization, and overall health improvement. Broader population health trends are monitored through periodic reviews of hospitalization and vital records data. The NYS Prevention Agenda Dashboard, an online reporting tool, serves as a key resource for monitoring progress and providing the community with transparent feedback on health priorities.

The Nassau County Department of Health remains committed to improving the health and well-being of its residents through ongoing assessment, strategic planning, and service delivery. The focus on nutrition security, tobacco and e-cigarette use, and preventive services for chronic disease reflects both the county's health priorities and the needs expressed by the community. As a leader in public health, Nassau County works to foster healthy communities through collaborative partnerships and comprehensive services. This community assessment and plan provides a roadmap for achieving that mission, to promote and protect the health of all who live, work, and play in Nassau County.

Nassau County Community Health Assessment (CHA)

Community Description

Service Area:

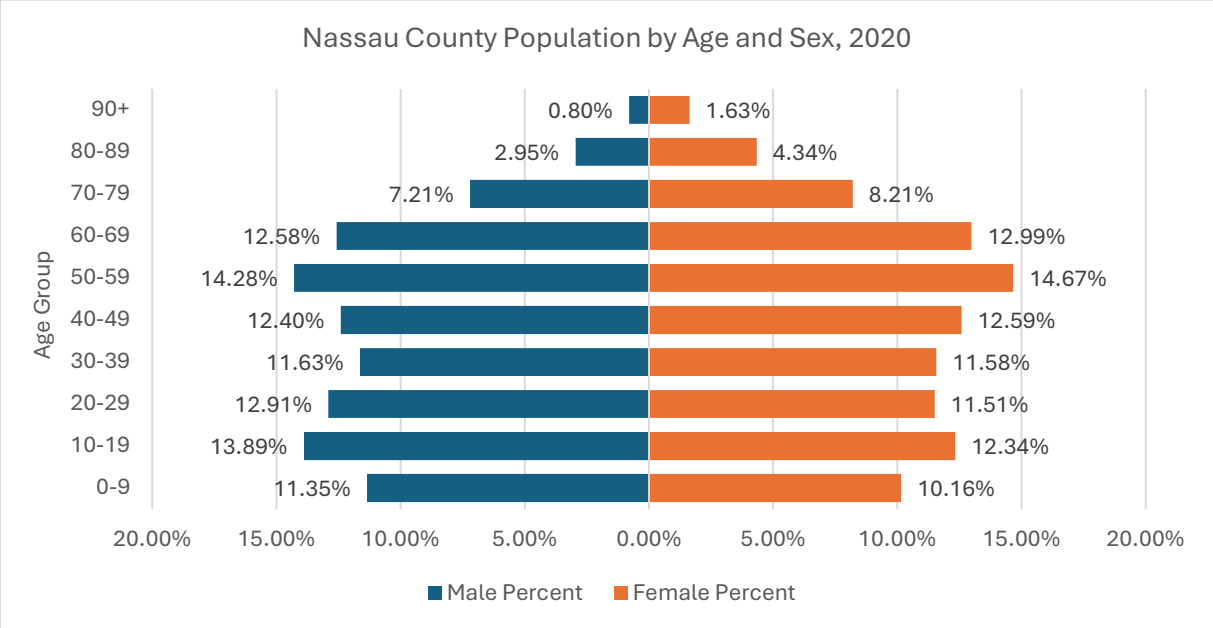
For a comprehensive look at Nassau County health data please refer to the Nassau County Department of Health Website, Data and Reports | Nassau County, NY - Official Website

Located in the western region of Long Island, Nassau County is home to some 1.4 million residents. Nassau's populace lives within roughly 287 square miles of the county's 453 total square miles—the rest is occupied by water. Formally recognized as a county of New York in 1899, Nassau County is bordered by New York City's Queens County to the west and Suffolk County to the east. Nassau is composed of three towns and two cities, Town of Hempstead, Town of North Hempstead, Town of Oyster Bay, City of Glen Cove and City of Long Beach and 70 standard zip codes. Nassau County is proximal to several major airports, LaGuardia, JFK International, Newark Liberty International and Long Island MacArthur.

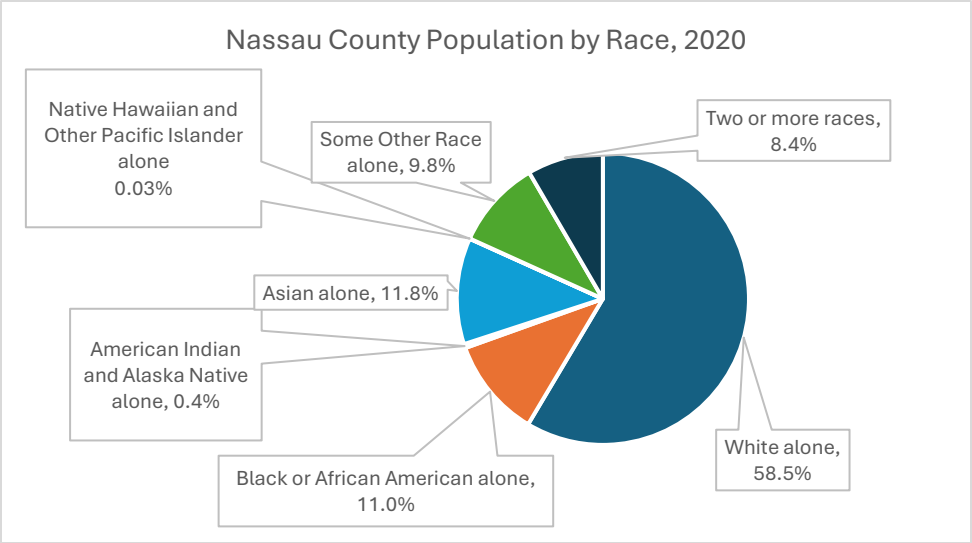
Demographics, Socioeconomic and Environmental Factors:

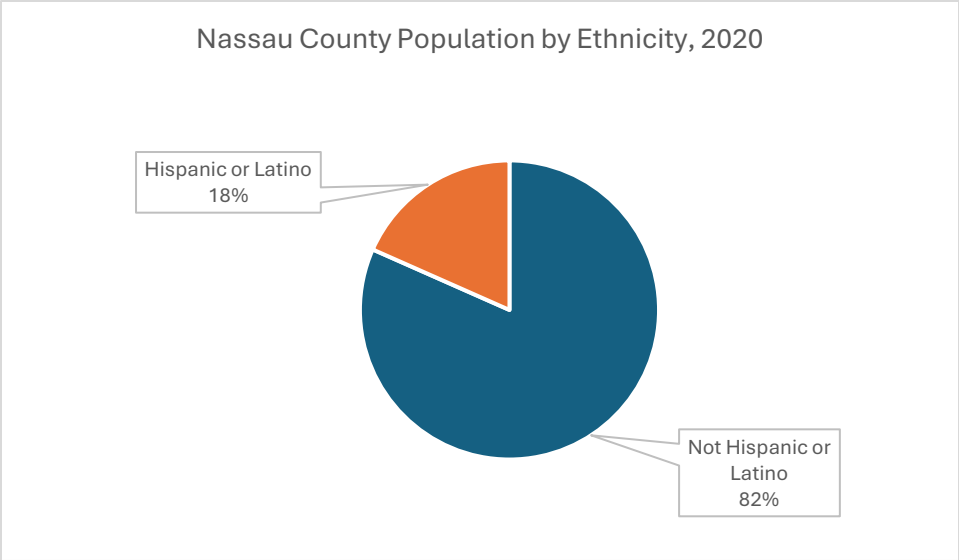
Nassau County's population of 1,395,774 has a relatively older age profile compared to New York State overall. According to the 2020 Census, 18.4% of Nassau residents were aged 65 and older, compared to 16.9% statewide. More detailed information on age and sex distributions is provided below.

Age and Sex



Race & Ethnicity



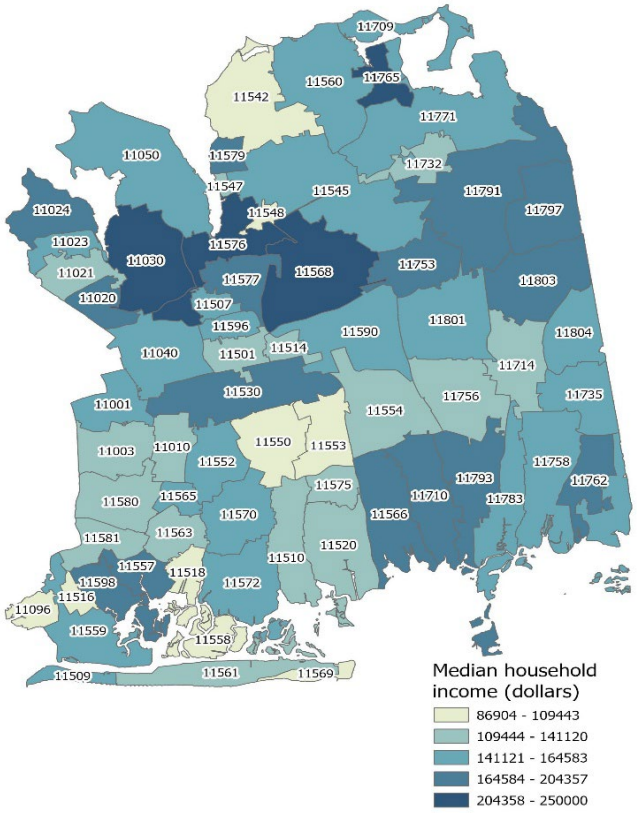


According to the 2020 US Census, Nassau County is diverse, with 58.5% White, 11% Black, and 11.8% Asian, and 18% Hispanic.

Income

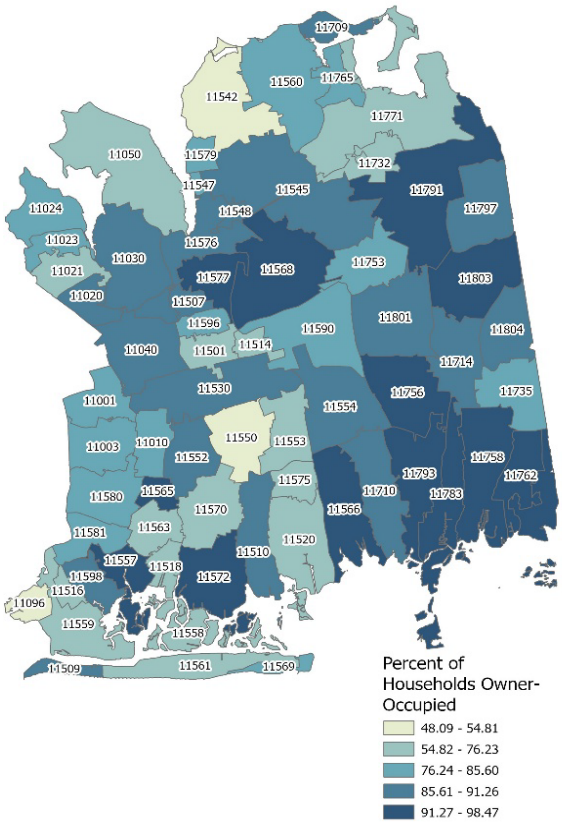
In Nassau County, 5.4% of the population is in poverty. The median household income varies across the county, but remains higher than the New York State median, at $143,408 compared to just under $80,000 statewide. For more zip code level detail please see Community Health Profiles.

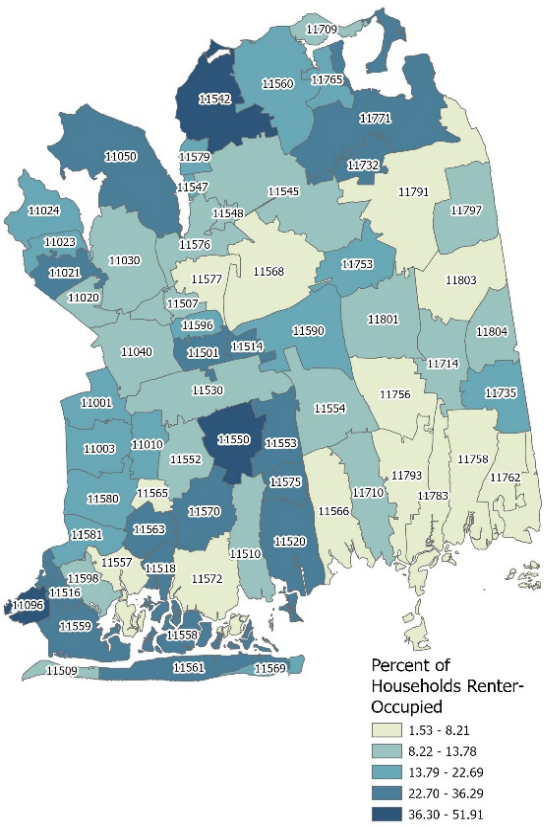
Nassau County Median Household Income by Zip Code, 2020



Housing

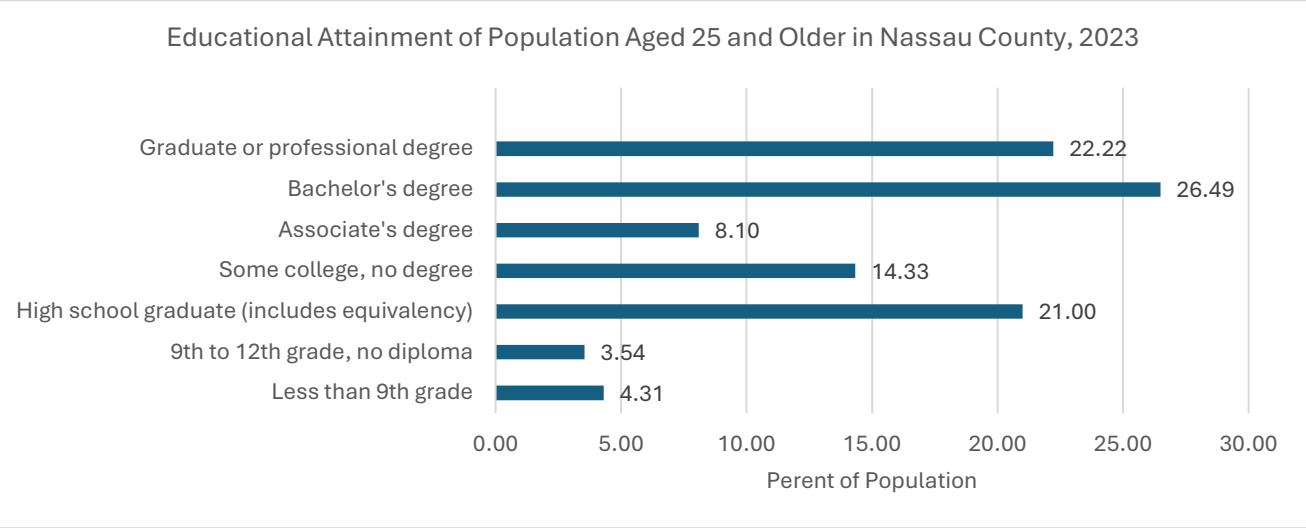
Households Owner and Renter Occupied *by Zip Code, Nassau County, 2023*





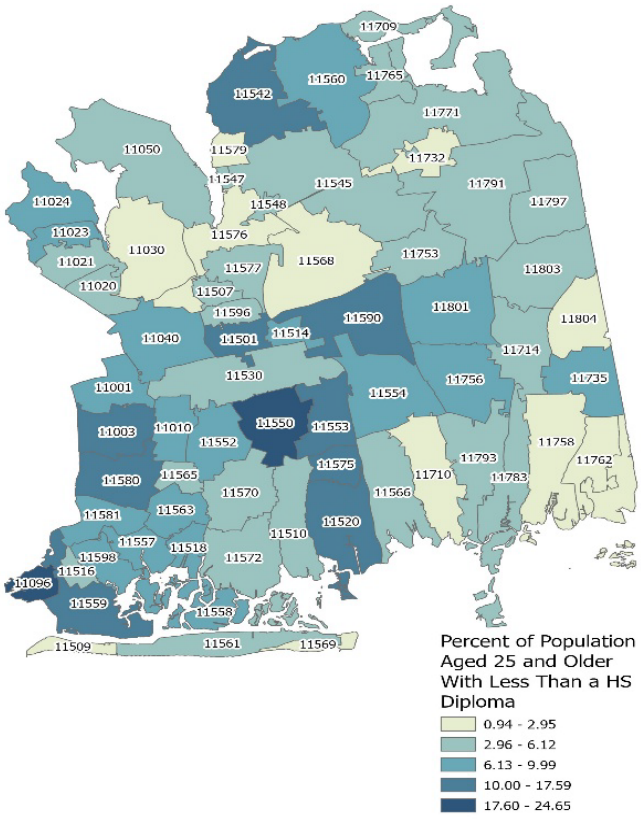
Home ownership and rental status offer insight into housing stability within a community. In Nassau County, 81.9% of homes are owner-occupied, while 18.1% are rented. By comparison, across New York State, only 54.1% of households are owner-occupied.

Education



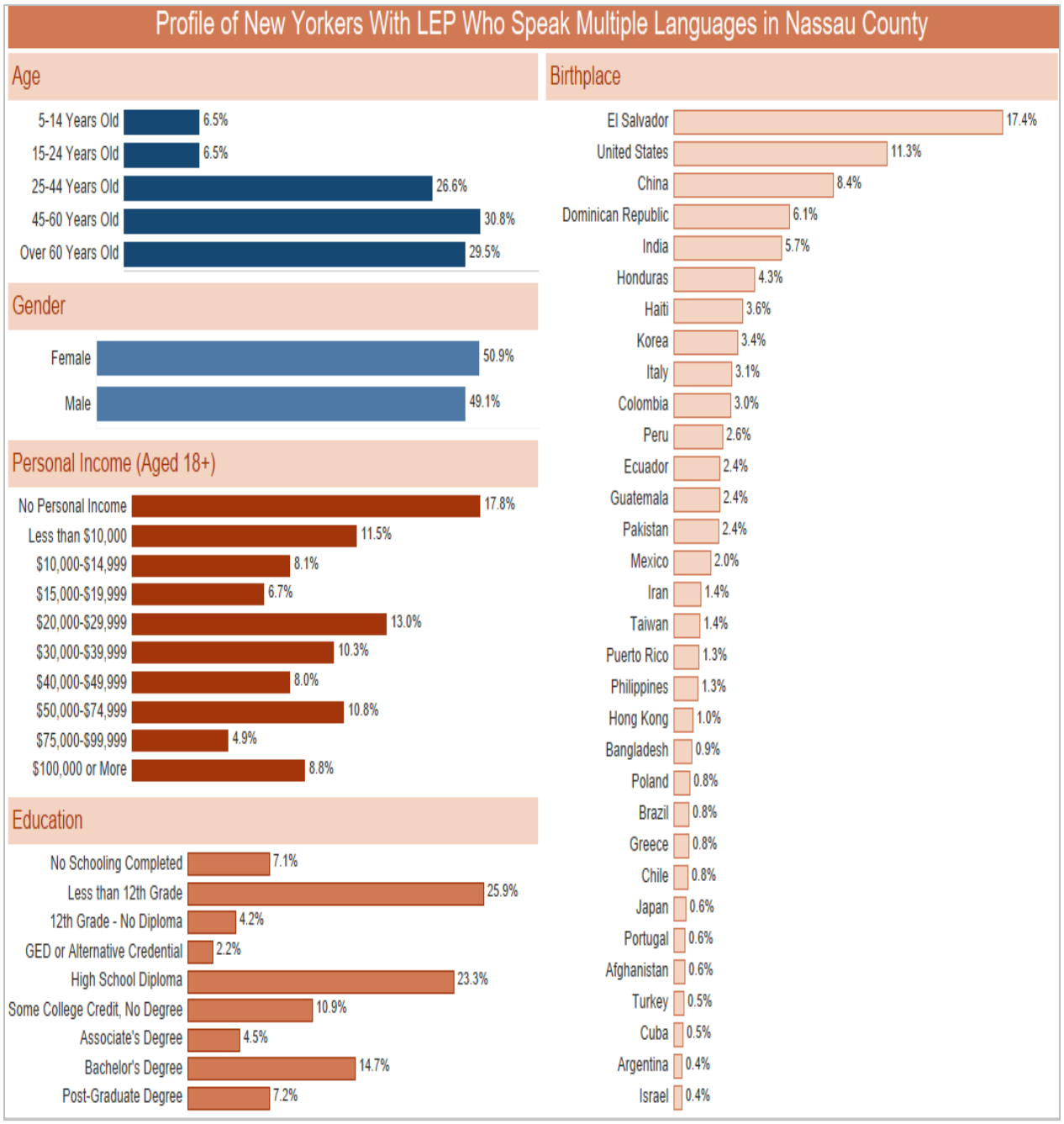
Overall, Nassau County is well-educated, with over 26% of residents holding a Bachelor's degree and 22% holding a graduate degree, compared with 22% and 18% across New York State, respectively. Educational attainment varies by zip code within the county, as shown in the map below highlighting areas with higher percentages of residents who have not completed high school.

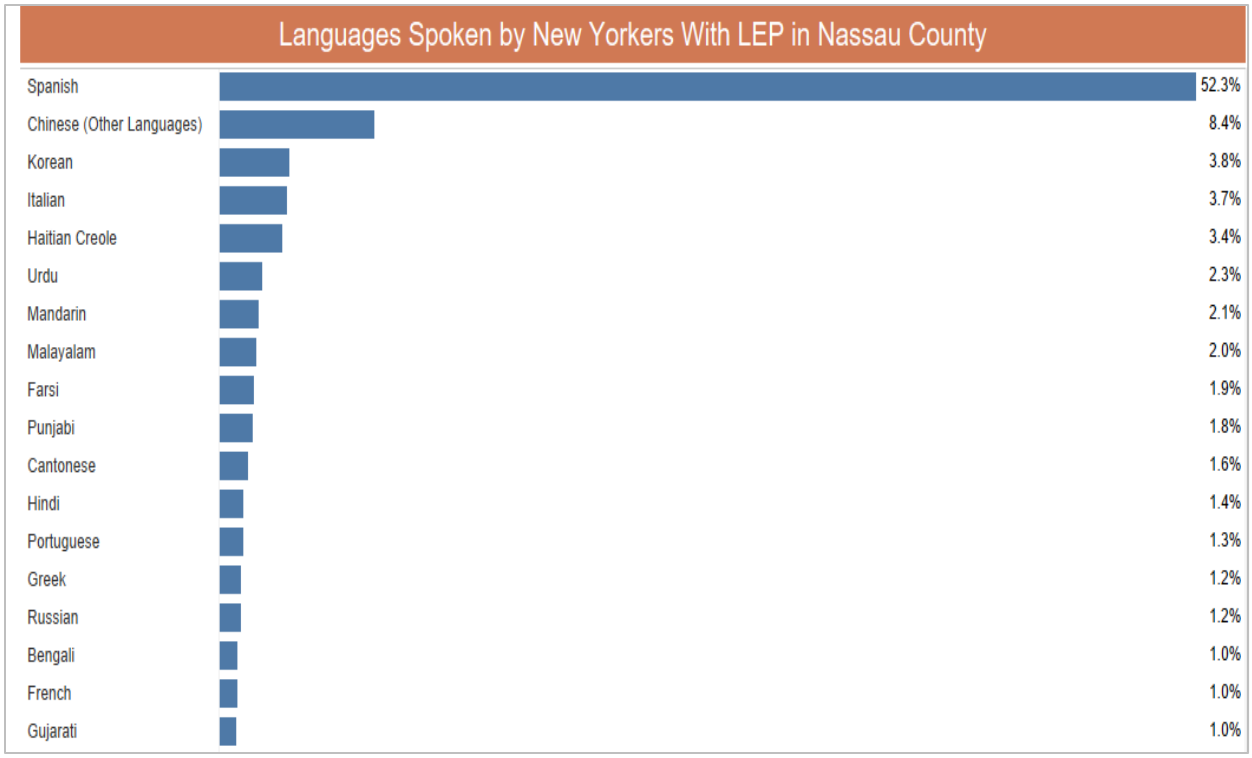
Population 25 Years and Older with less than a High School Diploma by Zip Code, Nassau County, 2023



English Proficiency

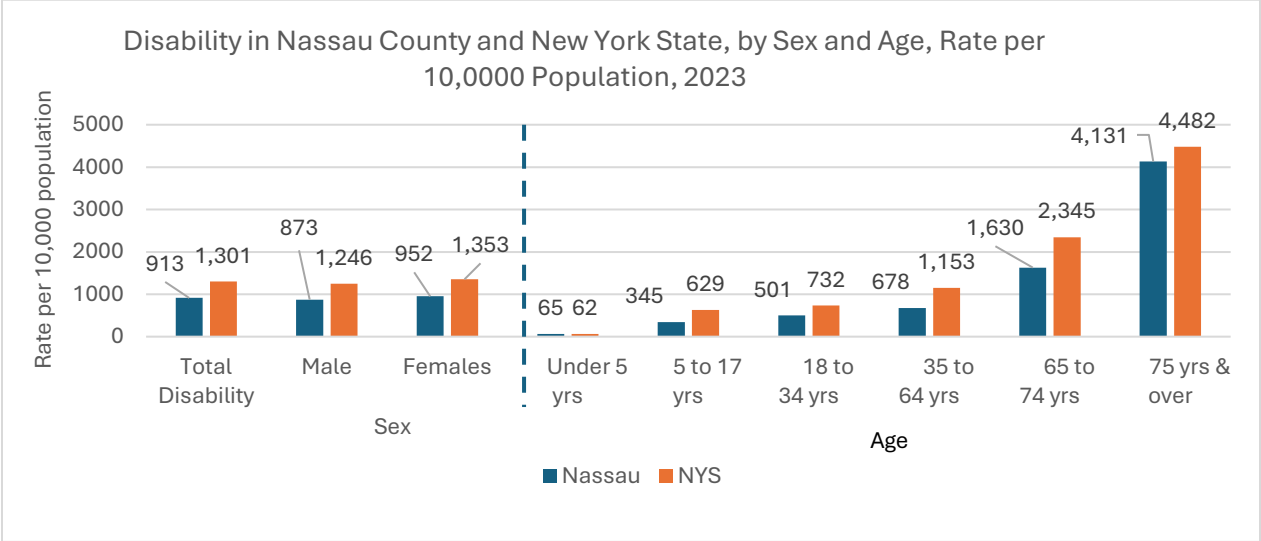
In Nassau County, about 70% of residents speak only English at home. Among people age 5 and older, just over 1 in 10 (11.2%) speak English less than 'very well.' (ACS, 2023) According to the NYS Office of General Services Language Dashboard,10.3% of Nassau residents are considered to have Limited English Proficiency (LEP), with Spanish being the most common language spoken. Residents with LEP are more likely to be over age 25, have lower incomes, and have a high school diploma or less. Across New York State, 12.5% of residents are LEP and show similar demographic trends. [Data View: Language Diversity in New York State | Office of General Services]



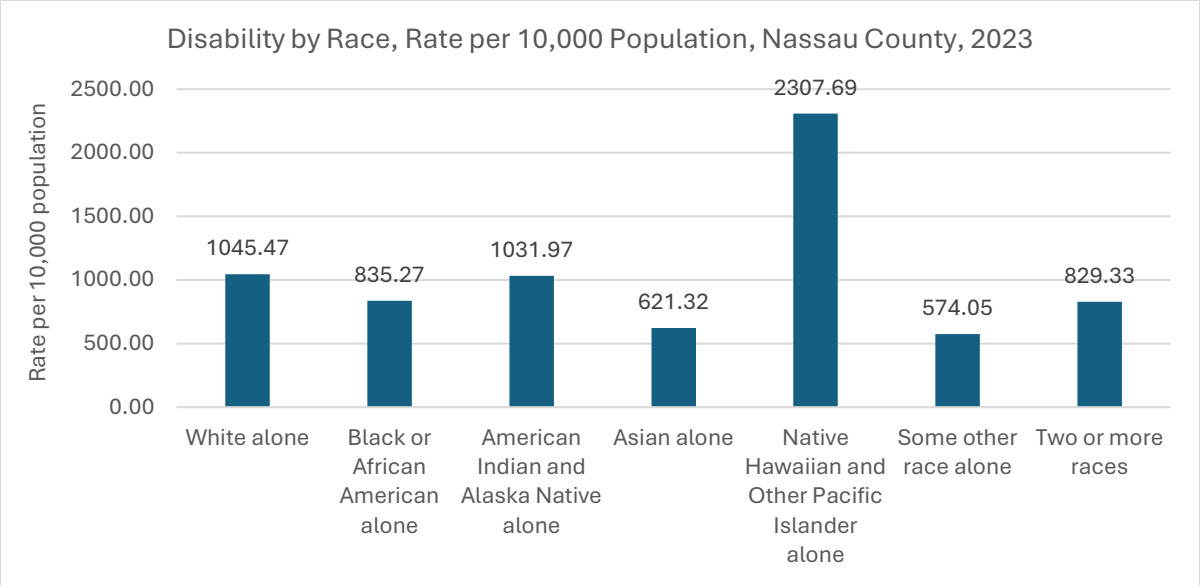


Disability

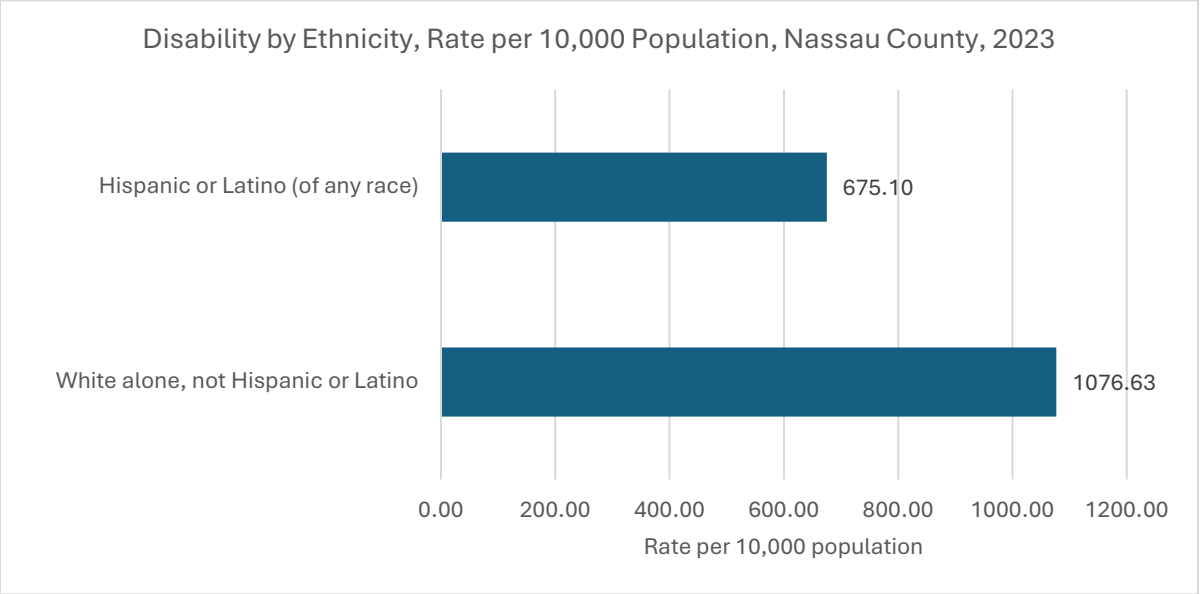
Disability affects daily functioning and independence. Examining its prevalence in Nassau County informs public health planning and services.



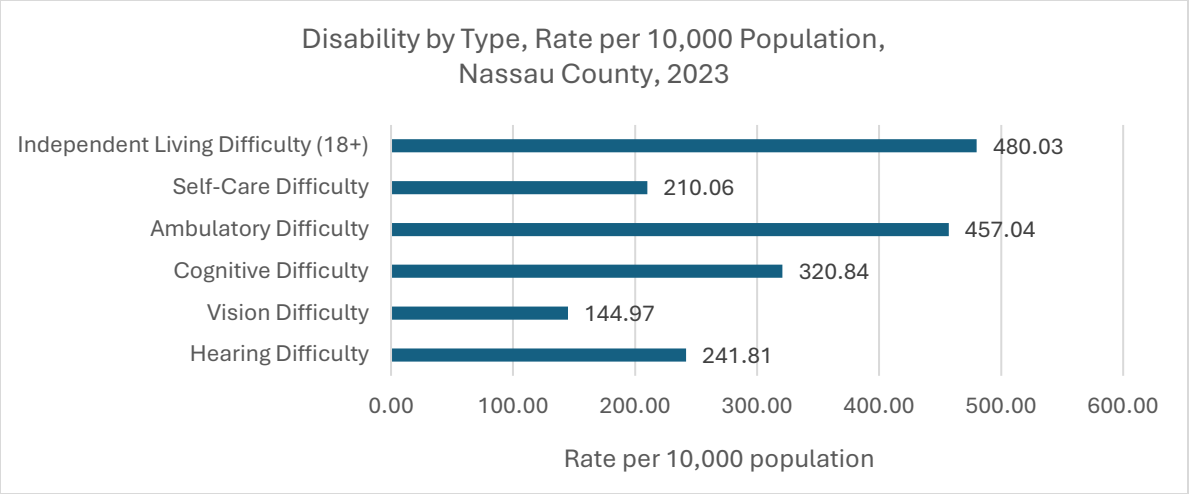
Overall, disability rates in Nassau County are lower than the New York State across most categories. Disability increases with age; the highest rates are among residents 75 years and older. Within each jurisdiction, rates are similar between males and females, with females slightly higher.



Native Hawaiian and Other Pacific Islander alone account for 0.03% of Nassau's population and have the highest disability rates, followed by American Indian and Alaskan Natives who make up 0.4% of the population.



White alone, not Hispanic or Latinos have the highest rates of disability.

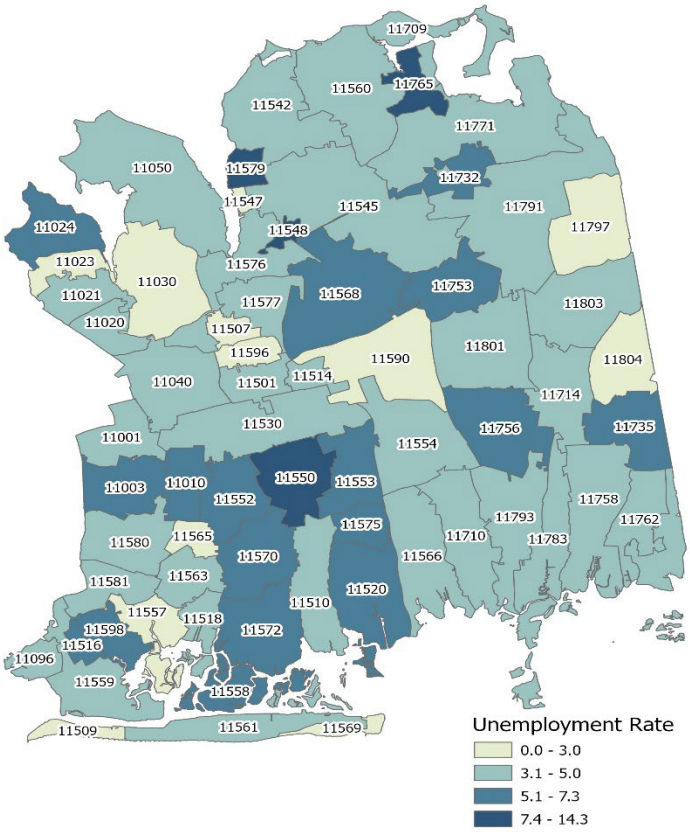


In Nassau County, disability rates are highest among adults with independent living difficulties, followed by those with ambulatory difficulties.

Unemployment

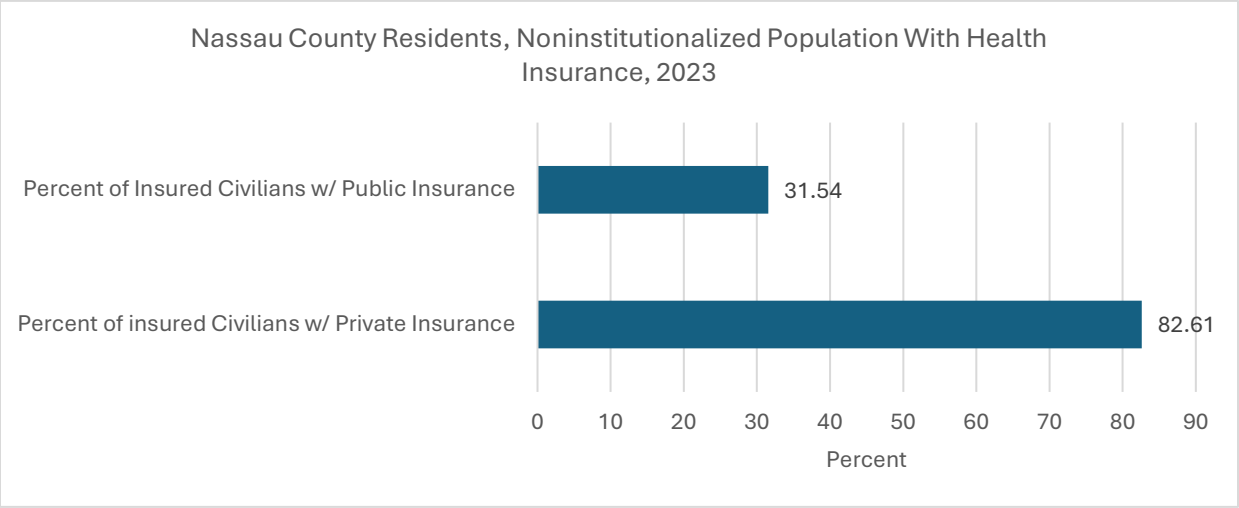
In Nassau County the unemployment rate among residents is 4.8% compared to New York State which is 6.2%. Despite the low rates of unemployment, there are communities with higher unemployment rates compared to the rest of the County.

Unemployment Rate (Percent) among Civilian Labor Force by Zip Code,
Nassau County, 2023

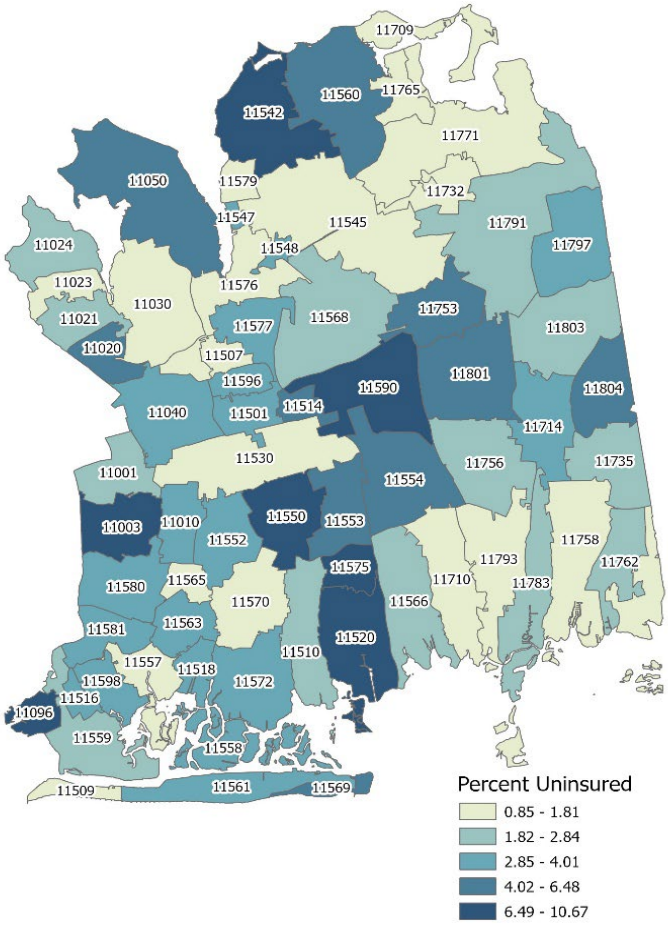


Insurance

According to the 2023 5-yr ACS estimates, most Nassau County residents have health insurance through their employer, with coverage split between public and private insurance. Only 3.9% of the population is uninsured. Note that the chart below does not sum to 100%, likely because some residents have both public and private insurance, so the categories are not mutually exclusive.



Percent Uninsured by Zip Code, Nassau County, 2023



Some zip codes, such as Glen Cove (11542), Westbury (11590), Hempstead (11550), Roosevelt (11575), Freeport (11520) and Elmont (11003) have a significantly higher percentage of uninsured residents compared with the county overall (4%).

Health Status Description:

Data Sources and Collection Methods

Data for this assessment was a combination of both primary and secondary data; quantitative and qualitative data; pre-existing and novel analyses; US Census, NYSDOH dashboards, community-based surveys, hospital data, vital records and EMS derived data. Combined, this approach allowed the health department to assess contributing factors, the burden of disease and health outcomes, and identify vulnerable populations.

Primary data was collected through our collaborative efforts with the LI Health Collaborative (See Community Engagement for detailed description of the Collaborative) and included surveys of the residents and surveys of key community-based organizations to identify community health concerns, barriers to health care and inform social determinants to health. A Community Health Assessment Survey (CHAS) about perceptions of an individual's health needs and the health needs of their community was distributed to community members. Data from the 2022-2024 was included. A Community-Based Organization survey was distributed to community-based leaders and service providers about the health needs of the populations they serve. Community-Based Organization Key Informant Interviews were conducted with community-based leaders and service providers about the health needs of the populations they serve for the past year (2024). Efforts were made to distribute surveys in hard copy, online and by QR code as part of a convenient sampling process. The survey was written with adherence to Culturally and Linguistically Appropriate Standards (CLAS). It was translated into Spanish and Creole languages and large print copies were available to those living with vision impairment.

Primary data also included communicable disease data, derived from case management efforts. This data was aggregated and analyzed by demographics and other key factors when appropriate and summarized. Supplemental data came from NYSDOH.

Secondary data was collected from multiple sources. Data included Census data including ACS when variables were available, hospitalization and vital records data from NYSDOH (SPARCS and Vital Records), Biospatial (EMS records) and other datasets available for analysis to the public.

Demographic and selected social determinants of health data were derived mainly from US Census data. Zip code boundaries for Nassau County were determined by the US Postal Service; 67 zip codes are included for Nassau County. Three zip codes (11042, 11549, and 11556) were incorporated into 11040, 11550, and 11553 because of small population sizes. Specifically, population data was derived from United States 2020 Census for population size, age, sex, race, and ethnicity. Data regarding native and foreign born, English proficiency of those 5 years and older, and households were derived from American Community Survey (ACS) 2023 5-year estimates from United States Census. All demographic variables are defined by United States Census. Variables including households in poverty, housing burden, insurance, employment and education were

derived from US ACS 2023 5 Year Estimate, US Census. Insurance coverage was limited to civilian (non-military) population, ages 0-18 years. Education was among those 25 years or older. The social determinant of health measure known as ALICE, defined by United Way, refers to Asset Limited, Income Constrained, Employed. This measure represents the percentage of households that are above the federal poverty threshold but below the ALICE threshold by zip code in 2022, indicating households that struggle to meet basic needs and have little discretionary income.

Hospitalizations related to disease outcomes (morbidity) and injury were derived from NYSDOH SPARCS from 2018-2023. Each health outcome was analyzed on its own, allowing for stratification by years to determine trends over time, race and ethnicity to identify vulnerable populations, location to understand the geographic implications of disease disparities, and other key factors if necessary. Hospital visit data consisted of emergency room, inpatient, ambulatory/surgery or outpatient facility. These sources were selected to best represent the disease of interest, considering sample size for statistical stability and confidentiality purposes; rates using numerators less than a count of 11 were suppressed. In addition, most data were provided as age-adjusted rates to best compare the different populations. This was the case unless the condition is best stratified by age, as is true for some conditions, such as fall injury among those who are older. Disease and injury specific analytic methods are the following:

- **Diabetes** included ICD 10 codes E10-E14, from inpatient hospital visits from 2021-2023. All diagnoses that included diabetes as a primary and/or other diagnosis were used. The 3-year average, age-adjusted rates are based on the 2020 Census and are per 10,000 population.
- **Stroke** included ICD 10 codes I60-I69, from inpatient hospital visits from 2021-2023. All diagnoses that included stroke as the principal diagnosis were used. The 3-year average, age-adjusted rates are based on the 2020 Census and are per 10,000 population.
- **Chronic kidney disease** included ICD 10 code N18, from inpatient hospital visits from 2021-2023. All diagnoses that included chronic kidney disease as a primary and/or any other diagnosis were used. The 3-year average, age-adjusted rates are based on the 2020 Census and are per 10,000 population.
- **Chronic lower respiratory disease** included ICD 10 codes J40-J47, from inpatient hospital visits from 2021-2023. All diagnoses that included chronic lower respiratory disease as the principal diagnosis were used. The 3-year average, age-adjusted rates are based on the 2020 Census and are per 10,000 population.
- **Heart attack** included ICD 10 code I21, from inpatient hospital visits from 2021-2023. All diagnoses that included myocardial infarction disease as the principal diagnosis were used. The 3-year average, age-adjusted rates are based on the 2020 Census and are per 10,000 population.
- **Pedestrian and cyclist injury** included ICD 10 codes that can be found in National Center for Health Statistics format files NCHS injury tools. These consisted of emergency room visits from 2021-2023. All diagnoses that included "MVT- Pedal Cyclist", "MVT-Pedestrian", "Pedal Cyclist, Other", or "Pedestrian, Other" as the mechanism of injury and “Unintentional” as the intent were used. The age-adjusted, 3-year average rates are based on the 2020 Census and are per 10,000 population.
- **Injury due to motor vehicle accidents** included ICD 10 codes that can be found in National Center for Health Statistics format files NCHS injury tools. These consisted of

emergency room visits from 2021-2023. All diagnoses that included "MVT- Occupant", "MVT-Motorcyclist ", or "MVT-Other" as the mechanism of injury and “Unintentional” as the intent were used. The age-adjusted, 3-year average rates are based on the 2020 US Census and are per 10, 000 population.

- **Falls** included ICD 10 codes W00-W19, from inpatient hospital visits from 2021-2023. They are defined as unintentional injury due to falls among those 65 years and older. The 3-year average rates are based on the 2020 Census, per 10,000 population 65 years and older.
- **Drownings** 2018-2023, ER Visits & Hospitalizations (due to small numbers).
- **Childhood asthma** included ICD 10 code J45, from emergency room visits from 2018-2023. All diagnoses that included asthma as the principal diagnosis were used. The 3-year average rates (2021-2023) are based on the 2020 Census and are per 10,000 children aged 0-17 years.
- **Suicide ideation** included ICD 10 code R45851, from all hospital visits inpatient, outpatient, ambulatory/surgery and emergency room from 2021-2023. All diagnoses that included suicide ideation as a primary and/or other diagnosis were used. The 3-year average age-adjusted rates are based on the 2020 Census and are per 10,000 population.
- **Self-harm** included ICD 10 codes that can be found in National Center for Health Statistics format files. These consisted of all hospital visits (inpatient, outpatient and ambulatory/surgery, emergency room) from 2021-2023. All diagnoses that included self-harm as the intent of injury were used. The 3-year average, age-adjusted rates are based on the 2020 Census and are per 10,000 population.
- **Drug poisoning** included ICD 10 codes that can be found in National Center for Health Statistics format files NCHS injury tools. These consisted of all drug poisoning hospital visits from 2021-2023. All diagnoses that included drug poisoning as the mechanism of injury were used. The 3-year average, age-adjusted rates are based on the 2020 Census and are per 10,000 population.
- **Preventable hospitalizations** included ICD 10 codes from the Agency for Healthcare Research and Quality (AHRQ) Prevention Quality Indicator 90 (PQI 90), Prevention Quality Overall Composite, from inpatient hospital visits from 2021-2023. Primary diagnosis and/or procedure codes were used from multiple underlying PQIs to make up PQI 90. The 3-year average rates are based on the 2020 Census and are per 10,000 population. For more information on preventable hospitalizations please visit PQI #90 Prevention Quality Overall Composite.
- **Vaping** included ICD 10 code U070, from all health care visits (ambulatory, inpatient, outpatient, and emergency department) from April 1, 2020, to December 31, 2023. All vaping diagnoses of any diagnosis type (principal, reason for visit, admitting, and other diagnoses) were used. The 3-year average age-adjusted rates (2021-2023)are based on the 2020 Census and are per 10,000 population.
- **Alcohol-related visits** included ICD 10 codes F10, K70, E244, G721, Q860, P043, O354, G621, I426, G312, K860, K852, K292, T510, T511, T519, X45, Y15, X65, from all health care visits (ambulatory, inpatient, outpatient, and emergency department) in Nassau County from 2021-2023. All alcohol-related diagnoses of any diagnosis type (principal, reason for visit, admitting, and other diagnoses) were used. The 3-year average age-adjusted rates are based on the 2020 Census and are per 10,000 population.

Mortality data was derived from NYSDOH and New York City Department of Health and Mental Hygiene Vital Record. Premature death data was derived from New York State Vital Records and New York City Vital Records. Numerators less than 10 were suppressed to maintain confidentiality and decrease statistical instability. Premature deaths are those that occur before the age of 75 years. The 5-year average rate from 2018-2022 was based on the 2020 Census and is per 10,000 population under the age of 75.

Perinatal indicators were derived from NYS Department of Health from 2019-2021. Preterm births, late or no prenatal care, and low birth weight were measured as a percentage of births. Teen pregnancy rates are the 3-year average per 1,000 female population ages 15-19 years. Infant mortality rates are infant deaths per 1,000 live births. Note zip codes 11547 and 11569 did not have perinatal data due to fewer than 10 births during the 3-year period. Zip code 11765 has a population of fewer than 30 females ages 15-19 and the teen pregnancy rate is suppressed for reasons of confidentiality.

Cancer trend, incidence and mortality data were sourced from the New York State Cancer Registry. All rates are per 100,000 people and are age-adjusted to the 2000 US standard population. Rates were not displayed if fewer than 16 cases or deaths are reported in a specific category. Cancer sites are coded using Site Recode ICD-O-3/WHO 2008 - SEER Data Reporting Tools (cancer.gov) for incidence data and SEER Cause of Death Record 1969+ (03/01/2018) (cancer.gov) for mortality data.

Emergency Medical Services (EMS) data provided by New York State Biospatial. Data provided is from 2022-2024 for mental health syndrome. Rates were calculated using Census 2020 population estimates.

Food Insecurity data was provided by:
Ribar, D.C., Harris, V., Dewey, A., Dawes, S., and Engelhard, E. (2025). *Map the Meal Gap: An Analysis of Local Food Insecurity and Food Costs in the United States in 2023.* Feeding America National Organization. feedingamerica.org

Data which compared Nassau County to New York State and New York State excluding NYC were derived from NYSDOH and available through 2022.

2020 Census
American Community Survey (ACS)
Home | UnitedForALICE
New York State County/ZIP Code Perinatal Data Profile - 2019-2021
New York State Cancer Registry and Cancer Statistics
New York State Community Health Indicator Reports Dashboard
County Heath Indicators by Race and Ethnicity
New York State Opioid Dashboard
NYS Maternal and Child Health Dashboard

Community Engagement

In 2013, hospitals and both Nassau and Suffolk County Departments of Health on Long Island convened to work collaboratively on the Community Health Assessment. Over time, this syndicate grew into an expansive membership of academic partners, community-based organizations, physicians, and other community leaders who hold a vested interest in improving community health and supporting the NYS Department of Health Prevention Agenda. Designated as the Long Island Health Collaborative (LIHC), this multi-disciplinary entity has been meeting monthly to work collectively toward improving health outcomes for Long Islanders. In 2015, the LIHC was awarded the Population Health Improvement Program grant by the New York State Department of Health (PHIP). The PHIP pledged to pursue the New York State of Health's Prevention Agenda, making the program a natural driver for the Community Health Assessment cycle. In 2018, members of the LIHC met and selected Prevention Agenda priorities for the 2019-2021 Community Health Assessment cycle. This previous cycle proved to be more challenging due to the pandemic. Nevertheless, meetings were still maintained, although virtually. Post pandemic, for the 2025-2030 cycle, the membership of the LIHC grew to include more partnerships, held nine meetings of the CHA work group, and the collaborative was active in revising and distributing surveys and providing key leadership to continue sustaining the community collaboration.

In addition to the LIHC, Nassau County Department of Health has posted preliminary data on its website with additional reports and presented the data and dashboards to multiple agencies and community partners. The health department has increased its presence in the community through a variety of educational programs known as Tea and Talk, Power to Prevent, to improve awareness about the current state of health for the County. These community-oriented workshops occurred countywide as well as within specific populations, with special attention given to being culturally competent. Feedback generated from these interactions, meetings and opportunities have shaped the current Community Health Assessment.

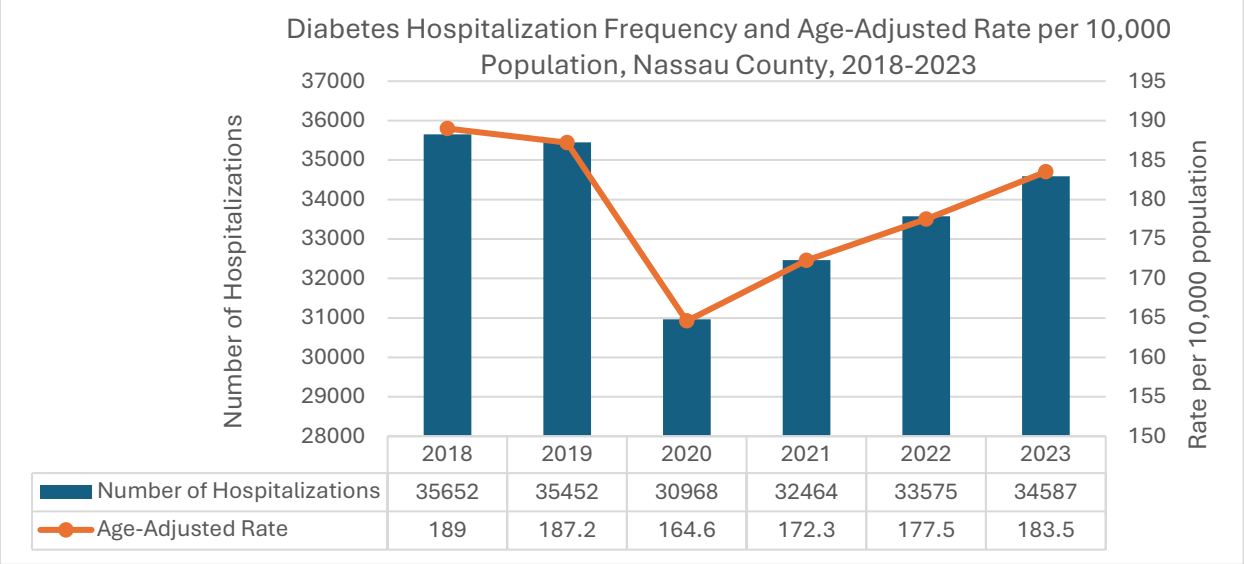
This assessment will be available on the Nassau County Department of Health website (https://www.nassaucountyny.gov/agencies/health) and available for public presentations following its submission to the New York State Department of Health. Continued feedback from the public and interested agencies will contribute to the ongoing efforts.

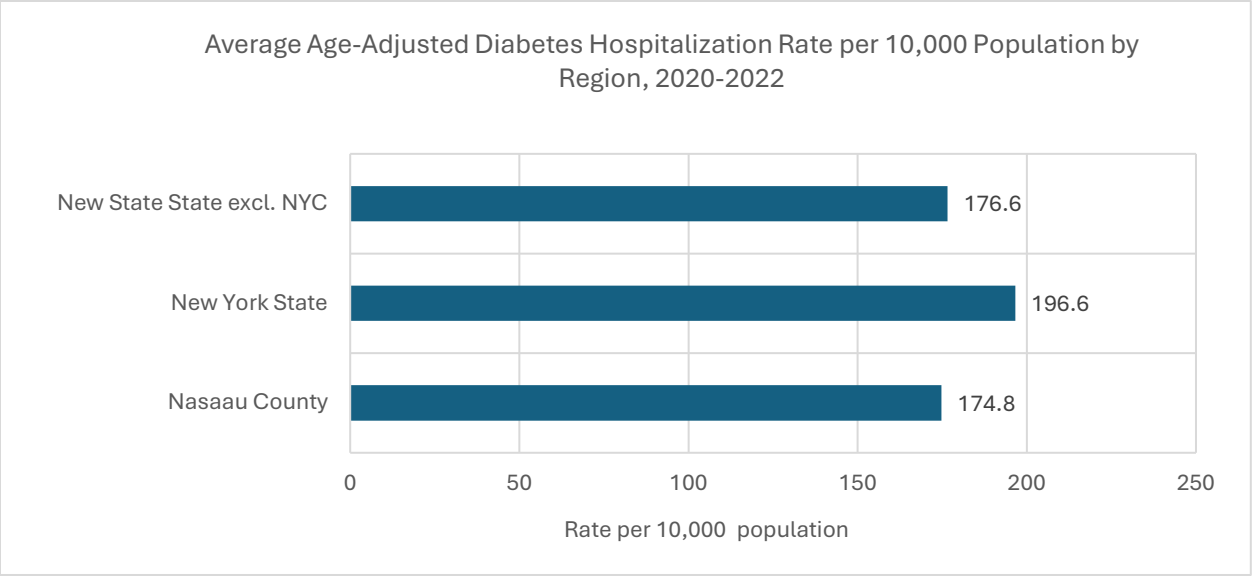
Relevant Health Indicators

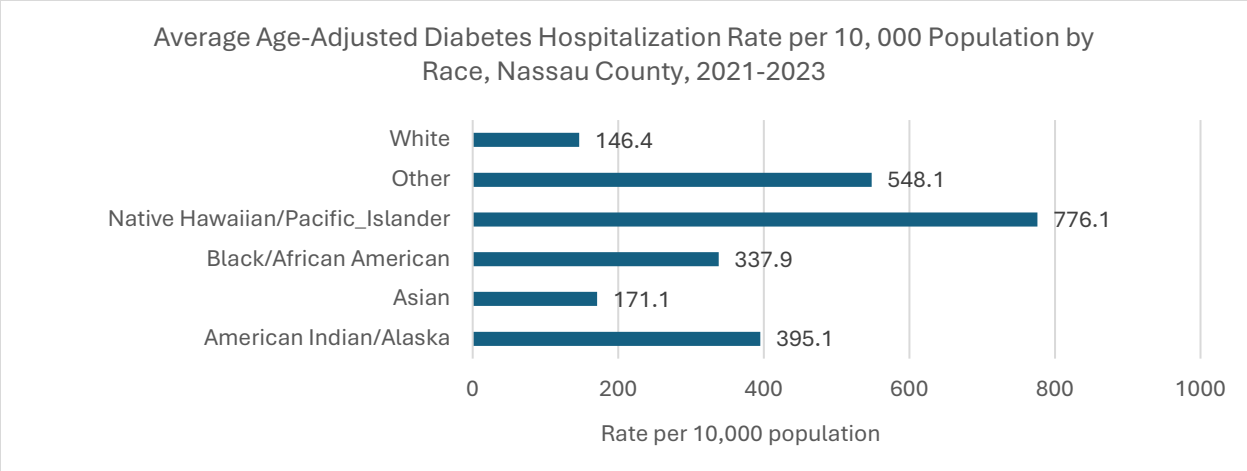
In Nassau County, several important trends in chronic disease have emerged. Since the pandemic, hospitalization rates for diabetes, stroke, chronic lower respiratory disease, and chronic kidney disease have increased, while emergency room visits for childhood asthma have also risen. Compared to New York State overall and New York State excluding New York City, Nassau County generally reports lower rates, except for childhood asthma hospitalizations, which are higher than those observed in New York State excluding New York City. Heart attack hospitalizations show a different pattern, declining over time and remaining lower than in both New York State overall and New York State excluding New York City. Disparities are evident by race, with higher rates seen among Native Hawaiian/Pacific Islander, Black, American Indian/Alaska Native, and residents classified as some other race. Within Nassau County, Hispanic residents experience higher rates of diabetes hospitalizations and childhood asthma ER visits, while stroke and chronic kidney disease hospitalization rates are higher among non-Hispanic residents. For chronic lower respiratory

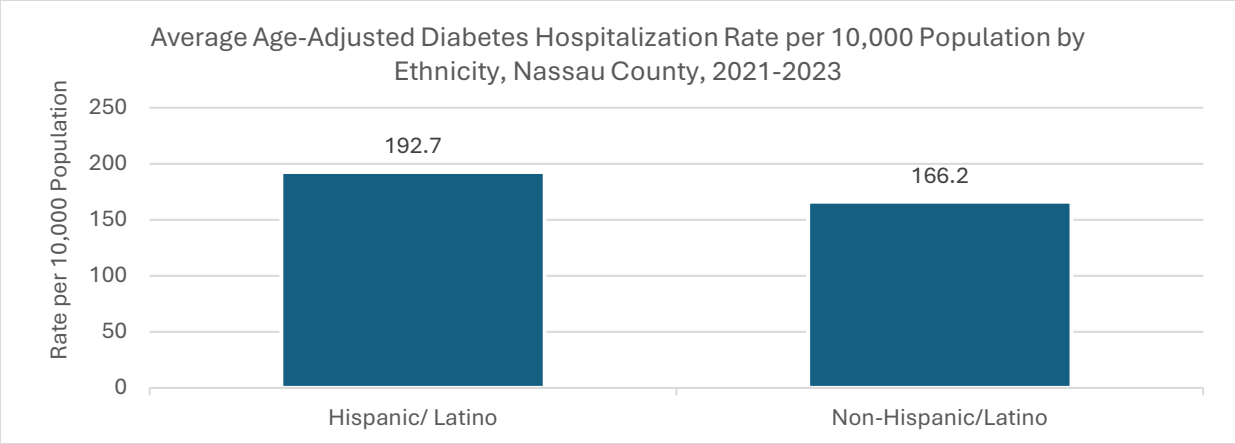
disease, rates are similar between Hispanic and non-Hispanic residents. While for heart attacks, rates are much higher among residents classified as some other race and among non-Hispanic residents. Geographic differences are also present, with some zip codes showing disproportionately higher hospitalization rates for chronic diseases compared to others.

Chronic Disease

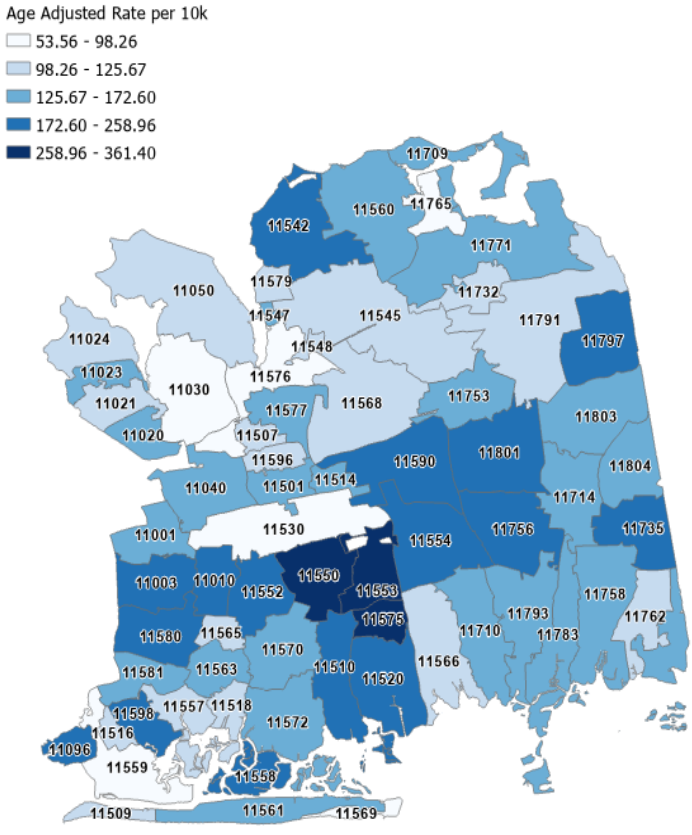




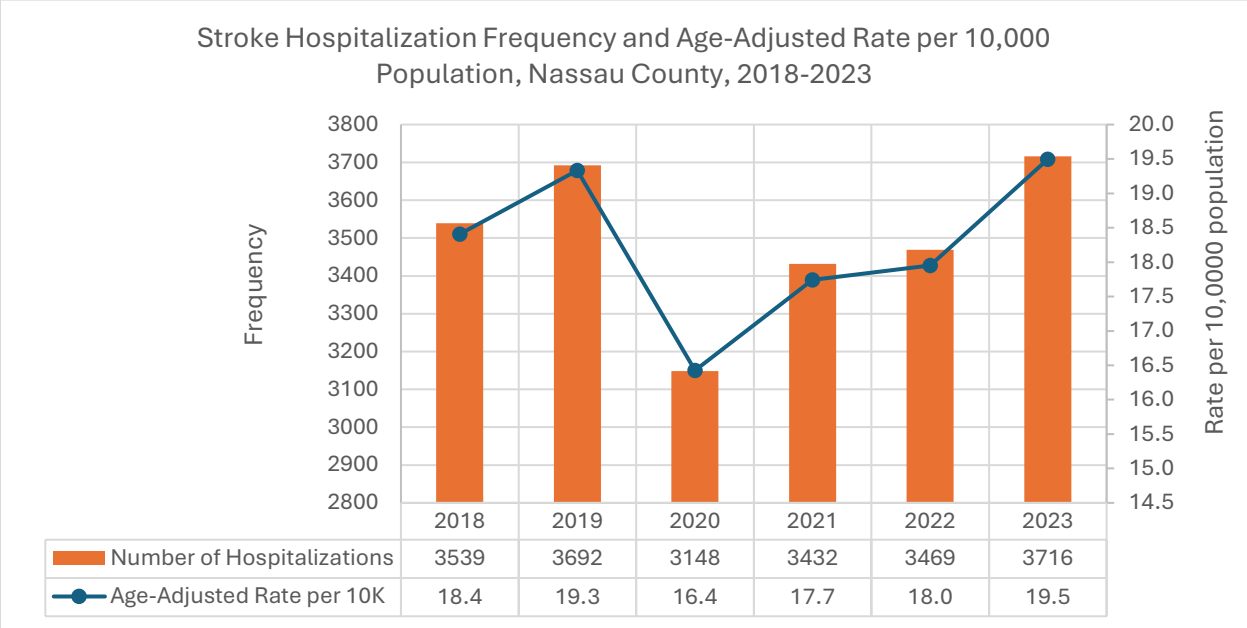


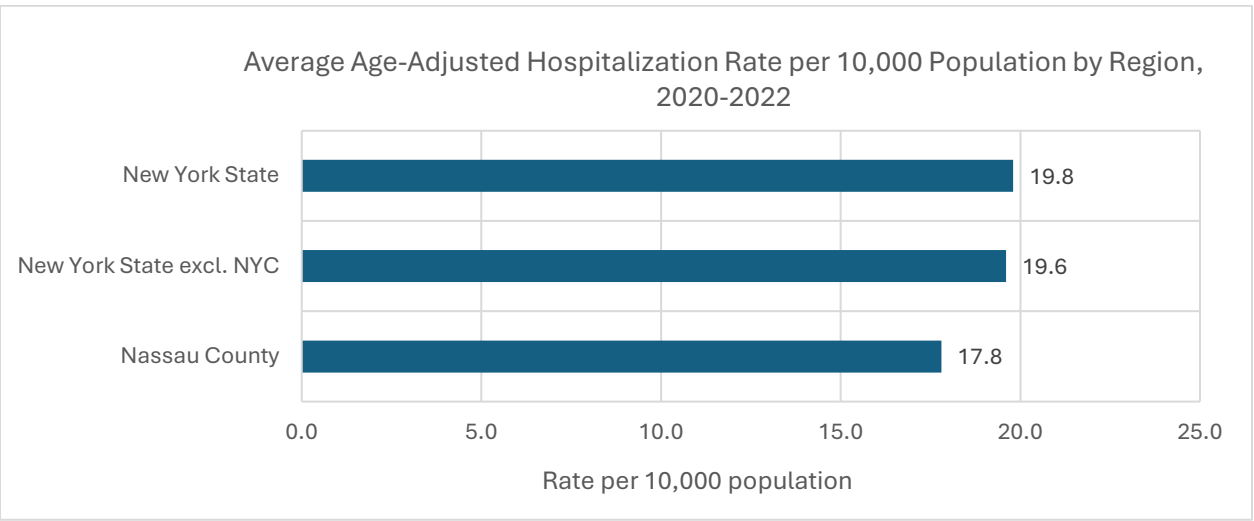


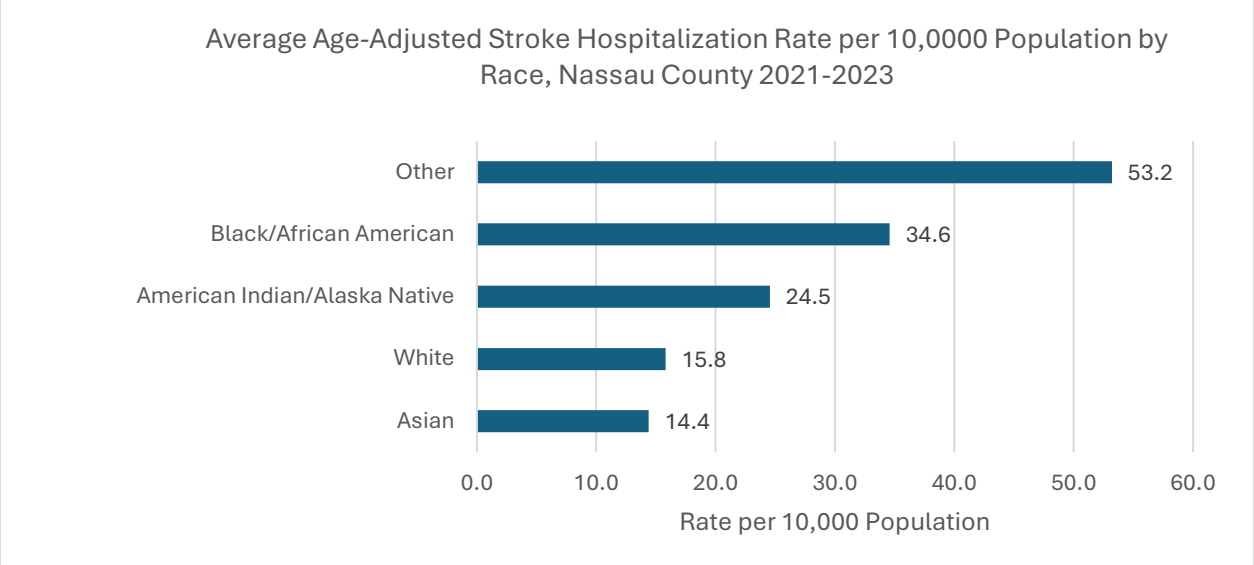
Average Age-Adjusted Diabetes Hospitalization Rate by Zip Code, Nassau County, 2021-2023

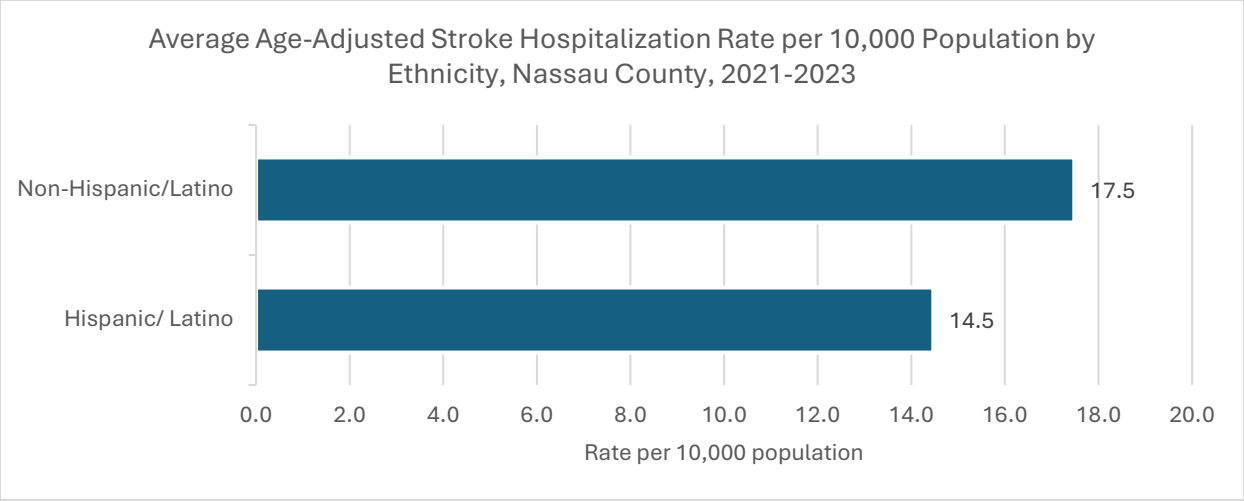


Hempstead (11550), Uniondale (11553) and Roosevelt (11575) have the highest rates of diabetes in Nassau County.

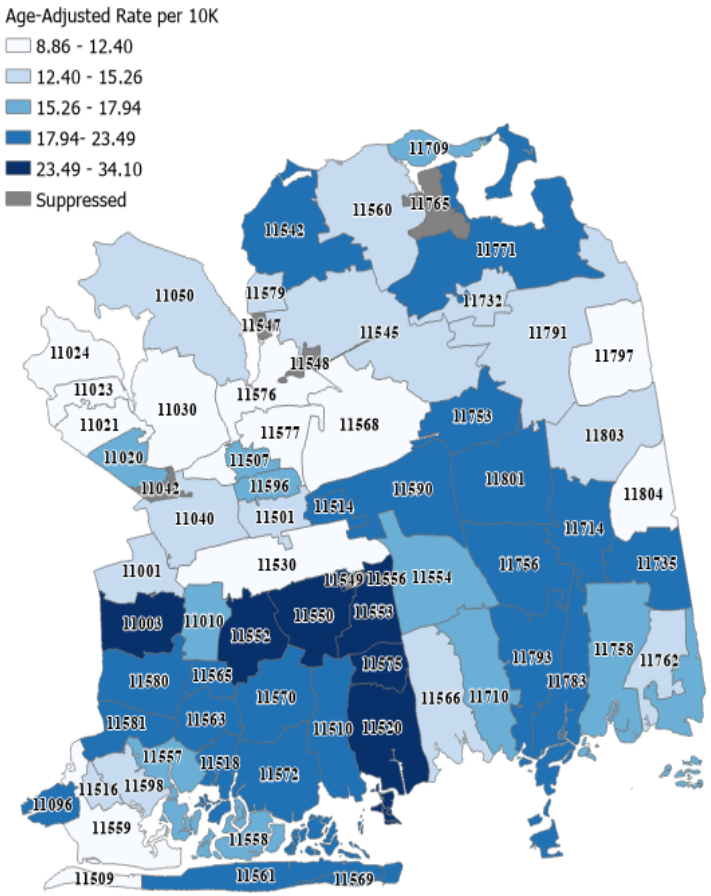






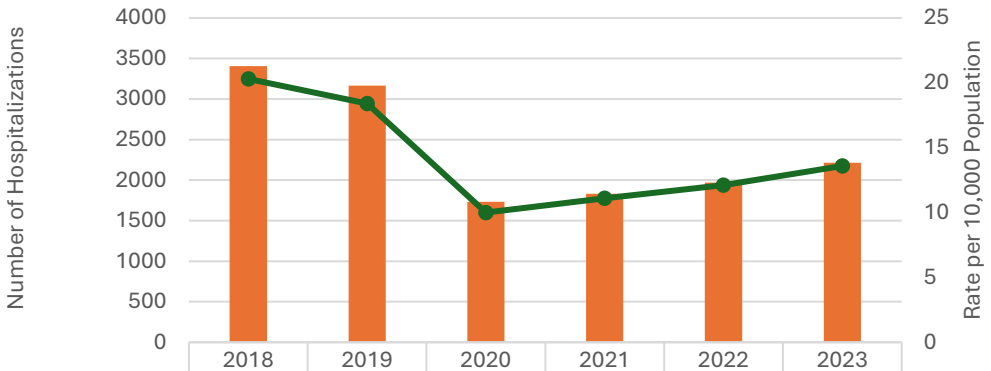


Average Age-Adjusted Stroke Hospitalization Rate per 10,000 Population by Zip Code, Nassau County, 2021-2023



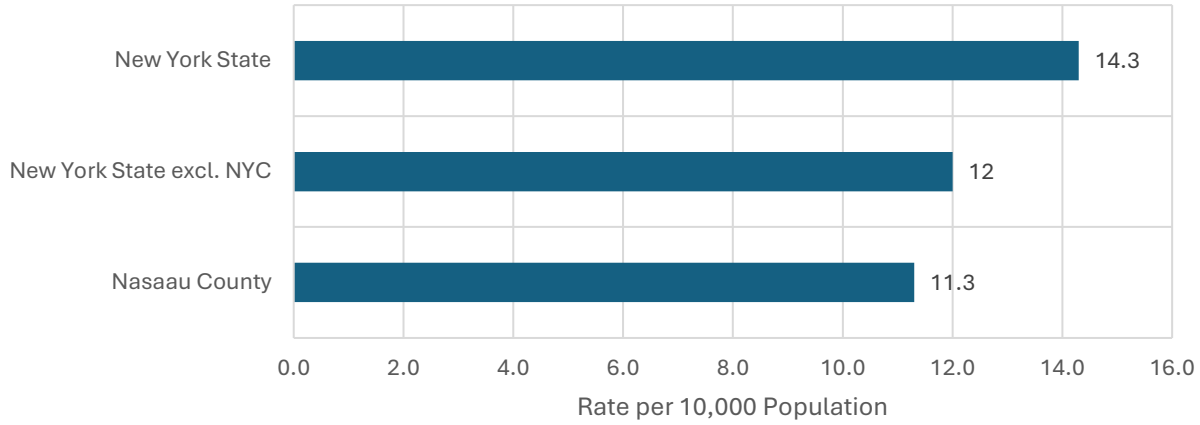
Hempstead (11550), Uniondale (11553), Roosevelt (11575), West Hempstead (11552), and Freeport (11520) have the highest rates of stroke in Nassau County

Chronic Lower Respiratory Disease (CLRD) Hospitalization Frequency and Age-Adjusted Rate per 10,000 Population, Nassau County, 2018-2023

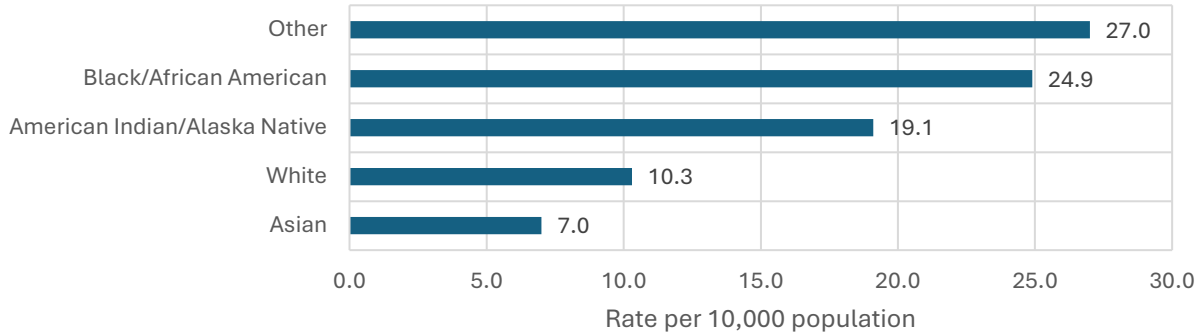


	2018	2019	2020	2021	2022	2023
Number of Hospitalizations	3407	3166	1732	1830	1970	2214
Age-Adjusted Rate	20.3	18.4	10	11.1	12.1	13.6

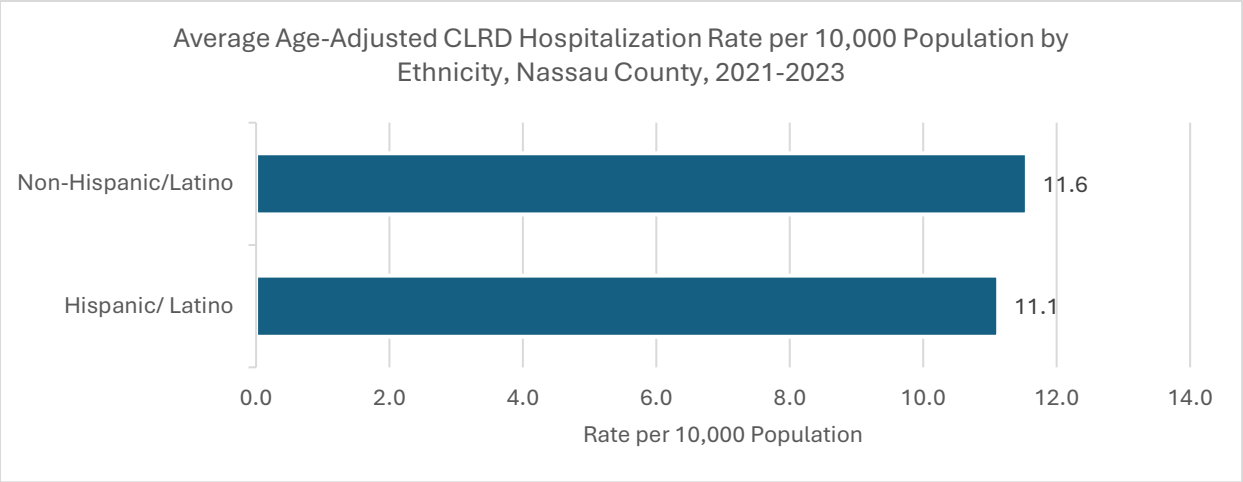
Average Age-Adjusted CLRD Hospitalization Rate per 10,000 Population by Region, 2020-2022



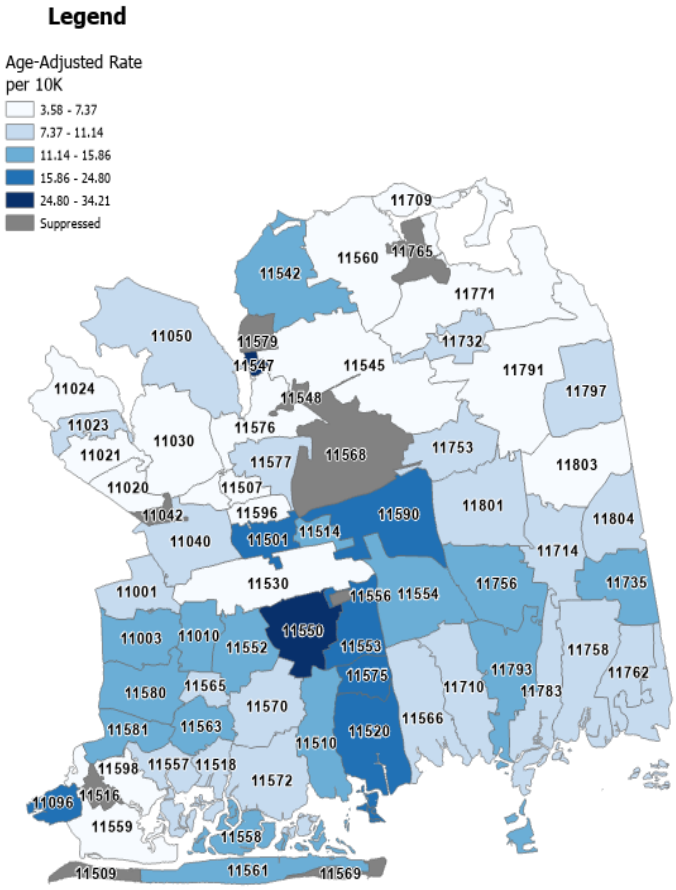
Average Age-Adjusted CLRD Hospitalization Rate per 10,000 Population by Race, Nassau County, 2021-2023



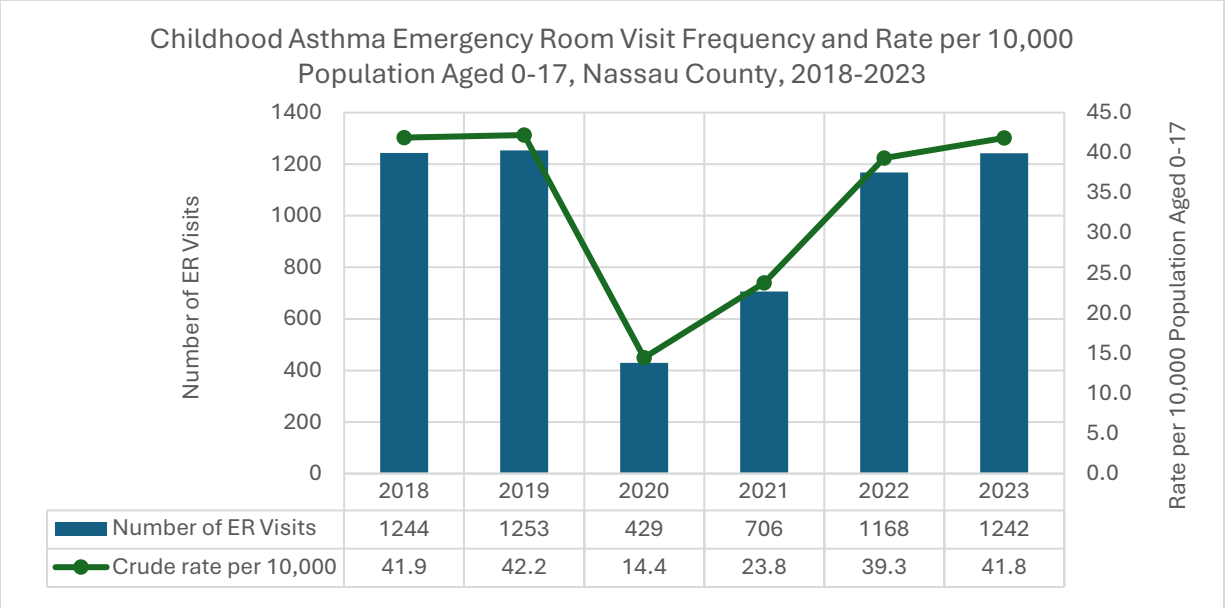
The rate for Native Hawaiian/Pacific Islander is suppressed due to small numbers.

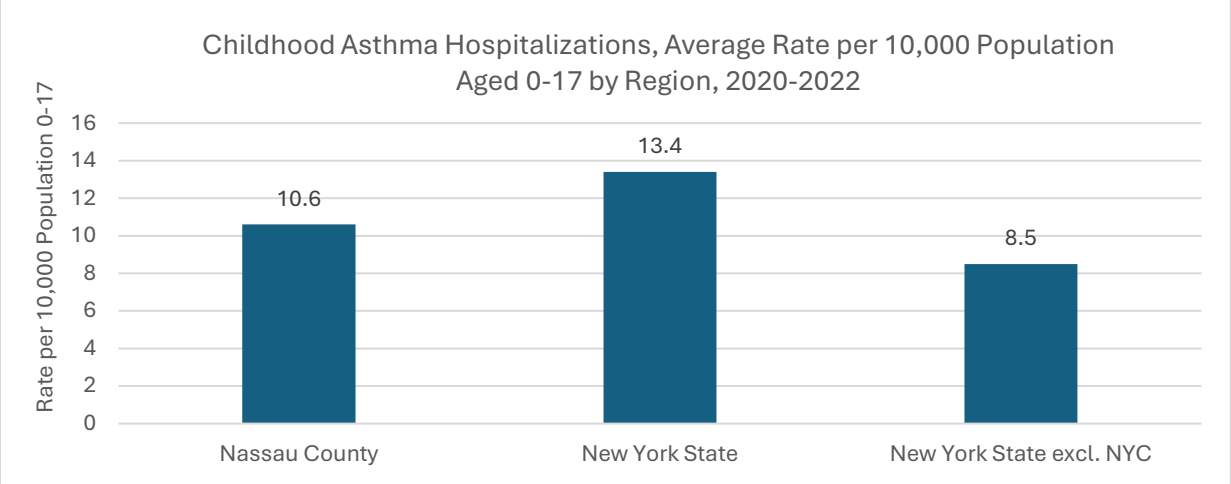


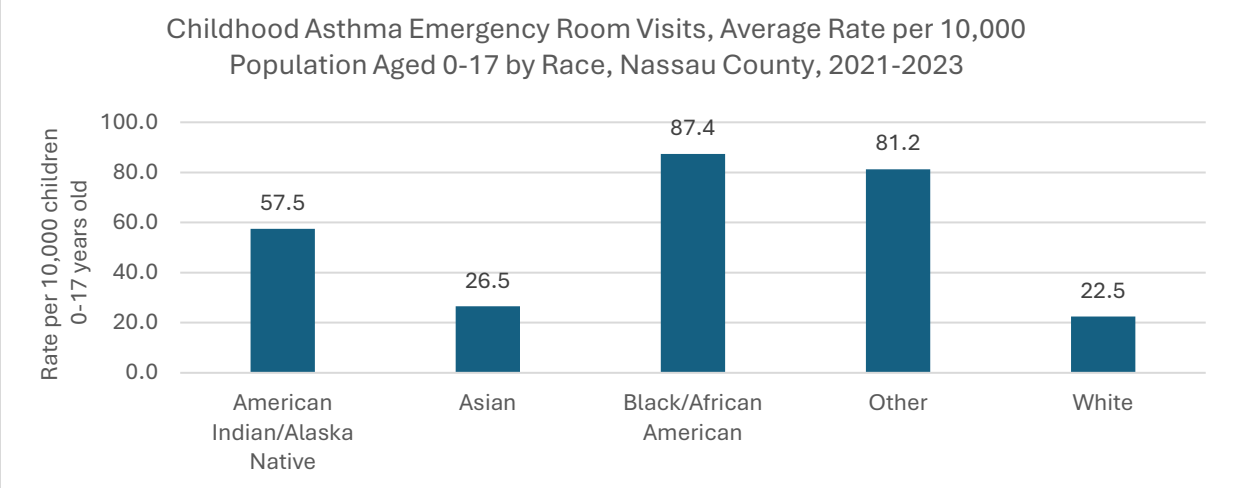
Average Age-Adjusted CLRD Hospitalization Rate per 10,000 Population by Zip Code, Nassau County, 2021-2023



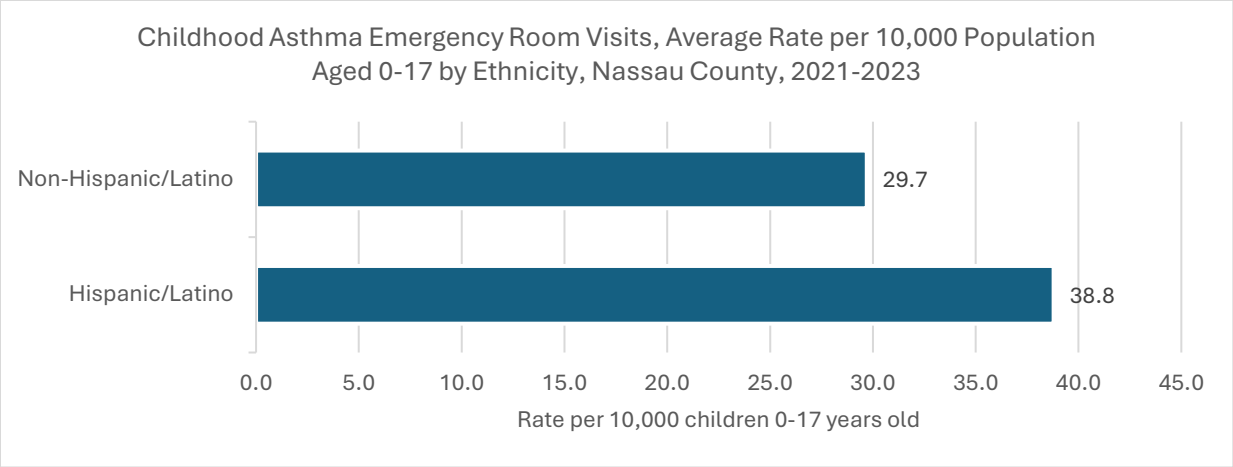
Hempstead (11550) has the highest rate of CLRD.



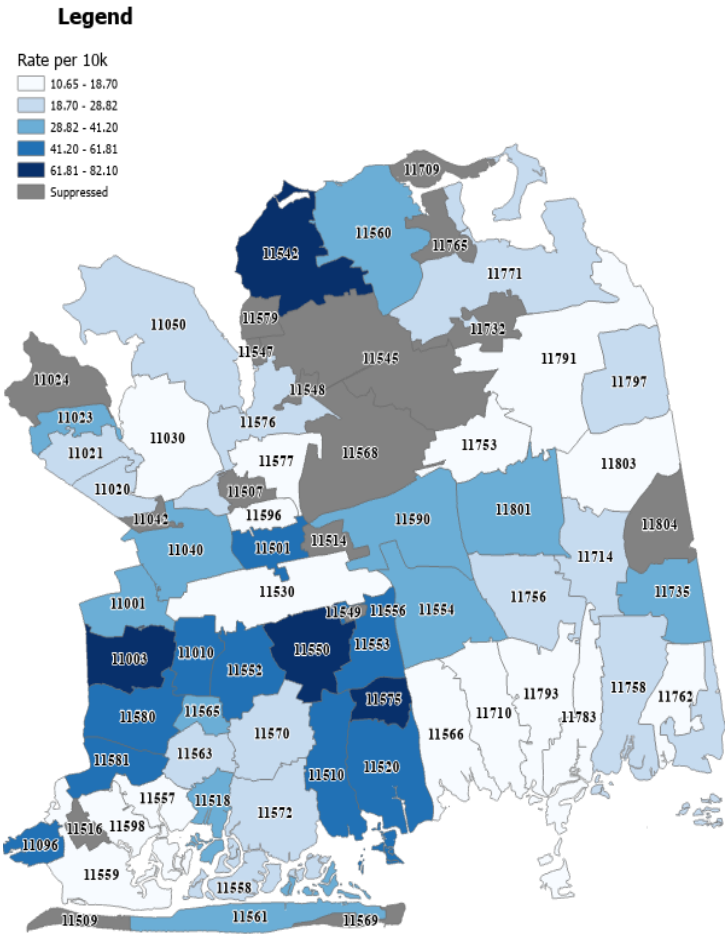




The rate for Native Hawaiian/Pacific Islander is suppressed due to small numbers.

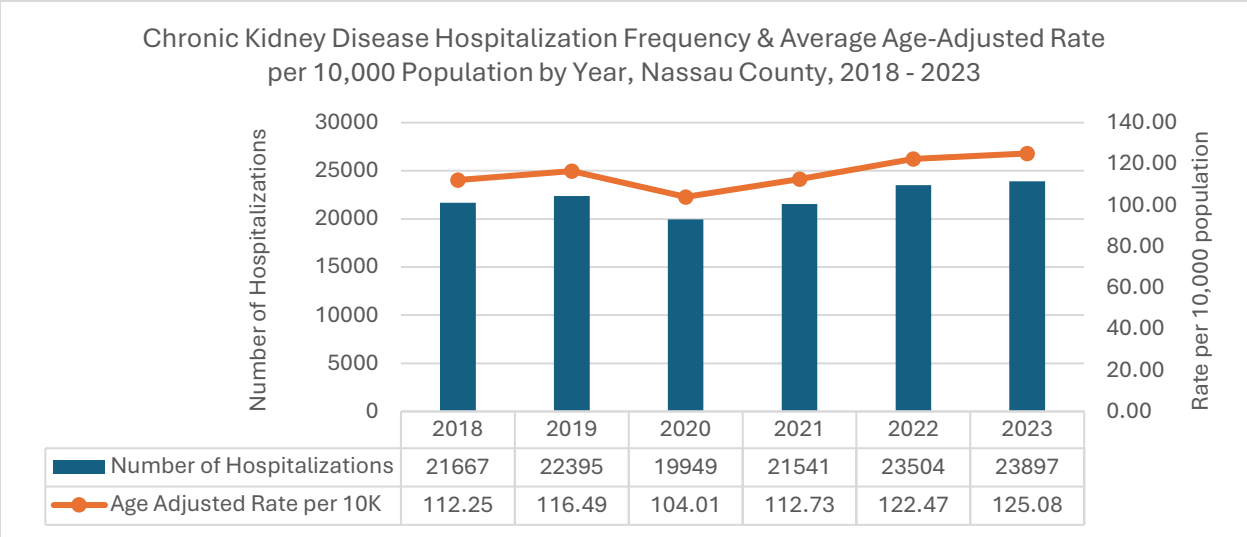


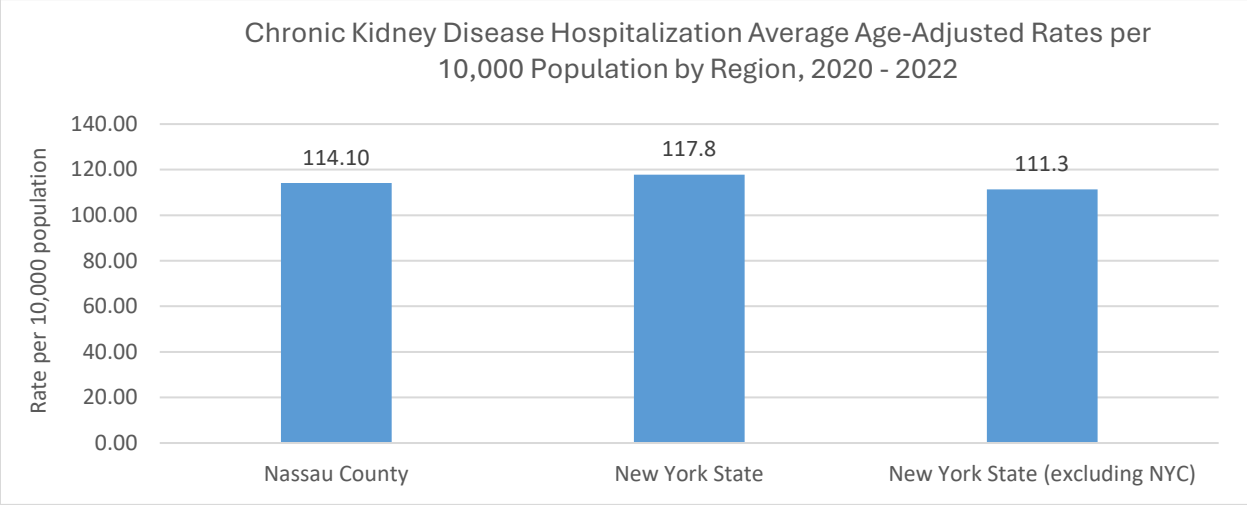
Childhood Asthma Emergency Room Visits, Average Rate per 10,000 Population Aged 0-17 by Zip Code, Nassau County, 2021-2023

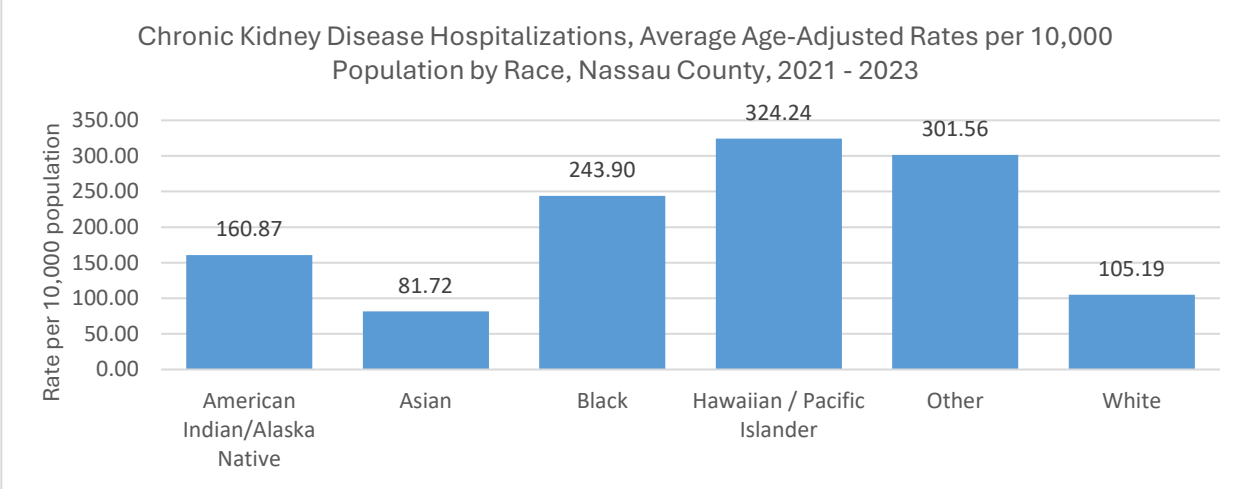


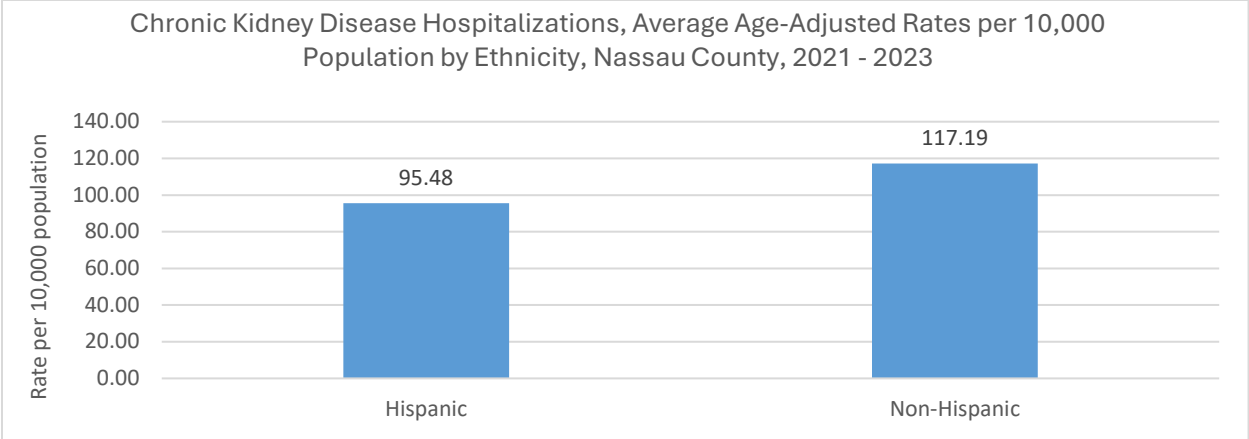
Hempstead (11550), Roosevelt (11575), Elmont (11003) and Glen Cove (11542) have the highest rates of childhood asthma emergency room visits in Nassau County.

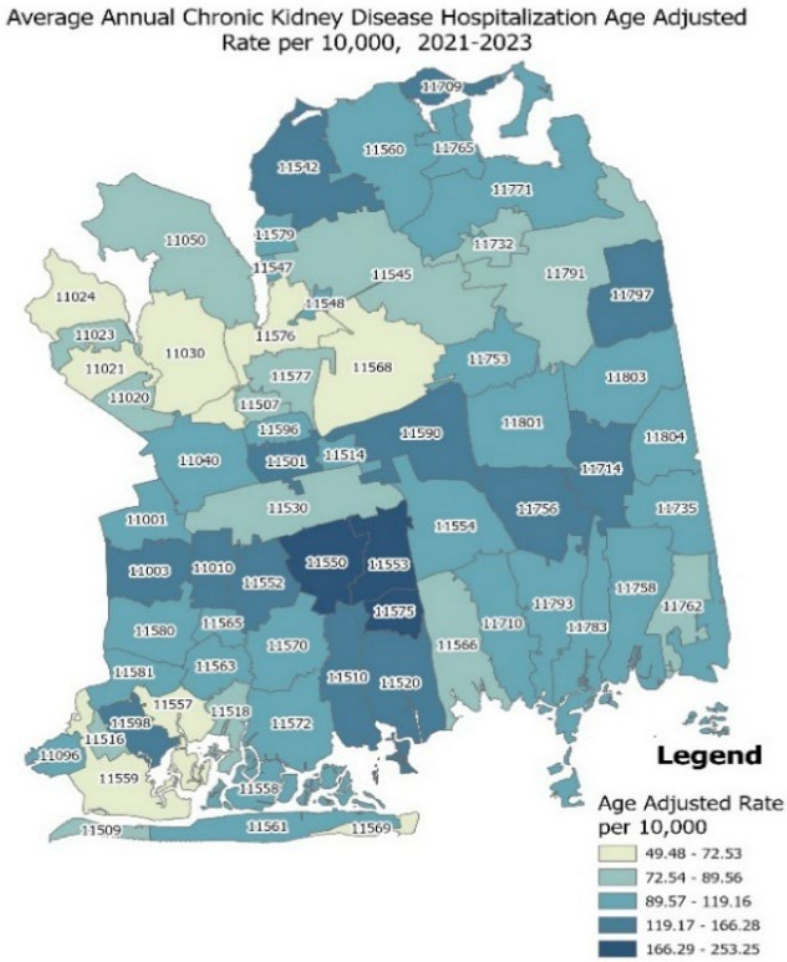
Chronic Kidney Disease





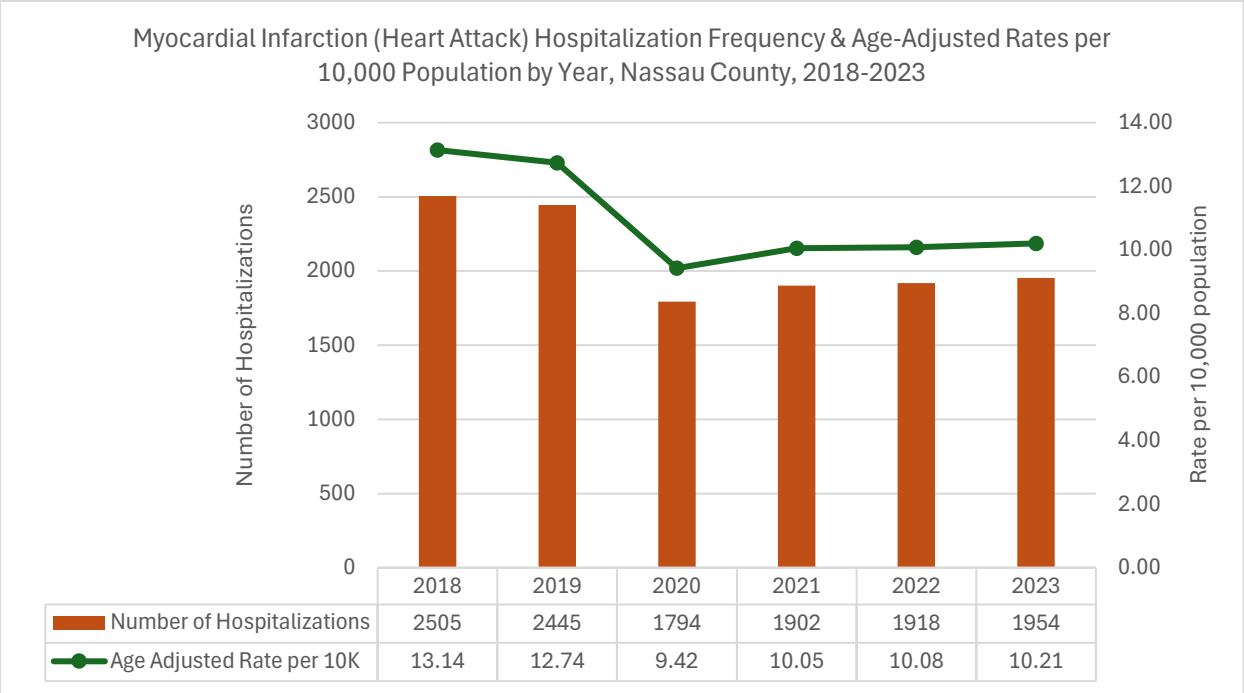


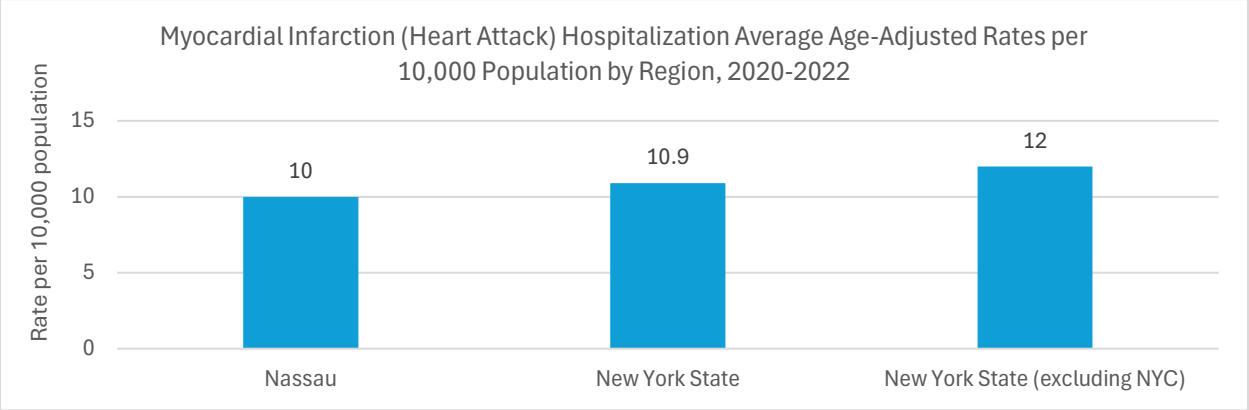


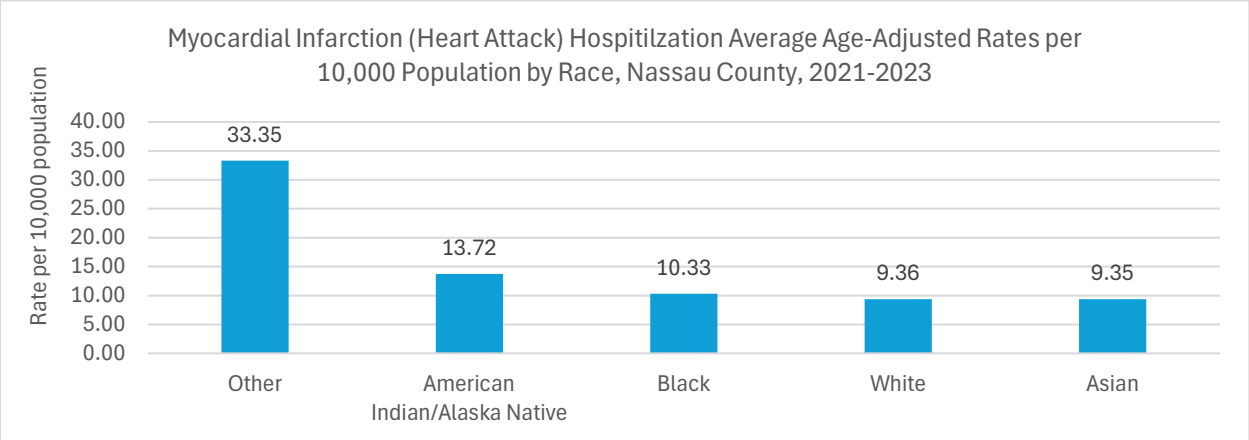


The rate of chronic kidney disease hospitalizations are highest in Hempstead (11550), Uniondale (11553) and Roosevelt (11575)

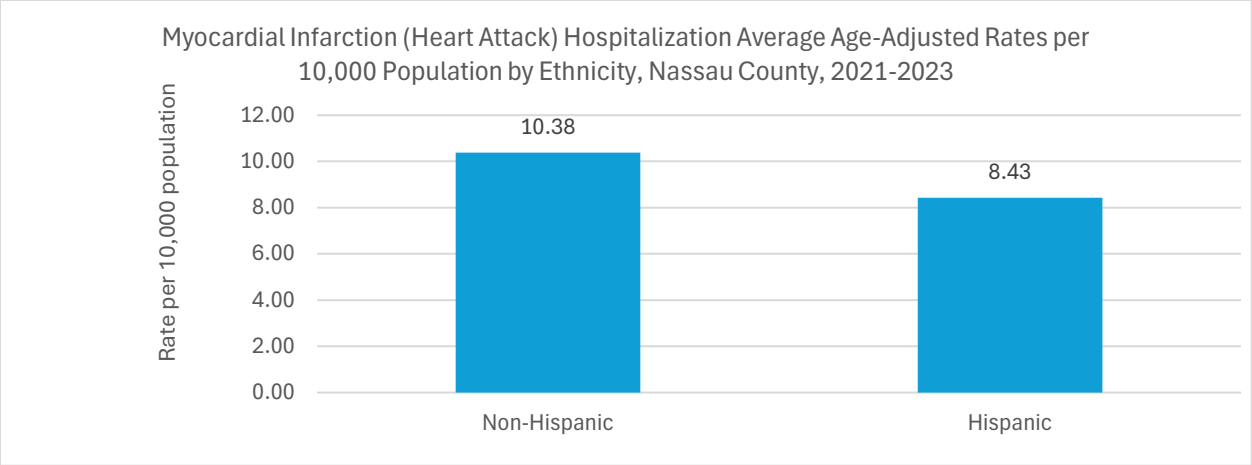
Heart Attack (Myocardial Infarction)



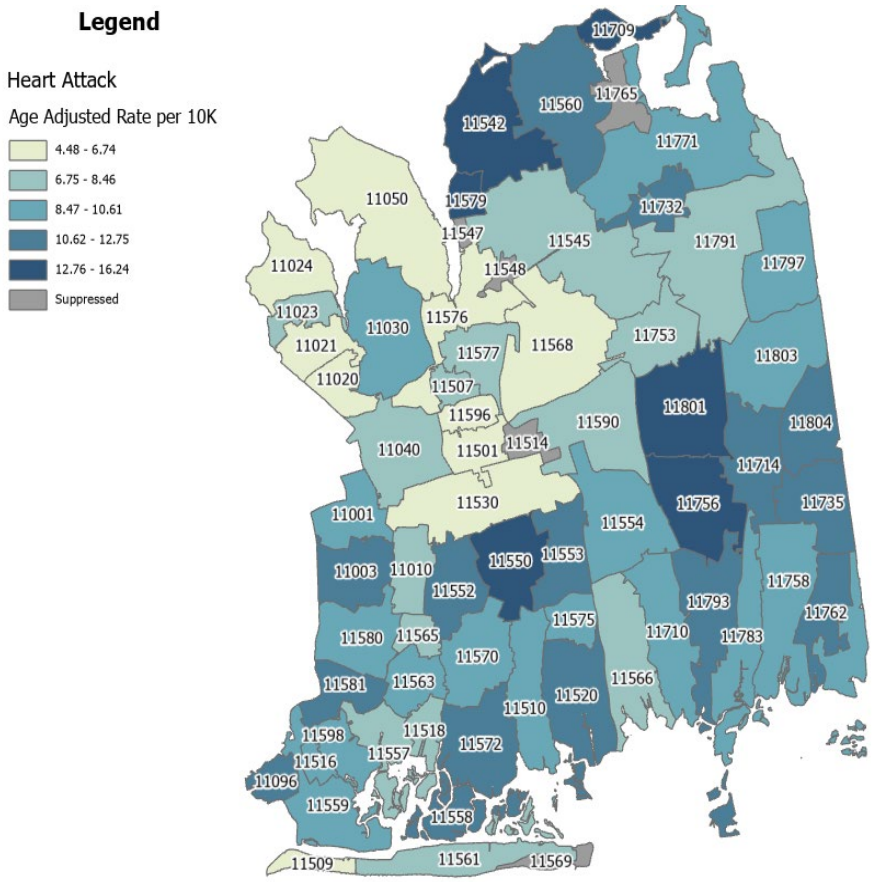




Rate of Native Hawaiian/Pacific Islander is suppressed due to small numbers.



Average Age-Adjusted Rate of Myocardial Infarction (Heart Attack) Hospitalization by Zip Code, Nassau County, 2021-2023

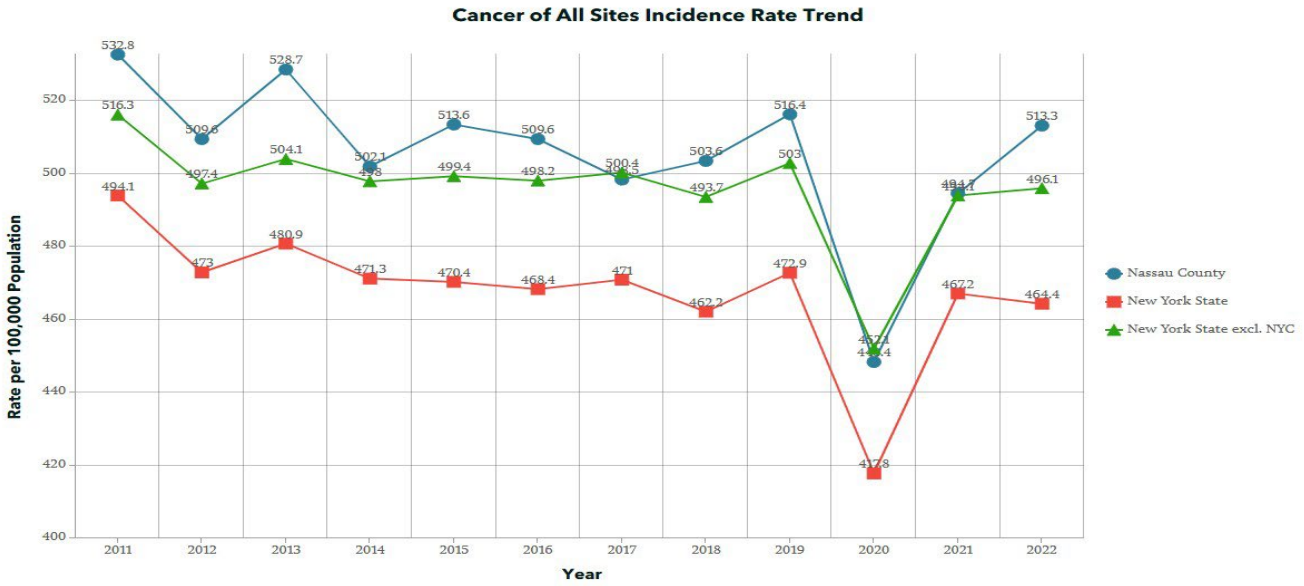


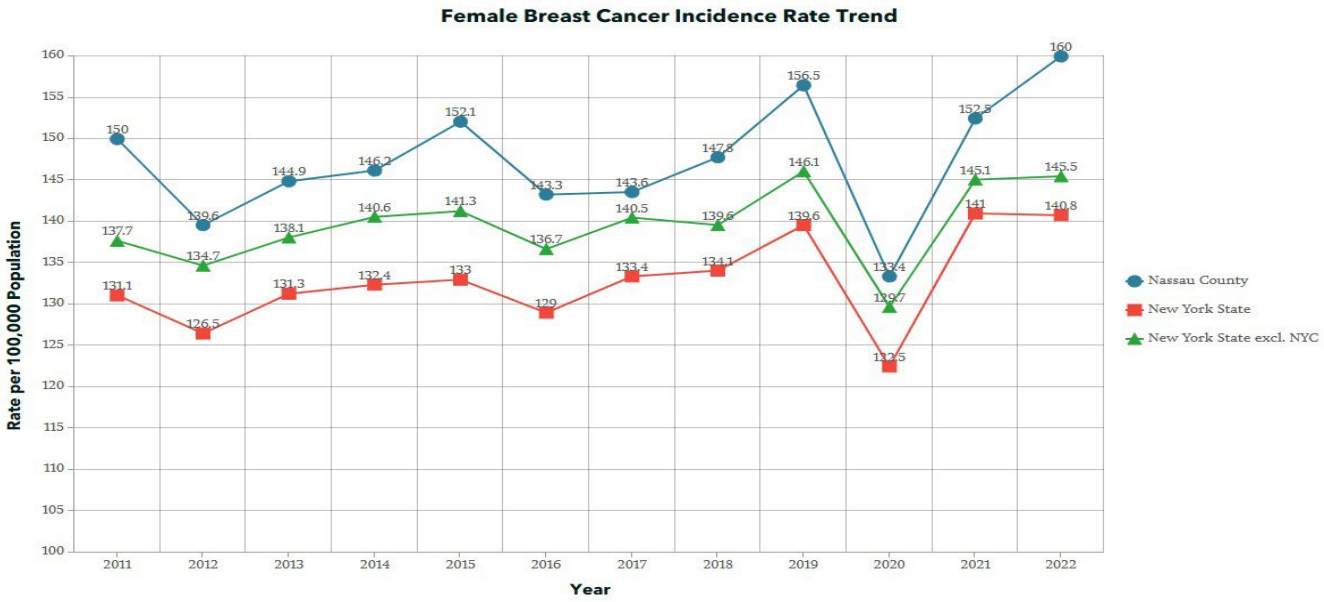
Highest rates of heart attack hospitalizations occurred in Glen Cove (11542), Sea Cliff (11579), Hicksville (11801), Levittown (11756) and Hempstead (11550).

Cancer

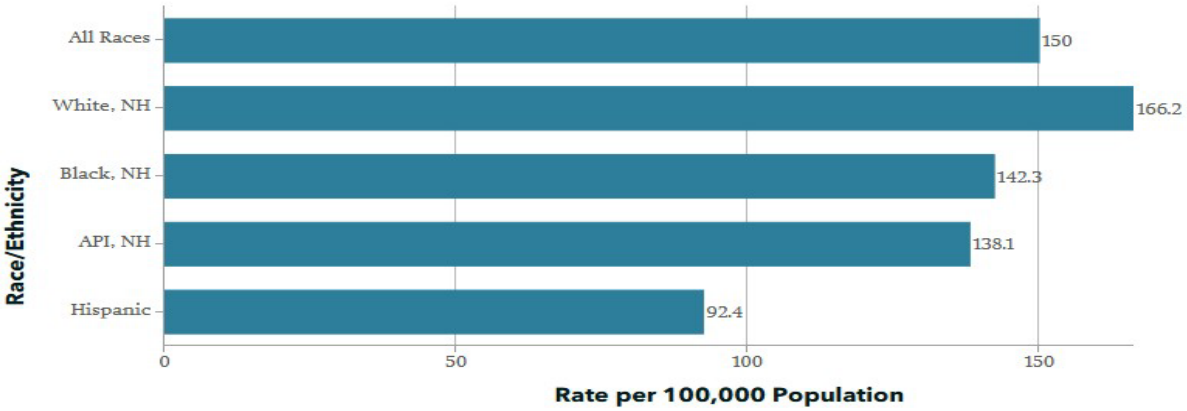
(All rates are age-adjusted)

When examining cancer rates in Nassau County, incidence rates for all cancer sites combined are higher than those observed in New York State and New York State excluding New York City. This pattern is also seen for specific cancers, including breast, prostate, and colorectal. By race and ethnicity, White non-Hispanic females have higher breast cancer incidence rates compared to other groups, while Black non-Hispanic females experience higher breast cancer mortality rates. Prostate cancer incidence and mortality are higher among Black non-Hispanic males, and colorectal cancer incidence and mortality are higher among Black non-Hispanic residents overall.

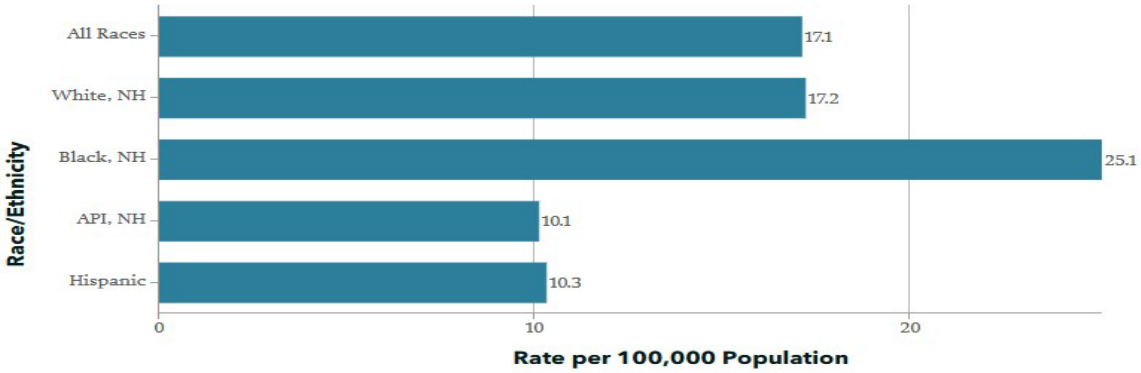




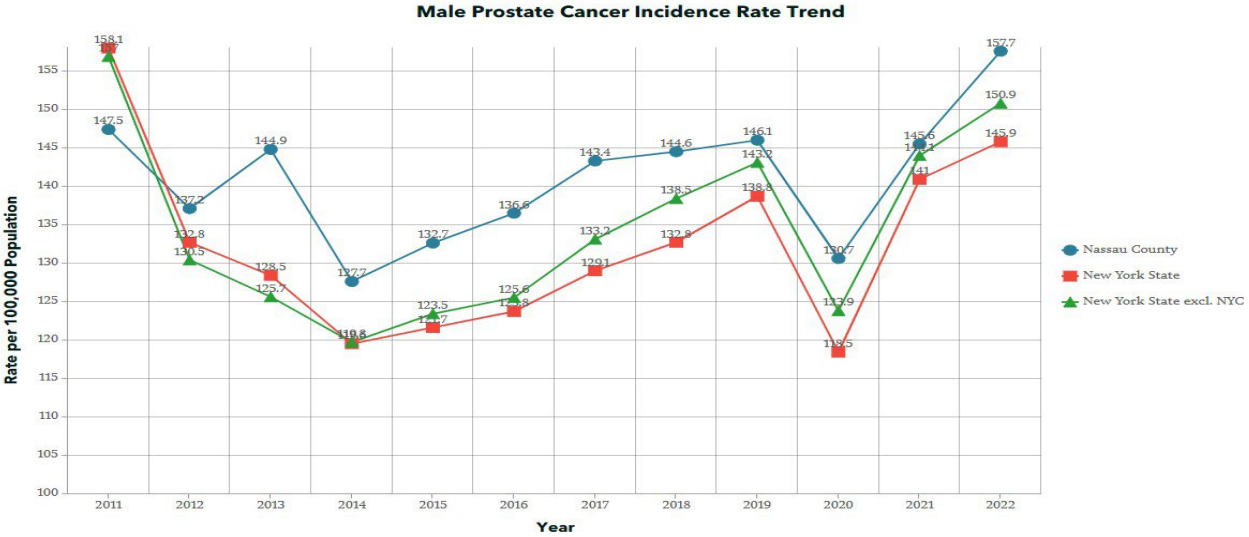
Nassau County Female Breast Cancer Incidence Rate by Race-Ethnicity (2018-2022)



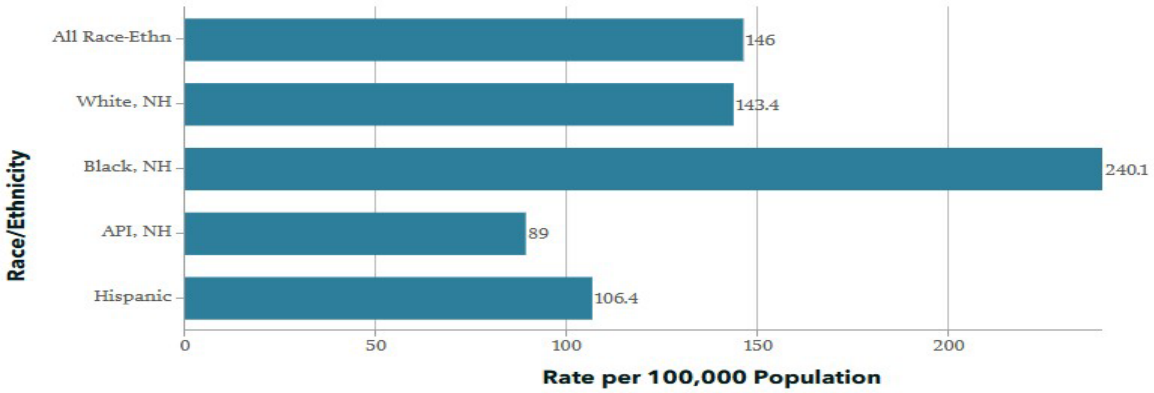
Nassau County Female Breast Cancer Mortality Rate by Race-Ethnicity (2018-2022)



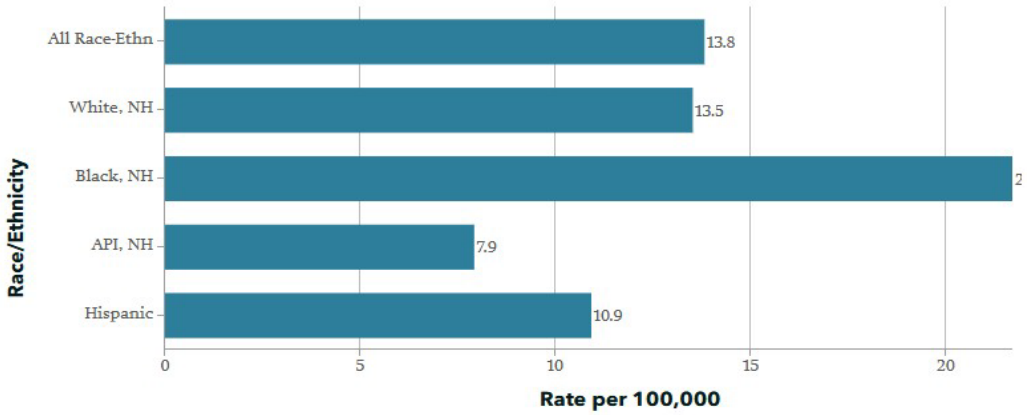
Male Prostate Cancer Incidence Rate Trend



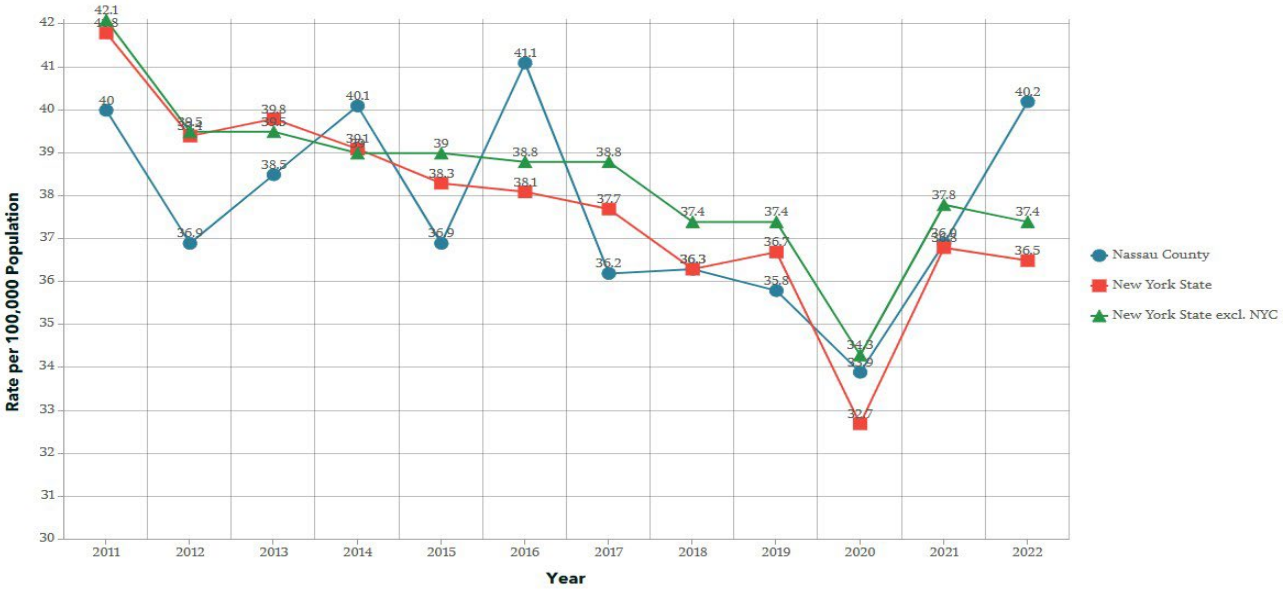
Nassau County Male Prostate Cancer Incidence Rate by Race-Ethnicity (2018-2022)

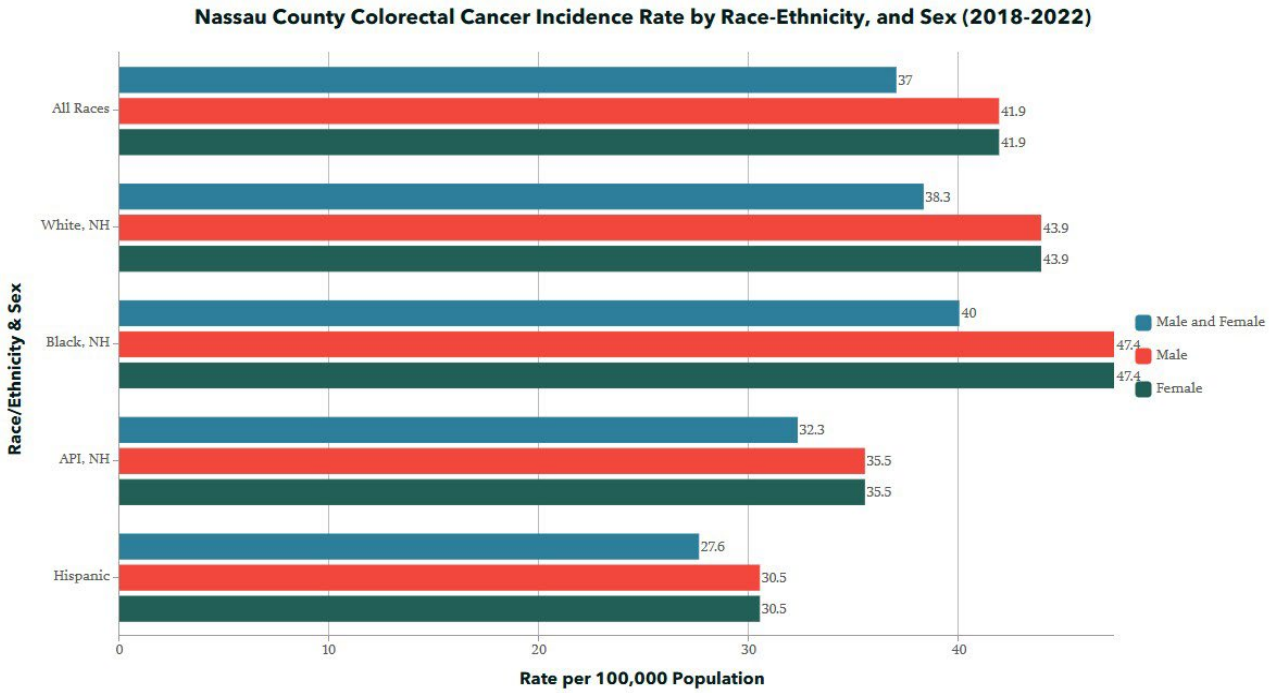


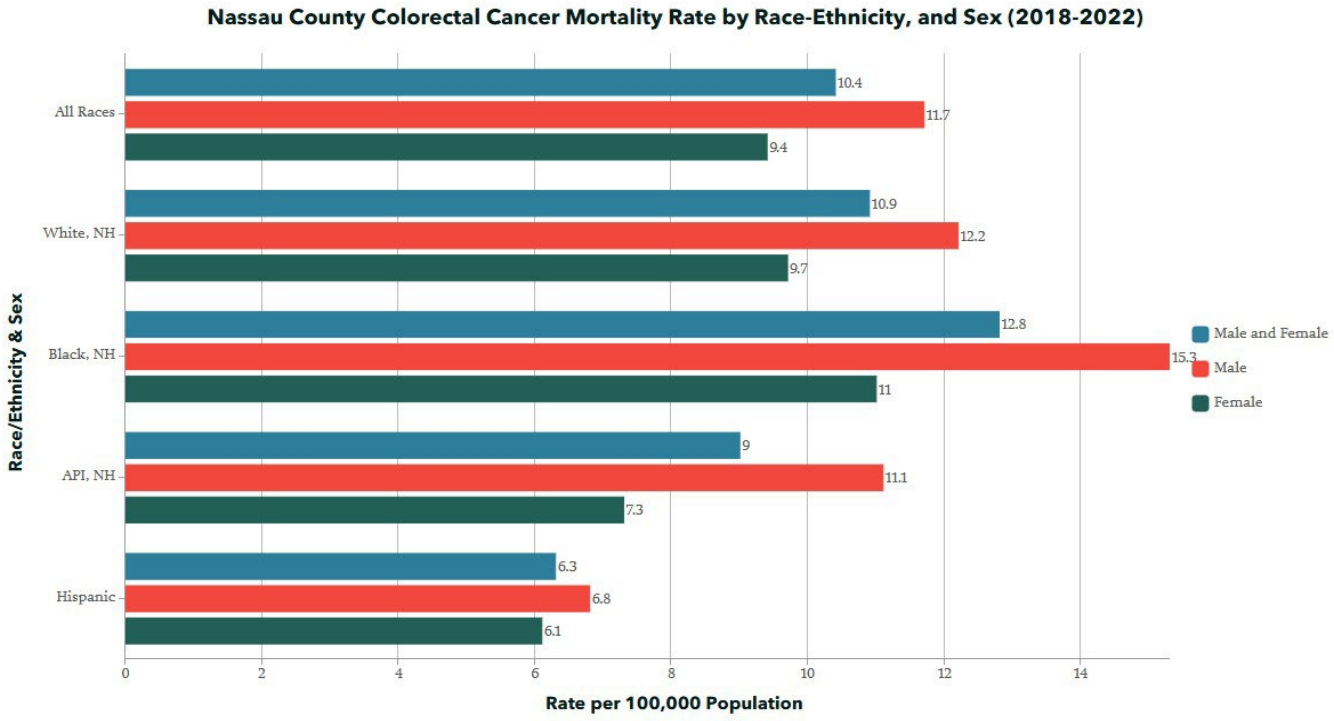
Nassau County Male Prostate Cancer Mortality Rate by Race-Ethnicity (2018-2022)



Nassau County Colorectal Cancer Incidence Rate Trend





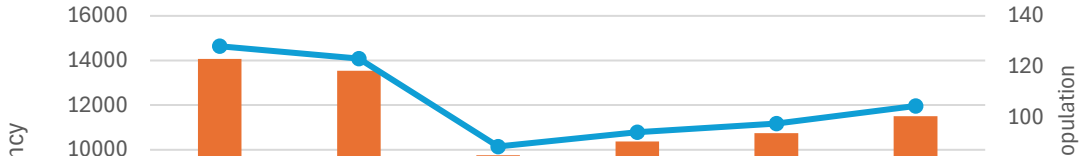


Preventable Hospitalizations

As defined by the Agency for Healthcare Research and Quality (AHRQ), Prevention Quality Indicators (PQIs) measure potentially preventable hospitalizations that could often be avoided with timely and effective outpatient care. In Nassau County, the rate of preventable hospitalizations decreased from 2018 to 2020 but has been slowly increasing in recent years. Overall, Nassau

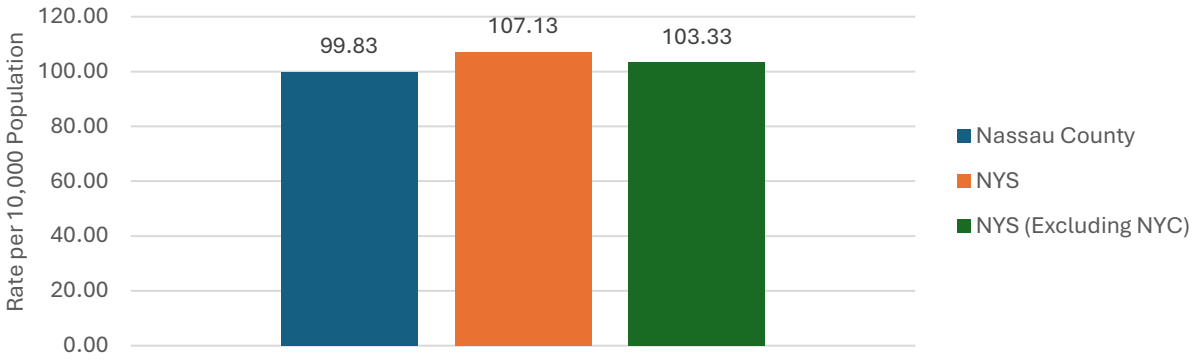
County reports lower rates of preventable hospitalizations compared to New York State and New York State excluding New York City. Within the county, the highest rates occur among certain minority populations, including Native Hawaiian/Pacific Islanders, Black residents, and American Indians/Alaska natives, while the lowest rates are observed among Asian residents. Rates are also higher among non-Hispanics and vary geographically, with certain zip codes experiencing consistently higher rates.

Adult (Age 18 and over) Composite (PQI 90) Preventable Hospitalization Frequency & Rate by Year, Rate per 10,000 Population, Nassau County, 2018-2023

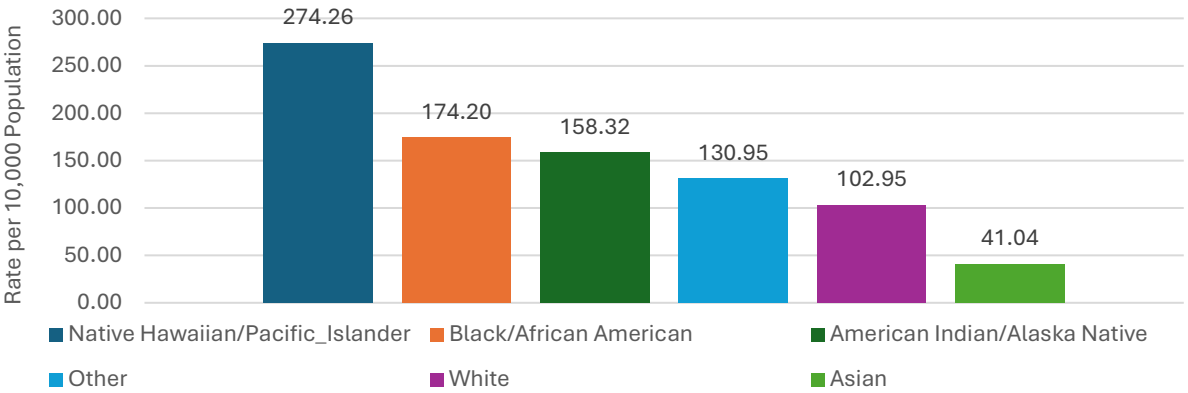


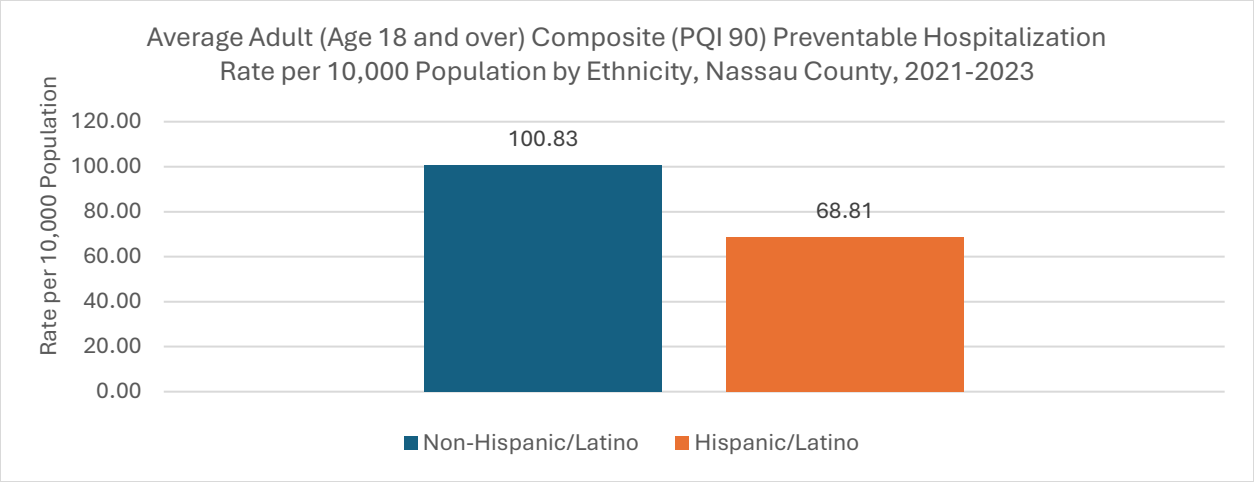
	2018	2019	2020	2021	2022	2023
Frequency Count	14076	13538	9756	10374	10738	11502
Rate per 10,000	128.094	123.198	88.781	94.405	97.717	104.67

Average Adult (Age 18 an over) Composite (PQI 90) Preventable Hospitalization Rate per 10,000 Population by Region, 2021-2023

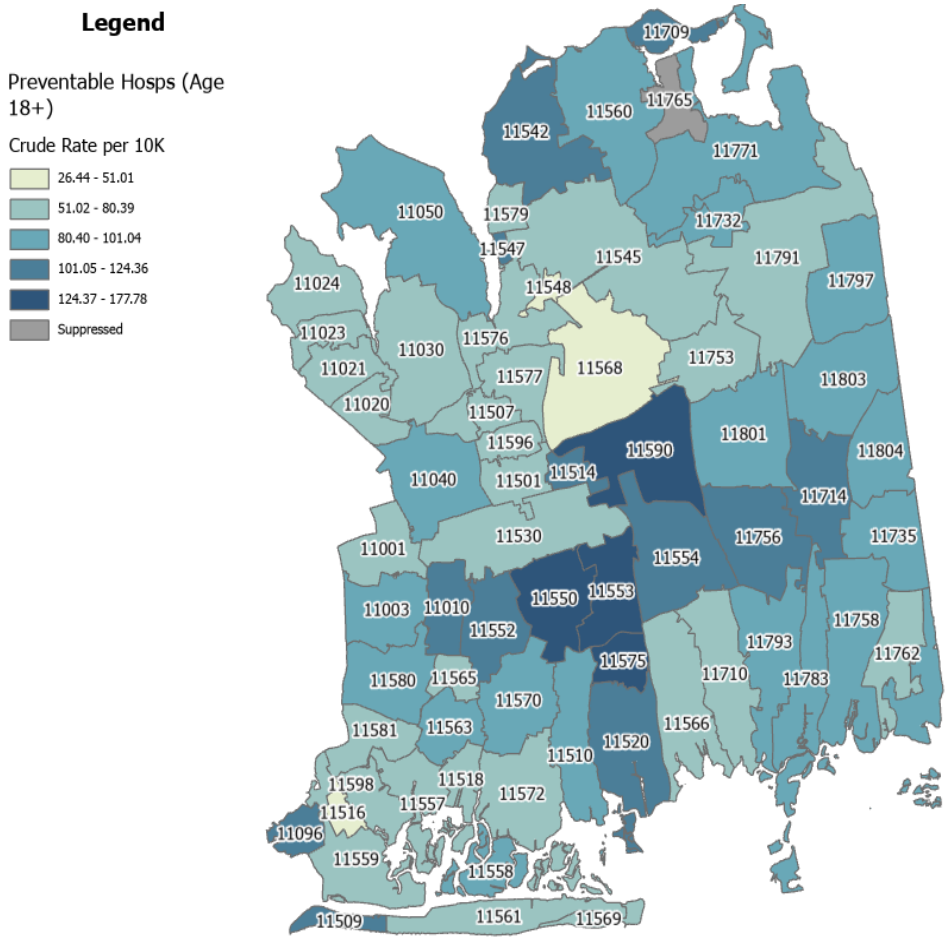


Average Adult (Age 18 & over) Composite (PQI 90) Preventable Hospitalization Rate per 10,000 Population by Race, Nassau County, 2021-2023





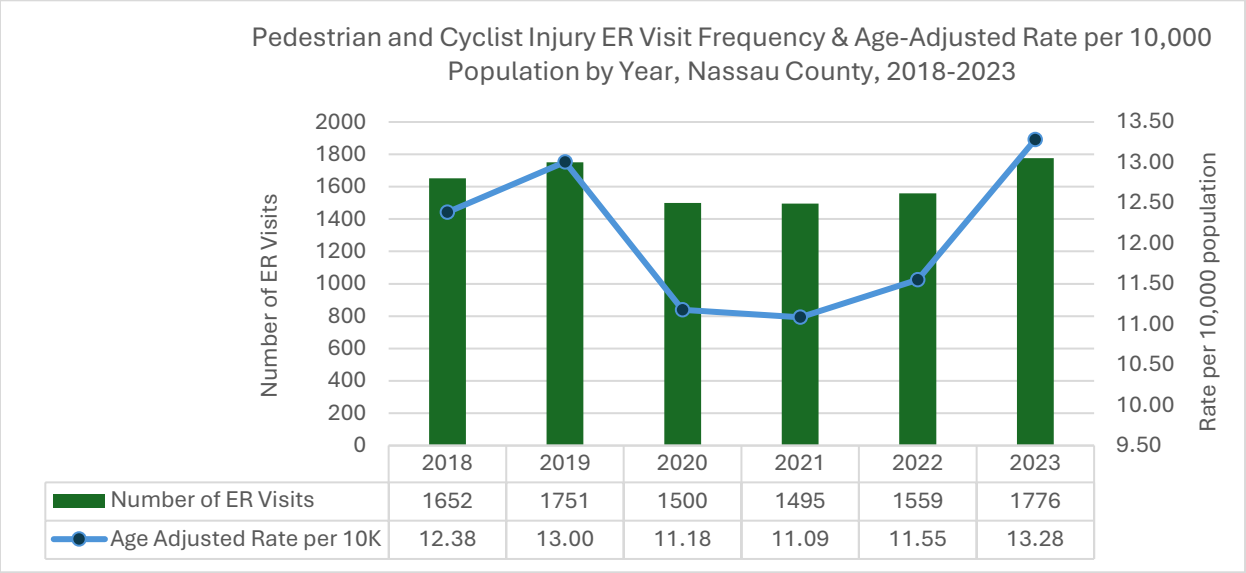
Average Adult (Age 18 and over) Composite (PQI 90) Preventable Hospitalization Rate per 10,000 Population by Zip Code, Nassau County, 2021-2023

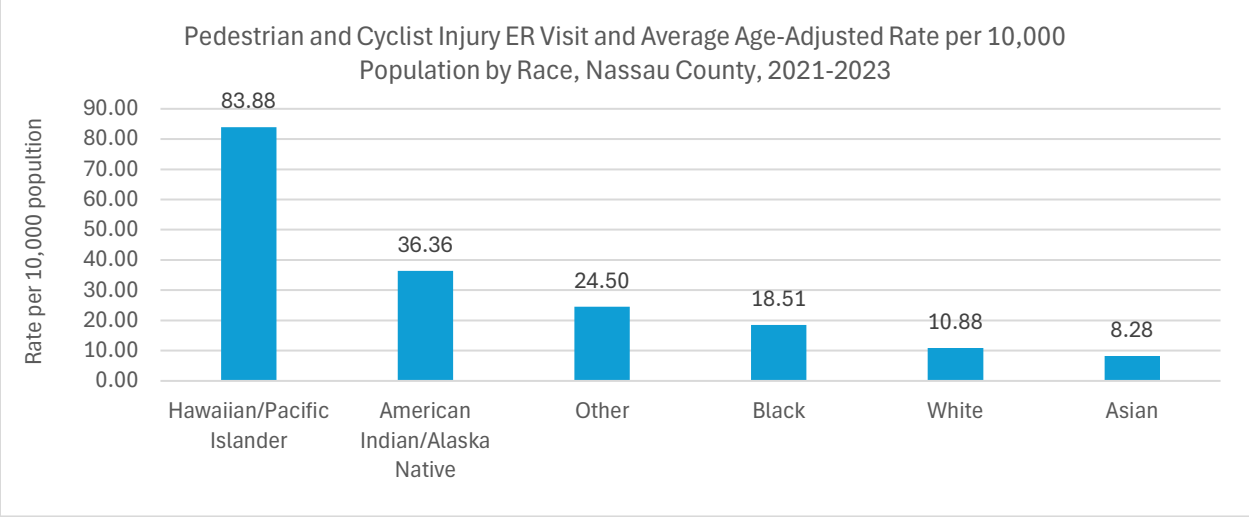


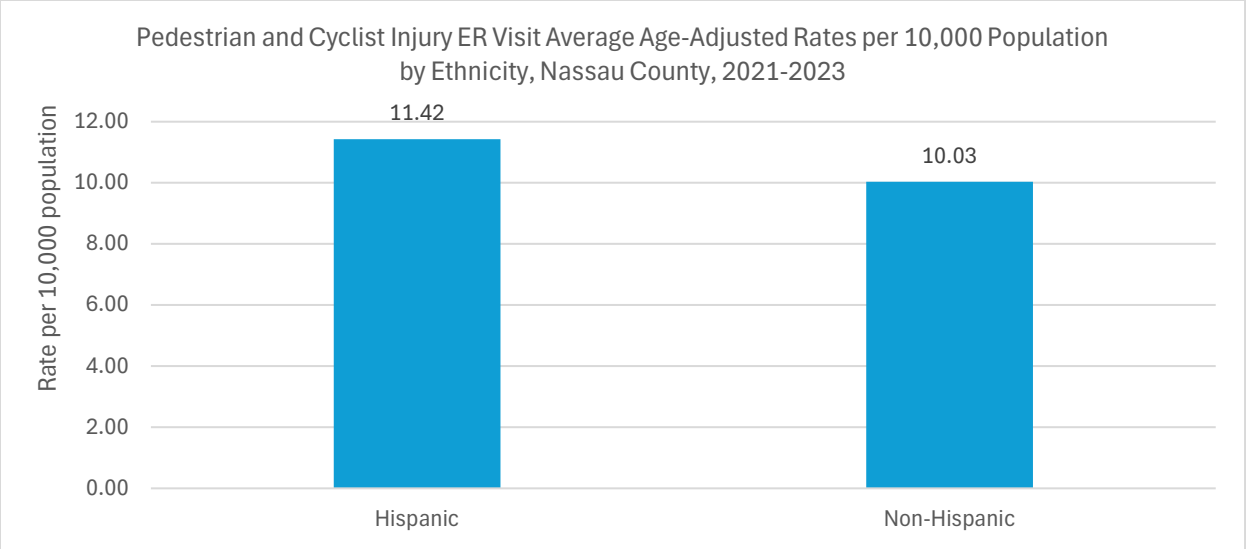
The highest rates of preventable hospitalizations are in Westbury (11590) , Hempstead (11550), Uniondale (11553) and Roosevelt (11575).

Injury

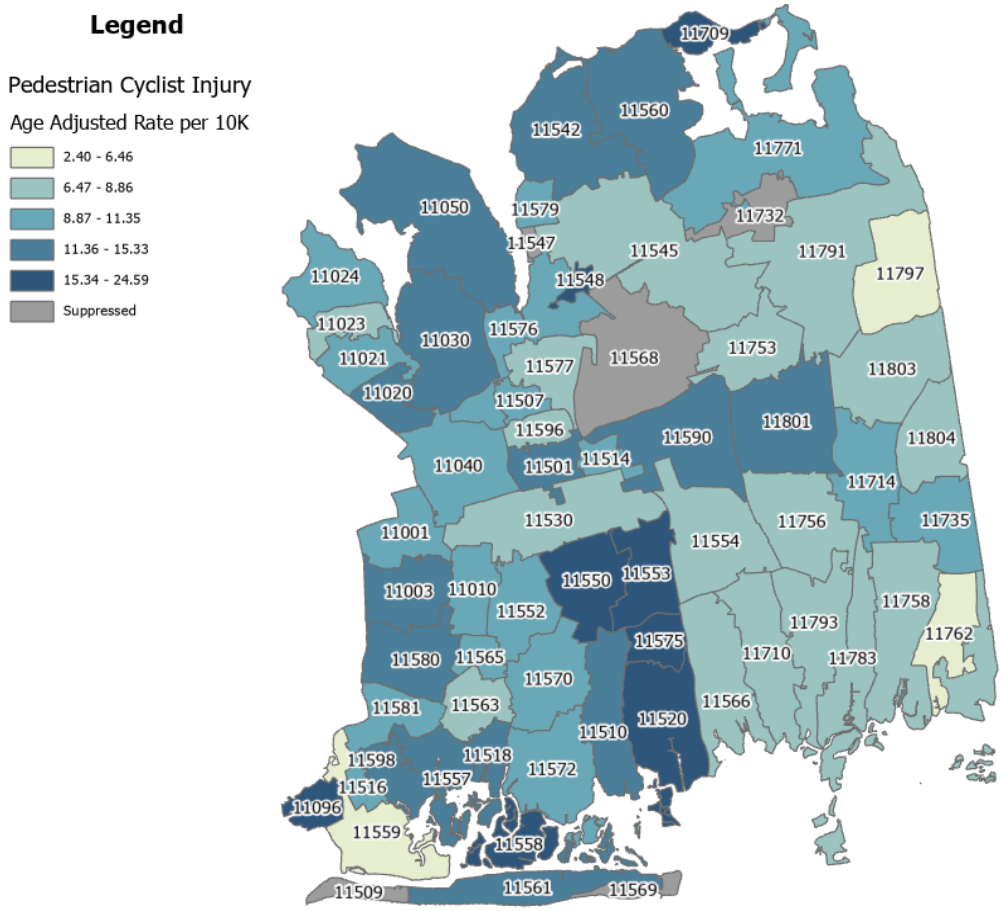
Injuries are a major public health concern, contributing to preventable morbidity, mortality, and longterm disability. In Nassau County, injury related emergency room visits and hospitalizations show varying trends. ER visits for pedestrian and cyclist injuries have increased since the pandemic, while motor vehicle accident visits are also rising but remain below prepandemic levels. Hospitalizations due to falls among adults ages 65 and older are steadily increasing and are higher in Nassau County compared to New York State (NYS) and NYS excluding New York City. Mortality due to motor vehicle accidents is lower in Nassau County than in NYS and NYS excluding NYC. Rates of hospitalizations and ER visits due to drownings fluctuate from year to year. Disparities persist, with higher injury rates observed among certain racial minority populations, such as Native Hawaiian/Pacific Islanders, Blacks and those of some other race. ER visits for pedestrian, cyclist, and motor vehicle accident injuries are more common among Hispanics, while fall-related hospitalizations and drowning-related ER visits and hospitalizations are more common among non-Hispanics. Geographic differences are also evident, with certain zip codes consistently experiencing higher rates across all injury types.





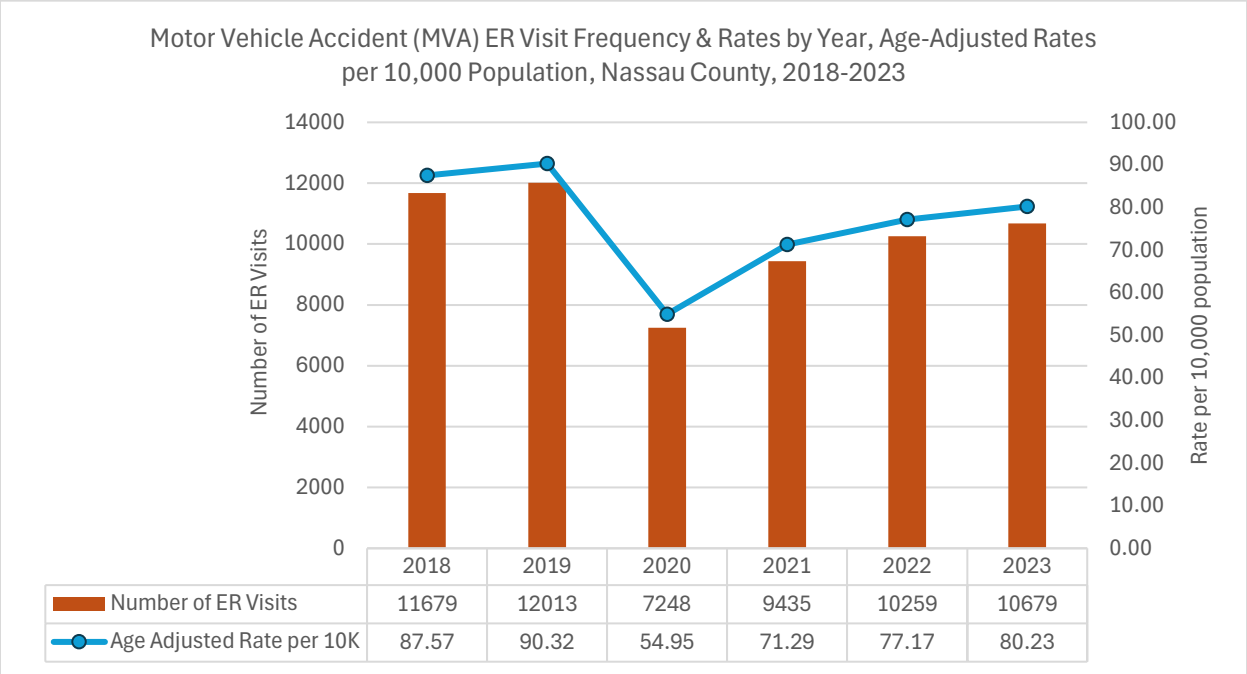


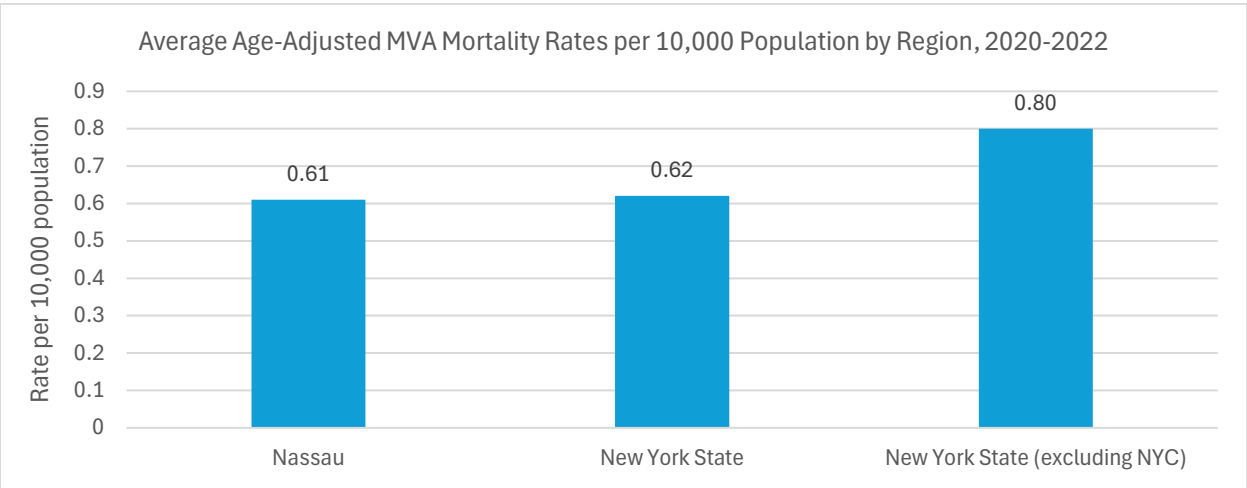
Pedestrian and Cyclist Injury ER Visit Average Age-Adjuted Rates per 10,000 Population
by Zip Code, Nassau County, 2021-2023

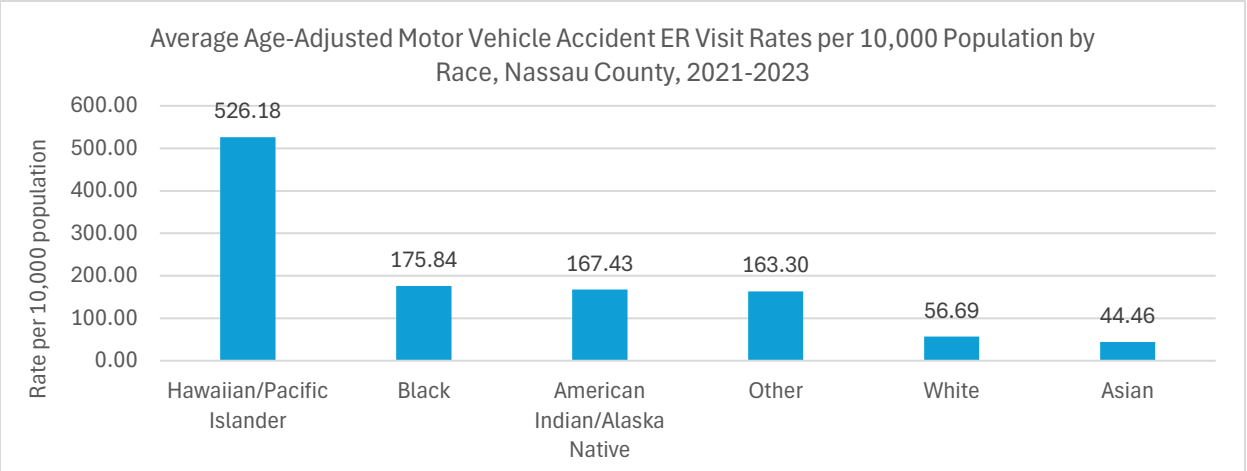


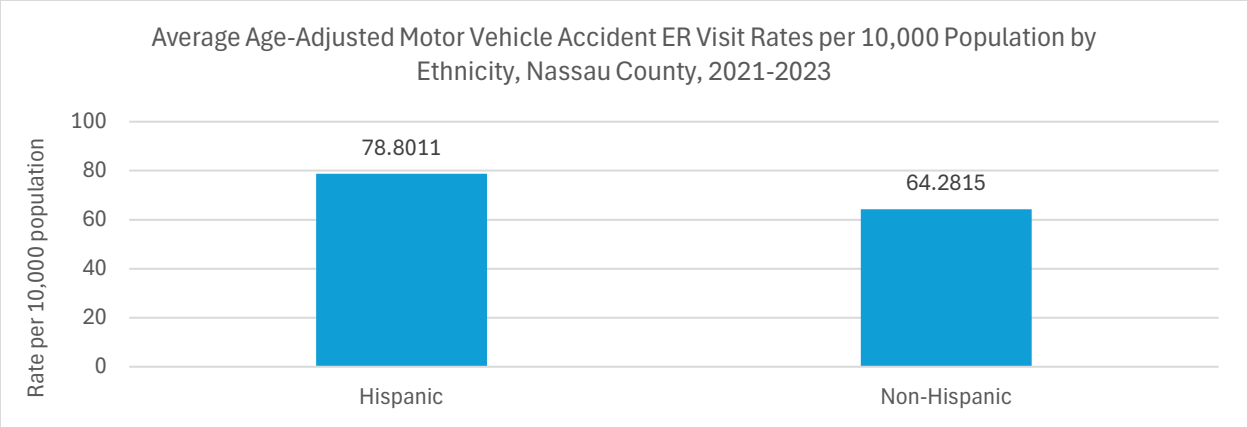
Highest rates of Pedestrian and Cyclist injury ER vistis occurred in Hempstead (11550), Uniondale (11553), Roosevelt (11575) and Freeport (11520).

Motor Vehicle Accident Injury

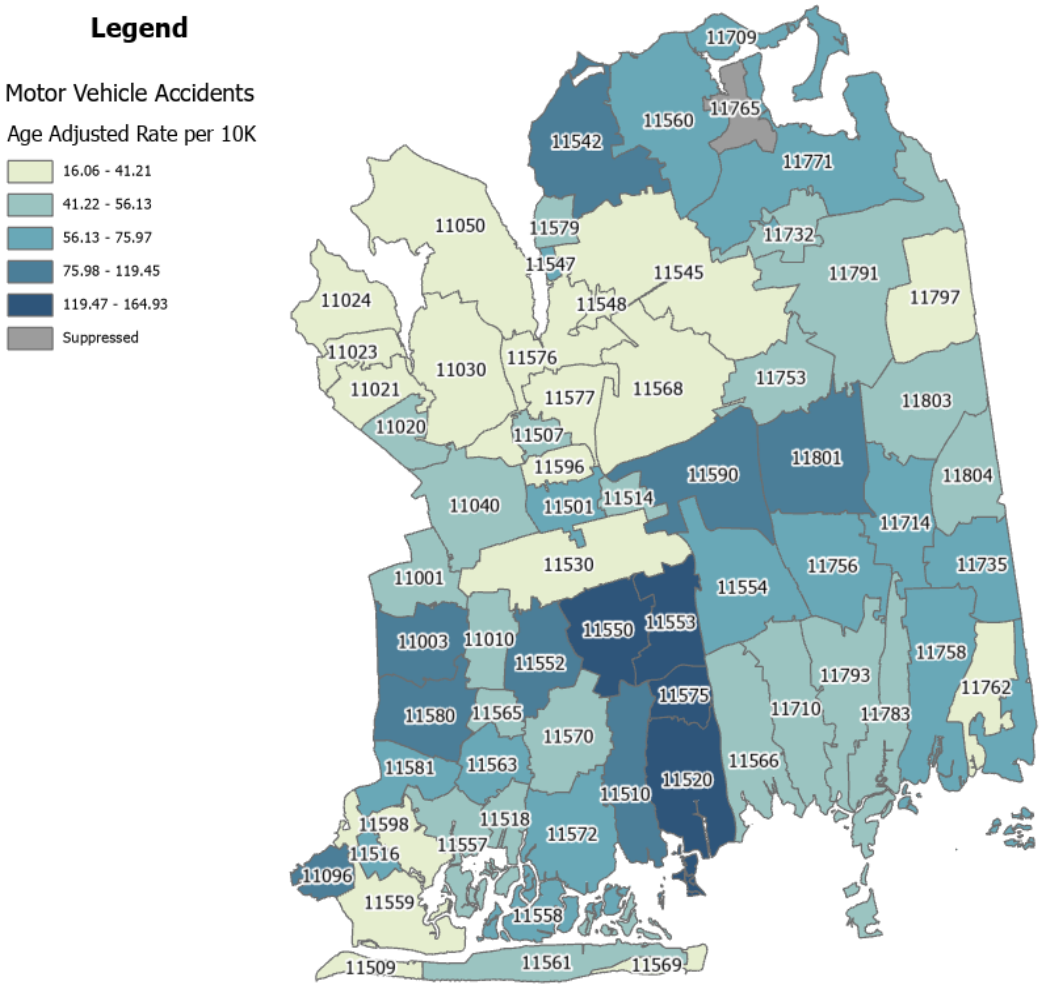






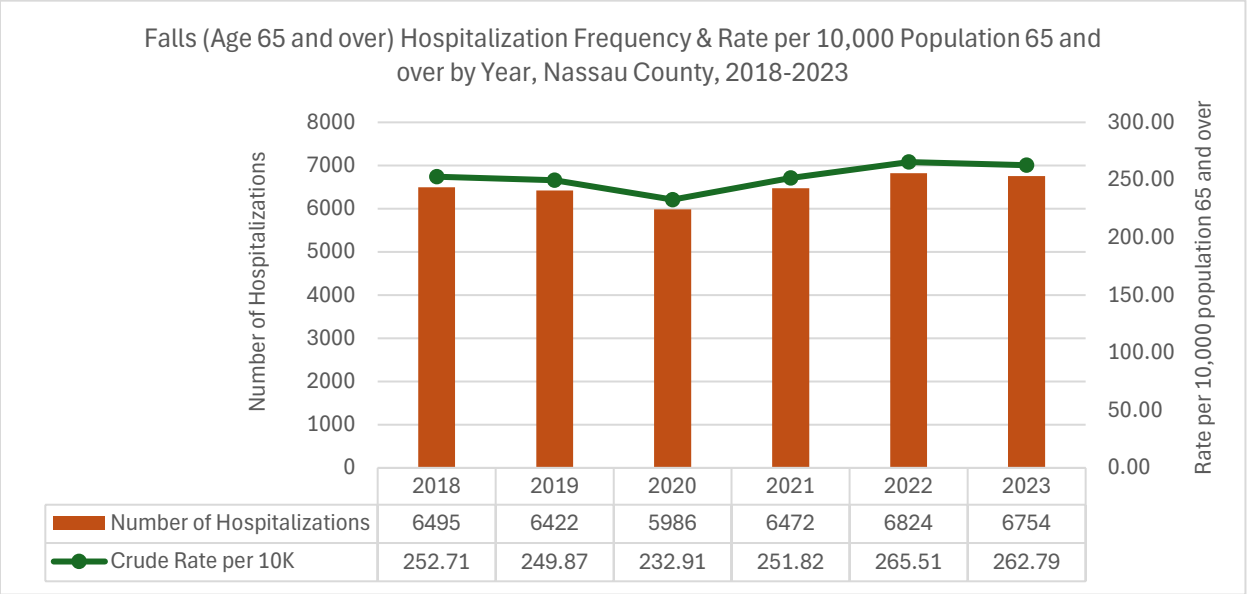


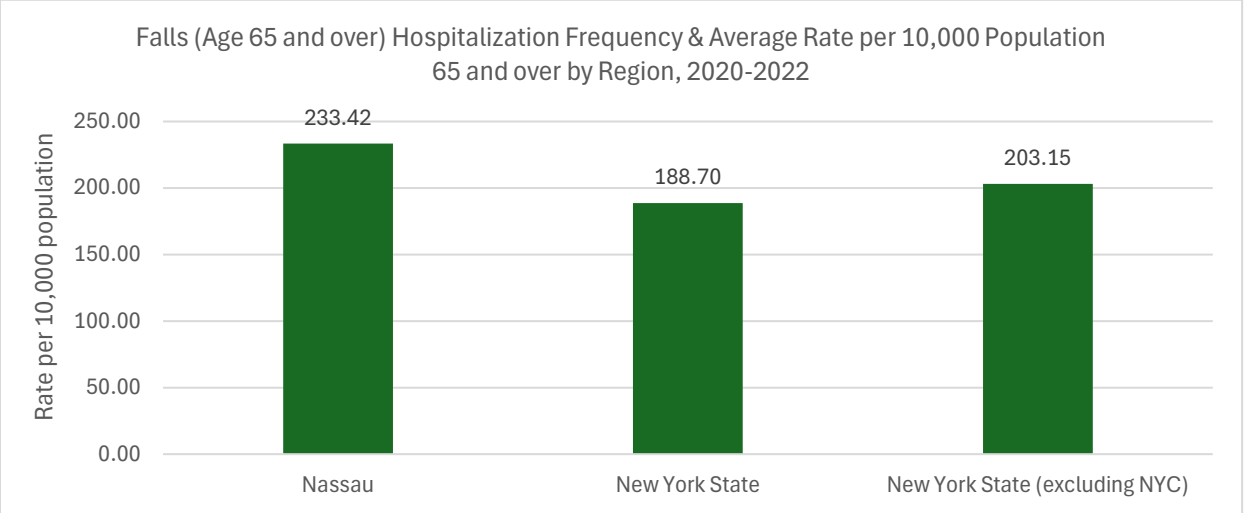
Average Age-Adjusted Motor Vehicle Accident ER Visit Rates per 10,000 Population, by Zip Code, Nasau County, 2021-2023

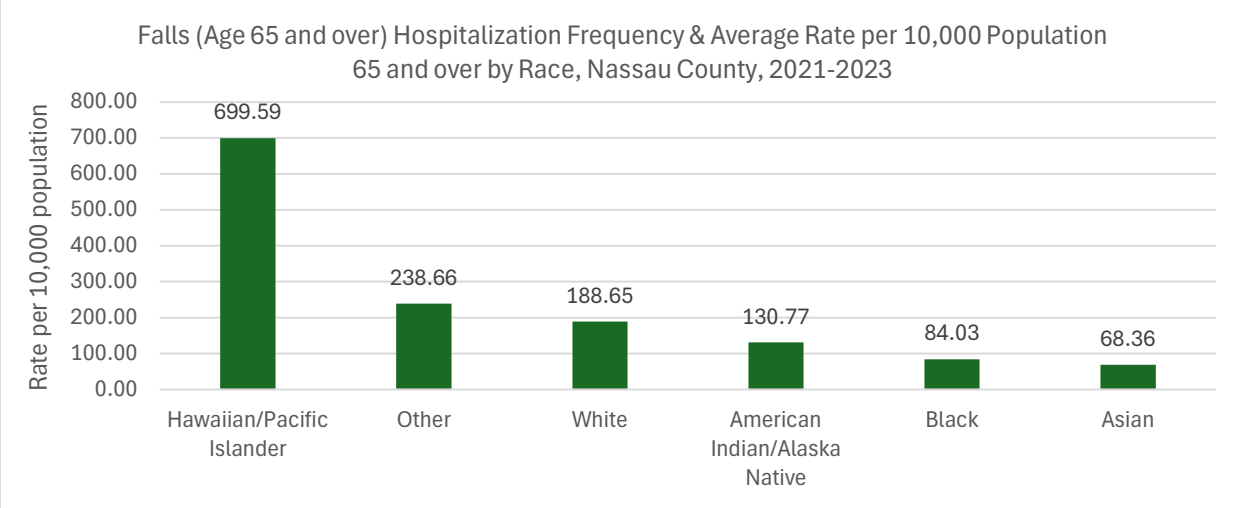


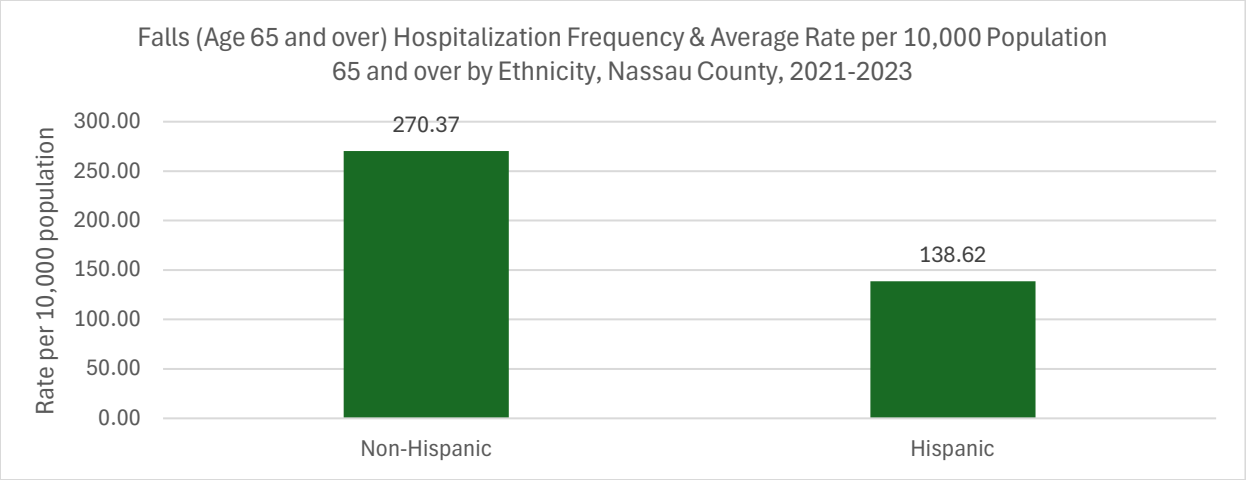
The highest rates of MVA ER visits occur in residents from Hempstead (11550), Uniondale (11553), Roosevelt (11575) and Freeport (11520).

Fall (Age 65 and over) Injury

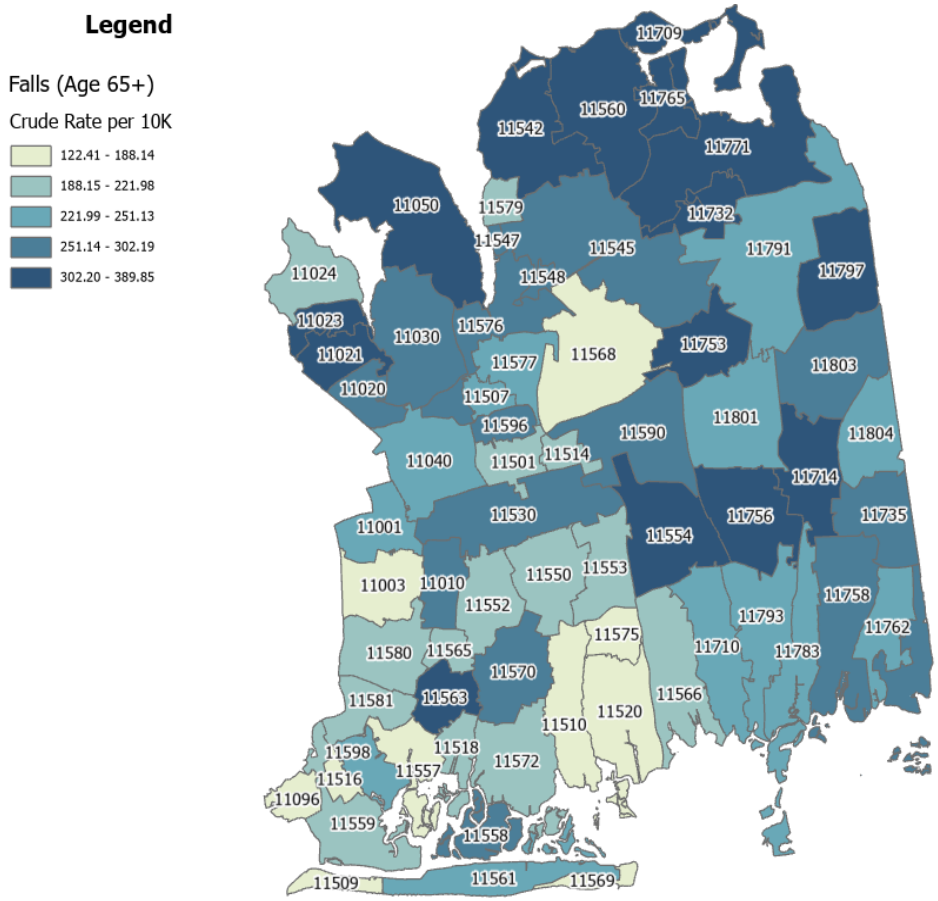






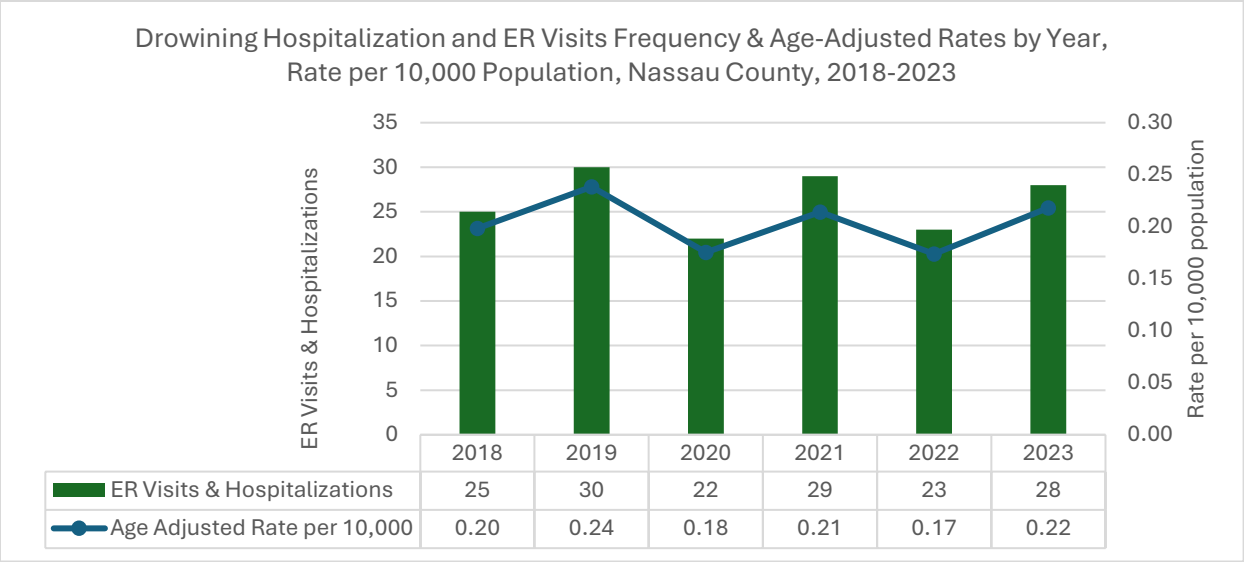


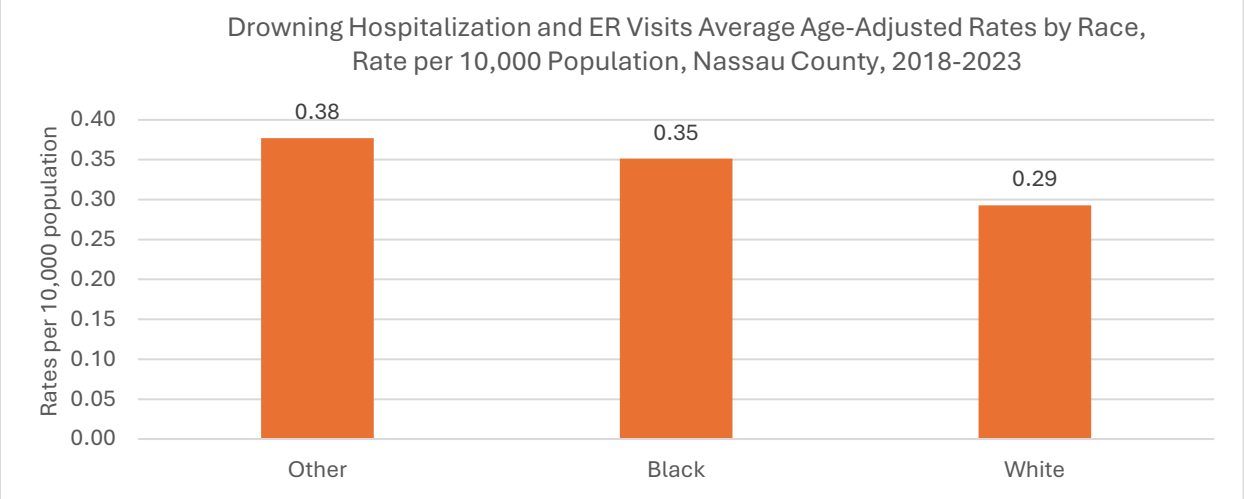
Fall (Age 65 and over) Hospitalizations, Average Rate per 10,000 Population by Zip Code, Nassau County, 2021-2023



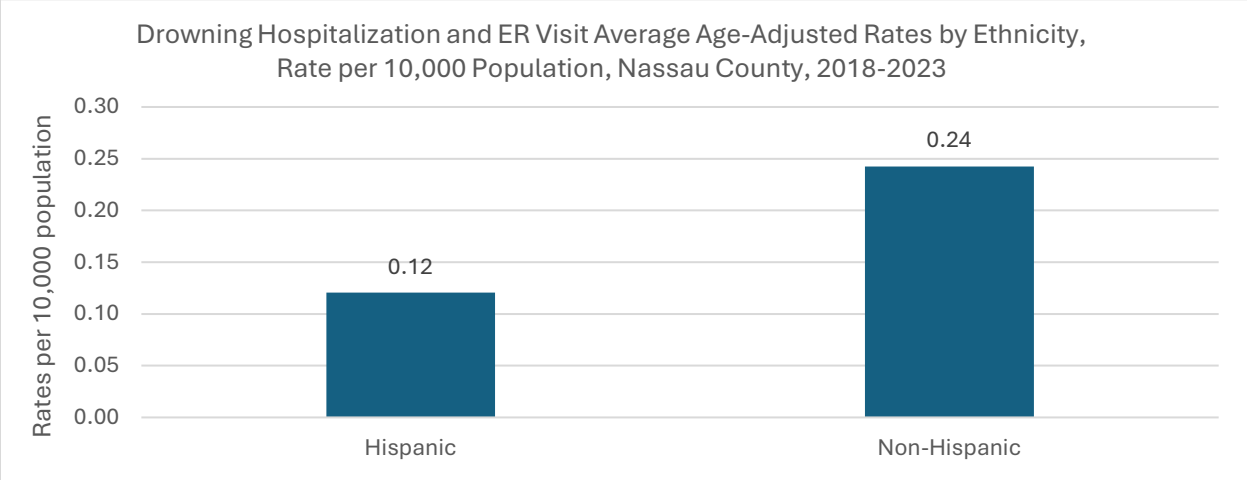
Geographic disparities are evident with fall hospitalizations among those 65 years and older, as elevated rates are widespread across many zip codes rather than limited to a small number of areas.

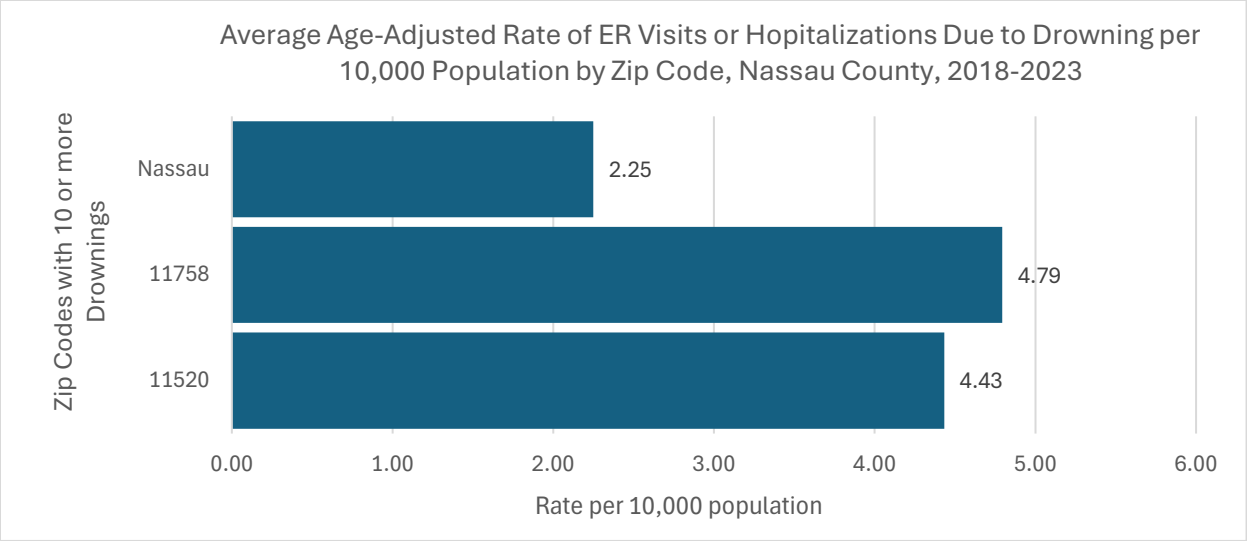
Drownings





Rates for American Indian/Alaskan Native and Asian races are suppressed due to small numbers.

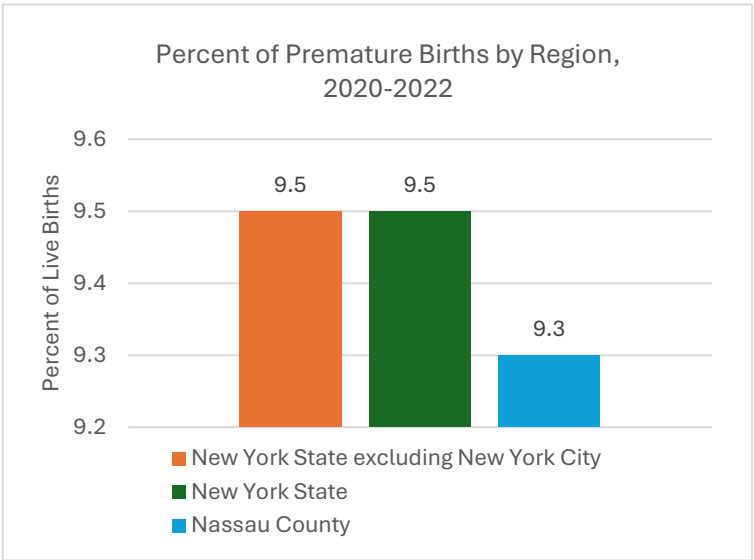


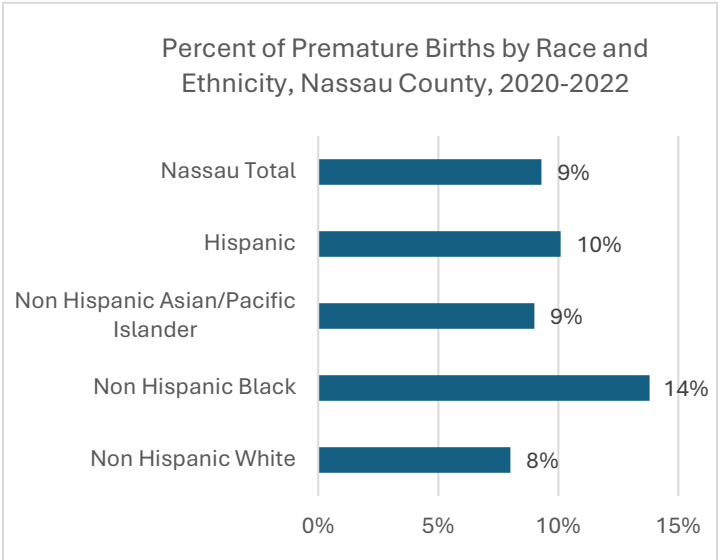


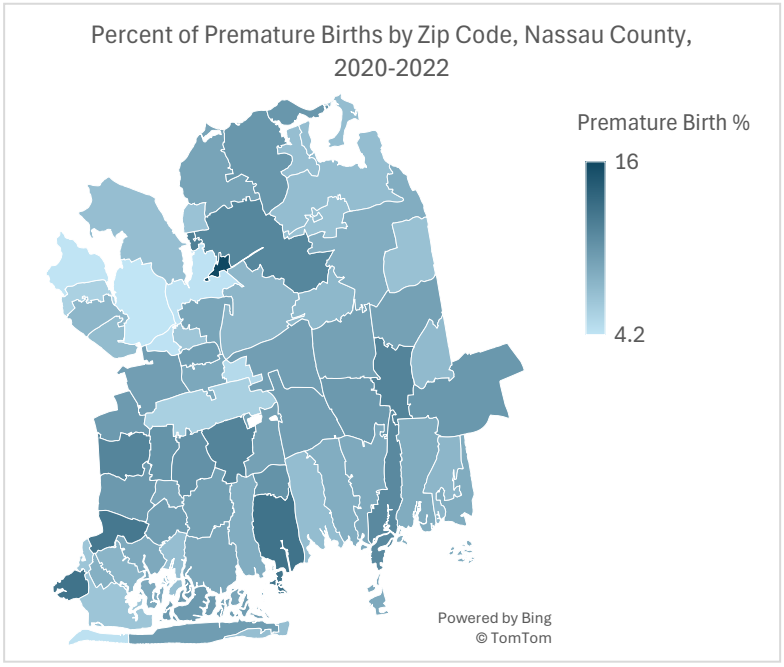
Massapequa (11758) and Freeport (11520) had 10 or more ER visits and/or hospitalizations due to drownings, with Massapequa having a slightly higher rate. Rates for other zip codes are not available due to small numbers.

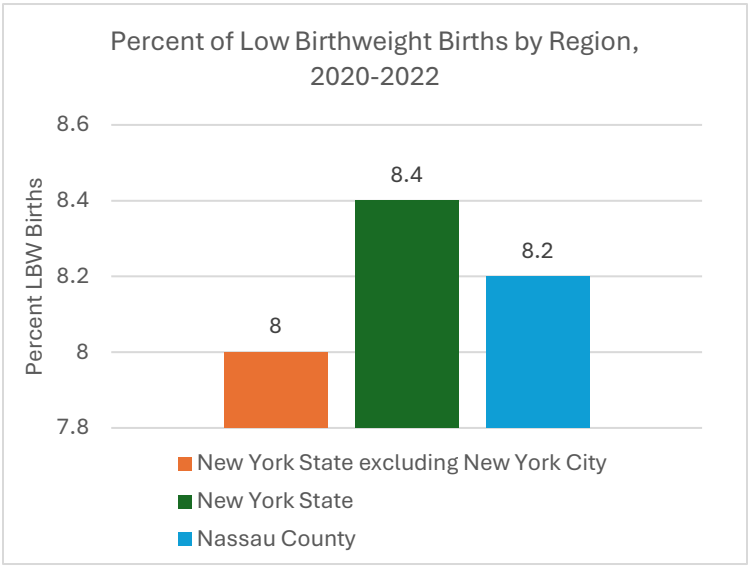
Perinatal Health

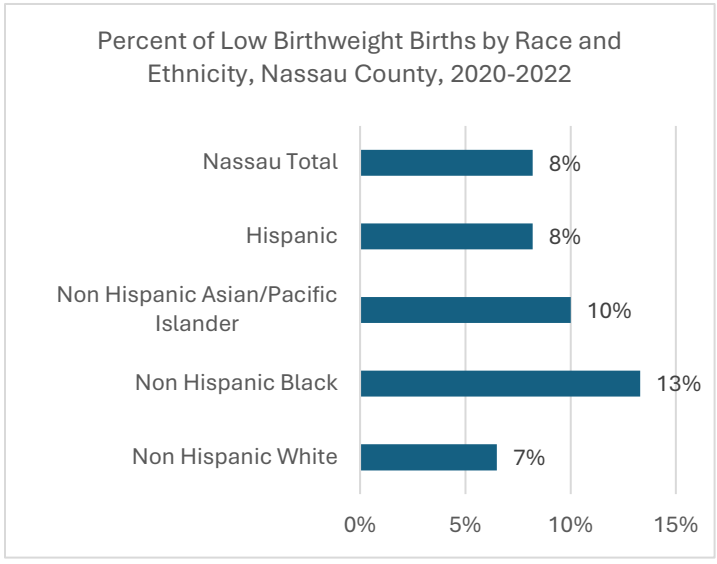
Perinatal refers to the time period shortly before and after birth, a critical stage when risks for both the mother and infant are highest and outcomes strongly influence infant survival and long-term health. In Nassau County, several perinatal indicators show interesting trends. Rates of premature births, late or no prenatal care, infant mortality, and teen pregnancy are all lower compared to New York State and NYS excluding New York City. However, Nassau County reports a higher percentage of low birthweight births than NYS excluding NYC. Disparities by race and ethnicity are evident, non-Hispanic Black residents experience the highest percentages of premature births, low birthweight births, and infant mortality, while both non-Hispanic Black and Hispanic residents have the lowest percentages of births with adequate prenatal care. Hispanic residents also have the highest rate of teen pregnancy. Geographic differences further highlight adverse perinatal outcomes concentrated in certain communities across the county.

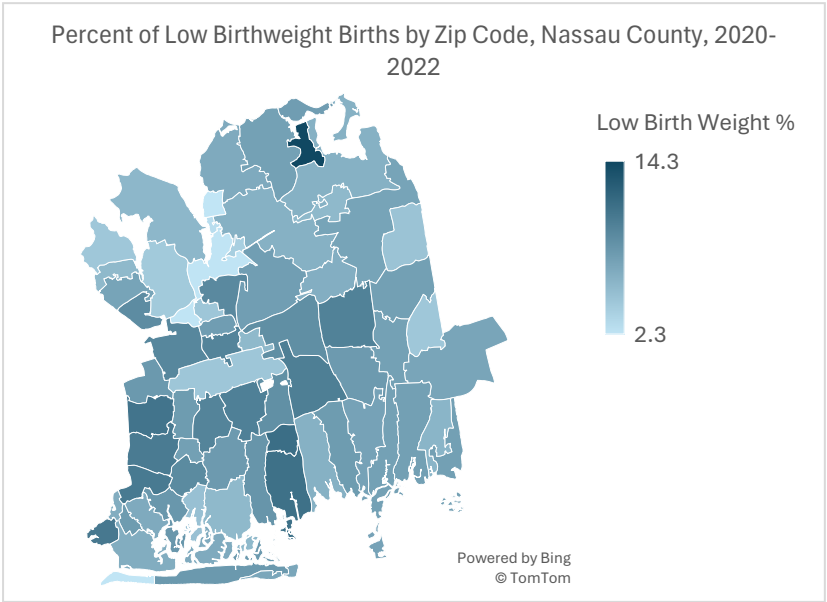


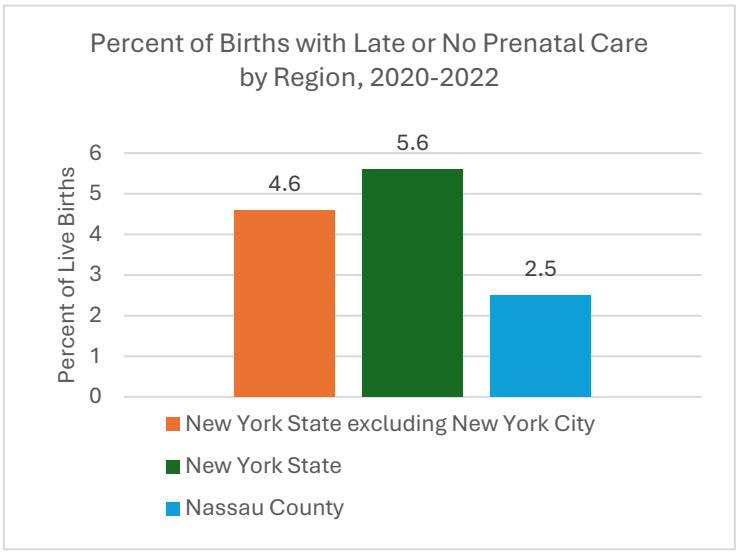


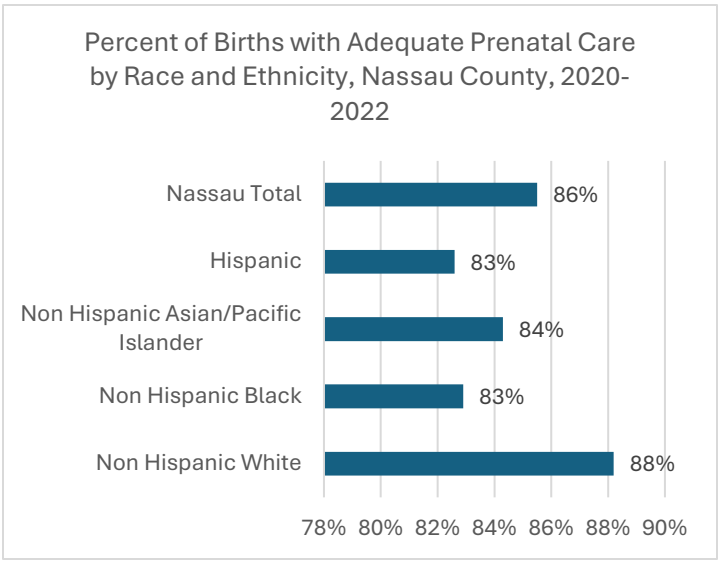

Percent of Premature Births by Zip Code, Nassau County, 2020-2022
Premature Birth %
16
4.2
Powered by Bing
© TomTom

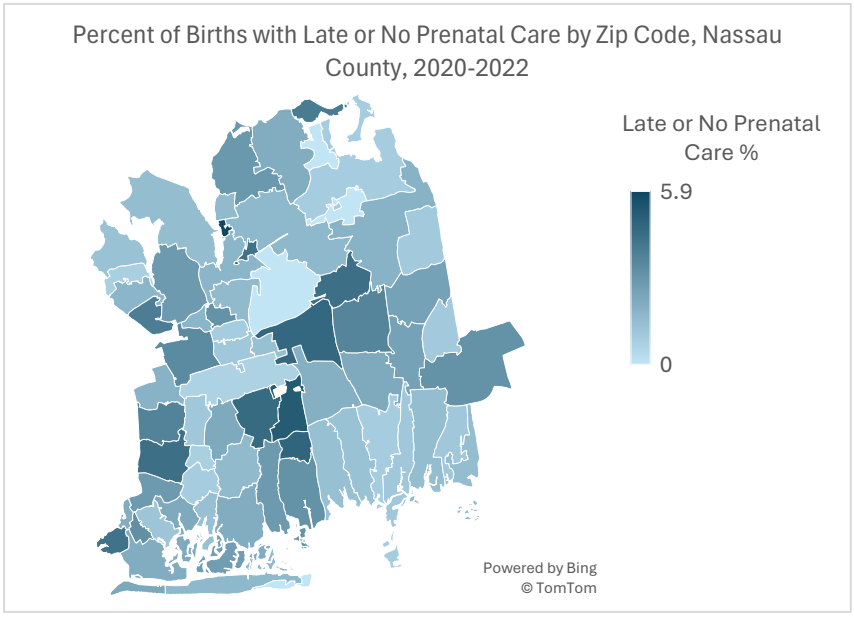

Percent of Low Birthweight Births by Region, 2020-2022
Percent LBW Births
8.6
8.4
8.2
8
7.8
8
8.4
8.2
New York State excluding New York City
New York State
Nassau County

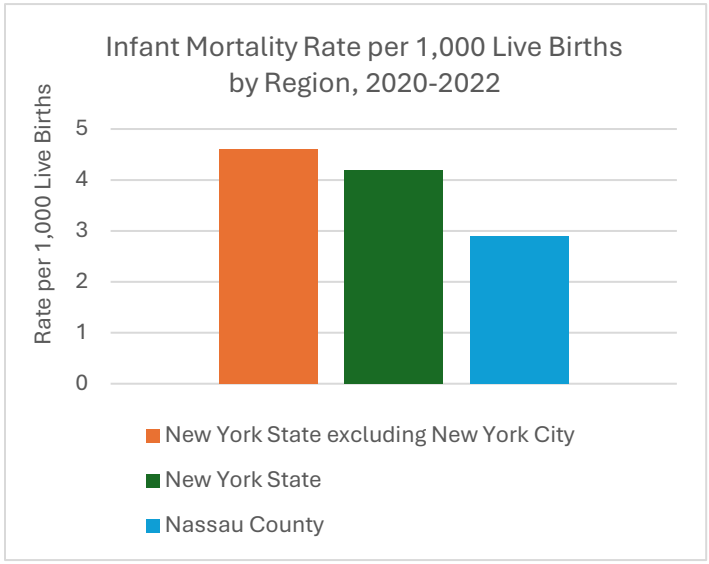

Percent of Low Birthweight Births by Race and Ethnicity, Nassau County, 2020-2022
Nassau Total
8%
Hispanic
8%
Non Hispanic Asian/Pacific Islander
10%
Non Hispanic Black
13%
Non Hispanic White
7%
0%
5%
10%
15%

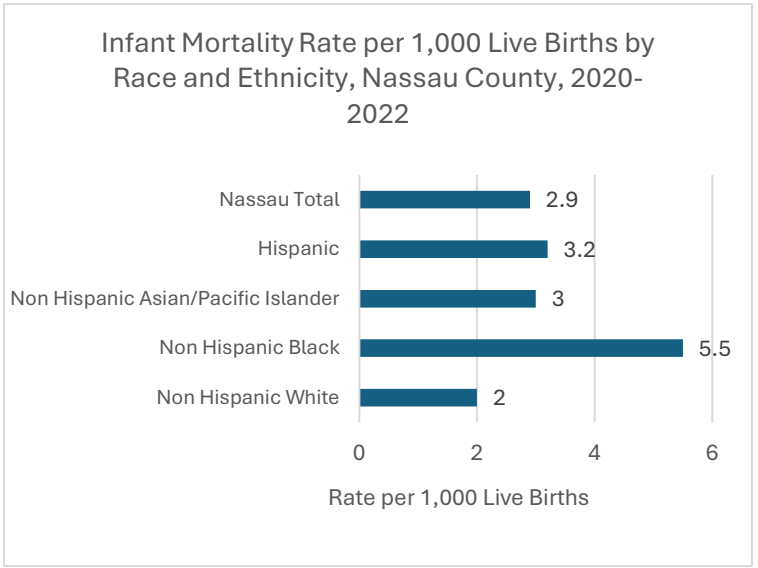

Percent of Low Birthweight Births by Zip Code, Nassau County, 2020-2022
Low Birth Weight %
14.3
2.3
Powered by Bing
© TomTom

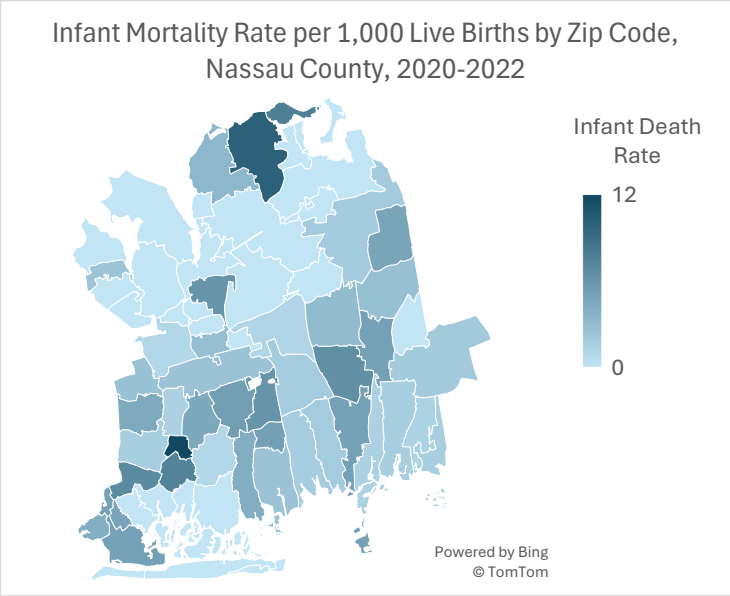

Percent of Births with Late or No Prenatal Care by Region, 2020-2022
Percent of Live Births
6
5
4
3
2
1
0
4.6
5.6
2.5
New York State excluding New York City
New York State
Nassau County

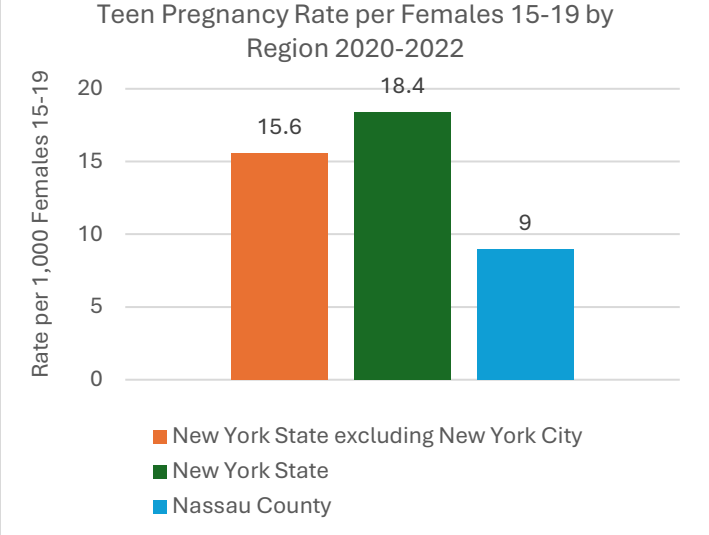

Percent of Births with Adequate Prenatal Care by Race and Ethnicity, Nassau County, 2020-2022
Nassau Total
86%
Hispanic
83%
Non Hispanic Asian/Pacific Islander
84%
Non Hispanic Black
83%
Non Hispanic White
88%
78% 80% 82% 84% 86% 88% 90%

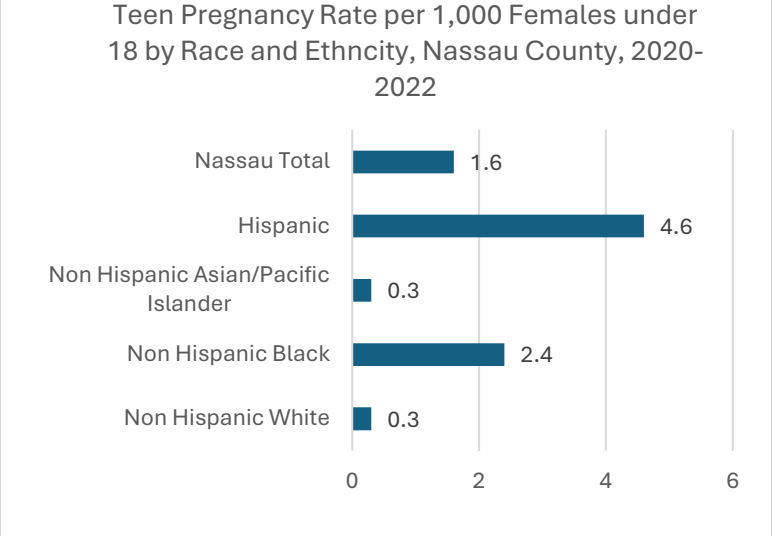

Percent of Births with Late or No Prenatal Care by Zip Code, Nassau County, 2020-2022
Late or No Prenatal Care %
5.9
0
Powered by Bing
© TomTom

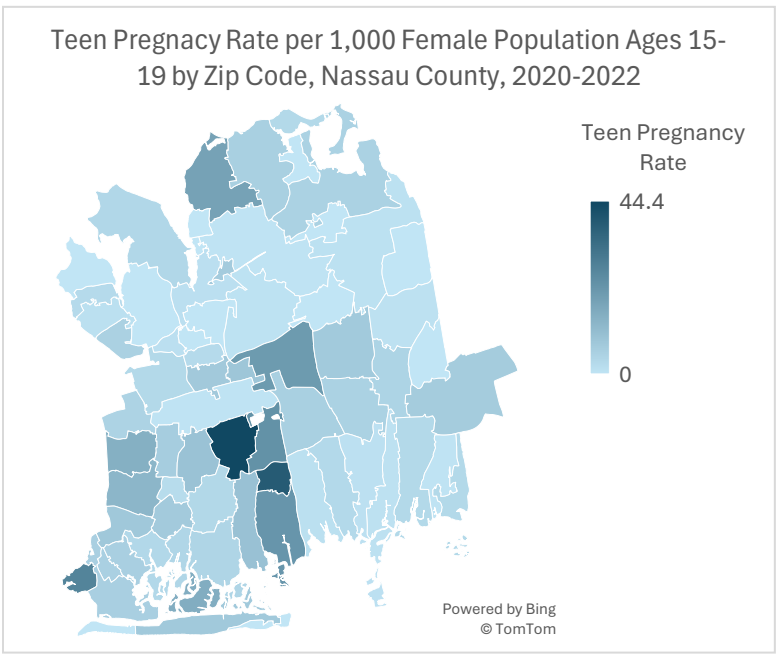

Infant Mortality Rate per 1,000 Live Births by Region, 2020-2022
Rate per 1,000 Live Births
5
4
3
2
1
0
New York State excluding New York City
New York State
Nassau County


Infant Mortality Rate per 1,000 Live Births by Race and Ethnicity, Nassau County, 2020-2022
Nassau Total
2.9
Hispanic
3.2
Non Hispanic Asian/Pacific Islander
3
Non Hispanic Black
5.5
Non Hispanic White
2
0
2
4
6
Rate per 1,000 Live Births


Infant Mortality Rate per 1,000 Live Births by Zip Code, Nassau County, 2020-2022
Infant Death Rate
12
0
Powered by Bing
© TomTom

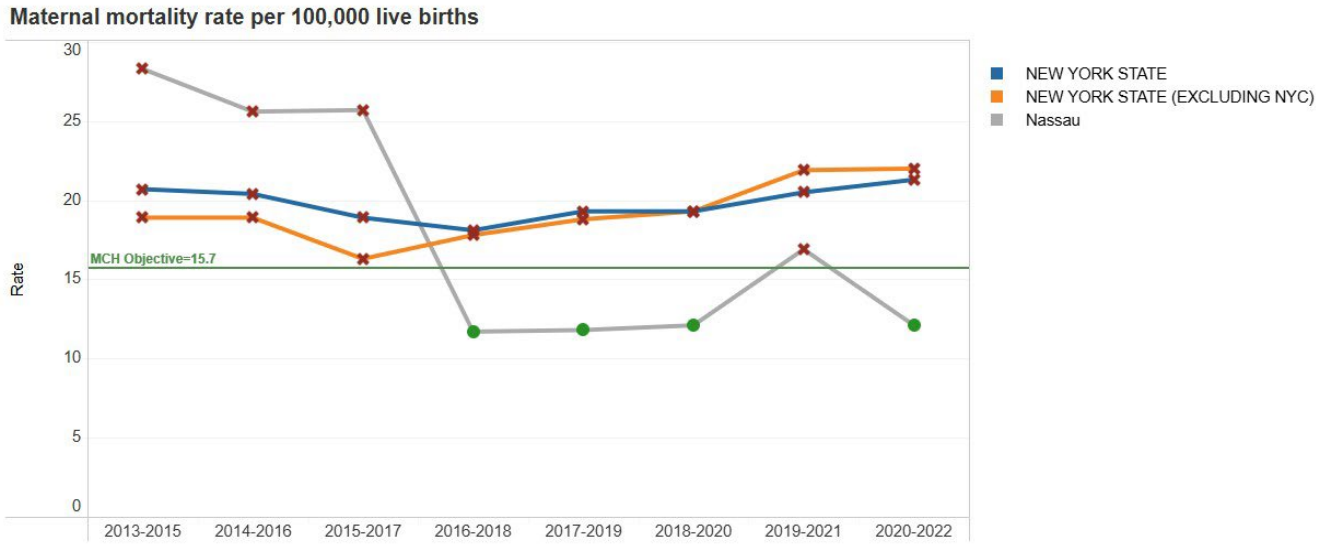

Teen Pregnancy Rate per Females 15-19 by Region 2020-2022
Rate per 1,000 Females 15-19
20
15
10
5
0
15.6
18.4
9
New York State excluding New York City
New York State
Nassau County


Teen Pregnancy Rate per 1,000 Females under 18 by Race and Ethncity, Nassau County, 2020-2022
Nassau Total
1.6
Hispanic
4.6
Non Hispanic Asian/Pacific Islander
0.3
Non Hispanic Black
2.4
Non Hispanic White
0.3
0
2
4
6


Teen Pregnacy Rate per 1,000 Female Population Ages 15-19 by Zip Code, Nassau County, 2020-2022
Teen Pregnancy Rate
44.4
0
Powered by Bing
© TomTom

Maternal Mortality

Source:[New York State Maternal and Child Health (MCH) Dashboard]



Numerator: Maternal deaths

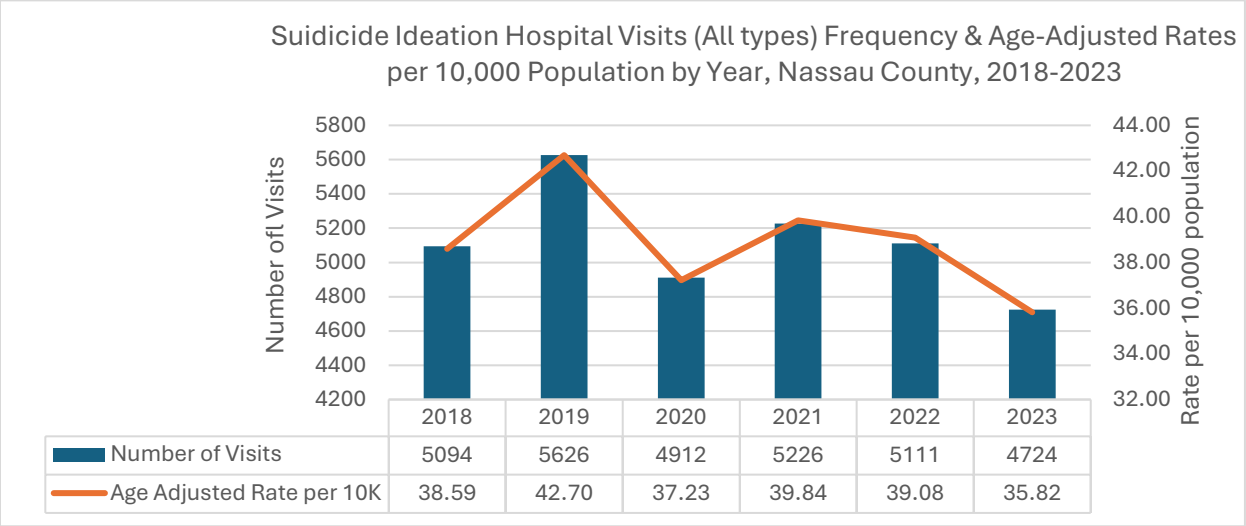
Data Year	Maternal deaths		
	NEW YORK STATE	NEW YORK STATE (EXCLUDING NYC)	Nassau
2013-2015	147	68	12
2014-2016	144	68	11
2015-2017	132	58	11
2016-2018	124	63	5
2017-2019	130	66	5
2018-2020	126	67	5
2019-2021	131	76	7
2020-2022	133	76	5

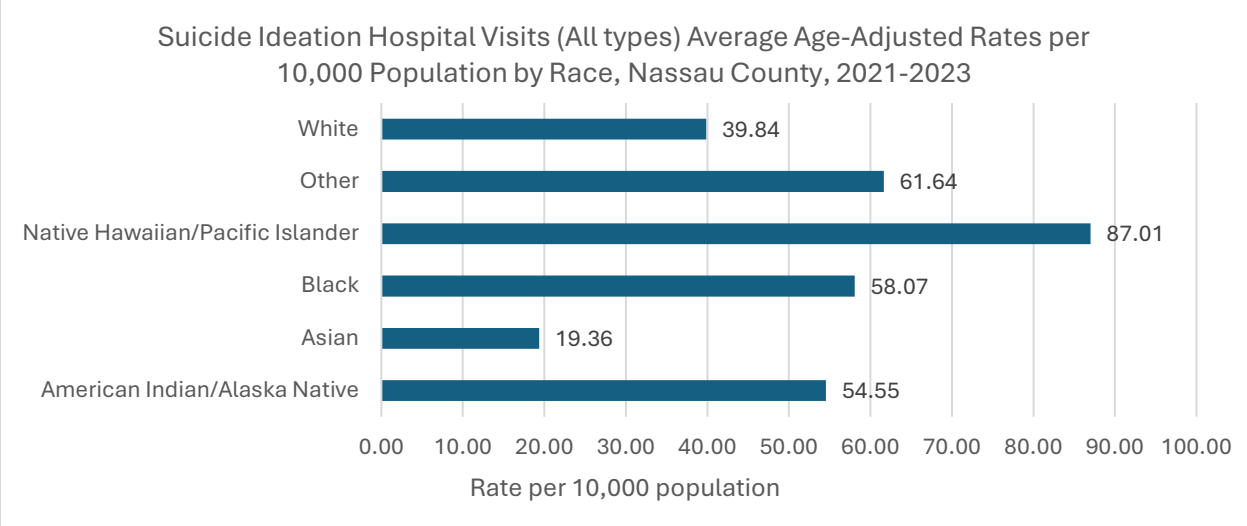
Mental Health

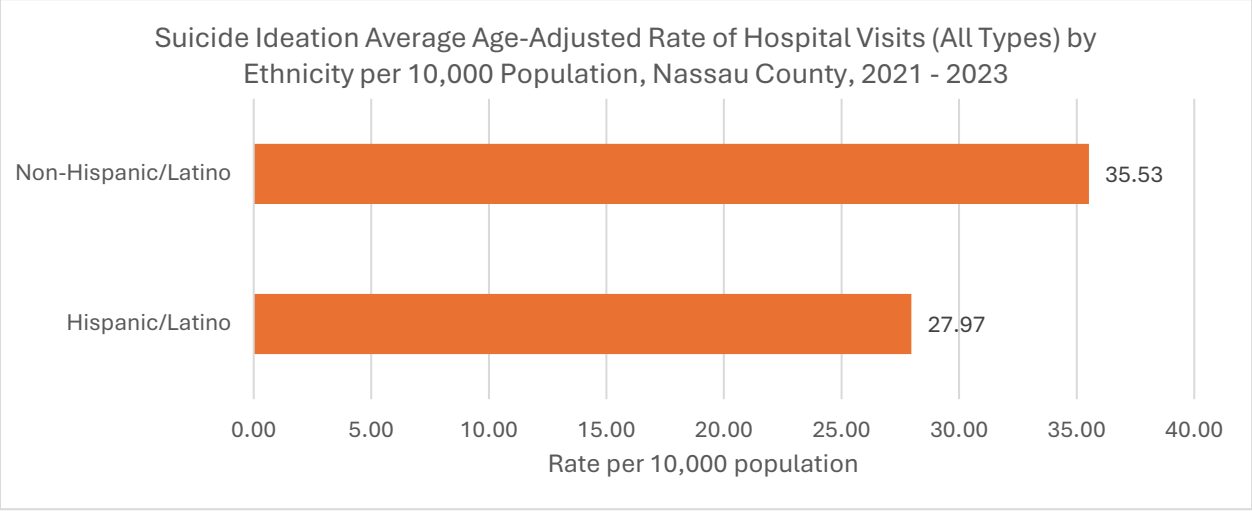
When examining mental health in Nassau County, hospital visits related to suicide ideation and self-harm increased following the COVID-19 pandemic but declined in 2023. By race, minority groups such as Native Hawaiian and “Some Other Race” populations experienced the highest rates of hospital visits for suicide ideation. American Indian/Alaskan Native and “Some Other Race” groups had the highest rates of self-harm–related visits. Non-Hispanics overall had higher rates than Hispanics for both indicators. Geographic variation was also observed across the county.

EMS calls related to mental health have increased over time. The most frequent dispatch reasons were psychiatric problems, abnormal behavior, or suicide attempts, while alcohol use and suicide ideation were the most commonly identified primary symptoms. Native Hawaiian or Other Pacific

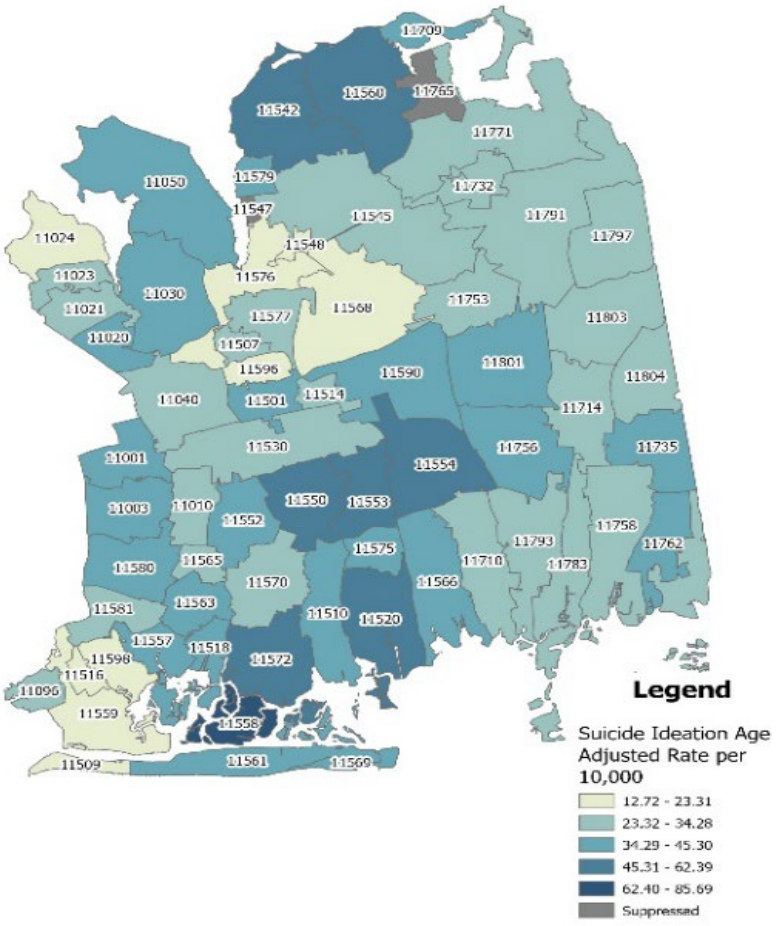
Islander and Hispanic residents had the highest rates of mental health related EMS calls, with the highest proportion of calls originating from residents in Hempstead.





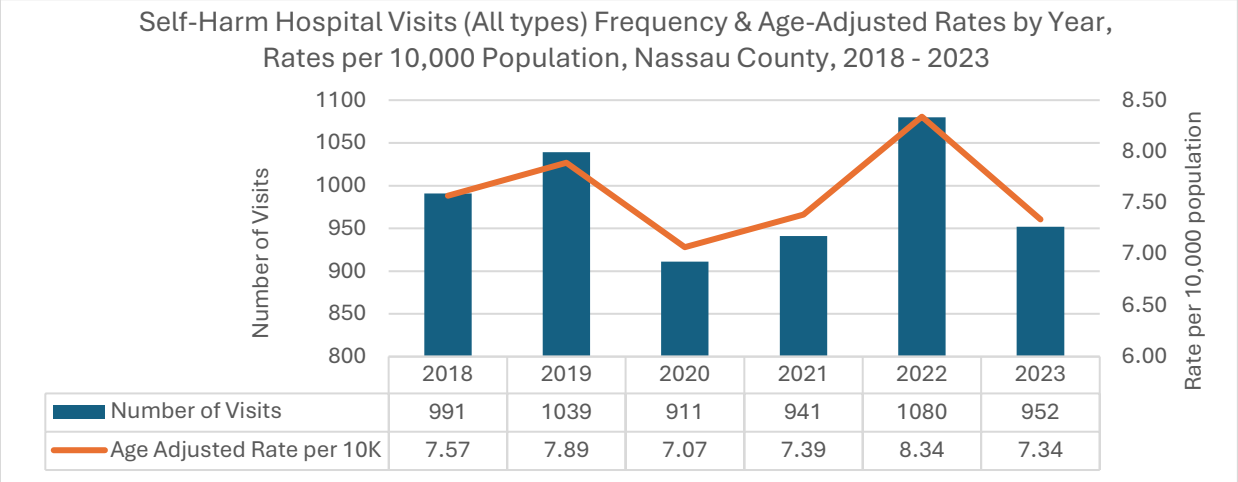


Average Annual Suicide Ideation Visits Age Adjusted Rate per 10,000, 2021-2023

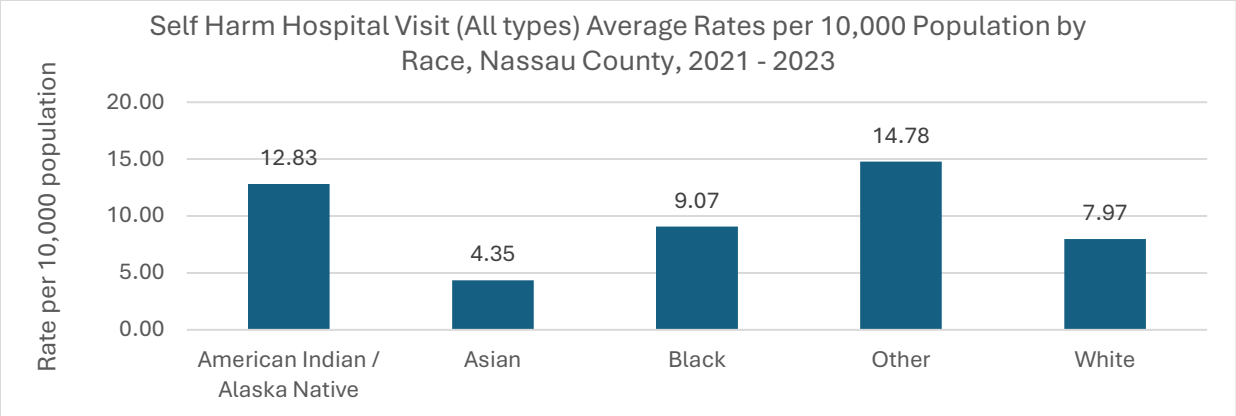


The highest rates of hospital visits due to suicide ideation occurred in Island Park (11558).

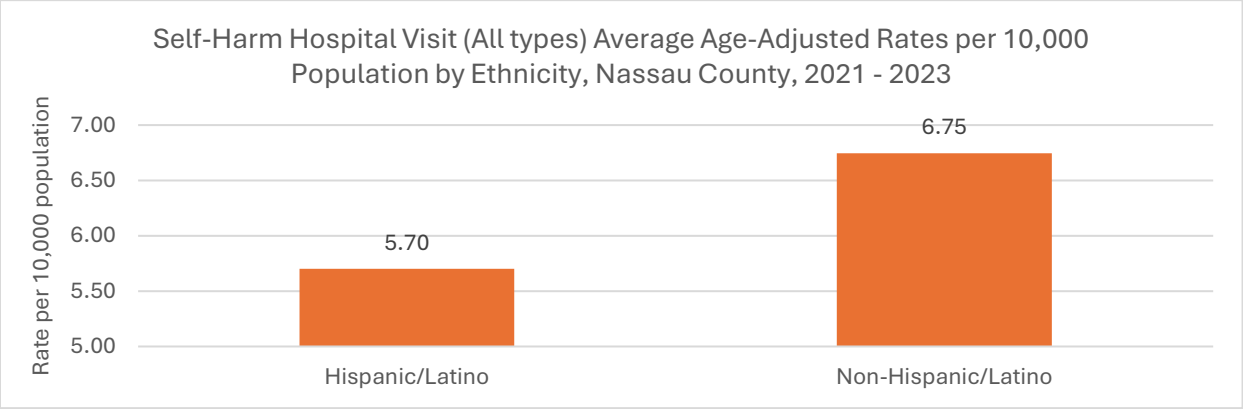
Self-Harm

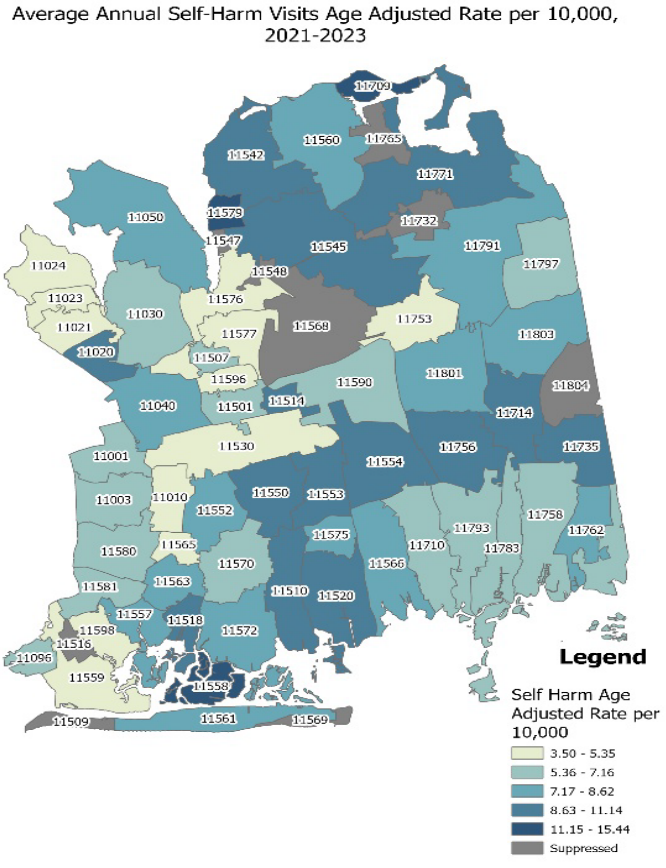


	2018	2019	2020	2021	2022	2023
Number of Visits	991	1039	911	941	1080	952
Age Adjusted Rate per 10K	7.57	7.89	7.07	7.39	8.34	7.34



Rate for Native Hawaiian/Pacific Islander is not shown due to small numbers.

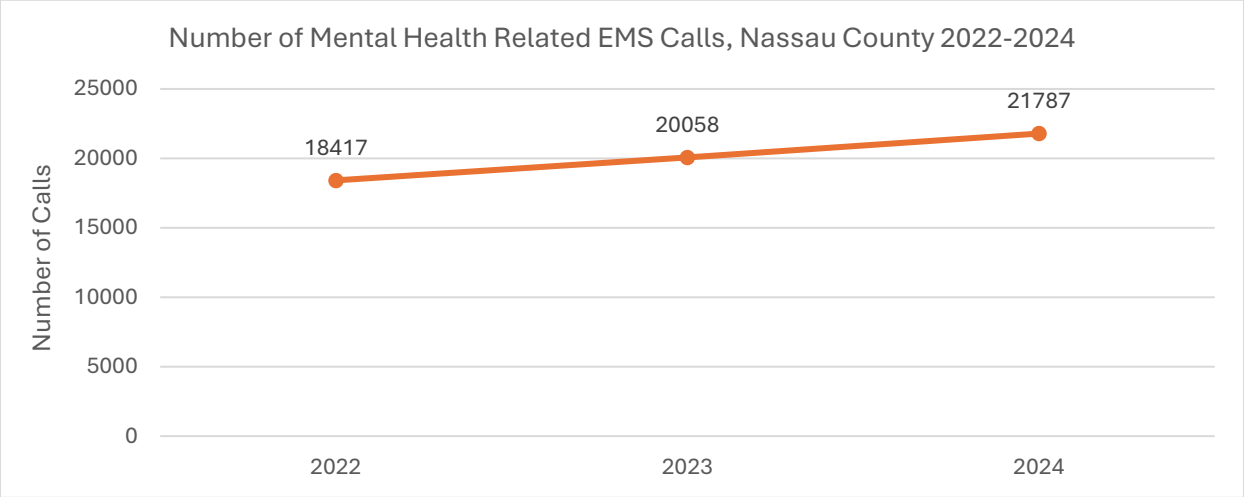




The highest rate of hospital visits due to self-harm occurred in Island Park (11558).

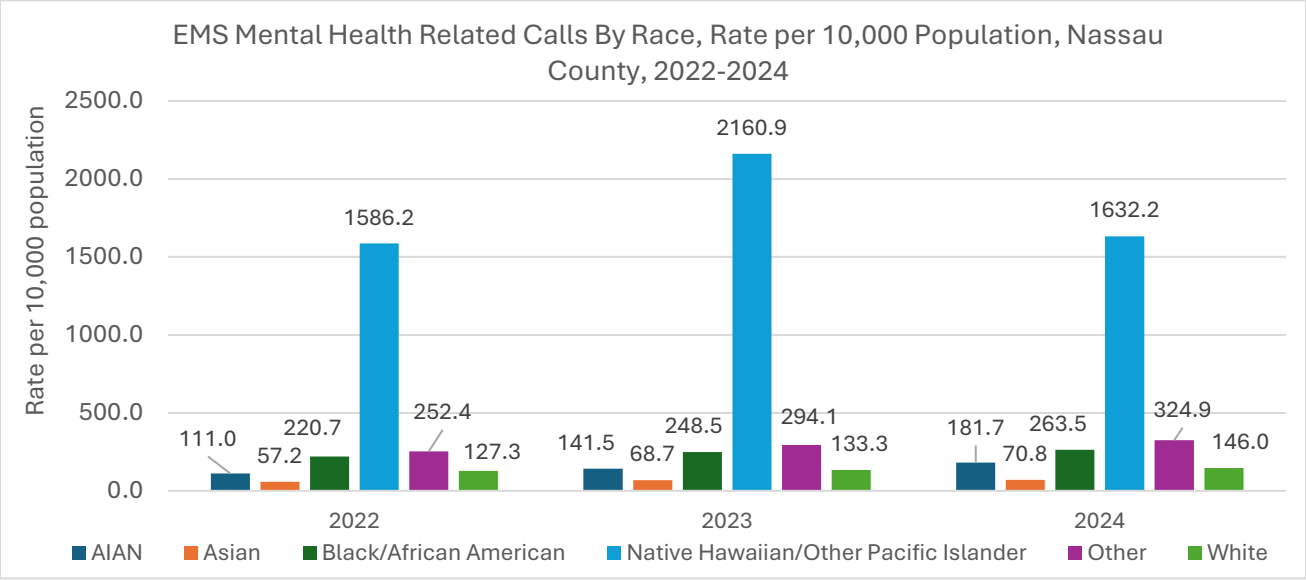
EMS Calls for Mental Health Syndrome

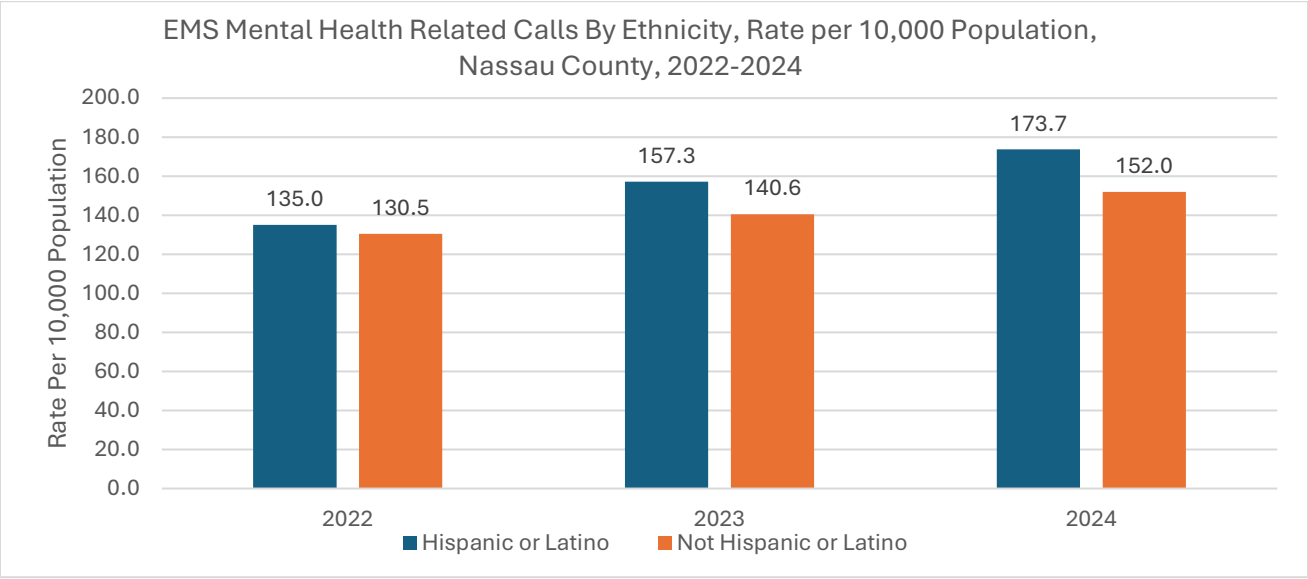
This category includes incidents involving patients exhibiting signs or symptoms of behavioral or psychiatric problems. Calls that were cancelled prior to arrival, cancelled on scene without patient contact, or designated as standby (no services or support provided) are excluded.

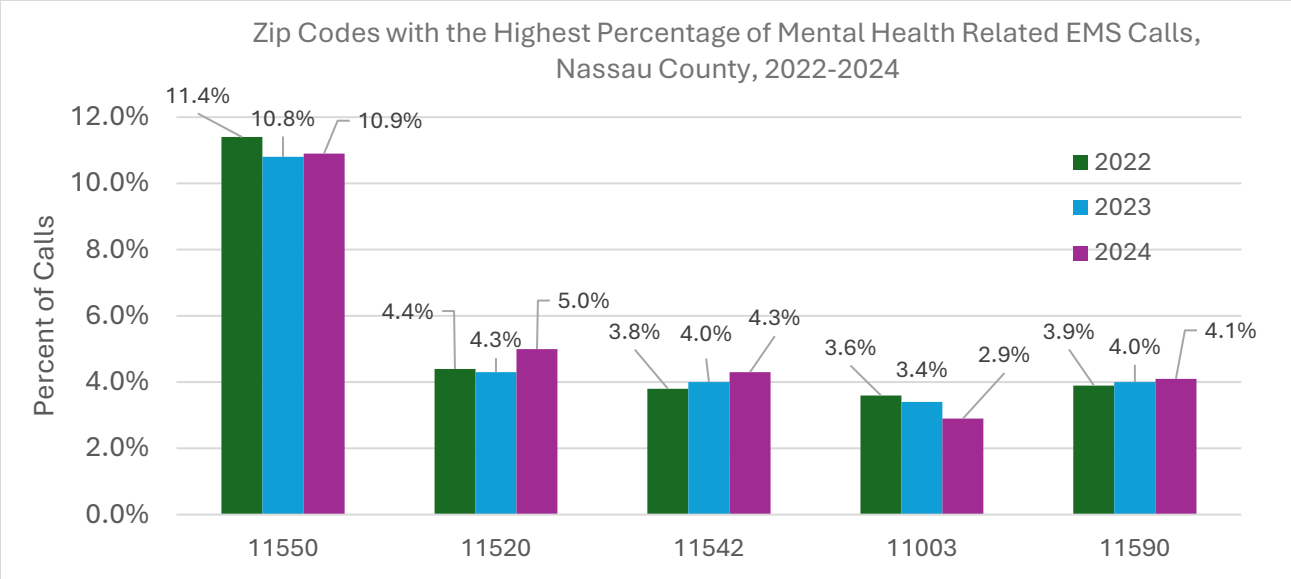


Year	Dispatch Reason 1	Dispatch Reason 2	Dispatch Reason 3	Dispatch Reason 4	Dispatch Reason 5
2022	Psychiatric Problem/Abnormal Behavior/Suicide Attempt (38.2%)	No Other Appropriate Choice (17.0%)	Sick Person (14.9%)	Overdose/Poisoning/Ingestion (6.1%)	Transfer/Interfacility/Palliative Care (6.0%)
2023	Psychiatric Problem/Abnormal Behavior/Suicide Attempt (36.5%)	Sick Person (17.3%)	No Other Appropriate Choice (16.0%)	Transfer/Interfacility/Palliative Care (8.2%)	Overdose/Poisoning/Ingestion (4.9%)
2024	Psychiatric Problem/Abnormal Behavior/Suicide Attempt (33.3%)	No Other Appropriate Choice (19.9%)	Sick Person (19.1%)	Transfer/Interfacility/Palliative Care (5.2%)	Overdose/Poisoning/Ingestion (4.5%)

Year	Primary Symptom 1	Primary Symptom 2	Primary Symptom 3	Primary Symptom 4	Primary Symptom 5
2022	Suicidal Ideations (8.7%)	Alcohol Use, Unspecified (7.8%)	Anxiety Disorder, Unspecified (7.4%)	Mental Disorder, Not Otherwise Specified (6.7%)	Alcohol Use, Unspecified with Intoxication (6.5%)
2023	Alcohol Use, Unspecified (10.3%)	Anxiety Disorder, Unspecified (8.2%)	Suicidal Ideations (8.1%)	Alcohol Use, Unspecified with Intoxication (7.4%)	Mental Disorder, Not Otherwise Specified (6.1%)
2024	Alcohol Use, Unspecified with Intoxication (9.2%)	Anxiety Disorder, Unspecified (8.4%)	Alcohol Use, Unspecified (8.3%)	Suicidal Ideations (7.2%)	Altered Mental Status, Unspecified (6.6%)





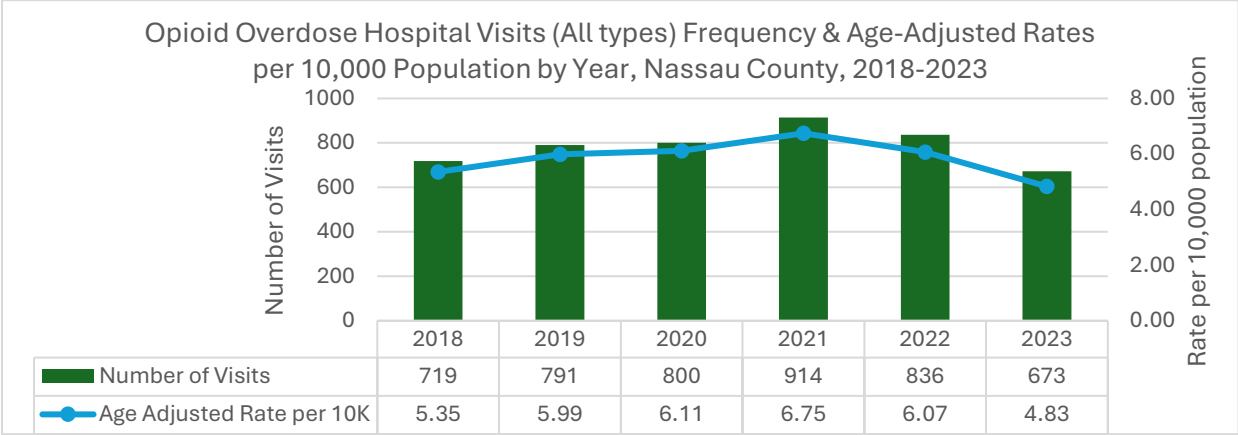


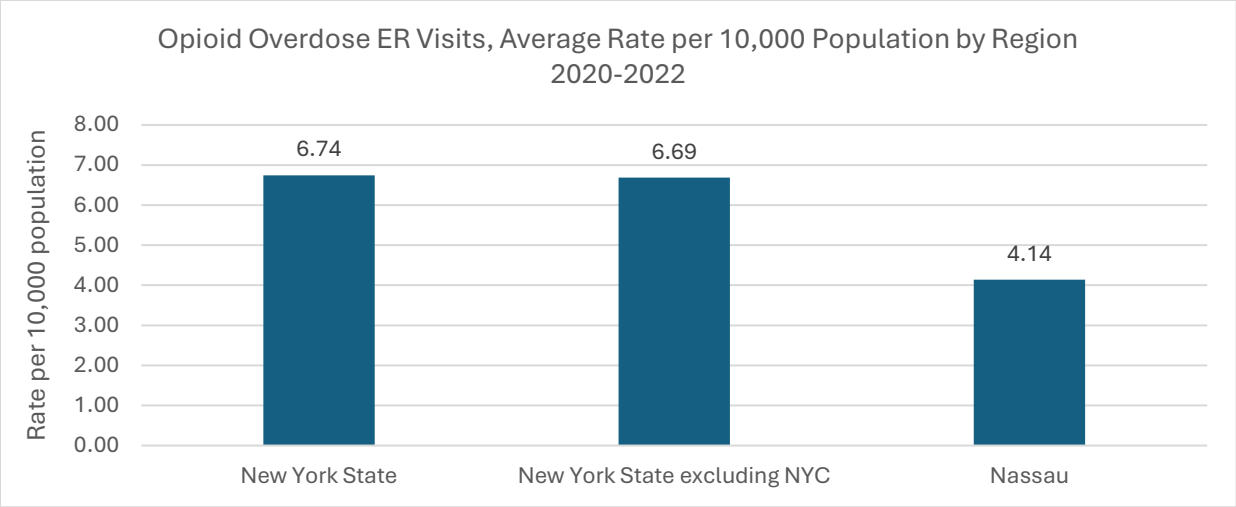
Substance Use

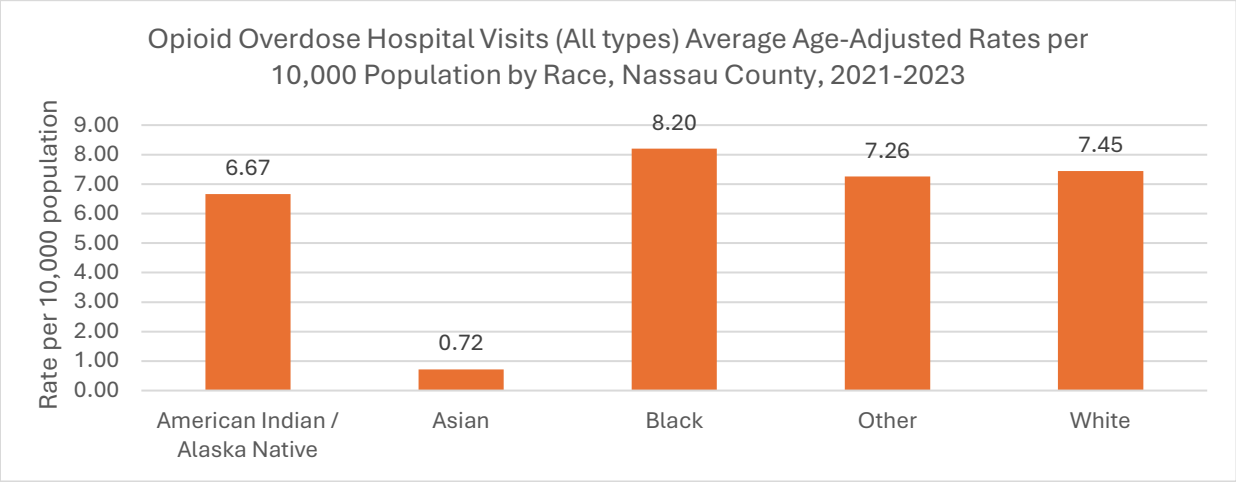
Substance use continues to impact the health of Nassau County residents, with patterns varying by drug type, demographic group, and over time. Opioid overdose hospital visits have declined since 2021, while cannabis-related visits have steadily increased. Vaping-related visits rose between 2020 and 2022 before decreasing in 2023. Drug poisoning visits fluctuate year to year, and alcohol-related visits continue to rise.

Disparities are evident by race, ethnicity, age, and sex. Opioid overdose and drug poisoning visits are lowest among Asians, while cannabis visits are highest among Native Hawaiians, Black/African American residents, and those of some other race. Vaping visits are also highest among people of some other race. Alcohol-related visits are highest among American Indian/Alaska Native residents. By ethnicity, opioid, drug poisoning, cannabis, and vaping visits are highest among non-Hispanics, while alcohol-related visits are higher among Hispanics. Alcohol visits increase with age and are substantially higher in males. Vaping visits are most common among males ages 18–24, followed by females ages 13–17.

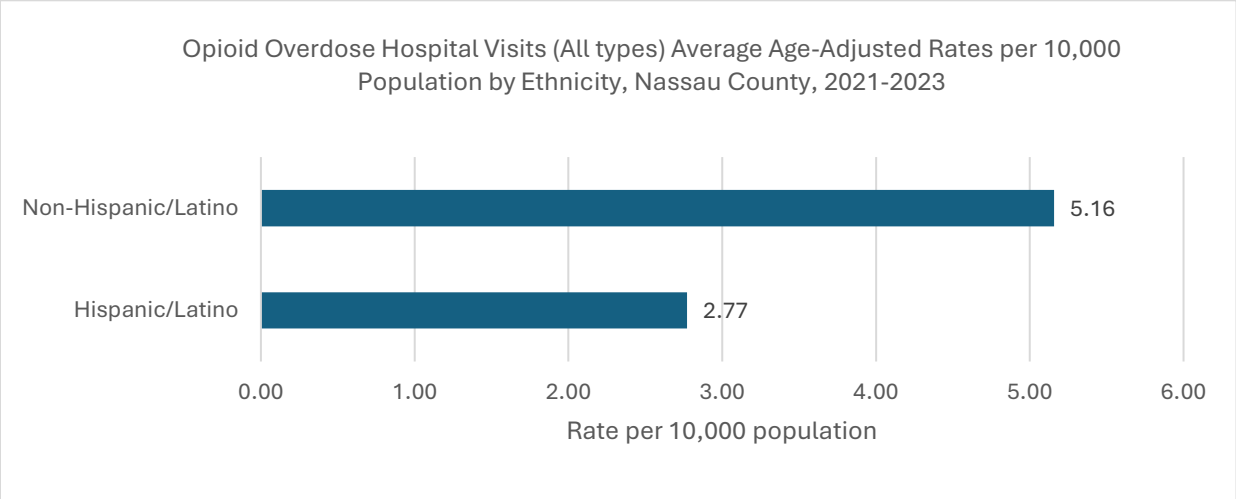
Opioid Overdose

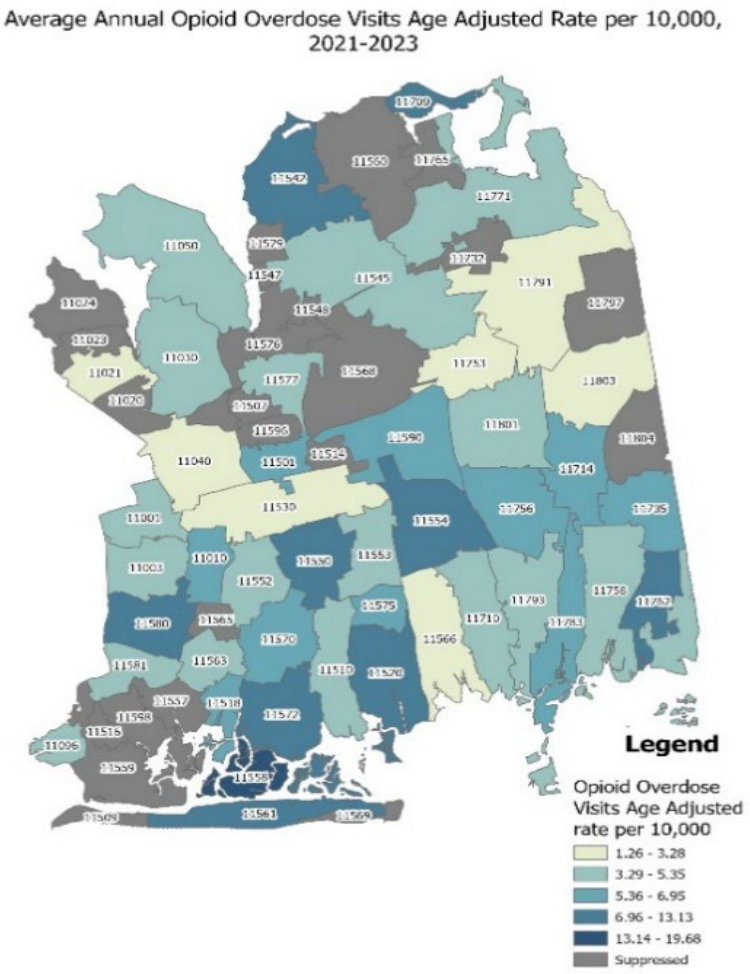






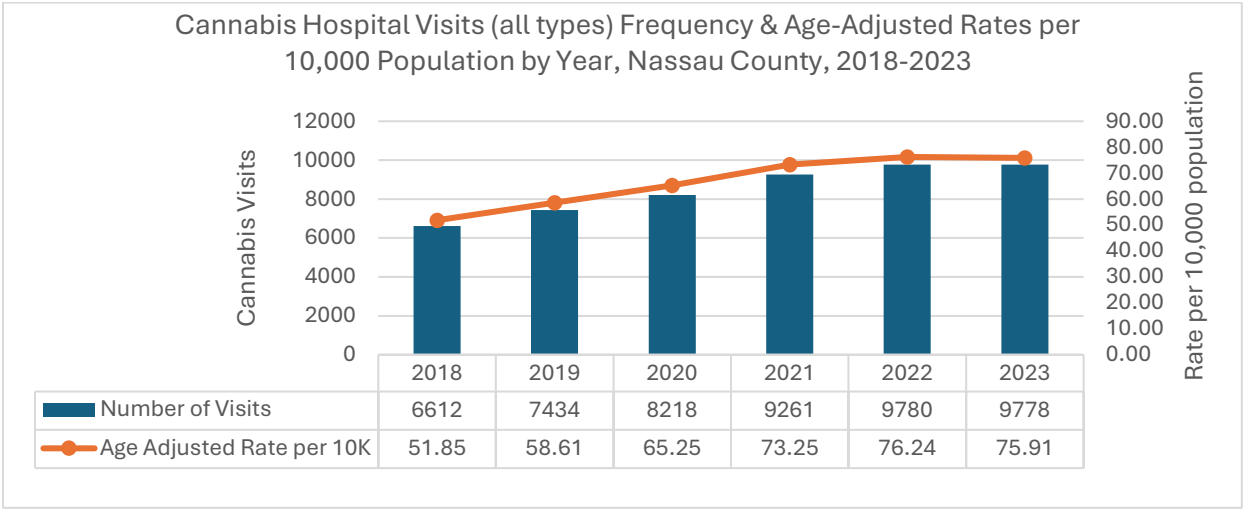
Rate for Native Hawaiian/Pacific Islander is not shown due to small numbers.

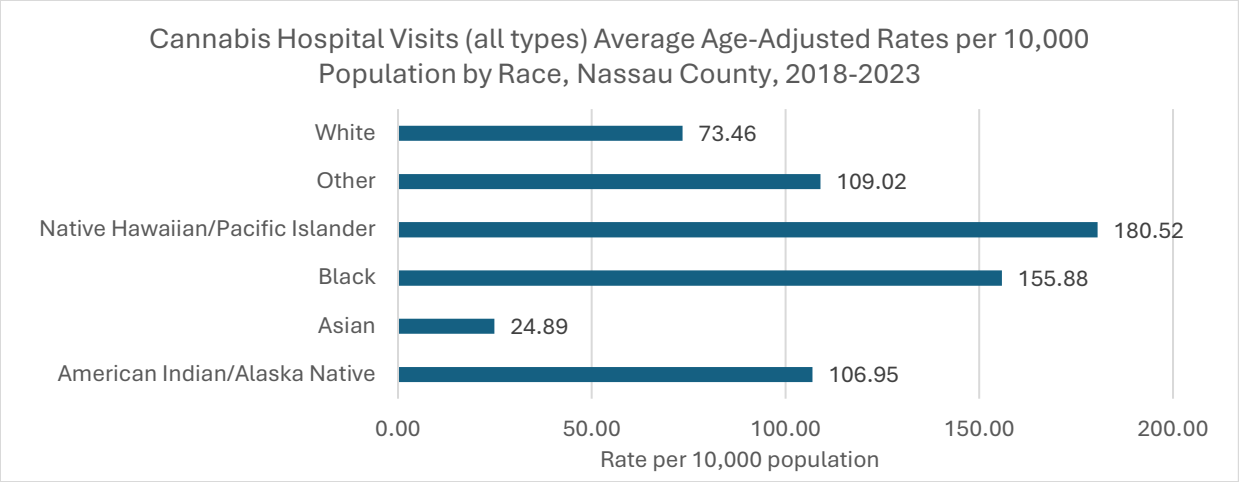


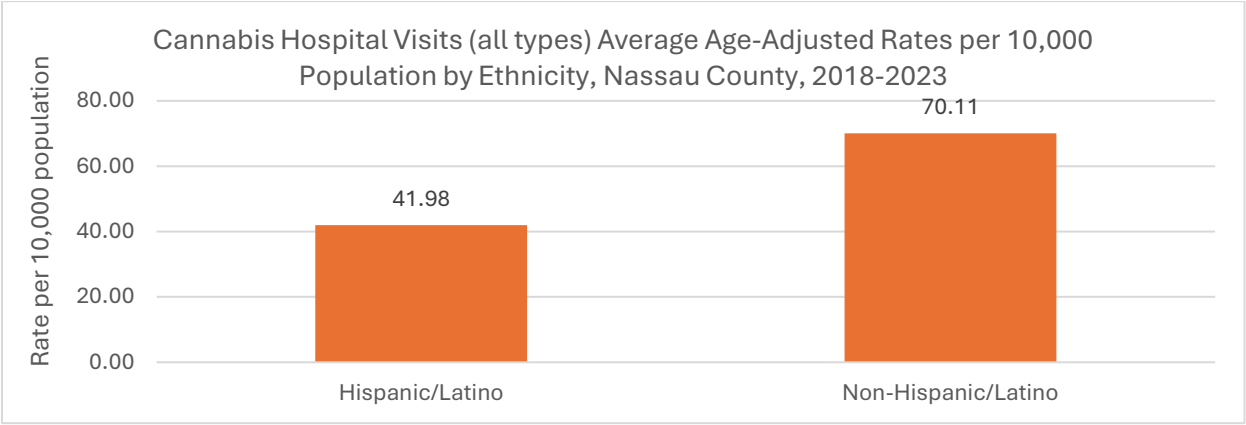


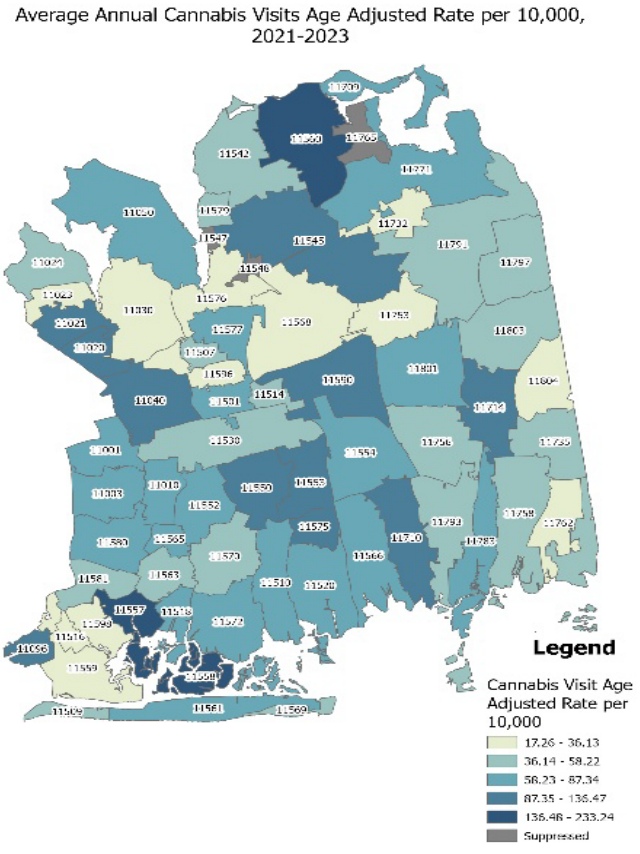
The highest rate of opioid overdose hospital visits occurred in Island Park (11558)

Cannabis



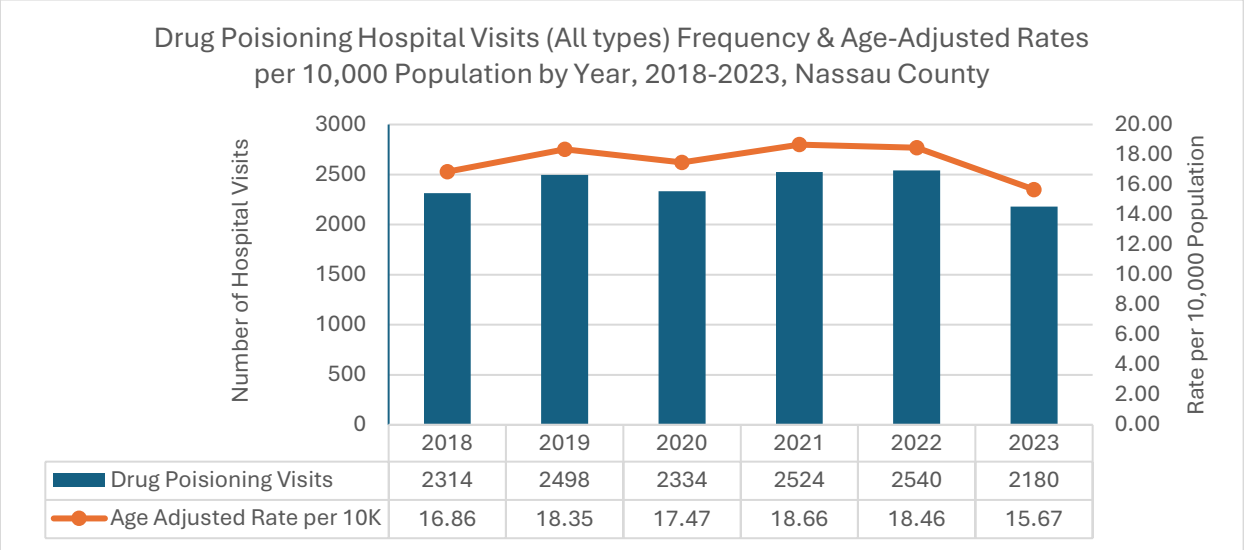

Cannabis Hospital Visits (all types) Average Age-Adjusted Rates per 10,000 Population by Race, Nassau County, 2018-2023
White
73.46
Other
109.02
Native Hawaiian/Pacific Islander
180.52
Black
155.88
Asian
24.89
American Indian/Alaska Native
106.95
0.00
50.00
100.00
150.00
200.00
Rate per 10,000 population

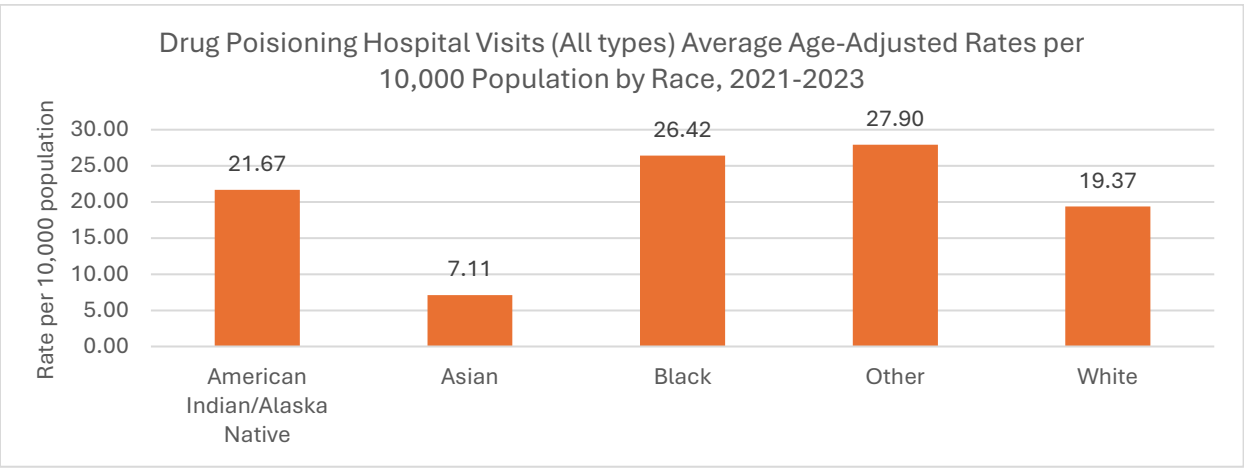

Cannabis Hospital Visits (all types) Average Age-Adjusted Rates per 10,000 Population by Ethnicity, Nassau County, 2018-2023
Rate per 10,000 population
80.00
60.00
40.00
20.00
0.00
41.98
70.11
Hispanic/Latino
Non-Hispanic/Latino


Average Annual Cannabis Visits Age Adjusted Rate per 10,000, 2021-2023
Legend
Cannabis Visit Age Adjusted Rate per 10,000
17.26 - 36.13
36.14 - 58.22
58.23 - 87.34
87.35 - 136.47
136.48 - 233.24
Suppressed

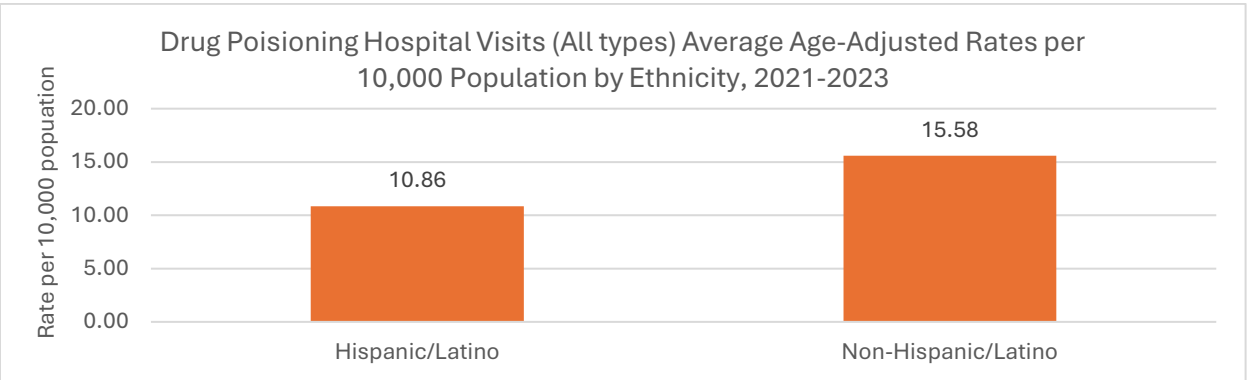
The highest rates of cannabis hospital visits were among residents of Locust Valley (11560), Hewlett (11557) and Island Park (11558).

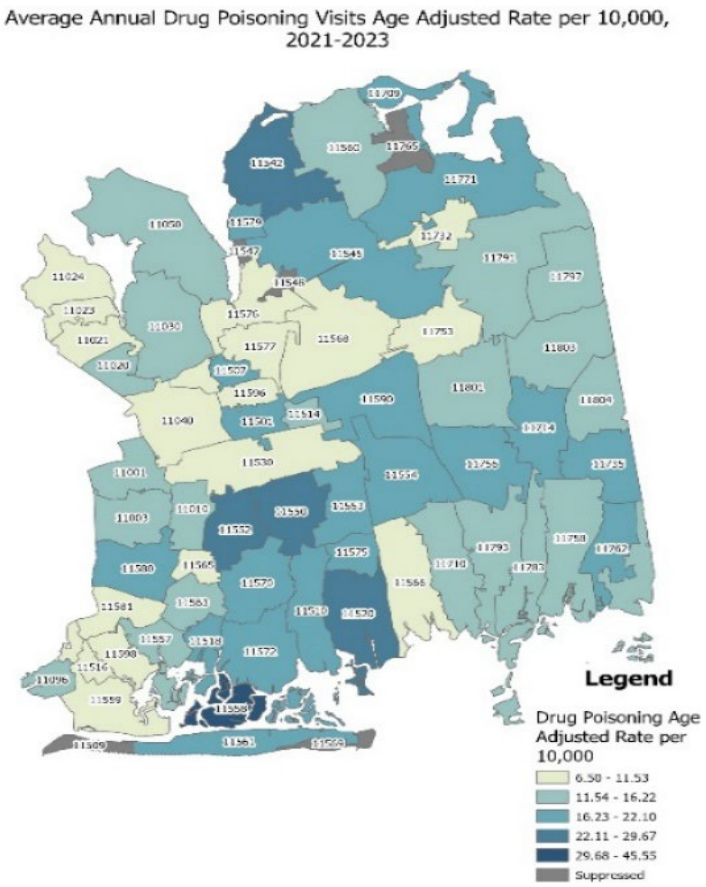
Drug Poisioning





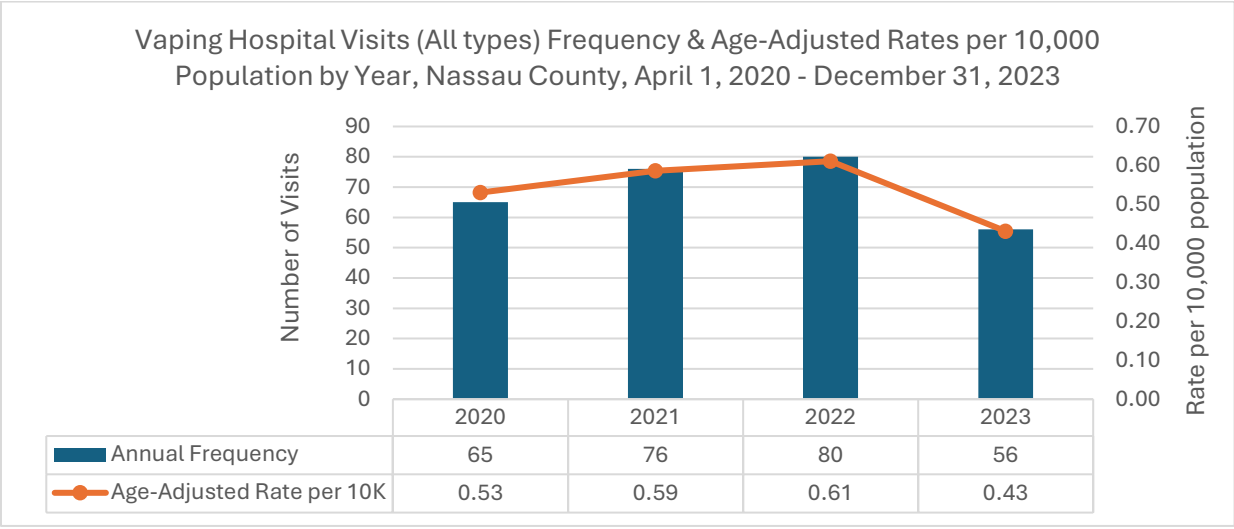
Rate for Native Hawaiian/Pacific Islander not included due to small numbers.

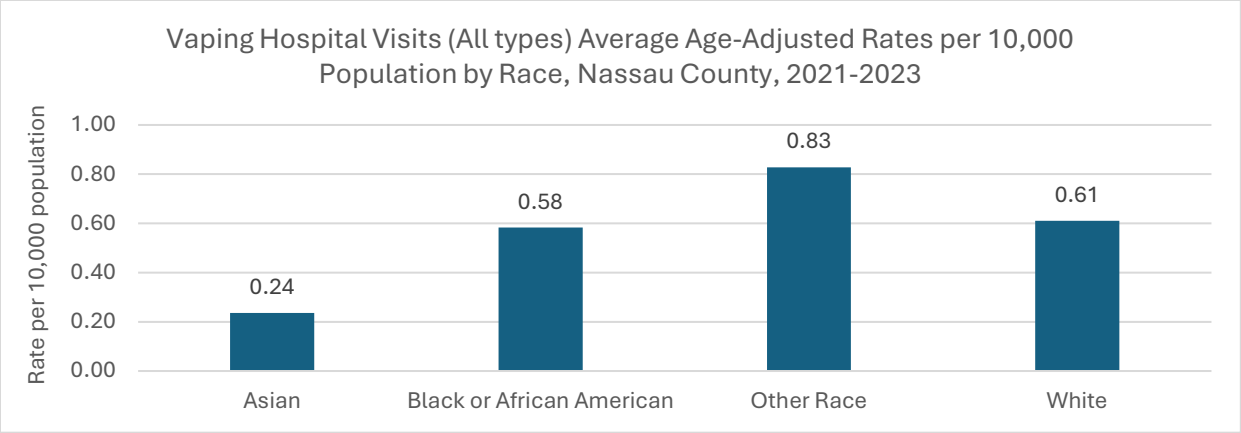




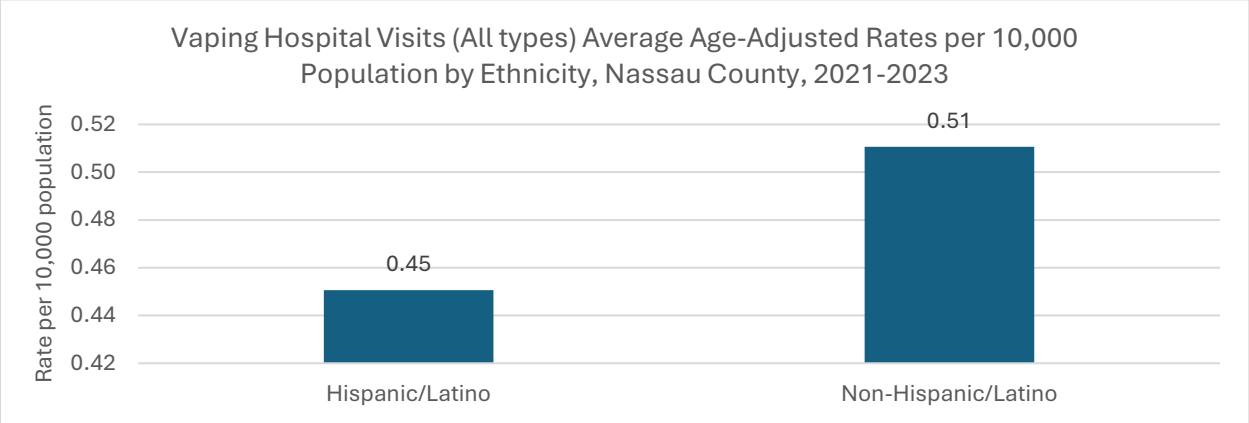
The rate of drug poisoning hospital visits is also highest in Island Park (11558).

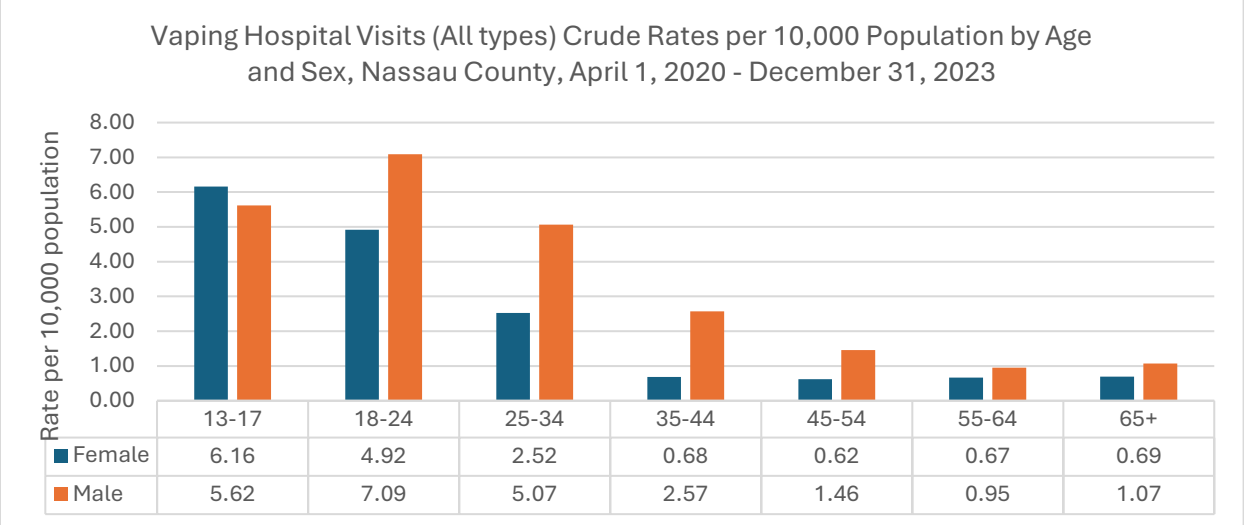
Vaping





Rates for Native Hawaiian/Pacific Islander and American Indian/Alaska Native are not included due to small numbers.

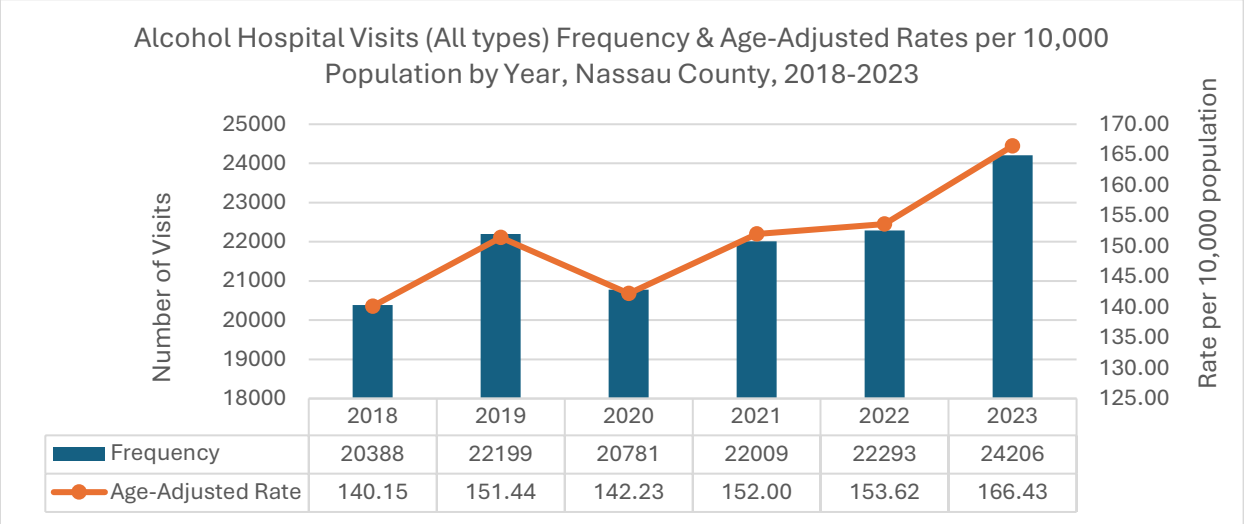


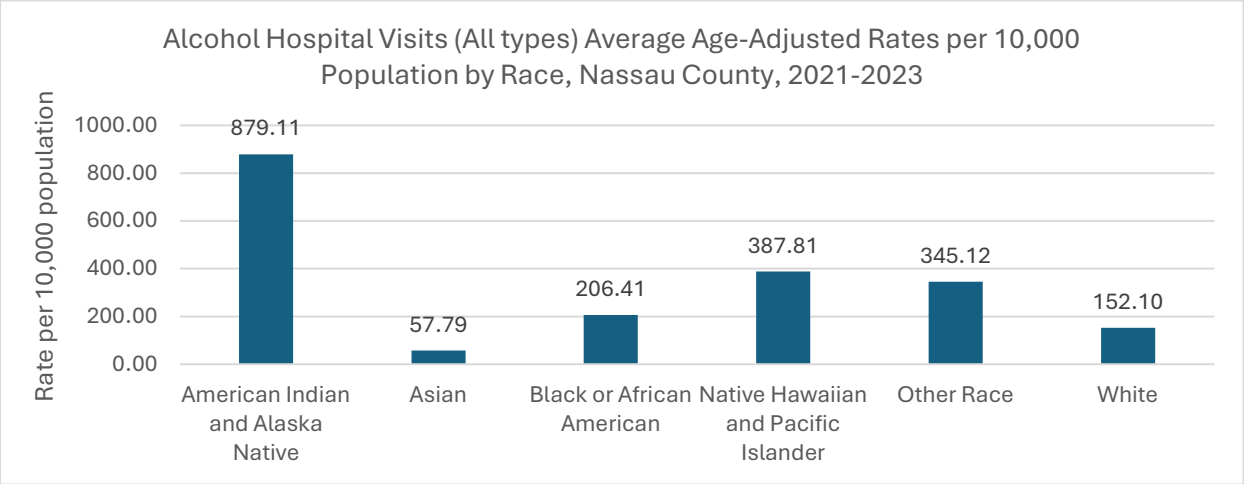


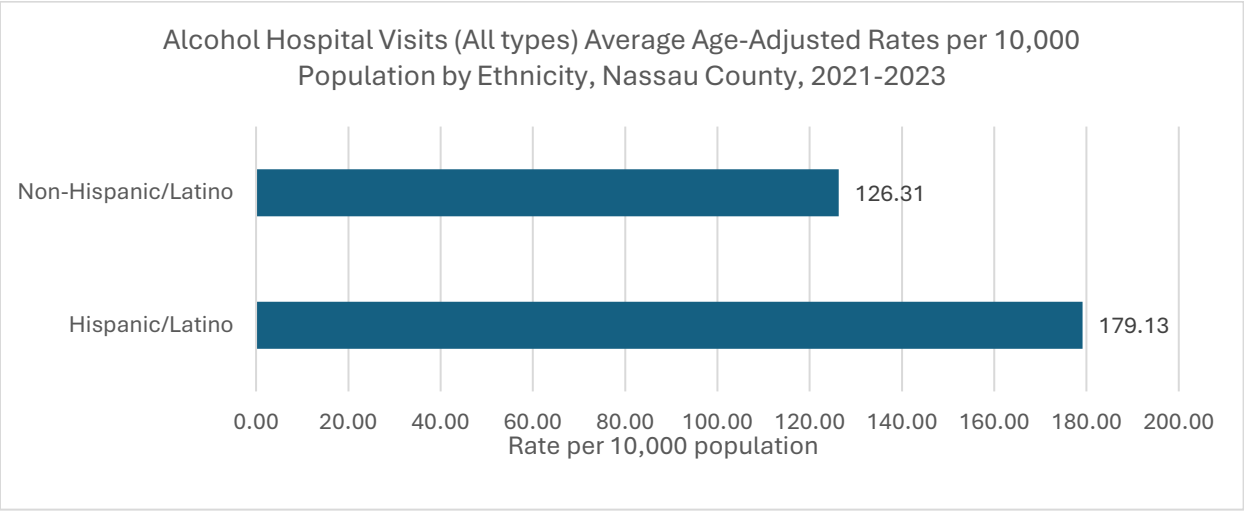
	13-17	18-24	25-34	35-44	45-54	55-64	65+
Female	6.16	4.92	2.52	0.68	0.62	0.67	0.69
Male	5.62	7.09	5.07	2.57	1.46	0.95	1.07

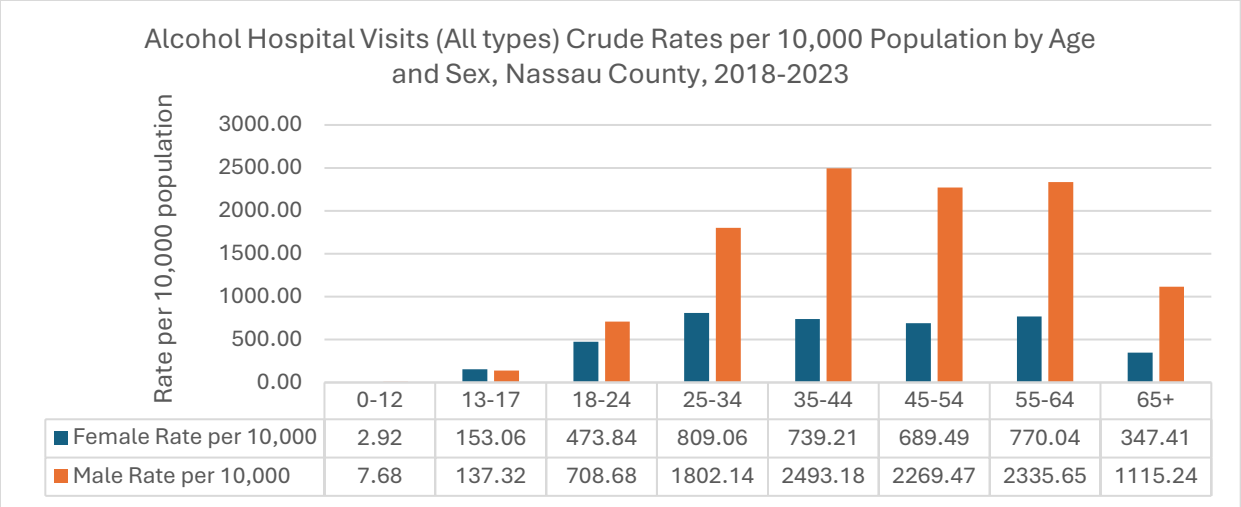
Data for vaping hospital visits was too small to display geographically.

Alcohol

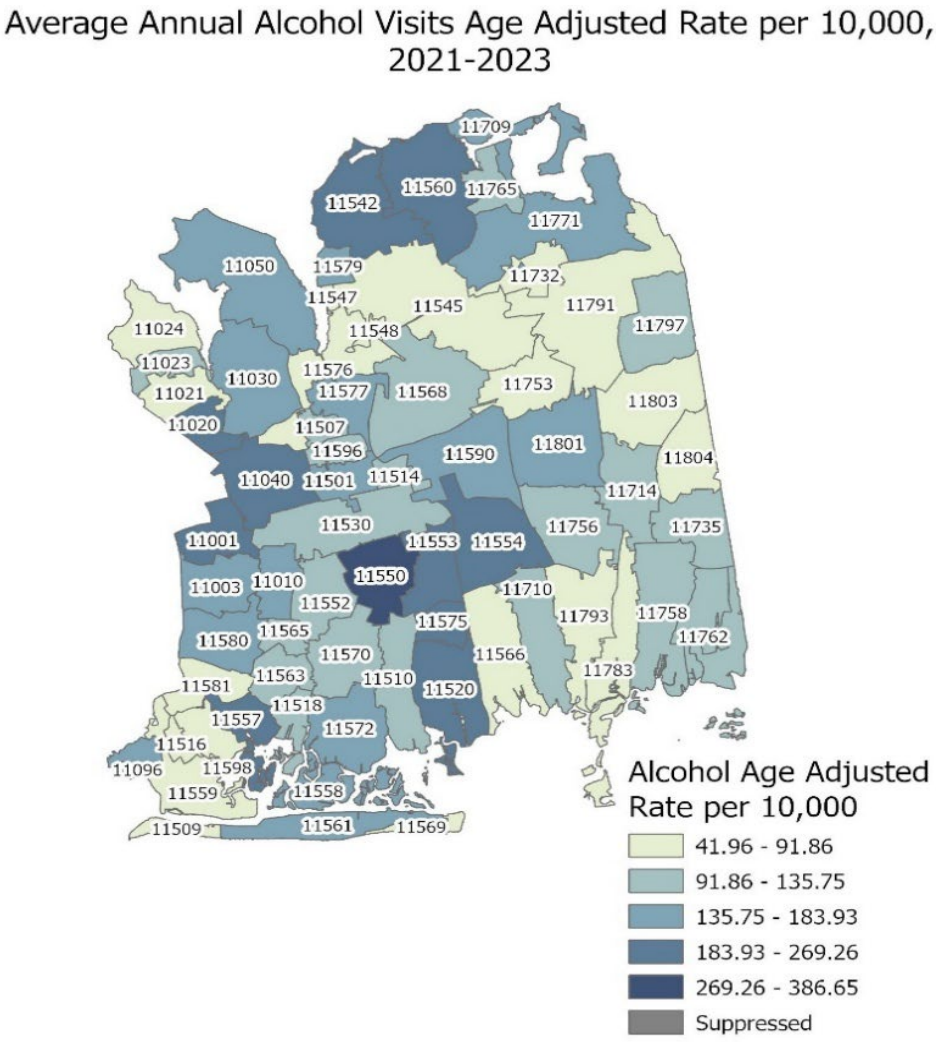

Alcohol Hospital Visits (All types) Frequency & Age-Adjusted Rates per 10,000 Population by Year, Nassau County, 2018-2023
Number of Visits
Rate per 10,000 population
25000
24000
23000
22000
21000
20000
19000
18000
170.00
165.00
160.00
155.00
150.00
145.00
140.00
135.00
130.00
125.00
2018 2019 2020 2021 2022 2023
Frequency 20388 22199 20781 22009 22293 24206
Age-Adjusted Rate 140.15 151.44 142.23 152.00 153.62 166.43


Alcohol Hospital Visits (All types) Average Age-Adjusted Rates per 10,000 Population by Race, Nassau County, 2021-2023
Rate per 10,000 population
1000.00
800.00
600.00
400.00
200.00
0.00
879.11
57.79
206.41
387.81
345.12
152.10
American Indian and Alaska Native
Asian
Black or African American
Native Hawaiian and Pacific Islander
Other Race
White


Alcohol Hospital Visits (All types) Average Age-Adjusted Rates per 10,000 Population by Ethnicity, Nassau County, 2021-2023
Non-Hispanic/Latino
126.31
Hispanic/Latino
179.13
0.00 20.00 40.00 60.00 80.00 100.00 120.00 140.00 160.00 180.00 200.00
Rate per 10,000 population



	0-12	13-17	18-24	25-34	35-44	45-54	55-64	65+
Female Rate per 10,000	2.92	153.06	473.84	809.06	739.21	689.49	770.04	347.41
Male Rate per 10,000	7.68	137.32	708.68	1802.14	2493.18	2269.47	2335.65	1115.24

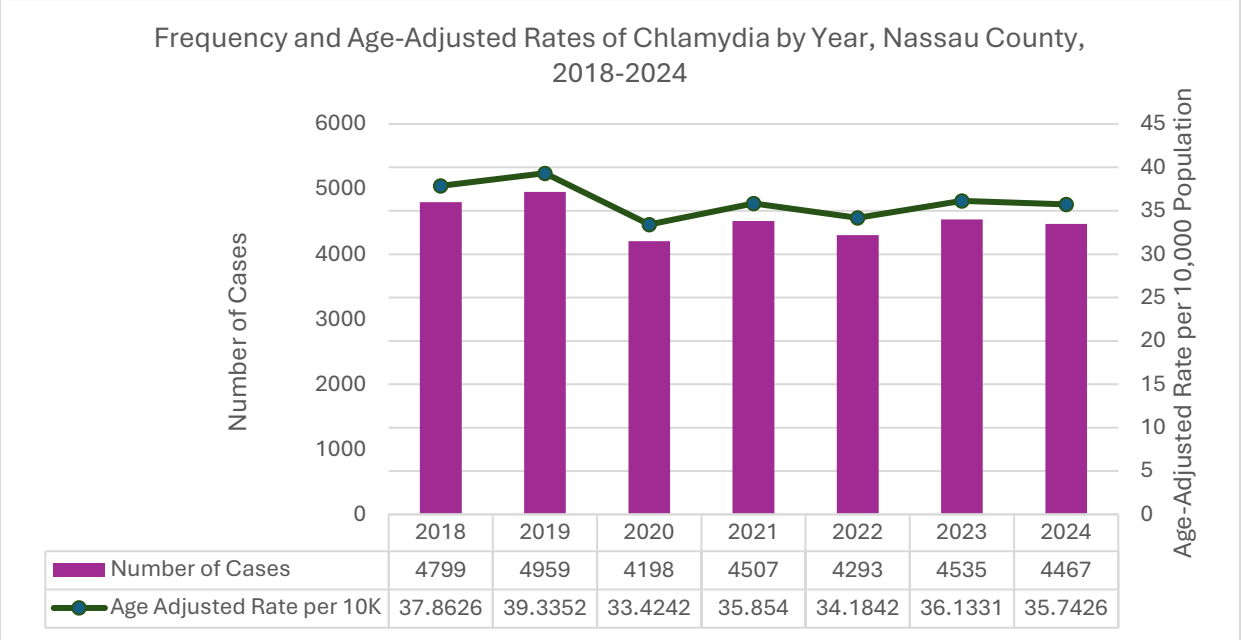


The highest rate of hospital visits due to alcohol were among residents of Hempstead (11550).

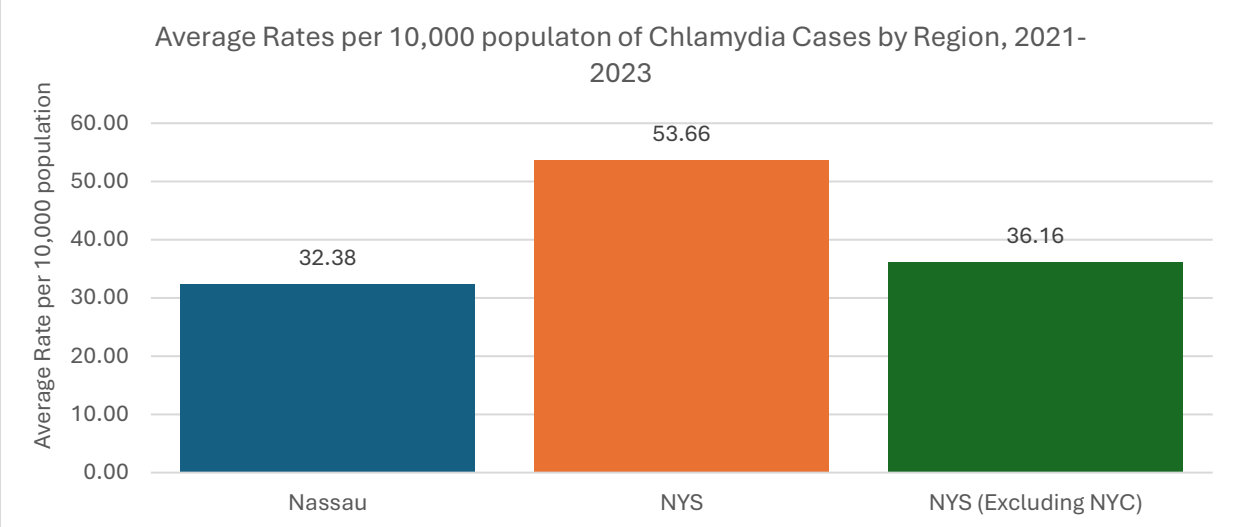
Communicable Disease

The charts below highlight selected communicable disease trends in Nassau County. Conditions shown include chlamydia (sexually transmitted infection), COVID-19 (respiratory infection), Lyme disease (arthropod-borne illness), pertussis (vaccine-preventable disease), and salmonella (foodborne disease). A full list of reportable communicable diseases, with corresponding frequencies and rates, is available at the New York State DOH website Communicable Disease Annual Reports and Related Information.

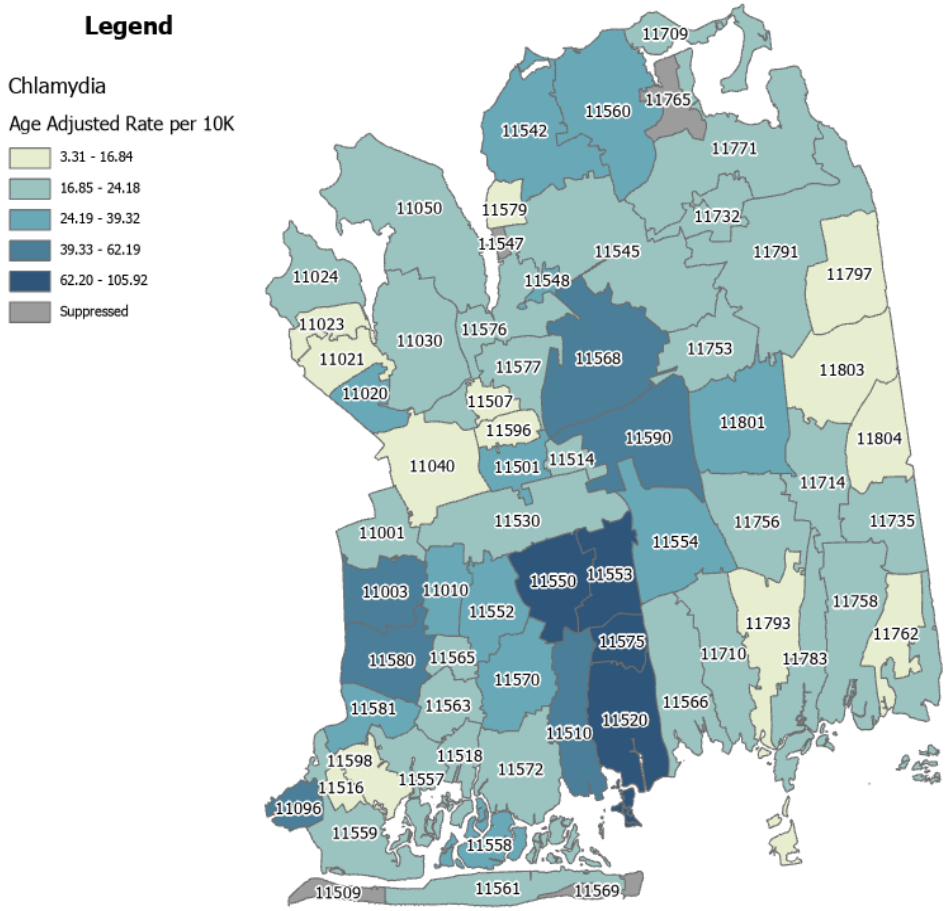
Chlamydia



	2018	2019	2020	2021	2022	2023	2024
Number of Cases	4799	4959	4198	4507	4293	4535	4467
Age Adjusted Rate per 10K	37.8626	39.3352	33.4242	35.854	34.1842	36.1331	35.7426

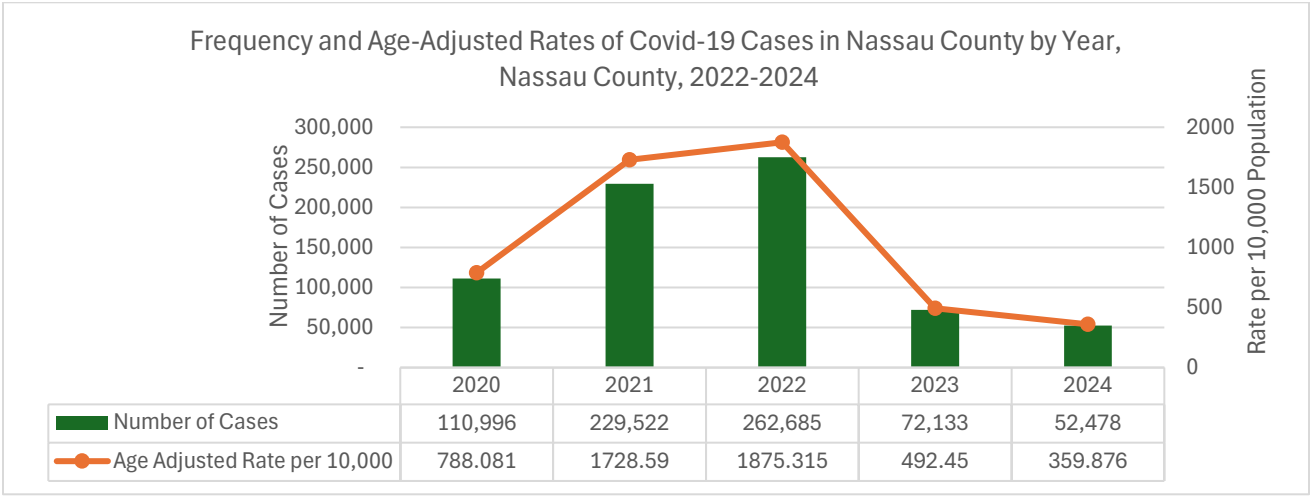


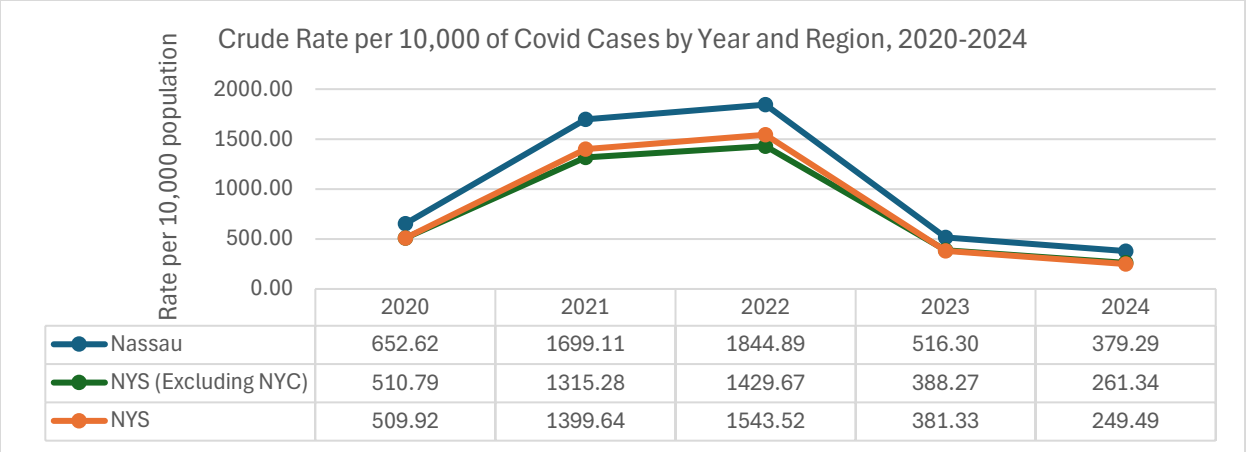
Average Age-Adjusted Rates of Chlamydia by Zip Code, Nassau County, 2022-2024



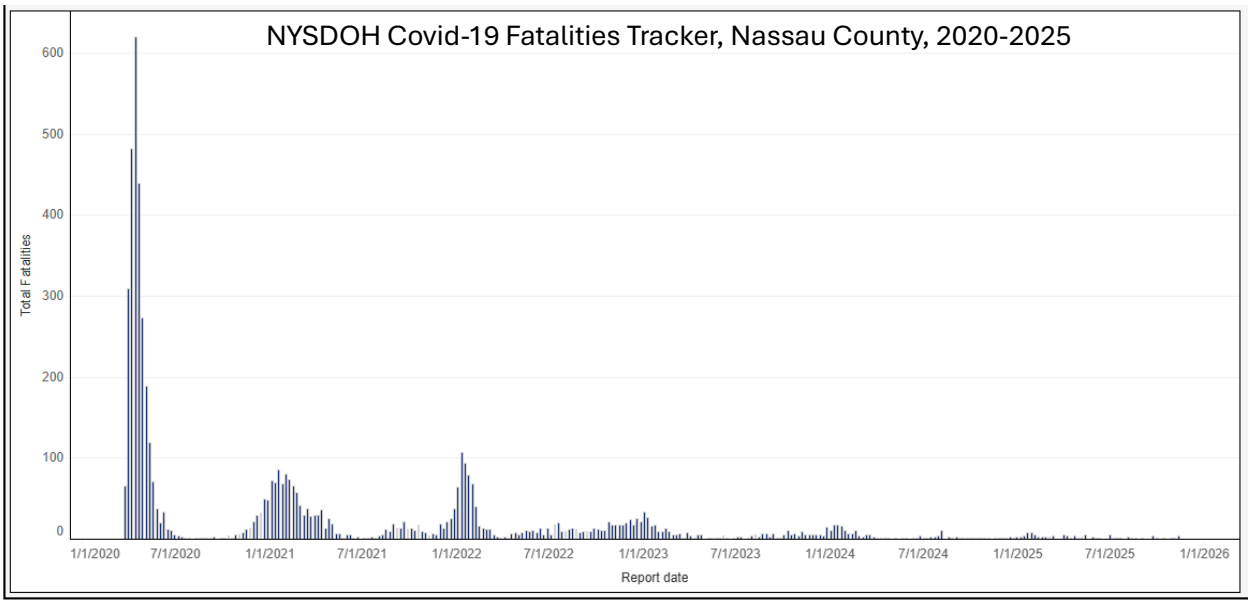
The highest rates of Chlamydia cases occurred in Hempstead (11550), Uniondale (11553), Roosevelt (11575) and Freeport (11520).

Covid-19



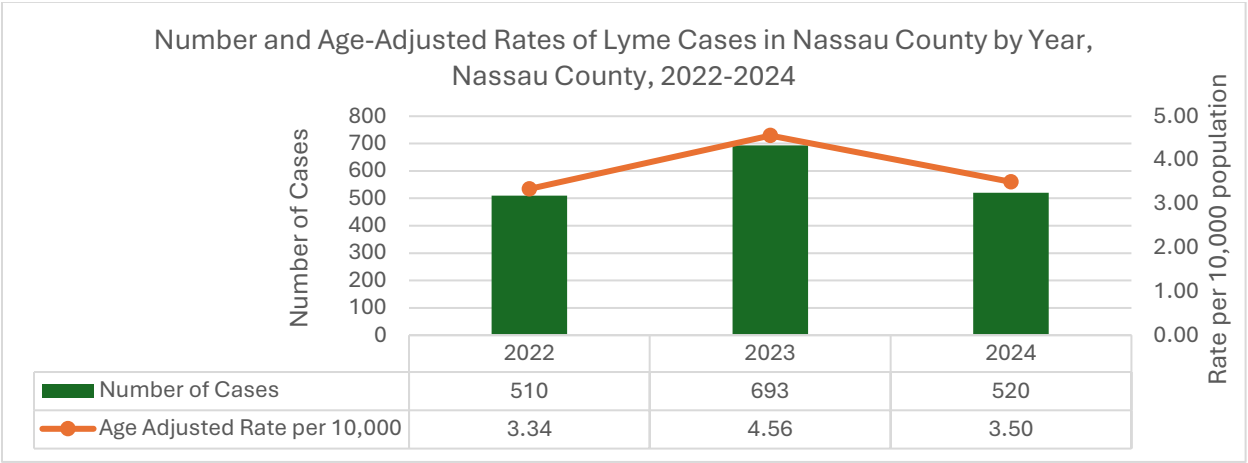


	2020	2021	2022	2023	2024
Nassau	652.62	1699.11	1844.89	516.30	379.29
NYS (Excluding NYC)	510.79	1315.28	1429.67	388.27	261.34
NYS	509.92	1399.64	1543.52	381.33	249.49

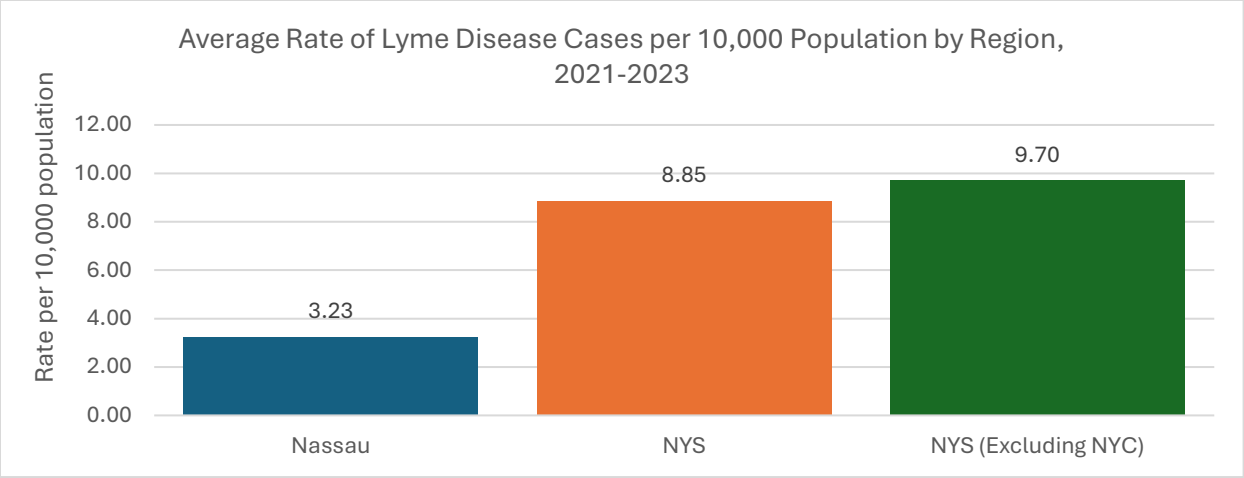


Totla fatalities reported by healthcare facititites through the Health Electronic Response Data System (HERDS)

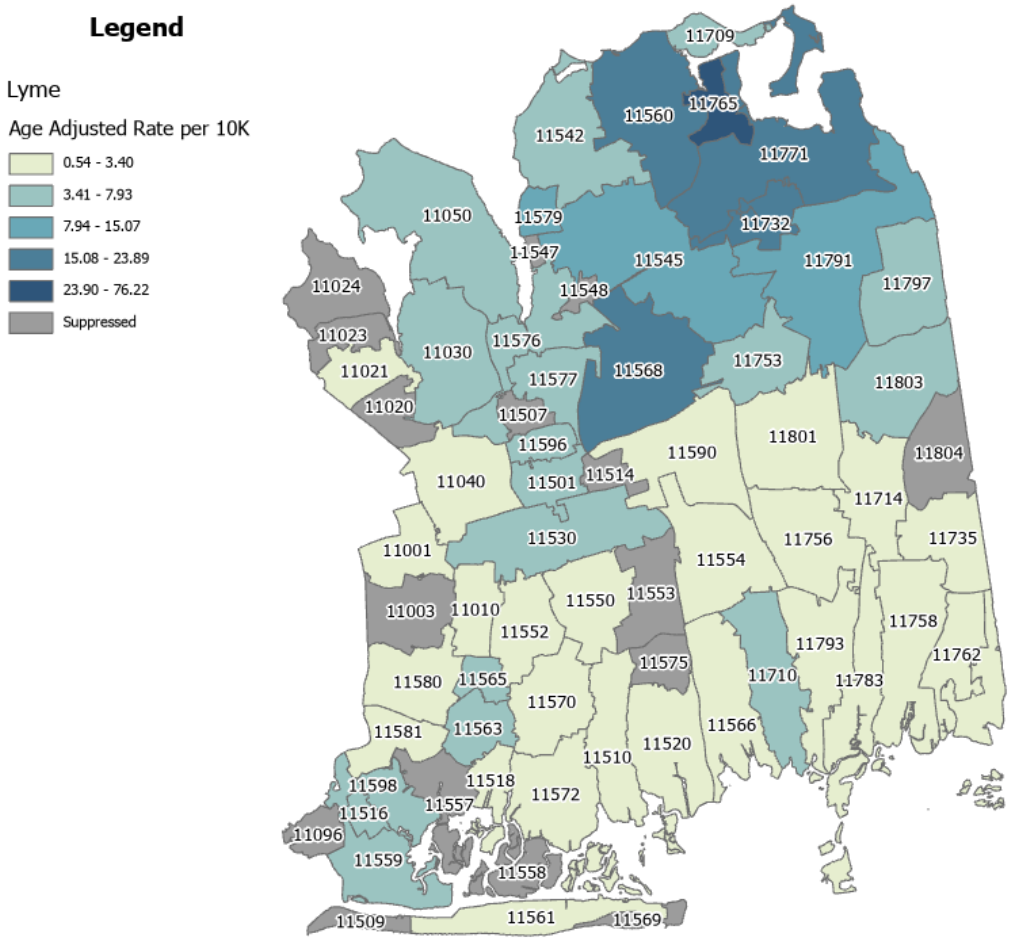
Lyme Disease



	2022	2023	2024
Number of Cases	510	693	520
Age Adjusted Rate per 10,000	3.34	4.56	3.50

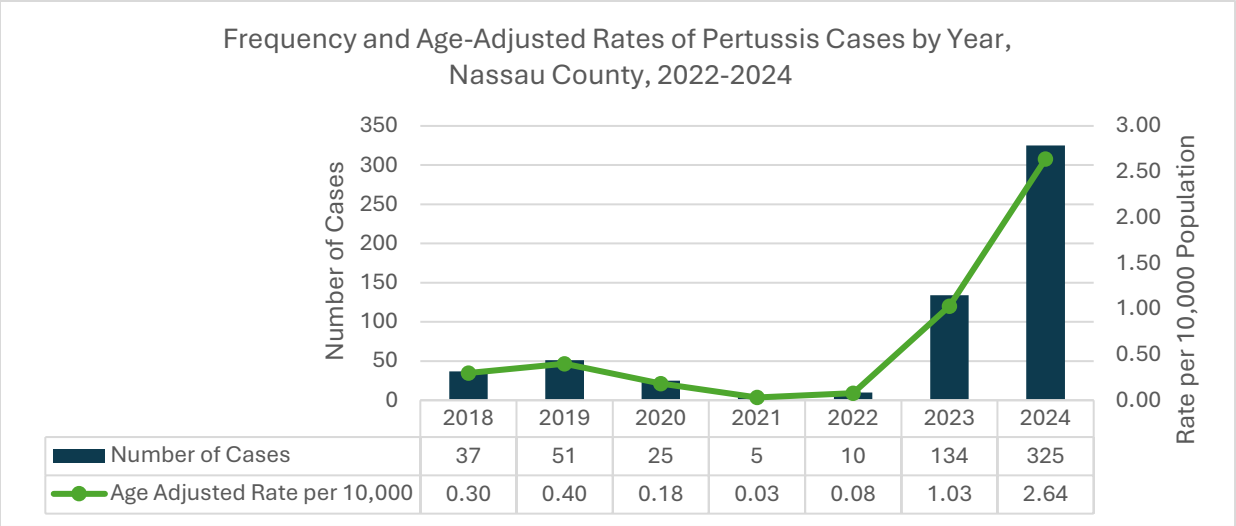


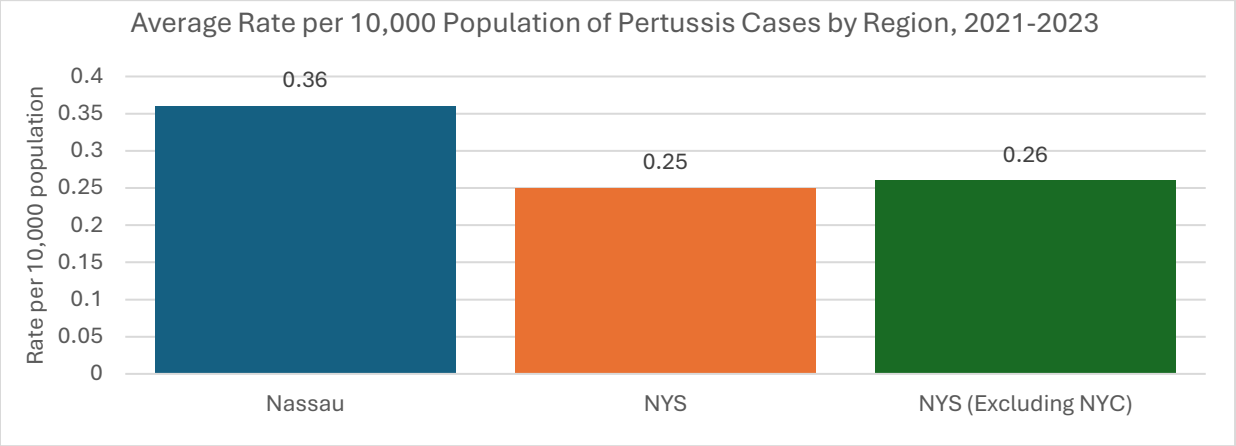
Average Age-Adjusted Rats of Lyme Disease by Zip Code, Nassau County, 2022-2024



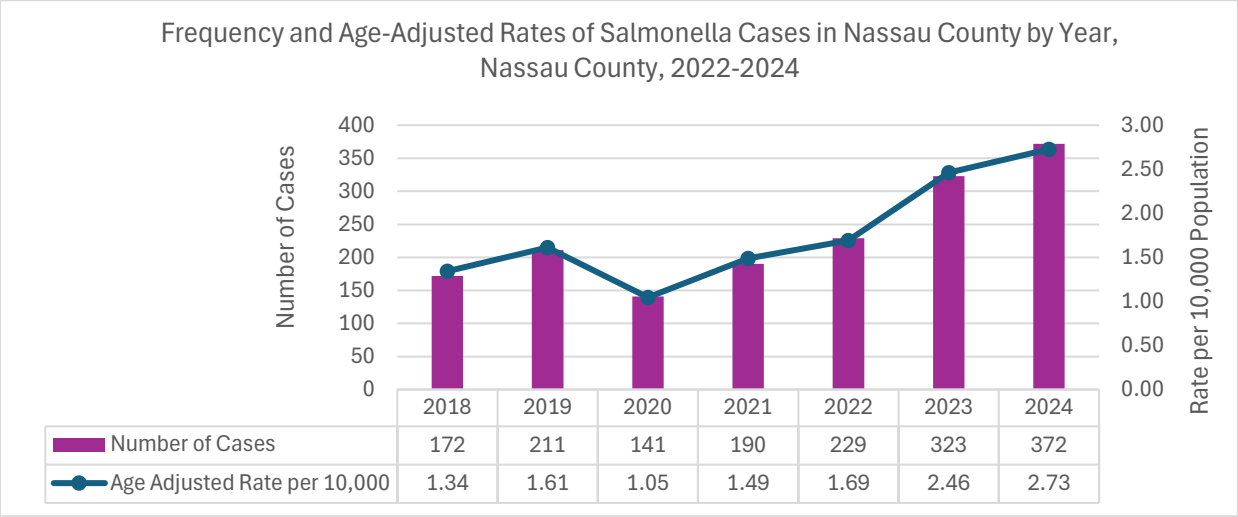
The highest rates of Lyme disease occurred on the north shore of Nassau County, Mill Neck (11765).

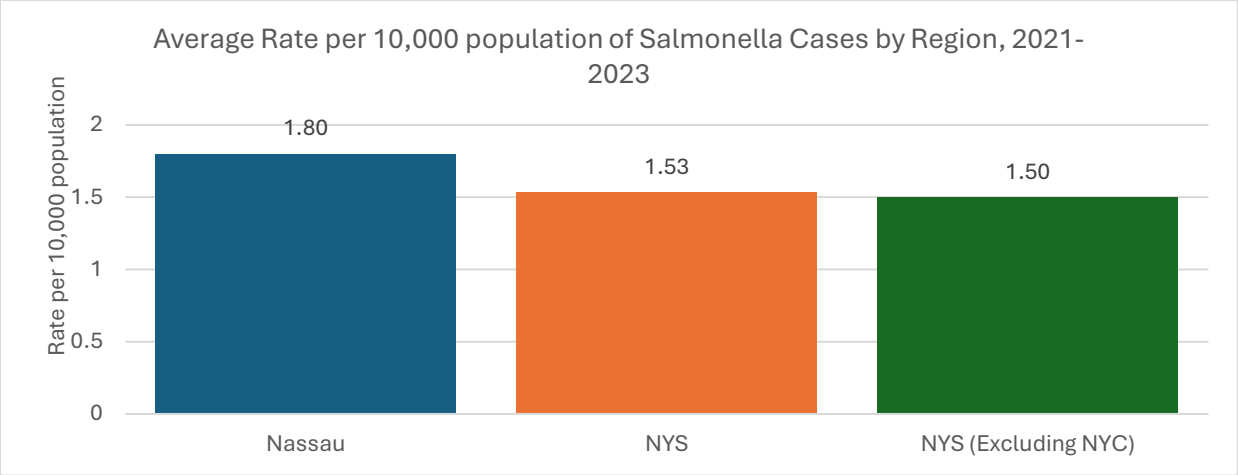
Pertussis





Salmonella





Mortality

In Nassau County, as in New York State overall and New York State excluding NYC, the leading causes of death continue to be heart disease, cancer, and COVID-19. When looking at premature deaths, the picture shifts slightly. Cancer, heart disease, and unintentional injuries are the top drivers, highlighting not only chronic disease but also preventable and accidental causes of early loss of life.

Top Caues of Death

2022 Top 5 Causes of Death in Nassau County, New York State, and New York State (excluding NYC), with death counts and age-adjusted rate per 100,000 Population

Geographic Area	Total	Cause 1	Cause 2	Cause 3	Cause 4	Cause 5
Nassau County	Total Death (11587 Deaths; 601.3 per 100,000)	Heart Disease (3556 Deaths; 178.4 per 100,000)	Cancer (2343 Deaths; 120.0 per 100,000)	COVID-19 (708 Deaths; 35.9 per 100,000)	Unintentional Injury (520 Deaths; 34.1 per 100,000)	Cerebrovascular Disease (510 Deaths; 25.9 per 100,000)
New York State	Total Death (173958 Deaths; 679.5 per 100,000)	Heart Disease (43029 Deaths; 163.1 per 100,000)	Cancer (32517 Deaths; 123.4 per 100,000)	COVID-19 (11167 Deaths; 42.6 per 100,000)	Unintentional Injury (10811 Deaths; 50.0 per 100,000)	Cerebrovascular Disease (6556 Deaths; 25.1 per 100,000)
New York State (excluding NYC)	Total Death (113504 Deaths; 744.2 per 100,000)	Heart Disease (26138 Deaths; 165.9 per 100,000)	Cancer (21715 Deaths; 137.0 per 100,000)	COVID-19 (6607 Deaths; 42.3 per 100,000)	Unintentional Injury (6596 Deaths; 54.1 per 100,000)	Chronic Lower Respiratory Diseases (CLRD) (4595 Deaths; 28.7 per 100,000)

2022 Top 5 Causes of Premature Death in Nassau County, New York State, and New York State (excluding NYC), with death counts and age-adjusted rate per 100,000 Population

Geographic Area	Total	Cause 1	Cause 2	Cause 3	Cause 4	Cause 5
Nassau County	Total Death (3906 Deaths; 222.5 per 100,000)	Cancer (1155 Deaths; 60.6 per 100,000)	Heart Disease (904 Deaths; 47.5 per 100,000)	Unintentional Injury (379 Deaths; 28.5 per 100,000)	COVID-19 (197 Deaths; 10.3 per 100,000)	Cerebrovascular Disease (110 Deaths; 6.0 per 100,000)
New York State	Total Death (73802 Deaths; 309.3 per 100,000)	Cancer (17292 Deaths; 67.0 per 100,000)	Heart Disease (14627 Deaths; 57.1 per 100,000)	Unintentional Injury (8630 Deaths; 44.2 per 100,000)	COVID-19 (3974 Deaths; 15.7 per 100,000)	Diabetes (2338 Deaths; 9.4 per 100,000)
New York State (excluding NYC)	Total Death (46343 Deaths; 326.8 per 100,000)	Cancer (11411 Deaths; 73.1 per 100,000)	Heart Disease (8497 Deaths; 55.2 per 100,000)	Unintentional Injury (5043 Deaths; 46.9 per 100,000)	COVID-19 (2414 Deaths; 16.0 per 100,000)	Chronic Lower Respiratory Diseases (CLRD) (1743 Deaths; 10.6 per 100,000)

Health Challenges and Associated Risk Factors: Social Determinants of Health

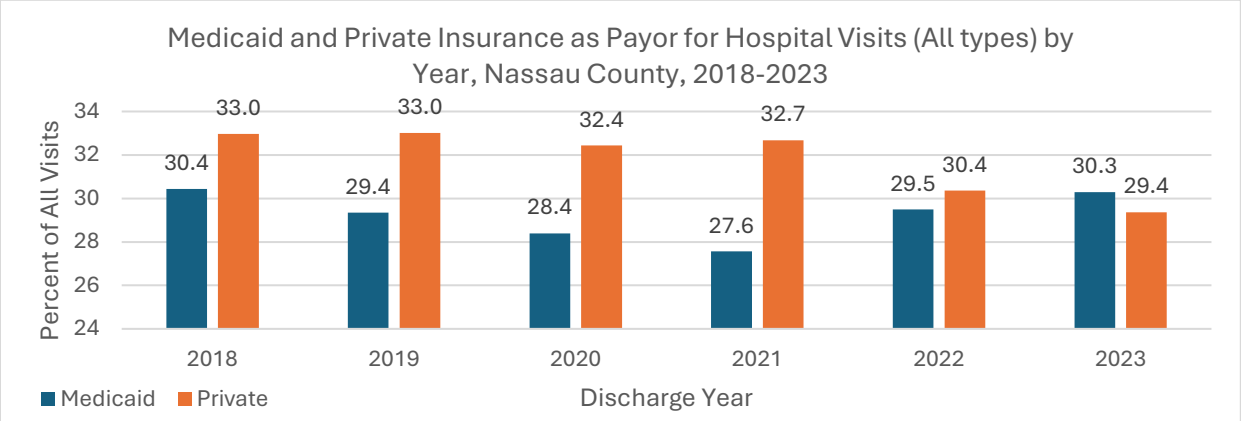
When examining social determinants of health in Nassau County, several indicators highlight persistent disparities. Twenty-nine percent of all hospital visits, including inpatient, outpatient, ambulatory, and emergency room visits, listed Medicaid as a payor among Nassau County residents. The highest proportions were observed among children, American Indian/Alaska Native residents, and Hispanic residents. Mental and behavioral health disorders were the most frequent principal diagnoses among visits with Medicaid as a health insurance payor.

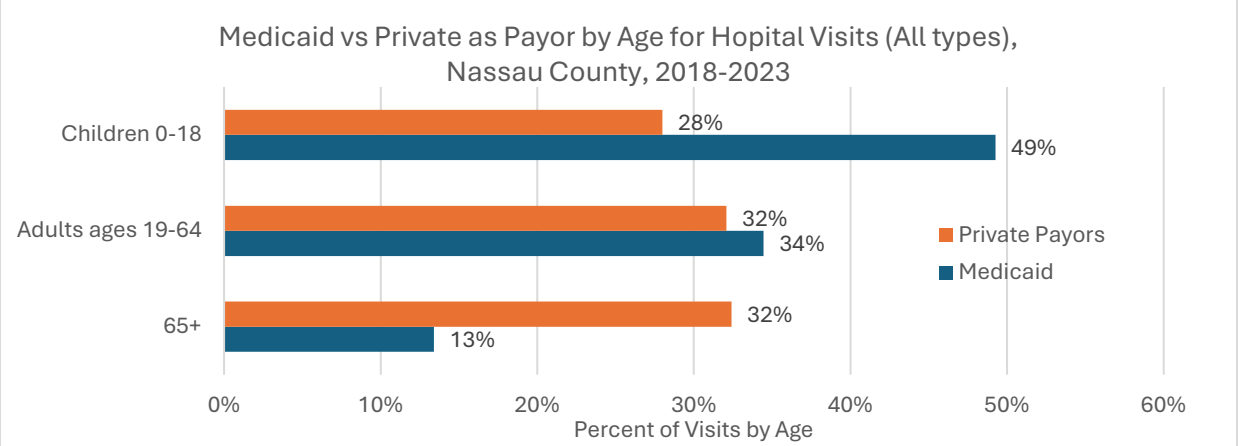
In terms of health insurance, Hispanic residents have the highest rate of being uninsured, more than twice the rate of Nassau County overall. Median household income is lowest among residents identified as “some other race,” followed by Hispanics of any race. Educational disparities are also evident: Hispanic residents have the highest high school dropout rates and the lowest rates of bachelor’s degree attainment.

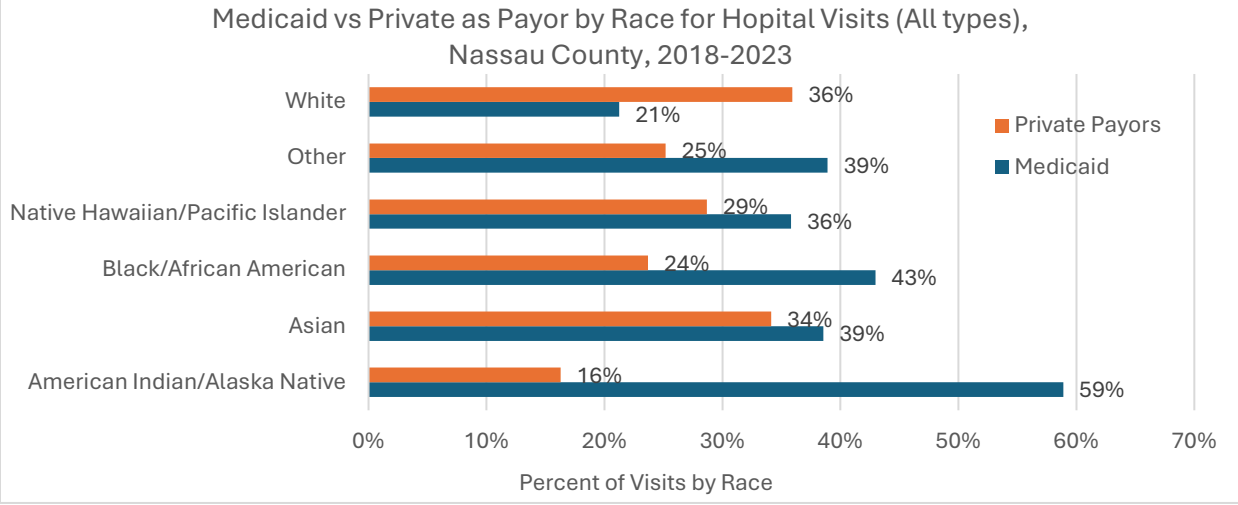
Geographic differences are notable for other social indicators as well. The mean travel time to work and participation in SNAP benefits vary widely by zip code, with some communities reporting SNAP participation rates more than four times the county average. Food insecurity in Nassau County has increased over time, although it remains below the New York State average. Hispanic residents experience the highest rates of food-insecure households, and several communities report nearly double the countywide rate. Additionally, some zip codes fall above the federal poverty threshold but below the ALICE (Asset-Limited, Income-Constrained, Employed) threshold, indicating limited financial stability despite employment. Non-fatal assault-related hospital visits are highest among American Indian/Alaska Native and Hispanic residents.

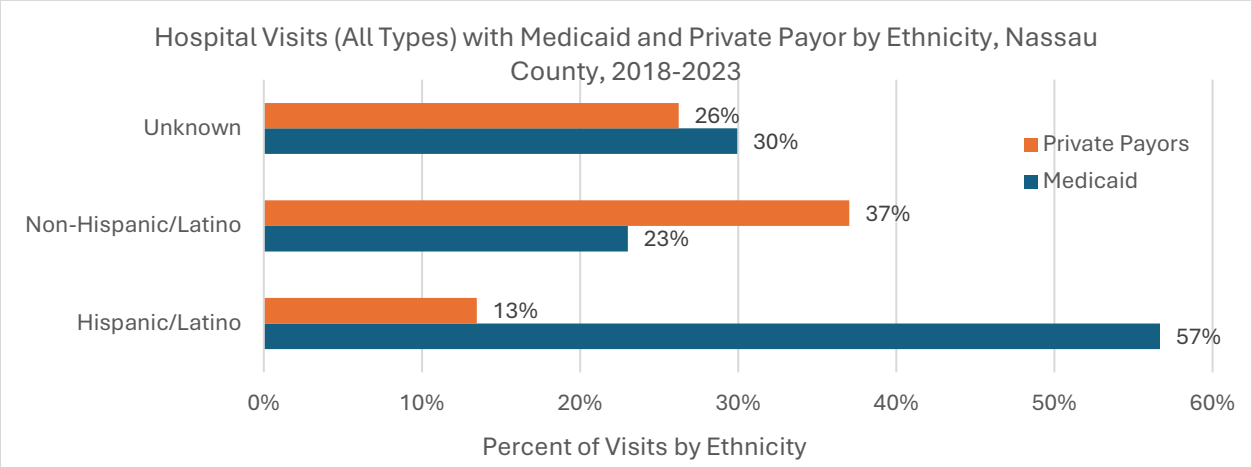
Medicaid

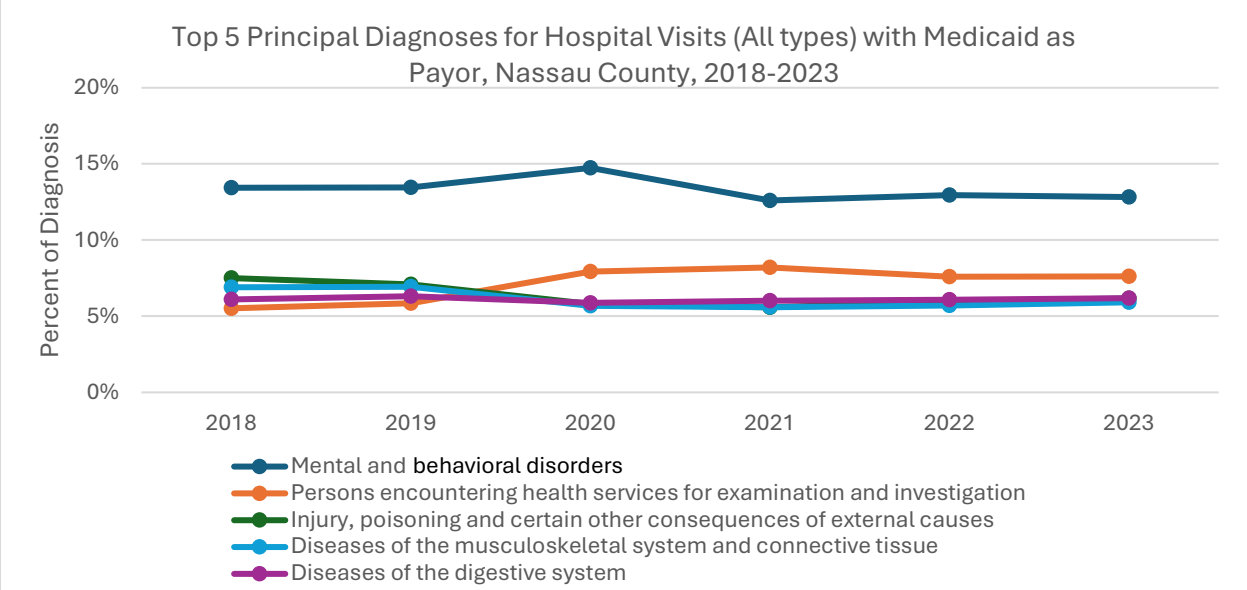
29% of all health care visits in Nassau County from 2018 to 2023 reported Medicaid as a payor. Not all payor types are included in the charts below, and payor types are not mutually exclusive. Medicaid hospital visits included those with source of payment typology code 2 while private insurance visits included source of payment typology code 5. All health care visits (ambulatory, inpatient, outpatient, and emergency department) in Nassau County from 2018-2023 were utilized. Percentages are calculated from all hospital visits.



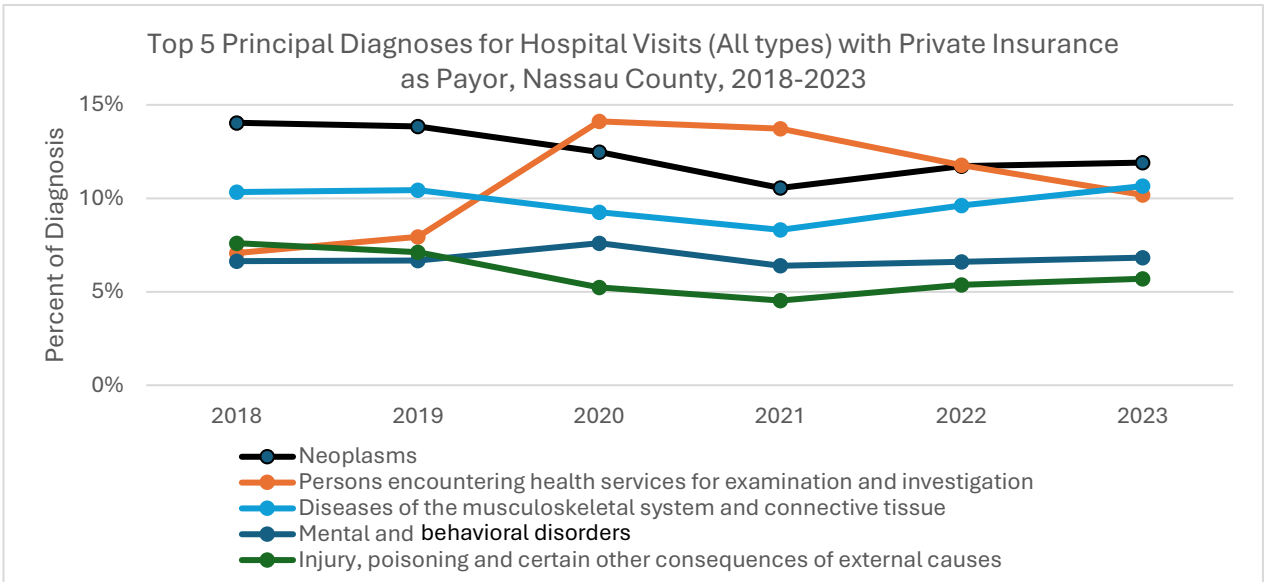




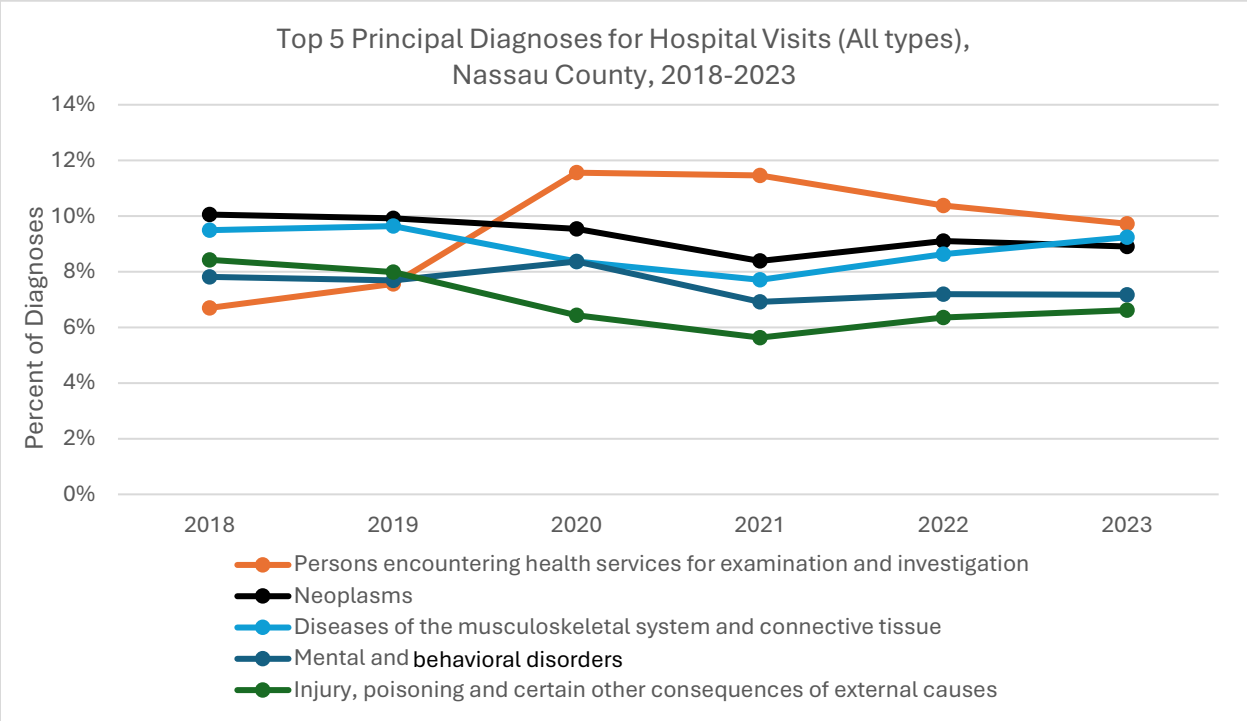




Mental and behavioral disorders include those due to psychoactive substance use including drug poisonings. People encountering health services for examination and investigation refer to general, routine, or follow-up examinations as well as screenings.



Mental and behavioral disorders include those due to psychoactive substance use including drug poisonings. People encountering health services for examination and investigation refer to general, routine, or follow-up examinations as well as screenings.



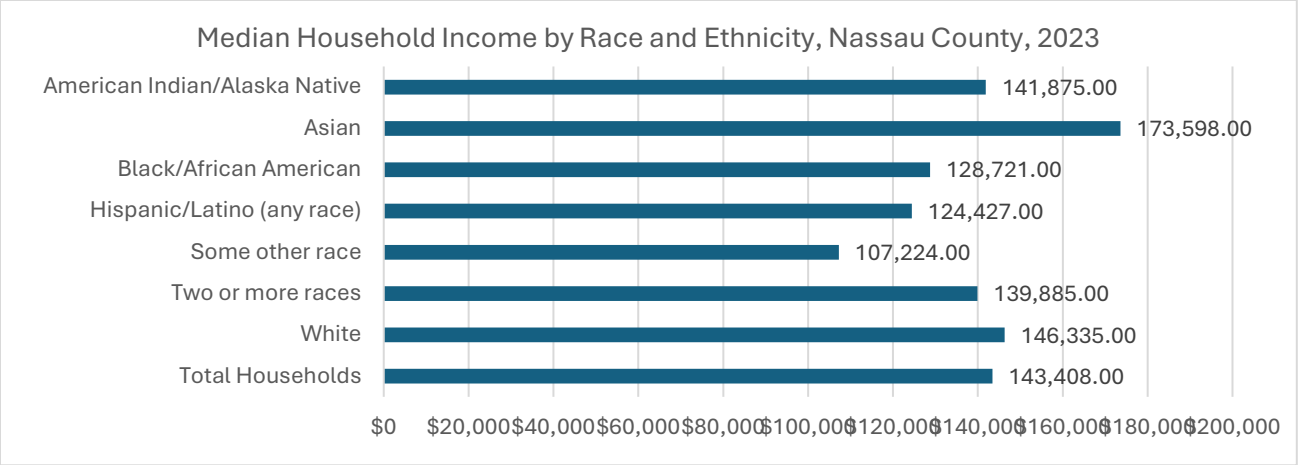
Mental and behavioral disorders include those due to psychoactive substance use including drug poisonings. People encountering health services for examination and investigation refer to general, routine, or follow-up examinations as well as screenings.

Insurance Coverage by Race and Ethnicity

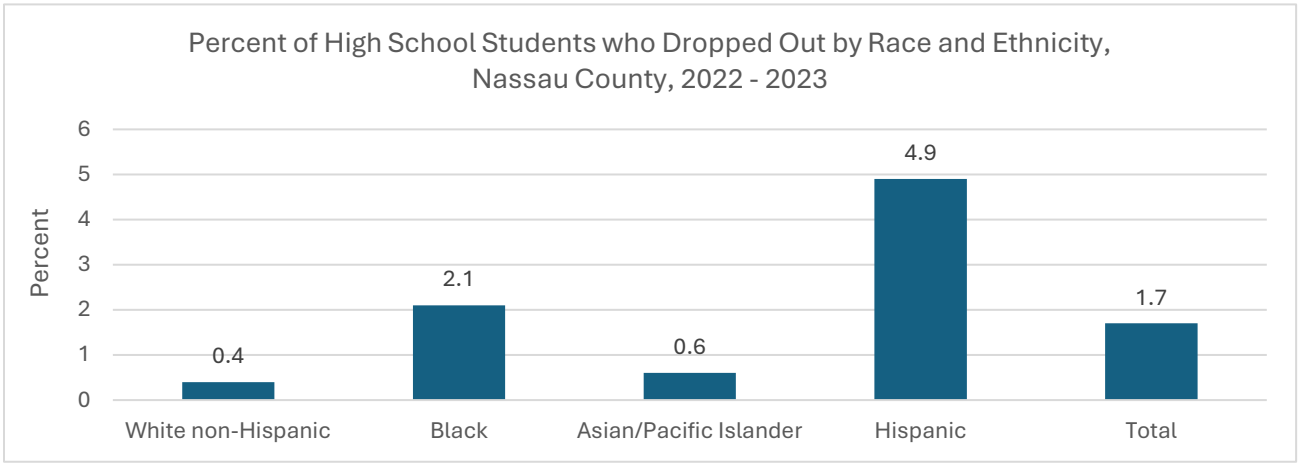
Percent of the population with no Health Insurance by Race Ethnicity, Nassau County, 2018-2022

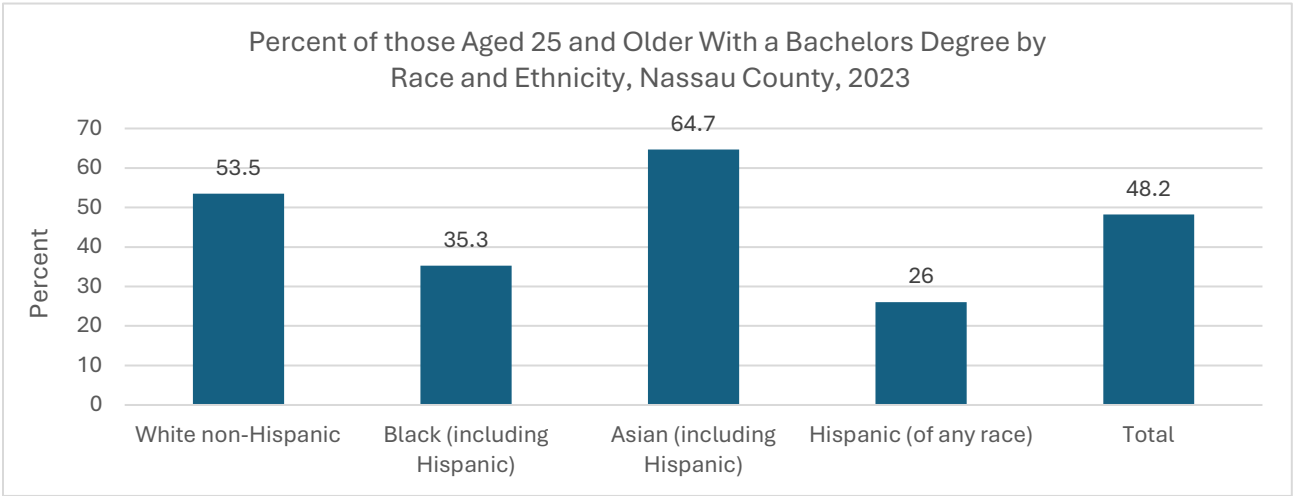
White non-Hispanic	Black/African American (all ethnicities)	Asian (all ethnicities)	Hispanic (any race)	Nassau County
1.9%	3.8%	4.8%	9.8%	4.0%

Household Income by Race and Ethnicity

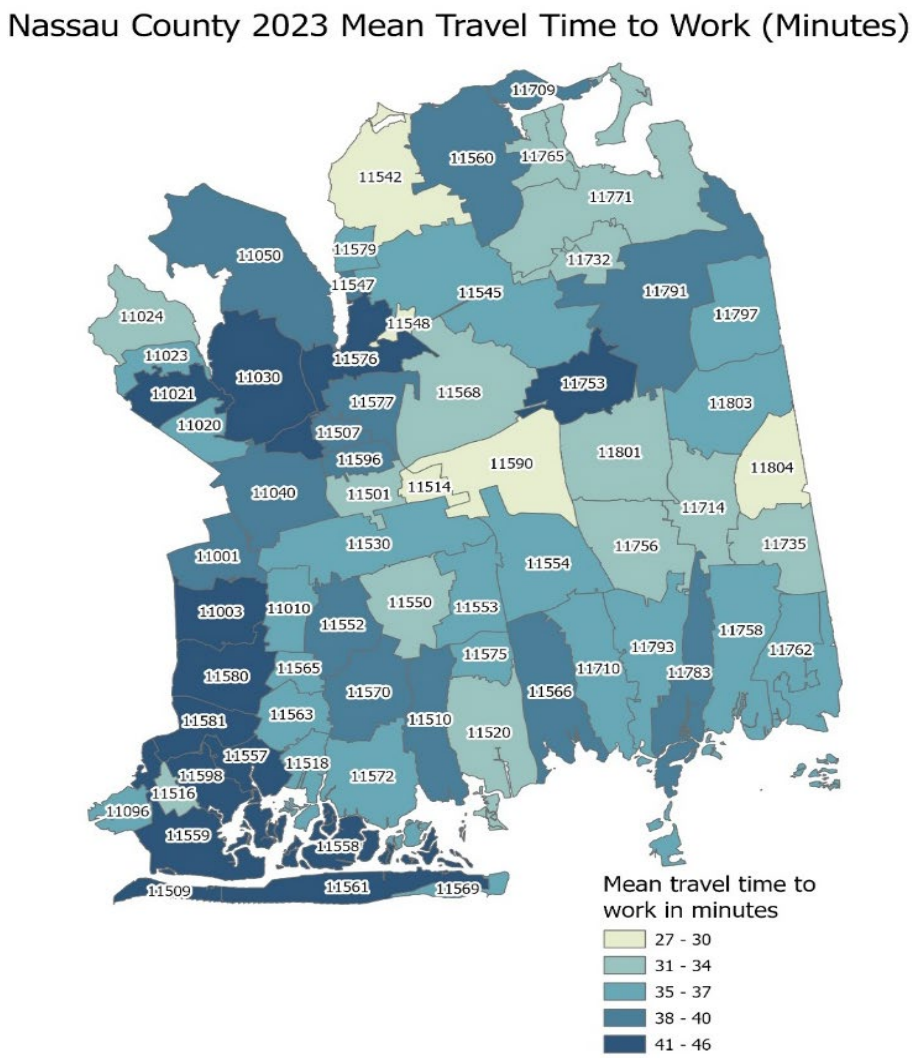


Education by Race and Ethnicity





Mean Travel Time by Zip Code

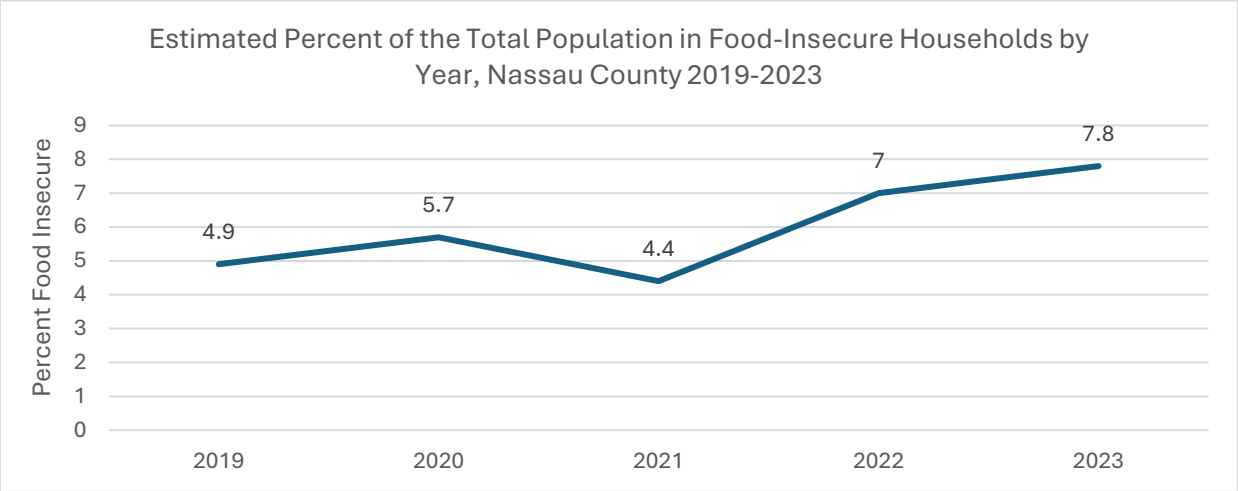


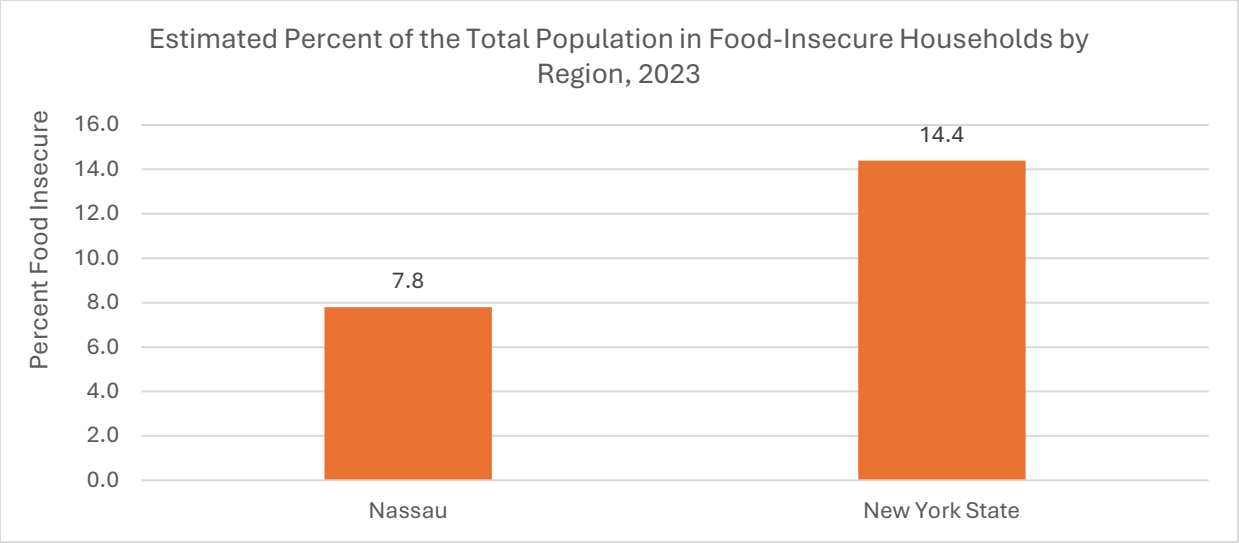
Zip codes on the western edge of Nassau County, bordering New York City, have longer mean travel time to work than other areas of the county.

SNAP Benefits and Food Insecurity

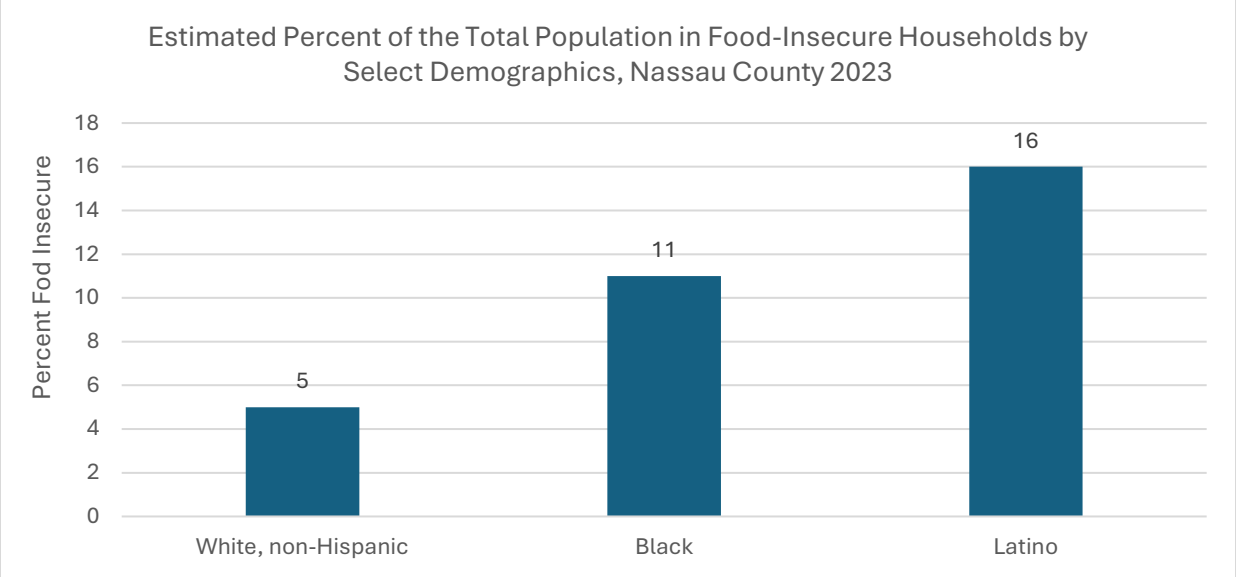
The rate of households receiving SNAP Benefits at or Above the County Rate (44.94 per 1,000 households) by Zip Code, Nassau County, 2023

Zip	PO Name	Rate of Snap Households per 1000 Households
11096	Inwood	188.4700665
11550	Hempstead	186.8839062
11020	Great Neck	115.6893819
11575	Roosevelt	111.1594518
11553	Uniondale	100.203666
11732	East Norwich	74.46808511
11520	Freeport	74.23551502
11542	Glen Cove	71.74257078
11023	Great Neck	71.21836374
11021	Great Neck	70.53417576
11590	Westbury	63.81880364
11003	Elmont	61.38754845
11580	Valley Stream	61.25754675
11804	Old Bethpage	60.48652202
11565	Malverne	50.49047894
11024	Great Neck	49.30725346
11558	Island Park	48.83931263
11554	East Meadow	46.75131926
11510	Baldwin	45.27610573
11801	Hicksville	45.22497704

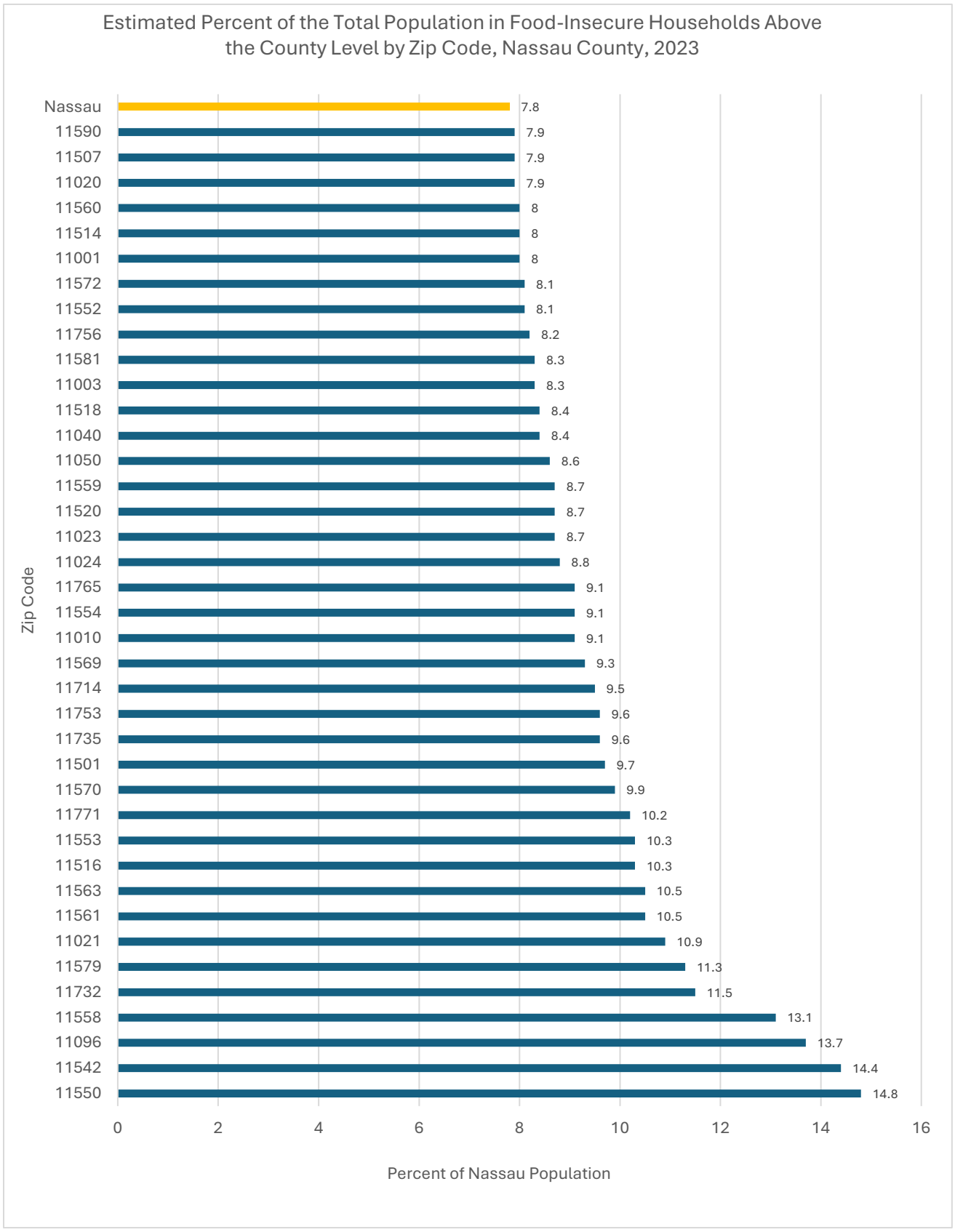




Estimate for New York State excluding New York City not available.

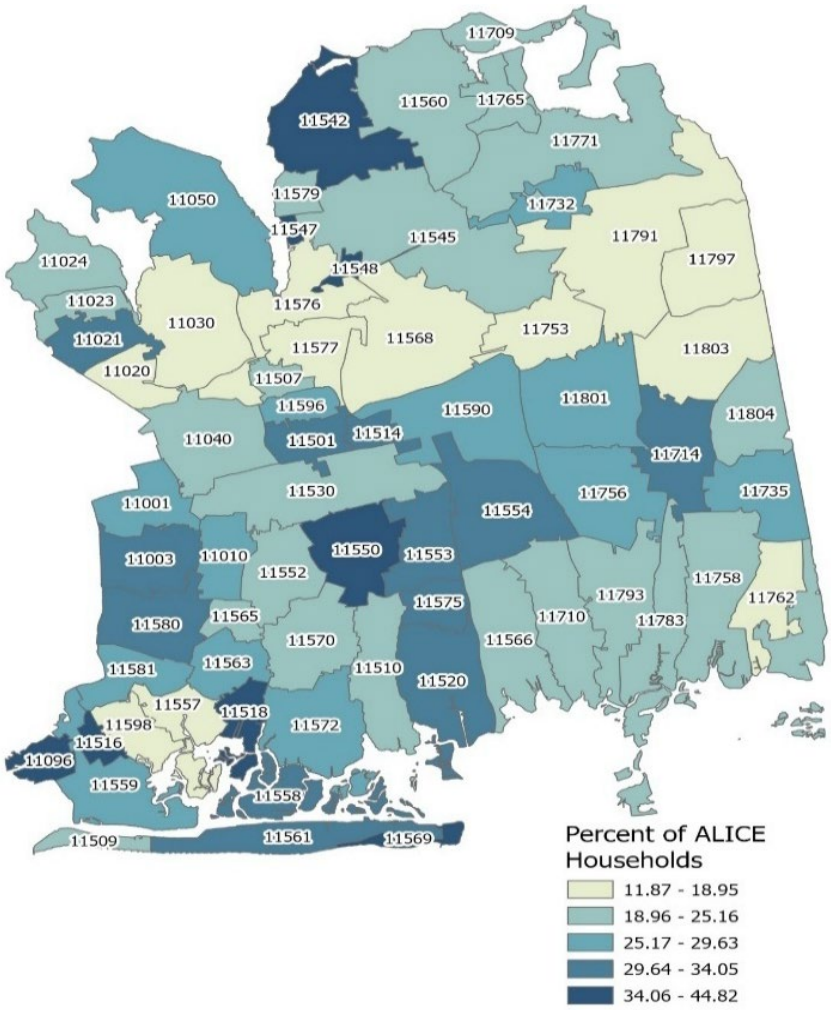


Other races and ethnicities are not displayed due to small numbers.

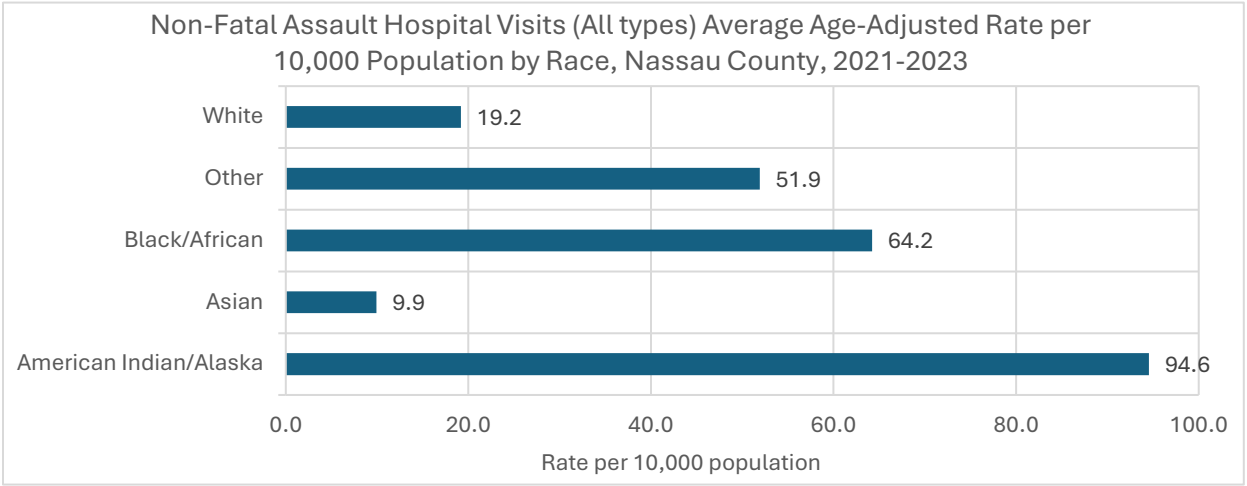

Estimated Percent of the Total Population in Food-Insecure Households Above the County Level by Zip Code, Nassau County, 2023
Zip Code
Nassau 7.8
11590 7.9
11507 7.9
11020 7.9
11560 8
11514 8
11001 8
11572 8.1
11552 8.1
11756 8.2
11581 8.3
11003 8.3
11518 8.4
11040 8.4
11050 8.6
11559 8.7
11520 8.7
11023 8.7
11024 8.8
11765 9.1
11554 9.1
11010 9.1
11569 9.3
11714 9.5
11753 9.6
11735 9.6
11501 9.7
11570 9.9
11771 10.2
11553 10.3
11516 10.3
11563 10.5
11561 10.5
11021 10.9
11579 11.3
11732 11.5
11558 13.1
11096 13.7
11542 14.4
11550 14.8
0
2
4
6
8
10
12
14
16
Percent of Nassau Population

ALICE by Zip Code

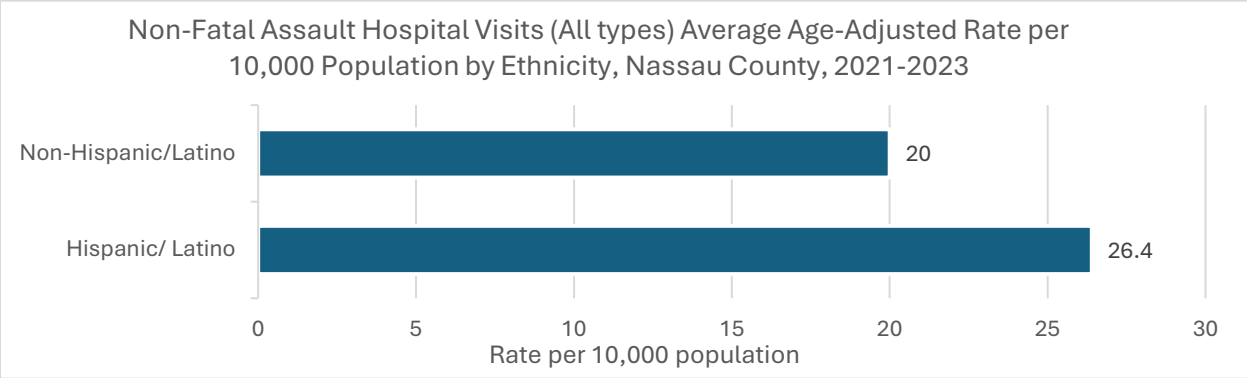
Percentage of Households Above Federal Poverty Threshold but Below ALICE Threshold, 2023



Non-Fatal Assaults



Native Hawaiian/Pacific Islander not shown due to small numbers.



Community-Based Perceptions

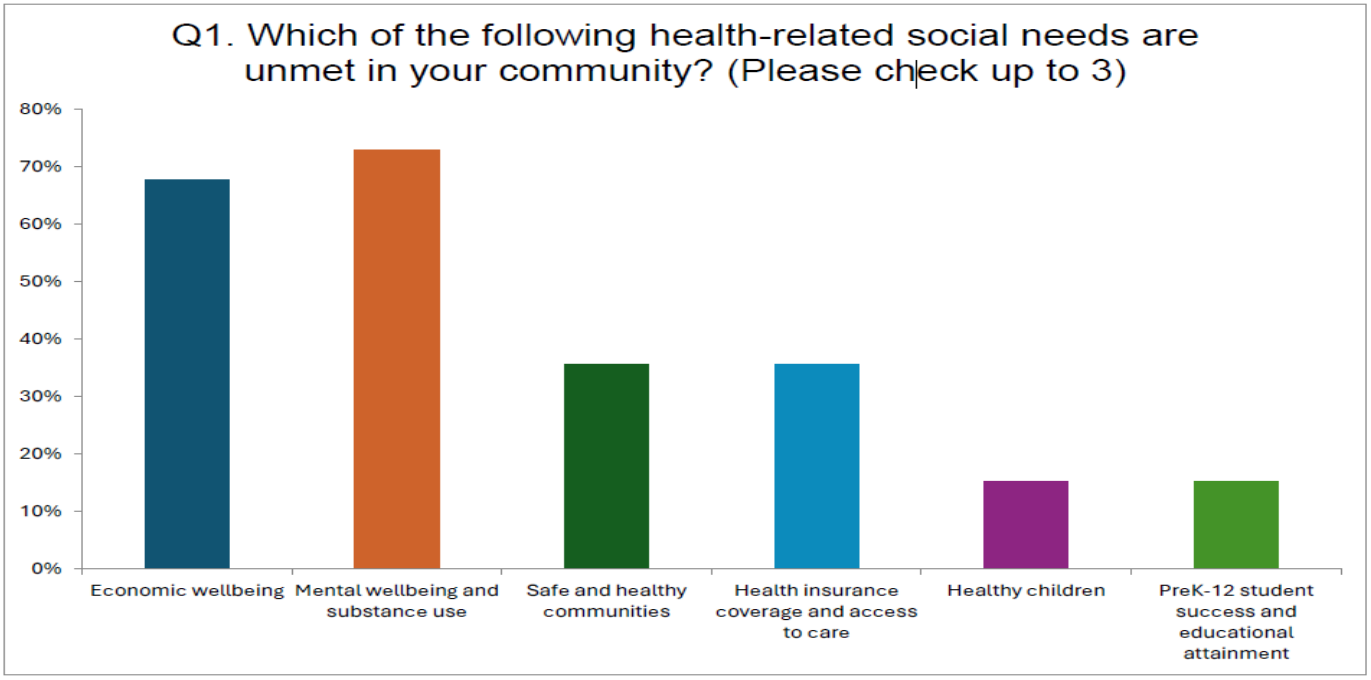
In addition to hospital data, vital statistics and surveillance information, Nassau County Department of Health, in partnership with the Long Island Health Collaborative surveyed the Long Island community in multiple ways (Data Resources | Long Island Health Collaborative) to understand its perception of health and social determinants of health. In general, and consistent with much of the data, chronic disease remains a top concern. Many of these diseases may originate from difficulties in accessing care, affordability of care, access to affordable and nutritious foods, understanding the need for nutrition, individual lifestyle choices such as smoking tobacco/e-cigarettes, and lack of places to exercise. Barriers to health also vary, but fear and cost of co-pays are indicated. Interventions that center around nutrition and exercise are desired.

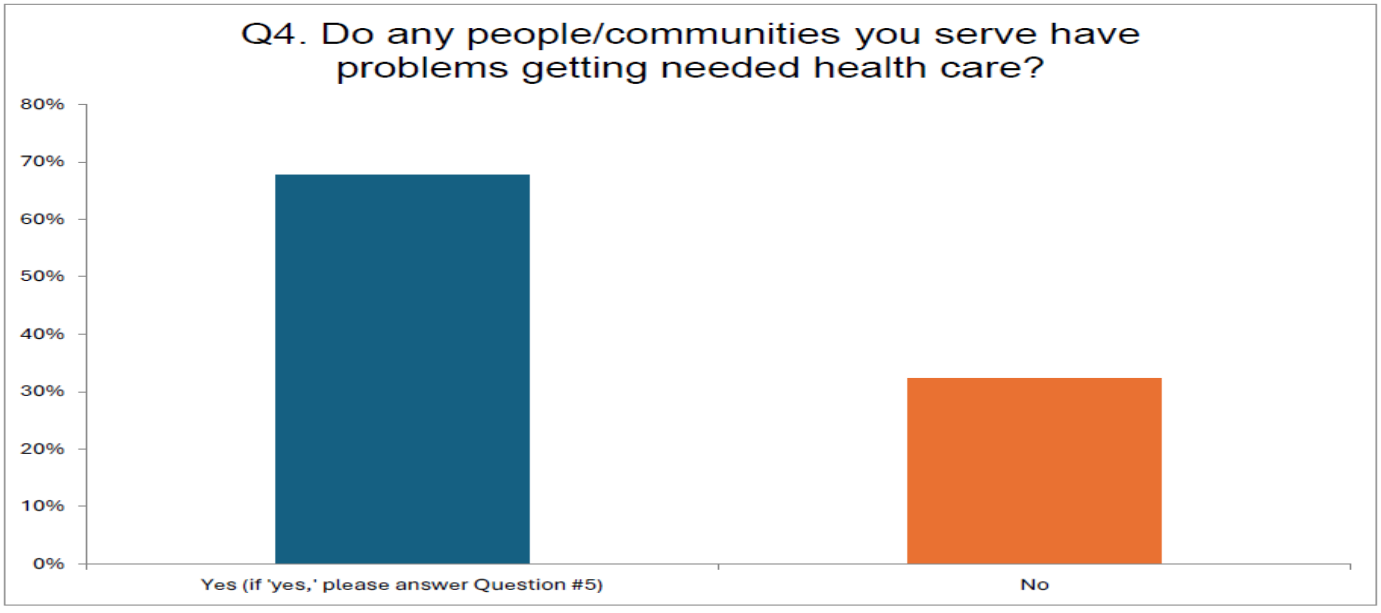
Community Health Assessment Survey, Nassau County Respondents, 2022-2024
Listed in order of frequency of response (most to least)

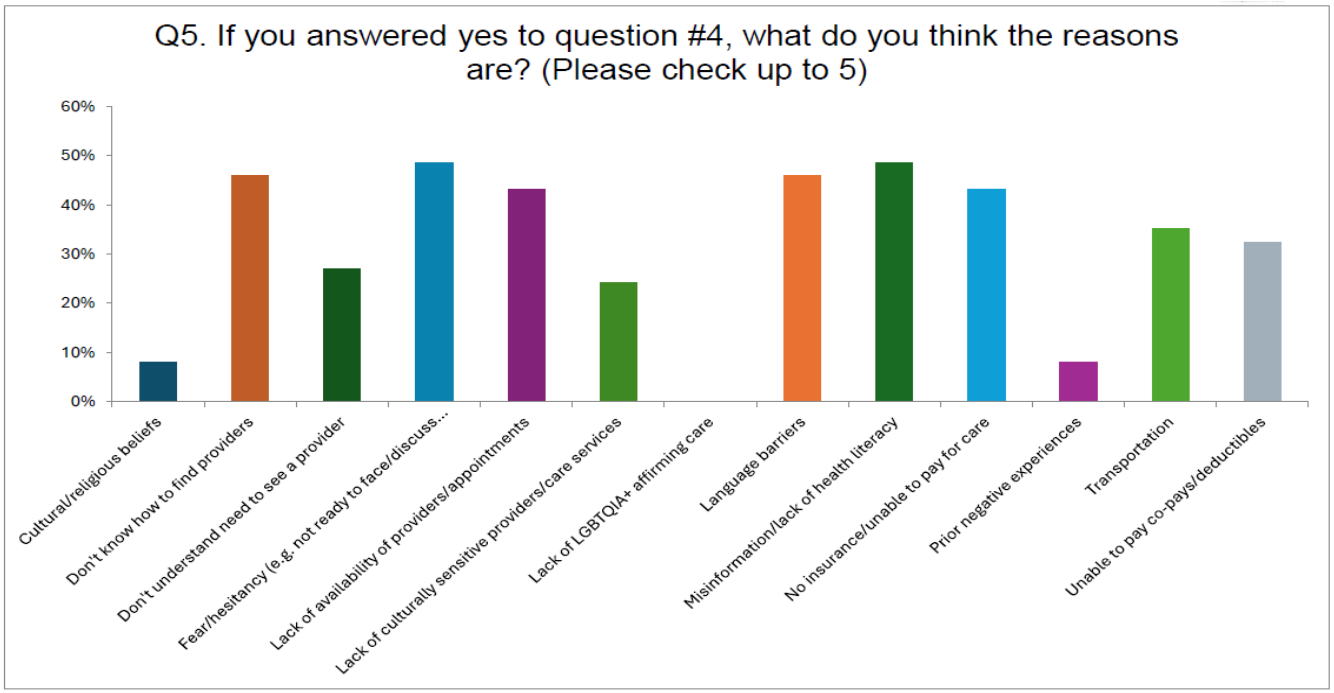
What are the biggest ongoing health concerns for YOURSELF?
Heart Disease & Stroke
Obesity/Weight Loss Issues
Cancer
Women's Health & Wellness
Diabetes
Mental Health Depression/Suicide
Asthma/Lung Disease
What are the biggest ongoing health concerns in THE COMMUNITY WHERE YOU LIVE?
Cancer
Heart Disease & Stroke
Mental Health Depression/Suicide
Drugs & Alcohol Abuse
Obesity/Weight Loss Issues

Diabetes
Environmental Hazards
What health screenings or education/information services are needed in your community?
Cholesterol
Exercise/Physical Activity
Nutrition
Blood Pressure
Mental Health/Depression
Cancer
Heart Disease
What prevents people (you and your family) from getting medical treatment?
There are no Barriers
Fear (e.g. not ready to face/discuss health problems; immigration status)
No Insurance
Unable to Pay Co-pays/Deductibles
Lack of Availability of Doctors
Where do you and your family get most of your health information?
Doctor/Health Professional
Internet
Family or Friends
Newspaper/Magazines
Television
Hospital
Which of the following is MOST needed to improve the health of your community?
Clean Air & Water
Mental Health Services
Healthier Food Choices
Weight Loss Programs
Drug & Alcohol Rehabilitation Services
Safe Places to Walk/Play

2024 Community-Based Organization Survey Selected Question Results

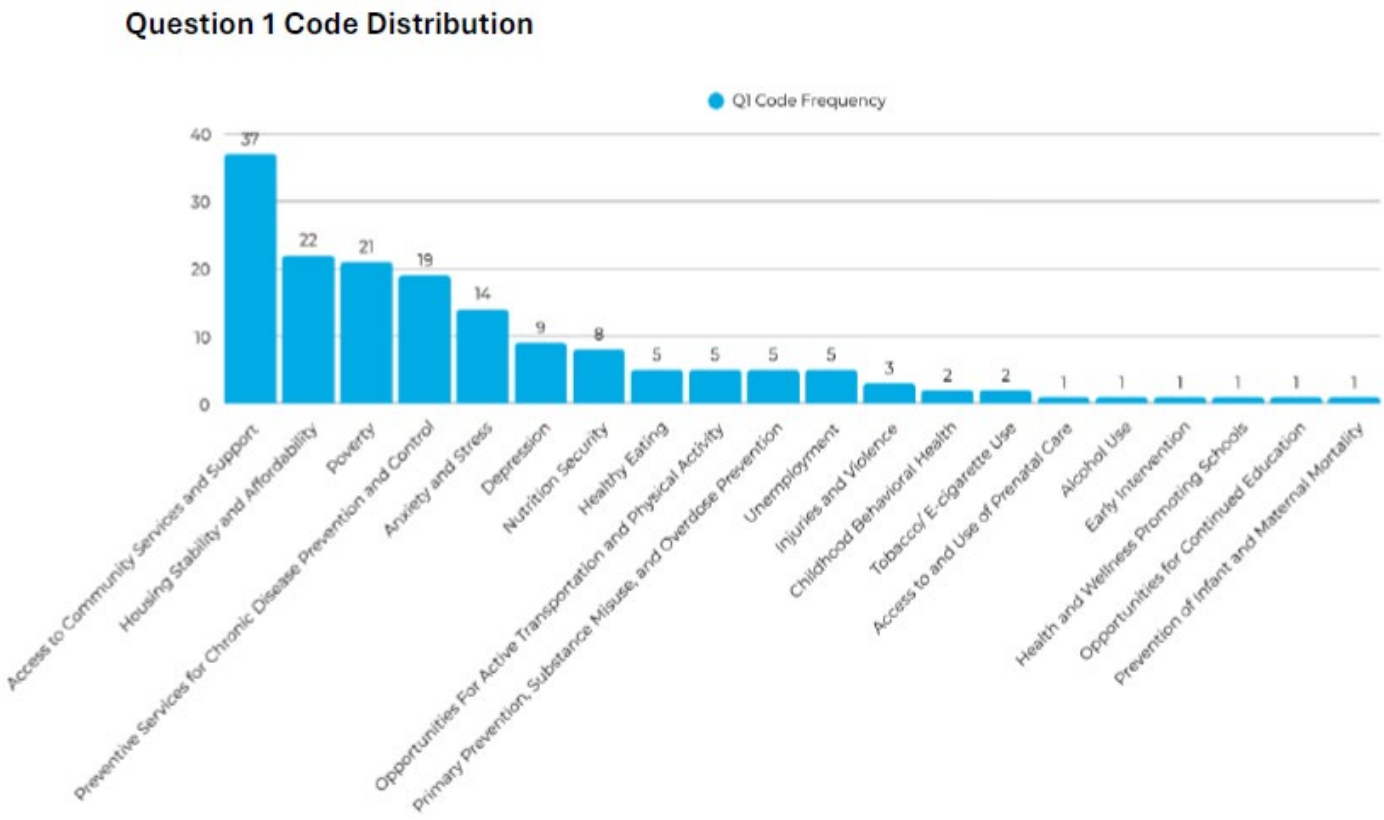




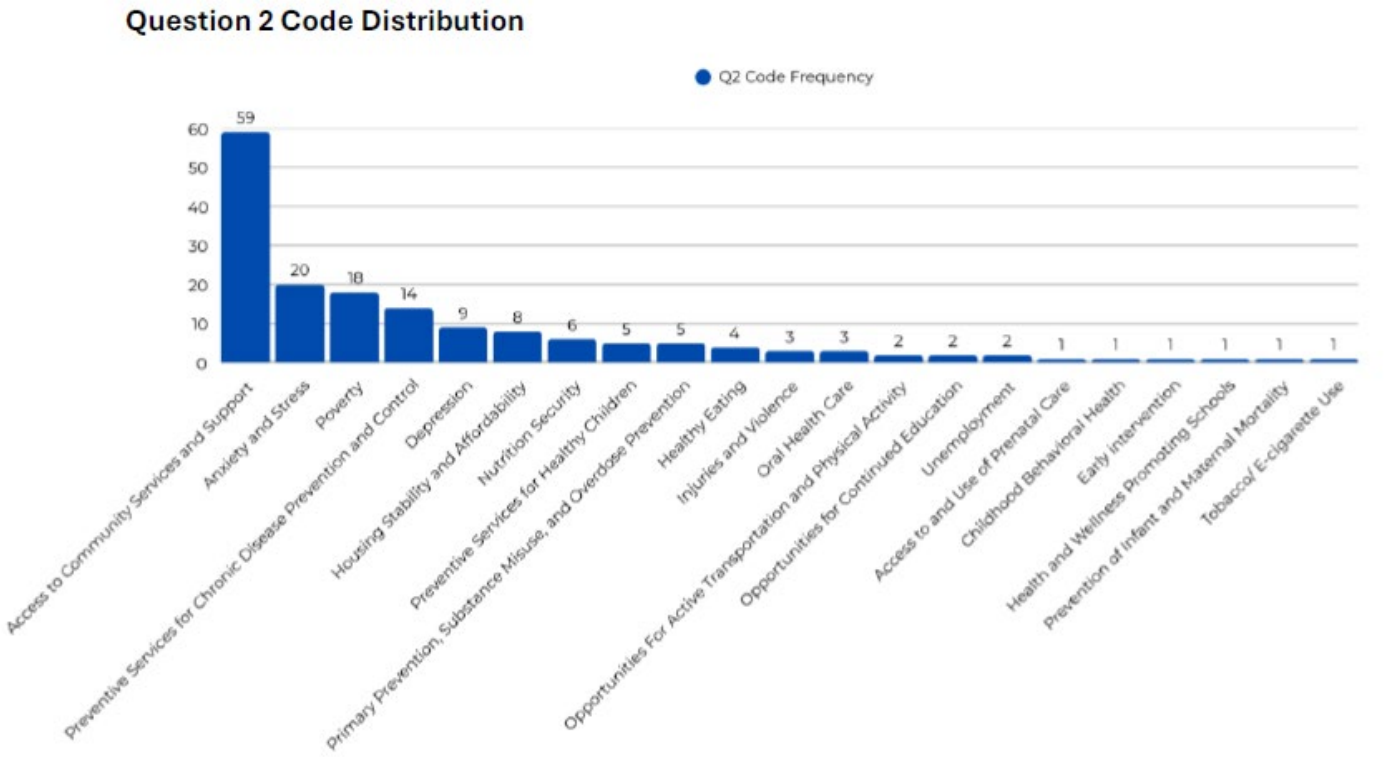


2025 Community-Based Organization Key Informant Interviews Selected Question Results

In your experience, what are the biggest health and/or social problems for the people/community you serve?



In your professional experience, what is the biggest barrier to healthcare or social services experienced by the people/communities you serve?

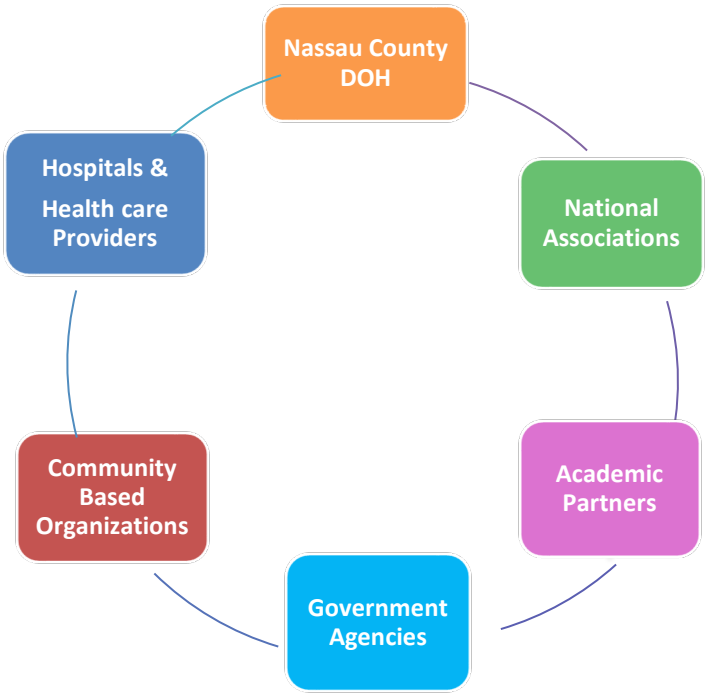


Nassau County: Community Assets and Resources

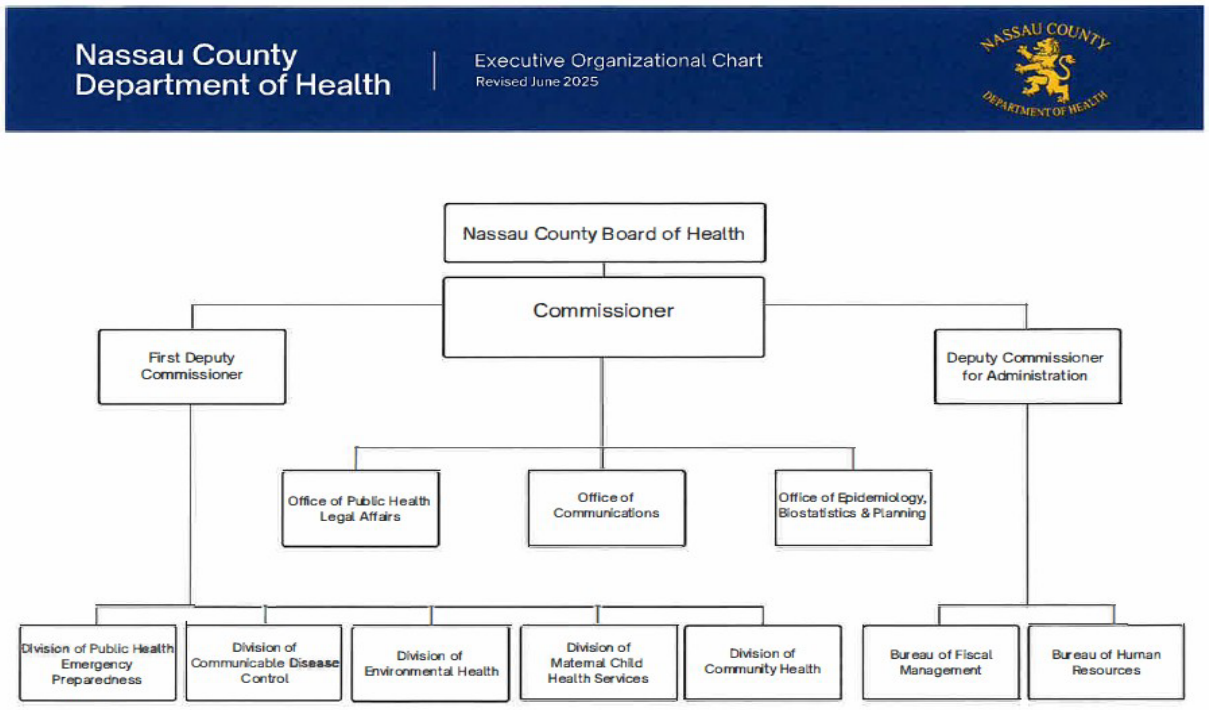
The Nassau County Department of Health leads a public health system that works to create healthy communities within Nassau County. The Department's mission is to promote and protect the health of all who live, work, and play in Nassau County.

The mission of the health department is accomplished through services, local hospital systems, partnerships with academic and community-based organizations, and governmental agencies in the following areas:

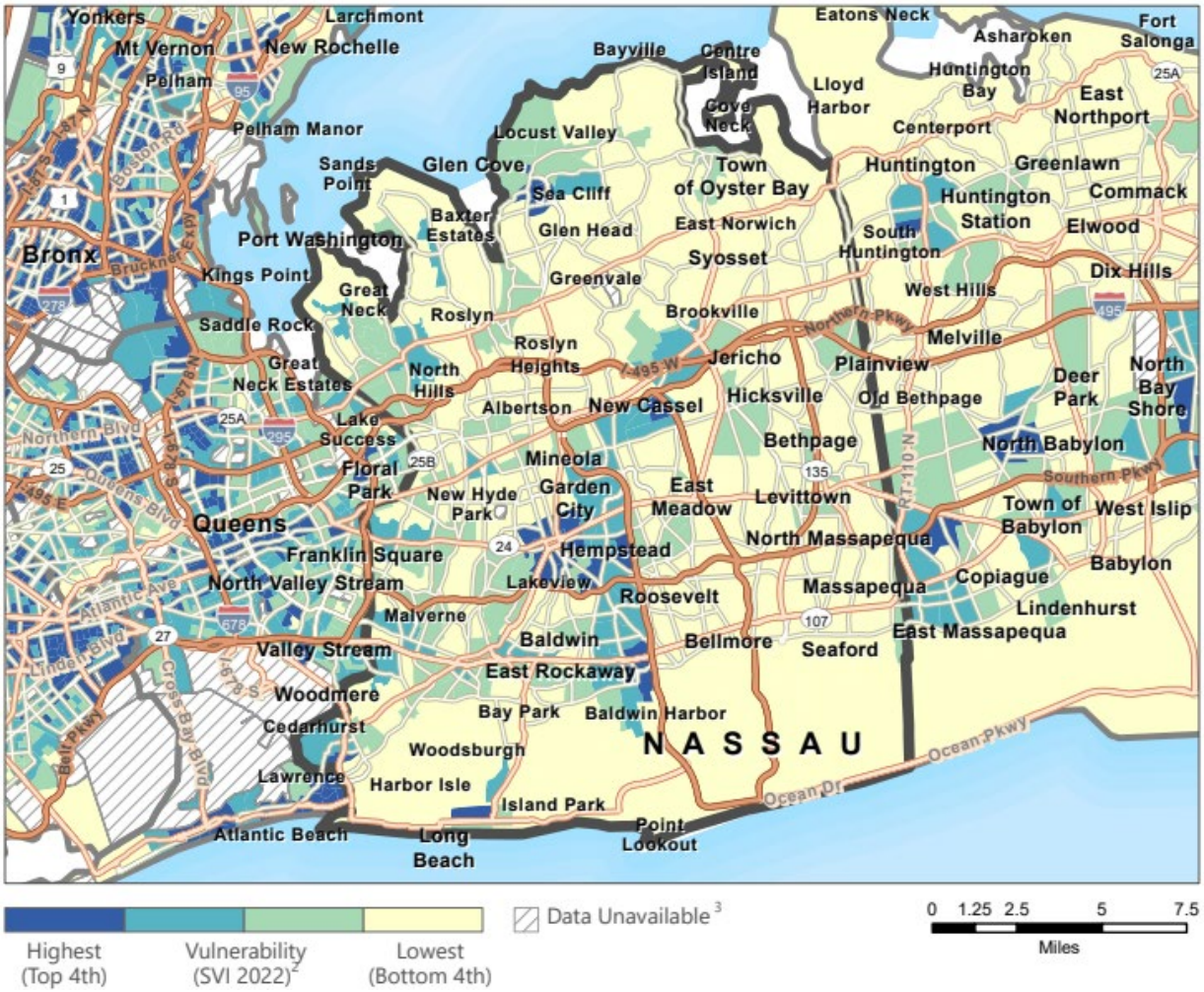
- Development and maintenance of individual and community preparedness for public health hazards and events.
- Investigation, prevention, and control of communicable diseases.
- Prevention of environmental health hazards through assessment, regulation, and remediation.
- Promotion of healthy lifestyles through outreach and education.
- Provision for evaluation and services to individuals, children, and families that have developmental delays and concerns.



Nassau County Department of Health has maintained full-accredited status by the Public Health Accreditation Board. Whether directly or indirectly, each unit within the health department contributes to the overall health of Nassau County. Specific services are in the areas of community health, maternal and childhood services, environmental health, controlling communicable disease and emergency preparedness. These services are supported by a strong administrative backbone, fiscal and legal management, communications to effectively reach the public, and analytic and disease surveillance capacity to drive services and policy. Below is the organizational chart of the Nassau County Department of Health, as of June 2025.



As described in Relevant Health Indicators, Nassau County, while overall a healthy and wealthy community, does still have health challenges. Disease and injury disparities exist across the County and affect different populations. Often, county vulnerable populations' health is masked by overall economics and disease outcomes. Chronic disease, infant health, and injury are often high in communities with lower socio-economic status and barriers to health care. The CDC Agency for Toxic Substances and Disease Registry (data shown below) for Nassau County demonstrates an overall social vulnerability index that is among the lowest, with some communities among the highest in blue-green and blue.



Link to full report:
[CDC/ATSDR Social Vulnerability Index 2022]

To address these challenges, Nassau County along with the Long Island Health Collaborative (LIHC) (see Community Health Improvement Plan, (CHIP)) identified three prevention agenda priorities that together with hospitals and community-based organizations, can potentially improve residents' health. These priorities are:

1. Nutrition Security
2. Tobacco/E-cigarette Use
3. Preventive Services for Chronic Disease and Prevention Control

The following services and resources provided by Nassau County Department of Health address these priorities as well as other public health needs and challenges.

Nassau Navigator: Nassau Navigator is an informative, web-based search engine powered through findhelp.org, which allows the user to search for free or low-cost programs within their community. One can simply visit the website https://nassaunavigator.findhelp.com/ and enter their Nassau County 5-digit zip code to find services in their area. Resources are available for a multitude of needs, including food and nutrition programs, housing, goods, transit, health, money, care, education, work, and legal services. The Health Department regularly monitors Nassau Navigator, updating it with additional services and programs needed.

Women, Infants and Children (WIC): Nassau Department of Health delivers resources to the community that address nutrition security. The Division of Maternal Child Services oversees the Department's WIC program, a federally funded program that nutritious foods and formula to qualifying mothers and children. In addition, WIC has nutrition counselors and registered dieticians who provide nutrition education to participants. Breast-feeding support is also offered.

Nassau County Health Resource Center: The Division of Community Health offers several programs that are available to the community including a food pantry, a diaper and formula bank, lactation support group, as well as a Commodity Supplemental Food Program for low-income seniors. The Health Resource Center is also the location for the Department's "Community Health Connections" series, in which the Department's community partners come and give a lecture or run a workshop focusing on a health topic. For example, the Department hosted a nutrition workshop and food preparation demonstration in partnership with Cornell Cooperative Extension.

Adolescent Tobacco-Use Prevention Act (ATUPA): Article 13-F of the New York State Public Health Law also known as ATUPA was enacted to prevent the sale of tobacco and vape products and accessories to individuals under the age of twenty-one. Nassau County Department of Health has a unit dedicated to enforcing this law. The Department conducts inspections of retailers selling tobacco and vape products. Retailers in violation of ATUPA are subject to formal legal action which could include fines and/or suspension of licenses.

Anti-Vaping Prevention and Cessation Campaign: Programs specific to schools and the community for vaping prevention and cessation are in the process of being rolled-out in the 2026-year cycle. A taskforce that collaboratively involves several agencies will be formed to take on this initiative.

Power to Prevent Series: The Nassau County Department of Health's Division of Community Health addresses various disease prevention through educational programs as part of this series. One example is the Power to Prevent Type II Diabetes, a yearlong intervention led by trained lifestyle coaches. This program is part of the CDC Diabetes Recognition Program.

Hewlett House: Hewlett House is a community support and learning resource center for cancer patients and their families. The staff has been serving the local community for over 28 years and has served tens of thousands of cancer patients and their families, referring them to care, providing support and education.

Communicable Disease Control and Mitigation: The Division of Communicable Disease Control provides surveillance activities to mitigate the spread of disease. The program includes vaccine preventable diseases, tickborne and mosquito vector diseases, sexually transmitted diseases, tuberculosis, and other reportable communicable diseases. The Division works with patients, their contacts, and physicians, to address disease and identify infecting agents.

Environmental Regulation: The Division of Environmental Health regulates the safe and sanitary conditions of public water systems, food service establishments, residential environments, temporary residences, hotels, motels, and recreational spaces, such as children's camps, public pools and beaches that provide quality environments for community members of all ages to exercise and maintain a healthy lifestyle. The Division provides education to food handlers and investigates foodborne disease outbreaks, monitors the drinking-water quality, investigates soil and groundwater contamination, and regulates the storage of toxic and hazardous materials. Reviews and approvals of engineering plans for water systems, public pools, residential developments of five lots or more, and commercial development in non-sewer areas are provided by the Department. As a participant in the New York Metropolitan Air Quality Initiative, Nassau has actively worked to improve air quality through the reduction of automobile emissions. The Department also has an environmental laboratory to assess bacterial and chemical contaminants in the environment, and to speciate mosquitoes.

Rabies Program: Rabies in wild animals (mostly raccoons) was on the rise in Nassau County between 2024 and 2025. To combat this, the Health Department planned a comprehensive rabies baiting vaccination program throughout the County for fall 2025. These baits – oral vaccinations – were strategically placed throughout the county where animals such as raccoons would be likely to find them while foraging for food. The goal of the program is for wildlife to become immunized so that they will not pass rabies along to feral animals.

Tickborne Disease/Mosquito Surveillance: In 2023, NCDOH introduced the Tick Surveillance Program. The goals of this program include informing the public on the following: recognizing tick bites, knowing what to do if a tick is found on a person or pet, common symptoms of tick-borne diseases, and when to seek medical attention after a tick bite.

Early Intervention/ Preschool Programs: The Office of Children with Special Needs (OCSN) ensures services to children with developmental delays through its Early Intervention (EI) and Preschool Education Programs. To be eligible for EI services, children must be under 3 years of age and have a confirmed disability or established developmental delay. The Preschool Special Education Program provides services to children who are 3 to 5 years old with developmental delays and/or educational needs. Eligibility is based on the results of a multi-disciplinary evaluation that is at no direct cost to the family.

Healthy Moms and Babies: Guides for supporting pregnant women and new moms, safe sleep, postpartum depression, and other resources are available from the health department. Specifically, Cribs for Kids is a national infant safe sleep initiative, with the mission of providing a safe-sleep education program for parents and caregivers which includes the intervention of a safety-approved crib if the family cannot otherwise afford one.

Lead Poisoning Investigation: The Childhood Lead Poisoning Prevention Program provides medical case management for children with elevated blood-lead levels. It works in close partnership with Environmental Health to identify and abate lead hazards.

Web Experience, Dashboards and Reports: Updated disease-specific dashboards and story maps are available to the public, community-based organizations and partners. These cover a variety of health outcomes, provide details on populations, for example, by age, sex, or zip code. Socio-economic status and determinants of health are also explored as factors which contribute to population health. The information available in these interactive web experiences and reports gives context about health outcomes to drive interventions and policies. The objective of the health department is to provide actionable data to the public and health partners.

Hospitals Systems in Nassau County

Nassau County maintains a robust hospital system and a high density of physicians. Nassau County has one stand-alone emergency department and 11 hospitals, with a total 4,087 beds.[1] These hospitals include those within the Northwell Health System, Catholic Health Services of Long Island, NYU Langone and Mount Sinai affiliates. As designated by the New York State Department of Health[2], North Shore University Hospital, NYU Langone Winthrop University Hospital and Nassau University Medical Center (NUMC) are level 1 Adult Trauma Centers. Mount Sinai South Nassau Communities Hospital is a level 2 Adult Trauma Center.

The County's perinatal centers are specialized, depending on the complexity of pregnancy. Regional Perinatal Centers, like North Shore University Hospital and NYU Langone Winthrop-University Hospital, are equipped to treat the most complex obstetric and neonatal cases. Level 3 Perinatal Centers treat increasing complex cases. In Nassau County, they include Mercy Hospital and Nassau University Medical Center. Level 2 Perinatal Centers, like Mount Sinai South Nassau Communities Hospital treat mothers and neonates who require a moderate level of care. Level 1 Perinatal Centers treat relatively typical obstetric cases; all centers, except those with a Level 1 designation, have Neonatal Intensive Care Units.

Both Nassau University Medical Center and North Shore University Hospital serve as AIDS Centers, which provide out-patient and in-patient care to those infected with HIV and AIDS. Comprehensive Stroke Centers like NYU Langone Winthrop-University Hospital and North Shore University Hospital provide neurosurgical services to the most complex stroke patients, including subarachnoid and intracerebral hemorrhage. Eight of the hospitals located throughout Nassau County are considered Primary Stroke Centers. These include: Northwell Health (Glen Cove Hospital, Long Island Jewish Valley Stream Hospital, Plainview Hospital, Syosset Hospital); Catholic Health System (Mercy Hospital and St. Joseph Hospital); Mount Sinai South Nassau Hospital; and Nassau University Medical Center. North Shore University Hospital and NYU Langone Winthrop Hospital are comprehensive Stroke Centers. Catholic Health St Francis Hospital & Heart Center is a designated Thrombectomy Capable Stroke Center. Nassau University Medical Center is the County's only burn center. Nassau County Health Care Corporation operates Nassau University Medical Center and operates in conjunction with community health centers, known as Long Island Federally Qualified Health Centers. Nassau County Department of Health relies on these partnerships to provide direct

[1] Hospitals by Region/County and Service
[2] (New York State Trauma Centers (ny.gov)

care to the community. In particular, the Nassau County Department of Health works closely with Nassau University Medical Center and the community health centers to provide care to the underserved and uninsured population within the County.

The Nassau-Suffolk Hospital Council helps support island wide hospitals and is an important collaborative team member of the Nassau County Health Department and the public health system. It enhances healthcare for all Long Islanders by representing the interests of its member hospitals before lawmakers, regulatory agencies, the media, and the public. The Council's objectives include serving as an expert voice on all healthcare issues pertaining to members and the region, providing application assistance to Medicaid, Child Health Plus and Family Health Plus, participating in regional emergency preparedness efforts, and maintaining relationships with allied associations, business partners, and community groups. As part of the efforts of the Community Health Improvement Plan, the hospitals and Health Departments of both Nassau and neighboring Suffolk County have entered a collaboration to provide resources to the region, known as the Long Island Health Collaborative. This collaboration was funded by NYS and is now also known as the Population Health Improvement Program.

Nursing Homes and Adult Care Facilities

For people who need round-the-clock care, nursing homes provide supervision and care outside of a hospital setting. Some facilities provide specialized services beyond the basic level of care; there are homes that cater to those who are living with AIDS or require a ventilator. In Nassau County, there are 37 nursing homes; for those adults who require long-term, non-medical residential services who are substantially unable to live independently due to physical, mental, or other limitations associated with age or other factors, there are 39 adult care facilities in Nassau County.

Private Physicians and other Healthcare Providers

While there is no single source that tracks the number of physicians and other healthcare providers practicing in the Nassau County, the New York State Education Department maintains a list for licensing purposes. As of July 1, 2025, there were 10,577 registered licensed physicians[3] and 2,748 physician's assistants; 3,961 nurse practitioners;[4] and 2,099 licensed dentists in Nassau County.[5]

Academic Partnerships

With several colleges and universities in and around the County, Nassau is a region characterized by higher learning. The Nassau County Health Department works closely with many of these universities and colleges. In fact, legal agreements, such as Memoranda of Understandings (MOUs), have been formed with many of the schools to be sites for Points of Dispensing (PODs) for emergency events, or academic learning and internship sites. Beyond the County's borders, additional university systems support the Health Department and community in terms of outreach, research, and training.

Community-Based Organizations and Associations

[3] https://www.op.nysed.gov/professions/physicians/license-statistics
[4] https://www.op.nysed.gov/professions/nurse-practitioners/license-statistics
[5] https://www.op.nysed.gov/professions/dentists/license-statistics

Nassau County has an active faith-based, health issue-driven, grassroots effort to address multiple health disparities and needs throughout the community. There are several community-based organizations (CBOs) located within the County. Nassau County Department of Health has engaged many of these agencies to participate in this assessment, as well as in the continued effort to move forward with plans to address poor health outcomes. These are in the Collaborative's membership list located on the LIHC Website: Membership Directory | Long Island Health Collaborative.

Nassau County Community Health Improvement Plan

Major Community Health Needs

In 2024-2025, members of the Long Island Health Collaborative (LIHC) identified Prevention Agenda priorities for the 2025-2030 Community Health Assessment cycle. Community and hospital partners selected:

1. Nutrition Security
2. Tobacco/E-cigarette Use
3. Preventive Services for Chronic Disease and Prevention Control

Prioritization Methods:

Description of Prioritization

These agenda priorities were determined collectively among members of the LIHC, as both counties and all hospitals understand the impact of a regional approach to health. The many sectors represented by the members of the LIHC ensured broad community engagement on an ongoing basis. The voices of all communities, including those marginalized and experiencing health disparities, were included via the feedback offered by leaders of community-based organizations. The LIHC continually solicits new partners and makes an effort to ensure diverse sectors are included in the coalition. Please see Membership Directory | Long Island Health Collaborative and Meeting Information | Long Island Health Collaborative LIHC for more information.

After careful consideration of all data results, efforts achieved since the previous CHNA/CHA filing in 2022, and ongoing interventions that continue to show promise, the group collectively selected relevant priorities from the 2025-2030 New York State Prevention Agenda for the 2025-2027 reporting cycle. The agenda selections were based on both the primary and secondary data, qualitative (themes) and quantitative and common health missions among the partners. The quantitative morbidity and mortality data pointed to chronic disease prevention. Much of the surveys and key informant interviews indicated that difficulties in accessing care, affordability of care, access to affordable and nutritious foods, understanding the need for nutrition, individual lifestyle choices such as smoking tobacco/e-cigarettes, and lack of places to exercise contributed to chronic disease. Nutrition security and tobacco or e-cigarette use are key factors contributing to chronic disease. Please see Data Resources | Long Island Health Collaborative for more details on

methods. All Domains and Priorities addressed by Nassau County and our partners are listed below.

Domain	Priority Addressed
Economic Stability	Poverty
	Nutrition Security
	Housing Stability and Affordability
Social & Community Context	Tobacco/E-Cigarette Use
	Primary Prevention, Substance Misuse, and Overdose Prevention
	Anxiety and Stress
Neighborhood, Built Environment	Access to Community Services and Support
Healthcare Access & Quality	Preventative Services for Chronic Disease Prevention and Control
Education Access & Quality	Opportunities for Continued Education

As a collaborative on April 24, 2025, the group unanimously voted on regional priorities. Selection considered all data results, efforts achieved since the previous CHNA/CHA filing in 2022, ongoing interventions that continue to show promise and common organizational missions. Three hospitals did not have representation at the April 24, 20225 meeting. A follow-up email noting the three selected priorities was sent to these entities. Receipt of the email and their agreement of the selected priorities were documented. Thus, a 100 percent consensus was achieved.

Community Engagement:

As mentioned above, primary, community-based data was key to understanding the community's perspectives on health priorities. Surveys soliciting perspectives from the public were distributed by paper and electronically, through SurveyMonkey, to community members, and available on the health department's website. The LIHC, in partnership with its 2025 CHNA/CHA Work Group participants, deployed a survey for community-based organizations and agencies on Friday, November 15, 2024. In addition, the LIHC organized a campaign to interview community-based organization representatives about the health/social problems and barriers to health/social services experienced by the populations they serve, as well as suggested interventions to address those problems and barriers. Interview questions were decided by consensus among LIHC representatives. Stakeholders were initially recruited through the Community-Based Organization Survey deployed by the LIHC in 2024. Twenty-seven (27) survey respondents indicated they would be willing to participate in a follow-up interview. In addition to soliciting those survey respondents, LIHC representatives sent two email blasts to their 400+ email contacts to secure additional willing interviewees. The LIHC also relied on its CHNA/CHA Work Group participants to recruit additional interviewees. Please see Data Resources | Long Island Health Collaborative details on methods.

In addition to the LIHC, Nassau County Department of Health has posted preliminary data on its website with additional reports and presented the data and dashboards to multiple agencies and community partners. The health department has increased its presence in the community through a variety of educational programs known as Community Health Connections, Power to Prevent, to improve awareness about the current state of health for the county. These community-oriented workshops occurred countywide as well as within specific populations, with special attention to

being culturally competent. Feedback generated from these interactions, meetings, and opportunities have shaped the current Community Health Assessment.

Justification for Unaddressed Health Needs:

Of the list of choices required by NYS Department of Health, the collaborative including Nassau County Department of Health selected priorities that were both driven by data and consistent with the entities' health missions. That said, these selected priorities did not preclude other health needs warranting addressing. Nassau County is proud to provide priorities that address each of the domains (Economic Stability, Social and Community Context, Neighborhood, Built Environment, Healthcare Access and Quality, and Education Access and Quality) as an agency or in partnership. For full list of Nassau County Department of Health services and programs, please visit: Health Department | Nassau County, NY - Official Website.

Objectives, Interventions and Action Plan:

See CHIP Workplan for a description of the objectives, interventions and action plan for Nassau County priorities. The workplan also includes timelines necessary for monitoring plan progress and responsible agencies.

Dissemination

Nassau County's CHA and CHIP will be posted on the Nassau County Website and presented to stakeholders.

Nassau County Department of Health Website

DISCLAIMERS:

The Nassau County Department of Health (NCDOH) makes every effort to post accurate and reliable information; however, it does not guarantee or warrant that the information is complete, accurate or up to date. This information is intended solely for the purpose of providing the public with health-related data electronically. The NCDOH assumes no responsibility for any error, omission, or other discrepancies between electronic and/or printed versions of this information. Nassau County and its officers, employees, and/or agents shall not be liable for damages or losses of any kind, including but not limited to direct, indirect, incidental, consequential, special or exemplary damages arising out of, or in connection with, the use or performance of such information, nor damages or losses caused by reliance upon the accuracy of any such information and/or damages incurred from the viewing, distributing, or copying of such materials.

This publication was produced from raw data purchased from or provided by the New York State Department of Health (NYSDOH). However, the calculations, metrics, conclusions derived, and views expressed herein are those of the author(s) and do not reflect the conclusions or views of NYSDOH. NYSDOH, its employees, officers, and agents make no representation, warranty or

guarantee as to the accuracy, completeness, currency, or suitability of the information provided here.

The raw Vital Records data used to produce this publication and/or public-facing artifact was purchased from or provided by the New York State Department of Health (NYSDOH) or the Bureau of Vital Records (BVR). However, the calculations, metrics, conclusions derived, and views expressed herein are those of the author(s) and do not reflect the work, conclusions, or views of NYSDOH or BVR. Neither NYSDOH nor BVR, its employees, officers, and/or agents make any representation, warranty or guarantee as to the accuracy, completeness, currency or suitability of the information provided here.

The views and opinions expressed in this article are those of the author(s) and do not necessarily reflect the official policy or position of the New York State Department of Health. Examples of analysis performed within this article are only examples. They should not be utilized in real-world analytic products.