

# **New York-Presbyterian/Queens Community Service Plan**

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## **2016 - 2018**

[www.nyp.org/queens](http://www.nyp.org/queens)

Service Area:

- Queens County

Participating Local Health Department:

New York City Department of Health & Mental Hygiene

42-09 28th Street

Long Island City, NY 11101

Participating Hospital:

Name of Facility: NewYork-Presbyterian/Queens

Address: 56-45 Main Street

City: Flushing

County: Queens

Department of Health Area Office: Metropolitan Area Regional Office

President and Chief Executive Officer: Steven J. Corwin, M.D – NewYork-Presbyterian

President: Jaclyn Mucaria, MPA, NewYork-Presbyterian/Queens

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## SECTION 1: EXECUTIVE SUMMARY

New York Presbyterian/Queens (NYP/Queens), located in Flushing, New York, is a 535-bed tertiary care community teaching hospital affiliated with Weill Cornell Medicine that serves Queens and metro New York residents. NYP/Queens shares its mission with New York Presbyterian, which is to provide the greater community with excellence in care and be the leading academic integrated delivery system in the nation for patient centered care, research and education. As part of this mission, NYP/Queens continually monitors the priority health needs of Queens' residents and provides preventive, diagnostic, treatment, and rehabilitation services to meet those needs.

The primary service area is located in the most ethnically and racially diverse county in the United States. Racial and ethnic minority groups account for 64% of the total population of Queens. Approximately 48% of area residents are foreign-born, representing over 100 countries. NYP/Queens' service area has a high concentration of Asian residents compared to other geographies; more than 40% of all Asians living in New York City reside in the NYP/Queens catchment area.

The 2016 Three Year Action Plan builds on the accomplishments of the three preceding years and advances new goals and objectives. NYP/Queens' 2013 Community Service Plan prioritized the prevention of chronic disease and the promotion of healthy women, infants, and children. Hospital initiatives focused on these two issues lay the groundwork for long-term, sustainable results; each project has become self-sufficient and is no longer in need of targeted support from NYP/Queens' workgroups. The success of the preceding initiatives has enabled NYP/Queens to focus and build on two issues that greatly affect a growing number of community residents.

The NYP/Queens 2016-2018 Community Service Plan is informed by data collected from the NYP/Queens Delivery System Reform Incentive Program's (DSRIP) Community Health Needs Assessment (CHNA), the NYC Department of Health and Mental Hygiene's (NYCDOHMH) Community Health Profiles, and the NYCDOHMH's Epiquery Database. An analysis of this data along with feedback from a wide range of community stakeholders (See Appendix A), resulted in the selection of the following two priority areas:

*Priority #1:* Increase access to high-quality chronic disease preventative care and management in both clinical and community settings, with a focus on increasing screening rates for hypertension and heart disease

*Priority #2:* Prevent HIV and STDs, with a focus on increasing screening rates for Hepatitis C.

**Priority #1 - Chronic Disease:** High blood pressure (hypertension) directly increases the risk of coronary heart disease and stroke. In Queens County, heart disease is a leading cause of death. A CHNA focus group discussed the physical health issues of the community and found that living in New York, chronic diseases are caused by a multitude of environmental stresses. The prevalence of chronic disease in the community within NYP/Queens service area is higher than NY State (NYS) (see Section 4). This was a significant source of concern cited by both the key informant interview and the focus group regarding

health conditions that affect people in the communities where they live and work. The groups highlighted, among other risk factors: **hypertension and heart disease**, and HIV were of critical concern in their community.

NYP/Queens is committed to addressing the concern of hypertension and heart disease by aligning with the NYP/Queens DSRIP Performance Provider Site (PPS) Cardiovascular Disease Project, which provides hypertension screenings as prescribed by the U.S. Preventative Service Task Force (USPSTF). The USPSTF recommendations are preventive, evidence-based guidelines about clinical services such as screenings, counseling services, and preventive medications. Additionally, the NYP/Queens Community Health Initiatives Group has committed to provide resources for hypertension screening at several community health events throughout the year. NYP/Queens is also developing a relationship with the Queens Public Library to host permanent hypertension screening booths. NYP/Queens will monitor the success of these initiatives by tracking the number of screening events, the number of patients screened, and the number of patients connected to care. In order to mitigate socioeconomic and linguistic barriers as well as limitations to access of care, NYP/Queens will host free screenings in venues that are in easily accessible to the community.

**HIV and STDs:** HIV is a growing concern for the community. It is often a comorbidity associated with Hepatitis C (HCV). Early detection and proper follow-up care can dramatically reduce the mortality of patients with HCV and HIV. Without the availability of screening programs and linkages to care, patients with HCV and HIV commonly go untreated until they end up in the NYP/Queens emergency room with end-stage liver disease. NYP/Queens started a new initiative: *HIV, HBV and HCV Testing Model in an Urban Hospital Setting*, which screens individuals for Hepatitis B virus (HBV), HCV and HIV so people living with any of these diseases can become aware of their status and linked to care. The program offers testing for HBV, HCV and HIV to all eligible individuals, 21 years or older, at NYP/Queens Emergency Department and the outpatient Ambulatory Care Center. Patients who test positive will be linked to a primary care physician or the appropriate medical specialists for follow-up care.

It is anticipated that patients screened for HIV, HBC, and HCV in the Emergency Department and Ambulatory Care Center will reflect the ethnic and sub-ethnic communities served by NYP/Queens. For instance, chronic HBV has steadily increased among foreign-born populations in Queens, particularly immigrants from China. The NYP/Queens Triple Viral Taskforce will track the number of patients screened for HCV, HBV, and HIV and the number of patients connected to care, e.g. NYP/Queens and local primary care physicians and local clinics. The information will be shared with the NYCDOHMH Hepatitis C Coalition members, who will utilize NYP/Queens data for best practices and dissemination to other sites across NYC.

## **SECTION 2: MISSION STATEMENT**

This document represents the 2016-2018 Community Service Plan for NYP/Queens, a regional hospital of New York-Presbyterian Healthcare System located in Flushing, New York. NYP/Queens is a community teaching hospital affiliated with Weill Cornell Medicine that serves Queens and metro New York residents. The 535-bed tertiary care facility provides services in 14 clinical departments and numerous

subspecialties, including 15,000 surgeries and 4,000 infant deliveries each year. With its network of affiliated primary and multispecialty care physician practices and community-based health centers, the hospital provides approximately 162,000 ambulatory care visits and 124,000 emergency service visits annually.

The history of NYP/Queens goes as far back as the nineteenth century, as one of the first facilities operated by the Salvation Army. It served patients in Manhattan for over 60 years, re-naming itself Booth Memorial Hospital. The hospital uprooted from its' Manhattan location in the 1950's, when they noticed a shortage of local general hospital facilities in the vast farmland communities located to the east of the East River, namely Queens. From the beginning, the Salvation Army instilled a great sense of service and patient-centered care at the hospital, a spirit that lives on in the institution to this day.

In July 2015, New York Hospital Queens and NewYork-Presbyterian joined forces to improve access to state-of-the-art care for residents of Queens. New York Hospital Queens, a member of the NewYork-Presbyterian Healthcare System for more than 22 years, was renamed NewYork-Presbyterian/Queens, effective July 1, 2015.

NYP/Queens shares its mission with NewYork-Presbyterian in providing the greater community with excellence in care and serving as the leading academic integrated delivery system in the nation for patient centered care, research and education. As part of this mission, NYP/Queens continually monitors the priority health needs of Queens' residents and provides preventive, diagnostic, treatment, and rehabilitation services to meet those needs wherever feasible.

#### **Values:**

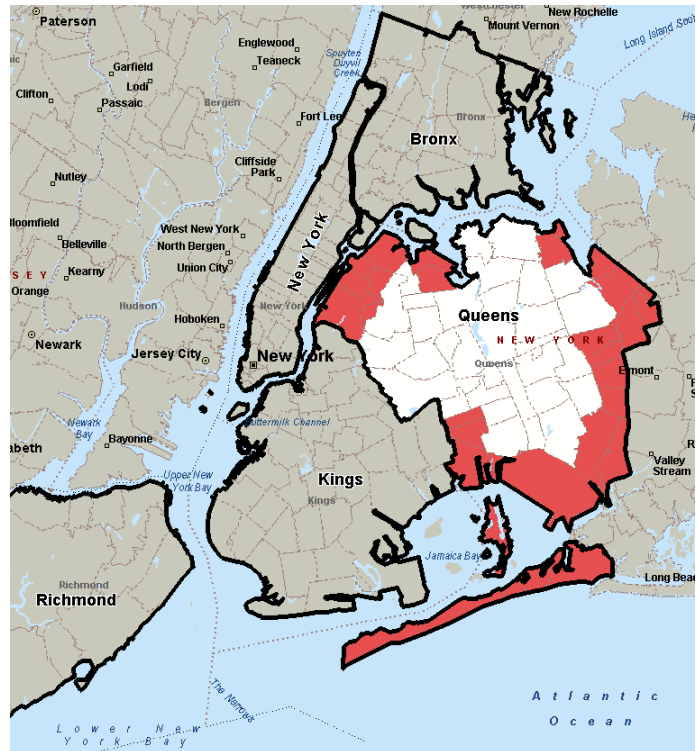
NYP/Queens strategic initiatives support the system's ultimate goal: We Put Patients First. This means that in everything we do, we must make patients our first priority and strive to provide them with the highest quality, safest, and most compassionate care and service. Our values are summarized through the 7 C's:

- **Caring & Compassion**
- **Commitment to Quality and Service**
- **Caution**
- **Candor**
- **Courage**
- **Competence**
- **Continuous Learning**

The NYP/Queens Board of Trustees approved this plan on December 14, 2016.

**SECTION 3: DEFINITION OF SERVICE AREA**

For the purposes of the CHNA, the service area is derived using hospital patient origin; specifically zip codes that represent ~75% of outpatient clinic patients in the most recent year. The white colored area of the map to the right depicts NYP/Queens service area, following this definition from NYS.



**Description of Community Served**

Queens County is the largest of the five boroughs of New York City, with a population of approximately 2.31M people. It is often referred to as the most ethnically diverse urban area in the world.<sup>1</sup>

The NYP/Queens service area comprises 33 of 52 Queens County zip codes. The service area currently has 1.59M people. Assuming the expansion of NYP/Queens’ service area is consistent with the 0.5% growth rate of Queens County, the number of residents living in the service area will increase to 1.66M by 2020.<sup>2</sup>

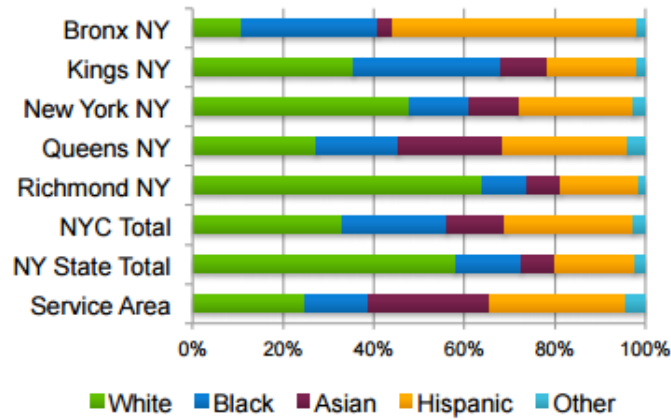
**Race and Ethnicity:**

Queens County and the NYP/Queens service area cover the two most diverse geographies in NYC. As shown below, racial or ethnic minority groups account for up to 30% of Queens County and service area population.<sup>3</sup> Having a significant population base of all major races and ethnicities impacts the provision of health services in the following ways: cultural issues, language and health literacy, disease prevalence, and disease manifestation.

<sup>1</sup> “The NYC Experience: Queens, One Campus NYC, [www.nyc.gov](http://www.nyc.gov).

<sup>2</sup> US Census via Missouri Census Data Center. (2014). ACS Profiles, Cornell Program on Applied Demographics <http://census.missouri.edu/acs/profiles/> <http://pad.human.cornell.edu/counties/projections.cfm>

<sup>3</sup> US Census via Missouri Census Data Center. (2014). ACS Profiles [dataset application]. <http://census.missouri.edu/acs/profiles/>.



Area	Total Population	White	Black	Asian	Hispanic	Other
Bronx NY	1,386,077	151,311	416,125	48,169	745,661	24,811
Kings NY	2,512,740	896,464	809,821	265,238	497,620	43,597
New York NY	1,587,045	761,935	205,992	177,222	402,156	39,740
Queens NY	2,238,734	613,385	401,032	517,477	617,104	89,736
Richmond NY	468,374	300,585	44,665	35,773	80,439	6,912
NYC Total	8,192,970	2,723,680	1,877,635	1,043,879	2,342,980	204,796
NY State Total	19,398,124	11,300,531	2,803,243	1,434,757	3,425,845	433,748
Service Area	1,594,292	394,481	227,432	422,309	479,486	70,584

### Language:

The languages spoken at home by NYP/Queens patients mirrors the racial and ethnic diversity represented throughout the NYP/Queens service area. 38% of the service area population primarily speaks English, compared with 43.4% in the rest of Queens County, 51.4% of New York City, and 70.0% of New York State. The NYP/Queens catchment area has a much higher rate of Asian, Indo-European and Spanish speakers than does the city or state.

Area	Total Pop Ages 5+	Pop Ages 5+ who speak only English	Pop Ages 5+ who speak Asian or Pacific Island Language	Pop Ages 5+ who speak IndoEuropean Language	Pop Ages 5+ who speak Spanish	Pop Ages 5+ who speak Other Language
Bronx NY	1,326,894	571,656	22,677	70,909	613,042	48,610
Kings NY	2,420,269	1,304,431	197,207	439,087	406,825	72,719
New York NY	1,551,835	929,963	119,491	124,442	352,546	25,393
Queens NY	2,155,864	936,224	303,335	358,179	516,648	41,478
Richmond NY	443,283	314,418	20,558	52,679	45,534	10,094
NYC Total	7,898,145	4,056,692	663,268	1,045,296	1,934,595	198,294
NY State	18,521,819	12,973,096	877,623	1,664,706	2,723,921	282,473
Service Area	1,538,367	590,355	258,677	252,356	410,418	26,561



Area	Total Pop Ages 5+	Pop Ages 5+ who speak only English	Pop Ages 5+ who speak Asian or Pacific Island Language	Pop Ages 5+ who speak IndoEuropean Language	Pop Ages 5+ who speak Spanish	Pop Ages 5+ who speak Other Language
Bronx NY	1,326,894	43.1%	1.7%	5.3%	46.2%	3.7%
Kings NY	2,420,269	53.9%	8.1%	18.1%	16.8%	3.0%
New York NY	1,551,835	59.9%	7.7%	8.0%	22.7%	1.6%
Queens NY	2,155,864	43.4%	14.1%	16.6%	24.0%	1.9%
Richmond NY	443,283	70.9%	4.6%	11.9%	10.3%	2.3%
NYC Total	7,898,145	51.4%	8.4%	13.2%	24.5%	2.5%
NY State	18,521,819	70.0%	4.7%	9.0%	14.7%	1.5%
Service Area	1,538,367	38.4%	16.8%	16.4%	26.7%	1.7%

**Employment and Income:**

There are 80k unemployed persons in the area, for a rate of 9.6%. This rate is higher than NYS, but lower than NYC average.

Area	Employed Civilian Labor Force	Unemployed Civilian Labor Force	Unemployed %
Bronx NY	546,351	90,482	14.2%
Kings NY	1,103,912	126,874	10.3%
New York NY	847,055	79,645	8.6%
Queens NY	1,070,011	113,353	9.6%
Richmond NY	206,987	16,450	7.4%
NYC Total	3,774,316	426,804	10.2%
NY State Total	9,073,362	869,729	8.7%
Service Area	757,446	80,481	9.6%

Queens County median income of approximately \$62k is higher than the NYS median of \$56k, and approximately equal to the New York City median of \$63k. The NYP/Queens service area; however, has a much lower median income than Queens County, at \$58k. The percentage of NYP/Queens service area households with a low income (less than \$35k per household) is 44.1%. This rate is higher than the Queens County and NYS rates of 41.5% and 32.9%, respectively. Conversely, the percentage of households with high income is lower in the service area than in the County or State.<sup>4</sup>

<sup>4</sup> US Census via Missouri Census Data Center. (2014). ACS Profiles [dataset application]. <http://census.missouri.edu/acs/profiles/>

County	Median HH Income	% HH w Income <\$35k	%HH w Income >\$100k
Bronx NY	\$37,738	62.9	12.9
Kings NY	\$48,137	53.6	20.0
New York NY	\$87,301	36.4	41.0
Queens NY	\$62,640	41.5	27.1
Richmond NY	\$70,878	36.3	33.7
NYC Total	\$62,916	45.4	27.6
NY State Total	\$56,448	32.9	26.3
<b>Service Area</b>	<b>\$58,045</b>	<b>44.1</b>	<b>24.3</b>

**Poverty:**

Poverty is an issue of concern for this population – particularly the disparity in poverty rates across the service area. Some portions of the service area see as much as one fourth of the population living in poverty. There is great geographic disparity in the percent of families living in poverty. Queens County has a lower percentage of families in poverty (14.4%) than Bronx, Kings and New York Counties, but higher than Richmond. Within the service area alone, the percentage of families living in poverty ranges from 4.6% in Whitestone to 23.8% in one zip code within Jamaica.<sup>5</sup>

Area	Persons for Whom Poverty Determined	Poor Persons	% Poor Persons	Persons for Whom Poverty Determined, <18	Poor Persons, <18	% Poor Persons, <18
Bronx NY	1,359,454	398,536	29.3%	364,254	150,695	41.4%
Kings NY	2,492,663	565,764	22.7%	590,199	191,538	32.5%
New York NY	1,541,360	269,197	17.5%	232,444	56,418	24.3%
Queens NY	2,205,615	317,348	14.4%	454,367	89,534	19.7%
Richmond NY	461,183	52,237	11.3%	107,795	17,196	16.0%
NYC Total	8,060,275	1,603,082	19.9%	1,749,059	505,381	28.9%
NY State Total	18,885,924	2,814,409	14.9%	4,252,153	891,923	21.0%
<b>Service Area</b>	<b>1,568,002</b>	<b>232,854</b>	<b>14.9%</b>	<b>323,650</b>	<b>64,209</b>	<b>19.8%</b>

**Medicaid Beneficiaries:**

There are approximately 916,000 Medicaid beneficiaries in Queens County, and approximately 692,000 Medicaid beneficiaries in the NYP/Queens service area. These numbers translate to 41% of the population in Queens County and 43% in the service area.

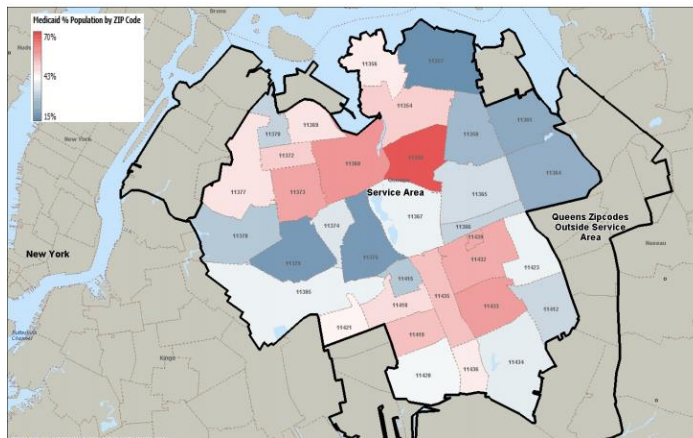
The percent of population enrolled in Medicaid ranges from 18% in Whitestone to 69% in Flushing (which is, notably, NYP/Queens zip code). The service area appears to have two areas of high Medicaid concentration, separated by an area of low Medicaid population. Corona, Elmhurst and one of the two

<sup>5</sup> US Census via Missouri Census Data Center. (2014). ACS Profiles [dataset application]. <http://census.missouri.edu/acs/profiles/>.

Flushing zip codes each have more than 50k Medicaid beneficiaries. The Jamaica zip codes have a high percentage of individuals receiving Managed Care Medicaid or Medicaid HMO.<sup>6</sup>

**Uninsured:**

Estimates of the uninsured rate ranges from 9.9% in Richmond County to 24.2% in NYS, with Queens



County at 19.2%. While lower than the State, Queens County has the highest uninsured rate of any NYC County, at 19.2% or 431k persons. Assuming NYP/Queens’s service area uninsured rate is similar to Queens County rate, the service area has approximately 306k uninsured.<sup>7</sup>

In aggregate, there are 1.9M persons in the service area who are either Medicaid beneficiaries or uninsured. The uninsured rate for Queens County is estimated at 19.2% with a total of 430,385 individuals

compared to a NYS estimate of 24.2%, totaling 4.6M individuals.

Area	Total Population	% Uninsured	Estimate of # Uninsured
Bronx NY	1,386,077	15.8%	219,362
Kings NY	2,512,740	15.2%	381,767
New York NY	1,587,045	11.4%	180,588
<b>Queens NY</b>	<b>2,238,734</b>	<b>19.2%</b>	<b>430,385</b>
Richmond NY	468,374	9.9%	46,265
<b>NYC Total</b>	<b>8,192,970</b>	<b>15.4%</b>	<b>1,258,367</b>
<b>NY State Total</b>	<b>19,398,124</b>	<b>24.2%</b>	<b>4,692,738</b>
<b>Service Area</b>	<b>1,594,292</b>	<b>19.2%</b>	<b>306,104</b>

<sup>6</sup> Health Data NY, New York State Department of Health <http://health.data.ny.gov/Health/Medicaid-Beneficiaries-Inpatient-Admissions-and-Em/m2wt-pie4?>

<sup>7</sup> U.S. Census Bureau/Small Area Health Insurance (SAHIE) Program/March 2014 via <http://www.census.gov/did/www/sahie/data/20082012/index.html>

## **SECTION 4: HEALTH ISSUES OF CONCERN**

Beginning in October 2014, NYP/Queens engaged in a four-month-long, comprehensive, and collaborative development of a CHNA, led by the DSRIP CHNA Project Workgroup, with significant input from the NYP/Queens PPS Project Advisory Committee. Vast amounts of quantitative and qualitative data were collected, refined, and analyzed. Thirteen stakeholders and over 80 residents provided valuable qualitative information on their health concerns and health care access and services in Queens. Quantitative data used throughout this analysis was obtained from more than 30 sources.

The Center for Evaluation and Applied Research (CEAR) at The New York Academy of Medicine (NYAM) conducted the primary data portion of the CHNA, which included surveys of community residents, and focus groups and interviews with Queens residents, providers, and other stakeholders. The protocol was developed in collaboration with selected PPS in Queens, Brooklyn, the Bronx, and Manhattan and was approved by the NYAM Institutional Review Board (IRB).

A NYP/Queens Community Health Service Plan Workgroup comprised of representatives from External Affairs, Community Medicine, Community Health Initiatives, Corporate Health, and Community Benefits and Services was convened to review the CHNA and the public health data to select the priorities for collaborative action.

In addition to the CHNA and community focus groups, additional data was examined from a wide variety of sources:

- NYS Prevention Agenda 2013 – 2016 indicators
- NYCDOHMH Community Health Indicator Reports
- County Health Indicators by Race/Ethnicity
- Access to state, county, and city information collected by Census or American Community Survey
- NYS Behavioral Risk Factor Surveillance System
- NYC EpiQuery Database

The health indicators selected for this report were based on a review of available public health data and NYS priorities promulgated through the Prevention Agenda for a Healthier New York. Additionally, in cooperation with the NYCDOHMH, one of the health indicators was selected as a direct response to their top five health concerns for Queens County.

Given the service area's racial and ethnic diversity, stakeholders and residents emphasized the need for culturally and linguistically appropriate care, particularly within the hospital setting. Poverty is an issue of concern for this population, particularly the disparity in poverty rates across the service area. Poverty rates are highest in neighborhoods within Jamaica, Corona, and Elmhurst. Focus group participants reported that they often delay or avoid seeking health care due to cost.

Additionally, the NYP/Queens CHNA found that one of the most significant areas of concern from a morbidity or disease prevalence perspective is heart disease. The New York City Community Health Indicator Profile shows cardiovascular disease as the leading cause of death in Queens County.<sup>8</sup>

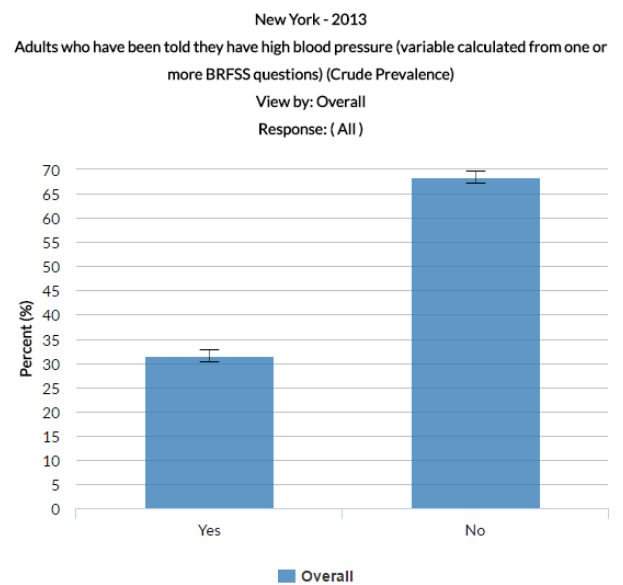
Leading Causes of Death in Queens County, 2014	Number of Deaths	Death Rate (per 100,000)
Cardiovascular disease	4,464	175
Cancer	3,360	130
Pneumonia and Influenza	655	25
Stroke	558	22
Chronic Lower Respiratory Disease	504	20

**Cardiovascular Disease:**

Cardiovascular disease is a serious chronic health issue for the NYP/Queens service area. In Queens County, it is the leading cause of mortality. Several risk factors are attributable to developing heart disease. These factors include hypertension, smoking, cholesterol, and diabetes, among others. Uncontrolled hypertension is a major contributor to cardiovascular disease and is easily identifiable. Yet, in NYS, over 65% of adults are not told they have high blood pressure.<sup>9</sup>

More than half of all people over the age of 65 have hypertension (high blood pressure). Typically, hypertension has no symptoms, which is why the condition has been dubbed “the silent killer.”

The following table highlights the avoidable hospitalizations within the specific areas in Queens that fall within the NYP/Queens service area. It demonstrates that Hollis, Jamaica, Jamaica Center, North Springfield



Data Source: Behavioral Risk Factor Surveillance System (BRFSS)

<sup>8</sup> New York State Department of Health County Health Indicator Profiles, 2014 (22)

<sup>9</sup> Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. BRFSS Prevalence & Trends Data [online]. 2015. URL: <https://www.cdc.gov/brfss/brfssprevalence/>.

Gardens, Rochdale, South Jamaica, and St. Albans have the highest burden of the disease. 33% of the population is diagnosed with hypertension and a rate of 134.3 per 100,000 for avoidable hospitalizations.<sup>10</sup>

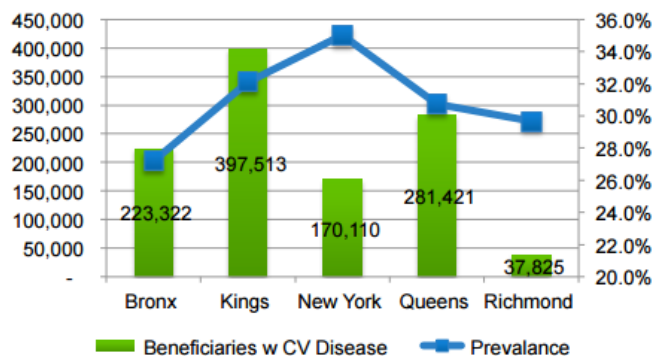
<b>HYPERTENSION</b>		
<b>Locations in Queens</b>	<b>Avoidable Hospitalizations per 100,000</b>	<b>Percentage of Population (%)</b>
Hollis, Jamaica, Jamaica Center, North Springfield Gardens, Rochdale, South Jamaica , St. Albans	134.3	33.2
Corona, Corona Heights, Elmhurst, LeFrak City	89.2	29.1
Howard Beach, Lindenwood, Old Howard Beach, Ozone Park, South Ozone Park	86.2	26.4
Astoria, Astoria Heights, Queensbridge, Dutch Kills, Long Island City, Ravenswood, Rikers Island (BX) , Steinway	76	26.1
Blissville, Hunters Point , Long Island City, Sunnyside, Sunnyside Gardens, Woodside	76	26.1
East Elmhurst, Jackson Heights, North Corona	86.7	24.7
Glendale, Maspeth, Middle Village, Ridgewood	66.1	26.4
Forest Hills, Forest Hill Gardens, Rego Park	79.5	22.6

<sup>10</sup> PHIP, UHF, and DOHMH: “A Strategy for Expanding and Improving the Impact of the Medical Home Across New York City”

Auburndale, Bay Terrace, Beechhurst, Clearview, College Point, Downtown Flushing, East Flushing, Flushing, Malba, Murray Hill, Queensboro Hill, Waldheim, Whitestone	49.1	24.8
Briarwood, Fresh Meadows, Hillcrest, Holliswood, Jamaica, Jamaica Estates, Jamaica Hills, Kew Gardens Hills, Pomonok, Utopia	60.4	24.8
Kew Gardens, Ozone Park, Richmond Hill, Woodhaven	74.6	31.9
Auburndale, Bayside, Douglaston, Hollis Hills, Little Neck, Oakland Gardens	42.9	22.9

Although the rate of Hypertension hospitalization for adults 18 and older living in Queens of 7.6 is less than NYC’s rate of 9.5, it is higher than the NYS’s rate of 6.8.<sup>11</sup>

In Queens County, approximately 281k Medicaid beneficiaries (30.7%) have cardiovascular disease. This prevalence rate is in the middle of comparative geographies, but is higher than the NYS rate of 29.2%. In 2012 in Queens County, cardiovascular disease was the primary driver of 197,816 Medicaid inpatient admissions and 144,585 Medicaid emergency visits<sup>12</sup>



<sup>11</sup> New York State Community Health Indicator Reports - Cardiovascular Disease Indicators

<sup>12</sup> <https://health.data.ny.gov/Health/Medicaid-Chronic-Conditions-Inpatient-Admissions-a/wybq-m39t>

In Queens, the prevalence of Cardiovascular disease at 30.7% is greater than NYS rate at 29.2%.<sup>13</sup>

Disease Category	# Queens Beneficiaries	Queens Prevalence	State Prevalence	Queens IP Admissions	Queens ED Vists
Cardiovascular	281,421	30.7%	29.2%	197,816	144,585
Mental Health	139,579	15.2%	25.3%	94,608	145,924
Substance Abuse	31,117	3.4%	7.6%	63,436	66,699
Diabetes	109,253	11.9%	10.7%	54,516	51,127
Respiratory	73,920	8.1%	10.5%	46,615	70,489
HIV	7,427	0.8%	1.0%	2,624	4,379

### Racial Disparities in Cardiovascular Disease

The American Heart Association highlights that racial/ethnic minority groups more frequently lack health insurance and have limited access to quality healthcare. Statistically, high blood pressure is more prevalent in certain racial/ethnic minority groups in the US, especially blacks.<sup>14</sup> This further emphasizes the need to have hypertension screenings at health events in high-risk neighborhood such as Jamaica and Hollis area of Queens, which has a sizeable population of black residents.

### Local Health Department

For uncontrolled hypertension, the local health department seeks to improve the quality of health care delivery by engaging 17 community pharmacies in activities that will drive the prevention and control of high blood pressure. They will provide technical assistance and quality improvement support to increase awareness of the impact of high blood pressure, promote evidence based strategies that increase the rate of blood pressure control, and increase the demand for pharmacist directed care. Additionally, they run or support a variety of healthy eating and physical activity programs, both of which can help patients control their blood pressure.<sup>15</sup>

### HIV and STDs

Although the rates of HIV are not highest among the NYP/Queens population, the service area contains several high-risk population for HIV infection. The Center for Disease Control (CDC) reported a steep spike in the mortality of Hepatitis cases in their 2013 *Surveillance for Viral Hepatitis* report with New York City foreign-born Asians ranking one of highest in mortality rates in HBV.<sup>16</sup>

<sup>13</sup> Health Data NY, New York State Department of Health <https://health.data.ny.gov/Health/Medicaid-Chronic-Conditions-Inpatient-Admissions-a/wybq-m39t>

<sup>14</sup> Angeles J, Somers S. *From Policy to Action: Addressing Racial and Ethnic Disparities at the Ground-Level*. Issue Brief. Center for Healthcare Strategies, Inc August 2007

<sup>15</sup> NYCDOHMH TCNY 2020 Community Priorities and related DOHMH services in Queens; Aug. 31, 2016

<sup>16</sup> U.S. 2013 Surveillance for Viral Hepatitis – United States, 2013, Center for Disease Control: Division of Viral Hepatitis, May 31, 2015. Statistics & Surveillance



During the 2010 *State of the Hospital* presentation at NYP/Queens, Dr. Mitchell Chorost, then-Director of Surgical Oncology, revealed that Queens County has “an unusually high rate of Hepatitis C among Asian and Pacific Islanders with nearly 14 of every 100,000 Queens men have liver cancer, and 4.5 among females.”<sup>17</sup> A growing population of first-generation Asian immigrants has driven an increase in the overall rate of HBV, which has an “infection rate 35 times higher than is found in the general U.S. population”.<sup>18</sup> With early detection and proper follow-up care, the percentage of HBV and HCV can be dramatically reduced. Without the availability of screening programs and linkages to care, patients with Hepatitis commonly go untreated until they end up in the NYP/Queens emergency room with end-stage liver disease.

NYCDOHMH 2013 report, *Geographic Co-occurrence of HIV/AIDS and Viral Hepatitis*, ranked Queens in the top 25% of zip codes with multiple diseases (HBV, HCV, HIV/AIDS).<sup>19</sup> According to the report, HBV disproportionately impacts NYP/Queens’ service area with 12 Queens zip codes in the top quintile for Hepatitis B.<sup>20</sup> Neighborhood-level interventions have been found to be most effective as Hepatitis often impacts individuals concentrated in distinct communities. Queens residents who are most at-risk for HIV/AIDS and Hepatitis like Jackson Heights and Elmhurst, have less access to the health care system and can easily be lost due to lack of follow-up care, or may never return to the testing site to learn of their lab results. Co-occurrence of HIV/AIDS and Hepatitis increases the risk of death from liver and non-liver related diseases. For instance, HIV/HCV coinfection was associated with “40% higher mortality compared with HIV mono-infection.”<sup>21</sup>

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<sup>17</sup> Mitchell, MD. High Hepatitis C, Liver Cancer Rate In Queens, NYC: Russians & Asians: 2010. New York-Presbyterian/Queens State of the Hospital Presentation

<sup>18</sup> Mitchell, MD. High Hepatitis C, Liver Cancer Rate In Queens, NYC: Russians & Asians: 2010. New York-Presbyterian/Queens State of the Hospital Presentation

<sup>19</sup> Geographic Co-occurrence of HIV/AIDS, Viral Hepatitis, Sexually Transmitted Diseases and Tuberculosis in New York City. Epi Data Brief: New York City Department of Health and Mental Hygiene. December 2012.

<sup>20</sup> Geographic Co-occurrence of HIV/AIDS, Viral Hepatitis, Sexually Transmitted Diseases and Tuberculosis in New York City. Epi Data Brief: New York City Department of Health and Mental Hygiene. December 2012.

<sup>21</sup> Geographic Co-occurrence of HIV/AIDS, Viral Hepatitis, Sexually Transmitted Diseases and Tuberculosis in New York City. Epi Data Brief: New York City Department of Health and Mental Hygiene. December 2012.

## **SECTION 5: IDENTIFICATION OF PREVENTION AGENDA PRIORITIES**

NYP/Queens identified two Prevention Agenda Priorities as well as disparities in both priority areas. The plan of action will be working towards addressing these disparities in both prevention priorities. The selection was based on the data, input, and feedback from both internal and external stakeholders.

The quantitative research indicates that a number of chronic diseases are prevalent in the NYP/Queens service area. In addition, the data points to health disparities including the increasing hepatitis rates in the Asian community.

In consideration of the aforementioned quantitative and qualitative data, NYP/Queens has chosen the following two NYS Prevention Agenda Priority areas:

1. Prevent Chronic Diseases
2. Prevent HIV, STDs, Vaccine Preventable Diseases and Healthcare-Associated Infections

**SECTION 6: THREE YEAR PLAN OF ACTION**

NYS PREVENTION AGENDA PRIORITY AREAS	OUTCOME OBJECTIVE (S)	INTERVENTIONS, STRATEGIES, & ACTIVITIES	PROCESS MEASURES	PARTNER ROLE	PARTNER RESOURCES	BY WHEN	DISPARITY ADDRESSED
<b>PRIORITY 1: PREVENTING CHRONIC DISEASES</b>							
<p>FOCUS AREA 3: INCREASE ACCESS TO HIGH QUALITY CHRONIC DISEASE PREVENTIVE CARE AND MANAGEMENT IN BOTH CLINICAL AND COMMUNITY SETTINGS</p> <p>- <u>GOAL #3.1</u>: Increase screening rates for cardiovascular disease among disparate populations.</p> <p>- <u>GOAL #3.2</u>: Promote use of evidence-based care to manage hypertension.</p>	<p>- Increase the percentage of adults 18 years and older who have a blood pressure screening.</p> <p>- Increase the percentage of adults with hypertension who have controlled their blood pressure.</p>	<p>- Incorporate hypertension screening at community health initiative outreach events.</p> <p>- Refer patients to ambulatory primary care sites for follow up.</p> <p>- Partner with NY Public Library and set up booths for hypertension screenings.</p> <p>- Promote that all primary care practices follow the U.S. Preventative Service Task Force Recommendations in Hypertension Screening.</p> <p>- Identify patients who have repeated elevated blood pressure readings in the medical record but do not have a diagnosis of hypertension and schedule them for a hypertension visit.</p> <p>- In addition to targeting general population for screening, NYP/Queens will also do outreach for the indicated minority groups.</p>	<p>- # of community health screenings.</p> <p>- # of patients screened.</p> <p>- # of patients connected to care.</p>	<p>- Outreach venues</p> <p>- Access to the community</p> <p>- Data resource</p>	<p>- NY Public Library</p> <p>- NYP/Queens Ambulatory Care Sites</p> <p>- Community Health Initiatives partners</p>	<p>12/31/17</p>	<p>Socioeconomic Disparity - Hypertension screenings will be provided for free at community outreach events; locations of clinical practices are in high-need locations and this will ensure clinical practices in the community and ambulatory care settings use evidence based strategies to improve management of cardiovascular disease.</p>

PRIORITY 2: PREVENT HIV, STDs, VACCINE PREVENTABLE DISEASES, AND HEALTH-CARE ASSOCIATED INFECTIONS							
<p>FOCUS AREA 1: PREVENT HIV and STDs</p> <p>- <u>GOAL #5</u>: Increase and coordinate Hepatitis C Virus (HCV) prevention and treatment capacity in New York State.</p>	<ul style="list-style-type: none"> <li>- Increase the volume of adults, 21 years and older, who have a Hep C screening.</li> <li>- Increase the # of infected patients connected to proper care</li> </ul>	<ul style="list-style-type: none"> <li>- Incorporate the testing as part of the workflow at Emergency Department (ED and the Ambulatory Care Center (ACC).</li> <li>- Use the electronic medical record (EMR) to identify eligible patients, capture all needed data which will be used as tools for continuous quality improvement.</li> <li>- Test 20% of eligible patients in the ED and 30% of eligible patients at ACC, which is the outpatient site.</li> <li>- Identify and provide community resources and connect HCV positive patients to care at NYP/Queens, community clinics, or community primary care physicians.</li> </ul>	<ul style="list-style-type: none"> <li>- # of patients screened.</li> <li>- # of patients connected to care.</li> </ul>	<ul style="list-style-type: none"> <li>- Community Resource</li> <li>- Disseminate data</li> <li>- Clinical Care</li> </ul>	<ul style="list-style-type: none"> <li>- NYDOHMH Hep C Coalition</li> <li>- Community Clinic</li> <li>- Community Physician</li> </ul>	<p>12/31/17</p>	<p>Racial Disparity: Approximately 80% of NYP/Queens patient population are immigrants, with Chinese foreign-born immigrants representing nearly 50 percent of NYP/Queens patients. NYP/Queens has witnessed unusually high rates of Hepatitis C among the growing population of first-generation Asian immigrants.</p>

## **SECTION 7: MAINTAINING ENGAGEMENT & TRACKING PROCESS**

NYP/Queens is committed to improving the health of the community it serves. Each of the community health improvement focus areas will have a task force which will address the operational concerns required to successfully implement the strategies noted. These workgroups will be charged with tracking and monitoring the interventions committed in this Community Service Plan. Their data submissions will be used to provide annual updates.

Additionally, NYP/Queens has multiple formal committees, such as the Community Advisory Council. The NYP Queens Community Advisory Council (CAC) provides the opportunity for community leaders and residents to directly engage Hospital senior leadership. The focus of the Council is to enhance communication and collaboration between the Hospital and diverse sectors of the community. The CAC is comprised of 20 community leaders and residents who meet with senior Hospital leadership five times a year to discuss new programs/services, and address relevant health care issues impacting patients and the community.

In addition to the community needs addressed in this year's community service plan, NYP/Queens has several ongoing community programs that help foster community engagement and address gaps in care that are highly needed. Many of these activities and groups directly support components of the *NYS Prevention Agenda, Take Care New York*, and the *US Healthy People 2020* goals. Appendix B includes a table summarizing current efforts.

## **SECTION 8: DISSEMINATION OF THE REPORT TO THE PUBLIC**

Distribution of and access to NYP/Queens 2016-2018 Community Service Plan is as follows:

- Instructions for obtaining access to the documents will be posted on the hospital's public website ([www.nyp.org/Queens](http://www.nyp.org/Queens)), publish in local newspapers, and distribute via internal communications such as NYPress.
- The Community Service Plan will be posted to the [www.nyp.org/Queens](http://www.nyp.org/Queens) website at the specific address [http://www.nyp.org/Queens/Community\\_Service\\_Plan](http://www.nyp.org/Queens/Community_Service_Plan). It can also be found through accessing the general [www.nyp.org/Queens](http://www.nyp.org/Queens) site and clicking the "About the Hospital" link and scrolling to the "Our Commitment to the Community" hyperlinked text.
- The Community Service Plan will be mailed out in hard copy to members of the NYP/Queens Board, as well as provided to the Community Advisory Committee, community leaders and elected officials.
- NYP/Queens will announce through its multiple social media platforms the availability of the Community Service Plan which will be available through the following feeds:
  - Facebook: <https://www.facebook.com/NewYorkPresbyterianQueens/>
  - Twitter: <https://twitter.com/NYPQueens>
  - Instagram: <https://www.instagram.com/nypqueens/>
- The public can also make inquiries about the plan and obtain a printed copy of the Executive Summary by contacting the Department of External Affairs at 718-670-1065.

**PLAN CONTACT INFORMATION**

**Name of Facility:** NewYork-Presbyterian/Queens

**Address:** 56-45 Main Street

**City:** Flushing

**County:** New York

**DOH Area Office:** Metropolitan Area Regional Office

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**CEO/Administrator:** Jaclyn Mucaria, MPA

**Title:** President

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**CSP Contact Person:** Camille Glotzbecker, MPA

**Title:** Director, Community Benefits and Services Planning

**Phone:** (718) 670-1248

**Email:** [cap9074@nyp.org](mailto:cap9074@nyp.org)

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## Appendix A: Network Sites and Programs

<b>Main Site</b>	
NewYork-Presbyterian/Queens	56-45 Main St. Flushing, NY 11355
<b>School Based Services</b>	
PS 24Q	141-11 Holly Avenue Flushing, New York 11355
Queens College	65-30 Kissena Blvd, Flushing, NY 11367
St. John's University	8000 Utopia Pkwy, Jamaica, NY 11439
PS /IS 499	148-20 Reeves Avenue, Flushing, NY 11367
St. Francis Preparatory High School	6100 Francis Lewis Blvd, Fresh Meadows, NY 11365
Holy Cross High School	26-20 Francis Lewis Blvd, Flushing, NY 11358
The Mary Louis Academy High School	17621 Wexford Terrace, Jamaica, NY 11432
Monsignor McClancy High School	71-06 31st Ave, East Elmhurst, NY 11370
Flushing High School Football	35-01 Union Street, Flushing, NY 11354
<b>Programs</b>	
SNAP	Oral Cancer Screening
Queens Medicaid Office	Pediatric Advocacy Coalition
NYS DOH Cancer Services Program of Queens	Korean Community Services of Metropolitan New York, Inc.
God's Love – We Deliver	American Cancer Society Eastern Division Sky View Medical Center
Meals on Wheels	Haitian American United for Progress
Monthly Physician Lecture Series (Mel Breite, M.D.)	Japanese American Social Services, Inc
Healthy Baby Program	Grameen VidaSana
Safety and Fall Prevention Program	St. Paul Chong Ha-Sang Roman Catholic Church
Community Health Initiative (Screenings, Lectures, Educational	NYU School of Public Health Prevention Research Center

Outreach)	(MAHABAR Project)
Weight Loss Management Program	Memorial Sloan Kettering Cancer Center (AMBER Project)
Queens Library HealthLink	Chinese Christian Herald Crusades
Richmond Hill Economic Development Council	YWCA Flushing
FDNY Engine 274 & Battalion 52, Flushing, Queens, NY	NYC Poison Control
Breastfeeding Coordinator	Chinese Planning Council Early Child Development Program
AAP Chapter 2	Child Center of NY
NYPQueens PPS DSRIP	Asthma Coalition
NYPQ Trauma Services	Garden of Hope
<b>Women, Infants, and Children (WIC) Nutrition Programs</b>	
WIC Flushing	
<b>Services for Older Adults</b>	
Alzheimer's Association	Catholic Charities Bayside Senior Center
<b>Specialized Services</b>	
NYP Emergency Department Telepsych	Comunilife
AIDS Center of Queens County	God's Love - We Deliver
Asian Americans for Equality	Lexington Center for Mental Health Services
Medicaid Matters	Mental Health Provider of Western Queens
New York City Department for the Aging	One Flushing
Queensborough Hill Neighborhood Association	Silvercrest Center for Nursing and Rehabilitation/Silvercrest Housing
NYP/Queens OPAT Unit	
<b>Support Groups</b>	
Trauma Support Group (Annual Trauma Survivors Program)	Breast Feeding Support group
Cancer Survivors Group (Annual Survivors Symposium)	Diabetes Education and Support Group
Caregiver Symposium	Treatment Options to Fit your Lifestyle (Kidney Disease)
Stroke Symposium	Bariatric Support Group
Pink Ribbon Club- Chinese language based breast cancer support group	



<b>NYP PPS PAC Membership as of 9-7-2016</b>	
Maureen Buglino, RN MPH (Chair)	Maria D'Urso, MSN (Co-Chair)
<b>MEMBERS:</b>	
Adele Agin	John Lavin
Rahchel Bien	Rosemary Lopez
Mark Bienstock	Russell Lusak
Lorraine Breuer	Jonathan Mawere
Maureen Buglino	Daniel Muskin
Valentine Cruz	Faivish Pewzner
Christine Duffy	Ashook Ramsaran
Lianna Lee	Mary Anne Rose
Maria D'Urso	Issac Rubin
David Friedman	Richard Sherman
Veronica Gonzalez	David Tavares
David Grayson	Alissa Wassung
Marianne Kennedy	David Gross
Amy Shah	Christina Coons
<b>PRIMARY CARE PROVIDERS AND OTHER SPECIALTY PROVIDERS*</b>	
* See attached list	
<b>POST-ACUTE CARE PROVIDERS**</b>	
**See attached list	
<b>PHARMACY PROVIDERS</b>	
World's Fair Pharmacy	
<b>COMMUNITY-BASED ORGANIZATIONS</b>	
Queens Library	Catholic Charities
Community Board 7	Selfhelp Community Services
Community Board 11	Jewish Association Serving the Aging (JASA)
Queens Chamber of Commerce	Charles B. Wong Community Health Center

<b>FAITH-BASED ORGANIZATIONS</b>	
Etz Chaim Congregation	Queens Jewish Community Council of Queens
Hindu Temple Society of North America	Hatzolah of Queens
St. Michael's Roman Catholic Church	Chesed 24/7
Flushing United Methodist Church	Bikur Cholim of Queens
Queens Jewish Center	Flushing Union Bible Church
<b>Board of Trustees</b>	
<b>Chairman</b>	
Gary Zuar	
<b>Vice Chair</b>	
Laura Forese, MD	
<b>Trustees</b>	
William W. H. Chiang	
Arthur D. Dawson, PhD (Effective, 1/1/2017 – will be Chairman of the Board)	
Kerry S. DeWitt	
Joseph R. Ficalora	
Phyllis R.F. Lantos	
Jaclyn Mucaria	
Michael Nochomovitz, MD	
Cam Patterson, MD	
Brian K. Regan, PhD	
Karen Westervelt	

## Appendix B: Community Benefit Activities

Community Benefit Activity	Supports the NYS Prevention Agenda	Addresses a Healthy People 2020 Social Determinant of Health (Education, Social & Community Context, Economic Stability, Neighborhood & Built Environment, Health & Health Care)
American Cancer Society Making Strides Against Breast Cancer Walk		
American Diabetes Walk		
Blood Drives		
Breast Feeding Support group	x	X
Patient Navigator Program	x	X
Caregiver Symposium	x	X
Caregivers Support Group	x	X
Charity Care and Financial Aid		
Community Health Initiatives	x	X
Physician Lecture Series	x	X
Community Sponsorships		
Diabetes Support Group	x	X
Falls Prevention	x	
Cancer Services Program of Queens	x	X
Lactation Room	x	X
NYP/Queens Green Initiatives		X
Healthy Baby Fair	x	X
Smoking Cessation	x	X
Stroke Risk Assessment Day	x	
Childhood Obesity Program	x	X
Trauma Support Group (Annual Trauma Survivors Program)	x	
Cancer Survivors Symposium		
Cancer Survivor Group	x	X
Oral Cancer Screening		X
NICU Event		
Stroke Symposium	x	X
Queens Pride (Queens Gay Pride Parade in June)		
National LGBTQ Healthcare Equality Index	x	X
Sports Medicine and Rehabilitation Community Outreach	x	
Diabetes Education and Support Group	x	X
Treatment Options to Fit your Lifestyle (Kidney Disease)	x	X

Community Benefit Activity (continued)	Supports the NYS Prevention Agenda	Addresses a Healthy People 2020 Social Determinant of Health (Education, Social & Community Context, Economic Stability, Neighborhood & Built Environment, Health & Health Care)
Bariatric Support Group	x	X
Pink Ribbon Club- Chinese language based breast cancer support group	x	X
Weight Loss Management Program	x	X
Career Days		
Risk Assessment and Genetic Counseling Community Outreach	x	X
Pediatric Advocacy Coalition		X
Hong Kong Dragon Boat Festival		
Flushing YMCA	x	X
Queens Night Market		
Buhkarian Festival	x	X
Community Health Fair Participation	x	X
Queens Botanical Garden Community Partnership		
St. John's University Community Partnership		
Queens College (CUNY) Corporate Educational Program and Community Partner		
Korean Community Services of Metropolitan New York, Inc. Lecture Series	x	X
Queens Library Healthlink Lecture Series	x	X
Grants Writing Workshop		
Community Collaboration Workshop		
Evaluation Workshop		
Triple Viral Testing	x	
Community Clinical Integration project	x	X
Bone Health Community Presentations	x	X