

The New York Hospital
Medical Center of Queens

**Community Health Needs Assessment
And
Implementation Strategy/Community Service Plan
2013-2017**

Approved and Adopted by New York Hospital Queens
Board of Trustees
September, 2013

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I. Executive Summary

New York Hospital Queens is a 535 bed community teaching hospital located in Flushing, New York, in the center of Queens County, one of the five boroughs of New York City.

The Hospital's mission is ...

To provide our greater community with excellence in clinical care, patient safety, education, clinical research and service.

As part of our mission, New York Hospital Queens constantly monitors the priority health needs of Queens' residents and provides preventive, diagnostic, treatment, and rehabilitation services to meet those needs wherever feasible.

Federal and State regulatory agencies require hospitals to conduct comprehensive community health needs assessments and implementation strategies every three years, with annual updates on progress. Priorities are determined in accordance with federal, state, and local public health agencies guidelines beginning with "Healthy People 2020" a national health improvement plan developed by the United States Health and Human Services Department in 2010.

New York Hospital Queens conducted a Community Health Needs assessment for its service area, Queens County, NY, one of the five boroughs of New York City. Recognized as the most culturally diverse county in the United States, approximately 2.2 million people live in the borough. The purpose of the assessment was to identify the health needs priorities of the Queens Community and, in alignment with long-range Federal, State, and City wellness and disease prevention goals, to develop action plans and implementation strategies to address identified priorities that would contribute to improved population health.

The Hospital established a workgroup consisting of members of the NYHQ's established Community Advisory Council (CAC), which by charter is directly responsible to the Board of Trustees, to ensure governing body involvement. Key internal and external constituents and relevant partners were enlisted to advise and/or participate in the needs assessment and to contribute to the development, implementation, and monitoring of priority initiatives as a newly formed Community Benefits Committee of the CAC.

The assessment was conducted utilizing primary and secondary data sources from federal, state and local health organizations and healthcare associations. Community input was coordinated through the workgroup utilizing a survey to identify health need priorities. The survey was conducted both in person and via phone and yielded approximately 2,800 responses from a broad representation of Queens' residents in multiple languages.

Respondents were asked to rank, in order of importance for Queens County, the five New York State Department of Health 2013-2017 Prevention Agenda Priority Areas: Healthy Safe Environments; Prevent Chronic Disease, Promotion of Healthy Women, Infants, and Children, Prevention of HIV/STD Vaccine Related and Hospital Acquired Infections; and Promotion of Mental Health and Prevention of Substance Abuse. The Prevention Agenda Priority Areas include disparities associated with at risk groups including minorities, poverty levels and insurance status. Prevention of Chronic Disease and Promotion of Healthy Women, Infants and Children were identified as the top two priority health needs areas by the respondents.

Within the two selected top priority agenda areas, Queens County ranked unfavorably compared with New York City and/or New York State in eleven of thirty-one indicators for which Queens data was available. Exclusive in-hospital breastfeeding among Chinese obstetrical patients and obesity in Hispanic children indicators and disparities were selected for focused action plans and implementation strategies based on two criteria, i.e. established critical priority and the Hospital's ability to effect improvement. Measures of success for each of the two focused initiatives selected from the New York

State Department of Health and New York City Department of Health's *Great Beginnings, NY and Take Care New York*, and other relevant metrics will be used to monitor progress over the three to four year cycle of the plan.

In addition to the two indicators selected for focused interventions, the Hospital addresses most other Prevention Agenda indicators from Climate Smart projects to hospitalizations and ED visits related to falls, either through partnerships with other organizations and agencies, or existing Hospital sponsored programs.

New York Hospital Queens has also partnered with the New York City Department of Health and Mental Hygiene to become a Take Care New York TCNY Hospital, addressing additional prevention indicators such as the Healthy Hospital Food Initiative and appropriate, judicious opioid analgesic prescribing.

The Hospital does not address indicators for which the scope falls outside of our expertise and/or we do not have resources to effect improvement. Examples include water fluoridation, and access to supermarkets in underserved areas.

NYHQ conducts its charity care and financial aid program in full compliance with the policy and procedures set forth in the Financial Aid Law 2087. NYHQ utilizes Federal Poverty Guidelines (FPG) to determine eligibility for providing free or discounted care. The FPG family income limit for eligibility for charity care is 400%.

The Hospital provides quality medical care regardless of race, creed, sex, sexual orientation, national origin, handicap, age or ability to pay.

In keeping with the Hospital's commitment to serve members of the community, the Hospital provides the following:

- charity care to the indigent
- care to persons covered by governmental programs at below cost
- health care activities and programs to support the community.

The Hospital makes available free care programs for qualifying patients under its charity care and financial aid policy. During the registration, billing and collection process, a patient's eligibility for charity care is determined under the Hospital's charity care and financial aid policy. Further information regarding financial assistance can be obtained on the New York Hospital Queens website at http://www.nyhq.org/Frequently_Asked_Questions_about_Financial_Assistance

In 2012, financial aid provided to both the underinsured and uninsured in our community reached more than 12,800 patients and families. Sixty-nine percent of the total aid was provided to Queens residents in zip codes with Community Need Indices equal to or greater than four, reaching those patients and families most in need.

A written summary of the Community Health Needs Assessment and the Community Service Plan /Implementation Strategies is available to the public. Instructions for obtaining access to the Community Service Plan are posted on video monitors throughout the Hospital and in local newspapers in multiple languages.

The full Community Health Needs Assessment, Implementation Strategy and [Community Service Plan](#) and a summary slide presentation are posted on the hospital website at www.nyhq.org. The public can also make inquiries about the assessment and plan and obtain a printed copy of the Executive Summary by contacting the Department of Public Affairs and Marketing at 718-670-1065.

II. The Mission Statement for New York Hospital Queens

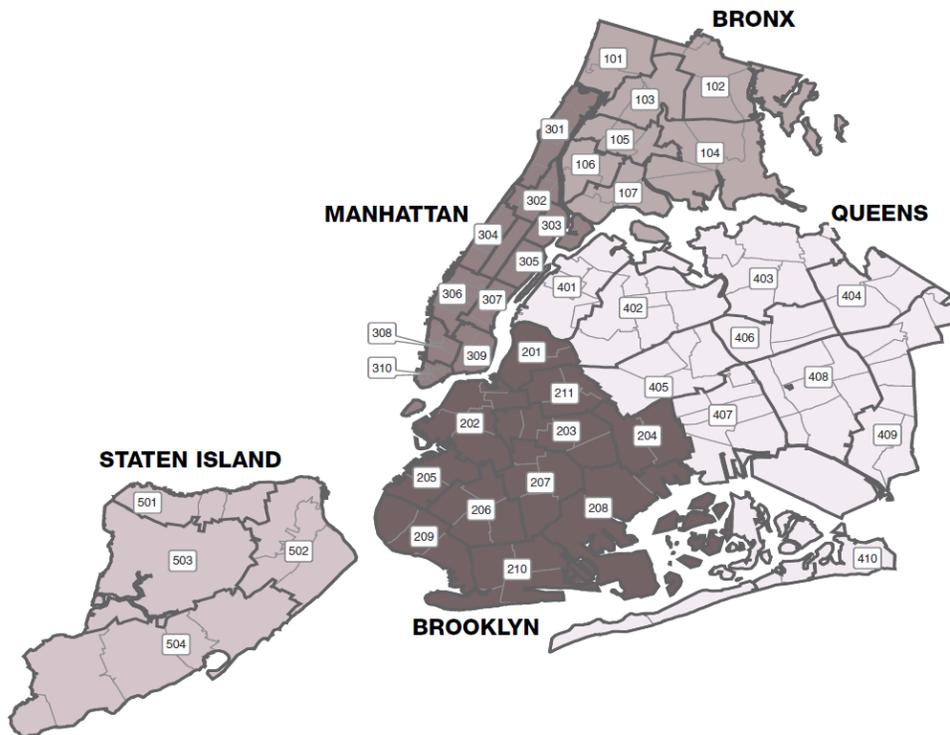
To provide our greater community with excellence in clinical care, patient safety, education, clinical research and service.

III. Service Area and Populations

IIIA. Hospital Service Area Definition

The New York Hospital Queens uses Queens County for community/local health planning for the purposes of its Community Health Needs Assessment and Community Service Plan. Queens County is the largest of the five boroughs of New York City, with a population of approximately 2.31 million living in an area of 109 square miles and often referred to as the most ethnically diverse urban area in the world².

**United Hospital Fund (UHF)
Neighborhood Index: Queens County
2010 New York City Community Health Survey Atlas**



² “The NYC Experience: Queens, One Campus NYC, www.NYC.gov.

More than 90% of all New York Hospital Queens' patients reside in Queens County. The Hospital serves residents from every Take Care New York (TCNY) defined neighborhood in the borough. The neighborhoods are based on United Hospital Fund (UHF) definitions that are grouped by zip code.

**New York Hospital Queens
Volume and Market Share
Inpatient Discharges by Queens Neighborhood³
2012**

Neighborhood	Inpatient Discharges	% Total
Flushing-Clearview	9,113	32.2%
West	5,861	20.7%
Bayside-Fresh Meadows	4,027	14.2%
Jamaica	3,217	11.4%
Ridgewood-Forest Hills	2,683	9.5%
Southwest	1,698	6.0%
Southeast	786	2.8%
Long Island City-Astoria	740	2.6%
Rockaways	151	0.5%
Total	28,276	100.0%

Source: HANYS Market Expert Inpatient Discharges 2012. Excludes normal newborns

**New York Hospital Queens
Volume and Market Share
Ambulatory Care Visits by Queens Neighborhood
2012**

Neighborhood	Total Visits	% Total
Flushing-Clearview	49,661	25.0%
West	47,304	23.8%
Bayside-Fresh Meadows	31,192	15.7%
Jamaica	24,227	12.2%
Southwest	14,735	7.4%
Ridgewood-Forest Hills	13,513	6.8%
Southeast	10,400	5.2%
Long Island City - Astoria	6,358	3.2%
Rockaways	1,094	0.6%
Total	198,484	100.0%

Source: NYHQ Eagle Information Systems Reports, Queens Zip Codes, 2012.

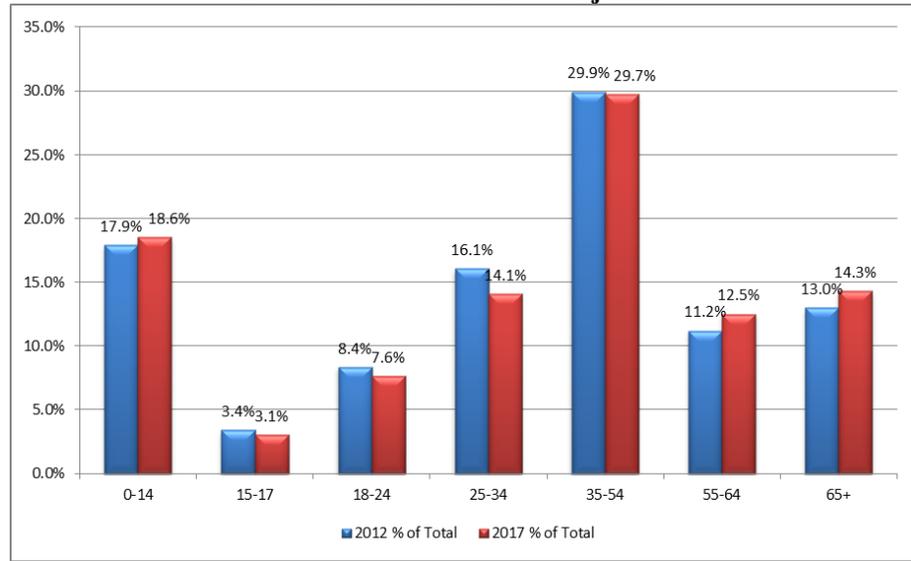
³ NYC Department of Health and Mental Hygiene, UHF Neighborhood Definitions

IIB. Service Area Population Demographics.

The total population of Queens remained essentially flat between 2000 and 2012 and is projected to experience a slight increase of 1.2% between 2012 and 2017.

The 35-54 year age group represents the largest percentage of the total population and is projected to remain flat over the period from the base year of 2012 through 2017. Residents aged 55 and older combine to represent 24.3% of the total population in the base year and are projected to increase to approximately 27% of the total population during the period. Children in the 0-14 age group will increase to 18.6% of the population with an expected growth rate of 3.5%. Females in child bearing age represent 21% of the total population and are expected to decline by approximately 6%.

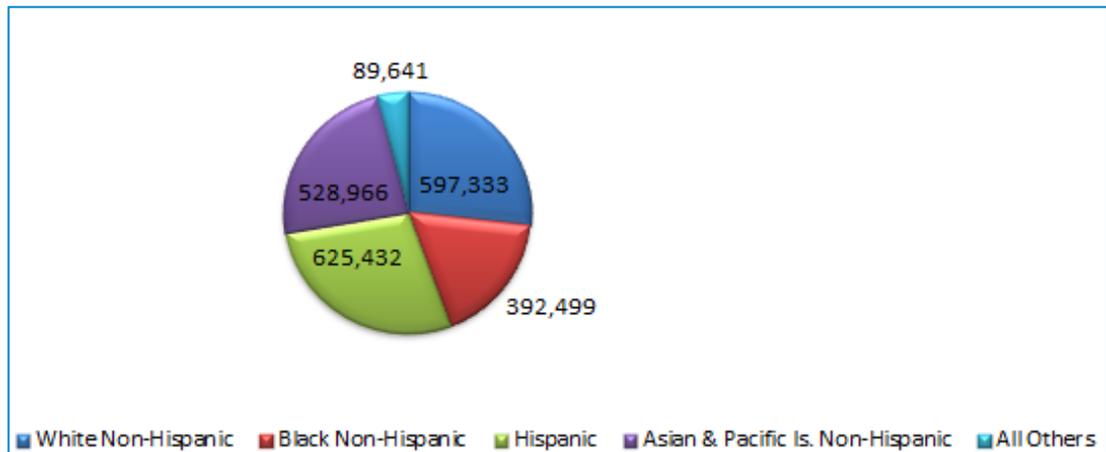
**Queens County Population by Age Group
2012 Estimated and 2017 Projected**



Source: © 2012 The Nielsen Company, © 2013 Truven Health Analytics Inc.

Minority populations comprise approximately 70% percent of the total population. White non-Hispanics represent 26.7% of the total population. Black non-Hispanics represent 17.6 %, Asian and Pacific Islanders 23.7% and Hispanics 28%.

**Queens County Population by Race/Ethnicity
2012**



Source: © 2012 The Nielsen Company, © 2013 Truven Health Analytics Inc.

Queens County residents represent 100 countries and speak more than 138 different languages⁴. Since the liberalization of immigration laws in the 1960s, Queens County has become a harbor of cultures with approximately 48% of its total population foreign born. Queens County ranks second highest for share of total foreign-born residents (46.6%) among the nation's counties.⁵

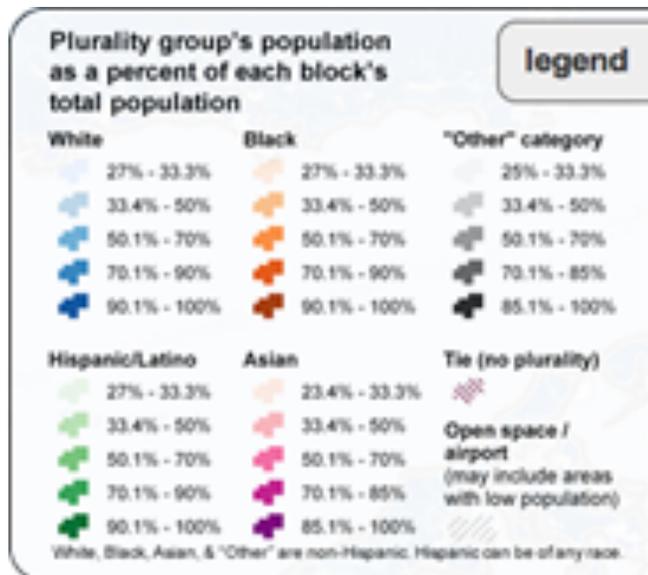
Among the Asian population, people of Chinese ethnicity make up the largest ethnic group in Queens at 8.7% of the population; the other East and Southeast Asian groups are: Koreans (2.8%), Filipinos (1.8%), Japanese (0.3%), Thais (0.2%), Vietnamese (0.2%), and other Asian (3.0%). People of Asian Indian descent make up 7.8% of Queens's population and among the Hispanic population Puerto Ricans make up the largest ethnic group at 5.2%, followed by Mexicans, who make up 3.8% of the population.⁶ Queens is also home to the largest Ecuadorian population in the United States.⁷

Queens County experiences significant “population churn” into, within, and out of the Borough as new groups of immigrants arrive and second and third generations of existing ethnic groups move within the borough and beyond. Net international migration continued to offset net domestic outmigration, contributing to the County’s population growth between 2010 and 2012.

Cumulative Estimates of the Components of Population Change for New York State, New York City and Counties: April 1, 2010 to July 1, 2012					
Geographic Area	Total Population Change	Natural Increase	Net Migration		
		(Births-Deaths)	Total	Net International Migration	Net Domestic Migration
New York City	161,564	149,287	12,241	151,431	-139,190
Bronx	23,365	29,259	-6,027	26,732	-32,759
Brooklyn	60,935	57,998	2,485	44,341	-41,856
Manhattan	33,217	21,668	11,895	28,341	-16,446
Queens	42,049	35,586	6,514	49,656	-43,142
Staten Island	1,998	4,776	-2,626	2,361	-4,987

Note: The estimated components of population change will not equal the numerical population change because of a small residual after controlling to the national totals.
Source: Population Division, U.S. Census Bureau

The legend below provides a guide to determine population density by race, by block in Queens County as shown in the comparative map that follows.



⁴ “The NYC Experience:Queens, One Campus NYC, www.NYC.gov.

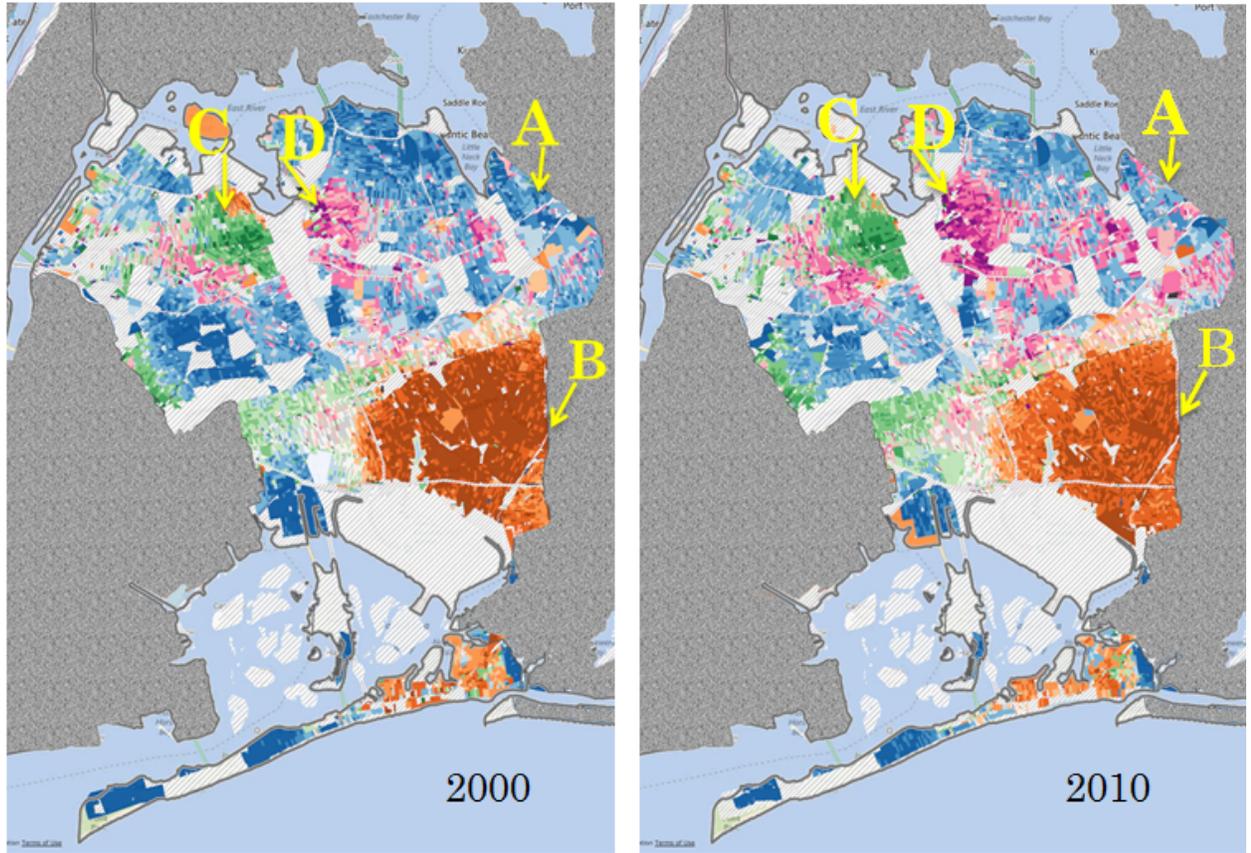
⁵ Terrazas, A., Batalova, J. “US in Focus”, MPI Migration Information Source, December 2010.

⁶ American Fact Finder, US Census Bureau, American Community Survey 2007-2011; Extracted 8/17/13.

⁷ “The 10 Largest Hispanic Origin Groups: Characteristics, Rankings, Top Counties”. Pew Research Hispanic Trends Project, June 2012.

The darker the color the more densely an area is populated by a particular race. As seen below, many Queens' neighborhoods experienced demographic shifts between 2000 and 2010⁸.

**Predominant Race/Ethnicity by Block
Queens County
2000 & 2010**



Source: Center for Urban Research, CUNY Graduate Center; <http://www.urbanresearchmaps.org/plurality/blockmaps.htm>, May 2011

A. White population pluralities in 2000 on the Nassau County border in Douglaston-Little Neck, Glen Oaks and Bellerose saw significant declines through 2010 while all three neighborhoods had substantial increases in Asian population.

B. The concentration of Blacks declined in several areas with high Black population proportions, especially in southeastern Queens. In Baisley Park, the Black population declined 15.6% and in South Jamaica the Black population declined 46.45%. The Black population also fell substantially in East Elmhurst. The core of East Elmhurst was home to a Black population plurality in 2000. But by 2010 the blocks in this area had switched to predominantly Hispanic. Overall in East Elmhurst, the Black population fell by 42.7%

C. Latinos grew the most in Corona and North Corona during the period, as well as in Woodhaven, East Elmhurst, Glendale, and College Point and almost doubled their presence from 8% to 15% in South Jamaica.

D. The concentration of Asians in the Flushing area of Queens grew substantially between 2000 and 2010. In Flushing itself, the Asian population grew by 37%. The growth in Asian

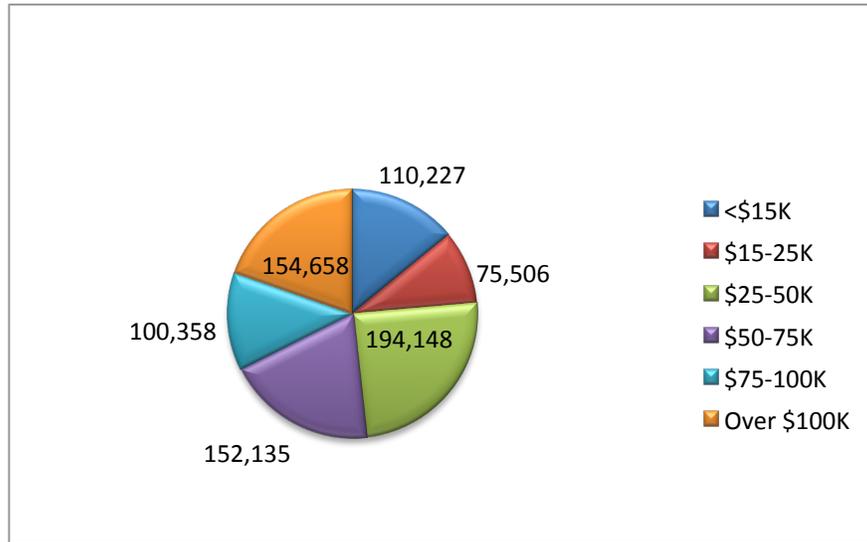
⁸ Center for Urban Research, CUNY Graduate Center; <http://www.urbanresearchmaps.org/plurality/blockmaps.htm>, May 2011

population also extended beyond Flushing's borders into three adjacent neighborhoods, Murray Hill, East Flushing, and Queensboro Hill.

Socioeconomic Status⁹

Median household income of the Queens population is \$56,000, comparing favorably to New York City and comparable to New York State.

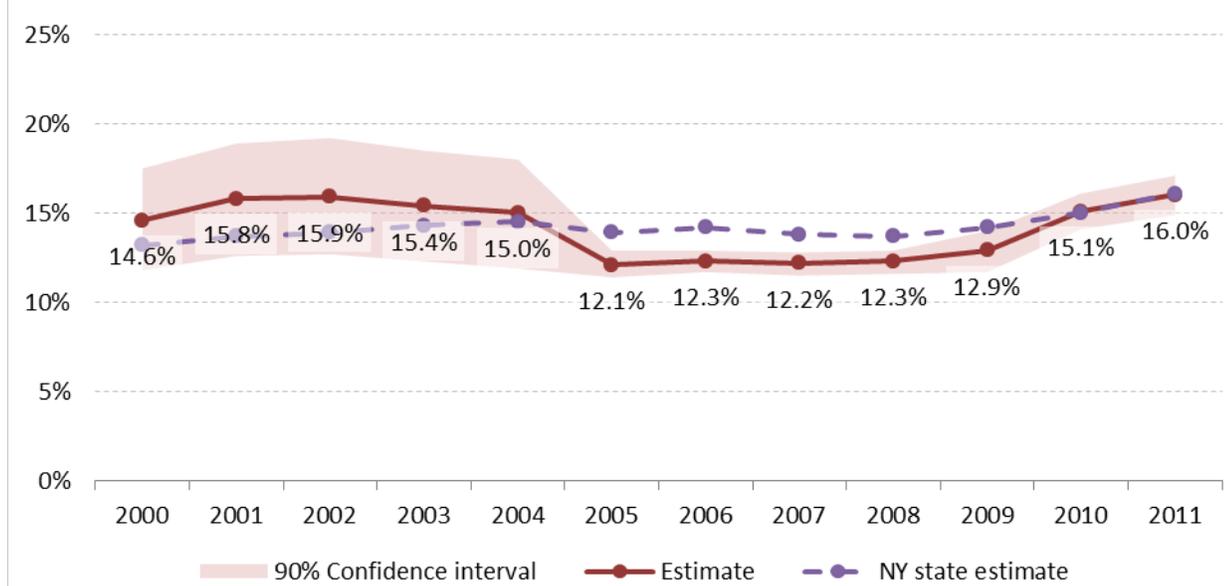
**Queens County Household Income Distribution
2012**



Source: © 2012 The Nielsen Company, © 2013 Truven Health Analytics Inc.

Between 2007 and 2011, 13.7% of Queens' residents were living below the poverty level which is lower than that of both New York City at 19.4% and New York State at 14.5%. However, the poverty rate has increased from a ten-year low of 12.1% in 2005 to a high of 16% in 2011.

Poverty rate, Queens County, 2000-2011



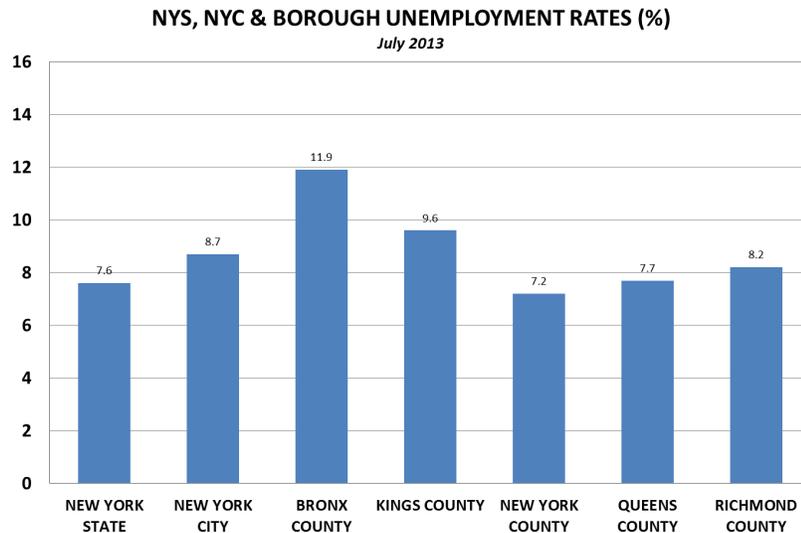
Source: Queens County Profile 2013, Jan Vink, Program on Applied Demographics (PAD), Cornell Population Center.

⁹ US Census Bureau, State & County QuickFacts American Community Survey 2007-2011.

Employment

There are more than 45,000 businesses located in Queens, from small retail stores to large manufacturers. Approximately 80% of the Queens workforce is employed in the private sector, 14% employed by government entities and 6% self-employed. No single company or industry is dominant.

¹⁰Approximately 24% of the workforce in 2011 was engaged in health care and social assistance services followed by retail trades, (12.3%) transportation and warehousing (11.4%) and construction (8.1%). The largest employment percentage declines by industry sector between 2006 and 2011 were experienced in manufacturing (-28.4%), wholesale trade (-11.1%) and real estate (-10.8%). Largest jobs growth percentage during the five year period occurred in administrative and support services (23.9%), and information services (21.2%)



Source: NYS Department of Labor, Unemployment by County, August, 2013.

Queens County unemployment ranked 42nd among 62 counties in New York State at 7.7% in July of 2013. The Borough compared favorably with New York City at 8.7% and is similar to the State as a whole at 7.6%.

Adult Education Level

Approximately 20% of adults age 25 years and older have some high school or less. 28% achieved a High School diploma, 22% report some college or an Associate Degree and approximately 30% have a college degree.¹¹

Queens County Adult (Age 25+) Education Level

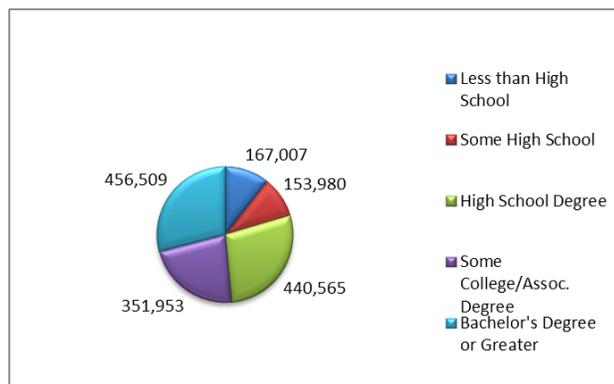
¹⁰ Queens County Profile 2013, Jan Vink, Program on Applied Demographics (PAD), Cornell Population Center.

¹¹ Source: © 2012 The Nielsen Company, © 2013 Truven Health Analytics Inc.

IV. Existing Health Care Facilities and Community Resources

There are a significant number of health care facilities and community resources in Queens County supporting wellness and disease prevention priorities as well as disease diagnosis, treatment and rehabilitation, and mental and emotional and social service needs. The following is a list of such services licensed or certified by New York City and or New York State that are available in the County and the website addresses at which additional information can be obtained.

- Acute care hospitals, including New York Hospital Queens, with a total of 5,088 inpatient beds and a broad range of primary, prevention, and specialty ambulatory care facilities
 - http://hospitals.nyhealth.gov/browse_search.php?form=COUNTY&rt=queens.
- Skilled nursing/rehabilitation facilities
 - <http://nursinghomes.nyhealth.gov/searches/county/41>
- Adult Care Facilities
 - http://www.health.ny.gov/facilities/adult_care/county/queens.htm
- Family Planning Program Sites
 - http://www.health.ny.gov/community/pregnancy/family_planning/program_sites.htm - queens
- Federally Qualified Health Centers
 - http://findahealthcenter.hrsa.gov/Search_HCC.aspx?byCounty=1
- Women Infants and Children (WIC) Centers
 - http://www.health.ny.gov/prevention/nutrition/wic/local_agencies.htm
- Supplemental Nutrition Assistance (SNAP) Centers
 - http://www.nyc.gov/html/hra/html/services/snap_centers_queens.shtml
- Supportive Housing Centers for Persons with AIDS
 - <http://www.nyc.gov/html/doh/downloads/pdf/ah/ah-hiv-care-hopwa.pdf>
- NYC Licensed Child Care Centers
 - http://ocfs.ny.gov/main/childcare/ccfs_template.asp
- Medicaid Enrollment Facilitators
 - http://www.health.ny.gov/health_care/family_health_plus/apply/application_centers.htm
- Free STD and AIDS Clinics



- <http://www.nyc.gov/html/doh/html/living/std-clinics.shtml - qs>
- Smoking Cessation Aids - New York State Smokers Quitline

- <https://www.nysmokefree.com/register/default.aspx?no=nycdoh>
- Domestic Violence Programs – New York State Coalition Against Domestic Violence
 - <http://www.nyscadv.org/local-domestic-violence-programs/>

<p>V. Community Health Needs Assessment (CHNA) Action Plan/Implementation Strategy Partners</p>
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V i) Partners

The Vice President for Strategic Planning coordinated the New York Hospital Queens Community Health Needs Assessment (CHNA) and Service Plan/Implementation Strategy initiative, and participated in the establishment of the New York State Department of Health (NYSDOH) 2013-3017 Prevention Agenda as a member of the NYSDOH Prevention Agenda development committee.

New York Hospital Queens has an established Community Advisory Council that assists, and is responsible to, the Board of Trustees and Hospital administration making recommendations for program, facilities and other Medical Center community related purposes. The thirty-four members of the Council represent a broad constituency of the Queens population including businesses, community boards, local civic associations, publishing, community development and the academic community. The Council nominated members to serve on a newly formed Community Service/Benefits Workgroup to coordinate the selection and prioritization of health needs.

The workgroup represented, and was assisted by, several organizations to ensure input from key service area populations:

- Queens County Community Board District Managers
- Flushing Business Improvement District
- Hindu Temple Society of North America
- Macedonia AME Church/University Park Tenants Council/IS237 and East/West School
- St. Michael’s RC Church
- Flushing United Methodist Church
- Korean Community Services of Metropolitan New York, Inc.

The workgroup participants also represented major racial and ethnic minorities from the community who are more likely to experience health disparities, i.e., blacks, Hispanics, Chinese, Korean, and Asian Indian populations.

In addition to the focused efforts of the Community Service/Benefits Workgroup, New York Hospital Queens collaborates with many organizations and community groups through multiple clinical administrative and relationships. These ongoing discussions and analyses of community

health need and resource availability provide critical input needed to establish service and program priorities. A partial list of participants in this process follows:

- American Association of Chinese American Physicians (ACAP)
- Korean American Physicians' Organization (KAPO)
- New York Hospital Queens Health Outreach® Membership
- New York City Department of Health and Mental Hygiene
- New York City Office of Emergency Management
- Greater New York Healthcare Association
- New York Hospital Queens Medical Staff Society
- New York State Department of Health Office of Health Systems Management
- Queens Borough President's Office of Health, Human and Senior Services
- CUNY, Queens College
- CUNY, York College
- CUNY, Queensborough Community College
- New York City Police and Fire Departments
- Charles B. Wang Community Health Center

V ii) Process to Maintain Partner Engagement

The Hospital has transformed its core Community Service/Benefits Workgroup into an ongoing sub-committee of the Community Advisory Council, which by charter is directly responsible to the Board of Trustees. During the initial phase of the Community Health Needs Assessment the main purpose of the workgroup was to enlist feedback from the community on priority health needs.

The ongoing Community Benefits Sub-committee has an expanded membership, including relevant clinical, professional, and administrative representation that, together with the original workgroup representatives and community and external organization partners, will participate in and monitor the progress of prevention agenda initiatives over the life cycle of the three-four year plan. The Board will also have representation on the sub-committee.

The sub-committee will provide quarterly progress reports to the full Community Advisory Council, who in turn will submit an annual report to the Hospital's Board of Trustees.

VI. Community Health Needs Assessment Methodology and Process

VI.i) Review National, State and Local Health Needs Data

Three major public health expert sources of data were utilized to frame the potential list of critical health needs in Queens County:

- **Healthy People 2020** –United States Department of Health and Human Services
- **Prevention Agenda 2013 -2017** – New York State Department of Health
- **Take Care New York 2016** – New York City Department of Health and Mental Hygiene

Healthy People 2020 tracks approximately 1,200 objectives organized into 42 topic areas, each of which represents an important public health area. At the time of its December 2010 launch, 911 objectives were measurable with baseline data and established targets. Healthy People 2020 also includes a Foundation section which addresses several important health topics: General Health Status, Health-Related Quality of Life and Well-Being, Determinants of Health, and Disparities. The interactive HealthyPeople.gov web site replaces the traditional print publication

released for previous Healthy People initiatives. Information regarding program objectives, including objective number, objective text, baseline, target, and data source used can be found on the HealthyPeople.gov website.

The initiative's National Prevention Strategy identifies 4 major strategic directions and seven priorities designed to achieve a society in which all people live long, healthy lives.

NATIONAL PREVENTION STRATEGY



4 Strategic Directions

- Healthy and Safe Community Environments
- Clinical and Community Preventive Services
- Empowered People
- Elimination of Health Disparities

7 Priorities

- Tobacco Free Living
- Preventing Drug Abuse and Excessive Alcohol Use
- Healthy Eating
- Active Livings
- Injury and Violence Free Living
- Reproductive and Sexual Health
- Mental and Emotional Health and Well-Being

Source: US Dept. of Health and Human Services, November 2010

Prevention Agenda 2013 -2017 was approved by the New York State Department of Health Public Health and Health Planning Council in December of 2012. Based on Healthy People 2020, the Prevention Agenda is used to guide hospitals in collaboration with community partners and local health departments in developing community service plans around a set of defined priorities and relevant indicators. The goal is to improve the health status of New Yorkers by reducing health disparities through increased emphasis on prevention.

The established priorities and indicators include:

- **Prevent Chronic Diseases**
 - Obesity in children and adults.
 - Tobacco use and secondhand smoke exposure.
 - Access to chronic disease preventive care and management
- **Promote a Healthy and Safe Environment**
 - Injuries, Violence, and Occupational Health.
 - Outdoor Air Quality.
 - Built Environment.
 - Water Quality
- **Promote Healthy Women, Infants and Children**
 - Maternal and Infant Health.
 - Child Health.
 - Preconception and Reproductive Health.
- **Promote Mental Health and Prevent Substance Abuse**
 - Mental, Emotional and Behavioral Well-Being in Communities.
 - Substance Abuse and Other Emotional Behavioral Disorders.
 - Infrastructure Across Systems.
- **Prevent HIV, STD, Vaccine Preventable Diseases and Healthcare Associated Infections**
 - Vaccine-Preventable Diseases

(HIV - Sexually Transmitted Diseases (STDs))
Hepatitis C Virus (HCV)
Health Care-Associated Infections

Further information can be obtained by visiting the NY State Department of Health website at http://www.health.ny.gov/prevention/prevention_agenda/.

Take Care New York 2016 focuses on ten priority areas and sixteen community health intervention activities to:

- Improve the health status of all New Yorkers
 - Advance health promoting policies and activities
 - Create, sustain and strengthen community collaborations
- **Healthy Eating and Active Living**
 - Anti-obesity educational/media campaign
 - Healthy hospital food initiative
 - Support of the National Diabetes Prevention Program
 - **Tobacco Free Living**
 - Screening and counseling patients to quit smoking
 - **Heart Health**
 - Tracking and reporting of blood pressure control scores in hospital ambulatory programs
 - **Children and Youth Agenda**
 - Support breast feeding within the hospital and in the community
 - **Prevent and Treat Cancer**
 - Hepatitis C Screening
 - **HIV Prevention**
 - HIV testing in Emergency Departments and outpatient clinics
 - Reduce % of HIV positive patients with detectable viral loads
 - **Mental Health**
 - Engage patients with first episode psychosis into quality outpatient care
 - **Alcohol and Substance Abuse**
 - Primary care MD education on use of buprenorphine
 - Screening, intervention, and treatment referral in emergency and outpatient settings
 - Promote appropriate and judicious prescribing of opioid analgesics
 - **Healthy Indoor and Outdoor Air**
 - Home-based falls risk assessments and interventions
 - Integrated pest management in homes of patients with asthma

More information on the project as well as a form to provide feedback on the strategies and ideas to help reach program goals can be found at <http://www.nyc.gov/html/doh/html/about/tcny.shtml>

Other sources of data utilized to refine highest priorities for Queens County include:

- NYSDOH County Health Indicator Profiles
- NYCDOHMH Epiquery Interactive Health Data
- US Census data
- NYCDOHMH Queens Count “Listening Session”
- Program on Applied Demographics Queens County Profile, Cornell University Population Center, 2013.
- Dignity Health/Truven Health Community Need Index
- New York Hospital Queens relevant statistical reports

The Hospital also participated with Greater New York Hospital Association (GNYHA) and the Healthcare Association of New York State (HANYS) in educational sessions on how to conduct the Health Needs Assessment and to identify priorities for intervention.

VI.ii) Create, Distribute and Review Community Needs Survey

The Hospital solicited input from the community beginning in March of 2013. Invitations and directions on how to participate in prioritizing health needs were posted in the Hospital’s main lobby, on video monitors throughout the main campus, and distributed at off-site ambulatory care facilities.

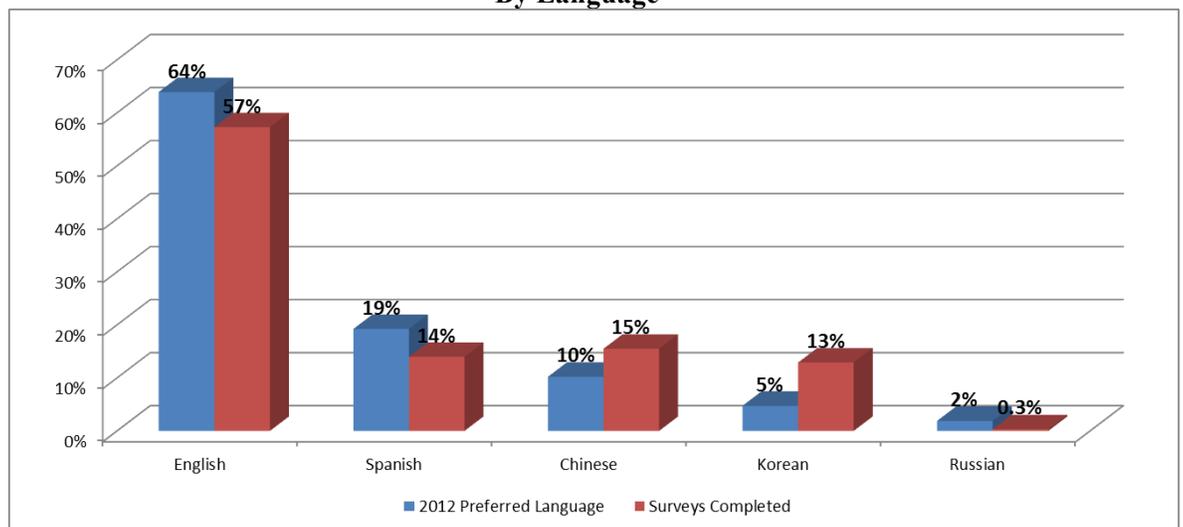
Information about the Health Needs Assessment and participation in the survey were also posted on the Hospital’s website and published in seven local news outlets/publications throughout the County:

- Queens Courier - English
- Desi Talk – English/Indian American
- Russkiy Bazaar - Russian
- El Correo de Queens - Spanish
- Korea Times - Korean
- World Journal - Chinese
- Greek News – Greek

The survey was conducted through face to face distribution in the Hospital lobby and at off-site ambulatory care centers between the months of March and July of 2013. It was also distributed to Community Board District Managers throughout the borough and at various churches, community organizations and health fairs. In addition, the Hospital engaged an external consultant to solicit health need priorities through a telephone survey including English, Spanish, Chinese and Korean representation.

Response distribution targets were determined by preferred language as self – reported in 335,000 Hospital inpatient and outpatient encounters in 2012.

**New York Hospital Queens
Total Inpatient and Outpatient Encounters
And Completed Community Health Needs Assessment Surveys
By Language**



Source: NYHQ Finance Department, Inpatient Discharge and Outpatient Visit Data by Race and Language, 2012.

Survey participants were asked to identify Queens County’s most critical health needs by ranking the five New York State Prevention Agenda Priorities. A total of 2,768 surveys were completed

with a demonstrated representative cross section of major ethnic minorities as defined by language.



Dear Neighbors,

New York Hospital Queens is seeking your input to help us assess health challenges in our Queens community. Specifically we are asking for you to help us confirm the highest priority health needs so that we can implement plans to address them.

NYHQ would like to know your opinion on which of the health needs below you believe the Hospital should focus on to best serve Queens residents:

Please prioritize the health needs by circling the number (1 is the most critical issue and 5 is the least critical)

• Prevent chronic diseases	1	2	3	4	5
• Promote healthy and safe environments	1	2	3	4	5
• Promote healthy women, infants and children	1	2	3	4	5
• Promote mental health and prevent substance abuse	1	2	3	4	5
• Prevent HIV, sexually transmitted disease, vaccine-preventable diseases and healthcare-associated infections	1	2	3	4	5

If you like to participate or give your suggestions about medical programs, services, or support services for the hospital to offer the community, please contact New York Hospital Queens by June 1, 2013.

By Mail
New York Hospital Queens
Division of Public Affairs & Marketing
56-45 Main Street
Flushing, NY 11355

By Telephone
(718) 670-1065
(Mention Community Service Plan)

By Website
www.nyhq.org
Click on "Contact Us" to send an email

VI.iii) Review Focus Group Feedback

Sufficient resources were not available to conduct Hospital sponsored focus groups of all key community constituencies, however the Hospital partnered with the New York City DOHMH to receive feedback from a "Listening Session" conducted by the Executive Director of Take Care New York for Queens County residents.

The session included thirty three residents representing community-based organizations, labor, government organizations, health care providers, and the general public. Over one-third of the participants who attended were health care providers and more than a quarter represented the general public. The group engaged in active discussion of seven of the TCNY ten priorities.

VI.iv) Information gaps impacting assessment

Government regulators, health care providers, and other sources produce a glut of demographic, health, and social/behavioral data. However, there is still no simple mechanism with which local organizations such as hospitals, can integrate the many inputs in a way that easily and reliably identifies priorities that can be addressed with reasonable expectations for improving the health of a given population.

Increasingly limited financial resources prevent the inclusion of detailed feedback from key constituents that can only be obtained through formal focus group initiatives that are extremely costly and time-consuming.

VI.v) Achieving consensus on Priority Selection and Action Plan/Implementation Strategies

Information gathered from all sources was shared and discussed with the Community Service/Benefits Workgroup as well as with Hospital clinical and administrative

leadership. Intermittent presentations were made to the Hospital-wide Community Advisory Council, sharing progress on the completion of the health needs assessment and obtaining feedback on results.

Two major criteria were identified to drive the hospital's final determination of prevention agenda priorities for continued and future focus.

- Demonstration of critical community need, i.e., Queens County performed worse than New York City and/or New York State, and...
 - the Hospital's ability to positively impact outcomes.

Because **The New York State Indicators for Tracking Public Health Priority Areas**¹² includes elements of both the Federal Strategy and Take Care New York priority indicators the Hospital chose to use the NYSDOH State Indicators for Tracking Public Health Priority Areas list for Queens County to identify a comprehensive list of significant health needs of the community from which to select its priorities.

¹² Queens County Indicators For Tracking Public Health Priority Areas, 2013-2017, NYSDOH, 2012

VII. Needs Assessment Findings

VII.i) Priority Agenda Area and Indicator Findings

Queens County data was available for thirty one of the thirty eight State and County Tracking Indicators for Prevention Agenda Priorities. The County ranked unfavorably in eleven indicators when compared with New York City and/or New York State. Eight of the eleven unfavorable rankings were within either the Prevent Chronic Disease, or Promote Healthy Women Infants and Children Agenda priorities.

State and County Tracking Indicators for the Priority Areas¹³ Queens County, New York City, New York State 2012

NYS Prevention Agenda Priority	Prevention Priority Indicator	Queens	Comparison		% Variance	
			NYC	NYS	NYC	NYS
Healthy Safe Environment	Hospitalizations Due to Falls 65+	179.1	180.7	204.6		
	ED Visits Due to Falls	400.0	437.0	476.8		
	Assault Related Hospitalization	5.2	7.4	4.8		-8.3%
	ED Occupational Injury Visits 15-19	12.7	12.7	36.7		
	Climate Smart Community Pledge	NA	NA	26.7		
	Low income access to supermarket	0.0	0.1	2.5		
	Alternate Transportation Use	66.9	44.6	44.6		
	Asthma home visit triggers	NA	NA	12.9		
	Fluoridated Water	100.0	100.0	71.4		
Prevent Chronic Disease	Obese Adults	20.6	21.3	23.2		
	Obese Children & Adolescents	21.1	21.7	17.6		-19.9%
	Adult Smokers	14.6	14.5	16.8	-0.7%	
	Colorectal Screening	NA	68.3	66.3		
	Asthma ED Visits	76.4	127.0	83.7		
	Asthma ED Visits - Age 0-4	262.2	334.6	221.4		-18.4%
	Heart Attack Hospitalizations	14.4	14.7	15.5		
	Diabetes Hospitalizations 6-17	2.5	3.6	3.2		
Diabetes Hospitalizations 18+	4.5	6.7	5.6			
STD/Vaccines/HAI	Immunization 19-35 Months	NA	NA	47.6		
	HPV Immunization 13-17	NA	NA	26.0		
	Adult Flu Immunization 65+	55.9	73.8	75.0	32.0%	34.2%
	Newly Diagnosed HIV	26.1	39.8	25.6		-1.9%
	Gonorrhea women 15-44	171.1	266.5	203.4		
	Gonorrhea men 15-45	214.6	354.6	221.7		
	Chlamydia women 15-44	1484.4	2124.7	1619.8		
	Syphilis males	12.0	23.7	11.2		-6.7%
	Syphilis females	NA	0.8	0.5		
Promote Healthy Women, Infants, and Children	Preterm Birth	12.1	12.7	12.0		-0.8%
	In-Hospital Breastfeeding	27.5	32.4	42.5	17.8%	54.5%
	Maternal Mortality	32.5	29.2	23.3	-10.2%	-28.3%
	Well-Child Visits (Govt Insured Pts)	73.2	70.8	69.9		
	Third Grade Children Tooth Decay	NA	NA	24.0		
	Adolescent Pregnancy	35.4	47.5	31.1		-12.1%
	Unintended Pregnancy Live Births	26.4	24.6	26.7	-6.8%	
	Live Birth <24 mos of previous birth	13.6	14.8	18.0		
Mental Health/Substance Abuse	14 days + poor mental health	7.2	7.8	10.2		
	Adult Binge Drinking	11.5	12.8	18.1		
	Suicide fatalities	5.2	5.2	6.8		

¹³ New York State Department of Health, Indicators for Tracking Public Health Priority Areas.
http://www.health.ny.gov/prevention/prevention_agenda/indicators/county/queens.htm, January 30, 2013.

Healthy Safe Environment:

Queens has an 8% higher incidence of assault related hospitalizations (5.2) than New York State, but compares favorably to New York City's 7.4 hospitalizations per 10,000 population.

Prevent Chronic Disease:

20.6%% of Queens' adults are obese, which is lower than both New York City and New York State.

Childhood obesity, at 21.1%, is essentially the same as that of New York City, but almost 20% higher than New York State.

The County had essentially the same rate for adult smokers as NYC, and compares favorably with New York State.

Emergency Department visits for asthma among 0-4 year olds in Queens compares favorably with NYC, but was significantly higher than the State experience of approximately 220 visits per 10,000 children.

Prevent STD/Vaccines related Illness/Hospital Acquired Infections:

Queens County performed poorly for ensuring flu vaccinations among the elderly with only 56% of seniors 65 and older immunized compared with 74% in NYC and 75% across the State.

Syphilis rates among males were slightly higher than those of the State, but approximately 50% lower than the NYC rate per 100,000 people.

Women/Infants/Children:

The percentage of Queens' pre-term births (12.1%) was essentially comparable to NYS (12.0%) and slightly favorable compared with NY City's rate (12.7%).

Performance for both in-hospital breast feeding and maternal mortality were significantly unfavorable compared with NYC and State rates.

Adolescent pregnancy rates were approximately 12% higher than NYS, but significantly lower than the NYC rate of 47.5.

Mental Health/Substance Abuse:

Queens County was either comparable or compared favorably to New York City and State in all three indicators.

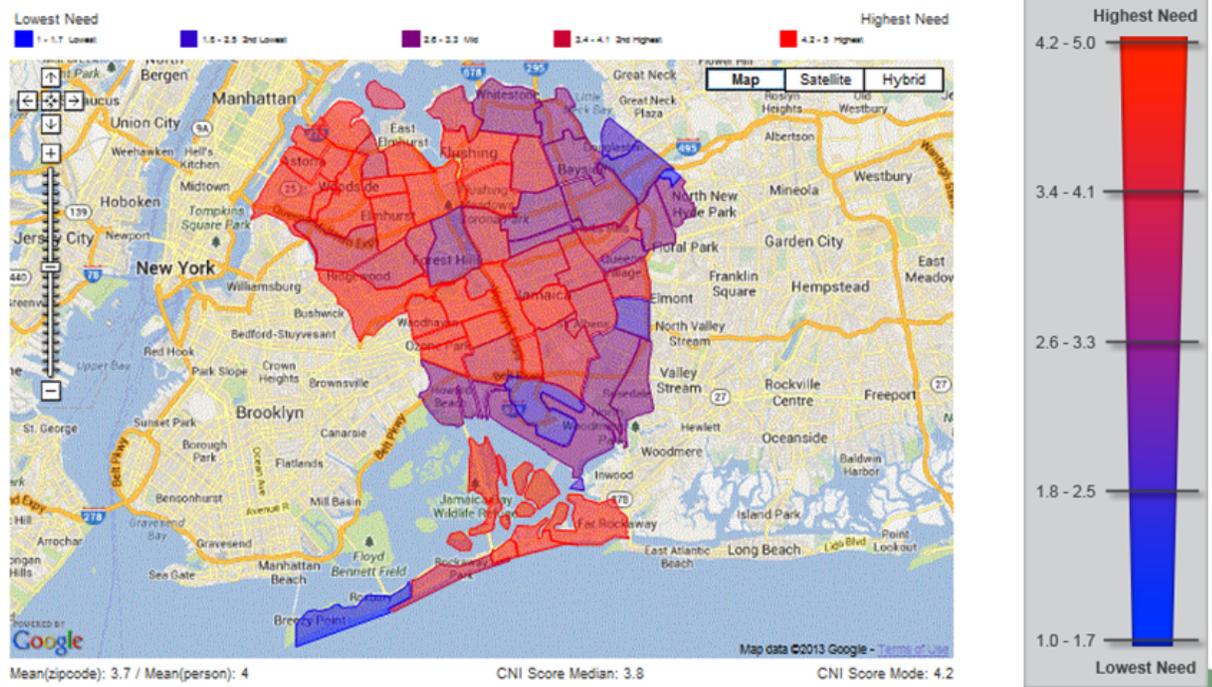
VI.i.a) Community Need Index

In 2005 Dignity Health, in partnership with Truven Health, pioneered the nation's first standardized Community Need Index (CNI). The CNI identifies the severity of health disparity for every zip code in the United States and demonstrates the link between community need, access to care, and preventable hospitalizations. The ability to pinpoint neighborhoods with significant barriers to health care access is an important advancement for public health advocates and care providers. And because the CNI considers multiple factors that limit health care access, the tool may be more accurate than existing needs assessment methods.

Rather than relying solely on public health data, the CNI accounts for the underlying economic and structural barriers that affect overall health. Using a combination of research, literature, and experiential evidence, Dignity Health identified five prominent barriers that enable us to quantify

health care access in communities across the nation. These barriers include those related to income, culture/language, education, insurance, and housing.

Community Need Index¹⁴ Queens County 2013



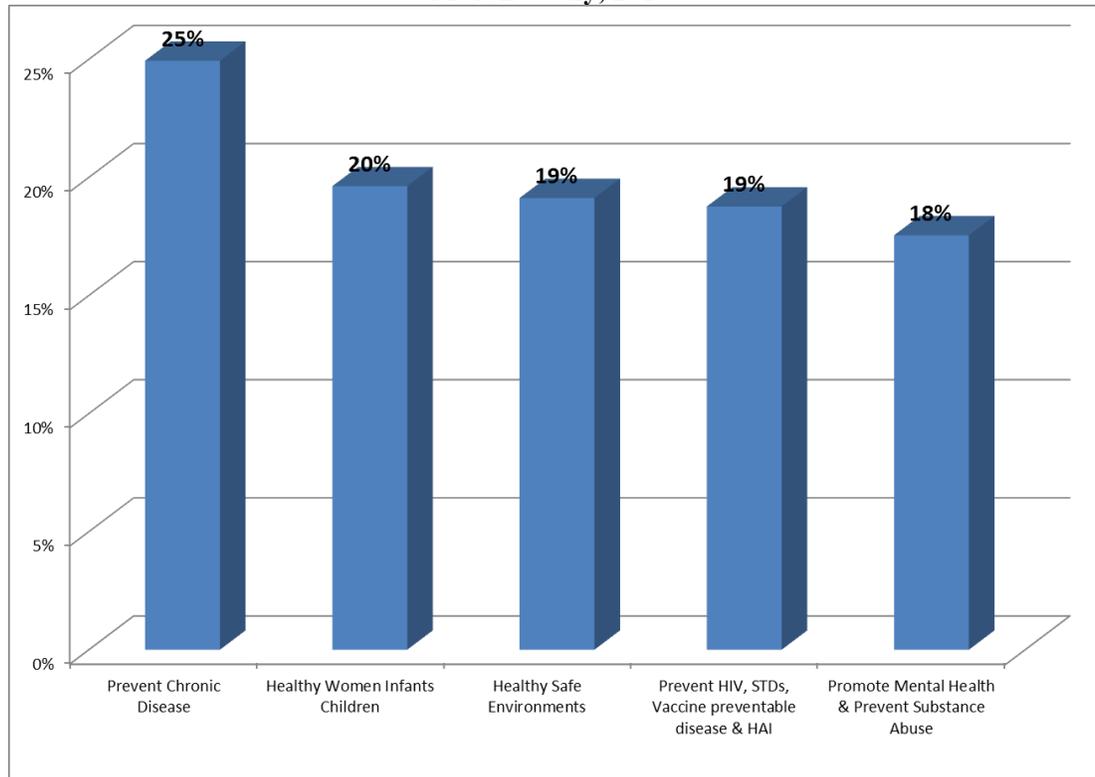
Queens County has the second most favorable mean Community Need Index of 3.7, when compared with the 4 other counties in New York City. Only Richmond (Staten Island) had a lower index score of 3.2. However several zip codes within the borough have indices of 4.0 or higher, including Long Island City/Astoria; Corona, Jackson Heights, and Woodside in Western Queens; Ridgewood; South Ozone Park, Richmond Hill, Woodhaven in Southwest Queens; and Jamaica and Far Rock Away in Southern/Southeast Queens.

VI.ii) Community Health Needs Survey

The survey, conducted over a four month period, yielded more than 2,700 responses of which 57% were completed in English, 15% in Chinese, 14% in Spanish, 13% in Korean and 1% in Russian. While no true majority choice emerged from the responses, the total participant population results scored prevention of chronic disease as the highest health need priority (25%), followed by promotion of healthy women, infants and children (20%), healthy/safe environments and prevention of HIV, STD, vaccine related and hospital acquired illnesses (19%) and promotion of mental health, prevention of substance abuse(18%).

¹⁴Dignity Health/Truven Health Community Need Index, Queens County by Zip Code, July 2013; <http://cni.chw-interactive.org/>

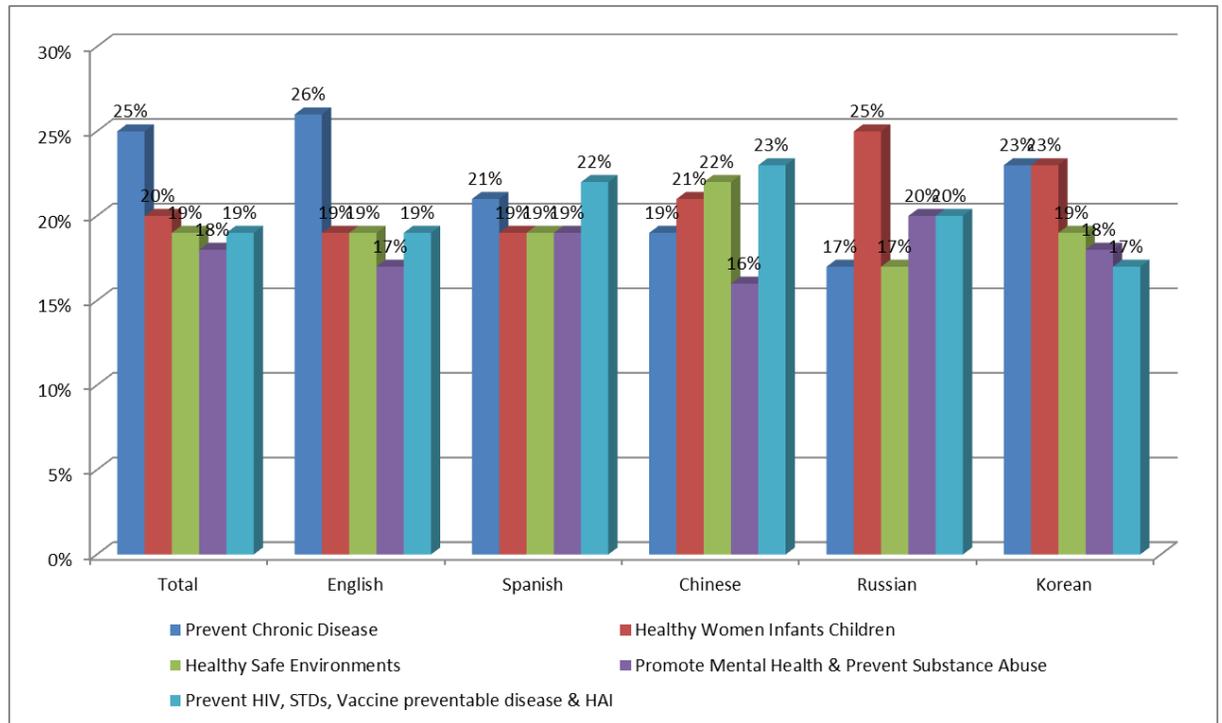
**New York Hospital Queens
Community Health Needs Survey
Health Needs Priority Selection
March – July, 2013**



Slight variations in prioritization results were evident across the language distribution:

- English respondents scored higher than all others for chronic disease prevention (26%) and lower than all but Chinese respondents for promotion of mental health and substance abuse prevention (17%).
- Spanish respondents scored HIV, STD, vaccine preventable, and hospital acquired diseases as most important (22%) and scored healthy women infants and children, safe environments, and promotion of mental health and substance abuse prevention as equally important (19%).
- Chinese respondents scored HIV, STD, vaccine preventable, and hospital acquired diseases as the highest priority (23%) and promotion of mental health and substance abuse prevention lowest of all respondent groups (16%).
- Russian respondents chose healthy women, infants and children as most important (25%).
- Korean speaking respondents scored both chronic disease and healthy women and children as critical priorities (23%).

**New York Hospital Queens
Community Health Needs Survey
Health Needs Priority Selection by Language of Survey
March – July, 2013**



VI.iii) Focus Group Input

The New York City Department of Health and Mental Hygiene held a listening session¹⁵ to share the health department’s Take Care New York (TCNY) initiative with thirty three Queens’ residents and to gather their feedback.

The prevalent themes obtained from the NYCDOHMH Listening Session feedback included:

- Quantification of children’s mental health problems
- Creation of physical activity opportunities in schools
- Promotion of physical activity by primary care providers
- Enhancement of access to healthy food
- Education on healthy cooking
- Prevention and control of childhood obesity
- Implementation of smoke-free NYCHA housing
- Reducing the stigma of NYC condoms
- Reduction of youth access to tobacco
- Provision of tobacco cessation counseling training to case managers

¹⁵ NYC Department of Health and Mental Hygiene, Take Care New York Borough-Wide Listening Sessions, Queens Stakeholder Feedback Summary, May 14, 2013.

VII. Selection of Action Plans/Implementation Strategies

After reviewing all sources of information, the Hospital chose to focus on prevention of chronic disease and promotion of healthy women, infants and children. These two areas were chosen because they met the Hospital's selection criteria; i.e. they were scored as the two most critical health need categories by the Community Health Needs Assessment Survey respondents and the Hospital has the ability to positively impact performance in each.

Once the priority areas were identified, the indicators within each area were assessed to establish focused initiatives. Queens County data was available for 15 of the 17 total indicators within the two priority areas. The borough performed at or better than the New York City and New York State performance levels in seven of the remaining 13 indicators: Obese adult population, Asthma (All) ED visits, Heart attack hospitalizations, Diabetes hospitalizations 6-17 and 18+, Well-Child visits (Government Insured Patients), and Live Births within 24 months of previous live birth. Variance from New York City and New York State was less than 1% for adult smoking and pre-term births.

**New York Hospital Queens Selected Prevention Agenda Priorities¹⁶
Queens County Performance by Indicator
2012**

NYS Prevention Agenda Priority	Prevention Priority Indicator	Queens	Comparison		% Variance	
			NYC	NYS	NYC	NYS
Prevent Chronic Disease	Obese Adults	20.6	21.3	23.2		
	Obese Children	21.1	21.7	17.6		-19.9%
	Adult Smokers	14.6	14.5	16.8	-0.7%	
	Colorectal Screening	NA	68.3	66.3		
	Asthma ED Visits	76.4	127.0	83.7		
	Asthma ED Visits - Age 0-4	262.2	334.6	221.4		-18.4%
	Heart Attack Hospitalizations	14.4	14.7	15.5		
	Diabetes Hospitalizations 6-17	2.5	3.6	3.2		
	Diabetes Hospitalizations 18+	4.5	6.7	5.6		
Promote Healthy Women, Infants, and Children	Preterm Birth	12.1	12.7	12.0		-0.8%
	In-Hospital Breastfeeding	27.5	32.4	42.5	17.8%	54.5%
	Maternal Mortality	32.5	29.2	23.3	-10.2%	-28.3%
	Well-Child Visits (Govt Insured Pts)	73.2	70.8	69.9		
	Third Grade Children Tooth Decay	NA	NA	24.0		
	Adolescent Pregnancy	35.4	47.5	31.1		-12.1%
	Unintended Pregnancy Live Births	26.4	24.6	26.7	-6.8%	
	Live Birth <24 mos of previous birth	13.6	14.8	18.0		

The eight remaining indicators in which Queens County performed below New York City and/or New York State included:

- Obese Children
- Adult Smokers
- Asthma ED visits – Age 0-4
- Pre-term Births
- In-hospital exclusive breastfeeding
- Maternal Mortality
- Adolescent Pregnancy
- Unintended Pregnancy Live Births

¹⁶ New York State Department of Health, Indicators for Tracking Public Health Priority Areas.
http://www.health.ny.gov/prevention/prevention_agenda/indicators/county/queens.htm, January 30, 2013.

The Hospital selected Exclusive In-hospital breast feeding among Chinese mothers as its first Prevention Agenda priority indicator for a focused action plan and implementation strategy.

The most significant variance by indicator occurred in the Promote Healthy Women Infants and Children indicators for exclusive in-hospital Breastfeeding.

In-hospital exclusive breast feeding occurred in only 27.5% of the Queens County post-partum population compared with 32.4% for New York City post-partum patients, and 42.5% for post-partum patients in New York State, an 18% variance from New York City and approximately 55% variance from New York State performance levels in 2012.

New York Hospital Queens’ experience in exclusive breast feeding is lower than that of other Queens County hospitals as measured by the New York State Department of Health Hospital Profiles in 2011.

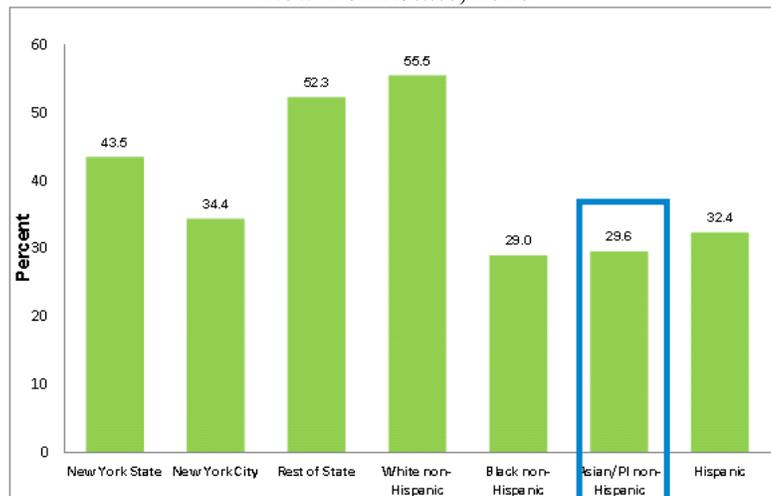
**Infant Feeding Method¹⁷
New York Hospital Queens & Other Queens Hospitals
2011**

Infant Feeding Method	NYHQ		Other Queens County Hospitals	
	#	%	#	%
Fed any breast milk	1,746	50.20%	14,430	89.8%
Fed exclusively breast milk	390	11.20%	3,919	24.4%
Breastfed Infants Supplemented with Formula ²	1,356	77.70%	10,511	65.4%

Source: NYSDOH, Hospital Profiles, Queens County Hospitals, 2011.

Asian/Pacific Islander women have the second lowest percentage (29.6%) of in-hospital exclusive breast feeding in New York State compared to White non-Hispanic (55.5%) and Hispanics (32.4%). Black non-Hispanic women had the lowest rate of in-hospital exclusive breast feeding (29.0%).¹⁸

**Percentage of Infants Fed Breast Milk Exclusively in the Delivery Hospital
by Region, Race and Ethnicity
New York State, 2010**

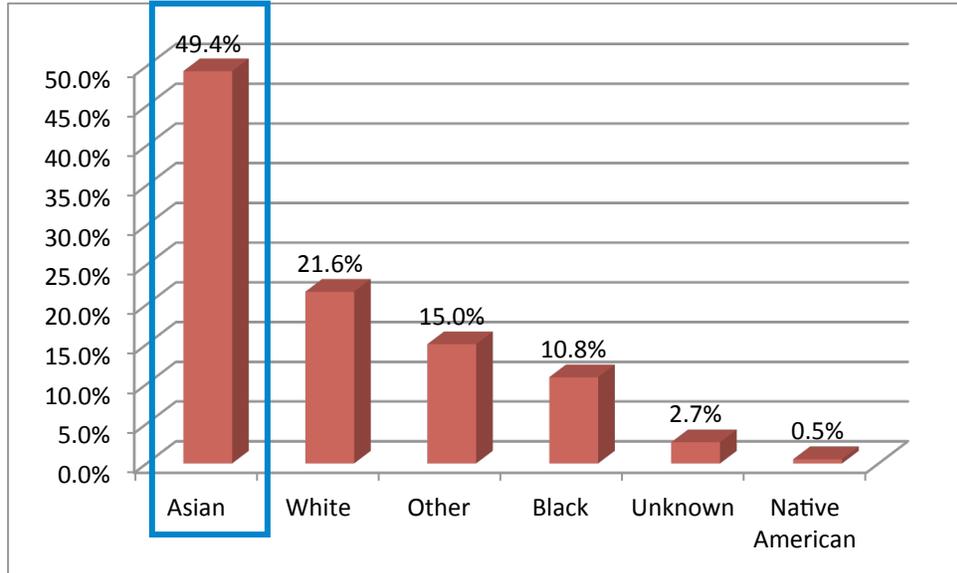


¹⁷ Based on live born infants, excluding infants who were admitted to the Neonatal Intensive Care Unit or transferred to or from another hospital. Percentage is based only on infants who were fed any breast milk.

¹⁸ “Description of Population Demographics and General Health Status, New York State 2012”, www.health.ny.gov/prevention/prevention.../general_description.pdf

New York Hospital Queens had approximately 4,550 obstetrical discharges in 2012, of which almost 50% self-identified as Asian/Pacific Islander race. Whites represented 22% of the population, followed by Blacks at 11%, Unknowns at 2.7%, and Native Americans at 0.5% of total.

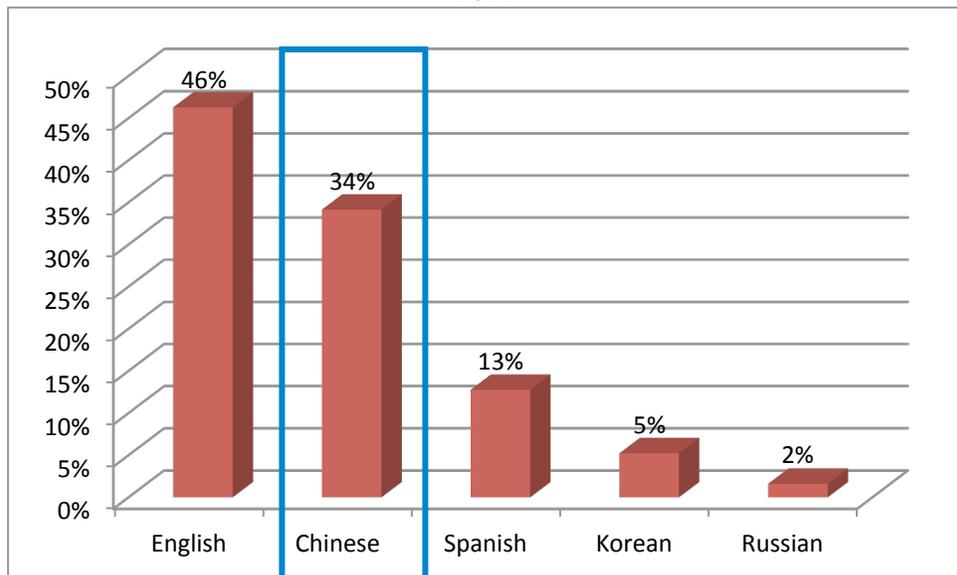
**New York Hospital Queens
Obstetrical Discharge Percentage by Race
2012**



Source: NYHQ Finance Department, Obstetrical Inpatient Discharge Data by Race and Language, 2012.

Approximately 95% of the 2012 total obstetrical discharges were distributed across five self-identified preferred languages: English, Chinese, Spanish, Korean and Russian.

**New York Hospital Queens
Obstetrical Discharge Percentage by Preferred Language
2012**

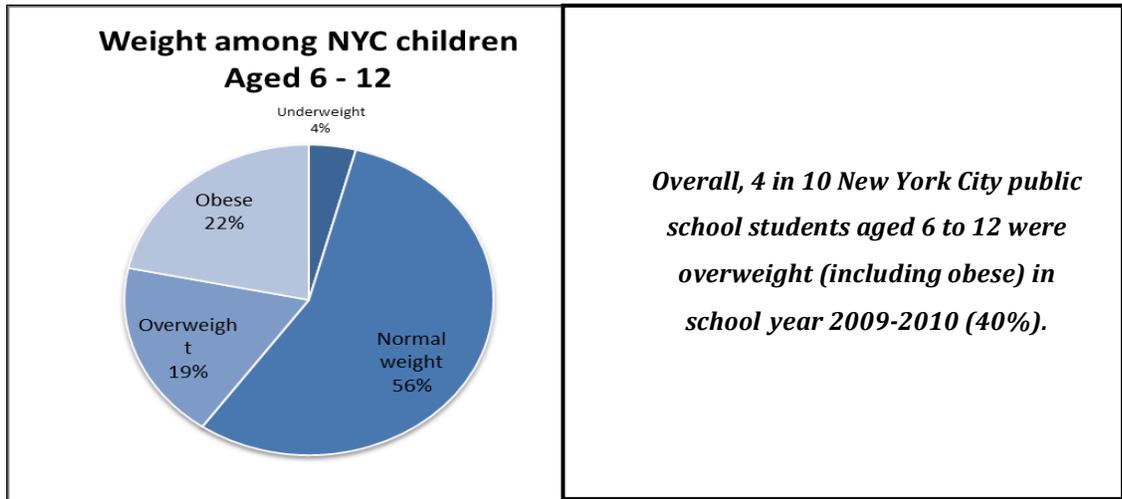


Source: NYHQ Finance Department, Obstetrical Inpatient Discharge Data by Race and Language, 2012.

New York Hospital Queens' Chinese speaking obstetrical population was the largest minority among the total obstetrical population in 2012 and has a 3.4 % rate of exclusive breast feeding in-hospital, compared with the total obstetrical population of 10%. A significant percentage of the Chinese patients receive prenatal care in NYHQ's Family Health Center, located in zip code 11355, and the Charles B. Wang Community Health Center in zip code 11354, with respective Community Health Needs Indices of 4.4 and 4.2, both of which exceed the County mean score of 3.8.

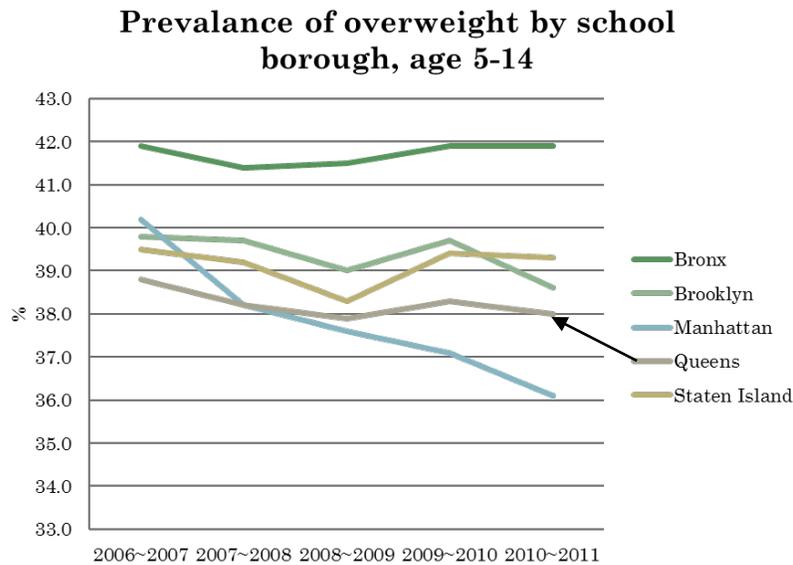
The Hospital selected obesity among Hispanic children as its second Prevention Agenda priority indicator for a focused action plan and implementation strategy.

Queens' childhood obesity rate, at 21.1%, is essentially the same as that of New York City, but almost 20% higher than New York State.¹⁹



Source: NYC FITNESSGRAM 2009-2010 Data; <http://www.nyc.gov/html/doh/downloads/pdf/epi/databrief1.pdf>

However, during a 5 year trend from school year 2006 thru 2011, for overweight school children age 5-14, Manhattan and Brooklyn made more obvious progress when compared with Queens, the Bronx, and Staten Island.²⁰

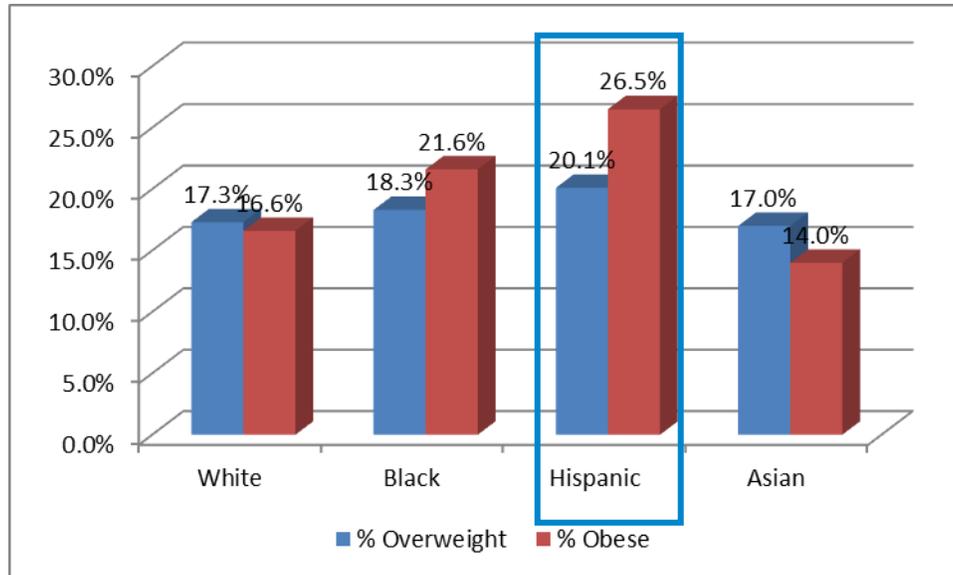


¹⁹ New York State Department of Health, Indicators for Tracking Public Health Priority Areas.

²⁰ NYC FITNESSGRAM 2009-2010; <http://www.nyc.gov/html/doh/downloads/pdf/epi/databrief1.pdf>.

Most recent available data for New York City public schools reports Hispanic school children to have the highest percentage of overweight (20.1%) and obesity (26.5%) compared with all other races.

**Percentage Overweight and Obesity
NYC Public School Children Age 6-12
By Race
2009-2010**



Based on 2009-2010 NYC FITNESSGRAM results published in *Epi-Data Tables, No. 1*
NYC Department of Health and Mental Hygiene

A significant percentage of all New York Hospital Queens primary care pediatric patients are Hispanic, many coming from neighborhoods with the highest Health Needs Index in the borough.

**Population by Race
Select Queens Counties
2010**

ZIP	ZIP CITY	% Population Hispanic
11368	Corona	43.6%
11369	East Elmhurst	64.7%
11372	Jackson Heights	57.2%
11373	Elmhurst	42.4%
11370	East Elmhurst	41.5%

Source: US Census, American Fact Finder; 2010 Census Data

**Community Needs Index
Select Queens County Zip Codes
2012**

ZIP	ZIP CITY	CNI
11368	Corona	4.6
11369	East Elmhurst	4.4
11372	Jackson Heights	4.4
11373	Elmhurst	4.6

Source: Dignity Health/Truven Health Community Need Index, Queens County by Zip Code, July 2013.

**TLCC Primary Care Visits
Select Queens County Zip Codes
2012**

EAGLE CLINIC ID DESC	ZIP	ZIP CITY	Sum of 1-CASES
Teresa Lang Ped Primary Care	11368	Corona	1,116
	11369	East Elmhurst	337
	11372	Jackson Heights	196
	11373	Elmhurst	192
	11370	East Elmhurst	116
	11317	Corona	4
Teresa Lang Ped Primary Care Total			1,961
Total 2012 TLCC Primary Care Visits			8,184
Select Population % Total			24.0%

Source: NYHQ Finance Department Eagle Statistical Reports, Period Shown.

VII.i) Implementation Strategies/Action Plan: Goals, Interventions, Performance Measures

VII.ia) Focused Intervention #1: Increase the Percentage of In-Hospital Exclusive Breast Feeding among Chinese mothers.

An interdisciplinary team including representatives of the Community Benefits Committee, Hospital clinical and administrative leadership, the Flushing Chinese Business Association and a Board liaison has developed a three-year plan to increase the number of Chinese infants who are exclusively breastfed in the hospital by 10%. This goal is consistent with the Prevention Agenda 2013 goal established by the New York State Department of Health.

Goal:

NYSDOH Prevention Agenda: By 2017, increase the percentage of infants born in NYS hospitals who are exclusively breastfed during the birth hospitalization by 10% from 43.7% (2010) to 48.1%.

Take Care New York (TCNY): Increase the rate of women who breastfeed exclusively in hospital citywide.

New York Hospital Queens: By 2017, increase the percentage of Chinese infants born in NYHQ who are exclusively breastfed during the birth hospitalization by 10% from 3.4% (2011) to 3.74%.

Evidence Informed Interventions:

- Collaborate with the New York City Department of Health and Mental Hygiene’s **Take Care New York** community health intervention activity to support breastfeeding in the hospital.
- Address identified disparity by conducting a focused intervention by a certified lactation specialist to enhance education and support for Chinese ante partum and post partum patients.

Intervention Activities:

- Partnership in the New York City Department of Health “Latch On NYC” breastfeeding program.
- Partnership with the Flushing Chinese Business Association to assist with establishment of an ethnically directed public awareness campaign.
- Engagement of Chinese speaking pediatrician “champion” to educate and enlist community pediatricians in the initiative.

- Enhancement of the existing prenatal education program for all Chinese patients registered in the New York Hospital Queens Flushing Health Center (FHC) Obstetrics program by...
 - Ensuring breast-feeding education begins at initial prenatal visit and continues throughout prenatal period.
 - Bridging the transition to inpatient care by hand off from FHC staff to labor and delivery staff. Enlist lactation specialist for support as early in admission as possible.
 - Standardizing the hand off to post delivery staff.
 - Implementing a weekly post-discharge breast feeding support group to provide a positive transition for mothers.
 - Providing an “incentive” to mothers who complete exclusive in hospital breastfeeding, e.g., photo of mother and baby.

Performance Measures:

- Total bottles of formula distributed monthly.
- Percentage of Chinese mothers who receive formula that have a documented medical indication or mother’s request.
- Percent of Chinese speaking mothers who have been educated on the impact of non-medically indicated supplementation on breastfeeding success.
- Percentage of Chinese breast-feeding mothers who receive post-discharge lactation support and referrals.

VII ib) Focused Intervention #2: Prevent Obesity among Hispanic children.

Goal:

NYSDOH Prevention Agenda: By December 31, 2017, increase the percentage of children and adolescents ages 3-17 years with an outpatient visit with a primary care provider or obstetrics/gynecology practitioner during the measurement year, who received appropriate assessment for weight status during the measurement year:

- 29% from 58% (2011) to 75% among residents enrolled in commercial managed care health insurance.
- 5% from 72% (2011) to 75% among residents enrolled in Medicaid Managed Care or Child Health Plus.

Take Care New York (TCNY): Reduce childhood obesity rates citywide.

New York Hospital Queens: Achieve 100% appropriate assessment for weight status for children at local elementary school grades K through 8.

The diagnosis, prevention and management of obesity have always been priorities of NYHQ’s Department of Pediatrics and the Theresa Lang Children’s Center (TLCC). The Center’s community-based Fit Kid program was started several years ago with the goal of decreasing obesity and limiting co-morbidities in our population. The program includes medical evaluation, nutrition consultation and group exercise classes.

The Hospital has embarked on an exciting partnership consisting of the NYHQ Community Benefits Committee, Hospital clinical and administrative leadership, a Board liaison, St. Michael’s parish, Most Holy Redeemer Catholic Academy, and the New York Cosmos professional soccer team to improve the health status of all students enrolled, and in particular, Hispanic students who are most at risk for obesity.

The program will build on a creative educational curriculum already in place to further involve parents, and to engage local sports and business organizations to enhance community awareness and/or provide direct support for the initiative.

In addition to New York State and New York City Health Department guidance, established best practices from organizations such as Salud America <https://salud-america.org/> will also be incorporated into the program.

Evidence Informed Interventions:

- Implement a healthy eating/Active Living focused initiative for obesity in Hispanic children utilizing NYSDOH and TCNY informed interventions in partnership with St. Michael's RC parish, Most Holy Redeemer Catholic Academy, NYHQ Theresa Lang Children's Center.
- Place Department of Health and Mental Hygiene ads promoting healthy eating and active living in the hospital and pediatric ambulatory care sites with significant Hispanic patient populations. (TCNY)
- Participate in the Healthy Hospital Food Initiative (TCNY)
- Include obesity as one of 3 important conditions for clinical focus for Patient Centered Medical Home (PCMH) status application.

Performance Measures:

- Percentage of students, by race, who received appropriate assessment for weight status. (NYSDOH)
- Three-year BMI trend of students by race (NYSDOH)
- Number of ads placed on internal video monitors and posted in treatment sites. (TCNY)
- Number of DOHMH Healthy Hospital Food Standards implemented (TCNY)

VII.ic) Other Hospital Action Plans/Implementation Strategies that Address Wellness and Disease Prevention Priorities in which the County performed below New York City and/or New York State:

The initiatives provided below include all prevention agenda priority indicators other than in-hospital exclusive breastfeeding and childhood obesity for which Queens County, or comparable NYHQ data is available, the borough performed below that of New York City and/or New York State, and New York Hospital Queens has committed resources.

- ***Assault Related Hospitalizations –***
 - The Hospital complies with applicable law and collaborates with relevant agencies in evaluating, managing and reporting cases of apparent or suspected abuse.
 - Annual training is provided to all employees on violence and abuse including management of victims and mandatory reporting procedures.
- ***Adult Smokers –***
 - All adult inpatients and ambulatory care outpatients are screened for tobacco use and counseled and/or referred to smoking cessation resources as needed.
 - Nicotine replacement therapies are made available to licensed providers to assist patients with reducing the desire to smoke.
 - The Hospital is a Smoke Free Environment operating under a policy that restricts smoking from within the hospital main campus and buildings including perimeter sidewalks.

- ***Asthma ED visits – Age 04-/Home Visit Triggers***
 - New York Hospital Queens is home to the longest-running Pediatric Asthma Center in the borough of Queens. Since 1994, it has provided comprehensive disease management and treatment for youth up to age 18 who are living with asthma.
 - The program conducts mobile educational sessions at schools and community centers throughout the borough.
 - Environmental assessments are a key part of evaluation and treatment of all patients.
 - The Hospital has received NYSDOH contingent approval to utilize a \$325,000 grant from the Trans-Canada Corporation, one of North America’s largest providers of gas storage and related services. The grant will provide one year funding to bring asthma education, screening, and treatment to Northwestern Queens’ public housing facilities located in “Asthma Alley” where approximately one-third of the population lives below the poverty level. Services will be provided in zip code 11101, one of only two zip codes in Queens County with the most significant need as demonstrated by its Community Needs Index score of 5. The project is projected to commence mid-January, 2014.

- ***Adult Flu Immunization 65+***
 - NYHQ follows the Centers for Medicare and Medicaid Services (CMS) guidelines for flu immunization as one of its core measures. In the 4th quarter of 2012, New York Hospital Queens screened all in patients age 50 and over for seasonal influenza vaccine in accordance with CMS) regulations. Percentage compliance for the 4th quarter results in 2012 was 92%. In the 1st quarter of 2013, NYHQ screened all patients 6 months and older in accordance with the Centers for Medicare and Medicaid Services revised Core Measure. The Hospital achieved 89% compliance, comparing favorably to both the State performance (86%) and national results (88%) for the period.

- ***Newly diagnosed HIV***
 - NYHQ is a designated an AIDS Center by the New York State Department of Health. The center offers inpatient and community based comprehensive HIV/AIDS services provided by a case management team including physicians, nurses, nutritionists, social workers, oral pathologists and pastoral care representatives.
 - HIV testing is offered to inpatients, ambulatory care patients and Emergency Department patients. Statistical reports on testing and positive findings are presented to the hospital-wide Infection Control Committee as a routine agenda item.

- ***Pre-term Births, Unintended and Adolescent Pregnancy, & Maternal Mortality***
 - New York Hospital Queens offers comprehensive perinatal services in four community based ambulatory centers throughout the borough including three centers with Community Needs Indices of 4.0 and above.
 - The Hospital is one of only twenty in the country to rank among the top ten percent for six consecutive years in the HealthGrades® multi-state evaluation for maternity care. The ratings are based on incidence of maternal complications for single live vaginal and Cesarean deliveries; overall volume and volume of low birth weight deliveries (often associated with adolescent pregnancy rates²¹); and risk-adjusted infant mortality rates for single live deliveries.
 - The Hospital has a strong program in place to prevent maternal mortality. New York Hospital Queens instituted a systemic change in process in 2001 to address maternal mortality following two maternal deaths in a two-year period.²² Process changes were instituted in late 2001 at the direction of a multidisciplinary patient safety team.

²¹ “Born Too Soon: The Global Action Report on Preterm Birth”, The Partnership for Maternal, Newborn, and Child Health, May 2012. <http://www.who.int/pmnch/about/en/>.

²² “Improving hospital systems for the care of women with major obstetric hemorrhage:”, Skupski et al, *Obstetrics and Gynecology*, May 2006.

A multi-disciplinary rapid response team, called “Team Blue” was implemented, using the cardiac arrest team as a model. Protocols for early diagnosis, assessment, and management of patients at high for major obstetric hemorrhage were developed and communicated to staff. ***There have been no maternal deaths from major obstetric hemorrhage since the team was put in place approximately twelve years ago.***

- Between 2002 and 2012 there were two maternal deaths among 43,059 total hospital deliveries with causes attributed to pulmonary embolism and anaphylactic syndrome of pregnancy. The Hospital’s maternal mortality rate per 100,000 births was 4.65 for the 11-year period²³. The 2009 - 2011 rate for Queens County was 30.0 per 100,000.²⁴

VII.id) Other Hospital Initiatives that Address Wellness and Disease Prevention Priorities in which the County performed at or better than New York City and/or New York State:

- ***ED Visits and Hospitalizations Due to Falls 65+ –***
 - The NYHQ Outpatient Physical Therapy service provides vestibular rehabilitation, an exercise program designed to control symptoms and to increase function for patients with balance disorders.
 - The program includes state of the art sensory motor and training systems, conducted by certified vestibular therapists.
 - The program also utilizes a system to treat those who have difficulty seeing when either they or the environment is moving.
 - Professional and community education sessions on balance and falls prevention are given at the Hospital twice each year.
 - Physical therapy referrals for ED patients who are treated and released are provided as well as initial evaluations of patients awaiting admission in order to initiate therapy in the earliest phase of the patients hospital stay.
 - Therapists evaluate, and treat patients while admitted communicating with Case Managers and Physicians regarding post discharge needs.
 - The Hospital partners with the Visiting Nurse Service of New York to evaluate environmental factors in the home.
 - Therapists provide community education falls prevention through the Hospital’s Health Outreach seniors program, as well as at senior centers in the community.
- ***Climate Smart Communities –***
 - The Hospital partners with Energy Star, the EPA Combined Heat and Power and WaterSense Partnerships, and Plan NYC to identify and implement systems and processes to reduce energy utilization and water consumption.
 - NYHQ was the first New York City Hospital to achieve a 30% carbon emission reduction goal as member of the Mayor’s Carbon Challenge to reach the 30% goal over ten years. The Hospital achieved the goal in just three years.
 - New York Hospital Queens is participating with the US Environmental Protection Agency in the National Buildings Challenge, aka the “Battle of the Buildings!” We are one of 245 buildings from across the nation chosen to participate in this contest to see who can reduce their energy the most.
 - As a participant in the New York City Department of Environmental Protection (DEP) NYHQ installed a modular green roof on the East Building of the main campus which when complete will cover one half acre of roof space. The green roof will decrease the amount of storm water overflow into adjacent waterways.
 - New York Hospital Queens has partnered with Stericycle to greatly improve our waste recycling programs. The Hospital now recycles more than 17% NYHQ now recycles over 17% of all waste and diverts over 21% of its waste from

²³ NYHQ Department of Obstetrics and Gynecology statistical reports, 2013.

²⁴ 2008-2009 Vital Statistics Data as of March, 2011, NYSDOH, www.health.ny.gov.

traditional municipal waste streams. NYHQ's recycling programs currently exceed Practice Greenhealth targets of 15% and 10% recycling and waste diversion targets.

- **Colorectal Screening** – Although the NYS Prevention Agenda indicator had no available data for Queens County, the American Cancer Society data reports Queens as having a lower incidence of colorectal cancer than New York State.²⁵
 - New York Hospital Queens entered into a contract with the NYCDOHMH Cancer Prevention and Control Program in December of 2009 to initiate a colorectal cancer navigator program to increase screening among minorities. The contract included funding through NYCDOHMH for two full-time navigators to provide community education and to recruit minority populations for colorectal screening for a one year period.
 - The pilot year was extremely successful, with increases in completed studies among Hispanics (21%), Asians (24%) and Blacks (30%). Although no further external funding was available at the end of the contract with the New York City Department of Health and Mental Hygiene, NYHQ retained the two navigators to continue outreach to target minority populations.
 - In 2012 the navigators successfully recruited approximately 600 new patients from the Hispanic, Korean, Chinese, Russian, and Asian Indian communities.
- **Heart Attack and Diabetes Short Term Hospitalizations** –
 - New York Hospital Queens Cardiac Health Center, the first community based cardiac rehabilitation center in Queens, was developed to meet the primary and secondary disease prevention needs of patients with existing heart disease and/or those with known risk factors.
 - The program includes a 12 week medically supervised treatment and education program including nutrition counseling and exercise.
 - The Center also provides diabetes education by a certified diabetes education specialist and conducts a monthly support group for patients and families.

VII.id) Prevention Agenda Indicators not addressed and why:

The Hospital does not have appropriate expertise or experience to make a significant impact on the following indicators:

- Low income access to supermarkets
- Alternate transportation use
- Fluoridated Water

The Hospital does not provide comprehensive Psychiatry and Alcohol Detoxification programs and is therefore unable to address the following indicators:

- Adults with poor mental health for 14 or more days in the last month
- Age-adjusted percentage of adult binge drinking during the past month.

NYHQ does maintain a Psychiatry liaison program to evaluate and make referrals to appropriate facilities for comprehensive mental health and substance abuse services when necessary.

VIII. Community Benefit and Financial Aid
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NYHQ conducts its charity care and financial aid program in full compliance with the policy and procedures set forth in the Financial Aid Law 2087. NYHQ utilizes Federal Poverty Guidelines (FPG) to determine eligibility for providing free or discounted care. The FPG family income limit for eligibility for charity care is 400%.

²⁵ "The Cancer Burden in New York State", American Cancer Society, New York & New Jersey, July 2012, p.12.

The Hospital's commitment to community service is evidenced by services provided to the poor and benefits provided to the broader community. Services provided to the poor include services provided to persons who are uninsured or underinsured. The Hospital provides quality medical care regardless of race, creed, sex, sexual orientation, national origin, handicap, age or ability to pay. Although payment for services rendered is critical to the operations and stability of the Hospital, it is recognized that not all individuals possess the ability to pay for essential medical services and, furthermore, the Hospital's mission is to serve the community with respect to health care and health care education. Therefore, in keeping with the Hospital's commitment to serve members of the community, the Hospital provides the following:

- charity care to the indigent
- care to persons covered by governmental programs at below cost
- health care activities and programs to support the community.

These activities include wellness programs, community education programs, health screenings, and a broad variety of community support services.

The Hospital makes available free care programs for qualifying patients under its charity care and financial aid policy. During the registration, billing and collection process, a patient's eligibility for charity care is determined under the Hospital's charity care and financial aid policy. The Hospital obtains additional financial information for uninsured or under-insured patients who do not or have not supplied requisite information to qualify for charity care. The additional information is used by the Hospital in determining whether to qualify patients for charity care and/or financial aid in accordance with the Hospital's policies. For patients who were determined by the Hospital to have the ability to pay but did not, the uncollected amounts are reported as bad debts.

Distinguishing between bad debt and charity care is difficult in part because services are often rendered prior to full evaluation of a patient's ability to pay. The costs of uncompensated care (other than bad debts) and community benefit activities are derived from various Hospital records. Amounts for activities are based on estimated and actual data, subject to changes in estimates upon the finalization of the Hospital's cost report and other government filings. The amounts are calculated in accordance with guidelines prescribed by the Internal Revenue Service ("IRS").

The net cost of charity includes the direct and indirect cost of providing charity care services, offset by revenues received from indigent care pools and other subsidies. The cost is estimated by utilizing a ratio of cost to gross charges applied to the gross uncompensated charges associated with providing charity care.

The charity care component of the indigent care pool payments is estimated utilizing a ratio of charity care charges to total charity care and bad debt charges applied to the indigent care pool reimbursement. In addition to uncompensated care, the Hospital provides free care in the form of outreach programs, health fairs, screenings and other programs benefiting the community. The value of this free care has not been quantified and is excluded from total uncompensated care.

In 2012, financial aid provided to both the underinsured and uninsured in our community reached more than 12,800 patients and families. Sixty-nine percent of the total aid was provided to Queens residents in zip codes with Community Health Need Indices equal to or greater than four, reaching those patients and families most in need.

Further information regarding financial assistance can be obtained on the New York Hospital Queens website at http://www.nyhq.org/Frequently_Asked_Questions_about_Financial_Assistance

VIII i) External Challenges to Providing and Expanding Care to Underserved Populations

Ongoing challenges to expanded provision of charity care and expansion of access to services for the underserved are largely based in financial threats associated with the following:

- Labile economic environment – resulting in continued incremental financial burdens on hospitals, e.g., budget gap closure strategies like the MTA and employer taxes; lingering uncertainties regarding the impact of the Affordable Care Act on uninsured and underinsured.
- Declining reimbursement - projected reductions in Medicare and Medicaid reimbursement and continued shift of funding from acute care to prevention programs before sufficient inpatient efficiencies have been achieved.
- Malpractice/defensive medicine – forcing redirection of operating revenues from program support to increase reserves and fund settlements/judgments;
- Proliferation of unnecessary testing; and most important, decreasing numbers of qualified physicians in primary care areas such as Obstetrics due to continuing increases in malpractice insurance premiums.
- Increased regulatory surveillance/tracking – expansion of requirements for multiple regulatory agencies without additional funding to secure sufficient resources to mine, interpret, and report routine data and respond to inquiries.
- Continued rise in Labor costs – salary and benefits demands continue to rise in the face of declining reimbursement; failing pension plans requiring increased funding.
- Lack of capital funding – preventing expansion and addition of programs due to inadequate space and aging facilities.

IX. Dissemination of the Report to the Public

A written summary of the Community Health Needs Assessment (CHNA) and the Action Plan/Implementation Strategies is available to the Public. Instructions for obtaining access to the documents are posted on video monitors throughout the Hospital and in local newspapers in multiple languages.

The full Community Health Needs Assessment, Implementation Strategy and [Community Service Plan](#) as well as summaries in multiple languages are posted on the hospital website at www.nyhq.org

The public can also make inquiries about the plan and obtain a printed copy of the Executive Summary by contacting the Department of Public Affairs and Marketing at 718-670-1065.