

NYC
HEALTH+
HOSPITALS

ONECITY
HEALTH

COMMUNITY HEALTH NEEDS ASSESSMENT 2019



To all New Yorkers:

As New York City's public health care system, our goal is to empower you to live your healthiest life. Clinical care starts with you and your health care team, but we recognize that many factors impact your health beyond medical care alone – a safe home environment, space to be physically active, access to fresh food, even daily stress and social well-being can impact your health outcomes.

To assess and prioritize the greatest health needs of the neighborhoods and communities we serve, NYC Health + Hospitals conducted a comprehensive and inclusive process to complete this Community Health Needs Assessment for 2019. The findings represent the voices of the patients we serve, clinical experts and community partners, and are backed by quantitative data analysis.

Recognizing that the health needs of patients coming through our hospital doors may not represent the wider health needs of the community, we embarked on an extensive stakeholder engagement process led by OneCity Health, who built new relationships with community stakeholders through the Delivery System Reform Incentive Payment (DSRIP) Program.

For the first time, we conducted a system-wide assessment to identify priorities that need to be addressed city-wide and will allow us to maximize our resources in response. We believe that we should reliably deliver high-quality services and that patients should have a consistent experience at our facilities.

Since our 2016 assessment, we have worked tirelessly to address significant health needs of the community and to make it easier for our patients to access our services:

- We opened and renovated dozens of community-based health centers to expand access to primary and preventive care.
- We adopted a new electronic medical record and financial system to help our providers deliver better care and help our system collect revenue from insurance companies for the services we have delivered.
- We launched new ExpressCare urgent care centers that make it easier for our patients to conveniently access the right level of care at the right time, including after hours.
- We hired hundreds of new doctors and nurses to serve our community.
- We expanded the e-consult system, a tool for your doctor to reach your specialist, to reduce wait times for specialty services.

This year, we also embarked on an ambitious plan to guarantee care to all New Yorkers without health insurance coverage by connecting more eligible people to our top-ranked, affordable health plan, MetroPlus, and by creating the NYC Care membership program that will launch this August and will increase access to health care services for those who are not eligible for insurance.

We are excited to share the findings in this report, which provide a holistic view of the health status of our communities and deepen our understanding of neighborhood health needs. We recognize that NYC Health + Hospitals alone cannot tackle these issues – we depend on our partnerships with patients, families, community advocates, city agencies, and health care providers to effectively address the complex health and social problems our communities face. We are committed to continuously engaging our communities to find effective solutions to solve these challenges.

New York City is comprised of hundreds of vibrant and diverse communities – by empowering individuals and families to be healthy, we can help each local community thrive and help you live your healthiest life.

Sincerely,



Dr. Mitchell Katz
President and CEO
NYC Health + Hospitals



Dr. Machel Allen
Senior Vice President/
Chief Medical Officer
NYC Health + Hospitals



Israel Rocha
Vice President,
NYC Health + Hospitals
CEO, OneCity Health

ABOUT THE COMMUNITY HEALTH NEEDS ASSESSMENT

This Community Health Needs Assessment (CHNA) serves to identify and assess the priority health needs of the communities served by NYC Health + Hospitals. Submitted in fiscal year ended June 30, 2019, to comply with federal tax law requirements set forth in IRS Code Section 501(r)(3) and to satisfy the requirements set forth in IRS Notice 2011-52 and the Affordable Care Act for hospital facilities owned and operated by an organization described in IRS Code Section 501(c)(3).

The following hospitals, organized by county, serve the communities addressed in this CHNA:

Bronx

- NYC Health + Hospitals/Jacobi
- NYC Health + Hospitals/Lincoln
- NYC Health + Hospitals/North Central Bronx

Brooklyn

- NYC Health + Hospitals/Coney Island
- NYC Health + Hospitals/Kings County
- NYC Health + Hospitals/Woodhull

Manhattan

- NYC Health + Hospitals/Bellevue
- NYC Health + Hospitals/Harlem
- NYC Health + Hospitals/Henry J. Carter Long-Term Acute Care
- NYC Health + Hospitals/Metropolitan

Queens

- NYC Health + Hospitals/Elmhurst
- NYC Health + Hospitals/Queens

A digital copy of this CHNA is publicly available: <https://www.nychealthandhospitals.org/publications-reports/chna>

Adopted by NYC Health and Hospitals Corporation' Board of Directors on June 20, 2019

Made publicly available June 30

Community input is encouraged. Please address CHNA feedback to chna@nychhc.org

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About NYC Health + Hospitals

As the largest public health care system in the U.S., NYC Health + Hospitals' mission is to deliver high-quality health care services to all New Yorkers with compassion, dignity and respect, without exception. The system is an anchor institution for the ever-changing communities it serves, providing hospital and trauma care, neighborhood health centers, skilled nursing facilities and community care, including care coordination and home care. NYC Health + Hospitals serves as a preeminent teaching facility and as a designated treatment center for the U.S. President.



Over
1.1 million
New
Yorkers
served
annually

11
hospitals

5
level I trauma centers

1
level II trauma center

1
level II pediatric
trauma center

+70
community centers

1
long-term acute
care hospital

5
skilled nursing
facilities

+40K
employees

correctional
health services

OneCity Health

OneCity Health is the largest Performing Provider System (PPS) in New York State, formed under the auspices of the Delivery System Reform Incentive Payment (DSRIP) program, comprising hundreds of health care providers, community-based organizations and health systems.

+750k Medicaid lives

+200 partners

MetroPlus

The NYC Health + Hospitals health plan, MetroPlus, provides low to no-cost health insurance to eligible New Yorkers across the five boroughs. Earning 5 out of 5 stars, MetroPlus is a top health plan in New York State.

+500k lives

HHC ACO

The HHC Accountable Care Organization (ACO) is a collaborative venture including physician affiliate organizations, NYC Health + Hospitals acute care, outpatient and skilled nursing facilities, as well as teaching administration, quality assurance and supervisory services.

+10k Medicare lives

8 partners

EXECUTIVE SUMMARY

A child born in East Harlem today has a life expectancy of 77 years. By comparison, a child born just 2 miles south (or 6 minutes by an express train) on the Upper East side has a life expectancy that is 9 years longer. The child born in East Harlem is twice as likely to develop diabetes and 1.5 times more likely to experience asthma. This is not surprising when a child in Harlem is 3.5 times more likely to experience housing instability, 14 times more likely to come from a low-income single-family home and has a meal gap of 34 meals per month. NYC Health + Hospitals believes that a person's neighborhood should not inhibit their ability to live their healthiest life.

This Community Health Needs Assessment (CHNA) takes a systematic approach to better understand, identify and prioritize the health needs of the community served by NYC Health + Hospitals. Under the Affordable Care Act, non-profit hospitals are required to periodically complete a CHNA, with input from its communities, to identify and prioritize their significant unmet health needs. Prioritized needs will be addressed in a future implementation strategy.

Health needs in the context of these regulations is understood to broadly include all issues that influence a person's overall physical, mental and emotional well-being. Examples of health needs include access to comprehensive health care, having proper nutrition, access to affordable and quality housing, and having healthy living and working environments. Some of these issues are affected by health care directly or can be improved through wider social and environmental change.

This report will form the basis for the strategies that NYC Health + Hospitals and the community will undertake to solve these challenges.

NYC Health + Hospitals, the largest public health care system in the U.S., serves over 1 million people annually, and offers comprehensive, accessible and affordable health care to all, without exception. The system's 11 acute care hospitals and long-term acute care hospital, provide top-ranked trauma care, offer dozens of inpatient specialties and mental health services and keep communities healthy through a robust network of primary and specialty care for children and adults. NYC Health + Hospitals facilities have earned numerous special designations for quality and culturally responsive care and have received top ranks by U.S. News and World Report.

"NYC HEALTH AND HOSPITALS STANDS ON A FOUNDATION OF COMPASSION, HEALING AND ACCEPTANCE OF ALL. WE ARE STEADFAST IN OUR COMMITMENT TO PROVIDE HIGH-QUALITY CARE TO ALL OUR PATIENTS, REGARDLESS OF RACE, RELIGION, CULTURE, IMMIGRATION STATUS, GENDER IDENTIFICATION OR ECONOMIC STRATA."

- Dr. Machel Allen,
Senior Vice President/Chief Medical Officer
NYC Health + Hospitals

OUR APPROACH

On behalf of NYC Health + Hospitals, OneCity Health, the system's Performing Provider System (PPS) formed under the auspices of the Delivery System Reform Incentive Payment (DSRIP) program, conducted the 2019 NYC Health + Hospitals CHNA leveraging relationships with community partners, its robust data analytics capabilities and a platform for convening stakeholders.

To reduce inequities in health outcomes by addressing root causes of health problems, OneCity Health recognized the need to bring a diverse, multi-stakeholder group together to develop a collective agenda. Findings were driven by this inclusive community engagement process reflective of the communities served, summarized as follows:

- +60 one-on-one expert interviews conducted with community stakeholders including OneCity Health PPS governance members, NYC Health + Hospitals clinical service line leads, Central Office and facility leadership and MetroPlus
- 16 community forums hosted at NYC Health + Hospitals facilities between April 2019 and June 2019 attended by Community Advisory Board (CAB) members, Patient Family Advisory Council (PFAC) representatives, community agencies and hospital employees
- 12 NYC Health + Hospitals facilities provided responses to the specific needs of their populations served

To validate the qualitative findings, OneCity Health applied data analytics on top of community feedback to identify and prioritize community health needs and assess changes in population demographics. The following inputs were used:

- +450 CHNA surveys were administered and completed by NYC Health + Hospitals community members and leaders
- OneCity Health conducted demographic and utilization projections using NYC Health + Hospitals data
- Insights from IP3 Assess, a data analytics platform that standardizes and prioritizes indicators to identify health priorities and areas of opportunity
- Literature review of NYC DOHMH and NYSDOH findings from publications and data and analytics

PRIORITY HEALTH NEEDS

In many ways, the major themes from needs assessments conducted by the system in 2013, 2014 as part of the DSRIP program, and in 2016 are consistent in 2019 – the people served by NYC Health + Hospitals still experience an outsized chronic and behavioral disease burden characterized by health conditions such as cancer, heart disease, diabetes, obesity, and hypertension, which are partly driven by lifestyle choices (e.g., healthy eating and regular physical activity). NYC Health + Hospitals has been very responsive to these issues – investing in more and easier access to primary and specialty care and being a leader in mental health and substance use disorder services. The system has improved community partnerships through DSRIP and dedicated resources to account for social risk factors and health equity.

Two priority areas of need were identified in the 2019 CHNA: 1) reducing the burden of life cycle and lifestyle driven illnesses and 2) redesigning health care for communities. These findings were also reflected in the results of over 450 surveys completed by community members and clinical experts as outlined in Exhibits A and B.

REDUCING THE BURDEN OF LIFE CYCLE AND LIFESTYLE DRIVEN ILLNESSES

The lifestyle or environmental conditions into which someone is born, plays, lives, works and ages present social risk factors that impact health and life expectancy. These factors combined with the evolution of one's health throughout the life cycle can lead to poor long-term health outcomes. To ensure every New Yorker has the same opportunity to live a healthy life and achieve healthy equity, social risk factors must be reduced and life cycle illnesses addressed.

The populations that NYC Health + Hospitals serves are historically and continue to be the most marginalized populations in New York City. Marginalized groups are more likely to experience poverty and communities living in poverty face a disproportionate amount of harmful daily exposures which contribute to lifestyle driven disease across the life cycle, including poor birth outcomes, airway diseases, diabetes, hypertension and heart disease.

Children who grow up in poor housing conditions and with indoor and outdoor air pollution have greater risk of airway diseases like asthma. These individuals are more likely to experience housing instability and poor housing conditions, with pests, mold and crowding. Children and adults without access to affordable, quality, health foods and safe neighborhood spaces for physical activity are more likely to struggle with obesity, Type 2 diabetes, hypertension and heart disease.

Poverty is perpetuated as residents of poor neighborhoods experience structured lack of access to economic opportunity. The impact of chronic stress related to daily life experiences uniquely contributes to chronic and mental illness risk. Gang, gun and drug-related violence are more prevalent in low-income communities. Individuals in these communities are regularly exposed to unhealthy marketing of tobacco products and also have easy access to fast food and liquor stores.

Populations facing unique health equity challenges¹⁰

- Adolescents and young adults
- Domestic violence survivors
- Food insecure
- Homeless or individuals with housing instability
- Immigrant
- Incarcerated or previously incarcerated
- LGBTQ
- Pregnant women of color

Ultimately, living in poverty exposes individuals to factors across the life cycle which impact their ability to get and stay healthy. These exposures lead to complex comorbidities as the population ages. Moreover, these factors have detrimental effects on mental health and well-being. Constant exposure can result in depression, feelings of hopelessness and poor overall quality of life.

NYC Health + Hospitals serves populations facing unique equity challenges including adolescents and young adults, domestic violence survivors, individuals that deal with food insecurity, the homeless or individuals with housing instability, immigrants, incarcerated or previously incarcerated individuals, LGBTQ communities and pregnant women of color. These populations – identified by community stakeholders during the CHNA process – historically and today have not had access to social, political and economic power due to institutionalized and societal discrimination, which leads to negative physical and mental health outcomes.

REDESIGNING HEALTH CARE FOR COMMUNITIES

Today patients go to one doctor for their left arm and another doctor for their right arm. By redesigning the health care system around communities and patients, providers can more easily treat patients, rather than diseases alone. An empowered patient experience is one where the patient and provider can build a long-term relationship and establish clear goals, resulting in a more meaningful, approachable and personable health care encounter. This requires rethinking systems of care especially as health care extends beyond the four-walls of the hospital and into the spaces people live, work and play.

To achieve full potential, a delivery-system must scale efforts around common goals while meeting the needs of local communities. An infrastructure for scaling is required, comprised of foundational strategic pillars, an engaged and flexible workforce, a common platform for communication and collaboration and the delivery of high-quality services in a financially sustainable way.

"WE NEED TO MAKE THE SYSTEM AS GOOD AS THE PEOPLE IN IT."

- Dr. Mitchell Katz, President and Chief Executive Officer,
NYC Health + Hospitals

Rethinking health care systems

Ease of access and navigation

Access to health care is critically important to advancing health equity, however, access alone is not enough. The populations that NYC Health + Hospitals serve face additional challenges that make engaging in care difficult. For example, language is a significant barrier given that 1 in 5 New Yorkers has limited English-speaking proficiency, which affects one's ability to access and navigate the health system.

Specific populations face hassles that make it more difficult to access or engage in care because of where they live, stigma they face and whether they have access to health insurance.

Care should be provided in a way that is convenient and clinically appropriate, and the patient's care experience, education and engagement should be convenient and culturally competent.

Patient-provider relationship

Health care must preserve the true provider patient-relationship where the path to treatment starts with understanding. When providers and patients have the opportunity to develop a relationship through longitudinal care, better health care outcomes are achieved. Continuity of care enables providers to better understand their patients, their preferences and their social environment. A strong patient-provider relationship facilitates of continuity of information, shared decision making and patient empowerment.

Health care cost and transparency

High costs and lack of cost transparency also lead patients to forgo or delay care until their health needs are dire. Patients are then forced to seek care in the emergency room, which raises costs of care for both patients and the health system. Those with a fixed income, especially the aging, face additional challenges.

An infrastructure for scaling

Workforce

A well-equipped and engaged workforce is critical to the foundation of a health care delivery system. Today, the health care workforce is experiencing shortages of providers in critical fields such as primary care, mental health and nursing. To maximize existing resource, a highly engaged workforce that is empowered to work at the top of their licenses is required.

In addition, antiquated regulations around non-provider workforce creates challenges for the health system effectively

deploying resources. New care models require a workforce that is flexible in how care is rendered - from the hospital into the home - and leverages all levels of the workforce. As these changes are implemented, cultural competency including multilingual staff (clinical and non-clinical) must be a priority.

Information sharing

Community members may not know what services are available to them or when and how to access the appropriate care. Services have historically been defined by health care providers and systems, rather than by the community or consumer of care.

After a lifetime of calling 9-1-1 or using the emergency department for primary care or medication refills, a new approach is required to engage patients in their care and encourage them to use care differently. In the same way that we communicate to patients with different languages and modalities in the clinic setting, information about health care needs to be shared in the same ways people consume other information in their daily lives.

For patients to be partners in their own health, sharing information with a common vocabulary and in a way that matters to the patient is essential for shared decision making. Further, use of tools like MyChart can maintain a connection to patients when they are in the community.

Capturing and understanding information about the communities and patients NYC Health + Hospitals serve allows for a more proactive approach to population health. To breakdown silos across the system, a common fabric is required for clinical communication and collaboration.

Further, by empowering clinicians with the right information at the right time, the system can deliver higher-value care. Standardizing the communication of data between providers allows for a common system vocabulary. This requires a clinical communication and collaboration platform across providers.

Financial sustainability

The financial sustainability of NYC Health + Hospitals is critical to its future as the safety-net system for New York City. Current payment structures put safety-net hospitals at risk. Health systems face difficulty in designing new care models for value-based payment that are financially sustainable as they are primarily still paid using fee-for-service models.

As payment reform shifts to taking on increased risk for the cost and quality of care delivered, financial incentives should place greater emphasis on primary care and specialty access to ensure sufficient access to these services which are critical for population health. To be successful in new financial arrangements, the system will need to continue to enroll patients who are eligible into insurance, including enrollment into the NYC Health + Hospitals health plan, MetroPlus. Further, the system must operate in such a way that health plan members choose to stay in network and continue to see NYC Health + Hospitals as their provider of choice. While alternative payment model demonstrations have fostered some innovation, the gains will be difficult to sustain until financial models are also transformed.

System-complexity and scale

To truly leverage the full reach of NYC Health + Hospitals' resources the system must function as a cohesive unit rather than a sum of its parts. The development of a comprehensive system with sufficient and primary care specialty access requires coordination of providers, effective data sharing practices, connections across the community and integration with MetroPlus, the NYC Health + Hospitals health plan.

NYC Health + Hospitals must take advantage of its scale and size while still tailoring services to the diverse and varied needs of the populations served. Systems must be designed around the individual patient journey and information must flow seamlessly between a care team and as patients transition between care settings. If systems operate as a system in name-only, clinical staff have to spend more time navigating separate entities rather than focusing on patient care.

FINDING SOLUTIONS AND BUILDING HEALTHY COMMUNITIES

With the completion of the CHNA, NYC Health + Hospitals will work with system and community stakeholders (including other New York City agencies, community partners, providers, and patients) to develop an implementation plan responsive to the identified priority needs. What became clear during the community engagement process was that the while each hospital and surrounding community have unique disease burden and needs, major concerns are consistent across neighborhoods, hospitals, patients, and providers. These issues are structural and complex and will require a collective impact approach to hardwire positive, lasting change.

"WE COULD CREATE PROGRAMS THAT WOULD DISRUPT HEALTH CARE IN A MEANINGFUL AND EXCITING WAY – MAKE US A TRULY RESPONSIVE SYSTEM IN A WAY THAT NO ONE ELSE CAN."

- Israel Rocha,
Vice President, NYC Health + Hospitals
CEO, OneCity Health

Exhibit A.

Top 10 perceived risk factors for poor health and death by community stakeholders	Average ranking (Scale 1 to 5)
Poverty and low-income status	3.91
Obesity and high BMI	3.88
Housing access, affordability and quality	3.86
Stress and emotional well-being	3.71
Aging and frailty	3.69
Access to mental and behavioral health care	3.68
Hunger, food access and poor nutrition	3.67
Immigration and citizenship status	3.60
Health care literacy (understanding how to use health care & advice from caregivers)	3.59
Tobacco and e-cigarettes	3.58

1= not a significant problem
5 = significant problem

Exhibit B.

Top 10 perceived causes of poor health and death by community stakeholders	Average ranking (Scale 1 to 5)
Diabetes	4.33
Heart Disease and high blood pressure	4.30
Mental health disorders, including depression	4.02
Drug use, including opioids	3.94
Asthma	3.72
Cancer	3.70
Stroke	3.68
Alcohol use	3.62
COPD and other lung diseases	3.60
Dementia and Alzheimer's Disease	3.51

INTRODUCTION

A child born in East Harlem today has a life expectancy of 77 years. By comparison, a child born just 2 miles south (or 6 minutes by an express train) on the Upper East side has a life expectancy that is 9 years longer.

To build healthy and thriving communities, inequities in health outcomes must be reduced. To close the health gap, healthy behaviors and lifestyle, a positive environment in which to live, work and play, as well as easy access to high-quality health services are needed.

This Community Health Needs Assessment (CHNA) takes a systematic approach to better understand, identify and prioritize the health needs of the communities served by NYC Health + Hospitals, the largest public health care system in the U.S. The report considers physical and mental health as well as an individual's overall well-being.

"WHAT WE CALL SOCIAL DETERMINANTS OF HEALTH IS REALLY ABOUT HEALTH EQUITY."

- Carmina Bernardo,
Senior Director of Public Policy and Regulatory Affairs,
Planned Parenthood of New York City

CHALLENGES, OPPORTUNITIES AND HEALTH CARE'S LAST MILE

Despite progress, in New York City in 2019 a chasm still exists between communities and the resources they need to be and stay healthy—this is the 'last mile' in health care. Neighborhoods lack access to the right resources, brought together in the right places, to keep families healthy.

Health equity can be defined as the "absence of avoidable or remediable differences among groups of people, whether those groups are defined socially, economically, demographically, or geographically."¹ In an equitable society, each person has the same basic access and equal opportunities for healthy living.

We see innovations—from Seamless to Amazon to Google—make things that were once hard become easier. They bring food to our door, instead of having to go out to a grocery store or restaurant. They redesign the shopping experience and eliminate hassles. One day, they might self-drive and self-park us to our destination. Innovation bridges the connection between businesses and their services as well as consumers and their needs, and in the end, help them both succeed.

Health care can do the same thing—design solutions that close the last mile. Communities, families and individuals alike are looking for ways to get and stay healthy and to easily access high-quality care. And, there are providers willing to meet those needs to help patients and entire communities succeed in their journey to wellness.

OUR APPROACH

On behalf of NYC Health + Hospitals, OneCity Health, the system's Performing Provider System (PPS) formed under the auspices of the Delivery System Reform Incentive Payment (DSRIP) program, conducted the 2019 NYC Health + Hospitals CHNA leveraging relationships with community partners, a platform for convening stakeholders and robust data analytics capabilities.

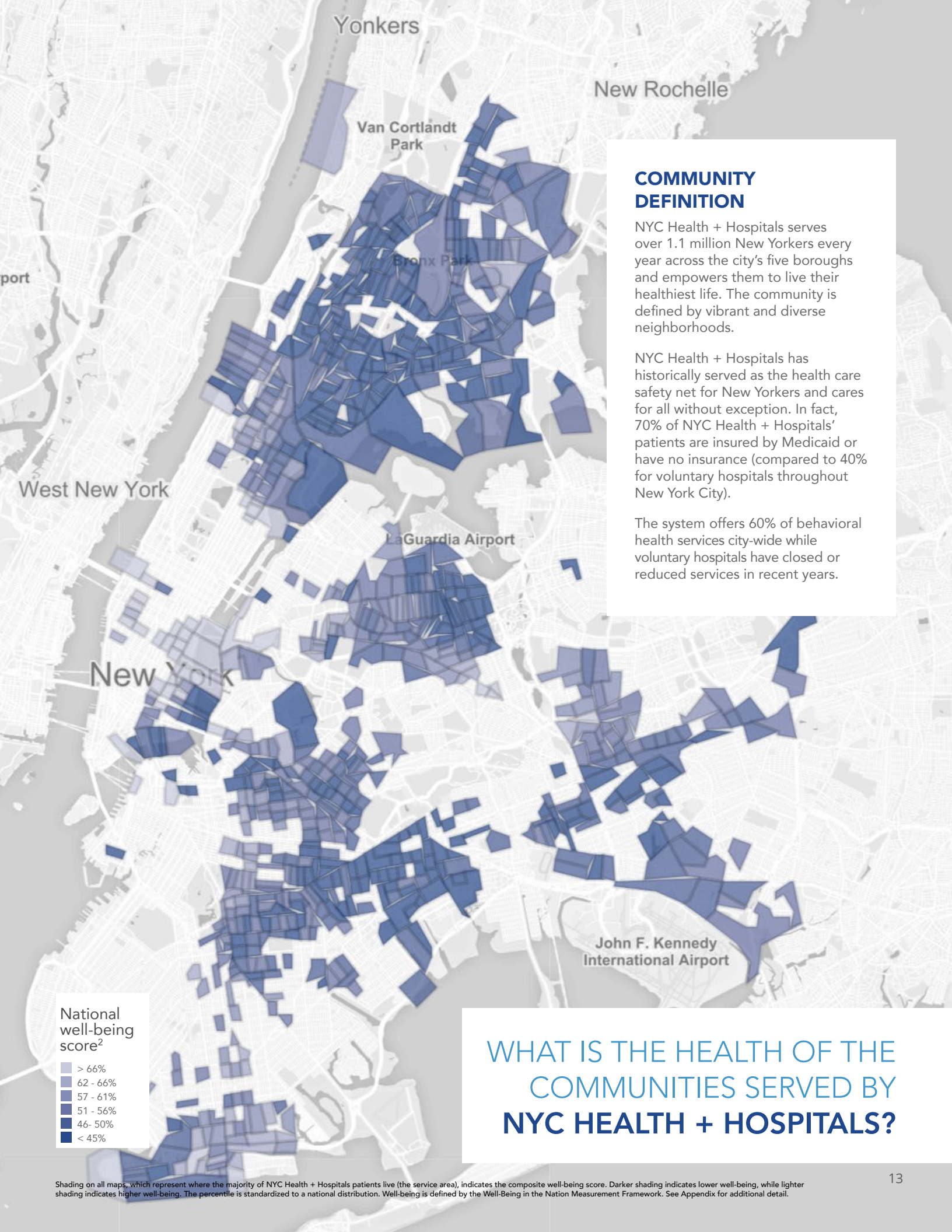
The findings were driven by quantitative and qualitative data, including a comprehensive and inclusive community engagement process reflective of the communities served.

Qualitative data were collected through a comprehensive and inclusive process:

- +60 one-on-one expert interviews conducted with community stakeholders including OneCity Health PPS governance members, NYC Health + Hospitals clinical service line leads, Central Office and facility leadership and MetroPlus
- 16 community forums hosted at NYC Health + Hospitals facilities between April 2019 and June 2019 attended by Community Advisory Board (CAB) members, Patient Family Advisory Council (PFAC) representatives, community agencies and hospital employees
- 12 NYC Health + Hospitals facilities provided responses to the specific needs of their populations served

Quantitative analyses were conducted in the following ways:

- +450 CHNA surveys were administered and completed by NYC Health + Hospitals community members and leaders (Appendix: Community Health Needs Assessment (CHNA) Survey)
- OneCity Health conducted demographic and utilization projections using NYC Health + Hospitals data
- Insights from the IP3 data/analytics platform, IP3 Assess, a tool that standardizes and prioritizes indicators to identify health priorities and areas of opportunity
- NYC DOHMH and NYSDOH data sources around New York City and New York state public health and policy programming to identify and review literature around health needs in the community



COMMUNITY DEFINITION

NYC Health + Hospitals serves over 1.1 million New Yorkers every year across the city's five boroughs and empowers them to live their healthiest life. The community is defined by vibrant and diverse neighborhoods.

NYC Health + Hospitals has historically served as the health care safety net for New Yorkers and cares for all without exception. In fact, 70% of NYC Health + Hospitals' patients are insured by Medicaid or have no insurance (compared to 40% for voluntary hospitals throughout New York City).

The system offers 60% of behavioral health services city-wide while voluntary hospitals have closed or reduced services in recent years.

WHAT IS THE HEALTH OF THE COMMUNITIES SERVED BY NYC HEALTH + HOSPITALS?

National well-being score²

- > 66%
- 62 - 66%
- 57 - 61%
- 51 - 56%
- 46 - 50%
- < 45%

Shading on all maps, which represent where the majority of NYC Health + Hospitals patients live (the service area), indicates the composite well-being score. Darker shading indicates lower well-being, while lighter shading indicates higher well-being. The percentile is standardized to a national distribution. Well-being is defined by the Well-Being in the Nation Measurement Framework. See Appendix for additional detail.

PRIORITY HEALTH NEEDS

A photograph of a woman and a young girl in a hospital setting. The woman is leaning over the girl, who is sitting up in a hospital bed. The woman is smiling and looking at the girl. The girl is looking up and to the right with a hopeful expression. The background shows a hospital room with a window and some medical equipment.

REDUCING THE BURDEN OF LIFE CYCLE AND LIFESTYLE DRIVEN ILLNESSES

Every New Yorker deserves to live a healthy life, but depending on where they live and other social risk factors, their health may be at risk. As early as birth and throughout the life course, risk for poor health and chronic disease begins, influenced by biological, social, behavioral and environmental factors. As individuals age, risk for chronic disease increases and health needs become more complex.

Through 16 community forums, over 60 one-on-one interviews with community stakeholders and over 450 community surveys, priority health needs were identified, including disproportionate birth outcomes and complications during pregnancy, airways diseases, mental health, substance use disorder, Type 2 diabetes, hypertension and conditions related to aging and frailty.



REDESIGNING HEALTH CARE FOR COMMUNITIES

By redesigning systems of care around communities and patients, providers can more easily care for patients holistically, rather than treating diseases and symptoms alone. An empowered patient experience is one where the patient and provider can build a long-term relationship and establish clear goals, resulting in a more meaningful, approachable and personable health care encounter. This requires rethinking systems of care especially as health care extends beyond the four walls of the hospital and into the spaces people live, work and play.

REDUCING THE BURDEN OF LIFE CYCLE AND LIFESTYLE DRIVEN ILLNESSES

“SOMETIMES LIFE, OR WORK, GETS IN THE WAY OF HEALTH CARE.”

- Dr. Joseph Masci,
Infectious Disease Clinical Service Line Lead,
NYC Health + Hospitals, Chairman of Global Health,
NYC Health + Hospitals/Elmhurst

The lifestyle or environmental conditions into which someone is born, plays, lives, works and ages present social risk factors that impact health and life expectancy. These factors combined with the evolution of one's health throughout the life cycle can lead to poor long-term health outcomes. To ensure every New Yorker has the same opportunity to live a healthy life and achieve health equity, social risk factors must be reduced and life cycle illnesses addressed.

The populations that NYC Health + Hospitals serve are historically and continue to be the most marginalized populations in New York City. Marginalized groups are more likely to experience poverty and communities living in poverty face a disproportionate amount of harmful daily exposures which contribute to lifestyle driven disease across the life cycle, including poor birth outcomes, airway diseases, diabetes, hypertension and heart disease.

Children who grow up in poor housing conditions and with indoor and outdoor air pollution have greater risk of airway diseases like asthma. Children and adults without access to affordable, quality, healthy foods and safe neighborhood spaces for physical activity are more likely to struggle with obesity, Type 2 diabetes, hypertension and heart disease. Individuals living in poverty are often disproportionately flooded with advertisements for liquor and fast food. These individuals are more likely to experience housing instability and poor housing conditions, with pests, mold and crowding.

Poverty is perpetuated as residents of poor neighborhoods experience structured lack of access to economic opportunity. The impact of violence and unstable housing uniquely contribute to chronic and mental illness risk. Gang, gun and drug-related violence are more prevalent in low-income

“SOMETIMES A PATIENT IS TOO EMBARRASSED TO TELL A DOCTOR WHAT THEIR HOME ENVIRONMENT IS LIKE, BUT THEY'LL SHOW THEIR COMMUNITY HEALTH WORKER.”

- Dr. Joan Reibman, Pulmonary Clinical Service Line Lead, NYC Health + Hospitals, Medical Director of the Asthma Airways Environment Program, NYC Health + Hospitals/Bellevue

communities. Even when parks or spaces to exercise do exist, which often is not the case, these factors influence the ability of residents to exercise or play safely in their neighborhoods, which influences chronic disease risk.

Ultimately, living in poverty exposes individuals to factors across the life cycle which impact their ability to get and stay healthy. These exposures lead to complex comorbidities as the population ages. Moreover, these factors have detrimental effects on mental health and well-being. Constant exposure can result in depression, feelings of hopelessness and poor overall quality of life.

Populations facing unique health equity challenges; individuals who are:¹⁰

- Adolescents and young adults
- Survivors of domestic violence
- Food insecure
- Homeless or individuals with housing instability
- Immigrant
- Incarcerated or previously incarcerated
- LGBTQ

These populations- served by NYC Health + Hospitals and identified by community stakeholders during the CHNA process – historically and today have not had access to social, political and economic power due to institutionalized and societal discrimination, which leads to negative physical and mental health outcomes.

“ADULT DISEASES START AT CHILDHOOD.”

- Dr. Warren Seigel,
Pediatric Medicine Clinical Service Line Lead, NYC Health + Hospitals Chairman, Department of Pediatrics, Director of Adolescent Medicine, NYC Health + Hospitals/Coney Island

Adolescents and young adults face unique health equity challenges related to mental health and access to tailored, quality care. The prevalence of depression, for example, is highest in young adults and stigma presents a major barrier to seeking care. Current challenges exist with investments being made in mental health to address stigma. We need to ensure that communities have the tools to address mental health in adolescents in young adults. Young adults and adolescents are typically relatively healthy and do not seek regular health care. This population demands new ways of engaging in care that is fast, convenient, and easy to access. Health care needs to adapt and learn from other industries that have successfully engaged with this population. Engaging young adults and adolescents in quality care that is tailored for their needs will lower their health risks and promote a future healthy adult and aging population.

Survivors of domestic violence face challenges across multiple systems including education, foster care, behavioral health, drug and alcohol addiction and housing. There are nearly 200,000 cases of domestic violence reported to the NYPD annually, with the majority by intimate partners or by a member of the survivor's family. Food insecure individuals experience greater risk for diet-related diseases such as Type 2 diabetes or high blood pressure. Over 1.2 million New York City residents are food insecure, meaning they do not have enough access to healthy food at all times.³ In many of the neighborhoods NYC Health + Hospitals serve, the average resident has a meal gap of over 34 meals per month.⁴

Those who are homeless or live with housing instability may occupy shelters, reside in severely crowded housing units, experience street homelessness or spend the majority of income on housing. This population is at greater risk for poor physical and mental health as well as lack of access to regular health care.

Immigrants, documented and undocumented, face challenges when navigating an unfamiliar and often confusing health care system. With changes in public policy, undocumented individuals fear Public Charge and feel forced to forgo and delay care and therefore may not have contact with the health system until needs are dire.

“THE ‘PUBLIC CHARGE’ AND OTHER PROPOSED FEDERAL RULES TARGETING IMMIGRANTS AND THEIR FAMILIES HAVE HAD A CHILLING EFFECT ON THESE PATIENTS’ ABILITY TO RECEIVE HEALTHCARE AND OTHER BENEFITS THEY NEED AND ARE ENTITLED TO. THEREFORE, IN THE LONG-TERM MANY IMMIGRANT PATIENTS’ HEALTH AND SAFETY WILL BE COMPROMISED DUE TO THESE POLICIES AND, IN THE SHORT-TERM, THEY WILL EXPERIENCE HEIGHTENED FEAR, STRESS, AND ANXIETY LEADING TO UNMET MENTAL HEALTH NEEDS.”

- Randye Retkin,
Director of LegalHealth, New York Legal Assistance Group

Incarcerated or previously incarcerated individuals experience higher rates of severe mental health illnesses and often cycle through the acute hospital, shelter and jail systems. Individuals who exit the prison system are at risk for an interruption in health care coverage as Medicaid takes 3 to 5 business days to resume once an individual is released. This is a critical period of transition, yet individuals are unable to access care or refill their medications, putting them at risk for acute health or behavioral health issues. Previously incarcerated individuals also face greater difficulty securing employment due to discriminatory hiring practices, reinforcing a cycle of lower economic mobility and recidivism.

“IN JAILS, PATIENTS CAN BECOME USED TO AN ENVIRONMENT THAT IS VERY DIRECTIVE AND RESTRICTIVE. IT CAN BE CHALLENGING FOR THEM TO THEN NAVIGATE THE DISTRIBUTED NYC HEALTH CARE SYSTEM IN WHICH RULES ARE NOT CONSISTENT OR EVEN KNOWN.”

- Patricia Yang,
Senior Vice President of Correctional Health Services,
NYC Health + Hospitals

LGBTQ populations continue to face historic patterns of discrimination and hate crimes due to heteronormative societal beliefs. LGBTQ individuals are over two times as likely to have a mental health illness at some point in their lives compared to heterosexual individuals.⁵ To better meet the holistic care needs of LGBTQ individuals, NYC Health + Hospitals is now nationally recognized as a “Leaders in LGBTQ Healthcare Equality” and has four comprehensive Pride Health Centers.

Pregnant women of color are more likely to delay or not have prenatal care, to have low birthweight babies and to experience complications prior to, during and after delivery. Specifically, black mothers are 12 times more likely to die than white mothers from complications related to pregnancy. Birth equity means that every mother should have a healthy pregnancy and every infant should have a healthy start.

Pregnant women and birth outcomes

The service area population of NYC Health + Hospitals has a disproportionate rate of low birthweight babies – or babies born weighing less than 2,500 grams. Babies with low birthweight may have trouble eating and overcoming infections. They also have greater risk of developing chronic disease, like heart disease and diabetes, later in life. Black women, women younger than 15 years of age and women older than 35 years of age are more likely to have a baby with low birthweight. Other risk factors that increase the chances of having a baby with low birthweight include:

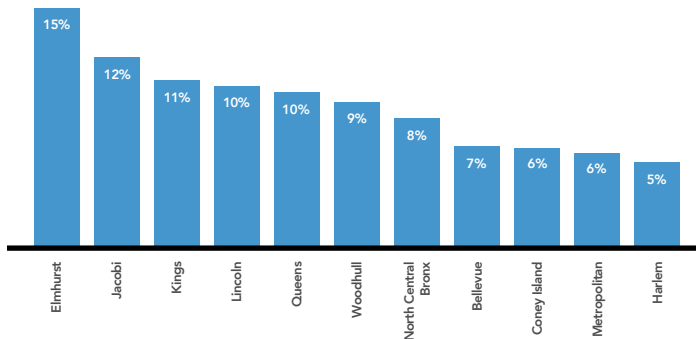
- Premature labor
- Fetal growth restriction
- Low socioeconomic status
- Exposure to domestic violence
- Maternal infection during pregnancy
- Low maternal weight gain during pregnancy
- Being pregnant with multiple babies
- Smoking, alcohol and substance use
- Exposure to pollution

Why are pregnant women accessing the system?

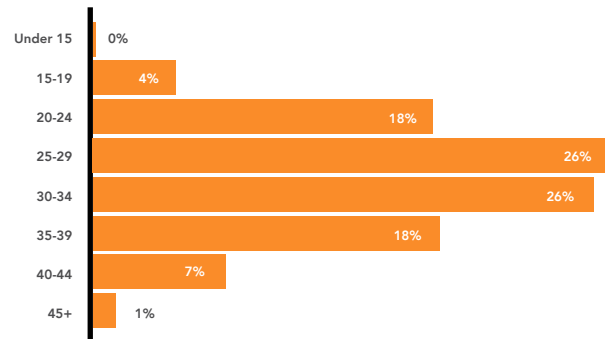
- Complications in pregnancy
- Normal pregnancy and delivery
- Complications of birth
- Screening for suspected conditions
- Hemorrhage during pregnancy
- Social work consultation
- Family planning consultation
- Problems of amniotic cavity
- Routine well and preventative visits
- Previous Cesarean section

Based on outpatient and inpatient encounters; sorted by rank

Distribution of Encounters by Facility by Pregnant Women

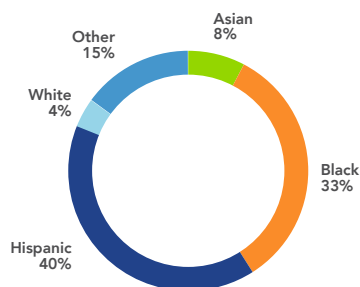


Age Distribution of Pregnant Women

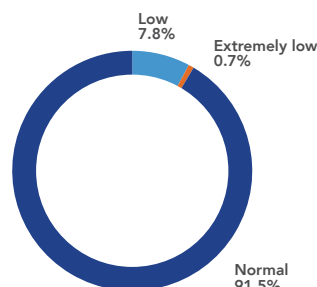


Age was calculated at the time of the visit and therefore a small number of patients may be counted in two age categories during the same year.

Race/Ethnicity of Pregnant Women



Distribution of Birthweight



Encounters of Pregnant Women

17.1K Babies delivered

248K Outpatient

73K Emergency department

20.2K Inpatient

2.2K Ambulatory surgery

343K Total visits

Source: NYC Health + Hospitals, OneCity Health, Soarian/Unity billing data, FY 2018

Airways disease

Asthma makes breathing difficult by causing inflammation of and mucous buildup in the airways. People with asthma often experience wheezing and chest tightness.

Asthma is the most common chronic health condition in children, afflicting over 170,000 children in New York City, and is the leading cause of inpatient hospital admissions. Adults can develop adult-onset asthma, even if they did not have asthma as children. There is still overlap and confusion at the provider level on diagnosis in adults due to the heterogeneity of the disease. Asthma is determined by underlying genetics or exposures in the environment, including indoor and outdoor air pollution.

Education of patients and providers about the underlying causes, diagnosis and co-management of airways disease is one of the greatest opportunities to combat and alleviate asthma in children and adults.

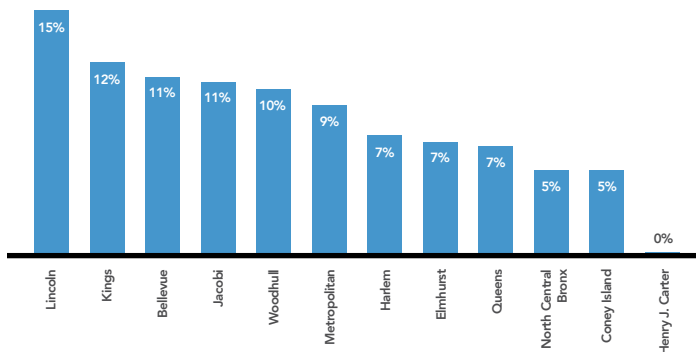
A patient's asthma care team often includes community health workers who can go to a patient's home to identify and resolve environmental triggers. If a patient is homeless or undocumented and unable to access care or medication, there are additional barriers to properly treating asthma.

Why are patients with asthma accessing the system?

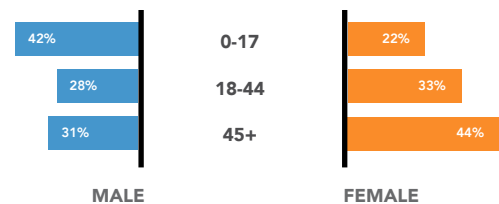
- Routine well and preventative visits
- Upper respiratory infections
- Hypertension
- Lower respiratory disease
- Dental (e.g. cavities)
- Other connective tissue disease
- Mood disorders
- Non-traumatic joint disorders (e.g. arthritis)
- Back pain and problems
- Follow-up visits (e.g. post-procedure)

Based on outpatient and inpatient encounters; sorted by rank

Distribution of Asthma Encounters by Facility

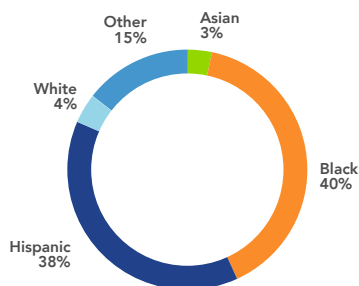


Age and Sex Distribution of Patients with Asthma



Age was calculated at the time of the visit and therefore a small number of patients may be counted in two age categories during the same year.

Race/Ethnicity of Patients with Asthma



Encounters of Patients with Asthma

112K Patients

538K Outpatient

208K Emergency department

36K Inpatient

9K Ambulatory surgery

791K Total visits

Mental health

Mental illness may be the result of genetics or environmental factors, such as stress or trauma. In urban settings, mental illnesses are particularly common due to factors including:

- Poverty
- Discrimination due to race and gender
- Air and noise pollution
- Stress

At least one in five adult New Yorkers have a mental illness any given year. Mental illness influences one's feeling, mood and thinking. Some examples of mental illness are:

- Generalized Anxiety Disorder
- Major Depressive Disorder
- Obsessive-Compulsive Disorder
- Schizophrenia
- Bipolar Disorder

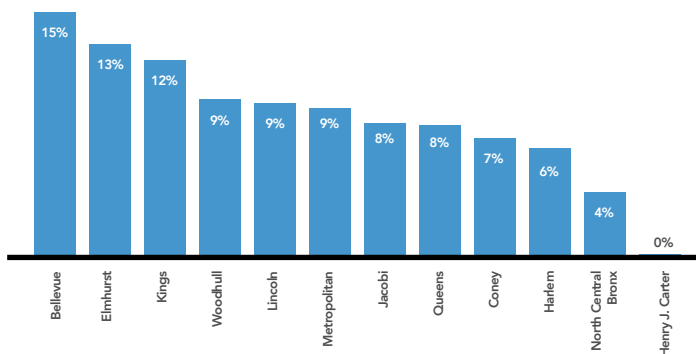
Why are patients with mental illness accessing the system?

- Routine well and preventative visits
- Hypertension
- Connective tissue disease
- Dental (e.g. cavities)
- Back pain and problems
- Diabetes with complications
- Abdominal pain
- Non-traumatic joint disorders (e.g. arthritis)
- Follow-up visits (e.g. post-procedure)
- Substance-related disorders

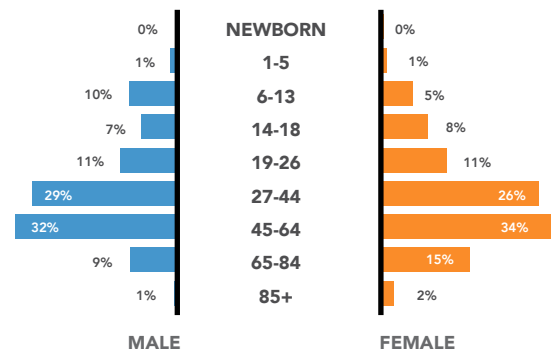
Based on outpatient and inpatient encounters; sorted by rank

10 – 20 year lower life expectancy for people with severe mental health disorders than the general population.⁶

Distribution of Encounters by Facility of Patients with Mental Illness

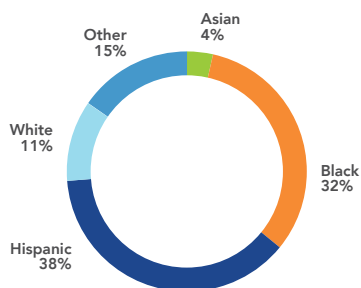


Distribution of Age and Sex of Patients with Mental Illness



*Age was calculated at the time of the visit and therefore a small number of patients may be counted in two age categories during the same year.

Race/Ethnicity of Patients with Mental Illness



Encounters of Patients with Mental Illness

158K Patients
1.06M Outpatient
280K Emergency department
65K Inpatient
12.9K Ambulatory surgery
1.4M Total visits

Substance use disorder

Substance use disorder involves the repeated use of alcohol or drugs and leads to health issues, disability or the inability to fulfill expectations at home, work or school. Alcohol consumption is the third leading cause of preventable death in New York state. The rate of overdose deaths involving heroin and/or fentanyl was highest among white New Yorkers compared to Black and Latino New Yorkers.⁷

In some cases, mental health illnesses co-occur with substance use disorder. Substance use disorder can increase the risk of developing mental health illnesses and worsen existing ones.

“MEDICATION-ASSISTED TREATMENT IS AN IMPORTANT EVIDENCED-BASED TREATMENT TO SUPPORT INDIVIDUALS WITH SUBSTANCE USE CHALLENGES, BUT HAVING SAFE AND AFFORDABLE HOUSING IS ESSENTIAL FOR SUCCESS.”

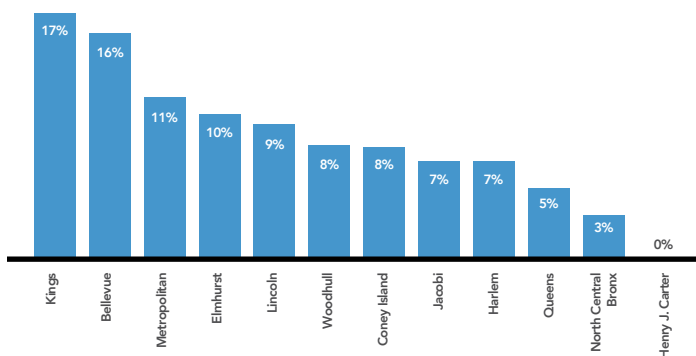
- Donna Colonna,
Chief Executive Officer, Services for the Under Served

Why are patients with substance use disorder accessing the system?

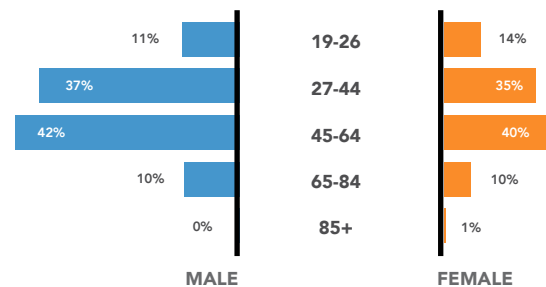
- Alcohol-related disorders
- Substance-related disorders
- Mood disorders
- Schizophrenia and other psychotic disorders
- Routine well and preventative care
- Hypertension
- Connective tissue disease
- Chest pain
- Back pain and problems
- Non-traumatic joint disorders (e.g. arthritis)

Based on outpatient and inpatient encounters; sorted by rank

Distribution of Substance Use Disorder Encounters by Facility

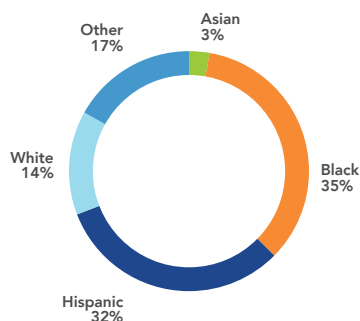


Distribution of Age and Sex of Patients with Substance Use Disorder



Age was calculated at the time of the visit and therefore a small number of patients may be counted in two age categories during the same year.

Race/Ethnicity of Patients with Substance Use Disorder



Encounters of Patients with Substance Use Disorder

128K Patients
 707K Outpatient
 274K Emergency department
 65K Inpatient
 9.5K Ambulatory surgery
1.056K Total visits

Diabetes

More than a third of the adult population in New York City lives with pre-diabetes or Type 2 diabetes. The number of New Yorkers affected by diabetes has nearly doubled in the last decade. Diabetes is preventable and can be avoided with lifestyle change, however in the communities served by NYC Health + Hospitals, residents have difficulty accessing food, exercise and health care to prevent and manage diabetes.

Solutions to address diabetes require a multi-pronged approach and includes increasing access to nutritious foods, physical activity and high-quality preventative clinical care.

Risk factors for Type 2 diabetes include:

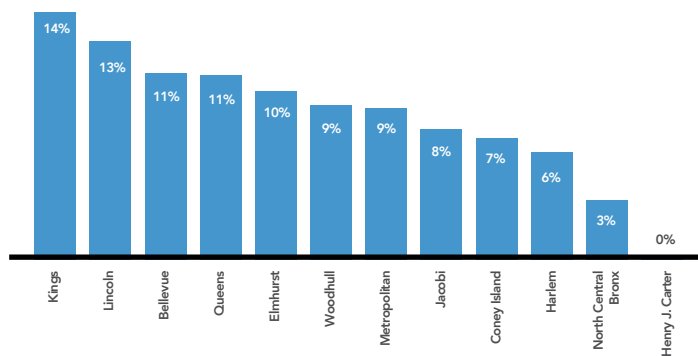
- Family history of diabetes
- Age of 45 or older
- Black, Hispanic, American Indian, or Alaska Native race/ethnicity status
- High BMI/obesity
- Low levels of physical activity

Why diabetes patients accessing the system?

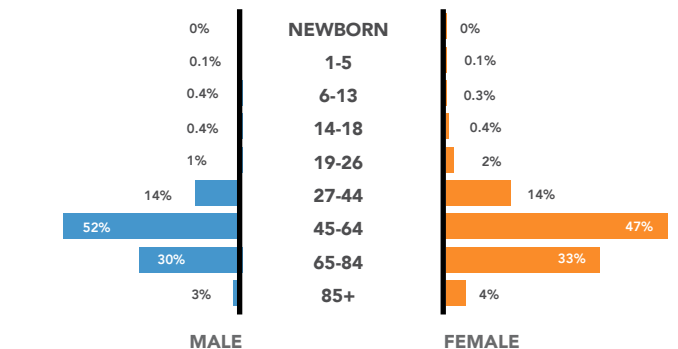
- Diabetes without complications
- Hypertension
- Diabetes with complications
- Routine well and preventative visit
- Follow-up visit (e.g. post procedure)
- Connective tissue disease
- Dental (e.g. cavities)
- Screening for suspected conditions
- Other non-traumatic joint disorders
- Back pain and problems

Based on outpatient and inpatient encounters; sorted by rank

Distribution of Diabetes Encounters by Facility

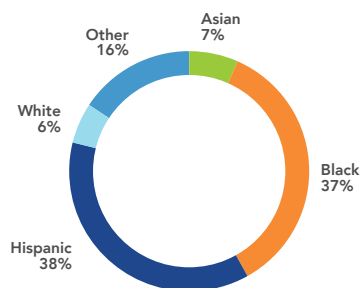


Distribution of Age and Sex of Patients with Diabetes



Age was calculated at the time of the visit and therefore a small number of patients may be counted in two age categories during the same year.

Race/Ethnicity of Patients with Diabetes



Encounters of Patients with Diabetes

171K Patients

1.19K Outpatient

212K Emergency department

56.6K Inpatient

26.5K Ambulatory Surgery

1.487M Total visits

Diabetes (continued)

The population that NYC Health + Hospitals serves is disproportionately affected by diabetes. 14% of the service area population has diabetes, compared to 11% of New York City. The onset of diabetes can be prevented or delayed by:

- Eating a healthy diet of fruits, vegetables, healthy proteins and whole grains
- Limiting foods and beverages high in sugar
- Performing regular physical activity
- Losing excess weight

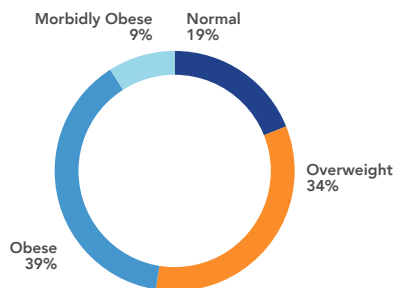
"PEOPLE NEED MORE THAN JUST A CHECKLIST TO CHANGE HABITS. IT TAKES AT LEAST 90 DAYS TO CREATE A HABIT. WE NEED AT LEAST THAT MUCH TIME TO CHANGE THEIR BEHAVIOR."

- Ellen Josem,
Chief Legal and Strategy Officer, The Jewish Board

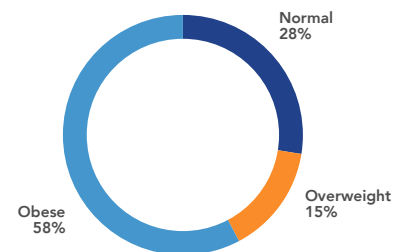
"SOCIOECONOMIC FACTORS TEND TO BE A PRIMARY DRIVER OF POOR HEALTH – COMMUNITIES FACE SIMILAR ISSUES INCLUDING POOR ACCESS TO HEALTH CARE AND OTHER SERVICES, POOR ACCESS TO QUALITY FOODS DISPROPORTIONATE, UNHEALTHY MARKETING OF TOBACCO AND MENTHOL PRODUCTS AND EASY ACCESS TO LIQUOR."

- Dr. Nichola Davis, Assistant Vice President,
Chronic Diseases and Prevention, NYC Health + Hospitals

BMI of Adult Population with Type 2 Diabetes



Change to BMI of Pediatric Population with Type 2 Diabetes (Under 18 Years of Age)



Hypertension

Hypertension, or high blood pressure, is a risk factor for stroke and heart disease. This condition is sometimes called “the silent killer” as it often lacks signs and symptoms. Despite innovations in cardiovascular treatment, which has led to reduced hospitalizations and mortality from heart disease, disparities for people of color has not narrowed. Awareness about the risks for heart disease should begin early in life as a preventive measure. Hypertension can be prevented and controlled by:

- Eating a healthy diet
- Eating foods low in salt
- No to moderate consumption of alcohol
- Not smoking
- Performing regular physical activity

If a patient is diagnosed with hypertension, a multi-disciplinary care team can ensure the patient has the right support, reinforced by every discipline, to manage their condition. Timely follow-up care, patient engagement and access to resources that enable living a healthy lifestyle are all important to managing hypertension.

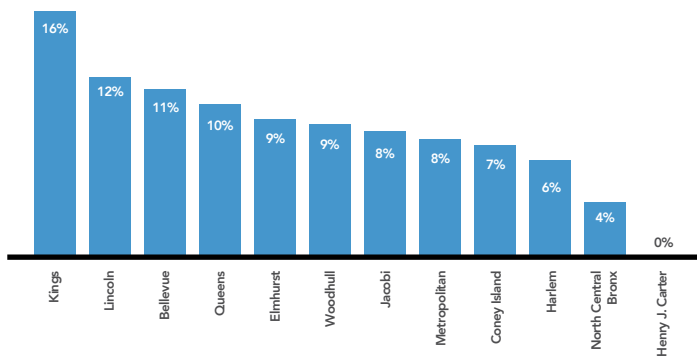
Hypertension can increase the risk for heart failure over time. Heart failure is one of the most frequent reasons for hospital admissions and readmissions.

Why are patients with hypertension accessing the system?

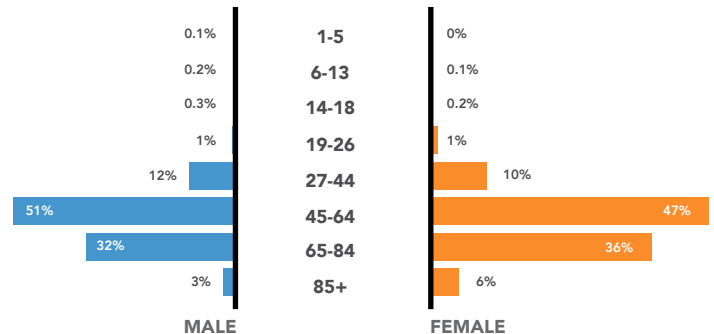
- Diabetes without complication
- Routine well and preventative visits
- Diabetes with complications
- Follow-up visit (e.g. post-procedure)
- Connective tissue disease
- Non-traumatic joint disorders (e.g. arthritis)
- Back pain and problems
- Screening for suspected conditions
- Dental (e.g. cavities)
- Chest pain

Based on outpatient and inpatient encounters; sorted by rank

Distribution of Hypertension Encounters by Facility

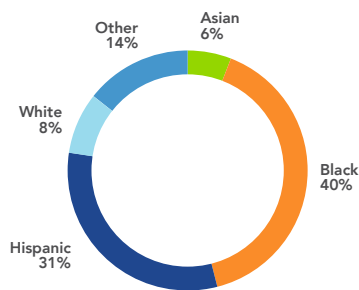


Distribution of Age and Sex of Patients with Hypertension

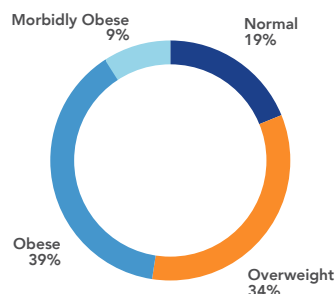


Age was calculated at the time of the visit and therefore a small number of patients may be counted in two age categories during the same year.

Race/Ethnicity of Patients with Hypertension



BMI of Patients with Hypertension



Encounters of Patients with Hypertension

233K Patients

1.48M Outpatient

310K Emergency department

84.3K Inpatient

34.3K Ambulatory surgery

1.911M Total visits

Aging and frailty

In New York City, the aging population is growing at a rate three times faster than the rest of the population. By age 65, most seniors in the U.S. already have 2 or more chronic diseases and paired with aging are at greater risk for mobility and cognitive declines. Aging populations have additional complexities around their living and financial situations that may impact their health.

Community forum participants report financial barriers related to being on a fixed income, which impacts housing, as well as the ability to stay healthy and access services in the community that health insurance may not cover. Living situations may also lead to social isolation and affect emotional well-being.

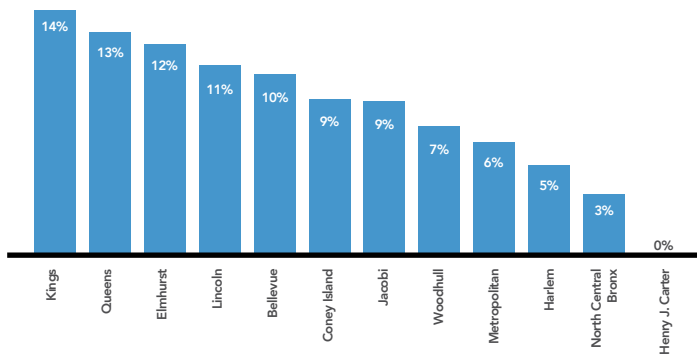
Strategies to successfully care for aging populations include accounting for their mobility and cognitive needs and preventing decline, while having shared decision-making around their unique care and medication needs.

Why are aging patients accessing the system?

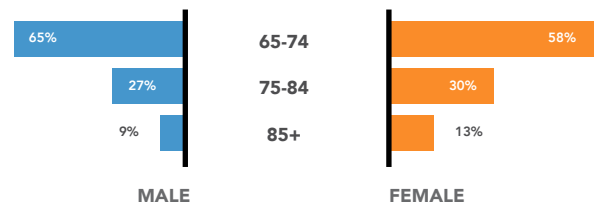
- Hypertension
- Diabetes without complication
- Diabetes with complications
- Routine well and preventative care
- Follow-up visits (e.g. post-procedure)
- Non-traumatic joint disorders (e.g. arthritis)
- Connective tissue disease
- Back pain and problems
- Eye conditions (e.g. glaucoma)
- Screening for suspected conditions

Based on outpatient and inpatient encounters; sorted by rank

Distribution of Encounters by Facility for Populations +65 Years

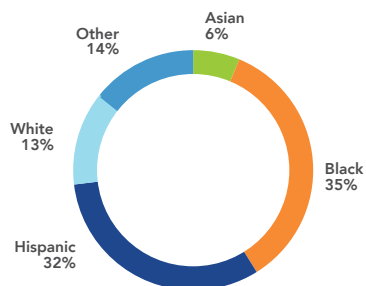


Distribution of Age and Sex for Populations +65 Years



Age was calculated at the time of the visit and therefore a small number of patients may be counted in two age categories during the same year.

Race/Ethnicity of Populations +65 Years



Encounters of Patients for Populations +65 Years

128K Patients

707K Outpatient

129K Emergency department

41.8K Inpatient

17K Ambulatory surgery

894K Total visits

REDESIGNING HEALTH CARE FOR COMMUNITIES

Rethinking health care systems

Health care systems designed for communities are easy to access and navigate, from the spaces where people live, work and play. A high-value health care delivery system requires a flexible and engaged workforce that is able to build long-term relationships with patients, engage in shared-decision making and address the holistic health needs of the patient. To leverage the full reach of NYC Health + Hospitals resources in uniting and elevating communities, the system must function as a cohesive unit, with sufficient access to services and the ability to seamlessly work with other community-based services and community stakeholders.

"HEALTH CARE SYSTEMS ARE EXTREMELY COMPLICATED TO NAVIGATE AND ACCESS, AND THIS IS ESPECIALLY THE CASE FOR SOMEONE WITH MULTIPLE JOBS, HAS VERY LIMITED TIME, AND FOR WHOM ENGLISH IS NOT THEIR NATIVE LANGUAGE."

- Rebecca Telzak,
Director of Health Programs, Make the Road New York

Ease of Access and Navigation

Access to health care is critically important to advancing health equity, however, access alone is not enough. The populations that NYC Health + Hospitals serve face additional challenges that make engaging in care difficult. For example, language is a significant barrier given that 1 in 5 New Yorkers has limited English-speaking proficiency, which affects one's ability to access and navigate the health system.

Specific populations, because of where they live, stigma they face and whether they have access to health insurance, face hassles that make it more difficult to access or engage in care. Yet, evidence shows that individuals with a usual primary care provider experience lower all-cause mortality and are more likely to receive appropriate care. Health care delivery that is team-

"WHEN PEOPLE FEEL ALONE IN A COMPLEX DELIVERY SYSTEM IT'S HARD. AS STEWARDS OF THE HEALTH CARE SYSTEM THE RESPONSIBILITY IS ON US TO HELP THEM NAVIGATE IT, WHICH WILL POSITIVELY IMPACT THEIR OUTCOMES."

- Dr. Susan Beane,
Executive Medical Director,
Clinical Partnerships, Healthfirst

based and patient-centered allows for comprehensive, quality and continuous care for patients.

Care should be provided in a way that is clinically appropriate and care experience, education and engagement should be achieved in a way that is easy, convenient and culturally-competent for the patient.

There is still work to be done as patient engagement and care extends beyond the four walls of the hospital and into places where people live, work and play.

Patient-Provider Relationship

When providers and patients have the opportunity – through longitudinal care – to develop a relationship, better health care outcomes are achieved. This type of care allows providers to get to know their patients, their preferences and their social situations. Continuity of care improves the delivery of preventative care and results in lower rates of hospital utilization from patients. A strong patient-provider relationship facilitates informational continuity, shared decision making patient empowerment.

Health Care Cost and Transparency

Health care costs are not transparent. Patients do not know how much care will cost them and, often, neither do providers. This lack of price transparency paired with the high costs of health care can impede the patient-provider relationship. Patients feel frustrated with the health care system when they do not find out how much their medications cost until they are at the pharmacy counter or when a pricey medical bill arrives in the mail. Providers serving low-income populations may feel that they cannot provide the best therapy and treatment for fear of heavy costs being shifted to the patient. These circumstances do not allow for shared-decision making which is vital to the patient-provider relationship.

High costs and lack of transparency also lead patients to forgo or delay care until their health needs are dire. Patients are then forced to seek care in the emergency room, which raises costs of care for both patients and the health system. The aging population faces additional challenges. Older adults often live on a fixed income, which can make paying for necessary health care difficult.

An infrastructure for scaling

To achieve full potential, a delivery-system must scale efforts around common goals while meeting the needs of local communities. An infrastructure for scaling is required, comprised of foundational strategic pillars, an engaged and flexible workforce, a common platform for communication and collaboration and the delivery of high-quality services in a financially sustainable way.

Workforce

A well-equipped and engaged workforce is critical to the foundation of the health care delivery system. Today, the health care workforce is experiencing shortages of providers in critical fields such as primary care, mental health and nursing. To maximize existing resources, a highly engaged workforce that is empowered to work at the top of their licenses is required.

"WE ARE LOOKING AT NEW MODELS OF CARE THAT CAN LEVERAGE PSYCHIATRIC NURSE PRACTITIONERS, PSYCHOLOGISTS, WELL-TRAINED, SOCIAL WORKERS AND CLINICAL PHARMACISTS. DOCTORS CAN BE RESPONSIBLE FOR THE PLAN OF CARE, BUT WE HAVE TO LEVERAGE SUPPORT STAFF TO INCREASE ACCESS AND EXPLORE NEW MODELS."

- Dr. Charles Barron,
Behavioral Health Clinical Service Line Lead, Deputy Chief Medical
Officer, Behavioral Health, NYC Health + Hospitals

In addition, antiquated regulations around non-provider workforce creates challenges for the health system effectively deploying resources. New care models require a workforce that is flexible in how care is rendered - from the hospital into the home - and leverages all levels of the workforce. As these changes are implemented, cultural competency including multilingual staff (clinical and non-clinical) must be a priority.

"BEFORE YOU CAN EVEN TEACH CULTURAL SENSITIVITY AND RESPONSIVENESS, WHICH ARE VERY IMPORTANT BUT OFTEN FOCUSES ON DIFFERENCES, IT'S CRITICAL TO TEACH GOOD LISTENING AND CUSTOMER SERVICE SKILLS."

- Claudia Calhoon,
Senior Director of Immigrant Integration,
New York Immigration Coalition

Information Sharing

Community members often do not know what services are available to them or when and how to access the appropriate care. Services have historically been defined by health care providers and systems, rather than by the community or consumer of care.

After a lifetime of calling 9-1-1 or using the emergency department for primary care or medication refills, a new approach is required to engage patients in their care and encourage them to use care differently. In the same way that we communicate to patients with different languages and modalities in the clinic setting, information about health care needs to be shared in the same ways people consume other information in their daily lives.

For patients to be partners in their own health, sharing information with a common vocabulary and in a way that matters to the patient is essential for shared decision making. Further, use of tools like MyChart can maintain a connection to patients when they are in the community.

"THERE ARE A LOT OF ARCHAIC REGULATIONS THAT RESTRICT WHAT NON-MD PROVIDERS CAN DO. FOR EXAMPLE A NURSE CAN'T EVEN PRESCRIBE DIABETIC SHOES."

- Paul Vitale, President and Chief Executive Officer, and
Jessica Diamond, Chief Population Health Officer & Chief of Staff
Brightpoint Health

Capturing and understanding information about the communities and patients NYC Health + Hospitals serve allows for a more proactive approach to population health. To breakdown silos across the system, a common fabric is required for clinical communication and collaboration.

Further, by empowering clinicians with the right information at the right time, the system can deliver higher-value care. Standardizing the communication of data between providers allows for a common system vocabulary. This requires a clinical communication and collaboration platform across providers.

"USING MY CHART, PATIENTS CAN REACH THEIR CARE TEAMS MORE EFFICIENTLY FOR CARE FOLLOW-UP AND REQUEST MEDICATION RENEWALS FROM THE CONVENIENCE OF THEIR HOMES."

- Kim Mendez,
System Chief Health Informatics Officer,
NYC Health + Hospitals

Financial sustainability

The financial sustainability of NYC Health + Hospitals is critical to its future as the safety-net system for New York City. Current payment structures put safety-net hospitals at risk. Health systems face difficulty in designing new care models for value-based payment that are financially sustainable as they are primarily still paid using fee-for-service models.

"[THIS SYSTEM IS IN A] UNIQUE POSITION BECAUSE THE SCALE OF THE PATIENTS SERVED, SOME OF WHOM ARE HOMELESS OR HAVE BEHAVIORAL HEALTH CHALLENGES. THE COST OF MANAGING HIGH-RISK PATIENTS IS SIGNIFICANT FOR THE CITY. TO THIS END, WE NEED TO PURSUE NEW FUNDING MECHANISMS THAT PARTNER THE CITY'S AGENCIES TOGETHER TO CREATE INTER-DISCIPLINARY APPROACHES TO A PATIENT'S CARE NEEDS."

- John Ulberg, Chief Financial Officer,
NYC Health + Hospitals

As payment reform shifts to taking on increased risk for the cost and quality of care delivered, financial incentives should place greater emphasis on primary care and specialty access to ensure sufficient access to these services which are critical for population health. To be successful in new financial arrangements, the system will need to continue to enroll patients who are eligible into insurance, including enrollment into the NYC Health + Hospitals health plan, MetroPlus. Further, the system must operate in a way that health plan members choose to stay in network and continue to see NYC Health + Hospitals as their provider of choice. While alternative payment model demonstrations have fostered some innovation, the gains will be difficult to sustain until financial models are also transformed.

System-complexity and scale

To truly leverage the full reach of NYC Health + Hospitals resources the system must function as a cohesive unit rather than a sum of its parts. The development of a comprehensive system with sufficient and primary care specialty access requires coordination of providers, effective data sharing practices, connections across the community and integration with MetroPlus, the NYC Health + Hospitals health plan.

NYC Health + Hospitals must take advantage of its scale and size while still tailoring services to the diverse needs of the populations served. Systems must be designed around the individual patient journey and information must flow seamlessly between a care team and as patients transition between care settings. If systems operate as a system in name-only, clinical staff have to spend more time navigating separate entities rather than focusing on patient care.

In addition, without an infrastructure to support standardized rollout of new care prototypes, it will be difficult for new models to be hardwired and drive lasting change.

“ON A RECENT VISIT TO A PRIMARY CARE CLINIC A PHYSICIAN DECIDED TO SHOW ME OUR BIGGEST PROBLEM—CONTINUITY OF CARE. THEY POINTED DOWN THE HALLWAY AND TOLD ME ‘THAT DOCTOR IS SEEING MY PATIENT NEXT AND I AM SEEING THEIRS. HOW COULD THIS HAPPEN IN A SYSTEM?’”

- Dr. Theodore Long
Vice President of Ambulatory Care,
NYC Health + Hospitals

FINDING SOLUTIONS AND BUILDING HEALTHY COMMUNITIES

With the completion of the CHNA, NYC Health + Hospitals will work with system and community stakeholders (including other New York City agencies, community partners, providers, and patients) to develop an implementation plan responsive to the identified priority needs. What became clear during the community engagement process was that while each hospital and surrounding community have unique disease burden and needs, major concerns are consistent across neighborhoods, hospitals, patients, and providers. These issues are structural and complex and will require a collective impact approach to hardwire positive, lasting change.

“WE HAVE TO RAISE AWARENESS ABOUT THE RISK OF CARDIOVASCULAR DISEASE EARLIER – EDUCATION SHOULD BEGIN IN PRIMARY SCHOOL. HEART FAILURE CAN BE PREVENTED IF WE GET TO A PATIENT SOONER.”

- Dr. Norma Keller,
Cardiovascular Clinical Service Line Lead, NYC Health + Hospitals
Chief, Cardiology, NYC Health + Hospitals/Bellevue

"IT WOULD BE GREAT IF THERE WAS A PHONE IN THE ED SO THAT PATIENTS COULD MAKE THEIR FOLLOW UP APPOINTMENT ON THEIR OWN, AT A TIME THAT IS CONVENIENT, WITH THEIR ED DOCTOR STANDING NEXT TO THEM FOR QUESTIONS."

- Dr. Stuart Kessler, Co-System Clinical Lead for Emergency Medicine, NYC Health + Hospitals

"Community health workers solve daily life problems by breaking them down into manageable tasks. They offer a lite form of mental health care."

- Chris Leto, Director of Outreach and Special Projects and Elizabeth Quint, Nurse Project Supervisor, RiseBoro Community Partnership

"There is an opportunity [in pediatric clinics] to support both parents and children, by offering them services to prevent intergeneration transmission of trauma and to help children with emotional development."

- Dr. Mary McCord, Pediatric Primary Care Clinical Service Line Lead, NYC Health + Hospitals, Director of Pediatrics, NYC Health + Hospitals/Gouverneur

"THERE ARE CONCRETE THINGS WE CAN DO AND STEPS WE CAN TAKE. THESE ARE NOT UNSOLVABLE ISSUES."

- Dr. Joan Reibman, Pulmonary Clinical Service Line Lead, NYC Health + Hospitals, Medical Director of the Asthma Airways Environment Program, NYC Health + Hospitals/Bellevue

"More than ever, we are supporting our patients, our 70+ locations and all our employees as part of one, integrated system. Across all five boroughs, patients should see us as their home for primary care and have access to the full continuum of amazing services we offer."

- Matthew Siegler, Senior Vice President for Managed Care, NYC Health + Hospitals

"PROGRAMS TO IMPROVE SOCIAL INTERACTION AND EXERCISE AMONG SENIORS COULD ADDRESS TWO ROOT CAUSES OF THEIR HEALTH ISSUES, DEPRESSION AND LACK OF MOBILITY AND FRAILTY."

- Margaret Davino, Partner, Fox Rothschild LLP

"READMISSIONS ARE OUT OF CONTROL, NOT DUE TO BAD CARE, BUT BECAUSE THERE'S NO STRUCTURE AT HOME TO HEAL."

- Dr. Dilip Nath, Interim Vice President and Chief Information Officer, SUNY Downstate Medical Center

Top 10

perceived risk factors for poor health and death

After surveying over 450 community members and stakeholders, the following risk factors for poor health and death ranked highest. These findings align with discussions with clinical experts and community members who agree that health equity cannot be achieved unless these risk factors are addressed.

Poverty and low-income status

Communities living in poverty face a disproportionate amount of harmful daily exposures which contribute to lifestyle driven disease including airway diseases, Type 2 diabetes, hypertension and heart disease. Further, poor health outcomes, as a result of poverty, lead to other inequities in life.

Obesity and high BMI

Obesity continues to be on the rise and comes from an increased intake of high calorie foods and/or an increase in physical inactivity due to sedentary lifestyle. Obesity is often associated with higher risk of cardiovascular disease (heart disease and stroke), musculoskeletal disorders, cancers and diabetes. 81% of NYC Health + Hospitals adults with diabetes and 72% of children with diabetes are overweight, obese or morbidly obese.

Housing access, affordability and quality

Children and adults living in poor housing conditions face greater risks of mental and physical health conditions including airway diseases and obesity. Further, unaffordable housing can impact mental and physical health and social well-being.

Stress and emotional well-being

Positive mental health and well-being allows people to realize their full potential, cope with the stresses of life, work productively and make meaningful contributions to their communities. Alternatively, high levels of stress throughout life can increase risk for long-term health problems such as diabetes, heart disease, high blood pressure and obesity. A person without access to stress management skills and/or a support system is at risk for poor mental health outcomes.

Aging and frailty

In New York City, the aging population (+65 years of age) is growing at a rate that is three times faster than the rest of the population. Increased sedentary lifestyle and heightened prevalence of chronic disease contribute to mobility and other physical limitations and frailty. Aging populations also face an added risk of cognitive decline. During the CHNA process, the community members raised concerns about age bias in health care services, specifically that providers may not have the time to address the complex issues that aging populations face.

Access to mental and behavioral health care

Half of all mental disorders begin by age 14 and three-quarters by age 24. Early interventions and closing barriers to treatment improves mental health equity, provides individuals with tools to cope with stress and offers New Yorkers a better chance to live productive lives. Currently, 60% of mental health services in New York City are provided by NYC Health + Hospitals.

Hunger, food access and poor nutrition

Along with physical inactivity, poor diet is the second leading cause of preventable death, causing 17% of all deaths in New York. Maintaining a healthy diet of quality, nutritious food is critical to a person's overall health and well-being. This requires access to affordable healthy food options that meet one's cultural diet. Too many New Yorkers are unable to maintain a healthy diet or are food insecure.

Immigration and citizenship status

Immigration status has historically impacted an individual's insurance eligibility; at the same time health care and medications are too expensive to pay for out-of-pocket. With no alternative, the uninsured delay care until their conditions progress or they use care when they are sick in emergency departments. While New York is committed to making sure health care is a right, policy at a federal level is causing fear about accessing health care or other public benefits.

Health care literacy

Health literacy is an individual's ability to understand health information and services to make more informed decisions about their health or the health of a loved one. There are many barriers to good health literacy – differences in language or cultural interpretation, communication channels that do not meet their intended audience, not having a shared vocabulary to discuss medical conditions, focusing on information rather than actions and a complicated payment and delivery system. Barriers to health literacy span ages, incomes and languages and should not be misconstrued with literacy levels.

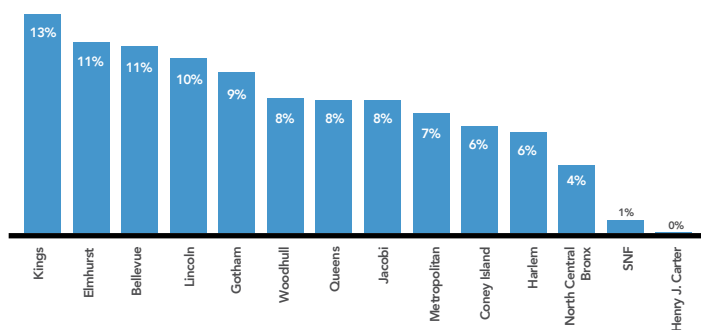
Tobacco and e-cigarettes

Tobacco is the leading cause of preventable death in New York, causing 18% of all deaths. Recent legislation has made it harder to obtain tobacco products, including e-cigarettes, still, people of color and youth face disproportionate predatory marketing of these products, contributing to disparities in health outcomes. Tobacco directly causes chronic diseases, such as cancer and heart disease, and airway diseases, such as COPD and asthma. Smoking is twice as common among groups reporting poor mental health status.

THE COMMUNITY NYC HEALTH + HOSPITALS SERVES TODAY

Community anchor institutions, like hospitals, are leading economic and employment engines in local community. Hospitals can play an important role in uniting and elevating communities by transforming health care and investing in strategies to improve community well-being and drive economic development.

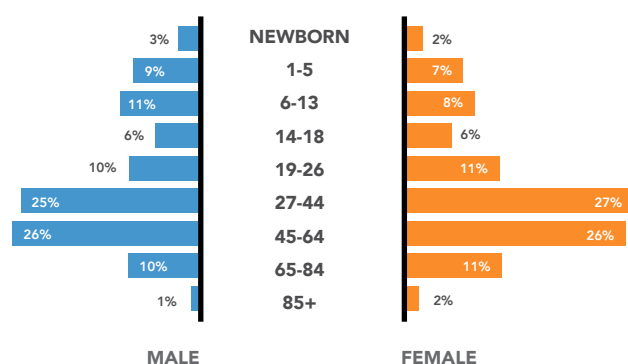
NYC Health + Hospitals Patients



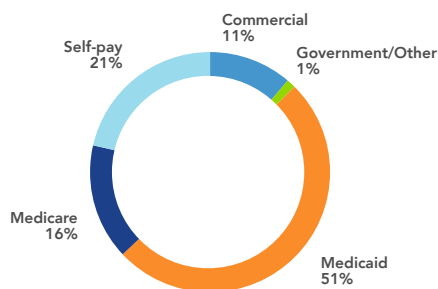
Henry J. Carter is a Long-Term Acute Care Hospital resulting in longer length of stay and fewer discharges than an acute care facility.

The remaining 17% of encounters take place at NYC Health + Hospitals/Gotham sites.

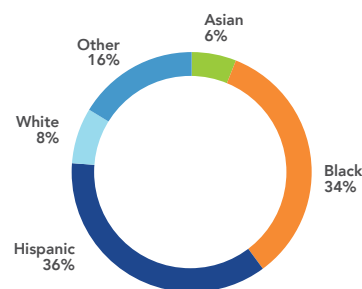
Patient Distribution of Age and Sex



Payor Mix by Encounter



Patient Race/Ethnicity



Our impact



\$11.5B
Economic activity⁸



60K
Jobs generated⁸



17.1K
Babies delivered

1.097M Patients

4.13M Outpatient

1.12M Emergency department

187K Inpatient

68.9K Ambulatory surgery

5.506M Total visits



"NYC HEALTH AND HOSPITALS STANDS ON A FOUNDATION OF COMPASSION, HEALING AND ACCEPTANCE OF ALL. WE ARE STEADFAST IN OUR COMMITMENT TO PROVIDE HIGH-QUALITY CARE TO ALL OUR PATIENTS, REGARDLESS OF RACE, RELIGION, CULTURE, IMMIGRATION STATUS, GENDER IDENTIFICATION OR ECONOMIC STRATA."

- Dr. Machel Allen,
Senior Vice President/Chief Medical Officer,
NYC Health + Hospitals

Bronx

62 county health ranking⁹
out of 62 counties in New York

78.3 years life expectancy⁹
compared to New York City average of 81.2 years

What is the community’s perception?

Top 5 contributors to poor health and death in the Bronx¹⁰

Risk factors

- Access to mental and behavioral health care
- Stress and emotional well-being
- Housing access, affordability and quality
- Obesity and high BMI
- Poverty and low-income status

Causes

- Diabetes
- Heart disease and high blood pressure
- Drug use, including opioids
- Asthma
- Mental health disorders including depression

Leading causes of premature deaths in the Bronx¹¹

Cancer	Heart Disease	Unintentional Injury	Diabetes	CLRD	AIDS
1,281 deaths	1,081 deaths	348 deaths	198 deaths	165 deaths	161 deaths
88.3 per 100,000	78.4 per 100,000	24.9 per 100,000	13.9 per 100,000	11.6 per 100,000	11.6 per 100,000

Health status in the Bronx¹²

39% have one or more chronic conditions

NYC HEALTH + HOSPITALS/JACOBI

1400 Pelham Pkwy S, The Bronx, NY 10461

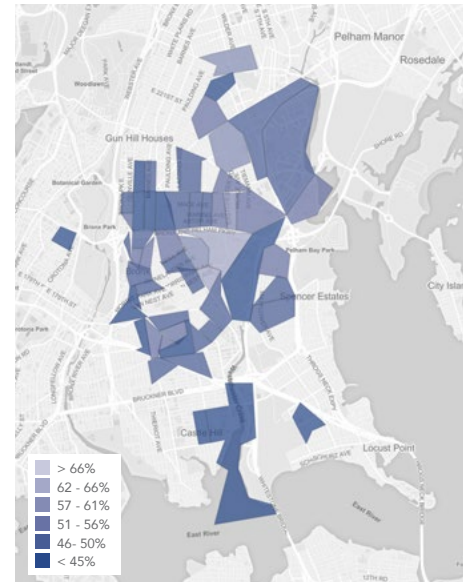
COMMUNITY SNAPSHOT

Suburb meets city. Just west of Pelham Bay Park, New York City's largest park and home to Orchard Beach. Center to New York City's "Aging in Place" initiative and home of the two largest Naturally Occurring Retirement Community (NORC) residences citywide. Despite the area's proximity to Pelham Parkway, the Hutchinson River Parkway and the New England Thruway, neighborhood ambience is reminiscent of a suburb outside of the bustle of New York City. The diverse, middle-income communities of the Northeast Bronx have seen a recent influx of immigrants from West Africa and the Caribbean.

Community forum participants focus on neighborhood preservation and the risk of losing the suburban feel with new urban development. Members report a visible downward trend in neighborhood infrastructure – critical given that the Bronx has the most roadway in New York City. Road quality, slow buses and major traffic are key themes. Having capacity for tailored services and transportation for aging populations is a concern.

"THE COMMUNITY AT-LARGE ISN'T AWARE OF MANY OF THE EXISTING SERVICES THAT ARE IN PLACE TO KEEP THEM HEALTHY."

- Community forum participant,
NYC Health + Hospitals/NCB/Jacobi



Neighborhood health

80.5 Life expectancy from birth¹³

22% National Well-being Score²

WHAT THE COMMUNITY SHARED

Assets

- Availability of numerous community gardens, park space and schools
- Suburban ambience
- Senior and Aging-in Place resources
- Presence of NYC Health + Hospitals/Jacobi to care for their needs in and beyond their 4 walls
- Senior resources related to aging-in-place population

Challenges

- Lack of safe, outdoor public spaces for adults to exercise and children to play
- Noise and air pollution
- Pest control
- Poor conditions of buildings
- Asthma
- Lack of places to purchase affordable and healthy foods
- Alcohol, tobacco and drug abuse
- Sedentary lifestyle – especially for children
- Long ER wait times
- Diabetes
- Lead poisoning
- Mental health in general, but also in youth population
- Gentrification, displacement and lack of affordable housing

"SENIORS HAVE SPECIFIC NEEDS – MANY ARE AT-RISK FOR HOMELESSNESS BECAUSE THERE ISN'T ENOUGH AFFORDABLE HOUSING. THEY ALSO NEED MORE TIME WITH THEIR PROVIDERS. WHILE ACCESS IS GOOD, IT WOULD BE GREAT TO SEE CARE GOING TO THE PEOPLE."

- Community forum participant, NYC Health + Hospitals/NCB/Jacobi

THROUGH THE LENS OF A COMMUNITY ANCHOR INSTITUTION

In partnership with Physician Affiliated Group of New York (PAGNY), the 457-bed hospital, academically affiliated with Albert Einstein College of Medicine, is a Level 1 Trauma Center that serves as the Regional Hyperbaric Center and Regional Snakebite Center for the Tri-state area.

Our impact



\$1.35B
Economic activity⁸



6.4K
Jobs generated⁸



1.85K
Babies delivered

107K Patients

297K Outpatient

100K Emergency department

20K Inpatient

6.7K Ambulatory surgery

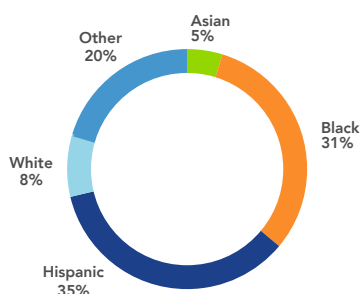
424K Total visits

Why are patients coming in?

- Routine well and preventative care
- Dental (e.g. cavities)
- Hypertension
- Complications in pregnancy
- Normal pregnancy and delivery
- Diabetes with complications
- Schizophrenia and other psychotic disorders
- Mood disorders
- Back pain and problems
- Non-traumatic joint disorders (e.g. arthritis)

Who are our patients?

Patient race/Ethnicity



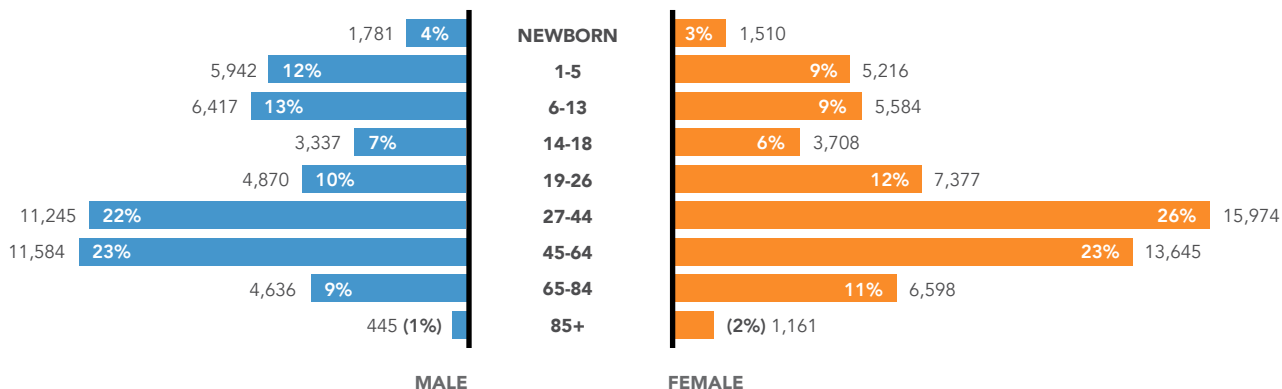
Top languages requested

- Spanish
- Bengali
- Albanian
- Arabic
- French
- Urdu
- Vietnamese

19%

of people in the service area speak a language other than English at home¹⁴

Age and sex distribution



Age was calculated at the time of the visit and therefore a small number of patients may be counted in two age categories during the same year.

NYC HEALTH + HOSPITALS/LINCOLN

234 E 149th St, The Bronx, NY 10451

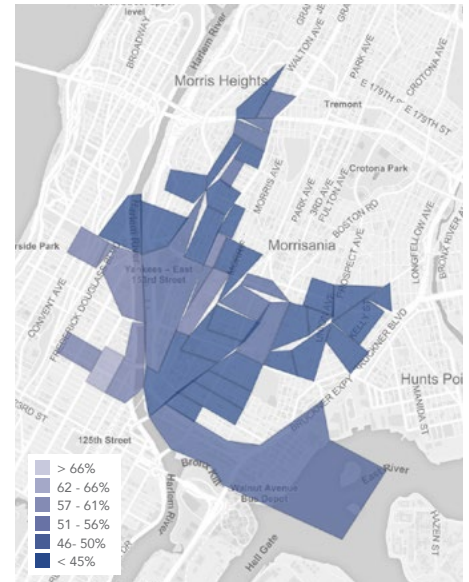
COMMUNITY SNAPSHOT

The home of hip-hop, breakdancing and the Yankees. In the midst of a major real estate boom, real estate spheres are describing the area as the next “Williamsburg.” The South Bronx is transforming from the poorest urban congressional district in the U.S. to a safe, vibrant community that may be New York City’s next tech innovation hub. Only a few decades ago, the South Bronx faced severe population decline related to a period of landlord-driven arsons characterized by the iconic phrase, “The Bronx is burning”, which represents the abandonment of the South Bronx by various government agencies at the time. The predominantly Black, Puerto Rican and Dominican community, along with the strong network of community agencies and churches, re-built this community that has a rich culture and history in music and the arts.

Community residents note that they have growing concern related to gentrification and that there is “clash of cultures” with newcomers. There have been significant improvements tied to new economic growth, such as improved access to healthy foods and exercise programs, new green space and economic centers and ferry access to Manhattan. That said, community members fear displacement from gentrification, policing, homelessness, cleanliness, public safety and stress and mental illness.

“MENTAL HEALTH IS THE MANIFESTATION OF ALL THE SOCIAL CHALLENGES IN OUR COMMUNITIES.”

- Community forum participant, NYC Health + Hospitals/Lincoln



Neighborhood health

77.3 Life expectancy from birth¹³

9% National Well-being Score²

WHAT THE COMMUNITY SHARED

Assets

- A network of local community agencies and places of worship
- New green space, including Crotona Park; Harlem Waterfront walkway; Barreto Point Park provide
- Farmer’s markets
- Food banks
- New commercial centers
- New educational opportunities through Hostos Community College
- Growing number of community gardens
- New small business and commercial centers
- New supportive housing developments
- Arts and theatre scene
- Home of Yankee Stadium

Challenges

- Cleanliness and homelessness along major economic corridors
- Easy access to liquor stores, tobacco products and dollar stores with lower-quality food products
- Gang violence
- Gentrification, displacement and lack of affordable housing
- Lack of quality, healthy food options and full-service restaurants
- Limited access to buildings for the aging population and those living with disabilities
- Low health literacy levels
- Stigma around mental health and lifestyle-related diseases
- Neighborhood separated by train tracks and major roads
- Public safety concerns prevent exercise and use of community assets
- Air and noise pollution from sanitation depot and highways
- Stigma of “The South Bronx”

“IF WE WANT TO BREAK THE GENERATIONAL CURSE, WE NEED MENTORING AND JOB TRAINING PROGRAMS FOR OUR YOUTH.”

- Community forum participant, NYC Health + Hospitals/Lincoln

THROUGH THE LENS OF A COMMUNITY ANCHOR INSTITUTION

Located in the South Bronx, NYC Health + Hospitals/Lincoln is the “heart and soul” of health care in the South Bronx community, serving the Mott Haven, Hunts Point, Highbridge and Morrisania neighborhoods for over 177 years. Lincoln Hospital is one of the premier trauma centers in the U.S. Their emergency department had the 4th most visits in the U.S during 2017, according to Becker’s Hospital Review. In 2018, the facility opened an ExpressCare walk-in clinic offering after-hours urgent care. In partnership with PAGNY, the hospital, a Level I Trauma Center, maintains an academic affiliation with Weill Cornell Medical College.

Our impact



\$1.12B
Economic activity⁸



5.9K
Jobs generated⁸



2K
Babies delivered

133K Patients

375K Outpatient

149K Emergency department

22K Inpatient

8.9K Ambulatory surgery

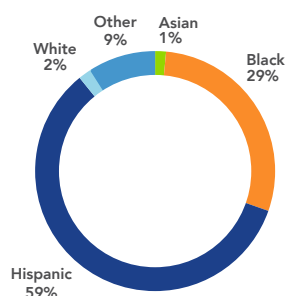
554K Total visits

Why are patients coming in?

- Routine well and preventative visits
- Dental (e.g. cavities)
- Asthma
- Hypertension
- Back pain and problems
- Complications in pregnancy
- Non-traumatic joint disorders (e.g. arthritis)
- Diabetes with complications
- Mood disorders
- Follow-up visit (e.g. post-procedure)

Who are our patients?

Patient race/Ethnicity



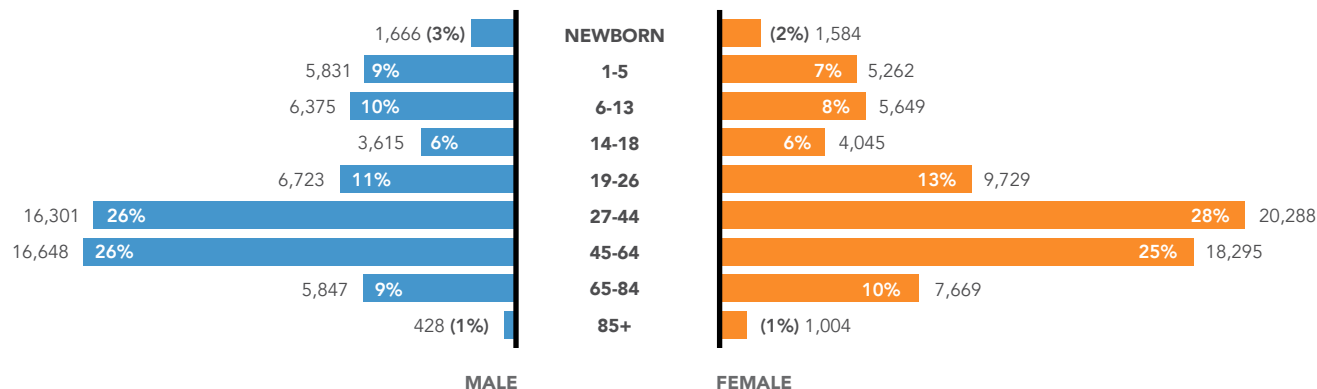
Top languages requested

- Spanish
- French
- Bengali
- Arabic
- Soninke
- Mandarin
- Twi

39%

of people in the service area speak a language other than English at home¹⁴

Age and sex distribution



Age was calculated at the time of the visit and therefore a small number of patients may be counted in two age categories during the same year.

NYC HEALTH + HOSPITALS/NORTH CENTRAL BRONX

3424 Kossuth Ave, The Bronx, NY 10467

COMMUNITY SNAPSHOT

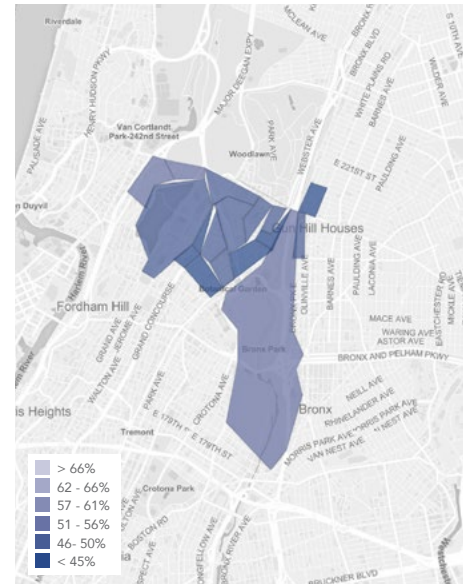
Nested between Moshulu Parkway, Bronx River Parkway and the Woodlawn Conservatory. Just steps away from the New York Botanical Gardens, the Bronx Zoo and the Bronx River Art Center is NYC Health + Hospitals/North Central Bronx. Lehman College and Fordham University are key educational and cultural centers in the area. Tree-lined Norwood is a diverse, middle-income residential neighborhood that is enjoying a period of urban renewal.

The predominantly Hispanic population has seen a recent influx of immigration of Jamaicans, Bangladeshis, Guyanese and Ecuadoreans. Commuters enjoy access to Metro-North and the express 4 train. Fast food restaurants, dollar stores and bodegas dominate the key economic corridors in the neighborhood – Gun Hill Road, Jerome Avenue and Bainbridge Avenue. New zoning along Webster Avenue will expand access to affordable housing in the area.

Community forum participants are concerned with high unemployment rates and poverty. The perceived lack of educational and economic opportunity weighs over residents.

"THERE ARE NOT ENOUGH GREEN SPACES OR COMMUNITY GARDENS, PLACES THAT ARE NO COST WHERE YOU CAN EXERCISE AND WALK AROUND WITH YOUR KIDS."

- North Central Bronx/Jacobi community forum participant



Neighborhood health

77.4 Life expectancy from birth¹³

22% National Well-being Score²

WHAT THE COMMUNITY SHARED

Assets

- Availability of numerous community gardens
- Presence of NYC Health + Hospitals/North Central Bronx as a safe haven
- Significant green space and proximity to
- Affordable housing

Challenges

- Noise from airplanes
- Air pollution from dense traffic
- Lack of grocery stores selling healthy food
- Prevalence of asthma
- High rates of smoking
- Poverty
- Alcohol and drug use
- Lead poisoning
- Homelessness
- Long wait times and high cost of care
- Lack of safe, outdoor public spaces for children to play
- Mental health and suicide
- Diabetes
- Lack of educational and economic opportunities

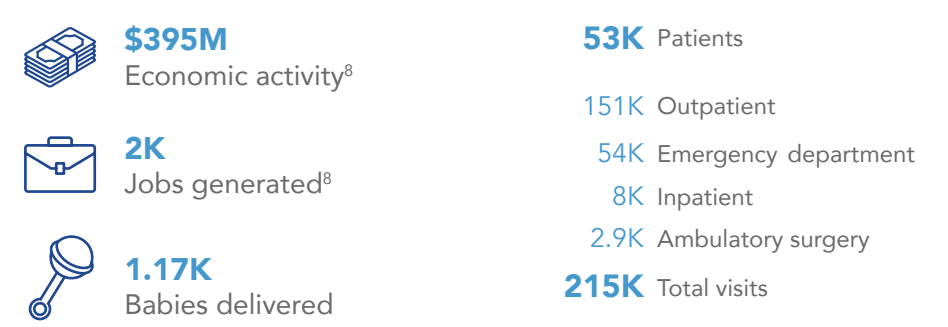
"THE BUILDING CONDITIONS ARE DETERIORATING. PEOPLE ARE GETTING ASTHMA BECAUSE OF THE ENVIRONMENT THAT THEY LIVE IN. THIS IS WHY THE BRONX RANKS TOP IN ASTHMA."

- North Central Bronx/Jacobi community forum participant

THROUGH THE LENS OF A COMMUNITY ANCHOR INSTITUTION

A fixture in the Bronx’s Norwood community, NYC Health + Hospitals/North Central Bronx serves Crotona/Tremont, Fordham/Bronx Park, Highbridge/Morrisania, Kingsbridge/Riverdale and Northeast Bronx neighborhoods. In partnership with PAGNY, the North Bronx’s community hospital specializes in behavioral, geriatric primary care and ambulatory care services for women and children and is an academic affiliate of the James J. Peters VA Medical Center.

Our impact

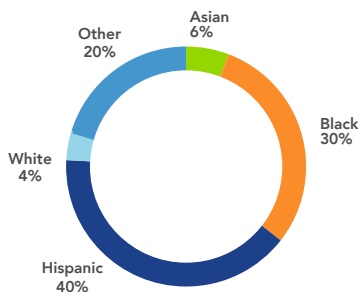


Why are patients coming in?

- Dental (e.g. cavities)
- Mood disorders
- Normal pregnancy and delivery
- Schizophrenia and other psychotic disorders
- Hypertension
- Diabetes without complication
- Diabetes with complications
- Complications in pregnancy
- High BMI and other nutritional issues

Who are our patients?

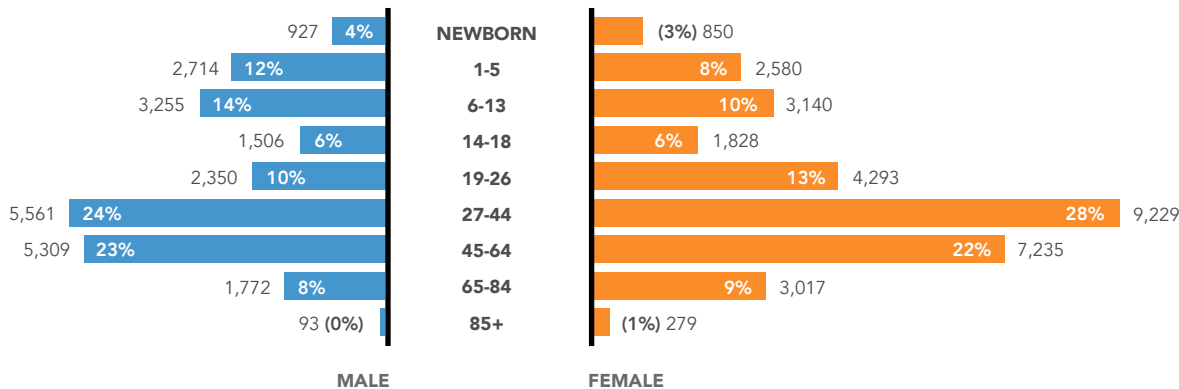
Patient race/Ethnicity



Top languages requested

- Spanish
 - Bengali
 - Arabic
 - Albanian
 - French
 - Urdu
 - Wolof
- 26%** of people in the service area speak a language other than English at home¹⁴

Age and sex distribution



Age was calculated at the time of the visit and therefore a small number of patients may be counted in two age categories during the same year.

Brooklyn

17 county health ranking⁹
out of 62 counties in New York

80.1 years life expectancy⁹
compared to New York City average of 81.2 years

What is the community’s perception?

Top 5 contributors to poor health and death in Brooklyn¹⁰

Risk factors	Causes
Poverty and low-income status	Diabetes
Housing access affordability-and quality	Heart disease and high blood pressure
Obesity and-high BMI	Mental health disorders, including depression
Aging and frailty	Stroke
Stress and emotional well-being	Drug use, including opioids

Leading causes of premature deaths in Brooklyn¹¹

Cancer	Heart Disease	Unintentional Injury	Diabetes	Stroke	CLRD
2,108 deaths 79.1 per 100,000	1,748 deaths 65.4 per 100,000	478 deaths 18.7 per 100,000	305 deaths 11.4 per 100,000	192 deaths 7.3 per 100,000	191 deaths 7.1 per 100,000

Health status in Brooklyn¹²

40% have one or more chronic conditions

NYC HEALTH + HOSPITALS/CONEY ISLAND

2601 Ocean Pkwy, Brooklyn, NY 11235

COMMUNITY SNAPSHOT

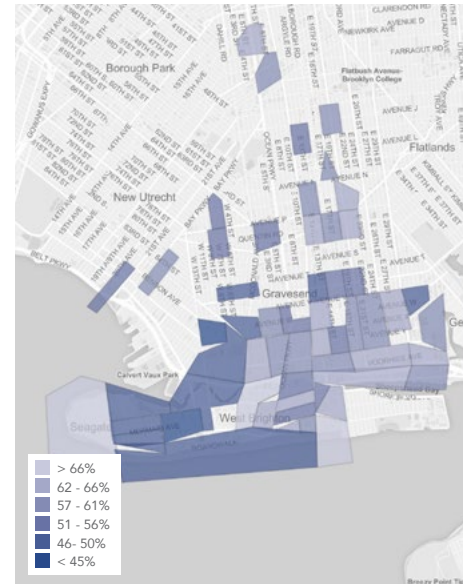
America's Playground – home to one of New York's most recognizable beaches and the birth of the American hot dog – Coney Island hosts famous amusement parks and a 2.5 mile boardwalk that connects to Brighton Beach. A longstanding mecca for new immigrants, recent trends include new populations from Bangladesh, China, Honduras, Mexico, Pakistan, Poland and Russia.

The community comprises five distinct, diverse neighborhoods – Coney Island, Seagate, Brighton Beach, Gravesend and Sheepshead Bay. Coney Island has a high concentration of public housing and includes some senior housing. The Coney Island area, which also has a number of skilled nursing facilities, has among the highest rates of aging populations citywide at 20%.

"PEOPLE HAVE PTSD FROM SUPERSTORM SANDY. THERE IS A CONCERN EVERY SEASON THAT IT WILL COME BACK AGAIN."

- Community forum participant,
NYC Health + Hospitals/Coney Island

Community forum participants note the continued challenge of overcoming the impact of Superstorm Sandy and its devastation on the neighborhood, including physical damages to the hospital and fear of a storm of similar magnitude during each hurricane season. Lack of affordable, high-quality food combined with easy access to fast food and minimal community health education programs are raised as challenges contributing to obesity and diabetes. Caring for Aging in Place populations is an ongoing concern.



Neighborhood health

80.7 Life expectancy from birth¹³

26% National Well-being Score²

WHAT THE COMMUNITY SHARED

Assets

- "Boardwalk on the Beach" is therapeutic
- Local entertainment
- Tourism
- NYC Health + Hospitals/Coney Island as the leading employer of South Brooklyn
- Local small businesses are resilient
- Strong sense of community

Challenges

- Obesity
- Homelessness
- Poverty
- Housing affordability
- Public safety and crime
- Noise and indoor and outdoor pollution
- Lack of access to affordable, healthy food
- Accessibility and resource concerns for the aging population and those living with disabilities
- Poor access to primary care and mental health support
- Health care affordability and cost transparency
- Opioid overdose and substance use disorder
- Trauma related to Superstorm Sandy

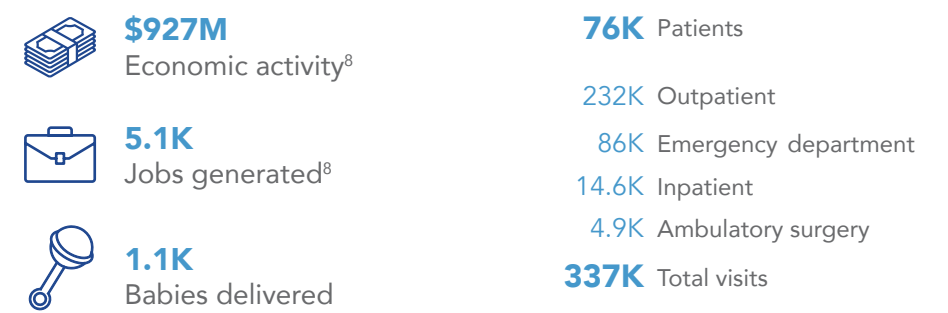
"IMMIGRANT POPULATIONS ARE STRUGGLING WITH TRAUMA FACED IN THEIR HOME COUNTRIES. WITHOUT ACCESS TO THE RIGHT SERVICES, THERE ARE INCREASED MENTAL HEALTH ILLNESSES AND SOMETIMES THIS LEADS TO DRUG USE."

- Community forum participant, NYC Health + Hospitals/Coney Island

THROUGH THE LENS OF A COMMUNITY ANCHOR INSTITUTION

NYC Health + Hospitals/Coney Island, a 371-bed hospital, has been the community hospital of choice for South Brooklyn communities since 1908. In partnership with PAGNY, the hospital is an academic affiliate of SUNY Downstate Medical Center and New York College of Osteopathic Medicine.

Our impact

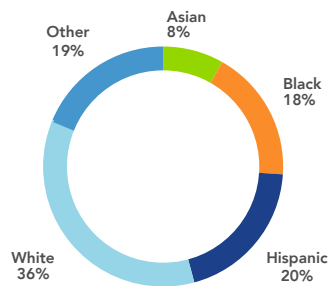


Why are patients coming in?

- Routine well and preventative visit
- Hypertension
- Dental (e.g. cavities)
- Alcohol-related disorders
- Schizophrenia and other psychotic disorders
- Substance-related disorders
- Non-traumatic joint disorders (e.g. arthritis)
- Diabetes mellitus complication
- Mood disorders
- Back pain and problems

Who are our patients?

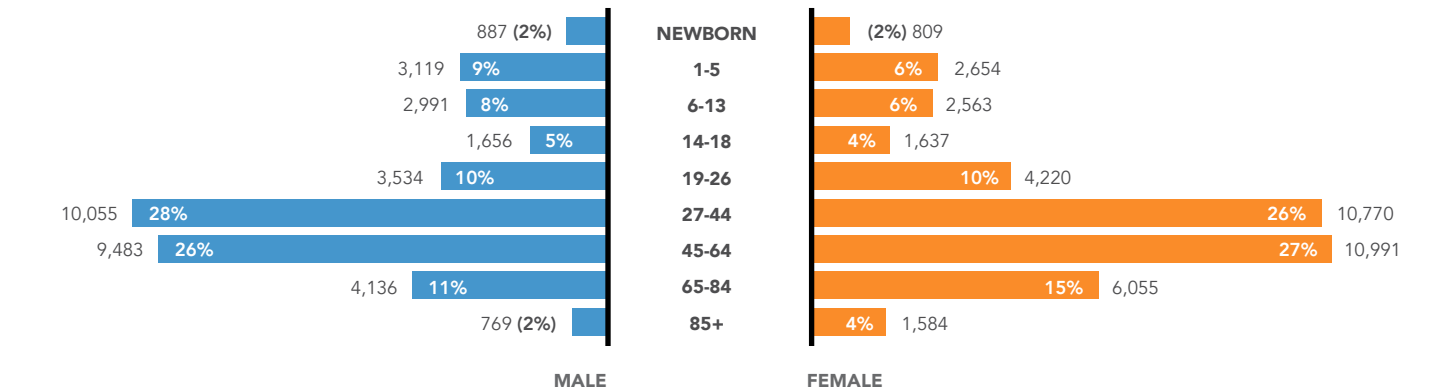
Patient race/Ethnicity



Top languages requested

- Spanish
 - Russian
 - Uzbek
 - Urdu
 - Arabic
 - Bengali
 - Cantonese
- 28%** of people in the service area speak a language other than English at home¹⁴

Age and sex distribution



Age was calculated at the time of the visit and therefore a small number of patients may be counted in two age categories during the same year.

NYC HEALTH + HOSPITALS/KINGS COUNTY

451 Clarkson Ave, Brooklyn, NY 11203

COMMUNITY SNAPSHOT

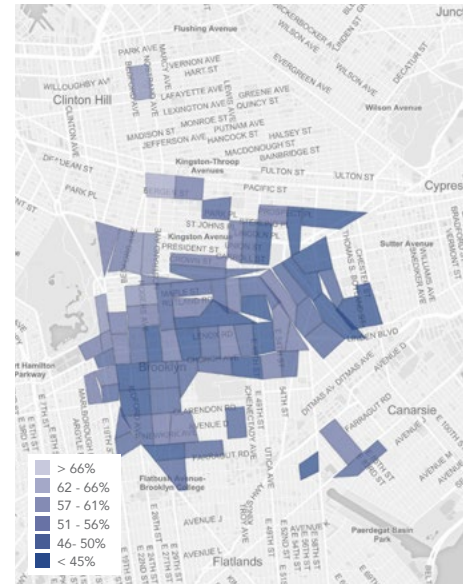
Kings County serves the neighborhoods of East Flatbush, Flatbush, Crown Heights and Central Brooklyn. Often called “Little Caribbean” or “Little Haiti,” East Flatbush has the densest West Indian population in the U.S. The Afro-Caribbean influence permeates both the culture and food. In recent years, there has also been an influx of groups from India and Africa.

Community forum participants have concerns around the ongoing, rapid gentrification of the neighborhood. New mid-rise apartment buildings break up the neighborhood and make it hard to access resources or maintain relationships with friends and families. The most recent wave of gentrification has led to “new neighborhoods” every several blocks.

Many community members are part-time- or gig-employed, making them ineligible for insurance. Members feel like more should be done about connecting youth to education and employment. The cycle of poverty is challenging as youth are drawn into gangs or forced from schools through administrative processes. Members also report that health literacy and understanding of available resources is a key driver in the neighborhood's poor health outcomes. The community is also seeing an aging population.

“DOMESTIC VIOLENCE IS AN UNDER-REPORTED PROBLEM. WHEN IT COMES TO HOUSING, IT IS EVEN HARDER FOR THEM BECAUSE SURVIVORS CANNOT RELOCATE.”

- Community forum participant,
NYC Health + Hospitals/Kings County



Neighborhood health

78.9 Life expectancy from birth¹³

21% National Well-being Score²

WHAT THE COMMUNITY SHARED

Assets

- Wellness programs
NYC Health + Hospitals employees help with better care for patients
- Community gardens
- Community-based wellness programs, including free meditation and exercise
- NYC Health + Hospitals/Kings County as a safe haven for the community
- Presence of farmer's markets

Challenges

- Gentrification, displacement and lack of affordable housing
- Neighborhood resiliency and support
- Poverty
- Unemployment
- Homelessness
- Education and lack of post-secondary attainment
- Lack of access to affordable, healthy food
- Lack of knowledge about nutrition, food labelling and selection
- Behavioral health stigma
- Public safety and crime
- Domestic violence
- Substance use
- Lack of communication and awareness about available health care and social services
- Fear of seeking services due to immigration status
- Health literacy

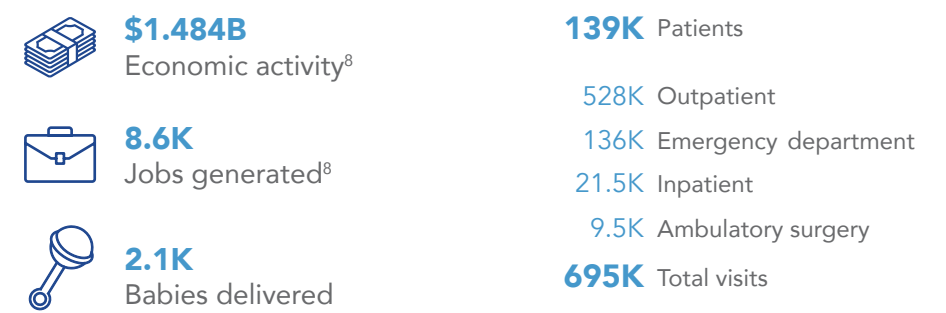
“THERE NEEDS TO BE A LARGER CONTEXTUAL CONVERSATION ABOUT POVERTY. POVERTY SPINS OFF INTO MENTAL HEALTH, INTO DIFFICULT DECISIONS. SO, UNTIL PEOPLE CAN GET BETTER ACCESS TO JOBS AND INCOME, IT WILL NEVER GO AWAY.”

- Community forum participant, NYC Health + Hospitals/Kings County

THROUGH THE LENS OF A COMMUNITY ANCHOR INSTITUTION

NYC Health + Hospitals/Kings County, a 627-bed hospital, is the full-service hospital of choice to Central Brooklyn and East Flatbush communities since 1837. The hospital was the first Level I trauma center in the U.S., is an academic affiliate of SUNY Downstate. In partnership with PAGNY, Kings County offers a variety of centers of excellences including Heart Health, Trauma, Diabetes, Parkinson’s Disease and Stroke. It is an internationally recognized leader and the largest provider of behavioral health services in Brooklyn.

Our impact

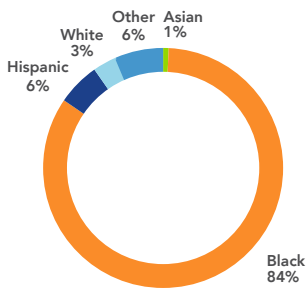


Why are patients coming in?

- Substance-related disorders
- Routine well and preventative visits
- Dental (e.g. cavities)
- Schizophrenia and other psychotic disorders
- Hypertension
- Mood disorders
- Alcohol-related disorders
- Chronic kidney disease
- Diabetes with complications
- Complications in pregnancy

Who are our patients?

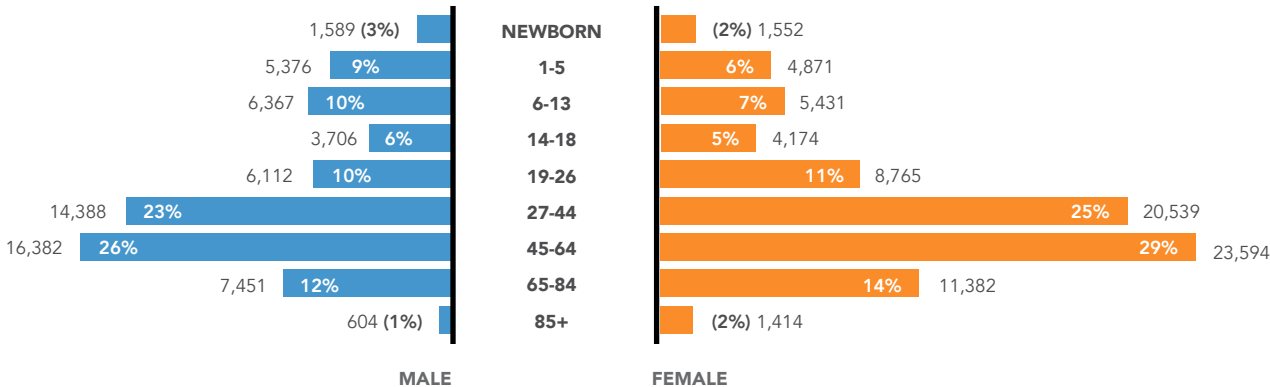
Patient race/Ethnicity



Top languages requested

- Haitian Creole
 - Spanish
 - Arabic
 - Bengali
 - Russian
 - French
 - French Creole
- 12%** of people in the service area speak a language other than English at home¹⁴

Age and sex distribution



Age was calculated at the time of the visit and therefore a small number of patients may be counted in two age categories during the same year.

NYC HEALTH + HOSPITALS/WOODHULL

760 Broadway, Brooklyn, NY 11206

COMMUNITY SNAPSHOT

Serving historically working-class neighborhoods in North Brooklyn, and home to many Puerto Rican and Dominican communities, the community has seen a massive growth in the young adult population over the past decade. Blending old and new, the area's hospitality scene is a mix of new restaurants, bars and coffee shops alongside family-owned restaurants mirroring the unique cultures of the community.

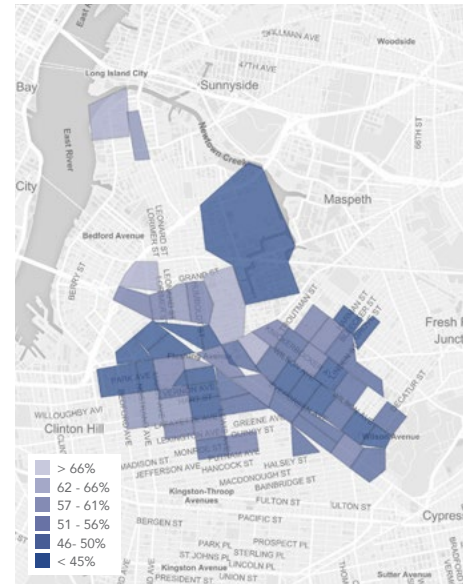
A thriving arts scene and reputation as a food destination, Bushwick has become an attractive option for young professionals and creatives. The area is characterized by art galleries, boutiques and its elevated train.

According to community forum participants, there is a dearth of parks and walking trails in the area and safety remains an issue given rampant gang violence. Limited access to affordable, healthy food and education around healthy eating results in challenges with staying healthy, especially among the youth.

Community members report increased concern regarding public policy, specifically Public Charge, and the fear that local immigrant communities face in accessing health care and social services.

"HAVING ACCESS TO FOOD IS GREAT BUT WE ALSO NEED TO HAVE THE KNOWLEDGE ON HOW TO KEEP THE FOOD AND COOK DIFFERENT MEALS. OTHERWISE, IT WILL JUST BE BACK TO GETTING QUICK FOOD. "

- Community forum participant,
NYC Health + Hospitals/Woodhull



Neighborhood health

78.4 Life expectancy from birth¹³

17% National Well-being Score²

WHAT THE COMMUNITY SHARED

Assets

- Exercise programs in parks
- Successful smoking cessation programs
- Recent decline in teen pregnancy rates
- North Brooklyn Angels
- Quality care provided by Woodhull Hospital

Challenges

- Neighborhood safety concerns including gang and gun violence
- Lack of school programs for children
- Mental health problems and the associated stigma
- K2 and other substance use
- Lack of access to affordable, healthy food
- Lifestyle driven conditions like asthma, diabetes and hypertension
- Accessibility concerns for the aging population and those living with disabilities
- Few places to exercise or walk
- Lack of health insurance and the high cost of medications

"IT'S VERY DIFFICULT TO NAVIGATE THE HEALTH CARE SYSTEM. THERE IS A RISK OF MISCOMMUNICATION RELATED TO COMPLICATED MEDICATIONS AND TREATMENTS DUE TO CULTURAL AND LINGUISTIC DIFFERENCES."

- Community forum participant, NYC Health + Hospitals/Woodhull

THROUGH THE LENS OF A COMMUNITY ANCHOR INSTITUTION

NYC Health + Hospitals/Woodhull, a 347-bed hospital, has been the community hospital of choice to North Brooklyn communities, including Bushwick, since 1982. The hospital is an academic affiliate of New York University School of Medicine, offering various centers of excellence including, stroke and LGBTQ health, opening North Brooklyn's first Pride health center. Woodhull has been endeavoring to address the enormity of the asthma epidemic in the region, and has been recognized by the EPA as a national leader in asthma care.

Our impact



\$850M
Economic activity⁸



4.4K
Jobs generated⁸



1.5K
Babies delivered

97K Patients

305K Outpatient

102K Emergency department

11.7K Inpatient

5.5K Ambulatory surgery

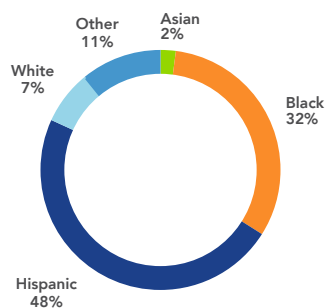
424.5K Total visits

Why are patients coming in?

- Dental (e.g. cavities)
- Mood disorders
- Routine well and preventative visit
- Schizophrenia and other psychotic disorders
- Hypertension
- Diabetes with complications
- Complications in pregnancy
- Alcohol-related disorders
- Normal pregnancy and delivery
- HIV infection

Who are our patients?

Patient race/Ethnicity



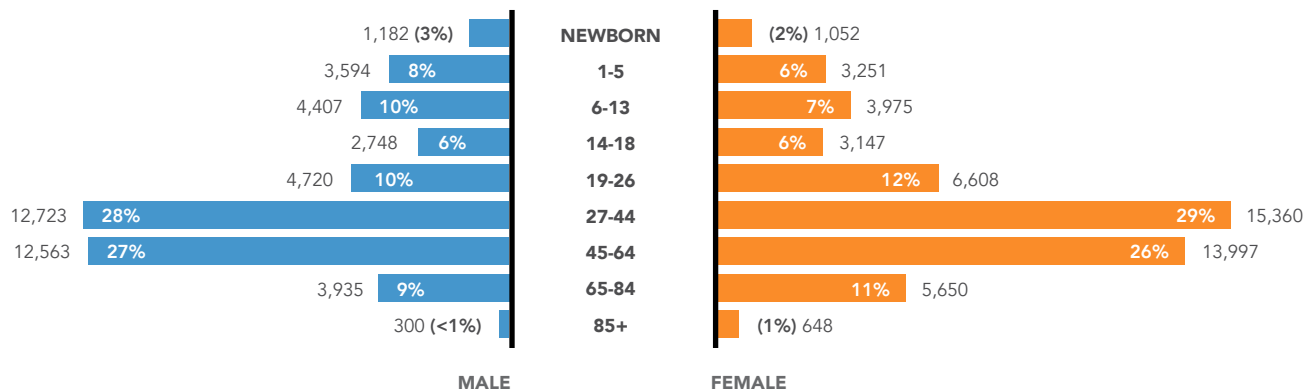
Top languages requested

- Spanish
- Polish
- Arabic
- Bengali
- French
- Haitian Creole
- Mandarin

43%

of people in the service area speak a language other than English at home¹⁴

Age and sex distribution



Age was calculated at the time of the visit and therefore a small number of patients may be counted in two age categories during the same year.

Manhattan

5 county health ranking⁹
out of 62 counties in New York

82.3 years life expectancy⁹
compared to New York City average of 81.2 years

What is the community’s perception?

Top 5 contributors to poor health and death in Manhattan¹⁰

Risk factors

- Poverty and low-income status
- Obesity and high BMI
- Housing access, affordability and quality
- Tobacco and e-cigarettes
- Hunger, food access and poor nutrition

Causes

- Heart disease and high blood pressure
- Diabetes
- Drug use, including opioids
- Mental health disorders, including depression
- Asthma

Leading causes of premature deaths in Manhattan¹¹

Cancer	Heart Disease	Unintentional Injury	Diabetes	CLRD	Suicide
1,292 deaths	850 deaths	250 deaths	147 deaths	117 deaths	113 deaths
70.7 per 100,000	46.3 per 100,000	15.0 per 100,000	8.2 per 100,000	6.6 per 100,000	6.7 per 100,000

Health status in Manhattan¹²

45% have one or more chronic conditions

NYC HEALTH + HOSPITALS/BELLEVUE

462 1st Avenue, New York, NY 10016

COMMUNITY SNAPSHOT

As the largest public hospital in the country, with deep roots in public health and medical innovation, the community served by Bellevue Hospital spans beyond the neighborhood where it is situated – immigrants, the homeless, dignitaries and presidents alike seek care at Bellevue. Functioning as a safe haven to all New Yorkers, the hospital serves immigrants from West Queens to Sunset Park to the South Bronx alongside local residents in Union Square and the Lower East Side.

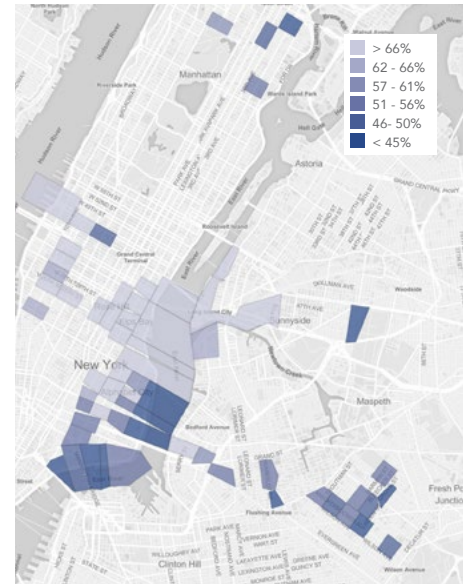
Bellevue, since its inception, has been on the frontlines battling chronic diseases and responding to any and all emerging health crises in the community and beyond.

Community forum participants discuss issues that affect all New York residents – from stress caused by the local environment that can result in poor health to challenges accessing the resources necessary to get and stay healthy. They raise concerns about limited green space and affordable places to exercise. Neighborhood disparities resulting in different economic situations are a concern as Chinatown and Tribeca residents face a very different New York.

“EXERCISE IN AN IMPORTANT PART OF STAYING HEALTHY. HOWEVER, SCHOOLS OFFER LESS GYM AND PHYSICAL EDUCATION CLASSES AND THERE IS NOT ENOUGH AFFORDABLE ACCESS TO EXERCISE FOR ADULTS.”

- Community forum participant,
NYC Health + Hospitals/Bellevue

Health care affordability and cost transparency are a major concern, especially prescription drug costs. There is significant concern related to Public Charge and other proposed regulations that cause stress and anxiety in immigrant communities.



Neighborhood health

80.7 Life expectancy from birth¹³

33% National Well-being Score²

WHAT THE COMMUNITY SHARED

Assets

- Cultural institutions and museums
- Access to a wide range of services
- High-quality care provided by staff at Bellevue
- Increasing real estate development and young families
- Some local parks
- Enhancements in cardiovascular disease, weight management and bariatric surgery at Bellevue Hospital

Challenges

- Noise and indoor and outdoor pollution
- Constant exposure to technology and media causes stress
- Limited real-estate for green space or school gyms
- Lack of affordable fitness facilities
- Public safety and crime
- Local economic disparities
- Resources for the homeless population
- Youth and adolescent depression and anxiety
- Health literacy
- Teen pregnancy
- Health care affordability and cost transparency
- Fear of seeking care for immigrant communities
- Lack of awareness of health care benefits available
- Accessibility and resource concerns for the aging population and those living with disabilities

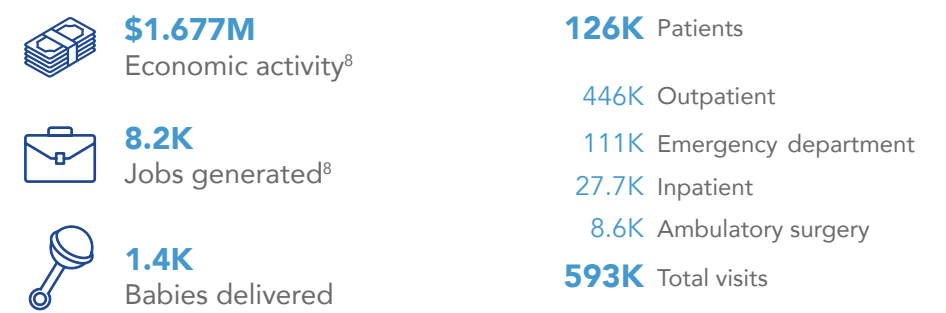
“THERE IS A CONCERN ABOUT AFFORDABILITY OF TESTS AND MEDICATIONS AND NOT KNOWING WHAT INSURANCE COVERS. SO, PEOPLE MAY NOT GET PREVENTIVE CARE.”

- Community forum participant, NYC Health + Hospitals/Bellevue

THROUGH THE LENS OF A COMMUNITY ANCHOR INSTITUTION

NYC Health + Hospitals/Bellevue is America’s oldest public hospital and a Level 1 Trauma Center. Affiliated with the NYU School of Medicine, Bellevue is a major referral center for highly complex cases, providing care ranging from primary to tertiary care. Services such as its Program for Survivors of Torture, Hansons Clinic, Plant-Based Lifestyle Medicine Program and Special Pathogens Program are examples of Bellevue’s unique offerings. Clinical centers of excellence include Emergency Medicine and Trauma Care, Cardiovascular Services, Bariatric Surgery, Designated Regional Perinatal Center and Neonatal Intensive Care Unit, Children’s Comprehensive Psychiatric Emergency Program and Cancer Services.

Our impact

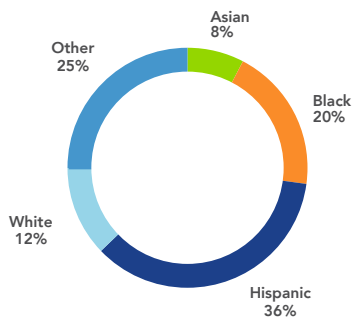


Why are patients coming in?

- Substance-related disorders
- Routine well and preventative visits
- Mood disorders
- Schizophrenia and other psychotic disorders
- Follow-up visit (e.g. post-procedure)
- Alcohol-related disorders
- Skin disorders
- High BMI and other nutritional issues
- Hypertension
- Anxiety disorders

Who are our patients?

Patient race/Ethnicity

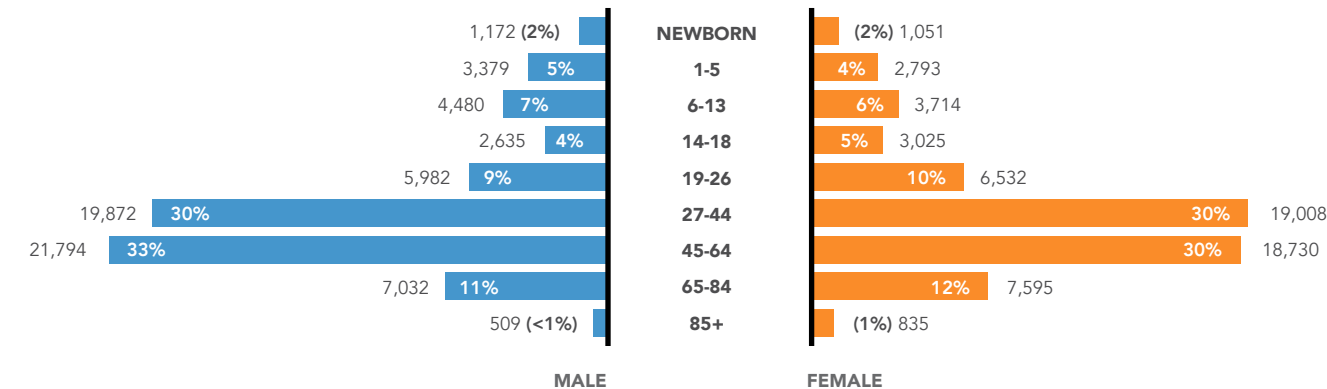


Top languages requested

- Spanish
- French
- Bengali
- Arabic
- Soninke
- Mandarin
- Twi

33%
of people in the service area speak a language other than English at home¹⁴

Age and sex distribution



Age was calculated at the time of the visit and therefore a small number of patients may be counted in two age categories during the same year.

NYC HEALTH + HOSPITALS/HARLEM

506 Lenox Ave, New York, NY 10037

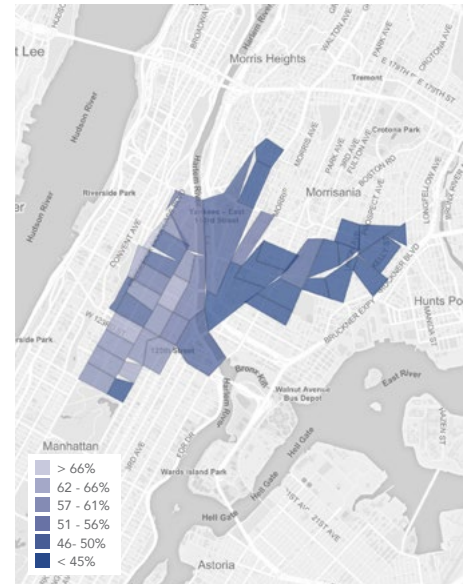
COMMUNITY SNAPSHOT

As the epicenter of the Civil Rights movement, Central Harlem holds a vaunted place as a cultural center among black communities throughout the world. Unmistakable icons, like the Apollo Theater, Minton's Playhouse and the Abyssinian Baptist Church paint a picture of a community that is well-known for the Harlem Renaissance. Gentrification in recent decades has led to a neighborhood of stark contrasts – streets lined with historic brownstones that belonged to black activists, professors and doctors in the early 20th century stand next to blocks with vacant lots.

Community forum participants express concern over these changes in the neighborhood, which result in higher cost of living and displacement. Poverty, violence, poor conditions in housing that is affordable and asthma are identified as daily challenges for many residents, affecting physical and mental health and quality of life. In general, members are concerned that locals are not participating in New York's economic growth and that disinvestment is driving to a multigenerational cycle of poverty, stress, mental illness and drug use.

"STIGMA AND LACK OF OPPORTUNITY IN OUR COMMUNITIES HAS RESULTED IN DRUG AND ALCOHOL USE, WHICH SEEMS TO BE THE ONLY READILY AVAILABLE COPING MECHANISM."

- Community forum participant,
NYC Health + Hospitals/Harlem



Neighborhood health

77.4 Life expectancy from birth¹³

21% National Well-being Score²

WHAT THE COMMUNITY SHARED

Assets

- Seasonal farmers' markets
- Local recreational centers for physical activity
- Neighborhood parks
- Local wellness programs
- NYC Health + Hospitals/Harlem as a safe haven
- Arts and culture scene, including museums and galleries

Challenges

- Gentrification, displacement and lack of affordable housing
- Poor housing conditions
- Noise and indoor and outdoor pollution
- Poverty
- Mental illness and drug use
- Homelessness
- Lack of access to affordable, healthy food options
- High density of liquor stores and fast food
- Health care affordability and cost transparency
- Behavioral health stigma
- Over-concentration of drug treatment sites
- Public safety and crime

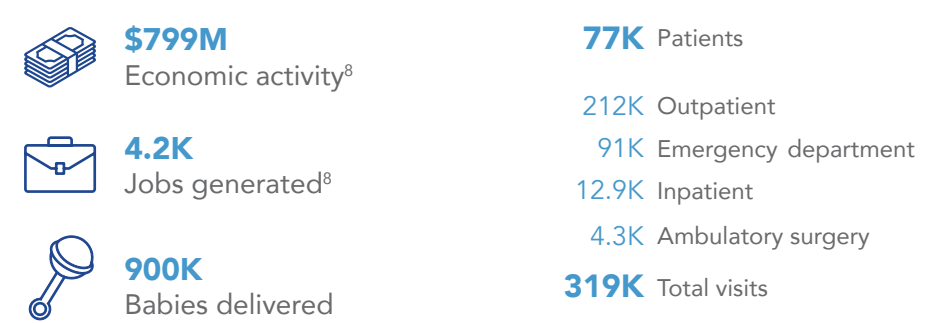
"THERE IS A CYCLE STARTING WITH POVERTY AND UNEMPLOYMENT LEADING TO MENTAL HEALTH AND DRUG ACTIVITY. UNTIL PEOPLE HAVE ACCESS TO BETTER ECONOMIC OPPORTUNITIES, POVERTY WILL PERSIST AND THE ISSUES THAT COME WITH IT WON'T GO AWAY."

- Community forum participant, NYC Health + Hospitals/Harlem

THROUGH THE LENS OF A COMMUNITY ANCHOR INSTITUTION

Since 1887, NYC Health + Hospitals/Harlem, a 282-bed hospital, has been the community hospital of choice to Central Harlem, West Harlem, Washington Heights and Inwood communities. In partnership with PAGNY, the hospital is a Level II Trauma Center, an academic affiliate of Columbia University Medical Center, and offers a variety of centers of excellences including bariatric, breast imaging and sexual assault forensics.

Our impact

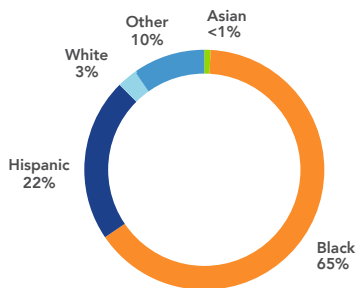


Why are patients coming in?

- Dental (e.g. cavities)
- Routine well and preventative visit
- Mood disorders
- Schizophrenia and other psychotic disorders
- Chronic kidney disease
- Back pain and problems
- Hypertension
- High BMI and other nutritional issues
- Follow-up visit (e.g. post-procedure)
- Non-traumatic joint disorders (e.g. arthritis)

Who are our patients?

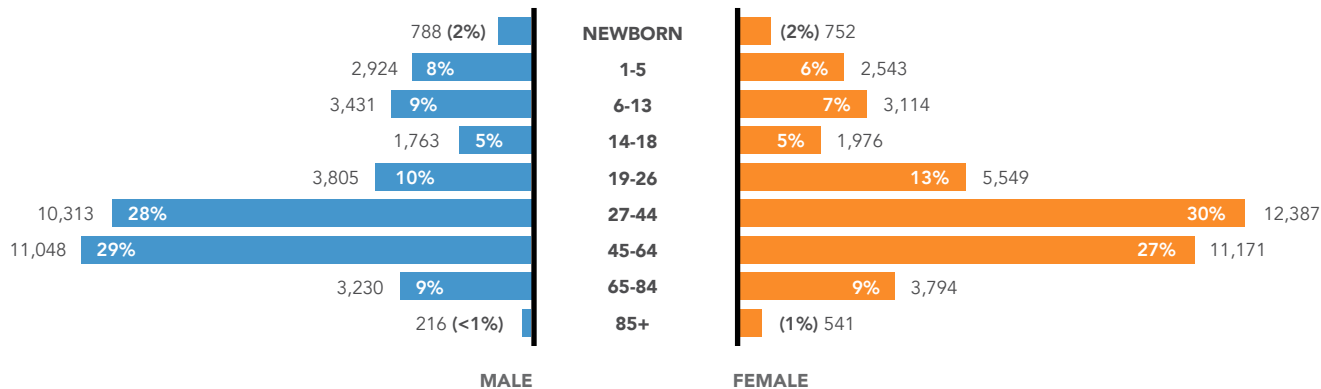
Patient race/Ethnicity



Top languages requested

- Spanish
 - French
 - Arabic
 - Wolof
 - Bambara
 - Mandingo
 - Haitian Creole
- 22%** of people in the service area speak a language other than English at home¹⁴

Age and sex distribution



Age was calculated at the time of the visit and therefore a small number of patients may be counted in two age categories during the same year.

NYC HEALTH + HOSPITALS/HENRY J. CARTER

1752 Park Ave, New York, NY 10035

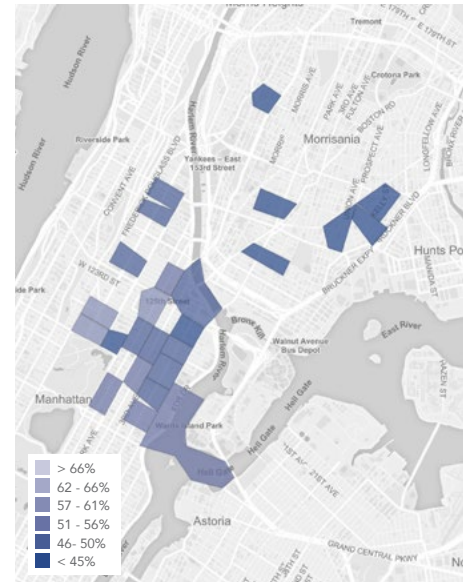
COMMUNITY SNAPSHOT

NYC Health + Hospitals/Carter cares for communities throughout the greater New York metropolitan area from its location in Harlem. Carter is a highly specialized long-term acute care hospital providing care for patients who have severe medical issues and are in need of long-term acute care that cannot be provided at other hospitals. Over 100 patients have beds with ventilator support.

Community forum participants express concern over gentrification and overall affordability displacing residents in the local community. Neighborhood conditions, including safety and pollution, and the lack of access to healthy food are raised as local drivers of the obesity, diabetes and heart disease epidemic. Residents fear healthy food options will be further constrained by a local supermarket's closure. To address stress and behavioral health issues in the community, forum participants emphasize the need to build a better understanding of availability of services, increasing outreach and encouraging providers to build deeper roots in the community.

"A LOT OF PARENTS DON'T WANT TO ADMIT THAT THEIR KIDS HAVE MENTAL HEALTH ISSUES BECAUSE THEY DON'T WANT THEM TO BE LABELED."

- Community forum participant,
NYC Health + Hospitals/Carter



Neighborhood health

78 Life expectancy from birth¹³

13% National Well-being Score²

WHAT THE COMMUNITY SHARED

Assets

- Seasonal farmers' markets and food box programs
- Local fitness centers
- Walking sessions in public housing
- Arts and culture scene, including museums and galleries
- Preventative screening programs offered at NYC Health + Hospitals/Carter

Challenges

- Gentrification, displacement and lack of affordable housing
- Poor housing conditions
- Noise and indoor and outdoor pollution
- Poverty
- Drug use and mental illness with little effective solutions
- Limited awareness of health and social services available
- Continuity and relationship building with providers
- Lack of access to affordable, healthy food options
- High density of liquor stores
- High density of fast food
- Health care affordability and cost transparency
- Public safety and crime
- Behavioral health stigma
- Teen pregnancy
- Domestic violence

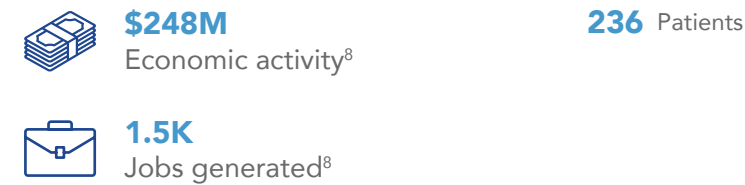
"BUILDING TRUST AND HAVING A LONGER RELATIONSHIP WITH YOUR PCP IS IMPORTANT FOR HEALTH OUTCOMES BECAUSE BLACKS AND HISPANICS HAVE A LONG HISTORY OF FACING BIAS AND DISCRIMINATION FROM THE MEDICAL COMMUNITY."

- Community forum participant, NYC Health + Hospitals/Carter

THROUGH THE LENS OF A COMMUNITY ANCHOR INSTITUTION

NYC Health + Hospitals/Carter provides high-quality short-term rehabilitation and long-term skilled nursing services in a welcoming and comfortable setting. Its 201-bed Long-Term Acute Care Hospital is a leader in serving high-acuity, medically-fragile patients, receiving a five out five stars rating for overall quality from the Centers for Medicare and Medicaid Services. NYC Health + Hospitals/ Henry J. Carter is academically affiliated with the New York University School of Medicine.

Our impact

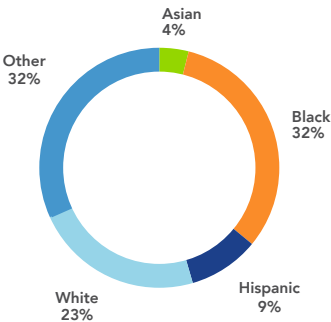


Why are patients coming in?

- Respiratory failure
- Paralysis
- Septicemia
- Hypertension with complications
- Complications of surgical procedures or medical care
- Congestive heart failure
- Dementia and other cognitive disorders
- Joint and bone infection
- Sequelae of stroke

Who are our patients?

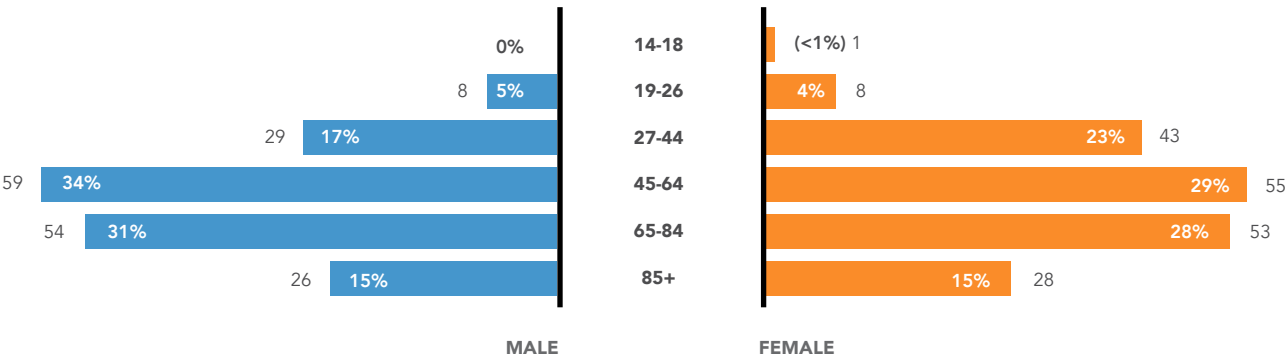
Patient race/Ethnicity



Top languages requested

- Mandarin
- Fuzhou
- Albanian
- Cantonese
- Russian
- Fukienese
- German

Age and sex distribution



Age was calculated at the time of the visit and therefore a small number of patients may be counted in two age categories during the same year.

NYC HEALTH + HOSPITALS/METROPOLITAN

1901 1st Avenue, New York, NY 10029

COMMUNITY SNAPSHOT

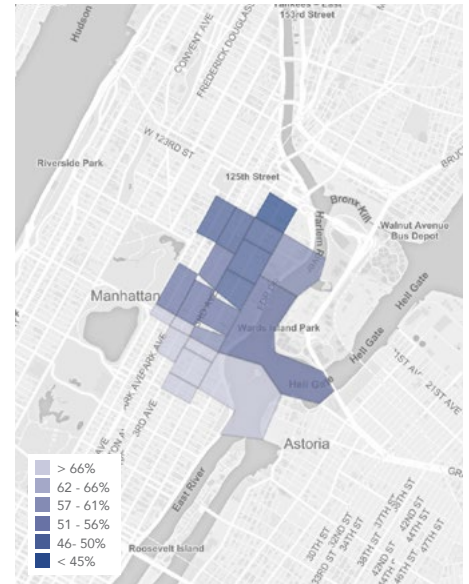
East Harlem is home to a diverse and vibrant Nuyorican and Latino culture. Colorful street murals and cultural institutions like the El Museo del Barrio and the Museum Mile define the exterior of the community which is walking distance to some of the most beautiful parks in Manhattan – Central Park and the Conservatory Garden.

East Harlem has the second highest concentration of public housing in New York City. The area has suffered from a variety of socioeconomic issues, including high rates of incarceration, violent crime, drug addiction and unemployment. Community forum participants raised concern about environmental and quality of life issues including noise and air pollution, poverty, incarceration, high rates of childhood asthma and a history over-policing practices.

“AGING PEOPLE, WHO LIVE ON A FIXED INCOME, ARE AT RISK OF NOT HAVING HEALTH CARE OR MEDICATIONS BUT ALSO OF NOT BEING ABLE TO MAKE RENT.”

- Community forum participant,
NYC Health + Hospitals/Metropolitan

Aging communities are unable to access exercise classes and social events due to concerns around public safety. New high rises and renovations surrounding local public housing have residents concerned about active gentrification.



Neighborhood health

81 Life expectancy from birth¹³

39% National Well-being Score²

WHAT THE COMMUNITY SHARED

Assets

- Citi Bikes
- Exercise classes, especially for aging populations
- Services targeting aging populations like the Power of Aging Well annual health festival hosted by NYC Health + Hospitals/Metropolitan
- “Community of advocates”
- Access to parks
- New community gardens and walking paths

Challenges

- Homelessness
- Drug abuse
- Gentrification, displacement, and lack of affordable housing
- Gang violence
- Poor access to primary care and mental health support
- Poor housing conditions
- Lack of access to affordable, healthy food options
- Domestic violence
- Maternal mortality rates among women of color
- Lack of affordable healthy food
- High costs of health insurance and prescriptions
- Litter in the streets

“MATERNAL COMPLICATION RATES AMONG BLACK AND BROWN WOMEN ALONG WITH OTHER HEALTH ISSUES ARE INCREASING REGARDLESS OF INCOME. WE NEED TO TAKE ADVANTAGE OF THE SERENA AND BEYONCÉ MOMENT TO GET MORE WOMEN INTO PREVENTIVE CARE.”

- Community forum participant, NYC Health + Hospitals/Metropolitan

THROUGH THE LENS OF A COMMUNITY ANCHOR INSTITUTION

In partnership with PAGNY, the hospital, a Level II Trauma Center, is an academic affiliate of New York Medical College, and offers a variety of centers of excellence including diabetes, LGBTQ health, breast health, behavioral health and geriatrics.

Our impact



\$666M
Economic activity⁸



3.6K
Jobs generated⁸



1K
Babies delivered

65K Patients

300K Outpatient

64K Emergency department

10.3K Inpatient

4.8K Ambulatory surgery

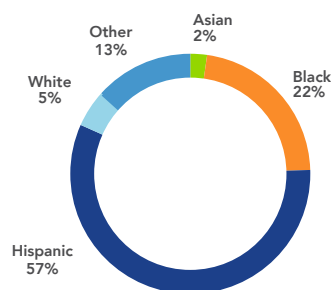
379K Total visits

Why are patients coming in?

- Substance-related disorders
- Routine well and preventative visits
- Schizophrenia and other psychotic disorders
- Dental (e.g. cavities)
- Mood disorders
- Diabetes with complications
- Hypertension
- Chronic kidney disease
- Back pain and problems
- Skin disorders

Who are our patients?

Patient race/Ethnicity



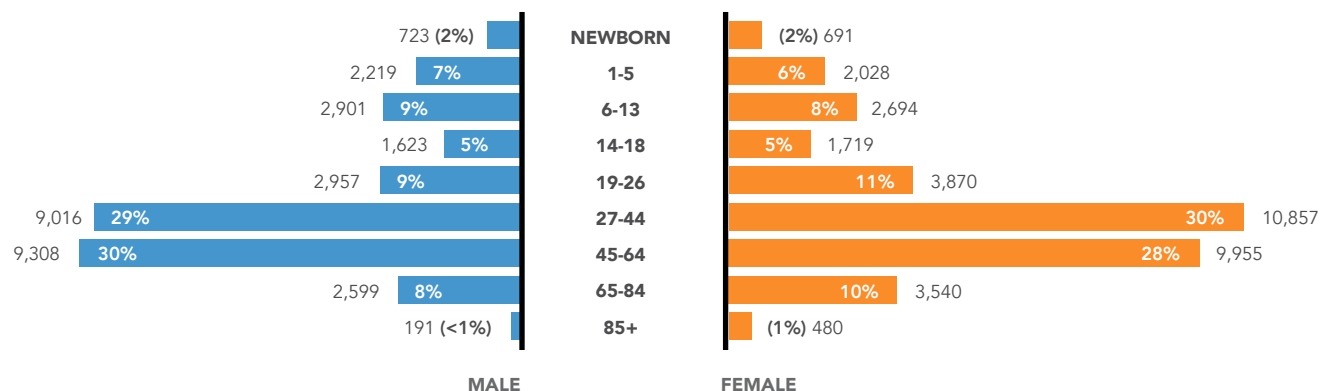
Top languages requested

- Spanish
- French
- Arabic
- Bengali
- Brazilian Portuguese
- Mandarin
- Cantonese

45%

of people in the service area speak a language other than English at home¹⁴

Age and sex distribution



Age was calculated at the time of the visit and therefore a small number of patients may be counted in two age categories during the same year.

Queens

8 county health ranking⁹
out of 62 counties in New York

81.7 years life expectancy⁹
compared to New York City average of 81.2 years

What is the community’s perception?

Top 5 contributors to poor health and death in Queens¹⁰

Risk factors

- Obesity and high BMI
- Poverty and low-income status
- Housing access, affordability and quality
- Immigration and citizenship status
- Aging and frailty

Causes

- Diabetes
- Heart disease and high blood pressure
- Mental health disorders, including depression
- Drug use, including opioids
- Asthma

Leading causes of premature deaths in Queens¹¹

Cancer	Heart Disease	Unintentional Injury	Diabetes	Stroke	Liver Disease
1,856 deaths	1,442 deaths	347 deaths	208 deaths	198 deaths	137 deaths
70.0 per 100,000	54.8 per 100,000	14.6 per 100,000	7.8 per 100,000	7.6 per 100,000	5.3 per 100,000

Health status in Queens¹²

41% have one or more chronic conditions

NYC HEALTH + HOSPITALS/ELMHURST

79-01 Broadway, Elmhurst, NY 11373

COMMUNITY SNAPSHOT

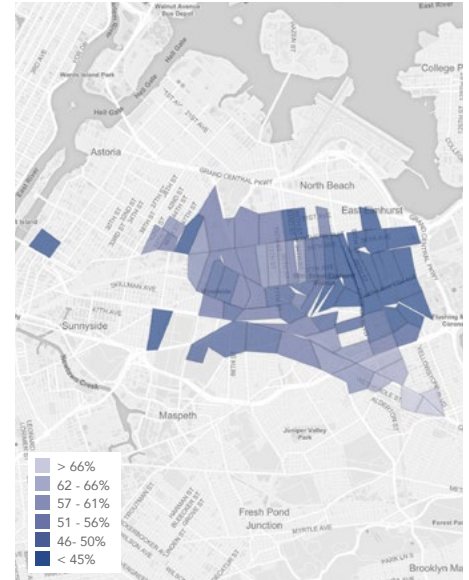
The “Crossroads of the World”—Elmhurst, Queens is perhaps, the most ethnically diverse community on the planet, a melting pot of 112 countries speaking over 160 languages. The population is comprised of residents hailing from South and Central America, Asia, the Caribbean and Eastern Europe. The neighborhood is famous for its truly unique culinary experience that is home to restaurants that reflect the ethnicity of the people who live there and bring a piece of the world home to New York.

Elmhurst is dominated by a robust service industry of salons, laundromats, day cares and markets. Residents also enjoy easy access to suburban style malls. In the last decade, Queens at large, and Elmhurst specifically, is rapidly changing with the vast construction of new luxury high rises in Long Island City, new office towers at Queens Plaza and the rapid growth from a thriving film and production industry in Astoria. These factors make Long Island City/Elmhurst/Astoria the fastest growing neighborhood in New York City.

“RENT IS BECOMING VERY HIGH IN THIS COMMUNITY. THIS MEANS THAT TOO MANY PEOPLE ARE LIVING IN THE SAME ROOM – THIS IS NOT A GOOD ENVIRONMENT FOR RAISING CHILDREN.”

- Community forum participant,
NYC Health + Hospitals/Elmhurst

As rent prices continue to climb, community forum participants report that they are concerned with the impact of gentrification in some neighborhoods and being displaced. This community, like many others in New York City, struggles with risk factors for chronic disease like alcohol and substance use, smoking, poor diet and lack of exercise and obesity. Despite an abundance of private gardens, the area lacks sufficient parks, green space and community centers to meet the need of its growing population. While close-knit communities with strong family, social and religious support networks in some neighborhoods have helped residents overcome socioeconomic challenges that lead to health disparities, vast variabilities in education levels and literacy and high concentrations of recent immigrants in smaller, concentrated neighborhoods continue to pose difficult challenges to health care access and to attaining positive health outcomes in the area. There are vast cultural and linguistic barriers as well as legal issues relating to immigration status that preclude easy access to health care services.



Neighborhood health

82.6 Life expectancy from birth¹³

27% National Well-being Score²

*Goldman, Henry. “NYC’s Fastest-Growing Neighborhood Gets \$180 Million Investment.” Bloomberg News. October 30, 2018. <https://www.bloomberg.com/news/articles/2018-10-30/nyc-s-fastest-growing-neighborhood-gets-180-million-investment>

WHAT THE COMMUNITY SHARED

Assets

- Green markets
- Availability of gyms
- Access to parks for outdoor exercise
- Annual health fairs
- Access to health food stores
- New ExpressCare option at NYC Health + Hospitals/Elmhurst

Challenges

- Numerous fast food options
- Expensive healthy food
- Alcohol and Substance use
- Climbing prices of rent
- Public Charge and the impact on immigrants
- Language barriers when seeking health care services
- Long wait times for specialist appointments

“IF BOTH PARENTS ARE WORKING AND HAVE LONG HOURS IT MEANS THAT FAMILIES DON’T HAVE TIME TO COOK AND JUST EAT SALTY, PREPARED FAST FOODS.”

- Community forum participant, NYC Health + Hospitals/Elmhurst

THROUGH THE LENS OF A COMMUNITY ANCHOR INSTITUTION

Located in central Queens, NYC Health + Hospitals/Elmhurst is a major provider of hospital and ambulatory care services in the borough of Queens. The 545-bed hospital is a Level 1 Trauma Center, an Emergency Heart Care Station, and a 911-Receiving Hospital. Academically affiliated with Mount Sinai School of Medicine, it is a premiere health care organization for key specialties, including surgery, cardiology, women's health, pediatrics, rehabilitation medicine, renal services and mental health services. Elmhurst recently opened ExpressCare, a walk-in urgent care service for after-hour care.

Our impact



\$1.198M
Economic activity⁸



6K
Jobs generated⁸



2.5K
Babies delivered

134K Patients

445K Outpatient

130K Emergency department

21K Inpatient

8.2K Ambulatory surgery

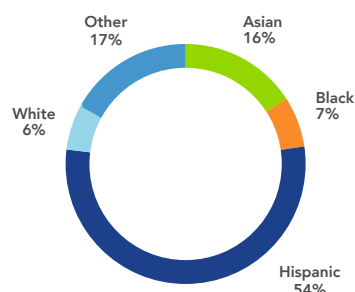
604K Total visits

Why are patients coming in?

- Routine well and preventative care
- Substance-related disorders
- Mood disorders
- Schizophrenia and other psychotic disorders
- Complications in pregnancy
- Hypertension
- Diabetes without complications
- Normal pregnancy and delivery
- Follow-up visit (e.g. post-procedure)
- Abdominal pain

Who are our patients?

Patient race/Ethnicity



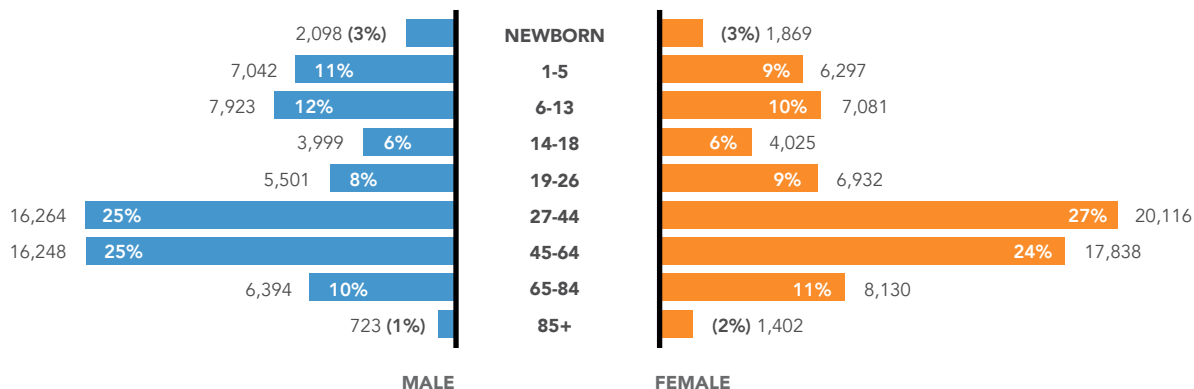
Top languages requested

- Bengali
- Mandarin
- Korean
- Arabic
- Nepali
- Haitian Creole
- Cantonese

49%

of people in the service area speak a language other than English at home¹⁴

Age and sex distribution



Age was calculated at the time of the visit and therefore a small number of patients may be counted in two age categories during the same year.

NYC HEALTH + HOSPITALS/QUEENS

82-68 164th Street, Jamaica, New York 11432

COMMUNITY SNAPSHOT

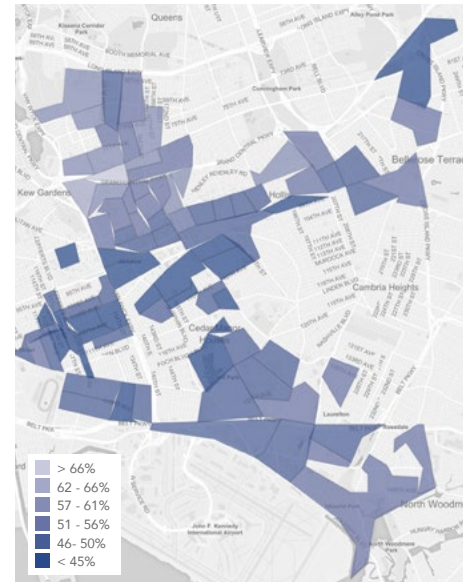
Jamaica, Queens is a dense, working class neighborhood. Rates of crime have dropped significantly over the past decade while public investment has grown. Recent public investments include the AirTrain to JFK International Airport, an expansion of the children's section of Queens Central Library and infrastructure improvements to parks and roads to make Jamaica safer and improve quality of life for its residents.

Large retailers now flank the main thoroughfares alongside small businesses run by immigrants, including bakeries, groceries and restaurants serving varying international cuisines from the Philippines, the Dominican Republic, Pakistan and Bangladesh.

Community forum members raise that economic growth has not solved all the issues facing community residents. Stigma around mental health and substance use disorder is a barrier to seeking care. Access to healthy foods is notably different when crossing the county border to Nassau County, where the quality of restaurants and grocers is higher. Health literacy is low in the community and lacking good information about health risks and the importance of preventive health care.

"WE NEED INVESTMENT IN HEALTH CENTERS AND SUPERMARKETS, NOT LIQUOR AND FAST FOOD STORES."

- Community forum participant, NYC Health + Hospitals/Queens



Neighborhood health

81 Life expectancy from birth¹³

24% National Well-being Score²

WHAT THE COMMUNITY SHARED

Assets

- Space for exercise and community events
- Diabetes education classes at Queens Hospital
- Family-to-Family program support for family members affected by trauma

Challenges

- Child and adult obesity
- Lack of healthy food options and too many fast food options
- Hypertension and diabetes
- Alcoholism and drug addiction
- Transitional housing conditions that adversely affect health
- Stigma of mental health
- Cost of prescription medications
- Lack of support for people re-entering the community from prison
- Misinformation about the dangers of e-cigarettes and marijuana, especially for adolescents
- Low utilization of preventive care, especially for cancer screenings
- Families have to choose between going to work and childcare or getting medical treatment
- Parents struggle to get mental health care for children
- Queens is so diverse that it is hard to find a solution that will help everyone
- Unhealthy food options in public schools


"STRESS LEVELS AFFECT HEALTH. SOME PEOPLE ARE WORKING TWO JOBS TO SUPPORT THEIR FAMILIES AND ARE STRUGGLING TO MAKE A LIVING. DO I PAY FOR MY BILLS OR FOR MY MEDICATION?"

- Community forum participant, NYC Health + Hospitals/Queens


THROUGH THE LENS OF A COMMUNITY ANCHOR INSTITUTION

Since 1935, NYC Health + Hospitals/Queens, a 269-bed hospital, has been the hospital of choice to central Queens and central and southeastern Queens communities. The hospital is an academic affiliate of Mount Sinai School of Medicine, offering centers of excellence in Cancer Care, Diabetes Management, Women’s Health and Behavioral Health.


Our impact



\$787M
Economic activity⁸



3.9K
Jobs generated⁸



1.6K
Babies delivered

95K Patients

301K Outpatient

99K Emergency department

14.8K Inpatient

4.6K Ambulatory surgery

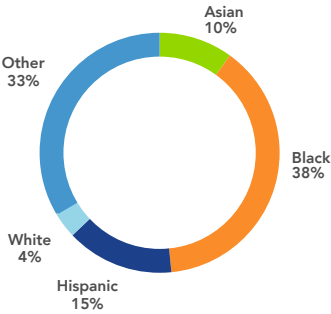
4K Total visits

Why are patients coming in?

- Routine well and preventative care
- Hypertension
- Schizophrenia and other psychotic disorders
- Diabetes with complications
- Diabetes without complication
- Complications in pregnancy
- Mood disorders
- Dental (e.g. cavities)
- Other aftercare
- Back pain and problems

Who are our patients?

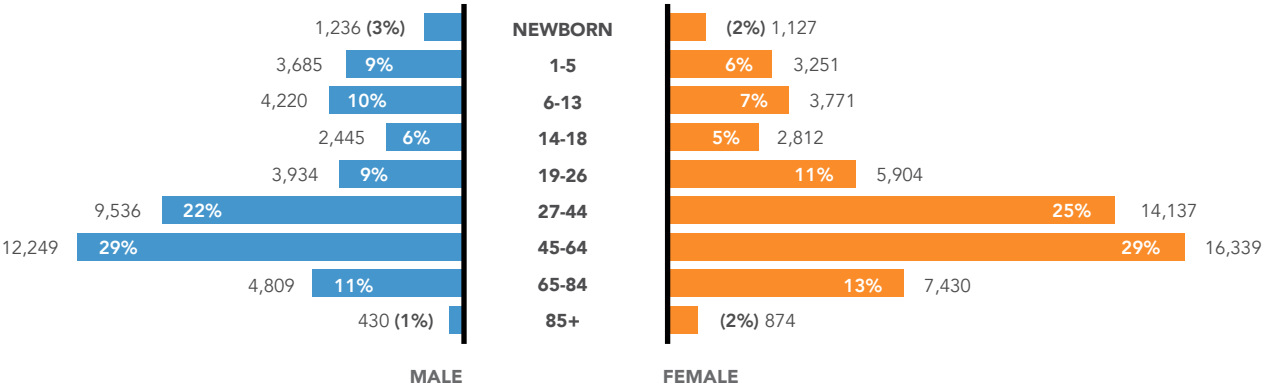
Patient race/Ethnicity



Top languages requested

- Spanish
 - Bengali
 - Haitian Creole
 - Punjabi
 - Mandarin
 - Hindi
 - Arabic
- 15%**
of people in the service area speak a language other than English at home¹⁴

Age and sex distribution



Age was calculated at the time of the visit and therefore a small number of patients may be counted in two age categories during the same year.

Staten Island

28 county health ranking⁹
out of 62 counties in New York

79.8 years life expectancy⁹
compared to New York City average of 81.2 years

What is the community’s perception?

Top 5 contributors to poor health and death in Staten Island¹⁰

Risk factors	Causes
Chronic pain and arthritis	Diabetes
Obesity and high BMI	Heart disease and high blood pressure
Access to mental and behavioral health care	Asthma
Exercise and physical activity	Drug use, including opioids
Disability and access to care for people with disabilities	Mental health disorders, including depression

Leading causes of premature deaths in Staten Island¹¹

Heart Disease	Cancer	Unintentional Injury	Pneumonia and Influenza	CLRD	Diabetes
1,368 deaths 245.7 per 100,000	881 deaths 156 per 100,000	164 deaths 33.1 per 100,000	145 deaths 26.2 per 100,000	138 deaths 25.6 per 100,000	126 deaths 22.7 per 100,000

Health status in Staten Island¹²

45% have one or more chronic conditions

THANK YOU TO COMMUNITY MEMBERS AND NYC HEALTH + HOSPITALS STAFF WHO CONTRIBUTED TO THIS REPORT

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Patricia Winston

Community Forums

OneCity Health PPS Executive Committee, April 23

Community Stakeholders Dialogue with Dr. Katz, April 29

Metropolitan Hospital, May 1

OneCity Health PPS Strategic Advisory Workgroup, May 3

Kings County Hospital, May 8

Henry J. Carter Specialty Hospital and Nursing Facility, May 9

Harlem Hospital, May 9

Harlem Hospital, May 15

Kings County Hospital, May 16

Woodhull Hospital, May 20

Bellevue Hospital, May 22

Lincoln Hospital, May 22

Queens Hospital, May 29

Elmhurst Hospital, June 5

Jacobi Hospital, June 5

North Central Bronx (hosted at Jacobi Hospital), June 5

Coney Island Hospital, June 6

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APPENDIX

NYC HEALTH + HOSPITALS IMPACT SINCE THE 2016 IMPLEMENTATION STRATEGY

NYC Health + Hospitals communities and leadership identified priority health needs around preventable, chronic lifestyle driven conditions and unmet behavioral health illnesses in the 2016 CHNA. Since then, NYC Health + Hospitals launched a system transformation effort to address the identified needs and tailor services to the diverse population served. Below, key initiatives guided by NYC Health + Hospitals are highlighted.

- Launched NYC Care
- Increased MetroPlus enrollment efforts
- Expanded primary and specialty care access by hiring hundreds of new doctors and nurses
- 10 hospitals designated as “Baby Friendly” (under the Baby Friendly Hospital Initiative)
- Expedited EPIC H2O electronic health record system
- Launched new care models including ExpressCare
- Increased number of e-Consult sites
- Introduced single call center (1-844-NYC-4NYC)
- Opened comprehensive Pride Health Centers for LGBTQ community
- Opened new ambulatory care centers
- Established a system-wide commitment to a culture of safety
- Expanded access to opioid addiction treatment
- Rolled out ICARE customer-service training system-wide
- Implemented strategies to enhance revenue streams
- Improved community partnerships through OneCity Health under DSRIP
- Established new partnerships to address patients’ social risk factors:
 - » Trained school-based clinicians to provide family planning services (Planned Parenthood)
 - » OneCity Health co-launched The 100 Schools Project led by The Jewish Board
 - » Expanded legal services (NYLAG)
 - » Opened an 89-unit supportive housing residence at NYC Health + Hospitals/Woodhull (Comunilife)
 - » Opened a 293-unit affordable and supportive housing residence at NYC Health + Hospitals/Kings County (CAMBA)

COMMUNITY WELL-BEING SCORE BY FACILITY SERVICE AREA

Community Served	Wellness Score
Elmhurst	27%
Metropolitan	39%
Queens	24%
Coney	26%
Bellevue	33%
Jacobi	22%
Kings	21%
Woodhull	17%
Carter	13%
North Central Bronx	22%
Harlem	21%
Lincoln	9%

The Well-Being In the Nation (WIN) Measurement Framework is a holistic framework designed to improve understanding of the causes and conditions of overall health and well-being in communities. The framework is based on work by the National Committee on Vital and Health Statistics (NCVHS) and has been advanced by several organizations including 100 Million Healthier Lives, the Institute for Healthcare Improvement and U.S. News and World Report. The analysis used in this report, developed was developed by the Institute for People, Place and Possibility (IP3) is based on 1.67 million data points across 138 indicators representing 8 distinct categories of health and well-being.

Well-being in the Nation composite score standardized to national benchmark. Service area estimate tabulated by IP3.

TOP 5 PERCEIVED RISK FACTORS FOR POOR HEALTH AND DEATH BY COMMUNITY STAKEHOLDERS

	New York City	Bronx	Brooklyn	Manhattan	Queens	Staten Island
1	Poverty and low-income status	Access to mental and behavioral health care	Poverty and low-income status	Poverty and low-income status	Obesity and high BMI	Chronic pain and arthritis
2	Access to mental and behavioral health care	Stress and emotional well-being	Housing access affordability and quality	Obesity and high BMI	Poverty and low-income status	Obesity and high BMI
3	Housing access, affordability and quality	Housing access, affordability and quality	Obesity and high BMI	Housing access, affordability and quality	Housing access, affordability and quality	Access to mental and behavioral health care
4	Stress and emotional well-being	Obesity and high BMI	Aging and frailty	Tobacco and e-cigarettes	Immigration and citizenship status	Exercise and physical activity
5	Hunger, food access and poor nutrition	Poverty and low-income status	Stress and emotional well-being	Hunger, food access and poor nutrition	Aging and frailty	Disability and access to care for people with disabilities

TOP 5 PERCEIVED CAUSES OF POOR HEALTH AND DEATH BY COMMUNITY STAKEHOLDERS

	New York City	Bronx	Brooklyn	Manhattan	Queens	Staten Island
1	Mental health disorders, including depression	Diabetes	Diabetes	Heart disease and high blood pressure	Diabetes	Diabetes
2	Heart disease and high blood pressure	Heart disease and high blood pressure	Heart disease and high blood pressure	Diabetes	Heart disease and high blood pressure	Heart disease and high blood pressure
3	Diabetes	Drug use, including opioids	Mental health disorders, including depression	Drug use, including opioids	Mental health disorders, including depression	Asthma
4	Asthma	Asthma	Stroke	Mental health disorders, including depression	Drug use, including opioids	Drug use, including opioids
5	Alcohol use	Mental health disorders, including depression	Drug use, including opioids	Asthma	Asthma	Mental health disorders, including depression

NYC Health + Hospitals

2019 Community Health Needs Assessment Survey

NYC Health + Hospitals is conducting a Community Health Needs Assessment (CHNA) to identify, understand and respond to your communities' health needs. The assessment is conducted every three years. During the fall, there will be an opportunity to share your ideas for how we can work together to improve health in your community.

Share this survey with your community! The survey is also available on Survey Monkey through this link:
<https://www.surveymonkey.com/r/G3SGCG2>

Where is your community located? A community is where you work, live and play. It could also be where you spend most of your time with your family, neighbors and friends, or where your clients live.

ZIP code(s) or H+H site clients use	Type of organization (social service, health care, housing, etc)	Population(s) served
Name (optional)		Email (optional)

A health need is anything that makes it hard to manage health in your community. The tables below list common health needs. When scoring these health needs, think of how your neighbors, family, friends and clients feel about these health needs.

What are the top causes of poor health status and death in your community? Score each cause from 1 to 5, where 1 is not a significant problem and 5 is a significant problem. You can write in any health needs that you think are missing.

Causes of poor health and death	Score					Causes of poor health and death	Score				
	1	2	3	4	5		1	2	3	4	5
Alcohol use						HIV, STIs, and Hepatitis C					
Asthma						Injuries due to falls, accidents and violence					
Back problems and low back pain						Kidney disease					
Cancer						Maternal and women's health					
COPD and other lung diseases						Mental health disorders, including depression					
Dementia and Alzheimer's Disease						Stroke					
Diabetes						Suicide and self-harm					
Drug use, including opioids						Other:					
Heart Disease and high blood pressure											

What are the top risk factors of poor health status and death in your community? Score each cause from 1 to 5, where 1 is not a significant problem and 5 is a significant problem. You can write in any health needs that you think are missing.

Risk factors for poor health and death	Score					Risk factors for poor health and death	Score				
	1	2	3	4	5		1	2	3	4	5
Access to palliative care and hospice						Health care literacy (understanding how to use health care & advice from caregivers)					
Access to primary care						Higher education completion					
Access to health insurance						Housing access, affordability, and quality					
Access to home and community based long-term care						Hunger, food access and poor nutrition					
Access to mental and behavioral health care						Immigration and citizenship status					
Access to specialty care						Indoor and outdoor air quality					
Access to transportation						Jail and criminal justice					
Aging and frailty						Language and language access services					
Child and adolescent development						Obesity and high BMI					
Chronic pain and arthritis						Poverty and low-income status					
Community safety and violence						Social isolation and connection					
Decent work conditions and economic opportunity						Stress and emotional well-being					
Disability and access to care for people with disabilities						Tobacco and e-cigarettes					
Domestic and sexual abuse						Water quality					
Exercise and physical activity						Other:					
Green space and park access						Other:					

Any other comments (optional):

NOTES

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