NYC HEALTH+HOSPITALS

Community Health Needs Assessment

2022

ABOUT THE COMMUNITY HEALTH NEEDS ASSESSMENT

This Community Health Needs Assessment (CHNA) identifies and assesses the priority health needs of the communities served by NYC Health + Hospitals. This report was submitted in fiscal year ending June 30, 2022, to comply with federal tax law requirements set forth in IRS Code Section 501(r)(3) and IRS Notice 2011-52.

The following NYC Health + Hospitals acute care facilities, 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

TABLE OF CONTENTS

Dear New Yorkers:

On behalf of the entire NYC Health + Hospitals system, we are proud to share our 2022 Community Health Needs Assessment (CHNA) with you. The CHNA is a tri-annual Federal legal requirement, but it is much more than that: it is an opportunity to assess our community needs and services with clear eyes and a rededication to our mission.

NYC Health + Hospitals is the largest municipal health care system in the country, serving over one million New Yorkers annually in over 70 locations. Our integrated system includes 11 acute care hospital sites, five post-acute facilities, the Gotham Health network of community health centers across the five boroughs, and MetroPlus Health, our subsidiary health plan. Every day, our 40,000+ employees live our mission of providing high quality health care services with compassion, dignity, and respect to all, regardless of income, gender identity, or immigration status. We are privileged to do this work.

In March of 2020, COVID-19 arrived in New York City and demanded a huge commitment of our energy and resources. Our system became the "epicenter of the epicenter" of COVID-19 in the United States, and NYC Health + Hospitals invested financially, physically, and emotionally to respond to the virus. We are very proud of all of the tremendous life-saving service our public health system has provided to New Yorkers during this horrible pandemic. We have created the nation's largest Test & Trace corps, vaccinated nearly two million New Yorkers at no cost to them, built three new Gotham Health COVID-19 Centers of Excellence to address the long-term impact of the pandemic in hard-hit communities, and treated COVID-19 patients in our hospitals and health centers, without exception. Our performance is due entirely to the unrelenting commitment and focus of our talented workforce members.

With their expertise, we have also continued our essential non-COVID-19 work. In the last year alone, we have taken critical steps including:

- Enrolled 90 percent of uninsured patients in health insurance or financial assistance, up from 70 percent
- Made critical system investments, opening a:
  o New emergency department at NYC Health + Hospitals/Woodhull
  o New same day surgery suite at NYC Health + Hospitals/Bellevue
  o Community-Based Doula Care (HoPE) program at NYC Health + Hospitals/Elmhurst and NYC Health + Hospitals/Queens
- Established the Maternal Home, which provides case and care management and wraparound services for pregnant people at risk of severe maternal morbidity
- Enrolled 100,000 New Yorkers in NYC Care, expanding access to services for all
- Began expanding our nationally renowned lifestyle medicine service program to six health care sites, building towards making it the most comprehensive expansion of lifestyle medicine programming in the U.S.
- Added new diabetes services for Staten Island
- Continued to integrate best practices in LGBTQ+ affirming care across the system with:
  o New Gender Affirming Integrated Services Practice for LGBTQ+ patients opening at NYC Health + Hospitals/Lincoln
  o Marking a milestone with 100th gender affirming surgery at NYC Health + Hospitals/Metropolitan
  o Opening a new Pride Center to care for LGBTQ+ New Yorkers at NYC Health + Hospitals/Jacobi
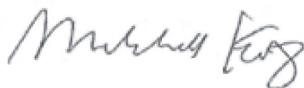
As we look towards the future, we remain mindful of the inequities reinforced by COVID-19 and the ongoing importance of accessible, high-quality care for all New Yorkers. To better understand these priorities, we have turned to our community members and partners to gather their perspectives for this CHNA. Our CHNA work has included:

- Twelve community forums, one at each of our hospital facilities, working in coordination with our facility Community Advisory Boards (CABs). This is a new tool added to this year's CHNA process.

- Five borough-based focus groups with local Community Based Organizations (CBOs) and Community Boards. This too is new for this year's CHNA.

- Input from a newly convened CHNA Advisory Board, including the voices of our CAB Chairs, hospital representatives selected by the facility CEOs, the NYC Care director, our facility faith-based leaders, and other community leaders not otherwise accessed. This advisory Board will continue to meet monthly and is, again, a new resource for this year's CHNA.

- Information gathering through written surveys, made available in hard copy, digitally, and through QR code. We received 3,060 completed surveys, which is nearly ten times the response from our 2019 CHNA process. Respondents include our patients, community members, and staff members across New York City.

- Over 30 key informant interviews with NYC Health + Hospitals senior leaders, Board members, and leadership from the New York City Department of Health and Mental Hygiene (DOHMH).

- Supplementary interviews with additional system experts who focus on Correctional Health Services, homelessness, and COVID-19; and

- Intensive primary data review and analysis with our internal NYC Health + Hospitals Data and Analytics team, plus incorporation of secondary data from colleagues at DOHMH.

We are eager to share the outcomes in this CHNA and grateful to the community members who participated in this process. We at NYC Health + Hospitals acknowledge that we alone cannot address all of the forces that shape community health needs, but we must understand them to better serve our patients and neighbors. Thus, while this CHNA is an important project, it is only a step in our ongoing relationships with our communities. We will continue to honor these critical partnerships as we build to a more equitable and healthier future.

Thank you.

Dr. Mitchell Katz
President and CEO
NYC Health + Hospitals

Deborah Brown, JD, MSW
Senior Vice President, External and Regulatory Affairs
NYC Health + Hospitals

EXECUTIVE SUMMARY

This CHNA takes a systematic approach to better identify, understand, and prioritize the health needs of the communities served by NYC Health + Hospitals, pursuant to the requirements of the Affordable Care Act. As a system, NYC Health + Hospitals is proud to serve all of New York City, and our individual facilities are essential anchors in their specific communities and neighborhoods, which are defined and detailed in this report. We conducted this CHNA with input from individuals and groups representing the broad interests of our communities, including those with special knowledge of public health needs. This report will form the basis for the strategies that NYC Health + Hospitals and the community will undertake to address these challenges, to be reported in our subsequent Implementation Plan.

Since 2019, New York City communities have faced new public health challenges, including the COVID-19 pandemic, increased behavioral health issues, and widespread concerns about community safety and violence. These challenges have reinforced and exacerbated the health inequities in our communities that NYC Health + Hospitals has long been working to address. The voice of the community is more important than ever to identify these problems and find solutions to them.

"COVID-19 CLEARED THE LENS TO THE INEQUITIES THAT WERE ALREADY IN OUR COMMUNITY."

– NYC Health + Hospitals/Metropolitan Community Forum Participant

NYC Health + Hospitals, the largest municipal health care system in the U.S., serves over 1.2 million people annually and offers comprehensive, accessible, and affordable health care to all, without exception. The system's 11 acute care hospital sites and its long-term acute care hospital, as well its extensive Gotham Health Federally Qualified Health Center network, provide top-ranked trauma care, offer dozens of inpatient specialties and mental health services, and keep communities healthy. 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 in the 2020-2021 ratings.[1]

PRIORITY HEALTH NEEDS

The CHNA process highlighted two priority areas of need: 1) improving health equity and fighting chronic disease and 2) facilitating access to resources. These findings were reflected in the results of 3,060 surveys completed by community members, as outlined in Exhibits A and B, and by months of conversations, focus groups, and interviews with a range of stakeholders. By and large, the major themes of previous needs assessments remain consistent in 2022: the people served by NYC Health + Hospitals still experience large chronic and behavioral disease burdens.

These health outcomes are largely driven by systemic and structural challenges such as inequitable neighborhood income; a lack of quality, affordable housing; inadequate access to healthy affordable food; a limited number of safe places for physical activity; reduced social support; concerns about neighborhood safety; and difficulty accessing mental health treatment.

IMPROVING HEALTH EQUITY AND FIGHTING CHRONIC DISEASE

Health equity is defined as the "absence of avoidable or remediable differences among groups of people, whether those groups are defined socially, economically, demographically, or geographically."[2] In an equitable society, each person has the same basic access and equal opportunities for healthy living.

Our city and our health care system were impacted seismically in March 2020 when COVID-19 arrived in New York City. The hardest hit communities were those with longstanding health inequities, and the pandemic will have a lasting impact on individual and community health for many of our neighbors.

The populations that NYC Health + Hospitals serves continue to be the most marginalized populations in New York City. Many of our patients face a disproportionate amount of harmful daily stressors and barriers, which contribute to and exacerbate chronic disease and health equity challenges including inequities related to pregnancy, asthma, hypertension, diabetes, aging and frailty, substance use disorder, mental health, and violence.

As we emerge from the COVID-19 pandemic, it is the time to work toward reducing these inequities for all patients across the city. It is more important than ever to engage with community partners, residents, and leadership to gauge the status of each neighborhood. In doing so, NYC Health + Hospitals will work collaboratively with the community to recover from this trauma and continue the important work in achieving health equity for all New Yorkers.

Community stakeholders in the CHNA process identified populations with unique health equity and chronic disease challenges that need additional attention and resources. These include **youth, seniors, pregnant people of color, individuals with food insecurity, individuals experiencing homelessness, immigrants and New Yorkers confronting anti-AAPI discrimination, individuals living with mental illness, and LGBTQ+ individuals**.

FACILITATING ACCESS TO RESOURCES

Widespread access to resources is a top priority for residents. The CHNA review has highlighted that health care access is just one part of the equation to improve and support community health. Our community members also point out the need for additional and accessible resources and community services to improve overall health and wellbeing.

Through surveys, focus groups, community forums, and expert interviews, NYC Health + Hospitals learned that our communities seek help accessing and navigating these resources, specifically:

- Affordable quality housing
- Primary and behavioral health services that are affordable, easy to navigate, and culturally humble
- Community resources (i.e., youth centers, senior services, nutrition events, job fairs)
- Green space or safe places for physical activity
- Affordable quality food
- Violence interruption

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 and providers, and patients to develop an implementation plan responsive to the identified priority needs. The community engagement process revealed that while each hospital and surrounding community has unique disease burdens 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.

Exhibit A.

Top 10 perceived risk factors for poor health and death by community stakeholders	Average ranking (Scale 1 to 5)
Housing access, affordability, and quality	3.87
Poverty and low-income status	3.81
Stress and emotional wellbeing	3.78
Community safety and violence	3.72
Mental and behavioral health care access	3.72
Obesity and high BMI	3.71
Hunger, food access, and poor nutrition	3.61
Health insurance access	3.58
Tobacco, vaping, e-cigarette use	3.52
Indoor and outdoor air quality	3.52

Exhibit B.

Top 10 perceived causes of poor health and death by community stakeholders	Average ranking (Scale 1 to 5)
Diabetes and high blood sugar	3.88
High blood pressure	3.80
Mental health disorders and depression	3.80
Obesity and high BMI	3.73
Violence and gun violence	3.61
Drug use and opioids	3.54
Asthma, breathing issues, and lung disease	3.53
Heart disease	3.52
COVID-19	3.47
Cancer	3.47

5 = significant problem
1 = not a significant problem

About NYC Health + Hospitals

As the largest municipal health care system in the United States, NYC Health + Hospitals delivers high-quality health care services to all New Yorkers with compassion, dignity, and respect. Our mission is to serve everyone without exception and regardless of ability to pay, gender identity, or immigration status. The system is an anchor institution for the ever-changing communities we serve, providing hospital and trauma care, neighborhood health centers, and skilled nursing facilities and community care. NYC Health + Hospitals serves as a preeminent teaching system and as a designated treatment center for the U.S. President.

Over 1.2 million New Yorkers served annually

11
Acute Care Hospital Sites

5
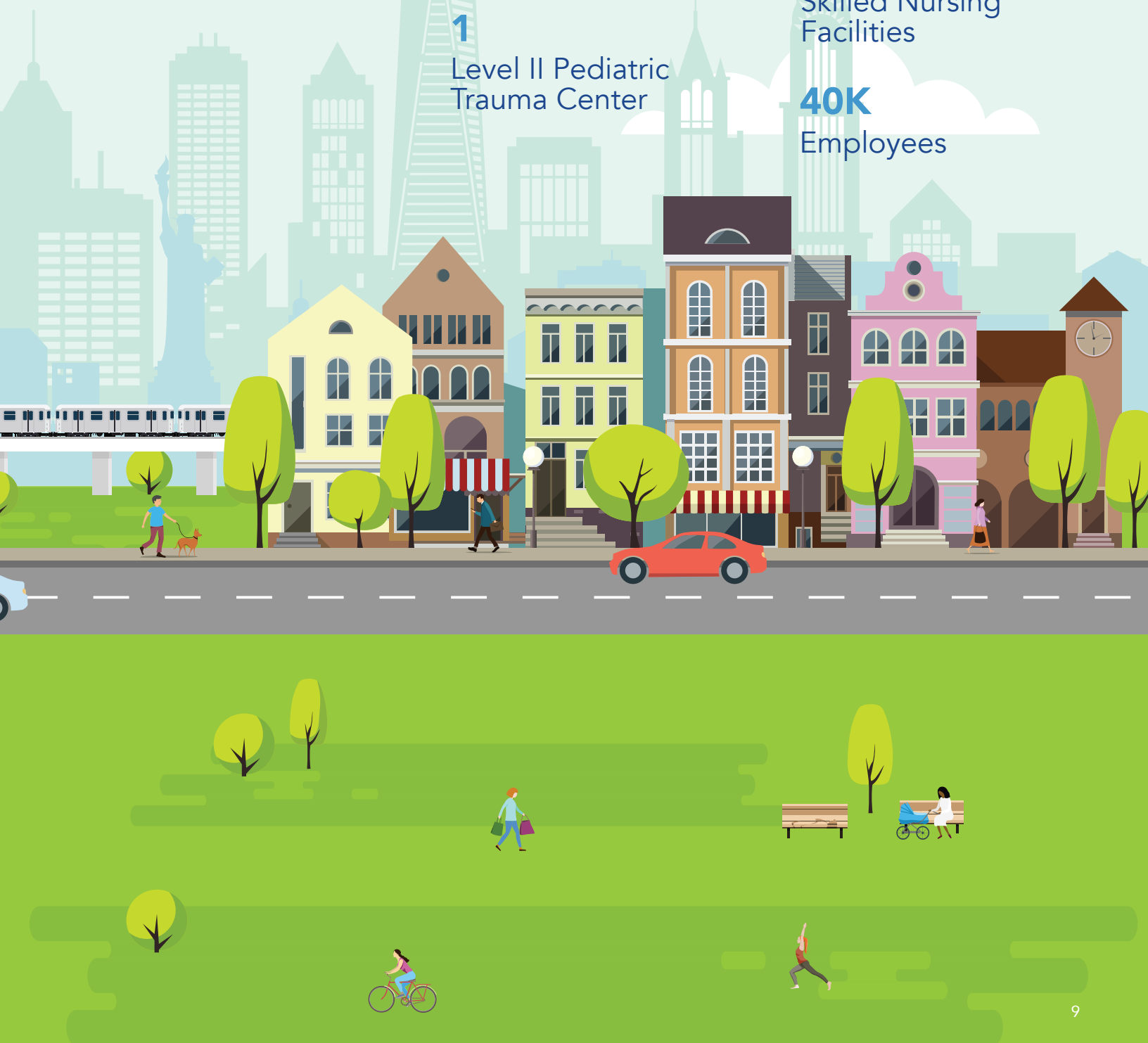Level I Trauma Centers

1
Level II Trauma Center

1
Level II Pediatric Trauma Center

50+
Community Health Centers

1
Long-Term Acute Care Hospital

5
Skilled Nursing Facilities

40K
Employees

STRATEGIC FRAMEWORK

The NYC Health + Hospitals Strategic Framework demonstrates the system's vision, mission, and values to support the patient, family, and community (Figure 1). The framework is the foundation of the system's vision to be a fully-integrated health system, which requires effective organization of its community assets and partners, including MetroPlus Health, its health plan, and its Accountable Care Organization, to improve the overall health of the communities served in a financially sustainable manner.

This pyramid guides NYC Health + Hospitals' strategic discussions and serves as a touchstone for its programming. The process and findings for this CHNA are well aligned with the values, mission, and vision of the organization.
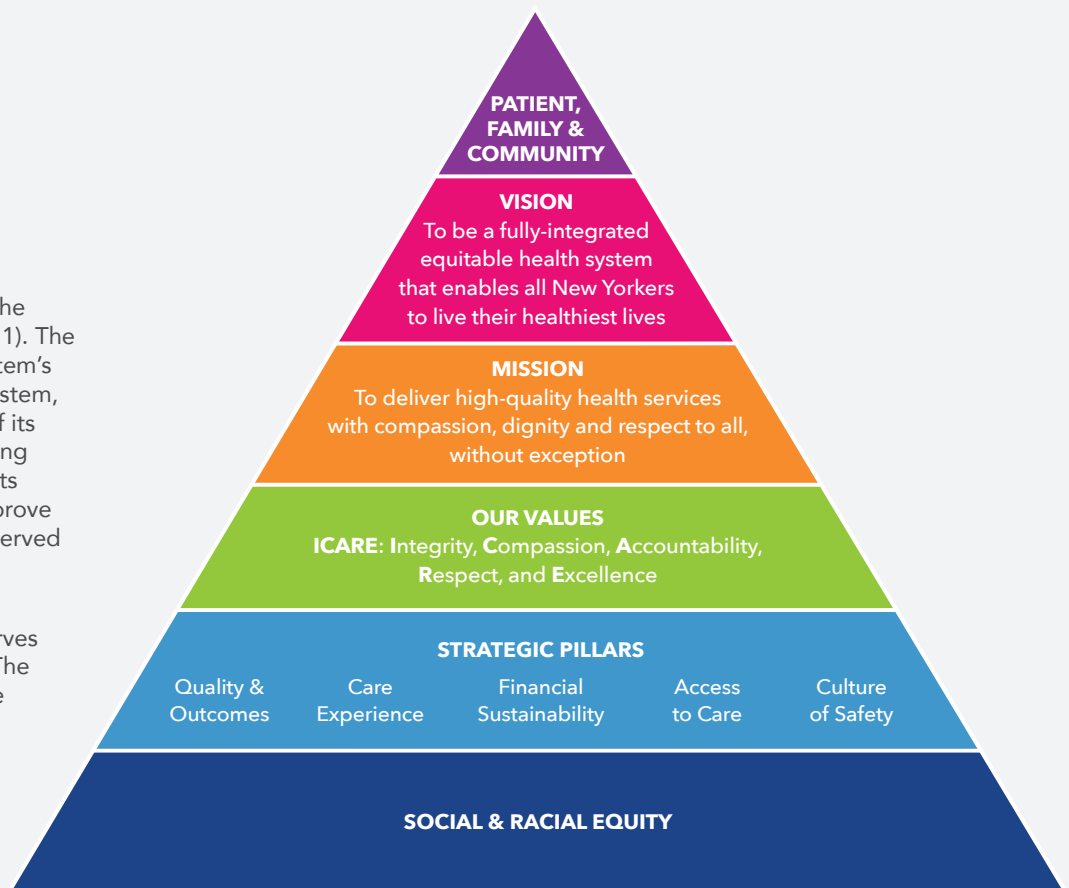

PATIENT, FAMILY & COMMUNITY

VISION
To be a fully-integrated equitable health system that enables all New Yorkers to live their healthiest lives

MISSION
To deliver high-quality health services with compassion, dignity and respect to all, without exception

OUR VALUES
ICARE: Integrity, Compassion, Accountability, Respect, and Excellence

STRATEGIC PILLARS

| Quality & Outcomes | Care Experience | Financial Sustainability | Access to Care | Culture of Safety |

SOCIAL & RACIAL EQUITY

Figure 1

METROPLUS HEALTH
https://www.metroplus.org

The NYC Health + Hospitals health plan, MetroPlus Health provides low to no-cost health insurance to eligible New Yorkers across the five boroughs. MetroPlus Health was ranked #1 in overall quality in the 2020 Medicaid Quality Incentive Program, among all 15 New York State Medicaid plans.[3]

600,000+ lives covered

GOTHAM HEALTH
https://www.nychealthandhospitals.org/gotham-health

NYC Health + Hospitals/Gotham Health is a Federally Qualified Healthcare Provider formed in 2012 to enable individuals and families to address their health care needs in their own neighborhoods. Gotham Health provides easy-to-access, high-quality, affordable health care services with a focus on primary and preventative care. In addition, Gotham Health care teams are trained to help patients manage ongoing conditions, such as hypertension, diabetes, asthma, and heart disease.

34 Primary care sites

19 School based sites

100,000+ New Yorkers served annually

HHC ACO
https://www.nychealthandhospitals.org/hhc-aco-inc-an-accountable-care-organization

Value-based care connects two of the system's key strategic pillars of Quality & Outcomes and Financial Sustainability, by pushing our health system to deliver the highest quality care, prevent disease, and help patients to avoid becoming more ill whenever possible. Value-based payment success at NYC Health + Hospitals has facilitated positive change and has driven innovation, such as improved processes to deliver preventive health screenings and help patients manage chronic diseases.

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. Our ACO supports our commitment to value-based care.

Value-based care and risk contracting arrangements between NYC Health + Hospitals and various key payors have been integral to the system's financial turnaround and stabilization over the past 5 years. The largest value-based payment arrangements are between NYC Health + Hospitals and Metroplus Health, Healthfirst, Fidelis, and Medicare (through the Medicare Shared Savings Program, via the HHC ACO).

8,000+ Medicare lives covered

8 ACO partners

NYC CARE
https://www.nyccare.nyc

NYC Care is a health care access program that guarantees low-cost and no-cost services offered by NYC Health + Hospitals to New Yorkers who do not qualify for or cannot afford health insurance based on federal guidelines.

110,000+ current members

67% of members below 100% FPL

95% of members below 200% FPL

Highest proportion of members between **40-64** years old

NYC HEALTH + HOSPITALS COMMUNITY CARE
https://www.nychealthandhospitals.org/services/community-care

NYC Health + Hospitals/Community Care carries on the health system's long-standing tradition of providing health, wellness and support services in patient's homes and communities. The division encompasses a Centers for Medicaid and Medicare Services and New York State Department of Health Certified Home Health Agency and community-based care management and care coordination programs including a New York State Department of Health designated Medicaid Health Home program. Working across the health system and leveraging its network of contracted community-based Health Home Care Management Agencies, Community Care aims to increase primary and behavioral health care connectivity, reduce avoidable acute care utilization, and address gaps in care and social determinants of health needs. Annually, Community Care identifies, outreaches and engages unique high risk and high need patients in comprehensive longitudinal and episodic intensive care management, care coordination and home health (home care) services, including specialized services for patients experiencing severe mental illness and emotional disturbance and patients at risk for adverse maternal and child health outcomes.

15 contracted community-based health home care management agencies

16,000+ unique high-risk and high need patients

VIRTUAL EXPRESSCARE
https://expresscare.nyc

Virtual ExpressCare offers 24/7/365 access to urgent care to all New Yorkers to take care of their physical, mental, emotional, or other health needs. Virtual ExpressCare addresses health equity gaps while bridging the digital divide faced by vulnerable New Yorkers in accessing telehealth-based services. Care is universally accessible by both phone and video in 200+ languages, including American Sign Language, and without the need for a smartphone or high-speed internet access. The service launched the nation's first hybrid COVID-19 treatment and prescription telehealth program and also connects patients to other in-person services including lab testing, radiology screening, and further treatment options, all without having to go the Emergency Department (ED). Virtual ExpressCare also transitions patients into longitudinal primary care and behavioral health services to improve long-term health.

60,000+ patients

95% average patient satisfaction rate

Average **5-minute wait time** to be connected to care

5 in **6** patients avoided going to the hospital within **7** days after using the service

20% of patients completed the transition to longitudinal Primary Care

NYC TEST & TRACE CORPS
https://www.nychealthandhospitals.org/test-and-trace

The NYC Test & Trace Corps (T2), launched in June 2020, is New York City's coordinated response to COVID-19. T2 is led by doctors, public health professionals, and community advocates. Through its robust citywide partnerships, T2 has helped New Yorkers receive safe and confidential testing for COVID-19 at no cost to them. It has ensured that anyone with the virus received care and could safely separate regardless of income, insurance, or immigration status. To help New Yorkers navigate this process, the Corps had teams of contact tracers and resource navigators to provide information, services, and support. As of June 2022, universal tracing intake of cases has ceased and the isolation hotels have ended as well. In the time it operated, Test & Trace regularly reached 90% of all cases across the city and identified 1.8 million close contacts.

THE COMMUNITY NYC HEALTH + HOSPITALS SERVES TODAY

Hospitals and community health centers can play an important role in uniting and elevating the neighborhoods they serve both by providing health care and by driving economic development and community engagement.
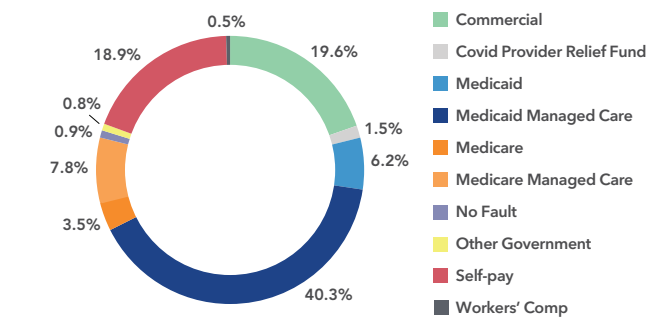
Our impact

$14.1B
Economic activity[4]

61K
Jobs generated[4]

12.9K
Babies delivered

1.2M — Total patients
4.29M — Outpatient visits
164K — Inpatient visits
1M — Emergency Department visits
57.2K — Ambulatory Procedures
5.38M — Total Visits
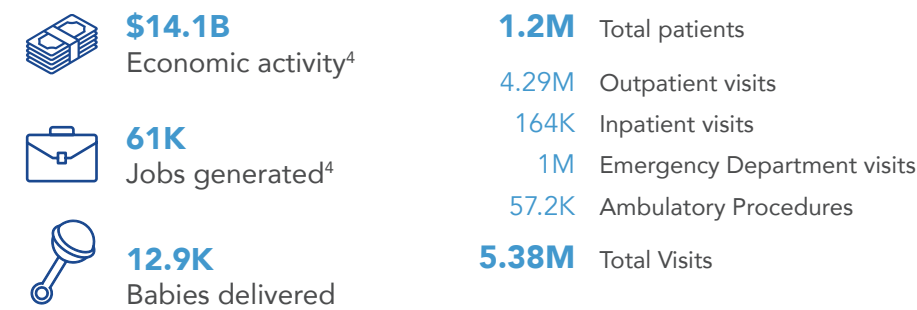
Why are patients coming in?

- **Hypertension**
- **General well and preventative visits**
- **Opioid dependence**
- **Diabetes**
- **Pregnancy**
- **Pediatric well and preventative visits**
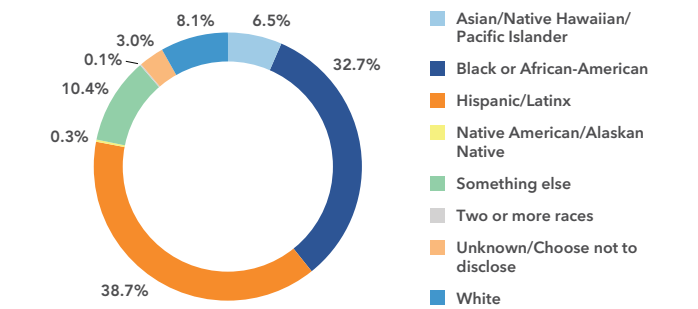- **Schizophrenia and bipolar disorders**
- **Chest pain**

Based on outpatient and inpatient encounters

Who are our patients?

Payor mix

Category	%
Commercial	19.6%
Covid Provider Relief Fund	1.5%
Medicaid	6.2%
Medicaid Managed Care	40.3%
Medicare	3.5%
Medicare Managed Care	7.8%
No Fault	0.9%
Other Government	0.8%
Self-pay	18.9%
Workers' Comp	0.5%

Patients by race/ethnicity

Category	%
Asian/Native Hawaiian/Pacific Islander	8.1%
Black or African-American	32.7%
Hispanic/Latinx	38.7%
Native American/Alaskan Native	0.3%
Something else	10.4%
Two or more races	0.1%
Unknown/Choose not to disclose	3.0%
White	6.5%

Patients by age group

Age	%
18 - 44	39.5%
45 - 64	27.4%
0 - 11	13.8%
≥65	13.8%
12 - 17	5.5%

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.

Patients by gender identity

Female	54.05%
Male	45.91%
Decline to answer	0.01%
X	0.01%
Unknown	0.00%

Source: NYC Health + Hospitals, DnA, Epic clinical and revenue data, CY21

COMMUNITIES SERVED BY
NYC HEALTH + HOSPITALS

NYC Health + Hospitals serves over 1.2 million New Yorkers every year across the city's five boroughs and empowers them to live their healthiest life. The community we serve is defined by vibrant and diverse neighborhoods. NYC Health + Hospitals has historically served as the health care safety net for all New Yorkers and cares for all without exception. In fact, 70% of NYC Health + Hospitals patients rely on Medicaid or have no insurance. The system provides almost 60% of behavioral health services city-wide.

THE 2022 CHNA PROCESS

NYC HEALTH + HOSPITALS CONDUCTED A COMPREHENSIVE CHNA PROCESS THAT INCLUDED:

QUALITATIVE ANALYSIS

+32 Expert interviews

- System clinical service line leads
- NYC Health + Hospitals Central Office and facility leadership
- NYC Health + Hospitals Board Members
- DOHMH leadership
- MetroPlus Health leadership

12 Community forums

    at each NYC Health + Hospitals facility in conjunction with Community Advisory Board (CAB) meetings

12 NYC Health + Hospitals facility responses

5 Borough-wide focus groups

QUANTITATIVE ANALYSIS

+3000 Surveys

- Intensive primary data review and analysis with internal Data and Analytics team
- DOHMH and NYSDOH literature review and data sources

+ INPUT FROM CHNA ADVISORY BOARD

OUR APPROACH

The 2022 NYC Health + Hospitals CHNA was completed by leveraging existing relationships with community partners and creating new ones, convening internal and external system stakeholders, and delving into robust data analytics capabilities. We strove to bring together a diverse, representational, expansive group to gather authentic feedback, articulation of needs, and constructive criticism. We hope that our findings reflect this inclusive community engagement process, summarized as follows:

- **32 one-on-one expert interviews** conducted with community stakeholders including board representatives and members, Central Office and facility leaders, and DOHMH leadership

- **12 community forums** hosted at NYC Health + Hospitals facilities between March and April 2022 attended by Community Advisory Board (CAB) members, community agencies, and hospital employees

- **Five borough-based focus groups** with local Community Based Organizations (CBOs) and Community Boards, and faith-based organizations

- **Input from a newly convened CHNA Advisory Board**, including the voices of CAB Chairs, hospital representatives selected by facility CEOs, the NYC Care director, facility faith-based leaders, and other community leaders. This group will continue to meet monthly to provide feedback and insight.

- The CHNA team validated qualitative findings with quantitative data analyses to identify and prioritize community health needs. The following inputs were used:

  - 3,060 CHNA surveys were administered and completed by NYC Health + Hospitals community members, patients, and leaders

  - Demographic and utilization analyses using NYC Health + Hospitals data

  - Review of DOHMH and New York State Department of Health (NYSDOH) publications, data, and analytics

"ALL OF THE WORK THAT WE DO HAS TO BE FRAMED AND ADDRESSED FROM A HEALTH DISPARITIES AND HEALTH EQUITY LENS. WE NEED TO MAKE SURE EVERYONE HAS ACCESS TO WHAT THEY NEED AND WHAT THEY DESERVE."

- José A. Pagán, PhD,
Chair of the NYC Health + Hospitals Board

PRIORITY HEALTH NEEDS

NYC Health + Hospitals has assessed both quantitative and qualitative data to identify two priority health needs: 1) Improving Health Equity and Fighting Chronic Disease; and 2) Facilitating Access to Resources. Each of these important issues is introduced below and discussed in more detail in the following pages. Throughout the CHNA report, we will identify the modalities used to gather community feedback and present the specific findings on which the larger priority health needs are based.

HEALTH EQUITY AND CHRONIC DISEASE

Every New Yorker deserves to live a healthy life, but not all can or do. As early as birth, biological, social, behavioral, and environmental factors can place our neighbors and community at risk. As individuals age, likelihood of chronic disease increases and health needs become more complex.

Through 12 community forums, five focus groups, over 30 one-on-one interviews with community stakeholders, and over 3,000 community surveys, we identified specific areas of concern including **inequities related to pregnancy, asthma, hypertension, diabetes, aging and frailty, substance use, mental health, and violence.**

ACCESS TO RESOURCES

Widespread access to resources is a top priority for community members. The CHNA review has highlighted that health care access is just one part of the equation to improve and support community health.

Our communities report needing additional access to an array of resources including:

- Affordable quality housing
- Primary and behavioral health services that are affordable, easy to navigate, and culturally humble
- Community resources (i.e., outreach and engagement, youth centers, senior services, nutrition events, job fairs)
- Green space or safe places for physical activity
- Affordable healthy food
- Violence interruption

IMPROVING HEALTH EQUITY

"THERE'S A CONTINUUM…THERE'S A LACK OF PREVENTATIVE HEALTH CARE PREDICATED UPON UNEMPLOYMENT AND HEALTH NOT BEING A PRIORITY IN ONE'S LIFE, WHICH RESULTS IN HIGH PREVALENCE OF CORONARY ARTERY DISEASE PLAYED OUT AS HIGH BLOOD PRESSURE, DIABETES, AND OBESITY."

- Machelle Allen, MD,
Senior Vice President, Chief Medical Officer
NYC Health + Hospitals

Environmental conditions into which someone is born, plays, lives, works, and ages impact their health and life expectancy. Those in under-resourced communities confront not only a lack of accessible services but also contend with chronic stress related to systemic barriers. These conditions are perpetuated as those living in poverty are denied equal access to education and economic opportunities. These stressors can result in depression, feelings of hopelessness, and poor overall quality of life. To ensure every New Yorker has the same opportunity to live a healthy life, we must collectively work to reduce the causes and impact of underlying inequalities.

Further, certain populations are at higher risk for these inequities and face unique health challenges. Community members and stakeholders involved in this CHNA identified especially marginalized populations within their own neighborhoods, and their feedback is shared below, supported by empirical data. These populations need to be a priority when considering solutions and strategies to address and improve community health:

- Youth, adolescents, and young adults
- Seniors
- Pregnant people of color
- Individuals with food insecurity
- Individuals experiencing homelessness or housing instability
- Immigrants and New Yorkers confronting anti-AAPI discrimination
- Individuals living with mental illness
- LGBTQ+ individuals

YOUTH, ADOLESCENTS, AND YOUNG ADULTS

Youth, adolescents, and young adults are struggling with mental health challenges and a lack of accessible services, and suicide remains the second leading cause of death nationally among young people between the ages of 10 and 24.[5] Current challenges exist for youth to connect with mental health care that is affordable and easy to access, for those with and without health care coverage. These disparities are aggregated for young people of color, Indigenous youth, and LGBTQ+ youth.[6] In addition, community stakeholders spoke about the need for increased youth services more broadly, including after-school programs, places to exercise, and nutrition programs. Providing comprehensive mental health and overall wellness services for youth and adolescents can lower their health risks and promote a future healthy adult and aging population.

SENIORS

"I THINK THERE'S NOT ENOUGH ATTENTION GIVEN TO PREVENTIVE MEASURES TO KEEP THE ELDERLY HEALTHY. WE'RE PUT ON MEDICATIONS TO TRY OUT AND LEFT TO OUR OWN DEVICES, AND THAT'S SLOPPY. PEOPLE CAN LIVE LONGER IF THEY GET THE RIGHT ATTENTION, BUT PROVIDERS ARE TOO BUSY MAKING MONEY."

- Brooklyn focus group participant

Adults ages 65 and older make up about 13% (1.1 million) of New York City's residents and have unique health needs and considerations.[7] Older adults are more likely to have multiple chronic diseases, and it was estimated in 2019 that over 40% of older adults take five or more prescription medications.[7] Older adults who live alone are more likely to experience isolation and may need easily accessible mental health services. It is important that there are enough resources for older adults to access health care, affordable and healthy food, and have opportunities to be physically active and connected with the community. Providers also need to be cognizant of the digital divide with seniors, especially as telehealth capabilities have grown.

PREGNANT PEOPLE OF COLOR

In New York City, Black pregnant people are nine times more likely to die of a pregnancy-related cause than white pregnant people, and their rate of infant mortality is more than three times higher.[15] The infant mortality rate for Puerto Ricans is twice that of white New Yorkers.[15] Maternal and infant inequities result from structural racism, a lack of investment, and social drivers, and the expansion of doulas and midwives can help address these disparities. Doula care has been associated with better birth outcomes for parents and babies and helps reduce maternal and infant disparities by connecting birthing parents with resources and providing ongoing social and emotional support.[15]

"WHENEVER MY COMMUNITY SPEAKS TO ME ABOUT UPSETTING EXPERIENCES IN THEIR LIVES THEY SPEAK ON BLACK MATERNAL HEALTH AND FAMILIES. IT'S CONSTANTLY ON THEIR MINDS BECAUSE IT PLAYS A SIGNIFICANT ROLE IN CHANGING THEIR LIVES. THEREFORE, WE MUST DO EVERYTHING TO REDUCE BLACK MATERNAL MORTALITY AND REMOVE DISPARITIES BY CLOSING ALL GAPS IN CARE."

- Patricia Marthone, MUDr,
NYC Health + Hospitals Board of Directors

SPOTLIGHT

NYC Health + Hospitals/Elmhurst and NYC Health + Hospitals Queens are part of the HoPE Doula Program that was launched for pregnant people in May 2022 in conjunction with the Arnhold Institute for Global Health at the Icahn School of Medicine at Mount Sinai. The HoPE Program provides community-based doula support, free-of-charge, to any pregnant person seeking care at either NYC Health + Hospitals/Elmhurst or NYC Health + Hospitals/Queens. Patients will be matched with a doula for the duration of their pregnancy and post-partum care, and the program is part of the system's larger response to addressing disparities in maternal mortality among people of color.

INDIVIDUALS WITH FOOD INSECURITY

Food insecure individuals are at high risk for diet-related diseases such as Type 2 diabetes or high blood pressure. Nearly 1.5 million New York City residents, including one in four children, are food insecure, meaning they do not have enough access to healthy food at all times.[27] This is a 36% overall increase over pre-pandemic figures, and a 46% increase for children experiencing food insecurity.[27]

INDIVIDUALS EXPERIENCING HOMELESSNESS OR HOUSING INSTABILITY

"THERE IS STILL A SIGNIFICANT BARRIER WHEN WE TRY TO ISOLATE THE HEALTH CARE COMPONENT WITHOUT TAKING INTO ACCOUNT WHAT IS NOT POSSIBLE WITHOUT STABLE RESIDENCE…HOW DO YOU FOLLOW SOMEONE WITH DIABETES WHEN THEY DON'T HAVE A STABLE ADDRESS OR PHONE NUMBER?"

- Vincent Calamia, MD,
NYC Health + Hospitals Board of Directors

Individuals experiencing homelessness or living with housing instability include those who: spend the majority of their income on housing, reside in crowded housing units, occupy shelters, or experience street homelessness. Due to the transience and added stressors of housing instability, New Yorkers experiencing homelessness are at a greater likelihood of having pre-existing health and mental health conditions when compared to the general public, which often results in poor health outcomes for this more vulnerable population.[9]

IMMIGRANTS AND NEW YORKERS CONFRONTING ANTI-AAPI DISCRIMINATION

Immigrants, documented and undocumented, face challenges when navigating an unfamiliar and often confusing health care system. Language barriers may prevent individuals from knowing the resources available to them, and some community members fear that seeking any service is a risk to their legal status. As a result, many forgo and delay care and therefore may not have contact with the health system until their needs are more serious.[10]

New York City has also seen a sharp increase in harassment and violence against AAPI people and communities, especially Asian elders, since the beginning of the COVID-19 pandemic. Since February 2020, the NYC Commission on Human Rights has received a sevenfold increase in reports of anti-Asian harassment, discrimination, and violence, though these numbers are likely much higher as these incidents are vastly under-reported.[11] Community stakeholders spoke at length about the impact of this violence on their community, and on the mental and physical health of Asian community members.

INDIVIDUALS LIVING WITH MENTAL ILLNESS

"ONE OF THE BIGGEST CHALLENGES IS MEETING THE INCREASED NEEDS OF MENTAL HEALTH SERVICES GIVEN THAT WE STARTED WITH A PRE-COVID SHORTAGE. AT NYC HEALTH + HOSPITALS OFFICE OF BEHAVIORAL HEALTH, OUR WORK IN CONJUNCTION WITH OUR FACILITY STAFF, IS TO INCREASE THE ABILITY FOR PEOPLE TO GAIN ACCESS TO MENTAL HEALTH SERVICES. WE'RE USING TELEHEALTH AND OTHER MODELS OF CARE INVOLVING NURSE PRACTITIONER PSYCHOLOGISTS, SOCIAL WORKERS, AND OTHER MENTAL HEALTH PROFESSIONALS TO BE ABLE TO GET PEOPLE INTO TREATMENT AND KEEP THEM THERE."

- Charles Barron, MD,
Deputy Chief Medical Officer, Office of Behavioral Health
NYC Health + Hospitals

Individuals of all ages living with mental illness experience increased health challenges, and those with severe mental illness can have a life expectancy 10-25 years shorter than the general population.[12] New Yorkers have had worsened mental health since the start of the COVID-19 pandemic, and many are not getting the treatment they need. For example, in May 2020, 35% of adult New Yorkers reported symptoms of anxiety and depression, which was two to three times higher than pre-pandemic reports. In May 2021, up to 45% of 18-34-year-olds reported symptoms of poor mental health, and more than one in five adult New Yorkers who reported poor mental health also reported that they needed therapy or counseling but were unable to get it.[13] Some barriers included: lack of insurance coverage, lack of available appointments, lack of internet access or WiFi to use telemedicine, or lack of privacy to access telemedicine services.

LGBTQ+ INDIVIDUALS

LGBTQ+ health requires specific attention from health care and public health professionals to correct long-standing disparities. LGBTQ+ individuals may be reluctant to seek care due to stigma, discrimination, and denial of civil and human rights. This has been associated with higher rates of psychiatric disorders, substance use, and suicide. LGBTQ+ youth are two to three times more likely to attempt suicide and are more likely to experience homelessness.[14] LGBTQ+ populations have high rates of tobacco, alcohol, and other drug use, and the community faces high rates of violence and victimization.[14] Providing appropriate care and services for this population is of critical importance to reduce health inequity and chronic disease burden.

SPOTLIGHT

NYC Health + Hospitals has seven Pride Health Centers and two Gender Affirming Integrated Services Practices in Manhattan and the Bronx. These centers provide culturally responsive, compassionate, and respectful health care services in a welcoming environment that addresses barriers that contribute to health disparities among LGBTQ+ youth and adults. The centers offer a wide range of services, HIV treatment and prevention, HIV and STI testing and treatment services, adolescent care, and social work.

In 2021, NYC Health + Hospitals/Metropolitan reached a milestone, performing its 100th gender-affirming surgery.

FIGHTING CHRONIC DISEASE

Through the CHNA process, NYC Health + Hospitals has identified specific chronic diseases or health conditions that touch the communities we serve. Below, we drill into these specific needs, providing an overview of each condition and primary data on our impacted NYC Health + Hospitals patients.

"THE PANDEMIC HIT US IN A MAJOR WAY AND ORGANIZATIONS HAD TO WORK TOGETHER CLOSELY BECAUSE THE ISSUES WE WERE FACING WERE JUST TOO VAST TO ADDRESS ON AN INDIVIDUAL BASIS. BUT WE NEED TO PUSH FURTHER. THERE'S STILL TOO MUCH PARALLEL TRACKING BETWEEN DIFFERENT ORGANIZATIONS, BUT THE FUNCTIONS AND GOALS ARE INTERTWINED. WE NEED TO PROMOTE MORE OF SEAMLESS INTEGRATION BETWEEN HEALTH CARE AND SOCIAL SERVICES TO SUPPORT ALL OF OUR CITIZENS' NEEDS."

- Talya Schwartz, MD,
CEO and President, MetroPlus Health Plan

Inequities related to pregnancy

New York City, the service area population of NYC Health + Hospitals, has a disproportionate rate of low birth-weight babies. Nearly 10% of babies born in New York City weigh less than 2500 grams and are considered low birth weight.[16] Babies with low birth weight may have trouble eating and overcoming infections. They also have greater risk of developing chronic diseases, such as heart disease and diabetes, later in life.[17] Black people, people younger than 15 years of age, and people older than 35 years of age are more likely to have a baby with low birth-weight.

Other risk factors that increase the chances of having a baby with low birthweight include:

- Premature labor
- Fetal growth restriction
- Poverty
- Exposure to domestic violence
- Maternal infection during pregnancy
- Low maternal weight gain during pregnancy
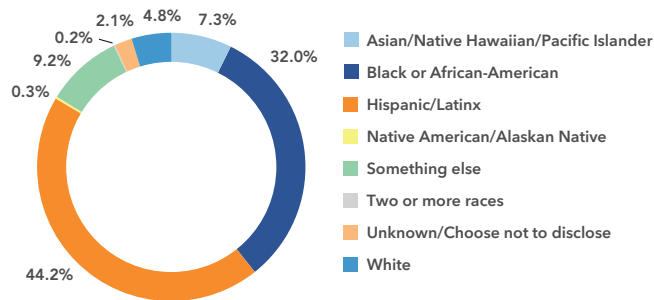- Being pregnant with multiple babies

Additionally significant racial and ethnic disparities in pregnancy-related mortality exist. According to the CDC, Black patients have a pregnancy-related mortality ratio approximately three times as high as their white counterparts.[18] In New York City, Black pregnant people are nine times more likely to die of a pregnancy-related cause than white pregnant people, and their rate of infant mortality is more than three times higher.[15]

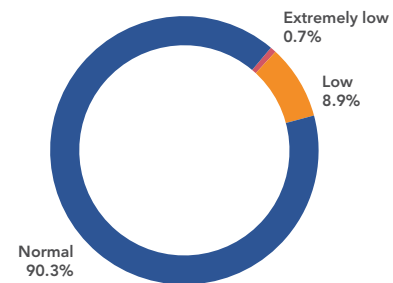**Why are pregnant people accessing the system?**

- Pregnancy and delivery
- Advanced maternal age
- High risk pregnancy
- Gestational diabetes
- Screening for suspected conditions
- Anemia
- Complications during pregnancy
- Obesity
- Antenatal screening
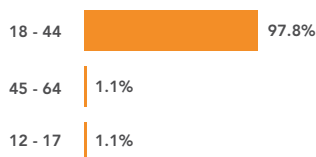
Based on outpatient and inpatient encounters

Pregnant people by race/ethnicity

- 7.3%
- 32.0%
- 4.8%
- 2.1%
- 0.2%
- 9.2%
- 0.3%
- 44.2%

Asian/Native Hawaiian/Pacific Islander
Black or African-American
Hispanic/Latinx
Native American/Alaskan Native
Something else
Two or more races
Unknown/Choose not to disclose
White

Distribution of birthweight

Extremely low
0.7%

Low
8.9%

Normal
90.3%

Pregnant people by age group

Age	%
18 - 44	97.8%
45 - 64	1.1%
12 - 17	1.1%

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.

Encounters of pregnant people

29K	Pregnant people served
12.9K	Babies delivered
253K	Outpatient visits
2.2K	Inpatient visits
34K	Emergency Department visits
1.3K	Ambulatory surgery visits
289K	Total pregnancy visits

Source: NYC Health + Hospitals, DnA, Epic clinical and revenue data, CY21

Asthma

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 NYC children, disproportionately impacting Black and Hispanic/Latinx children and those living in high poverty neighborhoods, and is a leading cause of pediatric hospital admissions.[19] Adults can develop adult-onset asthma even if they did not have asthma as children.

Asthma can be especially challenging for those with unstable or unsafe housing or for those who cannot access care or medication.[19]

Education of patients and providers about the underlying causes, diagnosis and co-management of airways disease is one of the greatest o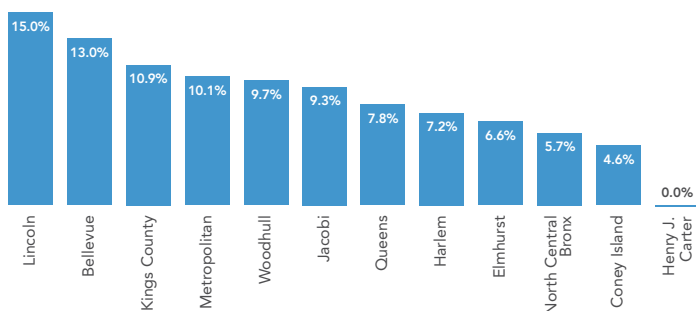pportunities to combat and alleviate asthma in children and adults. A patient's asthma care team often includes community health workers who can go to a patient's home to identify and resolve environmental triggers.

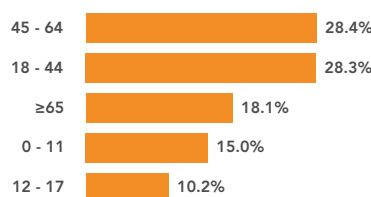**Why are patients with asthma accessing the system?**

- Hypertension
- Mild to moderate asthma needs
- Diabetes
- Routine well and preventative visit
- Opioid dependence
- Follow up from child health visits
- Schizophrenia and other psychiatric disorders

Based on outpatient and inpatient encounters

Asthma encounters by facility

Facility	%
Lincoln	15.0%
Bellevue	13.0%
Kings County	10.9%
Metropolitan	10.1%
Woodhull	9.7%
Jacobi	9.3%
Queens	7.8%
Harlem	7.2%
Elmhurst	6.6%
North Central Bronx	5.7%
Coney Island	4.6%
Henry J. Carter	0.0%

Asthma patients by age group

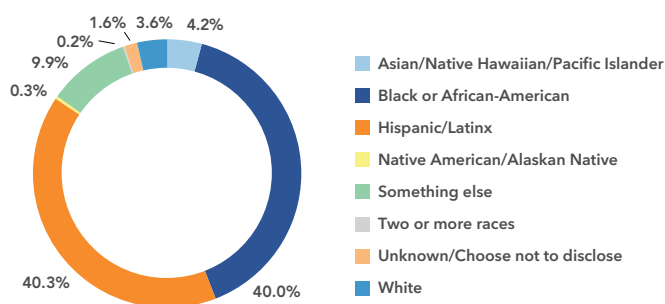| Age group	%
45 - 64	28.4%
18 - 44	28.3%
≥65	18.1%
0 - 11	15.0%
12 - 17	10.2%

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.

Asthma patients by gender identity

Female	62.05%
Male	37.93%
Decline to answer	0.01%
X	0.00%
Unknown	0.00%

Asthma patients by race/ethnicity

1.6% 3.6% 4.2%
0.2%
9.9%
0.3%
40.3%
40.0%

- Asian/Native Hawaiian/Pacific Islander
- Black or African-American
- Hispanic/Latinx
- Native American/Alaskan Native
- Something else
- Two or more races
- Unknown/Choose not to disclose
- White

Asthma encounters

53K	Asthma patients served
424K	Outpatient visits
14.2K	Inpatient visits
78K	Emergency Department visits
5.4K	Ambulatory surgery visits
510K	Total asthma visits

Source: NYC Health + Hospitals, DnA, Epic clinical and revenue data, CY21

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 have not narrowed. Hypertension can increase the risk for heart failure over time.[20] Heart failure is one of the most frequent reasons for hospital admissions and readmissions.

Hypertension can be prevented and controlled by:

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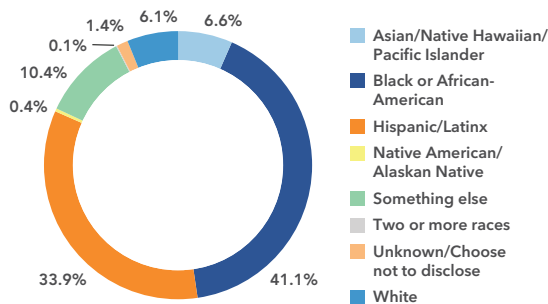- Performing regular physical activity

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. Early education on heart disease is an important preventative measure.

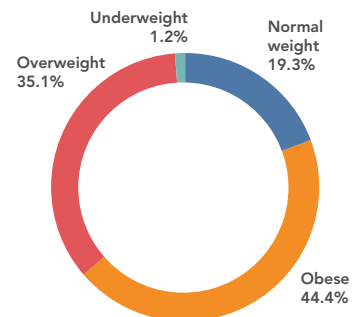**Why are patients with hypertension accessing the system?**

- Hypertension needs
- Diabetes
- Routine well and preventative visits
- Hyperglycemia
- End-stage renal disease
- Opioid dependence
- Mammogram
- Prostate tumors
- Surgical follow-ups
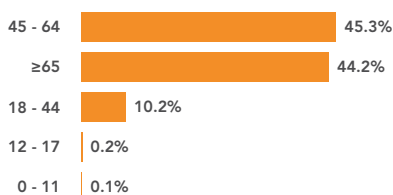
Based on outpatient and inpatient encounters

Hypertension patients by race/ethnicity

- 6.6% / 6.1%
- 1.4%
- 0.1%
- 10.4%
- 0.4%
- 33.9%
- 41.1%

Legend:
- Asian/Native Hawaiian/Pacific Islander
- Black or African-American
- Hispanic/Latinx
- Native American/Alaskan Native
- Something else
- Two or more races
- Unknown/Choose not to disclose
- White

Hypertension patients by BMI

- Underweight 1.2%
- Normal weight 19.3%
- Overweight 35.1%
- Obese 44.4%

Hypertension patients by age group

Age group	Percent
45 - 64	45.3%
≥65	44.2%
18 - 44	10.2%
12 - 17	0.2%
0 - 11	0.1%

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.

Hypertension patients by gender identity

Female	58.37%
Male	41.62%
Decline to answer	0.01%
X	0.00%
Unknown	0.00%

Hypertension encounters

140K	Hypertension patients served
1.49M	Outpatient visits
41K	Inpatient visits
143K	Emergency Department visits
22K	Ambulatory surgery visits
1.67M	Total hypertension visits

Diabetes

Diabetes is a chronic health condition that can occur in adults and children, and affects how the body turns food into energy. This happens because the body may not make enough insulin to lower blood sugar, or it cannot use its insulin correctly.

Nearly one million New Yorkers have diabetes, which is the seventh-leading cause of death in the U.S. Over time, high blood sugar can cause serious health complications, including heart disease, stroke, blindness, kidney failure and leg and toe amputations.[21]
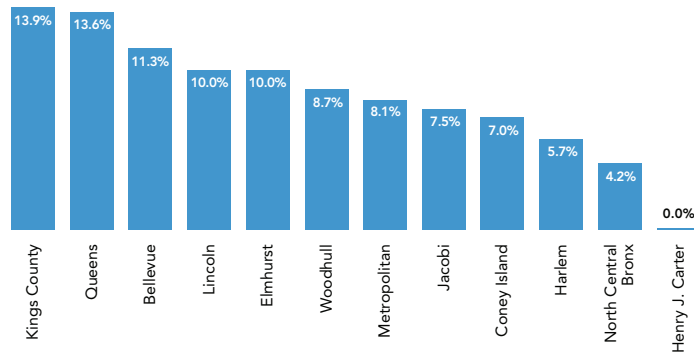
Type 2 diabetes is preventable and can be avoided with lifestyle changes. Solutions to address Type 2 diabetes require a multi-pronged approach and includes increasing access to nutritious foods, physical activity, and high-quality preventative clinical care.

The population that NYC Health + Hospitals serves is disproportionately affected by diabetes. Almost 25% of our service area has been diagnosed with diabetes, compared to 11% of New York.[22]
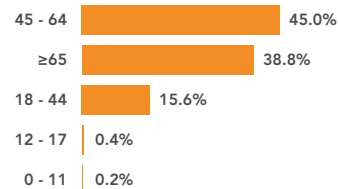
Risk factors for Type 2 diabetes include:

- Family history of diabetes
- Age of 45 or older
- High BMI/obesity
- Low levels of physical activity

Diabetes encounters by facility

Facility	Percent
Kings County	13.9%
Queens	13.6%
Bellevue	11.3%
Lincoln	10.0%
Elmhurst	10.0%
Woodhull	8.7%
Metropolitan	8.1%
Jacobi	7.5%
Coney Island	7.0%
Harlem	5.7%
North Central Bronx	4.2%
Henry J. Carter	0.0%

Diabetes patients by age group

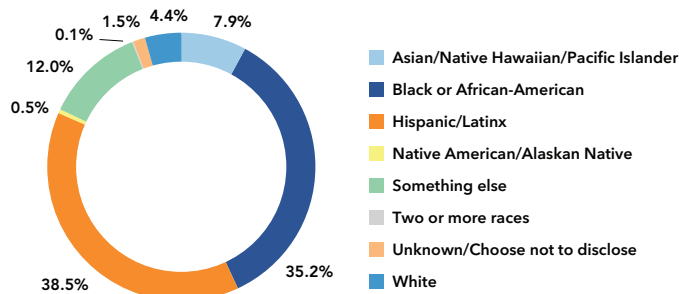| Age group	Percent
45 - 64	45.0%
≥65	38.8%
18 - 44	15.6%
12 - 17	0.4%
0 - 11	0.2%

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.

Diabetes patients by gender identity

Female	57.40%
Male	42.50%
Decline to answer	0.00%
X	0.00%
Unknown	0.00%

Diabetes patients by race/ethnicity

- Asian/Native Hawaiian/Pacific Islander — 7.9%
- Black or African-American — 35.2%
- Hispanic/Latinx — 38.5%
- Native American/Alaskan Native — 0.1%
- Something else — 12.0%
- Two or more races — 0.5%
- Unknown/Choose not to disclose — 1.5%
- White — 4.4%

Encounters of patients with diabetes

92K	Diabetes patients served
1.03M	Outpatient visits
28K	Inpatient visits
93K	Emergency Department visits
14.6K	Ambulatory surgery visits
1.14M	Total diabetes visits

Diabetes (continued)

The onset of Type 2 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

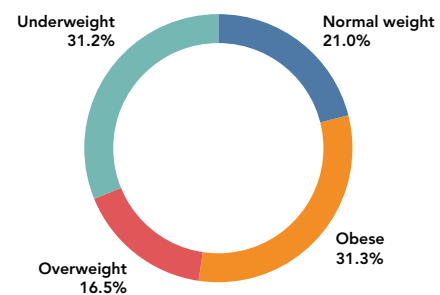**Why are diabetes patients accessing the system?**

- Diabetes
- Hypertension
- Hyperglycemia
- General well and preventative visits
- End-stage renal disease
- Gestational diabetes
- Mammogram services
- Surgical follow-ups
- Toenail Infections

Based on outpatient and inpatient encounters

BMI of adult population with Type 2 diabetes

Underweight
0.8%

Normal weight
18.3%

Overweight
35.2%

Obese
45.7%
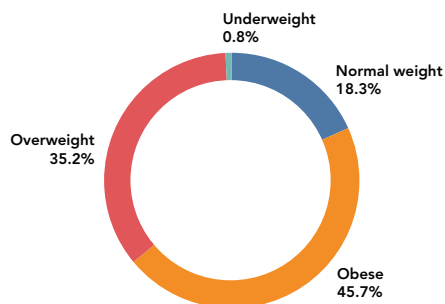
BMI of pediatric population with Type 2 diabetes (under 18 years of age)

Underweight
31.2%

Normal weight
21.0%

Obese
31.3%

Overweight
16.5%

Aging and frailty

In New York City, the aging population is growing at a rate three times faster than the rest of the population.[23] Aging increases the risk of chronic diseases such as dementias, heart disease, Type 2 diabetes, arthritis, and cancer. These are the nation's leading drivers of illness, disability, death, and health care costs.[24]
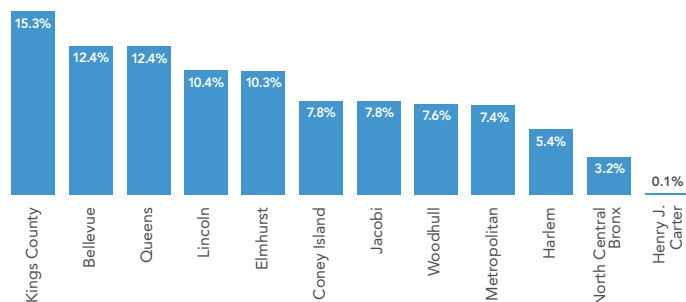
Strategies to successfully care for aging populations include accounting for their mobility and cognitive needs and preventing decline, while having shared decision making around their unique care and medication needs.

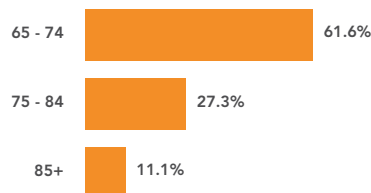**Why are patients over 65 accessing the system?**

- Hypertension
- Diabetes
- General well and preventative visits
- Prostate tumors
- Opioid dependence
- Hyperglycemia
- End-stage renal disease
- Mammogram screenings
- Surgical follow-ups

Based on outpatient and inpatient encounters

Aging patients encounters by facility

Kings County 15.3%, Bellevue 12.4%, Queens 12.4%, Lincoln 10.4%, Elmhurst 10.3%, Coney Island 7.8%, Jacobi 7.8%, Woodhull 7.6%, Metropolitan 7.4%, Harlem 5.4%, North Central Bronx 3.2%, Henry J. Carter 0.1%

Aging patients by age group

65 - 74: 61.6%
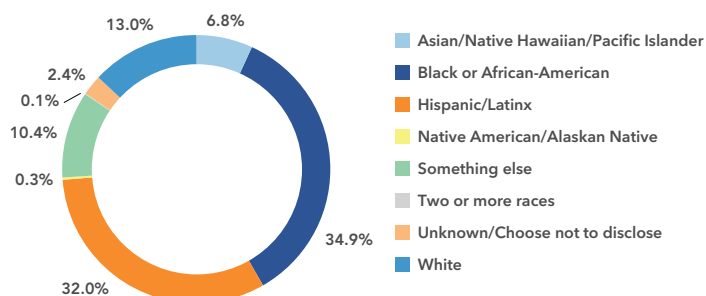75 - 84: 27.3%
85+: 11.1%

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.

Aging patients by gender identity

Female	57.66%
Male	42.32%
Unknown	0.02%
Decline to answer	0.00%
X	0.00%

Aging patients by race/ethnicity

6.8% Asian/Native Hawaiian/Pacific Islander
34.9% Black or African-American
32.0% Hispanic/Latinx
0.3% Native American/Alaskan Native
10.4% Something else
0.1% Two or more races
2.4% Unknown/Choose not to disclose
13.0% White

Encounters of patients over 65

126K Aging patients served

952K Outpatient visits

42K Inpatient visits

128K Emergency Department visits

14K Ambulatory surgery visits

1.1M Total aging patient visits

Source: NYC Health + Hospitals, DnA, Epic clinical and revenue data, CY21

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, and New Yorkers are losing their lives to opioids at record rates.[25] Drug-involved overdose deaths increased by 37% from 2019 to 2020 among New York State residents.[25]
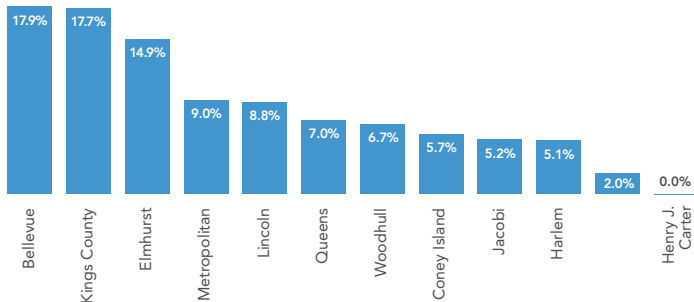
In some cases, mental illnesses co-occur with substance use disorder. Substance use disorder can increase the risk of developing mental illnesses and worsen existing ones.

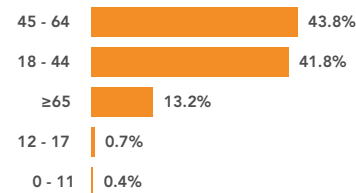### Why are substance use disorder patients accessing the system?

- Opioid dependence and abuse
- Alcohol dependence and abuse
- Alcohol intoxication
- Schizoaffective and other psychiatric disorders
- Worried well visits
- Hypertension

Based on outpatient and inpatient encounters

Substance use encounters by facility

Facility	%
Bellevue	17.9%
Kings County	17.7%
Elmhurst	14.9%
Metropolitan	9.0%
Lincoln	8.8%
Queens	7.0%
Woodhull	6.7%
Coney Island	5.7%
Jacobi	5.2%
Harlem	5.1%
	2.0%
Henry J. Carter	0.0%

Substance use patients by age group

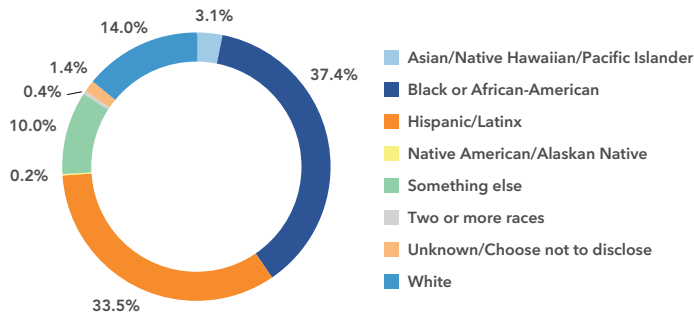| Age group	%
45 - 64	43.8%
18 - 44	41.8%
≥65	13.2%
12 - 17	0.7%
0 - 11	0.4%

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.

Substance use patients by gender identity

Male	70.74%
Female	29.24%
Unknown	0.01%
Decline to answer	0.01%
X	0.00%

Substance use patients by race/ethnicity

- 3.1%
- 37.4%
- 14.0%
- 1.4%
- 0.4%
- 10.0%
- 0.2%
- 33.5%

- Asian/Native Hawaiian/Pacific Islander
- Black or African-American
- Hispanic/Latinx
- Native American/Alaskan Native
- Something else
- Two or more races
- Unknown/Choose not to disclose
- White

Encounters of substance use patients

40K	Substance use patients served
409K	Outpatient visits
22K	Inpatient visits
111K	Emergency Department visits
3.9K	Ambulatory surgery visits
527K	Total substance use visits

Source: NYC Health + Hospitals, DnA, Epic clinical and revenue data, CY21

Mental health

Mental illness may be the result of genetics or environmental factors, such as stress or trauma.[12] Mental disorders affect people of all age and racial/ethnic groups, but some populations are disproportionately affected.

People with severe mental health disorders have a 10-25 year lower life expectancy than the general population.[12] In May 2020, more than one-third (35%) of adult New Yorkers reported feeling anxious or depressed, which is two to three times higher than what was reported in the pre-pandemic period.

Over the course of the pandemic, Hispanic/Latinx New Yorkers tended to have the largest proportion of reported symptoms of anxiety and/or depression with other racial or ethnic groups.[13] Young adult New Yorkers (ages 18-34) had the largest report of symptoms of poor mental health (45%) in May 2021.[13] More than one in five adults who reported symptoms also reported that they needed counseling or therapy during the past four weeks, and did not get it, a rate that has increased from November 2020-April 2021.[13]

**Mental illness influences one's mood and thinking. Some examples of mental illness are:**

- Generalized anxiety disorder
- Major depressive disorder
- Obsessive-compulsive disorder
- Schizophrenia
- Bipolar disorder

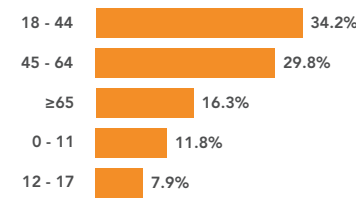**Why are patients with mental illness accessing the system?**

- Schizoaffective disorders
- Opioid dependence
- Paranoid schizophrenia
- Hypertension
- Recurring depression
- General well and preventative visits
- Anxiety disorder

Based on outpatient and inpatient encounters

Mental health encounters by facility
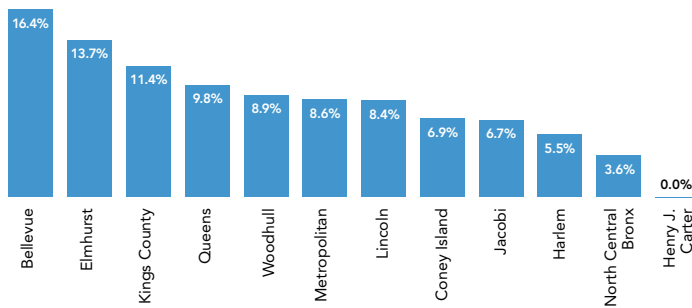
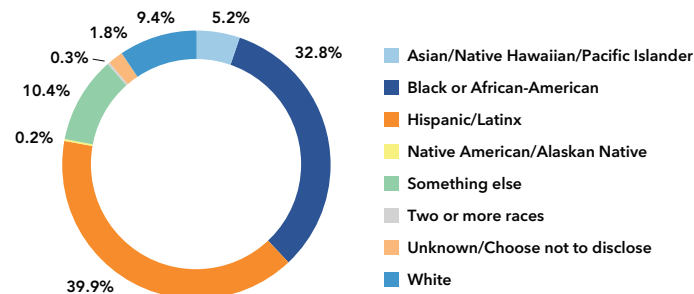### Mental health patients by age group

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.

Mental health patients by gender identity

Female	51.84%
Male	48.13%
Decline to answer	0.01%
X	0.01%
Unknown	0.00%

Mental health patients by race/ethnicity

- Asian/Native Hawaiian/Pacific Islander
- Black or African-American
- Hispanic/Latinx
- Native American/Alaskan Native
- Something else
- Two or more races
- Unknown/Choose not to disclose
- White

Encounters of mental health patients

124K	Mental health patients served
1.13M	Outpatient visits
40K	Inpatient visits
183K	Emergency Department visits
10K	Ambulatory surgery visits
1.32M	Total mental health visits

Source: NYC Health + Hospitals, DnA, Epic clinical and revenue data, CY21

Violence

Crime and community-based violence is a growing public health issue that can impact residents' health and quality of life. Gun violence is now the leading cause of death for youth in the U.S. and impacts youth of color at a disproportionate rate.[26]
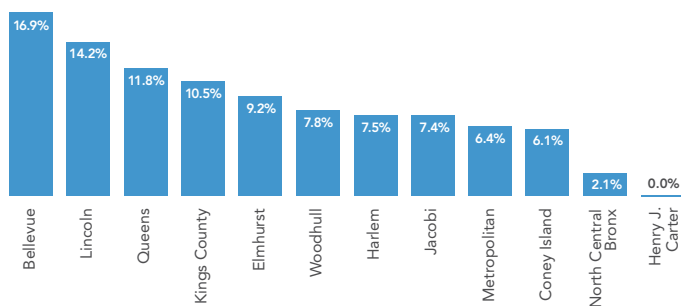
Violence can lead to premature death or cause non-fatal injuries. People who survive violent crime endure physical pain and may also experience mental stress and reduced quality of life. Those who have repeated exposure to crime are more likely to have negative health outcomes, including death. Fear of crime in communities is associated with lower rates of physical activity, higher rates of stress, high BMI, and high levels of obesity, resulting in poorer physical and mental health.[25] Children and adolescents who experience violence are at a risk for poor long-term behavioral and mental health outcomes, which may last into adulthood.[27]

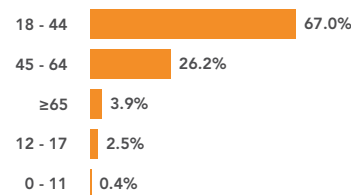**Why are patients who experienced violent incidents accessing the system?**

- Alcohol dependence and abuse
- Worried well visits
- Opioid dependence and abuse
- Schizophrenia and bipolar disorders
- Chest pain
- Psychoactive substance abuse

Based on outpatient and inpatient encounters

Violent incidents encounters by facility

Facility	%
Bellevue	16.9%
Lincoln	14.2%
Queens	11.8%
Kings County	10.5%
Elmhurst	9.2%
Woodhull	7.8%
Harlem	7.5%
Jacobi	7.4%
Metropolitan	6.4%
Coney Island	6.1%
North Central Bronx	2.1%
Henry J. Carter	0.0%

Violent incidents patients by age group

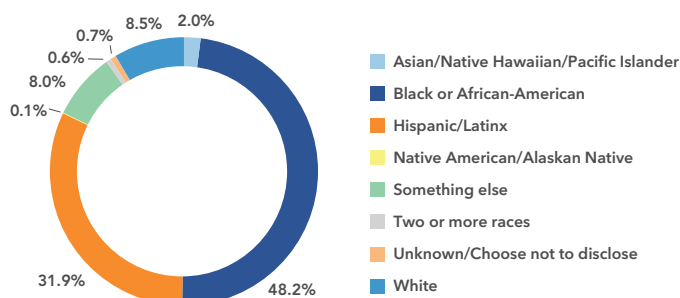| Age group	%
18 - 44	67.0%
45 - 64	26.2%
≥65	3.9%
12 - 17	2.5%
0 - 11	0.4%

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.

Violent incidents patients by gender identity

Male	68.00%
Female	32.00%
Decline to answer	0.00%
X	0.00%
Unknown	0.00%

Violent incidents patients by race/ethnicity

- 8.5%
- 2.0%
- 0.7%
- 0.6%
- 8.0%
- 0.1%
- 31.9%
- 48.2%

- Asian/Native Hawaiian/Pacific Islander
- Black or African-American
- Hispanic/Latinx
- Native American/Alaskan Native
- Something else
- Two or more races
- Unknown/Choose not to disclose
- White

Encounters of violent incidents patients

1.1K	Violent incidents patients served
3.6K	Outpatient visits
611	Inpatient visits
8.2K	Emergency Department visits
48	Ambulatory surgery visits
12K	Total violent incidents visits

Source: NYC Health + Hospitals, DnA, Epic clinical and revenue data, CY21

FACILITATING ACCESS TO RESOURCES

"WE AS NYC HEALTH + HOSPITALS SHOULD THINK OF OUR PATIENTS AS THE 8.6 MILLION PEOPLE IN THE CITY WHO WE'RE RESPONSIBLE FOR, NOT JUST THE 1.2 MILLION THAT COME THROUGH OUR DOOR."

- Matthew Siegler, Senior Vice President, Managed Care and Patient Growth

Stakeholders and community members identified the need for expanded access to a variety of resources in all neighborhoods. The resource needs articulated vary from neighborhood to neighborhood but make clear: health care access is only one part of the equation when it comes to supporting and improving community health. NYC Health + Hospitals must function within a larger ecosystem of community support. Resources must be affordable, accessible, and culturally and linguistically humble. Many of the services needed are related to the populations with unique health needs, as discussed below. Facilitating access to these services can help address health equity and chronic disease in these populations, as well as the larger community.[28] Below are the necessary services raised by our community voices.

HOUSING

Housing is an important social determinant of health, and the lack of housing, or poor-quality housing, negatively impacts health and wellbeing in many ways.[29] This includes airways diseases such as asthma, or the impact on mental health.

Stakeholders and community members shared concerns about the continued cost of living, as rents continue to skyrocket with "no end in sight" and minority communities are being pushed out of rapidly gentrifying neighborhoods. The community need for housing that is safe and affordable will continue to increase until something is done to help address it.

PRIMARY HEALTH CARE SERVICES

Many of the populations that NYC Health + Hospitals serves face challenges accessing and engaging in health care, especially primary care, and may opt to use the ED or urgent care instead. The health care system can be confusing and overwhelming, and language barriers may further exacerbate difficulties to access and navigate care. Community stakeholders and residents spoke about other challenges residents face in accessing primary care, including:

- Cost or perceived cost
- Lack of health insurance
- Inability to take time off work to go to an appointment
- Not knowing where to go or which providers are available to them

Access to primary care is associated with positive health outcomes, as primary care providers can offer routine care, early detection and treatment of disease, chronic disease management, and preventative care.[30] Improving primary care access and relevant information for community members can help improve their overall health and well-being and reduce the strain and costs for the ED where they normally seek care.

BEHAVIORAL HEALTH SERVICES

The need for behavioral health services has increased in most communities as following the COVID-19 pandemic, but it is not easy for many community members to access the care they need. As a result, many do not access care when they need it most.[31] Other obstacles include challenges finding a provider who has availability or openings and language barriers. Some community members also shared that they'd feel more comfortable going to a provider from the same cultural background but are unable to do so, based on the limited number of providers.

COMMUNITY RESOURCES

Community programs and resources can help address disparities and ensure equitable access to resources that promote health and well-being.[32] Stakeholders and community members from all neighborhoods spoke about the importance and the need for a wide variety of community resources. This included:

- Increased community outreach and engagement
- A central location to access information about resources, especially for those who do not have reliable internet or are not as technologically proficient
- Health care resources that come into the community, such as mobile clinics or vaccine hubs
- Community centers for seniors, youth, and the community at large
- Health events such as nutrition classes, mental health workshops

SAFE SPACES FOR PHYSICAL ACTIVITY

Physical activity can improve brain health, help manage weight, and reduce the risk of some diseases, and having safe outdoor spaces to do so is extremely important.[33]

Inadequate infrastructure for outdoor physical activity, a lack of cleanliness in outdoor spaces that do exist, and high crime rates in some neighborhoods discourage community members from being outdoors and getting active.

FOOD

Access to fresh, healthy foods promotes good health and can help individuals prevent, delay, and manage heart disease, Type 2 diabetes, and other chronic diseases.[34] Those who face food insecurity are at a greater risk for these diseases, and nearly 1.5 million New York City residents are food insecure, a figure that has increased since the pandemic.[8] Community members spoke about the challenges they face to find any fresh food in their neighborhoods, let alone food that is affordable, and report major quality issues as well. Resources such as farmers' markets are often still priced in ways that are unaffordable to residents.

SPOTLIGHT

NYC Health + Hospitals has expanded access to healthy food options with a annual farmers market hosted by our public hospitals and community health centers, working in partnership with local community based organizations. In 2022, farmers' markets will be held at ten sites across four boroughs from June to November.

VIOLENCE PREVENTION

Gun and community-based violence is now the leading cause of death for children in the U.S. and disproportionality impacts young people of color.[35] In order to address the growing concerns of violence and gun violence, interventions and prevention strategies must be prioritized through NYC Health + Hospitals in collaboration with the NYC Crisis Management to provider further conflict-related community-based interventions and resources can help with this problem. Violence should be treated like a disease through early diagnosis, prevention, and treatment strategies.

SPOTLIGHT

NYC Health + Hospitals strives to break the cycle of violence and heal our communities through violence prevention programming including targeted hospital-based intervention, community-driven engagement and activation, and forward-looking prevention. We offer a targeted bedside hospital intervention with a multi-disciplinary care team, including violence intervention experts, to engage patients who are admitted for violence trauma during their most vulnerable moment and when they are most receptive to change, to mediate conflicts and prevention retaliation and recidivism. Patients are then connected to services including behavioral health care, substance use disorder treatment, primary care, embedded case management, and peer support to connect patients to resources like job training. This comprehensive process supports our patents on their pathway to recovery.

ADDRESSING COMMUNITY HEALTH

With the completion of the CHNA, NYC Health + Hospitals will work with system and community stakeholders, including other New York City agencies, community partners and providers and patients to develop an implementation plan responsive to the identified priority needs. The community engagement process revealed that while each hospital and surrounding community has unique disease burdens 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.

"THE PANDEMIC DEMONSTRATED THE INSUFFICIENCY OF THE FEE-FOR-SERVICE BRICK AND MORTAR MODEL TO PROACTIVELY ADDRESS A PUBLIC HEALTH CRISIS. IT DEMONSTRATED THE MERITS OF PROACTIVELY SEEKING PATIENTS IN THEIR HOMES, DURING THEIR COMMUTES, AND MORE."

- John Ulberg, Senior Vice President, Chief Financial Officer, NYC Health + Hospitals

THE COVID-19 PANDEMIC

"EVERYONE'S AMYGDALA HAS BEEN IN CONSTANT ACTIVATION FOR TWO YEARS. THE CONSTANT STATE OF ANXIETY AND TRYING TO GET YOURSELF IN A STATE OF READINESS – IT'S BAD FOR PEOPLE. IT'S WHY WE HAVE MORE PEOPLE USING DRUGS, DRIVING POORLY, AND MORE MENTAL ILLNESS. THESE ARE ALL VARIOUS EXPRESSIONS OF HURT AND UPSET."

- Mitchell Katz, MD, CEO and President, Primary Care Physician

COVID-19 OVERVIEW

A comprehensive community health needs assessment must include the significant impact that COVID-19 has had over the last two years. NYC Health + Hospital patients continue to contend with new COVID-19 diagnoses and the effects of Long COVID. The stress of the pandemic has also triggered significant behavioral health needs for our patients, many of whom continue to experience anxiety, fear, and depression. Beyond these health needs, the virus has had a deep economic impact, destabilizing employment, and housing for some of our community members. All of this must be understood within the context of health and structural inequities long faced by the communities served by NYC Health + Hospitals.

The first case of COVID-19 in New York City was identified on February 29, 2020. As of May 20, 2022, New York City has had 2,452,590 confirmed cases of COVID-19, and 40,322 people have died as a result of the infection.[36] Due to the initial unavailability and limited availability of diagnostic testing in the United States until the summer of 2020, we also know that these numbers represent an undercount of the people who have contracted the virus.

While COVID-19 symptoms may vary from mild to severe, older adults and people with certain underlying medical conditions are at increased risk of severe illness, with risk increasing as the number of medical conditions increases and age.[37]

Through each wave, NYC Health + Hospitals has provided quality and compassionate care to thousands of patients at its hospitals, clinics, and nursing homes. In June 2020 New York City launched the NYC Test & Trace Corps (T2) as the coordinated response to the pandemic. The interagency effort led by NYC Health + Hospitals and DOHMH provided barrier-free testing and critical resources needed to for safe separation to cases and close contacts. T2 offered the only free isolation and quarantine hotel program in the nation, allowing more than 33,000 people to safely separate and break chains of transmission. From June 20220 to March 2022, T2 completed outreach to over 1.7 million cases, identified over 1.8 million close contacts, connected over 250,000 people to community engagement specialists, and provided safe stays in free hotels to over 33,000 people. Additionally, T2 oversees NYC's school surveillance testing program, which has allowed the nation's largest public school system to safely operate entirely in-person learning since September 2021. When vaccinations against COVID-19 became available, T2 operated New York City's only 24/7 mass vaccination sites and administered over 1.7 million vaccines.

As therapeutics were approved and became available in early 2022, they were also incorporated into the NYC Health + Hospitals pandemic response. NYC Health + Hospitals Virtual ExpressCare has become a nationally recognized leader for its COVID-19 treatment model that helps patients access treatment via telehealth and offering home delivery for antivirals and same- or next-day monoclonal appointments.

COVID-19 visits to NYC Health + Hospitals by zip code
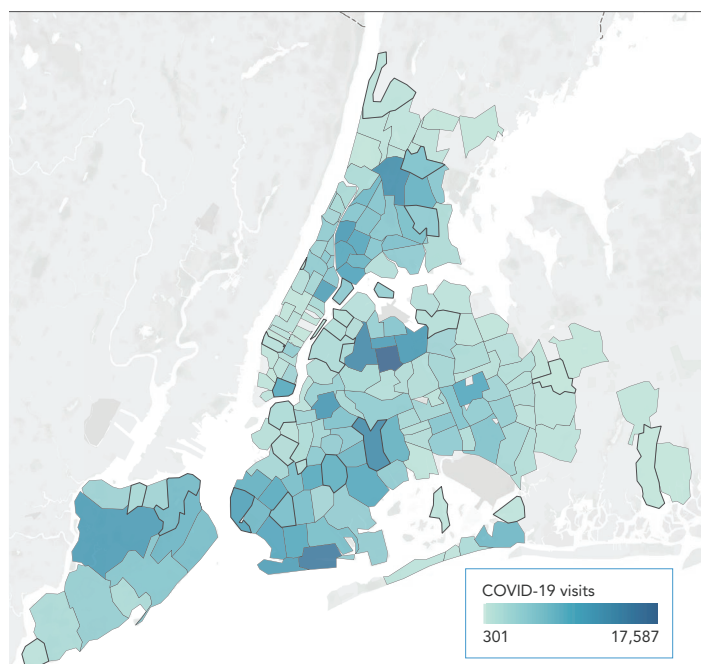
COVID-19 visits
301   17,587

COVID-19 vaccinations administered by NYC Health + Hospitals by zip code
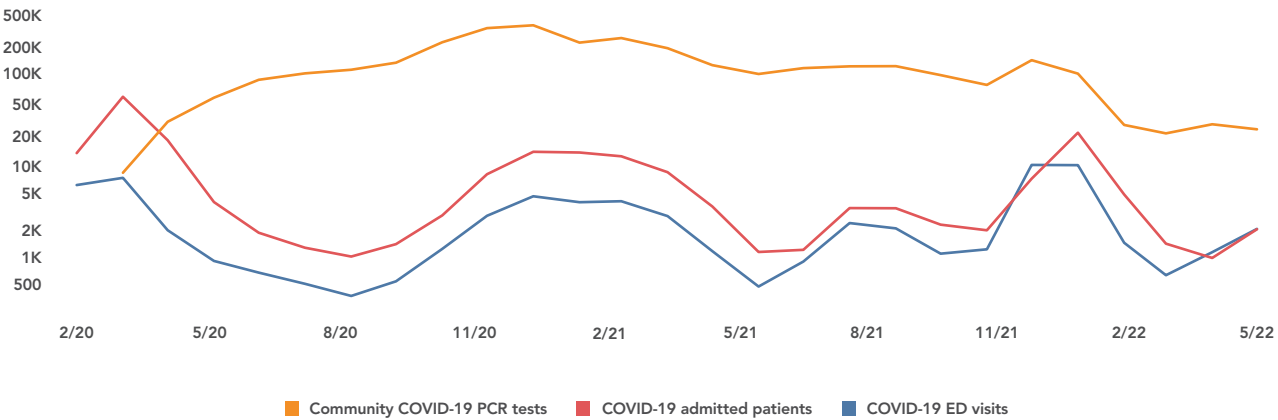

COVID-19 vaccinations
186   17,571
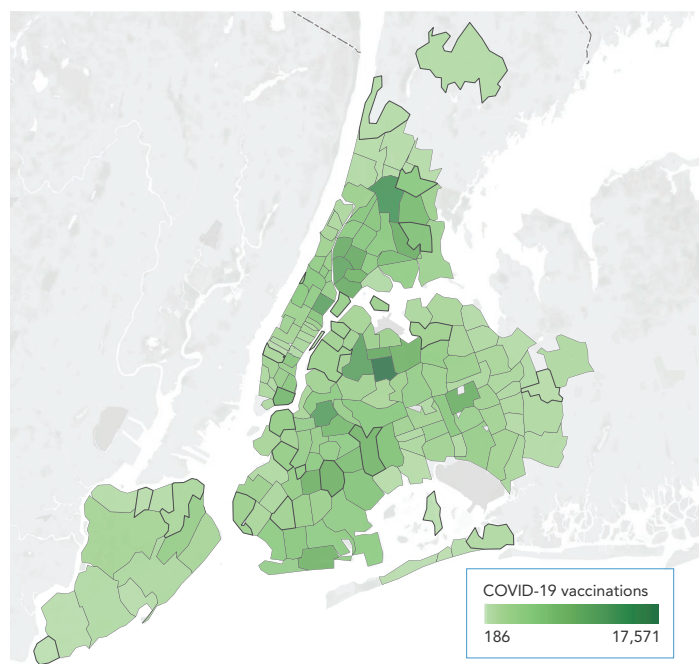
Source: NYC Health + Hospitals, DnA, Epic clinical and revenue data, CY21

We now know that people may experience long-term effects after their initial infection, known as Long COVID. In order to support and care for these New Yorkers, NYC Health + Hospitals has opened three new Gotham Health COVID-19 Centers of Excellence that offer specialized care and services to address long-term respiratory, cognitive, and mental health conditions caused by the virus. T2 has also launched Aftercare, which utilizes health outreach specialists to connect New Yorkers to health and social needs resources to support their recovery from Long COVID.[38]

Encounters of COVID-19 patients

10K	Total admissions
3.4K	Antibody administration
36K	Emergency Department visits
903K	Outpatient tests
17.7K	Variant surveillance (internal)
1.7M	Vaccinations

NYC Health + Hospitals Community COVID-19 PCR testing, COVID-19 admissions, and ED visits

Community COVID-19 PCR tests   COVID-19 admitted patients   COVID-19 ED visits

COVID-19 vaccinations administered by NYC Health + Hospitals
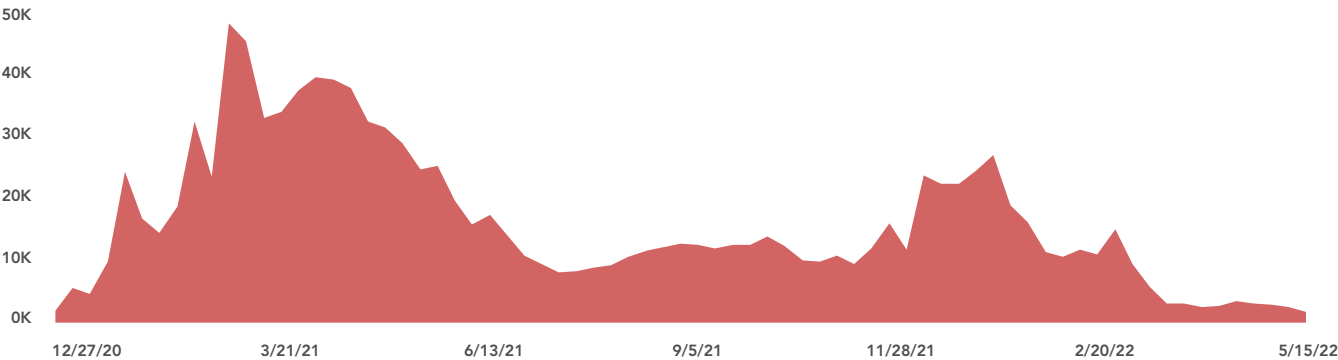
Source: NYC Health + Hospitals, DnA, Epic clinical and revenue data, CY21

Top 10
perceived risk factors for poor health and death

As part of our CHNA process, NYC Health + Hospitals distributed a written survey to our patients, staff, and neighbors. This survey was designed to identify perceptions of risk factors for poor health and death. Over 3,000 individuals provided feedback, giving us an understanding of community health concerns at a granular level. These findings align with our discussions with community members and experts, all building to the two major community health needs identified in this report. This feedback is our guide towards improving health equity and fighting chronic disease, as well as facilitating access to necessary community resources.

Housing access, affordability, and quality

Children and adults living in poor housing conditions face greater risks of physical health conditions including airways diseases and obesity. Further, unaffordable housing can impact mental health and social well-being.[29]

Poverty and low-income status

Communities living in poverty face a disproportionate amount of harmful daily exposures. These contribute to chronic illness and health equity challenges including airways diseases, Type 2 diabetes, hypertension, and heart disease. Poverty is the result of and driver for many inequities, including poor health outcomes, which can lead to additional inequities in life.

Stress and emotional wellbeing

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.

Community safety and violence

Communities that experience high rates of crime and violence have higher risk of poor mental and physical health conditions and premature death and injuries. The potential lasting health effects of violence can lead to additional health disparities for those who live in communities with higher crime rates.

Mental and behavioral health care access

Half of all mental disorders begin by age 14 and three-quarters by age 24. Early interventions and removing 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, almost 60% of mental health services in New York City are provided by NYC Health + Hospitals.

Obesity and high BMI

Obesity continues to be on the rise due to increased intake of high calorie foods and physical inactivity. Obesity is often associated with higher risk of cardiovascular disease (heart disease and stroke), musculoskeletal disorders, cancers, and diabetes. Nearly 80% of NYC Health + Hospitals adults with diabetes and nearly 50% of children with diabetes are overweight, obese, or morbidly obese.

Hunger, food access, and poor nutrition

Poor diet, whether due to insufficient food or inadequate healthy options, is a leading cause of preventable death 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 needs. Too many New Yorkers are unable to maintain a healthy diet or are food insecure, with food insecurity rates in New York City at 15.9%.[46]

Health insurance access

Affordable, quality health insurance allows community members to access regular, primary and preventive care. This can help to identify where they can make and support lifestyle changes, leading to better health outcomes. Coverage can also lessen the financial burden on a person and their family.

Tobacco, vaping, e-cigarette use

Tobacco is the leading cause of preventable death in the United States and 28,200 adult New Yorkers die from smoking-related illnesses each year.[40] Legislation has made it harder to obtain tobacco products, including e-cigarettes, but people of color and youth still 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 airways diseases, such as COPD and asthma. Smoking is twice as common among groups reporting poor mental health status.

Indoor and outdoor air quality

Air pollution is one of the greatest environmental risks to health. It increases the risk of respiratory infections, heart disease, stroke, and lung cancer. People with underlying illnesses, children, the elderly, and those living in low-income communities are more susceptible.[41]

STAKEHOLDER INTERVIEWS

The CHNA team conducted 32 interviews with key stakeholders from across the system. This included members from the Board of Directors, Senior Executives, and Facility CEOs, as well as DOHMH leadership (see acknowledgments for full list).

They were asked to discuss the following topics to start:

- Top health challenges in the community they serve and obstacles to address them
- Top socioeconomic issues in the community and obstacles to address them
- The impact of COVID-19 on the community
- Key trends or changes in the health care system, community demographic or economic factors to consider when addressing community needs
- The biggest challenges and barriers that need to be addressed to ensure the health and wellness of the communities served

Their responses are summarized below, marrying to our quantitative survey results and additional qualitative feedback from our communities. This process is an essential check, ensuring that system leaders are attuned to the needs articulated by our patients and community members.

TOP COMMUNITY HEALTH CHALLENGES

Stakeholders identified mental health, chronic disease, access to services, housing, and food access as the top health problems impacting the communities NYC Health + Hospitals serves. Those interviewed stated that mental health issues have now "become more visible" as a result of COVID-19, and those who were on the threshold for having serious mental health problems have now "crossed over." Some feel that community members are more self-aware and there's now more cultural acceptance to address mental health and seek care, though many have limited access to behavioral health services. Stakeholders described this as an opportunity to connect the community with these needed services.

According to stakeholders, the top chronic diseases in communities are diabetes, hypertension, asthma, and obesity, and community members face major challenges in accessing services and care for them. Care coordination is a challenge due to the fragmented nature of the entire health care system, beyond just NYC Health + Hospitals, making it more difficult for patients to access their medical needs in a simple and straightforward way.

"WE CAN NO LONGER MINIMIZE THE IMPACT OF LACK OF TRUST AND CONFIDENCE IN THE HEALTH CARE SYSTEM. PEOPLE WILL DELAY THEIR HEALTH CARE, NOT COME IN TIME, AND WILL DIE. WE NEED TO PAY ATTENTION TO HOW TO BUILD THAT TRUST GIVEN THE LONG HISTORY OF RACISM IN THE HEALTH CARE SYSTEM."

- Torian Easterling, MD, MPH,
First Deputy Commissioner, Chief Equity Officer,
NYC DOHMH

Those interviewed noted that barriers to primary care utilization are a significant concern. Time, distance, health literacy, and cultural considerations all play a role in accessing primary care and other health care services. Resources need to be provided in an effective, culturally and linguistically humble way that builds trust with community members. Lack of trust and knowledge of appropriate services cause many to not seek care or know about the care that is available to them, which can lead to worse health outcomes.

"HOW CAN WE HAVE A 10-YEAR LIFE EXPECTANCY DIFFERENCE FROM ONE NEIGHBORHOOD TO THE NEXT? NYC IS NOT THAT LARGE GEOGRAPHICALLY, BUT THERE IS WIDELY VARIABLE ACCESS TO CARE AND RESOURCES, AND THE HEALTH EQUITY CHALLENGES HAVE A GREAT IMPACT."

- Eric Wei, MD, MBA,
Senior Vice President and Chief Quality Officer

TOP SOCIOECONOMIC ISSUES IN THE COMMUNITY

"NOT HAVING A HOME MAKES IT DIFFICULT TO ACCESS CARE AND DIFFICULT TO DO OUTREACH. A PATIENT'S ABILITY TO MANAGE THEIR CARE AND MEDICATION REGIMEN, AND RECEIVE TREATMENT IS COMPROMISED BY THEM NOT HAVING A HOME."

- Gregory Calliste, CEO,
NYC Health + Hospitals/Woodhull

Stakeholders identified poverty, homelessness, employment, health care costs, and the cost of living as the top socioeconomic challenges throughout their communities. The perceived increase in homelessness is a "very visible signifier" of change,

as neighborhoods have seen an increase in unhoused community members across the city. There are significant barriers keeping community members from accessing supported housing or shelters, which can lead to worse health. The current process to get people into housing is inaccessible for many, and stakeholders believe there could be more flexibility on what constitutes permanent housing. This leads to people who are "stuck unhoused because our rules are too strict to house them."

"ONE SHOULD NOT NEED TO CHOOSE BETWEEN FEEDING A FAMILY AND PURSUING MEDICAL CARE."

- Cristina Contreras, LMSW, MPA, FABC, CEO, NYC Health + Hospitals/Metropolitan

In addition, patients who are justice-involved often mistrust civic institutions, and don't utilize the shelter system. At the same time, some housing providers may be reluctant to house patients who have had contact with the criminal legal system, further limiting their options. The increased cost of living and housing have become challenges, especially for single income households, which can affect their decisions on food choices and addressing their own health needs. Stakeholders expect that health outcomes will likely worsen as housing insecurity continues to increase, as those without rent burden have better health outcomes.

"WITHOUT FINANCIAL SECURITY, INDIVIDUALS WILL FORGO HEALTH CARE COVERAGE FOR THEMSELVES AND EVEN FOR THEIR FAMILIES."

- Khoi Luong, DO, Senior Vice President, Post-Acute Care NYC Health + Hospitals

There's been a decline in "apparent economic stability" as businesses have closed throughout the community, and stakeholders touched on the limitations of the safety net to serve the uninsured and underinsured.

Unemployment and financial insecurity are challenges for many communities throughout the city, especially following the pandemic. Stakeholders report that there is a shortage of good paying jobs or trade jobs for community members, and that everyone should have access to "steady jobs and opportunities that are satisfying, pay well, and provide career pathways." Most community members get their health care coverage from their employers, and high job turnover over the past two years has left many without coverage. Even those with health insurance may not know the costs associated with health care, and a "medical issue can bankrupt a family." Stakeholders call for increased awareness about resources available to community members, including NYC Care, or sliding scale co-pays at NYC Health + Hospitals facilities.

IMPACT OF COVID-19 ON COMMUNITY HEALTH

Stakeholders spoke of the tremendous impact of COVID-19 on physical and mental health. Risk factors for complications such as diabetes and heart conditions were already prevalent in many communities NYC Health + Hospitals serves, and led to a disproportionate impact, including widespread mortality. Many community members are still living with the ongoing physical impacts of Long COVID. There is still a lot of confusion about what Long COVID means for them medically, where to access services, and how it can be supported.

"KIDS ARE PROFOUNDLY DEPRESSED, SO DEPRESSED THAT THEY CANNOT GO TO SCHOOL, OR HAVE CONTEMPLATED OR ATTEMPTED SUICIDE. PEOPLE ACROSS ALL BACKGROUNDS ARE CALLING ME TO TRY TO GET HELP – THEY DON'T KNOW WHERE TO PUT THEIR 9-YEAR-OLD KID WHO IS TALKING ABOUT ENDING THEIR LIFE. AND THAT'S HORRIFYING, AND BIGGER THAN JUST NYC HEALTH + HOSPITALS. PEOPLE ARE STRUGGLING TO NAVIGATE SERVICES."

- Deborah Brown, JD, MSW, Senior Vice President, External and Regulatory Affairs NYC Health + Hospitals

Communities are dealing with loss and the collective trauma of the pandemic. Shutdowns increased isolation, depression, and anxiety and worsened existing mental health conditions for many community members. Children have suffered especially due to quarantine and limited socialization with their peers and the challenges to continue attending school remotely. Many face difficulties navigating and accessing mental health services, and there are perceived gaps in the outpatient care and routine counseling available.

"WE'VE SEEN THAT A LACK OF ATTENTION TO CERTAIN HEALTH ISSUES DURING COVID HAS LED THESE ISSUES TO BE MUCH MORE EMERGENT IN OUR PATIENTS NOW. THESE PATIENTS HAVE NEGLECTED THESE HEALTH ISSUES AS THEY WERE SCARED AND LOCKED AWAY FOR THE PAST TWO YEARS."

- Lisa Scott-McKenzie, DHA, CEM, FABC, FACHE, Chief Operating Officer, NYC Health + Hospitals/Woodhull

Many people delayed seeking care due to fear of catching COVID-19, and there are groups of people that are still afraid to receive care. Medicaid users are still not accessing care to a pre-pandemic level, and their entire medical utilization is lower. Patients are coming into facilities at a more advanced stage of the condition than if it had been addressed earlier. Systems had to implement new technologies like hybrid and telehealth services to try to address this barrier, and these efforts were successful in reaching many patients in the height of the crisis. It is important that telehealth continues as an asset but doesn't create further inequities due to lack of access to technology.

> "HOW DO WE ADDRESS SERIOUS BARRIERS TO CARE WHEN YOU HAVE A LETHAL COMMUNICATIVE DISEASE SUCH AS COVID? WE HAVE TO THINK ABOUT THE OUTREACH AND MESSAGES THAT ARE PERSONAL TO PEOPLE."
>
> - Barbara A. Lowe, MS, RN,
> NYC Health + Hospitals, Board of Directors

The pandemic worsened many communities' longstanding mistrust in health care systems. Stakeholders noted this especially in regards to vaccination fear, and noted that the continued solution needs to be based in education. Community leaders are key to building back the trust, especially in catchment areas that have historical reasons for mistrust. COVID-19 was also disruptive to correctional health patients who faced longer incarceration due to disruption in normal processes, had longer periods of time without family visits, and lost services provided to them. It was more challenging for them to re-enter the community, and the press coverage on COVID-19 in jail settings caused real fear from family members who would have housed re-entering patients.

Stakeholders also noted that COVID-19 had a major impact on the economic health of communities and the workforce. Those who got sick, or took care of someone who got sick, lost income as a result. Health care workers are under tremendous stress and exhaustion, and it has been a challenge for the workforce at large to maintain and support economic recovery. The city needs people to return to work and contribute to the economy, but stakeholders worry that the pandemic has limited how people interact with each other, professionally and socially.

KEY TRENDS TO CONSIDER

Stakeholders were asked about the key trends or changes to the health care system, demographics, or economy that need to be considered to address the community's needs.

Their responses suggest a need to focus on COVID-19 recovery, including the impact of Long COVID and ongoing fear and reluctance to interact in the community. Stakeholders suggested a need for community outreach, in addition to home-based

or mobile services. With the expansion of telemedicine, it is important that patients have the option to see providers in-person if they're not comfortable using that technology to receive health care, or vice versa. Stakeholders have concern that it's sometimes difficult to properly manage the care a patient is receiving through telemedicine and support a balance of virtual and in-person visits available to the community.

> "MOBILE CLINICS AND TELEHEALTH ARE IMPROVEMENTS IN HOW WE PROVIDE CARE BECAUSE THEY DO NOT GEOGRAPHICALLY LIMIT CARE TO THOSE WHO CAN REACH IT. WHEN WE'RE ABLE TO TAKE CARE TO THE PATIENT, WE PROVIDE A DIFFERENT LEVEL OF ACCESS THAT HELPS MITIGATE OTHER BARRIERS TO CARE."
>
> - Kim Mendez, EdD, ANP, RN,
> Senior Vice President, Corporate Chief Information Officer
> NYC Health + Hospitals

The health needs for communities are "record high" now. On top of the workforce shortages the mental health profession was already facing, increased behavioral health demand has highlighted the need for continued expansion of services and treatment for patients in need. The funding set at the state and federal level needs to increase so expanded services such as health home initiatives, telehealth, and other models of care can be implemented in communities. The staff shortage in health care is a trend that requires attention and problem solving to bring back medical professionals, especially nurses. Stakeholders suggest that other models are considered as well, such as doulas or community health workers to address health needs in several ways.

> "ALTHOUGH NEW PROVIDERS MAY EMERGE IN COMMUNITIES THAT ARE FEDERALLY DESIGNATED HEALTH CARE PROVIDER SHORTAGE AREAS AS THEY ARE GENTRIFIED, THEY MAY NOT NECESSARILY BRIDGE THE EQUITY AND ACCESS GAPS HISTORICALLY EXPERIENCED BY PRE-EXISTING COMMUNITY MEMBERS WHO ARE UNINSURED, UNDERINSURED OR COVERED BY MEDICAID. THESE PROVIDERS MAY IN FACT TARGET NEW COMMUNITY MEMBERS WHO ARE COMMERCIALLY INSURED, PERPETUATING THE EQUITY AND ACCESS GAPS IN THESE COMMUNITIES."
>
> - Nicole Jordan-Martin, CEO,
> NYC Health + Hospitals/Community Care

Those interviewed emphasized that it is important to pay attention to changing demographics which affect the health care services and resources that are needed within a community. In gentrifying communities, for example, that means not only paying attention to services needed for residents who are moving in, but also providing care for longtime residents. There must also be culturally appropriate care for patients who need it.

"AS WE GET MORE DIGITAL WE HAVE TO BE CAREFUL NOT TO WORSEN THE DIGITAL DIVIDE. DIGITAL ACCESS AS WELL AS COMFORT WITH USING DIGITAL TECHNOLOGIES WILL VARY AMONG PATIENTS AND WE HAVE TO ENSURE THAT WE DO NOT CREATE BARRIERS TO ACCESS AS WE INCREASE OUR USE OF DIGITAL TECHNOLOGIES IN PATIENT CARE."

- Nichola Davis, MD, MS, Vice President,
Chief Population Health Officer
NYC Health + Hospitals

Stakeholders also spoke about the opportunity to engage further with the community following the pandemic. Some believe there are community members who were unaware of NYC Health + Hospitals prior to COVID-19 that used the system as their primary testing and vaccine site and could be educated on the offerings available to them. Community outreach must increase to improve preventative health service utilization and be provided at a level that the community can understand and that is accessible to them.

CHALLENGES AND BARRIERS TO ADDRESSING HEALTH AND WELLNESS

Stakeholders were also asked about the challenges and barriers that need to be addressed to improve community health and wellness. They emphasized the importance of supporting the health care workforce of NYC Health + Hospitals and elsewhere. This could include more investment in people from low-income communities to join the workforce.

Access to resources was also identified as a top challenge to address health and wellness in these communities. Many community members still don't know how to access the services available to them, underscoring the need for expanded outreach and information provided to the community. The focus should be about moving care "into the community" rather than focusing on the hospital center, and to empower patients to know how to access care, when to access care, and how much care to access.

"WE NEED OUR FACILITIES TO HAVE CAPABILITY TO MEET PEOPLE WHERE THEY ARE. PEOPLE HAVE DIFFERENT NEEDS: SOME LIKE TELEHEALTH, SOME LIKE IN PERSON, AND OUR HOMELESS PATIENTS USE STREET HEALTH BECAUSE THEY DON'T KNOW WHAT THEIR ADDRESS WILL BE IN A FEW WEEKS. WE NEED TO BE ABLE TO ACCOMMODATE ALL OF THESE NEEDS."

- Theodore G. Long, MD, MHS,
Senior Vice President, Ambulatory Care and Population Health
NYC Health + Hospitals

Community members are seeking simplified services, delivered in a way that makes them comfortable. Whether that be through providing multiple ways to access resources or being culturally and linguistically humble, patients need to be "integrated into everything we design and deliver."

"HOW COMFORTABLE IS AN ADULT TO SAY THEY DON'T UNDERSTAND? WE AREN'T MEETING PATIENTS WHERE THEY ARE – WE NEED TO ADJUST COMMUNICATIONS TO WHERE THE PATIENTS ARE AND WHAT THEY CAN UNDERSTAND."

- Michelle Lewis, CEO,
NYC Health + Hospitals/Gotham Health

Borough and Facility-Specific Findings

While NYC Health + Hospitals is proud to serve all of New York City, we must be mindful of the distinctions across our boroughs and neighborhoods. The next section will identify specific health data and challenges for each of the five boroughs, as well as for the individual communities our facilities serve. We received this feedback through community discussions, focus groups, and interviews, plus analysis of primary and secondary data. Understanding local health status helps us address immediate community needs and reinforces our system-wide approach to improving health equity, fighting chronic disease, and facilitating access to resources.

Bronx

BOROUGH FOCUS GROUP FINDINGS

BOROUGH'S BIGGEST CHALLENGES

In our focus groups' discussions, Bronx participants shared that the top challenges in the borough are crime and safety, access to resources, the impact of COVID-19 on the community, and food access.

Increased random acts of crime and violence throughout the community have many on edge and experiencing heightened anxiety. Community members report that violent incidents are happening in unexpected places, and pointed to the case of a barber shop shooting as an example. Others shared that there are fatal shootings at least twice a week in their neighborhoods. This impacts youth, who face safety concerns just trying to get to school, and sometimes end up as victims of violence as well.

Many Bronx residents have challenges accessing resources, including finding the right health insurance coverage, or navigating their existing coverage. This is especially true for elderly residents, and accessing mental health services. Some still face language barriers in hospitals and believe staff could be more diverse and "in tune with the people they serve." Residents don't always "trust urgent care" in the Bronx and prefer to go to the ED for care. They find that urgent care bills are often too high or that they end up being referred to the hospitals anyway. Many residents try to save time and money by going directly to the ED.

"The rug that COVID-19 pulled from everyone's feet sent everyone in total disarray," focus group members shared. Conflicting information created confusion and prevented people from seeking help. This exacerbated health conditions or left COVID-19 untreated and led to a lot of death in the community. The pandemic has worsened existing mental health conditions and caused them for many others. Families were "shattered" after losing family members, jobs, and increased economic instability, and this experience has been a trauma for the entire community. There is a need for more access to information on health, food, immigration, and jobs resources within the community.

"YOU'D BE SURPRISED AT HOW MANY PEOPLE SAY THEY WON'T SEE A DOCTOR BECAUSE THEY ARE AFRAID TO FIND OUT WHAT IS WRONG. THAT'S A VERY REAL PROBLEM. WE NEED TO GET THE WORD OUT THAT SEEING A DOCTOR IS NOT A BAD THING; IT'S A GOOD THING, SO THAT THEY GET THE MEDICAL CARE THEY NEED."

- Mr. Robert Nolan,
NYC Health + Hospitals Board Member

Community members are concerned that the food environment in their neighborhoods doesn't help residents prevent or manage chronic diseases. Fresh, healthy foods are expensive and inaccessible to many residents, and the food that is available is not good quality or rots quickly. Residents believe this deters people from eating healthfully, as they don't want to waste money on these foods, especially when they are on a fixed or low income. The Bronx focus group participants also stress that the Bronx receives disproportionate unhealthy food marketing compared to other boroughs.

BOROUGH'S STRONGEST ASSETS

Focus group members described their community as a variety of cultures who live together and create a "family" that sticks together as neighbors and friends. They note that the community will always band together for each other in times of need.

62 county health ranking
out of 62 counties in New York[42]

80.9 years life expectancy
compared to New York City average of 82.8 years[42]

What is the community's perception?[43]

Top 5 poor health outcomes identified in the Bronx per survey responses

Diabetes and high blood sugar

Mental health disorders and depression

Violence and gun violence

Obesity and high BMI

High blood pressure

Top 5 service needs in the Bronx

Community safety and violence

Poverty and low-income status

Housing access, affordability, and quality

Stress and emotional wellbeing

Obesity and high BMI

Leading causes of premature deaths in the Bronx[44]

Heart Disease	Cancer	Unintentional injury	Diabetes	Influenza & pneumonia
1,208 deaths	**1,200** deaths	**506** deaths	**244** deaths	**166** deaths
81.7 per **100,000**	**81.2** per **100,000**	**36.4** per **100,000**	**16.7** per **100,000**	**11.2** per **100,000**

Health status in the Bronx

59% have one or more chronic conditions[45]

NYC HEALTH + HOSPITALS/JACOBI

1400 Pelham Parkway South, Bronx, NY 10461

COMMUNITY BACKGROUND

NYC Health + Hospitals/Jacobi serves the Northeast Bronx and is located in Morris Park. Just west of Pelham Bay Park, New York City's largest Park, and home to Orchard Beach, this neighborhood is where the suburbs meet the city. It is home of the two largest Naturally Occurring Retirement Community (NORC) residences citywide and has welcomed immigrants from West Africa and the Caribbean.

WHAT THE COMMUNITY SHARED

Assets

- CBOs and the services they provide
- Collaboration between the hospital and other institutions

Challenges

- Violence
- Cost of living
- Mental health
- Outreach services
- Diabetes
- Asthma

Neighborhood health

78.2 Life expectancy from birth[46]

Patients served by zip code

% of patients served by zip code

0.5%   12.0%
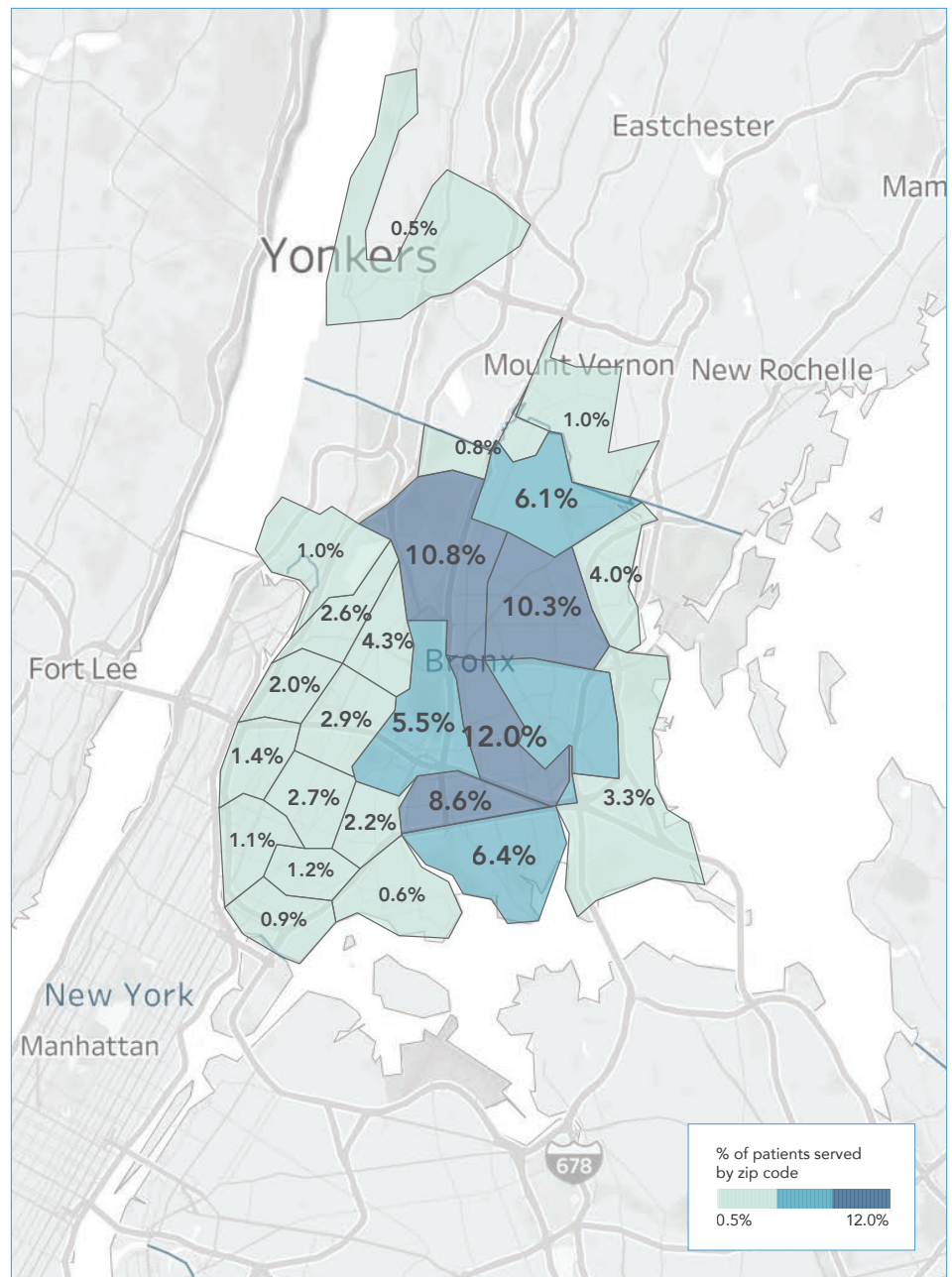
"IF I WAS YOUNGER, IT MIGHT BE DIFFERENT, BUT RIGHT NOW, PEOPLE ARE GOING CRAZY OUT THERE AT NIGHT, AND IT DOESN'T FEEL SAFE."

- Community forum participant,
NYC Health + Hospitals/North Central Bronx/Jacobi

THROUGH THE LENS OF A COMMUNITY ANCHOR INSTITUTION

NYC Health + Hospitals/Jacobi, was founded in 1955. The 457-bed hospital is a Level I Trauma Center that serves as the Regional Hyperbaric Center and the Regional Snakebite Center for the Tri-state area. It is affiliated with the Physician Affiliate Group of New York (PAGNY).
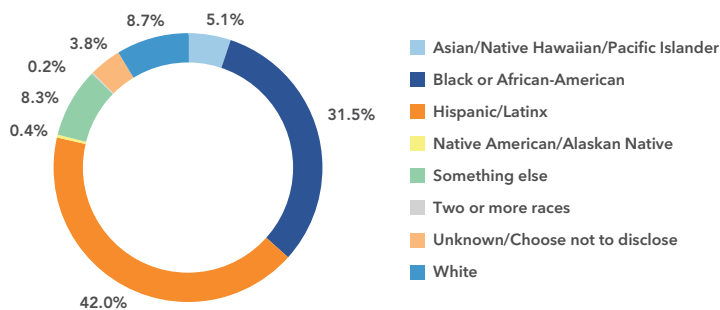
Our impact

$1.54B
Economic activity[4]

6.6K
Jobs generated[4]

1.6K
Babies delivered

109K Patients

354K Outpatient visits
20.4K Inpatient visits
102K Emergency Department visits
4.1K Ambulatory surgery visits

464K Total visits
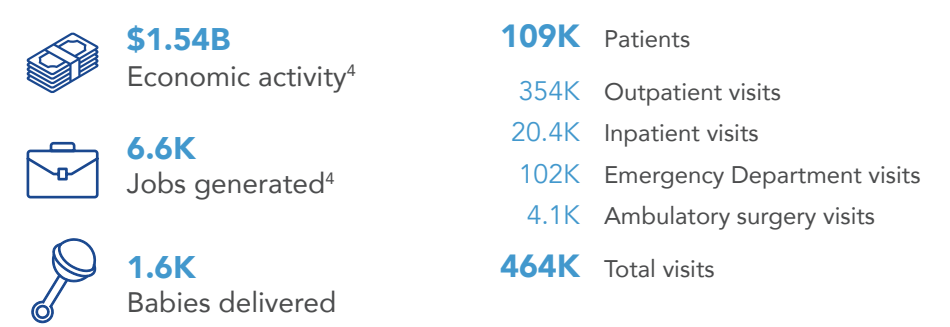
Why are patients coming in?

- **Follow up from child health exams**
- **Hypertension**
- **Diabetes**
- **Pregnancy**
- **Pediatric well and preventative visits**
- **Adult medical exam**
- **COVID-19**
- **Mammogram screenings**
- **Morbid obesity**

Based on outpatient and inpatient encounters

Who are our patients?

Patients by race/ethnicity

- 5.1% — Asian/Native Hawaiian/Pacific Islander
- 31.5% — Black or African-American
- 42.0% — Hispanic/Latinx
- Native American/Alaskan Native
- 0.4% — Something else
- 8.3% — Two or more races
- 0.2% — Unknown/Choose not to disclose
- 3.8% — White
- 8.7%

Top 10 preferred languages

- **English**
- **Spanish**
- **Albanian**
- **Bengali**
- **Other**
- **Arabic**
- **French**
- **Urdu**
- **American Sign Language**
- **Vietnamese**

23%
of patients with preferred language other than English[47]

Patients by age group

- 18 - 44: 39.6%
- 45 - 64: 24.4%
- 0 - 11: 16.8%
- ≥65: 12.9%
- 12 - 17: 6.3%

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.
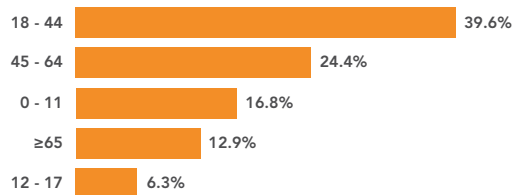
Patients by gender identity

Female	54.64%
Male	45.34%
Decline to answer	0.00%
X	0.00%
Unknown	0.00%

NYC HEALTH + HOSPITALS/JACOBI

1400 Pelham Parkway South, Bronx, NY 10461

JACOBI COMMUNITY FORUM FINDINGS

COMMUNITY'S BIGGEST CHALLENGES

Crime and safety

Community members are concerned about increasing crime and its disparate impact. Participants worried that "you only need to go two to three minutes away" and it's a "different story" where residents can't go out at night, and "you have to worry about who you're going to meet in the street." Elderly community members feel especially unsafe.

Senior health

Seniors in the community shared the need for additional services that address their unique health needs. Senior centers and services give seniors a place to come together, play games, have meals, and be around others. One community member shared, "When I go there, I feel like I'm at home," and emphasized the importance for the senior community to connect with one another following the isolation of the pandemic. Unfortunately, some of these services have been reduced since the pandemic.

More specifically, focus groups contributers believe that there are adequate resources for seniors but that it is a challenge in getting seniors to access them. "There is access for seniors, but sometimes they need someone to guide them to go." The community needs to find a way to bridge the gap for seniors to talk about their health and health needs with others who can help them find available resources. Seniors who live with HIV are another population with unmet needs, as many are treated more generally in centers or assisted living and are afraid to share their status due to enduring stigma.

Access to resources

According to forum participants, the community has "ample" places to access health care, including urgent care, area hospitals, and NYC Health + Hospitals satellite facilities. However, many community members still face barriers to accessing care. Those who can't afford health care or insurance delay care because of cost, and others delay because they're afraid to learn more about their health status. These patients often have treatable health conditions but delay seeking care. Many younger residents don't have primary care providers.

> "WE NEED TO GET THE WORD OUT THAT GOING TO THE DOCTOR AND THE HOSPITAL IS A GOOD THING. WE HAVE CLINICS ALL OVER THE AREA, AND THEY WILL WALK RIGHT PAST THEM AND SAY THEY'RE NOT FEELING WELL WHEN THEY JUST PASSED A PLACE WHERE THEY COULD'VE GONE IN AND GOTTEN SOME HELP."
>
> - Community forum participant, NYC Health + Hospitals/Jacobi

Community members believe it's important for young people to establish themselves with a primary care provider and urge them to seek care regularly. "We need to get the word out that going to the doctor and the hospital is a good thing. We have clinics all over the area, and they will walk right past them and say they're not feeling well when they just passed a place where they could've gone in and gotten some help."

The community needs more mental health services and community outreach about these services, especially after the pandemic. Seminars or sessions on health issues for the community would also help residents to come together to learn more about their priorities and connect with others with the same experiences. Residents believe that stigma still exists that leads to delays in seeking care, which limits community members accessing available resources.

COMMUNITY'S STRONGEST ASSETS

There are many local community-based organizations throughout the area served by NYC Health + Hospitals/Jacobi and they are a significant asset to the community. These are excellent partners for NYC Health + Hospitals/Jacobi and bring more resources in to the community.

IMPACT OF COVID-19

"COVID-19 DELAYED COMMUNITY MEMBERS FROM SEEKING HEALTH CARE DUE TO THEIR WORRY OF CONTRACTING THE VIRUS. REGARDLESS OF OTHER FACTORS THAT MAY ALSO KEEP THEM FROM CARE (I.E., IMMIGRATION STATUS). THERE IS A CORE GROUP OF INDIVIDUALS WHO ARE STILL APPREHENSIVE ABOUT RECEIVING CARE IN OUR FACILITY DUE TO THE FEAR OF COVID-19. THROUGH OUTREACH WE ENGAGE THE COMMUNITY TO ASSURE THEM THAT THEIR HEALTH AND SAFETY ARE OUR TOP PRIORITY."

- Christopher Mastromano, CEO
NYC Health + Hospitals/Jacobi/North Central Bronx

The pandemic has been a time of "loss and trauma" for the community, as residents lost family members and loved ones. There has been an increase in anxiety and depression in response, which has worsened because of "the turmoil and uncertainty" happening now. Many community members know that they cannot resolves these issues quickly and that awareness exacerbates these mental health challenges.

Residents believe that these mental health issues will continue in the community in the coming years. "The pandemic was one issue," one community forum participant shared, "but the aftermath that is happening currently, will go on for who knows how long until it's resolved."

The community is grateful for the resources provided by NYC Health + Hospitals/Jacobi throughout the pandemic. The hospital has done "great outreach to make vaccines available to those who wanted it and made vaccine information easy for people to understand."

Community COVID-19 PCR testing, COVID-19 admissions, and ED visits
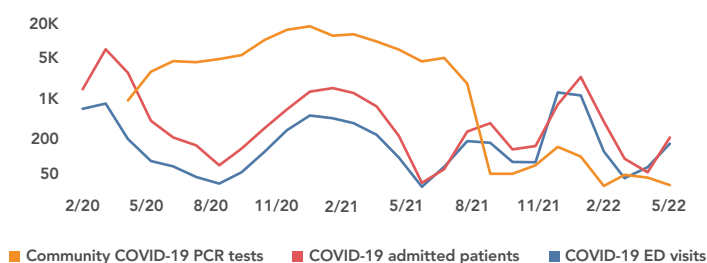
■ Community COVID-19 PCR tests   ■ COVID-19 admitted patients   ■ COVID-19 ED visits

COVID-19 vaccinations
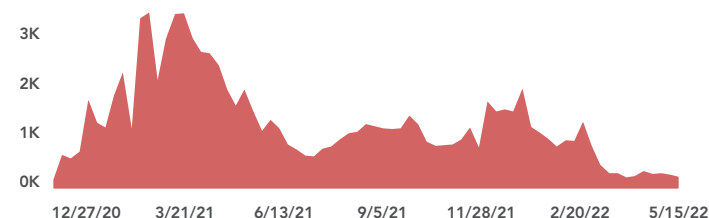
NYC HEALTH + HOSPITALS/LINCOLN

234 East 149th Street, Bronx, NY 10451

COMMUNITY BACKGROUND

NYC Health + Hospitals/Lincoln serves the Mott Haven, Hunts Point, Highbridge, and Morrisania neighborhoods in the South Bronx. It has a rich and varied history that reflects the vibrant growth of the institution and the diverse communities it serves.

WHAT THE COMMUNITY SHARED

Assets

- Solidarity in the community
- Access to resources (education and hospitals)

Challenges

- Mental health
- Substance use
- Cost of living
- Food insecurity

Neighborhood health
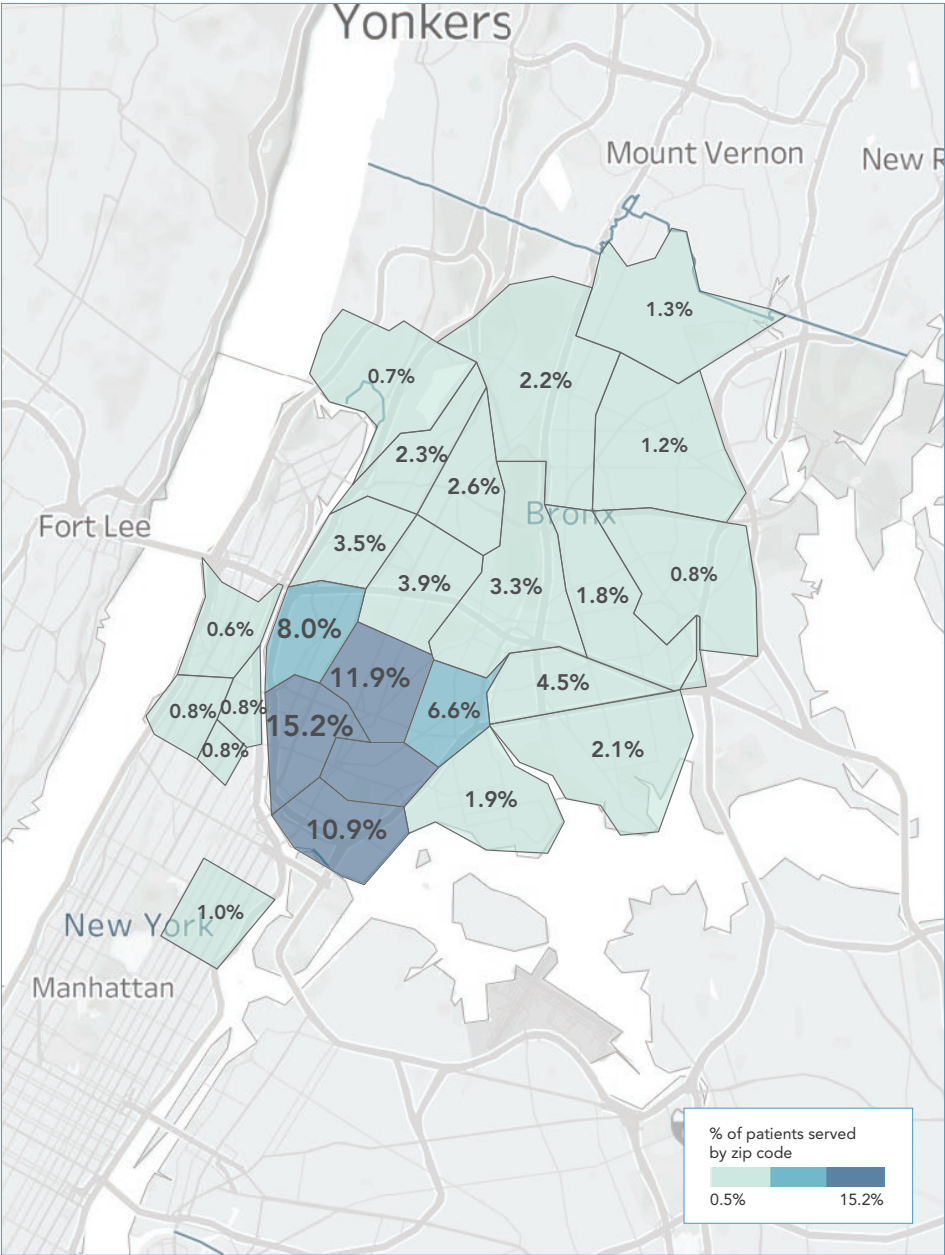
78.8 Life expectancy from birth[46]

"SOMEONE FROM OUTSIDE THE COMMUNITY WILL NOT MAKE IT BETTER THAN YOU'LL MAKE IT YOURSELF – SO WE HAVE TO PARTICIPATE. WE HAVE TO GET MORE CIVIC ENGAGEMENT, BUT PEOPLE DON'T GET INVOLVED."

- Community forum participant, NYC Health + Hospitals/Lincoln

Patients served by zip code

% of patients served by zip code
0.5% — 15.2%

Source: NYC Health + Hospitals, DnA, Epic clinical and revenue data, CY21

THROUGH THE LENS OF A COMMUNITY ANCHOR INSTITUTION

NYC Health + Hospitals/Lincoln was founded in 1839. The 362-bed hospital is one of the most active Level I Trauma Centers in the country and is affiliated with PAGNY.

Our impact

$1.42B
Economic activity[4]

6.1K
Jobs generated[4]

1.4K
Babies delivered

133K Patients

388K   Outpatient visits
18.3K   Inpatient visits
168K   Emergency Department visits
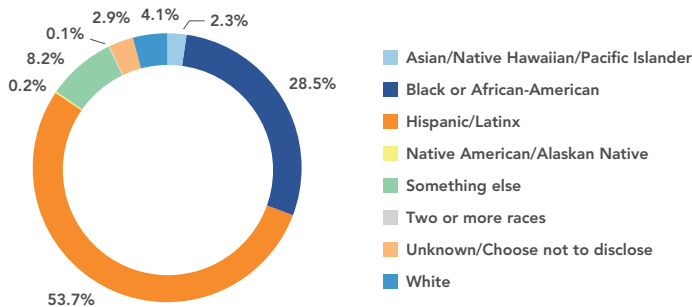6.7K   Ambulatory surgery

566K Total visits

Why are patients coming in?

- COVID-19
- Hypertension
- Pediatric well and preventative visits
- Worried well visits
- End-stage renal disease
- Pregnancy
- Adult medical exam
- Diabetes

Based on outpatient and inpatient encounters
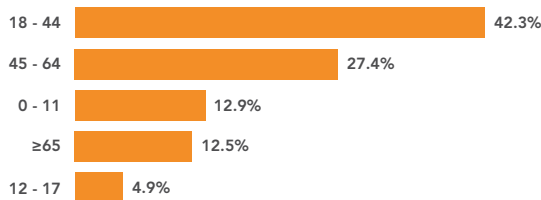
Who are our patients?

Patients by race/ethnicity

- 28.5%
- 2.3%
- 4.1%
- 2.9%
- 0.1%
- 8.2%
- 0.2%
- 53.7%

Legend:
- Asian/Native Hawaiian/Pacific Islander
- Black or African-American
- Hispanic/Latinx
- Native American/Alaskan Native
- Something else
- Two or more races
- Unknown/Choose not to disclose
- White

Top 10 preferred languages

- **English**
- **Spanish**
- **French**
- **Other**
- **Bengali**
- **Arabic**
- **Russian**
- **Mandarin Chinese**
- **American Sign Language**
- **Cantonese**

34%
of patients with preferred language other than English[47]

Patients by age group

Age group	Percentage
18 - 44	42.3%
45 - 64	27.4%
0 - 11	12.9%
≥65	12.5%
12 - 17	4.9%

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.

Patients by gender identity

Female	53.46%
Male	46.51%
Decline to answer	0.01%
X	0.01%
Unknown	0.00%

Source: NYC Health + Hospitals, DnA, Epic clinical and revenue data, CY21

NYC HEALTH + HOSPITALS/LINCOLN

234 East 149th Street, Bronx, NY 10451

LINCOLN COMMUNITY FORUM FINDINGS
COMMUNITY'S BIGGEST CHALLENGES

Crime and safety

Community members are concerned about the increase of crime in the neighborhood, and many do not believe the area is very safe. They believe that mental health issues contribute to this, as does the influx of drugs throughout the community. One community member shared, "I've had three shootings in the past week a block away from my home." Seniors are also concerned about their safety, and note there are places throughout the community they will no longer go alone.

"PEOPLE IN OUR COMMUNITY DON'T HAVE MONEY LIKE THEY USED TO, AND BODEGAS OFFER CREDIT AND HELP PEOPLE WITH FOOD WHEN THEY CAN'T AFFORD IT. WHEN PEOPLE WERE OUT OF WORK DURING THE PANDEMIC, THEY HAD TO RELY ON BODEGAS."

- Community forum participant, NYC Health + Hospitals/Lincoln

Socioeconomic issues

The rising cost of living and inflation coupled with low paying jobs and the economic impact of the pandemic has left many families struggling. There is a significant mental health burden on families who are unable to pay their bills or put enough food on the table. Throughout the pandemic a lot of money was invested in food initiatives, and residents worry about what will happen as these programs end. "Where's the investment into the community to continue to provide supportive resources as we move out of this pandemic?" There is a need for greater and continued assistance for many residents.

Community members stressed that they really relied on one another throughout the worst parts of the pandemic, especially when families were most struggling with the financial impact.

Youth services

Residents report there are no youth services in the neighborhood, which leaves young people with nowhere to go and nothing to do when they leave school. Community members believe it's important to have youth programs that can serve as positive outlets for recreation, and a place to focus on health, wellness, and development. One community member shared, "kids need healthy programs, they need to learn how and what to eat, and need to know that someone cares about them. We've always been a caring community, and somewhere along the way we got lost." Residents fear that when young people don't have an opportunity to connect with the community, they can end up with bad influences and illicit ways of socializing, with drugs and alcohol.

Group members also stated that youth in the community lack educational skill-building, and vocational training resources. They stress that it's important that there are resources available for them to figure out their next steps, especially if they choose not to attend or cannot afford college.

Access to resources

There is an identified need for more accessible resources in the community. Seniors need more outreach and attention as health care resources become more digitized, which they noted created a barrier for homebound seniors trying to get their COVID-19 vaccines. Homebound seniors were successfully vaccinated when the City and community organizations brought the shots directly to them, highlighting the importance of accessible resources.

Focus group participants noted that when community members face competing concerns, health isn't always a priority. One suggestion was to place mobile units (dental, mental health, vaccines, etc.) directly at community locations such as health centers, community centers, and schools. There needs to be a focus on making services convenient and accessible to meet the community where they are. This includes the importance of providing culturally and linguistically humble health care and resources.

COMMUNITY'S STRONGEST ASSETS

Residents believe that the community benefits from the education and health care resources available to them. NYC Health + Hospitals/Lincoln has "gone above and beyond when it comes to health care in the community," which has made the community a better place.

The unity and sense of community among residents is also a strength. Residents shared that, good or bad, the community comes together, and if there is a family in need, they are there for them. "All my neighbors, we stick together. We need to connect again, and we need to bring that love back. The hospital is working to bring us back together and they're doing a tremendous job."

IMPACT OF COVID-19

"COMMUNITY MEMBERS DELAYED SEEKING CARE OR GOING TO THE PHARMACY TO GET THEIR MEDICINES DUE TO FEAR OF COVID, WHICH WORSENED CHRONIC ILLNESS AND INCREASED HOSPITALIZATIONS. THE TRAUMA OF THE PANDEMIC – LOSING FRIENDS AND FAMILY MEMBERS TO COVID, NOT BEING ABLE TO GO OUTSIDE, OR SEE AND TALK TO LOVED ONES, IS STILL VERY MUCH AFFECTING PEOPLE."

- Christopher Roker, CEO, NYC Health + Hospitals/Lincoln

The community experienced a great deal of loss from the pandemic and is now dealing with the aftermath. Many residents lost several loved ones to COVID-19, while others lost income or jobs, and the entire community had to deal with the loss of socialization and communication. Community members are still experiencing high levels of isolation, as they continue to stay home and avoid being outside or around others for a fear of catching COVID-19.

"THERE'S BEEN A LOT OF PAIN, A LOT OF DISAPPOINTMENT, AND A LOT OF SADNESS IN OUR COMMUNITY."

- Community forum participant, NYC Health + Hospitals/Lincoln

Residents worry that this isolation will have a long-term effect on the way that they connect with one another, and that this is causing people to "suffer more internally" when they have something going on. In the past, community members could share what they were going through with others they saw out, but this has been more difficult due to this isolation and hesitancy to socialize again.

Focus group participants believe there has been an increase in anxiety and depression in the community, stemming from the stress, isolation, and sadness of the pandemic. Community members hope that there will be increased support and social opportunities for those who are struggling as the pandemic continues to improve in the city.
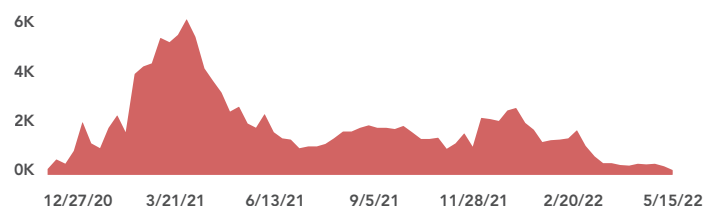
"WHEN YOU SEE SOMEONE ON THE STREET, DO YOU SHAKE A HAND? DO YOU WAVE? EVERYONE'S UNCERTAIN WHAT TO DO, AND AFRAID OF EVERYONE. I DON'T KNOW HOW WE'RE GOING TO SURVIVE THIS."

- Community forum participant, NYC Health + Hospitals/Lincoln

Community COVID-19 PCR testing, COVID-19 admissions, and ED visits
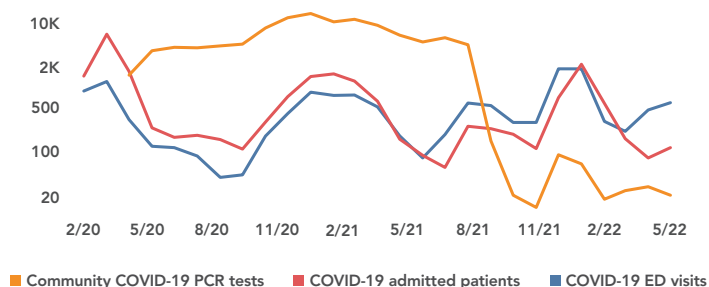
■ Community COVID-19 PCR tests   ■ COVID-19 admitted patients   ■ COVID-19 ED visits

COVID-19 vaccinations

Source: NYC Health + Hospitals, DnA, Epic clinical and revenue data, CY21

NYC HEALTH + HOSPITALS/NORTH CENTRAL BRONX

3424 Kossuth Avenue, Bronx, NY 10467

COMMUNITY BACKGROUND

NYC Health + Hospitals/North Central Bronx serves the Northeastern Bronx neighborhoods of Norwood, Crotona, Tremont, Fordham, Bronx Park, Highbridge, Morrisania, Kingsbridge, Riverdale. It sits in tree-lined Norwood, a diverse, residential neighborhood that is enjoying a period of urban renewal. The predominantly Hispanic/Latinx population in the area has recently welcomed new immigrants from Jamaica, Bangladesh, Guyana, and Ecuador.

WHAT THE COMMUNITY SHARED

Assets

- Access to nearby colleges and universities
- Local hospitals
- Sense of community

Challenges

- Food insecurity
- Violence
- Mental health
- Health education

Neighborhood health

78.2 Life expectancy from birth[46]

"IT'S CHALLENGING FOR COMMUNITY-BASED ORGANIZATIONS TO GET THROUGH TO THE COMMUNITY – THEY LISTEN BUT THEY DON'T REALLY HEAR WHAT WE'RE SAYING."

- Community forum participant,
NYC Health + Hospitals/North Central Bronx

Patients served by zip code
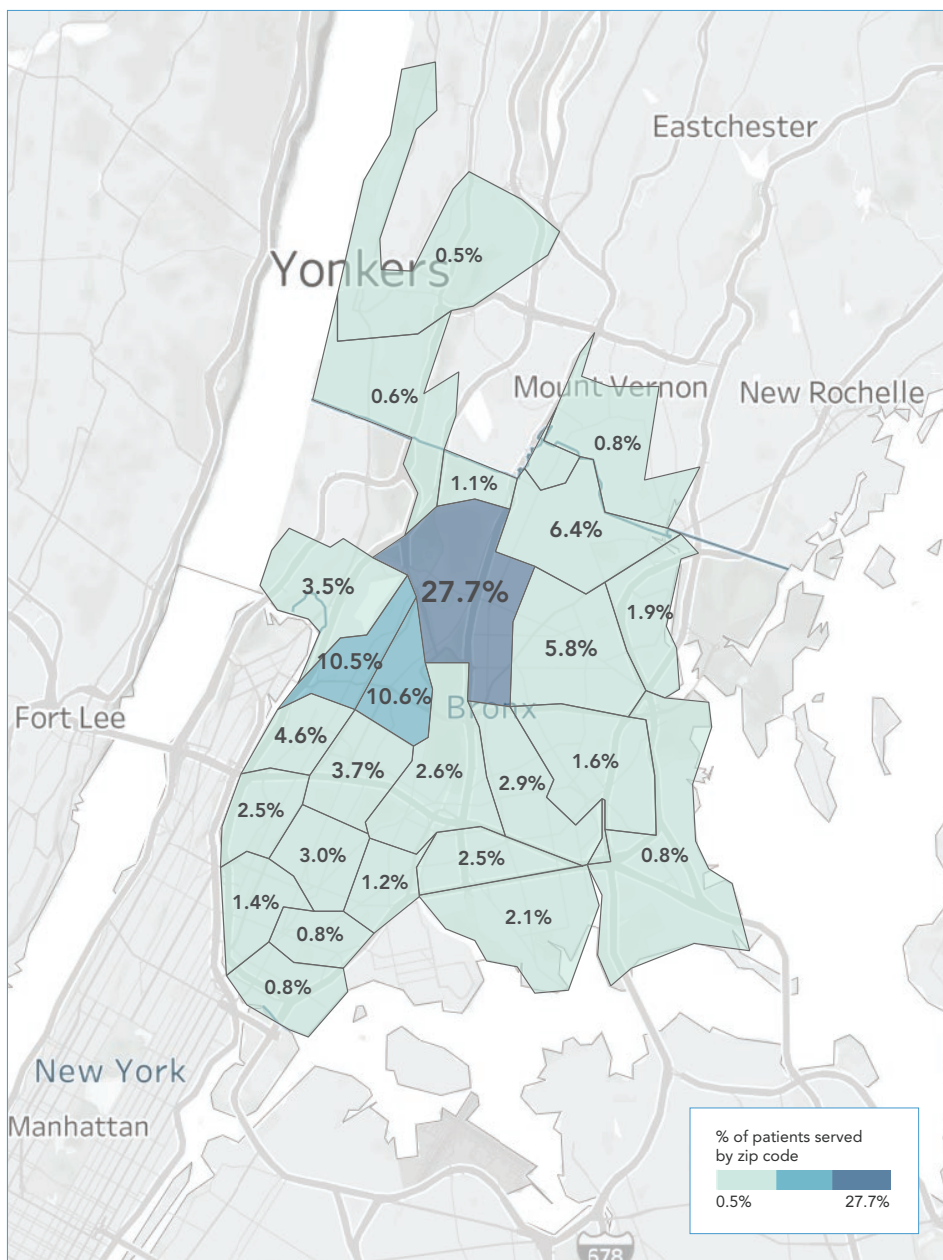
% of patients served by zip code
0.5%   27.7%

Source: NYC Health + Hospitals, DnA, Epic clinical and revenue data, CY21

THROUGH THE LENS OF A COMMUNITY ANCHOR INSTITUTION

NYC Health + Hospitals/North Central Bronx was founded in 1976. The 213-bed hospital is affiliated with PAGNY.

Our impact

$516M
Economic activity[4]

2.2K
Jobs generated[4]

992
Babies delivered

49K   Patients
191K   Outpatient visits
7.8K   Inpatient visits
43K   Emergency Department visits
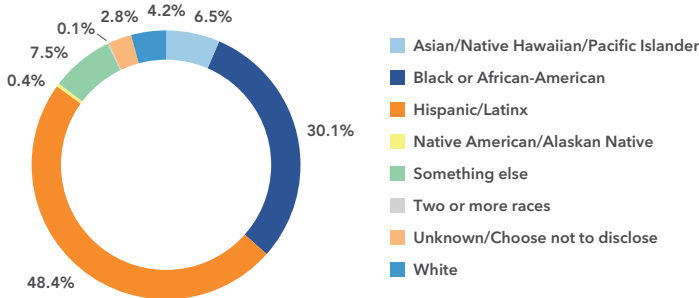2.8K   Ambulatory surgery
239K   Total visits

Why are patients coming in?

- **Follow up from child health exam**
- **Well and preventative visit for children**
- **Hypertension**
- **Diabetes**
- **Pregnancy**
- **Adult medical exam**
- **Immunization**
- **Mammogram screenings**
- **Schizophrenia and psychiatric disorders**

Based on outpatient and inpatient encounters

Who are our patients?

Patients by race/ethnicity

- 4.2%
- 6.5%
- 2.8%
- 0.1%
- 7.5%
- 0.4%
- 30.1%
- 48.4%

Legend:
- Asian/Native Hawaiian/Pacific Islander
- Black or African-American
- Hispanic/Latinx
- Native American/Alaskan Native
- Something else
- Two or more races
- Unknown/Choose not to disclose
- White

Top 10 preferred languages

- **English**
- **Spanish**
- **Bengali**
- **Other**
- **Albanian**
- **Arabic**
- **French**
- **Urdu**
- **Hindi**
- **American Sign language**

30%
of patients with preferred language other than English[47]

Patients by age group

Age group	Percent
18 - 44	38.8%
45 - 64	23.4%
0 - 11	20.1%
≥65	10.7%
12 - 17	6.9%

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.
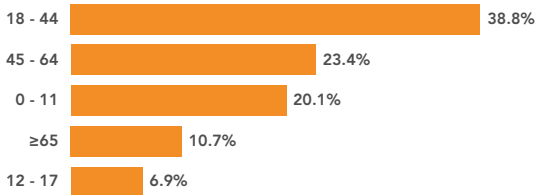
Patients by gender identity

Female	58.77%
Male	41.21%
Decline to answer	0.01%
X	0.00%
Unknown	0.00%

NORTH CENTRAL BRONX COMMUNITY FORUM FINDINGS

COMMUNITY'S BIGGEST CHALLENGES

Nutrition and food access

Community members are concerned about the accessibility of healthy food in their neighborhood, as "nutrition varies from zip code to zip code here." In many instances, residents are able to find produce, but the quality is not what would be seen in other communities. As one resident shared, "You see a pepper or an apple and it looks like it's seen better days, but they still sell it to the people in our neighborhood." Farmers' markets help provide fresh food to the area, but are not always accessible to residents, as "the prices are outrageous" and need to better reflect what he community can afford.

Pre-diabetes is on the rise in youth and adults, and residents agree that there is a gap in general nutrition education in the community to help address this. Focus group participants believe nutrition education in schools could ensure that children know how to eat the proper foods for their development and disease prevention. The community could create programs for parents and families to learn more about how to cook and eat better foods that are available to them.

"WE HAVE SO MUCH THAT NEEDS TO BE DONE TO FIGURE OUT NUTRITION FOR OUR COMMUNITY."

- Community forum participant,
NYC Health + Hospitals/North Central Bronx

Crime and safety

Crime has increased in the community and is affecting some areas more than others. In some areas, crime is "not great, but not so bad," and in other areas, residents are afraid to even go out and shop for food and basic needs. Traffic and driving accidents have worsened, and caused residents to feel less safe, because "you're getting run down if you don't get out of the way fast enough."

Community forum participants believe that increased mental health issues have led to some of this crime and are concerned about the impact of increased drug use and homelessness on public safety.

"WE ALL NEED TO GET INVOLVED TO SOLVE THIS, NOT JUST THE HOSPITAL, BUT POLITICIANS TOO."

- Community forum participant,
NYC Health + Hospitals/North Central Bronx

Access to resources

Those who work in the community find it challenging to get information about health and resources to residents in an effective way, and this has become more difficult during the pandemic. It is especially challenging to reach homebound residents, as it's more effective to sit down with someone and explain the resources available to them, compared to handing out flyers or pamphlets.

"IF WE DON'T STICK TOGETHER, THAT'S A HOLE FOR THE COMMUNITY."

- Community forum participant,
NYC Health + Hospitals/North Central Bronx

One community member shared, "How is my 97-year-old grandmother supposed to flip through twenty pages of information if she's not really understanding what she's reading anyway?" This has been a problem within the senior community, especially as the digital divide has increased throughout the pandemic. Many seniors are still afraid of catching COVID-19 and won't leave their homes, and might not have the technology skills needed to get the information they need. They often "sit and wait" until someone in the community contacts them.

It is still a challenge for some to access health care in the community, even with the hospitals available to them. Residents report that most dental providers don't accept Medicaid patients and turn them away, so patients have to rely on community-based clinics. Those with private insurance face challenges getting appointments at NYC Health + Hospitals/North Central Bronx, and if they can go to other facilities they will including out of the Bronx. Many community members are using their union benefits more often and have primary care providers outside health institutions where they're able to get one-on-one medical attention. Community members described it that people will get care "wherever they can."

COMMUNITY'S STRONGEST ASSETS

Community forum participants shared that the access to several colleges and universities and hospitals in the Bronx is an asset that can be used to further the community. Many residents have been in the community for a long time and believe that their sense of community is one of the biggest strengths. "We're still here, trying to do something for the community. We love our community and want to do everything we can for it."

Community members shared the importance of partnership and collaboration among the health care system and community-based organizations. They view these partnerships as vital to expanding services in the community.

IMPACT OF COVID-19

"AS A RESULT OF THE COVID-19 PANDEMIC, OUR STAFF STILL FEEL THE TREMENDOUS PRESSURE ASSOCIATED WITH MITIGATING THE SPREAD OF THE DEADLY VIRUS TO SAVE LIVES. WE ENCOURAGE THEM TO UTILIZE THE MENTAL WELLNESS SERVICES THAT ARE AVAILABLE TO SUPPORT THEIR MENTAL HEALTH."

- Christopher Mastromano, CEO
NYC Health + Hospitals/Jacobi/North Central Bronx

Focus group members feel that COVID-19 has highlighted the needs that were "hidden," especially in the North Bronx. Some community housing was not in good condition prior to the pandemic, which caused or worsened respiratory illnesses while residents were stuck indoors. Physical health has declined, and there has been increased weight gain and obesity. Residents who used to exercise regularly stopped because gyms closed, or they were too afraid to be outside and risk catching COVID-19.

"IN THIS COMMUNITY, OUR HEALTH HAS BEEN DESTROYED."

- Community forum participant,
NYC Health + Hospitals/North Central Bronx

Community members who survived COVID-19 are now dealing with new ailments as a result of being sick, and some feel unable to receive the care they need to manage these symptoms. As one resident described it, "I'm going through a nightmare, and no one will attribute these symptoms to having had COVID-19."

"YOU DON'T WANT TO COME OUTSIDE, YOU'RE AFRAID. YOU'RE AFRAID OF WALKING, YOU'RE AFRAID OF GETTING SICK, YOU'RE AFRAID THAT SOMEONE'S GOING TO ATTACK YOU… IT AFFECTS YOU TO LIVE IN FEAR LIKE THIS."

- Community forum participant,
NYC Health + Hospitals/North Central Bronx

Residents believe that the pandemic has been on the forefront of many of the behavioral issues in the community, as residents are depressed, lonely, and feel helpless or abandoned. This was worse in those who live alone or work remotely, and among many who felt that they had no social support. The mental health impact has been "multi-generational" and affected youth mental health as well. The community has experienced rising substance use and "heavy" public drug use, as well as homelessness. Incidents of violence, including domestic violence, have increased throughout the pandemic and left many in the community feeling uneasy.
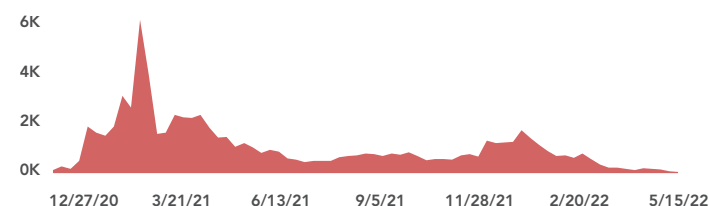
"IT'S OVERWHELMING. YOU COME OUT THE DOOR AND YOU'RE SEEING NEEDLES, SO MANY NEEDLES, LIKE IT'S BACK IN THE '80S. IT'S SKYROCKETED."

- Community forum participant,
NYC Health + Hospitals/North Central Bronx

Community COVID-19 PCR testing, COVID-19 admissions, and ED visits
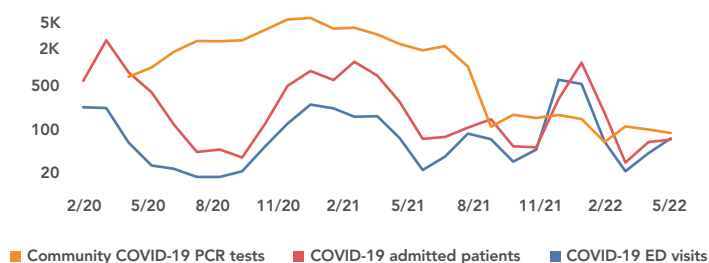
- Community COVID-19 PCR tests
- COVID-19 admitted patients
- COVID-19 ED visits

COVID-19 vaccinations

Source: NYC Health + Hospitals, DnA, Epic clinical and revenue data, CY21

Brooklyn

BOROUGH FOCUS GROUP FINDINGS

BOROUGH'S BIGGEST CHALLENGES

Brooklyn focus group members believe the top challenges in the borough are poverty and housing, food access, access to health care and resources, crime and safety, and the impact of COVID-19 on the community.

Brooklyn residents are concerned about the lack of affordable housing as rents continue to increase with "no end in sight." Some neighborhoods in the borough have a multitude of available apartments, and in others, two to three families live in one apartment because they are unable to afford housing otherwise.

Many neighborhoods across the borough face food access challenges that are threefold: there is limited fresh food, especially produce; it is often low quality; and the cost is prohibitive to many. Moreover, food pantries don't have culturally appropriate food or refrigeration capabilities, leaving many without the food they need and want.

Ensuring all residents have access to health care and resources remains a top challenge in Brooklyn. Residents stress the need for culturally and linguistically appropriate and humble resources in the community. Many residents rely on the ED or urgent care for their health needs, especially if they are uninsured or unable to get health care coverage because of their employment or documentation status.

Community members are concerned about increasing crime throughout the borough, especially the increase in hate crimes against the Asian community, which has resulted in widespread fear. They perceive an increase in gang activity in many neighborhoods and high incidence of domestic violence and child abuse that residents believe relates to the impact of the ongoing COVID-19 pandemic.

In addition to the spike in crime, the COVID-19 pandemic has had a massive impact throughout the borough. Residents have experienced an increase in unemployment and food insecurity, and are grappling with the loss of friends, neighbors, and family. Focus group members are concerned about the resulting mental health impacts and increased substance abuse.

BOROUGH'S STRONGEST ASSETS

No matter the hardships and obstacles that many Brooklyn residents face, community members spoke of their collective resilience. Residents look for resources and turn to one another for support to make it through difficult times. Both new and longtime community members care deeply about their neighborhoods and each other, and this spirit that got them through previous adversity, like Hurricane Sandy, is what keeps them going today.

13 county health ranking
out of 62 counties in New York[42]

82.9 years life expectancy
compared to New York City average of 82.8 years[42]

What is the community's perception?[43]

Top 5 poor health outcomes identified in Brooklyn per survey responses

Diabetes and high blood sugar

High blood pressure

Mental health disorders and depression

Obesity and high BMI

Violence and gun violence

Top 5 service needs in Brooklyn

Housing access, affordability, and quality

Poverty and low-income status

Stress and emotional wellbeing

Community safety and violence

Obesity and high BMI

Leading causes of premature deaths in Brooklyn[44]

Cancer	Heart disease	Unintentional injury	Diabetes	Stroke
1,905 deaths	**1,875** deaths	**532** deaths	**327** deaths	**208** deaths
68.9 per **100,000**	**67.1** per **100,000**	**20.6** per **100,000**	**11.9** per **100,000**	**7.5** per **100,000**

Health status in Brooklyn

60% have one or more chronic conditions[45]

NYC HEALTH + HOSPITALS/CONEY ISLAND*

2601 Ocean Parkway, Brooklyn, NY 11235

COMMUNITY BACKGROUND

NYC Health + Hospitals/Coney Island serves the South Brooklyn communities of Coney Island, Seagate, Brighton Beach, Gravesend, and Sheepshead Bay. The area includes some of New York City's most recognizable beaches. A longstanding home for new immigrants, the community is welcoming new members from Bangladesh, China, Honduras, Mexico, Pakistan, Poland, and Russia. The Coney Island area has several skilled nursing facilities and Naturally Occurring Retirement Communities and has one of the largest senior populations in the city.[10]

"HEALTH CARE DOESN'T ALWAYS ADDRESS THE OLDER PATIENT SEPARATELY. GERIATRICS IS OFTEN AN UNDERSTUDIED AND UNDERREPRESENTED FIELD OF MEDICINE. THIS CAN BE A CHALLENGE, BUT WE HAVE THE KNOW HOW TO TAKE CARE OF OUR POPULATION HERE AT CONEY ISLAND."

- Svetlana Lipyanskaya,
CEO NYC Health + Hospitals/Coney Island

Neighborhood health

80.4 Life expectancy from birth[46]

Patients served by zip code

% of patients served by zip code
0.4%   23.9%

Source: NYC Health + Hospitals, DnA, Epic clinical and revenue data, CY21

WHAT THE COMMUNITY SHARED

Assets
- Community engagement
- Family ties
- Sense of unity

Challenges
- Violence
- Food insecurity
- Outreach services
- Cost of living
- Air quality
- Transportation

*NYC Health + Hospitals/ Coney Island will be renamed NYC Health + Hospitals/ South Brooklyn Health campus and open the Ruth Bader Ginsburg Hospital in 2022.

THROUGH THE LENS OF A COMMUNITY ANCHOR INSTITUTION

NYC Health + Hospitals/Coney Island was founded in 1908. The 371-bed is affiliated with PAGNY and the State University of New York (SUNY).

Our impact

$1.03B
Economic activity[4]

4.7K
Jobs generated[4]

1.1K
Babies delivered

70K	Total patients
294K	Outpatient visits
12.4K	Inpatient visits
76K	Emergency Department visits
6K	Ambulatory surgery
378K	Total visits

Why are patients coming in?

- **Hypertension**
- **Diabetes**
- **Schizoaffective disorder**
- **Follow up from child health exams**
- **Pregnancy**
- **Routine well and preventative visits**
- **Diabetes**
- **Alcohol related disorders**
- **COVID-19**
- **Pediatric well and preventative visits**

Based on outpatient and inpatient encounters

Who are our patients?

Patients by race/ethnicity

9.3%
33.6%
18.0%
25.6%
2.4%
0.2%
10.9%
0.1%

- Asian/Native Hawaiian/Pacific Islander
- Black or African-American
- Hispanic/Latinx
- Native American/Alaskan Native
- Something else
- Two or more races
- Unknown/Choose not to disclose
- White
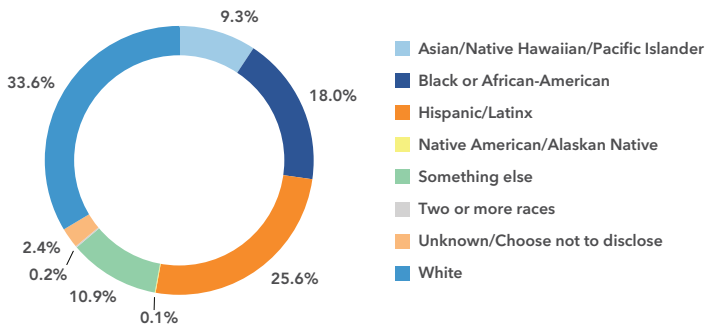
Top 10 preferred languages

- **English**
- **Spanish**
- **Russian**
- **Urdu**
- **Other**
- **Cantonese**
- **Arabic**
- **Bengali**
- **Haitian Creole**
- **Turkish**

36%
of patients with preferred language other than English[47]

Patients by age group

18 - 44	37.6%
45 - 64	27.6%
≥65	17.6%
0 - 11	13.1%
12 - 17	4.2%
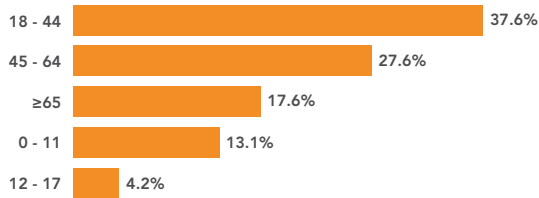
Patients by gender identity

Female	52.54%
Male	47.44%
Decline to answer	0.01%
X	0.00%
Unknown	0.00%

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.

Source: NYC Health + Hospitals, DnA, Epic clinical and revenue data, CY21

NYC HEALTH + HOSPITALS/CONEY ISLAND

2601 Ocean Parkway, Brooklyn, NY 11235

SOUTH BROOKLYN/CONEY ISLAND COMMUNITY FORUM FINDINGS

COMMUNITY'S BIGGEST CHALLENGES

Crime and safety

Community members are concerned about rising crime across the city and in the neighborhood. "It's very hard now to use the word 'safe' with the way that crime has been out of hand," one community member shared. They believe gun violence is increasing, and there is a need to address the accessibility of guns.

> "WE NOW LOOK OVER OUR SHOULDERS, SEE IF ANYONE IS FOLLOWING US, AND HAVE TO BE VERY PERCEPTIVE OF WHAT'S GOING ON AT ALL TIMES… IT'S A VERY BIG PROBLEM."
>
> - Community forum participant, NYC Health + Hospitals/Coney Island

Coney Island has a large aging population, and seniors are often seen as being easy targets. Seniors must be especially aware while they're out in the community, which has led to a sense of unease and feeling unsafe.

Senior health

The aging population in the community has unique health needs that need to be "looked at differently." There are more seniors now than ever before, and as seniors live longer, the community needs to consider their health needs and the resources available to them. Many seniors find it difficult to get to health care facilities, and telehealth has been a way for some seniors to bridge that gap. For those who prefer or who can only access health services in person, the lack of transportation is a challenge.

Community forum participants stressed the importance of affordable housing for seniors, especially for those on fixed income. "If you're a senior and you receive $1,200 a month, you can't survive if the rent is $2,000." Increased food costs have added to this challenge, and there are community organizations that send food for seniors, but the quality is sometimes "questionable." Access to affordable housing and quality food can help "keep seniors alive and healthy for longer."

> "IF YOU'RE A SENIOR AND YOU RECEIVE $1,200 A MONTH, YOU CAN'T SURVIVE IF THE RENT IS $2,000."
>
> - Community forum participant, NYC Health + Hospitals/Coney Island

Access to resources

Community members agreed that the food in the neighborhood isn't healthy, and the quality of food isn't as good as it is in other areas of Brooklyn. They report that the area lacks green grocers and other places for residents to get quality, healthy food.

The community lacks resources for young people, as there are no youth centers or activities available for this population. Residents believe it would also be helpful to have more education and vocational training resources for young people to set them up for success in the future in a number of ways.

Residents shared that there is a need for more outdoor and open space and activities for community members, especially following the pandemic. Parks maintenance is vital for residents to be able to have outdoor experiences and be with their community again.

COMMUNITY'S STRONGEST ASSETS

Forum participants reported that community participation in Coney Island is high, and that residents and neighbors are very engaged and want to help with local government where they can. Family ties are strong here, and the sense of community can be used as an asset to address health and social problems.
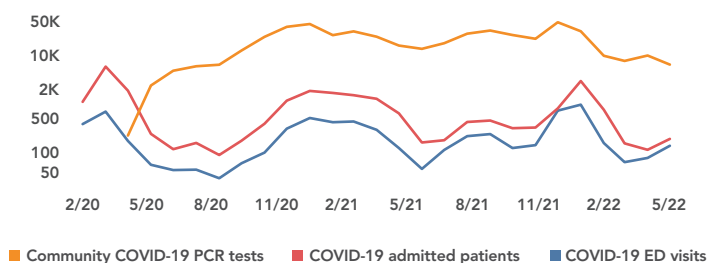
IMPACT OF COVID-19

Many community members who contracted COVID-19 are now facing Long COVID, and the lasting physical effects of their illness. This includes heart conditions, pulmonary issues, fatigue, and memory problems. Some residents are now unable to work as a result, which has led to increased unemployment in the community.

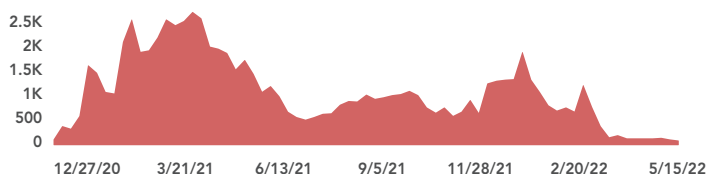The impact of COVID-19 quarantine and other COVID-19 protocols have had an impact on community members' mental health, and depression and anxiety have increased in the community.

"COVID HAS HAD A HUGE IMPACT IN OUR COMMUNITY. COVID HAS HIT US HARDER EVERY SINGLE WAVE AND LASTED LONGER THAN AT SOME OF THE OTHER NYC HEALTH + HOSPITALS FACILITIES. IF YOU LOOK AT A MAP, WE ARE UNDER-VACCINATED COMPARED TO OTHER PARTS OF THE CITY. IT IS NOT AN ISSUE OF ACCESS — WE'VE HAD PLENTY OF ACCESS TO VACCINES AND TESTING IN THE COMMUNITY, BUT WE CONTINUE TO BE UNDER-VACCINATED. WE ENCOURAGE OUR COMMUNITY AND PATIENTS TO COME IN AND GET VACCINATED."

- Svetlana Lipyanskaya, CEO,
NYC Health + Hospitals/Coney Island

Community COVID-19 PCR testing, COVID-19 admissions, and ED visits

■ Community COVID-19 PCR tests ■ COVID-19 admitted patients ■ COVID-19 ED visits

COVID-19 vaccinations

Source: NYC Health + Hospitals, DnA, Epic clinical and revenue data, CY21

NYC HEALTH + HOSPITALS/KINGS COUNTY

451 Clarkson Avenue, Brooklyn, NY 11203

COMMUNITY BACKGROUND

NYC Health + Hospitals/Kings County serves the Central Brooklyn neighborhoods of East Flatbush, Flatbush, and Crown Heights. Neighborhoods in East Flatbush, known to many as "Little Caribbean" or "Little Haiti," have the densest West Indian population in the U.S. The Afro-Caribbean influence permeates both the culture and food. In recent years, new immigrants have arrived from India and Africa.

"WE'RE NOT DOING ENOUGH SELF-ADVOCACY IN OUR COMMUNITY. IF WE'RE ABLE TO DO MORE OF THIS, WE MIGHT BE ABLE TO GET ACCESS TO THESE SERVICES AND RESOURCES WE'RE SPEAKING ABOUT FASTER."

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

Patients served by zip code
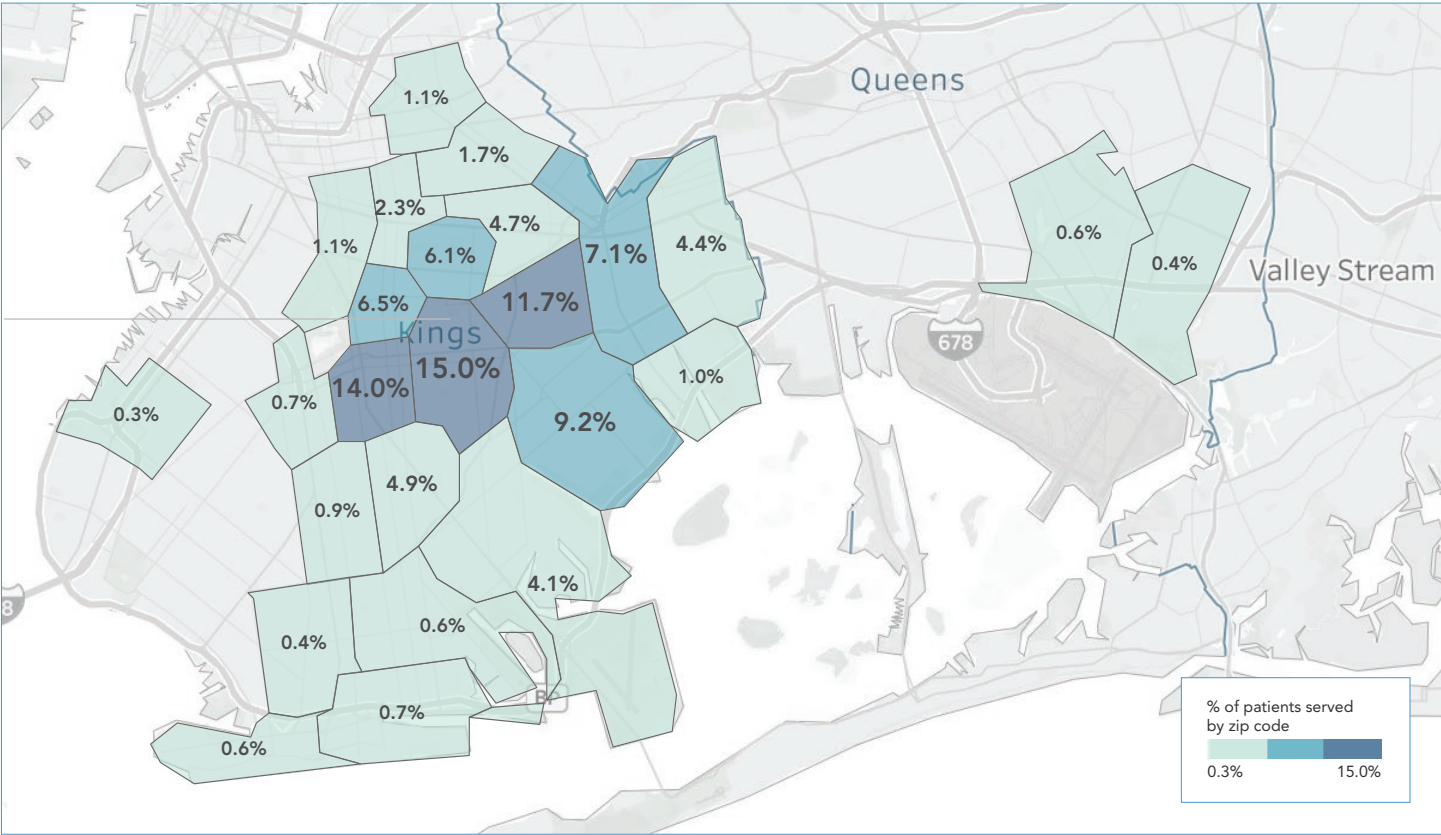
% of patients served by zip code
0.3%   15.0%

Source: NYC Health + Hospitals, DnA, Epic clinical and revenue data, CY21

WHAT THE COMMUNITY SHARED

Assets
- Sense of community
- Resilience

Challenges
- Substance use
- Mental health
- Food insecurity
- Violence
- Asthma

Neighborhood health

78.1 Life expectancy from birth[46]

THROUGH THE LENS OF A COMMUNITY ANCHOR INSTITUTION

NYC Health + Hospitals/Kings was founded in 1837. The 624-bed hospital was the first Level I Trauma Center in the country and is affiliated with PAGNY and SUNY.

Our impact

$1.74B
Economic activity[4]

8.8K
Jobs generated[4]

1.1K
Babies delivered

116K Total patients

561K Outpatient visits
18.8K Inpatient visits
114K Emergency Department visits
4.1K Ambulatory surgery

682K Total visits

Why are patients coming in?

- **Substance use disorders**
- **Hypertension**
- **Well and preventative visits for adults and children**
- **Diabetes**
- **End-stage renal disease**
- **Hyperglycemia**
- **Prostate cancer**

Based on outpatient and inpatient encounters

Who are our patients?

Patients by race/ethnicity

3.0% 3.5% 1.3%
0.2%
5.5%
0.1%
7.6%
78.9%

- Asian/Native Hawaiian/Pacific Islander
- Black or African-American
- Hispanic/Latinx
- Native American/Alaskan Native
- Something else
- Two or more races
- Unknown/Choose not to disclose
- White
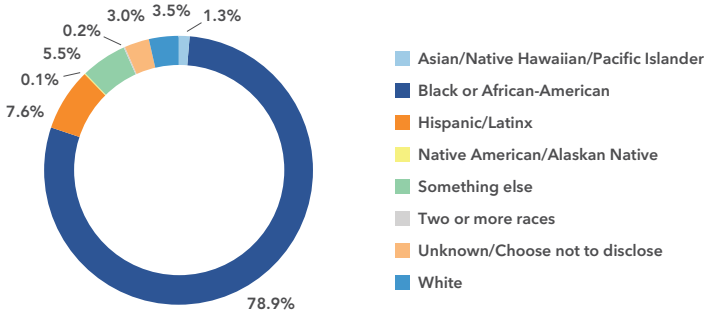
Top 10 preferred languages

- **English**
- **Spanish**
- **Haitian Creole**
- **Other**
- **French**
- **Arabic**
- **Bengali**
- **Russian**
- **Mandarin Chinese**
- **Haitian**

8%
of patients with preferred language other than English[47]

Patients by age group

Age group	Percent
18 - 44	37.0%
45 - 64	27.9%
≥65	16.6%
0 - 11	12.8%
12 - 17	5.7%

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.
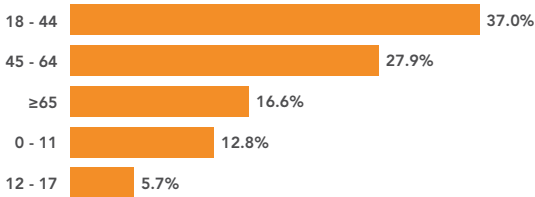
Patients by gender identity

Female	55.98%
Male	43.99%
Decline to answer	0.01%
X	0.01%
Unknown	0.00%

NYC HEALTH + HOSPITALS/KINGS COUNTY

451 Clarkson Avenue, Brooklyn, NY 11203

KINGS COUNTY COMMUNITY FORUM FINDINGS

COMMUNITY'S BIGGEST CHALLENGES

"I GOT ON THE TRAIN BEFORE 7 AM AND COUNTED AT LEAST FORTY MEN WHO YOU COULD SEE HAD SLEPT ON THE TRAIN. EACH ONE OF THEM WAS A MAN OF COLOR. THIS IS A PROBLEM WE ARE FACING IN OUR COMMUNITY."

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

Socioeconomic issues

The economic impact of the pandemic has exacerbated financial pressures and caused more residents to become displaced or homeless. In particular, a lack of affordable housing and inflation have caused problems for seniors in the community, who are on fixed income and cannot keep up with the rising costs.

Community members are also concerned about income inequality and low generational wealth. Those who own property are now being "harassed" by texts and calls from people in other communities trying to buy their properties. They believe it's important to educate the community to "hold onto what we already own – which is the only way we can keep building generational wealth."

Crime and safety

Long-time residents who used to call their neighborhood very safe are no longer able to do so as incidents of violence increase and "you are now subject to be a victim of a crime at any hour of the day." Community forum members believe that the lasting impact of the pandemic, bail reform, and people with untreated mental illness likely all play a role in this rise in violence. As one community member put it, "Crime is totally out of control. I can't say that anyone can honestly say they feel safe anymore – even in their own home."

Mental health

Residents do not believe that there are not enough mental health services available, and that there is a need for more awareness in the community as well. Many people do not know what exists or is available to them. In certain homes, "mental health is denied so concerns are denied. If there's denial, there's no need for care, and no need for services to be set up."

This is particularly an issue for young people and in schools, where residents are concerned that some parents wait until something happens and try to fix it when the "damage has already been done." There needs to be more awareness of mental health issues within schools, as "precaution is better than fear." This should include open dialogues about mental health with kids and accessible information for parents.

However, historical medical mistrust in communities of color created a barrier for people to access the mental health treatment they need. Many community members are still hesitant to go outside of the community to seek help, and the providers in the community may not be of their background.

Access to resources

Many residents live in food deserts, and often cannot afford the fresh, healthy foods they want. There is not enough quality produce for the entire community, and when it is available, it is cost prohibitive. There is a vast difference in the quality of produce and other fresh foods at local grocery stores compared to other areas in Brooklyn. As one community member states, "it's like they sent us the leftovers that other neighborhoods didn't want." The community worked to set up an affordable fresh fruit stand, but it's only available once a week, and other fruit stands are still cost prohibitive to most of the community. As a result, residents turn to the food that is available and affordable, which is usually fast food or processed food.

The community is paying more attention to their health as a result of the pandemic, but there are still barriers to health care access. Residents turned to urgent care when local hospitals narrowed services to address COVID-19 and have been hesitant to return to hospitals. "We lost many people who tried to manage symptoms at home," when they were unable to get into facilities and see doctors. Others have turned to more holistic care, including reiki and massages, to try to address their health concerns. "People get services wherever they can get them."

Social services are also not easily accessible to the community. Residents report that they have a hard time contacting agencies remotely and have to wait at least three to four weeks to get appointments. Seniors have had an especially hard time accessing resources and care, including issues navigating telehealth. Places that residents used to go for health care are closed or are not accessible, and residents struggle to find dentists, even with insurance.

COMMUNITY'S STRONGEST ASSETS

Kings County community forum participants agreed that the biggest strength of the neighborhood is the community itself, and their resilience in the face of adversity. "We are a resilient people," one community forum member shared. "Even with the food desert, the stressors around COVID-19, and the resources that just aren't here, we are able to make do, and make the best out of these situations." The sense of community and the people are a "definite and consistent positive asset" in the neighborhood.

IMPACT OF COVID-19

"THE PANDEMIC IMPACTED OUR COMMUNITY'S HEALTH IN A TREMENDOUS WAY. PATIENTS AVOIDED SEEKING CARE DURING THE HEIGHT OF THE PANDEMIC BECAUSE THEY WERE AFRAID OF GETTING SICK OR DYING FROM COVID. THOSE WITH COMORBID CONDITIONS HAVE GOTTEN WORSE."

- Shelden McLeod, CEO
NYC Health + Hospitals/Kings County

Community members report that many people who were healthy before the pandemic died due to COVID-19, and for those who were not in the best health, COVID-19 exacerbated their preexisting conditions which ultimately led to their deaths.

The mental health impact of the pandemic has affected all parts of the community. Residents are lonelier and more depressed after being restricted to being home, especially those who live alone. Many seniors still don't want to leave their homes. Some children have lost both their parents, and there are children who have lost three or four family members. Being stuck at home and the switch to remote learning has been especially challenging for many young people. Single parents are struggling to provide for their families during the pandemic, and community members expressed concerns about the increase of suicides among young Black people in the community.

"WE HAVE SO MANY PEOPLE WITH UNDERLYING ISSUES, THAT IF THEY GOT COVID, IT ADDED TO THE CONDITIONS THEY HAVE. WE HAVE SO MANY PEOPLE WITH LONG COVID, AND MANY FOLKS WHO MAY NOT KNOW THEY HAVE LINGERING EFFECTS OF COVID."

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

Those who have had COVID-19 in the community faced high levels of discrimination when they were sick, which has led to lasting issues. When some people were released from the hospital, they found they no longer had a home. Their landlords told them, "We don't want you back here," and they suddenly had nowhere to go. There has been an increase in homelessness in the community and many avoid shelters where they know many are mistreated. In other situations, landlords would not allow food to be distributed to those who had COVID and were not allowing in-home repairs. This happened especially in communities of color.

Community members shared that some COVID-19 pop-up clinics that opened in the neighborhood (unaffiliated with NYC Health + Hospitals) took advantage of residents who were worried about getting sick. These clinics would charge $200-475 for rapid COVID-19 tests. Residents would pay these high fees because they were afraid that they were sick and were unaware of the other free or affordable options that were available to them.

Community COVID-19 PCR testing, COVID-19 admissions, and ED visits
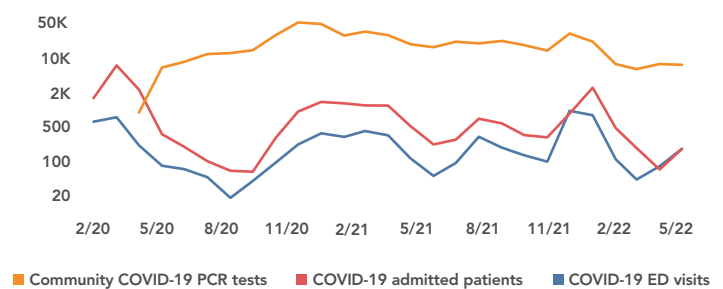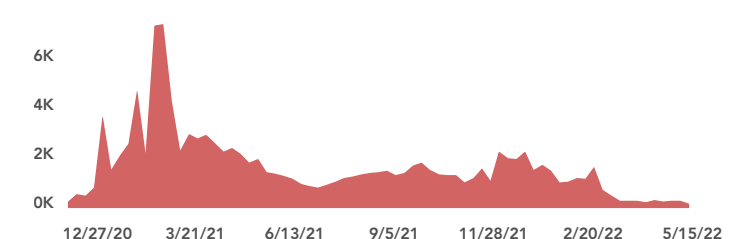
Community COVID-19 PCR tests ■ COVID-19 admitted patients ■ COVID-19 ED visits

COVID-19 vaccinations

NYC HEALTH + HOSPITALS/WOODHULL

760 Broadway, Brooklyn, NY 11206

COMMUNITY BACKGROUND

NYC Health + Hospitals/Woodhull serves the North Brooklyn communities of Williamsburg and Bushwick. These neighborhoods are home to a diverse range of residents, including large 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 modern restaurants, bars and coffee shops alongside family-owned restaurants mirroring the unique cultures of the community.

"WHEN WE HAVE A PATIENT IN THE HOSPITAL, WE TREAT THEM, THEY GET BETTER, GO HOME, AND GO SEE A PROVIDER. THERE ARE PATIENTS WHERE THE DISTANCES BETWEEN THE HOSPITAL AND HOME HAVE A LOT OF GAPS – THERE'S NOT A LOT OF COORDINATION OF ALL THE PROBLEMS BEING ADDRESSED, AND PEOPLE FALL THROUGH THE CRACKS. THE CITY DOESN'T HAVE A PROCESS OF COORDINATING THESE PATIENTS TO MAKE SURE THE BARRIERS ARE NOT PREVENTING THEM FROM BEING AS HEALTHY AS THEY CAN BE."

- Community forum participant, NYC Health + Hospitals/Woodhull

WHAT THE COMMUNITY SHARED

Assets

- Community collaboration
- Diversity
- Sense of community

Challenges

- Violence
- Homelessness
- Food insecurity
- Affordable housing
- Substance use

Neighborhood health

79.0 Life expectancy from birth[46]
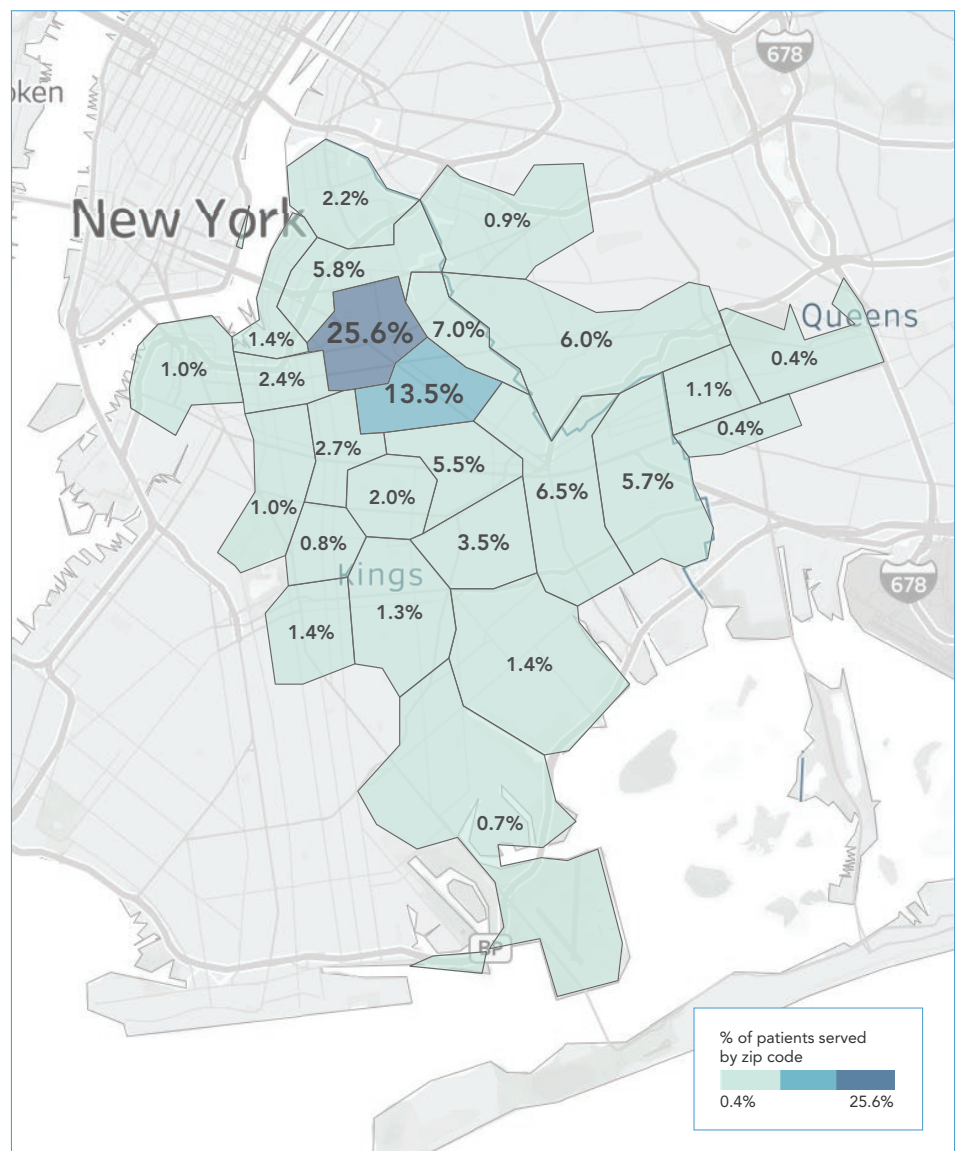
Patients served by zip code

% of patients served by zip code

0.4% — 25.6%

Source: NYC Health + Hospitals, DnA, Epic clinical and revenue data, CY21

THROUGH THE LENS OF A COMMUNITY ANCHOR INSTITUTION

NYC Health + Hospitals/Woodhull was founded in 1982. The 347-bed hospital is affiliated with NYU Langone Health.

Our impact

$978M
Economic activity[4]

4.4K
Jobs generated[4]

1.2K
Babies delivered

78K	Total patients
310K	Outpatient visits
9.2K	Inpatient visits
80K	Emergency Department visits
4.2K	Ambulatory surgery
396K	Total visits

Why are patients coming in?

- **Routine well and preventative services**
- **Hypertension**
- **Diabetes**
- **Pregnancy**
- **HIV**
- **Worried well visits**
- **Child well and preventative services, follow up visits**
- **Hyperglycemia**

Based on outpatient and inpatient encounters

Who are our patients?

Patients by race/ethnicity

1.8% 6.9% 2.1%
0.2%
9.8%
0.3%
32.5%
46.5%

- Asian/Native Hawaiian/Pacific Islander
- Black or African-American
- Hispanic/Latinx
- Native American/Alaskan Native
- Something else
- Two or more races
- Unknown/Choose not to disclose
- White
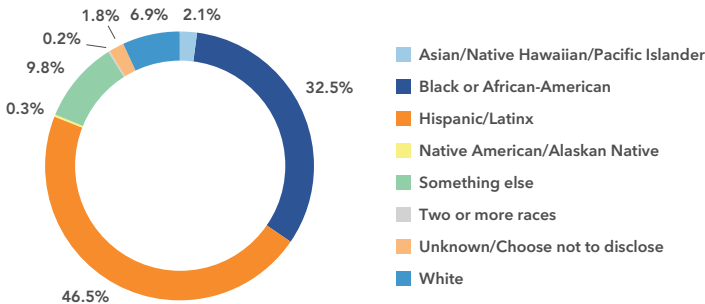
Top 10 preferred languages

- **English**
- **Spanish**
- **Polish**
- **Bengali**
- **Arabic**
- **Other**
- **French**
- **Haitian Creole**
- **Russian**
- **Mandarin Chinese**

35%
of patients with preferred language other than English[47]

Patients by age group

18 - 44	42.4%
45 - 64	27.7%
≥65	12.8%
0 - 11	12.1%
12 - 17	5.0%

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.
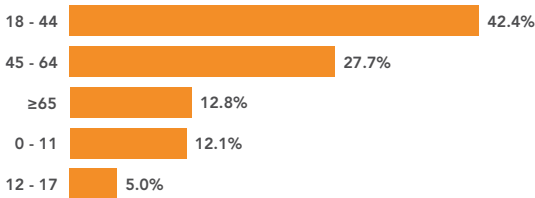
Patients by gender identity

Female	54.34%
Male	45.63%
Decline to answer	0.02%
X	0.01%
Unknown	0.00%

Source: NYC Health + Hospitals, DnA, Epic clinical and revenue data, CY21

NYC HEALTH + HOSPITALS/WOODHULL

760 Broadway, Brooklyn, NY 11206

WOODHULL COMMUNITY FORUM FINDINGS

COMMUNITY'S BIGGEST CHALLENGES

Socioeconomic issues

The community has seen an increase in homelessness, as a result of increased unemployment, residents living below the poverty line, and a lack of affordable housing due to continued gentrification. There is a need for true affordable housing, especially in Bushwick, where the "affordable" housing is perceived as being really for middle class residents, not low-income residents. "The disparities and insecurities that folks have in these communities, they are being forced out, and that's causing homelessness." In addition, residents state there is not enough high-quality housing, and many residents live in subpar housing. There is a need for rent subsidies available for people in addition to Section 8, because there are many residents that need housing and want to pay rent but can't afford the full cost. If these resources do exist, the community is unaware about what is available to them.

> "IF WE DON'T KNOW ABOUT THE INFORMATION OURSELVES AS LEADERS IN THE COMMUNITY, HOW CAN WE GET THIS INFORMATION TO THOSE WHO NEED IT?"
>
> - Community forum participant, NYC Health + Hospitals/Woodhull

Crime and safety

Community forum members agreed that crime is a significant problem in the neighborhood right now. There are some areas in the community that have more resources with police enforcement, better lighting, and better infrastructure that helps deter some criminal activity. However, there are also areas that residents feel are abandoned by police and lack needed infrastructure, and those areas create an environment for violence. Community members are concerned about an "unnerving spike in gun violence." As one resident described, "Every night without failure, something is happening, someone is stabbed, or robbed, or gets shot. It happens every night."

Some areas of the neighborhood are described as "raceways" which are safety concerns for all residents, especially the youth and elderly, as car accidents increase throughout the neighborhood. There has also been an increase in fires, which have led to some deaths, and have made many others homeless. Residents believe there is a need for community education to prevent this from continuing.

Senior health

The community has an aging population with unique health needs. Many seniors can't advocate for themselves in health care settings, and without advocates to help them understand medical language, misdiagnoses and other poor health outcomes can happen. Health literacy is a big obstacle especially for elderly patients. "We provide printouts of their medicines and illnesses…but do they understand that? We're losing our personal touch; everything is now online." Many seniors who are used to personal relationships with doctors have found themselves without the support to get needed care. There is a need for someone to interface between the provider and the patient, which is something community health workers do to assist the elderly, or others who face challenges accessing care. Seniors in the community also need more community spaces where they can congregate with their neighbors.

Access to resources

Residents believe that number of primary care providers in the neighborhood are "one tenth of what you'd see on the Upper East/Upper West Side," and as urgent care facilities open all over the neighborhood, many residents choose urgent care over primary care providers. When residents rely on urgent care, they are not getting preventative care or screenings. Some other community members "use the internet to diagnose themselves" and try to seek related treatment.

There is also a need for increased pediatric care in the community, especially inpatient mental health care. Community members report that NYC Health + Hospitals/Woodhull can treat pediatric mental health issues at the outpatient level, but they have to be moved to other locations when they require hospitalization. They experience that other pediatric specialty care also has to be referred to other pediatric hospitals in the NYC Health + Hospitals system, often in Manhattan, which is not always accessible to community members.

Many community residents live in food deserts and don't have any access to fresh foods nearby. Food access is uneven in the community, as "some people can go into bodegas and find healthy food and some fresh produce, and some people go into bodegas and can only get cigarettes." There is a need for fresh, healthy foods that are available to the whole community at affordable prices.

COMMUNITY'S STRONGEST ASSETS

The sense of community and collaboration among community members is the neighborhood's biggest strength. The neighborhood is "rich with pride and a history of collaboration," and there's a tendency for people to be proud of the work they're doing in the community. There's trust and collaboration among board members, partner organizations, CBOs, and elected officials, which is an asset to all that happens in the community. "The people in this meeting all…help each other, we build family amongst one another, start referral systems. It's really important we have and build these relationships."

IMPACT OF COVID-19

"WE HAVE MANY PATIENTS WITH LONG COVID WHO ARE SUFFERING FROM MORE CARDIOVASCULAR AND RESPIRATORY ISSUES THAT THEY DIDN'T HAVE BEFORE. THERE IS AN ADDED DIMENSION OF FEAR AND PARANOIA NOW. PEOPLE ARE AFRAID TO GO OUT, TOUCH THINGS, AND TALK TO PEOPLE, IN ADDITION TO FEAR OF INCREASED VIOLENCE AND CRIME. THAT IMPACTS OUR COMMUNITY."

- Gregory Calliste, CEO,
NYC Health + Hospitals/Woodhull

Many community members report worse physical health than before the pandemic started, as they delayed seeking medical care for fear of going to the doctor. This worsened existing health problems, and residents also have new health problems that people didn't have before. Specifically, residents must now deal with respiratory issues and the comorbidities from having COVID-19, on top of existing conditions like diabetes and hypertension. The community is fragmented, as patients want to come back, but factors keep them away from the hospital and needed care.

"OUR COMMUNITY WAS HIT HARDER – UNLIKE WEALTHIER NEIGHBORHOODS, OUR RESIDENTS COULDN'T WORK FROM HOME AND HAD TO CONTINUE TO TAKE PUBLIC TRANSPORTATION, SO WE SAW A MUCH HIGHER NUMBER OF CASES."

- Community forum participant,
NYC Health + Hospitals/Woodhull

Community members report that there has been an increase in anxiety, stress, fear, and depression in the community. Individuals have become withdrawn and don't want to go back out into society, and isolation has increased significantly. Family relationships have been strained by many issues, including unemployment and COVID-19.

Residents report an increase in calls for domestic incidents in families, and many family members were unable to get medicine or care for their mental health problems that they had prior to the pandemic. Others use substances "as a way to cope with the anxiety and trauma of the pandemic." The community is concerned about the mental health impact on children after being out of schools, and the loss of socialization and learning that took place while at home, as well as the strain it caused many families.

Residents also note that the pandemic has also had a significant impact on health care workers. "Staff are burnt out, and never got a chance to get back to 'normal'—we went from one wave to another to another." COVID has accelerated a lot of retirement, and worsened the health care shortage, and many people can no longer cope with day-to-day activities.

"THE COMMUNITY IS SUFFERING A MAJOR MENTAL HEALTH CRISIS DUE TO THIS PANDEMIC, AND THE TRAUMA IS GOING TO BE SIGNIFICANT."

- Community forum participant,
NYC Health + Hospitals/Woodhull

Community COVID-19 PCR testing, COVID-19 admissions, and ED visits
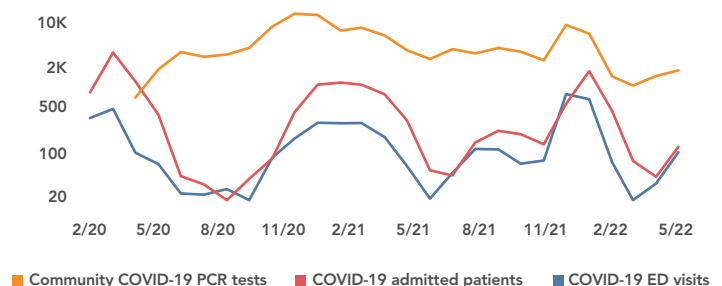
■ Community COVID-19 PCR tests   ■ COVID-19 admitted patients   ■ COVID-19 ED visits

COVID-19 vaccinations
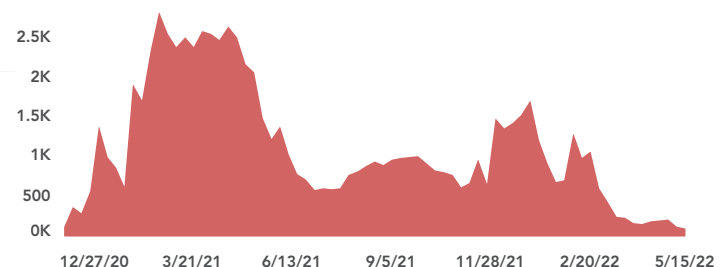
Source: NYC Health + Hospitals, DnA, Epic clinical and revenue data, CY21

Manhattan

BOROUGH FOCUS GROUP FINDINGS

BOROUGH'S BIGGEST CHALLENGES

Manhattan's focus group members believe that the top challenges in the borough are housing, access to resources, crime and safety, and the impact of COVID-19 on the community.

Residents are concerned that challenges with affordable housing are continuing to worsen, and what was once considered "affordable" is no longer so. The NYC Department of Housing Preservation and Development (HPD)'s inclusion of Westchester and other affluent counties into the city's area median income (AMI) calculation was flagged as a concern: "Is it affordable to include White Plains standard of living for someone living in Harlem?" Community members are also perceiving an increase in homelessness.

Food insecurity is a major concern across much of the borough. Residents reported that it is difficult to find enough fresh, healthy food and when they can, it is often cost prohibitive. It takes families in need too long to receive benefits, and SNAP benefits run out too quickly, making healthy food further inaccessible.

Focus group members shared that a lack of access to health resources and preventative health care affects the community. Many residents don't have insurance and even if they do, they are unable to take time off from their jobs to seek care. As a result, many individuals use the ED to get their health care services. Individuals also prefer culturally humble providers from a similar background and are less inclined to seek services from providers outside their backgrounds. Mental health services are scarce for many, and there is an identified need for increased services, especially for adolescents.

Increased incidents of violence have many residents apprehensive of what's to come, given that crime typically worsens in the summer. Gun violence has increased. It is affecting the community's youth, as it makes areas around schools and parks more dangerous. Many parents are stressed about keeping their kids safe and trying to provide opportunities for them to be active and get outside when violence is increasing.

COVID-19 hit the borough hard, disproportionately affecting communities of color, lower-income communities, and essential workers who were already high risk and unable to stay home. There is a sense of "communal grief," and a sharp increase of mental health issues throughout the community. Many residents are also feeling the financial impact of the pandemic, which intensified for those who lost their jobs, were unable to work, or lost a family member who was a major income provider.

BOROUGH'S STRONGEST ASSETS

Manhattan residents commented on the "resilience and resistance of people in the community," and that there is great social connectedness within the community. Others shared that there is a sense of dedication to the neighborhood, and many residents want to continue to contribute to the community that they are from, no matter the hardships they face.

6 county health ranking
out of 62 counties in New York[42]

85.3 years life expectancy
compared to New York City average of 81.2 years[42]

What is the community's perception?[43]

Top 5 poor health outcomes identified in Manhattan per survey responses

Mental health disorders and depression

Diabetes and high blood sugar

High blood pressure

Violence and gun violence

Drug use and opioids

Top 5 service needs in Manhattan

Housing access, affordability, and quality

Mental and behavioral health care access

Poverty and low-income status

Community safety and violence

Stress and emotional wellbeing

Leading causes of premature deaths in Manhattan[44]

Cancer
1,127 deaths
59.3 per **100,000**

Heart disease
792 deaths
41.1 per **100,000**

Unintentional injury
378 deaths
21.7 per **100,000**

Diabetes
123 deaths
6.6 per **100,000**

Suicide
122 deaths
7.1 per **100,000**

Health status in Manhattan

60% have one or more chronic conditions[45]

NYC HEALTH + HOSPITALS/BELLEVUE

462 First Avenue, New York, NY 10016

COMMUNITY BACKGROUND

NYC Health + Hospitals/Bellevue serves a community that spans beyond the neighborhood where it is situated. New Americans from West Queens to Sunset Park, homeless New Yorkers, local residents in Union Square and the Lower East Side, and dignitaries alike seek care at NYC Health + Hospitals/Bellevue.

WHAT THE COMMUNITY SHARED

Assets

- Diversity
- Access to resources at Bellevue
- Community unity in times of need

Challenges

- Cost of living
- Affordable housing
- Mental health
- Violence
- Substance use
- Cancer
- 9/11-related illnesses

Neighborhood health

79.3 Life expectancy from birth[46]
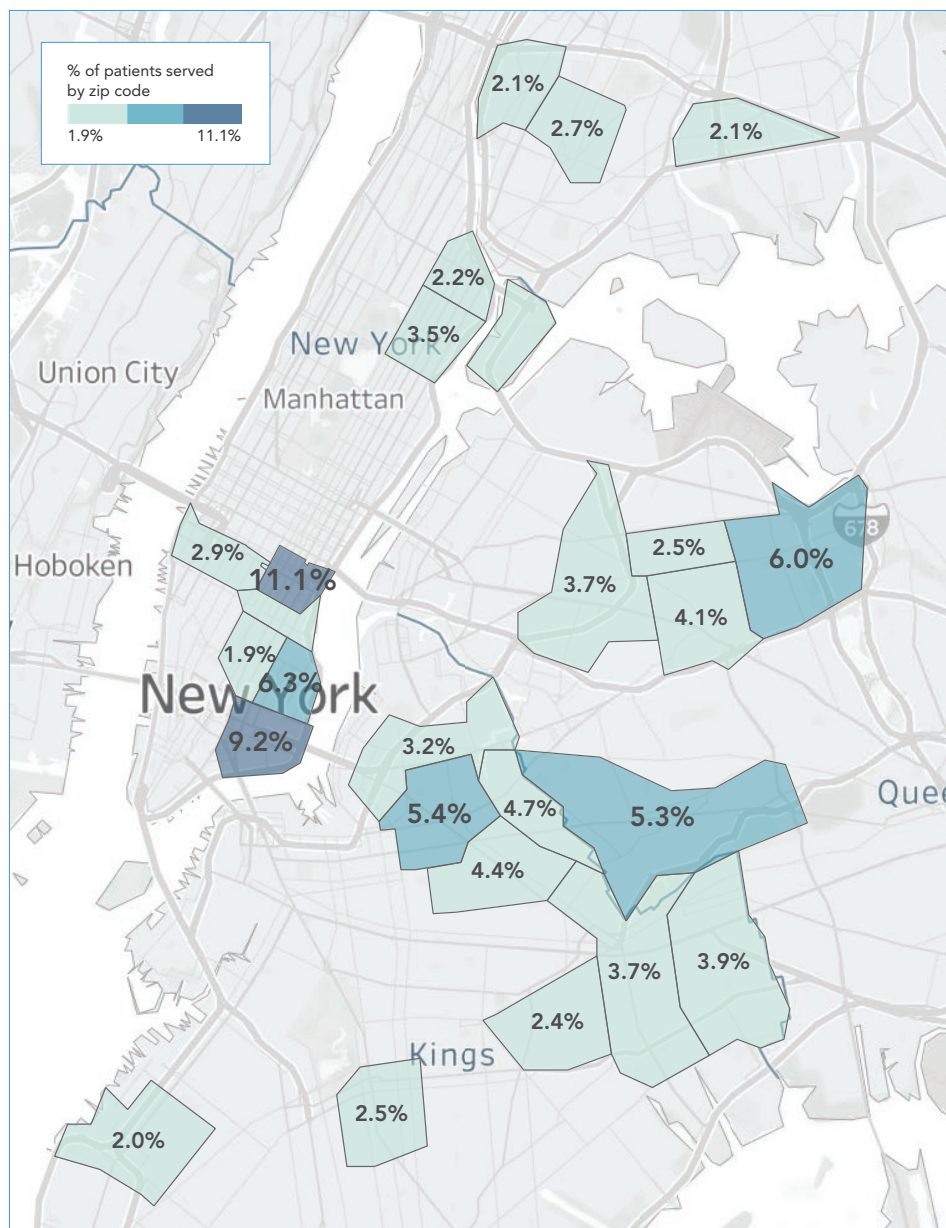
"WE HAVE A LOT OF APATHY HERE, WHICH SPOILS THE POTENTIAL THAT THE COMMUNITY COULD HAVE WITH THE AMOUNT OF RESOURCES THAT ARE AVAILABLE TO THEM."

- Community forum participant, NYC Health + Hospitals/Bellevue

Patients served by zip code

% of patients served by zip code
1.9% — 11.1%

Source: NYC Health + Hospitals, DnA, Epic clinical and revenue data, CY21

THROUGH THE LENS OF A COMMUNITY ANCHOR INSTITUTION

NYC Health + Hospitals/Bellevue was founded in 1736. The 912-bed hospital is America's oldest public hospital, the largest public hospital in the country, and a Level I Trauma Center. It is also the medical facility for the President of the United States and United Nations diplomats visiting New York City. The hospital is affiliated with NYU Langone Health.

Our impact

$2.2B
Economic activity[6]

9.2K
Jobs generated[6]

1.1K
Babies delivered

116K	Total patients
537K	Outpatient visits
27K	Inpatient visits
95K	Emergency Department visits
8.7K	Ambulatory surgery
688K	Total Visits
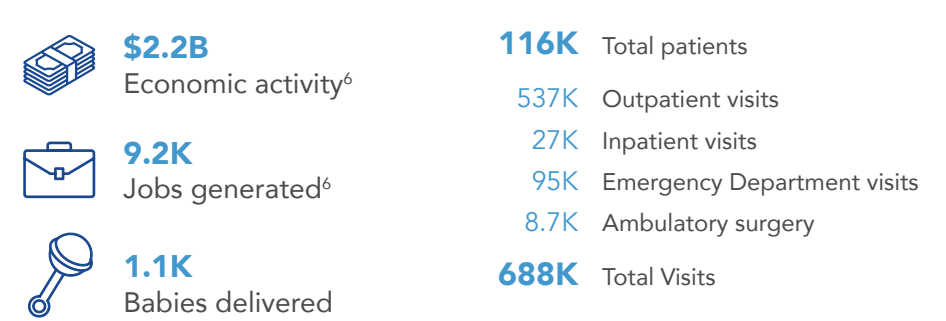
Why are patients coming in?

- **Opioid dependence and abuse**
- **Morbid obesity**
- **Diabetes**
- **Hypertension**
- **Pregnancy**
- **Post traumatic stress disorder (PTSD)**
- **Obesity**

Based on outpatient and inpatient encounters

Who are our patients?

Patients by race/ethnicity

- 12.0%
- 7.0%
- 3.2%
- 22.1%
- 0.2 %
- 13.2%
- 0.3%
- 41.9%

Legend:
- Asian/Native Hawaiian/Pacific Islander
- Black or African-American
- Hispanic/Latinx
- Native American/Alaskan Native
- Something else
- Two or more races
- Unknown/Choose not to disclose
- White
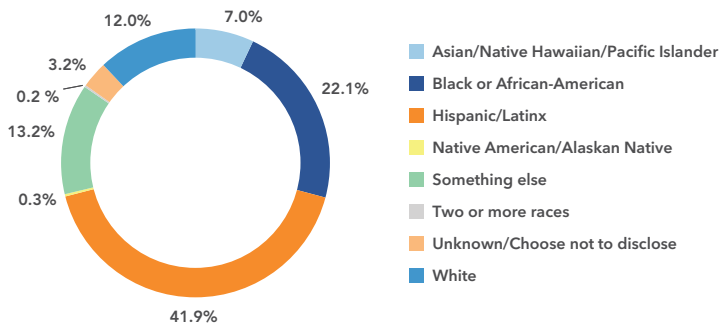
Top 10 preferred languages

- **English**
- **Spanish**
- **Mandarin Chinese**
- **Bengali**
- **Other**
- **French**
- **Cantonese**
- **Polish**
- **Russian**
- **Arabic**

33% of patients with preferred language other than English[47]

Patients by age group

Age group	Percentage
18 - 44	40.3%
45 - 64	30.9%
≥65	14.9%
0 - 11	9.1%
12 - 17	4.7%

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.
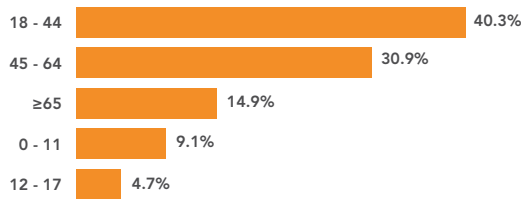
Patients by gender identity

Female	50.37%
Male	49.55%
Decline to answer	0.01%
X	0.01%
Unknown	0.00%

NYC HEALTH + HOSPITALS/BELLEVUE

462 First Avenue, New York, NY 10016

BELLEVUE COMMUNITY FORUM FINDINGS

COMMUNITY'S BIGGEST CHALLENGES

Socioeconomic Issues

Community members are concerned about the increased cost of housing and its impact on housing stability in the community. Both residents on Supplemental Security Income (SSI) or pension and residents with "so-called middle class decent jobs" are unable to keep up with the rapidly rising rent costs. The neighborhood is seeing increased construction of new and luxury buildings. These housing developments are not priced for low-income communities and are seen as "pushing minorities out" of the neighborhood.

Job loss and financial insecurity are major concerns for residents, and many don't know the resources available for them if they are having financial problems. The loss of income and additional expenses resulting from the pandemic caused a strain on many families. If schools didn't provide the technology that was required for online learning, parents with multiple children faced a dilemma: "Do you pay your rent, pay for your food, or do you try to pay it forward for your kids [to get technology]?" The services for people having financial problems are not easily accessible, and many people aren't able to get the help they need.

Crime and safety

> "THE SAFETY IN OUR COMMUNITY IS REALLY HORRIBLE. THERE'S TOO MUCH GOING ON."
>
> - Community forum participant, NYC Health + Hospitals/Bellevue

Many residents see a rise in crime in the community, and they are concerned about the involvement of and impact on youth. They report that there are young people carrying guns around and openly using them, even in front of police, and many report there are problems with safety in the homes as well. Parents and children are getting into conflict with each other, and youth aren't getting the help they need. Residents say there is a need for better communication with the young people in the community, and youth need places and programs to give them something to do and a place to express themselves. These resources used to exist in the community but were closed down or sold to developers. Bringing these back would give the community a chance to help youth and their parents, who may also be struggling.

Access to resources

The community has had problems with health communication and health literacy, particularly throughout the pandemic, and emphasized the importance of having information that residents can trust and understand. There are also residents who have newly surfaced 9/11 related illnesses but are afraid to ask for help and get information about the resources that are available to them. Other residents "don't really know what's happening in the community and don't talk about it," even when it's something that will impact them, like trees being cut down near the FDR Drive, which impacts air quality for the community. Community forum members believe that there should be more personal outreach, using media within the community to get information and resources out more widely.

Different groups in the community could benefit from a more tailored experience to get the resources and services that they need, especially seniors. Residents are concerned that the community used to have senior centers that helped direct people to necessary resources, but they have closed. There is an identified lack of green space in the community, and a need for more parks and outdoor areas for residents.

COMMUNITY'S STRONGEST ASSETS

The neighborhood has access to a number of social and economic resources, including NYC Health + Hospitals/Bellevue and schools, which gives the community great advantages. The biggest resources are the community itself, including the diversity of the people, and the community's ability to voice its opinions and protect itself. As one resident put it, "Our ability to come together as a community when there's something wrong, to be able to work out our differences and fight for our community, that's our biggest strength."

IMPACT OF COVID-19

"COVID CREATED A BARRIER FOR OUR PATIENTS. DURING THE FIRST WAVE, NO ONE CAME TO THE HOSPITAL UNLESS THEY HAD COVID, AND WE'VE SEEN TWO YEARS OF RELUCTANCE TO SEEK CARE. WE'VE GOTTEN BETTER AT USING TELEMEDICINE, WHICH IS ONE WAY WE OVERCAME THIS OBSTACLE AND STAYED CONNECTED TO OUR PATIENTS."

- William Hicks, CEO,
NYC Health + Hospitals/Bellevue

Community members report that limited access to in-person care due to the pandemic has worsened their health outcomes. Many have delayed getting treatment, and while telehealth has been a great resource, there are times it "doesn't always allow us to adequately address medical conditions." Residents fear that some information can be missed with the use of telehealth, like a doctor's inability to take vitals or an inaccurate depiction of a liver disease patient's true skin color over video. By the time some of these patients finally go to the hospital, "they've gotten sicker, and the disease has gone too far. It's often too late."

"WE HAVE SEEN MORE PEOPLE MEDICATING THEIR FEARS, ANXIETY, AND THE STRUGGLES. THERE'S BEEN INCREASES IN DOMESTIC VIOLENCE, CHILD ABUSE, DRINKING, DRUGS, AND SILENCE. IF PEOPLE DON'T DIE FROM COVID, THEY'LL DIE FROM DOMESTIC VIOLENCE AT HOME INSTEAD."

- Community forum participant

The community is struggling with mental health issues. Many residents got COVID, and many more families have had to deal with the loss of their loved ones. Depression has increased significantly as a result, and while there are resources for those who have experienced loss, "the information doesn't really come into our community." Some residents struggle to get appropriate mental health care, and when they go to ask their doctors for help, they feel that they're not always taken seriously.

"PEOPLE HAVE TO MAKE A CHOICE – DO I PAY MY RENT? DO I PAY MY MEDICAL BILLS? THIS STRESS CAUSES ANGER TO BUILD, AND THIS MAKES MENTAL ISSUES WORSE."

- Community forum participant,
NYC Health + Hospitals/Bellevue

Job loss in the community has caused further strain. While community members weren't working, they were unable to get health care and needed medicine, and weren't sure how to pay their bills. As a result, people were at home more and feeling angry and frustrated, which some believe led to increases in substance use and intimate partner violence. Since children were also home from school, educators were unable to assess how they were doing. They couldn't see children in person to assess if they were getting enough food or if they were being hurt at home, and as a result, they felt unable to intervene where needed.

Community COVID-19 PCR testing, COVID-19 admissions, and ED visits
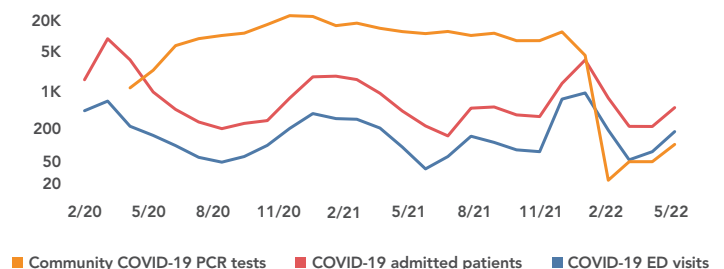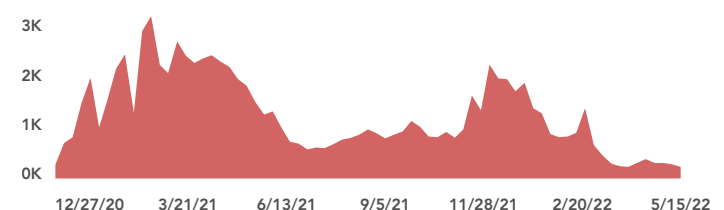
■ Community COVID-19 PCR tests   ■ COVID-19 admitted patients   ■ COVID-19 ED visits

COVID-19 vaccinations

Source: NYC Health + Hospitals, DnA, Epic clinical and revenue data, CY21

NYC HEALTH + HOSPITALS/HARLEM

506 Lenox Avenue, New York, NY 10037

COMMUNITY BACKGROUND

NYC Health + Hospitals/Harlem serves the Central Harlem, West Harlem, Washington Heights, and Inwood neighborhoods. Central Harlem, where the hospital is located, is a unique historical and cultural neighborhood. Unmistakable icons like the Apollo Theater, Minton's Playhouse, and the Abyssinian Baptist Church are fixtures in a community that is well-known for the Harlem Renaissance.

WHAT THE COMMUNITY SHARED

Assets

- Resilience
- Community cohesion
- Long term ties to the community

Challenges

- Mental health
- Substance use
- Food insecurity
- Crime
- Maternal and child health
- Asthma
- Violence

Neighborhood health

78.0 Life expectancy from birth[46]

"HARLEM IS MORE RESILIENT THAN ANYWHERE I'VE EVER SEEN."

- Community forum participant, NYC Health + Hospitals/Harlem

Patients served by zip code
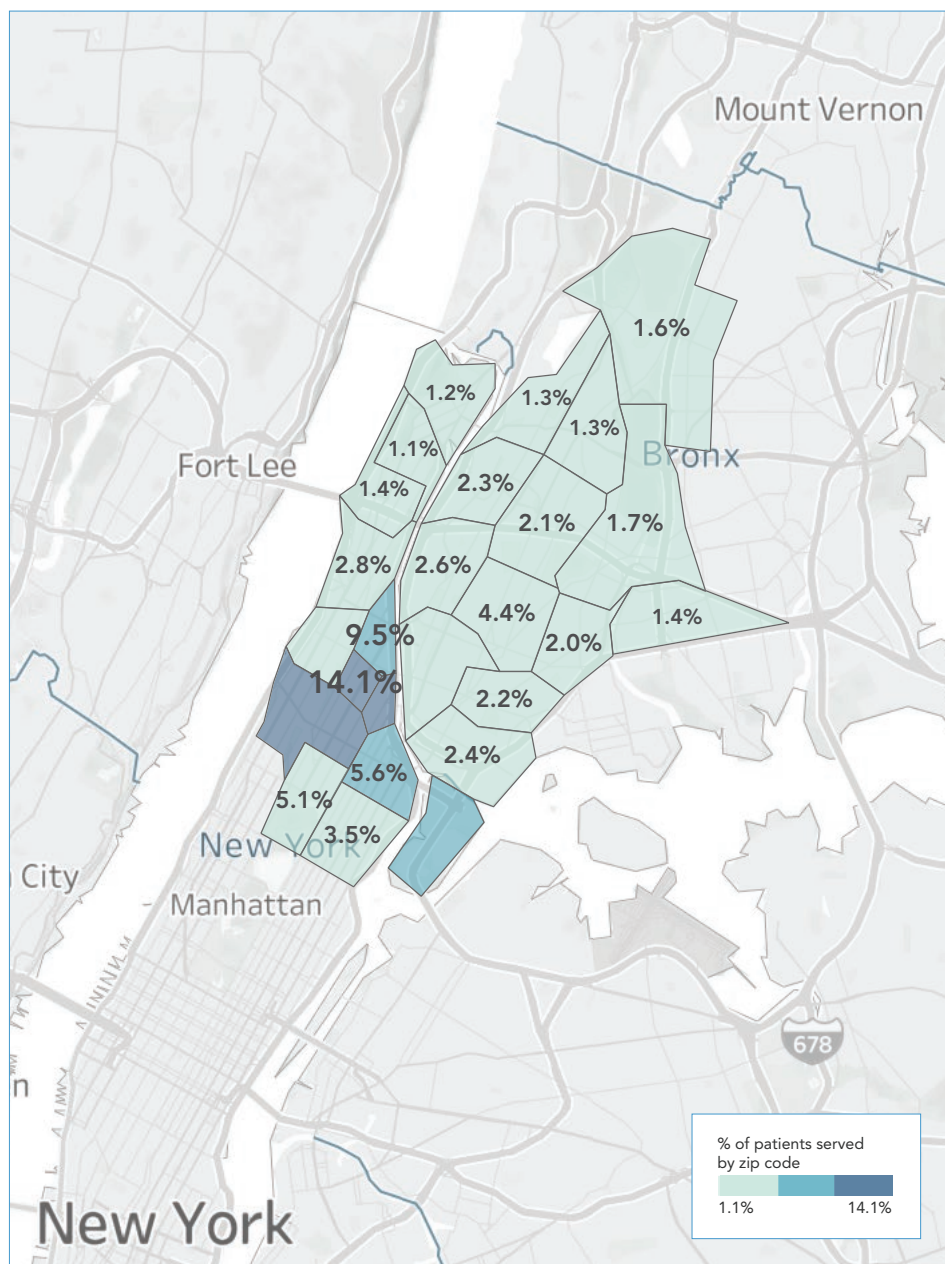
% of patients served by zip code

1.1%   14.1%

Source: NYC Health + Hospitals, DnA, Epic clinical and revenue data, CY21

THROUGH THE LENS OF A COMMUNITY ANCHOR INSTITUTION

NYC Health + Hospitals/Harlem was founded in 1887. The 282-bed hospital is a Level II Trauma Center, and is affiliated with PAGNY.

Our impact

$1B
Economic activity[4]

4.3K
Jobs generated[4]

560
Babies delivered

66K Total patients

234K Outpatient visits

10K Inpatient visits

77K Emergency Department visits

3.7K Ambulatory surgery

317K Total visits
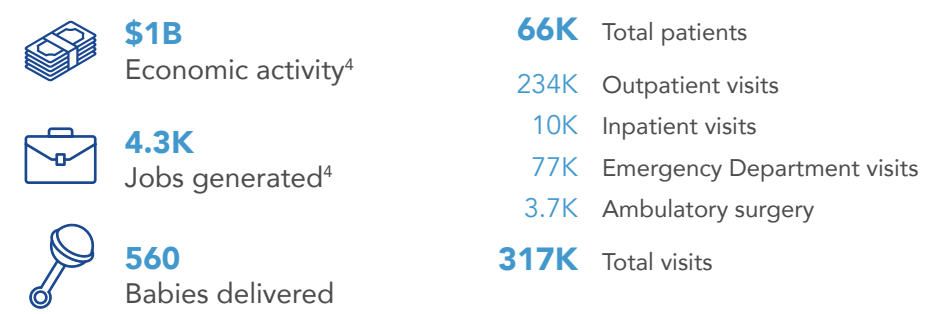
Why are patients coming in?

- **Hypertension**
- **End-stage renal disease**
- **Diabetes**
- **Schizophrenia and other psychiatric disorders**
- **Morbid obesity**
- **Surgical follow-up**
- **Pediatric well and preventative visits**
- **Worried well visits**

Based on outpatient and inpatient encounters

Who are our patients?

Patients by race/ethnicity

2.2% 3.3% 1.2%
0.2%
8.1%
0.1%
23.5%
61.4%

- Asian/Native Hawaiian/Pacific Islander
- Black or African-American
- Hispanic/Latinx
- Native American/Alaskan Native
- Something Else
- Two or More Races
- Unknown/Choose Not to Disclose
- White
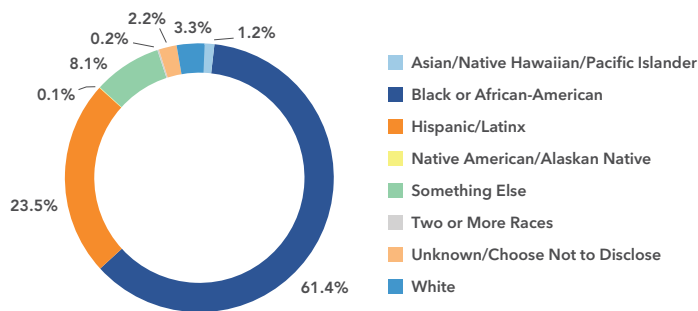
Top 10 preferred languages

- **English**
- **Spanish**
- **French**
- **Other**
- **Arabic**
- **Haitian Creole**
- **Bengali**
- **Russian**
- **Portuguese**
- **Mandarin Chinese**

20%
of patients with preferred language other than English[47]

Patients by age group

Age group	Percent
18 - 44	40.2%
45 - 64	28.5%
≥65	13.8%
0 - 11	11.9%
12 - 17	5.6%

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.
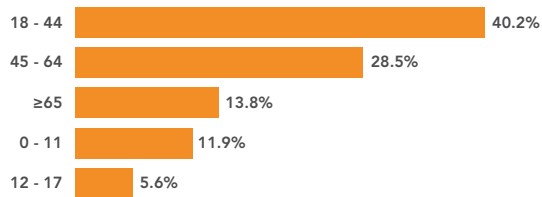
Patients by gender identity

Female	50.97%
Male	49.00%
Decline to Answer	0.01%
X	0.00%
Unknown	0.00%

NYC HEALTH + HOSPITALS/HARLEM

506 Lenox Avenue, New York, NY 10037

HARLEM COMMUNITY FORUM FINDINGS

COMMUNITY'S BIGGEST CHALLENGES

Mental health

Residents believe that underlying poverty and the increased financial challenges of recent years affect people's ability to cope with evolving stress. There is also long-standing stigma of mental health issues in the community that needs to be addressed. Community members noted that the NYC Health Department's Mental Health First Aid trainings have been helpful to several community-based organizations and have taught them how to better help those who come to them. As one resident put it, "Things are very bad now, but there are small things we can do to help."

Crime and safety

Increasing rates of crime and violence in the community are affecting everyone. Some residents believe bail reform has played a key role in this, and although it was initially supposed to help, the balance between reform and public safety has become increasingly difficult. As one community forum member put it, "We're seeing theft in ways that we haven't seen before because they know that they won't be arrested or will be released the same day."

The neighborhood's strong sense of community makes it hard for some residents to tell when someone commits a crime or does something harmful to the community. "People in our community are walking around and hurting each other, but they are not reporting it because it's their neighbor or their landlord and maybe they didn't pay the rent. There is so much hatred among one another that we need to deal with because if we don't, it's going to escalate."

There has also been a perceived uptick of gun violence in the community, and forum members believe that people seem to feel more uninhibited to use guns as a response to issues much more quickly. They stress that it is important to get to the root cause of this increase to be able to respond appropriately.

"People carry guns when they don't feel safe," one community member said. "What can we do to make them feel safer?" Another member shared, "One reason people carry guns is that it instills confidence, and we don't have that as the community."

Food access

The community has a lack of fresh, quality foods and the healthy fresh foods that are available are inaccessible for most. Grocery stores have plenty of frozen and processed food, but the fresh foods they do have are poor quality. The pandemic worsened the quality and availability of fresh foods. One community member shared that early in the pandemic people would come and wait in line for hours to get food. "They just wanted food even if it's not healthy. You would tell them, 'This food is spoiled, we can't give it to you,' and it would cause a fight. If you go downtown, the churches were giving out whole chickens and hams. It's depressing how we are treated comparatively in Harlem with what we are able to give our residents."

Access to resources

Many community members find it challenging to access health care services. Residents receive care from clinics, emergency rooms, and hospitals, and use the ED as a substitute for primary care. They "get in where they fit in," and report that they have a hard time making appointments with primary care providers or Federally Qualified Health Centers. Even those with insurance and who can travel to other boroughs for care find themselves on three to four month waiting lists just for check-ups. Residents also report discomfort with telehealth and a lack of access to technology and WiFi infrastructure, compounding the problem and making urgent care and the ED the place to go for services. As one resident put it, "There is a scramble, and a lack of providers who can keep up with what it is that the community needs."

There is also an identified lack of practical information like how high blood pressure, cholesterol, and obesity impact long term life. The way information is disseminated also poses a challenge to many community members. They report that much information is sent out electronically and moves very quickly, and yet a lack of technology and infrastructure, like neighborhood WiFi access makes this information inaccessible to many. Forum participants agreed "information is power" and feel it's necessary to have a place that the people can go to find out what's going on in the community and the resources available to them.

COMMUNITY'S STRONGEST ASSETS

One of Harlem's biggest strengths is the community organizations with long term ties to the neighborhood. Harlem has a large faith-based community, and churches are reopening after COVID-19 related closures. This will once again be a great asset for the community, because as one community member shared, "we need to get back together, because that has always held us together." The power of advocacy is also an asset, and a range of groups, community-based organizations, spiritual leaders, and elected officials "do a great job advocating for community needs." Residents agreed that the neighborhood's biggest asset is the community itself.

There is a "sense of strong social fabric" that creates community cohesion, and residents are willing to step up and help each other. As one forum member put it, "The fact that we are all here trying to come up with a solution to the weaknesses within the community and have the same desire to improve is a strength in itself."

IMPACT OF COVID-19

"THIS WAS THE WORST CRISIS IN MY THIRTY-
YEAR HEALTH CARE CAREER. NONE OF US EVER
IMAGINED WE WOULD GO THROUGH SUCH A
CRISIS."

- Georges H. Leconte, CEO,
NYC Health + Hospitals/Harlem

The pandemic has negatively impacted physical health in
Harlem. Residents have not been following up on routine
care, including primary care visits, mammograms, and health
screenings. Community members have new and worsened
health conditions due to COVID-19.

"WHEN AMERICA GETS A COLD, BLACK PEOPLE
GET THE FLU. IT'S TENFOLD WORSE FOR US, AND
IT'S CONSTANT. THIS PANDEMIC IS NOT THE FIRST
FOR US. WE HAVE BEEN SUFFERING FOR A WHILE,
AND THIS HAS MADE THE SUFFERING WORSE.
EVERYTHING WE'VE CONSIDERED BAD IS WORSE IN
OUR COMMUNITY NOW."

- Community forum participant,
NYC Health + Hospitals/Harlem

Community residents see an increase in anxiety and depression
due to isolation and a lack of socialization. This has affected
community members of all ages, and community members
fear there is an insufficient amount of mental health services to
address it. Residents have seen an increase in open substance
use in the neighborhood. One community member shared
that they see, "folks openly shooting up drugs on the subway
platforms, which was not something I saw prior to COVID."
Violence has been escalating, and something needs to be done
to "help everyone come down from two years of anxiety from
COVID."

"PEOPLE ARE IN SURVIVAL MODE RATHER THAN
BEING IN A POSITION TO THRIVE."

- Community forum participant,
NYC Health + Hospitals/Harlem

The community is especially concerned about the impact of the
pandemic on young people. The most vulnerable children who
need to be in school to learn now have worsened socialization,
while others stopped attending school altogether when it went
virtual. Many children were unable to access their only prepared
meal of the day when schools closed down, and residents worry
about their lasting mental health problems.

Increased food prices during the pandemic made grocery stores
less accessible to residents, and the community has seen an
increase in food insecurity. The combined stress of the pandemic
and related housing and food insecurity causes "toxic stress that
many of our people suffer from."

Community COVID-19 PCR testing, COVID-19 admissions, and ED visits
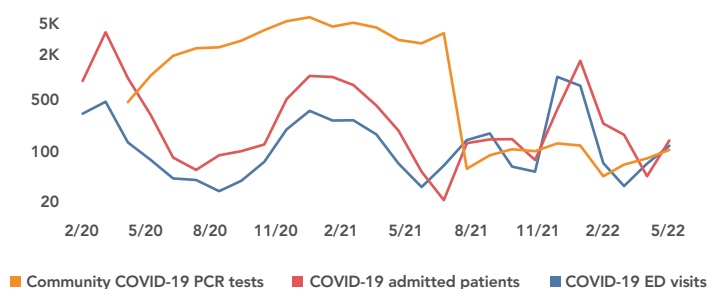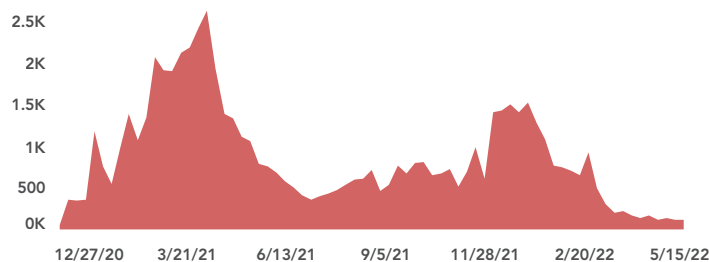
■ Community COVID-19 PCR tests   ■ COVID-19 admitted patients   ■ COVID-19 ED visits

COVID-19 vaccinations

Source: NYC Health + Hospitals, DnA, Epic clinical and revenue data, CY21

NYC HEALTH + HOSPITALS/HENRY J. CARTER

1752 Park Avenue, New York, NY 10035

COMMUNITY BACKGROUND

NYC Health + Hospitals/Carter cares for communities throughout the greater New York metropolitan area from its location in Harlem.

WHAT THE COMMUNITY SHARED

Assets
- Community cohesion
- Location for health care resources
- Community engagement

Challenges
- Substance use
- Mental health
- Food insecurity
- Homelessness
- Crime

Neighborhood health

79.2 Life expectancy from birth[46]

"YOU FREQUENTLY SEE THOSE WHO ARE SERIOUSLY MENTALLY ILL, IT WOULD BE NICE IF THE GOVERNMENT GOT TOGETHER TO HELP THOSE PEOPLE. THEY DESERVE THE HELP THEY NEED, BUT WE'RE NOT GETTING IT TO THEM."

- Community forum participant, NYC Health + Hospitals/Carter

Patients served by zip code
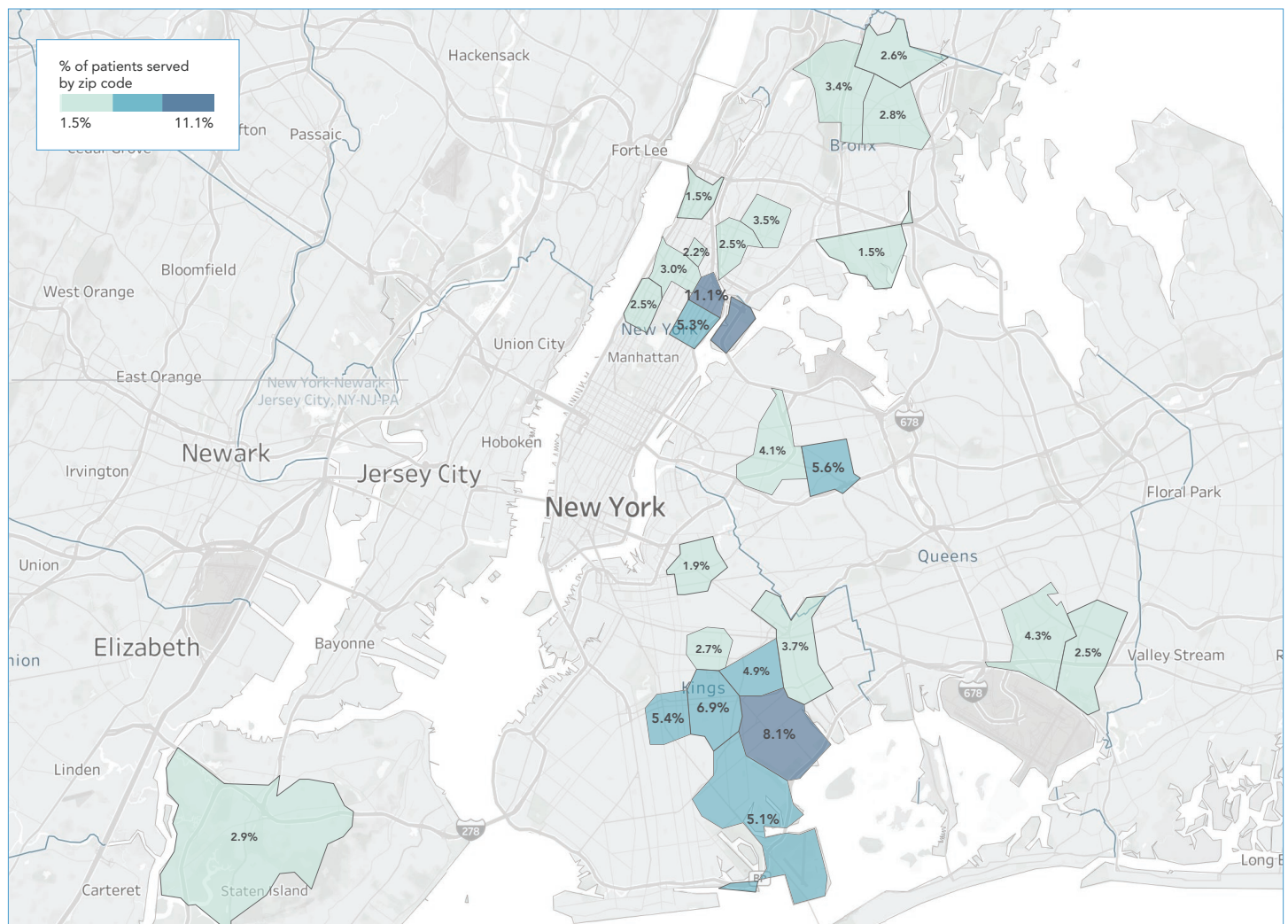
% of patients served by zip code
1.5% 11.1%

Source: NYC Health + Hospitals, DnA, Epic clinical and revenue data, CY21

THROUGH THE LENS OF A COMMUNITY ANCHOR INSTITUTION

NYC Health + Hospitals/Carter was founded in 2013. The 201-bed highly specialized long-term acute care hospital, provides short-term rehabilitation and long-term skilled nursing services care for patients throughout New York City who have severe medical issues, and is affiliated with NYU Langone Health.

Our impact

$248M
Economic activity[4]

1.3K
Jobs generated[4]

2.2K Total patients

2.8K Outpatient visits

3.4K Total visits
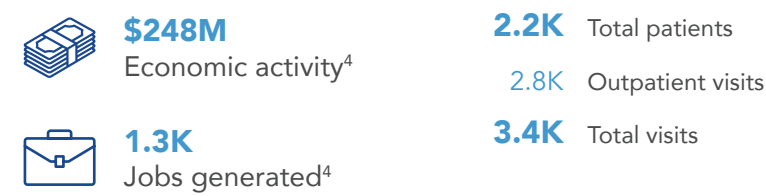
Why are patients coming in?

- **Respiratory failure**
  - **Acute**
  - **Chronic**
- **PEG (nutrition and medical feeding tube)**

Based on outpatient and inpatient encounters

Who are our patients?

Patients by race/ethnicity

- 12.5%
- 11.2%
- 5.7%
- 0.1%
- 9.6%
- 0.2%
- 14.3%
- 46.3%

Legend:
- Asian/Native Hawaiian/Pacific Islander
- Black or African-American
- Hispanic/Latinx
- Native American/Alaskan Native
- Something else
- Two or more races
- Unknown/Choose not to disclose
- White
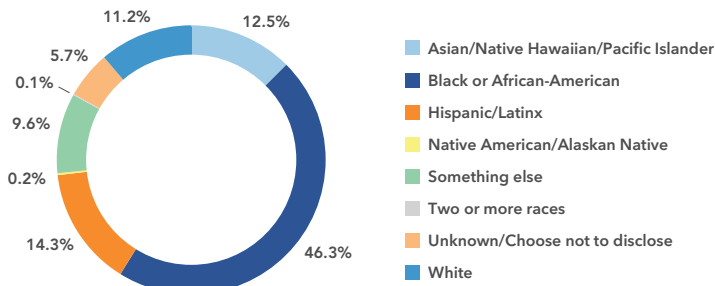
Top 10 preferred languages

- **English**
- **Spanish**
- **Other**
- **Haitian Creole**
- **French**
- **Mandarin Chinese**
- **Cantonese**
- **Bengali**
- **Polish**
- **Arabic**

8%
of patients with preferred language other than English[47]

Patients by age group

Age group	Percentage
45 - 64	42.1%
18 - 44	40.2%
≥65	17.6%
12 - 17	0.0%

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.
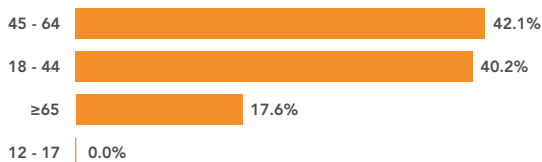
Patients by gender identity

Female	64.08%
Male	35.92%
Decline to answer	0.00%
X	0.00%
Unknown	0.00%

NYC HEALTH + HOSPITALS/HENRY J. CARTER

1752 Park Avenue, New York, NY 10035

HARLEM COMMUNITY FORUM FINDINGS

COMMUNITY'S BIGGEST CHALLENGES

Crime and safety

Community members are concerned about the rise in violent incidents, especially gun violence, and they observe that there are many young kids with guns in the community. The crime in the community is "extreme" and has worsened as a result of the pandemic, and many feel unsafe. There has also been an increase in targeted harassment and crimes against Asian community members, who "constantly receive comments" that threaten their safety.

> **"IT AFFECTS PEOPLE WANTING TO COME INTO OUR COMMUNITY. YOU SAY 'EAST HARLEM' AND THEY'RE AFRAID. THEY DON'T WANT TO COME HERE."**
>
> - Community forum participant,
> NYC Health + Hospitals/Carter

Substance use

Opioid use and related issues in the community is "getting worse and worse every day." This area has a large concentration of substance use locations, which residents believe has had an impact on the community. Some feel as though they're the "dumping ground" for drug treatment facilities, mental health facilities, Methadone clinics, needle exchange programs, and homeless shelters. Residents support these resources but feel it should be a more "fair share" where they are split around the city, rather than concentrated in their community.

Community members shared the importance of these facilities watching out for their clients and residents in the neighborhood to reduce some of the safety concerns that exist. "It affects people wanting to come into our community," one resident shared. "You say 'East Harlem' and they're afraid. They don't want to come here."

Senior health

Residents report a need for additional services that address the unique health needs of seniors. There is a "real need" for seniors to have somewhere to go during the day, where they can communicate and be amongst their peers, as well as access caregivers and other resources. There are a few senior centers in Harlem and Roosevelt Island, but forum participants believe these services could be expanded throughout East Harlem, especially for those with limited ability to get to these services, like meal delivery for seniors at home. Home health care is limited in the community, and there is a need for caregivers for seniors and others who need assistance that is not always being met.

One senior community member shared, "If I need to go to the doctor, I'm on my own. I don't have family or other people to help with this," and highlighted the difficulty for some seniors to access health care. There's a lack of transportation for seniors to get to appointments who can't use public transit, and as one resident remarked, "Access-A-Ride is still terrible! People have to wait and wait and sometimes they never come, which is a problem when you're trying to get to the doctor." In addition to existing outpatient clinics, residents believe it would be helpful to have physical therapy, diagnostic radiology, bone density screenings, and other health care services that are easier for seniors to access locally.

Access to resources

Residents agree that food access is a challenge in the community, and that healthy choices are limited, especially moving east of the city. Nutritious food within the community costs more than in communities "below 96th street" and they report Whole Foods is less expensive than local grocery stores in the neighborhood. This is a challenge for low-income residents, who have to pay more for food than if they lived in other parts of the city.

The community receives their health care at a variety of different institutions. This ranges from having primary care providers, using hospital clinics or urgent care, or seeking care through the ED. Where patients go depends largely on their insurance status or where they live, and residents noted that "people prefer to deal with one hospital that has all the services you may need, especially seniors, so they can receive a continuum of care."

Community members report that it is not very accessible for people to get outside, and that the parks need to be cleaned up, as they are often filled with needles and a large homeless population. The parks department has some events that could attract residents, like walking classes and Zumba, but the park needs to be a safer space for the community to be. Others noted the lack of activities in general in the neighborhood, that could help "keep them young" like inexpensive gyms or bowling alleys.

COMMUNITY'S STRONGEST ASSETS

Community forum participants believe that the neighborhood is truly a community, and that many residents know their elected officials and their neighbors, which is a big strength. The community engages with one another, and community board and precinct meetings are usually well attended. "People really care about the community," one participant shared, "and it shows."

IMPACT OF COVID-19

"WE'VE TAKEN CARE OF A LOT OF COVID PATIENTS THROUGHOUT THE PANDEMIC, AND OUR PATIENT VOLUME HAS INCREASED SIGNIFICANTLY IN THE LAST COUPLE OF YEARS. WE'VE ALSO SEEN THE LONG-TERM IMPACT THAT COVID HAS ON THE LUNGS, WHICH HAS MADE THE WORK WE DO AROUND WEANING PATIENTS FROM VENTILATOR MORE DIFFICULT."

- Floyd Long, CEO,
NYC Health + Hospitals/Carter

Due to COVID-19, the community is dealing with mental health challenges and has seen high rates of depression and anxiety, and loneliness and isolation have further contributed to this. The area has a large high-risk population that had to take extra precautions when the pandemic started, who experienced higher amounts of isolation. Many residents died from COVID-19, which increased depression and experiences of trauma throughout the community.

"I'M AFRAID TO GO OUT. I WON'T TAKE THE SUBWAY, OR THE BUS, WHEN I USED TO BE ABLE TO. I'VE BEEN STAYING IN, AND THAT DEPRESSES YOU AND GIVES YOU ANXIETY. A LOT OF PEOPLE ARE FEELING THAT WAY."

- Community forum participant,
NYC Health + Hospitals/Carter

Senior citizens in the community have had especially high rates of isolation, as the fear of getting sick has kept many indoors, even at this point of the pandemic, two years later. Residents wanted to visit loved ones but couldn't, which added to the feelings of depression and loneliness. Others who were unable to work due to the pandemic found themselves limited in their interactions with others and the outside world.

This was a challenge for patients at NYC Health + Hospitals/ Carter as well, who were unable to receive visits due to regulatory and infection prevention constraints. At the start of the pandemic, iPads were donated, and staff were able to make more than 20 calls a day for patients, which helped ease some of this isolation and loneliness. During the most recent wave, however, staff and community members found that people were "pretty much over COVID," and mental health issues worsened.

"THE ONLY PLACE I WAS GOING WAS TO THE SUPERMARKET AND BACK. I'VE STARTED GOING TO THERAPY BECAUSE I FELT LIKE THE PANDEMIC WAS GETTING THE BEST OF ME."

- Community forum participant,
NYC Health + Hospitals/Carter

NYC HEALTH + HOSPITALS/METROPOLITAN

1901 First Avenue, New York, NY 10029

COMMUNITY BACKGROUND

NYC Health + Hospitals/Metropolitan serves the East Harlem community. East Harlem is home to a diverse and vibrant Nuyorican and Hispanic/Latinx culture. Colorful street murals and cultural institutions like El Museo del Barrio and the Museum Mile define the exterior of the community.

WHAT THE COMMUNITY SHARED

Assets

- The community
- Transportation
- NYC Health + Hospitals/ Metropolitan

Challenges

- Cost of living
- Outreach services
- Technological divide
- Mental health
- Substance use

Neighborhood health

78.8 Life expectancy from birth[46]

> "WE NEED AS MUCH INVESTMENT INTO OUR COMMUNITY AND PUBLIC HOSPITALS AS POSSIBLE."
>
> - Community forum participant, NYC Health + Hospitals/Metropolitan

Patients served by zip code
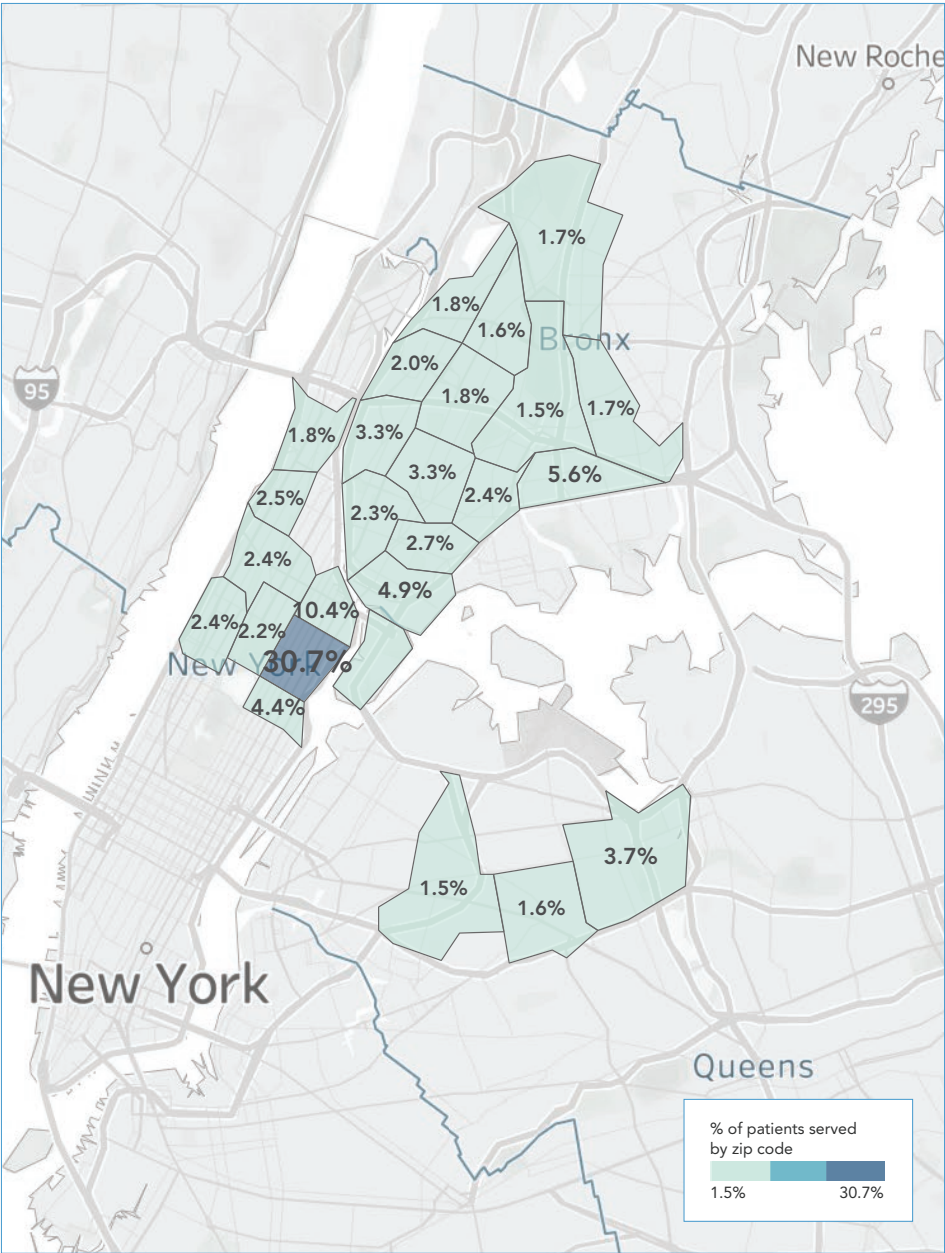
% of patients served by zip code
1.5% — 30.7%

Source: NYC Health + Hospitals, DnA, Epic clinical and revenue data, CY21

THROUGH THE LENS OF A COMMUNITY ANCHOR INSTITUTION

NYC Health + Hospitals/Metropolitan was founded in 1875. The 338-bed hospital is affiliated with PAGNY.

Our impact

$874M
Economic activity[4]

3.6K
Jobs generated[4]

855
Babies delivered

63K Total patients

365K Outpatient visits

8.1K Inpatient visits

50K Emergency Department visits

6.2K Ambulatory surgery

424K Total visits

Why are patients coming in?

- Opioid abuse dependence
- Hypertension
- Diabetes
- Pediatric well and preventative follow up visits
- Schizophrenia and psychiatric disorders
- End stage renal failure on dialysis

Based on outpatient and inpatient encounters

Who are our patients?

Patients by race/ethnicity

5.8% 2.9%
4.0%
0.2%
9.9%
0.4%
23.5%
53.3%

- ■ Asian/Native Hawaiian/Pacific Islander
- ■ Black or African-American
- ■ Hispanic/Latinx
- ■ Native American/Alaskan Native
- ■ Something else
- ■ Two or more races
- ■ Unknown/Choose not to disclose
- ■ White
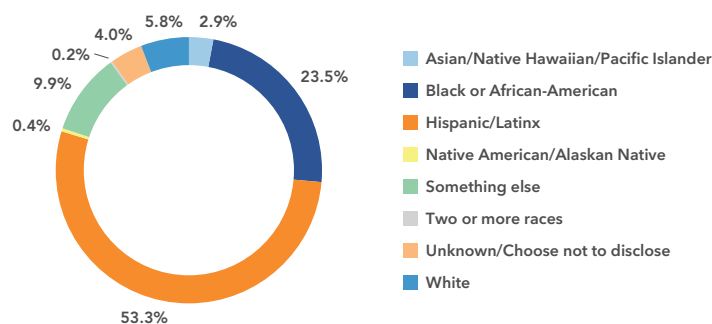
Top 10 preferred languages

- **English**
- **Spanish**
- **French**
- **Other**
- **Arabic**
- **Portuguese**
- **Bengali**
- **Mandarin Chinese**
- **Russian**
- **Cantonese**

40%
of patients with preferred language other than English[47]

Patients by age group

18 - 44   41.8%
45 - 64   29.5%
0 - 11   11.9%
≥65   11.3%
12 - 17   5.4%

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.
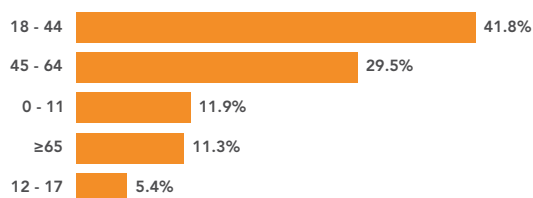
Patients by gender identity

Female	54.00%
Male	45.96%
Decline to answer	0.02%
X	0.01%
Unknown	0.00%

NYC HEALTH + HOSPITALS/METROPOLITAN

1901 First Avenue, New York, NY 10029

METROPOLITAN COMMUNITY FORUM FINDINGS

COMMUNITY'S BIGGEST CHALLENGES

Crime and safety

Community members are concerned about high crime levels, and the impact on residents of all ages. The neighborhood is an area where "almost every day there's some shooting, or some crime." Many elderly residents are not going out as much as they used to, since they no longer feel as safe. One community member shared that this extends beyond seniors as well, "I feel safe as an adult, but I don't think it's safe for young folks either."

Mental health resources

There is increased need for mental health and substance use services in the community, especially after the pandemic. Residents are facing challenges getting the services they need due to the increased demand, even if they have insurance. Those with conditions beyond depression are having a hard time finding a provider.

> "THERE IS NOTHING, BASICALLY. PEOPLE HAVE TO WAIT MONTHS AND MONTHS TO GET TO SEE SOMEONE AND BE DIAGNOSED."
>
> - Community forum participant, NYC Health + Hospitals/Metropolitan

Socioeconomic issues

The increased cost of living has affected many community members. There is a need for more equitable and reasonable employment. One community member shared, "Instead of having two or three jobs to support your family and yourself, you should be able to have a job with benefits to support yourself and be able to be home with your family." Quality childcare, whether at schools or with childcare providers, has also been challenging to find and cost prohibitive for many residents.

Access to nutritious and affordable food is an issue in the community, and although there are more supermarkets that have opened in the area, fresh fruits and vegetables are expensive and inaccessible to most residents. There are healthy options, but as one community member asked, "Why are they not affordable to me and my neighbors?"

Access to resources

There are high quality health care services available in the community, but many residents face barriers to access the services they need. They report that their health insurance plans (whether private or Medicaid) require residents to wait four to six months to see a doctor.

The increase in digital health information and telemedicine has been challenging for some residents. Community members stressed the need to reduce the digital divide that exists for many in the community to help patients access to their health information. They see a need for more education and promotion of existing health services, especially for seniors.

Community members also shared that there are many parents with autistic children in the neighborhood, who don't know how to get connected to services for their children and themselves. The community needs people who can navigate resources and connect families with what they need in a sensitive way.

COMMUNITY'S STRONGEST ASSETS

One of the major assets in the community is NYC Health + Hospitals/Metropolitan Hospital, which forum participants called "a hospital beyond its walls." The hospital's focus on serving the community and supporting local activities and health education are a huge asset to the community. The community itself is also a big strength.

> "WE HAVE PEOPLE WHO LIVE IN AND ADVOCATE FOR OUR COMMUNITIES. PEOPLE WHO ACTUALLY CARE ABOUT THE HEALTH AND WELLBEING OF EVERYONE IN THE NEIGHBORHOOD."
>
> - Community forum participant, NYC Health + Hospitals/Metropolitan

IMPACT OF COVID-19

"THE PANDEMIC INDUCED MORBIDITY AND MORTALITY IN OUR COMMUNITY AND INTERFERED WITH SCHEDULED HEALTH CARE VISITS THAT ARE ESSENTIAL TO LONG TERM WELL-BEING. THE ISOLATION OF THE PANDEMIC HAS ALSO LED TO INCREASED SUBSTANCE ABUSE, STRESS, LONELINESS AMONG THE ELDERLY, AND HIGHER RATES OF VIOLENCE. THE COMMUNITY IS STILL IN THE RECOVERY PROCESS."

- Cristina Contreras, CEO,
NYC Health + Hospitals/Metropolitan

The pandemic worsened the socioeconomic and systemic factors that have been affecting the community for many years. It highlighted how reduced incomes and access to healthy food options make it harder for families to "not only survive but to thrive." This has caused a "deterioration" of mental health in the community.

"COVID-19 CLEARED THE LENS TO REALLY SEE THE CHALLENGES THE COMMUNITY HAS ALWAYS HAD."

- Community forum participant,
NYC Health + Hospitals/Metropolitan

Many residents of all ages have been isolated, withdrawn, and depressed from being in the house for so much time. Seniors especially have become more isolated and have become afraid to leave their homes after having limited outside contact for two years. Nonprofits try to connect with seniors and get them to services but find it challenging to do so. One community member shared, "It's sad to see seniors still hovering in their apartments, still afraid to come out. And it's hard for us to contact them and make sure they're alright." Mental health challenges have made it harder for some community members to have patience and reconcile differences in a peaceful way. The community has seen an increase in violent and "illicit acts" as a result.

"THE PANDEMIC HAS REVEALED HOW MUCH MORE WORK NEEDS TO BE DONE ON ALL LEVELS OF GOVERNMENT IN CONJUNCTION WITH OUR HOSPITALS AND COMMUNITY HEALTH NETWORKS. WE NEED TO ENSURE THAT MENTAL HEALTH IS NOT ONLY EXPANDED IN OUR COMMUNITY, BUT THAT IT ALSO GETS THE INVESTMENT THAT IT NEEDS."

- Community forum participant,
NYC Health + Hospitals/Metropolitan

Though the pandemic has caused many challenges, residents highlighted the ways that the community came together in the face of adversity. In addition to supporting one another, NYC Health + Hospitals/Metropolitan partnered with the community and nonprofits to ensure that clients and staff had access to testing and vaccines. "This made a huge difference to community members."

"COVID OFFERED US AN OPPORTUNITY TO SEE HOW PEOPLE COME TOGETHER."

- Community forum participant,
NYC Health + Hospitals/Metropolitan

Community COVID-19 PCR testing, COVID-19 admissions, and ED visits
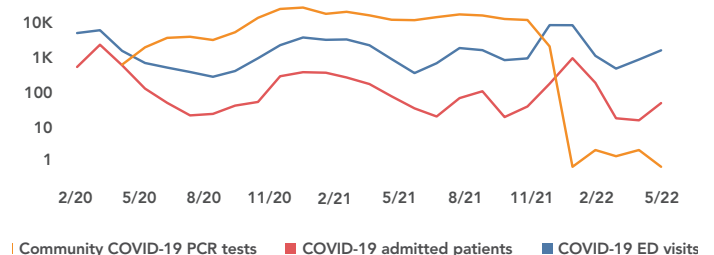
Community COVID-19 PCR tests   COVID-19 admitted patients   COVID-19 ED visits

COVID-19 vaccinations
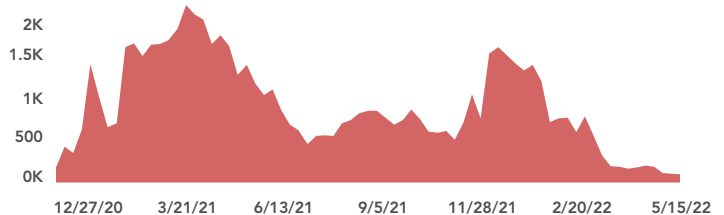
Source: NYC Health + Hospitals, DnA, Epic clinical and revenue data, CY21

Queens

BOROUGH FOCUS GROUP FINDINGS

BOROUGH'S BIGGEST CHALLENGES

Queens focus group members believe the top challenges in the borough are mental health, access to resources, immigrant health, and the impact of COVID-19 on the community.

Queens includes a large immigrant population with unique health needs. Language barriers prevent residents from accessing health care and limit employment opportunities. Undocumented community members have additional challenges accessing resources. One community member shared, "Anything can scare our undocumented community from seeking services, especially mental health services." There has been an increase in violence against Asian community members, which has left many fearful and unable to live their lives as they normally would.

Parts of Queens, including Elmhurst, were the "epicenter of the epicenter" of the COVID-19 pandemic, which has had a lasting impact on the community. Community members are concerned about the mental health of their neighbors, many of whom are "walking around with trauma and depression," but are unable to access the help they need. As isolation affected the community's mental health during the pandemic, the community has also seen a spike in substance use, especially in young people who use opioids, alcohol, marijuana, or vape to "self-medicate." There have been increased reports of intimate partner violence, suicide, and homicide.

Focus group members believe that these needs are "not going anywhere" and will continue to impact the community well beyond the pandemic. The lost income and benefits from those who had to leave the workforce or lost their jobs has also been significant and has affected the ability to keep up with bills, especially with the rising cost of living.

Many residents are now struggling with Long COVID, which is a strain on their health and quality of life. It has been a "mass disabling event" for those who can no longer work due to Long COVID, and there has been learning loss for kids unable to return to school. There is a need for outreach about the services available for those suffering from Long COVID.

BOROUGH'S STRONGEST ASSETS

Residents spoke of the strength and resilience within their community, and the diversity that makes Queens unique. Residents here have "many dreams" and "so much strength" and are willing to do whatever they need to survive and provide for their loved ones. The community's civic engagement is a strength to ensure that problems are resolved and community members receive care.

8 county health ranking
out of 62 counties in New York[42]

84.1 years life expectancy
compared to New York City average of 81.2 years[42]

What is the community's perception?[43]

Top 5 poor health outcomes identified in Queens per survey responses

Diabetes and high blood sugar

High blood pressure

Mental health disorders and depression

Obesity and high BMI

COVID-19

Top 5 service needs in Queens

Housing access, affordability, and quality

Poverty and low-income status

Stress and emotional wellbeing

Health insurance access

Mental and behavioral health care access

Leading causes of premature deaths in Queens[44]

Cancer	Heart disease	Unintentional injury	Diabetes	Stroke
1,776 deaths	**1,545** deaths	**437** deaths	**242** deaths	**212** deaths
64.3 per **100,000**	**55.0** per **100,000**	**19.0** per **100,000**	**8.7** per **100,000**	**7.8** per **100,000**

Health status in Queens

57% have one or more chronic conditions[45]

NYC HEALTH + HOSPITALS/ELMHURST

79-01 Broadway, Elmhurst, NY 11373

COMMUNITY BACKGROUND

NYC Health + Hospitals/Elmhurst serves an area of nearly one million people throughout the neighborhoods of Central Queens. Elmhurst, Queens is one of the most ethnically and linguistically diverse communities in the country, comprised of residents from South and Central America, Asia, the Caribbean, and Eastern Europe speaking over 160 languages. The neighborhood is famous for its truly unique cultural experiences that reflect the ethnicity of the people who live there and bring a piece of the world home to New York.

WHAT THE COMMUNITY SHARED

Assets

- Diversity
- Hardworking community
- Immigrant communities

Challenges

- Food insecurity
- Affordable housing
- Language barriers
- Violence
- Substance use

Neighborhood health

81.6 Life expectancy from birth[46]

Patients served by zip code
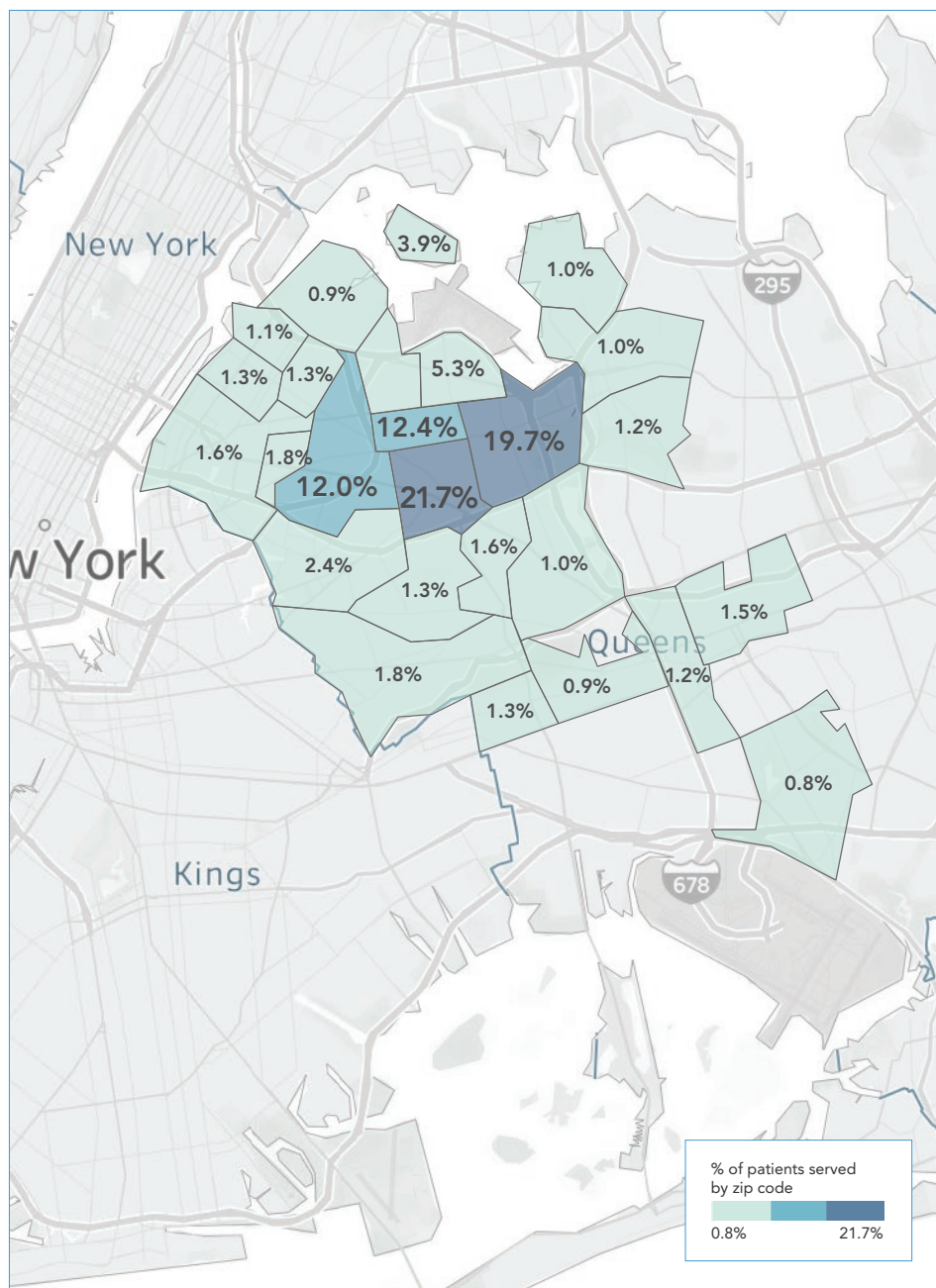
Source: NYC Health + Hospitals, DnA, Epic clinical and revenue data, CY21

"WE TEND TO ISOLATE EACH OTHER TO THE GROUPS AND BACKGROUNDS THAT WE CAME FROM AND DON'T SEE THE COMMON ACROSS THE DIFFERENT GROUPS. WE MUST WORK THROUGH IT BECAUSE IN UNITY WE EXCEL."

- Community forum participant, NYC Health + Hospitals/Elmhurst

THROUGH THE LENS OF A COMMUNITY ANCHOR INSTITUTION

NYC Health + Hospitals/Elmhurst was founded in 1957. The 545-bed hospital is a Level I Trauma Center, and is affiliated with the Mount Sinai Health System.

Our impact

$1.55B
Economic activity[4]

6K
Jobs generated[4]

1.7K
Babies delivered

120K — Total patients

579K — Outpatient visits
18.3K — Inpatient visits
107K — Emergency Department visits
6.2K — Ambulatory surgery

696K — Total visits

Why are patients coming in?

- **Opioid dependence and abuse**
- **Pregnancy**
- **Adult and pediatric well and preventative care**
- **Hypertension**
- **Diabetes**
- **Follow-up visits for children**
- **Diabetes**
- **Schizophrenia and psychiatric disorders**

Based on outpatient and inpatient encounters

Who are our patients?

Patients by race/ethnicity

6.6%
1.9%
0.1%
8.4%
0.2%
16.9%
7.6%
58.4%

- Asian/Native Hawaiian/Pacific Islander
- Black or African-American
- Hispanic/Latinx
- Native American/Alaskan Native
- Something else
- Two or more races
- Unknown/Choose not to disclose
- White
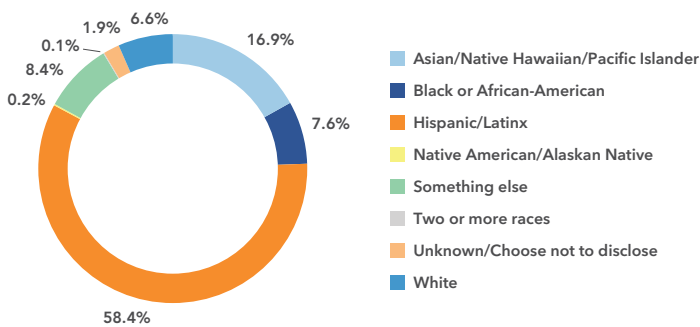
Top 10 preferred languages

- **English**
- **Spanish**
- **Bengali**
- **Other**
- **Mandarin Chinese**
- **Korean**
- **Hindi**
- **Cantonese**
- **Arabic**
- **Tagalog**

54%
of patients with preferred language other than English[47]

Patients by age group

Age group	Percentage
18 - 44	39.3%
45 - 64	26.8%
0 - 11	15.6%
≥65	12.6%
12 - 17	5.7%

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.
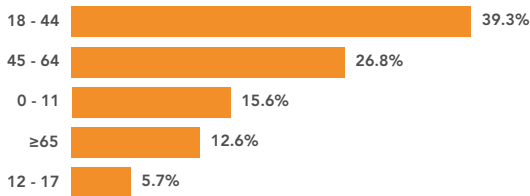
Patients by gender identity

Female	51.49%
Male	48.48%
Decline to answer	0.01%
X	0.01%
Unknown	0.00%

NYC HEALTH + HOSPITALS/ELMHURST

79-01 Broadway, Elmhurst, NY 11373

ELMHURST COMMUNITY FORUM FINDINGS
COMMUNITY'S BIGGEST CHALLENGES

Socioeconomic issues

Community members are concerned that the rising cost of housing and food is affecting residents and is contributing to increased poverty in the community. The price of food has "skyrocketed," and many residents are experiencing food insecurity. Even with the assistance of food pantries, the need is very high.

Residents stress that it is necessary to consider housing beyond homelessness and determine what is truly "affordable housing" for the community. One forum member shared, "You go to Astoria or Jackson Heights, and you see these beautiful houses on every block, but who is able to afford these houses?" Some major contributors to these issues are the lack of employment training or schools completion in the community.

> "WHEN PEOPLE AREN'T COMPLETING HIGH SCHOOL, CHANCES ARE THEY WILL ALWAYS BE BELOW POVERTY."
>
> - Community forum participant, NYC Health + Hospitals/Elmhurst

Immigrant health

Elmhurst is one of the most diverse communities in the world and has a large immigrant population with unique health needs. There are over 150 languages spoken in the community, and many residents face language barriers in accessing health care and other resources. This was revealed at the onset of the pandemic as "many people who speak a foreign language were not alerted to the fact that a pandemic was coming. A language barrier is a crucial barrier."

Many undocumented community members don't have health insurance, and residents state that they don't know what resources are available to them. This information needs to be provided to them, especially where and how to receive services without having to reveal their immigration status. Children and young adults in the community suffer from anxiety because of their immigration status. They need culturally humble and accessible mental health services.

Community forum participants are very concerned about the rise of violence against the Asian community. There have been incidents where elderly Asian community members were harmed, and they are concerned with how much the Asian population, especially senior residents, are targets for violence.

Access to resources

Many community members have difficulty accessing health care services, and "people go where they can go, when they can go." Those with insurance are able to have private doctors, of which there are plenty in the community. Others use urgent care or wait until the last minute to seek care, leading to worse health outcomes than if they sought care earlier. The uninsured seek care almost exclusively at NYC Health + Hospitals/Elmhurst. As a result, residents report overcrowding, and many must travel far to get care.

Community residents need more outreach about available community resources, including nutrition education and health insurance coverage and navigation. Community forum participants shared it would also be helpful to bring urgent care and the senior care center back to NYC Health + Hospitals/Elmhurst. Additional community resources such as youth centers, cooking lessons and nutrition events, and services for seniors were also recommended.

COMMUNITY'S STRONGEST ASSETS

Community forum participants are proud of the diversity in their community. One resident shared that the economic return in the 1980s was due to immigrants from South America and Asia, and that "immigrants came with their visions, their dreams, and strengthened the neighborhoods economically." The community is hardworking, and "our immigrant families are here because they want to contribute to the society and our community in a positive way."

IMPACT OF COVID-19

"COVID BROUGHT TO LIGHT THE ISSUES THAT WERE ALREADY IN OUR COMMUNITY BUT ARE NOW TEN TIMES WORSE, LIKE FOOD ACCESS, EDUCATION, AND THE ECONOMY. IT'S GOING TO TAKE YEARS FOR THE COMMUNITY TO CATCH UP TO WHERE THEY ONCE WERE. THE GOOD NEWS IS WE'VE SEEN THE COMMUNITY BECOME MORE UNITED, AND PEOPLE ARE NOW ADVOCATES FOR THEIR OWN COMMUNITIES AND WORKING TOGETHER TO MAKE A DIFFERENCE."

- Helen Arteaga, CEO,
NYC Health + Hospitals/Elmhurst

The community has seen a sharp increase in mental health issues across all ages as a result of the pandemic. The uncertainty of what is to come, when the next wave will hit, or if they will get sick has increased anxiety, without an outlet for release. As a result of increased anxiety and depression, the requests for mental health services are very high, and many find themselves on long waiting lists to get the help they need.

In an attempt to cope, many residents are using substances who did not do so prior to the pandemic. Some now struggle with unhealthy eating, increases in smoking, drinking, and drug use, lower rates of exercise, and more time spent inside watching television.

Families dealt with increased stress after being at home together, especially those who had two to three families living in one apartment. Youth especially have dealt with isolation, a lack of connection to their peers, and the added stress of remote learning. Youth are "the future of our country, and we need to do something for them, so they don't get uprooted from their path."

"THE PANDEMIC HIT OUR COMMUNITY THE MOST IN THE COUNTRY. WE WERE BADLY BRUISED BY COVID."

- Community forum participant,
NYC Health + Hospitals/Elmhurst

Numerous community members report that they lost their jobs or lost money in the stock market when the pandemic first hit. Families have found themselves spending significantly more on food and household items, causing further financial strain. Food insecurity has affected more community members, and demand at food pantries to provide for families in need is very high.

Those who could afford it tried to move from apartments to houses during the pandemic, highlighting the need for more space. As a result, housing prices have increased dramatically, and rent is also much higher across the community. This further contributes to the financial instability in the community, and many residents feel that they "cannot catch a break" from all the financial strain.

Community COVID-19 PCR testing, COVID-19 admissions, and ED visits
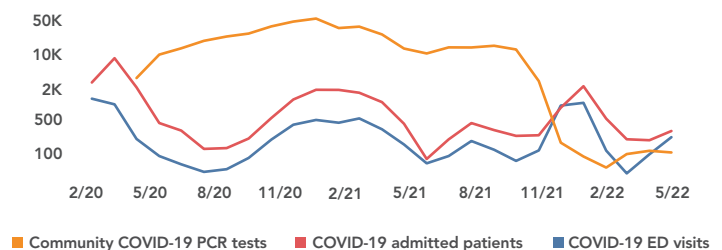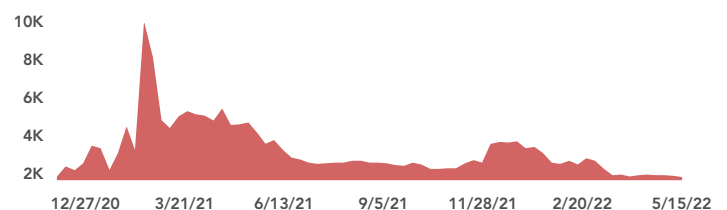
■ Community COVID-19 PCR tests   ■ COVID-19 admitted patients   ■ COVID-19 ED visits

COVID-19 vaccinations

NYC HEALTH + HOSPITALS/QUEENS

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

COMMUNITY BACKGROUND

NYC Health + Hospitals/Queens serves the Central and Southeastern Queens communities, including Jamaica. These communities represent a diverse group of New Yorkers, including immigrants from the Philippines, the Dominican Republic, Pakistan, and Bangladesh. The area features many small businesses, including bakeries, groceries, and restaurants, serving the varying international cuisines of the communities' immigrant populations.

WHAT THE COMMUNITY SHARED

Assets

- Community cohesion
- High voter turnout
- Resources available

Challenges

- Homelessness
- Crime
- Outreach services
- Food insecurity
- Mental health
- Affordable housing

Neighborhood health

80.4 Life expectancy from birth[46]

"THE COMMON DENOMINATOR FOR THE MENTAL HEALTH CHALLENGES IN OUR COMMUNITY IS LOSS. LOSS OF A RELATIVE, LOSS OF FREEDOM, LOSS OF INCOME. WE REALLY NEED TO THINK ABOUT GRIEF COUNSELING AS AN IMPORTANT NEED IN THE COMMUNITY."

- Community forum participant, NYC Health + Hospitals/Queens

Patients served by zip code
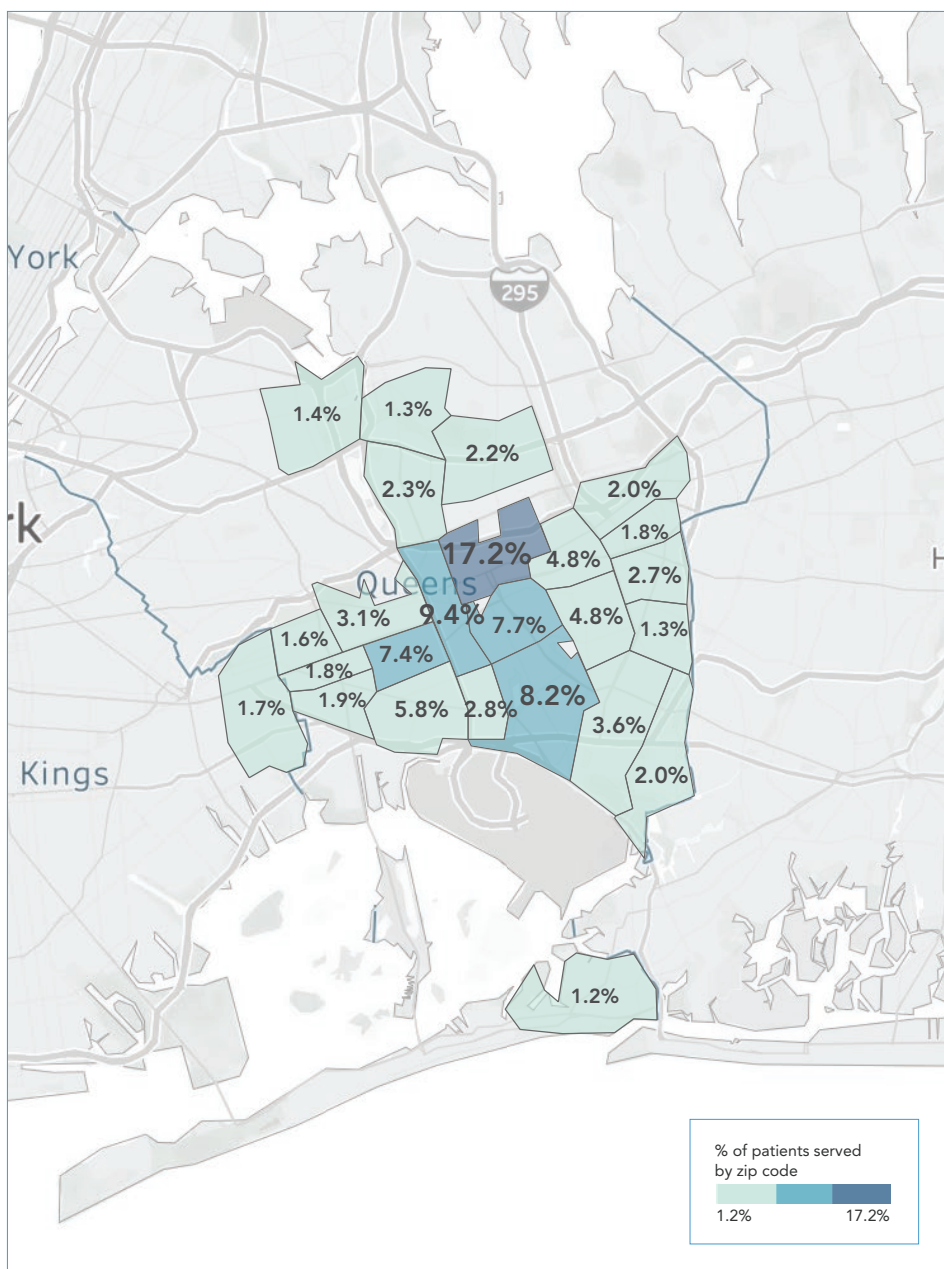
Source: NYC Health + Hospitals, DnA, Epic clinical and revenue data, CY21

THROUGH THE LENS OF A COMMUNITY ANCHOR INSTITUTION

NYC Health + Hospitals/Queens was founded in 1935. The 369-bed hospital is affiliated with the Mount Sinai Health System.

Our impact

$1.02B
Economic activity[4]

4K
Jobs generated[4]

1.1K
Babies delivered

88K	Total patients
436K	Outpatient visits
12.5K	Inpatient visits
88K	Emergency Department visits
3.9K	Ambulatory surgery
531K	Total visits

Why are patients coming in?

- Adult and pediatric well and preventative visits
- Hypertension
- Diabetes
- Schizophrenia and psychiatric disorders
- Pregnancy
- Chest pain
- High cholesterol

Based on outpatient and inpatient encounters

Who are our patients?

Patients by race/ethnicity

- 12.7%
- 4.0%
- 4.0%
- 0.2%
- 24.6%
- 0.7%
- 20.2%
- 33.5%

Legend:
- Asian/Native Hawaiian/Pacific Islander
- Black or African-American
- Hispanic/Latinx
- Native American/Alaskan Native
- Something else
- Two or more races
- Unknown/Choose not to disclose
- White
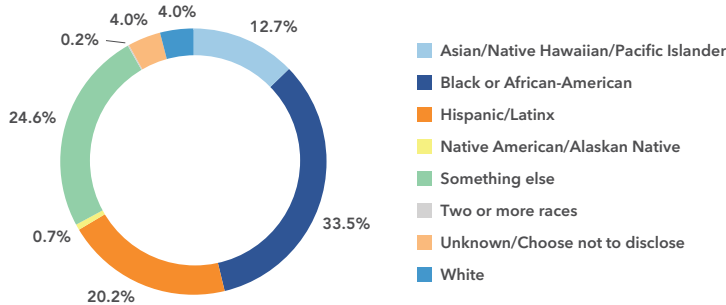
Top 10 preferred languages

- **English**
- **Spanish**
- **Bengali**
- **Haitian Creole**
- **Other**
- **Hindi**
- **Mandarin Chinese**
- **French**
- **Arabic**
- **Korean**

20%
of patients with preferred language other than English[47]

Patients by age group

Age group	%
18 - 44	37.5%
45 - 64	31.0%
≥65	15.9%
0 - 11	11.1%
12 - 17	4.5%

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.
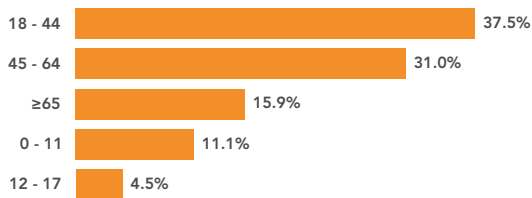
Patients by gender identity

Female	55.66%
Male	44.32%
Decline to answer	0.01%
X	0.00%
Unknown	0.00%

NYC HEALTH + HOSPITALS/QUEENS

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

QUEENS COMMUNITY FORUM FINDINGS

COMMUNITY'S BIGGEST CHALLENGES

Socioeconomic issues

Housing, food insecurity, and access to health care are the top concerns for community members. These issues have worsened during the pandemic as job loss and homelessness have increased. Community members believe that the rate of homelessness may be even higher than is officially reported, as residents might be staying with family or friends and not have their own stable housing. These arrangements are not permanent, and focus group members worry these neighbors could lose housing at any time.

There is large variability in income and housing throughout zip codes, but even in "higher income" zip codes, there are still high numbers of homelessness. Residents state that the area needs more affordable and better housing, especially as more people continue to move to Queens and the cost of housing displaces residents.

Access to resources

Community forum participants don't believe that healthy food is accessible in the neighborhood. Residents find themselves having to go to other neighborhoods to get better quality foods at affordable prices. More recently, a chain fruit market came into the area, which provides fresh produce at a reasonable price, but many agreed that this is not sufficient for all residents.

There are many people who are not aware of the resources that are available to them and need better community outreach to share resources and information. Some providers are asked every day what services are available to residents or who takes their insurance and feel there is a need for this information to be more widely and easily available for community members.

Many residents don't have insurance or don't go to a clinic or the hospital, so they go to their pharmacy to get information, or try to get information from older people in the community. There has been fear to go to the hospital during the pandemic, and many don't have proper transportation to get there in the first place. Others don't know how close the hospital is to where they live, and seek medical care at other facilities.

Crime and Safety

Residents note that there has been an evident decrease in the number of police patrolling the community. As a result, many have been unable to get a timely response to crimes and worry that the lack of police may also allow drugs to be brought into the community. Community members have reported crimes and quality of life complaints (i.e., cars revving their engines which affects air quality) and have been met with little response. There is a need for more collaboration between the community and law enforcement, and residents encourage other community members to "get out and get involved with the community," to get their needs addressed.

COMMUNITY'S STRONGEST ASSETS

Community forum participants spoke about the importance of their community and the way that residents and neighbors come together for one another when they need to. Often this takes the community overcoming their fears and understanding one another to be able to share with those around them and build a sense of community. "Our community helps each other culturally because of who we are. We just help each other."

"WE NEED ACCURATE INFORMATION GIVEN TO US – WE DON'T HAVE THE PROPER PEOPLE TELLING US EXACTLY WHAT'S GOING ON, AND WHY IT'S GOING ON, SO WE HAVE A LOT OF CONFUSION HERE. THIS LEADS TO THE SPREAD OF MISINFORMATION."

- Community forum participant,
NYC Health + Hospitals/Queens

IMPACT OF COVID-19

"COVID HAS CREATED ANOTHER LAYER OF A BARRIER TO HEALTH CARE SERVICES. FOR THE LAST TWO YEARS INDIVIDUALS WERE NOT ABLE TO SEEK PRIMARY CARE IN THE MANNER THAT THEY DID PRIOR TO COVID; ESPECIALLY DURING HEIGHTENED PERIOD. THIS HAD CREATED ANOTHER MAJOR BARRIER. NOW, PATIENTS MAY COME TO THE FACILITY WITH A MORE ADVANCED STAGE OF THEIR CONDITION DUE TO THE FACT THAT IT MAY NOT HAVE BEEN ADDRESSED IN A TIMELY MANNER."

- Neil Moore, CEO,
NYC Health + Hospitals/Queens

The pandemic has had a devastating effect, on the health and mental health of the community. Access to health care became an "underlying condition" in itself.

The mental health impact of the pandemic has been felt throughout the community. There has been significant loss, which has especially affected children who lost parents. The stress and isolation of the pandemic have particularly affected those with preexisting mental illnesses. The general sentiment in the community is that of uncertainty, and a sense of the unknown, coupled with loss, has made it difficult to cope.

"MANY PEOPLE DON'T KNOW, WHAT IS TOMORROW GOING TO BRING? ARE THEY GOING TO GET A CURE? IS IT GOING TO HAPPEN TO ME?"

- Community forum participant,
NYC Health + Hospitals/Queens

A perception of mixed messaging within the community lead to fear and confusion, and as a result, some lost trust in the health system. There was misinformation distributed from person to person, which many feel contributed to the worse mental and physical health issues of so many residents. Some believe, "We were misled, and things were misunderstood."

The pandemic also had a major effect on the community work force. There was major job loss, and small businesses were adversely affected. Some were unaware of the PPP and loans available to them. There are now major workforce shortages in teaching and health care, and many of these workers already faced disparities in pay. Many frontline workers have been afraid to bring illness back to family members in their home, whether children, elders, or those with underlying conditions. Some teachers "felt disposable," after returning to work without the policies and procedures there to protect them. In addition to dealing with their own mental health issues, educators have to deal with the death of students, colleagues, and parents, all while trying to maintain a sense of normalcy for students.

"I WAS THE ONE GETTING CALLS FROM TEACHERS AND DIRECTORS… WHAT DO YOU TELL A DIRECTOR HOW TO DEAL WITH A CHILD WHO'S THREE OR FOUR AND LOST BOTH THEIR PARENT(S)?"

- Community forum participant,
NYC Health + Hospitals/Queens

Community COVID-19 PCR testing, COVID-19 admissions, and ED visits
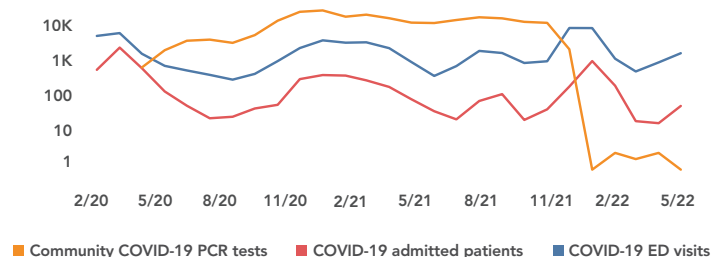
■ Community COVID-19 PCR tests ■ COVID-19 admitted patients ■ COVID-19 ED visits

COVID-19 vaccinations

Source: NYC Health + Hospitals, DnA, Epic clinical and revenue data, CY21

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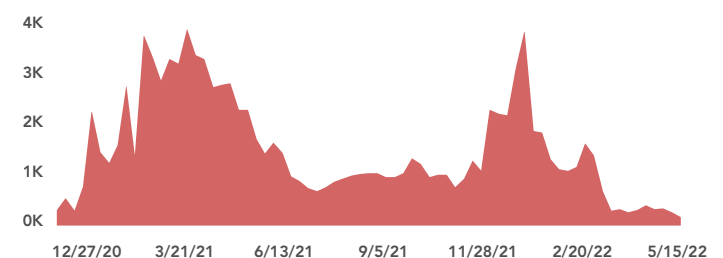
Staten Island

BOROUGH FOCUS GROUP FINDINGS

BOROUGH'S BIGGEST CHALLENGES

Staten Island's focus group members believe the top challenges in the borough are homelessness, mental health and substance abuse, access to health care, and the impact of COVID-19 on the community.

Community members are concerned about the lack of adequate resources for residents experiencing homelessness. The borough does not have the public shelters or resources for people experiencing homelessness that other boroughs do. Shelters are currently being built, but only on the North Shore, which will not be accessible to the entire island. The lack of resources available to this population will likely increase the incidence of preventable illness.

In the wake of the COVID-19 pandemic, the community is dealing with a mental health crisis, with extremely limited mental health services available to respond to it. The culmination of two years of isolation, job loss, and food insecurity have led to a critical point for the community. Children and adults are suffering more than ever but must wait at least three to four months to receive services. Mental health conditions have worsened in the community, and there has been an increase in deaths by suicide. As one resident shared, "I've lost count of how many suicides [have happened] this year alone, and it's only April."

Substance use is a critical health problem in the community, and overdose deaths are increasing. Community members estimate that only one or two in every ten active users in the community gets help. Undocumented residents who need addiction treatment fear that it could be grounds for denial in the immigration process and go without needed help. When services were forced to go virtual in the height of the pandemic, the community said they were relatively effective for general mental health, but this was not the case for substance use. Until the community accepts the existence of the problem and "treats it like they would heart disease or diabetes," residents will continue to resist seeking help.

Focus group participants referred to Staten Island as "the forgotten borough" and shared that there are more challenges in accessing resources there than in other parts of the city. Public transportation is also much more limited, and it is difficult for residents to get to NYC Health + Hospitals facilities for care.

BOROUGH'S STRONGEST ASSETS

Residents believe that in the face of adversity (they mentioned 9/11, Hurricane Sandy, and COVID-19), they are a group of partners, and "Staten Islanders take care of Staten Islanders." There is a strong sense of connectedness, and residents feel that they all belong to the larger community.

17 county health ranking
out of 62 counties in New York[42]

81.0 years life expectancy
compared to New York City average of 81.2 years[42]

What is the community's perception?[43]

Top 5 poor health outcomes identified in Staten Island per survey responses

Cancer

Diabetes and high blood sugar

Obesity and high BMI

High blood pressure

Mental health disorders and depression

Top 5 service needs in Staten Island

Obesity and high BMI

Stress and emotional wellbeing

Health care literacy (understanding how to use health care & advice from caregivers)

Mental and behavioral health care access

Indoor and outdoor air quality

Leading causes of premature deaths in Staten Island[44]

Cancer	Heart disease	Unintentional injury	Diabetes	CLRD
483 deaths	**456** deaths	**168** deaths	**64** deaths	**63** deaths
79.4 per **100,000**	**73.7** per **100,000**	**36.2** per **100,000**	**10.8** per **100,000**	**10.1** per **100,000**

Health status in Staten Island

50% have one or more chronic conditions[45]

NYC HEALTH + HOSPITALS/ CORRECTIONAL HEALTH SERVICES

200 Construction Way, Flushing, NY 11371

COMMUNITY BACKGROUND

In 2016, as a new division of NYC Health + Hospitals, NYC Health + Hospitals/Correctional Health Services (CHS) became the direct provider of health care in the city's jails. Services include medical, nursing, mental health, substance use treatment, social work, dental, vision, discharge planning, and reentry support. CHS maintains a citywide presence in courthouses, central booking, and nine jails, eight of which are on Rikers Island. CHS leverages the resources of NYC Health + Hospitals to help discharged patients successfully return to their communities and is a pivotal partner in NYC's criminal-legal system reform efforts.

HEALTH OF THE PATIENT POPULATION

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 three to five business days to resume once an individual is released. This is a critical period or transition, yet individuals are unable to easily 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.

ABOUT CORRECTIONAL HEALTH SERVICES

In Calendar Year 2021, CHS conducted more than 650,000 clinical encounters and completed more than 14,500 medical intakes, while the NYC jail system housed an average of nearly 5,000 people per day. Injuries, asthma, hypertension, musculoskeletal issues, and skin-related issues are the most common conditions driving patients' medical encounters with CHS providers. The most common conditions driving mental health encounters include trauma and stressor-related disorders; schizophrenia spectrum and psychiatric disorders; anxiety disorders; bipolar and related disorders; and major depression.

"IN THE NYC JAILS, THE RULES FOR ACCESSING HEALTH CARE ARE FAIRLY STRAIGHTFORWARD AND DIRECTIVE. BY COMPARISON, THE DISTRIBUTED, COMMUNITY-BASED HEALTH CARE SYSTEM – WHERE RULES ARE COMPLICATED AND NOT UNIFORM – CAN BE VERY CHALLENGING TO NAVIGATE."

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

ADDRESSING THE CHALLENGES CHS PATIENTS FACE IN RETURNING TO THEIR COMMUNITIES

JAIL-BASED REENTRY SUPPORT

To bolster its reentry preparedness for all patients during incarceration, CHS established Community Connections Services (CCS) in 2020. CCS helps patients plan for their return to the community as soon as they enter the jail system. Starting at intake, CCS offers harm-reduction screenings, substance-use counseling, and Naloxone training; shares information about post-release services; and helps patients complete Medicaid applications. CCS also maintains a dedicated a phone line in jails so patients can connect directly with CCS team about their reentry and transitional needs.

CHS operates the nation's oldest jail-based opioid treatment program, Key Extended Entry Program (KEEP). In addition to providing methadone and buprenorphine maintenance to patients while they are in jail, KEEP provides linkages to community-based treatment and harm-reduction services to patients reentering their communities.

CHALLENGES PATIENTS FACE

- Disruption in health care coverage, as Medicaid takes three to five business days to resume once an individual is released from jail
- Lack of housing; housing instability
- Biases, discrimination, and stigma affecting employment opportunities; eligibility for/acceptance into programs and supports
- Lack of identifying documentation and access to communication devices, such as phones

COMMUNITY-BASED INITIATIVES

The Point of Reentry and Transition (PORT) practices at NYC Health + Hospitals/Bellevue and Kings County provide outpatient primary care and mental health services to individuals recently released from correctional facilities, including NYC jails and New York State prisons. PORT practices are staffed by a team that includes a community health worker (CHW), nurse, medical assistant, and clinician. CHWs have lived experience of incarceration and are the point person to help patients navigate a complex medical system and connect them to social services. Clinicians can access jail-based electronic medical records and many also work in jail-based clinics, improving continuity of care between jail and community and providing additional understanding of the patients' recent clinical and personal context.

PORTLine is a dedicated reentry support hotline, staffed by Community Health Workers (CHWS) with lived experience of the criminal-legal system. PORTline is available to assist with post-release prescriptions and troubleshoot problems with Medicaid, make referrals to community-based treatment and services, and answer callers' questions about health care received during incarceration.

Community Reentry Assistance Network (CRAN) provides community-based re-entry support to patients after their release, including transitional case management and post-release 'one-stop-shop' services. CRAN connects individuals to medical and mental health treatment, refers individuals to vocational and educational programs, and helps individuals obtain medications and submit benefits applications.

Our impact

21.6K   Total number of patients

775K   Total encounters

SERVICES OFFERED TO PATIENTS

- **Nursing and medicine:** Vital signs, sick call, court screenings, injury visits, etc.
- **Mental health:** Psychiatric med evaluations, treatment plan reviews, progress notes, etc.
- **Social work and reentry services:** Discharge planning efforts, community connections services intakes/follow-ups, etc.
- **Substance use:** Key Extended Entry Program (KEEP) visits
- **Dental care**

ACKNOWLEDGMENTS

2022 COMMUNITY HEALTH NEEDS ASSESSMENT TEAM LEADS

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United Activities, Inc.
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Facility Community Forums

Harlem Hospital: March 16, 2022

Kings County Hospital: March 17, 2022

Bellevue Hospital: March 23, 2022

Queens Hospital: March 23, 2022

Woodhull Hospital: March 28, 2022

Elmhurst Hospital: April 6, 2022

North Central Bronx: April 6, 2022

Coney Island Hospital: April 7, 2022

Metropolitan Hospital: April 7, 2022

Jacobi Hospital: April 13, 2022

Henry J. Carter Specialty Hospital and Nursing Facility: April 14, 2022

Lincoln Hospital: April 14, 2022

Advisory Group Meetings

Advisory Group 1: April 12, 2022

Advisory Group 2: May 3, 2022

Advisory Group 3: June 7, 2022

Focus Groups

Bronx Focus Group: March 24, 2022

Brooklyn Focus Group: March 29, 2022

Manhattan Focus Group: March 29, 2022

Queens Focus Group: April 8, 2022

Staten Island Focus Group: April 7, 2022

APPENDIX

NYC HEALTH + HOSPITALS IMPACT SINCE THE 2019 IMPLEMENTATION STRATEGY

The priority health needs identified by NYC Health + Hospitals leadership and communities in the 2019 CHNA were reducing the burden of life cycle and lifestyle-driven illnesses and redesigning health care for communities. Since then, NYC Health + Hospitals has engaged in a system-wide transformation to address the identified needs of its diverse populations while fighting COVID-19 on the front lines. Below are vital initiatives NYC Health + Hospitals has taken to address the significant health needs identified in the 2019 CNHA.

REDUCING THE BURDEN OF LIFESTYLE-DRIVEN ILLNESS

Health system milestones

- Expanded Virtual ExpressCare and Virtual Visits, redirecting 911 encounters to prevent thousands of unnecessary EMS transports to nearby hospitals.
- Published the inaugural Nursing Biennial Report, a 222-page summary of system-wide and facility-level nursing highlights and achievements from March 2019 through May 2021.
- Launched nation's first Public Health Corps, one of the largest Community Health Workers (CHWs) programs in the country dedicated to assisting New Yorkers to obtain essential services and enable them to meet their health goals. Corps members will be placed throughout the health system.
- Achieved a 72 percent MyChart activation rate, empowering our patients to get their test results, schedule appointments, and talk to their providers.
- Partnered with CUNY to create a Nursing pipeline for nursing students and expand professional development for health system nurses.
- NYC Care enrolled 110,000 New Yorkers.
- All 11 of our hospitals made the U.S. News "High Performing" list in at least one specialty area and four NYC Health + Hospitals skilled nursing facilities recognized on Newsweek's "Best Nursing Homes" list.
- Opened three COVID-19 Centers of Excellence to care for New Yorkers with Long COVID in the Bronx, Brooklyn, and Queens.
- Earned 'A' Leapfrog Hospital Safety Grade for spring 2022 at Metropolitan and Queens Hospitals
- Announced renaming of NYC Health + Hospitals/Coney Island after Supreme Court Justice Ruth Bader Ginsburg. The entire campus will be renamed South Brooklyn Health.
- Partnered with NYU to launch a new professional development and training program to help early career psychiatrists.
- Eighteen patient care facilities receive the "LGBTQ+ Healthcare Equality Leader" designation from the Human Rights Campaign (HRC) Foundation.

Ensuring equity and meeting the diverse needs of New Yorkers

- Launched the Medical Eracism initiative and eliminated two common diagnostics tests for kidney disease and pregnancy that are based on biased assumptions and can negatively impact quality of care for patients of color.
- Launched the "Early Steps" mobility pilot program to help reduce recovering med/surge patients' stays by approximately two days.
- Launched B-Heard, the Behavioral Health Emergency Assistance Response Division, a new pilot program, where New York City EMTs are accompanied by a social worker to provide mental health services to individuals who call 911.
- Established the Maternal Medical Home, which provides case and care management and wraparound services for pregnant people at risk of severe maternal morbidity.
- Expansion of telehealth services.
- Launched the Helping Promote Birth Equity through Community-Based Doula Care (HoPE) program, which provides community-based doula support, free-of-charge, to any pregnant person seeking care at either Elmhurst or Queens Hospitals.
- Announced the expansion of lifestyle medicine services at six sites across NYC. The expansion will provide patients living with chronic disease the tools to make healthy lifestyle changes, including providing them access to plant-based diet resources.
- Launched the Family-Centered Cesarean Birth (FCCB) program, which places the family at the focal point of the birthing process during a cesarean birth at NYC Health + Hospitals/Woodhull.
- Opened Obstetrics Simulation Lab at NYC Health + Hospitals/Bellevue to help reduce maternal deaths and life-threatening conditions in patients during childbirth.
- Partnered with Coordinated Behavioral Care Independence Practice Association (CBC) to expand the Pathway Home™ program. The program provides care transition of adults with serious mental illness following discharge from in-patient and/or ED treatment.
- Launched the Peer Academy program to help recruit and train community members who will become State certified peer counselors and support behavioral health patients.

REDESIGNING HEALTH CARE FOR COMMUNITIES

Opened several new units including:

- NYC Health + Hospitals/Woodhull new Emergency Department.
- NYC Health + Hospitals/Gotham Health, Vanderbilt new Diabetes Center.
- NYC Health + Hospitals/Bellevue new same day surgery suite.
- NYC Health + Hospitals/Jacobi new Pride Center to care for LGBTQ New Yorkers.
- NYC Health + Hospitals/Lincoln new Gender Affirming Integrated Services Practice for LGBTQ Patients.
- NYC Health + Hospitals/Correctional Health Services broke ground on the Outposted Therapeutic Housing Unit (OTxHU) at NYC Health + Hospitals/Bellevue.

Responding to the COVID-19 pandemic

- The NYC Test & Trace Corps team provided COVID-19 testing to more than 8 million New Yorkers, doubled its mobile testing fleet, and launched in-home COVID-19 tests and vaccinations.
- NYC Health + Hospitals/Correctional Health Services became the first unit in New York State to get approval to vaccinate in jails. By the end of 2021, the team vaccinated more than 4,500 patients.
- Launched After Care, a program that provides resources and linkages for those experiencing Long COVID.
- The NYC Test & Trace Corps reached more than 90% of all new cases, identified more than one million close contacts, and engaged 72% of them in care and services.
- New York City Test & Trace Corps administered nearly 300,000 vaccinations, the most of any New York City-run site, at Citi Field.

Improvements to promote financial and system stability:

- Achieved over $1B in recurring revenue-generating and expense-reducing initiatives as of FY 2021.
- MetroPlus Health plan ranked highest quality Medicaid plan in New York and increased membership by over 50,000 members.
- For the eighth consecutive year, NYC Health + Hospitals' Accountable Care Organization earned Medicare shared savings for reducing cost and providing high quality care for patients.
- Enrolled 90 percent of uninsured patients in health insurance, up from 70 percent.

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

	New York City	Bronx	Brooklyn	Manhattan	Queens	Staten Island
1	Housing access, affordability, and quality	Community safety and violence	Housing access, affordability, and quality	Housing access, affordability, and quality	Housing access, affordability, and quality	Obesity and high BMI
2	Poverty and low-income status	Poverty and low-income status	Poverty and low-income status	Mental and behavioral health care access	Poverty and low-income status	Stress and emotional wellbeing
3	Stress and emotional wellbeing	Housing access, affordability, and quality	Stress and emotional wellbeing	Poverty and low-income status	Stress and emotional wellbeing	Health care literacy
4	Community safety and violence	Stress and emotional wellbeing	Community safety and violence	Community safety and violence	Health insurance access	Mental and behavioral health care access
5	Mental and behavioral health care access	Obesity and high BMI	Obesity and high BMI	Stress and emotional wellbeing	Mental and behavioral health care access	Indoor and outdoor air quality

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

	New York City	Bronx	Brooklyn	Manhattan	Queens	Staten Island
1	Diabetes and high blood sugar	Diabetes and high blood sugar	Diabetes and high blood sugar	Mental health disorders and depression	Diabetes and high blood sugar	Cancer
2	High blood pressure	Mental health disorders and depression	High blood pressure	Diabetes and high blood sugar	High blood pressure	Diabetes and high blood sugar
3	Mental health disorders and depression	Violence and gun violence	Mental health disorders and depression	High blood pressure	Mental health disorders and depression	Obesity and high BMI
4	Obesity and high BMI	Obesity and high BMI	Obesity and high BMI	Violence and gun violence	Obesity and high BMI	High blood pressure
5	Violence and gun violence	High blood pressure	Violence and gun violence	Drug use and opioids	COVID-19	Mental health disorders and depression

*Findings are based on the results of over 3,000 Community Health Needs Assessment surveys administered to community members, and clinical and operational leaders from March 9, 2022 - April 27, 2022

HEALTH STATUS (% PATIENTS WITH ONE OR MORE CHRONIC CONDITION)

	Bronx	Brooklyn	Manhattan	Queens	Staten Island
All H+H Adult Patients	214,523	233,058	108,890	198,855	9,018
H+H Adult Patients with 1+ Chronic Disease	128,549	140,521	65,948	114,798	4,558
%	59.92%	60.29%	60.56%	57.73%	50.54%

Population Health Dashboard; Year ending March 2022
What patients does it exclude? We risk score adult patients who visited NYC Health + Hospitals in the last 12 months. Patients who were younger than 18 at the start of the measurement year, patients whose death is documented in the EMR, patients with missing date of birth or gender, and patients with unknown/test names were excluded. Patients who only had COVID-19 test or COVID-19 vaccination visits in the past year are excluded, as are patients who only had ancillary care visits (e.g. Radiology, speech therapy). We do include patients who have only come in for COVID-19 test or COVID-19 vaccination visits in the past year, but have had a visit other than COVID-19 test or COVID-19 vaccination in the prior six months.

NYC Health + Hospitals
2022 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.

Complete and share this survey with your community using this link: https://nychealthandhospitals.surveymonkey.com/r/NYCCHNA2022

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	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 (Circle)					Causes of poor health and death	Score (Circle)				
Alcohol use	1	2	3	4	5	High blood pressure	1	2	3	4	5
Arthritis and disease of the joints	1	2	3	4	5	HIV/AIDS and STIs	1	2	3	4	5
Asthma, breathing issues, and lung disease	1	2	3	4	5	Kidney disease	1	2	3	4	5
Cancer	1	2	3	4	5	Maternal and women's health	1	2	3	4	5
COVID-19	1	2	3	4	5	Mental health disorders and depression	1	2	3	4	5
Dementia and Alzheimer's Disease	1	2	3	4	5	Obesity and high BMI	1	2	3	4	5
Diabetes and high blood sugar	1	2	3	4	5	Stroke	1	2	3	4	5
Drug use, including opioids	1	2	3	4	5	Suicide and self-harm	1	2	3	4	5
Falls and injuries	1	2	3	4	5	Violence and gun violence	1	2	3	4	5
Heart disease	1	2	3	4	5	Other (write in):	1	2	3	4	5
Hepatitis C and liver disease	1	2	3	4	5						

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 (Circle)					Risk factors for poor health and death	Score (Circle)				
Aging and frailty	1	2	3	4	5	Indoor and outdoor air quality	1	2	3	4	5
Child and adolescent development	1	2	3	4	5	Jails and criminal justice system	1	2	3	4	5
Chronic pain and arthritis	1	2	3	4	5	Language and language access services	1	2	3	4	5
Community safety and violence	1	2	3	4	5	Mental and behavioral health care access	1	2	3	4	5
Decent work conditions and economic opportunity	1	2	3	4	5	Obesity and high BMI	1	2	3	4	5
Dental care access	1	2	3	4	5	Palliative and end of life care access	1	2	3	4	5
Disability and access to care for people with disabilities	1	2	3	4	5	Poverty and low-income status	1	2	3	4	5
Domestic and sexual abuse	1	2	3	4	5	Primary care access	1	2	3	4	5
Exercise and physical activity	1	2	3	4	5	Specialty care access, including cardiology and endocrinology	1	2	3	4	5
Green spaces and park access	1	2	3	4	5	Social isolation and connection	1	2	3	4	5
Health care literacy (understanding how to use health care & advice from caregivers)	1	2	3	4	5	Stress and emotional wellbeing	1	2	3	4	5
Health insurance access	1	2	3	4	5	Telehealth based care	1	2	3	4	5
Higher education completion	1	2	3	4	5	Tobacco, vaping, e-cigarettes	1	2	3	4	5
Home and community based long-term care access	1	2	3	4	5	Transportation access	1	2	3	4	5
Housing access, affordability, and quality	1	2	3	4	5	Water quality	1	2	3	4	5
Hunger, food access, and poor nutrition	1	2	3	4	5	Other (write in):	1	2	3	4	5
Immigration and citizenship status	1	2	3	4	5						

Any other comments (optional) *Note: Please leave a phone number we can call for additional comments with the help of an interpreter.*

We Want to Hear from You!

Based on your experience with your family, friends, and neighbors, complete the survey to rate the causes of poor health and risk factors in your community.

Your feedback will help NYC Health + Hospitals to address the health needs and concerns in your community.

Deadline to complete survey: April 27, 2022

Scan the QR code to complete the survey or simply click on the link:
nychealthandhospitals.surveymonkey.com/r/NYCCHNA2022

NYC HEALTH+ HOSPITALS

Live Your Healthiest Life.

¡Queremos saber de usted!

Según su experiencia con su familia, amigos y vecinos, llene la encuesta para evaluar las causas de la mala salud y los factores de riesgo en su comunidad.

Sus comentarios ayudarán a NYC Health + Hospitals a hacer frente a las necesidades e inquietudes de salud que haya en su comunidad.

Fecha límite para llenar la encuesta: 27 de abril de 2022

Escanee el código QR para llenar la encuesta o simplemente haga clic en el vínculo:
nychealthandhospitals.surveymonkey.com/r/NYCCHNA2022

Viva su vida más saludable. **NYC HEALTH+ HOSPITALS**

NYC HEALTH+ HOSPITALS

Turn Your Ideas Into Action!

We want to hear your voice. Join our open Community Health Needs Assessment forum to discuss health issues in your community.

Tell us your biggest concerns. Let's design a solution together.

Date: 04/06/2022

Time: 3:30 p.m.

Webex link: www

For more information, please call
Interpretation Services in Spanish, American Sign Language (ASL) and other languages will be available upon request in advance of the event.

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¡Ponga en práctica sus ideas!

Queremos oír su opinión. Únase a nuestro foro abierto Evaluación de Necesidades de Salud de la Comunidad para analizar los problemas de salud en su comunidad.

Infórmenos sus inquietudes más importantes. Diseñemos una solución juntos.

Fecha: 06/04/2022 (DD/MM/YYYY)

Hora: 3:30 p.m.

Vínculo de Webex: www

Para obtener más información llame al
Habrá disponibilidad de servicios de interpretación en español, lenguaje de señas americano (ASL) y otros idiomas a pedido antes del evento.

Viva su vida más saludable.

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