Executive Summary and Project Selection
The NYHQ PPS DSRIP Community Needs Assessment
Primary and Secondary Data
2014

Process Overview and Methods

New York Hospital Queens has engaged in a four-month, comprehensive, and collaborative development of a Community Needs Assessment (CNA), led by the CNA Project Workgroup, with significant input from the Project Advisory Committee.
Vast amounts of quantitative and qualitative data were collected, refined and analyzed. Thirteen stakeholders and over 80 residents provided valuable qualitative information on their health concerns and health care access and services in Queens. Quantitative data used throughout this analysis was obtained from more than 30 sources.

Findings

The NYHQ service area is home to a large, incredibly diverse, population base that is growing rapidly. Approximately 1.6M people live in the service area, with growth of 65,000 projected in the next five years. Given the area's racial and ethnic diversity, stakeholders and residents emphasized the need for culturally and linguistically appropriate care, particularly within the hospital setting.

Poverty is an issue of concern for this population – particularly the disparity in poverty rates across the service area. Some portions of the service area see as much as ¼ of the population living in poverty. Poverty rates are highest in neighborhoods within Jamaica, Corona, and Elmhurst. Poverty is a major barrier to access for health care. Focus group participants reported that they often delay or avoid seeking health care due to cost.

Approximately 692k persons in the service area are Medicaid beneficiaries. This is 43% of population. An estimated 306,000 persons in the service area are uninsured. In aggregate, there are 1.9M persons in the service area who are either Medicaid beneficiaries or uninsured and, as such, are considered target population for DSRIP.

Despite the significant presence of poverty in the service area, mortality rates are relatively low. This may be attributable to several factors, including but not limited to, the following:

- Health risk factor data shows that the service area population does not engage in risky behaviors to the extent that populations in comparative geographies engage in these behaviors.
- A large percentage of the service area population is Asian (more than 500k Asian residents). Asians are much healthier, as defined by mortality rates, than any other racial/ethnic group.

- There are some excellent health care and community resources available to the population base.

Two causes of mortality do rank higher in the service area than in other geographies. These are cerebrovascular disease (stroke) and intentional self harm (suicide). Suicide was raised in focus groups and interviews as a major concern, particularly among immigrant groups.

The most significant areas of concern from a morbidity, or disease prevalence, perspective are cardiovascular disease and behavioral health. These two diseases result in almost 300k admissions and another 300k ED visits annually in Queens County. Among focus group and interview respondents, mental health was a prominent concern. Changes in the financings of behavioral health services have led to the recent closure of several community-based outpatient mental health clinics in Queens, thereby likely increasing the demand for crises care and hospital-based mental health utilization. The lack of community based mental health services only compounded difficulties seeking care caused by other factors, such as social stigma and lack of insurance or affordability.

The service area has a high rate of preventable readmissions, suggesting that there may be difficulty with coordination and transitions of care across providers, and from acute to post acute. Many stakeholders interviewed recommended utilization of supportive services like care coordinators and community health care workers in order to better educate patients about their health conditions, encourage and monitor treatment adherence, and prevent readmissions.

Provider demand for the DSRIP population exceeds the supply of safety net providers in the area. Perhaps most concerning are the areas in the west and northwest of the service area that have little to no safety net providers, yet have a high concentration of Medicaid beneficiaries. This quantitative data is supported by the reported difficulties accessing affordable, trustworthy, community-based providers among some focus group participants, particularly as it related to mental health.

Geographic disparity in the availability of resources (both health care resources and community resources) is significant. Roll out of new strategies should not be concentrated in the areas with current providers, but should focus on pockets of the service area that are underserved. In addition, given the limitations of both health care and community resources, interview and focus group participants expressed strong interest in community-based services that address the needs of residents holistically in order to prevent hospitalization and promote good health. This included special attention to the role of diet, or “food as medicine”.

Demand ratios indicate that the area is not over-bedded as it relates to acute care or SNF beds. Low bed rates and high occupancy may be appropriate as the focus shifts to outpatient and home care.

There are not enough behavioral health resources to meet demand.

- Fewer than 150 behavioral health beds in area hospitals, yet ~150k behavioral health admissions in the County. Hospitals are forced to admit behavioral health patients to medical surgical beds, rather than behavioral health beds
- More than 200k behavioral health ED visits suggest that outpatient resources are inadequate.

Community resources are available, but perhaps not at a level to meet demand, particularly with housing and food. Stakeholders promoted existing approaches to offer housing for high utilization Medicaid recipients and other vulnerable populations, such as chronically homeless. Lack of affordable housing was generally recognized as a major concern among stakeholders and participating Queens' residents; housing was widely recognized as a major social determinant of health. In addition, no areas of Queens have been the focus of federal or state funding to improve the built environment or increase access to healthy food and physical activity, such as New York State Department of Health's Creating Healthy Places grant. Stakeholders and residents agreed that community engagement was important to health care planning, especially in order to consider the needs of vulnerable populations.

Prevention services offered through culturally infused and linguistically competent providers that address people's health holistically are both highly valued and desired.

Project Selection

The New York Hospital Queens PPS began the project selection process by arraying findings from the Community Needs Assessment with the project Domains presented by the state. This first step was high-level, in an attempt to identify the project buckets, or groups of projects, that were most closely aligned with the Community Needs Assessment findings. Next, criteria were applied to potential projects, according to Domain, to assist NYHQ in selecting which projects will be pursued. See criterion and descriptions below:

- **Magnitude** – size, as measured by the number of people impacted by the intervention
- **Alignmen**t – alignment with community needs and priorities
- **Ability to Impact** – degree to which the NYHQ PPS intervention may effect significant change
- **Value** – project points as assigned by the NY State Department of Health
- **Sustainability** – degree to which the intervention continues beyond waiver
- **Community resources** – depth and breadth of community resources aimed at addressing the issue

CAN findings were applied to each domain to determine which projects were best aligned with community need, thereby narrowing the number of potential projects in each domain. Next, the above criteria were applied to potential projects, resulting in a ranking/scoring of the projects, as shown below:

	Domain 2: A & B	Magnitude	Alignment	Ability to Impact	Value	Sustainability	Existing Resources	Total
2.b.viii	Hospital-Home Care Collaboration Solutions	3	3	2	3	3	2	**16**
2.a.i	Increase Certification of PCPs with PCMH Certification	2	3	2	2	3	3	**15**
2.b.ii	Co-Located Primary Care in the ED	3	2	2	3	2	3	**15**
2.b.iv	Care Transitions to Reduce Chronic Care Readmissions	2	3	2	3	3	2	**15**
2.b.v	Care Transitions for SNF Residents	2	3	2	3	3	2	**15**
2.b.vii	Implementing the INTERACT Program for SNF	2	3	2	3	2	2	**14**
2.a.iii	Health Home At Risk Intervention Program	1	3	2	3	2	3	**14**
2.b.iii	ED Triage for At Risk Populations	2	3	2	3	2	2	**14**
2.b.i	Ambulatory Intensive Care Units	2	3	2	2	2	2	**13**
2.a.i	Create IDS Focused on Evidence Based Management	2	1	2	3	2	2	**12**
2.b.vi	Transitional Supportive Housing Services	1	2	1	3	2	2	**11**
2.b.ix	Observation Programs in Hospital	1	2	2	2	2	1	**10**
2.a.iv	Medical Village Using Hospital Infrastructure	2	1	1	3	1	2	**10**
2.a.v	Medical Village Using Existing Nursing Home	2	1	1	3	1	2	**10**

Scoring: 3 = High, 1 = Low, Except for Value (1 =<30 points, 2 =< 40 points, 3 =40+), and Existing Resources (Lack of Existing Resources = 3 and an Abundance of Existing Resources = 1).

	Domain 3: A-E	Magnitude	Alignment	Ability to Impact	Value	Sustainability	Existing Resources	Total
3.a.i	Integration of Primary Care and Behavioral Health	3	3	3	2	3	3	**17**
3.b.ii	CV Evidence Based Strategies to Address Chronic Disease	3	3	2	1	3	2	**14**
3.a.v	Behavioral Interventions Paradigm in Nursing Homes	2	2	2	3	2	3	**14**
3.b.i	CV Disease Management in High Risk Populations	2	3	2	2	2	2	**13**
3.d.ii	Asthma Home-based Self Management Program	2	2	2	2	3	2	**13**
3.d.iii	Evidence Based Medicine Guidelines for Asthma Management	2	2	2	2	3	2	**13**
3.e.i	Decrease AIDS transmission to reduce Avoidable Hospitalizations	1	3	3	1	2	3	**13**
3.a.ii	Behavioral Health Crises Stabilization Services	2	2	2	2	2	2	**12**
3.a.iv	Withdrawal Management Capabilities	1	2	2	2	2	3	**12**
3.a.iii	BH Evidence-based Medication Adherence Program	2	2	1	1	3	2	**11**
3.c.i	Diabetes Evidence Based Strategies to Address Chronic Disease	3	1	2	1	3	1	**11**
3.d.i	Evidence-based Medication Adherence Program - Asthma	2	2	1	1	3	2	**11**
3.c.ii	Diabetes Disease Management in High Risk Populations	2	1	2	2	2	1	**10**

Note: Palliative care is a significant issue in the service area, although difficult to quantify. NYHQ will also pursue project 3.g.ii – Integration of Palliative Care into the Nursing Home.

	Domain 4: A-C	Magnitude	Alignment	Ability to Impact	Value	Sustainability	Existing Resources	Total
4.a.i	Promote Mental Emotional and Behavioral Well Being	3	2	2	1	3	3	**14**
4.a.iii	Strengthen MH and SA Infrastructure Across Systems	2	3	3	1	2	3	**14**
4.c.ii	Increase Early Access to, and Retention in, HIV Care	1	3	3	1	3	3	**14**
4.b.ii	Increase Access to High Quality Chronic Disease Preventive Care	3	2	2	1	3	2	**13**
4.a.ii	Prevent Substance Abuse and Other MEB Disorders	2	2	1	1	3	3	**12**
4.c.i	Decrease HIV Morbidity	1	2	2	1	2	3	**11**
4.c.iii	Decrease STD Morbidity	1	2	2	1	2	3	**11**
4.b.i	Promote Tobacco Use Cessation	2	1	2	1	3	1	**10**

CEAR CENTER FOR EVALUATION & APPLIED RESEARCH
THE NEW YORK ACADEMY OF MEDICINE

NEW YORK HOSPITAL QUEENS COMMUNITY NEEDS ASSESSMENT: REPORT OF THE PRIMARY DATA COMPONENT OCTOBER 21, 2014

INTRODUCTION

The goal of the Delivery System Reform Incentive Payment (DSRIP) program is to promote community-level collaborations and focus on system reform in order to reduce avoidable inpatient admissions and emergency room visits by 25% over five years for the Medicaid and uninsured populations in New York State. To inform the health system transformation that is required under the DSRIP program, emerging Performing Provider Systems (PPS's) must submit a comprehensive Community Needs Assessment (CNA) with their Project Plan applications. New York Hospital Queens (NYHQ) PPS's CNA, conducted in September and October 2014 included primary and secondary data analysis and had the following aims:

- To describe health care and community resources;
- To describe the communities served by the PPSs;
- To identify the main health and health service challenges facing the community; and
- To summarize the assets, resources, and needs for proposed DSRIP projects.

This report describes the primary data methodology and analysis and has been developed as an attachment to the full CNA, and to provide more in-depth information to the New York Hospital Queens PPS, which may be useful for DSRIP project planning, as well as planning and implementation of programs and services outside of the DSRIP program.

METHODS

PROTOCOL DESIGN

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

The primary data component was designed to address anticipated gaps in the secondary data, including: 1) community member and stakeholder perspectives on health issues, including their causes and impact; 2) data on populations and issues (like the impact of immigration on health)

that might be obscured in population-based data sets; 3) significant detail on issues identified; and 4) recommended approaches to address identified problems. Overarching questions for the primary data component, which—consistent with DSRIP—focused on Medicaid and other low-income populations, as well as the uninsured, included:

- To what extent are community and environmental conditions conducive to health promotion and disease prevention?
- What are the primary health concerns and health needs of residents, overall and according to neighborhood and socio-demographic characteristics?
- What are the health related programming and services available to community residents, what organizations are providing the services, and what are the service gaps?
- Are there differences in access, use and perceptions of health related programming and services according to neighborhood and according to ethnic, racial, and language groups?
- In what ways can health promotion and health care needs be better addressed, overall and for distinct populations?

DATA COLLECTION

Community Engagement: Consistent with DSRIP CNA guidance, NYAM conducted primary data collection in collaboration with numerous community organizations, which were identified in collaboration with NYHQ PPS representatives, and represented a range of populations (e.g., older adults, immigrant populations) and neighborhoods. As described below, community organizations assisted in recruitment for and administration of focus groups. All organizations assisting with focus group facilitation participated in an in-person or phone training on data collection conducted by NYAM staff. Community organizations partnering in the research received an agency honorarium consistent with their level of responsibility.

Data Collection Activities: As noted above, the primary data component involved two distinct methodologies:

- Key Informant Interviews: Twelve key informant interviews were conducted, including 13 individuals. Key informants were selected with input from NYHQ PPS. Key informant interviews included leaders from community based health and mental health service providers, a Medicaid advocacy coalition, a chamber of commerce, a nursing home, rehabilitation center, and senior housing provider, two non-profit organizations serving and advocating for Asian and Pacific Islanders, the government (Department for the Aging), and a nutritious meal home delivery service provider for critically ill individuals. All key informant interviews were conducted by NYAM staff using a pre-written interview guide. All key informants were asked about perceptions of health issues in the community, barriers and facilitators to good health, health care and other service needs, and recommendations for

services and activities that may benefit the local population. Follow-up questions, asked on *ad hoc* basis, probed more deeply into the specific areas of expertise of key informants. The interview guide was designed for a discussion lasting 60 minutes; in fact, interviews ranged from 45 to 120+ minutes. All key informant interviews were audiotaped and professionally transcribed to ensure an accurate record and to allow for verbatim quotations. (See Appendix A for the list of Key Informants by name, position, and organization.)

- Focus Groups: Six focus groups were conducted for the Queens Community Needs Assessment, involving 82 participants. Community based organizations and institutions either based or working in Queens recruited participants and hosted each focus group within theirs or a partnering organization. The groups included residents of Queens who were limited English proficient (Spanish and Chinese), disabled and living in long term care, older and living independently, and residents of mixed ages and ethnicities involved in civic and grass-roots organizations seeking to improve the lives of its members. A complete list of organizations that participated in the CNA by organizing focus groups can be found in Appendix A. Table 1 contains a summary of some demographic characteristics about the focus group participants. All 82 participants were residents of Queens, and Appendix B contains a breakdown of their residence by zip code and neighborhood.

  Focus groups lasted approximately 90 minutes and were conducted using a semi-structured guide, with questions that included, but were not limited to: perceptions of health issues in the community, access to resources that might promote health (e.g., fresh fruit and vegetables, parks), use of health services, access to medical and behavioral health care, domestic violence, and recommendations for change. Follow-up questions were asked on *ad hoc* basis, based on responses heard. Focus groups were conducted by CEAR staff members and consultants retained by CEAR, each of whom was trained in the established protocol. Half of the resident focus groups were co-facilitated by representatives of CBOs that were also trained on the focus group protocol. Focus groups in languages other than English and Spanish were conducted solely by trained community partners. Participants received a $25 honorarium, in appreciation of their time and insights. All focus groups were audio recorded, so that transcriptions and/or detailed reports could be developed for each, and to allow for verbatim quotations.

  Key informant and focus group interview guides can be found in Appendix C.

DATA MANAGEMENT AND ANALYSIS

Interviews and Focus Groups: Transcripts and focus group reports were maintained and analyzed in NVivo, a software package for qualitative research. Data were coded according to pre-identified themes relevant to health, community needs, and DSRIP, as well as themes emerging from the data themselves (see Appendix D for code list). Analysts utilized standard qualitative

techniques, involving repeated reviews of the data and consultation between multiple members of the research team. Analyses focused on 1) common perceptions regarding issues, populations, recommendations, etc., 2) the unique knowledge and expertise of particular individuals or groups and 3) explanatory information that facilitated interpretation of primary and secondary data.

TABLE 1: Demographic characteristics of the focus group participants (n=82)

Indicators	# (%)
No. of Focus Groups	6
Total # Participants	82
Avg. # Participants/ Group	14
Age	
< 35	14 (17)
35-50	18 (23)
51-65	27 (34)
66 AND OLDER	20 (25)
Female	54 (66)
Did not graduate high school	16 (20)
Employment status	
Disabled	4 (5)
Full time	11 (14)
In school	2 (2)
Not working	42 (52)
Part time	12 (15)
Retired	10 (12)
Household Income	
Less than 20k	32 (39)
20 to 39	9 (11)
40 to 59	4 (5)
60 to 79	2 (2)
80 plus	4 (5)
Not reported	31 (38)
Has difficulty walking	23 (30)

FINDINGS

IMPORTANCE OF COMMUNITY ENGAGEMENT AND DSRIP

Key informants and focus group participants eagerly promoted the concept of community engagement for health planning. One key informant explained:

> *If we really, really, really want to impact the community health outcomes, we really need to start … [by] getting the community to tell us, you know, who should be part of the coalition, what should be the agenda, what is it that they want, what is it that they need, who's going to provide it, and really be partners. Because up to now, community never have felt partners…. So what it is, my greatest fear is that hospital will get the money from DSRIP and they will define what to do. As opposed to going outside the door, getting people and saying, 'listen, what do you think that we could do to really minimize this problem.' And if I have anything to say, that would really be my recommendation.*

Some felt it was important to engage community residents in order to learn more about the needs of the most vulnerable residents in communities that often go unheard. As one informant explained:

> *I think we need consumers who are directly affected by the decisions we make to be around the table with us, and telling us what their needs really are... Because I know that there's a lot of needs that I'm pretty much not privy to, but I know that there's human trafficking going on in Queens. I know that there's a lot of domestic violence going on in Queens, we hear a little bit about it, but not enough, because I just know there's a lot here… [And] it's almost like there's a lot of slave labor here, right under our noses, where people are actually being driven to work, maybe they're paid, maybe they're not paid ... but they have no one to go to, and they're not voicing what kind of atrocities are being done on them.*

POPULATION DESCRIPTION

Poverty:

As indicated by the household incomes (Table 1) and Medicaid enrollment (Table 3 below) of the focus group participants for this study, many residents of Queens live in poverty. Key informants highlighted the special populations that they reach, such as Hispanic or Asian immigrants, or older adults. One key informant found that a larger percent of older adults in poverty in New York than nationally, particularly when consider many immigrants don't qualify for Social Security benefits. One key informant described a workforce development program that a community base health clinic developed based on findings from a community needs assessment they conducted. She explained:

> *People need jobs. I think the biggest issue, no matter what you do, no matter how you transform the health care system, poverty has to be addressed. That's the underlying*

driver of all. It's a fragmented system, blah blah blah, but if we somehow can move them out of poverty we would be in a better place.

Foreign Born:

Queens is recognized for its diversity, as indicated by even the demographics of the focus group participants in this study. Table 2 offers a breakdown of race/ ethnicity and primary language of 82 residents who participated in 1 of 6 focus groups.

TABLE 2: Race/ Ethnicity and Primary Languages Spoken by Focus Group Participants (n=82)

Race/ Ethnicity	# (%)*	**Primary Language**	# (%)
Latino/a	21 (28)	Chinese	11 (13)
American Indian	2 (3)	English	42 (51)
Asian	26 (35)	Hindi	1 (1)
Black/ African American	14 (19)	Italian	2 (2)
Hawaiian, Pacific Islander	2 (3)	Korean	2 (3)
White	18 (24)	Spanish	16 (20)
Other	12 (16)	Other	8 (10)
		Prefers to seek health care in a language other than English	24 (31)

* Does not equal 100% because ethnicity (or being Latino or not) was asked independent of race.

Despite their sizable presence, key informants reported that immigrants tend to be less engaged in the civic life of Queens. Interactions with representatives from two civic associations for this study indicate that limited English proficient immigrants may engage with associations for particular issues affecting them, but do not engage with the organizations consistently or take on leadership roles. With a 14% Hispanic population, an informant described Flushing as much a Latino neighborhood as any, though it is more known for its diverse Chinese, Korean, and South Asian populations. Longtime residents include African Americans, white, and Jewish communities. When trying to bridge these different groups, one explained.

So, as a community-building organization, we often face a lot of these frictions where we try to do community visioning, community planning. We hear from all angles around folks who feel like the community is being overdeveloped. Immigrant communities are moving in and kind of resetting the tone and the culture of the neighborhood without "fully integrating". On the flip side, many immigrant communities we serve are just really needs-focused. So they don't want to come to a visioning workshop about pedestrian safety, even though it's a really important issue to everyone because we all walk around the neighborhood, and we're, like, the fourth most trafficked intersection in the city.

Limited English proficiency (LEP) presents a major barrier to a wide variety of services, and there are limited opportunities to learn English for Queens residents. One informant explained that:

> *Flushing Library has an ESL program, and every couple of months, they open up registration for maybe 30 slots. They always get 300-400 applications for those very quickly, and so … that implies that there is a huge demand that isn't being addressed in terms of language. I think it affects a whole range of issues –*

Among the small sample of focus group participants, 31% preferred to seek health care in a language other than English. Many discussed how being LEP impacted their health care experiences. Several Spanish speaking participants had very bad experiences in hospitals, and were afraid to go back. One had not been instructed to remove her earrings when having an MRI, and felt like she almost died during the procedure because of them. Another had gallbladder surgery and subsequent infections that left her ill for two years. She thinks it may have been because she did not quite understand what was happening to her and she did not have adequate interpretation services. A third reported success with various specialists using a "language line" for translation. She felt that this service helped her understand her doctors, though she had yet to resolve the problem of back pain that she had been having for years.

Key informants talked about the difficulty the diversity presents to the health care system, particularly when so cultural competency must span so many different cultures.

> *They're going to have a hell of a time because you have many different cultures, cultural groups in Queens, and how do you tailor programs to be culturally competent and make it in a way that the community will accept and use it?*

Common themes from key informants and focus groups with regard to immigrant groups include:

- Significance of language access across the spectrum of services;
- Difficulties meeting basic needs, leading to extended work hours and emotional stresses;
- Prioritization of work, children and education over health;
- Lack of sufficient information on health and health services;
- Cultural issues, including greater stigmatization of mental health conditions;
- Relatively high rates of non-insurance, due to multiple factors including ineligibility; and
- Fear of medical bills, medical debt, and deportation.

Yet, despite the challenges, many were impressed by the resilience of immigrants, and their determination to try to improve their lives and conditions in the U.S.

Insurance:

Economic factors were considered a major barrier to access to health care. Among focus group participants 10% report being uninsured. Table 3 offers a breakdown of focus group participants by insurance status.

Table 3: Insurance Status of Focus Group Participants (n=82)

Type of health insurance	# (%)
Medicaid	39 (49)
Medicare	17 (22)
Private/ Other insurance	15 (19)
Uninsured	8 (10)

Queens was considered to have a higher uninsured rate than the Bronx, for example, and one key informant attributed this the larger number of undocumented adults living there. Low income undocumented individuals are not eligible for Medicaid or to purchase subsidized insurance on the Exchange, making them likely to be uninsured.

However even in the small sample of focus group participants, the uninsured included low income U.S. born citizens who were unemployed or near retirement and waiting to be insured under Medicare. Some primary care providers specialize in serving insured populations, particularly in immigrant communities, and other may charge the uninsured a low rate similar to what they were earn through Medicaid reimbursement. While these doctor's visit may be affordable, if labs or a specialist is needed, then it becomes less so, making access to health care very limited.

Focus group participants explained that those who are uninsured often delay or avoid seeking health care due to the cost, and even those who were insured were dissatisfied with their health plans due the amount they had to pay in premiums and co-pays. One focus group participant explained the effect of being under-insured, and not able to afford extra testing that her doctor advised; she said:

> *I go to a doctor. I do my yearly routine examination; unfortunately last year we got some tests which didn't really show. They give you a lot of stress when you can't pay. I think they should help people like that. If you don't have enough money to cover your medical, it's going to make you more sick. FG*

Several participants across various focus groups reported receiving good services at Health and Hospitals Corporation (HHC) public hospitals when they were not insured, either currently or in the past. Though generally, participants reported having long wait time to both get an appointment and be seen on the day of the appointment when seeking services at a public hospital. One uninsured participant looked in the newspapers and other social media of any kind of free screenings or services because she was uninsured, and has sought services using a sliding

scale fee at a hospital based clinic for many years. Yet, key informants believed that those without insurance could have unaddressed health issues due to lack of access to health screening and services. As one person said:

> *There may be workers who work in dangerous industries like nail salons who are breathing fumes and may be getting all sorts of diseases, but don't know anything about how it's impacting their bodies unless they actually see a doctor on a regular basis.*

Insurance was seen as a "stabilizing service" for immigrant and low income families; immigrant service providers, including two interviewed for this study, provided insurance enrollment assistance to individuals and small businesses through the Exchange market (New York State of Health).

PHYSICAL HEALTH ISSUES AND SERVICES

Overview:
A focus group participant started a discussion about the main illnesses in her community and their causes by saying:

> *In general New York life is very stressful and that causes a lot of disease – People worried about this, trying to make ends meet and that is really hard.*

Many people reportedly avoided going to the doctor unless they were sick. Across most focus groups, there was a lot of interest in ways to care for oneself better in order to avoid getting sick and having to go to the doctor. For example, one woman explained how after losing her job, she had to learn how to take better care of her health.

> *I mean it's enough to worry about how you gonna live how you're gonna keep your roof over your head and all of a sudden you don't have health insurance. Wait do I have a pain over here, do I have an ache over there -- then you start thinking about what people use to do back in the day. Do I need some medication? The answer is no. You really need to get up, go outside, walk around, drink some water and cook from scratch.*

However, there was general consensus across both the key informant interview and focus group about health conditions that affect people in the communities in which they live and work. These included:

- Diabetes, and its risk factors such as obesity
- Hypertension and heart disease
- Cancers (uterine, breast, cervical, nose and throat, lung, etc.).
- HIV

Among Chinese and Koreans, Hepatitis B was believed to be a major issue. Some focus group participants believe respiratory illnesses were the result of pollution, though others attributed it mostly to smoking. Pollution, traffic and from manufacturing plants along the river to noise pollution from the airports was frequently cited as environmental threats to the health of Queens residents.

In order to prevent these outcomes, a key informant felt that better weight management and smoking cessation programs "20 years upstream" may help prevent people from ultimately living in a long term care facility like the one he directed. He also expressed concern about youth and gang violence in communities, as gunshots and stabbings resulted in long term disability for many young adults at his facility.

Services:

The overwhelming sentiment among focus group participants was that providers were simply interested in making profits from their services and somehow the medications they were prescribing. Many did not feel that their providers were interested in educating them about their conditions or speaking to them in ways that they could understand. Furthermore, they were concerned that providers overprescribed medications, and that these medications only treated symptoms, not cure the root causes of the illness, thus requiring them to take medications indefinitely to feel improvement in their condition. Some, particularly those with diabetes, complained that they had been seeking treatment for many years without any improvement in their conditions.

There was believed to be enough local medical doctors serving Asian community members in Flushing, however as described above, insurance or lack thereof presented barriers. Given the low reimbursement of Medicaid, key informants reported that some local providers charged low fees for the uninsured, similar to what they would receive in terms of the Medicaid reimbursement ($15-$20). Similarly, on Roosevelt Ave, there were many doctors serving the Hispanic community; one key informant reported that these cash only providers charged on average $75 a visit. One mental health provider interviewed kept a list of doctors in order to make referrals for their clients and also seek partnership for "co-locating" their mental health services within their clinics. He explained,

> *I'd say there's a fair amount [of doctors], but are they really advertised? Is there a directory of that? No, that's something we just found on our own. We would be willing to share that, our collection of doctors. But it's almost been accumulated like baseball cards.*

While many primary care doctors may be bilingual and bicultural, key informants reported that specialists were generally not, and that's where cultural and linguistic differences emerged as more problematic. One person explained:

> *So it's when people get sent deeper into the healthcare system is when language access and knowledge barriers happen. More and more hospitals in the city lean on Language Line, and Language Line is part of the safety net. But we've often found that the quality of interpretation, even for prevalent language, never mind less prevalent languages, are not always great.*

Furthermore, linguistically and culturally competent professional or formal psychosocial support for people managing chronic conditions was believed to be lacking.

In addition to offering Western bio-medical doctors, Flushing also hosts a concentration of acupuncture clinics that provide alternative medicine, including herbs. Mandarin speaking focus group participant reported visiting herbalists and Chinese medicine doctors for minor illnesses in part because they were cheaper than Western bio-medical doctors, and they also let their patient's know the amount of charges beforehand. This was considered preferable because "one is never sure how much the bill will turn out to be at hospitals." Some found herbalists easier to communicate with, and the medicines to have fewer side effects than Western medicine. One participant said that herbal/Chinese medicine is good for internal medicine but not for surgery: "Chinese medicine acts from the inside out whereas Western medicine from the outside in".

With regard to emergency rooms, most focus group participants dreaded going because they were afraid of the long waits. Several recalled many hours, and even days waiting being seen in the ER before being admitted. They described them as "freezing" and "full of loud noises" from the machines and other patients and providers. While participants advised each other to always go to a hospital where their doctor has admitting privileges and have their doctor call authorizing the admission before they arrive in the ER, participants were still skeptical about going to the emergency room. One woman said that years ago she was taking to a hospital with chest pains, and after waiting for five hours to be seen, she walked out.

While there are six acute care hospitals in Queens, one key informant talked about her activism around the closure of St. Joseph's Hospital in 2009, and the need to keep hospitals and their services for residents of Queens.

> *So the frustration when the hospital closed, I said…I cannot just let this happen again because the community knew nothing about it until the end. There was a lot of stuff that I'll never understand, but it kind of wasn't – they weren't really fully aware until it happened. So I believe that we need to get in and find out. If a hospital is going to close,*

we want to know why. What can we do to save it or even to save the services for the people… I'm pro-hospital. [But] number one, before hospitals, I'm pro-patient.

Dental Care:

Among health care services that appeared least accessible was dental care. Focus group participants expressed concern about affordability, and even those who had dental insurance were concerned about costs, particularly for implants and other restorative work. Many were also wary that dentists were interested in making money. As one participant said:

Unfortunately I can't afford to go to a dentist and there's really no healthcare plan that provides decent dental. You have to go get a specific dental plan. Who can afford that? They'll eventually all fall out.

BEHAVIORAL HEALTH ISSUES AND SERVICES

Mental Health Issues:

"*Mental health, mental health, mental health*" repeated a key informant when asked to identify most pressing health needs facing the communities they serve. This priority and sense of urgency was expressed by most key informants and focus groups. From depression and anxiety that may result from the stress of living in New York City, to schizophrenia, bi-polor, and other serious mental health disorders, participants felt that better services were needed, especially to prevent outcomes such as homelessness and suicide.

Stigma:

Many identified the social stigma associated with mental illness as a main barrier to treatment, and some found this to be culturally specific to various immigrant communities, whether Hispanic, east Asian, South Asian, or West Indian. As one focus group participant explained:

I think mental health is something that our community [West Indian] is kind of fearful of addressing because then it becomes real. We definitely see it in our community, but we are sort of in a habit of making fun of people who have mental illness, and because of it a lot of us weren't coming out to say we have a mental disorder for fear of being judged or stigmatized. Whether you're in school or in your own home. So I think it's something that if we talk more about it, when can make it better for our younger generation; our older generation will come out and talk about it and we'll address these issues so we can talk about it.

Even when services and culturally and linguistically sensitive providers were available, a mental health service provider explained that they had been unsuccessful serving the South Asian community, especially compared to the Hispanic community, which seemed open and

"motivated to treatment." Mandarin speaking residents in a focus group shared that Chinese generally rely on friends of family for advice and support, and how they are not accustomed to speaking about mental health issues to outsiders. They felt that they lacked venues to "vent". Some reported listening and call into a radio program by a woman named Grace on AM1480 for advice.

Unlike the views of immigrants and immigrant service providers who participated in this study, one key informant reported that the hearing impaired are not averse to therapy.

> *No. I know there are cultures out there that [say] 'no, no, no not therapy. Not me. No, no, no.' Deaf are very kind of open to have their needs met.*

Isolation:

Among the main reported causes of depression was social isolation, particularly among older adults and those living in long term care facilities. Depression scores were reportedly high among older adult attending New York City Department for the Aging sponsored senior centers, and there was no centralization of referrals to mental health providers in the city.

Focus group participants living in a long term care facility talked about the importance of family visits to "keep you going", and the difficulties of living without close contact with family. They explained that when they first arrived at the facility, their families would visit more frequently, but that over time, it reduced. One individual said that his family only visited maybe 20 times in a year; another said his sister only visited twice. Both were upset by the infrequency of the visits, and found it depressing. One resident who had lived there a shorter time than most found said that "this place becomes your family, you form bonds with people". She had lived there a year and a half. The average length of time that the focus group participants had lived at the facility was 7.6 years. Four residents had lived there for 14 years.

Issues with social isolation among those living in long term care facilities were reportedly compounded for those who were hearing impaired. One key informant explained: *There's a huge issue is the like nursing homes and independent living centers. A deaf elderly person goes to a nursing home and sits there isolated.*

Suicide

Suicide was raised as a particular concern among immigrants. One key informant described the recently released findings of a national biannual survey of high school students conducted in 2013:

> *The CDC data that was published in June, the suicide ideation, seriously thinking about suicide double up in Queens from 11% to 20%. And the suicide attempts in Queens among Latino adolescents went up from 9 to almost 15, 16 percent.*

Her organization developed a unique program to address suicide among Latina adolescents, and she described the qualitative research that was done in the development of it:

> *[The girls we interviewed] told us what type of a program, they told us the name, they told us the intervention, they said, you know, the school don't care about us, so you better bring tutoring here. Because when we don't do well in school we feel lousy, we feel depressed, we want to kill ourselves. And then you better bring somebody in to work with our mothers because they are living in the old world and they don't understand our autonomy.*

Suicide was also raised as a serious concern among Asian Americans as well. One informant explained:

> *I feel like, every couple of months, there's always a terrible story around a suicide, or even two weeks ago, there was a murder-suicide on the block with this Korean family. And I don't know all the facts, but I think it was about debt, mental health, and, yeah, the husband, the head of the family killed the high-school-aged son and the mom and then committed suicide. So it's a lot, right? I think, even among our young people and our seniors, mental health, depression, suicide are all definite concerns. I think there's a lot driving it, just kind of the clinical side of predisposition or behavioral pieces to healthcare, but then, of course, the stresses of immigration. Issues of patriarchy in our community puts undue pressure on women and young girls. Communities that have come through refugee experience, historically, Vietnamese and Cambodian communities, more recently Tibetan, Nepali, Burmese communities or ethnic minorities from these countries who are coming from Asia as refugees, definitely the mental health is a big issue, as they recover. So I think those are some of the driving factors.*

West Indian focus group participants expressed similar concerns. One explained:

> *I think the problem is that it becomes gossip in the community and the stigma. Guyana has the highest rate of suicide in the world, and a lot of community members migrated from Guyana. So we take that with us. We're conditioned to keep everything within house, talk about our issues. Being Guyanese, I'm really proud of my family values, and I think a lot of our community members are too, and being able to care for our own is really important. Mental health issues are one of the things we can care for and talk about, but I think people are afraid because then it becomes gossip. You go to your religious leader: are they trained for that? Can they refer you to somebody? And you're fearful of that. You're wondering 'if I go talk to my aunt, if I talk to my parents, will they know how to address it?' I think in our community we NEED some kind of health center*

where you can go to address mental health issues. Even our doctors, if you address our doctors, I'm not sure if they'll be able to direct you in the right place or not. But I think that would be great if we could open up some kind of mental health center in our community where we could deal with mental health issues.

Gambling, Alcohol, Tobacco, and Other Drugs:

Key informants who conducted advocacy on behalf of Asian Americans recognized substance abuse as a major concern in their community. This included what was considered "hard drugs, soft drugs, and alcohol." Smoking was considered to be a paramount health issue:

Tobacco disproportionately affects the Asian-American community, particularly the Chinese and Queens communities. And so it's always been really a civil rights issue for us... Back in the '80s and '90s, all the big tobacco companies used to sponsor community organizations like ourselves, right. We know that tobacco industries internationally really target Asian markets in Asia, as well as Asian-American communities here... Yeah, one of their ads had talked about how Asian-American women can now smoke and are liberated to do so. And something we've always explored, too, even under the past 12, 15 years, when smoking rates went down pretty significantly across the city and in different populations, it remained pretty much flat for the Asian-American community.

Along with smoking and substance abuse, gambling was considered to be a concern, particularly in the ways that the gambling industry targeted Asian Americans. As one informant explained:

We do have a number of casinos around the region that bring buses into Flushing. Sometimes 1,000 buses a week taking about 5,000 people on a regular basis to these casinos. I think if there was a campaign targeting tobacco users in the neighborhood or a campaign to promote alcohol consumption in the neighborhood, it would raise eyebrows. But for whatever reason, we are inundated disproportionately by casino marketing and these buses that come and pick people up. So I suspect that there is a gambling issue, and that is a public health issue that hasn't been really looked at.

One informant explained that chartered buses are allowed to stop at any Metro Transit Authority bus stop, and passengers are offered a free ride to the casino along with a $10 coupon for food A chamber of commerce surveyed people of all ages riding the buses, including homeless individuals. Researchers observed that the Main St. Flushing subway station and turn stiles were covered with casino advertisements in Chinese.

In addition, one mental health provider reported a spike in club drugs like "Molly" among adolescents; he also indicated that Western Queens had the highest heroin overdose per capita in the city. It was believed that the high incidence of overdose among young white males in

particular may be an extension of an abuse of prescription pain killers; indicating a need for better pain management.

More mobile services for mental health and care coordination were believed to be valuable in reducing hospitalizations, particularly for those who "fall off" treatment. In addition, detox was limited to two facilities in Queens, and while detox was known for its high Medicaid costs, participants identified a serious need for integrated and continuous services for substance abusers. This could be a combination of detox and care coordination with an outpatient mental health clinic. In addition, support for families of substance abusers was identified as needed because of the negative impact that the abuse has on families and communities.

Mental Health Services:

Stigma and lack of culturally and linguistically services were considered challenges in addressing mental health issues. However, the overwhelming concern among key informants was the overall reduction in the availability of community based mental health services in recent years.

One key informant described a change in access to outpatient mental health services that resulted from Medicaid Redesign whereby all Medicaid recipients are now assigned to a Health Home and receive care coordination, and all non-Medicaid recipients are assigned to a Single Point of Accessibility (SPOA) and receive fee for service care. Health Homes are not allowed to keep a wait list, whereas SPOA's are. At the time of the interview, the key informant believed that at least 100 individuals without Medicaid seeking outpatient mental health services were on the SPOA wait list in Queens.

Additional changes to New York State Office of Mental Health's (OMH) reimbursement of outpatient mental health clinics was reported to be further compromising access to community based mental health services. The State reduced the rate offered to Certified Outpatient Program Services (COPS), and established thresholds whereby if a Medicaid patient exceeds a certain number of visits, the reimbursement rate is reduced. Key informants reported that three outpatient mental health clinics had recently closed in Queens, and 11 had closed city wide.

Among the key informants who ran Article 31 outpatient mental health clinics, two did not report a wait list, and two reported financial distress in maintaining their clinics. One person explained:

> *4 years ago, the State changed the funding mechanism for outpatient mental health clinics. Article 31 like the ones I have, or Article 28. We used to have a finance mechanism called COPS…which you didn't make a lot of money, but you didn't have deficits either…So the state changed the methodology for the rate setting for these clinics … at a much lower, lower rate. … I called the State and I said, I just want to put you on notice that I'm going to have to close this clinic… In behavioral health it's a disaster.*

Another would have liked to open another clinic to better meet demand in other parts of the city, but explained:

> *Yes, I could apply for a satellite office, but mental health outpatient Article 31, outpatient clinics, are a losing proposition. So I could open up a satellite with the goal of losing more money but providing more services…. [Once] I brought [a check of the balance paid by Medicaid] to the psychiatrist. I said I just want to let you know that hour you spent, you're worth $15.00. There I have a whole folder of these examples because one day when I retire, I'll fight a fight. But in the meantime, if I need two more clinicians to serve individuals, I know that if I hire those people I'm in an immediate deficit because what I bill will never cover them.*

The two viable clinics may benefit from serving the mostly insured populations of children and those living with HIV/ AIDS in New York. However, an example of the poor reimbursement for behavioral health was even offered by a key informant at a long term care facility. He explained that reimbursed is higher when a patient is on a ventilator or an IV than when a he or she has dementia:

> *I think it's technological, procedural, medical resources. Somebody on an IV they consider sicker than somebody that needs constant monitoring because they're ready to walk out the door and get hurt.*

What surprised a key informant with a sustainable outpatient mental health practice was that the State seemed to take a more passive role in assuring that adequate services were offered despite the recent clinic closures. He explained:

> *And I've been around long enough now where it's just very odd to me that – like if a clinic had closed before, I would get a call from the licensing entity,…OMH saying: listen, ABC Clinic is closing; can you help out? Can you take some of their clients? Or do you want to take it over? That used to be another option. They would put out an RFP for some of these things, and I didn't get a call or nothing [when a nearby clinic closed]. The clinic just closed… The people closing the clinic were responsible in calling us and saying can you take some of our clients. They did their job with referring them out. But before, it would have been more of a collective effort. I would have got a call from the State saying the clinic down the street is closing and we would appreciate at every opportunity you can to try to help and accommodate them with some referrals. And it just seemed to be kind of like a word of mouth thing right now. So I don't know how prioritized community mental health is anymore.*

From the perspectives of residents in focus groups, high quality mental health services were lacking. One found it difficult to find a psychiatrist with expertise and interest in healthier eating and diet. This person also explained that while he received all of his health and mental health

services in Queens, if he were to experience a mental health crisis, he would leave the borough. He said:

> *[All my doctors are] in Queens but if I had to go into the hospital related to complications with my bipolar disorder, I would not go to any hospitals in Queens. I do not like their services. After dealing with them with a friend, who I watched go to three of the major hospitals here, I wouldn't put myself through what he went through. I would go to Metropolitan Hospital in the city where I know the doctors and I also was hospitalized in Brooklyn. So I would check myself to the Manhattan hospital.*

The experience of another has discouraged her from seeking care altogether. She explained:

> *I don't go because I couldn't afford to go. But I don't want to live beyond 80. I have seen too much death in my family. I have been to too many hospices, too many nursing homes; doctors prolong life. I don't trust doctors at all. I got into a terrible depression and the reason why I was depressed was that the doctor told me I couldn't have any oil or fat, I needed to cut it out. And the most necessary thing for you to have is your fat and oil for your brain function. And a lot of your serotonin is located in your digestive system and I never knew that. No doctor ever told me that. So I don't trust doctors at all. Too many deaths, like a Joan Rivers type death. I've known too many like that.*

SUPPORTIVE HEALTH RELATED SERVICES

Community Health Workers:

As described earlier, many participants in this study pointed to the need for more culturally and linguistically appropriate community health workers. This need was considered to be especially important in setting where they are currently lacking, such as in acute care hospital settings. One key informant explained:

> *I'd want to see language access in a more hands-on way. So I think it's important that community health workers operate in the community at CBOs, at health centers. But where we really need patient navigation and community health workers is when folks go to the hospital. I think, in personal life in my family, anytime anyone is hospitalized, somebody's sleeping over.*

Care Coordination/Case Management:

Care coordination was considered to be a key feature of a strong community health program that could prevent hospitalization. It was considered especially valuable for reaching substance abusers, particularly those that "habitually" go into detox but do not follow up on treatment. Such individuals tend to utilize the emergency room regularly, and could benefit from a care coordinator to help great a bridge between detox and outpatient treatment.

The mental health services offered to the deaf was really described as case management. One key informant explained:

> *It's not just about 'my mother was like this when I was young.' It ends up being about their frustration going to a doctor or their frustration with this. [Counselors suggesting] 'You might want to try that. Here's a number you can call.' It ends up being a little bit of case management. So case management is just kind of laced through everything we do.*

Supportive case management services were also believed to be needed for caregivers of developmentally delayed individuals in Asian American communities in order to improve the quality of life for the otherwise stigmatized individuals.

Finally, care coordinators were described by study participants as connecting medically frail Medicaid managed long term care recipients with a service provider that offers home delivered medically tailored diets.

Health Education:

Health education can be provided along with care coordination or case management for those patients being discharged. One informant explained the vicious cycle of readmission that results from patients not fully understanding their condition and medication. She explained:

> *So if you go into the hospital and you have a disease, now you come out. Your family really doesn't know. They have no idea. Now you think you know because that nurse told you when you were leaving. It's in your head. You're so worried and scared. Now, you get home. You're like 'Just relax. I'm home. I'm not even going to think about this other stuff.' So a week later, now I can't breathe. I have all these other problems. Ninety percent, you didn't take the medicine. You didn't get the right medicine. Well, you don't know why or how to take care of yourself to prevent it from happening again… what we need is the basic teaching and education and prevention. Caring, feeling, and sharing.*

However, again, informants referred to the general lack of resources for such things as health education. One reported:

> *So what we did 20 years ago is different than what we do now. Everything is about money. Everything is moved obviously to manage care as you know. So what used to be a big pot of money that we could use to get leaders for groups and spend more time with this and hire two more staff people to just do discussions on health, those dollars are not there anymore. I will tell you that while we're trying to provide as many of the same services as we can, dollars have impacted in a great way. That's the big take away here.*

Another considered how community based peer educators could participate in PPS's and/ or benefit from DSRIP. She explained:

Peer support is a great example of services provided by a CBO or entity of some kind that is not a Medicaid provider, and they have, varying degrees of success in being able to be designated by PPSs as safety net providers. The question becomes how will those types of services continue to be viable under DSRIP? And if not, what will happen to them? Peer support services are essential in keeping people well. This is a good example of how some of these organizations are grappling with, how fit into DSRIP? And how will we continue to provide that kind of service. Peer support services and other socially based, human services based programs that are not provided by Medicaid providers.

COMMUNITY RESOURCES AND SERVICES

Access to Healthy Food:

Participants in this study presented a contradictory picture of access to healthy food in Queens. Many described healthy food as being readily available, yet also described it as being unaffordable, thereby leaving many to rely on food pantries to address their dietary needs. One key informant described a host of issues related to food access in Flushing in particular; he said:

Compared to other neighborhoods, there is a ready supply of affordable food, fruits and vegetables that you may not find in other neighborhoods…However, the supermarkets don't necessarily focus on the origin of that food and how it's grown, and so whereas you may go into a neighborhood in Manhattan and see things very clearly labeled "organic" or describing the origin of the food, that type of consumer education is not readily available in Flushing. We actually helped form a CSA in Flushing that helps people connect with the local farmer and get regular supplies of fruits and vegetables. But I think the other issue …going back to economics, because of employment issues or cost of living issues, we don't know if people are able to even access the relatively affordable food that's found in Flushing. There are a number of soup kitchens, food pantries – the closest one being Macedonia church…. Every Wednesday they have a food pantry there, and the line goes around the block basically, and you see all sorts of people. You know, African American, Latino, Asian Americans lining up for this food that is being given out by the church.

Another key informant echoed these sentiments about food insecurity in Queens. Her organization operated three food pantries in Queens — one in the Rockaways, one in Woodside, and one in Jamaica — and she reported the need is tremendous. Due to budget cuts, each pantry is open two days a week, though they strive to cover food services 5 days a week across the three sites. She recalled the following incident:

Two Christmases ago, just to hear this, I get donations of toys from group I work with and I had a beautiful toy here for this little boy that was like 6 years old, and you know,

instead of taking that toy, he'd rather have the can of corn that was in that food pantry. That's how hungry he was. And this is day to day... I gave him both.. He said, 'oh no I want the can of corn.' Food is definitely not a met need. It's an unmet need.

The main issue with food for her clients was affordability.

Physical Activity:

Most participants in this study felt that low income individuals lacked the time and interest in exercising for their health. One key informant explained:

I think, when it comes to physical activity, a lot of the community members we work with have either very sedentary jobs or very physically demanding jobs. And so, when they have time off, the idea of taking a jog or going for a bike ride is not so much on their list of priorities.

Participants' concerns about violence in public spaces partly shaped their attitudes toward physical activity. Parents in a Spanish speaking focus group explained:

There are a lot of gangs, some smoking marijuana-we need more security for the parks for the kids.

Kids don't have a place to play outside, they stay at home and play their Nintendo, if you want your kid to play a game, you have to pay for them to sign up, sports, etc. so you can't afford it.

Focus group participants recognized the need and benefits of exercise, but admitted they rarely had the opportunity. Some felt like they would be interested in engaging in free classes or led physical activities, particularly something for parents and their children. For example, in China public group dances for middle aged women are popular, but require someone to organize them.

Some described the lack of public space for recreational activities. One key informant explained:

Now there is actually very little green public park land. You know, outside of Flushing Meadows Park. In downtown Flushing, there is maybe two or three parks, which is really inadequate for the population that we have. These are very small parks as well, and some of them don't even have grass. So I would say definitely the lack of recreational space in Flushing is an issue.

Another key informant described plans for 1.3 acres of privately owned but publicly accessible outdoor space in new mall that is being developed. It was considered to be a concession to the community to help address lack of parks issue.

Walking was the most commonly cited recreation activity among participants in this study. However, many felt that not enough was being done to encourage bike and pedestrian safety. In fact, during two interviews and a focus group, participants recalled the death of a 3 year old that occurred a year ago while crossing the street with her grandmother as an example of the ultimate hazard on local streets. The mother of that child has since become an activist for Vision Zero, a city initiative to reduce speed limits and eliminate bike and pedestrian fatalities.

Affordable housing:

A health and social service provider explained that the first need of their clients is housing, and their second need is for food. She explained,

> *In the past, the first need was medical care, but if they don't have an adequate place to live and are homeless on the street, then they're not taking care of anything…We have some of our clients come in for housing, and they're living in a room with like 10-12 people. We have a homeless drop in in Astoria for young adults, we see 26 people a day! They're living in abandoned houses throughout Astoria. You probably wouldn't even know it.*

She believed that affordable housing in Queens was still being impacted loss of housing stock in Hurricane sandy two years ago. Another mental health provider described how he encourages his therapists to take their clients housing concerns seriously, as often that could be the "real problem". One key informant describe the housing shortage in Flushing, and the interests of residents in seeking affordable housing in the communities in which they already live:

> *We talk about affordable housing a lot. And there isn't enough. There never will be enough. The building that is about to open up right here, there's about 140 units that are about to open up for lower-income families. They received 30,000 applications in a matter of two months...Under Bloomberg, housing and affordable housing in Queens was in non-existent neighborhoods, so at Hunter's Point South, for example. And so the fact that they are building 140 units here in a neighborhood is great because people want to stay in their neighborhood for a lot of reasons. But people have also been pressed out of downtown Flushing in a lot of ways, too.*

One health care provider that had invested in housing expressed the following opinion about the need for hospital and health care providers to take a more direct role in advocating for better housing:

> *Quite frankly, now since I'm doing this for the last 10 years or whatever, housing is a social determinant of health. There's no way that one can escape that realization. I see it every day. But, you know, hospitals and providers never really have thought what does that mean and even to be interested in being partner in a, let's say in a community*

coalition to improve housing and to demand from government more housing. Hospitals and health providers have kept themselves on the corner and not really being part of coalition building. And I don't think how you can really talk about health without really being part of different coalitions within neighborhood, you know maybe 4, 5 zip codes that you targeted.

Transportation:

Transportation, even in a transit hub like Flushing, was considered to be an issue that could impact on quality of life and ultimately health care access. Within Flushing, there was concern of ways that transit facilities have not kept pace population growth, leading to overcrowding. Many stations were also not considered ADA compliant.

Among older adults, some had major complaints about Access-A-Ride. One focus group participant summed it up by saying: *The problem with Access-a-Ride is a nightmare. I could write a book on it and call it Journey to Oblivion with the experiences I've had with Access-a-Ride.* Some were willing to endure the circuitous routes resulting from having numerous pick-ups and drop off just to have the free ride, and prepared themselves for long rides.

SPECIFIC POPULATIONS

Older Adults

Key informants indicated that about 30,000 older adults attend senior centers a day in New York City; they referred to studies of this population that found that many suffer from multiple chronic conditions and depression. Over the course of a year, senior centers reach about 10% of the population of adults over the age of 60, most of whom are low income. Focus group participants, a quarter of whom were over 65, had varying perspectives on their health care services. Some found care that was convenient, and were satisfied with the quality, and others did not. Some felt that their doctors were less interested in their needs as they aged, suggesting that their ailments were normal for their age. One older resident said, "*people tend to drive away from the elderly. They don't want to have anything to do with them".* Also, some felt that they lacked the continuity of care they had with their primary care doctors when they were young and healthy; as they aged, they were constantly being sent to different specialists, and they could not establish rapport with them. One participant felt that:

The worst part of health care is waiting and waiting once you get to these places. When you're older waiting is more difficult. FG (Silverlight Independent Living)

The trends toward more community based care for older adults who remain in their homes and capitated rates for Medicaid Long Term Care with profits tied to health not treatment required what one informant described as:

> A *holistic view of a person and working with that person from a place of strength. I think we see older adults as resources. They're not useless. They still have a lot to contribute. And they have a lot to say, and they have preferences.*

Hearing Impaired

A key informant that offers services to the deaf and hearing impaired stressed the importance of having trained sign language interpreters in hospital settings. Their expertise is needed because deaf people communicate with more touch and stronger facial expressions, and this is considered an important part of deaf culture. The deaf are also believed to learn less from "peripheral" sound such as having the TV on in the background or overhearing conversation nearby. This has to be overcome by more directly addressing important issues, such as physical and mental health. Furthermore, education and services for the deaf must be provided by a trusted source:

> *Deafness really has its own culture. It's not just a disability where there are people whose ears are not working. But that there's a culture. There's a nuance. There's a specialty in terms of working with these individuals. While we send these individuals to other agencies for services, they always come back here because they feel the other agencies don't understand their needs even if there's an interpreter there…They may have gone to the doctor, but now they'll bring all the paperwork to us to review again with us. There's a huge trust issue in the deaf community. They trust the folks that work here. So while we can't give them advice like you should do this or that, we can explain it and set the scenarios better for them.*

Individuals Living in Long Term Care Facilities:

Focus group participants living in the highly medicalized environment such as a long term care facility faced challenges seeking outside opinions and services for the ongoing management of their health conditions. Though on Medicaid, some sought and paid for services from specialists outside of the facility. Yet, all of their medications are provided within the facility. The discrepancy between what outside providers prescribe and what the in-house doctors authorize can result in major conflicts between the residents and the providers. Furthermore, nursing home residents may not have many options in terms of working with an alternative provider within the nursing home. As one person explained:

> *Well it happened to some of us here, where we have a specialist outside and sometimes they don't communicate with our primary doctors here. I know some of us have had some difficulties with that. And really, fortunately, for some of us here, we can self-advocate.*

However, not only did they advocate for themselves, but they needed someone from outside the facility, like a family member, to help intervene: "if you don't have a someone, a family member

that is really looking out for you, then you can get into some trouble". However, as stated earlier, the longer the stay in the facility, the less frequent the family visits.

Lesbian, Gay, Bisexual, Transgender (LGBT) Individuals

The need for better case workers was identified for LGBT community members. One health and social service provider explained:

> *A lot of LGBT individuals are scared to go into medical care. They're scared they're not going to be treated right, and they've had experience, and a lot are active substance users.. so they really need someone to go with them also... to connect them to medical care, go with them to get apartments... we go with them to their appointments if they can't negotiate it themselves. So our clients, you have someone walking in the door that's near death, you would be surprised at the miraculous turn around in 3 months. They're consistent, come in, we give them healthy food, we make sure they're living in an adequate situation, we make sure they're connected to medical care.*

Focus group participants also talked about the need to better address LGBT issues in immigrant communities. One person explained;

> *From the LGBT community I talk to in the Caribbean population, we have seen a lot of our members who have talked about suicide not being able to come out, and they live in fear… I do deal with a lot of our community members who do not live in households where family members are educated about LGBT needs, especially for healthcare. It's so different from everyone else; you don't want to be stigmatized, you don't want to be victim of whatever issue you're facing… I'm working to bring [services] to Richmond Hill. We have a large LGBT population, I'm not sure if you're aware. But there is a significant LGBT population living in Richmond Hill, Jamaica and South Park Queens; so these are things that we're going to be focusing on. So mental health services, health services period. It's so essential to our community.*

Undocumented:

Many key informants spoke a growing population of undocumented in Queens, and the extent to which they are marginalized by the health care system. Though actual figures are unavailable, they were recognized as a sizable percentage of individuals being served by community based providers. One provider reported:

> *Our case managers that service the undocumented, their case loads have tripled, I need more staff. In the last 3 years, their case loads have gone from like 30 to now they're up to 100 each. And I need more people, and there's no funding to do it. A lot undocumented*

consumers in Queens, lots of undocumented, living all around us, in every community, these are the forgotten people.

Being low income, most cannot afford private insurance premiums and go uninsured. One key informant described the barriers due to cost and fear of deportation faced by undocumented immigrants:

So, and you know the influx of undocumented continues to hit New York. So there is a large cohort of Hispanics who do not have insurance. So, again you know, their choices of provider is relatively limited. And although you have HHC, many of these undocumented individuals, persons, are very much afraid of being deported. So they tend to stay away from government services, right.

One mental health provider learned that some of their insured clients were filling their prescriptions multiple times, and sharing them with undocumented people that they knew. Some focus group residents believe that undocumented seek services in emergency rooms because they believe that they are free.

In the case of an actual emergency, Emergency Medicaid is available to cover emergency room visits and even hospitalization. However, Emergency Medicaid does not apply to long term care facilities, resulting in untold number of undocumented who remain in hospitals because they have no suitable place to be discharged, according to a key informant.

There was concern about whether services for large undocumented population which cannot afford fee-for-service will be addressed through DSRIP.

Homeless Population:

Key informants recognized homeless populations in Queens, even if they are "hiding in plain sight" like fast food and other restaurants. Some talked about their presence in parks, and others raised the concern about their overutilization of emergency room services. One described a strategy to provide housing for high utilization Medicaid recipients as a way to improve their health and reduce medical expenditures. She explained:

One of the things that was clear to the state and is clear to me as a provider of services is when you have individuals who are homeless, living on the street, they're without [primary care provider], without medication, they're going to end up in your emergency room every month. And they're going to be admitted every 2 months. So what needed to be done in terms of prevention is, you needed to really focus on developing housing for HIV, for mentally ill, the substance abusers and the mentally retarded. The long term care are another story.

She also reported that State invested $169 million in securing housing for high utilization Medicaid recipients that include care coordination and case management.

DISCUSSION

Study participants expressed strong interest in community based services that address the needs of residents holistically in order to prevent hospitalization and promote good health. They believed community engagement was important to health care planning, especially in order to consider the needs of vulnerable populations. Given the diversity of residents in Queens, much attention was paid to the need for culturally and linguistically appropriate care, particularly within the hospital setting. A great deal of attention was given to the need for mental health services, and suicide was raised as a major concern, particularly among immigrant groups. Changes in the financing of behavioral health services was believed to have led to a shortage of community based mental health providers. The lack of services only compounded difficulties seeking care cause by other factors such as social stigma and lack of insurance or affordability. Participants also expressed great interest in the social determinants of health, particularly access to healthy food and housing, and sought or promoted services that could assist people with both.

Participants offered their "recommendations" for how to transform the health care system to better meet the needs of community residents. Some gave idealist responses like "universal health care". Others suggested approaches that had been tested and appeared to be successful, such as supportive services like care coordinators and community health care workers. Several key informants recommended the expansion of effective services to Medicaid populations. They include home delivered medically tailored nutritional meals, or discharge planning and home care for older adults to prevent re-admissions. Others promoted housing for high utilization Medicaid recipients, and housing more generally. Though not in practice in Queens, a key informant described the positive effects of having a demonstration kitchen in a community based health clinic, particularly on depression. In general, better financing of community based mental health services seemed key. Prevention services offered through culturally infused and linguistically competent community health workers that address people's health holistically were both highly valued and desired.

New York Hospital Queens (NYHQ) Performing Provider System

Community Needs Assessment:
Delivery System Reform Incentive Payment (DSRIP) Program

Secondary Data Assessment
December 2014

Contents

Contents, Continued

- **Health Care Resources Available (Cont'd)**
  - Health Homes
  - Providers (Physicians and Dentists)
    - Safety Net Providers
    - All Area Providers
  - Pharmacies
  - Laboratories
  - Skilled Nursing
  - Rehabilitation
  - Home Health and Hospice
  - Behavioral Health
    - Mental Health
    - Substance Abuse
  - Developmental Disability
  - Foster Care
  - Managed Care Plans
- **Community Resources Available**
  - Housing
  - Food Assistance
  - Transportation
  - Social Services & Job Centers
- **Community Resources Available (Cont'd)**
  - Education
  - Libraries
  - Youth Development
  - Family Support
  - Alternatives to Incarceration
  - NAMI
  - Ryan White and AIDS Outreach
  - Community Collaboratives
  - Creating Healthy Places Locations
  - Count of Community Resources by Type
- **Summary Conclusions of Secondary Data**

Background

- In order to advance the aims of the Delivery System Reform Incentive Program (DSRIP), the New York State Department of Health requires Performing Provider Systems to conduct a Community Needs Assessment (CNA).
- This process includes a description of the population to be served, an assessment of health status and clinical care needs, and an assessment of the health care and community wide systems available to address those needs.
- Components of the CNA include the following:
  - Identification of the Population to be Targeted (Service Area Definition)
  - Demographics of the Population
  - Health Status of the Population
  - Health Care Resources Available to the Population
  - Community Based Resources

Source: NY State Department of Health, Guidance for Conducting Community Needs Assessment.

Process Overview

- New York Hospital Queens has engaged in a four-month, comprehensive, and collaborative development of this Community Needs Assessment (CNA), led by the CNA Project Workgroup, with significant input from the Project Advisory Committee.
- Vast amounts of quantitative and qualitative data were collected, refined and analyzed. More than 80 community members provided invaluable information, data, and feedback.
- NYHQ utilized the following approach to development of the CNA:
  - Develop the Project Oversight and Infrastructure
  - Define the Population, Including the Service Area and Comparative Geographies
  - Assess Demographics of Service Area
  - Assess Health Status of the Service Area
  - Assess Service Area Health Resources
  - Assess Community Resources
  - Identify Health Challenges, Including Gaps in Services Provided
  - Prioritize Challenges to Inform DSRIP Domain Project Selection
  - Apply Criteria to DSRIP Domain Projects
- Data used throughout this analysis was obtained from more than 30 sources, which may be found on each slide of the assessment. A complete list of sources is in the appendix.

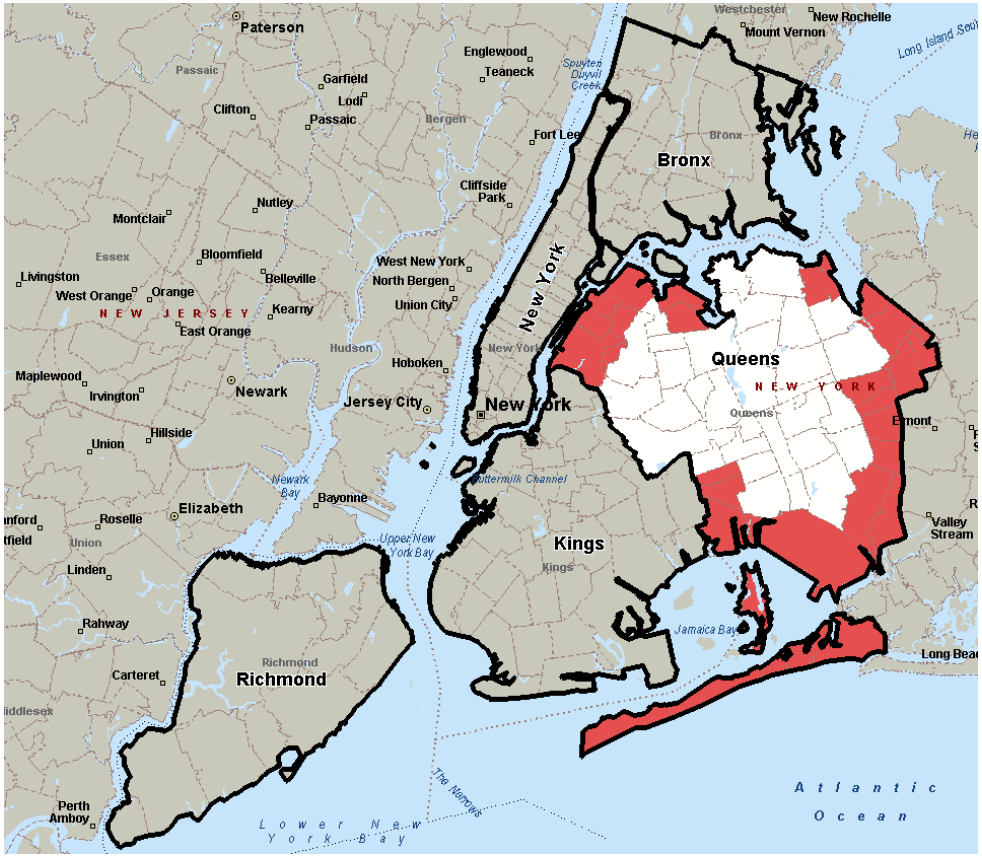
Data Collection

- Quantitative data collection for the community needs assessment is outlined below:
  - **Demographic Data** – all key demographic statistics were downloaded from the US Census Bureau, American Community Survey, 2008-2012, using the link provided at the bottom of each demographic slide and are also listed in the source slides in the appendix of the presentation. The entire database was downloaded and then marked for state, county and zip code service area prior to analysis. When additional data sources were used, those are listed on each slide, and the current link provided.
  - **Health Status Data** – all health status data were downloaded from sources outlined in the NY State Department of Health Guidance for Conducting a Community Needs Assessment document. Databases were queried in their entirety, and downloaded into xlsx or csv formats, and then were marked for geographic area prior to analysis. Specific data sources are provided at the bottom of each demographic slide and are also listed in the source slides in the appendix of the presentation.
  - **Health Care Resources Data** – all health care resources data were downloaded from the NY State Department of Health, the NYC Department of Planning Selected Programs and Facility Sites metadata, and/or US Department of Health and Human Services department websites. Databases were queried in their entirety and downloaded into xlsx, csv, or accdb formats and then were marked for geographic area prior to analysis. When additional data sources were used, those are listed on each slide. Specific data sources are provided at the bottom of each demographic slide and are also listed in the source slides in the appendix of the presentation.
  - **Community Resources Data** – most community resources data were downloaded from the NYC Department of Planning Selected Programs and Facility Sites metadata and from GNYHA's Health Information Tool for Empowerment. The NYC database was queried using Access, due to its size, and proportioned out by county so that all Queens County data could be analyzed. Additional data sources were used for community resources, including Health NY Data, Metro Transit Authority Data, NY State Division of Criminal Justice and other sources – all of which are provided at the bottom of each slide.

Population to be Served
Service Area

- The New York Department of Health asks for CNA data be produced at the State, County, City, and Service Area (zip) level.

- Service area is derived using hospital patient origin; specifically zip codes that represent ~75% of outpatient clinic patients in the most recent year.
- The white colored area of the map to the right depicts NYHQ service area, following this definition from the State.
- The NYHQ service area comprises 33 of 52 Queens County zip codes, and represents a population of 1.6M people.



See appendix for list of service area zip codes and for additional data on service area definitions.

Community Needs Assessment

Demographics of the Population
Current and Projected Population

- Queens County currently has 2.24M people. The population is growing .5% per year, and will grow by 96k persons to 2.33M by 2020.
- The NYHQ service area currently has 1.59M people. Assuming NYHQ's service area growth rate is similar to Queens County growth at .5%, the service area will grow by 65k persons to 1.66M by 2020[1].
- Queens County and the service area are among the fastest growing geographies in the comparison.
- The State of New York is growing at a slower rate than any of the geographies in this analysis, suggesting that the non-NYC growth is much slower.

Area	2012 Total Population	2010 - 2015 CAGR	2013 Projections	2015 Projections	2020 Projections
Bronx NY	1,386,077	0.5%	1,393,132	1,420,720	1,453,970
Kings NY	2,512,740	0.3%	2,519,804	2,540,105	2,567,047
New York NY	1,587,045	0.2%	1,589,949	1,600,435	1,611,039
Queens NY	2,238,734	0.5%	2,249,436	2,284,554	2,334,859
Richmond NY	468,374	0.5%	470,920	481,609	494,002
NYC Total	8,192,970	0.4%	8,223,241	8,327,423	8,460,917
NY State Total	19,398,124	0.2%	19,431,802	19,546,904	19,697,021
Service Area	1,594,292	-	-	-	-

Area	2012 Total Population	2010 - 2015 CAGR	Growth 2012 - 2013	Growth 2012 - 2015	Growth 2012 - 2020
Bronx NY	1,386,077	0.5%	7,055	34,643	67,893
Kings NY	2,512,740	0.3%	7,064	27,365	54,307
New York NY	1,587,045	0.2%	2,904	13,390	23,994
Queens NY	2,238,734	0.5%	10,702	45,820	96,125
Richmond NY	468,374	0.5%	2,546	13,235	25,628
NYC Total	8,192,970	0.4%	30,271	134,453	267,947
NY State Total	19,398,124	0.2%	33,678	148,780	298,897
Service Area	1,594,292	0.5%	7,971	24,034	64,899

CAGR – compound annual growth rate

[1]US Census does not project population at the zip code level, so Queens County growth is applied to the service area.

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

Demographics of the Population
Age and Gender

- Queens County median age of 39.0 years is older than other geographies, while the NYHQ service area is slightly younger at 37.8.
- However, both Queens County and the service area have a smaller percentage of 65+ (Medicare) than does the State as a whole.
- Age cohorts are particularly relevant in needs assessment, as different age groups use health services at very different rates.

- Gender break out is fairly consistent across the geographic areas, with all areas having a slightly higher percentage of females than males.

Population by Age

Area	Total Population	Median Age	Under 18 Population	19-64 Population	Over 65 Population
Bronx NY	1,386,077	34.2	371,138	867,112	147,827
Kings NY	2,512,740	34.9	596,667	1,625,373	290,700
New York NY	1,587,045	36.2	235,624	1,136,403	215,018
Queens NY	2,238,734	39.0	461,902	1,488,848	287,984
Richmond NY	468,374	37.4	108,445	299,649	60,280
NYC Total	8,192,970	36.7	1,773,776	5,417,385	1,001,809
NY State Total	19,398,124	38.0	4,316,920	12,440,570	2,640,634
Service Area	1,594,292	37.8	329,804	1,064,351	200,137

Area	Total Population	Median Age	Under 18 Population	19-64 Population	Over 65 Population
Bronx NY	1,386,077	34.2	26.8%	62.6%	10.7%
Kings NY	2,512,740	34.9	23.7%	64.7%	11.6%
New York NY	1,587,045	36.2	14.8%	71.6%	13.5%
Queens NY	2,238,734	39.0	20.6%	66.5%	12.9%
Richmond NY	468,374	37.4	23.2%	64.0%	12.9%
NYC Total	8,192,970	36.7	21.6%	66.1%	12.2%
NY State Total	19,398,124	38.0	22.3%	64.1%	13.6%
Service Area	1,594,292	37.8	20.7%	66.8%	12.6%

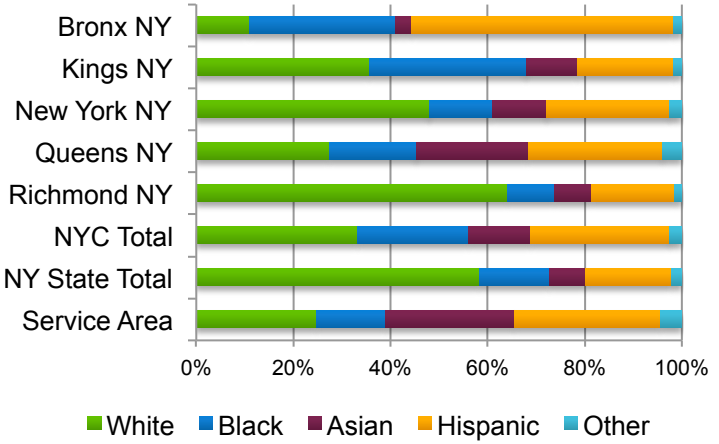
Population by Gender

Area	Total Pop	Male Pop	% Male	Female Pop	% Female
Bronx NY	1,386,077	646,002	46.6%	740,075	53.4%
Kings NY	2,512,740	1,186,163	47.2%	1,326,577	52.8%
New York NY	1,587,045	747,054	47.1%	839,991	52.9%
Queens NY	2,238,734	1,088,276	48.6%	1,150,458	51.4%
Richmond NY	468,374	226,977	48.5%	241,397	51.5%
NYC Total	8,192,970	3,894,472	47.5%	4,298,498	52.5%
NY State Total	19,398,124	9,391,926	48.4%	10,006,250	51.6%
Service Area	1,594,292	780,189	48.9%	814,103	51.1%

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

Demographics of the Population
Race and Ethnicity

- Queens County, and the NYHQ service area, are the two most diverse geographies in the comparison.
- Each racial/ethnic grouping comprises between 18% and 30% of the Queens County and service area population.
- Having a significant population base of all major races and ethnicities impacts the provision of health services in the following ways:
  - cultural issues
  - language and health literacy
  - disease prevalence
  - disease manifestation



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

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

Population to be Served Language

- Language spoken at home closely tracks the racial and ethnic diversity seen throughout the NYHQ service area.
- 38.4% of the service area population speaks primarily English, compared with 43.4% of Queens County, 51.4% of New York City, and 70.0% of New York State.
- Conversely, the service area population has much higher rates of Asian, Indo-European and Spanish speakers than does the city or state

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

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

Source: Nielsen, 2014 data tables, State of New York by zip code.

Demographics of the Population
Education

- Educational attainment is measured for persons age 25 and above.
- In Queens County, 80.3% of the population has a high school diploma or more. This is very similar to the NYC rate but is lower than the state rate of 84.9%
- The rate of service area population with a high school diploma or more is 79.1%, which is lower than the city, county or state averages.

Area	Total Pop Ages 25+	Pop Ages 25+ with less than 9th grade	Pop Ages 25+ with some High School, no diploma	Pop Ages 25+ with High School Grad or More	Pop Ages 25+ with High School Graduate (or GED)	Pop Ages 25+ with some College, no degree	Pop Ages 25+ with Associate /Bachelors	Pop Ages 25+ with Master's Degree	Pop Ages 25+ with Professional or Doctorate
Bronx NY	899,950	141,777	133,504	804,791	248,843	153,028	165,858	42,676	14,264
Kings NY	1,742,636	188,306	187,984	1,845,431	487,711	255,988	427,295	143,562	51,790
New York NY	1,236,905	98,847	75,844	1,613,741	162,196	136,834	417,856	211,657	133,671
Queens NY	1,621,334	168,465	150,946	1,774,550	449,960	249,475	427,031	129,861	45,596
Richmond NY	321,634	16,075	23,523	370,391	106,306	58,843	79,447	28,532	8,908
NYC Total	5,822,459	613,470	571,801	6,408,904	1,455,016	854,168	1,517,487	556,288	254,229
NY State Total	13,463,425	925,864	1,102,329	15,603,292	3,709,909	2,199,089	3,623,552	1,358,174	544,508
Service Area	1,154,751	130,985	110,856	1,238,294	325,674	172,948	294,762	88,904	30,622

Area	Total Pop Ages 25+	Pop Ages 25+ with less than 9th grade	Pop Ages 25+ with some High School, no diploma	Pop Ages 25+ with High School Grad or More	Pop Ages 25+ with High School Graduate (or GED)	Pop Ages 25+ with some College, no degree	Pop Ages 25+ with Associate /Bachelors	Pop Ages 25+ with Master's Degree	Pop Ages 25+ with Professional or Doctorate
Bronx NY	899,950	15.8%	14.8%	69.4%	27.7%	17.0%	18.4%	4.7%	1.6%
Kings NY	1,742,636	10.8%	10.8%	78.4%	28.0%	14.7%	24.5%	8.2%	3.0%
New York NY	1,236,905	8.0%	6.1%	85.9%	13.1%	11.1%	33.8%	17.1%	10.8%
Queens NY	1,621,334	10.4%	9.3%	80.3%	27.8%	15.4%	26.3%	8.0%	2.8%
Richmond NY	321,634	5.0%	7.3%	87.7%	33.1%	18.3%	24.7%	8.9%	2.8%
NYC Total	5,822,459	10.5%	9.8%	79.6%	25.0%	14.7%	26.1%	9.6%	4.4%
NY State Total	13,463,425	6.9%	8.2%	84.9%	27.6%	16.3%	26.9%	10.1%	4.0%
Service Area	1,154,751	11.3%	9.6%	79.1%	28.2%	15.0%	25.5%	7.7%	2.7%

Source: Nielsen, 2014 data tables, State of New York by zip code.

Demographics of the Population
Employment

- Of the 2.2M people in Queens County, 1.2M are in the labor force. Of the 1.6M people in NYHQ service area, 840k are in the labor force.
- In both geographies, the military presence is quite small, so overall labor force essentially equals civilian labor force.
- There are 113k unemployed persons in Queens County, for a rate of 9.6%. This rate falls in the middle of NYC Counties.
- There are 80k unemployed persons in the area, for a rate of 9.6%. This rate is higher than the State but lower than NYC average.

Area	Total Population	Labor Force	Civilian Labor Force
Bronx NY	1,386,077	637,418	636,833
Kings NY	2,512,740	1,232,134	1,230,786
New York NY	1,587,045	927,198	926,700
Queens NY	2,238,734	1,184,206	1,183,364
Richmond NY	468,374	224,043	223,437
NYC Total	8,192,970	4,204,999	4,201,120
NY State Total	19,398,124	9,969,586	9,943,091
Service Area	1,594,292	838,451	837,927

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

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

Demographics of the Population
Income

- Queens County median income of approximately $62k is higher than the State median of $56k, and approximately equal to the New York City median of $63k.
- The NYHQ service area, however, has a much lower median income than Queens County, at $58k.
- The percent of NYHQ service area households with a low income (less than $35k per household) is 44.1%. This rate is higher than the Queens County rate of 41.5% and higher than the state rate of 32.9%. Conversely, the rate of households with high income is lower in the service area than in the County or State.

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

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

Demographics of the Population
Poverty

- There is great geographic disparity in the percent of families living in poverty.
- Queens County has a lower percent of families in poverty (14.4%) than Bronx, Kings and New York Counties, but higher than Richmond.
- Within the service area alone, the percent of families living in poverty ranges from 4.6% in Whitestone to 23.8% in one Jamaica zip code.
- Note: poverty is calculated by the US Census Bureau using dollar value thresholds that vary by family size and composition.

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

Zip	Zip Name	Persons for Whom Poverty Determined	Poor Persons	% Poor Persons
11354	Flushing	53,639	9,233	17.2%
11355	Flushing	83,344	15,983	19.2%
11356	College Point	22,886	1,987	8.7%
11357	Whitestone	40,356	1,845	4.6%
11358	Flushing	39,104	3,725	9.5%
11361	Bayside	28,714	2,304	8.0%
11364	Oakland Gardens	35,081	3,243	9.2%
11365	Fresh Meadows	41,515	5,431	13.1%
11366	Fresh Meadows	13,445	1,337	9.9%
11367	Flushing	38,891	6,439	16.6%
11368	Corona	103,153	23,263	22.6%
11369	East Elmhurst	39,690	6,652	16.8%
11370	East Elmhurst	27,988	4,802	17.2%
11372	Jackson Heights	62,396	11,902	19.1%
11373	Elmhurst	97,200	19,899	20.5%
11374	Rego Park	42,443	5,124	12.1%
11375	Forest Hills	69,091	5,226	7.6%
11377	Woodside	86,389	11,781	13.6%
11378	Maspeth	31,920	3,184	10.0%
11379	Middle Village	35,303	2,765	7.8%
11385	Ridgewood	99,398	17,454	17.6%
11412	Saint Albans	36,374	3,060	8.4%
11415	Kew Gardens	19,416	2,174	11.2%
11418	Richmond Hill	36,356	4,502	12.4%
11419	South Richmond H	48,079	7,502	15.6%
11420	South Ozone Park	48,037	5,744	12.0%
11421	Woodhaven	41,759	6,099	14.6%
11423	Hollis	30,979	3,716	12.0%
11432	Jamaica	55,275	10,749	19.4%
11433	Jamaica	30,537	7,256	23.8%
11434	Jamaica	60,499	7,708	12.7%
11435	Jamaica	51,517	8,356	16.2%
11436	Jamaica	17,228	2,409	14.0%
Grand Total		1,568,002	232,854	14.9%

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

Demographics of the Population
Medicaid Beneficiaries

- There are approximately 916k Medicaid beneficiaries in Queens County, and approximately 692k Medicaid beneficiaries in the NYHQ service area.
- These numbers translate to 41% of the population in Queens County and 43% in the service area.
- Comparatively, 44% of the NYC population 30% of the State population is enrolled in Medicaid.
- The data on the right – Medicaid beneficiaries by zip code – is displayed on maps in the next two slides.

Area	Total Beneficiaires	Total Population	Medicaid % Population	Dual Eligible Beneficiaries	Non Dual Beneficiaries	Child Beneficiaries	Adult Beneficiaries
Bronx	821,339	1,386,077	59.3%	93,324	728,015	298,329	523,010
Kings	1,237,587	2,512,740	49.3%	154,195	1,083,392	426,149	811,438
New York	485,833	1,587,045	30.6%	93,255	392,578	124,183	361,650
Queens	915,815	2,238,734	40.9%	109,085	806,730	288,970	626,845
Richmond	127,533	468,374	27.2%	17,890	109,643	43,352	84,181
NYC Total	3,588,107	8,192,970	43.8%	467,749	3,120,358	1,180,983	2,407,124
Statewide	5,835,794	19,398,124	30.1%	853,866	4,981,928	1,979,039	3,856,755
Service Area	692,312	1,594,292	43.4%	78,930	613,382	219,056	473,256

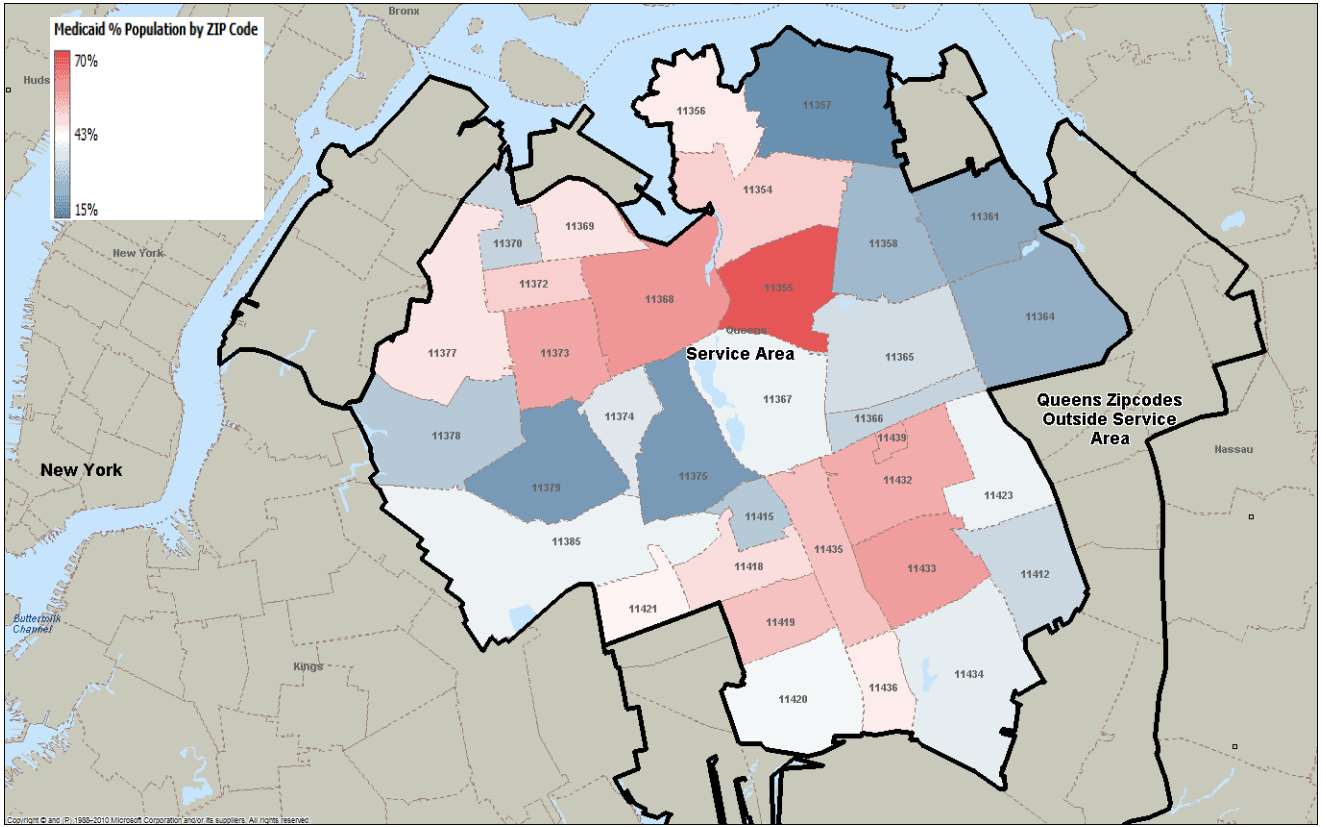
Area	Zip Name	Total Beneficiaires	Total Population	Medicaid % Population
11354	Flushing	27,694	55,543	49.9%
11355	Flushing	57,924	83,938	69.0%
11356	College Point	10,377	22,947	45.2%
11357	Whitestone	7,264	40,705	17.8%
11358	Flushing	10,890	39,143	27.8%
11361	Bayside	7,015	29,197	24.0%
11364	Oakland Garden	8,726	35,106	24.9%
11365	Fresh Meadows	14,713	41,520	35.4%
11366	Fresh Meadows	4,459	13,593	32.8%
11367	Flushing	15,696	39,424	39.8%
11368	Corona	61,698	104,486	59.0%
11369	East Elmhurst	18,841	40,160	46.9%
11370	East Elmhurst	12,351	37,755	32.7%
11372	Jackson Heights	31,344	62,857	49.9%
11373	Elmhurst	54,628	97,430	56.1%
11374	Rego Park	15,791	42,484	37.2%
11375	Forest Hills	14,714	69,745	21.1%
11377	Woodside	40,974	87,284	46.9%
11378	Maspeth	10,028	32,187	31.2%
11379	Middle Village	7,171	35,680	20.1%
11385	Ridgewood	38,969	99,508	39.2%
11412	Saint Albans	12,608	36,660	34.4%
11415	Kew Gardens	5,877	19,464	30.2%
11418	Richmond Hill	17,364	36,821	47.2%
11419	South Richmond	25,108	48,119	52.2%
11420	South Ozone Par	19,917	48,226	41.3%
11421	Woodhaven	18,579	41,872	44.4%
11423	Hollis	12,525	31,425	39.9%
11432	Jamaica	32,252	58,705	54.9%
11433	Jamaica	17,669	30,851	57.3%
11434	Jamaica	24,047	61,853	38.9%
11435	Jamaica	27,272	52,288	52.2%
11436	Jamaica	7,827	17,316	45.2%
Service Area		692,312	1,594,292	43.4%

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

Service Area Demographics
Percent Medicaid Population

The percent of population enrolled in Medicaid ranges from 18% in Whitestone to 69% in Flushing (which is, notably, NYHQ zip code).

The service area appears to have two areas of high Medicaid concentration, separated by an area of low Medicaid population.

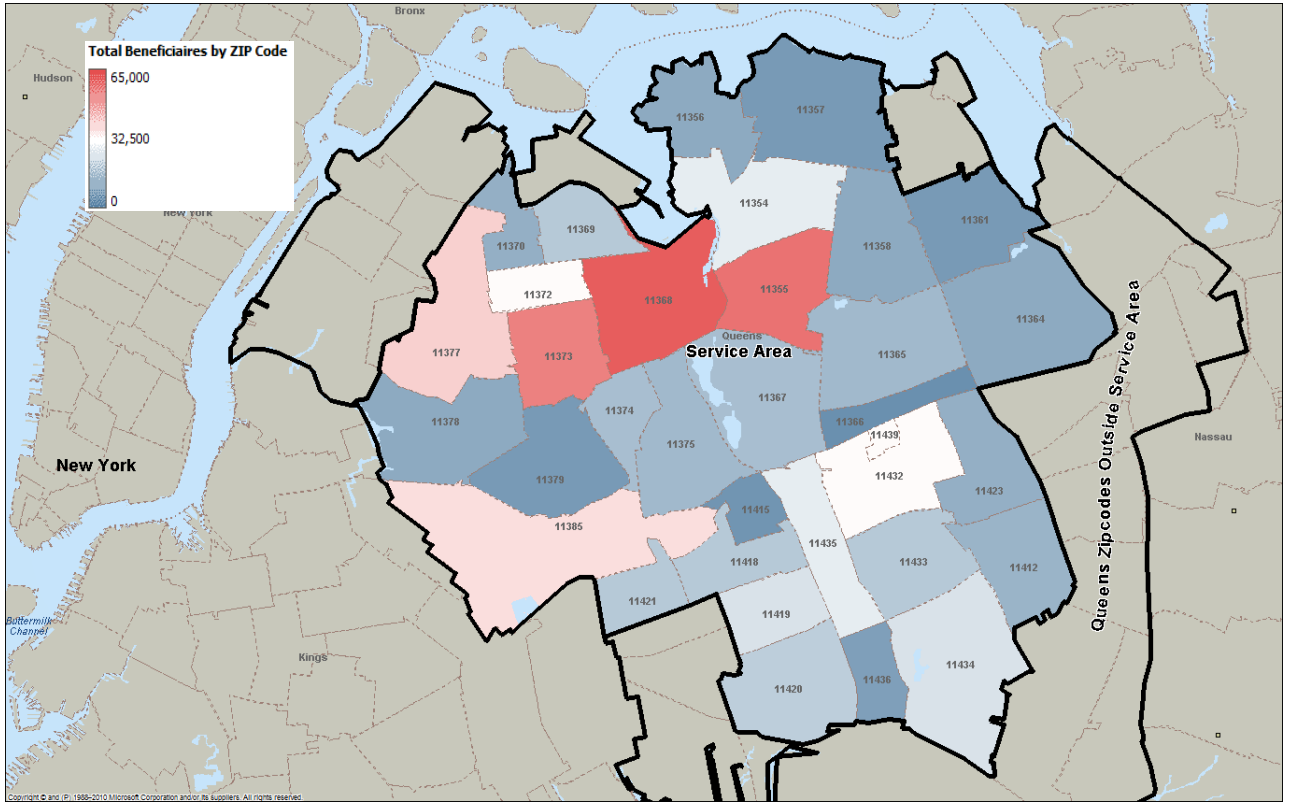


Source: Health Data NY, New York State Department of Health
http://health.data.ny.gov/Health/Medicaid-Beneficiaries-Inpatient-Admissions-and-Em/m2wt-pie4?

Service Area Demographics
Total Medicaid Population

When looking at Medicaid enrollment by absolute numbers, rather than percentage of population, the concentrated areas are slightly different.

Corona, Elmhurst and one of the two Flushing zip codes each have more than 50k Medicaid beneficiaries. The Jamaica zip codes have a high percent of Medicaid, but not a large absolute Medicaid population.



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

Demographics of the Population Uninsured

- Estimates of the uninsured rate ranges from 9.9% in Richmond County to 24.2% in the State, with Queens County at 19.2%.
- While lower than the State, Queens County has the highest uninsured rate of any NYC County, at 19.2% or 431k persons.
- Assuming NYHQ's service area uninsured rate is similar to Queens County rate, the service area has approximately 306k uninsured[1].
- Projections are not shown at the zip code level, as the US Census Bureau's Small Area Health Insurance Estimates are county-level only. Queens County rate is used for the NYHQ service area.

Area	# in Population Group	# Insured in Population Group	# Uninsured in Population Group	% Uninsured in Population Group
Bronx County, NY	1,226,383	1,032,294	194,089	15.8%
Kings County, NY	2,250,142	1,908,272	341,870	15.2%
New York County, NY	1,349,291	1,195,757	153,534	11.4%
Queens County, NY	1,971,696	1,592,648	379,048	19.2%
Richmond County, NY	402,404	362,655	39,749	9.9%
New York State	1,205,727	914,042	291,686	24.2%

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

[1]US Census does not provide insurance estimates at the zip code level, so Queens County rate is applied to the service area.

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

Demographics of the Population
Disability Status and Institutionalized Persons

- In the US Census Bureau's American Community Survey, a disability is defined as difficulty with one of six areas: hearing, vision, cognitive, ambulatory, self-care, or independent living difficulties.
- For NYHQ service area, 147k persons, or 9.3% of the population, is identified as disabled. This rate is similar to the Queens County rate of 9.6%, and both rates are lower than the State and NYC averages.
- As would be expected, the rates are much lower for the pediatric population, and significantly higher for the 65+ population. Approximately 36% of the service area's 65+ population has some form of disability.
- Note: The US Census Bureau calculates the disability percentage on non-institutionalized persons.

Area	Institutionalized Population	Total NonInstitutionalized Population	Total Disabled Population	Total % Population Disabled
Bronx NY	15,098	1,370,979	185,690	13.5%
Kings NY	11,152	2,501,588	243,895	9.7%
New York NY	11,201	1,575,844	156,489	9.9%
Queens NY	24,756	2,213,978	212,475	9.6%
Richmond NY	5,096	463,278	45,516	9.8%
NYC Total	67,303	8,125,667	844,065	10.4%
NY State Total	259,848	19,138,276	2,084,684	10.9%
Service Area	18,945	1,575,347	146,587	9.3%

Area	Institutionalized Population	NonInstitutionalized Population, <18	Disabled Population, <18	% Population Disabled, <18
Bronx NY	437	370,701	18,600	5.0%
Kings NY	440	596,227	13,815	2.3%
New York NY	303	235,321	7,405	3.1%
Queens NY	928	460,974	12,512	2.7%
Richmond NY	73	108,372	3,150	2.9%
NYC Total	2,181	1,771,595	55,482	3.1%
NY State Total	8,493	4,308,427	158,381	3.7%
Service Area	734	329,070	8,469	2.6%

Area	Institutionalized Population	NonInstitutionalized Population, 65+	Disabled Population, 65+	% Population Disabled, 65+
Bronx NY	9,426	138,401	59,909	43.3%
Kings NY	4,964	285,736	117,220	41.0%
New York NY	5,725	209,293	71,944	34.4%
Queens NY	9,576	278,408	98,980	35.6%
Richmond NY	2,446	57,834	19,185	33.2%
NYC Total	32,137	969,672	367,238	37.9%
NY State Total	100,341	2,540,293	878,860	34.6%
Service Area	6,764	193,373	69,022	35.7%

Note: In 2012, 40,199 Queens County residents were involved in the criminal justice system, according to the NY State Division of Criminal Justice New York State Crime Report, 2013.

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

Demographics of the Population
Citizenship

- Almost half a million (495k) Queens County residents - or approximately one out of four - is not a US citizen.
- The Queens County rate of 22.1% is higher than any comparative geography and is, in fact, twice as high as the State rate of 10.5%.
- The US Census data on citizenship does not appear accurate at the zip code level. While the data is reported in the table to the right, the margin of error is too high, so it has been highlighted in red.
- It is likely that the service area rate closely follows that of Queens County at 22.1%. This would result in 352k non citizens in the NYHQ service area.

Area	Total Population	Number of Non US Citizens	% Non Citizens
Bronx NY	1,386,077	258,099	18.6%
Kings NY	2,512,740	422,231	16.8%
New York NY	1,587,045	245,065	15.4%
Queens NY	2,238,734	494,673	22.1%
Richmond NY	468,374	35,465	7.6%
NYC Total	8,192,970	1,455,533	17.8%
NY State Total	19,398,124	2,038,877	10.5%
Service Area	1,594,292	34,758	2.2%

The US Census does produce citizenship data at the zip code level, however the margin of error for this variable at the zip-level data is extremely large. This is identified in the table above with a red highlighted percentage (2.2%) that is not likely, given the county-wide percentage rates.

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

Demographic Implications

Population Growth — *County and area are growing fast, suggesting increased demand. More people in the system requires more focus on utilization and cost.*

Age — *Area is older but fewer 65+, which means a large non-Medicare, adult cohort. Providers must prepare as this pre-Medicare population ages and becomes high utilizers.*

Race and Ethnicity — *Incredible diversity impacts health via cultural issues, language and health literacy, disease prevalence and disease manifestation.*

Employment — *Employment allows for healthy housing, food and other choices. Area unemployment is higher than state or nation.*

Poverty — *Poverty rate of is on par with state, but geographic disparity is huge. Interventions and resources must be considered at local levels.*

Medicaid — *692k Medicaid beneficiaries, 43% of area. Much higher rate than state. Highest concentration in north central and north west zip codes within service area.*

Uninsured — *306k uninsured in area. Uninsured rate lower than state, as much of population covered by Medicaid.*

Disability — *Disability rates are lower than state but will need to be a focus with the rapidly growing/aging population.*

Health Status of the Population
Mortality Comparison

- Mortality data is collected by the NYC Department of Health, and is considered the starting point for population health as it looks at population in its entirety.
- The table to right compares Queens to NYC's five counties. In general, the age adjusted rates are lower in Queens County than in NYC, however the ranking is slightly different.
  - Cerebrovascular disease (stroke) is the 4th leading cause of death in Queens, but 6th in NYC.
  - Intentional self harm is not among the top ten for NYC but is 10th in Queens.

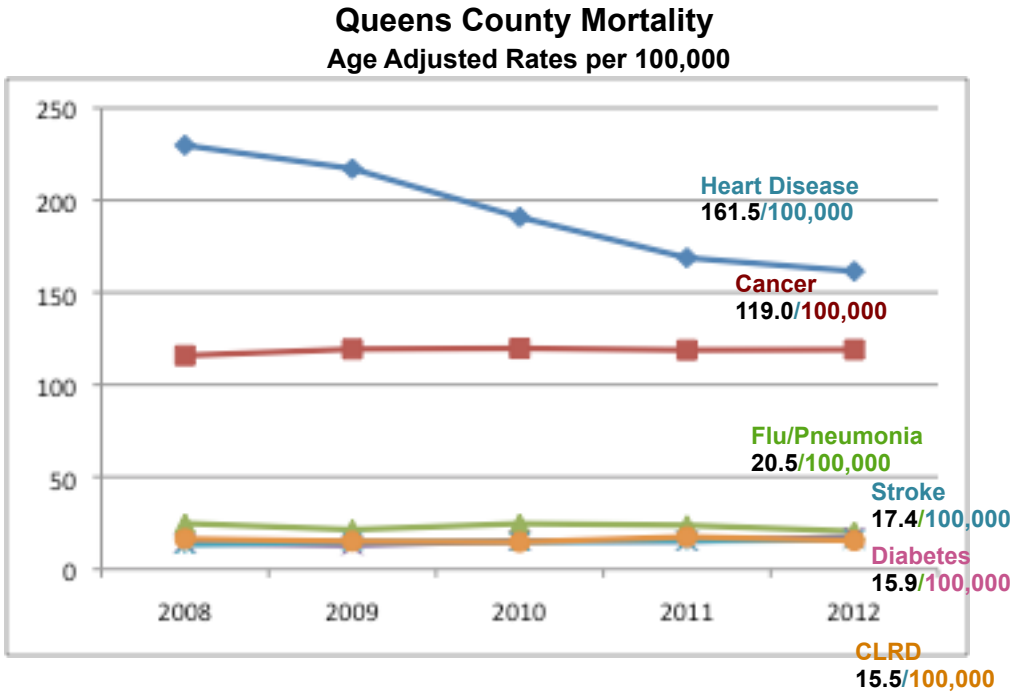
Queens County			
Top 10 Leading Causes of Mortality	**Total Reported**	**Rate per 100,000**	**Age Adjusted Rate per 100,000**
Diseases of Heart	4,192	184.4	161.5
Malignant Neoplasms	2,963	130.4	119.0
Influenza (Flu) and Pneumonia	534	23.5	20.5
Cerebrovascular Disease	449	19.8	17.4
Diabetes Mellitus	399	17.6	15.9
Chronic Lower Respiratory Diseases	389	17.1	15.5
Accidents Except Drug Posioning	236	10.4	9.6
Essential Hypertension and Renal Diseases	203	8.9	7.8
Alzheimer's Disease	161	7.1	5.9
Intentional Self-Harm	143	6.3	5.9
All Other/Censored Causes	2,515	110.7	100.9

New York City			
Top 10 Leading Causes of Mortality	**Total Reported**	**Rate per 100,000**	**Age Adjusted Rate per 100,000**
Diseases of Heart	16,730	200.7	188.2
Malignant Neoplasms	13,399	160.7	155.1
Influenza (Flu) and Pneumonia	2,244	26.9	25.2
Diabetes Mellitus	1,813	21.7	20.8
Chronic Lower Respiratory Diseases	1,651	19.8	19.0
Cerebrovascular Disease	1,646	19.7	18.6
Accidents Except Drug Posioning	1,032	12.4	12.0
Essential Hypertension and Renal Diseases	980	11.8	11.1
Mental and Behavioral Disorders due to Accide	812	9.7	9.2
Alzheimer's Disease	696	8.3	7.6
All Other Causes	11,452	137.4	131.0

Source: Vital Statistics, New York City Department of Health and Mental Hygiene
https://a816-healthpsi.nyc.gov/epiquery/VS/index.html

Health Status of the Population
Mortality Trend

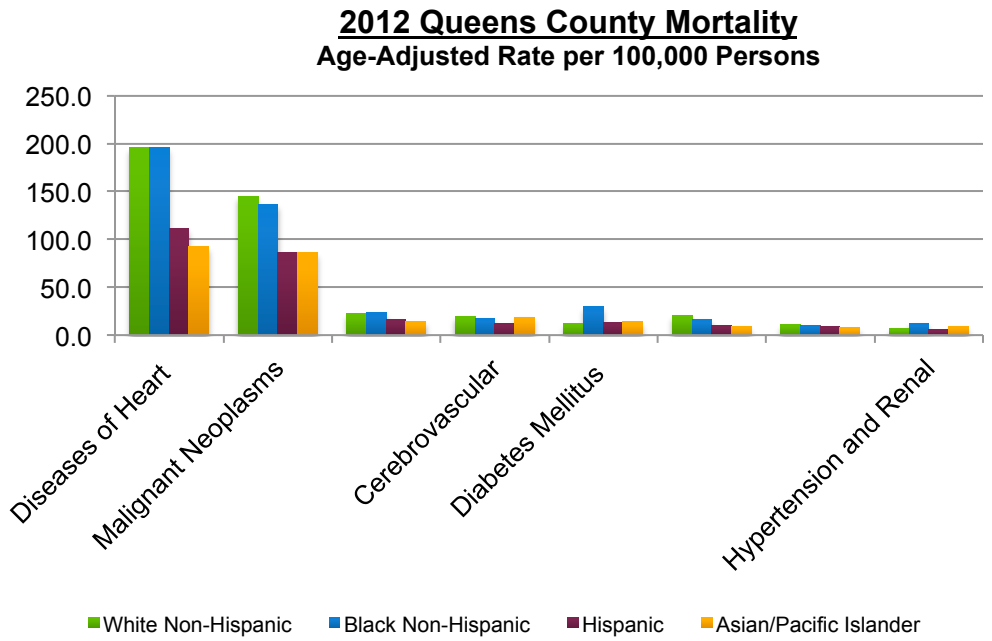
- Mortality data is collected by the NYC Department of Health. The data to the right shows the leading causes of death in Queens County, trended for five years.
- Deaths from diseases of the heart have fallen significantly in the past five years.
- Malignant neoplasms (cancer) rates and cerebrovascular disease (strokes) have risen slightly in the past five years.
- Chronic lower respiratory disease (CLRD) rates are more variable than others and have not followed a specific trend, but rather have risen and fallen across the five years.



Source: Vital Statistics, New York City Department of Health and Mental Hygiene
https://a816-healthpsi.nyc.gov/epiquery/VS/index.html

Health Status of the Population
Mortality by Race/Ethnicity

- In Queens County, heart disease and cancer (malignant neoplasms) are the two leading causes of death.
- However, the racial/ethnic variation in rates for all deaths – including heart and cancer – is dramatic.
  - The heart disease rate for the White and Black population is almost 2x the Hispanic and more than 2x Asian population. Cancer mortality rates have a similar pattern.
  - The Black population has significantly higher diabetes and hypertension rates.
  - The Asian population has low rates across the board, with cerebrovascular disease being the only area where rates approach other races/ethnicities.



Source: Vital Statistics, New York City Department of Health and Mental Hygiene
https://a816-healthpsi.nyc.gov/epiquery/VS/index.html

Health Status of the Population
Prevention Quality Indicators (PQIs)

- Prevention Quality Indicators (PQIs) track conditions where the need for hospitalization is potentially preventable with appropriate outpatient care, or the condition could be less severe if treated early. The data is typically used to provide insight into the quality of care outside of the hospital setting.
- Queens County had the lowest 2012 PQI rates of all NYC Counties, and Queens County 2012 risk adjusted rates were generally lower than the expected rates. In addition, for each indicator shown below, Queens County rates improved (lower rates represent better results) from 2011 – 2012.
- However, as the map on the next slide indicates, there are areas of possible concern within Queens.

Medicaid PQIs, 2011 and 2012

PQI	PQI RISK ADJUSTED RATE PER 100,000 - 2012	BRONX	KINGS	NEW YORK	QUEENS	RICHMOND	QUEENS Expected Rate
PQI_S01	Prevention Quality All Diabetes Composite	451.4	365.3	347.6	292.3	438.0	320.2
PQI_S02	Prevention Quality All Circulatory Composite	547.6	426.0	378.5	372.2	418.0	378.8
PQI_S03	Prevention Quality All Respiratory Composite	683.3	453.4	465.6	341.4	657.4	425.0
PQI_90	Prevention Quality Overall Composite	2343.9	1724.4	1716.1	1481.7	2028.2	1594.2
PQI_91	Prevention Quality Acute Composite	656.9	476.2	526.7	473.7	516.8	470.4
PQI_92	Prevention Quality Chronic Composite	1681.5	1246.1	1191.0	1008.2	1517.6	1123.9

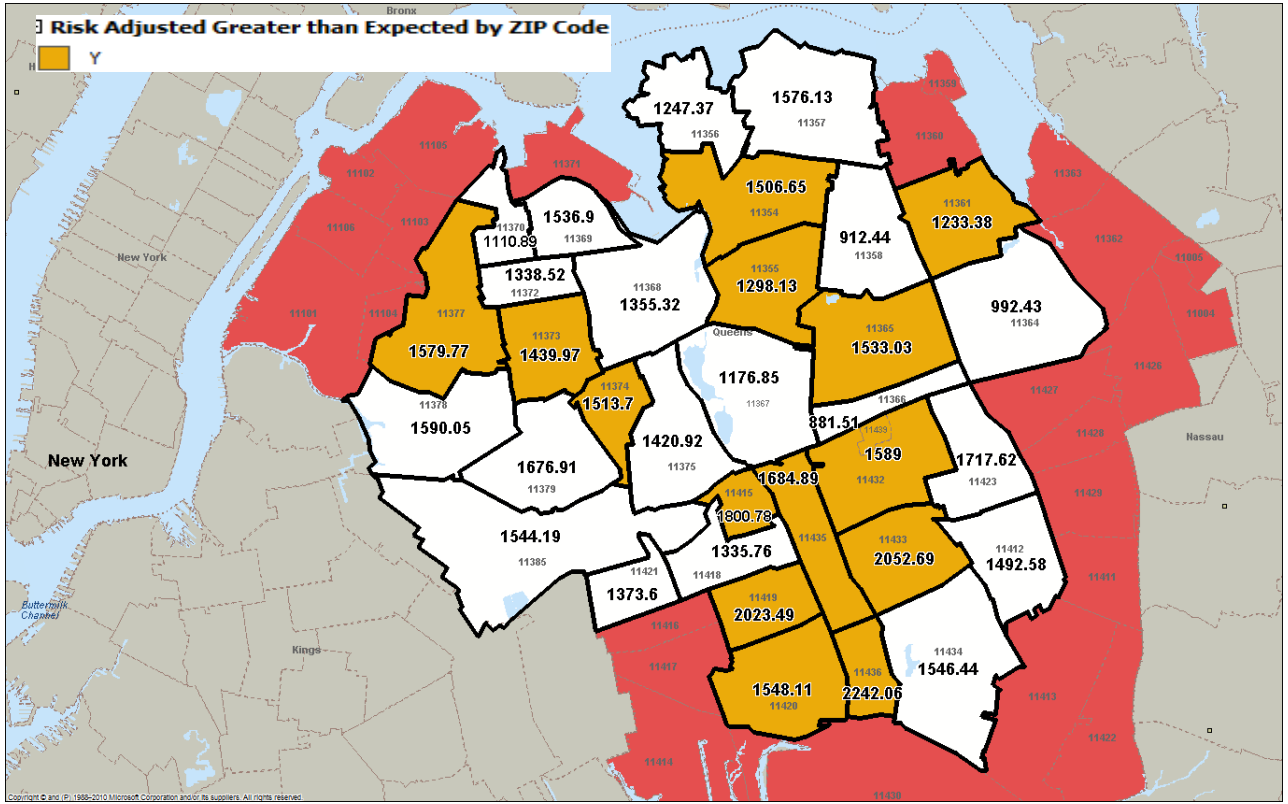
PQI	PQI RISK ADJUSTED RATE PER 100,000 - 2011	BRONX	KINGS	NEW YORK	QUEENS	RICHMOND
PQI_S01	Prevention Quality All Diabetes Composite	492.6	376.2	335.5	299.5	421.3
PQI_S02	Prevention Quality All Circulatory Composite	566.3	466.2	415.2	419.8	413.8
PQI_S03	Prevention Quality All Respiratory Composite	755.2	473.4	501.0	351.2	716.8
PQI_90	Prevention Quality Overall Composite	2570.2	1806.1	1819.8	1593.8	2085.6
PQI_91	Prevention Quality Acute Composite	752.2	483.5	569.5	521.1	534.9
PQI_92	Prevention Quality Chronic Composite	1814.2	1318.2	1251.9	1073.4	1558.4

Source: Health Data NY, New York State Department of Health
https://health.data.ny.gov/Health/Medicaid-Inpatient-Prevention-Quality-Indicators-P/izyt-3msa

Health Status
Risk Adjusted PQI Rate

Data for the service area, at the zip code level, highlights the geographic areas where the risk adjusted PQI rate is higher than the expected PQI rate.

This data suggests that the population in these areas may not be getting appropriate or timely ambulatory care and, as a result, the patient is admitted for a potentially avoidable admission.



Health Status of the Population
Pediatric Quality Indicators (PDIs)

- Pediatric Quality Indicators (PDIs) are essentially PQIs for the 0-18 population. PDIs track conditions where the need for hospitalization is potentially preventable with appropriate outpatient care, or the condition could be less severe if treated early.
- Queens County performs fairly well on PDIs, but not as well as with PQIs. Specifically:
  - Queens has higher than expected rates for Gastroenteritis and Urinary Tract Infections.
  - Queens has lower than expected rates for Asthma and Diabetes, however, those rates were lower in 2011 than in 2012, suggesting the trend may need to be watched.

Medicaid PDIs, 2011 and 2012

PDI	PDI RISK ADJUSTED RATE PER 100,000 - 2012	BRONX	KINGS	NEW YORK	QUEENS	RICHMOND	QUEENS Expected Rate
PDI_14	Asthma	576.4	347.6	407.5	227.2	231.7	324.1
PDI_15	Diabetes Short-term Complications	37.9	32.4	50.3	20.4	41.6	28.2
PDI_16	Gastroenteritis	156.3	139.1	124.3	134.9	123.2	129.9
PDI_18	Urinary Tract Infection	38.3	52.3	34.7	64.1	60.2	49.9
PDI_90	Pediatric Quality Overall Composite	508.8	365.6	411.6	235.0	318.0	318.6
PDI_91	Pediatric Quality Acute Composite	87.4	90.1	86.1	79.2	101.2	78.3
PDI_92	Pediatric Quality Chronic Composite	420.5	275.9	325.7	153.7	216.4	240.23

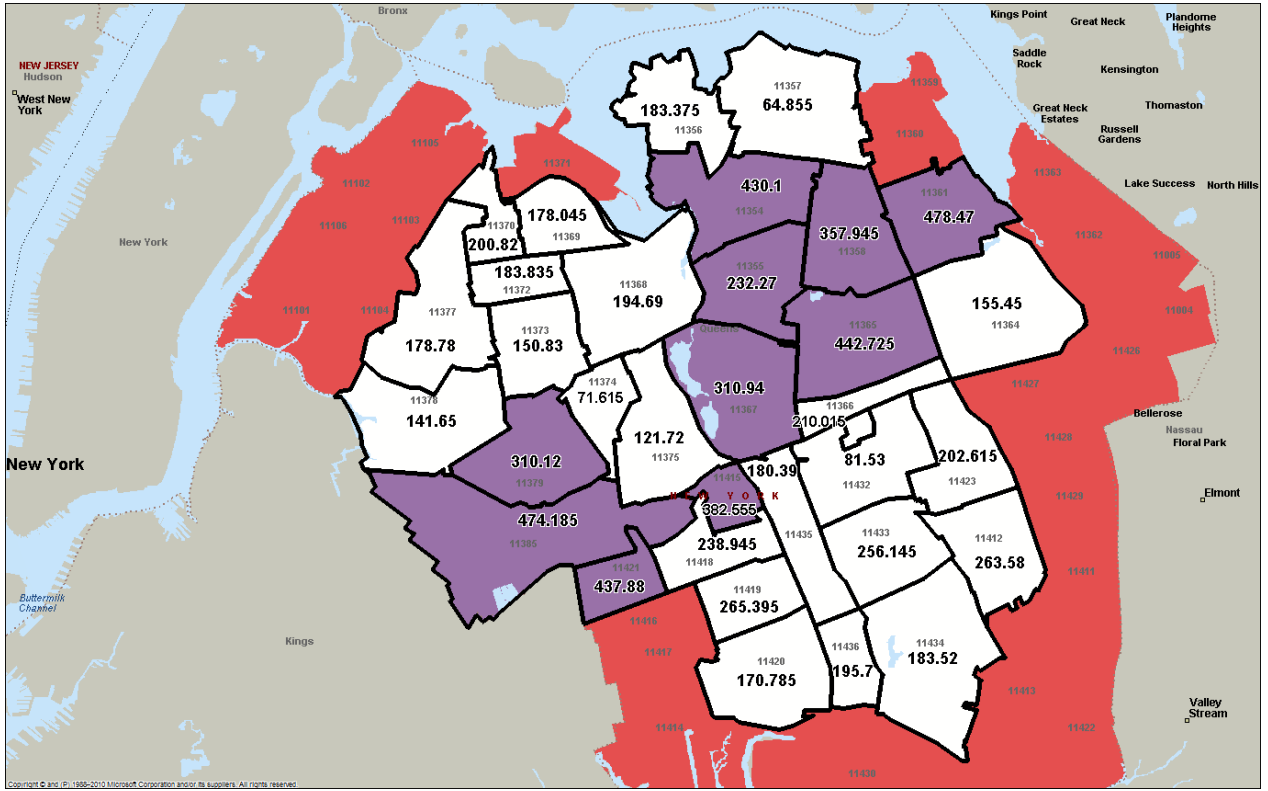
PDI	PDI RISK ADJUSTED RATE PER 100,000 - 2011	BRONX	KINGS	NEW YORK	QUEENS	RICHMOND
PDI_14	Asthma	572.7	349.5	401.7	201.9	251.1
PDI_15	Diabetes Short-term Complications	44.3	37.4	30.4	16.1	45.5
PDI_16	Gastroenteritis	126.8	131.5	99.4	135.1	175.9
PDI_18	Urinary Tract Infection	52.4	61.9	49.3	67.3	50.2
PDI_90	Pediatric Quality Overall Composite	503.8	362.1	347.2	250.2	350.6
PDI_91	Pediatric Quality Acute Composite	79.9	90.1	77.7	89.5	118.2
PDI_92	Pediatric Quality Chronic Composite	422.1	272.3	269.6	159.2	232.3

Source: Health Data NY, New York State Department of Health
https://health.data.ny.gov/Health/Medicaid-Inpatient-Prevention-Quality-Indicators-P/h6vj-9z3w

Health Status
Risk Adjusted PDI Rate

Data for the service area, at the zip code level, highlights the geographic areas where the risk adjusted PDI rate is higher than the expected PDI rate.

This data suggests that the population in these areas may not be getting appropriate or timely ambulatory care and, as a result, the patient is admitted for a potentially avoidable admission.



Health Status of the Population
Potentially Preventable Readmissions (PPR)

- Potentially preventable readmissions (PPR) are clinically related readmissions within a 30-day time period from the initial discharge.
- A PPR may result from deficiency in the initial hospitalization care process or lack of post discharge follow up.
- All service area hospitals have higher than expected risk adjusted PPRs. These rates should be noted as an area of concern.
- NYHQ does perform better than peers:
  - NYHQ has the lowest risk adjusted rate (6.16 per 100 people) of the group.
  - NYHQ absolute PPR cases fell from 499 to 443 from 2011 to 2012, resulting in a lower risk adjusted rate.

Medicaid PPRs, 2011 and 2012

2012	POTENTIALLY PREVENTABLE READMISSIONS (PPR)	OBSERVED PPR RATES	EXPECTED PPR RATES	RISK ADJUSTED PPR RATES
ELMHURST HOSPITAL	733	5.71	5.65	6.80
FLUSHING HOSPITAL MEDICAL CENTER	422	5.60	5.03	7.50
JAMAICA HOSPITAL MED CTR	571	5.83	5.53	7.09
NEW YORK HOSP MED CTR QUEENS	443	3.97	4.34	6.16
NORTH SHORE UN HSP FOREST HIL	235	4.49	4.31	7.01
QUEENS HOSPITAL	469	7.01	6.65	7.10
STATEWIDE	40,687	6.73		

2011	POTENTIALLY PREVENTABLE READMISSIONS (PPR)	OBSERVED PPR RATES	EXPECTED PPR RATES	RISK ADJUSTED PPR RATES
ELMHURST HOSPITAL	785	5.71	5.60	6.90
FLUSHING HOSPITAL MEDICAL CENTER	465	5.95	5.31	7.58
JAMAICA HOSPITAL MED CTR	581	5.87	5.51	7.22
NEW YORK HOSP MED CTR QUEENS	499	4.36	4.40	6.70
NORTH SHORE UN HSP FOREST HIL	237	4.39	4.33	6.87
QUEENS HOSPITAL	504	6.91	6.73	6.95
STATEWIDE	41,897	6.77		

Note: rates are per 100 persons.

Source: Health Data NY, New York State Department of Health
https://health.data.ny.gov/Health/Medicaid-Hospital-Inpatient-Potentially-Preventabl/ckvf-rbyn

Health Status of the Population
Potentially Preventable ED Visits (PPV)

- Potentially preventable ED visits (PPV) are emergency visits for ambulatory sensitive conditions (e.g., asthma) which should be able to be reduced or eliminated.
- In general, the occurrence of high rates of PPVs represents a failure of the ambulatory care provided to the patient.
- Service area PPV performance is mixed – with New York and Richmond Counties having higher than expected rates.
- Queens County has lower than expected rates at 26.97 per 100 persons, or 247k total PPVs.

Medicaid PPVs, 2011 and 2012

2012	Potentially Preventable Emergency Visits (PPV)	Observed PPV Rate per 100 Persons	Expected PPV Rate per 100 Persons	Risk Adjusted PPV Rate per 100 Persons
Bronx	346,837	42.19	39.82	38.23
Kings	347,695	28.07	35.15	28.81
New York	203,340	41.77	35.78	42.12
Queens	247,384	26.97	31.55	30.84
Richmond	46,293	36.17	36.04	36.22
STATEWIDE	2,111,519	36.08	36.08	36.08

2011	Potentially Preventable Emergency Visits (PPV)	Observed PPV Rate per 100 Persons	Expected PPV Rate per 100 Persons	Risk Adjusted PPV Rate per 100 Persons
Bronx	340,376	42.66	39.08	38.68
Kings	343,087	28.18	34.54	28.90
New York	203,555	41.59	35.25	41.80
Queens	246,500	27.52	31.33	31.12
Richmond	47,138	37.72	35.49	37.65
STATEWIDE	2,002,662	35.43	35.43	35.43

Source: Health Data NY, New York State Department of Health
https://health.data.ny.gov/Health/Medicaid-Potentially-Preventable-Emergency-Visit-P/cr7a-34ka

Health Status of the Population
PPV as a Percentage of Total ED Visits

- In addition to considering the actual vs. expected potentially preventable emergency visits, it is helpful to consider PPVs as a percent of total emergency visits.
- In 2012 Queens County had 247k potentially preventable visits on a base of 2.48M total visits, or approximately 9.9%.
- This rate is higher than the state average of 9.1%, but lower than Bronx, Kings and New York Counties.

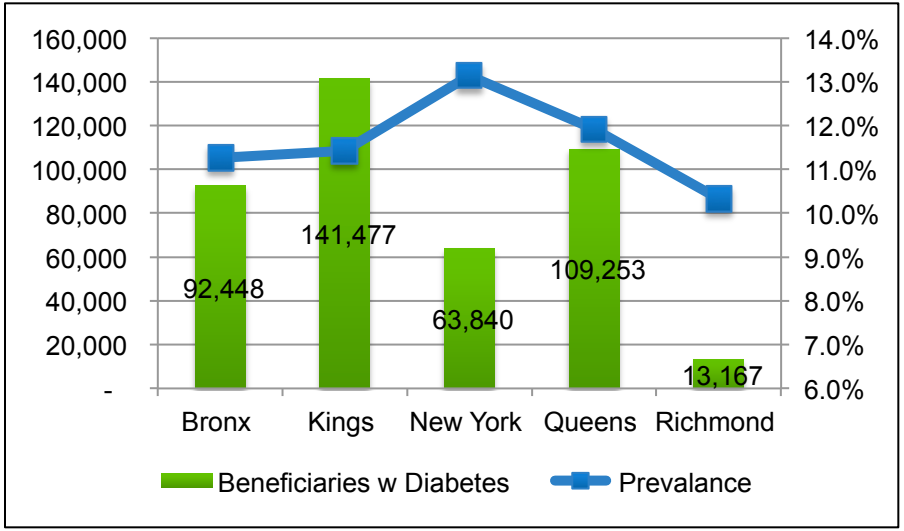
Medicaid PPVs as a Percent of Total ED Visits

2012	Potentially Preventable Emergency Visits (PPV)	Total Emergency Room Visits	PPV as a % of Total Emergency Visits
Bronx	346,837	2,718,531	12.8%
Kings	347,695	3,238,472	10.7%
New York	203,340	1,869,992	10.9%
Queens	247,384	2,486,386	9.9%
Richmond	46,293	559,388	8.3%
STATEWIDE	2,111,519	23,088,510	9.1%

Source: Health Data NY, New York State Department of Health https://health.data.ny.gov/Health/Medicaid-Potentially-Preventable-Emergency-Visit-P/cr7a-34ka; //health.data.ny.gov/Health/Community-Health-Total-Emergency-Department-Visit-/2g9p-uefx

Health Status of the Population
Diabetes Prevalence

- In Queens County, approximately 109k Medicaid beneficiaries, 11.9% of all beneficiaries, has diabetes.
- This prevalence rate is second highest among comparative geographies, and is higher than the State rate of 10.7%.
- In 2012 in Queens County, diabetes was the primary driver of:
  - 54,516 Medicaid inpatient admissions
  - 51,127 Medicaid emergency visits

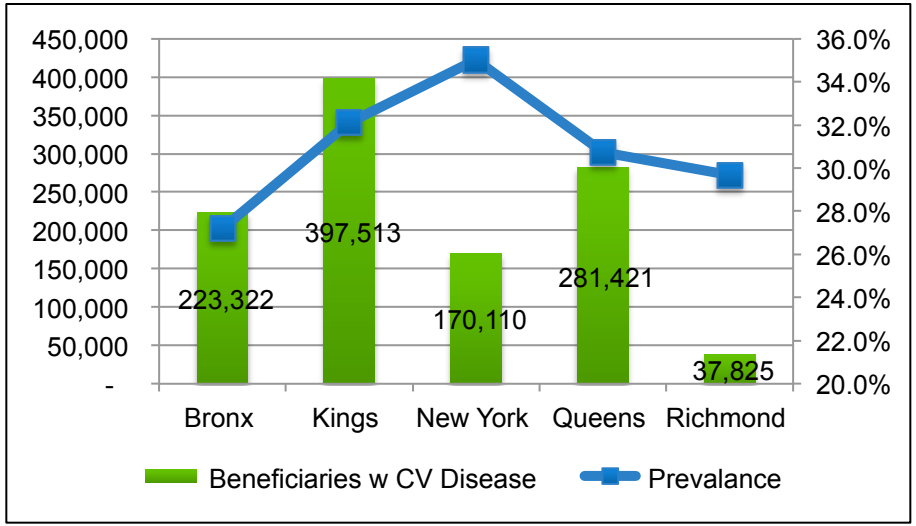


County	Beneficiaries w Diabetes	Prevalence	Total IP Admissions	Total ER Visits
Bronx	92,448	11.3%	72,507	74,486
Kings	141,477	11.4%	88,146	84,836
New York	63,840	13.1%	45,143	53,427
Queens	109,253	11.9%	54,516	51,127
Richmond	13,167	10.3%	9,386	9,670
State	624,583	10.7%	408,140	499,529

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

Health Status of the Population
Cardiovascular Disease Prevalence

- In Queens County, approximately 281k Medicaid beneficiaries, 30.7% of all beneficiaries, has cardiovascular disease.
- This prevalence rate is in the middle of comparative geographies, but is higher than the State rate of 29.2%.
- In 2012 in Queens County, cardiovascular disease was the primary driver of:
  - 197,816 Medicaid inpatient admissions
  - 144,585 Medicaid emergency visits

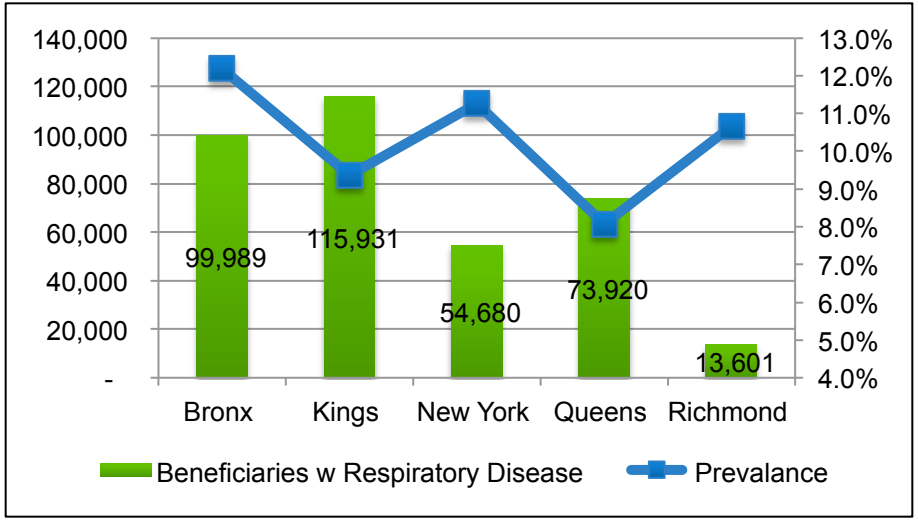


County	Beneficiaries w Diabetes	Prevalence	Total IP Admissions	Total ER Visits
Bronx	223,322	27.2%	226,067	187,794
Kings	397,513	32.1%	317,793	237,091
New York	170,110	35.0%	158,059	148,254
Queens	281,421	30.7%	197,816	144,585
Richmond	37,825	29.7%	33,971	31,191
State	1,705,944	29.2%	1,420,982	1,440,487

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

Health Status of the Population
Respiratory Disease Prevalence

- In Queens County, approximately 74k Medicaid beneficiaries, 8.1% of all beneficiaries, has respiratory disease.
- This respiratory prevalence rate is lower than comparative geographies. However, asthma specific rate are high. Asthma ED visits are higher than Prevention Agenda goal, and pediatric asthma ED visits are higher than the goal and higher than the state[1].
- In 2012 in Queens County, respiratory disease was the primary driver of:
  - 46,615 Medicaid inpatient admissions
  - 70,489 Medicaid emergency visits



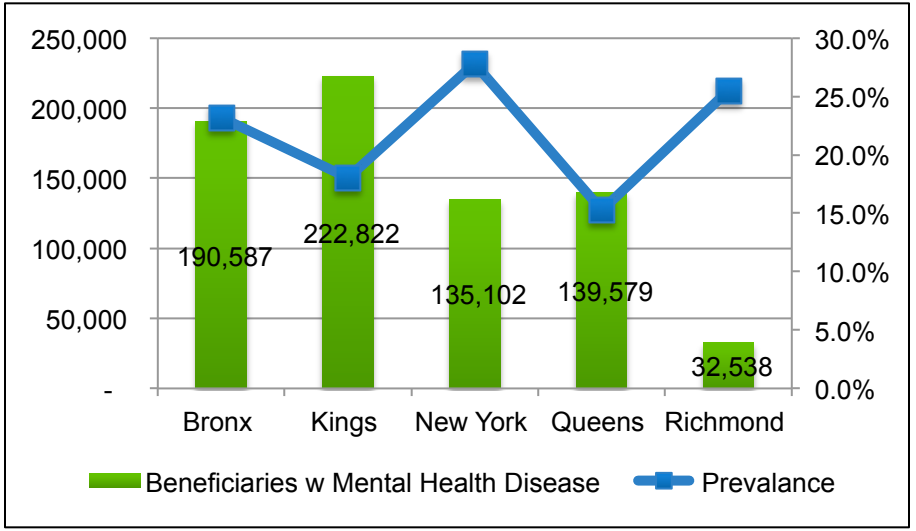
County	Beneficiaries w Respiratory	Prevalence	Total IP Admissions	Total ER Visits
Bronx	99,989	12.2%	81,701	133,542
Kings	115,931	9.4%	85,061	128,740
New York	54,680	11.3%	48,412	83,134
Queens	73,920	8.1%	46,615	70,489
Richmond	13,601	10.7%	10,828	16,935
State	613,734	10.5%	446,782	827,119

[1]See NY State Prevention Agenda Reports later in presentation.

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

Health Status of the Population
Mental Health Disease Prevalence

- In Queens County, approximately 140k Medicaid beneficiaries, 15.2% of all beneficiaries, has mental health disease.
- This prevalence rate is lower than comparative geographies, and is lower than the State rate of 25.3%.
- In 2012 in Queens County, mental health disease was the primary driver of:
  - 94,608 Medicaid inpatient admissions
  - 145,924 Medicaid emergency visits

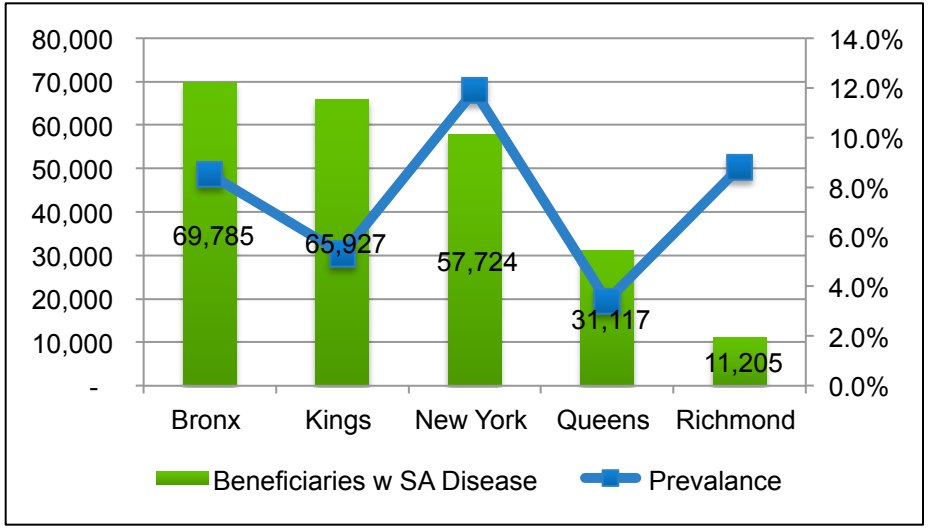


County	Beneficiaries w MH Disease	Prevalence	Total IP Admissions	Total ER Visits
Bronx	190,587	23.2%	153,472	256,134
Kings	222,822	18.0%	166,830	255,127
New York	135,102	27.8%	133,185	211,739
Queens	139,579	15.2%	94,608	145,924
Richmond	32,538	25.5%	25,999	43,662
State	1,475,176	25.3%	1,029,077	2,164,341

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

Health Status of the Population
Substance Abuse Prevalence

- In Queens County, approximately 31k Medicaid beneficiaries, 3.4% of all beneficiaries, has substance abuse disease.
- This prevalence rate is lower than comparative geographies, and is lower than the State rate of 7.6%.
- In 2012 in Queens County, substance abuse was the primary driver of:
  - 63,436 Medicaid inpatient admissions
  - 66,699 Medicaid emergency visits

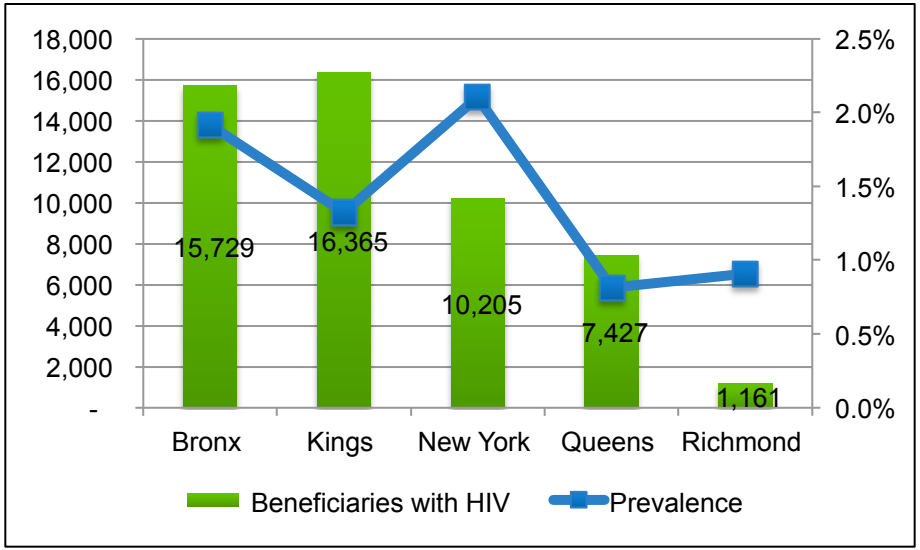


County	Beneficiaries w Sub. Abuse	Prevalence	Total IP Admissions	Total ER Visits
Bronx	69,785	8.5%	158,602	158,182
Kings	65,927	5.3%	148,733	172,365
New York	57,724	11.9%	159,671	173,646
Queens	31,117	3.4%	63,436	66,699
Richmond	11,205	8.8%	22,637	25,886
State	442,716	7.6%	815,411	1,102,891

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

Health Status of the Population
HIV Prevalence

- In Queens County, approximately 7k Medicaid beneficiaries, 0.8% of all beneficiaries, has HIV.
- This prevalence rate is lower than comparative geographies. However, the newly diagnosed HIV case rate is high. The Prevention Agenda goal for new diagnoses is 14.7 per 100k and Queens County is almost 2x as high at 22.6 per 100k[1].
- In 2012 in Queens County, HIV was the primary driver of:
  - 2,624 Medicaid inpatient admissions
  - 4,379 Medicaid emergency visits



County	Beneficiaries w HIV	Prevalence	Total IP Admissions	Total ER Visits
Bronx	15,729	1.9%	10,939	14,945
Kings	16,365	1.3%	7,798	13,192
New York	10,205	2.1%	6,239	9,838
Queens	7,427	0.8%	2,624	4,379
Richmond	1,161	0.9%	760	1,313
State	58,467	1.0%	32,622	54,207

[1]See NY State Prevention Agenda Reports later in presentation.

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

Health Status of the Population
Maternal and Infant Health

- Queens County has moderate performance compared with NYC and the State on maternal and infant health indicators:
  - Queens has a higher percent of births with late prenatal care or no prenatal care (7.5%).
  - Despite late prenatal care, the infant death rate is equal to NYC and lower than State.
  - Queens teen pregnancy rate is in the middle, at 36.8 per 1000 births.
- Five zip codes in Queens County perform worse than NYC or the State in all three indicators. These are shown in red.

Region	Total Births 2010-2012	% Births w Late or No Prenatal Care	Infant Death Rate per 1000	Teen Pregnancy Rate per 1000
Queens County	**91,015**	**7.5**	**4.4**	**36.8**
New York City	354,796	7.0	4.4	44.2
New York State	718,801	5.5	4.8	35.7

Zip Code	Zip Name	Total Births 2010-2012	% Births w Late or No Prenatal Care	Infant Death Rate per 1000	Teen Pregnancy Rate per 1000
11354	Flushing	1,884	5.3	2.1	20.0
11355	Flushing	3,962	6.7	2.5	17.1
11356	College Point	1,041	4.6	3.8	35.7
11357	Whitestone	1,230	3.0	3.3	7.0
11358	Flushing	1,242	4.1	1.6	17.1
11361	Bayside	877	2.9	2.3	10.5
11364	Oakland Gardens	944	2.8	2.1	6.8
11365	Fresh Meadows	1,543	4.3	2.6	16.1
11366	Fresh Meadows	489	4.1	0.0	5.5
11367	Flushing	2,395	3.6	3.8	20.5
11368	Corona	6,731	9.0	4.9	77.6
11369	East Elmhurst	1,633	9.8	7.3	56.6
11370	East Elmhurst	1,137	10.0	3.5	26.7
11372	Jackson Heights	2,984	9.3	3.4	44.9
11373	Elmhurst	4,691	8.7	4.1	39.0
11374	Rego Park	1,782	3.4	3.4	18.1
11375	Forest Hills	2,764	3.1	2.5	14.4
11377	Woodside	3,571	9.4	3.9	31.8
11378	Maspeth	1,396	5.5	2.9	26.3
11379	Middle Village	1,104	3.5	3.6	14.0
11385	Ridgewood	4,218	7.6	3.8	42.2
11412	Saint Albans	1,278	9.5	11.7	51.7
11415	Kew Gardens	816	4.3	2.5	21.5
11418	Richmond Hill	1,560	5.9	3.8	48.4
11419	South Richmond	1,813	9.3	3.9	41.6
11420	South Ozone Park	1,670	7.7	4.8	33.8
11421	Woodhaven	1,694	6.7	1.2	44.5
11423	Hollis	1,106	8.3	7.2	35.0
11432	Jamaica	2,605	9.0	5.8	39.1
11433	Jamaica	1,481	10.5	10.8	74.5
11434	Jamaica	2,328	10.5	7.3	57.6
11435	Jamaica	2,640	7.4	3.4	51.8
11436	Jamaica	736	9.2	14.9	54.4

Zips in red indicate worse performance than city or state, zips in yellow indicate worse performance than one or these.

Source: New York State Regional Perinatal Profile, New York State Department of Health https://www.health.ny.gov/statistics/chac/perinatal/county/regions.htm

Health Status of the Population
End of Life and Palliative Care

- While there is currently a lack of service-area data related to end of life care, this is a critical issue in the State of New York, in Queens County and in the service area.
  - In lieu of Medicaid-specific data, and service-area specific data, the PPS queried The Dartmouth Atlas.
  - This data compares New York State Medicare reimbursement in last six months of life and New York State number of physician visits in the last six months of life to national averages.

- End of life patients in New York have more physician visits, and have care that costs significantly more, than national averages. In fact, New York approaches the 90th percentile for visits and cost. This data suggests a need to consider palliative care programming.

Total Medicare Reimbursement per Decedent, by Interval Before Death Last Six Months of Life; 2010 Data		**Physician Visits per Decedent, by Interval Before Death and Specialty Last Six Months of Life; 2010 Data**	
10th Percentile:	$29,665	10th Percentile:	19.5
50th Percentile:	$37,673	50th Percentile:	29.3
90th Percentile:	$54,636	90th Percentile:	52.0
New York:	**$49,190**	**New York:**	**43.2**
National Average:	$40,764	National Average:	33.7

Source: Dartmouth Atlas, 2010 data.
http://www.dartmouthatlas.org

Domain Metrics
Domain 3: Select Clinical Metrics

BEHAVIORAL HEALTH	NY State	NY City	Queens County	NYHQ PPS Service Area
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	61.6	62.3	65.8	**65.3**
Antidepressant Medication Management- Effective Acute Phase Treatment	46.8	46.1	45.2	**45.3**
Antidepressant Medication Management- Effective Continuation Phase Treatment	38.6	38.1	37.0	**37.3**
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia	71.6	67.5	59.6	**0.0**
Diabetes Monitoring for People With Diabetes and Schizophrenia	68.8	68.7	68.7	**74.3**
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	75.4	76.6	76.0	**77.2**
Engagement of Alcohol and Other Drug Dependence Treatment	24.8	21.5	19.8	**19.5**
Follow-up After Hospitalization for Mental Illness within 30 Days	54.4	52.0	51.7	**53.4**
Follow-up After Hospitalization for Mental Illness within 7 Days	38.5	37.6	38.3	**40.2**
Follow-Up Care for Children Prescribed ADHD Medication- Continuation Phase	58.8	72.7	72.2	**0.0**
Follow-Up Care for Children Prescribed ADHD Medication- Initiation Phase	54.7	62.6	61.3	**60.2**
Initiation of Alcohol and Other Drug Dependence Treatment	79.4	78.0	74.3	**74.3**

Source: DSRIP Clinical Improvement Metrics, New York State Department of Health
https://health.data.ny.gov/Health/Medicaid-Delivery-System-Reform-Incentive-Payment-/e2qd-mx59?category

Domain Metrics
Domain 3: Select Clinical Metrics

ASTHMA	NY State	NY City	Queens County	NYHQ PPS Service Area
Asthma Medication Ratio	62.1	61.5	64.3	**65.9**
Medication Management for People With Asthma 50% Days Covered	57.3	57.4	56.0	**55.9**
Medication Management for People With Asthma 75% Days Covered	33.7	34.1	33.0	**32.2**

HIV AIDS	NY State	NY City	Queens County	NYHQ PPS Service Area
Cervical Cancer Screening	70.1	70.8	73.3	**75.2**
Chlamydia Screening in Women	68.2	72.0	70.4	**70.8**
Colorectal Cancer Screening	50.2	51.1	52.9	**55.6**
Comprehensive Care for People Living with HIV/AIDS: Engaged in Care	89.3	89.1	88.3	**88.1**
Comprehensive Care for People Living with HIV/AIDS: Syphilis Screening	71.0	72.8	74.4	**75.1**
Comprehensive Care for People Living with HIV/AIDS: Viral Load Monitoring	66.1	66.1	66.5	**67.8**

Source: DSRIP Clinical Improvement Metrics, New York State Department of Health
https://health.data.ny.gov/Health/Medicaid-Delivery-System-Reform-Incentive-Payment-/e2qd-mx59?category

Health Status of the Population
Prevention Agenda Metrics

Improve Health Status

Prevention Agenda (PA) Indicator	Data Years	PA 2017 Objective	Queens		New York City		New York State	
			Count Rate Percentage	Rate Ratio Percentage	Count Rate Percentage	Rate Ratio Percentage	Count Rate Percentage	Rate Ratio Percentage
Improve Health Status and Reduce Health Disparities								
Percentage of premature deaths (before age 65 years)	2012	21.8	3,406	24.4	14,047	27.6	35,196	23.9
Ratio of Black non-Hispanics to White non-Hispanics for percentage of premature death (before age 65 years)	2010-2012	1.87	34.1	2.1	38.3	2.1	39.3	2.04
Ratio of Hispanics to White non-Hispanics for percentage of premature death (before age 65 years)	2010-2012	1.86	36.9	2.27	37.2	2.04	39	2.03
Age-adjusted preventable hospitalization rate per 10,000 - Aged 18+ years	2012	133.3	23,385	126.5	102,005	158.5	222,974	135.6
Ratio of Black non-Hispanics to White non-Hispanics for age-adjusted rate of preventable hospitalizations - Aged 18 + years	2010-2012	1.85	189.8	1.67	233.9	2.27	227.8	2.06
Ratio of Hispanics to White non-Hispanics for age-adjusted rate of preventable hospitalizations - Aged 18 + years	2010-2012	1.38	107.3	0.95	163.3	1.58	167.5	1.51

Indicators in yellow identify worse performance than objective, those in red indicate worse performance than the objective and than the city, state, or both.

Source : NY Prevention Agenda Dashboard, New York State Department of Health
https://apps.health.ny.gov/doh2/applinks/ebi/SASStoredProcess/guest?_program=/EBI/PHIG/apps/dashboard/pa_dashboard&p=ch

Health Status of the Population
Prevention Agenda Metrics

Healthy Safe Environment

			Queens		New York City		New York State	
Prevention Agenda (PA) Indicator	Data Years	PA 2017 Objective	Count Rate Percentage	Rate Ratio Percentage	Count Rate Percentage	Rate Ratio Percentage	Count Rate Percentage	Rate Ratio Percentage
Promote a Healthy and Safe Environment								
Assault-related hospitalization rate per 10,000	2010-2012	4.3	3,264	4.8	16,953	6.8	25,769	4.4
Ratio of Black non-Hispanics to White non-Hispanics for assault-related hospitalization rate	2010-2012	6.69	9	4.29	12.7	5.71	11.9	7.35
Ratio of Hispanics to White non-Hispanics for assault-related hospitalization rate	2010-2012	2.75	4.1	1.97	5.6	2.54	5	3.12
Ratio of low income ZIP codes to non-low income ZIP codes for assault-related hospitalization rate	2010-2012	2.92	8.8	1.99	10.5	2.34	9.3	3.22
Rate of occupational injuries treated in ED per 10,000 adolescents - Aged 15-19 years	2012	33	149	11.6	552	11.1	3,678	28.1
Percentage of population that lives in a jurisdiction that adopted the Climate Smart Communities pledge	2013	32	0	0.0*	0	0.0*	5,282,906	27.3
Percentage of employed civilian workers age 16 and over who use alternate modes of transportation to work or work from home	2008-2012	49.2	698,432	66.9	2,786,600	75.6	3,970,030	44.7
Percentage of population with low-income and low access to a supermarket or large grocery store	2010	2.24	783	0.04	7,519	0.09	481,911	2.49
Percentage of homes in Healthy Neighborhood Program that have fewer asthma triggers during the home revisits	2009-2012	41	NA	NA	NA	NA	286	21
Percentage of residents served by community water systems with optimally fluoridated water	2013	78.5	2,254,961	100	8,271,000	100	12,952,649	71.4

Source : NY Prevention Agenda Dashboard, New York State Department of Health
https://apps.health.ny.gov/doh2/applinks/ebi/SASStoredProcess/guest?_program=/EBI/PHIG/apps/dashboard/pa_dashboard&p=ch

Health Status of the Population
Prevention Agenda Metrics

Chronic Disease

Prevention Agenda (PA) Indicator	Data Years	PA 2017 Objective	Queens		New York City		New York State	
			Count Rate Percentage	Rate Ratio Percentage	Count Rate Percentage	Rate Ratio Percentage	Count Rate Percentage	Rate Ratio Percentage
Prevent Chronic Diseases								
Asthma emergency department visit rate per 10,000 population	2012	75.1	18,432	81.1	116,419	139.6	173,459	88.6
Asthma emergency department visit rate per 10,000 - Aged 0-4 years	2012	196.5	3,184	229.9	18,985	348.4	26,279	225.1
Age-adjusted heart attack hospitalization rate per 10,000	2012	14	3,343	13.3	11,796	13.6	34,179	15.2
Rate of hospitalizations for short-term complications of diabetes per 10,000 - Aged 6-17 years	2010-2012	3.06	209	2.3	1,179	3.4	2,654	3.1
Rate of hospitalizations for short-term complications of diabetes per 10,000 - Aged 18+ years	2010-2012	4.86	2,755	5.1	13,547	7	27,681	6.1

Indicators in yellow identify worse performance than objective, those in red indicate worse performance than the objective and than the city, state, or both.

Source : NY Prevention Agenda Dashboard, New York State Department of Health
https://apps.health.ny.gov/doh2/applinks/ebi/SASStoredProcess/guest?_program=/EBI/PHIG/apps/dashboard/pa_dashboard&p=ch

Health Status of the Population
Prevention Agenda Metrics

HIV - AIDS

	Prevention Agenda (PA) Indicator	Data Years	PA 2017 Objective	Queens		New York City		New York State	
				Count Rate Percentage	Rate Ratio Percentage	Count Rate Percentage	Rate Ratio Percentage	Count Rate Percentage	Rate Ratio Percentage
	Prevent HIV/STDs, Vaccine Preventable Diseases and Healthcare-Associated Infections								
	Newly diagnosed HIV case rate per 100,000	2010-2012	14.7	1,523	22.6	8,298	100.6	10,680	18.3
	Difference in rates (Black and White) of new HIV diagnoses	2010-2012	45.7	43.4	32.1	65.4	49.1	53	46.7
	Difference in rates (Hispanic and White) of new HIV diagnoses	2010-2012	22.3	32.4	21	37.9	21.6	30.5	24.2
	Gonorrhea case rate per 100,000 women - Aged 15-44 years	2012	183.4	857	174	5,440	283.1	9,520	235.8
	Gonorrhea case rate per 100,000 men - Aged 15-44 years	2012	199.5	1,328	266.9	8,161	444.9	11,397	284.1
	Chlamydia case rate per 100,000 women - Aged 15-44 years	2012	1,458	7,836	1,590.90	39,342	2,047.60	65,619	1,625.10
	Primary and secondary syphilis case rate per 100,000 men	2012	10.1	154	14	964	24.3	1,180	12.4
	Primary and secondary syphilis case rate per 100,000 women	2012	0.4	8	0.7*	30	0.7	47	0.5

Indicators in yellow identify worse performance than objective, those in red indicate worse performance than the objective and than the city, state, or both.

Source : NY Prevention Agenda Dashboard, New York State Department of Health
https://apps.health.ny.gov/doh2/applinks/ebi/SASStoredProcess/guest?_program=/EBI/PHIG/apps/dashboard/pa_dashboard&p=ch

Health Status of the Population
Prevention Agenda Metrics

Women and Children

Prevention Agenda (PA) Indicator	Data Years	PA 2017 Objective	Queens		New York City		New York State	
			Count Rate Percentage	Rate Ratio Percentage	Count Rate Percentage	Rate Ratio Percentage	Count Rate Percentage	Rate Ratio Percentage
Promote Healthy Women, Infants, and Children								
Percentage of preterm birth	2012	10.2	3,153	10.4	12,799	10.8	25,801	10.8
Ratio of Medicaid births to non-Medicaid births for percentage of preterm birth	2010-2012	1	11.2	1.03	11.6	1.08	11.7	1.1
Percentage of infants exclusively breastfed in the hospital	2012	48.1	6,699	25	34,314	32.1	87,554	40.6
Ratio of Medicaid births to non-Medicaid births for percentage of infants exclusively breastfed in the hospital	2010-2012	0.66	22	0.75	25.2	0.58	30.3	0.6
Maternal mortality rate per 100,000 births	2010-2012	21	19	20.8	82	22.9	157	21.7
Percentage of children who have had the recommended number of well child visits in government sponsored insurance programs	2012	76.9	125,080	72.3	461,345	70.2	739,487	69.2
Percentage of children aged 0-15 months who have had the recommended number of well child visits in government sponsored insurance programs	2012	91.3	10,772	87.4	37,766	81.8	63,575	83.2
Percentage of children aged 3-6 years who have had the recommended number of well child visits in government sponsored insurance programs	2012	91.3	48,465	84.7	178,529	83.5	293,175	81.7
Percentage of children aged 12-21 years who have had the recommended number of well child visits in government sponsored insurance programs	2012	67.1	65,843	63.7	245,050	61.6	382,737	60.4
Adolescent pregnancy rate per 1,000 females - Aged 15-17 years	2012	25.6	1,014	26.4	5,002	34.6	8,331	22.6
Percentage of unintended pregnancy among live births	2012	23.8	7,512	25.9	28,012	24.5	55,387	26.2
Ratio of Medicaid births to non-Medicaid births for percentage of unintended pregnancy among live births	2012	1.54	30.5	1.53	30.1	1.81	33.7	1.71
Percentage of live births that occur within 24 months of a previous pregnancy	2012	17	4,531	14.9	18,851	15.9	44,280	18.5

Indicators in yellow identify worse performance than objective, those in red indicate worse performance than the objective and than the city, state, or both.

Source : NY Prevention Agenda Dashboard, New York State Department of Health
https://apps.health.ny.gov/doh2/applinks/ebi/SASStoredProcess/guest?_program=/EBI/PHIG/apps/dashboard/pa_dashboard&p=ch

Health Status of the Population
Prevention Agenda Metrics

Mental Health

Prevention Agenda (PA) Indicator	Data Years	PA 2017 Objective	Queens		New York City		New York State	
			Count Rate Percentage	Rate Ratio Percentage	Count Rate Percentage	Rate Ratio Percentage	Count Rate Percentage	Rate Ratio Percentage
Promote Mental Health and Prevention Substance Abuse								
Age-adjusted suicide death rate per 100,000	2010-2012	5.9	437	6.1	1,461	5.7	4,795	7.8

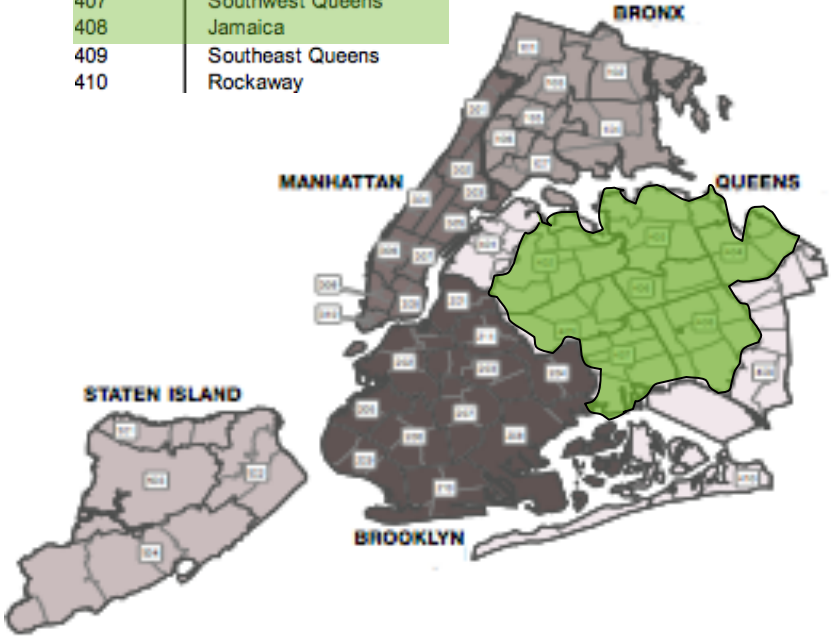
Indicators in yellow identify worse performance than objective, those in red indicate worse performance than the objective and than the city, state, or both.

Source : NY Prevention Agenda Dashboard, New York State Department of Health
https://apps.health.ny.gov/doh2/applinks/ebi/SASStoredProcess/guest?_program=/EBI/PHIG/apps/dashboard/pa_dashboard&p=ch

Health Status of the Population
Health Risk Factors

- The New York City Department of Health and Mental Hygiene administers a Community Health Survey each year to assess health risk factors for NYC's five county population.
- Data is not collected at a zip code level, but rather at a United Hospital Fund (UHF) neighborhood level. The map to the right displays UHF neighborhoods.
- In Queens County, there are 9 UHF neighborhoods, 6 of which overlap with the NYHQ service area. These seven neighborhoods are highlighted in green.
- Data on the next five slides presents is displayed using these neighborhood designations.

401	Long Island City - Astoria
402	West Queens
403	Flushing - Clearview
404/406	Bayside - Meadows
405	Ridgewood - Forest Hills
407	Southwest Queens
408	Jamaica
409	Southeast Queens
410	Rockaway



Source :NYC Community Health Survey 2012, New York City Department of Health and Mental Hygiene
https://a816-healthpsi.nyc.gov/SASStoredProcess/guest?_PROGRAM=%2FEpiQuery%2FCHS%2Fchsindex&year=2012

Health Status of the Population
Health Risk Factors, Self Reported Health

Would you say that in general your health is Excellent, Very Good, Good, Fair or Poor?

- For Queens County, the percent of population responding that their health is Fair or Poor was 19.5%, slightly lower than the NYC average of 20.8%.
- Within the NYHQ service area, the percent responding with Fair or Poor ranges from 11.9% in Southwest Queens to 29.4% in Flushing and Clearview.

County	Fair or poor	%	Good	%	Very good	%	Excellent	%
Bronx	217,000	22.7%	390,000	40.8%	225,000	23.6%	123,000	12.9%
Brooklyn	445,000	24.2%	568,000	30.9%	487,000	26.5%	340,000	18.5%
Manhattan	219,000	17.3%	314,000	24.8%	415,000	32.8%	317,000	25.1%
Queens	331,000	19.5%	623,000	36.7%	493,000	29.1%	250,000	14.7%
Staten Island	59,000	16.8%	120,000	34.1%	111,000	31.5%	62,000	17.6%
NYC	1,271,000	20.8%	2,015,000	33.0%	1,731,000	28.3%	1,092,000	17.9%

Neighborhood	Fair or poor	%	Good	%	Very good	%	Excellent	%
Bayside/Little Neck/Fresh Meadows	21,000	14.6%	56,000	38.9%	41,000	28.5%	26,000	18.1%
Flushing/Clearview	60,000	29.4%	51,000	25.0%	71,000	34.8%	22,000	10.8%
Jamaica	36,000	16.8%	90,000	42.1%	60,000	28.0%	28,000	13.1%
Ridgewood/Forest Hills	31,000	16.2%	77,000	40.3%	51,000	26.7%	32,000	16.8%
Southwest Queens	24,000	11.9%	67,000	33.3%	76,000	37.8%	34,000	16.9%
West Queens	81,000	23.2%	146,000	41.8%	90,000	25.8%	32,000	9.2%
NYHQ Service Area	253,000	19.4%	487,000	37.4%	389,000	29.9%	174,000	13.4%

Source :NYC Community Health Survey 2012, New York City Department of Health and Mental Hygiene
https://a816-healthpsi.nyc.gov/SASStoredProcess/guest?_PROGRAM=%2FEpiQuery%2FCHS%2Fchsindex&year=2012

Health Status of the Population
Health Risk Factors, Routine Check Up

About how long has it been since you last visited a doctor for a routine check up?

- For Queens County, 7.8% percent of population has not had a routine check up for two years or more, which compares favorably to NYC's rate of 8.8%.
- Within the NYHQ service area, the percent without a checkup in two years or more is 8.5%, with the highest rates in Bayside/Little Neck/Fresh Meadows (14.4%).

County	<1 year ago	%	1 year to <2 years	%	2 years to <5 years	%	5+ years ago or	%
Bronx	821,000	88.6%	67,000	7.2%	34,000	3.7%	5,000	0.5%
Brooklyn	1,445,000	78.7%	200,000	10.9%	91,000	5.0%	101,000	5.5%
Manhattan	957,000	75.8%	155,000	12.3%	71,000	5.6%	79,000	6.3%
Queens	1,398,000	83.4%	148,000	8.8%	76,000	4.5%	55,000	3.3%
Staten Island	287,000	83.7%	40,000	11.7%	4,000	1.2%	12,000	3.5%
NYC	4,908,000	81.2%	610,000	10.1%	276,000	4.6%	252,000	4.2%

Neighborhood	<1 year ago	%	1 year to <2 years	%	2 years to <5 years	%	5+ years ago or	%
Bayside/Little Neck/Fresh Meadows	110,000	75.3%	15,000	10.3%	13,000	8.9%	8,000	5.5%
Flushing/Clearview	159,000	78.7%	17,000	8.4%	14,000	6.9%	12,000	5.9%
Jamaica	185,000	89.8%	11,000	5.3%	10,000	4.9%		0.0%
Ridgewood/Forest Hills	160,000	83.3%	17,000	8.9%	11,000	5.7%	4,000	2.1%
Southwest Queens	178,000	90.8%	15,000	7.7%	3,000	1.5%	-	0.0%
West Queens	275,000	78.8%	39,000	11.2%	16,000	4.6%	19,000	5.4%
NYHQ Service Area	1,067,000	82.6%	114,000	8.8%	67,000	5.2%	43,000	3.3%

Source :NYC Community Health Survey 2012, New York City Department of Health and Mental Hygiene
https://a816-healthpsi.nyc.gov/SASStoredProcess/guest?_PROGRAM=%2FEpiQuery%2FCHS%2Fchsindex&year=2012

Health Status of the Population
Health Risk Factors, Obesity

Body Mass Index (BMI) as calculated based on self reported weight and height.

- Approximately 23% of the Queens County population is considered obese, as compared with 24% of the NYC population.
- Within the NYHQ service area, the rate of obesity is 21.5%. The range among UHF neighborhoods is a low of 14.4% in Bayside/Fresh Meadows to 26.7% in Jamaica.

County	Obese	%	Overweight but not obese	%	Under/normal weight	%
Bronx	305,000	32.1%	309,000	32.5%	337,000	35.4%
Brooklyn	491,000	26.9%	551,000	30.2%	784,000	42.9%
Manhattan	183,000	14.6%	393,000	31.4%	675,000	54.0%
Queens	382,000	22.7%	569,000	33.8%	734,000	43.6%
Staten Island	115,000	32.8%	113,000	32.2%	123,000	35.0%
NYC	1,476,000	24.3%	1,935,000	31.9%	2,653,000	43.8%

Neighborhood	Obese	%	Overweight but not obese	%	Under/normal weight	%
Bayside/Little Neck/Fres	21,000	14.4%	44,000	30.1%	81,000	55.5%
Flushing/Clearview	36,000	17.7%	60,000	29.6%	107,000	52.7%
Jamaica	56,000	26.7%	54,000	25.7%	100,000	47.6%
Ridgewood/Forest Hills	32,000	17.2%	61,000	32.8%	93,000	50.0%
Southwest Queens	51,000	25.5%	79,000	39.5%	70,000	35.0%
West Queens	81,000	23.5%	124,000	35.9%	140,000	40.6%
NYHQ Service Area	277,000	21.5%	422,000	32.7%	591,000	45.8%

Source :NYC Community Health Survey 2012, New York City Department of Health and Mental Hygiene
https://a816-healthpsi.nyc.gov/SASStoredProcess/guest?_PROGRAM=%2FEpiQuery%2FCHS%2Fchsindex&year=2012

Health Status of the Population
Health Risk Factors, Smoking

Smoking Status as Current, Former or Never (less than 100 cigarettes in life).

- Queens County has the lowest rate of persons who currently smoke (14.7%) of any of the five NYC counties.
- Within the NYHQ service area, the percent of population who currently smokes is 14.9%. The highest rate of current smokers is 17.3% in Ridgewood/Forest Hills.

County	Current smoker	%	Former smoker	%	Never smoke	%
Bronx	151,000	15.8%	141,000	14.7%	664,000	69.5%
Brooklyn	294,000	15.9%	323,000	17.5%	1,228,000	66.6%
Manhattan	200,000	15.8%	276,000	21.8%	788,000	62.3%
Queens	250,000	14.7%	338,000	19.8%	1,115,000	65.5%
Staten Island	58,000	16.7%	91,000	26.1%	199,000	57.2%
NYC	953,000	15.6%	1,169,000	19.1%	3,994,000	65.3%

Neighborhood	Current smoker	%	Former smoker	%	Never smoke	%
Bayside/Little Neck/Fresh	19,000	13.1%	37,000	25.5%	89,000	61.4%
Flushing/Clearview	33,000	16.3%	46,000	22.7%	124,000	61.1%
Jamaica	30,000	13.9%	26,000	12.0%	160,000	74.1%
Ridgewood/Forest Hills	33,000	17.3%	43,000	22.5%	115,000	60.2%
Southwest Queens	24,000	11.9%	40,000	19.8%	138,000	68.3%
West Queens	56,000	16.0%	59,000	16.8%	236,000	67.2%
NYHQ Service Area	195,000	14.9%	251,000	19.2%	862,000	65.9%

Source :NYC Community Health Survey 2012, New York City Department of Health and Mental Hygiene
https://a816-healthpsi.nyc.gov/SASStoredProcess/guest?_PROGRAM=%2FEpiQuery%2FCHS%2Fchsindex&year=2012

Health Status of the Population
Health Risk Factors, Binge Drinking

Binge Drinking, defined as 5+ drinks at once for men and 4+ drinks at once for women.

- 17.5 percent of the Queens County population reports binge drinking, which although lower than the NYC rate of 19.6%, may still be an area of concern.
- The rate of binge drinking in the NYHQ service area, is equal to the NYC rate of 17.5%, with the lowest rate in Bayside/Fresh Meadows and the highest in West Queens.

	No		Yes	
County	**Population**	**%**	**Population**	**%**
Bronx	774,000	81.2%	179,000	18.8%
Brooklyn	1,521,000	83.4%	302,000	16.6%
Manhattan	920,000	73.2%	337,000	26.8%
Queens	1,396,000	82.5%	297,000	17.5%
Staten Island	276,000	79.1%	73,000	20.9%
NYC	4,887,000	80.4%	1,188,000	19.6%

	No		Yes	
Neighborhood	**Population**	**%**	**Population**	**%**
Bayside/Little Neck/Fresh Meadows	135,000	92.5%	11,000	7.5%
Flushing/Clearview	166,000	81.8%	37,000	18.2%
Jamaica	188,000	87.0%	28,000	13.0%
Ridgewood/Forest Hills	159,000	86.4%	25,000	13.6%
Southwest Queens	157,000	78.1%	44,000	21.9%
West Queens	266,000	76.4%	82,000	23.6%
NYHQ Service Area	1,071,000	82.5%	227,000	17.5%

Source :NYC Community Health Survey 2012, New York City Department of Health and Mental Hygiene
https://a816-healthpsi.nyc.gov/SASStoredProcess/guest?_PROGRAM=%2FEpiQuery%2FCHS%2Fchsindex&year=2012

Health Status of the Population
Disease Prevalence Summary

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

Region	Total Births 2010-2012	% Births w Late or No Prenatal Care	Infant Death Rate per 1000	Teen Pregnancy Rate per 1000
Queens County	**91,015**	**7.5**	**4.4**	**36.8**
New York City	354,796	7.0	4.4	44.2
New York State	718,801	5.5	4.8	35.7

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

Health Status Implications

Mortality	*Progress made on top two causes, other leading causes are stagnant, should these be targeted? Racial and ethnic disparity is pronounced.*
Prevention Quality Indicators	*Area well performing in aggregate for adults, but zip analysis indicates areas with ambulatory deficiencies. Pediatric results not as good.*
Preventable Readmits	*Higher than expected for hospitals across area; suggests trouble with coordination and transition of care after initial admission (post acute).*
Preventable ED Visits	*County rates lower than expected but recent small increase. Need to watch as ED visits trend with economic and societal factors.*

Heart Disease	*Significant concern. Area prevalence higher than state; results in ~200k inpatient and ~145 ED visits.*
Behavioral Health	*Significant concern. Area prevalence low but MH/SA combined utilization highest among disease categories.*
Respiratory	*Concern. Area prevalence low, but respiratory mortality stagnant and asthma PDI increasing.*
Diabetes	*Concern, especially via black population. Prevalence higher than state; but not as many visits as heart.*
HIV	*Concern. Area prevalence low, but prevention agenda metrics (in appendix – move up?) show issues.*
Maternal Infant	*Concern. County rates worse than state, but better than NYC as whole.*

Health Care Resources
Hospitals

- There are six acute care hospitals in the NYHQ service area.
- Service offerings, with bed type as well as specialty certifications, are profiled in the table below. A map showing the locations of these hospitals is on slide 47.

Beds & Designations	New York Hospital Medical Center of Queens	Elmhurst Hospital Center	Flushing Hospital Medical Center	Forest Hills Hospital	Queens Hospital Center	Jamaica Hospital Medical Center	Total Service Area
AIDS Beds	20	-	-	-	-	-	20
Chemical Dependence Beds	-	-	30	-	-	-	30
Coma Recovery Beds	-	-	-	-	-	4	4
Coronary Care Beds	13	9	6	-	-	4	32
Intensive Care Beds	29	20	12	28	16	8	113
Maternity Beds	30	44	24	20	20	40	178
Medical / Surgical Beds	393	225	169	251	115	228	1,381
Neonatal Continuing Care Beds	5	12	3	9	-	4	33
Neonatal Intensive Care Beds	3	9	6	-	11	5	34
Neonatal Intermediate Care Beds	6	9	5	1	4	10	35
Pediatric Beds	20	22	20	3	-	30	95
Physical Medicine-Rehabilitation Beds	-	18	-	-	10	25	53
Psychiatric Beds	-	177	18	-	71	50	316
Transitional Care Beds	16	-	6	-	-	7	29
Traumatic Brain Injury Beds	-	-	-	-	-	16	16
Total Certified Beds	**535**	**545**	**299**	**312**	**247**	**431**	**2,369**
AIDS Center	X	X			X		3
Level 3 Perinatal Center	X	X	X		X	X	5
Regional Trauma Center	X	X				X	3
SAFE Center of Excellence		X			X		2
Stroke Center	X	X	X	X		X	5

2,369 service area beds is equal to 1.49 beds per 1000 persons. This is lower than the state average of 3.0 beds per 1000 and lower than the national average of 2.6 beds per 1000.

Source: New York State Department of Health Hospital Profiles, Kaiser Family Foundation State Indicator Beds per 1000. http://www.health.ny.gov/regulations/hcra/provider/provhosp.htm and http://profiles.health.ny.gov/hospital/ , http://kff.org/other/state-indicator/beds/

Health Care Resources
Hospital Extension Clinics

- In addition to 2,369 inpatient, each service area hospital offers a network of hospital extension clinics.
- These 60 clinics provide a wide range of services – including laboratory services, diagnostics, primary care, obstetrics, dentistry, and specialty care.
- The clinics are located on hospital campuses as well as throughout the community, including schools.

Zip Code	Zip Name	New York Hospital Medical Center of Queens	Elmhurst Hospital Center	Flushing Hospital Medical Center	Forest Hills Hospital	Jamaica Hospital Medical Center	Queens Hospital Center	TOTAL
11101	Long Island City	1				1		2
11104	Sunnyside		1					1
11106	Astoria		2					2
11355	Flushing	5	1	3				9
11356	College Point	1						1
11365	Fresh Meadows	5						5
11367	Flushing	1						1
11368	Corona		3					3
11372	Jackson Heights	1	2					3
11373	Elmhurst		3					3
11374	Rego Park				1			1
11375	Forest Hills		1		2			3
11377	Woodside		1					1
11385	Ridgewood		1					1
11411	Cambria Heights					1		1
11413	Springfield Gardens						2	2
11414	Howard Beach					1		1
11416	Ozone Park					1		1
11418	Richmond Hill					4		4
11420	South Ozone Park					1		1
11423	Hollis	1				1		2
11432	Jamaica						4	4
11433	Jamaica						1	1
11434	Jamaica					1	2	3
11435	Jamaica	1				1		2
11436	Jamaica					1	1	2
Total		**18**	**15**	**3**	**3**	**13**	**10**	**60**

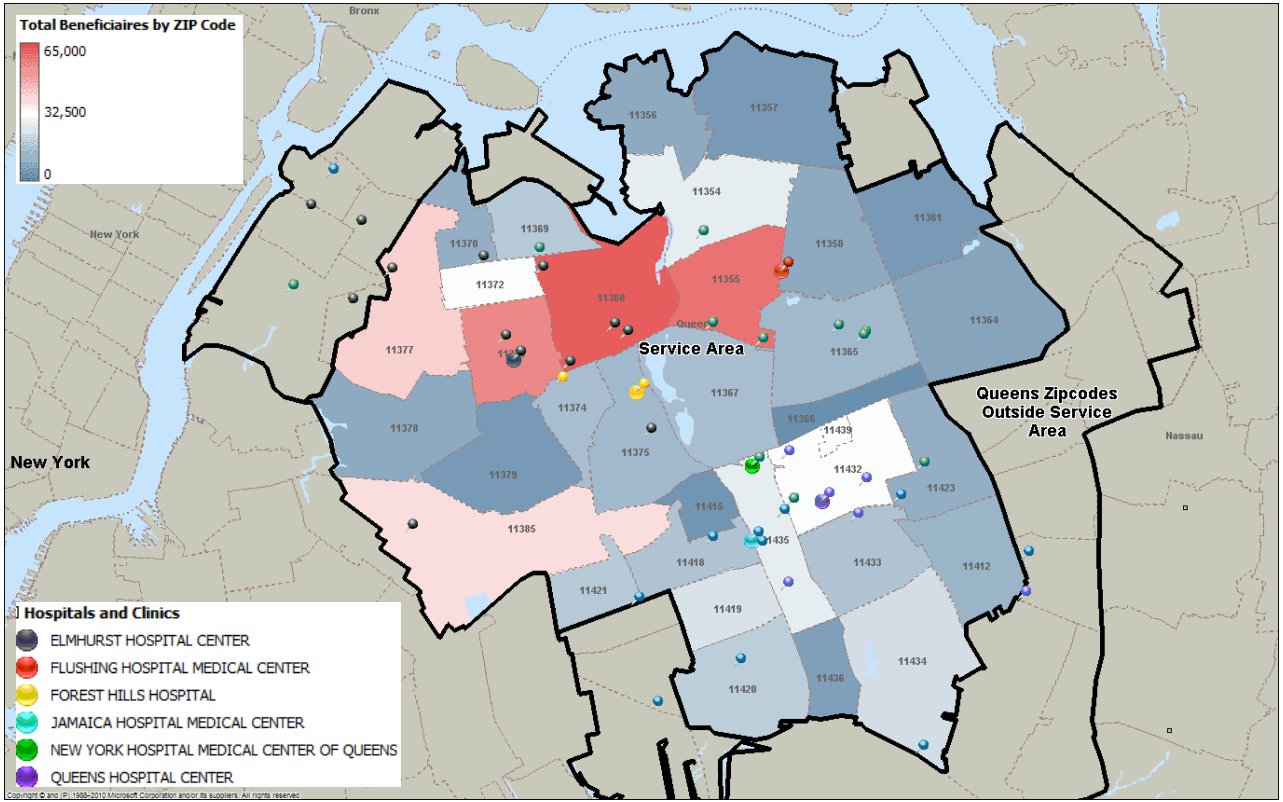
Note: Data pulled from DOH has been edited to remove 2 NYHQ clinics which are closed.

Source: New York State Department of Health Hospital Profiles
http://www.health.ny.gov/regulations/hcra/provider/provhosp.htm and http://profiles.health.ny.gov/hospital/

Health Care Resources
Hospitals and FQHCs

The map to the right shows service area hospitals and hospital extension clinics, overlaid on the number of beneficiaries by zip code.

The map shows areas in the west and northwest service area that have a relatively large Medicaid population, yet have no clinics or only one clinic.



Health Care Resources
Comprehensive Clinics and ASCs

- In addition to the hospital extension clinics noted on a previous slide, the NYHQ service area has numerous other clinics and surgery centers.
  - Eight clinics are classified by the State Department of Health as Comprehensive Clinics
  - Five centers are classified by the State Department of Health as Ambulatory Surgery Centers
- It should be noted that the clinic decides whether or not to accept Medicaid or the uninsured; therefore these clinics may not be accessible to the Medicaid population.

Comprehensive Clinics in NYHQ Service Area

PROVIDER	ADDRESS	CITY	ZIP
PRIVILEGE CARE DIAGNOSTIC AND TREATMENT CENTER	40-18 76TH ST	ELMHURST	11373
FOREST HILLS HEALTH CENTER	68-60 AUSTIN ST	FOREST HILLS	11375
MEDEX DIAGNOSTIC AND TREATMENT CENTER	111-29 QUEENS BLVD	FOREST HILLS	11375
DAMIAN FAMILY CARE CENTER	137-50 JAMAICA AVE	JAMAICA	11435
HILLSIDE POLYMEDIC DIAGNOSTIC AND TREATMENT CENTER	187-30 HILLSIDE AVENUE	JAMAICA	11432
MEDISYS FAMILY CARE - ST ALBANS	111-20 MERRICK BLVD	JAMAICA	11433
NEW YORK MEDICAL AND DIAGNOSTIC CENTER	80-46 KEW GARDENS RD	KEW GARDENS	11415
QUEENS SURGI-CENTER	83-40 WOODHAVEN BLVD	GLENDALE	11385

Ambulatory Surgery Centers in NYHQ Service Area

PROVIDER	ADDRESS	CITY	ZIP
FLUSHING ENDOSCOPY CENTER LLC	136-02 ROOSEVELT AVE	FLUSHING	11354
QUEENS ENDOSCOPY ASC, LLC	176-60 UNION TPKE, STE 101	FRESH MEADOWS	11366
HILLSIDE DIAGNOSTIC AND TREATMENT CENTER LLC	188-11 HILLSIDE AVE	HOLLIS	11423
CHOICES WOMENS MEDICAL CENTER INC	147-32 JAMAICA AVENUE	JAMAICA	11435
QUEENS BOULEVARD ASC, LLC	95-25 QUEENS BLVD, 3RD FL	REGO PARK	11374

Source: NY State Department of Health, HCRA (Health Care Reform Act) Data, Comprehensive Clinics List, Ambulatory Surgery List
http://www.health.ny.gov/regulations/hcra/provider/provcdtc.htm

Health Care Resources
Urgent Care Centers

- According to the Urgent Care Association of America, there are 15 Urgent Care Centers located in the NYHQ service area.
- As with the data on the previous slide, it should be noted that the urgent care clinic decides whether or not to accept Medicaid or the uninsured; therefore these clinics may not be accessible to the Medicaid population.

Urgent Care Centers in NYHQ Service Area

Urgent Care Center	Town	State	Zip
First Choice Walk In Clinic	Bayside	New York	11361
Union Medical Care	Fresh Meadows	New York	11366
Metro Med	Fresh Meadows	New York	11366
Family Medical and Urgent Care	Corona	New York	11368
CityMD HEAL	Jackson Heights	New York	11372
InstaMEDCARE	Jackson Heights	New York	11372
CityMD Maspeth	Maspeth	New York	11373
CityMD Forest Hills	Forest Hills	New York	11375
Forest Hills Urgent Care	Forest Hills	New York	11375
Firstcare Phys	Woodside	New York	11377
Centers Urgent Care	Ridgewood	New York	11379
DocCare	Ridgewood	New York	11385
First Immediate Medical Services	Glendale	New York	11385
MedOne Care dba RapidMD	Laurelton	New York	11413
We Care Walk In Med Services	Howard Beach	New York	11414

Source: Urgent Care Association of America
http://www.ucaoa.org

Health Care Resources
Federally Qualified Health Centers (FQHCs)

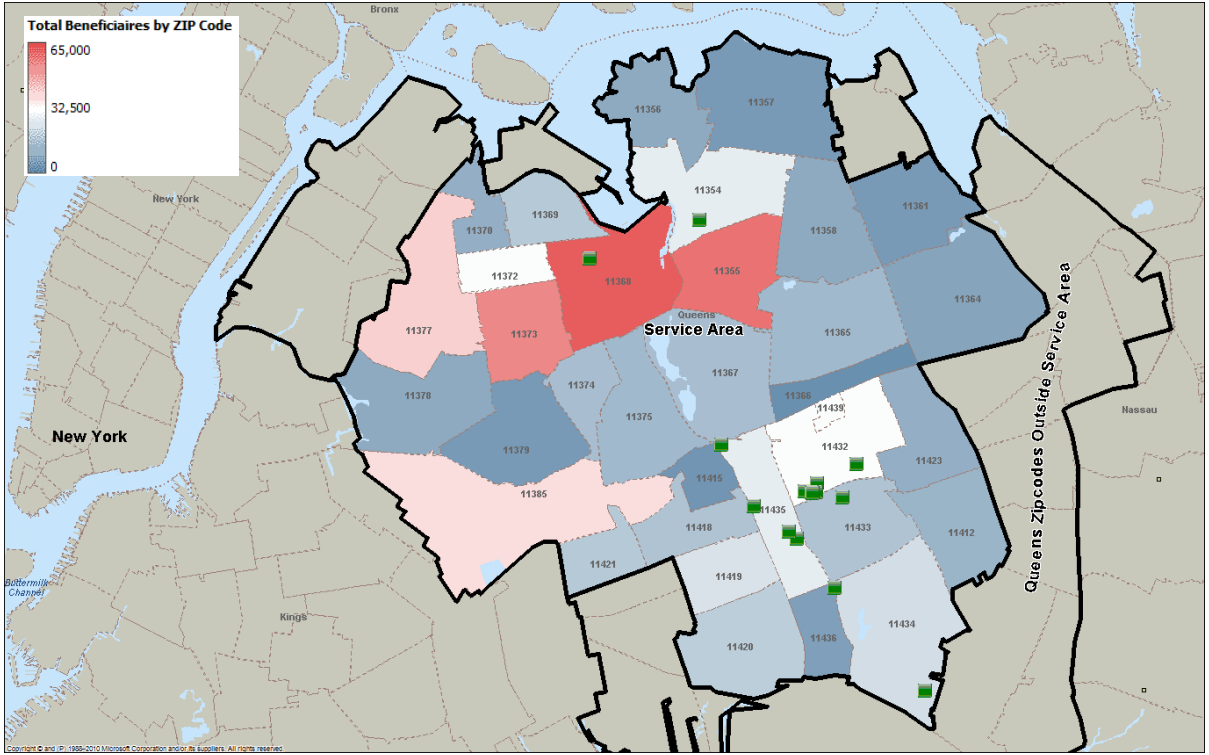
- In the NYHQ service area, there are 17 FQHCs and FQHC look-alikes.
  - Federally qualified health centers (FQHCs) include organizations receiving grants under Section 330 of the Public Health Service Act. A look alike is a center that meets eligibility but does not receive grants.
  - FQHCs must serve an underserved area or population, offer a sliding fee scale, provide comprehensive services, and have an ongoing quality assurance program.
- These organizations are often a vital source of care for Medicaid beneficiaries and the uninsured.

Clinic Name	Address	Zip	Website	Type	HRSA Grantee
Briarwood Family Residence	8020 134th St JAMAICA, NY	11435	-	Permanent	CARE FOR THE HOMELESS
Charles B. Wang Community Health Center,	13626 37th Ave FLUSHING, NY	11354	www.cbwchc.org	Permanent	CHARLES B. WANG CHC, INC
Common Ground -- Jamaica Safe Haven	8925 Parsons Blvd JAMAICA, NY	11432	www.commonground.org	Permanent	CARE FOR THE HOMELESS
Damian Family Care Center	13750 Jamaica Ave JAMAICA, NY	11435	-	Permanent	DAMIAN FAMILY CARE CENTERS, INC.
Family Health Center	9004 161st St Fl 5 JAMAICA, NY	11432	-	Permanent	COMMUNITY HEALTHCARE NETWORK, INC.
Fire House Health Center	8956 162nd St JAMAICA, NY	11432	-	Permanent	DAMIAN FAMILY CARE CENTERS, INC.
HELP/PSI Queens Health Center	10504 Sutphin Blvd JAMAICA, NY	11435	www.projectsamaritan.org/	Permanent	HELP/PSI SERVICES CORP.
Hillside House	16303 89th Ave JAMAICA, NY	11432	-	Permanent	CARE FOR THE HOMELESS
Jamaica Family Assessment Center	17510 88th Ave JAMAICA, NY	11432	-	Permanent	CARE FOR THE HOMELESS
Jamaica Women's Assessment Shelter	9305 168th St JAMAICA, NY	11433	-	Permanent	SUNSET PARK HEALTH COUNCIL, INC.
Joseph P. Addabbo Family Health Center at (	11811 Guy R Brewer Blvd JAMAICA, NY	11434	www.addabbo.org/	Permanent	ADDABBO JOSEPH P. FAMILY HEALTH CENTER
Joseph P. Addabbo Family Health Center at S	11439 Sutphin Blvd JAMAICA, NY	11434	www.addabbo.org/	Permanent	ADDABBO JOSEPH P. FAMILY HEALTH CENTER
Mobile Medical Van	9704 Sutphin Blvd JAMAICA, NY	11435	www.chnnyc.org/	Mobile Van	COMMUNITY HEALTHCARE NETWORK, INC.
Plaza del Sol Health Center	3712 108th St CORONA, NY	11368	www.urbanhealthplan.org/	Permanent	URBAN HEALTH PLAN, INC.
Queens Health Center Site	9714 Sutphin Blvd JAMAICA, NY	11435	www.chnnyc.org/	Permanent	COMMUNITY HEALTHCARE NETWORK, INC.
Salvation Army Jamaica Citadel	9023 161st St JAMAICA, NY	11432	-	Permanent	CARE FOR THE HOMELESS
Springfield Gardens Family Inn	14680 Guy R Brewer Blvd JAMAICA, NY	11434	-	Permanent	CARE FOR THE HOMELESS

Source: US Department of Health and Human Services, Health Resources Administration (HRSA), Health Centers http://findahealthcenter.hrsa.gov/Search_HCC.aspx

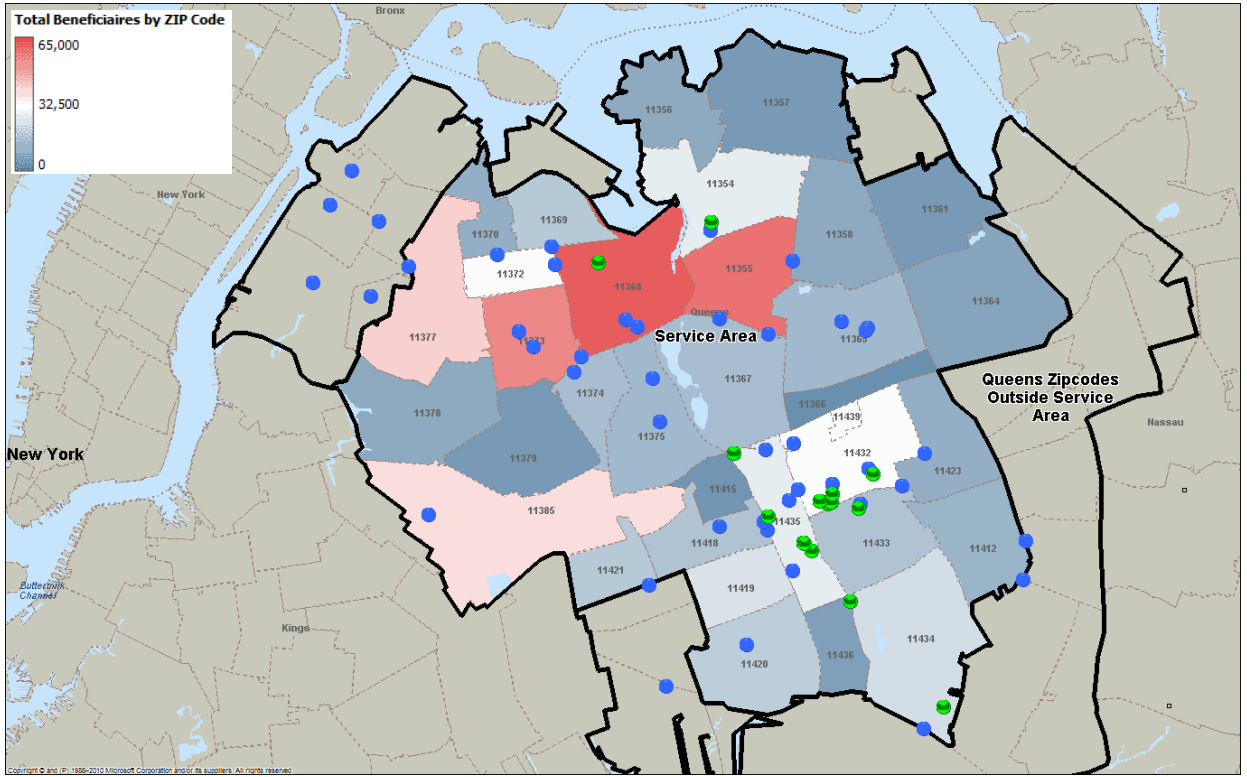
Health Care Resources
FQHCs

When service are FQHCs are mapped, there appear to be areas of high Medicaid concentration with few or no FQHCs to serve the population. This is particularly true in the west and northwest service area.



Health Care Resources
FQHCs and Hospital Clinics

When hospital clinics are added to the FQHC map, coverage appears more comprehensive. There are still, however, areas of high Medicaid concentration with only one or two clinics to serve the population.



Health Care Resources
Health Homes

- The three Medicaid Health Homes for Queens County are noted in the table.
- A Health Home is a care management model that targets Medicaid populations that have complex medical, behavioral, and long term care needs.
  - This is done via a "care manager"
  - The manager who oversees and provides access to services to assure that beneficiaries receive everything necessary to stay healthy, out of the emergency room and out of the hospital.
  - Health Home services are provided through a network of organizations

North Shore Long Island Jewish Health Home Main Contact: Irina Mitzer (516) 876-6778, IMitzner@nshs.edu Member Referral Line: (888) 680-6501	**Queens**
Queens Coordinated Care Partners Main Contact: Valentine Cruz 917-510-7278, vcruz@chnnyc.org Alternate Contact:Rosemary Cabrera 212-545-2469; rcabrera@chnnyc.org Referral Contact:Jesus Del Cid Yoc 718-883-8649, jdelcidyoc@chnnyc.org	**Queens**
New York City Health and Hospitals Corporation Main contact: Dr. Deborah Rose 212-788-2455; deborah.rose@nychhc.org Referral contact: Jared Lavi 212-788-5437; jared.lavi@nychhc.org Member Referral Line: 1-855-602-4663	**Queens**
Bronx Lebanon Hospital Center	Bronx
Bronx Accountable Healthcare Network Health Home (BAHN)	Bronx
Visiting Nurse Serice of New York Home Care dba Community Care Management	Bronx
Community Health Care Network	Bronx
New York City Health and Hospitals Corporation	Bronx
Community Health Care Network	Brooklyn
Coordinated Behavioral Care, Inc. dba Pathways to Wellness	Brooklyn
New York City Health and Hospitals Corporation	Brooklyn
Southwest Brookyln Health Home dba Brooklyn Health Home (Maimonides)	Brooklyn
Visiting Nurse Serice of New York Home Care dba Community Care Management	Manhattan
St. Luke's	Manhattan
Heritage Health and Housing Home Network: Heritage Health Home Network	Manhattan
Coordinated Behavioral Care, Inc. dba Pathways to Wellness	Manhattan
New York City Health and Hospitals Corporation	Manhattan
The New York and Presbyterian Hospital	Manhattan
Coordinated Behavioral Care, Inc. dba Pathways to Wellness	Staten Island

Source: NY State Department of Health, Medicaid Health Homes
https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/

Health Care Resources
Providers by Specialty

- The table below quantifies the supply and demand of safety net providers for the Medicaid population.
  - Supply data is taken from the DSRIP safety net provider list
  - Demand is a blended ratio (GMENAC and Hicks & Glen, adjusted for Medicaid) applied to # beneficiaries.
- In aggregate, the service area has a shortage of approximately 327 safety net providers.
  - The data shows adequate primary care, however, the PCP data is inflated as internal medicine subspecialties are included in primary care.
  - In reality, there is a significant shortage of primary care, and a less severe specialty shortage than is shown.

Provider Type	Supply 5 County Area	Supply NYHQ Area	Demand Ratio per 100,000	Demand 5 County Area	Demand NYHQ Area	Surplus (Shortage) 5 County Area	Surplus (Shortage) NYHQ Area
Primary Care	**3992**	**556**	**78.6**	**2820**	**544**	**1172**	**12**
Family Practice	477	76	35.3	1268	245	(791)	(169)
Internal Medicine	2374	300	27.8	999	193	1375	107
Pediatrics	1141	180	15.4	553	107	588	73
Dentist	**806**	**158**	**50.0**	**1794**	**346**	**(988)**	**(188)**
Specialty Care	**2905**	**393**	**78.6**	**2820**	**544**	**85**	**(151)**
General Surgery	196	18	11.7	418	81	(222)	(63)
Orthopedic Surgery	102	10	5.8	208	40	(106)	(30)
Physical Medicine	70	21	1.1	39	8	31	13
Psychiatry & Neurology	474	65	15.3	547	106	(73)	(41)
All Other	2063	279	44.8	1607	310	456	(31)
Total	**7703**	**1107**	**207.2**	**7435**	**1434**	**268**	**(327)**

Source: Sources: NY State Department of Health DSRIP Program Safety Net Provider List and CMS NPPES Downloadable NPI File https://www.health.ny.gov/health_care/medicaid/redesign/docs/safety_net_physicians.pdf and http://nppes.viva-it.com/NPI_Files.html

Health Care Resources
Primary Care and Dentistry

Zip	Zip Name	Total Beneficiaires	PCP Supply	PCP Demand	PCP Surplus (Shortage)
11355	Flushing	57,924	122	45.5	76.5
11418	Richmond Hill	17,364	59	13.6	45.4
11354	Flushing	27,694	53	21.8	31.2
11373	Elmhurst	54,628	63	42.9	20.1
11372	Jackson Heights	31,344	44	24.6	19.4
11375	Forest Hills	14,714	28	11.6	16.4
11374	Rego Park	15,791	17	12.4	4.6
11361	Bayside	7,015	9	5.5	3.5
11415	Kew Gardens	5,877	6	4.6	1.4
11432	Jamaica	32,252	26	25.4	0.6
11358	Flushing	10,890	8	8.6	(0.6)
11367	Flushing	15,696	11	12.3	(1.3)
11366	Fresh Meadows	4,459	2	3.5	(1.5)
11379	Middle Village	7,171	3	5.6	(2.6)
11423	Hollis	12,525	7	9.8	(2.8)
11364	Oakland Gardens	8,726	3	6.9	(3.9)
11357	Whitestone	7,264	1	5.7	(4.7)
11419	South Richmond Hill	25,108	15	19.7	(4.7)
11435	Jamaica	27,272	16	21.4	(5.4)
11378	Maspeth	10,028	2	7.9	(5.9)
11436	Jamaica	7,827	0	6.2	(6.2)
11412	Saint Albans	12,608	3	9.9	(6.9)
11356	College Point	10,377	1	8.2	(7.2)
11370	East Elmhurst	12,351	0	9.7	(9.7)
11434	Jamaica	24,047	9	18.9	(9.9)
11421	Woodhaven	18,579	4	14.6	(10.6)
11433	Jamaica	17,669	3	13.9	(10.9)
11365	Fresh Meadows	14,713	0	11.6	(11.6)
11420	South Ozone Park	19,917	3	15.7	(12.7)
11369	East Elmhurst	18,841	0	14.8	(14.8)
11385	Ridgewood	38,969	11	30.6	(19.6)
11377	Woodside	40,974	8	32.2	(24.2)
11368	Corona	61,698	19	48.5	(29.5)
Service Area		**692,312**	**556**	**544.2**	**11.8**

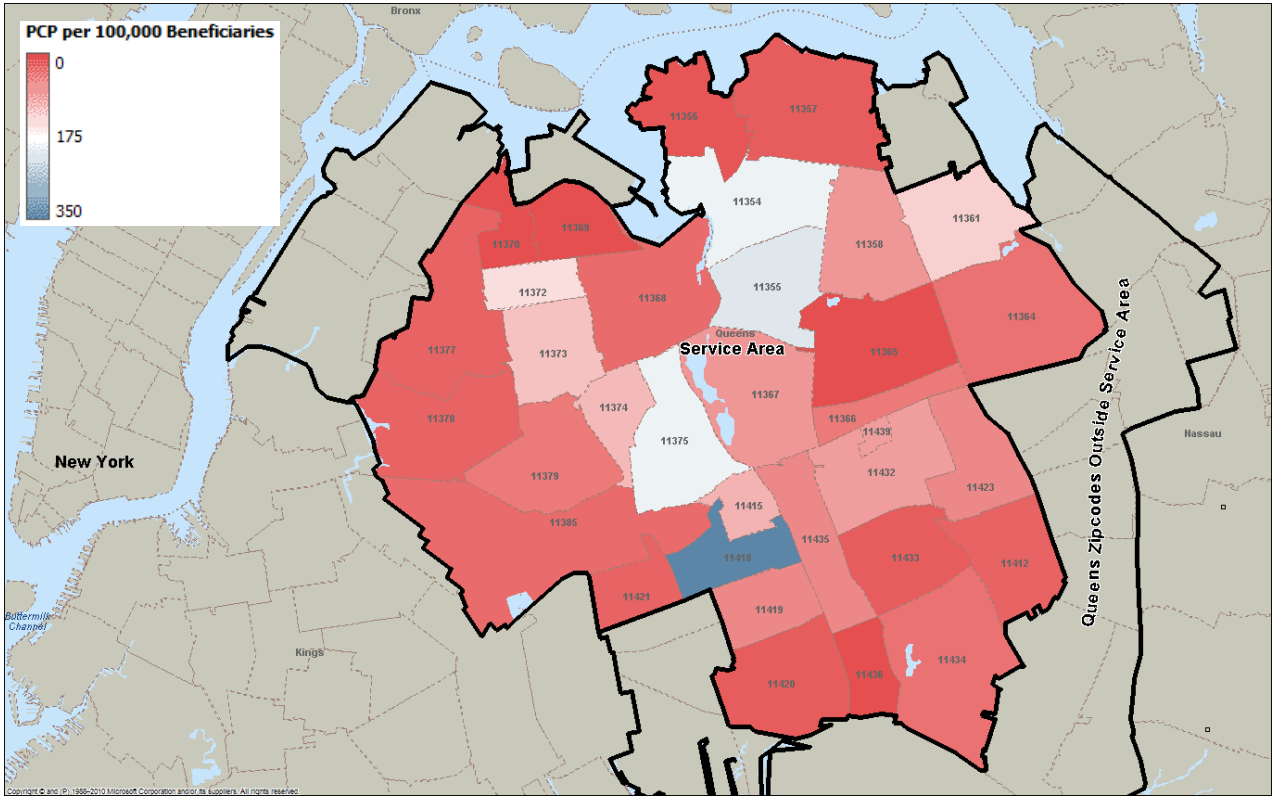
Zip	Zip Name	Total Beneficiaires	Dentist Supply	Dentist Demand	Dentist Surplus (Shortage)
11372	Jackson Heights	31,344	27	17.2	9.8
11375	Forest Hills	14,714	9	8.1	0.9
11415	Kew Gardens	5,877	4	3.2	0.8
11361	Bayside	7,015	3	3.9	(0.9)
11366	Fresh Meadows	4,459	0	2.5	(2.5)
11357	Whitestone	7,264	1	4.0	(3.0)
11370	East Elmhurst	12,351	3	6.8	(3.8)
11364	Oakland Gardens	8,726	1	4.8	(3.8)
11379	Middle Village	7,171	0	3.9	(3.9)
11436	Jamaica	7,827	0	4.3	(4.3)
11418	Richmond Hill	17,364	5	9.6	(4.6)
11367	Flushing	15,696	4	8.6	(4.6)
11432	Jamaica	32,252	13	17.7	(4.7)
11358	Flushing	10,890	1	6.0	(5.0)
11421	Woodhaven	18,579	5	10.2	(5.2)
11378	Maspeth	10,028	0	5.5	(5.5)
11374	Rego Park	15,791	3	8.7	(5.7)
11356	College Point	10,377	0	5.7	(5.7)
11423	Hollis	12,525	1	6.9	(5.9)
11412	Saint Albans	12,608	1	6.9	(5.9)
11354	Flushing	27,694	9	15.2	(6.2)
11365	Fresh Meadows	14,713	0	8.1	(8.1)
11373	Elmhurst	54,628	21	30.0	(9.0)
11369	East Elmhurst	18,841	1	10.4	(9.4)
11433	Jamaica	17,669	0	9.7	(9.7)
11419	South Richmond H	25,108	4	13.8	(9.8)
11420	South Ozone Park	19,917	1	11.0	(10.0)
11434	Jamaica	24,047	2	13.2	(11.2)
11435	Jamaica	27,272	1	15.0	(14.0)
11385	Ridgewood	38,969	7	21.4	(14.4)
11377	Woodside	40,974	8	22.5	(14.5)
11355	Flushing	57,924	11	31.9	(20.9)
11368	Corona	61,698	12	33.9	(21.9)
Service Area		**692,312**	**158**	**380.8**	**(222.8)**

Source: Sources: NY State Department of Health DSRIP Program Safety Net Provider List and CMS NPPES Downloadable NPI File https://www.health.ny.gov/health_care/medicaid/redesign/docs/safety_net_physicians.pdf and http://nppes.viva-it.com/NPI_Files.html

Health Care Resources
Safety Net Primary Care Physicians

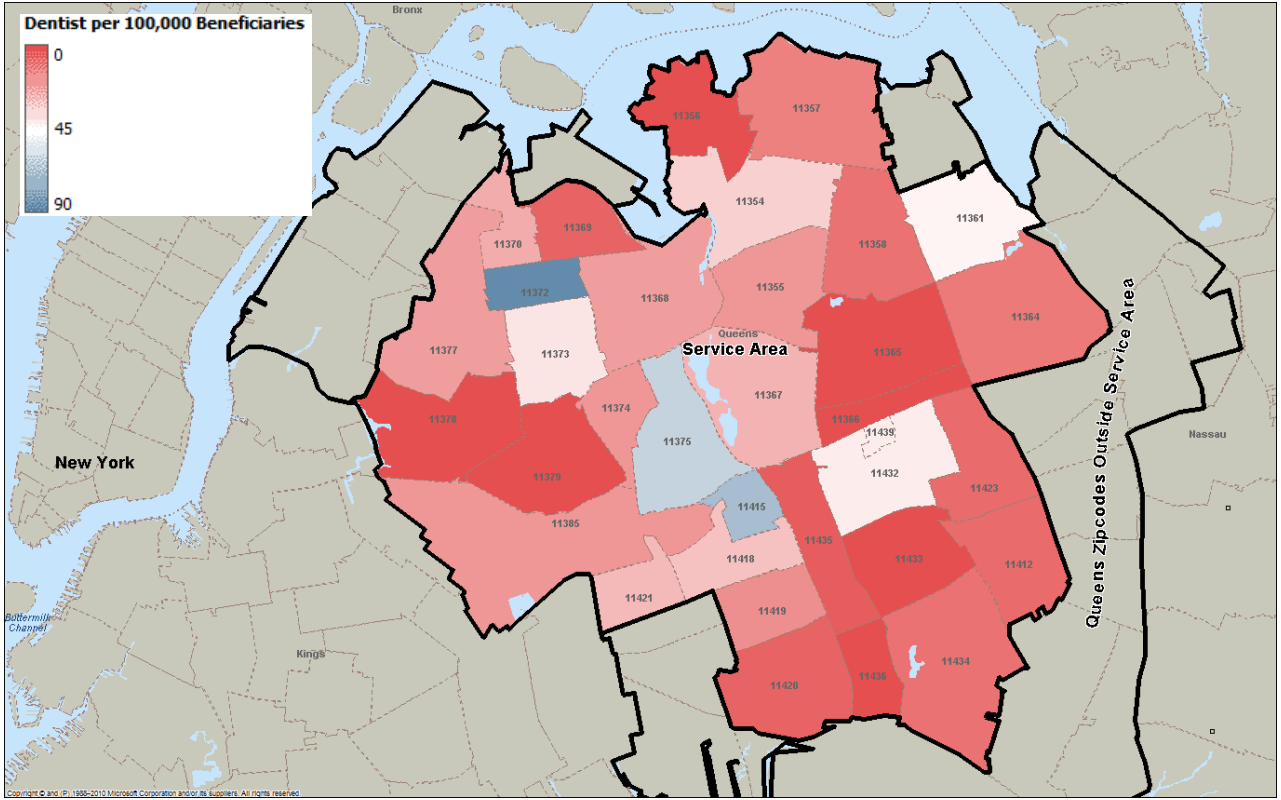
This map shows the number of safety net primary care physicians per 100,000 population, with white and blue areas showing a higher number of physicians and red areas showing no physicians.

As expected, some of the concentration of physicians is close to the area hospitals.



Health Care Resources
Safety Net Dentist Availability

This map shows the number of safety net dentists per 100,000 population, with white and blue areas showing a higher number of physicians and red areas showing no physicians.



Health Care Resources
All Providers in Service Area

This data table shows all providers, by provider type, with a primary practice location in the NYHQ PPS service area. The data was queried from CMS' National Plan and Provider Enumeration System (NPPES).

Classification	Total	Classification	Total	Classification	Total
Social Worker	1424	Occupational Therapy Assistant	92	Marriage & Family Therapist	13
Pharmacist	1232	Dietitian, Registered	87	Plastic Surgery	11
Dentist	1220	Behavioral Analyst	72	Psychoanalyst	11
Internal Medicine	1172	Early Intervention Provider Agency	68	Audiologist-Hearing Aid Fitter	10
Physical Therapist	841	Technician/Technologist	63	Clinical Nurse Specialist	10
Specialist	803	Dermatology	51	Hospitalist	10
Student in an Organized Health Care Education/Tra	796	Orthopaedic Surgery	43	Clinical Neuropsychologist	9
Registered Nurse	748	Audiologist	41	Community/Behavioral Health	9
Speech-Language Pathologist	747	General Practice	41	Dental Hygienist	9
Licensed Practical Nurse	671	Pathology	41	Rehabilitation Practitioner	9
Physician Assistant	665	Contractor	40	Case Management	8
Occupational Therapist	536	Nurse Anesthetist, Certified Registered	37	Genetic Counselor, MS	8
Counselor	527	Urology	37	Psychiatric Hospital	8
Pediatrics	464	General Acute Care Hospital	34	Hearing Instrument Specialist	7
Psychiatry & Neurology	319	Physical Therapy Assistant	34	Local Education Agency (LEA)	7
Nurse Practitioner	311	Otolaryngology	33	Medical Genetics, Ph.D. Medical Genetics	7
Psychologist	283	Legal Medicine	31	Neuromusculoskeletal Medicine & OMM	7
Acupuncturist	255	Massage Therapist	29	Adult Companion	6
Family Medicine	231	Specialist/Technologist	26	Preventive Medicine	6
Obstetrics & Gynecology	210	Health Educator	25	Special Hospital	6
Optometrist	200	Community Health Worker	20	Colon & Rectal Surgery	5
Case Manager/Care Coordinator	198	Advanced Practice Midwife	19	Day Training, Developmentally Disabled Services	5
Chiropractor	189	Nutritionist	19	Durable Medical Equipment & Medical Suppli	5
Emergency Medicine	172	Allergy & Immunology	18	Neuromusculoskeletal Medicine, Sports Medi	5
Podiatrist	161	Art Therapist	18	Nurse's Aide	5
Anesthesiology	139	Midwife	18	Personal Emergency Response Attendant	5
Surgery	117	Neurological Surgery	18	All Other	89
Radiology	114	Clinic/Center	16	**Grand Total**	**16339**
Ophthalmology	113	Developmental Therapist	13		
Physical Medicine & Rehabilitation	94	Home Health	13		

Primary care includes Pediatrics, Internal Medicine, Family Medicine, and General Medicine
Specialists includes psychiatry, OBGYN, EM, Anesthesiology, Surgery, Radiology, Opthalmology, PMR, Dermatology, Orthopaedic Surgery, Pathology, Urology, Otolaryngology, Allergy & Immunology, Neurological Surgery, Plastic Surgery, Hospitalist, Colon & Rectal Surgery, and Sports Medicine

Primary Care	**1908**
Specialty Care	**1550**

Source: CMS NPPES Downloadable NPI File
http://nppes.viva-it.com/NPI_Files.html

Health Care Resources
Safety Net Pharmacies

- Safety net pharmacies are those pharmacies in which 35% or more of prescriptions filled are for Medicaid beneficiaries or the uninsured population.
- There are 469 such pharmacies state wide, and 96 in Queens County.

County	# Safety Net Pharmacies	Average % Medicaid Prescriptions
Bronx	99	52.2%
Kings	137	51.3%
New York	79	56.2%
Queens	96	52.6%
Richmond	2	64.7%
NYC Total	413	55.4%
State Total	469	53.2%

Queens County Safety Net Pharmacies

1219 FIRST AVENUE PHARMACY INC	GUY BREWER PHARMACY INC	NY FAMILY PHARMACY
222 JAMAICA ECONOMY DRUG INC	HAMTINI CORP	NYC DRUG STORE INC
2R DRUG CORP	HARBOR PHARMACY, INC.	PERFEXON DRUG CORP
A FAIR DEAL PHARMACY INC	HEALTH CENTER PHARMACY INC	PHARMAKA INC
AAAIP PHARMACY CORP	HEALTH SOURCE PLUS PHARMACY	PINNACLE PHARMACY INC
AGUSTIN PHARMACY INC	HOME PRODUCT EAST INC	PRINCE PHARMACY INC
ALLSTAR PHARMACY, INC.	IMAGE HEIGHTS PHARMACY INC	QUEENS CROSSING PHARMACYINC
AMBEE DRUG CORP	ISAK PHARMACY INC	QUEENS EXPRESS PHARMACY CORP
AMIN PHARMACY INC	JAE-IL PHARMACYINC	RICHMOND PHARMACY INC
APEX PHARMACY INC	JAFORPUR INC	RICKCO DRUGS INC
ARCADIA HEALTH PHARMACY CORP	JAMAICA CHEMISTS INC	RIDGEWOOD CITY PHARMACY, INC.
ASTORIA PHARMACY	JAMAICA RX, INC.	RIZCO DRUGS INC
BIG APPLE PHARMACY CORP	JMC PHARMACY INC	RUBEX DRUGS INC
BRIARWOOD PHARMACY INC	K AND F DRUG CORP	RUSSOS PHARMACY INC
CMD ENTERPRISES LLC	K AND F DRUG CORP	S AND N PHARMACY CORP
COMFORT DRUGS	K DRUGS INC	SANFORD PHARMACY INC
COMMUNITY CARE RX INC	KOO AND ASSOCIATES INC	SANTA FE PHARMACY
CONTESH INC	KOO AND CO INC	SECOND CENTURY SERVICES CORP
CORONA FARMACIA INC	KOO AND COINC	SLV PHARMACY INC
CROWN PHARMACY INC	L FERNANDEZ FARMACIA INC	SOLS 4 PHARMACY, INC.
DALE PHARMACY AND SURGICIAL	LAVIDA PHARMACY	SREEPATHI PHARMACY INC
DARA FES INC	LEVINS DRUGS INC	SUPER RX PHARMACY INC
DAWN PHARMACY INC	M AND A PHARMACY CORP	SUTPHIN DRUGS INC
ELIZABETH PHARMACY INC	M AND S DRUGS INC	SVA PHARMACY CORPORATION
ELMHURST PHARMACY AND HOME I	MB AHMED DRUG CORP INC	TOTAL CARE RX, INC.
EQUAL CARE III LLC	MERLIN CHEMISTS INC	UNIQUE CHEMISTS INC
EQUAL CARE US INC	METROCARE PHARMACY INC	USS RX INC
EZ PHARMACY AND SURGICAL	MITAZ CORP	VAIDYAM INC
FIZA PHARMACY INC	MR PHARMACY INC	VERA I PHARMACY LLC
GR PHARMACY INC	NEW HOLLIS INC	WELLMING DRUG INC
GRAND PHARMACY CORP	NEW HORIZON PHARMACY CORP	WESTERN DRUGS INC
GSR PHARMACY, INC.	NUEVA VIDA PHARMACY INC	ZEBA DRUGS INC

Source: NY State Department of Health, Safety Net Pharmacies
https://www.health.ny.gov/health_care/medicaid/redesign/docs/safety_net_pharmacies.pdf

Health Care Resources
Laboratory Services

- The New York State Department of Health HCRA data lists 7 service area labs, all hospital based, in the directory of clinical labs on its website.
- It is likely, however, that the hospital-based clinics and comprehensive clinics listed on previous slides would also provide basic lab and radiology services. In total, this would be 67 sites (75 in aggregate, removing the 7 below as they are duplicates of the hospital clinics).

TYPE	PROVIDER	ADDRESS	CITY	ZIP
CLINICAL LAB	ELMHURST HOSPITAL CENTER	79-01 BROADWAY	ELMHURST	11373
CLINICAL LAB	FLUSHING HOSPITAL MEDICAL CENTER LABORATORY	45TH AVENUE AT PARSONS BOUL	FLUSHING	11355
CLINICAL LAB	FLUSHING HOSPITAL MEDICAL CENTER LABORATORY	45TH AVENUE AT PARSONS BOUL	FLUSHING	11355
CLINICAL LAB	JAMAICA HOSPITAL	8900 VAN WYCK EXPRESSWAY	JAMAICA	11418
CLINICAL LAB	NEW YORK HOSPITAL QUEENS DIAGNOSTIC LABORATORIES	56-45 MAIN STREET	FLUSHING	11355
CLINICAL LAB	NORTH SHORE UNIVERSITY HOSPITAL AT FOREST HILLS	102-01 66TH STREET	FOREST HILLS	11375
CLINICAL LAB	QUEENS HOSPITAL CENTER	82-68 164TH STREET	JAMAICA	11432

Source: NY State Department of Health, HCRA (Health Care Reform Act) Data, Clinical Labs
http://www.health.ny.gov/regulations/hcra/provider/provcdtc.htm

Health Care Resources
Skilled Nursing Facilities

- The NYHQ service area has 32 nursing homes, providing a total of 7,727 beds.
- This translates to 4.84 nursing home beds per 1000 population, which is lower than the national average of 5.3 per 1000.
- Analysis of occupancy data validates that there are not excess nursing home beds.
  - NY State Department of Health reports Nursing Home Weekly Bed Census via the Health NY Data portal.
  - reports submitted 7/30/2014 show average occupancy of 92.5%

Nursing Home	Address	Zip	# Beds
OZANAM HALL OF QUEENS NURSING HOME INC	42-41 201 St	11361	432
HILLSIDE MANOR REHAB & EXTENDED CARE CENTER	182-15 Hillside Ave	11432	400
DRY HARBOR NURSING HOME	61-35 Dry Harbor Rd	11379	360
HIGHLAND CARE CENTER	91-31 175 St	11432	320
SILVERCREST	144-45 87 Ave	11435	320
FRANKLIN CENTER FOR REHABILITATION AND NURSING	142-27 Franklin Ave	11355	320
HOLLISWOOD CENTER FOR REHABILITATION AND HEALTHCARE	195-44 Woodhull Ave	11423	314
DR WILLIAM O BENENSON REHAB PAVILION	36-17 Parsons Blvd	11354	302
QUEENS BOULEVARD ECF, INC	61-11 Queens Blvd	11377	280
UNION PLAZA CARE CENTER	33-23 Union St	11354	280
REGAL HEIGHTS REHABILITATION AND HEALTH CARE CENTER	70-05 35 Ave	11372	280
FLUSHING MANOR CARE CENTER	139-62 35 Ave	11354	278
NYS VETERANS HOME IN NYC	178-50 Linden Blvd	11434	250
ELMHURST CARE CENTER, INC	100-17 23 Ave	11369	240
FLUSHING MANOR NURSING HOME	35-15 Parsons Blvd	11354	227
JAMAICA HOSPITAL NURSING HOME CO INC	89-40 135 St	11418	224
CHAPIN HOME FOR THE AGING	165-01 Chapin Pkwy	11432	220
CLIFFSIDE REHABILITATION & RESIDENTIAL HEALTH CARE CENTER	119-19 Graham Court	11354	218
MARGARET TIETZ CENTER FOR NURSING CARE INC	164-11 Chapin Pkwy	11432	200
BRIDGE VIEW NURSING HOME	143-10 20 Ave	11357	200
WOODCREST REHABILITATION & RESIDENTIAL HEALTH CARE CENTER.	119-09 26 Ave	11354	200
MIDWAY NURSING HOME	69-95 Queens Midtown Expy	11378	200
WATERVIEW NURSING CARE CENTER	119-15 27 Ave	11354	200
PARK TERRACE CARE CENTER	59-20 Van Doren St	11368	200
FAIRVIEW NURSING CARE CENTER INC	69-70 Grand Central Pkwy	11375	200
LONG ISLAND CARE CENTER INC	144-61 38 Ave	11354	200
REGO PARK NURSING HOME	111-26 Corona Ave	11368	200
QUEENS CENTER FOR REHABILITATION & RESIDENTIAL HEALTH CARE	157-15 19 Ave	11357	179
FOREST VIEW CENTER FOR REHABILITATION & NURSING	71-20 110 St	11375	160
MEADOW PARK REHABILITATION AND HEALTH CARE CENTER LLC	78-10 164 St	11366	143
FOREST HILLS CARE CENTER	71-44 Yellowstone Blvd	11375	100
HOLLIS PARK MANOR NURSING HOME	191-06 Hillside Ave	11423	80
			7727

Source: New York City Department of Planning, Selected Programs and Facility Sites Metadata, CMS Nursing Home Data Compendium 2013 http://www.nyc.gov/html/dcp/html/bytes/dwnselfac.shtml

Health Care Resources Rehabilitation

- The six NYHQ acute care hospitals have an aggregate 53 beds dedicated to inpatient rehabilitation.

Beds & Designations	New York Hospital Medical Center of Queens	Elmhurst Hospital Center	Flushing Hospital Medical Center	Forest Hills Hospital	Queens Hospital Center	Jamaica Hospital Medical Center	Total Service Area
AIDS Beds	20	-	-	-	-	-	20
Chemical Dependence Beds	-	-	30	-	-	-	30
Coma Recovery Beds	-	-	-	-	-	4	4
Coronary Care Beds	13	9	6	-	-	4	32
Intensive Care Beds	29	20	12	28	16	8	113
Maternity Beds	30	44	24	20	20	40	178
Medical / Surgical Beds	393	225	169	251	115	228	1,381
Neonatal Continuing Care Beds	5	12	3	9	-	4	33
Neonatal Intensive Care Beds	3	9	6	-	11	5	34
Neonatal Intermediate Care Beds	6	9	5	1	4	10	35
Pediatric Beds	20	22	20	3	-	30	95
Physical Medicine-Rehabilitation Beds	-	18	-	-	10	25	53
Psychiatric Beds	-	177	18	-	71	50	316
Transitional Care Beds	16	-	6	-	-	7	29
Traumatic Brain Injury Beds	-	-	-	-	-	16	16
Total Certified Beds	**535**	**545**	**299**	**312**	**247**	**431**	**2,369**

- In addition to these inpatient beds, the service area also has 2,124 rehabilitative service providers, as shown on the “All Providers in Service Area” slide found earlier in the presentation.
  - 841 physical therapists
  - 747 speech language pathologists
  - 536 occupational therapists

Source: Source: New York State Department of Health Hospital Profiles, CMS NPPES Downloadable NPI File http://www.health.ny.gov/regulations/hcra/provider/provhosp.htm and http://profiles.health.ny.gov/hospital/ , http://nppes.viva-it.com/NPI_Files.html

Health Care Resources
Home Health and Hospice

- There are a total of 639 home health and hospice agencies serving Queens County.
- Please note - these are not all located in Queens County, but do serve Queens County

Program or Service	#
Certified Home Health Agencies	38
Long-Term Home Health Care Programs	13
Hospices Serving Queens County	8
Licensed Home Care Services Agencies	580
Total Serving Queens County	639

- A description of each type of service is found on the right hand of this slide. Provider lists for home health agencies, long term home health programs and hospices are found on the following slides.

- **Certified Home Health Agency** - provides part-time health care and support services to individuals who need intermediate and skilled health care.
- **Long-Term Home Health Care Programs** – offer a coordinated plan of medical, nursing, and rehabilitative care provided at home to persons with disabilities who are medically eligible for placement in a nursing home. This program offers patients an alternative to institutionalization.
- **Hospice -** programs that provide care to terminally ill individuals that focuses on easing symptoms rather than treating disease. The emphasis is to help individuals remain at home for as long as possible.
- **Licensed Home Care Services Agencies (LHCSAs) -** offer home care services to clients who pay privately or have private insurance coverage. These agencies may also contract to provide services to Medicare/Medicaid beneficiaries.

Source: NY State Department of Health, Home Health and Hospice Profile
http://homecare.nyhealth.gov/search_results.php?PHPSESSID=6c196a1c1c3b7b166f4949213ecbcbd6&rt=Queens&form=COUNTY

Health Care Resources
Certified Home Health Care Agencies

- The 36 agencies listed below are certified by the State of New York and operate in Queens County.

Certified Home Health Agency Provider	Certified Home Health Agency Provider
Able Health Care Service Inc	HHC Health and Home Care
Alpine Home Health Care, LLC	Isabella Care at Home, Inc.
Americare Certified Special Services Inc	Jewish Home Lifecare, Home Care
Bethel Nursing Home Company Certified Home Health Agency	Long Island Jewish Medical Center Home Care Department
Brookdale Hospital Medical Center Home Care Department	MJHS Home Care
Calvary Hospital	North Shore Home Care
Catholic Home Care	Parker Jewish Institute for Health Care and Rehabilitation
CenterLight Certified Home Health Agency	Personal Touch Home Aides of New York Inc
Cold Spring Hills Home Care	Premier Home Health Care Services, Inc.
Dominican Sisters Family Health Service Inc	Prime Home Health Services, LLC
ElderServe Certified Home Health Care Agency	Revival Home Health Care
Empire State Home Care Services Inc	Selfhelp Family Home Care
Excellent Home Care Services, LLC	South Nassau Communities Hospital
Extended Home Care	St. Mary's Home Care
Family Care Certified Services	VillageCare Home Care
Four Seasons Nursing and Rehabilitation	Visiting Nurse Association of Long Island Inc
Franklin Hospital Medical Center	Visiting Nurse Service of New York Home Care
Girling Health Care of New York	Winthrop-University Hospital Home Health Agency

Source: NY State Department of Health, Home Health and Hospice Profile
http://homecare.nyhealth.gov/search_results.php?PHPSESSID=6c196a1c1c3b7b166f4949213ecbcbd6&rt=Queens&form=COUNTY

Health Care Resources
Long Term Home Health and Hospice

Long Term Home Health Care Providers
Dominican Sisters Family Health Services Inc
Family Care Certified Services
Flushing Manor Nursing Home LTHHCP
Hebrew Hospital Home LTHHCP
Hillside Manor Long Term Home Health Care Program
Kingsbridge Heights Nursing Home
Metropolitan Jewish Long Term Home Care
North Shore Home Care LTHHCP
Parker Jewish Institute for Health Care & Rehabilitation
St Cabrini Nursing Home
Visiting Nurse Association of Long Island, Inc.,LTHHCP
Visiting Nurse Service of New York Home Care

Hospice Providers
Calvary Home Health Agency and Hospice Care
Caring Hospice Services of New York, LLC
Comprehensive Community Hospice of Parker Jewish Institute
Hospice Care of Long Island,Queens South Shore
Hospice of New York
MJHS Hospice and Palliative Care, Inc.
Staten Island University Hospital University Hospice
VNS of New York Hospice Care

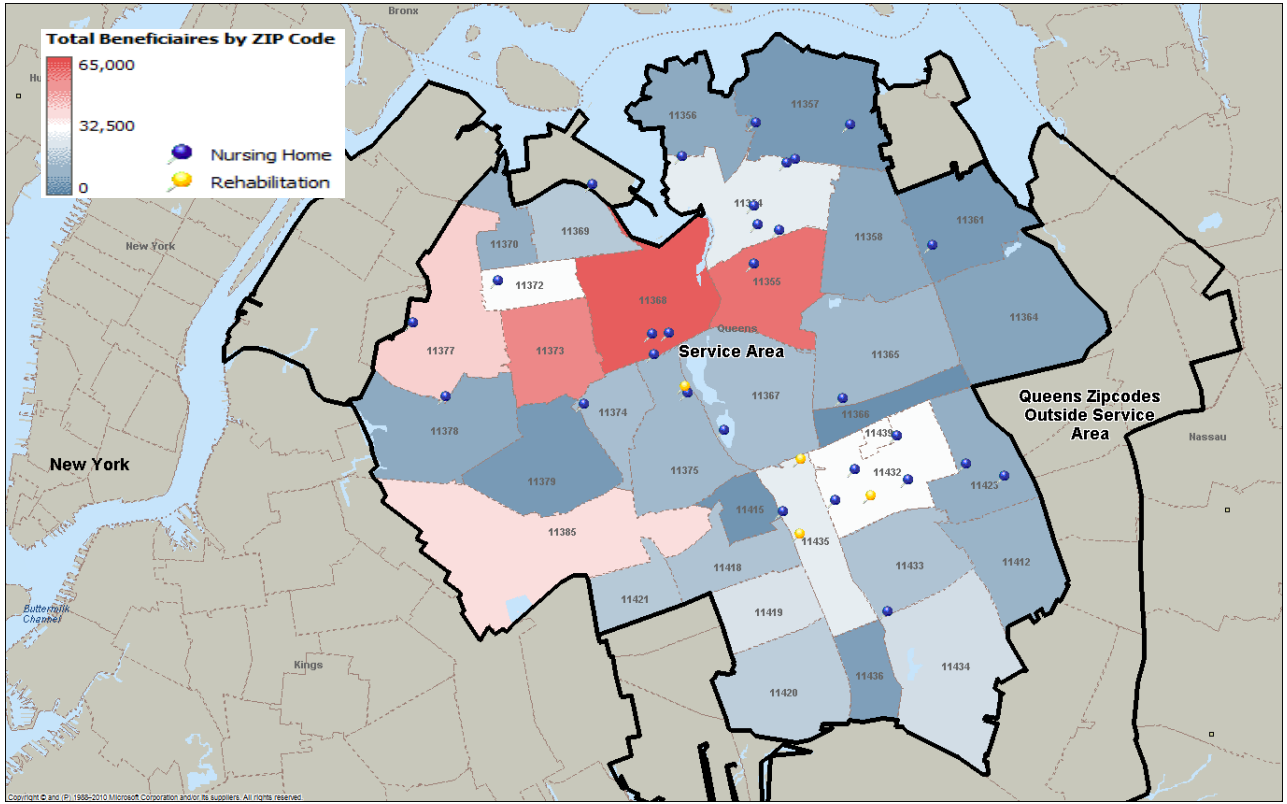
Note: These facilities are identified on the State Department of Health website and Long Term Home Health Care, but many or all of these have likely converted to MLTC (Medicaid Long Term Care) providers.

Source: NY State Department of Health, Home Health and Hospice Profile
http://homecare.nyhealth.gov/search_results.php?PHPSESSID=6c196a1c1c3b7b166f4949213ecbcbd6&rt=Queens&form=COUNTY

Health Care Resources
Skilled Nursing and Inpatient Rehabilitation

This map identifies the skilled nursing and inpatient rehabilitation providers in the NYHQ service area.

NYHQ fully recognizes that home care and hospice programs are essential components of any post acute offering, but they are not able to be mapped, as the services are provided in beneficiaries home, not a facility.



Health Care Resources
Mental Health

Residential

- In the NYHQ service area, there are 11 residential facility mental health providers.
- Seven of the eleven are residential facilities, but are not co-located with an acute care hospital. The other four facilities are part of an acute care hospital.

Residential Facility	Residential Facility Type	Zip
TSNY HOPE HOUSE II	Congregate/Treatment - Mental Health	11432
SPRINGFIELD GARDENS COMMUNITY RESIDENCE	Community Based Residence - Mental Health	11434
SAINT ALBANS COMMUNITY RESIDENCE	Community Based Residence - Mental Health	11412
OTTILIE HOME FOR CHILDREN (RTF)	Community-Based Residence - Mental Health	11435
CCNS MONICA HOUSE	Community-Based Residence - Mental Health	11432
TSINY SP-SRO/PENROD STREET	Community-Based Residence - Mental Health	11368
IMMACULATA HALL	Community-Based Residence - Mental Health	11435
ELMHURST HOSPITAL CENTER INPATIENT SERVICES	Hospital Based Inpatient Care - Mental Health	11373
JAMAICA HOSPITAL INPATIENT PROGRAM	Hospital Based Inpatient Care - Mental Health	11418
QUEENS HOSPITAL CENTER PSYCHIATRIC INPATIENT UNIT	Hospital Based Inpatient Care - Mental Health	11432
FLUSHING HOSPITAL PSYCHIATRIC INPATIENT UNIT	Hospital Based Inpatient Care - Mental Health	11355

Outpatient Programs

- In the NYHQ service area, there are 66 outpatient mental health programs.
- Thirty-four are mental health clinics, but there are also emergency and crises intervention programs, as well as intensive day programs.

Outpatient Program Type	#
DAY TREATMENT - MENTAL HEALTH	2
INTENSIVE PSYCHIATRIC REHAB - MENTAL HEALTH	2
EMERGENCY/CRISIS INTERVENTION - MENTAL HEALTH	3
CLINIC TREATMENT - MENTAL HEALTH	34
SCHOOL BASED MENTAL HEALTH PROGRAM	2
HOSPITAL BASED INTENSIVE DAY SERVICE - MENTAL HEALTH	3
CASE MANAGEMENT - MENTAL HEALTH	2
FAMILY SUPPORT SERVICES - MENTAL HEALTH	3
WORKSHOP/VOCATIONAL SVC - MENTAL HEALTH	8
PSYCHOSOCIAL CLUB - MENTAL HEALTH	3
ASSERTIVE COMMUNITY TREATMENT - MENTAL HEALTH	4

Source: New York City Department of Planning, Selected Programs and Facility Sites Metadata
http://www.nyc.gov/html/dcp/html/bytes/dwnselfac.shtml

Health Care Resources
Substance Abuse

Residential

- In the NYHQ service area, there are 15 residential substance abuse providers.
- Eight of these are intensive residential chemical dependency programs, but there are also hospital-based providers and a methadone-specific program.

Residential Facility	Residential Facility Type	Zip
ELMHURST HOSP. CTR- CD COMM RESID SRVS	Community Residential Chemical Dependency Service	11373
820 RIVER ST.- CD SUPP LIV	Community Residential Chemical Dependency Service	11435
FLUSHING MEDICAL CTR.- MED. MGD. DETOX	Inpatient Medical Withdrawl Service	11355
FAITH MISSION CENTER - MED. MONT. WITH	Inpatient Medical Withdrawl Service	11420
MEDICAL ARTS CENTER HOSPTIAL DETOX	Inpatient Medical Withdrawl Service	11366
MEDICAL ARTS CENTER INPAT REHAB	Inpatient Chemical Dependency Rehab	11366
ELMCOR Y/A ACTIVITIES-CD INT RES REHAB	Intensive Residential Chemical Dependency Service	11368
J-CAP - CD INT RES ORIENTATION	Intensive Residential Chemical Dependency Service	11434
J-CAP CD INTENSIVE RESIDENT TREATMENT	Intensive Residential Chemical Dependency Service	11434
OUTREACH DEVELOP. CD RESID REHAB SRVS	Intensive Residential Chemical Dependency Service	11385
QUEENS VILLAGE/J-CAP - CD INT RES	Intensive Residential Chemical Dependency Service	11434
RICHMOND HILL INTENSIVE RESIDENTIAL	Intensive Residential Chemical Dependency Service	11418
SAMARITAN VILL.-INTAKE/ASSESSMENT PROG	Intensive Residential Chemical Dependency Service	11435
SAMARITAN VILLAGE CD INT RES REHAB	Intensive Residential Chemical Dependency Service	11435
SAMARITAN VILLAGE INC-MTA/RESIDENTIAL	Methadone to Abstinence Service	11418

Outpatient Programs

- There are 28 outpatient substance abuse programs in the NYHQ service area.
- Seven of the eleven are residential facilities, but are not co-located with an acute care hospital. The other four facilities are part of an acute care hospital.

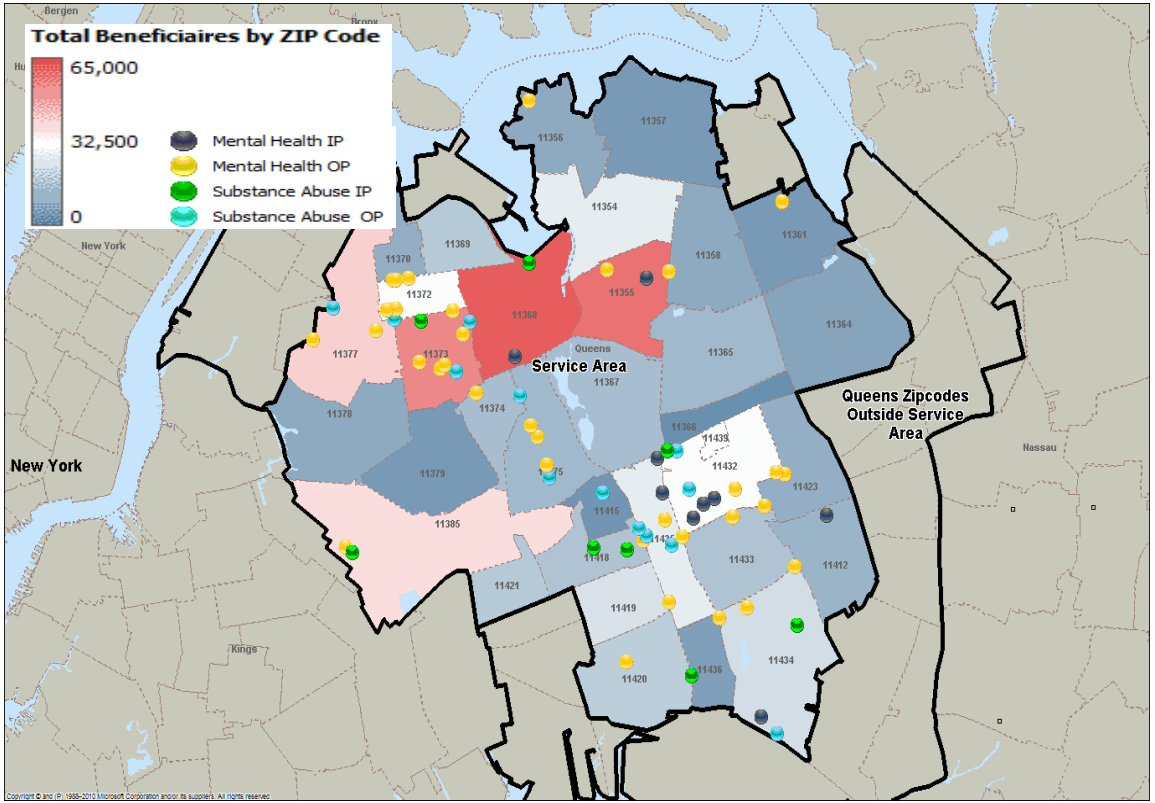
Outpatient Program Type	#
OUTPATIENT MEDICALLY SUPERVISED PROGRAM	26
OUTPATIENT METHADONE TREATMENT	2

Source: New York City Department of Planning, Selected Programs and Facility Sites Metadata
http://www.nyc.gov/html/dcp/html/bytes/dwnselfac.shtml

Health Care Resources
Behavioral Health

The map to the right shows behavioral health (mental health and substance abuse) providers in the NYHQ service area.

The geographic placement of providers appears relatively good, given the concentration of Medicaid beneficiaries. While there are few providers in the northeastern portion of the service area, this area is also the lowest concentration of beneficiaries.



Health Care Resources
Developmental Disability

- The NYHQ service area has both residential and outpatient programs that are dedicated to serving the population with developmental disabilities.
- The table below outlines the types of services offered.

Program Type	Capacity
Residential Facilities	**1353 Beds**
Intermediate Care, Dev Disability	433 Beds
Community Residence, Dev Disability	920 Beds
Outpatient Programs	**54 Programs**
Behavior Management - Dev Disability	2 Programs
Clinic Treatment - Dev Disability	3 Programs
Counseling and Crisis Intervention - Dev Disability	4 Programs
Day Habilitation - Dev Disability	34 Programs
Day Training - Dev Disability	3 Programs
Evaluation and Diagnosis - Dev Disability	2 Programs
Recreation - Dev Disability	3 Programs
Supported Work/Employment Training - Dev Disability	3 Programs

Source: New York City Department of Planning, Selected Programs and Facility Sites Metadata
http://www.nyc.gov/html/dcp/html/bytes/dwnselfac.shtml

Health Care Resources
Foster Care

- The Health Information Tool for Empowerment (HITE) is a resource of community-based health, wellness, and social services. The website is run by Greater New York Hospital Association (GNYHA).
- According to HITE, there are 5 organizations in the service area that are foster home placement organizations and/or provide services to children in foster homes. That list is outlined below.

NAME	ADDRESS	ZIP
Heartshare St. Vincent's Services	89-31 161st Street	11432
The Child Center of New York - Main Office	60-02 Queens Boulevard	11377
Families Building Community - Elmhurst Community Partnership	37-63 82nd Street	11372
Jamaica Community Partnership	89-64 163rd Street	11432
Lower East Side Family Union - Queens Office	107-30 71st Road	11375
Forestdale Foster Boarding Home and Adoption Program	67-35 112th Street	11375

Source: Greater New Hospital Association, HITE (Health Information Tool for Empowerment) http://www.hitesite.org

Health Care Resources
Managed Care Plans

New York Hospital Queens
member NewYork-Presbyterian Healthcare System
affiliate: Weill Cornell Medical College

County: Queens

	Plans	Participating Programs			
		Comm	Mcaid	CHP	FHP
1.	Aetna Health Inc.	YES	***	***	***
2.	Affinity Health Plan, Inc.	***	YES	YES	YES
3.	AMERIGROUP New York,LLC	***	YES	YES	YES
4.	Amida Care, Inc. (HIV/SNP)	***	YES	***	***
5.	Atlantis Health Plan, Inc.	YES	***	***	***
6.	Empire HealthChoice HMO, Inc.	YES	***	YES	***
7.	Health Insurance Plan of Greater New York	YES	YES	YES	YES
8.	Health Net of New York, Inc.	YES	***	***	***
9.	HealthFirst PHSP, Inc.	***	YES	YES	YES
10.	Managed Health, Inc.	YES	***	***	***
11.	MetroPlus Health Plan, Inc.	YES	YES	YES	YES
12.	MetroPlus Health Plan, Inc. Special Needs Plan (HIV/SNP)	***	YES	***	***
13.	Neighborhood Health Providers, Inc.	***	YES	YES	YES
14.	New York State Catholic Health Plan, Inc.	***	YES	YES	YES
15.	OHP PHSP, Inc.	***	***	YES	***
16.	Oxford Health Plans (NY), Inc.	YES	***	***	***
17.	The New York-Presbyterian Community Health Plan, Inc.	***	YES	***	YES
18.	UnitedHealthcare of New York, Inc.	***	YES	YES	YES
19.	VNS Choice SNP (HIV/SNP)	***	YES	***	***
20.	WellCare of New York, Inc.	***	YES	YES	YES

Source: New York State Department of Health, Directory of Managed Care Plans
http://www. health.ny.gov/health_care/managed_care/pdf/cnty_dir.pdf

Health Care Resource Implications

Hospitals → *Low inpatient beds per 1000 may be appropriate; focus on outpatient care. Breadth and depth in Centers of Excellence across hospitals.*

Clinics → *Vast clinic array, but not all likely to serve DSRIP population. Appears not to be comprehensive coverage of high density Medicaid zips.*

Providers → *Significant shortage of physicians and dentists serving DSRIP population (more than 300 across PCPs, specialists and dentists).*

Skilled Nursing → *Low SNF beds per 1000 results in high occupancy. May be sustainable if care coordination and transitions improve, and home care is utilized.*

Home Care and Hospice → *Numerous LTC and home health offerings in area, but previous data highlights possible concerns with transition from acute to home care.*

Behavioral Health → *Despite multiple residential and outpatient programs, IP and ED utilization remains high. Suggests inadequate crises care and/or lack of outreach and coordination.*

Disabilities → *Significant providers for disabled population, but demand will increase as this population grows and ages.*

Other → *Supply of safety net pharmacies (96, Queens County) appears adequate.*

Community Resources
Housing

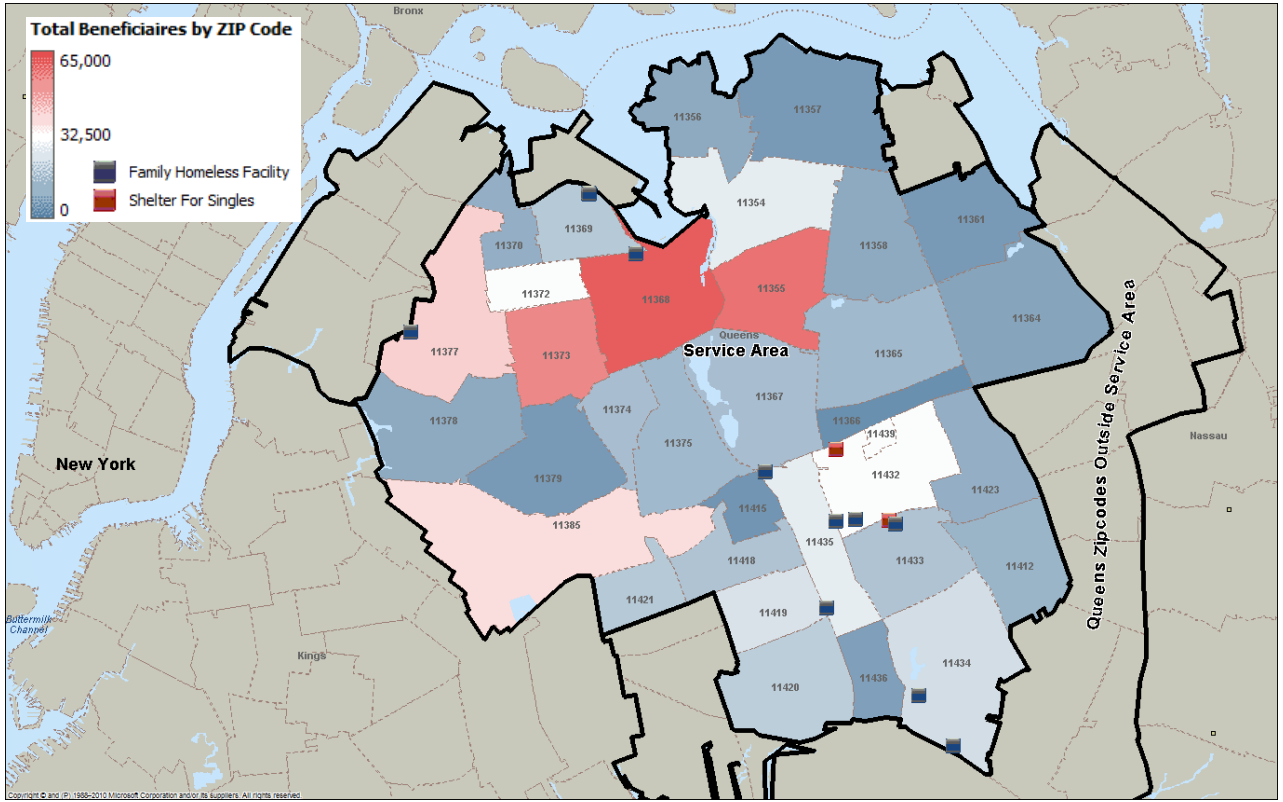
- Multiple organizations offer temporary/transitional housing in the NYHQ service area.
  - There are two shelters for individuals, with a total of 191 beds.
  - There are 15 shelters that accommodate families, with an aggregate capacity of ~ 1200 units.
- There are 1400 units/beds to serve 1.6M Medicaid beneficiaries and other impoverished in the area.

Facility Name	Facility Type	Address	Zip	Capacity	Capacity Type
JAMAICA ARMORY SHELTER	Shelter For Singles	93-05 168 St	11433	65	Beds
BOB'S PLACE	Shelter For Singles	88-55 161 St	11432	126	Beds
EL CAMINO	Family Homeless Facility	160-11 89 Ave	11432	144	Family Units
SARATOGA INN	Family Homeless Facility	175-15 Rockaway Blvd	11434	255	Family Units
SPRINGFIELD GDN RESP	Family Homeless Facility	146-80 Guy Brewer Blvd	11434	82	Family Units
BRIARWOOD FAM RES	Family Homeless Facility	80-20 134 St	11435	91	Family Units
HILLSIDE HOUSE	Family Homeless Facility	163-03 89 Ave	11432	60	Family Units
93RD AVENUE FAMILY RESIDENCE	Family Homeless Facility	170-02 93 Ave	11433	65	Family Units
HB-LAGUARDIA FAM CNTR	Family Homeless Facility	102-10 Ditmars Blvd	11369	49	Family Units
CORONA FAMILY RESIDENCE	Family Homeless Facility	38-01 112 St	11368	54	Family Units
JAMAICA RESIDENCE	Family Homeless Facility	175-10 88 Ave	11432	60	Family Units
PROVIDENCE HOUSE 3	Family Homeless Facility	159-23 89 Ave	11432	5	Family Units
LINCOLN ATLANTIC	Family Homeless Facility	90-35 Van Wyck Expy	11435	60	Family Units
KINGS INN MOTOR LODG	Family Homeless Facility	87-02 23 Ave	11369	100	Family Units
BELT FAMILY CENTER	Family Homeless Facility	153-90 Rockaway Blvd	11434	77	Family Units
PARK FAMILY RESID	Family Homeless Facility	154-00 Rockaway Blvd	11434	84	Family Units
METRO FAMILY RESIDENCE	Family Homeless Facility	73-00 Queens Blvd	11377	76	Family Units

Source: New York City Department of Planning, Selected Programs and Facility Sites Metadata
http://www.nyc.gov/html/dcp/html/bytes/dwnselfac.shtml

Community Resources
Transitional Housing

Temporary, or transitional, housing facilities in the service area are shown in the map to the right.



Source: New York City Department of Planning, Selected Programs and Facility Sites Metadata
http://www.nyc.gov/html/dcp/html/bytes/dwnselfac.shtml

Community Resources
Food Assistance

- Approximately 90 organizations offer food assistance to the NYHQ community.
  - Food pantries have the largest presence, with 70 locations in the service area.
  - Eleven soup kitchens provide meals to community members.
  - Nine locations are a combination of food pantry and soup kitchen.

Food Assistance Offering	#
Food Pantry	70
Soup Kitchen	11
Joint Soup Kitchen/Food Pantry	9
Total	**90**

The organizations noted to the right offer prepared food. Food pantries are listed on the next slide.

Soup Kitchen	Zip
BETHESDA MISSIONARY BAPTIST CHURCH	11432
CHURCH OF GOD IN CHRIST JESUS	11433
FIRST BAPTIST CHURCH	11369
FIRST REFORMED CHURCH OF JAMAICA	11432
JACKSON HEIGHTS SDA	11377
MACEDONIA AME CHURCH	11354
MASBIA OF QUEENS	11374
MORRIS BROWN AME CHURCH	11436
MT. HOREB BAPTIST CHURCH	11368
MT. ZION BAPTIST CHURCH MISSION OUTREACH	11433
ST. ALBAN'S GOSPEL ASSEMBLY	11412

Joint Soup Kitchen and Food Pantry	Zip
AGAPE CHRISTIAN CENTER	11385
ALLEN OUTREACH MINISTRY FEEDING PROGRAM	11433
BETHANY BAPTIST CHURCH OF JAMAICA	11433
FIRST CHURCH OF GOD IN CHRIST	11412
FIRST PRESBYTERIAN CHURCH OF JAMAICA	11432
RUSH TEMPLE A.M.E. ZION CHURCH	11434
THE SALVATION ARMY - TEMPLO DE QUEENS	11372
THE SALVATION ARMY JAMAICA CITADEL	11432
VETS INC	11433

Source: New York City Department of Planning, Selected Programs and Facility Sites Metadata http://www.nyc.gov/html/dcp/html/bytes/dwnselfac.shtml

Community Resources
Food Pantries

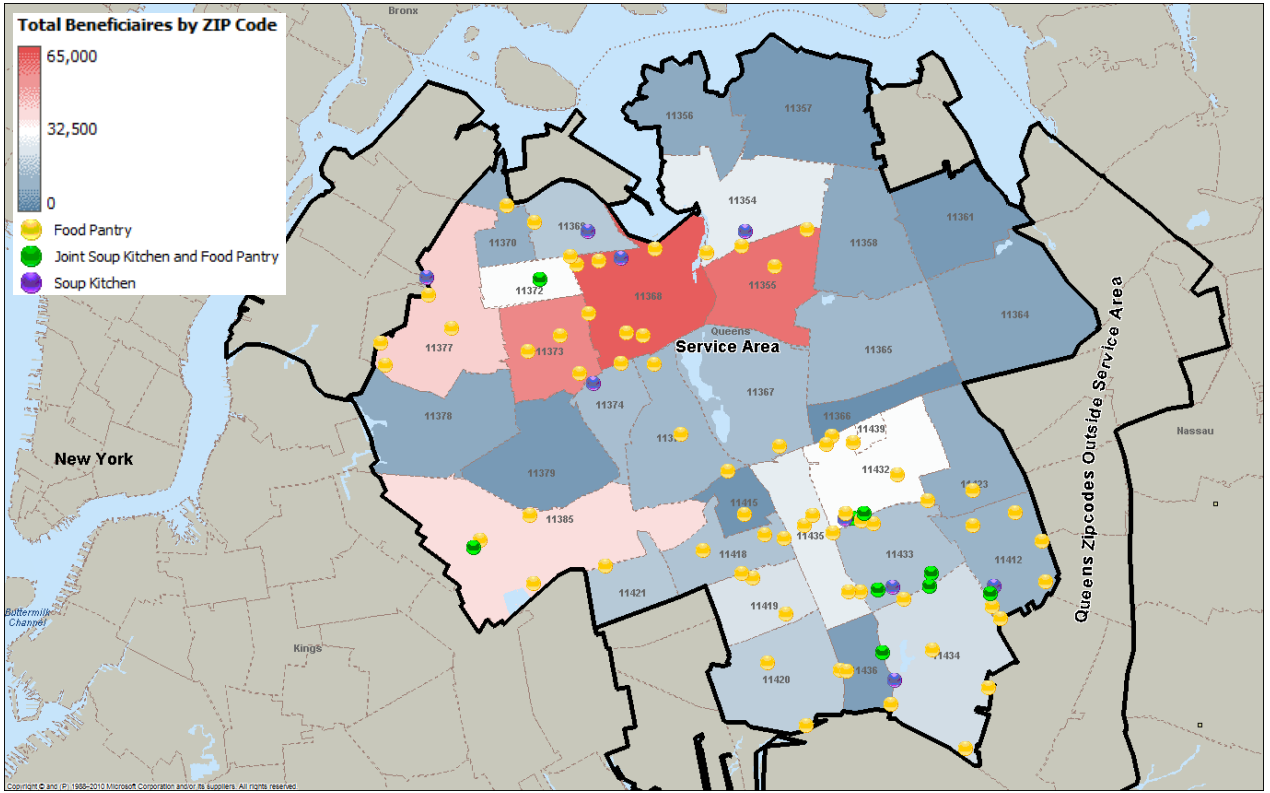
Food Pantry	Zip
ACQC	11432
ACQC	11377
ALL NATIONS BAPTIST CHURCH OF WOODHAVEN	11421
ATONEMENT LUTHERAN CHURCH	11369
BERACA SDA CHURCH	11423
BETHEL GOSPEL TABERNACLE CHURCH	11433
BLANCHE MEMORIAL CHURCH	11435
BLESSED VIRGIN MARY ST. MARY'S WINFIELD	11377
BROOKS MEMORIAL UMC	11435
CALVARY BAPTIST CHURCH	11433
CALVARY'S MISSION	11418
CHRISTINA HOME CARE FOOD PANTRY	11419
CORONA SDA CHURCH	11368
CORPUS CHRISTI FOOD PANTRY	11377
DELIVERANCE TEMPLE CHURCH	11420
ELMCOR YOUTH & ADULT ACTIVITIES INC.	11368
ELOHIM COMMUNITY DEVELOPMENT AND OUTREACH IN	11418
ESTHER GRUNBLAT CENTER OF CENTRAL QUEENS	11375
EVANGELICAL CHURCH CHRIST IS THE LIGHT	11373
FELLOWSHIP WITH CHRIST MINISTRIES	11412
FIRST UNITED METHODIST CHURCH OF JAMAICA	11432
FLUSHING JEWISH COMMUNITY COUNCIL	11355
FOREST HILLS SENIOR CENTER	11375
GOSPEL ASSEMBLY FOOD PANTRY	11412
HILLSIDE HOUSE	11432
HOLY GHOST UPPER ROOM FILING STATION MINISTRY	11436
ICNA RELIEF USA	11435
J.U.S.T.I.C.E. ORGANIZATION	11432
J10 COMMUNITY SERVICES, INC.	11368
JAMAICA HISPANIC SDA CHURCH	11432
JAMAICA SDA CHURCH	11432
JEWISH INSTITUTE OF QUEENS	11373
KEHILAT SEPHARDIM OF AHAVAT ACHIM	11367
LA JORNADA	11354
LEFRAK CITY JEWISH CENTER	11368

Food Pantry	Zip
LEVITICUS CHURCH	11420
MINISTERIO EL GRAN YO SOY-THE GREAT I AM	11368
MT. OLIVET GOSPEL CHURCH FOOD PANTRY	11368
MURRAY HILL NEIGHBORHOOD ASSOCATION	11355
NEW JERUSALEM BAPTIST CHURCH	11434
NEW LIFE FOOD & CLOTHING PANTRY	11373
NEW SPIRIT II, INC.	11433
OUR LADY OF FATIMA CHURCH	11370
OUR LADY OF LIGHT FOOD PANTRY	11412
PROJECT HOPE CHARITIES INC	11434
PROJECT LEAD	11415
PROJECT SAMARITAN - QUEENS	11435
QUEENS JEWISH COMMUNITY COUNCIL	11375
RESURRECTION LUTHERAN CHURCH	11412
RICHMOND HILL SDA COMMUNITY	11418
RIDGEWOOD OLDER ADULT CENTER & SERVICES	11385
RIVER FUND	11418
SALVATION ARMY RIDGEWOOD CITADEL CORPS	11385
SPRINGFIELD GARDENS SDA CHURCH	11434
ST. ALBAN'S BAPTIST CHURCH	11412
ST. ALBAN'S DELIVERANCE FEEDING PROGRAM	11412
ST. CLEMENT POPE RC CHURCH	11436
ST. JOHN'S BAPTIST CHURCH	11433
ST. MICHAEL'S CHURCH	11355
ST. NICHOLAS OF TOLENTINE CHURCH- FP	11432
ST. TERESA CHURCH SAINT VINCENT DEPAUL SOCIETY	11377
ST. THERESA OF AVILA COMMUNITY SERVICE	11420
THE AFRICAN WOMEN'S DREAM INC.	11435
THE VOICES OF HAGAR	11372
THEODORA G. JACKSON ADULT CARE	11433
TRANSITIONAL SERVICES/OPPORTUNITIES SELF HELP (	11368
UMC OF RICHMOND HILL FOOD PANTRY	11419
UNITED PRESBYTERIAN CHURCH OF RIDGEWOOD	11385
WALK IN LOVE FAMILY CENTER	11423
WOSSEM CHARITIES	11435

Source: New York City Department of Planning, Selected Programs and Facility Sites Metadata
http://www.nyc.gov/html/dcp/html/bytes/dwnselfac.shtml

Community Resources
Food Assistance

Food assistance - in the form of food pantries, soup kitchens, or a combination – are shown in the map to the right. There appear to be adequate offerings.



Source: New York City Department of Planning, Selected Programs and Facility Sites Metadata
http://www.nyc.gov/html/dcp/html/bytes/dwnselfac.shtml

Community Resources
Transportation

- Public transportation is available throughout the community, as shown with NYC subway and NYC bus maps for Queens County. In addition, a count of transportation type is shown in the chart.

TRANSPORTATION TYPE	Count
Airport	2
Amtrak Maintenance and Other Facility	2
Amtrak Yard	2
Ferry Landing	4
LIRR Maintenance and Other Facility	6
LIRR Yard	41
Metro-North Yard	1
MTA Bus Depot	10
MTA Paratransit Vehicle Depot	3
NYCT Maintenance and Other Facility	1
NYCT Subway Yard	10
Public Parking Garage	19
School Bus Garage	14
Total	**115**

Source: Metro Transit Authority (MTA), NYC Subway and NYC Bus Maps, New York City Department of Planning, Selected Programs and Facility Sites Metadata http://www.nyc.gov/html/dcp/html/bytes/dwnselfac.shtml

Community Resources
Social Services, Including Job Services

- The NYC Department of Social Services has five employment support service centers – e.g., job centers – located in the NYHQ service area.
  - The centers offer temporary financial assistance, SNAP and Medicaid to eligible individuals.
  - While in receipt of assistance, eligible adults are required to participate in an employment or rehabilitative activity designed to help them achieve their highest level of self-sufficiency.

Center	Address	Zip	Hours of Operations
East River #37	One Honeywell Street	11101	Monday – Friday 8:30am to 5:00pm
Family Services Center Queens Satell	34-00 Northern Boulevard	11101	Monday – Friday 8:30am to 5:00pm
Jamaica #54	165-08 88th Avenue	11432	Monday – Friday 8:30am to 5:00pm
Queens #53	34-00 Northern Blvd	11101	Monday – Friday 8:30am to 5:00pm
Rockaway #79	219 Beach 59th Street	11692	Monday – Friday 8:30am to 5:00pm

  - In addition to these centers, the department has a community office at 4512 32nd Place in Queens.

Source: NYC Human Resources Administration, Department of Social Services, Queens Job Centers http://www.nyc.gov/html/hra/html/services/job_centers_queens.shtml

Community Resources
Education - Schools

- The NYHQ service area has 337 schools, of all levels and types, shown in the table to the right.
- Fourteen of the schools are noted specifically as schools that educate children with special needs (8 public schools and 6 private schools).

Education Type	Count
Public Elementary School	134
Public Middle School	24
Public Junior High School	4
Public Junior/Senior High School	8
Public Senior High School	31
Public Special School	8
Elementary School - Charter	3
Intermediate School - Charter	1
K-12 School - Charter	1
Private/Parochial Elementary School	73
Public Junior/Senior High School	4
Public Senior High School	19
Private/Parochial K-12 School	7
Private/Parochial Special School	6
Private/Parochial Pre-K School	1
CUNY	4
Independent College or University	5
Proprietary College or University	4
TOTAL	**337**

Source: New York City Department of Planning, Selected Programs and Facility Sites Metadata
http://www.nyc.gov/html/dcp/html/bytes/dwnselfac.shtml

Community Resources
Libraries

- The New York Public Library system has 40 branches in the NYQH service area. All branches have at least some open access to computers.
- The branch names, and locations by address and zip code, are listed in the table to the right.

Library Name	Address	Zip	Zip Name
FRESH MEADOWS LIBRARY	193-20 Horace Harding Exway	11365	Bayside/Little Neck/Fresh Meadows
KEW GARDENS HILLS LIBRARY	72-33 Vleigh Pl	11367	Bayside/Little Neck/Fresh Meadows
WINDSOR PARK LIBRARY	79-50 Bell Blvd	11364	Bayside/Little Neck/Fresh Meadows
HILLCREST LIBRARY	187-05 Union Tpke	11366	Bayside/Little Neck/Fresh Meadows
POMONOK LIBRARY	158-21 Jewel Ave	11365	Bayside/Little Neck/Fresh Meadows
BAYSIDE LIBRARY	214-20 Northern Blvd	11361	Bayside/Little Neck/Fresh Meadows
AUBURNDALE-CLEARVIEW LIBRARY	25-55 Francis Lewis Blvd	11358	Flushing/Clearview
MCGOLDRICK LIBRARY	155-06 Roosevelt Ave	11354	Flushing/Clearview
WHITESTONE LIBRARY	151-10 14 Rd	11357	Flushing/Clearview
MITCHELL-LINDEN LIBRARY	29-42 Union St	11354	Flushing/Clearview
POPPENHUSEN LIBRARY	121-23 14 Ave	11356	Flushing/Clearview
EAST FLUSHING LIBRARY	196-36 Northern Blvd	11358	Flushing/Clearview
QUEENSBORO HILL LIBRARY	60-05 Main St	11355	Flushing/Clearview
FLUSHING LIBRARY	41-17 Main St	11355	Flushing/Clearview
HOLLIS LIBRARY	202-05 Hillside Ave	11423	Jamaica
BAISLEY PARK LIBRARY	117-11 Sutphin Blvd	11436	Jamaica
ROCHDALE VILLAGE LIBRARY	169-09 137 Ave	11434	Jamaica
SOUTH HOLLIS LIBRARY	204-01 Hollis Ave	11412	Jamaica
SOUTH JAMAICA LIBRARY	108-41 Guy R Brewer Blvd	11433	Jamaica
ST ALBANS LIBRARY	191-05 Linden Blvd	11412	Jamaica
BRIARWOOD LIBRARY	85-12 Main St	11435	Jamaica
QUEENS CENTRAL LIBRARY	89-11 Merrick Blvd	11432	Jamaica
MIDDLE VILLAGE LIBRARY	72-31 Metropolitan Ave	11379	Ridgewood/Forest Hills
FOREST HILLS LIBRARY	108-19 71 Ave	11375	Ridgewood/Forest Hills
NORTH FOREST PARK LIBRARY	98-27 Metropolitan Ave	11375	Ridgewood/Forest Hills
REGO PARK LIBRARY	91-41 63 Dr	11374	Ridgewood/Forest Hills
GLENDALE LIBRARY	78-60 73 Pl	11385	Ridgewood/Forest Hills
RIDGEWOOD LIBRARY	20-12 Madison St	11385	Ridgewood/Forest Hills
RICHMOND HILL LIBRARY	118-14 Hillside Ave	11418	Southwest Queens
WOODHAVEN LIBRARY	85-41 Forest Pkwy	11421	Southwest Queens
LEFFERTS LIBRARY	103-34 Lefferts Blvd	11419	Southwest Queens
SOUTH OZONE PARK LIBRARY	128-16 Rockaway Blvd	11420	Southwest Queens
WOODSIDE LIBRARY	54-22 Skillman Ave	11377	West Queens
CORONA LIBRARY	38-23 104 St	11368	West Queens
EAST ELMHURST LIBRARY	95-06 Astoria Blvd	11369	West Queens
JACKSON HEIGHTS LIBRARY	35-51 81 St	11372	West Queens
LANGSTON HUGHES LIBRARY	100-01 Northern Blvd	11368	West Queens
LEFRAK CITY LIBRARY	98-25 Horace Harding Exway	11368	West Queens
MASPETH LIBRARY	69-70 Grand Ave	11378	West Queens
ELMHURST LIBRARY	86-01 Broadway	11373	West Queens

Source: New York City Department of Planning, Selected Programs and Facility Sites Metadata
http://www.nyc.gov/html/dcp/html/bytes/dwnselfac.shtml

Community Resources
Youth Development Programs

- Greater New York Hospital Association's Health Information Tool for Empowerment (HITE) identifies 57 organizations which identify youth development as a primary service offering.

NAME	TOWN	NAME	desc
Administration for Children's Services - Family Assessment Program (Queens)	Jamaica	Macedonia Child Center	Flushing
All My Children Day Care - 164th Place	Jamaica	Mateando	Elmhurst
All My Children Day Care Center - Sutphin Boulevard	Jamaica	Metro Queens Boys and Girls Club	South Richmo
ANIBIC - Association for Neurologically Impaired and Brain Injured Children	Bayside	Mount Sinai Sexual Assault and Violence Intervention Program (SAVI) - Queens	Elmhurst
Asociacion Benefica Cultural Padre Billini	Corona	Myrtle P. Jarmon Child Care Center	Jamaica
Business Leaders of Tomorrow Leadership Empowerment Center, Inc. - Progran	Jamaica	New York City Family Justice Center - Queens	Kew Gardens
Catholic Charities of Brooklyn and Queens - After School P.L.U.S.	Jamaica	New York Junior Tennis and Learning	Woodside
Catholic Charities of Brooklyn and Queens - Colin-Newell Head Start	Jamaica	Quality Services for the Autism Community - Day School	Whitestone
Catholic Charities of Brooklyn and Queens - Therese Cervini Early Childhood De	Corona	Queens Community House	Flushing
Catholic Charities of Brooklyn and Queens - Therese Cervini Family Day Care	Corona	Queens Community House - Generation Q	Forest Hills
City-Pro Group Inc.- Queens	Jackson Heights	Queens Pride House	Jackson Heigh
Community Mediation Services, Inc.	Jamaica	Quick Start Day Care Center, Inc.	Saint Albans
Early Intervention Service Coordination Program - Queens	Jamaica	RidgeWood YMCA	Queens
Families Building Community - Elmhurst Community Partnership	Jackson Heights	Ruby S. Couche Big Sister Educational Action and Service Center, Inc.	Jamaica
Flushing YMCA - Beacon Center at JHS 189	Flushing	Safe Horizon - Queens Child Advocacy Center	Forest Hills
Forestdale Fathering Initiative	Forest Hills	Safe Horizon - Queens Family Court Program	Jamaica
Forestdale Fathering Initiative - Jamaica Office	Hollis	Safe Space - Transitional Living Programs	Jamaica
Forestdale Preventive Services	Forest Hills	South Jamaica Center for Children and Parents Head Start	Jamaica
Goodwill Industries - PS 149 Beacon Program	Jackson Heights	Southern Queens Park Association, Inc. - After-School Program	Jamaica
Greater Ridgewood Youth Council, Inc - Main	Ridgewood	Southern Queens Park Association, Inc. - Beacon Program at MS 8	Jamaica
Head Start Program - The Child Center of NY	Woodside	Southern Queens Park Association, Inc. - Cornerstone at the South Jamaica Dev	Jamaica
It Takes A Community To Raise A Child Daycare Center	South Ozone Park	Southern Queens Park Association, Inc. - Families in Need Preventive Services I	Jamaica
Jamaica Community Partnership	Jamaica	St. John's University - Project CONNECT	Flushing
Jamaica NAACP Day Care Center	St. Albans	Sunshine Developmental School	Jamaica
JASA Queens Borough Service Center	Rego Park	The Boys' Club of New York - Marion McMahon Abbe Clubhouse	Flushing
JCCA - Family Day Care Program	Rego Park	TheraCare - Queens	Rego Park
Jerome Hardeman Child Care Center	East Elmhurst	Woodside on the Move	Woodside
Lower East Side Family Union - Queens Office	Forest Hills	YAI - New York League for Early Learning - Clearview Preschool	College Point
		YAI - New York League for Early Learning - Forest Hills West Preschool	Middle Village

Source: Greater New York Hospital Association, Health Information Tool for Empowerment (HITE)
http://www.hitesite.org

Community Resources
Family Support & Incarceration Alternatives

- The New York City Department of Planning identifies three agencies in the NYHQ service area as specific Family Support Service Agencies.

- These agencies are:
  - The Family Resource Center of Queens, number 5 in zip code 11373
  - The Family Resource Center of Queens, number 6 in zip code 11435
  - The Hodori Program, Family Support, in zip code 11355

- The NYC Queens Treatment Alternatives For Safer Communities (TASC) program is an alternative to incarceration program that has been operating in Queens County since 1986.

- The program targets non-violent, substance abusing misdemeanants and predicate and non-predicate felony offenders who are eligible for release to drug treatment.

FOR SAFER COMMUNITIES (TASC) PROGRAM
80-82 Kew Gardens Road, Suite 203
Kew Gardens, NY 11415
(718) 268-5657
Educational and Assistance Corporation

Source: New York City Department of Planning, Selected Programs and Facility Sites Metadata, NY State Division of Criminal Justice, Alternatives to Incarceration Programs http://www.nyc.gov/html/dcp/html/bytes/dwnselfac.shtml, http://www.criminaljustice.ny.gov/opca/newyorkcity.htm

Community Resources
NAMI

- The National Alliance on Mental Illness has a Queens/Nassau location in Lake Success, New York. This chapter runs programming out of four locations, noted below:

Class		Location	
NAMI Family-to-Family	**03/05/15 – 05/21/15** Thursdays, 7-9:30 PM	North Bellmore 11710	Details & Registration
NAMI Family-to-Family	**03/05/15 – 05/28/15** Thursdays, 6:30-9PM	Manhasset 11030	Details & Registration
NAMI Family-to-Family	**10/11/14 – 12/27/14** Saturdays, 1:30-3:00PM	Jamaica 11434	Details & Registration
NAMI Family-to-Family	**09/25/14** – *Ongoing* Thursdays, 6-8:30 PM	Queens Village 11429	Details & Registration

Source: National Alliance Mental Illness
www.nami.org/Template.cfm?Section=Education_Training_and_Peer_Support_Center

Community Resources
Ryan White and AIDS Outreach

- The Health Resources Services Administration (HRSA) recognizes five centers in the NYHQ service area as Ryan White centers. These are listed in the table to the right.

- In addition to these providers, Greater New York Hospital Association (GNYHA)'s Health Information Tool for Empowerment identifies 12 community organizations which list HIV/AIDS prevention or outreach as a primary service offering.

Queens Health Center
9704 Sutphin Blvd, Jamaica, NY 11435-4721 718-657-7088 http://www.chnnyc.org/
Elmhurst Hospital Center
7901 Broadway, Elmhurst, NY 11373-1329 718-334-4000 http://www.nyc.gov/html/hhc/html/home/home.shtml
Queens Hospital Center
8268 164th St, Jamaica, NY 11432-1121 718-883-3131 http://www.nyc.gov/html/hhc/qhn/html/qhc.html
Joseph P. Addabbo Family Health Center
11449 Sutphin Blvd, Jamaica, NY 11434-1022 718-945-7150 http://www.addabbo.org/
North Shore University Hospital (LIJ)
10201 66th Rd, Forest Hills, NY 11375-2029 718-830-4275 http://www.northshorelij.com/

Source: United States Department of Health and Human Services, Health Resources Services Administration
http://findhivcare.hrsa.gov/Search

Community Resources
Community Collaboratives

- The list below, compiled from the New York State Department of Health, identifies community coalitions and partner organizations who are working on health-related issues in the community
- This list is by no means comprehensive, but is instead intended to be representative of the types of programs and services in Queens County that are aimed at making a healthier community.

Community Organization	Program	Target Area	Zip
NYC Dept. of Health & Mental Hygiene	Beach Act Program	Water Quality	11101
NYC Dept. of Health & Mental Hygiene	Lead Poisoning Prevention	Built Environment	11101
American Lung Association	Asthma Coalition of Queens	NYS Regional Asthma Coalitions	11788
Public Health Solutions Queens	Queens Smoke-Free Partnership	Tobacco Control Program	10005
Mount Sinai School of Medicine / SAVI	Sexual Violence Prevention	Injuries, Violence	10029
Safe Horizon, Inc.	Sexual Violence Prevention	Injuries, Violence	10007
Wyckoff Heights Medical Center	Sexual Violence Prevention	Injuries, Violence	11237
AIDS Center of Queens County, Inc.	Pregnancy Prevention	Comprehensive Adolescent Pregnancy	11432
Center for Community Alternatives, Inc.	Pregnancy Prevention	Comprehensive Adolescent Pregnancy	10011
Charles B. Wang Community Health Center	Pregnancy Prevention	Comprehensive Adolescent Pregnancy	10013
The Child Center of NY, Inc.	Pregnancy Prevention	Comprehensive Adolescent Pregnancy	11377
The Steven and Alexandra Cohen Children'	Pregnancy Prevention	Comprehensive Adolescent Pregnancy	11040
Urban Health Plan, Inc.	Pregnancy Prevention	Comprehensive Adolescent Pregnancy	10459

Source: Health Data NY, New York State Department of Health
https://health.data.ny.gov/Health/Health-Coalitions-A-Resource-for-Community-Collabo/w43m-6kfj

Community Resources
Creating Healthy Places Locations

- Creating Healthy Places to Live Work and Play (CHP2LWP) is a joint five year grant of New York State Department of Health's Division of Chronic Disease Prevention and Division of Nutrition.
- It should be noted that while there are 667 organizations/locations registered with the grant, none of these are in the NYHQ service area.

Activity	Total
Creating and maintaining community landscapes conducive to physical activity	**63**
Develop transportation policies (Complete Streets)	33
Improve community-scale urban design	7
Improve land use policies and practices	5
Improve street-scale urban design	18
Increasing the availability and accessibility of fresh fruits and vegetables	**350**
Implement nutrition and physical activity program in childcare	122
Create community gardens	107
Establish new or expand existing farmers markets	53
Increase access to and availability of healthy food	29
Implement after school nutrition and physical activity change	39
Increasing the availability and accessibility of places to be physically active	**153**
Create new or improve park/recreation/playground	66
Create or expand walking/biking trails	47
Establish a joint use agreement	40
Increasing the healthful quality of foods offered for sale at local restaurants and corn	**101**
Enhance healthful food offerings in corner stores and bodegas	44
Establish grocery stores	1
Healthy restaurant strategies	26
Improve quality of grocery stores	28
Reduce point of sake marketing of energy dense, nutrient poor foods	2
Total Creating Health Places Intervention Locations	**667**

Source: Health Data NY, New York State Department of Health
https://health.data.ny.gov/Health/Creating-Healthy-Places-Intervention-Locations/jxme-znux

Community Resources
Count of Community Resources by Type

Community Based Resources	Service Area Count	Source
Housing Services	17	NYC Department of Planning, Programs and Facility Metadata
Food Banks, Farmer's Markets	90	NYC Department of Planning, Programs and Facility Metadata
Clothing and Furniture Banks	2	GNYHA, HITE (Health Information Tool for Empowerment)
Specialty Education Programs for Special Needs Children	14	NYC Department of Planning, Programs and Facility Metadata
Community Outreach Agencies	453	GNYHA, HITE (Health Information Tool for Empowerment)
Transportation Services	115	NYC Department of Planning, Programs and Facility Metadata
Religious Service Organizations	17	New York State Department of Health, Faith Ministries Service Directory
Nonprofit Health and Welfare Agencies	260	GNYHA, HITE (Health Information Tool for Empowerment)
Peer and Family Mental Health Advocacy Organizations	47	GNYHA, HITE (Health Information Tool for Empowerment)
Self Advocacy and Family Support Organizations	387	GNYHA, HITE (Health Information Tool for Empowerment)
Youth Development Programs	57	GNYHA, HITE (Health Information Tool for Empowerment)
Libraries w Open Access Computers	40	NYC Department of Planning, Programs and Facility Metadata
Community Service Organizations	93	GNYHA, HITE (Health Information Tool for Empowerment)
Education	337	NYC Department of Planning, Programs and Facility Metadata
Local Public Health Organizations	1	New York State Department of Health, Local Department Contact
Local Governmental Social Service	6	NYC Human Resources Administration, Department of Social Services
Community Based Education Programs	20	NYC Department of Planning, Programs and Facility Metadata
Family Support and Training	3	NYC Department of Planning, Programs and Facility Metadata
NAMI (National Alliance on Mental Illness)	4	NAMI, www.NAMI.org
Employment Support Services	5	NYC Human Resources Administration, Department of Social Services
PEER Support (Recovery Coaches)	24	GNYHA, HITE (Health Information Tool for Empowerment)
Alternatives to Incarceration	1	NY State Division of Criminal Justice, Alternatives to Incarceration
Ryan White Outreach	5	US Department of Health and Human Services, HRSA
HIV Prevention/Outreach	12	GNYHA, HITE (Health Information Tool for Empowerment)

Community Resource Implications

Housing

Temporary or transitional housing resources are available but supply may exceed demand; critical concern is general access to affordable housing in service area.

Jobs

There is job assistance available, yet unemployment rate is high. Employment impacts ability to not only afford health care, but to afford healthy life choices.

Food

Pantries/kitchens provide needed supply of food, although long lines. Area concern over quality and health of food in general (not specifically the quality of pantry food).

Physical Activity & Parks

Service area has not capitalized on opportunity to expand park and exercise space (nor healthy food options) through State's Creating Health Places grant. The community should engage in this.

Transportation

Transportation availability good for most population; but accessibility for elderly or fragile is difficult and programs don't work well.

Other

There are collaboratives offering various community resources, but focus groups suggest population isn't aware of who these are and aren't sure how to access.

Summary and Conclusions

- The NYHQ service area is home to a large, incredibly diverse, population base that is growing rapidly.
- Poverty is an issue of concern for this population – particularly the disparity in poverty rates across the service area. Some portions of the service area see as much as ¼ of the population living in poverty.
- Approximately 692k persons in the service area are Medicaid beneficiaries. This is 43% of population.
- Despite the significant presence of poverty in the service area, mortality rates are relatively low. This may be attributable to several factors, including but not limited to, the following:
  - Health risk factor data shows that the service area population does not engage in risky behaviors to the extent that populations in comparative geographies engage in these behaviors.
  - A large percentage of the service area population is Asian (more than 500k Asian residents). Asians are much healthier, as defined by mortality rates, than any other racial/ethnic group.
  - There are some excellent health care and community resources available to the population base.
- Two causes of mortality do rank higher in the service area than in other geographies. These are cerebrovascular disease (stroke) and intentional self harm (suicide).
- The most significant areas of concern from a morbidity, or disease prevalence, perspective are cardiovascular disease and behavioral health. These two diseases result in almost 300k admissions and another 300k ED visits annually in Queens County.

Summary and Conclusions

- The service area has a high rate of preventable readmissions, suggesting that there may be difficulty with coordination and transitions of care across providers, and from acute to post acute.
- Provider demand for the DSRIP population exceeds the supply of safety net providers in the area. Perhaps most concerning are the areas in the west and northwest of the service area that have little to no safety net providers, yet have a high concentration of Medicaid beneficiaries.
- Geographic disparity in the availability of resources (both health care resources and community resources) is significant. Roll out of new strategies should not be concentrated in the areas with current providers, but should focus on pockets of the service area that are underserved.
- Demand ratios indicate that the area is not over-bedded as it relates to acute care or SNF beds. Low bed rates and high occupancy may be appropriate as the focus shifts to outpatient and home care.
- There are not enough behavioral health resources to meet demand.
  - Fewer than 150 behavioral health beds in area hospitals, yet ~150k behavioral health admissions in the County. Hospitals are forced to admit behavioral health patients to med/surg beds.
  - More than 200k behavioral health ED visits suggest that outpatient resources are inadequate.
- Community resources are available, but perhaps not at a level to meet demand, particularly with housing and food. In addition, the area has not seized opportunities to create healthier places.

Appendix

Data Sources

DATA ELEMENT	SOURCE	LINK
DEMOGRAPHICS OF COMMUNITY TO BE SERVED		
Current and Projected Populatioj	Cornell Applied Demographics	http://pad.human.cornell.edu/counties/projections.cfm
Age and Gender	US Census Bureau	http://mcdc.missouri.edu/cgi-bin/broker?_PROGRAM=websas.acsmcdcprofiles_extract_menu.sas&_SERVIC
Race	US Census Bureau	http://mcdc.missouri.edu/cgi-bin/broker?_PROGRAM=websas.acsmcdcprofiles_extract_menu.sas&_SERVIC
Ethnicity	US Census Bureau	http://mcdc.missouri.edu/cgi-bin/broker?_PROGRAM=websas.acsmcdcprofiles_extract_menu.sas&_SERVIC
Language	Nielsen	www.nielsen.com
Education	Nielsen	www.nielsen.com
Employment	US Census Bureau	http://mcdc.missouri.edu/cgi-bin/broker?_PROGRAM=websas.acsmcdcprofiles_extract_menu.sas&_SERVIC
Income	US Census Bureau	http://mcdc.missouri.edu/cgi-bin/broker?_PROGRAM=websas.acsmcdcprofiles_extract_menu.sas&_SERVIC
Poverty	US Census Bureau	http://mcdc.missouri.edu/cgi-bin/broker?_PROGRAM=websas.acsmcdcprofiles_extract_menu.sas&_SERVIC
Medicaid Beneficiaries	NY State Department of Health	http://health.data.ny.gov/Health/Medicaid-Beneficiaries-Inpatient-Admissions-and-Em/m2wt-pie4/
Uninsured	US Census Bureau	http://mcdc.missouri.edu/cgi-bin/broker?_PROGRAM=websas.acsmcdcprofiles_extract_menu.sas&_SERVIC
Disability	US Census Bureau	http://mcdc.missouri.edu/cgi-bin/broker?_PROGRAM=websas.acsmcdcprofiles_extract_menu.sas&_SERVIC
Institutionalized Population	US Census Bureau	http://mcdc.missouri.edu/cgi-bin/broker?_PROGRAM=websas.acsmcdcprofiles_extract_menu.sas&_SERVIC
Citizenship	US Census Bureau	http://mcdc.missouri.edu/cgi-bin/broker?_PROGRAM=websas.acsmcdcprofiles_extract_menu.sas&_SERVIC
HEALTH STATUS OF POPULATION		
Leading Cause of Death	Vital Statistics, NYC Department of Health	https://a816-healthpsi.nyc.gov/epiquery/VS/index.html
Prevention Quality Indicators	Health Data NY, NY State Department of Health	https://health.data.ny.gov/Health/Medicaid-Inpatient-Prevention-Quality-Indicators-P/izyt-3msa
Leading Cause of Hospitalization/Preventable Readmissions	Health Data NY, NY State Department of Health	https://health.data.ny.gov/Health/Medicaid-Hospital-Inpatient-Potentially-Preventabl/ckvf-rbyn
Preventable ER Visits	Health Data NY, NY State Department of Health	https://health.data.ny.gov/Health/Medicaid-Potentially-Preventable-Emergency-Visit-P/cr7a-34ka
Rates of Ambulatory Sensitive Conditions	Health Data NY, NY State Department of Health	https://health.data.ny.gov/Health/Medicaid-Chronic-Conditions-Inpatient-Admissions-a/2yck-xisk
Disease Prevalance	Health Data NY, NY State Department of Health	https://health.data.ny.gov/Health/Medicaid-Chronic-Conditions-Inpatient-Admissions-a/2yck-xisk
Maternal and Child Health Outcomes	NY State Perinatal Profile, NY State Department of Health	https://www.health.ny.gov/statistics/chac/perinatal/county/regions.htm
End of Life and Palliative Care	The Dartmouth Atlas	www.dartmouthatlas.org
Domain 3 Metrics	DSRIP Clinical Improvement Metrics, NY State Department of Health	https://health.data.ny.gov/Health/Medicaid-Delivery-System-Reform-Incentive-Payment-/e2qd-mx59?categ
Health Risk Factors (Obesity, Smoking, etc..)	NYC Community Health Survey, NYC Department of Health	https://a816-healthpsi.nyc.gov/SASStoredProcess/guest?_PROGRAM=%2FEpiQuery%2FCHS%2Fchsindex&
Project Access Scorecard	Prevention Agenda Dashboard, NY State Department of Health	https://apps.health.ny.gov/doh2/applinks/ebi/SASStoredProcess/guest?_program=/EBI/PHIG/apps/dashbo

Data Sources

HEALTH CARE RESOURCES		
Hospitals	NY State Department of Health Hospital Profiles	http://www.health.ny.gov/regulations/hcra/provider/provhosp.htm
Ambulatory Surgical Centers	NY State Department of Health Ambulatory Surgery Profiles	http://www.health.ny.gov/regulations/hcra/provider.htm
Clinics	NY State Department of Health HCRA Data, Clinics	http://www.health.ny.gov/regulations/hcra/provider.htm
Urgent Care Centers	Urgent Care Association of America	http://www.ucaoa.org
Health Homes	NY State Department of Health, Medicaid Health Homes	https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/
FQHC	Health Resources Services Administration, US DHHS	http://findahealthcenter.hrsa.gov/Search_HCC.aspx?byCounty=1
Primary Care Providers	NY State Department of Health, Safety Net Providers	https://www.health.ny.gov/health_care/medicaid/redesign/docs/safety_net_physicians.pdf
Specialty Providers	NY State Department of Health, Safety Net Providers	https://www.health.ny.gov/health_care/medicaid/redesign/docs/safety_net_physicians.pdf
Dental Providers	NY State Department of Health, Safety Net Providers	https://www.health.ny.gov/health_care/medicaid/redesign/docs/safety_net_physicians.pdf
All Providers by Type	CMS National Plan and Provider Enumeration System	http://nppes.viva-it.com/NPI_Files.html
Pharmacies	NY State Department of Health, Safety Net Providers	https://www.health.ny.gov/health_care/medicaid/redesign/docs/safety_net_pharmacies.pdf
Laboratories	NY State Department of Health HCRA Data, Laboratories	http://www.health.ny.gov/regulations/hcra/provider.htm
Skilled Nursing Homes & Assisted Living	NYC Department of Planning, Selected Programs and Facility Sites Met	http://www.nyc.gov/html/dcp/html/bytes/dwnselfac.shtml
Home Care Services	NY State Department of Health, Home Health and Hospice Profile	http://homecare.nyhealth.gov/search_results.php?PHPSESSID=6c196a1c1c3b7b166f4949213ecbcbd6&rt=
Rehabilitative Services	NY State Department of Health Hospital Profiles	http://www.health.ny.gov/regulations/hcra/provider/provhosp.htm and http://profiles.health.ny.gov/hospit
Behavioral Health Resources	NYC Department of Planning, Selected Programs and Facility Sites Met	http://www.nyc.gov/html/dcp/html/bytes/dwnselfac.shtml
Specialty Developmental Disability Services	NYC Department of Planning, Selected Programs and Facility Sites Met	http://www.nyc.gov/html/dcp/html/bytes/dwnselfac.shtml
Foster Child Agencies	Greater New York Hospital Association (GNYHA) HITE Data	http://www.hitesite.org
Managed Care Plans	NY State Department of Health, Directory of Managed Care Plans	http://www. health.ny.gov/health_care/managed_care/pdf/cnty_dir.pdf
COMMUNITY BASED RESOURCES		
Housing Services	NYC Department of Planning, Selected Programs and Facility Sites Met	http://www.nyc.gov/html/dcp/html/bytes/dwnselfac.shtml
Food Banks, Farmer's Markets	NYC Department of Planning, Selected Programs and Facility Sites Met	http://www.nyc.gov/html/dcp/html/bytes/dwnselfac.shtml
Transportation Services	Metro Transit Authority (MTA), NYC Subway and NYC Bus Maps	http://web.mta.info/nyct/maps/busqns.pdf
Social Services and Job Centers	NYC Human Resources Administration, Department of Social Services	http://www.nyc.gov/html/hra/html/services/job_centers_queens.shtml
Education	NYC Department of Planning, Selected Programs and Facility Sites Met	http://www.nyc.gov/html/dcp/html/bytes/dwnselfac.shtml
Libraries	NYC Department of Planning, Selected Programs and Facility Sites Met	http://www.nyc.gov/html/dcp/html/bytes/dwnselfac.shtml
Youth Development Programs	Greater New York Hospital Association (GNYHA) HITE Data	http://www.hitesite.org
Alternatives to Incarceration	NY State Division of Criminal Justice, Alternatives to Incarceration	http://www.criminaljustice.ny.gov/opca/newyorkcity.htm
NAMI (National Association of Mental Illness)	National Alliance on Mental Illness (NAMI)	http://www.nami.org/
Ryan White and AIDS Outreach	United States DHHS, Health Resources and Services Administration	http://findhivcare.hrsa.gov/Search
Community Collaboratives	Health Data NY, New York State Department of Health	https://health.data.ny.gov/Health/Health-Coalitions-A-Resource-for-Community-Collabo/w43m-6kfj
Creating Healthy Places	Health Data NY, New York State Department of Health	https://health.data.ny.gov/Health/Creating-Healthy-Places-Intervention-Locations/jxme-znux

Service Area Definition

- The PPS service area can be defined as the grouping of zip codes that is the service area of the lead PPS partner, and if desired, modified to be contiguous[1].
- Service area is derived using hospital patient origin data and defined as the zip codes that represent approximately 75% of outpatient clinic patients in the most recent year[1].
- The table to the right shows the 33 zip codes proposed as NYHQ service area. The number of outpatient cases and percent of aggregate cases is also shown.
- The portion of the table in white represents the aggregate 75% of patients. The yellow addition to the table shows the zip codes that are proposed to be added in order to make the zip code map contiguous.

Zip Code	Sum of Cases	% of Cases	Aggregate %
11355	32880	9.5%	9.5%
11368	28581	8.2%	17.7%
11354	18077	5.2%	22.9%
11365	17061	4.9%	27.8%
11367	16610	4.8%	32.6%
11369	12502	3.6%	36.2%
11372	11582	3.3%	39.6%
11373	10091	2.9%	42.5%
11356	8711	2.5%	45.0%
11358	8641	2.5%	47.5%
11377	8516	2.5%	49.9%
11435	8475	2.4%	52.4%
11357	7598	2.2%	54.6%
11375	7241	2.1%	56.6%
11370	7132	2.1%	58.7%
11432	7042	2.0%	60.7%
11434	6000	1.7%	62.5%
11374	5441	1.6%	64.0%
11385	5319	1.5%	65.6%
11364	5150	1.5%	67.0%
11378	4430	1.3%	68.3%
11361	4367	1.3%	69.6%
11421	4089	1.2%	70.8%
11420	4043	1.2%	71.9%
11423	3771	1.1%	73.0%
11379	3689	1.1%	74.1%
11412	3608	1.0%	75.1%
11433	3533	1.0%	76.1%
11419	3441	1.0%	77.1%
11418	3226	0.9%	78.0%
11366	3188	0.9%	79.0%
11415	2186	0.6%	79.6%
11436	1725	0.5%	80.1%

[1]*Per Roadmap Prepared for NYHQ by HHC Corporate Planning Services.*

Note: Sum of Cases refers to NYHQ Outpatient Clinic Cases, including non-admitted ED patients, from July 2013 to June 2014.

Population to be Served
Service Area

Zip Code	County	Zip Name	NYHQ SA?
11354	Queens NY	Flushing	X
11355	Queens NY	Flushing	X
11356	Queens NY	College Point	X
11357	Queens NY	Whitestone	X
11358	Queens NY	Flushing	X
11360	Queens NY	Bayside	
11361	Queens NY	Bayside	X
11362	Queens NY	Little Neck	
11363	Queens NY	Little Neck	
11364	Queens NY	Oakland Gard	X
11365	Queens NY	Fresh Meadov	X
11366	Queens NY	Fresh Meadov	X
11367	Queens NY	Flushing	X
11368	Queens NY	Corona	X
11369	Queens NY	East Elmhurst	X
11370	Queens NY	East Elmhurst	X
11372	Queens NY	Jackson Heigh	X
11373	Queens NY	Elmhurst	X
11374	Queens NY	Rego Park	X
11375	Queens NY	Forest Hills	X
11377	Queens NY	Woodside	X
11378	Queens NY	Maspeth	X
11379	Queens NY	Middle Village	X
11385	Queens NY	Ridgewood	X
11411	Queens NY	Cambria Heights	
11412	Queens NY	Saint Albans	X
11413	Queens NY	Springfield Gardens	
11414	Queens NY	Howard Beach	
11415	Queens NY	Kew Gardens	X
11416	Queens NY	Ozone Park	
11417	Queens NY	Ozone Park	
11418	Queens NY	Richmond Hill	X
11419	Queens NY	South Richmo	X
11420	Queens NY	South Ozone I	X
11421	Queens NY	Woodhaven	X
11422	Queens NY	Rosedale	
11423	Queens NY	Hollis	X
11426	Queens NY	Bellerose	
11427	Queens NY	Queens Village	
11428	Queens NY	Queens Village	
11429	Queens NY	Queens Village	
11430	Queens NY	Jamaica	
11432	Queens NY	Jamaica	X
11433	Queens NY	Jamaica	X
11434	Queens NY	Jamaica	X
11435	Queens NY	Jamaica	X
11436	Queens NY	Jamaica	X
11691	Queens NY	Far Rockaway	
11692	Queens NY	Arverne	
11693	Queens NY	Far Rockaway	
11694	Queens NY	Rockaway Park	
11697	Queens NY	Breezy Point	

Population to be Served
Medicaid Beneficiaries by Zip and Age

Area	Zip Name	Total Beneficiaires	Total Population	Medicaid % Population	Dual Eligible Beneficiaries	Non Dual Beneficiaries	Child Beneficiaries	% Child Beneficiaries	Adult Beneficiaries
11354	Flushing	27,694	55,543	**49.9%**	4,969	22,725	5,315	19.2%	22,379
11355	Flushing	57,924	83,938	**69.0%**	6,256	51,668	13,074	22.6%	44,850
11356	College Point	10,377	22,947	**45.2%**	1,127	9,250	3,193	30.8%	7,184
11357	Whitestone	7,264	40,705	**17.8%**	1,606	5,658	1,590	21.9%	5,674
11358	Flushing	10,890	39,143	**27.8%**	1,439	9,451	2,677	24.6%	8,213
11361	Bayside	7,015	29,197	**24.0%**	1,268	5,747	1,586	22.6%	5,429
11364	Oakland Garden	8,726	35,106	**24.9%**	1,392	7,334	1,964	22.5%	6,762
11365	Fresh Meadows	14,713	41,520	**35.4%**	2,131	12,582	3,906	26.5%	10,807
11366	Fresh Meadows	4,459	13,593	**32.8%**	728	3,731	1,134	25.4%	3,325
11367	Flushing	15,696	39,424	**39.8%**	2,023	13,673	4,770	30.4%	10,926
11368	Corona	61,698	104,486	**59.0%**	5,114	56,584	27,468	44.5%	34,230
11369	East Elmhurst	18,841	40,160	**46.9%**	1,788	17,053	7,126	37.8%	11,715
11370	East Elmhurst	12,351	37,755	**32.7%**	1,100	11,251	4,069	32.9%	8,282
11372	Jackson Heights	31,344	62,857	**49.9%**	3,491	27,853	10,639	33.9%	20,705
11373	Elmhurst	54,628	97,430	**56.1%**	5,163	49,465	17,858	32.7%	36,770
11374	Rego Park	15,791	42,484	**37.2%**	3,290	12,501	3,530	22.4%	12,261
11375	Forest Hills	14,714	69,745	**21.1%**	3,585	11,129	3,009	20.4%	11,705
11377	Woodside	40,974	87,284	**46.9%**	3,963	37,011	13,362	32.6%	27,612
11378	Maspeth	10,028	32,187	**31.2%**	1,062	8,966	3,380	33.7%	6,648
11379	Middle Village	7,171	35,680	**20.1%**	1,390	5,781	1,840	25.7%	5,331
11385	Ridgewood	38,969	99,508	**39.2%**	3,613	35,356	13,815	35.5%	25,154
11412	Saint Albans	12,608	36,660	**34.4%**	1,314	11,294	4,312	34.2%	8,296
11415	Kew Gardens	5,877	19,464	**30.2%**	963	4,914	1,629	27.7%	4,248
11418	Richmond Hill	17,364	36,821	**47.2%**	1,657	15,707	5,914	34.1%	11,450
11419	South Richmond	25,108	48,119	**52.2%**	2,047	23,061	8,048	32.1%	17,060
11420	South Ozone Pai	19,917	48,226	**41.3%**	1,800	18,117	6,464	32.5%	13,453
11421	Woodhaven	18,579	41,872	**44.4%**	1,769	16,810	6,284	33.8%	12,295
11423	Hollis	12,525	31,425	**39.9%**	1,571	10,954	3,803	30.4%	8,722
11432	Jamaica	32,252	58,705	**54.9%**	3,727	28,525	9,886	30.7%	22,366
11433	Jamaica	17,669	30,851	**57.3%**	1,739	15,930	6,600	37.4%	11,069
11434	Jamaica	24,047	61,853	**38.9%**	2,450	21,597	8,868	36.9%	15,179
11435	Jamaica	27,272	52,288	**52.2%**	2,742	24,530	9,122	33.4%	18,150
11436	Jamaica	7,827	17,316	**45.2%**	653	7,174	2,821	36.0%	5,006
Service Area		692,312	1,594,292	**43.4%**	78,930	613,382	219,056	31.6%	473,256

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

Health Status of the Population
Diabetes Prevalence by SubGroup

County	Dual Eligibles w Diabetes	Non Dual Eligibles w Diabetes	Total Beneficiaries w Diabetes	Prevalence	Total IP Admissions	Total ER Visits
Bronx	33,158	59,290	92,448	11.3%	72,507	74,486
Kings	62,293	79,184	141,477	11.4%	88,146	84,836
New York	29,472	34,368	63,840	13.1%	45,143	53,427
Queens	38,208	71,045	109,253	11.9%	54,516	51,127
Richmond	5,355	7,812	13,167	10.3%	9,386	9,670
State	267,595	356,988	624,583	10.7%	408,140	499,529

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

Health Status of the Population
Cardiovascular Prevalence SubGroup

County	Dual Eligibles w CV Disease	Non Dual Eligibles w CV Disease	Beneficiaries w CV Disease	Prevalence	Total IP Admissions	Total ER Visits
Bronx	82,414	140,908	223,322	27.2%	226,067	187,794
Kings	192,097	205,416	397,513	32.1%	317,793	237,091
New York	81,487	88,623	170,110	35.0%	158,059	148,254
Queens	109,415	172,006	281,421	30.7%	197,816	144,585
Richmond	16,616	21,209	37,825	29.7%	33,971	31,191
State	773,952	931,992	1,705,944	29.2%	1,420,982	1,440,487

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

Health Status of the Population
Respiratory Disease by SubGroup

County	Dual Eligibles w Respiratory	Non Dual Eligibles w Respiratory	Beneficiaries w Respiratory	Prevalence	Total IP Admissions	Total ER Visits
Bronx	17,706	70,282	99,989	12.2%	81,701	133,542
Kings	29,707	101,268	115,931	9.4%	85,061	128,740
New York	14,663	37,395	54,680	11.3%	48,412	83,134
Queens	17,285	70,751	73,920	8.1%	46,615	70,489
Richmond	3,169	10,432	13,601	10.7%	10,828	16,935
State	156,147	457,587	613,734	10.5%	446,782	827,119

[1]See Appendix for NY State Prevention Agenda Reports

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

Health Status of the Population
Mental Health Prevalence by SubGroup

County	Dual Eligibles w MH Disease	Non Dual Eligibles w MH Disease	Beneficiaries w MH Disease	Prevalence	Total IP Admissions	Total ER Visits
Bronx	35,453	155,134	190,587	23.2%	153,472	256,134
Kings	57,629	165,193	222,822	18.0%	166,830	255,127
New York	33,489	101,613	135,102	27.8%	133,185	211,739
Queens	36,536	103,043	139,579	15.2%	94,608	145,924
Richmond	7,995	24,543	32,538	25.5%	25,999	43,662
State	364,518	1,110,658	1,475,176	25.3%	1,029,077	2,164,341

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

Health Status of the Population
Substance Abuse Prevalence by SubGroup

County	Dual Eligibles w SA Disease	Non Dual Eligibles w SA Disease	Beneficiaries w Sub. Abuse	Prevalence	Total IP Admissions	Total ER Visits
Bronx	6,880	62,905	69,785	8.5%	158,602	158,182
Kings	6,421	59,506	65,927	5.3%	148,733	172,365
New York	6,125	51,599	57,724	11.9%	159,671	173,646
Queens	3,342	27,775	31,117	3.4%	63,436	66,699
Richmond	1,042	10,163	11,205	8.8%	22,637	25,886
State	45,114	397,602	442,716	7.6%	815,411	1,102,891

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

Health Status of the Population
HIV Prevalence

County	Dual Eligibles w HIV	Non Dual Eligibles w HIV	Beneficiaries w HIV	Prevalence	Total IP Admissions	Total ER Visits
Bronx	2,438	13,291	15,729	1.9%	10,939	14,945
Kings	2,073	14,292	16,365	1.3%	7,798	13,192
New York	2,055	8,150	10,205	2.1%	6,239	9,838
Queens	906	6,521	7,427	0.8%	2,624	4,379
Richmond	234	927	1,161	0.9%	760	1,313
State	9,686	48,781	58,467	1.0%	32,622	54,207

[1]**See Appendix for NY State Prevention Agenda Reports**

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