

NYCH

NewYorkCommunityHospital
We are a caring place.

**New York Community Hospital
Community Health Needs Assessment
And
Community Service Plan**

2019 –2021

Approved by Board of Trustees on December 10, 2019

As Adopted and Submitted to the New York State Department of Health on
December 11, 2019

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FOREWORD

This document serves several functions and meets legal and regulatory requirements for New York Community Hospital (NYCH). In its entirety, it is referred to throughout as a “Community Health Needs Assessment and Community Service Plan” or “CHNA/CSP.” The document contains component material which may separately be referred to, in the document or elsewhere, by the following terms:

- Community Health Needs Assessment (CHNA) as defined by the Federal Government
- Implementation Plan (IP) as defined by the Federal Government
- Community Service Plan (CSP) as defined by the State of New York
- Community Health Implementation Plan (CHIP) as defined by the State of New York

This document describes:

- Activities NYCH undertook during and prior to 2019 to assess the health needs of its community in partnership with other organizations and members of the community
- Findings from those activities about the health needs of its community
- Activities NYCH conducted during and/or prior to 2019 that address those findings and/or the findings contained in its prior CHNA approved in 2015
- Activities NYCH will conduct in 2020-2021 to address the findings in this CHNA

New York Community Hospitals Community Service Plan is the disclosure and demonstration of our commitment to provide quality health care to the community.

MISSION STATEMENT

New York Community Hospital is committed to provide quality care with compassion and dignity to all patients and to the community.

We the hospital staff recognize these values and our role in fulfilling our Mission.

We are: Committed to our **Patients**, Committed to **Leadership** and Committed to **Excellence**.

Our Mission Statement, which is central to the Hospitals strategic plan, provides the Focus to achieve our goal of caring for the sick in a compassionate and respectful manner.

We have solicited community feedback in the strategic planning of health care resources to validate the Hospitals health care priorities. Frequent communication between all levels of management and the community, proved to be the cornerstone in developing the Hospitals mission. Much of the information that was utilized to direct the Hospitals planning efforts was obtained from data obtained via our information systems, patient surveys, with the involvement in community civic, religious, senior groups and Community Advisory Board membership. Current and future public health priorities including those selected, and to be selected in the future, to meet the goals of the NY Healthiest State Agenda are solicited by these means in addition to solicitation methods to be developed at the hospital and in conjunction with its selected community health partners.

1. EXECUTIVE SUMMARY

New York Community Hospital (NYCH) is a 134-bed hospital, located in Midwood, Brooklyn. It serves the health care needs of residents in the southern tier communities of the Borough.

New York Community Hospital serves patients from all over the borough and beyond. Its primary and secondary service areas cover most of Southern Brooklyn and Rockaway/Broad Channel (Queens), and for this document are defined as including the following New York City Community Districts: Coney Island, Sheepshead Bay, Borough Park, Flatlands/Canarsie, Flatbush/Midwood, Bedford Stuyvesant, Bay Ridge/Dyker Heights, and Rockaway/Broad Channel (collectively referred to as NYCH's service area). The service area's communities are incredibly diverse and include large immigrant populations; approximately 40% of area's residents were born outside the United States.

New York Community Hospital undertook a process to assess the health needs of these communities, drawing on data from 2018 New York City Department of Health & Mental Hygiene (DOHMH) Community Health Profiles and from information generated by other organizations that serve these communities. The assessment revealed various degrees of healthcare access, healthy behaviors, health conditions, and health outcomes across the service area, including many instances of unmet needs and cases where the service area community, in whole or part, fares worse than New Yorkers on average, with respect to health.

Based on the community's measurable health needs, New York Community Hospital's distinct competencies and resources, and the input of community members and partners, New York Community Hospital has elected to focus on the following New York State Department of Health Prevention Agenda priorities:

Priority Area	Focus Area	Goal
Prevent Chronic Diseases.	3: Tobacco Prevention	3.2 - Promote tobacco use cessation
Prevent Chronic Diseases.	1: Healthy eating and food security	1.1 -Increase access to healthy and affordable foods and beverages
Prevent Chronic Diseases.	4: Preventive care and management	4.2 - Increase early detection of cardiovascular disease, diabetes, prediabetes and obesity

Numbering as per "Prevention Agenda 2019-2024: New York State's Health Improvement Plan"

Within the framework of the Prevention Agenda priority to prevent chronic diseases, New York Community Hospital has identified the disparity experienced by the Russian community with respect to smoking. As per DOHMH NYC Community Health Survey, 2007 "Russian-speaking adults are almost two times as likely to be current smokers as other NYC adults (29% vs 17%)".

These priorities remain consistent with those previously selected by New York Community Hospital and reported in its 2015 Comprehensive Community Service Plan (CCSP). To confirm these priorities NYCH reviewed health and related data from several sources including:

- New York City Department of Health and Mental Hygiene (DOHMH) Community Health Profiles
- Take Care New York 2020 Community Consultations Conducted by DOHMH
- New York City Health Provider Partnership Brooklyn Community Needs Assessment
- U.S. Census Bureau American Community Survey (ACS)
- New York Community Finance Department / Patient Registration Data

New York Community Hospital works closely with a large number of partner organizations in assessing its community's health needs and in implementing programs that are responsive to those needs. On an ongoing basis NYCH works with the following types of organizations to understand the health needs of the people it serves:

- Faith-based organizations
- Public and non-profit social services providers e.g. senior centers, recreation centers
- Community associations & boards
- Elected officials
- Public health officials

These organizations often provide event promotion, cultural and linguistic expertise, and other assets. New York Community Hospital has undertaken in 2019, and will implement in 2020-2021, a range of interventions to address the three priorities and one health disparity that it is highlighting in this report, as well as many other initiatives that are inventoried in the Appendix A below. These initiatives were selected based on NYCH's institutional competencies and capacity; input from community members and partner organizations; and ability to deliver meaningful, measurable interventions.

To measure the progress associated with each of these initiatives, New York Community Hospital tracks event frequency, participation, and, where applicable, measures of comprehension, awareness, attitudes toward health, or behavior modification. NYCH will continue to engage closely with the people it serves, directly and through community representatives, to evaluate the effectiveness of its programs and continue to develop new ways to positively impact health in community it serves.

2. NEW YORK COMMUNITY HOSPITAL AND ITS COMMUNITY

About NYCH

New York Community Hospital is a 134-bed voluntary non-profit hospital located in the Midwood section of Brooklyn, New York.

New York Community Hospital serves patients from the southern tier of Brooklyn, with its primary service areas defined as Sheepshead Bay, Manhattan Beach and Midwood. In 2018 there were 7,529 patients admitted to the Hospital, 23,309 patients treated in Emergency Services, and 5,535 ambulatory patient procedures performed. Service Areas provided by the hospital are derived from many years of census data including the Zip Code localities of the patient population derived from the Southern Tier communities of Brooklyn.

The unique needs of our patient population are provided for by professional staff who are loyal to the philosophy and values created by the Hospital's governing body.

At New York Community Hospital, quality health care is based not only on the outcome of the patients' health status, but also on the patient's perception of how his/her care was delivered. Our Hospital-wide Continuous Quality Improvement Program emphasizes the importance of quality patient care outcomes as well as the delivery of hospital care. Our goal is to heal the patient, to satisfy the patients' expectations and to ensure his/her rights.

The Hospital Mission Statement speaks of commitment to excellence, to leadership as well as to our patients. Our Vision is to offer our surrounding communities' quality medical care and a diverse array of medical services. The focus of the care is ease of accessibility, comprehensiveness and technology.

While the relationship with New York Presbyterian served the hospital well for more than two decades, we are anticipating that our new relationship with Maimonides Medical Center will benefit both institutions and the communities we serve, improving the quality of life and offering comprehensive multi-disciplinary care for every patient in a coordinated and comprehensive manner. This collaboration, along with the hospitals long standing association with State and Local Associations such as HANYS and The Greater New York Hospital Association, will allow us to provide a continuity of care for our patients who are in need of high-tech surgery and tertiary care.

In addition to our affiliations, our own active Board of Trustees, with its strong commitment to quality improvement and patient safety, is working toward the goal of being a highly reliable organization that is responsible to the changing needs of the community we serve.

Presented on an annual basis and submitted for approval to the Board of Trustees is a complete set of Hospital Goals and Objectives for each upcoming year. Major goal statements as submitted by the Executive Administrative Office continue to be as follows:

1. Continue to strengthen the Financial Management of the Hospital
2. Continue to Strengthen and Enhance Hospital Services to the Community and Strengthen Community Outreach.
3. Continue to strive to instill Culture for the enhancement of Employee and Medical Staff Morale.
4. Improve and Strengthen compliance with The Joint Commission, CMS and other regulatory requirements.
5. Strengthen Medical Staff Development to Include Retention and Recruitment. Strengthen Medical Staff Performance in PI/QA activities.
6. Improvement of the overall Hospital Facility.
7. Enhance Ambulatory Services based on Community Needs Assessment
8. Participation in making our NY community a healthier place via active involvement with the Prevention Agenda goals and selected hospital initiatives.

New York Community Hospital of Brooklyn is proud to provide care to our community. Our doors are open 24 hours a day, seven days a week, and 365 days a year. Every year we serve thousands of individuals and keep our community healthy, strong, and vibrant. This record of service is and always will be our most valuable contribution to the community.

Hospitals strengthen the infrastructures of local communities. Communities rely on their hospitals and health systems to:

- Provide high quality health care
- Bring life into the world
- Care for the aged
- Ensure safety when an emergency or disaster strikes
- Educate people about the impact of lifestyles on their health and wellbeing
- Provide comfort at the end of life.

Less often recognized is the hospital's contribution to the local economy, including the people it employs, the impact of its spending, and the effect of hospital employees' spending and the taxes they pay. New York Community Hospital is critical to the economic viability of our community. New York Community Hospital is a major source of employment and purchaser of goods and services, as well as providing health care that allows people to be productive citizens. Aspects of this report have been prepared with assistance from the Healthcare Association of New York State, highlighting the significant role New York Community Hospital plays within our local community. It identifies and measures the direct involvement New York Community Hospital has on the local community and demonstrates the "ripple" effect of the dollars the health care sector brings into the community and the jobs it helps create. It also demonstrates the benefit the hospital provides for a safe, stable and healthy community.

New York Community Hospital is a Major Employer

New York Community Hospital of Brooklyn employs approximately 700 employees. Hospital payroll expenditures serve as an important economic stimulus, creating and supporting jobs throughout the local and state economies.

New York Community Hospital Provides Other Important Economic Benefits

Construction activity at New York Community Hospital of Brooklyn affects the local economy from the convenience store located down the street to the insurance agent providing policies for the contractors and other companies working on the projects. Construction projects are currently underway at the hospital. These projects generate local jobs and revenue and result in improved health care delivery for the community.

Hospitals are a key ingredient to New York's quality of life and to keeping communities healthy and vibrant. New York Community Hospital is a major contributor to both the local and state economies and to keeping families healthy and secure by providing needed health care services.

The Future

New York Community Hospital's vision is to further our purpose as a community resource, providing emergency services, preventive care and education, and inpatient care, as well coordinating long-term care to meet the needs of our community.

By coordinating the healthcare services in the community, the hospital will provide accessible, cost effective, clinically appropriate care to all its community residents. The hospital's financial goals in 2019-2021 include identifying the implementation of Cost Reduction Programs to decrease operating expenses. This will include looking at all purchasing, billing and internal departmental budgets utilized by the institution.

As of 2015 the hospital has implemented of a fully operational Electronic Health Record and has met the requirements for "Meaningful Use". This project meets the needs of Local, State and Federal guidelines for providing cost effective healthcare as well as the reduction of errors, access to information and overall safety risks associated with the daily provision of care for the patient at our hospital.

As we approach the end of 2019, new contracts have been executed including Microsoft Office 365 for E-mail, Derive Technology for networking, switches, firewall, wireless and security, EPSI Business Intelligence, 3M Encoder with abstracting tool, Lawson General Ledger, and Cerner Eagle for Billing and Patient Accounts.

The hospital successfully transitioned from NYP exchange email to Microsoft Office 365, and each user was assigned a suite of online Microsoft office, PowerPoint, Outlook, Word, Project Management, 50G OneDrive and ability to load software to 5 machines.

The EPSI business intelligence system will be locally hosted on hospital Vmware, and it is hoped that this system will perform some of the functions that are needed for reports in connection with our Ongoing Physician Performance Evaluation (OPPE) required by the Joint Commission.

Other IT systems have been acquired through competitive bidding and rigorous negotiation which will have a significant positive financial impact on the hospital.

Services Provided by the Hospital

New York Community Hospital, located in Midwood, Brooklyn, serves the health care needs of residents in the southern tier communities of the Borough. Expressions of health care needs by an economically stable, culturally diverse community represent a cooperative social context in which the Hospital seeks to develop services and health programs that meet the needs of the community.

Number of Beds:

Medical/Surgical.....	134
Monitored beds.....	60
Critical Care/Intensive Care Unit.....	7
Progressive Care Unit.....	12
Telemetry.....	24

Services provided

Inpatient Services:

- Medical and Surgical Care
- Perioperative Services
- Critical Care/Intensive Care Unit
- Progressive Care Unit
- Diagnostic Radiology
- Laboratory Services
- Pharmacy Services
- Respiratory Services
- Physical Therapy
- Social Work

Outpatient Services:

- Ambulatory Surgery Center
- Emergency Medical Services
- Clinical Laboratory
- Diagnostic Medicine
- Nuclear Medicine
- Ultrasound
- CT Scan
- Lithotripsy
- Pain Management

Population Served

In 2018 Emergency Services received 23,309 patient visits, 5,535 Ambulatory Surgery visits, and 7,529 inpatient admissions. The average length of stay in 2018 was 4.72 days.

The Hospital patient mix was as follows:

Medicare70%
 Medicaid17%
 All Commercial Plans12%
 Others1%

New York Community Hospital employs approximately 700 people, many of whom are Brooklyn residents.

3. NYCH’S COMMUNITY: DEFINITION AND CHARACTERSTICS

New York Community Hospital service area goes well beyond its immediate neighborhood. It treats a large number of patients from all parts of Southern Brooklyn, and serves patients from across the borough, and beyond. The neighborhood in which the majority of New York Community Hospital’s patients collectively live, and which compose New York Community Hospital’s primary and secondary service areas include Marine Park, Sheepshead Bay, Midwood, Flatbush, Coney Island, Canarsie and Borough Park.

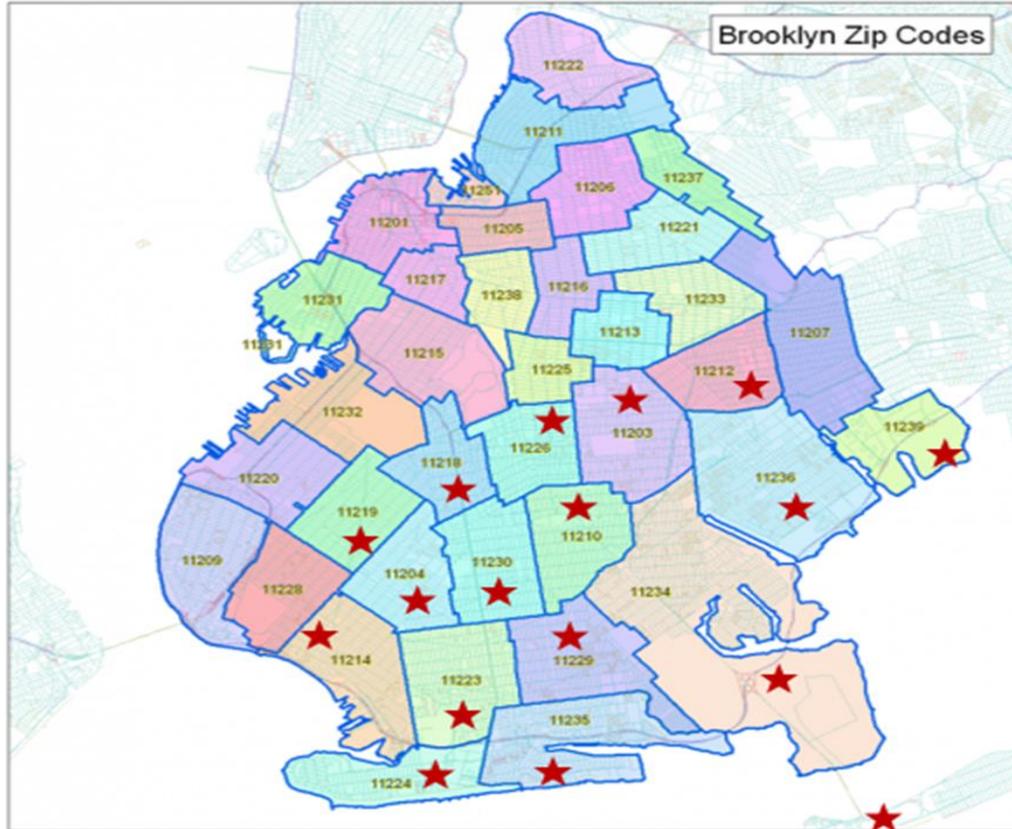
ZIP	NYCH 2018 Patient Registration Data	% of Total	United Hospital Fund Neighborhood Name
11229	4,153	14.70%	Coney Island
11230	2,908	10.30%	Borough Park
11235	2,755	9.70%	Coney Island
11234	2,373	8.40%	Canarsie & Flatlands
11236	1,904	6.70%	Canarsie & Flatlands
11210	1,735	6.10%	Flatbush
11223	1,433	5.10%	Coney Island
11214	990	3.50%	Bay Ridge & Bensonhurst
11224	928	3.30%	Coney Island
11226	892	3.10%	Flatbush
11218	561	2.00%	Borough Park
11204	527	1.90%	Borough Park
11203	534	1.90%	Flatbush
11212	354	1.30%	Bedford Stuyvesant/Crown Heights
11239	364	1.30%	Canarsie & Flatlands
11219	363	1.30%	Borough Park
11691	355	1.30%	The Rockaways
All Others	5,503	20%	
Total	28,302	100%	

Source: Empower Patient Registration Data for 2018

The New York Community Hospital’s service area is racially and ethnically diverse. NYCH’ patient population includes large numbers of Russian, Caribbean, Orthodox Jews, Chinese, Latino, and South and Southeast Asian (primarily Pakistani, Bangladeshi, Indian, Laotian, Filipino, and Indonesian) residents. The borough’s rich diversity is reflected in New York Community Hospital’ inpatient and outpatient populations.

The quantitative component of this assessment draws on the New York City Department of Health and Mental Hygiene’s (DOHMH) Community Health Profiles published in 2018. The DOHMH profiles define communities based on the same boundaries used by New York City Community Board Districts; there is one profile for each community district. This document uses data for seven Brooklyn community boroughs and Rockaway & Broad Channel borough of Queens that roughly correspond to its primary and secondary services areas, as depicted below.

Map of NYCH Patient Origin by Zip, 2018



NYC Community Districts Included in this Needs Assessment

CD#	CD Name	Neighborhoods Partially or Wholly Contained Within the CD
13	Coney Island	Brighton Beach, Coney Island, Gravesend, Homecrest, Sea Gate, East Brighton
12	Borough Park	Borough Park, Kensington, Ocean Parkway
18	Flatlands & Canarsie	Bergen Beach, Canarsie, Flatlands, Georgetown, Marine Park, Mill Basin
14	Flatbush & Midwood	Ditmas Park, Flatbush, Manhattan Terrace, Midwood, Ocean Parkway, Prospect Park South
15	Sheepshead Bay	Gerritsen Beach, Gravesend, Homecrest, Kings Highway, Manhattan Beach, Plumb Beach and Sheepshead Bay
3	Bedford Stuyvesant	Bedford-Stuyvesant, Stuyvesant Heights, Tompkins Park North
10	Bay Ridge & Dyker Heights	Bay Ridge & Dyker Heights, Fort Hamilton
14	Rockaway & Broad Channel (Queens)	Arverne, Bayswater, Belle Harbor, Breezy Point, Broad Channel, Edgemere, Rockaway

Over 1.0 million people live in these seven (Brooklyn) communities and Rockaway/ Broad Channel (Queens) community. Nearly half (approximately 40%) of the population is foreign-born, including many undocumented immigrants.

The areas New York Community Hospital serves rank consistently high in rates of household poverty and lower levels of education. Approximately 30% of the residents in these communities have limited English proficiency.

Neighborhood	% Foreign Born	% Ltd English	Racial/Ethnic Breakdown					% Over 65
			White	Asian	Latino	Black	Other	
New York City	37%	23%	32%	15%	29%	22%	2%	14%
Brooklyn	38%	24%	36%	11%	20%	31%	2%	12%
Coney Island	53%	43%	56%	14%	16%	12%	1%	22%
Sheepshead Bay	48%	33%	70%	18%	8%	3%	1%	17%
Borough Park	31%	32%	63%	21%	13%	2%	1%	10%
Flatlands & Canarsie	41%	14%	26%	5%	8%	59%	2%	13%
Flatbush and Midwood	43%	27%	37%	11%	15%	35%	2%	13%
Bedford Stuyvesant	20%	12%	11%	3%	20%	64%	2%	11%
Bay Ridge & Dyker Heights	39%	28%	59%	23%	14%	1%	2%	15%
Rockaway and Broad Channel (Queens)	26%	13%	33%	3%	22%	40%	2%	14%

Source: [DOHMH Community Health Profiles](#), 2018

Assessment of Public Health Priorities

The Community Service Plan Committee is comprised of the Hospital Governing Body, Administrative and Medical Staff leadership and Professional/Clinical staff. This committee analyzes internal and external health related information to obtain a broad view of activities in order to determine community needs and how best to meet these needs.

The hospital has utilized information provided by the Department of Health, as a means for assessment and improvement of processes and services to patients, families, physicians, and the community. This information is developed in an ongoing collaborative and interdisciplinary effort by way of various workgroups and Administrative and Medical Staff conferences, ongoing evaluation that provides a mechanism for update and change. In addition, leadership and staff participation in Department of Health external programs (NYPORTS) has enhanced the hospital's education and thereby contributed to the development of our Community Service Plan.

Analysis of data that is obtained from our information systems as well as research into data provided by the DOHMH and ongoing communication with local community members enables the Hospital to identify our patient's needs. The information is based on the high-volume diagnoses that are presented for treatment in Emergency Medical Services and for inpatient admissions as well as cultural needs of community members and local health disparities.

Health Care Team

Delivery of quality patient care is assured through a continuous process of quality assessment and evaluation of patient care needs. The composition of our Health care Team is in keeping with traditional health organizations, but with a significant difference in a philosophical approach to patient care. At New York Community Hospital we endeavor to assess, plan, implement and evaluate the outcome of daily operations that revolve around the patient. It is our belief that patients who participate in their health care planning have an improved outcome. Assuring quality patient care is our primary goal and is a continuous commitment on the part of each Health Care Team member.

The leadership at New York Community Hospital manages ongoing forums to develop methods to meet the standards of the Joint Commission on Accreditation of Health Care Organizations, the State Department of Health and other regulatory bodies. Among our accomplishments, we improved our employee's morale, we made our Hospital a better place to work, we are continually improving our physical facility, we enhanced our medical equipment, and most important, we improved our services. We were more caring to our patients. We responded and served our doctors better. We provided better quality care to our patients.

NYCH Utilization Statistics

Top Ten Volume Admissions 2018

1. Congestive Heart Failure
2. Chronic Obstructive Pulmonary Disease
3. Pneumonia
4. Sepsis
5. Gastroenteritis
6. Renal Failure
7. Osteomyelitis
8. Coronary Artery Disease
9. Transient Ischemic Attack
10. Diabetes

NYCH Community Health Assessment

Surveys and Group Discussions

Top Five Community Health Concerns

1. Diabetes
2. Tobacco Cessation
3. Obesity
4. Heart Disease
5. Fall Risk

NYCH'S ENGAGEMENT WITH ITS COMMUNITY

Community engagement as a means of fostering healthy communities has been a key priority at New York Community Hospital. New York Community Hospital has built strong partnerships with community and faith-based leaders, elected officials, and community boards, along with key community organizations that collectively represent a broad base of the residents of South Brooklyn.

COMMUNITY CARE OF BROOKLYN (CCB): OVERVIEW AND ALIGNMENT WITH NYCH'S COMMUNITY HEALTH PROGRAM

While the majority of patients NYCH serves reside in Southern Brooklyn, NYCH's efforts to foster healthy communities and improve the healthcare delivery system reach beyond its primary and secondary service areas. Leveraging its experience developing and implementing collaborative care models and broad health coalitions, NYCH is playing a big role in the transformation of Brooklyn's healthcare delivery system.

NYCH is a member of the Community Care of Brooklyn (CCB), which is the largest Performing Provider System (PPS) in Brooklyn. PPS entities were established as part of New York State's Delivery System Reform Incentive Payment (DSRIP) program. As described in the DSRIP Brooklyn Community Needs Assessment (CNA):

"In April 2014, New York State finalized a waiver amendment from the Centers for Medicaid and Medicare Services that allows for reinvestment of approximately \$8 billion in projected savings resulting from the State's Medicaid Redesign Team reforms. These funds will be used to support transformation of the health care system in NYS to promote clinical and population health. The majority of the funds will be distributed through a Delivery System Reform Incentive Payment (DSRIP) program. A central part of DSRIP is the formation of Performing Provider Systems (PPS) - collaborative partnerships between hospitals, community-based organizations, and other health care providers across the full spectrum of care. The goal of DSRIP is to advance innovative projects designed to transform the safety net health care delivery system, improve population health, and reduce avoidable hospitalizations. (DSRIP CNA, 8) Through DSRIP, CCB is responsible for managing care for 600,000 Medicaid beneficiaries – nearly half of the Medicaid beneficiaries in Brooklyn and 10% of the total Medicaid population of New York State. The CCB network is comprised of over 4,600 medical practitioners, six hospitals (including NYCH), ten federally qualified health centers (FQHCs), and 350 social service organizations. Together, this consortium is implementing a coordinated approach to managing the care of chronically ill populations. The PPS is responsible for implementing evidence-based initiatives and integrating primary, specialty and behavioral healthcare in community settings, with hospitals used primarily for emergency and tertiary level services. Through community-level

collaborations, the PPS will work to achieve the triple aim of better health, better care, and reduced costs, reduce avoidable inpatient admissions by 25% and decrease emergency room visits over five years. “

NYCH is participating in a number of DSRIP projects.

4. IDENTIFICATION OF RISK FACTORS AND COMMUNITY HEALTH NEEDS

QUANTITATIVE COMPONENT: HEALTH INDICATORS AND DISPARITIES

Methods

The 2018 DOHMH Community Health Profiles include health data on each neighborhood in the City as well as how those neighborhoods compare to the rest of the borough and to New York City. The profiles address both health outcomes, as well, as social determinants of health, such as educational attainment and income levels. New York Community Hospital analyzed data from these profiles, in addition to health indicators from the New York State Prevention Agenda and the U.S. Census.

The data below focus on the eight community districts in which the majority of New York Community Hospital patients collectively live.

Findings

Data from the 2018 DOHMH Community Health Profiles revealed trends across neighborhoods in NYCH’s catchment area, and also showed key differences and unique challenges facing certain neighborhoods, all of which help define the health needs of the community. This report does not focus solely on a single neighborhood; rather, it aims holistically to address both specific and broad health needs across Southern Brooklyn.

The primary health challenges facing the communities served by NYCH involve chronic disease prevention and treatment, which are shown to be influenced by inadequate access to healthcare and healthy foods, and additional social, economic, and cultural factors that influence childhood vaccination, physical activity, nutrition, and more.

NYCH Service Area: Overall Health Status

Neighborhood	Self-Reported Health “Excellent,” “Very Good,” or “Good”¹	Premature Mortality Per 100,000²
New York City	78%	169.5
Coney Island	70%	215.5
Sheepshead Bay	70%	144.0
Borough Park	78%	124.4
Flatlands & Canarsie	89%	164.7
Flatbush and Midwood	77%	169.4
Bedford Stuyvesant	76%	283.8
Bay Ridge & Dyker Heights	74%	139.6
Rockaway and Broad Channel (Queens)	75%	269.3

Source: [DOHMH Community Health Profiles](#), 2018. Values marked in **red** are worse than NYC average.

1. Age-adjusted percent of adults responding in this way, on a five-level scale that also includes “Poor” and “Fair”
2. Age-adjusted rate of premature deaths, defined as death < 65 years, per 100,000 population

Social Determinants of Health

Chronic disease risk and burden are significantly impacted by social, economic, and environmental factors, such as low incomes, working long hours or multiple jobs, and lack of comprehensive health education. This remains true among the communities that NYCH serves, as many immigrant and low-income communities report working very long hours, sometimes in multiple jobs, which can make it difficult to maintain healthy habits.

NYCH Service Area: Social Determinants of Health

Neighborhood	Homes without maintenance Defect ¹	Air Pollution Indicator ²	Supermarket to Bodega Ratio ³	Educational Attainment	Poverty Rate
New York City	44%	7.5	n/a	43% col. grad 19% less than HS	21%
Brooklyn	41%	7.8	n/a	40% col. grad 20% less than HS	24%
Coney Island	44%	6.7	1 supermarket for 24 bodegas	45% col. grad 18% less than HS	24%
Sheepshead Bay	50%	6.8	1 supermarket for 25 bodegas	47% col. grad 15% less than HS	19%
Borough Park	57%	7.5	1 supermarket for 18 bodegas	32% col. grad 23% less than HS	28%
Flatlands & Canarsie	31%	7.1	1 supermarket for 9 bodegas	40% col. grad 13% less than HS	15%
Flatbush and Midwood	40%	7.2	1 supermarket for 21 bodegas	43% col. grad 18% less than HS	22%
Bedford Stuyvesant	40%	8.1	1 supermarket for 57 bodegas	35% col. grad 21% less than HS	23%
Bay Ridge & Dyker Heights	47%	7.4	1 supermarket for 20 bodegas	46% col. grad 19% less than HS	19%
Rockaway and Broad Channel (Queens)	82%	6.0	1 supermarket for 8 bodegas	35% col. grad 22% less than HS	18%

Source: [DOHMH Community Health Profiles](#), 2018. Values marked in **red** are worse than NYC average.

1. Percent of renter-occupied homes without maintenance defects - include water leaks, cracks and holes, inadequate heating, presence of mice or rats, toilet breakdowns or peeling paint. Higher is better.
2. Annual average of micrograms of fine particulate matter (PM 2.5) per cubic meter. Lower is better.
3. Bodegas are less likely to have healthy food options than supermarkets.

High poverty rates pose a persistent challenge to healthy living, particularly in Borough Park and Coney Island, where 28% and 24% of residents, respectively, live in poverty, compared to 21% of residents in Brooklyn and 20% in New York City overall. Lower educational attainment in Borough Park and Bedford Stuyvesant also contribute to poorer health outcomes.

Limited access to supermarkets, often linked with diminished access to fresh, affordable and healthy foods was also found to be a barrier, particularly in Bay Ridge/Dyker Heights, Bensonhurst, and Coney Island, according to the DOHMH Health Profiles.

High rates of poverty and lower levels of educational attainment – in Borough Park and Bedford Stuyvesant in particular – as well as insufficient access to supermarkets and fresh foods – particularly impacting Bedford Stuyvesant, Coney Island, Flatbush, and Sheepshead Bay – play a substantial role in the health of communities and impact access to healthy environments and lifestyles.

Healthcare Access

Lack of access to quality healthcare can lead to negative health outcomes and often means that patients are treated for disease and illness at more advanced stages. Lack of health insurance remains a barrier to care in NYCH’ services area, where 16% of residents in Flatbush & Midwood and 15% in Borough Park and Bay Ridge/Dyker Heights report having no health insurance, compared to 12% in Brooklyn and in New York City overall.

NYCH Service Area: Access to Healthcare

Neighborhood	No Health Insurance ¹	Went Without Medical Care ²
New York City	12%	10%
Brooklyn	12%	10%
Coney Island	14%	11%
Sheepshead Bay	10%	9%
Borough Park	15%	9%
Flatlands & Canarsie	9%	8%
Flatbush and Midwood	16%	9%
Bedford Stuyvesant	11%	14%
Bay Ridge & Dyker Heights	15%	9%
Rockaway and Broad Channel (Queens)	11%	10%

Source: [DOHMH Community Health Profiles](#), 2018. Values marked in **red** are worse than NYC average.

1. Age-adjusted percent of adults that reported not having health insurance
2. Age-adjusted percent of adults that reported needing medical care in the past 12 months but did not receive it

Immigrant communities, particularly undocumented residents, face magnified barriers to accessing healthcare services, including linguistic and cultural barriers, ineligibility for insurance, and lack of knowledge about where and how to access care in their communities. Due to fear of deportation or arrest, some residents may be less likely to provide personal information that is often required to obtain care. The Medicaid population also has profound challenges obtaining access to preventive care, as detailed in the DSRIP CNA:

There are approximately 1.3 million Medicaid beneficiaries living in Brooklyn, which is 1 out of 5 (21.1%) of all Medicaid beneficiaries in New York State and more than one-third (34.3%) of all Medicaid beneficiaries in New York City. The percentage of the Brooklyn population who are Medicaid Beneficiaries varies across zip codes from 11.8% to 84.9% (See Appendix A, Map 1). The highest proportion of the population who are Medicaid Beneficiaries are in two large clusters, one in the northeast part of the borough from Williamsburg through Bushwick, Bedford-Stuyvesant, Brownsville, and East New York; and the other in southwest and south central Brooklyn, from Sunset Park to Borough Park, Flatbush, East Flatbush, and Bensonhurst. (DSRIP CNA, 28)

In 2013, there were approximately 79.5 FTE primary care physicians per 100,000 population in Brooklyn, lower than NYC (90.2 per 100,000) and NYS (84.5 per 100,000) rates for the same time period.¹ (DSRIP CNA, 10)

A key component of DSRIP is to reduce avoidable services by bolstering primary care providers and community-based organizations (CBOs) to enhance coordination of care, prevention and disease management, particularly for those with chronic conditions. We find the distribution of primary care providers uneven in Brooklyn, with sparse numbers in certain neighborhoods....² The data also suggest there is a lack of culturally and linguistically competent specialists and multi-specialty centers that could provide a ‘one-stop shopping’ experience that many patients seek.³ (DSRIP CNA, 4)

Health Behaviors

Health behaviors vary widely across different neighborhoods of Southern Brooklyn. Key data reveal behavior trends that may influence residents’ risk of developing chronic disease. In particular, relatively high adult smoking rates and lack of regular physical activity impact health in NYCH’ communities, and are linked with high blood pressure, diabetes, and some cancers.

NYCH Service Area: Healthy Behaviors

Neighborhood	Current Smokers	> 1 Sugary Drink/Day	At Least 1 Fruit or Veg./Day	Physical Activity in Last 30 Days
New York City	14%	23%	87%	73%
Brooklyn	14%	24%	86%	72%
Coney Island	19%	21%	91%	71%
Sheepshead Bay	17%	21%	93%	67%
Borough Park	10%	22%	91%	67%
Flatlands & Canarsie	10%	23%	85%	80%
Flatbush and Midwood	10%	26%	80%	69%
Bedford Stuyvesant	19%	29%	84%	70%
Bay Ridge & Dyker Heights	12%	20%	92%	70%
Rockaway and Broad Channel (Queens)	16%	24%	89%	72%

Source: [DOHMH Community Health Profiles](#), 2018. Values marked in **red** are worse than NYC average.

¹ “The Health Care Workforce in New York: Trends in the Supply and Demand for Health Workers” Center for Health Workforce Studies, 2013 data, published June 2014

² NYAM Primary Data Collection, preliminary findings, August 2014. Brooklyn Healthcare Improvement Project (B-HIP) “Final Report: Making the Connection to Care in Northern and Central Brooklyn,” August 2012.

³ Ibid.

Chronic Diseases

The predominant primary health challenges among the communities New York Community Hospital serves center around chronic disease prevention and treatment. The leading causes of death across southern Brooklyn are heart disease and cancer. High rates of obesity, which can lead to heart disease, diabetes, and other chronic illnesses, as well as high blood pressure and high cholesterol, are seen across NYCH' service areas, with the highest rates in Coney Island and Sheepshead Bay. Diabetes rates in the NYCH service area are fairly consistent with rates across Brooklyn and New York City, and have a profound impact on the health and well-being of residents.

NYCH Service Area: Obesity, Diabetes and Hypertension

Neighborhood	Obesity Rates	Diabetes Rates	Hypertension Rates
New York City	24%	11%	28%
Brooklyn	27%	12%	29%
Coney Island	28%	15%	31%
Sheepshead Bay	26%	9%	25%
Borough Park	15%	9%	27%
Flatlands & Canarsie	30%	14%	37%
Flatbush and Midwood	28%	13%	31%
Bedford Stuyvesant	29%	13%	34%
Bay Ridge & Dyker Heights	24%	11%	23%
Rockaway and Broad Channel (Queens)	32%	15%	34%

Source: [DOHMH Community Health Profiles](#), 2018. Values marked in **red** are worse than NYC average.

The health impacts of obesity, diabetes and Hypertension in New York Community Hospital' service area is consistent with the broader trend in the borough:

Diabetes is considered by many residents and key informants to be the most significant health issue in Brooklyn. The number of beneficiaries in Brooklyn who had a diabetes-related service utilization totaled 139,755 in 2012, representing 11.3% of the beneficiary population. The proportion of the population with a diabetes-related service ranged from 6.2% to 28.7% across Brooklyn zip codes. (DSRIP CNA, 49)

In addition to their impact on individuals and communities, chronic diseases tend to tax the resources of local healthcare systems. As noted in the Brooklyn CNA:

In Brooklyn, the greatest proportion of potentially preventable admissions (PQI) is for chronic conditions including respiratory conditions such as asthma, cardiovascular conditions such as hypertension, and diabetes; these conditions and diseases represent the areas of opportunity for reducing preventable inpatient stays.⁴ (DSRIP CNA, 4)

The highest Observed / Expected PQI ratios are consistently found in north-central Brooklyn... and in Coney Island. (DSRIP CNA, 35)

In 2012, the number of potentially preventable hospitalizations among Medicaid beneficiaries for circulatory conditions (PQI S02 Circulatory Composite) in Brooklyn was 3,694, accounting for more than one in five (23.3%) of all such admissions in the State. However, the ratio of observed/expected (O/E) admissions in Brooklyn (1.04) was lower than the ratio for NYC (1.06) for the same time period. At the zip code level within the borough, the highest Observed / Expected PQI ratios for Circulatory Composite are in north-central Brooklyn...and in Flatbush, East Flatbush, and Coney Island - Sheepshead Bay. (See Appendix A. Map 39, and table below.) (DSRIP CNA, 51)

⁴ The rate of potentially preventable inpatient admissions for chronic conditions (PQI 92) is 1,283 per 100,000 Medicaid beneficiaries in Brooklyn versus 480 per 100,000 beneficiaries for acute conditions (PQI 91). However, this measure does not assess length of stay or cost for these admission types.

Prevention and Screening

Neighborhoods around New York Community Hospital' service area has some of the lowest rates of vaccination for HPV and flu in the city, as well as for cancer screening. Refusal to immunize children can be partially attributed to concerns and misinformation about vaccines. Additionally, limited focus on prevention, and the tendency to not seek medical or preventive care when people feel healthy, impact low vaccination levels in the community.

NYCH Service Area: Vaccination

Neighborhood	HPV Vaccination*	Flu Vaccination**
New York City	59%	43%
Brooklyn	43%	38%
Coney Island	40%	42%
Sheepshead Bay	28%	36%
Borough Park	25%	46%
Flatlands & Canarsie	37%	41%
Flatbush and Midwood	41%	38%
Bedford Stuyvesant	46%	35%
Bay Ridge & Dyker Heights	40%	35%
Rockaway and Broad Channel (Queens)	38%	38%

*Percent of teens ages 13 to 17 who received all recommended doses of the vaccine

** Percent of Adults

Source: [DOHMH Community Health Profiles](#), 2018. Values marked in **red** are worse than NYC and Brooklyn average.

Fall Related and Avoidable Hospitalizations

Neighborhoods around New York Community Hospital' service area has some of the highest rates of fall-related Hospitalizations per 100,000 adults ages 65 and over in the city. Borough Park, Sheepshead Bay, Bay Ridge/Dyker Heights, and Coney Island's rate of fall-related hospitalizations is relatively much higher than the citywide average.

NYCH Service Area: Fall – Related and Avoidable Hospitalizations

Neighborhood	Fall - Related Hospitalizations Per 100,000 ¹	Avoidable Hospitalizations Per 100,000
New York City	1,604	1,033
Brooklyn	1,526	1,420
Coney Island	1,800	1,524
Sheepshead Bay	2,035	990
Borough Park	2,014	951
Flatlands & Canarsie	1,470	1,342
Flatbush and Midwood	1,767	1,307
Bedford Stuyvesant	812	2,068
Bay Ridge & Dyker Heights	1,876	798
Rockaway and Broad Channel (Queens)	1,557	1,345

1. Per 100,000 adults ages 65 and older

Source: [DOHMH Community Health Profiles](#), 2018. Values marked in **red** are worse than NYC average.

QUALITATIVE COMPONENT: PUBLIC DELIBERATIONS

Patient Education and Community Outreach Programs presented within the Hospital and out in the community help us find new ways to better serve our patients and enable us to continue our dialogue with the community.

Most significantly, we achieved a common set of shared values that will frame the future success of New York Community Hospital. In 2019-2021 we will continue to aggressively pursue our common goals - to be more caring to our patients and continue to make our Hospital a success. Of all our achievements, the Hospital has regained its reputation in the community as a caring place, and, of this, we are most proud. Letters received regularly both of compliment and complaint, serve as a regular form of Public Participation. The hospital maintains a consistent mechanism to acknowledge each of these letters and interpret them accordingly for use in future Performance Improvement activities.

Since 2006 the hospital has participated in the HCAHPS (the Hospital Consumer Assessment of Healthcare Providers and Systems) initiative in order to help provide a standardized survey instrument for data collection and compare data against many other hospitals. HCAHPS in essence is a report card of a set of core values that combined with a customized set of hospital specific items with the data utilized to support improvements in internal customer services and quality related activities. Complementary letters are forwarded to all the individuals involved and posted on our Appreciation Bulletin Board for all to see. HCAHPS survey results are reported to the Quality Improvement Committee and utilized in the Long-Range Planning Process for Needs Assessment as well as discussion for Prevention Agenda Priorities.

Our goal is to ensure total Patient Satisfaction. With the goal of improving patient satisfaction, the formal voice of our public (our patients) will be heard through these surveys. Results are distributed to all members of the hospital and posted accordingly. As disseminated from the survey, results with health issues related to our priority agenda may be discussed in open forum with our partnering community relationships.

Website request for public participation:

By way of the hospital's website, community members are asked for their Opinion Regarding the Top Health Priorities, as designated by the NYS Department of Health's Agenda for a Healthier State. Continued modification and development of the hospital's Community Service Plan will remain a continuous process over the next several years and into the foreseeable future. Input from our community, now, and into the future, has been invited in order to consider ideas and general input for our Community Service Plan. We have requested this input for our continuous effort in providing the best healthcare to meet the health needs of the community we serve. Members of the community are specifically asked to consider the N.Y.S. Department of Health's 5 Prevention Agenda Priorities that they may feel are significant for our hospital to address.

COMMUNITY ADVISORY COMMITTEE

In 2016, the hospital formed a Community Advisory Committee that is represented by members of the board and Administration of the Hospital, leaders of the community board, representatives of local elected officials, leaders of community organizations and other active community members. The committee meets quarterly to discuss the urgent needs of the community and how the hospital could be a partner in addressing those needs. The committee has been very successful in bringing everyone together to solve the issues that face the community.

PASTORAL CARE PROGRAM

New York Community Hospital's Pastoral Care Program is reaching out to become more inclusive of local clergy. It offers a wonderful forum for inviting two-way communication about New York Community Hospital with both local clergy members and their congregations. Members of the clergy are active members of the hospital's advisory board and contribute to the needs of the hospital on an ongoing basis. Input regarding the health needs of our community have been ascertained on a regular basis by way of the hospital's continued association with the religious organizations of our community.

GLATT KOSHER KITCHEN

The hospital serves Glatt Kosher food to all the patients and thus maintains a Glatt Kosher kitchen as supervised by the Vaad of Flatbush, Brooklyn. A constant form of communication exists between community members, patient in-house population, visitors and family members, and the Vaad Supervisors working in conjunction with their daily on-site rabbinical staff. Patient as well as cultural sensitivity needs are enhanced by way of this on-going program.

HOSPITAL WEBSITE

In 2013 New York Community Hospital launched its updated website. As of December 2016, the hospital's website in conjunction with new Branding efforts by the hospital, have been implemented. A new website is in force at the beginning of 2017.

This user-friendly site allows easy access to basic information about the hospital as well as the ability to research many topics of medical information. Comments, questions and suggestions for the hospital may be addressed to the hospital by way of the website's email webmaster address.

The NYCH website has been completely redesigned and will be expanded in the near future for happenings and news at the hospital, as well as the ability to allow for the ease of public input necessary to provide a constant dialogue associated with the health needs of the community and those provided by our hospital.

In addition, we have now made access to specific Physician information on many of our attending staff doctors, associated with our hospital, available online. The CSP along with updates to this plan will be placed onto the Web site for public information. This will be a simple mechanism for sharing feedback regarding the Community Service Plan and/or suggestions regarding any aspect of the hospital, its priorities and performance. The website address is generally included in all advertising, mailings and printed materials generated by the hospital, allowing for enhancement of Public Participation and continued input regarding all health issues.

LOCAL AGENCIES, COMMUNITY LEADERS

New York Community Hospital is working to become increasingly plan-driven, and public participation is essential for effective planning. Information sharing in this manner should also improve New York Community Hospital's ability to coordinate effectively and share resources with other health and health-related agencies.

In meeting with local agencies and community health partners NY Community Hospital will be able to achieve successful results and outcomes in the goals set forth for the NY Healthiest State initiatives.

New York Community Hospital continues to meet with its health partners formally and informally during the course of the year. The hospital maintains interaction with the local, private and governmental City and State agencies in order to meet the goals for increased health awareness and improvements directly related to its prevention and non-prevention agenda items selected.

QUALITATIVE COMPONENT: NYC DEPARTMENT OF HEALTH AND MENTAL HYGIENE TAKE CARE NEW YORK CONSULTATIONS

Take Care New York (TCNY) 2020 is New York City's blueprint for healthy living, with aims to improve community health and make strides among groups with the worst health outcomes. In the fall of 2015, the DOHMH convened community consultations across NYC and several Brooklyn neighborhoods, during which participants ranked their health concerns and shared suggestions on how to accomplish the TCNY goals.

NYCH collaborated with Maimonides Hospital on Community Health Needs Assessment. Maimonides Hospital gracefully shared the information of their efforts to identify and address risk factors within their own service areas.

Maimonides service area include some of the same communities which represent our service area: Borough Park, Coney Island, Sheepshead Bay, Flatbush/ Midwood, and Bay Ridge/Dyker Heights.

In seeking input from public health officials at the NYC DOHMH, Maimonides consulted with staff at the Brooklyn Neighborhood Health Action Center and also incorporated results from the community consultations. Below are the ranked priority health issues among residents in communities that New York Community Hospital and Maimonides serves.

Bay Ridge	Brighton Beach	Flatbush
1. Obesity	1. Smoking	1. Violence
2. Smoking	2. Air Quality	2. Air Quality
3. Air Quality	3. Home with no maintenance issues	3. Home with no maintenance issues
4. Childcare	4. High blood pressure	4. Obesity
5. Drug Overdose	5. Obesity	5. Unmet medical needs

Source: TCNY Community Consultation Results

5. PRIORITIZATION OF COMMUNITY HEALTH NEEDS

In prioritizing the health needs of the community, New York Community Hospital took into account several factors, including their scope/significance; opportunities and estimated effectiveness of possible interventions; the importance the community places on addressing the needs as alignment with the New York State Prevention Agenda.

The primary health concerns that public deliberations participants and key informant interviews cited, are related to chronic diseases, including diabetes, heart disease and cancer, largely associated with inadequate nutrition and increased obesity rates, lack of regular physical activity, smoking, and high stress levels.

These needs mirror the challenges New York Community Hospital sees reflected in its patients. Many patients, including new immigrant communities, do not access primary healthcare routinely, but rather seek care at the hospital for late-stage cancer, heart disease, and other illnesses that are progressed and require tertiary acute care. Lack of health insurance, high out-of-pocket healthcare costs, linguistic and cultural barriers to seeking care, and perceived challenges of accessing care also present significant needs facing our communities, particularly among immigrant communities.

It is therefore critical that New York Community Hospital prioritize prevention and early intervention of chronic disease and enhance access to, and utilization of, preventive services that are culturally appropriate and tailored to meet the needs of diverse communities. Given the social, linguistic, and financial barriers to good health residents face, New York Community Hospital is working to enhance access to and utilization of primary and preventive healthcare and facilitate enhanced engagement in healthy behaviors – specifically nutrition, physical activity, and smoking cessation to reduce the risk of developing cardiovascular disease, high blood pressure, diabetes, and some cancers.

Limitations

We are not able to address a number of the issues, that are faced by members of the community in our primary service area at this time due to limitations on functional space, employee training and time commitments. In addition we currently do not provide for; out-patient clinics, OBGYN services, pediatric and psychiatric departments.

The diversity of New York Community Hospital service area poses specific challenges with respect to health services. Large numbers of immigrants – including many undocumented – are faced with healthcare access barriers, including linguistic, eligibility for insurance, and more.

SELECTED NEW YORK STATE PREVENTION AGENDA PRIORITIES

Based on the community’s measurable health needs, New York Community Hospital’ competencies and resources, and the direct input of community members and partners, New York Community Hospital has elected to focus on the following New York State Department of Health Prevention Agenda priorities 2019-2021:

- Tobacco Prevention
- Healthy eating and food security
- Preventive care and management: Hypertension screening and Stroke prevention and education

Priority Area	Focus Area	Goal
Prevent Chronic Diseases.	3: Tobacco Prevention	3.2 - Promote tobacco use cessation
Prevent Chronic Diseases.	1: Healthy eating and food security	1.1 -Increase access to healthy and affordable foods and beverages
Prevent Chronic Diseases.	4: Preventive care and management	4.2 - Increase early detection of cardiovascular disease, diabetes, prediabetes and obesity

Selected New York State Prevention Agenda Disparities

There are racial, ethnic, and socioeconomic disparities in social determinants of health, healthy behaviors, access to care, and health outcomes among the diverse populations New York Community Hospital serves. For its CSP New York Community Hospital is highlighting the disparity experienced by the Russian community with respect to smoking. As per DOH NYC Community Health Survey, 2007 “Russian-speaking adults are almost two times as likely to be current smokers as other NYC adults (29% vs 17%)”.

Current Smoking among Russian-speaking Adults in NYC

Statistic		Russian-speaking adults NYC		Other NYC adults	
		%	95% CI	%	95% CI
Overall		28.5	(21.4, 36.8)	16.6	(15.6, 17.7)
By Sex	Men	34.6	(24.4, 46.4)	19.7	(18.1, 21.4)
	Women	20.3	(13.3, 29.7)	13.9	(12.7, 15.2)
By Age	18-44	41.8	(28.7, 56.2)	18.1	(16.5, 19.8)
	45-64	17.7	(11.3, 26.7)	19.3	(17.7, 21.1)
	65+	5.7	(2.9, 10.9)	7.6	(6.4, 9.1)

Source: DOH NYC Community Health Survey, 2007. Values marked in **red** are worse than NYC average.

New York Community Hospital is working on all the above priorities and has additionally prioritized several key health needs, including:

- Creating an integrated delivery system and incorporating the full continuum of care to eliminate service fragmentation; prevent avoidable Emergency Room visits and hospital readmissions; and improve chronic disease prevention and disease management

- Expanding access to community primary care services and equipping community-based and social service organizations with training to meet the individual needs of high-risk patients and provide continuity of care
- Improving access to healthcare services that are culturally and linguistically competent for diverse communities

Health Needs not addressed

A number of social determinants adversely affect health in parts or all of New York Community Hospitals' service area. These include air quality, affordability and condition of housing, accessibility of supermarkets, incarceration, and poverty. While NYCH is engaged in work that can affect or compensate for these variables, including as a participant of a DSRIP PPS, as a provider of certain social services, it is not addressing these needs to the degree that it is addressing others highlighted in this document.

NYCH has chosen to prioritize other health needs over these based on the competencies and capabilities it possesses, chief among which are its clinical resources and the relationships it has built across diverse communities and organizations.

6. IMPLEMENTATION PLAN

IDENTIFICATION OF RESOURCES TO ADDRESS COMMUNITY HEALTH NEEDS

In alignment with the three priorities that New York Community Hospital has selected to prioritize – Tobacco Prevention, Healthy Eating and Food Security, Preventive Care and Management, NYCH has developed strategies for health promotion and service provision for its patients and community members through a variety of venues, both clinical and community based. These efforts include strategic alignment with partner organizations and active participation in convening activities related to community health in the NYCH's service area, such as meetings of the Greater New York Hospital Association (GNYHA) and NYC DOHMH task forces. New York Community Hospital also leverages its relationships with Maimonides Medical Center - where appropriate, to coordinate and integrate health services and health promotion activities.

Community Outreach and Non-Agenda Priorities

New York Community Hospital Physicians, Allied Health Professionals, clinical and support staff participate in health fairs, screenings, lectures and community programs in conjunction with local or borough wide Healthcare organizations, legislative officials, civic, senior and religious organizations.

New York Community Hospital as part of the Greater Southern Brooklyn Health Coalition, has been an active participant in the Borough Wide Health Conference.

As Community Leaders, people look to our Hospital to raise awareness about health issues and other concerns such as the environment, housing, transportation and safety and how these issues affect their lives. We endeavor to create a sense of community for the common good of our neighbors and to assure them that our programs are focused on keeping them healthy as we guide them through educational program encouraging preventive health measures.

In 2016, the Hospital created a Community Advisory Committee that meets quarterly and is represented by a broad range of community organizations, representatives of elected officials and other community-oriented individuals. The meetings have been very successful in bringing awareness to the Hospital and to the community on issues that are affecting the community on a daily basis.

The Hospital has joined the CCB (Community Care of Brooklyn) PPS as part of DSRIP. The hospital has already contracted with CCB to create an integrated delivery system in order to reduce 30-day readmissions as well as to create an Emergency Department triage initiative specifically for the At-Risk population of the community. Our involvement with DSRIP has allowed the hospital to partner with multiple healthcare providers in addressing the healthcare needs of the community as part of a group effort.

Through participation in DSRIP projects we are helping to connect patients with primary care providers and community assistance to help prevent unnecessary trips to the ED and maintain healthier lifestyles.

Health Fairs, Screenings, Lectures and visits to Senior Centers are arranged accordingly and held throughout the year. The programs clearly demonstrate an added sense of responsibility of our Hospital Physicians, Staff and our Advisory Committee, for our patients and the Community who are our neighbors and friends.

Existing and Continuing Programs and Interventions

Tobacco Prevention: Promote tobacco use cessation

As tobacco usage and dependency is the leading preventable cause of morbidity and mortality in New York, it seems appropriate for all institutions, agencies and organizations, to work together to encourage smokers to stop, and to discourage young people from starting. As it is never too late to stop, our patient in-hospital population is included as part of our community efforts.

This priority represents a continuous effort on the part of the hospital and the community associated agencies. The goal being to educate those willing to participate in any in-house programs as well as have our partners disseminate as much information as available to us in the scope of our resources and ability to accomplish the same.

The Hospital, with its very substantial number of Russian-speaking patients and professional staff members, has developed relationships with healthcare providers and with influential public media in the Russian community that we believe can be used to promote smoking reduction and cessation through personal counseling and public education. In addition, all hospital in-patients are counseled regarding smoking cessation prior to discharge. Participation by our Utilization Review Discharge Planning/ Social Work team is routine.

New York Community Hospital has developed an inpatient evaluation system for Tobacco Cessation Support Program.

- Tobacco use screening is performed for all admitted Patients during Inpatient Admission Assessment by Nursing
- Tobacco cessation counselling and tobacco treatment medications are provided and/or offered to smokers
- New York Community Hospital has identified patient materials and resources and has implemented an online referral process to NYS Quitline.
- Smoking cessation pre-written discharge instructions are provided to all patients who smoke upon discharge.

The data collection includes:

- ✓ Tobacco use Screening
- ✓ Tobacco use treatment provided or Offered during hospital stay and upon discharge
- ✓ Number of patients prescribed/received Tobacco treatment medications;
- ✓ Number of Referrals submitted to New York State Smokers Quitline.

New York Community Hospital has made the entire area around the hospital smoke-free. We will conduct an annual Health Risk Assessment among our employees in order to identify those employees who use tobacco so that we may offer to include them in our Tobacco Cessation Support Program.

The hospital has participated in various external fairs in order to disseminate information regarding smoking and tobacco usage.

Preventive care and management: Hypertension Screening and Stroke Prevention and Education

Chronic Diseases with high prevalence in our elderly population include Diabetes, Coronary Artery Disease, Congestive Heart Failure, Chronic Obstructive Pulmonary Disease, Hypertension and Stroke, all conditions in which compliance with recommended treatment regimens has a positive effect on morbidity and mortality.

The fact that over 70% of all deaths that occurred in NY State were due to chronic diseases, and the nature of our patient population is such, make it a clear hospital and community inspired choice as a health priority agenda for NYCH.

As a designated New York State Department of Health "Stroke Center" we are attracting patients with suspected or impending stroke, and that with our strong links to community-based pre-hospital care providers like the Hatzolah Ambulance service, is an area where we could make a significant contribution to the community by providing timely and coordinated care and community awareness.

We decided, therefore, in collaboration with the hospital's clinical leadership and administration, to concentrate our efforts on major health concern, that is stroke, and to focus on staff, patients, and local community education with respect to Stroke Prevention; Hypertension, early recognition of stroke symptoms and hypertension, and prompt management of impending stroke.

As a designated stroke center, our activities in this area have been coordinated closely by the Medical Director of the hospital's Emergency Department in conjunction with the hospital's approved Stroke Program.

After discussion with community physicians, our professional medical staff, our patient population and local Ambulance Services, the Hospital has selected Stroke and associated Hypertension as the Chronic Disease Initiative for improvement.

New York Community Hospital in partnership with local organizations, will continue to participate and to sponsor a range of events providing Health Screening and Prevention Education, with a focus on Hypertension and Stroke.

NYC Healthy Hospital Food Initiative

New York Community Hospital will continue to work with NYC DOHMH on a Healthy Hospital Foods Initiative in order to assess our dietary program and receive recommendations for further improvement. We are continuing to work in order to provide the best possible nutrition for our patients, employees, and community members.

Our hospital cafeteria provides a complimentary Glatt Kosher meal for all visitors, employees, visiting staff, and any other community members that arrive during mealtimes. On average, we serve about 325 people per day. The cafeteria is 100% Styrofoam free, meeting city requirements. There is a fixed menu that includes a tossed salad and the option of a tuna salad. We serve an animal protein free meal once a week. We serve whole wheat and whole grain products. There is always the choice of a vinegar -based salad dressing. Complimentary hot beverages and low-fat milk as well as water are always available. The vending machines include a selection of sugar free drinks and are free of any sugary beverage branding promotions.

The programs and interventions that New York Community Hospital currently operates to address community health needs are described below.

Additionally, the Three-Year NYCH Community Service Work plan presented in the appendix A

Existing and Continuing Programs and Interventions

Priority Area and Description	NYCH Department(s)	Intervention Measures/ Planned Impact	Resources Committed Collaboration
Prevent Chronic Disease: Tobacco Prevention Promote tobacco use cessation. Decrease the prevalence of cigarette smoking by adults ages 18 years and older.	Clinical Departments; Nursing; Quality & Patient Relations; Pharmacy	<p>* Ongoing: Tobacco use screening is performed for all admitted patients.</p> <p>* NYCH has Expanded hospital formularies to include FDA-approved tobacco dependence medications:</p> <p>* Number of patient prescribed/received tobacco treatment medications: in 2018 - 236 patients; in 2019 (by the end of October) - 195 patients</p> <p>Most recent four quarters data:</p> <p>* Tobacco use Screening - 99.6%</p> <p>* Tobacco use treatment provided or Offered during hospital stay – 95.7%</p> <p>* Tobacco treatment provided or Offered at Discharge – 81.9%</p> <p>* Total Number of Referrals submitted to “New York State Smokers’ Quitline” - 28</p>	NYCDOH; New York State Smokers’ Quitline; Tobacco-Free Hospitals’ Campaign
Prevent chronic disease. Stroke Education	Clinical Departments; Nursing	02/04/2019. Summit Homecare Nursing Home Administrators Seminar. NYCH Participant/Educator. Educational Lecture on Stroke was given. Audience: Nursing Home Employees, Local EMT’s and Para-Medics. Number of participants: approximately 60	Event Sponsor: Signature Events
Prevent Communicable Diseases.	Clinical Departments, Laboratory Services, Nursing	Measles titers testing for the Orthodox community: In collaboration against NYC measles outbreak, on 06/05/2019 NYCH done blood testing on measles titers for the Orthodox community. Number of participants: 63	Collaboration with community organizations and Jewish leaders
Prevent chronic disease. Stroke Education	Clinical Departments, Nursing, Podiatry Department	06/06/2019. Brighton Boardwalk Health Fair Activity: Stroke Prevention. NYCH participants included ED nursing staff. Stroke Prevention Educational handouts were provided to approximately 150 people Activity: Podiatry Screening. NYCH participants included Podiatry Department residents	Event Sponsor: Signature Events
Prevent chronic disease: Access to healthy and affordable foods and beverages	Food and Nutrition Department	New York Community Hospital provides a complimentary kosher meals 3 times a day to the staff as well as all visitors. The cafeteria is 100% Styrofoam free, meeting city requirements. There is a fixed menu, that includes a tossed salad and the option of a tuna salad. We serve an animal protein free meal once a week. We serve whole wheat and whole grain products. There is always the choice of a vinegar-based salad dressing. Complimentary hot beverages and low-fat milk as well as water are always available. The vending machines include a selection of sugar free drinks and are free of any sugary beverage branding promotions. Cafeteria serves approximately 325 serving a day.	NYC Healthy Hospital food initiative & chronic disease preventive care and management

ONGOING ENGAGEMENT WITH PARTNERS AND COMMUNITIES SERVED

New York Community Hospital will continue to work closely with the people it serves, the formal and informal leaders who represent its communities, and a range of organizations that provide complementary services. In addition, NYCH will report to the community and obtain input on its programming via regularly scheduled meetings of the NYCH Community Advisory Committee organized around specific clinical conditions and services. New York Community Hospital also leverages its relationships with Maimonides Medical Center - where appropriate to coordinate and integrate health services and health promotion activities.

7. DISSEMINATION AND AWARENESS OF THE CHNA/CSP

The principal method of distributing the CHNA/CSP will be via New York Community Hospital's website at www.nych.com. New York Community Hospital will promote awareness of the document's availability on its website via announcements, emails, and other written communications associated with its many programs and meetings that involve members of the community.

WWW.NYCH.COM. New York Community Hospital's website is a basic user-friendly site allowing easy access to basic information about the hospital, as well as the ability to research many topics of medical information. Comments, questions and suggestions for the hospital may be addressed to the hospital by way of the website's email webmaster address.

This has been a simple mechanism for sharing feedback regarding the Community Service Plan and/or suggestions regarding any aspect of the hospital, its priorities and performance. The website address is generally included in all advertising, mailings and printed materials generated by the hospital, allowing for continued input from the public regarding all health needs.

The 2019-2021 plan with update will be available via the link listed below and will be adjusted with updated and corrected versions as necessary.

Website address: WWW.NYCH.COM

A paper copy of the CHNA/CSP will be made available for inspection at NYCH upon request.

Appendix A: Work Plan for Addressing New York State Prevention Agenda Priorities

Priority	Focus Area (select one from drop down list)	Goal Focus Area (select one from drop down list)	Objectives	Disparities	Interventions	Family of Measures	Projected (or completed) Year 1 Intervention	Projected Year 2 Interventions	Projected Year 3 Interventions	Implementation Partner (Please select one partner from the dropdown list per row)	Partner Role(s) and Resources
Prevent Chronic Diseases	Focus Area 3: Tobacco prevention	Goal 3.2 Promote tobacco use cessation	<ul style="list-style-type: none"> * Educate those willing to participate in any in-house programs as available to us in the scope of our resources and ability * Increase access to smoking cessation resources * Increase capacity to address and treat tobacco use amongst community residents * Foster interdisciplinary approach to treating tobacco use 	Promote tobacco use cessation in the Russian Community	<ul style="list-style-type: none"> * Developed an inpatient evaluation system for Tobacco Cessation Support Program and identified patient materials and resources for dissemination to patients * Update our tobacco-free environment to prohibit employees from smoking; update signage and portray a more positive message for our environment of wellness * Disseminate smoking cessation information in Brooklyn especially among low-income families * Implemented online referral process to NYS Quitline * Provide smoking cessation pre-written discharge instructions to all patients who smoke upon discharge * Provide Russian community smokers with educational materials (in Russian (from NYC DOH) and with lectures from the hospital staff as well as outside professional organizations aimed at tobacco cessation techniques 	<ul style="list-style-type: none"> * Tobacco Treatment (TOB) National Hospital Inpatient Quality Measures: * Number of patients prescribed/received Tobacco treatment medications * Number of Referrals submitted to “New York State Smokers’ Quitline”. 	<ul style="list-style-type: none"> * Tobacco use screening is performed for all admitted patients. * NYCH has expanded hospital formularies to include FDA-approved tobacco dependence medications: * Number of patients prescribed/received tobacco treatment medications: In 2018 - 236 patients; in 2019 (by the end of October) - 195 patients. Most recent four quarters data: * Tobacco use Screening - 99.6%; * Tobacco use treatment provided or Offered during hospital stay – 95.7% * Tobacco treatment provided or Offered at Discharge – 81.9% * Total Number of Referrals submitted to “New York State Smokers’ Quitline” - 28 	New York Community Hospital will continue to screen all patients for smoking status and to offer tobacco cessation support and tobacco treatment medications; Provide smoking cessation educational materials.	New York Community Hospital will continue to screen all patients for smoking status and to offer tobacco cessation support and tobacco treatment medications; Provide smoking cessation educational materials.	Local health department	“New York State Smokers’ Quitline” - providing smoking educational materials (and in different languages)

Prevent Chronic Diseases	Focus Area 1: Healthy eating and food security	Goal 1.1 Increase access to healthy and affordable foods and beverages	Changing the options in cafeterias and vending machines to create community environments that promote and support healthy food and beverage choices and to create healthier food options	N/A	Meet standards for Cafeterias: * Removed French fries from menu to eliminate all use of deep fryers. * Meet standards for purchased food for patient meals and cafeterias: * Changed default milk option to skim or 2% (always unsweetened) ; * Purchased whole wheat/whole grain sliced bread with ≥ 2 g of fiber per slice; * Meet standards for specific population - Seniors – their daily diet consist of ≤ 1500 mg of sodium	Number of People served a free meal per day in cafeteria	New York Community Hospital provides a complimentary kosher meals 3 times a day to the staff as well as all visitors. The cafeteria is 100% Styrofoam free, meeting city requirements. There is a fixed menu, that includes a tossed salad and the option of a tuna salad. We serve an animal protein free meal once a week. We serve whole wheat and whole grain products. There is always the choice of a vinegar-based salad dressing. Complimentary hot beverages and low-fat milk as well as water are always available. The vending machines include a selection of sugar free drinks. The vending machines are free of any sugary beverage branding promotions. Cafeteria serves approximately 325 serving a day	* Ongoing: Hospital cafeteria serves approximately 325 serving a day of complementary food for all staff and visitors. The food meets standards for Cafeterias. * To reduce the ratio of sugary beverages in the vending machines	* Ongoing: Hospital cafeteria serves approximately 325 serving a day of complementary food for all staff and visitors. The food meets standards for Cafeterias. *To reduce the ratio of sugary beverages in the vending machines	Local health department	NYC Health Department, providing analysis and evaluation
Prevent Chronic Diseases	Focus Area 4: Preventive care and management	Goal 4.2 Increase early detection of cardiovascular disease, diabetes, prediabetes and obesity	Increase Hypertension screening and Stroke prevention and education	N/A	* Number of the Events * Blood Pressure Screening	Number of Events Number of Blood Pressure Screenings	*02/04/2019. Activity: Stroke Education. NYCH Participant/Educator. Educational Lecture on Stroke was given. Audience included Nursing Home Employees, Local EMT's and Para- Medics. There were approximately 60 participants. *06/06/2019. Activity: Stroke Prevention. NYCH participants included ED nursing staff. Stroke Prevention Educational handouts were provided to approximately 150 people	New York Community Hospital will continue to participate and to sponsor a range of events providing Prevention Education and Hypertension and Stroke Screenings to community members, in partnership with local organizations	New York Community Hospital will continue to participate and to sponsor a range of events providing Prevention Education and Hypertension and Stroke Screenings to community members, in partnership with local organizations	Community-based organizations	New York Community hospital will partner with numerous community- based organization. Partner organization generally provide space for the events.

Appendix B: NYCH Community Health Internal Coordinating Committee Roster

Name	Title
Marina Bilik	VP Quality/Patient Relations
Anthony Clovis	VP and Chief Consumer Officer
Annada Das	Director, Emergency Department
Julius Derdik	Chief Administrative Officer
Ruby Devine	Infection Control
Donna Fitzmartin	VP Ancillary Services/Case Management
Sophie Hanna	Director of Pharmacy
Kristina Kofman	Director of Compliance and Internal Audit
Nadine Konopski	Director of Dietary
Una Morrissey	Chief Operating Officer/Chief Nursing Officer
Barry Stern	President/Chief Executive Officer