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NewYork-Presbyterian Queens Community Health Needs Assessment (CHNA) 2019-2021

NewYork-Presbyterian
Queens

Table of Contents

NewYork-Presbyterian Queens

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Executive Summary

NewYork-Presbyterian
Queens

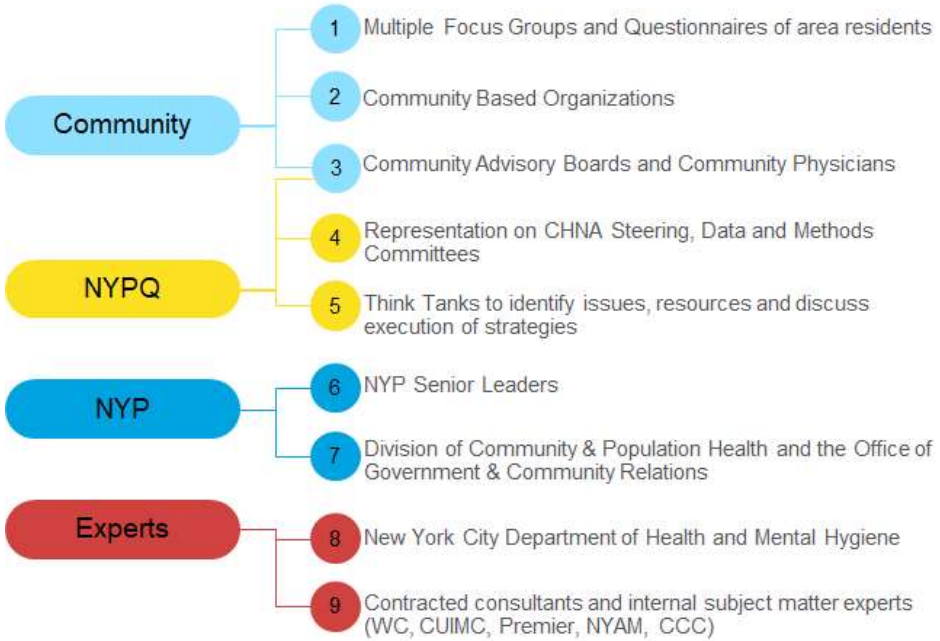
NewYork-Presbyterian Queens CHNA Executive Summary

Purpose:

NewYork-Presbyterian (NYP) is deeply committed to the communities residing in the boroughs of New York City, Westchester county, and the surrounding areas. Through its 10 campuses NYP delivers a range of innovative programs and services intended to educate and provide resources to prevent illness, maintain health, and improve the overall well-being of the community. NYP has completed this Community Health Needs Assessment (CHNA) in order to update its understanding of the needs of local community members and the conditions that influence their well-being, and to assemble a three-year plan to enhance community health in areas identified as high disparity neighborhoods.

Governance and Engagement:

The Division of Community and Population Health and the Office of Government and Community Relations partnered to develop an organization wide CHNA process to promote community awareness and hospital alignment in order to maximize the impact to those who need it most. A Steering Committee comprised of NYP and campus leadership was key to providing insight, guidance, and making decisions that impacted the completion of the CHNA.



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NewYork-Presbyterian Queens CHNA Executive Summary

Process:

NYP Queens obtained broad community input regarding local health needs including the needs of medically underserved and low-income populations. Data collection included quantitative data for demographics, socioeconomic status, health, and social determinants as well as qualitative data from community questionnaires and focus groups which were analyzed to identify high disparity communities and a prioritization process ensuring integration with the Priority Areas of the 2019-2024 NYS Prevention Agenda. Premier, Inc. was engaged to partner with the NYP Queens team to complete the CHNA utilizing a transparent and collaborative manner.

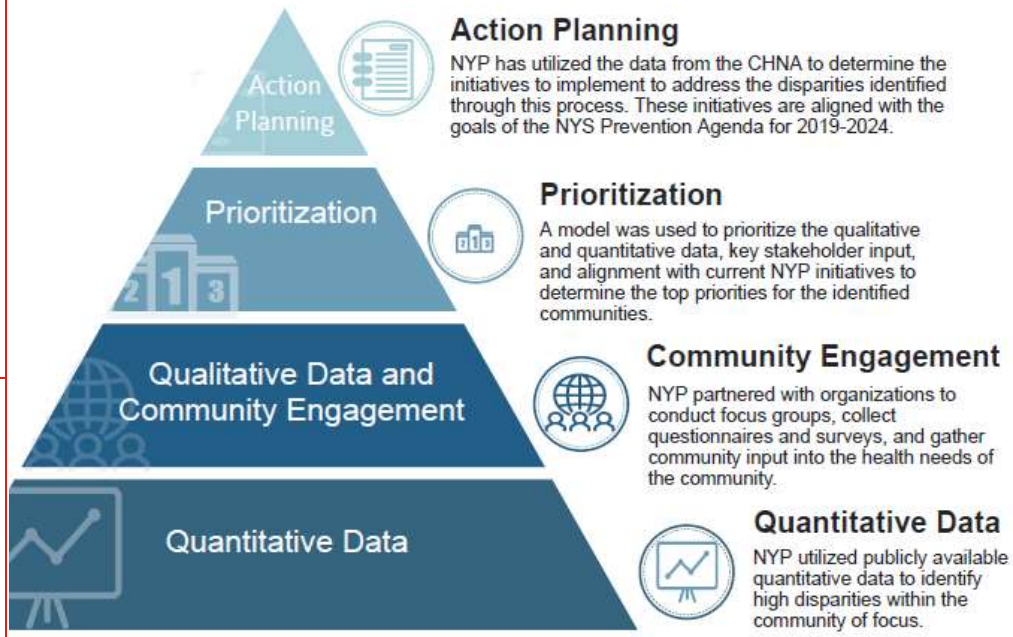
New York Prevention Agenda 2019-2024:

Vision: New York is the Healthiest State for People of all Ages

Priority Areas:

1. Prevent Chronic Diseases
2. Promote a Healthy and Safe Environment
3. Promote Healthy Women, Infants, and Children
4. Promote Well-being and Prevent Mental and Substance Use Disorders
5. Prevent Communicable Diseases

2019 – 2021 Community Focus and Planning



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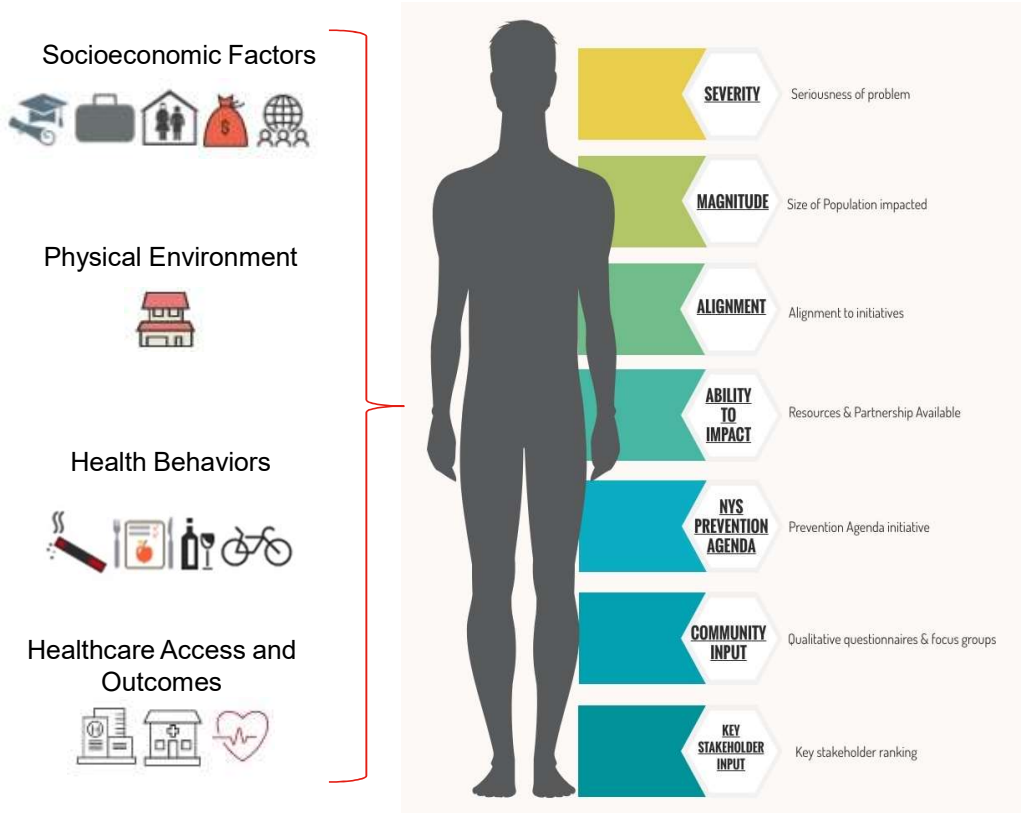
NewYork-Presbyterian Queens CHNA Executive Summary

Prioritization Method:

Premier, Inc. customized a prioritization model that utilized an approach inclusive of the Hanlon Method technique to quantify and compare indicators and identify significant community needs. The top quartile high disparity neighborhood data sets inclusive of social determinants of health, health outcomes, access, and utilization were analyzed to ensure a dynamic model for NYP. The model also included qualitative data sets to allow the voice of the community to play into the top priorities.

Representatives from NYP Queens, NYP, Community Advisory Boards, and clinical and operational leadership participated throughout the process. Community Health Think Tanks allowed for opportunities for participants to review summaries of quantitative and qualitative data in order to rank the top health issues. This process allowed the team to receive input as well as ensure complete understanding of the process and intent of the CHNA.



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NewYork-Presbyterian Queens CHNA Executive Summary

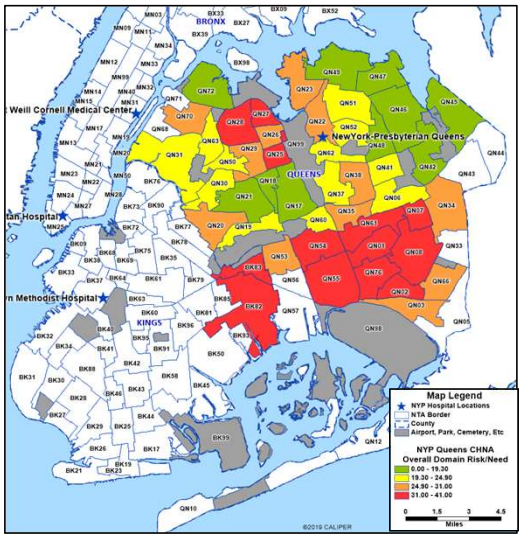
Prioritized Indicators:

The prioritization method allowed the NYP Queens team to narrow a vast amount of quantitative and qualitative data sets and define the highest disparity community and health indicators impacting that community. The top ten (10) indicators include:

1. Childhood Obesity
2. Obesity
3. Physical Activity
4. Diabetes
5. Hospitalizations – Preventable Diabetes
6. Cancer Incidence – All Sites
7. % of Adults with Poor Mental Health for 14+Days in Past Month
8. Hypertension
9. Current Smokers
10. Teen Births

High Disparity Communities:

An analysis of community health need and risk of high resource utilization was undertaken at the Neighborhood Tabulation Area (NTA) geography. High disparity communities were identified by calculating a need score consisting of a composite of 29 indicators, carefully selected, across five domains: demographics, income, insurance, access to care and New York State Department of Health Prevention Agenda Priorities.



Details of disparity and neighborhood are included in the complete CHNA. This analysis will be used within the prioritization model to strategically place initiatives to maximize community impact.

NewYork-Presbyterian Queens

NewYork-Presbyterian Queens Defined Community at a Glance

POPULATION

1,871,490

HOUSEHOLDS

644,396

ETHNICITY

31.3%
Index: 160

Hispanic/Latino

HOME LANGUAGE*

39.5%
Index: 57

Only English

MEDIAN AGE OF HOUSEHOLDER

52
Index: 98

PRESENCE OF CHILDREN*

34.2%
Index: 108

HOUSING TENURE

Own
40.8%
Index: 78

Rent
59.2%
Index: 125

AGE OF HOUSING**

79+ years old
% Comp:**30.3** Index: 98

HOUSEHOLD INCOME

Median Household Income
$63,669
Index:94

Average Household Income
$86,554
Index:85

POVERTY STATUS

87.8%
Index: 99

At or above poverty

UNEMPLOYMENT RATE

6.2%
Index: 100

Percent of civilian labor force unemployed

EDUCATIONAL ATTAINMENT: TOP 2*

29.1%
Index: 111

High School Graduate

18.6%
Index: 93

Bachelor's Degree

EDUCATION: HISPANIC/LATINO

4.6%
Index: 148

Bachelor's degree or higher

METHOD OF TRAVEL TO WORK: TOP 2*

54.5%
Index: 192

Travel to work by **Public Transport**

28.8%
Index: 55

Travel to work by **Driving Alone**

The index is a measure of how similar or different the defined area is from the benchmark.
Benchmark is New York State.

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NewYork-Presbyterian Queens High Disparity Community Highlights

2019 Health Issue Ranking and Data Highlights

NYSPA / NYP Queens Issue	Quantitative Highlights	Qualitative Highlights
Chronic Disease / Obesity in Adults and Children	Higher percentage of obesity in adults, 23.3%, NYC 24%; Higher percentage of obesity in children, 21.2%, NYC 20%	Obesity 5th most commonly reported health issue, 35.6%
Healthy Women, Infants, Children	244.5 Severe maternal morbidity crude rate per 10,000 deliveries, NYC is 229.6; North Corona has high teen pregnancy rate per 1,000 women aged 15-19, 68.9%, NYC 23.7%	
Well-being and Behavioral Health	East New York, Jamaica and South Jamaica have higher than average hospitalizations per 100,000 population for alcohol and psychiatry	Alcohol and drug use 3rd most commonly reported health issue, 38%

Focused Priorities:

The data collection and prioritization allowed NYP Queens to identify the highest disparity of need within the communities of highest need and to align initiatives and partnerships in order to focus efforts and maximize the return to the community they serve. **Women's Health, Obesity, and Mental Health and Substance Abuse** were chosen as the top three priorities in order to develop a community service plan. The focus will not preclude NYP Queens from initiatives not related to the focused priorities but allows NYP to invest in new opportunities of impact. Existing hospital strategies related to cancer, hypertension, cardiovascular, etc. will continue to evolve as leading strategies.

NewYork-Presbyterian Queens Prioritized Communities

Prioritized Communities:

Based on the data process of analytics and prioritization, NYP Queens will target efforts in the **Corona and North Corona neighborhoods** of Queens to allow our teams to invest and concentrate efforts and directly impact a high need community within the three-years of the service plan.

NYP Queens Community of Focus Highlights

Adult Obesity, Percent of Population Corona 23.0% ↕ North Corona 20.0% ↓ High Disparity NTAs 23.3% NYC 24.0%	**Percent of live births receiving late prenatal care** Corona 8.3% ↑ North Corona 9.4%% ↑ High Disparity NTAs 9.0% NYC 7.0%	**New diagnoses of HIV, per 100,000 population** Corona 25.0 ↕ North Corona 32.3 ↑ High Disparity NTAs 22.2 NYC 24.0
Child Obesity, Percent of Population Corona 24.0% ↑ North Corona 26.0% ↑ High Disparity NTAs 21.2% NYC 20.0%	**Rate of Teen Births, per 1,000 women ages 15-19** Corona 37.4 ↑ North Corona 68.9 ↑ High Disparity NTAs 25.0 NYC 23.7	**New HCV diagnoses, per 100,000 population** Corona 33.5 ↓ North Corona 36.7 ↓ High Disparity NTAs 51.9 NYC 71.8

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Introduction

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Acknowledgements: Community Members / Organizations

This Community Health Needs Assessment represents the culmination of work completed by multiple individuals and groups during the past year. We would like to thank our NYP leaders, staff, and physicians as well as the community members who provided their input via focus groups and questionnaires. We would especially like to thank the organizations that hosted focus groups for the community members.

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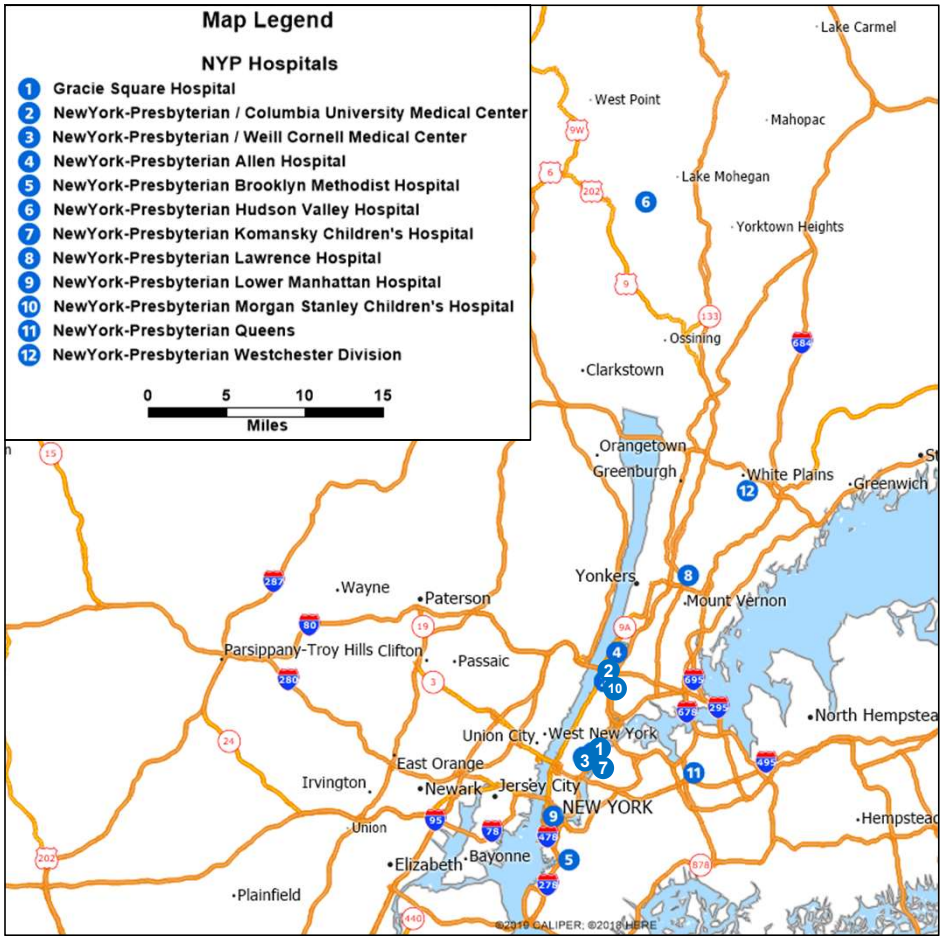
Acknowledgements: Consultants

Additionally, we recognize the collaboration of several consultants that contributed to this CHNA in partnership with NYP:

- **Premier, Inc.,** a nationally recognized healthcare consulting organization that specializes in advisory services and identifying community needs for underserved populations;
- **New York Academy of Medicine**, a New York City-based organization that addresses health challenges through innovative approaches to research, evaluation, education, policy leadership, and community engagement; and
- **Citizens' Committee for Children of New York**, a nonprofit and nonpartisan child advocacy organization that educates and mobilizes New Yorkers to make the city a better place for children.

Why a Community Health Needs Assessment?



NewYork-Presbyterian (NYP) is one of the nation's most comprehensive, integrated academic health care systems, dedicated to providing the highest quality, most compassionate care and service to patients in the New York metropolitan area, nationally, and throughout the globe. In collaboration with two renowned medical school partners, Weill Cornell Medicine and Columbia University Vagelos College of Physicians and Surgeons, NewYork-Presbyterian is consistently recognized as a leader in medical education, ground-breaking research and clinical innovation.

In particular, NYP is deeply committed to the communities residing in the boroughs of New York City, in Westchester county and the surrounding areas delivering a range of innovative programs and services intended to educate and provide resources to prevent illness, maintain health and improve the overall well-being of the community.

NYP has completed this Community Health Needs Assessment in order to update its understanding of the needs of local community members and the conditions that influence their well-being, and to assemble a plan to enhance community health.

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NewYork-Presbyterian Queens (NYP Queens), located in Flushing, New York, is a community teaching hospital serving residents of Queens and metro New York.

The NYP Queens' mission is to provide the greater community with excellence in clinical care, patient safety, education, clinical research, and science.

The 535-bed tertiary care facility provides services in 13 clinical departments and numerous subspecialties, with 15,000 surgeries, 4,000 infant deliveries, and 124,000 emergency service visits each year.

The Hospital is a member of NewYork-Presbyterian Regional Hospital Network and is affiliated with Weill Cornell Medicine.

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CHNA Vision Statement

Our Community Health Needs Assessment will be a collaboration between NYP and the communities it serves.

It will identify significant health needs across our regions and align our hospital community benefits to improve community health over time.

Our approach will be systematic in an effort to capture current and unmet need while putting in place a process for ongoing evaluation.

Definition of Health

The definition of health historically referenced only physical health, but the definition for this CHNA is rooted in the knowledge that it is increasingly important to understand the broader components of health and well-being and how it can be impacted as well as improved.

"Health is a holistic combination of physical health (absence of sickness or pain), mental health, and wellness for which there is an individual and a community wide responsibility".

The quotes below reflect views voiced by CHNA focus group participants from Queens.

Being healthy, staying healthy...Doing exercising. Being outdoors.

Health is, how is your body and how is your mind. The mind, the body, they're part of feeling well. Being able to walk, being able to work. That's it.

To me, health is symptomatic of wellness, and wellness determines the entire composure of a person. A person's daily life. And if that health or wellness is not adequate or not up to par, everything else suffers.

Well, health is very important, because with health you can move anywhere, you can exercise. You can do many things if you're in good health, but if you're sick, you don't even feel like doing anything but lying down or perhaps crying because of your affliction.

CHNA Governance and Collaboration

- NewYork-Presbyterian Queens engaged in a seven-month, comprehensive, and collaborative development of this Community Health Needs Assessment (CHNA).
- Several existing NYP committees were leveraged and several newly formed to provide both governance and guidance to the process.
- NYP's CHNA Core Committee managed this process, with significant input from NYP Queens leaders, NYP's diverse team of subject matter experts, and contracted consultants.
- In addition, NYP obtained broader community input through facilitation of focus groups and administration of questionnaires to area residents – detailed later in this study.

NewYork-Presbyterian Queens

CHNA Process

Following the NewYork-Presbyterian approach, NYP Queens conducted its 2019 CHNA by:

1. Obtaining broad community input regarding local health needs including the needs of medically underserved and low-income populations
2. Collecting and evaluating quantitative data for multiple indicators of demographics, socioeconomic status, health, and social determinants
3. Preparing an analysis resulting in the identification of the high disparity neighborhoods in the NYP Queens' community
4. Completing an analysis and health needs prioritization
5. Ensuring integration with the Priority Areas of the 2019-2024 New York State Prevention Agenda
6. Describing the process and methodologies utilized throughout
7. Making the CHNA results publicly available online

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Defining the NYP Queens Community

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Defining New York Geographies

This CHNA utilizes information based upon multiple geographical definitions as were publicly available. The below is a description of these various geographies provided by the Citizen's Committee for Children (CCC).

Citizens' Committee for Children OF NEW YORK

Geography	Population Range	Description
Community District (CD)	Between 50,000 to 250,000 residents	There are 59 community districts (CD) in New York City (NYC). Each is assigned to a community board, which were created by local law in 1975 as appointed advisory groups for questions related to land use and zoning, the city budget process, and service delivery. There are 12 CDs in Manhattan, 12 in the Bronx, 18 in Brooklyn, 14 in Queens, and 3 in Staten Island.
Census Tract	Between 3,000 to 4,000 residents	There are 2,168 census tracts in New York City. They are small statistical subdivisions of counties used by the United States Census Bureau (USCB) for analyzing population demographics. Each decade, the USCB updates the boundaries of census tracts and attempts to keep changes to a minimum. The population range reported here is specific to NYC and may be larger for census tracts outside the city.
Neighborhood Tabulation Area (NTA)	Minimum 15,000 residents	There are 190 NTAs in New York City. The NYC Department of City Planning created these boundaries to estimate populations in small areas, which are similar to historical New York City neighborhoods, but not fully reflective due to several constraints. NTAs are aggregations of census tracts from the decennial census and they are subsets of New York City's 55 Public Use Microdata Areas (PUMAs) and congruent with PUMA boundaries. Typically, two or three NTAs fit within one PUMA. NTAs offer greater statistical reliability compared to census tracts, and therefore are a compromise between census tracts and the larger CDs and PUMAs, which provide less granularity but more reliable estimates for census survey data.
ZIP Codes	Not applicable	There are 263 ZIP Codes in NYC. Around 60 are associated with individual buildings and part of a larger ZIP Code in Manhattan. Individual ZIP Codes may cross state, place, county, census tract, and other census boundaries. The USCB created generalized areal representations of ZIP Code service areas called ZIP Code Tabulation Areas (ZCTAs) and provides census estimates for these areas. ZCTAs were introduced with the 2000 Census and in most cases ZCTA Codes and ZIP Codes for an area are the same.

Summary for the Defined Queens Community

Community Profile Overview

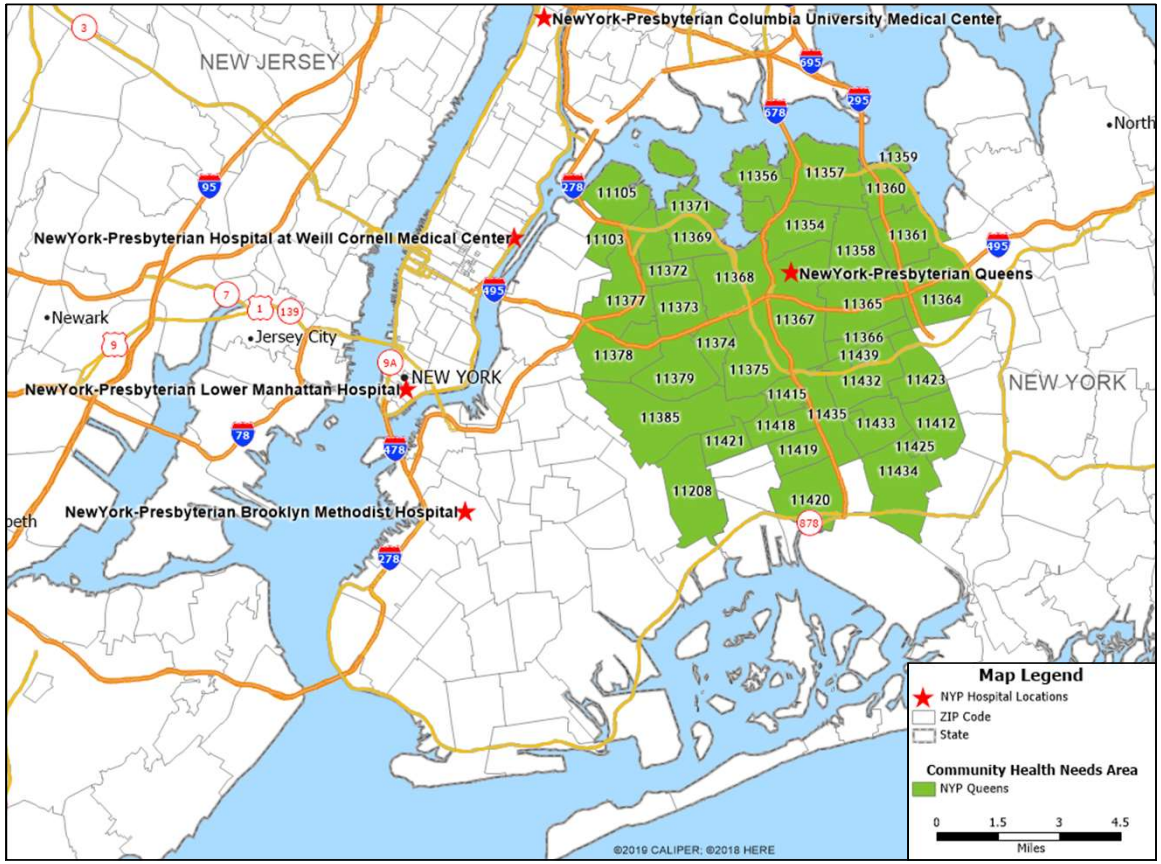
- The community definition for NewYork-Presbyterian Queens was derived using 80% of ZIP codes from which NYP Queens' patients originate and adding ZIP codes not among the original patient origin to create continuity in geographical boundaries, **resulting in a total of 41 community ZIP codes mostly within Queens county.**
- The NewYork-Presbyterian Queens community covers a geography of **almost 1.9M people and is forecast to grow, 2.7%, between 2019-2024, faster than the state, 1.5%**.
- The community's age cohort profile is similar to that of New York State but **is slightly younger** with only 14.8% of the population aged 65+ compared to 16.3%.
- However, this could be changing as the **growth projected in ages 65+ is higher in the community**, 17.8%, than the state, 14.4%, between 2019-2024.
- In 2019, **the community has a higher non-White population**, 78.2%, than the state 45.6%; **driven by Hispanics, 31.3%, and Asian/Hawaiian /Pacific Islanders, 28.5%.**
- **Future growth is projected among Hispanics, Asian/Hawaiian /Pacific Islanders and Other** populations while the **White population is projected to decline**.
- In 2019, the income distribution for NewYork-Presbyterian Queens community is similar to the New York State comparison. However, **the community's average household income, $86,554, is lower than the state average,** $101,507.

Summary for the Defined Queens Community, continued

Community Profile Overview continued

- The community is **less likely to speak 'only English' at home** than the average for New York State.
- **More of the population lives in family households,** 68.5%, than non-family households, 31.5% and the **household size is larger in comparison to New York State** (31.0% are HH size 4 or greater compared to 24.0% in New York State; Also, **there are 8% more children in the community than the average** for the benchmark of New York State.
- In 2019, this **community had an 11% higher high school and a slightly lower Bachelor's degree attainment** than the average for the benchmark of New York State.
- The **unemployment rate is the same as the average** for the benchmark of New York State, but there are **fewer white collar workers** than the state average.
- With an index value of 192**, the population that uses public transport to travel to work is 92% higher than the average for the benchmark of New York State.**

NYP Queens Community Definition



NewYork-Presbyterian Queens CHNA Defined Community	
ZIP Codes	
11103	11374
11105	11375
11208	11377
11354	11378
11355	11379
11356	11385
11357	11412
11358	11415
11359*	11418
11360	11419
11361	11420
11364	11421
11365	11423
11366	11425*
11367	11432
11368	11433
11369	11434
11370	11435
11371*	11439*
11372	11451*
11373	

*ZIP Code added for continuity

Sources: NYP hospital based zip code level patient origination, 80%, Maptitude

- The community definition was derived using 80% of ZIP codes from which NYP Queens' patients originate, over the most recent 18 months.
- Hospital based patient data was provided by NYP Value Institute and included inpatient admissions and outpatient visits and ancillary procedures.
- In order to create a contiguous community definition, ZIP codes not among the original patient origin were included to create continuity in geographical boundaries, resulting in a total of 41 ZIP codes.

NewYork-Presbyterian Queens

Total Population Growth by Age Cohort

NewYork-Presbyterian
NYP Queens Service Area vs. the State of New York State - Population by Age Cohort
Calendar Years 2019 to 2024

Age Cohort	Census 2010 Number	Census 2010 Percent of Total	Estimated 2019 Number	Estimated 2019 Percent of Total	Projected 2024 Number	Projected 2024 Percent of Total	Percent Change 2010 - 2024	Percent Change 2019 - 2024
NYP Queens Service Area								
0 - 14	302,965	17.2%	331,173	17.7%	342,848	17.8%	13.2%	3.5%
15 - 44	786,181	44.7%	767,397	41.0%	746,748	38.8%	-5.0%	-2.7%
45 - 64	451,500	25.7%	496,313	26.5%	507,027	26.4%	12.3%	2.2%
65 +	218,399	12.4%	276,607	14.8%	325,903	17.0%	49.2%	17.8%
Total	**1,759,045**	**100.0%**	**1,871,490**	**100.0%**	**1,922,526**	**100.0%**	9.3%	2.7%
Women 15 - 44	389,425	22.1%	382,931	20.5%	371,575	19.3%	-4.6%	-3.0%
Median Age		36.9		39.0		40.6	10.0%	4.1%
New York State								
0 - 14	3,531,233	18.2%	3,458,401	17.4%	3,450,628	17.1%	-2.3%	-0.2%
15 - 44	8,046,567	41.5%	7,971,497	40.1%	7,907,927	39.2%	-1.7%	-0.8%
45 - 64	5,182,359	26.7%	5,223,469	26.2%	5,121,167	25.4%	-1.2%	-2.0%
65 +	2,617,943	13.5%	3,250,309	16.3%	3,716,838	18.4%	42.0%	14.4%
Total	**19,378,102**	**100.0%**	**19,903,676**	**100.0%**	**20,196,560**	**100.0%**	4.2%	1.5%
Women 15 - 44	4,047,947	20.9%	3,985,000	20.0%	3,930,376	19.5%	-2.9%	-1.4%
Median Age		37.8		39.0		40.1	6.1%	2.7%

NYP_Queens_Demographic_SAbyZIP_082617.xlsx]Pop_Table

Source: Nielsen, Inc.

- The NewYork-Presbyterian Queens community covers a geography of almost 1.9M people and is forecast to grow faster, 2.7%, than the state, 1.5%, between 2019-2024.
- The age cohort profile is similar to that of New York State but is slightly younger with only 14.8% of the population aged 65+ compared to 16.3%.
- However, this could be changing as the growth projected, between 2019-2024, in ages 65+ is higher in the Queens community, 17.8%, than the state, 14.4%.

NewYork-Presbyterian Queens

Population by Race and Ethnicity

NewYork-Presbyterian
NYP Queens Service Area vs. the State of New York State - Ethnic Profile
Calendar Years 2019 to 2024

Ethnicity	Census 2010 Number	Census 2010 Percent of Total	Estimated 2019 Number	Estimated 2019 Percent of Total	Projected 2024 Number	Projected 2024 Percent of Total	Percent Change 2010 - 2024	Percent Change 2019 - 2024
NYP Queens Service Area								
Hispanics	538,332	30.6%	585,944	31.3%	609,328	31.7%	13.2%	4.0%
Non-Hispanics								
White	455,057	25.9%	408,580	21.8%	376,613	19.6%	-17.2%	-7.8%
African American	253,067	14.4%	256,338	13.7%	255,027	13.3%	0.8%	-0.5%
American Indian/Alaskan/Aleutian	5,067	0.3%	4,916	0.3%	4,803	0.2%	-5.2%	-2.3%
Asian/Hawaiian/Pacific Islander	438,647	24.9%	533,706	28.5%	587,548	30.6%	33.9%	10.1%
Other	68,875	3.9%	82,006	4.4%	89,207	4.6%	29.5%	8.8%
Subtotal	1,220,713	69.4%	1,285,546	68.7%	1,313,198	68.3%	7.6%	2.2%
Total	**1,759,045**	**100.0%**	**1,871,490**	**100.0%**	**1,922,526**	**100.0%**	9.3%	2.7%
New York State								
Hispanics	3,416,922	17.6%	3,897,754	19.6%	4,163,356	20.6%	21.8%	6.8%
Non-Hispanics								
White	11,304,247	58.3%	10,829,785	54.4%	10,574,224	52.4%	-6.5%	-2.4%
African American	2,783,857	14.4%	2,846,150	14.3%	2,864,737	14.2%	2.9%	0.7%
American Indian/Alaskan/Aleutian	53,908	0.3%	54,848	0.3%	55,436	0.3%	2.8%	1.1%
Asian/Hawaiian/Pacific Islander	1,411,514	7.3%	1,775,160	8.9%	1,984,868	9.8%	40.6%	11.8%
Other	407,654	2.1%	499,979	2.5%	553,939	2.7%	35.9%	10.8%
Subtotal	15,961,180	82.4%	16,005,922	80.4%	16,033,204	79.4%	0.5%	0.2%
Total	**19,378,102**	**100.0%**	**19,903,676**	**100.0%**	**20,196,560**	**100.0%**	4.2%	1.5%

NYP_Queens_Demographic_SAbyZIP_082617.xlsx]Ethnicity_Table

Source: Nielsen, Inc.

- In 2019, the NewYork-Presbyterian Queens community has a higher non-White population, 78.2%, than the state 45.6%.
- This is driven by Hispanics, 31.3%, and Asian/Hawaiian /Pacific Islanders, 28.5%.
- Future growth is projected for Hispanics, Asian/Hawaiian /Pacific Islanders and Other populations while the White population is projected to decline.

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Socioeconomic Profile – Household Income

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NYP Queens Service Area vs. the State of New York State - Socioeconomic Profile
Calendar Years 2019 to 2024

Socioeconomic Indicator	Census 2010	Estimated 2019	Projected 2024	Percent Change 2010 - 2024	Percent Change 2019 - 2024
NYP Queens Service Area					
Population	1,759,045	1,871,490	1,922,526	9.3%	2.7%
Households	608,350	644,396	661,493	8.7%	2.7%
Median Household Income	$42,078	$63,669	$70,418	67.4%	10.6%
Average Household Income	$53,521	$86,554	$96,438	80.2%	11.4%
Income Distribution					
Under $25,000	29.4%	19.4%	17.4%	-40.7%	-7.7%
$25,000 - $49,999	28.9%	21.1%	19.5%	-32.4%	-5.0%
$50,000 - $99,999	30.2%	29.3%	28.3%	-6.1%	-0.9%
$100,000 +	11.6%	30.2%	34.7%	200.4%	18.1%
	100.0%	100.0%	100.0%		
New York State					
Population	19,378,102	19,903,676	20,196,560	4.2%	1.5%
Households	7,056,878	7,584,043	7,719,346	9.4%	1.8%
Median Household Income	$43,792	$68,067	$74,555	70.2%	9.5%
Average Household Income	$61,489	$101,507	$111,343	81.1%	9.7%
Income Distribution					
Under $25,000	29.5%	19.9%	18.2%	-38.5%	-7.0%
$25,000 - $49,999	26.3%	19.0%	17.8%	-32.1%	-4.3%
$50,000 - $99,999	29.0%	26.7%	25.7%	-11.2%	-2.0%
$100,000 +	15.3%	34.4%	38.3%	151.1%	13.2%

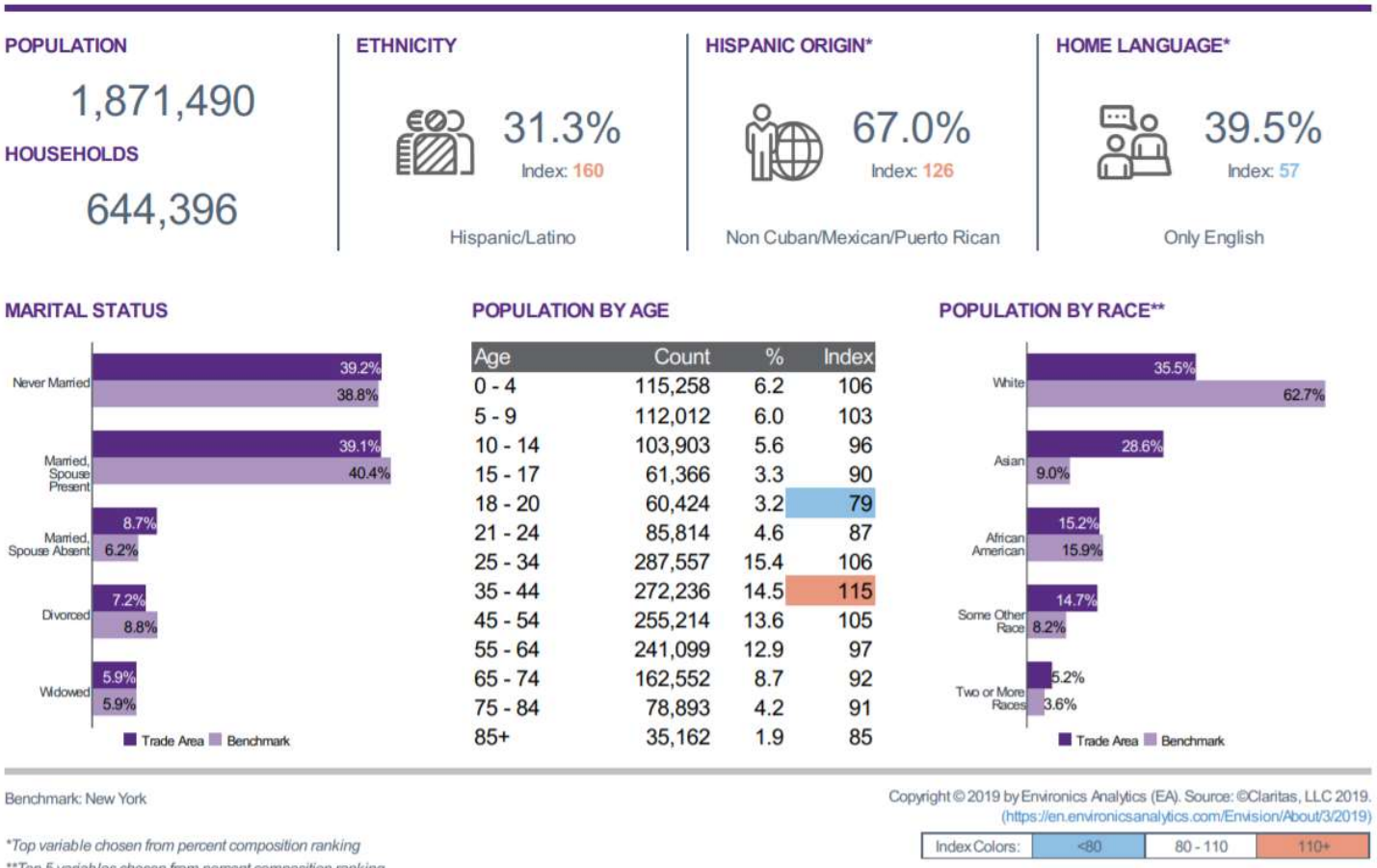
NYP_Queens_Demographic_SAbyZIP_082617.xlsx]27_Household_Table

Source: Nielsen, Inc.

- In 2019, the income distribution for NewYork-Presbyterian Queens community is similar to the New York State comparison.
- However, the community's average household income, $86,554, is lower than the average of New York State, $101,507.
- Future growth is projected among the higher income bracket.

NewYork-Presbyterian Queens

Community Demographic Profile

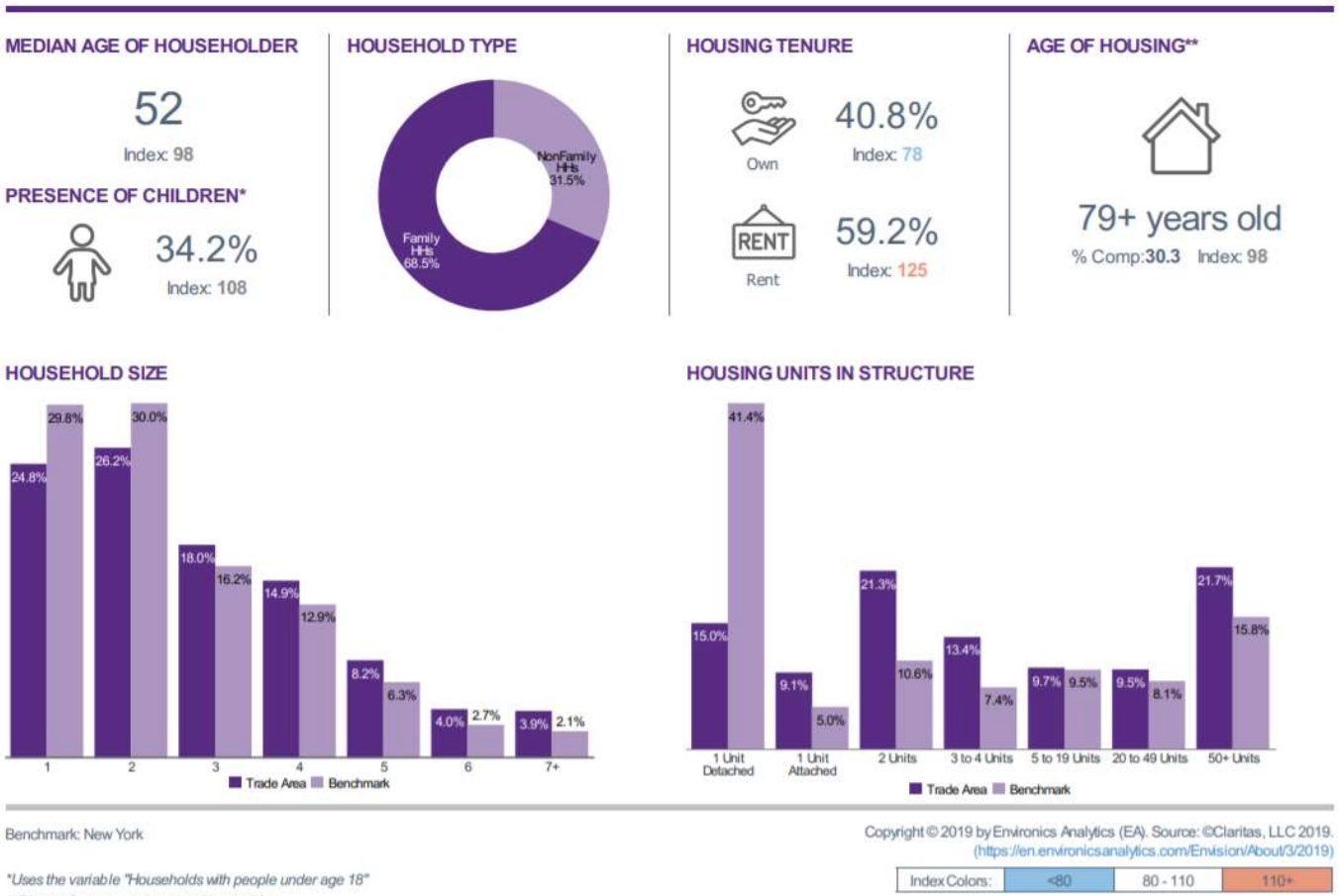


The index is a measure of how similar or different the defined area is from the benchmark.

- In 2019, this community comprises almost 1.9M people.
- With an index value of 160, the population that is Hispanic/Latino is 60% higher than the average for the benchmark of New York State.
- The population also is less likely to speak only English at home than the average for the benchmark of New York State.
- There is a higher minority population than the state and there are more never married persons than there are married.

NewYork-Presbyterian Queens

Community Household and Housing

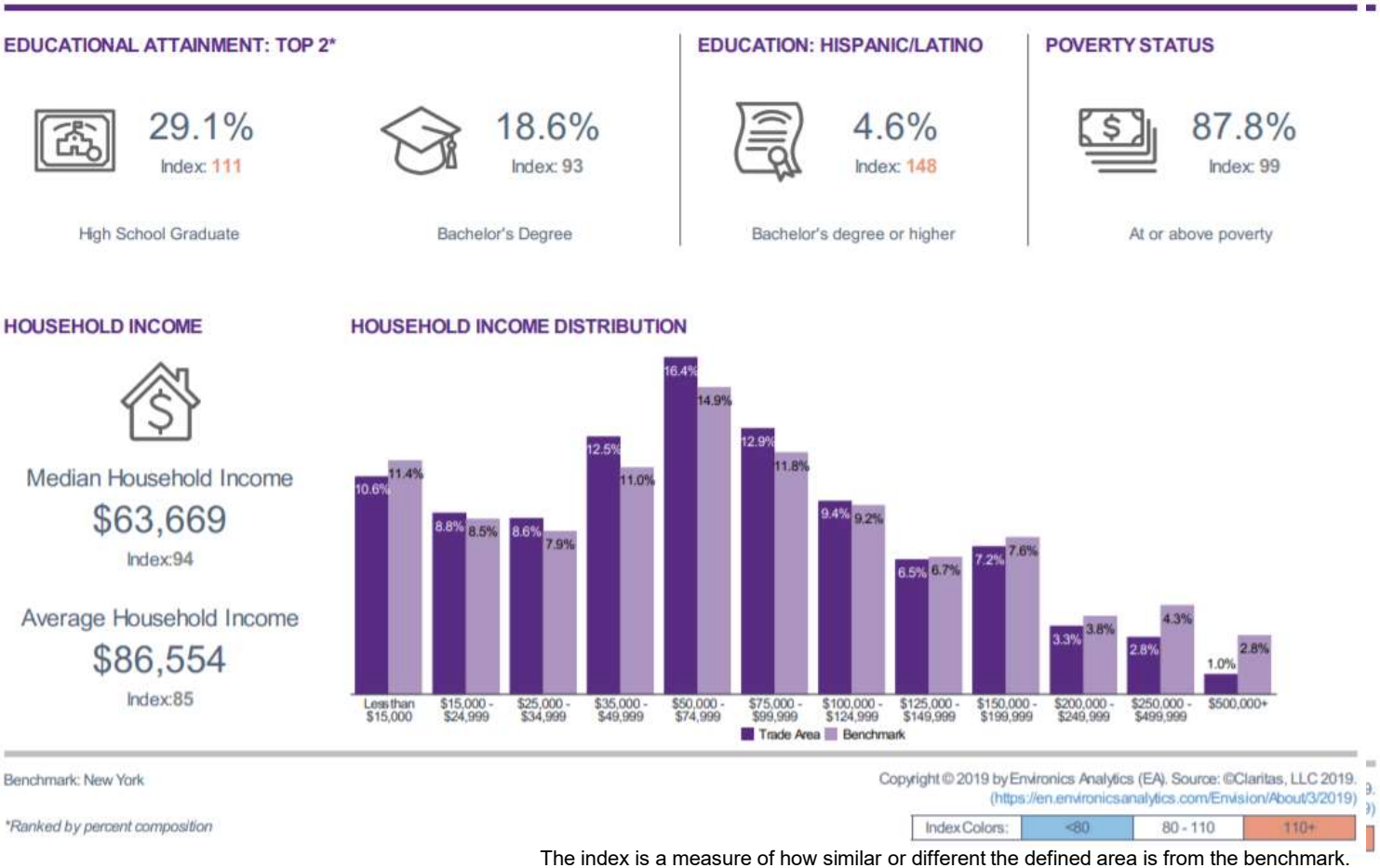


The index is a measure of how similar or different the defined area is from the benchmark.

- This community is younger than the average for the benchmark of New York State; there is 8% more children in the community than the average for the benchmark of New York State.
- More of the population lives in family households,68.5%, than non-family households, 31.5% and the household size is larger in comparison to New York State (31.0% are HH size 4 or greater compared to 24.0% in New York State.
- With an index value of 125, the number of homes rented are 25% higher than the average for the benchmark of New York State and fewer than average own a home.

NewYork-Presbyterian Queens

Community Education and Affluence



The index is a measure of how similar or different the defined area is from the benchmark.

- In 2019, this community had an 11% higher high school and a slightly lower bachelor's degree attainment than the average for the benchmark of New York State.
- However, the community's median household income, $63,669 and average household income, $86,554, are less than the average for the benchmark of New York State.

NewYork-Presbyterian Queens

Community Employment and Occupation

OCCUPATIONAL CLASS*

54.7%
Index: 87
White Collar

UNEMPLOYMENT RATE

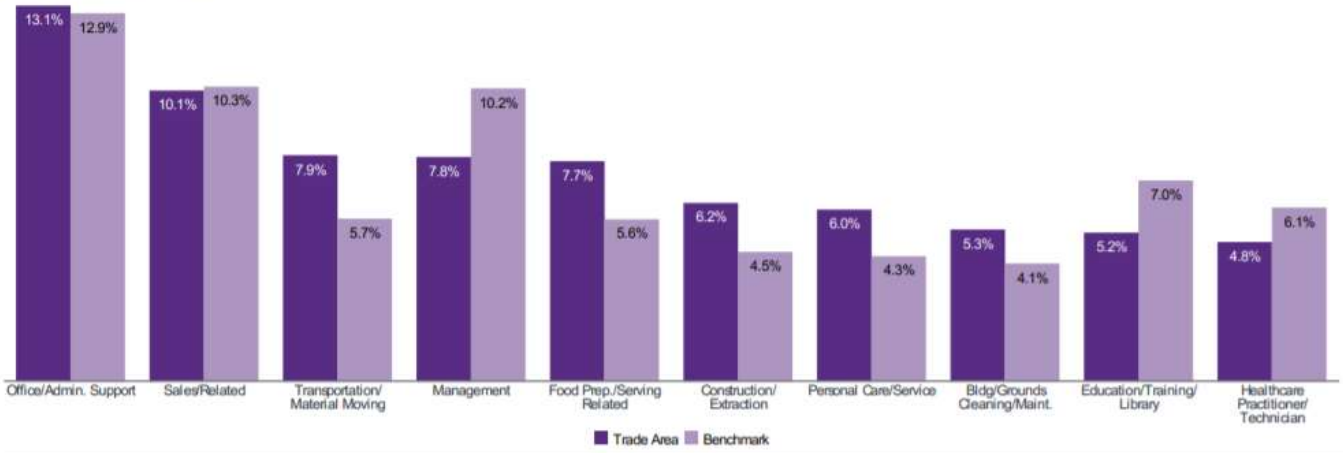
6.2%
Index: 100
Percent of civilian labor force unemployed

METHOD OF TRAVEL TO WORK: TOP 2*

54.5%
Index: 192
Travel to work by **Public Transport**

28.8%
Index: 55
Travel to work by **Driving Alone**

OCCUPATION: TOP 10*



Benchmark: New York

*Chosen from percent composition ranking

Index Colors:	<80	80 - 110	110+

The index is a measure of how similar or different the defined area is from the benchmark.

- In 2019, this community's unemployment rate is the same as the benchmark of New York State, but there are fewer white collar workers than the state average.
- With an index value of 192, the population that uses public transport to travel to work is 92% higher than the average for the benchmark of New York State.

NewYork-Presbyterian Queens

AMAZING THINGS ARE HAPPENING HERE

Assessing the Health of the High Disparity Communities

NewYork-Presbyterian
Queens

Assessing the High Disparity Communities Summary

Demographics and Socioeconomic Status

- In the subset of NewYork-Presbyterian Queens' neighborhoods that have been identified as high disparity there is a total population of 1,331,818.
- There is variation between NTAs among gender and age cohorts which have implications for health services needed, but **overall the high disparity community is 51.7% female and slightly younger**, 11.3% of the population is 65+, compared to NYC, 12.5%.
- The **NYP Queens community has a much higher minority population** at 87.8% (especially Hispanic/Latino, 35.1%, and Asian, 20.4%) than does the NYC average 67%.
- There is a **lower percentage of the population that are living in poverty**, 19.0%, than NYC, 20.6%.
- Most of these neighborhoods have a **higher percent of the population that is uninsured,**19.3%, than the NYC average, 13.5%.
- Many of these neighborhoods have a **higher percentage of the population enrolled in Medicaid**, 40.6%, than the NYC average, 37.0%.
- In aggregate there **are more than NYC average percentages of residents that are foreign born, non-English speaking, not graduated from high school, unemployed, and single parents.**
- There are **slightly fewer disabled residents as a percent of the population**, 9.1%, than the NYC average, 10.3%.
- Compared to the NYC average, there are **fewer people in the NYP Queens community living in an Area Median Income (AMI) income band of $200,000,** but there are also **fewer people living in an income band under $15,000.**

Assessing the High Disparity Communities Summary

Social Determinants of Health

- The high cost of housing is a concern, as the percentage of **overcrowded housing 13.1%, and rent burden greater than 50% of income 34.7%, are both less favorable than the NYC averages, 8.9% and 29.8%.**
- **The percent of residents living in public housing, 2.2%, is less than the NYC average** 4.7%.
- There is a **high percentage of families with children living in shelters in East New York and Cypress Hills-City Line**, 10.3%, NYC 3.8%.
- The **number of meals missing annually from food insecure households in these NTAs were estimated at more than 136 million.**
- Among the Social and Environmental Safety indicators assessed, there was a **lower than NYC average for senior center participation** (number of persons served by Senior Center program per 1,000 population age 65+), suggesting an opportunity for socialization of the senior age cohort.
- All neighborhoods in the NYP Queens community have **longer than NYC average commute times to work.**

Assessing the High Disparity Communities Summary

Health Status

- The community adult percentage of **obesity, 23.3%, is on average with NYC, 24.0%. However, NTAs** Cypress Hills-City Line and East New York are higher at 35.0%.
- **The percentage of obesity in children, 21.2%, is higher than the NYC average, 20.0%.**
- There is **less regular physical activity as a percentage of the population**, 66.3%, compared to NYC, 73.0%.
- The severe maternal morbidity crude rate per 10,000 deliveries, 244.5, **is higher than the NYC average**, 229.6.
- There is also **higher than average percent of live births receiving late prenatal care**, 9.0%, compared to NYC, 7.0%, in the community which could be contributing to the **higher percent of preterm births among all live births and infant death rates** (under one year old per 1,000 live births) **in select neighborhoods** (e.g. East New York, Jamaica, South Jamaica, Baisley Park).
- **A variety of neighborhoods also have a higher than average teen birth rate per 1,000 women ages 15-19** (North Corona is the highest at 68.9% and the NYC average is 23.7%).
- Overall in the NYP Queens community, **premature mortality per 100,000 pop under age 65 is more favorable, 135.6, in comparison to the NYC average, 193.8.**
- While community adults are **self reporting not having poor mental health and not binge drinking**, they are also reporting **lower than average 'good to excellent' health and less access to needed medical care**.

Assessing the High Disparity Communities Summary

Health Status, continued

- Community **children are visiting the ER for asthma care at lower rates per 10,000 children ages 5-17,** 151.8, than the NYC average, 223.0.
- Varying among NTAs, **in aggregate there is less percentages of self-reported smoking**, 12.5%, compared to NYC 14.0%.
- The **higher than average percentage of chronic conditions are among diabetes** (13.6%, NYC 11.0%), **cardiovascular related conditions (**7.5%, NYC 6.6%), **especially hypertension** (several NTAs 37.0%, NYC 28%).
- New diagnoses of **Hepatitis C per 100,000 population are higher in Cypress Hills-City Line,** 78.9, compared to NYC, 71.8.
- Overall, **new diagnoses of HIV per 100,000 population are concentrated in a handful of neighborhoods** (e.g. East New York and Cypress Hills-City Line, 38.1), compared to NYC, 24.0. These two neighborhoods also have high rates of new Hepatitis C diagnoses, 78.9, compared to NYC, 71.8.
- **Cancer incidence indicators (county level) demonstrate about the same or more favorable rates** than the NYC average.

Assessing the High Disparity Communities Summary

Health Care Service Utilization

- There is a **higher rate of avoidable or preventable hospitalizations in the community**, clustered among several neighborhoods of high disparity which indicate a lack of access to ambulatory care for conditions that would otherwise not have required an admission.
- Three NTAs, **East New York, South Jamaica and Cypress Hill, report higher than NYC average preventable hospitalizations among all the categories reported per 100,000 population ages 18+** (all, asthma, diabetes and hypertension).
- **Other hospitalizations** (psychiatric, alcohol, drugs, falls, child asthma) in the community vary by neighborhood, but are **mostly favorable** to the NYC average; However, hospitalizations for stroke appear to be less favorable for several neighborhoods.
- There are **higher than NYC average crude rate of ED visits** (all per 100,000 population and treat and release per 100,000 population) among select higher disparity NTAs.
- Several NTAs also have a **higher than average percentage of preventable ER treat and release visits of all Treat and Release Visits**, suggesting a lack of access to ambulatory care.

Assessing the High Disparity Communities Summary

Neighborhoods with the Highest Disparities

- Overall, the neighborhoods of East New York, Jamaica, South Jamaica, Cypress Hills-City Line, Baisley Park, Hollis, Springfield Gardens North and St. Albans have less favorable statistics than the NYC average.
- East New York and Cypress Hills-City Line report a higher than NYC average incidence of colon and rectum cancers and new diagnoses of HIV or Hepatitis C per 100,000 population.
- East New York, Jamaica and South Jamaica have higher than average hospitalizations for alcohol per 100,000 population ages 15-84 and psychiatry per 100,000 population ages 18+.
- There are higher than NYC average ED visits (all per 100,000 population and treat and release per 100,000 population) from East New York, Jamaica, South Jamaica, Cypress Hills-City Line, Baisley Park, East Elmhurst, Corona and North Corona. Also, East New York, Jamaica, Flushing and College Point have higher than average ER visits resulting in an inpatient admission.
- Jamaica, Cypress Hills-City Line, East Elmhurst, Jackson Heights, North Corona and Elmhurst have higher than average percentages of preventable ER visits.

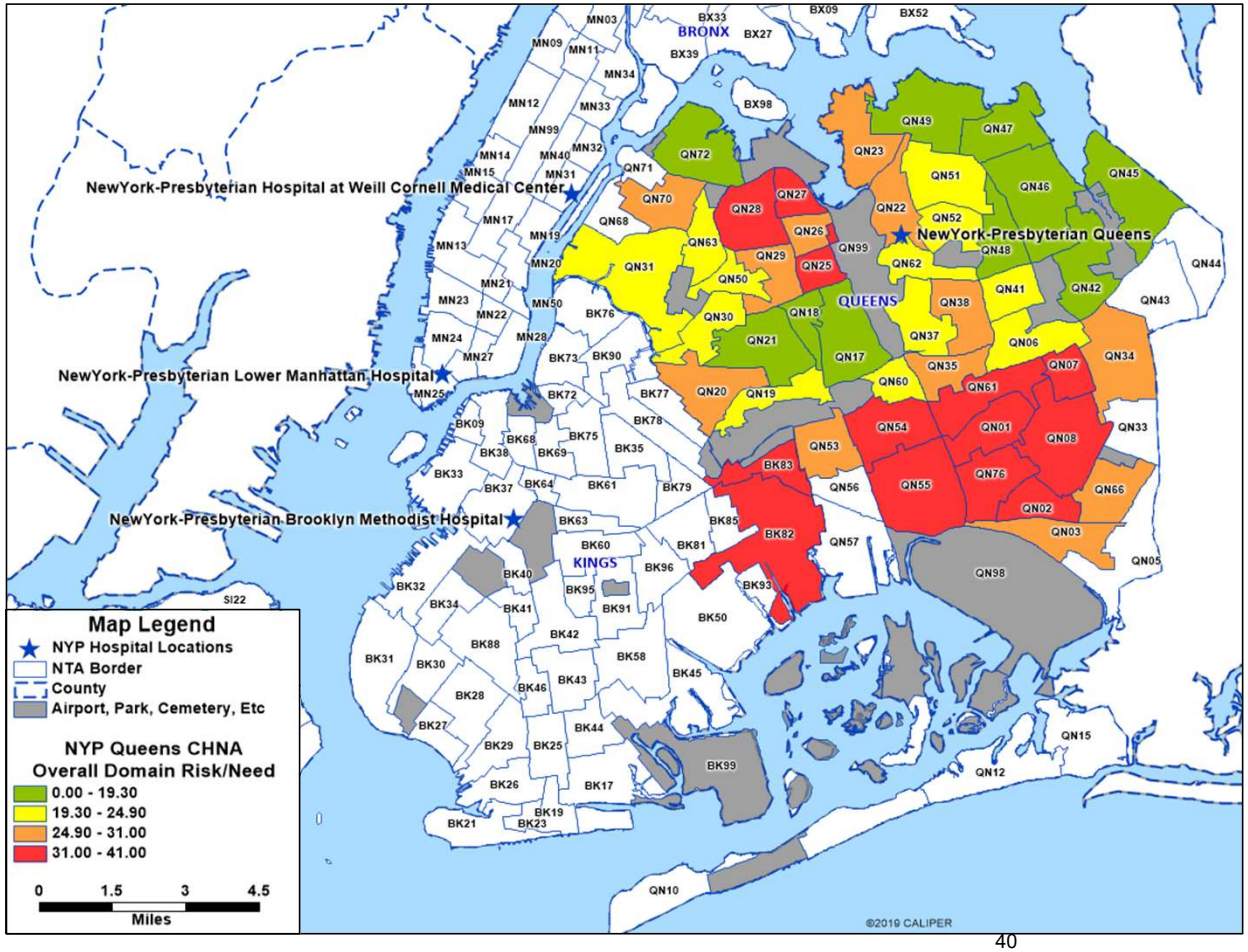
NYP Queens High Disparity Communities Analysis Method

Objective: The objective is to identify the geographical areas by Neighborhood Tabulation Area (NTA) within NYC for which there is a higher health need and/or a higher risk of required resources.

Method:

- This analysis was adapted from the Citizen's Committee for Children Community Risk Index Report. However, the risk ranking utilized a selection of 29 indicators across five domains (demographics, income, insurance, access to care and the New York State Department of Health Prevention Agenda Priorities) for the broader community of all ages.
- Similar to the CCC analysis:
  - Data for individual indicators are collected by NTA (or cross walked to NTA).
  - Each indicator's data are standardized using Linear Scaling Technique (LST), which calculates the difference between the value of a given NTA and that of the lowest value NTA, and divides this number by the difference between the highest value NTA and the lowest value NTA.
  - The standardized values are then ranked from low to high with regard to increasing risks to well-being (a higher rank illustrates a higher risk/need).
  - Then indicators are averaged within each domain using equal weighting to produce 5 domain indices.
  - These five domains indices are averaged again using equal weighting to produce an overall domain of risk/need for each NTA.

NYP Queens Communities of High Disparity Analysis



- An analysis of community health need and risk of high resource utilization was undertaken at the Neighborhood Tabulation Area (NTA) geography.
- The need score is a composite of 29 different indicators, carefully selected, across five domains: demographics, income, insurance, access to care and New York State Department of Health Prevention Agenda Priorities.
- The results show where there is more or less need comparatively between NTAs.
- The 41 NYP Queens ZIP codes were cross-walked to 50 NTAs categorized into four quartiles. Additional analysis was undertaken for the 25 NTAs of higher disparity.

NewYork-Presbyterian Queens

NYP Queens Communities of High Disparity Analysis
Higher Disparity Quartiles 3 and 4

NTA Code	NTA Name	Domain 1, Demographics	Domain 2, Income	Domain 3, Insurance	Domain 4, Access to Care	Domain 5, NYS DOH PA	Overall Domain Risk/Need	Quartile
BK82	East New York	33	46	36	48	42	41.0	Quartile 4
QN61	Jamaica	38	42	37	41	42	40.0	Quartile 4
QN01	South Jamaica	33	39	36	43	40	38.0	Quartile 4
BK83	Cypress Hills-City Line	34	38	28	47	42	37.7	Quartile 4
QN76	Baisley Park	32	28	30	42	35	33.4	Quartile 4
QN27	East Elmhurst	33	32	31	33	37	33.2	Quartile 4
QN07	Hollis	27	21	37	40	35	31.8	Quartile 4
QN02	Springfield Gardens North	30	21	32	42	34	31.6	Quartile 4
QN54	Richmond Hill	32	26	27	39	34	31.5	Quartile 4
QN25	Corona	39	37	20	26	36	31.5	Quartile 4
QN55	South Ozone Park	32	25	34	37	30	31.5	Quartile 4
QN28	Jackson Heights	36	33	30	24	34	31.4	Quartile 4
QN08	St. Albans	29	19	32	41	35	31.0	Quartile 4
QN53	Woodhaven	31	23	28	41	32	30.8	Quartile 3
QN22	Flushing	34	45	33	13	25	30.1	Quartile 3
QN26	North Corona	39	30	19	25	33	29.4	Quartile 3
QN29	Elmhurst	38	34	18	19	36	29.2	Quartile 3
QN34	Queens Village	31	18	33	34	30	29.1	Quartile 3
QN38	Pomonok-Flushing Heights-Hillcrest	22	36	31	26	29	28.7	Quartile 3
QN20	Ridgewood	30	24	25	29	27	27.0	Quartile 3
QN70	Astoria	24	30	23	24	32	26.5	Quartile 3
QN03	Springfield Gardens South-Brookville	24	8	33	35	32	26.3	Quartile 3
QN23	College Point	28	33	33	15	23	26.3	Quartile 3
QN35	Briarwood-Jamaica Hills	26	21	34	24	26	26.2	Quartile 3
QN66	Laurelton	27	11	25	33	29	25.1	Quartile 3

Source: Citizen's Committee for Children; Data City of New York; Data2Go; NYC Health Atlas; NYC Mayor Report

- Recognizing the variability among domains and individual indicators, these 25 neighborhoods were identified to be of comparatively higher disparities which could benefit from focused efforts of health improvement.

NewYork-Presbyterian Queens

NYP Queens Communities of High Disparity Analysis
Lower Disparity Quartiles 1 and 2

NTA Code	NTA Name	Domain 1, Demographics	Domain 2, Income	Domain 3, Insurance	Domain 4, Access to Care	Domain 5, NYS DOH PA	Overall Domain Risk/Need	Quartile
QN60	Kew Gardens	17	19	22	37	29	24.6	Quartile 2
QN30	Maspeth	24	18	28	27	24	24.3	Quartile 2
QN51	Murray Hill	30	29	29	11	20	23.8	Quartile 2
QN52	East Flushing	29	25	33	11	21	23.7	Quartile 2
QN63	Woodside	27	22	21	17	29	23.3	Quartile 2
QN62	Queensboro Hill	25	25	35	8	18	22.4	Quartile 2
QN31	Hunters Point-Sunnyside-West Maspeth	26	21	15	15	26	20.4	Quartile 2
QN19	Glendale	22	15	19	26	20	20.3	Quartile 2
QN41	Fresh Meadows-Utopia	18	22	24	18	19	20.1	Quartile 2
QN37	Kew Gardens Hills	17	16	25	20	22	20.1	Quartile 2
QN06	Jamaica Estates-Holliswood	21	14	25	20	20	20.0	Quartile 2
QN50	Elmhurst-Maspeth	29	18	19	9	25	19.7	Quartile 2
QN17	Forest Hills	21	20	23	16	16	19.2	Quartile 1
QN21	Middle Village	21	11	22	25	17	19.2	Quartile 1
QN18	Rego Park	23	15	24	15	20	19.1	Quartile 1
QN72	Steinway	17	12	19	22	24	18.6	Quartile 1
QN49	Whitestone	22	14	22	11	15	16.9	Quartile 1
QN48	Auburndale	21	11	27	5	12	15.1	Quartile 1
QN42	Oakland Gardens	20	12	24	7	12	15.0	Quartile 1
QN47	Ft. Totten-Bay Terrace-Clearview	14	15	24	12	9	14.8	Quartile 1
QN46	Bayside-Bayside Hills	23	7	25	6	10	13.9	Quartile 1
QN45	Douglas Manor-Douglaston-Little Neck	19	6	16	6	9	11.1	Quartile 1
QN98	Airport	1	1	1	1	1	1.0	Quartile 1
QN99	park-cemetery-etc-Queens	1	1	1	1	1	1.0	Quartile 1
BK99	park-cemetery-etc-Brooklyn	1	1	1	1	1	1.0	Quartile 1

Source: Citizen's Committee for Children; Data City of New York; Data2Go; NYC Health Atlas; NYC Mayor Report

- These 25 neighborhoods were identified to be of comparatively lesser disparities, but will continue to benefit from the community health improvement efforts offered broadly by NYP Queens.
- Note that the cross walk from one geography to another (ZIP code to NTA) includes neighborhoods (airport and park-cemetery-etc.) that may otherwise appear to be unpopulated.

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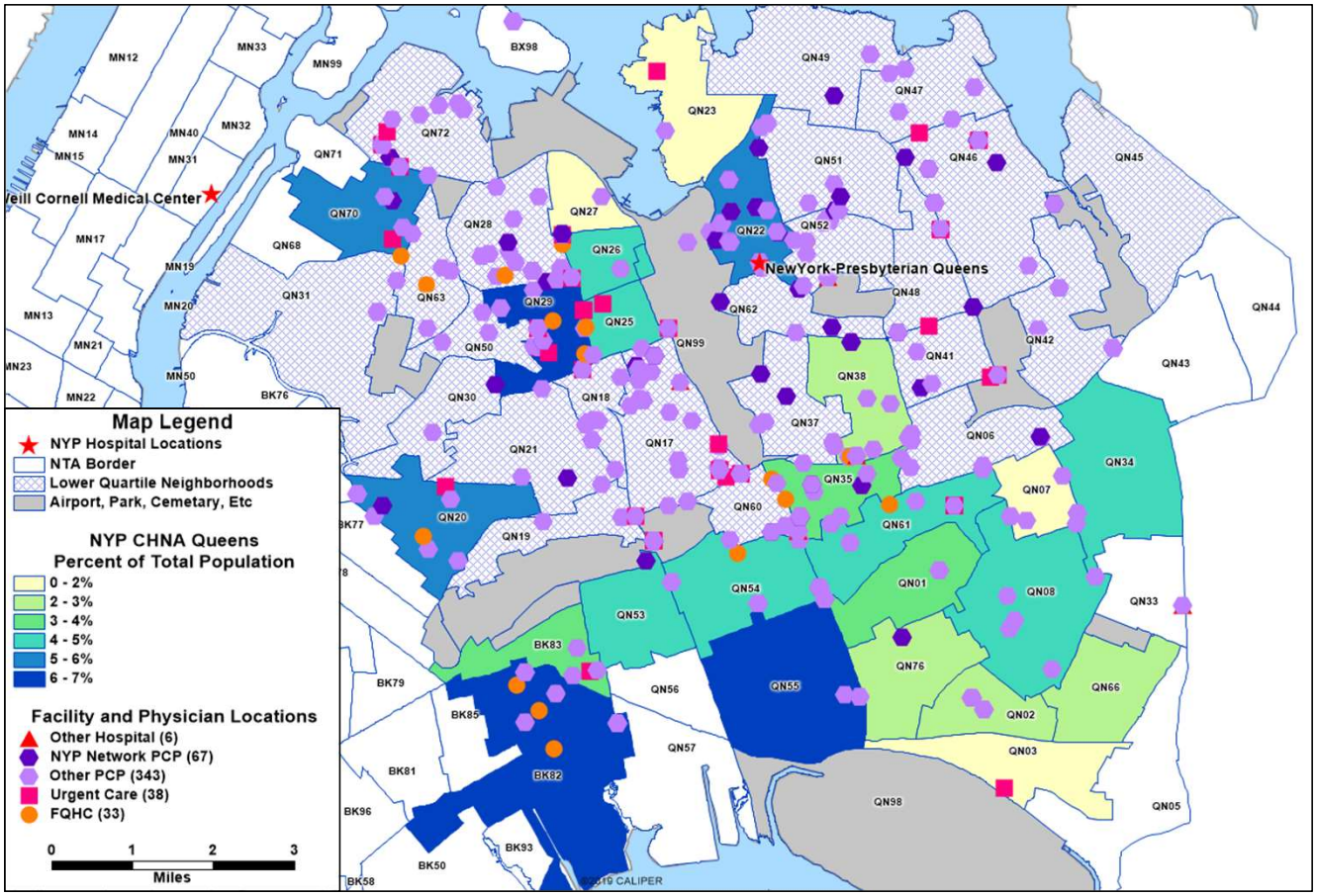
Assessing the High Disparity Communities Overview

The Neighborhood Tabulation Areas (NTA) identified as Quartiles 3 and 4, for which there is a higher health need and/or a higher risk of required resources, will be evaluated in greater detail.

The following indicators have been selected to assess community health needs, to identify health disparities, to utilize in prioritizing the implementation strategies and to support health intervention planning.

- **Demographics** (population, gender, age cohort, race/ethnicity, foreign born, limited English language, unemployment, disability status, single parent households, etc.)
- **Socioeconomic status** (poverty, Area Median Income (AMI) eligibility for housing financial assistance)
- **Insurance status** (uninsured, Medicaid enrolled)
- **Social Determinants of Health** (housing, food and nutrition, social and safety environment, transportation)
- **Indicators of health** (healthy eating and physical activity, women infants, and children, well-being and mental health, chronic disease, hospitalizations, and Emergency Department utilization)

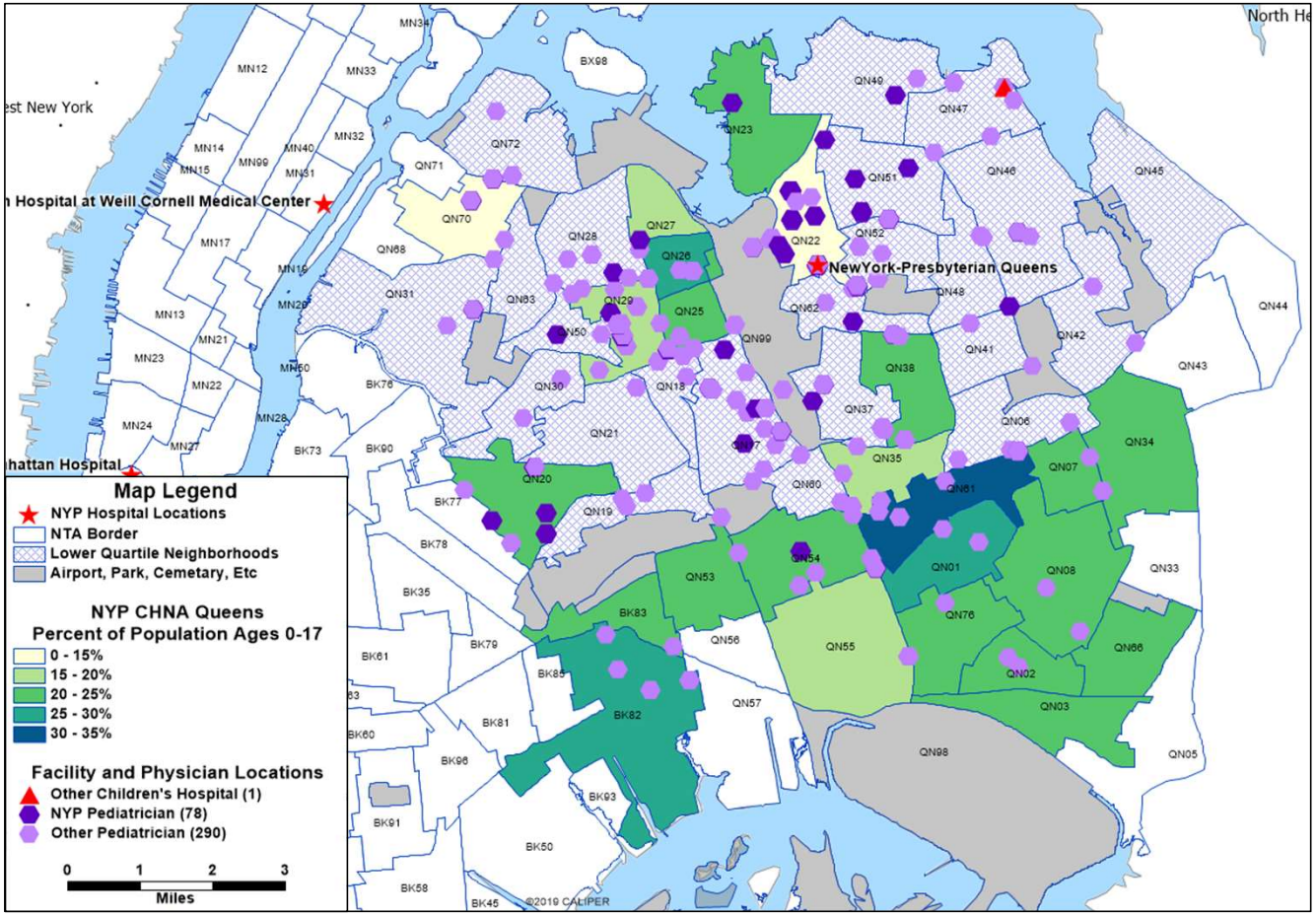
Total Population and Key Health Care Providers in the High Disparity Community



- Market saturation of health care providers within the surrounding areas of NYP Queens reflects a composition of Hospitals, NYP network Primary Care providers, non-NYP Primary Care providers, Urgent Care facilities, and Federally Qualified Health Centers (FQHC's) in order to reflect pockets of need to address community access issues.
- Analysis of such saturation or lack of saturation in appropriate providers allows for strategic placement of services to address community needs.

NewYork-Presbyterian Queens

Pediatric Population and Key Health Care Providers in the High Disparity Community



- Community assets are outlined to reflect potential pockets of community need specific pediatric populations.
- NYP and non-NYP pediatric practices are identified to allow for identification of gaps as well as potential partnership arenas to impact the community at large.

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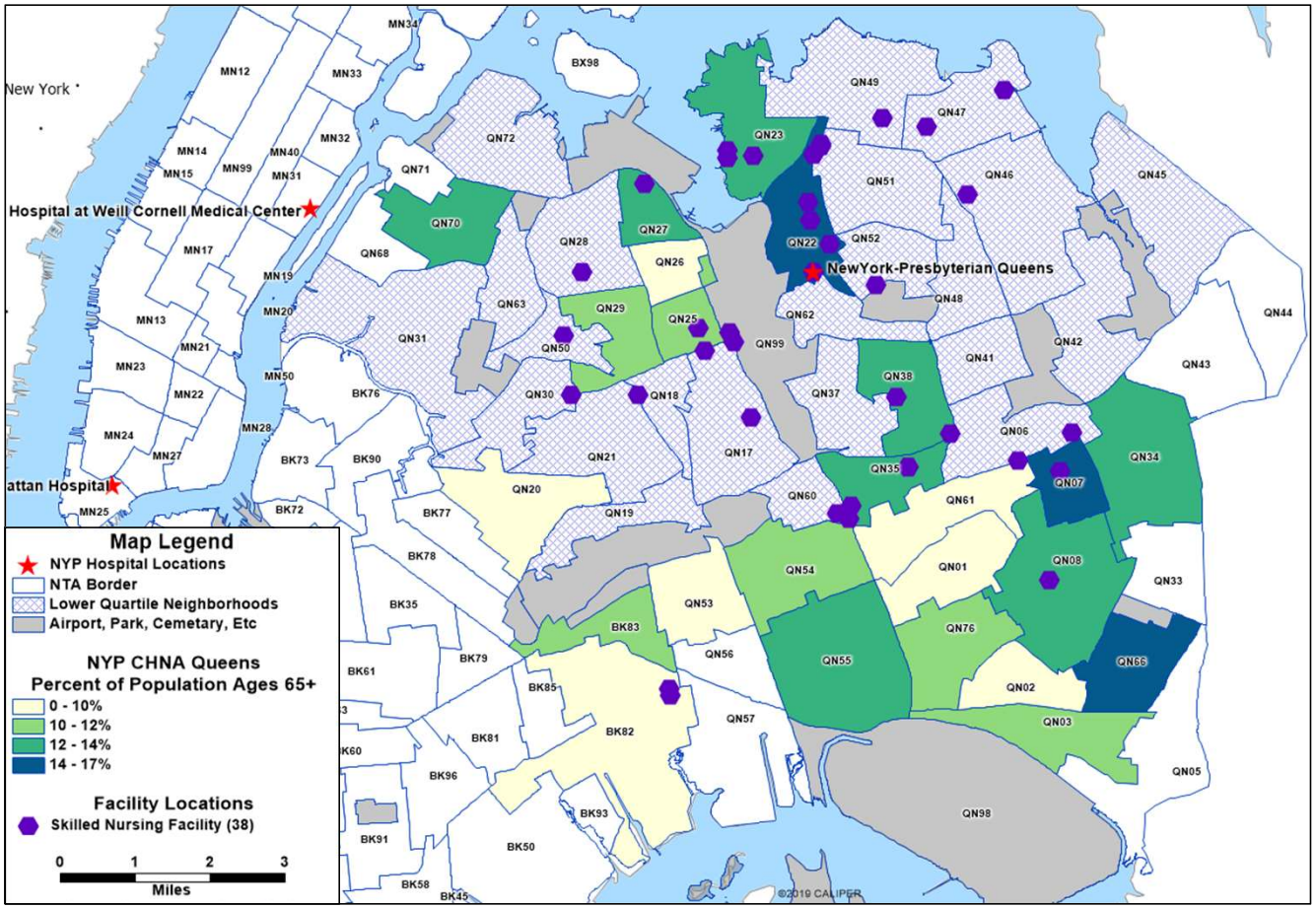
Senior Population and SNFs in the High Disparity Community



- Skilled Nursing Facilities are identified on the map to reflect potential access issues for concentrated senior populations.
- Communities have dispersed providers and SNF's targeting senior populations suggesting areas for focused strategies to impact long-term care and post-acute activity.

NewYork-Presbyterian Queens

Population Profile of the High Disparity Communities

NYC Neighborhood Tabulation Area	Population (Total #)	Percent of female population	Percent of male population	Percent of population ages 0-17	Percent of population ages 18-24	Percent of population ages 25-44	Percent of population ages 45-64	Percent of population ages 65+
East New York	91,139	↑ 55.5%	44.5%	↑ 29.0%	11.8%	26.6%	23.1%	↓ 9.5%
Jamaica	54,198	↓ 52.2%	47.8%	↑ 30.7%	12.5%	26.0%	21.7%	↓ 9.1%
South Jamaica	44,116	↓ 52.2%	47.8%	↑ 27.9%	12.4%	29.3%	23.2%	↓ 7.3%
Cypress Hills-City Line	47,199	↑ 53.8%	46.2%	↑ 24.7%	11.0%	27.9%	25.5%	↓ 10.9%
Baisley Park	37,155	↓ 47.4%	52.6%	↑ 21.6%	11.1%	34.2%	22.8%	↓ 10.3%
East Elmhurst	22,716	↑ 54.0%	46.0%	↓ 19.0%	11.5%	26.2%	30.1%	↑ 13.1%
Hollis	21,294	↑ 59.3%	40.7%	↑ 23.3%	9.5%	26.8%	26.0%	↑ 14.4%
Springfield Gardens North	27,396	↓ 51.0%	49.0%	↑ 23.4%	11.2%	29.9%	26.5%	↓ 9.0%
Richmond Hill	64,049	↓ 48.3%	51.7%	↑ 24.6%	10.1%	33.0%	22.0%	↓ 10.4%
Corona	57,150	↓ 51.5%	48.5%	↑ 21.9%	11.2%	28.4%	27.9%	↓ 10.5%
South Ozone Park	83,286	↓ 49.8%	50.2%	↓ 19.0%	9.7%	31.9%	26.5%	↑ 12.8%
Jackson Heights	105,083	↑ 54.7%	45.3%	↑ 22.7%	10.2%	25.9%	28.3%	↑ 12.8%
St. Albans	53,797	↑ 54.7%	45.3%	↑ 22.7%	10.2%	25.9%	28.3%	↑ 12.8%
Woodhaven	61,278	↓ 50.9%	49.1%	↑ 24.7%	11.2%	30.0%	25.3%	↓ 8.7%
Flushing	70,193	↑ 53.3%	46.7%	↓ 14.8%	8.5%	29.5%	30.6%	↑ 16.6%
North Corona	53,290	↓ 44.3%	55.7%	↑ 25.3%	11.5%	40.9%	16.6%	↓ 5.6%
Elmhurst	87,373	↓ 48.0%	52.0%	↓ 19.5%	9.4%	35.9%	24.5%	↓ 10.8%
Queens Village	56,705	→ 52.4%	47.6%	↓ 20.4%	10.0%	27.9%	28.9%	↑ 12.8%
Pomonok-Flushing Heights-Hillcrest	33,925	↑ 53.7%	46.3%	↑ 21.9%	13.7%	23.7%	27.5%	↑ 13.2%
Ridgewood	70,234	↓ 50.5%	49.5%	↑ 23.5%	10.5%	32.6%	23.9%	↓ 9.4%
Astoria	77,095	↓ 50.0%	50.0%	↓ 12.8%	9.6%	43.4%	21.3%	↑ 13.1%
Springfield Gardens South-Brookville	21,160	↑ 54.7%	45.3%	↑ 24.0%	12.2%	26.8%	26.5%	↓ 10.5%
College Point	25,113	↓ 50.2%	49.8%	↑ 21.8%	9.9%	28.2%	26.7%	↑ 13.4%
Briarwood-Jamaica Hills	40,027	↓ 51.2%	48.8%	↓ 18.4%	8.6%	33.6%	27.1%	↓ 12.2%
Laurelton	26,847	↑ 55.9%	44.1%	↑ 21.5%	9.2%	24.9%	28.6%	↑ 15.8%
Queens High Disparity Communities	1,331,818	↓ 51.7%	48.3%	↑ 22.2%	10.5%	30.6%	25.3%	↓ 11.3%
New York City	8,354,889	52.4%	47.6%	21.4%	10.1%	31.4%	24.6%	12.5%
New York State	19,903,676	51.4%	48.6%	21.0%	9.3%	27.1%	26.3%	16.3%

Source: NYC Health Data Atlas

↑ Illustrates neighborhood statistic is larger than the NYC statistic

→ Illustrates neighborhood statistic is equal to the NYC statistic

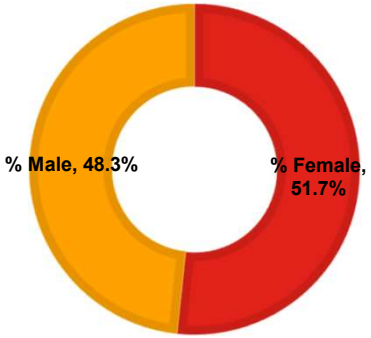
↓ Ilustrates neighborhood statistic is smaller than the NYC statistic

- Age and gender composition help inform an understanding of the community and health service planning.
- In the subset of NewYork-Presbyterian Queens' neighborhoods that have been identified as high disparity there is a total population of 1,331,818.
- 51.7% of the community is female and 48.3% is male, about the same as the NYC average.
- The population is slightly younger, 11.3% of the population is 65+, compared to NYC, 12.5%.

NewYork-Presbyterian Queens

Population by Gender, High Disparity Communities

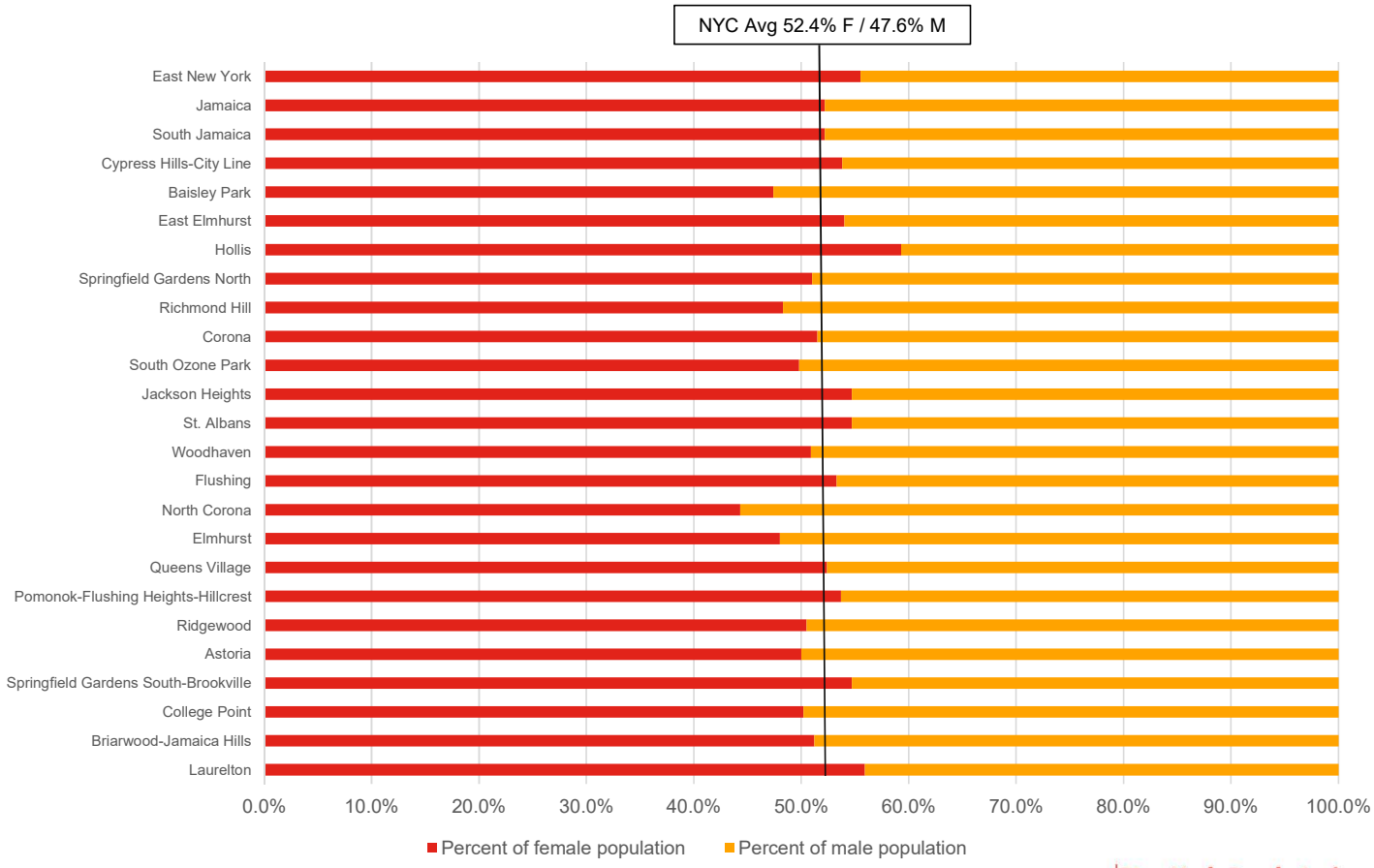
Total High Disparity NTAs



	% Female	% Male
Total High Disparity	51.7%	48.3%
New York City	52.4%	47.6%
New York State	51.4%	48.6%

Source: NYC Health Data Atlas

- 51.7% of the community is female and 48.3% is male, about the same as the NYC average.
- There are several neighborhoods with a higher female % than NYC average, particularly Hollis.



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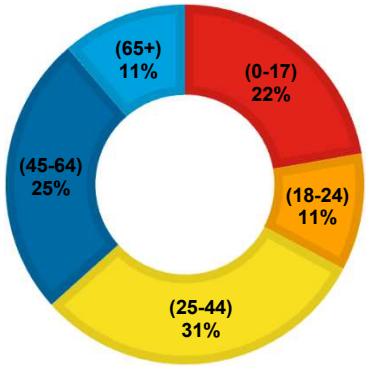
Population by Age Cohort, High Disparity Communities

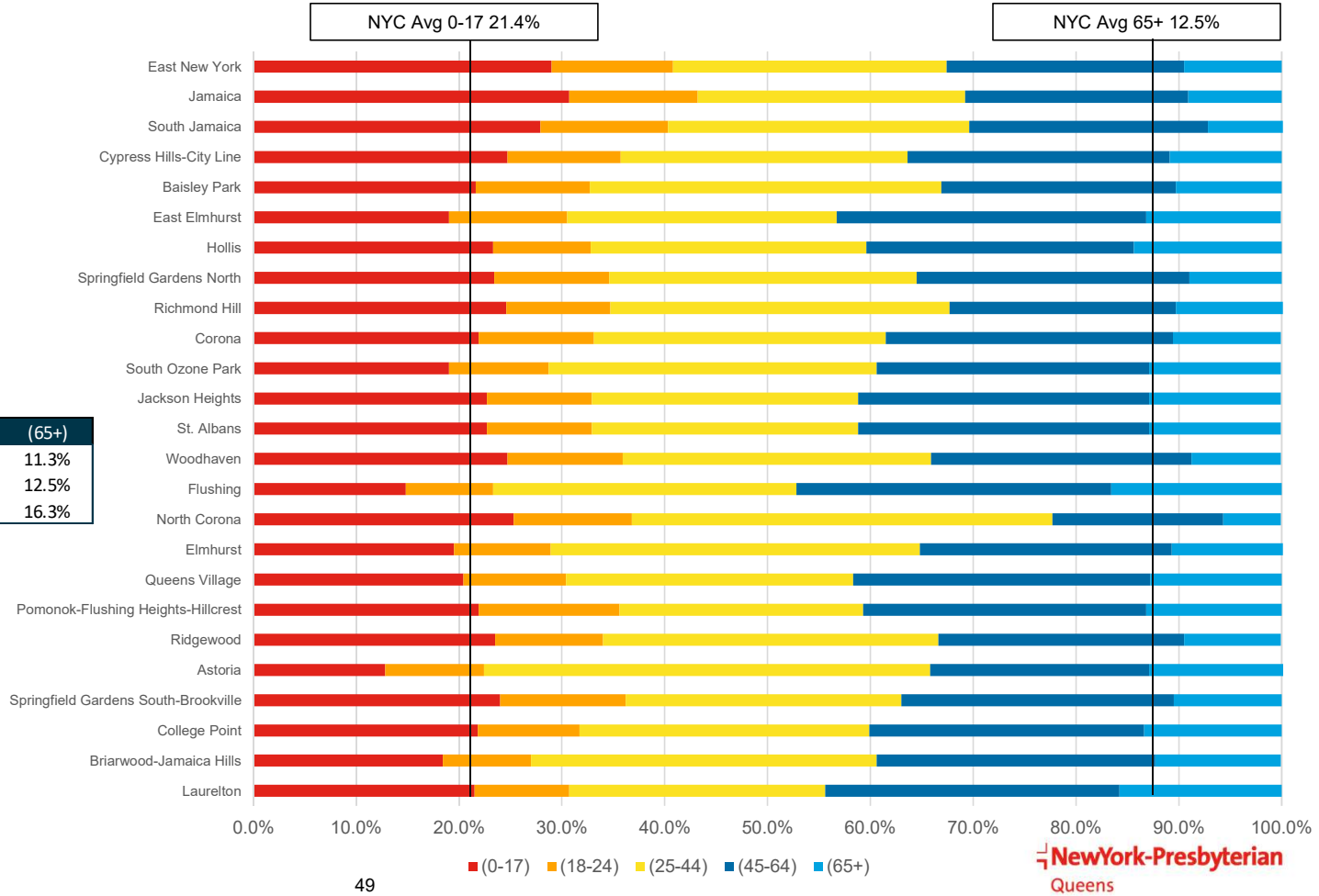
Total High Disparity NTAs



	(0-17)	(18-24)	(25-44)	(45-64)	(65+)
Total High Disparity	22.2%	10.5%	30.6%	25.3%	11.3%
New York City	21.4%	10.1%	31.4%	24.6%	12.5%
New York State	21.0%	9.3%	27.1%	26.3%	16.3%

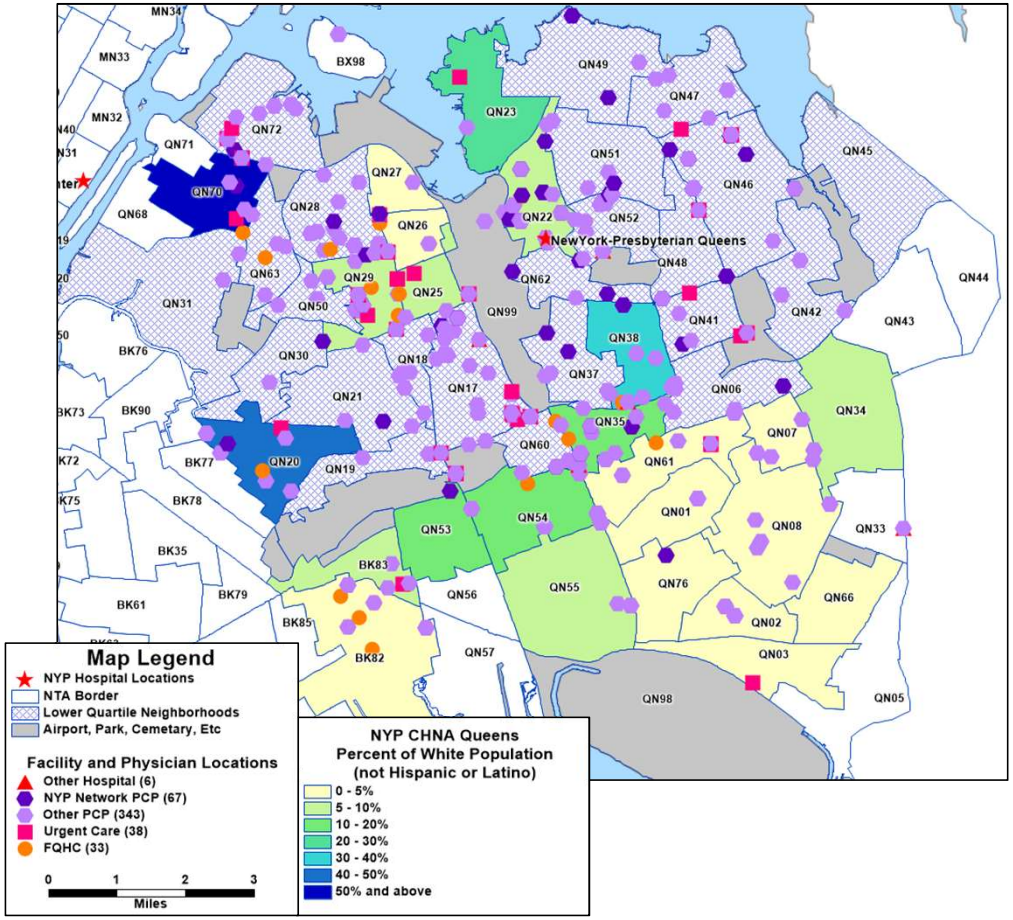
Source: NYC Health Data Atlas

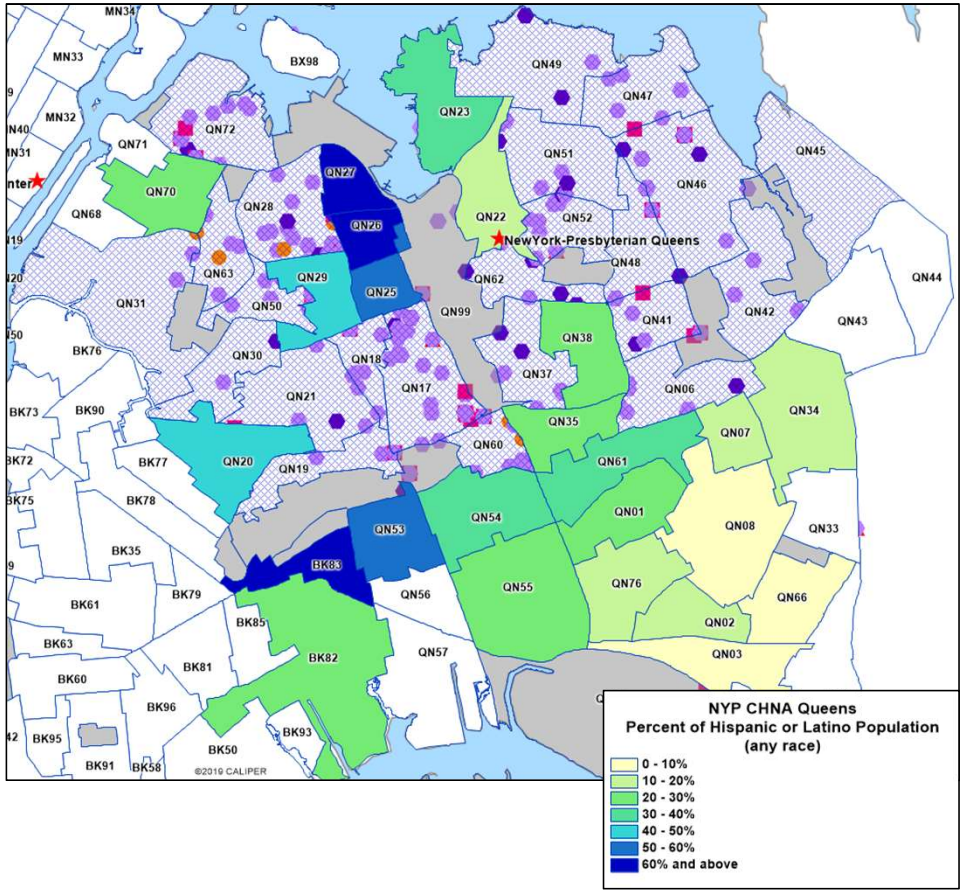
- The population is slightly younger when compared to NYC, in particular Jamaica and East New York.
- There are more seniors than NYC average in Flushing and Laurelton.



NewYork-Presbyterian Queens

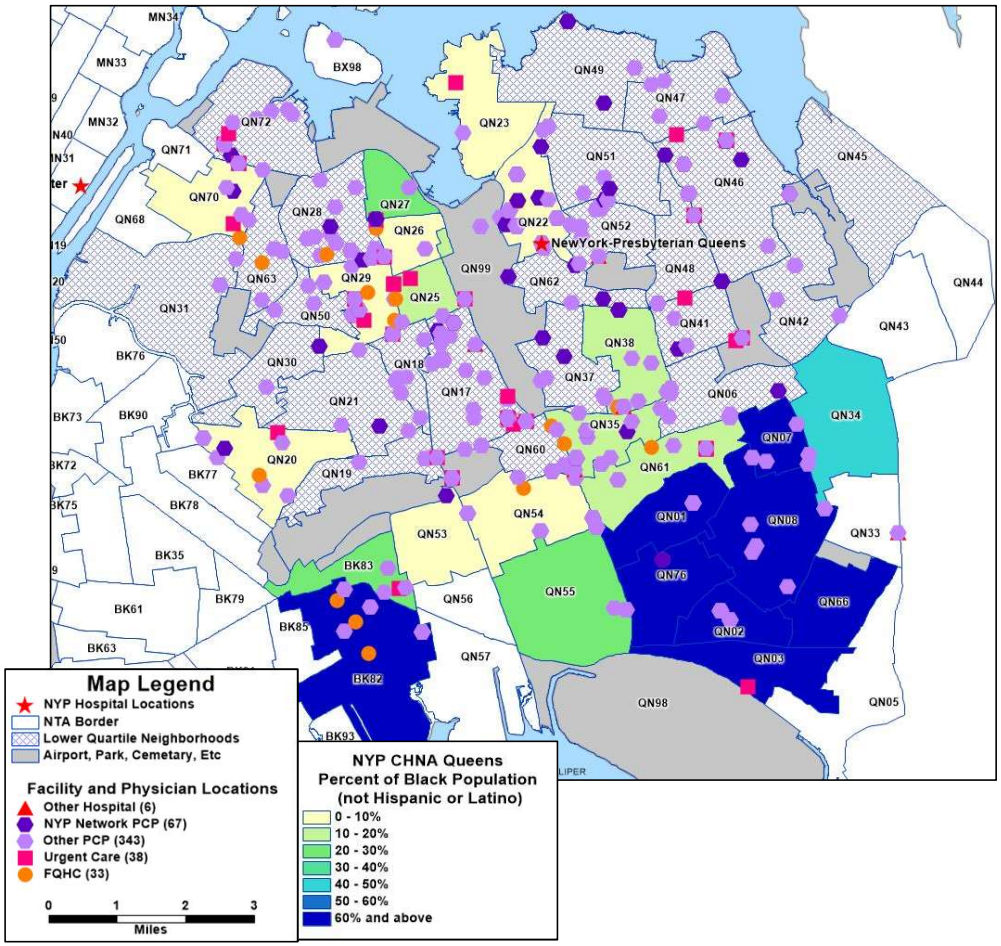
Population by Race / Ethnicity and Key Health Care Providers in the High Disparity Communities

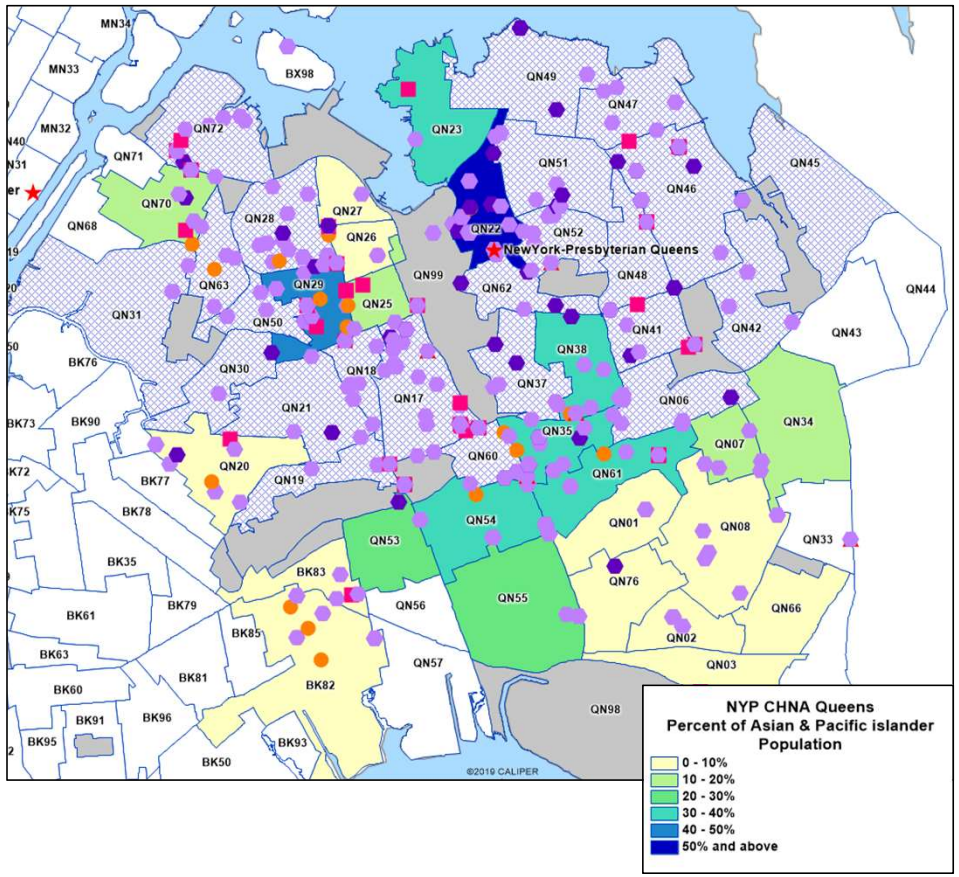




NewYork-Presbyterian Queens

Population by Race / Ethnicity and Key Health Care Providers in the High Disparity Communities continued





NewYork-Presbyterian Queens

Race / Ethnicity Profile of the High Disparity Communities

NYC Neighborhood Tabulation Area	Percent of Hispanic or Latino population (any race)	Percent of White population (not Hispanic or Latino)	Percent of Black population (not Hispanic or Latino)	Percent of Asian and Pacific Islander population	Percent of all other race population
East New York	27.0%	1.8%	67.8%	2.1%	1.4%
Jamaica	36.9%	3.8%	18.6%	30.2%	10.6%
South Jamaica	24.9%	0.5%	61.7%	6.1%	6.8%
Cypress Hills-City Line	60.4%	5.0%	25.9%	6.4%	2.4%
Baisley Park	13.1%	0.9%	72.7%	5.0%	8.3%
East Elmhurst	62.4%	4.9%	24.4%	6.9%	1.4%
Hollis	10.5%	2.5%	63.9%	15.7%	7.5%
Springfield Gardens North	12.2%	1.2%	84.3%	1.3%	0.8%
Richmond Hill	35.0%	11.1%	8.5%	30.8%	14.5%
Corona	59.6%	8.3%	17.6%	13.7%	0.8%
South Ozone Park	20.8%	5.9%	22.9%	24.0%	26.5%
Jackson Heights	55.3%	16.1%	1.8%	24.0%	2.8%
St. Albans	7.0%	1.0%	88.1%	1.7%	2.2%
Woodhaven	53.1%	15.2%	4.8%	23.9%	3.0%
Flushing	15.1%	8.9%	3.8%	68.8%	3.5%
North Corona	86.9%	1.0%	4.2%	7.2%	0.7%
Elmhurst	44.3%	6.3%	1.4%	45.9%	2.1%
Queens Village	17.6%	6.2%	49.3%	17.0%	10.0%
Pomonok-Flushing Heights-Hillcrest	21.8%	34.8%	10.6%	30.5%	2.3%
Ridgewood	48.5%	40.4%	2.0%	7.8%	1.3%
Astoria	27.5%	51.4%	4.6%	14.0%	2.5%
Springfield Gardens South-Brookville	6.4%	1.7%	86.9%	2.3%	2.6%
College Point	36.7%	27.5%	1.7%	31.9%	2.4%
Briarwood-Jamaica Hills	25.8%	19.4%	10.8%	38.6%	5.6%
Laurelton	4.4%	1.2%	90.6%	1.1%	2.7%
Queens High Disparity Communities	35.1%	12.2%	26.8%	20.4%	5.4%
New York City	28.8%	32.7%	22.6%	13.2%	2.7%
New York State	19.6%	54.4%	14.3%	8.9%	2.8%

Source: NYC Health Data Atlas

Illustrates neighborhood statistic is larger than the NYC statistic

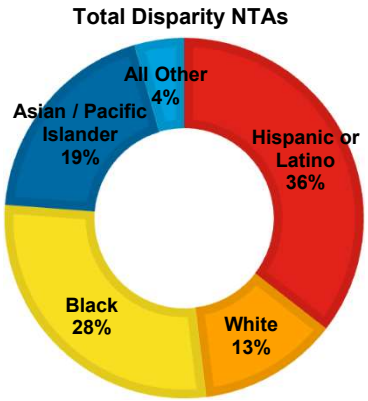
Illustrates neighborhood statistic is equal to the NYC statistic

Ilustrates neighborhood statistic is smaller than the NYC statistic

- Race/ethnicity composition can also help inform an understanding of the community and health service needs as well as potential cultural norms to consider in outreach and care delivery.
- Overall, the NYP Queens community is primarily Hispanic/Latino, 35.1%, Black, 26.8% and Asian/Pacific Islander, 20.4%.
- White comprises 12.2% of the population and 5.4% report an other race.
- In comparison, the NYP Queens community has a much higher minority population (especially Hispanic/Latino and Asian) than does the NYC average.

NewYork-Presbyterian Queens

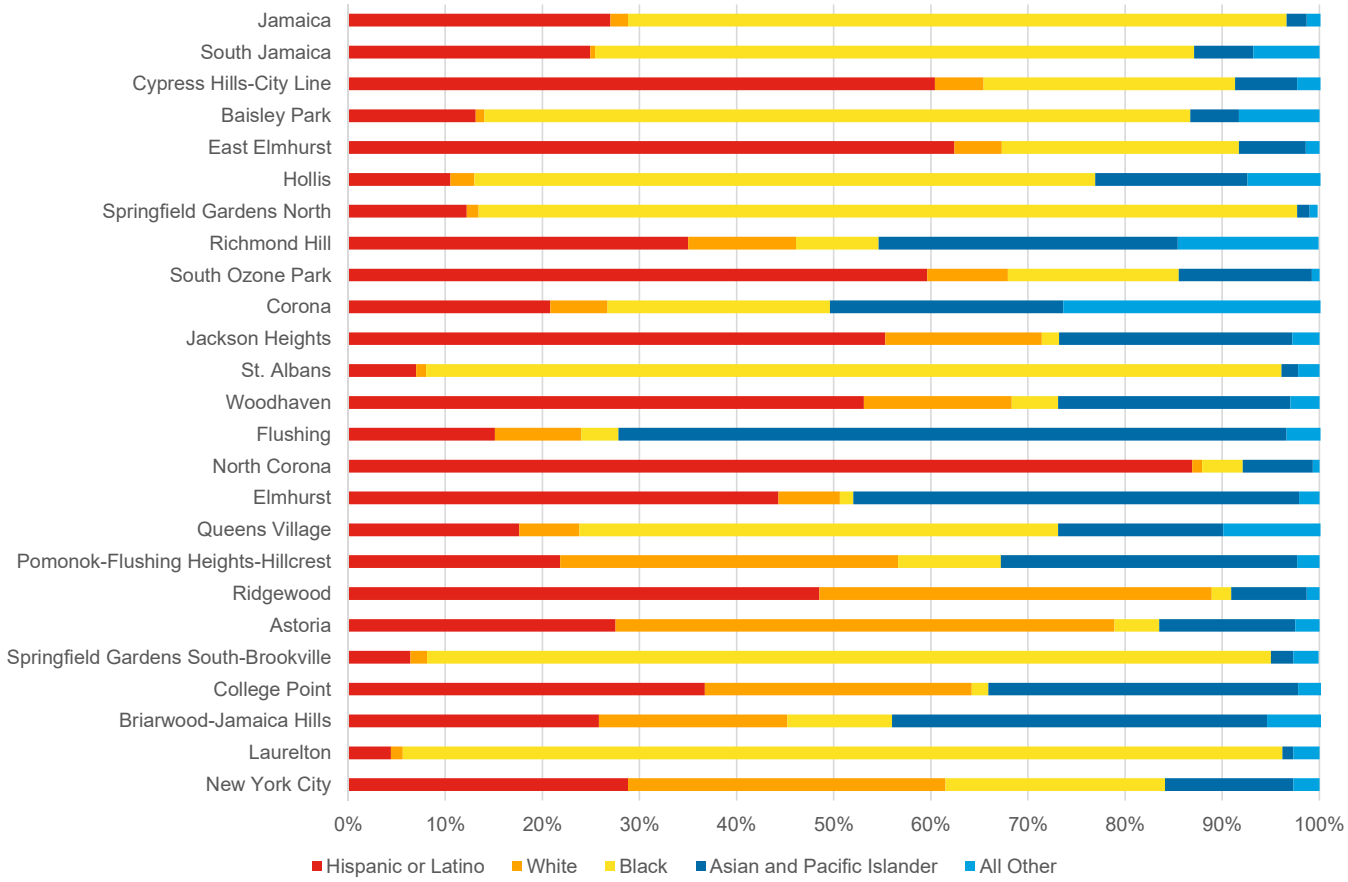
Population by Race / Ethnicity, High Disparity Communities



	Hispanic or Latino	White	Black	Asian / Pacific Islander	All Other
Total High Disparity	35.1%	12.2%	26.8%	20.4%	5.4%
New York City	28.8%	32.7%	22.6%	13.2%	2.7%
New York State	19.6%	54.4%	14.3%	8.9%	2.8%

Source: NYC Health Data Atlas

- Cypress Hills, East Elmhurst and North Corona each have Hispanic/Latino populations higher than 60%.
- Springfield Gardens North and South and St. Albans have Black populations higher than 80%.
- Flushing and Elmhurst each have Asian/Pacific Islander populations higher than 45%.



NewYork-Presbyterian Queens

Poverty and Health Insurance in the High Disparity Communities

NYC Neighborhood Tabulation Area	% of population all ages living below FPL	% of population ages 0-17 living below FPL	% of population ages 65+ living below FPL	Percent of population without health insurance	Percent of ages 0-17 without health insurance	Percent of population enrolled in Medicaid
East New York	33.2%	42.2%	30.7%	11.0%	3.6%	51.4%
Jamaica	24.5%	33.5%	23.5%	21.2%	5.9%	52.6%
South Jamaica	19.8%	26.4%	21.5%	15.2%	5.5%	39.2%
Cypress Hills-City Line	30.2%	39.6%	26.4%	15.5%	4.0%	52.0%
Baisley Park	14.9%	21.9%	7.9%	12.6%	4.1%	33.8%
East Elmhurst	20.6%	26.6%	13.5%	26.1%	6.8%	48.3%
Hollis	11.6%	15.9%	9.1%	14.8%	6.4%	33.9%
Springfield Gardens North	12.9%	21.6%	15.4%	9.6%	5.0%	24.6%
Richmond Hill	16.2%	20.5%	14.3%	18.4%	3.4%	43.0%
Corona	23.9%	35.0%	23.7%	27.3%	4.2%	47.2%
South Ozone Park	14.1%	20.6%	12.4%	18.5%	6.5%	35.3%
Jackson Heights	18.4%	24.5%	18.5%	23.3%	6.1%	39.7%
St. Albans	9.3%	12.7%	8.9%	12.6%	5.5%	24.7%
Woodhaven	15.6%	22.3%	11.8%	15.5%	3.4%	40.1%
Flushing	23.6%	26.9%	24.5%	24.9%	11.8%	66.0%
North Corona	25.2%	36.3%	14.0%	41.5%	4.8%	49.1%
Elmhurst	20.5%	26.3%	18.9%	27.4%	4.5%	45.8%
Queens Village	10.8%	18.2%	7.7%	14.0%	5.6%	27.2%
Pomonok-Flushing Heights-Hillcrest	20.5%	25.0%	17.3%	8.6%	1.5%	32.6%
Ridgewood	20.1%	29.5%	18.7%	21.0%	5.2%	34.5%
Astoria	16.1%	25.0%	16.1%	18.7%	4.0%	27.4%
Springfield Gardens South-Brookville	12.0%	13.3%	7.4%	10.4%	5.0%	27.6%
College Point	12.9%	15.5%	15.0%	19.0%	6.9%	42.8%
Briarwood-Jamaica Hills	15.8%	19.9%	12.9%	19.9%	5.9%	39.6%
Laurelton	5.5%	8.4%	6.5%	10.8%	5.3%	20.2%
Queens High Disparity Communities	19.0%	25.8%	17.2%	19.3%	5.2%	40.6%
New York City	20.6%	29.7%	18.6%	13.5%	4.0%	37.0%
New York State	N/A	N/A	N/A	N/A	N/A	N/A

Source: NYC Health Data Atlas

Indicates neighborhood statistic is more favorable than the NYC statistic by more than five percent

Indicates neighborhood statistic is within five percent of the NYC statistic

Indicates neighborhood statistic is less favorable than the NYC statistic by more than five percent

- Economic factors and insurance are the larger predictors of health outcomes, and also strongly influence health behavior.
- Overall, the NYP Queens community has a smaller percent of its population living in poverty, all ages 19%, than the NYC average, 20.6%, but individual neighborhoods shown in red are the reverse (e.g. East New York, Jamaica, Cypress Hills-City Line, Corona).
- Most of these neighborhoods have a higher percent of uninsured,19.3%, than the NYC average, 13.5%.
- Many of these neighborhoods have a higher Medicaid enrollment, 40.6%, than the NYC average, 37.0%.

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Other Risk Indicators in the High Disparity Communities

NYC Neighborhood Tabulation Area	Percent of population born outside the U.S. or U.S. territories	Percent of population age 5+ report speaking English "less than very well"	Percent Adults Age 25+ Not Completed High School	% of poulation ages 16+ unemployed	% of population reported disabled	% of households, single mother with children	% of households, single father with children
East New York	29.2%	9.9%	22.1%	13.9%	10.3%	25.9%	3.9%
Jamaica	62.5%	38.2%	32.4%	13.7%	10.7%	10.6%	5.2%
South Jamaica	32.5%	9.8%	22.3%	19.8%	9.2%	25.3%	5.3%
Cypress Hills-City Line	46.1%	24.0%	28.5%	8.6%	6.6%	19.6%	5.0%
Baisley Park	35.8%	7.9%	16.8%	12.2%	11.5%	18.1%	5.3%
East Elmhurst	55.1%	36.1%	25.0%	9.1%	7.6%	13.7%	5.3%
Hollis	46.1%	9.7%	16.9%	15.1%	11.7%	12.1%	3.9%
Springfield Gardens North	24.9%	4.9%	14.8%	12.8%	14.7%	16.8%	4.2%
Richmond Hill	56.9%	24.3%	26.3%	10.2%	9.2%	9.8%	4.5%
Corona	56.6%	44.7%	33.8%	7.5%	10.4%	14.4%	7.6%
South Ozone Park	56.5%	11.3%	25.4%	11.6%	9.2%	9.6%	4.2%
Jackson Heights	62.0%	44.1%	23.6%	9.4%	7.7%	8.5%	4.3%
St. Albans	35.8%	5.6%	12.6%	13.6%	10.0%	17.4%	3.9%
Woodhaven	47.0%	28.4%	23.5%	11.7%	10.5%	11.9%	4.1%
Flushing	71.3%	63.0%	26.2%	8.3%	9.5%	6.4%	1.1%
North Corona	66.6%	61.4%	46.6%	6.0%	7.7%	14.2%	12.0%
Elmhurst	69.4%	57.7%	30.6%	6.2%	7.4%	7.8%	4.6%
Queens Village	51.1%	17.4%	17.1%	13.0%	9.6%	12.2%	4.0%
Pomonok-Flushing Heights-Hillcrest	38.4%	26.2%	14.2%	12.5%	10.0%	7.4%	1.3%
Ridgewood	44.7%	29.5%	23.0%	8.1%	6.0%	12.6%	2.8%
Astoria	43.5%	26.9%	16.1%	9.6%	9.1%	4.4%	1.5%
Springfield Gardens South-Brookville	38.8%	6.5%	14.6%	11.7%	8.7%	16.2%	3.3%
College Point	47.6%	39.6%	21.1%	9.2%	7.4%	9.1%	2.4%
Briarwood-Jamaica Hills	56.8%	31.1%	15.8%	12.9%	9.0%	6.7%	2.1%
Laurelton	36.0%	4.6%	12.6%	8.1%	10.2%	15.0%	2.7%
Queens High Disparity Communities	50.6%	29.3%	23.7%	10.7%	9.1%	12.6%	4.2%
New York City	37.1%	23.2%	19.9%	10.3%	10.3%	9.6%	2.3%
New York State	N/A	N/A	13.8%	3.9%	4.9%	12.0%	3.2%

Source: NYC Health Data Atlas, Data2Go.NYC

Illustrates neighborhood statistic is larger than the NYC statistic

Illustrates neighborhood statistic is equal to the NYC statistic

Ilustrates neighborhood statistic is smaller than the NYC statistic

- While none of these are conclusive determinants alone, these are other predictors of health outcome to consider - foreign born, the non-English speaking, those not graduating from high school, the unemployed, the disabled and single parents.
- Overall, the NYP Queens community illustrates that is has a larger than NYC average across all these indicators, with the exception of those reporting a disability.
- Individually, Jamaica and Woodhaven neighborhoods have a larger than NYC average across all indicators.

NewYork-Presbyterian Queens

Percent of People Living within Select Income Bands (% AMI) in the High Disparity Communities

NYC Neighborhood Tabulation Area	% of People Living within Income Band $200,000 or more	% of People Living within Income Band $100,000 to $199,999	% of People Living within Income Band $75,000 to $99,999	% of People Living within Income Band $50,000 to $74,999	% of People Living within Income Band $35,000 to $49,999	% of People Living within Income Band $25,000 to $34,999	% of People Living within Income Band $15,000 to $24,999	% of People Living within Income Band Under $15,000
East New York	3.0%	10.9%	9.5%	15.6%	12.8%	11.2%	12.3%	24.8%
Jamaica	5.0%	23.8%	12.4%	18.8%	12.5%	7.3%	9.4%	10.8%
South Jamaica	5.0%	23.8%	12.4%	18.8%	12.5%	7.3%	9.4%	10.8%
Cypress Hills-City Line	3.0%	10.9%	9.5%	15.6%	12.8%	11.2%	12.3%	24.8%
Baisley Park	5.0%	23.8%	12.4%	18.8%	12.5%	7.3%	9.4%	10.8%
East Elmhurst	4.4%	18.4%	13.8%	19.7%	16.7%	9.9%	7.4%	9.8%
Hollis	5.0%	23.8%	12.4%	18.8%	12.5%	7.3%	9.4%	10.8%
Springfield Gardens North	5.0%	23.8%	12.4%	18.8%	12.5%	7.3%	9.4%	10.8%
Richmond Hill	5.8%	23.9%	16.8%	19.8%	10.4%	8.2%	6.5%	8.6%
Corona	3.1%	17.5%	13.5%	19.1%	16.1%	10.5%	11.1%	9.2%
South Ozone Park	6.6%	27.4%	15.4%	15.8%	10.2%	9.6%	7.1%	8.0%
Jackson Heights	4.4%	18.4%	13.8%	19.7%	16.7%	9.9%	7.4%	9.8%
St. Albans	5.0%	23.8%	12.4%	18.8%	12.5%	7.3%	9.4%	10.8%
Woodhaven	5.8%	23.9%	16.8%	19.8%	10.4%	8.2%	6.5%	8.6%
Flushing	5.3%	18.2%	11.4%	16.4%	12.1%	9.2%	13.1%	14.3%
North Corona	4.4%	18.4%	13.8%	19.7%	16.7%	9.9%	7.4%	9.8%
Elmhurst	3.1%	17.5%	13.5%	19.1%	16.1%	10.5%	11.1%	9.2%
Queens Village	7.9%	33.2%	15.9%	13.8%	8.5%	6.8%	5.7%	8.2%
Pomonok-Flushing Heights-Hillcrest	6.6%	21.9%	13.8%	18.7%	12.7%	8.7%	10.0%	7.5%
Ridgewood	6.5%	27.4%	13.5%	19.6%	11.7%	6.6%	7.9%	6.8%
Astoria	6.1%	26.1%	13.7%	15.2%	11.4%	7.9%	9.5%	10.2%
Springfield Gardens South-Brookville	7.9%	33.2%	15.9%	13.8%	8.5%	6.8%	5.7%	8.2%
College Point	5.3%	18.2%	11.4%	16.4%	12.1%	9.2%	13.1%	14.3%
Briarwood-Jamaica Hills	6.6%	21.9%	13.8%	18.7%	12.7%	8.7%	10.0%	7.5%
Laurelton	7.9%	33.2%	15.9%	13.8%	8.5%	6.8%	5.7%	8.2%
Queens High Disparity Communities	5.1%	21.8%	13.4%	17.8%	12.7%	8.8%	9.1%	11.2%
New York City	10.3%	21.2%	10.9%	14.7%	10.4%	7.8%	9.2%	15.4%
New York State	11.0%	23.5%	11.8%	14.9%	11.0%	7.9%	8.5%	11.4%

Source: Citizens Committee for Children

Illustrates neighborhood statistic is larger than the NYC statistic

Illustrates neighborhood statistic is equal to the NYC statistic

Ilustrates neighborhood statistic is smaller than the NYC statistic

- The Area Median Income (AMI) is the midpoint of a region's income distribution – half of families in a region earn more than the median and half earn less than the median.
- For housing policy, U.S. Department of Housing and Urban Development (HUD) sets income thresholds relative to the AMI to identify persons eligible for housing assistance.
- The 2019 AMI for the NYC region is $96,100 for a three-person family (100% AMI).
- Compared to the NYC average, there are fewer people in the NYP Queens community living in an income band of $200,000, but there are also fewer people living in an income band under $15,000.

NewYork-Presbyterian Queens

Overcrowded housing, Rent burden and Maintenance defects in the High Disparity Communities

NYC Neighborhood Tabulation Area	Percentage of occupied housing units with more than one occupant per room	Rent burden, i.e. rent plus electricity and heating fuel costs is greater than 30% of monthly pre-tax income	Rent burden, i.e. rent plus electricity and heating fuel costs is greater than 50% of monthly pre-tax income	Percentage of renter-occupied homes without maintenance defects
East New York	13.6%	57.1%	33.8%	38.0%
Jamaica	21.0%	67.6%	39.5%	54.0%
South Jamaica	11.2%	55.1%	34.2%	54.0%
Cypress Hills-City Line	23.2%	65.0%	35.9%	38.0%
Baisley Park	8.0%	59.7%	31.3%	54.0%
East Elmhurst	15.7%	62.0%	37.8%	52.0%
Hollis	8.1%	62.7%	36.1%	54.0%
Springfield Gardens North	5.4%	50.7%	26.2%	54.0%
Richmond Hill	11.5%	56.0%	33.8%	62.0%
Corona	20.4%	63.2%	36.7%	53.0%
South Ozone Park	9.6%	67.6%	42.9%	59.0%
Jackson Heights	14.3%	62.5%	36.2%	52.0%
St. Albans	6.2%	58.4%	35.3%	54.0%
Woodhaven	10.0%	55.9%	30.8%	62.0%
Flushing	15.8%	64.2%	39.9%	55.0%
North Corona	34.7%	61.8%	32.8%	52.0%
Elmhurst	21.4%	61.3%	35.3%	53.0%
Queens Village	6.1%	65.8%	38.0%	61.0%
Pomonok-Flushing Heights-Hillcrest	6.9%	54.3%	33.9%	52.0%
Ridgewood	7.7%	51.4%	30.5%	62.0%
Astoria	6.3%	50.8%	26.1%	46.0%
Springfield Gardens South-Brookville	7.4%	49.7%	27.5%	61.0%
College Point	8.4%	59.2%	34.1%	55.0%
Briarwood-Jamaica Hills	11.1%	52.4%	32.9%	52.0%
Laurelton	4.7%	58.2%	35.2%	61.0%
Queens High Disparity Communities	13.1%	59.4%	34.7%	53.5%
New York City	8.9%	54.2%	29.8%	44.0%
New York State	N/A	39.2%	N/A	N/A

Source: NYC Health Data Atlas; NYC Community Health Profiles

Indicates neighborhood statistic is more favorable than the NYC statistic by more than five percent

Indicates neighborhood statistic is within five percent of the NYC statistic

Indicates neighborhood statistic is less favorable than the NYC statistic by more than five percent

- The high cost of housing is a significant concern for residents in New York.
- Overall in the NYP Queens community the percentage of overcrowded housing and high rent burden is less favorable than the average for New York City.
- However, the percentage of renter-occupied homes without maintenance defects is more favorable than New York City.

Public housing, Foreclosures and Families in Shelters in the High Disparity Communities

NYC Neighborhood Tabulation Area	Percent of Residents Living in Public Housing Excl. Sec. 8	Housing Code violations	Housing Code complaints	Evictions	County Foreclosure Rate 2018	Percent of Families with Children in Shelter
East New York	14.8%	11,482	4,457	783	0.6%	10.3%
Jamaica	1.1%	2,830	551	669	0.6%	5.4%
South Jamaica	5.4%	2,301	830	669	0.6%	5.4%
Cypress Hills-City Line	0.0%	4,630	588	783	0.6%	10.3%
Baisley Park	2.6%	1,262	1,122	669	0.6%	5.4%
East Elmhurst	0.0%	840	2,164	185	0.6%	1.3%
Hollis	0.0%	737	551	669	0.6%	5.4%
Springfield Gardens North	0.0%	443	1,122	669	0.6%	5.4%
Richmond Hill	0.0%	2,000	987	212	0.6%	1.5%
Corona	0.0%	2,229	2,164	258	0.6%	1.5%
South Ozone Park	0.0%	1,901	751	165	0.6%	1.6%
Jackson Heights	0.0%	3,191	2,164	185	0.6%	1.3%
St. Albans	0.0%	1,456	551	669	0.6%	5.4%
Woodhaven	0.0%	1,637	588	212	0.6%	1.5%
Flushing	2.6%	2,089	1,041	264	0.6%	0.3%
North Corona	0.0%	2,354	2,164	185	0.6%	1.3%
Elmhurst	0.0%	2,849	2,164	258	0.6%	1.5%
Queens Village	0.0%	1,102	551	292	0.6%	2.2%
Pomonok-Flushing Heights-Hillcrest	12.6%	371	303	246	0.6%	0.9%
Ridgewood	0.0%	4,837	298	151	0.6%	1.0%
Astoria	7.0%	3,312	1,071	187	0.6%	1.8%
Springfield Gardens South-Brookville	0.0%	631	1,122	292	0.6%	2.2%
College Point	0.1%	633	1,041	264	0.6%	0.3%
Briarwood-Jamaica Hills	0.0%	887	1,722	246	0.6%	0.9%
Laurelton	0.0%	613	1,122	292	0.6%	2.2%
Queens High Disparity Communities	2.2%	56,617	31,189	9,474	0.6%	3.0%
New York City	4.7%	N/A	N/A	N/A	0.4%	3.8%
New York State	N/A	N/A	N/A	N/A	0.6%	N/A

Source: NYC Health Data Atlas; Data City of New York; Association for Neighborhood & Housing Development; Office of the New York State Comptroller and Citizen's Committee for Children

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Indicates neighborhood statistic is within five percent of the NYC statistic

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- Housing insecurity can lead to poor health outcomes, especially for children.
- For many neighborhoods on the upper half of this table, there is a high percentage of families with children living in shelters.
- Additionally, residents of East New York and South Jamaica also have higher percentages of residents living in public housing.
- The rest of these statistics illustrate raw volumes for indicators such as housing code violations and complaints, and evictions.

Food and Nutrition in the High Disparity Communities

NYC Neighborhood Tabulation Area	SNAP Benefits (% Households)	# of Meals Needed per Year for Food Security (Meal Gap)	Food Desert
East New York	29.8%	6,373,047	N
Jamaica	27.1%	9,464,831	N
South Jamaica	33.3%	9,464,831	N
Cypress Hills-City Line	23.5%	6,373,047	N
Baisley Park	22.9%	9,464,831	N
East Elmhurst	15.9%	2,715,853	N
Hollis	19.5%	9,464,831	N
Springfield Gardens North	15.0%	9,464,831	N
Richmond Hill	18.3%	2,810,093	N
Corona	28.6%	2,851,549	N
South Ozone Park	17.9%	2,924,411	N
Jackson Heights	15.2%	2,715,853	N
St. Albans	16.6%	9,464,831	N
Woodhaven	20.3%	2,810,093	N
Flushing	17.5%	5,543,537	N
North Corona	30.7%	2,715,853	N
Elmhurst	16.2%	2,851,549	N
Queens Village	14.5%	5,682,579	N
Pomonok-Flushing Heights-Hillcrest	15.2%	3,992,143	N
Ridgewood	11.4%	2,929,390	N
Astoria	11.7%	4,755,505	N
Springfield Gardens South-Brookville	16.3%	5,682,579	N
College Point	13.7%	5,543,537	N
Briarwood-Jamaica Hills	10.9%	3,992,143	N
Laurelton	14.5%	5,682,579	N
Queens High Disparity Communities	19.3%	135,734,326	N/A
New York City	7.5%	241,956,200	N/A
New York State	N/A	N/A	N/A

Source: NYC Health Data Atlas; Data2GoNYC; U.S. Department of Agriculture

Illustrates neighborhood statistic is larger than the NYC statistic

Illustrates neighborhood statistic is equal to the NYC statistic

Ilustrates neighborhood statistic is smaller than the NYC statistic

- Food insecurity affects millions of people in America and has a direct and long-lasting impact on health and well-being outcomes.
- The Supplemental Nutrition Assistance Program (SNAP) is the largest federal nutrition assistance program, providing benefits to eligible low-income individuals and families; The NYP Queens community receives SNAP benefits at a higher percentage than the NYC average.
- Meal Gap is the number of meals missing annually from food insecure households; there are large numbers estimated for a number of NTAs.
- U.S. Department of Agriculture defines food deserts as geographical areas lacking fresh fruit, vegetables, and other healthful whole foods, largely due to an absence of grocery stores, farmers' markets, and healthy food providers in impoverished areas; none of these NYP Queens NTAs are defined as a food desert.

Social and Environmental Safety in the High Disparity Communities

NYC Neighborhood Tabulation Area	Air Quality (Annual Avg. MCG per Cubic Meter of Fine Particle Matter)	Percent of Households with a Person Age 65+ Living Alone	Number of Persons Served by Senior Center Program per 1,000 Population Age 60+	Assault Hospitalization per 100,000 Population, Age Adjusted Rate	Felony Crime Complaints per 100,000 Population, Crude Rate	Total Number of Arrests of 16 & 17 Year Olds (Borough)
East New York	7.7	7.3%	63.0	134.6	39.9	3,375
Jamaica	7.0	7.5%	78.0	70.5	35.3	2,358
South Jamaica	7.0	11.0%	84.0	91.3	26.2	2,358
Cypress Hills-City Line	7.7	5.5%	101.0	71.2	27.9	3,375
Baisley Park	7.0	7.6%	59.0	80.3	27.6	2,358
East Elmhurst	7.3	7.5%	89.0	30.0	18.8	2,358
Hollis	7.0	4.8%	33.0	55.5	17.5	2,358
Springfield Gardens North	7.0	16.4%	147.0	39.3	21.8	2,358
Richmond Hill	7.3	3.5%	37.0	49.6	17.5	2,358
Corona	7.7	8.9%	100.0	51.2	10.6	2,358
South Ozone Park	6.8	5.1%	28.0	36.1	19.0	2,358
Jackson Heights	7.3	10.5%	118.0	30.8	16.0	2,358
St. Albans	7.0	7.9%	57.0	68.7	22.0	2,358
Woodhaven	7.3	5.6%	73.0	44.7	13.9	2,358
Flushing	7.3	12.8%	185.0	26.4	16.2	2,358
North Corona	7.3	4.6%	98.0	51.1	17.9	2,358
Elmhurst	7.7	7.8%	144.0	33.6	13.7	2,358
Queens Village	6.5	5.0%	42.0	49.4	15.1	2,358
Pomonok-Flushing Heights-Hillcrest	7.0	11.4%	108.0	27.9	10.9	2,358
Ridgewood	8.0	7.7%	102.0	27.1	16.6	2,358
Astoria	7.8	10.2%	101.0	29.5	15.7	2,358
Springfield Gardens South-Brookville	6.5	4.7%	42.0	43.5	22.1	2,358
College Point	7.3	6.2%	90.0	24.5	11.5	2,358
Briarwood-Jamaica Hills	7.0	6.6%	54.0	28.5	12.0	2,358
Laurelton	6.5	7.5%	55.0	46.1	18.3	2,358
Queens High Disparity Communities	7.3	7.8%	87.3	50.7	19.6	2,464
New York City	7.5	10.5%	101.0	61.6	20.3	11,678
New York State	N/A	N/A	N/A	38.0	N/A	N/A

Source: NYC Health Data Atlas; NYC Community Health Profiles; Citizens Committee for Children

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- The physical environment (pollution, access to safe streets and parks, etc.) also plays a key role in health and well-being. Long term health factors have also evolved to include social and familial support resources.
- Overall air quality is about the same or better than NYC in all neighborhoods except Ridgewood.
- While there is not a comparatively large number of seniors living alone there is a lower level of Senior Center participation than the NYC average.
- Assault hospitalizations and felony complaints are higher among East New York, Jamaica, South Jamaica, Cypress Hills City Line, Baisley Park and St. Albans neighborhoods.

Transportation in the High Disparity Communities

NYC Neighborhood Tabulation Area	Workers who commute by any form of transportation over 60 minutes each way.
East New York	48.9
Jamaica	50.5
South Jamaica	45.3
Cypress Hills-City Line	40.0
Baisley Park	48.4
East Elmhurst	44.9
Hollis	41.6
Springfield Gardens North	44.7
Richmond Hill	50.8
Corona	44.6
South Ozone Park	50.2
Jackson Heights	36.3
St. Albans	57.0
Woodhaven	42.9
Flushing	43.8
North Corona	40.9
Elmhurst	37.8
Queens Village	40.8
Pomonok-Flushing Heights-Hillcrest	35.7
Ridgewood	36.2
Astoria	40.5
Springfield Gardens South-Brookville	45.0
College Point	33.8
Briarwood-Jamaica Hills	43.4
Laurelton	49.9
Queens High Disparity Communities	N/A
New York City	27.0
New York State	36.0

Source: Data2GoNYC

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- According to multiple studies, New York City has the longest commute time via car and public transit among large cities across the U.S.
- All neighborhoods in the NYP Queens community have longer than NYC average commute times to work.

Health Status Indicators: Healthy Eating and Physical Activity in the High Disparity Communities

NYC Neighborhood Tabulation Area	Percentage of adults who ate in 24 hrs, 1+ serving fruit/veg	Percentage of adults who drink >1 sweetened beverages daily	Percentage of adults reporting obesity	Percentage of public school children (K to 8) with obesity	Percentage of adults w/ physical activity in last 30 days
East New York	76.0%	31.0%	35.0%	25.0%	70.0%
Jamaica	86.0%	30.0%	30.0%	23.0%	69.0%
South Jamaica	86.0%	30.0%	30.0%	23.0%	69.0%
Cypress Hills-City Line	76.0%	31.0%	35.0%	25.0%	70.0%
Baisley Park	86.0%	30.0%	30.0%	23.0%	69.0%
East Elmhurst	86.0%	25.0%	20.0%	26.0%	72.0%
Hollis	86.0%	30.0%	30.0%	23.0%	69.0%
Springfield Gardens North	86.0%	30.0%	30.0%	23.0%	69.0%
Richmond Hill	86.0%	24.0%	23.0%	22.0%	67.0%
Corona	88.0%	20.0%	23.0%	24.0%	69.0%
South Ozone Park	83.0%	30.0%	27.0%	21.0%	69.0%
Jackson Heights	86.0%	25.0%	20.0%	26.0%	72.0%
St. Albans	86.0%	30.0%	30.0%	23.0%	69.0%
Woodhaven	86.0%	24.0%	23.0%	22.0%	67.0%
Flushing	95.0%	16.0%	13.0%	15.0%	69.0%
North Corona	86.0%	25.0%	20.0%	26.0%	72.0%
Elmhurst	88.0%	20.0%	23.0%	24.0%	69.0%
Queens Village	86.0%	28.0%	27.0%	20.0%	68.0%
Pomonok-Flushing Heights-Hillcrest	89.0%	18.0%	20.0%	18.0%	70.0%
Ridgewood	92.0%	19.0%	22.0%	19.0%	68.0%
Astoria	89.0%	24.0%	19.0%	22.0%	73.0%
Springfield Gardens South-Brookville	86.0%	28.0%	27.0%	20.0%	68.0%
College Point	95.0%	16.0%	13.0%	15.0%	69.0%
Briarwood-Jamaica Hills	89.0%	18.0%	20.0%	18.0%	70.0%
Laurelton	86.0%	28.0%	27.0%	20.0%	68.0%
Queens High Disparity Communities	82.4%	23.7%	23.3%	21.2%	66.3%
New York City	87.0%	23.0%	24.0%	20.0%	73.0%
New York State	N/A	24.7%	N/A	N/A	74.0%

Source: NYC Community Health Profiles

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- Behaviors related to healthy eating and physical activity though challenging to change can directly contribute to improved health outcomes and fewer chronic illnesses.
- In the NYP Queens community, many neighborhoods are reporting drinking more than one sugary beverage at percentages higher than the NYC average.
- There are also higher than average reports of obesity in adults, 23.3% (Cypress Hills-City Line is the highest, 35.0%, NYC is 24.0%).
- Overall, 21.2% of children have obesity , compared to NYC, 20.0%.
- There is less regular physical activity, 66.3%, compared to NYC 73.0%.

NewYork-Presbyterian Queens

Health Status Indicators: Women, Infants, and Children in the High Disparity Communities

NYC Neighborhood Tabulation Area	Crude rate of severe maternal morbidity (SMM) per 10,000 deliveries	Rate of infant deaths (under one year old) per 1,000 live births	Percent of live births receiving late prenatal care	Percent of preterm births among all live births	Rate of Teen Births (per 1,000 women ages 15 to 19)
East New York	454.6	6.2	9.8%	12.6%	33.2
Jamaica	345.7	6.2	10.6%	9.7%	30.6
South Jamaica	334.9	6.2	11.4%	11.9%	22.4
Cypress Hills-City Line	286.6	6.2	8.6%	9.4%	31.6
Baisley Park	314.8	6.2	11.3%	12.2%	24.4
East Elmhurst	266.5	4.2	10.5%	7.2%	47.1
Hollis	301.2	6.2	12.8%	12.2%	15.2
Springfield Gardens North	358.0	6.2	12.0%	10.7%	18.0
Richmond Hill	253.7	4.1	8.0%	9.9%	19.0
Corona	188.8	3.7	8.3%	8.2%	37.4
South Ozone Park	258.7	4.8	9.9%	10.8%	19.9
Jackson Heights	216.8	4.2	9.2%	7.4%	23.6
St. Albans	275.7	6.2	9.5%	11.7%	19.7
Woodhaven	244.1	4.1	7.0%	8.4%	24.3
Flushing	131.9	2.6	8.6%	5.9%	9.7
North Corona	207.5	4.2	9.4%	7.4%	68.9
Elmhurst	229.6	3.7	8.4%	7.2%	31.8
Queens Village	261.0	5.7	8.7%	11.1%	11.6
Pomonok-Flushing Heights-Hillcrest	184.9	2.8	6.5%	8.5%	7.7
Ridgewood	184.8	1.8	8.5%	7.6%	31.7
Astoria	194.7	4.3	11.0%	8.2%	21.9
Springfield Gardens South-Brookville	398.9	5.7	12.8%	11.2%	19.3
College Point	96.3	2.6	5.0%	7.3%	11.9
Briarwood-Jamaica Hills	184.2	2.8	8.0%	9.3%	14.2
Laurelton	263.4	5.7	10.8%	11.2%	18.1
Queens High Disparity Communities	244.5	4.4	9.0%	8.9%	25.0
New York City	229.6	4.4	7.0%	9.1%	23.7
New York State	N/A	4.8	5.6%	1.7%	17.8

Source: NYC Health Data Atlas; NYC Community Health Profiles

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- The frequency of maternal morbidity issues have worsened over time, nationally. Additionally, the health status of infancy can impact long term health and the lack of early prenatal care can result in very costly neonatal and/or pediatric care needs.
- There is higher than average late prenatal care, 9.0%, compared to NYC, 7.0%, in the community which could be contributing to the higher than NYC average rate of infant deaths (6.2 is the highest while NYC is 4.4) and preterm births in select neighborhoods.
- NTAs particularly impacted are East New York, Jamaica, South Jamaica, Cypress Hill-City Line, Baisley Park, Hollis, Springfield Gardens North and St. Albans.
- Severe maternal morbidity and teen births are also a concern in several neighborhoods.

Health Status Indicators: Well-Being and Mental Health in the High Disparity Communities

NYC Neighborhood Tabulation Area	Percentage of deaths that could have been averted (based on top 5 NTAs)	Premature Mortality, per 100,000 population under ages 65	Percentage of adults self-report health as good-excellent	Percentage of adults not getting needed medical care	Percentage of adults self-reporting poor mental health [1]	Percentage of adults self-reporting binge drinking
East New York	41.0%	282.6	70.0%	14.0%	10.5%	14.0%
Jamaica	29.0%	145.0	82.0%	13.0%	8.5%	10.0%
South Jamaica	29.0%	203.8	82.0%	13.0%	8.5%	10.0%
Cypress Hills-City Line	41.0%	180.6	70.0%	14.0%	10.5%	14.0%
Baisley Park	29.0%	165.9	82.0%	13.0%	8.5%	10.0%
East Elmhurst	4.0%	144.0	72.0%	11.0%	8.5%	15.0%
Hollis	29.0%	149.8	82.0%	13.0%	8.5%	10.0%
Springfield Gardens North	29.0%	177.3	82.0%	13.0%	8.5%	10.0%
Richmond Hill	20.0%	132.0	78.0%	7.0%	8.5%	16.0%
Corona	^	118.6	68.0%	9.0%	8.5%	14.0%
South Ozone Park	26.0%	127.9	77.0%	7.0%	8.5%	16.0%
Jackson Heights	4.0%	102.8	72.0%	11.0%	8.5%	15.0%
St. Albans	29.0%	147.9	82.0%	13.0%	8.5%	10.0%
Woodhaven	20.0%	126.2	78.0%	7.0%	8.5%	16.0%
Flushing	10.0%	108.8	71.0%	8.0%	8.5%	12.0%
North Corona	4.0%	99.9	72.0%	11.0%	8.5%	15.0%
Elmhurst	^	88.9	68.0%	9.0%	8.5%	14.0%
Queens Village	17.0%	110.4	74.0%	11.0%	8.5%	16.0%
Pomonok-Flushing Heights-Hillcrest	12.0%	112.3	79.0%	14.0%	8.5%	10.0%
Ridgewood	30.0%	135.9	78.0%	13.0%	8.5%	17.0%
Astoria	13.0%	131.2	79.0%	10.0%	8.5%	25.0%
Springfield Gardens South-Brookville	17.0%	123.9	74.0%	11.0%	8.5%	16.0%
College Point	10.0%	158.5	71.0%	8.0%	8.5%	12.0%
Briarwood-Jamaica Hills	12.0%	116.3	79.0%	14.0%	8.5%	10.0%
Laurelton	17.0%	87.4	74.0%	11.0%	8.5%	16.0%
Queens High Disparity Communities	17.6%	135.6	73.0%	10.7%	8.5%	13.8%
New York City	N/A	193.8	78.0%	10.0%	10.3%	17.0%
New York State	N/A	N/A	N/A	11.5%	10.7%	N/A

Source: NYC Health Data Atlas; NYC Community Health Profiles(^ suppressed imprecise or unreliable data); [1] County-Level Behavioral Risk Factor Surveillance System

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- Key indicators for the health of a community include mortality rates and self reported physical and mental health status as well as general access to needed medical care.
- Overall in the NYP Queens community, premature mortality is more favorable, 135.6, in comparison to the NYC average, 193.8.
- While community adults are self reporting not having poor mental health and not binge drinking, they are also reporting lower than average ‘good to excellent’ health and less access to needed medical care.

NewYork-Presbyterian Queens

Health Status Indicators: Chronic Disease in the High Disparity Communities

NYC Neighborhood Tabulation Area	Rate of ED visits for asthma per 10,000 children ages 5 to 17	Percentage of adults with diabetes	Percentage of adults with hypertension	Percentage of adults reporting current smoking	Rate of new HIV diagnoses per 100,000 people	Rate of new Hepatitis C diagnoses per 100,000 people
East New York	315.0	14.0%	34.0%	13.0%	38.1	78.9
Jamaica	202.0	16.0%	37.0%	8.0%	20.6	67.8
South Jamaica	202.0	16.0%	37.0%	8.0%	20.6	67.8
Cypress Hills-City Line	315.0	14.0%	34.0%	13.0%	38.1	78.9
Baisley Park	202.0	16.0%	37.0%	8.0%	20.6	67.8
East Elmhurst	162.0	13.0%	29.0%	13.0%	32.3	36.7
Hollis	202.0	16.0%	37.0%	8.0%	20.6	67.8
Springfield Gardens North	202.0	16.0%	37.0%	8.0%	20.6	67.8
Richmond Hill	133.0	14.0%	22.0%	11.0%	17.5	51.9
Corona	158.0	14.0%	27.0%	15.0%	25.0	33.5
South Ozone Park	111.0	19.0%	34.0%	12.0%	15.1	44.6
Jackson Heights	162.0	13.0%	29.0%	13.0%	32.3	36.7
St. Albans	202.0	16.0%	37.0%	8.0%	20.6	67.8
Woodhaven	133.0	14.0%	22.0%	11.0%	17.5	51.9
Flushing	77.0	8.0%	22.0%	13.0%	8.4	50.2
North Corona	162.0	13.0%	29.0%	13.0%	32.3	36.7
Elmhurst	158.0	14.0%	27.0%	15.0%	25.0	33.5
Queens Village	115.0	14.0%	37.0%	12.0%	15.0	40.8
Pomonok-Flushing Heights-Hillcrest	118.0	14.0%	24.0%	14.0%	11.5	44.2
Ridgewood	115.0	8.0%	23.0%	20.0%	21.0	41.9
Astoria	145.0	11.0%	23.0%	19.0%	29.0	30.0
Springfield Gardens South-Brookville	115.0	14.0%	37.0%	12.0%	15.0	40.8
College Point	77.0	8.0%	22.0%	13.0%	8.4	50.2
Briarwood-Jamaica Hills	118.0	14.0%	24.0%	14.0%	11.5	44.2
Laurelton	115.0	14.0%	37.0%	12.0%	15.0	40.8
Queens High Disparity Communities	160.8	13.2%	28.9%	12.5%	22.2	51.9
New York City	223.0	11.0%	28.0%	14.0%	24.0	71.8
New York State	N/A	9.5%	28.9%	14.5%	17.9	N/A

Source: NYC Health Data Atlas; NYC Community Health Profiles; Citizens Committee for Children

Indicates neighborhood statistic is more favorable than the NYC statistic by more than five percent

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- Behaviors like smoking can lead to chronic diseases, which are both costly and resource intensive to manage; prevention is a better alternative.
- Community children are visiting the ER for asthma care at rates lower, 160.8, than NYC, 223.0.
- Varying among NTAs, in aggregate there is less smoking, 12.5%, compared to NYC 14.0%.
- Overall, new diagnoses of HIV are concentrated in a handful of neighborhoods and Hepatitis C in East New York and Cypress Hills-City Line.
- The higher percentage of chronic conditions are among diabetes and hypertension which are most common nationally.

Health Status Indicators: Chronic Disease (county BRFSS) in the High Disparity Communities

NYC Neighborhood Tabulation Area	Percentage of adults with arthritis	Percentage of adults with CV (heart attack, coronary heart disease, or stroke)	Percentage of adults with COPD	Percentage of adults taking medication for high blood pressure
East New York	19.5%	6.2%	3.8%	57.4
Jamaica	18.1%	7.6%	3.5%	64.3
South Jamaica	18.1%	7.6%	3.5%	64.3
Cypress Hills-City Line	19.5%	6.2%	3.8%	57.4
Baisley Park	18.1%	7.6%	3.5%	64.3
East Elmhurst	18.1%	7.6%	3.5%	64.3
Hollis	18.1%	7.6%	3.5%	64.3
Springfield Gardens North	18.1%	7.6%	3.5%	64.3
Richmond Hill	18.1%	7.6%	3.5%	64.3
Corona	18.1%	7.6%	3.5%	64.3
South Ozone Park	18.1%	7.6%	3.5%	64.3
Jackson Heights	18.1%	7.6%	3.5%	64.3
St. Albans	18.1%	7.6%	3.5%	64.3
Woodhaven	18.1%	7.6%	3.5%	64.3
Flushing	18.1%	7.6%	3.5%	64.3
North Corona	18.1%	7.6%	3.5%	64.3
Elmhurst	18.1%	7.6%	3.5%	64.3
Queens Village	18.1%	7.6%	3.5%	64.3
Pomonok-Flushing Heights-Hillcrest	18.1%	7.6%	3.5%	64.3
Ridgewood	18.1%	7.6%	3.5%	64.3
Astoria	18.1%	7.6%	3.5%	64.3
Springfield Gardens South-Brookville	18.1%	7.6%	3.5%	64.3
College Point	18.1%	7.6%	3.5%	64.3
Briarwood-Jamaica Hills	18.1%	7.6%	3.5%	64.3
Laurelton	18.1%	7.6%	3.5%	64.3
Queens High Disparity Communities	17.4%	7.1%	3.4%	60.7
New York City	18.5%	6.6%	3.7%	54.7
New York State	21.8%	7.0%	4.9%	55.6

Source: County-Level Behavioral Risk Factor Surveillance System

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- In comparison with NYC, Queens and Kings counties have about the same percentages of the population with arthritis and lower percentages of Chronic Obstructive Pulmonary Disease (COPD).
- However, cardiovascular (CV) related conditions and high blood pressure are higher than the NYC average.

Health Status Indicators: Cancer (county) in the High Disparity Communities

NYC Neighborhood Tabulation Area	Cancer Incidence - All Sites	Cancer Incidence - Breast	Cancer Incidence - Colon and Rectum	Cancer Incidence - Lung	Cancer Incidence - Prostate
East New York	497.0	119.0	42.0	48.2	136.0
Jamaica	467.9	114.0	40.7	45.5	126.7
South Jamaica	467.9	114.0	40.7	45.5	126.7
Cypress Hills-City Line	497.0	119.0	42.0	48.2	136.0
Baisley Park	467.9	114.0	40.7	45.5	126.7
East Elmhurst	467.9	114.0	40.7	45.5	126.7
Hollis	467.9	114.0	40.7	45.5	126.7
Springfield Gardens North	467.9	114.0	40.7	45.5	126.7
Richmond Hill	467.9	114.0	40.7	45.5	126.7
Corona	467.9	114.0	40.7	45.5	126.7
South Ozone Park	467.9	114.0	40.7	45.5	126.7
Jackson Heights	467.9	114.0	40.7	45.5	126.7
St. Albans	467.9	114.0	40.7	45.5	126.7
Woodhaven	467.9	114.0	40.7	45.5	126.7
Flushing	467.9	114.0	40.7	45.5	126.7
North Corona	467.9	114.0	40.7	45.5	126.7
Elmhurst	467.9	114.0	40.7	45.5	126.7
Queens Village	467.9	114.0	40.7	45.5	126.7
Pomonok-Flushing Heights-Hillcrest	467.9	114.0	40.7	45.5	126.7
Ridgewood	467.9	114.0	40.7	45.5	126.7
Astoria	467.9	114.0	40.7	45.5	126.7
Springfield Gardens South-Brookville	467.9	114.0	40.7	45.5	126.7
College Point	467.9	114.0	40.7	45.5	126.7
Briarwood-Jamaica Hills	467.9	114.0	40.7	45.5	126.7
Laurelton	467.9	114.0	40.7	45.5	126.7
Queens High Disparity Communities	449.1	109.2	38.9	43.7	121.8
New York City	477.7	131.3	39.8	60.2	131.7
New York State	482.9	130.7	38.9	58.9	125.0

Source: State Cancer Profiles

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- The diagnosis of cancer has a tremendous impact on the physical, mental and economic well-being of an individual and their families.
- In comparison with NYC, Queens and Kings counties have equal or lower incidence of these cancers.
- East New York and Cypress Hills-City Line illustrate a higher than NYC average incidence of colon and rectum cancers.

Health Care Service Utilization: Preventable Hospitalizations in the High Disparity Communities

	Hospitalizations					
NYC Neighborhood Tabulation Area	Avoidable, per 100,00 Population Ages 18+ (PQI)	Avoidable, per 100,000 Population Ages 0-4 (PDI)	Preventable All per 100,00 Population Ages 18+	Preventable Asthma per 100,00 Population Ages 18+	Preventable Diabetes per 100,00 Population Ages 18+	Preventable Hypertension per 100,00 Population Ages 18+
East New York	2,245	981	2,864	462	646	136
Jamaica	1,602	809	1,728	196	326	91
South Jamaica	1,602	809	2,526	293	500	183
Cypress Hills-City Line	2,245	981	2,172	329	432	117
Baisley Park	1,602	809	2,031	214	479	132
East Elmhurst	869	425	1,773	215	319	66
Hollis	1,602	809	1,628	169	291	123
Springfield Gardens North	1,602	809	1,802	188	415	144
Richmond Hill	1,183	816	1,422	168	258	72
Corona	892	286	1,690	219	296	114
South Ozone Park	1,181	656	1,455	141	274	93
Jackson Heights	869	425	1,000	100	146	56
St. Albans	1,602	809	1,700	163	355	126
Woodhaven	1,183	816	1,505	149	277	57
Flushing	708	356	1,013	90	122	51
North Corona	869	425	1,143	121	231	103
Elmhurst	892	286	1,044	114	168	67
Queens Village	1,084	655	1,352	102	272	129
Pomonok-Flushing Heights-Hillcrest	834	403	1,307	160	192	56
Ridgewood	996	390	1,430	191	201	60
Astoria	1,180	221	1,281	156	188	60
Springfield Gardens South-Brookville	1,084	655	1,505	142	376	114
College Point	708	356	1,206	109	186	43
Briarwood-Jamaica Hills	834	403	1,247	122	191	64
Laurelton	1,084	655	1,301	129	276	142
Queens High Disparity Communities	1,175	554	1,498	175	279	88
New York City	1,033	623	1,662	233	294	96
New York State	N/A	N/A	N/A	N/A	N/A	N/A

Source: NYC Health Data Atlas; PQI = Prevention Quality Indicator and PDI = Pediatric Quality Indicator

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Indicates neighborhood statistic is within five percent of the NYC statistic

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- Avoidable or preventable hospitalizations indicate a lack of access to ambulatory care for conditions that would otherwise not have required an admission.
- These higher rates of preventable admissions appear clustered among several neighborhoods in the upper half of the table.
- Three NTAs, East New York, South Jamaica and Cypress Hill, report higher than NYC average preventable hospitalizations among the categories reported (all, asthma, diabetes and hypertension).

Health Care Service Utilization: Other Hospitalizations in the High Disparity Communities

NYC Neighborhood Tabulation Area	Hospitalizations: Alcohol per 100,00 Population Ages 15-84	Child Asthma 10,000 Children Ages 5-14	Drug per 100,000 Population Ages 15-84	Falls per 100,000 Population Ages 65+	Psychiatric per 100,000 Population Ages 18+	Stroke per 100,000 Population Ages 18+
East New York	1,494	59	1,384	1,135	1,211	519
Jamaica	1,166	21	686	1,202	844	384
South Jamaica	1,047	35	911	1,221	927	480
Cypress Hills-City Line	989	33	651	1,200	597	357
Baisley Park	862	32	719	971	689	456
East Elmhurst	812	24	497	1,805	637	385
Hollis	752	72	425	1,053	803	451
Springfield Gardens North	466	25	458	1,282	533	432
Richmond Hill	870	28	356	1,413	561	328
Corona	838	19	355	1,781	600	351
South Ozone Park	816	20	298	1,207	445	345
Jackson Heights	680	18	274	1,672	424	212
St. Albans	566	27	528	1,028	703	372
Woodhaven	566	27	270	1,606	447	307
Flushing	366	13	166	1,983	552	296
North Corona	831	25	238	1,127	328	224
Elmhurst	856	16	377	1,554	779	223
Queens Village	558	41	340	1,180	550	397
Pomonok-Flushing Heights-Hillcrest	797	19	499	2,171	983	297
Ridgewood	749	26	452	1,584	411	317
Astoria	763	16	362	1,879	455	243
Springfield Gardens South-Brookville	335	27	390	828	535	398
College Point	442	16	308	1,849	439	245
Briarwood-Jamaica Hills	500	14	259	1,951	709	289
Laurelton	416	37	415	811	712	475
Queens High Disparity Communities	747	25	455	1,392	606	322
New York City	955	37	882	1,840	774	318
New York State	N/A	N/A	N/A	N/A	N/A	N/A

Source: NYC Health Data Atlas

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- Other hospitalizations in the community vary by neighborhood, but are mostly favorable to the NYC average.
- However, hospitalizations for stroke appear to be less favorable for many of the neighborhoods than the NYC average.
- East New York, Jamaica and South Jamaica have higher than average hospitalizations for alcohol and psychiatry.
- Three neighborhoods, Flushing, Pomonok-Flushing Heights-Hillcrest and Briarwood-Jamaica Hills have higher than average hospitalizations for falls among seniors.

Health Care Service Utilization: ER in the High Disparity Communities

NYC Neighborhood Tabulation Area	Emergency Dept: All Visits per 100,000 Population, Crude Rate	Emergency Dept: Treat and Release Visits, per 100,000 Population, Crude Rate	Emergency Dept: Visits Resulting in Inpatient Stays, per 100,000 Population, Crude Rate	Emergency Dept: % of Preventable Treat and Release Visits of All T&R Visits
East New York	72,584	61,575	11,009	54.5%
Jamaica	61,954	53,677	8,277	56.1%
South Jamaica	59,004	51,000	8,004	54.8%
Cypress Hills-City Line	57,080	49,700	7,379	55.3%
Baisley Park	51,501	44,110	7,391	54.1%
East Elmhurst	54,486	46,760	7,726	56.4%
Hollis	44,872	38,199	6,673	52.6%
Springfield Gardens North	45,521	38,812	6,709	53.8%
Richmond Hill	46,166	39,860	6,306	54.4%
Corona	56,574	49,557	7,017	50.0%
South Ozone Park	38,818	32,976	5,843	53.6%
Jackson Heights	42,739	36,810	5,929	56.7%
St. Albans	44,677	38,309	6,368	53.1%
Woodhaven	40,076	34,291	5,785	54.1%
Flushing	31,814	23,621	8,193	46.0%
North Corona	54,372	48,375	5,997	58.0%
Elmhurst	42,694	36,796	5,898	55.6%
Queens Village	36,318	31,853	4,465	51.6%
Pomonok-Flushing Heights-Hillcrest	42,335	36,018	6,317	47.0%
Ridgewood	41,938	36,179	5,759	54.4%
Astoria	32,775	26,702	6,073	50.5%
Springfield Gardens South-Brookville	46,186	40,165	6,021	53.8%
College Point	35,898	27,683	8,215	48.7%
Briarwood-Jamaica Hills	42,354	35,564	6,790	52.1%
Laurelton	39,055	33,006	6,049	51.4%
Queens High Disparity Communities	45,130	38,520	6,610	51.5%
New York City	46,079	38,314	7,765	52.4%
New York State	40,582	N/A	N/A	N/A

Source: NYC Health Data Atlas

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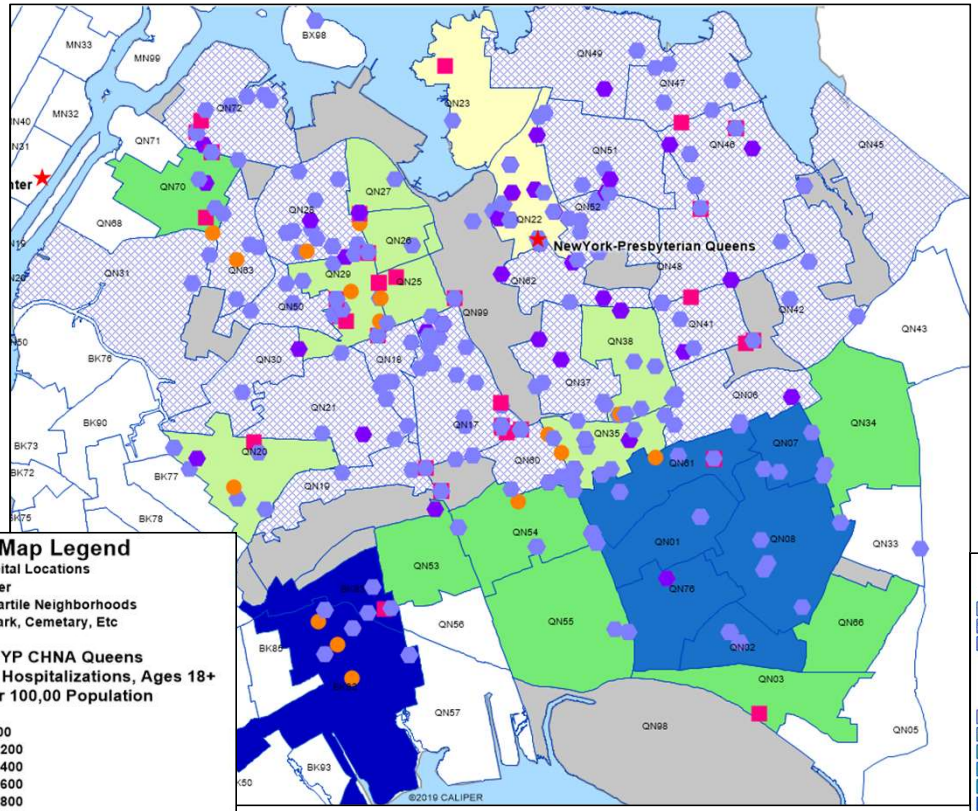
- There are higher than NYC average ED visits (all and treat and release) from East New York, Jamaica, South Jamaica, Cypress Hills-City Line, Baisley Park, East Elmhurst, Corona and North Corona.
- Four neighborhoods, East New York, Jamaica, North Corona and College Point have higher than average ER visits resulting in an inpatient admission.
- Several of the aforementioned communities also have a higher than average percentage of preventable ER treat and release visits, suggesting a lack of access to ambulatory care.

Avoidable Hospitalizations and Key Health Providers in the High Disparity Communities

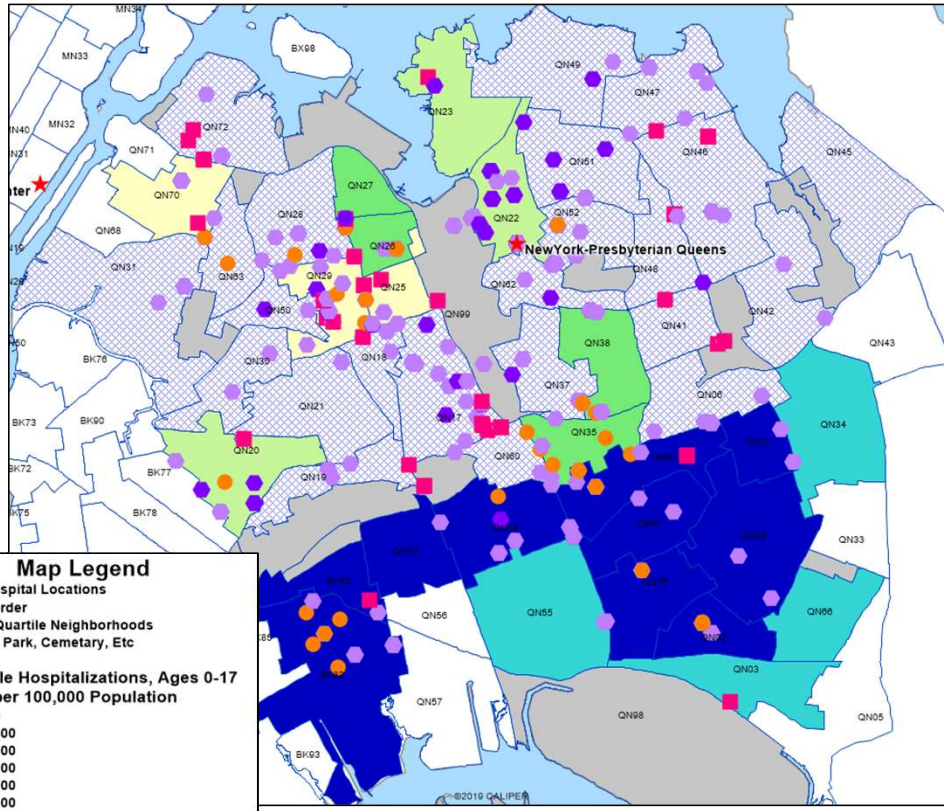


Map Legend
- NYP Hospital Locations
- NTA Border
- Lower Quartile Neighborhoods
- Airport, Park, Cemetary, Etc

NYP CHNA Queens
Avoidable Hospitalizations, Ages 18+ per 100,00 Population
- 0 to 800
- 800 to 1,000
- 1,000 to 1,200
- 1,200 to 1,400
- 1,400 to 1,600
- 1,600 to 1,800
- 1,800 to 2,245

Facility and Physician Locations
- FQHC (33)
- NYP Network PCP (67)
- PCP (343)
- Urgent Care (38)

0 1 2 3
Miles



Map Legend
- NYP Hospital Locations
- NTA Border
- Lower Quartile Neighborhoods
- Airport, Park, Cemetary, Etc

Avoidable Hospitalizations, Ages 0-17 per 100,000 Population
- 0 to 300
- 300 to 400
- 400 to 500
- 500 to 600
- 600 to 700
- 700 to 800
- 800 to 1,000

Facility and Physician Locations
- NYP Pediatrician (78)
- Other Pediatrician (290)
- Urgent Care (38)
- FQHC (33)

0 1 2 3
Miles

NewYork-Presbyterian Queens

Health Care Service Utilization: Preventable Hospitalizations in the High Disparity Communities

	Hospitalizations					
NYC Neighborhood Tabulation Area	Avoidable, per 100,00 Population Ages 18+ (PQI)	Avoidable, per 100,000 Population Ages 0-4 (PDI)	Preventable All per 100,00 Population Ages 18+	Preventable Asthma per 100,00 Population Ages 18+	Preventable Diabetes per 100,00 Population Ages 18+	Preventable Hypertension per 100,00 Population Ages 18+
East New York	2,245	981	2,864	462	646	136
Jamaica	1,602	809	1,728	196	326	91
South Jamaica	1,602	809	2,526	293	500	183
Cypress Hills-City Line	2,245	981	2,172	329	432	117
Baisley Park	1,602	809	2,031	214	479	132
East Elmhurst	869	425	1,773	215	319	66
Hollis	1,602	809	1,628	169	291	123
Springfield Gardens North	1,602	809	1,802	188	415	144
Richmond Hill	1,183	816	1,422	168	258	72
Corona	892	286	1,690	219	296	114
South Ozone Park	1,181	656	1,455	141	274	93
Jackson Heights	869	425	1,000	100	146	56
St. Albans	1,602	809	1,700	163	355	126
Woodhaven	1,183	816	1,505	149	277	57
Flushing	708	356	1,013	90	122	51
North Corona	869	425	1,143	121	231	103
Elmhurst	892	286	1,044	114	168	67
Queens Village	1,084	655	1,352	102	272	129
Pomonok-Flushing Heights-Hillcrest	834	403	1,307	160	192	56
Ridgewood	996	390	1,430	191	201	60
Astoria	1,180	221	1,281	156	188	60
Springfield Gardens South-Brookville	1,084	655	1,505	142	376	114
College Point	708	356	1,206	109	186	43
Briarwood-Jamaica Hills	834	403	1,247	122	191	64
Laurelton	1,084	655	1,301	129	276	142
Queens High Disparity Communities	1,175	554	1,498	175	279	88
New York City	1,033	623	1,662	233	294	96
New York State	N/A	N/A	N/A	N/A	N/A	N/A

Source: NYC Health Data Atlas; PQI = Prevention Quality Indicator and PDI = Pediatric Quality Indicator

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- These higher rates of preventable admissions appear clustered among several neighborhoods in the upper half of the table.
- Three NTAs, East New York, South Jamaica and Cypress Hill, report higher than NYC average preventable hospitalizations among the categories reported (all, asthma, diabetes and hypertension).

Health Care Service Utilization: Other Hospitalizations in the High Disparity Communities

NYC Neighborhood Tabulation Area	Hospitalizations: Alcohol per 100,00 Population Ages 15-84	Child Asthma 10,000 Children Ages 5-14	Drug per 100,000 Population Ages 15-84	Falls per 100,000 Population Ages 65+	Psychiatric per 100,000 Population Ages 18+	Stroke per 100,000 Population Ages 18+
East New York	1,494	59	1,384	1,135	1,211	519
Jamaica	1,166	21	686	1,202	844	384
South Jamaica	1,047	35	911	1,221	927	480
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Flushing	366	13	166	1,983	552	296
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Elmhurst	856	16	377	1,554	779	223
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Pomonok-Flushing Heights-Hillcrest	797	19	499	2,171	983	297
Ridgewood	749	26	452	1,584	411	317
Astoria	763	16	362	1,879	455	243
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College Point	442	16	308	1,849	439	245
Briarwood-Jamaica Hills	500	14	259	1,951	709	289
Laurelton	416	37	415	811	712	475
Queens High Disparity Communities	747	25	455	1,392	606	322
New York City	955	37	882	1,840	774	318
New York State	N/A	N/A	N/A	N/A	N/A	N/A

Source: NYC Health Data Atlas

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- Three neighborhoods, Flushing, Pomonok-Flushing Heights-Hillcrest and Briarwood-Jamaica Hills have higher than average hospitalizations for falls among seniors.

NewYork-Presbyterian Queens

Health Care Service Utilization: ER in the High Disparity Communities

NYC Neighborhood Tabulation Area	Emergency Dept: All Visits per 100,000 Population, Crude Rate	Emergency Dept: Treat and Release Visits, per 100,000 Population, Crude Rate	Emergency Dept: Visits Resulting in Inpatient Stays, per 100,000 Population, Crude Rate	Emergency Dept: % of Preventable Treat and Release Visits of All T&R Visits
East New York	72,584	61,575	11,009	54.5%
Jamaica	61,954	53,677	8,277	56.1%
South Jamaica	59,004	51,000	8,004	54.8%
Cypress Hills-City Line	57,080	49,700	7,379	55.3%
Baisley Park	51,501	44,110	7,391	54.1%
East Elmhurst	54,486	46,760	7,726	56.4%
Hollis	44,872	38,199	6,673	52.6%
Springfield Gardens North	45,521	38,812	6,709	53.8%
Richmond Hill	46,166	39,860	6,306	54.4%
Corona	56,574	49,557	7,017	50.0%
South Ozone Park	38,818	32,976	5,843	53.6%
Jackson Heights	42,739	36,810	5,929	56.7%
St. Albans	44,677	38,309	6,368	53.1%
Woodhaven	40,076	34,291	5,785	54.1%
Flushing	31,814	23,621	8,193	46.0%
North Corona	54,372	48,375	5,997	58.0%
Elmhurst	42,694	36,796	5,898	55.6%
Queens Village	36,318	31,853	4,465	51.6%
Pomonok-Flushing Heights-Hillcrest	42,335	36,018	6,317	47.0%
Ridgewood	41,938	36,179	5,759	54.4%
Astoria	32,775	26,702	6,073	50.5%
Springfield Gardens South-Brookville	46,186	40,165	6,021	53.8%
College Point	35,898	27,683	8,215	48.7%
Briarwood-Jamaica Hills	42,354	35,564	6,790	52.1%
Laurelton	39,055	33,006	6,049	51.4%
Queens High Disparity Communities	45,130	38,520	6,610	51.5%
New York City	46,079	38,314	7,765	52.4%
New York State	40,582	N/A	N/A	N/A

Source: NYC Health Data Atlas

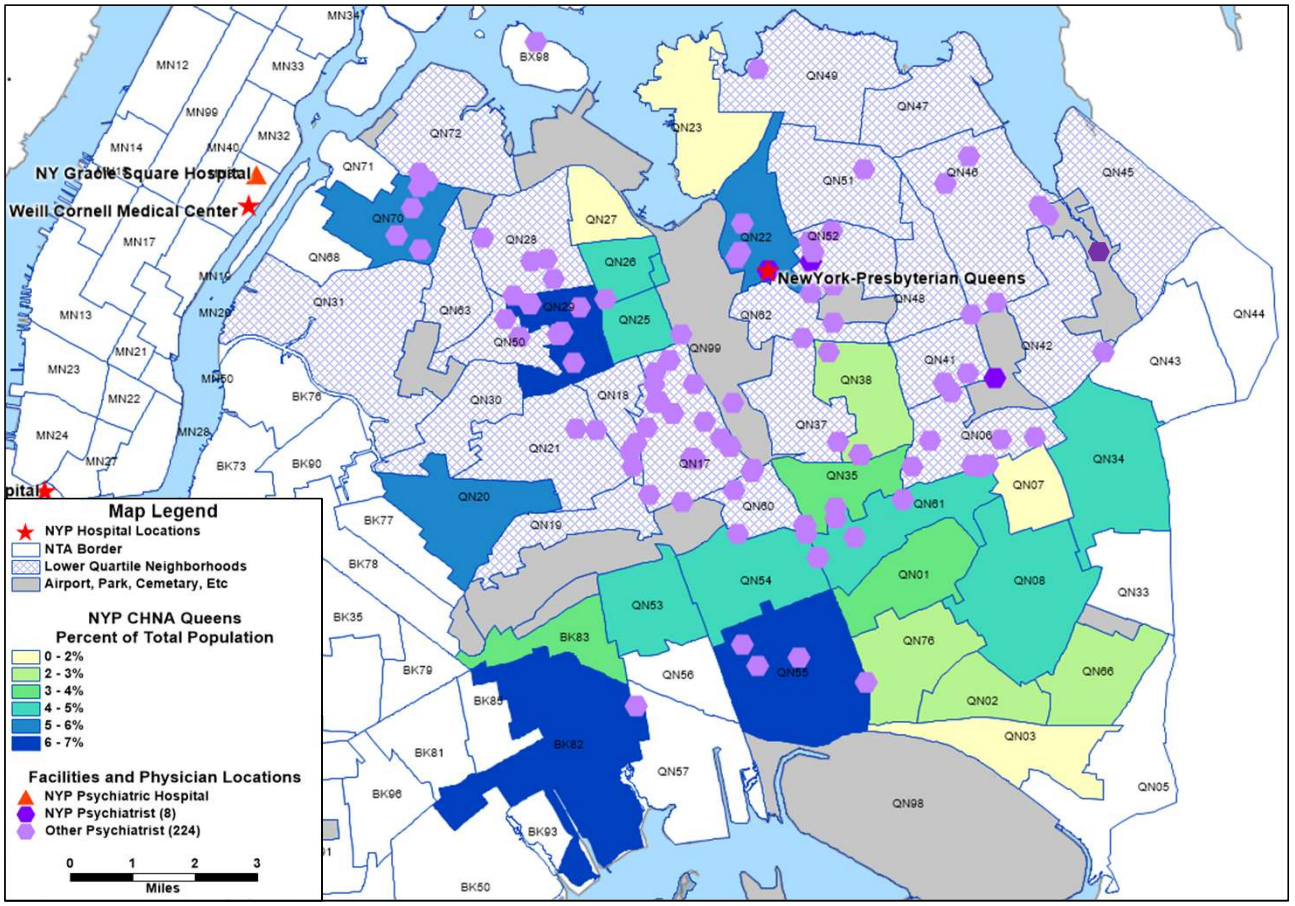
Indicates neighborhood statistic is more favorable than the NYC statistic by more than five percent

Indicates neighborhood statistic is within five percent of the NYC statistic

Indicates neighborhood statistic is less favorable than the NYC statistic by more than five percent

- There are higher than NYC average ED visits (all and treat and release) from East New York, Jamaica, South Jamaica, Cypress Hills-City Line, Baisley Park, East Elmhurst, Corona and North Corona.
- Four neighborhoods, East New York, Jamaica, North Corona and College Point have higher than average ER visits resulting in an inpatient admission.
- Several of the aforementioned communities also have a higher than average percentage of preventable ER treat and release visits, suggesting a lack of access to ambulatory care.

Psychiatric Hospitals and Physicians in the High Disparity Communities



- Behavioral health providers and facilities are lacking across the service area, a similar trend exists across New York state.
- Pockets of providers exist in lower quartile communities of need with disparate opportunities for access in high need populations.

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Health Provider Assets in the NYP Queens High Disparity Communities

Asset Type	Quartile 1	Quartile 2	Quartile 3	Quartile 4	Total
Short Term Acute Care Hospital	1	1	3	1	6
VA Hospital	0	0	0	0	0
Childrens Hospital	1	0	0	0	1
Long Term Acute Care Hospital	0	0	0	0	0
Rehabilitation Hospital	0	0	0	0	0
Psychiatric Hospital	0	0	0	0	0
Federally Qualified Health Center	0	1	12	20	33
Urgent Care Clinic	14	6	10	8	38
Skilled Nursing Facility	7	8	11	12	38
Facility Total	**23**	**16**	**36**	**41**	**116**
Primary Care Physicians	89	54	120	119	382
Pediatricians	58	56	180	61	355
Psychiatrists	44	30	103	43	220
Physician Total	**191**	**140**	**403**	**223**	**957**

Data Source: Definitive Health

This graph represents a count only and does not imply that all providers listed accept the most vulnerable populations of Medicaid, low-income, and/or uninsured patients.

AMAZING THINGS ARE HAPPENING HERE

Key Health Policy Impact

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Key Health Policies Potentially Impacting the NYP Queens Community

The health care policy environment can and does contribute to community wide health improvement or conversely to its challenges. For this study, several policies have been identified and described.

Federal Change in Public Charge Rule

Potential unfavorable impact to the willingness of residents with a green card or those who may apply for one to seek and/or access care because fear of losing citizenship status.

In August 2019, the Trump Administration announced a final rule that changes the policies used to determine whether an individual applying for admission or adjustment of status is inadmissible to the U.S. Under longstanding policy, the federal government can deny an individual entry into the U.S. or adjustment to legal permanent resident (LPR) status (i.e., a green card) if he or she is determined likely to become a public charge. Under the rule, officials will newly consider use of certain previously excluded programs, including non-emergency Medicaid for non-pregnant adults, the Supplemental Nutrition Assistance Program (SNAP), and several housing programs, in public charge determinations. The changes will create new barriers to getting a green card or immigrating to the U.S. and likely lead to decreases in participation in Medicaid and other programs among immigrant families and their primarily U.S.-born children beyond those directly affected by the new policy. Decreased participation in these programs may contribute to more uninsured individuals and negatively affect the health and financial stability of families and the growth and healthy development of their children.

Key Health Policies Potentially Impacting the NYP Queens Community

Affordable Care Act (ACA) Challenge in Texas:

Could unfavorably impact persons, who have since 2019 been able to obtain health insurance and ACA protections.

A group of states, including Texas challenged the Affordable Care Act on the grounds that the individual mandate with no tax penalty was not a tax and therefore unconstitutional. A Federal Judge in Texas agreed with this reasoning and ruled that the individual mandate is unconstitutional without a tax penalty and that the law should be struck down.

The case is now before a Federal Appeals Court in New Orleans which could issue a ruling at any time. The stakes of the lawsuit are significant. If the ACA were, in fact, ruled unconstitutional, that could mean that health insurers could once again refuse coverage or otherwise discriminate against patients who have preexisting conditions. Additionally, it would mean that roughly 20 million people who obtained insurance after the ACA was implemented could lose it. The ACA also made other sweeping changes to the health care system, including: expanding Medicaid eligibility for low-income adults; requiring private insurance, Medicare, and Medicaid expansion coverage of preventive services with no cost sharing; phasing out the Medicare prescription drug “donut hole” coverage gap; establishing new national initiatives to promote public health, care quality, and delivery system reforms; and authorizing a variety of tax increases to finance these changes. All of these provisions could be overturned if the District court’s decision is upheld.

Key Health Policies Potentially Impacting the NYP Queens Community

1115 Waiver – Delivery System Reform Incentive Payment (DSRIP) Program – 2.0 Extension

The extension of the DSRIP program would allow health systems and networks to invest in transformative clinical initiatives to impact the Medicaid population. The discontinuation of this program could result in the removal of programs due to the ability to sustain projects and partnerships.

New York State announced they will seek a four-year 1115 Waiver extension to the current DSRIP initiative. If approved, the continuation would further support clinical transformation efforts focused to the Medicaid populations associated to 25 Performing Provider Systems (PPS). New and ongoing funding would allow continued investments in programs focused on: improving quality outcomes, enhancing workforce development, addressing social determinants of health, and increasing community-based clinical network development. The extension would expand on existing activity and establish new programs.

Maternal Mortality Review Board

The review board would focus to improvement strategies for preventing future deaths and improving overall health outcomes targeting maternal populations with an emphasis to reduce racial disparities in health outcomes.

Governor Cuomo signed legislation to create a Maternal Mortality Review Board charged to review the cause of each maternal death in New York State. New York City will also have a maternal mortality review board to review cases within the five boroughs. The Boards will make recommendations to the New York State Department of Health for clinical improvement strategies to improve overall health and outcomes of this population. They will also look at ways to reduce racial disparities in health outcomes. The work of the board would aid DSRIP initiatives addressing access to care and coordination since Medicaid accounts for more than 50 percent of births within the state.

Key Health Policies Potentially Impacting the NYP Queens Community

Ending the Epidemic

Initiative focused upon treatment persons with HIV with the goal of reducing HIV prevalence in NY.

New York State and New York City are working on a plan to the end the AIDS epidemic. The Ending the Epidemic (ETE) initiative seeks to maximize the availability of life-saving, transmission-interrupting treatment for HIV, saving lives and improving the health of New Yorkers. The overarching goal is to achieve the first ever decrease in HIV prevalence by the end of New York State by the end of 2020. Primary objectives are to: identify persons with HIV who remain undiagnosed and link them to health care services, and retain them in the care system to prevent further transmission and improve their health.

In New York City, the goal is to reduce the number of new infections in the City to fewer than 600 by 2020. This target aligns with the State's goal of reducing new statewide infections to fewer than 750 by 2020. In New York City, the four primary objectives are to: increase access to HIV prevention services; promote innovative, optimal treatment for HIV; enhance methods for tracing HIV transmission; and improve sexual health equity for all New Yorkers

ThriveNYC

Initiative focused upon improving access to mental health services for the underserved.

ThriveNYC is an initiative created by New York City to improve access to mental health services, particularly for underserved populations. The program's goals include: enhancing connections to care, increasing services to vulnerable populations, and strengthening crisis prevention and responses. ThriveNYC initiatives include: mental health first aid programs, a public awareness campaign, mental health outreach and support for veterans, mental health services in youth shelters, and drop-in centers and newborn home visiting program in shelters.

Key Health Policies Potentially Impacting the NYP Queens Community

Elimination of religious exemptions to vaccinations for school aged children:

While this issue continues to be debated publicly, this is elimination of religion exemption is intended to increase the number of vaccinations among schoolchildren decreasing unnecessary outbreaks and potential severe illnesses and deaths.

Amid an ongoing measles outbreak, New York State enacted a new law in June to eliminate nonmedical exemptions from school vaccination requirements. The law took effect immediately. While this issue continues to be challenged in the courts, it would favorably increase the number of vaccinations among schoolchildren decreasing unnecessary outbreaks and potential severe illnesses and deaths.

New York State Ban on Flavored E-cigarettes

Emergency ban is focused upon reducing the use of vaping products by New York youth.

In September, New York State enacted an emergency ban on the sale of flavored electronic cigarettes and nicotine e-liquids. The ban is part of a growing response to combat the increase in young people using vape products, given the appeal of flavors to the youth market. There are some who have concerns that the ban will keep people smoking regular cigarettes who may have considered switching and lead to a “black market” for vaping products with untested or unknown ingredients.

Key Health Policies Potentially Impacting the NYP Queens Community

NY State Opioid Tax

To begin to fight the opioid epidemic, the state of NY placed an excise tax on opioids sold to or within the state in order to help victims of the opioid crisis.

The tax, which went into effect July 1, 2019, is anticipated to generate $100 million in revenue for the state to allow the administration to address the opioid crisis within the state of NY. The tax is based on the amount of opioid in each unit sold as well as wholesale acquisition cost and applies to whatever entity makes the first sale. The impact will be seen by manufacturers and wholesale organizations since initiation as numerous pharmaceutical manufacturers have discontinued shipments to the state.

Marijuana Decriminalization

The decriminalization of small amounts of marijuana, 25 grams or less, and automatic expungement of previous convictions could encourage the use of substances which could lead to other substance abuse disorders in high disparity communities.

Legislation was passed in June of 2019 to decriminalize the use of marijuana by expunging many past marijuana possession convictions and reducing the penalty for the possession of small amounts of the drug. The bill does not fully legalize the use of marijuana.

AMAZING THINGS ARE HAPPENING HERE

Community Input

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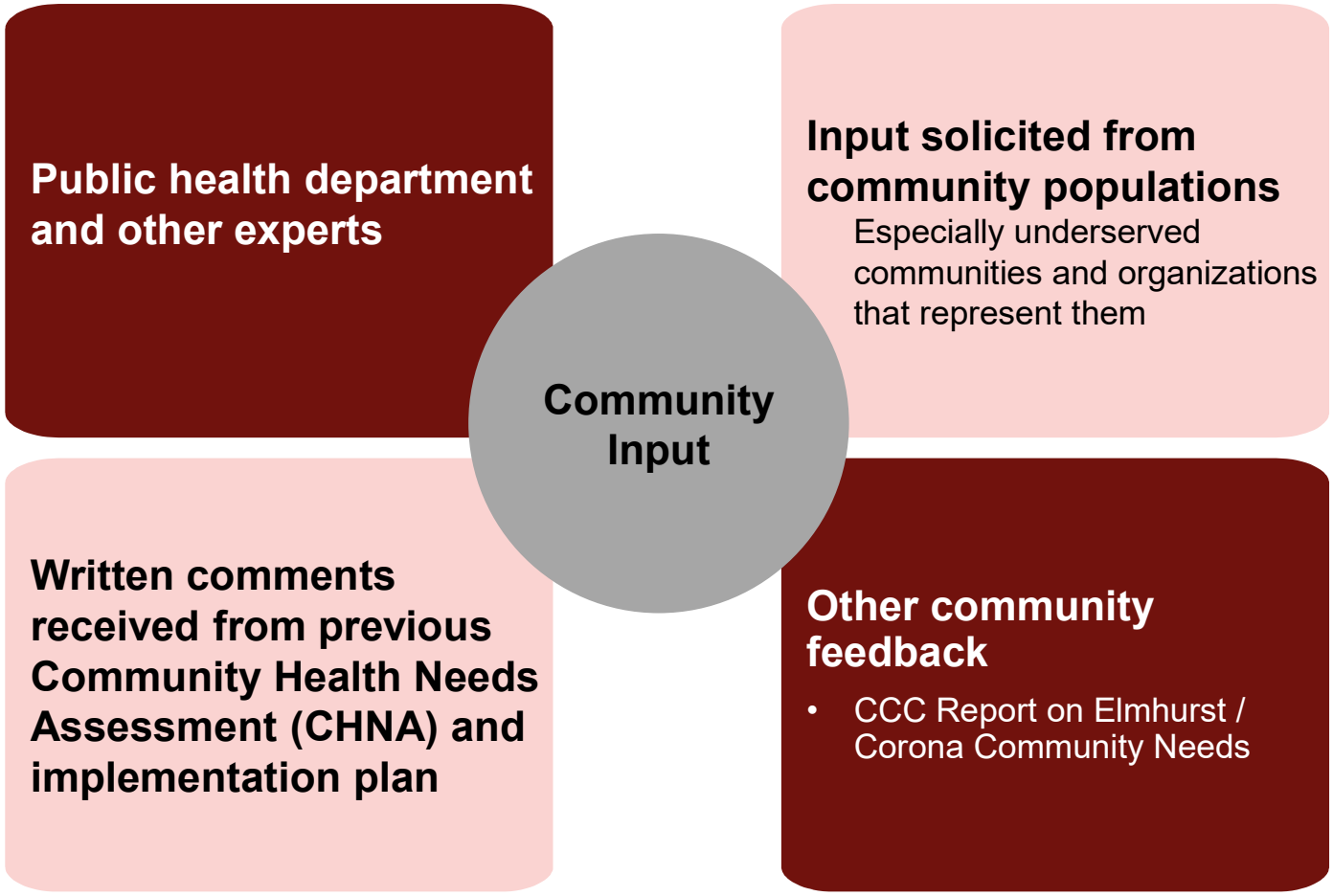
Overview of Community Input



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Public Health Department and Other Experts

In conducting the 2019 CHNA, NYP and NewYork-Presbyterian Queens collaborated with the New York City Department of Health and Mental Hygiene (DOHMH), Citizens Committee for Children (CCC), Columbia University Mailman School of Public Health (CUMSPH), and Greater New York Hospital Association (GNYHA).

Through these collaborations we were able to adopt a community-engaged approach that involved collecting and analyzing quantitative and qualitative data from a variety of publicly available sources to comprehensively assess the health status of our communities. Each stakeholder added to our ongoing work by providing insight on the publicly available data for the various regions specific to the NYP Queens High Disparity Communities, while providing guidance on collecting stakeholder and community feedback and incorporating best practices for our CHNA.

Community Populations – Community Health Needs Questionnaire Method

The Center for Evaluation and Applied Research (CEAR) at the New York Academy of Medicine (NYAM) administered the Community Health Needs Questionnaire (CHNQ), which was developed in collaboration with the NewYork-Presbyterian CHNA Steering and Methods Committees of which the Citizens' Committee for Children in New York (CCC) was a member.

The CHNQ focused on basic demographics, health concerns (individual and community-wide), health care utilization, barriers to care, and use of NYP services. NYAM began collecting this data in June 2019, in partnership with numerous community organizations, which were identified in collaboration with NYP and represent a range of populations, e.g., older adults, immigrant and, homeless populations.

Respondents included community advisory board members and community residents, some of which were recruited using online platforms such as Craigslist.

CHNQs were self-administered or administered by NYAM staff or staff and volunteers at community organizations, who are trained and supported in questionnaires administration by NYAM staff.

The resident CHNQs were completed by NYP Queens community residents, ages 18 and older.

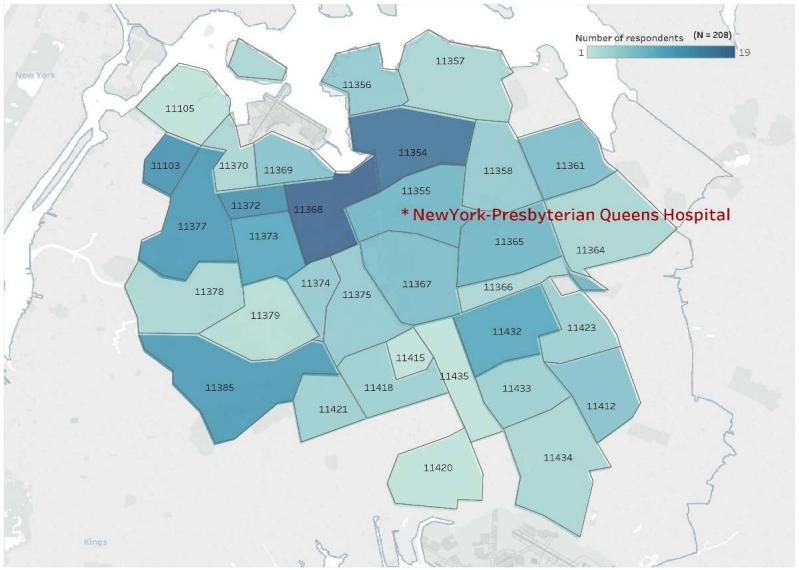
The CHNQ was translated and administered in Spanish, English, Korean, Chinese and Russian and Haitian Creole.

Participants received a gift card valued at $10 for completing the CHNQ.

Community Populations – Community Health Needs Questionnaire Results

- 208 questionnaires were completed
  - 49% Online
  - 47% In person
  - 3.8% Community Advisory Board (CAB) members

NYP Queens Community Health Needs Assessment defined region -questionnaire respondents



Most commonly reported community health issues *		N=208
Community health issue	**n**	**%**
Diabetes	95	45.7%
High blood pressure	85	40.9%
Alcohol and drug use	79	38.0%
Mental health	76	36.5%
Obesity	74	35.6%
Cancer	70	33.7%
Tobacco use	64	30.8%

* Multiple responses permitted.
Note: Responses selected fewer than 30% of the time are not presented.

Recommendations to improve community health*		N=208
Community health recommendations	**n**	**%**
Cleaner streets	98	47.1%
Improved housing conditions	88	42.3%
Reduced crime	81	38.9%
Reduced cigarette/vaping smoke	76	36.5%
More local jobs	75	36.1%
Increased # of places for older adults to live and socialize in	74	35.6%
Reduced air pollution	74	35.6%
Reduction in homelessness	70	33.7%
More parks and recreation centers	69	33.2%
Improved water quality	50	24.0%

*Multiple responses permitted
Note: Responses selected fewer than 24% of the time are not presented

NewYork-Presbyterian Queens

Community Populations – Focus Group Method

The Center for Evaluation and Applied Research (CEAR) at the New York Academy of Medicine (NYAM) developed a semi-structured focus group guide in collaboration with the NewYork-Presbyterian CHNA Steering and Methods Committees and with input from the Citizens' Committee for Children in New York (CCC) who has extensive experience related to qualitative research methods.

Facilitation of the CHNA focus groups were conducted by NYAM staff or by community based organization hosts. All were experienced in focus group facilitation and trained by NYAM on the CHNA protocol. All groups also had a trained co-facilitator, responsible for logistics and note taking.

Focus groups were recruited by community based organizations identified by the NewYork-Presbyterian CHNA Steering and Methods Committees and that agreed to host these sessions.

Each focus group was approximately ninety minutes in length. Participants completed either the full Community Health Needs Questionnaire (CHNQ) or an abridged version, focused on demographics, health status, and other individual characteristics.

Participants were informed of the voluntary nature of participation (overall and for specific questions) and that results would be reported without names or identifying characteristics. Guidelines for discussion were also presented at the start of the groups, which included, for example, the importance of hearing from all participants and the facilitator role in guiding the discussion.

All groups were audio recorded and professionally transcribed; non-English focus groups were professionally translated.

Community Populations – Focus Group Results

Meaning of Health	"I would say it's just three main things: mental health, physical health, and spiritual health."
	"It's not just medical. It's like a broad spectrum. Your health is just one aspect of health. There is also mental. There's also emotional health that you have to take into account. Things like transportation, for instance."
Physical Health	"A large percentage of people, are new immigrants, are from South Asia and Southeast Asia. And that population has a higher than average level of diabetes to begin with, inherently. 17% compared to 13% in the rest of the population. So inherently you have a problem there. And so, then their children are also in the fast food lane. So, we don't have any quick answers to that."
	"People who live in Long Island has a great chance of getting cancer. They are still studying the reason, but it would be very disturbing."
Mental Health and Substance Use	"I think the biggest problem of Koreans is mental. Mental health. Because there should be a goal, a child, a relative, a goal like this, but there's no goal in their lives. Because there are no good economic conditions that I can expect as an immigrant here."
	"Stress is related to the people that I know, how to make ends meet. How to deal with problems with their spouse or children or both. And with the future. Those are the things that add to stress, that I know of."
	"We seldom talk on this problem [mental health]."

Community Populations – Focus Group Results

Social Determinants of Health	"Well it is, it's also a problem, housing. Because a lot of times rent is very expensive. It's very expensive, so if you're working and you're not making much, and they're asking for so much when it comes to housing, well you can't make it. You can't make ends meet; you can't afford what the landlord wants for that place. So, that's an issue."
	"A lot of Central Americans, South Americans that live here. So, they're making ends meet with selling food or whatever, collecting cans or whatever. So, I think there should be more access to employment."
Immigration and Social Determinants of Health	"I'm a member of [this organization], but I also run the pantry in my church. And when it started, we used to give away maybe 75-80 bags here. But now, we can barely get the people to come in there, because they are scared of the immigrations. Definitely scared."
	"Yeah. You walk in the street, everybody's afraid. ICE, ICE, ICE. That's definitely here."
Food, Nutrition, and Physical Activity	"I noticed something about this neighborhood [North Corona]. There's not a lot of good places to eat. Like, the food quality. Like, it's either rice and beans – which I like, but in the fast food type of way's not really good for you."
	"I wanted to enter one of those gyms. I went, I entered, and I said that I wanted to pay [cash] per month. And they said, "No, you have to have a [credit] card." "But I'm going to pay!" I said, "What's the problem?" "Well, no, you have to have a card." "Okay then," I said. I left and never came back. And I like it, I enjoy doing sports. Even at my age, I'm 55 years old, I like doing sports. And I couldn't."

Community Populations – Focus Group Results

Healthcare Access, Use, and Quality	"If you can't get in touch with your doctor, or the doctor you see is closed, go to the emergency room."
	"I'm pregnant. I need to start [getting] health care. And they said, "There is no doctor right now. Call in one month." I can't. I can't wait that long. So, I had to go to the hospital."
	"They're rushing on time. When you go to an appointment, they're like they check oh, yeah, this is fine. This is not okay. Bye, see you later. So, you don't have time."
	"Besides [this organization], I don't know of a hospital that's within walking distance from here. I don't know the psychiatrists that's in walking distance. I don't know the psychologists, social workers. I see foot doctors and I see general practice doctors, but on Northern Boulevard, I see pharmacies, but I don't see no mental health."
	"There are services available, but like everywhere, there's not as many… There's clinics that will help you, but I know for myself, I am diagnosed with some psych issues, and the only thing that is available for someone with Medicaid is a half an hour worth of time. And for someone like myself with a lot of trauma, drug abuse, and mental health issues, that is not even like a little bit okay. And that's all Medicaid will pay for. And because it's Medicaid, you're not gonna have as many options when it comes to a psychologist who has studied."

Community Populations – Focus Group Results

Health Information Sources	"I always find the solution by surfing on the Internet. This is because the developed information, they can reply to your question on the Internet."
	"They give chats. Or sometimes at school they give out information. When there's the parent-teacher meetings, different insurances attend and they offer chats."
Perspectives on Telehealth	"Yeah, I think that the tele- because I've used the video thing once before. I think it's great for therapy or medication, but if I'm throwing up and things are coming out of my eye, I'm not gonna… "
Social and Supportive Services	"A lot of times I have missed the chats like the ones with [Name] because of fare costs, because I also have to go to two therapy sessions, two days. Back and forth, back and forth. It's $5 – $5.50. Back and forth for one day, and the other one $5.50, that comes to $11."
	"Korean Community Service, I think their role is very important. You can learn English, computers, and so on from here, and I think that's the place where we can get what we need, depending on the situation. Find a job for someone who doesn't have a job, people with bad mental health can meet other people to get help. I think these Korean community service centers can do a lot of things. "

Community Populations – Focus Group Results

Participant Recommendations

"When the hospital medical officer calls us for medical appointment, less of them are bilingual. The medical service provider should follow our choice of language, for example when we said, "Chinese Language," the medical service provider should use Chinese to communicate with us."

"A Presbyterian Hospital nearby. There isn't one."

"It would be helpful if more hospitals, clinics, or even private psychologists or psychiatrists took Medicaid. Which the majority of at least the people I know have Medicaid."

"The hospital should be able to have a nutrition outreach program that says if you are from Bangladesh and this is your food that you eat, how much of it is good and how much we recommend and how much we recommend you to change."

"When you make an appointment, include maybe a 10 or 15 minute – like someone to talk with them about a class for each – especially like people that have really big health problems like diabetes, high blood pressure. Either a doctor or a hospital ambassador that's there that they can encourage the patient to attend maybe for five or ten minutes to have a talk with them about – go to a different class or different events that are related to their health problem. "

"So, the model for hospitals, and what I'm trying to understand and what I think I understand about Presbyterian trying to get more people aware of their services and to get people using their services would definitely be incentives. And then, going out into the community where it's not necessarily going to be labelled "New York-Presbyterian Health Fair." It's a block party, and New York-Presbyterian just happens to be there. And they happen to just have a little table, and people walking by, statistically speaking, you're gotta get enough people to give out information. And a certain percentage of those people are going to inquire about the information and use New York-Presbyterian services. So, actually going into the community and segueing into different aspects of a block party, or certain events."

Summary: CCC's Elmhurst/Corona, Queens Report for Community Driven Solutions to Improve Child and Family Well-being

Citizens' Committee for Children

Access the full report on the CCC New York website at https://www.cccnewyork.org/

Citizens' Committee for Children of New York (CCC) utilized existing government data on child and family well-being, mapped community assets and engaged in conversations with community members to prepare an assessment for Elmhurst/Corona.

The report details Queens Community District 4 - Elmhurst/Corona - and the five neighborhoods in the area: Corona, North Corona, Elmhurst, Elmhurst-Maspeth, and East Elmhurst.

Elmhurst/Corona is culturally diverse and has the largest share of immigrant households of any Community District (CD) in the city—a meaningful designation for a community located in the borough of Queens, the most diverse county in the United States.

- The Elmhurst/Corona CD has the **highest share of foreign-born residents, with nearly two-thirds of the population hailing from outside the country**.
- **More than 50% of the district identifies as Latinx**, and the share of Latinx children is north of 60%.
- **A third of households in the district are considered "linguistically isolated**," meaning no one in the household age 14 or older speaks English "very well."
- In 2017, **more than half of all children in the district lived in households below 200% of the Federal Poverty Level.**
- Employment and labor force participation is high, but the types of **jobs held by residents may not provide enough income to support a family.**
- **Despite** a **declining rate of uninsured children, lack of insurance continues to be an issue.**
- **Only 54% of residents consider their housing to be affordable**, and the consequences of rising rents mean that overcrowded units and 'doubled up' families are more common.

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Summary: CCC's Elmhurst/Corona, Queens Report for Community Driven Solutions to Improve Child and Family Well-being

The most common needs raised during conversations:

- Affordable Housing to Reduce Overcrowding
- Opportunities for Families to Spend Time Together
- Multigenerational Approaches to Mental Health
- Supports for Immigrant Households
- Early Education and Afterschool Programing
- Safety in Public Spaces and at Home
- Information and Support to Access Existing Opportunities

Recommendations specific to health:

- Further **develop public awareness campaigns and multilingual advertising about health insurance and health care programs** to inform residents, especially those who may be undocumented, about free or low-cost programs available to all New Yorkers
- **Boost public awareness of existing health care programs and services** through local multilingual media and advertising in schools, laundromats, doctor's offices, libraries, and public transit
- **Invest in farmer's markets and local stores to provide healthy, organic, and affordable produce** in the neighborhood
- **Ensure families who are eligible for SNAP, WIC, and similar programs, or who need emergency food are able to access these services** in spite of federal policies, such as the "Public Charge Rule," which target these programs to manipulate immigration policy

Written Comments on Most Recently Adopted CHNA and Implementation Strategy

NewYork-Presbyterian Queens has not received written comments regarding its 2016-2018 Community Health Needs Assessment nor its 2016-2018 Community Service Plan.

Your feedback on this report is welcomed. You may send written comments to or request more information on this 2019 Community Health Needs Assessment at community@nyp.org.

AMAZING THINGS ARE HAPPENING HERE

Prioritization of Significant Health Needs

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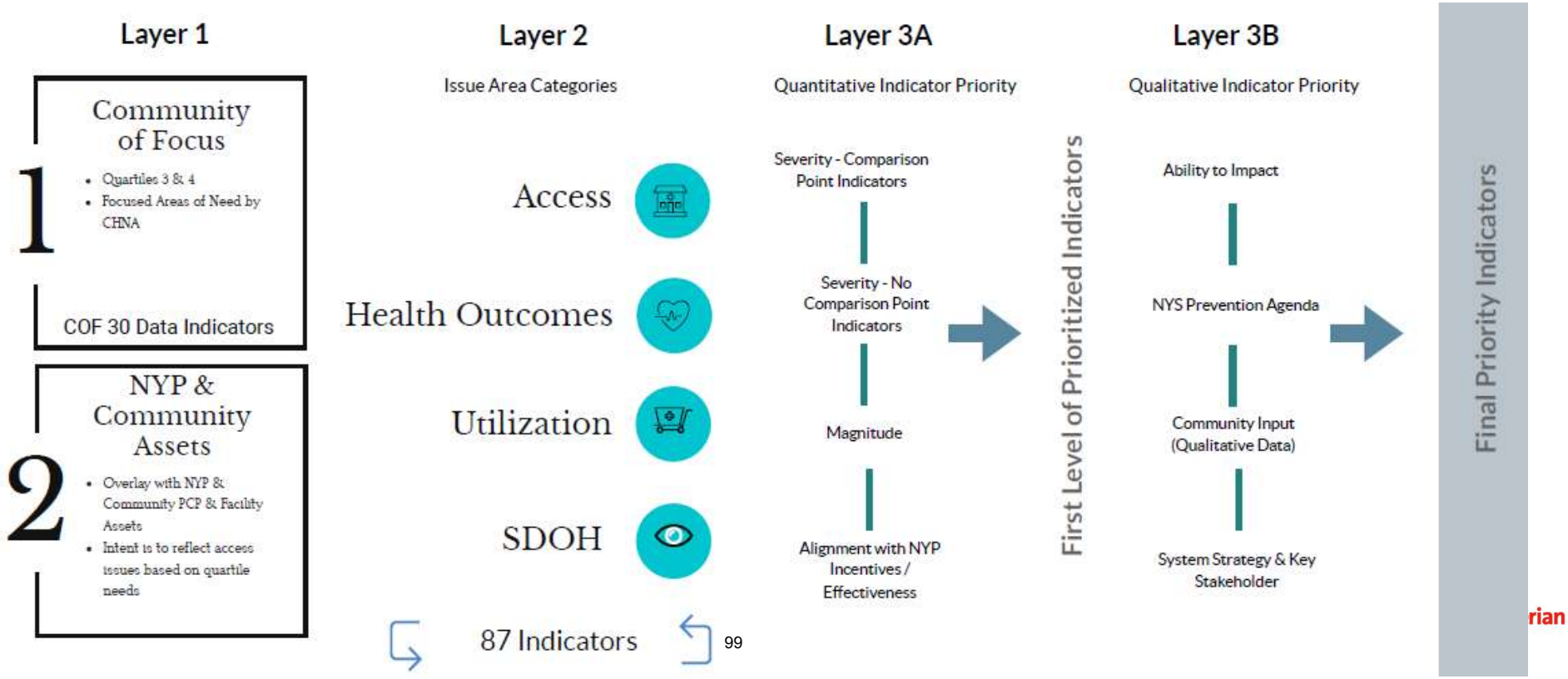
Prioritization of Significant Health Needs – Overview of Method

The prioritization method allowed the NYP team to narrow a vast amount of quantitative and qualitative data sets and define the highest disparity community and health indicators impacting that community. The model utilizes a layered approach based on the Hanlon method to incorporate the quantitative and qualitative data as well as the alignment with NYP initiatives and resources and key stakeholder input.



Prioritization of Significant Health Needs – Overview of Method

Full Model with Ranking and Weighting

		Prioritization Category	Definition	Type	1 - LOW	2 - MODERATE	3 - HIGH	Weight
Layer 1	**Layer 2**	**Layer 3**						**Priority Value**
		Layer A - Identify Significant Health Needs Step #1						
Community of Focus - COF Indicators Define Areas of Need	Issue Area Categories Access Health Outcomes Utilization SDOH	Severity - Comparison Point Indicators	Seriousness of Problem Variance to Local or State Comparison Point	Objective - Data Pre-Populated	Comparison Variance to be determined upon indicator analysis (range)	Comparison Variance to be determined upon indicator analysis (range)	Comparison Variance to be determined upon indicator analysis (range)	30%
		Severity - Non Comparison Point Indicators	Seriousness of Problem Key Stakeholder Perception of Serverity	Subjective - Key Stakeholder Input	Hanlon Method 0 - Not Serious 1 - 2 - Relatively Not Serious	Hanlon Method 3 - 4 - Moderatley Serious 5 - 6 - Serious	Hanlon Method 7 - 8 - Relatively Serious 9 - 10 - Very Serious	5%
		Magnitude	Size of Problem Amount of Population Impacted	Objective - Data Pre-Populated	Hanlon Method 1 - 4 .1% - .99%	Hanlon Method 5 or 6 1% - 9.99%	Hanlon Method 7 - 10 > 10% of population	40%
		Alignment with NYP Initiatives / Effectiveness of Initiatives to Need	Alignment of NYP Active Initiatives & the Effectiveness of Initiatives	Objective - Initiative Tracker & Population Health Think Tank Meeting #2	Hanlon Method 0 -< 5% effective 1 - 2 - 5% - 20% effective	Hanlon Method 3 - 4 - 20% - 40% effective 5 - 6 - 40% - 60% effective	Hanlon Method 7 - 8 - 60% - 80% effective 9 - 10 - 80% - 100% effective	25%
		Layer B - Identify Significant Health Needs Step #2						
		Availability to Impact / Available New Resources of Funding / People / Process	Resources Available & Funding Availability Community Partnership Impact Patient Compliance Impact	Subjective - Key Stakeholder Input Population Health Think Tank Meeting #2	Hanlon Method 0 -< 5% potential 1 - 2 - 5% - 20% potential	Hanlon Method 3 - 4 - 20% - 40% potential 5 - 6 - 40% - 60% potential	Hanlon Method 7 - 8 - 60% - 80% potential 9 - 10 - 80% - 100% potential	10%
		NYS Prevention Agenda	Prevention Agenda Initiative	Objective - Data Pre-Populated	Not on Prevention Agenda & Not on Previous CSP	On Prevention Agenda & Not on Previous CSP	On Prevention Agenda & On previous CSP	40%
		Community Input (Focus Groups & Surveys)	NYAM Key Findings Summaries from Focus Groups & Surveys	Objective - Data Pre-Populated	Pending NYAM Summaries Occurrence Count for focus group & surveys			40%
		System Strategy & Key Stakeholder Input	System & Key Stakeholder Subjective Input	Subjective - Key Stakeholder Input Population Health Think Tank Meeting #2	0 - 10 Score by Leader & Rank Ordering in Category			10%

Prioritization of Significant Health Needs - Results

The data identification and prioritization process for NYP Queens resulted in numerous indicators falling into the 4th quartile. At a high level, these indicators can generally be grouped into:

1. Women's Health
2. Obesity
3. Mental Health and Substance Abuse

These will be used to inform the CSP strategy for NYP Queens. The focus will not preclude NYP Queens from initiatives not related to the focused priorities but allows NYP to invest in new opportunities of impact. Existing hospital strategies related to cancer, hypertension, cardiovascular, etc. will continue to evolve as leading strategies.

CATEGORY	INDICATORS	ISSUE SCORE	QUARTILE
Health Outcomes	Childhood Obesity	3	4th
Health Outcomes	Cancer Incidence - All Sites*	3	4th
Health Outcomes	Obesity	3	4th
Health Outcomes	Physical Activity	3	4th
Health Outcomes	Diabetes	3	4th
Utilization	Hospitalizations: Preventable Diabetes*	3	4th
Health Outcomes	Percentage of adults with poor mental health for 14 or more days in the last month	2.9	4th
Health Outcomes	Hypertension	2.9	4th
SDoH	Current Smokers*	2.8	4th
SDoH	Binge Drinking*	2.8	4th
Health Outcomes	Teen Births*	2.6	4th
Utilization	Hospitalizations: Preventable Hypertension*	2.6	4th
SDoH	Meal Gap (# of Meals Needed per Year for Food Security)*	2.6	4th
Utilization	Hospitalizations: Alcohol*	2.5	4th
Utilization	Hospitalizations: Drug*	2.5	4th
Health Outcomes	Percentage of adults with diagnosed high blood pressure taking high blood pressure medication	2.4	4th
Access	Late Or No Prenatal Care	2.2	4th
Health Outcomes	Infant Mortality*	2.2	4th
Health Outcomes	Preterm Births*	2.2	4th

AMAZING THINGS ARE HAPPENING HERE

Previously Conducted CHNA

NewYork-Presbyterian
Queens

NYP Queen's Impact Evaluation of 2016 Implementation Strategy

- The NYP Queen's 2016 CHNA found that chronic diseases and HIV were important areas of need.
  - In Queens county, heart disease was found to be a leading cause of death. A CHNA focus group discussed the physical health issues of the community and found that living in New York, chronic diseases are caused by a multitude of environmental stresses. The prevalence of chronic disease in the community within NYP/Queens service area was higher than NY State. This was a significant source of concern cited by both the key informant interview and the focus group regarding health conditions that affect people in the communities where they live and work. The groups highlighted, among other risk factors: hypertension and heart disease, and HIV were of critical concern in their community.
  - HIV was a growing concern for the community and it is often a comorbidity associated with Hepatitis C (HCV). Early detection and proper follow-up care can dramatically reduce the mortality of patients with HCV and HIV. Without the availability of screening programs and linkages to care, patients with HCV and HIV commonly go untreated until they end up in the NYP/Queens emergency room with end-stage liver disease.
- An analysis of the data along with feedback from a wide range of community stakeholders, resulted in the selection of the following two priority areas:
  1. Increase access to high-quality chronic disease preventative care and management in both clinical and community settings, with a focus on Increasing screening rates for hypertension and heart disease.
  2. Prevent HIV and STDs, with a focus on increasing screening rates for Hepatitis C.

NYP Queen's Impact Evaluation of 2016 Implementation Strategy

Significant health need identified in 2016	Objective	Planned activities listed in the 2016 NY State DOH CSP	Y/N was the activity implemented?	Result or impact
Chronic Disease: Increase access to high-quality chronic disease preventative care and management in both clinical and community settings, with a focus on Increasing screening rates for hypertension and heart disease.	• GOAL #3.1: Increase screening rates for cardiovascular disease among disparate populations; specifically increase the percentage of adults 18 years and older who have a blood pressure screening. • GOAL #3.2: Promote use of evidence-based care to manage hypertension; specifically increase the percentage of adults with hypertension who have controlled their blood pressure.	• Incorporate hypertension screening at community health initiative outreach events.	Y	Provided blood pressure screening at 14 community health fair events 815 community members had free blood pressure screening at these events
		• Refer patients to ambulatory primary care sites for follow up	Y	All participant were recommended to either follow up with their primary care physicians or referred to our ambulatory primary care clinics
		• Partner with NY Public Library and set up booths for hypertension screenings.	N	No
		• Promote that all primary care practices follow the U.S. Preventative Service Task Force Recommendations in Hypertension Screening.	Y	• Patients who are at risk of hypertension are identified according to the following criteria: • Stage 1 ≥2 elevated BP readings (≥140 SBP or ≥90 DBP) at two separate medical visits, past 12 months • A Stage 2 reading (≥160 SBP or ≥100 DBP) at any medical visit in the past 12 months
		• Identify patients who have repeated elevated blood pressure readings in the medical record but do not have a diagnosis of hypertension and schedule them for a hypertension visit.	Y	• 653 patients were identified to have 2 readings in past 12 months with SBP over 140 and DBP over 90 • 95 patients were identified to have 1 reading in past 12 months with SBP over 160 and DBP over 100 • In 2017, 110 of the 141 patients and 14 out of the 25 patients completed their follow-up appointments
		• In addition to targeting general population for screening, NYP/Queens will also do outreach for the indicated minority groups.	Y	• Provided blood pressure screening at 14 community health fair events: three in Chinese community, one in Korean community, one in Spanish community and one in south Asian community

NYP Queen's Impact Evaluation of 2016 Implementation Strategy

Significant health need identified in 2016	Objective	Planned activities listed in the 2016 NY State DOH CSP	Y/N was the activity implemented?	Result or impact
Communicable Disease: Prevent HIV and STDs	GOAL #5: Increase and coordinate Hepatitis C Virus (HCV) prevention and treatment capacity in New York State.	• Incorporating the testing as part of the workflow at Emergency Department (ED and the Ambulatory Care Center (ACC).	Y	• Implemented workflow for all eligible patients presenting to the emergency department (ED) and two primary care centers to receive Hepatitis C virus (HCV) test. • HCV lab orders have been auto-populated into the hospital's electronic medical record (EMR) as a hard stop. This prompt requires the health provider to offer HCV test to the patients at the ED. This has been found to dramatically increase the rate of screening at the ED.
		• Using the electronic medical record (EMR) to identify eligible patients, capture all needed data which will be used as tools for continuous quality improvement.	Y	• 3718 out of eligible patients identified at ED to receive HCV tests • 545 out of 5515 eligible patients identified at primary care clinic to receive HCV test
		• Testing 20% of eligible patients in the ED and 30% of eligible patients at ACC, which is the outpatient site.	Y	• At ED, 46 patients were HCVAb+ and 11 patients were HCV RNA+. • At primary care clinic, 7 patients tested positive for HCVAb+ and one was HCV RNA+.
		• Identifying and providing community resources and connecting HCV positive patients to care at NYP/Queens, community clinics, or community primary.	Y	• Nine HCVRNA+ patients were connected to care at NYP/Queens, community clinics, or community primary care physicians

AMAZING
THINGS
ARE
HAPPENING
HERE

Appendix

NewYork-Presbyterian
Queens

Communities of High Disparity Definition Indicators

Domain	Indicator	Source	Geographic Area	Period
Domain 1 – Demographics	Total population	NYC Health Data Atlas	Neighborhood Tabulation Area	2010-2014
Domain 1 – Demographics	Percent of population that is minority (including Hispanic ethnicity)	NYC Health Data Atlas	Neighborhood Tabulation Area	2010-2014
Domain 1 – Demographics	Percent of population ages 65 and older	NYC Health Data Atlas	Neighborhood Tabulation Area	2010-2014
Domain 1 – Demographics	Percent of population 5 years and older who report that they speak English "less than very well"	NYC Health Data Atlas	Neighborhood Tabulation Area	2010-2014
Domain 1 – Demographics	Percent of population ages 25 and older whose highest level of education is less than a high school diploma or GED	NYC Health Data Atlas	Neighborhood Tabulation Area	2010-2014
Domain 1 – Demographics	Percent of households Single Father With Children	Data2Go.NYC	Community District	2012-2016
Domain 1 – Demographics	Percent of households Single Mother With Children	Data2Go.NYC	Community District	2012-2016
Domain 2 – Income	Percent of population - all below 150% of NYC.gov threshold	NYC Mayor Report	Community District	2005-2017
Domain 2 - Income	Percent of population ages 0-17 living below the federal poverty level	NYC Health Data Atlas	Neighborhood Tabulation Area	2010-2014
Domain 2 - Income	Percent of population ages 65 and older living below the federal poverty level	NYC Health Data Atlas	Neighborhood Tabulation Area	2010-2014
Domain 2 - Income	Percent of renter households whose gross rent (rent plus electricity and heating fuel costs) is greater than 50% of their monthly pre-tax income	NYC Health Data Atlas	Neighborhood Tabulation Area	2010-2014
Domain 2 - Income	Percent of residents living in New York City Housing Authority (NYCHA) developments, excluding Section 8 housing	NYC Health Data Atlas	Neighborhood Tabulation Area	2015
Domain 3 – Insurance	Percent of the civilian (non-military) labor force ages 16 and older who are unemployed	NYC Health Data Atlas	Neighborhood Tabulation Area	2010-2014
Domain 3 - Insurance	Percent of civilian noninstitutionalized population with health insurance	NYC Health Data Atlas	Neighborhood Tabulation Area	2010-2014
Domain 3 - Insurance	Percent of civilian noninstitutionalized population ages 0-17 without health insurance	NYC Health Data Atlas	Neighborhood Tabulation Area	2010-2014
Domain 3 - Insurance	Percent of population continuously enrolled, for 11 months or more, in Medicaid	NYC Health Data Atlas	Neighborhood Tabulation Area	2015

Communities of High Disparity Definition Indicators

Domain	Indicator	Source	Geographic Area	Period
Domain 4 – Access to Care	Age-adjusted rate of all preventable hospitalizations per 100,000 population ages 18 and older	NYC Health Data Atlas	Neighborhood Tabulation Area	2010-2014
Domain 4 – Access to Care	Rate of avoidable adult hospitalizations per 100,000 adults ages 18 and older	NYC Community Health Profiles	Community District	2014
Domain 4 – Access to Care	Rate of avoidable pediatric hospitalizations per 100,000 adults ages 0 to 4	NYC Community Health Profiles	Community District	2014
Domain 5 – NYS DOH Prevention Agenda Priorities	Percent of occupied housing units with more than one occupant per room	NYC Health Data Atlas	Neighborhood Tabulation Area	2010-2014
Domain 5 – NYS DOH Prevention Agenda Priorities	Serious Housing Code Violations per 1,000 units	Data City of New York	Community District	2018
Domain 5 – NYS DOH Prevention Agenda Priorities	Families with Children in Homeless Shelters	Citizen's Committee for Children Keeping Track Online	Community District	2018
Domain 5 – NYS DOH Prevention Agenda Priorities	Percent of households receiving Food Stamp/SNAP benefits in the past 12 months	NYC Health Data Atlas	Neighborhood Tabulation Area	2010-2014
Domain 5 – NYS DOH Prevention Agenda Priorities	Crude rate of severe maternal morbidity (SMM) per 10,000 deliveries	NYC Health Data Atlas	Neighborhood Tabulation Area	2008-2012
Domain 5 – NYS DOH Prevention Agenda Priorities	Deaths of infants under 1 year per 1,000 live births	Citizen's Committee for Children Keeping Track Online	Community District	2016
Domain 5 – NYS DOH Prevention Agenda Priorities	Age-adjusted rate of drug hospitalizations per 100,000 population ages 15-84	NYC Health Data Atlas	Neighborhood Tabulation Area	2014
Domain 5 – NYS DOH Prevention Agenda Priorities	Age-adjusted rate of psychiatric hospitalizations per 100,000 population ages 18 and older	NYC Health Data Atlas	Neighborhood Tabulation Area	2014
Domain 5 – NYS DOH Prevention Agenda Priorities	Crude rate of new HIV diagnoses in 2013 per 100,000 population, all ages	NYC Health Data Atlas	Neighborhood Tabulation Area	2013
Domain 5 – NYS DOH Prevention Agenda Priorities	Annual age-adjusted rate of newly reported chronic hepatitis B per 100,000 adults aged 18 and older	NYC Health Data Atlas	Neighborhood Tabulation Area	2013-2015

Assessment Data, Defined Community at a Glance Indicators

Indicator	Source	Geographic Area	Period
Total Population Growth by Age Cohort	Nielsen	Defined Community by ZIP Code; Benchmark is New York State	2019; Estimated
Population by Race & Ethnicity	Nielsen	Defined Community by ZIP Code; Benchmark is New York State	2019; Estimated
Socioeconomic Profile – Household Income	Nielsen	Defined Community by ZIP Code; Benchmark is New York State	2019; Estimated
Population	Claritas; Environics Analytics	Defined Community by ZIP Code; Benchmark is New York State	2019; Estimated
Households	Claritas; Environics Analytics	Defined Community by ZIP Code; Benchmark is New York State	2019; Estimated
Ethnicity – Hispanic/Latino	Claritas; Environics Analytics	Defined Community by ZIP Code; Benchmark is New York State	2019; Estimated
Hispanic Origin – Non Cuban/Mexican/Puerto Rican	Claritas; Environics Analytics	Defined Community by ZIP Code; Benchmark is New York State	2019; Estimated
Home Language	Claritas; Environics Analytics	Defined Community by ZIP Code; Benchmark is New York State	2019; Estimated
Marital Status	Claritas; Environics Analytics	Defined Community by ZIP Code; Benchmark is New York State	2019; Estimated
Population by Age	Claritas; Environics Analytics	Defined Community by ZIP Code; Benchmark is New York State	2019; Estimated
Population by Race	Claritas; Environics Analytics	Defined Community by ZIP Code; Benchmark is New York State	2019; Estimated
Median Age of Householder	Claritas; Environics Analytics	Defined Community by ZIP Code; Benchmark is New York State	2019; Estimated
Presence of Children	Claritas; Environics Analytics	Defined Community by ZIP Code; Benchmark is New York State	2019; Estimated
Household Type	Claritas; Environics Analytics	Defined Community by ZIP Code; Benchmark is New York State	2019; Estimated
Housing Tenure	Claritas; Environics Analytics	Defined Community by ZIP Code; Benchmark is New York State	2019; Estimated
Age of Housing	Claritas; Environics Analytics	Defined Community by ZIP Code; Benchmark is New York State	2019; Estimated
Household Size	Claritas; Environics Analytics	Defined Community by ZIP Code; Benchmark is New York State	2019; Estimated
Housing Units in Structure	Claritas; Environics Analytics	Defined Community by ZIP Code; Benchmark is New York State	2019; Estimated

Assessment Data, Defined Community at a Glance Indicators

Indicator	Source	Geographic Area	Period
Education Attainment	Claritas; Environics Analytics	Defined Community by ZIP Code; Benchmark is New York State	2019; Estimated
Education: Hispanic/Latino	Claritas; Environics Analytics	Defined Community by ZIP Code; Benchmark is New York State	2019; Estimated
Poverty Status	Claritas; Environics Analytics	Defined Community by ZIP Code; Benchmark is New York State	2019; Estimated
Household Income; Median and Average	Claritas; Environics Analytics	Defined Community by ZIP Code; Benchmark is New York State	2019; Estimated
Household Income Distribution	Claritas; Environics Analytics	Defined Community by ZIP Code; Benchmark is New York State	2019; Estimated
Occupational Class	Claritas; Environics Analytics	Defined Community by ZIP Code; Benchmark is New York State	2019; Estimated
Unemployment Rate	Claritas; Environics Analytics	Defined Community by ZIP Code; Benchmark is New York State	2019; Estimated
Method of Travel to Work	Claritas; Environics Analytics	Defined Community by ZIP Code; Benchmark is New York State	2019; Estimated
Occupation	Claritas; Environics Analytics	Defined Community by ZIP Code; Benchmark is New York State	2019; Estimated

Assessment Data, Communities of High Disparity Indicators - NYC

Category	Indicator	Source	Geographic Area	Period
Demographics	Population (Total #)	NYC Health Data Atlas	Neighborhood Tabulation Area	2010-2014
Demographics	Percent of female population	NYC Health Data Atlas	Neighborhood Tabulation Area	2010-2014
Demographics	Percent of male population	NYC Health Data Atlas	Neighborhood Tabulation Area	2010-2014
Demographics	Percent of population ages 0-17	NYC Health Data Atlas	Neighborhood Tabulation Area	2010-2014
Demographics	Percent of population ages 18-24	NYC Health Data Atlas	Neighborhood Tabulation Area	2010-2014
Demographics	Percent of population ages 25-44	NYC Health Data Atlas	Neighborhood Tabulation Area	2010-2014
Demographics	Percent of population ages 45-64	NYC Health Data Atlas	Neighborhood Tabulation Area	2010-2014
Demographics	Percent of population ages 65 and older	NYC Health Data Atlas	Neighborhood Tabulation Area	2010-2014
Demographics	Percent of Hispanic or Latino population (of any race)	NYC Health Data Atlas	Neighborhood Tabulation Area	2010-2014
Demographics	Percent of White population (not Hispanic or Latino)	NYC Health Data Atlas	Neighborhood Tabulation Area	2010-2014
Demographics	Percent of Black population (not Hispanic or Latino)	NYC Health Data Atlas	Neighborhood Tabulation Area	2010-2014
Demographics	Percent of Asian and Pacific Islander population	NYC Health Data Atlas	Neighborhood Tabulation Area	2010-2014
Demographics	Percent of all other race population	NYC Health Data Atlas	Neighborhood Tabulation Area	2010-2014
Demographics	Percent of population all ages living below federal poverty level	NYC Health Data Atlas	Neighborhood Tabulation Area	2010-2014
Demographics	Percent of population ages 0-17 living below federal poverty level	NYC Health Data Atlas	Neighborhood Tabulation Area	2010-2014
Demographics	Percent of population ages 65+ living below federal poverty level	NYC Health Data Atlas	Neighborhood Tabulation Area	2010-2014
Demographics	Percent of population without health insurance	NYC Health Data Atlas	Neighborhood Tabulation Area	2010-2014
Demographics	Percent of population enrolled in Medicaid	NYC Health Data Atlas	Neighborhood Tabulation Area	2010-2014

Assessment Data, Communities of High Disparity Indicators - NYC

Category	Indicator	Source	Geographic Area	Period
Demographics	Percent of population born outside the U.S. or U.S. territories	NYC Health Data Atlas	Neighborhood Tabulation Area	2010-2014
Demographics	Percent of population age 5+ report speaking English “less than very well”	NYC Health Data Atlas	Neighborhood Tabulation Area	2010-2014
Demographics	Percent of adults age 25+ not completed High School	NYC Health Data Atlas	Neighborhood Tabulation Area	2010-2014
Socioeconomics	Percent of population ages 16+ unemployed	NYC Health Data Atlas	Neighborhood Tabulation Area	2010-2014
Socioeconomics	Percent of population reported disabled	NYC Health Data Atlas	Neighborhood Tabulation Area	2010-2014
Socioeconomics	Percent of household, single mother with children	Data2Go.NYC	Community District	2012-2016
Socioeconomics	Percent of household, single father with children	Data2Go.NYC	Community District	2012-2016
Socioeconomics	Percent of people living within income band $200,000 or more	Citizen’s Committee for Children Keeping Track Online	Community District	2017
Socioeconomics	Percent of people living within income band $100,000 to $199,999	Citizen’s Committee for Children Keeping Track Online	Community District	2017
Socioeconomics	Percent of people living within income band $75,000 to $99,999	Citizen’s Committee for Children Keeping Track Online	Community District	2017
Socioeconomics	Percent of people living within income band $50,000 to $74,999	Citizen’s Committee for Children Keeping Track Online	Community District	2017
Socioeconomics	Percent of people living within income band $35,000 to $49,999	Citizen’s Committee for Children Keeping Track Online	Community District	2017
Socioeconomics	Percent of people living within income band $25,000 to $34,999	Citizen’s Committee for Children Keeping Track Online	Community District	2017
Socioeconomics	Percent of people living within income band $15,000 to $24,999	Citizen’s Committee for Children Keeping Track Online	Community District	2017
Socioeconomics	Percent of people living within income band under $15,000	Citizen’s Committee for Children Keeping Track Online	Community District	2017

Assessment Data, Communities of High Disparity Indicators - NYC

Category	Indicator	Source	Geographic Area	Period
Housing	Overcrowding; Percent of occupied housing units with more than one occupant per room	NYC Health Data Atlas	Neighborhood Tabulation Area	2010-2014
Housing	Rent burden, i.e., rent plus electricity and heating fuel costs is greater than 30% of monthly pre-tax income	NYC Health Data Atlas	Neighborhood Tabulation Area	2010-2014
Housing	Rent burden, i.e., rent plus electricity and heating fuel costs is greater than 50% of monthly pre-tax income	NYC Health Data Atlas	Neighborhood Tabulation Area	2010-2014
Housing	Percentage of renter-occupied homes without maintenance defects	NYC Community Health Profiles	Community District	2014
Housing	Percent of residents living in public housing excluding Section 8	NYC Health Data Atlas	Neighborhood Tabulation Area	2015
Housing	Housing Maintenance code violations	Data City of New York	Neighborhood Tabulation Area	2018
Housing	Housing Maintenance code complaints	Data City of New York	Patient Address	2018
Housing	Evictions	Association for Neighborhood & Housing Development	Community District	2018
Housing	County Foreclosure Rate	Office of the New York State Comptroller	County	2018
Housing	Percent of families with children in shelter	Citizen's Committee for Children Keeping Track Online	Community District	2017
Housing	Homes Without Maintenance Defects	NYC Community Health Profiles	Community District	2014
Housing	Notice of Foreclosure Rate per 1,000 for 1-4 Unit and Condo Properties, 2018	Association for Neighborhood & Housing Development	Community District	2018
Housing	Notice of Foreclosure Rate per 1,000 for 5+ Unit Buildings, 2018	Association for Neighborhood & Housing Development	Community District	2018
Food & Nutrition	Percent of households receiving SNAP Benefits	NYC Health Data Atlas	Neighborhood Tabulation Area	2010-2014
Food & Nutrition	Meal Gap; # of meals needed per year for food security	Data2Go.NYC	Community District	2014
Food & Nutrition	Food Desert	USDA	Census Tract	2015

Assessment Data, Communities of High Disparity Indicators - NYC

Category	Indicator	Source	Geographic Area	Period
Social & Environmental Safety	Air Quality (Annual Average MCG per Cubic Meter of Fine Particle Matter)	NYC Community Health Profiles	Community District	2016
Social & Environmental Safety	Percent of households with a person age 65+ living alone	NYC Health Data Atlas	Neighborhood Tabulation Area	2010-2014
Social & Environmental Safety	Number of persons served by senior center program per 1,000 population ages 60+	NYC Health Data Atlas	Neighborhood Tabulation Area	2015
Social & Environmental Safety	Assault hospitalization per 100,000 population, age adjusted rate	NYC Health Data Atlas	Neighborhood Tabulation Area	2012-2014
Social & Environmental Safety	Felony crime complaints per 100,000 population, crude rate	NYC Health Data Atlas	Neighborhood Tabulation Area	2014
Social & Environmental Safety	Total number of arrests of 16 & 17 year olds	Citizen's Committee for Children Keeping Track Online	Borough	2017
Transportation	Percent of workers who commute by any form of transportation over 60 minutes each way	Data2Go.NYC	Community District	2010-2015
Health Status: Healthy Eating & Physical Activity	Percentage of adults who ate in 24 hours 1+ serving of fruit and vegetable	NYC Community Health Profiles	Community District	2015-2016
Health Status: Healthy Eating & Physical Activity	Percentage of adults who drink >1 sweetened beverage daily	NYC Community Health Profiles	Community District	2015-2016
Health Status: Healthy Eating & Physical Activity	Percentage of adults reporting obesity	NYC Community Health Profiles	Community District	2015-2016
Health Status: Healthy Eating & Physical Activity	Percentage of public school children (K to 8) with obesity	NYC Community Health Profiles	Community District	2016-2017
Health Status: Healthy Eating & Physical Activity	Percentage of adults with physical activity in last 30 days	NYC Community Health Profiles	Community District	2015-2016
Health Status: Women, Infants & Children	Crude rate of severe maternal morbidity per 10,000 deliveries	NYC Health Data Atlas	Neighborhood Tabulation Area	2010-2014
Health Status: Women, Infants & Children	Rate of infant deaths (under 1 year old) per 1,000 live births	NYC Community Health Profiles	Community District	2013-2015
Health Status: Women, Infants & Children	Percent of live births receiving late prenatal care	NYC Health Data Atlas	Neighborhood Tabulation Area	2010-2014
Health Status: Women, Infants & Children	Percent of preterm births among all live births	NYC Health Data Atlas	Neighborhood Tabulation Area	2010-2014
Health Status: Women, Infants & Children	Rate of teen births (per 1,000 women ages 15-19)	NYC Health Data Atlas	Neighborhood Tabulation Area	2010-2014

Assessment Data, Communities of High Disparity Indicators - NYC

Category	Indicator	Source	Geographic Area	Period
Health Status: Well-Being & Mental Health	Percentage of deaths that could have been averted (based on top 5 Neighborhood Tabulation Areas)	NYC Community Health Profiles	Community District	2011-2015
Health Status: Well-Being & Mental Health	Premature mortality per 100,000 population under ages 65	NYC Health Data Atlas	Neighborhood Tabulation Area	2010-2014
Health Status: Well-Being & Mental Health	Percentage of adults self-report health as good-excellent	NYC Community Health Profiles	Community District	2015-2016
Health Status: Well-Being & Mental Health	Percentage of adults not getting needed medical care	NYC Community Health Profiles	Community District	2015-2016
Health Status: Well-Being & Mental Health	Percentage of adults self-reporting poor mental health	Behavioral Risk Factor Surveillance System (BRFSS) New York State	County	2016
Health Status: Well-Being & Mental Health	Percentage of adults self-reporting binge drinking	NYC Community Health Profiles	Community District	2015-2016
Health Status: Chronic Disease	Rate of ED visits for asthma per 10,000 children ages 5 to 17	NYC Community Health Profiles	Community District	2015
Health Status: Chronic Disease	Percentage of adults with diabetes	NYC Community Health Profiles	Community District	2015-2016
Health Status: Chronic Disease	Percentage of adults with hypertension	NYC Community Health Profiles	Community District	2015-2016
Health Status: Chronic Disease	Percentage of adults reporting current smoking	NYC Community Health Profiles	Community District	2015-2016
Health Status: Chronic Disease	Rate of new HIV diagnoses per 100,000 people	NYC Community Health Profiles	Community District	2016
Health Status: Chronic Disease	Rate of new hepatitis C diagnoses per 100,000 people	NYC Community Health Profiles	Community District	2016
Health Status: Chronic Disease	Percentage of adults with arthritis	Behavioral Risk Factor Surveillance System (BRFSS) New York State	County	2016
Health Status: Chronic Disease	Percentage of Adults with CV (Heart Attack, Coronary Heart Disease, or Stroke)	Behavioral Risk Factor Surveillance System (BRFSS) New York State	County	2016
Health Status: Chronic Disease	Percentage of Adults with COPD	Behavioral Risk Factor Surveillance System (BRFSS) New York State	County	2016
Health Status: Chronic Disease	Percentage of Adults Taking Medication for High Blood Pressure	Behavioral Risk Factor Surveillance System (BRFSS) New York State	County	2016

Assessment Data, Communities of High Disparity Indicators - NYC

Category	Indicator	Source	Geographic Area	Period
Health Status: Cancer	Cancer Incidence - All Sites	State Cancer Profiles	County	2018
Health Status: Cancer	Cancer Incidence - Breast	State Cancer Profiles	County	2018
Health Status: Cancer	Cancer Incidence - Colon and Rectum	State Cancer Profiles	County	2018
Health Status: Cancer	Cancer Incidence - Lung	State Cancer Profiles	County	2018
Health Status: Cancer	Cancer Incidence - Prostate	State Cancer Profiles	County	2018
Health Care Service Utilization	Avoidable Hospitalizations per 100,000 population ages 18+ (PQI)	NYC Community Health Profiles	Community District	2014
Health Care Service Utilization	Avoidable Hospitalizations per 100,000 population ages 0-4 (PDI)	NYC Community Health Profiles	Community District	2014
Health Care Service Utilization	Preventable Hospitalizations: All per 100,000 population ages 18+	NYC Health Data Atlas	Neighborhood Tabulation Area	2012-2014
Health Care Service Utilization	Preventable Hospitalizations: Asthma per 100,000 population ages 18+	NYC Health Data Atlas	Neighborhood Tabulation Area	2012-2014
Health Care Service Utilization	Preventable Hospitalizations: Diabetes per 100,000 population ages 18+	NYC Health Data Atlas	Neighborhood Tabulation Area	2012-2014
Health Care Service Utilization	Preventable Hospitalizations: Hypertension per 100,000 population ages 18+	NYC Health Data Atlas	Neighborhood Tabulation Area	2012-2014
Health Care Service Utilization	Preventable Hospitalizations: Alcohol per 100,000 population ages 18+	NYC Health Data Atlas	Neighborhood Tabulation Area	2014
Health Care Service Utilization	Hospitalizations: Child Asthma per 10,000 population ages 5-14	NYC Health Data Atlas	Neighborhood Tabulation Area	2012-2014
Health Care Service Utilization	Hospitalizations: Drug per 100,000 population ages 15-84	NYC Health Data Atlas	Neighborhood Tabulation Area	2014
Health Care Service Utilization	Hospitalizations: Falls per 100,000 population ages 65+	NYC Health Data Atlas	Neighborhood Tabulation Area	2012-2014
Health Care Service Utilization	Preventable Hospitalizations: Psychiatric per 100,000 population ages 18+	NYC Health Data Atlas	Neighborhood Tabulation Area	2014
Health Care Service Utilization	Preventable Hospitalizations: Stroke per 100,000 population ages 18+	NYC Health Data Atlas	Neighborhood Tabulation Area	2014

Assessment Data, Communities of High Disparity Indicators - NYC

Category	Indicator	Source	Geographic Area	Period
Health Care Service Utilization	Emergency Dept.: All Visits per 100,000 population, crude rate	NYC Health Data Atlas	Neighborhood Tabulation Area	2014
Health Care Service Utilization	Emergency Dept: Treat and Release Visits per 100,000 population, crude rate	NYC Health Data Atlas	Neighborhood Tabulation Area	2014
Health Care Service Utilization	Emergency Dept: Visits Resulting in Inpatient Stays per 100,000 population, crude rate	NYC Health Data Atlas	Neighborhood Tabulation Area	2014
Health Care Service Utilization	Emergency Dept: Preventable Treat and Release Visits or all T&R visits	NYC Health Data Atlas	Neighborhood Tabulation Area	2014
Health Provider Assets	Facility - Hospital, Federally Qualified Health Center, Skilled Nursing Facility, and Urgent Care	Definitive Healthcare	Street Address	2019
Health Provider Assets	Physicians	Definitive Healthcare	Street Address	2019

Gaps Limiting Ability to Assess the Community's Health Needs

A number of data sources, including state, county, and local resources were examined as part of this CHNA. One limitation of this study is that some data sources were not available for geographic boundaries at these localized levels (e.g., Neighborhood Tabulation Area).

Additionally, data publicly available was not always collected on an annual basis, meaning that some data indicators are several years old. In consideration of these limitations, the process of identifying health needs was based on both the quantitative and qualitative analyses.

Mental health and substance use indicators are limited due to privacy requirements creating challenges for assessing disparities. Similar self-reported statistics are estimated to be underreported due to the stigma of these health issues.

Hanlon Prioritization Method Pros and Cons

The Hanlon Method for Prioritizing Health Problems, utilized in this study, is a well-respected technique which objectively takes into consideration explicitly defined criteria and feasibility factors. Though a complex method, the Hanlon Method can be used with any size group and is advantageous when the desired outcome is an objective list of health priorities based on baseline data and numerical values.

- **PROS:** the PEARL component can be a useful feature as it offers relatively quantitative answers that are appealing for many.
  - **P**ropriety – Is a program for the health problem suitable?
  - **E**conomics – Does it make economic sense to address the problem? Are there economic consequences if a problem is not carried out?
  - **A**cceptability – Will a community accept the program? Is it wanted?
  - **R**esources – Is funding available or potentially available for program?
  - **L**egality – Do current laws allow program activities to be implemented?

  Eliminate any health problems which receive an answer of "No" to any of these PEARL factors or proceed with corrective action to ensure that potential health priorities meet all five of the feasibility factors.

- **CONS:** The process offers the lowest priorities for those issues where the solution requires additional resources or legal changes which may be problematic. Very complicated.

Source: https://www.cdc.gov/nphpsp/documents/Prioritization%20section%20from%20APEXPH%20in%20Practice.pdf

New York State Department of Health Prevention Agenda 2019-2024

Priority Area: Prevent Chronic Diseases	Focus Area 1: Healthy Eating and Food Security Overarching Goal: Reduce obesity and the risk of chronic diseases
	Goal 1.1: Increase access to healthy and affordable foods and beverages
	Goal 1.2: Increase skills and knowledge to support healthy food and beverage choices
	Goal 1.3: Increase food security
	Focus Area 2: Physical Activity Overarching Goal: Reduce obesity and the risk of chronic diseases
	Goal 2.1: Improve community environments that support active transportation and recreational physical activity for people of all ages and abilities
	Goal 2.2: Promote school, child care, and worksite environments that support physical activity for people of all ages and abilities
	Goal 2.3: Increase access, for people of all ages and abilities, to safe indoor and/or outdoor places for physical activity
	Focus Area 3: Tobacco Prevention
	Goal 3.1: Prevent initiation of tobacco use, including combustible tobacco and electronic vaping products (electronic cigarettes and similar devices) by youth and young adults
	Goal 3.2: Promote tobacco use cessation, especially among populations disproportionately affected by tobacco use including: low SES; frequent mental distress/substance use disorder; LGBT; and disability
	Goal 3.3: Eliminate exposure to secondhand smoke and exposure to secondhand aerosol/emissions from electronic vapor products
	Focus Area 4: Preventive Care and Management
	Goal 4.1: Increase cancer screening rates for breast, cervical, and colorectal cancer
	Goal 4.2: Increase early detection of cardiovascular disease, diabetes, prediabetes and obesity
	Goal 4.3: Promote the use of evidence-based care to manage chronic diseases
	Goal 4.4: Improve self-management skills for individuals with chronic conditions

Source: https://www.health.ny.gov/prevention/prevention_agenda/2019-2024/

New York State Department of Health Prevention Agenda 2019-2024

Priority Area: Promote a Healthy and Safe Environment	Focus Area 1: Injuries, Violence and Occupational Health
	Goal 1.1: Reduce falls among vulnerable populations
	Goal 1.2: Reduce violence by targeting prevention programs particularly to highest risk populations
	Goal 1.3: Reduce occupational injuries and illness
	Goal 1.4: Reduce traffic related injuries for pedestrians and bicyclists
	Focus Area 2: Outdoor Air Quality
	Goal 2.1: Reduce exposure to outdoor air pollutants
	Focus Area 3: Built and Indoor Environments
	Goal 3.1: Improve design and maintenance of the built environment to promote healthy lifestyles, sustainability, and adaptation to climate change
	Goal 3.2: Promote healthy home and school environments
	Focus Area 4: Water Quality
	Goal 4.1: Protect water sources and ensure quality drinking water
	Goal 4.2: Protect vulnerable waterbodies to reduce potential public health risks associated with exposure to recreational water
	Focus Area 5: Food and Consumer Products
	Raise awareness of the potential presence of chemical contaminants and promote strategies to reduce exposure
	Goal 5.2: Improve food safety management

Source: https://www.health.ny.gov/prevention/prevention_agenda/2019-2024/

New York State Department of Health Prevention Agenda 2019-2024

Priority Area: Promote Healthy Women, Infants and Children	Focus Area 1: Maternal & Women's Health
	Goal 1.1: Increase use of primary and preventive health care services by women of all ages, with a focus on women of reproductive age
	Goal 1.2: Reduce maternal mortality and morbidity
	Focus Area 2: Perinatal & Infant Health
	Goal 2.1: Reduce infant mortality and morbidity
	Goal 2.2: Increase breastfeeding
	Focus Area 3: Child & Adolescent Health
	Goal 3.1: Support and enhance children and adolescents' social-emotional development and relationships
	Goal 3.2: Increase supports for children and youth with special health care needs
	Goal 3.3: Reduce dental caries among children
	Focus Area 4: Cross Cutting Healthy Women, Infants, & Children
	Goal 4.1: Reduce racial, ethnic, economic, and geographic disparities in maternal and child health outcomes and promote health equity for maternal and child health populations
Priority Area: Promote Well- Being and Prevent Mental and Substance Use Disorders	Focus Area 1: Promote Well-Being
	Goal 1.1: Strengthen opportunities to build well-being and resilience across the lifespan
	Goal 1.2: Facilitate supportive environments that promote respect and dignity for people of all ages
	Focus Area 2: Prevent Mental and Substance Use Disorders
	Goal 2.1: Prevent underage drinking and excessive alcohol consumption by adults
	Goal 2.2: Prevent opioid and other substance misuse and deaths
	Goal 2.3: Prevent and address adverse childhood experiences (ACEs)
	Goal 2.4: Reduce the prevalence of major depressive disorders
	Goal 2.5: Prevent suicides
	Goal 2.6: Reduce the mortality gap between those living with serious mental illness and the general population

Source: https://www.health.ny.gov/prevention/prevention_agenda/2019-2024/

New York State Department of Health Prevention Agenda 2019-2024

Priority Area: Prevent Communicable Diseases	Focus Area 1: Vaccine-Preventable Diseases
	Goal 1.1: Improve vaccination rates
	Goal 1.2: Reduce vaccination coverage disparities
	Focus Area 2: Human Immunodeficiency Virus (HIV)
	Goal 2.1: Decrease HIV morbidity (new HIV diagnoses)
	Goal 2.2: Increase viral suppression
	Focus Area 3: Sexually Transmitted Infections (STIs)
	Goal 3.1: Reduce the annual rate of growth for STIs
	Focus Area 4: Hepatitis C Virus (HCV)
	Goal 4.1: Increase the number of persons treated for HCV
	Goal 4.2: Reduce the number of new HCV cases among people who inject drugs
	Focus Area 5: Antibiotic Resistance and Healthcare-Associated Infections
	Goal 5.1: Improve infection control in healthcare facilities
	Goal 5.2: Reduce infections caused by multidrug resistant organisms and C. difficile
	Goal 5.3: Reduce inappropriate antibiotic use

Source: https://www.health.ny.gov/prevention/prevention_agenda/2019-2024/

Community Populations – Questionnaire Demographics

Participant demographics (N= 208)		
Age		
18-25	46	22.1%
26-35	51	24.5%
36-45	27	13.0%
46-55	29	13.9%
56-65	23	11.1%
66-75	15	7.2%
76-85	16	7.7%
86 +	1	0.5%
Gender		
Female	117	57.4%
Male	87	42.6%
Sexual Orientation		
Heterosexual or straight	149	77.6%
Bisexual	20	10.4%
Asexual	12	6.3%
Gay or lesbian	7	3.6%
Other	4	2.1%
Race/ethnicity *		
White	75	36.1%
Asian or Asian American	65	31.3%
Latino or Hispanic	35	16.8%
Black or African American	25	12.0%
American Indian or Alaskan Native	4	1.9%
Other	5	2.4%

*multiple responses allowed

Participant demographics (N= 208)		
Born in the U.S.	115	56.7%
How well do you speak English?		
Very well	130	65.0%
Well	30	15.0%
Not well	30	15.0%
Not at all	10	5.0%
Education Completed		
Never attended school or only attended kindergarten	1	0.5%
Grades 1 -8	12	5.9%
Grades 9-11	13	6.4%
Grade 12 or GED	34	16.8%
College 1 year to 3 years	50	24.8%
College 4 years or more	91	45.0%
Other	1	0.5%
Employment*		
Working	114	54.8%
Not working	35	16.8%
Student	25	12.0%
Homemaker/Caregiver	22	10.6%
Volunteer	16	7.7%
Retired	10	4.8%
Type of Health Insurance*		
Medicaid	65	31.6%
Medicare	56	27.2%
Private/commercial	56	27.2%
Uninsured	30	14.6%
Unsure of type	11	5.3%
VA	2	1.0%

Community Populations – Focus Group Demographics

Participant Demographics (N=54)		
Gender	**n**	**%**
Female	33	61.1%
Male	21	38.9%
Sexual Orientation		
Heterosexual or straight	40	74.1%
Asexual	3	5.6%
Gay or lesbian	3	5.6%
Self-described	1	1.9%
Race/Ethnicity*		
Asian or Asian American	28	51.9%
Hispanic or Latino	9	16.7%
White	6	11.1%
Black or African American	4	7.4%
American Indian or Alaskan Native	2	3.7%
Other	7	13.0%
Born in the U.S.		
Yes	16	29.6%
How well do you speak English?		
Very well	20	37.0%
Well	10	18.5%
Not well	12	22.2%
Not at all	11	20.4%
Missing	1	1.9%

*multiple responses allowed

Participant Demographics (N=54)		
Primary language spoken at home	**n**	**%**
Chinese (Mandarin, Cantonese, or other)	16	29.6%
English	16	29.6%
Haitian Creole	2	3.7%
Korean	9	16.7%
Spanish	7	13.0%
Other	2	3.7%
Missing	2	3.7%
Highest level of education completed		
College 4 years or more (Bachelor's, JD/MD/PhD)	17	31.5%
Grandes 1-8 (Elementary)	11	20.4%
Grade 12 or GED (High school graduate)	11	20.4%
College 1 -3 years (some college, or technical school, associate's degree)	8	14.8%
Grades 9-11 (Some high school)	4	7.4%
Never attended school or only kindergarten	1	1.9%
Missing	2	3.7%
Insurance Status*		
Medicaid	26	48.1%
Medicare	13	24.1%
Private insurance	12	22.2%
Uninsured	7	13.0%
Don't know	4	7.4%
Employment status*		
Not working	18	33.3%
Working	13	24.1%
Homemaker/caregiver	8	14.8%
Student	7	13.0%
Retired	7	13.0%
Volunteer	1	1.9%
Other	2	3.7%

2019 CHNA NewYork-Presbyterian Focus Group Guide

1. To start, we'd like to hear a little about you, including how long you have lived in this community and one thing you like about it.
2. We're interested in hearing from you about health, so before we get into our more detailed questions, we want to hear from you first about how you define the term. Briefly, what does the word "health" mean to you?
3. What do you think are the greatest health issues for people in this community? (e.g., particularly common illnesses or problems)
    a. Why do you think [x health issue(s) mentioned] is so common here? (prompt if needed: age of the population, diet, lifestyle, pollution, other environmental factors)
4. [If not mentioned] Are there any particular mental health issues that people in this community face, including depression, anxiety, trauma, or stress?
    a. Why do you think [x mental health-related issue(s) mentioned] is/are significant here?
5. [If not mentioned in Q4] Is drug and alcohol use an issue in this community? Why or why not? What kind of services are available for people struggling with drug or alcohol use?

Now we're going to ask a little more about you and daily life in this community.

6. Can you tell us about the kind of food that you generally eat?
    a. How concerned are you about eating healthy? Why?
    b. How easy or hard is it to buy, eat and serve healthy food around here? Where do you go for food?
    c. What might make it easier to eat healthy?

THE NEW YORK ACADEMY OF MEDICINE

NewYork-Presbyterian Queens

7. How easy or hard is it for people to exercise in this community? This includes things like walking, sports (like soccer and basketball), yoga, and other kinds of physical activity?
    a. Do you exercise?
    b. For those of you who do, what kind of exercise do you do and how often? Why?
    c. For those of you who don't, why not?
    d. How big a priority is exercise in this community? Can you explain?
    e. What might encourage people to exercise more than they do?
8. Health is more than just medical care and many things can affect health, including housing, transportation, employment, stress in daily life, etc. Does this idea ring true to you? Why or why not?
9. Are there any particular challenges, like the ones I just mentioned, that people in this community face (i.e., housing, transportation, employment, stress in daily life, etc.)?
    a. What about challenges related to housing?
    b. Transportation?
    c. Paying for food?
    d. Employment?
    e. Any others?
10. Are there things about this community that affect health in a positive way, for ex. good housing or access to healthy food?
11. What kinds of services exist in this community to help people deal with the challenges that we just discussed (If needed: like housing, transportation, employment)? Can you explain?
    a. What kinds of organizations do people look to for help with these challenges? Why?
    b. What about faith-based organizations like churches or mosques? Others?
    c. If you've ever used services like these, how helpful were they? Why/why not?

2019 CHNA NewYork-Presbyterian Focus Group Guide

Now I'd like to talk about healthcare.

12. Where do people here (in this room) go for health care?
    a. How did you choose where you go?
    b. How do you like it – what's good about it? What's bad?
    c. Do you schedule an annual check-up?
13. Who do people here talk to if they are feeling sad or anxious and need help with that? [Probe if necessary: a therapist? Someone at a community based organization? A religious leader? A friend or family member?]
    a. How willing are people to seek help for these kinds of issues?
    b. What might encourage people to get help for these types of issues?
14. How well do you think the services that are available for people dealing with stress, anxiety, depression or other mental health challenges serve the mental health needs of this community?
    a. Are there enough services? Not enough?
    b. Are there ways the services available could be better? Or are they fine as they are?
15. Overall, how easy or difficult do you think it is for you and others you know to get health care?
    a. What specifically makes it easy—or difficult—to get health care in this community?
    b. Is cost of services an issue?
    c. Is insurance an issue?
    d. Is language – or provider sensitivity an issue?
16. If you were able to talk to a doctor via telephone or computer (like a videochat) when you were sick, instead of going in to see the doctor in person, how likely would you be to use that service?
    a. Why or why not? [Prompt if needed: is it about your level of comfort using tech for this kind of thing? Or about your ability to access this kind of technology?

THE NEW YORK ACADEMY OF MEDICINE

NewYork-Presbyterian Queens

2019 CHNA NewYork-Presbyterian Focus Group Guide

This final set of questions are about some additional health related programs and resources.

17. If you want to learn about health – things like diabetes prevention, blood pressure or cancer screening, etc.—what kind of information is available to people in your community, if any?
    a. Who provides this information? How do they do that?
    b. Have you ever seen or gotten information like this being provided by a local hospital?
        i. If so, what was it about?
        ii. Did you attend? Why or why not?
    c. Who generally attends these programs—or looks for this kind of information?
18. What other kinds of programs exist in this community to help people stay healthy? This could be things like WIC, free exercise classes, or community health workers, for example.
    a. Has anyone used these programs?
    b. How helpful are they, in your opinion?
    c. What kind of programs do you think there could be more of?
19. Has anyone ever used a service like this? If yes, what did you think?
19. As we mentioned in the beginning of the group, the purpose of this conversation is to help NewYork-Presbyterian think about ways they can support the health of this community including things they do outside their walls. Are there any things we haven't talked about that you think NewYork-Presbyterian could do to help improve the health of the community?
20. Before we close, do you have any other comments about health or health care here – anything we haven't discussed?
21. Do you have any questions for us?

Thank you!

THE NEW YORK ACADEMY OF MEDICINE

NewYork-Presbyterian Queens

2019 NewYork-Presbyterian Community Health Needs Questionnaire (CHNQ)

The New York Academy of Medicine is conducting this survey as part of a community health needs assessment for NewYork-Presbyterian (NYP), a network of hospitals and providers across New York City and Westchester. The purpose of this survey is to identify health issues that are important in your community. The information that you provide will help NYP to develop health services and programs. This survey is voluntary and you can skip individual questions. All your responses will be kept private.

Eligibility

1. How old are you?

- ☐ <18 [Thank you, unfortunately, you are not eligible for the survey]
- ☐ 18 - 25
- ☐ 26 – 35
- ☐ 36 – 45
- ☐ 46 – 55
- ☐ 56 – 65
- ☐ 66 – 75
- ☐ 76 – 85
- ☐ 86+

2. Where do you live?

- ☐ Bronx
- ☐ Brooklyn
- ☐ Manhattan
- ☐ Queens
- ☐ Staten Island
- ☐ Westchester
- ☐ Other, please specify: _____

3. What is your ZIP code? ___

THE NEW YORK ACADEMY OF MEDICINE

NewYork-Presbyterian Queens

2019 NewYork-Presbyterian CHNQ

Health issues in your community

4. Overall, how would you rate the health of the people in the community where you live?

□ Excellent □ Very good □ Good □ Fair □ Poor

5. What do you think are the biggest health concerns in your community? (Check all that apply)

- ❑ Adolescent health
- ❑ Alcohol and drug use
- ❑ Asthma
- ❑ Cancer
- ❑ Diabetes
- ❑ Exercise/physical activity
- ❑ Falls among older adults
- ❑ Heart disease
- ❑ Hepatitis C
- ❑ High blood pressure
- ❑ HIV/AIDS
- ❑ Maternal and child health
- ❑ Mental health (e.g., depression, suicide)
- ❑ Nutrition
- ❑ Obesity
- ❑ Sexually transmitted infections
- ❑ Sickle cell anemia
- ❑ Teen pregnancy
- ❑ Tobacco use
- ❑ Vaccinations
- ❑ Violence
- ❑ Other, please specify:

THE NEW YORK ACADEMY OF MEDICINE

NewYork-Presbyterian Queens

2019 NewYork-Presbyterian CHNQ

6. Many things outside of medical care can impact daily health where you live. What are the top changes that you believe would improve the health of the residents of your community the most? (Check all that apply)

- ☐ Cleaner streets
- ☐ Improved housing conditions
- ☐ Improved water quality
- ☐ Increased number of places where older adults can live and socialize
- ☐ Increased public transportation
- ☐ Lead paint removal
- ☐ Mold removal
- ☐ More local jobs
- ☐ More parks and recreation centers
- ☐ Reduced air pollution
- ☐ Reduced cigarette/vaping smoke
- ☐ Reduced crime
- ☐ Reduced speeding on neighborhood streets
- ☐ Reduced traffic on neighborhood streets
- ☐ Reduction in homelessness
- ☐ Other: _____

Personal health and health care use

7. In general, would you say your health is…?

☐ Excellent ☐ Very good ☐ Good ☐ Fair ☐ Poor

THE NEW YORK ACADEMY OF MEDICINE

NewYork-Presbyterian Queens

2019 NewYork-Presbyterian CHNQ

8. Has a doctor or other medical professional ever told you that you have any of the following . . .

	Yes	No
a. Arthritis	☐	☐
b. Asthma	☐	☐
c. Cancer (including skin cancer)	☐	☐
d. Chronic pain	☐	☐
e. COPD, emphysema or chronic bronchitis	☐	☐
f. Depression or anxiety	☐	☐
g. Diabetes	☐	☐
h. Drug or alcohol addiction	☐	☐
i. Heart disease	☐	☐
j. Hepatitis C	☐	☐
k. High blood pressure	☐	☐
l. High cholesterol	☐	☐
m. HIV/AIDS	☐	☐
n. Kidney disease	☐	☐
o. Obesity	☐	☐
p. Osteoporosis	☐	☐
q. Sexually transmitted diseases	☐	☐
r. Sickle cell anemia	☐	☐
Other:	☐	☐

2019 NewYork-Presbyterian CHNQ

9. Do you currently have health insurance?

- ☐ Yes
- ☐ No (Skip to Q10)
- ☐ Don't know (Skip to Q10)

9a. If yes, what type (Check all that apply)

- ☐ Medicaid
- ☐ Medicare
- ☐ Private/commercial
- ☐ VA
- ☐ Not sure what kind

10. Where do you most often go for health care? (Check one)

- ☐ Alternative care (e.g., herbalist, acupuncturist)
- ☐ Community health center
- ☐ Doctor's office
- ☐ Emergency room
- ☐ Hospital-based practice
- ☐ I don't go anywhere (skip to Q11)
- ☐ Pharmacy
- ☐ Spiritual healer or leader
- ☐ Urgent care
- ☐ Other, please specify:_____

10a. Is the place you go to part of NewYork-Presbyterian?

- ☐ Yes
- ☐ No
- ☐ Don't know

THE NEW YORK ACADEMY OF MEDICINE

NewYork-Presbyterian Queens

2019 NewYork-Presbyterian CHNQ

11. Was there a time in the past 12 months when you needed health care or health services but did not get it?

- ☐ Yes
- ☐ No (Skip to Q12)
- ☐ Don't know (Skip to Q12)

11a. Why didn't you get the care? (Check all that apply)

- ☐ Concerned about language or translation issues
- ☐ Couldn't get an appointment soon enough or at the right time
- ☐ Didn't have transportation
- ☐ Didn't know where to go
- ☐ Didn't realize I needed to see doctor
- ☐ Don't have a doctor
- ☐ Don't like to go
- ☐ Goes against my religious/cultural beliefs
- ☐ Had other responsibilities (e.g. work, childcare)
- ☐ High cost of care (e.g. co-pay, deductible)
- ☐ I thought I wouldn't get good care
- ☐ Not insured
- ☐ Other, please specify:_____

12. During the past 12 months, how many times have you gotten care in a hospital emergency room (ER)?

- ☐ None (Skip to Q13)
- ☐ 1 time
- ☐ 2 or more times
- ☐ Don't know

12a. Why did you choose to go to the ER? (Check all that apply)

- ☐ Didn't have insurance
- ☐ Didn't have transportation to doctor's office or clinic
- ☐ Doctor's office or clinic wasn't open
- ☐ Doctor told me to go to the ER
- ☐ Don't know
- ☐ Get most of my care at the ER
- ☐ Problem too serious for a doctor's office or clinic
- ☐ Other, please specify:_____

Hospital Services

13. Have you received medical care at any of the following NYP hospitals in the last 12 months? (Check all that apply)

- ☐ Gracie Square Hospital
- ☐ NYP Allen Hospital
- ☐ NYP Brooklyn Methodist Hospital
- ☐ NYP Columbia University Medical Center
- ☐ NYP David H. Koch Center
- ☐ NYP Hudson Valley Hospital
- ☐ NYP Komansky Children's Hospital
- ☐ NYP Lawrence Hospital
- ☐ NYP Lower Manhattan Hospital
- ☐ NYP Morgan Stanley Children's Hospital
- ☐ NYP Och Spine Hospital
- ☐ NYP Queens
- ☐ NYP Weill Cornell Medical Center
- ☐ NYP Westchester Division
- ☐ Other, please specify:_____
- ☐ No (Skip to Q14)

13a. Which services did you use? (Check all that apply)

- ☐ Adolescent health
- ☐ Birthing/Maternity
- ☐ Dental care
- ☐ Emergency department
- ☐ Heart/Cardiology care
- ☐ Pediatrics care
- ☐ Primary care (e.g. internal medicine)
- ☐ Radiology/Imaging
- ☐ Surgery
- ☐ Women's health
- ☐ Other, please specify:_____

2019 NewYork-Presbyterian CHNQ

13b. Have you participated in any of these programs in the last 12 months?

	Yes		No	
Ask appropriate follow-up for each item below (e.g., if "yes," ask if useful); Skip patterns will be used for each question.	I found it to be useful	I did not find it useful	However, I am interested	Not interested
i. Community fitness and nutrition programs (e.g. weight loss and cooking programs)				
ii. Community health education events and lectures				
iii. Community health screening (e.g. blood pressure, diabetes)				
iv. Community support groups				
v. LGBT support services				
vi. Mental health and family counseling				
vii. Quit smoking programs				
viii. Other, please specify:				

2019 NewYork-Presbyterian CHNQ

Information and Activities

14. Where do you get most of your health information? (Check all that apply)

- ☐ Books
- ☐ Community based organization
- ☐ Doctor or health care provider
- ☐ Family or friends
- ☐ Health department
- ☐ Health fairs
- ☐ Health insurance plan
- ☐ Internet
- ☐ Library
- ☐ Newspapers or magazines
- ☐ Radio
- ☐ Religious organizations (e.g., church, temple)
- ☐ School
- ☐ Television
- ☐ Workplace
- ☐ Other, specify: ____
- ☐ Don't know

15. Which of the following do you use to communicate with your healthcare provider? (Check all that apply)

- ☐ Email
- ☐ In-person
- ☐ Online provider portal (e.g., MyChart)
- ☐ Telephone
- ☐ Text messaging
- ☐ Video conferencing (e.g., FaceTime, Skype)
- ☐ Other, specify: _____

16. Do you regularly go to or participate in any of the following? (Check all that apply)

- ☐ Community center
- ☐ Gym or recreational center
- ☐ Library
- ☐ Local park & arts/cultural organization
- ☐ Neighborhood association (e.g., tenant association)
- ☐ Other community organizations
- ☐ Religious organization (e.g., church, temple)
- ☐ School
- ☐ Senior center
- ☐ Other, specify:
- ☐ None

THE NEW YORK ACADEMY OF MEDICINE

NewYork-Presbyterian Queens

2019 NewYork-Presbyterian CHNQ

Demographics

17. What is your gender?

☐ Female ☐ Male ☐ Prefer to self-describe:__

☐ Gender non-binary ☐ Transgender

18. What is your sexual orientation?

☐ Asexual ☐ Gay, or lesbian ☐ Queer
☐ Bisexual ☐ Heterosexual or straight ☐ Prefer to self-describe:__

19. What is your race or ethnicity? (Check all that apply)

☐ American Indian or Alaskan Native ☐ Hispanic or Latino
☐ Asian or Asian American ☐ White
☐ Black or African American ☐ Other, please specify: _____

20. Were you born outside of the U.S.?

☐ Yes ☐ No (Skip to Q21)

20a. In what country were you born? _____

22. How well do you speak English?

☐ Very well ☐ Well ☐ Not well ☐ Not at all

THE NEW YORK ACADEMY OF MEDICINE

NewYork-Presbyterian Queens

23. Do you prefer to get health care in a language other than English?

☐ Yes ☐ No (skip to Q24)

23a. Which language? _____

24. Where do you currently live or stay?

☐ Assisted living
☐ Group home
☐ Homeless, living in a shelter
☐ Homeless, living on the street
☐ Nursing/long term care
☐ Own an apartment/house
☐ Rent an apartment/house
☐ Staying with friends/family
☐ Three-quarter housing/Halfway house
☐ Other, please specify:_____

25.What is the highest level of education you completed? (Check one)

☐ Never attended school or only attended kindergarten
☐ Grades 1 through 8 (Elementary)
☐ Grades 9 through 11 (Some high school)
☐ Grade 12 or GED (High school graduate)
☐ College 1 year to 3 years (Some college or Technical school, Associate's degree)
☐ College 4 years or more (i.e. Bachelor's, JD/MD/PhD)
☐ Other, please specify: _____

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26. What is your employment status (Check all that apply)?

- ☐ Homemaker/caregiver
- ☐ Not working
- ☐ Student
- ☐ Volunteer
- ☐ Working
- ☐ Other, please specify:_____

27. How many people are part of your household, including yourself, children and adults? ___

28. During the past 30 days, have you felt angry, sad or frustrated as a result of how you were treated based on any of the following?

- ☐ Age
- ☐ Disability
- ☐ Economic status
- ☐ English language skills
- ☐ Gender
- ☐ Perceived immigration status
- ☐ Race/ethnicity
- ☐ Religion
- ☐ Sexual orientation
- ☐ Other, please specify: _
- ☐ No

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NewYork-Presbyterian Queens

2019 NewYork-Presbyterian CHNQ

29.Would you be interested in participating in a focus group on health or receiving the survey results in the future? Your contact information will be maintained separately from your survey responses (Check all that apply)

- ☐ Yes, I am interested in participating in a focus group.
- ☐ Yes, I am interested in receiving the survey results.
- ☐ No, I am not interested in either. (Skip to end of survey)

29a. Please provide your contact information below

Name: _____

Email: _____ Phone Number:

_____

Thank you for helping us better understand the health needs of your community!

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AMAZING THINGS ARE HAPPENING HERE

Thank You

Your feedback on this report is welcomed. You may send written comments to or request more information on this 2019 Community Health Needs Assessment at community@nyp.org.

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