New York Methodist Hospital

2016 Community Health Needs Assessment

1. Definition of the community served and how it was determined

Although New York Methodist Hospital (NYM) is located in Park Slope and is an important healthcare, community service and economic anchor in the Park Slope neighborhood, it serves the entire borough of Brooklyn (Kings County) (Exhibit 1). Brooklyn is the largest of the five boroughs that make up New York City. Indeed, if it were a separate city, Brooklyn would be the fourth largest in the United States.

In 2014, Brooklyn had a total population of over 2.6 million people from a wide variety of ethnic and socioeconomic backgrounds. Of the total number of people in Brooklyn in 2014, 926,640 were white, 826,500 were black, 332,160 were Asian, Native American and Pacific Islanders and 526,110 were Latino. (Those reporting as Latino or Hispanic are of Spanish origin but may be of any race.) While the white and black populations have remained relatively stable, increasing only slightly as the Brooklyn population increased, the Latino population has increased by 13 percent (consistent with Brooklyn's overall population increase) and the Asian, Native American and Pacific Island population has increased by 184 percent, far exceeding the overall Brooklyn increase. (Exhibit 2) The demography of Brooklyn has changed radically since 1990, which is reflected in the racial breakdown of Hospital discharges over the past 25 years (Exhibit 3).

At the turn of the 21st century, we have been in a period of the largest influx of immigration to New York City since the early 1900s. According to the 2010 US census data, 37 percent of Brooklyn's residents were born outside of the United States and 46 percent of the borough's residents speak a language other than English in the home. What has made this wave of immigration to New York City especially unique is that the patterns of immigration are extremely diverse; of the various countries represented by Brooklyn residents, except for China (13 percent), no single one accounts for more than 10 percent of all first generation immigrants. New York's largest Afro-Caribbean community can be found in the Central Brooklyn neighborhoods of Crown Heights and Flatbush. Southwest Brooklyn (Bensonhurst and Bay Ridge), where Pakistani, Bangladeshi and Southeast Asian immigrants have merged with Russian and Chinese populations, houses the most diverse immigrant community. (Exhibits 4 and 5)

The number of Brooklyn men and women is fairly equal, at 47 percent and 53 percent respectively. Nearly 30 percent of Brookynites have earned a bachelor's degree or higher and 78 percent hold a high school diploma. Twenty-two percent of the Brooklyn population lives below the poverty line. It is well known that the population, in general, is aging and, in Brooklyn, the highest increases in the population are in the "baby boomer" groups (23 percent among those between the ages of 35 and 54; 61 percent among those between the ages of 55 and 59 and 21 percent among those between the ages of 60 and 74)(Exhibit 6).

During the years since 1990, the Hospital, which has seen an increase in its census of over 100 percent, (from 20,696 to 41,582 patients annually), has also increased its service to patients in every one of Brooklyn's communities. As Exhibit 7 demonstrates, in some cases, the increase within neighborhoods is truly remarkable; for example, while the increase in the population of patients from the Hospital's surrounding areas of Brooklyn Heights, Downtown Brooklyn and Park Slope, is noticeable, it shows a 431 percent increase in patients from the Bedford Stuyvesant and Crown Heights communities, a 363 percent increase from Flatbush/East Flatbush, a 210 percent increase in patients from Canarsie/Flatlands and an 88 percent increase in patients from Sheepshead Bay/Coney Island. In addition, very large increases are evident (although the total numbers are smaller) in the Greenpoint/Williamsburg and East New York neighborhoods.

2.   Description of process and methods used to conduct the CHNA

A number of data sets and resources were consulted to conduct the community health needs assessment. According to the *2016 County Health Rankings[1]*, Brooklyn (Kings County) ranks 52nd out of 62 counties as having the worst health outcomes in New York State.

Process A: Assessment of key chronic diseases and injuries

Diabetes
According to data compiled by the New York City Department of Health and Mental Hygiene, diabetes continues to present itself disproportionately in Brooklyn, and continues to be especially pervasive in the Brooklyn neighborhoods that New York Methodist Hospital serves. As a whole the borough of Brooklyn ranked just below other outer boroughs, at 10.5% in population surveyed who responded yes, they have been told by a health professional that they have diabetes in the 2014 NYC Community Health Survey (Exhibit 8). However, North and Central Brooklyn, which includes Bedford-Stuyvesant, Crown Heights, Flatbush, East Flatbush, Brownsville and East New York, surpassed other high-risk District Public Health Office (DPHO) neighborhoods (South Bronx, East and Central Harlem, and all other neighborhoods) in people surveyed who have ever been told by a health professional that they have diabetes in the 2014 NYC Community Health Survey . Moreover, 15.1 percent of people surveyed in North and Central Brooklyn responded with a yes (Exhibit 9). Bedford-Stuyvesant, Flatbush, East Flatbush, Brownsville and East New York all hover in New York City's highest percentage category for diabetes which is 12.4-17.9 percent (Exhibit 10).

Obesity
The NYC Department of Health and Mental Hygiene estimated the number of obese adults in the borough of Brooklyn to be 505,000 in 2014. This is the highest number of obese adults estimated in any

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[1] http://www.countyhealthrankings.org/app/new-york/2016/rankings/kings/county/outcomes/overall/snapshot

borough though at 26.3 percent. Approximately one in four adults in Brooklyn is estimated to be obese and at risk for health risks including diabetes and cardiac events. As is the case with rates of diabetes, higher numbers can be found in at-risk neighborhoods: 75,000 obese adults were estimated in Bedford Stuyvesant-Crown Heights at a rate of 30.9 percent; 71,000 were estimated in Coney Island-Sheepshead By at a rate of 31.1 percent; 71,000 were estimated in East Flatbush-Flatbush at a rate of 30.8 percent; 42,000 were estimated in East New York at a rate of 31.3 percent (Exhibit 11).

 A total of 30.9 percent of adults in Brooklyn surveyed who reported a BMI of 30 or higher and also reported engaging in no physical activity, or exercise during the past 30 days, compared to 22.5 percent who reported some physical activity during the past 30 days (Exhibit 12).

As of the last available survey results in 2011, Brooklyn as a borough had the highest number of overweight or obese youth--19,000--compared with any other borough. Brooklyn also had the second highest percentage of overweight and obese youth at 29.1 percent (Exhibit 13).

Falls
 According to a recent report by the Centers for Disease Control and Prevention, "Falls are the leading cause of fatal and nonfatal injuries among adults aged ≥65 years (older adults)."[2] The largest number of fall-related hospital admissions of any borough in New York City, 4,685, occurred in Brooklyn (Exhibit 14). Similarly, 8,064 fall-related emergency visits occurred in Brooklyn, also the highest number in the five boroughs (Exhibit 15). The highest numbers of fall-related admissions and emergency visits (1,039 and 1,357 respectively) of any New York City neighborhood occurred in Brooklyn's Coney Island-Sheepshead Bay neighborhood, home to large populations of aging adults. Coney Island has the highest percentage of older adults, at 21 percent, of any neighborhood in New York City (Exhibit 16).

Process B: Assessment of medically underserved populations and disparities in healthcare access

Poverty and Race
 According to *Health Disparities in New York City*, a report from the New York City Department of Health and Mental Hygiene, "Poor New Yorkers, as well as African-American and Hispanic New Yorkers, bear a disproportionate burden of illness and premature death." The report goes on to say that, "The poorest neighborhoods in New York City are in the South Bronx, East and Central Harlem, and *North and Central Brooklyn* (emphasis ours), where more than 1 in 3 residents live in poverty."[3] (Exhibit 17)

The report, drawing from the NYC Community Health Survey 2002 and U.S. Census data from 1990-

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[2] Bergen G, Stevens MR, Burns ER. Falls and Fall Injuries Among Adults Aged ≥65 Years — United States, 2014. MMWR Morb Mortal Wkly Rep 2016;65:993–998. DOI: http://dx.doi.org/10.15585/mmwr.mm6537a2.

[3] *Health Disparities in New York City, A Report from the New York City Department of Health and Mental Hygiene*, pp 3, 15, http://www.commonwealthfund.org/~/media/files/publications/other/2004/jul/health-disparities-in-new-york-city/karpati_disparities-pdf.pdf

2001, found death rates from diabetes increasing and racial/ethnic disparities widening, with Black New Yorkers being the most likely to die from diabetes, and Puerto Rican New Yorkers much more likely to die from diabetes, compared to other Hispanic/Latino groups in New York City. Poor New Yorkers, regardless of race or ethnicity, were found to be less likely to exercise. Despite these patterns, "Black and Hispanic New Yorkers of all income levels are more obese than White New Yorkers."

The NYC Department of Health's *2014 Summary of Vital Statistics*, reported an improved life expectancy for New Yorkers overall, and an improving life expectancy for "non-Hispanic Black and Hispanic New Yorkers," but a widening health disparity between wealthy and impoverished New York neighborhoods, including North and Central Brooklyn.

When *2014 Community Health Survey* "diabetes ever" data is analyzed through race/ethnicity and neighborhood poverty, the intersection of underserved race/ethnicity categories and poverty contain the highest numbers and rates of self-reported diabetes. The race/ethnicity category of "Other, " in very high poverty (poorest) neighborhoods has only 4,000 people who have ever been told they have diabetes, but at a rate of 24.1percent, there is indication that this category is hiding small populations of overlooked and underserved minorities. Interestingly, Asian/Pacific Islanders in the wealthiest category of neighborhood in New York City have the next highest rate at 17.5 percent. Here, culture, race and ethnicity seem to figure more prominently than neighborhood poverty. Black non-Hispanic New Yorkers in the poorest neighborhoods, including those in North and Central Brooklyn, have the third highest percentage of diabetes at 17.3 percent, and the second highest number, at 51,000. Similarly, Hispanic New Yorkers in the poorest neighborhoods have the fourth highest rate, and by far the largest numbers of people with diabetes, at 85,000 (Exhibit 18).

All of this suggests that approaches that include cultural competency, language access, nutritional advice, elimination of racial discrimination, and awareness of overlapping barriers could be more effective in reducing health disparities around obesity and diabetes than economically accessible exercise interventions alone.

Immigration Status and Experience

A 2015 report from the Mayor's Task Force on Immigrant Health Care Access identified six key barriers faced by immigrants in New York City:

> 1. Lack of affordable care
>
> 2. Inadequate cultural and linguistic competency among health care providers
>
> 3. Limited service delivery and provider capacity
>
> 4. Lack of knowledge and understanding of care and coverage options available for immigrant
>
> 5. Lack of access to high-quality interpretation service

6. Lack of knowledge and understanding of language and translation services available to immigrants and health care providers.[4]

It should also be noted that for many immigrants, these barriers are working in conjunction with previously discussed poverty and race/ethnicity barriers and contributing to health disparities. When *2014 Community Health Survey* "diabetes ever" data is analyzed through U.S. vs. foreign-born and neighborhood poverty, foreign-born New Yorkers in the poorest neighborhoods display the highest number and percentage of self-reported diabetes: 87,000 people, at 16.7percent (Exhibit 19).

Lesbian, Gay, Bisexual and Transgender (LGBT) Barriers

Among those barriers measured in the [NYC Youth Risk Behavior] survey, the most important one was financial, with 43.2 percent of people reporting that this was somewhat or a major problem. This was followed closely by 'community fear or dislike of LGBT people' (41.7 percent). Finally, cultural competency was an important barrier to healthcare for people who took the survey, with 39.8 percent of people saying that there are not enough health professionals who are adequately trained and competent to deliver healthcare to LGBT people. [5]

LGBT seniors face unique health needs as well. At least 8,000 LGB seniors are at risk for social isolation, as they are more likely to age alone, which can be partially attributed to experiences of social discrimination and ostracization.[6] This might make LGBT people more vulnerable to injury and/or death through falls.

People who are both LGBT and members of a racial or ethnic minority will often face the highest level of health disparities. For example, as the National Coalition for LGBT Health notes, a black gay man faces disparities common to the African-American community as well as those suffered by the LGBT community, and a transgender Spanish-speaking woman, regardless of her sexual orientation, must navigate multiple instances of discrimination based on language, ethnicity, and gender.[7]

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[4] *Improving Immigrant Access to Health Care in New York City: A Report from the Mayor's Task Force on Immigrant Health Care Access*, http://www1.nyc.gov/assets/home/downloads/pdf/reports/2015/immigrant-health-task-force-report.pdf

[5] New York City Youth Risk Behavior Survey 1997-2013 (odd years), *LGBT Health and Human Services Needs in New York State*, http://www.outforhealth.org/files/all/lgbt20health20and20human20services20needs20report.pdf

[6] NYC Community Health Survey, *LGBT Health and Human Services Needs in New York State*, pp 17 http://www.outforhealth.org/files/all/lgbt20health20and20human20services20needs20report.pdf

[7] *How to Close the LGBT Health Disparities Gap: Disparities by Race and Ethnicity* by Jeff Crehely, 2009, https://www.americanprogress.org/issues/lgbt/report/2009/12/21/7048/how-to-close-the-lgbt-health-disparities-gap/

Obesity Stigma and Weight Discrimination

Among both clinical and nonclinical samples of obese adults, weight stigmatization has been documented as a significant risk factor for depression, low self-esteem, and body dissatisfaction. These findings persist despite control for variables including age, gender, obesity onset, and BMI, indicating that, rather that [sic] being associated with excess body weight in itself, negative psychological outcomes are linked with experiences of weight-based stigmatization.[8]

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[8]As cited in Puhl RM, Heuer CA. *Obesity Stigma: Important Considerations for Public Health*. *American Journal of Public Health*. 2010;100(6):1019-1028. doi:10.2105/AJPH.2009.159491. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2866597/ . . .

- Jackson TD, Grilo CM, Masheb RM. *Teasing history, onset of obesity, current eating disorder psychopathology, body dissatisfaction, and psychological functioning in binge eating disorder*. Obes Res 2000;8(6):451–458

- *Recent experiences of weight-based stigmatization in a weight loss surgery population: psychological and behavioral correlates*. Friedman KE, Ashmore JA, Applegate KL Obesity (Silver Spring). 2008 Nov; 16 Suppl 2():S69-74.

- *Weight stigmatization and ideological beliefs: relation to psychological functioning in obese adults.* Friedman KE, Reichmann SK, Costanzo PR, Zelli A, Ashmore JA, Musante GJ Obes Res. 2005 May; 13(5):907-16.

- *Body image and psychosocial differences among stable average weight, currently overweight, and formerly overweight women: the role of stigmatizing experiences.* Annis NM, Cash TF, Hrabosky JI Body Image. 2004 May; 1(2):155-67.

- *Is obesity stigmatizing? Body weight, perceived discrimination, and psychological well-being in the United States.* Carr D, Friedman MA J Health Soc Behav. 2005 Sep; 46(3):244-59.

- *Correlates of body image dissatisfaction in extremely obese female bariatric surgery candidates.* Rosenberger PH, Henderson KE, Grilo CM Obes Surg. 2006 Oct; 16(10):1331-6.

- *Age of onset and body dissatisfaction in obesity*. Wardle J, Waller J, Fox E Addict Behav. 2002 Jul-Aug; 27(4):561-73.

- *Associations of weight-based teasing history and current eating disorder features and psychological functioning in bariatric surgery patients.* Rosenberger PH, Henderson KE, Bell RL, Grilo CM Obes Surg. 2007 Apr; 17(4):470-7.

A 2015 report affirmed these findings and went on to suggest that weight discrimination often leads patients to avoid accessing healthcare and exercise, at places such as the physician's office and the gym, so as to avoid potential discrimination or stigmatization.[9]

The poor health outcomes associated with obesity as detailed in Process A are likely to be exacerbated by the discrimination and stigmatization associated with obesity. Both overweight and obese people can be considered underserved populations given that weight discrimination discourages effective utilization of healthcare services. The prevalence of overweight and obese people in low-income neighborhoods and among minority populations detailed in Process A suggests that this is an underserved community that overlaps with other underserved communities.

3. **Description of how community input was solicited and taken into account**
   Input was sought from the public in a number of ways. Several meetings with key informants from local organizations were held, during which there was discussion of the community's needs (Exhibit 20). A list of the organizations with whom we worked follows:

   - Senior Umbrella Network of Brooklyn (SUN-B)
   - St. George's Episcopal Church in Crown Heights, Brooklyn
   - Investors Bank Foundation
   - Heights and Hills Senior Services to
   - New York City's Department of Health and Mental
       o Diabetes Prevention Program Liaison,
       o Primary Care Information Project
   - Jeff Rosenfeld, PhD, Environmental Gerontologist, Parsons School of Design,
   - United Federation of Teachers
   - Good Neighbors of Park Slope (GNPS)
   - Everyone with Diabetes Counts New York/IPRO/ Improvement Healthcare for the Common Good.
   - NYC DOHMH
       o Center for Health Equity, Office of the First Deputy Commissioner
   - Minister John Williams of New Creation Community Health Empowerment, Inc. (NCCHE)
   - Brooklyn Public Library (BPL)
   - Brooklyn Children's Museum

   A Community Health Needs Survey was created and made available on Survey Monkey (Exhibit 21). Calls for submission and survey completion appeared on the homepage of New York Methodist

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[9] *Hunger, JM, Major, B, Blodorn, A, and Miller, CT (2015), Weighed Down by Stigma: How Weight-Based Social Identity Threat Contributes to Weight Gain and Poor Health. Social and Personality Psychology Compass, 9, 255–268. doi: 10.1111/spc3.12172 as cited in http://well.blogs.nytimes.com/2015/11/11/is-fat-stigma-making-us-miserable/?_r=0*

Hospital's public website, www.nym.org (Exhibit 22), and via social media platforms like Facebook and Twitter (Exhibits 23 & 24). The survey also appeared in the spring/summer 2016 issue of our community health magazine *Thrive* (circulation 250,000 Brooklyn residents); readers were encouraged to fill it out and mail it back or respond online (Exhibit 25). Hard copies of the survey were distributed at health fairs and community lectures. At this time approximately 160 individual responses have been received (Exhibit 26). Respondents included people of all ages, races and education levels. Over 50 percent of respondents represented minority groups and those who are medically underserved (Exhibit 27).

4. **Prioritized description of significant needs, process and criteria used to identify which needs were significant and how they were prioritized**
   a. Describe the actions planned to address a need and the anticipated impact
   b. Identify resources that will be committed and describe any planned collaboration with others to address a need

Review of New York State Department of Health's Prevention Agenda Dashboard 2013-2017[10], along with county, state and zip code data helped to identify the significant health needs in our service area (Exhibits 8-19). Discussions with key informants (Exhibit 20) and the results of the Community Health Survey also assisted in the identification of chief areas of concern (Exhibit 28). Chronic diseases with special focus on diabetes, obesity, and cancer were identified. With regard to the area of chronic disease, respondents also expressed their desire for exercise programs and healthier food choices. Interest in fall and injury prevention programs was also noted as a serious concern among those surveyed. Below is a prioritized list of the top six results from NYM's Community Health Survey:

1. Diabetes Education/Screenings
2. Exercise Programs
3. Blood Pressure Screenings
4. Preventing Falls/Injuries
5. Healthier Food Choices
6. Cancer Screenings

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[10] http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/

https://www.surveymonkey.com/analyze/EcTBSJpZO1_2BkFtI7gAFCADnIGVxWHhrCrcZ8r_2BHorY

Answer Choices	Responses	
Diabetes education/screenings	36.59%	75
Exercise programs	32.20%	66
Blood pressure screenings	30.73%	63
Preventing Falls/Injuries	29.27%	60
Healthier food choices	28.78%	59
Cancer screenings	28.78%	59
Cholesterol screenings	20.49%	42
Mental health services	19.51%	40
Nutritional education	19.02%	39
Drug & alcohol rehab services	16.59%	34
Heart disease education	14.15%	29
Dental screenings	12.20%	25
Emergency preparedness info	10.73%	22
Suicide prevention education	8.29%	17
HIV/AIDS & STD information	7.80%	16
Other (please specify) Responses	5.37%	11
Child and adult safety	4.88%	10
Vaccination/immunizations	4.88%	10
Prenatal care	3.90%	8

Total Respondents: 205

Based on results from the Community Health Survey, discussions with key informants in the community, and review of New York State's Prevention Area Priorities, New York Methodist Hospital has selected:

1. **Prevent Chronic Disease; focus on diabetes**
2. **Prevent Chronic Disease; focus on childhood obesity/ Promoting Healthy Women Infants and Children; focus on maternal and infant health**
3. **Promote a Healthy and Safe Environment; reducing fall risk among most vulnerable populations**

Action Plan

Prevent Chronic Disease; focus on diabetes
Increase access to high-quality chronic disease preventive care and management in clinical and community settings by offering diabetes self-management education (DSME) classes for community residents in both English and Spanish, and educating Hospital staff members to become trainers and lead additional DSMEs. NYM anticipates that people who attend classes will gain confidence and better control in the management of their diabetes. Once our own staff is trained to lead these Stanford-modeled classes, the Hospital can continue to offer classes and impact even more members of the community who are living with diabetes.

Partners Identified:
- o Everyone with Diabetes Counts New York/IPRO - Improvement Healthcare for the Common Good (IPRO)
- o New York City's Department of Health and Mental Hygiene's (DOHMH) Diabetes Prevention Program, under the umbrella of Clinical-Community Program Linkages and the Primary Care Information Project

Partner Role:
- o IPRO will provide peer leaders to run DSMEs, advertise classes, as well as provide training sessions for NYM staff to lead their own DSME workshops in the future.
- o NYC DOHMH will list classes in the QTAC physician and community referral portal.

Hospital Resources:
- o New York Methodist Hospital will provide space for the classes as well as publicity and promotion to recruit Participants. In addition, NYM will identify staff members to be trained to lead the workshops in the future.

Prevent Chronic Disease; focus on childhood obesity/Promoting Healthy Women, Infants and Children; focus on maternal and infant health
Prevent childhood obesity by offering parent/child exercise classes complemented by nutrition education after school. NYM is also striving to achieve "Baby-Friendly" status which will lead to more breastfed babies and increased parent education about better food choices for children.

With these programs the Hospital hopes to achieve greater awareness about smarter food choices and increased physical activity among children and their parents.

Partners Identified:
- o DanceWave
- o Brooklyn Children's Museum
- o Investor's Bank
- o NYC DOHMH Breastfeeding Initiative Cohort 3
- o Brooklyn Breastfeeding Empowerment Zone (BEZ)

Partner Role:
- o DanceWave is a non-profit organization that will provide dance instructors to teach the parent/child exercise classes.
- o Brooklyn Children's Museum will provide a venue for dance and nutrition education classes.
- o Investor's Bank has provided a 5K grant to cover some of the costs associated with the classes.
- o NYC DOHMH will provide training and assistance to help NYM reach "Baby-Friendly" status and improve breastfeeding exclusivity and new parent education.
- o Brooklyn Breastfeeding Empowerment Zone will help provide access to educational resources.

Hospital Resources:
- o New York Methodist Hospital will advertise and promote the dance/exercise classes through various channels, including press releases to local news outlets, mention on the Hospital's social media pages, listing in the Hospital's e-newsletter, online event calendar and placement in the community section on the back cover of *Thrive* magazine. The Hospital will also provide registered dietitians to teach the nutrition education classes.
- o The Maternal-Child Health staff at NYM will assemble a committee to focus on achieving "Baby-Friendly" status.

Promote a Healthy and Safe Environment; reducing fall risk among most vulnerable populations
Reduce fall risks by polling all Emergency Room (ER) visits over 65 years of age to determine whether the ER visit is related to a fall and, if so, the cause of the fall. NYM will also offer fall prevention workshops to seniors and provide them with a "Fall Prevention Kit" to help safeguard their homes. The kit will contain: slip-resistant socks, a nighttime censored nightlight, a small flashlight with a wrist bracelet, glow-tape, and educational materials (see enclosed photo below). NYM anticipates that the Fall Prevention Kits and workshops will help to empower seniors to take safety measures into their own hands and reduce fall visits to the ER and admissions to the Hospital.

Partners Identified:
- o Senior Umbrella Network of Brooklyn (Sun-B)
- o Jeff Rosenfeld, PhD, Environmental Gerontologist, Parsons School of Design
- o Brooklyn Public Library
- o Good Neighbors of Park Slope
- o Heights and Hills, Supporting Brooklyn's Older Adults

Partner Role:
- o Senior Umbrella Network of Brooklyn (Sun-B) will provide Fall Prevention educational materials and access to their member network of community benefit organizations serving Brooklyn's older adult population.
- o Jeff Rosenfeld, PhD, Environmental Gerontologist, Parsons School of Design, will provide lectures, educational materials, and assessment of existing data regarding geriatric falls. It was Dr. Rosenfeld's suggestion that the Hospital assemble and distribute a simple fall prevention "kit" to be distributed to 'treat and release patients" from the ER at the time of discharge.
- o Brooklyn Public Library will help to promote the fall prevention program and provide offsite venues for presentations to seniors.
- o Good Neighbors of Park Slope will co-sponsor senior safety and fall prevention lectures and help to promote them.
- o Heights and Hills, Supporting Brooklyn's Older Adults, will host fall prevention workshops at some of their locations throughout Brooklyn.

Hospital Resources:
- o New York Methodist Hospital will analyze data relevant to Emergency Room (ER) visits resulting from falls among adults over the age of 65. Surveys to all patients over 65 will be administered to determine if/where/why/how fall occurred. Respondents will be asked whether they would like more information about NYM's Fall Prevention Program.
- o NYM will also purchase and assemble "Fall Prevention Kits" to be given to members who enroll in the program as well as to all patients seen in the ER or admitted for falls.

Fall Prevention Kit Prototype:

5. **Evaluation of the impact of any actions taken since last CHNA**

Since completion of the last community health needs assessment, NYM has built stronger partnerships and mobilized more resources to address diabetes and obesity. NYM's Dance Your Heart Healthy classes were well received and Participants reported lower weight and smaller waist circumference. Partnership with the American Diabetes Association's internship program proved less effective due to a leadership transition within the program. NYM is now working with IPRO and NYC DOHMH to offer Diabetes Self-Management Classes. The workshops have received an overwhelming response from patients and community members. Since completion of the last CHNA, the Hospital has identified fall risks and their relationship to built environment as a new priority area.

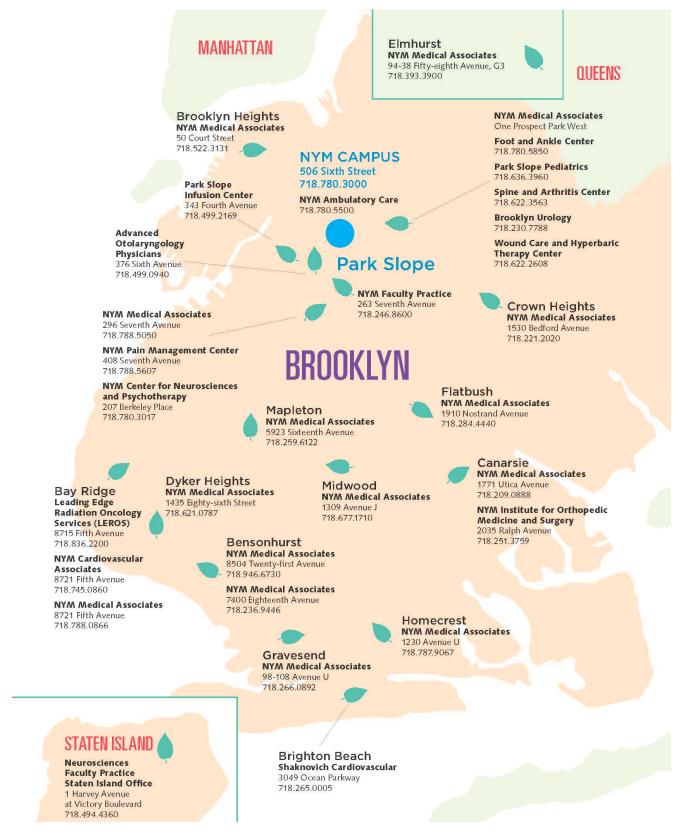**Exhibit 1: New York Methodist Hospital Area Service Map**

MANHATTAN

Elmhurst
NYM Medical Associates
94-38 Fifty-eighth Avenue, G3
718.393.3900

QUEENS

Brooklyn Heights
NYM Medical Associates
50 Court Street
718.522.3131

NYM CAMPUS
506 Sixth Street
718.780.3000

NYM Ambulatory Care
718.780.5500

NYM Medical Associates
One Prospect Park West

Foot and Ankle Center
718.780.5850

Park Slope Pediatrics
718.636.3960

Spine and Arthritis Center
718.622.3563

Brooklyn Urology
718.230.7788

Wound Care and Hyperbaric Therapy Center
718.622.2608

Park Slope
Infusion Center
343 Fourth Avenue
718.499.2169

Advanced Otolaryngology Physicians
376 Sixth Avenue
718.499.0940

Park Slope

NYM Faculty Practice
263 Seventh Avenue
718.246.8600

Crown Heights
NYM Medical Associates
1530 Bedford Avenue
718.221.2020

NYM Medical Associates
296 Seventh Avenue
718.788.5050

NYM Pain Management Center
408 Seventh Avenue
718.788.5607

NYM Center for Neurosciences and Psychotherapy
207 Berkeley Place
718.780.3017

BROOKLYN

Flatbush
NYM Medical Associates
1910 Nostrand Avenue
718.284.4440

Mapleton
NYM Medical Associates
5923 Sixteenth Avenue
718.259.6122

Canarsie
NYM Medical Associates
1771 Utica Avenue
718.209.0888

NYM Institute for Orthopedic Medicine and Surgery
2035 Ralph Avenue
718.251.3759

Dyker Heights
NYM Medical Associates
1435 Eighty-sixth Street
718.621.0787

Midwood
NYM Medical Associates
1309 Avenue J
718.677.1710

Bay Ridge
Leading Edge Radiation Oncology Services (LEROS)
8715 Fifth Avenue
718.836.2200

NYM Cardiovascular Associates
8721 Fifth Avenue
718.745.0860

NYM Medical Associates
8721 Fifth Avenue
718.788.0866

Bensonhurst
NYM Medical Associates
8504 Twenty-first Avenue
718.946.6730

NYM Medical Associates
7400 Eighteenth Avenue
718.236.9446

Homecrest
NYM Medical Associates
1230 Avenue U
718.787.9067

Gravesend
NYM Medical Associates
98-108 Avenue U
718.266.0892

STATEN ISLAND

Neurosciences Faculty Practice Staten Island Office
1 Harvey Avenue
at Victory Boulevard
718.494.4360

Brighton Beach
Shaknovich Cardiovascular
3049 Ocean Parkway
718.265.0005

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Exhibit 2: Brooklyn Population by Race: 1990-2015

RACE	1990	2000	2010	2015	2015 Percentage (rounded) of Total	Change 1990-2015	Percent Change (rounded) 1990-2013
White	922,290	888,770	907,350	953,660	36%	31,370	3%%
Black	801,830	878,900	822,560	827,400	31%	25,5700	3%
Asian/Other	113,390	207,370	278,730	330,640	13%	217,250	192%
Latino*	466,170	491,960	499,670	515,070	20%	48,900	10%
Total Population	2,303,680	2,467,010	2,508,520	2,626,770	100%	323,090	14%

SOURCE: Woods and Poole Kings County, New York 2015 (and previous) Data Pamphlet

Exhibit 3: New York Methodist Hospital Admissions/Discharges by Race (Including Newborns) 1990-2015 Comparison**

RACE	1990	1995	2000	2005	2010	2015
White		55%	51%	41%	38.2%	42%
Black		19%	29%	39%	37.8%	40%
Asian/Other		NA	NA	4%	8.5%	18%
Latino*		18%	17%	16%	15.5%	
Latino						14%

SOURCE: Finance Department, February 2016

*Latino refers to persons of Spanish origin who may be of any race.
**2015 percentages are based on discharges; all others are based on admissions.
***Calculation method differs from previous years. Latino ethnicity is documented separately from race. Self-identification may be by ethnicity (Latino) or by race (black, white or Asian).

Exhibit 4: Foreign-Born Rank Ordered by Country of Birth: Brooklyn, 2011

	Number	Percent
TOTAL	**946,511**	**100.0**
China	129,219	13.7
Jamaica	70,508	7.4
Haiti	61,550	6.5
Dominican Republic	55,007	5.8
Trinidad and Tobago	50,319	5.3
Mexico	49,977	5.3
Russia	47,631	5.0
Ukraine	43,804	4.6
Guyana	41,637	4.4
Ecuador	25,616	2.7
Poland	22,860	2.4
Barbados	16,375	1.7
Grenada	15,683	1.7
Bangladesh	14,268	1.5
Italy	14,091	1.5
Pakistan	14,026	1.5
Uzbekistan	11,394	1.2
St. Vincent and the Grenadines	10,941	1.2
Panama	10,625	1.1
Israel	9,725	1.0
All Others	231,255	24.4

S**OURCE: The Newest New Yorkers - 2013 edition, New York City Department of City Planning**
(Sources: U.S. Census Bureau, 2011 American Community Survey)

Exhibit 5: Top Twenty Brooklyn Neighborhoods of Residence for Foreign-Born Population in Brooklyn: 2007-2011

Neighborhood	Number of Foreign-Born	Three Largest Foreign-Born Groups
Bensonhurst	77,682	China, Italy, Russia
Sunset Park	64,029	China, Mexico, Dominican Republic
Flatbush	51,122	Haiti, Trinidad/Tobago
Crown Heights	49,058	Trinidad/Tobago, Jamaica, Haiti
Bushwick	48,528	Dominican Republic/Mexico, Ecuador
Canarsie	39,195	Jamaica, Haiti, Trinidad/Tobago
East New York	36,585	Jamaica, Dominican Republic, Guyana
Prospect Lefferts Gardens/Wingate	32,925	Jamaica, Haiti, Trinidad/Tobago
Borough Park	31,739	China, Israel. Poland
Flatlands	29,877	Haiti, Jamaica, Trinidad/Tobago
Rugby/Remsen Village	29,059	Jamaica, Trinidad/Tobago, Guyana,
Bay Ridge	27,432	China, Greece, Russia
East Flatbush/Farragut	26,658	Jamaica, Haiti, Trinidad/Tobago
Sheepshead Bay/Gerritsen Beach/Manhattan Beach	26,170	Ukraine, China, Russia
Brighton Beach	21,261	Ukraine, Russia, Mexico
Cyprus Hills/City Line	20,982	Dominican Republic, Guyana, Bengladesh
Midwood	20,731	Russia, Ukraine, Pakistan
Dyker Heights	19,001	China, Italy, Poland
Madison	18,682	China, Russia, Ukraine
Homecrest	18,072	Russia, Ukraine, China

SOURCE: The Newest New Yorkers - 2013 edition, New York City Department of City Planning
(Sources: U.S. Census Bureau, 2007-2011 American Community Survey Summary File, Population Division-New York City Department of City Planning)

Exhibit 6: Brooklyn Population by Age 1970-2015

Age	1970	1980	1990	2000	2010	2015	2015 Percent-age of total (round-ed)	Percent Change (round-ed) 1990-2015
Under 5	225,510	176,540	187,390	181,700	177,150	201,440	8%	7%
5-14	460,750	336,410	327,170	371,650	315,760	323,570	12%	-1%
15-34	765,140	744,650	754,870	750,320	792,900	796,950	30%	6%
35-54	584,820	470,390	562,350	677,890	665,780	693,190	27%	23%
55-59	146,730	118,750	94,830	106,470	143,000	153,329	6%	62%
60-74	324,340	278,050	256,230	245,310	278,780	317,040	12%	24%
75+	95,930	107,220	120,850	133,680	135,150	141,270	5%	17%
Total	2,603,210	2,232,000	2,303,680	2,467,010	2,508,520	2,626,770	100%	14%
Median Age	30	30.75	31.92	33.10	34.15	34.80		

SOURCE: Woods and Poole Kings County, New York 2015(and previous) Data Pamphlet

Exhibit 7: Summary of Discharges by Neighborhood, 1990-2015

Neighborhood	1990	1995	2000	2005	2010	2011	2012	2013	2014	2015	Percentage Change (rounded)	
											2013-2014	1990-2014
Greenpoint/ Williamsburg	244	313	563	656	815	833	806	798	904	789	-13%	223%
Downtown B'klyn/Heights/ Slope	5,700	5,436	5,452	5,221	5,845	5,900	5,788	6,491	6,936	6,747	-3%	18%
Bed Stuy/Crown Hts	1,424	2,245	3,449	5,013	6,781	6,982	6,765	7,121	7,565	7,783	3%	447%
East New York	367	409	643	1,026	1,308	1,513	1,420	1,555	1,578	1,618	3%	331%
Sunset Park	1,040	1,034	1,059	947	948	1,054	836	791	843	951	13%	-9%
Borough Park	2,109	2,788	2,911	2,772	3,127	3,119	2,395	2,321	2,263	2,344	4%	11%
Flatbush/East Flatbush	1,252	2,111	2,650	3,455	4,070	4,096	5,614	5,743	5,796	6,017	4%	381%
Canarsie/Flatlands	763	889	1,296	1,779	1,982	2,066	2,358	2,458	2,365	2,398	1%	214%
Bensonhurst/Bay Ridge	1,679	1,744	1,838	1,728	2,022	1,945	1,924	1,934	1,891	2,060	9%	23%
Coney Is/Sheeps-head Bay	1,599	2,565	3,418	3,227	3,031	3,169	3,246	3,296	3,000	3,197	7%	100%
Other/Unknown	1,653	1,909	2,042	1,947	2,954	3,479	3,374	3,501	3,290	3,433	4%	108%
Subtotal	17,810	21,457	25,321	27,771	32,883	34,067	34,526	36,009	36,431	37,337	2%	109%
Newborn	2,886	3,060	3,520	4,461	4,593	4,803	5,033	5,054	5,151	5,044	-2%	75%
Total	20,696	24,517	28,841	32,232	37,476	38,870	39,559	41,063	41,582	42,381	2%	105%

SOURCE: Department of Finance, February 2016

Exhibit 8: Diabetes Ever by Borough (2014):
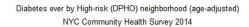

EpiQuery Home ▶ 〉 Community Health Survey ▶ 〉Results

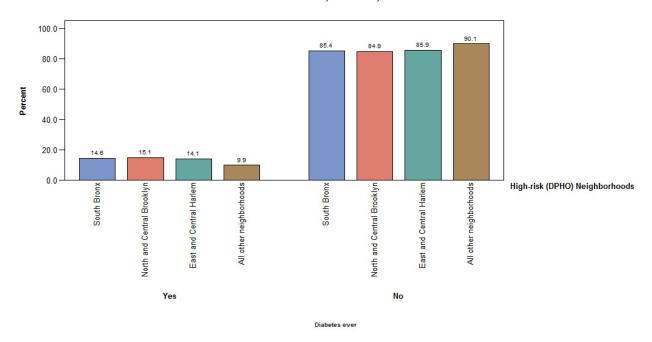Diabetes ever by Borough, 2014 (Age-adjusted)

Diabetes ever: Have you ever been told by a doctor, nurse or other health professional that you have diabetes?

Women who were only told they had diabetes while pregnant are included in 'no' category.

Diabetes ever by Borough (age-adjusted)
NYC Community Health Survey 2014

Source: New York City Department of Health and Mental Hygiene. Epiquery: NYC Interactive Health Data System - [NYC CHS 2002-2014, i.e. Community Health Survey 2014]. [Diabetes Ever]. http://nyc.gov/health/epiquery

Exhibit 9: Diabetes Ever by High-Risk (DPHO) Neighborhood (2014):

Source: New York City Department of Health and Mental Hygiene. Epiquery: NYC Interactive Health Data System - [NYC CHS 2002-2014, i.e. Community Health Survey 2014]. [Diabetes Ever]. http://nyc.gov/health/epiquery

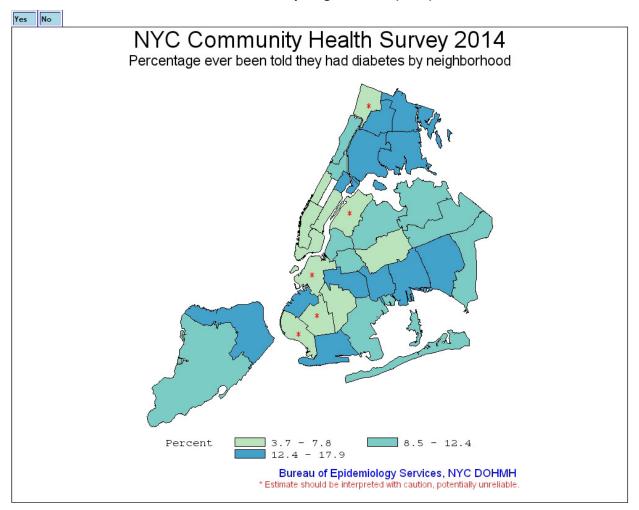**Exhibit 10: Diabetes Ever by Neighborhood (2014):**

NYC Community Health Survey 2014
Percentage ever been told they had diabetes by neighborhood

Percent
3.7 - 7.8
8.5 - 12.4
12.4 - 17.9

Bureau of Epidemiology Services, NYC DOHMH
* Estimate should be interpreted with caution, potentially unreliable.

Exhibit 11: Obese Adults Citywide, by Borough, and by Neighborhood (2014):

Obese Adults

Geography	Number	Percent (Confidence Limits)
2014		
Citywide		
New York City	1,567,000	24.7 (23.5,26.1)
Borough		
Bronx	303,000	30.2 (27.0,33.7)
Brooklyn	505,000	26.3 (24.0,28.9)
Manhattan	227,000	17.5 (15.2,20.0)
Queens	424,000	24.1 (21.6,26.8)
Staten Island	107,000	30.2 (25.5,35.2)
Neighborhood (UHF 34)		
Bronx: Fordham - Bronx Pk	54,000	29.6 (22.8,37.4)
Bronx: Kingsbridge - Riverdale	19,000*	27.9* (16.6,43.0)
Bronx: Northeast Bronx	35,000	24.6 (17.0,34.0)
Bronx: Pelham - Throgs Neck	77,000	34.0 (26.2,42.8)
Bronx: South Bronx	115,000	30.5 (25.9,35.4)
Brooklyn: Bedford Stuyvesant - Crown Heights	75,000	30.9 (25.0,37.5)
Brooklyn: Bensonhurst - Bay Ridge	34,000	21.0 (13.2,31.7)
Brooklyn: Borough Park	53,000	22.6 (16.0,31.0)
Brooklyn: Canarsie - Flatlands	45,000	30.5 (21.7,40.9)
Brooklyn: Coney Island - Sheepshead Bay	71,000	31.1 (23.8,39.5)
Brooklyn: Downtown - Heights - Slope	30,000	17.5 (11.9,25.1)

Geography	Number	Percent (Confidence Limits)
Brooklyn: East Flatbush - Flatbush	71,000	30.8 (23.7,39.0)
Brooklyn: East New York	42,000	31.3 (23.1,40.9)
Brooklyn: Greenpoint	16,000	16.1 (9.9,25.2)
Brooklyn: Sunset Park	18,000	19.1 (12.6,27.9)
Brooklyn: Williamsburg - Bushwick	49,000	31.7 (23.9,40.6)
Manhattan: Central Harlem - Morningside Heights	40,000*	34.3* (24.8,45.2)
Manhattan: Chelsea-Village	23,000	11.7 (7.3,18.4)
Manhattan: East Harlem	28,000	34.9 (25.7,45.3)
Manhattan: Union Square-Lower Manhattan	27,000	13.0 (9.2,18.2)
Manhattan: Upper East Side-Gramercy	36,000	11.8 (7.8,17.6)
Manhattan: Upper West Side	26,000	14.5 (9.2,22.1)
Manhattan: Washington Heights	47,000	23.3 (17.5,30.4)
Queens: Bayside Little Neck-Fresh Meadows	41,000	27.1 (18.6,37.8)
Queens: Flushing - Clearview	32,000	15.0 (10.0,21.8)
Queens: Jamaica	66,000	30.2 (22.7,39.0)
Queens: Long Island City - Astoria	47,000	26.7 (18.8,36.4)
Queens: Ridgewood - Forest Hills	38,000	19.0 (13.1,26.9)
Queens: Rockaways	21,000*	26.0* (16.8,37.9)
Queens: Southeast Queens	31,000	20.7 (13.7,30.0)
Queens: Southwest Queens	63,000	30.7 (22.7,40.2)
Queens: West Queens	83,000	23.4 (18.4,29.3)
Staten Island: Northern SI	41,000	28.9 (21.9,37.0)
Staten Island: Southern SI	66,000	31.0 (25.1,37.7)

Estimate is based on small numbers so should be interpreted with caution

About the Measures

Obese Adults - Number

How Calculated: Estimated number of adults classified as obese; based on the Body Mass Index (BMI) calculated from self-reported weight and height, rounded to the nearest 1,000. A BMI of 30 or greater is classified as obese.

Source(s): New York City Community Health Survey (CHS)

NYC Department of Health and Mental Hygiene
Environment & Health Data Portal
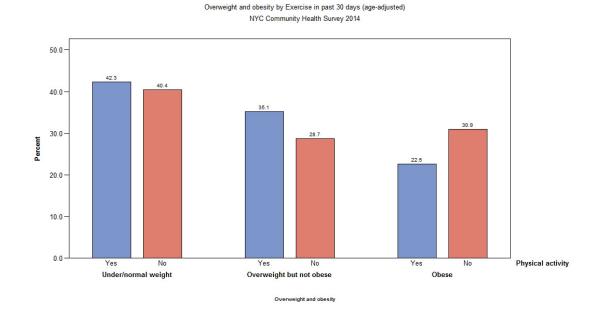http://a816-dohbesp.nyc.gov/IndicatorPublic/

Exhibit 12: Overweight and Obesity by Exercise in Past 30 Days (2014):

Source: New York City Department of Health and Mental Hygiene. Epiquery: NYC Interactive Health Data System - [NYC CHS 2002-2014, i.e. Community Health Survey 2014]. [Overweight and Obesity]. http://nyc.gov/health/epiquery

Exhibit 13: Overweight or Obese Youth by Borough (2011):

Overweight or Obese Youth		
Geography	**Number**	**Percent (Confidence Limits)**
2011		
Citywide		
New York City	62,000	27.1 (25.4, 28.9)
Borough		
Bronx	14,000	31.7 (29.1, 34.4)
Brooklyn	19,000	29.1 (26.0, 32.5)
Manhattan	12,000	25.2 (19.8, 31.3)
Queens	13,000	22.7 (20.0, 25.7)
Staten Island	4,000	28.7 (24.1, 33.7)

Estimate is based on small numbers so should be interpreted with caution

Source(s): New York City Youth Risk Behavioral Survey

NYC Department of Health and Mental Hygiene

Environment & Health Data Portal

http://a816-dohbesp.nyc.gov/IndicatorPublic/

Exhibit 14: Fall-Related Hospitalizations among Older Adults (2012):

Fall-related hospitalizations among older adults		
Geography	Number	Age-Specific Rate, per 100,000 population 65 yrs and older
2012		
Citywide		
New York City	18,015	1723.4
Borough		
Bronx	2,710	1759.6
Brooklyn	4,685	1555.7
Manhattan	4,138	1835.4
Queens	4,135	1377.0
Staten Island	1,393	2162.6
Neighborhood (UHF 42)		
Bronx: Crotona -Tremont	254	1552.0
Bronx: Fordham - Bronx Pk	381	1679.4
Bronx: High Bridge - Morrisania	260	1381.9
Bronx: Hunts Point - Mott Haven	187	1483.1
Bronx: Kingsbridge - Riverdale	411	2352.6
Bronx: Northeast Bronx	485	1664.6
Bronx: Pelham - Throgs Neck	731	1931.2
Brooklyn: Bedford Stuyvesant - Crown Heights	352	1063.2
Brooklyn: Bensonhurst - Bay Ridge	554	1695.8
Brooklyn: Borough Park	830	2095.7
Brooklyn: Canarsie - Flatlands	399	1512.1
Brooklyn: Coney Island - Sheepshead Bay	1,039	1953.1
Brooklyn: Downtown - Heights - Slope	374	1712.6
Brooklyn: East Flatbush - Flatbush	402	1096.0
Brooklyn: East New York	164	959.9
Brooklyn: Greenpoint	166	1531.5
Brooklyn: Sunset Park	176	1556.3
Brooklyn: Williamsburg - Bushwick	226	1226.3
Manhattan: Central Harlem - Morningside Heights	231	1319.9
Manhattan: Chelsea - Clinton	386	2080.9
Manhattan: East Harlem	268	1940.0
Manhattan: Gramercy Park - Murray Hill	432	2016.0
Manhattan: Greenwich Village - SoHo	198	1845.4
Manhattan: Lower Manhattan	89	2009.9
Manhattan: Union Square - Lower East Side	530	1847.6
Manhattan: Upper East Side	861	2130.7
Manhattan: Upper West Side	725	1888.7

Fall-related hospitalizations among older adults		
Geography	Number	Age-Specific Rate, per 100,000 population 65 yrs and older
Manhattan: Washington Heights	412	1349.3
Queens: Bayside - Little Neck	132	866.3
Queens: Flushing - Clearview	599	1334.9
Queens: Fresh Meadows	204	1444.6
Queens: Jamaica	367	991.6
Queens: Long Island City - Astoria	445	1816.7
Queens: Ridgewood - Forest Hills	708	1917.3
Queens: Rockaways	261	1664.7
Queens: Southeast Queens	201	681.7
Queens: Southwest Queens	428	1429.8
Queens: West Queens	782	1486.9
Staten Island: Port Richmond	108	1628.8
Staten Island: South Beach - Tottenville	544	1966.0
Staten Island: Stapleton - St. George	392	2357.0
Staten Island: Willowbrook	349	2588.7

Source(s): New York State Statewide Planning and Research Cooperative System (SPARCS) inpatient data 2000-2011, updated March 2013; inpatient data 2012, updated April 2014. NYC DOHMH population estimates updated July 2013

NYC Department of Health and Mental Hygiene
Environment & Health Data Portal
http://a816-dohbesp.nyc.gov/IndicatorPublic/

Exhibit 15: Fall-Related Emergency Department Visits among Older Adults (2012):

Fall-related emergency department visits among older adults		
Geography	**Number**	**Age-Specific Rate, per 100,000 population 65 yrs and older**
2012		
Citywide		
New York City	31,128	2977.9
Borough		
Bronx	4,805	3119.9
Brooklyn	8,064	2677.8
Manhattan	7,294	3235.3
Queens	7,159	2384.0
Staten Island	2,232	3465.1
Neighborhood (UHF 42)		
Bronx: Crotona -Tremont	522	3189.5
Bronx: Fordham - Bronx Pk	737	3248.5
Bronx: High Bridge - Morrisania	597	3173.1
Bronx: Hunts Point - Mott Haven	433	3434.2
Bronx: Kingsbridge - Riverdale	551	3154.0
Bronx: Northeast Bronx	807	2769.7
Bronx: Pelham - Throgs Neck	1,156	3054.0
Brooklyn: Bedford Stuyvesant - Crown Heights	814	2458.6
Brooklyn: Bensonhurst - Bay Ridge	728	2228.4
Brooklyn: Borough Park	1,184	2989.6
Brooklyn: Canarsie - Flatlands	699	2649.0
Brooklyn: Coney Island - Sheepshead Bay	1,357	2550.9
Brooklyn: Downtown - Heights - Slope	748	3425.3
Brooklyn: East Flatbush - Flatbush	852	2322.9
Brooklyn: East New York	463	2710.0
Brooklyn: Greenpoint	288	2657.1
Brooklyn: Sunset Park	291	2573.2
Brooklyn: Williamsburg - Bushwick	638	3461.8
Manhattan: Central Harlem - Morningside Heights	492	2811.2
Manhattan: Chelsea - Clinton	610	3288.5
Manhattan: East Harlem	661	4784.9
Manhattan: Gramercy Park - Murray Hill	703	3280.6
Manhattan: Greenwich Village - SoHo	245	2283.4

Fall-related emergency department visits among older adults		
Geography	Number	Age-Specific Rate, per 100,000 population 65 yrs and older
Manhattan: Lower Manhattan	175	3952.1
Manhattan: Union Square - Lower East Side	883	3078.1
Manhattan: Upper East Side	1,394	3449.7
Manhattan: Upper West Side	1,206	3141.7
Manhattan: Washington Heights	910	2980.2
Queens: Bayside - Little Neck	189	1240.4
Queens: Flushing - Clearview	1,043	2324.4
Queens: Fresh Meadows	379	2683.9
Queens: Jamaica	786	2123.6
Queens: Long Island City - Astoria	678	2767.9
Queens: Ridgewood - Forest Hills	1,064	2881.4
Queens: Rockaways	519	3310.2
Queens: Southeast Queens	481	1631.4
Queens: Southwest Queens	723	2415.2
Queens: West Queens	1,286	2445.3
Staten Island: Port Richmond	240	3619.6
Staten Island: South Beach - Tottenville	905	3270.6
Staten Island: Stapleton - St. George	657	3950.4
Staten Island: Willowbrook	430	3189.5

Source(s): New York State Statewide Planning and Research Cooperative System (SPARCS) ED data 2005-2010, updated March 2013; ED data 2011-2012, updated April 2014. NYC DOHMH population estimates updated July 2013.

NYC Department of Health and Mental Hygiene
Environment & Health Data Portal
http://a816-dohbesp.nyc.gov/IndicatorPublic/

Exhibit 16: Percent of Adults Ages 65 and Older by Neighborhood (2015)

Older Adults

Percent of adults ages 65 and older in the population. Complete data on the breakdown of all five age groups by Community District can be found in the Community Health Profiles.

Older adults (65+ years)
Percent of total population
- 7 - 10
- 11 - 13
- 14 - 15
- 16 - 21
- Unpopulated areas

Highest		Percent
1	Coney Island	21
2	Upper East Side	18
3	Rego Park and Forest Hills	18
4	Riverdale and Fieldston	18
5	Throgs Neck and Co-op City	18

Lowest		Percent
59	Financial District	7
58	Fordham and University Heights	7
57	Bushwick	8
56	Morrisania and Crotona	8
55	Belmont and East Tremont	9

Borough	Percent
Bronx	11
Brooklyn	12
Manhattan	13
Queens	13
Staten Island	14

NYC Overall: 13%

Source: U.S. Census Bureau Population Estimates, 2013

Community Health Profiles — 2015 Atlas   8

Source: U.S. Census Bureau Population Estimates, 2013
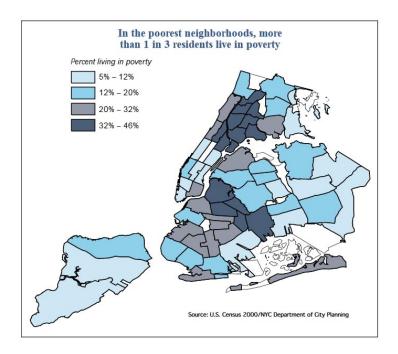
New York City Community Health Profiles Atlas 2015

https://www1.nyc.gov/assets/doh/downloads/pdf/data/2015_CHP_Atlas.pdf

Exhibit 17: The Poorest Neighborhoods in New York City

Neighborhood Income

The average median household income in New York City's poorest neighborhoods was $23,000 in 1999.

The poorest neighborhoods in New York City are in the South Bronx, East and Central Harlem, and North and Central Brooklyn, where more than 1 in 3 residents live in poverty.

In the poorest neighborhoods, more than 1 in 3 residents live in poverty

Percent living in poverty

- 5% – 12%
- 12% – 20%
- 20% – 32%
- 32% – 46%

Source: U.S. Census 2000/NYC Department of City Planning

What makes a neighborhood healthy? The neighborhood in which people live can have important effects on health. Healthy neighborhoods are those with civic resources such as libraries and parks, easy access to high-quality medical care, adequate and high-quality housing, and strong community connectedness. A healthy neighborhood also feels safe and has places to exercise and purchase healthy foods, such as fresh fruits and vegetables.

Exhibit 18: Diabetes Ever by Race/ethnicity by Neighborhood Poverty, NYC (2014)

Obs	Race/Ethnicity	Neighborhood poverty	Stats	Yes↑	No
20	Other	Very high poverty (poorest)	Percent (CI) Population	24.1* (15.2 - 36.0) 4,000	75.9* (64.0 - 84.8) 13,000
13	Asian/Pacific Islander	Low poverty (wealthiest)	Percent (CI) Population	17.5 (10.7 - 27.3) 18,000	82.5 (72.7 - 89.3) 110,000
8	Black Non-Hispanic	Very high poverty (poorest)	Percent (CI) Population	17.3 (13.8 - 21.6) 51,000	82.7 (78.4 - 86.2) 316,000
12	Hispanic	Very high poverty (poorest)	Percent (CI) Population	16.2 (13.4 - 19.4) 85,000	83.8 (80.6 - 86.6) 479,000
14	Asian/Pacific Islander	Medium poverty	Percent (CI) Population	14.6 (10.2 - 20.5) 36,000	85.4 (79.5 - 89.8) 290,000
11	Hispanic	High poverty	Percent (CI) Population	14.1 (11.5 - 17.1) 69,000	85.9 (82.9 - 88.5) 505,000
18	Other	Medium poverty	Percent (CI) Population	12.8* (6.9 - 22.6) 5,000	87.2* (77.4 - 93.1) 47,000
10	Hispanic	Medium poverty	Percent (CI) Population	12.5 (9.3 - 16.7) 47,000	87.5 (83.3 - 90.7) 351,000
6	Black Non-Hispanic	Medium poverty	Percent (CI) Population	12.5 (9.1 - 16.8) 44,000	87.5 (83.2 - 90.9) 309,000
7	Black Non-Hispanic	High poverty	Percent (CI) Population	11.6 (8.8 - 15.2) 62,000	88.4 (84.8 - 91.2) 473,000
9	Hispanic	Low poverty (wealthiest)	Percent (CI) Population	10.4* (5.6 - 18.6) 11,000	89.6* (81.4 - 94.4) 97,000
15	Asian/Pacific Islander	High poverty	Percent (CI) Population	10.1 (6.6 - 15.1) 23,000	89.9 (84.9 - 93.4) 243,000
5	Black Non-Hispanic	Low poverty (wealthiest)	Percent (CI) Population	8.7* (4.7 - 15.6) 13,000	91.3* (84.4 - 95.3) 130,000
4	White Non-Hispanic	Very high poverty (poorest)	Percent (CI) Population	8.7* (4.2 - 17.0) 11,000	91.3* (83.0 - 95.8) 141,000
3	White Non-Hispanic	High poverty	Percent (CI) Population	8.4 (6.0 - 11.7) 46,000	91.6 (88.3 - 94.0) 412,000
2	White Non-Hispanic	Medium poverty	Percent (CI) Population	6.3 (4.7 - 8.5) 63,000	93.7 (91.5 - 95.3) 804,000

Obs	Race/Ethnicity	Neighborhood poverty	Stats	Yes↑	No
1	White Non-Hispanic	Low poverty (wealthiest)	Percent (CI) Population	6.2 (4.8 - 8.0) 60,000	93.8 (92.0 - 95.2) 719,000
16	Asian/Pacific Islander	Very high poverty (poorest)	Percent (CI) Population	10.0* (4.9 - 19.3) 6,000	90.0* (80.7 - 95.1) 78,000
17	Other	Low poverty (wealthiest)	Percent (CI) Population	#	#
19	Other	High poverty	Percent (CI) Population	#	#

*Estimate should be interpreted with caution. Estimate's Relative Standard Error (a measure of estimate precision) is greater than 30% or the sample size is less than 50, or the 95% Confidence Interval half width is greater than ten, making the estimate potentially unreliable.

#Data are suppressed due to imprecise and unreliable estimates.

Source: New York City Department of Health and Mental Hygiene. Epiquery: NYC Interactive Health Data System - [NYC CHS 2002-2014, i.e. Community Health Survey 2014]. [Diabetes Ever].
http://nyc.gov/health/epiquery

Exhibit 19: Diabetes Ever by US-born vs Foreign-born by Neighborhood Poverty, NYC (2014)

Click on a table column header to rotate through column sorting (ascending, descending, unsorted). Click "Obs" to sort in original order.

Obs	Foreign vs US born	Neighborhood poverty	Stats	Yes↑	No
8	Foreign-born	Very high poverty (poorest)	Percent (CI) Population	16.7 (13.7 - 20.1) 87,000	83.3 (79.9 - 86.3) 514,000
4	US-born	Very high poverty (poorest)	Percent (CI) Population	14.4 (11.8 - 17.6) 70,000	85.6 (82.4 - 88.2) 511,000
6	Foreign-born	Medium poverty	Percent (CI) Population	12.3 (10.1 - 14.9) 112,000	87.7 (85.1 - 89.9) 829,000
7	Foreign-born	High poverty	Percent (CI) Population	11.1 (9.1 - 13.3) 116,000	88.9 (86.7 - 90.9) 897,000
3	US-born	High poverty	Percent (CI) Population	10.4 (8.3 - 12.8) 83,000	89.6 (87.2 - 91.7) 767,000
2	US-born	Medium poverty	Percent (CI) Population	8.0 (6.2 - 10.1) 82,000	92.0 (89.9 - 93.8) 962,000
1	US-born	Low poverty (wealthiest)	Percent (CI) Population	6.9 (5.4 - 8.7) 64,000	93.1 (91.3 - 94.6) 725,000
5	Foreign-born	Low poverty (wealthiest)	Percent (CI) Population	10.0 (6.7 - 14.6) 40,000	90.0 (85.4 - 93.3) 346,000

Source: New York City Department of Health and Mental Hygiene. Epiquery: NYC Interactive Health Data System - [NYC CHS 2002-2014, i.e. Community Health Survey 2014]. [Diabetes Ever]. http://nyc.gov/health/epiquery

Exhibit 20: Key Informant Meeting Dates and Outcomes

- **4/17/2015:** Meeting with Senior Umbrella Network of Brooklyn (SUN-B) to discuss the need for fall prevention programming in Brooklyn. Partnership established.
    - o Participants: Vicki Ellner, Founder and CEO of SUN-B, Angela Villanella, President and Chairperson of SUN-B Board of Directors, Alan Chen, VP/Secretary of SUN-B, Jeff Rosenfeld, Consultant to the Fall Prevention Program of SUN-B, Lyn Hill, Vice President for Communication and External Affairs, NYM, Loren Avellino, Director of Community Outreach, NYM.
- **6/24/2015:** Phone call with St. George's Episcopal Church in Crown Heights, Brooklyn to discuss needs of congregation and partnership at future health fairs. Partnership and participation in health fairs was established.
    - o Participants: Denise Harris, NP, St. George's Episcopal Church Health Guild, Loren Avellino, Director of Community Outreach at NYM.
- **9/5/2015:** Meeting with Investors Bank Foundation to discuss grant funding opportunities for patient and community programming. Grant application submitted and NYM was awarded in August 2016.
    - o Participants: Jennifer L. Smith, Assistant Vice President, Community Development Officer, Investor's Bank, Megan Schade, Grant Writer, NYM, Amanda Donikowski, Director of Development, NYM.
- **10/19/2015:** Meeting with Heights and Hills Senior Services to discuss needs of the organization's members and partnership opportunities. Community lectures and a Caregivers Support Group were established.
    - o Participants: Judy Willig, LCSW, Executive Director, Heights and Hills, Supporting Brooklyn's Older Adults, and Lyn Hill, Vice President for Communication and External Affairs at NYM.
- **10/21/2015:** Phone conference with New York City's Department of Health and Mental Hygiene to discuss the possibility of offering Diabetes Self Management Education programs at NYM. (First class scheduled in September 2016, subsequent classes to follow.)
    - o Participants: Stacia Studt, MS, Diabetes Prevention Program Liaison, NYC DOHMH, Victoria Foster, MPH, Manager of Clinical-Community Program Linkages, Primary Care Information Project, NYC DOHMH, Loren Avellino, Director of Community Outreach, NYM, and Mark Doublet, CDE, RD, Diabetes Educator, Diabetes Education and Resource Center, NYM.
- **1/5/2016:** Meeting with Jeff Rosenfeld, Ph.D., physician and nurse from NYM's Emergency Department and NYM community outreach team to discuss fall occurrences and resulting ER visits by elderly patients. Need for a data study on hospital fall admissions and resulting community outreach program were established.
    - o Participants: Jeff Rosenfeld, PhD, Environmental Gerontologist, Parsons School of Design, Theodore Gaeta, MD, Vice-Chairman of Emergency Medicine, NYM, Paris Ayana-Dattilo, RN, Trauma Program Manager, Department of Emergency Medicine, NYM, Lyn

Hill, Vice President for Communication and External Affairs, NYM, and Loren Avellino, Director of Community Outreach, NYM.

- **1/7/2016:** Email inquiry and exchange with the United Federation of Teachers to discuss the health concerns of the union's members and seek partnership opportunities. Partnership established and physician lectures arranged.
  - o Participants: Brittany Bowden, Health and Cancer Helpline Case Worker, United Federation of Teachers Welfare Fund, and Loren Avellino, Director of Community Outreach, NYM.
- **2/24/2016:** Meeting with NYC DOHMH's Clinical-Community Program Linkages, Primary Care Information Project to discuss implementation of a Diabetes Self-Management Education (DSME) program at NYM and patient referrals into existing workshops listed in the QTAC patient referral portal.
  - o Participants: Stacia Studt, MS, Diabetes Prevention Program Liaison, NYC DOHMH, Victoria Foster, MPH, Manager of Clinical-Community Program Linkages, Primary Care Information Project, NYC DOHMH, Loren Avellino, Director of Community Outreach, NYM, Lori Cortina, CDE, RD, Diabetes Educator, Diabetes Education and Resource Center, NYM, and Mark Doublet, CDE, RD, Diabetes Educator, Diabetes Education and Resource Center, NYM.
- **3/16/2016:** Email inquiry and follow-up from Good Neighbors of Park Slope (GNPS) regarding community programming for senior citizens in Brooklyn.
  - o Participants: Jasmine Melzer, Good Neighbors of Park Slope, Andi Peretz, Activities Committee Coordinator, GNPS, Lyn Hill, Vice President for Communication and External Affairs, NYM, and Loren Avellino, Director of Community Outreach, NYM.
- **5/5/2016:** Conference call with NYC DOHMH and IPRO to discuss next steps in establishing DSMEs at NYM.
  - o Participants: Stacia Studt, MS, Diabetes Prevention Program Liaison, NYC DOHMH, Victoria Foster, MPH, Manager of Clinical-Community Program Linkages, Primary Care Information Project, NYC DOHMH, Maria Regalado, Diabetes Prevention Program Referral Coordinator, Clinical-Community Program Linkages, Primary Care Information Project, NYC DOHMH, Loren Avellino, Director of Community Outreach, NYM, and Janice Hidalgo-Meléndez, Director, Everyone with Diabetes Counts New York, IPRO, Improvement Healthcare for the Common Good.
- **6/9/2016:** Conference call among Brooklyn Hospitals and NYC DOHMH to discuss the possibility of collaborating on a Joint-Community Service Plan. Some common prevention agenda priorities were selected, but the majority of participants did not agree to a joint-plan.
  - o Participants: Community Affairs representatives from several Brooklyn hospitals including Lyn Hill, Vice President for Communication and External Affairs, NYM, and Loren Avellino, Director of Community Outreach, NYM, Vidushi Jain, MPH, Community Engagement Coordinator, PHIP, Center for Health Equity, Office of the First Deputy Commissioner, NYCDOHMH, Ana Gallego, MPH, Director of Policy and Health Systems Analysis, Office of the First Deputy Commissioner, NYC DOHMH

- **6/13/2016:** Phone call with Minister John Williams of New Creation Community Health Empowerment, Inc. (NCCHE) to discuss prevalence of diabetes in West Indian communities of Brooklyn.
    - o Participants: Minister John Williams of New Creation Community Health Empowerment, Inc. (NCCHE) and Loren Avellino, Director of Community Outreach, NYM.
- **6/22/2016:** Meeting with Senior Umbrella Network of Brooklyn (SUN-B) to discuss next partnership terms and sponsorship of the organization's Fall Prevention Program. NYM signed on as the sole Hospital sponsor of SUN-B's Fall Prevention Program.
    - o Participants : Vicki Ellner, Founder and CEO, SUN-B, Alan Chen, VP/Secretary, SUN-B, Lyn Hill, Vice President for Communication and External Affairs , NYM, Loren Avellino, Director of Community Outreach, NYM.
- **7/14/2016:** Meeting with Brooklyn Public Library (BPL) representatives to discuss funding and partnership opportunities. Contact between director of community outreach at NYM and director of corporate relations at BPL established.
    - o Participants: Lauren Arana, Director of Individual Giving, BPL, Development, Lyn Hill, Vice President f for Communication and External Affairs. NYM, Samantha Dodds, Director of Corporate Relations, BPL.
- **8/2/2016:** Meeting with Brooklyn Public Library representatives to discuss collaborations in community programming and scope of partnership.
    - o Participants: Samantha Dodds, Director of Corporate Relations, BPL, Taina Evans, Coordinator, Older Adults Services, BPL, Sheila Schofer, Coordinator of Young Adult Services, BPL, Sharron Leahy, BPL, and Loren Avellino, Director of Community Outreach, NYM.
- **8/11/2016:** Phone call with Brooklyn Children's Museum representative to discuss the possibility of offering Diabetes Self Management Education programs and dance classes at the museum. Next steps were established to implement classes in 2017.
    - o Participants: Stephanie Wilchfort, President and CEO, Brooklyn Children's Museum, and Loren Avellino, Director of Community Outreach.
- **10/21/2016:** Phone call with Park Slope YMCA to discuss partnership opportunities for community outreach.
    - o Participants: Tara Hopkins, Program Director at the Park Slope YMCA, and Loren Avellino, Director of Community Outreach.
- **10/21/2016:** Follow-up phone call with Brooklyn Children's Museum to discuss next steps in planning for a children & parents exercise program. It was concluded that it will focus mostly on children at the Museum's afterschool program, located at PS 189 in Brownsville.
    - o Participants: Petrushka Bazin Larsen, Vice President, Programs & Education at the Brooklyn Children's Museum, and Loren Avellino, Director of Community Outreach.

Exhibit 21: Community Health Needs Survey

(screenshot of partial survey, entire survey available as part of exhibit 25)

https://www.surveymonkey.com/r/NYMsurvey

nym
NEW YORK METHODIST HOSPITAL

2016 Community Health Survey

Your opinion is important to us!

The purpose of this survey is to get your opinion about health issues that are important in your community. New York Methodist Hospital will use the results of this survey and other information to help target health programs in your community. Please complete one survey for each adult over the age of 18. Your responses will be anonymous. Thank you for your participation.

1. In what neighborhood, or ZIP code, do you live?

2. What are the biggest ongoing health concerns in your community? (Please check up to 2)

☐ Chronic Diseases (Including Cancer & Obesity)   ☐ Healthy Women, Infants and Children

☐ Healthy and Safe Environment   ☐ Mental Health and Substance Abuse

☐ HIV, STDs, Healthcare-Associated Infections and Vaccine-Preventable diseases

☐ Other (please specify)

3. What health screenings or education/information services are most needed in your community? (Please check up to 3)

☐ Blood pressure screenings   ☐ Healthier food choices

☐ Cancer screenings   ☐ Heart disease education

☐ Child and adult safety   ☐ HIV/AIDS & STD information

☐ Cholesterol screenings   ☐ Mental health services

☐ Dental screenings   ☐ Nutritional education

☐ Diabetes education/screenings   ☐ Prenatal care

☐ Drug & alcohol rehab services   ☐ Preventing Falls/Injuries

☐ Emergency preparedness info   ☐ Suicide prevention education

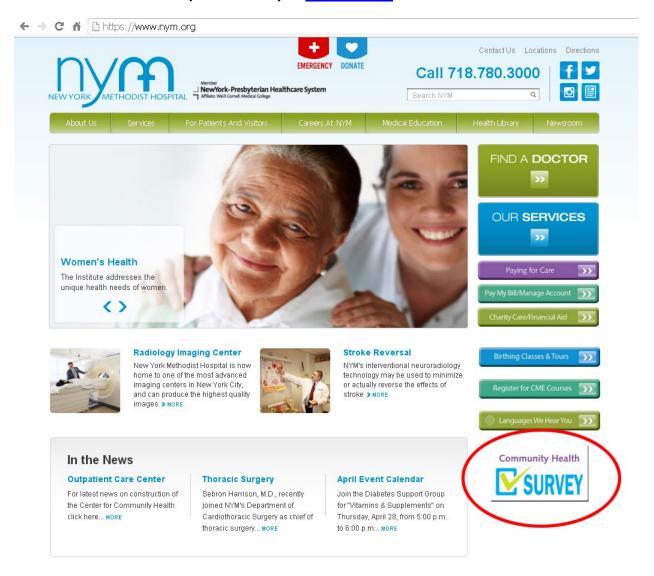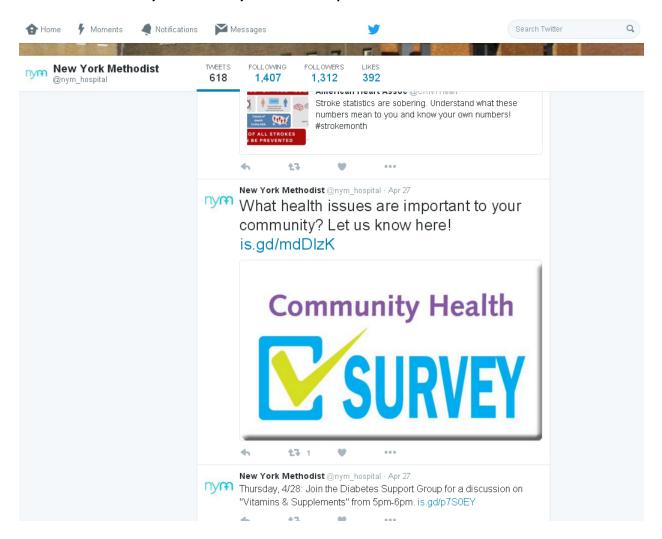**Exhibit 22: Link to Community Health Survey on www.nym.org**

Exhibit 23: Community Health Survey Posted on Hospital's Facebook Page

Exhibit 24: Community Health Survey Posted on Hospital's Twitter Account

Exhibit 25: Community Health Survey Appears in Spring/Summer 2016 Issue of _Thrive_ Magazine

NEW YORK METHODIST HOSPITAL COMMUNITY HEALTH ASSESSMENT SURVEY

The purpose of this survey is to get your opinion about health issues that are important in your community. New York Methodist Hospital will use the results of this survey and other information to help develop health programs in your community. Please complete one survey for each adult over the age of 18. Your responses will be anonymous. To complete the survey online, visit
https://www.surveymonkey.com/r/NYMSurvey
or fill out this copy (duplicate if necessary) and mail it to:
New York Methodist Hospital – Public Affairs
506 Sixth Street, Brooklyn, NY 11215
Thank you for your participation.

1 What are the biggest ongoing health concerns in your community? (Please check one or two.)

- ○ Chronic diseases (including cancer & obesity)
- ○ Healthy and safe environment
- ○ HIV, STDs, healthcare-associated infections, vaccine-preventable diseases
- ○ Healthy women, infants and children
- ○ Mental health and substance abuse
- ○ Other (please specify):
  _____

2 What health screenings or education/information services are needed in your community? (Please check up to three.)

- ○ Blood pressure screenings
- ○ Cancer screenings
- ○ Child and adult safety
- ○ Cholesterol screenings
- ○ Dental screenings
- ○ Diabetes education/screenings
- ○ Drug & alcohol rehab services
- ○ Emergency preparedness info
- ○ Exercise programs
- ○ Healthier food choices
- ○ Heart disease education
- ○ HIV/AIDS and STD information
- ○ Mental health services
- ○ Nutritional education
- ○ Prenatal care
- ○ Preventing falls/injuries
- ○ Suicide prevention education
- ○ Vaccination/immunizations
- ○ Other (please specify):
  _____

3 What prevents people in your community from getting medical treatment? (Please check up to three.)

- ○ Cultural/religious beliefs
- ○ Don't know how to find doctors
- ○ Don't understand when to see a doctor
- ○ Fear (not ready to face/discuss a health problem)
- ○ Lack of availability of doctors
- ○ Language barriers
- ○ No insurance
- ○ Transportation
- ○ Unable to pay co-pays/deductibles
- ○ There are no barriers
- ○ Other (please specify):
  _____

4 Does your doctor ever order a test or prescribe medicine without explaining what it's for or what it does?

- ○ Never   ○ Usually
- ○ Sometimes   ○ Always

For statistical purposes only, please complete the following:

5 What is your gender?   Male   Female

6 What is your age? _____

7 ZIP code or neighborhood where you live: _____

8 What race/ethnicity do you consider yourself? (Please check all that apply.)

- ○ African
- ○ African American/Black
- ○ Afro-Caribbean
- ○ Arab/Middle Eastern
- ○ Asian/Pacific Islander
- ○ Caucasian/White
- ○ Central/South American
- ○ Eastern European
- ○ Hispanic/Latino
- ○ Native American/Indigenous
- ○ South Asian/Desi
- ○ Western/Northern European
- ○ Multi-racial
- ○ Other (please specify):
  _____

9 What is your highest level of education?

- ○ K-8 grade
- ○ Some high school
- ○ GED
- ○ High school graduate
- ○ Technical school
- ○ Some college
- ○ College graduate
- ○ Graduate school
- ○ Doctorate
- ○ Other (please specify):
  _____

10 Do you currently have health insurance?

- ○ Yes
- ○ No
- ○ No, but I did at an earlier time/previous job.

7

Exhibit 26: Number of Community Health Surveys collected (as of October 19, 2016, additional results will be inserted)
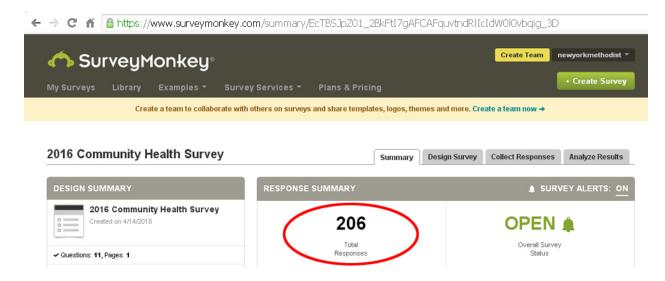

Exhibit 27: Race/Ethnicity Breakdown of Respondents

Answer Choices	Responses	
Caucasian/White	39.50%	79
African American/Black	21.00%	42
Hispanic/Latino	15.50%	31
Afro-Caribbean	14.50%	29
Multi-racial	4.00%	8
African	3.50%	7
Asian/Pacific Islander	3.50%	7
Eastern European	3.00%	6
Western/Northern European	3.00%	6
Other (please specify) Responses	2.50%	5
Native American/Indigenous	2.00%	4
South Asian/Desi	0.50%	1
Arab/Middle Eastern	0.50%	1
Central/South American	0.00%	0
Total Respondents: 200		

Exhibit 28: Results of Community Health Survey (as of October 2016)